

()					S ABATEM and 12:120-		2013 AUG	*\$			
Date of Notification (1) 4/2/13 Type Notification		Name of I		ner /	Operator (2)			F- (*	12:31		
Agencies Notified X EPA X Emergency N X DEP Initial Notifica X DOL Amended No X DOH Cancellation	lotification ation tification	New Br	b Drive e & Zip Cod unswick, I Contact						որ ույրության ու		
DCA		Bob Her	rsh LITY INFO	DM A	TION			-			
Name of Facility Where Abatement is Tal South Zone Av Street Address				Турє	e of Facility (4) School (K-12) Subchapter 8 (0	Other than	K-12)				
City (5) County		ounty Cod	le (7)		Other (i.e., priva are Feet Street	ate & comments # of Floors		ldg. Age	s, etc. 60		
New Brunswick Middle	esex			Res	ent Use (Prior if earch	1000					
Name of Monitoring Firm Hired by Buildir Environmental Tactics, Inc. Street Address	ng Owner (8)	A	SCM No.	Glo	e of Abatement bal Abatemen et Address						
64 Broad Street City, State & Zip Code				443 City,	State & Zip Coo	de	24				
Matawan, NJ Project Manager for Monitoring Firm Tom Geiger		ohone Nu -290-221		Tele	nroe Townshi phone Number -605-9062	p, NJ 000	License N	umber 0071 4	l .		
Scheduled Start Date (10) Schedul 4/2/13	ed Completion 5/6		11)		e of OSHA Mor bal Abatemen		es, LLC				
Occupancy Status During Abatement (Ch Facility Closed/Vacated During E Abatement Performed Outside of Describe:	ntire Period	of Abaten		443 City,	et Address Schoolhouse State & Zip Coo	de	331				
	Roadway W	/ork									
Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM X Quantity is ≥ 160 SF or ≥ 260 LF	ACM			1	Mini-Enc Glovebaç X Other: I		ole				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Norr S Mair	Location mally Use Solely by ntenance codial Staf (12)	or (ff? ins	Asbe Ma i.e., t	escription of stos-Containing aterial (ACM) hermal systems on, surfacing, VA er miscellaneous	AT S	Amount (Specify quare Feet or Linear Feet)	(Specif F Encap	ment Type by: Removal, Repair, osulation or closure)		
South Zone/Ave E		N/A		Tar	wrap on pipe		250 LF	Cleanu	p/Removal		
				V 7 3 8							
Name of Registered Waste Hauler Freehold Carting	NJDE		Hauler ID # 8693	‡	Cu. Yds. of Wa	G	ame of Regist	ered Land	dfill		
City, State Trenton, NJ		* %		Disposal Date City, State 5/8/13 Morrisvi			ity, State I <mark>orrisville, P</mark>				
Completed By (Print or Type)	itle lanager			Signature Dominick Tringali					Date 4/2/13		

Facility (4) [] Scho [] Subo [x] Othe hom feet # 0 00 sf Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River	one Number ool (k-12) chapter 8 (other er (i.e., private 8 des, etc.) of Floors 1 g demolished) ontracting, In 9, Unit 61 r. New Jersey	than k- & comm Bldg. A	Age 60	l buildir	ıgs,			
Facility (4) [] Scho [] Subo [x] Othe hom feet # c 00 sf Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River	chapter 8 (other er (i.e., private 8 les, etc.) of Floors 1 g demolished) ontracting, In 9, Unit 61 r, New Jersey License Nu	& comm Bldg. A nc.	Age 60		ıgs,			
Facility (4) [] Scho [] Subo [x] Othe hom feet # 0 00 sf Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River	chapter 8 (other er (i.e., private 8 les, etc.) of Floors 1 g demolished) ontracting, In 9, Unit 61 r, New Jersey License Nu	& comm Bldg. A nc.	Age 60		ıgs,			
Facility (4) [] Scho [] Subo [x] Othe hom feet # 0 00 sf Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River	chapter 8 (other er (i.e., private 8 les, etc.) of Floors 1 g demolished) ontracting, In 9, Unit 61 r, New Jersey License Nu	& comm Bldg. A nc.	Age 60		ngs,			
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[] Scho [] Subo [X] Other hom feet # 0 00 sf Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River fonitor	chapter 8 (other er (i.e., private 8 les, etc.) of Floors 1 g demolished) ontracting, In 9, Unit 61 r, New Jersey License Nu	& comm Bldg. A nc.	Age 60		ngs			
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Use (Prior if being Residence at Contractor (9) Guardian Co 1889 Route de Toms River	1 g demolished) ontracting, In 9, Unit 61 r, New Jersey License Nu	nc.	60					
Residence at Contractor (9) Guardian Co 1889 Route de Toms River	ontracting, In 9, Unit 61 r, New Jersey License Nu	y 0875	55-12	71				
Guardian Control 1889 Route de Toms Rivered	9, Unit 61 r, New Jersey	y 0875	55-12	71				
Toms River	r, New Jersey License Nu	y 0875 mber	55-12	71				
Toms River	License Nu	y 0875 mber	55-12	71				
fonitor	License Nu	mber	ver, New Jersey 08755-1271 License Number					
Ionitor								
npletion Date (11) Name of OSHA Monitor E.M.S.L. Analytical Street Address								
1056 Stelto	on Road							
ode Piscataway	, New Jersey	y 0885	54					
	h Negative Pres	ssure						
[] Mini-Enclosure [] Glovebag Procedure								
n-Exempted (*) ar	nd Non-Friable I							
		Abat	ement	T	T			
2	Amount	R E	E	N				
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	ed Landfill							
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activities			22,20					
l niinn	Piscataway Containment wit i-Enclosure vebag Procedure -Exempted (*) an Jame of Registere T.R.R.F.	Piscataway, New Jerse Containment with Negative Pre- i-Enclosure vebag Procedure -Exempted (*) and Non-Friable I Amount (Specify SF or LF) 1000 sf Iame of Registered Landfill T.R.R.F.	Piscataway, New Jersey 088. Containment with Negative Pressure i-Enclosure vebag Procedure -Exempted (*) and Non-Friable Procedu R E (Specify SF or LF) Amount (Specify SF or LF) V A L 1000 sf X Jame of Registered Landfill T.R.R.F. Pennsylvania	Piscataway, New Jersey 08834 Containment with Negative Pressure i-Enclosure vebag Procedure -Exempted (*) and Non-Friable Procedure Amount (Specify SF or LF) O I V R A L 1000 sf X Jame of Registered Landfill T.R.R.F. Pennsylvania Date 7/22/20	Piscataway, New Jersey 08834 Containment with Negative Pressure i-Enclosure vebag Procedure -Exempted (*) and Non-Friable Procedure Amount R R R E E E N M P C O I P V R S A U L L E 1000 sf X I L E Iame of Registered Landfill T.R.R.F. Pennsylvania Date 7/22/2013			

Date of Notification (1) July 22, 2013			Nan	ne of Bui	lding Ow	ner/Opera	ator eve	(2) Z	2	210) 7		
Agencies Notified Type of Notificat [x] EPA [] Initial	ion Notificati			eet Addres	SS	252 Bro	_		5 67/1/2 3				
[X] DOL Amen	dment #_ gency (inc	luding	City	y, State, Z		Red Ba	nk,	New Jersey 077	,	, 			
[x] DOH justifi	cation) llation		Nar	me of Cor S	ntact Sue Joub	en		Tele	phone Number		_		
	7.50	FA	CILIT	TY INF	ORMA'	TION							
Name of Facility Where Abatement is Taking Residence	Place (3)						Ту		School (k-12) Subchapter 8 (oth	er than	⊭ 12)		
Street Address 236 Kathryn Street	:							[x]	Other (i.e., privat nomes, etc.)			al build	ings,
City	County	(6)		nty Code ATE USE			Sq	uare feet 1000 sf	# of Floors	Bldg.	Age 60)	
Lavallette	Ocean							irrent Use (Prior if b Residenc	e				
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	ASC	CM No.		Name of	Aba	tement Contractor (9 Guardian	Ontracting,	Inc.			
Street Address						Street Ad	dres		ite 9, Unit 61				
City, State, Zip Code		11 777				City, Stat	e, Z	ip Code Toms Ri	ver, New Jerse		55-12	71	
Project Manager for Monitoring Firm								umber 932	License N 00624	umber			
Scheduled Start Date (10) 7/22/13	Scheduled Comp 7/23/13	letion I	Date (11)		Name of	OSI	HA Monitor E.M.S.L.	Analytical					
Occupancy Status During Abatement (Check) Entire Period of	Abaten	nent		Street Ad	ldres		lton Road					
[] Abatement Performed [] Other – Describe					City, Stat	te, Z		ay, New Jerse	y 088	54			
Scope of Work (Check all that apply)	-					[]		Full Containment v Mini-Enclosure	vith Negative Pre	ssure			
[] >3 sf or ≥3 lf		[] Ren	ovation	i		[]		Glovebag Procedur					
[x] ≥160 sf or ≥260 lf		[x] Den	nolition			[x]		Non-Exempted (*)	and Non-Friable	Procedu	ire		
			T							Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or						E N C A P S U	E N C L O S U					
	YES	NO N/	A		other	miscell	anc	ous)		A L		L . E	R E
Exterior		Asbesto	s siding	;			900 sf	X					
	-				_			-			-		
			-				_						
Name of Registered Waste Hauler	74	JUDEP Waste Ha		No. C	Cubic Yar	ds of Was	te	Name of Register T.R.R.F.	ed Landfill				
Guardian Contracting, Inc. City, State	sposal I 24/13		J	City, St	tate	n, Pennsylvania	1						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola		Signature	Nic	100	1	12	1	Date 7/2	2/201	3			
Tyleholas Fernicola	form fo	or asbest	os licens	ure exer	npte	ed activities.							

Date of Notification (1)	7/22/2013			Na	ame of Building	Owner/Oper Garden	ator (2) State Mod	ular Hom	es, LLC (4	5	210)3	
Agencies Notified [X] EPA	Type of Notificat	Notificat		St	reet Address	РОВо	03980			3.			
[] DEP [x] DOL	Amen	led Notif Iment #_ ency (inc		Ci	ity, State, Zip C	ode Lavalle	ette, NJ 087			ن ا		*	
[x] DOH	justific [] Cance	ation)	170 1	N	ame of Contact Mark	Fertakos		Tele	phone Number		_		
[]			F	ACIL	ITY INFORM	MATION					125		
	Abatement is Taking esidence	Place (3)				Type of Fac	[] s [] s	chool (k-12) subchapter 8 (oth other (i.e., private			ıl buildi	nos
Street Address	9 President Ave	nue					1		omes, etc.)	. a. con	mioroic		
City		County	(6)	Co	ounty Code (7)	* **	Square feet		# of Floors	Bldg.	Age 60	1	
Lavallette		Ocean	1	(S	TATE USE ON	LY)			eing demdished)		- 00		
Name of Monitoring Firm		Owner (8)	AS	SCM No.	Name of	Abatement C	ontractor (9		Inc.			
Street Address	, A					Street A		1889 Rou	ite 9, Unit 61				
City, State, Zip Code							ate, Zip Code		ver, New Jerse	y 087	55-12	71	
Project Manager for Mon	nitoring Firm	mber		732-34	ne Number 19-9932		License N 00624	umber					
Scheduled Start Date (10		mpletion	Date (11)			tor E.M.S.L.	Analytical				_		
7/22/13 7/23/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period					ement	Street A	ddress	1056 Ste	lton Road				
F 3	batement Performed ther – Describe	Outside	of Normal Fac	ility Hou	irs	City, St	ate, Zip Code	Piscataw	ay, New Jerse	y 088	54		
Scope of Work (Check a	all that apply)					[ntainment v	vith Negative Pre	ssure			
)			r 1 m	Renovatio		L L		ag Procedui	re				
L J	3 sf or ≥3 lf 160 sf or ≥260 lf		L 1 ~	Demolitic		[.x			and Non-Friable	Procedi	ıre		
[X] 2	100 \$1 01 2200 11									Abat	ement	Туре	
Locatio		נ	Is Location Normally use Solely by	d		Descript Asbestos-Co Material (ontaining		Amount (Specify SF	R E M	R E P	E N C	EZC
Asbestos-Containing TO BE AF in faci	BATED lity	Mair	ntenance/Cust Staff	todial		(i.e., therma insulation, s VAT,	l systems surfacing,		or LF)	O V	A I R	A P S	L O S
(13))	YES	(12) S NO	N/A		other misce				A L		U L E	U R E
Exterior X					Asbestos si	ding			1700 sf	X			
Exterior							-		-				
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste H 2022					ID No. Cubi	c Yards of W		of Register R.R.F.	red Landfill				
City, State D					al Date	City, Tull	State ytown, Pen	nsylvania		Dec			
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager					Signature	thot	1 de			7/2	e 22/201	.3	
		for asbestos	icensure ex	empted activ	rities.								

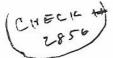
M 3458

		,			NJAC 0.00				34	70				-	
Date of Notification (1) 7/31/13			Na De	me of Bu eborah	uilding Own Griswald	er/Operato d Private	or (2) Home)			1				
Agencies Notified	Type Notification		-	eet Addi 001 Lor	ress ng Beach	Blvd					-	,		/ ₁ .	
EPA DEP DOL	Initial Amended Amendment #				Zip Code each NJ (08008									6
DOH DCA	Emergency (ir justification) Cancellation	ncluding	1000	ame of C eborah					Tele	phone Nun	nber				
☐ DCA	- Caricellation			FACILI	TY INFORM	MATION									
Name of Facility Where Deborah Griswald	Abatement is Taking Private Home	Place (3)					Тур	e of Facility (4) School (K-12 Subchapter 8) R (Othe	er than K-12	2)				
Street Address 3001 Long Beach I	Blvd						×	Other (i.e. pri etc.)	ivate 8	& commerci	ial build		s, ho		
City (5) Spray Beach NJ 08	3008						100		1	Floors	3	5+		•	
County (6) Ocean				ounty Co	ode (7) SE ONLY)			rent Use (Prio me	r if bei	ng demolis	hed)				
Name of Monitoring Firm	m Hired by Building C	Owner (8)		ASCM	No.		ne of A	batement Cont Inc.	tractor	(9)					
Street Address			1			1117,0201	eet Add D Box								Ų.
City, State, Zip Code						City	, State	, Zip Code erlin NJ 080	91						
Project Manager for Mo	onitoring Firm		Т	elephon	e No.	Tel	ephone			License 1	No.				
Start Date (10)		Scheduled	Com	pletion D	ate (11)	Na	me of C	SHA Monitor		00727					
8/9/13	Abstement (Chor	8/16/13					eet Ado	iress	15						
Facility Closed/Va Abatement Perfor	Occupancy Status During Abatement (Check Only One					atement									
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					•		
								Non-Exemple	<u>u () a</u>	ind indiring				ment	1
Locat Asbestos-Containi TO BE A In Fa (1	No Used	itenar	ly ly by nce/	Asbesto (i.e. t	Description Description Contains Statement (Inc.) Description Description Description (Inc.) Description Description Description (Inc.) Description Description Description (Inc.) Description (In	items in , VAT,	erial (ACM) sulation, or		Amount (Specify SF or LF)	Relifoval		Repair	e Encapsulate	Enclosure	
Exterio	r Siding	165	140	X		Exterio	r Sidir	ng		700 SF	x				
Exterio			+												
			L VIDED Waste Cubic Vords Na					Name	ame of Registered Landfill						
Name of Registered V			Hauler ID No. of Wa				Cubic Yards Name of Waste G.R.0								
City, State Elm NJ		22459 2 Disposal Da 8/16/13					City, Sta Morris		PA 1906	7			V/ i		
Completed by		e Signature esident				7			Date 7/30	/13	3				
Anthony T Perna		1 1631	20111				_								



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12	725/3

Date of Notification (1)	/26/13				Name (of Building	Own	er/Operator (2) Les Koeppli	n			· U		_			
Agencies Notified	Type Notific	cation		\top	Street	Address		232	Edgerstoune	Rd				16	,			
EPA DEP	Initial Amende	ed		-	Citv. St	ate, Zip C	ode :	232	. Edgerstoune	ru.					= 7			
⊠ DOL	Amendr ☐ Emerge	nent #_ ncy (inclu	ding		- 131			Prir	nceton, NJ 0						_			
M DOH □ DCA	justifica Cancella	tion)			Name	of Contact		Coepplin		Telepho	ne Numbe	r		_				
			_		EAC	ILITY INFO	-					-						
Name of Facility Where	Abatement is	Taking P	lace	(3)	FAC	ILIT INC	OICIVII	TION	Type of Facility	(4)			_					
Traine of Facility Times		Reside	ntia	1					School (K-12) R (Other ti	nan K-12)							
Street Address	222	Edward	tour	o D	1				Other (i.e., pr	ivate & co	ommercial	build	ings,					
City (5)	232	Edgerst	tour	ie K	1.		_		homes, etc.) Square Feet	# of FI	oors	Bld	lg. Ag	ge				
Oity (5)	I	rinceto	on, l	۱J					2200		1	<u></u>	5	3	_			
County (6)	Mercer				Coun	ty Code (7 ONLY)	7) (S	TATE	Current Use (Pri		g demolish dential	ed)						
Name of Monitoring Firm		ilding Ow	ner	-	ASCM I	No.	Nan	ne of Abatem	ent Contractor (9)						=			
(8)	MECS			_ .			_		ens Environn	nental S	Services	s, In	c.		_			
Street Address	DO D	241					Stre	eet Address	PO B	ox 322								
City, State, Zip Code	PO Bo	X 341		_			City	, State, Zip Co		OX JZZ					_			
City, State, 2ip Code	rosswicks	, NJ 08	515						Allentown	n, NJ 0	8501				_			
Project Manager for Mo		2			phone l		Tele	ephone No.	0.000	Licens	se No.)493						
William W	/eisgarber	Jr. Schedul]	_		8-4070	Nor	(609) 25 ne of OSHA N		_	U	1493			_			
Start Date (10) 8/5/13	8/5/139							ne or oor in the		ECS								
Occupancy Status Dur			only	one)		7	Stre	eet Address	DO D	241								
☐ Facility Closed/Vaca	ated During E	ntire Perio	od of	Abate	ment-		Cib	, State, Zip C		341				_	_			
✓ Abatement Performs ✓ Other - Describe:	8am - 3:3	0 pm	aciiity	y i ioui	Crosswicks, NJ 08515										_			
Scope of Work (Check					Full Containment with Negative Pressure													
≥3 sf or ≥3 lf = ≥160 sf or ≥260 lf		<u> </u>		novati molitio				Mini-End				<u> </u>						
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Location	o of	١,		Sole!				Description of					Тур	e -				
Asbestos-Containing	Material (ACI		Main	tenan	ce/		tos C	ontaining Mat mal systems i	terial (ACM)	Amo (Spe		Rei	Repair	Enc	Enc			
TO BE ABA	ity		5	Staff? (12)		(1.6.,	su	rfacing, VAT, er miscellaned	or	SF or		Remova	oair	Encapsulate	Enclosure			
(13)		F	Yes	No	N/A		Otric	er misochanec	, ,			_		ilate	roi			
Crawls		×	Th	erm	al Pipe In	sulation	160	lf	×									
Clawis		^		CIII	ar ripe iii	000000000000000000000000000000000000000												
Name of Registered W	aste Hauler			NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste														
Stevens l		182	292		2 CU	City State	T.R.	R.F., In	ıc.	-		_						
City, State				ATRACES	posal Date 9/30/13	City, State	Tull	ytown, l	PA									
Completed By	Allentown, NJ 08501 Completed By Title						_	Signature			Date		7/12					
Mahlon E. S	Completed by						roject Manager 7/30/1								<u> </u>			



