

Date of Notification (1) 4/23/2013					f Building DVIEW				NY		2013	APA	0.0		
Agencies Notified	Type Notification			Street A	ddress //ARKE	T STRE	EET	4			2013 8 3 8		<0	Ali	/(): ₍
EPA DEP X DOL	Initial Amended Amendment				te, Zip Co		NJ 074	107			£.	1/0		Ο'Ω 727 -	r_{R0}
⊠ DOH □ DCA	Emergency justification) Cancellation				Contact IAPICK					Te	lephone Nu	mber			
				FACI	LITY INFO	ORMATI	ON	20		1 15					
Name of Facility Where SOUNDVIEW PAF								Тур	e of Facility (4 School (K-1)	2)		28			
Street Address 35 MARKET STRE	ET)2		×	Subchapter Other (i.e. p etc.)	rivate	& commerc	ial buil			es,
City (5) ELMWOOD PARK									are Feet		f Floors		lldg. A	ge	
County (6) BERGEN					Code (7) JSE ONLY)		Curr	rent Use (Prio	r if be	ing demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				atement Con			lG			
Street Address							Street 250		ess HERFORI	D BL	VD.	Arrange			
City, State, Zip Code	r, State, Zip Code ject Manager for Monitoring Firm				1500000000		City, S	State, 2	Zip Code N, NJ 0701						
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Teleph	hone N			License N	lo.		-	
Start Date (10) 5/4/2013	0	Scheduled 5/18/20		npletion [Date (11)				SHA Monitor S (9) ABO	/E					
Occupancy Status Durin	ng Abatement (Chec	k Only One	2)				Street		25. 35		- 50				
Facility Closed/Vac	cated During Entire ned Outside of Norn	Period of Al	oaten						Zip Code		12				-
Scope of Work (Check /	All That Apply)	-													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	777		enova emolit					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure				a	
	-								ZXOMPIOU	1 / 4.	0 11017 1 1101	1	No.	ment	
Large		10.500	.ocati ormal	7000		D							Ту	ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mair Custo	Sole ntenar odial S (12)	ly by nce/ Staff?		tos Conta thermal	system: cing, VA	Materia s insu T, or		(amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
WAREH	OUSE	Yes	No X	N/A	CLEA	AN UP	OF FL	.00F	RTILE	1	00 SF				
						(O&M)								
6		+										\vdash			
Name of Registered Wa	iste Hauler		N	JDEP W	aste	Cubic	Yards		Name of F	Registe	ered Landfill				-
TWO BROTHERS		6	Н	auler ID 8743		of Was					NAGEME		.R.C	.W.S	3.
City, State CLIFTON, NJ						Dispos 5/1/8/2	al Date		City, State MORRI		LE, PA		100		
Completed by VIVECA RAMOS		Title SECF	RETA	ARY		S	ignature	rec	in la	nu	Da	ite 23/20	13		

UK 313

Date of Notification (1) 04/23/2013	-	-	Name	of Build	ing Ow	ner/Operato	r (2)	201	3 APD	0.0				
Agencies Notified Type Notification	n ·		Street	Address	;	D AVE.	Э П	14		26 ;	11/1): <u>S</u>	U_	
DEP Amended Amendmer		_	City, S	State, Zip	Code	. 07062	- 1		* Li	11-11-51	HG	AQ		2001.00
DOH justification Cancellatio	1)		PAT		ER KA	AVANAU	 ЭН		Teler	ohone N	umbe	er		
Name of Facility Where Abatement is Taki PRIVATE HOUSE	ng Place (3	3)	FA	CILITY II	VFORM	ATION		of Facility (4	115					Andrea Course on
Street Address 935 FERNWOOD AVE.								School (K-12 Subchapter of Other (i.e. pretc.)	8 (Other	than K-	12) cial be	uilding	gs, ho	mes
City (5) PLAINFIELD N.J. County (6)							C-100 C-100	re Feet 000	# of F	loors WO	1		. Age 92 Y	
			(STATE	Code (7	r h –		Curre N/A	ent Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm Hired by Building N/A Street Address	Owner (8)		ASC	M No.		Name SHA	of Aba RON	tement Cont	ractor (9	TRUC	TIOI	N LL	C.	
City, State, Zip Code			274.555			Street	Addres	And the second state of th						-
						City, S	tate, Z	p Code ACK N.J.	07601					
Project Manager for Monitoring Firm				one No.		Teleph 201 -	one No 708-). 4270		icense N 1135	0.			
Start Date (10) 05/02/2013	05/03/20	013	Completion Date (11) Name of OSHA Monit											
Coccupancy Status During Abatement (Check Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Ah	atom	ent			Street A	ddres	TY STREE						
Scope of Work (Check All That Apply)								N N.J. 08	840			eponentia.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Glov	Containment Enclosure ebag Proced Exempted (*	lure					
Location of Asbestos-Containing Material (ACM)		ocation rmally Solely				escription o	ıf) and two	on-mabi	PIO	Abat	re emen /pe	t
TO BE ABATED In Facility (13)	Maint Custod	enand	ce/	Asbe (i.e	therm. sur	ntaining Ma al systems i facing, VAT, miscellane	nsulati or	ACM) on,	Amou (Spec SF or L	ify	Removal	Repair	Encapsulate	Enclosure
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					, II C	INSULAT	ION		60 LF	-	X			
		+												
ame of Registered Waste Hauler HARON QUALITY CONSTRUCTIO	N LLC.	Hau	DEP Waller ID N		of Wa	Yards aste /2		Name of Reg			E IN		l	
State HACKENSACK N.J.					Dispo	sal Date BD	(City, State	ENTERPRISE INC.					
ompleted by OMARA GOMEZ	Title PRESID	itle PRESIDENT				Signáture		15	Date 04/23/2012					

Date of Notification (1)	4-34-13	ζ	Name of Building Owner/Operator (2)								-	
Agencies Notified	Type Notification	<u>) </u>		Street Ac	ddress	71 (siam	<u>ukone</u>	20		1.601	-
EPA		And St.	100	City Sta	te, Zip Code	Ron	dell 1	lane	Ž	30	H_{i}	A (7/1)
D DEP DOL	☐ Amended Amendment # ☐ Emergency (in			Silv. Sta	Z_{α}	uren	ce Har	abon, NJ	` (380	370	3
DOH DCA	justification) □ Cancellation	Cidding		Name of	Contact	irmo	of the s		har.	ild ye	4111	_
				FACIL	LITY INFORMAT	ION					,	_
Name of Facility Where A	Family	2.8		'o c		ן ו	pe of Facility (4 School (K-1	5.6				
Street Address:	owart,						Subchapter	8 (Other than K-12 rivate & commercia		lings,	home	s,
City (5) Mana	Squan	N	J	0	8 736	Sc	uare Feet	# of Floors	В	dg. A	ge 5 t	_
County (6)	0			County C	Code (7) USE ONLY)			family		c	llih	رر
Name of Monitoring Firm	Hired by Building Ov		L.	ASCM	No.	Name of A	Abatement Con	tractor (9)	ia e		7.	ナ
Street Address	30x 33	37		1		Street Add	dress Box	337	166	9 4	99 V	-
City, State, Zip Code	tave.	NJ)	80	533	City State	, Zip Code	ZU ta	0	35	13	3
Project Manager for Mon	then Ken		- 10		758-3365	Telephone	No. 336	License No	33	39	4	
Start Date (10) 86	2013	May	d Con	inpletion \mathcal{L}	Oate (11) 013		PC Tec	hnologies	T.	ac.		
Occupancy Status During						Street Add	dress	- 3	5211031271			
Facility Closed/Vaca Abatement Perform Other - Describe:	ated During Entire Pe ed Outside of Norma	riod of A I Facility	Hours	nent i		City, State	Box Egypt	AIT	2010	- <u>-</u> 53	·	
Scope of Work (Check A	II That Apply)					1	-Jypr	700 0	10-	ン	2_	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enova emolit			 > E C	Mini-Enclosure Glovebag Prod				e	
		ls	Locat	ion				1/		Abate	ement	
Location Asbestos-Containing <u>TO BE AB</u> In Facil	Material (ACM) ATED	Use Ma	Normal d Sole intena todial S (12)	ely by nce/	Asbestos Cor (i.e. therma surfa	il systems in acing, VAT, o	sulation, or	Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)		Yes	No	N/A	otner	miscellaneo	us)		val	Ť	ulate	ure
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Basement	ist floor	1	X		Floorer		Juci	120 55	X			
NIEWEZ				1)						
Name of Registered Was	ste Hauler		1	JDEP W	Vaste Cubic	c Yards	Name of	Registered Landfill	1_			<u> </u>
EPC Tec	hnologies	•		l 70	No. of Wa	aste	Wasi	e Munage		t c	E P	A ⁽
City, State New E		VJ.	1		5-	9-13	City, Stat	isville f	A		an E	
Steve Sche		Title Pize	sid	lent	16.2	Signature	2) Sch	che Da	te 4-	24	-12	3

