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

(PAGE 1 of 2)

Date of Notification (1) 04 /	25 /	13					of Buildin	g Owner/Opera	tor (2)		8			3-0-05
Agencies Notified	Type Notific				Sti	reet	Address		ili Januari	2013 APR.30	l Patin. A.				
⊠ EPA	☐ Initial				;	375	McCarte	er Highway			, in the Co				
⊠ DOLWD	Amende	523	í		Cit	ty, S	State, Zip (Code		4 14 1			774		
☑ DHSS	Amendm Emerger				I	Nev	wark, NJ	07114		d. Tinž	A MINUL				
DCA (NJAC 5:23-8)	justificati		Ciuali	9	Na	ame	of Contac	t			Telephone Numb	or			
(110/10/0120/0)	☐ Cancella					Nel	son Pan	ela		1			25		
	1-			-		EA	CILITY IN	IEODMATIO	.1						
N	A1 -4	T - Lilia	DI	(0)		FA	CILITY IN	FORMATION	V	TT (F 1114 - / 4)					
Name of Facility Where		ı akınç	Place	(3)						Type of Facility (4	1				
Former Daffy's Ref	tail Store									☐ School (K-12) ☐ Subchapter 8 (Other than K-12)				
Street Address 345 Route 10										Other (i.e., priv	ate and commerc	cial bu	uilding	gs,	
City (5)										Square Feet	# of Floors	ВІ	dg. A	ae	
East Hanover				ulas Te		Line worsel.	7			32,000	1		65	J-	
County (6)					C	our	nty Code (7	')(STATE USE ON	ILY)	Current Use (Prior	if being demolish	hed)			
Essex										Vacant Retail	Store				
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASC	CM	No.	Name of Aba	teme	ent Contractor (9)					
Environmental Hea	Environmental Health Investigations							Superior	Aba	atement Inc					
Street Address			-		Street Addres	ss									
655 West Shore Tr					2 Hender	son	Drive								
City, State, Zip Code	5500 15		= -		City, State, Z	in Co	nde					-			
Sparta, NJ 07114										ii, NJ 07006					
Project Manager for Mon	itorina Eirm			ΤŦ	elepho	200	No	Telephone N		, 140 07 000	License No.				
JP Von Dochren	illoring i ilin			"			9-5649	(973) 808			00411				
	Γ,	2-6	ulad C					Name of OSI			00411				
Start Date (10) 05 /06 /				- 2			te (11) 13			itement Inc					÷
Occupancy Status During	a Abatement (Check	only	one))			Street Addres	SS	4-1-4					
☐ Facility Closed/Vacate	54					nt		2 Hender	son	Drive					
☐ Abatement Performed							cribe	City, State, Z	7/7/57						
Time of Abatement:									-	II, NJ 07006					
Scope of Work (Check a	Il that apply)		6200 5760	-1.0758				West Cal	7446	11, 140 07 000				-,	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п пат арргу)		⊠ Re					Mini- Glov	Enc ebag	tainment with Negat losure g Procedure mpted (*) and Non-		e			
			222		cation						990	Ab	atem	ent T	уре
Location					nally olely b			Descripti				R	D	m	m
Asbestos-Containing TO BE ABA		1)			nance			stos Containing			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili				todi	al Staf		(1.6	surfacing,			SF or LF)	ova	.≒	psu	IUSCI
(13)				(1			-	other miscel			144	-	1	late	G,
- 1 19			Yes	N	lo N	I/A				the second	i a made			W	
Through⊰out various	areas 1st FI	oor					VAT/Ma	stic			21,975 SF				
Janitor,Storage,Boile	er Rm,Kit/Ca	ıf,					Pipe In:	sulation/Elbo	ws		340 LF				
Dressing Rooms, Ma	in Showroo	m			-		Glue Da	Mark Street and the second			1000 SF				
Roof (see additional	page attach	ned)				3	Perime	ter Roof Flas	hing		40 SF				
Name of Registered Was	te Hauler		31-11-15-7-207				Naste	Cubic Yards	of	Name of Registe	red Landfill	9			
Service Transport	Group, Inc		100		10 - 0 11 STREET STREET		0 No. 17	Waste 300		Minerva Lan	dfill				
City, State								Disposal Date)	City, State	to the same of				
New Castle, DE							7	5/21/13		Waynesburg	h, OH				
Completed By (Print or T	ype)	Title						Signatur	e _	1/1/	// Dat		,	7.3	
Nick Petrovski		Pi	reside	ent				-	/	1/1/1/1/	him:	4-	21	1-1	3

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

Date of Notification (1)				Name	of Buildir	ng Ow	ner/Operator	(2)					
//	13	_		JE	MB Real	lty		2013 APR 20	Die.				
Agencies Notified Type Notifi ☐ EPA ☐ Initial		V		375	t Address 5 McCart	ter Hi	ghway	2013 APR 30					Ti di
☑ DOLWD ☐ Amenda ☑ DHSS Amenda ☐ DCA ☐ Emerge	ment #				State, Zip wark, NJ			& LICEN	HG NO.				
(NJAC 5:23-8) justifica		ung		Name	of Conta	ct		- 1	Telephone Nu	mher			
☐ Cancell	ation			Nel	Ison Pan	nela							
- B - B - B		155		FA	CILITY II	NFOF	RMATION		0.00				
Name of Facility Where Abatement is Former Daffy's Retail Store	Taking P	lace ((3)					Type of Facility (4 ☐ School (K-12)	**				
Street Address					-		1	☐ Subchapter 8	(Other than K-				
345 Route 10							• 10	Other (i.e., pri homes, etc.)	vate and comm	nercial b	uildir	gs,	
City (5)		***************************************			10			Square Feet	# of Floors	E	ldg.	\ge	
East Hanover								32,000	1		65		
County (6) Essex				Cour	nty Code ((7) <i>(STA</i>	TE USE ONLY)	Current Use (Pric		olished)			
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8)	ASCM	No.	Nar	me of Abatem	ent Contractor (9)					
Environmental Health Investig				0010	04	4	Superior Aba						
Street Address				Stre	eet Address								
655 West Shore Trail				2	Henderson	Drive							
City, State, Zip Code	- 100			City	, State, Zip C	ode							
Sparta, NJ 07114		20				V	Vest Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm JP Von Dochren				ephone	No. 29-5649	1000	ephone No.		License No. 00411				
	Schedule	d Co					973) 808-161 ne of OSHA N		00411			-	
05/06/13				1 /	(2) (2)		uperior Aba	00 V66500	i.				1
Occupancy Status During Abatement	(Check or	nly on	e)			Stre	eet Address					2.1101.2	
☐ Facility Closed/Vacated During En						2	Henderson	Drive					
Abatement Performed Outside of Normal Time of Abatement:AM							, State, Zip Co	ode II, NJ 07006					
Scope of Work (Check all that apply)													
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		Rend						tainment with Nega losure g Procedure mpted (*) and Non		dure		A.	
			.oca							A	baten	nent T	уре
Location of Asbestos-Containing Material (ACI TO BE ABATED IN Facility	*''/	Used Main Custo	tena	ely by ince/ Staff?		e., the s	Description of Containing Ma rmal systems urfacing, VAT	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Y	es	No	N/A		Ott	ner miscellane	ous)				ate	
(continued from previous page) [] [1								
Boiler Room] [Flue Pa	ackin	g		100 SF	×			
Plenam I-Beams] [Mastic	m (48)	2.81		60 SF				
] [1	1/42							
Name of Registered Waste Hauler	n - 30 - 1	7-1		IJDEP V		Cub	ic Yards of	Name of Registe				1	
Service Transport Group, Inc			1	SW21		30	00	Minerva Lar	ndfill				
City, State New Castle, DE		× 115.	2.	1 7			osal Date 21/13	City, State Waynesburg	ah. OH				
Completed By (Print or Type)	Title			-	DATE OF THE PARTY		Signature			Date			
Nick Petrovski		iden	t				Signature	Moh	ens:		2	3.1	3

State of NJ

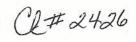
2013-80 B & G proj. #:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 5884

