Noneck

ASB-41 JUN 95 G4667

ETS JOB # 3915/13	Colored to the	Here were		1 × 1 × 1	AMENDN	MENT#1		
Date of Notification (1) 3/21/2013			r / Operator (2) w York & Nev		1	M/2:-		
Agencies Notified Type Notification EPA	Street Addr				1907574	The s		
□ DEP □ Initial Notification □ DOL □ Amended Notification	City, State &	& Zip Code ey, NJ 0731	v. 1 7		·C'	- OL -		
DOH Cancellation	Name of Co Mr. Ralph	ontact Campione			17	Telenhone N	lumber	
	FACILIT	TY INFORM	IATION					
Name of Facility Where Abatement is Taking F Terminal B, B-2 Connector Departures I Street Address		Туј	oe of Facility (4 School (K-12	<b>)</b>	(40)			
Newark International Airport, Newark, N	IJ	X Sa		3 (Other than K rivate & common # of Floors	ercial buildin		etc.	
City (5) County (6)	County Code (		1.2 Mil	# 01 Floors		lldg. Age <b>50</b> -		
Newark Essex	County Code (	Control of the Contro	rrent Use (Prio		The state of the s	50	<u> </u>	
Losex			port	r in boiling define	ondrica)		CERT OF	
Name of Monitoring Firm Hired by Building Ow THE PORT AUTHORITY OF NY & NJ	ner (8) ASC	CM No. Na	me of Abateme S Contractin		(9)	4-14-5		
Street Address			eet Address	a second and the complete on		N 5 -130 W	1	
241 ERIE STREET, ROOM 236 City, State & Zip Code JERSEY CITY, NJ 073100		Cit	O Clay Street y, State & Zip ( ooklyn, NY 1	Code	<u>i i i i i i i i i i i i i i i i i i i </u>			
Project Manager for Monitoring Firm MR. RALPH CAMPIONE	Telephone Numb 973-624-6898	per Tel	ephone Numb 8-706-6300		License N	umber 00511		
Scheduled Start Date (10) Scheduled Co 4/7/2013	mpletion Date (11) 7/31/2013		me of OSHA M STOR TECH					
Occupancy Status During Abatement (Check o Facility Closed/Vacated During Entire F		Str	eet Address 59 JACKSOI				- 10 - A	
Abatement Performed Outside of Norm Describe: MONDAY - FRIDAY 7:0 Other - Describe:	The state of the s		y, State & Zip 0 .C., NY 1110					
Scope of Work (Check all that apply)  ☐ Demolition ☐ Renovation ☐ Large Project ☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM ☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM			Mini-E	ontainment with nclosure pag Procedure I		ressure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbo N (i.e., insulat	Description of estos-Containing laterial (ACM) thermal syster ion, surfacing, er miscellaneo	ng Squ Squ Lii VAT	Amount (Specify uare Feet or near Feet)	Abateme (Specify: Rep Encapsu Enclo	Removal, pair, lation or	
Terminal B- B-2 Connector, Dept. Level	NO	FIF	REPROOFING	5 5	,800 SF	Rem	oval	
Terminal B- B-2 Connector, Dept. Level	NO		PIPE		,200 LF	Rem	oval	
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Ha		Cu. Yds. of V		ne of Registe			
City, State Bronx , NY	-		Disposal Dat	e City	, State ynesburg,	1201.		
Completed By (Print or Type) Richie Smith  Title Project Executive  Signature 3/								

ct grille

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

**RECEIVED** 

Date of Notification (1) 03/28/2013					wner/Operato ind Park		013 APR -	-3 AI	112: 6	00			i i	
Agencies Notified  Type Notification  EPA  Initial	ſ	2		uth 5th A			38ESTE	os co	MTRO					
DEP Amended Amendment				e, Zip Cod d Park I	e NJ 08904		& L10	CENS	NG					
			lame of 0	Contact utuman				Teleni	one Num	her				
			FACIL	ITY INFO	RMATION								,	
Name of Facility Where Abatement is Takin Police Station	g Place (3)				0		of Facility (4) School (K-12 Subchapter 8	)	han K-12	`			,	
Street Address 222 South 5th Ave.					i i	×	Other (i.e. pri etc.)	vate & c	ommercia	ıl build			s,	
City (5) Highland Park			7		3		re Feet	# of F			dg. A	ge		
County (6) Middlesex			County C STATE U	ode (7) SE ONLY)		Poli	ent Use (Prior ce - Fire S	tation		ed)		<u> </u>		
Name of Monitoring Firm Hired by Building Brinkerhoff Environmental Service	Owner (8) s Inc.		ASCM 00100				tement Cont struction (		)					
Street Address 1805 Atlantic Avenue		-	5 5	,	17000000	t Addre	ss e 46 Suite	15						
City, State, Zip Code Manasquan, NJ 08736	i i						ip Code IJ 07512			- 1-				
Project Manager for Monitoring Firm  Jason P. Hooper			Telephon	e No. 3-2225		phone N -339-9			icense N 1034	0.				
Start Date (10) 04/01/2013	Scheduled 04/03/2		pletion D	ate (11)	3000000		HA Monitor	lonitor oction Corp						
Occupancy Status During Abatement (Che	ck Only One	e)	4			et Addre	ss e 46 Suite	15		1 4	-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	Period of A mal Facility	batem Hours	ent		City,	State, Z	2ip Code NJ 07512	10			1		+	
Scope of Work (Check All That Apply)				XIII		owa, i	10 07012		-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1,000	enovat emoliti				Mi Gl	III Containme ni-Enclosure ovebag Proc on-Exempted	edure	191			Δ.		
	Т.					INC	Jri-Exempled	( ) and	NOTIFI HAD	1		ement	t	
	17.76	Location ormall	77.000 N		Descripti	on of					Ту	ре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Custo	d Solel ntenar odial S (12)	ly by nce/ staff?		tos Containing thermal syste surfacing, \ other miscell	Materia ms insul /AT, or	lation,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A X	- 1	TSI - wet/w	ran/a		320	) LF	x			-	
Heating system chase			^		131 - weuw	парисс		320	, LI	^				
											19			
Name of Registered Waste Hauler		T N	JDEP W	/aste	Cubic Yards		Name of F	Registere	ed Landfill	2 14	9.83	10.7		
Savic Construction Corp		Н	lauler ID 2253		of Waste 10 yr		GROWS		-21-64					
City, State Totowa NJ				S. Alba	Disposal Da	ite	City, State		A		× Fig.			
Completed by Milos Savic	Title Proje	Title Project Manager  Signature 03/28/2013							1					

# W 1438

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

DECEMENT

Date of Notification (1)		-	Name	of Buildi	ng Owne	er/Operator	(2) 20	ar .	No. of	8 /					
03/29/13	we die		Dona	ald McC	rumb		201	3 AP	? - 2 .						
Agencies Notified Type Notification  EPA Initial	n		10 and 1000 (100 and	Address nezia L			- A j	Too.	7-3 A	1112	: 60	)			
DEP Amended Amendmer				State, Zip kell, NJ				& LI	OS CO CENSIA	WIR	01		4119		
DOH Emergency justification Cancellatio	)	9		of Contact				T	elenhone M	(L)		~			
N (5 )			1	CILITY IN						=	7				
Name of Facility Where Abatement is Taki Private House	ng Place (	3)					Type of Facility	(4)							
Street Address 906 Ringwood Avenue		Ą.	2			- 4	School (K- Subchapte Other (i.e.	er 8 (Ot	her than K- & commer	12) cial bu	uilding	s ho	mes		
City (5) Haskell					,		etc.) Square Feet 2,000		of Floors		Bldg.	Age			
County (6) Passaic				Code (7)			Current Use (Pr Private Hous	ior if be	ing demolis	shed)	JUT				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASC	M No.		Name of Stanm	Abatement Co ark Contrac	ontracto tors, L	(9) LC						
Street Address	, =	i i				Street A		1			- 10				
City, State, Zip Code		=					te, Zip Code x, NJ 07461	V							
Project Manager for Monitoring Firm	X would be a second		Telepho	one No.		Telephoi 973-86	ne No. 64-2022		License f	No.					
Start Date (10) 04/07/13	04/10/1	3	mpletion	Date (11	)	Name of AmeriS	OSHA Monitor	Ionitor							
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire R	Period of A	hater	ment	r r	-	Street Ac 117 30	dress th Street								
Other – Describe:	nal Facility	Hour	S		-		e, Zip Code ork, NY 110	37					-		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	D D	enova emolii Locati	ion			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			cedui Abat	emen	nt		
Location of Asbestos-Containing Material (ACM)		ormal Sole	100000	Asha	De	scription of				-	1	/pe	_		
TO BE ABATED In Facility (13)		odial S (12) No		(i.e.	therma surfa	taining Mate I systems in cing, VAT, o miscellaneo	sulation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Basement	X	140	INA	boi	ler and	pipe inst	laiton	0.4	0.5	-		0			
				501	ioi and	pipe irisi	nation	24	S.F.	x			_		
						0.2		100000		11101					
					2.00			-: -	Control Day						
ame of Registered Waste Hauler tlantic Carting	4 1 Ta	Ha	JDEP Wa auler ID I 6085	77	Cubic of Was		Name of R		ed Landfill						
ity, State /ayne, NJ					Dispos	al Date	City, State Morrissy		Δ		+				
ompleted by					ignature		, 1	•	e		17777				

Or Cordin

## NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

CIL Ya	1, /									(F)	· .	
Or Condy				NOTIFICA (P	ursuant to N.J.A				2	1/3	C/8/1.	57
Date of Notification (1)					The state of the s	Name of Building Paulsboro Refin	g Owner/Op ing Compar	ny		م///٥	3	100
3/13/13 Agencies Notified		1	tification T			Street Address 800 Billingsport	Rd		d,	1/03	11/12:	20
) EPA ) DEP (X) DOL	í	() A	Initial Noti Amended C Cancelled	Certification	,	City, State, Zip ( Paulsboro, NJ 0	Code ( 8066			KA	SINGROL	C
(X) DOH () DCA						Name of Contac Ravi Jarecha	<u>zt</u>	4		547	15 1	
		1 1			FACILITY INF	ORMATION						-
Name of Facility Where A Paulsboro Refining Comp	batement is any	Taking	g Place (3)	)	3 34 3	Type of Facility ( ) School (K-12 ( ) Subchapter (X) Other (i.e. p	2) 8 (other tha	n K-12)	s homes.	etc.		
Street Address 800 Billingsport Rd						Sq. Feet N/A						
City (5) Paulsboro	County (6) Glouceste			County Coo (State Use	de (7) Only)	Bldg. Age N/A				ry		
Name of Monitoring Firm	Hired by Blo	g. Ow	vner (8)	ASCM No.		Current coo (p.		Name of Con K A Industrial	tractor (9)		E	9
			24,511		1	Street Address		. Tayler and	+ ( )			
Street Address						800 Billingspor	t Rd			-		
			1 11			City State, Zipo Paulsboro, NJ	08066		License N	umher		-0
Project Manager for Mon	itoring Firm	Te	elephone N	Number		Telephone Nur 856-224-4392	<u>mber</u>		00857	umber		la e
Scheduled Start Date (10	0)			Completion [	Date (11)	Name of OSHA Kenny Atlantic	A Monitor	ervices, LLC	187 177		Trebil	
Occupancy Status Durin	g Abatemen	(Che	eriod of A	Datement		Street Address 800 Billingspor						
( ) Abatement Performe Other – Describe – Rem	d Outside of	Norm	iai racility	1 louis -	e areas	City, State, Zip Paulsboro NJ	08066					
Source of Work (Check	S		X 10 X							, II		
() Demolition (X) Ren	ovation	ACM)	) (X) SM P	roj. (>25<16	60 SF or >10 <2	60 LF ACM) (ebag Procedure	) Minor Pro	j. (<25 SF or <				
() Full Containment with Location of Asbestos- Containing Material (AC	Negative P	ocation of the contract of the	on Normall Maint./Cu	ly Used	Description of thermal syster surfacing, VA	ACM (i.e. ns insulation,	Amount (	Specify SF or		batement		close
Facility (13)	_YI	ff? (12 ES	NO X	NA I	misc.) Pipe Insulation		250 LF			X Re	p. Endap En	-
Amine Line Between Co and MLDW Units	окег						1 100	described to				
			7.1.			2 - 1			-			
17.4	1 2 2		LIDED!!!	- Marile -	ID#	Cubic Yards	of Waste		Name of	Reg. Lan	dfill	
Name of Reg. Waste H Waste Management, In	auler c.		NJDEP Wa 17273	aste Hauler	<u>IU #</u>	< 1 CY		Disp. Date	Gloucest		y Landfill State	20.00
<u>City, State</u> South Harrison, NJ								Various		Sout	th Harrison, NJ	
Completed by (Print or	Type)	: :	Title		+ 1 24	Signature	1		<u>Date</u>	1 - 1 - 0 - 1 - 1 - 1 - 1		
ANDREW GREEN			MANAGE	R - KENNY	ATLANTIC	- Ma	g J Operations	7 eea Supervisor	3/13/13			
						/						a, I

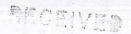
Mail to:

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

Date of Notification (1) 03-28-2013			Name of JBL El	Building ectric Ir	Owner/O	perator (2)	013 API	P-2	A	12: 0 <sub>0</sub>					
Agencies Notified Type Notification	1		Street A	ddress South C	linton A	venue				ŪĐ.		-			
EPA Initial Amended Amendmen				te, Zip Co Plainfie	ode Id, NJ 0	7080	& LI	CENS	THE TRO	)L				-	
	)`			Contact on Luise	9				Telephone	Num	ber	-	):		
			FACI	LITY INFO	ORMATIC			17	2004/02			was his			
Name of Facility Where Abatement is Tak Outside (on the side of the bridge Street Address		)					Subch	ol (K-12) napter 8 (	Other than			linas	home	29	
Rt. 287 & Washington Avenue  City (5)  Bernardsville			- 7			S	etc.) quare Fee	et	# of Floors		В	ldg. A	_		
County (6) Somerset	14.	T	County (	Code (7) JSE ONLY	,		urrent Us utside	e (Prior if	being den	nolish	ed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCN	1 No.		Name of A		nt Contractors			1		7. 7		
Street Address					4 1	Street Ad		•		-					
City, State, Zip Code						City, State									
Project Manager for Monitoring Firm			Telephor	ne No.		Telephon 973-86			License No. 01137						
Start Date (10) 03/29/2013	Schedule 03/30/2		npletion (	Date (11)		Name of G		onitor							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	baten				Street Add 117 30t City, State New Yo	th Stree	de							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emolit				×	Full Cont Mini-Enc Gloveba	tainment dosure g Procedu	with Nega ure and Non-				e		
		Locati	200		ALC:							Abate	ement pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole ntenar odial S (12)	ly by nce/ Staff?		tos Conta thermal s surfac	cription of aining Mate systems in ing, VAT, o iscellaneo	sulation, or	A)	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure	
emerg. letter explanation attached	x				emmer	gency le	tter		assume	d					
						tion attac		dı	ıst vacu	acuum					
					*****		-			<u>=</u>					
Name of Registered Waste Hauler		. I N	JDEP W	aste	Cubic \	/ards	Nan	ne of Reg	istered La	ndfill					
Atlantic Carting		14 (4.60)	auler ID 3085	No.		ssumed	1 G.F	R.O.W.							
City, State Wayne, NJ					Disposi on cor	al Date npletion		, State orrisville	, PA						
Completed by Marko Stankovic	Title Presid	dent	t 14 %		Si	gnature	o Sha	UKC	urí	Dat 03.	e /28/1	3		7	



Date of Notification (1) 2/22/2013 Check #2390					wner/Opera art Acade		2)		till	APR -3	PR -3 AM 12: GO						
Agencies Notified Type Notification	r	1000	Street Add 500 Var		gh Avenu	ne		A	33	LIGEN	ON	TRO	)L				
EPA Initial Amended Amendment Emergency		.	Washin		e wnship, N	1J 07	7675					j .	1 1 232 D.				
DOH justification) Cancellation	1770	733	Name of 0 Patricia		-				[_lel	ephone Num	ber						
			FACIL	ITY INFO	RMATION	- 1 -	-	4 F 104 - 74	1								
Name of Facility Where Abatement is Takin Immaculate Heart Academy Street Address	g Place (3)	-	2 5				× s	f Facility (4 chool (K-12 ubchapter	2)	er than K-12)				32			
500 Van Emburgh Avenue	+				114	Noval	O	ther (i.e. pr tc.)	rivate	& commercia	build			es,			
City (5) Washington Township, NJ 07675						4	Square 40,00	0	2	f Floors	6	dg. A )+	ge				
County (6) BERGEN COUNTY			County C (STATE U	ode (7) SE ONLY)			Curren Scho		r if be	ing demolishe	ed)						
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	100000			ement Con s Corpor						141			
Street Address	. 100,00						ddres	No. of Proper					-				
City, State, Zip Code								Code , NJ 070									
Project Manager for Monitoring Firm	76	T	Telephon	e No.	Te	lepho	one No 95-17		License No. 01074								
Start Date (10) 4/03/2013	Scheduled 4/05/201		npletion D	Date (11)			f OSH as al	A Monitor									
Occupancy Status During Abatement (Che							Address							-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 8:00 AM	Period of Ab	aten	nent		Cit	ty, Sta	ate, Zij	o Code				- 1					
Scope of Work (Check All That Apply)			17					2 Mg									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	nova	ition tion			×	Min	i-Enclosure vebag Prod	e cedure	h Negative P e nd Non-Friab			·e				
		100						LXCIIIptoc	. ( )	io iton i iio		1455115/1501	emen	t			
		ocat rma						1.6				. T <u>y</u>	/pe				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Sole tena	ely by nce/		Descrip os Containin thermal sys surfacing other miso	ng Ma stems I, VAT	aterial insula 「, or		(	Amount (Specify (F or LF)	Removal	Repair	Encapsulate	Enclosure			
1140	Yes	No	N/A							1 LF							
Basement Electrical Room		X	-25		Open		-	- 1			-	X		-			
Gymnasium	0 10 70 1	X		(1150	roweled	on c	eiling	3		18 SF		X					
		-		1000							<del> </del>						
Name of Registered Waste Hauler			NJDEP W Hauler ID		Cubic Yar of Waste	rds		Name of	Regis	tered Landfill							
City, State	Militar P	1		La Carte	Disposal [	Date		City, Stat	e	1			= -				
	1 -1 2	-					(4)	200	11	100	te	-6					
Completed by Gina Salvador		Office Manager  Signature  Signature  Signature  Signature  2/22/2013							59								