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Date of Notification (1) 4/23/2013	**					Owner/Ope ERSON		2000	y 21	913,	PP 20			î		
	ype Notification	3 21		Street A		N ROAD		(3)	, is g		IPR 26	1.7	111]: 5	Ü	88
EPA DEP DOL	Amendment #		_		te, Zip Co E, NJ 0			****		έ¢	Litte		7	(0)		
DOH DCA	Emergency (in justification) Cancellation	cluding			Contact ED MAK	CHLOUF				Те	lephone i	Numb	ī.	-Proper		4 5
				FACI	LITY INFO	ORMATION	١									
Name of Facility Where About WILLIAM PATERSON Street Address				IES MA	INTENA	ANCE BL	.G	Sub	ool (K-12 chapter 8	2) B (Oth	ner than K					
300 POMPTON ROA	D	_85						etc.))		& comme	ercial b				is,
City (5) WAYNE	15 1			2.		8 E E E		Square F			of Floors			dg. A	ge	- 23
County (6) PASSAIC				County (Code (7) JSE ONLY,)	-	Current U	Jse (Prio	r if be	ing demo	lished)			
Name of Monitoring Firm H TTI ENVIRONMENTA		wner (8)		ASCM	No.	and the same of th		of Abatem O BROTI				ING				
Street Address	CH STREET		43		. 0			Address RUTHEI	RFORE) BL	VD.	т,				9
City, State, Zip Code MOORESTOWN, NJ					-		City, S	state, Zip C	ode							
Project Manager for Monito JAMES A. GUILARDI	ring Firm			Telepho	ne No. 10-8800	т Т	releph	none No. -956-870		•	License					1 1
Start Date (10)		Schedule	d Cor		Date (11)			of OSHA		93	0043	_	- 1			
3/4/2013		5/15/20		1				MEAS (9) ABO\	/E			ei See			
Occupancy Status During A						,	street	Address								
Facility Closed/Vacate Abatement Performed Other – Describe: VA	Outside of Norma	eriod of A I Facility	Hour	nent s			City, S	State, Zip C	ode		200		5			17/
Scope of Work (Check All 7	That Apply)	5				-	gees						44. 11			8
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	Mini-E	nclosure pag Proce	edure	h Negativ nd Non-Fr				ρ.	
		ls	Locat	ion				3 11011 2	zempteu.	(/ (id (tol) I			Abate	ement	
Location o	f	N	lorma	lly			ription					-	-	l y	pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Mai Custo	(12)	nce/ Staff?		stos Contair thermal sy surfacin other mis	stems	s insulation T, or		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
SEE ATTACI	HED	Yes	No	-N/A		-			-		10.11		-		100	
SEE ATTAO							-			- 70						
Name of Registered Waste	Hauler			NJDEP W	/aste	Cubic Ya	ards	T N	ame of F	Reaist	ered Lan	dfill				
TWO BROTHERS CO		- 2	_ }	Hauler ID 18743		of Waste		440			NAGEN		G	.R.C).W.S	3.
City, State CLIFTON, NJ		10 7 364				Disposal 5/1/5/20			ity, State		LE, PA		_			0.00 52
Completed by VIVECA RAMOS	E	Title		ARY		Sig	nature	e Nu a	u K) u	mn	Date 5/15	/20	13		

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

Date of Notification (1) 4/2/2013	Name of Building Owner/Operator (2) WILLIAM PATERSON UNIVERSITY													
Agencies Notified Type Notification			Street Ac		N ROA	D	=			, ,	11/1/	: 51	,	ST.
EPA Initial DEP Amended Amendment				te, Zip Co E, NJ 0		- 4			& L	$w_{i,j}$	in i	OŁ.		
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		Name of KHALE		HLOUI	F			l Te	lephone Nu	mber			
		11 1	FACIL	ITY INFO	RMATIC	NC								
Name of Facility Where Abatement is Taking WILLIAM PATERSON UNIVERSITY Street Address	Place (3) Y - FACI	LITI	ES MA	INTENA	NCE E	BLG	☐ S	chool (K-12 ubchapter	2) 8 (Oth					
300 POMPTON ROAD					e iji		e e	tc.)						es,
City (5) WAYNE			**	120	-101				-			siag. /	-ge	
County (6) PASSAIC			County C	ode (7) ISE ONLY)		_	Currer	nt Use (Prio	r if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building C TTI ENVIRONMENTAL, INC.	wner (8)		ASCM	No.							IG		N. N	-3
Street Address		_								1				
1253 NORTH CHURCH STREET					200	250	RUTH	ERFOR) BL	VD.				
City, State, Zip Code MOORESTOWN, NJ 08057	29				PATERSON UNIVERSITY ss PTON ROAD ip Code Nu 07470 Intact MAKHLOUF Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet For Other (i.e. private & commercial buildings, hore etc.) Square Feet Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING Street Address 250 RUTHERFORD BLVD. City, State, Zip Code CLIFTON, NJ 07014 O. Telephone No. 973-956-8700 Od-944 Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Type Cubic Yards of Waste 60 Disposal Date 4/30/2013 Name of Registered Landfill WASTE MANAGEMENT G.R.O.W Date ORRISVILLE, PA Signature Date			7						
Project Manager for Monitoring Firm JAMES A. GUILARDI			Telephor 856-84				73-956-8700 00494							
	Scheduled 4/30/20		npletion [Date (11)										
Occupancy Status During Abatement (Check	Only One)			-	Street	Addres	S						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: VACANT	eriod of Al al Facility I	oaten Hours	nent		1	City, S	State, Zip	o Code						
		-												
Scope of Work (Check All That Apply)	(min)					Г	٦			L N1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min	i-Enclosure vebag Proc	edure				re	
20.000	T			840-8800 973-956-8700 00494 Name of OSHA Monitor SAME AS (9) ABOVE Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce				t						
Leading of	2000	.ocati ormal			Des	crintion	n of	-01				T	/pe	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tena dial ((12)	nce/ Staff?		tos Conta thermal surfac	aining M system sing, VA	Material is insula AT, or		(Specify	Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	Yes	No	N/A	-	-				-			-		
SELATIACIED	-							-			-	-		-
			-		. 1.03		- T				1 22	ļa.		
		The second	1000	1000000		-0	at Face of					-		
Name of Registered Waste Hauler		10000	JDEP W) = 6 6	Name of I	Regist	ered Landfi	1000	11		
TWO BROTHERS CONTRACTING	1		lauler ID 8743	No.	60				Of the sea	NAGEME	ENT (3.R.0	D,W.	S.
City, State CLIFTON, NJ										LE, PA				
Completed by VIVECA RAMOS	Title SECF	RETA	ARY		S	ignatur	0 140	e Ra	7V		ate /2/20	13		

15:10 Two Brothers Contracting 02/28/2013 Print Form AND APR 26 AN ID: 3 State of New Jersey NOTIFICATION OF ASSECTOS ADATEMENT DOL - 10 DAY (Pursuant to NJAC 0:00 and 12:120) Name of Building Ownor/Operator (2) Date of Notification (1) WILLIAM PATERSON UNIVERSITY 2/28/2013 2013 8 Euraat Address Type Notification Agencies Notified 300 POMPTON ROAD Initial FPA City, Ctate, Zip Codo Amended DEP WAYNE NJ 07470 Amendment # 図 DOL Emergency (including X Nema of Control (notisoniteu) DOH KHALED MAKHLOUF E Cancallation DCA FACILITY INFORMATION Type of Faculty (4) Name of Facility Where Abatement is Taking Place (3) WILLIAM PATERSON UNIVERSITY - FACILITIES MAINTENANCE BLG School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes Street Address X otc.) 300 POMPTON ROAD Bldg. Ago # af I laora Square Feet CILY (5) WAYNE Current Vap (Prior if heirg demolished) County Code (7) County (8) PASSAIC Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) TWO BROTHERS CONTRACTING TTI ENVIRONMENTAL, INC. Street Address Street Address 250 RUTHERFORD BLVD 1253 NORTH CHURCH STREET City, State, Ztp Code City, State, Zip Code CLIFTON, NJ 07014 MOORESTOWN, NJ 08057 Licetico No Tokoohone No. Telephone No. Project Manager for Monttoring Firm 00494 973-956-8700 856-840-8800 JAMES A. GUILARDI Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) SAME AS (9) ABOVE 4/4/2013 3/4/2013 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/vacated During Entire Period of Abatement City, Stato, Zip Code Abatoment Performed Quicide of Normal Facility Hours Other - Describe: VACANT Scope of Work (Chaok All That Apply) Pull Containment with Nogative Prosaure Renovation Miri-Englosure ≥3 af or ≥3 If Demolitan Glavabag Procedure ≥180 at or ≥260 If × Non-Exempted (*) and Non-Friable Procedure InomotedA Туро le Lucation Normally Description of Amount Asbeston Containing Material (ACM) Location of **Used Solely by** Asbestos-Containing Material (ACM)
TO RE ABATED (I.o. thermal systems insulation, Remove Rapo (Specify Maintenance/ 3F or LF Custodial Staff? surfacing, VAT, or in Facility other miscellaneous) (12)(13) NA You No SEE ATTACHED Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Weste Hauler WASTE MANAGEMENT G.R.O.W.S. of Waste Hauler ID No.