Date of Notification (1) O 1 1 1 3	Date of Notification (1)	11.00	(5.11)	0	7012	APR an ms	lev .		1411				
Agendates Notified Type Notification Type Notification Tipe Telephone Number							" n at Th	101 : C						
Separation Sep		/ 1 3				1 								
□ DEP □ DOL □ Amendment □ DOA □ Cencellation □ DCA □ DCA □ Cencellation □ DCA		X75300	11-			nue	LICENT			3				
Record Cancellation Cancellation Record Cancellation Cancell	DEP	Manager of Paris	Ci	ty, State, Zip	Code			. 74.						
Eugene Stoveken	X DOL	☐ Amendm	ent	Jersey C	ity, NJ (7305								
DCA Eugene Stoveken	M DOH	Canadia	1 1	me of Conta	act				Telepho	ne Number		#		
Street Address Square Feet Facility (4) School (K - 12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12)	☐ DCA	Cancella	uon	Eugene :	Stoveke	en					3	_		
School (K-12) School (K-12) Subchapter 8 (Other than K-12)					FACI	LITY INFORM	ATION							
Subchapter 8 (Other (hank K-12) Subchapter 8 (Other (hank K-12) Street Address 233 Garfield Avenue County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Project Manager for Monitoring Firm Prior Number Prior Numbe	Name of facility whe	re abatement is	taking pla	ce (3)					Type of Facility	(4)				
Street Address 233 Garfield Avenue County (6)	Fugene Stovek	ren							<u></u>		ther th	an K	-12)	
Street Address Stre													,	
City (5) Jersey City Hudson Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Cocupancy Status During Abatement (Check only one) Geography Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 Cocupancy Status During Abatement (Check only one) Frequent Monitoring Firm Phone Number (973)898-6869 City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Code Lincoln Park, NJ 07035 Full Containment w/negative pressure Giovebag procedure Frequent Monitoring Firm Properties Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Full Containment w/negative pressure Giovebag procedure Frequent Monitoring Firm Properties Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Location of Monitoring Firm Properties Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 License Number (973)898-6869 00378 Name of Refalter Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Location of Monitoring Firm Name of Registered Landfill Tullytown Resource & Recovery Center Tullytown Resource & Recovery Center Tull		venue						I L	Bldgs	./Homes, e	tc.			
Jersey City	233 Garrielo A	venue							Square Feet	# of Floor	S	BI	ig. A	ige
Name of Monitoring Firm Hired by Bidg. Owner (8) N/A	City (5)		Coun	ty (6)					Current Hee /	Prior if hein	n dem	olishe	-d/	
Street Address Stre			-	0.370 Tal. 505.			1 h 1 h 1 h 1 h 1 h 1		residential	Phor ii beili	y uen	Ullarie		
Street Address City, State, Zip Code City, State City	Name of Monitoring	Firm Hired by E	3ldg. Owne	r (8)		ASCM No.	Name of A	Abatement Co	ntractor (9)					
105 Ryerson Road City, State, Zip Code City, State City, S		N/A							n, Inc.					
Lincoln Park, NJ 07035 License Number	Street Address								ad					
Project Manager for Monitoring Firm	City State Zin Code						City, State,	, Zip Code		40007				
Scheduled Start Date (10) Sched. Completion Date (11) S(Not/2013)	City, State, Zip Gode								J 07035					
Scheduled Start Date (10) 5/07/2013 Scheduled Start Date (10) Scheduled State Address (10) State (10) Scheduled State Address (10) State (10) Scheduled State Address (10) Scheduled State (10) Scheduled	Project Manager for	Monitoring Firm		Pho	ne Numb	er				I TO STATE OF THE PARTY OF THE		er		
Score of Work (check all that apply) □ Demolition □ Sy or >3 if □ Location of asbestos-containing material to be abated in facility (13) □ Deack room □ Sy on N/A □ Disposal bate □ NJDEP Hauler ID# □ Signature □ Date □ Dotaton of Abatement (Check only one) □ Disposal Date □ Dotaton of Abatement (Check only one) □ Disposal Date □ Dotaton of Abatement (Check only one) □ Disposal Date □ Dotation of Abatement (Check only one) □ Disposal Date □ Dotation of Abatement (Check only one) □ Disposal Date □ Dotate □ Disposal Date □ Dotate □ Date □ D	Cohodulad Start Date	2 (10)	ISched.	Completion	Date (1	1)								
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: LincolnPark, NJ 07035		5 (10)		7/2		•			n, Inc.					
Image: Completed by Compl									nd .					
Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: Other-Describe: Scope of Work (check al! that apply) Demolition ▼ Renovation ▼ Pull Containment w/negative pressure ▼ Glovebag procedure					ent						-		_	
Other-Describe: Scope of Work (check all that apply) □ Demolition □ Sq. for >3 if □ Location of asbestos-containing material to be abated in facility (13) □ Description of asbestos-containing material for Description of asbestos-containing material to be abated in facility (13) □ Description of asbestos-containing material (ACM) □ Descripti	Abatement per	formed outside	of normal f	acility hours	-		1		7035					
Demolition		e:					- Lincon	IIFAIK, NO	77033					
Safe of the control of asbestos-containing material to be abated in facility (13) Safe of the control of asbestos-containing material to be abated in facility (13) Safe of the control of asbestos-containing material to be abated in facility (13) Safe of the control of asbestos-containing material (ACM) Safe of the control of asbestos-containing material (ACM) Safe of the control of	Scope of Work (che	ck all that apply)											
Location of asbestos-containing material to be abated in facility (13) back room boiler room boiler room staff(12) yes No N/A back room boiler room boiler room boiler room staff(12) x pipe insulation x pipe insulation boiler insulation staff(12) x pipe insulation boiler room boiler room x boiler insulation staff(12) x pipe insulation boiler room boiler room boiler room staff(12) x pipe insulation staff(12) x pipe insulation boiler room staff(12) x pipe insulation staff(12) x pipe insulation staff(12) x pipe insulation staff(12) staff(12) yes No N/A pipe insulation staff(12) x pipe insulation staff(12) staff(12) yes No N/A pipe insulation staff(12) staff(12) yes No N/A pipe insulation staff(12) staff(12) yes no n a a a c c c c c c c c c c c c c c c c	☐ Demolition	X	Renovatio	n			Full Contain	ment w/negat	ive pressure					
Location of asbestos-containing material to be abated in facility (13) back room boiler room cubic yards of Waste Hauler B & G Restoration, Inc. Disposal Date City, State Lincoln Park, NJ Date	3 sf or 3 if	X	≥160 sf or	≥260 If			Mini-enclosu	ure	100	☐ Non-fr	iable	oroce	dure	
asbestos-containing material to be abated in facility (13) back room boiler staff(a) x pipe insulation x thin duct insulation boiler insulation staff(bor foyer entrance) x pipe insulation y pipe insulation 4 sf x pipe insulation 4 sf x pipe insulation boiler room boiler room boiler room boiler room staff(a) x pipe insulation y pipe insulation thin duct insulation staff(a) x pipe insulation 4 sf x pipe insulation staff(a) y pipe insulation thin duct insulation staff(a) y pipe insulation staff(a) staff(a) y pipe insulation staff(Location of	water and the same				1						50.00	34000	E
back room X pipe insulation 120 lf X Disposal Date Disposal Date	asbestos-cont	7.4		nance/custo	Isibi			ntaining		SF or	1000	р	С	1
back room X pipe insulation 120 lf				No .	N/A	material (ACM)				V	i	19975	L
boiler room boiler room boiler room boiler room boiler room boiler room boiler insulation thin duct insulation boiler insulation boiler insulation to boiler insulation stifloor foyer entrance x pipe insulation boiler insulation to boiler insulation to boiler insulation boiler insulation to boiler insu	back room	4			X	pipe insula	ation		CONTRACTOR OF THE PARTY OF THE		X			
boiler room X thin duct insulation 4 sf X					X	- mineral control of the control of								1
1st floor foyer entrance X pipe insulation 20 if					X	thin duct in	nsulation							1
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center					X	1			_	-	-		닏	부
B & G Restoration, Inc. 19563 5 Tullytown Resource & Recovery Center City, State Lincoln Park, NJ Completed by (Print or Type) Title Signature City, State Tullytown, PA Date Output Date								5 1			X	Ц		
Completed by (Print or Type) Title Signature Completed Signature C	Registered Waste Ha B & G Restorati	on, Inc.		9563	-	5	T	ullytown Re	esource & F	Recovery	Cent	er		
Completed by (Print or Type) Title Signature C / C	City, State Lincoln Park, N	J					City, Sta	ite ullytown, P	4					
		or Type)		v/Treasur	er	Signature	Gordana	Luna			1/23/	2013	}	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Q # 2426 (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification			N	lame	of Bui	lding	Owner / Operato America	r (2)					
	4/26/13		L	uke	Oil N	orth	America	<u> </u>	20 000				
Agencies Notified	Type Notific	ation	S	treet	Addre	SS	o Cuito 202		OU PHI.	د			
EPA					tarper		e Suite 303	- A-1-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-	181				
DEP	☐ Initia						J 08057	d. 1 1					
⊠ DOL							J 00057	<u> </u>	7	elepho	no M	umb	
□ DOH		rgency	100		of Cor				1,	eiehiic	ne iv	umbe	31
☐ DCA	L Cand	cellation	10		Morga			5			_	-	-
					CILITY	INF	ORMATION						
Name of Facility W		ent is Taking P	lace (3))			Type of Facili						
Luke Oil Station								-	an V 12)				
Street Address								ter 8 (Other th				4-1	
221 W. 8 th Street							Square Feet		nmercial building	ldg. Ag		10.)	
City (5)		County (6)	Cou	intv (Code (7)	- Oquaro i cor	" 01110			•		
Hiller Hill Market and a second		Ocean		,		,	Current Use	(Prior if being o	lemolished)			-	
Ship Bottom		Ocean					Offices	(, ,,o, ,, ,o,,,g ,	,				
Name of Monitoring	- Firm Llicad k	y Building Ou	nor (9)		IASC	M No		tement Contra	ctor (9)				
AET Inc.	g Film Hilea i	by Building Ow	ilei (o)		730	IVI INO		ironmental, l					
Street Address				2000		-tmb.t	Street Addres	SS	-				
28 N. Pennell Ro	ad						1123 Beave						
City, State & Zip Co	ode						City, State &						
Media, PA 1906	3						Bristol, PA						
Project Manager fo	r Monitoring I	irm			Numb	er	Telephone N		License N 00509	umber			
Dave Turotsy	4- (40)	Scheduled Co	800-9		TO COMPANY		(215)788-60 Name of OSH		00505			_	
Scheduled Start Da 5/6/201		Scheduled Co	5/7/20		le (11)			ironmental l	nc.				
Occupancy Status	During Abate	ment (Check o	nly one) :			Street Addres		8 - 3				
		During Entire I			atemer	nt	1123 Beave				Ä	-	
Abatement Describe:	Performed O	utside of Norm	nal Hou	ırs			City, State & Bristol, PA						
The State of the S	cupied During	Abatement 7	AM to	3:30	PM								
Scope of Work (Ch	eck all that a	pply)	*****										
									ntainment with N	egative	Pres	sure	0
≥3 sf or ≥3	If		\boxtimes		novatio			Mini-En					
≥160 sf ≥26	60 If			Der	nolition	1		The second second second second	Bag Procedures		_		
									empted and Nor		_		
	ocation of			ocat			Description		Amount	Ab	atem	ent I	ype
	stos-Containir	ng	10 10 10 10 10 10 10 10 10 10 10 10 10 1		Used		Asbestos-Con	NAMES OF THE PARTY	(Specify SF or LF)			ш	
	terial (ACM)		The second second	olely		7/2	Material (A (i.e., thermal s		SF OF LF)	20	D ZD	nc	E
	BE ABATED				nce or Staff?		insulation, surface			Remova	Repair	Encapsula	Enclosure
	in Facility (13)		Cusic	(12)	Glail:	1111	or other miscell		+	va	¥:	ula	i ii
E K K K	(13)		Yes	No	N/A		01 041101		2 6 7 27			e	
Frederica				П			Tar seam m	astic	100 SF		I	П	
Exterior				H		-	Window/doo		210 SF		Ħ	Ħ	Ħ
Offices multiple	areas		141	H	+=		441110041/000	i oddin	Control of the second		H	Ħ	H
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Maria de la Caración			-	片	1	-	, while the same of the same o	V TOTAL STORE - 24/A I	and the second	-	H	H	H
					IDED.	111-	Outlin Varda	Nome of Boo	istered Landfill	-11		Ш	
Name of Registere	d Waste Hau	ler		- 1	JDEP V		Cubic Yards of Waste	Name of Reg	istered Landilli				
Service Transpo	ort Inc.				2099		5	MINERVA L	ANDFILL			10% 5%	
City, State		THE PART OF THE	ight spil	V. Ta	711	1100027	Disposal Date	City, State	** T. S.	11-11		7 5	130
New Castle, Del	aware	1 10 100					1/16/2013	Waynesbu	g, OH	72	- 194	. 0	3
Completed By (Prin	nt or Type)	1.190.31	A. II.	Tit	lle		Signature		Printer of	Date	,		
Gino Pizzigor			A 4.5	PI	roject		Lins Pry	zegoni /	1.1	14/	24/	13	
	An Edward Mil			M	anage	r	Xens on	Jugone /	1	1 7	1		

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #:

2013-71

Check # 5883

ate of Notification	(1)	1.1			Operator (2)								
0 14 1/12 16	J/1 <u>13</u> 1		ia Sheha	dy									
Agencies Notified	Type Notification		et Address	í			2010	* ***		ì			
☐ EPA	X Initial	- N 101	Thomas				4813 APD 0	9 FII: :			_	_	
☐ DEP	20 100 20 100 20 100		State, Zip					111)				
X DOL	☐ Amendme		ittle Falls		124			Telephon	e Number				
X DOH	<u> </u>	11	e of Contac	ct			& 1.1CE	11. Treiophion	01141111				
□ DCA	☐ Cancellation	on E	Elia Sheh	ady									_
		U_=		FACILI	TY INFORM	ATION			34 /				
	shatamant is t	aking place	(3)					Type of Facility	(4) ol (K - 12)				
Name of facility wi	here abatement is t	aking place	, (0)							hor tha	n K-1	2)	
Elia Shehady									apter 8 (Ot (Private/Co			_,	
Street Address	-							Bldgs.	/Homes, et	C.			
6 Thomas St	reet							Square Feet	# of Floors		Bldg	, Ag	е
City (5)		County	(6)				y Code (7)	Current Use (F	rior if hein	demo	lished	1)	
		Pass	eaic			(State	use only)	residential	TIOI II Deilig	, acino		,	
Little Falls		NO. OF PERSONS			ASCM No.	110	lame of Abatement (
Name of Monitori	ng Firm Hired by Bi N/A	dg. Owner	(8)	-	ASCIVI NO.		B & G Restorati						
311	IN/A					_ s	Street Address						
Street Address							105 Ryerson R	oad					
City, State, Zip Co	ode -					c	ity, State, Zip Code						
City, State, Zip Co	de						Lincoln Park,	NJ 07035	License	Numbe			
Project Manager f	or Monitoring Firm		Pho	ne Numbe	er		elephone Number (973)696-686	9		378	31		
1 10,000							Name of OSHA Mon						
Scheduled Start D	Date (10)	Sched.	Completion	n Date (11)		B & G Restorat			8			4:
5/6/2013	12 15	5/7/2	2013			113	Street Address				out consumer)()	
	s During Abatemen	t (Check or	nly one)				105 Ryerson R	oad				1	
M Encility clos	ed/vacated during	entire perio	d of abaten	nent.		1	City, State, Zip Code		V				
☐ Abatement	performed outside	of normal f	acility hours	S-			LincolnPark, N	1.07035					
Describe: Other-Describe	cribe:	aled by				-11	LINCOINF ark, IV					_	
	check all that apply	<u>')</u>				_			Clave	bag pr	ncedi	ıre	
☐ Demolition		Renovatio	n				ıll Containment w/ne	gative pressure		riable p			
※ >3 sf or >3	if 🗆	≥160 sf or	≥260 If		a meca its	X M	lini-enclosure			TR	R	E	T
Location o		Is location	normally L	sed solely				Amount		e	е	n	l E
asbestos-0		by mainte staff(12)	enance/cust	odiai	Descrip	tion of as I (ACM)	sbestos-containing	(Specifi		m o	p	a	1
material to	be facility (13)	Yes	No	N/A	Illateria	(AOW)		LF)		v e	i	·p	1.
abatos ir		100		and the second of	T nino (wr	on & CI	it\	55 lf		X	口		T
main room	,	20000		X	pipe (wr			16 lf	4.00	X			
boiler room	100000000000000000000000000000000000000		L	X	pipe (wr			9 lf	The same of	X			T
laundry room				-	7								L
	Wasan Balan A	Henri - 15	Sale - Alle		1								L
Registered Wast	e Hauler		EP Hauler	ID# (Cubic Yards	of Waste	Name of Registere	d Landfill n Resource &	Recover	v Cen	ter		
B & G Resto	oration, Inc.		19563		1		City, State	i Nesouice &	T CCCOVCT	the all			
City, State	1000			Disposal	Date 5/7/2013		Tullytown	, PA	31.65	9, 1,			
Lincoln Parl		Term			Signature	No. of the last of			Date	0.410.0	1004	2	
Completed by (F	Print or Type) una	Title Secreta	ary/Treas	urer			Gordana Luna	- 7145		04/26	1201	3	_
		1											

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check # 1307

Data of Natification /				(I ONOON			2000 12.120			- / -		
Date of Notification (1							Owner / Ope IACEUTICAL		DATION			
$\frac{04}{29} / \frac{29}{29} / \frac{1}{29}$	13				Street A		ACEUTICAL					
According Notified	Tuna of M	-41614							2017.			
	Type of N				_	H PLAZA			-013 V	^{On} 30		
EPA		Initial				te, Zip Coo				400	Py.	
		Amen				NOVER, N	IJ 07936					it.
☑ DOH			dment			Contact			Telepho	one Numi	ber '	*'U' ;
☑ DOL				v/ justification	KEN PIR	OZZI			1 8 - 1	-8		
		Cance	ellation									
				F	ACILITY I	NFORMAT	ION			.,	-0'	
				51 (6)		15						<u> </u>
Name of Facility Whe	re Abaten	ient is	laking	Place (3)		Type of	Facility (4)				1.	
NOVARTIS							0-11/4	40)			4	
Street Address						-	School (K			10)		
1 HEALTH PLAZA								er 8 (Other				
I REALTH PLAZA								., private & omes, etc.)	cmmerc	iai		
City (5)	County 16	1		County Code	(7)	Causes		The second liverage and the second	-	Duildie	- A	
	County (6 MORRIS	,		County Code	(1)	Square F	N/A	# Of Floor		Buildir	ig Age N/A	
EASTHANOVER	WORKIS						Use (Prior if			4	IN/A	÷
						-	use (Prior ii	being dem	olisnea)			
Name of Manifestor F	Tona I Para d	L. DI	- 0	(0)	TAGOREN	N/A			(0)			
Name of Monitoring F HILLMAN ENVIRONM		by Bia	g. Own	ier (8)	ASCIM N	Name of	Abatement	Contractor	(9)			
HILLIMAN ENVIRONM	ENTAL					IVII Dam	alitian Canda					
01-11-11-							olition Servic	es inc.				
Street Address 1600 ROUTE 22 EAST						Street A	ddress					
							5 .					
City, State, Zip Code							ns Parkway					
UNION, NJ 07083						City, Sta	te, Zip Code					
Project Mngr. For Mor	nitoring F	irm		Telephone Nu	ımber	l		-				
MIKE NEHLSEN				908-688-7800			over, NJ 079	36				
Sheduled Start Date (letetion Date (A STATE OF THE PARTY OF THE PAR	Telephor	ne Number		License	Number		
$\frac{05}{}$ / $\frac{17}{}$ /	/13		05	/19/	13							
/ /			/	/			72-3660				00860	
Occupancy Status Du							OSHA Moni					
		ted Dur	ring En	tire Period of			onmental Se	rvices Inc.				
Abatement						Street Ac	dress					
		d Outs	ide of h	Normal Facility		1	0200					
Hours - Des						462 Getty						
☑ Other - Des	cribe:	9:00PN	И - 9:00	PM			te, Zip Code					
						Clifton, N	J 07011					
Scope of Work (Check	k All That	Apply)										
		-	_						_			
Demolition		Ŀ	7	Renovation	님		ainment wit	n Negative	Pressur	е		- 1
						Mini - En						
☐ ≥160 sf or ≥	200 11						g Procedure mpted (*) an		hlo Droc	oduro	100	2.0
X 10 10						NOII-EXE	iipteu () aii	u Non-Filai	DIE FIOC	euure		
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Asbestos Contai			ation	Δ.		Containing			R	I	E	le l
Material (ACM		780,713	mally	-	Material			Amount	E	R	N	N I
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(10)			ance/	0.	outer misc	onancous	<i>'</i>		Å	17	s	S
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200		100000000000000000000000000000000000000	f (12)	No. of The Control					-	1.,	li.	R
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											1 1	
Name of Registered W	Innto Haul	0.4		NJDEP Waste	Cubio	Mama of	Registered I	andfill				
NEWARK CARTING	raste naui	er		Hauler ID No.	Yards	GROWS	Registered	Lanum				
INCAMULATION OF THE					of Waste	CITOVVS						
City, State				4303	Disposal	City. Stat	ρ.					Contractive.
NEWARK, NJ					Disposal	MORRIS\						
TILLY WATER, 140					Jule	MORNING	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Completed by (Print o	r Type)	-	-	Title			Signature		-1-7		Date	
STEVEN STILES	. 13 001			PROJECT MA	NAGER		1	en S	41	1	1	100
							1 Stoo	OM 1	H.	Ves		04/29/13

