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

									1/2				
Date of Notification (1)	July 26, 2013				Name of Buildin			or (2) Vilches	AUS Com	77	1 (4	7	
Agencies Notified [X] EPA [] DEP	Amen	Notific	tification		Street Address City, State, Zip	Code		onwood Road		¹⁹ 10:	7/		
[x] DOL			ncluding			Mou	ntain	nside, NJ 07092					
DCA	U	cation) llation			Name of Contac Fati	t ma Wilch	es	Tel	ephone Number	4	-	•	
				FAC	LILITY INFOR	MATION	1						
Name of Facility Where A	Abatement is Taking sidence	Place ((3)				Т		School (k-12)				
Street Address	77 Knollwood R	Load	-					[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial buil	dings,
City		Count	ty (6)		County Code (7)		S	Square feet	# of Floors	Bldg	, Age		
Managaria	a_	Unio			(STATE USE O	NLY)		1200 sf Current Use (Prior if b	l peing demolished)	- 6	0	
Mountainsio			2003					Residenc	e	'\' 			
Name of Monitoring Firm	n Hired by Building nardian Contract				ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address						Street	Addre	ess	ute 9, Unit 61				
City, State, Zip Code	Toms River, NJ 08755						State, 2	Zip Code		0.01		221	
To Project Manager for Mon	Vumber		Teleph	none l	Toms Ri	ver, New Jerse License N			271				
	9932		732-3	349-9	9932	00624							
Nicholas Fernicola 732-349-9932 Scheduled Start Date (10) Scheduled Comp 7/27/13 7/30/13					tion Date (11)	Name	of OS	SHA Monitor E.M.S.L	. Analytical				
Occupancy Status During [x] Fac	Abatement (Check cility Closed/Vacate			od of Ab	patement	Street	Addre		lton Road				
	atement Performed					City, S	State,	Zip Code					
[] Oth	ner – Describe				-	-			ay, New Jerse	y 088	54		
Scope of Work (Check al	l that apply)					[x]	Full Containment	with Negative Pre	ssure			
[x] >3	sf or ≥3 lf		f 1	Renova	ation	L []	Mini-Enclosure Glovebag Procedur	re				
L	60 sf or ≥260 lf		[x]	Demoli		Ĭ	j	Non-Exempted (*)		Proced	ure		
					T					Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12)				ed stodial	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) A V A					R E P A I R	E N C A P S U L	ENCLOSUR	
YES NO N/A						.111			310 sf	L		E	E
Basement X					Asbestos co	elling tiles	,		12 sf	X	-	-	
Den X					Tytastic	200	1000000						
Name of Registered Waste Hauler NJDEP Waste Hauler					reservation in the section of	Yards of W	/aste	Name of Register	ed Lardfill	•			
Guardian C City, State	ontracting, Inc.		20	Dispo	osal Date	City,	State						
	, New Jersey	Title		7/31				wn, Pennsylvania		Date			
Nicholas Fe			ect Manage	er	I - VI	1/291	, –	11/1		7/2	6/201	3	

CK* 25199

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

Date of Notification (1)	10/12			Name	of Building	Owner/Operator	⁽²⁾ It. Laurel Lib	orary		``	> .	
Agencies Notified	10/13 Type Notificat	tion	-	Street	Address		II. Dual of Die		4		10	72
□ EPA	☐ Initial					100	Walt Whitma	n Ave.				\leq
DEP DOL	Amended Amendme	nt #		City, St	ate, Zip C		T1 NII /	00054				
	Emergenc	y (including			(0:-11		Laurel, NJ	Telephone Numb	er		_	=
DOH DCA	justification			Name	of Contact S	ean Corsaro		1 elephone reamb	-			
		10. 10. 1		FAC		ORMATION						=
Name of Facility Where	Abatement is Ta	aking Place	(3)	170		Oranicit	Type of Facility	(4)				\dashv
Traine of Facility Timere		aurel Lil		7			School (K-1	2)	(2)			
Street Address	***************************************						Subchapter Other (i.e., p	8 (Other than K-12) rivate & commercia	ı I build	ings,		
	100 Wal	lt Whitm	an A	ve.			homes, etc. Square Feet) # of Floors	Bio	ig. Ag	16	\dashv
City (5)	Mt	. Laurel	NII				3500	2		5		
County (6)	IVIU	. Laurer	LNJ	Coun	ty Code (7) (STATE		rior if being demolis	hed)			=
	Mercer		_	USE	ONLY)			Library				_
Name of Monitoring Firm		ing Owner		ASCM I	No.		nent Contractor (9) mental Service	o In	0		
(8)	MECS		<u>_</u> L			Street Address	ens Environi	nental Service	8, 111	C.		\dashv
Street Address	PO Box	341				Stieet Address	PO I	30x 322				
City, State, Zip Code	10 Dox	J.11				City, State, Zip C	Code Allentown, NJ 08501					
Cı					Allentow					_		
Project Manager for Mo	1,000,000,000	phone I		Telephone No. License No. 00493								
William W			3-9103	Name of OSHA	VALUE OF THE PARTY		0472			=		
Start Date (10) 6/11/13	١٥		/12/	MEGG						S-140		
Occupancy Status Duri	ng Abatement (The same of the sa	Street Address								
☐ Facility Closed/Vaca	ted During Entir	e Period of	Abate	ment				30x 341				_
Abatement Performe		ormal Facilit	y Hou	City, State, Zip Code Crosswicks, NJ 08515								
Other - Describe:							CIOSSWIC	KS, 143 00313	_	_		=
Scope of Work (Check	ан (пас арріу)						ntainment with Ne closure	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	movati			Gloveb	ag Procedure	F : 11 D	220			
			ocatio	on.		Non-Ex	empted (*) and N	on-Friable Procedu		bate	nent	\neg
		N	ormally	/						Тур		
Location Asbestos-Containing		Maii	Solel Itenan	ice/	Asbes	Description of tos Containing Ma	iterial (ACM)	Amount	Z	R	ш	Ш
TO BE ABA	TED	1 1	ustodia Staff?		(i.e.	thermal systems surfacing, VAT		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	ıy		(12)			other miscellane			val		sula	ure
		Yes	No	N/A							e	
Mech R	oom	×				Transite F	lue	5 lf	×			
Mech Room												
Name of Registered Waste Hauler				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Reg	istered Landfill				
Stevens Environ	mental Serv	vices, Inc		182	292	1 CU	OF Chata	T.R.R.F., I	1C.			
City, State	A 11 antarr	m NII				Disposal Date 6/11/13	City, State	Tullytown,	PA			
Completed By	Allentow	Title				Signatura	14/	Date				
Mahlon E. St	roject Manager 6/10/13											

ASB-41 MAR 00

6/10/13

a restate (et WE'ld)		t.					Juli IV	5012 02:31hm		ΓVI) / V	JI		
NJ DEDI. of Health & Sen	ior Services							C	1	· つ	_	10		
		1	NOTE	S CATIO	State of N	ew Jersey BESTOS ABATE	are.y		10 13 TO	4	1/	7		
(signature)	2	1	(1	Pursua	ant to NJA	NC 8:60 and 5:16	MENT		لدن سرو سرو	-				
plate of Notification (1)	ne: 2:55	≥				•	***		1.	6				
	10/13			Nan		ng Owner/Operato	r (2) Mt. Laurel L				7			
Agencies Notified	Type Notifi	cation		Stre	et Address		MI. Laurei L	idiary		_	-			
☐ EPA	Initial				~(\\\ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Walt Whitn	an Ave	- 6		1)		
DEP DOL	Amenda Amendr	777700		Čity,	Stale, Zip		77.113	IMIT / LV D.		_	=	-		
	Emerge		ding			Mt	L. Laurel, NJ	08054	(G)	4		4		
DOH	U Cancella	ation)	-	Narr	e of Conta			Telephone Nun	nber	-	_			
		41011				Scan Corsaro						_		
				FA	CILITY IN	FORMATION			-			_		
Name of Facility Where						******	Type of Facili	lity (4)						
Street Address	MI.	Laurel	Libra.	CY			School (K-	K-12)						
Ottobe Addless	100 34	ale 1371-2	4	A		1	Subohapte Other () 6	r 6 (Other than K-1 private & commerc	2)	Idlas				
City (5)	100 W	alt Whi	tman .	AVC,			nomes, et	2.)	ilali citli	liaingi	3,			
	TV.	It. Laur	el NII			:	Square Feet	# of Floors	Bldg. Age 50			50 111125		
County (6)		AN DUCK	OI IVA	I Col	inty Code (7) (STATE	Current Use (Prior if being demolished)							
	[ercer			US	E ONLY)	(1) (3)	Cuirent Use (Library	ished)					
Nama of Monitoring Firm		lding Own	er	ASCN	SCM No. Name of Abstement Contractor (9)									
	MECS				Stevens Environmental Service									
Street Address	DO D					Street Address						=		
City, State, Zip Code	PO Box	x 341			PO Box 322									
	eswicks,	NI 084	115			City, State, Zip C		NIT COTOL						
Project Manager for Mon		110 002		ephone	Na	Talanhara Ma	Allentov	n, NJ 08501						
William Wo		Ir.			88-9103	Telephone No. (609) 25	20.0688	License No.	0040	•				
Start Date (10)		Scheduled				Name of OSHA		0049	3					
6/11/13	- 1		6/12		(,	Trains of Oct 15-1	MECS							
Occupancy Status Dunni	Abalement	(Check or	oly one)			Street Address	lixcs				=			
Facility Closed/Vacate	d During Ent	ire Period	of Abate	ment			PO	Box 341						
☐ Abalement Performed ☑ Other - Describe: 7:	Outside of N	lormal Fac	ility Hou	ina		City, State, Zip C						-		
Verification (Control of the Control							Crosswic	ks, NJ 08515		_				
Scope of Work (Check al	(nat apply)						Jelomani with No	gativa Prassure				_		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		X	Renova	lon		. Mini-End	closure	gauva Prassure						
		Ш,	Demolitic	ZΠ		Gloveba	g Procedure	on-Friable Procedu						
**	11. 25%3		a Locati	35.50			- The Control	01-1 11000 1 1000dd	77	bala	mant			
Location of	f	110	Normally ed Sole			Description of				Typ				
Asbestos-Containing Mi	alerial (ACM)	M	aintenar Custodii	CB/		os Containing Mate	erial (ACM)	Amount						
IO BE ABATE			Staff7		(1.6.)	thermal systems in surfacing, VAT,		(Specify SF or LF)	l m	Repair	200	36		
(13)			(12)			other miscellaneo	กาง)	31 01 11-)	Removal	₩	Encapsuble	Enclosure		
	Yas No										अस	æ		
Mech Room						Transite Flu	10	5 lf	1.5	_		-		
						7.41.31.0 1.10	40	211	×	_				
	+						-		_					
	1-	-					-							
Name of Registerod Waste Hauler NJDE					Vasta I	Cubic Yards	Name of Reg	stered Landfill	Ш			_		
Stevens Environmental Services, Inc. Hauler ID N 1829:						of Waste								
City, State				102	24	Disposal Date	City, State	TRRF., Ir	ic.	-		_		
	Allentow	n, NJ	1511 S. 1511			6/11/134	A State	Tullytown,	DΛ					
Completed By		Title .	135 2137 - RANG - 1			Signatura	11 /	Dale	- A A	_		-		
Mahlon E. Stev	ens	F	roject	Man	ager			10000000	6/10	/13				

CK# 25242

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

Date of Notification (1)	/25/13			Name	of Buildin	g Owner/Operator	(2) Wilenius	7.7	-			
Agencies Notified	Type Notification	1		Street	Address	03	W. Prospect			- C	?. <u>.</u>	
EPA DEP DOL	Initial Amended Amendment	#	-	City, S	state, Zip C	ode					- 2	-
⊠ DOH	Emergency (justification)	including	9	Name	of Contac		pewell, NJ (Telephone Numb	er	•	_	_
□ DCA	Cancellation					Feskany - Sch	ulte				_	_
				FAC	CILITY INF	ORMATION		-				
Name of Facility Where		ng Place identi					Type of Facility School (K-1	M. 71				
Street Address	93 W. Pr		7207	et				8 (Other than K-12 private & commercial)		dings	,	
City (5)	77	11	NII				Square Feet 2400	# of Floors	В	dg. A	ge 5	
County (6)	Норе	ewell,	NJ	Cour	ntv Code (7) (STATE		rior if being demolis	hed)		-	_
N	Mercer		_		ÓNLY)			Residential				_
Name of Monitoring Firm (8)		Owner		ASCM	No.		nent Contractor (9	10.	ces, Inc.			
Street Address	MECS					Street Address	evens Environmental Services, Inc.					
	PO Box 34	1					PO Box 322					
City, State, Zip Code	rosswicks, NJ	0851	 5			City, State, Zip C	Code Allentown, NJ 08501					
Project Manager for Mo		0051.		phone	No.	Telephone No.	7 HICHOW	License No.				=
	eisgarber Jr.		A 600000		8-4070		259-9688 00493					
Start Date (10)	Sche				ion Date (11) Name of OSHA Monitor MECS							
7/26/13 Occupancy Status Durin	ng Abatement (Ch		7/29/	Street Address								=
☐ Facility Closed/Vaca	5773	18		ment		Otteet Address	PO I	30x 341				_
☐ Abatement Performe ☑ Other - Describe:			ty Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check	all that apply)					☐ Full Col	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic			Mini-En Gloveba	closure ag Procedure	on-Friable Procedu	re			
			Locatio						_		ment	
Location	of	Used	ormally Solel	y by		Description of				Тур	e — T	
Asbestos-Containing TO BE ABA			ntenan ustodia			tos Containing Ma thermal systems		Amount (Specify	Re	Repair	Enc	Enc
IN Facilit (13)		'	Staff? (12)			surfacing, VAT	, or	SF or LF)	Removal	air	Encapsulate	Enclosure
(10)		Yes	No	N/A					_		ılate	ð
Dining Room	/Kitchen		18	×	The	ermal Duct In	sulation	10 lf	×			
Kitche	en		U.S.			VAT		64 sf	×			
							_					
Name of Registered Waste Hauler					 Vaste	Cubic Yards	Name of Reg	istered Landfill				\dashv
					No. 292	of Waste 1 CU		T.R.R.F., I	ıc.			
City, State						Disposal Date	City, State					
Allentown, NJ 08501						7/29/13 Signal Vie	111/	Tullytown,	PA_	_		_
Completed By Mahlon E. Ste	rojec	t Mar	ager		\vee		7/2:	5/13				

