(K 514

6	0	Total S		
1.	 	carl &	بان	

Date of Notification (1) 9/23/14				Name o	f Building (earney	Owner/C Holdin	Operator as LLC	(2) c/o [OVL ING.	CEI	201	5:.	~			
Agencies Notified Type	Notification		-	Street A	Address		9		2015	SCI	Z1;	1.7	-/:			
ĭ EPA IX	Initial			000000000000000000000000000000000000000	st 55th S	5-70 (To 50 To 50			Λ		* 5.5		-7			
× DOL	Amended Amendment Emergency (000000000000000000000000000000000000000	ate, Zip Co ork, NY		2			âĽ	iči.		7	٧.		
ĭ DOH	iustification) Cancellation	iriciaaliig			f Contact es Caran	nes				Tel	ephone	Numb	er	- 1-35	0	
				FAC	ILITY INFO	ORMATI	ION			_'						
Name of Facility Where Abater Toch Industrial Park Buil	nentis Taking ding 17	Place (3)					Туре	of Facility (4	1)						
Street Address	anig 17								School (K-12 Subchapter		or than i	K 121				
166-194 Passiac Ave								×	Other (i.e. pretc.)				build	dings	, hom	es,
City (5) Kearney			-						re Feet	# 0	f Floors		2000	ildg. A	\ge	
County (6) Hudson					Code (7) USE ONLY)			Curre	nt Use (Prio	r if bei	ng dem	olishe	19.3	- Table 1		
Name of Monitoring Firm Hired	by Building C	Owner (8)		ASCN	4 No		Name		tement Con	tractor	/Q\	4				
Testor Technology	J, 201101119 C	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7,000	., 140.				Developn			es, Ir	ıc.			
Street Address 10-59 Jackson Ave							Street A		ss I Concour	se Si	iite 3-	51				
City, State, Zip Code									p Code							-
Long Island City, NY 111				Telepho	11-		7									
Sten Evenhouse							Telepho 718-9				Licens 0124					
Start Date (10) 10/03/14		Schedul 11/12/		pletion	Date (11)		Name of Julio		HA Monitor Z				40.			
Occupancy Status During Abate	ment (Check	Only Or	ne)				Street A									
Facility Closed/Vacated Do							317 9	10000								
Abatement Performed Out Other – Describe:	side of Norm	al Facility	Hours			_			p Code , NJ 0708	7						
Scope of Work (Check All That	Apply)															
≥3 sf or ≥3 If ≥160 sf or ≥260 If			Renova Demoliti				××××	Min Glo	Containme ii-Enclosure vebag Proce n-Exempted	edure					2	
		T	Locati	np.		-		NUI	r-Exempled	() and	I NOII-F	nable		Abate		1
Location of		1	Normali	у		Des	scription (of				L		Ту	ре	
Asbestos-Containing Materi TO BE ABATED	al (ACM)	Ma	d Solei intenar	ice/		os Cont	taining Ma systems	aterial			mount specify		т.		E	m
In Facility		Cust	lodial S (12)	taff?	11.6.	surfac	cing, VAT	, ог	idori,		or LF)		Remova	Repair	caps	Enclosure
(13)		Yes	No	N/A		other m	niscellane	eous)					val	air	ncapsulate	sure
1st Floor		1 103	X	180/5		Pipe	Insulat	ion		2	0 LF					
2nd Floor		1	X				oint Tar	MARKET CO.	-		25 LF	2				
Roof	х			FI	lashing			48	0 SF	12	-					
Exterior	Х			Caulki	ing/Gla:	zing		1,4	25 SF	2						
Name of Registered Waste Hau	er			JDEP W auler ID	/aste	Cubic	Yards		Name of R	ALL AND STREET						1
ATC						of Was	ste	-	Minerva	Ente	rprises	3				
City, State Shirley, NY 11967	Y 11967						sal Date 1/14		City, State Waynes		OH 44	4688				
Completed by	1	Title				S	ignature					Date				
Sanford Alper		Senio	or Pro	ject Ex	ecutive	1			<u> </u>			9/23	3/14			

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

CK 1037

Date of Notification (1) 09-23-14					Name of Route	Building (206 Ho	Owner/C Idings,	perator Inc c/c	(2) o C) Cus	shman &	Wak	efie	eld	of N	ew Je	rse	у		
Agencies Notified	Type Notif				Street Ad 293 Rd	ddress oute 206	6 South	h	•		ų	01# C	, ED	<u> </u>			,			
EPA DEP	Initial Amer				City, Stat	te, Zip Co	de					9 17. 	EP	25	,	11 7:	2			
DEP DOL		dment		_	Flande	ers,ŃJ,0	7836													
DOH DCA		gency (cation)	including	r	Name of			SEX. 14		10.5	Α,	٠.,	Tele	pho	ne N	umber				
DCA		ellation			Jina C	han						٠								
					FACIL	ITY INFO	PRMATI	ON				7.0								
Name of Facility Where A Route 206 Plaza-V			Place (3))						ype	e of Facility School (K									
Street Address									╁	-	Subchapt		Othe	r tha	an K-	12)				
293 Rt 206									Ž	7	Other (i.e						ding	js, l	nome	s,
City (5)							//		S	Sau	etc.) are Feet	-т	# of	Floc	ors	- 11	Bldg	. Ac	ne .	
Flanders											,000		1				40			
County (6)					County C	Code (7)			C	Curr	rent Use (F	Prior if	bein	g de	emoli	shed)				
Morris					(STATE L	JSE ONLY)			(Co	mmercia	al 								
Name of Monitoring Firm	Hired by B	uilding (Owner (8)		ASCM	l No.		Name India	of an	dA 1A	row Indu	ontrac ustrie	ctor (9) IC.						
Street Address			200		 			Street 144										-		
City, State, Zip Code											Zip Code			-					2000000	
			~ ~ ~ ~ ~ ~					AN XOMESA	On the same		1,NJ,075	01								
Project Manager for Mor	nitoring Firm				Telephor	ne No.		Telepi 973-			No. -9652			Lice 11	ense 83	No.				
Start Date (10) 10-04-2014			Schedule 11-04-2			Date (11)		Name Gora			SHA Monito	or								
Occupancy Status Durin	g Abatemer	t (Chec	k Only On	e)				Street	t Ac	ddre	ess			-						
Facility Closed/Vac		1957 1957 W 19			nent			144	M	ill :	St.									
Abatement Perform Other – Describe:	ned Outside										Zip Code 1,NJ,075									
								1 41	-	301	1,140,070			-						
Scope of Work (Check A	и глас Аррі	y)							7	_		9				2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			(made and a	enova emoli				Ě		M	ull Contain lini-Enclos llovebag P	ure		Neg	ative	Pressi	ıre			
								<u></u>	4	N	lon-Exemp	ted (*)	and	No	n-Fria	able Pr	cec	lure	1	
			is	Locat	ion												Ab	ate Typ	ment	
Location	Maria 177			lorma	lly ely by			scription				п					Т	1		
Asbestos-Containing TO BE AB		CM)		intena			tos Con thermal				al (ACM)		1733074	nou	0.752	7	_	_	En	ш
In Faci			Cust	odial (12)	Staff?	(1.0.	surfa	cing, VA	٩T,	or		.		or L		Remova	- Valori	0	caps	Enclosure
(13)				(12)			other r	niscella	nec	ous	5)					oval	=	<u>.</u>	Encapsulate	sure
			Yes	No	N/A														Ф	
Within the				Х			VAT &				M					x				
	North Side						2223300	stic A		ACRE			9,5		19.00	x	_			
	South Side					557-55	AT 9x9				destrational destruction		141070	8 S		x	1			
North & So				X			astic A		on	nbı			9,7			X				
Name of Registered Wa	ste Hauler			1010	NJDEP W Hauler ID		Cubic of Wa	Yards			Name									
Atlantic Carting					26085	140.	TBD			31415			S. N	Nor	th La	andfie	ld 			
City, State Wayne,NJ					***************************************		Dispo TBD	sal Date	9	/	City, S Morri	tate isville	e,PA	,19	067	•				
Completed by	····		Title	otor	,		5	Signatur	e/	1	11/1	/				Date 09-23	_1/			
Goran Igev			Secr	ciai y	() 		- 10		/		111	\				00-20	17			