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

				Name	of Building	Owner/Operator (2)					
4 /25 /	13			JC I	Penney C	Company Incorp	orated 2013	IPR an PMI	72 1.7W			
Agencies Notified Type Not	ification			Street	Address			·· · · · · · · · · · · · · · · · · · ·		-	- 27311	1
☑ EPA ☑ Initial			× 1	650	1 Legacy	Drive	5 W 8 75 9 1	ITT . A.				
☑ DOLWD ☑ Amen					tate, Zip C			11.	::01	******	-2	
	dment #3			2000	no, Texas		4.4	-1-20-11-6	-	4		
DCA Emerg	gency (inc ation)	cluding	1		of Contact			Telephone Numb	er		-	-
(NJAC 5:23-8) justific					Thomas			- Telephone reality	-			
						FORMATION						
Name of Facility Where Abatement	is Taking	Place	(3)	FAC	ZILITI IIN	FORMATION	Type of Facility	(4)				
JC Penney Quaker Bridge N			(0)	64			☐ School (K-12					
Street Address			-				☐ Subchapter 8	Other than K-12				
500 Quaker Bridge Mall							Other (i.e., p homes, etc.)	rivate and commer	cial bu	ilding	s,	
City (5)							Square Feet	# of Floors	BI	dg. Ag	70	
Trenton							150,000	2	1	սց. ∧չ 75	je	
				Cour	h. Cada /7	(STATE USE ONLY)		or if being demolis			No.	- 500
County (6)				Coun	ty Code (/	(STATE USE UNLT)	Current Ose (PI	or it being demois	neu)			
Mercer	ildin n O		(0)	ACCNA	Na.	Name of Abotem	-1 011 (0)					
Name of Monitoring Firm Hired by E	sullaing C	wner	(8)	ASCM	U.S. W. N.	Name of Abateme						
Hillmann Consulting				6225	02	JVN Restora	tion inc					
Street Address						Street Address						
1600 Route 22 East						47 Foster Ro						
City, State, Zip Code						City, State, Zip Co						
Union NJ 07083						Staten Island	NY 10309					-0228
Project Manager for Monitoring Firm	1		1000	ephone I		Telephone No.		License No.				
Tom Rubino				08-956		718-605-6256		00774				nesso
Start Date (10)				tion Dat		Name of OSHA N Testor Tech	lonitor	17				
						VECTOR (1997)	39 × 365					
Occupancy Status During Abateme Facility Closed/Vacated During B				ment		Street Address 10 59 Jackso	n Avonuo					
□ Abatement Performed Outside of					cribe		n Avenue					
		Facilit .	v Hou									
Time of Abatement:AM-						City, State, Zip Co						
130000000000000000000000000000000000000	PN					LIC NY 11101						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Scope of Work (Check all that apply	PN					LIC NY 11101		native Pressure				At .
Scope of Work (Check all that apply	PN	// <u>10</u> Pi	M-6:3	<u>0</u> AM ion		□ Full Con □ Mini-End	tainment with Ne	gative Pressure		-1	= a ₁	- Ac
Scope of Work (Check all that apply	PN	// <u>10</u> Pi	M- <u>6:3</u>	<u>0</u> AM ion		☐ Full Con☐ Mini-Enc☐ Gloveba	tainment with Neg losure g Procedure		re		= = =	At I
Scope of Work (Check all that apply	PN	// <u>10</u> P	M-6:3	OAM ion on		☐ Full Con☐ Mini-Enc☐ Gloveba	tainment with Neg losure g Procedure	gative Pressure n-Friable Procedu	1	atemo	ant Ti	Vne
Scope of Work (Check all that apply	PN	// <u>10</u> P	M-6:3	OAM ion on tion		☐ Full Con☐ Mini-Enc☐ Gloveba	tainment with Nectories losure g Procedure mpted (*) and No		Ab	ateme		i –
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A	PN	M/10P	enovatemolities Local Norma	OAM ion on tion ally ely by	Asbe	LIC NY 11101 Full Con Mini-End Gloveba Non-Exe Description of stos Containing Ma	tainment with Neclosure g Procedure mpted (*) and No	n-Friable Procedui	Ab			<u> </u>
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Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A	PN	W10P	enovati emolitica S Local Norma ed Sole intena	OAM ion ion tion ally ely by ance/ Staff?	Asbe	LIC NY 11101 Full Con Mini-End Gloveba Non-Exe Description of stos Containing Ma	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	n-Friable Procedui	1			ype Enclosure
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility	PN	W10P	enovatemolities Local Norma ed Sole aintena	OAM ion ion tion ally ely by ance/ Staff?	Asbe	LIC NY 11101 Full Con Mini-Enc Gloveba Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	n-Friable Procedur Amount (Specify	Ab		ent Encapsulate	<u> </u>
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility	PN	W10P	enovatiemolities Local Norma ed Sola intena todial (12)	OAM ion con tion tilly ely by ance/ Staff?	Asbe	LIC NY 11101 Full Con Mini-End Gloveba Non-Exe Description of stos Containing Mathermal systems surfacing, VAT other miscellane	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	n-Friable Procedur Amount (Specify	Ab			<u> </u>
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	PN	Use Ma Cus	enovatemolitics Local Normaled Sole intenational (12)	OAM ion con tion ally ely by ance/ Staff?	Asbe (i.e	□ Full Con □ Mini-End □ Gloveba □ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	n-Friable Procedur Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	<u> </u>
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept	PN	Use Ma Cus	enovatiemolities Local Normaled Sole intensitodial (12)	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e	□ Full Con □ Mini-End □ Gloveba □ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept	PN	Use Ma Cus	enovatiemolities Local Norma ed Sole intena (12) No	OAM ion con tion ally ely by ance/ Staff?	Asbe (i.e	□ Full Con □ Mini-End □ Gloveba □ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane	tainment with Neglosure g Procedure mpted (*) and No of tterial (ACM) insulation,	Amount (Specify SF or LF)	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all that apply ⇒3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept 1 st Level Home Street Dept.	PN	Use Ma Cus	enovatemolities Local Normaled Sole aintenational (12) No	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e	LIC NY 11101 Full Con Mini-Enc Gloveba Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane ASTIC	tainment with Neglosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or	Amount (Specify SF or LF) 1500SF 25000SF	AB Removal	Repair	Encapsulate	Enclosure
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Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept 1 st Level Home Street Dept. Name of Registered Waste Hauler Global Waste Industries, Industri	PN ()	Use Ma Cus	enovatiemolities Local Normal (12) No	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e	□ Full Con □ Mini-Enc □ Gloveba □ Non-Exe Description of Stos Containing Manda systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 20	tainment with Neglosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis	Amount (Specify SF or LF) 1500SF 25000SF	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) 2ND Level Joe Fresh Dept 1st Level Home Street Dept. Name of Registered Waste Hauler	PN ()	Use Ma Cus	enovatiemolities Local Normal (12) No	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e	□ Full Con □ Mini-Enc □ Gloveba □ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste	tainment with Neglosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1500SF 25000SF	A Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept 1st Level Home Street Dept. Name of Registered Waste Hauler Global Waste Industries,	PN	Use Ma Cus	enovatiemolities Local Normal (12) No	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e	Full Con ☐ Mini-End ☐ Gloveba ☐ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 20 Disposal Date 4/25/13	tainment with Neglosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis	Amount (Specify SF or LF) 1500SF 25000SF	Ab Removal	Repair	Encapsulate	Enclosure
Scope of Work (Check all that apply □ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ATO BE ABATED IN Facility (13) 2 ND Level Joe Fresh Dept 1 st Level Home Street Dept. Name of Registered Waste Hauler Global Waste Industries, Ind	PN ()	Use Ma Cus Yes	enovatemolitics Local Norma ed Sole intena todial (12) No	OAM ion con tion allly ely by ance/ Staff? N/A	Asbe (i.e VAT/MA VAT/MA	□ Full Con □ Mini-Enc □ Gloveba □ Non-Exe Description of stos Containing Ma., thermal systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 20 Disposal Date	tainment with Neglosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 1500SF 25000SF	Ab Removal	Repair	Encapsulate	Enclosure

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

CHECK # 5763

Date of Notification (1) 04-26-13	A	1 5	!	Name of Vornac	Building o	Owner/O y Trust	perator	(2) 20	13 APR or	PH: C				
	Type Notification			Street A	ddress oute 4 E	ast		ă di	TO by	1771: C	υ	5 11		
DEP DOL	Initial Amended Amendment		(City, Sta	te, Zip Co us, NJ 0	de			4 47 SN		•			
☑ DOH DCA	Emergency (justification) Cancellation	including			Contact m Mhich		13			Telenhone N	umher.	_		
				FACI	LITY INFO	RMATIC	NC							
Name of Facility Where A Street Address	batement is Taking	Place (3)) (Other than K				
210 Route 4 East								<u>ы</u>	etc.)	vate & comme				es,
City (5) Paramus						00 1			re Feet	# of Floors		lldg. A	ige	
County (6) Bergen					Code (7) JSE ONLY)	9 7			nt Use (Prior Imerical	if being demol	ished)			
Name of Monitoring Firm Absolutely Clean En	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			ASCM	l No.				tement Contr					
Street Address	Street Address 53 Orleans Green						Street	Addres						
City, State, Zip Code						City, St	tate, Zi	ip Code			797			
Coram, NY 11727 Project Manager for Monit			Геlepho	ne No.		Carls		NJ 07072	License	No.				
Jeff Sheridan Start Date (10)		Scheduled		(516) 6	644-325	3	201-9	100000000000000000000000000000000000000	565 A Monitor	00756				
05-06-13		05-31-1	3	pietion	Date (11)		Even	-Air Ir	nc.	27	1			
Occupancy Status During	Abatement (Chec	k Only One)				Street /							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire F ed Outside of Norm	eriod of At al Facility I	atem Hours	ent		_	City, St	ate, Zi	kson Aven ip Code id City, NY		300			
Scope of Work (Check All	That Apply)	7						147.5	HA Class I		N.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Annual Control of the	novat moliti				×	Full Min Glo	I Containmen ni-Enclosure ovebag Proce	nt with Negative			e	
		le l	ocatio	on.			1.1					Abate	ement	
Location	of	l No	rmall	٧		Des	scription	of			2	Ту	ре	
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Custo	tenan dial S (12)	ice/ taff?		tos Conta thermal surfac	aining M	aterial insula T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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2nd Flo	or		ile ser e	X	1 150	4 3 1	VAT	15.050		000SF	x			, ·
		- 1-55	1	W-, 11		17	to the			11.1				2.5
Name of Registered Wast	te Hauler	A SECTION	14	JDEP W		Cubic '			Name of R	egistered Land	fill			
ATC, Inc. / JBT (5007	71)			auler ID I310	No.	of Was				Enterprises				10
City, State Shirley, NY / Bronx, N	NY					Dispos TBD	al Date	7	City, State Waynesh	ourg, OH 44	688			
Completed by Tom Garcia	**************************************	Title Projec	t Ma	nager		Si	ignature	4	M		Date 04 - 26-	13	y === 5	

State of New Jersey Initial Emergency Non-Friable Notification / Check #: 5385 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) | Name of Building Owner/Operator (2) Date of Notification (1)