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

								8:60-7 AND 1	2:120-7					·h	47	164	
Date of No	tification (_		Name of B	uilding Own	er / Opera	itor (2).				74	- 1		
07 /	19	/ 13					St. Peter's		ioi / Opoid	4/10							
/	/						Street Add		*		$V_{Z_{i}}$						
Agencies N	Notified EPA	Type of No	tificati Initial	ion			2641 JFK E City, State,				47.74	0: -				-	
V V	DEP	السا	Amen	ded				NJ 07306		• 4-7/		31					
V	DOH		Amen				Name of C	ontact			Telephon	e Num	ber				
	DOL DCA		Emerg			justification	Anna DePa	ula									
	DOX		-			· FA	CILITY INF	ORMATION									
Name of Fa	acility Whe	re Abateme	ent is	Takir	ng Pi	lace (3)		Type of Fac	ility (4)								
St. Peter's	University,	School of B	usines	s			- 1		School (K-	12)						- 1	
Street Add	ress			_				☑ S	Subchapte	r 8 (Other t							
2641 JFK E	Boulevard									private & o mes, etc.)	mmercia	I					
City (5)		County (6)				County Code (7)	Square Fee	t	# Of Floors	;	Buildi	ing Age				
Jersey City		Hudson					1	70,0 Current Use		heing demo	nlished)	1950				- 1	
<u> </u>								Education	(FIIOTII)	oung denie	Janeaj	1000	200				
Name of M	onitoring	Firm Hired	by Bld	ig. O	wne	r (8)	ASCM No	Name of Ab	atement (Contractor	(9)						
Environme	ntal Health	Investigatio	ns, Inc	:. (EH	11)		00104	Slavco Cons	struction In	c.		*			S#		
Street Add		- IIII			olin essor N			Street Addr	ess								
655 West S City, State								164 Getty A	venue								
	Sparta, NJ 07871						City, State, Zip Code										
	Project Mngr. For Monitoring Firm Telephone						Clifton, NJ 07011										
	ohn Sekelsky 973-729-56 Sheduled Start Date (10) Sched. Completetion Date																
08/	05	13_	-	12	- /	<u>31/</u>	13_	973-478-484	48		00724						
Occupanc	v Status D	uring Abate	ement	(Che	ck C	Only 1)		Name of OS	SHA Monit	tor							
	Facility CI	osed/Vacat	ted Du	ring	Enti	re Period of		Slavco Cons		IC.							
	Abatemen		d Oute	ohia	of N	ormal Facility		Street Addr	(S)(C)(7)								
	Hours - De		u Outs	siuc	OI 144	ormar r acmty	*	164 Getty A									
V	Other - De	scribe:	Occup		3:30	Opm		City, State, Clifton, NJ									
Scope of \	Work (Che	ck All That					***************************************										
	Demolitio	n		7		Renovation	V	Full Contai	nment wit	th Negative	Pressure	•					
	≥3sf or_≥3	lf						Mini - Encle	osure								
V	≥160 sf or	≥260 If				£3	H	Glovebag F Non-Exemp			ble Proce	dure					
						9	Ш										
	Location o		Ι.	ls.			Descript				Abateme R	nt Typ	<u>e</u> E		ΙE		
The state of the s	estos Conta laterial (AC		0.000	catio	100	A:	sbestos - C Material			Amount	E	R	N		N		
B () () () () () () () () () (D BE ABAT	0.01-1.50	1.00	Jsed	- T		.e., thermal	systems		(Specify	M	E	C		C		
	in Facility			olely				facing, VAT,	į.	SF or LF)	0 V	P	A		P		
	(13)		100	Mai	3.50	or	other misc	elianeous)			l _Å	lî	s		s		
				stod	5.00						Ĺ	R	U		U		
				aff (1								-	L		R		
D 16	fatoda a di	dhumu	YES		N/A	Plaster Ceiling				250 SF	v	+	1		+	П	
	afeteria and Ha afeteria, Hallwa		1		H	Pipe Fittings				210 LF	<u> </u>		_		工		
	afeteria, Hallwa			V		Pipe Insulation				550 LF	V				F		
Basement Cafeteria and Hallway Spray-On Fire							Name of R	anistared	20 SF	V			_Ц	_	Ц		
Name of Registered Waste Hauler NJDEP Waste					Yards			Lanunn									
Slavco Construction Inc. S18508 o					of Waste	G.R.O.W.S											
City, State							Disposal Date										
Clifton, NJ						TBD	Morrisville,					In	ate				
Leader (U.S.)	ed by (Print	or Type)				Title			Signature	· N	Q		٦	uly 19	2011	3	
Vivian Jur	cevic					Office Manage	er		Upu	an D.C	Juli	uc		ary 13	, 2010		
ASB-41										Ĺ	/						

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

CONTINUATION SHEET

				CONTINUATION SHEET	* 47 ₁	2 g,		Page 2	of 2
				7.	10.00		Abaten	nent Typ	е
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ation No Used Solely be aintenar Custodi Staff (12	y nce al	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPOL	ENCLOSURE
Basement-Cafeteria			x	Window Sill Caulk	550LF	x			
Basement-Exterior			x	Window Sill Caulk	550LF	x			
Basement-Cafeteria			x	Door Caulk	60LF	x	-		
	+			49 400 41					
	-								
•									
	-								
							-		

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

ANNUAL NOTIFICATION Name of Building Owner / Operator (2) Date of Notification (1) St. Peter's University 13 07 19 Street Address Agencies Notified Type of Notification 2641 JFK Boulevard City, State, Zip Code **EPA** Initial 4 V DEP Amended Jersey City, NJ 07306 П 3 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification Anna DePaula Cancellation DCA Г **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) St. Peter's University, School of Education School (K-12) Subchapter 8 (Other than K-12) Street Address 1 П Other (I.e., private & cmmercial 2641 JFK Boulevard bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** 70,000 Jersey City Hudson Current Use (Prior if being demolished) 1950 Education ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) Environmental Health Investigations, Inc. (EHI) 00104 Slavco Construction Inc. Street Address Street Address 655 West Shore Trail 164 Getty Avenue City, State, Zip Code City, State, Zip Code Sparta, NJ 07871 Project Mngr. For Monitoring Firm Telephone Number Clifton, NJ 07011 John Sekelsky 973-729-5649 Sched, Completetion Date (11) Telephone Number License Number Sheduled Start Date (10) 12 00724 973-478-4848 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of Slavco Construction Inc. Abatement Street Address Abatement Performed Outside of Normal Facility 164 Getty Avenue Hours - Describe: 4 Other - Describe: Occupied City, State, Zip Code 7:00 am to 3:30pm Clifton, NJ 07011 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Demolition 1 Renovation 1 Mini - Enclosure >3sf or >3lf V ≥160 sf or ≥260 lf Glovebag Procedure 1 Non-Exempted (*) and Non-Friable Procedure Location of ls Description of Abatement Type Location Asbestos - Containing Asbestos Containing R Normally Material (ACM) Amount E R Material (ACM) C C TO BE ABATED Used (I.e., thermal systems (Specify M E P 0 in Facility Solely insulation, surfacing, VAT, SF or LF) P lo V A by Mainor other miscellaneous) (13)S s A tenance/ 1 R U U Custodial Staff (12) R YES NO N/A 1st Fl Hallway, Rooms 126, 127, 129 Wall and Ceiling Plaster 3750 SF 7 Window Caulking Room 133 25 LF 1 VAT 60 SF Room 133 1 2nd Fl Hallway, Rooms 227, 229, 227 Wall and Ceiling Plaster 3750 SF NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill Yards S18508 Slavco Construction Inc. G.R.O.W.S Landill of Waste City, State Disposal City. State Date Clifton, NJ Morrisville, PA TBD Date Completed by (Print or Type) Title Signature

Office Manager

unan D'Guance

July 19, 2013

ASB-41

Vivian Jurcevic

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

Continued Page 2 of 2

Date of Notification (1) Name of Building Owner / Operator (2) 13 19 St. Peter's University Street Address Type of Notification Agencies Notified 2641 JFK Boulevard **EPA** Initial City, State, Zip Code V DEP 1 Amended Jersey City, NJ 07306 1 DOH Amendment # Name of Contact Telephone Number 1 DOL Emergency w/ justification Anna DePaula \Box V DCA Cancellation Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure 4 ≥3sf or ≥3lf Mini - Enclosure 1 ≥160 sf or ≥260 lf $\bar{\Box}$ Glovebag Procedure V Non-Exempted (*) and Non-Friable Procedure Location of Abatement Type Description of Asbestos Containing Location Asbestos - Containing Material (ACM) Normally Material (ACM) Amount Е E N N TO BE ABATED Used (I.e., thermal systems (Specify M P C C in Facility Solely insulation, surfacing, VAT, SF or LF) 0 A A L by Main-V P (13)or other miscellaneous) 0 tenance/ A R S S Custodial L U U Staff (12) R YES NO N/A Basement Elevator Lobby ☐ ☑ ☐ Ceiling Plaster 9 SF 1 3rd Floor Elevator Lobby ☐ ☑ ☐ Ceiling Plaster 9 SF 7 П П П П NJDEP Waste Cubic Name of Registered Waste Hauler Name of Registered Landfill Yards Slavco Construction Inc. S18508 G.R.O.W.S Landill of Waste City, State Disposal City. State Date Clifton, NJ Morrisville, PA TBD Completed by (Print or Type) Title Signature Date Vivian Jurcevic Office Manager July 19, 2013

ASB-41

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N	Dept. of Health & Senior Sorvices
-	(Signature)
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Date: 31 (Signature)			ATION	te of New . Of ASBES to NJAC 8:1	TOS AB		NT	. 28	gallos.					
Date of Notification (1) 08/01/13, CK# 2761 \$200				Bullding Over Board			<u> </u>			7	W,	(O: :	•	
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Street Address P.O Box 645			-	***	8	Streat Ad	et Address 3 McBride Avenue							
City, State, Zip Code Shillington, Pennsylvania 19607							Stats, Zip Code odland Park, New Jersey							
Project Manager for Monitoring Firm		Telephone No. Telephone No.						SW DE	License	No.				
Mike Krisher		610-856-7700 ad Completion Date (11)				25-8400		01104						
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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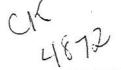
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State of New Jersey NOTIFICATION OF ASSESTES ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

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

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Agencies Notified Type Notification			Street A			DOCK	A) F. MIL	<u> </u>	nrung.	يدايك.		-		2
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EPA Initial Amended Amended Amendment:	#		City, Sta	te, Zip Cod				024	<u>.</u>					
M Emements (including	$ \vdash$	Name of	HOCKE	77.2CM	CKI	72	076	Telephone	e Num	ber	_		
DOH justification) DCA Cancellation			FLE	etcher.	Ce	Эанеч	ı. V							-
Name of Facility Where Abatement is Taking	- Class /	34	FACI	LITY INFO	RMATI	ON		4 C : 10 ' C						
) made (a	2)						of Facility (*					
Street Address		•						School (K-1) Subshapter	2) 6 (Other than	K-12)	i			
337 SPEING VAL	EU	20				1) 图		rivste & comr			ings,	hom	29,
City (5)	- 1	P-U-		-			Squar	e Feet	# of Floor	B	В	dg. A	ge	
Pakamus							13	500	1 3	750007180 No		+5	0	
County (6)				Code (7) USE ONLY			Curre		or if being den		ed)			
BEILGEN Name of Monitoring Firm Hired by Building (Damor PD1	- 1	ASCN				AL-		CHITICAL					
seems or wouldward Little Little of Editorial	(מ) ושוושע	ı	ASCI	I ND,				tement Cor stracting						
Street Address						-	Addres							
						105 (Lowel	Road						
City, State, Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							p Code	CO					
Project Manager for Monitoring Firm			Talant.	- NI-				, N.J 074		- 27				
Color mentager of municipality First			Telepho	ne Na.			one No)262-{		0015	se No 56				
Start Date (10)	Scheout	ed Con	ipletion i	Date (11)			-	IA Monitor					<u>.</u>	
8/03/13	9/1	03/13	3						ntal Service	es inc	:.			1
Occupancy Status During Abatement (Ched	k Only Or	ne)					Addres							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	ent					Street						
Other - Describe:	ar racing	Hours			_			pCode ck,NJ0	7000					
Scope of Work (Check All That Apply)						Hack	VEL1521	CK, PLJ U	000					
☐ 23 sfor 23 tf	T.F	Renova	tion			17	Full	Containme	ent with Negat	livo Pr	the sur	*		1
☑ ≥160 sfor ≥260 if		Demollt				F	d Min	i-Enclosure	·	nec r r	Cesami	G		
							Nor	vebag Proc -Exempted	edure (*) and Non-	Friable	Proc	s edun	2	
		Locati	200.00									Abate		
Location of	List	Normal ed Solo	ly Iv Ew	7250		scription						ly	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	ice/	Ashesto	s Cont hermal	alning M eystemt	daterial Sinsula	(ACM)	Amount (Specify		של	_	1	ш
In Facility (13)	Cata	todial S (12)	itatt?		surfac	cing, VA niscellan	T, or		SF or LF		Removal	Repair	Encapaulate	Enclosure
3.7	Yes	No	N/A		Ou loi 1	uscenar,	indus)				<u>8</u>	7	ulate	5
2	1.6										_			
Zun Floor.			1		AT			-	575 SF	-	1			
ZND FLOOR.			1	V	AT				405 of		V			
	+													
Name of Registered Waste Hauler		7.			A									
Rovic Transportation		H	JDEP W auler ID		Cubic of Was				Registered La			_	250	
		20	1785			Z			Bethlehen	n Lan	dfill	Соп).	
City, State Riverdale, New Jersey 07457						al Date		City, State	em, P.A 18)D4E				
Completed by	Title					03/13 ignature		CASU NET	sill, C.M. IO	Date	<u> </u>			_
Joseph Vocaturo	Open	ations			١	Summing.	N 1	la T		Dale	01	احما		

04/8/13

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

Name of Facility Where Abatement is Taking Place (3) Street Address Substitute (4) Dot Description	1 *											4/12				
DEP										OF EDUCA	OITA	۱ 'S'>>				
DCP	Agencies Notified	Type Notification		- 1			מאר				8		170	2.		
DOL					~						9.		3/	7	-	
Doth		Amendment						۷, NJ 0	703	32						
Name of Facility When Abatement is Taking Place (3)	⊠ DOH	justification)	i o na manakana n a				FIII				Tele	ephone_Nu	nher-			
Schedul (K-r2) Street Address Stre	U DCA	Cancellation			and the control of th		000000000000000000000000000000000000000	ON			1				_	
City (5) Square Feet			g Place (3)			and a second			Тур						: t	
Square Feet	General Control of Con								×	Other (i.e. p	8 (Otherivate &	er than K-1: & commerci	2) al buil	dings,	home	es,
SERGEN STATE USE ONLY) ASCM No. Name of Molitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING		ON		-					Squ		# 01	Floors	Е	ldg. A	ge	
N/A Street Address	(5) NO.0	100							Cur	rent Use (Prid	or if bei	ng demolis	hed)			
City, State, Zip Code		n Hired by Building	Owner (8)		ASCM	l No.							1G			
City, State, Zip Code	Street Address	- C 20-20									D BL\	/D.				
Project Manager for Monitoring Firm	City, State, Zip Code					-		City, S	state,	Zip Code						
Start Date (10)					Talaaha	a Na					14	License N	lo.			
Street Address	Project Manager for Moi							0.0					10.			
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code					npletion (Date (11)					VE					
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State C	Occupancy Status Durin	ng Abatement (Ched	ck Only On	e)				Street	Addr	ress						
Salid or ≥3 if Salid or ≥260 if Salid or ≥26	Abatement Perform	ned Outside of Norr						City, S	State,	Zip Code						
Second S	Scope of Work (Check A	All That Apply)			-				000							8
Second taining Material (ACM) Second taining Material (ACM			_						1 N	Aini-Enclosure Glovebag Prod	e cedure	S00 803			e	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A SEE ATTACHED Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by Title Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Aspectation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Aspectation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Fig. 2 Amount (Specify SF or LF) About 1 Amount (Specify SF or LF) Fig. 2			Is	Locat	ion						- 83.00			Abat	ement	t
Assestos-Containing Material (ACM) In Facility (13) Yes No N/A Name of Registered Waste Hauler TWO BROTHERS CONTRACTING Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by Title Maintenance/ Custodial Staff? (12) N/A Separating Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Separating Material (ACM) (Specify SF or LF) N/B P P P P P P P P P P P P P P P P P P P						A-L				int (A CMA)	^	mount		'		
SEE ATTACHED X Name of Registered Waste Hauler TWO BROTHERS CONTRACTING NJDEP Waste Hauler ID No. 18743 Disposal Date CLIFTON, NJ Completed by Title Signature Date PAGE 18743 Date PAGE 18743	TO BE AB	BATED ility		odial 9	1801.000 cm		thermal surfa	system cing, VA	s insu T, or	ulation,	(5	Specify	Removal	Repair	Encapsula	Enclosure
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING City, State CLIFTON, NJ Completed by Title NJDEP Waste Hauler ID No. 18743 Cubic Yards of Waste 40 Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S. City, State 8/19/2013 / MORRISVILLE, PA Date 10 Date		1120,000	Yes	Siles	N/A										œ.	
TWO BROTHERS CONTRACTING Hauler ID No. 18743 of Waste 40 WASTE MANAGEMENT G.R.O.W.S. Disposal Date 8/19/2013 MORRISVILLE, PA Completed by Title Signature Date 10 No. 18743	SEE ATTA	ACHED		X												
TWO BROTHERS CONTRACTING Hauler ID No. 18743 of Waste 40 WASTE MANAGEMENT G.R.O.W.S. Disposal Date 8/19/2013 MORRISVILLE, PA Completed by Title Signature Date 10 No. 18743																
TWO BROTHERS CONTRACTING 18743 40 WASTE MANAGEMENT G.R.O.W.S. Disposal Date 8/19/2013 MORRISVILLE, PA Completed by Title Signature Date 100040	Name of Registered Wa	ste Hauler		7133						Name of	Registe	ered Landfil	I	1		
CLIFTON, NJ Completed by Title Signature Date Date		WO BROTHERS CONTRACTING					40					NAGEME	ENT (9.R.0).W.	S.
Completed by Title Signature Date							- 50 B 2 C C C C C C C C C C C C C C C C C C					LE, PA				
=	Completed by			JECT	COOF	RDINAT	5	Signature	е	V V		D		13		

TYPE OF ACM	LOCATION	APPROXIMATE AMOUNT
Grey cementitious pipe fitting insulation associated with fibrous	Locker Room Building: Throughout and in concealed pipe	140 Locations
glass pipe insulation.	chases.	40 Concealed Locations
Silver-Coated black asphaltic	Locker Room Building:	600 sf
roofing flashing / sealant compound (all thicknesses and applications).	Roof Level Associated with all perimeters, penetrations, and raised roofing seams.	2113 1416
Grey corrugated aircell pipe	Snack Bar Building:	?,
insulation and associated pipe	Storage Room	40 lf
fitting insulation.	Rear Water Heater / Utility Room Throughout and in concealed pipe	26 lf
	chases.	30 lf
Dark Grey 9"x9" floor tile.	Snack Bar Building:	5.00
And the control of th	Kitchen	240 sf
Grey cement-fiber "transite" siding	Snack Bar Building:	
shingles.	Exterior – East end of building.	80 sf
Black asphaltic roofing flashing / sealant compound.	Snack Bar Building: Main Roof; associated with sign	

bracket.