(K 515 Print Form

Date of Notification (1) 9/23/14					of Building Owner Cearney Holdi			. 201	1 000		V		U	
Agencies Notified	Type Notification			Street A					4 SEP	24	FH	1 7	: 2	6
× EPA × DEP × DOL	InitialAmendedAmendment			City, Sta	ate, Zip Code York, NY 1002		***************************************	Δ'	å Lic			7	1.0	•
X DOH X DCA	Emergency justification) Cancellation	* 10-1-10-1 *		Name o	f Contact es Carames			AT I	lenhone N	lumbei				
Name of Facility Where A Toch Industrial Park	batement is Takin	g Place (3)	FAC	LITY INFORMA	TION	Type of Facility	y (4)	-					
Street Address 166-194 Passiac Av		12.5 24.					School (K Subchapt Other (i.e etc.)	er 8 (Oth	er than K & comme	-12) rcial bu	iildir	ıgs,	hom	es,
City (5) Kearney					=		Square Feet 50,000	3	f Floors		Bld 100	g. A 0	ge	
County (6) Hudson					Code (7) USE ONLY)		Current Use (F Industrial	rior if be	ing demol	ished)				
Name of Monitoring Firm I Testor Technology	Hired by Building	Owner (8)	ASC	M No.		of Abatement C amics Develo			s, Inc				
Street Address 10-59 Jackson Ave		+::					Address Grand Conco	urse S	uite 3-5	1				
City, State, Zip Code Long Island City, NY						City, 8	State, Zip Code							
Project Manager for Monit Sten Evenhouse	oring Firm		- 1	Telepho 718-75	ne No. 52-2090		none No. 906-1055		License 01241	No.			-	
Start Date (10) 10/03/14		Schedul 11/12/		npletion	Date (11)	Of the second	of OSHA Monito Lopez	DI,						
Occupancy Status During						1 1000000000000000000000000000000000000	Address 9th St					-		
Facility Closed/Vacat Abatement Performed Other – Describe:	ed During Entire F d Outside of Norm	enod of a	Abatem / Hours	nent :		City, S	State, Zip Code on City, NJ 07	087				-	- T XI	
Scope of Work (Check All	That Apply)						,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					-		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			Renova Demoliti			\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				dure	۵.	
			Locati					1	9 11011 111		20,2	10-11	ment	ĺ.
Location of Asbestos-Containing M TO BE ABAT In Facility (13)	laterial (ACM) ED	Use Ma	Normali ed Sole intenar todial S (12)	ly by nce/	Asbestos Cor (i.e. therma surfa		Material (ACM) s insulation, T, or	(8	mount Specify F or LF)	Removal	- indo	Renair	Encapsulate	Enclosure
Througho		Yes	No	N/A									e	
Througho			X			Insula		1	800 LF	X	1			
Roof	ut	-	X			VAT M		-	50 SF	X	1			
			×	-			g/Sealant	-	40 SF	X	+	1		
Exterior Name of Registered Waste	Annual Control of the		X	JDEP W		cing/Gla			45 SF	X				
AFC	naulei		H	auler ID 1310			1		red Landi rprises	111				
City, State Shirley, NY 11967	=				Dispo 10/0	sal Date 9/14	City, Sta Wayne		OH 446	588		1857/11-	27,20,00	
Completed by Sanford Alper		Title Senio	or Pro	ject Ex	ecutive	Signature				Date 9/23/1	4			

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

1/10	-11		\bigcirc	
CII	e(1)	#	ad	48

Date of Notification (1	/					Building Ov	wner / Oper	ator (2)			11.	
$\frac{-09}{-23}$	/14				Merck Street Ad	dress			- L.P. E		- Jul	
Agencies Notified	Type of No	otifica	ation		556 Morris							
☐ EPA ☐ DEP	7	Initia Ame	ıl nded		City, Stat Summit, N	e, Zip Code IJ	;	15000000	4 SEP 2			
☑ DOH ☑ DOL			ndment # rgency w	<u> </u>	Name of O			۵	Telephon	e Numb	erC:	j.)
		Cano	cellation						لنلنا	دوسنه کا		
				F	ACILITY IN	IFORMATIC	ON					
Name of Facility Whe	re Abatem	ent is	Taking I	Place (3)		Type of Fa	acility (4)					
							5040 BB U ROMAN					
Merck- S10 Street Address		_					School (K		4h 1/ 40	Λ.		
556 Morris Avenue								er 8 (Other , private &				
							bldgs., ho					
	County (6)			County Code	(7)	Square Fe		# Of Floor	'S	Building	g Age	
Summit	Union						,500 se (Prior if	being dem	olished)	•	30 +	
						Research		being dem	ionsneu)		30	
Name of Monitoring F	irm Hired	by B	ldg. Own	er (8)	ASCM NO							
AERO Environmental						No dh Ctar	Contracting	Oraun Ina				
Street Address		-				Street Add		Group, Inc.				
275 Route 10 East												
City, State, Zip Code	Q						s Parkway					
Succasunna, NJ 07876				Telephone Nu		City, State	e, Zip Code					
Michael Berta	chael Berta 97					East Hano	ver, NJ 079	36				
Control of the Contro	eduled Start Date (10) Sched. Complete					Telephone			License N	lumber		
10//06/	14	-	11 /	14/	14							
Occupancy Status Du	ring Abat	mon	+ (Chack	Only 1)			34-8682 OSHA Moni	for		0	0860	
				ire Period of			Contracting					
Abatement			1 7 20			Street Add						
		d Out	tside of N	ormal Facility		22 \A/illiam	a Darkway					
Hours - De Other - Des		M-F	7:00 am t	o 3:30 pm		32 William	e, Zip Code					
							ver, NJ 070		- E			
Scope of Work (Chec	k All That	Apply	()							- 6		
☐ Demolition	P. Committee		7	Renovation		Full Conta	inment wit	h Negative	Pressure			
≥3sf or ≥3lf	f		ت	Ronovation		Mini - Enc		ii Negative	1 1000010			
	≥260 If						Procedure					
					~	Non-Exem	npted (*) an	d Non-Fria	ble Proce	dure		
Location of			İs		Descript	ion of			Abatemer	nt Type		
Asbestos Contai	ining		cation	As	bestos - C				R		E	E
TO BE ABATE	-n		ormally Jsed		Material e., therma	500		Amount (Specify	E M	R	N C	N C
in Facility	-		Solely			facing, VA1	г.	SF or LF)	8.39	P	Ā	L
(13)	- 1		Main-			ellaneous)	š.		V	Α	P	0
-			nance/						A	1	S	S
			stodial aff (12)						L	R	L	U R
			NO NA								+	
1st Floor		4		Transite				820 sf				
1st Floor				Lab Top				218 sf			+-	+
2nd Floor 2nd Floor				Transite Lab Top				1045 sf 246 sf	7		+	
3rd Floor				Transite				5230 sf			1-2	
3rd Floor				Lap Тор				1390 sf				
Name of Registered V	Vaste Haul	er		NJDEP Waste	Marie Committee of the		Registered I					
NEWARK CARTING				Hauler ID No. 4509	of Waste	Lycoming (County Land	ailli				
City, State					Disposal	City. State						
NEWARK, NJ	1				Date	Montgome	ry, PA		D			
Completed by (Print of	r Tyne\			Title		L	Signature		10		Date	
STEVEN STILES	.,,,,,,			PROJECT MAN	NAGER		Ho	io £	V:00-	\supset	The second second	9/23/14

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

NO CK

		Name	e of Building Ow	ner/Operator (2)					-00-00-00
Date of Notification (1)		MER	CK SHARP & DO	OHME CORP.	l	0 :	71.		
9 / 23 /14		Stree	t Address		(4)	100		15	
Agencies Notified Type Notif	ication	126 E	E. LINCOLN AVE	NUE, P.O. BOX	2000, \$\$128-4145	~.		1000	
DEP Ame	al Notification ended Notification cellation	RAH	WAY, NEW JER		ALTER	to me	FM :	7: 2:	3
	Hold #1 ERGENCY NOTIFICATION	ON MIKE	e of Contact LATRONICA		Telephone Numb	per O			
Name of Facility Where Abatement is		ACILITY IN	FORMATION	Tunn of Engility	, /A\			11550	
MERCK SHARP & DOHME CORPORA	16				1015015		home	s etc)
Street Address 126 EAST LINCOLN AVENUE - BUILD	OING 805			Square Feet 23,835	# of Floors	T T	Bldg	. Age 35	
	nty (6)		ty Code (7) USE ONLY)	Current Use (Pri	or if being demolis eas fences from o			m. Lal	b.
Name of Monitoring Firm Hired by But ENVIRONMETAL HEALTH INVESTIG.	uilding Owner (8)	(OIAII	ASCM No.	Name of Abates	ment Contractor MENTAL CORPO	(9)			
Street Address 655 WEST SHORE TRAIL	A TIONO, INO.			Street Address 313 SPOOK RC		101110			
City, State, Zip Code	, NEW JERSEY 07871			City, State, Zip C	ode				
Project Manager for Monitoring Firm	Telephone	Number		Telephone Num		ense Ni	umber		
WILLIAM S. KERBEL, CIH Expected State Date (10)	973-729-56 Sched, Complet	~	1)	845-369-7500 Name of OSHA	Monitor 110	1			
9 / 29 /14 Month Day Year	11 / Month	Day	/14 Year		ORATORIES INC		#114	480	
Occupancy Status During Abatement (C	Check only one)		icui	Street Address	LOTREET				
X Facility Closed/Vacated Duri Abatement Performed Outsi	de of Normal Facility Hou	urs - Describ	oe:	117 EAST 30TH				201	
X Other - Describe: MON	NDAY-FRIDAY 7AM-3:30	D PM		City, State, Zip C	ode W YORK, NEW Y	ORK 1	0016		
Scope of Work (Check all that apply) X Demolition	X Renovation		Full Contai Mini-Enclo	inment with Negat	ive Pressure				
>3SF OR LF X >160 SF OR 260 LF				Procedure e Procedure					
Location of	Is Location		Description of As				batem		-
Asbestos-containing	normally used	C	ontaining Materia	Contraction Contraction	Amount	REMOV.	REPAIR	ENCAPSULE	ENCLOSURE
Material (ACM) TO BE ABATED	solely by Maint/Custodial	in	(ie. Thermal sys		(Specify SF or LF)	O	AIF	CAF	150
in Facility (13)	Staff (12)		or other miscella		0, 0, 2,	J₽L		IUS	SUI
	Yes No N/A		-					Ш	R
WINDOW CAULK	x	WINDOW	CAULK		2,000 LF	X			
ROOFING	х	ROOFING			12,600 SF	X			
						+-			\vdash
					-	+			\vdash
									\vdash
						-	<u> </u>	<u> </u>	\vdash
					ļ	-	-	-	\vdash
Name of Registered Waste Hauler	NJDEP Waste	Cubic Yard	s of Waste	Name of Registe	ered Landfill				
FREEHOLD CARTAGE, INC.	Hauler ID No.		120	LYCOMING CO	UNTY RESOURCE		NAGE	MENT	SER
825 HIGHWAY 33	15939	DiensID	ata .		R DRIVE/ROUTE	15			
City, State FREEHOLD, NEW JERSEY	11	Disposal Da 9/29/2014-1		MONTGOMERY	(PA 17752		1	1	1 1
Completed by (Print or Type)	Title		Signature	XX	Date	e G	17	21	14
BENJAMIN SANCHEZ	DIRECTOR OF OPER	ATIONS		/)X 0			12	2//	/

