FICATION OF ASBESTOS ABATEMENT		
Pursuant to NJAC 8:60 and 12:120)	RECFI	à d pers
		10 8mm

Date of Notification (1) 9/19/2014	100	Name of Building Owner/Operator (2) ALEJANDRO AND ELISA RIVERO Street Address PM 5: 03														
Agencies Notified	Type Notifica	ation			reet Add 49 ME	dress ADOWB	ROO	K AVE	ENUE							
EPA DEP DOL	Amenda Amenda	ment #	atta -	2,652.5		, Zip Code VOOD, I		450		#3	81	TOS	CONT	ROL	s	
DOH DCA	instification Cancelli		Jaing	7550	ame of C AN GE	Contact EHRIG					Tele	enhone M	ımb			
Name of Facility Where A	Abatement is ¹	Taking Pla	ace (3)		FACILI	TY INFOR	RMATIO	N	-	of Facility (4 School (K-12	8		- 1			
Street Address 349 MEADOWBRO	OK AVENU	JE							×	Subchapter 8 Other (i.e. pr etc.)	(Othe	er than K- & commer	·12) rcial build	lings,	home	es,
City (5) RIDGEWOOD						700				re Feet	# of	Floors	В	Bldg. Age		
County (6) BERGEN	8				ounty Co	ode (7) SE ONLY)			Current Use (Prior if being demolished)							
Name of Monitoring Firm N/A	Hired by Buil	ding Own	er (8)		ASCM I	No.		TWC	BRO	otement Cont OTHERS (NG, IN	C.		
Street Address	70								RUTI	HERFORE	BLV	/D.	058			
City, State, Zip Code						00 - 00 00 00 00				Zip Code I, NJ 0701	4					
Project Manager for Mon	itoring Firm			1					Felephone No. Licens 973-956-8700 0049							
Start Date (10) 9/22/2014			neduled C 24/2014							HA Monitor S (9) ABO\	/E					
Occupancy Status During Facility Closed/Vac			54 ES 85	emer	nt.			Street	Addre	SS						
Abatement Perform Other – Describe:	ed Outside of								tate, Z	Zip Code						
Scope of Work (Check A	II That Apply)	F	× Reno	votio				Г	Full Containment with Negative Pressure				-0			
≥160 sf or ≥260 lf		Ē	Dem					×	Mi Gl	ni-Enclosure ovebag Proc on-Exempted	edure	-			2	
			Is Loc	ation					ı NC	on-Exempled	() all	u Noti-rii	able F10	Abate	ement	t
Location Asbestos-Containing		M)	Norn Used S	nally olely	by	Asbesto		cription		al (ACM)	А	mount		ı y	ре п	
TO BE AB. In Facil (13)	lity		Mainte Custodia (1)	al Sta	70.000	N.	nermal s surfaci other m	ing, VA	T, or			Specify or LF)	Remova	Repair	Encapsulate	Enclosure
			Yes N		N/A										te .	u u
KITCH	EN		×			Pl	IPE IN	ISULA	IOITA	N.	{	3 LF	X		-	
				#		-1150000										
Name of Registered Was	ste Hauler			NJE	DEP Wa	ste	Cubic Y	/ards		Name of F	Registe	ered Land	fill			L
TWO BROTHERS CONTRACTING				Hauler ID No. of Waste 18743						.W.:	S.					
City, State CLIFTON, NJ							Disposa 9/24/2		\bigcap	City, State		LE, PA				
Completed by Title VIVECA RAMOS PROJECT				CT C	COOR	DINATO		gnatur	iv-	ear	en		Date 9/19/20)14		

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

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	1 4

Date of Notification (1)				-	Name o	of Building	Owner/Operator (2	2)	RECEIV	ED			
9 / _	18/	14	_				ard Home	I	Job # 1409-19			78	
Agencies Notified ⊠ EPA	Type Notificat ⊠ Initial	ion				Address Outlook	C Drive, Suite 20		4 SEP 23 F	M 7:	51		
☑ DOLWD	☐ Amended					ate, Zip Co			EESTOS CO	WIR	ΠI		\neg
☑ DHSS □ DCA	Amendmen		udina				ip, NJ 07753	7,0	& LICENS		.02.		
(NJAC 5:23-8)	justification		ading		Name o	of Contact			Telephone Num	per			
	☐ Cancellation	on			Heat	ther Falk	off						
					FAC	ILITY IN	FORMATION		**************************************	11,272,393			
Name of Facility Where A	Abatement is Ta	aking l	Place	(3)				Type of Facility (4)			*****	
Winchester Garder	ns							School (K-12		e.			
Street Address				_		172-1101			(Other than K-12 ivate and comme		ildina		
333 Elmwood Aven	iue							rvate and comme	olai ba	iiuiiig	-1		
City (5)			7.5	-		47727872		# of Floors	Blo	ig. Ag	е		
Maplewood								473,763	3	8	38		
County (6)					Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			-
Essex								Senior Hous	sing/Assisted L	iving			
Name of Monitoring Firm	Hired by Build	ing Ov	wner (8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Criterion Laborator		- T					Asbestos an	d Mold Service	s, Corp.				
Street Address		-					Street Address	3011					- 1
3370 Progress Driv	e, Suite J						3859 Sylon E	Boulevard					
City, State, Zip Code	*						City, State, Zip C	ode					
Bensalem, PA 1902	20						Hainesport, I	NJ 08036					
Project Manager for Mon				Tele	phone I	No.	Telephone No.		License No.				
Mike Panepresso				1 32	15-244		609-702-0400 00862						
Start Date (10)	S	chedu	ıled C	omple	tion Dat	te (11)	Name of OSHA Monitor						
9 / 19 /					9_/_		EMSL Analyt	tical, Inc.					
Occupancy Status Durin		heck	only c	ne)			Street Address						
☐ Facility Closed/Vacat					ment		200 U.S. Rou	te 130 North					
☐ Abatement Performe	2000년 1월 2000년 1일					cribe	City, State, Zip C	ode					-
Time of Abatement:	AM	PM	V	_PM		AM	Cinnaminsor						
Scope of Work (Check a	Il that apply)												
≥3 sf or ≥3 lf			⊠ Re	nova	ion		☐ Mini-End		gative Pressure				
_ ≥160 sf or ≥260 lf			☐ De	moliti	on			g Procedure	n-Friable Procedu	ıro			
			la.	Loca	tian .	T	☐ NOII-EXE	empled () and No	III-FIIADIE FIOCEGO		atem	ant T	vno.
Location	of.		70707	Norma			Description	of		-	-		
Asbestos-Containing)			ely by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	nca	Enclosure
TO BE AB	ATED				ance/ Staff?	(i.e	e., thermal systems		(Specify SF or LF)	SVOI	ar	sde	nso
IN Faci (13)	, W		-	(12			surfacing, VAT other miscellane		Si Oi Li)	-		Encapsulate	ਰ
, X			Yes	No	N/A							(D	
Ward Bldg; Baseme	nt			П	\boxtimes	Pipe In:	sulation		less than 3 L	F 🖂	\boxtimes	\boxtimes	
3,			$\overline{}$	H		<u> </u>			-	Тп	П	П	
			<u> </u>	닏	-					-15	-		-
												Ш	Ш
Name of Registered Waste Hauler					NJDEP \								
					Hauler II 02265		Waste 5	GROWS L	andfill		8		
City, State					0220		Disposal Date	City, State					
Freehold, NJ							9/19/14	Morrisville	e, PA 19067				
Completed By (Print or Type) Title							Signature			ate	*****		
Kimberly A. Trumb	The state of the s						CKI	9-18-14					
Kimberry A. Hullit	JOILI				amato		1 YX	9 18 1					

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 5:16)

Date of Notification (1)			2012/65	_	Name	of Buildin	g Owner/Operator (2)	CEIVE	- [-			
1 /	15	/ 14					Iniversity - Office	NAME	() (15) (15) (15) (15) (15) (15) (15) (1	-			
			63-2				miversity - Office	55					
Agencies Notified EPA	Type No	otification				Address		2014 SE	P 23 PM	5: €4		3,=,910=	0400-23
☑ DOLWD	⊠ Ame					Elm Dri				21	14-63-01		
⊠ DHSS		ndment #	12-9/1	8/14	4	State, Zip		外の場上は	STOS COM	TROL			
☑ DCA		rgency (in	STATE STATE OF THE PARTY.		Pri	nceton, l	NJ 08544	હૈ	LICENSIN	G			
(NJAC 5:23-8)	justif	fication)		500	Name	of Contac	ot		Telephone No	umber			
	☐ Cand	cellation			Ro	bert Orte	go						
					FA	CILITY II	NFORMATION		•				
Name of Facility Where	Abatemen	t is Taking	Place	(3)				Type of Facility ((4)				
Princeton University	ty- Fires	tone Lib	rary					School (K-12	5020				
Street Address			_					Subchapter 8	Other than K-				
Washington Road								Other (i.e., pr homes, etc.)		nercial b	uildin	gs,	
City (5)								Square Feet	# of Floors	В	ldg. A	ae	
Princeton												•	
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
MERCER								Library		7560C 4000			
Name of Monitoring Firm	Hired by	Building (Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
ATC Associates Inc	С.				0009	98	POST CONTRACTOR CONTRA	VIRONMENTAL	INC.				
Street Address		<u> </u>					Street Address		-,				
Three Terri Center			14				1123 BEAVE	R STREET					
City, State, Zip Code	SURF TO 1		200				City, State, Zip C						
Burlington, NJ 080	16						BRISTOL, PA						
Project Manager for Mon		m		Te	elephone	No.	Telephone No.		License No.				
Michael Keehn	-				609-386		215-788-6040)	00509				
Start Date (10)		Sched	luled C	4	letion Da		Name of OSHA N		- 00000			-	
_2 / 5 /	_14_				31 /	10.000		VIRONMENTAL	., INC.				
Occupancy Status During	Abateme						Street Address						
☐ Facility Closed/Vacate							1123 BEAVE	RSTREET					
☐ Abatement Performed						cribe	City, State, Zip Co						
Time of Abatement: 6							BRISTOL, PA						
Scope of Work (Check al	I that appl	(v)		-			Dittor oz, i z	(1300)					
		1	Salara Maria					tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				Mini-Enc Claveba	losure g Procedure					
24 - 100 31 01 - 200 II			Пре	111011	LIOII			mpted (*) and Nor	n-Friable Proce	dure			
	Section and		1		ation					22001120	atem	ent T	vpe
Location					nally olely by		Description of				1	т	Ť
Asbestos-Containing TO BE ABA		ACM)			nance/		estos Containing Ma		Amount	em	Repair	nce	nc
IN Facili			Cust		I Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Removal	#	lsd	Enclosure
(13)	,			(12	185581992	1	other miscellane		O. O. 2. 7	=		Encapsulate	6
Trustees Reading Ro			Yes	No		Dadiat	or Liner		200.05				
									280 SF		-	Ш	
Trustees Reading Ro	om					Pipe In	sulation		150 LF				
Name of Registered Was	te Hauler			1	NJDEP I	Naste	Cubic Yards of	Name of Regist	tered Landfill				1
SERVICE TRANSPO	ORT GRO	OUP INC			Hauler II		Waste	G.R.O.W.S.	NORTH LAN	IDFILL			
City, State					20990	,	Disposal Date	City, State					
New Castle, DE								I POSITIVE PROPERTY AND THE OF	LE, PA 1906	7			
Completed By (Print or Ty	/pe)	Title					Signature	1	, 1	Date ,		1	
Brian Scafiro		E	stimat	tor			hi	80.0	1-8	9/	18 1	14	
A CD 44				20.855.16			prian	· pragero	170	1/	/ 5 /	11	

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

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Date of Notification (1)					None	of Duilelia	- 0	10			250				_
	15 /	14	<u></u>		1		97.0	r/Operator (ity - Office	e of Design and	Construc	tion				
Agencies Notified	Type Notific	ation		-		t Address				2014 SEP	23 1) jur	-	P 000	
⊠ EPA	☐ Initial	auon				Elm Dri	vo.			021	23 F	П	J: (:5	
☑ DOLWD		d								10000	****			•	
☑ DHSS	Amendm	nent #12	-9/18/	14		State, Zip (ASBEST	82 CI	ON	TRI	16	
☑ DCA	☐ Emergen		uding			nceton, N		14		a LII	CENS	IN	G		
(NJAC 5:23-8)	justificati					of Contac				Telephone				1	
	☐ Cancella	ition				bert Orte				į.					
Name of Facility Ann					FA	CILITY IN	NFORM	ATION							
Name of Facility Where A				3)					Type of Facility (4)					
Princeton Universit	y- Fireston	e Libra	ıry						School (K-12))					
Street Address				1102					Subchapter 8Other (i.e., pr	(Other than	K-12)	d b.	. د نامان		
Washington Road									homes, etc.)	ivate and co	ninercia	II DU	maing	js,	
City (5)								-,000	Square Feet	# of Floor	s	Bio	dg. A	ge	
Princeton											* (1)		-g	90	
County (6)					Cour	nty Code (7	NSTATE	USE ONLY)	Current Use (Pric	or if being de	molishe	(j)	-	-	
MERCER						,	A		Library	Joing de	onono	٠,			
Name of Monitoring Firm	Hired by Build	dina Ow	ner (8)		ASCM	No	Name	of Ahatama	ent Contractor (9)				7-8		
ATC Associates Inc		g OW	(0)	1	0009				7.5	INC					
Street Address	•			\perp	0003				VIRONMENTAL	., INC.					
Three Terri Center								Address							
City, State, Zip Code									R STREET						
Burlington, NJ 0801	c							State, Zip Co							
10.75			т.					STOL, PA	19007						
Project Manager for Monit	oring Firm				phone			none No.		License N	0.				
Michael Keehn						-8800	215	-788-6040	10	00509					
Start Date (10)	art 2000 cm	Schedul					1 0-22-0-22-0-0-0	of OSHA M							
/5/				3621.7	_ ′ -	14	BRI	STOL EN	VIRONMENTAL	, INC.					
Occupancy Status During							Street	Address			2-0/0 15-1				
☐ Facility Closed/Vacated	d During Entir	re Perio	d of Ab	ater	nent		112	3 BEAVER	R STREET						
Abatement Performed Time of Abatement: 6:	Outside of No	ormal Fa	acility F	lour	s - Des	cribe	City, S	tate, Zip Co	ode						
		-IVI/	PIVI-	_	AM		BRI	STOL, PA	19007						
Scope of Work (Check all	that apply)										-		-		
☐ >3 sf or >3 lf		E	7 D	41.	222				ainment with Nega	ative Pressu	ге				
≥ 160 sf or ≥260 lf		ř	Reno					Mini-Encl	losure g Procedure						
(3) (3) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4			-		00		Ĺ	Non-Exer	mpted (*) and Non	-Friable Pro	cedure				-
			Is Lo						T			Aba	atem	ent T	vpe
Location of		_	Used :	rmal		1/2/1/03		escription of			-				
Asbestos-Containing N TO BE ABAT		1)	Maint						terial (ACM)	Amoun	1	em (Repair	nca	incl
IN Facility			Custoc			(i.e.		al systems i acing, VAT,		(Specify SF or LF	<u> </u>	Remova	₽.	sde	Enclosure
(13)	1	_		12)	N1/0			miscellane		31 01 L1	'	<u>m</u>		Encapsulate	ıre
Throughout Levels C,	B and A		_	No]	N/A	Floor til	le and I	Mastic		74 400 5)				
Throughout Levels C,										71,198 8					
Throughout Levels B						Pipe Ins				4,660 S					
Throughout Levels B	anu A		-			Joint Co		na		24,690 \$					
Name of Registered Waste	- Houles]		Pipe Fit				20 LF			П		
SERVICE TRANSPO		INC		100000	JDEP V auler ID		Cubic \ Waste	Yards of	Name of Registe G.R.O.W.S.						3/2 1/1
City, State					20990					NOKIN LA	VIADLIF				
the tree state of the state of							Dispos	al Date	City, State						
New Castle, DE									MORRISVIL	LE, PA 19	J67				
Completed By (Print or Typ	oe)	Title					Si	gnature	1 1	1	Date	,	%	/	
Brian Scafiro		Esti	mator	• 3			1	Orisa	Scofino	/il	9/	1	8/	14	
ACD 41							/		- //	1			1		

ASB-41 MAY 11 B 5 14003-A

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

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

Ob	eck #	
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20	907	-
	10'	

Date of Notification CM 96720 ~ 1	4:	Name of	Building Owner/C	Operator (2)	at	Colli	ns		i i	
Agencies Notified Type Notification	- 1 <u>el</u>	Street Ac	246	· Be	echi	wood i	AU	E		= 1
DOL Amended Amendment #		City, Sta	e, Zip Code	Sex	NI	980	40	0		- 2
DOH Emergency (in justification)	cluding	Name of	Contact	ÖS		Telephone Nun	nber	~	~	
			ITY INFORMAT							
Name of Facility Where Abatement is Taking	Place (3)	ا ما ا	lling	1 22	of Facility (School (K-1	*				
Street Address	y A	4			Subchapter	8 (Other than K-12	2)		-	
246 Beechwa	ood	AUE		, /~	otner (i.e. p etc.) re Feet	rivate & commercial		dg. A		·s,
City (5) Middlesex 1	UJ		946			- Z		60	200	
County (6) Middle Sex		County C	Sode (7) ISE ONL'/)	Curre	ent Use (Pri	or if being demolish	ied)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	ASCM	No.	Name of Aba		tractor (9)	ies		<u>En</u>	18
Street Address	3			Street Addre		337		S		
City, State, Zip Code	N.T	09	5.33	City, State, Z	ip.Code	ZU ta	7	26	1.3	3
Project Manager for Month ril gr Firm	10	Telephor		Telephone N	o. J	License N	° 7	10	u	
Start Date (10)	Scheduled Co		758-3365 Date (11)	609 758 Name of OS		SO	75		1	
9-30-14	9-	30	-14	EP	L Tec	hnologies	I	nc		
Occupancy Status During Abatement (Check				Street Addre	ss Bor	337	9			
Facility Closed/Vacated During Entire Pe				City, State, Z	ip Code	<u> </u>			·	
Other – Describe:	•			New	Egypt	W C	985	53	3	
Scope of Work (Check All That Apply)				П 5.	II Cantoinm	ant with Mogative E)roce u	~	1	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Renov ☐ Demoi			□ Mii	ni-Enclosure ovebag Pro		ressur	E		
						d (*) and Non-Friab	1			
	Is Loca		· · · · · · · · · · · · · · · · · · ·					Ty	ment pe	
Location of Asbestos-Containing Material (ACM)	Used Sol	ely by	Asbestos Con	escription of Itaining Materia		Amount			日	- E
TO BE ABATED In Facility	Maintena Custodial			I systems insulacing, VAT, or	ation,	(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)	(12)			miscellaneous)			oval	air	Encapsulate	sure
	Yes No	N/A							6	
Basement	20		Pipe.	Insula	tion	100 1	FK			
2,							+	_		
		-					+			
Name of Registered Waste Hauler		NJDEP W	aste Cubic	Yards	Name of	Registered Landfill				<u> </u>
EPC Technologies		Hauler ID	No. of Wa		Was	e Manage		40	e P	A
City, State	VJ .		Dispo 10	sal Date	City, Stat	e alle 1	A			
Completed by	Title	۱. ۸		Signature	SO). Da	۹.,	20	-10	نا
Steve Schenker	Presid	KenT		Dleve	DOCK.	oh		OV U	I,	L