1 sf

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

Date of Notification	n (1)		Name of Buil		ner/Operator						
8-1-13			Derek L	au			20/3				
Agencies Notified	Type Notifica	tion	Street Addre	ess			13/11				
[]EPA	[X]Initial		7 Dorse	t Lan	.e		146.	>			
[]DEP	Notific	ation	City, State,	Zip Co	de			4/10			
[X]DOL	[]Amended Notific		Summit,	NJ,				11/	4.57		
[X]DOH	Notifie	STATE OF THE PARTY	Name of Cont	act	442	Telephor	ne Number				
[]DCA	[]EMERGENC	Y	Derek L	au				_	j.		
	[]Cancella	tion		50 55.25.10							
			Walking States	LITY INF	ORMATION						
Name of Facility Who Same as above		ıs Takır	ng Place (3)			Type of Facil		r than	к -1	2)	
Street Addres						[X]Other (i.e., priva	te & c	omme	r-	
						Square Feet	# of Floo	ors B	Ldg.	Age	
City (5		County ((6)		Y Code (7) E USE ONLY)	1650	2		65		
		UNION		(STAT	S USE ONLI)	Current Use (Prior if be	ing de	moli	shed)
Name of Monitoring 1 Owner (8)	Firm hired by	Building	ASCM No.	- 11		ment Contracto MANAGEMENT					
N/A Street Address					treet Addres		•				
Street Address						stopher St					
City, State, Zip Co	de			- 11	^{ity, State,} Montclai	Zip Code Lr, NJ 070	42				
Project Manager for	Monitoring Fi	rm Tel	Lephone Numbe	er T	elephone Num (973)744		Ī	003		ber	
	Cear Mo	8-14-	Day Year	N	ame of OSHA						
Occupancy Status Du: [X]Facility Clo of Abatement []Abatement Pe	sed/Vacated D nt	uring En	tire Period		treet Addres				-11		
	ribe: «OffHour	s Descri	pt»	-y C	ity, State,	ZIP Code					
Scope of Work (Check	k all that app	oly)							-100		
[X]≥3 sf or []≥160 sf			X]Renovation]Demolition		[X]Mini []Glove	Containment wi i-Enclosure pag Procedure Friable Procedu		e Press	ure		
		. т	Is ocation					Ab	atem	ent '	Type
Location Asbestos-Con Material TO BE AB In Faci (13)	ntaining (ACM) BATED lity	B t	Ormally Used Solely by Main- cenance/ custodial caff (12) No N/A	(i insu	Description Asbestos-Con Materiale., thermal lation, surf other misce	taining (ACM) l systems Tacing, VAT,	Amount (Specify SF or LF)	Y M O V A L	F	NCAPSUL.	NCLOSURE
Basement			Х	Duct	Insulat	ion	60 SF	. х			_
						***		-	+	-	_
Name of Registered NANAG		IC. Ha	DDEP Waste auler ID No. 7040	of W	c Yards aste 1.5	Name of Reg		ifill		1	1
City, State Montclair, NJ	07042			_	Date	City, State Morrisvi	lie, PA	190	67		
Completed By (Print Constantine V		^{tle} reside	ent		Signature	starter / s		Date 8-1-			
					()	1					

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

Date of Notification	(1)				wner/Operator	(2)							
8-2-13			J	ohn Gla	cki	n		2.						
Agencies Notified	Type Notific	ation	Sta	ceet Address	3			KO13 Billin	3				580	
[]EPA	[X]Initial		3	1 Hazle	WOO	d Road		²⁰¹³ AUG .	7 Allen					
E C	Notific	cation	Cit	ty, State,	Zip C	ode	30000	-	7 - 1 11 11	3/				
[]DEP	[]Amended					NJ,07003								
[X] DOL	Notific	cation			•	•		Telephone	a Number	12	_	-		
[X] DOH	[]EMERGENO	CY	1	me of Conta John Gla		n		retephone	s Number		_			
[]DCA	[]Cancella	ation	'	JOHN GIA	CAL			-						
	1 100000			FACILI	TY I	NFORMATION								
Name of Facility Whe	ere Abatement	is Tak	ing	Place (3)			Ty	pe of Facili	ty (4)					
Same as above								[]School	(K-12)					
							11	[]Subchapt						
Street Addres								[X]Other (i	i.e., priva Hildings, h				-	
							So	uare Feet	# of Flo			g. P	ge	
City (5		County	(6)	Essex	Cour	ty Code (7)	41 -	2200	3		24	03		
					(STA	TE USE ONLY)	Cu	rrent Use (I	Prior if be	eing	demo	lis	ned)	
Name of Monitoring F	Firm hired by	Buildi	ng	ASCM No.		Name of Abate					2000			
Owner (8) N/A						AZTECH M	IAN	IAGEMENT	, Inc.					
Street Address						Street Addres	s							
						86 Chris	sto	pher St						
City, State, Zip Coo	de					City, State,	Zip	Code						
						Montclai	ir,	NJ 070	42					
Project Manager for	Monitoring F	irm T	eler	hone Number	-	Telephone Num	ber			Lice	nse	Numb	er	
	-		I/A		5	(973)744	4-8	3800	4	00	37:	L		
Scheduled Start Date	e (10) Sch	ed. Com	plet	ion Date ((1)	Name of OSHA	Mon	itor						
8-14-13	(20)	8-1				N/A								
Month Day Y		onth	Day											
Occupancy Status Dur [X]Facility Clo	ring Abatemer	t (Chec	k or Enti	nly one) re Period		Street Addres	ss							
of Abatemen	it								Contract of the					
[]Abatement Pe	rformed Outs					City, State,	Zir	Code						
[]other - Desc					1.0									
Scope of Work (Check	k all that ap	ply)												
			F3F1	Danasmtian		[X]Ful] []Mini-		ontainment w	ith Negati	ve P	ress	ure		
[X]≥3 sf or []≥160 sf	or >260 lf		27 1000	Renovation Demolition		[X]Glove	eba	Procedure						
			21-74	T-		[]Non-F	Fri	able Procedu	re .		Aha	-ome	nt 1	Туре
Location	n of			Is ation		Description	on.	of					E	E
Asbestos-Co			τ	mally sed		Asbestos-Con			Amount		R	R	N C	C
Material	- 20			lely Main-		Material (i.e., thermal			(Specif		M	P	A P	L
TO BE AF			ter	ance/ todial	in	sulation, surf		767 WW877-3	LF)		V	A I	S	S
(13)	, , , , , , , , , , , , , , , , , , , 		Staf	f (12)	23	or other misce	ella	meous)			L	R	Ĺ	R
December		Ye	s	No N/A	Boi	ler	10.00		35 SF		X			13_
Basement		_	-	A		e Insulat		\n_	140 LF					-
		_	-		ETF	e moura		711	770 22				_	-
	W		ht TO	EP Waste	0.1	oic Yards		Name of Regi	stered Lar	dfi1	1			
Name of Registered NANAG		NC	Hau	ler ID No.	1000000	Waste 2.0	- 1	G.R.O.W.			98 14			
			17	040	D:	moon? Date		City, State						
City, State	07042					sposal Date		Morrisvi	lle. Pi	1	906	7		
Montclair, NJ	0/042				'	. 10 19		/ /	7-17					
Completed By (Print	or Type) T	itle				Signature	9/	1	11	1	ate			
Constantine V	ien	t		1 10	111	Muit.	1 llin	- 1	-2-1	.3				
Later than the second						1 10		, - Good	1		-			

REQUEST FOR WAIVER MOTERICATION OF ASSESTED ABATEMENT Med :4586 (Pressure to MIAC 8:50 and 12:120) OF 10 DAY NOTIFICATION Name of Building Owner Operator (2) APPROVED BORDUGH OF EMERSON of Health & Senior Service 8-1-2013 Homes Test C MUNICIPAL PLACE 13 Time: 11:11 AM EMERSON, NJ. 07630 MOD IN JOSEPH SCARPA FACILITY WIFGIGHT THOM Type of Fredly (4) of Party Marie Abarrent is 1464 a Pines (5) 2 Salari (K-12) 2 Salari ar S BOROUGH OF FMERSON n seemen i Churten Kitz Sieby (A. prisis & comment former ofth) (D. J. M.) I MUNICIPAL PLACE 75.425 N.000 EMERSON COMING COME (2) (STATE USE Contract Use (Potet If helps) of MUNT SI PAL BOLDING OFFICE BERGEN Best Removal Inc DETAIL ASSOCIATES INC 00012 450 S.River St 300 ERAND AVENUE Hackensack, N.J. 07601 ENECEWOOD IN F 00388 2015696708 201-329-7444 STEVE PARECESTIP 8-5-2013 Onega Environmental Inc 8-5-2013 280 Huyler St handfellenhol Dudge Stales Period of Abstern at Pasternad Cubitio of Navaral Pastley Routs City, State, Zie Code South Hackensack, N.J. 07606 25der25F DEMONTOR END No NEA SFIX OFFICE AREA THERMAL INSULTINED DEBRIS OPERATIONS & MAINTENANCE CHEST THREE OF Ram of Region

A TOTAL PROPERTY OF THE PARTY O Best Removal Inc

17109 1/2 40

8-6-13

Minerva Enterprises Waynesburg ,

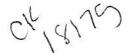
Hackensack, N.J. 07601 RVELDRAN

Estimator

R. Vollran

8-1-2013

De hat dan Sid Simplifor restor



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

Date of Notification (1) 8/2/2013				Building O				D OF ED	UCA ⁻	ΓΙΟΝ	9.7	8		
Agencies Notified Type Notification		/ / 8	Street Ad 31 ROL	dress JTE 181						19 ₄		1.77	Ø.	
EPA Initial DEP X Amended Amendment				e, Zip Cod HOPATC		NJ 07	849			7,7			J	ŕ
Emergency (justification) DCA Cancellation	ncluding		Name of JOSEP	Contact H YUHA	\S				Tele	phone Num	ber ·	i.	ý.	
		-	FACIL	ITY INFO	RMATIO	N								
Name of Facility Where Abatement is Taking ELLEN T. BRIGGS ELEMENTARY Street Address							× 5	of Facility (4 School (K-12 Subchapter	2)	er than K-12)			
1 JEFFERSON DRIVE							n o	Other (i.e. pr etc.)	rivate 8	k commercia	l build			S,
City (5) LAKE HOPATCONG							Squar	re Fæet	# of	Floors	BI	dg. A	ge	
County (6) SUSSEX			County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		Name	of Aba	tement Con	tractor	(9)				
KARL & ASSOCIATES INC.						2007	7000 90	OTHERS	CON.	TRACTIN	G			_
Street Address P.O. BOX 645					,	Street . 250		ss HERFORI	D BL\	/D.				
City, State, Zip Code								ip Code , NJ 0701	1					
SHILLINGTON, PA 19607 Project Manager for Monitoring Firm		т.	Telephor	ne No.		Teleph		0	4	License No	 D.			
MIKE KRISHER			N. C.	6-7700		169 (1025)	956-8			00494				_
Start Date (10) 8/12/2013	Schedule 8/23/20		npletion [Date (11)				HA Monitor 5 (9) ABO	VΕ					
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	SS						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	nent			City, S	tate, Z	ip Code		100				
									_					-
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emoliti				×	Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	edure	T			е	
	lo.	Locati	on									Abate	ement	i
Location of	0.00	lormal			Desc	cription	of				-	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/ Staff?		os Conta thermal s surfaci other mi	ining M systems ing, VA	fateria s insula T, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					10		200 05				
EXTERIOR		X		W	INDOW	V CAL	JLKIN	1G	1,8	300 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING	3	Н	IJDEP W lauler ID 8743	100.00	Cubic Y of Wast 10			TO STATE PRODUCES		ered Landfill NAGEME		s.R.C).W.	S.
City, State CLIFTON, NJ					Disposa 8/23/2			City, Stat		LE, PA				
Completed by VIVECA RAMOS	Title	JECT	COOF	RDINATO		gnature	9	a K	$\int_{0.2}^{\infty}$	Da	te 2/201	13		

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

Date of Notification (1)			-	Name of	Building	Owner/O	perator	(2)					3.0	5	
7/25/2013					- 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 198				RD OF EDU	JCA ⁻	TION		-	<u></u>	
	Type Notification			Street Ad 31 RO	ddress UTE 18	1						545		1	
EPA DEP DOL	Initial Amended Amendment	#		200	te, Zip Co HOPAT		, NJ 0	7849							7
⊠ DOH □ DCA	Emergency (justification) Cancellation			Name of	Contact PH YUH					T <u>el</u> e	phone Num	ber			
					LITY INFO	0.000	ON		•			_			
Name of Facility Where At ELLEN T. BRIGGS E						2			of Facility (4) School (K-12)						
Street Address 1 JEFFERSON DRIV	/E								Subchapter 8 Other (i.e. pri etc.)	(Othe			dings,	home	es,
City (5) LAKE HOPATCONG	i								re Feet	# of	Floors	В	ldg. A	ge	
County (6) SUSSEX				County (Code (7) JSE ONLY			Curre	nt Use (Prior	if beir	ng demolish	ed)			
Name of Monitoring Firm H KARL & ASSOCIATE		Owner (8)		ASCIV	No.				tement Contr			G			
Street Address P.O. BOX 645								Addres	ss HERFORD	BLV	′D.				
City, State, Zip Code SHILLINGTON, PA 1	9607						- 07		ip Code , NJ 07014	1					
Project Manager for Monitor	oring Firm			Telephor	ne No. 56-7700		Teleph	none N -956-8	0.		License No).			
Start Date (10) 8/5/2013		Schedul 8/23/20		npletion [Date (11)				HA Monitor S (9) ABOV	 ′E			1		
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Addres							
Facility Closed/Vacate Abatement Performed Other – Describe:							City, S	State, Z	ip Code					-	
Scope of Work (Check All	That Apply)					-		-							-
≥3 sf or ≥3 If ≥160 sf or ≥260 If	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	Renova Demolit				×	Mir Glo	Il Containmer ni-Enclosure ovebag Proce n-Exempted	dure				e	
		Is	Locati	on						7			Abate	ment	
Location of		1	Normal ed Sole	ly			scription						Ту	pe	
Asbestos-Containing M TO BE ABAT In Facility (13)	TED .	Ma	intenar todial S (12)	nce/				s insula T, or	ation,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIC	ND	100	X	INA	10	/INDO\	M CAL	II KIN	IG	1.0	00 SF	V	-		
EXTERIO		+			V	INDU	W CAL	JLKIN	10	1,0	00 SF	X	1		
Name of Registered Waste TWO BROTHERS CO		6	Н	JDEP W lauler ID 8743		Cubic of Was 10					red Landfill NAGEMEI	NT G	G.R.C).W.	S.
City, State CLIFTON, NJ				**************************************		11.0000	sal Date	1	City, State	SVILI	LE, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	COOF	RDINAT		ignature	e 1M	a a K)	Da 7/2	te 25/20)13		