					State of New Jersey TION OF ASBESTOS ABA		V 5				
Date of Notification (1)			(r	ursu	Name of Building O MERCK SHARP &	Owner/Operator (2)				
9 / 10	/14				Street Address			-	_		
Agencies Notified Type	Notification	n			126 E. LINCOLN AV	/ENUE, P.O. BOX	2000. RY28-414				
X EPA X DEP	Initial Not	Notific			City, State, Zip Code RAHWAY, NEW JE		, in the second	<u> </u>			
X DOL	Cancellat On Hold	ion			Name of Contact		Telephone Num	har			
DCA	EMERG	ENCY I	NOTIF	ICAT			I elebriorie kimi	Dei			
					FACILITY INFORMATION						_
Name of Facility Where Abatem	ent is Tak	ing Pla	ace (3)			Type of Facilit	y (4)				
9						School (K					
MERCK SHARP & DOHME COR	PORATIO	N					er 8 (Other than K				Š
Street Address				-		Square Feet	private & commcl. # of Floors	blags.		s, etc g. Age	
126 EAST LINCOLN AVENUE - B	UILDING	805				23,835	2		100000000000000000000000000000000000000	35	
City (5)	County	6)			County Code (7)	Current Use (P	for if being demoli	shed)	Pha	rm. La	b.
RAHWAY	UNION				(STATE USE ONLY)		reas fences from o		nal ar	eas)	
Name of Monitoring Firm Hired ENVIRONMETAL HEALTH INVES	DY Buildii	ng Owi	ner (8))	ASCM No.		ment Contractor		יאכ		
Street Address	JII SAIIC	,, IIV			11	Street Address	IVIEN I AL CORPC	MATIC)N		-
655 WEST SHORE TRAIL						313 SPOOK RO	OCK ROAD				
City, State, Zip Code		==			F0	City, State, Zip					
Project Manager for Monitoring Fin	RTA, NE	N JER		As the second	Number	SUFFERN, NE Telephone Nurr		ense N	umaha		_
WILLIAM S. KERBEL, CIH				729-5		845-369-7500	110		umbei		
Expected State Date (10)		Sch			tion Date (11)	Name of OSHA		71			
9 / 29	/14		11		1 /14		ORATORIES INC	;	#11	480	
Month Day Ye Occupancy Status During Abateme	ear		onth		Day Year	0-111		1			
X Facility Closed/Vacated				f Abal	ement	Street Address 117 EAST 30TI	STREET				
Abatement Performed						111 2101 0011	TOTALLI				
X Other - Describe:	MONDAY	/-FRID	AY 7A	M-3:3	0 PM	City, State, Zip					
Scope of Work (Check all that appl	v)				Full Cont	I NE tainment with Nega	W YORK, NEW Y	ORK 1	0016		
X Demolition	" X	Rend	ovation	1	Mini-End		uve i ressure				
>3SF OR LF	_					g Procedure					
X >160 SF OR 260 L	F	Т.				ble Procedure	T				
Location of Asbestos-containing			Locat mally		Description of A Containing Mate		Amount	I A	baten	ent Ty	
Material (ACM)			solely I		(ie. Thermal s		(Specify	Ĩ	REPAIR	NC N	ENCLOSURE
TO BE ABATED		Maii	nt/Cus	todial	insulation, surface		SF or LF)	100	₽ R	AP	0
in Facility (13)			Staff (1		or other miscel	laneous)		12		E S	S
		Yes	INO	N/A				+	+	m	Ш
WINDOW CAULK		Х	-		WINDOW CAULK		2,000 LF	X		_	_
ROOFING	1	х	_		ROOFING		12,600 SF	X			
						55000					1
								T			
		+	-					-	-	-	
		+-	+					-	-	-	\vdash
		+					 	+	1	1	
								+	-	1	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC.	-	_	EP Wa		Cubic Yards of Waste	Name of Registe			14.5-		
325 HIGHWAY 33		riauli	er ID N 15939		120		UNTY RESOURCER DRIVE/ROUTE		NAGE	MENT	SE
City, State			. 5500		Disposal Date	City, State	DAIVEROOFE	. 10			
FREEHOLD, NEW JERSEY	1	0			9/29/2014-11/1/2014	MONTGOMER			,	_,	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title		ROF	OPER	ATIONS Signature	1	Dat	e G	110	1/1	4

Date of Notification (4)				Nam	e of Building Ov	vner/Operator (2	1.50E				
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					FACILITY IN	FORMATION			_			
Name of Facility Whe	ere Abatement is	s Taking Pl	ace (3)				Type of Facilit	y (4)				
							School (K					
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RAHWAY	UNI		77			E USE ONLY)	VACANT		****** ,			
Name of Monitoring	Firm Hired by B	uilding Ow	mer (8)			ASCM No.	Name of Abate	ment Contractor	(9)	- 00000		
ENVIRONMETAL HE	ALTH INVESTIG	ATIONS, II	VC.			17		MENTAL CORPO	DRATIC	N		
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Oity, Otate, Zip Code	SPARTA	, NEW JEF	RSEY 0	7871			SUFFERN, NE					
Project Manager for Me	onitoring Firm		Telep	ohone	Number		Telephone Num	ber Lic	ense N	umber		
WILLIAM S. KERBEL,	CIH		973-	729-5	649		845-369-7500	110	01			91
Expected State Date	(10)	Sch			tion Date (*		Name of OSHA	Monitor				
10 /	13 /14	١,	11	1	13		AMERISCI LAB	ORATORIES INC	3	#11	480	
Month D Occupancy Status Dur	ay Year		fonth	_	Day	Year	Street Address					
	sed/Vacated Dur			f Abat	tement		117 EAST 30TH	H STREET				
Abatement	Performed Outs	ide of Norm	al Facil	ity Ho		be:						
X Other - De	scribe: Monday -	Friday 7 AN	1 - 3:30	PM			City, State, Zip		(ODV.	0046		
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FREEHOLD CARTAG 825 HIGHWAY 33	E, INC.	Hau	ler ID N 15939			1		OUNTY RESOUR		VAGE	IVIEN I	SEK
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FREEHOLD, NEW JE					10/13-11/1	3/2014	MONTGOMER					
Completed by (Print or		Title				Signature		Da	te a	12	2/	11
BENJAMIN SANCHEZ		DIRECTO	OR OF	OPEF	RATIONS	-/				1 5	2/1	17

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Date of Notification (1) Name of Building Owner/Operator (2) Agencies Notified Page Pa	B (111.05 0 0						Name	e of Building Ov	ner/Operato	r (2)	M 6 1			
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City, State, Zip Code SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH Expected State Date (10) 10 / 13 / 14 / Month Day Year Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: X Other - Describe Monday - Friday 7 AM - 3:30 PM Scope of Work (Check all that apply) Demoition X > 35F OR LF 100 SF OR 280 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) X Renovation X ROOF TANK FARM Name of OSHA Monitor AMERISCI LABORATORIES INC #11480 Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK, 10016 Full Containment with Negative Pressure Mini-Enclot, Glovebag Procedure Non-Friable Procedur														
SPARTA, NEW JERSEY 07871 Project Manager for Monitoring Firm Telephone Number Telep		RAIL							1			_		
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Scope of Work (Check all that apply) Demolition X > 35F OR LF > 160 SF OR 260 LF Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) ROOF TANK FARM Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by Print or Type) Full Containment with Negative Pressure Mini-Enclox, Mon-Friable Procedure Abatement Type Containing Material (ACM) Amount (Specify Fin Pin Pin Pin Pin Pin Pin Pin Pin Pin P	V Other - De	Scribe, Monday -	Filluay 1	Alvi -	3.30	I IVI					YORK 1	10016		
Sase for Legistered Waste Hauler Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 15939 Title Signature Date Disposal Date City, State FREEHOLD, NEW JERSEY Completed by (Pint or Type) Title Date Dat	Scope of Work (Check	k all that apply)						Full Conta	inment with N	egative Pressure				
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FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Hauler ID No. 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State 10/13-11/13/2014 Completed by (Print or Type) Signature Date Date								DALINGS ESSENTIA						
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Hauler ID No. 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State 10/13-11/13/2014 Completed by (Print or Type) Signature Date Date													_	
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Hauler ID No. 15939 LYCOMING COUNTY RESOURCE MANAGEMENT SER 447 ALEXANDER DRIVE/ROUTE 15 City, State 10/13-11/13/2014 Completed by (Print or Type) Signature Date Date	Name of Device 115	Jacks I lander		LIBE	DIM		Cubia Vari	o of \Monte	Mama of De	gietorod Landfill		1		
825 HIGHWAY 33 15939 447 ALEXANDER DRIVE/ROUTE 15 City, State FREEHOLD, NEW JERSEY 10/13-11/13/2014 MONTGOMERY, PÅ 17752 Completed by (Print or Type) Title Signature Date							Cubic Yard		LYCOMING	gistered Landilli COUNTY RESOLI	RCE MA	NAGE	MENT	SER
City, State FREEHOLD, NEW JERSEY Completed by (Print or Type) Disposal Date 10/13-11/13/2014 MONTGOMERY, PA 17752 Signature Date		22, 11,0.	,) = /						
Completed by (Print or Type) Title Signature Date	City, State								City, State		- Calling			
BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS			Title				10/13-11/1:		MONTGOM		ate	~ /		/
				TOR	OF	OPER	RATIONS	Oignature /	X	ا		7/2	23/	N