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

RECEL# 2705

Data of Natification (1)					Mana	of Dudlet	0 10 1	5	and it light	for f	,		
Date of Notification (1) 9 / 18	<u> </u>	14	_		Sta	te of NJ I	g Owner/Operator (Department of C	orrections 2014	SEP 23 FM	7 .			
19 <u>445</u> 1	pe Notifica Initial	ation		****		Address Box 114		450	ESTOS COM LICENSING	/: {	12		
	Amended				City S	tate, Zip C	Code		LICENSU	RO	ī		
	Amendm	on and a part of the	100		- FEE	dville, N.			CHOING		L		
	Emergen		cluding			of Contac			Telephone Numb		-	-	
(NJAC 5:23-8)	justification Cancellate					eph May	7		relephone Numb	CI.			
	Cariccilai	LIOII											
					FAC	CILITY IN	FORMATION						
Name of Facility Where Abate		Γaking	Place	(3)				Type of Facility (N. O. W.				
Garden State Correction	onal							School (K-12					
Street Address Highbridge Rd (off of F	Rt 130)								(Other than K-12) ivate and commerc		ilding	JS,	
City (5)			-					Square Feet	# of Floors	В	dg. A	ge	
Yardville, NJ								100000	2	1979	35+	•	
County (6)			ASSESSED FOR		Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
MERCER					The satisfactory	•							
Name of Monitoring Firm Hire	ed by Build	dina C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Connec	27 10 2			-/				VIRONMENTAL	INC.				
Street Address							Street Address			_0			
120 N Warren Street							1123 BEAVE	RSTREET					
City, State, Zip Code	×						City, State, Zip Co						
Trenton, NJ 08608							BRISTOL, PA						
Project Manager for Monitorin	na Firm			Tal	ephone	No	Telephone No.	10007	License No.	-			-
Jim Frisbee	ig i iiii				09-392		215-788-6040		00509				
Start Date (10)	10	School	ulad C		etion Da		Name of OSHA M		00303		_	01,000	
10 / 6 / 1	0000				<u> </u>			VIRONMENTAL	_, INC.				
Occupancy Status During Ab	atement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated D	Committee of the commit						1123 BEAVE	R STREET					
Abatement Performed Ou Time of Abatement:						cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all tha	t apply)						C	ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	nova molit	tion ion		☐ Mini-Enc ☐ Glovebag	losure g Procedure	n-Friable Procedur				
			lo	Loca	tion	1	M MOII-Exe	impled () and No	II-I Hable Flocedul	1	atem	ont T	
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		N)	Use Ma	Norma d So inten	ally lely by ance/ Staff?		Description of stos Containing Ma ., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2			Yes	No		Di I			715				
Basement Tunnels			\boxtimes			Pipe in	sulation		7 LF	×	Ш	Ш	Ш
Lobby							sulation		2 LF				
Basement Tunnels			\boxtimes			Pipe Ins	sulation (warp &	cut)	1 LF		Ш	Ц	Ш
Basement Tunnels			\boxtimes			Heat Ex	changer Insulat		7 SF		\boxtimes		
Name of Registered Waste H BRISTOL ENVIRONME		NC.		1.0	NJDEP N Hauler II	No.	Cubic Yards of Waste	Name of Regis G.R.O.W.S	tered Landfill . NORTH LANDI	FILL			
City, State BRISTOL, PA 19007					18706		Disposal Date	City, State MORRISVII	LLE, PA 19067				
Completed By (Print or Type)		Title					Signature		Dai	e		-	
Gino Pizzigoni			stima	tor				ezzigoni	7	9/1	8/	14	

ASB-41 MAY 11 GI 14177

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

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

RECEIVED

Date of Notification (1)		1-255		Name o	of Building	Owner/Operator (2			· - L			
9 / 18 /	14	_		Marc	cus L. W	ard Home	201	49E# 1409-1	917 Chl	c. #3	780	
Agencies Notified Type Noti	fication		-	Street A	Address				11 /: 5	51		
⊠ EPA ⊠ Initial				4814	Outlool	CDrive, Suite 20	n 458	ESTOS CO	31	5		
☑ DOLWD ☐ Amend			ŀ		tate, Zip C			& LICENS!	HTRU	H		
Z D1.100	iment #_				N-10-11-11-7-11-11-11-11-11-11-11-11-11-11-1	ip, NJ 07753		- CICEMPI	NG			
DCA Emerg		cluding	+		of Contact	[17](2)	N. S.	Telephone Nur	mber		0001	
(NJAC 5:23-8) justific					ther Falk			, coopc.				
	nation											_
N. C. C. Marie and Abelease A	- Talsiaa	Diseas	(2)	FAC	ILIIYIN	FORMATION	Type of Facility ((4)				_
Name of Facility Where Abatement	is raking	Place	(3)				School (K-12	1.2				
Winchester Gardens							Subchapter 8		12)			
Street Address							Other (i.e., pr	rivate and comm		ilding	5,	
333 Elmwood Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors		ig. Ag	е	
Maplewood							473,763	3		38		
County (6)			- 27	Count	ty Code (7	(STATE USE ONLY)	Current Use (Pri	ior if being demo	olished)			
Essex							Senior House	sing/Assisted	Living			
Name of Monitoring Firm Hired by E	uilding C	Owner (8)	ASCM I	No.	Name of Abatem	ent Contractor (9)					
Criterion Laboratories						Asbestos an	d Mold Service	es, Corp.				
Street Address						Street Address						
3370 Progress Drive, Suite	ı					3859 Sylon E	Boulevard					
City, State, Zip Code		-				City, State, Zip C	ode					
Bensalem, PA 19020						Hainesport,						
Project Manager for Monitoring Firm	,		Tele	phone I	No	Telephone No.		License No.				
Mike Panepresso		0.5	3070000	5-244		609-702-0400)	00862				
Start Date (10)	School	luled C		tion Dat	WEDERICE	Name of OSHA						-
9 / 29 / 14_	110000000000000000000000000000000000000			//		EMSL Analyt						
Occupancy Status During Abateme						Street Address						
☐ Facility Closed/Vacated During B				ment			ite 130 North					
☐ Abatement Performed Outside of					cribe	City, State, Zip C						
Time of Abatement:AM-						Cinnaminson						
						Cimiaminso	1, NJ 00077					_
Scope of Work (Check all that apply	()					☐ Full Cor	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		⊠ Re	novat	ion		☐ Mini-En		54				
≥160 sf or ≥260 lf		☐ De	molitic	on			g Procedure	- Frishle Dress	dura			
	ļ	Ι.				□ Non-Exe	empted (*) and No	n-Friable Proce			T	
			Loca Norma						Ab	atem	7.55	ype
Location of Asbestos-Containing Material (A	CM)		ed Sole		Ashe	Description stos Containing M		Amount	Rer	Repair	Enc	1 1
TO BE ABATED	(Civi)	Ma	intena	ince/		e., thermal systems		(Specify	Removal	pair	àp	Eliciosule
IN Facility		Cus	todial (12)	Staff?		surfacing, VAT		SF or LF)	a		Encapsulate	u e
(13)		Yes	No.	N/A	1	other miscellane	eous)				te	
Commons Ward House 5 th Fl.	A44ia			N/A	Dine In	sulation		20 LF			\boxtimes	F
AND THE PROPERTY OF THE PROPER	100000000000000000000000000000000000000	-		-		7		5 SF				1
Hardin Gardens 3 rd Fl. Centra						sulation						F
Hardin Gardens 5 th Fl. Hatch						sulation		30 LF				+=
Hardin Gardens 5 th Fl. Hatch	2					sulation	III	35 LF			\boxtimes	
Name of Registered Waste Hauler			1.629	NJDEP \ Hauler II		Cubic Yards of Waste		stered Landfill				
Freehold Cartage, Inc.			'	02265		5	GROWS L	andfill				
City, State						Disposal Date	City, State					
Freehold, NJ						10/2/14	Morrisville	e, PA 19067				
Completed By (Print or Type)	Titl	e				Signature			Date			- 100
Kimberly A. Trumbetti	1 1 1 1 1 1 1		Coor	dinato	r	1 ~ 1 / .	1		9-1	8-11		
	Ш,	-11100	2001		•	axi	V			0 1	1_	_
ASB-41 MAY 11	,	Do no	t use t	his form	for asbes	tos licensure exem	pted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED

Date of Notification (1)	2021 9						Owner/Operator (2		L # 1400 404	E Chl	# 7.	75:1	,
9 / _	11/	14	_		Hare	m irust	c/o Kin Properti	2014 SEP 23	PM 7.50	o CHK.	# Ó	194	
Agencies Notified	Type Notif	ication			Street A	Address	W. W. C.		ाम र उत्त		and the		
⊠ EPA	☐ Initial				185	NW Spar	nish River Blvd.	ASEPOT TOC	PRITTON		77		
⊠ DOLWD		led ment #0	1		City, St	ate, Zip C	ode	& LICEN	SOMILYOF	i			
☑ DHSS □ DCA	☐ Emerg				Boca	a Raton,	FL 33431	21021	101110				
(NJAC 5:23-8)	justifica		adanig		Name o	of Contact			Telephone Nu	mber			
	☐ Cancel	llation			Jeff	Ross							
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement i	s Taking	Place	(3)				Type of Facility (4					
AAA Car Care Cent	er							☐ School (K-12) ☐ Subchapter 8		12)			
Street Address								Other (i.e., pri			uildin	gs,	
2970 Brunswick Pik	(e							homes, etc.)					
City (5)							**************************************	Square Feet	# of Floors	В	ldg. A	ge	7.
Lawrenceville				Ų	2000			8546	1		50		
County (6)			/ No And Street		Count	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demo	olished)			
Mercer								Vacant					
Name of Monitoring Firm	Hired by B	uilding O	wner (8)	ASCM N	No.	Name of Abateme						
Oxford Engineering	Co.							d Mold Service	s, Corp.				
Street Address							Street Address						
336 Paint Street	129						3859 Sylon E						
City, State, Zip Code							City, State, Zip C						
Camden, NJ 08102							Hainesport, I	NJ 08036					
Project Manager for Mon	itoring Firm				phone I		Telephone No.		License No.				
Wayne Moran		10			6-541-	and a second	609-702-0400		00862				
Start Date (10)09 /22 /	14				tion Dat		Name of OSHA N EMSL Analyt						
Occupancy Status During	Abatemer	nt (Check	only	one)			Street Address						
□ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed							City, State, Zip C	ode					
Time of Abatement: _	AIVI	PI	/\/	PIVI-	·/	-LIVI	Cinnaminso	n, NJ 08077					
Scope of Work (Check al	I that apply)					□ Full Con	tainment with Neg	ativo Proceura				
☐ >3 sf or >3 lf			⊠ Re	novati	ion		☐ Mini-End		alive Flessule				
≥160 sf or ≥260 If			☐ De	emolitic	on		Gloveba	g Procedure	n Friable Dress	dura			
			la la	Land	lia a	- 201	⊠ Non-Exe	empted (*) and No	n-Friable Proce		hotor	nent T	ivno.
Location	of		2	s Locat Norma			Description	of		30.500			1
Asbestos-Containing		CM)	Use	ed Sole	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA	ATED	10000000	0.000	intena todial		(i.e	e., thermal systems		(Specify	NOC	air	aps	uso
IN Facili (13)	ty		Jus	(12)			surfacing, VAT other miscelland		SF or LF)	3		Encapsulate	9
(10)			Yes	No	N/A			encentra t (1) <u>(-1)(</u>	2000	100		(D	
Office Area						Floor T	ile and Mastic		800 SF				
Main Area						Mastic			6,600 SF				
					To the	1/					10		П
			1000	1									6
					ЦЦ_		To 1: 2: 5	I November 1	4 d 1160		1		
Name of Registered Was				1000	NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
Freehold Cartage,	IIIC.			1550	02265		5		anunn				
City, State							Disposal Date	City, State	DA 40007				
Freehold, NJ				-			9/27/14	Morrisville	, PA 1906/				2
Completed By (Print or T		Title		52.55			Signature			Date	10	-141	
Kimberly A. Trumb	etti	0	ffice	Coor	dinato	r	CEXL	. V		4-	18	-14	
ASB-41			Da :-	4 4	bio f	forester	too liaana 🔨	And notivities		- A		W3-0	
MAY 11			Do no	t use ti	nis torm	ror aspes	tos licensure exèm	pieu activities.					

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) September 19, 2014 Agencies Notified Type of Notification				Name of Buil	ding O		ator (2)	CEIVEE	5	21	1		
Agencies Notified] Initia] Ame Ame] Emer justif	tion I Notifica Inded Notification Inded Notification It is a second control of the seco	fication		Street Addres City, State, Z Name of Con	ip Code		borhead Drive	P 23 PM 5:	56		1.0	
	-									(44-7-9/U.)	0-2-02-		
Name of Facility Where Abateme Residence	_	Place (3)		FAC	ILITY INFO	ORMA	ATION	Type of Facility (4)	School (k-12) Subchapter 8 (otl	ner than	. k 12)		
Street Address 1821 Wa	ashington	Avenue						[x]	Other (i.e., private homes, etc.)		manage and the second	ial build	lings,
City		County			County Code ((STATE USE)	Square feet 1200 sf	# of Floors		g. Age	50	
Ortley Beach		Ocea	n					Current Use (Prior i Reside		ľ			
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address					ASCM No.		Name of	Abatement Contractor		Inc.			
N/A Street Address							Street Ad	dress	Loute 9, Unit 61	100.			
City, State, Zip Code							City, Stat	e, Zip Code		0.00	755 1	071	
Project Manager for Monitoring F	irm -		Telephone Nu	mber		1	Telephon 732-34	e Number	River, New Jers License N 00624		/55-1	271	
Scheduled Start Date (10) 9/19/14			Scheduled Cor 9/23/14	mpletio	on Date (11)	1		OSHA Monitor	L. Analytical				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	osed/Vacated Performed	d During	Entire Period o f Normal Facil			_	Street Ad City, Stat	1056 S e, Zip Code	telton Road	y 088	54		
Scope of Work (Check all that applied $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix}$ $\stackrel{>}{\sim}$ 3 sf or $\stackrel{>}{\sim}$ 3 f or $\stackrel{>}{\sim}$ 160 sf or	lf			enovat			[] [] [x]	Mini-Enclosure Glovebag Proced	with Negative Presure wre and Non-Friable I		ire		
								5		Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				odial		Asbe Ma (i.e., insul	escription estos-Con aterial (A thermal s ation, sur VAT, o	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos	siding			1150 sf	X			
								0					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Haule 20223				23		oic Yaro	ls of Wast	T.R.R.F.	ered Landfill				
City, State Toms River, New	Jersev			Dispos 9/24/	al Date 14		City, Sta Tullvto	te xwn, Pennsylvania	a /				
Completed by (Print or Type) Nicholas Fernicola		Title Projec	et Manager		Signature	100	1 /	4	1	Date 9/19	9/2014	4	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified [x] EPA [] Initial Notification [x] DOL [x] DOL [x] DOL [x] DOH [x] DOA [x] DOA [x] DOA [x] DOA [x] DOA [x] Emergency (including justification) [x] DOA [x] DOA [x] DOA [x] Emergency (including justification) [x] DOA [x] Cancellation [x] DOA [x] Emergency (including justification) [x] Emergency (including justification) [x] DoA [x] Emergency (including justification) [x] Emergency (inc
City, State, Zip Code City, State, Zip Code Ortley Beach, NJ 0875 Telephone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address Ortley Beach Ortley Beach Ortley Beach Ortley Beach Ortley Beach Ortley Beach Name of Abatement Contract of Street Address Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address Street Address Ortley Beach Ortley Bea
Ortley Beach, NJ 0875 JEC NOTIVE [X] DOH [X] Emergency (including justification) [] Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 305 Coolidge Avenue City Ortley Beach Ortley Beach, NJ 0875 JEC NOTIVE Name of Contact Frank Disantis Telephone Number Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k-12) Other (i.e., private & commercial buildings, homes, etc.) City Ortley Beach Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271
Name of Contact Frank Disantis
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 305 Coolidge Avenue City Ortley Beach Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271
Name of Facility Where Abatement is Taking Place (3) Residence Street Address 305 Coolidge Avenue City Ortley Beach Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 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 1000 sf 1 60 Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 305 Coolidge Avenue County (6)
Street Address
City Ortley Beach Ocean Ortley Beach Ostan
Ortley Beach Ocean Current Use (Prior if being demolished) Residence Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address City, State, Zip Code City, State, Zip Code Current Use (Prior if being demolished) Residence Residence Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-1271
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271
Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271
City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271
Toms River, New Jersey 08755-1271
Project Manager for Monitoring Firm Telephone Number Telephone Number U icance Number
732-349-9932 00624
Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/19/14 9/23/14 E.M.S.L. Analytical
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code
Other - Describe Piscataway, New Jersey 08854
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure
[] Mini-Enclosure [] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure
$\begin{bmatrix} X \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$ $\begin{bmatrix} X \end{bmatrix}$ Demolition $\begin{bmatrix} X \end{bmatrix}$ Non-Exempted (*) and Non-Friable Procedure
Abatement Type
Is Location Description of Location of Normally used Asbestos-Containing Amount R R R E E E
Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF B C C
TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) M A A L
in facility Staff insulation, surfacing, O I P O (13) VAT, or V R S S
other miscellaneous) A U U
YES NO N/A
Exterior X Asbestos siding 950 sf X
Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill
Guardian Contracting, Inc. 20223 3 T.R.R.F.
City, State Disposal Date City, State Toms River, New Jersey 9/24/14 Tullytown, Pennsylvania
Completed by (Print or Type) Title Signature Date
Nicholas Fernicola Project Manager 9/19/2014 *Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT

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

	70 50										0.000		
Date of Notification (1)	eptember 19, 20	14			Name of	f Building (Owner/Oper Mattia	Building Contra	GEIVED) 5	00	7	
Agencies Notified [X] EPA [] DEP	1: :	tion Notificat			Street A		1702 /		A 268uePH 5: 5	110000000000000000000000000000000000000			
[x] DOL [x] DOH	Amer	ndment #_ gency (inc			City, Sta	ate, Zip Coo	le Lavall	ette, N 08755	TOS CONTRO) <u>L</u>			
[] DCA	10000 0000 00000	ication) ellation			Name or	f Contact Sal Ma	attia		Telephone Number				
				FAC	ILITY I	INFORM	ATION	*				-1.0	
Name of Facility Where A	batement is Taking sidence	Place (3)						Type of Facility (4	School (k-12)				
Street Address	East Surf Way							[x]	Subchapter 8 (oth Other (i.e., privathomes, etc.)			al build	lings,
City	1	County	(6)		County C (STATE	Code (7) USE ONL	Y)	Square feet 700sf	# of Floors		. Age	0	
Toms River		Ocear	7	7				Current Use (Prior Resid	if being demolished) ence		(197). 1		
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address					ASCM N	No.	Name of	Abatement Contracto Guaro	or (9) lian Contracting,	Inc.			
Street Address					*		Street Ad		Route 9, Unit 61				
City, State, Zip Code							City, Stat	te, Zip Code Toms	River, New Jers	ey 087	755-12	271	
Project Manager for Monit	toring Firm		Telephone N	umber			Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 9/19/14			Scheduled Co 9/22/14		on Date (1	11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During	Abatement (Check ility Closed/Vacated	100	Entire Period	of Abat	tement		Street Ac	ldress	Stelton Road				
2 0	ntement Performed er – Describe	Outside of	f Normal Fac	ility Ho	ours		City, Star	te, Zip Code Piscat	taway, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]		nt with Negative Pres	sure			
5 5	sf or ≥3 lf 60 sf or ≥260 lf		1 1	Renova Demoli	W 1000 1		[] [x]	Glovebag Proce		Procedu	re		
					T					Abat	ement	Гуре	
			Is Location				Descriptio			R	R	Е	E
Location		No.	ormally use	d			estos-Cor		Amount	E	Е	N	N
Asbestos-Containing N TO BE ABA		Mainte	Solely by enance/Cus	todial			Material (A		(Specify SF or LF)	M	P A	C A	C
in facilit		1	Staff	io Giai			ılation, su		0.2.	0	I	P	0
(13)			(12)				VAT, c			V	R	S	S U
ie		YES	NO	N/A		oth	er miscella	aneous)		A L		L	R
Exterior		621	X	IN/A	Asha	stos sidir			650 sf	X		Е	Е
Exterior		-	^		Asue	Stos Stall	ıg		030 81	A		_	
				-	-								-
				-									
Name of Registered Waste		N	JDEP Waste		ID No.		rds of Wast		stered Landfill				
Guardian Co	ontracting, Inc.		20	Dispos	sal Date	3	City, St	T.R.R.F.					
	, New Jersey			9/23/			Tullyt	aie own∕Pennsylvan	ia				
Completed by (Print or Ty) Nicholas Fer	pe)	Title Projec	t Manager	r	Signat	ure	hol	Tel		Date 9/19	0/2014	1	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

(K 25 CU)

Date of Notification (1)	2.2014			Name of Bu			or (2) Building Contract	ing REE	EH	YÉ	80	<
Agencies Notified Type of Not [X] EPA [] [DEP []				Street Addre	ess		Grand Central A	venue SEP 2	3 F	¥ 5:	51	
[x] DOL [x]	Amendment Emergency (justification)	# including		City, State,		Lavalle	tte, NJ 08735	ASBESTOR & LICE Celephone Number	S CO. Noth	VTR	O <u>L</u>	
[] DCA []	Cancellation				Sal Matti	ia				•		
	-Li Dl (2)	FACI	LITY INF	FORMAT	ΓΙΟΝ	Type of Facility (4)			_	_	
Name of Facility Where Abatement is T Residence	aking Flace (3)					[]	School (k-12) Subchapter 8 (oth	er than l	(-12)		
Street Address 23 White Ave	nue						[x]	Other (i.e., private homes, etc.)	& com	mercia	l buildi	ings,
City	Cou	nty (6)		County Code (STATE US			Square feet 700sf	# of Floors	Bldg.	Age 60)	
Lavallette	Oce	ean		٠			Current Use (Prior in Reside)					
Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address				ASCM No.	1	Name of A	Abatement Contractor Guardi	(9) an Contracting,	Inc.			
					5	Street Ad		oute 9, Unit 61				
Street Address City, State, Zip Code					(City, State	e, Zip Code	River, New Jerse	ey 087	55-12	:71	
Project Manager for Monitoring Firm		Telephone	Number			Telephone	Number 9-9932	License N 00624	umber			
Scheduled Start Date (10) 9/18/14		Scheduled 9/19/1	(CO)	on Date (11))	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (acated Duris	ng Entire Perio				Street Ad		telton Road				
Abatement Perfo		e of Normal Fa	acility Ho	urs	_ [City, Stat	e, Zip Code Piscata	way, New Jerse	y 0885	54		
Scope of Work (Check all that apply)						[]	Full Containmen Mini-Enclosure	t with Negative Pres	sure		92	12
$\begin{bmatrix} & & \\ & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & \\ & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260$	lf	[] [x]	Renova: Demolit			[x]	Glovebag Proced	ture *) and Non-Friable I	Procedu	re		
			- 10	T					Abate	ment	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally us Solely by Maintenance/Ct Staff (12) YES NO			sed y		Asbes Ma (i.e., t insula	escription stos-Conterial (A thermal station, su VAT, contended	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	_	X	1	Asbesto	os siding			300 sf	X	9.		
Exterior		Х		Flue pi				10 lf	X			
					-			+				+-
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ASB-41 (R-06-08)

Fax 寿 862-221- 雪znotyperplis form for sebestos lican sure exempted activities.

SEP 23 PM 5:48	NO	TIFIC:	ATION O	of New Je F ASBEST NJAC 8:60	OS ABATE	MENT					_	
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DCA Cancellation			FACILI	Y TY INFORM	MATION			, , ,			+	
Name of Facility Where Abatement is Taking	Place (3)		PACHE	T IN OIG	1000	Type of Fa	cility (4)					
WILITOUSKY Street Address			- #2 cz.,			Subot	ol (K-12) sapter 8 (Ol G.e. private	her than K-12) & commercial	bulldl	nga, h	ome	s,
95 UNION AUR						etc.) Square Fe		of Floors		ig. Ag	:	
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County (6)			STATE US	ode (7) SE ONLY)		Current Us		eing demolishe	xd)		78	
ESSEX Name of Monitoring Firm Hired by Building (Dwner (8)		ASCM	Na.	11023347000	e of Abateme Mac Contra	nt Contract				:	
Street Address				Ac. 11	Street	at Address 5 Lowell Ro				7		
City, State, Zip Code					City,	State, Zip Co	ďe				-	
Project Manager for Monitoring Firm		1	Telephon	e No.	Tele	phone No.		License No).		:	
Start Date (10)	Schedule	d Com	d noileian	Pate (11)	Nam	1-262-5841 ie of OSHA M	onitar	00156			- !	-
9/17/14	9/1	8/1	۴				onmental	Services In	C.	×		
Occupancy Status During Abatement (Chec			nent		- C070XC	st Address D Huyler St	reet				818	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	nal Facility	Hours	em em			State, Zip Co ackensack,		6				
Scope of Work (Check All That Apply)												
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City, State Riverdale, New Jersey 07457					Disposal D		ity, State Bethleher	n, PA 18015	;	,	İ	
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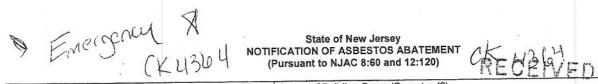
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:15)

Date of Notification (1)							25 25 25 27		200 Jun 1				
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	9			Clif	ford Gree	ene							
	ype Notificati	on		Stre	et Addres	S .	3		2014 SEP 2	3 PM	5:	67	
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, I	Cancellatio	*							Telephone	Number			
		41		Clif	ford Gree	ne							
Nome of Fallington				F	ACILITY	INFORMA	TION				-	-	
Name of Facility Where Aba	itement is Tal	king Pla	ce (3)					Type of Facili	itv (4)				
Private home								School (K					
Street Address								Subchapte	er 8 (Other than k	(-1 2)			
329 Murray Avenue								Other (i.e.	, private and con	nmercial	buildi	inas.	
City (5)								nomes, et	:c.)			3-,	
Englewood, NJ 07631								Square Feet	# of Floors		Bldg.	Age	
County (6)						_					112500	1000 - 1000	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification		Name	of Buil	ding	Owner/Operator	(2)		1 -	rv				
9-17-14			Baı	rbara	Bu	nce		ECEN	1	المسأ			
Agencies Notified	Type Notifica	ation	Stree	t Addre	ss				-				
[]EPA	[X]Initial	=	19	Manh	att	en Court	2014	SEP 23	PH !	5: ব	9		
[]DEP	Notific	ation	City,	State,	Zip	Code			_	-1 177			
[X]DOL	[]Amended Notific	ation	Nu	tley,	NJ,	07110	A.5	SESTOS	CON	IR	UL.		
[X] DOH	Nocific	acton	Name	of Cont	act		Telephor	ESTICENT ENUMBER	31R	_دا			
[]DCA	[]EMERGENC	Y	Bar	rbara	Bu	nce							
	[]Cancella	tion							e#				
V				V6.35, 0700/0701 (8)	ITY :	INFORMATION							
Name of Facility Whe Same as above	ere Abatement	is Taki	ng Pla	ice (3)			Type of Facil	ity (4)					
Junio as above							[]School	(K-12) ter 8 (Othe	or th	nan	K-12)	í	
Street Addres								i.e., priva					
						=		uildings, l		-			
City (5		County	(6) Eee	ev	Con	nty Code (7)	Square Feet	# of Flo	ors	Blo	ig. A	ge	
0101 (0		Councy	(0) 433		C.C. 002.5	ATE USE ONLY)	1550 Current Use (2 Prior if h	nina	dom	85	(bor	
				1		current use (FIIOI II De	erng	aem	OIISI	ieu)	Š.	
Name of Monitoring F	Building	g Asc	M No.		Name of Abatem	ment Contracto	r (9)						
Owner (8) N/A					AZTECH M	ANAGEMENT	, Inc.						
Street Address				-		Street Address	1						
						86 Chris	topher St	•					
City, State, Zip Cod	le			-		City, State, Z	ip Code		-	-			
						Montclai	r, NJ 070	42					
Project Manager for	Monitoring Fi	rm Te	Lephon	e Numbe	er	Telephone Numb	per		Lice	nse	Numbe	er	
		N/	'A			(973) 744	-8800		00	37	1		
Scheduled Start Date	(10) Sche	d. Comp	letion	Date	(11)	Name of OSHA M	fonitor						
9-26-14		9-27-	-14			N/A							
Month Day Ye Occupancy Status Dur			only	Year		Street Address							
[X] Facility Clos	sed/Vacated D					Screet Address	• 0						
of Abatement []Abatement Per		de of No	rmal 1	Facilit	v	City, State, Z	in Code		-				
	ribe: «OffHour				•	Dicy, beace, a	ip code						
[]other - Descr			Desc	ript»							-		
Scope of Work (Check	all that app	τĀ)				[]Full (Containment wi	th Negative	e Pre	essu	re		
[X]≥3 sf or				vation		[]Mini-E	Enclosure						
[]≥160 sf o	F 2260 II	ı	1 Demo	olition			oag Procedure riable Procedu	re					
Tanatia	of	T.	Is	on			£1 10 H			Aba	temen		
Location Asbestos-Con			Ormal			Description Asbestos-Cont		Amount	100	R	R	N	E N
Material (Solely y Mair			Material (ACM)	(Specify	У	E M	E	C A	C
TO BE ABA		t	enance	e/	in	<pre>(i.e., thermal sulation, surfa</pre>	© 77.	SF or LF)		o V	Ā	PS	os
(13)	50 4 3	St	istodi aff (12)		or other miscel				A	R	U	U R
Basement		Yes	No	N/A	D:-	a Tanania ha		1E0 TE			-		E
Dasellent				X	PIL	e Insulati	LON	150 LF		X	-	-	
-								1999		-	_		
Name of Registered W	acto Wanley	hy:	DEP W	aeto	- I	oic Yards	Name of Regi	stored Tan	16:11				
AZTECH MANAGE		C. Ha	uler	ID No.	20000000	Waste 1.5	G.R.O.W.		1111	-			
		1	7040)		Date		· .					
Montclair, NJ	07042					sposal Date 9-29-14	City, State Morrisvi	lle. PA	19	06	7		
Completed By (Print	le .			9.30	Signature	11		1	te		11		
Constantine Vi	eside	nt			1 6/1	itm		9-	-17-	14			

(13)	1	Staff	(12)	or other misc	erraneous)		L	1	L	R
	Ye	es No	N/A							E
Basement			X	Pipe Insula	tion	110 lf	X			
				Boiler		50 SF				
Name of Registered Waste Haule AZTECH MANAGEMENT,	INC.		Waste r ID No.	Cubic Yards of Waste 1.5	Name of Reg	istered Landi	Eill			
City, State Montclair, NJ 07042				Disposal Date 10-6-14	City, State Morrisvi	ille, PA	1906	57		
Completed By (Print or Type) Constantine Vivian	dent		Signatur	e	-	Date 9-17			_	



Date of Notification (1) 9/18/14		Name of Bu Robert G	uilding Owne Susciora F	er/Operator (Private Ho	(2) me 901/	SEP 23	D14 = 0	_			
Agencies Notified Type Notifica	ation		ress st 5th Stre								
EPA Initial DEP Amend DOL	ment #	City, State, Ship Bot	, Zip Code tom NJ 0	8091	P. 31	& LICEN	CUNTRO SING	L			
DOH justifica		Name of C Robert	ontact	\$0.	59 2	l Te	lephone Num	nber			
		FACILI	TY INFORM	ATION							_
Name of Facility Where Abatement is Robert Gusciora Private Home					☐ Sch	Facility (4) nool (K-12) ochapter 8 (Ot	her than K-12	n .			
Street Address 359 West 5th Street				-	Oth etc.	ner (i.e. private .)	& commercia	al buildir	80 00		
City (5) Ship Bottom NJ 08091					Square I	1.		35	lg. Ag +	e 	
County (6) Ocean		County Co (STATE US	ode (7) SE ONLY) _			Use (Prior if b & Garage	eing demolish	ned)			
Name of Monitoring Firm Hired by Bui	lding Owner (8)	ASCM I	No.		of Abater aco Inc	ment Contracto	or (9)				
Street Address					Address Box 329						
City, State, Zip Code				9 9 9 9 9	State, Zip t Berlin	Code NJ 08091					
Project Manager for Monitoring Firm		Telephone	e No.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	hone No.	00	License N	lo.			
Start Date (10)	Scheduled C	ompletion D	ate (11)		of OSHA						
9/19/14					t Address						-
Occupancy Status During Abatement Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of Abat	ement urs			State, Zip						
Scope of Work (Check All That Apply	')					1310					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation			Mini- Glov	Containment v -Enclosure rebag Procedu -Exempted (*)	re			е	
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United Containers		Hauler ID 22459	-C. 200 C.	4		G.R.O.W.	S.				-
City, State Elm NJ				Disposal Da 9/23/14		City, State Morrisville	PA 19067				
Completed by Anthony T Perna	Title Preside	ent		Signat	are /			Date 9/18/1	4		

RECEIVED

3439 3439

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

/ /			1			(2)					
Date of Notification (1) Tage CONTACT TO THE CONTA	14		Nan		ng Owner/Operato		F		10	5,	
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[2] DOC [Amendment	#	City	State, Zip	J-19-4-19-19-19-19-19-19-19-19-19-19-19-19-19-						
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□ DCA □	Cancellation			13.	INBARA						8
			F/		FORMATION						
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Name of Monitoring Firm Hire	ed by Building	Owner	ASCN	NO.		ent Contractor (3. *				
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Street Address					Street Address	- ((1			
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City, State, Zip Code					City, State, Zip C	ode					
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Project Manager for Monitorin	x Firm	TT	elephone	No.	Telephone No.		Licens				
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100 / . / . 1		12/11/	ILI	ate (11)	Name of OSHA	Monitor / / / A					
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RECEIVED 3439

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

Name of Building Owner/Operator (2) Date of Notification (1) 2014 SEP 23 PA #15 614 PINELANDS ONSTRUCTION Street Address ype Notification Agencies Notified 300 Amended **没是**ST\$S COM City, State, Zip Code & LICENSING U\$243 Amendment # Emergency (including elephone Number DOH justification) Name of Contact DUDITOI Cancellation FIDUR FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) RESIDERCE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings. homes, etc.) # of Floors Blog. Age Square Fee! City (5) Current Use (Prior if being demolished) County Code (7) (STATE County (6) VACAN-USE ONLY) APE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address 369 City, State, Zip Code City, State, Zip Code MOPLE Telephone No elephone No. Project Manager for Monitoring Firm 004 856 -779-0472 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) SEPH 10 /11 10/4 Street Address Occupancy Status During Abatement (Check only one) 369 □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code N.J.0805 HODE MAPL Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation 23 sf or ≥3 lf 2160 sf or ≥260 lf Glovebag Procedure Demotition Non-Exempted (*) and Non-Friable Procedure Abatemer Is Location Type Nomally Description of Used Solely by Location of Asbesios Containing Material (ACM) Amount Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Remova Custodial Repair TO BE ABATED SF or LF) surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13)N/A No Yes X 2500 b RANSITE X SIDING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler M, C, M.U. A. Hauter D No. of Waste KLGMCO Disposal Date City, State SHADE Signature Title Completed By OSEPH

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

									,			ECE	VE			
Date of Notification (1) Sept 18/2014						Building C rt Nation				raining Ce	nter					
Agencies Notified EPA	Type Notific	cation		1,00	Street Ad 100 Ca	dress Imp Driv	e			25 III	2014 5	EP 23	PM	5: 1	:3	
EPA DEP DOL	X Amen Amen	dment#				te, Zip Coo rt, NJ 08					A,58	EST®S	001	∜TR ∜G	0L	
DOH DCA	justific	gency (in ation) allation	cluding	4.77	Name of Bill Mc						Tele	phone Nun	nber	VQ_		11
<u> </u>		- Indition				ITY INFO	RMATI	ON	3-211		1					
Name of Facility Where Sea Girt National G							Tun-Ti		Тур	e of Facility (4						
Street Address 100 Camp Dirve				1			a		×	Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	es,
City (5) Sea irt, NJ 07850									Squ	iare Feet	# of 0	Floors	100	ldg. A	ge	
County (6) OCEAN					County C	ode (7) ISE ONLY)				rent Use (Prical		g demolish	ed)			
Name of Monitoring Firm Whitman	n Hired by Bu	ilding O	wner (8)		ASCM	No.				patement Con		9)				
Street Address 7 Pleasant Hill Roa	ıd		-					Street 426		ress n Street						
City, State, Zip Code Cranbury, NJ 0851	2									Zip Code erg, NJ 070	93					
Project Manager for Mor					Telephor	ne No.		Teleph	none			License N 01074	0.		- 5	
Start Date (10) Septiembre 24/201	4		Schedule Feb 25		15	Date (11)		Name	of O	SHA Monitor	ration				- 1	
Occupancy Status Durin								Street								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During	Entire Pe	eriod of A	Abatem	nent			same	e as	above Zip Code						
Scope of Work (Check A								1	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чи тпас Арріу)	-	Renova Demolit				>	N C	Full Containme Mini-Enclosure Blovebag Prod Mon-Exempted	e œdure				e	
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Name of Registered Wa	ste Hauler			IN	JDEP W	laste	Cubic	Yards	51-1-1-1	Name of	Registe	red Landfill				-
EPIC	oto i idalo.			Н	lauler ID 50138	No.	of Wa		; yd	Stablex	Cana					
City, State Mount Arlington, NJ							Dispo TBD	sal Date)	City, Stat Blainvil		ebec				
Completed by Gina Salvador			Title Office	e Mar	nager		1	Signatur	e (Bluas	-	Da Se	ite ept 1	8/20	14	