		(LALIABUL 10 HIV)			
Date of Notification (1)	<i>i</i> ·	Hame of Bulld	nd Owner Oberera	(7)	
7/	30/13	MIT	CHELL V) ICHORS.	
Agencies Notified	Type Nothcation	Sueel Addres	1	C -	200
Ø ₽A	₩ ma	23		<u> </u>	
00 80 00 v	☐ Amended	City, Stage, Ei	Code	- 12 50	8242 "
(B) 001	Ewardeuch (ruchaju	0 /210		56,010,0	0 2 7 C
03 00n	_ justification)	Name of Con	اع دا	1	
₩ 20° 1	Carcelle ion		SAME		
		FACILITY	HEORMATION		
11/5	Abatement is Taking Plac	e (3)		Type of Facility (4)	
1926 OLISCHILL MUSIC	ADSIGNED 1 10 11 7 1 0 1			School (X-17)	
RESI				Superapier & (OI	e commerce or out
Seet Addiess	0'- 62			nomes. sic)	
1320	DT, 83			~~	1710011 BIOG AGE
Car (5)	ا من الله			2000	
200	TH DEAL 15	County Coo	× (1) (STATE	Cuneni Use (Provid	beng benotities
[Coung 16]		USE ONLY	1 -		
1.002 10	1,47		Name of Abai	ecte ni Conviscior (9)	
name of Morrioning Fir	m Hired by Building Owne	~ ~~	KLe	mco Inc.	
181	1/A		Sueet Addie	"S. SCAU	= / v.c
Sieti Appress	7	100 September 10	369		
			CAY. S1810. 2	LE SHOPE	N. 2 08: : =
City State Zip Code			MAR		LICENSE NO .
		I AMADOUR HO	וא שימים או	774 0471	00171
Pige: Manager la h	lonionny firm		856.	79-0474	
** 100 13 100 1		od Compeion Oale (1	11 Hame al OS	HY HONG	<u>.</u>
Sian Obie (10)		/19/13	1 2 0 7	FP1 KIEM	<u> </u>
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127	Juring Abatement (Check	סטוא מונו	360	1 5. 31/201	
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D racing corre	emed Outside of Normal F	south wons	المرام ا	VIE SHODE	N.7: 12-
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Score of work (Ch	eck all was apply)	*		in Enclose vie	
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	Service Manifel	NOU	11021	110 / (1 /-	10/10/
Tame or Regist	ered Maste Hauler	17		Seal Date City, State	- 1. 7
1/2 = 1.5 <u>m</u>	is The		000		ODBINETO
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Canplin Bi	. /	Time V/P		-Airm	
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<u> </u>		· Do not use this to	im lot \$ 10¢ 1101 lic	ensure exemples activ	

State of New Jersey

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

Check # 7233

Date of Notification (1)			Name	of B	uilding O	wner/Op	erator (2)	20.									
	7/30/13		THE PERSON OF TH			d of E	ducation	49/3				-					50
Agencies Notified	Type of Noti	fication	Street			_1											
[] EPA	[x] Initial		22 V	/alle	y Roa	a		2012 _{17.10}	*2	141	μ						
[] DEP	Notifica	ation	City	State	, Zip Cod	ie.					31						
[X] DOL	[] Emerge		Mon	itcla	ir, NJ	07042											
	[] Amend Notifica					01012	· · · · · · · · · · · · · · · · · · ·		1 7 1		Numbe	25					_
[X] DOH	Notine	11011	Name	of C	ontact		97		Leie	pnone	HAIIIDE	81					
[] DCA	[] Cancell	ation	Len	Sa	oonara	ı			1			_					
					FA	CILITY	INFORMATION										
		is Taking I	Dlace /	31				Type of F	acility (4)								
Name of Facility Whe		is raking i	riace (٥,				[x]	School (k Subchapt	(-12) er 8 (C	Other tha	an K-12) commerci					
Watchung Scho	001							1 11 6	Other (i.e	. privat	te and c	commerci	ial buil	dings	5,		
Street Address									homes, e	÷(C.)							
14 Garden St.								Square F	eet	# of	Floors		Bldg. A	Age			
DI (E)		Cou	nty (6)			Coun	ty Code (7)	90000		2			~ 60			-	
City (5)		1	sex			(STA	TE USE ONLY)	Current U		if beir	ng demo	olishea)					
Montclair				_		1	Name of Abatem	education									_
Name of Monitoring F	irm Hired by E	Building O	wner		CM No.		Name of Abatem	Jupiter E	nvironi	ment	al Sei	rvices.	Inc.				
Detail Associate	es, Inc			00)			Jupiter L	TVITOTII	Tionic	u. 00.				1000		
Street Address							Street Address	3 Lynn C	ourt								
300 Grand Ave						_	City, State, Zip 0		ourt						1000		-
City, State, Zip Code							City, State, Zip	Lincoln	Park N	JJ 07	035						
Englewood, NJ	07631						Telephone Num		arre, r			Licens	e Num	ber			
Project Manager for I	Monitoring Firm				lumber		Telephone Num	973-709	-0200					00	85	2	30
Stephen J.					6708	-	Name of OSHA	Monitor									525
Scheduled Start Date	Sched. Co	ompiet 12/3				Name of Gorac	J&SE	vironr	nenta	al Lab	oratori	ies, l	LC				
8/14/1				,	_	Street Address								1-2-111			
Occupancy Status D	uring Abateme sed/Vacated D	ent (Check	only c	one) od of	Abateme	ent	Olicot / tour out	2333 Ro	ute 22	W							
[] Facility Clos	Performed Out	tside of No	ormal F	acilit	y Hours	-	City, State, Zip	***************************************									
Des	scribe: evenin	ngs					Oity, Otato, 2.p	Union, I	NJ 070	83							
[x] Other – De	scribe: partially	y vacated											-	-	_		
Scope of Work (Che	ck all that appl	ly)						1	1 Full C	Contair	nment w	vith Nega	tive Pr	essu	ıre		
t: 25					[]	Renovat	ion		d Mini	- Encl	osure						
[] Demolition [x] ≥3 sf or ≥3	ıf				LJ	1011014				ebag l	Procedu ble Pro	ire					
[x] ≥3 sf or ≥3 [] ≥160 sf or ≥	260 If			-				I] Non	- Fria	ble Pro	cedule					_
[] 210001012			Is L	ocati	on									Typ		nen	
			Norm					cription of s – Contain	na			Amou	nt	R	R	E	E
	ion of		So Mainte	lely b				rial (ACM)	ii 9			(Spec		Е	E	N	
	Containing I (ACM)	1	todial				(i.e., the	rmal syster	ns			SF or l	LF)	M	P	C	C
	ABATED						insulation,	surfacing,	VAT,					V	î	P	C
- Control of the Cont	acility						or other	miscellaneo	us)					A	R	S	S
(1		Yes	No	N/A									L		U	U	
		-	X		Pine in	sulation					9 LF		X			_	
Basement Hallway				X			sulation					120 LF		-			-
Various		-	x		Floort						300 SF						
Various					1 100.												
	Mosto Haula	-	NIF)FP \	Naste	Cı	ubic Yards	Name	of Regis	tered I	andfill						
Name of Registered	mental Co	envices	20000000		No.	100000	Waste	Mine	erva La	andfil	1						
Jupiter Enviror	imeniai Se	SIVICES	0	4782			1/2		N. 1-					_			
City, State							sposal Date	City, S		ra C)H						
Lincoln Park,	٧J					4	1/26/13	vvay	nesbu	ig, c	/11	Da	ite		_	-	_
Completed By (Print or Type) Title							Signature			1		1000	30/1	3			
Pane Repic General Mana						ger	1	2			_		30, 1				
200 20 minutes (200 Minutes 1 100 Minutes 1 200 Minutes 1											1000		88 70 -	*****		3344	

ASB-41

Note: Phased Project. First phase is scheduled to start on 8/14/13 and be completed on/by 8/19/13. It involves removal of 9LF of pipe insulation. Amendments will be sent for other phases.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

h. Or			NOTIF	Pursuan	t to NJA	AC 8:60	-7 and 12:1	20-7)			Check	# 716	3 n/a	1	_	
Date of Notification (1) 7/30/13	Nar	ne of B unty	uilding O Colleg	wner/O e of N	perator Morris	(2)		20 _{10 (1777)}							
Agencies Notified	Type of Notificatio	on Stre 21	eet Add 4 Cer	ress nter Gr	ove F	Road		ñ.st		Ally is	Í.					200
[] DEP [X] DOL	Notification [] Emergency [x] Amended	City	, State	, Zip Cod oh, NJ	le 0786	39				1 a at						_
[X] DOH	Notification	Na	me of C	ontact					Tele	phone Numb	er					
[] DCA	Amendment #1 [] Cancellation	1000		Pontu	ro				1		-					
• •	[] Canonidae		осрп			INFOR	RMATION									- O
		· DI	- (2)		CILITI	1141 01	dis titus	Typ	pe of Facility (4)	40)						
Name of Facility Whe	ere Abatement is Tak CCM	King Plac	e (3)						School (K Subchapte Other (i.e. homes, e	-12) er 8 (Other th private and	nan K-12) commercia	al build	lings,			
Street Address	D											N.L. A				_
214 Center Gro			81 SE		1.5	1.0	In (7)	1 12	uare Feet 20000	# of Floors	-	3ldg. A - 50	.ge			_
City (5)		County			(ST	inty Coc	E ONLY)	Cu	rrent Use (Prior	if being dem	nolished)					
Randolph		Morris			(0			ed	lucational							_
Name of Monitoring	Firm Hired by Buildin	ng Owne	071 - 10 123 133	SCM No.		Nam	e of Abaten	nent (Contractor (9) iter Environt	nental Se	ervices,	Inc.				
Whitman Com	panies, Inc.		0	0110		Ctro	et Address	Jupi	iter Environi						32.	
Street Address						Sile	;	3 Lv	nn Court							
7 Pleasant Hill	Road				-	City.	State, Zip	Code								
City, State, Zip Code	e 00512							Lin	coln Park, N	IJ 07035	License	Nlum	hor			_
Cranbury, NJ (Monitoring Firm	Number		Tele	phone Num	ber	- 700 0000		License	Nulli	008	352)			
Kevin Lovely		732	2-390	-5858			100114	11	3-709-0200							
Scheduled Start Da	732-390-5858 Start Date (10) Sched. Completion Date (11) 6/14/13 12/31/13						ne of OSHA	J 8	S Environr	nental La	boratori	es, L	LC			
Occupancy Status I	During Abatement (C	Enne F	CITOU O	f Abatem	ent	Stre	et Address	233	33 Route 22	W						_
[x] Abatement	t Performed Outside escribe: evenings a escribe: partially vaca	of Norm nd week	airacii	ity Hours	-	City	, State, Zip	Code	e nion, NJ 070	83						
Scope of Work (Ch										Containment	with Nega	tive Pr	essu	re		
[] Demolition	n			[]	Renov	vation [x] Mini – Enclosure [x] Glovebag Procedure										
[x] ≥3 sf or ≥ [] ≥160 sf or	≥260 If								[] Non	- Triable (Aba	tem	nen	t
		(1) Lancon (1)	s Loca				Des	script	tion of				Тур		E	E
1.00	ation of	1	ormally Solely	by			Asbesto	os - C	Containing		Amou (Speci		R E	E	N	N
	- Containing	Ma	ntenan	ce/Cus					(ACM) il systems		SF or L		M	700	C	C
	ial (ACM)	to	dial Sta	ff (12)	(1)		insulation	n, surf	facing, VAT,				0	A	A	L
	<u>ABATED</u> Facility						or other	misc	cellaneous)				A	R	S	S
	Yes	No	N/A							0.5		L	-	U	U	
		X	+-		Pipe	insula	tion				8 LF 120 LF		X	-		-
Mechanical Roo Various	IIIS	- 1	×		Pipe	insula					300 SF	_	-	-		
Various			x		Floo						40 LF		x			
Mechanical roor	ms	X					s – wrap &	cut	Name of Regis	stered Landfi	ill					
Name of Registere	ed Waste Hauler	1.3		Waste		Cubic Y			Minerva La	andfill						
Jupiter Environmental Services Hauler ID No. 04782						===	2 al Date		City, State					-		
City, State						8/12	/13		Waynesbu	ırg, OH	Da	ıte.				
Lincoln Park, NJ Completed By (Print or Type) Title							Signature	1	7 /	_		30/1	3			
Pane Repic		G	enera	I Mana	ager		f	2		\sim				_		

Note: Phased Project. First phase is scheduled to start on 6/14/13 and be completed on/by 6/18/13. It involves removal of pipe insulation. Amendments will be sent for other phases.

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

Check # 72'51

Date of Notification (1)	12	Nam	e of B	uilding O	wner/C	Operato	or (2) t of Milita	ry	Affairs	27/2/11						
	of Notification	-	et Add		- P					8 477	X					
go	of Notification			gerts C	ross	ina R	oad		743		14.77	· .				
[] EPA [X]	Initial	101	L9:	30110	,,,,,,,							- 5				
	Notification	City.	State	, Zip Coo	le											
[X] DOL [] /	Amended	Lav	vren	ceville	, NJ	08648	8									
1	Notification			Contact				_	Teler	hone Numb	er	. 10.00-				
					40				4							
[] []	Cancellation	VVII	ııam	McBri									-			-
		12		FA	CILIT	Y INFO	RMATION								5 3 3	O.
Name of Facility Where Abate	ement is Taki	ing Place	(3)					17	Type of Facility (4)	12)						
Teaneck Armory								4	Subchapte Other (i.e.	12) r 8 (Other th private and	ian K-12) commerci	al build	lings			
Street Address									homes, et	c.)						
								-	Square Feet	# of Floors	TE	Bldg. A	ge		_	-
		2			Col	unty Co	de (7)		65000	3		~65				
City (5)		County (6					SE ONLY)	1	Current Use (Prior	if being dem	olished)					
Teaneck	1.	Bergen							armory				_	_		-
Name of Monitoring Firm Hire	ed by Building	g Owner	14000	CM No.		Nan	ne of Abaten	nen	nt Contractor (9) piter Environn	ental Se	rvices	Inc.				
Whitman Com	panies, Ir	nc.	00)110		-		Ju	piter Environii	icritar oo	1 11000,					_
Street Address						Stre	et Address	3 1	_ynn Court							
7 Pleasant Hill Road			-		_	City	, State, Zip 0									
City, State, Zip Code						City	, otate, zip	Ιi	ncoln Park, N	J 07035						
Cranbury, NJ 08512		Tolonk	Telephone Number 732-390-5858 Telephone Number 973-709-0200									e Numi		287220	20	
Project Manager for Monitori	ng Firm							00	352	2						
Kevin Lovely Scheduled Start Date (10)	Sched	i. Comple				Nar	onitor									
8/12/13	Conce	8/31						J	& S Environm	ental Lat	ooratori	es, L	LC			_
Occupancy Status During Ab	ated During b	neck only Entire Per	one)	Abatem	ent	Stre	eet Address	23	333 Route 22V	V		i ja				
Abatement Performe	ed Outside of	f Normal I	acilit	y Hours -	-	City	y, State, Zip	Co	de							
Describe: [x] Other – Describe:_r	artially vaca	<u>nt</u>						U	Inion, NJ 0708	33						
Scope of Work (Check all that	at apply)								[] Full C	ontainment v	with Negat	tive Pre	essu	re		
ti Danalita				[]	Renov	vation			[x] Mini -	- Enclosure						
[] Demolition [] ≥3 sf or ≥3 lf										bag Proced - Friable Pro	ure cedure					
[x] ≥160 sf or ≥260 lf									[x] Non -	- Triable 1 to			Aba	ten	ent	_
			Locati				Dec	crir	ption of				Typ	е		
			nally l olely b				Asbesto	s –	Containing		Amour	22.2	R			E
Location of Asbestos – Contair	nina			e/Cus					il (ACM)		(Speci		E M	E	N	C
Material (ACM)		todia	I Staf	f (12)					nal systems urfacing, VAT,		01 01 2	.,	0	A	A 100 C	L
TO BE ABATED	<u>)</u>						or other	mis	scellaneous)				V	I	P	0
In Facility (13)		Yes	No	N/A								1	A	R		S
(10)											8 LF		X	1	_	Ť
Various areas			X			insula		-			30 LF			x		
Various areas			x Pipe Insulation								2000 SF	8	Х			
Computer lab + 3 other a	ter lab + 3 other areas															
			DEDI	Naste	- 17	Cubic Y	'ards		Name of Registe	ered Landfill						
Name of Registered Waste	Hauler	1 1 1		Nasie D No.	1 33	Of Was			Minerva Lar							
Jupiter Environment	4782				10									_		
City, State			Dispos			City, State	a OH									
Lincoln Park, NJ					8/30/			Waynesbur	y, Ori	Dat	te					
Completed By (Print or Type	e)	Title Signature							7 /	_	1000	29/13	3			
Pane Repic		Gen	eral	Mana	ger		A	2					6/5			
WS				Language of				_		_						