Date of Notification (1)				Name of Building Ov MERCK SHARP & DO	기계기가 기계가 하는 것이 되었다면서 하는 이 100이다.	F 2	Q.				
24 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 100 - 1							-		-	_	-
9 / 23 /14 Agencies Notified Type Noti	fication			Street Address 126 E. LINCOLN AVE	NUE, P.O. BOX 2	2060, 184SER	124	FM	7	. ~	
EPA X Initi	al Notification ended Notifination	53		City, State, Zip Code RAHWAY, NEW JER		ALTE		1 M	Tio	٠.	
	Hold ERGENCY	NOTIF	ICATI	Name of Contact ON MARY BETH BAKER		Telenhone	llutbhar	₩ 4 \$.	•		
				ACILITY INFORMATION							
Name of Facility Where Abatement i	s Taking P	ace (3)		Type of Facility		1				
MERCK SHARP & DOHME CORPOR	ATION					r 8 (Other tha					,
Street Address					Square Feet	orivate & com			omes Bldg.) —
126 EAST LINCOLN AVENUE - BUILI	DING 82B				1,250	1	,,,		40	_	
AND THE RESERVE AND ADDRESS OF THE PROPERTY OF	unty (6)			County Code (7)	Current Use (Pri	or if being der	molishe	d)			
	ION	(0)		(STATE USE ONLY)	VACANT Name of Abate	ment Control	otor (0)				
Name of Monitoring Firm Hired by B ENVIRONMETAL HEALTH INVESTIG			III	ASCM No.	PAR ENVIRON						
Street Address				5 0	Street Address						
655 WEST SHORE TRAIL					City, State, Zip C						
City, State, Zip Code SPARTA	A, NEW JEF	RSEY	7871		SUFFERN, NEV		01				
Project Manager for Monitoring Firm		Tele	phone	Number	Telephone Num	per	Licens	e Nun	nber		
WILLIAM S. KERBEL, CIH			729-56		845-369-7500		1101				
Expected State Date (10) 10 / 13 /14			omple /	tion Date (11) 13 /14	Name of OSHA AMERISCI LAB		INC		#114	80	
Month Day Year	10 CO	/lonth	L	Day Year	AWENISCIEAD	ONATONIES	1110		n () ¬		
Occupancy Status During Abatement (Street Address						
X Facility Closed/Vacated Du Abatement Performed Outs					117 EAST 30TH	STREET					
X Other - Describe: Monday -				urs - Describe.	City, State, Zip C	ode				-	
						W YORK, NE	W YOF	RK 100	016		
Scope of Work (Check all that apply)	l∨ ∃pa	. a. satia.		Full Conta	inment with Negat	ive Pressure					
Demolition >3SF OR LF	X Rer	novation	l.		Procedure						
X >160 SF OR 260 LF				X Non-Friab	le Procedure						
Location of		s Loca		Description of As			.		teme		1
Asbestos-containing Material (ACM)	no	ormally solely		Containing Materi (ie. Thermal sy		Amoun (Specif	it	REMOVAL	REPAIR	ENCAPS	ENCLOS
TO BE ABATED	Ma	int/Cus		insulation, surfaci		SF or LI	F)	0	AR I	AP	0
in Facility (13)		Staff (or other miscella	neous)			₽		SULE	SURE
	Yes	No	N/A				-+	-	-4	Ш	m
ROOF			X	PIPE INSULATION		75 LF		<u> </u>	_		
ROOF			Х	BUILT UP ROOF/FLASHIN	IG	1,250 SF		X			
		+-	-					-	-		
	_	+-	-			-	-+	\dashv			
		+	\vdash					\neg			
								_			
Name of Registered Wests Hauter	NI II	DEP W	lacto	Cubic Yards of Waste	Name of Registe	ared Landfill					
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		JEP W Jier ID 1593	No.	40	LYCOMING CO	UNTY RESO			AGEÑ	MENT	SER
City, State		, 000		Disposal Date	City, State						
FREEHOLD, NEW JERSEY Completed by (Print or Type)	Title			10/13-11/13/2014 Signature	MONTGOMER	r , PA 1//52	Date			-	
BENJAMIN SANCHEZ		OR OF	OPE	RATIONS				7/	23	5//	4

(K 3623

Date of Notification (1) 9/23/14				Building Cangfan C			(2)	i.	:011		نا			
1-2-40 17-00 11-00-10-00-00 V	Type Notifica	ation	1 0	Street A 119 W	ddress . 57th St	reet, #	906	2	014 SE	P 24 F	M 7	: [9		
DEP DOL	Amendo Amendo Emerge	ment #ency (including	_ [New Y	te, Zip Coo ork, NY)	A,	· · · · · · · · · · · · · · · · · · ·	7 <u>0</u> 0 c	- 7	233	- 42	
DOH DCA	justifica Cancell		4	Jennife	Contact er Gabof				الماهة ا	eĥone Nun	nher			
Name of Facility Where Ab Game Time (Former)		Taking Place (3)		FACI	LITY INFO	RMATIC	ON	Type of Facility (4)		S			
Street Address 760 Route 33				**				School (K-1 Subchapter Other (i.e. p	8 (Othe			dings,	home	∋s,
City (5) Hamilton								Square Feet 70,000	# of	Floors		ldg. A 0+	ge	
County (6) Mercer		#5.5			Code (7) USE ONLY)			Current Use (Pri Retail (Unoco			ied)			
Name of Monitoring Firm H Acer Associates	lired by Buil	ding Owner (8)		ASCN	No.			of Abatement Cor ervices, LLC	ntractor	(9)				
Street Address 1012 Industrial Drive				Lenguage				^{Address} West Lincoln F	lighwa	y, Suite	500			
City, State, Zip Code West Berlin, NJ 0809	91						1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	tate, Zip Code n, PA 19341						
Project Manager for Monitor Matt DePalma	oring Firm		10 92	elepho 356-80	ne No. 09-1202			one No. 372-8884		License N 01161	0.			
Start Date (10) 10/7/14		Schedule 10/31/1		pletion	Date (11)		Name EMS	of OSHA Monitor L						
Occupancy Status During				000000				Address Route 130 Nor	th					
Abatement Performed Other – Describe: 7:0	d Outside of	Normal Facility	Hours	ent	3	_	City, S	tate, Zip Code aminson, NJ				***		
Scope of Work (Check All	That Apply)	200,250						-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emolitic					Full Containm Mini-Enclosure Glovebag Pro-	e cedure					
		Is	Locatio	n .			<u>L</u>	Non-Exempte	d (*) and	Non-Friab	le Pro	Abate	ement	t
Location o	1977 Control of the Control of the Control	N	ormally Solely	1			cription					Ty 	pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Mai	ntenan odial S (12)	ce/		thermal surfac			(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Former Come Ti		Yes	No	N/A	F1 - T		<i>t</i> : n		47	200 5	ļ		Ф	
Former Game Ti	me space			X	Floor II	ie Mas	tic/Le\	eling Com	17,	000 sf	X	-		
Name of Registered Waste	Hauler		l N.	IDEP W	/aste	Cubic	Yards	Name of	Registe	red Landfill				
Waste Management o		NJ		uler ID		of Was		222	ANNO 110 110	Mercer S				
City, State Trenton, NJ							al Date	City, Stat Morrisv		Α				
Completed by Jack Bally		Title Sr. Pr	oject	Mana	ger	S	ignature	h Ball	4 D) Da	te 23/1	1		

State of NJ Notification of Asbestos Abatement

(K 00637

2014 SEP 24 FM 7: 18 D&S Proj. #: 2014-376 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 10 19 1/11 18 1/11 14 1 eleanor flanagan Agencies Notified Type Notification Street Address Initial ☐ EPA 65 mohr avenue Amended DEP City, State, Zip Code Amendment #: DOL Emergency BLOOMFIELD, NJ 07003 (including DOH. Name of Contact Telephone Number justification) □ DCA eleanor flanagan-patricia Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) eleanor flanagan-patricia Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 65 mohr avenue Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BLOOMFIELD **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 01169 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 10/02/14 10/24/14 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 If Mini-enclosure Renovation M Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely F Location of E e by maintenance/custodial n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C material (acm) to be (Specify SF or material (ACM) C 0 a a abated in facility (13) Yes N/A No p PIPE INSULATION 74 l ft X basement Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State 10/03/14 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date PRESIDENT BOGDAN JOLDZIC 09/18/14

Do not use this form for asbestos licensure exempted activities.

