NOCK

Date of Notification (1) 8/21/15	10000	ame		_	Owner / Operator	(2)	E 13				į.
Agencies Notified Type Notification		treet					Ç	SEP 2	20	15	
⊠ EPA	100				Street						
☐ DEP ☐ Initial	C	ity, S	tate	& Zip C	ode			_	ers to traver	_ =	
□ DOL	AND ADDRESS OF THE PARTY OF THE	Carlo and Carlo		ti, OH				100		-	Ci.
□ DOH □ Emergency				ontact				Telephor	e Nu	mber	ć
DCA Cancellation	Т	ia W	enr	rich			,				
		EAC	NI 1	TV INE	ORMATION						-
Name of Facility Where Abatement is Ta	king Place (3)		/ILI	I I IINF	Type of Facility	v (4)					
Macys Store	King Flace (5)				School (K						
Street Address			_			er 8 (Other tha	n K-12)				
495 Prospect Ave						95	mercial buildin	as home	es et	c.)	
495 Prospect Ave					Square Feet	# of Floo		Bldg. Age		/	
City (5) County	(6) Cou	inty C	ode	(7)							
			,	. (.)	Current Use (F	Prior if being de	emolished)				-
West Orange Essex					Retail						
Name of Monitoring Firm Hired by Buildi	og Owner (8)		Δς	SCM No		ement Contrac	tor (9)				
Pennoni Associates, Inc.	ig Owner (b)		1	ON NO		ronmental, Ir					
Street Address					Street Address						
515 Grove St.					1123 Beaver						
City, State & Zip Code					City, State & Z						
Haddon Heights, NJ 08035					Bristol, PA 1	0.00					
Project Manager for Monitoring Firm	Telepl	hone	Nur	nber	Telephone Nu		License N	Number			
Alan Lloyd	856-6				(215)788-604		00509				
	ed Completio	n Dat	e (1	1)	Name of OSH	A Monitor					
9/4/15	10/16				Bristol Envi	ronmental In	c.				
Occupancy Status During Abatement (C	heck only one)	7.1		Street Address						
Facility Closed/Vacated During B	Entire Period of	of Aba			1123 Beaver						
Abatement Performed Outside of	f Normal Hou	ırs – 7	7-3:	30	City, State & Z						
*** Describe: 9/16 & 9/17/15 Secon		11:30	PIV	I	Bristol, PA 1	19007					
Facility Occupied During Abaten	nent										-
Scope of Work (Check all that apply)					1	⊠ Eull Con	tainment with N	Venative	Dress	SUITE	
		Don	01/0	tion				vegative	1 100	Juio	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf		Ren					ag Procedures				
≥160 sf ≥260 lf		Dell	IOIIL	1011			empted and No		Proc	edur	е
Location of	le l	ocati	on	1	Description	Kanada	Amount		teme		
Asbestos-Containing		ally l		d	Asbestos-Cont		(Specify			Ť	-
Material (ACM)		olely b			Material (AC		SF or LF)	77		E	Ш
TO BE ABATED	Maint				(i.e., thermal sy			lem	Repair	cap	ncic
in Facility	Custo		Staff	?	insulation, surfac			Removal	oair	Encapsulate	Enclosure
(13)	Yes	(12) No	N/	Δ	or other miscella	illeous)		=		te	æ
	162	NO NO	14//		Floor Til		42,667 SF		\Box	П	П
Throughout			H	1	Mastic	е	42,667 SF	- annually	H	Ħ	H
Throughout			H	-	Mastic		42,007 31		片	片	片
		<u> </u>	F					ㅡ├	片	H	片
		H	H	┼				᠆	ㅐ	H	片
		\vdash	H	-				᠆ᡰᡰ	ㅐ	片	H
N (D) 1 1W- 1 11 1		INL	DE	☐ Waste	Cubic Yards	Name of Reg	stered Landfill				
Name of Registered Waste Hauler		100000		ID No.	of Waste	Ivallie of regi	Stered Laridiii				
Service Transport Inc.		110		990	180 Cu Yd	Minerva Lai	ndfill				
City, State					Disposal Date	City, State	*				
New Castle, Delaware					10/16/15	Waynesbur	g, OH				
Completed By (Print or Type)		Titl	le		Signature	1000		Date			
Gino Pizzigoni		A. 140 mm	oje	ct	11. 0	/	il	8/21	/15		
Onto i izzigoni		100000	-	ger	Gino Pry	zigore /	7				



JL 5096

Date of Notification (1) 9/17/15		Nai	me of Bu	uilding Owi Drummo	ner/Op and P	erator (rivate	2) Hom	е							
Agencies Notified Type Notification		1 (500)	eet Addi 3 77th	ress Street						- F - M - 1	=	10.			
EPA Initial DEP Amended Amendment in Emergency (in the control of the control o		A۱	alon N	Zip Code NJ 08202	2				Tolo	phone Nu	mho				
DOH justification)	nordanig	0 00000	me of C oberta						Tele	pnone Nu	mbe				
DCA Cancellation			FACILI	TY INFOR	MATIC	N									
Name of Facility Where Abatement is Taking Roberta Drummond Private Home	Place (3)							of Facility (4 School (K-1	2)		•				
Street Address 303 77th Street	•						×	Subchapter Other (i.e. p etc.)	8 (Othe rivate 8	er than K-1 commerc	2) ial b				
City (5) Avalon NJ 08202							1000	-	1	Floors		35-	g. Age	3	
County (6) Cape May			ounty Co	ode (7) SE ONLY)		_	Curre	ent Use (Pri	or if bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM I	No.			of Aba	itement Cor nc.	ntractor	(9)					
Street Address						100000000000000000000000000000000000000	Addre								
City, State, Zip Code								Zip Code Iin NJ 080	091	įta.					
Project Manager for Monitoring Firm		Te	elephon	e No.			hone N			License 00727	No.				
Start Date (10)	Scheduled	Comp	oletion D	ate (11)		Name		HA Monitor							
9/30/15 Occupancy Status During Abatement (Che						Stree	t Addre	ess							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nori Other – Describe:	Period of Ab	ateme	ent		_	City,	State, 7	Zip Code		-					
Scope of Work (Check All That Apply)						_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					M	ull Containn lini-Enclosu llovebag Pro on-Exempto	re ocedure	1)	
	T							OIT EXOTIPE					Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Mair	ocation or solely stenan odial S (12)	y by ce/ taff?		os Cor therma surf	escription ntaining al syster acing, V miscell	Materi ns insu AT, or			Amount (Specify SF or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
45	Yes	No	N/A		F. A	!	\! din a		1	500 SF	-	x			
Exterior Siding			Х	¥	EXT	erior S	siding		-	300 31	-				-
										-	-				
													_		
								Nome	of Pogis	stered Lan	dfill				
Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459		100000000000000000000000000000000000000	ic Yards /aste	•		D.W.S		u	n.			
City, State Elm NJ					Disp 10/7	osal Da 7/15	ite	City, S Morri		PA 1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signat	urş				Dat 9/1	e 7/1	5		

1590

Date of Notification (1)		1		Building Owne			est 20 10 1	-			
Agencies Notified Type Notification		1	RE Street Ad		LOPER	MES	67-4	59			-
		3	Lan	Sum	DEVT	auna Pika	2 SUITE	241)		
EPA Initial Amended		1	City, Sta	te, Zip Code	VEYTO	JWH VIIC	200116	-10			
DOL Amendment #		_ 4	LAN	5 DALE	PA	19446					
Emergency (in justification)	ciuaing	1		Contact			Telephone Nun	nber			.,.9.56.6-
DCA Cancellation				LY GIP!					1		
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORMA	ATION	Type of Facility	(4)				
MAMA YENTUR						School (K-	12)				
Street Address							r 8 (Other than K-12 private & commercia		dinas	home	20
178 ROUTE 73						etc.)					
City (5)						Square Feet	# of Floors		Idg. A		
County (6)		T	County (Code (7)		Current Use (Pr	ior if being demolish	ed)	-		
CAMPEN		1	STATE	JSE ONLY)		WACAN	T-RESTO	RA	Fri	7	
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCN	No.	Name	of Abatement Co	ntractor (9)				
					1	1512,2	LC				
Street Address						t Address	IAIA AD				
City, State, Zip Code						7 S. LEN State, Zip Code	OLIV W	-	_		
only, orace, Elp oods					MI	APLE SH	PADE				
Project Manager for Monitoring Firm		17	Telephor	ne No.	Telep	hone No. 7-48/-2/2	2 License N 006				
Start Date (10)	Schedule	d Com	pletion i	Date (11)		of OSHA Monitor	1000	0,			-
9/25/15	10	13	15								
Occupancy Status During Abatement (Check	Only Of	e) /			Street	t Address					
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	eriod of A	batem	ent		City (Ptoto Zin Codo					
Other – Describe:	ii Facility	nouis			City, 8	State, Zip Code					
Scope of Work (Check All That Apply)		<u> </u>									
≥3 sf or ≥3 lf	□R	enovat	ion		E	Full Containn	nent with Negative P	ressu	re		
≥160 sf or ≥260 lf	D D	emoliti	on		,	Mini-Enclosu Glovebag Pro					
					E		ed (*) and Non-Friab	le Pro	cedur	е	
		Location								ement pe	
Location of Asbestos-Containing Material (ACM.)		ormali d Solel			Description	n of Material (ACM)	Amount		Γ,		
TO BE ABATED	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ntenan		(i.e. therr	nal system	ns insulation,	(Specify	Re	R	Enca	Enc
. In Facility (13)	Oubi	(12)	LGIT I		rfacing, V/ er miscella		SF or LF)	Remova	Repair	Encapsulate	Enclosure
f ** ***	Yes	No	N/A			****		<u>a</u>]	ate	le l
DADE		10 TO	V	TAR			520 SF	11			
SHILLS		W-07-04-0	~		15		840 SF	X	-		
SHINGLE				SHING	12		010 51	-			
		v. 182-11.						-			
Name of Registered Waste Hauler		I N.	JDEP W	aste Cu	bic Yards	Name of	Registered Landfill				
DE: 2 110			auler ID		Vaste	TB	_				
City, State		6	5/6	Die	posal Date	1,0					
300 S. LENOLA &D M	APLE	SH	HADE	E 180 3	BD.	only, old	0				
Completed by	Title	111	7		Signatur	11.	Da	te /	_	1	
W MINNICK	11/	01			1	mon	6 9	//	>/	15	



ESTATE OF	131 D	NO. 100	200	Ne francis	STATE OF A
52000	Base	adia	101	0144	1000
Constitution		Contract of	determination	1000	before the
	3000	2010		2000	

Date of Notification (1) 9/16/15		Nan Th	ne of Bu omas	ilding Owr Meyers	er/Opera Private	ator (2) Hom	e		25		- 13			
Agencies Notified Type Notification			eet Addr	ess 1st Stre	et									
EPA Initial Amended Amendment #_	_	City	, State,	Zip Code NJ 0800						:				
	uding	1000000	me of Co	ontact					Tele	phone Numb	oer			
Could I	(0)		FACILIT	Y INFOR	MATION	Тт	vne of F	acility (4)						\dashv
Name of Facility Where Abatement is Taking P Thomas Meyers Private Home	lace (3)			11			Sch	ool (K-12)	(Othe	er than K-12)				
Street Address 19 North 1st Street							Oth etc.	er (i.e. pri\)	vate &	commercia	l buildin			_
City (5) Surf City NJ 08008						1	Square F 000+		2	Floors	35	g. Ag	8	
County (6)			ounty Co	de (7) E ONLY)				Jse (Prior & Garas		ng demolish	ed)			
Ocean Name of Monitoring Firm Hired by Building Ow	ner (8)	4	ASCM N	No.	N			nent Contr	700	(9)				
N/A							co Inc.					•		_
Street Address					11.7		ddress ox 329							
City, State, Zip Code							ate, Zip (Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm		Te	elephone	e No.		elepho 00727	one No.			License N 00727	0.			
Start Dute (10)	Scheduled 0	Comp	oletion D	ate (11)	01 88	Name o		Monitor						
Occupancy Status During Abatement (Check				Υ	5	Street A	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of Aba	teme	ent		_	City, St	ate, Zip	Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati nolitic				×	Mini- Glov	Enclosure	edure	th Negative I			e	
						-	1 NOIT	LXCIIIptoc	1/0	110111111		Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tenan	y y by ice/	Asbesti (i.e. l	Desc os Conta thermal s surfaci other mi	ystems ing, VA	laterial (s insulat T, or	ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							200 CE		-		-
Exterior Siding			Х		Exter	ior Si	ding			300 SF	x			
									P2- 5-3					
									+ **					
Name of Registered Waste Hauler			JDEP V		Cubic \ of Was					stered Landi	īII			
United Containers		11 1950000	lauler ID 2459	NO.	4			G.R.O.		•				
City, State Elm NJ					Dispos 9/22/1	15		City, Sta Morris		PA 19067				
Completed by Anthony T Perna	Title Presid	dent			s (ignatur					Date 7/16/1	5		