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-73)

Check # 7119 n/a Name of Building Owner/Operator (2) Date of Notification (1) Montclair Board of Education 7/30/13 Street Address Type of Notification Agencies Notified 22 Valley Road [] EPA Initial [] DEP Notification City, State, Zip Code Emergency Montclair, NJ 07042 DOL Amended Notification DOH Telephone Number Name of Contact Amendment #1 DCA [] Cancellation Len Saponara FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, Montclair High School Street Address homes, etc.) 100 Chestnut St. # of Floors Square Feet Bldg. Age ~ 80 150000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) (STATE USE ONLY) Essex Montclair educational Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Jupiter Environmental Services, Inc. 00 Detail Associates, Inc. Street Address Street Address 3 Lynn Court 300 Grand Ave. City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Englewood, NJ 07631 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-709-0200 201-569-6708 Stephen J. Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) J & S Environmental Laboratories, LLC 12/31/13 4/27/13 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W [x] Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: evenings and/or weekends Union, NJ 07083 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure [x] Renovation Demolition Glovebag Procedure [x] ≥3 sf or ≥3 lf Non - Friable Procedure [] >160 sf or ≥260 lf [x] Abatement Is Location Type Description of Normally Used Amount R E Asbestos - Containing Solely by Location of (Specify E E N N Material (ACM) Maintenance/Cus Asbestos - Containing P C SF or LF) M C (i.e., thermal systems todial Staff (12) Material (ACM) 0 A A insulation, surfacing, VAT, TO BE ABATED P 0 ٧ 1 or other miscellaneous) In Facility A R S S Yes No N/A (13)200 SF X Boiler insulation X Boiler room X 150 LF X Pipe insulation Various 3000 SF X VAT X Various Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Minerva Landfill Of Waste Hauler ID No. Jupiter Environmental Services 04782 City, State Disposal Date City, State Waynesburg, OH Tbd - various Lincoln Park, NJ Date Signature/ Title Completed By (Print or Type) 7/30/13 General Manager Pane Repic

*Note: Work to occur in phases. First phase is repair of some 200 SF of boiler insulation at boiler room. Work at boiler room is scheduled to start on 4/27/13 and be completed by 4/29/13. Amendments will be sent for other phases.

Continuation of Montclair HS Building Notification:

[7/30/13: Amendment #1 – Phase 2 is scheduled for start on 8/9/19 with completion on/about 8/13/13. It involves removal of \$50 SF of hallway ceilings.

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

Check # 7232

				(Pursua	nt to N.	JAC 8.60-7 and 12.1	20-1)	20		Check # 7	232			_
Date of Notification (1)		Na	me of	Building	Owner/	Operator (2)								
Date of Houseauth (1)	7/30/13	M	ontcl	air Boa	ard of	Education	8							<u></u>
Agencies Notified	Type of Notificati		reet Ad		1823			, i						
[] EPA	2-40 10 0407000	2:	2 Vall	ey Ro	ad				1.					
	[] Initial Notification							Y					- 225	-
[] DEP	[x] Emergency	Ci	ty, Stat	e, Zip Co	de	10				1				
[x] DOL	[] Amended	N	lontcl	air, NJ	0702	12		* -						-0.0
[x] DOH	Notification	N:	ame of	Contact				Telephone	Number					
[x] DCA	[] Cancellation	1 32		aponar	а									
	[] Cancellation		611 00	(5)		· · · · · · · · · · · · · · · · · · ·		1						_
				F	ACILIT	YINFORMATION	Type of Fac	sility (4)			-			
Name of Facility Where	e Abatement is Ta	king Pla	ce (3)				[x] So	chool (K-12)		(10)				
Mt. Hebron Midd	lle School						Su Su	chool (K-12) bchapter 8 (O her (i.e. private	ther than he and com	mercial bu	ildings	3,		
Street Address							ho	omes, etc.)						
173 Bellevue Av	e.						Square Fee	+ # of !	Floors	Bldg.	Age		-	_
					10-	unty Codo (7)	140000	3	10010	~ 80	-			_
City (5)		County				unty Code (7) TATE USE ONLY)	Current Us	e (Prior if being	g demolish	ned)				
Montclair		Esse:	X		(0)		educationa	1						
Name of Monitoring Fi	rm Hired by Buildi	ng Own	er A	SCM No		Name of Abatem	ent Contracto	or (9)						
Detail Associate				0			lupiter En	vironmenta	al Servic	ces, inc				_
Street Address	0, 11.0					Street Address								
300 Grand Ave.							3 Lynn Co	urt			_	_	_	_
City, State, Zip Code						City, State, Zip C	Code	and NIIO7	125					
Englewood, NJ	07631							ark, NJ 070	J35	icense Nur	nher	-	_	_
Project Manager for M	Ionitoring Firm			Number		Telephone Num	ber 070 700 (2200	-	icense ivu		85	2	
Stephen J.				-6708			973-709-0	0200			-00	00.	_	-
Scheduled Start Date	(10) Sche			Date (11)	Name of OSHA	Monitor	/ironmenta	I I abor	atories	LLC			
8/2/13		8/	7/13				JASEIN	/II OI II II CI II C	Labor				-	_
Occupancy Status Du	ring Abatement (C	check or	ly one)			Street Address	2333 Rou	to 22 W						
11 Encility Close	od∆/acated During	Entire F	erioa (of Abater	nent			IE ZZ VV			_			
[x] Abatement P	erformed Outside cribe: evenings/w	eekend	iai i aci	illy i louis	'	City, State, Zip	Code	1.07083						
[] Other – Desc	cribe: <u>evenings/w</u>	OOKONE					Union, N.	07005						
. sections sec-5										Nonethio I	Orocc.	uro		
Scope of Work (Chec	k all that apply)					0.004	[x]	Full Contain Mini – Enclo	ment with	Negative	1633	uic		
[] Demolition				[]	Renov	vation	[]	Glovebag P	rocedure					
[x] ≥3 sf or ≥3 lf							Ĺĵ	Non - Friab	le Proced	ure				
[] ≥160 sf or ≥2	260 lf			C							Ab		nen	t
			Is Loca ormally			Des	cription of				Ту	e R	E	Е
Locatio	on of	100	Solely				- Containing	9	100	Amount Specify	R	E	N	N
Asbestos – (ce/Cus			rial (ACM) rmal systems			F or LF)	M	P	C	C
Material		to	dial Sta	iff (12)		insulation.	surfacing, VA	AT,			0	Α	A	L
TO BE A				T -	1	or other	miscellaneous	s)			V	I R	PS	o s
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(25	LF	X			
Mechanical Room X						insulation			130) SF	X		18	
Mechanical Room x														
						Cubic Yards	Name o	f Registered L	andfill					
Name of Registered	Waste Hauler	18		Waste ID No.		Of Waste	Miner	va Landfill						
Jupiter Environ	mental Service	ces	0478			3								_
						Disposal Date	City, St							
City, State Lincoln Park, NJ						8/12/13	Wayr	esburg, O	н	T D: 1-				_
Completed By (Print or Type) Title						Signature	7 1			Date	12			
Pane Repic		l Mana	ager	1/	- 1	en		7/30/	13					
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State of New Jarsey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursus rif to NJAC 8:60-7 and 12:120-7)

NC	Pı (Pı	TIBRING!	to NJAC	8:60-7 and 12:	120-7)	<u> </u>	Ch	eck # 7232			<u> </u>
Mont	CIBIT	Board	of E	erator (2) ducation		D()1 - 1	DAY			-
Streat 22 V	Addre: alley	Road	i				UL 3 (2013	7	1	-
Mon	tclair	, NJ C	7042			Telephone M	ilmh		4	<u>0'_</u>	-
							1	2R0\	EL)	
		FA	CILITY	NFORMATION	Thro	of Eppility (4)					_
g Placa (3)				_	School (K-12) Subchapter 5 (Oth Other (I.s. private homes, etc.)	er than K-1 and commo	i2) erclel build	ings,		
			1 00 110	tu Code (2)		0000		~ 80	ge		_
A (50 / 10)			(STA	TE USE ONLY)	Arti	icational	demoisne	u)			_
Owner		M ND.		Name of Abat	Jupit	er Environmenta	Service	s, Inc.		_	_
	00		\dashv	Street Addres	8						
			_	City State, Zi	a Code				(4) - (5)		
					Line	oln Park, NJ 070	35	onse Num	her		_
Teleph	one N	umber		Telephone No	mbar	700.0200	Lic	ELIPS TVD	008	52	
201-	569-6	3708		Name of OSI							
Comple 8/7/	tion Da 13	ate (11)			78	S Environmenta	Labora	tories, L	LC	_	
and ambe	/955			Street Addre	233	3 Route 22 W					
Nomal	Facility	Hours	-	City, State, 2	lo Code						
kend					Un	ion, NJ 07083					
						[X] Full Contain	ment with I	4egative P	ressu	ito.	
		[]	Renov	ation		(1) Glovebec P	rocedure				
						[] Non - Friab	III Procedu	re	Abi	atem	Ins
l la	Locati	on			rinti	on of	1		Typ)e	
Maint	loiely t	e/Cua		Asbe k (l.e.	atos – C faterial (therms	Containing (ACM)) systems Jacing, VAT,	1 (Specify	Ⅲ20>	EP 4	NUAD
Yes	No	N/A								'	ŭ
-	×	-	Pipe	Insulation					X	\vdash	+
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			+								
	auler I	D No.		Cubic Yards Of Waste 3		Minerva Landfil	Landfill				
	G110		-	Disposal Date		City, State	Н				
City, State Lincoln Park, NJ					I/O	AAMAIIGRORIA, C		Date	12		
Title	mara	Man	aner	Diålen	1	1 en		7/30/	ıJ		
	Name Mont Street 22 V City, S Mont Name Len Very Sept North Sept N	Name of Bulli Montclair Street Addre 22 Vailey City, State, Z Montclair Name of Col Len Sapo G Place (3) Dunty (6) SSBX Owner ASC OO Telephone Ni 201-569-6 Completion Da 8/7/13 eck only one) Inter Period of Normal Facility skend Is Locati Normally to Solely to Maintenance todial Staff Yes No X X X Title NJDEP Hauler I O478	(Pursuant Name of Building Ov Montclair Board Street Address 22 Valley Road Cay, State, Zip Cook Montclair, NJ (Name of Contact Len Saponara FA Place (3) Telephone Number 201-569-6708 Completion Date (11) 8/7/13 eck only one) intire Period of Abatem Normally Used Solely by Maintenance/Cus todial Sight (12) Yes No NA X X X NJDEP Waste Hauler ID No. 04782	Name of Building Owner/Open Montclair Board of Extrest Address 22 Vailey Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Len Saponara FACILITY Place (3) Telephone Number 201-569-6708 Completion Date (11) 8/7/13 eck only one) intire Period of Abatement Normal Facility Hours—skend Is Location Normally Used Solely by Maintenance/Cub todial Staff (12) Yes No N/A X Pipe No N/A X Pipe No N/A X Pipe N/AT	Name of Building Owner/Operator (2) Montclair Board of Education Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Len Saponara FACILITY INFORMATION g Place (3) County Code (7) (STATE USE ONLY) Street Address City, State, Zip Code (7) (STATE USE ONLY) Street Address City, State, Zip City, State, Zip Telephone Number 201-569-6708 Completion Date (11) 8/7/13 eck only one) Intire Period of Abattement Normal Facility Hours— Street Address City, State, Zip City, Sta	Name of Building Owner/Operator (2) Montclair Board of Education Streat Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Len Saponara FACILITY INFORMATION Place (3) Typ. Streat Address FACILITY INFORMATION FACILITY INFORMATION Typ. Streat Address Streat Address 3 Lyr. City, State, Zip Code Linc Telephone Number 201-569-6708 Completion Date (11) 8/7/13 sek only one) Intire Period of Abattoment Normally Used Solely by Maintenance/Ous todial Staff (12) Yes No N/A I Pipe Insulation VAT Disposal Date 8/12/13 Disposal Date 8/12/13	Name of Building Owner/Operator (2) Montclair Board of Education Street Address 22 Valley Road City, State, Zip Code Montclair, NJ 07042 Name of Contact Len Saponara FACILITY INFORMATION g Place (3) County Code (7) (State Use ONLy) Suborapter (1) Suborapt	Name of Building Owner/Operator (2) Montclair Board of Education DOL 1	Name of Building Owner/Operator (2) Montclair Board of Education DOL	Name of Suliding Owner/Operator (2) Noncisis Board of Education	Name of Suliding Owner/Operator (2) Noncisian Board of Education

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

Date of Notification (1)	N	ame of Bu	ilding Ow	ner/Oper	ator (2)	0 7	- L					
July 31, 2013						Bergen			a 2	7 16	2		
	Notificat		St	reet Addre		28 Peal	csail	Drive		Ö.			
[x] DOL Amend	led Notif lment #_ ency (inc		С	ity, State, 2		Bayvill	le, N	J 08721	ļ:				
justific			N	ame of Co				Te	lephone Number		==		
[] Cancel	llation				Gene				in the second		_ =	<u> </u>	
			FACIL	ITY INF	ORMA'	TION		. CD:11:4-: (4)			_		
Name of Facility Where Abatement is Taking Residence	Place (3)		5.			Typ	e of Facility (4)	School (k-12) Subchapter 8 (o	ther than	k12)	•	
Street Address 221 Melody Lane								[x]	Other (i.e., priva homes, etc.)	ite & cor	nmerci	al buildi	ings,
City	County	(6)		ounty Code			Squ	are feet 1200 sf	# of Floors	Bldg	Age 60)	
	0		(2	TATE US	E ONL I)		Cur	rent Use (Prior if	being demolishe	d)			
Toms River Twp.	Ocean	1						Residen	ce				
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.		Name of	Abate	ement Contractor	(9) n Contracting	Inc			
N/A						Street Ac	ldress		п соппасния	, mc.			
Street Address						oucot 7 to	Idi OSS	1889 R	oute 9, Unit 6	1			
City, State, Zip Code						City, Sta	te, Zi	p Code	· N. T.	005	155 10	71	
				Telephor	a a NIv		iver, New Jer License	Number	33-12	./1			
Project Manager for Monitoring Firm	umber		- 11	732-34			00624						
Scheduled Start Date (10)	-	Scheduled Co	ompletion	Date (11)				A Monitor					
7/31/13		8/01/13				Street A	ddroo		L. Analytical				-
Occupancy Status During Alatement (Check [x] Facility Closed/Vacate	only one) Thtire Period	of Abat	ement		Succi A	uuics	1056 St	elton Road				
[X] Facility Closed/Vacate	Outside	of Normal Fac	cility Hou	ırs	-	City, Sta	te 7i	n Code					
Other – Describe						City, Sta	ic, Zi	Piscata	way, New Jers	sey 088	54		
						г 1	_	Full Containment	with Negative P	ressure			
Scope of Work (Check all that apply)						[]		Mini-Enclosure	, with Hoganie				
[] >3 sf or ≥3 lf		г 1	Renovati	on		Ī	i	Glovebag Proced					
[x] ≥160 sf or ≥260 lf		L ,	Demolitic			[x]	ĺ	Non-Exempted (*) and Non-Friabl	e Proced	ure		
										Aba	tement	Туре	
144,		Y- T			Г	escription	on of	,				Е	Е
Location of	N	Is Location Normally use	200			stos-Co			Amount	R E	R E	N	N
Asbestos-Containing Material (ACM)		Solely by		- Sa		aterial (A			(Specify SF	M	P	C	C
TO BE ABATED	Main	tenance/Cus	todial			thermal ation, su			or LF)	0	A	A P	L
in facility		Staff (12)			insu	VAT,		mg,		V	R	S	S
(13)		(12)			othe	r miscel		ous)		Α		U	U R
	YES	NO	N/A							L		Ē	E
· V				Ashest	os siding	7			1000 sf	X			
Exterior		7155 651											
NY CD - 1 YV-1 YV-1-	Hauler I	D No.	Cubic Ya	ds of Wa	ste	Name of Regist	ered Landfill			-	•		
Name of Registered Waste Hauler Guardian Contracting, Inc.			223		3			T.R.R.F.					
City, State	Disposa			City, S		n Dofmardron							
Toms River, New Jersey	8/02/1	3 Signatur	re .	Tully	town	n, Pennsylvan	//	Dat	е				
Completed by (Print or Type) Nicholas Fernicola	Toms River, New Jersey ompleted by (Print or Type) Title					rhi	1	Le	P	7/3	1/13		////252

