CK# 0074

Date of Notification (1)					Owner/Op		(2)	71-	5 AM 3:0	1			
4-1-2013					**************************************	Townshi	p	€8	13 Apo		<u> </u>			
Agencies Notified	Type Notification	2		Street Ad	ldress	_		. 150	* 1	5 AM.				
□ EPA	Initial					ne Road	d - Ro	ute 206	North	"17 31 A	0-			
DEP	Amended		14		e, Zip Co			1) (£ / /0.	Teleptione Nun	U .			
DOL	Amendmen Emergency		- L			NJ 0850)2		-165	WSWA PROF				
☐ DOH	justification)	1		Name of						Telephone Nun	nber			
☐ DCA	Càncellation	1		John M									7	
A. CE 191 AAR	AL . L. T.L.	- DI (0)		FACIL	ITY INFO	ORMATIO	N	Type of I	Facility (4	<u>, </u>				
Name of Facility When	re Abatement is Takir	ig Place (3)					1	parties	- 5 P	D		25		
Pump House									ool (K-12	2) 8 (Other than K-12	1	(4)		
Street Address	:II Dood						1			ivate & commercia		dings,	home	es,
373-375 Burnt H	III Road		+					etc.		T# 65				
City (5)					. 46			Square F	-eet	# of Floors	B	ldg. A	\ge	
Skillman										1				
County (6)		*		County C	ode (7) SE ONLY	3			2.5	r if being demolish	ed)			
Somerset									House					
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	No.					tractor (9)				
									nageme	ent Corporation				
Street Address								Address						
								roy Lan			- 5			
City, State, Zip Code								tate, Zip (THE PERSON NAMED IN				
					-4	14		oln Park	, NJ 07					
Project Manager for M	Monitoring Firm	•	T.	Telephon	e No.		100000000000000000000000000000000000000	one No.		License N	0.			
							973-	706-795	50	01193				
Start Date (10)		Scheduled	Com	pletion D	Date (11)			of OSHA						
4/10/2013		4/17/20	13				Lozn	ica Mar	nageme	ent Corporation				
Occupancy Status Du	iring Abatement (Che	ck Only One)					Address			5507			
Facility Closed/V	acated During Entire	Period of Ab	atem	ent			22 T	roy Lan	е					
Abatement Perfo	ormed Outside of Non	mal Facility I	lours				_	tate, Zip (
Other – Describe	e:		-				Linco	oln Park	k, NJ 07	7035				
Scope of Work (Check	k All That Apply)													
¥ ≥3 sf or ≥3 lf		Re	nova	tion						nt with Negative P	ressu	re		
2160 sf or ≥260 l	lf	× De	moliti	ion			-	4	inclosure bag Proc					
							×			(*) and Non-Friab	le Pro	cedu	e	
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1 an ac in accordance	tion of ing Material (ACM)	Used	Sole	ly by	Asbes	stos Conta			CM)	Amount			m	1
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	acility	- Inches	(12)	, and		surfaci other m	ing, VA	T, or		SF or LF)	Remova	Repair	psu	Enclosure
T.	13)	-				ourer m	iscenai	icous	1		8	-	Encapsulate	l'e
		Yes	No	N/A								<u></u>		
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								- 1			-	<u> </u>		1
											-	-	-	-
Name of Registered V	Waste Hauler			JDEP W		Cubic Y		. 1	lame of F	Registered Landfill				
Loznica Manager	ment Group		1000	auler ID I 033137		of Wast	te		GROW	S Landfill				
				000107		Dispose	al Date	-	City, State	.	-			
City, State Lincoln Park, NJ	07035					TBD	טונט ויי			ille, PA 19067				
The state of the s	0,000	Title					gnaturé			Da				
Completed by E. Cirovic		Secre	tany			13		, , .	>		1/20	13		
E. Cirovic		Jecre	Lai y				-1	VIO						-

Date of Notification (1) 4/2/13			L	orraine	uilding Ow Heucke	ner/Op Priv	erator (2) rate Hor	ne		(913 APR	****		* 4	
Agencies Notified	Type Notification		10000	reet Add 8 Myrtl	ress e Drive				(D)	****	AM.	3, 5	0	
EPA DEP DOL	Initial Amended Amendment				, Zip Code wkin NJ		0			" LICENS	1///	Or	0'	
DOH DCA	Emergency (i justification) Cancellation	nciuaing	200	ame of C orraine						Tolonhono Milin	har	~ /.		
			7.	FACILI	TY INFOR	MATIO	N		= 10 (0)				-	
Name of Facility Where Lorraine Heucke /	e Abatement is Taking Private Home	Place (3)	136					7 Sc	Facility (4) thool (K-12)	(Other than K-12	2)			
Street Address 58 Myrtle Drive			91 1					Ot etc	her (i.e. priv	# of Floors	al build	ngs,		s,
City (5) Manahawkin NJ 0	8050	in a second		22/01/			1	Square 000+		1	35			
County (6) Ocean	11			ounty C	ode (7) SE ONLY)			Current Home		if being demolish	iea)			
Name of Monitoring Fi	rm Hired by Building (Owner (8)		ASCM	No.		Name of Pernac		ment Contr	actor (9)	1.	To the	70	
Street Address	-						Street A							
City, State, Zip Code							City, Sta West I		Code NJ 0809	1				
Project Manager for M	roject Manager for Monitoring Firm					-	Telepho 856-75			License N 00727	lo.		7.5	
Start Date (10) 4/22/13		Scheduled	I Com	pletion D	ate (11)		Name of	f OSH/	A Monitor					
Occupancy Status Du	ring Abatement (Chec)			-	Street A	ddress	3		11			000000
Facility Closed/V	acated During Entire ormed Outside of Norr	Period of Al	oatem	ent	1	-	City, Sta	ate, Zip	Code		1			
Scope of Work (Chec	k All That Apply)								1	F 80				######################################
≥3 sf or ≥3 lf × ≥160 sf or ≥260			enovat emoliti				×	Mini	i-Enclosure vebag Proc	edure			re	
16			125 (0)					Non	-Exempted	(*) and Non-Fria	DIE FIG		emen	t
			ocatio										уре	9) (1)
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						-								
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Indiana comment to a serious	Name of Registered Waste Hauler United Containers					of Wa		Steams.	G.R.O.	NIONAMONIA III				
City, State Elm NJ		is +	7	geni e		Dispo 4/26/	osal Date /13		City, Stat Morrisv	rille PA 19067				
Completed by Anthony T Perna		Title Presi	dent				Signature				Date 4/2/13	3	11	



Date of Notification (1)		Name of		Mer/Operator	/ 1	PARETONE	The state of	3	230
		Street A		-		37 44			_
		000017		RT, 5	5	7	3		_
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Amendment #		CRY. 34	10. DP 0000	= N = 1 = 1	D, N, J.	08230			
Emergency (if	philoubing		Contact			Yalaahaaa klimhel	7	· .	
DOM justification)	* **			SNEUN					
Cancellation							-		
		FACIL	MY INFORU	HOTTAN					
ame of Facility Where Abatement is Taking	o Place (3)				Type of Facility				
RESIDENCE					School (K-1	2) 8 (Other than K-12)			
				5.24	Subchapter	ouvate g commercial c	widing	S .	
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1991-93 = 1.04					Square Feel	# of Floors		2 -	
17(5) OCEANCITY					1000	<u> </u>			-
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arme of Marillonng Firm Hired by Building	Owner .	ASCM III		KLEM	co In	101			_
N/A									
treet Address	792		3	369	s. SPRU	CE AVE.			=
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7 - Code	,			My. State, Dp C	CHA	DE, NJ.0	305		=
ity State Zp Code	Here to the		=====	elephone No.	3 2	LICENSE NO			
rgect Manager for Monitoring Firm	[.9	elephone N	0.	SC 6:-7	79-042	2 0044	9_		_
T Sche	ouled Com	plelion Date	(11)	ame of OSHA	PKALER	4 M	1.0		
Stan Date (10)	1/22	1,=		1050	1-15 14 r- m				_
	1100	//3	i						
			- S	unel Address					
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ASB 11

the second of the second CK 4358 State of New Jerticy NOTIFICATION OF ASSESTOR ABATEMENT 2013 APR -5 AM 3: 60 (Pursuant to NJAC 8:00 and 12:120) - 10 DAY DUI Name of Building Owner/Operator (2) EVANSTIT Date of Notification (1) HR. ADRIAN 3/28 13 MAR /2013 Street Address Typa Notification & LIULI Agency Notified 237 WALL ME El Inkibal City, Stoto, Zip Code C EPA a 75 PATERSON . NJ. □ Amended erbol Agreendant mit it Extension of the during periodical on Name of Contact MR. EVANSTIT PROON ☐ Cancollab xn D DCA FACILITY INFORMATION Type of Facility (4) Name of Pacify Wirero Abstorrent to Taking Place (3) ☐ School (K-12) ☐ Schoolphor & (Other than K-12) MR. ENANS III Er Other (La. private & commercial buildings, Street Address hames ofc.) WALL AVE Bldg. Ago # of Flores 2.37 Sougre Foot 85 7542 2800 City (5) /ATTERSON Current Line (Prior if being demolished) County Code (7) (STATE USE ZESWENCE County (0) ONLY) PASSAIC-Namo of Abatement Contractor (3) Name of Montoring Firm Hand by Rulliang Owner ASCM No. Best Removal Inc Chect Address 450 S.River St Etropt Address City, State, Zb Code Hackensack, N.J. 07601 City, 30th Zip Code License No. Telophono No. Telephone No. Project Hanager for Monaving Flore 00388 201-329-7444 Name of OCHA Montor Schodulad Completion Date (11) Omega Environmental Inc Street Dato (10) 3/39/13 3/29/13 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St Q Facility Classed/Vacantad During Entire Period of Abatement Chy. State, Zip Code □ Abovement Performed Outside of Negreal Facility House

© Other - Describe: 7-4M 7 0 1774 South Hackensack, N.J. 07606 © Fig Combinment with Nogodive Promure of Mint-Employers Scope of Work (Check all that apply) **DIRETOVATION** El Glovobag Propoduro BE3 d or 23 f D Non-Exampled (") and Non-Frable Properties O Demoffice ☐ ≥ 160 cf or ≥ 280 ff Abatoment to Location Normally Description of Amborbas Continuing Millerton (ACAN) Eccossie Eccossie Used Goldly by Amount Location of Rugas Removal (Specify Containing Madusted (ACM) McManaghamatich TO READATED CHRINGE surround, VAT, or 59-022 ___IN Focilly (thoesadjoodin today (12) (13) NIA You. No 45 L.F THERMAL INSULATION BASSICEN --Namo of Registered Landill Cubin Yerds of NIDEP Waste Maulos Name of Registered Waste Hauter What 1/2 Minerva Enterprises ID No. Best Removal Inc 17109 Cay, Sinto Dispose Date Waynesburg , Oh 3/20/13 CRy. State N.J. 07601 Hackensack 13000 3/28/13 Title بعدم مراديه Completed by Estimator J. Maiorano * Do not use this form for asheeths licensure ground activities

0~ 023657

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

D. C. C. C. C. C. C.			(Pur		to NJAC 8: 60 and 12: 120-)	(2)		·		13	
Date of Notification (1)	1 / 1 :	3			ame of Building Owner/Opera al Shuster	ator (2)	2813 APR -5		~~~		
	e of Notification			0109	reet Address		Acom.	AN	31	(in	
[X] EPA					0 Ninth Street LLC	4,	9			· 0	
979-00 SCHOOL 1970-00 SCHOOL SCHOO	Initial			Ci	ty, State, Zip Code	6	LICEN		Rr)1	
[] DOL []	Amended Amendment #			Je	rsey City, NJ		V & LICENS	MING		1,	
[X] DOH []	Emergency (including Justification)	g		Na	ame of Contact		Telephone Nun				
[] DCA []	Cancellation			Ey	al Shuster		- 1			j	i.
	1))			FACI	LITY INFORMATION						
Name of Facility Where Abatement is Tak	ting Place (3)					Type of Facili	y (4)				
Warehouse		s 0				11	School (K-12)				
Street Address		400			10 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	[]	Subchapter 8 (Other th				
360 Ninth Street						[X]	Other (i.e., private & co buildings, homes, etc.)	mmerci	ai		
City (5)	County (6)	1	31		inty Code (7)	Square Feet	# of Floors	I	Bldg. A	\ge	
				(81	ATE USE ONLY)	Current Use (I	Prior if being demolished)				
Jersey City Name of Monitoring Firm Hired by Build	Hudson		TASC	·M	I Name of A hotom	ent Contractor (9)					
Name of Monitoring Firm Fifred by Build	ing Owner (6)		ASC	.IVa	Name of Abatem	ent Contractor (9)					
						& Environmental (Consulting, Inc.		12		
Street Address					Street Address 1141 Route 23						
			-		City, State, Zip C	ode	The state of				
					Wayne NJ 07470	<u> </u>					
Project Manager for Monitoring Firm		Tele	phone	Numb	And the second second	er	License No.				
Scheduled State Date (10)	Scheduled Con	nletion	Date (11)	973 628-9500 Name of OSHA N	Monitor	00408			-	
0 4 1 5 / 1	ar Month	1 3	0	L	Enviro Vision Co						
Occupancy Status During Abatement (Che					Street Address				1,31		ŧ
[X] Facility Closed/Vacated of Abatement	During Entire Period	1.2			20-21 Wagaraw F	Road, Bldg. #34A					
[] Abatement Performed	Outside of Normal Fac	cility Ho	urs		City, State, Zip C				53	#-IV	W 77
[] Other - Describe: Scope of Work (Check all that apply)					Fairlawn NJ 074	10		orne H	100		
over the control and man apply)		1941	n		į ı		ent With Negative Pressure				
$[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$		[X]		ovation olition	N						
[X] ≥ 160 sf or ≥ 260 lf					ĮX.] Non-Exemted	(*) and Non-Friable Proce				
			Is		1,000			A	baten	nent T	E
Location of		10000	cation rmally		Description of Asbestos-Containi	ng	Amount	R	R	N C	N C
Asbestos - Containing		1	Used		Material (ACM))	(Specify	M	E	A	L
Material (ACM) TO BE ABATED			lely by		(i.e., thermal system insulation, surfacin		SF or LF)	0 V	P	PS	o s
in Facility (13)		120000	stodial ff (12)		or other miscella	neous)		A L	I R	U L	U R
	Marie Control	Yes	No					-	L	E	E
2nd Floor Offices				X	VAT	e en	4000 SF	X			
Roof			, h	X	Roofing	19.4	600 SF	X			
1st Floor - Warehouse				X	Pipe Insulation		800 LF	х			-
	1 - 1 - 1									- 1	
					4		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	-		
					1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			1			7.53.5
Name of Registered Waste Hauler		NJD	EP Wa	ste	Cubic Yards of Waste	Name	f Registered Landfill				
	tine Inc		er ID 1	Nn.		G.R.O.					
J.R. Contracting & Environmental Consul City, State	mg, me.	1	1/01		Disposal Date	City, Si					
Wayne NJ 07470	2 3 1 1		225		//)	ville PA	1,510			
Completed by (Print or Type)	Title	See		-/-	Signature	THE SECOND	Date		1)	1.1	¥
Jerry Bijelonic	Project Manage	r			1			4/1	/2013	91	
ASB-41								-	G4667		