No well

Date of Notification (1) 3-21-2013					owner/Ope and Ca		)	ASGLS I US	3 1	112				
Agencies Notified Type Notification		1000	treet Ad Prosp	dress ect St.				2/05	COA	10.	UB			
EPA Initial Amended Amendment				e, Zip Coo rood NJ		· ·		TEEN	SIN	GRI	01.			
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	ncluding	1 3	lame of Ben Ra			4-		Telephone Nur	nber		-			
_ con			FACIL	ITY INFO	RMATIO	N :	1 1 1 2 3 4							
Name of Facility Where Abatement is Taking Residential Street Address	Place (3)					-	ype of Facility (4) School (K-12) Subchapter 8	) 3 (Other than K-12	2)		4 - S			
469 Martin Luther King Blvd.						Ē	Other (i.e. pri	ivate & commerci	al build	lings,	home	s,		
City (5) Jersey City NJ 07304.							Square Feet 2500	# of Floors	100	ldg. A 0+	ge			
County (6) Hudson		0	County C	ode (7) SE ONLY)	A STATE OF THE STA	- 1	Current Use (Prior		ned)	9.5		×		
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.			Abatement Cont Environmenta							
Street Address			- 1			Street A 235 Vi	<sup>ddress</sup> rginia Ave					9.50		
City, State, Zip Code			4 4 4 4 4 4	*******			te, Zip Code City NJ. 0730	04						
Project Manager for Monitoring Firm		1	Γelephor	ne No.		Telepho 201-3	ne No. 33-8855	License N 01174	lo.			**		
Start Date (10) 3-22-2013	Scheduler 3-22-20		pletion [	Date (11)			osha Monitor as Above							
Occupancy Status During Abatement (Chec	k Only One	2)		<del></del>		Street A	ddress		950			1 -		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ent			City, Sta	ate, Zip Code			1 1 2				
Scope of Work (Check All That Apply)							1							
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emoliti				×	Mini-Enclosure Glovebag Proc				e			
	Is	Locati	on							Abat	emen	t		
Location of	N	ormal	ly			cription o			-	T 1	/pe	Г		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntenar odial S (12)	nce/		. thermal s			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
Roof	1 1 1	X	- 1		Roofin	ng Mate	erial	2000SF	x					
				- Marine propri										
ja o gjara sa sisjonska neka kora en jo			A new teach	Control of the										
L. Company of the second second second			43				electrical designation of the							
Name of Registered Waste Hauler		- 20	IJDEP V lauler ID		Cubic \ of Was			Registered Landfi	1					
Tri-State Transfer Associate.			A456		30		The second of the second of	Enterprises.						
City, State Bronx - New York					3-22-2	al Date 2013	City, State Wynest	ourg-Ohio.						
Completed by Tiffany Nunez.	Title Office	e Ma	nager.		Si	ignature		0.00	ate -21-2	013.		3		

No week

Date of Notification (1) 3-19-2013				Name of Hudsor	Building (	owner/Operat y Commun	os (2) ity (2)	egę.	GRE	T N	9	E P	1 4		
	ype Notification Initial			Street Ad 81 Sip	dress Ave.	# 3 E	) - Cy-,	HIT	<: (i)	-11	0		n		
EPA DEP DOL	Amended Amendment			City, State Jersey		de 6 . 07306	E LIC	ENSING	ROL O N	Н	U	L	ט		
☑ DOH ☑ DCA ☐	<ul><li>Emergency ( justification)</li><li>Cancellation</li></ul>	ncluding		Name of Jim Sor				1027	T-lenhone	Numbe	er				
Name of Facility Where Ab	atament is Taking	Place (3)		FACIL	ITY INFO	RMATION	Tyne	of Facility (4	1						
Commercial. Street Address	atement is Taking	g Flace (5)				7.77		School (K-12		K-12)					
81 Sip Ave.			# 25* E				In	Other (i.e. pretc.)	rivate & comm	nercial b	ouild	ings,	home	S,	
City (5) Jersey City NJ.								re Feet	# of Floors		08.555	dg. A )+	ge		
County (6) Hudson		Lyay.		County C (STATE U			Curre	ent Use (Prio	r if being dem	olished	)				
Name of Monitoring Firm H Envirovision	lired by Building (	Owner (8)		ASCM 00079				atement Con vironment	tractor (9) al Services						
Street Address 20-21 Wagaraw Rd. I	Building 35A.						et Addre 5 Virgir	ess nia Ave.							
City, State, Zip Code Fair lawn NJ 07410		7 2 4 5		4-1 4181	The medi			Zip Code ty NJ. 073	04						
Project Manager for Monito Guillermo Moralez.	oring Firm	10,45,940		Telephor 973-63		32.1	ephone N 1-333-8		License No. 01174						
Start Date (10) 3-29-2013		Schedule 3-31-20		mpletion [	Date (11)		ne of OS virovisi	HA Monitor							
Occupancy Status During	Abatement (Chec	k Only On	e)				et Addre		Puilding 3	40					
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I d Outside of Norn	Period of A nal Facility	Abater Hour	ment s		City	, State, 2	Zip Code NJ 07410	. Building 3	4A.		18] 8			
Scope of Work (Check All	That Apply)					10		140 07 4 10		-			7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The Experience		lenova Jemoli	707			× M × G	ini-Enclosure lovebag Proc					e		
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Location of Asbestos-Containing N TO BE ABAT In Facility (13)	faterial (ACM)	Use Ma Cust	d Solintena todial (12)	ely by ance/ Staff?	Asbes (i.e.	Descript tos Containin thermal syste surfacing, other misce	g Materia ems insu VAT, or	lation,	Amount (Specify SF or LF	-144	Removal	Repair	Encapsulate	Enclosure	
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Bascino			.^												
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Name of Registered Waste	e Hauler			NJDEP W	/aste	Cubic Yard	S	Name of	Registered La	ndfill					
Tri-State Transfer Ass				Hauler ID 2A456		of Waste 5			Enterprise	es.					
City, State Bronx New York.		104				Disposal D 4-1-2013		City, Stat Wynesi	e ourg Ohio.						
Completed by Tiffany Nunez		Title Office	e Ma	anager.		Signa	ture		Date 3-19-2013.						

## CK112

Date of Notification (1) 03/29/13					of Building	g Owner/Ope	rator (2)		2813 AF	JAPR -3 AM 12:00					
Agencies Notified	Type Notification	,			Address		C.534			1 3	110	1		1 2	
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	Cancellation		- 100						<b>!</b>	-			000		
Name of Facility Where	Abatement is Takin	ng Place (	3)	FAC	ILITY INF	ORMATION		mo of English (	40		. 101				
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Street Address			-					School (K-1		1 1 2	1 (1)				
12 Columbia Terra	ace						×	Subchapter Other (i.e. p	8 (Other	than K-1	2) al bui	Idinas	hom	200	
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County (6)				County	Code (7) USE ONL		Ci	urrent Use (Pri	or if being	demolis	ned)		Contract;		
Bergen	ar e dissi e i	1711	-	(SIAIE	USE ONL	γ)	- R	esidential							
Name of Monitoring Fire	m Hired by Building	Owner (8)			M No.	N	ame of A	Abatement Cor	tractor (9	)			-		
EHI,Inc				001	04	. I	ndian A	Arrow Indus	tries,Inc			200		а,	
Street Address		7				St	treet Add	dress				-		_	
655 West Shore T	rail				730 Broadway										
City, State, Zip Code								, Zip Code							
Sparta NJ 07871								n NJ 07514	14						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		elephone			icense N	0				
Charles Hoffman					51-1323	Action to the second	73-653			1183					
Start Date (10)		Schedul	ed Cor		Date (11)			SHA Monitor		100	1110	- 10			
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Occupancy Status Durin	ng Abatement (Chec	ck Only Or	ne)				reet Add								
	cated During Entire						18 12t								
X Facility Closed/Vac Abatement Perform	ned Outside of Norr	nal Facility	Abater Hour	nent						and Autor					
Other – Describe:			- Tour					, Zip Code							
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TO BE AB In Faci			odial S		(i.e.	thermal syst			(Spe		R	71	Encapsulate	E	
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Wayne,NJ						Disposal D		City, State							
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- Cordin 190	100 112 20	Secre	Secretary 03/29/13												

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Date of Notification (1)			1	man of highly \$100	ana 12:12	0)	2010		N = N	Pag.	
3/12/13	,		Nar	ne of Building Own	ner/Operato	r (2)	2013 APR 310ca	-2		1.5	-
Agencies Notified Type Notifica	ation		Street	et Address	JEYLIO	Mane	ioca	· Al	112:	O.	
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☑ DOH justifical ☐ DCA ☐ Cancella	ion)	9	Nam				Telepho	ne Numi	er		-
				ANTONIO ACILITY INFORM	GAET	TANO					
Name of Facility Where Abatement is Ta	king Place	(3)		ACILITY INFORM	ATION	Type of Facili	fv (4)		otal to	-	Milesanes
Street Address	ca					☐ School (I					
						☐ Subchard	er 8 (Other than	K-12)			
City (5) 141 SAN FO	LU A	NE				CHL.)	. private & com	mercial t	ulldin	gs, ho	mes
LYNDHURST						Square Feet	# of Floor	S		g. Age	
County (6)			Coun	y Code (7)		2 500 Current Use //	3		1	507	
Name of Manifesing Figure Line 4 - D. 7 -				Current Use (Prior if being demolished)  CESTORY  CESTORY							
Name of Monitoring Firm Hired by Buildin	g Owner (	3)	AS	CM No.	Name	of Abatement C	ontractor (0)				-
Street Address						C Contracting I	nc				
					Street /	Address owell Road				_	-
City, State, Zip Code		-					Minister of the Control of the Contr			7, 7	
Project M.			4.		City, Str	ate, Zip Code lock, NJ 07452			il.		
Project Manager for Monitoring Firm			Tele	phone No.	Telepho						
Start Date (1p)	_				201-2	62-5841	Licens 001	se No. 56			
3/25/13	Sched	uled Co 4/25	mpletion	Date (11)	Name of	OSHA Monitor	The state of	1			-
Occupancy Status During Abeternation					Omeg	a Environment	al Services Inc.				
	Daniel -		nent		Street A	ddress yer Street		4 50		mida	
Abatement Performed Outside of Non Other - Describe:	nal Facility	/ Hours			City, Sta	te, Zip Code					-
cope of Work (Check All That Apply)					Hacken:	sack, NJ 07606					
1 ∠ ≥3 sf or >3 if		Renova	e		/	Page 152			Marine .		Ç.
≥160 sf or ≥260 lf		Dernolit	ion .		20 1	Full Containme Mini-Enclosure	nt with Negative	Pressu	ne e		
·						Glovebag Proc	enine				
		s Locat	ion		<u> </u>	von-Exempted	(*) and Non-Frid	able Pro	-	-	-
Location of	110	Normal ad Sole	ly	De	scription of				Participation of the Participa	emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED	I M	aintena	nce/	Asbestos Con (i.e. thermal	lainino Met	erial (ACM)	Amount				Π
In Facility (13)	Cus	todial 5 (12)	Staff?	surfac	cing, VAT. o	or I	(Specify SF or LF)	3	8	638	E
	Yes	No	1 300	othern	niscellaneou	is)		Removal	Repoir	Encapsulate	Enclosure
2	res	No	N/A					100		5	9
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Roof me of Registered Waste Hauler			1	ROOF	ING	100	1300 5€	1/			
		N.	DEP Wa	ste Cubic Y	ards	Name of R	egistered Landfi	1		_	
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N. State. Zio Code RIVELDALE, NEW JERSEY	0	745		Disposa	Date	City, State,					
mplated hv	Title	. 13	1		5/13	Seutienem		×			
FOSEPH VOCATURO	1 0	PERU	TIONS	,   <sup>319</sup>	F. V	orativo	- 1D	3//	11	3	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10273 Name of Building Owner/Operator (2) Date of Notification (1) 2013 APR - 9 AM 12: 60 Sharyn Angley 03/29/13 Street Address Type of Notification Agencies Notified 157 11<sup>th</sup> Street (X) Initial Notification ( ) Amended City, State, Zip Code ) EPA Amendment # Hoboken, NJ 07030 (X) NJDEP ) Emergency (including (X) NJ DOL Name of Contact iustification) (X) DOH Sharyn Angley ) Cancellation ) DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ) School (K-12) Residential Property ) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 517 11th Street Sq. Feet: 2,217 SQFT County Code (7) County (6) City (5) (State Use Only) Bldg. Age: 133 Hudson # Of Floors: 2 Hoboken Current Use (if being demolished): Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Industrial Safety & Environmental Solutions, Inc. N/A N/A Street Address Street Address 3300 Hudson Avenue N/A City State, Zip Code City, State, Zip Code Union City, NJ 07087 N/A License Number Telephone Number Project Manager for Monitoring Firm Telephone Number (201)-325-0055 01124 N/A Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) ISES, Inc. 04/12/13 04/09/13 Street Address Occupancy Status During Abatement (Check only one) 3300 Hudson Avenue ) Facility Closed/Vacated During Entire Period of City, State, Zip Code ( ) Abatement Performed Outside of Normal Facility Union City, NJ 07087 Hours -( X ) Other - Describe: Work area will be unoccupied during abatement ) Demolition (X) Renovation Source of Work (Check all that apply) ) Full Containment with Negative Pressure ) Minor Project (< 25 SF or < 10 LF ACM) ) Mini-Enclosure ) Small Project ( >25 <160 SF or >10 <260 LF ACM) (X) Glove-bag Procedure (X) Large Project (>160 SF or > 260 LF ACM (X) Non Exempted (\*) and Non-Friable Procedure Abatement Type Amount Description of ACM Location of Asbestos-Containing Is Location Normally Used (Specify SF or (i.e. thermal systems insulation, Solely by Maintenance or Material (ACM) LF) surfacing, VAT, or other miscellaneous.) Custodial Staff? (12) To be Abated in Facility (13) Encapsulate Remova Repair YES NO N/A X Pipe insulation (Debris) 150 LFT X Crawl Space X 80 LFT X Caulking/glazing materials Windows X 150 SQFT X VAT Second Floor Name of Reg. Landfill Cubic Yards of Waste Name of Reg. Waste Hauler NJDEP Waste Hauler ID # IESI BETHLEHEM LANDFILL 5 **NEWARK CARTING** 04509 City, State Disp. Date City, State BETHLEHEM, PA 18015 369 Raymond Blvd., Newark, NJ 07105 04/12/13 Date Signature Completed by (Print or Type) **Project Supervisor** 03/28/13 David Camacho

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1)	7 PH 1				Name of Buildi Paulsboro Refi			10/3	APP		12: Q	3
3/26/13 Agencies Notified		Notification	Type		Street Address		any ,	F 1.		8 As		200
Agencies Notified					800 Billingspor			704	97.	11/	12:00	
() EPA () DEP (X) DOL (X) DOH	ţ	(X) Initial No () Amended ( ) Cancelle	Certificatio	n (	City, State, Zip Paulsboro, NJ			e t	ICEA	CONI	ROL	
() DCA					Name of Conta Ravi Jarecha	act		Tel Nu	imher		1:	
				FACILITY IN	FORMATION							
Name of Facility Where Ab Paulsboro Refining Compa	atement is T ny	aking Place (	3)		Type of Facility ( ) School (K-1 ( ) Subchapter	12) r 8 (other th	an K-12)					
Street Address 800 Billingsport Rd					(X) Other (i.e. Sq. Feet N/A	private & co	# of Floors					
City (5) Paulsboro	County (6) Gloucester		County C (State Us		Bldg. Age_ N/ Current Use (p	'A prior if being	demolished)_	Oil Re	finery			15 a - 15
Name of Monitoring Firm H	ired by Bldg	. Owner (8)	ASCM No	<u>).</u>			Name of Con K A Industria	tractor	(9)	1 - 2012	,	
Street Address					Street Address 800 Billingspor	rt Rd		W.				
					City State, Zipo Paulsboro, NJ	08066	T					
Project Manager for Monito	oring Firm	Telephone	Number		Telephone Nui 856-224-4392			00857	e Numb	<u>ber</u>		
Scheduled Start Date (10) 4/15/13		Scheduled 4/16/13		Date (11)	Name of OSHA Kenny Atlantic	Industrial S	Services, LLC			- 1		
Occupancy Status During / ( ) Facility Closed/Vacated ( ) Abatement Performed (	During Enti	re Period of A	batement		Street Address 800 Billingspor							
Other - Describe - Remov				de areas	City, State, Zip Paulsboro NJ				1			1. %
Source of Work (Check all	that apply)											
() Demolition (X) Renov ( ) Large Proj. (>160 SF or () Full Containment with N	>260 LF AG	CM) () SM Pro	oj. (>25<160 ini-Enclosur	) SF or >10 <26	0 LF ACM) (X ebag Procedure	) Minor Pro	j. (<25 SF or <	10 LF A	(CM)		707 LONG	
Location of Asbestos- Containing Material (ACM)	Is Loc	ation Normally by Maint./Cu	y Used	Description of thermal syster	ACM (i.e. ns insulation,	Amount (	Specify SF or I	LF)	Abate	ment Ty	<u>pe</u>	
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VA <sup>-</sup> misc.)	r, or other				Rem.	Rep.	Encap I	Enclose
Steam line south of PG-10 Pumps by 3042 tank – CU		X	l NA	Pipe Insulation	n	5 LF			Х			
						3.7	Agran een al begen o					
Name of Reg. Waste Haul Waste Management, Inc.	er	NJDEP Wa 17273	ste Hauler	I ID#	Cubic Yards o	f Waste		Name Glouce	ester Co	Landfill ounty La	ndfill	
City, State South Harrison, NJ							Disp. Date Various			City, Sta South H	<u>ite</u> arrison, l	IJ ······
Completed by (Print or Tyr	oe)	<u>Title</u>			Signature	11 1 7 2		Date		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
ANDREW GREEN		MANAGER	- KENNY	ATLANTIC	and	1 Ma	een	3/26/1	3			
					Site	perations S	Supervisor					

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

03/29/2013			Name of Friends	Building Owners of Hoboker	Operator Charte	(2) r School						
Agencies Notified Type Notified	cation		Street Ad	ddress			0		77			
X EPA Initial				Illow Avenue	#17		10/3 10	,	1 100 m			
	dment #1	en l		te, Zip Code en, NJ 07030	)	170		-3 Ai	l.		552	
▼ DOH Emerg	ency (including ation)	-	Name of			<u> </u>	6 4 Té	lephone N	7/2.	D		
Cance	llation			Berlowe			4			0		
Name of Facility Where Abatement Is	Taking Place (3)		FACIL	ITY INFORMA	TION	Type of Facil	ty (4)	10/NG	1101	٠.,	-	
Hoboken Charter School Street Address				Contract Contract of		School (	K-12)					
713 Washington Street						Subchar Other (i.	oter 8 (Oth e. private	er than K	-12) rcial buil	Idings	, hom	es
City (5)		- 12				etc.) Square Feet		of Floors		Bldg.		
Hoboken County (6)							4		.   5	50+	3.	
Hudson			County C	Code (7) USE ONLY)		School	Prior if be	ing demol	ished)			
Name of Monitoring Firm Hired by Buil Envirovision Consultants, Inc.	Iding Owner (8)		ASCM	2.5(2).7(5)	Name	of Abatement	Contracto	r (9)				-
Street Address			0079			Company,	Inc.					
20-21 Wagraw Road					4.000	Piaget Ave.						
City, State, Zip Code Fair Lawn, NJ 07410	***************************************				City, S	tate, Zip Code		i de la constante de la consta				
Project Manager for Monitoring Firm			Telephor	ne No		n NJ 07011 none No.	11,582	T 12			1	3
Fredric Larson.			973-63			253-8828		License 00704				14
Start Date (10) 03/11/2013	Scheduled 04/04/20		npletion D	Date (11)		of OSHA Moni	tor					
Occupancy Status During Abatement			3. 5 110	and the second second second	VIVIC	Co. Inc.						
		54 IV			Street	Address						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:  Scope of Work (Check All That Apply)	ritire Period of At	haten	nent			Address tate, Zip Code						
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Scope of Work (Check All That Apply)	ntire Period of At Normal Facility I	haten	itlon			tate, Zip Code Full Contal Mini-Enclor	sure Procedure					
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:  Scope of Work (Check All That Apply)  3 sf or ≥3 if 2160 sf or ≥260 if	ntire Period of At Normal Facility I	batem Hours enova emolit	itlon ion		City, S	fate, Zip Code	sure Procedure			ocedu	re emen	t
Facility Closed/Vacated During E Abatement Performed Outside of Other - Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACI	ntire Period of At Normal Facility I	enova emolit ocati	ition ion		City, S	Full Contal Mini-Enclor Glovebag F Non-Exem	sure Procedure oted (*) ar	nd Non-Fri		ocedu	re lemen ype	t
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:  Scope of Work (Check All That Apply)  23 sf or 23 lf 2160 sf or 2260 lf  Location of	ntire Period of At Normal Facility I Re De Is L No Used Main Custo	enova emolit cocati ormali Sole ntenar	ition ion on ly ly by	Asbestos Co (I.e. therm	City, S	Full Contal Mini-Enclor Glovebag i Non-Exem of faterial (ACM)	oure Procedure oted (*) ar	nd Non-Fri Amount Specify	able Pro	Abat T	re lemen ype	T
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:  Scope of Work (Check All That Apply)  23 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACI TO BE ABATED	ntire Period of At Normal Facility I Re De Is L No Used Main Custo	enova emolit cocati ormali Sole ntenar odial S	on ly by noe/	Asbestos Co (I.e. therm sur	City, S	Full Contal Mini-Enclose Glovebag F Non-Exem of laterial (ACM) is insulation, T, or	oure Procedure oted (*) ar	nd Non-Fri Amount		ocedu	re lemen ype	T
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Facility Closed/Vacated During E Abatement Performed Outside of Other - Describe:  Scope of Work (Check All That Apply)  3 sf or ≥3 if ≥160 sf or ≥260 if  Location of Asbestos-Containing Material (ACI TO BE ABATED In Facility (13)  Basement (East end)	ntire Period of At Normal Facility I Re De Is L No Used Main Custo	Hours	on ly by noe/	Asbestos Co (I.e. therm sur other	escription ntaining Mai system facing, VA miscellar	Full Contai Mini-Enclor Glovebag R Non-Exem of Material (ACM) is insulation, T, or	oure Procedure oted (*) ar ( S	Amount Specify F or LF)	able Pro	Abat T	re lemen ype	T
Facility Closed/Vacated During E Abatement Performed Outside of Other - Describe:  Scope of Work (Check All That Apply)    ≥3 sf or ≥3 if   ≥160 sf or ≥260 if    Location of   Asbestos-Containing Material (ACI   TO BE ABATED   In Facility (13)    Basement (East end)   4TH Floor (East end)	ntire Period of At Normal Facility I Re De Is L No Used Main Custo	batem Hours enova emolit Locati Fonde Intenant dial S (12) No	on ly by noe/	Asbestos Co (I.e. therm sur other	escription ntaining Mai system facing, VA miscellar	Full Contai Mini-Enclor Glovebag F Non-Exem of faterial (ACM) is insulation, T, or lecous)	sure Procedure oted (*) ar ( S	Amount Specify F or LF)	able Pro	Abat T	re lemen ype	T
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## State of New Jersey