ASB-41

1'K 006372

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

D&S Proj. #: 2014-375

					2811 00	P 24 FM 7: ;				
Date of Notification (1)	Name of Build	ing Owne	r/Operator (2)		" SE	P 24 D.				
0 9 /1 8 /1 4		OOD WC	MEN'S CLU	UB	4:	FA 7: ;	`			
Agencies Notified Type Notification	Street Address	3			271	53 m. 1	1			
_ Amended	219 RIDG	EWOOD	AVENUE		- 410	CEYS TIME				
Amendment #:	City, State, Zip	Code				**.G ~				
DOL Emergency	GLEN RI	DGE, NJ	07028							
DOH (including justification)	Name of Conta	act		-		Telephone	Number			
DCA Cancellation	SUZZAN	E TUCK								
		FACIL	LITY INFORM	ATION						
Name of facility where abatement is	taking place (3)				1	Type of Facility (4	1)			
£					1		(K - 12)			
RIDGEWOOD WOMEN'S CI	LUB						apter 8 (Other t		-12)	
Street Address							Private/Comme Homes, etc.	ercial		
219 RIDGEWOOD AVENUE							# of Floors	Bi	dg. Ag	ge
City (5)	County (6)			0.0000000000000000000000000000000000000	nty Code (7)					
				(Stat	e use only)	Current Use (Pr	ior if being den	nolishe	ed)	
GLEN RIDGE					Name of Abotomore	t Contractor (0)				
Name of Monitoring Firm Hired by B	slag. Owner (8)		ASCM No.		Name of Abatement			83		
				_	D & S RESTOR	RATION, INC.				
Street Address					Street Address					
0				_	20 California A City, State, Zip Code					
City, State, Zip Code										
Project Manager for Monitoring Firm	I Dho	ne Numbe			Paterson, NJ 0	/503	License Num	her		
Project Manager for Monitoring Firm	Pho	ne Numbe	31	- 11	973-345-8020)	01169			
					Name of OSHA Mor					
Start Date (10)	Sched. Completion	Date (11)		D & S Restorat	tion, Inc.				
10/02/14	10/24/14				Street Address					
Occupancy Status During Abatemen	7				20 California A	venue				
Facility closed/vacated during Abatement performed outside					City, State, Zip Code	9		1		
Describe: NORMAL Ho	OURS			_	Paterson, NJ 0	7503				
Scope of Work (check all that apply						Full Containment w	/negative pres	sure		
D	Renovation					Mini-enclosure				
	Demolition				⋉	Glovebag procedur				
	Is location normally us	vielos bes				Non-Exempted (*)	and Non-triable	R	E	
Location of asbestos-containing	by maintenance/custo		1	on of a	sbestos-containing	Amount	e	е	n	E n
material (acm) to be	staff(12)		material (sbestos containing	(Specify S	For o	p a	a	C
abated in facility (13)	Yes No	N/A				LF)	v e	į į	p	L
basement kitchen, kichen closet			PIPE INSU	JLATI	ON	12 l ft	×	台	\Box	\Box
meeting room and storage room			"			53 L FT		愩		盲
meeting room and storage room								盲		
								\Box		
							П			
Registered Waste Hauler	NJDEP Hauler ID	90	ubic Yards of	Waste	Name of Registere					
D & S RESTORATION, INC.	13506		YD	manufacture.		, RESOURCE RE	COVERY			- I luga
City, State		isposal D			City, State	T DA				
PATERSON, NJ 07503		10/03/14	Signature		TULLYTOWN	N, PA	Date		_	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Oignature				09/18/201	4		
	Do not use this form for	or asbesto	s licensure ex	empte	d activities.		1			

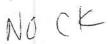
CK# 24641

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

Date of Notification (1) 9/22/14			Nam	e of Buildi	ng Owner/Operato T1	he Marillac C	and pus	Ü			
Agencies Notified	Type Notification	n		Stree	et Address		75 Mapleton F	/.	6			
DEP DOL	Amended Amendment Emergency		<u>_</u>	City,	State, Zip	Code	ainsboro, NJ (VEG 751				
DOH DCA	justification Cancellation)		Nam	e of Conta	ct Adam Pate		Telephone Nu	mber		01	
				FA	CILITY IN	FORMATION						
Name of Facility When			0.000				Type of Facility	(4)	933	2		
	Building	6 Gyn	nnas	ium			School (K-1)		10)			
Street Address	75 Ma	pleton	Roa	d				8 (Other than K- rivate & commer)		ilding	s,	
City (5)	Pla	insbor	o.				Square Feet 5000 SF	# of Floors	1	3ldg.	Age 70	
County (6)	liddlesex				inty Code (E ONLY)	7) (STATE	Current Use (Pr	ior if being demo	olished)		
Name of Monitoring Fi		Owner	_	ASCM	No.	Name of Abater	ment Contractor (9)				
(8) USA	Environmenta	1				Ster	vens Environr	nental Servi	ces, I	nc.		
Street Address	344 W. State	Street				Street Address	PO E	Sox 322				
City, State, Zip Code	Trenton, I	NJ				City, State, Zip (n, NJ 08501				_
Project Manager for M William V	lonitoring Firm Weigarber Jr.		2,552,832	ephone 09)65	No. 6-8101	Telephone No. (609) 25	59-9688	License No.	0049	3		
Start Date (10) 10/1/14	Sch	eduled C	omple 0/8/		ate (11)	Name of OSHA		ronmetnal				
Occupancy Status Du	ring Abatement (Ch		PORTON CO.			Street Address						_
☐ Facility Closed/Vac ★ Abatement Perform						City, State, Zip C		ley Place				_
Other - Describe:								NJ 07728				_
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	сан (пасарру)		novat molitic			Mini-En	ntainment with Neg closure ag Procedure empted (*) and No					
		ls L	ocatio	on		[]NOH-EX	empled () and No	I-Filable Proced	1	Abate	ment	a a a a a a a a a a a a a a a a a a a
Land		Pr 00.000 B	omally							Ty		
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED ity	Main Cu S	Solel itenan istodia staff? (12)	ce/		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaned	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
C+	۸	Yes	No	N/A	T	10. 0	·	ALE			te	
Stage A	Area	-		×	1	hermal Pipe F	ittings	4 LF	X			
			-						+			
Name of Registered W	aste Hauler		IN	JDEP \		Cubic Yards	Name of Regis	tered Landfill				
Stevens Enviror		es Inc	Н	auler ID	No. 292	of Waste 1/2 CU		R.R.F., Inc. 1	and.	611		
City, State	imental Servic	CS IIIC.	- -	102	.92_	Disposal Date	City, State	/ / /	_anu.			=
	Allentown,	NJ				10/8/14	1	Tullytown,	PA			
Completed By Mahlon E. St	evens	- 300	oject	Man	ager	Signature		Date		2/14		_
SB-41 IAR 00	* [Do not us	se this	form t	for asbesto	os licensure exem	pted activities.					-

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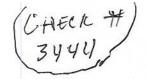
RECENTED