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

			N	ame of Building O	wner/Opera	ator (2)	1'4'		7 7 /	13			
e of Notification (1) July 31, 2013					T Fiore	Demo	IIIIOII		221	6 5	-		٦
encies Notified Type of Notification BPA [] Initial Not				treet Address	645 Fis	her Bl	vd.				7) <u>-</u>		4
DEP [] Amended Amendme	nt #		C	City, State, Zip Cod	Toms I	River, 1	NJ 08753					<u> </u>	
[X] Emergenc justification	on)	ding	N	Name of Contact Bill			Te	elephone	Number		-		
] DCA			FACIL	ITY INFORM	ATION								_
ame of Facility Where Abatement is Taking Pla Residence	ace (3)		FACIL	711 II.I 024		Type	of Facility (4)	School Subcha	pter 8 (other	than kl	.2)		729Z
treet Address 24 Silver Beach Road	 I						[x]	homes,		b comm		buildin	gs,
	County (6)		County Code (7) STATE USE ONL	Y)		re feet 1000 sf	# of F	1	Blag. A	60 60		
	Ocean			51712 000		1	ent Use (Prior i Reside	nce	emolisked)				_
Name of Monitoring Firm Hired by Building Ov	wner (8))		ASCM No.	Name of	f Abaten	nent Contracto Guard	r (9) ian Con	tracting, Ir	1C.			_
N/A Street Address					Street A	Address			Unit 61				
					City, St	tate, Zip	Code		New Jersey	0875	5-12	71	_
City, State, Zip Code Project Manager for Monitoring Firm	T	Telephone N	Number		Telepho	one Nun 49-993	nber	10.10	License Nu 00624	mber			
	- 5	Scheduled C	Completi	on Date (11)	Name (of OSHA	Monitor	S.L. Ana	alvtical				
Scheduled Start Date (10) 7/31/13	nly one	8/1/13			Street	Address		Stelton					
Occupancy Status During Abatement (Check of X] Facility Closed/Vacated Abatement Performed O Other – Describe	utside o	Little 1 Cit	od of Ab acility H	oatement Iours	City, S	State, Zip	Code		New Jersey	y 0885	54		
							Full Containm		Negative Pres	sure			
Scope of Work (Check all that apply) >3 sf or ≥3 lf		ſ]	Renov	ation -	[j	Mini-Enclosur Glovebag Prod Non-Exempted	edure	Non-Friable I	Procedu	re		
[x] ≥160 sf or ≥260 lf		[x]	Demol	lition	x]	-	Non-Exemple	T() and			ement	Туре	_
		Is Locatio			Asbestos-G	otion of Contain	ing		Amount Specify SF	R E	R E P	E N C	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally to Solely be Maintenance/C Staff (12)					Materia i.e., therm nsulation VA other mise	nal syste , surfac T, or	ems ing,		or LF)	M O V A L	A I R	A P S U L	
YES NO								7	00 sf	X	-	Е	+
Exterior X				Asbestos s	ding							1	1
	-		-							+-	-	+	+
	-				**	Wests	Name of Re	gistered	Landfill				_
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP W	20223		c Yards of	ty, State	T.R.R.						_
City, State Toms River, New Jersey				posal Date 2/13 Signature	Ty	ullytow	vn; Pennsylv	/ania		Da	te 31/20	13	
I OHIO ACTIVE, T.	mpleted by (Print or Type) Nicholas Fernicola Title Project Ma *Do not										11/2U	* -	

100 H							0 10	to= ('	2)						9
Date of Notification (1)	July 31, 2013					ne of Building	g Owner/Op Zarri]	lli Hon	nes		4 23	2/(1		_
Agencies Notified [x] EPA		Votificat			Stre	et Address	186 N	Mantol	oking Roa	ad					
DEP X DOL	Amend	ed Notif ment #_ ency (inc			City	y, State, Zip C	ode Brick	c, New	Jersey 08		*	Ž			
[x]DOH []DCA	[X] Emerge justific	ation)	, ruumg		Nar	me of Contact Rich	Zarrilli			Teleph	one Number		<u>.</u>		
				TA	CILI	TY INFOR	MATION	J					۲.		
Name of Facility When	e Abatement is Taking Residence	Place (3))	FA	CILI	I I INFOR	WATIOI	Тур	oe of Facility	Sch	nool (k-12) ochapter 8 (other ner (i.e., private	er than l	€12)	l huildi	nos
Street Address	104 White Avenue								[x		nes, etc.)			- Julian	1150,
City		County	(6)		Cou	inty Code (7) ATE USE ON	π ٧)	Squ	are feet 2000 sf	#	of Floors	Bldg.	Age 60		
Lavallette	e	Ocean	ı		(51	ATE USE OF	LI)	Cu	rrent Use (Pr	rior if beir sidence	ng demolihed)				
	irm Hired by Building	Owner (8)		AS	CM No.	Name	of Abat	ement Conti	actor (9)	Contracting,	Inc.			
Street Address	N/A						Street	Addres	s 1.85	RO Route	e 9, Unit 61				
City, State, Zip Code							City,	State, Z	in Code		r, New Jerse	v 087	55-12	71	
	oject Manager for Monitoring Firm Telephone No							hone N	ımber	IIIS KIVE	License No 00624	umber	<u> </u>	-	
	beight Manager for Monitoring Firm 1 elephone No. 1 beduled Start Date (10) Scheduled Co.							349-99 of OSI	IA Monitor						
7/31	/13		A 1.5 P. L. S. L.	1/13			Street	t Addres	SS		Analytical				
[x] []	7/31/13 8/01/13 ccupancy Status During Abatement (Check only one)					S	City,	State, Z	ip Code Pis	scatawa	on Road y, New Jerse		54		
Scope of Work (Chec	k all that apply) >3 sf or ≥3 lf		[]	Ren	novatio	n]]]]	Mini-Enclo	sure Procedure	th Negative Pre				
[x]	≥160 sf or ≥260 lf		[x]	Der	molitio	n	[:	x]	Non-Exem	pted (*) a	nd Non-Friable				_
								- He - He - Le				Abat	ement	Туре	_
Asbestos-Containi TO BE	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally use Solely by Maintenance/Cus Staff (12) YES NO				dial		Asbestos- Materia (i.e., therr insulation	al (ACN mal sys n, surfac aT, or	ning (1) tems cing,		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
	v					Asbestos s	siding				1600 sf	X			-
Exterior			A										-	-	+
												-	-		
Name of Registered	Waste Hauler	\perp	NJDEP	Waste H 2022		- management	ic Yards of	Waste	Name of T.R.I		d Landfill				
City, State	an Contracting, Inc			I	23 Disposa 3/02/1	l Date	Ci	ty, State							
Completed by (Print	Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manage						1,0	121	11	2-	Î	Dat 7/3	te 31/201	13	
Nichola	5 I CITICOLA	use this	s form	for asbestos	licensure	exemp	ted activitie	S.							

0.0			11				(2)					
Date of Notification (1) July 31, 2013			Na	ame of Build	ling Owner/Op DeFo	rest D	emolition	an a	77	144		
[]	ion Notificati ded Notifi			reet Address	2406	Herb	ertsville Road		. 5			
[x] DOL Amen	dment # gency (inc		Ci	ity, State, Zi		Pleas	ant, NJ 08742		Ġ,			
[] DCA justifi	cation)		N	ame of Cont Da	act ane		Tele	ephone Number		7.		
		F	ACIL	ITY INFO	RMATION	ī						
Name of Facility Where Abatement is Taking Residence	Place (3)	1000					ΪÍ	School (k-12) Subchapter 8 (oth				
Street Address 433 Bayside Terra	ce, Unit	1						Other (i.e., privat homes, etc.)			ál build	ings,
City	County	(6)	Co (S'	ounty Code (TATE USE	(7) ONLY)		uare feet 600 sf	# of Floors	Bldg.	Age 60)	
Seaside Heights	Ocean						rrent Use (Prior if b Residenc	e				
Name of Monitoring Firm Hired by Building N/A	Owner (8	()	AS	SCM No.				9) Contracting,	Inc.			
Street Address						Addres	1889 Ro	ute 9, Unit 61				
City, State, Zip Code					20000.5000			ver, New Jers		55-12	71	
Project Manager for Monitoring Firm	Telephone Nun			732-	349-99		00624	- Cumber				
Scheduled Start Date (10) 7/31/13		Scheduled Con 8/01/13	npletion	Date (11)	100000000	Addres	E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed	ed During	Entire Period				- 62	1056 Ste	elton Road	- 63			
Other – Describe	- Cuiside C				— City,	State, Z	ip Code Piscataw	ay, New Jerse	ey 088	54		
Scope of Work (Check all that apply)]]	Full Containment	with Negative Pro	essure			
[] >3 sf or ≥3 lf		Г 1	enovatio		[. 1	Glovebag Procedu Non-Exempted (*)		Procedi	ıre		
[x] ≥160 sf or ≥260 lf		[x] De	emolitic	on	[/	[]	Non-Exempled ()	and Noth Habie		ement	Type	
		Is Location			Descrip	ntion o	f				Е	Е
Location of		ormally used			Asbestos-0	Contair	ning	Amount	RE	R E	N	N
Asbestos-Containing Material (ACM)		Solely by	4:-1		Material (i.e., therm			(Specify SF or LF)	М	P A	C A	C
TO BE ABATED in facility	Maint	enance/Custo Staff	odiai		insulation,			0.22)	0	I	P	0
(13)		(12)			VA	Γ, or			V A	R	S	S
	YES	NO N	J/A		other misc	ellane	ous)		L		L E	R E
Exterior		X		Asbestos	siding			500 sf	X			
									+		 	+
	-	+-+			-	-						
Name of Registered Waste Hauler Guardian Contracting, Inc		NJDEP Waste F		D No. C	ubic Yards of \	Waste	Name of Registe T.R.R.F.	red Landfill				
City, State	•		Disposa		City	, State	n, Pennsylvania					
Toms River, New Jersey Completed by (Print or Type)	Title		8/02/1	Signature		1/	1, Cinisy Ivalle		Dat		2	
Nicholas Fernicola	Nicholas Fernicola Project Manager						ed activities.		7/3	1/201	<i>j</i>	
	-1	oo noi use ini	a joi iit	joi asvesto	- FICTIONIC C							

Date of Notification (1)		N	1/-	Building Owner/O		1	. .				
Agencies Notified Type Notification		S	treet Ad	dress 🔿	xcoro	Jamer	march 200		- 1-1	non e per che	
□ EPA Initial	5 No.			8 Con	امنحم	Place	<u> </u>				
DOL Amendment #		باد ساد خور	R, State	ed Ban	V -	NT	0770	1			
DOH Emergency (ir justification)	ncluding	N		Contact	1	<u> </u>	Telephone Num	her_		-	
□ DCA □ Cancellation		'	Vivi		lame	nta :	1			W-10-100	
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFORMATI		ype of Facility (4	4)				
Single family	Die.	elli:	25	276-		School (K-1	2)				
Street Address	2		J		75		8 (Other than K-12) rivate & commercia		inas	home	s
338 Conques	- PI	مدر	<u> </u>			etc.)	# of Floors				-
City (5) Red Bank.	NI	2 (077	701		iquale reet	2		dg. A	5 t '	_
County (6) Mormouth				Code (7) USE ONLY)		Current Use (Price	or if being demolishe	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	Name of	Abatement Con	Δ		. ,	P .	
Street Address	316		L	MA	Street A		chnolog	168	,	In	C
P.O. Box 3.	37				P.C). Box	337				
City, State, Zip Code	N2	7 (80	533	Ne	te, Zip Code	of NJ	0	85	3	3
Project Manager for Monit ril g Firm		1656	elephor	ne No. 758- 3365	Telepho	ne No. J	License No	7	10	Y	
Start Date (10)	Schedule					OSHA Monitor				-	
Aug 13, 2013	Au	9 1	3. 2	013	E	:PC Tec	hnologies	T	15		
Occupancy Status During Abatement (Check			980		Street A		727				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A al Facility	batem	ent		City, Sta	te, Zip Code	<i>331</i>				
Other - Describe:		:			New	U Egypt	NJ C	180	53	3	
Scope of Work (Check All That Apply)						-1)					
≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emoliti				Full Containme	ent with Negative P	ressu	re		
21003101220011					2	Glovebag Prod	cedure	o Dro		_	
	Τ	1 1:				Non-Exemple	d (*) and Non-Friab	FIO	Abate		
Location of	N	Location Normall	у	De	scription o	f		_	Ту	ре	
Asbestos-Containing Material (ACM)		d Solel intenar		Asbestos Con (I.e. therma	taining Ma	terial (ACM)	Amount (Specify			m	m
TO BE ABATED In Facility	Cust	todial S (12)	staff?	surfa	cing, VAT	, or	SF or LF)	Remova	Repair	caps	Enclosure
(13)	-			other	miscellane	ous)		val	air	Encapsulate	sure
	Yes	No	N/A				inn	-			
Basement	×		-	Pipe I	nsula	dies	100 LF	X	-		
			-					-	 		-
	+		-								
Name of Registered Waste Hauler			JDEP V		Yards	Name of	Registered Landfill	-			
EPC Technologie	S	Н	auler ID	00	مل	Was	te Manage	れか	t u	F F	Y
City, State	NJ				sal Date	City, Sta	te Lisville f	A			
Completed by Schen Kerr	Title	. ^		<u>-</u>	Signature	SCI	Da		à	12	
Steve Schenker	Hise	Sid	ent		Slee	ce Docke	oh	8	1-	13	1

CK#1997

te of Notffication (1)			(Auti so	1	ling Owner/Operator (1
PA DEP DOL DOH DCA	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation	(3)	City. S	of Col	o 67h p Code	Type of Facility School (K-12) Subchapter 8 Chier (i.e. prihomes, etc.) Square Feet					the state of the s
ity (5) B311			ON		in (7) (STATE USE	1 110	rior if being demails	hed)			_
B) Street Address	Firm Hired by Building Owner	AS	CM No		Steet Address Street Address City, State, Zip	code Code	e Rd	IN			-
City, State, Zip Cod Project Manager for	r Monitoring Firm		pho. a l		CO 15 Telephone No 732-2 Name of OSH	14-1757	License No. 0002	9 			1 1
☐ Facility Closed/ ☐ Abatement Perf ☐ Other – Describ	During Abatement (Check only Vacated During Entire Period of ormed Outside of Normal Facilities: heck all that apply)	Abates			Street Addres 95 M Pty. State, Zi Co 1 5 M	S NOTIOS p Code Veck, N	C Rd. 5.0775 Kin Negative Pressu	12_ *		neer was	-
☐ 23 st or ≥ 3 ff ☐ 2 160 st or ≥ 26		· · · · · · · · · · · · · · · · · · ·		Demo		ini-Enclosure Movebag Procedur ion-Exempted (*) (and Non-Friable Pro	cedure	Abe	terre	
Asbestos-Co	Location of ontaining Material (ACM) DE ABATED IN Facility (13)	Use Mai	Location commits of Solely needs to start? (12)	y by cel	Descript Asbestos Containin (i.e., thermal syst surfacing, other misce	g Material (ACM) ems insulation, VAT, or	Amount (Specify SF or LF		Removal	Encapsulate	a
3 Do	RM4R5	Yes	No	N/A	5/8/1	V4	500 5/	<u> </u>		+	_
ACC Identification of the Control of	Neck N.J.	tod	12	800 R	O Disposal D	ate City. State 73. Tull	Town,	PA Date 1	-31-	1	- 1

Date of Notification (1)	y 31, 2013		1	Name of Build		erator (2) am Temtlem	an	Ca 2	7	169	3	
	pe of Notification			Street Address							-	\neg
[x] EPA [[Initial Notif			City State 7m		Canterbury R	oad					
[x] DOL	Amendment Emergency			City, State, Zip		vood, NJ 087	1500			107		
[x] DOH	justification Cancellation			Name of Conta Ab	ct raham Tem	tleman	Telephor	ne Number			j#	
[] 2			FACI	LITY INFO	RMATION							
Name of Facility Where Abate Reside:		: (3)				Type of Facil] School	ol (k-12)				
Street Address	Canterbury Road		-				x] Other	hapter 8 (oth (i.e., privat s, etc.)			al build	lings,
City	Cou	nty (6)		County Code (7 STATE USE C		Square feet 1000 s	# of	Floors	Bldg	. Age	0	
Lakewood	Oce	ean				Current Use	(Prior if being esidence	demolshed)				
Name of Monitoring Firm Hire	ed by Building Owne	er (8)		ASCM No.	Name o	f Abatement Co		ntracting.	Inc.			
N/A Street Address					Street A	ddress	889 Route 9					
City, State, Zip Code					City, St	ate, Zip Code	oms River,		ev 087	755-12	271	
Project Manager for Monitorin	roject Manager for Monitoring Firm Telephone Nu					one Number 49-9932	V	License N 00624				
Scheduled Start Date (10)				on Date (11)		f OSHA Monito	E.M.S.L. An	alytical				
Occupancy Status During Aba	8/01/13 8/02/13 Decupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period [] Abatement Performed Outside of Normal Fac					ate, Zip Code	056 Stelton			54		
							ainment with N			J4		
Scope of Work (Check all that	t apply)	4			Ĺ] Mini-Enc	losure	rogani v z z z				
[] >3 sf or [x] ≥160 sf	≥3 lf or ≥260 lf	[x]	Renovati Demoliti		[x		Procedure npted (*) and I	Non-Friable	Procedi	ire		
						7.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1.5 1			Abat	ement	Туре	
Location of Asbestos-Containing Mate TO BE ABATE in facility (13)	on used y ustodial		Descript Asbestos-Co Material ((i.e., therma insulation, s VAT, other misce	ontaining (ACM) 1 systems curfacing, or	(S ₁	Amount pecify 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		Asbestos	siding	9	90	0 sf	X					
							-	-				
	Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Ha 2022.					aste Name of	f Registered La	ındfill				
City, State	City, State Di					State ytøwn, Penns		1				
Completed by (Print or Type)	Tomb ration, are strong					PII.			Date 7/3	1/201	3	- %
1 (10110103 1 011110			7.0	for asbestos	licensure ex	empted activitie	es.					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

		er - Typy year a same war	AVECTOR VICE						L IIa		
Date of Notification (1) July 31, 2013			Name	of Building (rator (2) pion Contracting	, LLC	2:	210	,7	
	l Notifica		Street .	Address	520 N	ew Egypt Road					
[x] DOL Ame	nded Not ndment # gency (ir		City, S	state, Zp Coo		ood, NJ 08701				A.	
[x] DOH justif	ication) ellation		Name	of Contact Vinny	Mettee		Telephone Number				
		E/	CILITY	INFORM	ATION		34-74				
Name of Facility Where Abatement is Takin Residence	g Place (3		CILITI	INTORIVI	ATION	Type of Facility (4	School (k-12)			2011/2011/2011	
Street Address 4 Buttell Avenue						[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buil	dings,
City	County	y (6)		Code (7) E USE ONL	Y)	Square feet 1200 sf	# of Floors	Bldg	g. Age	50	
Lakewood	Ocea	n					if being demolished ence)			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	ASCM	No.	Name of	Abatement Contract Guard	or (9) lian Contracting,	Inc.			
Street Address					Street Ac		Route 9, Unit 61				
City, State, Zip Code					2007		River, New Jers			271	
Project Manager for Monitoring Firm		Telephone Numb			Telephor 732-34	e Number 9-9932	License N 00624	Jumber			
Scheduled Start Date (10) 8/01/13		Scheduled Comp 8/02/13	letion Date	(11)	100000000000000000000000000000000000000		S.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate			Abatement		Street Ad		Stelton Road				
Abatement Performed Other – Describe	Outside	of Normal Facility	Hours		City, Sta	e, Zip Code Piscat	away, New Jerse	 ev 088	54		
Scope of Work (Check all that apply)					[]		ant with Negative Pre		S1 72		
The state of the s					[]	Mini-Enclosure	100 m				
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf			ovation olition		[] [x]	Glovebag Proce	edure (*) and Non-Friable	Procedi	ıre		
[X] 2100 St 01 2200 H		[X] Deni	Olition		[]	140II-Exempted	() and Noisi Habie	Toccut			
								Abat	ement	Туре	
Location of		Is Location lormally used			Descriptio estos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely by		N	laterial (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maint	tenance/Custodi	al		, thermal s		or LF)	O	A	A	L
in facility (13)		Staff (12)		insu	ılation, sur VAT, o			v	I R	PS	O S
(13)		(12)		othe	er miscella		9	Α		U	U
	YES	NO N/A						L		L E	R E
Exterior	Asbe	estos sidin	g		1000 sf	Х					
				•							
Name of Registered Waste Hauler	N	IJDEP Waste Hau	ler ID No.		rds of Wast		stered Landfill				
Guardian Contracting, Inc. City, State		20223 Dis	posal Date	3	City, Sta	T.R.R.F.			-		
Toms River, New Jersey			5/13			owną Pennsylvan	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Projec	ct Manager	Signa	ture	hot	10 /		7/31	/201	3	