	NO	(Pu	rsuant to	NJAC 8:60	and 12:120	))	2012	***	Elm 2			
Date of Notification (1) 3/20/2013	8	N	lame of B Church	Building Own	er/Operator e Flowers	(2) Parish	A. A.	IPR-3 AM	12: 6	0_		
3/20/2013 Ch # 238 Agencies Notified Type Notification		1	Street Add	iress osevelt Av	enue		& I	LUS CON LICENSIA	[Roi			
EPA Initial Amended Amendment		C	City, State	, Zip Code	NJ 07922			- TOENS IN	3			
Emergency ( justification)  DCA  Cancellation	including	1,000	Name of C Andrew	Contact Prachar				Telephone No	ımher:			
			FACILI	TY INFORM	MATION	T T	Capilla /4					
Name of Facility Where Abatement is Taking Little Flower	g Place (3)					□ Sc	Facility (4 hool (K-12	2)	Na Pul			
Street Address 310 Plainfield Avenue	4-4					Su Su Ott	her (i.e. pr	(Other than K- ivate & commer	12) cial build	dings,	home	es,
City (5) Berkley Heights, NJ 07922	10 m 10 m					Square 4,000		# of Floors 2		ldg. <i>F</i> 0+	.ge	
County (6) UNION	712		County Co	ode (7) SE ONLY) _		Current	Use (Prio	rif being demoli acant for	shed) demdi	tion	1	
Name of Monitoring Firm Hired by Building EnviroVision Consultants	Owner (8)		ASCM	No.		of Abate	ment Cont	tractor (9)				
Street Address 20-21 Wagaraw Road-Bldg 35-E	Tay: 5.	Street Address 426 69th Street										
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Guttenberg, NJ 07093							11.0			
Project Manager for Monitoring Firm Fred Larson		Telephone No. Te				ephone No. License No. 01074						
Start Date (10)	Scheduled	Com				e of OSHA						
4/8/2013 Occupancy Status During Abatement (Chemical Control of the Control of th					A	t Address	SALESCON AND AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF TH		1	<i>i</i> . 11.		
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: Starting a	Period of Al	batem Hours			City,	State, Zip	Code				7	
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 lf		enova				× Glov	Enclosure				re	
		Locat									temen ype	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ntena	nce/ Staff?	(i.e. th	Description Description Containing ermal system surfacing, Value ther miscella	Material ( ms insulat AT, or	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		9 x 9 Floo	r Tilo		335 SF	x	-1-1		-
First Floor		X			Pipe Insul			3 LF	x	127		-
Basement		X			Pipe ilisu	lation						
Name of Registered Waste Hauler Freehold Carting		H	NJDEP W lauler ID 5939	No.	Cubic Yards of Waste			Registered Land				
City, State PO Box 5010			3000		Disposal Dat	te	City, Stat	te own Landfill,	PA			
Completed by	Title	e Ma	nager		Signatu	ire B	Tueds	-	Date 3/20/2	2013	1	

Office Manager

Gina Salvador

Data of Natification (1)				Nome of	f Building (	Ownerlon	orator	(2)	2012	-	- 4				-
Date of Notification (1) March 20, 2013			resa Ch		perator	(2)	LUIJ A	PR -	9 AM						
Agencies Notified	Type Notification		Prod I	Street A 541 W	ddress ashingto	on Aven	ue		4385	Link	9 AM iz	: 60	,	1 101	
DEP  DOL	Initial Amended Amendment	t#		City, Sta	ite, Zip Co rorth, NJ	de		<u>(                                    </u>	- & L	ICE	1 300	01			
DOH DCA	Emergency justification) Cancellation	10.17		Name of	Contact oseph Be		z	2 1		Te	enhone Nu	mher	1+ +	Fal	
			- 4	FACI	LITY INFO	DRMATIO	N								
Name of Facility Where A St Theresa Church		ng Place (3	3)			100		_	of Facility ( School (K-1						
Street Address 541 Washington Av	enue.							X			er than K-1 & commerci		dings	hom	es,
City (5) Kenilworth, NJ 0703	33								e Feet	# 0	fFloors	E	Bldg. A	\ge	
County (6) UNION				County (	Code (7) JSE ONLY)	11.			nt Use (Prid ory (Offic		ng demolis	ned)			
Name of Monitoring Firm EnviroVision Consu		Owner (8)		ASCN	1 No.				ement Cor es Corpo						
Street Address 20-21 Wagaraw Ro	20-21 Wagaraw Road - Bldg 5-E							Addres 69th S							14_
City, State, Zip Code Fair Lawn, NJ 0741						tate, Zi	o Code J, NJ 070	93							
Project Manager for Mon Fred Larson	itoring Firm		Telephone No. 973-636-9145			Teleph	lephone No. License No. 01-295-1700 01074								
Start Date (10) 4/5/2013		Schedul 4/8/20		npletion I	Date (11)			of OSH	A Monitor						
Occupancy Status During	g Abatement (Chec	-11/20/2004	4150					Addres				-	_	1.24	-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norn	Period of a	Abaten		L		City, S	tate, Zij	o Code	- V					
Scope of Work (Check A	II That Apply)			1 7 5						117	<del>11.101.11</del>	-			
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		Yes	No	N/A										te	(U
First floor o			Х			p corn c				-	10 SF	х			
Second Floor	r corridor		X		Pol	p corn c	eiling	+plas	ter	13	30 SF	x			. 13
Name of Registered Was Freehold Carting	ste Hauler		Н	JDEP W lauler ID 5939	Charles and the same of the sa	of Waste tbd		ider.	Waste N		red Landfill gement				
City, State POBox 5010					Disposal Date City, State tbd Tully Town Landfill, PA						75				
Completed by Gina Salvador	e Mar	nager		Sig	nature	(B)	Tua	8-	Da 3/	te 20/20	)13	377			

### State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) March 28, 2013				10 - 15 . a 154 - 15 . a.	Name of Building Owner/Open Dover Blackwell Realty Street Address 64 East Midland Avenu City, State, Zip Code	ator (2)				an and				
Agencies Notified	1	Notification 7			Street Address	"/ /1	-3	BHIO						
EPA		IX Initia			64 East Midland Avenu	<b>e</b>	1.0	111/	(11)	24.30.30				
DCA			10.00	fication										
X DOL		Emergen		luding	Paramus, New Jersey	1052	2/100	1470	100	200				
X DEP		justifica		The second second	Name of Contact Tom Allesandrello	1	Teleph	one Ni	imper					
X DOH	y steril el	□ Cancel	led	FACILITY INF										
Name of Facility Where Abatemer	nt is Takin	n Place (3)	5 500 p. 10 a	FACILITY INF	Type of Facility (4)									
Commercial Building	It is Takin	g i lace (o)	7.		School (K-12)									
				100	Subchapter 8 (other than K	-12)	-fact							
Street Address 1-5 Blackwell Street					Other (i.e. private & commer Sq. Feet: Unknown 3 #			nes, etc	:.) ie: <b>10</b> 0	) years				
	orris			Code (7) Jse Only)	Current Use (prior if being den									
Name of Monitoring Firm Hired by	Blda Ow	mer (8)	ASCM I	No.	Name of Contractor (9)									
EnviroVision Consult		C. D. C.	0007		GREENWOOD ABATEMENT CONSULTANTS, INC.									
Street Address			1 (0)		Street Address			21.						
	20-21 Wagaraw Road, Bldg # 34A Dity, State, Zip Code					268 MAIN STREET								
City, State, Zip Code Fairlawn, NJ 07410				City State, ZipCode Butler, NJ 07405										
Project Manager for Monitoring Fi	irm :	Telephone N			Telephone Number		License	e Numb	er					
Fred Larson		973-636-	9145		973-492-0477		00840	)						
Scheduled Start Date (10) April 8, 2013		Scheduled C April 22,		n Date (11)	Name of OSHA Monitor  EMSL inc.		, "							
Occupancy Status During Abate	ement (C	heck only or	ne)		Street Address	-								
Facility Closed/Vacated I	During En	tire Period o	of Abater		1056 Stelton Road									
Abatement Performed Ou Describe	utside of I	Normal Faci	lity Hour	S -	City, State, Zip Code					- 14				
Other – Describe:														
Olici – Bescribe.					Piscataway, NJ 08854									
Source of Work (Check all that an	oply)													
						II Contain				essure				
_ ≥ 3 sf or ≥ 3 lf				Renovation		ini-Enclos			tive air					
□≥ 160 sf or ≥ 260				Demolition		ovebag P			n-Friabl	e Procedure				
				and the same	N	rap & Cu	t		4 10					
Location of Asbestos-Containing		ation Normal		Description of Ast	pestos Containing Material	Amoun		Abater	ment Typ	<u>)e</u>				
Material (ACM) in Facility (13)	Solely Staff?	by Maint./Ct	istodial	VAT, or other mis	nal systems insulation, surfacing, cell.)	(Specifi or LF)	y or	Remov	e Repair	Encap Enclos				
	YES	NO NO	NA	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
First Floor	4000	E D DX	X	TSI-Asbesto	s pipe insulation	450 lf		X	8					
Name of Reg. Waste Hauler	$\perp$	NJDEP Was	te Haulei	r ID#	Cubic Yards of Waste:		Name	of Regi	istered L	andfill				
See Hauler Below # 1 & 2		See Below		10 #	40				Landf					
Hauler #1) Greenwood A NJ DEP # 12 Hauler #2) Newark Carti	2561				A <sub>I</sub>	posal Da pril 22,				2, Box 68 ort, WVA				
raulei #2) Newark Caru	ing, inc.	)	., 110 0	, 110 DDI 11	,	,		7.50		j				
Completed by (Print or Type) Title					Signature	E /	Date			2 12				
Marin Graure	S	СТ	Marin Graure		Marc	rch 28, 2013								

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9 Oxford Place							1 100	re Feat	2	25 yr	r3		
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ity. State, Zip Code	The second				THE PERSON NAMED IN			-	License No	***************************************		1	
Project Manager lo	Manitoring Fire	m	Telepi	one No		609-481-2	122		00689				-
Atolett wetradet in						Name of OSH	A Menit	¥					
Start Date (10)		checuled Oc	moleti	on Desic	(11)	AEI2, LLC						===	=
	13	/23/13				Street Addre	166						
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Signature of Register ABig, LLC	etion of ing Meterial (ACM ABATE) Facility (13)	Is I No User Main	ocetic smelly Solei nterion uslodis Staff? (12)	N/A X	Linola Wante D No.	Description Containing thermal systematic purfecting, other miscelling.  Cubic Van of Weste Dispositiff	on of Moterisisma Inches	Name of R	Amount (Specify 8F or LF)	x X	Typ	A P o d K	
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No chack

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

Date of Notification (1)	/ 13				ing Owner/Operator Univertsity - Office		ad Construction	i.e		135		
Agencies Notified	Colonia de la constanta de la colonia de la		Stre	et Address 00 Elm Di			ENSING					
☑ DHSS Am. ☑ DCA □ Em.	endment #1-3/2 ergency (includi	28/13 ng	P		NJ 08544							
	ification) icellation			ne of Conta obert Ort		to the state of th	Telephone Nu	nber		+		
			F	ACILITY I	NFORMATION		TO SUPPLIE	1 11		13		
Name of Facility Where Abateme Princeton University- Eng	nt is Taking Place ineering Qua	ce (3) drang				Type of Facility ☐ School (K-12	2)					
Street Address Olden St			AVES T			Subchapter (i.e., p homes, etc.)	8 (Other than K-1 rivate and comm	2) ercial l	buildi	ngs,		
City (5) Princeton						Square Feet	# of Floors	T	Bldg.	Age		
County (6) MERCER			Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)				
Name of Monitoring Firm Hired by PENNONI ASSOCIATES IN		(8)	ASCN	/ No.	Name of Abateme				A VA			
Street Address 515 GROVE STREET			Street Address 1123 BEAVER STREET									
City, State, Zip Code HADDON HEIGHTS, NJ 080					City, State, Zip Co BRISTOL, PA							
Project Manager for Monitoring Fir CRAIG WILSON	m		BRISTOL, elephone No. Telephone No. 856-547-0505 215-788-66			o. License No.						
Start Date (10)3	Scheduled (		etion D	7.0	Name of OSHA M	onitor VIRONMENTAL		en i Pagis				
Occupancy Status During Abateme    Facility Closed/Vacated During	Entire Period of Normal Facili	Abate ty Hou	rs - De		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET			- 1 ( )			
Scope of Work (Check all that appl ≥3 sf or ≥3 If ≥160 sf or ≥260 If	y) / / 🔲 Re	enovat	145 (Carlo)		Full Conta	ainment with Negrosure		re				
		Loca Norma		1				-	atem	ent T	vpe	
Location of Asbestos-Containing Material (A  TO BE ABATED IN Facility (13)	ACM) Use	ed Sole	ely by ince/ Staff?		Description of Sbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)				Repair	Encapsulate	Enclosure	
B-21, B-25, B-27, B-429		×		Floor Ti	le Sheet Flooring			-	-	-	_	
B-21, B-25, B-27, B-429				MASTIC			1100 SF					
Approximation of the comment				IIIAOTIC			750 SF	무				
						,		12				
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL		N	JDEP V	No.	Cubic Yards of Waste	Name of Registe	ered Landfill		П	Ц	Ш	
City, State BRISTOL, PA 19007			18706	1 2 1	Disposal Date	City, State		ILL				
Completed By (Print or Type)  Brian Scarfiro	nger		Signature	I D. /	LE, PA 19067	le 2/2	1.	4				

ASB-41 B 5 / 3 0 2 2

MAY 11

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

\*\* OFF SITF FOTDAY 20 4 2 6 11 2 9 20 12

## CK 3102

Date of Notification (1) 3/28/13			1	lame of lames	Building O Kodrows	wner/Ope ski / Priv	rator (2) ate Hom	e 2012 45		j,			
Agencies Notified	Type Notification		5	Street Ad 119 No	dress orth Burg	ee Drive	)	**************************************	7-8 All 12:	űρ			
EPA DEP DOL	Initial Amended Amendment		10	city, Stat	e, Zip Coo ton NJ 0	ie		& L10	SENERIVIRI	71			
DOH DCA	Emergency justification) Cancellation			Name of James	Contact			w. J. T.	Telerise	er.			
				FACIL	ITY INFO	RMATION							
Name of Facility When James Kodrowski		g Place (3)					Туре	of Facility (4 School (K-12	2)	»»	•		
Street Address 119 North Burgee	e Drive				n/ n		×	Other (i.e. pretc.)	8 (Other than K-12 ivate & commerci	al build			es,
City (5) Tuckerton NJ 080	087						100		# of Floors	3	ldg. A 5+	.ge	
County (6) Ocean	*	7		County C STATE U	ode (7) ISE ONLY)		Curi - Hoi		r if being demolis	ned)			
Name of Monitoring Fi	irm Hired by Building	Owner (8)		ASCM	No.		lame of Ab Pernaco	atement Con Inc.	tractor (9)				
Street Address							Street Addr		State				
City, State, Zip Code	ty, State, Zip Code						ity, State, Zip Code West Berlin NJ 08091						
Project Manager for M	roject Manager for Monitoring Firm							lephone No. License No. 56-753-9800 00727					
Start Date (10) 4/10/13		Scheduled	Com	pletion [	Date (11)	1		SHA Monitor		- 17			
Occupancy Status Du  Facility Closed/V	acated During Entire	Period of Ab	atem	ent			Street Addr						
Abatement Perfo	ormed Outside of Nor e:	mal Facility I	Hours			_   '	City, State,	Zip Code					
Scope of Work (Chec	k All That Apply)						provid						
≥3 sf or ≥3 lf ≥160 sf or ≥260	lf	and the same of	nova molit		•			Mini-Enclosure Blovebag Prod				re	
		Ι	- I.						( ) and North the	T		emen	t
	tion of		ocati ormal			Desc	ription of				T	ype	_
Asbestos-Contain TO BE In F	ing Material (ACM) ABATED acility 13)	Mair	intenance/ todial Staff? (12)			tos Contai thermal s surfaci	ning Mater ystems insi ng, VAT, or scellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterio	or Siding	100	No	N/A X	1000	Exteri	or Siding		1000 SF	x			
								JARKEN T					
				JDEP W		Cubic Y	arda	Name of	Registered Landfi	11	1		1
Name of Registered United Containers			1	lauler ID 2459		of Wast		G.R.O.					
City, State Elm NJ						Disposa 4/16/13							
Completed by Anthony T Perna	e Signature Date 3/28/13						3						