CK 023454

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			(Purs	1	io NJAC 8; 60 and 12; 120-) me of Building Owner/Operat	or (2)		~ ~ .	1/2			
0 4 / 0	1 / 1 3				uvelle Associated LLC		2013 APR		Sec.			
Agencies Notified Type [X] EPA	of Notification			10000	eet Address O. Box 853		2013 APR	J AM	13.	ûr)	
[] DEP (X)	nitial		-0	Ci	ty, State, Zip Code	(9)	\$ 17	J - 100	í.			4
	Amended Amendment#			Fr	anklin Lakes, NJ 07417	4.	& LICE	NSINI	$\langle R \rangle$	9/,		*
[X] DOH []	Emergency (including			Na	me of Contact		Teleph	one Numbe	r	- 11		
	Justification) Cancellation		,	Mı	. Luciano Bruni	,						
				FACII	LITY INFORMATION	_						
Name of Facility Where Abatement is Takin	ng Place (3)	1			W 100 100 100 100 100 100 100 100 100 10	Type of Facility	(4)					
Former Gas Station					and other and a	11	School (K-12)					
Street Address					1	[]	Subchapter 8 (Other (i.e., priv					
805 Franklin Lakes Road		SI -				[X]	buildings, home		mercia			
City (5)	County (6)				nty Code (7)	Square Feet	# of F	loors	В	ldg. A	ge	
1 10 10 10 10 10 10 10 10 10 10 10 10 10		50.57		(81	ATE USE ONLY)	Current Use (P	rior if being demo	lished)				
	Bergen		Trea	<u></u>	III.	16-1-1-10						
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCI	VI.	Name of Abatemer	it Contractor (9)						
					J.R. Contracting &	Environmental C	onsulting, Inc.					
Street Address					Street Address	**						
				_	City, State, Zip Co	de				_		
					Wayne NJ 07470							
Project Manager for Monitoring Firm	Comment of the commen	Telep	hone l	Numb	Telephone Number	· · · · · · · · · · · · · · · · · · ·	License	No.				
	Original Line				973 628-9500		00408					
Scheduled State Date (10) 04	Scheduled Com 3 0 4 Month	pletion D	2	<u>1</u>	Name of OSHA Mo Enviro Vision Cons							
Occupancy Status During Abatement (Chec		;	ay /		Street Address			- 1				
[X] Facility Closed/Vacated of Abatement	During Entire Period				20-21 Wagaraw Ro	oad, Bldg. #34A						
Abatement Performed O	utside of Normal Fac	ility Hou	ırs		City, State, Zip Co- Fairlawn NJ 07410							
Scope of Work (Check all that apply)					11			11			-	
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$		[X]		vation olition		Full Containme Mini-Enclosure Glovebag Proce		Pressure				
[] ≥ 160 sf or ≥ 260 lf	1,20 1 200		-		[X]	Non-Exemted (and Non-Friab	le Procedu	_	baten	ant T	
Location of		Loc	s cation rmally		Description of Asbestos-Containing		Amou	nt	RE	R	E N C	E N C
Asbestos - Containing		U	Ised	- 1	Material (ACM)	- 577.1	(Speci	fy	M	E	A	L
Material (ACM) TO BE ABATED			ely by tenanc		(i.e., thermal system insulation, surfacing		SF or I	.F)	v	P A	PS	o s
in Facility (13)		0.000000	todial		or other miscellane	eous)			A	I R	U	U
		Yes	No No	N/A					L	K	E E	R E
Roof - Chimney			7	X	Roof Flashing	e e e e e e e e e e e e	20 SF		Х			
	41-11-11-11-11-11-1		1		the deposition						5	
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			179									
							- and 7					
Name of Registered Waste Hauler		NJDF	EP Wa	ste	Cubic Yards of Waste	Name of	Registered Land	fill	_			-
J.R. Contracting & Environmental Consulti	ng, Inc.		17819	Vn.		G.R.O.V						
City, State			-		Disposal Date	City, Sta				10.5		
Wayne NJ 07470 Completed by (Print or Type)	Title	-			Signatura	Morrisv	ille PA	Date	_		1	
Completed by (Fruit of Type)	Title	The state of the s			Signature			Date				
Jerry Bijelonic	Project Manage	r	N		N				4/1.	2013		

Check # 2041

Date of Notification (1) 3/25/2013						Owner/Operatong Compar		2013 110	R-5 AM				
Agencies Notified	Type Notification X Initial			Street Ad 101Clin	ddress nton Stre	eet	Q.	* * \$ ~	AM	3. Op	(See		
DEP × DOL	Amended Amendment			City, Star Hobok	te, Zíp Co en NJ	de	90	1 4 L/	Cholophoga I	ROL			
DOH DCA	Emergency (justification) Cancellation	including	1		Contact Vaccar	0			Telephone	lumber	-		D.
Name of Facility Where	Abatement is Taking	n Place (3	,	FACII	LITY INFO	RMATION	Type	of Facility (4)				<u> </u>	
Private Property	Abatement is Taking	y riace (s	,		The same		_	School (K-12					
Street Address 706-708 Madison S	Street				William Village		×	Subchapter 8	(Other than k		ldings	, hom	es,
City (5) Hoboken NJ							3900		# of Floors 2	-	3ldg. / +50	\ge	
County (6) Hudson				County C	ode (7) ISE ONLY)		Curre	ent Use (Prior	if being demo	lished)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM N/A	No.			tement Contr e Group II					10
Street Address N/A	<u> </u>						et Addre	ss Street Suit	te #16			0 8	
City, State, Zip Code N/A								ip Code York NJ0	7093				
Project Manager for Mo	nitoring Firm		- 1	Telephor N/A	ne No.		phone N -758-7		License 00114			A2	11-
Start Date (10) 4/4/2013		Schedule 4/9/201		npletion [Date (11)	2.0023.00		HA Monitor onmental (Corp				
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)	-	47 11		et Addre	7.73			,		5 14
Facility Closed/Vac	cated During Entire F ned Outside of Norm	Period of A	Abatem	nent		11.00		te 22 West ip Code		E 60			
Other – Describe:			rioure					07083					
Scope of Work (Check /	All That Apply)				- 12-4-77								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Mir Glo	ni-Enclosure ovebag Proce	nt with Negative dure (*) and Non-Fi			re	
		Is	Locati	ion	4 2 5				1 1		Abat	emen ype	t
Locatio			Normal d Sole			Description				100	T		
Asbestos-Containing TO BE AB In Fac (13)	BATED	Ma	intenar todial 8 (12)	nce/		os Containing thermal system surfacing, V other miscell	ms insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
	1 1 1 1 2 2 2 2 2 2	Yes	No	N/A	75 74 (T) (E) (E)	127		place and a				6	
Building 7	06 Roof	- North	45 - 1	x .	- V	roofing ma	aterial	4 - 14	1600 SF	X	72.00	1942 1	-24.1
Building 7	08 Roof	in.	X	1.45.02	Roofing m	aterial		2300 SF	X			100	
		1				(2011-1011-1011)	777				-		
Name of Registered Wa Asbestos Transport	The state of the s	H	IJDEP W lauler ID 4310	100000000000000000000000000000000000000	Cubic Yards of Waste		A CONTRACT OF THE PARTY OF THE	egistered Land Enterprises					
City, State Shirley NY 11967				Aller de la companya		Disposal Da	te	City, State Waynesl	burg OH 44	688		¥ka.	
Completed by Edwin Precilla	on the following and the	Title Proje	ct ma	anager	encontraction	Signatu		Preci	Ila.	Date 3/25/2	013	4 × ×	,, (c)

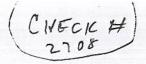
UK 516

Date of Notification (1) 3 -21-13				Building (an Dem			(2)								59
Agencies Notified Type Notification			Street Ac 2 Eang	ldress lish Lan	е										G18
EPA Initial Amended Amendment				e, Zip Coarbor Tw		08234									
DOH justification) DCA Cancellation		- 1	Name of Bernar			4			Tel	ephone	Num	oer		207	
			FACIL	ITY INFO	RMAT	ION				7	0,535				
Name of Facility Where Abatement is Takin Rasident	ng Place (3)						[money	Facility (4							
Street Address 114 Fore Castal Dr		la -	V		10			bchapter her (i.e. p					lings,	home	es,
City (5) Sould Egg Harbor	77						Square		# 0	f Floors	7	В	ldg. A	ge	
County (6) Atlandic			County C	ode (7) ISE ONLY)	12.17		Current	Use (Price	or if be	ing demo	olishe	ed)		N 52	N ^M
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	5 # 5	1	of Abate	ment Con	tractor	(9)			11.		-
Street Address							Address Burling	gton Av	8	70 10				,	
City, State, Zip Code					Silv.	City, S	itate, Zip	W. 15 (10.) C. 15 (10.)	-						
Project Manager for Monitoring Firm		T	Telephor	ne No.		10.000000000000000000000000000000000000	none No. 824-09	71	2 mag	Licens 07010		• ii			
Start Date (10) 4-1-13	Scheduled	Con	npletion [Date (11)		Name self	of OSHA	Monitor	- 11						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	mal Facility I	enova emolit	tion			City, S	Mini- Glove	Code Containme	e cedure					e	
		.ocati			- (-1-		1 5					-	Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole	ly by nce/	Asbesi (i.e.	os Cor therma surfa	escription ntaining M al system acing, VA miscellar	/laterial (/ s insulation T, or	ACM) on,	(Amount Specify F or LF)	121	Removal	Repair	Encapsulate	Enclosure
outside					(A	CM) sid	ling		2	2500lf		X .			1
						de vi					_				_
		44 10	NP.X.		eta :										
Name of Registered Waste Hauler J Robinson Wast		1	IJDEP W lauler ID 8368		of W	c Yards aste		Name of Wm of		ered Lan	idtill				
City, State Bellmawr		1-				osal Date		City, State Tullytov				yarı L.,			
Completed by Joseph T Hill	Title VP	T),				Signature				10 m = 2 m	Date 3-2	e 11-13	3		E -

Print Form

To:8568240972 8568740972 6096330664 Ani Jae Lle REMEMBER

		N	TIFIC (Pur	ATION C	o of Now of ASBE MJAC 8	STOSA	BATER	ENT			VIAIL	INF	IAR	000)Py
Date of Notification (1) 3 -21-13					Suliding C Univers			(5)	7 4	OL - 1	0 D/	47	7	7	
Agoncles Notified	Type Notification		S	Iron Add	203 WA	ullică H	M Ka	$\mathcal{M}_{L}^{\mathbb{Z}}$	AROL	IAB 20		·	L,	1	A
EPA DEP DOL	Amended Amendent Emergency	#including	_ 0	ity State	oro NJ I	de 08020		L	MAIN	3 13 11 11	201	NOT.	/	中	
DOH DCA	[ustrication]			lack Gl				_	VIAIV			_`D		1	
	 "-			FACIL	ITY INFO	RMAT	NO	Two	Facility (4)			-	-	1.	
Name of Facility Who Rowan Street Address	re Abatement is Takin	g Plaue (3)						S 5	chool (K-12		K 12)	Suid	ngs)	ome	s.
201 Mullica Hill R	Rd								c.)	# of Floor		_	ig Å		-
City (5) Glassboro	Para designation of the second			2.17						if baling der	- Labo	40	–		
County (6) Gloucester			0	STATE U	ode (7) SE ONLY)	-	_			11 OK. 1	THE STOC	<u>.</u>			
Name of Monitoring F	Fm Hired by Building	Owner (0)		ASCM	No	6.1	Ani &	3 Joe L		usc(or (a)			~ ⁴		-
Street Address							1217		glon Ave						
City State Zp Code							City, 8	nco .N	J. 08075						
Project Manager for N	Monitoring Firm	1 7 7	T	l'eléphon	e No		856-	824-09	171	070	nse No 10				_
8-ert Date (10) 3-20-13	, , , , , , , , , , , , , , , , , , ,	Schedule 3-25-13		plation C)ale (11)		Name self	of OSH	A Maritor			1	_		
	uring Abatement (Che	ok Only On	e)	11213	-		Street	Addres	S	0.071					
Facility ClosedA Abalament Perio Other – Describe	ocated During Entire comed Outside of None:	Period of A mail Facility	Hours	ent .			City.	State, Zi	Cude				- ** · · · · · ·		
Scope of Work (Chec	ok All That Apply)				real features	-				14 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
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Asbestos-Contain TO BE In F	ntion of ring Material (ACM) ARATED Cocility (13)	Use Ma	d Sole Intenti todial S (12)	יצים ולו המסור	Asbes (i.e	therms	actipilo itaining it system pcing V miscolli	Motertal na insulo AT, or	(ACM)	Amour (Special SF or L	y ·	Removal	Sepair	Enrapsulate	Endosure
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ou	tside			-		(ACIV	1) 000	Caluin				1-			
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		11.7	-	1000	-					and the same of the		†			
Name of Registered J Robinson Wasi			. 1	IJDEP V Lauler ID 8368		of W			Wm of	100	andfill				
City, Siste Relimawr					- <u>- 1</u>	TBD	ocal Dai) Signalu		City, 5131 Tullyton		Ds	116			
Completed by Joseph T Hill		VP			Sant	To S	- Aluan				3	29-1	3		-