00/00/Vell

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

Date of Notification (1) 8/1/13			of Building O Jersey Ci			(2)			U .	> .		
Agencies Notified Type Notification		Street	Address			overd		4.5		1	10:	;
▼ EPA □ Initial □ Amended □ DOL □ Amendment #		City, S	John F K State, Zip Co	de		evaru			7		-	1/
X DOL Amendment # Emergency (ir		- PARTIES	ey City, N.	J 07305	5		1 = 1	ephone Nun		-,	4	
DOH justification) DCA Cancellation			of Contact Delvecch	io			1 10	ephone Kill	nnar			
		FA	CILITY INFO	RMATIC	ON			_		<u> </u>	Will Land	
Name of Facility Where Abatement is Taking West Campus Warehouse	Place (3)					Type of Facility	(4)					
Street Address	L-SOME STREET			-		School (K		er than K-12	2)			
2039 John f Kennedy Boulevard					1			& commercia		dings,	home	es,
City (5)						Square Feet	32.00	f Floors	1703	Ildg. A	ge	
Jersey City		1.				20000	1	 		:0+		
County (6) Hudson			y Code (7) E USE ONLY)		_	Current Use (P Warehouse	rior if be	ing demolish	ied)			
Name of Monitoring Firm Hired by Building O	wner (8)	AS	CM No.			of Abatement Coola Services,		(9)				
Street Address					Street	Address						
City, State, Zip Code						B Lucon Roatate, Zip Code	aa		-			
3000 € * 30000 00 € 00 • 1000 0000 0000					Skipp	oack, PA 194	74					
Project Manager for Monitoring Firm			hone No.			one No. 539.5634		License N 01077	0.			
	Scheduled (8/31/13	Completio	n Date (11)			of OSHA Monito ola Services,						
Occupancy Status During Abatement (Check	Only One)					Address	1					
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe:					City, S	B Lucon Roa tate, Zip Code back, PA 194	-5528					
Scope of Work (Check All That Apply)					Okipi	Jack, 174 104						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation olition			×	Full Containr Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure	-				
	ls l o	cation	1			1 Non Exempt	T	d Non i nab	10.10	Abate	ement	
Location of	Norr	nally			cription					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED		olely by nance/	Asbest	tos Conta	aining M	laterial (ACM) s insulation,	5.0	mount Specify	٦	_	En	ш
In Facility	1	al Staff? 2)	(ing, VA	T, or		F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		o N/A		other m	iscellari	leous)			val	=	ulate	ure
Roof	165 1	X		Roof r	memh	rane	20	000 SF	Х			
11001		+^		110011	ПОППО	Tario	20	000 01	1			
		+										
		+					-					
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Y	/ards	Name o	f Registe	ered Landfill	1			
Waste Management, Inc.		Hauler 17273		of Wast	te	1625,000,000		gement, l				
City, State Keyport, NJ	ALIGNOS PROPERTING			Disposa	al Date	City, Sta	ate own, P	Ą				
Completed by	Title	200		Si	gnature	, AX	1	Da				
Caroline M. Harper	Project	Manage	er ————	(ar	well/	ELK	21 8/	1/13			

Bossel

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

					/ and 12:120-/)	721					
7-31-13	n (1)			-	Owner/Operator accavale	(2) 20/	13/11/2 2 61				
Agencies Notified	Type Notifica	tion	Street Addre								
[]EPA	[X]Initial		82 Cent		Ave.	25	1 44	10. 31			
[]DEP	Notific	ation	City, State,	Zip	Code		N.	31			
[x]DOL	[]Amended Notific	ation	Madison	,NJ	,07940			/			
[X] DOH	2 2000		Name of Cont	act		Telepho	ne Number				
[]DCA	[]EMERGENC		Kathlee	n C	accavale	-		4	_		
	[]ouncerra		FACII	LITY :	INFORMATION		45	28.05			
Name of Facility Who	ere Abatement	is Taki	ng Place (3)			Type of Faci	lity (4)				
Same as above	1					[]School					
Street Addres		***************************************				[X]Other	pter 8 (Othe (i.e., priva buildings, h	ite & co	omme	:-	
						Square Feet	# of Floo	- 8	dg.		
City (5		County	(6)Morris	Cou	nty Code (7)	2100	3		105		
				(SI	ATE USE ONLY)	Current Use	(Prior if be)
Name of Monitoring	Firm hired by	Buildin	g ASCM No.		Name of Abate	ment Contract	or (9)		1010		
Owner (8) N/A					AZTECH M	IANAGEMEN'	f, Inc.				
Street Address					Street Address	s topher St	t.				
City, State, Zip Cod	de				City, State,		240				
					Montclai	r, NJ 070	142				
Project Manager for	Monitoring Fi	rm Te	lephone Numbe A	er	Telephone Number (973) 744		1	icense 0037		ber	
Scheduled Start Date	e (10) Sche	d Comp	letion Date	(11)	Name of OSHA 1	Monitor			-		
8-12-13	e (10)	N. 100 To	1-2013	(/	N/A						
	ear Mo		Day Year		[· · · · ·		(4)				
Occupancy Status Du: [X] Facility Clo of Abatemen	sed/Vacated D				Street Address	s					
[]Abatement Pe		de of No	rmal Facilit	Y	City, State,	Zip Code					
	ribe: «OffHour		-	558		* *					
[]other - Desc			Descript»								
Scope of Work (Check	k all that app	ly)			ר ויייטו	Containment w	ith Negative	Proces	ire		
[X]≥3 sf or []≥160 sf			X]Renovation]Demolition		[X]Mini [X]Glove	-Enclosure bag Procedure		. 11655			
			Is	-	[]NON-F	riable Proced	T T	Aba	teme	ent 1	Type
Location			ocation formally		Description			R	10000	E	E
Asbestos-Con			Used		Asbestos-Con Material (Amount (Specify	E	R E P	C	C
Material TO BE AE			Solely By Main-		(i.e., thermal		SF or	0	P	A P	D L
In Faci			cenance/ ustodial	ir	sulation, surf	N. 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 1988 - 19	LF)	V	A	S	S
(13)			aff (12) No N/A		or other misce	llaneous)		Î	R	L	R
Basement		ies	X	Во	iler		40 SF	X			
				Pi	pe Insulat	ion	160 LF				
Name of Registered NAMAG		C H	JDEP Waste auler ID No. 7040		bic Yards Waste 2.0	Name of Reg G.R.O.W	istered Land	lfill			
City, State			1020	Di	sposal Date	City, State		2 +	-685	_	
Montclair, NJ	07042			10000	8-15-2013		ille, PÁ	1906	57		
Completed By (Print	or Type) Tit	:le			Signature) / /	1/	Date			
Constantine V		eside	ent		/ -	interview	Vinen	7-31		3	
•					1	- oproper	1 www				



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

Check No. N/A			
Check No. N/A	Chaole No	ALLA	
	Check No.	IN/A	

Date of Notification (1)					Name o	of Buildin	g Owner/Operator	(2)	1.7				124-	
July 31, 2013					PA of	NY &	NJ, Port Jers	ey Marine Te	rminal	of p				
Agency Notified	Type No	otification			Street A	Address			12126	1.67	10			- 6
□ EPA	Initia	İ			51 Pc	ort Terr	minal Bouleva	rd		i	٠,	3,		
Not required per State Reg. 10 2004	☐ Ame				City, St	ate, Zip	Code					•		
☑ DOL	100000000000000000000000000000000000000	ndment # rgency (including	6:		Bayo	nne, N	J 07002-5014			10	10			į
☑ DOH		fication)	N.			of Contac	ot		Telephone Nun	nber '				
☐ DCA	☐ Cano	cellation			Ed Hi	icks								
					FACIL	ITY INF	ORMATION			2000				
Name of Facility Where	Abatemer	nt is Taking Place	(3)					Type of Facility	(4)				11-37	
Building 108 Roof	Rehab	ilitation at P	ort .	Jerse	У			☐ School (K-12)					
Street Address								☐ Subchapter 8	Other than K-1 2					
108 Port Terminal	Boulev	/ard						homes, etc.)	ivate & commercia	ai buildin	gs,			
City (5)			====					Square Feet	# of Floors	Bldg.	Age	ŝ		
Bayonne, NJ 0700	2-5014							7,100	1	50 +	-/-			
County (6)	Mary Mary Market		-		County	Code (7) (STATE USE	Current Use (Pr	or if being demol	lished)		1750		
Hudson					ONLY)			Electrical S	ubstation					
Name of Monitoring Firm	n Hired by	Building Owner	T	ASCM	No.		Name of Abaten	nent Contractor (9						
A of NY & NJ	•			N/A			B&N&K Res	storation Co.,	Inc.					
Street Address			_				Street Address							- 1
241 Erie Street, R	oom 23	6					223 Randol	ph Avenue						
City, State, Zip Code			1770				City, State, Zip	Code						
Jersey City, NJ 07	310						Clifton, NJ	07011						
Project Manager for Mor	nitoring Fi	rm	Te	lephor	e No.		Telephone No.		License No.					
Uday Mehta			2	01-59	5-488	31	973-478-468	31	00120					
Start Date (10)		Scheduled Cor	nplet	ion Dat	e (11)		Name of OSHA	Monitor						100
August 13, 2013		December	31,	2013	. J. s		McCabe En	vironmental (Services, L.L.	C.				
Occupancy Status Durin	g Abatem	ent (Check only	one)		*		Street Address							
☑ Facility Closed/Vacat	ed During	Entire Period of	Abat	ement				Brook Avenue	9	C 10.0				
☐ Abatement Performed ☐ Other - Describe:							City, State, Zip							
_							Lyndhurst,	NJ 07071-199	98					_
Scope of Work (Check a	II that app	oly)						Containment with	Negative Pressu	re				
☐ ≥ 3 sf or ≥ 3 lf					⊠ Ren □ Dem	ovation		-Enclosure vebag Procedure						
≥ 160 sf or ≥ 260 lf					□ Dem	Ontion	⊠ Non	-Exempted (*) and	d Non-Friable Pro	cedure				
			ls	Locati	on		100000000000000000000000000000000000000				A	bater		nt
Locati			1	Normal	ly		Description	of				Тур	Je	
Asbestos-Containi		al (ACM)		d Sole		Asbe	stos Containing N		Amount		_		m	m
TO BE A			(ustodi	700	(i.e	e., thermal systems surfacing, VA		(Specify SF or LF)		Rem	Re	cap	nclo
IN Fa	9000 mm			Staff? (12)			other miscellan		01 01 11)	la j	Removal	Repair	Encapsulate	Enclosure
,	30	-		· -,	-	-					=		te	(D
			Yes	No	N/A					20 6		\vdash	-	
Roof					$ \Delta $		Tar & Flashii			0 sq ft		\vdash	_	
Exterior					X		king & Windo	w Glazing		7.2 In ft	(
Battery Room				,	X		r Tile			74 sq ft	-			
First Floor Front			_		X		mal Systems			65 In ft	X			
Name of Registered Wa	ste Haule	ır	0.50	DEP V	Vaste H	lauler	Cubic Yards of Waste	Name of Regis	stered Landfill					
Two Brothers Cor	ntractin	g, Inc.	100000	8743			40		orth Landfill	*:				
City, State	4.7						Disposal Date	City, State	D.4					
Clifton, NJ		T =					08/20/13 - 1/2/31/13/	Morrisville	e, PA	D-4-				_
Completed by		Title		è			Signature /	1/		Date	204	2		
Aleksandar Kurid	za	Vice-Presi	deni	[1 you			7/31/	201	3		

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

Date of Notification (1) 08/02/2013					f Building				A. Napolit	ano		17	1		
Agencies Notified	Type Notification			Street A				200-200-310	·····		1		100		,
EPA DEP X DOL	Initial Amended Amendmen	t#		City, Sta	ate, Zip C	ode	06								
DOH DCA	Emergency justification Cancellation			Name o	f Contact t Napol				•	Те	lephone N	u <u>mbe</u> r			
				CH PHONON CON	LITY INF		ION		-						. 0
Name of Facility Where A Residence Street Address	Abatement is Takir	ng Place (3	3)						School (K- Subchapte	12) r 8 (Oth				•	
94 Duncan Avenue								×	Other (i.e. etc.)	private	& commer	ciai dui	aings	, nom	ies,
City (5) Jersey City		92000						Squ: 3,50	are Feet 00	2	f Floors	1000	3ldg. 30 yr	_	
County (6) Hudson					Code (7) USE ONL	n			ent Use (Pr sidence	ior if be	ing demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	,	ASCN N/A	/ No.				atement Co st Haz M			c.			
Street Address							Street 494 E		ess st Street						
City, State, Zip Code									Zip Code NJ 0750	4					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 973-3	one N	No.		License 00507	No.			
Start Date (10) August 17, 2013		Schedule		mpletion	Date (11)				HA Monitor above					8	
Occupancy Status During	Abatement (Chec						Street	Addre	ess			_			
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of Norn	nal Facility					City, St	ate, Z	Zip Code	9	* 0				
Scope of Work (Check Al	I That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				XIXIX	Gl	III Containm ni-Enclosur ovebag Pro on-Exempte	e cedure	2			e	1
		0.70	Locat				- tond	140	n-Exemple	<u> </u>	a Non-i na	1	Abate	ement	t
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Use Ma	Norma d Sole intena odial (12)	ely by ince/ Staff?		tos Cont thermal surfac	scription aining Ma systems cing, VAT niscelland	ateria insula , or	ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			- 22							ë	
Baseme	ent		Х			Pipe	Insulat	ion			0 LF	X			
Baseme	ent	-	Х							8	0 SF	Х		_	
Name of Registered Wast East Coast Haz Mat I			+	JDEP Waller ID I J 419		Cubic of Was 2	ste		1 NO. 10 THE SEC. 100	1000 - 10000	red Landfil North Inc			2-10-0	
City, State Paterson, NJ 07504							al Date /2013/		City, State Morrisy		Ą				
Completed by James E. Unger	0.00	Title Proje	ct Ma	anager		S	ignature	. 6	1/2	v	100	ate 3/02/2	013		
ASB-41 (R-06-08)							-		his form for	asbest	os licensur	e exem	pted	activit	ies.