Check #7611

Date of Notification (1)	) March 28, 2013		Name of	of Building C	wner / Operator & Co.	(2) 20/3 <sub>AD</sub>					
Agencies Notified	Type Notification		Street A	Address		\$500 \$1977	R-3 AMIZ: OR CONSINGTROL				
DEP (	☐ Initial ☐ Amended		City, St	ate & Zip Co	ode	e LIC	ENSINGTROL				
⊠DOH □DCA	Amendment #_			of Contact			Tele	phone	- Nur	nher	
Прси	Cancellation	- /-		Lisciotto				эрпоп		<b>=</b>	
			FAC	CILITY IN	FORMATION						
Name of Facility When JP Morgan Chase Ba	re Abatement is Taking P	ace (3)	. 19		Type of Faci		·F				
Street Address						pter 8 (Other than					
566 Bloomfield Aven	iue				Square Feet		ommercial buildings	, hom	e, et	c.)	
City (5)	er i Santage Stages		- 554		9,50		2	. Age	61		
Verona, NJ		i Ligaria	14		Current Use Bank	(Prior if being dem	nolished)				
County (6) Essex		unty Code	(7)				Singa etako en		ijů.		X AS
Arcadis US, Inc.	irm Hired by Building Owr	ner (8)		ASCM No	Synatech, li		r (9)				
Street Address 35 Columbia Road	and the same of th				Street Addre		Personal Company				
City, State & Zip Code		. 11-0			City, State &			20	F		
Branchburg, NJ 088 Project Manager for N Bill Mener			ephone N 3-526-100		Telephone N 609-296-691		License Numb	er 00817	7		
Scheduled Start Date	(10) Scheduled	Completio	on Date (1		Name of OS	HA Monitor	1.11				
April 6, 20			6, 2013		Synatech, In Street Addre			_	-	-	
Facility Close	ring Abatement (Check o	Period of		nt e	829 Radio F	Road	The state of the				5 1
Other – Desc	Performed Outside of Norr cribe: pied During Abatement	nal Hours	)		City, State & Little Egg H	larbor, NJ 08087					
Scope of Work (Chec ≥3 sf or ≥ 50 lf ≥160 sf or ≥26			Renovatio Demolitio			Mini-Enclosure Glovebag Proce	t with Negative Presso dure *) and Non-Friable Pro	ocedu	-		
Asbestos-Conta	ation of ining Material (ACM) ABATED	Solely b	on Norma y Mainten dial Staff	ance or	Descrip Asbestos-0 Material	Containing	Amount (Specify SF or LF)	Aba	ateme	ent T	ype
IN	Facility (13)	Yes	No	N/A	(i.e., thermainsulation, su or other mis	al systems rfacing, VAT		Removal	Repair	Encapsulate	Enclosure
Area surrounding te	ller line			x	Floor tile a	nd mastic	110 SF	Х		_	
							A STATE STATE				
Name of Registered \	Waste Hauler	NJDEP \		Cubic Yar	ds of Waste	Name of Regis	tered Landfill				
Synatech, Inc.			429	4		Grows Landfil					17
City, State		15-16-16		Disposal	Date	City, State	"A Hardin San				
Little Egg Harbor, NJ 08087  Completed By Title				May 7, 2		Morrisville, PA	N Date				74
Diane Aloia	te transcent Day 1902	e Admini	strator	1 1	ani Fle	lor	March 28, 2013	=			, 15 [5] A



. Pana

Date of Notification (1) 3/28/13		Name of Building Owner/Operator (2) John Vogt / Private Home  2013 APR  Street Address 22 Jeri Ann Drive											
Agencies Notified Type Notification		DATE: 1	reet Add 2 Jeri A	ress Ann Drive	9	A.	tin .	8	AM 12: 0	Q			
EPA Initial Amended Amendment #				, Zip Code wkin NJ			& LICE	S UC No	MIROL				
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding	1	ame of C ohn	ontact				Tele	phone Nun	hor			
	. 12		FACILI'	TY INFOR	MATION		E - 111 - (4)	100	A 1 - 12 -	70.0	-	- 1	_
Name of Facility Where Abatement is Taking John Vogt / Private Home	Place (3)				,	II Sc	Facility (4) hool (K-12)	)	r than K-12	2)			
Street Address 22 Jeri Ann Drive		ű.				Ott etc	ner (i.e. pri	vate 8	commerci	al buildi	ngs,		s,
City (5) Manahawkin NJ 08050						Square 1000+		1		35			
County (6) Ocean			ounty Co	ode (7) SE ONLY)		Home			ng demolish	iea)			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.		ne of Abate rnaco Inc		ractor	(9)				* *
Street Address		178			(2.50)	Breet Address PO Box 329							
City, State, Zip Code		City, State, Zip Co West Berlin N						08091					
Project Manager for Monitoring Firm		Telephone No.				elephone No. License No. 56-753-9800 00727							
Start Date (10) 4/10/13	Scheduled 4/16/13	Com	pletion D	ate (11)		lame of OSHA Monitor. Same							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab	atem	ent		City	, State, Zip	Code						
Scope of Work (Check All That Apply)	•	-								(7) (		***	
≥3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf	-	novat moliti				Mini	-Enclosure	edure	h Negative			re	
	1	-	1			MON	-Exempled	1 ( ) ai	Id Non-i iid	1		emen	t
		ocati									Т	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ntenar odial S (12)	ly by nce/ Staff?	Asbest (i.e.	os Containir thermal syst surfacing,	Description of Containing Material (ACM) Immal systems insulation, Surfacing, VAT, or her miscellaneous)  Amount (Specify SF or LF)				Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		Exterior	Siding		1	200 SF	x	-	1	1
Exterior Siding	4-1	-4-	X		Exterior	Olding				5 1			
				Service Control								i i i i	
			7.75				• •		<u></u>	1		1	
Name of Registered Waste Hauler		NJDEP W		Cubic Yar of Waste	ds		version.	tered Land	IIII		\$2.00		
United Containers	253	2459		3		G.R.O.	0						
City, State .		Disposal Date City, State 4/16/13 Morrisville PA 19067											
Completed by Anthony T Perna	Title President	dent		1 2	Sign	Signature Date 3/28/13							

23648

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)   0   3   / 2   7   / 1	3		Na	ime of Building Owner/Oper ate of NJ DPMC	ator (2)	2012		ji Ji			
Agencies Notified Type of Notification			Sti	reet Address		WIJAPR -	9 AM 12: (	7.0			
[X] EPA				West State Street	1.	12		'U_			
[] DEP [X] Initial				ty, State, Zip Code enton NJ 08624		& LICE	LUNIAN	,			
[ ] DOL [ ] Amended Amendment #	2.3					-702		i.		1.7	
[X] DOH [] Emergency (includin Justification)	g		Na	me of Contact			Telephone Numb	ber .			
[ ] DCA [ ] Cancellation		1	M	r. Kevin Diehl		400		_			15
	1/		FACII	LITY INFORMATION						1111	
Name of Facility Where Abatement is Taking Place (3)					Type of	Facility (4)					
Edna Mahan Correctional Facility					]   [	School	A Committee of the Comm				
Street Address							pter 8 (Other tha				
33 West State Street							i.e., private & con gs, homes, etc.)	mieren	**	1	
City (5) County (6)			1	inty Code (7)	Square I	Feet	# of Floors	В	ldg. A	ge	
			(ST	ATE USE ONLY)	Current	Use (Prior if bei	ng demolished)			-	-
Trenton Hunterdon						1 1 25	ng demonstred)			4	
Name of Monitoring Firm Hired by Building Owner (8)	A 1/11/2	ASC	M	Name of Abatem	ent Contracto	or (9)	T			72.5	E + 19
Environmental Designs			0095	J.R. Contracting	& Environme	ental Consulting	Inc.				
Street Address				Street Address							
5434 Kings Avenue				1141 Route 23							
	17.75		1	City, State, Zip C	Code						
Pennsauken NJ 08109				Wayne NJ 0747	0						
Project Manager for Monitoring Firm	Tele	phone l	Numb	er Telephone Numb	ber	The Supplement	License No.	11/2			
Jay Murray	856-	616-95	16	973 628-9500		Addition to	00408			100	
Scheduled State Date (10) Scheduled Con	npletion l	Date (1	(1)	Name of OSHA	Monitor			200	44		
0 4 1 5 / 1 3 0 Month / Day / Year Month	4 3 / D	ay /	_	Enviro Vision Co	onsultants, Inc	•					
Occupancy Status During Abatement (Check only one)				Street Address		1	Profit of the	4.	2		
[ ] Facility Closed/Vacated During Entire Period of Abatement	1			20-21 Wagaraw	Road, Bldg. #3	34A					
Abatement Performed Outside of Normal Fa	cility Ho	urs		City, State, Zip C	Code		100		- 1	L C.S.	
[X] Other - Describe: Building Occu				Fairlawn NJ 074							
Scope of Work (Check all that apply)	1000		. +								
[ ] ≥3 sf or ≥3 lf	[X]		vation olition		] Mini-En		Vegative Pressure				
[X] ≥ 160 sf or ≥ 260 lf				1	Non-Exe	mted (*) and No	on-Friable Proced				
		Is	1					A	baten	ent T	ype E
Location of Asbestos - Containing Material (ACM) TO BE ABATED	Lo No U Sol	cation rmally Used lely by		Description of Asbestos-Contain Material (ACM (i.e., thermal syste insulation, surfaci	!) ems		Amount (Specify SF or LF)	R E M O V	R E P	N C A P S	N C L O S
in Facility (13)	Cu	stodial ff (12)	1,40	or other miscella				A L	I R	U L	U R
e Strike og vir sotterfælde tylke 270	Yes	No	N/A					-		E	E
Basement - Throughout			X	Pipe insulation	<u> </u>	950 LF		X	-		
Basement	1		X	Tank Insulation		75 SF		X			
								+			
	7							7			1 10 -
	121.3	374			a unique	io) a large	10000000			7	
										14	
Name of Registered Waste Hauler	the state of the s	EP Wa er ID N		Cubic Yards of Waste	N	lame of Register	ed Landfill				
J.R. Contracting & Environmental Consulting, Inc.		17819				R.O.W.S	and the comments	e de la	ng le		18
City, State	+ 1 + + + +			Disposal Date	100	City, State					
Wayne NJ 07470	100	104		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. N	Iorrisville PA	E taring skin				- 7
Completed by (Print or Type) Title		¥		Signature	<u> </u>	4.75	Date				
Jerry Bijelonic Project Manag	er							3/2	7/2013 G4667	-	-
ASB-41	and the same of the same				Annalis Prince				0.000		

		CKA
		1814
State of No PICELETCH OF ASSA (Virginal to PASA)	ow Jersey NESTOS ABAYEMENT 8:60 and 12:120)	2013408
Agencies Molified Type Molification    Type Molified   Street Address     Type Molified   Street Address     Type Molified   Amended     Amendment #     Type Molified   City, State, Zip     Amendment #     Type Molified   City, State, Zip     Type Molified   Manuel of Containing     Type Molified   Street Address     Type Molified   City, State, Zip     Type Molified   City   Manuel of Containing     Type Molified   Type Molified     Type Molified   Street Address     Type Molified   City   State, Zip     Type Molified   City   State, Zip     Type Molified   Type Molified     Type Molified   City   Street Address     Type Molified   City   State, Zip     Typ	OVASQUAN NSO Telephone Mustage BS	3013APR 3 AME 60
Name of Facility Where Abatement is Taking Place (3)  AMERICAN TIMBER COMPANY  Street Address:  543 BRIELLE RI	homes, etc.) Square Fast   # of Floors   Didg. Ago	
County (6) MANASQUAN County (6) MON MONTH County Code USE ONLY)	1-10033	
Stome of Monitoring Firm Direct by Building Owner (8)	Mame of Abetement Contractor (9)  ACE INSULATION CO INCL.	
Sireet Address	95 MONTROSE AN	
City, State, Zip Code  Project Manager for Monitoring Firm Felephone No.	City, State, Zip Code  COURTS NECK NS ONZE  Telephone No.  131 2814/1757 (OCO A 9)	Same and the same
Start Date (10)  1 - 3 - 13  Occupancy Status During Abatement (Check only one)  1 Facility Closed/Vacated During Entire Period of Abatement  1 Abatement Performed Outside of Normal Facility Hours  1 Other - Describe: Am 7 7 M	Name of OSTA Monitor  ACE ENSIMATION CO PAUL  Street Address  95 Man TROSE BIA  City, State, Zip Code  COUTS WELL N.S. 0777/272	
Scope of Work (Check all that apply)  [153 St or ≥3 lf [1460 st or ≥260 lt]  [150 St or ≥260 lt]  [150 St or ≥260 lt]  [150 St or ≥260 lt]	[ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Precedure   Non-Exempted (*) and Non-Friable Procedure	
Is Location   Is Location   Normally   Used Sofely by   Maintenance/   Asbestos-Containing Material (ACM)   Maintenance/   Custodial   (i.e.   Staff?   (12)   Yes   No   N/A	Description of Estos Containing Material (ACM)  Intermal systems insulation, Surfacing, VAT, or Othermiscellancous)  STOTAL	
Name of Registered Waste Hanter  ACE INTSULATION & PUBLISHED DE LANGUE DE LA COMPLETE DE LA COMP	Cubic Yards of Wasty Of Wasty Obsporad Date City, State 1-1-15-13 Signature Challe Tolk No. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	

### State of Now Jersey MOTHECATION OF ASSESSION AUAGEMENT (Pursuant to MAC 8:66 and 12:120)

2013APR 8 1814

The second of the second of the		o a la de la Norma	of Hallaling Own	ner/Operator (	2)			4/4	12
Date of Modification (1)	3-2913	Name	BALOB	5		1/1	\$7	AM	: di
Agencies Molified	Type Motilication	Street	Address	(a Dele	J ISIA	ND RD	5/15/	1/1/2	0.
INM	La Unitial	\	the state of the s				- 11.4%	.CC	11
1 North	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Libras t	RINGA	N'3	and the second s			
/	1 1 Linergency (in		of Confact		1 744 11 1	Telephone Shirely	W		
L] DCV	- justification) 1"   Cancellation		JALOB	(	10 Apr. 10 Apr. 17 (17)			-	-
LIAM		_ 1/4	STATO-1-3	MOTTAL	and the second second				
Commence of the commence of the second of th	A THE STANK		1311 31 4 3143 33744		Type of Facility (	4)			
Name of Facility Where	Міхиониян іг такий	1 rest (e)	- m. A. I		L. School (K-12	Other than K-12	)		
Street Address					Other (i.e., pr	kate g commerci: Cutter aum com	d brailelie	igs.	
126 GRS	EN / 1/1m	u) RI	Company of the second contract of		homes, etc.)	[₩of Floors		j. Age	
City (%)	•	Control of the contro	-1114 (1809)   1 7 days 100 H		Square Feet	worranis	1-7	-	
Toms R	1231		The second second		1 DO	or if being demolis	hed)	· > · · ·	
County (6)			inty Code (7) (5 : OMLY)	SIAH:	Culture	140055			
Occom	The state of the s			over of Abadean	ent Contractor (9)		.,	- 1	-
Name of Monitoring Firm	i Hired by Duilding C	Owner ASCM	1140.	Ach 1	PNSWAT	jan Cu	ZX	ric.	
(8)			1 80	cet Address			And an exercise		
Street Address			G	15 MOS	VIROST F	<i>{\mathred{M}}</i>	A + 1		party to
Las marie on older	maria - vers		- m. m. 4011 - 34 and Theory		**************************************				
City, State, Zip Code	All Magney			Whits 1	NECK N	OTTLE		and the	
Project Manager for Mo	nitoring Finn	Telephone	No. To	lephone No.	1 10000	License No. ⑥砂砂魚	1		
				31- 2914	11.5.1.	1 .0000.37	1		
Start Date (10)		luled Completion D		me of OSHA	VIOLITOF	LEO YOU	Lai		
11-10-1	3 1 2	1-16-1	the sand open a party of the	A A Liberton					
Occupancy Status Duri	ng Abatement (Che	ck only one)	511	December of the second	VIRWIZ 18.	λ			
[ ] Facility Closed/Vaca	ted During Entire Pe	giod of Abatement	i i i	7.5 P107	odo Mirkins ins	PA		2 11	
Abatement Performe       Other - Describe:	Jan -	7/20	(	invite.	wheele f	V.S :0777	12177		8 80
Scope of Work (Check	the same of the sa		با ا		11.05 (10.045)				
22000 Of AAOUG (CHECK	cm and off-	F-10/ F		= { _   Full Cor = [ ] Mini-En	stalament with Ne closure	Janoti Prosista			
		Demokition		1 1 Claudle	ve Degradino	n-Friable Procedu	erc:		
(NETHORICA STONA			····	1 Mon-lax	ambiga (Tana in	THE PARTY OF THE P	1 A	valence	ıi
	12.27.74	ts Location Nomally						Type	
Location	of	Used Solely by		Description of Containing Mar	( Initial (ACSA)	Amount		- 11	
Asbestos-Containing		Maintenance/ Custodial	fi.e. the	mal systems i	insulation,	(Specify	A 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Teces:	1.3
TO BE ABY		- Staff?	1 53	utacing, VAT acrimiscellane	Of	SF or LF)	0 0	Separa	000000000000000000000000000000000000000
(13)	·	(12)	1,00	Ka maaaa	tages because of			1 6	((:
		Yes No N/					1.1	· ::	
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The second secon				The second second second second		12-17131-112-277			
			A de made	. The man is the		and heapth regarded	] [		
Name of Registered W	oste Hauter	EIDIN	F. F	obic Yards	1 6	atered Landtill			
And the last territory and territory and the last territory and the last territory and the last territory and the last territory and territory	ULATION	Co Hauter		Waste L/	CARO	W >			, ale
City, State	AMITAGA	Lifera	ment of the second second	sposal Date	City, State		0		
LOUTS NE	clk N.3	0777	7- 1	1-16-13	1. TUL	Y TOWN	. !	7, 11	
Completed By	Talle		na case or	Signature	in the	3-	29-	-13	
JACK COX	) L1"	DPS M	h/0	1 Jack	C. 1611000			-	

CHHOOOX

Date of Notification (1)						/Operator (2)		4.					
4-28-2013			- No.	Service and	Contractin	y IIIC. 2017	APD A				-		
Agencies Notified	Type Notification		P	eet Addr O Box	301,		APR -3 A	M 12: 60					
EPA DEP	× Initial Amended				Zip Code	M 36	, 5 [0s co	HIDOL					
DOL	Amendment #_ Emergency (in	cluding		/hippar	N. FORESCO.	€	LICENSH	(Telephone Number	er	140	100	-	
DOH	justification)	cidding		me of Co				Ca Ciopinaria					
DCA	Cancellation	743	1	avid S	TY INFORMA	TION			-			u.	
	- Abetement is Taking	Place (3)		FACILI	I IN OKW	1	ype of Facility (4	4)					
House	e Abatement is Taking	i lacc (o)					School (K-12 Subchapter	8 (Other than K-12)					
Street Address	d						Other (i.e. pi etc.)	rivate & commercial	Dullairi	ys, II	JIIIGS	,	
8 Egbert Hill Roa	a					- 5	Square Feet	# of Floors	835275	J. Ag	9		
City (5)							1800	2	50-	+			
Morristown County (6)			Co	ounty Co	ode (7) SE ONLY)		Current Use (Price House	or if being demolishe	d)				
Morris	11 0 7 7 - 0		1	ASCM I	No	Name o	f Abatement Con	ntractor (9)	7				
	irm Hired by Building C	wner (o)		n/a		Lozni	ca Managem	ent Corporation					
n/a				-		Street A	ddress						
Street Address						22 Tr	oy Lane						
n/a							ate, Zip Code		-				
City, State, Zip Code n/a							In Park, NJ 0		177				
Project Manager for I	Monitoring Firm		n/a 9				one No. 706-7950	License No 01193	1 1				
n/a		Scheduled	d Completion Date (11) Nan				of OSHA Monitor						
Start Date (10) 4-6-2013		4-8-2013	13 Lo				Loznica Management Corporation						
	uring Abatement (Chec	k Only One)					Address						
				ent			roy Lane					-	
× Facility Closed/	Vacated During Entire I formed Outside of Norm	nal Facility F	lours				tate, Zip Code	7005			2		
Other - Describ	e:					Linc	oln Park, NJ (	)/035		-			
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260			novat			×	Mini-Enclosu	ocedure			a		
					Charles of			ed (*) and Non-Friab	100	Abate	emen	t	
		Isl	ocati	on			or or september	1			ре		
Asbestos-Conta TO Bl	cation of ining Material (ACM) <u>ABATED</u> Facility (13)	Used	ormali I Sole ntenai odial S (12)	ly by nce/	(i.e. th	Description containing Nermal system surfacing, VA other miscella	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
		Yes	No	N/A	1000			250 SF	~	-	111  2	+	
1st and 2nd	d floor hallways			X	Asbestos		Carpets from	250 55	X			1	
					TO HIS DE	steps.						+	
	- 100000	-11							-	111	-	+	
		4 4	417		L. LETTER		La Carriera					1	
Name of Registere	d Waste Hauler			NJDEP \		Cubic Yards		of Registered Landfi					
	ement Corporation	1		Hauler II 003313		of Waste TBD	1000	WS Landfill		iui s			
City, State		a device				Disposal Dat TBD	Morr	isville PA 19067					
Lincoln Park, NJ 07035						Signatu	ire A		ate 3-28-2	2013			
E. Cirovic	Completed by					اخ.	win	Vc I		_010			