\$ Emergency \$

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

OK 5090

Date of Notification (1) 9/16/15					Building Ov Calise P				1		- T					
Agencies Notified	Type Notification	6	100	treet Add	dress 5th Street	t					C	-	-			
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code y NJ 080				4	ы					se.	
DOH DCA	Emergency (ir justification) Cancellation	ncluding	10000	ame of (Tele	phone Nu	ımber				
				FACIL	ITY INFOR	RMATI	ON			1						
Name of Facility Where Francis Calise Priv		Place (3)	n poi nesse					☐ Sc	f Facility (4 chool (K-12	2)	Acest Name	22260				
Street Address 282 N 5th Street	£							X O	ubchapter (ther (i.e. pr c.)	3 (Otherivate 8	commer	12) cial bu	ildir	igs, h	ome	s,
City (5) Surf City NJ 08008								Square 800	Feet	# of	Floors		Bld 35	g. Ag	е	
County (6) Ocean				County C	ode (7) SE ONLY)				t Use (Prio ched Gar		ng demoli:	shed)	32			
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.	79		of Abate	ement Con	tractor	(9)					
Street Address								Address 3ox 32								
City, State, Zip Code								State, Zip	Code NJ 080	91						
Project Manager for Mo	nitoring Firm		Т	Telephor	ne No.		Telepi 0072	hone No			License 00727	No.				
Start Date (10)		Scheduled	I Com	pletion [Date (11)		38.17.55	of OSH	A Monitor				ortun.			
9/17/15	N 4 1 (Oh						-	Addres	6				1-11-			
Occupancy Status Duri Facility Closed/Va Abatement Perfort Other – Describe:	cated During Entire F	eriod of Ab	atem	ent		_		State, Zip								
Scope of Work (Check	All That Apply)					-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,7		enovat emoliti					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure	-				9	
		la l	ocatio	00			_						3	Abate	ment	t
Locati Asbestos-Containir <u>TO BE A</u> In Far (13	ng Material (ACM) BATED cility	Ned Used Mair Custo	ormall I Solel ntenar odial S (12)	ly ly by nce/ Staff?		os Cor therma surf		Material ns insula AT, or		(Amount Specify F or LF)	To To You	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		E ₁ #	orior C	idina		7	50 SF	x	-			
Exterior o	f Garage			X		EXT	erior S	laing			50 SF	X				
												+				
						111-2-2-2				4 =						
Name of Registered W	aste Hauler		100	IJDEP V			ic Yards /aste		casa isseessivi		tered Land	dfill				
United Containers				lauler ID 2459	INO.	2			G.R.O.							
City, State Elm NJ						9/21			City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Presi	dent				Signato	Ire)				Date 7/16	/15	;		(9



\$ Emergency \$

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



CK 5095

Date of Notification (1) 9/17/15					Building Ov Krol Priv			2)	1	-6-51						
1_	Type Notification			treet Add 216 N 8	dress ith Street	i			8		-					
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code y NJ 080					2				240000		
ĭ DOH	Emergency (in justification) Cancellation	ncluding	1 353	lame of (Contact		***************************************			Tolo	nhana Mi	mhar				
				FACIL	ITY INFOR	MATI										
Name of Facility Where At Richard Krol Private		Place (3)						So	Facility (4 hool (K-12 bchapter 8	2)	or than V	12)				
Street Address 216 N 8th Street								× Of	her (i.e. pr c.)	ivate 8	commerc	cial bui				ì,
City (5) Surf City NJ 08008								Square 1000+	-	1.5			Bld 35-	g. Ag H	е	
County (6) Ocean				County C	ode (7) SE ONLY)				t Use (Prio e & Gara		ng demoli	shed)				
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCM	No.		200000000000000000000000000000000000000	of Abate	ment Con	tractor	(9)					
Street Address	***************************************							Address ox 329								
City, State, Zip Code								ate, Zip Berlin	Code NJ 080	91						
Project Manager for Monit	toring Firm			Telephor	ne No.			one No.			License 00727	No.				
Start Date (10) 9/21/15		Scheduled 9/25/15	l Com	npletion [Date (11)			of OSH	A Monitor					72300		
Occupancy Status During	Abstament (Chec		1					Address	3		1)					
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire I and Outside of Norm	Period of Ab	atem	nent	22	_		tate, Zip								
Scope of Work (Check Al	I That Apply)												_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Min Glo	Containme -Enclosure vebag Prod -Exempted	e cedure	, ă				4	
		Τ	- 7					1401	-Excriptor	3 () u.		100.			ment	9
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Used Mair	Locatiormal Sole Internal Solial Soli	lly ely by		os Cor therma surfa	escription ntaining Mal system: acing, VA miscellar	Material s insula T, or		(Amount Specify F or LF)	Zelloval	Domonia	Repair	e Encapsulate	Enclosure
Exterior S	Sidina	100	110	×		Ext	erior Si	dina		19	900 SF	x				
Exterior c	Julia	-		+	-			3								
	1-	-		-								+	+			
				-		***************************************										
Name of Registered Was	ste Hauler			NJDEP V			c Yards		Name of	Regis	ered Land	dfill				
United Containers			10.00	Hauler ID 2459	No.	of W	Strategy.		G.R.O.							
City, State Elm NJ						9/25	<u> </u>	:- :::::::	City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Presi	dent				Signatur	e - (1			Date 9/17	/15	i		

Check# 8646

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

Date of Notification (1)				ne of Building			(2)							
9/15/2015			Te	lescript Re	ealty, In	c.					89 5			
Agencies Notified	Type Notification			et Address		-020			10000					
☐ EPA	× Initial			5 Livingsto		et								
DEP X DOL	Amended			, State, Zip C										
	Amendment Emergency			rwood, NJ										
DOH DCA	justification)			ne of Contact hn McGrat					Telep	hone Nun	nber			
L DCA	Cancellation			ACILITY INF		ION								
Name of Facility Where	Abatement is Takin	g Place (3)		ACILITY IN	OKMAI	ION	Туре о	f Facility (4)						
N/A							_	chool (K-12)						
Street Address							☐ Si	ubchapter 8	(Other					
445 Livingston Str	eet							ther (i.e. privic.)	vate & c	commercia	al buile	dings,	home	es,
City (5)		- 411 11 12 2					Square		# of F	loors	В	ldg. A	ge	
Norwood							2,000)	1		(08		
County (6)				nty Code (7)				t Use (Prior	if being	demolish	ed)			
Bergen				ATE USE ONL	") —	_		dence						
Name of Monitoring Firm	n Hired by Building	Owner (8)	11000	SCM No.				ement Contr						
N/A			_ P	I/A				Haz Mat	Remo	vai, inc.				
Street Address						Street A		Street			£33			
City, State, Zip Code			e =			City, St								
Oity, State, Zip Code								J 07504						
Project Manager for Mo	nitoring Firm		Tele	phone No.		Telepho			10.0	icense N	0.			8
						2000	45-00		C	0507				
Start Date (10)	45		1.1	tion Date (11)	4		A Monitor						
September 28, 20		Septemb	er 30	, 2015			as al							
Occupancy Status Durin						Street /	Address	5						
Facility Closed/Vac	cated During Entire I	Period of Aba	atement			City, St	oto Zin	Codo					- 100	
Other – Describe:		nar i admity i n	ours			City, St	ate, Zip	Code						
Scope of Work (Check A	All That Apply)													
× ≥3 sf or ≥3 lf	,	□ Ren	ovation			×	Eull	Containmen	et with N	legative P	recei			
≥160 sf or ≥260 lf			nolition				Mini-	-Enclosure		legative r	ressu	16		
						Н		ebag Proce -Exempted (Non-Eriah	la Pro	cadur	Δ.	
		lala	estion				14011	-Lxcilipted () and i	VOIT-I HAD		SW87. 9A	ement	t
Locatio	n of	175 3577	cation mally		De	operation.	of						ре	Til
Asbestos-Containing			Solely by			escription staining M		(ACM)	Am	ount			m	
TO BE AB	BATED		enance/ ial Staff			systems		ion,		ecify	Rer	Re	nca	Enc
(13)		(12)			acing, VAT miscellan			SF 0	r LF)	Remova	Repair	Encapsulate	Enclosure
		Yes 1	No N	I/A			•				<u>a</u>	-	ate	re
1st Fl Kitche	en & Alcove			X	- 1	inoleum	1		135	SF	X			
		-				inoloun			100		-			
			-				N=====							
	28													
Name of Registered Wa			100000000000000000000000000000000000000	P Waste er ID No.	Cubic of Wa	Yards		Name of Re						
East Coast Haz Ma	t Removal, Inc.		NJ 4		7	1		G.R.O.W	.S. No	orth Inc.				
City, State					Dispo	sal Date	,	City, State	555-700-				19	
Paterson, NJ 07504						/2015		Morrisvill	e, PA					
Completed by James E. Unger		Title	•			Signature	/	11/2		Da			3 22	
LIAMES E LINGER		Sr Est	imator	/Project M	gr.	hely	2 4	11/1		9/	15/2	015		

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

101000 011	APPROVED
NJ Dept	of Health & Senior Services
Date:	(signature)

Check # 8%40

Date: 4 Time:		(Frt)	ns vant t	o NJAC 8	cso and	12:120)			C.T.		-	(4.1	
Date of Nolification (1)	-		Vame of	Bullding C)wner/O	perator (2)	******					- 10	
09 17 2015	5			, D	ona	rd1 B	rothe	13	1.				
Agencies Notified Type Notification			Street Ac		11:	SOCI P	Inco						
EPA Initial Amended Amendment #	102	-	City, Stat	e, Zip Cor	CACAL	SORII	iace.						
DOL Amendment #	shudina.		Pa	ran		LN	0	76	52				
DOH Justification)	cinatua	Γ	Name of	Contact	~		4	Tel	ephone Numb	er			
DCA Cancellation				MK	100	mard	1						
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFO	RMATI	With the same of t	of Facility	(4)		-			
L-Bonardi Bro	oth		S			1000	School (K-	200.00					
Street Address									er than K-12) & commercial		inas	lee m a	
ayb Addison Pla	<u>(e</u>						etc.)				0.000		5,
Davamus						Squa	ire Foot	# 0	f Floors	Bi	dg. A	90	
County (6)			County C	ode (7)		Gurre	ani Use (P	ior if be	ing demolishe	d) /	10	<u>/_/</u>	
- Bergen				SE ONLY)		_			enha		De	m	0
Name of Monitoring Firm Hired by Building Ov	vner (B)		ASCM	No.		Name of Abs	atement Co	ntractor	(9)	7	-	-1-1-	-
Struct Address					· ·	A. Mac Co		g Inc.					
GBddt Address						Street Addre 185 Vreel				W 67			
City, State, Zip Gode						City, State, 2							
	7702—20037					Midland F	erk, N.J.						
Project Manager for Monitoring Firm			Telephor	ie No.		Telephone N 201-262-5			License No QO156				
Steri Date (10)	Schedulo	d Con	npletion i	Date (11)		Name of OS	HA Monito	7			_		
9/17/2015		1/16	1a	015	7	Omega E	มณ์เจเนา	ental S	ervices Inc				
Occupancy Status During Abatement (Check			ł	-		Street Addre	(2) The second second second						
Facility Closed/Vacated Ouring Entire Pe Abalement Performed Outside of Norma Other – Describs:	riod of A	Abaten Hours	ent			City, State, 2							
Other - Describs;					-	Hackensa		07606					
Scope of Work (Check All That Apply)												-	
☐ ≥3 sf or ≥3 lf		Renova							n Negative Pr	essur	E		
2160 sf or ≥260 lf	M t)emolit	ממו				ini-Enclosu ovebag Pr	ocedure					
						No.	an-Exempt	ed (*) ar	d Non-Friable			1 8 7 7	
		Locati		la la			950					ement pe	6
Location of Asbestos-Containing Material (ACM)	Use	d Sole	yby	Asbes		scription of alning Materia	il (ACM)	1	Amount				
TO BE ABATED In Facility	Cus	todial 8		(i,e.		systems insuting. VAT, or	lation,		Specify F or LF)	Rem	Re	TICS	Enc
(13)		(12)				niscelleneous)		2	i or try	noval	Repair	Encapsulate	Enclosure
	Yes	No	N/A	200								To the	Ф
autside			X	5	idi	00		1	14056	X			
The state of the s					اسلاماسا	-		1	N		-		
										-	-	-	
	****		-		•				******	-	-		
Name of Registered Waste Hauler	1		JDEP W			Yards	Name	f Regist	ered Landfill				<u></u>
Newark Carting, Inc.	lauler ID 4509	No.	of Wa	ste	1822		al Sanitary	Lan	급해				
City, State							City, St	nte -				· · · · · · ·	
Newark, N.J. 07105		100	93		19/17	15 Am	Pen A	rgyl, P	A 08072				
Completed by R. McDonald	Title	د ــ ــ العراد			4 8	signatura	17	6/1	Dat	100	171	15	
I. MicDoriela	res	dent		.t.		RIPI	1 reve	-1		71	1/	15	