60

Obspossi Date

Bignoture

4/4/2013

18743

SECRETARY

Date

2/28/2013

MORRISVILLE, PA

City, State

CLIFTON, NJ

VIVECA RAMOS

Completed by

City, State

TWO BROTHERS CONTRACTING

To: 973 956 8811

2013 APR 26 AN 10: 50

William Paterson University - Facilities Management Building

ACM	Quantity
As a second seco	360 SF
PIPE	40 LF
(WRAP & CUT ONLY)	
ROOF FLASHING	450 LF
	200 LF
	420 LF
	• — —

DOL - 10 DAY

Date of Notification (1) 2/28/2013					Building AM PAT				SITY	2	0/3/100		10		2				
Agencies Notified	Type Notification			Street A	ddress OMPTO	N ROA	\D			4.5	0/3 _{APA}	८० ,	1/1/1). }: 5	()				
EPA DEP DOL	Initial Amended Amendment		_ (ite, Zip Co IE, NJ 0			ţ			- 4/47	112	1 1 2	• (J.				
☑ DOH DCA	Emergency (justification) Cancellation			KHALE	Contact D MAK					Те	ephone Nu	mber	G	₩L.					
Name of Facility Where	Abatement is Takin	g Place (3)			LITY INFO	127		Туре	of Facility (4	1)				-					
WILLIAM PATERS Street Address	ON UNIVERSIT	Y - FACI	LIT	IES MA	INTEN	ANCE E	3LG		School (K-1: Subchapter		er than K-1	2)							
300 POMPTON RO	DAD								Other (i.e. p	rivate	& commerc	ial build	dings,	home	es,				
City (5) WAYNE								Squa	re Feet	# 0	f Floors	В	ldg. A	ge					
County (6) PASSAIC				County (Code (7) JSE ONLY)		Curre	nt Use (Pric	or if be	ing demolis	hed)							
Name of Monitoring Firm		Owner (8)		ASCM	1 No.				tement Con			NG	X. ====						
Street Address 1253 NORTH CHU			-				- 17 (17)	Addres	ss HERFORI	D BL	VD.			Ē					
City, State, Zip Code	OORESTOWN, NJ 08057						25.0		ip Code , NJ 0701	4				2					
Project Manager for Mor	ect Manager for Monitoring Firm MES A. GUILARDI				ne No.			none No			License I	No.							
Start Date (10)		Scheduled 4/4/2013		npletion (Date (11)				HA Monitor	VE				-					
3/4/2013 Occupancy Status Durin	g Abatement (Chec							Addres	(9) ABO	V L									
Facility Closed/Vac. Abatement Perform Other – Describe:	ated During Entire F	Period of Ab	aten	nent s			City, S	State, Z	ip Code	= 0; (== 20									
Scope of Work (Check A	II That Apply)									-		-		100-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova moli	ation tion				Mir	l Containme ni-Enclosure ovebag Proc			Pressu	re						
444		1					×	No	n-Exempted	(*) an	d Non-Fria	ble Pro	San San San	Secretary and					
		3277000	ocat rma	C40000				,					Abate Ty	pe					
Locatior Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Used Main Custo	Sole tena	ely by nce/		tos Conta	system cing, VA	//aterial s insula \T, or		(-	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure				
		Yes	No	N/A										te					
SEE ATTA	CHED										200	-		_					
							1			×		-							
100					4							+							
Name of Registered Was	ste Hauler	-		JUDEP W Hauler ID		Cubic of Was		E 218	Name of F	Regist	ered Landfi	ll .							
TWO BROTHERS (CONTRACTING	;		8743	NO.	60	sie .		The second secon		NAGEM	ENT G	i.R.C).W.S	S.				
City, State CLIFTON, NJ	000 2 m 40 _					Dispos 4/4/20	al Date		City, State MORRI		LE, PA	York M							
Completed by VIVECA RAMOS	Title SECR	ETA	ARY		S	ignature	14	en t) an		Date 2/28/2013								

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

		Z.	
			A
Villiam Paterson	University - Facilities Management	Building	MIJAPRIZE ANI
Location	ACM	Quantity	7 ~~~
BOILER HOUSE	VAT & MASTIC	360 SF	- 2.4
	PIPE (WRAP & CUT ONLY)	40 LF	2 4
	ROOF FLASHING	450 LF	7 -
	KOOL LEASITING	430 LT	
	WINDOW GLAZING	200 LF	1

Date of Notification (1)	4-24-13	5	Na	ame of Br	uilding Ow	ner/Operator	(2) a)c	heta	BAPR 26		¥S.		
Agencies Notified	Type Notification	2-2-47-5 (1-4-)	St	reet Add	ress			h Ac	15		60		
DEP DOL	☐ Amended Amendment #_ Emergency (incli	uding	No.	ity. State				ZN	O 873	5 //(er)/ <u>.</u>		
DOH DCA	justification) □ Cancellation			Toa	Fa	1 chet	- Fi	·			-		
Jama of Eacility Where	Abatement is Taking Pl	ace (3)		FACILI	TY INFOR	MATION	Type of	Facility (4)					
Single For	mily Sho	ac h		e			☐ St	ther (i.e. priv	(Other than K-12) vate & commercial	buildir	ıgs, h	omes	š,
N. 151	lizabeth			1 7 4			Square		# of Floors	12,000,000	g. Ag		
Laval	lette N	7_		735 County Co			Curren	t Use (Prior	if being demolished		. Oc		
	ean			STATE US	E ONLY)		Str	one h	uuse_		289/		
The little of the second of th	m Hired by Building Ow	ner (8)		ASCM	No.	Nam	FPC	ment Contr	hoologi	es	2	in	6
Street Address	Bax 33	7			- 000		et Address	Box 3					
City, State, Zip Code	evat /	v3	B (280	533	3 N		Egy		08	35	3	3
Project Manager for Mo	o hon ked		6	relephon	758-3	365 609	phone No	- 336i	License No.	3	9	4	
Start Date (10)	S			pletion D	ate (11)	Nam	EPC		mologies	\mathcal{L}_{ℓ}	ıς		
Occupancy Status Dur	ing Abatement (Check (Only One	9)		7	Stre	et Addres		7				
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire Pe rmed Outside of Normal	riod of A Facility	batem Hours	ent			, State, Zi	Code Sypt	NJC	183	3	3	
Scope of Work (Check	(All That Apply)					0.11		Otelemo	nt with Negative Pr	roccur	۵		
25 ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lt		1000	enova emolit				☐ Min	i-Enclosure	F 05			•	
		Is	Locat	ion			7				Abate	ment	t
Asbestos-Contain TO BE	tion of ing Material (ACM) ABATED acility 13)	Use Mai	lormal d Sole intena todial (12)	lly ely by nce/ Staff?	Asbes (i.e.	Descript tos Containin thermal syst surfacing, other misce	ng Material ems insula VAT, or	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
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Name of Registered				NJDEP V Hauler ID	No.	Cubic Yar of Waste	ds [The second second	Registered Landfill		t u	6	P
EPC To	echnologies			[/0	00	Disposal Dis		City, Stat	9	PA			
	Egypt	NJ Title				5-8 Signa	ature	Mon	Di	ate 4-	71	, 1	_)
1 O July d had	ner Ken			lent		-		1100	1	4-	X	1-1.	_

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Open	rator (2) Instruction Serv	ices.								
April 23, 2013			GL CO	Instruction Serv	11/2/2	7			-				
DEP [] Amend	Notification led Notification	Street Address City, State, Zp Co	ode	ast Bay Avenue	40/00 Kins 1	÷0							
I X I DOL	lment # ency (including		Manah	nawkin, NJ 0805	3. 72 m /21) à							
[] DCA justific		Name of Contact Mike			Telephone Number	``		4					
		ACILITY INFORM	MATION	Lan on the	(4)				\neg				
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility	School (k-12) Subchapter 8 (oth	er than	k12)						
Street Address 69 Albert Drive				[x]	Other (i.e., private homes, etc.)	e & con	nmerci	al build	ings,				
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 800 sf	# of Floors	Bldg.	Age 60)					
Beach Haven West	Ocean	(STATE OSE ON		Current Use (Pri Resi	or if being denolished) dence								
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No.	Name of	f Abatement Contra Gua	ctor (9) rdian Contracting,	Inc.							
N/A Street Address		1	Street A	ddress									
The state of the s			City, Sta	ate, Zip Code	Route 9, Unit 61		_	-					
City, State, Zip Code			100 1000	Ton	ns River, New Jerse		55-12	271					
Project Manager for Monitoring Firm	Telephone Num		732-34	ne Number 19-9932	00624	umber							
Scheduled Start Date (10) 4/23/13	4/24/13	pletion Date (11)			E.M.S.L. Analytical								
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During Entire Period o Outside of Normal Facili	f Abatement ty Hours		ate, Zip Code	6 Stelton Road cataway, New Jerse	y 088	54						
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $	L	novation molition	[[[x	Mini-Enclosu Glovebag Pro			ıre						
				907 (1987) 137 11 15		Abat	ement	Туре	_				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	1,973	dial (Descripti Asbestos-Co Material (i.e., therma nsulation, s VAT, other misce	ontaining ACM) I systems surfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E				
Exterior	X	Asbestos si	ding		525 sf	Λ	-	- 2011					
A STATE OF THE PARTY OF THE PAR					- 20 23 22 22 22 22 22								
				San Contraction									
Name of Registered Waste Hauler	NJDEP Waste H		Yards of W	aste Name of R T.R.R.	egistered Landfill		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Guardian Contracting, Inc.		Disposal Date	City,				y.						
Toms River, New Jersey Completed by (Print or Type)	Title Project Manager	3/25/13 Signature	1/25/	- Chinsyl	1	Date 4/2	3/13	*******					
Nicholas Fernicola		s form for asbestos l	icensure ex	empted activities.									