Little Egg Harbor, NJ 08087

Completed By

Diane Aloia

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

RECEIVED

September 19, 2014

September 12, 2014

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) September 19, 2014 September 12, 2014 FAA William J. Hughes Technical Center Street Address Agencies Notified Type Notification ⊠EPA Atlantic City International Airport DEP **DOL** City, State & Zip Code Initial Amended Pomona, NJ 08405 \boxtimes DOH Amendment #_1 DCA Cancellation Name of Contact Telephone Number Nicole Saiauskie **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) **FAA WJH Technical Center** Street Address Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, home, etc.) Atlantic City International Airport, Bldg. 245 # of Floors Bldg. Age Square Feet 1,500 60 years City (5) Current Use (Prior if being demolished) Pomona Government Building County (6) County Code (7) USE ONLY Atlantic Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Tiger Environmental, Inc. Synatech, Inc. Street Address Street Address 829 Radio Road 15 West Elizabeth Avenue City, State & Zip Code City, State & Zip Code Linden, NJ 07036 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 908-862-4301 609-296-6916 00817 Kelly Walton Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor October 22, 2014 Synatech, Inc. September 25, 2014 Street Address Occupancy Status During Abatement (Check only one) 829 Radio Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Hours Little Egg Harbor, NJ 08087 Other - Describe: Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \ge 3 sf or \ge 50 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Abatement Type Is Location Normally Used Description of Location of Asbestos-Containing Amount (Specify Asbestos-Containing Material (ACM) Solely by Maintenance or Custodial Staff? (12) SF or LF) TO BE ABATED Material (ACM) (i.e., thermal systems IN Facility Encapsulate insulation, surfacing, VAT (13)Enclosure Removal Repair or other miscellaneous) N/A Yes No 50 LF X Braided Rope Packing X Storeroom NJDEP Waste Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards of Waste Hauler ID No. Grows Landfill 27429 Synatech, Inc. City, State Disposal Date City, State Morrisville, PA

October 24, 2014

Signature

Executive Assistant

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

Check 9156 = n

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Date of Notification (1) September 12, 2014				Owner / Operator (2 ughes Technical C			* Games	- Family		
Agencies Notified	Type Notification		_	Address	ignes recimient		2014 SEP 23	FH 5	: 6	Q	
⊠EPA □DEP			Atlanti	c City Inter	national Airport		ASSESTOS C				
⊠dol			City, S	tate & Zip C	ode		€ LICENS	11166			
⊠рон	Amended Amendment	#	Pomor	na, NJ 0840	05						
DCA	Cancellation	W	Name	of Contact			Tele	phone	Nur	nbei	r
			Nicole	Saiauskie			Î.				
			FAC	CILITY IN	FORMATION	****					
	ere Abatement is Takin	g Place (3)		1	Type of Facilit					_	
FAA WJH Technica Street Address	al Center				School (I	<-1∠) ter 8 (Other tha	2 K 12\				
	ational Airport, Bldg. 2	245					ommercial buildings	hom	p p	c)	
Additio Oily interne	ational Airport, Blug. 2	.40			Square Feet	# of Flo		. Age	C, C	0.)	
City (5) Pomona						Prior if being de	1		yea	rs	-
County (6)		County Code	(7)		Government	Building			-		-
Atlantic		USE ONLY	(1)				10 m				
	Firm Hired by Building	Owner (8)		ASCM No		ement Contract	or (9)				
Tiger Environmenta Street Address	al, Inc.			1	Synatech, Inc					1921	
15 West Elizabeth A	SQUARE CONTRACTOR				829 Radio Ro	ad					
City, State & Zip Coo Linden, NJ 07036	de				City, State & Z	Zip Code rbor, NJ 08087					
Project Manager for	Monitoring Firm	Tel	ephone N	lumber	Telephone Nu		License Numb	er			
Kelly Walton			8-862-430		609-296-6916			00817			
Scheduled Start Date September 2		led Completion	on Date (* er 22, 20*		Name of OSH Synatech, Inc						
Occupancy Status D	uring Abatement (Chec sed/ <u>Vacated</u> During Ent	k only one)			Street Addres 829 Radio Ro	S					
	Performed Outside of N	Normal Hours			City, State & 2	Zip Code					
Other – Des					Little Egg Ha	rbor, NJ 08087					
	upied During Abatemer	nt									
Scope of Work (Che	ck all that apply)						_				
≥3 sf or ≥ 50 lf		П	Renovatio	nn.		Full Containme Mini-Enclosure	nt with Negative Pressi	ure			
2 ≥ 160 sf or ≥ 2		=	Demolitio		Ħ	Glovebag Proc	edure				
	00 11				H		(*) and Non-Friable Pro	ocedur	e .		
	cation of	Is Locati			Descripti	on of	The second line	_		ent 7	Гуре
	aining Material (ACM)		y Mainter dial Staff		Asbestos-Co Material (Amount (Specify SF or LF)				
	I Facility	Custo	uiai Stait	(12)	(i.e., thermal		OI OI LI)	\vdash		m	
	(13)				insulation, surf			R	ת	Encapsulate	Enclosure
					or other misce	eliarieous)		Removal	Repair	sde	clos
		Yes	No	N/A				à l	Ξ.	late	ure
Storeroom			Х		Braided Rope	- Packing	50 LF	X		-	-
Storeroom	-	_	^		Braided Nope	or auxing	30 21	^			
						*	*	1 1			
Name of Registered	Waste Hauler	NJDEP \		Cubic Ya	rds of Waste	Name of Regi	stered Landfill			-	
Synatech, Inc.		Carried and House Control	429	2		Grows Landf	ill				
City, State				Disposal	Date	City, State					
Little Egg Harbor, I	NJ 08087			October2	24, 2014	Morrisville, P	A				
Completed By	Title			Signature			Date			-0136c	
Diane Aloia	Exec	utive Assista	nt	1 Algo	me War		September 12, 2014				

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

RECEIVED

Date of Notification (1)				Owner/Operator	r (2)	2010 000		-		
9/19/14		PSE	11/2/22			COLO SEP 23	FH	A· s	. ,	
Agencies Notified Type Notification EPA Initial			et Address 0 Hadley R	load		ASBFS rec		0. (ê şi	
DEP Amended Amendment #			State, Zip Cou th Plainfiel		1127	2014 SEP 23 ASDES FOS & LICEN	SIN	TRO)L	
DOH justification) DCA Cancellation	ncluding		e of Contact gory Player	r		Telephone Nur	nber		24	
		FA	ACILITY INFO	RMATION	Section For the Section Section 1					
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility	(4)			76	
PSEG Belleville Substation					School (K-		2)			
Street Address 747 Main St						er 8 (Other than K-12 private & commerci		lings,	home	es,
City (5) Belleville NJ 07109					Square Feet n/a	# of Floors n/a		ldg. A /a	ge	
County (6) Essex			nty Code (7) TE USE ONLY)		Current Use (Pr Substation	rior if being demolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8)	AS n/a	SCM No.		of Abatement Co S Environment	(5, 76)				
Street Address					t Address Old Dock Rd					
City, State, Zip Code					State, Zip Code					-
n/a		TEL	-1 N	Yap	hank NY 1198					
Project Manager for Monitoring Firm n/a		n/a	ohone No.	631	hone No. -924-8111	License N 01136				
	Scheduled (9/18/14	Completi	on Date (11)		e of OSHA Monito ne as above	r				
Occupancy Status During Abatement (Check	Only One)				t Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba al Facility Ho	tement ours			State, Zip Code	*				
				— n/a						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		ovation nolition		Toronto Company	Mini-Enclosu Glovebag Pro	ocedure				
	T	Contraction of the Contraction o			Non-Exemple	ed (*) and Non-Friat	T		ement	
		cation mally							ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custodi	Solely by enance/ ial Staff?	Asbes	Descriptio tos Containing thermal systen surfacing, V other miscella	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	No N	/A						te	U
Exterior excavation		n/	'a	Transite I	Pipe	30 LF	х			
										-
		-								
Name of Registered Waste Hauler		NJDE	P Waste	Cubic Yards	Name o	f Registered Landfil	<u> </u>			-
ETGI		Haule S710	r ID No. 7	of Waste 20		stoga Landfill				
City, State Flanders NJ	¥s	#		Disposal Dat 9/19/14		ate antown,PA		Δ)		
Completed by Michael J DiMaria	Title Proj Mg	r/Site	Supervisor	Signatu	hall (1)		ate /19/1	4 .		

M022246147912

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): Name of Building Owner/Operator (2) 08/29/2014 State of New Jersey Agencies Type Notification Street Address: Notified P.O Box 034 □ Initial City, State, Zip Code: ☐ Amended ₽ÉPA Trenton, NJ 08625 D'DEP Amendment#: □ Emergency Name of Contact: Telephone Number @ DOL (including Walter Fernandez DOH justification) ☐ Cancellation D/DCA FACILITY INFORMATION Name of Facility 84 MacArthur Avenue Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.) City/ (5) County (6): County Code (7): Sayreville Middlesex 08872 Square Feet: # of Floors: Bldg. Age Current Use: House Name of Monitoring Firm Hired by Building Owner ASCM No .: Name of Abatement Contractor (9): Turningpoint Contracting Corporation Apex Development, Inc. Street Address: Street Address: 51 Berkeley Terrace 658 Rutgers Place City, State, Zip Code: City, State, Zip Code: Irvington, NJ 07111 Paramus, NJ 07652 Project Manager for Monitoring Firm: Telephone No.: Telephone No.: License No.: 201-927-6225 Emeka Okeke (973) 350-0101 01215 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: 09/02/14 09/30/14 Metro Analytical Laboratories Occupancy Status During Abatement (Check only one) Street Address: 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10018 □ Other Describe: Scope of Work (Check all that apply): Full Containment with Negative Pressure Mini-Enclosure $\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf ☐ Renovation ☐ Demolition □ Glovebag Procedure □Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Description of Type Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Maintenance/ Encapsulai Enclosure (ACM) Remova Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)N/A Yes No LIVING ROOM X Floor Tile and Mastic 150 SF 2ND FLOOR X Woodgrain Tile 50 SF **EXTERIOR** X * Transite Siding Shingles 1,450 SF NJDEP Waste Hauler ID No .: Cubic Yards Name of Registered Waste Hauler: Name of Registered landfill: of Waste: 30 **ENTERPRISES** TRI-STATE TRANSFER ASSOC., INC. MINERVA ASSOC, INC. City, State: Disposal Date: City, State: Bronx, NY 10474 Waynesburg, OH 44688 Completed By: Title: Date: Signature: Sylvester Oraegbunam President 08/29/2014

Date of No 08/29/201	otification (1):			of Buil		vner/Operator (2)				EIV)	
Agencies Notified	Type Notifica	tion	P.O B	Addres ox 034					2014 SEP	23 F	H 7:	10	
DEPA DEPA DOL	☐ Amended Amendment# ☐ Emergency		Trento	State, Zon, NJ (of Con		-		Telephone	ASAESTI iber: LIC				
DOH DCA	(including justification ☐ Cancellation		Walte	r Ferna	ndez				C LI	LNG	NG		
						FACILITY INFO)RMA	ΓΙΟΝ					
Name of I	Facility 93 Ma	acArthu	r Avenu	ie				of Facility (4):					
								nool (K-12) ochapter 8 (Other than K-	12)				
City/ (5)		Count	ty (6):		Count	y Code (7):		ner (i.e., private & commo		homes, e	etc.)		
Sayreville	;	Middl			08872		Squa	are Feet:	# of Flo	oors:			
								. Age ent Use : House					
Name of N	Monitoring Fir	m Hire	d by Bu	ilding () Wner	ASCM No.:		e of Abatement Contra	actor (9):				-
Turningpo	oint Contractin	g Corp	oration				Ane	x Development, Inc	•				
Street Add	dress;							et Address:	•	1			
51 Berkel	ey Terrace												
								Rutgers Place					
City, State	e, Zip Code:						City,	State, Zip Code:					
	n, NJ 07111						100	amus, NJ 07652					
Project M Emeka C	lanager for Mo	nitorin	g Firm:			Telephone No.: 201-927-6225	Tele	phone No.:	License No.	:			
	10.00V-07/1/V.C-1						-) 350-0101	01215				
Start Date 09/02/14	e (10):		Schedul 09/30/1		pletion	Date (11):	110000000000000000000000000000000000000	e of OSHA Monitor: o Analytical Laborato	ries				
20 20	Status During A Closed/vacated I							et Address: West 36 th Street, Suit	e 203				
☐ Abateme Describe:	ent Performed O	utside of	Normal	Facility	Hours			State, Zip Code: York, New York, 10	018				
☐ Other Describe:													
	For ≤ 3 lf for ≥ 260 lf	that appl	y):		□ Reno	vation		⊡ Mini-I	ontainment wi		tive Pr	essure	2
₩≥ 160 S	I or ≥ 260 II				□ Demo	olition		D'Non-Ex	oag Procedure cempted (*) an	d Non-Fi	iable F	roced	ure
	Location of		N	Locati Iormal	ly		scripti					emen ype	t
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TO	BE ABATED			ustodia				/AT, or	Amount	Removal	Repair	Encapsulat	Enclosure
	IN Facility			Staff?		other	miscei	laneous)	(Specify SF or LF)	0V2	pair	usc	unsc
	(13)		Yes	(12) No	N/A				or or Dr.,			at	e.
KITCHI	EN			X		Wallboard Cer	amic '	Tile and Mastic	120 SF	*			
EXTER	IOR			Х		Exterior Clip Corners of Hou	board se	Caulking at	170 LF	*			
								100000					
	*												
	Registered Wa TE TRANSFE			ic.	NJDE	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	Name of Re MINERVA ASSOC, IN			il: ERPR	ISES
City, State Bronx, N	Y 10474			Dispo	sal Date	»:		City, State: Waynesburg, OH 44					
Complete Sylvester	d By: Oraegbunam				Title: Presid	ent	Signa	ture:	Date: 08/29/	2014	A A		

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State of New Jersey

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Date of No 08/29/201	otification (1):				lding Ov Jersey	wner/Operator (2)				MECH				
Agencies Notified	Type Notificati	ion	Street	Addre	SS:		****		201	SEP 23	3 FA	1 7:	ົ ຄ	
EPA	□ Initial □ Amended	ŀ			Lip Code				A+ -	ESTOS BerLICE		•	. ()	
DEP	Amendment#:		Trento	on, NJ	08625				But, and	FSTOS	CO	MTD:	7.1	
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d doh	(including justification) □ Cancellation		Walte	r Ferna	indez							`*		
						FACILITY INFO	ORMA	TION						
Name of I	acility 123 We	eber A	venue				Туре	of Facility (4):						
								hool (K-12)	(10)					
City/ (5)	2.17	County	v (6).	- 4	Count	y Code (7):		bchapter 8 (Other than I her (i.e., private & comi		buildings, ho	omes, e	tc.)		
Sayreville		Middle			08872	y Code (7).		***************************************						
							Squa	are Feet:		# of Floo	rs:			
								g. Age rent Use : House						
	Monitoring Firn				Owner	ASCM No.:	Nam	ne of Abatement Cont	tractor	(9):				-
Turningpo	oint Contracting	g Corp	oration				Ape	ex Development, I	nc.					
Street Add			Ì				_	et Address:						
51 Berkel	ey Terrace						658	Rutgers Place	;					
City, State	e, Zip Code:						City	, State, Zip Code:						
Irvington	n, NJ 07111						Par	amus, NJ 07652						
Project M	anager for Mon	nitoring	Firm:			Telephone No.:	Tele	phone No.:	Lic	ense No.:				
Emeka C)keke					201-927-6225	(973	3) 350-0101	012	15				
Start Date 09/02/14	: (10):		chedul 9/30/1		npletion	Date (11):	100000000000000000000000000000000000000	ne of OSHA Monitor ro Analytical Laborat						
Occupancy	Status During A	batemer	nt (Chec	k only o	one)			et Address:	202					
	Closed/vacated Di int Performed Out					ıt	City	West 36 th Street, Su , State, Zip Code: , York, New York, 1						
☐ Other								***************************************						
Describe: Scope of W	Vork (Check all th	hat apply	v):											
□ > 3 sf o					□ Reno	vation olition		⊡-Mini ⊡-Glov	i-Enclo ebag P	nment with sure rocedure red (*) and I				
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1.00	Location of		1	Vorma!	lly	A sheetes Cont	escript	ion of Material (ACM)				Ty	pe	
то	Containing Ma (ACM) BE ABATED	iterial	Ma	d Sole intena ustodi	nce/ al/	(i.e., therma surfa	al syste icing, '	ems insulation, VAT, or llaneous)	4 3	Amount Specify	Removal	Repair	Encapsulat	Enclosure
	IN Facility (13)			Staff:						F or LF)	val	air	sulat	sure
THROU	GHOUT		Yes	No X	N/A	Drywall and Jo	int Co	mpound	35	00 SF	*	-		
	GHOUT		7.00-00-	X		Transite Siding			-	0 SF	*			
	GHOUT	-		X				Kitchen Landing	9 5		*			
TIMOC	GIIOUI					Tan vinyi Snee	ing, I	Attends Landing	73	, ,	+-	+-		-
	Registered Was TE TRANSFEI			IC.	NJDE	EP Waste Hauler ID	No.:	Cubic Yards of Waste: 30	MI	me of Regi			ll: ERPR	ISES
City, State				Disp	osal Dat	e:		City, State:		SOC, INC	•			
Bronx, N Complete	d By:				Title:		Signa	Waynesburg, OH	+4088	Date: 08/29/20	114			
Sylvester	Oraegbunam				Presid	iciit		- CVD		00/29/20	/14			

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State of New Jersey

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Date of N 08/29/201	lotification (1):			Building ew Jerse	Owner/Operator (2)			\$ \	I CE	i V	- 1		
Agencies Notified	Type Notification	1000	treet Add				F	2014	SEP 23	FM	7: 1	Ω	
₫ ÉPA	□ Amended	and the second	arts on the second	e, Zip Co	de:		(4)						
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	(including	W	alter Fe	rnandez					CICEM	4114	G		
D'DOH D'DCA	justification) □ Cancellation												
					FACILITY IN	FORMA	TION						
Name of	Facility 101 Ma	cArthur A	Avenue			705050	e of Facility (4):						
							chool (K-12) ubchapter 8 (Other than I	K-12)					
City/ (5)		County (6	5):	Cou	inty Code (7):		ther (i.e., private & com		buildings, he	omes, e	etc.)		
Sayreville		Middlese		088			45 VOC)						
3 7 57						Squ	are Feet:		# of Floo	rs:			
							g. Age rent Use : House						
	Monitoring Firm			ng Owne	ASCM No.:		ne of Abatement Cont	tractor	(9):				
Turningp	oint Contracting	Corpora	tion			Ap	ex Development, In	ıc.					
Street Ad							eet Address:						
51 Berkel	ley Terrace					65	8 Rutgers Place						
City, Stat	e, Zip Code:						y, State, Zip Code:		-				
Irvingtor	n, NJ 07111						ramus, NJ 07652						
	lanager for Moni	itoring Fi	rm:		Telephone No.:		ephone No.:	Lic	ense No.:			-	
Emeka C		6	30000		201-927-6225	33	3) 350-0101		215				
Start Date	e (10):	Sche	eduled C	omnletic	n Date (11):		ne of OSHA Monitor:	100,000	415				
08/02/14	. (10).		30/14	ompione	in Date (11).	0.0431143	tro Analytical Laborat						
	Status During Ab			•			eet Address:						
☐ Facility (☐ Abateme Describe:	Closed/vacated Du ent Performed Outs	iring Entire side of Noi	Period on Paci	of Abatem lity Hours	ent	City	West 36 th Street, Su y, State, Zip Code:						
□ Other					*	Net	w York, New York, 1	0018					
Describe:	V-1-(Charlatta			-									
	Vork (Check all tha	at apply):		- n			<u>Ö</u> Full (Contai	nment with	Nega	tive Pr	essure	
$\square \ge 3 \text{ sf o}$ 160 s	$f \ge 3$ if f or ≥ 260 lf				novation molition		□Glov	ebag P	sure rocedure ted (*) and l				
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100	Location of		Norn	nally	A almost a Co	Descript	tion of				T	ype	
Asbestos-	Containing Mate			olely by	Asbestos Co	ntaining	g Material (ACM) ems insulation,				1	T	
	(ACM)	1	Mainte		(i.e., theri	facing.	VAT, or	١,	Amount	Re	77	Encapsulat	Enclosure
60 00000	BE ABATED		Custo				llaneous)	1 -	Specify	B	ep	ap	clo
	IN Facility		Sta (1:						F or LF)	Removal	Repair	us	us
	(13)	Ye	-						I OI DI)	-		at	G
BASEM	ENT		X		Fuel Cement	on Exh	aust	6.5	SF	*			
Name of I	Registered Waste	e Hauler		NII	EP Waste Hauler I	D No ·	Cubic Yards	Nic	me of Regi	ctered	landf	11:	
	TE TRANSFER			INJL	ASIC HAUGH	. 110	of Waste: 30	MI	me of Regi NERVA SOC, INC.			II: ERPR	ISES
City, State			Di	sposal D	ate:		City, State:	- C	-,,,				
Bronx, N						1 3.	Waynesburg, OH 4	4688	т				
Complete				Titl		Sign	ature:		Date:	11			
Sylvester	Oraegbunam			Pres	sident		- Ha		08/29/20	14			

