

Check # 10079-

Date of Notification (Operator	(2)							
	August 27, 2015			-	Jersey Cit	ity			0.	915 0					-
Agencies Notified	Type Notification	on		Street A	aaress				4	119 25	IP 18 AP	1			
⊠EPA				280 Gro	ve Street	t					n,		C.		
DEP				200 0.0		-			÷.		7.5			ŧ	
⊠DOL				City, Sta	te & Zip (Code				21	In ruisi	1 1 1 1	Į.		
	Amend	ded			City, NJ						JOENIN	Ġ	100		
⊠DOH		dment #			5.0.									1	
⊠DCA	Cance	llation			f Contact						116	lephone	Nun	nber	
				Brian W	/eller, De	ept. of A	dministrat	tion			, i				
		34		FAC	ILITY II	NFORI	MATION								
Name of Facility Who	ere Abatement is	Taking Pl	ace (3)			Ī	ype of Fac								
Street Address							Subch	apter 8	Other than	K-12)					
280 Grove Street						l'i			private & co		cial building	s, hom	e, et	c.)	
260 Glove Street						15	Square Fee		# of Floo			g. Age			
City (5)						-+	160.0		" 011100	4	1	55-	80		
Jersey City									if being dem	olished	i)				
ocisely only							ublic Buil				©				
County (6)			unty Code												
Hudson Name of Monitoring	Firm Hirad by Pu		E ONLY_		ASCM N	Vo.	lame of Ah	pateme	ent Contractor	(9)					
Briggs Associates	Fill I filled by bu	many Own	161 (0)		0004		synatech, I			(-/					
Street Address							Street Addr								
3 Crosswicks Stree	et						29 Radio								
City, State & Zip Coo							City, State &		ode , NJ 08087						
Bordentown, NJ 08			Tol	ephone N	umber		elephone	Numb	, NJ 00007		License Nun	nber			
Project Manager for Michael Hoodak	ivionitoring Firm			9-298-552			09-296-69		21		Liochioc Itali	0081	7		
Scheduled Start Dat September 1		Scheduled		on Date (1 ber 21, 20		10	Name of OS		lonitor		Translation education his and				,
Occupancy Status D	Ouring Abatement		nly one)	2000 / 100		100	Street Addr 329 Radio								
	sed/Vacated Dur				L				2 od o						
	Performed Outsi	de of Norn	nal Hours				City, State								
Other – De						l,	Little Egg I	Harbo	r, NJ 08087						
Facility Occ	cupied During Ab	atement													
Scope of Work (Che	eck all that apply)						5	7							
									Containmen	t with N	legative Pres	sure			
≥ 3 sf or ≥ 3 If				Renovatio			Ļ	=	i-Enclosure						
≥160 sf or ≥2	260 If			Demolition	1		Ļ		vebag Proced						
							L		n-Exempted() and	Non-Friable F				
557	ocation of			on Norma			Descri Asbestos-			۸m	ount (Specify		atem	ent I	ype
	taining Material (/ BE ABATED	ACM)		y Mainten dial Staff?			Materia				SF or LF)				
	N Facility		Custo		(12)		(i.e., therm							m	
	(13)				- 1		sulation, s			5		20		inc	E
					- 1	(or other mi	iscellar	neous)	1		l m	Repair	aps	Co
										1		Removal	ar.	Encapsulate	Enclosure
		Yes	No	N/A							-		te	CD	
Mail and Map rooms	s under ceramic t			Х		Black	Masti	C		150 SF	X				
					10.71	/a -d	Mant-	la.	ame of Regist	ored !	andfill				
Name of Registered	waste Hauler	NJDEP \		CUDIC Y	ards of	vvaste	IN	anie oi Regisi	GIEU L	ariumi					
Synatech, Inc.		429	3				rows Landfil	l							
City, State				Disposa	al Date		C	ty, State							
Little Egg Harbor,	N.I. 08087				Septem	nber 28,	2015	M	orrisville, PA						
Completed By	140 00001	Title			Signaţu		(2)			Date					100
					1/1	11	121	<i>(</i>)			September	14, 201	5		
Diana Aloia		Frec Ar	dministra	tor	1 16 6	11111	1110	11		Augu	st 27, 2015				

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

Date of Notification (1) 9/2/15				1000	of Building ese of F		Operator	(2)						
Agencies Notified	Type Notification	,		Street A		aterso	11				-			
Agencies Notified	Type Notification	10			alley R	500								
□ EPA	Initial				ate, Zip C				tic n=	r is f.	2 1			
DEP LA DOL	Amended Amendmen	t# 1_		Control of the Control	n, No		0.	7013		10 /.	7	35		
	☐ Emergency	(including			f Contact	- 23	ey u	7013	T	11 61				
DOH DCA	justification ☐ Cancellatio				is Roda				1 0000	lephone Nu	mber			
	L Cancellatio	11				SC183386	1011		1.	·	00,0			
Name of Facility Where	Abatement is Taki	ng Place (3	3)	FAU	ILITY INF	ORMAT	IUN	Type of Facility	(4)					
St. John the Baptis			7/						. 1755					
Street Address	or Charen							 □ School (K □ Subchapt 		ner than K-1	2)			
357-371 Main Str	eet							Other (i.e				ldings	, hom	ies,
City (5)	CCL							etc.)		C = 1		D1.1	2	
Paterson								Square Feet 20,000	# 0	of Floors		Bldg. 95	Age	
				0 .	0 : (77)		- 1			7		90		
County (6) Passaic				(STATE	Code (7) USE ONL	0		Current Use (F		ing demolis	hed)			
		2 (2)		100000000000000000000000000000000000000				Church						
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCN	ЛNo.		The second second	of Abatement C	ontracto	(9)				
								nor Inc.						
Street Address							1 1000000000000000000000000000000000000	Address						
								Canal Street	t					
City, State, Zip Code								ate, Zip Code						
								York, NY	10013					
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No.		License N	lo.			
	- HATCH-MARK 1171						, ,	431-0696		(212) 4	131-	5764		
Start Date (10)	-	Schedule		mpletion	Date (11)			of OSHA Monito						
9/11/15 9 21/1		12/15/					EMS	L Analytica	l, Inc.					
Occupancy Status During	Abatement (Che	ck Only On	ne)					Address						
☐ Facility Closed/Vaca	ited During Entire	Period of A	Abater	ment			100000000000000000000000000000000000000	West 38th S						
☐ Abatement Performe ☐ Other – Describe:	ed Outside of Norr Exterior side	nal Facility of build	.Hour	S				ate, Zip Code		1.0				
							INSM	York, NY	100	18				
Scope of Work (Check Al	That Apply)													
☐ ≥3 sf or ≥3 lf			lenov					Full Containr		n Negative F	ressu	ire		
≥160 sf or ≥260 lf			emoli)	tion				Mini-Enclosu Glovebag Pr						
							Ø	Non-Exempt		d Non-Friat	le Pro	cedu	e	
		ls	Locat	ion							T	Abat		t
Location	of	10000	lorma	\$500 PM		De	scription	nf				T	/ре	
Asbestos-Containing I			d Sole intena		Asbes			aterial (ACM)	A	mount			m	1
TO BE ABA	TED	100 000 000		Staff?		thermal	systems	insulation,		Specify	Re	Z	nca	E
In Facilit (13)	Ŋ		(12)				cing, VAT niscellane		51	or LF)	Removal	Repair	psu	Enclosure
W W.		Yes	No	N/A				/			<u>a</u>	~	Encapsulate	Jre .
		1 es	NO	IN/A										
Exterior Windows				X	Wi	ndow	Caulki	ng	80 sf		X			
Name of Decision 181	- 11- 1-		1.0					177						
Name of Registered Wast	e Hauler			IJDEP W lauler ID		Cubic of Was		Name of	r Registe	red Landfill				
Newark Carting In	c.			4509	. 10.	10		Waste	Mana	agement	Gra	ndce	ntra	1
City, State				1007		Dispos	al Date	City, Sta						-
Newark, New Jersey	y 07105					TBI		100000000000000000000000000000000000000		A 1807	2			
Completed by		Title				S	ignature	7	01-1-	Da			100/60	
J. Robert Dombrow	ski	Proje	ct N	Ianagei	r		J	1/201	- bing	- 05	0/03/	15		

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

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

Date of Notification (1)			Name	of Building	Owne	er/Operator (2	2)					
9 / 3 /	15		Fed	eral Avia	tion A	Administra	tion	ča. s				
Agencies Notified Type Notifica	tion		Street	Address				fest of his	L.F	1:	. 7	
☐ EPA ☐ Initial					ghes	Tech. Cen	ter Bldg 306 TS	SF Annex	1,200,0		* .1	
□ DOLWD				tate, Zip C	253					7		
D 51.00	ent # <u>1-9/14</u>					ort, NJ 084	05	12				
DCA Emergence (NJAC 5:23-8) Emergence justification		9	Name	of Contact				Telephone Numb	er			
☐ Cancellat			Chr	is Jones				465-000	-			
			FAC	ILITY IN	FORM	MATION						
Name of Facility Where Abatement is T	aking Place	e (3)					Type of Facility (4)				
William J Hughes Tech Center							School (K-12					
Street Address						(7)	Subchapter 8	(Other than K-12) ivate and commer	i cial bu	ildina	S.	
Amelia Earhart Blvd							homes, etc.)				5.1	
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Atlantic City Airport					2000							
County (6)			Coun	ty Code (7))(STATI	E USE ONLY)		or if being demolis	hed)			
Atlantic							Office					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.			ent Contractor (9)					
NONE							VIRONMENTAI	_, INC.				
Street Address					100.70.70.7	et Address						
						23 BEAVE						
City, State, Zip Code						State, Zip Co						
Daile Marie Fina		Tala		Na	1	RISTOL, PA	(19007	License No.				-
Project Manager for Monitoring Firm		Tele	phone	NO.		5-788-6040	1	00509				
Start Date (10)	Scheduled (Comple	tion Da	to (11)		e of OSHA M		00000		-		-
ON HOLD							VIRONMENTAL	INC. '				
Occupancy Status During Abatement (-	et Address			-3001-0	-160		
☐ Facility Closed/Vacated During Entit			ment		5-1000	23 BEAVE	R STREET					
				cribe	0.000	State, Zip Co			_			
Time of Abatement: 7:00AM-4:00F					- 33	RISTOL, PA						
Scope of Work (Check all that apply)												
2			5Y				tainment with Neg	ative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	Result	enovat emolitic				☐ Mini-End	g Procedure					
						Non-Exe ■ Non-Exe Non-Exe	mpted (*) and No	n-Friable Procedu				
		s Loca Norma							Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM	n Us	ed Sole		Ashe		Description of ontaining Ma		Amount	Re	Repair	Enc	Enc
TO BE ABATED	IVI	aintena stodial			., then	mal systems	insulation,	(Specify	Removal	pair	aps	Enclosure
IN Facility (13)	Cu	(12)	Stall?			ırfacing, VAT er miscellane		SF or LF)	<u>a</u>		Encapsulate	ıre
(13)	Yes	No	N/A		Ott.	or moodiane					Ö	
Exterior-Pole 22				transite	con	duit		40 LF				
	1	Ī							\vdash	П	П	П
		1							1	1		1
		Ш			0.11.00				1	Ш	Ш	
								×				
Name of Registered Waste Hauler	,	103	JDEP \		7351	c Yards of	Name of Regis					
BRISTOL ENVIRONMENTAL, II	NC.	1	lauler II 1870		Was	te		. NORTH LAND	FILL	200		
City, State					Disp	osal Date	City, State					
BRISTOL, PA 19007 MORRISVILLE, P												
Completed By (Print or Type)	Title					Signature	0 0	1	ate	1	1	
Brian Scafiro	Estim	ator				Drian	Scofire	12	9,	1/9	1//	5

