1. 1.1	1)0)			Sta	te of New	Jersey	,								
(, , , ,		N	OTIFIC	CATION	OF ASBE	STOS	ABATEN	MENT			7 1				
Date of Notification (1)			9275		Building O					21	750-5				
Date of Notification (1)					erson S				ciation		îlā sep g	:0	1.1	7:5	+
Agencies Notified	Type Notification			Street Ad		treet	Conde	7 1 100 0	020,020					*.	-
	M Initial		2	26 Jeff	erson S	treet				37.5				Jes	
□ EPA □ DEP	☐ Amended				e, Zip Coo						4: 1 .		the s	114	4
₩ DOL	Amendment		- I	Ioboke	en, Nev	v Jers	ey 070	30							
DI DOH	☐ Emergency (justification)	including		Name of	Contact					Tele	phone Num	ber			
X DOH □ DCA	☐ Cancellation		F		n Stoll					101		_			
	At the Table	- Diese (2)		FACIL	LITY INFO	RMAT	ION	Type	of Facility (4)					
Name of Facility Where			5					67/8							
226 Jefferson Street	et Condo Asso	ciation						□ S	chool (K-1 ubchapter	8 (Othe	er than K-12)			
	ng.							DX C	ther (i.e. p	rivate 8	commercia	l build	ings,	nome	s,
226 Jefferson Stree	et			-					tc.) e Feet	# of	Floors	BI	dg. Ag	ge	
Hoboken															
County (6)				County C	Code (7)			Currer	nt Use (Prid	or if bei	ng demolish	ed)			
Hudson				(STATE L	JSE ONLY)										
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.		Name	of Abat	ement Cor	ntractor	(9)				
Omega Environm	ental Services							mor I							
Street Address								Addres							
280 Huyler Street									Street, 3	rd Fl	oor				
City, State, Zip Code							1 0000000000000000000000000000000000000	State, Zi		012					
South Hackensack							1		NY 100	013	License N				
Project Manager for Mo	nitoring Firm		А.	Telepho				hone No			01150	J.			
Anton Rezin		Cabadula			9-8700 Date (11)			131-06	A Monitor		01130				
Start Date (10)					Date (11)		10								
Saturday 10/03/20 Occupancy Status Durin	115	09/03/)				t Addres	lytical I	IIC.					-
1907/1901/1907/1900							307 V	Nest 3	8th Stre	eet					
☐ Facility Closed/Vac ☐ Abatement Perform	cated During Entire med Outside of Nor	nal Facility	Hour	nent s			City, S	State, Z	p Code						
☐ Other – Describe:			8			_	New	York,	NY 100	018					
Scope of Work (Check	All That Apply)						1								
□ ≥3 sf or ≥3 lf			Renova	ation			1				n Negative F	ressu	re		
□ ≥160 sf or ≥260 lf			Demoli	ition					ni-Enclosur ovebag Pro						
								□ No	n-Exempte	d (*) ar	d Non-Friab	le Pro	cedur	е	
		Is	Loca	tion										ement pe	
Location	on of	1	Norma	ally		D	escriptio	n of				-	1 9	pe	
Asbestos-Containin	g Material (ACM)		ea Sole intena	ely by ance/			ntaining al systen			600	Amount Specify	D D		Enc	g
TO BE Al		Cus		Staff?	(1.6.	surf	acing, V	AT, or	20011,		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13			(12)			other	miscella	aneous)				vai	1	ulat	ure
		Yes	No	N/A										Ü	
1st Floor Hallway			X		VATI	ile &	Masti	ic		151 3	SF	X			
15t 11001 Hallway	×	_			1										
		_			-										
					-	-						-			
			L,	NUDED :	0/4-	T Contract	o Verde		Nama	f Regist	ered Landfil				
Name of Registered W	aste Hauler		100	NJDEP V Hauler ID		100000000	ic Yards /aste		ivallie 0	i Negisi	Cieu candill				
New Carting, Inc.	•			VI-913		02.00-500					ral Landf	ill			
City, State			14			Disp	osal Dat	e	City, Sta		3 (0)				
369 Raymond Bly	d. Newark, NI	071105							Moon,	Tow	nship PA				200
Completed by		Title		10.00	52-5000 Feb.		Signatu		12			ate	001	_	
Teresa Borowiec		Estin	nator	/Senir	o PM		TEVE	566	DETOL	LIVE	_ 09	9/23/	201:)	

(K 08149

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)

Data of N	stification /	1\				CONTRACTOR OF THE PARTY OF THE	Building Ou		ator (2)			and the same		de porte.	
100000	otification (1) / 2015					Building Ow ity Electric	nier / Oper	at01 (2)				12		
<u> 08</u> /	/19	/_2015				SHAREST STREET, STREET	NAME AND ADDRESS OF TAXABLE PARTY.	-			-			-	
, ,	/	= (N	,,,,,	,.		Street Add		22	***					2	
Agencies		Type of No					ing Highwa	The same of the sa	7[1]	500-0			0.50	2	
	EPA		Initia				, Zip Code								
		✓	Ame				ding NJ 083	330							
V	DOH	_		ndment #		Name of C			P 12	Telephor	ne Nu	ımbe	r	i.	
V	DOL	□			justification	Bob Fram	е			F					
			Cano	ellation						_				1000	No. of the last
					FA	ACILITY IN	FORMATIO	N							
Name of F	acility Who	ere Abatem	ent is	Taking F	Place (3)		Type of Fa	cility (4)				_			
	Substation		ciit is	ruking i	1000 (0)		l'ype or ra	Omey (4)							
								School (K	-12)						
Street Add	dress								er 8 (Other	than K-12	2)				
262 60th S	Street						V	Other (I.e.	private &	cmmercia	aĺ				
								bldgs., ho							
City (5)		County (6)			County Code ((7)	Square Fe	et	# Of Floor	S	Bui	lding	Age	.,	
Avalon		Cape May			E 880 E			000	1				25	5	
							Current Us	se (Prior if	being dem	olished)	Ī				
							Sub Station								
Name of N	Monitoring	Firm Hired	by Bl	ldg. Owne	er (8)	ASCM NO	Name of A	batement	Contractor	(9)					
										100.00					
Vertex							NorthStar		g Group, li	nc.					
Street Add		I Wass					Street Add	iress							
-	r Industria			_											
	e, Zip Code						32 William					_			
Aston, PA							City, State	, Zip Code							
		onitoring F	irm		Telephone Nu	mber		N.I. 07							
Don Heim	-	77.53			610.558.8902			ver NJ. 07	936						
A THE REPORT OF THE PARTY OF THE PARTY.	Start Date		Sche	The state of the s	letetion Date (1		Telephone	Number		License	Num	ber			
10/	/1	2015	_	10	4 /	2015	072 77	2.3660				0.0	0860		
2	/ C4-4 D	Abat		/ (Charle)	/ O=l++4\			SHA Moni				00	0000		
		uring Abate			ire Period of				g Group, li	200					
V	Abatemen		leu Di	urning Ent	ire Feriod Oi		Street Add		g Group, n	110.					
			4 0	laida of N	ormal Facility		Street Add	iress							
	Hours - D		u Out	iside of N	Offinal Facility	•	32 William	s Parkway							
V		escribe:	THUI	RS-SUN				, Zip Code							
	ounce be			AM-3:30P	М			ver, NJ. 07							
Scope of	Work (Che	ck All That	Apply	/)											
				20		_									
	Demolitio			J	Renovation				h Negative	Pressure	9				
	>3sf or_>3					$\overline{\checkmark}$	Mini - Enc								
V	≥160 sf or	≥260 If					Glovebag								
						~	Non-Exem	ipted (*) an	d Non-Fria	ble Proce	dure	!			
	Location o	£		İs	·	Descript	ion of			Abateme	nt T	me			
(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (estos Conta		1.	cation	Δ.	bestos - C				R	I	pe	E	ĮΕ	
(27) (4.0-c)	laterial (AC		588	ormally	, A3	Material (Amount	Ë	R		N	N	
7.00	O BE ABAT			Used	η.	e., thermal			(Specify	M	ΙÈ		c	c	
1	in Facility			Solely			facing, VAT		SF or LF)		P		A	Ľ	
	(13)	·*		/ Main-			ellaneous)	,	01 01 11)	V	Ä		P	0	
	(13)		0.00	nance/		other misc	onuneous)			Å	lî		s	s	
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			100000000000000000000000000000000000000	aff (12)						-	1.,		L	R	
				NO N/A							t			\neg	
1st Floor					Transite Panels	S			2380 SF	V	1				
Exterior			Ħ		Caulk				100 LF	V	1	n			ħ
			_							n	1				6
			-												
Name of F	Registered	Waste Hau			NJDEP Waste	Cubic	Name of R	egistered	Landfill		-				
JL Davis			1550		Hauler ID No.	Yards		County La							
PO Box 5	24				19.70(4)	of Waste	'								
City, State	Э					Disposal	City. State				1111111				
	ew NJ 0823	0				Date	2046 Kear	ney Ave							
							Woodbine	NJ 08270							
	d by (Print	or Type)			Title			Signature		7	1		Date	7	
Rich Sem	ega				Project Manag	ger				9	1			120	
									<u></u>		1			08	9/24/15



Date of Notification (1) 09/21/15				Name of Dougla	Building (as Mass	Owner/G	Operator	(2)	2815 SE		17.12	: 53				
Agencies Notified	Type Notification			Street A	ddress Somerse	t St		1	¥ 3-5		2 70 1	- OL				
DEP DOL	Amended Amendment				te, Zip Co n NJ 08				C* 1	- 110 ()			S-9-10			
DOH DCA	justification) Cancellation	Marine Control of the			Contact as Mass	i					ephone					
				FACI	LITY INFO	RMAT	ION					***************************************				
Name of Facility Where A Douglas's Estate	Abatement is Takin	g Place (3)						Ту	pe of Facility (0000						
Street Address 51 E Somerset St									Subchapter	8 (Oth			ıildir	ngs,	home	es,
City (5) Raritan									uare Feet 300	# of 3	Floors			g. A		
County (6) Somerset					Code (7) JSE ONLY)				irrent Use (Pri acant	or if bei	ng demo	olished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	No.		Name India	of A	Abatement Con Arrow Indus	ntractor stries ((9) Co.					
Street Address	*				7		Street 144									
City, State, Zip Code									, Zip Code on NJ 0750	1						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph 973-		No. 3-9652		Licens 1257					
Start Date (10) 10/02/15	9	Schedule 10/30/1		npletion I	Date (11)		Name Gora		SHA Monitor gev							
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Add	iress							
Facility Closed/Vaca Abatement Perform	ed Outside of Norn							State	, Zip Code					V	25_77	
Other – Describe:							Pate	ersc	on NJ 0750	1						
Scope of Work (Check A	II That Apply)	V2 1					_									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(manus)	enova emolit				×		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	:33					
		13000		activity					Non-Exemple	u () aii	u Non-r	Hable F	11,000		ment	
Landing		1 1111111111111111111111111111111111111	Locati Iormal			ъ.			1					Ту		
Location Asbestos-Containing	90.55 N	20045000	d Sole		Asbest		escription Itaining N		rial (ACM)	А	mount				Е	
TO BE ABA	ATED	10000000	ntenai odial S	(2000)		therma	l systems	s ins	sulation,		Specify	2	1	Z.	inca	Enc
In Facil (13)	ity	V 2014000-100	(12)				cing, VA miscellar			SF	or LF)	Kelliova		Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>	-	٦	late	Ге
BASEMI	ENT	X					TSI			2	00LF	Х	1			
							20						†			
- I						-							\top			
													T			
Name of Registered Was	te Hauler		200	JDEP W	537	100000000000000000000000000000000000000	Yards	31117	Name of	Registe	red Lan	dfill				
INDIAN ARROW/AT	LANTIC CART	ING		auler ID 00161/		of Wa			G.R.O	W-27/19/HP-14/200						
City, State PATERSON NJ /	WAYNE NJ					TBD			City, Stat	e TOWI	N PA					
Completed by GORAN IGEV		Title SECI	RETA	ARY			Signature	Э				Date 09/20	0/1	5		

Date of Notification (1) 9/17/2015					f Building											
Agencies Notified	Type Notification		_	Street A	Partne	rs, LLC		29	15 SEP 2	5 1	112: 6	: 1				
					aaress Springfie	eld Ave	nue					171				
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	ate, Zip Co	ode			<u> </u>		17: G	UI.				
DOH DCA	Emergency justification) Cancellation				f Contact att Gros	s (Own	er's R	ep)		Te ¹	12) 990	Numb				
					LITY INF			/			-, -,					
Name of Facility Where A Former Irvington Ge)					Туре	of Facility (4	4)						
Street Address	nerai nospitai								School (K-1			((0)				
832 Chancellor Aver	nue							X	Subchapter Other (i.e. p etc.)				build	dings	hom	es,
City (5) Irvington								000000000000000000000000000000000000000	re Feet ,500	# of	f Floors		1000	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY)			ent Use (Prio	or if bei	ng demo	olished	d)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)		ASCN	/ No.			of Ab	atement Con racting, LL		(9)					
Street Address					77		Street	Addre			ĸ					
City, State, Zip Code					ii		City, S	state, 2	Zip Code							
Project Manager for Monit	toring Firm		Т	Telepho	ne No.		Teleph	none N		/ 0/4/	License					
Start Date (10)		Schedule	d Cor	mpletion	Date (11)		77.50		-5040 HA Monitor		00874	1				
10/01/2015		12/30/2	015		- 0.0 ()				racting, LL	.C						
Occupancy Status During			(3)				Street			~: <u>4</u> -	12					
Facility Closed/Vacat Abatement Performe	ted During Entire d Outside of Norr	Period of A nal Facility	bater Hour	nent s					ey Road, S Zip Code	Suite	n					
Other – Describe: _						_	77.77.77		lew Jersey	074	70					
Scope of Work (Check All ≥3 sf or ≥3 lf	гпат Арргу)	П		e.			×	7 _		57 8550						
× ≥160 sf or ≥260 lf		and the same of th	enova emoli				×	Mi Gl	III Containme ni-Enclosure ovebag Proc	edure						
		Tes.	No compressive	•			Į.X	l No	n-Exempted	(*) and	d Non-Fr	riable		WEST TO	e ement	
Location	of	N	Locat orma	lly		Des	scription	of							pe	
Asbestos-Containing N TO BE ABA			d Sole ntena			tos Cont	aining M	/lateria		0.505	mount		_		Ш	m
In Facilit (13)		Custo	odial ((12)	Staff?	(1.6.		cing, VA	T, or			pecify or LF)		Removal	Repair	caps	Enclosure
(13)		Yes	No	N/A		other n	niscellar	neous)					oval	air	Encapsulate	sure
See Attac	hed	100	X	1302						LE	& SF	-	x			
										LI	& OI	-	^			
Name of Registered Wast			550	IJDEP W lauler ID		Cubic			Name of F	Registe	red Land	dfill				
Service Transport Gro	oup, Inc.		1993	0990	140.	of Was	>(E	, II	Minerva	Ente	rprises	, LL	2			
City, State New Castle, Delaware	е					Dispos TBD	sal Date		City, State Waynes		Ohio					
Completed by Predrag Sarcev		Title) w.c '	don!		S	ignature					Date				
r redray Garcev		Vice F	-resi	aent		1			2			9/17	/20	15		