MO#23037706743

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

			,. ,		112 10 1607	40 0.00	and J. I	3)					
Date of Notification (1)				Name	e of Buildin	g Owner/0	Operator (2)					
	17 /	15		Juan	Navas				520				
Agencies Notified	Type Notification	on			t Address					-			
□ EPA	Initial			7 Edi	son Place								
☑ DOLWD ☑ DHSS	Amended Amendmen	+ #		City,	State, Zip	Code							
DCA	☐ Emergency		-	East 1	Rutherfor	d. NJ 070	073						
(NJAC 5:23-8)	justification)	3		e of Contac				Telephone N	umber			
	Cancellation	1		Juan	Navas				l				
=				FA	CILITY II	NFORMA	TION				7		-
Name of Facility Where A	batement is Tak	ing Place	(3)					Type of Facility	(4)				
Private house								School (K-1	2)				
Street Address								Subchapter	8 (Other than K-	1 2)			
7 Edison Place								homes, etc.	private and com	mercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	1	Bldg. A	Age	
East Rutherford, NJ 070	073								10.18.15.01.01.15.05.0	1.	,	,gc	
County (6)				Cour	nty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being dem	olished)			
Bergen							74		0				
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name o	of Abateme	ent Contractor (9)				
						Gr Tecl		*.2	6)				
Street Address						Street A	Address						
						576 Va	lley Rd#	283					
City. State, Zip Code							ate, Zip Co						
						Wayne,	NJ 0747	0					
Project Manager for Monit	toring Firm		Tele	phone	No.	Telepho	ne No.		License No.				
0						973-638	8-1777		01127				
Start Date (10)	Sch	neduled C				Name o	of OSHA M	lonitor					
09/27/				_ /	15	Envirov	ision Co	nsultants,Inc					
Occupancy Status During	Abatement (Che	eck only	one)			Street A							
➤ Facility Closed/Vacate	d During Entire	Period of	Abate	ment _		20-21 V	Vagaraw	Road, Bldg .#	35E				
Abatement Performed Time of Abatement:	AM-	nai Facilit PM/	y Hour PM	s - Des	scribe	City, Sta	ate, Zip Co	ode					-
						Fair Lav	wn, NJ 07						
Scope of Work (Check all	that apply)					H	Clean up	and decontamin	nation with nega	tive pres	sure		
≥ >3 sf or >3 If			novati			H	Mini-Encl	ainment with Ne osure	gative Pressure				
≥ 160 sf or ≥260 If		☐ De	molitic	n		\boxtimes	Glovebag	Procedure	Tent with Negat	tive Pres	sure		
		1	Locat	O.D.			Non-Exer	mpted (*) and No	on-Friable Proce	dure	1		
Location of	of		Norma	ly		Das	scription o	e .		A	patem	ent T	уре
Asbestos-Containing N			d Sole		Asbe	stos Conta	aining Mat	erial (ACM)	Amount	Re	Re	E	E
TO BE ABAT			intena todial ((i.e	., thermal	systems in	nsulation,	(Specify	Removal	Repair	cap	Enclosure
(13)			(12)				cing, VAT, niscellaneo		SIF or LF)	Val	7	Encapsulate	ure
		Yes	No	N/A				-5.4				ē	
Basement				X	Pipe inst	ulation			120 LF	×			
			П		1 ipo mise	riation			120 LF			Ш	Ш
		+=			-								
			Ш	Ш									
¥)											П	П	П
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regis	stered Landfill		1-		
Gr Tech LLC			0	03378	35	TBD		T.R.R.F. Inc					
City, State						Disposal		City, State					
Wayne, NJ 07470						TBD		ricelland of	٨				
Completed By (Print or Typ	oe) Ti	tle					nature /	Tullytown, P.	<u> </u>	Date			
N.Jevtic		Un or				O.g.		1 /	,		2007.00		
CD 44	0	wner					Me	wic Wena	el (09/17/2	015		

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



Date of Notification (1) 09-15-15			- 11 (Building (ella Dem			r (2)								
Agencies Notified	Type Notification			Street Ac								_	-			
EPA	Initial		- 1		orest Av	e.										
DEP	Amended				te, Zip Co		100 NE							=		
■ DOL	Amendment Emergency			East H	anover	NJ 079	936									- 1
■ DOH	justification)	A 1577	- 1		Contact					Tel	ephone î	Numb	er			
☐ DCA	Cancellation	1		Tom B	30123713TST											
Name of Facility Where	Abatement is Takin	ng Place (3)		FACIL	LITY INFO	RMATI	ON	TT	ype of Facility (4)				-		
Private Residence	batomont to Takin	19 / 1000 (0)						-	-	2000						
Street Address			-					╁	School (K-1 Subchapter		er than k	(-12)				
54 New York Ave.								Ē	Other (i.e. p	rivate 8	& comme	ercial	build	ings,	home	s,
City (5)			_					S	etc.) guare Feet	T#0	f Floors	-	B	dg. A	ge	-
Wayne														J		
County (6)					Code (7)			C	urrent Use (Prid	or if bei	ng demo	lishe	1)			
Bergen			1	STATE L	ISE ONLY)											
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		1		Abatement Con		(9)					
N/A									Contracting L	LC.						
Street Address							Street 522									
City, State, Zip Code							City, S	Stat	e, Zip Code							-
							11.551.5		City NJ 0708	7						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph				Licens 01206					
Start Date (10)		Scheduled		nlotion [Data (11)				6-9603 OSHA Monitor		01200					
09-25-15		09-26-15		ipietion t	Jale (11)				Contracting L	LC						
Occupancy Status Durin	g Abatement (Che	ck Only One)	i				Street	t Ad	Idress							
Facility Closed/Vac	ated During Entire	Period of Aba	item	ent			522									
Abatement Perform Other – Describe:		nal Facility He	ours						e, Zip Code				537,115			
			_				Unio	on (City NJ 0708	57						
Scope of Work (Check A	II That Apply)	_					_	-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		District Co.	ova				-	-	Full Containme Mini-Enclosure		n Negativ	e Pre	ssur	е		
2100 01 01 2200 11		<u> </u>	iOiiti	011					Glovebag Prod	edure						
			_					-	Non-Exempted	d (*) an	d Non-F	riable				
		Is Lo												Abate Ty	ment pe	
Location Asbestos-Containing		Used S	mall Sole		Ashaa		scription		erial (ACM)	,	mount	Ī				
TO BE AB		Mainte	74 6 737	537790					nsulation,		Specify		Re	71	Enc	5
In Facil	•	Custod	12)	otan?			cing, VA			S	F or LF)		Remova	Repair	apsı	Enclosure
(13)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		N//A		outeri	IIISCEIIAI	ii ieu	jus)				val	₹.	Encapsulate	ure
F.A		+	No	N/A			C: d:= =				00.05	-				
Exteri	Or	-	X				Siding	-		9	00 SF	-	<			
		-	- 6300	-								-			-	
		+		-								\dashv				
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Lan	dfill	_			
Delfa Contracting LI			auler ID	No.	of Wa	ste		Tullytov				OVE	erv F	acili	tv	
			3	5240		10 Dispo	anl Dat-							, .		
City, State Union City NJ 07087	7					09-28	sal Date 3-15	8	City, Stat Tullytov		Α					
Completed by		Title				8	Signatur	re	10		1	Date	0		-	
Jaime Delgado		Proj. M	ana	ager.					TA			09-	15-1	5		



Emergena

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

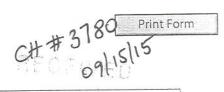
CR 5088

Date of Notification (1) 9/16/15				Building C											
Agencies Notified Type Notification		1 273	treet Ad	Idress est 27th	St			1		ÖEF .	1-		14		
EPA Initial Amended Amendment	‡			e, Zip Coo		08			i.						
DOH justification) Cancellation	ncluding	N		Contact					Tele	phone N	umber	i i			
			FACIL	ITY INFO	RMATI	ON									-
Name of Facility Where Abatement is Taking Richard Leary Private Home	Place (3)				38%		Туре	of Facility (4)							
Street Address 205 West 27th St								School (K-12) Subchapter 8 Other (i.e. pri etc.)	(Othe			ildi	ngs,	home	s,
City (5) Ship Bottom NJ 08008							Squa 100	are Feet	# of 2	Floors		Blo 35	dg. A	ge	
County (6) Ocean				ode (7) ISE ONLY)			Curr	ent Use (Prior	if beir	ng demoli	ished)				
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.			of Aba	atement Conti	actor	(9)					
Street Address			-			Street	Addre	ess							
City, State, Zip Code						City, S	State, 2	Zip Code							
Project Manager for Monitoring Firm		T	elephor	ne No.		Telepi	none N	lin NJ 0809 No.	77	License		_			
Start Date (10)	Scheduled (Comp	oletion D	Date (11)		0072 Name	21/24	HA Monitor		00727					
9/17/15	9/21/15			8, 10		Sam	e								
Occupancy Status During Abatement (Chec	k Only One)					Street	Addre	ess							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:			ent			City, S	State, 2	Zip Code							
Scope of Work (Check All That Apply)									-	-1000-0000					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovatio	75.818				M G	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure						
	T 1-1-						<u> </u>	on-Exempled	() and	I NON-FII	lable F		14 TH	ement	
Location of	Nor	catio mally	,		De	scription	n of					_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		enandial St	ce/ aff?		tos Con thermal surfa		Materia ns insu AT, or		(8	mount specify or LF)	IXCIIIOVAI	Domoual	Repair	Encapsulate	Enclosure
	Yes 1	No	N/A				••					-			
Exterior Siding		_	Х		Exte	rior Si	aing		15	00 SF	x	_		011124313	
											_				
		_													
											1511				
Name of Registered Waste Hauler United Containers		Ha	IDEP Wauler ID 459		of Wa	Yards iste		Name of F		ered Land	attili				
City, State Elm NJ					Dispo 9/21/	sal Date	9	City, State Morrisvi		19067	7				
Completed by Anthony T Perna	Title Preside	ent			5	Signatur	ê (7			Date 7/16/	15			