CK 023434

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	1.1.1.	J	(Pu	N	ame of Bu	8: 60 and 12: 120-) ilding Owner/Oper	rator (2)	2013 _{AUG}					
		3]		E	yal Shuste	r			×> -				
Agencies Notified Type of [X] EPA	f Notification				treet Addr 50 Ninth S	ess treet LLC			4//	D			
[] DEP [X] L	nitial		1	C	ity, State,	Zip Code		1.77		-	1		
	mended mendment#			Je	ersey City,	NJ		· ·	Mar.				
[X] DOH []E	mergency (including	g		N	ame of Co	ntact		Tele	phone Numb	er	_		_
	ustification) ancellation			E	yal Shuste	r		1					
				FACI	LITY INF	ORMATION				_			
Name of Facility Where Abatement is Takin	g Place (3)						Type of F	acility (4)					
Residential							1] School (K-12)				
Street Address] [
353-361 Claremont Avenue City (5)				1 ~				buildings, ho	mes, etc.)				
City (5)	ounty (6)			100000	unty Code TATE USE		Square Fe		Floors	I	3ldg. A	ge	
Jersey City	udson			1	2.	9	Current	se (Prior if being den	aolished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	CM		Name of Abatem	ent Contractor	(9)			-		
						I D C							
Street Address					-	Street Address	& Environmen	tal Consulting, Inc.		-	_		
						1141 Route 23							
				(533) (5-1-)		City, State, Zip C	Code						
						Wayne NJ 07470	0						
Project Manager for Monitoring Firm		Tele	ephone	Numb	er	Telephone Numb	er	Licen	ise No.				
Scheduled State Date (10)	Scheduled Com	pletion	Data (11)		973 628-9500	v. 1.	00408	3				
0 8 1 2 1	3 0 8				1 3	Name of OSHA I Enviro Vision Co							
Month / Day / Year		_	Day		Year	Enviro Vision Co	msuitants, mc.						
Occupancy Status During Abatement (Check	only one)					Street Address							
[X] Facility Closed/Vacated D of Abatement	uring Entire Period				- 1	20-21 Wagaraw I	Road, Bldg. #34	A	0				
[] Abatement Performed Ou	tside of Normal Fac	ility Ho	ours			City, State, Zip C	Code						
Other - Describe:						Fairlawn NJ 074	10						
Scope of Work (Check all that apply)							Full Conta						
1) >2.65.00 > 2.16		[X]		ovation		[]		inment With Negativ sure	e Pressure				
$[] \geq 3 \text{ sf or } \geq 3 \text{ lf}$ $[X] \geq 160 \text{ sf or } \geq 260 \text{ lf}$		[]	Dem	olition		[]							
						[X] Non-Exem	ted (*) and Non-Fria	ble Procedur	_	batem	ent T	`me
			Is		1						Datell	E	E
Location of			ocation ormally			Description of Asbestos-Containi	ng	Amo	unt	R	R	N C	N C
Asbestos - Containing Material (ACM)			Used dely by			Material (ACM		(Spec	cify	M	E	A	Ĺ
TO BE ABATED			ntenan			(i.e., thermal system insulation, surfacin		SF or	LF)	O V	P	PS	o s
in Facility (13)		22592	stodial			or other miscella				Ā	Î	U	U
		Yes	No No	N/A	1					L	R	L E	R E
353-Basement / 1st Floor				х	Plaster			500 SF		х		E	E
355 - Exterior				х	Roofing			800 SF		х			
355 - Exterior				X	Transite		1,000	500 SF		X		\neg	
357 - Exterior				X	Roofing			1000 SF		х			
												\neg	
								1000				\exists	
												\neg	
Name of Registered Waste Hauler			EP Wa		Cubic Ya	rds of Waste	Nan	ne of Registered Land	ifili		1		
J.R. Contracting & Environmental Consulting	, Inc.	Haul	ler ID N 17819				G P	.o.w.s					
City, State					Disposal	Date		, State					
Wayne NJ 07470							transfer Programme	risville PA					
Completed by (Print or Type)	Title				Sig	nature	×		Date	9070			- 20 70
Jerry Bijelonic	Project Manager				1			× -		8/1/	2013		

CX 7248

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

Date of Notification (1) 07/31/13					Building et Boar				Ź	20/3.				Ti	7	
Agencies Notified	Type Notification			Street Ac 599 Ro	dress osevelt	Aven	ue		Ø 2		(6.7)	11.				
DEP DOL	Initial Amended Amendment		_	City, Stat	te, Zip Co					- j		**************************************	· ;	7		
DOH DCA	Emergency justification) Cancellation	16 8733		Name of Drew F	Contact Packard					Tel	ephone I	Numbe	er_			
				FACIL	ITY INFO	ORMAT	ION									
Name of Facility Where		g Place (3)					Туре	e of Facility (4)		1				
Carteret High Scho	01							X	School (K-1							
Street Address									Subchapter Other (i.e. p				mild	inas	home	20
199 Washington Av	enue							ш	etc.)			orolar c				.3,
City (5) Carteret								100	are Feet	1000	f Floors		2	dg. A	ge	
									0000	3			80) 		
County (6) Middlesex				County C (STATE U	ode (7) ISE ONLY				rent Use (Prid 1001	or if be	ing demo	olished)			
Name of Monitoring Firm RK Occupational&E				ASCM 090	No.				atement Con			n, Inc).		-	
Street Address							Street	Addre	ess							
403 St. James Aver	nue								e 46 Suite	3D						
Phillipsburg, NJ 088							100000000000000000000000000000000000000		Zip Code IJ 07512							
Project Manager for Mon Pat McGuinness	itoring Firm			Telephon 908 45	ne No. 4 6316		Telepi 973		No. 7010		License 00666					
Start Date (10) 08/02/13		Schedule 08/05/1		mpletion D	Date (11)				HA Monitor	& Res	storatio	n, Inc).	-11001616		
Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addre	ess							
Facility Closed/Vac	ated During Entire	Period of A	Abater	ment			265	Rout	e 46 Suite	3D						
Abatement Perform Other – Describe:	ed Outside of Nom	nal Facility	Hour	s					Zip Code NJ 07512							
Scope of Work (Check A	ll That Apply)														-	-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		PROPERTY.	enov: emoli				×	M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure		WEA	اج-	, eu		
		Is	Local	tion								\top		Abate	ement	
Location	of	l N	lorma	illy		De	scription	of				_	_	Ту	pe	
Asbestos-Containing			d Sole intena	ely by		tos Con	taining N	/lateria	al (ACM)	100	mount	١.	_		Щ	Е.
TO BE AB/		1985 DOMESTIC		Staff?	(i.e.		system		lation,		Specify or LF)		Rem	Repair	cap	nclo
(13)			(12)			other	miscellar	neous)				Remova	air	Encapsulate	Enclosure
		Yes	No	N/A											te	0
Band Ro			Х		<u></u>	Pip	e Fittir	ngs		1	2 LF	x				
Locker R			х				e Fittir	-		2	0 LF	x				
Shower /	Area		Х			Pip	e Fittin	ngs			6 LF	x				
Office/Stora	ge Area		X			Pip	e Fittin	ngs			5 LF	x				
Name of Registered Was	te Hauler		1.00	JDEP W		0.000,000,000	Yards	-	Name of	Registe	ered Lan	dfill				
Bako Construction &	Restoration, Ir	IC.		Hauler ID I	NO.	of Wa	2000 C-20174		G.R.O.\		nc.	10 m - 11 m 100 m				
City, State Totowa NJ					112	Dispo 08/05	sal Date 5/13		City, State Morrisv		A					
Completed by		Title				1 8	Signature	9 1 1	7		T	Date				
Goran Kojic		Proje	ct M	anager				2	- ran	ho	ne	07/3	1/1	3		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC \$188 and 12:125)

07	e of Notification (1) /31/13		· · · · · · · · · · · · · · · · · · ·			Sulding of Bos					01-1	0.01) N		
		Type Notification Initial Amended				dvědod		18			JUL	te de	313	1	١
	DEP DOL	Amended Amendment	4			nto, Zip Ci net NJ ()			7	1-	- W		501	TET)
	DCA	Emergency Justification) Cencelle(for		_	Name o	Contact Packard				1780	I MARIE R	V O F	KU	۷ ۱۰۰۰	
Nar	ne of Facility Where A	between is Takin	o Placa C	21	FAC	ILITY IN	ORMATI	ON	Type of Facility						
CE	rteret High Schoo	4	.a= e= /e	-1						1.5					
1	en Address 9 Washington Ave	nue							Subchapt	er 8 (Ot)	er lhan K- & commer	12) cial huil	dings.	ham	45.
Ca	r (5) I rleret								Square Feet 120000	3	Floors		ido A	ge '	
M	mty (6) ddlesex				(STATE	Code (7) USE CALLY	,	_	Current Use (F School			stiert)		* 1 bear	
R	ns of Manitoring Firm I Occupational&Er	Hired by Building nvironmental /	Owner (8) Vhalysis	Inc	ASCI 090	JI No.		Bako	of Abelement C Construction	aniracio 8 Re	(9) storation	. Inc.			
40	et Address 3 St. James Aveni	ue							Address Rowle 46 Sui	le 3D		1.			**********
Ph	r, States, Zip Code tillipaburg, NJ 0686								we, zip Code Na NJ 07512						
Pa	ject Manager for Monk t McGuinness	oring Firm			Telepho 908 4	ne No. 54 6316			one No. 256 7010		License 00666	No.	,	. 11	
08	n Dete (10) 102/13		08/05/	13	mpletion	Date (11)			of OSHA Monks		storation	. Inc		~ x	** 18.*
	Supericy Status During							Streat	Address				× • 5		
	Facility Closed/Vacet Abstament Performer Other - Describe: Lis	ed During Entire of Outside of Norm mixed Occupancy	Period of a nel Peoleg	Abeter Hour	nent s		_	City, &	Route 46 Suitets. Zip Code wa NJ 07512			3	16.1	(10)	
See	pe of Work (Check All	That Apply)	-	-				1010	NO THE WILL						
	≥3 of or ≥3 if ≥160 of or ≥260 if			Rénova Pempil					Full Contains Mini-Enclose Glovebag Pr Non-Exempt	ire coedure		USAC	- eu	7	
			le	Locat	lon				Trott-Santigat	941741	W NOTIFIE	10.87.0	Abair		
10	Location of Azbestos-Containing N	of Relegal (ACUIV	Dog.	d Sok	lly by	A - b	Des	cription	of	١.			[! y	DE:	· ··
·	TO BE ABAT In Facility (13)	CED	Me	intena lodiai ((12)	hoe/ Staff?	ASDS:	thermal aurfac	ening M systems ling, VA' riscellan	eterial (ACM) Insulation, T, or sous)	1 75	Mount Specify or LF)	PAGARAY	Recar	Ercsesuale	Endowe
			Yes	No	NA							12		E F	e .
	Band Roo			H				Fittin		1	2LF	н			,
•	Locker Ro			X			-	Fitton		2	0 LF				
	Shower A			×	-			Fittin			5 LF	N			
Non	Office/Storage			x				Fittin	gs		LF	ĸ		1	
Bak	o Construction & F		ic.	H	IJDEP W Ruley ID 0889		of Was		G.R.O		red Løndi 10.	ii	4 11 11 11 .5		
Tox	Sine Wa NJ						Dispos 08/05/	al Date 13	City, Str Morris		`				
	an Kojic		This Proje	ct Ms	nager		91	Buttifut		Mos	o (ate 7/31/1	3		
						-		1			4				ا ا

ASS-41 (R-06-08)

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

State of New Jersey NOTIFICATION OF ASSESTED ABATEMENT (Pursuant to NJAC 8:50 and 12:120) CHECK # 0223

Date of Notification (1)	i			anst gnibike						2.3		
8-1-2013				welopmen	Group	· ·	API	Provi				
Agencies Notified Type Notification		1 -	Street Ado 28 W. 3	dress 36th Street	Suite 80	0	Uspt. of Hea	ith & S	enlor _	Servi	ces	
EPA E miliel .	31	1	City, State	a, Zip Code	-	- 1	0/ 18	gnature)			-	_
DOL Amendment#				ork, NY 101	018	Da	19: 111	77.	me:	MAG	2 [2]	
Emergency (in justification) Cancellation	nduding	- L.	Name of t	Confect			Telephon	e Num			4/	
L DON LOUISIANT				ITY INFORM	ATION	7`		-	-			
Name of Facility Where Abatement is Taking Building # 15	Place (3)	1	11 1141 6/100		Type of Facility School (K Subchapte Other (i.e.		n K.10	`			
Street Address	i					Other (i.e.	private & con	thercia	j palid	Ings,	home	18,
29 Mantoloking Road						etc.):	10.55		1 41			
City (5) Mantoloking, NJ 08738	i					Square Feet	# of Floo	13	BI	dg. A	ga	
County (6) Ocean	!		County C	code (7)		Custent Use (P	nor if being de	mollsh	ad)			
Name of Monitoring Firm Hired by Building C	owner (B)	-	TASCM	No.	Name	of Abatement C	ontractor (9)		-			-
n/a			n/a		Loz	nica Manager	nent Carpo	ration				
Street Address	·				Street	Address			-			7,000
n/a					22	Troy Lane						
City, State, Zip Code	:					State, Zip Code coin Park, NJ	07035					
Project Manager for Monitoring Firm	-i- -	г	Telephor	ne Na		нопо No.		anse N	D.	-		
n/a	i	-	n/a			-706-7950		193	-			
Start Date (10)	Schedul	ed Car	mpletion I	Date (11)		of OSHA Monito	r					
8-5-2013	8-16-2			,	Loz	nica Manager	nent Corpo	ration	i			
Occupancy Status During Abetement (Chec	k Only Or	ne)			255	Address	· •					
Facility Closed/Vacated During Entire F	eriod of	Abater	nent	M		Troy Lane						-
Abatement Performed Outside of Norm Other – Describe;	M FUOIS	y Hour	\$ 			State, Zip Code coln Park, NJ	07035					
Scope of Work (Check All That Apply)			•									
≥3 st or ≥3 tf ≥160 sf or ≥260 ff		Renovi				Mini-Englosi Glovebag Pr		W. 1910			te.	
	TÌ.						1	. , , , , , , ,	T			Ł
		Locai Norma			D 14					T	pe	20
Location of Asbestos-Containing Material (ACM) TO REABATED In Facility (13)	Cue	ed Sole aintens stodisl (12)	urce/ Statt?	(l.e. tho	Description Containing must system surfacing, V her miscelle	Material (ACM) ns insulation, AT, or	Amous (Speci SF or L	īy	Removal	Rapair	Encapaulale	Englosure
	Yes	No	N/A									
Flat Roof			X			ing, & Ter	1,000		X			_
Windows			8	W	indow Gl	azing	5 Winds)WS	X		_	_
	1:								J .	1		
	1.											
Name of Registered Wasto Houler Loznica Management Corporation	i	1	NJDEP W Hauter ID 008313	No. d	ubic Yarda Waste BD		A Registered WS Landfil			-		
City, State Lincoln Park, NJ 07035	- 			0	isposal Dat BD		ate sville, PA 1	9067				
Completed by	Title								ate		(-
F. Ciroxic	1	retan			1	المراجع المراجع	' ~	1	-1-20	113	- 1900	

State of New Jersey NOTIFICATION OF ASPECTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) CHECK # 0222