MO#23037706844

Date of Notification (1)				Name o	f Building (Owner/Opera	tor (2)		***************************************			7	
	21 / 15		S	Steve N	/IcLaughli	in			2015 SEP 48 1 4 5 6 1 11	25 -	K 2		
Agencies Notified	Type Notification			Street A	Address						16,	: 7	0
☐ EPA	Initial		2	263 Kir	ngsland T	егтасе			Ab ter				_
⊠ DOLWD	Amended Amendment #				ate, Zip Co				211	A	1	1.	1
☑ DHSS □ DCA	Emergency (inc	dudina	S	South (Orange, N	J 07079				1	10		-
(NJAC 5:23-8)	justification)	Jeung			of Contact				Telephone Nur			-	
	☐ Cancellation		S	Steve N	AcLaugh1	in			u-J 1J-UZ04	à			
						ORMATIO	N						
Name of Facility Where A	hatement is Taking	Place (3)	170	ILITI IN	ORMATIO	-	Type of Facility (4)		_	-	_
	batement is Taking	1 1000 (0)					School (K-12					
Private house									(Other than K-1	2)			
Street Address								👿 Other (i.e., pr	ivate and comme	ercial buil	ding	ŝ,	
263 Kingsland Terrace								homes, etc.)					
City (5)								Square Feet	# of Floors	Bid	g. Ag	e	
South Orange, NJ 0707	19												
County (6)			-	County	y Code (7) (S	STATE USE OF	VLY)	Current Use (Pri	or if being demo	iished)			
Essex													
Name of Monitoring Firm	Hired by Building C	wner (8) /	ASCM N	No.	Name of Aba	atemer	nt Contractor (9)					
						Gr Tech LL	C						
Street Address						Street Addre	ess						
						576 Valley	Rd #2	283					
City, State, Zip Code			17			City, State, 2	Zip Co	de					
						Wayne, NJ	07470	0					
Project Manager for Mon	itoring Firm		Tele	phone N		Telephone N			License No.				
8						973-638-17	77		01127				
Start Date (10)	Sched	uled Co	mplet	tion Dat		Name of OS		onitor					
09/30/	15	10 /	01	1	15	Pariaria.	- 0	- audtomta Ima					
Occupancy Status During						Street Addre		nsultants,Inc					
Facility Closed/Vacat				ment				n 1 n11 #	2.50				
Abatement Performed					cribe	City, State,		Road, Bldg .#	33E				
Time of Abatement:	AMP	M/	_PM_		AM								
Scope of Work (Check al	I that anniv)					Fair Lawn,		and decontamir	ation with negat	ive nress	III		
Occupe of troin (officer at	r triat apply)							ainment with Ne		ive piece	410		
>3 sf or >3 lf		X Re				Mir	ni-Encl	osure	Tont with Nogot	ivo Bross	uro		
≥ 160 sf or ≥260 lf		∐ De	nolitic	n		GIC No	ovebag n-Exer	Procedure mpted (*) and No	n-Friable Proce	ive riess dure	uie		
		Is	Locat	ion				(/			atem	ent T	vne
Location	of		lorma			Descrip	ation of	f			-		1
Asbestos-Containing	Material (ACM)		d Sole			stos Containir	ng Mat	terial (ACM)	Amount	Removal	Repair	nc	Enclosure
TO BE ABA		20022000	ntena odial :	nce/ Staff?	(i.e.	, thermal sys			(Specify	Non	pair	aps	losu
IN Facil	ity		(12)			surfacing other misc	•		SIF or LF)	<u>a</u>		Encapsulate	ē
, , ,		Yes	No	N/A	1							Φ	
D			П	×	n: .	1			11617				
Basement			느		Pipe insu	liation			115 LF		Ш	ш	
			Ш										
		П										П	
			$\overline{\Box}$				eve sites						
Name of Decisions (1)				DED Waste	Mouter ID N	Out vest	. s (A)	- 10			Ш		ЦШ
Name of Registered Wa	ste Hauler		1		Hauler ID No.	Cubic Yards (or wast	e Name of Regi	stered Landfill				
Gr Tech LLC			(003378	35	TBD		T.R.R.F. Inc					
City, State						Disposal Da	ate	City, State	0.0				
Wayne, NJ 07470						TBD		Tullytown, P	Α				
Completed By (Print or 1	Гуре) Tit	е				Signat	ure /			Date			
DESCRIPTION OF THE PROPERTY OF	-	mer					//	dic Wenas	0	09/21/20	115		
N.Jevtic	OW	ner		-10004-54-4			1/20	Ne wenas	1	J712112(113		_

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NO CK

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					2815 SEP 1	-	1,77	1: 1	- 6
Date of Notification (1) 4-20-15	N:	ame of Buildin	og Owner/Operator	(2) VTRACTON	e Struict	3			
Agencies Notified Type Notification	St	reet Address			UNIT A-	-		:6	-
⊠ ⊕A ☑ initial □ D⊕ □ □ Amended	-	ity, State, Zip				-	-	-	=
Amendment #	_	E (3-(R TWP	MITO	82	34		_
☐ Emergency (including justification)		ame of Contac			Telephone Numb	er			
☐ DCA ☐ Cancellation		. ST	AN		1-12.11-		_	0	_
		FACILITY INF	ORMATION						\neg
Name of Facility Where Abatement is Taking Place	e (3)			Type of Facility	y (4)				
RESIDENCE	(CITY	OF UF	NTNOR)	School (K-1					
Street Address ZZ S. W.ASHV	1111	Avi=		Other (i.e.,	r 8 (Other than K-12) private & commercia		dings		٠. ا
	ILCE	HAG		Square Feet	# of Floors	BI	dg. A	oe .	\dashv
City (5) UENTWOR				1000 \$		1 -	50		
County (6) ATLIANTIC		County Code (USE ONLY)	7) (STATE		Prior if being demolis A.CANT	hed)			
Name of Monitoring Firm Hired by Building Owner	ASI	CM No.	Name of Abatem	nent Contractor (
(8)			KLE	MEO I	N.C.				
Street Address			Street Address		// -				
				. SPRU	CE HUE	_	_	_	_
City, State, Zip Code			City, State, Zip C		N.J.	180	25	2	
Project Manager for Monitoring Firm	Telepho	one No	Telephone No.	0	License No.				
	1			9-0472	2 004	99			_
Start Date (10) Scheduled (Completion	Date (11)	Name of OSHA		Lemm				
<u>9-30-15</u> <u>10-</u>	-1-1		Street Address	SERIH K	LCCMM				$=$ \mid
Occupancy Status During Abatement (Check only Facility Closed/Vacated During Entire Period of		,,	369	S. Spr	UCE ALE				
Abatement Performed Outside of Normal Facility	ty Hours	"	City, State, Zip C						=
Other - Describe:			Marsia		E M. J	08	305	2	_
Scope of Work (Check all that apply)		,	Full Cor	ntainment with Ne	egative Pressure				
1 0 20 31 01 20 11	enovation		Mini-End	closure					
☑≥160 sf or ≥260 lf	emolition			ag Procedure empted (*) and N	on-Friable Procedur	е			
1 7.0	Location					A	bate		
1 •	lormality d Solely by		Description of		20	_	1 71	~	_
Asbestos-Containing Material (ACM) Mai	ntenance/ ustodial		os Containing Mat thermal systems it		Amount (Specify	- I		En	Ш
I II BE ABATELL	Staff?	(i.e.,	surfacing, VAT,		SF or LF)	Remova	Repair	aps	Enclosure
(13)	(12)		other miscellaneo	ous)		oval	air	Encapsulate	sure
Yes	No N/	/A						0	11.50
SCOING	X	()	TRANSIT	E	5500 SF	X			
Name of Registered Waste Hauler		P Waste	Cubic Yards	Name of Reg	istered Landfill		A		
KLUMCO INC	Haule	40 No.	of Waste	C. M	1. C. M. I),	4		
City, State	<u> </u>	**	Disposal Date	City, State	10 R. W. T				
MAPLE SHADE NO.).		Signature	1 000	DO BINE Dates		-020	_	=
Completed By Title U	IP		- Mix	XU K	9-	- 21	0-	-13	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-15 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ September 18, 2015 Agencies Notified Notification Type Street Address **DEPA** ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA ☐ Amended Notification # 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL City, State, Zip Code Emergency (including ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 iustification) Telephore Marinh 22 X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) WRIGHT CHEMISTRY, BLDG. # 3556 School (K-12) ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** # of Floors: N/A Bldg. Age: 80+ years County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): Exterior Underground Duct **PISCATAWAY** MIDDLESEX Bank - To be excavated ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BURLINGTON, NJ 08016 BUTLER, NJ 07405 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 10/02/15 10/19/15 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM (24 hours as needed) FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure Mini-Enclosure □ Renovation X ≥ 3 sf or ≥ 3 lf > 160 sf or > 260 lf ■ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Abatement Type Location of Asbestos-Containing Amount (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA Exterior Underground Duct X TRANSITE DUCT BANK 400 LF X Bank (encased in concrete) NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 400 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 City, State Disposal Date 100 New Ford Mill 10/19/15 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) STG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # 20990 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT September 18, 2015 RAYMOND C. PEDALINO Raymand C. Pedalino MANAGER

Check# 11830

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 2014-465 Name of Building Owner/Operator (2) Date of Notification (1) STEVENS INSTITUTE OF TECHNOLOGY September 18, 2015 Agencies Notified Notification Type Street Address CASTLE POINT ON HUDSON X EPA ☑Initial Notification **D**DCA ☐ Amended Notification City, State, Zip Code HOBOKEN, NJ 07030-5991 X DOL ■ Emergency (including Telephone Number Name of Contact ☑ DEP- No Longer REQUIRED justification) MR. DAVE FERNANDEZ X DOH □ Cancelled **FACILITY INFORMATION** 5 Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) DAVIDSON LABORATORY ☐ School (K-12) 13 (J ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) - NOT SUB 8, 711 HUDSON STREET Glovebag/Wrap & Cut TSI # of Floors: 3 Bldg. Age: 80+ years Sq. Feet: 50,000SF County (6) County Code (7) City (5) (State Use Only) HOBOKEN HUDSON Current Use (prior if being demolished): ACADEMIC LABORATORY & **OFFICES** ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) BRIGGS ASSOCIATES, INC. 0004 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 CROSSWICKS STREET 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BORDENTOWN, NJ 08055 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number MR. MIKE HOODAK 609-298-5520 973-492-0477 00840 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ENVIROVISION, INC. 10/2/15 10/06/15 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: NOT SUB 8 - Glovebag / Wrap & Cut TSI - Pipe Insulation FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure WRAP & CUT □ Renovation $\square \ge 3$ sf or ≥ 3 lf X Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 lf П Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO X **BRAIDA OFFICE** 25 LF X TSI - Pipe Insulation X 1st Floor Dept. office X TSI - Pipe Insulation 5 LF X 1st Restroom TSI - Pipe Insulation 10 LF X X 150 LF Work Room X TSI - Pipe Insulation X Boiler Room X TSI - Pipe Insulation 2 LF Tank Room TSI - Pipe Insulation 100 LF X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 20 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 10/06/2015 NJDEP # 28969 Rd. Morrisville, Pa Hauler #2) Newark Carting, Inc., Newark, NJ 04509 19067 NJ DEP# 4509 215-736-1700 Completed by (Print or Type) Signature September 18, 2015 SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino

MANAGER

Date of Notification (1)	1		N	lame of	f Building	Owner/Operator	(2)				1
9/	21/15			MS	S, V	ALAGE	JOHNS	ON 2815 0	777 10	11.	
Agency Notified	Type Notification		S	Street A	ddress	VALLEY	+ LIEW	Res .	O r _i ;	112	
□ EPA	2 Initial		1	ity St	ate, Zip C	ode		f-12			11
D DEP AI DOL	Amended Amendment#		1	, ou	ENICI	code LEWOOD	. NJ. 3	27631 =	LICEMOR	Hi:	
	☐ Emergency (including	ng	-		f Contact			Telephone Num	ber		
DOH	justification) □ Cancellation		1.			MOSUHO					
□ DCA	a centration				V-1100000000000	ORMATION					
		- /21		PACIL	211 1141-0	JAMATION .	Type of Facility	(4)		Ī	
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	NOZHHOD. 2						☐ School (K-12) ☐ Subchapter 8	(Other than K-12) .		
Street Address	LIED VIEW R	240				, i	homes, etc.)	vate & commercia	al buildings,		
City (5)	- 1				-1		Square Feet	# of Floors	Bldg. Age		
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	. 1000		-1	County	Code (7)	(STATE USE	Current Use (Pr	ior if being demol	ished)		
County (6) BER	2-1		- 1	ONLY)	P. C.		(ZESI	DENCE			
Name of Manipular Em	n Hired by Building Own	25	ASCM	No.		Name of Abaten	nent Contractor (9				
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Street Address						Street Address				1	-
Street Madress						450 Sou	th River	St	9		
City, State, Zip Code						City, State, Zip (
0.00, 0.00.00,						Hackens	ack, N.J	. 07601			
Project Manager for Mo	nitoring Firm	Te	lephor	ne No.		Telephone No.	an company of the	License No.	14.	1	
							-7444 -	00388	4		
Start Date (10),	Scheduled C					Name of OSHA					
10 7 1		0/	8/	15			Environmo	ental		_	
Occupancy Status Duri	ng Abatement (Check on	ly one)				Street Address					
☐ Facility Closed/Vacat	ted During Entire Period	of Abate	ement				uyler St		14	-	_
Abatement Performe	d Outside of Normal Faci	tity Hou	urs	=		City, State, Zip C		,N.J. 0	7606		
Scope of Work (Check						-/- »	0	Negative Pressu	70	1	
□≥3sfor≥3lf				Ren	ovation		-Enclosure	regauve r ressu			
22 ≥ 160 sf or ≥ 260 lf				☐ Den	notition	∠E Giov	ebag Procedure	i Non-Friable Pro	cadure		
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City, State						Disposal Date	City, State				
	ck , N.J. 07	601				10/8/15	Waynes	burg, Oh	,44688		
Completed by	Title					Signature	11		Data .	1	-
J.Maiorano	Est						1/2000	wis	9/2	11:	7
ASR-41				n for as	bestos lic	ensure exempted	Lactivities.	200		1	

Check 5823.

Date of Notification (1)						Owner/Operator (
9-21-15	ie		IN.	, B:	FN.	ISRAEL	- 21	915 00	5 25	/ 1			
Agency Notified	Type Notification		Street	et Addre	ss	Toward Control		0	P.25	RM 12	: į	S	
Agency House			5	7 8	75	F60 Ros	40 .					_	
□ EPA -	☐ Initial ☐ Amended		City	State 7	Tin Co	de .			1. 7.	17	ħΩ		
□ DEP ÆLDOL	Amendment#		1 1	=1201	NA	NJO	7044	CE L	16:4	1141		_	_
a bor	☐ Emergency (including	g	Nam	ne of Cor	ntact	,		Telepho	one Numb	er			
E DOH	justification) Cancellation		As	RE	以上	SPATU_					:		
DCA	200,200					RMATION							
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N. BENIS!	てみどし						D Subscharter 8	(Other ti	han K-12)	8			
Street Address	2					- :	Other (i.e. pri	vate & ∝	mmercial	building	js,		
57 DTSEG	20 ROAD			85			homes, etc.) Square Feet	# as Ele	2005	Bidg.	Age		
City (5)	- :				* **	·•.	The state of the s)UES	1		nc	
VERONA,					·		.2500	4	. =	76	7	-	
County (6)			Cot	mty Cod	ie (7)	(STATE USE	Current Use (Pri			язео <i>)</i>			
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Norm of Maniparing Fitt	m Hired by Building Owne	F AS	CM No		T	Name of Abatem	ent Contractor (9)			-		
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ORY, Otale, Ep Com	3.45				1	Hackens	ack, N.J	. 07	601				
Project Manager for Mo	nitoring Firm	Tele	phone !	No.		Telephone No.		Licens					
t tolege manager in an			50		1	201-329	-7444 -	00	0388				
Start Date (10)	Scheduled Co	ompletion	Date (11)		Name of OSHA	Monitor	-					
9-30-15	10-1	- 15			400000	Omega :	Environme	enta.	1				
Occupancy Status Duri	ng Abatement (Check on		.,			Street Address							
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☐ Facility Closed/Vaca	ted During Entire Period of ad Outside of Normal Fac	Ety Hours	ireir S		Aries	City, State, Zip (19000					
Other - Describe:	8 AM 5 PM		5.1	50	in a second	S. Ha	ckensack	, N	J. U/	606			
Scope of Work (Check	•					n 54	Containment with	Negative	e Pressur	e			
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2 ≥ 160 sf or ≥ 260 F				Demoliti	On.	-⊠ Giov	rebag Procedure -Exempted (") and	Non-Fr	iable Proc	edere			
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	ing Material (ACM) ABATED	Maint	tenance	7 P. 19	Asbes	tos Containing M thermal systems	aterial (ACM)		(Specify		Re	R	Encapsulate
	activ		stodial		e.c.	surfacing, VA	T, or		SF or LF)		Removal	Rophir	180
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	ck , N.J. 07	OOT	•			/0-/-/5 Signature	nayiie:	3 1 1 1 1	2, 011	Date			_
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R. VELDRAN						censure exempte							