CK 5089

Date of Notification (1) 9/16/15				Building O Duplak P				a lim		- 1					
Agencies Notified Type Notification EPA Initial		1	treet Ad 265 S 2	dress 2nd Stree	et				3E		17		2.		
DEP Amended Amendment #_				e, Zip Cod ty NJ 08			1						,		
	luding		lame of rank	Contact			<u> </u>	. A.	Tele	ephone N	umber	~			
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking P Frank Duplak Private Home Street Address	Place (3)						□ s	f Facility (4 chool (K-12 ubchapter 8	2)	er than K-	-12)				
265 S 2nd Street							× O e	ther (i.e. pr	ivate 8	& commer					s,
City (5) Surf City NJ 08008							Square 1000		2	f Floors		Bld 35	lg. Ag +	je	
County (6) Ocean			County C	ode (7) ISE ONLY)			Currer	t Use (Prio e	r if bei	ng demol	ished)				**
Name of Monitoring Firm Hired by Building Ow N/A	rner (8)		ASCM	No.		111000000000000000000000000000000000000	of Abate aco In	ement Cont	ractor	(9)					
Street Address							Address								
City, State, Zip Code						City, S	tate, Zip		91						
Project Manager for Monitoring Firm		T	elephor	ne No.		Teleph	one No 753-98			License					
	cheduled	Com	pletion [Date (11)	-25-75		of OSH	A Monitor							
0, 10, 10		\		9.			Addres	e				_		-	
Occupancy Status During Abatement (Check (Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Ab	ateme	ent				State, Zi			*.					
	-				_										-
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat					Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure	North State				4	
							- INOI	I-Exempled	() ai	id North	Table 1			ment	
Location of Asbestos-Containing Material (ACM)	No Used	ocation ormally Solel	y y by	Asbest		escription		(ACM)	,	Amount		1	Ту		
TO BE ABATED In Facility (13)	Custo	(12)	taff?	(i.e.	surfa	al system acing, VA miscella	AT, or	tion,		Specify F or LF)	Kellioval	Demoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A							0=	_	+			
Exterior Siding			X		Exte	erior Si	ding		22	200 SF	x				
Name of Registered Waste Hauler		1932	JDEP Wauler ID		Cubic of Wa	c Yards		Name of		ered Lan	dfill				
United Containers		25500	2459	INU.	4	osal Date		G.R.O.							
City, State Elm NJ					9/24		•	Morrisv		A 1906	7				
Completed by Anthony T Perna	Title Presid	dent				Signatur	E .			_	Date 9/16/	/15			



Date of Notification (1) 09/15/15			N	ame of E	Building Owne	r/Operato	or (2) ANT	IC REGIONA	[1646E21	AM	3: 2	9	
	Notification		S	treet Ad					Sofare.	i d	f Dr		
DEP DOL	Initial Amended Amendment #_				e, Zip Code rel,NJ 0805	54			& LICEN	214	14	.,	
▼ DOH	Emergency (in justification) Cancellation	cluding			Contact okrauer				Telephone Num	her			
				FACIL	ITY INFORM	ATION							
Name of Facility Where Abaten Residence	nent is Taking	Place (3)						/pe of Facility (4) School (K-12))			
Street Address 94 Hinckle Avenue							×	Other (i.e. pr etc.)	ivate & commercia	al buildi			s,
City (5) Ewing, NJ 08628								quare Feet	# of Floors		dg. A	je 	
County (6) Trenton				County C	ode (7) SE ONLY)				if being demolish	ied)			
Name of Monitoring Firm Hired Garden State Environme		wner (8)		ASCM	No.			Abatement Cont Corporation	ractor (9)				
Street Address 555 Broad Street, Suite	K							dress Bride Avenu	е				
City, State, Zip Code Glen Rock,NJ 07452								e, Zip Code and Park,NJ (07424				
Project Manager for Monitoring Bruce Wolf	g Firm		1	elephor	ne No.			ne No. 5-8400	License N 01104	0.			
Start Date (10) 09/24/15	1000	Scheduled	Com	pletion [Date (11)			OSHA Monitor nvironmental	Laboratories,	Inc			
Occupancy Status During Aba								idress Route 22 Wes	t .				
Facility Closed/Vacated I Abatement Performed Outline - Describe:	utside of Norma	eriod of At al Facility I	atem Hours	ent		City	, Stat	te, Zip Code NJ 07083	V				
Scope of Work (Check All Tha	t Apply)					_)					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	33 50	-	novat moliti				×	Mini-Enclosure Glovebag Prod				0	
		T						Non-Exempled	() and Non-rhad	1		ement	t
Location of		N	ocation or mall	у		Descrip	tion a	f			Ту	ре	T -
Asbestos-Containing Mate TO BE ABATED In Facility (13)		Mair	Sole ntenar odial S (12)	nce/	(i.e. the	Containir	ng Ma ems i VAT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement		1.00		X	Removal	vinyl flo	or tile	es and mas	400	x			
Name of Registered Waste H	auler			IJDEP V	0.000000	ubic Yar	ds	Name of	Registered Landfi	11			
Lilich Corporation				lauler ID 8724		f Waste			S, Landfill				10 m - 10
City, State Woodland Park		9)			D	isposal D	Date	City, Stat Morrisv					
Completed by Momo Glavatovic		Title Vice F	Presi	dent		Signa	ature (GD)) D	ate	Y-24-1		

NO CE

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

Pursuant to NJAC 8:60 and 12:120) Check # 10079

Date of Notification (1)	Senter	nber 16, 20	15		Name o	of Building	Owne	er / Operator	(2)			The Ver	1	14 /		
	ugust 27					Jersey C	-	оролаго	/-/		20	15 0-			•	
Agencies Notified	Type No				-	Address	-				2 8	SEP 21				
1.05											0	41	相	3: 5	0	- 1
⊠EPA .					280 Gr	ove Stree	et				= 4	1 10			U	1
DEP												97115				
DOL		nitial			City, St	ate & Zip	Code					" 1.1C+11.	7/1/	MU	•	
		Amended			1 200	City, NJ		1				71.4	45			- 1
⊠doh		Amendment	t# 2		lociscy	Oity, No	0,002									
DCA	10.000	Cancellation			Name o	of Contac	t					Tel	ephone	e Nur	nber	
12.00					Brian V	Veller. D	ept. of	Administra	tion			2.1				
							- P		823118							
					FAC	CILITY	NFO	RMATION	I							
Name of Facility When	re Abaten	nent is Takir	ng Pla	ace (3)				Type of Fac	cility (4) ol (K-12)							
Street Address							_			(Other than I	K-12)					
				90								aial buildings	hom	0 0	- 1	
280 Grove Street												cial buildings		e, ei	C.)	
							-	Square Fee		# of Floo	rs	Bldg	g. Age	-22		
City (5)								160,			4			80		_
Jersey City										f being dem	olished	1)				
			_					Public Bui	lding							
County (6) Hudson				inty Code E ONLY _												
Name of Monitoring F	irm Hired	by Building	_			ASCM	No.	Name of Al	patemen	t Contractor	(9)					
Briggs Associates	min i mod	by building	0,,,,	01 (0)		0004		Synatech,			1-7					
Street Address								Street Addr	ess							
3 Crosswicks Street								829 Radio	Road							
City, State & Zip Code	9							City, State			- 13					
Bordentown, NJ 085	505		VI					Little Egg								
Project Manager for M	Nonitoring	Firm			ephone N			Telephone				License Numl		7.		
Michael Hoodak					9-298-552			609-296-69	100000				0081	7		
Scheduled Start Date September 18		Sched	luled		on Date (1 ber 21, 2			Name of O		nitor			4			
Occupancy Status Du		ement (Che	ck on		20, 2,, 2			Street Addr	on visit							
Facility Close	ed/Vacate	d During Er	ntire F	eriod of	Abatemer	nt		829 Radio	Road							
								City, State	& Zip Co	ode						
Abatement P Other – Desc		Outoido oi		ar Troute				Little Egg								
		Ab						Little Lgg	i lai boi,	140 00007						
Facility Occu	8	25%	ent													
Scope of Work (Check	k all that	apply)						_								
				_				0	✓ Full (Containment	with N	legative Press	ure			
≥ 3 sf or ≥ 3 If				Ш	Renovatio	on			Mini-	Enclosure						
≥160 sf or ≥260	0 If				Demolitio	n		Γ	Glov	ebag Proced	lure					
								Ī	Non	-Fxempted(*) and I	Non-Friable Pr	ocedu	re		
Loc	ation of			Is Location	on Norma	lly Head		Descri	iption of	_nomptou(1			atem	ent T	vpe
Asbestos-Contai		erial (ACM)			y Mainten			Asbestos-		ing	Am	ount (Specify			orost fi	
	ABATE	Contract to the contract of th	- 1		dial Staff				al (ACM)			SF or LF)				
	Facility		i				İ	(i.e., thern	nal syste	ems					m	
	(13)							insulation, s					Z	-77	Encapsulate	m
								or other mi	scellane	ous)			Remova	Repair	ap	Enclosure
													0 0	air	Sul	nsı
				Yes	No	N/A							=		ate	Ге
																_
Mail and Map rooms u	under cer	amic tiles				Х		Black	Mastic			190 SF	X			
	**	Para		NUDED:	A14-	Tours	/==d=	f Mast-	Men	no of Danish	arod I	andfill			_	
Name of Registered V	vaste Ha	uier		NJDEP V		Cubic '	r ards c	of Waste	INar	ne of Registe	eled L	anunn				
Synatoch Inc				Hauler ID	429	3			Gro	ws Landfill						
Synatech, Inc. City, State				21	723	Dispos	al Date			, State						
Oity, State						Dispus	ui Dale		City	, otato						
Little Egg Harbor, N.	J 08087					Septer	nber 2	8, 2015	Mo	rrisville, PA						
Completed By		Title				Signati		1	1		Date					
		1	and the second				f	110	7			September 1	6, 201	5		
Diane Aloia		Exe	c. Ad	ministrat	or	1	Wen	e alle	2	1	Augu	st 27, 2015				



Date of Notification (1) September 16, 201	5				Building				21	er.Ch	eck # N/A				
Agencies Notified	Type Notification			Street A	ddress Burlingto	n-Mou	ınt Hol	lv Ro		10 1	1721	W.	R 2	3	
EPA DEP DOL	Initial Amended Amendment Emergency	(including	_	City, Sta Westa	te, Zip Compton,	de				Ĉ.	ephone Nur				
DOH DCA	justification) Cancellation		1.0	Kent P	ipes					Tel	ерпана кий	nnar			
Name of Facility Where	Abatement is Takir	g Place (3)	FACI	LITY INFO	ORMATI	ON	Туре	of Facility (4	4)					
Residence Street Address									School (K-1:		arthan 1/ 1/				
102 Ridgeway Stre	et							×	Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5) Mount Holly					15		12.	-	are Feet	# o 3	f Floors	12237	Bldg. A	ge	
County (6) Burlington				County (Code (7) JSE ONLY,)			ent Use (Pric	or if be	ng demolish	ned)			
Name of Monitoring Firm Management & Env				ASCN	No.				atement Con						
Street Address PO Box 341								Addre Cutle	r Avenue						
City, State, Zip Code Chesterfield, NJ 08	515								Zip Code ade, NJ 08	8052		i.			
Project Manager for Mor Bill Weisgarber		77		Telephor	ne No. 98-4070		Teleph		lo.		License N 00842	0.			
Start Date (10) September 14, 201	E		ed Con	npletion I	Date (11)		Name	of OS	HA Monitor		00042		3-70 74		
Occupancy Status Durin		Octobe		015	_		Street		alytical, In	C.					
Facility Closed/Vac	ated During Entire	Period of A	batem	nent					e 130 Nort	:h					
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours						Zip Code son, NJ 08	8077					
Scope of Work (Check A	II That Apply)	□ =					×	7 _					100000	8	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		processor.	enova				Ė	Mi	II Containme ni-Enclosure ovebag Proc	edure	3 7 .			20	
		Is	Locati	on			Em	i NC	on-Exempted	() an	u Non-Friad	Pro	Abate	ement	
Location Asbestos-Containing			lormal d Sole		Ashos	De	scription	of Antorio	I (ACM)		mount		Ту		
TO BE AB, In Facil (13)	ATED		intenar odial S (12)		(i.e.	thermal surfa	system: cing, VA niscellar	s insul T, or	ation,	(5	Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Daniel		Yes	No	N/A		D:		. • • > × > × > × × × × × × × × × × × × ×			=			е	
Basem	ent			XXX		Pipe	Insula	ition		20	00 LF	X			
Name of Registered Was	ste Hauler		l NI	JDEP W	aste	Cubic	Yards		Name of F	Panint	red Landfill				
Freehold Cartage	ste i laulei		Н	auler ID 2265		of Was			1 100000 100 100		County La	andfil	1		
City, State Freehold, NJ		U				Dispos 10/9/2	sal Date 2015		City, State Newbur						
Completed by Christina Lynch		Title Opera	ations	Mana	ger	8	ignature	and a	al.		Da 9/	te 16/20)15		