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building	Owner/Ope	erator (2)					
4/23/2013			Rober	t Susinno 20/2	Uh 21	54	5		
[] DEP [] Amen Amen	Notification ded Notification dment #	Street Address City, State, Zip C	ode	ox 328 des Park, NJ 0765	a 21 79.26 My 20-0328	\$ _U		N N	
[x] DOH justifi	gency (including cation) Ilation	Name of Contact Robe	rt Susinno		Telephone Number				
[] DCA	F	ACILITY INFORM	/ATION		- Fig.	•	V.E	Sr.	
Name of Facility Where Abatement is Taking Residence	The state of the s	TOTAL THE OLD		Type of Facility (4	School (k-12) Subchapter 8 (oth	her than	k12)		
Street Address 1602 Ocean Avenu	ie			[x]	Other (i.e., privat homes, etc.)	te & com	nmerci	al buil	dings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 2500 sf	# of Floors	Bldg.	Age 6	0	
Lavallette	Ocean	100101	II 37	Current Use (Prior Reside Abatement Contractor					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.		Guard	ian Contracting,	Inc.			
Street Address			Street A		Route 9, Unit 61		-		
City, State, Zip Code	T. J. J. N. N.		the second		River, New Jerse		55-12	271	
Project Manager for Monitoring Firm	Telephone Numl		732-34	19-9932 FOSHA Monitor	00624				1 11
Scheduled Start Date (10) 4/23/13	Scheduled Comp 4/24/13	nietion Date (11)	Street A	E.M.S	.L. Analytical				
	only one) d During Entire Period of Outside of Normal Facilit			1056 sate, Zip Code	Stelton Road away, New Jerse	ey 0885	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $	f 1	ovation	[Mini-Enclosure Glovebag Proce	nt with Negative Pre edure (*) and Non-Friable		re		
						Abate	ment '	Гуре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/	ial (i. in	Description Shestos-Co Material (a e., thermal sulation, st VAT, ther miscel	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sid	ing		2000 sf	X			
					4-17-17-17-17-17-17-17-17-17-17-17-17-17-	77.			+
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Ha		Yards of Wa	T.R.R.F.	stered Landfill				
City, State Toms River, New Jersey	Di 4/	sposal Date 25/13	City, S Tully	state town, Pennsylvar	ia				ni i
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	cho	1 te	1	Date 4/23	/2013	3	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of B	Building C	Owner/Opera	tor (2)				1/-	,
April 23, 2013					Mattia E	Building Contr	acting C	2	15	4 1	
[] DEP [] Amen	Notification ded Notification		Street Add		1702 A	Grand Central	Avenue 26	11/1):	50		
[X] DOL	dment # gency (including					te, NJ 08735	1400	 Tan	ir		
[] DCA justifi	cation)		Name of C				Telephone Number	7	t,		
[] Cance	ellation			Sal Ma	ittia				t		
		FACI	LITY IN	FORM	ATION				** A1		
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility ((4) School (k-12)				
Street Address	2			-		[]	Subchapter 8 (ot			at buile	dinas
112 West Bay Way	У					[x]	Other (i.e., priva homes, etc.)	ie & coi	mmerc	ai ouii	umgs,
City	County (6)		County Co			Square feet	# of Floors	Bldg	. Age	0	
0 7 11	0	(STATE US	SE ONL		800sf	r if being demolished)	0	0	
Ocean Beach I	Ocean					Resid	dence	<u> </u>			
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM No.		Name of A	batement Contrac	ctor (9) dian Contracting,	Inc			
N/A Street Address			-		Street Add		dian Contracting,	IIIC.			-
Street Address					La company	1889	Route 9, Unit 61				
City, State, Zip Code				City, State	Tom	s River, New Jers			271		
Project Manager for Monitoring Firm	lumber		ic said	Telephone 732-349		License N 00624	lumber	91			
Scheduled Start Date (10) 4/23/13	Scheduled C 4/24/13		on Date (11)	Name of C	SHA Monitor E.M.	S.L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During Entire Perio				Street Add City, State	, Zip Code	Stelton Road	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ If} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ If} $		Renovati Demoliti			[] [] [x]	Mini-Enclosur Glovebag Pro-			ure		
								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO	ed		Ash N (i.e. inst	Description bestos-Conta faterial (AC , thermal sy lation, surf VAT, or er miscellar	aining CM) ystems acing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X		Asbest	os sidin	ıg		600 sf	X			
to an tage of some form of the term of			A. Carre		en el F			-			_
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Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler l	ID No.	Cubic Ya	ards of Waste	T.R.R.F	gistered Landfill		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Y
City, State Toms River, New Jersey		Disposa 4/25/1			City, Stat	e wn, Pennsylva	mia⁄7				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manage		Signatur	re \\	lot	Ler	P	Date 4/2:	3/201	3	
Tatellolas I elificola	*Do not use to		for asbes	tos licer	sure exemp	oted activities.		,			-

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			4 104		Name of	Building (Owner/Oper	rator	(2)	0.0		1	~ 1	<1	10		
, , , , , , , A	pril 23, 2013		Name of Building Owner/Operator (2) Bobby Bobcat Excavating									24	0				
[X] EPA [] DEP	Ameno	on Notificat led Notif Iment#				Idress	1409 R	Cout	te 9	\$ 77.5	<6 A1	710:	50		í		
[x] DOL		ency (inc	luding		结		Toms l	Rive	er, NJ 08753	3 -76.	CASSO.	100	/ .				
[x] DOH [] DCA	justific [] Cancel	ation)			Name of	Contact Bob				Telephon	ne Number	·					
			4	FACI	LITY	NFORM	ATION										
Name of Facility Where Aba	tement is Taking	Place (3)) i	17101		i i oran	11101	Ту	pe of Facility ((4)							
Resid									[]		ol (k-12)		1.10				
Street Address 3435	Maritime Driv	ve	(44						[x]	Other	apter 8 (oth (i.e., privat s, etc.)			ial buil	dings,		
City		County	(6)		County C			Sq	uare feet	# of	Floors	Bldg	. Age	0			
Toms River	le le	Ocean			STATE	USE ONL	Y)	Cu	1000 sf urrent Use (Prio Resid		l demolished)	6	0			
Name of Monitoring Firm H	ired by Building	Owner (8)	4	ASCM N	0.	Name of	Aba	tement Contrac	tor (9)	ntracting,	Inc.		di.			
Street Address					127	1 7	Street Ad	ldres	S				THE ST				
		-			-	-	City, Stat	to 7		Route 9,	, Unit 61		. 8 77.				
City, State, Zip Code							City, Stat	ic, Z	Toms	s River, 1	New Jerse	ey 087	755-12	271			
Project Manager for Monito	ring Firm	1	Celephone 1	Number			Telephon 732-349	9-99	932		License N 00624	lumber					
Scheduled Start Date (10) 4/23/13			4/24/13		etion Date (11) Name of OSHA Monitor E.M.S.L.						.L. Analytical						
[] Abate	patement (Check of the Closed/Vacated ment Performed Country - Describe	During .	Entire Perio				Street Ad		1056 ip Code	Stelton l	Road New Jerse	y 088	54		-		
	nat apply) or ≥3 lf sf or ≥260 lf		[] [x]	Renovati Demoliti			[] [] [x]		Full Containm Mini-Enclosure Glovebag Proc Non-Exempted	e cedure			ıre		7		
						di in						Abat	ement	Туре			
Location of Asbestos-Containing Ma TO BE ABAT in facility (13)	iterial (ACM)	No	s Location ormally us Solely by enance/Cu Staff (12)	sed		Asl (i.e ins	Descriptio oestos-Con Material (A ., thermal sulation, sur VAT, o er miscella	ntain CM syste rfaci or	ing () ems ing,	(Sp	mount ecify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior			X		Asbes	stos sidir	ng			800	sf	X					
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				1.20				1000 1000 1000 1000 1000 1000 1000 100					-				
Name of Registered Waste I Guardian Con		N.	JDEP Wast 20	0223		Cubic Ya	ards of Wast		Name of Reg T.R.R.F.		ndfill						
City, State	Janu Janaan			Disposa 4/25/1			City, St		n, Pennsylva	nia							
Toms River, I Completed by (Print or Type Nicholas Fern	e)	Title Projec	t Manage		Signat	ure /	Joseph Jany H)	, i dilisyiva	1	erene n	Date 4/2:	3/13				
Nicholas Fernicola Project Manager					C	1111	10101	.nta	dactivities			-					