ASB-41 MAY 11

BS15076

* 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)

RECEIVED

Date of Notification (1) 9/14/2015					uilding Ov rothers		rator (2))			2015 SE	0/8	3 6	M I	
	Type Notification			reet Add							5 1	315 000		4-1	· ¢
	- ype Noullcauon		-		ad Ave					£	FOWES,	90	0		
X EPA X DEP X DOL	Initial				, Zip Code	9					\$50ES & 1.7	CE	101	HIF	(G
X DEP X DOL	Amended Amendment	# 1	222		v, NJ 07								() []	∀G	
	Emergency (ame of C							hone Numb				
DOH DCA	justification) Cancellation		100		Beyer										
DCA				The second second	TY INFOR	RMATION	1					256 555	S	75555	
Name of Facility Where A	batement is Takin	g Place (3)		1,110.12.	1.1.11.11.11.11			ype of	Facility (4))					
Structure Associate								Sc	hool (K-12)					
Street Address						- 227			bchapter 8	Other	than K-12)	huildi	nac +	omor	
155 Broad Avenue							Σ	✓ Other eta eta		ivate &	commercial	bullai	ngs, r	iomes	æ.
City (5)			-				S	Square		# of F	Floors .	Blo	ig. Ag	e	
Fairview												25	5+		
County (6)			С	ounty Co	ode (7)			Current	Use (Prior	r if being	g demolishe	d)			
Bergen			(5	STATE US	SE ONLY)		- I i	n/a							
Name of Monitoring Firm	Hired by Building	Owner (8)	\vdash	ASCM I	No.	N	Name of	Abate	ment Cont	ractor (9)				
Health and Safety S		· · · · · · · · · · · · · · · · · · ·					Site E	nterp	rises, Ind	О.					
Street Address	301 11000						Street A	1.5							
PO Box 365	(6)						211 E	ast E	ssex Ave	Э					
City, State, Zip Code							City, Sta	te, Zip	Code					A = 5	
Berlin, NJ 08009						100			J 08221						
Project Manager for Mon	itorina Eirm		ΙT	elephone	e No		Telepho	Server Ch			License No				
James Proctor	itoring Firm				2-1311		609-5				01172				
LOS MATORISTANCION LE NO DOMENT		Scheduled				1	Name of	f OSHA	A Monitor						
Start Date (10) 9/8/2015		9/28/20		Diedon D	ato (11)				afety Se	rvices	Inc.				
	- Abstament /Cho		(M.T.				Street A								
Occupancy Status Durin							PO B								÷
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	ateme	ent			City, Sta								
X Other – Describe:	Vacant	mai i domey i	iodio						08009						
Scope of Work (Check A								,, , , ,							
	(ii Triat Appry)	П.	V	RINGS (\times	Eull	Containme	ant with	Negative P	ressill	'e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				П	Mini	-Enclosure	SIIC WICH	140gativo 1	. 0000			
2 100 SI 01 2200 II			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ξ	Glov	ebag Prod	cedure	. N	e Dec	aadur		
								Non	-Exempted	1 (*) and	Non-Friab		Abate		_
		10.750	ocatio	5,550										ре	
Locatio	n of		ormall	500			cription o		(4.014)						
Asbestos-Containing			l Solel ntenan		Asbest	os Conta thermal s	iining Ma	aterial insulat	(ACM)		mount specify	Z.	77	Encapsulate	四
TO BE AB In Faci		Custo	odial S	taff?	(1.6.	surfaci	ing, VAT	, or			or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			ather mi	iscellane	eous)				Va.	ai-	ulat	ure
,•		Yes	No	N/A										(D	-
· Minds				X		Winds	ow Ca	ulk		17 V	Vindows	Х			
Windo				1		15501455000		·			0 LF	x			
Basen	nent			Х			Pipe						-		
Roc	of			Х		Roo	fing Ti	ile			000 SF	х	-		-
Throug		X			e Door	S	~		Doors	Х					
Name of Registered Wa			0.000	JDEP W		Cubic Y					ered Landfil				
Site Enterprises Inc			102315	lauler ID 035220		of Was			Tullyto	wn La	ındfill				
N				000220	J		al Date		City, Sta	te					
City, State 211 East Essex Av	e Linwood N	.1 08221				9/28/2			Bristol						
ZII Edst Essex AV	e. Lillwood, N	Title		210,500,000			ignature	11		AC UNINA TARA	D	ate .			
						100	·	1 /					015		
Completed by Eric Keys		OM				(1			9	/14/2	015		

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

TO THE

Date of Notification (1)			1	Name of	Building O	wner/Op	perator	(2)		0.	100		1	. 1	
9/14/2015				Beyer I	Brothers	GMC				201	5 SFP	10			
Agencies Notified	Type Notification		5	Street Ad	dress					S	S SEP	ď,	11	1::	7
⊠ EPA	☐ Initial			109 Br	oad Ave					45.	dEr v			1 . 4	1
X EPA X DEP X DOL	Amended		(City, Stat	e, Zip Cod	le	*				2710	00	1117	15	
⊠ DOL	Amendment		-	Fairvie	w, NJ 07	7022					e lille	WS	Un	HUL	
☑ DOH	Emergency (including	10.0	Name of						Tele	phone Nu	mber	113		
DCA	Cancellation			Michae	el Beyer					i .		5.7			
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where								Type	of Facility (4	1)					
Structure Associate	ed with Route 1	& 9		<u> </u>					School (K-12			0)			
Street Address									Subchapter Other (i.e. pi				dinas	. hom	es.
155 Broad Avenue					1-0-20			E 6	etc.)				200		,
City (5)								Squar	e Feet	# of	Floors	11.0	3ldg.	Age	
Fairview													25+		
County (6)				County C	ode (7) SE ONLY)				nt Use (Pric	r if bei	ng demolis	shed)			
Bergen							_	n/a							
Name of Monitoring Firm	[편안하다라면 다마큐드 Helm Phill (1757)]	Owner (8)		ASCM	No.				tement Con		(9)				
Health and Safety	Services	8							prises, In	C.					
Street Address								Addres							
PO Box 365									Essex Av	е					
City, State, Zip Code									ip Code						
Berlin, NJ 08009							1 1000000000		NJ 08221						
Project Manager for Mo	nitoring Firm			Telephor				none No			License I	No.			
James Proctor					52-1311		101010	-567-1	(CONTRACT)		01172				
Start Date (10)		Scheduled		pletion [Date (11)				HA Monitor		. Inn				
9/8/2015		9/28/20							Safety Se	rvices	s, inc.				
Occupancy Status Durin	ng Abatement (Ched	ck Only One)					Addres							
	cated During Entire							Box 3							
Abatement Perform Other – Describe:	ned Outside of Norr Vacant	nal Facility I	lours						ip Code						
TO SHANNON CHIEF CONTROL CO.							Beri	in, NJ	08009						
Scope of Work (Check /	Ali I nat Apply)	_					K	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova				P	1,000	Il Containme ni-Enclosure		Negative	Press	ure		
≥160 sf or ≥260 lf		∑ De	moliti	ION			2	☑ Glo	vebag Prod						
							2	✓ No.	n-Exempted	d (*) an	d Non-Fria	ble Pr	oced	ire	
×		ls L	.ocati	on										temer	nt
Locatio	n of		ormal			Des	cription	n of				-	-	ype	T
Asbestos-Containing		Used	Sole			tos Conta					mount	-71		E E	ш
TO BE AS		Custo	dial S		(I.e.	thermal surfac	system cing, VA	is insula AT. or	ation,		Specify For LF)	\cen	Repair	cap	nclo
(13			(12)			other m						Remova	air	Encapsulate	Enclosure
		Yes	No	N/A								_		ē	CD
Pagen	nont	+		X			oor Ti	lo.		2	50 SF	X			
Basen	ient			^		1 10	001 11	16			30 01	- 1	-	+-	+
				-											
Name of Registered Wa	Name of Registered Waste Hauler					Cubic	Yards		Name of	Regist	ered Landi	fill			1
**************************************		IJDEP W lauler ID		of Was			Tullyto	-							
Site Enterprises Inc	0	035220	0	20 cy					a IUIIII						
City, State	25000			1 28	sal Date	9	City, Stat								
211 East Essex Av			0	9/28/		2	Bristol,	PA							
Completed by		Title				S	ignatur	e 1/				Date	204		
Eric Keys		OM					Cu	1	your			9/14/	2015)	

CK 3799

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

PECCIVED

	(8:60 and 12:12	17.	2815 SEP 18	AM	1.	1 3	
Date of Notification (1)				ng Owner/Operator			CH	1 107	7 1	
4-15-1					CONTRIACT		VV	111	7111	=
ngo	otification	Stre	et Address	RT. 50_		& LICE	£311	46	104	_
BA Ame		City	State, Zip							
Amei Amei	ndment =			JELO,	N.J. C	08230				_
Ø DOH Justi	rgency (including fication)		e of Conta	5;		Telephone Numb				,
☐ DCA ☐ Cano	ellation		BRUCE	BREUR	116	1007 31	1 -	(_	6	<u>+</u>
	· N	E FA	יאו אדחוטא	FORMATION		1				
Name of Facility Where Abatemen	tis Taking Place (3)			Type of Facility					
RESIDEN	<u> </u>				Subchapter	8 (Other than K-12)				
Street Address	WEST #	حالله			Other (i.e., p	nivate & commercia	l build	ings,		
	. WEST P	PUE			Square Feet	# of Floors		ig. Ag		
City (5)	CITY				1000			10	٦	_
County (6)	0,11	Cou	unty Code (7; (STATE	0.0	nor if being demolish	ned)			
CAPE MA	Υ	- US	E ONLY)		VACE				_	=
Name of Monitoring Firm Hired by	Building Owner	ASC	1 No		nent Contractor (9					
(8) N.A				Street Address	MCO JW	L.				
Street Address				369	S. Spri	ore Aue				
				City State. Zip C		11 -	~ (- 7	
City, State, Zip Code				MAPI	LE SHAL		0)	305	2	_
Project Manager for Monitoring Fir	m I	Telephone	e No	Telephone No.	6	License No.	1			
Project Manager 16 mounts					9-0472	0044				_
Start Date (10)	Scheduled Cor			Name of OSHA	Y .	To				4
9-78-15	10-5			J 6SEPH Suee: Address	CLEMW	1) (-			
Occupancy Status During Abatem	en: (Check only or	ne)		3/168: 4001.633	. SPRUCE	E AVE				
X Facility Closed√acated Dunng	Entire Period of At	dours		City, State, Zip C				200		
Abatement Performed Outside of Other - Describe:)(1401111ai 1 80iii.)				SHADE	N.J 08	05	2		_
Scope of Work (Check all that app	101					antivo Prossure				
Scope of Work (Check all Jian app	92220			Min-En	ntainment with Ne sclosure	gauve riessure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	₩ Dem	ovation dison		F Glovah	an Procedure	on-Friable Procedur	е			
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Asbestos-Containing Material (AC TO BE ABATED	Cust	odal	(i.e	thermal systems surfacing, VAT	insulation.	(Specify SF or LF)	Remova	Repair	Encapsulate	Lilotooma
IN Facility		∌#? 2)		oner miscellane	ous)		oval	air	sula	0.00
(13)	-		7			-			c	
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					I Name of Doo	istered Landfill				_
Name of Registered Waste Hauler		NUDEP		Cubic Yards of Waste	(I. k	C 144 11	ıΛ			
Kimeo In	c	Hauler I	104	5	C.M	, C, W. U.				_
City: State				Disposal Date	City, State	OBINE 1	.1.)		
MAPLE SHADE	N.)			Signature	1 _ 2000	Data	1	- 1	-	82
Completed By	Title	Pos	SIRNI	The second second	21) La	_9-	1)	_)	_
MICHAEL KLEMM	VICE.	1 KCF	MAY	- 1						