0 4 1/1 2	5 /1 1	3	II N	ewark Pu	ıblic S	Schools	2012 100 0					
Agencies Notified	Type Notifi	cation		reet Add			2013 120 0	Trige	1)			
· (X)EPA	In E. Same		112	Cedar St	reet		Againer		-	:50		
(X) DEP	[X] initial Notifi	cation	11	ty. Stat		p Code	# Lius	10-6-15	î			
(X) DOL	(Amende	eđ.	llN	ewark, N	.1.071	02	** L102		e. Ele			
(X) DOH		ication	11	me of Co			Tele	phone Numbe				
	[]Cancel	llation	11									
[]DCA			11p	ouglas B	land ,	Bus. Admin.					_	-
						INFORMATION		E (1)				
Name of Facility Wh	ere Abatem	ent is Ta	aking	Place	(3)	90.00	Type of Facili					
Technology High Sch	nool					37.00	[X]School	pter 8 (Oth	er t	han	K-12)
Street Address					0 -		[]Other	(i.e., priv	omes	et .	nmer	-
4.07.000 Dunadway							Square Feet	# of Floors	B1	dg.	Age	_
187-223 Broadway		Count	y (6)		Co	unty Code (7)	60,000	9 3		50		
orel (s)			*			TATÉ USE ONLY)	Current Use (F	rior if bei	ng d	emol	ıshe	a)
Newark, NJ 07104		Essex		115611-11		**************************************	Preschool	791			-	
Name of Monitoring Owner (8)	Firm Hired	by Buil	aing	ASCM NO	0.	Name of Adat	ement contractor					
Karl & Associates, In	C.	4.4				Four Strong E						
Street Address						Street Addre	ss	0 5				
P.O. Box 645						180 Sargean	t Avenue	to the second				
City. State. Zip Co	ode	0.10				City. State.	Zip Code			4 000		
Shillington, PA 1960	7					Clifton, NJ 07	013-1935					
Project Manager for	Monitorin	g Firm	Tele	hone Nu	mber	Telephone Nu	mber	Licer	ise N	umbe	r	
Michael Krisher		-	610-8	356-7700)	973-614-037	7	0080	7			
Scheduled Start Dat	e (10) S	ched.Com	plet	on Date	(11)	Name of OSHA	Monitor	A STATE OF THE STA				
0 4 / 2 6 / Day	1 3 1	0 5 / Month /	0 6	1/1/1/3	31	Four Strong I	Builders, Inc.					
Occupancy Status Du	ring Abate	ment (Ch	eck o	only one)	Street Addre						
(X) Facility Close						180 Sargean	t Avenue					
of Abatement []Abatement Peri	Formed Outs	ide of N	orma	L Facili	ty	City, State.						
Hours - Descri		Work Only	1		<u> </u>	Olitan NI I O	7010					
Scope of Work (Chee		ann v				Clifton, NJ 07						-
[]Demolit: []>3 sf o	ion		ί×	Renovat	ion	[X]Mir	l Containment w i-Enclosure ovebag Procedure i-Friable Proced		e Pre	essu	e	
			Τ.	Is	T		-,	I	Aba	eme	it T	yp e E
Locat	ion of			cation rmally		Descripti			R	_	N	N
Asbestos-C		and the same		Jsed olely		Asbestos-Cor Material		Amount (Specify	E	R E P	A	C I. O S U R
TO BE	ABATED		by	Main-	١,	(i.e., thermal	l systems	SF or LF)	V	P	PS	S
(1.			Cu	stodial		or other mis			A	I R	U	U
	Nil in 19			Aff(12)							-	E
1st, 2nd & 3rd Floor	Carte Late	The state of the s		X	Clea	nup		17,000 SF	١.	-		
3rd Floor		CHI NE		X	Mas	tic		4,000 SF	X			
				-	1							
			+		1						1.00	1
Name of Registered	Waste Haul	er	IN	JDEP Was	te	Cubic Yards	Name of Regis	tered Landi	111	7. 3.	-	-
		*# . B 1		auler ID	No.	of Waste	0.0000					
Four Strong Builder	s, Inc.		1	2609		Disposal Date	G.R.O.W.S., Ir	1C.				
City. State						arahozar naci						
Clifton, NJ	in the second				OF F	. (180.8) = -1	Tullytown, PA				4 17	100
Completed By (Prin	t or Type)	Title	e.	A CONTRACT	F	Signatu	rell	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	D	ate	1111	
Bilyana Kulakovska		Office A	Admir	nistrator	75 %	12	Min-		4	/25/	13	in Her
ASB-41		10.1007	3.00			-13			1:			
JUN 95											G46	67

CK 272

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

Date of Notification (1)			Name	of Building	Owner/Op	aprator	(2)	20.					
04/23/2013					ZKOWS		(2)	4113	182 30	Dar	1933		
	tification		Street A		th ST	SHIP	воттом	1 5 1 1		1111	g/I	U	
EPA X Initi	ial ended			ate, Zip Co		O1 111	DOTTON	E.F					
X DOL Am	endment # ergency (including	_			N N.J. C	8050	ı.		* 15.5 (S.)	ΜĠ	e sur		
X DOH just	ergency (including diffication) decellation			f Contact PERRO				Te	lephope Nu	mher			
Name of Facility Where Abatemen	t is Taking Place (3)		FAC	ILITY INF	ORMATIC	N	Type of Facility	(4)					
PRIVATE HOUSE	(0)						School (K-						
Street Address 307 WEST 17TH. SHIP BO	ттом						Subchapte	r 8 (Oth	er than K-1 & commerc	2) ial buil	dings	, hom	ies,
City (5) MANAHAWKIN N.J. 0805	0						Square Feet 1000	# 0	f Floors		3ldg. /	Age	
County (6)			County (STATE	Code (7) USE ONLY)	_	Current Use (Pr YES	ior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCI	I No.			of Abatement Co RON QUALIT			TION	LLC).	
Street Address						Address AN ORDEN P	L.						
City, State, Zip Code						tate, Zip Code KENSACK N.	J. 076	01					
Project Manager for Monitoring Fire		Telepho	ne No.			none No. 708-4270		License N 01135	lo.				
Start Date (10) 05/02/2013	05/02/20		npletion	Date (11)			of OSHA Monitor				•		
Occupancy Status During Abateme	ent (Check Only One)					Address		1				
Facility Closed/Vacated During Abatement Performed Outside	g Entire Period of Al	aten	nent				LIBERTY STI	KEEI					
Other – Describe:					-		UCHEN N.J. (08840					
Scope of Work (Check All That App	oly)						1			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CHICAGO	nova molit	ESTORAGE STATE			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
	ls L	ocati	on		1-		a Non-Exemple	u () an	u Non-Friad	1	Abate	ement	t
Location of	l land	rmal Sole				ription					Ty	ре	
Asbestos-Containing Material (/ <u>TO BE ABATED</u>	Main Custo	tenai	nce/				laterial (ACM) s insulation,		mount Specify	R	71	Enc	m
In Facility (13)		(12)	Man:		surfacir other mis			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u> </u>	_	late	Гe
EXTERIOR SIDING		X			TRANSI	TE S	DING	93	32 SF.	х	1.10		
									The state of	-			
		7	100										
Name of Registered Waste Hauler		T N	JDEP W	acto	Cubic Ya	ordo	I Nome of	Dominto	ead Londell				
SHARON QUALITY CONSTI	RUCTION LLC.	Н	auler ID 033967	No.	of Waste	200 (F) ON			red Landfill		INC		. 1
City, State HACKENSACK N.J. 07601	100	44			Disposa			ESBUI	RG , OHK)			
Completed by CARLOS ESQUIVEL	Title SAFET	YN	MANAG	ER	Sig	nature	Bung	nyl	Da 04	te /23/2	013		
The second secon		-				/	- Trans	1					

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

CR:4424

Date of Notification (1)		T	Name	of Buildi	ng Owner/Operation	r (2)	2013 RPR .				
4-26-13					OTOWIT	2	THE HEAD	0 0			
Agency Notified Type Notificatio	u .		Street	Address A 4	SERDEEN	DIACE	- 1	F	1:	,	
D EPA Initial		1	A. 0	Mucha Tin	Cada	and the same of th	- 47	12.75			
DEP Amended Amended Amendment	#		Eil.	OLA	WN, NJ	07410	> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(. / .	·) ý	
C Emergency (including		Name	of Cont	nd / / / J		Telephone Nur	nber		***.	
DI DCA justification) Cancellation			A.	FFI	UBER6						
					FORMATION						•
Name of Facility Where Abstranct is Tak	ing Place (3)		.		Type of Facility	(4)				
B. ZLOTOWITZ.						☐ School (K-1)	2)				
Stepat Address					1 - 1 - 1	☐ Subchapter	8 (Other than K-1) rivate & commerci	2) ial buildin	nes.		
15 ABERDEEN	PLACE	=				homes, etc.					
City (5)	<u> </u>					Square Feet	# of Floots	Bldg			_ ,
FAIRLAWN						1800	2	63	3 \$	R	>
County (6)			Count	y Code (7) (STATE USE	Current Use (F	vior if being demo	lished)	1		
BERGEN		İ	ONLY)		RESIDE		•	5337		
Name of Monitoring Firm Hired by Buildin	g Owner	ASCI	d No.	-	Name of Abates	ment Contractor (
(5)	441				Best B	Removal I	nc				
Street Address				-	Street Address					ships)	
? ??						River St	:				
City, State, Zip Code					City, State, Zip	Code	T 07601				
-					The state of the s		J. 07601				
Project Manager for Monitoring Firm	1	elepho	me No.	•	Telephone No.		00388				
		£ 9.	1 (44)		201-329-	and the second s	00300		_		
	uled Comple		me (11)	114	Omega En	momor nvironmen	tal Inc				
Occupancy Status During Abatement (Ch					Street Address				- 5	_	_
	• •				280 Huy	rler St					
 Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm 	eriod of Aba al Facility fk	iemen Juis	£		City, State, Zip C	Code				_	_
2 Other - Describe: 8 Am 5	PM	81.531.75.63			South B	Tackensac	k, N.J.	0760	6		
Scope of Work (Check all that apply)							Negative Pressur				
223€or≥31F				ovation	D'Mini-	-Englosure	regulite i recom				
D≥ 160 afor ≥ 260 If			Q Den	notition	Glov II Nino	ebag Procedure Fromtod (*) and	l Non-Friable Proc	ensbac			
·		Locat	en e	T					A		men
	-	Nomai	By						H	Ty	20
Location of Aubestos-Containing Material (ACM)	Us	ed Solo	aly by	Ashr	Description (- Amount	7 33			
TO BE ABATED)usbá		(Le	thornal systems		(Specify SF or LF)		Removal	Repair	Encapsulate
(13)		State 7			surfacing, VAT other priscelland		SP GF CF)		No.	patr	1
•		7	T						-		8
35.	Yes	No	NA			-		1,000		\dashv	+
BASEMENT			X	71te	rmac Ins	ULATION	50	LF	\triangle	-	4
		<u>.</u>								-	1
								3		1	1
					No. 12 August 198						
		DEPV	Vaste H	lauler	Cubic Yards of	Name of Regis	tered Landfill				
					I Waste						
Name of Registered Waste Haufer Best Removal Inc	ID	No	9	No.	Waste	Minerva	Enterpr:	ises			
	ID		9		1/2 /D Disposal Date	City, State	A CONTRACTOR	(mystern) and			
	1	No. 710	9		1/2 /D Disposal Date	City, State	Enterprourg , Oh	(mystern) and			
Best Removal Inc Hackensack, N	1	No 710	9		1/2 10	City, State	urg , Oh	(mystern) and			2

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 4/4/2013						lding (Owner / Operato	r (2)	(813 _{APR}	30				
Agencies Notified EPA	Type Notific	ation		Stree	t Ad	dre						1	77:;	٠.	-	
☐ DEP		ı i					Zip C				E L/1-1-	100		-		-
☑ DOL		nded R#2-4/25						J 07095			144	1111	1.0	1,1	0	
□ DOH		rgency					ntact	5-5-5-7-5-10 		90		Tele	phor	ie N	umb	er
☐ DCA	☐ Cano	ellation	١,	Johi	n Ph	ilb	in								•	
	L	C 043		FΔ	CII	ITY	Y INF	ORMATION	5/-::::			*		-		
Name of Facility W	here Abatem	ent is Taking P	lace (3	A Chick Spirit Spirit	.012	••		Type of Facili	ity (4	4)		14				
Hess Corporatio				2				School (I								
Street Address						-				8 (Other than I						
River Road								Other (i.e	e. pr	ivate & comm	ercial build	ings, I	home	es, e	tc.)	
Corp: 123 Derou	sse Avenue	9						Square Feet		# of Floors		Bldg.	Age	•		
City (5)		County (6)	Co	unty	Cod	e (7)			- 1- 1- 10						
Pennsauken		Camden						Current Use	(Pric	or if being dem	olished)	\$1.00-0-000	-		-	
								Exterior								
Name of Monitoring	Firm Hired b	v Building Owr	ner (8)	. 10	A	SC	M No.	Name of Aba	tem	ent Contractor	(9)				· = .	20
	inog Environmental Hazards Inc.									nmental, Inc.				1		
Street Address							Street Addres	ss	-4					9		
617 Stokes Road	17 Stokes Road, Suite 4-318							1123 Beave	er S	treet	0.08.5					
	ity, State & Zip Code							City, State &								
Medford, NJ 08	ledford, NJ 08055							Bristol, PA							1000	
Project Manager fo	r Monitoring F	irm	Telep				er	Telephone N		er	License	Num	ber			
Mark Rubnitz			609-				100	(215)788-60			00509	-				
Scheduled Start Da		Scheduled Cor	7.0		170	11)		Name of OSI								
4/22/201			4/26/		3	_		_		mental Inc.			17		34 114	
Occupancy Status Facility Close	During Abate sed/Vacated	ment (Check o During Entire P	nly on eriod	e) of Al	oater	ner	nt	Street Addres		treet		T 0		1	ř	
☐ Abatement	Performed O	utside of Norm	al Ho	urs –				City, State &	Zip	Code						
Describe:	Exterior Rem	oval						Bristol, PA	190	07						
☐ Facility Occ	cupied During	Abatement: 7:	00 AN	1 – 3	:30 F	M	-3.400			11 11						
Scope of Work (Ch	eck all that a	pply)								5 " O - 4-:		NI		D		
			57	_	95/12/2/2/2		100		M	Full Contai Mini-Enclos		ivega	ilive	ries	Suie	
≥3 sf or ≥3			M		nova				H	Glove Bag		9				
∑ ≥160 sf ≥26	ou if		П	De	HIOH	liOi	1		H	Non-Exem			iahle	Pro	edu	ire
	ocation of		l le	Loca	tion	9		Description	n of		Amount				-	
	tos-Containir	na		nally		d		Asbestos-Con	ntain		(Specify					76-
	teriai (ACM)	.9		olely		-		Material (A			SF or LF)				E	т
TO	BE ABATED		Main					(i.e., thermal s					ê	Repair	cap	믾
	in Facility		Cust			f?	e grade	insulation, surfac					Remova	pair	Encapsula	Enclosure
	(13)		Yes	(12 No		//		or other miscell	iane	ous)		. 1	=		ate	G.
			res	INO	1000	9.0	Table	Insulation			F20 CF			П		
Condensate tan	k	141 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x 2 x	H-			4	Tank	HISUIALION			530 SF		H	片	Η	H
	1 1 SEP 24 - 1 - 1 - 1 - 1		Ш		+ <u>-</u>	_	4	Grand Land					님	님	片	H
EDICE:					1	_	-	1 + 11	Sec.			44.1.4	님	井	H	H
			Щ		1	_						-	님	님	Η	H
				Ш		1	30	1					님	<u>H</u>	片	H
		eren yanal salah s						In II V	Ter.	(Decide			الا	Ш	بيا	
Name of Registere	d Waste Hau	ler					Vaste	Cubic Yards of Waste	Na	ame of Registe	red Landiii	11				
Bristal Envisore	nantal Inc					370	No.	10	G	ROWS Land	fill					
Bristol Environn	nental, inc.				10	370	70	4	100000	ty, State			-			
City, State			-		+ 5			Disposal Date		ıy, State orrisville, PA						
Bristol, PA	A au Tour			T	itle			Signature	1.01			In	ate		1	
Completed By (Prin				A	itle roje	cf	No.	Signature	1	2.	1. 1	.	1/	20 Teps	1,0	
Gino Pizzigor	11			111111 250	lana			Mins	Y.	mara.	· / d	1	4/1	351	15	
- 8 08			150	- 10	.4110	90	••	10000		x y you	-11		1_		_	