Ck#2875

Date of Notification (1)					Name	of Building	NO r	ner/Operator (2)		-		_	
9 /	22 /	20				duPont			19.5	16 000 00 .				
Agencies Notified		tion			Chanak	Address	•		4.6	ITS SEP 25 A	X 12	13		
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☑ DHSS	Amendme					State, Zip C				a Lien		17.2		
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(NJAC 5:23-8)	_ justificatio				1,000,000	of Contact	20			Telephone Num	ber			
	☐ Cancellat	ion			Nic	hol Reinl	hold							
					FAG	CILITY IN	FOF	RMATION				FEISC - FEE		
Name of Facility Where A	Abatement is T	aking F	Place	(3)					Type of Facility	(4)				
DuPont Parlin Facil	lity - Solar F	arm							School (K-12					
Street Address										3 (Other than K-12 rivate and comme		ildina		
250 Cheesequake F	Road								homes, etc.)		iciai bi	manig	13,	
City (5)							190		Square Feet	# of Floors	BI	dg. A	ge	
Parlin														
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being demolis	shed)			_
Middlesex							# 8.000000	54 Ind = 30 (10 (50 n 10 m 10 n 10 n 10 n 10 n 10 n 10 n 1	Exterior				22	
Name of Monitoring Firm	Hired by Build	ding Ov	vner (8	3)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)					
Cardno ATC	6	9	,	'			1 1000		VIRONMENTAL	L. INC.				
Street Address								eet Address		_,				
3 Terri Lane								123 BEAVE	RSTREET					
City, State, Zip Code							_	y, State, Zip Co						
	16													
Burlington, NJ 080				T-1		NI-		BRISTOL, PA	19007	11: N-				
Project Manager for Mon	itoring Firm				ephone		5-0.5-0.00	ephone No.		License No.				
John Lutz					09-386			15-788-6040		00509				
Start Date (10)	essential and the second				tion Da		1800	me of OSHA N						
					_ / -	15	E	SRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During							Stre	eet Address						
☐ Facility Closed/Vacate						020	1	123 BEAVE	R STREET					
☐ Abatement Performed Time of Abatement: 7						cribe	City	y, State, Zip Co	ode					
Time of Abatement. 1	.00AIVI-	_FIVI/ <u>3.</u>	.30F1V	_	Aivi		E	BRISTOL, PA	19007					
Scope of Work (Check al	I that apply)													
≥3 sf or ≥3 If		E	⊠ Rer	ovat	ion			☐ Full Con	tainment with Neg	gative Pressure				
□ ≥160 sf or ≥260 lf			Der						g Procedure					
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	1		1000	Loca	20200						Ab	atem	ent T	уре
Location		.		orma	ely by	A - 4 -		Description of		A	R	Re	Щ	ū
Asbestos-Containing TO BE ABA)			ance/			Containing Ma ermal systems		Amount (Specify	Removal	Repair	cap	clo
IN Facili			Custo		Staff?		5	surfacing, VAT	, or	SF or LF)	Val	~	Encapsulate	Enclosure
(13)		-	V	(12)	The same of	-	ot	her miscellane	ous)				ate	
		-	Yes	No	N/A						-	_	_	
Solar Farm	-					Pipe In:	sula	tion		15 LF				
Solar Farm					\boxtimes	Pipe In:	sula	tion		9 LF				
Name of Registered Was	te Hauler			1 12	NJDEP 1		11500	oic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPO	ORT GROUP	, INC.		ł	lauler II 20990		Wa 5		GROWS La	andfill				
City, State				-				posal Date	City, State					
NEW CASTLE, DE 1	19720						1	0/5/2015	Morrisville	, PA 19067				
Completed By (Print or T	vpe)	Title		04==-				Signature		l D:	ate			
Gino Pizzigoni	71-7		timat	or				Sino 1	Pyriceru.		9/2	2/1	5	

Ck# 2876

Date of Notification (1)				Name	of Building	Own	er/Operator (2	2)					
9 / 22 /	15				th Jersey			2E15 S	EP 25 /11/2	10.6			
Agencies Notified Type Notifica	ation		+	Street	Address				40.10				
□ EPA □ Initial					S Main S	t			16	13			
□ DOLWD □ Amended			-		tate, Zip C			3: 7	1				
□ DHSS Amendment	ent #	_			ssboro, N		2028		1217 1921	101			
☐ DCA ☐ Emergen		ng	-		of Contact		0020		Telephone Num	hor			
(NJAC 5:23-8) justificati				10140-02-0	14/04/ 29/06				Telephone Nun	ibei			
Cancellat	ion			Iom	Turbin								
				FAC	ILITY IN	FOR	MATION						
Name of Facility Where Abatement is 7	aking Pla	ce (3))					Type of Facility (
South Jersey Gas								School (K-12) I (Other than K-12	2)			
Street Address								Other (i.e., pr	ivate and comme	ercial bu	ilding	s,	
142 S Main St								homes, etc.)					
City (5)								Square Feet	# of Floors	Bl	dg. A	ge	
Glassboro													
County (6)	8)			Coun	ty Code (7)	(STAT	TE USE ONLY)	Current Use (Pri	or if being demoli	ished)			
Gloucester													
Name of Monitoring Firm Hired by Buil-	ding Owne	r (8)	1	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
GZA GeoEnvironmental, Inc						В	RISTOL EN	VIRONMENTAI	L, INC.				
Street Address						Stre	et Address						
856 S White Horse Pike						11	123 BEAVE	R STREET					
City, State, Zip Code						City	, State, Zip Co	ode					
Hammonton, NJ 08037						В	RISTOL, PA	19007					
Project Manager for Monitoring Firm		П	Tele	phone l	No.		phone No.		License No.				
Charles Risley				9-481	2424243343434	2.	15-788-6040)	00509				
	Scheduled	Com	plet	ion Da	te (11)	Nan	ne of OSHA N	Monitor					
10 / _2_ / _15_				1				VIRONMENTAL	L. INC.				
							et Address						
Occupancy Status During Abatement (Facility Closed/Vacated During Ent			77	nont			123 BEAVE	DOTREET					
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Time of Abatement:AM							, State, Zip Co						
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Scope of Work (Check all that apply)							☐ Full Con	tainment with Neg	ative Pressure				
≥3 sf or ≥3 If	-	Reno					☐ Mini-End	closure					
☐ ≥160 sf or ≥260 lf		Demo	olitio	n			☐ Gloveba	g Procedure empted (*) and No	n_Eriable Proced	IIFA			
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Location of		No					Description of	of			т —		1
Asbestos-Containing Material (ACM				ly by			Containing Ma	aterial (ACM)	Amount	Removal	Repair	Enc	Enclosure
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IN Facility (13)	L		12)				urfacing, VAT ner miscellane		SF OI LF)	<u> =</u>		Encapsulate	le le
(10)	Ye	s	No	N/A		2.20						0	
Main Office area		0	3		Floor til	le an	d mastic	32.05 Nd	9 SF				
		Г	7				100						
		Г	7							П			
		Г								In	П	П	П
Name of Registered Waste Hauler			N	JDEP \	Waste	Cub	oic Yards of	Name of Regis	stered Landfill		1-		
BRISTOL ENVIRONMENTAL, I	NC.		Н	auler II		Was	ste		. NORTH LAN	DFILL			
City, State				10100		Disp	oosal Date	City, State					
BRISTOL, PA 19007						110		MORRISVI	LLE, PA 19067	7			
Completed By (Print or Type)	Title						Signature	0 1.	(-	Date	1	1,1	/
Brian Scafiro	Estin	nato	r				Brian	Scofero	1-10	9/0	22/	15	

CK 3774

Date of Notification (1) 09/04/2015					Building (SIDE PU						6	1015 SE	0	,	Fy		-
Agencies Notified	Type Notification		1.0	Street A 426 Ea	ddress ast Char	leston	Avenu	ıe	•		1		-			Ört	18
DEP DOL	Amended Amendment				ite, Zip Co ide,NJ 0				1				1.		~		· 1.
X DOH X DCA	instification (Cancellation)	3 2000 1127	0.00	Name of Terry I	Contact Henry				X.		Tel	ephone I	Numl		27/25		A
				FACI	LITY INFO	RMAT	ION		Vision Services		-			-			KIELE:
Name of Facility Where LAWNSIDE PUBLI		g Place (3)						Ту		of Facility (4 School (K-12			1-1		i C		
Street Address 426 East Charlesto	n Avenue									Subchapter of Other (i.e. prestc.)					dings,		os,
City (5) Lawnside, NJ 08045	5									re Feet		f Floors		F	ldg. A	ge S	
County (6) Camden				County (Code (7) USE ONLY)			Cı	urrei	nt Use (Prio	r if be	ing demo	olishe	d)			
Name of Monitoring Firm Environmental Des		Owner (8)		ASCN	I No.					tement Cont oration	tractor	(9)					
Street Address 5434 King Avenue,	Suite 101						Street 606			ss de Avenu	е е						
City, State, Zip Code Pennsauken, NJ 08	3109					*********				p Code Park, NJ	0742	24					
Project Manager for Mor Tom Pruno	nitoring Firm		112	Telepho 609-74	ne No. 14-7462		Teleph 973-					Licens 01104					
Start Date (10) 09/05/2015		Scheduled 09/06/20		pletion	Date (11)					A Monitor	TAL	LABOR	RAT	ORI	ES		100 TO
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Add	dres	S			5-1120				
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Scope of Work (Check A	III That Apply)												-220	- 7.50			
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City, State Woodland Park, NJ	07424					Dispo	sal Date	9		City, State Morrisvi		A					
Completed by Momo Glavatovic		Title Vice F	resi	dent			Signature	е		THE	 >		Date 09/				7.772
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Sepacition Street Address Street A	Date of Notification (1)				Name	of Building	Owner/Operator (2)					
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Amended Amen	Agencies Notified Type No	tification			Street	Address				1.	/ Q		
DOH					PO	Box 9512	20	Í.			**		
Camden, NJ 08101					City, S	tate, Zip C	ode				-		
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Cancellation			luding						Telephone Num	ner			
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Name of Facility Where Abatement is Taking Pilace (3)		Cilation								•			
School (K-12) Street Address Stre					FA(CILITY IN	FORMATION						
Street Address		_	Place	(3)				Type of Facility	(4)				.el
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County (6)	City (5)							- Committee of the control of		BI	da A	ae .	
Country (6) CAMDEN C												9.0	
Name of Monitoring Firm Hired by Building Owner (8)					Cour	ty Codo 17	VOTATE LICE ONLY				501		
Name of Monitoring Firm Hired by Building Owner (8)					Cour	ity Code (7	MOTATE OSE ONLT)						
Health and Safety Services Street Address PO Box 365 City, State, Zip Code Berlin, NJ 08009 Project Manager for Monitoring Firm Jim Proctor Start Date (10) 10										. E			
Street Address PO Box 365			wner (8)		No.		COUNTY OF THE PERSON OF THE PE					
PO Box 365	Health and Safety Services				117		Controlled E	nvironmental (Systems				
City, State, Zip Code Berlin, NJ 08009	Street Address						Street Address						
Berlin, NJ 08009	PO Box 365						1121 N. Beth	lehem Pike - S	uite 60				
Spring House, PA 19477	City, State, Zip Code						City, State, Zip Co	ode					
Project Manager for Monitoring Firm Jim Proctor Start Date (10) 10 / 5 / 15 Ccoupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement 7:00 AM-5:00 PM PM AM Scope of Work (Check all that apply) 3 sf or ≥3 if Benovation Demolition Renovation Demolition Renovation Normally Set Solelly by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED Name of SHA Monitor CES Street Address 1121 N Bethlehem Pike -Suite 60 City, State, Zip Code Spring House, PA 19477 Scope of Work (Check all that apply) Full Containment with Negative Pressure Glovebag Procedure Mon-Exempted (*) and Non-Friable Procedure Location of Normally Used Solelly by Maintenance/ Custodial Staff? (12) Yes No N/A SEE ATTACHED Description of Onther miscellaneous of the							1000						
Start Date (10)		m		Tolo	nhone	No		-,	License No				
Start Date (10) 10			75						Comment of the state of the sta				
Description of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, SF or LF) Description of Asternat (Type No N/A) N/A	0.000 (10.000) 1.000 (10.000)	0-11	1-10						00047				
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-5:00 PM/ PM- AM PM- AM	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							ionitor					
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Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/ PM- AM PM- AM	1/2-12				ment		300000000000000000000000000000000000000	ohom Diko Su	ito 60				
Time of Abatement: 7:00AM-5:00PM/ PM- AM Spring House, PA 19477 Scope of Work (Check all that apply)						cribe			ite oo				
Spring House, PA 1947 Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						OHDC							
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SEE ATTACHED SEE ATTACHED Name of Registered Waste Hauler Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Abatement Type Description of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SEE ATTACHED Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SEE ATTACHED Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SEE ATTACHED SEE ATTACHED Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) SEE ATTACHED Description of Asbestos Containing Material (ACM) (Specify SF or LF) Waste (Specify SF o			2000										
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SEE ATTACHED SEE		ACM)								em	epa	nca	nclo
Completed By (Print or Type) ASB-41 Content miscellaneous Content misc						(1.6				ova	=	psc	ln S(
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Waste Management of NJ City, State Fairless Hills, PA Completed By (Print or Type) Patricia Visco Disposal Date 11/30/15 Title Signature Fairless Visco Office Manager ASB-41 Hauler ID No. 17273 Waste 200/residenc City, State Tullytown PA Signature Date ASB-41			Ш										
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Completed By (Print or Type) Patricia Visco Office Manager ASB-41 Title Signature Jatuca Visco All All Signature							The state of the s		PA				
Patricia Visco Office Manager Jatuca Visco a/21/15		T:11						2, 10.1711					
ASB-41		10,10,740,400					Signature	7)	Da	ite	ĺ	1	
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* Do not use this form for asbestos licensure exempted activities.

Ohab # 10140

Date of Notification (1)	24 /	15			Name (of Building	Own len	er/Operator (2	2/6/	15 SEP 23	100	10	1 1	,	
Agencies Notified	Type Notificati					Address		· · · · · · · · · · · · · · · · · · ·			2:13				
⊠ EPA	I ppe Notificati	1011				Box 9512	0								
⊠ DOLWD	☐ Amended			-	1.60000	tate, Zip C			-	12	1127				
☑ DOH	Amendmer					nden, NJ		01			d				
DCA (NJAC 5:23-8)	☐ Emergency justification		ling	-		of Contact		Test		T	Telephone Numbe	er			
(NSAC 3.23-0)	☐ Cancellation	(2.5)				n Bond				1	2004				
					FΛC	ILITY IN	FOR	MATION					-		
Name of Facility Where A	hatement is Ta	king Pla	ace (31	IAC	ILIT IIV	OK	WATION	Tyr	pe of Facility (4)				
FLORENCE STREE		1.7	100 (٥,						School (K-12)	,				
Street Address							-32			Subchapter 8	Other than K-12)				
704 FLORENCE ST										Other (i.e., priv homes, etc.)	ate and commerc	ial bu	llding	s,	
City (5)									Squ	uare Feet	# of Floors	Blo	lg. Ag	je	
Camden									V	/aries	varies		50+		
County (6) CAMDEN					Coun	ty Code (7)	(STA)	TE USE ONLY)			r if being demolish EMED UNSAFI				
Name of Monitoring Firm	Hired by Buildi	ng Own	er (8) [ASCM	No.	Nan	ne of Abateme	ent C	Contractor (9)					
Health and Safety S	Services	8			117		С	ontrolled E	nvir	ronmental Sy	/stems				
Street Address							Stre	et Address							
PO Box 365							1	121 N. Beth	lehe	em Pike - Su	ite 60				
City, State, Zip Code							City	, State, Zip Ci	ode	-					
Berlin, NJ 08009							S	pring Hous	e, P	A 19477					
Project Manager for Moni	itoring Firm			Telep	phone l	No.	Tele	ephone No.			License No.				
Jim Proctor				С	609-83	39-2432	2	15 542 7000)		00847				
Start Date (10)	Sc	chedule	d Co	mplet	ion Dat	te (11)	Nan	ne of OSHA N	∕Ionit	tor	-1				
10 / 5 /	15	_11	_ /	30	_ /	15_	С	ES							
Occupancy Status During	Abatement (C	heck or	ly or	ne)			Stre	et Address							
☐ Facility Closed/Vacate	그렇게 되었다면 하다 살아가 하는 사람들이 하다 하다.						1	121 N Bethl	lehe	m Pike -Suit	e 60				
Abatement Performed						cribe	City	, State, Zip C	ode						
Time of Abatement: 7	.00AIVI-5.00PI	VI/	_PIVI-		_AIVI		S	pring Hous	e, P	A 19477					
Scope of Work (Check al	I that apply)							□ FII Cam	ta in s	mant with Nage	stive Property				
☐ >3 sf or >3 lf			Ren	ovatio	on			☐ Mini-End		ment with Nega ure	alive Pressure				
≥160 sf or ≥260 lf		\boxtimes	Den	nolitio	n			Gloveba			Frieble December				
			la l					⊠ Non-Exe	empt	ed (*) and Non	-Friable Procedure	_		t T	
Location	of			₋ocati ormal				Description of	of			10000	atem		
Asbestos-Containing					ly by	Asbe	stos (Containing Ma		al (ACM)	Amount	Removal	Repair	Enc	Enclosure
TO BE ABA				ntena odial S	nce/ Staff?	(i.e		rmal systems		ulation,	(Specify SF or LF)	SVOI	air.	apsi	nso
IN Facili	Ly			(12)				urfacing, VAT ner miscellane)	SF OF LF)	_		Encapsulate	re
2000		Y	es	No	N/A									10	
SEE ATTACHED						SEE AT	TAC	HED			200 Yds -Res				
]												
Name of Registered Was	ste Hauler			N	JDEP V	Vaste	Cub	oic Yards of	N	Name of Regist	ered Landfill				
Waste Managemen	t of NJ			Н	17273		Wa:	ste 00/residenc		GROWS					
City, State								posal Date	C	City, State					
Fairless Hills, PA							1	1/30/15		Tullytown F	PA				
Completed By (Print or T	ype)	Title						Signature	- 53	11	Da	1	. 1		
Patricia Visco		Offic	ce N	lana	ger			Natu	CU	a Marc	05 9	1/2	4/1	5	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name	of Building	g Owner/Operator (2)		-	P		
9 / 24 /	15		Cit	y of Cam	den	2015 SED 35	3:17				
Agencies Notified Type Notifica	ation		Street	Address							
			PO	Box 951	20		- Di.				
□ DOLWD □ Amended			City, S	State, Zip C	Code	v= 1 -					
□ DOH Amendme			Section Control	nden, NJ							
DCA Emergent justification		g		of Contact			Telephone Numb	er			
☐ Cancellat			Joh	n Bond			1				
			FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement is T	aking Place	(3)	18			Type of Facility	(4)				
South 9th STREET RESIDENCE	2					School (K-12					
Street Address							(Other than K-12)				
1401, 2218, 2310, 2312, 2314 Se	outh 9 th S	Т					rivate and commerc	ial bu	ıilding	js,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Camden						varies	varies		50+		
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			_
CAMDEN							EEMED UNSAFI				
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health and Safety Services		2 2	117		The same of the sa	nvironmental \$					
Street Address					Street Address						
PO Box 365					1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code					City, State, Zip Co	ode					
Berlin, NJ 08009					Spring House						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Jim Proctor				39-2432	215 542 7000		00847				
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
10 /5 /15	_11/	30	_ / .	15	CES						
Occupancy Status During Abatement (0		33.11.33.5			Street Address						
☐ Facility Closed/Vacated During Entir					1121 N Bethle	ehem Pike -Su	ite 60				
Abatement Performed Outside of No Time of Abatement: 7:00AM-5:00F	ormal Facilit	y Hour	s - Des	cribe	City, State, Zip Co	ode					
	IVI/FI	VI	_AIVI		Spring House	e, PA 19477					
Scope of Work (Check all that apply)					T Full Cont	-i					-040000-6
≥3 sf or ≥3 lf	□ Re	enovati	on		☐ Mini-Enc	ainment with Neg losure	jative Pressure				
≥160 sf or ≥260 lf	⊠ De	emolitic	n		☐ Glovebag		===				
					⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	-			
Location of		s Locat Norma			-			Ab	atem	ent T	ype
Asbestos-Containing Material (ACM) Use	ed Sole	ely by	Asbe	Description o stos Containing Ma		Amount	Re	Repair	En	E
TO BE ABATED	Ma	intena todial			., thermal systems i	nsulation,	(Specify	Removal	pair	cap	Enclosure
IN Facility (13)	Cus	(12)	Stall?		surfacing, VAT, other miscellane		SF or LF)	a	3,000	Encapsulate	ure
(10)	Yes	No	N/A		other miscellane	ous)				te	
SEE ATTACHED				SEE AT	TACHED		200 Yds -Res				
2		F						H			
		-									
Name of Registered Waste Hauler			JDEP \	Maeto	Cubic Varda of	Name of Daris	torod Landell		Ш		
Waste Management of NJ		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	auler II		Cubic Yards of Waste	Name of Regis	tered Landfill				
City, State			17273		200/residenc						
Fairless Hills, PA					Disposal Date 11/30/15	City, State Tullytown	PA				
Completed By (Print or Type)	Title				Signature	0.1	Date	0			
Patricia Visco	Office	Mana	ger		Patu	sin UNDA	کال	7/	1/	_	