2813 11

Date of Notification (1)	11/13	8	1	ame of Bu	wilding Owner/Operator	ONSTAUCT	ion 5 A	3	110	==	1
Agencies Notified	Type Notification		S	treet Addr	ess) 0 77 T	H'ST,	4 4/1/2		W,		
∑ BPA Sã DEP	Initial Amended		1				082 436	401			1
2 00r 2 0品	Amendment #_ Emergency (in	cluding			D TYLE CI	F9 , N , D ;	Telephone Number	=		=	+
DOH DCA	justification) Cancellation		1	Name of Co	ontact EDUDIE	1			Sales and	-	
	<u> </u>				INFORMATION						4
Name of Facility Where	Abatement is Taking	Place (3)		0.5000000	Type of Facility					
RE	SIDENCE	<u> </u>	_			School (K-12	(Other than K-12) rivate & commercial	huildin	as.		
Street Address	2 P.E 52	ND	5 7	AFE	7	homes, etc.)			Age		4
City (5)	210 22					Square Feet	# of Floors	Biag	. Aye	100	.
AUAL	ON		=	CoumbiCo	ode (7) (STATE	Current Use (Pr	ior if being demolish	ed)			7
County (6) CAPE	NAY			USE ONL	γ)			==		=	_
Name of Monitoring Firm	Hired by Building C	wner	TA	SCM No.		ment Contractor (9				1.5	
(8) A	/A				- Address	FM CD IN	The State of the S				
Street Address					369	is, spruc	€ DUE.	_	_	_	=
			_				DE , N.J.	080	52		
City, State, Zip Code	THE STATE OF THE S	Multer		177	Telephone No.	4GE 31-10	License No.				
Project Manager for Mo	nitoring Firm		Telep	hone No.	856-7	19-0472	0044	19			=
	T Scheo	Juled Cor	npleti	on Date (1	1) Name of OSHA	Monitor KL	Enn	•			
Start Date (10) / 1 3	4	12-	2/	15	Street Address						_
Ctatue Duri	no Abatement (Che	ck only or	ne)	nant.	3 6		LULE AUG.				=
☐ Abatement Performe	ted During Entire Pe	nou or ~	Deten	icili i	City, State, Zip	Code	HODE, N.	J. 0	080	5	2
Other - Describe:	50 002.00				_ M.	APLE 3	1200	_	-		
Scope of Work (Check	all that apply)		5 10	des series	Full C	ontainment with N	egative Pressure				
□ >3 ef or >3 lf			ovation		The second secon	nclosure bag Procedure	lon-Friable Procedu	re			
≥160 sf or ≥260 lf		<u>a</u>			Non-E	xempted (*) and is	CAPTIBOIO .	A	bater		
		Nor	mally	Set to all	Description	of	Franks Franks	-	.,,,		
Location	of CM	Used S Maint	enan	ce/	Achestos Containing M	(aterial (ACM)	Amount (Specify	Re	D	Encapsulate	
Asbestos-Containing	ATED		stodia laff?	1 -	(i.e., thermal system surfacing, VA	i, or	SF or LF)	Removal	Repair	psul	
IN Façil			12)		other miscellar	neous)		1 5		ate	
		Yes	No	N/A				1×	-		Γ
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	rest trackages to	14/11/1		- 1		A STATE OF THE STA					
And the second second			-11	UDEP Was	te Cubic Yards	Name of Re	egistered Landfill	1			
Name of Registered V			1	tauter ID No	of Waste		4, C, M.V.	4.			=
KLEMCO			بلة		Disposal Date	City, State	OF BINE	NJ		i de la	
City. State	E SIA	DEI	N	, 5			Date	1	1.	3.4	
Completed By	Ti		11	P	Signature	un Kel	m 4	/	11:	3	5
JOSEPH	KLEMY -		4		1-(1-						

CK# 0070

Date of Notification (1) 4/1/2013			30155		Building Ow Manager	ner/Operator ment	(2) 2017 As	00 r						
Agencies Notified	Type Notification		1000	treet Add		gston Ave.	4 Car	11 5	AH 3: 0	0	2			
EPA DEP DOL	Initial Amended Amendment #		C	ity, State	, Zip Code ton, NJ C	75.		-	YSING					
Ď DOH DCA	Emergency (in justification) Cancellation	cluding	N N	lame of C	Contact		1		Telephone I	Numb	er			
		- 4		FACILI	TY INFOR	MATION		allita (A	0		-			-
Name of Facility Where		Place (3)					Type of Fa							
Lalor Gardens Apa	artment 4 A						Subc	ol (K-12 hapter	8 (Other than k	(-12)	12			
Street Address Stenton Court							Othe	r (i.e. p	rivate & comme	ercial	buildi	ngs, l	nome	S,
a professional company of the		_					etc.) Square Fe	et	# of Floors		Blo	dg. Ag	ge	
City (5) Hamilton											50)+		
County (6)		——	T	County Co	ode (7)		Current U	se (Pric	or if being demo	olishe	d)			
Mercer			(STATE US	SE ONLY)		Apartm	ent Ur	nits					
Name of Monitoring Firm	m Hired by Building O	wner (8)		ASCM	No.		of Abateme				+	Z, I		
n/a				n/a		Loz	nica Mana	ageme	ent Corporat	ion			11257	
Street Address				in Wine			t Address							
n/a			100			0.00	Troy Lane							
City, State, Zip Code	The second second	Arrive (Mar					State, Zip Co		7005					
n/a							coln Park,	NJ U					5-10	
Project Manager for Mo				Telephon n/a		973	hone No. 3-706-795	7700	Licens 0119					(F. 17)
Start Date (10) 4/10/2013		Scheduled 4/11/20		pletion D	ate (11)		of OSHA N nica Man		ent Corporat	tion				
Occupancy Status Duri	ng Abatement (Check	Only One)		75.	Stree	t Address	177-				7	A.F	
	cated During Entire P			ent			Troy Lane							
Abatement Perform Other – Describe:	med Outside of Norma	al Facility I	Hours				State, Zip C coln Park		7035		۲.			
Scope of Work (Check	All That Apply)		_	1-1			- To a			y B				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				Mini-E	nclosure ag Pro	cedure					
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Location Asbestos-Containing TO BE A In Far (13)	ng Material (ACM) BATED cility	Used	ormal I Sole ntena odial S (12)	ly by nce/	Asbesto (i.e. t	Descriptions Containing thermal system surfacing, Vother miscell	Material (Atmospherical Material (Atmospherical (Atmospherica) (At	CM) ı,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
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	The March 18								A Total			17-		
Name of Registered W Loznica Managem			1	JDEP W	No.	Cubic Yards of Waste TBD			Registered La .W.S. Landf					
	ion corporation			003313	,	Disposal Da	te C	ity, Sta	te		-	1111		-1
City, State	7025	100				TBD			ville, PA 190)67				
Lincoln Park, NJ C	11000	Title	1,75%			Signati	те	,		Dat	te 1/20	13		
E. Cirovic	7 mg - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Secr	etary			C.	UWU	uc	76 V	1 7/	.,_0		131	

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

Cheek #18/

Date of Notification (1) 3/25/2013					Building Proper	Owner/Ope ty	erator (2)	*	43 APR -5	8		0		
Agencies Notified	Type Notification			Street Ad	ddress rest hill	Way		10		44 3	0	'n		
DEP DOL	X Initial Amended Amendment				te, Zip Co anside N				4/CENSIA	Y/Ac)/			
DOH DCA	justification) Cancellation			Name of Lory D		A a Lie			Telephone N	12				
	I —			FACIL	LITY INFO	ORMATION								10
Name of Facility Where Private Property Street Address	Abatement is Takin	g Place (3))				Typ	School (K-12 Subchapter	2) 8 (Other than K	-12)				
371 Forest hill Wa	ıy						×	Other (i.e. p etc.) uare Feet	rivate & comme	rcial bu		ngs, lg. A		es,
City (5) Mountanside NJ							80	0SF	1		+5		ge 	1/1
County (6) Union				County C	Code (7) ISE ONLY	,	- Cui	rent Use (Pric	r if being demo	lished)				
Name of Monitoring Firm	m Hired by Building	Owner (8)		ASCM N/A	No.			batement Con ase Group I						
Street Address N/A						S	Street Add							
City, State, Zip Code						C	City, State,	Zip Code			-			
N/A Project Manager for Mo	nitorina Firm		-	Telephor	ne No.		West Ne	w York NJ()7093 License	No.				
N/A		0-1-1		N/A	7 24		201-758	-7158 SHA Monitor	00114	4				
Start Date (10) 4/6/2013		Schedule 4/8/201		npietion t	Jate (11)			rironmental	Corp					
Occupancy Status Duri							Street Add 2333 Ro	ress ute 22 Wes	st .					
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I med Outside of Norm 8 Hours	nal Facility	Hours	3	65 (1) #1			Zip Code J 07083						
Scope of Work (Check	All That Apply)							To a decrease	senlestje i s					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emoli				Ĭ.	Mini-Enclosure Glovebag Prod					a.	
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Asbestos-Containin TO BE Al In Fac (13	BATED ility	Mai	intena odial (12)	nce/	Asbes (i.e.		ning Mater estems ins ig, VAT, or cellaneou	ulation,	Amount (Specify SF or LF)	Zelloval		Repair	Encapsulate	Enclosure
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. I was timed to									i de la composition della comp		1			
Name of Registered Wa	aste Hauler	11 - 12 - 1	- I N	JDEP W	aste	Cubic Ya	ards	Name of I	Registered Land	afill				
Asbestos Transport			1	lauler ID 4310		of Waste		A consistent	Enterprises			1 44 1 44 1 4 4 1 1 1 1 1 1 1 1 1 1 1 1		
City, State Shirley NY 11967						Disposal	Date	City, State Waynes	sburg OH 44	688				
Completed by Edwin Precilla	3	Title Proje	ct ma	anager		Sign	nature Eli	he	1	Date 3/25/	201	13		

Date of Notification (1) 4-1-2013		T		Building O	wner/Operator	(2)	JAPR.		CA.		<i>i)</i>		
Agencies Notified Type Notificat	ion		Street Ad	ddress	e Road	oute 20		S AH S	, an				
EPA Initial Amended Amendm	ent #			te, Zip Cod Vleade, N			466	Walke),			í	
DOH justificati			John N					Telepho	one Numl	ber			
Name of Facility Where Abatement is Ta Pump House Street Address	aking Place (3)	FACI	LITY INFO	RMATION	☐ S ☐ S	of Facility (4 chool (K-1) ubchapter other (i.e. p	things to	nan K-12) mmercial	l build	lings,	home	es,
1016 County Road							tc.)	# of Flo			ldg. A		
Skillman County (6) Somerset		77	County C	Code (7) USE ONLY)			t Use (Prio	or if being o	demolishe	ed)			
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	1 No.				ntractor (9) ent Corpo	oration	13	701.2		
Street Address					22	t Address Troy La	ine						
City, State, Zip Code					Line	coln Pa	rk, NJ 07						
Project Manager for Monitoring Firm		Telepho	ne No.	973	hone No 3-706-7	950	had the state of the state of	cense No 1193					
Start Date (10) 4/10/2013	4/17/2		mpletion I	Date (11)	Loz	nica M		ent Corp	oration				
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	tire Period of A	Abater	nent s		22 City,	t Address Troy La State, Zip coln Pa	ine	7035					
Scope of Work (Check All That Apply)							. Darie		31.1.2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The State of the S	Renova Demoli				Mini Glov	i-Enclosure		7.7			e	
- 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		Local				as in the te-					Abate	emen /pe	t
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Use Ma	Norma ed Sole intena todial (12)	ely by ince/ Staff?		Description os Containing thermal system surfacing, V. other miscella	Material ns insula AT, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
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						-	Table Units			1			
Name of Registered Waste Hauler Loznica Management Group			NJDEP W Hauler ID 003313	No.	Cubic Yards of Waste TBD			Registered VS Landf					
City, State Lincoln Park, NJ 07035	194 - 194 - 195 -				Disposal Dat TBD	e	City, Stat	te ville, PA	19067				1,11
Completed by E. Cirovic	Title Seci	retary	/		Signatu	rje UVO	vv_		Dat 4/	te 1/20	13		

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Date of Notification (1	1) 4-1-2013		A. FA	aliding Owner/Operato	7.	013 APR -5		42	
Agency Notified	Type Notification		Street Adds	ess		0.0	AM o.		
EPA	Statist		65 H	ARRIVGTON Zip Code	AVENUE	\$ 7.4		(4)	
DEP	☐ Amended		City, State,	Zip Code . WOOD N	_ 60	ON IDE G	UNITA.		
DOL	Amendment #	ng.	WEST	WOOD N	7 0761	Telephone Nu	1.7.21(1	11	
DOH ·	justification)		Medities of Co	Unide		Telephone Nu	Unci		1
DCA	☐ Cancellation	- 12		ARD!					
			FACILITY	INFORMATION		- (0			
	ere Abatement is Taking Pla	ice (3)			Type of Facility	(4)			
A-FAROL					School (K-12	2) 8 (Other than K-1	21 .		8
			4		Countries of the Country of the Coun	rivate & commerc	ial buildin	gs,	
65 HARA	CINGTON AVE.	NUE			homes, etc.)			
Xily (5)		•			Square Feet	# of Floors	Bidg.	-	٠.
WESTWOO	5D				2700	12	189	4/2	2
County (6)	48.477 . 48.494.1064 .	1.10		de (7) (STATE USE		rior if being dema	olished)		
BERGEN			ONLY)		RESIDEN				
	Firm Hired by Building Own	er AS	CM No.		ment Contractor (
5)		. 7		The same of the sa	Removal I	nc		1	
Street Address	And the second second			Street Address					
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City, State, Zip Code		7.7	restricted the	City, State, Zip	Code	T 07601			
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Project Manager for	Monitoring Firm	Telep	hone No.	Telephone No.		License No.			
				201-329-	1912 107	00388			_
Start Date (10)	Scheduled C			Name of OSHA	Monitor nvironmer	ntal Inc			
4-12-2013			5			TOUT THE			
Occupancy Status D	uring Abatement (Check or	ily one)		Street Address	ler St				
C Facility Closed/Va	cated During Entire Period	of Abatem	ent	City, State, Zip					
D Abatement Perfor POther - Describe:	med Outside of Normal Fac 8 AM 5 PM	ality Hours		City, State, Zip	Coole Hackensa	k N.I.	0760	6	
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le.	cation of			Description	of	Late by the second section of the second		3 1	
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Asbestos-Cont TO B	aining Material (ACM) E ARATED	Used S · Maintr Çus	solely by enance/ todial	Asbestos Containing I (i.e., thermal system	taterial (ACM) s insulation,	Amount (Specif) SF or LF	1	Remo	Bana
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Asbestes-Cont TO B	aining Material (ACM) E ABATED I Facility (13) Waste Haufer	Vsed S Mainte Cus St Yes I	Solely by Internet todial asset 12) No N/A Y- T P Waste Hauli	Asbestos Contairing M (i.e., thermal system surfacing, VA other miscellar L+c-72/MVA- / /// Cubic Yards of Waste	SUCATION Name of Regi	(Specifi SF or LF	h to LF	X	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

