NO CK

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

Check # 10169

									244	Chec	K# 11	109	r 8
Date of Notification (1	September : ptember 18, 20		5	10-10 Co. 4 (1-0) Ac-4	of Building King Roa		er / Operator (2	2)	19 10			_ :	
Agencies Notified	Type Notificati	on			Address					***************************************			177
□EPA □DEP	1000000			260 Fr	anklin Str	eet, S	uite 620			SEP 2	1 201	5	
DOL	☐ Initial			City, S	tate & Zip	Code							
N-CS	Amen				n, MA 02								
DOH	Amen	dment #	<u> 1</u>										
DCA	Cance	llation		Name	of Contact					Te	lephor	ne Nui	nber
				FAG	CILITY I	NFO	RMATION						
Name of Facility When Spectra Laboratories		Taking	Place (3)				Type of Facility School (K						
Street Address	124								er than K-12)				
East Building - 8 Kir	ng Road								22	cial building	s, hon	ne, e	ic.)
							Square Feet	#	of Floors	Bld	g. Age		
City (5)							200,000		2	41		70	
Rockleigh							Current Use (F Medical Labo		ig demolished	1)			
County (6) Bergen			County Code										
Name of Monitoring Fi Arcadis U.S., Inc.	irm Hired by Bu				ASCM N	10.	Name of Abate		ntractor (9)				
Street Address							Synatech, Inc Street Address						
35 Columbia Road							829 Radio Ro	ad					
City, State & Zip Code Branchburg, NJ 088							City, State & Z		00007				
Project Manager for M		lephone N			Little Egg Har Telephone Nu	mber	18087	License Num		_			
Alex Hernandez Scheduled Start Date	(10)	Chedul	ed Completion	8-526-100		_	609-296-6916 Name of OSH				0081	7	
October 19,		ociledui	Sec. 20	ber 20, 20	0.500		Synatech, Inc						
Occupancy Status Du	ring Abatement ted During Entir	(Check	only one) d of Abatem	ent			Street Address 829 Radio Ro	3					
	erformed Outsi						City, State & Z	ip Code			C. T. S. T. C.		
K	ribe: Abateme			Construct	tion Area		Little Egg Har	bor, NJ 0	8087				
Scope of Work (Check	pied During Aba	itement											
ocope of work (offect	( all that apply)							Eull Conto	inmont with N	legative Press	NIIFO.		
≥3 sf or ≥ 3 lf				Renovatio	n				sure		sure		
≥160 sf or ≥260	) If			Demolitio					Procedure				
								Non-Exen	npted(*) and N	Non-Friable P	rocedu	re	
	ation of ning Material (ACM)			Normally Us	ed Solely by al Staff? (12)		Descriptio Asbestos-Cor		1.	10 7 05 15		ateme	ent Type
TO BE	ABATED Facility			I			Material (A	ACM)	Amount	(Specify SF or LF	"		
	(13)		Yes	No	N/A		insulation, surfa	acing, VAT	- 1		Removal	_	Enca
							or other misce	naneous)			oval	Repair	Enclosure Encapsulate
												5	ure
Storage Area	_		X		Masti	ic		1.500 SF	Х	-	_		
			^		mast			1,000 01	- 1				
Name of Registered W	/aste Hauler		NJDEP V		Cubic Ya	ards of	Waste	Name of	Registered La	andfill			
Synatech, Inc.			Hauler ID #27429	e	12			Grows La	andfill				
City, State					Disposa	Date		City, State					
Little Egg Harbor, NJ		Novemb	ner 22	2015	Morrisvil	le, PA							
Completed By		Title			Signatur		110		Date				
Diane Aloia		Execut	tive Adminis	strator	I W	an	1 Klou			September 2: ber 18, <b>2015</b>	3, 2015	)	

NO CX

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

Check # 10169-

Date of Notification (1)	otember 18, 2015			of Building		er / Operator (	2)		Officer	CH IV	0.100	
Agencies Notified	Type Notification		_	Address	au LL	<u> </u>		(6	EP 2	0 7	10	
□EPA □DEP			260 Fr	anklin Str	reet, S	suite 620			)E) =			
⊠DOL			City, S	tate & Zip	Code							
⊠DOH	Amended Amendment	#	Bosto	n, MA 02	110							
DCA	Cancellation		Name	of Contact	t				Te	lephor	ne Nur	nber
					00.00.017.53.5				1			
			FA	CILITY I	NFO	RMATION						
Name of Facility When Spectra Laboratories	e Abatement is Takir	ng Place (3)				Type of Facili						
Street Address						Subchar	2015-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	ner than K-12)				
East Building – 8 Kin	g Road							te & commercial b	ouildings	s, hon	ne, et	.c.)
City (E)						Square Feet		# of Floors		g. Age		-
City (5) Rockleigh						200,00 Current Use (		ing demolished)			70	
County (C)		I				Medical Labo						
County (6) Bergen		County Code	e (7)									
Name of Monitoring Fin	rm Hired by Building		7	ASCM N	No.	Name of Abat		ontractor (9)				
Arcadis U.S., Inc. Street Address						Synatech, Inc Street Addres						
35 Columbia Road City, State & Zip Code						829 Radio Ro	oad					
Branchburg, NJ 0887	76					City, State & Z Little Egg Ha		08087				*
Project Manager for Me Alex Hernandez	onitoring Firm	137000	lephone N 8-526-100		-/	Telephone Nu 609-296-6916	ımber		se Numl	oer 0081	7	
Scheduled Start Date (		uled Completi	on Date (	11)		Name of OSH	IA Monitor			0001	-	
October 5, 2 Occupancy Status Dur	ing Abatement (Chec	k only one)	nber 2, 20	15		Synatech, Inc Street Addres				-		
	ed During Entire Peri erformed Outside of N					829 Radio Ro	120/201					
	ribe: Abatement in l			tion Area		City, State & Z Little Egg Ha		08087				
	oied During Abateme					Little Lgg 11a	1001, 110	00007				
Scope of Work (Check	all that apply)											
>3 sf or > 3 lf		$\boxtimes$	Renovation	on.			Full Conta Mini-Encl	ainment with Negati	ve Press	ure		
≥160 sf or ≥260	If		Demolitio			=		Procedure				
								mpted(*) and Non-F	riable Pro	ocedu	re	
Asbestos-Contain	ition of ning Material (ACM)		Normally Us e or Custodia			Descripti Asbestos-Co	ontaining	Amount (Speci	fv SF or LF)		ateme	nt Type
IN F	ABATED acility					Material ( (i.e., thermal	systems	İ	/		П	m
(	13)	Yes	No	N/A		insulation, surfa or other misce				Removal	Re	Enclosure
								- 1		<u>a</u>	Repair	Enclosure capsulate
Storage Area	Stores Area							1.500			_	$\dashv$
Storage Area				Х		Mast	iic	1,500	SF	X		
	(0					<u> </u>						
Name of Desistered W	anta Haulan	- LUIDED!		lo ii v			T					
Name of Registered W	aste nauler	NJDEP \ Hauler IE		Cubic Ya	ards of	Waste	Name of	Registered Landfill				
Synatech, Inc.	bynatech, Inc. #27429 City, State						Grows L					
53							City, Sta	te				
Little Egg Harbor, NJ		Novemb	er 3, 2	2015	Morrisvi	ille, PA						
Completed By	Title			Signatur	e .	alon		Date		-2.50		
Diane Aloia	Execu	utive Admini	strator	NU	Inl	Mon	_	September 1	8, 2015			

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	72-15		.,	Nam			mer/Operator	(2) CONITR	ACTIL	(z-				
Agencies Notified	Type Notification	n		Stree	et Address	_	RT S	70					. 17	
DEP	Initial  -   Amended			City.	State, Zip	Code	101	0			-			=
Ø DOL	Amendment  Emergency (		ng		GY	REE	W FIE	-LD						_
DCA	justification)  Cancellation			Nam	e of Contac				Teleph	one Numb	er -			
	,		•	FA	CILITY IN	FORM	IATION		· .					
Name of Facility Where				-				Type of Facilit						
Street Address	RESINE	NL						School (K-	r 8 (Other					
	BLACH	A	VE.					Other (i.e., homes, et	c.)					
City (5)	ANTINE							Square Feet	# of F	loors	BI	dg. A		
County (6)					inty Code (	(7) (S	TATE	Current Use (I		(5) 10 S/	hed)	ال		=
	WTIC				ONLY)				CAN	<u>IT</u>			_	_
Name of Monitoring Firm (8)	Hired by Building	Owner		ASCIV	No.	Nar	ne of Abatem	ment Contractor	9) NG-					
Street Address	10					Stre	eet Address		-	١,,,,				_
City, State, Zip Code						City	State, Zip C	S. SPR						_
							MAPL	E SHAI			809	52		_
Project Manager for Mon	itoring Firm		Tek	ephone	No.	0.6000000000000000000000000000000000000	ephone No.	9-0472	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	se No.	44			
Start Date (10)	1		350		ate (11)	Nan	ne of OSHA N	Monitor	/.					
Occupancy Status Durin				-12		Stre	et Address	SCPH 1	Cum	М				=
☐ Facility Closed/Vacate				ment				S. SPI	LUCE	ALG			_	
Abatement Performed Other - Describe:	Outside of Norma	al Facili	ty Hou	rs			State, Zip C Mupur		DE	M.J	08	305	2	
Scope of Work (Check a	Il that apply)						□ Full Con	tainment with N		essure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic				☐ Mini-End				Φ.			
		/2020	Location	200	1		MOITER	stripted ( ) and t	·	110000	_	bate		
Location of	if	100	Iormally d Solel				escription of					Тур	e -	_
Asbestos-Containing M TO BE ABAT			ntenan ustodia				ontaining Mat nal systems in		Amo (Spe	cify	R	77	Enc	En
IN Facility			Staff? (12)				facing, VAT, r miscellaneo		SF or	LF)	Removal	Repair	Encapsulate	Enclosure
(10)	(13) (12 Yes N										a		ate	ге
SIVINI		X	to	RA	NSITE				X					
														_
				JDEP V	Marta I	Cub	ic Yards	Name of Reg	rictored La	ndfill				
Name of Registered Was	tnc tnc			auler ID			aste	A.	C, ()	. A				
City, State		Ι. Σ		, , ,	-	Disp	osal Date	City, State PLEAS	Kurry	UE	M	, 7		
Completed By	. Title		1			Ī	Signature (	1	, v I	Date		-	_	
MICHAEL K	CMM _	V	P				Mul	W/		1_7-	22		7	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	22-15		Nam		g Owner/Operator	CONTR)	ACTIM	<u>(-</u>				
Agencies,Notified	Type Notification	(a)	Stre	et Address	16 HA	UEN A	UE	P -	_			_
☑ DOL	Amended Amendment #_ Emergency (inc	cluding	City,	State, Zip C		ry NI	, T	082	26	- 3	37	13
DCA DCA	justification)  Cancellation		Nam	e of Contact		-5	Telepho	ne Numbe	er			
		•	FA	CILITY INF	ORMATION							
	Abatement is Taking ES 10 LN CE					Type of Facilit		han K-12)	n N		i.	
Street Address	09 1174	ST_			*	Other (i.e., homes, etc	private & cc	ommercial	build			
City (5)	CHAN CIT	74				Square Feet	# of Flo	oors		dg. A		
County (6)	May			inty Code (7 ONLY)	) (STATE	Current Use (F	rior if being	g demolish	ned)			
Name of Monitoring Firm (8)	Hired by Building Ov	wner	ASCN	No.	Name of Abatem				9			
Street Address	IR				Street Address	S. SPR		AUE				_
City, State, Zip Code					City, State, Zip C			N.T	, (	280	05	<u></u> ح
Project Manager for Mon	nitoring Firm	Tel	ephone	No.	Telephone No.		Licens					
Start Date (10)	13 33	iled Comple ) -   Z	123 670		Name of OSHA N		MIN					
Occupancy Status Durin	g Abatement (Check				Street Address			11				
Facility Closed/Vacate	Rail and Table _ and all the comment of			ł	City, State, Zip Co	ode C	RUCE	PTLE	_			=
Other - Describe:					MAPE	E SHUD	EN	.7	80	0)	_	_
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Renovat Demolition			☐ Mini-End ☐ Gloveba	tainment with Ne closure g Procedure empted (*) and N	678					
		Is Location		*	,				А	bater Typ		
Location of Asbestos-Containing M	C	Used Solel Maintenar		Asbesto	Description of os Containing Mate	erial (ACM)	Amou	int		$\neg$	m	
TO BE ABAT IN Facility (13)	ED	Custodia Staff? (12)	al .	(i.e., t	thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	(Spec SF or I		Removal	Repair	Encapsulate	Enclosure
		Yes No	N/A								е	
2101MB		-	X	((	LAWSITE				X	$\dashv$	_	
		_						-	$\dashv$	-		
		-							$\dashv$			
Name of Registered Was	te Hauler		JDEP V	Comment of the commen	Cubic Yards	Name of Reg	istered Lan	dfill				
- KLEMCE	INC		auler ID	64	of Waste	<u>C.</u>	M. C.	M.	V.	A		_
City, State  MAPLE	9	1.7			Disposal Date	City, State	OBINI	E 1	U.	T	_	_
Completed By MICHAEL (C	Title	VÞ			Signature ,	WX		Date 9-	22		15	_