CK 3.799

SIZE OF NOW JOTEON HOTHICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

are of Notification (1)	. N	ime of Bulldir	o Omuet (Obetato	((2)	~1.0. FM 1: 6	
9-15-12		HAM	BAUGH	DENER SE	FK8 EM 1:1	* *
pencies Notified Type Notification PA Type Notification	s, ., St	3/8	GLOSS.	suco Ra	o si HIM	01
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Emercency (reludino -			GIGHTS	R. JIO609	
DOH justification) Cancellation	Ha	me of Conta	D'ON E			
~		B'A CINTY IN	FORMATION			
me of Facility Where Abatement is Takin				Type of Facility	(4)	
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inal Address	16.1			Other (I.e., p	nvale é commercial	1
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AUALON"	1			1000	for if being demolsr	
0/6		County Code USE CALLY)	(7) ISTATE	Curent Ose (C	CANT	
CAIPE MATT		CM Ho.	Name of Abate	ment Convegor (\$	1)	•
are of Marioning Firm Hired by Building	Owner N	VII.10.	KLGA	100 LA	101	
1 PART & ADDIESS			Sueel Address	S. SPRU	CE AUC.	
reel Acoress			Cry State, Zip	Code _		
17 State Zp Code			MA	PLZ SHA	DE NJC	1000
raci Manager la Monitoring Firm	. Teleph	one No.	Telephone No.	79-047	2 0046	14
		- 0212/(1)	Name of OSH	A Monitor .		
ian Date (10)	eduled Completio	U Date [11]	JOSE	PKALEN	4 M	
9/26/15		. .	Sueet Addres	5 () 0 1 1 (モイ いき・	8
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Facility Closed Vacaled During St. Normal Abatement Performed Duriside of Normal Abatement Performed Duriside Office Performed Office Performed Duriside Office Performed Office P	nal Facility Hours		City. State, Xu	DLE SHAD	E, N.J.	08052
Order - Describe:			1	Containment with h		
scope of Work (Check all that apply)			Min.	Fncfosure	10 90 01 0 1 1 1 1 1 1 1	
23 51 01 23 II	Renovation Demotion	0 2	G G lov	Exempled () and	NON-Frank Proces	LOB. ETE!
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TO BE ABATED	Staff? (12)		sudaang. Y	aneous)		d distribution
(13)		NIA	2			121
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		NOED Meas	· Cubic Yard	s Hame of	Repistered Landrill M, C, M.	U, B.
	51.25	tauler D No.	01 Masie			
Name of Registered Waste Hauler	}	7904	-			
KIEMCO LNC!		17904	0,800 20	ale City, Stat	ODBINE,	N.J.
City State	J,080	17904	_	Wo	ODBINE,	N.J.
KIEMCO LNC!		52	0's po sal 0	Wo	ODBINE	1-15-15

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Vi.		(1 01	30411110	none :	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
Date of Hourication (1)	-15-15	-	Name of	Bullding	Owner/Operator	DEVELON	105FP518 EM	4 4 4	
Agencies Notified	Type Notification		Street A	ddress	Guss:		10 Table 10	· · · · · ·	
TO PA	Sintal Debnema	}	Chi Cin	10 7in C	Ma		P. LINELON	HID III	
€ cor	Emergency (in	gniwb				E/GHTS	Telephone Num		
M 00H	justification) Cancellation		Name of	Contact	'ou E		1000		11
	<u> </u>	*]	PACIL	או צדני	DRWATIO'H				
Name of Facility Where	Abalement is Taking	Place (3)	. 11			Type of Facilit			i
C Addings	IDENCE					Subortable	pnyate & comment	i2) dal buldings	
Street Address	3974 ST.					Square Feet	c.)	Bido A	
City (5)	LON"					1000	. 2	40	
County (6):			T County	Code (1) (STATE		Prior II being demo	vsneo/	
CAPE	MAT	Sum er	ASCH N	-	Name of Abate	meni Contrador	(9)		•
Name of Maryloning Fir	m Hired by Building	JAME!				100 I			
Street Address	1				369	S. SPRI	ICE AVE.		
City, State Zip C∞te					Ciry. State. Zip	C000 PL3 SH	ODE, NJ	0805	
NEW ACCUSATIONS	- Cim	. 10	lephone h	ю.	Twentone No.		License No	144	
Project Manager for M				- / (1)	Name of OSHA	79-047			
Sian Date (10)	15 10	dued Comp	leiph Dai	e (11)	JOSE	WKHIE	MM		
Service Du	iona Abatement (Che	ck only one) .		Sueel Address	5, SPILU	できるいき。	12	
	aniad Dunna Entre P	ena or me	101110					0825	7
Abatement Perform Other - Describe:	THE OUTSIDE OF NOTTH						DE, N.J		
Scope of Work (Chec	ck all that apply)		5		D MIC.	Factosure	Negative Pressur	e	
23 51 01 23 II		Renov Demo	ration . Jition				d Non-Friable Prox	∞oure ± c	a.errer
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Aspesios Contains TO BE A	ng Halenal (ACM)	Mainter Custo Sta	odial	(i.	. homal system	MS INSUBIICI.	SF & LF		E, to appendint
INFO		(1)			oner myscell	aneous)		E	5
Ĭ		Yes	HO NIA		0 1015	TE	1300	X	
5101	NG		X	-	TRANSI	116			
5 (6)				-					
			_	-			of Registered Land	Kill :	
Name of Registeres	Waste Hauler		NJOE!	Waste D. No.	01 44 9 2 1 6	s Name	, M, C, M	, U, A.	
KLEM	co INC.		. 7	204	0's ps sal 0:	City St	ale		v.
CIT STATE	691	J,08	052		_	_ \ <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>	DODBINE	084 - 15	- 15
Compariso By	14 4 0 6 , 10	Tike		2	Signal	rosept 1	Slum	4-1	171)
JOSEPH]	(LEMM_		NER)	value s	Security States	
A 58 - i	*7	· Do not us	e this for	m 101 85	pesios licensure	exemple o acu	:		

CK 3799

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	15-15		7.	Nam		O AM S	CONTRY	ACTING SEP !	8	Ŀή	1:	41
Agencies Notified	Type Notification	n		Stree	et Address	16 HA		JE DO ST			ĮR	Ō.
DEP	Amended			City,	State, Zip	Code	1.1	- 40-	(-		_
Ø DOF	Amendment Emergency (ia.		Óc	DAW (17	-4 M	T 085	26	- 3	5)	13
☑ DOH	justification)		9	Name	e of Contac	ct		Telephone Numb	er			
□ DCA	☐ Cancellation			,	DEAM	1 ADAM	7					
			1.	FA		ORMATION						
Name of Facility Where	Abatement is Taki	ng Plac	e (3)	****			Type of Facility					
Street Address	ES 10 LNC							8 (Other than K-12)		_		2
17	E ABEI	2 DE	75.	4 R	0_		homes, etc	1				
City (5)	HAN CI	TY	-51				Square Feet	# of Floors		dg. A		
County (6)		· -			nty Code (7) (STATE		rior if being demolish	ned)			
Name of Monitoring Firm		Owner	_	ASCM	No.	Name of Abatem	ent Contractor (9	9)				=
(8) N	IA		_			KLEM	CO IN	JG				
Street Address						Street Address	S. SPR	UCE AUE				
City, State, Zip Code						City, State, Zip Co		DE N.T	. (280	05	2
Project Manager for Mon	itorina Firm		Tele	phone	No.	Telephone No.		License No.	9	10		_
, rojest manager for men						856-77	9-0472	- 004	41	1_		_
Start Date (10) 9 - 2.5 -		duled C				Name of OSHA M		Chim				
Occupancy Status During		10		- 1 -	,	Street Address		1				_
☐ Facility Closed/Vacate				ment		369	S. SPI	ruce Aut				_
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma	l Facilit	y Hou	3		City, State, Zip Co	E SHAD	= N.J	08	05	2	
Scope of Work (Check all	I that apply)						,	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	**		novati molitio			☐ Mini-Enc ☐ Gloveba	losure g Procedure	on-Friable Procedure	е			
	· · ·	3/5/26	ocatio	6000			4			bate Typ		
Location of	f	1.000	Soleh	Sunve		Description of			_	.,,,	-1	
Asbestos-Containing M		9,5,0,000,000	itenan	20200		os Containing Mate		Amount	_		9	ш
TO BE ABATE	ED		stodia Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Re	Encapsulate	Enclosure
IN Facility (13)			(12)			other miscellaneou		01 01 21 7	nov	Repair	Sul	บรูน
(13)		Yes	No	N/A					<u>a</u>		ale	е
3101NG		1.00		X	· TO	ZAWSITE		1200 S=	X			
OIDING				/-								
Name of Registered Wast	e Hauler			JDEP V		Cubic Yards of Waste	Name of Reg	istered Landfill		10		
KLEMCO	THE		_ []	outer ID	04		City State	M.C.M.	V.	1		=
City, State MAPLE	SHADE	W.	7			Disposal Date	City, State	D'BINE 1	N.	T		_
Completed By	Title		12			Signature ().N	Date -	15	-1	5	
MICHAEL KY	mur _	V	12			- Mu				_		_