CX 2116

Date of Notification (1)		1	Vame of	Building (Owner/C	Operator	(2)	ne (ช 🐠	20 h	12:	40		
Agencies Notified Type Notification		- 5	Street A	ddress,	1 1	1 10	<u>A</u>	0				ÛL.		
☐ EPA ☐ Initial			65	الما د	100)/U	MV				· G	V !-		
DEP Amended DOL Amendment #		10	City, Sta	te, Zip Co	de	11c.	N	0	85	50				
DOH Emergency (in justification)		-		Contact	101	.(-)		3	Tele	ephone Nu	mber		7	
DCA Cancellation			Eric P											
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMAT	ION	Type	of Facility (4)					
	X	,					_	School (K-1	18					
Street Address	14	Δ	119				7	Subchapter Other (i.e. p	8 (Other	er than K-1 & commerc	2) ial build	lings,	home	s,
City (5)	10		(0 0				- 6	etc.) re Feet	# of	Floors	В	ldg. A	ge	
Completin	ill						1	140		2		13	0	
County (6) UINTELLOON				Code (7) USE ONLY)			Сипе	nt Use (Prid	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building On	wner (8)		ASCM	No.		Company of Company		tement Cor		(9)				
								stries Inc				1.725		
Street Address						Street P.O.	Box 9							
City, State, Zip Code								p Code						
								Jersey (08723					
Project Manager for Monitoring Firm			elepho	ne No.		Teleph (732)	one No 1899-7			License N 01196	10.			
Start Date (10)	Com	pletion	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street /	Addres	S						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A I Facility	Abatem Hours	ent			City, St	ate, Zi	p Code						\dashv
Scope of Work (Check All That Apply)					_									\dashv
≥3 sf or ≥3 lf	IX R	enovat	ion				Full	Containme	ent with	Negative I	Pressur	re		
≥160 sf or ≥260 lf		emoliti				-	Min	i-Endosure vebag Prod	9	3				
							Nor	n-Exempted	d (*) and	d Non-Frial	7	and the second	1000	
		Locatio										Abate Ty		
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		os Con	scription taining M	aterial		А	mount			m	
TO BE ABATED In Facility		odial S		(i.e.		systems cing, VA		tion,		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		(12)				niscellan					oval	air	sulati	sure
	No	N/A	20 /2-	1	~		1	10	15			CD		
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											-			
Name of Registered Waste Hauler		N.	IDEP W	aste	Cubic	Yards_		Name of	Registe	red Landfil				-
Brick Industries Inc.			auler ID 602	No.	of Wa	ste 3		GROW	- 10 10 0 10 10 10 10 10 10 10 10 10 10 1					
City, State Brick, New Jersey				84	Dispo	sal Date	15	City, State	e ·					
Completed by				1)	Signature	17	100	-	Di	ate _a	21	1	-	
Eric Plackis	dent				10.50t at	>	W.			71	01	11,	1	

Check # 2873

Date of Notification (1)				1				r/Operator (2		3		1			
6/	26 /	15			Princ	eton Un	ivers	ity-Office o	of Design and	Gonstruction					
Agencies Notified	Type Notificatio	n		5	Street A	ddress				· <0 ()	412:				
⊠ EPA					200 E	Elm Dr.			7.2 to		115.	3			
□ DOLWD				(City, St	ate, Zip Co	de		7	2 7 4 4 4 6	1:	-			
□ DHSS	Amendment	07	57.5			ceton, N.		44			LAG	1			
☑ DCA	☐ Emergency justification)		3	1	36) 300 (300	of Contact				Telephone Num	ber				
(NJAC 5:23-8)	☐ Cancellation				10000000	ert Orteg	0								
					FAC	ILITY INF	ORN	MATION							
Name of Facility Where A	Abatement is Tak	ing Place	(3)						Type of Facility	(4)					
Princeton Universi									School (K-12)	-:				
Street Address	,								Subchapter 8	Other than K-12 rivate and comme	2) ercial bu	ildin	as.		
Washington Rd									homes, etc.)						
City (5)									Square Feet	# of Floors	BI	dg. A	\ge		
Princeton															
County (6)					Count	y Code (7)	(STAT	E USE ONLY)	Current Use (Pr	ior if being demol	ished)				
MERCER									Library						
Name of Monitoring Firm	Hired by Buildin	a Owner	(8)	I	SCM N	No.	Nam	e of Abateme	ent Contractor (9)						
Cardno ATC Assoc			(-/		0009	03.76%	BF	RISTOL EN	VIRONMENTA	L, INC.					
Street Address	Jideo IIIo.							et Address							
Three Terri Center							11	23 BEAVE	R STREET						
City, State, Zip Code							02/11/	State, Zip Co							
Burlington, NJ 080	16						1000	RISTOL, PA							
Project Manager for Mor			Te	elep	ohone N	No.	Tele	phone No.		License No.					
Michael Keehn					9-386-		21	5-788-6040)	00509					
Start Date (10)	Sc	heduled	Com	plet	ion Dat	e (11)	Nam	e of OSHA N	Monitor						
7 / 10 /	15	10_	/ _	25	_ / _	15	BI	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status Durin		neck only	one))			Stree	et Address							
☐ Facility Closed/Vacat					nent		11	23 BEAVE	R STREET						
☐ Abatement Performe	d Outside of Nor	mal Facil	ity H	our	s - Des	cribe	City,	State, Zip C	ode						
Time of Abatement:	7:00AM- <u>3:30</u> PN	Λ/	PM		AM		В	RISTOL, PA	19007						
Scope of Work (Check a	all that apply)							M F Com	tainment with Ne	gative Pressure					
□ >2 of or >2 If		M	lenov	zatio	on			☐ Mini-End		gative i ressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		_	emo					☐ Gloveba	a Procedure	B	t				
								☐ Non-Exe	empted (*) and N	on-Friable Proced		5 0	1000		
			Is Lo									bate			
Location		Us	Nor		lly ely by	Acho	ctos (Description	of aterial (ACM)	Amount	Rer	Kepaii	1	En	Enc
Asbestos-Containing TO BE AB		I.	lainte	ena	nce/			mal systems		(Specify	Removal	di	. -	aps	Enclosure
IN Faci		Cı		ial (12)	Staff?	,		urfacing, VAT		SF or LF)	<u>n</u>			Encapsulate	ıre
(13)		Yes		No.	N/A	+	oth	er miscellane	eous)					6	
						Floortil	0.00	d mastic		49,924 SF		IT	1 [7	П
Throughout Levels				_	片	100000000000000000000000000000000000000				3910 LF		+	1 [П
Throughout Levels			1.0		닏	Pipe In				5,950 SF			7 [
Throughout Level A						Joint C	•				-	-	1 1	=	
Level 1		\boxtimes						Mastic	Name of Dog	600 SF istered Landfill		1	1		
Name of Registered Wa				1000	IJDEP I lauler II		Was	oic Yards of							
SERVICE TRANSF	PORT GROUP,	INC.		1	20990			5355		S. LANDFILL				_	
City, State							Disp	oosal Date	City, State	MILE DA 1000	-7				
NEW CASTLE, DE									MORRIS\	/ILLE, PA 1906) (
Completed By (Print or	Type)	Title						Signature	0 0	-1-	Date		/	, —	
Brian Scafiro	season and the second	Estim	ato	r				Brian	Scofero	/ il	9/1	8/	15	>_	

Ck# 2872

Date of Notification (1)					Name	of Buildin	n Ov	wner/Operator (2)	19:2	1.1	A	J.	
6/	26 /	15	_		Pri	nceton L	Jniv	ersity-Office	of Design and	Construction	55	13.12	: 21	3
Agencies Notified ⊠ EPA	Type Notific ☑ Initial	ation			Stree	t Address DEIm Dr.								
□ DOLWD □		20 000				State, Zip		9		<u> </u>	4 -	1	Sil	
⊠ DHSS	Amendm				1 55.53	nceton, l				42	Circ	130		
	☐ Emerger justificati	ncy (in ion)	cluding	9		of Contac		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Telephone Nu	ımhar			
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				2			_	RMATION		1	U-T 1			
Name of Facility Where A	hatement is	Taking	Place	(3)	ГА	CILITTI	NFO	RIVIATION	Type of Facility	(4)				
Princeton Universit				(0)					Type of Facility (☐ School (K-12					
Street Address	,		u. j						Subchapter 8	(Other than K-				
Washington Rd									Other (i.e., pr homes, etc.)	rivate and comm	nercial	buildin	gs,	
City (5)									Square Feet	# of Floors		3ldg. A	\ge	
Princeton	V													
County (6)					Cour	nty Code (7)(ST.	ATE USE ONLY)	Current Use (Pri	or if being demo	olished			
MERCER									Library					
Name of Monitoring Firm		ding C	wner	(8)	ASCM		- Constant		ent Contractor (9)					
Cardno ATC Associ	ates Inc.				0009	98	-		VIRONMENTAL	_, INC.				
Street Address							1	reet Address						
Three Terri Center								1123 BEAVE						
City, State, Zip Code	•						1	ty, State, Zip Co						
Burlington, NJ 0801				-				BRISTOL, PA	19007	- Y				
Project Manager for Monit Michael Keehn	oring Firm			100000000000000000000000000000000000000	ephone		13,000,000	lephone No.		License No.				
Start Date (10)		0-1	1-10		09-386			215-788-6040		00509				
					etion Da 5 /		12000	ame of OSHA M	ionitor VIRONMENTAL	INC	*			
Occupancy Status During							_	reet Address	VIICONIIIENTAL	., 110.				
☐ Facility Closed/Vacated					ement		100000000000000000000000000000000000000	1123 BEAVER	CTDEET					
☐ Abatement Performed						cribe		ty, State, Zip Co						
Time of Abatement: 7:	<u>00</u> AM- <u>3:30</u> F	PM/	P	M	AM		1000000	BRISTOL, PA						
Scope of Work (Check all	that apply)							3 <u>2</u> 271.000-041.000	A 477.2 EU 04444504.2					
≥3 sf or ≥3 lf			⊠ Re	nova	tion				ainment with Nega losure	ative Pressure				
≥160 sf or ≥260 If			☐ De	molit	on			Glovebag	Procedure					
			- 1-		Carre			☐ Non-Exe	mpted (*) and Nor	n-Friable Proced				
Location of	nf			Loca Norma				Description o			Α	batem	ent T	
Asbestos-Containing M	naterial (ACM	1)	Use	d So	ely by	Asbe	stos	Containing Ma	terial (ACM)	Amount	T er	Repair	Enc	Enclosure
TO BE ABAT IN Facility					ance/ Staff?		., the	ermal systems i	nsulation,	(Specify	Kemova	air	aps	dos
(13)			13.000	(12				surfacing, VAT, ther miscellaned		SF or LF)	<u> 8</u>	el l	Encapsulate	ure
× 15.			Yes	No	N/A		15/8		,			1	e	
Level 1			\boxtimes			Plaster				600 SF				
													П	
Name of Registered Waste	Hauler			1	NJDEP V	Vaste	Cul	bic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	RT GROUP	, INC		ŀ	dauler II 20990		Wa	ste	G.R.O.W.S.					
City, State							Dis	posal Date	City, State					
NEW CASTLE, DE									MORRISVIL	LE, PA 1906	7			
Completed By (Print or Typ	oe)	Title						Signature			Date	/ /	922	
Brian Scafiro		Es	timat	or				Brian	Scelin	1-11	9/	18/1	5	



	N			o NJAC 8:60					(4 ₁) 4	Н ,				
Date of Notification (1) 9-21-15		- 1		Building Owleddington		ator	(2)	9815	Ç <u>E</u> n	0- :				
Agencies Notified Type Notification		1 1	treet Ad	idress Houten Av	/e				* ***	124	12:	24		
X EPA Initial X DEP Amended X DOL Amendment #_			7.11 To 1	e, Zip Code c NJ 0705					A L		1.11	Ol.		
	cluding	1 63		Contact eddington				÷	Tele	phone Nu	umber		1	
			FACIL	ITY INFORI	MATION									
Name of Facility Where Abatement is Taking F Private Dwelling	Place (3))					_	f Facility (4 chool (K-12						
Street Address 88 Van Houten Ave							Si	ubchapter of ther (i.e. prote.)	(Othe			dings,	home	s,
City (5) Passaic							Square n/a	Feet	# of 2	Floors		ildg. A /a	\ge	
County (6) Passaic				Code (7)		_		t Use (Prio		ng demolis	shed)			
Name of Monitoring Firm Hired by Building Ov Bioterra Solutions	vner (8)		ASCM	l No.				ement Cont tracting L		(9)				
Street Address 1130 W Chestnut Street					9233		Address lorley [
City, State, Zip Code Union NJ 07083	083						tate, Zip dland l	Code Park NJ	07424	1				
Project Manager for Monitoring Firm Rick Eustaguio		Т	elephor	ne No.	0.00		none No 692-62			License 01266	No.			
3 (CONTROL OF CONTROL	Schedule 9-25-1		oletion [Date (11)				A Monitor tracting L	LC					
Occupancy Status During Abatement (Check	Only On	ie)			100		Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A I Facility	Abateme	ent		Ci	ity, S	lorley I state, Zip dland		0742	4				
Scope of Work (Check All That Apply)													- 192-2	
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Renovat Demolitio				×	Mini	Containme i-Enclosure vebag Proc	edure	-			22	
		1	_			L	_ Non	-Exempted	(*) an	a Non-Fri	able Pro	100 100	ement	
Location of	1	Location	/		Descri	iptior	n of				-	T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenan todial S (12)	ce/		s Contain ermal sys surfacing other miso	stem g, VA	s insula		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Basement	165	140	X		Pipe Ir	nsul	atio		-	IOLF	x	+	Х	
Basement									6	00SF	X		X	
Name of Registered Waste Hauler		Ki	JDEP W	laste	Cubic Ya	ırde		Name of	Regista	ered Land	fill			
Amax Contracting LLC		H	auler ID 36184	No.	of Waste B CY			GROW						
City, State Woodland Park NJ 07424		l.		1000	Disposal 9-25-15			City, State Morrisv						
Completed by Tome Maslarkov	Title Proje	ect Ma	nager		Sigr	natur	· /4	6-1	(Date 9-21-1	5		