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

		CN		g.Owner/Operator	771		the first			
Date of Notification (1) 7/30/13		kame		SF	(2)					
Agency Notified Type Notification			Address	D (ESEX)	SSEXT	94				
D EPA Li înitei		City S	on Zin	Code		10				
E DOL Amendment #		15	الالم	Ch, c	08830		<u>. </u>	, r		
☐ Emergency (including justification) ☐ DCA ☐ Cancellation	8	Name	of Contac	z SEEBULG		Telephone Number	r 			
		FAC	LITY INF	ORMATION	3					
Name of Facility Wilhere Abelement is Taking Place	(3)		•		Type of Facility	(4)				
Street Address			<u>, , , , , , , , , , , , , , , , , , , </u>		School (K-1)	8 ACTIONS than K-12)	•			
25 MIDDLESEY ESSET	TPIC		•	:	De Other (i.e. pr homes, etc.	mate & commercial b				
Car (5)				William Tolerand	Square Foot		Bidg. Ag		02	٠.
15eun		1 Carret	Code C) (STATE USE	1.00.000	yior if being degnolished	60Y	DIM	_	-
County (6) MIDDUESEY	ğ	ONLY	y Code (/		20	OFFICE / LAG	3			
Name of Monitoring Firm Hired by Building Owne	f AS	CM No.			nent Contractor (
Street Address				Best R	emoval I	.nc			_	
GSS WEST SHORE TRA	L(827			River St	:				
City, State, Zip Code				City, State, Zip C	Code				-	
SPARTA . NJ. 078	7) .				sack, N.	J. 07601				
Project Manager for Manibring Firm BILL ICER BEC	100 (000)	729		Telephone No. 201-329-	7444 -	00388				
Start Date (10) / Scheduled Co	mpletjón	Date (11)		Name of OSHA	Monitor	1. T-0				
8/12/13 8/1 Occupancy Stitus During Abatement (Check only	5/1.	3	•	Omega En	Vironmei	Ital Inc			_	
	2 30.50			280 Huy	ler St					
☐ Pacility Closed/Vacated During Entire Period o ☐ Abatement Performed Outside of Normal Facility		ent		City, State, Zip C						-
Editor - Describe: 7AM TO JPM		•••		South H	ackensac	k, N.J. 07	606			
Scope of Work (Check all that apply)		-4				Negative Pressure				
Q≥3 sf er≥3 lf Q2 ≤ 160 sf er≥ 260 lf			notition	☐ Glov	Enclosure ebag Procedure		•			
		* *	T ·	□ Non-	Exempted (*) an	d Non-Friable Proced	-	bed	una:	act
	· Non	eation really					-	Ty	200	
Location of Asbestos-Containing Material (ACM)		clely by		Description stes Containing M	aterial (ACM)	Amount	20	Ŀ	En	
TO BE ASATED	Cust	odial	(f.e	., thermal systems surfacing, VAT	r, or	(Specify SF or LF)	Removal	Ropa	agac	olog
(13)	. (1	2)		other miscellan	sous)		2	Ropair	into	e e
· · · · · · · · · · · · · · · · · · ·	Yes N	lo N/A					= 1.		Ц	Ц
LAB 82	-	X	VA	+ + MAS	STIC	500 S	= X	\vdash	Н	H
	\dashv	-	-				+	\vdash	Н	Н
	+	+-	 				+	H	Н	Н
Name of Registered Waste Hauter		P Waste I	lauler	Cubic Yards of	Name of Regi	stered Landfill		-		٦
Best Removal Inc	10 No.			Waste 3 c7		a Enterpris	ses	/G		
City. State Hackensack, N.J.	07601			Bisposal Date	City, State Waynesh	ourg , Oh				
Completed by Title				Signature	1	Da	nte /.	1	_	_
J. Maiorano Estim	ator			I & M	صادنه	ا ک	7/3	0/	13	



Date of Notification (1) 7/29/13		1 5%		Building C			(2)							
Agencies Notified Type Notification			Street Ad		alo i alic						•			-
☐ EPA ☑ Initial		2	225 Ma	in Stree	ŧt							Ť		
DEP Amended		11		e, Zip Coo								(
DOL Amendment Emergency (alls, NJ	01424				Telephon	o Nur	hor			
DOH justification) Cancellation		1 576	lame of Phillip I	d. Simoi	ne, C.P	.W.M		-	relebilor	E INUII	<u>luc</u> i			
Li Ben Li samenani			FACIL	ITY INFO	RMATIO	N								
Name of Facility Where Abatement is Taking Private House	Place (3)						-	f Facility (4)						
Street Address								chool (K-12) ubchapter 8		n K-12	2)			
170 William Street							X O	ther (i.e. priv				lings,	home	es,
City (5)							Square		# of Floo	rs	9.8	ldg. A	ge	
Little Falls							1800		2			5+		
County (6) Passaic			County C	ode (7) SE ONLY)	Nagara			t Use (Prior ted 1+ yea						
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		Name		ement Contr						
NA	(-)		NA			ALK	AT Cor	nstruction	LLC					
Street Address							Address							
NA State of the st							Box 60:							
City, State, Zip Code NA								Park, NJ (07424			97		
Project Manager for Monitoring Firm NA			relephon NA	e No.			none No. 893.70		010	ense N 197	0.			
Start Date (10) 8/6/13	Scheduled 8/8/13	Com	pletion [Date (11)				A Monitor adinovic						
Occupancy Status During Abatement (Chec	k Only One	9)					Address		-		3			
Facility Closed/Vacated During Entire							anta A							
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours			_		itate, Zip							
Scope of Work (Check All That Apply)														
23 sf or ≥3 lf	province.	enovat				F		Containmer	nt with Neg	ative F	ressu	re		
≥160 sf or ≥260 lf	× De	emoliti	on			Ė	Glov	-Enclosure rebag Proce						
# 60 0 0 0 0 0 0	7					>	<u> Non</u>	-Exempted	(*) and Nor	n-Friab	le Pro	56374	e ement	
2000	100000	Location ormall	200				1000 A						pe	
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by		tos Conta		Material		Amour				Е	_
TO BE ABATED In Facility	10000000	ntenar odial S	0.000 (0.000)	(i.e.	thermal s			tion,	(Specion SF or L		Remova	Repair	псар	nclo
(13)		(12)			other m						oval	pair	Encapsulate	Enclosure
a .	Yes	No	N/A			70.							(e)	
ACM Siding			X		S	Siding			2500 9	SF	X			
Name of Registered Waste Hauler		0.5500	JDEP W auler ID		Cubic \ of Was			Name of R						
Freehold Carting, Inc			2265		20) 	Gross /	55%	1				
City, State Freehold, NJ 07728					Dispos	al Date		City, State Tallytow	n, PA				344992	
Completed by	Title			-	Si	gnatur	1	/,		10.000	ate			
Uros Spasic	Owne	er			1	1	10	4-		//	29/1	3		

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

		(Pursua	Name	to NJ	TAC 8: Build:	60-7	wner/Operator	(2)							
ate of Notification	1 (1)				ssa				27-						
-24-2013					ddres			_							
gencies Notified	Type Notifica	tion					Ave.			4					
[]EPA	[X]Initial Notifica	ation													
[]DEP					ate, horr						1				
[X]DOL	[]Amended Notifica	ation	1000			35			Telephone 1	Number					
[X]DOH					Conta				1	-	7				
[]DCA	[]EMERGENC		M	ell	ssa	Mac	Ϋ́		-						_
	[]Cancella	tion			FACTI.	TTY I	NFORMATION								_
Name of Facility Wh	Abstomont	is Taki	ng i		The state of the s			Тур	e of Facility	y (4)					
Name of Facility Wr Same as above	ere Abatement	15 1000	9						[]School (K	-12)		. 7	12)		
same as above	-								[]Subchapte: [X]Other (i.e.	r 8 (Other	e & c	COMM	er-		
Street Addres									cial bui	ldings, ho	mes,	etc	.)		
								Squ	are Feet	# of Floor	rs E	ldg		е	
		County	(6)			Cou	nty Code (7)	1	900	2		88		**	
City (5						(ST	ATE USE ONLY)	Cui	rrent Use (Pr	ior if bei	ing d	emol	ishe	ea)	
		PAS	SAI	C						(0)			_		
Name of Monitoring	Firm hired by	Buildi	ng	ASCM	No.		Name of Abate	ment	t Contractor	TDC					
Owner (8)									AGEMENT,				-		-
N/A Street Address							Street Addres		-1 C+						
Street Address									pher St.				-		
City, State, Zip C	ode						City, State,	Zip	Code	2					
City, State, 21p							Montclai	ır,	NJ 0704	۷	icen		b-c	_	
Project Manager fo	r Monitoring E	Firm T	ele	phone	Numb	er	Telephone Num	ber		F	003			ı	
Project Manager 10	of Monitoring -		I/A				(973) 744	4-8	3800		00.				
	-t- (10) Sch	ned. Con	mole	tion	Date	(11)	Name of OSHA	Mon	nitor						
Scheduled Start Da 8-8-2013	Annual Manager 1 to 1	8-9-	-20	13			N/A								
	V	Month	Da	У	Year	<u> </u>	Street Address	88							
	During Abatemer Closed/Vacated	nt (Che	ck o	ire P	eriod	L.	Street Address								
C Shakan	ont-						City, State,	Zir	o Code						
[]Abatement	Performed Outs escribe: «OffHou	side of urs Desc	Nor	maı r t»	actit	. cy	CICY, Scace,								
lother - De	escribe: «Other	Occupar	су	Desci	cipt»										_
Scope of Work (Ch							ווידו	Co	ntainment wit	th Negativ	e Pre	ssu	ce		
	4		ſΧ	1Reno	vatio	n	[]Mini	L-En	closure						
[X]≥3 sf [1>160 s	or >3 lf sf or >260 lf				litio		[X]Glov	veba -Eri	ag Procedure able Procedu	re					
1 12	-			Is								Abat	ceme	nt I	Ype Ype
Locat	ion of			cation			Descript Asbestos-Co	ion	of	Amount	t	R	R	NC	N
Asbestos-	-Containing			Used			Material	(A	CM)	(Specif	1000	M	E	A	L D
	al (ACM) ABATED		By	y Mai	n-		(i.e., therm	al :	systems	SF or		V	AI	S	S
	acility		Cu	enanc	ial	1	insulation, sur	cell	Laneous)			A L	R	L	R
(13)	Y	es	aff (N/A					CE TE		X		·	E
Basement					X	P	ipe Insula	ti	on	65 LF		-			1
Dasement												-	-		+
									r	stored To	ndfi1	1			
Name of Register	ed Waste Haule	r	No	DEP '	Waste		Cubic Yards of Waste 1		Name of Region G.R.O.W.			003 6			
AZTECH MAN	AGEMENT,	INC.	Ha 1	704	O No	ο.	OI Waste I								
	-						Disposal Date		City, State	110 P	a 1	906	57		
City, State Montclair,	NJ 07042						8-12-13		Morrisvi	rite, P	- I				
											Б	ate			
Completed By (Pr		Title					Signatu	ure						13	