RECEIVE GHECK # 1262

Date of Notification (1)					Building (perator	(2)	9	£15 C	EP 18	814	1:6	5	
9/14/2015					R. Cloug	11				@ 1d O	LI 10	MII	1 . 4	J	
Agencies Notified	Type Notification			Street Ac 7 Glen	idress wood Av	/e.			Δ	5aE	SIDS	CUN	TRC	L	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Co						LICEN		- SPC/9003		
	Emergency	(including			Contact					Tele	ephone Nu	mber			
Ď DOH DCA	justification) Cancellation				arie Na	imo				1 44	26	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	our localitation	8		FACII	ITY INFO	RMATI	ON							50.1	
Name of Facility Where	Abatement is Takin	g Place (3)		1 AOIL	211111111	TAINIA III		Туре	of Facility (4	1)					
Private Residence									School (K-1)	2)					
Street Address									Subchapter Other (i.e. p				dings,	home	es.
7 Glenwood Ave.					=			_	etc.)			. 50 (100 500 500			10000
City (5) Leonia								Squa 1,90	re Feet 0 +	# of	f Floors		ldg. A 0+	ge	
County (6) Bergen				County C	ode (7) ISE ONLY)	·		Curre	ent Use (Prid	r if bei	ng demolis	hed)			
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM	No.				itement Con		5-05				
Street Address							Street		ontracting	COL	<i>J</i> .				
000000000000000000000000000000000000000							205 I	Route	e 46, Suite	7A		04			
City, State, Zip Code									ip Code IJ 07512						
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Teleph			1	License N	10.			
								333-9			01232				
Start Date (10) 9/26/2015		Scheduled 9/27/201		pletion [Date (11)				HA Monitor on Consu	ltants	Inc.				
Occupancy Status Durin	ng Abatement (Che	k Only One)				Street		3.00	Die	1a 25E				
	cated During Entire			ent					garaw Rd	DIC	19.35E			_	
Abatement Perform Other – Describe:	ned Outside of Norr Normal Working Ho	nal Facility F urs	Hours				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ip Code , NJ 074	10					
Scope of Work (Check /	All That Apply)						,		,, ,,,						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				××	Mi Gl	II Containme ni-Enclosure ovebag Prod	edure	1950				
							L	_ No	n-Exempted	(*) an	d Non-Frial	ble Pro			
20 4/20		5,7000	ocatio					- 1 - 12					Abate Ty	pe	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used	Solel	y by ice/		tos Cont thermal surfa		Materia s insul NT, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	(b
Basen	nent			х		Pipe	Insula	ation		10	05 LF	X			
												-			
		-										+			
Name of Registered Wa	aste Hauler		N.	JDEP W	aste /	Cubic	Yards	-	Name of	Registe	ered Landfi	11			
Unicorn Contracting			H	auler ID 35844	No.	of Was			G.R.O.						
City, State Totowa, New Jerse	٧					Dispos TBD	sal Date)	City, State		ennsylva	ınia			
Completed by	,	Title				5000000	Signature	e)	0	1		ate			
Dimo Golcev			t Ma	nager				/	11	/		/14/20	015		
							-	/	//						
ASB-41 (R-06-08)							* Do n	ot use	this form for	asbes	tos licensu	re exer	npted	activi	ties.



CK 1545

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

PROSINGE

Date of Notification (1) 09/15/2015				f Building e Towns				ols (8)	5 SFP	10 -		P		
Agencies Notified Type Notification		- 1 3	Street A					£.	SEP	0 A	í i:	47		
EPA Initial Amended Amendment				ate, Zip Co e NJ 074					(EST) & 1.10	HIL	e i A	0L		
☒ DOH ☐ Emergency (justification) ☒ DCA ☐ Cancellation	including	11 8	John f							hone Nu	1175			
Name of Facility Where Abatement is Takin	n Place (3)		FACI	LITY INFO	ORMAT	ION	Tyr	e of Facility	(4)					
Wayne Township Public Schools	g 1 1800 (0)						Тур							
Street Address 50 Nellis Dr)			×	School (K- Subchapte Other (i.e. etc.)	8 (Other			dings	, hom	es,
City (5) Wayne NJ							Squ	uare Feet	# of F	loors	E	Bldg. /	Age	
County (6) Passaic		(County (Code (7) USE ONLY		_	Cur	rent Use (Pri	or if being	demolis	ned)			
Name of Monitoring Firm Hired by Building (Ahera Consultants	Owner (8)		ASCN 0005					patement Con y Construc)				
Street Address PO Box 385						Street 205 I		ress te 46 Wes	t suite 1	4				
City, State, Zip Code Oceanville NJ 08231								Zip Code NJ 07512						
Project Manager for Monitoring Firm John Smoyer			Telepho	ne No. 52 1833		Teleph 973 8		No. 4244	11 23	icense N 1155	0.			
Start Date (10) 09/24/2015	Scheduled 10/15/20		pletion	Date (11)		2004 313 3100		SHA Monitor above						
Occupancy Status During Abatement (Chec	k Only One)	,		-		Street	Addr	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 700am 330pm Occup	al Facility H	atem ours	ent			City, S	tate,	Zip Code						
	neu				_									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	1 1000000	novati				×	M G	ull Containm fini-Enclosure Blovebag Pro	e cedure					
	T	75557					l N	lon-Exempte	d (*) and N	lon-Friab	le Pro			
Lacation of		catio			_								ement /pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	Solely enan	y by ce/		tos Cont thermal surfa	scription aining M systems cing, VA niscellan	fateri s insu T, or		Amo (Spe SF or	cify	Remova	Repair	Encapsulate	Enclosure
		No	N/A										te	
Boiler Room	X				Boile	er pack	ing		45	sf	X		X	
Boiler Room	X				Br	eechin	g		130	sf	X		Х	
Boiler Room	X				Pip	e Fittin	gs		110 fit	tings	X		Χ	
Name of Registered Waste Hauler Academy Construction Inc	На	DEP Worlder ID 34422	No.	Oubic of Was			0.000,000,000,000	Registered S Landfi)In	2.000		
City, State totowa NJ	100			- 5	sal Date)	City, Stat							
Completed by Zlate Geleski	Title VP				S	ignature		Mele	1	Da 09	te /15/2	2015		

CK 1407

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

Date of Notification (1)				Building C					One	_						
09/14/2015				Felicia	n Sisters	s of No	orth Am	nerica	l	CEI,	a SEP	18	£ s	A .		
Agencies Notified	Type Notification		11.	Street A		n Otro	o.t			7	5 SEP		PV;	1 1:	48	
EPA	× Initial		1		outh Mai		eı			CI LIN						
DEP X DOL	Amended Amendment	#	- 1		te, Zip Coo NJ 07644					8.5	× 1.10	EN			UL	
□ DOH	Emergency (including			Contact	λ				Tele	ephone !	Numb	er	-		
DCA	Cancellation			Nick D	'Amore					1		~ 4				
				FACI	LITY INFO	RMATI	ON									
Name of Facility Where Felician Care Cent		g Place (3)						Туре	of Facility (4	-)						
Street Address	.61								School (K-12 Subchapter	and the second second	er than K	(-12)				
260 South Main St	reet								Other (i.e. pr				ouild	ings,	home	es,
City (5)							-		etc.) re Feet	# of	Floors		BI	dg. A	ae	
Lodi															5	
County (6)	*				Code (7)			Curre	nt Use (Prio	r if bei	ng demo	lished	1)			
Bergen				(STATE U	JSE ONLY)		_									
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCN	1 No.				tement Cont ices Corp		(9)					
Street Address							Street								,	
0							748 E	3lack	Oak Ridg	je Ro	ad					
City, State, Zip Code	ty, State, Zip Code								p Code							
	roject Manager for Monitoring Firm								J 07470							
Project Manager for Mor	roject Manager for Monitoring Firm				ne No.		Teleph 973-7	one No 750-0			License 01253					
Start Date (10)		Schedule		pletion l	Date (11)				IA Monitor							
09/24/2015	a Abetament (Obse	11/24/2			-		(2)		Solutions							
Occupancy Status Durin			107 - 109 107 - 109	12			Street /	Addres Box 1								
	ated During Entire F ned Outside of Norm						11 10 1000 1	Contract Contract	p Code		15-15-					_
Other - Describe:						_			07083							
Scope of Work (Check A	All That Apply)											19-20-9		111 2-11		
≥3 sf or ≥3 lf		-	enova				×		l Containme		Negativ	e Pre	ssur	е		
≥160 sf or ≥260 lf			emoliti	on			×	Min	i-Enclosure vebag Proc							
							X	Nor	n-Exempted	(*) an	d Non-Fr	riable				
			ocati											Abate Ty	ment pe	
Location Asbestos-Containing		Used	ormall Sole	ly by	Ashest		scription aining M		(ACM)	А	mount			Ť		
TO BE AB	ATED	5-0337 (35-03	ntenar odial S			thermal	systems	insula		(5	Specify		Re	R	nca	Enc
In Faci (13)	•		(12)				cing, VA			SF	or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	<u>a</u>	,	ate	Ге
Ground-4t	h Floor			X		VAT	& Mas	stic		19,	000SF		X			
Ground-4t	h Floor			Х			TSI			8	10LF		Х			
Ground-4th Floor				X		W	'indows	3			92		X			
Incinerator Room				Х		Boile	r Insula	ation		1	00SF		Х			
Name of Registered Waste Hauler				JDEP W auler ID		Cubic			Name of F	Registe	ered Lan	dfill				
Newark Carting					INO.	of Was	sie		TRRF							
City, State Newark				Dispos	sal Date	7	City, State		4		ries in					
Completed by		Title				l'S	ignáture	11			-	Date				-
Daniela Antic		Presid	dent				11	1	~			09/	14/2	015		

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Amended

Amendment #_ Emergency (including

justification)

Cancellation

Date of Notification (1) 09/14/2015

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

City (5) Morristown

County (6)

Street Address

Start Date (10)

10/9/15

×

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

≥3 sf or ≥3 lf

≥160 sf or ≥260 lf

Scope of Work (Check All That Apply)

Morris

Morristown-Beard School

70 Whippany Road

×

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

Morristown-Beard School

70 Whippany Road

Morristown, NJ 07960

FACILITY INFORMATION

City, State, Zip Code

Name of Contact

Mr. Mark Clar

County Code (7) (STATE USE ONLY)

ASCM No.

Telephone No.

Scheduled Completion Date (11)

Renovation

Demolition

04509

Title

President

10/16/15

Street Address

Name of Building Owner/Operator (2)

				Pri	nt Fo
BATEMI 12:120)	ENT			FREL	
erator (2	2)	2813	SEP 18	群 1:46	
		430	5 1 1 1 1 1 1 1	Valla MOL	
			5 6 77 19	*/*(G	
		Tel	ephone Nu	mber	\neg
			20		
N					
	Type of Facility (4)			
East Vision	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-1 & commerc	2) ial buildings, home	es,
1	Square Feet	# 0	f Floors	Bldg. Age	
	Current Use (Pri	or if bei	ng demolis	hed)	
	f Abatement Cor Services Cor		(9)		
Street A	ddress lack Oak Rid	ge Ro	ad		
	ete, Zip Code e, NJ 07470				
Telepho			License N	No.	
973-7	50-0752		01253		
	f OSHA Monitor erra Solutions				
Street A					
	Sox 1224				
City, Sta	ate, Zip Code				
Unior	n, NJ 07083				
×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure		Pressure	
				Abatemer	nt

	Is	Locati	ion	E No	on-Exemple	() and Non-rhad	T T	Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole intena todial S (12)	lly ely by nce/ Staff?	Description of stos Containing Materia a thermal systems insul surfacing, VAT, or other miscellaneous)	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						te	
Basement, First & Second Floors		X		Plaster		11,500SF	X			
Basement	X			TSI		20LF	X			
Hall		X		VAT ,		120SF	Х			
8										
Name of Registered Waste Hauler		1 (1)	JDEP W lauler ID	Cubic Yards of Waste	Name of	Registered Landfil	1			