*Do not use this form for asbestos licensure exempted activities

JL 60803

Date of Notification (1) 04/13/2013		Na	me of B	uilding Owner/O JDENTIAL IN:	perator SURANC	(2) CE COMPANY O	F AMERICAS	2.			7
Agencies Notified Type Notification		St.	reet Add	ress CAD STREET	FIFTH	FLOOR			//): ;	iv	
☑ EPA				, Zip Code , NEW JERSE	Y 0710	02	& LICENS)	1/13	ii j	L	
☐ Emergency (ir justification) ☐ DCA ☐ Cancellation	ncluding		ame of C	Contact CHARD HUMME	RS		Telephone Numb	er	6,		
W DON	- 100		FACILI	TY INFORMATI	ON	- (5 35.7	4)			_	
Name of Facility Where Abatement is Taking Street Address 100-100A HALSEY STREET	Place (3)			1		Other (i.e. p	227	buildi	ngs, l	nome	s,
City (5) NEWARK						etc.) Square Feet 2,250	# of Floors 2	Blo	dg. Aç	je	
County (6) ESSEX		C	ounty Co	ode (7) SE ONLY)		Current Use (Pri VACANT (PRI	or if being demolished LOR USE COMMERC	d) CIAI	۱)		
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL HEALTH INVESTIG	Owner (8) ATIONS II	NC.	ASCM 00104		Name of Abatement Contractor (9) PAL ENVIRONMENTAL SERVICES						
Street Address 655 WEST SHORE TRAIL					Street Address 11-02 QUEENS PLAZA SOUTH						T
City, State, Zip Code SPARTA, NJ 07871					City, S	City, State, Zip Code LONG ISLAND CITY, NY 11101					
Project Manager for Monitoring Firm BILL KERBEL			elephon 973-72	e No. 29-5649	Telephone No. 218-349-0900 License No. 00853					lle.	
Start Date (10) 04/29/2013	Scheduled 07/29/20		oletion D	Date (11)	Name of OSHA Monitor MARTIN MCREA						
Occupancy Status During Abatement (Chec	k Only One)	-				t Address					
☐ Facility Closed/Vacated During Entire F☐ Abatement Performed Outside of Norm	Period of Aba	ateme		FOR	City, S	KENNEDY BLV State, Zip Code DNNE, NJ 070					
Scope of Work (Check All That Apply)											
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novat moliti				Mini-Enclosur Glovebag Pro				e	
	-	-	- 1			M Non-Exemple	and Itom I magn	,,,,		ement	t
	100000000000000000000000000000000000000	ocation	Section II and the section						Ту	ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	Solel tenar dial S (12)	y by ice/ itaff?	Asbestos Co (i.e. therma	escription ntaining al systen facing, V miscella	Material (ACM) ns insulation, 'AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	CDE ATTACH	ED ACI	M TABLE FOR	SEE ATTACHED	Х			
SEE ATTACHED ACM TABLE FOR							ACM TABLE		-		
DETAILS	, person (- 1	St. Lotal	DETAILS		•	FOR DETAILS		-		
		Se in a		en games se	- A		FOR DETAILS		-		
Name of Registered Waste Hauler		Н	JDEP V lauler ID	No. of W	ic Yards /aste		of Registered Landfill	g			
ATC/TST City, State	2	4310/		oosal Da		RVA ENTERPRISE ate ESBURG, OH 446			r (
SHIRLEY, NY 11967/BRONX, NY			3 F 168 F 1	Signate		Da	te	41	20.2		
Completed by ANN ALI	ADMIN:	ISTF	RATIVE		_		04/	13/	2013		

Block 51 and Block 52

Newark, NJ

2013 APR 26 AM 10: 50 September 2.,
Asbestos Abatement Specifications

	LICENSING	Brick Walls)
	Tar Sealant on HVAC Duct	,800 Square Feet
	Transite™ Cooling Tower Baffles & Wans	500 Square Feet
	Textured Plaster/Coating on Ponthouse Wall	
697-705 Broad - Roof – 3 rd Floor Roof	Roof Flashing Perimeter of Lower Roof (3 rd Floor Roof)	180 Linear Feet
697-705 Broad - Roof – Exterior - Elevator Room Door – East Side of Roof	Door Caulk	Not Quantified

The interior of the West Penthouse was not accessed. All suspect material shall be removed as asbestos containing materials.

5. 100 Halsey Street (Includes rear building addition designated 100A Halsey Street for purposes of this report)

Provided below is a summary of the identified asbestos materials for the Building located at 100 Halsey Street including those materials found in the rear addition to the building:

Location/Room	Type of Asbestos Material	Approximate Quantity
100 Halsey - 1st Floor — Floor Under Plywood	Green 9"x9" Floor Tile & Mastic – Under Plywood; Particle Board; & Asbestos Containing Black 9"X9" Floor Tile & Mastic	2,550 Square Feet
100 Halsey - 1 st Floor – Floor Over Plywood	Mastic Associated w/ Brown 12"x12" Floor Tile – Over Plywood-& Over Same Area As Green 9"X9" Floor Tile	450 Square Feet
100 Halsey - 1 st Floor — Inside Column Enclosure Near SS Hood	Pipe Insulation – Straight Sections and Fittings	100 Linear Feet
100 Halsey - 1 st Floor — Rear Room - Former Closet	White 9"x9" Floor Tile & Mastic – Over Terrazzo	16 Square Feet
100 Halsey - 2 nd Floor — Under Plywood Front Portion of Building	Red 9"x9" Floor Tile & Mastic - Under Non Asbestos White 12"X12" & Asbestos Containing Black /Grey 9"X9" Tile - May Be More Present - Tile Is Covered by Plywood	750 Square Feet

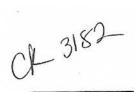
Location/Room	Type of Asbestos Material	Approximate Quantity
100 Halsey - 2 nd Floor — Under Plywood Rear Portion of Building	Green 9"x9" Floor Tile - Not Mastic - Under Asbestos Containing Beige 9"X9" Tile & Mastic - May Be More Present - Tile Is Covered by Plywood	1,000 Square Feet
100 Halsey - Roof – Flashing w/ S. Klein Building	Roof Flashing – w/ S. Klein Bldg. Only	85 Linear Feet
100A Halsey - Basement - Closet	Pipe Insulation	8 Linear Feet
100A Halsey - 2 nd Floor – Rear Extension Under Plywood East End of Building	Grey 9"x9" Floor Tile – Not Mastic – Tile Is Covered by Plywood – May Be Less Present	4,550 Square Feet
100A Halsey - 2 nd Floor – Rear Extension – Duct Chase	Duct Seam Cement – On Duct Insulation Inside Chase - Center of Floor – Enclosed In Plaster – Duct is Approx. 20 Feet Long	Unknown
100A Halsey - 2 nd Floor – Rear Extension – Pipe Chase	Pipe Insulation – Vertical Pipe Insulation Inside Pipe Chase - Center of Floor – Enclosed In Plaster – Chase is Less Than 20 Feet Long	Unknown
100A Halsey - Roof – Rear Extension – Penthouse	Pipe Insulation Debris – Entire Penthouse Floor	1,050 Square Feet
100A Halsey - Roof – Rear Extension – Penthouse	Pipe Insulation – Throughout Penthouse	150 Linear Feet
100A Halsey - Roof – Rear Extension – Penthouse	HVAC Unit Insulation – White Layer	720 Square Feet
100A Halsey - Roof - Rear Extension - Penthouse	Duct Insulation - White Layer	700 Square Feet
100A Halsey - Roof - Rear Extension - Penthouse	Vibration Damper Cloth	6 Square Feet
100A Halsey - Roof – Rear Extension – Penthouse Roof Flashing	Roof Flashing – Perimeter of Penthouse Roof	140 Linear Feet
00A Halsey - Roof - Rear Extension - Penthouse Roof Vent	Roof Flashing – All Penetration Flashings	120 Linear Feet
00A Halsey - Roof – Rear extension – Main Roof lashing	Roof Flashing – Flashing w/ Penthouse Wall	105 Linear Feet