111 SEP 249 EM 200314	Mam	e of Building	Owner/Operator ARTIATE	CH COI	UTRACTIN	16
gencies Nouried Type Notification	Sve	el Address	SS RT	50		
man I S UU Tanna	L		J			
		State. Zip C	REEN E	IEID N.	J 0823	50
Emergency (in	naluding				Telephone Number	
DOH Justification) Cancellation	Nam	re of Contac	- BRE	unic		- · - ·
Caucalision				.014(0	-	
		CIUTY IN	ORHATION	Type of Facility (4	<u>) </u>	
ame of Facility Where Abatement is Takin	g Place (3)			C School (K-12)	*	
PESIDENCE				Subchapter 8	(Other than K-12) rate & commercial t	oulanos.
771 AL CLORI	MONT AL	尼		homes, etc.)		Bldg Age
	TO NO.			Square Feet	# of Floors	40+
MARGATE				1000	r K being demolishe	
	Co	unty Code (7) (STATE	Current Use (Pho	ANT	
County (6)		SE ONLY)				
same of Maritoning Firm Hired by Building	Owner ASO	N No.	Name of Abater	neni Convactor (9)	21	
B)						
ireel Address			769	S. SPRUC	E AVE.	
			City, State, Zip	Code	-	
ity State Zip Code			MA	OLZ SHAD		8:30
BMT CANCELLAND CANCELLA	. Telephon	× No	Telephone No.		100nse No	4
racci Manager for Monitoring Firm	. 101022	_		79-0472	0099	
T Can	eduled Completion	Date (11)	Name of OSHA	Maning / F 04	M	
Stan Date 110	0/13/14	į.		PKALEM		
10/6/14	eck only one)		Sueet Address		=1050	
Occupancy Status During Abatement (Ch. Facility Closed/Vacated During Entire P	period of Abatemen	il	3695			
Facility Closed/Vacated Dolling 2000	al Facility Hours		City, State, Xio	COSE SHAD	= N.J.	06052
Other - Describe:			MAP	LE JAND		
Scope of Work (Check all that apply)			FUEC	ontainment with Ne	gabye Pressure	
	Renovation	Sp.	☐ Min+E	nclosure		
11 55 to 15-311	Compaison				on-Friable Procedu	1 e
eran stat > 260 H			INOF	yeubred (,) and M		ADBIETTE C.
50 \$1 01.≥260 II		\neg	INDIF	w core (.) perduex		Apatement 1 pe
(Do \$1 of 5200 II	Is Location Normally		Description	0 0		1,700
5 CD0 \$1 0C 260 II	Is Location Normally Used Solety Di Maintenance/		Description	i of Jajenal (ACM)	Amount (Specity	1,700
Location of Aspessos. Containing Material (ACM)	Is Location Normally Used Solely by Maintenance/ Custodial		Description estos Containing to e. Unormal system surfacing. V	i of Raterial (ACM) is insulation. AT, of	Amouni	1,700
Substitution of Aspessos Containing Material (ACM)	Is Location Normally Used Solety Di Maintenance/		Description estos Containno	i of Raterial (ACM) is insulation. AT, of	Amount (Specity	120
Substitution of Aspessos Containing Material (ACM)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)		Description estos Containing to e. Unormal system surfacing. V	i of Raterial (ACM) is insulation. AT, of	Amount (Specify SF & LF)	Removal
Aspesios Containing Material (ACM)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No	ASO (i	Descriptor esios Containng I e Thermal system surlading, V/ other myscella	i of Kalena (ACM) is insulation. AT, of neous)	Amount (Specity	1,700
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Name of Registered Waste Hauler K LEMCO INC. City State MDPLE SIADE, N	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No	ASO (i	Description estos Containing le e thermal system sudaong. Vi other myscella TRAM S1 Cubic Yards of Waste	Name of Re City, State Water and City City City City City City City City	Amount (Specify SF & LF)	Removal X
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Date of Notification (1) 9/12/2014				lame of Honey	10 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -	Owner/Op	erator	(2)			1		And A			
Agencies Notified	Type Notification			street Ac 101 Cc	idress olumbia	Road				2014	SEP	24	FM	5.	<i>:</i> -	
X EPA X DEP X DOL	Initial Amended Amendment #				te, Zip Co own, Ne	de ew Jers	ey 07	962	. L	9.		100	<i>r</i>	7	ं हे ।	
☑ DOH DCA	Emergency (ir justification) Cancellation	icluding	1000	vame of Dan Ha	Contact arris					Tele	phone	Numb	ar .	<u>, , , , , , , , , , , , , , , , , , , </u>		
Name of Paulika MA are	A L	51 (6)		FACIL	ITY INFO	PRMATIO	N	T. In a	of Fooliby (4)							
Name of Facility Where A Honeywell SA6 Site		Place (3)						enter a	of Facility (4)							
Street Address		-NC-E-24							School (K-12) Subchapter 8	(Othe						
80 Kellogg Street									Other (i.e. prieto.)	vate 8	comm	ercial i	build	ings,	home	ıs,
City (5) Jersey City	or and the second secon	10.54. Saltania and	***************************************	Chilicadornami milei madedo		HICKORY AND STREET		Links were some many	e Feet	# of	Floors		100,000	dg. A	ge	
County (6) Hudson			0	County C	ode (7) ISE ONLY)				nt Use (Prior ANT PRO				1)			
Name of Monitoring Firm Emilcott	Hired by Building O	wner (8)		ASCM	No.				tement Contr		(9)					
Street Address 190 Park Avenue			-	L				Addres Getty								
City, State, Zip Code Morristown, NJ 079	60						City, S	tate, Zi	p Code w Jersey (0701	1-180	2				
Project Manager for Mon Dave Tomsey				elephor	ne No. 8-1110		Teleph	one No	0,		Licens 0072	se No.				
Start Date (10) 9/23/2014		Scheduled	Com				Name	of OSH	A Monitor	ln a	0012		-			
Occupancy Status During		9/30/201						Addres		inc.						
								Getty								
Abatement Perform	ated During Entire Pe ed Outside of Norma Monday-Friday 7:00ar	I Facility H		ent					ip Code ew Jersey	0701	1-180	2				
Scope of Work (Check A	Il That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat noliti				×	Min	l Containmer ni-Enclosure ovebag Proce n-Exempted	dure						
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Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	-	enar dial S (12)	taff?		tos Conta thermal s surfaci other mi	ining M systems ng, VA	Material s insula T, or		(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
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Concrete slab ou	tside building	X		Х		VAT	& Mas	stic		40	00 SF	- 2	K			
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Name of Registered Was Slavco Construction	Н	JDEP W auler ID 3508		of Wasi			Name of R G.R.O.W									
City, State Clifton, New Jersey				Disposa	al Date		City, State Morrisvil		а							
Completed by	Completed by Title					11/20/20	gnature		M			Date 9/1:		112		-
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Date of Notification (1	1/22/14		Name	of Buildin	CAMPIOPERADO	(2) (2)	1600% ; 6	`.	
Agencies Notified	Type Notification	on .	Street	Address 3.00	77 7.	14 - SI,			
₩ BA	initial Amended Amendment		City, S	tale. Zip C		-4 LB(7)	OF 2 43		
□ DOH	Emergency justification	(including	Name	of Contac	-	,	Telephone Numb	er	
□ ∞ ₄	Cancellation			1000)			
Name of Facility When	e Ahalement is Tak	ing Place (ELITY INF	ORMATION	Type of Facility	(4)		
R	FSIDERC	<u>G</u>				School (K-1) Subchapter	8 (Other than K-12) نام اند اندا اندا	200
Street Address 57	17 WEST 1	VE.				homes, etc.	nivate & commercial)		g Age
City (5)	4 Cary					Square Feel			
County (6) ~			Coun	ry Code (7 ONLY)	STATE	Current Use (Pr	ior if being demotis	hed)	
Name of Monitoring Fit		Owner	ASCM I	Ho.	40.04	neni Contractor (9			
(8)	U/A				Cironi Addraes	EM CO I			
Street Address	*				369	S, S PRUC	= dut.		
City, State, Zip C∞de					City, State, Zip C	PLE SHA-	DE N.J.	080	52
Project Manager for M	onitoring Firm		Telephone I	Y 0	Telephone No.	9-0472	License No.	7 4	
		edited Cor	noision Dai	le (11)	Name of OSHA	Monitor			
Start Date (10)		0 /13	/14			SEPH KL	EMM		
Occupancy Status Du Facility Closed/Vac	ring Abatement (Ch	eck only a	ne) halement		Sueel Address	S, SPA	LULE LUCT		
Abatement Perform	ed Outside of Norm	al Facility	Hours		City, State, Zip C	APLE S	IDDE N.	J. (280
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Name of Registered W	Vaste Hauler	-	NUDERY		Cubic Yards of Waste	Name of Reg	pistered Landfill	1.	
K LEMCO	INC.		Hauter D	NO.	Disposal Date	City, State	1,0,70,0.7	==	
City. State	E SHA	06,	NIJ		USDOS 1 0 816		DA BINE	<u>v.J.</u>	
Completed By	Th		10		Signature	a Klen	Date 9	122/	114
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State of New Jersey HOTHCATION OF ASBESTOS ABATEMENT

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

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

Check No. 2056____

Date of Notification (1)	-			N	ame of	Building	Owner/Operator	(2)		ton f .	-	J.	
September 22, 20	14			F	rope	rty Sol	utions, Inc.		2811 000				
Agency Notified	Type Noti	fication			treet A				2014 SEP 2	4 FM	5:	25	
100				3	323 N	ew Alb	any Road		۸٠ _~-				J
EPA Hot required per State Reg. 10 2004	Initial □ Amend	led		C	ity, Sta	te, Zip C	ode		A	S 00-1	7:	r.	
DOL Musquarie daniel nam	Amen	dment #		3774			, NJ 08057		e Lici		3		
⊠ DOH	☐ Emerg justific	ency (including ation)		N	lame of	Contact			Telephone Num	her			
□ DCA	☐ Cance			(Conn	or Pens	siero						
27- 5-10 (2000-8010))			10000		FACIL	ITY INFO	RMATION						
Name of Facility Where	Ahatement	is Taking Place	(3)	1000				Type of Facility	(4)				
N/A	7 (50(0)))		137					☐ School (K-12)					
Street Address								☐ Subchapter 8	(Other than K-12)			
									vate & commercia	l building	S,		
1 Palmer Terrace	-11							homes, etc.) Square Feet	# of Floors	Bldg. A	\ge		
City (5)								400,000	1 warehouse 3	43	1		
Carlstadt				- 1 -	Sau-1-	Cod= /71	/CTATE LISE		office or if being demoli			-	
County (6)					County ONLY)	Code (7)	(STATE USE	G.	or it boing defilor	c.iou,			
Bergen						т	Name of Abot-	Office	1				-
Name of Monitoring Fire		Building Owner	1	SCM I	No.			ment Contractor (9		200			
Acer Associates,	LLC		1	N/A			The state of the property of the state of th	storation Co.,	Inc., 22-2074.	200	_	_	
Street Address	1 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Street Address						
1012 Industrial D			1-		223 Randol								
City, State, Zip Code				City, State, Zip									
West Berlin, NJ	0.00						Clifton, N.J	07011	T tieses Ne				_
Project Manager for Mo	nitoring Firr	n	2000	ephon			Telephone No.		License No.				
Matt DePalma			1		9-120	2	973-478-468	NOTE:	00120		_		
Start Date (10)		Scheduled Con			e (11)		Name of OSHA		Samilara I I	_			
October 02, 2014		October 31		14		44		vironmental S	services, L.L.	U.	-		_
Occupancy Status Duri	ng Abateme	ent (Check only	one)				Street Address						
☑ Facility Closed/Vaca	ted Durina I	Entire Period of	Abate	ement			100	Brook Avenue	;		_	_	_
☐ Abatement Performe ☐ Other - Describe:	d Outside o	f Normal Facilit	y Hou	irs			City, State, Zip Lyndhurst,	NJ 07071-199	98				
Scope of Work (Check	all that appl	у)				W.	П Е	I Containment with	Negative Pressu	re			
≥ 3 sf or ≥ 3 lf					110177	ovation	☐ Min	i-Enclosure		80.785			
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☐ Glo	vebag Procedure n-Exempted (*) and	d Non-Friable Pro	cedure			
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	tion of			d Solel			Description		Amount				Е
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	ABATED acility		С	ustodi Staff?		"	surfacing, VA	AT, or	SF or LF)	Removal	Repair	psu
10 100	13)			(12)			other miscella	neous)			val	1	late
			NVS	1 5391				= ~					
4-4-51			Yes	No	N/A	VAT	- Beige 12" X	(12"	22	21 sq ft	X		
1st Floor office	1		-		$ \Diamond $	-	Blue & Whit 12" X	Service St. Company Company		36 eq ft	h .		Г
1st Floor utility closet						1//12	- 13 G Till 12 X				Ĺ		
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Name of Registered W			100000	DEP V No.	Vaste H	lauler	Cubic Yards of Waste	is. 15.					
B&N&K Restorat	tion Co.,	ınc.,	0.000	2695		10	2		nterprises, In	ic.			
22-2674200							Disposal Date	City, State					
City, State						7/08/13	Waynesbu	urg, OH					
Clifton, N.J 0701 Completed by	<u> </u>	Title		-	-	-			3,	Date			
P 23 1732	nan		nad	er				m		9/22/	20	14	
G. Roger Woodman Project Manager							411					e 581	-