Disposal Date

Signature

911415

TRRF

City, State

Tulkatown, PA

Daniela Antic

Newark Carting

City, State

Newark Completed by



Date of Notification (1)	- (L TO NJAC			1			1 t	313 A	grage Spain	117	The die			
9-11-2015					of Building nen Miller		Operator	(2)		9						
Agencies Notified	Type Notification X Initial				^{Address} Noah Ro	oad					III5 SE	P	6	ÆH	1:4	14
DEP × DOL	Amended Amendmen	t #	_		ate, Zip Co Brunswi		08902	2		<u>करी</u>	& I.	TO.	J U	UN	TRO	1
ĭ DOH	Emergency justification))		Name o	of Contact					Te	lephone	Num	ber	HAL)	
DCA	☐ Cancellation	1			en Miller						٠	ررر	+			
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	ILITY INFO	ORMATI	ON	Tv	pe of Facility (4	1						
Residential		2 2 2						-,	School (K-12	83						
Street Address 1348 Noah Road								×	Subchapter of Other (i.e. pr	8 (Oth	er than k & comme	(-12) ercial	buil	dings	, hom	ies,
City (5) North Brunswick, N	J 08902								etc.) juare Feet 370	# o	f Floors			3ldg.	Age	
County (6) Middlesex					Code (7) USE ONLY)	-		Cu	rrent Use (Prio	r if bei	ng demo	olishe				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCI	M No.				batement Cont			110				
Street Address							Street	Add	7							
City, State, Zip Code							City, S	tate	, Zip Code City, NJ 0730	,						
Project Manager for Moni	Project Manager for Monitoring Firm						Teleph	one		2 1	License					
Start Date (10) 9-12-2015		d Co	mpletion	Date (11)		Name	of C	SHA Monitor s above		01174						
Occupancy Status During	Abatement (Chec	k Only One	e)				Street					-				
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I ed Outside of Norn	Period of A nal Facility	bater Hour	ment s			City, St	tate,	, Zip Code						·	
Scope of Work (Check All	That Apply)															
≥3 sf or ≥3 if ≥160 sf or ≥260 if		_	enova emoli				×		Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure						
		ls L	ocat	ion					von-Exempled	Jane	NON-FI	lable			e ement	
Location Asbestos-Containing N		Used	orma Sole				cription							Ту	ре	
TO BE ABA In Facilit (13)	TED	Custo	itena dial ((12)		(i.e. t	thermal s	systems ing, VA1	ins T, or		(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>=</u>		ate	re
Laundry / Utili	ty room		X			,	VAT			25	0 SF	Σ				
											<u> </u>	-				
Name of Registered Waste	e Hauler		N	JDEP W	aste	Cubic Y	'ards		Name of Re	egister	ed Land	fill				
Green Environmental	1000	auler ID 1		of Wast	е		G.R.O.W				ill					
City, State Jersey City, NJ			1			Disposa 9-15-2			City, State Morrisville	n DA						
Completed by		Title				green sources-rec	nature		(J, 1-7-		Date				
iliana Serrano	Mar	ager		11	1	u	Jerni	Ui		9-11	-20	15				



Date of Notification (1) 8-24-2015				Building Ov Onstruction				t Co., Inc	6.6	is court				
Agencies Notified Type Notification		1	reet Add	dress uth Aven	ue, W	est /							- 4	
EPA X Initial Amended Amendment #_				e, Zip Code Id, NJ 07		1000				41.7	- 11			
X Emergency (incl justification) DCA Cancellation	uding	1 0 0	ame of 0 ohn Ci					19	Tele	phone Numb				
			FACIL	ITY INFOR	RMATIC									
Name of Facility Where Abatement is Taking Pl	ace (3)						Туре с	of Facility (4)					
Commercial								chool (K-12		er than K-12)				
Street Address 8 South Street										commercial	buildi	ngs, h	nomes	s,
						0	— е	tc.) e Feet	# of	Floors	Blo	ig. Ac	IP.	\dashv
City (5) Morristown, NJ 07960							5000		1	110013	65			
		To	ounty C	ode (7)			Currer	nt Use (Prio	r if bei	ng demolisha	ed)			
County (6) Morris				SE ONLY)	_			(3	::>:#:			
Name of Monitoring Firm Hired by Building Own	ner (8)	\perp	ASCM	No.		Name	of Abat	ement Conf	tractor	(9)				
						Green	n Env	ironment	al Se	rvices, LL0	2			
Street Address						Street					7-4			
								a Avenue)					
City, State, Zip Code								p Code /, NJ 073	04					
Project Manager for Monitoring Firm		T	elephon	e No.		Teleph 201-3				License No				
20 12 142	cheduled	Com	olotion F	Oato (11)	·	200000000000000000000000000000000000000		A Monitor		01111		24.00		
	-25-201		pietion L	Jale (11)				bove						
Occupancy Status During Abatement (Check C	Only One)					Street	Addres	is ;						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Aba Facility H	ateme ours	ent		_	City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)									_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati	0.000			×	Mir	ni-Enclosure ovebag Prod	e cedure	h Negative P				
						×	No	n-Exempted	d (*) ar	nd Non-Friab				
154	0.000	ocatio	55,000									Adale Ty	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enan	y by ice/		os Con therma surfa	escription taining N I system acing, VA miscellar	Materia s insula T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Decement	3.55	X				VAT			5	40 SF	X			
Basement		^	-			V/VI					-			
											-			
											-			
					0.000.000									
Name of Registered Waste Hauler	XII		JDEP W		Cubic of Wa	c Yards				tered Landfill				
Green Environmental Services, LLC			34889		5					North Lar	idtill			
City, State Jersey City, NJ						osal Date -2015	9	City, Sta Morris		PA				
Completed by Liliana Serrano	Title Office	Mar	nager			Signatur	e ([]	usS	Q.L		ate -24-2	015		

CN 5810 ...

Date of Notification (1)		of Building	Owner/Operator	(2)	- 8055 0==			
9/15/15		RS. M	JARY C	SIAMBON	5245 SEP 1	3 AM 1	· 9 ·	3
Agency Notified Type Notification	Street /	Address						
		1120	14 5	て	61 -15-		14 1 17	
☐ EPA ☐ Initial ☐ Amended	City, St	tate, Zip Co	ode .		760 LIG	HRIND	1101	
a DOL Amendment #	-	FORT	LEE.	NJ. 0	160%	-1 11 2 (2)		_
DOH Emergency (including justification)					Telephone Num	ber	ν.	
DCA Cancellation	1 6	1 Bs.	GIANBON	20	۷			_
	FACI	LITY INFO	RMATION					
Name of Facility Where Abatement is Taking Place	(3)			Type of Facility	(4)			
MRS. GHARBONO			8.	☐ School (K-12)	1			
				D Subcharter 8	(Other than K-12))		
Street Address		90 W	3		vate & commercia	l buildings,		
1120 14TH ST				homes, etc.) Square Feet	# of Floors	Bldg. Age		
City (5)		54	4	1800.		90	781	w
City (5) FORT LEE					ior if being demoli		1	_
County (6)			(STATE USE			Sileu)		
BERGEN	ONLY		(0)	1	INENCE			
Name of Monitoring Firm Hired by Building Owner	ASCM No.			ment Contractor (9				
(8)			Best Re	moval In	С			
Street Address			Street Address					
	1.50		450 Sou	th River	St			
City, State, Zip Code			City, State, Zip					
		10	Hackens	ack, N.J				
Project Manager for Monitoring Firm	Telephone No.		Telephone No.		License No.			
,				-7444 -	00388			_
Start Date (10) Scheduled Cor	npletion Date (11))	Name of OSHA					
	3/15		Omega	Environm	ental			
Occupancy Status During Abatement (Check only			Street Address					
•			280 H	uyler St	89	· · · · · · · · · · · · · · · · · · ·		
☐ Facility Closed/Vacated During Entire Period of ☐ Abatement Performed Outside of Normal Facility	Abatement V Hours		City, State, Zip					
Sother - Describe: 7AM TO SOM		X., s	S. Ha	ckensack	,N.J. 07	7606		
Scope of Work (Check all that apply)			D Suff	Containment with	Negative Pressu	re		
223 sf or ≥3 #	₽ Re	enovation	2 Min	i-Enclosure			**	
2 3 5 0 2 3 11 ≥ 160 5 0 0 ≥ 260 1f	□ De	emolition	-E Gio	vebag Procedure	d Non-Friable Pro	cedure		
		-	U Not	-Exempled (*) all	d North Habite 1 10	1.7	Abate	mer
	Is Location						Ту	pe
Location of	Normally Used Solely by	-	Description	of				
Asbestos-Containing Material (ACM)	Maintenance/	Asbe	stos Containing l	Material (ACM)	Amount (Specify	. R	Repair	non
TO BE ABATED IN Facility	Custodial Staff?	Hre	surfacing, VA	AT, or	SF or LF		ppa	pau
(13)	(12)		other miscella	neous)		8	- =	late
		-				l-,		
	Yes No N/A		in olar	015.1/	105	LE X	0	\sqcap
BASEMENT		THER	MAC SYSTEM.	s insulation	103		++	\vdash
					-		+	
r e						- '7	+	\vdash
			V					
Name of Registered Waste Hauler	NJDEP Waste	e Hauler	Cubic Yards of		istered Landfill	82	*** (252.64	
Best Removal Inc	ID No.	0	Waste	Minerv	a Enterp	rises	, LI	LС
	17109	9	2 1/20	11				
City, State			Disposal Date		- L 01	h 1.1.60	Q	
Hackensack , N.J. 07	601		10/3/15	Wayne	sburg, 01	Date	0	-
Completed by Title			Signature	جسمه وارو		9	1	11
J.Maiorano Esti	imator		V /		>	1 1	. 9	
ASB-41 * Do not	use this form for	asbestos l	icensure éxempt	ed activities.				