2013 APR -5 AM 310 (Pursuant to NJAC 8:60 and 12:120)

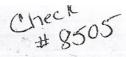
Date of Notification (1)	7/13		T	Name (Building	Owner/Operator	(2) SChus	chier		-11	248	9
Agencies Notified	Type Notification		+	Street	Address		od Au	De CLIL	EN:	ING	116	元
□ EPA □ DEP	Initial Amended		_				30170				=	=
□ por	Amendment #_			City, St	ate, Zip C	ode C	boou	11-5	37	Q5	1	
Прон	Emergency (in	cluding.					<u> </u>	Telephone Number				=
□ DON	justification)			Name (Contact	nsimon		Towns and the latest				(
The Contract										-	-	-
				FAC	LITY INF	ORMATION		. (4)				_
Name of Facility Where	Abatement is Taking	Place 2	- 1	22	Bui	ding	Type of Facility School (K-1 Subchapter					
<u> </u>	<u> 20 - 5-</u>	27	- /	2 N	λA	مر	homes, etc	A Company of the Comp	build	ings,		
City (5) GAR	wood						Square Feet	# of Floors	Bk	ig. Ag	je	
County (6) UN i	01				y Code (1 ONLY)) (STATE	Current Use (F	rior if being demolish	ned)			
Name of Monitoring Firm	n Hired by Building (Owner	T	ASCM I	No.		nent Contractor (9)	1124	The second		18
Street Address	3=-	=				Street Address	OCE T-	T AL PARK		==	_	=
3.07	W 38+	45	+			513 E	32~1	ST			1	
City, State, Zip Code	١ ٧					City, State, Zip C	Code					
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Project Manager for Mo				2.42		Telephone No.	52222	904 99	02	11		9
Start Date (10)	Scher	Juled C				Name of OSHA		400.40 Dec 3.04	7.		der 2	1,44
4613	41		13	3				Ame		- 1	35	
Occupancy Status Dur						Street Address		t stylene i filter i filt e tyrkete.		1 1	-	
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Scope of Work (Check	all that apply)	Re	novati			Mini-Er	nclosure pag Procedure	egative Pressure)			11.2
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Asbestos-Containing TO BE ABJ IN Facili (13)	Material (ACM)	Mair Cu S	Solet itenan istodia itaff? (12)	ice/		Description of tos Containing Ma thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Floor			2	X	-4	rindow	2.0	3,000	X			-
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Name of Registered W	aste Hauler		IA	UDEP V	Vaste	Cubic Yards	Name of Re	gistered Landfill	1			
Eastern	Vorte		. +	lauler ID	No.	of Waste	Ince	P 1 A	(.	V		
City, State	Od NIT					Disposal Date	City, State	A 0.4	4			
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Completed By	Tide			0 1	25-17:	Signature	7/7	Date	27	11	3	
many 6	nuce _	MU	se	let			N			1		-

Chec 48540

Date of Notification (1) 4-2-13		N	lame of E	Building Owner/O	perator (2)	+ S	ilva 13	20		7.	
Agencies Notified Type Notification	1250	THE R. P. LEWIS CO., LANSING, MICH.	treet Add	drace	Kenne	are A some general	Bad		5	# 14 H	
☐ EPA ☐ Initial ☐ Amended ☐ Amendment #) 14, 50 an	ć	City, State	e, Zip Code	onnis	Plain	5 NS	0	79	50)Ü(
DOH Emergency (in justification) DCA Cancellation	ncluding	1		iganet		1a	Telephone Nomi		A STATE OF THE PARTY OF THE PAR		
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORMATI		e of Facility (4)	-	T-w		
Shore house	2 77					School (K-12			4		
Street Address Haro	10	I	Ri	re	2		8 (Other than K-12) ivate & commercial			112	s,
City (5) Manahaw Ki	-4.	t				are Feet	# of Floors		dg. Aq) <i>†</i>	
County (6) Ocean			County C STATE U	ode (7) SE ONLY)		rent Use (Prio Sinca	r if being demolishe గుంటక ట	d)			
Name of Monitoring Firm Hired by Building C			ASCM	No.	Name of Ab	atement Con	tractor (9)	25	,	En	16
Street Address	37				Street Addr						
City, State, Zip Code	M3	-	08	5.33	City State,		a A of other	01	35	13	3
Project Manager for Mostitud gurirm			Telephon	e No. 758-3365	Telephone		License No.	7	9	4	
Start Date (10)	Schedule	d Com			Name of O	SHA Monitor				+	
4-/2-/3 Occupancy Status During Abatement (Chec	ATT OF		13		Street Addr		nnologies	1.	1C	-	100 m
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ent		City, State,		the property of	C) S		~	
Scope of Work (Check All That Apply)					1400	Egypt	NO C	0~	5.3		
□ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ F 8€ 0	tenova emoliti				Aini-Enclosure Blovebag Prod	cedure			•	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbestos Cor (i.e. therma surf	ntaining Mater al systems ins acing, VAT, or miscellaneou	ial (ACM) ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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exterior yealls			X	Sidine	Shin	igles	1000 SF	X		1111	
			2/2/90 1:374								
			13.2			None of	Registered Landfill		<u> </u>	1	_
Name of Registered Waste Hauler EPC Technologie	S		JDEP Waller ID	No. of W	ic Yards /aste		te Managen	262	t .	E 1	PA
City, State New Egypt	NJ		15 J. 19 J.	Disp	osal Date /-/2-13	City, Sta	te visuille F	A	# J		
Completed by Schen Kerr	Title	esid	ent		Signature)Sch	oh Da	te 4-	2-	13	

Date of Notification (1) 3/13/13			Name Engl	of Building	g Owner/Opera	ator	(2) P/3 AP/P	ack	IL'	44	3	***************************************	
Agencies Notified Type Notificat EPA Initial			Street 350	Address Engle St	reet 🕄)	2000	S AH 3. 0					
DEP Amender Amendm				state, Zip C ewood, N	ode NJ 07631		- 196 _{NS}	9470		ī			
DCA Justification Cancellal	on)	g		of Contact				Telephon	e Nu	ımbeı		1	
Name of Facility Where Abatement is Ta Room 260	king Place	(3)	FA	CILITY INF	ORMATION	T	Type of Facility	(4)					
Street Address 350 Engle Street							School (K- Subchapte		n K-1	2) lal bu	ildina	s ho	mas
City (5) Englewood					Commence of the second		etc.) Square Feet	# of Floors			Bldg.		
County (6) Bergen			County (STATE	Code (7)	0	1	Current Use (Pr	lor if being den	nolis	hed)			
Name of Monitoring Firm Hired by Buildir Hillmann Environmental Group	g Owner (8)	ASC 622	M No.	Nar AB	ne d	of Abatement Co Environments	ntractor (9)	110				
Street Address 1600 Route 22 E					Stre	et A	Address ate Drive, PC						-
City State, Zip Code Union, NJ 07083	Tage of Control			City	, St	ate, Zip Code vood, NJ 074							
Project Manager for Monitoring Firm Mike Nehlsen			Telepho 908-6	one No. 88-7800	Tele	pho	one No. 83-8500	Licen 703	se N	0.		-	
Start Date (10) 3/14/13	4/30/1	3	mpletion	Date (11)			f OSHA Monitor	703			-	-	
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Dorlad at	A la a 4	ment s				ddress						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of	I Is	lenova lemoli Locat	lon			×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			cedur		1
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Ma	d Sole Intena odial S (12)	nce/	Asbest (I.e.	Description of the containing thermal system surfacing, V other miscella	Mains li	terial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Room 260			X		pipe fittir	nas		30		x	- 25	O	
Room 260	Room 260							450 SF		X.			
3 2 2						-					13.27		
Name of Registered Waste Hauler reehold Cartage	H	JDEP Ware ID 15939	No.	Cubic Yards of Waste 10			egistered Land			4=1			
City, State reehold NJ			Disposal Date	1	City, State Morrisvill		~~~~						
Completed by Endrew Scott Higgins	Title Presid	ent		L	Signature	0 /	M	·	Date	3/13			

No well



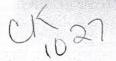
Date of Notification (1) 3-30-13		Name	of Buil	ding Owner/Opera		Sons	1913 APR -5	е.			
Agencies Notified Type Notification		Stree	t Addre			50	1770	1117	3,1	30	
DEP Amended Amendment #)		Zip Code TRen	ton		O8638	147 36	RO	<u>'</u>	
DOH justification Cancellation	aing	(of Co	1/-			enconale i				
Name of Facility Where Abatement is Taking Pla St. An Hony Con Street Address	vent	+ (Vac	, \	T Subr	ol (K-12)	(Other than K-12) vate & commercial b	uilding	gs, ho	mes,	
Street Address 626 South O City (5) The Han NJ				The second second	Square Fe	eet	# of Floors	Bldg	Age	-j -	
0 + (6)	UE	Cou	nty Coo	de (7)			if being demolished)				
Name of Monitoring Firm Hired by Building Own	er (8)		SCM N		ame of Abatem		actor (9)		9	,	-
EPC Technolog	ies		-	I/A s	treet Address	The second	hnologi	25	***	n	<u></u>
Ro. Box 33	7		125		P.O. B	OX .	337				_
City, State, Zip Code	v3	0	85	533 °	ity State, Zip C	Cqv/	of NJ (36	15	3:	3
Project Manager for Monitori 19 Firm			ephone	The second of the second	elephone No.	336	License No.	3	90	1	
Start Date (10)	cheduled	Comple	etion Da		lame of OSHA	Monitor	r	A STATE OF THE PARTY OF THE PAR		+	
5-1-15		30)-1		EPC Street Address	lect	mologies	LA	<u>C</u>	-	_
Occupancy Status During Abatement (Check C					P.O	BOK	337				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility	Hours			New E	Code		85	3	3	
Scope of Work (Check All That Apply)					Full C	ontainme	ent with Negative Pre	essure	е		
'□ ≥3 sf or ≥3 lf ≥20 ≥160 sf or ≥260 lf	200	enovatio emolition			☐ Mini-l	Enclosure	edure				
			1		> Non-	Exempted	(*) and Non-Friable		Abate		
	N	Location Normally		Desc	cription of		Andrew Port		Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solely intenanc todial Sta (12)	e/	surfaci	ining Material (systems insulati ing, VAT, or iscellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(0)	Yes	No	N/A				15-10-1-			-	-
Basement	X	:14	4 (16.2)	Pipe Ins) Europe	1500 LF	K			-
Basement	X	10		Boika I	Insulation	1911	300 SF	×	2-		
2nd floor	1307 =	X		Floor	iles 1	~ /				1.350	
Name of Registered Waste Hauler			IDEP V	No. of Was			Registered Landfill te Managen	nca	t.	E	PV
EPC Technologies	>	14.	170	ALC: THE RESERVE OF THE PERSON NAMED IN COLUMN 1	sal Date	City, Sta	ite	A	046		
City State New Egypt	NJ				ous Dates	Mor			1		10
Completed by Schen Kerk	Title	esid	+		Signature	Sell	who	3-	30)-	1