X on 14 and date Date of Notification (1) 3-28-2013		(P	ursuant	to NJAC 8	STOS ABAT	20)	MARI	Check	10	3/1	C
Agencies Notified Type Notification			Street A	Address S. Salem	Owner/Operation Human	owy Ap	P-3 AI	112:00	10.7		
EPA Initial Amended Amendment Emergency justification)  DCA Cancellation	(including		Rand Name o	ate, Zip Coo olph, NJ of Contact I Sang	de 07869	& LI	ENSTA	780/ Telèphone Nu	mber		
Name of Facility Where Abatement is Takin 3 Story House Street Address 29 Hazel Street	ig Place (	3)	FAC	ILITY INFO	RMATION		of Facility ( School (K-1 Subchapter Other (i.e. p etc.)		2) ial buil	ldings	;, l
City (5) Morristown				1.5, 1.1%		300		# of Floors		3ldg 50+	A
County (6) Morris				Code (7) USE ONLY)		Curre	100	or if being demolish	hed)		
Name of Monitoring Firm Hired by Building n/a	Owner (8)		ASCI n/a	/I No.			tement Cor lanagem	ntractor (9) ent Corporation	1		
Street Address n/a					1	et Addre Troy L				L	
City, State, Zip Code n/a	Y			******			ip Code ark, NJ 07	7035			
Project Manager for Monitoring Firm n/a			Telepho n/a	ne No.	0.00	phone N 3-706-		License N 01193	0.		
Start Date (10) 3-25-2013	Schedule 4-15-2		mpletion	Date (11)			HA Monitor	ent Corporation	1		
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of /	Abaten	nent s		22 City,		77	7035			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Fu Mir Glo	Il Containme	ent with Negative F			re
Location of	1	Locati	lly		Description					Abat Ty	er
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenai todial S (12)	nce/ Staff?	(i.e. ti	s Containing nermal syster surfacing, V other miscell	Materia ns insula AT, or		Amount (Specify SF or LF)	Remova	Repair	
Exterior	Yes	No	N/A		Achaetas	Sidina		2 000 SE		_	-
Exterior				7 ·	Asbestos	Sidirig		2,000 SF	X	2	
					9 7 1 2 1						-
Name of Registered Waste Hauler Loznica Management Corporation		Н	JDEP W lauler ID	No.	Cubic Yards of Waste TBD	·	GROW	Registered Landfill S Landfill			L
City, State Lincoln Park, NJ 07035				1-1-1-1-1	Disposal Dat TBD	e	City, State	ille PA 19067	7.1		

Print Form

CIC 6318

Date of Notice 3/27/13 Type Notification		Name of Build W. Campbe		Operator (2)	4 38 370	S DA	15.00			
Agencies Notified  X EPA Emergency  X DEP X Initial Not		Street Address 180 Talmad City, State &	ss ge Rd Zip Code		- & LICE	NSING	ROL.			
X DOL Amended X DOH Cancellati DCA	Notification ion	Edison, NJ Name of Con Kevin Nobil	tact	7.17.10. 7.1			Telephone Number			
		FACILITY	INFORM	ATION		117				
Name of Facility Where Abatement is Vacant 1015 Cranbury S	House		x		) (Other than K-		lings, homes, etc.			
City (5)	inty (6)	County Code (7)		2000	# 01 F1001S		60			
성하기 1명 프라이팅 :	Idlesex	oddiny dodd (7)		rent Use (Prio	r if being demoli	shed)				
Name of Monitoring Firm Hired by Bu Environmental Tactics, Inc	ilding Owner (	(8) ASCN	Glo	bal Abatem	ent Contractor (9 ent Services,					
Street Address 64 Broad Street			443	et Address Schoolhou						
City, State & Zip Code  Matawan, NJ 07747			Mo		hip, NJ 08831	Y				
Project Manager for Monitoring Firm  Tom Geiger		lephone Numbe 2-290-2217		ephone Number -605-9062		License	Number 00714			
Scheduled Start Date (10) Sche 4/8/13		etion Date (11) 20/13		Name of OSHA Monitor  Global Abatement Services, LLC						
Occupancy Status During Abatement  X Facility Closed/Vacated Durin  Abatement Performed Outsid  Describe: Area Isolated I  Other - Describe:	g Entire Perio e of Normal F	d of Abatement acility Hours -	<b>443</b> City	et Address Schoolhou , State & Zip Onroe Towns						
Scope of Work (Check all that apply)  X Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF A  X Quantity is ≥ 160 SF or ≥ 260			14 MARY 1	Mini-Ei Glovek	ontainment with nclosure pag Procedure Non-Friable		e Pressure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	No Ma	Is Location brmally Used Solely by aintenance or istodial Staff? (12)	Asbest Mat (i.e., th insulation	scription of os-Containing erial (ACM) ermal systems i, surfacing, V miscellaneous	(Spe Square Linear	Feet or	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)			
Roof		N/A	Та	r Paper	2000		Removal			
Potato House		N/A	All the same of th	ransite	1500		Removal			
Kitchen		N/A	She	et flooring	300		Removal			
Name of Registered Waste Hauler Freehold Cartage	NJI	DEP Waste Hau 18693		Cu. Yds. of V <b>40</b>	Vaste Name of TRRF	Register	red Landfill			
City, State Freehold, NJ		Disposal Date City, S								
Completed By (Print or Type)  Dominick Tringali	Title Pres.		Signature  Dominick Tringali				Date 3/26/13			

## Or 202

Date of Notification (1) 3/29/13			Name of NJ Tra		wner/Operato	or (2)	201-		7 Feb 5	2 10			
Agencies Notified Type Notification			Street Ac				7013 Vb	7-8	AM 12: 1		_		
				Plaza E	East		2		MITIZ:	10			
EPA Initial Amended Amendment #				te, Zip Coo k NJ 071			& LI	US CEA	CONTRO	1			
Emergency (ii justification)  DCA  Emergency (ii justification)  Cancellation	iciuaing	1 1	Russel	Contact Samaro				Tel	ephone Num	ber			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMATION	Type	of Facility (4	1			170	1	
NJ Transit Building 1	riace (5)					passed.	School (K-12	4.4					
Street Address 703 Ferry Street						× S	Subchapter 8	B (Oth	er than K-12) & commercia		lings,	home	es,
City (5) Newark NJ 97195			7		Kari.		re Feet	# 0	f Floors		ldg. A 5+	ge	
County (6) Essex			County C (STATE U	ode (7) ISE ONLY)		Curre	nt Use (Prio	r if bei	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building C TTI Environmental	wner (8)	34	ASCM	No.	A STATE OF THE STA	e of Aba naco Ir	tement Cont	ractor	(9)				
Street Address 1253 North Church St.						et Addres							
City, State, Zip Code Moorestown NJ 08057					13551336.50	State, Z st Berli	ip Code in NJ 0809	91					
Project Manager for Monitoring Firm James Garlardi			Telephor 856-84	ne No. 10-8815	4	phone N 3-753-9			License No .00727				
Start Date (10) 4/15/13	Schedule 4/19/13		npletion I	Date (11)	Nam Sar		HA Monitor				100		
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm  Other – Describe: after Hours after 3 Pl  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If	eriod of A al Facility	batem Hours enova	tion		City,	Fu Fu			n Negative P				
≥160 sf or ≥260 lf		emolit	ion		o en est	Glo	ni-Énclosure ovebag Proc on-Exempted	edure	nd Non-Friabl	e Pro	cedu	е	
	Is	Locati	ion.	Maria T		- 1997 -			en ja		Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntena odial S (12)	ly by nce/		tos Containing thermal syste surfacing, \	Description of Containing Material (ACM mal systems insulation, urfacing, VAT, or ner miscellaneous)					Repair	e Encapsulate	Enclosure
2nd floor of building	Х			pipe insu	lation	12.00	1	00 LF	х				
	a particular and a contract of the contract of				Large John				· Shirt Sprin				
	7.					11.11							
	10.5					14	I November	Danis	arad Lawdell	Cohmin			
Name of Registered Waste Hauler United Containers		H	NJDEP Waste Cubic Yards Hauler ID No. of Waste 22459 2		(2) [14] [14] [14] [15] [15] [15] [16] [16] [16] [16] [16] [16] [16] [16								
City, State Elm NJ	The B	Disposal Date 4/19/13			선생님 그렇게 하는데 일을 하면 내가 있다면 가장 아니는 아이들이 되었다. 그는 사람들은 사람들이 살아 되었다. 그는 그 그는 그는 그를 하는데 되었다.								
Completed by Anthony T Perna	ompleted by Title					Signature Date 3/29/13				2.1			

# CK 3104

Date of Notification (1) 3/29/13					uilding Ow Coner / F			21	MI3 APP	1 1 1	- 13			
Agencies Notified  EPA	Type Notification		3		th 15th S			Aj	MI3 APR	AH 12	: (1	Ö		
EPA DEP DOL	Amended Amendment #				, Zip Code VNJ 080				& LICENS	UNTA	01	- 4		
⊠ DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of C	Contact				Telephone No	umber	27 17			
the state of the state of				FACILI	TY INFOR	MATI		6 F 1114 - //						-
Name of Facility Where A John O'Coner / Priv Street Address		Place (3)					S	f Facility (4 chool (K-12 ubchapter	2) 8 (Other than K-	12)				
310 North 15th St	***************************************			34				ther (i.e. p	rivate & commer	cial build	lings	s, ho	omes	١,
City (5) Surf City NJ 08008							Square 1000-	Feet	# of Floors 2	3	ldg. 5+	Age	)	
County (6) Ocean				County Co	ode (7) SE ONLY)		— Home	9	or if being demoli	ished)				
Name of Monitoring Firm	Hired by Building (	Owner (8)		ASCM	No.		Name of Abate Pernaco In		tractor (9)		4.5			
Street Address		Armed Res In	1	Ugi.	1		Street Address PO Box 32				11-1			
City, State, Zip Code	1 - 0 ( 1222 ) 44 ( ) 1 - 0 ( ) 1 -						City, State, Zip West Berlin		91			4,1		- 10
Project Manager for Mor	roject Manager for Monitoring Firm						Telephone No 856-753-98		License 00727					
Start Date (10) 4/11/13	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Scheduled 4/17/13	Sam				Name of OSH Same	A Monitor						
Occupancy Status Durin  Facility Closed/Vac Abatement Perform Other – Describe:  Scope of Work (Check /	cated During Entire ned Outside of Norr	Period of Abnal Facility F	atem				City, State, Zi		nent with Negativ	e Pressi	ure			
≥160 sf or ≥260 lf	nne një një një një së së . Gjerrji të në dhe setë	× De	molit	ion			Glo	i-Enclosur vebag Pro	cedure					1
		all the second					× No	n-Exempte	d (*) and Non-Fr	riable Pr				p.F
	Color Specialists		ocati								Ab	Typ	nent e	
Locatic Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED illity	Used Mair Custo	itena	ly by nce/	Asbeste (i.e.	os Cor therma surf	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous)  Amount (Specify SF or LF)			Removal	1xeban	Renair	Encapsulate	Enclosure
	Yes						i Oldina	The second second	1600 SF	-	+	+	-	
Exterior		X			EXT	erior Siding		1000 31	x	+			-	
endarum er blad set vi		- 1-0+W-W		-	1, 100			-						
	The second of the second		S P.C.	· Curting						+		7		
Name of Registered W	aste Hauler		NJDEP Waste Cubic Yards			Cubic Yards Name of Registered Landfill				1				
United Containers			Hauler ID No. of Waste 22459 3			G.H.O.W.S.			155					
City, State .				Disposal Date 4/17/13		Control of the second second second	City, Sta Morris	ate ville PA 1906	7					
Completed by Title				Signatur sident			Signature	gnature Date 3/29/13						



3 /29/13			ding Owner/Operato		ANCTING	4.3
gences Nouned Type No	otification	Street Addre	EL _		All	
EPA ( D)mia			55 RT,	30	-111	C. Con
Ø₽ ☐ Arne		City, State, Z	ip C∞e		A C 2 7 A	* 0
CO Amer	ndment #	a Ca	ncen 1=15	LD, N, Ji	58230	
Eme	rgency (including fication)	Name of Cor			Telephone Number	i()/
00	cellation .		CE BREUR	10 1		
Canc					2 1	
	•	FACILITY	INFORMATION	Type of Facility (	41	
ame of Facility Where Abatemen	is Taking Place (3)					
P. E.S. 17 EN				School (K-12)	(Other than K-14)	
		0		Other (I.e., pr	vala & commercial	pulangs.
reel Address 804 AC	DRICH	LONG		homes, etc.)	# of Floors	Bidg Age
807				Square Feel	2-	40+
OLEAN C	7	1 2 11 2	Fig. 1 o 10 1	1000	VI 1 40 70 165	
OCEANO C		T County Cox	de (7) (STATE	Current Use (Pri	or If being demolist	
ounty (6)	444	USE ONLY	2	1/10	CANT	
CARE MY	26	ASCH No.	Name of Abate	ement Convector (9)		
ame of Marilonna Firm Hired by	Building Owner	ASCM NO.	KLER	400 ZN	01	
N/A_						•
reet Aggress			769	S. SPRU	CE AVE.	
LEGI VOCICO	Marine Janes		City. State, Zip	Code		The second second second
	*	na la	Cry. State, Dr	PLZ SHP	DE. N.D.C	1805 -
ity State Zp Code		and residence by the			License NO	
	m 1.Y	elephone No.	Yelephone No	79-047		14
raeci Manager for Monitoring Fi	y	a distribution	836-1	17.50 12		or the property of
The state of the s	Scheduled Com	I) sisO naisty	Name of OSH	la Monroy	M	
can Date (10)	Scheduled with	-	1 1 1			
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4/8/13	medi (Check only on	13	Sue el Addre	22	きんじき.	
Capancy Status During Abater	ment (Check only on	J/3 (a)	Sueel Addre	3, Spiruc	ENUE.	
Capancy Status During Abater	ment (Check only on	J/3 (a)	Sueel Addre	3, Spiruc	ENUE.	08052
Decapancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside	ment (Check only on	J/3 (a)	Sueel Addre	S, SPILUC p Code P - E SHAD	€1'VE. €, N.J.	08052
Deculpancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Other Describe:	ment (Check only on g Entire Period of Ab e of Normal Facility h	J/3 (a)	Sueet Addre	S SPILUC SCORE SHAD Containment with N	€1'VE. €, N.J.	08052
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Coupancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe  Cope of Work (Check all that ap  23 \$1 or 23 !!  2160 \$1 or 2260 !!  Location of Aspessos - Containing Material  TO BE ABATED  IN Facility	ment (Check only on g Entire Peniod of Abe e of Normal Facility h	J/3  Tello patement solution colion maly Solely by enance/ stodial	Sueel Addre  3 6 9  City, State, A  Min Signature  Description  Asbessios Containing	S S PILUC  D COME  PLE SUND  Containment with N  Enclosure  vebag Procedure  Exempted (') and it  on of  g Material (ACM)  ems insulation.  VAT. of	egable Pressure  Non-Friable Proced  Amount (Specify	Apa:em
Calpancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe  Cope of Work (Check all that ap  23 \$1 or 23 !!  21 60 \$1 or 2260 !!  Location of  Aspessos - Containing Material  TO BE ABATED	ment (Check only on g Entire Period of Abe of Normal Facility has poly)  Rent Dem (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)	pyation cotion maly because / stodial lati?	Sueel Addre  3 6 9  City. State, M  Mon  Glo  Nor  Asbessios Containing (i.e. thornal system)	S S PILUC  D COME  PLE SUND  Containment with N  Enclosure  vebag Procedure  Exempted (') and it  on of  g Material (ACM)  ems insulation.  VAT. of	egable Pressure  Non-Friable Proced  Amount (Specify	Apa:em
Coupancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe  Cope of Work (Check all that ap  23 \$1 or 23 !!  2160 \$1 or 2260 !!  Location of Aspessos - Containing Material  TO BE ABATED  IN Facility	ment (Check only on g Entire Peniod of Abe e of Normal Facility h	ovation coliton maly Solely by enance/ slodial lain?	Sueel Addre  3 6 9  City, State, A  Min Glo  Nor  Asbestos Containing (i.e. thermal syste surfacing other rivscol	SS SPILUC  DE Code  PLE SUND  Containment with N  Enclosure vebag Procedure Exampled (') and it  on of Material (ACM) ems insulation.  VAT. of litaneous)	egable Pressure  Non-Friable Proced  Amount (Specify	Apa:em
Coppancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe:  Cope of Work (Check all that ap  23 \$1 or 23 !!  2160 \$1 or 2260 !!  Location of  Aspessos - Containing Material  TO BE ABATED  IN Facility  113)	ment (Check only on g Entire Period of Abe of Normal Facility has poly)  Rent Dem (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)  (ACM)	pyation dition maly Solely by enance/ stodial tar?	Sueel Addre  3 6 9  City. State, M  Mon  Glo  Nor  Asbessios Containing (i.e. thornal system)	SS SPILUC  DE Code  PLE SUND  Containment with N  Enclosure vebag Procedure Exampled (') and it  on of Material (ACM) ems insulation.  VAT. of litaneous)	egable Pressure  Non-Friable Proced  Amount (Specify	Apa:em
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Copancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe:  Cope of Work (Check all that ap  23 \$1 or 23 !!  2160 \$1 or 2260 !!  Location of  As Desigs - Containing Material  TO BE ABATED  IN Facility  413)	ment (Check only on gentre Period of Abe of Normal Facility has been been been been been been been bee	ovation coliton maly Solely by enance/ slodial lain?	Sueel Addre  3 6 9  City, State, A  Min Glo  Nor  Asbestos Containing (i.e. thermal syste surfacing other rivscol	SS SPILUC  DE Code  PLE SUND  Containment with N  Enclosure vebag Procedure Exampled (') and it  on of Material (ACM) ems insulation.  VAT. of litaneous)	egable Pressure  Non-Friable Proced  Amount (Specify	Apa:em
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Decipancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Other - Describe:  Scope of Work (Check all that ap  23 st or 23 il  2160 st or 2260 il  Location of  Aspestos - Containing Material  TO BE ABATED  IN Facility  113)	ment (Check only on gentre Period of Abe of Normal Facility has been been been been been been been bee	pyation odition maly Solely by enance/ stodial tan?	Sueel Addre  369  City. State, A  Min Glo  Nor  Asbesios Containing (i.e. thermal syste surfacing other rivscol	S S PILUC  D CODE  PLE SUND  Containment with N  Enclosure  vebag Procedure  Exempted (') and it  on of  g Material (ACM)  ems insulation.  VAT. of  litaneous)	egabye Pressure  Non-Friable Proced  Amount (Specify SF & LF)	Removal
Decaipancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Other - Describe:  Scope of Work (Check all that as  23 \$1 or 23 ii  2160 \$1 or 2260 ii  Location of  Aspestos - Containing Material  TO BE ABATED  IN Facility  113)  SID TRU G	ment (Check only on gentre Period of Abe of Normal Facility has been been been been been been been bee	pyation of the name of the nam	Sueel Addre  369  City. State, A  MD  Full  Glo  Nor  Asbestos Containing (i.e. thermal syste  surfacing other myscol	S S PILUC  D CODE  PLE SUND  Containment with N  Enclosure  vebag Procedure  Exempted (') and it  on of  g Material (ACM)  ems insulation.  VAT. of  litaneous)	egabye Pressure  Non-Friable Proced  Amount (Specify SF & LF)	Removal
Decaipancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe:  Scope of Work (Check all that as  23 \$1 or 23 ii  2160 \$1 or 2260 ii  Location of  Aspestos - Containing Material  TO BE ABATED  IN Facility  113)  SI D TRU G	ment (Check only on gentre Period of Abe of Normal Facility has been been been been been been been bee	Distance of the state of the st	Sue el Addre  3 6 9  Ciry. State, M  Min  Glo  Nor  Asbessios Containing (i e. thormal systle  surfacing, other myscol  TRA W S	S PILUC  D Code  PLE SUAD  Containment with N Enclosure vebag Procedure Exempted (') and i material (ACM) ams insulation. VAT. of Itaneous)  TE	egable Pressure  Non-Friable Proced  Amount (Specify SF & LF)  Registered Landfill  M, C, M.	Removal
Decipancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe:  Scope of Work (Check all that as  23 \$1 or 23 ii  2160 \$1 or 2260 ii  Location of  Aspessos - Containing Material  TO BE ABATED  IN Facility  113)  SI D MU G	Rena (ACM)  (ACM	pyation dition maly Solely by enance/ stodial tar?	Sueel Addre  3 6 9  City. State, A  Main Glo  Nor  Description  Asbestos Containing  (i.e. thermal system  surfacing.  other myscol  aste Cubic Yarr  of Waste	S PILUC  D CODE  PLE SHAD  Containment with N  Enclosure vebag Procedure rexempted (') and it  on of material (ACM) ems insulation. VAT. of lianeous)  SITE  CIN State  CIN State	egabve Pressure  Non-Friable Proced  Amount (Specify SF & LF)  Registered Landfill  M, C, M.	Removal
Capancy Status During Abater  Facility Closed/Vacated During  Abatement Performed Outside  Outer - Describe  Scope of Work (Check all that application of 2260.11  Location of Aspestos - Containing Material TO BE ABATED IN Facility 13)  SIP FOU Ga	Rena (ACM)  (ACM	pyation dition maly Solely by enance/ stodial tar?	Sue el Addre  3 6 9  Ciry. State, M  Min  Glo  Nor  Asbessios Containing (i e. thormal systle  surfacing, other myscol  TRA W S	S PILUC  D CODE  PLE SHAD  Containment with N  Enclosure vebag Procedure rexempted (') and it  on of material (ACM) ems insulation. VAT. of lianeous)  SITE  CIN State  CIN State	egable Pressure  Non-Friable Proced  Amount (Specify SF & LF)  Registered Landfill  M, C, M.	Removal D. A.
Coppancy Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe  Scope of Work (Check all that as  23 \$1 or 23 !!  2160 \$1 or 2260 !!  Location of  Aspestos - Containing Material  TO BE ABATED  IN Facility  4131  SIPPING  Name of Registered Waste Ha  Kiem CO  Con State	(ACM)  (A	pyation dition maly Solely by enance/ stodial tar?	Sueel Addre  369  City. State, A  MD  Full  Glo  Nor  Asbestos Containing (i.e. thermal syste  surfacing other myscol  TRA W 3	S PILUC  D CODE  PLE SHAD  Containment with N  Enclosure  vebag Procedure  Exempted (') and it  on of  g Material (ACM)  ems insulation.  VAT. of  tilaneous)  S ITE  Date  City. State  Wo	egabye Pressure  Non-Friable Proced  Amount (Specify SF & LF)  Registered Landfill  M, C, M.	Removal D. A.
Coppency Status During Abater  Facility Closed/Vacated During Abatement Performed Outside  Other - Describe  Scope of Work (Check all that ap  23 st or 23 il  2160 st or 2260 il  Location of Aspestos - Containing Material  TO BE ABATED IN Facility  113)  SI D MU Ga	(ACM)  (A	Distance of the state of the st	Sue el Addre  3 6 9  Ciry. State, M  Min  Glo  Nor  Asbessios Containing (i e. thormal systle  surfacing, other myscol  TRA W S	S PILUC  D CODE  PLE SHAD  Containment with N  Enclosure vebag Procedure rexempted (') and it  on of material (ACM) ems insulation. VAT. of lianeous)  SITE  Date  City. State  Wood	egabye Pressure  Non-Friable Proced  Amount (Specify SF & LF)  Registered Landfill  M, C, M.	Removal