ck 5809

11 -		1	Name, of	Building	Owner/Operator	1505				1	1
	15		MR	. J	DE AGN	1670	2215 010				-
Agency Notified	Type Notification		Street A		_ ,,		2815 SEP	18 A	H 1	: 1.	
	☑ Initial				TULIT S		P-s			14	3
DEPA	☐ Amended		City, Sta	ite, Zip C	ode .	J 0799	OI 404531	08 6	L, -	15.74	
Z DOL	Amendment#			SUN	MLL · N	7 0/10	- 41	CELLET	WI.	Mil	-
DOH	☐ Emergency (including justification)	3	Name of	f Contact	2		Telephone Num	per	2		
DON DCA	☐ Cancellation		W	C. A	CNEZE					2	_
			FACIL	JTY INFO	RMATION				8		
Name of English Whore	Abatement is Taking Place	æ (3)				Type of Facility	(4)				
	R. AGNESE	31.1h			*	School (K-12)	•				
	K. AGNOSO			77		C Subcharter 8	(Other than K-12	2)			
Street Address	-115			v		homes, etc.)	vate & commercia	at buildings	>,		
133	TULTST					Square Feet	# of Floors	Bldg. A	ge		
City (5)					ter i	2800.	7	2	0	イピ	R
50H	MIT			18			ior if being demol		_	1	999
Cairmby (E)			County ONLY)		(STATE USE	Current Use (PI	SIDEN CE	-			
U H 19	رم د		ONLT)	•	19.1			3			
Name of Monitoring Fire	n Hired by Building Owne	F ASC	M No.			nent Contractor (9					
(8)						moval In	С			-,	_
Street Address					Street Address						
Officer Linearon			*			th River	St				_
City, State, Zip Code					City, State, Zip						
Oity, Outo, Ep					Hackens	ack, N.J					
Project Manager for Mo	nitoring Firm	Telepi	hone No.		Telephone No.		License No.				
1 Tojeck Manager					201-329		00388		1		_
Start Date (10)	Scheduled Co	ompletion	Date (11)		Name of OSHA				9 18		
10/1/15	10	12/15	ذ		Omega	Environm	ental	n			
Occupancy Status Duri	ng Abatement (Check on	ly one)			Street Address					÷	
			ant			uyler St					
☐ Facility Closed/Vacal	ted During Entire Period of Outside of Normal Faci	lity Hours	are.		City, State, Zip		0	7606	*))		
2 Other - Describe:	ON TO SPM				S. Ha	ckensack	, N.J. 0	7606			_
Scope of Work (Check			100		D Edit	Containment with	Negative Pressu	ıre			
27 ≥ 3 sf or ≥ 3 lf			Rer	ovation	# Min	i-Enclosure			.50		
≥ 160 sf or ≥ 260 lf			☐ Den	nolition	₽ Gio	vebag Procedure n-Exempted (*) an	d Non-Friable Pro	ocedure			
		Γ		1	U NO	PEXempled () and	a reon made in	1	W	tem	ent
			cation mally					}		Type	T
. Local	tion of		olely by)	Description	of	Amount	}	1	(m	1_
Asbestos-Contain	ing Material (ACM)	1777	enancel	Asbe	estos Containing N	Haterial (ACM)	(Specify	,)	Removal	Encapsulate	000
	ABATED acility	1	todial	(2.0	surfacing, VA	T, or	SF or LF		Volta	pau	Enclosure
	3)	1	12)		other miscellar	neous)		1	9	late	10
		Yes N	No N/A	1			,				
		1.00	× 100	mica	VA SIMELL	अधाक्यावम	1001	F	×		
BASEMENT		-	- 1	Inco	THE STORE	- 1- 30 dation			2.4	1	T
		\vdash		-				50.00	1	1	T
				-				,,	1	+	+
		1	1	1	121121	Nome of Dee	istered Landfill				_
	3				Cubic Yards of	I Manie of Ked	WOULDER PROFITMEN				
Name of Registered W	aste Hauler		P Waste	Hauler						гти	*
	aste Hauler oval Inc	ID No).		Waste	Minery	a Enterp	rises	,]	LLC	7
Name of Registered W Best Rem	aste Hauler oval Inc	ID No			Waste 2 1/2 C	7 Minerv		rises	,]	LL(,
Name of Registered W Best Rem City, State	oval Inc	ID No.).		Waste 2 /2 C Disposal Date	7 Minerv	a Enterp		9	LL(7
Name of Registered W Best Rem City, State Hackensa	oval Inc	ID No.).		Waste 2 / 2 C Disposal Date 1 0 2 1	7 Minerv City, State Wayne		h,446	88		
Name of Registered W Best Rem City, State	ck , N.J. 07	ID No.	L7109		Waste 2 /2 C Disposal Date	7 Minerv	a Enterp	h,446	9		

CK#6552

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

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	OPEN	
		11T1
	NoliFil	AliON

Date of Notification (1)		Name of PSEG	Building O	wner/O	perator	(2)				E				
Agencies Notified Type Notification		- 1	Street Ad	idress IADLEY I	ROAD)		26	15 SE	P18 &M	1.	20		
EPA Initial Amended Amendment #		_ ;	SOUTH	te, Zip Cod		, NJ 0	7080	ĄJ	900	12.60	164	38		
DOH justification) Cancellation		,	Jo	Contact A LITY INFOR			TTE	Ξ	l ele	phone Numl	,	 	11	
Name of Facility Where Abatement is Taking PSE&G - C. P.C. J. T. / 3 Street Address / WEST SIDE	344	C		C:1716	FER	CRY	So So	ther (i.e. p	2) 8 (Othe	er than K-12) commercial		ings,	home	s,
City (5)		10	,				Square	c.) Feet	10000000	Floors W/A		dg. A	-	
County (6) BERGEN)			Code (7) USE ONLY)	·					ng demolishe		7		
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	Owner (8)		ASCN 0045					ement Cor		(9) AMERICA				
Street Address 64 BROAD STREET							Address	EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							State, Zip	Code VER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 32-2217			none No. 432-83			License No 01111				
Start Date (10)	Schedule		pletion 1	Date (11)				A Monitor YSTEM	S OF	AMERICA				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire F	k Only Or	ne)					Address	EHEAD /	AVE.					
Abatement Performed Outside of Norm Other – Describe: Ou7 0 0 6	al Facility				_		State, Zip	Code VER, No	J 0888	2				
Scope of Work (Check All That Apply)		2 2				Г	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demoliti				-	Mini Glov	-Enclosure rebag Pro	e cedure	Negative Pr			e	
	1	Locati							-			Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intenar todial S (12)	ly by nce/		os Cont thermal surfa		Material is insulat AT, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No /	N/A		0					1	~		Ф	
OUTS; DE		X		ACM	Ψ,	DE.	Somf	stic	0	100 LF	_			
										- 11 (5"				
Name of Registered Waste Hauler WASTE MANAGEMENT	Н	IJDEP W lauler ID 125		of Wa	10	5	GROW	'S NO	ered Landfill RTH					
City, State ELIZABETH, NJ				Dispo	B A	9	City, Star MORR							
Completed by CAROL RAIMO	mpleted by Title					Signatur	e 4al	Kai	mã	Dat	e9/	14	1/13	5

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

Date of Notification	(1)				Owner/Operator							
9-15-15		David N			(2)	RECE	11/1	- 17	1			
Agencies Notified	Type Notifica	tion	Street Addre	ess		0.0						
[]EPA	[X]Initial	tion	731 Irv			281	5 SEP 18	AH	<i>l</i> :	30		
[]DEP	**************************************		City, State			# 37	F		•	. 6		
[X]DOL	[]Amended Notifica	ation	Secauci	ıs,N	J,07094	11-4	531631	111111	111	7:		
[X] DOH			Name of Con	tact		Telephon	e Number	SINO	- 1	Ji.		
[]DCA	[]EMERGENCY		David N	4cIn	tyre	(.	-					
*			FACI	LITY :	INFORMATION							
Name of Facility Whe	re Abatement	is Takir	ng Place (3)			Type of Facil	ity (4)					
Same as above						[]School	(K-12) ter 8 (Oth	er th	an	K-12	2)	
Street Addres						[X]Other (i.e., privuildings,	ate &	co	mme	-	
						Square Feet	# of Flo	ors	Blo	ig.	Age	
City (5	ľ	County ((6) Essex	F. 100 S. 100 S. 100	nty Code (7)							
				(02		Current Use (Prior if b	eing (dem	olis	shed)
Name of Monitoring F Owner (8) N/A	irm hired by	Building	ASCM No.			nent Contracto						
Street Address					Street Address 86 Chris	topher St						
City, State, Zip Cod	le				City, State, Montclai	Zip Code r, NJ 070	42					
Project Manager for	Monitoring Fi	rm Tel	ephone Numb	er	Telephone Numb			Licen	50	Nıımh	ner	
The second section of the second section of the second section of the second section of the second section sec	-	N/			(973)744			003				
Scheduled Start Date	(10) Sched		etion Date	(11)	Name of OSHA	Monitor						
9-24-15 Month Day Ye	ear Moi	9-24	av Year		N/A				÷			
Occupancy Status Dur [X] Facility Clos	ing Abatement sed/Vacated Du	(Check	only one)		Street Address	3				S 4487 N		
of Abatement Per []Abatement Per Hours - Descr []other - Descr	rformed Outsid	Descri	pt»	ty	City, State, 2	Zip Code						***
Scope of Work (Check					II				_			
[X]>3 sf or []>160 sf o	 ≥3 lf	_ [3	K]Renovation]Demolition		[]Mini-] [X]Glove	Containment wi Enclosure Dag Procedure riable Procedu		e Pre:	ssu	re		
	C 2666		Is					P	bat	eme	nt 1	Type
Location Asbestos-Con			ocation ormally		Descriptio Asbestos-Cont		Amount		R	-	E	E
Material			Used Solely		Material (Na.000000000000000000000000000000000000	(Specif		E M	R	CA	C
TO BE ABA			y Main- enance/		(i.e., thermal		SF or		0	PA	PS	0
In Facil (13)	ıty	Cu	stodial aff (12)		sulation, surfa or other miscel	(1990 1990 H. H. 1880 L. L. 1992 L. 1980 H. 1980 L. 19	LF)	8	A	I	U	U
(20)		Yes	No N/A		or ourer mirror	zamodab,			L		L	R
Basement			x	Pip	e Insulat	ion	20 lf	X				
			x	Was	sh/Clean p	ipes	40 lf					
Name of Registered W AZTECH MANAGE		→ Ha	DEP Waste uler ID No. 7040	1000	bic Yards Waste 1.5	Name of Regi. G.R.O.W.		dfill				
City, State	W		1040	Di:	sposal Date	City, State			_			
Montclair, NJ	07042				9-28-15	Morrisvi	lle, PA	. 190	06	7		
Completed By (Print	or Type) Tit	le			Signature			Dat				
Constantine Vi		eside	nt		CV	i ci ci-				5-1	.5	

MO#22742796150

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

Date of Notification (1)			1	lame of	f Building C	Owner/Operator (2	2)		-	-		
09	13 ,15	<u> </u>	N	lary B	ush-Scott							
Agencies Notified	Type Notification	-			ddress			55-10	201)		\neg
☐ EPA			9	2 Rens	shaw Ave	nue						
DOLWD	Amended		100		ate, Zip Co			1/				
□ DHSS	Amendment #			5 (2 11) (550)	ange, NJ							
DCA (NJAC 5:23-8)	Emergency (inclination)	uding			f Contact	07017		Telephone Numbe	Γ			
(NJAG 3.23-0)	Cancellation		N	Aarv B	ush-Scott							
			1.			ORMATION						
Name of Facility Where	Abatament is Taking	Disce (3)	1 70	ILI 1 1 1 1 1 1 1 1 1	OTCHIA ITON	Type of Facility	(4)	-			
	- Abatement is Taking	race (J)				School (K-1					
Private house Street Address							Subchapter	8 (Other than K-1 2)	11. 11	r		
3.5.5.5.3.3.3.3							homes, etc.	private and commerci	ai bulli	aings	,	
92 Renshaw Avenue							Square Feet		Bldg	g. Ag	е	\dashv
City (5)	17						- 1					
East Orange, NJ 070 County (6)	17			County	Code (7) (9	STATE USE ONLY)	Current Use (F	rior if being demolish	ed)			
				County		,	,	<u> </u>				
Essex Name of Monitoring Fire	rm Hired by Building O	wner (8) [SCM N	No.	Name of Abatem	ent Contractor (9	9)			0.00	
	,	•				Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip C	Annual Control of the					
					-	Wayne, NJ 074	70					
Project Manager for M	ionitoring Firm		Tele	phone h		Telephone No.		License No.				
						973-638-1777		01127				
Start Date (10)	Sched	uled Co	mplet	ion Dat	e (11)	Name of OSHA	Monitor					
09 / 23	/ 15 0	9 /	24		15	Envirovision C	onsultants Inc					
Occupancy Status Du	ring Abatement (Check	only o	ne)			Street Address	0110411401140,2214					
	cated During Entire Pe			ment		20-21 Wagarav	Road Bldg	# 35E				
Abatement Perform	ned Outside of Normal	Facility	Hour	s - Des	cribe	City, State, Zip C	Code					
Time of Abatement	t:PI	v1/	_PM_		AM	Fair Lawn, NJ	07410					
Scope of Work (Check	(all that apply)	(*)				Clean	up and decontan	nination with negative	press	ure		
N - 2 - 4 - 4 - 2 14		⊠ Bo	noveti	25		Mini En	alacura	legative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		X Re □ De				Gloveh	an Procedure [Tent with Negative	Press	ure		
					,	☐ Non-Ex	empted (*) and	Non-Friable Procedur	8	1		
		0.000	Locat Norma						Aba		ent T	ype
Locat Asbestos-Containi	tion of ing Material (ACM)		d Sole		Ashes	Description stos Containing M		Amount	Re	Repair	Enc	Enc
	ABATED		intena			., thermal systems		(Specify	Remova	pai	aps	Enclosure
555	acility	Cus	(12)	Staff?		surfacing, VA other miscellar		SIF or LF)	val	7	Encapsulate	ure
(1	(3)	Ves	Ι	N/A		Other miscera	ieous)				Œ	
		Yes	No					150 1 5		П	П	
Basement			ᆜ	X	Pipe inst	ılatıon		150 LF				
Basement				\times	Boiler in	sulation		40 SF	\boxtimes	Ш	Ш	Ш
							w.					
			П				,		П	П	П	П
Name of Registered	Masta Hauler		NI:	DEP West	e Hauler ID No.	Cubic Yards of Wa	aste Name of Re	gistered Landfill				1
7 CO POPULA CONTROL OF THE POPULATION OF THE POP	vvaste nautei						i i					
Gr Tech LLC			00337	85	TBD Disposal Date	T.R.R.F. In City, State	IC .			-		
City, State						10070 20	25.17	D.				
Wayne, NJ 07470						TBD	Tullytown,					
Completed By (Print	or Type) Tit	e				Signature	1.		ate			
N.Jevtic	Ow	ner					Hewho we	nad 09	/13/20)15		
ASB-41	- Inches						1/					