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State of New Jersey

Data of N	atification (1)		Ni	- CD	11: 0	(2)	400 0000			RECE	113:	Fran		
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Agencies Notified	Type Notifica	ation		t Addre					2014	SEP 23	PH	7:	a	
DEPA	□ Amended				Zip Code	:		-	A * .			•		
G-DEP D'DOL	Amendment#			on, NJ of Co				Talanh	را کیا cone Nivo	ESTAS iber: ICE	COS	HRE	H	
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□ DOH □ DCA	justification □ Cancellatio	n) n											9	
						FACILITY INF	ORMA	TION						
Name of F	acility 71 We	eber Av	enue				Турс	e of Facility (4):						
						*		hool (K-12)	V 10)					
City/ (5)		Count	v (6):		Count	ty Code (7):		bchapter 8 (Other that ther (i.e., private & co		buildings, ho	omes, e	etc.)		
Sayreville		Middl			08872	1) 0000 (1).		are Feet:		# of Floor				
										# 01 1 100.	13.			
								g. Age rent Use : House						
	Monitoring Fir				Owner	ASCM No.:		ne of Abatement Co	ntractor	(9):				
Turningpo	oint Contractir	ng Corp	oration	1			Apo	ex Development,	Inc.					
Street Add					-7.10			et Address:						
51 Berkel	ey Terrace						658	8 Rutgers Plac	ee					
City, State	e, Zip Code:					29000		, State, Zip Code:						
Irvington	, NJ 07111						Par	amus, NJ 07652						
	anager for Mo	nitoring	g Firm:			Telephone No.:	Tele	ephone No.:	Lic	ense No.:				
Emeka O		-				201-927-6225		3) 350-0101		215				
Start Date 09/02/14	(10):		Schedul 19/30/1		npletion	Date (11):	100000000000000000000000000000000000000	ne of OSHA Monito ro Analytical Labor						
la con the di	Status During /			35				et Address: West 36 th Street, S	Suite 20				erini.	77
	nt Performed O					ı	City	, State, Zip Code: v York, New York						
☐ Other Describe:														
	ork (Check all	that appl	y):				100							
□ ≥ 3 sf or 160 sf	$r \ge 3 \text{ lf}$ for $\ge 260 \text{ lf}$				□ Reno □ Dem			⊒'Mi □'Gle	ni-Enclo ovebag P	rocedure	157.5			
			Is	Locat	ion			LINO	n-Exemp	ted (*) and N	NOH-FI		emen	
The same of the sa	ocation of		1	Vorma	lly	A sheetes Con	escript	ion of Material (ACM)				T	/pe	
Asbestos-	Containing M (ACM)	aterial		d Sole		(i.e., therm	al syste	ems insulation,			_F		田田	Щ
	BE ABATED	6	C	Custodi				VAT, or llaneous)	1 1	Amount Specify	em	Repair	cap	nclo
	N Facility (13)		1	Staff (12)	?	o the	1111000	nancous)		F or LF)	Removal	air	Encapsulate	Enclosure
	(13)		Yes	No	N/A					200 200 200 200 2 00	_		ite	Ci.
EXTER	IOR			X		Foundation V	Water	proofing	1,0	000 SF	*			
	Registered Wa TE TRANSFE			NC.	NJDE	EP Waste Hauler ID	No.:	Cubic Yards of Waste: 30	M	me of Regi NERVA SOC, INC.			ll: ERPR	ISES
City, State			15	Disp	osal Dat	e:	1	City, State: Waynesburg, OF		, ,				
Complete					Title:	lent	Signa	ature:		Date: 08/29/20	14	635	24	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

				10000							37777/3		1000	
Date of N 08/29/201	otification (1):		Name State o		_	ner/Operator (2)				מנו חדם	00	PU	7	,
Agencies Notified	Type Notificati	on	Street	Addres ox 034	s:					1014 SEP	23	rn	1. ()	J
	☐ Initial ☐ Amended	+			ip Code:				- (,53ES1	rns	CON	TRO	1
□ EPA □ DEP	Amendment#:			n, NJ (- MAST		0 1	IUCT	TSTM	<u> </u>	h
∄ DOL	☐ Emergency			of Con				Telenhone	Numb	er:	1011	t Wijt k		
□ DCA	(including justification) □ Cancellation		Walter	Ferna	ndez			1						
LIDCA						FACILITY INFO	RMA	TION						
Name of	Facility 65 Wil	liams S	Street					of Facility (4):						
Traine or	r definity of this						1	nool (K-12)						
					The second second			ochapter 8 (Other than K		727100 6				
City/ (5)		Count	y (6):			Code (7):	Oth	ner (i.e., private & comm	ercial b	uildings, ho	mes, et	c.)		
Sayreville	e	Middle	esex		08872		Squa	re Feet:		# of Floor	s:			
							Bldg	. Age					10	1
								ent Use : House						
Name of	Monitoring Fire	n Hired	by Bu	ilding (Owner	ASCM No.:		e of Abatement Contr	actor (9):				
	oint Contracting						Ane	x Development, In	c.					
Street Ad	ldress:		-					et Address:						
	ley Terrace													
								Rutgers Place	7.					
City, Stat	te, Zip Code:						City,	State, Zip Code:						
Irvingto	n, NJ 07111						Par	amus, NJ 07652						
	Anager for Mor	nitoring	Firm:			Telephone No.:	Tele	phone No.:	Lice	ense No.:				
Emeka (201-927-6225	(973	350-0101	012	15				
Start Dat	e (10):	S	chedul	ed Con	pletion l	Date (11):		ne of OSHA Monitor:						
09/02/14			9/30/1				Meta	ro Analytical Laborato	ories			West -		
Occupanc	y Status During A	bateme	nt (Chec	k only o	ne)			et Address:						
☐ Facility	Closed/vacated D	ouring E	ntire Per	iod of A	batement	t		West 36th Street, Sui	te 203					
☐ Abatem Describe:	ent Performed Ou	itside of	Normal	Facility	Hours			, State, Zip Code: York, New York, 10	0018					
□ Other														
Describe:	Work (Check all t	hat anni	v).											
	or ≥ 3 lf	пис иррі	3).		□ Reno	vation		□ Mini-	Enclos	ment with	Negat	ive Pr	essure	
□≥ 160	sf or ≥ 260 lf				□ Demo			T Glove	ebag Pr	ocedure ed (*) and N	Von Er	iable P	rocedu	ıre
			Io	Locat	ion			IJ Non-E	Xempu	eu (*) anu l	1011-11		ement	
	Location of			Vorma		De	escript	ion of				Ty	/pe	
	-Containing Ma	aterial	Use	d Sole	ly by	Asbestos Con	taining al syste	Material (ACM) ems_insulation,					ш	ш
	(ACM)			intena ustodi		surfa	icing,	VAT, or	A	mount	Removal	Re	Encapsulat	Enclosure
TC	BE ABATED IN Facility			Staff		other	misce	llaneous)		Specify	nov	Repair	psu	losı
	(13)			(12)	,		8		S	F or LF)	2	-	ılat	ire
ED ONE	23. 15.		Yes	No	N/A	Gray Floor Tile	o and l	Mostia (Double			-	-	-	-
FRON	T PORCH			X		Layer)	e anu i	wiastic (Double	40	SF	*			
EXTER	RIOR			X		Waterproofing	on C	inderblock	1,0	00 SF	*		ļ	
								1			-	<u> </u>	-	
					- NITTO	D West He lead	Ne	Cubic Vanda	NT.	me cfD	otored	londe	11.	
	f Registered Wa ATE TRANSFE			IC.	NJDE	EP Waste Hauler ID	No.:	Cubic Yards of Waste: 30	MI	me of Regi NERVA SOC, INC			II: ERPR	ISES
City, Sta	ate:			Disp	osal Dat	e:		City, State:			- 11	7-7-5		
Bronx, N	VY 10474				- m.		10:	Waynesburg, OH 4	4688	Data				
Complet Sylveste	ted By: or Oraegbunam				Title:		Spign	ature:		Date: 08/29/20)14			

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No	otification (1):	Ī	Name	of Buil	ding Ov	vner/Operator (2)			P		C Date	1)		
08/29/201				of New		viiei/Operator (2)								
Agencies	Type Notificat	tion		Addres	The state of the s			2	014 S	EP 23	FM :	7: 11	}	
Notified	3-Initial	1	-	30x 034						-	1.53.4			
⊕ EPA	☐ Amended				ip Code			Δ	SBF	STASI	1011	TROI		
IT DEP	Amendment#:	-		on, NJ (Telephone	Nuch	STOS		11101		-
(TDOL	(including			r Ferna				Telephone		JOE TO LIVE	المعتري	4		
□ DOH □ DCA	justification □ Cancellation		vi arto	i i cima	iidoz									
						FACILITY INFO	DRMA'	TION						
Name of F	acility 30 Ch	arles Str	reet				Туре	of Facility (4):						
								nool (K-12)						
								ochapter 8 (Other than K						
City/ (5)		County				y Code (7):	□ Oth	ner (i.e., private & comm	ierciai t	ullaings, no	mes, e	(C.)		
Sayreville		Middle	esex		08872		Squa	re Feet:		# of Floor	s:			
							Bldo	. Age						
								ent Use : House						
	Monitoring Fir				Owner	ASCM No.:	Nam	e of Abatement Contr	actor (9):				
Turningpo	oint Contractin	g Corp	oration				Ane	x Development, In	c					
Street Ado	dress.							et Address:				100		
	ey Terrace													
								Rutgers Place						
500	e, Zip Code:							State, Zip Code:						
	ı, NJ 07111		D.			T.1		amus, NJ 07652	Tie	ense No.:				
Project M Emeka C	anager for Mo	nitoring	; Firm:			Telephone No.: 201-927-6225	176-0-010-0	phone No.:	2.10					
	25 CONTRACT E							350-0101	012	15				
Start Date 09/02/14	: (10):		chedul 9/30/1		pletion	Date (11):	1.000.0000	e of OSHA Monitor: o Analytical Laborate	ories					
Occupancy	Status During A	Abatemei	nt (Chec	k only o	ne)			et Address:	. 202					
	Closed/vacated I					t		West 36th Street, Sui	te 203					
Describe:	ent Performed O	utside of	Normal	Facility	Hours			, State, Zip Code: York, New York, 10	0018					
☐ Other Describe:														
	Vork (Check all	that apply	y):											
□ ≥ 3 sf o	r > 3 lf				□ Reno	vation		□ Full C □ Mini-		ment with	Negat	ive Pr	essure	
□ ≥ 160 s	$f \text{ or } \ge 260 \text{ lf}$				Demo			[] Glove	bag Pr	ocedure ed (*) and N	lan Fu	iahla D	waaadu	
			Ic	Locat	ion			U Non-E	xempt	eu (") anu i	T T	Abate		
1	Location of			Vormal		De	escripti	on of					pe	
1	Containing M	aterial	Use	d Sole	ly by	Asbestos Con	taining	Material (ACM) ems insulation,					T	
200000	(ACM)			intena		(i.e., therma	acing, V	VAT, or	I A	mount	Remova	R	nc	Enc
9335000	BE ABATED	'		ustodi Staff?		other	miscel	laneous)	(Specify	mo	Repair	aps	los
	IN Facility (13)			(12)					SI	F or LF)	val	Η.	Encapsulat	Enclosure
	\$2 (S)		Yes	No	N/A								-	
	IGHOUT			X		Paper Drywall	and Jo	oint Compound	-	00 SF	*	1		
ROOF				X		Roof Shingles			-	00 SF	*	_		
KITCH	W174 (M194)			X		Red Brick Viny	yl Asbe	estos Tile	250) SF	*			
1 ST FLO	OOR			X		Kitchen Sink U		oating	5 S	F	*			
	Registered Wa			IC.	NJDE	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30	100000000000000000000000000000000000000	ne of Regi: NERVA	stered		ll: ERPR	ISES
			., .,			Lan Spot			AS	SOC, INC.				
City, Stat				Disp	osal Dat	e:		City, State: Waynesburg, OH 4	1600					
Bronx, N Complete				L	Title:		Signa		4000	Date:				
	Oraegbunam				Presid		\ C	Je Per		08/29/20	14			

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

										Time 1	6-1592	5 V			
Date of No 08/29/201	otification (1):			of Buil of New		vner/Operator (2)				ince Age	August W. L.	- 5			
Agencies Notified	Type Notification	on	Street	Addres	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW				2014 S	SEP 2	23 FM	7: [8		
	☐ Initial ☐ Amended	-			ip Code				200.00-40-00.00-40-						
ŒPA □ DEP	Amendment#:			n, NJ (A588	EST	IS CON	TRE	1		
B-DOL	Emergency			of Con			- TOTAL		ASB Telephon&	Numb	er: NSIII	G			
	(including justification)		Walter	Ferna	ndez				1	_		4			
□ DOH ☑ DCA	□ Cancellation														
						FACILITY INFO									
Name of I	Facility 64 Mac	Arthur	Avenu	ie				of Facility							
								nool (K-12) bchapter 8) (Other than K-	12)					
City/ (5)		County	(6):	-	Count	y Code (7):			ivate & comme		uildings, ho	mes, et	c.)		
Sayreville		Middle			08872	, (,)-	Saus	are Feet:			# of Floor	·c.			
							Squa	ire r cet.			W 01 1 1001	٥.			
								g. Age rent Use :	Ноисе						
Name of I	Monitoring Firm	n Hired	by Bu	ilding (Owner	ASCM No.:			ement Contra	actor (9):				
Turningp	oint Contracting	Corpo	oration				Ape	x Develo	opment, Inc	c.					
Street Ad	dress:						-	et Address							
51 Berkel	ley Terrace						658	Rutge	rs Place						
City, Stat	e, Zip Code:						- 3101000	, State, Zi				- 1.235			
Irvingtor	n, NJ 07111						Par	amus, N	J 07652						
	lanager for Mon	itoring	Firm:			Telephone No.:	Tele	phone No	n.:	Lice	nse No.:				
Emeka C	Okeke					201-927-6225	(973	350-010)1	012	15				
Start Date 09/02/14			chedule 9/30/1		pletion	Date (11):	20.230		A Monitor: ical Laborato	ries					
	y Status During A	batemen	nt (Chec	k only c	ne)			et Addres							
□ Facility	Closed/vacated D	uring Er	ntire Per	iod of A	batemen	t	(0.000)		Street, Suit	te 203					
☐ Abateme Describe:	ent Performed Out	tside of	Normal	Facility	Hours			, State, Zi V York, N	p Code: ew York, 10	018					
□ Other Describe:															
Scope of V	Work (Check all th	nat apply	y):						D Pull C	ontoin	ment with	Magai	ive Dr	eccure	
□ ≥ 3 sf c □ ≥ 160 s	or ≥ 3 lf of or ≥ 260 lf				□ Reno □ Dem				☐ Mini-l ☐ Glove	Enclos	ure	1.87			
			Is	Locat	ion				L Hon-Es	Zempte	u () anu i	1011-11		emen	
	Location of			Vormal		D	escript	ion of	1 (4 (2) (1)				T	ype	
Asbestos	-Containing Ma	terial		d Sole		Asbestos Con (i.e., therm	taining	Materia	I (ACM)					Т	
	(ACM)			intena		surfa	acing.	VAT, or	idilon,	A	mount	Re	R	nc	nc
1000000	BE ABATED		C	ustodi Staff?				llaneous)	es .	(5	Specify	mo	Repair	aps	los
	IN Facility			(12)	9						or LF)	Removal	₹.	Encapsulat	Enclosure
	(13)		Yes	No	N/A									=	
EXTER				X		Vapor Barrier	Unde	rneath S	iding	2,2	00 SF	*		ļ.,	-
GARAC	GE			X		Cement Board	Shing	les		800	SF	*			-
GARAC				X		Window Glazi	ing			84		*			-
	OOR ATTIC					Congoleum VA		1011	cr. 1	1000000	OXES	1	1 10	11	
	Registered Was			IC.	NJDE	EP Waste Hauler ID	No.:	Cubic of Was		MI	ne of Regi NERVA SOC, INC.			II: ERPR	ISES
City, Sta	te: VY 10474			Disp	osal Dat	e:		City, S Wayne	tate: sburg, OH 44	4688					
Complete		- N			Title:		Sign	ature:	courb, our t	.000	Date:				
	r Oraegbunam				Presi			SON.	J		08/29/20	14			