Check \$505

		,				40/2				
Date of Notification (1) Q-QI-1	3	- ^	lame of	Building Owner/Operato		ns 5		7.0		
Agencies Notified Type Notification X EPA SX Initial	-	S	Street A	ddress	x 596		1/0	600	,	
DEP DEP Dependent		Ç	ity, Sta	te, Zip Code	7	-1-10x UK	71.			
DOL Amendment ☐ Emergency (-		Trenton	NJ	08638/	14	11		
DOH justification)	including	N	1	Contact		- I Talanhana Niin	har		100	
□ DCA □ Cancellation			-	any Vinch						tena
Name of Facility Where Abatement is Taking	Place (3)		/	LITY INFORMATION	Type of Facility	(4)				
St Anthony Con	vent	(Va	cant)	☐ School (K-	12)				
Street Address	^		110	A	☐ Subchapte	r 8 (Other than K-12	2)	100000000000000000000000000000000000000	SPECIOL I	
626 South		lde	20	AUE	etc.)	private & commercia				es.
Trenton	AIT		16	3610	Square Feet	# of Floors	E	Bldg. A	ige	
County (6)	100	To		Code (7)	Current Use (Pr	ior if being demolish	ed)	13) +	
Mercer				JSE ONLY)	Con	•		c		
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	No. Name	of Abatement Co	ntractor (9)	•		-	
Street Address	2162			MIN	- LC 16	chnolog	ie	5 ,	In	20
P.O. Box 3	37			Stree	Address Box	337				
City, State, Zip Code	T.M	- (28	5.33 City	State, Zip Code	711 La	A	04	72	3
Project Manager for Monif ri g Firm	110	T	elephor	ne No. Telep	phone No.	License N	0.	0	10	
Steve Schenker					758-330).	54	4	4
Start Date (10) 3-7-13	Scheduled 3	Comp	oletion I	Date (11) Name	of OSHA Monitor	A 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Occupancy Status During Abatement (Check	k Only One	(1)	_	Stree	t Address	hnologies_	-		-	
Facility Closed/Vacated During Entire F	Period of Ab	oateme	ent		P.O. Box	337				
☐ Abatement Performed Outside of Norm				City,	State, Zip Code			141	10.0	11 12
A Part of the Control					lew Egy	pt NJ (<u> 98</u> 0	5:	33	
Scope of Work (Check All That Apply)										
□ ≥3 sf or ≥3 lf ≥ ≥160 sf or ≥260 lf	1430 March 200 Devices	enovati emolitic		• • • • • • • • • • • • • • • • • • • •	Full Containm Mini-Enclosur	ient with Negative P	ressu	re		
				X	Glovebag Pro	cedure				
	T	12.00	<u></u>	/	Non-Exempte	d (*) and Non-Friab	le Pro		ement	
,	110	ocatio ormally		Description					/ре	18
Location of Asbestos-Containing Material (ACM)		Solely		Descriptio Asbestos Containing		Amount	cast	1.00	Ш	
TO BE ABATED	3.14	itenani idial St		(i.e. thermal system		(Specify	Rer	R.	nca	Enc
In Facility (13)	are and	(12)		surfacing, V	The state of the s	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				<u>B</u>		ate	6
Basement	X		4	Pipe Insul	ation	1500LF	×			
Basement	×		. 1	Boiler Insu		2005F	×			
and floor		×	UC P	Floor tiles	a . a .	300 SF	×			14
a F100.2				1 icole (res	, , , ,		1			
Name of Registered Waste Hauler	- L		JDEP W		Name of	Registered Landfill	-			
		Ha	auler ID		O NAG	· · · ·		14	P	Δ
EPC Technologie	>		170	Disposal Dat	e City, Sta	ste Manag			11	V.
New Egypt Completed by	NJ		0	Vanious		nnisville	ť	A		
Completed by	Title	. 0		Signatu		Da		21	17	le -
Steve Schen Ken	Pires	Sidh	nI	2	uce) - Ch	of c	X	d1.	13)

" Clock 12029

Date of Notification (1) 3/29/13			Name of Mr. & I	Building (Mrs. Har	Owner/Ope		int.						
Agencies Notified Type Notified I Type Notified I Initial	cation		Street A			O AM	3:00			i and		ť	
DEP Amend	dment #		City, Sta Monto	te, Zip Co air, NJ	de & L/L/	ENSIM	LROL .	, y			# 11		
DOH justific	gency (including ation) ellation		Name of	Contact	ontractor		1 . + 1.8	Telepho	ne Nun	nber			
Personal Communication of the			FACI	LITY INFO	ORMATION					13	700	- 37	
Name of Facility Where Abatement is house Street Address	Taking Place (3)					School (K-1 Subchapter	2) 8 (Other tha					
56 Wayside Place City (5) Montclair						Squ 200	Other (i.e. p etc.) are Feet	# of Floo		В	ldg. A		es, ——
County (6) Essex			County (Code (7) USE ONLY)	200	rent Use (Prid		molish				1
Name of Monitoring Firm Hired by Bu	ilding Owner (8)	ASCN	No.			atement Con		LLC	Trade		Me.	
Street Address					S	Street Addr		arriga -					
City, State, Zip Code		May 52			C	City, State,		Vibra Harris					
Project Manager for Monitoring Firm			Telepho	ne No.	T	elephone 973-583-	No.		ense N	0.			
Start Date (10) 4/8/13	Schedu 4/15/1		ompletion	Date (11)	N	Name of OS	SHA Monitor						
Occupancy Status During Abatement Facility Closed/Vacated During B Abatement Performed Outside of Other – Describe:	Entire Period of	Abate				Street Addr City, State,					1. 1.		
Scope of Work (Check All That Apply	,	- 40		70.3				Tare No. 17		1 12 13 1	-		-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		Renov Demo				× N	ull Containme lini-Enclosure lovebag Prod lon-Exempted	edure				e	
	3474	s Loca			Towards Land					į vi	Abat	emen pe	t ·
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	M M	ed So ainten	lely by lance/ I Staff?		tos Contair thermal sy surfacin		ılation,	Amour (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
2nd floor bathroom			X	C. Der Zeit	duct in	sulation	Carrigan.	20 SI	5 194 ₁	x	÷ 10	3/3	
				Table 1	sulation		20 LI		x	, 10	7.3	100	
							Sala Kaga					1	
Name of Registered Waste Hauler	1/12	NJDEP V		Cubic Ya	Charles of the Control of the Contro	C. C. Service Description	Registered I		1 1	FIL 6			
Tri State Transfer		Hauler ID 02325	INO.	10			a Enterpris	ses			1		
City, State Bronx, NY				Disposal TBD		City, Stat Waynes	e sburg OH						
Completed by Andrew Scott Higgins	siden	t ,		Sign	nature			- 3/	te 29/1:	3	4. 121		



Date of Notification (1) -29_13			Name	of Buildin	g Owner/Operator	r (2)		>5	- 17		
Agencies Notified BPA DEP DOL DOL	Type Notification Initial Amended Amendment # Emergency (i		ī	City's	tate, Zip C	SON	NJ	72 - 13 - 14	ξη,		7 3.	21
☐ DCA	Cancellation			EX	215	PLACK	<u> </u>					
Name of Facility When	re Abatement is Takir			FAC	ILITY INF	ORMATION	Type of Facility School (K-1 Subchapter Other (i.e.,	2) 8 (Other than K-12) private & commercia	l build	lings,		
City (5) RUMS	NIN NI.		T- ray				Square Feet	# of Floors	Ble	ig. A		
County (6) MON	MOUTH				ty Code (7) (STATE	Current Use (F	Prior if being demolish	ned)	TRE	YE	D
Name of Monitoring F (8) Street Address		Owner		ASCM I	No.	BRICK Street Address		RIES /NO				
	A Maria Carlo	1.				Oil Otata 7in l	NATICK		,			-27
City, State, Zip Code		1: 11				BRIC	ck, NJ	. 08724	_			_
Project Manager for N	Monitoring Firm	- 3.7	Tele	phone I	No.	Telephone No.	9-7499	License No.	16			
Start Date (10) 4-6	9-/3 Sche	duled C		tion Da	te (11)	Mame of OSHA	Monitor				7.5	
Occupancy Status Du	uring Abatement (Che	ck only	one)			Street Address				7.5		-
Facility Closed/Vac Abatement Perform Other - Describe:	med Outside of Norma					City, State, Zip	Code			-		
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ck all that apply)		enovat emolitic			Mini-E	ontainment with N nclosure pag Procedure exempted (*) and N	egative Pressure	e		1	
			Location	4000		at the second				bate		
Location Asbestos-Containin TO BE AF IN Fac (13	ng Material (ACM) BATED cility	Used Mai C	d Solei ntenar ustodi Staff? (12)	y by nce/ al	Asbes (i.e.	scription aining M. the mal systems surfacing, VA other miscellane	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosula
		Yes	No	N/A	7.6	PANSITE		1000	V		-	-
SIDIN	<u> سي '</u>			V	1 5	SHN31.1E		1000				
				1					-	-	-	-
Name of Registered V	Waste Hauler	<u> </u>	. 1	WDEP I	No.	Cubic Yards of Waste	G.R.	gistered Landfill				
City, State	1/ 1		-13			Disposal Date	City, State	PA				
BRICK,	Tit		ES		geral (n	Signature	1/	Date 4/-	30	_/	3	
ERICP	MICKIO	1.1	()	· • 1944 1	the later of the				CONTRACTOR OF	4 1	-	-



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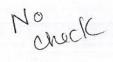
Date of Notification (1) 4/1/13		1		Building Harper				(** *** .	-	8,5		
Agencies Notified Type Notification			Street A		(i iivate	7 1 10111		201	3 10	7 F				
				6th Stre	eet			1 -		H-5 A	1 3	00		
EPA DEP Amended Amendment Emergency (- 1		te, Zip Co ity NJ 0		Ray		2		r Estat.	i VIR			
DOH justification) Cancellation	including		Name of Linda	Contact					Те	lephone Nu	mber	-		
Name of Facility Where Abatement is Taking	Diago (2)		FACI	LITY INFO	ORMATI	ON .	T.	-						
Linda Harper (Private Home)	g Place (3)	4			*			of Facility (100					
Street Address 218 N 6th Street						i	×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth			dings	, hom	es,
City (5) Surf City NJ 08008								re Feet	2	f Floors		3ldg. <i>i</i> 35+	Age	
County (6) Ocean			County C	Code (7) JSE ONLY)		Curre	nt Use (Prid 1e	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)	Try at	ASCM	l No.			of Aba aco Ir	tement Con	itracto	(9)				
Street Address						W 2000 100 100 100 100 100 100 100 100 10	Addres		1111					
City, State, Zip Code		1.3.						ip Code n NJ 080	91					
Project Manager for Monitoring Firm		Telephor	ne No.		10 SECTION 10 SECTION 1	none N 753-9			License N	lo.				
Start Date (10) 4/11/13	Scheduled		npletion (Date (11)			of OSI	A Monitor	V III					
Occupancy Status During Abatement (Check	k Only One	9)	1977				Addres	s	-	•	-		-	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of A	baten	nent					p Code						
Scope of Work (Check All That Apply)							-	7.70	17					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				×	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				re	
	ls l	Locat	ioņ,	Tomas (C	1 1 1		1					Abat	emen ype	t
Location of Asbestos-Containing Material (ACM)		ormal Sole		Achon	Des tos Cont	scription	of	(ACM)		mount		F.	T	
TO BE ABATED In Facility (13)	- A - LOS TONES	ntena odial S (12)	nce/ Staff?	(i.e.	thermal surface	system cing, VA niscellar	s insula T, or	ation,	(Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			1000							e	
Exterior Siding bottom of house		X		Exte	rior Si	ding	4. 271	13	800 SF	x		Prov.		
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfil				
United Containers		H	lauler ID 2459		of Was			G.R.O.						
City, State Elm NJ			100		Dispos 4/17/1	sal Date		City, State Morrisv		A 19067				Paris A
Completed by Anthony T Perna	dent	14844		S	ignature					ate /1/13				