*REQUEST FOR WAIVER

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

Date of Notification (1) SEPT. 16, 2015		N	lame of B 177 MA	Building O AIN STR	wner/O EET,	perator LLC	(2)					30	1/2		11	
	e Notification			Street Ad 296 PH	dress IILADEL	.PHIA	BOUI	LΕ\	VARD		SE	7 1	3	2715		
EPA DEP DOL	Initial Amended Amendment #_		C	City, State SEA G	e, Zip Cod IRT, NJ	e 08750)									
DOH DCA	Emergency (inc justification) Cancellation	cluding		lame of	Contact N LASZI	_0				l To	Johana M	dumh	er			
		-		FACIL	ITY INFO	RMATI	NC	7 2 7 2 2								
Name of Facility Where Abate FLORIST Street Address 177 MAIN STREET	ment is Taking F	Place (3)						Ty	Other (i.e	K-12) oter 8 (Ot	her than K & comme		build	ings,	nome	s,
City (5) MANASQUAN		-							etc.) quare Feet 2800 sf	2	of Floors			dg. A	ge ears	
County (6) MONMOUTH				County C	ode (7) SE ONLY)				urrent Use (Retail Flor		eing demo	lishe	1)			
Name of Monitoring Firm Hired N/A	d by Building Ow	rner (8)		ASCM	No.		Name Fini	of a	Abatément (ng Touch	Contracto Asbest	or (9) os Abate	eme	nt C	orp.,	Inc.	
Street Address					0				dress Impson S	treet						
City, State, Zip Code							City, S	State st L	e, Zip Code ong Bran	ch, NJ	07764		11			
Project Manager for Monitoring	Project Manager for Monitoring Firm						Telep 732		e No. 22.8372		Licens 0004					
Start Date (10) 9/17/15		Scheduled 9/17/15	Com	pletion D	Date (11)		Name N/A		OSHA Moni	tor						
Occupancy Status During Aba	atement (Check	Only One)					Stree	t Ad	idress	11						
Facility Closed/Vacated I Abatement Performed O	During Entire Pe utside of Norma	riod of Aba Facility H	atem ours	ent			City,	Stat	e, Zip Code			-				
Other – Describe:					- 10 - 12 - 10 -											
Scope of Work (Check All Tha	at Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				2	2	Full Contai Mini-Enclos Glovebag I Non-Exem	sure Procedur	e				€	
		le I	ocatio	on				_						Abate	ment	
Location of		No	rmali	ly		De	scriptio	n of	F (5)					Ту	ре	
Asbestos-Containing Mate TO BE ABATED In Facility (13)			enar	nce/		os Con thermal surfa	taining	Mat ns ir AT,	terial (ACM) nsulation, or	3	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
BASEMENT				X	TS	SI und	er boi	ler	jacket		19 SF		x ·			
DAOLIVILIVI						, a.i.a			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			ARC			
*						-0.752		100								
Name of Registered Waste H	N	JDEP W	laste	Cubic	Yards		Name	of Regis	stered Lar	ndfill	72.7=					
Finishing Touch Asbestos Abatement Corp., I				auler ID 2058		of Wa	ste		TRE	RF Land						
City, State West Long Branch, NJ				8		Dispo	sal Dat	e J	City, Tull	State ytown,	PA		ä			
Completed by Joseph P. Miller	ent			4	Signatu	re Zv	2 hours	ON	A	Date 9/1	e 6/1	5				



Date of Notification (1) 9-10-2015		Name of Suey C	Building (Chiu	Owner/O	perator	(2)	i peri			4 , -	*		2.5	
Agencies Notified Type Notification EPA Initial			Street Ad 100 Ch	ddress nestnut S	Street			N/ N	S	EP 13	2015			
DEP Amended Amendment #				te, Zip Co Drange N		52		6		= =			1	
▼ DOH	cluding		Name of Suey C	Contact Chiu					Tele	enhane Ni	mhar			
Name of Facility Where Abatement is Taking Residential	Place (3))	FACIL	LITY INFO	RMATI	ON	Туре	of Facility (4	1)					
Street Address 100 Chestnut Street					-			School (K-12 Subchapter Other (i.e. p	8 (Othe			dings	home	es,
City (5) West Orange NJ 07052								etc.) re Feet 00	# of	Floors		3ldg. /	\ge	11601
County (6) Essex			County C	Code (7) ISE ONLY)				ent Use (Pric		ng demolis				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	l No.				tement Con vironment			LC		>4	
Street Address							Addre Virgin	ss ia Avenue	9		774			
City, State, Zip Code								ip Code y, NJ 073	04					
Project Manager for Monitoring Firm	1	Telephor	ne No.			none N 333-8			License I	No.				
1 120 AVX AVX AVX AVX AVX	Schedule 9-11-20		pletion [Date (11) ⁻				HA Monitor above						
Occupancy Status During Abatement (Check	Only On	e)				Street	Addre	ss						
Facility Closed/Vacated During Entire Poly Abatement Performed Outside of Normal Other – Describe:	eriod of A al Facility	Hours	ent			City, S	state, Z	ip Code		-				
Scope of Work (Check All That Apply)		1971												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit	775753)1			2	Mi Gl	II Containme ni-Enclosure ovebag Proc on-Exempted	edure	_			re.	5.
	le	Locati	on				_ 140	II-Exempled	() an	d Non-i ne	IDIE FIC		ement	t
Location of	N	Vormal	y		De	scription	n of					Т	уре	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Cust	d Sole intenar odial S (12)	ice/ Staff?		tos Cont thermal surfa	aining N	Materia s insul NT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement / boiler room	Yes	No X	N/A			1	47			2015	-	-	-	
Basement / Boiler room		X			100000000	insula				20 LF	X	-	-	
Dasement / Boller 100m		^			lank	Insula	luon		12	20 SF	X	-	-	
										-	-	-		
Name of Registered Waste Hauler	IN	JDEP W	laste	Cubic	Yards		Name of I	Ponista	rod Landf	au .				
Green Environmental Services, LLC	Н	auler ID 034889	No.	of Wa				100	North La					
City, State Jersey City, NJ				Dispo: 9-12-	sal Date 2015		City, State Morrisv		A					
Completed by Liliana Serrano	e Mar	nager		F	Signature	e ~	SORVE	X 0 2		ate 9-10-2	015			

Date of Notification (1) September 15, 2015					Name of Building Owner/Operator (2) Walters Residential, LLC									7	
Agencies Notified [X] EPA [] DEP	Type of Notification [] Initial Notification [] Amended Notification Amendment #				Street Address 500 Barnegat Blvd. North City, State, Zip Code										
[x] DOL [x] DOH [] DCA	[X] Emergiustifi	gency (incation)		_	Barnegat, NJ 08005 Name of Contact Victor					Telephone Number					
. ,				FACI	LITY INFORM	IATION							300		
Name of Facility Where Ab Res Street Address	patement is Taking sidence	Place (3)					T	Type of Facility (4	Scho	ool (k-12) chapter 8 (oth	er than	k-12)			
	Patty Lane							[x]		er (i.e., privat es, etc.)	e & cor	nmerci	al build	ings,	
City	14	County	(6)		County Code (7) STATE USE ONL	Y)	5	Square feet 1000 sf	# 0	f Floors	Bldg	. Age 6	0		
Beach Have	n West	Ocean	n			r if being dence	demolished)								
Name of Monitoring Firm N/A		Owner (8))	1	ASCM No.	Name of	Ab	atement Contract	tor (9)	ntracting,	Inc				
Street Address	1		i i			Street Ac	ddre	ess			mo.				
City, State, Zip Code						City, State, Zip Code Toms River, New Jersey 08755-							771		
Project Manager for Monitor	oring Firm	Т	Telephone 1	Number		s Kivei,	License Number 00624								
Scheduled Start Date (10) 9/16/15		\dashv			732-349-9932 tion Date (11) Name of OSHA Monitor E.M.S.L. And										
9/16/15 9/17/15 Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement (Check only one)					Street Address 1056 Stelton Road										
	tement Performed (er – Describe	Outside o	f Normal Fa	cility Hou	City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all t			21 21	3 4554		[]]	Full Containme Mini-Enclosur	e	Vegative Pres	sure		7.		
	of or ≥3 lf 0 sf or ≥260 lf		[x]	Renovati Demoliti		[] Glovebag Procedure [X] Non-Exempted (*) and Non-Friable Procedure									
											Abat	ement '	Гуре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A					(i.dins	Description bestos-Con Material (A a., thermal sulation, su VAT, oner miscell	nta ACI sys urfa or	ining M) stems acing,	(S	Amount pecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior house X					Asbestos siding 1000						X				
							_								
	Hauler ontracting, Inc.	7	JDEP Wast	0223	3	ards of Was	1000	Name of Reg		ndfill					
City, State Toms River,				Disposa 9/18/1	5 ,	City, St Tullyt		vn, Pennsylva	nia						
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				er	Signature Date 9/15/15										