Date of Notification (1)			SCHING.	Name	e of Buildi	ng Owner/Operator ((2)		-	-				
4 /	22 / 1	3	Street Address 6501 Legacy Drive											
Agencies Notified	Type Notification	1		Stree	t Address		· · · · · · · · · · · · · · · · · · ·	1 1 26 BH 16						
⊠ EPA	☐ Initial				01 Legac		458	41740	:50					
☑ DOLWD				N. Control	State, Zip		507	7.07						
☑ DHSS	Amendment			3.5%	ano, TX		- L	ICEK STATE	171					
□ DCA (NJAC 5:23-8)	Emergency (justification)	includin	g		of Conta			Telephone Num	- 1.					
(145/10 5.25-0)	☐ Cancellation				y Thoma			Telebrone killer	nor					
Name of Eacility Where /	hatament is Taki	Di	- (0)	FA	CILITY	NFORMATION	T=							
Name of Facility Where A Wayne Town Cente		ng Plac	e (3)				Type of Facility							
Street Address	er					1	Subchapter	2) 8 (Other than K-12)\					
							Other (i.e., p	rivate and comme	rcial b	uildin	as.			
260 Wayne Town C	enter						homes, etc.)		1					
City (5)							Square Feet	# of Floors	В	ldg. A	ge			
Wayne							150000	2	- 1	75				
County (6)				Cou	nty Code	7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)	DITTE				
Passaic														
Name of Monitoring Firm	and the state of t	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			10.70	W.	SE-1077		
Hillmann Consultin	g LLC			622	52	JVN Restorat	tion Inc							
Street Address						Street Address	100000							
1600 Route 22 East						47 Foster Ro	ad							
City, State, Zip Code	or the Company			3		City, State, Zip Co	ode	2-2 G (11		-				
Union NJ 07083						Staten Island								
Project Manager for Moni	toring Firm		Te	lephone	No.	Telephone No.		License No.			-			
Tom Rubino			1 9	908-956	-1233	718-605-6256		00774						
Start Date (10)	Sche	duled C	Comp	letion Da	ite (11)	Name of OSHA M	lonitor				-			
2/11/	13	4	1 _ 2	22 /	13	Testor Tech								
Occupancy Status During	Abatement (Che	ck only	one)			Street Address		-						
☐ Facility Closed/Vacate				ement		10 59 Jackso	n Avenue							
					scribe	City, State, Zip Co						e carrelo		
Time of Abatement:	AMF	M/10:0	00PM	I- <u>6:00A</u> I	<u>M</u> AM	LIC, NY 11101			37					
Scope of Work (Check all	that annly)	-			-	LIC, NT TTIO								
	triat apply)					☐ Full Cont	ainment with Neg	ative Pressure						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			enova			☐ Mini-Encl	losure							
△ ≥160 St of ≥260 If		□ De	emoli	ion		☐ Glovebag	Procedure	n-Friable Procedu	70					
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TO BE ABA		0.00		I Staff?	(1.6	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	a.	aps	Enclosure		
(13)			(12	2)		other miscellaned		SF OF LF)	<u>a</u>		Encapsulate	J.E		
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1 st Level Marchese De	ept.	П			VAT/M	ASTIC	4. 7 1 1 1 1	850SF						
1 st Level Joe Fresh De					VAT/M				-		-			
. Love, coc i redii be				1000000	VAIM	ASTIC		175SF				Ш		
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Global Waste Indust	tries, inc.			NJ-22		40	G.R.O.W.S.	, Inc.	Water to the			-		
City, State						Disposal Date	City, State	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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Completed By (Print or Ty	pe) Titl	е			7	Signature /	2 1	Da	te	-1	-34-	-		
John Tardy	S	Senior	Proj	ect Mai	nager	1 711 4	arch	1 1	117	>1	12			
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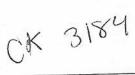
Date of Notification (1) April 24, 2013			Name of Building Owner/Operator (2) John Browne Check # 5791 Street Address 323 Mt. Vernon Avenue												
Agencies Notified	Type Notification					Avenue		. 1949	-	LO AM	/(): _i	7/1		t	
EPA DEP DOL DOL	Initial Amended Amendments Emergency (injustification)		_ I	city, State, Haddonf Jame of C John Bro	field, NJ contact				-16	nhone Numb	(1) (1)):				
DOH DCA	Cancellation					RMATION		1	10.00	. · · · · · · ·	***				
Name of Facility Where John Browne Resid Street Address 323 Mt. Vernon Av	dence	g Place (3)		FACILI	TY INFOR	RWIATION		of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri) S (Othe	r than K-12) commercial	buildir	ngs, h	omes	i,	
City (5) Haddonfield	Cildo						3,00		3	Floors	10	g. Ag O	е		
County (6) Camden				County Co			Current Use (Prior if being demolished) Residence								
Name of Monitoring Fire Management and	m Hired by Building	Owner (8)	es	ASCM	No.	Na S	me of Aba	e of Abatement Contractor (9) de Environmental, LLC							
Street Address P.O. Box 341	Ellywo. Corloans.	9					Street Address 623 Cutler Ave.								
City, State, Zip Code Chesterfield, NJ 0			7	Ci N	City, State, Zip Code Maple Shade, NJ 08052										
Project Manager for Mo Bill Weisgarber		Telephone			Telephone No. License No. (856)755-0099 00842										
Start Date (10)		Schedule May 19	d Con	pletion D		1	ame of OS	SHA Monitor							
May 18, 2013 Occupancy Status Dur	ing Abatement (Che			-	-	St	treet Addre							1	
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire rmed Outside of Norr :	Period of A mal Facility	Abaten Hours	atement 107 Haddon Ave											
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Sessessed	Renova				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proc						9		
		le	Locat	ion								Abate	ment pe		
Asbestos-Containi TO BE A In Fa	ion of ng Material (ACM) ABATED acility 3)	Use Ma	Norma ed Sole iintena todial (12)	Illy ely by ince/ Staff?	Asbes (i.e.	tos Contain thermal sy surfacin	iption of ning Mater stems insi g, VAT, or cellaneous	ulation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A		D.,	hunde		1	Areas	E1V4		Х		
Base	ement		XXX				twork			80 LF	X	-	-		
Crawl	XXX			Pipe ir	sulation	1		SO LI	A .						
Name of Registered Waste Hauler Freehold				NJDEP W Hauler ID 22253		Cubic Yards of Waste Grows Landfill Output O									
City, State Mount Holly, New Jersey 08060						Disposa 5-19-13		City, Sta Tullyto						7	
Completed by Christina Lynch Title Office				nager	174	Sig	A TO	Dun	Cl	A _I	oril 2	4, 20)13		

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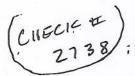
Date of Notification (1) 4/24/13	Name of Building Owner/Operator (2) Alan Mitzner (Private Home) Street Address 106 south Commodore Dr												
Agencies Notified Type Notification EPA DEP Initial Amended	on .		106 sc		mmodore Dr): \$v				
DOL Amendme	y (including	-	Little E	Egg Hai	bor NJ 0808	7	& Lil		10				
DOH justificatio			Alan	f Contact				Telephone	Number				
Name of Facility Where Abatement is Tak Alan Mitzner (Private Home) Street Address 106 south Commodore Dr	ing Place (3)	FACI	LITY INF	ORMATION	Type				ildings	s, hom	nes,	
City (5) Little Egg Harbor NJ 08087						Squi 100	are Feet	# of Floors		Bldg. 35+	Age		
County (6) Ocean			County (Code (7) USE ONL)	0	Curr		or if being dem	olished)				
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCN	No.		of Ab	atement Contractor (9)						
Street Address				Philipping and the second second second	t Addre					2			
City, State, Zip Code			fig.			Zip Code Iin NJ 080	091						
Project Manager for Monitoring Firm		Telepho	ne No.		hone N		Licens			Ĕ.			
Start Date (10) 5/7/13	Schedule 5/14/13		mpletion	Date (11)	Name Sam		HA Monitor						
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Enting Abatement Performed Outside of No Other – Describe:	e Period of A	bater	ment s			t Addre	ess Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	and the same of th	enova				Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable P							
Location of	N	Locat lorma	lly		Description	n of					temen ype	ıt	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole ntena odial ((12)	ely by nce/ Staff?	Asbes (i.e	stos Containing I thermal system surfacing, VA other miscella	Materia Is insul AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Exterior Siding	Tes	INO	X		Exterior Si	ding		1200 SF	×	+			
										1			
			*						-		-		
Name of Registered Waste Hauler		JDEP W		Cubic Yards		Name of I	Registered Lan	dfill	_		<u> </u>		
United Containers	0.888	Hauler ID No. of Waste 22459				G.R.O.W.S.							
City, State Elm NJ	Disposal Date City, State 5/14/13 Morrisiville PA 19					19067							
Completed by Anthony T Perna	dent			Signature	2		78 78 54 78 78 54	Date 4/24/1	3				



Date of Notification (1) 4/24/13		Name of Building Owner/Operator (2) Beach Haven Yacht Club Street Address 420 Pennsylvania Ave City State Zip Code											
Agencies Notified Type Notifie	cation			ress nsylvania	Ave		- A :	10 111	1126 A	i (1):	Sn		
EPA Initial DEP Amen Amen	ded dment #			Zip Code aven NJ	08008	•		ά <i>ζ</i> ,	riki se	1.31			
DOH justific	gency (including cation) ellation	1000	ame of C	ontact		5		Tale	enhone Num	ber	i.		
DCA Cance	Shadon	1		TY INFORM	ATION								
Name of Facility Where Abatement is Beach Haven Yacht Club Street Address	Taking Place (3)				1	☐ Sc	Facility (4 hool (K-12 bchapter her (i.e. p	2) 8 (Oth	er than K-12)	l buildi	ngs, l	nomes	5,
420 Pennsylvania Ave City (5) Beach Haven NJ 08008						Square 1000+	Feet	# o	Floors	Blo 35	lg. Aç	je	
County (6)			ounty Co	de (7) E ONLY)		ALUESTO STATE OF THE STATE OF T	Use (Pric	or if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by B	uilding Owner (8)	1	ASCM N	No.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Abatement Contractor (9) Pernaco Inc.						•	
N/A Street Address					Street	Street Address PO Box 329					-,		
City, State, Zip Code				#	City, S	City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		T	elephone	No.	Telep	Telephone No.				0.			
Start Date (10)	Scheduled (Comp	oletion Da	ate (11)	Name	856-753-9800 00727 Name of OSHA Monitor Same							
5/10/13 Occupancy Status During Abatement	5/17/13					t Address							
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Scope of Work (Check All That App ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ly) Ren	ours novati	ion		-	Min Glo	Containm i-Enclosur	e cedure	h Negative F			8	
		OHE)				× Nor	-Exempte	d (*) a	nd Non-Friat	le Pro			
	ls Lo	catio	on.									ement /pe	
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Used S Maint Custoo	enan	y by ice/	(i.e. th	s Containing ermal syster surfacing, V	Description of containing Material (ACN mal systems insulation, urfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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				Ser Property			10 10	1.00			_		- 10
		12.5		0.41-1/1		Name of Positored Landfill							
Name of Registered Waste Hauler United Containers	H	IJDEP W lauler ID 2459	No.	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.								
City, State	1-	P A VE		Disposal Date City, State 5/17/13 Morrisville PA 19067				7					
Completed by Anthony T Perna	tle Signature resident				ture Date 4/24/13								



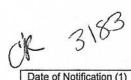
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DOH Emergency (Incl. justification)	uding		me of Co usan	ntact				Telephone Nur	nber				
			FACILIT	Y INFORM	ATION	Tuno of	Facility (4)		1000		-	-	
lame of Facility Where Abatement is Taking P Susan Krzywick (Private Home)	lace (3)					Sch Sul	nool (K-12)	(Other than K-1	2) ial buildir	nas hi	mes.	60	
Street Address 387 N 5th Street						Square	.)	# of Floors	Bldg. Age			-	
City (5) Surf City NJ 08091						1000+		1 if being demolis	35 hed)	+		_	
County (6) Ocean		C)	ounty Coc	ie (7) EONLY) _		Home							
Name of Monitoring Firm Hired by Building Ow	ner (8)	1	ASCM N	0.	44.50004	Name of Abatement Contractor (9) Pernaco Inc.							
N/A Street Address		2			100000000	Street Address PO Box 329							
City, State, Zip Code			-		City	City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		T	elephone	No.	Tele	Telephone No. 856-753-9800 License No. 00727							
Start Date (10)	Scheduled	I Com	pletion Da	ate (11)	Nar	Name of OSHA Monitor							
5/10/13 Occupancy Status During Abatement (Check	5/17/13					Same Street Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Scope of Work (Check All That Apply)	eriod of At	atem	ent		City	y, State, Zip							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				Min	i-Enclosure	ent with Negative ecedure d (*) and Non-Fr					
	ls	Locati	ion	31					T		pe pe		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	(12)	ely by ince/ Staff?	(i.e. t	hermal sys surfacing	otion of ng Material tems insula , VAT, or ellaneous)	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
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through out			^		110011								
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			NJDEP W	laste	Cubic Ya	Cubic Yards Name of Re			of Registered Landfill				
Name of Registered Waste Hauler United Containers	- 1	Hauler ID 22459	No.	of Waste		G.R.O.W.S.							
City, State Elm NJ		Dis				Disposal Date City, State 5/17/13 Morrisville PA 19067				144			
					 Annual Control of Co				Date				