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 4/4/201	19		Nan	ne of B	Building (wner / Opera	ator (2)		20			
					rporatio	n	200		U Di			
Agencies Notified Type Not	lification			et Add				Q 7 - 10 -	-7	1.		
					s Plaza				100	•	13	
	itial				& Zip Co			N/5'	110			
	mended R#1-4/2	4/13	Woo	odbrie	dge, NJ	07095			Sale.	111		
	mergency				ontact				Teleph	one N	lum	her
□ DCA □ C	ancellation		Joh	n Phi	lbin			1				50,
Name of Facility Where Abate	oment in Taking	Diago	F	ACILI	TY INFO	RMATION						_
Hess Corporation	ement is raking i	Place	(3)			Type of Fa						
Street Address						THE REAL PROPERTY.	l (K-12)					
						Subch	apter 8 (Other	than K-12)				
River Road						Other	(i.e. private & c	commercial buildir	ngs, hor	nes, e	etc.)	
Corp: 123 Derousse Aver						Square Fee	et # of F		Bldg. A			-
City (5)	County (6)	C	ounty	Code	(7)			92 100	- J	5-		
Pennsauken	Camden					Current Us	e (Prior if being	demolished)				
						Exterior	(i fior ii being	demonstred)				
Name of Monitoring Firm Hire	d by Building Ou	mer /S	2)	TAC	CM No.							
AET, Inc.	a by building Ow	mer (c)	ASI	CIVI NO.	Name of At	patement Conti	ractor (9)				
Street Address							vironmental	, Inc.				
28 N. Pennell Road						Street Addr				1		
						1123 Beav						
City, State & Zip Code						City, State 8		The state of the s				_
Media, PA 19063		I= :				Bristol, PA						
Project Manager for Monitoring	g Firm			Num		Telephone	Number	License N	lumber			_
Dave Turotsy				6AET		(215)788-6	040	00509				
Scheduled Start Date (10)	Scheduled Co	mplet	ion Da	te (11)	Name of OS	SHA Monitor	14500				-
4/22/2013			2013				vironmental	Inc				
Occupancy Status During Aba	tement (Check o	nh. or		-								
		HIIA OI	ie)		10	Street Addr	200				- 1	_
│	d During Entire F	Period	ie) of Ab	ateme	ent	Street Addre			40 1		1	
Facility Closed/Vacate Abatement Performed	d During Entire F	Period	of Ab		ent	1123 Beav	er Street				,	
Facility Closed/Vacate Abatement Performed Describe: Exterior Re	d During Entire F Outside of Norm	Period	of Ab		ent	1123 Beav City, State 8	er Street Zip Code					_
Abatement Performed Describe: Exterior Re	d During Entire F Outside of Norm emoval	Period nal Ho	of Ab ours –			1123 Beav	er Street Zip Code					_
☐ Abatement Performed Describe: Exterior Re ☐ Facility Occupied During	d During Entire F Outside of Norm emoval ng Abatement: 7:	Period nal Ho	of Ab ours –			1123 Beav City, State 8	er Street Zip Code					
☐ Abatement Performed Describe: Exterior Re ☐ Facility Occupied During	d During Entire F Outside of Norm emoval ng Abatement: 7:	Period nal Ho	of Ab ours –			1123 Beav City, State 8	er Street Lizip Code A 19007				•	
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that	d During Entire F Outside of Norm emoval ng Abatement: 7:	Period nal Ho	of Ab ours – VI – 3:	30 PM	ı	1123 Beav City, State 8	Zip Code 19007	ontainment with N	legative	Pres	sure	
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf	d During Entire F Outside of Norm emoval ng Abatement: 7:	Period nal Ho	of Abours – VI – 3:	30 PM	l on	1123 Beav City, State 8	Zip Code 19007 Full Co	nclosure	egative	Pres	sure	
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that	d During Entire F Outside of Norm emoval ng Abatement: 7:	Period nal Ho	of Abours – VI – 3:	30 PM	l on	1123 Beav City, State 8	Full Co	nclosure Bag Procedures				
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf	d During Entire F Outside of Norm emoval ng Abatement: 7:	Periodical Hotels (1994)	of Abours – M – 3: Rer	30 PM	l on	1123 Beav City, State & Bristol, PA	Full Co Mini-E Glove Non-E	nclosure Bag Procedures xempted and Nor	-Friable	e Proc	edu	ire
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	Period Pe	of Abours – M – 3: Rer Der	30 PM	on n	City, State & Bristol, PA	Full Co Mini-E Glove Non-E	nclosure Bag Procedures xempted and Non Amount	-Friable		edu	ire
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho :00 Al	of Abours – Wi – 3: Rer Der Locat mally to	30 PM	on n	City, State & Bristol, PA	Full Co Mini-E Glove Non-E Non-E Notationing	nclosure Bag Procedures xempted and Non Amount (Specify	-Friable	e Proc	edu	ıre
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM)	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho	of Abours – Wi – 3: Rer Der Locat mally tolely i	30 PM novation nolition ion Used	on n	City, State & Bristol, PA Description Asbestos-Communication (Asbestos-Communication)	Full Co Mini-E Glove Non-E On of Intaining (CM)	nclosure Bag Procedures xempted and Non Amount	-Friable	e Proc	edu ent T	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho :00 Al	Rer Der Locat mally (colely latenan	30 PM novation nolition ion Used by ce or	on n	Description Asbestos-Communication Material (Asia., thermal state)	Full Co Mini-E Glove Non-E Non-E Note Non-E Non-	nclosure Bag Procedures xempted and Non Amount (Specify	-Friable	e Proc	edu ent T	yp
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED in Facility	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho :00 Al	of Abours — Rer Der Locat mally tolely tenanodial S	30 PM novation nolition ion Used by ce or	on n	Description Asbestos-Communication Material (Ai.e., thermal sulation, surfa	Full Co Mini-E Glove Non-E Non of ntaining Systems cing, VAT	nclosure Bag Procedures xempted and Non Amount (Specify	-Friable	e Proc	edu ent T	ype
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Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEL in Facility (13) ondensate tank	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (12) No	novation of the property of th	on n (ins or	Description Asbestos-Com Material (Ai.e., thermal sullation, surfactor) ulation	Full Co Street Zip Code 19007 Full Co Signature Non-E On of Intaining ICM) Systems cing, VAT Ianeous)	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF)	Aba Removal	e Proc	edu ent T	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Cope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEL in Facility (13) ondensate tank	d During Entire F Outside of Norm emoval ng Abatement: 7: apply)	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (12) No	novation of the property of th	on n (ins or Tank Ins	Description Asbestos-Com Material (A i.e., thermal sullation, surfar other miscel ulation	Full Co Street Zip Code 19007 Full Co Signature Non-E On of Intaining ICM) Systems cing, VAT Ianeous)	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF)	Aba Removal	e Proc	edu ent T	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATEL in Facility (13) condensate tank	d During Entire F Outside of Norm emoval ng Abatement: 7: apply) ing	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (12) No	novation molition Used by ce or Staff?	Tank Ins	Description Asbestos-Communication, surfar other miscel ulation ubic Yards Waste	Full Co A 19007 Full Co Mini-E Glove Non-E On of Intaining NCM) systems cing, VAT laneous)	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF) 530 SF	Aba Removal	e Proc	edu ent T	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED in Facility (13) ondensate tank ame of Registered Waste Hauristol Environmental, Inc.	d During Entire F Outside of Norm emoval ng Abatement: 7: apply) ing	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (12) No	novation of the property of th	Tank Ins	Description Asbestos-Con Material (Asbestos-Con Material (Asbestos) i.e., thermal solutation, surfar other miscel ulation ulation ulation ulation	Full Color Non-Electric Name of Reg	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF) 530 SF	Aba Removal	e Proc	edu ent T	ype
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Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED in Facility (13) condensate tank ame of Registered Waste Hauristol Environmental, Inc. ity, State ristol, PA	d During Entire F Outside of Norm emoval ng Abatement: 7: apply) ing	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (12) No	novation molition Used by ce or Staff?	Tank Ins	Description Asbestos-Con Material (Asbestos-Con Material (Asbestos) i.e., thermal solutation, surfar other miscel ulation ulation ulation ulation	Full Color Non-Electric Name of Reg	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF) 530 SF	Aba Removal	e Proc	edu ent T	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED in Facility (13) condensate tank ame of Registered Waste Hauristol Environmental, Inc. ity, State ristol, PA	d During Entire F Outside of Norm emoval ng Abatement: 7: apply) ing	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (colely literam odial s (12) No	novation of the property of th	Tank Ins Vaste Cu No. of	Description Asbestos-Con Material (Asbestos-Con Material (Asbestos-C	Full Co Mini-E Glove Non-E On of Intaining NCM) Systems cing, VAT laneous) Name of Reg GROWS La City, State Morrisville,	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF) 530 SF	Removal	Repair	eedu nt T Encapsulate	ype
Abatement Performed Describe: Exterior Re Facility Occupied Durin Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Contain Material (ACM) TO BE ABATED in Facility	d During Entire F Outside of Norm emoval ng Abatement: 7: apply) ing	eriod nal Ho :00 Al S Non S Main Cust	Rer Der Locat mally (colely literam odial s (12) No	novation of the property of th	Tank Ins Vaste Cu No. of	Description Asbestos-Con Material (Asbestos-Con Material (Asbestos-C	Full Co A 19007 Full Co Mini-E Glove Non-E On of ntaining ACM) systems cing, VAT laneous) Name of Reg GROWS La City, State	nclosure Bag Procedures xempted and Non Amount (Specify SF or LF) 530 SF	Aba Removal	Repair	eedu nt T Encapsulate	ıre

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Ch # 2420

Date of Notification (1)			1	Van	ne of	Buildi	ng Owner / Opera	ator (2)	- 13 A		1		
Agencies Notified Type Notifi	antian		10	109	S C	orpor	ation	. (-)	- " · V	,			
Ø EPA.5971	Jation					idress			e de la companya de l	17	4		
	al					ss Pla	Code		1.4		- 1		
DOL7564 Am	ended		10	Mo.	otal odbi	e a Zi	NJ 07095					()	
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 						0.0005745055	· · · · · · · · · · · · · · · · · · ·		-				3
Name of Facility Where Abatem	ent is Taking F	Place	13	1	ACIL	11 Y !!	FORMATION	**** / 45					
Hess Corporation	· · · · · · · · · · · · · · · · · · ·	140	, (0	,			Type of Fa	ality (4) I (K-12)				-2.0	
Street Address									ner than K-12)				
River Road							Other	apiei o (Uli (i e private	& commercial building			100	
Corp: 123 Derousse Avenu	e						Square Fee	of #				etc.)
City (5)	County (6)	1	Cou	inty	Cod	e (7)	- oquale i ee	- Im	OI FIOOIS	ldg. A	ge		
Pennsauken	Camden			•		. (.)	Current Use	e (Prior if he	eing demolished)				
							Exterior	C (1 1101 1) C	eing demoished)				
Name of Monitoring Firm Hired I	y Building Ow	ner ((8)		IA	SCM N		atement Co	ontractor (9)			-	
AET, Inc.		200					Bristol En	vironmen	official (9)				
Street Address		1.00	88				Street Addr	ess	1000, 1110.		_		
28 N. Pennell Road	100 m 2 1 m 2						1123 Beav						
City, State & Zip Code							City, State 8	Zip Code					
Media, PA 19063	· Laure	T= 1					Bristol, PA	A 19007					
Project Manager for Monitoring F Dave Turotsy	-irm	lei	epr	one	Nur 6AE	mber	Telephone I		License N	umber			
The state of the s	Scheduled Cor						(215)788-6		00509				
4/22/2013		1124 4/24				1)	Name of OS						
Occupancy Status During Abater							Bristol En		tal inc.				
Facility Closed/Vacated I	During Entire P	erio	d of	Ab	atem	ent	Street Addre		#.			34	
☐ Abatement Performed O							City, State &						
Describe: Exterior Rem	oval						Bristol, PA						
Facility Occupied During	Abatement: 7:	00 A	M-	- 3:	30 PI	M	2.10301, 17	. 10001					
Scope of Work (Check all that ap	ply)	100	9 119		The second					-			
		_						Full	Containment with Ne	gative	Pre	ssure	9
≥3 sf or ≥3 lf≥160 sf ≥260 lf		\boxtimes			ovat				i-Enclosure				
≥160 sf ≥260 lf		Ш		Den	noliti	on		☐ Glo	ve Bag Procedures				
Location of		-	1			_		☐ Nor	n-Exempted and Non-	Friable	Pro	cedu	ıre
Asbestos-Containing				cati	on Jsed	1 30	Descriptio Asbestos-Cor	n of	Amount			ent T	
Material (ACM)	35-950 C C			ely t		1	Material (A		(Specify				
TO BE ABATED	SECTION OF SECTION	Mai	nte	nan	ce or		(i.e., thermal s	vstems	SF or LF)	Z	70	E	m m
in Facility		Cus			Staff?	1	insulation, surface	cing, VAT		Remova	Repair	aps	Co
(13)		Yes		12)	N/A	-	or other miscell	laneous)		Val	=	Encapsulate	Enclosure
- de dente		100	+	40					100			6	
ondensate tank		+	1	4	X	Tank	Insulation		530 SF	\times	П	П	П
		H	1				Protection of the second	Alexander -	6 k 3 A		n		
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of Devictored Mosts Have			14		П			All pole	Land the The				
ame of Registered Waste Haule			-	NJL	JEP I	Waste D No.	Cubic Yards	Name of F	Registered Landfill				
ristol Environmental, Inc.				nau	187		of Waste	CDOWC	Landen				
ity, State		-	1 8		107	-		GROWS	military and the second	1,27	-	ara ir	
ristol, PA		Te.					Disposal Date	City, State Morrisvil					
ompleted By (Print or Type)	and the second	-1	- 1	Title			Signature	MOLLISAII			Harry.	3-71	
ino Pizzigoni					ject		OI.) .	10	Date			-
3 - 1 · · ·					nage		Gins Pa	mobile	- 11	4/	4//	3	