State of New Jersey NO 22246147934 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	otification (1):					/ner/Operator (2)	-		R		-14	LD	
08/29/201 Agencies	Type Notificat	ion		f New Addres					000-	-			-
Notified	19 Initial		P.O B	ox 034	100 10				2014 S	EP 23	B FH	7:	3
© EPA	☐ Amended Amendment#:			State, Z n, NJ 0	ip Code:				Arno	A A	5 20 0		
E DOL	©Emergency	ł		of Con				Telephone	ASBE Number: &	1100	001	#TR(JL.
1	(including			Ferna				1	Œ	LILE	MOII	(G	
D DOH	justification										V-12-40-20		
						FACILITY INF	ORMA	TION					
Name of F	acility 78 We	ber Av	enue	N/S III			Туре	of Facility (4):					
								hool (K-12) bchapter 8 (Other than K-	12)				
City/ (5)		Count	v (6):		County	y Code (7):		her (i.e., private & comme		homes,	etc.)		
Sayreville		Middl			08872	, code (1).	Sau	are Feet:	# of Fl	oors:			
								g. Age rent Use : House					
	Monitoring Fire)wner	ASCM No.:		ne of Abatement Contra	actor (9):				
Turningpo	oint Contracting	g Corp	oration				Ape	ex Development, Inc					
Street Add	dress:							et Address:		$\overline{}$			
51 Berkel	еу Тегтасе												
01: 0:	7. 0.1		1. ×			- Time		Rutgers Place		-	-		
	e, Zip Code:							, State, Zip Code:					
	n, NJ 07111							amus, NJ 07652					
Project M Emeka C	anager for Mor	nitoring	g Firm:			Telephone No.: 201-927-6225	2000	phone No.:	License No.				
			V 1 - 1 - 1	10			-	3) 350-0101	01215				
Start Date 09/02/14	: (10):		9/30/1		pietion	Date (11):		ne of OSHA Monitor: ro Analytical Laborator	ries				
Occupancy	Status During A	bateme	nt (Chec	k only o	ne)	240000000000000000000000000000000000000		et Address:	1 100 COVERNO				
	Closed/vacated D					t		West 36 th Street, Suit	e 203				
Describe:	nt Performed Ou	itside of	Normal	Facility	Hours			, State, Zip Code: v York, New York, 10	018				
□ Other													
Describe:	/					410,1				+			
Control Section 1	Vork (Check all t	nat appi	y):		□ D				ontainment w	ith Neg	ative P	essure	
□ ≥ 3 sf o □ ≥ 160 s	$f \ge 3$ If f or ≥ 260 lf				□ Reno	olition		☐ Glovel	Enclosure pag Procedure				
			Te	Locati	on			LINOn-Ex	cempted (*) an	d Non-F		emen	
1	Location of		N	lormal	ly	I	Descript	ion of				ype	
Asbestos-	Containing Ma	aterial		d Sole		Asbestos Co	ntaining nal syste	g Material (ACM) ems insulation,				(H)	т
то	(ACM) BE ABATED			intena ustodi		sur	facing,	VAT, or	Amount		Re	Encapsulat	Enclosure
E. S. S. S. S. S.	IN Facility			Staff?		othe	r misce	llaneous)	(Specify SF or LF	, 104	Repair	psu	nso
	(13)		Yes	(12) No	N/A	8			SF OF LF) =		lat	ге
THROU	GHOUT		105	X	1011	Drywall and J	oint Co	ompound	2,000 SF	*			
REAR I	BEDROOM			Х		The state of the s	ciated		100 SF	*			
						Paneling						1	
EXTER				X		Black Tar Ch			12 SF	*	-	-	
EXTER				X	NITTO	Foundation V			1,200 SF	*	11 12		1
	Registered Wa TE TRANSFE			IC.	NJDE	P Waste Hauler II) No.:	Cubic Yards of Waste: 30	Name of Ro MINERVA ASSOC, IN			III: ERPR	ISES
City, Stat Bronx, N				Dispo	sal Date	e:		City, State: Waynesburg, OH 44					
Complete	ed By:				Title:		Sign	ature:	Date:	CONTRACTOR			
	Oraegbunam				Presid	lent	_	JOSC .	08/29	2014			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

RECEIVED

Date of No 08/13/201 Agencies Notified	Type Notifica		Newa Street	rk Publ Addres	ic Schoo	vner/Operator (2)					20			3 FI	7:5
EPA EDEP EDOL	☐ Amended Amendment#: ☐ Emergency		City, Newa	State, Z State, Z ark, NJ (of Cor	ip Code:)7102				Telephone	Num	A, S	BES & L	TOS	S CO NSI	HTRO VG
DOH DCA	(including justification □ Cancellation		Mr. B	Benjamii	n Olagad	eyo									
	X-12					FACILITY INFO	DRMA'	TION							
Name of F	acility Rober	to Clen	nente E	lementa	ry Schoo	ol	Туре	of Facility	(4):	53/201000					
3917-3111-717-717	ner Avenue						□-Su		Other than K-						
City/ (5)		Count	-			Code (7):	Otl	ner (i.e., pri	vate & comme	ercial l	ouildings, ho	omes, e	tc.)		
Newark		Essex			07104		Squa	are Feet:			# of Floor	rs:			
								g. Age ent Use : :	School						
	Monitoring Fir			ilding (Owner:	ASCM No.:			ement Contra	actor	(9):				
TTI ENV	IRONMENTA	AL, INC	3.			0003	Ape	x Develo	pment, Inc	2.					
Street Add	iress:					1		et Address	-						
1253 N C	Church Street						658	Rutge	rs Place						
City, State	, Zip Code:							State, Zij							
Mooresto	own, NJ 085	27					Par	amus, N.	I 07652						
Project Ma	anager for Mo	nitoring	Firm:			Telephone No.:		phone No	Service and the service and	Lic	ense No.:			-	
James Gui	ilardi	,5				856-840-8800	1000) 350-010		012	15				4
Start Date 08/15/201		100	Schedul 08/20/2		pletion I	Date (11):	Nam	e of OSH	A Monitor: ment, Inc.	012	15				
Occupancy	Status During A	Abateme	nt (Chec	k only o	ne)			et Address	00.000000000000000000000000000000000000						
☐ Facility C	Closed/vacated I	Ouring E	ntire Per	riod of A	batement		658	Rutgers F	lace						
☐ Abatemer Describe:	nt Performed Ou	utside of	Normal	Facility	Hours			, State, Zip nmus, NJ				000			
☐ Other Describe:	5 + 10 - m	(V)													
	ork (Check all t	hat appl	y):						□ Full C	ontair	ment with	Negat	ive Pr	eccure	
□≥3 sf or □≥160 sf	$\geq 3 \text{ lf}$ for $\geq 260 \text{ lf}$				□Renov □ Demo				□ Mini-I Glovel	Encloso Dag P	sure				
				Locati					D NOII-EX	Limpt	cu () and :	1011-17	Abat	emen	
	ocation of			Vormal		Asbestos Cont	escripti	on of Material	(ACM)				Ty	/pe	
Aspestos-0	Containing Ma (ACM)	aterial		d Solel		(i.e., therma	al syste	ms insula	ation,			- R		臣	(II)
TO	BE ABATED		C	ustodia				/AT, or laneous)		100,9	Specify	Removal	Repair	Encapsulat	Enclosure
I	N Facility			Staff?		other	miscoi	lancous			F or LF)	000	air	lusc	unsc
	(13)		Yes	(12) No	N/A					31	Of Lit	=		at	ci.
Custodia Between and Roo	Custodial C	Closet Office		х		Pipe Insulation	S			200) LF	Х			

									in A s			1			
	Registered War TE TRANSFE			IC.	NJDEI 2A456	Waste Hauler ID	No.:	Cubic Y of Wast		MD	ne of Regis NERVA SOC, INC.			l II: ERPR	SES
City, State Bronx, NY				Dispo	sal Date			City, Sta Waynes	ate: burg, OH 44		JOC, INC.	6			
Completed				9	Title: Preside	ent	Signa			300	Date: 08/13/20	14			

MOZZZ 46147923

State of New Jersey

				(_,_,,		-/	mer	1 ,000 ,			
Date of No 08/13/201	otification (1):				lding Ov	vner/Operator (2)				Prop pare	121	VE	D	
Agencies Notified	Type Notification	on	Street	Addre ar Stre	ss:				2	014 SEP 2	23 F	ר מי	. ~.	
€ ÉPA	⊡dnitial □ Amended		City, S	State, 2	ip Code	:		57 ST	Δ	DBESTO		11 /	24	
B-DEP D-DOL	Amendment#: ☐ Emergency	-		rk, NJ of Cor	200 P. J. C.			Teleph	one Nun	iber In	S Cl	HIT	TUE	
D DOH	(including justification) □ Cancellation		Mr. B	enjami	n Olagad	leyo		1		210	-NJ,	NG	-	
					***	FACILITY INFO	DRMA	TION						
Name of F	acility Roberto	o Clem	iente El	lementa	ry Scho	ol	Туре	of Facility (4):						
257 Sumn	ner Avenue						0.0000000000000000000000000000000000000	hool (K-12) bchapter 8 (Other tha	n K-12)					
City/ (5)	1	Count	5.1.20			y Code (7):		her (i.e., private & co		buildings, ho	mes, e	c.)		
Newark		Essex			07104		Squa	are Feet:		# of Floor	rs:			
								g. Age						
Name of N	Monitoring Firm	Hired	l by Bu	ilding	Owner:	ASCM No.:		rent Use: School ne of Abatement Co	ontractor	(9):				
	IRONMENTAL			8		0003		ex Development,		(-2.				
Street Add	iress:						-	et Address:	IIIC.					
1253 N C	Church Street						658	Rutgers Plac	ce	2.				
	e, Zip Code:	30						, State, Zip Code:						
Mooresto	own, NJ 0852	7					Par	amus, NJ 07652						
Project M James Gu	anager for Mon	itoring	; Firm:			Telephone No.: 856-840-8800	Tele	phone No.:	2,659	ense No.:				
			1 - 1 - 1 - 1	10	1.6			6) 350-0101 ne of OSHA Monito		215				
Start Date 08/15/201	171 771		8/20/2		ipietion .	Date (11):		x Development, In						
000000000000000000000000000000000000000	Status During Ab			no quantita (a n inc			- THE	et Address:				eninos as s		
	Closed/vacated Du nt Performed Out					t	City	Rutgers Place , State, Zip Code: amus, NJ 07652						
Other							Tai	amus, 110 07032						
Describe: Scope of W	ork (Check all th	at apply	y):				1							
□ ≥ 3 sf or □ ≥ 160 sf	$r \ge 3$ lf for ≥ 260 lf				Renov			□ Mi □∕Gl	ini-Enclo ovebag P	rocedure	1000			
			Is	Locat	ion			□ No	n-Exemp	ted (*) and N	on-Fr		rocedi	
THE RESERVE THE PARTY OF THE PA	ocation of			Vormal		A shestos Cont	escript	ion of Material (ACM)				Ty	ре	
Asbestos-	Containing Mat (ACM)	terial		d Sole intena		(i.e., therma	al syste	ems insulation,		A	R		Ε'n	田
	BE ABATED		С	ustodi Staff?	2000			VAT, or Ilaneous)	1 8	Amount Specify	Removal	Repair	cap	ıclo
	N Facility (13)			(12)				2	21 22	F or LF)	val	air	Encapsulat	Enclosure
Boiler		on d	Yes	No	N/A							-		
	Room by Exit 3	and		X		Pipe Insulation			12	0 LF	X	_		
											-			
Name of I	Registered Wast	te Han	ler		NJDE	P Waste Hauler ID	No.:	Cubic Yards	Na	me of Regi	stered	landfi	11:	L
	TE TRANSFER			IC.	2A456			of Waste: 30	MI	NERVA SOC, INC.	stored		ERPR	ISES
City, State Bronx, N				Disp	osal Date	:		City, State: Waynesburg, OF	1 44688					
Complete	d By:				Title:		Signa	ature:	. 1 1000	Date:				
Sylvester	Oraegbunam				Presid	ent	Š	- De		08/13/20	14			

MO 22246147923

State of New Jersey

							100 Table 2011 (100 Table 2011 Ta	. 07 C	Fit per					
Date of Notification (1): 08/22/2014			Name of Building Owner/Operator (2) Newark Public School											
Agencies Notified	Type Notification		Street Address: 2 Cedar Street					2014 SEP 23 FM 7: 05						
D∕ÉPA	Unitial			City, State, Zip Code:										
B'DEP				rk, NJ (ASSESTAS CONTROL Telephone Number LICENSING						
D-DOL	DOL □ Emergency			Name of Contact:				Telephone Number LICENSING RUL						
Д́рон			Mr. Benjamin Olagadeyo					1		OF147	HEL			
B DCA	Cancenation					FACILITY INFO	DRM A'	TION		+				
Name of F	acility Chance	ellor A	venue !	School		THEIDITT		of Facility (4):		-				
321 Chang	1					□School (K-12)								
			10 10 10					ochapter 8 (Other than K ner (i.e., private & comn		homas	ato)			
		Count				y Code (7):					cic.)			
Newark	INEWAIK LISSEN						Square Feet: # of Floors:							
						Bldg. Age Current Use : School								
Name of Monitoring Firm Hire							Name of Abatement Contractor (9):							
WHITMAN			00110				Ape	x Development, Ir	ıc.					
Street Address:								et Address:		Ī				
7 Pleasant Hill Road							658 Rutgers Place							
City, State					City, State, Zip Code:									
Cranbury, NJ 08512							Par	amus, NJ 07652						
Project Manager for Monitoring			g Firm:			Telephone No.:	Tele	phone No.:	License No).:				
Kevin T Lovely					732-390-5858) 350-0101	01215						
			Scheduled Completion Date (11): 08/26/14				Name of OSHA Monitor: Metro Analytical Laboratories							
Occupancy	ent (Check only one)				Street Address:									
☐ Facility Closed/vacated During E☐ Abatement Performed Outside of							255 West 36 th Street, Suite 203 City, State, Zip Code:							
Describe:							New York, New York, 10018							
☐ Other Describe:									- 20'200					
Scope of W	ork (Check all the	hat appl						□ Full (Containment v	vith Neo	ative	Pressur	·e	
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf			Renovation Demolition				☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
	Is Location				Abatement									
Location of		Normally De				escript	on of Material (ACM)	8		Туре				
Asbestos-Containing Material		iterial	Use	d Sole	ly by	(i.e., therma	al syste	ems insulation,		_		回	E	
(ACM)			Custodial/ surfa				cing, VAT, or miscellaneous)		Amount (Specify	t y (Kepair	nca	nc	
TO BE ABATED										y no	pa	squ	los	
IN Facility (13)		(12)						SF or LF	\tilde{r}) $\tilde{\underline{a}}$. =	Encapsulat	Enclosure		
BATHROOMS		Yes	No	N/A	EL DOW AND	IOIN	T	4-5 LF	*	+	+	+		
DATHROOMS			X		-	ELBOW AND JOINT		4-3 LF		+	-	-		
										-	+	-		
											+	-		
Name of Registered Waste Ha		ste Han	uler: NJDE			P Waste Hauler ID No.:		Cubic Yards	Name of R	Legistere	d land	lfill:		
TRI-STATE TRANSFER ASS		aloi.					of Waste: 30	MINERVA ENTERPRISES ASSOC, INC.						
City, State:			Disposal Date:			e:		City, State:	14600				-	
Bronx, NY 10474 Completed By:		Title		Title:	Sic		Waynesburg, OH 44688		Date:					
Sylvester Oraegbunam					President		Step .		08/22/2014					

MU 22244147923

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12) Name of Building Owner/Operator (2) Date of Notification (1): Newark Public School 08/22/2014 Type Notification Street Address: Agencies Notified 2 Cedar Street □ Initial City, State, Zip Code: □ Amended □ EPA Newark, NJ 07102 Amendment#: □ DEP ☐ Emergency Telephone Number: Name of Contact: □ DOL (including Mr. Benjamin Olagadeyo justification) DOH ☐ Cancellation □ DCA FACILITY INFORMATION Type of Facility (4): Name of Facility Weequahic High School ☐ School (K-12) 279 Chancellor Avenue ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings, homes, etc.) City/(5) County (6): County Code (7): Newark 07112 Essex # of Floors: Square Feet: Bldg. Age Current Use: School Name of Monitoring Firm Hired by Building Owner: ASCM No.: Name of Abatement Contractor (9): WHITMAN 00110 Apex Development, Inc. Street Address: Street Address: 7 Pleasant Hill Road 658 Rutgers Place City, State, Zip Code: City, State, Zip Code: Paramus, NJ 07652 Cranbury, NJ 08512 Telephone No.: Telephone No.: License No.: Project Manager for Monitoring Firm: 732-390-5858 Kevin T Lovely (973) 350-0101 01215 Start Date (10): Scheduled Completion Date (11): Name of OSHA Monitor: Metro Analytical Laboratories 08/24/14 08/26/14 Occupancy Status During Abatement (Check only one) Street Address: 255 West 36th Street, Suite 203 ☐ Facility Closed/vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code: Describe: New York, New York, 10018 □ Other Describe: Scope of Work (Check all that apply): ☐ Full Containment with Negative Pressure ☐ Renovation ☐ Demolition $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$ ☐ Mini-Enclosure ☐ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Description of Type Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Encapsular Enclosure Maintenance/ (ACM) Remova Amount Repair Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes No N/A MUSIC ROOM X WALL PLASTER 20 SF MAIN OFFICE * **BATHROOM** 5-7 LF X ELBOW AND JOINT Cubic Yards NJDEP Waste Hauler ID No .: Name of Registered landfill: Name of Registered Waste Hauler: of Waste: 30 MINERVA **ENTERPRISES** TRI-STATE TRANSFER ASSOC., INC. ASSOC, INC. Disposal Date: City, State: City, State: Waynesburg, OH 44688 Bronx, NY 10474

Signature:

Date:

08/22/2014

Title:

President

Completed By:

Sylvester Oraegbunam

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

Date of Notification (1)					Building ((2)								
04/01/14				A TO Z	CONT	RACT	ORS			20	14 SEI	22	2 6	H E		_
Agencies Notified	Type Notification		100	Street Ad 84 CR0	idress OSS ST	REET										
EPA DEP	X Initial Amended			City, Stat	e, Zip Co	de				0,5	®ES.	T#S	C	DINT	RU	1
X DOL	Amendment #		10.00		VOOD,		701				& L	ICE	NS	INC	, , , ,	L .
	Emergency (ir	cluding		Name of	Contact					Tele	enhone	Numh	er			-
DOH DCA	justification) Cancellation		100	ESTHE												
				FACIL	ITY INFO	RMATI	ION					1				2000000
Name of Facility Where	Abatement is Taking	Place (3)							of Facility (4) School (K-12							
Street Address					-				Subchapter 8		er than I	K-12)				
20 7TH STREET								E	Other (i.e. pri etc.)	vate 8	k comm	ercial	build	ings,	home	es,
City (5) LAKEWOOD, NJ								Squar 2000	e Feet	# of 2	Floors		BI	dg. A	ge	
County (6)				County C	ode (7)			Curre	nt Use (Prior	if bei	ng demo	olishe	d)			
OCEAN COUNTY				Keren sebasai salah				31.00	4807.1		(0)					
Name of Monitoring Fire	m Hired by Building O	wner (8)		ASCM	No.		1 27/05/3		PROFES							
Street Address								Addres				Ť.				
City, State, Zip Code			_						DOVE CO	URI		<u> </u>				
		- 444					LAKI	EWO	DD, NJ 08	701						
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none No 668-9			Licens 1200					
Start Date (10) 10/03/14		Scheduled 10/05/14		npletion [Date (11)				A Monitor PROFES	SSIO	NALS					
Occupancy Status Durin	ng Abatement (Check	Only One)					Street	Addres	SS	-			1000			
➤ Facility Closed/Vac	cated During Entire Pe	eriod of Ab	atem	nent			6 WH	HITE [DOVE CO	URT						
Abatement Perform Other – Describe:	med Outside of Norma	I Facility H	ours			_			p Code OD, NJ 08	701						
Scope of Work (Check	All That Apply)						L) (i)	LVVO	55, 140 00			-				
23 sf or ≥3 tf		П	nova	tion			Г	7 5	l Containmer	at swith	Mogati	vo Dr	20011	•		
≥3 \$1 01 ≥3 11 × ≥160 sf or ≥260 lf			nolit						i-Enclosure	it witi	negau	ve ri	255UI	е		
							>		vebag Proce				_			
			_					Y No	n-Exempted	(*) an	d Non-F	riable				
		Is Lo		(0) (0)											ement pe	•
Locatio		Used	rmal Sole				scription		(4.014)		20232000000		_			
Asbestos-Containin TO BE AB		Maint	enar	nce/			taining N I system				mount Specify		D		Enc	Щ
In Fac		Custod	fial S 12)	Staff?	ζσ.	surfa	cing, VA	T, or			or LF)		Remova	Repair	aps	clo
(13)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	12)	,		other i	miscella	neous)	- v				val	a:	Encapsulate	Enclosure
		Yes	No	N/A											(D)	
BASEMENT AND					FLO	OOR T	ILE		50	00 SF		Х				
Name of Registered Wa	aste Hauler		ΙN	JDEP W	aste	Cubic	Yards		Name of R	egiste	ered Lar	· dfill				
NEWARK CARTIN	Н	lauler ID 4509		of Wa			IESI	3,510								
City, State NEWARK, NJ	City, State NEWARK, NJ						sal Date)	City, State BETHLE		1 PA					
Completed by							Signature	e				Date				
JOSEPH PERLSTE	EIN	R			,	ga.a.	=======================================			-	9/9					