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

Date of Notification (1)	1/10/15				Building Owner		2)		SEP 2 9	201	5		
Agencies Notified	Type Notification		S	treet Ado							-		-
	☐ Initial		~	216	SUMA	lit .	AVE	5					
□ EPA □ DEP	☐ Amended		C	City, State	e, Zip Code		. ,-	1 07	206				
DOL	Amendment #			JER	25 EY (	17Y,	NJ	,073	( O Y			2.2	
D DOH	justification)  Cancellation		1	Name of (	Contact  AH CA	1En1			Telephone Numb			1	
□ DCA	Cancellation	<del></del>	-		ITY INFORM							_	-
Name of Facility Where Ab		ace (3)		111022			Туре	of Facility (4	)				
SARAH'S	HOME							School (K-12					
Street Address	INIST 1	110							(Other than K-12) ivate & commercial	building	gs, hor	nes, et	.c.)
City (5)	erer of	16					Squar	e Feet	# of Floors	В	ldg. A	ge	-
216 SUM City (5) JERSEY	CITH						2	000	2		193		
County (6) HUDSON	V			County C STATE U	ode (7) SE ONLY)		100000 D A	-	if being demolished ENCE	)			
Name of Monitoring Firm		vner (8)		ASCM	No.	Name	of Abot	ament Contro	actor (0)			A	
						in	DIA	N ARIC	low in	2005	M	100	
Street Address						1.1100000000000000000000000000000000000	t Address	1122	ST				
City, State, Zip Code						City	State 7;	n Code					
					10.00	PI	4 TER	SON,	NJ.075	10/			
Project Manager for Monit	oring Firm			Telephon	e No.	Telep 9	hone No	5396	52 License No. 125	2			
Start Date (10)	1	Scheduled C			te (11)	Name	e of OSH	IA Monitor					
10/01/		10/	3//	115				AN ic	7 EV				
Occupancy Status During							t Address	MIL	1.ST				
Facility Closed/Vacat  Abatement Performed	ed During Entire Per l Outside of Normal	iod of Abatem Facility Hours	ent			City	Ctota 7	- Codo					
☐ Other – Describe:						1	PAT	BRSO1	V. NJ. 00	252	71		
Scope of Work (Check All	That Apply)			9									
□ ≥3 sf or ≥3 lf			ovati noliti					ll Containme ini-Enclosure	nt with Negative Pre	ssure			
≥160 sf or ≥260 lf			шопп	ОП			Ŭ GI	ovebag Proce	edure	D 1			
								on-Exempted	(*) and Non-Friable	Proced		ement	
		100000000000000000000000000000000000000	ocation mall			Б	•					ре	
Location Asbestos-Containing		Used :	Solel	y by		Description Containing	Material		Amount			m	
TO BE AB In Facil		Main Custoo			(i.e. thermal	systems ins		surfacing,	(Specify SF or LF)	Removal	Repair	ncap	Enclosure
(13)	ity	(	12)		of	ther miscell				oval	air	Encapsulate	sure
		Yes	No	N/A								е	7.750
BASGUE	*/T	V			-	TS1			120LF	V			
									8				
			7				×		n 14				
Name of Registered Waste	Hauler	- 0-	37.942	JDEP W		ubic Yards Waste		Name of	Registered Landfill				
INDIAN ARROA		7 (0)	п	1001	161	TB7			e.o.w.	5.			
City, State PAT6LSOA Completed by GOLAM	CM, NO					isposal Date	e	City, Stat	OLLYTO	WK	6.	PA	
Completed by		Title				Signatu	re /	11/1	Di	ote 09/	1.0	1,	_
GOLAN	166	SG	CR	GTA	RY		1	-//_/		UY/	19.	1/0	)

@0004/0005

		2						CK	有	24	9.	3.
GED 9 a	GASE		NOT!	FICATI	ON OF AS	New Jersey BESTOS ARATI AC 8:60 and 5:1	WENT D	Y - 10 DA	Y			
Date of Notification (1)				Nar	me of Build	ing Owner/Operal	of (2) Demba	<b>25</b> 0 - 7 201	5/		+	_
Agencies Notified	Type Notification	n		Stre	ant Addres	E		-	_	+	+	
PA DEP	Amended			-	- Bu-ti		34 Brainard	AVC -		1		
DOL	Amandment Emergency	do alud		Lity	, State, Zip		AML AM	MERCHER	C) (1)	12		
DOH DOA	justification	)	ıng	Nar	ne of Conti	ron	Monmouth			_		_
	☐ Cancallation					ennis Demba	ch	Telephone Nu	mber	124		
				F		FORMATION			-	_		_
Name of Facility Where							Type of Faci		_	_	_	_
Street Address	I/CE	sidon	nai				School (K	-12)				
	34 Br	inar	Av	B			Other die	Dillata & comme	12) cial bu	ildina	5.	
City (5)							Square Feet	e.)			7	_
	Port Monn	outh	NJ.				1400	2	'	31dg. 7	Aga 0+/	
County (6)	nmouth			Co	Unity Code E ONLY)	(7) (STATE	Current Use	Prior if being demo	dishad		011	Ė
Name of Monitoring Firm		Dwne	_	ASCI	31000000000000000000000000000000000000	I Name of Al-1-						_
	nvironmenta)			700	at Land'		ment Contractor	(9) <u>n</u> mental Servi	T			
trest Address		-	-			Street Address	ACIIR PRANCE	THE THE SELVI	CC8, 1	nc.		_
	4 Berkeley P	lace					PO	Box 322				
ity, State, Zip Code	Freehold, 1	TT				City, State, Zip					-	=
roject Manager for Mo		47	Te	lephone	No	Telephone No.	Allentoy	wn, NJ 08501				_
Dave B	unocore				40-8408		59-9688	License No.	0049	7		
(IIrt Date (10)		baluba			ate (1.1)	Name of OSHA		1 -	UUHY	2		
9/24/15			9/25	/15			DB En	vironmental				
ccupancy Status Durin Facility Closed/Vacat	g Abatement (Che	sck onl	4 000)			Street Address	4 *** 4				-	
Abatement Performed	Outside of Norm	al Facil	i Austi	Tue Subsult		City, State, Zip (		celey Place	-			_
Other - Describe:	am to 4 pm				_	City, State, 20		d, NJ 07728				
cops of Work (Chack s	I that apply)						X 100LIU1	25 140 07 126		1100		=
≥3 sfor ≥3 if ≥160 sfor ≥280 if			enava emolki			Mnl-En Gloveb	ciosure 20 Procedure	egative Pressure				
			Locali			JAMPEA	empied ( ) and is	DITT HEBBIE PROCESS	1	bate	meni	4
Location of	f	Use	omali Sole	ly by		Description of	,	1		Typ		
Asbestos -Conteining M TO BE ABAT	ED		ntenar		Asbesi	ios Containing Mai thermal systems i	terial (ACM)	Amount (Specify	_		E.	
IN Fecility			(12)		, , , ,	surfacing, VAT,	61	SF at LF)	Removal	Repair	Cap	1
35,225		Yea	No	N/A	1	DIVIDE STREETS FOR	103,		WA.	흌.	Encapsulate	ı
1 st Fl. Bath	MOON	1.00	×	INA		T11 0			_		ß	1
	10011		^	-		Tile Grou		25 sf	X	-	_	-
							-		H			1
me of Registered Was	a Hauler			JDEP (	Single -	0.157						t
tevens Environm		l les		185 Inches (C		Cubic Yards of Waste I CU	Name of Regi	stered Landilli	100000			
y- State	MAIN BUIVICE	, inc	سا	182	92	Disposal Date	Chileman	GROWS LED	dfill	- January		_
· Michigan	Allentown, N	IJ				9/25/15/	City State	Morrisville,	PA	NA TON		
mpisted By Mahlon E. Stev	Title					Sign	17/	Dais		V120,4100		=
LEGION IN STAL	RES	Pr	MACH	Man	BORT	10 88	1		9/22	110		