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

Ari Moses Agencies Notified Type Notification []EPA [X]Initial Notification [I]DEP [X]DOL [I]Amended Notification [X]DOH [I]DCA [I]CANCE [I]CANC	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	Ari Moses Agencies Notified Type Notification []EPA [X]Initial Notification [X]DOL [JAmended Notification [X]DOL [JEMERGENCY [JCANE]] [JCANE] [JCAN	Date of Notification	(1)	1		ding	Owner/Operator	(2)	Amn		2		1.5	
[] DEP [X] DOL [] Amended Notification [X] DOH [] DCA [] EMERGENCY [] Contact Ari Moses [] DCA [] Cancellation [] EMERGENCY [] Cancellation [] Cancellation [] Cancellation [] Cancellation [] Same as above Street Addres City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[] DEP [X] DOL [X] DOL [X] DOH [] DCA [] City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	7-15-15			Ari Mos	es				/	15			
[] DEP [X] DOL [] Amended Notification [X] DOH [] DCA [] EMERGENCY [] Contact Ari Moses [] DCA [] Cancellation [] EMERGENCY [] Cancellation [] Cancellation [] Cancellation [] Cancellation [] Same as above Street Addres City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[] DEP [X] DOL [X] DOL [X] DOH [] DCA [] City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	Agencies Notified	Type Notification	ation	Street Addre	ss		21	114 11/					
[]DEP [X]DOL	Telephone Number Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	[]DEP [X]DOL [X]DOH [X]DOH []JCA []Cancellation FACILITY INFORMATION Same as above Street Addres City, State, Zip Code Teaneck, NJ, 07666 City, State, Zip Code City, State, Zip C	[]EPA		antion	272 Edg	emor	nt Terrace		11 304 21	£;	4 7	· 6 -	,	
Notification [X]DOH []DCA []EMERGENCY []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above Street Addres City (5 County (6) Essex County Code (7) (STATE USE ONLY) Telephone Number (Place (1) Type of Facility (4) []School (K-12) [[X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Telephone Number Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	Notification [X]DOH []DCA []EMERGENCY []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	[]DEP	VC 000000-0000000-00	Jacton				i i	4: 1	4.0	N	2		
Name of Contact Telephone Number Contact Ari Moses	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[]DCA	[X]DOL		ration	Teaneck	LNJ.	,07666		\$ 1 1 h	1.10		(C)		
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above Street Addres City (5 County (6) Essex County Code (7) (CTATE USE ONLY) FACILITY INFORMATION Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) Street Addres [X] Other (i.e., private & commer-	[X]DOH		i i	Name of Cont	act		Telephone	Number	200	r;			
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[]DCA	0.5		Ari Mos	es						* *		
Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [[X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-		[]Cancella	ation	Th CTT	TMW T	ATTACRAS III CAT					· · ·		
Same as above []School (K-12) []Subchapter 8 (Other than K-12) [[]Subchapter 8 (Other than K-12) [[]Sthool (K-12) []Subchapter 8 (Other than K-12) [[]Sthool (K-12) [[]Subchapter 8 (Other than K-12) [[]Sthool (K-12) [[]Subchapter 8 (Other than K-12) [[]Sthool (K-12) [[]Subchapter 8 (Other than K-12) [[]Subchapter 9 (Other than K-	[]School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commer-	Name of Facility Whe	re Abatement	is Takin		JITI I	NFORMATION	Type of Facili	tv (4)	1944	_	7000		
Street Addres [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7)	[] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[] Subchapter 8 (Other than K-12) Street Addres [X] Other (i.e., private & commer-		.io indicate	10 100	.g 11400 (5)				_					
cial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7)	[X]Other (i.e., private & commercial buildings, homes, etc.)	Street Addres [X]Other (i.e., private & commer-							[]Subchapt	er 8 (Othe		an I	K-12		
City (5 County (6) Essex County Code (7)	Clai ballaligo, momeo, ccc.,	cial buildings homes etc.)	Street Addres						[X]Other (i	.e., priva	ate 8	COI	imer	-	
City (5 County (6) Essex County Code (7)	Conserve Foot # of Floors Bldg Age													Arre	
(STATE USE ONLY) Current Use (Prior if being demolished)			City (5		County (6) Essex	Cou	nty Code (7)	Square reet	# OI FIO	OLS		.y. 2	ige	
	ONLY) Current Use (Prior if being demolished)		153 8		1000		(ST	ATE USE ONLY)	Current Use (F	Prior if be	eing	dem	olis	hed)	
		City (5 County (6) Essex County Code (7)													
Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9)	Abatement Contractor (9)	City (5 County (6) Essex County Code (7)	THE STATE OF THE PARTY OF THE STATE OF THE S	firm hired by	Building	ASCM No.									
N/A AZTECH MANAGEMENT, Inc.		City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9)						AZTECH M	ANAGEMENT,	Inc.					
Street Address Street Address		City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc.	Street Address												
86 Christopher St.	ECH MANAGEMENT, Inc. Address	City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address Street Address						86 Chris	topher St.	•					
City, State, Zip Code	ECH MANAGEMENT, Inc. Address	City (5 County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.	City, State, Zip Cod	le					THE PERSON AND THE PE						
Montclair, NJ 07042	Address Christopher St. State, Zip Code	County (5)						Montclai	r, NJ 0704	12					
Project Manager for Monitoring Firm Telephone Number Telephone Number License Number	Address Christopher St. State, Zip Code	County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A Street Address Street Address 86 Christopher St.	Project Manager for	Monitoring F			er							er	
N/A (973) 744-8800 00371	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number License Number	County (5)			N/	A		(973)744	-8800		00	31.	T		
	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number License Number	County (5)					(11)	The state of the s	Monitor	_					
Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number 3) 744-8800 License Number 00371	County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor						N/A				4			
7-27-15 7-28-15 N/A	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3)744-8800 E OSHA Monitor	County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A Street Address Street Address Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) 7-27-15 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Current Use (Prior if being demolished) Current Use (Prior if being demolished) License (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Telephone Number (973) 744-8800 O0371		CONT		4		Street Address	s						
7-27-15 7-28-15 N/A Month Day Year Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number 3) 744-8800 F OSHA Monitor	County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) T-27-15 Month Day Year County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973) 744-8800 Name of OSHA Monitor N/A	[X]Facility Clo	sed/Vacated I				5							
7-27-15 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period N/A Street Address	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number 3) 744-8800 F OSHA Monitor	City (5 County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building ONLY Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) 7-27-15 Month Day Year Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973) 744-8800 O0371 Name of OSHA Monitor N/A Street Address Street Address Street Address			ide of No	rmal Facilit	ty	City, State, 2	Zip Code						
7-27-15 Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3)744-8800 F OSHA Monitor Address	County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) 7-27-15 Month Day Year Month Day Year Cocupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Felephone Number (973) 744-8800 Name of OSHA Monitor N/A Street Address	Hours - Desc	ribe: «OffHour	rs Descri	pt»									
7-27-15 Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» N/A Street Address City, State, Zip Code	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3)744-8800 F OSHA Monitor Address	County (6) Essex County Code (7) (STATE USE ONLY) Name of Monitoring Firm hired by Building ASCM No. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A Scheduled Start Date (10) 7-27-15 Month Day Year Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours - Describe: coffficiers Descripts County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address City, State, Zip Code Montclair, NJ 07042 Felephone Number (973) 744-8800 00371 Name of OSHA Monitor N/A Street Address Street Address City, State, Zip Code City, State, Zip Code	I STANDERSON CONTRACTOR			Descript»									
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript»	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3)744-8800 F OSHA Monitor Address	County (6) Essex	Scope of Work (Check	c all that ap	DDTA)			[]Full	Containment wi	th Negativ	e Pre	essu	re		
7-27-15 Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» N/A Street Address City, State, Zip Code	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3)744-8800 F OSHA Monitor Address State, Zip Code	County (5						35.007333333333333							
Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X] > 3 sf or > 3 lf [X] Renovation N/A Street Address City, State, Zip Code []Full Containment with Negative Pressure [Mini-Enclosure	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure	County (6) Essex County Code (7)	[] <u>></u> 160 sf	or ≥260 lf	I]Demolition	1		[1] - [1] -	re					
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) N/A Street Address City, State, Zip Code	Address Christopher St. State, Zip Code tclair, NJ 07042 one Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure X Glovebag Procedure	County (6) Essex County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) County Code (7) Current Use (Prior if being demolished) AZTECH MANAGEMENT, Inc. Street Address City, State, Zip Code County Code (973) 744-8800 City, State, Zip Code Ci	Series Street	20	т.	Is						Aba	teme		
Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Cutside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» []other - Describe: Active Pressure [X]Sa sf or >3 lf [X]Renovation [N/A] [X]Senovation [N/A] Street Address City, State, Zip Code City, State, Zip Code [Full Containment with Negative Pressure [Mini-Enclosure [Mini-Enclosu	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 f OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mini-Friable Procedure Non-Friable Procedure Abatement Type	City (5				ormally		- 5 % 5 333	20 27 28	Amount		R	R	N	N
Total	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-En	City (5				Solely		Material ((ACM)		- I	M	E	A	L
N/A	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enc	City (5			t	enance/	in				8.	V	A	S	S
Total	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 f OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-En	County (6) Essex County (6) Essex County (6) County Code (7)								/		A	R	T U	UR
Total	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enc	County (6) Essex County (6) Essex County Code (7) Compared (1) County (6) Essex County Code (7) County (7) County (7) County (8) County (8) County (8) AZTECH MANAGEMENT, Inc.			Yes	No N/A				45 74	_	77			E
Tocation of Asbestos-Containing Material (ACM) To BE ARATED To Each Abatement (ACM) To Be Arabement (ACM) To Be Arabe	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-En	City (5				X	Pi	e Insulat	lon	45 11		X.			
Total Tot	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-En	City (5	Basement				I								
Tocation of Asbestos-Containing Material (ACM) To BE ARATED In Facility (Clased) In	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-En	City (5	Basement												
T-27-15	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enc	County (6) Essex County (6) Essex County (6) Essex County (6) Essex County (6) Essex County (6) Essex County (7)	Basement												
N/A Nomth Day Year Month Day Year Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 The Number	County (6) Essex	Name of Registered N		1		10000				dfil.	1			
N/A Nonth Day Year Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 Done Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mon-Friable Procedure Non-Friable Procedure Reciption of tos-Containing Amount Reciption Reciption	City (5 County (6) Essex County Code (7) (STATE USE CNLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building RSCM No. Name of Abstement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address Street Address Steet Address Steet Address Steet Address Steet Address Street Address Steet Address	Name of Registered N		NC Ha	auler ID No.	of	Waste 1.5			dfil.	1			
Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mon-Friable Procedure Non-Friable Procedure Non-Friable Procedure Reciption of tos-Containing Amount R R C C C C C C C C	City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code City, State City, St	Name of Registered Name Of Regis	EMENT, I	NC Ha	auler ID No.	of Di	Waste 1.5	G.R.O.W.	S.			7		
N/A Nonth Day Year Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Mon-Friable Procedure Non-Friable Procedure Non-Friable Procedure Reciption of tos-Containing Amount R R C C C C C C C C	City (5 County (6) Essex County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number N/A City, State, Zip Code City, State City, St	Name of Registered Name Of Regis	EMENT, I	NC Ha	auler ID No.	of Di	Waste 1.5	G.R.O.W.	S.			7		
Month Day Year	Address Christopher St. State, Zip Code tclair, NJ 07042 One Number 3) 744-8800 F OSHA Monitor Address State, Zip Code JFull Containment with Negative Pressure JMini-Enclosure XJGlovebag Procedure JNon-Friable Procedure Scription of tos-Containing Amount E R N N E E C C C C C C C C C C C C C C C C	County (6) Essex Exsect Address Ester Address Street Address Street Address Street Address City, State, Zip Code City, State Containing Abstoracion of City, State City, State City, State City, State City, State City, St	Name of Registered Name of Registered Name of Registered Nama City, State Montclair, NJ	O7042	NC. H	auler ID No.	of Di	Waste 1.5 sposal Date 7-29-15	G.R.O.W. City, State Morrisvi	S.	A 19	906	7		_
City (5 County (6) Essex County Code (7)	cial buildings, homes, etc.)		Street Addres						[X]Other (i	.e., priva	ate 8	coî	mer		
Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6)Essex County Code (7) (STATE USE ONLY)	[X]Other (i.e., private & commer-	Street Addres [X]Other (i.e., private & commer-	Same as above								55 = +h			1	
Street Addres [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7)	[]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	[] Subchapter 8 (Other than K-12) Street Addres [X] Other (i.e., private & commer-		re Abatement	is Takin	g Place (3)			Type of Facili	ty (4)	= 1		7		
Same as above []School (K-12) []Subchapter 8 (Other than K-12) [[]Subchapter 8	[]School (K-12) () []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commer-				FACII	LITY I	NFORMATION	1		reacy office a				
Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [[X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	[]DCA	0.5		Ari Mos	es						10		
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above Street Addres City (5 County (6) Essex County Code (7) (STATE USE ONLY) FACILITY INFORMATION Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age	Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commer-	[X]DOH		i i	Name of Cont	act		Telephone	e Number	200	7 ;]			
Name of Contact Telephone Number Special Property Ari Moses Telephone Number Special Property Special Property Street Addres Telephone Number Special Property Spe	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[]DCA											281		
[X]DOL []Amended Notification [X]DOH []EMERGENCY []Cancellation []	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[X]DOL []Amended Notification Name of Contact Ari Moses Telephone Number Mame of Facility Where Abatement is Taking Place (3) Type of Facility (4) Street Addres Type of Facility (4) []Subchapter 8 (Other than K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	[]DEP	Notific	cation	City, State,	Zip	Code				1 1	12		
City State Zip Code City State Zip Code Teaneck NJ 07666 City State Zip Code Teaneck NJ 07666 City State Zip Code Teaneck NJ 07666 City State City State Zip Code Teaneck NJ 07666 City State City State County City State Zip Code Teaneck NJ 07666 City State City Code City Cit	Telephone Number Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-	City, State, Zip Code City, State, Zip Code Teaneck, NJ, 07666 T				272 Edg	emor	nt Terrace		12 7/1 21	Z.	4 7			
[] DEP [X] DOL [] Amended Notification [X] DOH [] DCA [] EMERGENCY [] Contact Ari Moses [] Cancellation [X] DOH	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	[] DEP [X] DOL [X] DOL [X] DOH [] DCA [] City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-		Type Notifica	ation	Street Addre	ss		91	955	_				
Agencies Notified Type Notification []EPA [X]Initial Notification [I]DEP [I]D	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	Agencies Notified []EPA	7_15_15	2.7				1.75			-/	1.5			
Ari Moses Agencies Notified Type Notification []EPA [X] Initial Notification [I]DEP	Telephone Number Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commer-	Ari Moses Agencies Notified Type Notification []EPA [X]Initial Notification []Amended Notification []DCA []Cancellation []Subchapter 8 (Other than K-12) Street Addres Ari Moses Ari Moses 272 Edgemont Terrace City, State, Zip Code Teaneck, NJ, 07666 Name of Contact Ari Moses FACILITY INFORMATION Type of Facility (4) []School (K-12) []Subchapter 8 (Other than K-12) []Sub	Date of Nothilcation	(1)	1		ding		(2)	() has a		2		1	