- 441 -1F 441			Name	of Buil	ding Own	neri Operator	(2)					-
e of Natification (1)	3/ 1 13		Marie	C	472	ROLL	12	DUST	RIES,	INC	• ১	7
encies Notified	Type Notification		Stree	t Addre	4	You	ING	5 15	D.	y/re		-
EPA DOLWD	☐ Initial Amended Amendment #		City.	State, 7	Zip Code	105	STON) ()	5 080	519		1
DOH DCA	Emergency (includin justification)	g	Nam	e of Co	ontact			W. Lastenson	Telephone N			
(NJAC 5:23-8)	☐ Cancellation		É	3P1	ic C	ARROC						-
			F	ACILIT	TY INFO	RMATION		of Facility (4				
me of Facility Where	Abatement is Taking Place	(3) UA	-An	T L	07)		1	chool (K-12) ubchapter 8	Mehorthan K-1/	.) 	.05	
eet Address 70	HOW THE	-	_				N C	other (i.e., pri nomes, etc.)	vate and comme	CM DUBON		
32	-34 WALD	1	5	<u>r·</u>			8-1	are Feet	# of Floors	Bldg.	Age	
	= NTON,		_				1	D/A	or if being demoli	shed)		
- vety (6)		-	C	ounty C	ode (7)(S	STATE USE ON	y) Cun	CESIDE	or if being demol	PLEM	321	
M 51	LOE/2	or /81	LASC	M No.	1	Vame of Abat	ement C	iontractor (9)				
ame of Monitoring Fir	rm Hired by Building Own	ei (o)	1			UN	PR	O, IN	c			_
treet Address			-			Street Addres	s V	(AP)	KUS A	WE		
all cel riod cas												
city. State, Zip Code						WO	DDT	BRIE	License No.	1 0	1093	2
Project Manager for M	Ionitoring Firm	T	elephi	one No).	Telephone N	776	3111	O (065	5.00000	
Toject manage	Schedul	od Com	nletin	n Date	(11)	Name of OS	HA Moni	tor				
Start Date (10)	1 13 Scheduli	_ / _	8	11	3	N	A					
- Ctatus Du	ring Ahatement (Check o	only one	€)			Street Addre	SS					
- 1 12/-	and Design	T - C AL	ntomo	ant								
	cated During Entire Period	acility b	dours -		ribe	City, State,	Zip Code					
	cated During Entire Period	acility b	dours -		ribe M	City, State,	Zip Code)				
☐ Abatement Perfor Time of Abateme	med Outside of Normal F nt:AMPM/	acility b	dours -		ribe M	∏ Fu	II Contain	nment with N	legative Pressure			
Abatement Perfor Time of Abateme Scope of Work (Che	reated During Entire Pend med Outside of Normal F nt:AMPM/	acility h	Hours -	AI	ribe M	□ Fu	II Contain	nment with N				
Abatement Perfor Time of Abateme Scope of Work (Che	reated During Entire Pend med Outside of Normal F int:AMPM/ ck all that apply)	acility h	lours - PM ovation	AI	ribe M	□ Fu	II Contain	nment with N	legative Pressure	edure	atement 1	Гуг
Abatement Perfor Tirne of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 l	reated During Entire Pend med Outside of Normal F int:AMPM ck all that apply)	acility h	Hours -	n n		□ Fu □ Mi □ Gi No	II Contain ni-Enclos ovebag F on-Exemi	nment with N sure Procedure pted (*) and	Non-Friable Proc	edure	atement 1	Typ
Abatement Perfor Tirne of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 l	reated During Entire Pending Material (ACM)	acility F	lours - PM - ovation ordition ordital	All on y y by by by ce'	Ach	Fu Mi Gi No Descri	II Contain i-Enclose ovebag F on-Exem ption of ing Mate stems in	nment with N sure Procedure pted (*) and exial (ACM) isulation,	Non-Friable Proc	edure	atement Ercapsu	Typ
Abatement Perfor Time of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loc Asbestos-Conta	reated During Entire Pend med Outside of Normal F int:AMPM ck all that apply)	acility F	ovation ocation ocation ocation ocation ormali d Solei ntenar	All on y y by by by ce'	Ach	Descriestos Containe., thermal sy	II Contain ni-Enclose ovebag F on-Exem ption of ing Mate stems in	nment with N sure Procedure pted (*) and erial (ACM) sulation, or	Non-Friable Proc	edure	atement Ercapsulate	Y
Abatement Perfor Time of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260 l Loc Asbestos-Conta TO BE	reated During Entire Pent med Outside of Normal F int:AMPM/ ck all that apply) f (UNE-AMT) reation of ining Material (ACM) E ABATED	acility F	lours - PM - ovation ordition ordital	All on y y by by by ce'	Asb(i.	Descriptions of the missing surfactions of the m	Il Contain ni-Enclos ovebag f nn-Exem ption of ing Mate stems in g, VAT. (cellaneo	nment with Noure Procedure pted (*) and erial (ACM) isulation, or us)	Amount (Specify SF or LF	Ab Removal	Ercapsulate Repair	THE PARTY OF THE P
Abatement Perfor Tirne of Abateme Scope of Work (Che ≥3 sf or ≥3 lf ≥3 sf or ≥260 t Asbestos-Conta TO BE	reated During Entire Pentimed Outside of Normal Fint:AMPM/ ck all that apply) f (UNE-AMT) cation of ining Material (ACM) E ABATED Facility (13)	Ren Dem	ovation ordinal Solel intenar odial S	All on y y y y y by hce/ staff?	Asb. (i.	Description of the missing surfacing other missing surfacing of the missing surfacing	II Containi-Enclosovebag Fon-Exemption of ing Mates stems in g, VAT. (cellaneo	nment with N sure Procedure pted (*) and erial (ACM) isulation, or us)	Amount (Specify SF or LF	edure	Repair]
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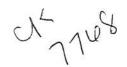
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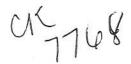
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d	NOTIFICATION OF ASSE	C. 7:26-2.12)	(0)	-2,		1 1
128	NOTIFICATION OF ASSE (Pursuant to N.J.A	Name of Building Owner/O	perator (2)	20		
V (1)	<u> </u>	Name of Building Some PSEG Fossil, LLC	69			1 1
\\\		PSEG Fossii,			7	1 1
		Street Address		51		
vate of Notification (1)		80 Park Plaza			-	1
Notification Notification	on Type					
	or - ation	City, State, Zip Code)			_
Agencies Notified (X) Initi	al Notification ended Certification	City, State, Zip Code Newark, NJ 07102-4109	TTO	el. Number	18	.`
(X) EPA () Can	ICENO	Name of Contact Domenic Fiorino				1
(X) DEP (X) DOL		L TION				
(A) DOH	FACILITY	INFORMATION Type of Facility (4) Type of Facility (4)				1
N DCA		Type of Facility () School (K-12)	er than K-12)	homes, etc.		1
Name of Facility Where Abatement is Taking F	Place (3)	Type of Facinty () School (K-12) () Subchapter 8 (other (X) Other (i.e. private	& commercial blug.	.,		1
Soulity Where Abatement is remained		(X) Other (I.e. pilled)	_ :	# of Floors 8		
Name of Facility Where Abatement HUDSON GENERATING Station					A41/	on
Honson		Sq. Feet_1,000,000 Bldg. Age 66 Current Use (prior if	* N	Flectric Gener	ating Static	<u></u>
Street Address DUFFIELD & VAN KUEREN ST	County Code (7)	Bldg. Age 66	heing demolished)	etractor (9)		
DUFFIELD & VAN KULITA	(State Use Only)	Current Use (prior in	Name of Co	ontractor		
County	(State 039		Name of Co Absolut Ac	ie me.		
City (5) HUDSON	ner (8) ASCM No.					
JERSEY CITY	vner (8)	Address				
JERSEY CITY Name of Monitoring Firm Hired by Bldg. Ov		Street Address PO BOX 295				
Name or the						A 110-11-1-1
		City State, ZipCo FLORHAM PAR	de NJ 07932			
Street Address		FLORHAM PAR	Ν, Νο	License Nu	umber	
				00225		
City, State, Zip Code		<u>Telephone Num</u> (973) 410-9217		1		
City, State, E.F.	Telephone Number	(973) 410-32				
Project Manager for Monitoring Firm		Name of OSHA	Monitor			
Project Manager for Mornis	Scheduled Completion Date	(11) Name MECS				
	Scheduled Completion	Street Address	2	000000		
Scheduled Start Date (10)	Aug 15, 40	5 Linwood				
Scheduled Start Date (10) Aug 15, 2013 Occupancy Status During Abatement Occupancy Status During En	Check only one	City, State, Z	in Code			
Aug 15, 20 Status During Abateman En	tire Period Of Facility Hours	City, State, Z Hamilton, N.	08690			
Aug 15, 2013 Occupancy Status During Abatement () Facility Closed/Vacated During En () Abatement Performed Outside of	Normalia	Hailing				
() Abatement Performed					(1999)	
	24 hour plant cove	erage				
Describeshifts, 12 ho	ours each, 24 note			4015	E ACM)	
Other - Describe Two Stilles,			() Minor Proj. (<	25 SF or < 10 L		Time
Source of Work (Check all that appl	λ)	10 (260 LF ACM)	() Millor	OF OF LE	Abatem	ent Type
Source of Work (Cites)	(>25<160	SF or >10 <260 LF ACM) (X) Glovebag P	Amount (Spe	cify SF or LF)		metholographic—A
Nition (X) Renovation	FACM) () SM Proj. (Mini-Enclo	osure (A ACM (i.e.	. \ / "		Rem.	Rep. Encar
() Demolition (>160 SF or >200 st Negative	re Pressure Vermally Used	Description of ACM (i.e. thermal systems insulation thermal systems of the control of the contro	·, \		X	XX
Source of Work (Check all that apple () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 L (X) Full Containment with Negative (X) Full Containment	S Location Normally Ossis Location Normally Ossis Solely by Maint./Custodial					
(X) Full Containing Location of Asbestos- Containing Material (ACM) in	#2 (17) NA	miscell.)	25,00091			1
Containing	VES	miscell.) Boiler &Pipe insulation				1511
Facility (10)	TLO X			TN	ame of Reg	Landille Rec
Boiler Basement- 11fll		I	Yards of Waste	\ T	ullytown R	
Boiler Bass		Cubic	rarus or .			City State
	NJDEP Waste Haule	er ID# 300		Disp. Date		Tullytown,
- Hauler				المستعدد المستعدد		
Name of Reg. Waste Hauler Waste Management of New	Jersey			L	Date	
Waste Management						
		Sign	ature 1/	/ /	8/01/13	
City, State Elizabeth, NJ 07114-2436	1-14	*	<i>[/</i>	1	L	
Elizabeth,	Title	1	1			
Completed by (Print or Type)	VP VP		-			
- CROGAN	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
ROBERT GROGAN						

00		NC	TIFICATI	suant to N.	J.A.C. 7:26	5-2.12)		1-1 (2)			·.	
- Las			(Pur	suarit to			Owner/Opera	tor(Z)			. e	
\ \ \					Name o	Fossil, L	LC					
					1							
ate of Notification (1)					Street	Address						
ug 1, 2013		tion Type			80 Par	k Plaza						
	Notifica	IIIOII . III				State, Zip	Code					
Agencies Notified	(x) Init	ial Notific	ation	v	City.	rk NJ 0	7102-4109			bor		1
			ertification	î.					Tel. Nu	mbei	1	
X) EPA	() Ca	incelled			Name	e of Cont	act					
(X) DEP					1 Dam	enic Fig	rinoi					
(X) DOL (X) DOH	1					MOITA						
(X) DCA				FACILIT	Typ	e of Facil	(12)					
(74)		Dlace (3)			()	School (F	(-12) ter 8 (other tha e. private & cor	in K-12)	das., hor	nes, etc		
Name of Facility Where Abatemer	nt is Taking	Place			100	Other (i.	e. private & col	mmercial		10	1	
Name of Facility Where Abateman MERCER GENERATING Station	1				(X)	Office ("			_ # of F	10015	.	
MERCER GENERAL					So	Feet_	1,000,000					tion
Hoose						1.	55 se (prior if being	7.7.4	J Elect	ric Gen	erating Sta	HOIT
Street Address LAMBERTON ROAD	1000		County	Code (7)	BI	ldg. Age	55 prior if being	g demolishe	a) Licos	tor (9)		
LAMBERTO	nty (6)		(State L	Jse Only)	\ c	urrent Us	se (prior	Name of	Ace Inc			5-1203077
City (5) MEF	CER		1			- Sukeralbiren		Absolut	Ace Inc			
HAMILTON		wper (8)	ASCM	No.								
Name of Monitoring Firm Hired	by Bldg. O	WITCH				Street Ac	Idress					
Name of Monitoring						PO BOX	295					
					1							
Street Address						City Sta	te, ZipCode AM PARK, N.	07932				
Street/iss					1	FLORH	AM PARTY			icense l	Number	
2-42							one Number		1 6	00225		
City, State, Zip Code						Telepii	10-9217		1			
		Telepho	ne Numbe	er		(9/3)						
Project Manager for Monitor	ing Firm					Name	of OSHA Moni	tol				
Project Wangs		L	Tard Comp	oletion Date	(11)	MECS	5					
(10)		Schedu	5, 2014				- Liross					
Scheduled Start Date (10)						Stree	t Address wood Ct					
Aug 15, 2013		Check Of	nly one)									
Aug 15, 2013 Occupancy Status During () Facility Closed/Vacate () Abatement Performed	Abatement	tire Perio	d of Abate	ement		City	State, Zip Coo	le				
Occupancy States Occupancy St	d During Li	Normal Fa	acility Hou	112 -		Han	State, Zip 36	30				
Occupancy Status During () Facility Closed/Vacate () Abatement Performed	Outside o.					- \						
()/100					erage	1	59.98					
Describe		re each	1, 24 hou	r plant cov	cius.							
DescribeOther - Describe Two S	hifts, 12 no	ours our						Minor Proj.		-401	F ACM)	
Other - Describe	- anni	(v)						Minor Proj.	(<25 SF	or < 10	LI 7	. T. 170
Source of Work (Check () Demolition (X) R (X) Large Proj. (>160 S	all that app	11			1	n <260 L	F ACM)	ire		or LF)	Abater	nent Type
Source of the	opovation		SM Pro	oi. (>25<16	0 SF 01 /1	(X) Glo	vebag Procedu	amount (S	pecify SF	- 01 1.7		
() Demolition (X) Ro (X) Large Proj. (>160 S (X) Full Containment v	F or >260 L	F ACM) ((X)	Mini-Enclo	Descripti	on of AC	M (i.e.				Rem.	Rep. Enc
(X) Large Proj. (>100 S	vith Negativ	e Pressur	Normally	Used	thermal s	systems	insulation, or other				- X	TXX
(X) Full Committee	1	Solely by	Maint./Cus	stodiai	surfacing	g, v/		25,000 so	ware fee	et	1 ~	\
Location of Asbestos- Containing Material (A	CM) in	Staff? (12))	NA	miscell.)	nine	insulation	25,000 30				I
Facility (13)	1,	YES	NO	T	Boiler a	שלים מוזג						
			X					-			-	15:11
BASEMENT TO				1				+			Name of Re	g. Landtill
PENTHOUSE			+				Cubic Yards	of Waste		1 :	Tullytown I	1000
			+		or ID#		Cubic Talus	57.				T City State
			NJDEP V	Vaste Haule	61 10 "		200		T Disp.	Date		Tullytown
Name of Reg. Wast	e Hauler	arsev	17273					25	2,00			
Name of Reg. Wast Waste Manageme	nt of New J	101301									Date	
Waste			or d'al Color.									
City, State	44 2436						Signature	1/	/		8/1/13	
Flizabeth, No o.	74-24-30		Title		9			1/	1			
	int or Type)		Title				1	//				
Completed by (Pr	IIIC OF		VP		*200			1				
ROBERT GROG	AN		1									
ROBERT GITTE												
	medica											



Date of Notification (1) Aug 1, 2013					Name of Buildin PSEG Fossil, L		perator (2)	55	المراجعة المراء المرا	1		
Agencies Notified	1	Notification T			Street Address 80 Park Plaza					· ·		
(X) EPA (X) DEP (X) DOL (X) DOH	1	(X) Initial No () Amended () Cancelled	Certification		City, State, Zip Newark, NJ 07	102-4109		Α				
(X) DCA					Name of Contac Domenic Fiori			Tel: Nun	nber		2	
				FACILITY INF	ORMATION		_			-		
Name of Facility Where Abatem LINDEN GENERATING Station	ent is Tak	king Place (3	3)		Type of Facility () School (K-1: () Subchapter	2) 8 (other tha	n K-12)					
Street Address					(X) Other (i.e. p	rivate & con	nmercial bldgs					
4001 S. WOOD AVE					Sq. Feet_8000	0,000	#	of Floor	s 8			
City (5) Cour LINDEN UNIO	nty (6) ON		County Co (State Use		Bldg. Age 77 Current Use (pr					ing Sta	tion	
Name of Monitoring Firm Hired	by Blda. (Owner (8)	ASCM No		Current Ose (pr		Name of Con	tractor (
Name of Worldoning 1 mm 1 meg	D) Diog.	<u> </u>					Absolut Ace	inc.				
Street Address					Street Address PO BOX 295	•						
City, State, Zip Code					City State, Zipo		32					
D : 111 for Manitorina	Eirm	Telephone I	Number		Telephone Nur	mber		License	Numbe	er		
Project Manager for Monitoring	Fiffi	relephone	<u>vuilibei</u>		(973) 410-9217	7		00225				
Scheduled Start Date (10) Aug 15, 2013		Scheduled Aug 15, 20		Date (11)	Name of OSH/ MECS	A Monitor						
Occupancy Status During Abat () Facility Closed/Vacated Dur () Abatement Performed Outs	ina Entire	Period of A	batement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Shifts,	12 hours	each, 24 h	our plant co	overage								
Source of Work (Check all that	apply)											
() Demolition (X) Renovation (X) Large Proj. (>160 SF or >2)	60 LF AC	M)()SMP	roj. (>25<16	60 SF or >10 <26	60 LF ACM) () Minor Pro	oj. (<25 SF or	<10 LF	ACM)			
(X) Full Containment with Neg Location of Asbestos-	ative Pre	ssure (X tion Normall) Wilni-Enci	Description of	Glovebay Froce	uuic	Specify SF or			ment Ty	<u>pe</u>	
Containing Material (ACM) in	Solely	by Maint./Cu	stodial	thermal system surfacing, VAT	ns insulation,							
Facility (13)	Staff? (NO_	NA	miscell.)	39	07.000			Rem.	Rep.	Encap	X
BASEMENT TO PENTHOUSE		Х		Boiler and pip	e insulation	25,000 sc	quare feet		^			
	-						440					
Name of Reg. Waste Hauler Waste Management of New	Jersey	NJDEP Wa 17273	aste Hauler	ID#	Cubic Yards of 200	of Waste		Name Tullyte	own Re	30	Recove	ry
City, State Elizabeth, NJ 07114-2436					7/2		Disp. Date		9	City, Sta Fullytov	<u>te</u> vn, PA 1	9007
Completed by (Print or Type)		<u>Title</u>			Signature	1		Date				
ROBERT GROGAN		<u>VP</u>						8/01/1	3			



Date of Notification (1) Aug 1, 2013					Name of Buildir PSEG Fossil, L		perator (2)					
Agencies Notified		Notification			Street Address 80 Park Plaza				ئىر دى ب	3		
(X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial No () Amended () Cancelle	d Certification	on	City, State, Zip Newark, NJ 07				-	5		
(X) DCA					Name of Conta Domenic Fiori			Tel. Nur	mber			
	55			FACILITY INF					-		4	
Name of Facility Where Abates Sewaren Generating Station		aking Place (3	3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e. p.	2) 8 (other the	an K-12) mmercial bldg	ıs., home	es, etc.		2	
Street Address 751 Cliff Road					Sq. Feet1,00							
	ounty (6) iddlesex		County Co (State Use		Bldg. Age 65 Current Use (p	rior if being	demolished) l	Electric	Genera	ting Sta	tion	
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM No	<u>).</u>	Current Ose (p	nor in being	Name of Cor Absolute Ac	ntractor (11
Street Address					Street Address PO BOX 295							
					City Ctata Zin/	Codo						
City, State, Zip Code					City State, Zipo Florham Park							
Project Manager for Monitorin	ng Firm	Telephone	Number		Telephone Nur			Name and Address of the Owner, when the Owner, which the Owner,	e Numbe	er		
					(973) 410-9217			00225				
Scheduled Start Date (10) Aug 15, 2013		Scheduled Aug 15, 20		Date (11)	Name of OSHA MECS	A MONITOR						
Occupancy Status During Ab () Facility Closed/Vacated D () Abatement Performed Ou	urina Entir	e Period of A	batement		Street Address 5 Linwood Ct							
Describe					City, State, Zip Hamilton, NJ							
Other - Describe Two Shifts	s, 12 hour	s each, 24 h	our plant c	overage				~~~				
Source of Work (Check all the	at apply)			849								
() Demolition (X) Renova (X) Large Proj. (>160 SF or > (X) Full Containment with Ne	260 LF AC	CM) () SM P	roj. (>25<16	60 SF or >10 <26	60 LF ACM) (Glovebag Proce) Minor Pr	roj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos-	Is Loca	ation Normall	v Used	Description of		Amount (Specify SF or	LF)	Abater	ment Typ	<u>oe</u>	
Containing Material (ACM) in	Solely	by Maint./Cu	stodial	thermal system	ns insulation,				82500			
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap E	Enclose
Nos.1, 2,3 & 4 Units, Floors		X		Boiler and pip	oe insulation	25,000 s	quare feet		Х	Х	Х	Х
		_										
Name of Reg. Waste Hauler Waste Management of New		NJDEP Wa 17273	aste Hauler	ID#	Cubic Yards o	f Waste				source	Recover	У
City, State Elizabeth, NJ 07114-2436		20			6		Disp. Date			City, Star Fullytow	<u>e</u> n, PA 1	9007
Completed by (Print or Type))	<u>Title</u>			Signature/	$\overline{\ \ }$		Date				
ROBERT GROGAN		<u>VP</u>						8/01/1	3			