CK#24935

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator	(2)					
	22/15				V200-0-10 10 10 10 10 10 10 10 10 10 10 10 10 1	• 10 COUNTY SERVICE SE	Dernbach	0,53	2.3.2	2015		
Agencies Notified	Type Notification			Street	Address		24 Dusin and A					
EPA	☐ Initial ☐ Amended		-	0:1- 0	N-4- 7:- 6		34 Brainard A	ive.			-	_
<b>⊠</b> DOL	Amendment #		_	City, S	State, Zip C		Monmouth, N	11.07758				
<b>⊠</b> DOH	Emergency (in justification)	icluding	, F	Name	of Contac		violinioutii, i	Telephone Nur	nber	_		_
□ DCA	Cancellation					nnis Dernbacl	a					220
				FAG	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility					
	Resi	denti	al				School (K-12	2)	12)			
Street Address	34 Brai	nard .	Ave.	6			Other (i.e., p homes, etc.)		cial build	50.50 <del>T</del> . 10.50		
City (5)	Port Monmo	outh,	NJ 0	7758			Square Feet 1400	# of Floors	BI	dg. A 70	ge +/_	
County (6)	onmouth				nty Code (*ONLY)	7) (STATE	Current Use (Pr	rior if being demo	lished)			
Name of Monitoring Firm	n Hired by Building	Owner	$\overline{}$	ASCM	No.	Name of Abaten	nent Contractor (9	)				
(8) DB E	nvironmental					Stev	vens Environi	nental Servi	ces, Ir	c.		_
Street Address	4 D 1 1 D1	J2000 M (POS				Street Address	DO T	222				
City State Zin Code	4 Berkeley Pl	ace				City, State, Zip C		30x 322		_	_	_
City, State, Zip Code	Freehold, N	IJ				City, State, Zip C		n, NJ 08501				
Project Manager for Mo	nitoring Firm		Tele	ephone	No.	Telephone No.		License No.				_
Dave B	Bunocore				0-8408		59-9688		00493	3		
Start Date (10)	Sche				ite (11)	Name of OSHA						
9/24/15 Occupancy Status Durin	na Abatamant (Cha		9/25/	15		Street Address	DB EIIV	ironmental				_
▼ Facility Closed/Vaca				ment		Street Address	4 Berke	eley Place				
☐ Abatement Performe						City, State, Zip C						_
Other - Describe:	8 am to 4 pm						Freehold	l, NJ 07728				
Scope of Work (Check	all that apply)					□ Eull Co	ntainment with Ne	native Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitio			Mini-En Gloveb			lure			
			Location							bate		
Location	of		ormally Solel			Description o	f		<u> </u>	Тур	ie	
Asbestos-Containing	Material (ACM)	1000000	ntenar ustodia	20212000		tos Containing Ma thermal systems	terial (ACM)	Amount (Specify	_		Ш	Ш
TO BE ABA IN Facilit		100	Staff?		(1.6.	surfacing, VAT	, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)	_		other miscellane	ous)		oval	air	sulat	sure
	Yes										(D	
1st Fl. Bat	hroom		×			Tile Grou	ıt	25 sf	×			
		8					-					
Name of Registered War		s, Inc	1 1	JDEP Hauler II		Cubic Yards of Waste 1 CU	Name of Regi	stered Landfill GROWS La	ındfill			
City, State				101		Disposal Date	City, State	7				_
	Allentown, 1					9/25/15/	W/	Morrisville	, PA			
Completed By Mahlon E. St	evens		roiec	t Mai	nager	Signature	1	Date	9/22	2/15		

ASB-41 MAR 00

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

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)							<u> </u>		10.7	3 1	-
September 22, 20	)15			Name of Building		rator (2) Demolition			7	7	75
[ ] DEP [ ] Ame	l Notific	tification		Street Address  City, State, Zip Coo	ie	Camplain Road	SEP	2.3.7	/JI5	15	
Los I was		including			Hillsb	orough, NJ 0884	1				
[ ] DCA justif	ication) ellation			Name of Contact Anton	io Dimuz		Telephone Number				
		1	FAC	IL CILITY INFORM	ATION						
Name of Facility Where Abatement is Taking Residence	Place (3		. 110	DIDIT I IN ORW	ATION	Type of Facility (4)	School (k-12)				
Street Address			_			ĺj	Subchapter 8 (of	ther thar	k-12)		
27 Lawrence Road	i	- 61				[x]	Other (i.e., priva homes, etc.)	ite & coi	mmerc	ial build	dings,
City	Coun	ty (6)		County Code (7) (STATE USE ONL)	~	Square feet	# of Floors	Bldg	g. Age		
Madison	Mor	ric		(STATE USE ONL	1)	2000 sf	if being demolished	1	i	30.	
	57000000					Reside		,			
Name of Monitoring Firm Hired by Building				ASCM No.	Name of	Abatement Contracto		-			
Guardian Contract Street Address		ic.			Street Ac	idress	ian Contracting				
1889 Route 9, Uni	it 61				City Sta		Route 9, Unit 61				
Toms River, NJ 08	8755				City, Sta	te, Zip Code Toms	River, New Jers	sev 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone Nun			52	ne Number	License N				
Nicholas Fernicola		732-349-993		D (11)	732-34		00624				
Scheduled Start Date (10) 9/22/15		Scheduled Com 9/23/15	pieti	on Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check					Street Ac	ldress					rac collect
[ X ] Facility Closed/Vacated [ ] Abatement Performed						1056 8	Stelton Road				
Other – Describe	Outside	oi Normai raciiii	у но	ours	City, Stat	te, Zip Code	away, New Jerse	01.000	51		
						r iscau	away, New Jerse	5y 000	<i>J</i> 4		
Scope of Work (Check all that apply)					[ ]		t with Negative Pres	ssure			
$\begin{bmatrix} X \end{bmatrix}$ >3 sf or $\geq$ 3 lf		[ ] Re	nova	tion	[ x ]	Mini-Enclosure Glovebag Procee	lure				
[ ] ≥160 sf or ≥260 lf		5 5	moli		[ ]		*) and Non-Friable	Procedu	ire		
				T			1				_
		Is Location			Descriptio	n of		Abat	ement	Type	
Location of	1	Normally used			estos-Cor		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely by	227	N	laterial (A	CM)	(Specify SF	M	P	C	C
TO BE ABATED in facility	Main	ntenance/Custoo Staff	dial		, thermal :		or LF)	0	A	A P	L
(13)		(12)		IIISC	VAT, c			V	I R	S	S
		( )		oth	er miscella			A		U	U
	NO N	/A					L		L E	R E	
Garage		X		Duct work			20 sf	X			
								$\vdash$			
								$\vdash$			
Name of Registered Waste Hauler	1	NJDEP Waste Ha		ID No.   Cubic Ya	rds of Wast		ered Landfill				
Guardian Contracting, Inc.		2022	_	2	T 0: -	T.R.R.F.					
City, State Toms River, New Jersey			ispos /24/	sal Date	City, Sta	ate own, Pennsylvani	а				
Completed by (Print or Type)	Title			Signature		.//	1	Date			
Nicholas Fernicola	Proje	ect Manager				Le-		9/22	2/201:	5	

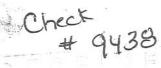
<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.

### NOTIFICATION OF ASBESTOS ABATEMENT

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

D											
Date of Notification (1) September	r 23, 2015			Name of Building		erator (2) Ili Construction		2) -	7 5	20	/
[ X ] EPA [ ] [ ]	Notification Initial Notif Amended N	lotification		Street Address  City, State, Zip Co		Route 35 North, S	uite D		- 1		
[x] DOL [x]	Amendmen Emergency	(including		only, otate, hip co	Ortley	y Beach, NJ 08751	SEP 2 8 2	015			
[ ] DCA	justification Cancellation			Name of Contact Matt (	Crivelli		Telephone Number		R.		
			FA	CILITY INFORM	IATION		2.11	-	-		
Name of Facility Where Abatement i Residence	s Taking Place	(3)				Type of Facility (4)	School (k-12)		-		
Street Address 32 North A	venue			),E		[ ] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				dings,
City	Cou	nty (6)		County Code (7) (STATE USE ONL	<u></u>	Square feet	# of Floors	Bld	g. Age		
Seaside Park	Oce	ean		(STATE OSE ONL	1)	2500 sf Current Use (Prior i		)		60	
Name of Monitoring Firm Hired by E	Building Owner	(8)		ASCM No.	Name of	Reside Abatement Contractor	(9)				
N/A Street Address					Street A		an Contracting,	Inc.		77 (F)	
City, State, Zip Code					City Sta	1889 R te, Zip Code	oute 9, Unit 61				
Project Manager for Monitoring Firm		Telephone	Number			Toms I	River, New Jers			271	
Scheduled Start Date (10)					732-34	ne Number 9-9932	License N 00624	lumber			
9/23/15		9/25/		ion Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement  [ X ] Facility Closed	(Check only on Vacated Durin		od of Aba	tement	Street Ad		telton Road				W
	formed Outside				City, Sta	te, Zip Code					
		14-				Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[ ]	Full Containment Mini-Enclosure	with Negative Pres	sure			
[ ] >3 sf or ≥3 lf		[ ]	Renova	777,533	[ ]	Glovebag Procedu					
[X] ≥160 sf or ≥26	0 If	[x]	Demol	ition	[x]	Non-Exempted (*	) and Non-Friable	Procedu	ire		
		Is Location	ın		Descriptio	n of		Abat	ement	Туре	
Location of		Normally u	sed		estos-Cor		Amount	R	R	E	E
Asbestos-Containing Material (A	X5	Solely by			laterial (A		(Specify SF	E M	E P	N C	N C
TO BE ABATED in facility	Mai	ntenance/Ci Staff	ıstodial		, thermal		or LF)	O	A	Α	L
(13)		(12)		inst	lation, sur VAT, o			v	I R	PS	O S
All parts states		XX		othe	er miscella			A	I.K	U	U
	YES	S NO	N/A					L		L E	R E
Exterior		X		Asbestos sidin	g		3800 sf	X			
Name of Registered Waste Hauler		NIED WIR									
Guardian Contracting	. Inc	NJDEP Wast	e Hauler 0223	ID No. Cubic Yai	rds of Wast		red Landfill				
City, State Toms River, New Jer				sal Date	City, Sta						
Completed by (Print or Type)	Title			Signature	i uniyto	own, Pennsylvania		Date	_		
Nicholas Fernicola	Proj	ect Manage	er	1		-les			/201:	5	