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CAROL RAIMO	Title OFFI	CE M	GR.		Signature	o fa		ate /d	11	15	
ELIZABETH, NJ Completed by	1			1743	osal Date アルム	City, State MORRIS	SVILLE, PA				
WASTE MANAGEMENT City, State		H	auler ID	No. of W	aste - 20	Market and the second	Registered Land	fill			
Name of Registered Waste Hauler		N	JDEP W	aste C	c Yards						
					BAN	K	0.00 -/				
0475,DE		X		ACM	CONDU.	7 Duct	2001E	×			
	Yes	No	N/A					val	Ŧ	ulate	ure
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	. Ma	intena codial S (12)	nce/	Asbestos Co (i.e. therm sur	ontaining Mate all systems in facing, VAT, r miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Location of	1	Locati Normal d Sole	lly		Description of		/ J and NON-Fr	able Pro	Abat	ement pe	Ė
250 Store of vvolk (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli			×	Full Containme Mini-Enclosure Glovebag Prod	ent with Negative				V
Abatement Performed Outside of No. Other – Describe: 04 7 00 0 Scope of Work (Check All That Apply)	mal Lasille	Abater y Hour	ment s		City, Stat	HITEHEAD / e, Zip Code H RIVER, N.					
Occupancy Status During Abatement (Che		C 2000 E 117			Street Ad	idress		<u> </u>			
9/23/15	91	340	mpletion	Date (11)	Name of UNIQU	OSHA Monitor JE SYSTEM	S OF AMERI	CA			
TOM GEIGER Start Date (10)				92-2217	Telephor 732-43	ne No. 32-8350	Licens 0111				
MATAWAN, NJ 07747 Project Manager for Monitoring Firm			Talast		SOUT	te, Zip Code H RIVER, N.	J 08882				
City, State, Zip Code					396 W	HITEHEAD	AVE.				
Street Address 64 BROAD STREET			004	5	UNIQU Street A		S OF AMER	ICA			
Name of Monitoring Firm Hired by Buildin ENVIRONMENTAL TACTICS	g Owner (8)	U	M No.	Name of	r Abatement Co	STATi				
BURL: Na GTO 1)		County (STATE	Code (7) USE ONLY)		Current Use (Pr	ior if being dem	olished)		1/5	
MOUNT HOLL	¥				1	Square Feet	# of Floors		Bldg.	Age /A	
84 GRANT S	T.					Subchapte Other (i.e. etc.)	er 8 (Other than private & comm	ercial bu	iilding	s, hor	nes,
PSE&G Street Address	22.0					Type of Facility School (K-	10.00				
Name of Facility Where Abatement is Ta	king Place	(3)		CILITY INFORM	ATION				-		
DCA justification Cancellate	n)		1:	of Contact	LIVER	9 4	Telephone	Number			
■ DOL Amendm ■ Emergen ■ DOH	cy (includin		SOU	TH PLAINFIE	ELD, NJ 07	7080					
EPA Initial Amended	i			HADLEY ROState, Zip Code	DAD			_	1000		
Agencies Notified Type Notificati	on		Street	Address			SEP 2	5 231	J		
Date of Notification (1)			Name PSE	of Building Own	ner/Operator	(2)					

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Date of Notification (1)	_			Name of PSEG	Building C)wner/(Operator (2)		-				
Agencies Notified	Type Notification			Street Ad	ddress HADLEY	ROA	.D		SEP 2	2 5 201			-	
DEP DOL	Initial Amended Amendment #				te, Zip Coo H PLAIN		D N.I.07	7080			1			
DOH DCA	Emergency (in justification) Cancellation	ncluding		Name of	Contact	_	VER		Tele	ohone Nur	nber		-	
					LITY INFO			- 17						
Name of Facility Where A PSE&G	batement is Taking	Place (3)						Type of Facility	(4)					
Street Address								School (K- Subchapte		sthen V 1	2)			
84 GRA	NT ST	,						Other (i.e. etc.)	orivate &	commerci	al build	dings,	home	es,
MOUNT								Square Feet W / A		Floors		ldg. A		
County (6)	/			County C				Current Use (Pri				NI.	7	
BURLIN	GTON				JSE ONLY)	10		Suk	3 ST,	ATi O	N			
Name of Monitoring Firm ENVIRONMENTAL		wner (8)		0045				of Abatement Co UE SYSTEM			A			
Street Address 64 BROAD STREET							Street A	ddress /HITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 077	47							ate, Zip Code TH RIVER, N	J 08882)				
Project Manager for Monit TOM GEIGER	toring Firm			Telephor	ne No. 12-2217		Telepho			License N	0.			
Start Date (10)	1	Schedule					Name o	f OSHA Monitor			23			
9/23/	15	7/3	4	115	-			UE SYSTEM	S OF A	MERICA	Α			
Occupancy Status During	5.00 S.00		100				Street A	iddress /HITEHEAD /	AVE					
Facility Closed/Vaca Abatement Performe Other – Describe:	d Outside of Norma	I Facility	batem Hours	ent		_	City, Sta	ate, Zip Code TH RIVER, N)				
Scope of Work (Check All	That Apply)						0001	TITALITY, IN		-	-		-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1012 FM		enovat emoliti				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure				20	
		lei	Locatio					Non-Exempte	u () anu	Non-Friat	le Pro	Abate		
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Asbestos-Containing I	Material (ACM)	n.n.i.	l Solel ntenar			os Con	taining Ma	aterial (ACM)		nount			Ш	_
TO BE ABA In Facilit		Casto	odial S	taff?	(I.e. 1		il systems acing, VAT	insulation, , or		ecify or LF)	Removal	Repair	псар	enclo
(13)			(12)			other	miscellane	eous)		20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20.00 to 20	oval	oair	Encapsulate	Enclosure
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							15/7/10	1/6						
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Name of Registered Wast WASTE MANAGEME			H	JDEP W auler ID I 25	No.	of Wa	Yards este - 20	GROW		ed Landfill TH				
City, State ELIZABETH, NJ						Dispo	sal Date	City, Star		=. PA				
Completed by		Title					Signature			1000	ite_	/	_	
CAROL RAIMO		OFFIC	CE M	GR.			Car	e La	ene	2	te 9/	9/	15	-

D) No CKE IN

State of New Jersey NOTIFICATION OF ASSESTED ARATEMENT (Pursued to NIAC 8:56 and 17:170)

Date of Note (T)			
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See See	at Address		The state of the s
DOL Amendments City,	Sielle, Zip Code		wen landing Ral
G DOH G Brangenty (notating L DOH G DOH G DOH G DOM G	of Contact	SInckwad	N.J. 08012
LI UCA LI Canadania Rama	u odien	77.13	Charles Charles
Name of Parally Whore Abelement in Taking Para (3)	ELTY HE CHILLATION		
Street Addiess		Type of Feeling (4)	
716 IANIMAN Del		School (K-12) Suinchapter 8 (5)	Messes K-12)
Doct Ford Wi			e e commende buildings,
County (6)	Code (7) (STATE	270	Giffans Edg. Age 70 olux
Name of Manipulae Home Home Inches	(T. f.)	Curent Use (Piter III Res.)	handermines
(8) ASOM No. Street Address	ANI JUL	ant Contractor (9)	
	Street Address	Birlington	1.
Cây, Saita, Zip Carde	City. State, Zo Co	ie	Whe
Project Manager for Monitoring Farm Telephone No.		MI CHENS	
Signi Date (10) Schaliffed Complation Date (11	_ 856 Smt Ca	//	01670
9-30-15 Schemen Completion Date (17) Company Sales Daving Abasaneni (Creat unity cre)	() Name of OSHA Mic	Self	
- February Constitution of The Board of the Constitution of the Co	Street Address		
I Abeteret Pertumed Outside of Normal Petitly Hous I Cina - Despite:	City, Stele, Zip Code		
Scope of Weak (Check ell that epply)	Tanga .		New (September 1
Tenesian Tenesian Tenesian Tenesian	□ Fed Conision □ Note Surface	Mand with Negative Pro	- T
	Glaceber P	oceine 1867 and Kur-Fields	Smeasir
Location of Location of			Abatement
TO SE ARATED (Auto) Asia	Description of සහ Contenting Metalet (Type
(13) (12)	thanel systems basis surleding, VAT, or other misoclaments)		Endlonurg Endlonurg Endlonurg Pheappulate Pheappulate Pheappulate Repph
VS WA NO NA		Street, S.	DBUI'G DUIGTG DUIGTG DVOI
DISTAL WHEN THE PROPERTY OF	ACM) Siding	3,40	
THE STATE OF THE S	J	Charge	to see the
Control of the second		David Str.	A CENTRAL OF THE PARTY OF THE P
ANI SUF LLC Waste Marie	Cubic Yards Near	is of Registered Land	The state of the s
	Dispused Date Cay.	im of Pa	
Delinico NJ		Tullytown	PA
THII IND VP	Signature	Del	9-21-15
The second secon			

[°] Cro not use this form for esbestos licensure exempted edivities.

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Date of Notification (1) 3-13-15	I Name of R	මණ්ගු 0කාන/ටෑක	fan (7)		
			Wate	and Acsto	ration
	Street Add	1001	Lower hi	indus RI	/
	City, Stele, 1		Blacku	wad NI c	5012
	Name of Co.	Tobalk	lixon	(Carings No	
Name of Parally Whole Abstances to Taking Pace (3)	FACELTY	A CRUATICH		Б	
	Reside	u+	Type of Factor		-
Street Address 714 7	ANYMA		School (64) School (64) School (64) School (64)	8 (Oliver then 14-1)	2) න් පාඨ්තිකූය,
Dept	forel 1	W/ 383%	Square Peat	S of Films	Edg. Age
County (8) Count 21	County Coxe USE CHELY)	(7) (STATE	Const Use (Fr	ii W U being demole	ned) Ned
(8)	SOM NO	Name of Alman	ant Contractor (9)		
Street Address		Street Address	Birlingto	in And	
Chy, State, Zip Clorks		City State Ze Co			
Frujeti Meneger for Monitoring Firm Telephy	one No.	Telephone No. 856-52-709		License No.	Market Control
Sent Date (10) Scheduled Completion	Date (11)	Name of OSHA Mile	The state of the s	01070	THE PARTY OF THE P
Company Sales During Abasement (Charle only one) [Facility Closed/Varieted During Share Period of Abatement	· control	Street Address	SUL		ATT AND AND AND AND AND AND AND AND AND AND
Alexander Performed Outside of Normal Pacify House Other - Despite:	mindusate	Oly, Siele, In Oct	9		17 Palan
Scope of Work (Check all that south)	- P				The state of
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is Lowfin Namely Lowin of Used Science	STATE AND ADDRESS.				Abalement Type
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THII VA		Signature /	-	3-13	15

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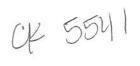
CK 2339

Date of Notification	(1)	Name	of Build	ing O	wner / Operator	(2)	SEC	A =	race		
	09-22-2015		Edwards				SET	2.5	100		
Agencies Notified EPA	Type Notification		Address Hudson		t						
☐ DEP		City, S	tate & Z	ip Co	de						7.00
⊠ DOL	Amended		en, NJ ()						
□ DOH □ DCA	Emergency Cancellation	135000000000000000000000000000000000000	of Conta				1	elepho	ne N	umbe	er
39,000,000	200000 20000 20000 20000 2000 2000	FA	CILITY	INFO	RMATION		3				
	nere Abatement is Taking Pl		TO ILIT		Type of Facilit						
Condo Unit					School (K		14 400				
Street Address 1000 Hudson Stree	t					ter 8 (Other than b. private & comi		s hom	PS P	tc)	
1000 Haddon Otrec					Square Feet	# of Floo		dg. Age		10.)	
City (5)	County (6)	County C	Code (7)		776		3	75.0	18 yı	S	
Hoboken, NJ 07030) Hudson				Current Use (I Condo Uni	Prior if being de t	molished)				
Name of Monitoring	Firm Hired by Building Owr	er (8)	ASCM	No.		ement Contract nagement Grou					
Street Address					Street Addres	S					
464 Valley Brook Av City, State & Zip Co					City, State & 2	n Ave, Suite 202	2				
Lyndhurst, NJ 0707					Trenton, NJ 0						
Project Manager for Mathew Smith	Monitoring Firm	Telephone 201-438-48		r	Telephone Nu 609-914-4279		License No	umber 0118	5		
Scheduled Start Da 10-5-201		npletion Dat	te (11)		Name of OSH	A Monitor nental Laborator	ies Inc				
Occupancy Status I	During Abatement (Check or	nly one)			Street Addres	s	100 1110				
	sed/Vacated During Entire P		atement		2333 Route 2			-			
Describe:	Performed during Normal H 8:30pm-5:30pm	ours:			City, State & 2 Union, NJ 070						
Scope of Work (Che	upied During Abatement										
10 15 15 15 15 15 15 15 15 15 15 15 15 15	5.5 5.0	7-					ainment with Ne	egative	Pres	sure	
≥3 sf or ≥3≥160 sf ≥26			ovation nolition			☐ Mini-Encl☑ Glove Ba					
△ 2100 SI 220	O II	☐ Deli	HOILIOH				g Procedures mpted and Non-	-Friable	e Pro	cedu	re
1000	ocation of	Is Locat			Description	of	Amount			ent T	
	tos-Containing	Normally I			Asbestos-Cont		(Specify			п	
	terial (ACM) BE ABATED	Solely I Maintenan			Material (AC (i.e., thermal sy		SF or LF)	Rei	R	nca	Enc
	n Facility	Custodial S	Staff?		sulation, surfac			Removal	Repair	Encapsulat	soure
	(13)	Yes No	N/A	(or other miscella	aneous)		al	=	ulat	re
Basement			(X	Pine I	nsulation & Assoc	Elho Packing	355 LF		П	П	
Bascinent			H	po .		2	000 Li		H	Ħ	H
			H						H	H	H
		HH	H					ᅢ	Ħ	H	H
Name of Registered	d Waste Hauler				Cubic Yards	Name of Regis	tered Landfill				
Resource Managen	nent Group, LLC	1 2000	uler ID 1 35218		of Waste TBD	Grows Landfill					
City, State Trenton, NJ 08619	28				Disposal Date	City, State Morrisville, PA					
Completed By (Prin	t or Type)	Tit	le		Signature 1			Date			
Mr. Brian Haney	porents ary (of 1) (CD)	V 75000 H	esident		The no	1/10	Ν, .	09/22	/201	5	
					1010	KAND	14/				
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Date of Notification (1)						Owner/Operator						
9-22-15	#		18	3.41	NET	RUCKIN	6	/% 1/4 1/4 1/4	B 9 5		50 F	
Agency Notified	Type Notification		S	treet A	ddress	//2		V-		-	4.7	
	900 E 741 0		1/	02	IO	SEPH 4	STREET					
□ EPA -	□ Amended		0	ity, St	ate, Zip C	ode		**,				
DOL	Amendment#		1	UFLE	2 ARI	く、ルエ	07114					
	☐ Emergency (including	g	N	ame o	of Contac			Telephone Num	ber			
DOH	justification) ☐ Cancellation				FRA			, -		. 25		
2 DON					4	ORMATION						
	Manager of the Tolding Difference	in /31	-	, AOIL	211 1161 4		Type of Facility	(4)				
Name of Facility Where	10 mar 3	26 (3)			2			220				
B. LINETRUC	141NG		000000000	37.			School (K-1	2) 8 (Other than K-12)				
Street Address							Other (i.e. p	rivate & commercia	building	js,		
62 JOSEPI	4 STREET					., _	nomes, etc)				
City (5)					5.0	me.	Square Feet		Bidg. A			
NEWARK							.9800	.	110	Y	RS	•
County (6)				County	Code (7	(STATE USE		rior if being demoli		1		
FSSEX				ONLY)		*	Monthale	TALL FOUR	GAR	14	65	:
Name of Monitoring Fire	n Hired by Building Owner	er A	SCM	No.		Name of Abater	nent Contractor	(9)				
(8)		O D				Best Re	moval Ir	i C				
Street Address						Street Address					(*)	
Sueer Audioss				100		450 SON	th River	St				
City, State, Zip Code						City, State, Zip						
Oxy, Oute, 25							ack, N.J	. 07601				
Project Manager for Mo	nitating Ferm	i Tele	andras	e No.	* 1	Telephone No.		License No.				
Project manager for mo		-				201-329	-7444 -	00388				
Charle Date (40)	Scheduled Co	- Polotio	n Doch	(111)		Name of OSHA		1		_		
Start Date (10)			II Dae	= (11)	240		Environ	ental				
	10-8- ng Abatement (Check onl					Street Address	HIVELOUIN					
Occupancy oracios buils	· ·	y oric)					uyler St					
	ed During Entire Period of					City, State, Zip (-	-	-
	d Outside of Normal Faci	ity Hour	S					,N.J. 07	606	20		
Scope of Work (Check	and the second s					э. ца	CKEHSack	, N.O. 07	000		-	
Scope of Work (Check a	as ulat appry)							h Negative Pressure	>			
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		ls L	ocatio	an.		**************************************				Ab	aten Type	
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. Locati Asbestos-Containi		Used	Soleh tenan		Asbe	Description stos Containing M		Amount	. }	- Annual or a	1	
TO BE A	BATED		stodia	V00077		., thermal systems	insulation,	(Specify		Removal	Rophir	Enclosure
IN Fa			1			other miscellan		SF or LF)		100	D au	1180
			(12)			OGICE PEROCEALIN	, ,		1	-	110	0
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GROUND FLOO	OR GARAGE	-	1	X	THE	RMAL INS	OLATION	153	SF	X	480	
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		-	-							+	+	,
			- 1						7.5	- 1	+	
Name of Registered Wa	ste Hauter	MEDI	ED IA	aste H	ardor	Cubic Yards of	Name of Rom	stered Landfill	i			- }
Best Remo		ID N		eset n	auci	Waste						~
l cor memo		and a second	171	.09		21/2 405	HIDERY.	a Enterpr	rses	, .) نا با	ر
City, State		-1				Disposal Date	City, State					
•	k , N.J. 07	601				10-8-15	Wavne	sburg, Oh	,4468	88		
Completed by	- Title					Signature/	1	1	Date			_
R. VELDRAN	Esti	imat	or			R. Velel	UEN.		9-2	2-	15	+
ASB-41	* Do not	use this	form	for as	bestos lic	ensure exempted						