Date of Notification (1)		<u>!</u>	IN	lame of Bu	qOnenvO gnibli	erator (2)	, -							
8-1-2013		1	- 1		velopment Gr	onb		E		PPROVED		4,	7_	_
Agencies Notified	Type Notification	i		Street Addr 28 W. 34	ess 5th Street, Su	ite 800		NJET	H logique	ealth & Sei	nior St	rvice	25	
EPA DEP	initial Amended	-	7	City, Stato,	Zip Code			1	- 1	(signature)			1	
N DOT	Amendment#	1	- 1	New Yor	rk, NY 10018			Date	PU	CS_TIN	10: <u>[</u>	7.86	4	
	Emergency (inclustrication)	ndka	1 -	Name of C	ontact			-	Telep	none Num	TÓ!			
DOH DCA	Cancellation	! .		Robert						•				_
T. 25 7 MR J	Abasanant In Takina D	Sties (2)		FAGILI	TY INFORMATIC		Type of F	acility (4	(3)				_	
Name of Facility Where Building #11	Apareniem is raining P	iéca (2)				1	T 3ch	ool (K-1)	2) 8 (Other	rthan K-12)				
Street Address		;				1	My Own	er (i.e. p	rivate &	commercia	bulldl	ngs, l	tame	8,
29 Mantoloking Ro	080	<u> </u>					Square F		1 th of	Roors	B	ág, A	36	_
City (5)	0700					1.	edinare r		1 2 2		1-"		a.	
Mantoloking, NJ 0	5/35	- ;		County Co	Ma (7)	-	Cantent	Jsa (Pri	or If bein	g demoliah	-d)		-	_
County (6) Ocean		:		(STATE US	SE CARLY)						,			
Name of Monitoring Fire	m Hired by Building Ou	mer (8)		ASCM	No.		of Abatem			* 17				
n/a		1		n/a				lagem	ent Go	rporation				_
Street Address							oy Lan	. !						
n/a		<u> </u>					ate, Zip							
City, State, Zip Code		:					oln Pari		7035					
rı/a Project Manager for M	andanian Elma			Telephon	e No		one No.	1 1 40 0	1000	License No	Ď.			
n/a	Of Discussion of the second			n/a	J.102		706-79	50		01193				
Start Date (10)	.1 \$	Schedule	ed Cot	mpletion D	ate (11)	Name (OSHA	Manitor						
8-5-2013	100	8 23 2		•		Lozn	ica Ma	nagem	ient Co	rporation				
Occupancy Status Dur	ing Abatement (Check	Only On	(a)	and the second			Address	·						
Facility Closed/Va	cated During Entiro Pe	riod of	Abates	ment			roy Lar	CONTRACTOR MATERIAL						
Abatement Perfor	med Quiside of Norme	I Facility	Hour	3			tate, ZIp							
Other - Describer		1				Lino	oln Par	C, NJ C	7035					
Scopa of Work (Check	All That Apply)	1				Peo	7	i.	20 9000	70.01			15	
의 왕석이와 # 점 1460 영어 2260 #	•		Remov			-		landelina Endlosus		Negative F	Tessu	100		
图 ≥160 afor ≥260 ff		<u> </u>	PURINCE	EBOII			Glove	bag Pro	erubea	454 - FA-L	ı. D			
		- i					_ Nan-	SKEINDIG SKEINDIG	a (") an	d Non-Friab	(S) PTO	7777	smen	4
		1	Loce Norma										/pe	- T-(C
Locati Asbestos-Containt		· Use	ed Sol	ely by	Asbeetos Con	scription taining M	of Interial (/	(CM)	A	mount			m	_
TOBE	BATEO		iinten India	Staff?	(l.e. therma	i systems		in.		specify For LIF)	Removal	7	Encapsulate	Enclosure
In Fa			(12)			ncing, VA miscellan			-	WE'	SAOU	Repair	1 M	200
	•	Yes	No	N/A				1.			=		9	1 05
Furnace Room W	est Ceiling & Wall	!		1	Asbe	stos Pa	nels	+	2	00 SF	×			
Furnace Roc		 		X	Roofing,	Flashir	ng. & To	ar l	2	25 SF	X			Γ
	Roof	i		×	Flas	shing &	Tar	i	1,	100 SF	X			
Various \	Windows	1		X	Wind	low Gla		:	Allega State Programs St.	Vindows	X			1
Name of Registered V		<u> </u>	-	NUDEP W	aste Cubic	: Yards		Name o	Regist	ered Landfil				
Loznica Managen		İ	- 1	Hauter ID 1 0033137	TBE	1		1	NS La	ndfill				
City, State	77026	:	•		.Dispo	osai Date		City, Sta Morris		A 19067				
Lincoln Park, NJ (1/00	Tille				The same of the sa	L	1			ate			
Completed by E. Cirovic		1 1	reter	у		Signatur	ມາ້ວ	υ'nς		8	-1-20	13		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	0/0/0010				Name of Buildin			,	70			
. / = 4 F	8/2/2013	222				Semir	nole Construction	u	2	5 >	02	-
Agencies Notified [X] EPA [] DEP		l Notific	ation		Street Address		artlett Avenue					
[x] DOL	Amer	ndment # gency (i			City, State, Zip (Creek, NJ 08092					1
[x] DOH [] DCA	The state of the s	ication) ellation			Name of Contact Joyc			Telephone Number		-	2.	
				FAC	CILITY INFOR	MATION						
Name of Facility Where A Res	batement is Taking sidence	g Place ((3)				Type of Facility (4)	School (k-12)		1.10)		
Street Address 64	W. Susquehanr	na Driv	re				[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,
City		Count	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors	Bldg	g. Age	50	
Mystic Islan	d	Ocea	in				Current Use (Prior Reside)			
Name of Monitoring Firm		Owner	(8)		ASCM No.	Name of	Abatement Contracto		Inc.		N	
Street Address						Street A	ddress	Route 9, Unit 61				
City, State, Zip Code					2	City, Sta	ate, Zip Code	River, New Jers	200000	755_1	271	
Project Manager for Monit	toring Firm		Telephone	Number			ne Number 19-9932	License N 00624			2/1	
Scheduled Start Date (10) 8/03/13			Scheduled 8/06/1		tion Date (11)	Name of	OSHA Monitor E.M.S	L. Analytical				
Occupancy Status During	Abatement (Check lity Closed/Vacate				otement	Street A	ddress	telton Road	en.			60
- [] · Aba	tement Performed er – Describe					City, Sta	ate, Zip Code	way, New Jerse	ev 088	354		
Scope of Work (Check all	that apply)					[]		t with Negative Pre				
[] >3.c	for≥3 lf		r 1	Renova	ation	[]	Mini-Enclosure Glovebag Proces	lure				
	0 sf or ≥260 lf		[x]	Demoli		[x]		*) and Non-Friable	Procedi	ure		
									Abat	ement	Туре	
Location	of	N	Is Locatio Normally u		Δ	Descriptionsbestos-Con		Amount	R	R	E	E
Asbestos-Containing M			Solely by	,	1	Material (A	ACM)	(Specify SF	E M	E P	N C	N C
TO BE ABA		Main	tenance/Cu	ıstodial		e., thermal		or LF)	O	A	A P	L
in facility (13)	<i>/</i> .		Staff (12)		1111	sulation, su VAT, o			V	I R	S	S
(13)			(12)		Of	her miscell			A		U L	U R
		YES	NO	N/A					L		E	E
Exterior			X		Asbestos sid	ing		900 sf	X			
			I I I I I I I I I I I I I I I I I I I	<u> </u>	I Tour	7 1 (11)	. Tar. en	11 - 1611	<u></u>			
Name of Registered Waste Guardian Co	Hauler ntracting, Inc.	1	NJDEP Wast 2	te Hauler 0223	ID No. Cubic S	ards of Was	te Name of Regist T.R.R.F.	ered Landfill				
City, State Toms River,				Dispos 8/07/	sal Date	City, St Tullyt	ate own, P¢nnsylvani	a		L.		
Completed by (Print or Type Nicholas Ferr	pe)	Title Proje	ct Manage		Signature	chol	1 Lec	1	Date 8/2/	2013	A	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (PILISUSINI to NJAC 8:60 and 12:120) CHECK # 0220

Data of Notification (1)	1		uilding Owner/Op		,		1.			7
8-1-2013	:		velopment Gr	гоцр		Althou			\neg	_
Agencies Notified Type Notification	ļ	Street Add 28 W. 3	iress 16th Street, Su	ite 800	NJ	Jest of Health & S	enior	Serv	ices	
EPA INITIAL INITIAL Amended Amendment	#	City, State	, Zip Code ork, NY 10018		Det	e: The signature	lme:	1 8.	4	ř
Energency (DOH DCA Energency (Justification) Cancallation	including	Name of C			:	Telephone Numb				
LI MAN IN CONTROLL	- i		TY INFORMATE	ON	- !				ş	_
Name of Facility Where Abatement is Takin Building # 16 Street Address 29 Mantoloking Road	g Place (3)			Type of Sc	Facility (4) hool (K-12 hothepter 8 her (i.e. pri		buildi	ngs, I	ome	s,
City (5) Mantoloking, NJ 08738	1		100	Square		# of Floors	Bis	ig. Aç	(e)	
County (6)		County C	ode (7) ISE ONLY)	Curren	Use (Prio	r if being demolishe	xd)		0.000	- Ore-
Name of Munitoring Firm Hired by Building n/a	Owner (8)	ASCM n/a	No.	4	anageme	tractor (9) ant Corporation				
Street Address				Street Address 22 Troy La	ne					
City, State, Zip Code	- !			City, State, Zip Lincoln Pa		7035				
Project Manager for Monitoring Firm		Telephon	ne No.	Telephone No 973-706-7	. ,	License No 01193	L	SHEETE		1, 544,222
n/a Start Date (10)	Scheduled 8-16-20	Completion	Dale (11)	Number of OSH	A Monitur	ent Corporation				
8-5-2013 Occupancy Status During Abatement (Che				Street Address						
Facility Closed/Vaceted During Entire Abatement Performed Outside of No Other – Describe:	Period of Ab	stenent		22 Troy La City, State, 21 Lincoln Pa	Code	7085				
Scope of Work (Check All That Apply)	-			ļ						
23 sf or ≥3 if ⊠ ≥160 sf or ≥260 if		notion		H Min	-Enclosure vehao Proc				ne.	12
	Ti	4	T	1107	: [Π	Abot	amen	Ł
Location of Asbestos-Containing Muterial (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	ocation amally Solely by tenance/ dial Statt? (12)	Asbestos Co	escription of ntaining Material al systems insula facing, VAT, or 'miscallaneous)	(ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Filelogue
Ph. I	Yes	No N/A	Darifica	, Flashing &	far '	3,000 SF	×			+
Roof Windows		X		dow Glazing		22 Windows	X			
VIIIONO					i					
•				T- Way *-	Monto	Registered Landill	_			_
Name of Registered Waste Hauler Loznica Management Corporatio	n	NUDER V Hauler ID 003313	No. of W		GROV	VS Landfill				
City, State Lincoln Park, NJ 07035	:		. Diag	oosal Date D	City, Sta Morris	ville, PA 19067			39	
Completed by E. Cirovic	Secre	etary		Signatura	שיני	1 -	ate i-1-2	013		

N3 rack

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

Agencies Notified Type Notification Street Address Street Address Street Address Street Address Steet Address	Date of Notification (1) //24/2013							wner / Operato										
DEP	Agencies Notified T		ation					ALIBI	DINICATION										-
DOL		-								ACE									
DOH			34	12															
DCA	\$200 miles			13					4 15212					Talar		N	1		
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) VERIZON Training Facility					- 0.46 (4.56)								4	reiet	ono	ne r	umi	ber	
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) VERIZON Training Facility					FA	CII	LITY IN	IFO	RMATION				<u>_</u>						
Subchapler 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	Name of Facility Whe	re Abatem	ent is Taking P	lace	(3)				Type of Facil				-						
City (5) County (6) County (7) County (8) Count		Facility								5000									
Square Feet # of Floors Sidga Age														h			-4- \		
City (5)	occorriating Road										_						elC.)		_
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Street Address	City (5)		County (6)	C	ounty	Cod	de (7)		- Joquano i con		11101110	013	l,	Jiug.	~y	C			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management Inc.	So. Plainfield				Til.		` ,		Current Use	(Prior	if being o	lemoli	shed)						-
USA Environmental Management Inc. BRISTOL EMVIRONMENTAL INC																			
Streat Address Stre				ner (8)	P	ASCM N	lo.											
State & Zip Code		ai wanage	ement inc.					-			ONMEN	ITAL	INC						
City, State & Zip Code Philadelphia pa 19153 Telephone Number 27-784-8651 Z67-788-6040 Z67-784-8651 Z67-788-6040 Z67-788-604		/e									TREET								
Telephone Number 267-784-8651 Telephone Number 267-784-8651 Telephone Number 215-788-8040 Describer	City, State & Zip Code	9							City, State &	Zip Co	ode								_
Mark Jenkins 267-784-8651 215-788-6040 00509				I= .															
Scheduled Start Date (10)		ark Jenkins heduled Start Date (10) Scheduled Co											License N			9			
Cocupancy Status During Abatement (Check only one) Facility Closed/Nacated During Entire Period of Abatement Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement Hours − 7AM to 3:30PM		heduled Start Date (10) Scheduled Co ON HOLD										ITAL	INIC						_
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Describe: Facility Occupied During Abatement Hours - 7AM to 3:30PM Scope of Work (Check all that apply) Facility Occupied During Abatement Hours - 7AM to 3:30PM Patrick T. DeCaro Patrick T. DeC		ring Abater	ment (Check or	nlv or	ne)						CHINE	HAL	INC		-	-			_
Describe:	Facility Closed	d/Vacated I	During Entire P	eriod	of Ab	ate	ment				TREET								
Scope of Work (Check all that apply)		erformed O	utside of Norm	al					City, State &	Zip Co	ode								_
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≥3 sf or ≥3 lf	Ocope of Work (Crieck	k ali tilat ap	(Piy)							П	Full Cor	ntainm	ent with N	legati	ve	Pre	ssure	Э	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Fan room B-3-S Non-Exempted and Non-Friable Procedure Non-Exempted and Non-Friable Procedure				\boxtimes	Rer	nov	ation							J					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Fan room B-3-S Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. City, State NEW CASTLE, DE 19720 Location of Asbestos-Containing Material (ACM) Maintenance or Custodial Staff? (12) Yes No N/A Fittle Bisposal Date 8/5/2013 Description of Asbestos-Containing (Specify Material (ACM)) Material (ACM) Minerial (ACM) Material (ACM) Minerial (ACM) Material (ACM) Material (ACM) Material (ACM) Minerial (ACM) Material (ACM) Ma	≥160 sf ≥260 i	f			Der	nol	ition			\boxtimes									
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Patrick T. DeCaro Estimator Patrick T. DeCaro / 1 8/2/13	The second secon				Titl	le		C		WW.	RESDU	, ive,	JII	Det	e			-5%	_
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) (k# 2470