No pade

State of NJ	
Notification of Asbestos Abatement	
(Pursuant to NJAC 8:60-7 and 12:120-7)

Paragon Job#						os Abatement 7 and 12:120-7)	2013 App					
							13 APP					
Date of Notification (1)		Name of I	Building Owi	ner/Operator (2)			30 p.,				
10 4 / 2 4 / 1 3		-		echnical Scho	ols/S _l	pecial Services		. 44	12 ,00			
Agencies Notified Type Notifica	ation	Street Add	dress			,	* 4/0/2		7			
SZ DED ☐ Initial	- 11	327 Ea	st Ridgewo	ood Ave.			- 1	SA. X 3.	7.			
Amend	11	City, State	e, Zip Code					1,3				
DOL Amendment #		Param	us, NJ 076	52				4				
DOH Emergency	y (includ	Name of C	Contact				Telepho	ne Numbe	r			
DCA Cance	11	John S	Susino								_	
			FAC	ILITY INFORM	IATIO	N						
Name of facility where abatement	is taking p	lace (3)					Type of Facility					
Former Juvenile Detention C	enter							ool (K - 12) hapter 8 (C		han k	(-12)	
Street Address					-1		☐ Othe	(Private/C	omme			
296 East Ridgewood Ave.								./Homes, e				
City (5)	I Cor	inty (6)			T 0.	- C-1- (7)	Square Feet 10,000 sf	# of Floor	rs		ldg. A	ge
City (5)	1000	inty (O)				unty Code (7) ate use only)	Current Use (50	1)	
Paramus, NJ 07652	Be	rgen			, , , ,	,,	Vacant JDC		g den	IOIISII	ea)	
Name of Monitoring Firm Hired by			*****	ASCM No.	-1	Name of Abatement (Dunang				
TTI Environmental, Inc.						Paragon Contract	ing. Inc.					
Street Address					\dashv	Street Address						
1253 North Church St.						590 River Rd.						
City, State, Zip Code						City, State, Zip Code			-			-
Moorestown, NJ 08057		. 1				Clifton, NJ 0701	4					ç
Project Manager for Monitoring Fire	m		Phone Numi	per		Telephone Number		License	Numl	per		
Michael Stocku			856-840-8	800		(973) 614-1600		00748				
Scheduled Start Date (10)	Sche		etion Date (1		_	Name of OSHA Monit	or					
04/22/2012	05/2	4/2012				Paragon Contract Street Address	ing, Inc.					
Occupancy Status During Abateme	ent (Check	only one)				590 River Rd.						
☐ Facility closed/vacated during ☐ Abatement performed outside Describe: ☐ Describe:						City, State, Zip Code		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Other-Describe:						Clifton, NJ 0701	4				201203200	***************************************
Scope of Work (check all that app		- 1 T	yer for	No. of Co.			. Alexandr	Maria NA				
Demolition	Renovati			. 531		full Containment w/neg		Glove				
> <u>3</u> sf or > <u>3</u> If	≥160 sf or	≥260 If				Mini-enclosure	☐ Non-Exe	mpted (")	Non-f	riable	proce	edure
Location of		n normall	y used solel	у	all in		State Participa		R	R	E	E
asbestos-containing material to be	staff(12)	enance/cl	Jacoulai			sbestos-containing	Amount (Specify	SEor	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (ACM)		LF)	SF 01	O V	a	a	C
	1	1	200	and spiritual					е	r	р	
Basement, 1st & 2nd Floors	A Section	X		VAT & Ma		day - ay tara ati.	20,665 SF	Mary 1984	M			
Basement, 1st & 2nd Floors	1000	LX		Pipe Insula	-		1,960 LF					
Roof		LX		Roof Flashi	THE RESERVE	reserved the grant	5,2000 SF	A STATE				
Exterior	E 100	X		Windows/D	oors		28/12 EA	Reform Y				
	200			ongo bangaba k	746			James James				
Registered Waste Hauler Paragon Contracting, Inc.		EP Haule		ubic Yards of V 240 cyds	Vaste	Name of Registered				25.1	TU 4	SI PAR
City. State			Disposal D			Tullytown/GROV	73	Tall to be to the large	W.T.			3 45
Clifton, NJ 07014			TBD			Tullytown, PA	/					
Completed by (Print or Type)	Title		717	Signature		1		Date		-		
Goran Lazevski	Presider	nt			-	1		04/24/2	2013			



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

Date of Notification (1)			Name of	Building	Owner/Operato	or (2)			<6/1,	3/10	D		
4/26/13					Partne	rs,	LLC				13	7 p	Se 1
Agencies Notified Type Notification		1	Street Ac										· I Had
□ EPA □ Initial		1			ea Cent	er I	Drive	Sui	te 190	1.	٠.,		
DEP Amended DE DOL Amendment	#]	1	City, Stat			h (70 001	20		* / 5			1 / 4 / 1 4 X
☐ Emergency (-	Name of		ds Ranc	11,	20 801		lephone Num	hor			12
☐ DOH justification) ☐ DCA ☐ Cancellation					Quereux			1	repriorie muni	Del			
<i></i>					ORMATION							_	~
Name of Facility Where Abatement is Taking	Place (3)	COLUMN TO SOUTH THE SAME			Туре	e of Facility	(4)					and the second second
							School (K-	Call Control of the Control of the			14		· .
Street Address							Subchapte Other (i.e.	r 8 (Oth private	er than K-12 & commercia) Lbuile	dinas	homi	29
1050 State St.	mention management of						etc.)						00,
City (5) Perth Amboy							are Feet	- #0	f Floors	E	lag. A		
County (6)			County C	ada (7)			0,000	or if ho	in a demolish		10	1 y	3
			(STATE U)				ing demolish	ea)			
Middlesex Name of Monitoring Firm Hired by Building ()wner (8)		ASCM	No	Name	of Ah	Wareho atement Co	ouse	S (9)				-
	Interest of		1.00.	100	- I		Corp	·	(5)				
Cardno ATC Street Address	edia.		1			t Addre				-	-		
104 E 25th St.	10	F]			50	Baı	rnes S	t.					
City, State, Zip Code	and all				City,	State, 2	Zip Code		e a da e				
NY, NY 10010					Pa	ters	son, N	J 0	7501				
Project Manager for Monitoring Firm			Telephon			hone 1	Vo.		License No).	270		
Fred Burkhardt				5382			36651		01117				
Start Date (10)			mpletion [Date (11)			SHA Monitor						
5/1/13 Occupancy Status During Abatement (Chec	5	/31	/13				Corp			-			
						t Addre	7.77.7	C+					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm					1		zrnes Zip Code	St.					
Other – Describe:	ur r ucint	y 7 loui	<u> </u>						100				
Scope of Work (Check All That Apply)					Pa	ter	son, N	J_0.	7501				
□ ≥3 sf or ≥3 lf		Renova	ation	9		O Fi	III Containm	ont wit	n Negative Pr	Accu	r A		
⊿ ≥160 sf or ≥260 lf	10.000	Demoli				o M	ini-Enclosur	e		essu	e		
							lovebag Pro		d Non-Friable	e Pro	cedur	۵	
	1	Locat	tion		-		on Endinped	4 / / 4.	a rron-i nabi	0110		emen!	t
Location of		Norma	ily į		Descriptio	n of		1111			Ty	ре	
Asbestos-Containing Material (ACM)		ed Sole intena			tos Containing	Materia			Mount			Ш	_
TO BE ABATED In Facility		todial	Staff?	(i.e.	thermal system surfacing. V.		lation.		Specify F or LF)	Ren	Re	ncap	일
(13)		(12)	-1915-0-1		other miscella)		0. 2.7	Removal	Repair	Encapsulate	Erclosure
	Yes	No.	N/A					130		_		te	6
Roof	17.75	Х		Tra	nsite			25,	500 SF	Х			
	17.57	X		Tar					SF	X			
Wall					lking			10		X			100.2
Wall.		Х	1		7 10 10 1				150.0				
Name of Registered Waste Hauler	June 14	X	J. J		1king Cubic Yards	V-12	Name of		LF ered Landfill	X	1,0.3		
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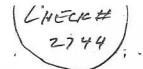
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			IN	lame of Building Owner/Operato	- /0\	2515		1 18		
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Agencies Notified Type Notific	ation	-	S	treet Address	<u>C</u>	ar.	1.	11/1	7.	71
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(NJAC 5:23-8) justificati	on)		N:	ame of Contact		1		-	- (_
☐ Cancellat	ion		1	211 Doen		12				
				FACILITY INFORMATION			-	-	-	_
Name of Facility Where Abatement is T				. 1	Type of Fac	ility (4)				
Street Address	ewar	Kt	sox t	opard)	School (H	(-12)				
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SOON				ounty Code (7)(STATE USE ONLY)	Current Use	(Prior if being demo	olishe	d)	i y	
Name of Monitoring Firm Hired by Buildi	ng Own	er (8)	ASC	M No. Name of Abatem	ent Contractor	101				
NA				120 links	110		70)	-	
Street Address				Street Address	ON AVII	www.eufe	ζ.	Let	7.4	シ
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Project Manager Co. 14 . W. J				Hurlanz	at N	5 076	DC	1		
Project Manager for Monitoring Firm		T	elephon	e No. Telephone No.	0	License No.		_	-	
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4/17/13	rieduled 5	/	10 1	Date (11) Name of OSHA M	onitor		0			*
Occupancy Status During Abatement (Ch				(A) W(D)	- CONI	cheeren	el			
Facility Closed/Vacated During Entire	Period o	of Aba	fement	Street Address	1.05	1101		i i i i i i i i i i i i i i i i i i i		
Abatement Performed Outside of Norr	nal Faci	lity Ho	ure - De	escribe City, State, Zip, Qoo	selec ?	THOSE				
Time of Abatement:AM	_PM/	P	VI	AM Colle, Zip (di	- K-00	LOT		r	_/	
cope of Work (Check all that apply)				1 account do	COLDIN	SCIOIZ !	0			,
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				☐ Non-Exem	pted (*) and No	on-Friable Procedu	re			
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Asbestos-Containing Material (ACM)		ed So	lely by	Description of Asbestos Containing Mate	rial (ACM)	Amount	R	B	Im	Im
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check# 9313

Date of Notification (1)			T	Name o	f Building	Owner/C	Operator	(2)	ority ⁰ /3						
4-26-13				Vine	eland	Housi	ing A	utho	ority ^{0/3}	APR On					
Agencies Notified	Type Notification			Street A	ddress				7.5	190	PH	97			
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□ DEP	☐ Amended				ate, Zip Co				e d	1 1.2 1					
₩ DOL	Amendment :		- [eland,	NJ	0836	0		7794/67	4	17		3.5	
₩ DOH	justification)	including			f Contact					Telephoi	ne Nur	nber			
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75 77 100	11 7 11 T 11	DI (0)		FACI	LITY INF	ORMATI	ON	Time	of Equility (4)				-	
Name of Facility Where		g Place (3)						Туре	e of Facility (4)					
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Street Address 1040 E. Landi	s Avenue								Other (i.e. p				dings,	home	es,
City (5)					-			Squa	are Feet	# of Floo	rs		ldg. A		
Vineland								76	,223	10			35 3	rs.	•
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Cumberland				(STATE	USE ONLY)	_	Ser	nior Ho	ısing					
Name of Monitoring Firm	n Hired by Building C	Wner (8)	-	ASCM	No.				atement Cor						1124
Horizon Envir	conmental			000	073		Plyr	mout	h Envir	conmenta	al C	o.,]	nc.		
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P.O. Box 316						her s	923	Hav	vs Avenu	ie .					
City, State, Zip Code									Zip Code						
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Project Manager for Mor			T	Telepho			Teleph			73	nse N				
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☐ Abatement Perform	ned Outside of Norma	al Facility F	lour	3					Zip Code						
Other – Describe:	vacate per	LICOL					Nor	ris	town, PA	19401					
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R ≥160 sf or ≥260 lf		□ De	moli	tion					ini-Enclosure ovebag Prod						
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Timothy E. Br	van		Pr	eside	nt	1	1	1	111	1		-26-	-13		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check# 1634			(P	ursua	nt to NJ	AC 8:60 and 5:1	6)	Mark and the second				
Date of Notification (1)				TNam	e of Buildi	ng Owner/Operator	(2)					
04/	26/	13			Berger	ng a man a parator i	~ 2013 APL	30 PH 101 CU				
Agencies Notified	Type Notification	n			et Address			CO PHICE				
⊠ EPA ⊠ DOLWD	☐ Initial			200000000	unrise Te		fatter,					
☑ DHSS	Amendment	#		City,	State, Zip	Code'	CL/	Janitel Franci		-	rano-k	
☐ DCA	☐ Emergency	(includin	g			NJ 07882		MARKET ME				
(NJAC 5:23-8)	justification)			52,000	e of Conta	nct		Telephone Num	ber			
	Cancellation	1	1 - 107	Dale	Berger							
				F#	CILITY	NFORMATION						
Name of Facility Where	Abatement is Tak	ing Place	e (3)				Type of Facili					
Private house Street Address			(1)				School (K-	12) r 8 (Other than K-1 2	2)			
							Other (i.e.	private and comme	:) rcial t	ouildir	as.	
16 Sunrise Terrace City (5)							homes, et	c.)			J - ,	
	2						Square Feet	# of Floors	E	3ldg. /	Age	
Washington, NJ 0788. County (6)				T Cou	atu Cada /7) (OTATE 1/05 ONL)						
Warren				Cou	nty Code (7) (STATE USE ONLY)	Current Use (Prior if being demoli	shed)		W.	
Name of Monitoring Firm	n Hired by Building	Owner	(8)	ASCN	l No	Name of Abeter						
		er H		710011		Name of Abateme	ent Contractor (9)				
Street Address			*			Gr Tech LLC Street Address						
						576 Valley Rd #	1202					
City, State, Zip Code						City, State, Zip Co	A CONTRACTOR OF THE PARTY OF TH				_	
						Wayne, NJ 0747						
Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.		License No.		-	-	-
						973-638-1777		01127				
Start Date (10)	Sch	eduled C	omple	etion Da	ate (11)	Name of OSHA M	lonitor	01127				
05 / 07 /		05	0	9_/	13	Envirovision Co	ncultante Inc.				2	
Occupancy Status Durin					-	Street Address	iisunains, inc					
Facility Closed/Vacat	ed During Entire F	Period of	Abate	ment		20-21 Wagaraw	Road Bldg +	25 E				
Abatement Performed Time of Abatement:	d Outside of Norm AM-	al Facilit PM/	y Hou PM			City, State, Zip Co	de	33 E			-	
		F1VI/			_AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check al	I that apply)					Clean up	and decontam	ination		~~~		
		X Re	novati	ion		Full Cont Mini-Encl	ainment with No	egative Pressure				
≥ 160 sf or ≥260 If			molitic			Glovebad	Procedure					
		1 10	Loopi	inn		Non-Exer	npted (*) and N	on-Friable Procedur	е	1		100
Location	of	100	Locat Vorma		17	Description o			Ab	atem	ent T	уре
Asbestos-Containing			d Sole		Asbe	stos Containing Mat	erial (ACM)	Amount	Re	Re	E E	E
TO BE ABA				Staff?	(i.€	e., thermal systems in	nsulation,	(Specify	Remova	Repair	Encapsulate	Enclosure
(13)		-	(12)			surfacing, VAT, other miscellaned		SIF or LF)	ă	7	sula	ure
		Yes	No	-N/A	100	A A CONTRACT		The state of the state of		1	e	
Outside siding				X	Transite	Siding	1 - 100 - 1	800 SF	X	П	П	П
12 m				Tin-		-		000 51				
				H				the state of the	닏		Ш	LJ
		1		Ш								
Now - + 5 D	1000			U								
Name of Registered Was	te Hauler		NJO	EP Waste	Hauler ID No.	Cubic Yards of Waste	Name of Regi	stered Landfill	1	- Miles	-	
ir Tech LLC			0	03378	5	TBD	T.R.R.F. Inc				100	
City, State			CA an	1		Disposal Date	City, State			P-Work area	-	
Vayne, NJ 07470						TBD	Tullytown, P	A				
Completed By (Print or Ty	rpe) Titl	le		AT 15		Signature	1 /	Dat	е			
Jevtic	Ow	ner			15 15	/RW	re we	nad 04/2	26/20	13		
3D+61				CARL THE PARTY					0000	200		J.