Check 5824

Agency Notified Type Notification Street Address LEXINGTON AVENUE Amended Amend	mber				
DEP Armended Armended Armendment # City, State, Zip Code DOL Armended Armendment # DON CLAR NO DOTO 47 Emergency (including justification) Cancellation Name of Contact Telephone Number of Facility Where Abatement is Taking Place (3) Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)	mber				
DEP Armended Armended Armendment # City, State, Zip Code	mber				
Amendment #	mber				
Name of Contact Cancellation Name of Contact Telephone Number	mber	_			
Name of Contact Cancellation Name of Contact Telephone Number	mber				
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) C PHERSON D School (K-12)			6		
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CHERSON School (K-12)					-
H. MC PHERSON : D School (K-12)					
Street Address	2)	2			
		ings			
homes, etc.)		nerva i	100		
City (5) No MTCLAIR Square Feet # of Floors 1950 2	Bide		ge √,	125	3
County (6) County Code (7) (STATE USE Current Use (Prior if being dernor ONLY)	olished)		1		
CESIDIOS					
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)			_		
Best Removal Inc					
out That co					
450 South River St City, State, Zip Code City, State, Zip Code					
Hackensack, N.J. 07601					
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.		-	-	_	
201-329-7444 - 00388					
Start Date (19) Scheduled Completion Date (11) Name of OSHA Monitor					
10-8-15 10-9-15 Omega Environmental					
Occupancy Status During Abatement (Check only one) Street Address					
□ Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St					
□ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Stackensack N I O: Stackensack N I O:	7606				
Scope of Work (Check all that apply)	/606				
■ ≥3 sf or ≥ 3 if □ Puli Containment with Negative Pressur □ ≥ 160 sf or ≥ 260 if □ Demolition □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Pro	*				
is Location		IA	bat	eme	nt
Normally ::		H	Ty	pe	
Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount		-	ti de la constante de la const	H	
TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify		Removal	Ro	Encapsulate	Enclosure
(13) Staff? Staffecing, VAT, or SF or LF)		NOVE	Rophir	mec	1180
Yes No N/A		=		ate	6
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10ASEMENT X THERMYL INSULATION 135	LF	X		\Box	\dashv
		-	H		_,
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Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill				- Anna	_
Best Removal Inc. IDNo. Waste	ico	70	TT	0	Contract from
1774 101	TSES	,	لما	باد	and the same of
Disposal Date City, State	20. 10.				
DAUKEUSACK N.I. 11/601 1.10 U. IZ TT 1	,446	88)	30	-
10 (10 waynesburg, On				-	
Completed by Title Signature R.Veldran	Date 9-Z	,		_	



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Date of Notification (1)					Building			(2)			a men	e -	Fi			
09/18/2015	F= \$1.05.0				PA (City	of Ora	inge)				SEP	4.	1 4	A5		
Agencies Notified	Type Notification			Street A	^{ddress} roadwa\	,										
EPA BEB	× Initial		F		ite, Zip Co								-	£		
EPA DEP DOL	Amended Amendment	#			ork, N.		19									
	Emergency	(including	_		Contact	1. 100	-			Tel	ephone	Numl	ner	-		-
Ď DOH DCA	justification) Cancellation				Robinsor	1				101	срионе	1401111	001			
					LITY INFO	8	ON			-		-				
Name of Facility Where	Abatement is Takin	g Place (3)					Туре	of Facility (4)						
US Radium Super	fund Site								School (K-12	!)						
Street Address									Subchapter 8					di	h	
456 Burnside Stree	et								Other (i.e. pri etc.)	ivate	s comm	erciai	Dulic	ings,	потпе	es,
City (5)				300-1-1100-1				100000	re Feet	# 0	f Floors			ldg. A	ge	
Orange						550 200		100		3				70		
County (6)					Code (7) USE ONLY		00 and 12		ent Use (Prior		ng dem	olishe	d)		0 - 107/06/09	
Essex						8-			Military Sit							
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	l No.				tement Cont		(9)					
A.R.T. Inc.									ontracting,	inc.						
Street Address 111 John Street, S	wite EOO							Addre			: 005					
City, State, Zip Code	uite 536								on Avenue	e, Un	11 305					
New York, NY 100	38						100000000000000000000000000000000000000		ip Code J 07012							
Project Manager for Mor			1	Telepho	ne No.			hone N			Licens	se No				
Paul P. Ottens	(Samuel Street	785-026	6			-9500		0103	6				
Start Date (10)	- 1	Schedule	ed Cor	npletion	Date (11)		Name	of OSI	HA Monitor							
09/28/2015		09/30/					Incir	nia Co	ontracting,	Inc.						
Occupancy Status Durin	g Abatement (Ched	k Only On	e)					Addres								
Facility Closed/Vac	ated During Entire	Period of A	baten	nent					on Avenue	e, Un	it 365					
Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility	Hours	5					ip Code							
Scope of Work (Check A	II That Apply)						Clift	on, N	J 07012					_		
	н тнаг Арргу)	EZ -					Г	٦				20				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emolit				>		Il Containmer ni-Enclosure	nt with	Negati	ve Pr	essu	re		
							F	Glo	ovebag Proce		222 12	50 50	W.	0		
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15 690		100	Locat Iormal									1			pe	
Location Asbestos-Containing		Use	d Sole	ly by	Achee		scription		I (ACM)	Δ	mount	1				
TO BE AB		10	intena odial S	7000		thermal	system	s insula		(5	Specify		Re	מג	Enc	ᄪ
In Faci (13)		Cust	(12)	olan r			cing, VA niscellar			SF	or LF)		Remova	Repair	apsı	Enclosure
(10)		V	NI.	NI/A		Other I	rnsochai	neous)					/al	=	Encapsulate	ure
		Yes	No	N/A		11000										
Basem	ent			X		Pipe	Insula	ation		5	0 LF	_	X			
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Name of Registered Wa	ste Hauler	000 2000	JDEP W		Cubic of Wa	Yards		Name of R	egiste	red Lan	dfill	-125-22		10.00 LU77		
Atlantic Carting/JR	Contracting		91 53	IJ-641	140.	25	SIE		IESI PA	Beth	lehem	ı Lar	ndfill	Cor	p.	
City, State							sal Date		City, State		~					
Wayne, NJ						TBD			Bethlehe	em, F	PA					
Completed by		Title				S	ignature	9, (,	7)			Date				
Milena Zoric		Exec	utive	Directo	or			MR	T)	09/	18/2	2015		



Energence

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

Date of Notification (1) 9/21/15					Building ((2)	-	SEP	252	O IS			Į.	
Agencies Notified	Type Notification		1000	Street Ad	ddress st 29th	Straat			7				i	- 4	-	
EPA DEP DOL	Initial Amended Amendment	#	(City, Sta	te, Zip Co Haven	de		28008								
DOH DCA	Emergency (justification) Cancellation		1		Contact	Garde	115 140 (30000		Tel	ephone N	Number			-	
_ BOA	Caricellation				LITY INFO	RMAT	ION									
Name of Facility Where A Paul Nolan Private	Abatement is Taking Home	Place (3)						Printer.	of Facility (500 E0						
Street Address 129 east 29th Stree	et					(1)		×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth			ıildi	ngs,	home	es,
City (5) Beach Haven Gard	ens NJ 08008								e Feet	# 0	f Floors		Blo 35	ig. A	ge	
County (6) Ocean					Code (7) USE ONLY)				nt Use (Pri e and G		ng demo	lished)				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	l No.		Company of the Compan		ement Cor		(9)					
Street Address							Street	Addres Box 32	S							
City, State, Zip Code						-	City, S	tate, Zi	p Code	201	11001100000					
Project Manager for Mon	nitoring Firm		Τ.	Telephor	ne No.		Teleph	one No		191	License					
Start Date (10)		Scheduled	d Com	pletion [Date (11)			753-98 of OSH	IA Monitor		00727					
9/22/15	(1)	9/28/15	*				Same	е			ulta i Sea e se e e					
Occupancy Status During							Street	Addres	S							
Facility Closed/Vaci Abatement Perform Other – Describe:	ed Outside of Norm	Period of Al al Facility I	oatem Hours	ent		_	City, S	tate, Zi _l	p Code							
Scope of Work (Check A	II That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti				×	Min Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure	Santa area					
		le l	ocatio	on			-	1101	r-Lxempte	u () an	u Noiri i	lable F	-	300 747	ment	
Location	n of	N	ormali	у	19	De	escription	of					_	Ту	oe	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED ity	Mair Custo	Solel ntenar odial S (12)	ice/ staff?		therma surfa	ntaining Mal systems acing, VA miscellar	s insula T, or		(5	mount Specify F or LF)	Kemovai		Repair	Encapsulate	Enclosure
	V 11	Yes	No	N/A				•					4	_		
Exterior S	Siding	-		X		Ext	erior Sid	ding		23	00 SF	x	+	_		
			Add I Com										+			
													+			
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	c Yards		Name of	Registe	ered Land	dfill				
United Containers			10.0	auler ID 2459	No.	of Wa	aste		G.R.O.			1				74
City, State Elm NJ						Dispo 9/28	osal Date /15		City, Stat Morrisv		A 19067	7				
Completed by Anthony T Perna		Title Presio	lent				Signature	1				Date 9/21/	15			



State of New Jersey

Emerger.	1cy X		IFICATION	OF ASBESTOS A to NJAC 8:60 and	ABATE	1 11	5	107				
Date of Notification (1) 9/21/15				f Building Owner/C Hartey Privat		(2)		7	2			i r
	Type Notification Initial		Street A 250 W	ddress 'est 16th street	t			SEP 2	5 2	115		
DEP X DOL	Amended Amendment Emergency			ite, Zip Code Bottom NJ 0800	08							
☑ DOH DCA	justification) Cancellation	,	James				l Te	lenhone Nur	nber			
Name of English Mars Al	5 - 42 41 - T - 11 -	- DI (0)	FACI	LITY INFORMATI	ON	_						
Name of Facility Where Al James Hartey Priva Street Address 250 West 16th street	te Home	ig Place (3)					12) r 8 (Oth	er than K-12 & commercia		dings,	home	es,
City (5) Ship Bottom NJ 0800						etc.) Square Feet 1000+	# 0	f Floors		Bldg. A	ge	
County (6) Ocean			County (Code (7)		Current Use (Pr	1	277	250	J T	V. (1.4)	
Name of Monitoring Firm I	Hired by Building	Owner (8)	ASCM	I No.		of Abatement Co	ntractor	(9)		•	1	
Street Address						Address Box 329						
City, State, Zip Code					200 m 100 m	tate, Zip Code Berlin NJ 08	091					
Project Manager for Monit	oring Firm	×	Telepho	ne No.		one No. 753-9800		License N 00727	0.			
Start Date (10) 9/22/15	27	Scheduled 0 9/28/15	completion	Date (11)	Name Same	of OSHA Monitor						
Occupancy Status During	Abatement (Chec	k Only One)			Street	Address						
Facility Closed/Vacat Abatement Performe	ed During Entire d Outside of Norr	Period of Abat	ement urs	2	City, S	tate, Zip Code						
Other – Describe:												
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)	The state of the s	vation olition		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re cedure				e	
Location (of	Is Loc Norn	nally	. De	scription	of				Abate Ty	A CONTRACTOR	
Asbestos-Containing N TO BE ABA In Facility (13)	Material (ACM) TED	Used So Mainte Custodia (1)	nance/ al Staff? 2)	Asbestos Cont (i.e. thermal surfa	taining M	laterial (ACM) insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes N	o N/A								Ф	
Exterior Si	ding		×	Exte	rior Sic	ding	18	800 SF	x			
				40								
Name of Registered Waste	e Hauler		NJDEP W	/aste Cubic	Yards	Name of	Registe	ered Landfill				

Hauler ID No.

22459

Title

President

of Waste

9/28/15

Disposal Date

Signature

3

Completed by

City, State

Elm NJ

United Containers

Anthony T Perna

Date

9/21/15

Morrisville PA 19067

G.R.O.W.S.

City, State



Emergeny

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

Date of Notification (1) 9/21/15					Building O Shackle						11 1000			- 1		
Agencies Notified	Type Notification		1 5	treet Add	dress st 80th 9	Street					SEP 2	. 5	221)		
EPA DEP DOL	Initial Amended Amendment				e, Zip Cod each No		08									
☑ DOH DCA	Emergency (justification) Cancellation	including	1 3	lame of 0	Contact					Tele	ephone N	lumbe	er			
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A Forrest Shackleton		g Place (3)						☐ So	f Facility (4 chool (K-1	2)						
Street Address 118 East 80th Street	et	•						X O	ubchapter ther (i.e. p c.)				uildi	ngs, l	nome	s,
City (5) Brant Beach NJ 080	008							Square 1000-		# 0	f Floors		10.50	dg. Aç	je	
County (6) Ocean			6	County C	ode (7) SE ONLY)			Curren	t Use (Pric	or if bei	ng demo	lished	1)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)					
Street Address								Address 30x 32								
City, State, Zip Code							200000000000000000000000000000000000000	tate, Zip t Berlin	Code NJ 080	91						
Project Manager for Mor	nitoring Firm		1	Γelephor	ne No.			one No 753-98			License			-	-	
Start Date (10) 9/22/15		Scheduled	d Com	pletion [Date (11)	30		of OSH	A Monitor							
Occupancy Status Durin	a Abstamant (Char		,,					Address	9	-			_			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of A	batem	ent				State, Zip	****							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti					Min Glo	Containm i-Enclosure vebag Pro i-Exempte	e cedure	_				е	
			Locati					1101				T		Abate	ement	i
Location Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) NATED ility	Used Mai	ormali d Solei ntenar odial S (12)	ly ly by nce/		tos Cor therma surfa		Material is insula AT, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
Bottom Of	House	163	140 ,	X	tran	site b	reak a	way bo	pard	4	-00 SF		x			
	Ÿ							-1122112				-				
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubic	c Yard's		Name of	Regis	tered Lar	ndfill				
United Containers		* 30	Н	lauler ID 2459		of Wa			G.R.O.							
City, State Elm NJ						9/28			City, Sta Morris		A 1906					
Completed by Anthony T Perna	H	Title Presi	dent				Signatu	e)				9/2	e 1/15	5		



Emergency

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

Date of Notification (1)			- 11	Name of	Building C)wner/(Operator	(2)					7			
9/21/15					Rinaldi P					0	en n	-	- 5			
	Notification			Street Ac	idress t Henry	St.				-	Les to	Ş			4:-	
EPA DEP DOL	Initial Amended Amendment #		h	City, Stat	e, Zip Coo a NJ 08	de								7		
X DOH	Emergency (ir justification) Cancellation	ncluding		Name of Josh	Contact					Tele	ephone N	Number	г			
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where Abater Linda Rinaldi Private Ho		Place (3)						Туре	of Facility (4	4)						
Street Address	1116								School (K-1 Subchapter		er than K	(-12)				
16 east Henry St.								×	Other (i.e. p				uildi	ngs,	home	s,
City (5)						-			etc.) re Feet	# 0	f Floors		Blo	dg. A	ge	-
Palmyra NJ 08065								1000		1.5			35	+		
County (6) Burlington				County C	code (7) ISE ONLY)			Curre	nt Use (Prid	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired N/A	by Building O	wner (8)		ASCM	No.	1933149917-0		of Aba	tement Cor	tractor	(9)					
Street Address							100000000000000000000000000000000000000	Addres								
City, State, Zip Code							City, S	State, Z	ip Code n NJ 080	91						
Project Manager for Monitoring	Firm			Telephor	ne No.		Telep	hone N	0.		License					
Start Date (10)		Schedule	d Con	anlation I	Data (11)		- CT-CT-(77-2)	753-9	A Monitor		00727					
9/22/15		9/24/15		ripietion	Jale (11)		Sam		1A WOULD							
Occupancy Status During Aba	tement (Check	Only One	e)				Street	Addres	SS				0	.,		
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: Home	tside of Norma	al Facility					City, S	State, Z	ip Code							
Scope of Work (Check All Tha																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mir	l Containm ni-Enclosure ovebag Pro	е		e Pres	sur	е		
							Ē		n-Exempte			riable F	Proc	edur	е	
			Locat												ment pe	Ž.
Location of Asbestos-Containing Mate TO BE ABATED In Facility		Used Mai	lormal d Sole ntena odial ((12)	ly by		tos Cor therma surf	escription ntaining la al system acing, V	Materia ns insula AT, or		(Amount Specify F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		outer	miscella	illeous)	X				/al	=	ılate	ure
basement		100	110	×		Flo	or Tile	only		3	00 SF	x				
										5		1511				
Name of Registered Waste Ha United Containers	uler		H	NJDEP W Hauler ID		of W	c Yards aste		Name of G.R.O.		ered Lan	idilli				
City, State			2	2459		2 Disp	osal Date	e	City, Sta	imioary Carata						
Elm NJ						9/24			Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Presi	dent				Signatur	re /				Date 9/21	/15	;		
Limiting		, 1031	-0111	S				V_				J/= 1				