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



Date of Notification (1)		Name of	Building Owner/O	perator (2)		27				
9-23-15			Jos	ey Min	K	ago 0 9 9	915			
Agencies Notified Type Notification		Street Ac	100		٥	200				8
□ EPA 🕱 Initial	1 120 1	Ar mil		beechw	bad	Road		-		
□ DEP □ Amended		City, Sta	te, Zip Code	D	Y	NITO	79	27	m.	
DOL Amendment # Emergency (inclu	uding			ran Po	wer,	Telephone Num		<u> 24</u>	-	
DOH justification)		Name of	ey Min	K		relephone will				
□ DCA □ Cancellation			LITY INFORMATI							1.
Name of Facility Where Abatement is Taking Pla	ace (3)	FACI	LITT IN ORGAN		of Facility (	4)				
	selling	<b>3</b> 4			School (K-1	2)				
Street Address	SCHIN	)		. 0 8	Subchapter	8 (Other than K-12			h-m-	
109 Beechu	m	Rac	ad		omer (i.e. p etc.)	private & commercia	ai bullu	iriys,	nome	ъ,
City (5)	<u> </u>	_ (\cus		Squar	e Feet	# of Floors		dg. A	71	
Florham tark	N:	1 0	7932			2		60	+-	
County (6)	,	County (		Curre	nt Use (Pri	or if being demolish	red)			20
Morris	50 	1866	JSE ONLY)							
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCN	No.	Name of Abar	AND DESCRIPTION OF THE PARTY OF	A 2000 B 2 00	2- 6	,	7 -	
EPC Technolog	ies		MA	EFC		chnolog	163	9	In	16
Street Address	7			Street Addres	D	337	9			
7.0. Dax 33	7			City, State, Zi	DOX	COT		-		
City, State, Zip Code	T	08	533	New State, 21	p Code	TIA SA	A	26	1.3	3
NEW E GYPT,	40	Telepho	no Nio	Telephone No	E 74	License N	0.		-	
Project Manager for Monit ril gr Firm			758-3365	609 758			3.7	19	4	
Start Date (10)	haduled C	ompletion		Name of OSH					-	
10~6~15		-6-1		EPO	Tec	hnologies	I	ic		
Occupancy Status During Abatement (Check O		W: N		Street Addres	SS	~				
Facility Closed/Vacated During Entire Peri		ement		P.O.	BOX	337				0-0-100
Abatement Performed Outside of Normal I	Facility Ho	urs		City, State, Z						
☐ Other – Describe:				New 1	Egypt	NJ	280	53	3_	
Scope of Work (Check All That Apply)				No.	0 (1					
<b>≥</b> 3 sf or ≥3 lf	☐ Rend	vation				ent with Negative F	Pressu	re		
☐ ≥160 sf or ≥260 lf	□ Dem	olition			ni-Enclosur ovebag Pro					
7 20				O No	n-Exempte	d (*) and Non-Friat	ole Pro			
	Is Loc	ation						Abate	ement pe	t
Location of	Nom	nally		escription of			-	.,		Г
Asbestos-Containing Material (ACM)	Used Sometime			taining Materia I systems insula		Amount (Specify	D	_	Enc	m
TO BE ABATED In Facility	Custodia	al Staff?		cing, VAT, or	20011,	SF or LF)	Removal	Repair	aps	Enclosure
(13)	(1	2)	other	miscellaneous)			oval	串	Encapsulate	sure
	Yes N	o N/A	1	1					0	
	20		Tari	1 2000		30 LF	X			
Garage	×		Tape 1	Orah		50 0.	1			
7	- 1	-					+			
							-		-	+
					100					
Name of Registered Waste Hauler		NJDEP V		Yards	235-237 p	f Registered Landfil				~ A
FOC Tabalasias		Hauler ID	00	4	Was	te Manage	men	t o	E }	419
EPC Technologies		1/0		osal Date	City, Sta	ate				
City, State	15			-7-15	Mori	nisville	PA			
Completed by	Title			Signature	CD	, D	ate	2.2	. 1	
Steve Schenker	Presi	ident	ia .	Sleeve	DOCK	when	9-	13	7/	<u>S</u>

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

Date of Notification (1) 09-17-15				Building One Sayrafe		perator	(2)			SEP	2 9 2	015	14	
Agencies Notified Type Notification		1	Street Ad	idress Ivan Ave								. 10		
EPA Initial Amended Amendment	#	C	City, Stat	te, Zip Code	е	07632	2				3		- 0	
DOH justification) DCA Cancellatior				Contact Sayrafe					Tele	phone N	umher			
			FACIL	LITY INFOR	RMATI	ON								
Name of Facility Where Abatement is Takir Commercial Building Street Address	g Place (3)	7						of Facility (4) School (K-12 Subchapter 8	)	er than K-	12)			
600 Sylvan Ave.								Other (i.e. pri				dings,	home	es,
City (5) Englewood Cliffs	***************************************							e Feet	# of	Floors	В	ldg. A	ge	
County (6) Bergen				code (7) ISE ONLY)			Curre	nt Use (Prior	if bei	ng demol	shed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.		1 2500		tement Cont		(9)		1		
N/A								tracting LL	.C.					
Street Address							Addres 7th St							
City, State, Zip Code				8				p Code NJ 07087	,					
Project Manager for Monitoring Firm		T	Telephor	ne No.		100000000000000000000000000000000000000	none No 216-96			License 01206	No.			
Start Date (10) 09-18-15	Scheduled 09-19-15		pletion [	Date (11)				A Monitor tracting LL	.C					
Occupancy Status During Abatement (Che	ck Only One	)					Addres	3.70						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							7th State, Zi	p Code						
Other - Describe: 7:00 AM- 5:00 PM					-			NJ 07087	7					
Scope of Work (Check All That Apply)						_	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat molitic	3000 <b>*</b> 5100 h				Mir	l Containment ni-Enclosure nvebag Proce	edure					
							_ Noı	n-Exempted	(*) an	d Non-Fri	able Pro		ement	
	111111111111111111111111111111111111111	ocatio	10000										pe pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenan	y by ice/		os Cont hermal surfa	scription taining f system cing, VA niscella	Material is insula AT, or	(ACM) ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Ground Floor / Office	X	INA		Pipe	Insula	ation		1	2 LF	X	-			
Ordina ricorr cinico														
	-													
2/														
Name of Registered Waste Hauler		0.000	JDEP W auler ID		Cubic of Wa	Yards		Name of R						
Delfa Contracting LLc		100000	240	140.	1	l		Tullytow		source	Recov	ery F	acili	ty
City, State Union City NJ				Dispo: 07-02	sal Date 2-15	•	City, State Tullytow		A					
Completed by Jaime Delgado	Title Proj. M	lana	iger.		S	Signatur	0	-			Date 09-17-	15		

### Check#2302

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

Date of Notification (1)					Name	of Building	Owner/Operato	or (2)	)	- 100				
09/	23 / _	15			Cristir	ia Sander						-		es fie
Agencies Notified	Type Notifica	ition	g Filedo	_		Address					-	(F)	0 0	0047
☐ EPA	✓ Initial				242 NI	Von Die	n Avenue				Š		4 0	ZU15
X DOLWD	Amended			1		tate, Zip C								
□ DHSS	Amendme	ent #										-		
DCA	☐ Emergend		ding	1		wood, NJ								The same of
(NJAC 5:23-8)	justification				Name	of Contact	t			Telephone N	lumber			
	Cancellati	ION			V-2000	a Sander						_		
Name of Facility Where A	notoment in T	'akina Di	/	2)	FA	CILITY IN	IFORMATION	-						
ALTERNATION - CONTRACTOR	Dateliletti 15 T	aking Pi	ace (	3)					Type of Facility					
Private house					- 9				School (K-12	!) 3 (Other than K	1 21			
Street Address 242 N. Van Dien Avenu	10								Other (i.e., p	rivate and com	-1 2) imercial	buildin	gs,	
City (5)	10		_					-	homes, etc.) Square Feet			Distance of		
Ridgewood, NJ 07450									Square reet	# of Floors		Bidg. A	.ge	
County (6)				-/	C	O. J. /7)	CTATE LIGE ON	10	0 11 15					
3950					Coun	ty Code (7)	(STATE USE ONL	· r)	Current Use (Pr	ior if being den	nolished	)		
Bergen Name of Monitoring Firm	Jirod by Duile	1: 0												
Name of Worldoning Firm	niled by build	ang Owr	ier (8	)	ASCM	No.	Name of Abat	eme	nt Contractor (9)					
							Gr Tech LLC	2						
Street Address	-						Street Address	S						
	-						576 Valley R	d #2	283					
City, State, Zip Code							City, State, Zi	р Со	de					
No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10							Wayne, NJ 0	7470	0					
Project Manager for Monit	oring Firm		Tele	phone	No.	Telephone No		7.	License No	),				
						973-638-177	7		01127					
Start Date (10)	5	Schedule	d Co	mple	tion Da	te (11)	Name of OSH	-	onitor	01127				
10 / 02 /					1		La company		W. Charles					
Occupancy Status During	Abatement (						Envirovision		nsultants, Inc					
☐ Facility Closed/Vacate						\$8	Street Address							
Abatement Performed	Outside of No	ormal Ea	cility	Haur	nent C Doc	oribo	20-21 Wagar	aw l	Road, Bldg .#	35E				
Time of Abatement:	AM-	PM/	Cility	PM	3 - Des	AM	City, State, Zi	р Со	de					
							Fair Lawn, N		4.					
Scope of Work (Check all	that apply)								and decontamin			ssure		
≥ >3 sf or >3 lf		$\overline{\times}$	Ren	ovati	on		Mini-	Encl	ainment with Negosure					
≥ 160 sf or ≥260 lf		Ĺ	Den	nolitic	n		Glove	ebag	Procedure	Tent with Nega	ative Pre	ssure		
							∐ Non-	Exer	mpted (*) and No	n-Friable Proc	edure	_ 1		
9 2				_ocat orma							1	Abaten	ent T	уре
Location ( Asbestos-Containing N		n			ily by	A = h =	Description			9 8	-	מו	ш	Ш
TO BE ABA			Mair	itena	nce/		stos Containing ., thermal syste			Amount (Specify	1 5	Repair	nca	ncle
IN Facilit	Y		Custo		Staff?		surfacing, V			SIF or LF)		=	Encapsulate	Enclosure
(13)		-		(12)	T		other miscell	anec	ous)		-	-	ate	0
		<u> </u>	es	No	N/A								-	
Basement			]	Ш	$\boxtimes$	Pipe inst	ulation-wrap&	cut		150 LF				
				П							I			
			7										1	ᆜ
		L	1	Ц							L			
			] [						8 "				П	
Name of Registered Wast	e Hauler			NJE	EP Waste	Hauler ID No.	Cubic Yards of V	Vaste	Name of Regis	stered Landfill				
Gr Tech LLC				1	03378	25	TBD		T.R.R.F. Inc					
City, State			-		010010	,,,	Disposal Date		City, State					-
										90				
Wayne, NJ 07470 Completed By (Print or Ty	201	Tiale					TBD		Tullytown, P.	A				
Completed by (Print or Ty	pe)	Title					Signature	11	1	,	Date			
N.Jevtic		Owner						Tev	Ac Wenad	y .	09/23/	2015		
ASB-41 MAY 11		* /).	זממ כ	1150 1	his for	for aches	tos licensure ex	emni	led activities		100			
research of the first		Auf 3			74111	- 7 a. mones	CALLETTE CA	-mpt	war mail Fill Co.					