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			Ivallic	oi bulluli	g Owner/Operator	(2)					
_4 / 4 /	13		JC	Penney	Corporation Inc.	. 2013 APR	-5 All 3: 60				
Agencies Notified Type Notification	on	1	Street	Address		-	mil (1) (II)	-	-	_	
⊠ EPA ⊠ Initial			650	1 Legac	v Drive	100					
☑ DOLWD ☐ Amended				tate, Zip		9 4111	THE WALL ROLL		(2	
□ DHSS Amendment	t #		10000	No. of the last of		S10	chaing.	7	- 11		
□ Emergency	(including		1100	no, TX	And the second s						
(NJAC 5:23-8) justification)	8	36	Name	of Contac	ct		Telephone Num	ber			
☐ Cancellation	n	Ŋ.	Soy	Thoma	S						
			FAC	CILITY II	NFORMATION						
Name of Facility Where Abatement is Tak		(3)		4		Type of Facility					
Brunswick Square Mall-JC Penne	ey					School (K-12	2) 0 (046 45 46 40				
Street Address						Other (i.e., p	8 (Other than K-12 rivate and comme) rcial bu	ilding	s,	- 3
775 State Rt. 18 South, Suite 600						homes, etc.)			1		
City (5)			1,50			Square Feet	# of Floors	Blo	dg. Ag	ge	
East Brunswick		first s			8 11 11 11 11	150000	2	1 7	75		
County (6) Middlesex			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Name of Monitoring Firm Hired by Buildin	a Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7. 1	9	\$ 1	
Hillmann Consulting LLC	g Omner		6225	1000	JVN Restora						
Street Address	-		0220		Street Address	uon mo					
1600 Route 22 East			3.41		47 Foster Ro	ad					
City, State, Zip Code				Marian I	City, State, Zip C		1 100			- 2	- 1
Union NJ 07083			1 1 = 1		Staten Island						
Project Manager for Monitoring Firm		Tele	phone	No	Telephone No.		License No.	James II		de o	
Tom Rubino)8-956		718-605-6256	3	00774				
Start Date (10) Sch / 16	heduled C		tion Da		Name of OSHA N Testor Tech	Monitor					
Occupancy Status During Abatement (Ch	eck only	nne)	1140.74	THE STREET	Street Address	- 1, 1907 Carrier	y the state of the	1517		4 20	
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire			ment		Street Address	on Avenue		1000		7	
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abate		cribe	10 59 Jackso						
☐ Facility Closed/Vacated During Entire	Period of mal Facilit	Abater y Hour	s - Des		10 59 Jackso City, State, Zip C	ode					
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm Time of Abatement:AM	Period of mal Facilit	Abater y Hour	s - Des		10 59 Jackso	ode					
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm	Period of mal Facilit PM/10:0	Abater y Hour	s - Des 6:00All		10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Mini-End Gloveba	ode 11 Itainment with Neclosure Ig Procedure		re			
□ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norm □ Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf	Period of mal Facilit	Abater y Hour 00PM- enovati	s - Des 6:00All on		10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Mini-End Gloveba	ode 11 Itainment with Neclosure Ig Procedure	gative Pressure on-Friable Procedu		atem	ent T	vne
□ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norm □ Time of Abatement:AM Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf	Period of mal Facilit PM/10:0	Abatery Hours OPM- enovation molitics Locat Norma	s - Des 6:00All on on tion		10 59 Jackso City, State, Zip Ci LIC, NY 1110 Full Con Mini-End Gloveba Non-Exe	ode 11 Itainment with Neclosure Ig Procedure Ig Procedure Ig Procedure		Ab	ateme		
□ Facility Closed/Vacated During Entire □ 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	Period of mal Facilit PM/10:0	Abatery Hour 10PM-1 enovati emolition Locat Normaled Sole	s - Des 6:00All on on lly ely by	Asb	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the story Containing Market	ode Itainment with Neclosure g Procedure empted (*) and No		Ab			T
□ Facility Closed/Vacated During Entire □ 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	Period of mal Facilit PM/10:0	Abaten y Hour 10PM-1 enovati emolition s Locat Norma ed Sole intena	s - Des 6:00All on on lly ely by unce/	Asb	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the story Containing Mae, thermal systems	ode Itainment with Neclosure g Procedure empted (*) and No	n-Friable Procedu Amount (Specify	Ab			
□ Facility Closed/Vacated During Entire □ 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	Period of mal Facilit PM/10:0	Abater y Hour OPM- enovati emolitic s Locat Norma ed Sole intena	s - Des 6:00All on on lly ely by unce/	Asb	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the contro	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	on-Friable Procedu		atemo Repair		ype Enclosure
□ Facility Closed/Vacated During Entire □ 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	Period of mal Facilit PM/10:0 Re De	Abater y Hour OPM-(enovati emolition s Locat Norma ed Sole intena todial (12)	on on lly ely by ince/	Asb	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the story Containing Mae, thermal systems	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	n-Friable Procedu Amount (Specify	Ab		ent T Encapsulate	
□ Facility Closed/Vacated During Entire 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)	Period of mal Facilit PM/10:0	Abatei y Hour OPM-(enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on lly by staff?	Asb.	To 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the c	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair		
□ Facility Closed/Vacated During Entire □ 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	Period of mal Facilit PM/10:0 Re De Use Ma Cus Yes	enovatiemolitics Locat Norma (12)	on on lly ely by ince/	Asb.	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the contro	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	n-Friable Procedu Amount (Specify	Ab Removal			Enclosure
□ Facility Closed/Vacated During Entire □ 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)	Period of mal Facilit PM/10:0	Abatei y Hour OPM-(enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on lly by staff?	Asb.	To 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the c	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair		
□ Facility Closed/Vacated During Entire □ 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)	Period of mal Facilit PM/10:0 Re De Use Ma Cus Yes	enovatiemolitics Locat Norma (12)	on on lly ely by ince/	Asb.	To 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the c	ode Itainment with Neclosure Ig Procedure Implement (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire 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)	Period of mal Facilit PM/10:0 Re De Use Ma Cus Yes	Abately Hour y Hour Pop Hour P	on on lily ely by ince/	Asb.	To 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the c	ode Itainment with Neclosure Ig Procedure Impled (*) and No of Itaterial (ACM) Insulation, Insulation, Insulation, Insulation, Insulation, Insulation	Amount (Specify SF or LF)	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire 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)	Period of mal Facilit PM/10:0	enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on on livince/ Staff?	Asb (i.	To 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of the control of the c	ode Itainment with Neclosure Ig Procedure Impled (*) and No of Itaterial (ACM) Insulation, Insulation, Insulation, Insulation, Insulation, Insulation	Amount (Specify SF or LF)	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire □ Abatement Performed Outside of Norm Time of Abatement:AM	Period of mal Facilit PM/10:0	enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on liy ely by innce/ Staff?	Asb (i.	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane Cubic Yards of Waste	ode otainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, T, or eous)	Amount (Specify SF or LF) 236SF	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire □ 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) 1st Level Home Streets Dept. Name of Registered Waste Hauler Global Waste Industries, Inc.	Period of mal Facilit PM/10:0	enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on live ly by ince/Staff?	Asb (i.	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of estos Containing Mae., thermal systems surfacing, VAT other miscellane Cubic Yards of Waste 10	ode of otainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, r, or eous) Name of Regi G.R.O.W.S	Amount (Specify SF or LF) 236SF	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire □ 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) 1st Level Home Streets Dept. Name of Registered Waste Hauler	Period of mal Facilit PM/10:0	enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on liy ely by innce/ Staff?	Asb (i.	10 59 Jackso City, State, Zip C LIC, NY 1110 Full Con Gloveba Non-Exe Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane Cubic Yards of Waste	ode Itainment with Neclosure g Procedure empted (*) and No of aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF) 236SF stered Landfill S., Inc.	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire □ 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) 1st Level Home Streets Dept. Name of Registered Waste Hauler Global Waste Industries, Inc. City, State Hackettstown NJ	Period of mal Facilit PM/10:0	enovati emolitic s Locat Norma ed Sole intena todial (12) No	on on liy ely by innce/ Staff?	Asb (i.	Tubic Yards of Waste 10 Disposal Date 5/16/13	ode of of aterial (ACM) insulation, r, or eous) Name of Regi G.R.O.W.S	Amount (Specify SF or LF) 236SF stered Landfill 3., Inc.	Ab Removal	Repair		Enclosure
□ Facility Closed/Vacated During Entire □ 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) 1st Level Home Streets Dept. Name of Registered Waste Hauler Global Waste Industries, Inc. City, State Hackettstown NJ	Period of mal Facilit PM/10:0	Abatei y Hour DPM-I enovati emolitic s Locat Norma ed Sole iintena todial (12) No	on on live ly by live ly by ly by ly	Asb (i.e.	To 59 Jackson City, State, Zip Country, State, Zip Country Full Conmodition Management of Compound Cubic Yards of Waste 10 Disposal Date	ode of of aterial (ACM) insulation, r, or eous) Name of Regi G.R.O.W.S	Amount (Specify SF or LF) 236SF stered Landfill 3., Inc.	Ab Removal	Repair		Enclosure

J39390

Date of Notification (1) 4-03-2013					Owner/Ope Terrace,			-9.86		200		
Agencies Notified Type Notific	ation	1	Street Ad	ddress	all, Suite			-5 AN 3:1	0.			
	lment #			te, Zip Coo nento, C	de A 95841	l ģ	9 41	DÉ CLINTRI CENSIMO	JL.			•
DOH justification DCA Cance			Name of Chris N	Contact Viller				Telephone Nu	mber			
	- II - DI - (0)		FACI	LITY INFO	RMATION		Tune of Facility	1				- 2
Name of Facility Where Abatement is National Envelope	Taking Place (3)						Type of Facility (
Street Address		100		1	5 505 1			8 (Other than K-1				
450 Clermont Terrace	1-1-1-1-1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Other (i.e. p	orivate & commerc	ial buil	dings	, hom	es,
City (5) Union							Square Feet 265,000	# of Floors 2	1000	is ye		1
County (6) Union				Code (7) USE ONLY)	radicti		Current Use (Pri Not in use	or if being demolis	shed)		811	
Name of Monitoring Firm Hired by Bui	lding Owner (8)		ASCN	1 No.			of Abatement Cor ercy Group In					
Street Address 10 Filmont Drive			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10				Address Burns Avenue	9				4
City, State, Zip Code New City, NY 10956							ate, Zip Code agh NY 11790	3				
Project Manager for Monitoring Firm Marc Rutstein		. 0.9	Telephoi 845-63	ne No. 38-0640	100		one No. 76-0020	License 01085	No.			
Start Date (10) 4-18-2013	Scheduled 12-31-20		pletion I	Date (11)			of OSHA Monitor ercy Group Ir			1=		
Occupancy Status During Abatement	(Check Only One))		1000	10.11		Address		-			
➤ Facility Closed/Vacated During E	ntire Period of Ab	atem	ent		Water Street	-7.113	Burns Avenue	9		i de	de.	
Abatement Performed Outside o Other – Describe: Facility schedu	f Normal Facility Fulled for demolition.	lours No	occupan	су			ate, Zip Code agh, NY 1179	03				
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The second secon	novat moliti	- 44		Martai Martai	××××	Mini-Enclosur Glovebag Pro				re.	
	100		1	- 1 F 10	6- 13		Non-Exemple	u () and Non-i ne			emen	t
Location of	No	ocation or mall	ly		Descr	ription	of	13,100		Т	ype ·	T
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	Custo	tenar dial S (12)	nce/ Staff?		tos Contair	ning M ystems ng, VA	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout	Yes	No	N/A X		Pi	ipes	Tay a late	4,000 sf	X		4	
Throughout			X			/AT		26,000 sf	X			
moughout	nersta						20,000 0.		8 1	11-24	- 1	
	ant - or beautiful		to process			4	seskallizises			l. i.		-:
Name of Registered Waste Hauler Horwith Trucks Inc.	H	IJDEP W lauler ID 6227		of Waste		THE PARTY OF THE P	Registered Landf a Enterprises	ul				
City, State Northampton, PA 18067			15.55		Disposal 6-30-12		City, Sta Wayne	te sburg OH				
Completed by Robert Lewin	nme	ental C	oordinat		nature	led his		ate I-03-1	3			



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

Date of Notification (1) 04/03/2013					Name of Build Eaton Coope		Operator (2)					
Agencies Notified (X) EPA		Notification () Initial No			Street Addres 600 Travis, S							
(X)DOL (X)DOH ()DCA		(X) Amend () Cancelle	led Certifica	ation	City, State, Zi Houston, TX							
					Name of Con Nelson Olava			Tal N				
			2 7 10	FACILITY IN	FORMATION	ina						
Name of Facility Where Ab Cooper Notification Facility	atement is Ta	aking Place (3)		Type of Facili () School (K							
					() Subchapte	er 8 (other th	nan K-12)					
Street Address 273 Branchport Avenue		•			(X) Other (i.				mes, etc			
City (5)	County (6)		County C	ode (7)	1 0q. 1 cot 120	,00		0.5				
	Monmouth		(State Us		Bldg. Age 50 Current Use (demolished)	Forme	er Factor	V		
Name of Monitoring Firm H Precision Environmental,		Owner (8)	ASCM N	<u>0.</u>			Name of Co	ntractor	(9)		P	
1 100 is is in a line in a										3	10 1414	
Street Address 36-15 23 rd Street		Street Addres 395 Turner In		,								
City, State, Zip Code Long Island City, NY 1110										41 5		
Project Manager for Monito Michael Parpounas	ring Firm	Telephone 718-383-26			Telephone No 484-480-893			01006	se Numb	<u>er</u>		
Scheduled Start Date (10) 03/20/13		Scheduled 04/03/2013		Date (11)	Name of OSH Testor Techn							, 6.
Occupancy Status During A (X) Facility Closed/Vacate () Abatement Performed C Describe_Occupants move	d During Ent Dutside of No	ire Period of ormal Facility	Abatement		Street Address 10-59 Jackso City, State, Zi Long Island C	n Avenue ip Code	01					
Describe_Occupants move	a to adjacem	t arca			The state of the s	- 1						
Other - Describe	a nej wer het et	Strategic					- Marie Salar		1-322			- 4
Source of Work (Check all () Demolition (X) Ren (X) Large Proj. (>160 SF	ovation or >260 LF A						oj. (<25 SF or	<10 LF	ACM)			
() Full Containment with N Location of Asbestos-		tion Normally		Description of	Glovebag Proce		Specify SF or	TE)	Ahata	ment Ty	ne	79.5
Containing Material (ACM) Facility (13)		by Maint./Cu		thermal system surfacing, VAT	ns insulation,	Amount	Specify SF of	LF)	Abate	Hent Ty	<u>pe</u>	
. admity (10)	YES	NO	NA	miscell.)	, 5, 54, 6				Rem.	Rep.	Encap	Enclose
1 st Floor	1 1 2 1 7	X	1	Pipe		720 LF			X			
1 st Floor		X	74.0	Transite – Exh	aust Duct	120 SF			X		P. T.	
										100		
Name of Reg. Waste Haule	D#	Cubic Yards	of Waste		Name	of Reg.	Landfill					
Service Transport Group 20990					120	<u></u>		Mine	rva		, bes	
City, State New Castle, DE					A1	1	Disp. Date 04/09/2013			City, Sta Vaynes	<u>te</u> ooro, O⊦	L.,
Completed by (Print or Typ Richard P. Semega, Jr.	Completed by (Print or Type) Richard P. Semega, Jr. Title Branch Manager					rdigres) = 1		Date 04/03/	2013			
					1	·			1		1	

CK520498

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u>, 7:26-2.12)

Date of Notification (1) 04/04/2013					Name of Build E.I. DuPont D			12.45	Acres description	74		70		
Agencies Notified (X) EPA		Notification (X) Initial N			Street Addres Rt 130	<u>SS</u>		13 AFR	-5	AH 3.	00			
(X)DOL (X)DOH ()DCA		() Amende () Cancelle		tion	City, State, Z Deepwater, N		9	de []	ÜEMS	UNIT ING	OI.			
			-		Name of Con Richard Clark			Tel. Nu	umber					
		3.8		FACILITY IN	FORMATION			1			7			
Name of Facility Where A Dupont Chambers Works		Taking Place (3)		Type of Facili () School (K () Subchapte	-12)	han K-12)				15 35			
Street Address Route 130					(X) Other (i.e. Sq. Feet 300		commercial bl		nes, etc	D.				
City (5) Deepwater	County (6) Salem		County ((State U		Bldg. Age 52		g demolished)		cal Man	ufacture	er			
Name of Monitoring Firm Harvard Environmental,		j. Owner (8)	ASCM	lo.			Name of Co NCM Demo	ntractor	(9)					
Street Address 760 Pulaski Highway					Street Addres 395 Turner In		y							
City, State, Zip Code New Castle, DE 19720					City State, Zip Aston, PA 190									
Project Manager for Monit Wesley Morrison	Telephone 302-326-23		A	Telephone Nu 484-480-8931			License 01006	e Numb	er					
Scheduled Start Date (10) 04/29/2013	1	Scheduled 05/06/2013		Date (11)	Name of OSH EMSL Analyti					1				
Occupancy Status During (X) Facility Closed/Vacat () Abatement Performed	ed During En	tire Period of	Abatement		Street Address	Ave								
Describe					City, State, Zi Westmont, No.									
Other – Describe			5.75.00		21-1-1	1 (12)	. g1057: 151	di sin						
() Demolition (X) Rei (X) Large Proj. (>160 SF (X) Full Containment wit	novation or >260 LF A	ACM) ()M Pro	oj. (>25<16 () Mini-En	0 SF or >10 <26 closure (X)	0 LF ACM) (Glovebag Proc) Minor Pro	oj. (<25 SF or	<10 LF A	CM)					
Location of Asbestos- Containing Material (ACM Facility (13)) in Solely Staff?		stodial	Description of thermal system surfacing, VAT	ns insulation,	Amount ((Specify SF or	LF)		ment Ty				
East of Bldg. #1156	YES X	NO	NA	miscell.) Tank Insulation	2	280 SF		AS LOCAL	Rem.	Rep.	Encap I	Enclose		
East of Bldg. #1156	X			Pipe Gaskets	The state of the state of		Transport		X					
				100 C 100 C							- 1 - S			
Name of Reg. Waste Haut DuPont Company	<u>er</u>	NJDEP Was	te Hauler	 D#	Cubic Yards o	f Waste	= 1 - 2 'PT = 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Name of DuPor		Landfill obers W	orks			
City, State Deepwater, NJ		1.14		Šie			Disp. Date 05/06/2013		C	City, Stat Deepwate	е			
Completed by (Print or Ty Russell King	roject Mana	ager	Signature	C		<u>Date</u> 04/04/2	013		gh-dhia					