Energency

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

Date of Notification (1)				f Building				<u> </u>				796-14			
9/21/15				ny Bono	Private	e Hom	ne		CE	2 2 5		15			
	otification		Street A	ddress t Scott [)rivo										
	itial nended			ate, Zip Co											
DOL A	mendment #			te NJ 08											
DOH ju	nergency (include stification) ancellation	ding	Name o	f Contact					Tel	ephone I	Numl	ber			
				LITY INFO	DRMATI	ON									
Name of Facility Where Abateme		ce (3)					Туре	of Facility (4	4)				-		
Anthony Bono Private Hor	ne 							School (K-12			(40)				
6 West Scott Drive								Subchapter Other (i.e. p					dings,	home	es,
City (5)								etc.) are Feet	# 0	f Floors		TB	ldg. A	ae	
Holgate NJ 08008							100		2	, , , , , , ,			5 +	.90	
County (6) Ocean				Code (7) USE ONLY,)		Curre	ent Use (Prio	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by	y Building Owne	r (8)	ASCN	/ No.		Name	2000	atement Con	tractor	(9)	-				
N/A		505					aco I			(-)			٠		
Street Address							Addre Box 3		12					N.	
City, State, Zip Code								ip Code in NJ 0809	91						
Project Manager for Monitoring F	irm		Telepho	ne No.		Telepl	one N	lo.		License		•			
Start Date (10)	Sche	eduled Co	mpletion	Date (11)				HA Monitor		00727					
9/22/15	9/28	8/15	18			Sam									
Occupancy Status During Abaten						Street	Addre	ss							
Facility Closed/Vacated Duri Abatement Performed Outsi	ing Entire Period de of Normal Fa	of Abate	ment			City S	State 7	ip Code							
Other – Describe:					V-10	Oity, C	riaic, z	ip oode							
Scope of Work (Check All That A	pply)						VCI								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	I X	Renov Demoi				F		II Containme		Negativ	e Pr	essu	re		
2100 \$1 01 2200 11	<u> </u>	Demoi	шоп				GI	ni-Enclosure ovebag Proc	edure						
		100010-000				×	≦ No	n-Exempted	(*) an	d Non-Fr	riable	Pro	Team ora-	e ement	
Location of		Is Loca Norma		8.	Dor	scription	of							pe	
Asbestos-Containing Material	(ACM)	Used Sol Maintena			tos Cont	aining N	/lateria	I (ACM)		mount		_		П	m
TO BE ABATED In Facility		Custodial (12)		(i.e.		cing, VA	T, or			Specify or LF)		Remova	Repair	cap	Enclosure
(13)					other n	niscellar	neous)					oval	air	Encapsulate	sure
F. 1. 7. 01.11	Y	es No	1		_									(U	
Exterior Siding			X		Exte	rior Si	ding		23	00 SF		х			
			-								_				
			-								_				
Name of Registered Waste Haule	r		NJDEP W	laste	Cubic	Varde		Name of F	Panieta	red Land	HEII				
United Containers		1	Hauler ID		of Was			G.R.O.V	1000	nou Lain	w11111				
City, State Elm NJ					Dispos 9/28/	al Date		City, State Morrisvi		19067	 7			-	
Completed by	17023	tle				ignature	7 -	1			Date		72		
Anthony T Perna	P	resident				(-	1			_	9/2	1/15	,		

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

Date of Notification	n (1)	1			100000 000 0	wner/Operator	(2)	63					1
9-21-15			John	Cro	nogu	ue		0		7	10.00	fil.	
Agencies Notified	Type Notificat	ion	Street A					~					
[]EPA	[X]Initial		261 1	Midl	.and					-			Trees.
[]DEP	Notifica	tion	City, St										
[X]DOL	[]Amended Notifica	tion	Mont	clai	r, N	J,07042							
[X]DOH	NOTIFICA		Name of	Conta	ct		Telephone	Number					
[]DCA	[] EMERGENCY		John	Cro	nog	ue							
	[]Cancellat	ion											
			<u>-</u>	Wast Developed to the	TY IN	FORMATION	Type of Facili	tv (4)					
Name of Facility Wi		s Takır	ng Place	(3)			1.55						
Same as above	=						[]School ([]Subchapt	er 8 (Othe	r tha	n K	-12)		
Street Addres							[X]Other (i	.e., priva mildings, h	te &	com	mer-	*	
								# of Floo			g. A	Te.	
0: b /5	6	'ountu	(6) Essex		Coun	ty Code (7)	Square Feet	3	DIS		10	ge	
City (5	ľ	Journey	(U) E336x		100000000000000000000000000000000000000	TE USE ONLY)	Current Use (F		ing c	100		ned)	
2									_				
Name of Monitoring	Firm hired by F	Building	g ASCM	No.	1	Name of Abate	ment Contractor	: (9)				1155	
Owner (8)	·					AZTECH M	MANAGEMENT,	Inc.					
N/A Street Address						Street Addres	s						
Street marcos						86 Chris	stopher St.						
City, State, Zip C	ode			7		City, State,	Zip Code						
CICY, Deace, Dip o						Montclai	r, NJ 0704	12					
Project Manager fo	r Monitoring Fi	rm Te	lephone	Numbe:	r	Telephone Num	ber		Licen	se 1	Jumb	er	
rioject manager ro		A STATE OF THE PROPERTY OF	/A			(973) 744	1-8800		003	371			
Scheduled Start Da	te (10) Sched	i. Comp.	letion D	ate (11)	Name of OSHA	Monitor						
10-1-15	Section and these		-2-15			N/A							
Month Day				Year		Street Addres					- 4		
Occupancy Status D	uring Abatement Losed/Vacated Du	Cneck ring Er	ntire Pe	riod		Street Addres	15						
of Abateme	ent					City, State,	Tin Codo		-	-			
Hours - Des	Performed Outsid scribe: «OffHours	Descri	ipt»		Y	City, State,	Zip code						
[]other - Des	scribe: «Other Oc	cupancy	y Descri	pt»									
Scope of Work (Che	ck all that app	ly)				וע ודייו	l Containment w	ith Negati	ve Pr	essi	ıre		
[X]>3 sf o	or >3 lf	1	[X] Renova	ation		[]Mini	-Enclosure						
	or ≥260 lf	I	[]Demol:	ition			ebag Procedure Friable Procedu	re					
			Is			i jiloii .	2110010 2100000		1	Abat	eme		Type
Locati			Location Normally			Descripti		Amount		R	R	E	E
Asbestos-C Materia			Used Solely			Asbestos-Cor Material		(Specif	and the	E M	E	CA	C
TO BE			By Main- tenance/			(i.e., therma		SF or LF)		0	A	PS	0
In Fac	U	l c	ustodia: taff (12	1		sulation, surf or other misce		112 /		A	R	U	UR
(1	37	Yes		N/A	-		30 10 10 10 10 10 10 10 10 10 10 10 10 10						E
Basement			2	ζ	Pip	e Insulat	tion	75 11		X			_
					Boi	ler		40 SI	? D	K			_
Name of Registered	i Waste Hauler	100	JDEP Was		1	oic Yards Waste 1.5	Name of Regi		dfill				
AZTECH MANA	GEMENT, IN		lauler II 17040	J NO.	OI	waste 1.5	G.R.O.W.	5.			8		
City, State						sposal Date	City, State	11	. 10	00	7		
Montclair, N	IJ 07042				1	.0-5-15	Morrisvi	IIe, PA	A 19	06	1		
Completed Des (Design	nt or Type) Tit	-10				Signatur	e		Da	te			
Completed By (Print Constantine		esid	ent			1 1	15 1				1-1	.5	
COILS CAILCTILE	A T A T CTTT						VIUL					335	

CK 1497

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

Date of Notification (1)			Name	of Building	Owner/Operator (2	2)					
	15		GRA	AGG, DO	UGLAS W & TH	ERESA L	SEP 2	5	2015		
Agencies Notified Type Notifica	tion		Street	Address					- 707.5550		
⊠ EPA ☐ Initial			204	WASHIN	IGTON DRIVE						
☑ DOLWD ☑ Amended			City, S	state, Zip C	ode					-	
□ DHSS Amendme			BRI	GANTIN	E, NJ 08203						
DCA Emergence (NJAC 5:23-8) Emergence		3	Name	of Contac	t		Telephone Numb	er			
☐ Cancellati			GR	AGG, DO	UGLAS W & TH	ERESA L					
					FORMATION						
Name of Facility Where Abatement is T	aking Place	(3)		JIE 11 1 114	ORMATION	Type of Facility	(4)			-	
Resident		(-)				☐ School (K-12					
Street Address							(Other than K-12)				
204 WASHINGTON DRIVE						Other (i.e., p homes, etc.)	rivate and commerc	ial bu	ilding	S,	
City (5)						Square Feet	# of Floors	Blo	ig. Ad	16	
BRIGANTINE, NJ 08203						1792Sf	3 Floors	1	17 yr		
County (6)			Coun	tv Code (7)(STATE USE ONLY)		ior if being demolish	-	,.		
US; Altantic CO.				., (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Resident	ioi ii boilig doiliolloi	.00,			
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No	Name of Abateme						-
Environmental Management In		(0)	100111	140.	A complete of the control of the con		al Service, LLC.				
Street Address					Street Address	LITALIOITILETI	ai Service, LLC.				
34 E. Germantown Pike #204					14 Read Drive	9					
City, State, Zip Code					City, State, Zip Co	T-4					-
E. Norriton			-		Sicklerville, N						
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.	10 00001	License No.				
Raymond Giordano			0-277		856-318-1341		01158				
	Scheduled (Name of OSHA M		01100		-	_	
09/19/15	10						al Services, LLC				
Occupancy Status During Abatement (0	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entir					14 Read Driv	е					
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co	ode					
Time of Abatement: 7AM-11:30PM	/PM		_AM		Sicklerville, N						
Scope of Work (Check all that apply)					*						
D >3 of or >3 lf	⊠ n.					tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or >260 lf		enovati emolitic			☐ Mini-Enc	g Procedure					
	10 1 10 1 20.00						n-Friable Procedure	9			
	17.73	S Locat Norma						Ab	ateme	ent T	уре
Location of Asbestos-Containing Material (ACM	1.1-	ed Sole		Acho	Description of stos Containing Ma		Amount	R	R	ш	ш
TO BE ABATED	Ma	aintena			., thermal systems		(Specify	Removal	Repair	ıcaı	ıclo
IN Facility	Cus	todial (12)	Staff?		surfacing, VAT	, or	SF or LF)	val	7	Encapsulate	Enclosure
(13)	Yes	No.	N/A	1	other miscellane	ous)				ate	· ·
Basement				Floor T	ile		210SF				П
			-	1 1001 1			21001			_	
	$ $ \square								Ш	Ш	Ш
Name of Registered Waste Hauler		N	JDEP \	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Graham-Tech Environmental S	ervice, LL	.c H	auler II		Waste		North Landfill &	Tully	towr	1	
City, State			00345	000	Disposal Date	City, State /	3				
14 Read Drive Sicklerville, NJ 0	8081					1	entown Rd. Morr	risvil	le,PA	λ.	
Completed By (Print or Type)	Title				Signature	1	Dat	Α.		_	
Vernice Graham	Presid	ent			17001	11	111	7-11	11-	15	-
- Citil Control Citil Cities	. 10310	J111			IV()W		vu -	1-11	J -	, –	

ASB-41 MAY 11

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



Date of Notification (1)				Name	of Building	g Owner/Operator (2)	13 440		277		
	15	<u> </u>				Susanne Clark	<i>~</i>)	SEP	25	50°	E 6.0	
Agencies Notified Type Not	fication	2.00		Stree	t Address							-
⊠ EPA	2000			19	Second A	Avenue		1.0				
☐ DOLWD ☐ Amen				City, S	State, Zip C	Code						-
☐ DCA ☐ Emer	dment #			Had	ddon Hei	ghts, NJ 08035						
	ation)	Cluulin	3	Name	of Contac	t		Telephone Numi	oer			
☐ Cance	llation			Jar	nes and	Susanne Clark		1			,	
				FA	CILITY IN	FORMATION		_				
Name of Facility Where Abatement	s Takin	g Place	(3)				Type of Facility	(4)				
Resident							School (K-12					
Street Address								Other than K-12				
19 Second Avenue							homes, etc.)	rivate and commer	cial bu	ilding	s,	
City (5)							Square Feet	# of Floors	BI	dg. A	ne .	
Haddon Heights, NJ 08035							2712Sf	3 Floors		1943	-	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Camden							Resident					
Name of Monitoring Firm Hired by E	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Environmental Management	Intern	ationa	al	021	-0016	Graham-Tech	n Environment	al Service, LLC				
Street Address						Street Address						
34 E. Germantown Pike #20						14 Read Drive	е					
City, State, Zip Code						City, State, Zip Co	ode		-			-
E. Norriton						Sicklerville, N	NJ 08081					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.	-272			
Raymond Giordano			2	15-498	-7538	856-318-1341		01158				
Start Date (10)					ite (11)	Name of OSHA M	lonitor	ř.				
09 /26 /15		10 /	10	_ /	15_	Graham-Tech	Environment	al Services, LLO) .			
Occupancy Status During Abateme	t (Chec	k only	one)			Street Address						-
☐ Facility Closed/Vacated During B						14 Read Drive	е					
Abatement Performed Outside of					scribe	City, State, Zip Co	ode					-
Time of Abatement: 7AM-11:30	PM/	PM-		_AM		Sicklerville, N						
Scope of Work (Check all that apply												
≥3 sf or ≥3 lf		M De	novati	0.0		☐ Full Cont	ainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		= -	molitic			☐ Mini-Enc	Procedure					
		Т .				☑ Non-Exe	mpted (*) and No	n-Friable Procedur	e			
Location of			Locat Norma						Ab	ateme	ent T	уре
Asbestos-Containing Material (A	CM)	Use	d Sole	ly by	Ashe	Description o stos Containing Ma		Amount	Re	Re	Щ	Щ
TO BE ABATED	1 %		intena todial			., thermal systems i	insulation,	(Specify	Remova	Repair	cap	clo
IN Facility (13)		Cus	(12)	Stall?		surfacing, VAT, other miscellane	or or	SF or LF)	val	-	Encapsulate	Enclosure
(,		Yes	No	N/A		other miscenaries	ous)				ate	
Basement				П	Floor Ti	le		800SF		П	П	
								00001				
		=		=						Ш	Ц	Ш
		Ш										
			□ ·									
Name of Registered Waste Hauler			7 (200)	JDEP \		Cubic Yards of	Name of Regis					
Graham-Tech Environmenta	Servic	e, LL	C	auler II 00346		Waste	G.R.O.W. N	orth Landfill &	Tully	town	Í	
City, State	1 0000					Disposal Date	City, State					
14 Read Drive Sicklerville, N	08081						1513 Brode	entown Rd. Mor	risvil	le,PA	k.	
Completed By (Print or Type)	Title					Signature	a Al	Da	3	~	7.00	1
Vernice Graham	P	reside	ent			Volue	L X X	M	4-	11	-/	0



Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					3
100	15	<u> </u>				DINGS, LLC.	2)	10 = 957			. 0.6+	
Agencies Notified	fication			1000000	t Address	TPEET		CLF	2 :) (1	(3)	
☑ DOLWD ☐ Amen	led			27-28-0								
	lment #				State, Zip 0		IA DRIGON TON					
DCA Emerg	ency (ir	cludin	g	_		HILL NJ 08062 H	ARRISON TOV					F. 1.5
(NJAC 5:23-8) justific					of Contac LE HOLD	· ***		Telephone Num	ber			
				FA	CILITY IN	IFORMATION						
Name of Facility Where Abatement	s Takin	g Place	(3)				Type of Facility ((4)				
Resident							School (K-12					
Street Address				-				(Other than K-12				
32 N MAIN STREET MULLIC	A HILL	NJ 0	8062				homes, etc.)	ivate and comme	rcial b	ullain	js,	
City (5)							Square Feet	# of Floors	В	ldg. A	ae	_
HARRISON TOWNSHIP, GLO	UCES	TER (COUN	ITY			1832Sf	3 Floors		1902	_	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)			
GLOUCESTER COUNTY		3					Resident					
Name of Monitoring Firm Hired by B	uilding (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	-		2430 187		
Hera Tech, Inc.							n Environment	al Service, LLC	:.			
Street Address						Street Address			-		-	_
1879-1 Old Cuthbert Road						14 Read Driv	e					
City, State, Zip Code						City, State, Zip Co	ode				-	
CHERRYHILL, NJ 08034						Sicklerville, N						
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				_
SUBASH RASHIA PH.D			1	56-429		856-318-1341		01158				
Start Date (10)	Sched	luled C	omple	tion Da	ite (11)	Name of OSHA M	lonitor	01100				
09 /24 /15		10 /	0	1 /	15		n Environmenta	al Services. LL	C.			
Occupancy Status During Abatemer	t (Chec	k only	one)	700		Street Address			-			
☐ Facility Closed/Vacated During E				ment		14 Read Drive	٩					
☐ Abatement Performed Outside of	Normal	Facilit	y Hou	rs - Des	scribe	City, State, Zip Co	<u> </u>					
Time of Abatement: 7AM-11:30	PM/	PM-		_AM		Sicklerville, N						
Scope of Work (Check all that apply						1000				_		
☐ ≥3 sf or ≥3 lf		M Pa	novat	ion		☐ Full Cont	tainment with Neg	ative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De				☐ Mini-End						
32.00				-588		☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu	re			
F		5000	Loca Norma			_ 2			Ab	atem	ent T	уре
Location of Asbestos-Containing Material (A	(M)		ed Sole		Asha	Description o stos Containing Ma		Amount	R	D.	ш	ш
TO BE ABATED	,		intena			., thermal systems i		(Specify	Remova	Repair	ncap	nclo
IN Facility (13)		Cus	(12)	Staff?		surfacing, VAT, other miscellane		SF or LF)	Val	~	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
Basement				П	PIPE IN	ISULATION		200LF		П		
		П		$\overline{\Box}$								
			П	Tin-					H			
Name of Registered Waste Hauler				JDEP \	Vaste 1	Cubic Yards of	Name of Regist	ered I andfill				
Graham-Tech Environmental	Servic	e, LL	74 20	lauler II 00346	O No.	Waste		orth Landfill &	Tully	towr	1	
City, State				30340	,,,,	Disposal Date	City, State					
14 Read Drive Sicklerville, N.	08081	Í.				6	- 1	ntown Rd. Mo	rrisvil	le.PA	1	-
Completed By (Print or Type)	Title					Signature	1 1					
Vernice Graham	P	reside	ent			Vollal	Jun		te 1.1.	Ó -	15	

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Lneck	and the same

Date of Notification (1)		T		Building							1/3	, ,	/
9/11/13					10654	1000	AUE, O	LLC		SEE	2 F	23	15
Agencies Notified Type Notification			Street A	ddress Box	(60	57							
DEP Amended	1		City, Sta	te, Zip Co	de			-:		-		-14-7	_
X DOL Amendment # Emergency (in	cludina	-	HA	CKEN	SACK	C, L	150	7603)				
DOH justification)	cadding		Name of	Contact	_			T	Telephone N	umber			`
DCA Cancellation				NUK	-								353
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	DRMATI	ON	Tunn of F-	-7776 - 7.83					
EAST GATE APARTMENT	ره) عمد.						Type of Fa						
Street Address								ol (K-12)	Other than K-	12)			
500+535 E. RINGEWOOD	AUG	5.					Other	(i.e. priva	ate & commer	cial buil	dings	home	es,
City (5) RINGEWEEP							etc.) Square Fe	et I	# of Floors	- 1 6	Bldg. A	100	
RINGELOGE							1400		3	15	60		
County (6)				Code (7)	-				f being demoli	shed)	0		
BENGEN			(STATE I	USE ONLY)			AF	77'5		•			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	No.		Name	of Abateme	nt Contra	ctor (9)				
Charact Address						A. M	ac Contra	cting In	c.				
Street Address						100000000000000000000000000000000000000	Address /reeland/	Ave.					
City, State, Zip Code						City, S	tate, Zip Co	de		**********			
Project Manager for Monitoring Firm			Telepho	no Me			and Park,	N.J.					
			i elehi io	HE NO.			one No. 262-5841		License 00156				
Start Date (10) 9/+3/15				Date (11)			of OSHA M						
1/70/13		23	113		-	Ome	ga Enviro	nmenta	Services I	nc.			
Occupancy Status During Abatement (Check							Address						
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Other - Describe:	racility	nouis	Č				tate, Zip Co		200				
Scope of Work (Check All That Apply)						Tiack	ensack, N	V.J. 0/6	000				
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≥160 sf or ≥260 lf	PRODUCTION .	emoliti				2	Mini-End	itainment closure	with Negative	Pressu	re		
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	la	Locati				<u>F.</u>	I NON-EXE	mpted (*	and Non-Fria	ible Pro		e emeni	
Location of	1000	omall	3		-		.	-			. Ty		L
Asbestos-Containing Material (ACM)		i Solei ntenar		Asbes	tos Cont	scription aining M	or laterial (ACI	vo l	Amount		П		
TO BE ABATED In Facility	Custo	odial S	itaff?	(i.e.	thermal	systems	insulation,		(Specify	R	R	Encapsulate	En
(13)		(12)				cing, VA niscellan		1	SF or LF)	Remova	Repair	nsde	Enclosure
100	Yes	No	N/A							a	-	late	1Le
THREALEH OUT GROWN FLOOR'S			×		PIF	2F		\dashv	4390	1	-		
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Name of Registered Waste Hauler		N	JDEP W	- laste	Cubic	Vania	1 51						
Newark Carting, Inc.		H	auler ID		Cubic of Was	ste	1		gistered Landi		15		
		04	1509			20	Gr	and Ce	ntral Sanita	ry Lar	Idfill		
City, State Newark, N.J. 07105						al Date		y, State n Argyl	PA 08072				
Completed by	Title					ignature		1()	38	late /	+		
R. McDonald	Presi	dent				1/	C. 110 0	Parelo		9/0	22/1	5	

Check # 8835

Date of Notification (1)		17	Nama of	Building Owner/	Oncortor	(0)		-			_	
9/11/15		1	EAS	T RIDGE	Sperator Curso	AUE, LL	C	SEP	2 5	-	5	
Agencies Notified Type Notification		1	Street A		-							
EPA Initial Amended Amendment#		1		te, Zip Code		2			-	_	-	
		_	HA	CKENSACI	< , 1	15 076	60					
DOH justification)	ciuding	T	Name of	Contact				hone Num	hor			
DCA Cancellation				AUK R	,		==0/					
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORMAT	ION	Type of Facility	(4)					
EAST GATE APARTMENT							1905-5 1905-5					
Street Address						School (K- Subchapte		than K-12	E			
535 E. RINGEWOOD	AUE	₹.				Other (i.e. etc.)	private &	commercia	l build	lings,	home	95,
City (5) RINGEWOOD						Square Feet	# of F	loors	В	ldg. A	ge	
						14000		3		60)	
County (6)				Code (7) USE ONLY)		Current Use (Pr		g demolishe	ed)			
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCN	No.	Name	of Abatement Co	-	9)				
						ac Contracting		ď				
Street Address						Address Vreeland Ave.						
City, State, Zip Code						state, Zip Code						
					Midla	and Park, N.J.						
Project Manager for Monitoring Firm			Telepho	ne No.		none No. 262-5841		License No 00156	١.			
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Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours			· 58	state, Zip Code kensack, N.J.	07606					
Scope of Work (Check All That Apply)					1 laci	CHISACK, IV.J.	07000			_		
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	ls l	Locatio	on			-				Abate	ement	t
Location of		ormali Solel		De	escription	of				. Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntenan	ice/	Asbestos Con	taining h	Material (ACM) s insulation.	# U.O.O.O.O.O.	ount	-		m m	m
In Facility	Custo	dial S (12)	itaff?		acing, VA			ecify or LF)	Remova	Repair	cap	ncto
(13)		(/		other	miscella	neous)			oval	air	Encapsulate	Enclosure
	Yes	No	N/A								le	
THROUGH OUT GROUND FLOOR			×	PI	PE		9	900	X			8
Name of Registered Waste Hauler		10000	JDEP W auler ID		Yards			ed Landfill				
Newark Carting, Inc.		1 / 2 / 2 / 2 / 2	1509	01 446	10	Grand	Central	Sanitary	Lan	dfill		
City, State Newark, N.J. 07105					sal Date		te gyl, PA	08072				
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R. McDonald	Presi	dent			11.	(ME Pan	Id	1 0	1/1	1/1	5	

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Date of Notification (1) 9-22-15	The state of the seed state of	:129)	000 a 5 8885
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	Management	Sea Isle	City
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Suzes Advisor	CO MANAGEMENT	Type of Feeling (4)	
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C Other - Describe: College of Name Party House	ž —		
	Oly, Siele, Zip Gode		
Scope of Work (Check all that empty)			
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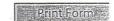
[°] Do not use this form for esbesios libensure exempted econilies.

CK 3875

State of New Jersey NUMERCATION OF ASSESTED ARATEMENT (Pursuant to NJAC 3:69 and 12:120)

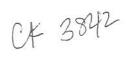
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Date of Notification (1) 6-31-15	l results of 5	and owner/Open	(2) Pinc	land-0	15 11/1	-14	FAT. I
Agencies Notified Type Notification	Street Act	iress	THE RESERVE THE PERSON NAMED IN	CARL STREET, SALES STREET, SALES STREET, SALES STREET, SALES STREET, SALES STREET, SALES STREET, SALES STREET,		The second second	in
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(8) Street Address	234 152	No Por Area	And Just	LC			B-5
Sheet Aemess		Street Address	212 Ruelin	ten Au	0		
City, State, Zip Code		City, State, Zip Co	rie.	,			
Project Meneger for Monitoring Firm Teleph		City, State, Zip Co	Delisnco	NTOS	075	_	
	ione No.	Telsphone No. 609-344-	0916	License No.			
Start Date (10) Scheduled Completion 7-10-15 2-50-15	n Date (11)	Name of OSHA Mo	The second secon	016.			
Occupancy States During Abelianant (Chast only one)		anean.	Self)			
Li Feodily Closed/Veceled During Beding Period of Abstract	at ·	Street Actiress					
Abetement Performed Cutelrie of Normel Peoply House Other - Describe:	anness for	Oly. Si≊le, Zip Cod	e				_
Scope of Work (Check all that apply)							
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ls Loss fin	7	i i Nun-Eusan	SIC and Nur-F	riebie Procesiu	<u>ie</u>		
Location of Used Solely by	thurse.	Donnierius er				alemani Type	.
Aspestos-Contesting Meterial (ACM) Metintamental TO 35 ARATED Customent	Ashesto	Description of s Contenting Material		Amount	Dias.	1	Table District
(13) Sien?	Ę	ramei systees iren surecing, VAT, or Shar riboolerens)	Sar,	(Specify For LF)	Jayome	Flepalr	Engle
Ye No Paya		ing incomments	461		oval	Encopsulate	Encloque
OUTSIDE OF THE	(Acju	Cidina	- Andrew	76 6 0 77 615		101	
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1967		24 _	WH of	PA.			_
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THII I VP		Signature	H	Date	7/ : /	0-	_
1 7711		1-39	7	Date 6-3	1-15		- Parameter

[°] Do not use this form for esbestos licensure exempted activities.





Date of Notification (1) 9/21/15				Building O					Ş	CF 4	5	4.10			
Agencies Notified Type Notification		1	treet Ad west	dress Schuylki	II Dr.			20,000		e V					
EPA Initial Amended Amendment #.				e, Zip Code		08087	a a								
DOH justification Cancellation	cluding		ame of	Contact					Tele	phone N	lumb	er			
		_	FACIL	ITY INFOR	RMAT	ION	_								
Name of Facility Where Abatement is Taking Carmello Aloisio Private Home	Place (3)							of Facility (4) School (K-12)						
Street Address 4 west Schuylkill Dr.	*						×	Subchapter 8 Other (i.e. pri etc.)	(Othe ivate &	comme	-12) rcial	buildi	ngs, l	nome	s,
City (5) Little Egg Harbor NJ 08087							Squar 1000	re Feet)+	# of	Floors			dg. Ag	je	
County (6) Ocean			ounty C	ode (7) SE ONLY)			Curre	nt Use (Prior ie	r if bei	ng demol	lished	d)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.			of Abar	tement Cont	ractor	(9)	-				
Street Address							Addres			0					
City, State, Zip Code						City, S	state, Z	ip Code n NJ 0809	91						
Project Manager for Monitoring Firm		T	elephor	ne No.		Telepi	none N 753-9	0.		License					
1 1000000000000000000000000000000000000	Scheduled (Comp	oletion [Date (11)			of OSH	HA Monitor	704		<u> </u>				
Occupancy Status During Abatement (Check		_					Addres	20							AC
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba		ent					ip Code							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Ren X Den	ovati					Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
	la La					_		II Exomptee	() =				Will Like	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod (*	mally Solely enan	y by ce/		os Co therm surf	escription ntaining la al system facing, V/ miscella	Materia ns insula AT, or	ation,	(3	mount Specify F or LF)	28.	Removal	Ty Repair	e Encapsulate	Enclosure
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Exterior Siding			_^			.01101 0	unig				-	_			-
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New (Decision IV)		1 1	IDED IA	looto	Cul	is Verde		Name of I	Dogist	orod I an	dfill				
Name of Registered Waste Hauler United Containers		На	JDEP W auler ID 2459			ic Yards /aste		G.R.O.\	25.22	orou Laii	WIIII.				
City, State Elm NJ					Disp 9/24	osal Dat 1/15	е	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna	Title Preside	ent				Signatu	re				Date 9/2	e !1/15	5		



Date of Notification (1) 99/04/15				f Building (H YISRC		Operator	(2)			0.1	-	z			
Agencies Notified Type Notification			Street A	ddress ROADW	^ ^ ^ ^	/ENILIE	-	=		\$ I		<u> </u>		10	
EPA Initial DEP Amended		-	City, Sta	ate, Zip Co	de						S.				
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X DOH Justification) DCA ☐ Cancellation		100		GREENI	BERG	ER			Leie	ephone	Numi	oer			
Name of Facility Where Abatement is Taking	Place (3	1	FACI	LITY INFO	RMAT	ION	Typo	of Facility (4)						
ADATH YISROEL	1 1000 (0	,					Freeze	School (K-1	10%						
Street Address 565 BROADWAY AVENUE							×	Subchapter Other (i.e. p	8 (Othe				dings,	hom	es,
City (5) PASSAIC, NJ								etc.) re Feet	# of	Floors		В	ldg. A	\ge	
County (6) PASSAIC COUNTY				Code (7) USE ONLY)				ent Use (Prid NAGOGU			olishe	d)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/I No.				atement Cor D PROFE							
Street Address							Addre HITE	ss DOVE CO	DURT						
City, State, Zip Code	٠							ip Code OD, NJ 0	8701						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph 732-	none N 668-9			Licens 1200	e No				
Start Date (10) 09/06/15	Schedule		- 4	Date (11) / 2号//	5			HA Monitor D PROFE		NALS					
Occupancy Status During Abatement (Check	Only On	e)	•				Addre		NIDT.						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A al Facility	batem Hours	nent					DOVE CO	JUKI						
Other – Describe:								OD, NJ 0	8701						
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Strengton .		Χ		974				= S							Х
(S) Floor					1	12			6	16		X			
Name of Registered Waste Hauler		- N	JDEP W	laste	Cubic	Yards		Name of	Panieta	red Lan	dell				
NEWARK CARTING	8	H	auler ID 4509		of Wa			IESI	register	reu Lair	um				
City, State NEWARK, NJ					Dispo 09/08	sal Date 3/15		City, State BETHL		PA					
Completed by JOSEPH PERLSTEIN	Title OWN	ER			8	Signature				-	Date 9/9/				

MO#23037706754

Date of Notification (1)								-,	L			_	
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☐ EPA											4 10000		
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☑ DHSS	Amendment ;				State, Zip				11 11 10				
DCA	Emergency (i	ncludir	ng	Map.	lewood, N	IJ 07040							
(NJAC 5:23-8)	justification)			Nam	e of Conta	ct			Telephoni	e Numbe	-		
	Cancellation			Nenc	y Kover				1				
				FA	CILITY	NFORMA	TION						
Name of Facility Where A	batement is Takin	g Plac	e (3)			OITIMA	11014	Type of Facility					
Private house								Type of Facilit					
Street Address								School (K-	12) r 8 (Other than	V 1 2)			
544 Prospect Street								Other (i.e.,	private and c	ommercia	l build	inas	
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Essex									3		-)		
Name of Monitoring Firm I	Hired by Building	Owner	(8)	ASCM	No.	Name of	f Abateme	ent Contractor (9)				
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