MO#20613917160

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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)					
04/	26 /	13			rt Niamke		-, 2013 AF	PR 30 PM 105 (
Agencies Notified	Type Notification	on			t Address				()			
□ EPA	✓ Initial					ina india	A 33,475	TOTAL				
⊠ DOLWD	☐ Amended		į,		irway Dr State, Zip		6.1	71.00				
DHSS	Amendment						5 m. 6.	HOSE TOP TO	ite Gallani			
☐ DCA	☐ Emergency	(includin	g			NJ 07052		Transfer W. S.				
(NJAC 5:23-8)	justification)			1000000	of Contac			Telephone Numb	per			
	Cancellation	1		Rober	t Niamke)						
				FA	CILITY II	NFORMATION						
Name of Facility Where A	batement is Tak	ing Place	(3)				Type of Facility	y (4)				
Private house							School (K-1					
Street Address								8 (Other than K-1 2) private and commer		uildin	ae	
32 Fairway Drive							homes, etc		ciai b	unum	ys,	
City (5)							Square Feet	# of Floors	В	ldg. A	\ge	
West Orange, NJ 07052	2											
County (6)				Cour	ty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
Essex												
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)	-	-		
			0000			Gr Tech LLC		*				
Street Address				-		Street Address						
							202					
City, State, Zip Code						576 Valley Rd #						
ony, diate, zip oode												
Project Manager for Monit	oring Firm		T-1		Na	Wayne, NJ 0747	70				-	
Project Manager for Morni	omy rum		1616	ephone	NO.	Telephone No.		License No.				
						973-638-1777		01127				
Start Date (10)	19	neduled (1 600		17 COM 16 SE	Name of OSHA M	lonitor	3 3				
		05		/	13	Envirovision Co	nsultants,Inc					
Occupancy Status During						Street Address		1		-		
☐ Facility Closed/Vacate						20-21 Wagaraw	Road, Bldg .#	35 E				
Abatement Performed Time of Abatement:	Outside of Norn	nal Facilit	y Houi PM			City, State, Zip Co			-		-	
Time of Abatement		PIVII			_AM	Fair Lawn, NJ 0	7410					
Scope of Work (Check all	that apply)				-	CALL CONTRACTOR AND ADDRESS OF THE PARTY OF	and decontami	ination				
		N 5						egative Pressure				
> 160 sf or >260 lf			enovati			Mini-Encl	losure g Procedure					
			Jinonei.			Non-Exer	mpted (*) and N	on-Friable Procedur	е			
		l:	s Locat	tion	T.				1	atem	ent T	vne
Location			Norma			Description o	f		1000	_		
Asbestos-Containing N TO BE ABA			ed Sole intena			stos Containing Mat		Amount	Rer	Rep	inc.	Enc
IN Facility			todial		(1.6	e., thermal systems in surfacing, VAT,		(Specify SIF or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other miscellaned		SIF OF LF)	<u>a</u>		Encapsulate	ē
		Yes	No	N/A	Sign S						Ф	7.
Basement			П	\boxtimes	Pipe ins	ulation	Residence in	60 LF	X		П	
				1	i ipe ins	ulation		00 LF	1		Ш	Ш
		44.				1	. 5.952 GTS					
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			П							一		H
Name of Registered Waste	e Hauler	Ц	MIT)FP Weets	Hauler ID No.	Cubic Varde of Mest	Name of Day	atorod Landell			Ш	Ш
	- Hawlet							stered Landfill				-
Gr Tech LLC			(003378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470	100	10	Carrier II			TBD	Tullytown, P	A				
Completed By (Print or Typ	pe) T	itle		N solestines		Signature	1 1	Dat	е			
N.Jevtic	0	wner			man artis	/kw	te New	nad our	26/20	113		1
SB-41				-				104/2	-0/20	13		

Emergency				of Nover			()h	ect 85	3	Se.	a	
-2	HC	Par	attent to	NIAC 8:	TOS ABATE 80 and 12:12	0)	DOI	→ 10 BAY			499) 13/
ato of Notitionalion (1) 4-26				Bau	enemoperato		ties	R Que tono		46		
ganctes Notified Type Notification			traet Ada	ires ⊒9 , Zip Cod		(du		WHAT THE PARTY OF		rice Service Service Service	egr y	
DEP Amended COL Emergency	(including)	- L	ente of C	B	rei'eK	, Na	MARA	Teléphone Numb	FN	_]	X
DOH DESCRIPTION DE CONCENTRATION		100	mike	2 70	RMATION	•	<u> </u>					
arms of Facility. Where Ababament is Takk Single family De Iron Addriba 55 Linda	يح النائم	-				D 60	ther (i.e. po		buildi	inga. I	ome	3,
Man Shawkin		<u>J</u>	Ô٤	3050	3	Square	and the same of th	# of Floors		dg. Ag		-
ounty (6) Ocean	- 10	10	Journey G					or If being demolished				-
orne of Monitorino Firm Hirad by Building	Owner (8)	<u> </u>	ASCIA	N/A	Nam	The second of the second of the	TOO	The state of the s	iel	, ,	En	6
treet Augusta	37				Stre	Address O.	3OE	337				
ity Storp. Zip Code	MJ		989	5,3	3 C	State, Zi	Code	ZUA ta	01	36	3	100
place Managar for Mass in a Firm	A	- 1	relephon	ie No. 758-		7.58	- 334	5 License No	53	19	4	
tert Deta (10) 4-29-13	Schedula L/ -		pletion [10 (11)		ne of OSH	A Monitor	hnologies	1	<u></u>		
ocupancy Status During Abatement (Ch	eck Only On	6)			Stre	et Address		337				
Facility Closed/Vacated During Entire Abstement Performed Quitable of No Other – Describe:	mel Facility	Hours	iend			State, 21	Code		785	53	3	
cope of Work (Check All That Apply) 23 of or 23 if 2160 of or 2260 if		enova Nome		•		D Full	Centainm LEnclosur					
		Locati								Abel	pe pe	
Location of Asbestos-Conteining Material (ACM) TO RE ABATEQ in Facility (13)	Use Ma	d Sole Interior Indial I	dy by	Asbes (Le):	 Descript tos Containing thermal systematic surfacing, other misse 	g Materiel Inne Insula VAT, or	(ACM) don,	Amount (Specify SF or LF)	Removal	Repatr	Encapsodate	
	Yes	No	NA	,						_	22	L
inside House		×		- income	un Tile			300 SF	×	-		+
inside Ponch	-	×	-	desirement of the later of the	ing Sh			80 SF	K	-		1
extension wall)×	Sid	ing on	Wale:				T		1
EPC Technologi	es_		NOEP V	PRO.	Cubic Yard of Waste	3		Registered Landfli	ካረሳ		6	2
New Egypt	NJ-		L VISA		Disposal D	1-13		nisuille 1	PA			
ompleted by Schen Kes	Title	لردے	Rent	444	Signa	Tana	Sell	when I"	4-	26.	13	,

ARR 41 (9 04:00

* Do not use this form for asbegtor licensure exempted scruttes.

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



			A CONTRACTOR OF THE PARTY OF TH	D21-	and the same of th	100000000000000000000000000000000000000	
Date of Notice 4/23/13 Type Notification	on	Name of Build	ding Owner	Operator (2)	PHIQUED		
Agencies Notified X EPA X Eme	rgency Notificatio	Street Addres	ss Ige Rd	# 1	- 470 <u>1</u>		
X DOL Amer X DOH Cand	nded Notification cellation	Edison, NJ Name of Con	08818 tact		(;		Telephone Number
DCA		Kevin Nobi					
		and the second second	/ INFORM				
Name of Facility Where Abateme Vac	ent is Taking Place ant House	ce (3)	Тур	e of Facility (4) School (K-12) Subchapter 8		12)	
1015 Cranb	ury South Rive	er Rd		Other (i.e., pri	vate & commer		dings, homes, etc.
City (5)	County (6)	County Code (7	100000	are Feet 500	# of Floors		Bldg. Age 60
South Brunswick	Middlesex			rent Use (Prior rage Shed	if being demol	ished)	
Name of Monitoring Firm Hired b	y Building Owner	r (8) ASCN	Glo	ne of Abatemer			
Street Address 64 Broad Street			The second secon	et Address Schoolhous	e Road	102	
City, State & Zip Code Matawan, NJ 07747				, State & Zip C nroe Townsh			
Project Manager for Monitoring F Tom Geiger		elephone Numbe 32-290-2217		phone Numbe -605-9062	r	License	Number 00714
Scheduled Start Date (10) 4/24/13	Scheduled Comp	oletion Date (11) 4/24/13		ne of OSHA Mo bal Abateme		LLC	
Occupancy Status During Abater X Facility Closed/Vacated I				et Address Schoolhous	se Road	1	
Abatement Performed Or Describe: Area Isola t Other - Describe:		•		, State & Zip Conroe Townsh			**************************************
Scope of Work (Check all that ap X Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 X Quantity is ≥ 160 SF or ≥	Renovation LF ACM	n		Mini-En Gloveba	ntainment with closure ag Procedure Non-Friable	-	e Pressure
Location of Asbestos-Containin Material (ACM) TO BE ABATED in Facility (13)	N	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Asbest Mate (i.e., the insulation	scription of os-Containing erial (ACM) ermal systems , surfacing, VA miscellaneous)	(Spe Square Linear		Abatement Type (Specify: Remova Repair, Encapsulat or Enclosure)
Storage She	d	N/A	Tran	site siding	500	SF	Cleanup
Name of Registered Waste Haule Freehold Cartage City, State	er N	JDEP Waste Hau 18693		Cu. Yds. of W 10 Disposal Date	aste Name of TRRF		red Landfill
Freehold, NJ				4/24/13			
Completed By (Print or Type) Dominick Tringali	Title Pres.			Signature Dominick	o Oliverali		Date 4/23/1

Check Hy 1984

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

Date of Notification (1) 04/26/2013		Name of Building Owner/Operator (2) Mrs. Eklund-Carlson Street Address													
Agencies Notified	Type Notification	-	1	Street A	ddress				4		11116	e CO			
EPA DEP	Initial Amended	1.50		City, Sta	ate, Zip C			-		JULY.	Hill.	iu į			
⊠ DOL	Amendment Emergency		-			air, NJ (07043			T-1-	h N	0			
DOH DCA	justification) Cancellation			Name of Contact Telephone Number Kip											
				FACI	LITY INF	ORMATIC	ON						-		
Name of Facility Where Residence	Abatement is Takir	ng Place (3	3)					Туре	of Facility (School (K-1						
Street Address 303 Highland Aver	nue								Subchapter Other (i.e. p	r 8 (Other			dings	, hom	es,
City (5) Montclair								Squa	etc.) are Feet 0	# of F	loors		3ldg. /	Age	
County (6)			-1	County	Code (7)				ent Use (Pri		demolis				
Essex			1275		USE ONLY	0			idence				1	1,5	
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN N/A	/ No.			e of Abatement Contractor (9) st Coast Haz Mat Removal, Inc.							
Street Address							Street 494 I		ss st Street						
City, State, Zip Code		150 m							ip Code NJ 07504	4					-
Project Manager for Mo	nitoring Firm			Telepho		Telephone No. 973-345-0022			License No. 00507						
Start Date (10) April 27, 2013		Schedule April 30		Completion Date (11) 2013			Name of OSHA Monitor Same as above								
Occupancy Status Durin	ng Abatement (Chec	ck Only Or	ne)				Street	Addre	ss			-			
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	tate, Z	ip Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Political Control	Renova Demolit				×	Mi Gl	II Containme ni-Enclosure ovebag Prod	e cedure					
		Т.						l No	n-Exempted	d (*) and	Non-Fria	ble Pro	-	e emen	t
Location	n of	1	Locati Iormal	İy		Des	cription	of						/pe	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	Used Solely by Maintenance/ Custodial Staff? (12)		Staff? Asbestos (i.e. ther		aining M systems ing, VA	Material (ACM) Amount ms insulation, (Specify 궁			Removal	Repair	Encapsulate	Enclosure	
Basem	ont	Yes	No	N/A		Dine	Insula	tion		F0	LF	107			-
First FI				X			Insula	98388			10	X	-	_	-
Second				X			Insula				0	X			
CCCONG	11001		-			Tipe	IIISUIA				0	Α			
Name of Registered Was East Coast Haz Mat			H	JDEP W auler ID J 419		Cubic Your Of Wast			Name of I					7.	
City, State Paterson, NJ 07504				e alon Popiasi		Disposa 02/04/		,	City, State Morrisvi						
Completed by James E. Unger		Title Proje	ct Ma	nager	, 1 Y	Sig	gnature	w	4 1	m	1000	ate 4/26/2	2013	J	1
ASB-41 (R-06-08)		No.		1.75	W. (***)	1	* Do no	t use t	his form for	asbestos	licensur	e exem	pted	activi	ties.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