Date of Notification (1) 03/27/13 Ck:2541 \$200				f Building noll Sch				d d	<i>₹0,</i>	3 APR - 5	7 .	- 4	100	
Agencies Notified Type Notification			Street A 44 Bla	ddress ickburn	Road				10 A	Sine	FI	112	û	
EPA   Initial   Amended   Amendment				ate, Zip Co nit, New		07901	1		67	LICENS				
□ DOH	including		Name o John I	f Contact Daura					Tel	ephone Nun	nber			
Name of Facility Whose Abote work in Talian	DI (0		FAC	LITY INF	ORMATI	ON	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
Name of Facility Where Abatement is Taking Oak Knoll School of the Holy Child, Street Address							× s	f Facility ( chool (K-1 ubchapter	2)	er than K-12	)		•	
44 Blackburn Road							0			& commercia		dings,	hom	es,
City (5) Summit, New Jersey 07901			CHILD				Square 20,00	Feet	# of 2	Floors		3ldg. <i>F</i> 55+	\ge	720
County (6) Union				Code (7) USE ONLY	,	175,	Curren		or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building C Birdsall Services Group	wner (8)		ASCN 0017				of Abate Corpo	ment Con oration	tractor	(9)				
Street Address 65 Jackson Drive		-	Marie Marie	TO A			Address McBrid		ie .				44.6	
City, State, Zip Code Cranford, New Jersey 07016					oper light		State, Zip dland F		w Jer	sey 0742	1	in the second		
Project Manager for Monitoring Firm Kevin Burns		Telepho 908-49	ne No. 97-8900			none No. 225-84		9439 2995	License No 01104	).		100		
	Schedule 04/01/1		npletion	Date (11)				A Monitor nmental	Labs				550	
Occupancy Status During Abatement (Check	Only On	ie)	Street Address							4-27-7				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 4PM-1AM	eriod of <i>F</i> al Facility	Abatem Hours	ırs City, State, Z				state, Zip	Code				- 1	45	
Scope of Work (Check All That Apply)			Union, Nev					Jersey	0708	3			6.14-1	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contractor	tenova emolit	ovation olition				Mini- Glov	Enclosure ebag Proc	edure	Negative Pi			е	
	9.70	Locati	707		30.7				ч.	. 19 <sup>1</sup> en -		Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intenar odial S (12)	ly by	Asbes (i.e.	tos Conta thermal s surfac	ining M systems ing, VA	ription of hing Material (ACM) stems insulation, g, VAT, or cellaneous)  Amount (Specify SF or LF				Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							379,41			œ .	
Music Room	X	79-71		yeredV				22	0 LF	Х				
			ь. В	Block Pi	pe ins	ulation							1	
				- 50-1										
Name of Registered Waste Hauler		- N	NJDEP Waste Cubic Ya			Cubic Yards Name of Registered Landfill			150					
Lilich Corporation		TEST COLOR	auler ID No. of Waste 5			G.R.O.W.S Landfill								
City, State Woodland Park, New Jersey 07424					Dispos: 04/03/			City, State Morrisvi		ennsylvan	ia	4,27		
Completed by Tatiana Kalenikova	Presid	dent		The state of the state of	gnature		las	lele	Dat 03/	e 27/1	3		in i	

Date of Notification (1) 03/06/13 Ck# 2509 \$200		Name of Building Owner/Operator (2) Oak Knoll School of the Holy Child  Street Address 44 Blackburn Road City, State, Zip Code									- 3		
Agencies Notified Type Notification			Street /	Address ackburn			A. J. J. J.	11 -3	AMIZ	2: 00	`		
DEP Initial Amended Amendment Emergency				ate, Zip C nit, New	ode Jersey 079	901	- 1	ICENS	UN IN	01		:	
DOH justification)  Cancellation			John	of Contact Daura		-	10 (10 mm) 10 mm	Telep	hone Nu	mber			NO.
Name of Facility Where Abatement is Takir Oak Knoll School of the Holy Child	ng Place (	3) Hall		ILITY INF	ORMATION		Type of Facility (						
Street Address 44 Blackburn Road							Subchapter Other (i.e. p	8 (Other			ldings	, hom	ies,
City (5) Summit, New Jersey 07901							Square Feet 20,000	# of F	loors		Bldg.	Age	
County (6) Union				Code (7) USE ONLY	n		Current Use (Prio School	or if being	demolis	hed)			
Name of Monitoring Firm Hired by Building Birdsall Services Group	Owner (8	)	ASCI	M No.			of Abatement Cor Corporation	tractor (9	)				
Street Address 65 Jackson Drive					er and the second		Address AcBride Avenu	ie	25, 1				
City, State, Zip Code Cranford, New Jersey 07016	ranford, New Jersey 07016						ate, Zip Code lland Park, Ne	w Jerse	y 0742	24	r needs	ndia:	
Project Manager for Monitoring Firm Kevin Burns		Telepho 908-49	ne No. 97-8900			one No. 25-8400		icense N	lo.			Selvy	
Start Date (10) 03/28/13	Schedul 04/01/		J&S I				of OSHA Monitor Environmental	Labs					
Occupancy Status During Abatement (Chec	k Only O	ne)	Street				Address	2000/1100					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe; 3pm Start	Period of a lateral Facility	Abatei / Hour	City, Sta				Route 22 Wes ate, Zip Code						
Scope of Work (Check All That Apply)		11 1		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Ur	nor	nion, New Jersey 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
Location of		Locat	lly	277475	Docarint	ion d		1111			Abate		t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	(12)	ince/ Staff?	Asbes (i.e.	tos Containing thermal syste surfacing, \	Description of Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)  Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Music Room	Yes	No	N/A	Tan I	ayered Wa	for	Inquistion	05.1		200	(2.8) () 8.7 ( ) ()	e e	o la constante de la constante
Music Room	Constant Financia	STATE STATE	White Matr	St. 15.	NOT THE REPORT OF THE PARTY OF	35 L		X	la jou	en ar	o de ser No esp		
							Committee Committee		The same of the same	524 (24) (1	40000	* 1	+ 10.5
Name of Registered Waste Hauler			JDEP W	noto	Cubia Vasa	on the					de a c	- / /-	
Lilich Corporation		H	lauler ID 8724	r ID No. of Waste		The state of the s							
City, State Woodland Park, New Jersey 07424				er's A	Disposal Da 04/03/13	te	City, State Morrisvil	le, Penr	nsylvar	ia			3.3.3
Completed by Title Vice Presi				Signature			ire Date						

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 29, 2013		Name	of Building O	wner/Ope DeFor	est Demolition	TOPING	んつ	14	12		
	otification		Address		Herbertsville Road	PR-3 AMI	?: 6g				
[x] DOL Amendn	d Notification nent # ney (including	City,	State, ZipCode	Point 1	Pleasant, NJ 08742/	ICENSUIT	ROL.				
[ ] DCA - [ ] Cancella		Name	of Contact Dane		Tel	lephone Number					
	FA	ACILITY	INFORMA	ATION	A Charles of the S	* 5.65					
Name of Facility Where Abatement is Taking P Residence	lace (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth Other (i.e., private	er than	k12)	al build	ines	
Street Address 416 Hiering Avenue						homes, etc.)	11.1		. Duna	mgo,	
City	County (6)	County (STAT	y Code (7) TE USE ONLY	)	Square feet 800 sf	# of Floors	Bldg.	Age 60	)		
Seaside Heights	Ocean				Current Use (Prior if Residence	ce					
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	I No.	Name of	f Abatement Contractor ( Guardia	(9) n Contracting,	Inc.				
Street Address				Street A	ddress 1889 Ro	Route 9, Unit 61					
City, State, Zip Code				City, St	ate, Zip Code Toms R	iver, New Jerse	y 087	55-12	71		
Project Manager for Monitoring Firm	Telephone Num	ber		732-34	ne Number 19-9932	License N 00624				2 2 3 3 2 2 5 3 3 1 5 3	
Scheduled Start Date (10) 3/29/13	Scheduled Com 3/29/13	pletion Da	te (11)	Name o	f OSHA Monitor E.M.S.I	Analytical			100		
Occupancy Status During Abatement (Check o  [ x ] Facility Closed/Vacated  [ ] Abatement Performed O  [ ] Other – Describe	During Entire Period of	f Abatementy Hours	nt '	Street A	1056 Sto	elton Road vay, New Jerse	y 088	54			
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] & >3 \text{ sf or } \ge 3 \text{ lf} \\         [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $		novation molition		[ [ [ [x	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	ıre		ıre			
[X] 2100 31 01 2200 11				371 - 3425	ri sa judanani ka	District of the	Abat	ement '	Гуре		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	dial	Ast N (i.e. inst	Material ( , therma ulation, s VAT,	ontaining ACM) I systems urfacing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior	X .	A	sbestos sidir	ng	The property of the second	600 sf	X	2014			
The second control of the second decreases		1. A. Maria									
				- A 1			1		1.00,400	Viete in	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H		o. Cubic Y	ards of W	T.R.R.F.	ered Landfill					
City, State	E CONTRACTOR DE	Disposal Da 4/01/13		City, Tull	State ytown, Pennsylvania	a .		y- 524	14.0		
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola		gnature	ich	of te	1	Date 3/2	9/201	3 _	k As		

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

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified  [x ] EPA  [] Jamended Notification  [] DEP  [x ] DOL  [x ] Emergency (including instification)  [x ] Emergency (including instification)  [x ] Emergency (including instification)  [x ] Name of Contact  [x ] Street Address  [x ] Street Address  [x ] Street Address  [x ] City, State, Zip Code  Union, NJ 07083  [x ] Emergency (including instification)	Date of Notification (1)		Name of Buildin	g Owner/Ope	erator (2)			. 7/	3 7	
REPA				Susan	LaPilusa 2013	a u	, 2	5	7/	
Name of Facility Where Abstement is Taking Place (3)   FACILITY INFORMATION	[ X ] EPA       [ ] Initial I         [ ] DEP       [ ] Amend         [ X ] DOL       [ X ] Emerge	Notification led Notification lment # ency (including	City, State, Zip (	Code Unior	n, NJ 07083	LOENS COM	i2: <sub>0.</sub>	0 .	-	
Type of Facility (Where Abatement is Taking Place (3)	[X] DOH		Name of Contact Susa	t ın LaPilusa		epnone Number				
Type of Facility Where Abdement is Taking Place (3)   Scheduled Street Address   Tomas River, New Jersey 08755-1271							. 4	- /-		
Street Address   Subchapter 8 (other than k12)   Subchapter	CV. The Where Abstament is Taking		ACILII I INFOR	WATION	Type of Facility (4)					
Street Address  City  County (6)  County (6)  County Code (7)  County Code (7)  Critar USE ONLY)  County Code (7)  Critar USE ONLY)  County Code (7)  Critar USE ONLY)  Square feet 1500 sf  Critar USE (Pior of Poling demoliphed)  Residence  Critary US		riace (5)			1 1 3		1940	1.10\		
Long   Beach Island   Ocean   County (6)   County (6)   County (75   The USE ONLY)   County (75   The USE ONLY)   County (15   Th		e			[x]	Other (i.e., private homes, etc.)	e & con	nmerci	al build	lings,
Long Beach Island   Ocean   Current Use (Prior F being demolished)   Curren	City	County (6)		11 37)			Bldg.		0	
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contracting (9)   Guardian Contracting, Inc.		Ocean	(STATE USE OF	NLY)	Current Use (Prior if b	eing demolished)				
Street Address   Str		(9)	ASCM No.	Name o						
Street Address   Street Address   1889 Route 9, Unit 61		Owner (8)	ASCWING.	Traine			Inc.			
City, State, Zip Code				Street A	Address	nte 9 Unit 61				
Project Manager for Monitoring Firm	City State 7in Code		-	City, St	tate, Zip Code					-
Project Manager for Monitoring Furm   Telephone Number   T32_349_9932   00624	City, State, Zip Code			m.1.1				55-12	.71	
Scheduld Start (10) 3/28/13  Occupancy Status During Abatement (Check only one)  [ X ] Facility Closed/Vacated During Entire Period of Abatement	Project Manager for Monitoring Firm			732-3	49-9932					
Street Address   Street Address			pletion Date (11)	Name o		. Analytical				
$ \begin{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	[ x ] Facility Closed/Vacate [ ] Abatement Performed (	d During Entire Period o		City, S	tate, Zip Code Piscataw	vay, New Jerse		54		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  X  X  Asbestos-Containing Material (ACM) (12)  VAT, or other miscellaneous)  X  Asbestos siding  Normally used Solely by Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  X  Asbestos siding  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Title  Is Location Normally used Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  V R S S S VAT, or Other miscellaneous)  R R R E E E N N N N A A L O I I P O O I P	[ ] >3 sf or ≥3 lf			[ [ [x	] Glovebag Procedu					
Location of Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  YES NO N/A  Exterior  Normally used Solely by Maintenance/Custodial Staff (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Exterior  Normally used Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  VAT, or other miscellaneous)  The staff (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  A UU				0.10			Abat	ement	Туре	
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No.   Cubic Yards of Waste   Name of Registered Landfill   T.R.R.F.    City, State   Disposal Date   City, State   Tullytown, Pennsylvania    Signature   Signature   Signature   3/28/2013	Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Normally used Solely by Maintenance/Custo Staff (12)	dial	Asbestos-C Material (i.e., thermainsulation, : VAT	ontaining (ACM) al systems surfacing, , or	(Specify SF or LF)	E M O V A L	E P A I	N C A P S U L	N C L O S U R
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No.   Cubic Yards of Waste   Name of Registered Landfill   T.R.R.F.    City, State   Disposal Date   City, State   Tullytown, Pennsylvania    Completed by (Print or Type)  Title  Signature   Signature   3/28/2013	Exterior	X	Asbestos s	iding	Annual File (ext. let of an elektronic an	2000 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No. Cubic Yards of Waste 3 T.R.R.F.  City, State Toily, State Tullytown, Pennsylvania  Date 3/28/2013					The second of the second					
Name of Registered Waste Hauter Guardian Contracting, Inc.    City, State   Disposal Date   City, State   Tullytown, Pennsylvania		All and a second	Carl Black Service	31. (5,7)			,			(,
City, State Toms River, New Jersey  4/01/13  Tullytown, Pennsylvania  Date 3/28/2013	Name of Registered Waste Hauler Guardian Contracting, Inc.	2022	23 3	-uei	T.R.R.F.	red Landfill		1		8.75
Completed by (Print or Type)  Title  Signature  3/28/2013				Tull	ytown, Pannsylvania					
	Completed by (Print or Type) Title Si			: Chi	1 te	1			3	