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Date of Notification (1) 09/18/14 CK#3	260 \$200		Name of I	Building C)wner/C	perator	(2)	201	4 SF	Par		- E.	J			
Agencies Notified	Type Notification		1.555	Street Ad 240 Co	dress rbin Stre	eet	8		G.		P 24 1	H.	5:	tS		
DEP DOL	Initial Amended Amendment				e, Zip Coo k, New J		07114	1	1	i L	CELL	J 17	ï, '	· ·		
DOH DCA	Emergency justification) Cancellation		1.3%	Name of George	Contact Stavro	u				Tele	enhone Ni	imho			À-00-00	
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Port Newark Conta				Former	Entran	ce Ga	te	☐ Sc	Facility (4) hool (K-12)						
Street Address 240 Corbin Street									ibchapter 8 her (i.e. pri c.)				ildi	ngs,	home	s,
City (5) Newark, New Jerse	ey 07114	-						Square 16,300	Control of the contro	# of 2	Floors		55	dg. A	ge	
County (6) Essex				County C STATE U	ode (7) SE ONLY)			1 Table 1989	Use (Prior nouses	if bei	ng demoli	shed)				
Name of Monitoring Firm T&M Associates	n Hired by Building	Owner (8)		ASCM	No.			of Abate Corpo	ment Conti ration	ractor	(9)					
Street Address 11 Tindall Road							170 (170 (170))	Address McBrid	e Avenue							
City, State, Zip Code MIddleton, New Jer	rsey 07748							State, Zip dland F	Code Park, Nev	v Jer	sey 074	24				
Project Manager for Mor Kevin Burns			Telephon	ne No. 6-1725		1931 454 137 1400	hone No. 225-84	00		License 01104	No.					
Start Date (10) 09/29/14		Schedule		pletion D	Date (11)		100000000000000000000000000000000000000	of OSHA	Monitor nmental l	Labs						
Occupancy Status Durin								Address	22 West	f				-		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr 7:30 AM - 4:30 PM						City, S	State, Zip			3					
Scope of Work (Check A	All That Apply)												-			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoliti					Mini- Glov	Containmer Endlosure ebag Proce Exempted	edure	850				2	
		ls	Locati	on								П	-	Abate	ment	1
Locatio	n of	_ N	Iormall	y		De	scription	n of				-	-	Ту	pe	_
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) B <u>ATED</u> ility	Mai	d Solei intenar odial S (12)	nce/		tos Con therma surfa	taining I	Material (ns insulati AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											Ф	
SEE ATTA								2		+	-					
									1							
Name of Registered Wa Lilich Corporation	ste Hauler		Н	JDEP W auler ID 3724		of Wa	Yards este		Name of R			fill				
City, State Woodland Park, Ne	w Jersey 07424	1			-	Dispo	sal Date 0/14	9	City, State Morrisvi		ennsyla	vani	а			
Completed by Momo Glavatovic	Presi	dent			Signatur	e E	16		1.00	Date 09/1	8/1	4				

Throughout the subject buildings interior canopy X Structure	Throughout the subject buildings interior canopy X Structure X	Throughout the subject buildings Type 2 Toll Booth Structures X	Throughout the subject buildings Type 1 Toll Booth Structures X	Throughout the subject buildings interior canopy X Structure X	Throughout the subject buildings Type 2 Toll X Booth Structures	Throughout the subject buildings Type 1 Toll X Booth Structures	Former Entrance Gate; Canopy Roof; all X Black aspha perimeters, associate penetrations and parapets (all applications and thicknesses)	Former Entrance Gate; canopy Roof (all Black asphalti applications and thickness) X (top layer) over fiber the state of t	Former Entrance Gate; Toll Booths between Lanes 1&7 (associated with 11 Toll Booths wall assemblies) Grey/ tan file	Second Floor and First Floor Roof Levels; associated with all perimeters and penetrations X Black aspl	First Floor Roof Level X Black aspha	Second Floor Roof Level X Black aspha	Utility Room of Front Office X Green 9"x	Front Office Bathroom; below white marbled 1212" "self stick" floor tile X green 9"x5	stick" green 9"X"
Sodium-vapor light bulbs			Fluorescent light tubes			PCB Containing light ballasts	Black asphaltic layered roofing flashing compound and associated black asphaltic roofing flashing/sealant compound	Black asphaltic rolled roofing felt with white stone ballasts (top layer) over black asphaltic roofing felt (middle layer; above fiberboard) over black asphaltic roofing felt (bottom layer; below fiberboard)	Grey/ tan fibrous interior metal panel insulation (type 2 Toll Booths)	Black asphaltic roofing flashing/sealant compound	Black asphaltic roofing tar with stone ballast (top Layer over black asphaltic roofing felt (bottom layer)	Black asphaltic roofing tar with stone ballast (top Layer over black asphaltic roofing felt (bottom layer)	Green 9"x9" floor tile and associated black asphaltic mastic	Beige 12"x12" 'self stick" floor tile \middle layer\) and green 9"x9" floor tile and associated black asphaltic mastic (bottom layer)	green 9"x9" floor tile and associated black asphaltic mastic (bottom layer)
6	140	22	24	80	22	12	700 SF	11,750 SF	990 SF	400 SF	1,750 SF	1,400 SF	36 SF	16 SF	-
×	×	×	×	×	>	× ×	×	×	×	×	×	×	×	×	

			Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)
	Yes	Cas	Is Loca Soleh
	N _o	Custodiai Staff? (12)	Is Location Normally Used Solely by Maintenance/
	N/A	7 (12)	ally Used enance/
		miscellaneous)	Material (ACM) (i.e. ing, VAT, or other
			Amount (Specify SF or LF)
	emoval	R	
	daluzaas qəA	03	Abatement Type
ente	Enclo		

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

Name of Building Owner/Operator (2)

Date of Notification (1)		Name	of Bui	lding	Owner/Operator	(2)					
9-22-14			Gl	endel	nia	Gillespie		REC.			1	
Agencies Notified Ty	pe Notifi	cation	Stree	et Addr	ess					- =	,	
[]EPA	[X]Initial	l ication			- 27	Terrace	20	14 SEP 24	FM	ς.	. m	
[]DEP		•	1 7	State			٨.	220V		J.	J	
[X]DOL	[]Amended Notifi	i cation	Ir	vingt	con,	NJ,07111	£1, .	(35	(10×)	T-,		
[X] DOH	[]EMERGEN	NCY	100000000000000000000000000000000000000	of Con		Cilleria	Telephor	id. Numbor		1 =		
[]DCA	[]Cancel]	lation	GI	ender	IIA	Gillespie	1		555			
						INFORMATION						
Name of Facility Where	Abatemen	t is Tak	ing Pl	ace (3)			Type of Facil	ity (4)				
Same as above							[]School				101	
Street Addres							[X]Other (ter 8 (Othe i.e., priva	ate &	COM	mer-	
								uildings, l				
City (5		County	(6) Es:	sex	Cou	nty Code (7)	Square Feet	# of Flo	ors	вта	, Age	
					(SI	ATE USE ONLY)	Current Use (Prior if be	eing d	emo	lished	1)
Name of Monitoring Fire Owner (8)	m hired by	y Buildi	ng AS	CM No.			ment Contracto					
N/A							ianagement	, Inc.				
Street Address						Street Addres	A					
							stopher St	•				
City, State, Zip Code						Montclai	r, NJ 070	42				
Project Manager for Mon	nitoring 1	Firm T	elepho	ne Numb	er	Telephone Num	ber		Licens	e N	umber	
- 1		N	/A			(973)744	-8800		003	71		
Scheduled Start Date (10) Scl	hed. Com	pletio	n Date	(11)	Name of OSHA	Monitor					
10-1-14		10-2	500000000			N/A						
Month Day Year Occupancy Status During		Month nt (Chec	Day k only	Year one)		Street Addres	s				- 20	
[X]Facility Closed of Abatement												
[]Abatement Perfo				Facili	ty	City, State,	Zip Code					
Hours - Describ []other - Describ				ript»								
Scope of Work (Check a	ll that ap	pply)	3000			Ш				-		
[X]>3 sf or >3	1.f		[X] Ren	ovation	,		Containment wi -Enclosure	th Negative	e Pres	sur	е	
[]≥160 sf or			1 :	olition			bag Procedure					
			Is			[]Non-F	riable Procedu	re	Δ.	hate	ment	Trme
Location of			Locati			Description					E	E
Asbestos-Conta: Material (AC			Used	•		Asbestos-Con Material (이번(1) [1] 이번 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount (Specif	. 13		R C	C
TO BE ABATE	2015 II		By Mai	n-		(i.e., thermal		SF or		2	PP	O
In Facility	Y		Custod	ial		sulation, surfa or other misce		LF)		Δ .	I	S
(13)		Yes	taff (N/A		or other misce.	llaneous)			L	R L	R
Basement				X	Pip	e Insulat	ion	140 1	f X			
					Boi	ler		20 SF	. X			
					I STATE OF THE STA							
Name of Registered Wast		20,223.9	NJDEP V	Naste ID No.	3 (2000)	bic Yards Waste 1.5	Name of Regi		dfill			
AZTECH MANAGEM	ENT, 1		1704		OI.	maste 1.5	G.R.O.W.	ა.				
City, State	7040		0.0			sposal Date	City, State	11. ~	100		2	
Montclair, NJ 0	1042				-	10-3-14	Morrisvi	IIe, PA	190	167		
Completed By (Print or	Type) T	itle				Signature	1		Dat	e		7-2 7-2
Constantine Viv	ian P	resid	ent			CV.	Um		9-2	2-1	4	
							0,00		2000			