09/20/2015 12:58

NY 71175				- 3						ESPANS BESTV	PH	
OK 2425	NC		ATION C	e of New Jorgo OF ASBESTOS NJAC 8:50 an	ABATE			1 - 1(1)	ΑΥ			
ste of Notification (1)		100		tillqinë Dauei,	Obstalo	(2)		06-14-040		1	- 8	2
eptember 28, 2015	-	222	ovoz, l					Check # 242	.6	.   - '		
endes Notified Type Notification		1 27	Inger Add	sigre Inings R <b>oad</b>				· \ .	1			22
DEP Initial Amended				, ZIP Coda			7 .	1	/			-
DOL Amendent				I, NJ 08055			11.		1.1	"6" ≟1	- 1	53
DOH Emergency (in	rcluding	1 "	ame of (					Telaphone Num	des.			274
DCA Cancellation				erandoulias					- 5			= .
me of Facility Where Abelement is Yaking	Ologo (2)		FACIL	TY INFORMA	TION	Twite a	Fucility (4	1	,	_		-
me of Facility Whate Additional is Carry	van (Sci	hoal I	Bullding	3)			chool (K-12	9		8		27
cambbA Jee						S	ubchapter e	Other than K-12				
Connecticut Avenue						1 1 1	ilher (i.e. pr	ivate & commercia	mi peuraz	ings, (	nome	D.
y (5) herry HIII)						8quari 31,93	e Feet	s of Floors 2	BI 55	dy, Ag	ge	
ounty (6)		0	County C	ode (1)		Boho		r If being demolish	ed)			
time of Monitoring Firm Hirad by Building C	wner (8)		ASCM	No.			ement Contribution					1
reet Address					7500000	t Addres Cutter	Avenue					5
lty, State, Zip Code			0			Stem. Zi	D Code	3052				
oleci Manager for Monitoring Firm		Τ.	i elephon	в На.		hone No		COB42	Q.			
eri Data (10) September 26, 2016	Septer						A Monitor oratorles					:
ccupancy Status During Abatement (Check	300-10-4 Kitchen (10				Sires	( Addres						
Facility Classod/Vacated During Entire P Abalament Performed Optaids of Norm Other - Describe:	erlod of A	balem			Clty.	State, Z	130 Norl p Code on, NJ Q				10	$\dashv$
cope of Work (Check All That Apply)					Gi.	TIG! MITIO	2011, 712 4				_	
≥3 of of ≥3 if ≥160 of or ≥260 if		ellod(				Min Glo	I-Enclosure	edura				
	Τ.	1				NO!	I-CAG INDIAG	(*) and Non-Frial	T TIO	Abate		1
Location of	1	Locati	200		Descriptio	n of				Ту	pa	
Asbaston-Containing Meterial (ACM) TO BE ABATED In Facility (13)	[AAm)	d Sole Inlenar Iodial 6 (12)	nee!	Asbastos Ci (i.o therm	onlaising	Material ne insula 'A'T, or		Amourl (Specify SF or LF)	Removal	Repair	Encapsulati	Endosure
Culadas Committee Planes Danes	Yès	r\o XXX	N/A	Window	Caultin	a & Gla	ezing	54 LF	×	-	115	-
Exterior Computer Storage Room		^^^		WOLI IIV	OLUMINI I	S re-cile	entit Pyl	y, 4	1.,			
									I			
Name of Registered Waste Hauler			I,IOEP W		blo Yards		Neme of	Registered Landin	il .		1	
reshold Cartage		100	leuler ID 2253	1	Masia			n Berks Comm	nunity	Lan	dfill	
ity. State reehold, NJ					(B/2016		Birdsbo	iro, PA				
Completed by Chifetine Lynch	Title Oper	ration	s Mena	ger	(7)	M	2X		/23/2	015		

#### State of New Jersey

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

Date of Notific 09/23/2015	ation (1):				Iding O	wner/Operator (2)			nne-					
Agencies	Type Notificat	tion		t Addre		01			7815	SEP 20	1.19	17:3	Ω	
Notified	Initial		2 Cec	lar Stre	et						1027		·	
⊕-EPA	☐ Amended				Zip Code	2:			# 1			4.0	7.1	
□ DEP	Amendment#:			ırk, NJ						4 1 1 1 1	- 11	- 11-	i.	
DDOL	□ Emergency (including			of Cor	ntact: n Olaga	davio		Telephor	ie Nun	nber:		11.3		
₽ DOH	justification	1)	IVII. E	oenjann	II Olaga	deyo								
□DCA	☐ Cancellation	n										41-703		
						FACILITY INFO	RMAT	TON					37	
Name of Facili	ty: Hawkins St	treet Sc	hool				Тур	e of Facility (4):						
8 Hawkins Stre	eet						1000,0000000	chool (K-12)						
City (E)		0 1	(0)			0.1.(7)		bchapter 8 (Other than I ther (i.e., private & com		buildings be	mec e	tc )		
City/ (5) Newark		Count	T 100 T		07107	ty Code (7):			nereiai	-		10.)		
Newalk		Losey			0/10/		Squ	are Feet:		# of Floor	rs:			
							Bld	g. Age						
							Cur	rent Use : School	1					
Name of Monit			Buildin	g Own	er:	ASCM No.:	Nan	ne of Abatement Cont	ractor	(9):				
TTI ENVIRO	NMENTAL, II	NC.				0003	Apo	ex Development, In	ıc.					
Street Address:				10 m				et Address:	7.72		-2011			
1253 North C	hurch Street													
							658	8 Rutgers Place						
City, State, Zip	Code:						City	, State, Zip Code:						
Moorestown,	NI 08057						Par	ramus, NJ 07652						
Project Manage		ing Firm	n:			Telephone No.:		ephone No.:	Lic	ense No.:				-
James A. Gui		0				609-314-1683		3) 350-0101	1	215				
Start Date (10)		2	chedul	ed Con	nletion	Date (11):		ne of OSHA Monitor:		213				
09/25/15	•:		9/28/1		ipiction	Date (11).		ro Analytical Laborat						
Occupancy Statu	s During Abaten							et Address:						
☐ Facility Closed					nent			West 36th Street, Su	ite 203	3				
☐ Abatement Per	formed Outside	of Norm	al Facil	ity Hour	S			, State, Zip Code:						
Describe:			16					v York, New York, 1	0018					
□ Other														
Describe:														
Scope of Work (0	Check all that ap	ply):						□Full Conta	inmon	t with Mage	tivo D	*****		
$\square \ge 3 \text{ sf or } \ge 3$	lf			DRE	novatio	n		☐ Mini-Encl	osure	it with Nega	mve P	ressur	e	
0≥160 sf or ≥	260 lf				emolitio	n	П	Glovebag Non-Exempted (*) and	Proced	iure Friable Proc	edure			
								Tion-Exempted ( ) and	111011-1	TIMBIC I TOC	cuurc			
Loc	cation of			Locat Normal		De	escript	ion of					temen ype	t
500,000	ntaining Mater	rial		d Sole		Asbestos Con	taining	g Material (ACM) ems insulation,			-	1	JPC	
	ACM)		Ma	intena	nce/	(i.e., therma	al syste	ems insulation, VAT, or		Amount	R	-	En	En
0.0000000000000000000000000000000000000	EABATED		C	ustodi		other	misce	llaneous)		Specify	Removal	Repair	Encapsulat	Enclosure
	Facility			Staff?		o the	misee.	nano as)		F or LF)	ova	air	sul	ms(
	(13)		Yes	No	N/A					,	_		at	e.
CUSTODIAI	L CLOS	SET,												
HALLWAY		The state of the s		X		PIPE AND JOI	NTC I	NSIII ATION	21/	5 LF	*			
CUSTOSIAI		AND		Λ		THE AND JOI	14191	INSULATION	21.	3 LF				
STORAGE F	ROOM										ļ			
									1					
Name of Regist			DIC		NJDE	P Waste Hauler ID	No.:	Cubic Yards of Waste: 30		me of Regis				2000
TRI-STATE TI	KANSFER AS	SUC., I	INC.					or wasic. 30	ING	NERVA E	NTER	PKIS	ES AS	SSOC,
City, State:				Dispo	sal Date	 e:		City, State:	ТТИ	·.				
Bronx, NY 104							2.00	Waynesburg, OH 4	4688	S				
Completed By:					Title:		Signa			Date:				
Sylvester Oracg	gbunam				Presid	lent	3	LIBUL		09/18/20	15			

CHECK # 8649

								2000					
Date of Notification (1)				U	75100 NO.5050		g Owner/Operator (	2)	NS SEP 28				
	21 /	15	_			-	Institute of Tecl	nnology	. OTL 50	ñ# 12		i .	
Agencies Notified	Type Notific	ation			0.0000000000000000000000000000000000000	t Address		S CANADA TO STATE OF THE STATE			£ .		
⊠ EPA	☐ Initial	4					tin Luther King	Jr. Blvd.	2.4		4 1 1		
☑ DOLWD ☑ DHSS					0000	State, Zip (					~		
⊠ DCA	☐ Emerger			1		wark, NJ			T=				
(NJAC 5:23-8)	justificat		200	*	Name	of Contac	t		Telephone N	umber			
200	☐ Cancella	tion			Mr.	Joseph	Myers				124		
		X 1 (+ );			FA	CILITY IN	IFORMATION						
Name of Facility Where A	Abatement is	Taking	Place	(3)				Type of Facility					
NJIT - Central King	Building (0	CKB)						School (K-12		12)			
Street Address								Subchapter 8			uildin	gs,	
363-383 Martin Luth	ner King Jr.	Blvd.	(100	Sum	mit S	treet)		homes, etc.)					
City (5)								Square Feet	# of Floors		ldg. A	ge	
Newark								300,000 SF	5		40+		
County (6)					Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being dem	olished)			
Essex	81							University					
Name of Monitoring Firm	Hired by Buil	ding Ov	wner (	(8)	ASCM	No.	Name of Abateme						
Omega Environmer	nta Service:	s, Inc.			120		East Coast H	az Mat Remov	al, Inc.				
Street Address							Street Address						
280 Huyler Stre	eet						494 E. 41 Stre	eet					
City, State, Zip Code							City, State, Zip Co	ode					
South Hackensack	k, NJ 07606						Paterson, NJ	07504					
Project Manager for Moni	toring Firm			Tele	phone	No.	Telephone No.		License No.				
Eric Gelhaus				20	1-489	-8700	973-345-0022		00507				
Start Date (10)	1	Schedu	led C	omple	tion Da	te (11)	Name of OSHA M						
08/10/	15	05	_ /	01	_ /	16	East Coast H	az Mat Remova	al, Inc.				
Occupancy Status During	Abatement (	Check	only c	ne)			Street Address						
☐ Facility Closed/Vacate					ment		494 E. 41 Stre	eet					
Abatement Performed	Outside of N	ormal F	acility	/ Hour	s - Des	cribe	City, State, Zip Co	ode					
Time of Abatement:	AM- <u>3:3</u>	<b>0</b> PM/_	P	M- <u>12:</u>	00AM		Paterson, NJ						
Scope of Work (Check all	that apply)								2000 2000				
			7.					ainment with Neg	ative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		-	and the same	novati molitic			☐ Glovebac	Procedure					
△ ≥100 St of ≥200 II							Non-Exer     Non-Exer	mpted (*) and Nor	n-Friable Proce				
			10,100	Locat						Ab	-	ent T	-
Location				lorma d Sole			Description of		Amount	Re	Re	ᄪ	Enclosure
Asbestos-Containing N TO BE ABA		1)	Mai	intena	nce/		stos Containing Mat ., thermal systems i		(Specify	Remova	Repair	caps	clos
IN Facility			Cust	odial	Staff?	,	surfacing, VAT,	or	SF or LF)	a		Encapsulate	ure
(13)			V	(12)	NI/A	1	other miscellaned	ous)				te	
			Yes	No	N/A	T			160 SF				
2nd Floor - Auditoriur						Transite			3.8.8.3.8.3		H		
2nd Floor - Various Lo	ocation					Wall Pla	1,100		1170 SF				
1st Floor - Southern C	Corridor	] [					& Wall Plaster		840 SF				
Lower Level - Pump R		[				•	sulation/Fittings	Tu - (Di-	55 LF			Ш	
Name of Registered Wast	e Hauler				JDEP V auler ID		Cubic Yards of Waste	Name of Regist			8		
Freehold Cartage				11	13206		80	GROWS, In	· ·				
City, State							Disposal Date	City, State	m. /				
Paterson, NJ 07504							04-30-2016	Morrisville,	PA 12506				
Completed By (Print or Ty	pe)	Title					Signature /	.\		Date		1940 29440	
Leslie Olszewski	EX. 93	Pro	ject	Mana	iger		WW V	MAAI		09-2	21-1	5	