check 5812

Date of Notification (1)		11	Name o	f Residing	Owner/Operator	(2)				-		
9-16-15	1 4		R.	RUF	FIND	5.00	2015 SE	Par	5.	-		
Agency Notified Type Notification		15	Street A	ddress	00 0.	- 2	7601 & L	' <1	A	17	3:	28
D EPA B Initial		L	62	5	CEEN 5	TREET	Asgr				_	_
□ DEP □ Amended		1	City, St	ate, Zip C	code .	1 -	2 1	INE.	LL	47	Pť	7:
Amendment #			HA	CHEA	JSACK, W	110.	7601-1	TULF	31	No	1.2.1	-/ L
DOH justification)	19	П	Name o	of Contac	t '		Telephone Num	ber		***		
□ DCA □ Cancellation			K.	KUF	FINO							
			FACIL	JTY INFO	ORMATION							
Name of Facility Where Abatement is Taking Pla	œ (3)					Type of Facility	(4)					
R. RUFFINO	•		۰.	_		☐ School (K-12						
Street Address				,	. 12	Subchapter &	8 (Other than K-12 rivate & commercia	al buildin	øs.			
62 GREED STREE	T					homes, etc.)			<u></u> ,			
Cay (5)				4.	2.7	Square Feet	# of Floors	Bidg.	Age		598	
HACKENSACK						.2000		85	y	RS	5_	
County (6)					(STATE USE		nior if being demol	ished)				
BERGEN			ONLY)	1	68		PEUCE				_	
Name of Monitoring Firm Hired by Building Own	er /	ASCM	No.			nent Contractor (25		_			
(8)						moval In	.c				_	
Street Address					Street Address							
						th River	St					
City, State, Zip Code					City, State, Zip C		07601					
				¥14		ack, N.J					_	
Project Manager for Monitoring Firm	Te	lephor	e No.		Telephone No.	71.1.1.	00388					
Start Date (10) Scheduled C		on Dod	~ (44)		Name of OSHA		00300					-
9-29-15 9-3			e (11)			Environm	ental					
Occupancy Status During Abatement (Check on	_	O AND			Street Address	BIIVIIOIIII	CIICAL	-			350	
		65	500			uyler St						
☐ Facility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac					City, State, Zip C				1 22	_	_	-
Other - Describe: 8 AM 5 PM	arty 1100	43					,N.J. 07	606				
Scope of Work (Check all that apply)												
		_	Ren	ovation			Negative Pressur	e				(2)
□ ≥ 160 sf or ≥ 260 lf			□ Dem			ebag Procedure						
<u></u>					☐ Non-	Exempted (") and	d Non-Friable Proc	edure	I Al	cate	mai	-+
		Locati		2						Typ		14
. Location of		ormali d Solei		- 4	Description of		//			-		
Asbestos-Containing Material (ACM) TO BE ABATED	100000000	ntenar			stos Containing Ma thermal systems		Amount (Specify	to. 10	2	-	Eno	En
IN Facility	100	ustodi Staff?		hre.	surfacing, VAT	, or	SF or LF)		Removal	Rephir	Bota	clos
(13)		(12)			other miscellane	90US)			Val	=	Encapsulate	Enclosure
	Yes	No	N⊮A		1						9	
BASEMENT			X	4115	RMAL 105	VLATOO	40	LF	X	\dashv	1	7
With the state of			1	1 17 6	103 103 10 J	7,100	w.	~ (H	+		\dashv
*										1		7
						-		4.4		+	1	
Name of Registered Waste Hauler	N.F	DEP W	/aste H	auler	Cubic Yards of	Name of Regis	stered Landfill					-
Best Removal Inc		No.			Waste	1	a Enterpr	ises		LL	C	
		1/.	109		12 40		* · · · · · · · · · · · · · · · · · · ·		,			_
City, State	601				Disposal Date	City, State	.h 01	1.1.	0.0			
Hackensack , N.J. 07	OUL	8			9-36-15 Signature /	waynes	sburg, Oh	, 44 b	00			-
	ima+	0.5			01/0	dran		9-	16	-15	5	
11-1-1-1-1	-		for oc	hactne lit	ensure exempted						_	

State of New Jersey

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

		(Purs						12.120-11				_		_		
Date of Notification	n (1)			me of Nanc				Operator	(2	2)	115					
9-14-15																
Agencies Notified []EPA	Type Notifi		17875	reet A			Ave				2015 SEP 2	21	T.			
10 0 0 00000000000000000000000000000000			Cit	ty, St	2+0	Zin C	'ode					- 1	100	0.	31	
[]DEP	[] Amende	d	1 1	-				NJ,070	006	6	Flag Core					
[X]DOL	• • • • • • • • • • • • • • • • • • • •			1656		Lanc		210 / 0 / 0			2113	46	ωV			
[X] DOH	I DEMEDOR	MOV	1 1200	me of	0.000		_			Telephone	e Number	- 150	lisi		· L.	
[]DCA			I	Nanc:	y Si	heri	.dan									
7	. 100000			1	FACIL	ITY IN	NFORM	ATION								
Name of Facility Who	ere Abatemen	t is Tak	cing	Place	(3)				Ty	pe of Facili	ty (4)					- 25
Same as above										[]School (r th	an B	(-12)	
Street Addres										[X]Other (i		te &	COI	nmer		
									Sc	quare Feet	# of Floo	rs	1		Age	
City (5		County	7 (6)	Essex				ode (7) SE ONLY)	Cu	1500 urrent Use (F	2 Prior if be	ing		O	hed)	
Wann of Wonitoning	Firm bired b	ar Buildi	ing	ASCM	No		Name	of Abate	mer	nt Contractor	(9)					
Owner (8) N/A	riim niired i	y Bullus	Ling	HOOM						NAGEMENT,						
Street Address								chris		opher St.	•					
City, State, Zip Co	de						_	, State, ntclai		Code , NJ 0704	12					
Project Manager for	Monitoring	Control of the second s	relep N/A	hone	Numbe	r		73) 744			I	icen 00			er	
Scheduled Start Dat	e (10) So	ched. Cor	mplet	tion D	ate ((11)	Name	of OSHA	Mor	nitor						
9-23-15	[X]DOH []DCA []EMERGENCY []Cancellation a of Facility Where Abatement is Tame as above bet Addres a of Monitoring Firm hired by Builder (8) A cot Address (5) (6) (7) (7) (8) A cot Address (7) (8) A cot Address (9) (9) (10) (10) (10) (10) (11) (11) (12) (13) (13) (14) (15) (16) (17) (18) (18) (19) (18) (19)						N/A	. "			×					
Occupancy Status Du	ring Abateme	ent (Che	Day ck or	nly on	Year (e)		Stree	et Addres	ss							
		Enti	re Pe	riod												
[]Abatement Pe	erformed Out			cilit	У	City	, State,	Zip	p Code							
					ot»											
Scope of Work (Chec	k all that a	apply)							8000					20000		
				Renova Demoli				[]Mini- [X]Glove	-En	ntainment wi closure g Procedure able Procedu:		Pre	essu	re		
				Is				[]NOII-E	E T T	able Floceda			Aba	teme	nt I	Type
Locatio	n of			ation				escription		87 70 - 1	_		R		E	E
			U	sed				estos-Con Material		0.75.0	Amount (Specify	,	E	R	C	C
			By	Main-				, thermal		40.65	SF or	2	M	PA	A P S	LO
S				ance/ todial		ins	sulat	ion, surf	fac	ing, VAT,	LF)		V A	I	S	S
(13))	Ye		f (12 No) N/A	C	or ot	her misce	ella	aneous)			L	R	L	R
Basement		16	:5	X	-	Pip	e I	nsulat	tic	on	40 lf		X			
The state of the s	9-23-15 Month Day Year Month Cupancy Status During Abatement (CI [X] Facility Closed/Vacated During of Abatement Performed Outside of Hours - Describe: «OffHours De [] other - Describe: «Other Occup ope of Work (Check all that apply) [X] > 3 sf or > 3 lf [] > 160 sf or > 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) asement me of Registered Waste Hauler AZTECH MANAGEMENT, INC.															
Name of Registered	Waste Haule	r	NJDI	EP Was	te	Cub	oic Y	ards		Name of Regi	stered Land	fill	_			
				ler ID	No.	of	Wast	e 1.5		G.R.O.W.	s.					
City, State						100		l Date	- 01	City, State				-		
Montclair, No	07042					9	9-25	-15		Morrisvi	lle, PA	19	06	7		
Completed By (Print	or Type)	Title						Signature	e,			Da	te			
Constantine \		Presi	den	t				C/	Vi.	ya-		9	9-1	4-	15	