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ame of Facility Where	e Abalement is Taking F	Place (3)				Sch	ool (K-12)	Other Iban	K.121		
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ounty (6)	rate and the second second		USE	ONLY		-	NIC	DUT			
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Project Manager lor I	Modicina	- Y			Name of OSH	A Monitor		Section 1			
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Occupancy Status C	During Abatement (Che	ck only on	e) atement		369	212				805	2
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Facility ClosedV Abatement Perfo Other - Describe Scope of Work (Chi 23 \$1 or 23 il 2160 \$1 or 2260 Aspestos-Contai	ouring Abatement (Cheracated During Entire Permed Outside of Normal eck all that apply) Ill ation of the control of the cont	Rence Signal Sig	atement (ours ovation of the cation male) by solely by enance/stodial (aff? 12)	Asi	City, State, &	Containm Enclosur vebag Pro- Exemple on of Material ems insul VAT, or lianeous)	SUND heni with N e oceaure od (") and (ACM) ation.	legative Pre Non-Friable Anne (Spe	Source Procedul punit punit punit punit punit punit punit	Removal	Race Race Race Race Race Race Race Race
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Pachiny ClosedV Facility ClosedV Abatement Perio Other Describe Scope of Work (Ch. 23 st or 23 tt 2560 st or 2760 st or 2760 lb. Aspestos Contain In Name of Register K. & Cin State M. p. P. L. &	ouring Abatement (Chemacated During Entire Permed Outside of Normal eck all that apoly) Ill ation of the permed (ACM) ABATED Facility (13)	ck only on end of Ab Rend of Ab R	atement jours pration cation maly solely by enancer stodial saf?	ASI IIA X DEP Wassi Jiher D No. 7 9 0 4	Cry. State, & A D Cry. State, & A D Cry. State, & A D Full Min Gro Nor Description Sessos Coquaining surfacing, other revscol Tran w : Cubic Yav of Waste Osposal	p Code P Containm Enclosur vebag Pre Exemple on of Material ems insul VAT, or Illaneous)	SAAD Meni with N e occours occours	Registered	Procedule Proced	Removal X	Rache Rache
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Date of Notification (1) 04-24-2013		Na Pa	ame ara n	of Buil	lding C	wner / Oper	ator (2)	2012							
Agencies Notified Type Notification		70	0 Pa	Addre:	Park			2013 APR 2	6 AM	` .					
DEP Initial Amended (2 nd)	í			tate &				0 N	, //	" ઈ	,				
DOH ☐ Emergency ☐ DCA ☐ Cancellation		Na	ame	of Con	ntact			1657	Telep	hone	Num	ber			
Cancenation				Aike I								_			
Name of Facility Where Abatement is Taking	Place	2 (3)	FAC	ILITY	INFO	RMATION	-104 (4)								
Paramus Mall	i iace	3 (3)				Type of Fa	ol (K-12)	22.0							
Street Address	2					☐ Subch	apter 8 (Othe	er than K-12)	nan K-12)						
700 Paramus Park						○ Other	(i.e. private &	commercial buil	dings, ho	mes,	etc.)				
City (5) County (6)		Caus	4.0	- d - (7)	,	Square Fee		Floors	Bldg. A	ge					
City (5) County (6) Paramus, NJ 07652 Bergen	ľ	Coun	ity C	ode (7))	311,908 2 39									
Dergen						Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building O	wner	(8)		ASCN	/ No	Shopping Mall D. Name of Abatement Contractor (9)									
Criterion Laboratories, Inc.						Resource	Manageme	ent Group, LLO							
Street Address		77.00				Street Addr		О.ОСР, ДЕС		-	_	-			
3370 Progress Drive, Suite J						2115 Hamilton Ave, Suite 202									
City, State & Zip Code Bensalem, Pa. 19020						City, State of Trenton, I	& Zip Code NJ 08619								
Project Manager for Monitoring Firm	Tel	lepho	ne N	lumbe	r	Telephone		License	e Numbe	r		-			
Mr. Mike Panepresso		5-24			* VI		ey (609)977	-6159	011						
Scheduled Start Date (10) Scheduled Co 05-07-2013 Scheduled Co	05-1	3-20		(11)		Name of OSHA Monitor J&S Environmental Laboratories Inc									
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire	Perio	d of A	Abat	ement		Street Addr 2333 Rout	ess te 22 West								
Abatement Performed Outside of Norr Describe:	mal H	ours -	4:30	pm-1:0	00am	City, State 8									
Facility Occupied During Abatement						Union, NJ	07083								
Scope of Work (Check all that apply)															
							⊠ Full (Containment with	Negativ	e Pre	ssure	9			
23 sf or ≥3 lf	\boxtimes			vation				Enclosure			Jourc				
≥160 sf ≥260 If	Ļ	D	emo	lition				e Bag Procedure							
Location of	1 1	s Loc	ation			Description		Exempted and N							
Asbestos-Containing		rmall				Description Asbestos-Co		Amount (Specify	Ab	atem	ent T	ype			
Material (ACM)		Solel	y by			Material (A	ACM)	SF or LF)		m	_			
TO BE ABATED in Facility		intena				i.e., thermal:			Remova	R	Encapsulate	Enclsoure			
(13)	Jour	(12		AII :	or	ulation, surfa other misce	laneous)		JOV	Repair	usc	nos			
	Yes			I/A							ate	ō			
Rear Hallway, Middle Room, Front storage area		X				Floor Ti	le	144 SF			П	П			
Rear Hallway, Middle Room, Front storage area] [E	Black & Yellov	v Mastic	1,282 SF		H	Ħ	H			
] .		60 B 17	Wingsty 1				Ħ	Ħ			
							era jedin		П	П	П	П			
												百			
lame of Registered Waste Hauler		IA	I L	ID Wes	4-10	1: 1/ 1	1								
Robinson Waste Disposal Service, Inc.	H	laule	er ID No	Waste Cubic Yards ID No. of Waste TRD					4						
City, State	17304 TBI				sposal Date	Grows La	natili			N.					
oorhees, NJ					TE		City, State Morrisville	e. PA			7.0	27			
completed By (Print or Type)					inature			Date							
fr. Brian Haney	President				KM			04/2	4/20	13					
					1 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	~									



Date of Notification (1) 4/24/13	Name of Building Owner/Operator (2) Joe and Kathy Brancato (Private Home) 20/3 4000															
Agencies Notified Type Notification EPA Initial	Street Address 19 Andrew Drive															
DEP Amended Amendment #			e, Zip Cod awkin N)50	& LIGEN YELROL										
DOH justification Cancellation									Tel	enhone M	umbar		e.		***	
		7.5	FACIL	ITY INFO	RMAT	ION			1-							
Name of Facility Where Abatement is Taking Joe and Kathy Brancato (Private Ho			+972					of Facility (4 School (K-12	2)					11		
Street Address 19 Andrew Drive		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buil etc.)								ldings, homes,						
City (5) Manahawkin NJ 08050				dia		Square Feet # of Floors Bldg. A 1000+ 1 35+					Age)				
County (6) Ocean		County C STATE U	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ing demol	ished)						
Name of Monitoring Firm Hired by Building Ov N/A		ASCM	No.			me of Abatement Contractor (9)										
Street Address						eet Address D Box 329										
City, State, Zip Code					City, State, Zip Code West Berlin NJ 08091								7.00			
Project Manager for Monitoring Firm	[1	Telephone No. Telephone No. 856-753-9800).	License No. 00727								
	Com	ompletion Date (11) Name of C					of OSHA Monitor									
	5/14/13		Same													
Occupancy Status During Abatement (Check	Only One)					Street	Addres	S							4	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						City, S	tate, Zi	p Code								
Scope of Work (Check All That Apply)					-											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							ure							
	T								() ai	id (toll) ii	Abatement					
		ocation rmall									-	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Solel tenar dial S (12)	Solely by enance/ ial Staff? Asbestos Contain (i.e. thermal system) surfacing				scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			Amount (Specify SF or LF)		Kepair		Encapsulate	Enclosure		
	Yes	No	N/A	3 3 1				340,000,000		1			_			
Exterior Siding			X	74	Ext	erior Sid	Siding		1200 SF		x	+				
												-	+			
			NA.								611					
Name of Registered Waste Hauler United Containers		H	NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste 2				[2] 가스타 [2] [2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4									
City, State Elm NJ					osal Date		City, State		A 1906	7						
Completed by Anthony T Perna	Title Presid	ent			31	Signature	gnature Date 4/24/13									