Date of Notification (1)			- 1	Name of Building	Owner/One	erator	(2)			-		
August 1, 2013				Name of Building			nstruction, Inc.	a	- 2	21	92	
[,,]	Notifica	ation ification		Street Address		West	County Line R	Load, Suite 202	2013			
[x] DOL Amen		ncluding		City, State, Zip C		on, N	IJ 08527		5	•		
I I DCA	cation) ellation			Name of Contact Davi	d Kiesslin	g	Te	lephone Number	_	_1		
			FAC	ILITY INFORI	MATION					7		
Name of Facility Where Abatement is Taking Residence	Place (Ту		School (k-12)		<u></u>		
Street Address 78 West Commodo	ore Blv	d.					į į	Subchapter 8 (oth Other (i.e., privathomes, etc.)			ial buil	dings,
City	Count	y (6)		County Code (7) (STATE USE ON	LY)	Squ	uare feet 1500 sf	# of Floors	Bldg	. Age 8	0	
Jackson	Ocea	n				Cu	rrent Use (Prior if t Residence	0.75)			
Name of Monitoring Firm Hired by Building	Owner ((8)		ASCM No.	Name of	f Abat	ement Contractor (Guardiar	9) n Contracting,	Inc.			
Street Address	34 - 310 - 31				Street A	ddress	3	ute 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zi	p Code	ver, New Jerse	ev 087	755-12	271	
Project Manager for Monitoring Firm		Telephone Nu	mber		Telepho 732-34		ımber	License N 00624		33 1		
Scheduled Start Date (10) 8/01/13		Scheduled Co. 8/02/13	mpleti	on Date (11)	Name of	f OSH	IA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed (d During	g Entire Period			Street A City, Sta		1056 Ste	lton Road	000	<i>5.</i> 4		
				300		1	PISCATAW Full Containment w	ay, New Jerse		54		
Scope of Work (Check all that apply)				740	[j	Mini-Enclosure		Surc			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			enovat emolit		[x]	4	Glovebag Procedur Non-Exempted (*)		Procedu	ıre		
						6			Abat	ement '	Гуре	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	N	Is Location Normally used Solely by tenance/Custo Staff (12) NO		(i.	Descriptions bestos-Co. Material (A e., thermal sulation, su VAT, where miscell	ntaini ACM syste arfacia or	ing) ems ng,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Roof flashin	g			250 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	NJDEP Waste I 202		ID No. Cubic 2	Yards of Wa	ste	Name of Register T.R.R.F.	ed Landfill				
City, State			Dispos	sal Date	City, S						10.0	
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manager	8/5/1:	Signature	Cho	town	, Pennsylvania	P	Date 8/1/	2013		



Date of Notification (1) AUGUST 2, 2013		Na H	me of Bu	ilding Owner	Operator (⁽²⁾ IDREV	VS	**************************************	- 0	15		
Agencies Notified Type Notification			reet Addr	ess ERWOOD S	STREET	6				*		
EPA Initial Amended Amendment #				Zip Code K, NJ 0710	2						200	4
DOH Emergency (III justification)	cluding		ame of Co	ontact ROCHA			1	Telephone Numb	per		10. 10.	
DCA Cancellation			FACILIT	Y INFORMA	TION							_
Name of Facility Where Abatement is Taking HOSEA & YOLAND ANDREWS PR	Place (3) OPERT	′				T so	Facility (4)	(Other than K-12)				
Street Address 82 UNDERWOOD STREET						⊠ of et	ther (i.e. priv c.)	ate & commercia	buildir			
City (5) NEWARK		-					OSF	# of Floors	7	g. Age		
County (6) ESSEX			ounty Co			RESI	DENCE	f being demolishe	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM N	No.	Name	of Abate	TOUCH	actor (9) As Bestos AB	BATE M	ENT	CORP.	INC
N A Street Address			40		Street	Address	S					
		19 12				THON State, Zip	PSON :	STREET				_
City, State, Zip Code								CH, NJ O	7769	L		
Project Manager for Monitoring Firm	-	ТТ	elephone	No.	Telep	hone No	١.	License No	٥.			
NIA							-8372	0004	0			
Otali Data (10)	Scheduled					of OSH	A Monitor					
AUG. 12, 2013 Occupancy Status During Abatement (Check	A UG	. (:	0,40	13		t Addres	S					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Al	oatem	ent		City,	State, Zi	p Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				Mir Sign	ni-Enclosure ovebag Proce	nt with Negative F edure (*) and Non-Friat	55		9	
	ls	Locati	on							Abate Ty		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ormal d Sole ntena odial S (12)	ly ly by nce/	S	Description Containing	Material ms insula /AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		TSI			15 LF	x	-		-
BASEMENT			X		101							
			1									L
Name of Registered Waste Hauler	DATEN	_a.li	NJDEP W Hauler ID	No. o	tubic Yards	5		Registered Landf				
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS A	BATEM	_a.li		No. o	f Waste 5 CY Disposal Da		GROW:	S NORTH LA		L_		
FINISHING TOUCH ASBESTOS A	BATEM	EN 1	Hauler ID	No. o	f Waste S CY	ate	GROW:	S NORTH LAI e SVILLE, PA	NDFIL	1 3/2		

SANDY REMITED & 300

HOTIFICATION OF ASSESTOS ABATEMENT (Pursua: I to NJAC 8:80 and 12:129)

Date of Notification (1)	and the same of th	N.aff	ne of Bulls	A BAN	101 (2) 1850			£,	,	
Agency Notified	Type Notification		et Addres	319	Remseo.	10 /s				į.
WERA	@ Amended	7-14	y. State. Z	in Code BRIC	K, NS					1
O DOH	instruction)					Telephone Number			1	-
3 DCA	O Cancellation		ACIUTY	MFORMATION	Type of Fedit	N/A)				
500	Absterners is Taking Place				O Sehoel (K-	12) 6 8 (Other than K-12) private & commercial bu	udags.			
	nivole la	NZ			Square Feet		Nag Age			
BRK	*	—— <u>—</u>		to (7) (STATE US	1	Prior I boirty demolished	nd)		,	,k
County (6)	OCEAN_	ASCM	MLY)	Name of Al	patsment Consecto	r (9)				7
Name of Monitoring	Firm Hired by Suitaling Come	ASCA		Ace	Insul	lation Co.	Enc	<u> </u>		4
Street Address	and the second of the second o			GRY, Steam	Montro	se Bd				1
City, State, Zip Code	0			10014	S Neck	N. J. O77	33		- -	- {
Project Manager for	Mondoing Fam	Telepho	e No	Telephone 732-	294-175	_	<u>ì</u>			
Start Date (10)	Schodulod C	umpletten D.	p (11)	Ac o	LOSUICE	tion Co. I	<u>nc</u>	-1× .*	-	
13 1983 1983	Period During Entire Period	uly one) of Abelemen		Street Add	Non tro					
Scope of Work (Ch	170		J Ranov	abon	77777	with Negativa Pressure				
2 ≥ 3 of of ≥ 3 ff 22 ≥ 160 ad of ≥ 260	0 4		2/Demo	inion	2 Ron-Exempted (1 and Non-Frients Proc	edute	-	torno	~ .
Asbestos-Co	Location of Interior (ACM) INF ABATED IN Fediny (13)	ls Locs Norm Used Sc Mainter Custo Ster (12	ly by neel isl	Assestos Corsa (i.e., thermal	cription of ining blatenal (ACA systems (neulabor, ing, VAT, or position or us)	Amount (Specify 5r or LF)		7	8 Encapavista	Endusure
		Yes N.	NA		OING	1200 1	1	-	4	-
	outoooks	-				NOULD	2/	1	Ţ.,]_
-,	The same of the first contraction and the same production of the same of the s		-						士	t
Name of Register	red Weste Haust	ID No	Noste H	auder Cubic Y	ards of Name o	Registered Lándfill	A say		87 B	
ACE IT	Sulation	Inc 1 c	100	Disposi	of Dute City St	Town F	A	TEC.		1.27 28
College By	Neck No	- (see)		Signet	"Que o	West	0000-	/-,	3	
George	6 liked The	not use this	for as	bestos licensure (Tompto Colidas				7.2.	(3-1m)

Check #2681

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

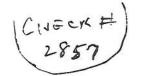
AC Project # 399-13 ate of Notification (1) July 29, 2013					Name of Building Owner/Operator (2) RAMAPO INDIAN HILLS REGIONAL BOE					
Agencies Notified	2013	Notification ☐		n	Street Address 131 YAWPO AVENUE			5		
ĭX EPA IX DCA	6	☑ Amend Change of	ed Certifi	ication #1	City, State, Zip Code OAKLAND, NJ 07436					
区 DOL 区 DEP- No Longer REQUIRE 区 DOH	:D		n Date & ency (inc ation)	Shift Times cluding	Name of Contact MR. FRANK CEURVE	ELS (Telephone N	umber		
				FACILITY INF	ORMATION					
Name of Facility Where Abateme INDIAN HILLS HIGH SCHO	ent is Taki DOL	ing Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other than h	<-12)		·		
Street Address 131 YAWPO AVENUE					Other (i.e. private & communication	# of Floors:	2 Bldg. Ad	ge: ~50 years		
City (5) OAKLAND	BEF	RGEN	County C (State Us	Code (7) se Only)	Current Use (prior if being	demolished):	HIGH SCH	OOL		
Name of Monitoring Firm Hired b RK OCCUPATIONAL & ENVIRONMENTAL ANAI			0090	lo.	Name of Contractor (9) GREENWOOD ABATE	EMENT CO	ONSULTAN	ITS, INC.		
Street Address 401 ST. JAMES AVENUE					Street Address 268 MAIN STREET					
City, State, Zip Code PHILLIPSBURG, NJ 088	65				City State, ZipCode BUTLER, NJ 07405		License Num	bos		
Project Manager for Monitoring I JON GILBERT		Telephone 908-454			<u>Telephone Number</u> 973-492-0477		00840	ibei		
Scheduled Start Date (10) 07/30/13	Year	Scheduled 08/1/13	Completion	Date (11)	Name of OSHA Monitor ENVIROVISION, INC					
Occupancy Status During Aba Facility Closed/Vacated During	ring Entir	re Period of A	Abatement		Street Address 20-21 WARGARAW F	ROAD				
☐ Abatement Performed Outs Describe	side of N	lormal Facility	y Hours - nent		City, State, Zip Code	10712				
Note: M - F 4PM - 12 I if necessary)	MID (ni	ights, wee	kends &	& holidays	FAIRLAWN, NJ					
Source of Work (Check all that	apply)			▼ Renovation	TOTAL CONTRACTOR OF THE PARTY O	Full Contain		egative Pressure		
 X≥ 3 sf or ≥ 3 lf D≥ 160 sf or ≥ 26 	60			☐ Demolition	157	Glovebag Non-Exem	pted (*) and N	on-Friable Procedure		
Location of Asbestos-Containin Material (ACM) in Facility (13)	Sole Stat	ocation Normal ely by Maint./0 ff? (12) S NO	ally Used Custodial NA	Description of A (ACM) (i.e. the VAT, or other m	sbestos Containing Material rmal systems insulation, surfacion iscell.)	ng, (Spec or LF)	ify SF	ement Type ove Repair Encap Enc		
VARIOUS	YE	S NO	INA	TSI - PIPE	FITTING INSULATION	72 L	F X			
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP W	aste Hauler # 4509		Cubic Yards of Waste:	10 CY	Name of Re G.R.O.W.	gistered Landfill S. North Landfill		
Notes: None		1				Disposal D 08/1/13		City, State 100 New Ford Mill I Morrisville, Pa 1906 215-736-1700		
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER			СТ	Signature Raymand C. Pa	dalins	July 29,	2013			

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/Op	erator (2	EGIO	NAL	BOE				
July 8, 2	2013				Street Address	LLO IX		7147 (1	DOL			-12 -1-1	
Agencies Notified		Notification Initial N		an l	131 YAWPO AVENUI	Ε							
☑ EPA ☑ DCA		☐ Amende	ed Certifi	ication #1	City. State, Zip Code OAKLAND, NJ 07436					٤			
DOL DEP- No Longer REQUIR DOH	ED	□ Emerg justific □ Cance	ency (incation)		MR. FRANK CEURVE	ELS		elephor	ne Num	ber. دا			
		Li Cano	100	FACILITY INFO	ORMATION								
Name of Facility Where Abatem INDIAN HILLS HIGH SCH	ent is Tak	ing Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other than I	K-12)							
Street Address 131 YAWPO AVENUE					Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 120,000 # of Floors: 2 Bldg. Age: ~50 years								
City (5) OAKLAND	County (6) RGEN	County ((State U	Code (7) se Only)	Current Use (prior if being demolished): HIGH SCHOOL								
Name of Monitoring Firm Hired RK OCCUPATIONAL &			ASCM N 0090	<u>lo.</u>	Name of Contractor (9) GREENWOOD ABATI	EMENT	CON	NSUI T	TANT!	s. INC.	<u> </u>		
ENVIRONMENTAL ANA	ENVIRONMENTAL ANALYSIS, INC. Street Address												
401 ST. JAMES AVENU		Street Address 268 MAIN STREET											
City, State, Zip Code		City State, ZipCode BUTLER, NJ 07405											
PHILLIPSBURG, NJ 08865 Project Manager for Monitoring Firm Telephone Number					Telephone Number		Ī	icense	Numbe	1			
JON GILBERT	Toject manager for methoday						(00840					
Scheduled Start Date (10)		Scheduled		Date (11)	Name of OSHA Monitor							4	
07/29/13		07/31/13			ENVIROVISION, INC								
Occupancy Status During Ab Facility Closed/Vacated Dr	atement	(Check only of	<u>one)</u> Abatement		Street Address	2040							
Abatement Performed Out	itside of N	lormal Facilit	y Hours -		20-21 WARGARAW ROAD City, State, Zip Code								
Describe INDEXITY Describe INDEXITY DESCRIPTION INDEXITY DESCR	Entire Per	riod of Abater	ment ends & h	nolidays if	FAIRLAWN, NJ								
necessary)				· ·									
Source of Work (Check all that	t apply)					Full Co	ntainm	nent wit	h Nega	tive Pres	ssure		
\ge 3 sf or \ge 3 lf \square \ge 160 sf or \ge 2				Renovation Demolition	X X	Mini-Er Gloveb	nclosu pag Pr	re ocedure	e				
								ed (*) ar	Abatom	-Friable ent Type	Proced	lure	
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sol	ocation Norm ely by Maint./0 ff? (12) S NO	ally Used Custodial NA	Description of As (ACM) (i.e. them VAT, or other mis	bestos Containing Material nal systems insulation, surfaci scell.)	ng, (S	mount Specify LF)	CE		Repair E		Enclose	
VARIOUS		IX		TSI - PIPE F	ITTING INSULATION	7	2 LF		X				
						40.01/		Name	of Regie	tered La	ndfill		
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509 NJDEP # 4509 NJ DEP # 4509					Cubic Yards of Waste: 10 CY Name of Registered Landfill G.R.O.W.S. North Landfill								
Notes: None						Disposa 07/31		₿.	1	City, Stat 100 New Morrisvill 215-736-	Ford Ne, Pa 1		
Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT MANAGER				Raymand C. Pedalino Date July 8, 2013									



Date of Notification (1)			Name of Building Owner/Operator (2)												
	31/13					TRANSFORMATION ENTERPRISES									
Agencies Notified	Type Notification	1			t Address		. 1	2 2 5	0.			O-016			
E BPA	□ Amended					w. CLON	KS LAA	> INC	100	00	-1		=		
☑ DOL ☑ DEP	Amended Amendment	#		City,	State, Zip	Code	4	- 00			(51)				
I	Emergency (i		g		_==	-c HORB	on, io.	3, 08	200						
DOH	justification)			Name	e of Conta			relepho	ne Numb	er		-			
						IRBARA		<u> </u>			_				
	*			FA	CILITY IN	FORMATION									
Name of Facility Where		ng Place	e (3)				Type of Facility	(4)							
RES	IDENCE					Subspaner 8 (Other than K-12)									
Street Address	20 to 1000 100 4 10					Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,									
134	74 St. 50	WY A				homes, etc.)									
City (5) /2		10. 10-th					Square Feet	# of Flo	oors		dg. A				
10101	GRATING						1580	1_/			40	74			
County (6) ATLA	m/7-1 C				nty Code (ONLY)	(7) (STATE	Current Use (P	rior if being		hed)					
Name of Monitoring Firm		Owner	_	ASCM	No.	Name of Abatem	nent Contractor (-					
(8) N//						160	emco I	wc.							
Street Address			Street Address												
			36	95,51	rucë	Acc	_								
City, State, Zip Code						City, State, Zip C	ode								
						LE SIN			080	050					
Project Manager for Mor	nitoring Firm ∧		Tele	ephone	No.	Telephone No. License No. 856-779-0472 06444									
Start Date (10) Scheduled Completion Date						Name of OSHA			00/9	9		_	=		
Start Date (10)	Sche	aulea C	ompie	etion Da	ite (11)	Name of USPA	//A								
Occupancy Status Durin	a Abatement (Che	ck only	one)			Street Address									
Facility Closed/Vacate				ment			*								
Abatement Performed						City, State, Zip C	ode								
Other - Describe:															
Scope of Work (Check a	II that apply)														
PORTUGE AND CHARGE	•18			:a=			ntainment with Ne	egative Pre	ssure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	68		enovat emolitic		☐ Mini-Enclosure ☐ Glovebag Procedure										
						Non-Exe	empted (*) and N	on-Friable	Procedu	1					
•		4317534	_ocatio	P(5)(2)	112					A	bate. Typ	ment ne			
Location o	of		Sole	The second second		Description of	•								
Asbestos-Containing M			ntenan			tos Containing Mat		Amou		-		ᄪ	m		
TO BE ABAT IN Facility		2000	ustodia Staff?	703	(i.e.,	thermal systems in surfacing, VAT,		(Spec		en l	Re	g2	nck		
(13)			(12)			other miscellaneo				Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A						-		ate	0		
SIDING	Charles and the control of the contr	10000				TO AL		150	2 1/8		-	-			
51DING				V		TRANSITE		130	0 4	1	-	-	-		
										-	_	-	-		
										_	_	_	<u> </u>		
Name of Registered Was			72	UDEP V		Cubic Yards of Waste	Name of Reg		ndfill						
KLEMCO	INC		_ "	lauler IC	04	of Waste	170	UA							
City, State				The second secon		Disposal Date	City, State	5 a			920	_			
MARCESH	ADS, N.T.	000	352				Pro	431 W	TVIL	LE	,N	٦.			
Completed By						Signature	1 10		Date	-20					
JOSEPHILLERAM OWNER					- Joseph	veryth Killer 7/31/13									
ASB-41	NAME OF TAXABLE PARTY.				25 10	U									