	Is	Locat	ion			Ab	atem	ent T	Гуре
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Use	Norma ed Sole aintena todial ( (12)	lly ely by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	2 (2-1-1-1) (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			_	_	_
Penthouse				Elbowes/Duct Vib. Cloth-Cut/Wrap	10/20 SF				
Exterior - Pool/GYM Facade				Waterproofin Mastic	300 SF				
Lower Level - NE Room				Electical Panel	12 SF				
Elevator Shaft/Pit	1			Plaster & Debris	1490 SF	$\boxtimes$			
Lower Level - Various Location	<del> </del>			Pipe Insulation/Fittings	1130 LF				

APPROVED! TOM VOORHEES, NJPOL PAUL HORNER, NJDOH

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

Date of Notification (1)				Name o	f Building	Owner/Operator (2	2)	Öre.		0.00		
9 /23	3 / 15	_		VER	IZON			Mie Sep 28 .	£			
	pe Notification			Street A	Address				11/2			
	Initial			15 M	ONTGO	MERY PLACE				4		
	Amended			City, St	ate, Zip Co	ode		S. 1. 1 x				
☑ DOH	Amendment #_			PITT	SBURG	H, PA 15212			E 235	- '-		
	Emergency (including justification)	luding	+		of Contact			Telephone Numb	er			
(NJAC 5:23-8)	Cancellation				HONY P	ORTA	13					
				FAC	ILITY INI	FORMATION						
Name of Facility Where Abat	tement is Taking	Place (	3)				Type of Facility (	4)				
VERIZON BERGEN CE							School (K-12)					
Street Address		(201-17) ii					Subchapter 8	(Other than K-12)	sar bod	latia a .	200	
71 MADISON AVENUE							Momes, etc.)	ivate and commerc				
City (5)					15		Square Feet	# of Floors	Bld	g. Ag	е	
JERSEY CITY, NJ												
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			4
HUDSON							COMMUNIC	ATIONS				
Name of Monitoring Firm Hir	ed by Building C	wner (8	) /	ASCM N	No.	Name of Abateme	ent Contractor (9)					
USA ENVIRONMENTA						BRISTOL EN	VIRONMENTAL	_, INC.				
Street Address						Street Address						
8436 ENTERPRISE AV	/ENUE					1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
PHILADELPHIA, PA 19	9153					BRISTOL, PA	19007					
Project Manager for Monitor	ing Firm		Tele	phone N	No.	Telephone No.		License No.				
MARK JENKINS			21	5-365-	5810	215-788-6040		00509				
Start Date (10)	Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA M						
9 / 28 / _	15	9/	29	_ / _	15	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Al	batement (Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated I						1123 BEAVE	R STREET					
Abatement Performed Or					cribe	City, State, Zip Co	ode					
Time of Abatement:			PM- <u>1:</u>	<u>30</u> AM		BRISTOL, PA	19007					
Scope of Work (Check all th	at apply)					□ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 If		⊠ Rer	ovati	on		Mini-End	closure	,				
_ ≥160 sf or ≥260 lf		☐ Der	nolitic	n		Gloveba	g Procedure	n-Friable Procedur	΄ Δ			
						☐ Non-Exe	empted ( ) and No	III-FIIable Flocedul	_	-4	T	
			Locat orma			Description of	of		-	atem		1
Location of Asbestos-Containing Ma	terial (ACM)			ely by	Asbe	stos Containing Ma		Amount	Removal	Repair	Enc	Enclosure
TO BE ABATE			ntena	Santa Color		., thermal systems	insulation,	(Specify	nov	air	aps	los
IN Facility		Cust	odial ( (12)	Staff?		surfacing, VAT		SF or LF)	8		Encapsulate	ure
(13)		Yes	No	N/A		other miscellane	eous)				te	
BASEMENT AC FAN RO	MOC	$\boxtimes$			FAN UN	NIT ASBESTOS	INSULATION	75 SF	$\boxtimes$			
		П	П	П								
Name of Registered Waste	Hauler		IN	JDEP \		Cubic Yards of	Name of Regis	stered Landfill				-
SERVICE TRANSPOR		;	H	lauler II		Waste	MINERVA	LANDFILL				
City, State				20990	)	Disposal Date	City, State					
NEW CASTLE, DE						_ ispecal bate	WAYNESE	BURG, OH				
						Cianatura	100000000000000000000000000000000000000		ite		,	
Completed By (Print or Type	200		OT #4	IANIAC	ED	Signature	1 10		SSS - 54	23/	15	_
PATRICK T. DeCARO	P	KUJE	C I IV	IANAG	IEK .	Patrice	k D.D	- Cow/yh	7/0	^3/	10	10
ASR-41								0				

ASB-41 JAN 13 PD 15/03

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Nama	of Building (	Oumar/Ona	rator (2)						
September 23, 20	15		Name	or Building (		rnpike Authori	y nnic	du	(	7	79	8
[ ] DEP [ ] Amer	Notificat	fication		Address tate, Zip Coo		ain Street	(6 I) 	SEP 23	All	12: 8	8	
[X] DOH [X] Emer	ndment #_ gency (in		City, 5	tate, zip cot		bridge, NJ 070	95			, Al		
I DCA	ication) ellation		Name o	of Contact Rober	t Womels	sdorf	Telepho	one Number	4			
		FA	CILITY	INFORM	IATION							
Name of Facility Where Abatement is Taking Former Sign Shop						Type of Facility		ool (k-12)				
Street Address Garden State Park	way Mi	le Post 13.8				[ x	Othe	chapter 8 (other (i.e., privates, etc.)			ial build	dings,
City	County	(6)		Code (7) USE ONL	Y) .	Square feet 5,000 sf		f Floors	Bldg	g. Age	50	
Swainton	Cape	May				Current Use (Pri	or if being ner Sign				,,,	
Name of Monitoring Firm Hired by Building ( Briggs Associates	Owner (8)	)	ASCM 1	No.	Name of	Abatement Contra	ctor (9)	ntracting,	Inc			
Street Address  3 Crosswicks Street	et				Street Ad	ldress		9, Unit 61	mo.			
City, State, Zip Code  Bordentown, NJ 08	- In the Market Co.				City, Stat	e, Zip Code		New Jers	ου, ΩΩ'	755 1	271	
Project Manager for Monitoring Firm Mike Hoodak		Telephone Numbe	г		Telephon	e Number	is Kivei,	License N 00624			2/1	
Scheduled Start Date (10) 9/24/15		Scheduled Comple 9/25/15	etion Date (	11)		OSHA Monitor	CI An			7 1 1 2 2 2 3		
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated					Street Ad	dress	Staltan	200 100				
Abatement Performed (					City, Stat	e, Zip Code	Stelton	Road	* 			
Other – Describe							ataway, l	New Jerse	y 088	54		
Scope of Work (Check all that apply)					[ ]	Full Containm Mini-Enclosu		legative Pres	sure			
[X] >3 sf or ≥3 lf ≥160 sf or ≥260 lf		[ ] Renov			[ ] [x]	Glovebag Pro	cedure	Non-Friable I	Procedi	ire		
			_		L		1					
	,	Is Location			Descriptio	n of			Abat	ement	Гуре	
Location of		ormally used			estos-Con		1	Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)		Solely by			Material (A			pecify SF	M	P	C	C
TO BE ABATED in facility	Mainte	enance/Custodia Staff	1		, thermal s			or LF)	0	A	A P	L
(13)		(12)		11150	VAT, o				V	R	S	O S
				oth	er miscella				A	1	U	U
	YES	NO N/A							L		L E	R E
Interior		X	Floo	r joint/exp	oansion c	aulk	50	lf	X			
N CD												
Name of Registered Waste Hauler Guardian Contracting, Inc.	N.	JDEP Waste Haule 20223	er ID No.	Cubic Ya	rds of Wast	e Name of Reg T.R.R.F	istered Lar	ndfill				
City, State Toms River, New Jersey			osal Date 3/15		City, Sta							
Completed by (Print or Type) Nicholas Fernicola	Title Projec	et Manager	Signat	ture		1.1	V		Date 9/23	3/201	5	

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

### NOTIFICATION OF ASBESTOS ABATEMENT

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

				(4)						-5				
Date of Notification (1) September 23, 20				Name of	f Building (	Owner/Oper Walter		(2) esidential, L	LC	00.	2	7-	76	r.,
	l Notifica	ation ification		Street A		ES 2350 -000	arne	egat Blvd. No	orth	2815 SE	P 20	3 41	f 12: ,	ટેક
[x] DOL Ame	ndment # gency (in			City, Sta	ate, Zip Coo		gat,	NJ 08005		1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!	£	i ii.	) [
A DOM	ication) ellation			Name of	f Contact Victor				Telephone			v	U.	
			FAC	ILITY I	NFORM	IATION			1.70					
Name of Facility Where Abatement is Taking Residence	Place (3)	)					Ту	pe of Facility (4	School	(k-12)	on the	l- 12\		
Street Address 124 W. Penguin V	Vay							[x]		apter 8 (oth (i.e., privat , etc.)			al build	lings,
City	Count	y (6)		County C (STATE	ode (7) USE ONL	Y)		juare feet 800 sf		Floors		, Age	60	
Lavallette	Ocea							urrent Use (Prior Resid	ence	emolished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)		ASCM N	lo.	Name of	Abat	tement Contract Guard	or (9) dian Con	tracting,	Inc.		117	
Street Address						Street Ad		1889	Route 9,	Unit 61				
City, State, Zip Code						City, Stat	te, Zi		River, N	lew Jerse	ey 081	755-1	271	
Project Manager for Monitoring Firm		Telephone N				Telephon 732-34		ımber		License N 00624				
Scheduled Start Date (10) 9/23/15		Scheduled C 9/24/1:		on Date (1	1)	Name of	OSH	IA Monitor E.M.S	S.L. Anal	vtical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacated  [ ] Abatement Performed	l During	Entire Period			25	Street Ad		s 1056	Stelton F	21 - 50:				
Other – Describe						City, Stat	te, Zi		taway, N	ew Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]		Full Containme		gative Pres	sure			
[ ] >3 sf or ≥3 lf		[ ]	Renova	tion		[ ] [ ]		Mini-Enclosure Glovebag Proce						
[ X ] ≥160 sf or ≥260 lf		[ x ]	Demoli	tion		[x]	2	Non-Exempted		n-Friable F	rocedu	re		
		Is Location				Di4i-		•	63		Abat	ement	Гуре	
Location of	N	Normally us	5			Description bestos-Con			An	nount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)  TO BE ABATED	) (-:	Solely by				Material (A			100000000000000000000000000000000000000	cify SF	M	P	C	C
in facility	Main	tenance/Cus Staff	stodial			, thermal sulation, sur			01	·LF)	0	A	A P	L
(13)		(12)			11130	VAT, o		mg,			V	R	S	S
		1,780,21,780			oth	er miscella	aneo	us)			Α	2000	U	U
*,	YES	NO	N/A								L		L E	R E
Exterior house		Asbes	stos sidin	g			750	sf	Х					
							_							
	-								-					
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	JDEP Waste	Hauler	ID No.	Cubic Ya	rds of Wast	te	Name of Regis	tered Land	fill				
City, State Toms River, New Jersey		20		al Date	3	City, Sta		T.R.R.F.	io		W			
Completed by (Print or Type) Nicholas Fernicola	Title	ot Man		Signatt	ire	1 runyto	J	, Pennsylvan	18		Date			
Menoras remicora	rroje	ct Manage	1		1	1	1/2				9/23	/15		