Check # 7710

Date of Notification (of Building (Owner / Operator											
Agencies Notified	April 24, 2013 Type Notification	2	_	Address		2013 100		-		1000	***				
□EPA □DEP			560 V	alley Road		\$ 5 - W	26 AM 10: 50								
⊠DOL	☐ Initial		City, S	State & Zip C	ode	並 / / / / /	+0								
⊠рон	Amended		Uppe	r Montclair,	NJ 07043	-16E	Kajigani .								
DCA	Amendment #		Name	of Contact			Tel	ephoi	ne Nu	mbe	er				
		Dino	Nappi	1	Telephone Number										
			FA	CILITY IN	FORMATION										
Name of Facility Who Bank of America	ere Abatement is Taking	Place (3)			Type of Facil			9							
Street Address					Subchapter 8 (Other than K-12)										
560 Valley Road					Other (i.e., private & commercial buildings, home, etc.)										
					Square Feet			g. Age		,					
City (5)				The car	6,500		2	- 177	50		17.75				
Upper Montclair				Current Use (Prior if being demolished) Bank											
County (6) Essex		ounty Cod													
	Firm Hired by Building Ov			ASCM No		tement Contract	or (9)			ier -					
Street Address	ing Consultants, LLC				Synatech, In Street Addres				LVIII C	-	-70				
One Mall Drive, Suit				829 Radio R	829 Radio Road										
City, State & Zip Cod				44,419,297.	City, State & Zip Code Little Egg Harbor, NJ 08087										
Project Manager for I Howard Zenobi		Te 85	Number	Telephone N	Telephone Number License Number 609-296-6916 00817										
Scheduled Start Date		d Complet	Name of OSI	Carlo de la companya del companya de la companya de la companya del companya de la companya de l		11-0	.77								
May 4, 20 Occupancy Status D	uring Abatement (Check	only one)	31, 2013	The State of the		Street Address									
	ed/Vacated During Entire Performed Outside of No			nt	A PERSONAL PROPERTY.	829 Radio Road City, State & Zip Code									
Other – Des		illai Tioui			100000	arbor, NJ 08087									
Scope of Work (Chec								-		-					
					Action 1	Full Containme	nt with Negative Pressi	ure							
≥3 sf or ≥ 50 lf			Renovati	on (Re-Roof											
≥160 sf or ≥26	60 If		Demolitio	on		Glovebag Proce									
		41-1	N.	0.00-21	<u> </u>		(*) and Non-Friable Pro		-		_				
	cation of ining Material (ACM)		on Norma		Descript Asbestos-C		Amount (Specify	AD	atem	ent i	ype				
TO BI	E ABATED		dial Staff		Material		SF or LF)								
IN	Facility (13)				(i.e., therma insulation, sur			77	2.7	ᄪ	m				
Augustin Taran				Party In	or other misc	ellaneous)		Remova	Repair	cap	ncic				
		V		N/A		* ***		оча	pair	Encapsulate	Enclosure				
		Yes	No	N/A		A STATE STATE OF STATE OF	Lillian Line			e	O				
Rooftop Perimeter	- 15 W			Х	Rooftop F	A COLUMN TO SERVICE AND A SERVICE AND ASSESSMENT AND A SERVICE AND A SER	600 LF	.X			90 20 31 10				
Roof Parapet				Х	Roof Expansio	n Joint Caulk	80 LF	X		-					
Name of Registered	Waste Hauler	NJDEP	Vaste	Cubic Yard	ds of Waste	Name of Regis	tered Landfill		100						
Synatech, Inc.		Grows Landfi	0												
City, State		27	Disposal D	Date	City, State										
Little Egg Harbor, N Completed By	J 08087	-	- 194	June 3, 20 Signature	Morrisville, PA										
	Signature Signature							di di							
Diane Aloia	Executi	ve Admini	strator	100	une all	-	April 24, 2013				11 11 11				

0/447

Date of Notification (1) 04/23/13			Na	me of Bu	ilding Owne	er/Operato	or (2)	DI3 APR 28	AL	les.							
EPA Initial Amende	EPA X Initial : Amended						Name of Building Owner/Operator (2) Tina Chirnomas Street Address 200 Overlook Avenue City, State, Zip Code Boonton, NJ 07005										
DOH Emerge justificat	ncy (inclui	ding	Nar	me of Con na Chirr	ntact	5	Telephone Number										
Name of Facility Where Abatement is T Private House Street Address 200 Overlook Avenue City (5)	aking Plad	e (3)		ACILITY	INFORMA	TION	X Other (i.	E107/25	an K-12)	buildi	ngs, h	ome					
Boonton County (6)		etc.) Square Feet 3,000	# of Floo		Bldg. Age 50+-												
Morris Name of Monitoring Firm Hired by Buildin		Cour (STA	County Code (7) (STATE USE ONLY) Current Use (Prior private house					molished		-							
N/A Street Address	AS	SCM No.	Anglander III	Name of Stanr	of Abatement C nark Contra	Contractor (9) ctors, LLC	tractor (9)										
City, State, Zip Code					27 Ec	treet Address 27 Edsall Drive											
Project Manager for Monitoring Firm			Telen	hone No.		Susse	ate, Zip Code ex, NJ 0746	1									
Start Date (10) 05/07/13		n Date (1		973-8	011	License No. 01137											
Occupancy Status During Abatement (Che				Ameri	of OSHA Monitor eriSci Address												
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other – Describe:	Period o	Abate ty Hou	ement irs			117 30	Oth Street										
cope of Work (Check All That Apply)	<u> </u>						ork, NY 110)37									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renov Demol				×	Glovebag Pro	cedure									
Location of Asbestos-Containing Material (ACM)		Loca Norma ed Sole	llv	Description of					nable Pr	Abatement Type							
TO BE ABATED In Facility (13) Yes No				Asbe (i.	thermal s surfacii	ining Mate systems in ng, VAT, e scellaneo	or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosure					
Atlantic Carting	х		1.		pipe ir	nsulation	1	170 L.F.	x	-	Ф						
ne of Registered Waste Hauler		H	JDEP W	aste No.	Cubic Ya	ırds		Registered Land	fill								
State /ne, NJ	Page 14	26	6085	1	1	3 G.R.O.W.S. Disposal Date City, State											
ppleted by ko Stankovic	Title Presid	ent	7		on comp	pletion	Morrisvil		Date								

Date of Notification (1)		Nan	ne of E	Building Owner/Operator	(2)		-	-		
4.24-1	3		1	Bayer Pr	operties	Lege.				1
Agencies Notified Type Notification		Stre		dress	Commence of the second second	THE THE PARTY	25	În.		
□ EPA 📜 Jnitial-		City	State	296 Del	law are	Disine	7	AH.	19.	2/1
DEP Amended Amendment #	1.87	City	, State		17:08	773			,	0
☐ Emergency (in justification)	ncluding	Nar	ne of	Contact	3 . 00	Telephone Numb	er	777		,
☐ DCA ☐ Cancellation		IN	1. Ke	· Tassillo						
Co. W. May Abstract in Toking	Diago (2)	F	ACIL	ITY INFORMATION	Type of Facility (4	7 - 11				
Name of Facility Where Abatement is Taking	2010									No.
Street Address	Co C TITAL	1			☐ Subchapter	8 (Other than K-12)				
16 Konnie	DRIL	10			Other (i.e. p	rivate & commercial	build	ings, i	nome	s,
City (5)	-		1.00		Square Feet	# of Floors	64,500	dg. Ag	1.00	22.
Manahawkin	N.			3050				60	4 -	-
County (6)				code (7) ISE ONLY)	Current Use (Pric	family D	a)	e 11 i	ne	
Name of Monitoring Firm Hired by Building C	Owner (8)	1	ASCM	No. A Name	of Abatement Con	tractor (9)				
EPC Technolo						hnologi	ies	, 3	En	
Street Address	3-			Stree	Address	9			- 1	
P.O. DOX 3.	31				.0. Box	33 7		110		
City, State, Zip Code	TIM	0	19		State, Zip Code	71A &A	M	36	13	3
Project Manager for Monitoring Firm	MA	Tel	enhor		hone No.	License No	9		-	
Steve Schenker					758-336		5	19	4	4
Start Date (10)	Scheduled (Comple	etion [Date (11) Name	e of OSHA Monitor	1	- 380	<u> </u>	-	
	5-6	-13	3			hnologies	T	1C		
Occupancy Status During Abatement (Chec					t Address	337				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of Aba	temen	t	City	State, Zip Code	- T		+		
Other – Describe:	701 T -7 •	order.	1 75		lew Egypt	NJ C	183	53	3	
Scope of Work (Check All That Apply)			- 1		JIP					
□ ≥3 sf or ≥3 lf	ATT (0.37877-117	ovatio				ent with Negative Pr	essur	re		
.⊠ ≥160 sf or ≥260 lf	Ø Dem	olition			 ☐ Mini-Enclosure ☐ Glovebag Pro 					
		Of Alexander	- Province)		d (*) and Non-Friable				
		cation						Abate Ty	ment pe	
Location of	Used S	mally Solely I	by	Description Asbestos Containing		Amount		144	m	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte Custod			(i.e. thermal syster	ns insulation,	(Specify	Rei	R	Encapsulate	Enc
In Facility (13)		12)		surfacing, V other miscella		SF or LF)	Remova	Repair	psul	Enclosure
(13)	Yes I	No T	N/A				=	1	ate	, co
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Garant level	1	X	7,000	Floor Tile	>	عر دی	^			+-
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Name of Registered Waste Hauler			DEP V	No. of Waste	The second second second second	Registered Landfill				2.1
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				Disposal Da			A			1
City, State New Esypt Completed by	N2			5-7-1 Signatu		uisville F	-		-	
Steve Schenker	Pittle	:0.	+	Signatu	Sel.			24	-1	3
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