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	March 28, 2013 encies Notified Type of Notification						Owner/Ope GL Co	rator (2) onstruction Service	s 20/3/A	021	LI	178	, (*)
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL	[ ] Initia	I Notific nded No ndment	tification		Street Add		de (	ast Bay Avenue	2/1	ENS	9 44	12:0	io-
[x] DOH	justif	rgency (i ication) ellation	ncluding		Name of C	Contact Mike	Tytanai		elephone Number	(3)	16	TOL	
	1.,					2011/00/2016/2016	LONGON				_		
Name of Facility Where Re	Abatement is Takin esidence	g Place (	(3)	FAC	ILITY IN	FORM	ATION	Type of Facility (4)	School (k-12)		1.10		
Street Address 47	Ruth Drive							[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)				ldings
City		Count			County Coo (STATE US		7)	Square feet 1200 sf	# of Floors		g. Age	50	
Beach Have	en West	Ocea	in					Current Use (Prior if Residen		i)			
Name of Monitoring Firm		Owner	(8)	30.00	ASCM No.		Name of	Abatement Contractor	(9)	17.45	die.	2.1	
Street Address	'A						Street Ac	ldress	n Contracting, oute 9, Unit 61				
City, State, Zip Code					-		City, Sta	te, Zip Code	oute 9, Onit 01	3 :			
roject Manager for Monitoring Firm  Telephone Numb					- 1 8 7 1		Telephor	ne Number	License N 00624			271	
Scheduled Start Date (10)			Scheduled 3/29/1		ion Date (11	)		OSHA Monitor	. Analytical				
Ab	Abatement (Check cility Closed/Vacate attement Performed her – Describe	d During	e) g Entire Per	iod of Ab									
	iici – Describe									-	354		-
	ll that apply) sf or ≥3 lf 60 sf or ≥260 lf		[ ] [ x ]	Renova Demoli			[ ] [ ] [ x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	ire		ure		
		o treat		-		nant si				Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodia Staff (12)  YES NO N/A				sed / istodial	insulation, surfacing, VAT, or other miscellaneous)				Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X	1000	Asbesto	os sidin	g		1250 sf	X		1.78	
							1000 100 1						
Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Hauler 20223				elas estados	Cubic Ya	rds of Wast	T.R.R.F.	ed Landfill			184.1360 144.1360 144.1360		
City, State Dispos Toms River, New Jersey 4/01/						City, Sta Tullyte	ate Dwng Pennsylvania	Litra New Ip 1	217				
Completed by (Print or Ty	Toms River, New Jersey  ompleted by (Print or Type)  Nicholas Fernicola  Title  Project Manager				Signature	1:0	het.	fert		Date 3/2	8/13	ani,	2.25 2.10

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

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  March 28, 2013	3	Name of Building	Owner/Ope Bacor	erator (2) p Building Group	CA.	42	13	96		
[ ] DEP [ ] Amer	l Notification nded Notification	Street Address  City, State, Zip C	1044	p Building Group Lacey Road	APR - 9 AM	12: 6	v			
[x] DOH [x] Emer	ndment # gency (including			d River, NJ 08731	146 120111	101			*	
I I I DCA	ication) ellation	Name of Contact Alan		T	elephone Number	· 1.				
	F	ACILITY INFORM	MATION					- 14°		
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12)					
Street Address 63 Horn Blower				[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				dings,	
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 1500 sf	# of Floors	Bldg	g. Age.	60		
Waretown	Ocean			Current Use (Prior if Resider		i)	6 O			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	Inc.			131	
Street Address			Street A		oute 0. Unit 61	ute 9, Unit 61				
City, State, Zip Code			City, Sta	ite, Zip Code	liver, New Jers	7	755-12	271		
Project Manager for Monitoring Firm	Telephone Numl	per		ne Number 9-9932	License N 00624				41	
Scheduled Start Date (10) 3/28/13	Scheduled Comp 3/29/13	oletion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical	al				
	only one) d During Entire Period of Outside of Normal Facility		Street A City, Sta	1056 St	elton Road	ey 088	54	30		
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] >3 \text{ sf or } \ge 3 \text{ lf} \\         [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $		ovation nolition	[ ] [ ] [ x]	Full Containment Mini-Enclosure Glovebag Proced Non-Exempted (*	ure - e e e		ıre			
						Abat	ement	Туре	-	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ial (i.	Description bestos-Con Material (A e., thermal sulation, su VAT, of her miscell	ntaining ACM) systems rfacing,	Amount (Specify SF or LF)	R E M O V A L	R E P A	E N C A P S U L E	E N C L O S U R E		
Exterior	X	Asbestos sidi	ng	Ma-May 1	1350 sf	X				
***			* (pr to 198)	1	1				- 91	
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State			ards of Was	T.R.R.F.	10 - 27 to 16 per					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Signature C	hol	tell.		Date 3/28		Halinan Charles			

\* Emergency \*

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

CK 3103

Date of Notification (1) 3/29/13				wner/Operato		12 122		La Partie						
Agencies Notified	Type Notification			treet Add	iress th Stree	et	201	13 APR -	3 A	M i2: 00	)			
EPA DEP DOL	Initial Amended Amendment #			City, State, Zip Code Camden, NJ 08103  Rame of Contact  City, State, Zip Code Camden, NJ 08103  CLICF NSIMO Telephone Number										
DOH DCA	Emergency (in justification) Cancellation	cluding			Contact 56-966-	2125			Tel	ephone Nur	nber	٠.		
	Contract of the second			FACILI	TY INFO	RMATION								
Name of Facility Where A Bonsall Elementary		Place (3)					X S	of Facility (4 School (K-12	2)					
Street Address 1575 Mt Ephraim Av	ve	9.23		#1.			ITIC	Subchapter 8 Other (i.e. pretc.)	ivate	er than K-1: & commerci	al buile	dings	, hon	nes,
City (5) Camden NJ 08102			I .		Squar 1000	e Feet I+	2	f Floors		ldg. 5+	Age			
County (6) Camden	11 30 000-23 1		County Co	ode (7) SE ONLY)		Curre	nt Use (Prio	r if be	ng demolis	ned)	= 10		3.5	
Name of Monitoring Firm	Hired by Building O		ASCM	No		ne of Abar rnaco Ir	tement Cont	ractor	(9)	1) +		•		
Street Address			- ce ;	W 240			et Addres					1,27		
City, State, Zip Code						0.70130	State, Z	ip Code n NJ 0809	91		7.044			
Project Manager for Mon	itoring Firm	100 A	T	Telephon	e No.		Telephone No. License No. 856-753-9800 00727							
Start Date (10) 4/2/13		Scheduled	d Com	pletion D	ate (11)	Nan	Name of OSHA Monitor Same							
Occupancy Status Durin			2)				reet Address							
Facility Closed/Vac	ated During Entire P ned Outside of Norm	eriod of A	batem	ent		City	, State, Z	ip Code	<del>( )</del>					1 FO S. 16
Scope of Work (Check A	All That Apply)		75	La de la constante	and the second	17 72 -14	4-3	12.1		-72.	10.97			
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Taxable .	enova emolit				Min	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure	egála i			iro	
And the second second		T		-		100000000000000000000000000000000000000	inc	III-Exempled	1 ( ) a	id North Ha	Die	0.00	teme	ent
			Locati Iormal										Гуре	
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Used Mai	d Sole intena odial S (12)	ly by nce/ Staff?	Asbes (i.e.	tos Containing thermal syste surfacing,	cription of aining Material (ACM) systems insulation, ing, VAT, or iscellaneous)			Amount Specify F or LF)	Removal	Repair	Elicapsolate	Enclosure
The state of the		Yes	No	N/A			10 11 11	1,5			4	-	+	
Class Roo	om 204		X		par.	Floor	Tile	+1.1	1	050 SF	x	1	1	
				4.49	- 01 in 194			2 1 m 2 m 2		8 100		-	-	
					1 / 126	umray, a trus		4 (4 L 4 (24 (4) 4)					1	
Company of the second	elle, is seeke eng	10000		4	10, 100	e jant i je s	PARTE		1	59 (89		-		
Name of Registered Wa	aste Hauler	ellis yes	100	IJDEP W lauler ID		Cubic Yard of Waste	\$			tered Landf	ill	N.		
United Containers		Alle 1		2459		3		G.R.O.		20,27				
City, State Elm NJ				Pale		Disposal Di 4/4/13		City, Stat Morrisv		A 19067				
Completed by Anthony T Perna		Title Presi	ident					gnature Date 3/29/13						

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				and the second											
Date of Notification (1)					Name of Building Owner/Operator (2) PR - 3 111215										
4/1/2013					William Du	charme	/1	-3 "121 fin							
	pe Notifica	tion			Street Addre		- 1 3 Mr 5	77.			r				
-	风 Initial				18 E. Welling Avenue										
	Amende	d Amer	dmen	t#	City, State, Zip Code										
区 DEP [ DOL ]	☐ Emerge			1000	Pennington.		Q								
	justifical		luullig		Name of Cor			Telephone Number							
☑ DOH	☐ Cancella	account to			David J. D'		g.	Æ							
☑ DCA [	_ Caricella	20011			ACILITY IN										
Name of Facility Where Abat	oment is To	king Pl	ace (3)		ACILITI	ORION	TION	Type of Facility (4)							
	ement is 1	iking r i	200 (0)					School (K-12)							
PRIVATE RESIDENCE		-						Subchapter 8 (Othe	r than	K-12	2)				
Street Address								Other (i.e., private &				ldings			
18 E. Welling Avenue											Bldg.				
City (5)								oqua.o.r.o.r				·			
Pennington, NJ					County Code	\(7\)\(STA	TE USE ONLY)	Current Use (Prior if bei	na de	molisi	ned)				
County					County Code	s(1) (31A	TE USE CIVET)	Current osc (i noi il son	ig do		.04/				
MERCER			(0)		4001414-	IN	Abatement Cont	rootor (0)							
Name of Monitoring Firm Hired by Building Owner (8)					ASCM No.										
AMERITECH SERVICES		t t mark						RONMENTAL INC.		-					
Street Address						Street A									
1 A ST. LAWRENCE AVE	ENUE				15 BLACK FOREST ROAD										
City, State, Zip Code							ite, Zip Code	germaniya on a s							
SEASIDE HEIGHTS, NJ	08751						TON, NJ 0869	l comment	License No.						
Project Manager for Monitoria	ng Firm	Teleph	one N	lo.		Telepho					).				
ROD MORRIS		732-60		1.733		609-890		00676							
Start Date (10)		Sched	uled C	omplet	ion Date (11)	Name of	OSHA Monitor								
4/10/2013		4/10/2	ATMOSTITUDE CO.												
Occupancy Status During Ab					Street Address										
Facility Closed/Vacated					ent										
☐ Abatement Performed (	Outside of N	Iormal F	acility	Hours		City, Sta	ite, Zip Code								
Other - Describe				1		1		У							
Scope of Work (Check all that	at apply)			11	V	diam di la		Full Containment w	ith Ne	gative	Pres	sure			
≥ 3 sf or ≥ 3 lf					Renova	ation		☐ Mini-Enclosure							
≥ 160 sf or ≥ 260 lf					☐ Demoli	tion		☐ Glovebag Procedur							
7-								☐ Non-Exempted (*) {		_	-				
		Is	Locat	ion			T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Abate	emen	Type				
Location of Asbestos-Co	ntaining	100	mally				stos Containing	Amount (Cassifu SE or	<sub>20</sub>		E	ш			
Material (ACM) TO BE AE			Solely				hermal systems , VAT, or other	Amount (Specify SF or LF)	err	Rep	cap	당			
Facility (13)	11.7	100000000000000000000000000000000000000	enance Staff?	e/Custo		miscellan			Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A		moodian	,	100	=		ate	0			
BASEMENT	-			X	PIPE INSU	LATION		82 L.F.	X						
BASEMENT				X	ASSOCIAT		The second secon	22 PIECES	X		7/1				
DASEMENT		+		1							14				
					1. 7		EL TEN		12217						
Name of Registered Waste I	Jauler			1779	NJDEP Waste	9	Cubic Yards of	Name of Registered Lar	ndfill			100			
I value of ivedistered avaste i	13	1.00			Hauler ID No.		Waste	2.6.7							
JACK ROBINSON WAST	E DISPOS	SAL			17134		2	GROWS		Sign	3				
JACK ROBINSON WASTE DISPOSAL					-	Disposal Date City, State				4000					
141 -															
City, State BELLMAWR, NEW JER	SEV				100	a tole file	4/11/2013	MORRISVILLE, PA				771			

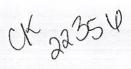
DAVID D'ANDREA

PRESIDENT

4/1/2013

Ut 22352

Date of Notification (1)  4 / 2 / 13					Name of Building Owner/Operator (2)  JC Penney Company Incorporated  Street Address  6501 Legacy Drive										
Agencies Notified	Type Notification				Address			ZUIJ APR		TW		-			
⊠ EPA	☐ Initial				Legacy	v Drive		<i>f</i> .		12:	DD?				
⊠ DOLWD		ŧ			tate, Zip (			" CESTINE	A see		. 0	-1-			
☑ DHSS	Amendment	# <u>2</u>	-			s 75024		& LICE	-UN	TRO	1				
☑ DCA	☐ Emergency (	including			of Contac		Telephone Number								
(NJAC 5:23-8)	justification)  Cancellation			Soy Thomas											
						IFORMATION			-	-					
Name of Facility Where A	hatement is Taki	na Diace	(3)	FAC	ILITIN	FURMATION	Type of Facility (	4)		-					
JC Penney Quaker		ily Flace	(3)				School (K-12								
Street Address	bridge Mail	-		-			☐ Subchapter 8	(Other than K-12)							
500 Quaker Bridge	Mall					- ×	Other (i.e., pr homes, etc.)	ivate and commer	cial bu	ilding	5,				
City (5)	Man						Square Feet	# of Floors	Blo	ig. Ag					
Trenton							150,000	2	1	75	C				
County (6)			-	Coun	hy Code (	)(STATE USE ONLY)		or if being demolis		-	25,000				
Mercer				Coun	ly Code (/	MOTATE OSE ONET	Current Ose (Fri	or it being derions	neu)						
Name of Monitoring Firm	Hirad by Building	Owner /	9)	ASCM I	No.	Name of Abateme	ant Contractor (9)		1.4						
Hillmann Consulting		Owner (	ا (٥)	6225		JVN Restora									
Street Address	9			0223		Street Address	uon me				11 100				
1600 Route 22 East						47 Foster Ro	ad								
City, State, Zip Code				-		City, State, Zip Co					_	-			
Union NJ 07083						Staten Island									
Project Manager for Moni	toring Eirm		Tolo	phone I	No	Telephone No.	1141 10303	License No.							
Tom Rubino	toring r iiiii			8-956		718-605-6256 00774									
Start Date (10)	Sch	eduled C			1000000		e of OSHA Monitor								
	A 255 177	5_ /				Testor Tech					. 33				
Occupancy Status During	Abatement (Che	ck only	ne)			Street Address				6 7		55/12/KJ			
☐ Facility Closed/Vacate	d During Entire F	Period of	Abateı	ment		10 59 Jackso	n Avenue					200			
Abatement Performed					cribe	City, State, Zip Co	ode								
Time of Abatement: _	AM	PM/ <u>10</u> PI	и- <u>6:30</u>	<u>D</u> AM	×	LIC NY 11101									
Scope of Work (Check all	Abat analis							- 1 A 15	41						
	tnat apply)						tainment with Neg	ative Pressure							
T. 0 - 6 0 16	tnat apply)	П.				☐ Mini-End									
☐ ≥3 sf or ≥3 lf ☑ >160 sf or >260 lf	that apply)		novati			I I Gloveba	a Procedure								
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	tnat apply)		novati molitic				g Procedure mpted (*) and No	n-Friable Procedu	re	51.					
	tnat apply)	☐ De	molitic Locat	ion		⊠ Non-Exe	mpted (*) and No	n-Friable Procedu		ateme	ent Ty	ype			
⊠ ≥160 sf or ≥260 lf	of	De	Locat Norma	ion lly	Ache	☑ Non-Exe	mpted (*) and No		Ab						
≥160 sf or ≥260 lf  Location Asbestos-Containing l	of Material (ACM)	Is Use	Locat Norma d Sole intena	ion lly ely by nce/		Description of the control of the co	empted (*) and No of aterial (ACM)	n-Friable Procedu	Ab						
Location Asbestos-Containing I  TO BE ABA IN Facilii	of Material (ACM) .TED	Is Use	Locat Norma d Sole intena	ion lly ely by nce/		Description of the store Containing Material systems surfacing, VAT	mpted (*) and No of aterial (ACM) insulation, , or	Amount		ateme Repair					
Location Asbestos-Containing I TO BE ABA	of Material (ACM) .TED	Is Use Ma	Locat Norma ed Sole intena todial	ion lly ely by nce/ Staff?		Description of the containing Maga, thermal systems	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify	Ab		ent Ty Encapsulate	e Enclosure			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)	of Material (ACM) <u>TED</u> ty	Is Is Use Ma Cus	Locat Norma d Sole intena todial (12)	ion lly ely by nce/ Staff?	(i.€	Description of estos Containing Mae., thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify	A Removal	Repair	Encapsulate	Enclosure			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)  2 <sup>ND</sup> Level Joe Fresh I	of Material (ACM) <u>TED</u> ty <b>Dept</b>	De Is Is It	Locat Norma d Sole intena todial : (12) No	ion Illy Illy by nce/ Staff?	VAT/M	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Ab Removal	Repair		Enclosure			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)	of Material (ACM) <u>TED</u> ty <b>Dept</b>	Isi I Use Ma Cus	Locativorma de Sole intena todial (12) No	ion llly lly by nce/ Staff?	(i.€	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)  2 <sup>ND</sup> Level Joe Fresh I	of Material (ACM) <u>TED</u> ty <b>Dept</b>	De Is Is It	Locat Norma d Sole intena todial : (12) No	ion Illy Illy by nce/ Staff?	VAT/M	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)  2 <sup>ND</sup> Level Joe Fresh I	of Material (ACM) <u>TED</u> ty <b>Dept</b>	Isi I Use Ma Cus	Locativorma de Sole intena todial (12) No	ion llly lly by nce/ Staff?	VAT/M	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I  TO BE ABA IN Facilii  (13)  2 <sup>ND</sup> Level Joe Fresh I	of Material (ACM) TED ty Dept t Dept.	Is Is I Use Man Cus Yes	Locat Norma Id Sole intena todial (12) No	ion llly sly by nce/ Staff?	VAT/M.	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane	mpted (*) and No of aterial (ACM) insulation, , or	Amount (Specify SF or LF) 1500SF 25000SF	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I TO BE ABA IN Facilii (13)  2 <sup>ND</sup> Level Joe Fresh I 1 <sup>st</sup> Level Home Street	of Material (ACM) TED ty Dept t Dept.	Is Is I Use Man Cus Yes	Locat Norma d Sole intena todial (12) No	ion Illy Illy Illy Illy Illy Illy Illy Ill	VAT/M. VAT/M. Vaste	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane  ASTIC  Cubic Yards of Waste	of sterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)  1500SF  25000SF	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I TO BE ABA IN Facilii (13)  2 <sup>ND</sup> Level Joe Fresh I 1 <sup>st</sup> Level Home Street Name of Registered Was Global Waste Indus	of Material (ACM) TED ty Dept t Dept.	Is Is I Use Man Cus Yes	Locat Norma d Sole intena todial (12) No	ion Illy Illy Illy Illy Illy Illy Illy Ill	VAT/M. VAT/M. Vaste	Description of the sector of t	of sterial (ACM) insulation, or eous)	Amount (Specify SF or LF)  1500SF  25000SF	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I TO BE ABA IN Facilii (13)  2 <sup>ND</sup> Level Joe Fresh I 1 <sup>st</sup> Level Home Street	of Material (ACM) TED ty Dept t Dept.	Is Is I Use Man Cus Yes	Locat Norma d Sole intena todial (12) No	ion Illy Illy Illy Illy Illy Illy Illy Ill	VAT/M. VAT/M. Vaste	Description of estos Containing Materials, thermal systems surfacing, VAT other miscellane ASTIC  Cubic Yards of Waste 20	Mame of Regis	Amount (Specify SF or LF)  1500SF 25000SF	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I TO BE ABA IN Facilii (13)  2 <sup>ND</sup> Level Joe Fresh I 1 <sup>st</sup> Level Home Street  Name of Registered Was Global Waste Indus City, State Hackettstown, NJ	of Material (ACM) TED ty  Dept t Dept.  te Hauler stries, Inc.	Is Is I Use Man Cus Yes	Locat Norma d Sole intena todial (12) No	ion Illy Illy Illy Illy Illy Illy Illy Ill	VAT/M. VAT/M. Vaste	Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane  ASTIC  ASTIC  Cubic Yards of Waste 20  Disposal Date 5/19/13	mpted (*) and No of sterial (ACM) insulation, , or eous)  Name of Regis G.R.O.W.S	Amount (Specify SF or LF)  1500SF  25000SF  ttered Landfill ., Inc.	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			
Location Asbestos-Containing I TO BE ABA IN Facilii (13)  2 <sup>ND</sup> Level Joe Fresh I 1 <sup>st</sup> Level Home Street Name of Registered Was Global Waste Indus City, State	of Material (ACM) TED ty  Dept t Dept.  te Hauler stries, Inc.	Iss	Locat Normand Sole intenatodial (12) No	ion lly lly by nce/ Staff?  N/A  U  U  JJDEP \ Jauler   [ NJ-22]	VAT/M. VAT/M. Vaste O No. 147	Description of estos Containing Mass., thermal systems surfacing, VAT other miscellane  ASTIC  ASTIC  Cubic Yards of Waste 20  Disposal Date	mpted (*) and No of sterial (ACM) insulation, , or eous)  Name of Regis G.R.O.W.S	Amount (Specify SF or LF)  1500SF  25000SF  ttered Landfill ., Inc.	Ab Removal	Repair	Encapsulate	Enclosure 🔲 🔲			