Date of Notification (1)			Name		ng Owner/C			C		~ .				
	1/13			t Address		072 A	ANTION	GNT FR.PA	0150	75	=	=		
Agencies Notified	Type Notificatio	n				100	exs Lawrence Ross							
EDEP	Amended			State, Zip				r coers		_	-	=		
Ď bor	Amendment Emergency		J,			0 1293	00 N D	5,08218	3	1	8			
□ DOH	justification)		Name	e of Conta				Telephone Numb				\dashv		
□ DCA	Cancellation		3000000	BI	nB.	na	,							
	<u> </u>		FA		FORMATIC			Н				\neg		
Name of Facility Where	Abatement is Taki	ng Place (3)			Type of Facility (4)									
RF5	DENCE				School (K-12)									
Street Address		· ·			Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings,									
102	67131	- REET				homes, etc.	.)	×2.175.36-90.38	1921					
City (5)	4 (Square Feet	# of Floors	33	dg. A	-				
	IN CIRY		T Cour	ati Cada (7) (STATE	_	Cumpit like /P	rior if being demolis		40	9	=		
County (6)	ONLY)	i) (SIAIE			ANT	HICU)								
Name of Monitoring Firm	No.	Name of	Abatem	ent Contractor (9					=					
(8) N//			16 co	FMCO I	wc.	1								
Street Address				Street A	ddress		1							
						36	9 >1 > 1	price Au	_			_		
City, State, Zip Code	40				City, Star			ADE, NIJ.	18	4				
Project Manager for Mon	storing Firm	Tel	ephone	No.	Telephor			License No.	00	المرك		=		
N//	3				85	6-7	79-047	2 0040	14					
Start Date (10)		duled Comple		ite (11)	Name of	OSHA N	1 1 .							
8/12/13		/19/1	3				//A					=		
Occupancy Status Durin					Street A	ddress								
☐ Facility Closed/Vacate ☐ Abatement Performed					City Stat	o Zin Co	ndo.			_	=	= $+$		
Other - Describe:	Outside of North	a racility riou	13		City, State, Zip Code									
Scope of Work (Check a	Il that anoly)				l 					==		터		
i deserva e de deservado e e e e e e e e e e e e e e e e e e e								gative Pressure						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovative Demolitic				Mini-Enc Gloveba	g Procedure							
						Non-Exe	empted (*) and No	on-Friable Procedu				\dashv		
		Is Location Normality	10000						"	bate Typ				
Location o	of	Used Sole	y by			iption of			-					
Asbestos-Containing M		Maintenar Custodia	\$2000 NO.C		tos Contair thermal sy		erial (ACM)	Amount (Specify	20	_	E	m		
TO BE ABAT IN Facility	ED	Staff?	.	(1.6.,		g, VAT,		SF or LF)	Remova	Repair	aps	S		
(13)		(12)			other mis	cellaneo	us)		oval	air	Encapsulate	Enclosure		
SIDING	<u>.</u> 5.	Yes No	N/A								е			
5 ID ING					TRAN	CITE		20004	L					
317183	<u></u>													
			\vdash											
Name of Registered Was	te Hauler	- I N	UDEP V	Vaste	Cubic Ya	rds	Name of Reg	istered Landfill						
KLEMCO		۲	lauler ID	No.	of Waste		- CM	CMUM	7					
City, State					Disposal	Date	City, State				_			
MARLE SHORE, N.T. OF052							wo	ODBINE	- 11	V,) -	_		
Completed By Title					Sign	ature	is Kica	Date	131	1,	7			
JOSEPHIL,	Fran _	O WW W	<u> </u>		_1_	Dara	of Jones							

Print Form

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

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Date of Notification (1) 07/31/13					Building (um Con:				oment Co	., Inc			•	b.	
Agencies Notified	Type Notification			Street Ad							7707-22				
EPA DEP DOL	Initial Amended				te, Zip Co							50			1.6
▼ DOL	Amendment Emergency		1		sunna, N	4J 0787	ь					Ver III			
▼ DOH	justification)	including		Name of						Tele	phone Nun	ber_	6	82	
DCA	Cancellation				nald J. [-					1				
Name of Facility Mass	Abstament is Takin	a Diago /2	1	FACIL	LITY INFO	RMATIC	N	Type	of Facility (4	`					
Name of Facility Where Residential Propert		g Place (3)						School (K-12)					
Street Address 94 Washington Ave	enue							×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	s,
City (5) Morristown				Square Feet 2,000 +						# of 2	Floors		ldg. A 0+	ge	
County (6) Morris		County C	ode (7) ISE ONLY)			Curre	nt Use (Prior	r if bei	ng demolish	ed)					
Name of Monitoring Firm	Hirad by Building	Owner (8)		ASCM	l No		Name	of Ahat	ement Cont	ractor	(9)				
J&S Environmental		AGCIV	1140.		Pyra	mid C	ontracting								
Street Address 2333 Route 22 We						Street Address 163 Sargeant Avenue									
City, State, Zip Code Union, NJ 07081					City, State, Zip Code Clifton, NJ 07013										
		Telephor	ae No			hone No			License N	0		_			
Sherrill Gelsamino								689-6			01099	···			
Start Date (10) 08/05/13		Schedule 08/08/		npletion [Date (11)				IA Monitor onmental	Labo	ratories L	LC			
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)					Addres	s e 22 Wes		12000				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr					_	City, S	State, Zi	p Code						
Scope of Work (Check A							Offic	711, 140	07001						-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	чі тпас Арріу)		Renova Demolit				>	Min	Containme i-Enclosure vebag Proc n-Exempted	edure				e	
		Is	Locat	ion										ement pe	
Locatio			Normal ed Sole		W 100 - 100		cription					-	١,	Pe	
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	IATED lity	Ma	intena todial (12)	nce/		tos Conta thermal surfac other m	system ing, VA	is insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
1st Floor	Rooms			Х	V	ermicu	lite In	sulatio	n	1,1	67 SF	х			
		-										-	_		
												-	-		
Name of Desistant 1145	eta Ulaula-		L.,	JDEP W	lasts	Cubic	Vard-		Nome of F	logist	rod Landell	1			
Name of Registered Waste Hauler Pyramid Contracting Corp. NJD Hau 326						Oubic of Was			G.R.O.V		ered Landfill Inc.				
City, State						Dispos	al Date	9	City, State						
Clifton, New Jersey						08/08/	/13	1		sville, Pennsylvania					
Completed by Dimo Golcev		Title Signa President						1	1/	1	200	ite 7/31/	13		

Do not use this form for asbestos licensure exempted activities.

			-3		
(hor	V-t	E (16	83
	HEC	1		14	00

Date of Notification (1)			IN	Name of B	uilding Ow	ner/Oper	ator (2)								
8–2–13				Macy'	s, Inc	•						\cup			-4
	e Notification		5	Street Add	iress t Seve	nth St	treet	Ė							
DEP D	Initial Amended Amendment #_		(City, State	, Zip Code nnati,	OH	4520	2						2	
M DOH	Emergency (inc justification)	cluding	1	Name of C						Tele	phone Nur	nber	,		
□ DCA · □	Cancellation			EACILI	TY INFOR	MATION		-							
Name of Facility Where Abate Woodbridge Mall	ment is Taking F	Place (3)		1 7012			T] Sch	acility (4 ool (K-12 chapter (2) 3 (Othe	er than K-1	2)	×9,505.07 . 0	VVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVVV	
Street Address 250 Woodbridge Co	enter Driv	<i>i</i> e					5	Oth etc.	er (i.e. pr)	ivate &	commerci	ial buildi	ngs, h ig. Ag		ï
City (5) Woodbridge Towns							2	Square F	00	3		60)yrs		
County (6)	1120 110 0			County C	ode (7) SE ONLY)		_ 5	Shopp	Jse (Prio ing m	r if beir all	ng demolis	hed)			
Middlesex		(0)		ASCM	No	TN	lame of	Abatem	nent Cont	tractor	(9)				
Name of Monitoring Firm Hire Pennoni Associat	es,Inc.	wner (o)		ASOW			Plym	outh	Envir	conme	ental (Co.,I	nc.		_
Street Address 515 Grove Street			-A3				Street A		Avenu	ie					
City, State, Zip Code Haddon Heights,						C	City, Sta Norr	te, Zip (istov	Code vn, PA	A 194	401				
Project Manager for Monitoring		Telephon	e No.		elepho 610-	ne No.	9920		License 1						
Alan Lloyd Start Date (10)		Schedule	1111	mpletion D		N	Name o	f OSHA	Monitor			lo Tn	~		2020
8-21-13		8-2		3		1	-	ddress	Envir	Onne	ental C	.O. 111	·-		
Occupancy Status During Ab				nent			923 1	Haws	Avenu	ie					_
☐ Facility Closed/Vacated ☑ Abatement Performed C ☐ Other – Describe:	During Entire Pe	al Facility	Hour	S				ate, Zip (istow	Code m, PA	194	101			2	
Scope of Work (Check All Th	at Apply)		enova					Mini-	Enclosure	9	n Negative	Pressur	e		
□ ≥160 sf or ≥260 lf		1900 13						Non-l	ebag Prod Exempted	d (*) ar	nd Non-Fria				_
		0.5		ocation									Abate Ty		-
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM) <u>D</u>	Use Ma	intena	ely by ance/ Staff?	Asbest (i.e.	Desc os Contai thermal s surfacio other mis	ystems ng, VA7	aterial (A insulation (F, or	ACM) on,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Eliciosdie
		Yes	No	N/A	pipe f	Fittin				13	ea.	-	x		
1st floor		-	X	-							SF				
1st, 2nd floor		-			debris	s clea	n-up)							
						1 0 11 1	(a.a.t.		Name of	Regis	tered Land	fill			
Name of Registered Waste Newark Carting,				NJDEP V Hauler ID 4509		Cubic Y of Wast		-			Landfi				
City, State				4JU3		Disposa			City, Sta	ite	OI	116	ΩΩ	14.5750.75	
Newark, NJ						8-23-	\		Wayn	esbu	rg, OH	Date	00		
Completed by		Title	resi	ident		Sig	ghature	100	KOL	lle	/	8-2-	13_		_
James Kelly							7		1	()	stos licens		mnted	activ	ritie

	NOT	TIFICAT (Pursu	TION OF	F ASBESTOS NJAC 8:60 an	ABATEM	ENT	Che	(K.H	968	4		7		
Date of Notification (1)		Nan	ne of Bu	uilding Owner/ s, Inc.	Operator	(2)								
8-2-13			eet Addi						Û.					
Agencies Notified Type Notification		7	7 Wes	t Sevent	h Stre	eet			63	, _		-		
☑ EPA ☑ Initial ☐ Amended				Zip Code	45	202				31				
Amendment #		95		nnati, C	H 452	202		Telephone Nu	mher			-		
☐ Emergency (inclu	ding	Na	me of C	ontact				relephone Nu	Hibei					
DOH justification ☐ Cancellation												-		
□ DCA - □ Cancellation			FACILI	TY INFORMA	TION		- 1114 - (4)					-		
Name of Facility Where Abatement is Taking Pla	ice (3)					Type of I	acility (4)							
						☐ Sch	100l (K-12))	(0)					
East Brunswick Mall						□ Sub	chapter 8	(Other than K-1 vate & commerc	ız) cial buildi	nas, h	omes,			
Street Address						Oth etc.		vale a common		0.000				
755 New Jersey 18						Square I		# of Floors		lg. Ag				
City (5)					200,0		3	6	Oyrs					
East Brunswick, NJ 08816				- d- (7)				if being demoli	shed)					
County (6)		CC	ounty Co	SEONLY)		Mall		10.75						
Middlesex	200.00				I Name	of Abater	ment Contr	ractor (9)						
Name of Monitoring Firm Hired by Building Own	er (8)		ASCM	No.	Name		Entri r	onmental	Co.T	nc.				
Pennoni Associates, Inc.							FIIATT	Officereal				_		
Street Address					Stree	Address Haws	Attonii	ie.						
515 Grove street														
					City,	State, Zip	Code	10401						
City, State, Zip Code Haddon Heights, NJ 08035			- Na		rristo hone No.	wn, PA	19401 License	No.			\dashv			
Project Manager for Monitoring Firm	00	elephon	e No. 17–0505	61	0-239-	9920	003	398						
Alan Lloyd	hedule			ate (11)	Name	e of OSHA	Monitor							
Start Date (10) 8–22–13	8-2	9-13						conmental	Co.,1	nc.		_		
Occupancy Status During Abatement (Check C	nly One	≘)				t Address		_						
			ent		1	3 Haws		ie 						
☐ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	Facility	Hours				State, Zip rristo		19401						
Scope of Work (Check All That Apply)														
Charles and the control of the contr	n 0	enovati	ion			Full	Containme	ent with Negativ	e Pressu	re				
□ ≥3 sf or ≥3 lf		emolitic				☐ Mini-	-Enclosure	e dura				- 1		
🔀 ≥160 sf or ≥260 lf	1000					☐ Glov	ebag Prod	d (*) and Non-Fr	riable Pro	cedur	e			
						L 14011	ZXCIII			Abate	ement			
	Is	Locatio	on				1			Ту	pe			
Location of		Normally			Descripti	on of	(4004)	Amount			ш	_		
Asbestos-Containing Material (ACM)		d Solel		Asbestos (Containing	ms insula	tion.	(Specify	Re	R	Encapsulate	Enclosure		
TO BE ABATED		todial S		S	urfacing, \	√AT, or		SF or LF)	Removal	Repair	psu	losi		
In Facility (13)		(12)		oth	ner miscel	laneous)			val	=	ılate	ıre		
(15)	V	No	N/A	1							(1)			
	Yes	140	1907	pipe f	itting	ıs		10 ea.		x				
3rd floor mechanical room	X		-	tank i				180 SF	x					
3rd floor mechanical room	х		-					35		x				
storage areas		Х		pipe f	itting	gs				+				
							None	f Registered Lar	odfill	1		1		
Name of Registered Waste Hauler	-		JDEP V		ubic Yard	S	3000000							
		1,000,0	lauler ID) No. 0	f Waste		Miner	va Landfi	ГТТ			222		
Newark Carting, Inc.		4509		5 Disposal D	ate	City, Sta	ate							
City, State				nsposal D	3	Wayne	esburg,OH	44688	3					
Newark, NJ				Data										
Completed by	Title	de de la companya de	30 - Bi		Signa	Man -	'AU,	1)	8-2-	-13				
James Kelly	nt		1111	1 lar	xi/	0-2								

			2.
1		1/11	9101
(100	1(#	1601
_	100		1

Date of Notification (1)			Name of Building Owner/Operator (2)											
8-2-13				Macy's, Inc.										
Agencies Notified	Type Notification			Street Ac	dress st Seventh	Stre	et					4		
受 EPA □ DEP 受 DOL	☐ Amended Amendment				e, Zip Code Innati, OH	452	02	-						
DCA -	☐ Emergency (justification) ☐ Cancellation		1	Name of	Contact			Telephone Nun	ber					
L BOX				FACIL	ITY INFORMAT	ION								
Name of Facility Where Willowbrook Ma		g Place (3)					Type of Facility (☐ School (K-	12)						
Street Address 100 Route 46	·			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hor etc.)										
City (5)							Square Feet	# of Floors	В	ldg. A	ig. Age			
Wayne, NJ 074	170						200,000	3		0yr	s.			
County (6) Passaic	(County C STATE U	Code (7) ISE ONLY)		Shopping	ior if being demolish mall	ed)	V100-00						
Name of Monitoring Firm		ASCM	No.		of Abatement Co									
Pennoni Associ				100000000000000000000000000000000000000		ronmental C	0.,	Inc.		_				
Street Address 515 Grove Stre					Address Haws Aven	iue								
City, State, Zip Code Haddon Heights	s, NJ 08035	,				City, S Nor	City, State, Zip Code Norristown, PA 19401							
Project Manager for Mon Alan Lloyd	1 1 1 1 1 1 1	Telephor 356–5	ne No. 4 7– 0505	610	none No. 1–239–9920	License N 0039								
Start Date (10)		Scheduled	d Com	pletion [Date (11)		of OSHA Monitor							
8-19-13		8-21				_		ronmental C	0.,.	Inc.				
Occupancy Status Durin	ng Abatement (Chec	k Only One	=)				Address							
☐ Facility Closed/Vac	cated During Entire	Period of Al	batem	ent			Haws Aven State, Zip Code	iue		-				
Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility	Hours			889	ristown, P	DA 19401						
Scope of Work (Check A						1101	IIIDCOMII) I	11 13101						
©x ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	W 111217 (\$P.57)	22		ovation										
				□ Non-Exempted (*) and Non-Friable Proce										
			Locati ormali			Abat								
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED illity	Used Main Custo	d Sole ntenar odial S (12)	ly by nce/ Staff?	Asbestos Cor (i.e. therma surfa		Material (ACM) as insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
4 : 63		Yes	No	N/A	6111			6 ea.	+	x	-			
1st floor					pipe fitt			60 SF	+-	^	-			
1st,2nd & 3rd	floor	1	Х		debris cl	.ean-ı	лb	00 51						
	T at	NJDEP Waste Cubic Yards Name of Registered Landfill												
Name of Registered Waste Hauler Newark Carting, Inc.				lauler ID 4509				rva Landfill						
City, State Newark, NJ					Dispo	osal Date		esburg, OH 4	1468	8				
						Signatur	e V	Date Date						
James Kelly President							nentel	4/6	3-2-	13				