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		1.0			Name of	Building O	wner/Opera	ator (2)		S.		7000	
Se	ptember 23, 20	15						nnike Authority		2	77	99	7
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	Amer	tion Notificated Notificated Notificated Notificated Notificated Highway (in gency (in the second notificated noti	fication		Street Ad	dress e, Zip Cod	e	nin Street	SEP 28 A	12: 2	g		
[ X ] DOH [ ] DCA	justif	ication)	cluding		Name of	Contact			elephone Number	-, -1 -	i.		
	[ ] Canc	ellation				Robert	Womels	dorf	77.				
				FAC	ILITY I	VFORM	ATION						
Name of Facility Where Al For	mer Warehous							Type of Facility (4)	School (k-12)				
Street Address		3.55	-11-					[ ]	Subchapter 8 (oth	ner than	k-12)		
Gar	rden State Park	way Mi	le Post 94	1.3				[x]	Other (i.e., privat homes, etc.)	te & cor	nmerci	al build	lings,
City		County	y (6)		County Co (STATE U		,	Square feet	# of Floors	Bldg	. Age		
Herbertsville	2	Ocea	n		(SIAIL C	DE ONL	, I	1,000 sf Current Use (Prior if	being demolished)			0	
27								Former	Warehouse				
Name of Monitoring Firm Bri	ggs Associates	Owner (8	)		ASCM No	).	Name of A	Abatement Contractor ( Guardia	(9) in Contracting,	Inc.			
Street Address							Street Add	iress					
City, State, Zip Code	crosswicks Stree	21					City, State	1889 Ke , Zip Code	oute 9, Unit 61			6	
Box	rdentown, NJ 0	8505						Toms R	iver, New Jers	-	755-12	271	
Project Manager for Monit Mike Hood			Telephone 1 609-298-				Telephone 732-349		License N 00624	lumber			
Scheduled Start Date (10)			Scheduled (	Completi	on Date (11	)		OSHA Monitor					
9/25/15 Occupancy Status During A		only one)	9/28/1	3	St. 4		Street Add		. Analytical				
[X] Faci	lity Closed/Vacated	During	Entire Perio					1056 St	elton Road				
	tement Performed ( er – Describe		f Normal Fa				City, State	e, Zip Code	12/2 12/1	1222	250		
r 1 4								Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)						[ ]	Full Containment Mini-Enclosure	with Negative Pres	sure			
[ X ] >3 s	for≥3 lf		[ ]	Renova	tion		[ ]	Glovebag Procedu	re				
[ ] ≥16	0 sf or ≥260 lf		[x]	Demoli	tion		[x]	Non-Exempted (*	) and Non-Friable l	Procedu	ге		
								78		Abat	ement	Гуре	
T	- C		Is Location		-		Description			R	R	Е	Е
Location ( Asbestos-Containing M	T	N	formally us Solely by				estos-Contaterial (A)		Amount (Specify SF	Е	E P	N C	N C
TO BE ABA	TED	Maint	enance/Cu			(i.e.,	thermal s	ystems	or LF)	M	A	A	L
in facility	у		Staff			insu	lation, sur			O V	I R	P S	O S
(13)			(12)			othe	VAT, or er miscella			A	K	U	U
× -		YES	NO	N/A		oure	, iiiibooiia	neo asy		L		L E	R E
Interior doors		Caulk	around o	loors		60 lf	X						
Name of Registered Waste Guardian Co	) N	IJDEP Wast 2	e Hauler 0223	ID No.	Cubic Yar	ds of Waste	Name of Register T.R.R.F.	red Landfill					
City, State Toms River,					sal Date		City, Sta		-				
Completed by (Print or Typ	ne)	Title	B 1839240		Signatur	rę	· /ullyto	July I chilisylvania		Date			
Nicholas Fer	nicola	Proje	ct Manage	er		M		te		9/23	/2015	5	

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

#### MO#23037706967

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

Date of Notification (1)				Name	of Building	Owner/C	perator (2	!)			B		
09/24/	15				l Roberts				15 SEP 29 A				
Agencies Notified Type Notification	on			Street	Address				10 -1 -3 6	1112:	28		
☐ EPA ☐ Initial			16	512 To	wnsend l	Place							
□ DOLWD     □ Amended	DECEMBER OF THE PROPERTY OF TH		1 2		tate, Zip C						61.		
□ DHSS Amendmen     □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	_				Plainfield		162		& L	1-17	U L		
DCA Emergency justification		ing			of Contact		703		Telephone Nur			_	-
Cancellatio			I	Ronald	l Roberts				1				
				FAC	ILITY IN	FORMA	TION		1				
Name of Facility Where Abatement is Tal	kina Pla	ice (3	()	250			1	Type of Facility	(4)				
Private house	9		,	_				School (K-12					
Street Address								Subchapter I	8 (Other than K-1				ì
									private and comm	ercial bu	ilding	s,	
612 Townsend Place City (5)								homes, etc.) Square Feet	# of Floors	Di	- A		
								Square Feet	# 01 F1001S	DI	dg. A	ge	9
North Plainfield, NJ 07063			-	Caust	Cada (7)	OTATE U	25 04/1/0	0		() - 1 - 1)	-		
County (6)				Count	y Code (7)	STATE US	SE ONLY)	Current Use (Pr	rior if being demo	lisnea)			
Union	_	(0)											
Name of Monitoring Firm Hired by Buildin	ng Own	er (8)	F	ASCM I	No.	Name o	f Abateme	ent Contractor (9)	)				
						Gr Tech	1 LLC						
Street Address						Street A	ddress						Ī
						576 Va	lley Rd#	283					
City, State, Zip Code						City, Sta	ate, Zip Co	ode					
							NJ 0747	0					
Project Manager for Monitoring Firm			Tele	phone I	Vo.	Telepho	ne No.	-	License No.				
				14		973-638	3-1777		01127				
	hedule	d Con	nplet	ion Dat	e (11)	Name o	f OSHA M	onitor					
10 /03 /15	10	1	04	_ / _	15	Enviros	rision Cor	nsultants,Inc					
Occupancy Status During Abatement (Ch	neck on	y one	e)			Street A		iisuituiits,iiic					-
☐ Facility Closed/Vacated During Entire			500	nent		20 21 7	Vocarous	Dood Dida #	250				
Abatement Performed Outside of Nor	mal Fac	cility h	Hours	s - Des	cribe		ate, Zip Co	Road, Bldg .#	33E	1772 - 1223			
Time of Abatement:AM	_PM/_		PM_		AM								1
Scope of Work (Check all that apply)		-	-			rair La	wn, NJ 0'		nation with negati	ve nrece	III	-	
						Н		ainment with Ne		ve press	uic		
>3 sf or >3 lf \( \geq 160 \text{ sf or } \geq 260 \text{ lf}		Reno					Mini-Encl	losure		. D			
≥ 160 st or ≥260 lt		Dem	olitio	n		M	Glovebag	Procedure	Tent with Negation-Friable Proces	ve Press	ure		
		ls l	ocati	on			THOIT EXC	inpica ( ) and ite	Triable i rocce		1	T.	
Location of		No	rmal	ly		De	scription o	f		550	_	ent Ty	
Asbestos-Containing Material (ACM)		Jsed				stos Cont	aining Mat	terial (ACM)	Amount	Rer	Rep	Enc	Enc
TO BE ABATED  IN Facility	100	Main		Staff?	(i.e			nsulation,	(Specify	Removal	Repair	aps	Enclosure
(13)			(12)				cing, VAT, niscellane		SIF or LF)	/al	100	Encapsulate	Tre
Windows (	Y	es	No	N/A		125000000000000000000000000000000000000		7.7.7				Ю	
Pagamont.	TE	1 [	7	$\boxtimes$	D	1			1517				
Basement					Pipe inst	llation			15 LF		Ш	Ш	Ш
Basement			$\boxtimes$	Elbow in	sulation	Ľ		30 Elbows	$\boxtimes$				
	1		П							П			
		1	_								_		
Name of Registered Waste Hauler		1   [	MID	FP Masta	Hauler ID No.	Cubia Va	rde of Mac	e Name of Regi	stored I on dell		Ш	Ш	Ш
			050			5000000							
Gr Tech LLC City, State			10	03378	J	TBI Disposa		T.R.R.F. Inc			- 7.0		-
**													
Wayne, NJ 07470  Completed By (Print or Type)	Title					TBI		Tullytown, P		Data			
	11116					519	gnature /			Date			
N.Jevtic	Owner						Her	Ac Wenas	<b>7</b> C	9/24/20	)15		