No. of the contract of the con															
Date of Notification (1) September 15, 20	Name of Building Owner/Operator (2) Tradewinds Builders, LLC														
[X] EPA [] Initial	fied Type of Notification [] Initial Notification [] Amended Notification					Street Address 34 West Sailboat Lane (89 th Street) City, State, Zip Code									
[X] Emer		#including		Peahala Park, NJ 08008											
[X] DOH justifi		Name of Contact Travi													
			FAC	ILITY INFORM	IATION										
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4	School (k-12)		20000000						
Street Address 224 Jefferis Avenu	ie	(. 2		[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)			al build	lings,				
City	Coun	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors								
Beach Haven	Oce	an				r if being demolished)								
Name of Monitoring Firm Hired by Building (N/A	Owner ((8)		ASCM No.	Name of	Abatement Contract	or (9)	. Inc.							
Street Address					Street Ad	Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61									
City, State, Zip Code					City, State, Zip Code Toms River, New Jersey C										
Project Manager for Monitoring Firm		Telephone N	umber		Telephon 732-34	e Number	License 1	License Number 00624							
Scheduled Start Date (10) 9/16/15		Scheduled Co 9/17/15		on Date (11)		OSHA Monitor	S.L. Analytical								
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated			of Abai	tement	Street Ad	dress	Stelton Road								
Abatement Performed					City, Stat	e, Zip Code	Diolion Roda								
Other – Describe							taway, New Jers	ey 088	54						
Scope of Work (Check all that apply)					[]	Full Containme Mini-Enclosure	ent with Negative Pre	ssure							
[] >3 sf or ≥3 lf		[]	Renova												
[X] ≥160 sf or ≥260 lf		[x]	Demoli	tion	[x]	Non-Exempted	(*) and Non-Friable	Procedu	ire						
								Abat	Abatement Type						
Location of		Is Location Normally use		Δ.	Description bestos-Con		Amount	R	R	Е	Е				
Asbestos-Containing Material (ACM)		Solely by	,u		Material (A		(Specify SF	E	E P	N C	N C				
TO BE ABATED	Mair	ntenance/Cus	todial		., thermal		or LF)	M	À	A	L				
in facility		Staff		ins	ulation, su			V	I R	PS	O S				
(13)		(12)		oth	VAT, o			A	K	U	U				
a/	YES	NO NO	N/A		or imsceric	ancous)		L		L E	R E				
Exterior X				Asbestos sidi	ng		1000 sf	X							
								1							
Name of Designary W. W. 1		MINED W	** 1	The Lates	1 6***	1.1									
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste 202	Hauler 223	ID No. Cubic Y	ards of Wast	e Name of Regi T.R.R.F.	stered Landfill								
City, State Toms River, New Jersey				sal Date	City, Sta		nia								
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manager		Signature)	40	1	Date 9/1:	5/201	5					

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

Date of Notification (1)					Name of Building Owner/Operator (2)									
September 14, 2015				Disantis Contracting, LLC										
Agencies Notified [X] EPA [] DEP	ion Notifica ded Not dment #	ification		Street Address 313 Halyard Road City, State, Zip Code										
[x] DOL [x] DOH	[x] Emer	gency (ir	ncluding		Ortley Beach, NJ 08751									
[] DCA		cation) ellation			Name of Contact Fran	k Disantis		Te	Telephone Number					
				FAC	ILITY INFOR	MATION	V.S							
Name of Facility Where Ale Res	patement is Taking sidence	Place (3))				Ty	ype of Facility (4)	School (k-12)	or than	L 12\			
Street Address	6 Amber Jack W	/ay						[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,	
City	14.	Count	y (6)		County Code (7) (STATE USE ON	LY)		quare feet 700 sf	# of Floors	Bldg. Age 60				
Toms River Twp.		Ocea	ın				Cı	urrent Use (Prior if Residen						
Name of Monitoring Firm		Owner (8	3)		ASCM No.	Name of	f Aba	itement Contractor (Inc.				
Street Address						Street A	Street Address 1889 Route 9, Unit 61							
City, State, Zip Code					City, State, Zip Code Toms River, New Jers									
Project Manager for Monit	oring Firm		Telephone 1	Number		Telephor 732-34			License Number 00624					
Scheduled Start Date (10) 9/14/15			Scheduled 0 9/15/1		on Date (11)	Name of	f OSI	HA Monitor E.M.S.I	Analytical					
	ility Closed/Vacated	l During	Entire Period		65-45 (5 th 5)									
	tement Performed of the determinant of the determin	Outside	of Normal Fa	icility Ho	City, State, Zip Code Piscataway, New Jersey 08854									
Scope of Work (Check all	that apply)					[]		with Negative Pres	sure				
[] >3 :	sf or ≥3 lf		[]	Renova										
[x] ≥16	0 sf or ≥260 lf		[x]	Demoli	tion	[x]	Non-Exempted (*) and Non-Friable I	rocedu	re			
										Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)			Is Location Normally us Solely by Internance/Cu Staff (12)	sed ustodial	(i	Descriptionsbestos-Co Material (A.e., thermal asulation, su VAT,	ontain ACM I syst urfact or	taining Amount (CM) (Specify SF systems or LF) facing,		R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R	
		YES		N/A	ļ					L		Е	Е	
Exterior X				-	Asbestos sic	ing			700 sf	X				
			-	-	-									
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Wast	te Hauler 0223	ID No. Cubic	Yards of Was	ste	Name of Registe T.R.R.F.	red Landfill			1		
City, State	, New Jersey				sal Date	City, S Tully		n, Pennsylvania						
Completed by (Print or Type) Nicholas Fernicola Project Manager					Signature	\	/		1	Date 9/1	1/201	5		

Date of Notification (1)					Name of Building Owner/Operator (2) Walters Residential LLC												
September 14, 2015					Walters Residential, LLC												
Agencies Notified [X] EPA [] DEP		ification		Street Address 500 Barnegat Blvd. North City, State, Zip Code													
[x] DOL	(8)		ncluding		City, State	, Zip Code	Barnegat, NJ 08005										
[x] DOH	justifi	cation)			Name of Contact Victor				Telephone Number								
				FACI	LITY IN	FORM	ATION										
Name of Facility Where Al	batement is Taking l sidence	Place (3)					Тур	e of Facility (4)	School (k-12)	ner than	k-12)					
Street Address	7 West Cove Wa	ay				177			[x]		other than k-12) rate & commercial buildings,						
City		Count	y (6)		County Coo (STATE U)	Squ	are feet 600 sf	# of Floors	Bldg.	Bldg. Age 60					
Toms River	Twp.	Ocea	an		,		70	Cur	rent Use (Prior if Resider	being demolished)						
Name of Monitoring Firm		Owner (8)		ASCM No	.	Name of	Abate	ment Contractor	(9)	Inc						
N/A Street Address	A					Guardian Contracting, Inc. Street Address											
City, State, Zip Code					City, State, Zip Code												
Project Manager for Monitoring Firm Telephone Number							Telephor		nber	License N 00624		33-12	2/1				
Scheduled Start Date (10) 9/15/15			Scheduled 0 9/16/1		tion Date (11) Name of OSHA Monitor E.M.S.I.					L. Analytical							
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Ab [] Abatement Performed Outside of Normal Facility F																	
Scope of Work (Check all	that apply)						[]	Ť		with Negative Pre	ssure						
						1 1 1 2 7 100 111 4111 4 1											
					T						Abat	ement	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A						Ash N (i.e ins	Description of estos-Containing faterial (ACM) , thermal systems elation, surfacing, VAT, or er miscellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E				
.Exterior house			X		Asbestos siding					500 sf	X						
											-						
					-						-	-					
Name of Registered Wast	e Hauler ontracting, Inc.		NJDEP Was	te Hauler	ID No.	Cubic Ya	ards of Wa	ste	Name of Regist T.R.R.F.	ered Landfill							
City, State				Dispos	sal Date		City, S		Dannay lyan:	2							
Completed by (Print or Ty Nicholas Fe		Title Pro	ect Manag			ire		/15 Tullytown, Pennsylvania					Date 9/14/15				

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

Date of Notification	(1)	(1000	Name	of Buil	ding	Owner/Operator	(2)						
9-15-15			Ri	chard	[Fl	yer		SE	P 1.		75		
Agencies Notified	Stree	Street Address											
[]EPA	[X]Initial		21	Sutt	on :	Place							
[]DEP	Notific	ation	City,	State,	Zip	Code							
[X]DOL	[]Amended		Ve	rona,	NJ,	07044							
[X]DOH	Notific	ation	Name	Tame of Contact Telephone Number									
[]DCA	[]EMERGENC	Y		chard		ver							
[]DOA	[]Cancella	tion				4	1						
				FACII	LITY I	NFORMATION							
Name of Facility Whe		is Taki	ng Pl	ace (3)			Type of Facil:	ity (4)					
Same as above							[]School						
Street Addres								ter 8 (Othe i.e., priva					
							25 30 35	uildings, h					
							Square Feet	# of Floo	rs B	Ldg.	Age		
City (5		County	(6) Es	sex		nty Code (7) ATE USE ONLY)	2100	2		88			
					(51	ATE USE ONLI)	Current Use (Prior if be	ing de	moli	shed)	
										111111111111111111111111111111111111111			
Name of Monitoring E Owner (8)	Firm hired by	Buildin	g AS	CM No.			ment Contracto						
N/A					- 1900		ANAGEMENT	, inc.					
Street Address						Street Addres							
							stopher St.						
City, State, Zip Cod	le					City, State,	(5)	4.0					
						Montclai	r, NJ 070	42					
Project Manager for	Monitoring Fi		-	ne Numb	er	Telephone Numb		I	icense		ber	7-20	
		N,	/A			(973)744	-8800		003	1			
Scheduled Start Date	(10) Sche	d. Comp	letio	n Date	(11)	Name of OSHA	Monitor						
9-30-15	POST AND		-1-1			N/A							
Month Day Y Occupancy Status Dur			Day	Year		Street Address							
[X] Facility Clo	sed/Vacated D		_			Screet Address	3						
of Abatemen []Abatement Pe		de of No	ormal	Facilit	·v	City, State,	7im Codo						
Hours - Desc	ribe: «OffHour	s Descr	ipt»		-1	CILY, State,	sip code						
[]other - Desc	ribe: «Other O	ccupanc	y Desc	eript»									
Scope of Work (Check	all that app	ly)				ו ויים ו	Containment wi	th Nogativo	Broce	1170			
[X]≥3 sf or	>3 lf	1	[X]Ren	ovation			Enclosure	ur Negative	riess	ure			
[] <u>≥</u> 160 sf o	or ≥260 lf]Dem	olition			bag Procedure riable Procedu						
			Is	near-su		[]NOII-E	riable Procedu	re	Ab	atem	ent '	Type	
Location			Locati			Description	A CONTRACTOR OF THE PROPERTY O	200000000000000000000000000000000000000	R		E	E	
Asbestos-Cor Material			Used			Asbestos-Con Material (Amount (Specify	E	R	CA	C	
TO BE AB	ATED		By Mai	n-		(i.e., thermal	systems	SF or	0	PA	P	0	
In Facil	ity	0	ustod taff	ial		sulation, surfa or other misce		LF)	A	I R	S	S	
(13)		Yes	No	N/A		or other misce.	raneous,		L	-	L	R	
Basement			X	Pir	e Insulat	ion	120 lf	X					
Name of Registered W	Waste Hauler		JDEP 1		1 2 3 3 3	bic Yards	Name of Regi	stered Land	fill		-		
AZTECH MANAG	EMENT, IN		auler 704	ID No.	of	Waste 1.5	Minerva :	Enterpr:	ises				
City, State		1-	., 0 2		Di	sposal Date	City, State						
Montclair, NJ	07042				3	10-2-15	Waynesbu	rg, OH	4468	3			
								X83 28					
Completed By (Print						Signature			Date		4 F		
Constantine V	IVIAII PI	eside	=11 C			61	iliam	9-15-15					