		Name of Building Owner/Operator (2)											
4 / 2 / 1:	3		JC Penney Corporation Inc.  Street Address 6501 Legacy Drive  City, State, Zip Code										
Agencies Notified Type Notification			Street	Address			13 APR -2 11	- W. W. T. T.			100		
☑ EPA ☐ Initial			650	1 Legacy	Drive			112:	tio				
☑ DOLWD ☑ Amended		í		tate, Zip C			2. e. 1772	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.0.				
☑ DHSS Amendment #	5075 G 1 575			no, TX 7			& LINE, CO.	$\tilde{V}_{TD}$					
	ncluding		Name of Contact Telephone Number										
(NJAC 5:23-8) justification)			Soy Thomas										
Cancellation			FACILITY INFORMATION										
Alexander Albana	- Dissa	(2)	FAC	ILITY IN	FORMATION	Type of Facility	(4)		.,				
Name of Facility Where Abatement is Takir	ig Place	(3)											
Ocean County Mall-JC Penney						School (K-12	(Other than K-12)						
Street Address						Other (i.e., pr	rivate and commerc		ldings	5,			
1201 Hooper Avenue		10				homes, etc.)							
City (5)						Square Feet	# of Floors		g. Ag	е			
Toms River						150000	2		'5				
County (6)	1.5.74		Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	ior if being demolis	hed)					
Ocean													
Name of Monitoring Firm Hired by Building	Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)	The state of the state of	3.					
Hillmann Consulting LLC			6225		JVN Restora								
Street Address					Street Address		· · · · · · · · · · · · · · · · · · ·						
1600 Route 22 East					47 Foster Ro	he							
					City, State, Zip C		The state of the s						
City, State, Zip Code													
Union NJ 07083					Staten Island								
Project Manager for Monitoring Firm		200	phone No. Telephone No.			License No.							
Tom Rubino		-	08-956		718-605-6256								
	eduled C	omple	tion Dat	te (11)	Name of OSHA N	Monitor					10.0		
2 / 25 / 13	5 /	25	5 /	13	Testor Tech		,						
2 / 25 / 13	5 /		5_/_	13							_		
Occupancy Status During Abatement (Che	ck only	one)		13	Street Address	on Avenue							
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P	ck only eriod of	one) Abate	ment		Street Address 10 59 Jackso								
Occupancy Status During Abatement (Che	ck only eriod of al Facilit	one) Abate y Hou	ment	cribe	Street Address 10 59 Jackso City, State, Zip C	ode					i e		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Time of Abatement:AM	ck only eriod of al Facilit	one) Abate y Hou	ment	cribe	Street Address 10 59 Jackso	ode							
Occupancy Status During Abatement (Che    Facility Closed/Vacated During Entire P   Abatement Performed Outside of Norm   Time of Abatement:AM   Scope of Work (Check all that apply)	ck only eriod of al Facilit	one) Abate y Hou 00PM-	ment rs - Des 6:00Al	cribe	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110	ode 1 tainment with Ne	gative Pressure						
Occupancy Status During Abatement (Che ☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf	ck only deriod of al Facilit	one) Abate y Hou 00PM-	ment rs - Des 6:00All	cribe	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110	ode 1 tainment with Ne	gative Pressure						
Occupancy Status During Abatement (Che    Facility Closed/Vacated During Entire P   Abatement Performed Outside of Norm   Time of Abatement:AM   Scope of Work (Check all that apply)	ck only deriod of al Facilit	one) Abate y Hou 00PM-	ment rs - Des 6:00All	cribe	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba	ode 1 tainment with Neclosure a Procedure	gative Pressure on-Friable Procedu	re					
Occupancy Status During Abatement (Che ☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf	ck only deriod of all Facility PM/10:0	one) Abate y Hou 00PM-	ment rs - Des 6:00All ion on	cribe	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba	ode 1 tainment with Neclosure a Procedure			ateme	ent Ty	ype		
Occupancy Status During Abatement (Che ☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf	ck only eriod of al Facilities PM/10:C	Abate y Hou 00PM- enovate emolitic s Loca Norma	ment rs - Des 6:00AM ion on	cribe <u>//</u> AM	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe	tainment with Neclosure g Procedure empted (*) and No	on-Friable Procedu	Ab	ateme		1		
Occupancy Status During Abatement (Che ☐ Facility Closed/Vacated During Entire P ☐ Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	ck only eriod of all Facilities PM/10:0	Abate y Hou 00PM- enovat emolities Loca Norma ed Sol	ment rs - Des 6:00AN ion on tion ally ely by	cribe <u>M</u> AM	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Market	tainment with Neclosure g Procedure empted (*) and No	on-Friable Procedu	Ab			1		
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Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire P  Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovat emolities Loca Norma ed Sol aintena	ment rs - Des 6:00AM ion on tion ally ely by ance/ Staff?	cribe <u>M</u> AM	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Market	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation,	on-Friable Procedu				yp Enclosure		
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Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire P  Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	ck only eriod of al Facilities PM/10:0	Abate y Hou OPM- enovat enovat enovat enovat s Loca Norma ed Sol aintena stodial (12)	ment rs - Des 6:00AM ion on tion ally ely by ance/ Staff?	cribe <u>M</u> AM	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Gloveba Non-Exe Description of the story Containing Management of the surfacing, VAT other miscellane	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation,	Amount (Specify	Ab			1		
Occupancy Status During Abatement (Che  ☐ Facility Closed/Vacated During Entire P  ☐ Abatement Performed Outside of Norm  Time of Abatement:AM  Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf  Location of  Asbestos-Containing Material (ACM)  ☐ BE ABATED  IN Facility  (13)	ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovate emolities Norma ed Sol aintena stodial (12)	ment rs - Des 6:00AM ion ion ally ely by ance/ Staff?	cribe <u>//</u> AM Asbe (i.e	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Management of the surfacing, VAT other miscelland	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure		
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Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Time of Abatement:AM	Ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovate enov	ment rs - Des 6:00AN ion on tion allly ely by ance/ Staff?	Asbe (i.e.	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Management of the surfacing, VAT other miscelland	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che    Facility Closed/Vacated During Entire P   Abatement Performed Outside of Norm   Time of Abatement:AM   Scope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   2nd Level Home Street Dept.   1st Level Joe Fresh Dept	ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovate enovate s Loca Norma ed Sola aintena stodial (12) No	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Mage, thermal systems surfacing, VAT other miscellane  ASTIC  ASTIC	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF) 25500SF 1,800SF	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Time of Abatement:AM	Ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovat enova	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the story Containing Mage, thermal systems surfacing, VAT other miscellane  ASTIC  Cubic Yards of	tainment with Neclosure g Procedure empted (*) and No of atterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)  25500SF  1,800SF	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che    Facility Closed/Vacated During Entire P   Abatement Performed Outside of Norm   Time of Abatement:AM   Scope of Work (Check all that apply)   ≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)   2nd Level Home Street Dept.   1st Level Joe Fresh Dept	Ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovat enova	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?  N/A	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Gloveba Non-Exe Description of State Containing Mate, thermal systems surfacing, VAT other miscellane  ASTIC  Cubic Yards of Waste 80	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF)  25500SF  1,800SF	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che	Ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovat enova	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Gloveba Non-Exe Description of the story Containing Mage, thermal systems surfacing, VAT other miscelland  ASTIC  Cubic Yards of Waste	tainment with Neclosure g Procedure empted (*) and No of atterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)  25500SF  1,800SF	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Time of Abatement:AM	Ck only eriod of all Facility PM/10:0	Abate y Hou 00PM- enovat enova	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?  N/A	Asbe (i.e.	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Gloveba Non-Exe Description of State Containing Mate, thermal systems surfacing, VAT other miscellane  ASTIC  Cubic Yards of Waste 80	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)  Name of Regi G.R.O.W.S	Amount (Specify SF or LF)  25500SF  1,800SF  stered Landfill S., Inc.	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che	Ck only eriod of al Facilities Miles Cus Yes	Abate y Hou 00PM- enovat enova	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?  N/A	Asbe (i.e.	Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of State Store Containing Management of State Sta	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)  Name of Regi G.R.O.W.S	Amount (Specify SF or LF)  25500SF  1,800SF  stered Landfill S., Inc.	A Removal	Repair	Encapsulate	Enclosure		
Occupancy Status During Abatement (Che	Ck only eriod of al Facilities   Record of a	Abate y Hou 00PM- enovate enov	ment rs - Des 6:00AM ion on tion allly ely by ance/ Staff?  N/A	Asbe (i.e. VAT/M VAT/M VAT/M VAT/M 2147	Street Address  10 59 Jackso City, State, Zip C LIC, NY 1110  Full Con Mini-End Gloveba Non-Exe Description of the stos Containing Mage, thermal systems surfacing, VAT other miscelland ASTIC  ASTIC  Cubic Yards of Waste 80 Disposal Date	tainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)  Name of Regi G.R.O.W.S	Amount (Specify SF or LF)  25500SF  1,800SF  stered Landfill S., Inc.	Ab Removal	Repair	Encapsulate	Enclosure		

OK 30355

Date of Notification (1) 4 / 2 /	13					Owner/Operator (2 Corporation Inc.		APR -3 :::18	<b>∂:</b> €	0			
Agencies Notified Type Notifi	cation			Street	Address						7		
☑ EPA ☐ Initial				650	1 Legacy	/ Drive			180	Jl.			
☑ DOLWD ☑ Amende		i.			tate, Zip C			& LICENSIN	G				
	ment # <u>5</u>		_		no, TX 7			EL LIVILIE					
□ DCA		uaing		Name	of Contac	t	-	Telephone Number	r		190-190-1		
☐ Cancell				Soy	Thomas		4						
		•		FAC	ILITY IN	IFORMATION		_	-				
Name of Facility Where Abatement is	Taking F	Place	(3)		TETT III	. Orani, trioit	Type of Facility	4)			-		
Wayne Town Center	, railing .		(0)				☐ School (K-12	100					
Street Address		-70			***		Subchapter 8	(Other than K-12)			2)		
260 Wayne Town Center							M Other (i.e., pr homes, etc.)	ivate and commerci	al bu	ilding	s,		
City (5)							Square Feet	# of Floors	Bldg. Age			-	
							150000	2		75			
Wayne County (6)		-		Coun	ty Code /7	)(STATE USE ONLY)	1	or if being demolish	1				
Passaic				Coun	ty Code (i	(OTATE OOL ONET)	Cuncil osc (i ii	or in boiling domonon	ou,				
Name of Monitoring Firm Hired by Bu	ildina Ou	upor (	0)	ASCM I	No	Name of Abateme	ant Contractor (9)	The state of the state of				-	
	iliaing Ov	vner (	0)			JVN Restorat						22	
Hillmann Consulting LLC				6225	2		uon inc		4			-	
Street Address			38	2		Street Address							
1600 Route 22 East				- 1		47 Foster Ro		4 (d. lan. 14)			-		
City, State, Zip Code						City, State, Zip Co							
Union NJ 07083	4 -					Staten Island		100					
Project Manager for Monitoring Firm				phone I		Telephone No.	License No.						
Tom Rubino				08-956		718-605-6256							
Start Date (10)	Schedu 5			tion Dat		Name of OSHA N Testor Tech	lonitor						
Occupancy Status During Abatement  Facility Closed/Vacated During Er				ment		Street Address 10 59 Jackso	n Avenue						
	Normal F	acilit / <u>10:0</u>	y Hour OPM-	s - Des 6:00AN	cribe <u>/I</u> AM	City, State, Zip Co					*		
Scope of Work (Check all that apply)					- 10t to					F	0.00		
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			novati			☐ Mini-End ☐ Gloveba	g Procedure	pative Pressure n-Friable Procedure					
	7 1	Is	Locat	tion		Z Iton Exc	mptod ( ) and its			atem	ent T	vne	
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13)	CM)	Use Ma	Norma ed Sole intena todial (12)	illy ely by ence/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A							Ф		
2 <sup>nd</sup> Level Home Street Dept.			Ø		VAT/M	ASTIC		4600SF					
1 <sup>st</sup> Level Marchese Dept.					VAT/M	ASTIC		850SF	$\boxtimes$				
1 <sup>st</sup> Level Joe Fresh Dept.	Tanda,		$\boxtimes$		VAT/M	ASTIC		175SF	×				
					e i Torri			ri le Alebora					
Name of Registered Waste Hauler Global Waste Industries, Inc.	tot gase Argan	01	1000	JDEP V	D No.	Cubic Yards of Waste	Name of Regis			1124		i La	
City, State	ng le it.	3		NJ-22	2147	Disposal Date	City, State			in in	37.5		
Hackettstown NJ				12216	N. S. D. V.	5/11/13	Morrisville	Land Control of the State of S	1	1	10.34		
Completed By (Print or Type)  John Tardy	Title	nior	Proje	ect Ma	nager	Signature	uchi	Dat	2	11:	3		
ASB-41 MAY 11	* 0	Do no	t use ti	his form	for asbes	stos licensure exem	oted activities.		1			il.	

CK 02358

Date of Notification (1)		Name o	of Building	Owner/Operator (2	2012						
<u>4</u> / <u>2</u> /	13		JC F	enney C	orporation Inc.	2013 APR	-2	,	-	60	
Agencies Notified Type Notification	n		Street /	Address		For Market State	- A - 3	-0	/	211	
☑ EPA ☐ Initial			6501	Legacy	Drive		3-570	3		- 6	U
□ DOLWD		İ	City, St	ate, Zip C	ode		& LIUX	MSI.	WY	O.A	
□ DHSS	<del> </del>		PLa	no, TX 7	5024			1431	Nin's	TUL	
□ DCA			1.00	of Contact		Telephone Number		****			
	Cancellation										
Cancellation				Thomas			-				
	1. 1. 1/4		FAC	ILITY IN	FORMATION						
Name of Facility Where Abatement is Tak Rockaway Town Square-JC Peni		(3)				Type of Facility ( ☐ School (K-12) ☐ Subchapter 8					
Street Address 305 Mount Hope Avenue						Other (i.e., printed homes, etc.)	ivate and commerc	ial bui	lding	5,	
City (5)						Square Feet	# of Floors	Blo	g. Ag	е	
Rockaway NJ						150000	2	7	5		
County (6)		S. Decker	Count	ty Code (7	(STATE USE ONLY)	Current Use (Pric	or if being demolish	ed)			
Morris		L.	Joan	.y 0000 (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCM I	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consulting LLC			6225	2	JVN Restora	tion Inc					
Street Address					Street Address		ALICE STREET	1 02			-
1600 Route 22 East					47 Foster Ro	ad					
		p. Sec. 1	To the least		City, State, Zip Co	The Control of the State of					_
City, State, Zip Code											
Union NJ 07083	Y-19-		100		Staten Island						
Project Manager for Monitoring Firm			phone i		Telephone No.		License No.				
Tom Rubino			08-956								
Start Date (10) Sc 2 / 12 / 13	heduled C			Date (11) Name of OSHA Monitor  Testor Tech							
Occupancy Status During Abatement (Cl	neck only	one)			Street Address					100	
☐ Facility Closed/Vacated During Entire			ment		10 59 Jackso	n Avenue					
				cribe	City, State, Zip C			_	-	-	
Time of Abatement:AM	_PM/ <u>10:0</u>	<u>)0</u> PM-	6:00A	<u>M</u> AM	LIC, NY 1110						
Scope of Work (Check all that apply)					<u> </u>			, j	112		
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enovat emoliti			☐ Mini-End	g Procedure					
				Lighten of	₩ Non-Exe	empted (*) and No	n-Friable Procedure	1 2 2 2			100
		s Loca Norma		35 35 1	Di-#			Ab	atem	ent I	ype
Location of Asbestos-Containing Material (ACM)		ed Sol		Ashe	Description of estos Containing Ma		Amount	Re	Repair	Ē	E
TO BE ABATED		aintena		(i.e	e., thermal systems	insulation,	(Specify	Removal	pair	ap	Enclosure
IN Facility	Cus	(12)	Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure
(13)	Yes	1	N/A		other miscellane	ous)			2.0	ति	
1 <sup>ST</sup> Level Home Street Dept.				VAT/M	ASTIC		15050SF				
2 <sup>nd</sup> Level Joe Fresh Dept				Glue D	ots		180SF	$\boxtimes$			
2 <sup>nd</sup> Level Joe Fresh Dept.				VAT/M	ASTIC		125SF				
rayon (pagital substitution of the page that the		П									
Name of Registered Waste Hauler	- (Feb.)   1 - (Feb.)	1	NJDEP	Waste	Cubic Yards of	Name of Regis	stered Landfill		Lyn	-0.4	33
Global Waste Industries, Inc.			Hauler I	D No.	Waste	G.R.O.W.S					
			NJ-22	2147	Disposal Date	City, State		15.01	14.0		
City, State Newark NJ	eri North Na Robins				5/12/13	Morrisville	,PA	1			
Completed By (Print or Type)	Title	4	1000		Signature	1	Da	te			v 8
John Tardy	Senio	r Proj	ect Ma	nager	10	tack		1	2	13	•
ASB-41 MAY 11	* Do no	t use i	this form	for ashes	stos licensure exem	nted activities.	· · · · · · · · · · · · · · · · · · ·	1	-		