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

Date of Notification (1) 04/01/14								/Operator		601	1 000		DW	۲.	٠,		
Agencies Notified	Type No	tification		1.3	Street Ac			endocessoness uniques	20000	2014	SEF	23	FA	-5:	31		
☐ EPA	× Initi	al						CORNE	ER	A =	*FC	T#S	COL	iT F	n.		
DEP × DOL		ended endment:	#			ie, Zip Cod DEL, NJ		33		34, U		ICEN			(UL	4.	
	Em	ergency (Name of		011				600000 60	ephone N		o income			
DOH DCA		ification) ncellation															
N	.	0. 5.0.	DI (0)		FACIL	ITY INFO	RMA	TION	7	f F 184 7	4)						
Name of Facility Where	Abatemen	t is Taking	g Place (3						Type	e of Facility (4	10						
Street Address									H	School (K-1: Subchapter		er than K	(-12)				
101 CRAWFORDS	CORNE	ER							×	Other (i.e. p etc.)	rivate 8	& comme	ercial	build	ings,	home	es,
City (5)									CY 15	are Feet	3	Floors	П	BI	dg. A	ge	
HOLMDEL, NJ										00,000	6						
County (6) MONMOUTH COU	NTY				County C STATE U	ise only)	_			rent Use (Prid CANT	or it bei	ng demo	ilishe	۵)			
Name of Monitoring Firm	Hired by	Building (Owner (8)		ASCM	No.				atement Con			T				
									******	D PROFE	SSIO	NALS					
Street Address								Street 6 Wh		ess DOVE CO	DURT						
City, State, Zip Code										Zip Code OOD, NJ 08	8701						
Project Manager for Mon	itorina Fir	m			Telephor	ne No.		Teleph			3701	License	e No.				
					1			7.335.335.335		9078		1200					
Start Date (10) 10/01/14			Schedule 10/02/1		pletion [Date (11)		4 14000000000		SHA Monitor AD PROFE	SSIO	NALS					
Occupancy Status Durin	g Abateme	ent (Chec	k Only On	e)		500		Street									
Facility Closed/Vac Abatement Perform										DOVE CO	DURT						
Abatement Perform Other – Describe:	ed Outsid	e of Norm	al Facility	Hours						Zip Code DOD, NJ 0	8701						
Scope of Work (Check A	II That Ap	ply)						LAIC		JOB, 140 O	0/01						
23 sf or ≥3 lf	•	,	× R	enovat	tion				F	ull Containme	ent with	Negativ	e Pre	essur	e		
≥160 sf or ≥260 lf				emoliti	on					lini-Enclosure llovebag Prod							
<u></u>								>		on-Exempted		d Non-Fi	riable		A STATE OF THE STA	100 and 100	
			0.29	Locati												ment pe	
Location Asbestos-Containing		ACM)	Use	lormall d Solel	y by	Asbest		Description ontaining N		al (ACM)	А	mount					
TO BE AB	ATED	,,		ntenar odial S	117-15-13-1		therm	nal system	s inst	ulation,	(5	Specify or LF)		Rer	Re	nca	End
In Facil (13)	ity			(12)				facing, VA r miscella			51	- or LF)	Ш	Remova	Repair	Encapsulate	Enclosure
			Yes	No	N/A								Ш	-		ate	e.
FIRST FL	.OOR					FLOC	R T	ILES AN	ID M	IASTIC	5,0	000 SF	П	Х			
											\Box						

Name of Registered Was	ste Hauler			7.10	JDEP W	Control of the Contro	100000000000000000000000000000000000000	oic Yards		Name of	Registe	ered Lan	dfill				
NEWARK CARTING	3	100000	auler ID 1509	No.	of V 20	Vaste		IESI		Hallon							
City, State NEWARK, NJ							12-53-500	oosal Date 02/14	:	City, State BETHL		/ PA					
Completed by			Title					Signature	е				Date			-	
JOSEPH PERLSTE	IIN		OWN	EK									9/9	14			

(K 2871

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

Date of Notification (1) 04/01/14					Building O							* Atten	IJ-			
Agencies Notified	Type Notification	20	1 3	Street Ad 1970 S	dress WARTH	IMORE	AVE	, #5			23			0		
DEP DOL	Initial Amended Amendment #		100		e, Zip Cod /OOD, N		01		A351	EST	₩S C CENS	ONT	R()L		
☑ DOH DCA	Emergency (in justification) Cancellation	ncluding	1 8	Name of 0						Tele	ephone N	lumber				
				FACIL	ITY INFO	RMATIC	N									
Name of Facility Where Street Address 1520 RIVEREDGE		Place (3)		4		1		Sc Su X Ot	Facility (4) thool (K-12) bchapter 8 her (i.e. pri	(Othe			ildi	ngs, l	nome	es,
City (5) POMPTON LAKES	, NJ			***************************************				Square 1000	Feet	# of	Floors		Blo	lg. Aç	ge	
County (6) PASSAIC COUNT	((County C	ode (7) SE ONLY)			Current	Use (Prior	if beir	ng demo	lished)				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.				ment Contr PROFES					V		
Street Address								Address HITE D	OVE CO	URT	(i					
City, State, Zip Code								State, Zip EWOO	Code D, NJ 08	701						
Project Manager for Mor	nitoring Firm			Telephon	e No.			none No. 668-90			License 1200	e No.				
Start Date (10) 09/29/14		Scheduled 09/30/14		pletion D	Date (11)				Monitor PROFES	SSIO	NALS			awates.		
Occupancy Status Durin								Address	OVE CO	URT	(
	ated During Entire P ned Outside of Norm						City, S	State, Zip								
Scope of Work (Check A							LAIN	LVVOO	D, 140 00					7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	iii mat / ppij/		novat moliti					Mini- Glov	Containmer Enclosure ebag Proce Exempted	dure	33 5 3				e	
		le l	ocati	00					T						ment	1
Locatio	n of	No	rmali	ly		Des	cription	n of				_	_	Ту	ре	
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) SATED lity		tenar	nce/		os Conta thermal	aining M system sing, VA	Material (is insulati AT, or		(5	mount Specify F or LF)	Kemoval	1	Repair	Encapsulate	Enclosure
EXTER	IOR					S	IDING	3		10	00 SF	Х				
Name of Registered Wa	ete Hauler		N	JDEP W	aste	Cubic	Yards		Name of R	eaiste	ered Lan	dfill	Ш			_
NEWARK CARTING			Н	auler ID 4509		of Was			IESI	ogioti	, ou Lui					
City, State NEWARK, NJ					1 1	Dispos 09/30	al Date /14	•	City, State BETHLE		/ PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	R			S	ignatur	е				Date 9/9/1	4	0		

(K 2867

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

Date of Notification (1) 04/01/14				mer/Operator MANAGEN		2014 SE	P 23	PH	5: 3	3
Agencies Notified Type Notification EPA X Initial		Street Ad 1970 S		IORE AVE	NUE, #5	ASBES	Tas	CON	TRO)
DEP Amended Amendment #			e, Zip Code VOOD, No			ě L	TCEN	SIN	G	
Emergency (ii justification) DCA Emergency (ii justification) Cancellation	ncluding	Name of OFFICE				Telephone N	Number			
		FACIL	ITY INFOR	MATION		1	1			
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility (4					
Street Address 484 BROOKDALE ROAD						3 (Other than K ivate & comme		dings,	home	s,
City (5) UNION TWP, NJ					Square Feet 1500	# of Floors	E	Bldg. A	ge	
County (6) UNION		County C	ode (7) SE ONLY)		Current Use (Prio HOME	r if being demo	lished)			
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.	1,0,000,000,000	of Abatement Con LEAD PROFES					
Street Address					Address HITE DOVE CC	URT	П			4
City, State, Zip Code				100 100 100	State, Zip Code EWOOD, NJ 08	3701				
Project Manager for Monitoring Firm		Telephon	e No.		none No. 668-9078	License 1200	e No.			
TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	Scheduled Co	ompletion D	Date (11)		of OSHA Monitor LEAD PROFE	SSIONALS				
Occupancy Status During Abatement (Check	Only One)			Street	Address					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of Abate	ement			HITE DOVE CO	URT			5	
Other – Describe: Scope of Work (Check All That Apply)	an r domey r loc				EWOOD, NJ 08	3701				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	X Renov					edure				
	Т				Non-Exempted	(*) and Non-F	riable Pro	The second	e ement	
	Is Loca Norm	0.000							pe	· c
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainten Custodia (12	lely by lance/ I Staff?	(i.e. th	Description s Containing Nermal system surfacing, VA other miscellar	Material (ACM) s insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A						-	е	
BASEMENT				TSI		80 LF	X			
Name of Registered Waste Hauler		NJDEP W	aste	Cubic Yards	Name of F	Registered Lan	dfill			
NEWARK CARTING		Hauler ID 04509	3	of Waste 3	IESI					
City, State NEWARK, NJ		11	1.43	Disposal Date 09/29/	BETHLI	EHEM PA	=4			
Completed by JOSEPH PERLSTEIN	Title OWNER			Signatur	e		Date 9/9/14			

CK 1631

EMERGENCY

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

								. # Smg 1	-	-	
Date of Notification (1)	16-14		Name	of Buildin	ng Owner/Operator	URETI	-5	W L L	!	07.08	_
Agencies Notified	Type Notification	n	Stree	4.4.4.000		20	4 SEP 23 F	PH 5:	32		-
DEPA	initial Amended			476	XHSH			The second second	The Party of the P		=
☑ DOF	Amendment		City	State, Zip	Code	OUTH	TATES &	OK JR	OL	1	
□ рон	Emergency justification		Name	e of Conta	ct		Telephone Na	mber J	T.		
□ DCA	Cancellation		E	RIC	PLACKI	<u>s</u>					
				CLITY IN	FORMATION		/				
Name of Facility Where	Abatement is Tak	ng Place (3)				Type of Facility School (K-1	7.5				
Street Address		^				Subchanter	8 (Other than K- private & commer	12)	-		
416	FXASI	YVE.				homes, etc	.) HOME		NU ZEGO		_
City (5) PORT	MONT	1001	H	N.	ſ	Square Feet	FOIFICOIS	_ _	dg. A	5	
County (6) MON			Cou	ntý Code (ONLY)	7) (STATE	Current Use (F	Hor if being demo	olished)			
Name of Monitoring Firm	n Hired by Building	Owner	ASCM	No.	Name of Abaten	ment Contractor (2)	/11			
(8)					DRICK Street Address	INDUS	TRIES	1/9 6		-	=
Street Address					142 N	ATICK	TR.				
City, State, Zip Code		- 1 mg			BRICK	NJ. O.	8724				_
Project Manager for Mo	niloring Firm	To	elephone	No.	Telemboro No	9-1-199	License No.	19	6		
Start Date (10) 9_ 2:	5-14 Sch	eduled Com	pletion Da	ate (11)	Name of OSHA	Vionitor					
Occupancy Status Duris	ng Abatement (Ch				Street Address						
Facility Closed/Vacal	ted During Entire F	eriod of Aba	dement	•						-	=
Abatement Performe Other - Describe:	d Outside of Norm $VACAI$	al Facility Ho	NHS .		City, State, Zip C	code .					_
Scope of Work (Check a	all that apply)					alaineanat suith Al-	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov			Mini-En	dosure so Procedure	on-Friable Proces	dure			
		ls Loca	tion	Г		Situated () cited to	di i i idadio i i occ		bater		
		Normal Used Sol	aby .	:	Description of	ġ.			Тур	e	
Location Asbestos-Containing I	Material (ACM)	Mainten	ence/	Asbes	tos Containing Ma , thermal systems i	terial (ACM)	Amount (Specify	70		9	œ
TO BE ABA		Custo Staff	?	(i.e.	surfacing, VAT,	, or	SF or LF)	Removal	Repair	Encapsulate	Enclosura
(13)		(12	-	1	other miscellanes	OUS) ·		· \ \	5	ilate	- Pr
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SIDING			V	TRI	ANSITE.		1800 5	TY	-	-	-
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			4_					-	\vdash	-	
Name of Registered Wa	ota Unidea		NUDEP	Winds	Cubic Yards	1 Name of Rec	istered Landfill		اــا		
BRICK IND		INC	Hauter II		of Waste	F.G.	R.O.L	J.	2.	,	
Clivi Stale		لحجيج	-3.	27.	Disposal Date:	City, State	PA			200	
BRICK Completed By	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				Signature/	1 (1/10)		0	/		
ERIC PU		PRE	2			list lac	le -	9-1	6 -		$\underline{\mathscr{L}}$
AS8-41									_		

(K1634

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

Date of Notification (1)	~		_	Name	e of Buildin	o Owner	Operator	(2)		E-744		Arms F		
Date of Notification (1)	16-2	0/4	1				PITA	12 770	2014 SEP	23		15	-	=
Agencies Notified	Type Notifica	ation		Stree	Address 725	Co	OPE	R LAN)	1 0		
☐ BPA ☐ DSP	☐ Amended	3		City.	State 7to	Code			- MODEUT	51 J	U	M	RU	
☑ DOL	Amendm Emergen	ent#ev (includin	0	_ (HE	RR	y h	ILL M	1. 801	CE	NS.	#G		
☐ DOH ☐ DCA	justilicati Cancellat	ion).			e of Conta		000		Telephone N	Lend's	er			2
ших		22.002			ERIC			213	L				1	<u> </u>
Name of Facility Where	Abotionant in T	- Inking Plan	a (2)	FA	CILITY IN	-ORMAI	RIM	Type of Facilit	v (4)					
Name of racity what	Personsein S	and Grand	a list		-			School (K-	12)		K 1 - 1			
Street Address Coof	ER LA	NDIA	16	RI)			Other (Le.,	r 8 (Other than I private & comm -) HOUS (erola	i bulk			
CHY STOHERR	y HILL	LI	VJ.		800	2		Square Feet	s of Floors		5	dg. A	ge D	
County (6) CAM				Cou	nty Code (ONLY)	7) (STA	E	Current Use (F	Prior if being den TCANT	nolis	ned)			
Name of Monitoring Firm		ing Owner	T	ASCM	No.			ent Contractor (/	4.0			
(8)						-	Address	INDU.	2/10/62		<u> </u>			_
Street Address						145	- NE	Frick	TRAIL			_		==
City, State, Zip Code						City, Si	ente, Zip C	K. NJ			1			
Project Manager for Mon	itering Firm		Tek	phone	No.	Telepho 132	89.	9-749	License No	1/	96	6		
Start Date (10) 2 6	44 S	Cheduled C			nte (11)	Name o	FOSHA A	Acrillor						
Occupancy Status Durin		-	-			Street	Address							=-
Facility Closed/Vacate					•									
Absternent Performed Other - Describe:	Outside of No	ormal Facili	ty Hou	rs ———		City, St	áte, Zip C	ode .						
Scope of Work (Check a	I that apply)					Г	Teut Con	tainment with N	ecative Pressure	<u>,</u>		5000 54500		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			andique a	ni ni			Mini-End	dosure a Procedure						
		I Isl	Locatio	מו] Non-Exe	empted (*) and N	on-Madie Moc	SCHOOL		bater	nent	
		N	otmalij I Solel	1	:	Dec	cription of					Typ	e	
Location of Asbestos-Containing M	laterial (ACM)	Mak	ntenen Uştodi:	ice/		ios Conta	ining Mat	erial (ACM)	Amount (Specify		_	- Idea	9	m
TO BE ABATI IN Facility			Staff?		(i.e.,	surfaci	systems it ng, VAT,	or	SF or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		-	(12)			other m	scellaneo	us) ·		-	val	4	ilete	- 5
•		Yes	No	N/A					1/				_	_
SIDING	<u> </u>			V	TR	MAN	21	1 5	16005	1	V	\dashv	-	-
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Name of Registered Was BRICK IN L		 /	H	IDEP V Inches IC	No.	Cubic Y		Name of Reg	R.O.	<u> </u>	ш ,	Š	l	
City, State	JUSTAN		<u> </u>	211	200	Dispose	I-Date.	City, State		-	<u> </u>		_	===
BRICK	NJ.					9-2	9-14	1	PA.			·	_	
Completed By ERIC PLA	-ckis	Title PR	53			Sig	nature	well luch	Date	<u>} -</u>	1	<u> </u>	19	<u>/</u>

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check#2002

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

					it to No			*	DE	CEI	VE	[]	
Date of Notification (1)				Name	of Buildin	g Owner/	Operator (2)	i L frame	W fran !	¥		
	.8/	14		Share	n Marcus	S			2244 255	1000			
	ype Notification	on		Stree	t Address				2014 SEP	23	PH	5: 3	1
	Initial			1510	Rose Ter	race							8
▼ DOLWD [Amended Amendment	. 44		City,	State, Zip	Code		S	ASSES	Tas (CON	TRO	IL
	_ Emergency		-	Unio	n, NJ 070	83			& L	ICEN	SIN	G	
(NJAC 5:23-8)	justification)	(micidaliii)	9		of Contac				Telephone Nu	ımber	_		-
	Cancellation	n		Share	n Marcus	;			1				
		- 275			CILITY II		TION						
Name of Facility Where Aba	atement is Tak	ring Place	e (3)					Type of Facility	(4)				
Private home		= 8	8 6					School (K-					
Street Address							_	Subchapter	8 (Other than K-1	1 2)			
1510 Rose Terrace								Other (i.e., homes, etc	private and comm	nercial b	uildin	gs.	
City (5)				-				Square Feet		To	lala /		
Union, NJ 07083								Square reet	# 01 F10018	5	ildg. A	(ge	
County (6)				Cou	nty Code (7)	/STATE /	SE ONI VI	Current Hee /	Prior if hairs day	- 11 - h - 22			
Union				Cou	ity code (1)	OINILO	SE UNL1)	Current Use (F	Prior if being demo	olisnea)			
Name of Monitoring Firm Hi	red by Buildin	n Owner	(8)	ASCM	No	I Manage	- 5 A1 1	L					
	rea by ballall	g Owner	(0)	ASCIN	NO.	1000		ent Contractor (9)				
Street Address						Gr Tec							
Officer Address						Paris 200 100 100 100 100 100 100 100 100 100	Address						
City, State, Zip Code							lley Rd#						
Oity, Otate, Zip Code						50.0000.0000.0000	ate, Zip Co						
Project Manager for Monitor	ing Eiros		TET				, NJ 0747	70					
1 Toject Manager for Monte	ing ritti		lele	phone	No.	Teleph	one No.		License No.				
Start Date (10)	0-1					973-63			01127				
	14	neduled (Name	of OSHA M	lonitor					15,77 (1.15)
	24	09		- /		Enviro	vision Co	nsultants,Inc					
Occupancy Status During A						Street /	Address				27.00	-1000	
☐ Facility Closed/Vacated ☐ Abatement Performed O	During Entire i	Period of	Abate	ment		20-21 V	Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AM-	PM/	y Houi PM	s - Des	SCRIDE AM	City, St	ate, Zip Co	ode					
						Fair La	wn, NJ 0'						
Scope of Work (Check all th	at apply)					H	Clean up	and decontam	nation with negat	ive pres	sure	-	
		⊠ Re	enovati	on		H	Mini-Encl	osure	egative Pressure				
≥ 160 sf or ≥260 lf		☐ De	emolitic	n		\boxtimes	Glovebad	Procedure	Tent with Negati	ive Pres	sure		
							Non-Exe	mpted (*) and N	on-Friable Proced	dure	Ĭ		
Location of			s Locat Norma							At	atem	ent Ty	уре
Asbestos-Containing Mai	terial (ACM)	Use	ed Sole	ely by	Ashe		scription o	f terial (ACM)	Amount	Z,	Z,	П	Ш
TO BE ABATE			intena todial					nsulation,	Amount (Specify	eme	Repair	ıcap	iclo
IN Facility (13)		Cus	(12)	otan?		surfa	cing, VAT,	or	SIF or LF)	Remova	=	Encapsulate	Enclosure
(1.5)		Yes	No	N/A		otheri	miscellaneo	ous)			1	ate	
Basement		l l l	140							1	-		_
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						12000 2011							
	2000												
Name of Registered Waste I	dauler		h1.67	ED M	Haules ID N	0.5.		T				Ш	Ц
	iduici				Hauler ID No.		rds of Waste	Name of Regi	stered Landfill				
Gr Tech LLC			0	03378	35	TBI		T.R.R.F. Inc					
City, State						Disposa	l Date	City, State		5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			
Wayne, NJ 07470						TBI)	Tullytown, P	Α				
Completed By (Print or Type) Ti	itle			-	Sig	nature /) ,		Date			
N.Jevtic	O	wner					H2/	Inc wer		9/18/20	114		
ASB-41			_				11		-20 0	3/10/20	714		
AAY 11		* Do no	use th	is form	for ashes	ne licens	ire ekomnt	ed activities.					