CK 4373

2			(Purs	suant to	NJAC 8:	ou and 12:12	u)		(10	A				
Date of Notification (1) 9/22/14						vner/Operato tracting (F		CITY OF IV	IIIIVIIIE	· • • • • • • • • • • • • • • • • • • •				
Agencies Notified	Type Notification			reet Add				201	4 SE	24 F	4 5:	į į		
EPA DEP DOL	Initial Amended Amendment #		1,000,000		, Zip Code			Ąį		INS CO		_	3	
DOH DCA	Emergency (ir justification)Cancellation	ncluding	1000	ame of C	Contact	10			Telle	phone Num	ber-			
	Canocitation		1	FACILI	TY INFOR	RMATION			-					
Name of Facility Where A vacant house	batement is Taking	Place (3)					☐ s	of Facility (4 School (K-12 Subchapter 8	2)	er than K 12	\			
Street Address 401 Vine Street							×	other (i.e. pr tc.)	rivate 8	commercia	l build	1859		s,
City (5) Milville NJ 08332							Square 1000	e Feet +	# of 2	Floors	1 8500	dg. A	ge	
County (6) Cumberland				ounty Co	ode (7) SE ONLY)		Currer	nt Use (Prio se	r if beir	ng demolish	ed)	35		
Name of Monitoring Firm	Hired by Building C	wner (8)	1	ASCM	No.	2 1000000000	e of Abat	ement Con	tractor	(9)				
Street Address						V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	et Addres Box 32							-
City, State, Zip Code							State, Zi st Berli	p Code n NJ 080	91					
Project Manager for Mon	itoring Firm		Te	elephon	e No.	Tele	phone No 3-753-9	o.		License N 00727	0.		00	
Start Date (10) 10/3/14		Scheduled 10/10/14		oletion D	ate (11)		e of OSH	A Monitor						
Occupancy Status Durin	a Abatament (Chac						et Addres	is.						_
Facility Closed/Vac	ated During Entire F led Outside of Norm	eriod of Ab	ateme	ent .	9		State, Zi				i persona			
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ттас друу)		novatio				Mir Glo	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				re.	
		T	ocatio				140	II-Excilipto	2 () 411	4 7 10 17 1 110	T		ement	t
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Main Custoo	rmally Solely tenand	/ / by ce/		Description Containing thermal system surfacing, other miscel	Material ms insula VAT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior S	Siding	1		Х	*	Exterior	Siding		350	0000 SF	×			
											-	-	-	-
Name of Registered Wa	ste Hauler	-	N.	JDEP W	aste	Cubic Yard	S	Name of	Regist	ered Landfi	1	1	<u></u>	
EartH Tech			1000-03	auler ID 3429	No.	of Waste 6		CCIA						
City, State Greenfield NJ	3/40				Disposal Da 10/10/14	ate	City, Star Millville		8332					
Completed by Anthony T Perna	Title Presid	ent			Signat	are				ate /22/1	4			

D Emergenus D

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

CK-4375

Date of Notification (1) 9/22/14		A	Ilan Ka	ytes Priv	ner/Operator vate Home	(2)				- 1-1						
Agencies Notified Type Noti		1	Street Address 12 Joy													
DEP Ame	ended endment #ergency (including	_ N	City, State, Zip Code Manahawkin NJ 08050 Name of Contact Telephone Number													
DOH justif	fication) cellation		Name of Contact Telephone' Number Allan FACILITY INFORMATION													
	:- Takina Diago (2)		FACILI)	_					_						
Name of Facility Where Abatement Allan Kaytes Street Address	-				So So	Subchapter 8 (Other than K-12)										
12 Joy City (5)					Square	Floors										
Manahawkin NJ 08050 County (6)		County Co			600	ng demol	nolished)									
Ocean				E ONLY)		Hous		tractor	(0)							
Name of Monitoring Firm Hired by N/A		ASCM	No.	Peri	ne of Abatement Contractor (9) ernaco Inc.											
Street Address					PO	et Address Box 329										
City, State, Zip Code					r, State, Zip Code est Berlin NJ 08091											
Project Manager for Monitoring Fire	1	10.00				Ephone No. License No. 00727										
Start Date (10) 9/22/14	d Com	npletion D	ate (11)	Nam Sar	ne of OSHA Monitor me											
Occupancy Status During Abatema Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Scope of Work (Check All That Ap ≥3 sf or ≥3 If	ng Entire Period of A le of Normal Facility (ply)	batem Hours enova	ation		City,		p Code I Containm		n Negativ	ve Pre	essur	e				
≥160 sf or ≥260 lf	emolit	tion			Glo	d Non E	Non-Friable Procedure									
						i No	n-Exemple	IQ INOTI-I	Tiable	Abatement						
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Use	Locat lormal d Sole intena odial (12) No	lly ely by ince/ Staff?	Asbest (i.e.	Descripti os Containing thermal syste surfacing, other miscel	Material ms insula VAT, or	(ACM) ation,	Amount (Specify SF or LF			Removal	Repair	e Encapsulate	Enclosure		
Exterior Siding			x		Exterior	Exterior Siding 1400 SF >										
												_		_		
			-											+		
Name of Registered Waste Haule	er		NJDEP W		Cubic Yard	S	Name of	Regis	tered La	ndfill		<u> </u>				
United Containers	l i	Hauler ID No. of Waste 22459 3			G.R.O.W.S.											
City, State Elm NJ				Disposal Di 9/24/14	ate	City, State Morrisville PA 19067										
Completed by Anthony T Perna	Title Pres	ident	t .		Signa	Signature					Date 9/22/14					

CK 4374

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

RECEIVED

Date of Notification (1) 9/22/14	Name of Building Owner/Operator (2) Earth Tech Contracting (For The City Of Millville) Street Address Street Address																		
Agencies Notified	Type Notifica	tion	155 Rt 50																
EPA DEP DOL	Initial Amende		171	City, State, Zip Code Greenfield NJ 08230 2 LICENCING															
DOH DCA		Name of Contact Telephone Number Toni																	
Name of Facility Where	Abatement is 1		FACIL	ITY INFO	RMATIO	N	Type of Facility (4)												
vacant house		3 (4)							chool (K-12)						-				
Street Address 317-319 Vine Street		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometc.)											s,						
City (5) Milville NJ 08332									Square Feet # of FI			s Bldg. Ag							
County (6) Cumberland					ode (7) SE ONLY)			Current Use (Prior if being demolished) House											
Name of Monitoring Firm Hired by Building Owner (8 N/A									e of Abatement Contractor (9) naco Inc.										
Street Address									t Address Box 329										
City, State, Zip Code						State, Zip Code st Berlin NJ 08091													
Project Manager for Monitoring Firm			7	Telephone No.			Telephone No. License No. 856-753-9800 00727												
Start Date (10) Scheduled (10/3/14 10/10/14				ompletion Date (11) Name				e of OSHA Monitor											
Occupancy Status Durin	:)	Street					t Address												
Facility Closed/Vacated During Entire Period of Abar Abatement Performed Outside of Normal Facility Ho Other – Describe:									p Code										
Scope of Work (Check A	All That Apply)			-	***														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	enovat emoliti			2		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure													
				Location					-Exempted (NON-FII	able Pro	WYSYS SVE	Abatement						
Locatio	ormall	y		Desc	scription of						Туре								
Asbestos-Containing TO BE AB In Fact (13)	g Material (ACN BATED ility	Mair Custo	ntenan odial S (12)	al Staff? (i.e. ther si oth			ystem ng, VA	Material (ACM) As insulation, (S		(S	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure				
Exterior :	Sidina	Yes	No	N/A		Evtori	or Si	idina 200			2800 SF		-	72.72					
Exterior	Siding			Х		Exteri	rior Siding 280				JU 3F	х							
						*						-							
Name of Registered Waste Hauler			1000	NJDEP Waste Cubic Yards															
EartH Tech				Hauler ID No. of Waste 6429 6				CCIA											
City, State Greenfield NJ				Disposa 10/10/		City, State Millville NJ 08332													
Completed by Anthony T Perna		Title Presid	Title President					Signature					Date 9/22/14						



| Emergenty \$

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

CK 43761

Date of Notification (1) 9/22/14					Name of Building Owner/Operator (2) Deborah Biegalski Private Home													
	otification			Street Address 2814 SEP 24 FM 5: 02 283 West 7th Street														
DEP A	itial mended mendment # mergency (ii			City, State, Zip Code Ship Bottom NJ 08008 2 LICE														
DOH ju DCA □ C	- 1	Name of Contact Telephone Number Deb 6										,						
				FACIL	ITY INFO	RMATI	ON											
Name of Facility Where Abateme Deborah Biegalski Private		Place (3)						Type of Facility (4) School (K-12)										
Street Address 283 West 7th Street		Subchapter 8 (Other than K-12) Other (i.e. private & commercial bu etc.)									uildings, homes,							
City (5) Ship Bottom NJ 08008							400 1			# of Floors			Bldg. Age 35+					
County (6) Ocean					Code (7) ISE ONLY)		Current Use (Prior if being of Garage & House				emolished)							
Name of Monitoring Firm Hired b		ASCM	No.		ne of Abatement Contractor (9)													
Street Address					et Address Box 329													
City, State, Zip Code							City, S	State, Zi	p Code n NJ 080	91								
Project Manager for Monitoring F	T	Telephor	ne No.	Telepl	ohone No. License No753-9800 00727													
Start Date (10)		npletion [Date (11)		Name	ne of OSHA Monitor												
9/22/14 9/24/14						Sam												
Occupancy Status During Abatement (Check Only One)			e)			Street	et Address											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hot Other – Describe:						State, Zip Code								-				
Scope of Work (Check All That A	(vlaa										-			0.50000				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,	********	enova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						9					
	Locati	ion								Abatement								
Location of		N	ormal	lly		De	scription	n of	1			-	Туре					
Asbestos-Containing Materia TO BE ABATED In Facility (13)	I (ACM)	Mai	d Sole ntena odial s (12)	nce/		os Con therma surfa	taining I	Material (ACM) ns insulation, AT, or		Amou (Speci SF or L			Removal	Repair	Encapsulate	Enclosure		
Roof				x		F	Roofing	na 356			56 SF	,	c					
Batroom		X					Transite Pipe						c					
			(0130 Fe															
Name of Desigtered Wests Have			1.6	LIDED W	lasts	Cubia	Vordo		Nome of	Dogist	arad I a	ndfill						
				NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 2				S Name of Registered Landfill G.R.O.W.S.										
City, State Elm NJ						Dispo 9/24/	sal Date	tte City, State Morrisville PA 19067										
Completed by Anthony T Perna	Title President						Signeture					Date 9/22/14						