CK 21580

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

2100											
Date of Notification (1) April 26, 2013	3		Name of Buildin		perator (2) e Kirby 2013	ADn.					
	al Notif		Street Address	1 0']	Brien Court	APR 30 PH	Qi C	v			
[x] DOL Ame	ndment rgency	(including	City, State, ZipC	Bedminster, NJ 07921						l .	
1 1000	fication cellation		Name of Contac Stev	t e Kirby		Telephone Number	r				
		FA	CILITY INFOR	MATION			illia de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición dela composición del composición del composición del composición del composición dela composición del composición del composición dela composición del composición dela composición del composición dela composición dela composic	-			
Name of Facility Where Abatement is Takin Residence	g Place	(3)			Type of Facility (4	School (k-12)	41 41.	- 1-12			
Street Address 310 7 th Avenue					[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)				ildings,	
City	Cour	nty (6)	County Code (7) (STATE USE ON	LY)	Square feet 1200 sf	# of Floors		lg. Age	60		
Normandy Beach	Name of Monitoring Firm Hired by Building Owner (8)					Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9)					
Name of Monitoring Firm Hired by Building N/A	g Owner	(8)	ASCM No.	Name o			Inc				
Street Address		The production		Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61							
City, State, Zip Code	45	A Marie of the second	TOTAL COLUMN	City, St	ate, Zip Code	River, New Jers		3755-1	271		
Project Manager for Monitoring Firm	Telephone Numbe		Telephone Number License Number 732-349-9932 00624								
Scheduled Start Date (10) 4/29/13		Scheduled Comple 4/30/13	etion Date (11)			.L. Analytical					
Occupancy Status During Abatement (Check	ed Durir	ng Entire Period of A		Street A	\$000000 m	Stelton Road		a			
Abatement Performed Other – Describe	Outside	of Normal Facility	Hours	City, St	ate, Zip Code Piscata	way, New Jerse	ey 08	854			
Scope of Work (Check all that apply)				[<u> </u>	t with Negative Pro	essure	***			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ If} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ If} \end{bmatrix}$		[] Renov		[[x	Mini-Enclosure Glovebag Proced Non-Exempted (lure *) and Non-Friable	Proced	lure			
	1					ī	т				
		Is Location	1	Description	on of		Aba	tement	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	100	Normally used Solely by ntenance/Custodial Staff (12)	(i.	sbestos-Co Material (A e., thermal sulation, su VAT, ther miscell	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S	E N C L O S	
	YES	NO N/A		nor miscen	aneous)		L		L E	R E	
Exterior	177	X	Asbestos sidi	ng	a din to	1000 sf	X				
			1-0 1-0 1-0	1 1							
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Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Haule 20223	3	ards of Was	T.R.R.F.	ered Landfill			eretSara E		
City, State Toms River, New Jersey		Dispo 5/01		City, St Tullyt	ate own, Pennsylvania	a //					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager	Signature	1/2	111	1	Date 4/26	: 5/201:	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of	Building C	wner/Ope	rator (2)	. 2	10	20	,		
April 26, 2013					Disant	is Contractings	1c 42	12	19			
[,,],,,,	Notifica		Name of Building Owner/Operator (2) Disantis Contracting LLC 421579 Street Address 313 Halyard Road									
[X] DOL Amen	ded Noti: dment #_ gency (in-		City, State, ZipCode Ortley Beach, NJ 08751									
[] DCA justific	cation)		Name of		Disantis		Telephone Number	p d hou	~	3		
		FA	CILITY II	NFORM.	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4	School (k-12) Subchapter 8 (otl	ner tha	ı k 12)			
Street Address 467 Bayside Terrae	ce					[x]	Other (i.e., prival homes, etc.)	te & co	mmerc	ial buil	dings,	
City	County	(6)	County C (STATE U	ode (7) JSE ONLY	n	Square feet 700 sf	# of Floors		g. Age	50		
Seaside Heights	Ocean	1				Current Use (Prior Resid	ifbeing demolished) ence)				
Name of Monitoring Firm Hired by Building N/A	Owner (8	8)	ASCM No	ο.	Name of	me of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61										
City, State, Zip Code					City, Sta	te, Zip Code	River, New Jers	ev 08'	755-1	271		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 732-349-9932				License Number					
Scheduled Start Date (10) 4/29/13		Scheduled Compl 4/30/13	etion Date (11) Name of OSHA Monitor E.M.S.L			S.L. Analytical						
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During	Entire Period of A			Street A	1056 te, Zip Code	Stelton Road away, New Jerse	y 088	54		-1	
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf			vation			Mini-Enclosure Glovebag Proce	edure		1000			
[x] ≥160 sf or ≥260 lf	-	[x] Demo	olition		[x]	Non-Exempted	(*) and Non-Friable	т				
								Aba	ement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	N	Is Location formally used Solely by tenance/Custodia Staff (12) NO N/A	-	Asb N (i.e. inst	Description destos-Conflaterial (A., thermal allation, su VAT, of er miscell	ntaining ACM) systems rfacing, 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	in the	X	Asbes	stos sidin	g		600 sf	X		1 2		
								-			-	
					3			-	-	-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	l N	JJDEP Waste Hau 20223		Cubic Ya	ırds of Was	T.R.R.F.	stered Landfill					
City, State Toms River, New Jersey			posal Date 1/13		City, S	ate own,/Pennsylyar	nia					
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manager	Signat	ure ()(C	1,5/	tel		Date 4/2	6/201	3	1 1/2	

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

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

5 1 (1) (6 (1) (1)	1			W	[]: O	0	<0	13			
Date of Notification (1) 4	126/201	3			Iding Owner/	Operator (2)	7.2	APP 30			
Agencies Notified	Notification	Туре		Street Addre			e's		19/15		
MEDA .	(Initial N	otification		16	4 11	noore	R	cad.	· Wat	7)	
(NOEP	() Amende	ed Certification		City, State, 2	ip Code					-	
(400L	() Cancell	ed		1010	NITAF	SF X	11	11-2	7 6/		
(1) DCA				Name of Cor	plact	10,10					
					- Italy			S. W. S. Brandson			
Name of Facility Where Abatemer	at le Taking Blace (FACILITY IN	Type of Facil	lily (A)						
1/	/		4	() School (K							
PRIVATE Home -	CUN	50		() Subchapt	ter 8 (other th			+ 250			
Street Address	1 1- 1	Rie		ther (i.e	, private & co	mmercial bldg	s., horne	s, etc.			
159 DONA	Ldson	efice		Sq. Feet_/	5	# of Floor	s				
Count		County Code		+							
Scothantord TRA	20G(N)	(State Use O	nly)	Bldg. Age	(prior if being	demolished)_					
Name of Monitoring Firm Hired by	Blda. Owner (8)	ASCM No.		odiron ooc	(prior it comg	Name of Cor	tractor (9)			
						Dice	c /	7 ich	1	3.1	
Class I Address		L		Street Addres		1-452	EC	ONSVII	KVA	IN	
Street Address				Street Addres	X or	no K	7.1			88	
				233	Hear	MY	we				
City, State, Zip Code				City State, Zi	p O ode	175	-				
				\$ 0a.	CNY	$, \omega$					
Project Manager for Monitoring Fir	m Telephone	Number		Telephone N	umber /	/	License	Number			
**-				9732072264							
Scheduled Start Date (10)	Scheduled	Completion Date	e (11)	Name of OSI	-IA Monitor						
	Scriedulea	Completion Date		ivanie or oor	IAC IAIOLIKOL						
5-10-2013			4.	5/ 1411					7		
Occupancy Status During Abatem Fracility Closed/Vacated During	ent (Check only on Entire Period of A	<u>e)</u> batement		Street Address	<u>ss</u>			#8			
() Abatement Performed Outside	of Normal Facility	Hours -	7 7 7								
Describe Emoty 1	House			City, State, Z	ip Code						
L. A. A.											
Olher -											
Describe Source of Work (Check all that app	nlv)					* 7				-	
	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>					10					
() Demolition Renovation	5 4 0 1 1 / \ 0 1 4 D-	: /- DE -4 00 DE	10 -000	LE AOM	() Min D	: (-05.05	401EA	OLI)			
() Large Proj. (>160 SF or >260 L () Full Containment with Negative		oj. (>25<160 Sr Mini-Enclosure		ebag Procedu		j. (<25 SF or <	TO LP A	UIVI)			
Location of Asbestos- Is	Location Normally	Used De	scription of A	CM (i.e.		Specify SF or L	.F) [Abatement Ty	/pe		
	olely by Maint./Cus	todial the	rmal systems		1.						
	aff? (12) /ES NO		facing, VAT, scell.)	or other	+11			Rem. Rep.	Encap E	nclose	
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James of Reg Waste Hauler	NIDED Was	te Hauler ID #		Cubic Yards o	(\A/aste		Manke of	Reg. Andfill	1		
all action	M MULET Was	<u> </u>		+ 111	a (/i)	0	(100	1/6/2	and V	1	
all CHATING /1	VC 04	220	* 7	- 40	cuyp	3	SICH	10 Cent		mita	
TOGRAY 11T	07033	2				Disp. Dale		On A	16u	PA	
Completed by (Print or Type)	Title			Signature	1000	14	Date	TIPLY!	71	4	
				,				1-11-)		
Alox Chinalli	1 Pro	ident	1	1 /			4	12611:	3		
- LALLY CHILINGEN	1 Jill	TOMI	1	>/				1			
lail lo: NJDEP-DSHW-BRRTP 401 E. Slate St., PO 414 Trenton, NJ 08625-0414		09-984-6620					D;\WC)RE 9/18/0-0	MYDOCSW	SBESTO	S	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/ X NJDEP Waste Ha 20222	ial (i. in ot A Asbestos sidi	Description Shestos-Core Material (A e., thermal sulation, su VAT, other miscellar miscellar for the miscellar for the miscellar for the formal for the miscellar for the formal for the f	ntaining ACM) systems rfacing, or aneous) te Name of Regis T.R.R.F.	Amount (Specify SF or LF)	R E M O V A L X	R E P A I R	E N C A P S U L E	E N C L O S U R E					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Exterior	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/	ial (i. in ot A Asbestos sidi	Description Shestos-Core Material (A e., thermal sulation, su VAT, other miscellang	ntaining ACM) systems rfacing, or aneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	N C L O S U R					
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/	ial (i. in ot	Description sbestos-Cor Material (A e., thermal sulation, su VAT, of her miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	N C L O S U R					
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/	ial (i. in ot	Description sbestos-Cor Material (A e., thermal sulation, su VAT, of her miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	N C L O S U R					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility	Is Location Normally used Solely by Maintenance/Custod Staff (12)	ial (i.	Descriptionsbestos-Cor Material (A e., thermal sulation, su VAT, o	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I	E N C A P S U L	N C L O S U R					
[x] ≥160 sf or ≥260 lf Location of	Is Location Normally used		Descriptionsbestos-Cor	ntaining	Amount	R	R	Е	1 2 2 2 2					
	[x] Der						-							
Scope of Work (Check all that apply)		novation nolition	[] [] [x]	Mini-Enclosure Glovebag Proce	nt with Negative Produce dure (*) and Non-Friable		ıre							
0.00 C (1 C))))))))))	conly one) ed During Entire Period of Outside of Normal Facilit		City, Sta	1056 Ste, Zip Code	Stelton Road away, New Jerse	ey 088	54							
Scheduled Start Date (10) 4/26/13	4/29/13	pletion Date (11)	E.M.S.L. Analytical											
Project Manager for Monitoring Firm	Telephone Num		732-349-9932			License Number 00624								
City, State, Zip Code	Character State (State (Martin and			te, Zip Code Toms	River, New Jers	ey 087		271						
Street Address			Street Ac	idress	Route 9, Unit 61									
Name of Monitoring Firm Hired by Building	toring Firm Hired by Building Owner (8) N/A			Reside Abatement Contract Guard		Inc.	2000							
Toms River	Ocean	(STATE USE ON	LY)	1500 sf Current Use (Prior	if being &molished)								
Street Address 12 Anchorage Dri City	ve County (6)	County Code (7)		[x]	Other (i.e., priva homes, etc.)	ite & co		ial buil	ldings,					
Residence	<u> </u>			[]	School (k-12) Subchapter 8 (of	ther than	n k12)							
Name of Facility Where Abatement is Takin		ACILITY INFORM	MATION	Type of Facility (4)									
I I DCA I	fication) cellation	Name of Contact Bob	Sinnott		Telephone Number									
	ndment # rgency (including	City, State, ZipCo		River, NJ 08753	" Little William	A Control of the Cont								
[x] DOL Ame	al Notification nded Notification			chorage Drive	D4	PHIL	k 60		1					
[X] EPA [] Initia [] DEP [] Ame [X] DOL Ame [X] DOH [X] Emer		Name of Building Owner/Operator (2) Bob Sinnott Street Address 12 Anchorage Drive												
[] DEP	ation	Street Address			~4/19/12 11	Name of Building Owner/Operator (2) Bob Sinnott 20163.								