	. ^			^	
TV	1	1 ca 1	1)	100	1/
	1	10 Ald	1 1	1-)5	1
	()	Ul IL	2 - L =		. 6
-					

Date of Notification (1) 9/10/15			10000	lame of l	Building O	wner/C	perator	(2)	201	SCE			<u> </u>		
Agencies Notified	Type Notification		S	treet Ad		t			₫ v. i	. J	P 21 #	# 3 ;	30		
EPA DEP DOL	Initial Amended Amendment	t			e, Zip Cod n, NJ 07					& L	ICENS	NG	ÜĻ		
DOH DCA	Emergency (i justification) Cancellation	ncluding		lame of rene	Contact					Tele	ephone Nu	mber			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where A	batement is Taking	Place (3)							of Facility (4 School (K-12 Subchapter 8 Other (i.e. pr	!) 3 (Othe	er than K-1	2)	lings	home	
182 Main Street									etc.)	ivate c	x commerc				,5,
City (5) Newton								Squar 2100	e Feet	# of 2	Floors	100	ldg. A 9	ge	
County (6) Sussex	-302			County C STATE U	ode (7) ISE ONLY)	_		Curre	nt Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building (wner (8)		ASCM	No.				tement Cont onmental)			
Street Address								Addres Box 48	ss 33, 4 E Ga	ate D	rive				
City, State, Zip Code									ip Code , NJ 0741	18					
Project Manager for Moni	toring Firm		1	elephor	ne No.		100000000000000000000000000000000000000	hone No 764-2			License	Vo.			
Start Date (10) 9/28/15		Scheduled		pletion [Date (11)		Name	of OSH	HA Monitor				0.000		
Occupancy Status During	Abatement (Chec	k Only One)				Street	Addres	SS						
Facility Closed/Vaca Abatement Performe Other – Describe: b	ted During Entire F ed Outside of Norm	eriod of Ab	atem	ent			City, S	State, Zi	ip Code					2.05=	
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т тпат Арргу)	CONTRACTOR CO.	novat moliti		## ## ## ## ## ## ## ## ## ## ## ## ##		1	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure	-			e	
		le l	.ocatio	nn.						170				emen	t
Location	of	No	ormall	у		De	escription	n of					Ty	/pe	
Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	Material (ACM) TED	Used Main Custo Yes	tenar	ice/		os Cor therma surfa	ntaining l Il system acing, V miscella	Material ns insula AT, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
haaama	n†			2,000,000		nine	e insula	ation		-	75 LF	x			-
baseme	#IIL			X		hihe	- IIISUI	211011			3 LI	-			-
	-1														
						-	74								<u></u>
Name of Registered Was	te Hauler		0.00	JDEP W auler ID		of Wa	c Yards aste		The state of the s	000000000000000000000000000000000000000	ered Landi ks Landi				
Freehold Cartage			15	5939		10 Dispo	acal Dat	2	City, State		No Laliul	ш		-	
City, State Freehold, NJ						TBD			Birdsbo						
Completed by A. Scott Higgins		Title Presic	lent	20			Signatu	re d		_		Date 9/10/1	5		

ched 1783

Date of Notification	(1)		IN	lame	of Bui	Iding C	wner / Operator	(2)	1						
	9/6/2015		100			15,	ealtor)	1535		t Cally					
Agencies Notified	Type Notifica	ation			Addre										
				100000000000000000000000000000000000000	Chest				2815	EP 21 AP		_			
☐ DEP			100	S. H		Zip Co	ode			LI ZI RI	ال ا	15			
□ DOL	Amer Amer	30040VAV	_		and, M				4 2 1		- 1	. 1	- ht.		
☑ DOH ☐ DCA		gency	100		of Cor				2	11020	Telep	onor	ie ivil	mpe	15
☐ DCA	☐ Canc	ellation	E	a Sn	anno	n			CE	LICENS	-9				
					HIT	/ INFO	DRMATION								
Name of Facility Win Residence	nere Abateme	ent is Taking Pla	ace (3)			Type of Facility School (K								
Street Address		12.					☐ Subchapt								
1519 Chestnut S	t						Other (i.e.	. privat	te & comm					c.)	
							Square Feet		# of Floor	s I	Bldg.	Age	:		
City (5)		County (6)	Col	unty C	ode (7)	2000			2			+08		
Vineland		Cumberland					Current Use (F	Prior if	being der	molished)					
	70.						Residence								
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.	Name of Abate ALPHA ENV								
Street Address							Street Address			45					
							PO Box 829								
City, State & Zip Co	ode						City, State & Z	Zip Coo	de						
			T-1		Niconale		Trenton NJ	mhor		License	Numb	or		-	
Project Manager for	r Monitoring F	-irm	reiep	none	Numb	er	Telephone Nu 609-847-295	6		Licerise		110	4		
Scheduled Start Da 9/16/201		Scheduled Con 9/17/2015	npletic	n Dat	e (11)		Name of OSH EMSL Analy		itor						
Occupancy Status	During Abater	ment (Check or	nly one	e)	tomo	nt.	Street Address	s							
		During Entire P utside of Norma					107 Haddon City, State & 2	_							
Describe:	Performed O	utside of North	#I 1100	115 -	ani c) Spiii	Westmont, I								
100 200 200	cupied During	Abatement				2	anestinoiti, i	40 00	100						
Scope of Work (Ch															
		- 1-27								ainment with	Nega	tive	Pres	sure	
≥3 sf or ≥3	lf		\boxtimes	Ren	ovatio	n		<u></u>	Mini-Encl						
≥160 sf ≥26	60 If			Den	nolition	1				g Procedures					
									Non-Exer	mpted and No	n-Fri	able	Pro	cedu	re
	ocation of			Locat			Description			Amount		Aba	teme	ent T	ype
	tos-Containin	ıg		nally l			Asbestos-Cont			(Specify SF or LF)				ш	
	terial (ACM) BE ABATED			olely l tenan			Material (AC (i.e., thermal sy		;	31 01 11)		Re	20	Encapsulate	Enclsoure
	n Facility				Staff?	i	nsulation, surfac					Removal	Repair	psu	Sou
	(13)			(12)			or other miscella	aneous	s)			<u>a</u>	=	late	a a
			Yes	No	N/A						_				
Basement						Du	ct Insulation () Cut))wrap	and 1	120lf			Ш	Ш	
Name of Registere	d Waste Hau	ler			DEP \		Cubic Yards of Waste	Name	e of Regis	tered Landfill					
ALPHA			15°	00	3333	0	1cubic		vs Land	fill					
City, State							Disposal Date	City,	State						
Trenton, NJ							Various	Morr	risville, F	PA					
Completed By (Prin	nt or Type)			Tit	le		Signature					ate			
Rod Richardson				P	M		Rod Richardson				9	/6/2	201	5	

check 5811

Date of Notification (1)		1			g Owner/Operator	(2)	1 1 m 12 1	- i 4		_]	
9-15-15			T.	BA	+TISTA		6645				_
Agency Notified Type Notification		S		Address			2015 SEP 2	I AM	13	5	1
□ EPA ■ Initial			62	CA	RNATION	STREE	(- No. 1	
□ DEP □ Amended			油y, St	ate, Zip (Code .		a		ri.	201	
Amendment#		1	BER	GEN	FIELD N.	J 0!	621		111	101	-
□ Ernergency (including justification)	19		Vame o	of Contac	ŧ. '	*	Telephone Num	ber	21-		
□ DCA □ Cancellation			T.	BAT	ISTA		1				
			FACIL	LITY INF	ORMATION						
Name of Facility Where Abatement is Taking Pla	ċe (3)			-	-	Type of Facility	(4)				
						☐ School (K-12	2)				
R. BATISTA Street Address						☐ Subchapter	8 (Other than K-12)				
							rivate & commercia	buildin	gs,		
62 CARNATION STREET	el				- /	homes, etc.		Bidg.	Age		
City (5)				*	M	Fig. 100		90	7	10	5
BERGEVEELD				3.5		.1200	tior if being demoli	0		ya	_
County (o)) (STATE USE			snea)			
BERGEN		(ONLY)	\$174	* P)	RESIDE					
Name of Monitoring Firm Hired by Building Owner	er A	SCM	No.		Name of Abatem	ent Contractor (9)		_		
(8)					Best Rei	noval In	.c				
Street Address					Street Address	•	2772				
					450 Sou	th River	St				
City, State, Zip Code				-	City, State, Zip C						
					Hackensa	ack, N.J					
Project Manager for Monitoring Firm	Tel	ephon	e No.		Telephone No.		License No.				
					201-329-	-7444 -	00388				
Start Date (10) Scheduled Co	ompletio	on Dat	e (11)		Name of OSHA						
10-2-15 10-	3-	15			Omega I	Environm	ental				
Occupancy Status During Abatement (Check on	ly one)		7.0		Street Address						
☐ Facility Closed/Vacated During Entire Period	of Abate	ment				ıyler St					
☐ Abatement Performed Outside of Normal Faci	illy Hou	rs	-		City, State, Zip C						
Other - Describe: 8AM 50M					S. Had	ckensack	,N.J. 07	606			
Scope of Work (Check all that apply)					O Edit	Contribution of the Contribution	Negative Pressure	2			
≥3 sf or ≥ 3 lf			Ren	ovation			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
□ ≥ 160 sf or ≥ 260 lf			□ Den	nolition	- ■ Giove	ebag Procedure	d Non-Friable Proc	ortreo			
					□ MOII-	-Action () dil	- 14011 / 182010 / 100		Ab	aten	ent
9	1000000	Location or all		1					-	Туре	1
. Location of		l Solel	-		Description of		Amount			-	
Asbestos-Containing Material (ACM) TO BE ABATED		ntenan ustodi			stos Containing Ma ,, thermal systems		(Specify		20	Repair	Enclosure
IN Facility		Staff?		, ,,,,,	surfacing, VAT	, or	SF or LF)		Romoval	oph Par	100
(13)		(12)			other miscellane	eous)			/al	T INCO	10
	Yes	No	N/A							1	
RAS CALLS ST		500 0 0		-11-0	emac lusul	T. S.A.	45	ZF	X		T
BASEMENT	-		X	ा तटक	correct in west	11010	73		1	+	+
				-					+	+	+
								4,4,	\vdash	+	+
				<u> </u>		1 N 5D	etorod Lac dett				
Name of Registered Waste Hauler	NJI ID I		Vaste H	tauter	Cubic Yards of Waste	1	stered Landfill				
Best Removal Inc	1.01		109		, 1000	Minerva	a Enterpr	ises	,	LL(3
City, State	1_	- / -			Disposal Date	City, State				_	
Oity, oldie						1	hura Oh	1.1.6	22		
Hackengack N I 07	6(1)										
Hackensack , N.J. 07	601	-			10-3-15 Signature	wayne:	sburg, Oh	Date Date	00		
Completed by Title	601 imat				Signature		Sburg, Oil			 5	