Date of Notification (1)	13	E-24-1	1 15			Owner/Operator (2) 2013 APR -5	Ald O. A.		1 100				
Agencies Notified					Address) Ridgev		\$000 Tho	re rest		V-		ĭ		
☑ DOLWD ☐ Amende ☑ DHSS Amende	ment #			C-001 (To 0000 000	ate, Zip C chester	ode Township, NJ 0	& LICEN.	SING						
DCA Emerge justifica		aing	*	Name	of Contac	t		Telephone Numb	er		,			
☐ Cancell				Mr.	John Re	eher			1	1044		٠,		
				FAC	ILITY IN	FORMATION					-			
Name of Facility Where Abatement is	Taking P	lace ((3)				Type of Facility (4)			-			
Reade Manufacturing	- 1						☐ School (K-12			*				
Street Address	-		-		+111 h		Subchapter 8	(Other than K-12)	cial bui	ldina				
2590 Ridgeway Blvd				gr = T			homes, etc.)	ivate and comme	ciai bui	iunig.	٥,			
City (5)		1	5/37	7			Square Feet	# of Floors	Blo	lg. Ag	je			
Manchester Township	10	7	17-2				NA	NA	1	A				
County (6) Ocean	- Santia			Coun	ty Code (7	(STATE USE ONLY)	SE ONLY) Current Use (Prior if being demolished) Occupied - Industrial							
Name of Monitoring Firm Hired by Bu	ilding Ow	nor (8	2)	ASCM	Vo.	Name of Abateme			1 1 1 1 1		1	100		
Horizon Environmental	maing Ow	ner (e	,	ACOM		Asbestos and Mold Services, Corp. Street Address								
Street Address														
P.O. Box 316	1 10 10 11					3859 Sylon E								
City, State, Zip Code		416					City, State, Zip Code							
Thorofare, NJ 08086						Hainesport, NJ 08036								
Project Manager for Monitoring Firm Dave Flanigan	in the second			ephone 56-848		Telephone No. License No. 00862								
Start Date (10)	Schedul			etion Dat		Name of OSHA N EMSL Analyt								
4 / 16 / 13			ANAILE .		13		icai, ilic.							
Occupancy Status During Abatemen						Street Address	/ 100 N - II							
☐ Facility Closed/Vacated During E	ntire Perio	d of A	Abati	ement	ariba	200 U.S. Rou		Cheller of the Me						
Abatement Performed Outside of Time of Abatement:AM	Normal F	acility	PI	irs - Des 1-	AM	City, State, Zip C								
				77 53	44 44	Cinnaminso		- 13						
Scope of Work (Check all that apply)	X	Cléi Rei Dei	nova	tion		☐ Full Con ☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure	Envive am Unital gative Pressure n-Friable Procedu		MIS	n n			
	188.50			ation					Ab	atem	ent T	уре		
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	CM)	Use Ma	inter	lely by ance/ I Staff?		Description estos Containing M e., thermal systems surfacing, VAI other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
and the superstant of the substitute	e esper	Yes	No	N/A		was Alexander of the	er en er i sørre skulpt er	an office of the second	\$ \qua	art l	en 4 4			
Exterior Cleanup	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Asbes	tos debris inicu	ding transite,	30 CY						
					floor ti	le and transite p	ipe							
	10000													
Name of Registered Waste Hauler Horizon Disposal, Inc.				NJDEP Hauler I	D No.	Cubic Yards of Waste	Name of Regis							
City, State	DE COMP.	U _k r.	+1,1	2261	Committee of the same	Disposal Date	City, State	1-1- Vive 5/5 (F2-14-1)	- Ng	el cu		de d		
Trenton, NJ		-1.				4/17/13	Morrisville	, PA 19067						
Completed By (Print or Type) Kimberly A. Trumbetti	Title	fice (Coo	rdinato	r	Signature	1	D	ate 4-	3-1	3	4		

ASB-41 MAY 11

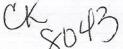
^{*} Do not use this form for asbestos licensure exempted activities.

CK # 25/26

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

Date of Notification (1)	/3/13			Name o	of Building	Owner/Operator	Central Pai	nt 190 -5		-	55 -	1		
Agencies Notified	Type Notification			Street	Address	. 1	21 S. Olden	Ave.	ij;	ίη				
EPA DEP DOL	Amended Amendment #		.	City, St	ate, Zip C	ode	renton, NJ 08	* LILENAMA	The	Ìζ.				
M DOH □ DCA	justification) Cancellation	cidaling		Name o	of Contac	l lison Hyman		Telephone Number	er	•	P			
				FAC	ILITY INF	ORMATION								
Name of Facility Where Street Address	War	ehous	е				Other (i.e., p	2) 8 (Other than K-12) private & commercia	l build	ings,				
City (5)	121 S. Ol			Taken,			Square Feet	# of Floors	Blo	dg. Ag				
	Trenton,	NJ (18609			7) (OTATE	Current Use (Prior if being demolished)					=		
	Mercer	14.0			ONLY)	7) (STATE		Warehouse	ilou)			_		
Name of Monitoring Firm (8)	n Hired by Building (MECS	Owner		ASCM N	Vo.		ment Contractor (9 vens Environ	or (9) conmental Services, Inc.						
Street Address	PO Box 34	1			1.02	Street Address	PO I	Box 322						
City, State, Zip Code	rosswicks, NJ	40 160	5			City, State, Zip	ate, Zip Code Allentown, NJ 08501							
Project Manager for Mo		000 11		phone N	No.	Telephone No. License No.								
	eisgarber Jr.		100		3-4070	(609) 259-9688 00493								
Start Date (10) 4/12/13	Sche		omple	tion Dat	e (11)	Name of OSHA		IECS						
Occupancy Status Duri		ck only	one)			Street Address		Box 341			71	1		
☐ Facility Closed/Vaca☐ Abatement Performe ☑ Other - Describe:	ed Outside of Norma	al Facilit	Abate y Hou	ment rs		City, State, Zip	Code	ks, NJ 08515						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat emolitic			Mini-Er	ontainment with No nclosure pag Procedure exempted (*) and N	egative Pressure on-Friable Procedur	e					
	y terin favorita. Ist		Locatio						1 4 2 2	bate				
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM)	Used Mai C	d Solel ntenar ustodia Staff? (12)	ly by nce/ al	Asbes (i.e.	Description of tos Containing Ma, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate			
19	La Partir	Yes	No	N/A	Tri	1 Ding T	- sulation	60 lf	×					
Basem				×	<u> </u>	ermal Pipe I Boiler Insul		80 sf	X	100	7	1		
Basem		- 1	351		-	Transite Wall		40 sf	X	A SA		T.		
Basem	ent			-		Talishe wall	Doard		1	- 12-7	- 150			
Name of Registered Wa		7	. 11	NJDEP V Hauler ID	No.	Cubic Yards of Waste	Name of Reg	gistered Landfill T.R.R.F., It	1					
Stevens Environ			-1	182	292	3 CU Disposal Date	City, State		2 102 1			=		
	Allentown,				- (ag), Y ₀	4/16/13/	1/	Tullytown,	PA			7		
Completed By Mahlon E. St	tevens		rojec	t Man	ager	Signature	1/	Date	4/3	/13	447			

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)	/ 13	3			of Building kwood C	Owner/Operator (2 Condo		2 100	7	3		
Agencies Notified Typ	e Notification				Address			3 APR = 5 AM	3	Cit.	- il il merina	
	Initial			200000000000000000000000000000000000000		DGE AVE	1.00	7 Pros		(,10		
☐ DCA (NJAC 5:16)	Amended Amendment # Emergency (ir				itate, Zip C rgate City	ode /, NJ 08402	id Ci	LICENSIII	įR() <u>į</u>		
□ DCA	justification)			Name	of Contact			Telephone Numb	er	out of the second		.1
(NJAC 5:23-8)	Cancellation			Wa	yne Shifl	ett		1	-		Y-	
				FAC	CILITY IN	FORMATION					20000	
Name of Facility Where Abate	ement is Takin	g Place	(3)		1. 6		Type of Facility (4)				
Parkwood Condo							☐ School (K-12)	14-14-				
Street Address				-37				(Other than K-12)	المنالة الما	lingo		
29 N COOLIDGE AVE							homes, etc.)	ivate & commercia	Dillid	lings,		
City (5)						T 10 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Square Feet	# of Floors	Bldg. Age		je ·	
Margate City, NJ 08402							2500	3		50+		
County (6) Atlantic	. =			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)	e 175-		
Name of Monitoring Firm Hire	d by Buildina	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			35 J. F.		200
			'			ACCURAGE AND ACCURACY AND ACCURAGE AND ACCURAGE AND ACCURAGE AND ACCURAGE AND ACCURACY AND ACCUR	nvironmental S					
Street Address		7		*		Street Address						
City, State, Zip Code						City, State, Zip Co					12	
Oity, Otate, Zip Code						Spring House, PA 19477						
Project Manager for Monitorin	g Firm		Tele	phone	No.	Telephone No. 215-542-7000	CAN SANT	License No.	125			
Start Date (10)	Sobo	duled C	omple	tion Da	to (11)	Name of OSHA M		00047				
4 / 15 / 1	- *				13	CES	ionitoi				5	2/-
Occupancy Status During Aba					11:	Street Address						
Facility Closed/Vacated Du	27.5						lehem Pike - Sı	uite 60	900	Remitte.		
Abatement Performed Out Time of Abatement: 8:00						City, State, Zip Co			11 0.00			
Scope of Work (Check all that	apply)				11.12.14	MARKET CONTRACTOR	145,000	Colored & Dallaco				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati molitic			☐ Mini-Enc	g Procedure	ative Pressure n-Friable Procedure	е			
			Locat		a commence				Ab	atem	ent T	уре
Location of			Norma ed Sole			Description of			70	Z	т	т
Asbestos-Containing Mate			intena			stos Containing Ma rmal systems insula		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial	Staff?	(i.e., trie	VAT, or	ation, surfacing,	SF or LF)	oval	=	psu	Sur
(13)			(12)		1150	other miscellane	ous)				late	Ф
		Yes	No	N/A	t and sti				_			4.5
Exterior of building					Asbest	os Transite Sidi	ng	7500 SF				
					i Brain							
					1			1				
na ga Paragogija i stoje i jestic		П	П	П		7-18-00-00						
Name of Registered Waste Ha	auler		IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill	1	1		
Allied			10000	lauler II		Waste 4	Conestoga	Control of the Contro				
City, State Telford, PA		1				Disposal Date 4/22/13	City, State Morgantov	n, PA				
Completed By (Print or Type)	Tit	le		9 65		Signature	21	Da				
Patricia Visco		Office	Mana	ger	May have	Partie	cion Vi	sco	4)	4/1	3	

CES check# 8042

								VI CINU	_		50	VC
Date of Notification (1)	4 /	13		100000000000000000000000000000000000000		g Owner/Operator (anagement Corp	,					
Agencies Notified	Type Notifica	ation		Street	Address	201	JAPR-5 A		. Jess	7	-	
⊠ EPA				100	0 Penns	ylvania Ave	- " " - D /	1 - on				
☑ DEP	☐ Amended			City, S	State, Zip (Code	1		7 7		- (
☐ DCA (NJAC 5:16) ☑ DHSS	Amendme ⊠ Emergend			3.7050		Y 11207	2. 1 12.3 60	hrani				
DCA	justification				of Contac	V	- WENSH	Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellat	TO 1.00		Jer	ald Gold	fine		14		148		
	1 201	2		FA	CILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Place	(3)		4-4-		Type of Facility	(4)				
Former Woolworth	Building				Fl.		School (K-12					
Street Address			4	Har				3 (Other than K-12) rivate & commercial	buile	lings		
117 E State Street							homes, etc.)		Dune	migo,		
City (5)						1 158 1 188	Square Feet	# of Floors	BI	dg. A	ge	
Trenton, NJ							48,000	3		100+		
County (6)		7 77 5		Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ed)	7		
Trenton				12.5			Commercia	I				
Name of Monitoring Firm	Hired by Build	ding Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				1. j	
Ally Services Co						Controlled E	nvironmental s	Systems				
Street Address		10 + 5 / 1				Street Address	e e e					
57 E Durham St						1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code	10 (2.2)	Company of the Compan			4.5	City, State, Zip Co	ode	SEVEN SERVE				-
Phila PA 19119						Spring House	e, PA 19477	. 11:53				
Project Manager for Mon	itoring Firm	7.9.7 3	Tele	phone	No.	Telephone No.	11 10 10 10 10 10 10 10	License No.	7.7	7		
Andy Miller			21	5 498	7538	215-542-7000		00847				
Start Date (10)		Scheduled C	omple	tion Da	te (11)	Name of OSHA N	lonitor	10-19-19-19-19-19-19-19-19-19-19-19-19-19-				
4 / 6 /	13	4 /	7	1	13	CES						
Occupancy Status During	a Abatement (0	Check only o	one)			Street Address		e Hacial	501, 6	- 1		
☐ Facility Closed/Vacate	-			nent		The state of the s	lehem Pike - S	uite 60				
☐ Abatement Performed					cribe	City, State, Zip Co					-	
Time of Abatement: _	AM-3:00	0 FridayPN	1/8:00	Sund	layPM-	Spring House				- 1		
AM Scope of Work (Check a	Il that annly)				*	opinig nous	C, 1 A 10477					
ocope of Work (officer a	ii tiiat appiy)	i view				☐ Full Cont	tainment with Neg	gative Pressure				
≥3 sf or ≥3 lf		⊠ Re				☐ Mini-Enc						
☐ ≥160 sf or ≥260 lf		☐ De	molitic	n_			g Procedure moted (*) and No	n-Friable Procedure				
		Is	Locat	ion	T		The property of the same of			atem	ent T	vpe
Location	of		Vorma		1 3 3 3	Description of	of	Maryana		1		
Asbestos-Containing			d Sole intena			stos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABA		0.00	odial		(i.e., the	rmal systems insula VAT, or	ation, surfacing,	(Specify SF or LF)	Removal	<u>a</u>	aps	Enclosure
(13)	i, y	The English	(12)			other miscellane	ous)	OF OF ELT,	=		Encapsulate	re
		Yes	No	N/A							ro.	1
lower level	ega ky ad gy				Pipe In	sulation (wrap &	cut)	14 LF				
ereit Annatur getter er	agenty et per		П		1 36	and protein			П			
Name of Registered Was	ste Hauler	2000	- N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill			N- 94	
Allied	4-2-10-0		Н	auler II	O No.	Waste 1	Conestoga					101
City, State	and the second	Part to Pa	- 63	100	la mil	Disposal Date	City, State	THE RESIDEN		- I-I		
Telford, PA		12/15 P		de (mi)		4/22/13	Morgantov	vn, PA				
Completed By (Print or T	ype)	Title .	1	9,30		Signature	1.5	Dat	e,	,	-	
Patricia Visco		Office I	Mana	ger		Dit	1/11-	. 4	121	1,2		