Date of Notification (1) 7/24/201	•	1	Vame	of Bu	uilding	Ov	vner / Operato	or (2)								
Agencies Notified Type Not				Addr		IMU	UNICATION	<u>S</u>								
EPA	ilication					TG	OMERY PLA	ACE								
	tial				& Zip			ACE			_					
DOL9650 Ar	nended						15212									
					ontact							Teler	ho	ne N	lumb	er
DCA C	incellation	A	ALEX	BAY	YLOR	3										7.5
			FAC	CILIT	Y INI	FOI	RMATION								-	_
Name of Facility Where Abate	ment is Taking F	Place (3)				Type of Facil									
	/		_			_	School (826					
									(Other th							
6000 Hauley Road											ial buildir				etc.)	
City (5)	County (6)	ICor	unty C	Code	(7)		Square Feet		# of Flo	oors	4	Bldg.	Age	Э		
So. Plainfield		1000	unity C	Joue ((1)		Current Line	/Drie	if hains	d a 1						
So. Flammera	lauddiesex						Current Use Verizon co	•								
Name of Monitoring Firm Hire	d by Building Ow	mer (8)		IASC	CM No	, –	Name of Aba						_		-	
USA Environmental Mana	gement Inc.	1101 (0)		1	JIVI IVC		BRISTOL E									
Street Address			-				Street Addres		(O) (III)	11712			-			
8436 Enterprise Ave							1123 BEAV									
	, State & Zip Code ladelphia pa 19153 ect Manager for Monitoring Firm rk Jenkins						City, State &						1000			
	, State & Zip Code ladelphia pa 19153 ect Manager for Monitoring Firm rk Jenkins eduled Start Date (10) Scheduled Co						BRISTOL, F									44000
	ladelphia pa 19153 ect Manager for Monitoring Firm rk Jenkins eduled Start Date (10) Scheduled Co						Telephone N		er		License I			_		
	ect Manager for Monitoring Firm k Jenkins eduled Start Date (10) 8/5/2013 Scheduled Co					-	215-788-604 Name of OSH		onitor			00	50	9		
8/5/2013	6 Enterprise Ave , State & Zip Code ladelphia pa 19153 ect Manager for Monitoring Firm						BRISTOL E			NTAL	INC					
Occupancy Status During Aba	DEP						Street Addres				-					
	ne of Monitoring Firm Hired by Building Or A Environmental Management Inc. et Address 6 Enterprise Ave , State & Zip Code ladelphia pa 19153 ect Manager for Monitoring Firm rk Jenkins eduled Start Date (10) 8/5/2013 upancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Non Describe: Facility Occupied During Abatement pe of Work (Check all that apply) ≥3 sf or ≥3 If						1123 BEAV									
	, State & Zip Code ladelphia pa 19153 ect Manager for Monitoring Firm rk Jenkins eduled Start Date (10) 8/5/2013 upancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Non Describe:						City, State &									7000
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≥160 sf ≥260 lf			Dem	olition	n			\bowtie			ocedures					
									Non-Ex	empte	d and No	n-Fria	ble	Pro	cedu	re
	ina		ocatio			,	Description			1	Amount	P	ba	teme	ent Ty	ype
		Norm	lely b			-	Asbestos-Con Material (A		g		Specify F or LF)				_	
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		Custo		taff?		inst	ulation, surfac	ing, \	√AT				Removal	Repair	squ	Enclsoure
(13)			(12) No	N/A		or	other miscella	aneo	us)				2	7	Encapsulate	ure
Fan room B-3-S		Ø	П			100-10	fittings				12 EA		at	П	П	П
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Name of Registered Waste Ha	uler		100		Vaste	25.22	ibic Yards	Nan	ne of Reg	istered	Landfill					
SERVICE TRANSPORT GE	OUP, INC.		Charles No.	ler ID 2099		of	Waste 2	MIN	IERVA L	ANDE	E11 1					
City, State	,					Die	sposal Date	_	State	SANDI						
NEW CASTLE, DE 19720	\$4pc (15 - 15) - 1 = 15						8/5/2013		YNESBI	JRG,	ОН					
Completed By (Print or Type)		n 43-14-15-16	Title			Sig	gnature		^		1	Dat			,	
Patrick T. DeCaro			Est	imat	or	1	Patrick.	Л.	1º Ca	w	/12	1	12	41	13	
	DEP DOL 9650										, (/	N.	/		

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

#2002

Date of Notification (1)	8-2-13		Name o	Building Owner/Openato	S (1962)	TREET	22)	C	_	
Agency Notified	Type Notification		Street A	ddress O		STREET					
CEPA CI DEP CI DOH	☐ Initial ☐ Amended Amendment # ☐ Emergency (Including			NEW ARI	ζ ν.		61				
Q DCA	justification) Cancellation		\ \ \ \ \ \ \	Contact HAND	1210						J
N	A Taldas Bloom		FACIL	ITY INFORMATION	Type of Facility	(A)					
Street Address	OAD ST.		<u></u>		School (K-1)	2) 8 (Other than K-12) rivate & commercial b	uilding	5.			
City (5)					Square Feet		Blag, A	220			ب شبه فرد
County (6)	35 &X		County ONLY)	Code (7) (STATE USE	1 // 1	STORY 31.					
	Hired by Building Owner	AS	CM No.	Name of Abate	ment Contractor	J					
(8) Street Address				ACC -		Ltion CO.	LO	<u>_</u>	٠		
				195 m	ontros	e Rd			-2.00		
City, State, Zip Code				City, State, Zip	Jeck. A	1.5.077	33				
Project Manager for Mon	Itoring Firm	Talep	hous No.	Telephone No.	4-1757	License No.	}				
Start Date (10) 13	Scheduled Cor	npletion	Daio (11)	Name of OSHA		on Co. I				~~~	_
0 0	g Abatement (Check only	one)		Street Address		~ 1	4.15-				
	d During Entire Period of Outside of Normal Facilit			Sty. State, Zip	ock N	7.07722					
Scope of Work (Check a □ ≥3 sf or ≥ 3 ff □ ≥ 160 sl or ≥ 260 ff	Il that apply)		# Rend	ovation D Min	i-Englosure Vebag Procedure	n Negative Pressure	lure		-		
The second secon		le Lo	cation				T	Ab	Typ		st
Locatic Asbestos-Containin <u>TO BE Al</u> IN Fac (13	g Material (ACM) BATED bility	Used S Mainte Cus St	mally Solety by enance/ todial aff?	Description Asbestos Containing it (i.e., thermal system surfacing, VA other miscellar	faterial (ACM) is insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	-1	Enclosure
		Yes 1	lo N/A		10,112	1600 Li	7 6	1	4		
ExTERION	10.0			WINSON	CAVIR		F	1	-	+	_
The state of the s	erior			FLOOR TI	15	1700 5	7	1	+	-	
ROUF	PIOR		-	EANRM	<u> </u>	20005F	4	4	7	7	
Name of Registered War ACC InSU City, State		ID No	ROS	Waste 3 D Disposal Date	Name of Reg	OUS	7				
Colfipleted by	Title	1.0.0	· · · · · · · · · · · · · · · · · · ·	8-31-1. Signature	Billy	Town, Pr	ate 3	_	13	3	
SAUL GAI	L GAS M	1 W K	Sar Sar and	pestos licensura exempte	d activities		<u> </u>				

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

2000

Date of Notification (1	8-2-13			1	NTS	Owner/Operator	(2) 1 0	ers (Mg. Ly es gal ent), per emugen es pel persone fait de Mette Agente e en la gal est est est est est est est est est est					
Agency Notified CEPA CI DEP CY DOL	Type Notification Initial Amended Amendment #	20	5	City, Sta	ddress (6) Ite, Zip C RT L	SURF	AVE 14 N	3					
DOH DCA	☐ Emergency (including justification) ☐ Cancellation	ng	[;	lame of	Contact CICh			Talanh				_	1
annesses come conseque to comme any participate a set on a consequence of				FACIL	ITY INFO	RMATION							
DEN'NI Street Address	OF A PRICE AND AND AND AND AND AND AND AND AND AND	100	UAT	0			Other (i.e. pi homes, etc.	2) 8 (Other than K-12) rivate & commercial	buildin				
City (5) ORTLO	Y BEACL						Square Feet	# of Floors	Blag.	Age	-		
County (6)		THE PERSON NAMED IN CO.		County ONLY)	Code (7)	(STATE USE	Current Use (F	OUS 3	shed)	numin anger			
	Firm Hired by Building Own	er /	ASCM	No.			nent Contractor (IC	Y	·	**************************************	
Street Address						Sispet Address	ontros	100					
City, State, Zip Code	ity, State, Zip Code					City, State, Zip	lock A	1.5.077	.a.	<u> </u>			
Project Manager for	roject Manager for Monitoring Firm					Yelephone No.		License No.					
Start Date (19)	Scheduled C			ie (11)		Name of OSHA	Monitos	000a				0.000	
0 1	Ouring Abatement (Check on					Street Address		~ 1	- 1 11				
☐ Facility Closed/Va ☐ Abatement Perfor ☐ Other — Describe	acated During Entire Period rmed Outside of Normal Fac	ility Ho	enient urs _.			City, State, Zip	eck N.				****		
Scope of Work (Che □ ≥3 st or ≥ 3 ft □ ≥ 160 st or ≥ 260				I Rend		D Pull D Mini	Containment with Enclosure rebag Procedure	n Negative Pressure					
	eren, aga e management par happenent ar esta era e en en en en en en en en en en en en e	100	Locati	1500000						A	Ty		st.
Asbestos-Cont	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					Description stos Containing N , thermal system surfacing, VA other miscellan	iaterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Endosura
	and the state of t	Yes	No	NIA		12106		1500	52	7	4		
and the second s		ļ				07071001		17		-			
	and the second s	ļ								 -			
Name of Registered	. ^	ID	No.	Maste H	lauler	Cubic Yards of Waste	Name of Reg	istered Landfill				-	age ou togg
ACC Ins	sulation (o)	nd	10	08	6	Disposal Date	City. State	5000	A			-	
Completed by	LECK N. S.					Signature	Tully	10wn, P	Date S	2.0	15	?	
3AHL GALL	M 240	4R	nis for	for as	hestos li	censure exompte	d activities.					, 	



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

Date of Notification (1) AUG. 5, 2013						wner/Ope SCO-Hl				51					
Agencies Notified	Type Notification	523507	St	reet Add											
DEP DOL	Initial Amended Amendment	#	Ci	ty, State	, Zip Cod		353							7	
☐ DOH	Emergency (justification) Cancellation	including		ame of C	Contact ARRINE	DELL				Tele	phone Nun	nber			
DCA	Cancellation					RMATION	d			-		_		1110	
Name of Facility Where	Abatement is Taking	g Place (3)		FACILI	TTINFO	KWATIO		Front	of Facility (4	3.5					
Street Address 53 SCHOOL STRE	ET							X C	ubchapter	8 (Othe	er than K-12 commercia) al build	ings,	home	S,
City (5) PISCATAWAY								Square 1200	e Feet	# of 2	Floors	100000000000000000000000000000000000000	dg. A	ge	
County (6) MIDDLESEX				ounty Co	ode (7) SE ONLY)			Currer	nt Use (Prid	or if beir	ng demolish	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	1	ASCM	No.				ement Con		⁽⁹⁾ s Abatem	ent C	orp.,	Inc.	
Street Address						5	Street	Addres							
City, State, Zip Code					,	(City, S	state, Zi			7764				
Project Manager for Mor	nitoring Firm		Te	elephone	e No.	-	Teleph	none No 222-8).	,,,,	License N 732-728				
Start Date (10)						31 8	Name N/A	me of OSHA Monitor A							
Occupancy Status Durin		k Only One)				5	Street	Addres	s					25-7-10	10-32-92
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Aba nal Facility H	ateme ours	ent			City, S	State, Zi	p Code						
Scope of Work (Check A															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	50 - 400 -		novatio molitio				2	Mir Glo	i-Enclosure vebag Pro	e cedure	n Negative F			e	
			ocatio	000				_ 140	PEXCHIPTO	4 () 411	4110111110		Abate	STREET STATE	t
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used S Maint Custoo	tenand	by ce/		Desc tos Contai thermal s surfacii other mi	ystem ng, VA	Material is insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							10.15	 		· tu	
BASEM	IENT			X			TSI			4	12 LF	X			
Name of Registered Wa	aste Hauler		N.I	IDEP Wa	aste	Cubic Y	'ards		Name of	Registe	ered Landfil	1		L	
Finishing Touch As		ent Corp,Ir	Ha	auler ID I		of Wast	e				RTH LAN		.L		
City, State OCEANPORT, NJ	Vii			Disposa 8/16/13	3 /		City, Sta		LE, PA						
Completed by Title JOSEPH P. MILLER PRESID				JT _		Sig	gnattur	Reph	Mh	_	10733	ate /5/13			
ASB-41 (R-06-08)							Dor	not use	this form fo	r asbes	stos licensu	re exer	npted	activ	ities.