Date of Notification (1)	PROCESSOR (12)		T	Name	of Building	Owner/Operator		8815 CED 0 :						
9/16/15				MGW 2015 SEP 21 EH 3+ 33										
Agencies Notified	Type Notification			Street	Address	24	01 Penningto	n.Rd.	10	u L	-01			
EPA DEP	Amended		-	City, S	tate, Zip C		& LICENSING							
⊠ DOL	Amendment #_ Emergency (in	cluding	-			Per	nington, NJ	08534		* * * * *				
☑ DOH □ DCA	justification)			Name	of Contact			Telephone Numb	er					
	Carlocilation			Ron Meier										
			(6)	FAC	ILITY INF	ORMATION	T	. ///						
Name of Facility Where	Abatement is Taking Resid						School (K-1	e of Facility (4)						
Street Address	Street				Subchapter	er 8 (Other than K-12) , private & commercial buildings,								
City (5)	117 5.11	I COLLEGE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Square Feet	# of Floors	Ble	dg. A	ge			
ony (e)	Pennin	gton,	NJ				2000	2	. _	150	+/-	_		
County (6)	Mercer				ty Code (7 ONLY)	7) (STATE	Current Use (P	rior if being demoli	shed)					
Name of Monitoring Firm	n Hired by Building (Owner		ASCM I	No.		ment Contractor (Manager Co.						
(8) DB E	invironmental						vens Environ	mental Service	es, In	c.		_		
Street Address						Street Address	DO 1	O. D. 200						
	4 Berkeley Pla	ace				City, State, Zip		Box 322						
City, State, Zip Code	Freehold, N	J				City, State, Zip (Allentown, NJ 08501							
Project Manager for Mo	100000000000000000000000000000000000000	phone I	and the second s	Telephone No.										
Dave E	-		0-2217	Name of OSHA										
Start Date (10) 9/17/15)/24/	tion Da	le (11)	Name of OSHA	DB Environmental									
Occupancy Status Duri	ing Abatement (Che			13		Street Address								
▼ Facility Closed/Vaca				ment			4 Berk	erkeley Place						
Abatement Performe	ed Outside of Norma					City, State, Zip		E 1.11 MI 07720						
Other - Describe:							Freehol	old, NJ 07728						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovati emolitic			☐ Mini-Er	nclosure pag Procedure							
			ocatio				1		$\overline{}$	bate				
Location	of		omally Solel			Description of	of		Туре					
Asbestos-Containing	Material (ACM)		ntenan ustodia			tos Containing Ma thermal systems		Amount (Specify			Εn	Ш		
TO BE ABA			Staff?	41	(1.6.,	surfacing, VAT	Γ, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure		
(13)			(12)	_		other miscellane	eous)		oval	air	ulat	sure		
		Yes	No	N/A							ത			
2nd Fl. Ba	throom		X			VAT		25 sf	×					
Rear Uppe	er Roof		X		I	Roofing Silve	er Paint	×						
Traine of trogletered tracter					Waste	Cubic Yards of Waste	Name of Registered Landfill							
Stevens Environmental Services, Inc. Hauler ID N 1829						3 CU		GROWS La	ndfill					
City, State Allentown, NJ						Disposal Date 9/24/15	City State	Morrisville	PA					
Completed By	Title	9		t Mar		Signature	/ /	Date						
Mahlon E. St		1/		9/1	1/15		_							

Check#2297

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

DOLWD	L,								
DOLWD	4								
Name of Contact Telephone Number									
Name of Contact Telephone Number									
Name of Contact Telephone Number	1								
Cancellation Janice Dean	1	Talanhara Number							
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Private house Street Address 1267 B Kennedy Blvd. City (5) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial build homes, etc.) Square Feet # of Floors Bid.									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address 1267 B Kennedy Blvd. City (5) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buil homes, etc.) Square Feet # of Floors Bid.									
Private house Street Address 1267 B Kennedy Blvd. City (5) Street Address City (5) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial built homes, etc.) Square Feet # of Floors Bid.									
Street Address Street Address 1267 B Kennedy Blvd. City (5) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial built homes, etc.) Square Feet # of Floors Bid.									
1267 B Kennedy Blvd. City (5) Other (i.e., private and commercial built homes, etc.) Square Feet # of Floors Bld.									
City (5) Square Feet # of Floors Bid	ldings,								
717 05000	g. Age								
Bayonne, NJ 07002	10000000000	.51							
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)									
Hudson									
Name of Monitoring Firm Hired by Building Owner (6) ASCM No. Name of Abatement Contractor (9)									
Gr Tech LLC									
Street Address Street Address									
576 Valley Rd #283									
City, State, Zip Code	Code								
Wayne, NJ 07470									
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.	License No.								
973-638-1777 01127	01127								
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor	A Monitor								
09 / 26 / 15 09 / 27 / 15 Envirovision Consultants, Inc	onsultants,Inc								
Occupancy Status During Abatement (Check only one) Street Address									
Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 35E	w Road, Bldg .# 35E								
Abatement Performed, Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM									
Fair Lawn, NJ 07410	07410								
Scope of Work (Check all that apply) Clean up and decontamination with negative pressure.	ure								
Full Containment with Negative Pressure Solution S	Full Containment with Negative Pressure Mini-Enclosure								
Schlower Control Cook	pag Procedure Tent with Negative Pressure								
Non-Exempted (*) and Non-Friable Procedure	Non-Friable Procedure								
Normalis	Abatement Ty								
	Re En	m m							
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (12) Used Solely by Maintenance/ Custodial Staff? Used Solely by Maintenance/ (i.e., thermal systems insulation, surfacing, VAT, or SIF or LF)	Encaps: Repair	Enclosure							
IN Facility Custodial Staff? surfacing, VAT, or (13) (12) other miscellaneous)	Encapsulate Repair	. Ire							
Yes No N/A	te								
Basement D D Pipe insulation 95 LF									
Name of Registered Waste Hauler NDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill									
Gr Tech LLC 0033785 TBD T.R.R.F. Inc									
City, State Disposal Date City, State									
Wayne, NJ 07470 TBD Tullytown, PA									
Completed By (Print or Type) Title Signature Date									
N.Jevtic Owner Heure Wennel 09/16/20	15								
ASB-41 MAY 11 * 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)

									3 1 4						
Date of Notification (1) September 16, 2015				Name of Building Owner/Operator (2) Affordable Renovations 915 CT 21 AM 2											
			tion Notification Inded Notification			900 Wellington Avenue									
[x] DOL [x] DOH	idment : gency (i			City, State, Zip Code Toms River, NJ 08757											
[] DCA		cation) ellation			Name of	Contact Nick	Telephone Numb	er 10							
				FAC	ILITY IN	VFORM	ATION								
Name of Facility Where Abatement is Taking Place (3) Residence								Type of Facility (4	[] School (k-12)						
Street Address	W Shell Way		9					[x]		Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings homes, etc.)					
City County (6)					County Code (7) (STATE USE ONLY)			Square feet 700 sf	# of Floors	1 60					
Lavallette		Oce						Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm 1	500	Owner (8)		ASCM No).	Name of	Abatement Contractor Guard		(9) an Contracting, Inc.					
Street Address						8	Street Ad	1889	Route 9, Unit	oute 9, Unit 61					
City, State, Zip Code									River, New Je	Liver, New Jersey 08755-1271					
Project Manager for Monitoring Firm Telephone Number					732-349-9932					License Number 00624					
Scheduled Start Date (10) Scheduled Complete 9/17/15 9/18/15					on Date (11)	S.L. Analytical	L. Analytical							
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement					Street Address atement 1056 Stelton Road										
	tement Performed (er – Describe	Outside	of Normal Fa	cility Ho	City, State, Zip Code Piscataway, New Jersey 08854										
Scope of Work (Check all t	that apply)				Full Containment with Negative Pressure Mini-Enclosure										
	for≥3 lf		[]	Renova		edure	VOID 07								
[X] ≥16	0 sf or ≥260 lf		[x]	Demoli	ition		[x]	Non-Exempted	(*) and Non-Friab	le Proced	ure				
							33.00			Aba	Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12)				sed		Ash N (i.e. inst	Description Destos-Conflaterial (A , thermal substitution, sub VAT, o	taining CM) systems rfacing, r	Amount (Specify Stor LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S		
YES NO N						oth	er miscella	aneous)		A L		L	U R E		
Exterior X					Asbestos siding				650 sf	X					
,															
										-	-				
Name of Registered Waste	Hauler	<u> </u>	NJDEP Wast	e Hauler	ID No. T	Cubic Vo	rds of Wast	e Name of Regi	stered Landfill						
Guardian Co	entracting, Inc.			0223	110.	3	. 40 01 11 45	T.R.R.F.	Stored Bandini						
City, State Toms River	New Jersey			Dispo 9/21	sal Date		City, Sta	ate 9wn, Pennsylvar	nia						
Completed by (Print or Typ	Toms River, New Jersey Impleted by (Print or Type) Nicholas Fernicola Title Project Manager				Signatu	re \	- Turiyu	, in a comply to the	AA44	Date 9/1	6/201	5			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					lame of Building	Owner/Oper	rator ((2)			-	7	77		
September 16, 2015						Charle	es M	ann Contract	ing, Inc		- 1	(=	7-5	×	
Agencies Notified [X] EPA [] DEP	n Notification ed Notification			Street Address 625 County Road 513 City, State, Zip Code						SEP 21 14 3. 35					
[x] DOL	And the same of th	dment # gency (incl			Pittstown, NJ 08867					3					
[x]DOH []DCA		cation)	uding	N	Name of Contact			Tel		ne Number		1	1		
[] DCA		Robe	ert Kreidle												
	FACIL	ITY INFOR	MATION												
Name of Facility Where Ab				Ту	pe of Facility (4	School	ol (k-12)								
Street Address							1	. []		hapter 8 (other			l buildi	nge	
	2 Main Street							[]		Other (i.e., private & commercial build homes, etc.)					
City		County	(6)					Square feet # of Flo							
Gladstone		Somer	reat	(2	STATE USE ON	LI)	5,000 sf urrent Use (Prior	sf 1 100 (Prior if being demolished)							
Giadstone		Some	201					Churc	ch						
Name of Monitoring Firm				100	SCM No.	tor (9)	ntracting	nc							
Street Address	A Environment	al Mana	gement, Inc			Street A	ddres		ulali Co	ntracting, Inc.					
	4 West State Str	eet	5					1889	Route 9	9, Unit 61					
City, State, Zip Code						City, St	ate, Z	ip Code	Divar	iver, New Jersey 08755-1271					
	enton, NJ 08618		Telephone Nur	mber		Telepho	ne Ni		S ICIVOI,		ense Number				
Project Manager for Monitoring Firm Telephone Number Bill Weisgarber 609-656-8101						732-3	49-9	932		00624					
Scheduled Start Date (10)			Scheduled Cor	npletion	tion Date (11) Name of OSHA Monitor E.M.S.L. Analy										
9/17/15 Occupancy Status During		only one)	9/18/15			Street A	Addres		о.р. ты	arj trour					
[X] Fac	cility Closed/Vacated	d During I	Entire Period o	f Abater	II .										
1 5 5	atement Performed	Outside of	Normal Facil	ity Hour	rs .	City, St	tate, Z	Lip Code							
[] Oth	ner – Describe					ataway,	vay, New Jersey 08854								
Scope of Work (Check all	that apply)]]	Full Containm		Negative Press	sure				
25 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1						[]	Mini-Enclosur							
1 1	sf or ≥3 lf		r	enovatio Demolitic		[x]	Glovebag Proc Non-Exempted		Non-Friable F	rocedu	re			
[] ≥10	60 sf or ≥260 lf			emonu	JII		1	140II-Exemples	- T	1011 1 1111010 1					
						200	40				Abat	ement	Гуре	-	
Location	of	1	Is Location ormally used	1			Description of bestos-Containing			Amount	R E	R E	E N	E N	
Asbestos-Containing		1,	Solely by	•		Material ((ACN	M)	(S	pecify SF	M	P	C	C	
TO BE ABA	ATED	Maint	enance/Cust	odial		i.e., therma				or LF)	0	A	A P	LO	
in facili	ty		Staff (12)		,	nsulation, s VAT		cing,			V	R	S	S	
- (13)			(12)			other misce	•	ous)			A		U	U R	
		YES	NO	N/A							L		E	E	
Choir room	Chair room				Asbestos pipe insulati				Cl	noir room					
Chica room	X		r	*											
Name of Registered Waste Hauler NJDEP Waste Haul						Yards of W	aste	Name of Reg		andfill					
Guardian Contracting, Inc. 20223					2		Ctnt	T.R.R.F	·						
City, State Disp Toms River, New Jersey 9/2					al Date	City, Tull		yn, Pennsylva	ania						
Completed by (Print or T	ype)	Title			Signature	/	7		1		Date		-		
Nicholas Fernicola Project Manager						<u></u>	1	0	/		9/1	6/201	3		

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