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

Ma'lle

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

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Date of Not	ification (1)					Name	of Buildin	g Owr	ner/Operator (2)	THE VE		bons L	ð		
	09 /	17 /	_	14		Sa	ra Cupp									
Agencies N	lotified	Type Not	ficati	ion			t Address 2 nd Ave				1814 SEP 23		9), 8			
⊠ DOLWD)	☐ Amen		V04200		City,	State, Zip (Code			SESTES	3 CO	MT	RO	-	
DHSS		Amen				Ha	ddon Hei	ghts	, N.J.		& LICE	ENSI	NG			
DCA (NJAC 5	5:23-8)	justific		/ (including	}	Name	e of Contac	t t			Telephone N	lumbe	г			
(110710		☐ Cance				Sa	ra Cupp									
			-			FA	CILITY IN	IFOR	MATION		1					٧.
Name of Fa	acility Where	Abatement	is Ta	king Place	(3)					Type of Facility	(4)					- 1
Resider	nt			- 51	308					School (K-1	2)					
Street Addr	ess									Subchapter			al b	م مذاما:		
19 2nd	Ave									Other (i.e., phomes, etc.		mercia	ai Du	liding	S,	
City (5)				•	***			Holeshor		Square Feet	# of Floors		Bio	ig. A	ge	
Haddon	Heights								W.	2700Sf	3 Floors	s		1948		
County (6)						Cou	nty Code (7	7)(STA	TE USE ONLY)	Current Use (P	rior if being den	nolishe	ed)	50 1150		
US; Car	nden CO.									Resident						
Name of M	onitoring Firm	Hired by E	uildir	ng Owner	(8)	ASCN	No.	Nar	ne of Abatem	ent Contractor (9)			-15/10		
Environ	mental Ma	nagement	Inte	ernationa	ıl.			G	raham-Tec	h Environmen	tal Service, L	LC.				
Street Addr	ess							Stre	et Address							
34 E. G	ermantown	Pike #204	į.					1	4 Read Driv	'e						
City, State,	Zip Code							City	, State, Zip C	ode						
E. Norri	ton, PA 194	101						S	icklerville, l	NJ 08081						
Project Mar	nager for Mor	nitoring Firm	1		Te	lephone	No.	Tele	ephone No.		License No).				
Raymor	nd Giordan	0			(310-27	7-0405	8	56-318-1341	l ·	01158					
Start Date	7 (5)		So	cheduled C	omp	letion D	ate (11)	Nar	ne of OSHA N	Monitor						
09	/ _27_ /	14		_09_/	_2	29 /	14	G	iraham-Tec	h Environmen	tal Services,	LLC.				
Occupancy	Status Durin	g Abateme	nt (Cl	heck only	one)	VC - 602- 11		Stre	eet Address			0.540.5				
	Closed/Vacat	[전문화 1일 전문 12 20 12] [전문화 12 - 1 2 10 10 12						1	4 Read Driv	re						
	ent Performe						scribe	City	, State, Zip C	ode					-	
Time or	Abatement:	AW-11:30	PIVI/_	PIVI-	-	AIVI		S	icklerville, l	NJ 08081						
Scope of W	ork (Check a	II that apply)													
□ ≥3 sf or □ ≥160 sf				⊠ Re						tainment with Ne closure g Procedure empted (*) and Ne						
			_	ls	Loc	ation		50.7		(/				atem	ent T	vpe
	Location			11-	Norm	0.000			Description of		1		_		_	Ť
Asbesto	os-Containing TO BE AB		CM)			lely by ance/			Containing Ma mal systems		Amount (Specify		Remova	Repair	Encapsulate	Enclosure
	IN Faci			Cus		Staff?	(S	urfacing, VAT	, or	SF or LF		oval	=	nsd	Sur
	(13)			Yes	(12 No	1		otl	ner miscellane	eous)	383				late	TO TO
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Basemen	τ			\Box	Floor T	iie			80SF		\boxtimes		Ш			
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						$\exists \Box$	1						П	П	П	П
Name of Re	egistered Wa	ste Hauler			닉	NJDEP	Waste	Cut	oic Yards of	Name of Regi	stered Landfill		_			1-
	-Tech Envi		l Se	rvice, LL		Hauler 0034	ID No.	Wa			North Landfi	ill & T	ully	tow	1	
City, State						300	300	Dis	posal Date	City, State						
14 Read	Drive Sick	derville, N	J 08	3081						1513 Broo	lentown Rd.	Morri	svil	le,P	A	
Completed	By (Print or 1	(уре)		Title				ــــــــــــــــــــــــــــــــــــــ	Signature	1		Date	1			-
	Graham			Presid	ent										-0000000	

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 5:16)

CATILIA RECEIVED

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	1 5 5 5 5		Time I		
	17/	14	_		Non	ma Kam	is		2014 SEP 23	PH	1 5:	in	
Agencies Notified	Type Notifi	cation	1		Street	Address						-	
					233	7 Finlaw	Ave		ASSESTA	e en	MITE	ing	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	Amend				City, S	tate, Zip C	Code		& LICE		1000	HUL	
DHSS	Amend				Pen	nsauker	n, N.J.		er LIUE	_1401	iAC		1
DCA (NJAC 5:23-8)	Emerge justifica		cluaing		La company	of Contac			Telephone Numb	er	-	_	
	☐ Cancell				Nor	ma Kam	is						
					FAC	ILITY IN	IFORMATION	· · · · · · · · · · · · · · · · · · ·					
Name of Facility Where Ab	atement is	Taking	Place	(3)				Type of Facility (4)				
Resident								School (K-12	(C) 40				
Street Address			~						(Other than K-12)				
2337 Finlaw Ave								M Other (i.e., pr homes, etc.)	ivate and commer	cial bu	ilding	s,	
City (5)								Square Feet	# of Floors	Blo	lg. Ag	je	
Pennsauken								3500Sf	3 Floors	1	108 y	rs.	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
US; Camden CO.								Resident					
Name of Monitoring Firm H	fired by Bu	ilding C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					\neg
Environmental Mana	2011 24 10 10 10 10 10 10 10 10 10 10 10 10 10						Graham-Tecl	n Environment	al Service, LLC.				
Street Address	30						Street Address						
34 E. Germantown P	ike #204						14 Read Driv	e					
City, State, Zip Code	INC WZOT						City, State, Zip Co						
E. Norriton, PA 1940	1						Sicklerville, I						
Project Manager for Monito	Yan and the second			Tolo	phone	No	Telephone No.	10 00001	License No.				
	Jilly Filli				10-277		856-318-1341		01158				1
Raymond Giordano		0-1							01156				
Start Date (10) 09	14	Commonwell Common Commo			tion Da		Name of OSHA N Graham-Tecl		al Services, LLC	c .			
Occupancy Status During	Ahatement	(Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated					ment		14 Read Driv	Α.					
☐ Abatement Performed ((87.)					cribe	City, State, Zip Co						-
Time of Abatement: 7A	M- <u>11:30</u> F	PM/	PM-		_AM		Sicklerville, I						
Scope of Work (Check all t	that apply)		******							parallela.			\neg
☐ >3 sf or >3 lf			⊠ Re	novat	ion		☐ Full Con ☐ Mini-End	tainment with Neg	ative Pressure				
□ ≥160 sf or ≥260 lf			De					g Procedure					
					2000		☐ Non-Exe	empted (*) and No	n-Friable Procedur	re			
			20000	Loca						Ab	ateme	ent T	уре
Location o		`A.#\	5975	Norma	ely by	Ache	Description o		Amount	Z.	Z,	Щ	ū
Asbestos-Containing M TO BE ABAT		JIVI)	Ma	intena	ince/		estos Containing Ma e., thermal systems		(Specify	Remova	Repair	Car	Clo
IN Facility			Cust		Staff?		surfacing, VAT	, or	SF or LF)	\X	7	Encapsulate	Enclosure
(13)			Yes	(12) No	N/A		other miscellane	eous)				ate	
Basement				Ø		Floor T	ile		700SF				
				_						14	Ш	Ц	Ш
Name of Registered Waste	e Hauler			0.000	JDEP \		Cubic Yards of	Name of Regis	tered Landfill				
Graham-Tech Enviro	nmental	Servi	e, LL	C	lauler II 00346		Waste	G.R.O.W. N	orth Landfill &	Tully	towr	1	
City, State					00340	,,,,	Disposal Date	City, State					
14 Read Drive Sickle	rville, N.	0808	1				1		entown Rd. Mor	risvil	le,PA	4	
Completed By (Print or Tyr	oe)	Title)				gignature	- <i>U</i>	Δ Da		4.2		. 6
Vernice Graham			reside	ent			VILAAA	1 to	Mil	4-1	C	-/	4
100.44							11/2006	VIE UM		- 3			77

Check # 8558

	_1	NOTH	SI	ate of New Jer	SARATE	MENT			Transtr	"	+	
2014 SEP 23	3 PM 5	6.6	ursuant	to NJAC 8:60 :	and 12:12	D)	Γ	AF	PRON	ED	+	_
Dale of Notification (1)/ 9//8/6% FST®	S CONT	ROL	Name o	EBRO PL			C N	Depth of Hez	15	Senic -112	r Ser	vices
Agencies Notified Type Notified	EM 21KG		Street A	ddress	0.0.16	5			gnatur		7, 9	5 0
EPA Initial Amonder		-	7-5	GRAN. ata, Zip Code USADE)	PACE	• •	<u>[D</u>	ate:	<u> </u>	lme:	100	66
DOL Amendm	ent#		PA	1140E)	PARK	NIJ	07	650			!	
	icy (including on)		Name o	F Contact				Telephone Nur	nber		+	
DCA Cancelta			~	7mE)				-		•->	1.1	
Name of Facility Where Abatement is To	aking Place (3	3)	FAC	ILITY INFORMA	NOIT	Type of F	Facility (4)				-!-	
VACANT BUILDING	4						100l (K-12)					
Streel Address 48 GRAND AV	E.			. N 8		Sub	ochapter 8 ((er (i.e., priva	Other Ihan K-1; te & commerci		dings,	hom	8S,
48 GRAND AN CHYPALISAMES PARK	7			***		Square F	est :	of Floors	E	lidg. A	G G	
County (B)				Code (7) USE ONLY)				being demolish		1	051	MA
Name of Monitoring Firm Hired by Buildi	ng Owner (R)		ASCA		Nama		nent Contrac	of Barca	MIV C-		اشام	
7, 32	- 19 + 11/10/ (D)		, Adol	A 140.			racting In					
Street Address			-J.,	**************************************		Address Lowell F	Road			1	:	
City, State, Zip Code						State, Zip C 7 Rock, N	ode V.J. 07452	2		-	i	
Project Manager for Monitoring Firm			Telepho	ne No.		none No. -262-584	11	License N 00158	0.		Ť	
Start Date (40) / 9/18/14	9/3	7=/1		Date (11)		of OSHA ega Envl		Services In	1Ç,		1	
Occupancy Status During Abatement (C						Address	Man at				-i-	
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	te Period of A	batem Hours	ent			Huyler State, Zip C					<u>.</u>	
Other - Describe:							NJ 0760	6			1]
Scope of Work (Check All That Apply)									-			
23 st or 23 lf 23 st or 2260 lf		tenova emotiti			Ki. I.	Mini-E	nclosum pag Procedu	Vith Negative F		(3)		
	le.	Locati	OB.			m MOU-F	xompteo ()	and Non-Friab	Pro	Abale		
Location of		Jormali	iy		Description	ı of	İ		_		pe	
Asbestos-Containing Material (ACM) TO BE ABATED	eM	d Solel Intenar	nce/	Asbestos Co	ontainino M		CM)	Amount	771			m
In Facility (13)	Cust	odial \$ (12)	Staff?	ius	facing, VA	T, or	"	(Specify SF or LF)	Remova	Repair	edea	Enclosure
(10)	Yes	No	N/A	oute	r miscellar	12005)			18	1	Encapsulate	alle
	163	IND			VAT			- 10 · 10			1	\vdash
OUTS: PE			K		200F			56034	×		-	_
Ottrones			4		Coer			16500	χ		_	
~.V.W.M									-		4	\dashv
Name of Registered Waste Hauler		N	JDEP W	aste Cub	îc Yards	1.51	ame of Dog	stered Landfill	<u> </u>		_	
Rovic Transport		H	auler ID 0785	No. of W	laste 6			stereo Lanoili ethichem La		Cor	р.	
City, State Riverdale, New Jersey 07457					osal Dale		ity, State Sethlehem	, PA 18015				-
Completed by R. McDonald	Title Presi	dent			Signature		M	Da	9/1	الرين	<u>بر</u>	\neg

Check#2003

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

											•	the best	
Date of Notification (1)	19	,14			- Name	of Building Stoltzman	g Owner/Operator (n	2)	2014	SEP 23	PM	5: (9
Agencies Notified EPA	Type N	otification al				t Address Sarfield St	reat	15 - 171	ASE	ESTES	COL	TEC	
▼ DOLWD	☐ Ama					State, Zip (78.747.X		გ	LICEN	1311	THE	JL_
□ DHSS		endment #			S 540	75. 95				021	(Oliv	U	
DCA (NJAC 5:23-8)		ergency (in ification)	cluding	3	Name	orth, NJ 07	/ 64 I +		Telephone	a Number			
(110/10 3.20-0)	700	cellation			100000000000000000000000000000000000000	Stoltzma			reseptions	s (vallibe)			
Name of English Minors A	hatama	na in Table	- 01	(2)	FA-	CILITYIN	IFORMATION	T- 15 '''	7.1				
Name of Facility Where A	pateme	nt is Takin	Place	(3)				Type of Facility	State of				
Private home Street Address			_					School (K-1	2) 8 (Other than	1 K-1 2)			
204 Garfield Street								Other (i.e., homes, etc	private and c		buildin	gs,	
City (5)								Square Feet		ors	Bldg. /	Age	
Haworth, NJ 07641									100000000000000000000000000000000000000			-	
County (6)					Cour	nty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being o	iemolished			
Bergen						, (,)	(000000	non in boiling c	iomenonea,			
Name of Monitoring Firm	Hired by	Building (Owner	(8)	ASCM	No	Name of Abatem	ent Contractor (1)		_		
				* *	, 100111	110.	1	ent contractor (s	"				Ĥ
Street Address				-		NAME OF THE PARTY	Gr Tech LLC Street Address						
							And the control of th	12.02					
City, State, Zip Code							576 Valley Rd # City, State, Zip C						
Project Manager for Monit	oring Fi	rm		Tal	ephone	No	Wayne, NJ 074'	/0	1112222	NI -			
				101	chilone	140.	2000 2000		License	NO.			
Start Date (10)	-	Scher	lillad C	omali	otion De	ite (11)	973-638-1777		01127				
_09 / 29 /	14					14	Name of OSHA N						
						17	Envirovision Co	onsultants,Inc					8
Occupancy Status During Facility Closed/Vacate							Street Address						
Abatement Performed	Outside	of Normal	Facilit	ADate	ment re Do	ariba	20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AN	I- PI	VI/	PM.	- -	AM	City, State, Zip C						
		H-124 ISH		_			Fair Lawn, NJ 0						
Scope of Work (Check all	tnat app	Ny)						o and decontami			ssure	-	
>3 sf or >3 lf = 160 sf or >260 lf			X Re	novat	ion		Mini-End	tainment with Ne losure					
			☐ De	emoliti	on		Gloveba	g Procedure	Tent with Ne	gative Pre	ssure		
			1		et ou	7	☐ Non-Exe	mpted (*) and N	on-Friable Pr	ocedure			
Location of	nf.		200	s Loca Norma				ver u		Д	baten	ent T	ype
Asbestos-Containing N	fateria!	(ACM)	Use	ed Sol	ely by	Asbe	Description o stos Containing Ma		Amou	nt Z	Z Z	E	E
TO BE ABAT			V 5.04363	intena todial	ance/ Staff?	(i.e	., thermal systems	insulation,	(Speci	100 m	Repair	cap	Enclosure
(13)	4		000	(12)			surfacing, VAT other miscellane		SIF or I	-F) <u>≦</u>	. ¬	Encapsulate	ure
			Yes	No	N/A	1	outer imoonarie	.003)				6	
Garage			П		×	p	1			170			
Jarage	-			느		Pipe inst	llation		65 LF	[X			Ш
			Ш	$ \sqcup $									
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Name of Registered Waste	o Haula				DED West	I I I I I I I I							Щ
	o i laule			1		e Hauler ID No.	Cubic Yards of Wast		stered Landfi	11			
Gr Tech LLC					003378	35	TBD	T.R.R.F. Inc					
City, State							Disposal Date	City, State					
Wayne, NJ 07470							TBD	Tullytown, P	A				
Completed By (Print or Type	pe)	Title					Signature /	7 ,		Date			
\ Jevtic		Owi	ner				H	to wen	ran	09/19/2	0014		
ASB-41										09/19/2	2014		
MAY 11		\$	Do no	i use i	his form	n for asbesi	tos licensure exemp	ted activities.					