Princ Boring

CK 10

Date of Notification (1) 4/1/13		Name of Building Owner/Operator (2) Rebecca Rice (Private Home)											- 11/224-17
Agencies Notified Type Notification			treet Add	dress 5 · Co	apta		MR-J	All .	(il)				
EPA Initial Amended Amendment #		1	City, State	. Zip Coo	ie (1087	SING	UL.		1		
DOH Emergency (il justification) Cancellation	ncluding	1	lame of 0	Contact		23			elephone Nun	nber			
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	RMAT		Type of Fac	ility (4)					
Rebecca Rice (Private Home)								(K-12)					
Street Address 144 S. Captains Dr.								(i.e. private	ther than K-12 e & commerci	al build	1833		es,
City 15) Tuckerton N.J. 0808	37						Square Fee 1000+	t #	of Floors	1 2 2 2	dg. A 5+	ge	
County (6) Ocean			County Co	ode (7) SE ONLY)			Current Use Home	(Prior if b	eing demolish	ned)			SELLEGE
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abatement	t Contract	or (9)	3.00	1/1-	:	
Street Address	4.6		-				Street Address PO Box 329						
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Γelephon	e No.		1200000 E. W. CO. C.	one No. 53-9800	100.00	License N 00727	lo.				
	Schedule 4/17/13		pletion D	ate (11)		Name o	of OSHA Mo	nitor	:				
Occupancy Status During Abatement (Check	Only One	9)				Street A	Address	all the W		100	-,-		1
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other - Describe:	eriod of A al Facility	batem Hours	ent			City, St	ate, Zip Coo	le		100			
Scope of Work (Check All That Apply)				45.47				the free light			-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti					Mini-End Gloveba	losure Procedu	vith Negative I				
	1						Non-Exe	mpted (*)	and Non-Frial	ole Pro		re emen	t
	ls N	Locati ormal	on.									/ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntenar odial S (12)	ly by nce/	Asbesi (i.e.	tos Cor therma surf	escription ntaining M al systems acing, VA miscellan	aterial (ACN insulation, T, or	A)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding bottom of house	163	140	X		Ext	erior Sic	lina	Garl A	1000 SF	x		-	+
Exterior diding bottom of modes			7		<u> </u>					+			T
	-					775			100				T
					<u> </u>					+			T
Name of Registered Waste Hauler		IN	JDEP W	aste		c Yards	Yards Name of Registered Landfill						
United Containers		Hauler ID No. of \ 22459				of Waste G.F		G.R.O.W.S					
₅City, State Elm NJ		Disposal D 4/17/13											
Completed by Anthony T Perna	dent			Signature	gnature Date 4/1/13								

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		-			Name of Building	Owner/On	arator (2)	<u> </u>		- 1						
	April 1, 2013				Name of Building	Espos	sito Construction		a	2	14	11				
Agencies Notified [X] EPA	,	al Notifi			Street Address	253 N	Main Street, Suite	385 A	ll di qu)						
[] DEP [x] DOL [x] DOH	Ame	ndment	otification # including		City, State, Zip Co	ode Mata	wan, NJ 07747 C	ENSIA	HROL							
[] DCA		fication) cellation			Name of Contact Mike	Esposito		Telepho	ne Number							
*		4 1		FAC	II CILITY INFORM	ATION			A							
Name of Facility Where A	Abatement is Takin sidence	g Place	(3)				Type of Facility (Scho	ol (k-12)	bar tha	k 12)					
Street Address	9 Tennant Road	i					[x]	Othe	hapter 8 (of r (i.e., priva es, etc.)			ial bui	ldings,			
City		Coun	ty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1500 sf	1	Floors 1		g. Age	50				
Marlboro		17/3	mouth				Current Use (Prio Resid	lence	demolished)		4-1				
Name of Monitoring Firm	한 사람은 보이 하기를 내가 있었다면 하는데 가게 되었다면 하다.	g Owner	(8)	1	ASCM No.	Name of	f Abatement Contrac Guar		ntracting,	cting Inc						
Street Address						Street A	ddress		oute 9, Unit 61							
City, State, Zip Code						City, Sta	ate, Zip Code	40	New Jers	ev 08	755-1	271				
Project Manager for Moni	Project Manager for Monitoring Firm Telephone Nur						ne Number 19-9932		License N 00624							
Scheduled Start Date (10) 4/01/13					ion Date (11)		OSHA Monitor	S.L. An								
Occupancy Status During [X] Fac	Abatement (Check ility Closed/Vacate		ne)		atement	Street A	ddress	Stelton	7							
[] Aba	itement Performed er – Describe					City, Sta	ate, Zip Code					-				
[] Our	er beschbe		1.1165				Pisca	taway, N	New Jerse	y 088	354					
Scope of Work (Check all	that apply)					[]	Full Containme		legative Pre	ssure						
[x] >3 s	of or ≥3 lf		11	Renova	ation	· []	Glovebag Proc									
[] ≥16	0 sf or ≥260 lf	da d	[x]	Demoli	ition	[x]	Non-Exempted	(*) and N	Ion-Friable	Proced	ure		nei I			
				10.15				T		Aba	tement	Туре				
Asbestos-Containing M TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Cust Staff (12) YES NO					Description bestos-Con Material (A ,, thermal ulation, su VAT, of thermiscell	ntaining ACM) systems rfacing, or	(Sp	mount ecify SF or LF)	R E M O V A	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	xterior				Asbestos sidir	10	A Line of the Control	150	sf	X			-			
DATENO			X	OPENING CO.	713003t03 Stdii	*5		150	31							
		22 777				46. 16. 1	1000		10/40/2		40 - 4	5.0				
	. 44												- 1			
	Hauler ntracting, Inc.	1	NJDEP Waste 20)223	3	ards of Was	T.R.R.F.	stered Lar	dfill-		1	le a				
City, State Toms River,	New Jersev			Dispos 4/03/	sal Date 13	City, St Tullyt	ate own, Peansylvan	ia 1								
Completed by (Print or Type Nicholas Ferr	pe)	Title Proje	ct Manage	7	Signature	do	1 de	1	en le le	Date 4/1/	2013					

^{*}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)					v	0 10	277 cm 2 grant							
10	April 1, 2013				Name of Building		erator (2) chool Constructio	n //	20	214	18			
Agencies Notified [X] EPA [] DEP		al Notific	cation tification		Street Address		ZUI3 APR -5 lizzen Avenue	Mit i qu						
[x] DOL [x] DOH	Ame	ndment rgency (i	#including		City, State, Zip C		nawkin, NJ 08050	INTROL INC			·			
DCA		fication) cellation			Name of Contact John	Whitaker		Telephone Number			7			
				FAC	LILITY INFORM	MATION								
Name of Facility Where A Res	batement is Takin idence	g Place ((3)				Type of Facility (4)	School (k-12)		1.10	2.4			
Street Address	Patrick Drive				10 10 10 10 10 10 10 10 10 10 10 10 10 1		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)		- 300		ldings,		
City		Count	ty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1200 sf	# of Floors		g. Age	50			
Beach Haver	n West	Ocea	ın				Current Use (Prior Reside		1)					
Name of Monitoring Firm		Owner	(8)		ASCM No.	Name of	Abatement Contracto	r (9)	Inc					
Street Address			1 1 1 1 1 1			Street Ad	dress	an Contracting, Inc.						
City, State, Zip Code						City, Star	City, State, Zip Code Toms River, New Jersey 08755-1271							
Project Manager for Monit	oject Manager for Monitoring Firm Telephone Number of Monitoring Firm Telephone Number of Monitoring Firm Scheduled Co 4/02/13 Scheduled Co 4/03/13					Telephon	e Number	License N 00624			2/1	- 100		
Scheduled Start Date (10) Scheduled Con 4/02/13 4/03/13					ion Date (11)		OSHA Monitor	L. Analytical	10.77		1 11			
				-0	atement	Street Ad	dress	telton Road	1 5					
[] Abat	ement Performed r – Describe					City, Stat	e, Zip Code	way, New Jerse	y 088	354				
Scope of Work (Check all	that apply)					[]		t with Negative Pre	ssure	4				
	for≥3 lf sfor≥260 lf			Renovat Demolit		[] [x]	Mini-Enclosure Glovebag Proced Non-Exempted (ure *) and Non-Friable I	Proced	ure				
							3 - 3 3		Abat	ement	Туре			
Location of Asbestos-Containing M TO BE ABA in facility (13)	aterial (ACM) ΓΕD		Is Location Normally use Solely by tenance/Cust Staff (12)		Asl N (i.e ins	Description pestos-Com Material (A., thermal s ulation, sur VAT, on er miscella	taining CM) ystems facing,	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	sterior X				Asbestos sidir	g	To war .	1000 sf	X		N.A!			
		130		- Control				100000000000000000000000000000000000000	1.	47.44				
			2537						and the					
				4										
Name of Registered Waste Guardian Con City, State		1	JDEP Waste		3.	rds of Waste	T.R.R.F.	red Landfill				391=10		
Toms River,				4/04/1	13		wn, Pennsylvania	1						
Completed by (Print or Typ Nicholas Fern		Title Projec	ct Manager		Signature	chof	Jerd	2010 1202	Date 4/1/					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	April 1, 2013				Name of Bu	illding O	Baysh	ore Community/H	ospital	u.	210	113	3	
Agencies Notified [X] EPA		Notificat			Street Addre	ess	727 N	orth Beers Street	5 117 -5 A	ah i	c _o			
DEP DOL DOL DOH	Amen [x] Emerg	ded Notis dment #_ gency (in-			City, State,	Zip Codè			LIGERSIN	340	Ü.	-,		
DCA		cation) Ilation			Name of Co	ontact Janos A	ngeli	T	elephone Number					
	A. A. A.	1.15	17 1144	FACI	LITY INF	FORMA	TION							
the other two pinks and	batement is Taking shore Commun	Place (3 nity Hos) spital					Type of Facility (4) [] []	School (k-12) Subchapter 8 (oth					
Street Address 727	North Beers S	treet						[x]	Other (i.e., private homes, etc.)			ial buil	ding	
City		County	(6)		County Code (STATE US)	Square feet 500,000 sf	# of Floors		g. Age 5			
Holmdel		Monn	nouth					Hospita						
Name of Monitoring Firm Env	Hired by Building		3)		ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address									
Street Address	Broad Street		A 21 St			oute 9, Unit 61								
City, State, Zip Code	and the first	- 0077 - I- FA	iver, New Jersey 08755-1271											
Project Manager for Moni	lumber				ne Number 19-9932	License N 00624	lumber							
Scheduled Start Date (10) 4/01/13							Name of	FOSHA Monitor E.M.S.I	. Analytical				on one	
[] Aba	Abatement (Check ility Closed/Vacate tement Performed er – Describe	d During	Entire Perio				Street A	1056 St	elton Road way, New Jerse	y 088	354	34 69		
, , ,	that apply) sf or ≥3 If 0 sf or ≥260 If		L - 1	Renova Demolit			[x] [[Mini-Enclosure Glovebag Proced	with Negative Pre ure) and Non-Friable		ure	, 200		
										Abat	tement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/A						Asbo M (i.e., insu	aterial (A thermal lation, su VAT,	ntaining ACM) systems irfacing,	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	
4 West	A Street Contracts	X Fireproofin							4600 sf	X				
particular expension of the distribution of	er i santa mantini i parti	A STATE OF	1756 - 645115	eresta.	2002-820-000-1	Salver Jak	10 × 10 × 10 × 10 × 10				_			
AND THE RESERVE OF THE PROPERTY OF THE PROPERT	and the state of t		4 (24) 100 42 44		strokez (
Assertation and the second	hardyneigh der gind	Marie L	aliyeda bay	30 to 42 to	Charles Sa	We never the						1	1.	
	e Hauler ontracting, Inc.)	JDEP Waste)223		ubic Yar	ds of Wa	T.R.R.F.	red Landfill				10	
City, State	N. C. T			Dispos	sal Date		City, S	tate town, Pennsylvania						
Toms River Completed by (Print or Ty Nicholas Fer	er	Signatore	1	-ho	P Jan		Date 4/0	1/13	#28 #28					