CK# 5821

Date of Notification (1)	1 .		Name	of Building	g Owner/Operator	(2)	5.			
91.	21/15			BAS	SF		2016 SEP 2			
Agency Notified	Type Notification			Address		-	S Jan British	8 frin.		
	☑ Initial		25	61, D	oursey e	ssex tr	<u> </u>	witie:	3	
□ EPA □ DEP	☐ Amended		City, S	tate. Zio (	Code .		4			
a DOL	Amendment#		13	ELIN	. Lh . C	08830	\$ 1.16E		171	
26011	Emergency (including iustification)	g	Name	of Contac	t t		Telephone Num	ber /		
DOH DCA	☐ Cancellation		Paci	MARD	SHAWEY		1 = -			
					ORMATION				1	
N	Abatement is Taking Place	n /31	1,70			Type of Facility	(4)		T	
	Abatement is Taking Place	æ (3)		•		.,,				
BASE						School (K-12	) 3 (Other than K-12	n .		
Street Address					4	Other (i.e. pr	ivate & commercia	al buildings,		
25 MIDDLES	sex essex a	PK				homes, etc.)		1 501 - 4	1	
City (5) .					1.0	Square Feet	# of Floors	Bldg. Age		
USEU	$\sim$					100,000		607	EA	RS
County (6)	14				) (STATE USE		rior if being demol		1	
MIDOU	E SEP		ONLY	)	180	PO 07	FICE/LY	165		
	n Hired by Building Owne	r AS	CM No.		Name of Abater	nent Contractor (S	9)			
(8) EH1					Best Re	moval In	C			
Street Address					Street Address				1	
	SHORETRAIL		90			th River	S +			
City, State, Zip Code	Share to the				City, State, Zip		DL		1	-
	NZ. 07871					ack, N.J	. 07601			
Project Manager for Mo	nitoring Firm	Tele	phone No.		Telephone No.		License No.	\alpha_	T	
J. P. VONDOEH			7293			-7444 -	00388			
Start Date (10)	Scheduled Co				Name of OSHA					-
9/26/15	91	27		9		Environm	ental			
	ng Abatement (Check only	1			Street Address				1	
1						uyler St				
	ed During Entire Period o d Outside of Normal Facil				City, State, Zip (				Ī	
21 Other - Describe: 7	HTO JEM	ity 110uis					,N.J. 07	7606		
Scope of Work (Check a										
			P6-	novation		Containment with Enclosure	Negative Pressur	re .		
_2223 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf		90		molition		ebag Procedure			1	
22,000,000					Non	-Exempted (*) and	Non-Friable Pro			
		ls Lo	ocation					AD	Type	
Locati	on of		mally Solely by	-	Description	of	¥			T
Asbestos-Containin			enance/		stos Containing M	aterial (ACM)	Amount	-	Repair	1 1
TO BE A			stodial	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)	em .	Repair	nolo
(1:	cility		12)	13	other miscellan	The state of the s	01 01 21)	Removal	DIT OF	Enclosure
,		'		4			V	- 7	10	9
4 0		Yes I	No N/A	1					1	+
RESEARCH, DEVE	epophent blog			12001	FLASHING	MATERIAL	2201	FX		1
										1
							[]21	'-		
Name of Registered Wa	ste Hauler	NJDE	P Waste	Hauler	Cubic Yards of	Name of Regis	stered Landfill			
Best Remo	val Inc	ID No			Waste	Minerva	Enterpr	ises .	LL(	C
		1	17109		600			,		
City, State					Disposal Date	City, State	14.0			
Hackensac	k , N.J. 076	01			9/28/15	Waynes	burg, Oh			
Completed by	Title				Signature	(oiono	120	Date	. 1	
J.Maiorano					I V (	<del></del>	(-)	9/2	1	15
ASB-41	* Do not	use this	form for a	sbestos lic	censure exempted	activities.				

Clock 14301

Date of Notification (1) 9/24/15			T		f Building oor Dorr	Owner/0	Operator	(2)	98			l			21	
Agencies Notified	Type Notification		-	Street A	-KONAL DESAMONA				(6)	IS SE		V	12.			-
X EPA	× Initial			375 K	ingsland	Avenu	ue		p.					< 3		
DEP DOL	Amended Amendment		_ [		ate, Zip Co urst, NJ		1			à L				OL.		
▼ DOH DCA	Emergency justification) Cancellation	**************************************		Name o Boonp	f Contact OOr						ephone	Num	ber			
Name of Facility 148		5		FAC	ILITY INFO	ORMAT	ION									
Name of Facility Where	Abatement is Takin	g Place (3)	)					Тур	e of Facility (							
Street Address 375 Kingsland Ave	nue							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth				dings	, hom	es,
City (5) Lyndhurst								Squ 210	are Feet	# 01	f Floors			ildg. /	\ge	- 1177
County (6) Bergen	7				Code (7) USE ONLY	)		Curr	ent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.				atement Cor ironmenta			LC				-
Street Address							Street	Addre						-		
City, State, Zip Code							City, S	State, 3	Zip Code d, NJ 074							
Project Manager for Mor	nitoring Firm		Telepho	ne No.		Teleph	none N			Licens	e No	,				
Start Date (10) 10/4/15		Schedule 10/21/1		pletion	Date (11)				SHA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I led Outside of Norm	Period of A nal Facility	batem Hours	ent			City, S	tate, 2	Zip Code							
	II That Acad A					_										
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ii i nat Appiy)		enova emoliti	70-70-0			×	M Gl	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure						
		ls l	Locati	on				1 140	JII-LXeIIIptec	1 ( ) and	1 NOII-F	Habit	FIO		emen	t
Location		- N	ormall Solel	у			scription							Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED ity	Mair Custo	ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	thermal surfa	taining N systems cing, VA niscellar	s insu T, or		(S	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
haaam		Yes	No	N/A				,,							(b)	
basem		X		pipe	insula	tion			3 LF		X					
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yarde		Name of F	Regista	red I ac-	450				
Freehold Cartage			H	auler ID 939		of Was			Westerr							
City, State Freehold, NJ						Dispos TBD	sal Date	į	City, State Birdsbo		\					
Completed by A. Scott Higgins		Title Presid	lent			S	ignature	1	_			Date 9/2	4/15	;		

Date of Notification (1)					Building C		perator	(2)	2015	07-		1 (	_	·	1
9/23/15 Agencies Notified	Type Notification			liger E	Buying G	roup				OCI		t ta	j er		
X EPA	x Initial			792 Ro	oute 17 N				4	1		_	- 0		
DEP × DOL	Amended Amendment				te, Zip Cod us, NJ(					t [, ];			11	98	
⊠ DOH □ DCA	Emergency justification) Cancellation		1 0		Contact Garipia	n				Tele	ephone Nur	nber			
	- Cariconation				LITY INFO		ON								
Name of Facility Where	Abatement is Takir	g Place (3)	6						of Facility (4 School (K-1)						
Street Address 10 Godwin Avenue								×	Subchapter Other (i.e. p				lings,	home	es,
City (5) Ridgewood									etc.) re Feet 1	# of 2	Floors	B 6	ldg. A	ge	
County (6)				County C	Code (7)				nt Use (Pric		na demolisi				
Bergen					JSE ONLY)		-								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				tement Con onmental			;			
Street Address								Addres	ss 33, 4 E G	ate D	rive				
City, State, Zip Code									ip Code , NJ 074	18					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	hone No	0.		License N	lo.			-
Start Date (10) 10/1/15		Scheduled	Com	pletion [	Date (11)		1 889 3	85-85	HA Monitor						
Occupancy Status Durin	o Abatement (Che	05 10 54 54 555	)		- 0		Street	Addres	SS						
Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Nor	Period of Ab	atem				E3805.50		ip Code						
X Other - Describe:						_									
Scope of Work (Check A	All That Apply)							٦				_			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	novat moliti					Mir Glo	II Containme ni-Enclosure ovebag Proc	e edure	ē				
							2	⊻ No	n-Exempted	(*) an	d Non-Friat	ole Pro	cedur Abate		+
1			ocation ocation			D-								pe	
Locatio Asbestos-Containing TO BE AB In Faci	g Material (ACM) ATED	Custo	tenar dial S	ice/		os Con thermal	scription taining I system cing, VA	Material is insula	(ACM) ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)	Ι			niscella					oval	air	sulate	sure
ovtorior r	oofing	Yes	No	N/A			roofing			2	0 SF	x			
exterior r	ooning			×			iooiirig	3			.0 3	X			
Name of Registered Wa	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfil	1			
Freehold Cartage			Н	auler ID 5939		of Wa	ste		60700.00		ks Landfi				
City, State Freehold, NJ		i i				Dispo TBD	sal Date	9	City, State Birdsbo		Ą				
Completed by A. Scott Higgins		Title Presid	ent			5	Signatur	e //	1			ate /23/1:	<u>.</u>		
cook riiggiris		1 10010	Jill					. 01		_	- 3	20/11			

Date of Notification (1)				Name of Building Owner/Operator (2)												
9/22/2015 Check #2793				Mr Gilberto Suarez						4	7£15 000	0.0				
Agencies Notified Type Notification				Street Address 47 Van Reipen Avenue							TEIS SEP	20	AM I	2: 2	į	
EPA   Initial   Amended   Amendment #				City, State, Zip Code Jersey City, NJ 07306							** ×	100		177	)L	
DOH DOH	Emergency (including justification)				Name of Contact					Tele	ephone Nur		-	1	-	
DCA		Gilberto Suarez							**:							
Name of Facility Where		FACI	LITY INFO	ON	Time	of Facility (A)										
Name of Facility Where Abatement is Taking Place (3) Mr Gilberto Suarez Residence-basement area									Type of Facility (4)  School (K-12)							
Street Address 47 Van Reipen Ave						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Jersey City, NJ 073							1300000	Floors	Floors Bidg. Age 50+							
County (6) HUDSON					County Code (7) (STATE USE ONLY)				ent Use (Prior	r if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)					THE DATA CONTROL OF THE CONTROL OF T				Residence e of Abatement Contractor (9)							
N/A				EA				Services Corporation								
Street Address					11/73			et Address 6 69th Street								
City, State, Zip Code							City, State, Zip Code Guttenberg, NJ 07093									
Project Manager for Monitoring Firm				Telephone No.			Telephone No. License No. 201-295-1700 01074									
				ompletion Date (11)			Name of OSHA Monitor									
10/3/2015 10/5/2015 Occupancy Status During Abatement (Check Only One)								A Services Corp reet Address								
Facility Closed/Vacated During Entire Period of Abate					ement			Same as above								
Abatement Performed Outside of Normal Facility Hou  Other – Describe: Starting 7 AM							City, State, Zip Code									
Scope of Work (Check A	II That Apply)							7867 4766								
X       ≥3 sf or ≥3 lf       X       Reno         ≥160 sf or ≥260 lf       Demo					vation Ilition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	Loca	ation						\ /		Abatement						
Location of Used So					Parents and the second		escription of				2000 00		Type			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility Custod			intena	ance/			containing Material (ACM) mal systems insulation,			Amount (Specify		Remova	77	Enc	Ē	
			todiai (12)	ai Stair? surfacii				ng, VAT, or scellaneous)			SF or LF)		Repair	Encapsulate	Enclosure	
(10)		Yes	No	N/A				miscellarieous)					=	late	ıre	
Basement			×		Pipe Insulta			ation		1.	40 LF	x				
					16											
-												_	-			
Name of Registered Waste Hauler				NJDEP Waste C			)/I-		Name of Posicional Lands							
Freehold Carting				Hauler ID 5939		Cubic Yards of Waste tbd			Name of Registered Landfill GROWS North Landfill							
City, State Freehold, NJ					Dispo tbd	posal Date City, State Morrisvi										
Completed by Title Gina Salvador Office Ma					anager			Signature			Date 9/22/2015					