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

Date of Notificatio									
8/2/2013	3	Name of Build	ling Owner/O	perator (2)			3,		
Agencies Notified Type of Not	tification			inole Constructio	n	2	2	20	13
[X] EPA [] I	nitial Notification Amended Notification	Street Address	128	Bartlett Avenue					
[X] DOL A	Amendment #	City, State, Zip							
[x] DOH [x] E	mergency (including astification)		West	Creek, NJ 08092	?				
	ancellation	Name of Conta	ct		Telephone Nun	her			1 : .
t 1 ben		Joy	ce		,	1001		_	
Name of Facility Where Abatement is Ta	F	ACILITY INFOR	RMATION			_		_	
Residence	king Place (3)			Type of Facility (4)				
Street Address				[]	School (k-12))			
19 W. Rhode Is	land Avanua			[]	Subchapter 8	(other	than k	12)	
City				[x]	Other (i.e., pr	ivate d	& comn	nercial	buildings
City	County (6)	County Code (7)		Square feet	homes, etc.) # of Floors		711		
Beach Haven	Ocean	(STATE USE ON	ILY)	1500 sf	1 1		Bldg, A	ige 60	
				Current Use (Prior	if being demolia	ed)	-		
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASCM No.	Name of	Reside	ence				2000
N/A Street Address			1 value of						
			Guardian Contracting, Inc. Street Address						
City, State, Zip Code			-	1889 F	Route 9, Unit 6	51			
District			City, Stat	te, Zip Code					
Project Manager for Monitoring Firm	Telephone Numb	er	Telephon	e Number	River, New Je	rsey (08755	-1271	
Scheduled Start Date (10)			732-349-9932						
8/03/13	Scheduled Compl 8/06/13	letion Date (11)	on Date (11) Name of OSHA Monitor 00624						
Occupancy Status During Abatement (Chec	k only one)		E.M.S.L. Analytical						
X J Facility Closed/Vacat	ted During Entire Period of	Abatement	Sueet Add		1-14- D 1				140 S. C. S. C. S.
Abatement Performed	Outside of Normal Facility	Hours	Cit. C		telton Road				*
Other – Describe			City, State	e, Zip Code	12411 0	¥3.			
Scope of Work (Check all that apply)				Piscata	way, New Jers	ey 08	3854		
· · · · · · · · · · · · · · · · · · ·			[]	Full Containment	with Negative Pr	essure			
[] >3 sf or ≥3 lf	[] Renov	ration	Ĺj	Mini-Enclosure					
[X] ≥160 sf or ≥260 lf	[x] Demol	, 130 T T T T	[] [x]	Glovebag Procedu					
			[x]	Non-Exempted (*)	and Non-Friable	Proce	dure		
	T- T					Ab	atemen	t Type	
Location of	Is Location Normally used		Description	of			T	T	T
Asbestos-Containing Material (ACM)	Solely by	1 N	estos-Conta laterial (AC	ining	Amount	RE	R	E N	E
TO BE ABATED in facility	Maintenance/Custodial	(i.e.	thermal sys	stems	(Specify SF	M	P	C	C
(13)	Staff	insu	lation, surfa	cing,	or LF)	0	A	A P	L
	(12)		VAT, or			V	R	S	O S
	YES NO N/A	otne	r miscellane	eous)		A		U	U
Exterior						L	1	L E	R E
. 3	X	Asbestos siding	3		1200 sf	X	1	-	-
							-	-	
							-	-	
Name of Registered Waste Hauler									
Guardian Contracting Inc.	NJDEP Waste Hauler		is of Waste	Name of Registere	d Landfill				
City, State	20223 Disposa	3		T.R.R.F.					
Toms River, New Jersey	8/07/1		City, State	. D					
```````	Title	Signature	Lullytown	n, Pennsylvania					
richolas remicola	Project Manager	YVICE	81 J	1		Date	2013		
	*Do not use this form	for asbestos licensi	re exempted	dactivities		0/2/2	2013		

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

Date of Notification (1) August 2, 2013	, contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of	Name of Building	Owner/Ope	rator (2) ge Custom Builder	3	2 2	000	1	
Agencies Notified Type of Notification  [ x ] EPA [ ] Initial I	Notification led Notification lment #	Street Address  City, State, ZipCo	951 Ro	oute 35 North  Beach, NJ 08751				<i>y</i>	
[ x ] DOH [ x ] Emerge justific [ ] Cancel		Name of Contact Chris			lephone Number		_	3	
	F	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (otl	her than	L 12)		
Street Address 412 North Barnegat				[x]	Other (i.e., privar homes, etc.)			ial build	lings,
City	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1200 sf	# of Floors 1	Bldg	. Age 6	0	
Surf City	Ocean			Current Use (Prior if Residen			65		
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code			City, State, Zip Code Toms River, New Jersey 08755-						
Project Manager for Monitoring Firm	Telephone Nun	nber							
Scheduled Start Date (10) 8/02/13	Scheduled Com 8/05/13	ppletion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated Abatement Performed C Other - Describe	During Entire Period of Dutside of Normal Facil		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1056 Steate, Zip Code	elton Road way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)			[ ]	Full Containment	with Negative Pre	essure	-		
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	L J	novation molition	[ ] [ x ]	Mini-Enclosure Glovebag Procedu Non-Exempted (*)		Procedi	ıre		
						Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custor Staff (12) YES NO N	dial (i	Description Shestos-Co. Material (A. e., thermal sulation, su VAT, ther miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sid	ing		1050 sf	X			
								-	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste H		Yards of Was	ste Name of Registe T.R.R.F.	red Landfill				
City, State	Disposal Date 1/06/13	City, S	tate town, Pennsylvania						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Signature	cho	1 Je	/	Date 8/2/				

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

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

Date of Notification (1)		Name of I	Building Ow					, -	, ,	- A	,					
	August 2, 2013  Agencies Notified Type of Notification						Miller	Hor	nes	``_J.	4 2	ナメ	20	1		
Agencies Notified  [ X ] EPA	[ ] Initial	Notifica	ation ification		Street Ad			ffor	dtown Lane			<u> </u>				
[ ] DEP [x ] DOL [x ] DOH	Amen	dment# gency (ir			City, Stat	e, Zip Code		rton	, NJ 08087	8-1		r				
[ ] DCA		cation) ellation			Name of	Contact Jim Mill	ler			Telepho	one Number		-			
				FAC	ILITY II	FORMA	TION		1,							
Name of Facility Where A	batement is Taking sidence	Place (	3)			( <del>-</del>		Ту	pe of Facility (4	Scho	ool (k-12) chapter 8 (oth	ner than	k12)			
Street Address	W. Schuykill D	rive							[x]	Othe	er (i.e., privat es, etc.)	e & con	nmerci	al build	ings,	
City		Count	y (6)		County Co	ode (7) JSE ONLY)		Sg	uare feet 1100 sf	# 0	f Floors	Bldg, Age 60				
Little Egg H	arbor	Ocea	in		(SIAIL C		10		urrent Use (Prio Resid	lence	demolished)					
Name of Monitoring Firm		Owner	(8)		ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.									10		
Street Address	1				Street Address 1889 Route 9, Unit 61											
City, State, Zip Code					City, State, Zip Code											
Project Manager for Monitoring Firm Telephone Num					Toms River, New Jersey 0875 Telephone Number License Number								55-12	271		
11.0jeot.1.manger 12.1					732-349-9932 00624 tion Date (11) Name of OSHA Monitor											
Scheduled Start Date (10) 8/03/13			Scheduled 8/06/1		E.M.S.L. Analytical Street Address											
Occupancy Status During	Abatement (Check ility Closed/Vacate	only or	ne) o Entire Per	iod of Ab	atement		Street A	ddres		Steltor	n Road					
[ ] Ab	atement Performed					-	City, Sta	ate, Z	Zip Code							
[ ] Oth	er – Describe										New Jerse		54			
Scope of Work (Check al	l that apply)						[ ]	] 	Full Containm Mini-Enclosur		Negative Pre	essure				
[ ] >3	sf or ≥3 lf		[ ]	Renova	ation		[ ]	]	Glovebag Prod	cedure						
[x] ≥16	60 sf or≥260 lf		[ x ]	Demoli	ition		[ x	]	Non-Exempted	d (*) and	Non-Friable	Procedi	ire			
									6)			Abat	ement	Туре		
	-6		Is Location				escriptiestos-Co				Amount	R E	R E	E N	E N	
Location Asbestos-Containing I			Solely by	y		M	aterial (	ACN	A)	(5	Specify SF	M	P	С	C	
TO BE ABA		Mair	ntenance/C Staff	ustodial			thermal				or LF)	0	A I	A P	L	
(13)	ıy		(12)				VAT,	or				V	R	S	S	
		VE	s NO	N/A		othe	r miscel	lane	ous)			A L		L	R E	
					Ashe	stos siding	<u></u>	_		10	000 sf	X		-	L	
Exterior X					1300	stos siding	>									
					+											
		_														
Name of Registered Waste Hauler NJDEP Waste Hauler Guardian Contracting, Inc. 20223					r ID No.	Cubic Yar	rds of Wa	ste	Name of Reg		Landfill					
City, State Dispos				osal Date		City, S	State									
Toms River, New Jersey  Completed by (Print or Type)  Title				/13 Signat	ure /	Tully	tow	n, Pennsylva	ша <u>,</u>		Date					
Completed by (Print or Type)  Nicholas Fernicola  Project Manager				ger		1/10	100	1	te	1		8/2	113			

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

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

Date of Notification (1)	8/2/2013				Name of	Building (	Owner/Open			10/13	7		: 0		
				Semino	ole	Construction	a.	00	7 (7	′ 5					
Agencies Notified  [ X ] EPA  [ ] DEP	[ ] Amer	Notifica ded Noti	fication		Street A	ddress	0.000.000.000	artl	ett Avenue		<i></i>	£i,	· · · · · · · · · · · · · · · · · · ·		
[x] DOL		ndment #_ gency (in		1	7.0	8 8		Cre	ek, NJ 08092				,		
[x] DOH	justif	ication)		ľ	Name of	f Contact				Telephone Number		- 4			
[ ] DCA	[ ] Canc	ellation				Joyce						3			
				FACI	LITY I	NFORM	ATION								
Name of Facility Where A	batement is Taking sidence	g Place (3	)				(1	T	ype of Facility (4	School (k-12)					
Street Address	100-100-100-100-100-100-100-100-100-100								[ ]	Subchapter 8 (ot Other (i.e., priva			al build	lings	
64	Patrick Drive								[x]	homes, etc.)	LE & CO	mmer	ai buiic	migs,	
City		County	(6)		County C	Code (7) USE ONL	Y)	S	quare feet 800 sf	# of Floors	Bldg	g. Age	i0		
Beach Have	n West	Ocean	ı					С	Current Use (Prior	if being demolished)					
Name of Manitonia Pina	Hinad by Duilding	Onmar (9	`	_	ASCM N	lo I	Name of	Δh	Resid atement Contract						
Name of Monitoring Firm N/A		Owner (a	,	1	Guardian Contracting, Ir										
Street Address			-3371		Street Address 1889 Route 9, Unit 61										
City, State, Zip Code							City, Sta	te, Z		Route 9, Onn 61					
		Toms River, New Jersey 08							271						
Project Manager for Moni	Number			732-34			00624	umber							
Scheduled Start Date (10) 8/02/13	Scheduled Start Date (10)         Scheduled Com           8/02/13         8/05/13														
Occupancy Status During	Abatement (Chck				Street Address										
□ Model 6 17/25 11	ility Closed/Vacate tement Performed	770		in a set of the		12 1		- 1		Stelton Road					
	er – Describe	Outside C	i Nolliai F	aciity iic	Juis		City, Sta	ite, Z		taway, New Jerse	v 088	354			
		/					l			#35					
Scope of Work (Check all	that apply)						[ ]		Mini-Enclosure	ent with Negative Pre	essure				
[ ] >3 s	sf or ≥3 lf		[ ]	Renovat	ion		į į		Glovebag Proc						
[x] ≥16	0 sf or ≥260 lf		[x]	Demolit	ion		[x]		Non-Exempted	(*) and Non-Friable	Proced	ure			
					Γ						Abat	tement	Туре		
			Is Location				Descriptio			215	R	R	Е	Е	
Location Asbestos-Containing N		N	ormally us Solely by				oestos-Cor Material (A			Amount (Specify SF	E	E P	N C	N C	
TO BE ABA		Maint	enance/Cu			(i.e.	, thermal	sys	tems	or LF)	M	A	A	L	
in facilit		0.5900.5-0.00	Staff			inst	ulation, su		cing,	~	0 V	I R	P S	O S	
(13)			(12)			oth	VAT, o er miscella		ous)	-	A	I.C.	Ŭ	U	
		YES	NO	N/A		OLI	or mascern	unio	045)		L		L E	R E	
Exterior X						stos sidir	19			650 sf	X			-	
Exterior							-								
						00000000									
Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Hauler 20223					ID No.	Cubic Ya	ards of Was	te	Name of Regi T.R.R.F.	stered Landfill					
City, State Disposal Da							City, St							-	
Toms River, New Jersey 8/06/13  Completed by (Print or Type) Title Signs					Signat	ure	Tullyt	OW	n, Pennsylvar	iia /	Date	:			
Nicholas Fernicola Project Manager					- Jaguer	n	dost		tel			5/13			
*Do not use this for					for asb	estos licer	isure exem	npte	ed activities.						

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

Date of Notification (1)  August	1	Name of Buildi				2) molition	Sold Can	<b>a</b> ~	119	15			
Agencies Notified Type of [X] EPA [] DEP []	of Notification Initial Noti Amended N	Notification		Street Address	Code			Blvd	7	Kin	2. 7		
[x] DOL [x]	Amendmer Emergency justification	(including		Name of Conta	Ton	as R	ive	r, NJ 08753	lephone Number	3	£		_
[x] DOH []	Cancellatio			Bil									
		(0)	FACII	LITY INFO	RMATIO		Tym	ne of Facility (4)	15			-,	
Name of Facility Where Abatemer Residence		e (3)					тур		School (k-12)				
Street Address 35 Sunrise	e Way							[x]	Subchapter 8 (off Other (i.e., privat homes, etc.)	e & cor	nmerci	al build	lings,
City	Co	unty (6)		County Code (7 STATE USE C			Squ	are feet 1000 sf	# of Floors 1	Bldg	. Age 6	0	
Toms River	Oc	ean						rrent Use (Prior if Residen	ce	)			
Name of Monitoring Firm Hired b	y Building Own	er (8)	A	ASCM No. Name of Abatement Contractor (9)  Guardian Contracting, Inc.									
N/A Street Address				Street Address									
City, State, Zip Code		1889 Route 9, Unit 61 City, State, Zip Code											
7 12 12 13 14	Vumber	Toms River, New Jerse Telephone Number License Nu							Number				
Project Manager for Monitoring F			732-	-349	-99	32	00624						
Scheduled Start Date (10) 8/02/13	0.000.00					Name of OSHA Monitor E.M.S.L. Analytical Street Address							
Occupancy Status During Abatem  [ x ] Facility Clo	ent (Check only	one) ring Entire Perio	nd of Abai	tement	Stree	t Ado	dress		elton Road				
	Performed Outs	ide of Normal Fa			City,	State	e, Zi	p Code Piscatav	way, New Jerse	ey 088	54		
Scope of Work (Check all that ap	ply)				]	]		Full Containment Mini-Enclosure	with Negative Pre	essure			
[ ] >3 sf or ≥3 [x ] ≥160 sf or ≥		[ ] [x]	Renovati Demoliti		]	] x ]		Glovebag Procedu Non-Exempted (*		Proced	ure		
					91				W	Abat	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custor Staff (12)  YES NO NA					Descri Asbestos- Materia (i.e., therr insulation VA other mis	Cont al (A) nal s n, sur T, or	taini CM yste faci r	ing ) ems ing,	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		Asbestos	siding				950 sf	X		-			
								-	-				
					-			+					
Name of Registered Waste Hauler Guardian Contract	Hauler 1 0223		ic Yards of	Wast	e	Name of Registe T.R.R.F.	ered Landfill						
City, State Disp				al Date	Cit Tu	y, Sta Illyto	ate 9WI	n, Pennsylvania	1				
Toms River, New Jersey  Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager				Signature	rich	1	/ ,	41		8/2	/2013		

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

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

					0 10	. (2)	20,			-			
Date of Notification (1)  June 12, 2013				Name of Building	Owner/Ope Bridge	rator (2) water-Raritan Reg	ional School D	istrict	4	, 23	19		
	Notificat			Street Address	836 N	ewmans Lane	in Control	``	(j.,				
[x] DOL Amen	ded Notif dment #_ gency (inc			City, State, Zip C		ewater, NJ 08807			10%	5/			
[ ] DCA justific	cation) llation			Name of Contact Rayn	nond Ruth	1	elephone Number			•			
			FAC	ILITY INFORI	MATION								
Name of Facility Where Abatement is Taking John F Kennedy So						Type of Facility (4)  [ x ]	School (k-12) Subchapter 8 (oth	ner than	k12)				
Street Address 255 Woodmere Str	eet					[ ]	Other (i.e., privat homes, etc.)	e & cor	nmerc	al build	dings,		
City	County	(6)		County Code (7) (STATE USE ON	I V)	Square feet 240,000 sf	# of Floors 2	Bldg.	Age 4	3			
Daviton	Some	rcet		(STATE USE ON	LIJ	Current Use (Prior i							
Raritan	Some	.501				School							
Name of Monitoring Firm Hired by Building	Owner (8	3)		ASCM No. 00004	Name of	of Abatement Contractor (9) Guardian Contracting, Inc.							
Briggs Associates Street Address				00004	Street A	ddress	50 TEMPOR AT 1000		inc.				
3 Crosswicks Stree	et		1	1889 Route 9, Unit 61 City, State, Zip Code									
City, State, Zip Code Bordentown, New	Tercey	08505			City, St	ite, Zip Code Toms I	River, New Jerse	ey 087	55-12	271			
Project Manager for Monitoring Firm		Telephone N	Vumber			ne Number	License N						
Mike Hoodak		609-298-				19-9932 FOSHA Monitor	00624						
Scheduled Start Date (10) 8/02/13	\$ .	Scheduled ( 8/05/13		ion Date (11)	Name o		L. Analytical						
Occupancy Status During Abatement (Check	only one				Street A	ddress							
[ x ] Facility Closed/Vacate	d During	Entire Perio			22 25	1056 S	telton Road						
[ ] Abatement Performed	Outside o	fNormal Fa	cility H	ours	City, St	ate, Zip Code		000	c 4				
Other – Describe						Piscata	way, New Jerse	y 088	54				
Scope of Work (Check all that apply)				100000	[	0.	t with Negative Pre	ssure					
				75. <b>4</b> 7.67.67	[ x		luna						
[x] >3 sf or ≥3 lf		[x]	Renova		L L	Glovebag Proced Non-Exempted (	*) and Non-Friable	Procedu	ire				
[ ] ≥160 sf or ≥260 lf		L J	Demon	THOI		1	1			m			
								Abat	ement	Type	_		
Location of	1	Is Location ormally us			Descripti Sbestos-Co		Amount	R E	R E	E	E		
Asbestos-Containing Material (ACM)	18	Solely by			Material (	ACM)	(Specify SF	M	P	С	C		
TO BE ABATED	Maint	enance/Cu	stodial		e., therma		or LF)	0	A	A P	L		
in facility (13)		Staff (12)		11	nsulation, s VAT,			V	R	S	S		
(13)		(12)			ther miscel			A		U L	U R		
	NO	N/A					L		Ē	E			
Boys/Girls room	X		2 fiitings			2 fittings	X						
Classroom B2,B3, B10,		X		3 fittings			3 fittings	X					
Kitchen		X		1 fitting X									
C1, D4	X		2 fittings			2 fittings	X						
Name of Registered Waste Hauler		Yards of Wa		tered Landfill		1986							
Guardian Contracting, Inc.	osal Date	City, S	T.R.R.F.										
City, State Toms River, New Jersey		/13		town, Pennsylvan	ia	-							
Completed by (Print or Type) Nicholas Fernicola	ct Manag	er	Signature	tch	9/1/2	1	6/12	: 2/201	3				

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

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Bu	uilding O			nildar	1,	3.	) / (	91		
August 2, 2013				-	Heritag	ge Custom B	under	c 4	010	+1	16		
11	ion Notificati ded Notifi		Street Addr			ute 35 North	1			10.	<i>3</i>		
[x] DOL Amen. [x] DOH [x] Emerg	dment #_ ency (inc		City, State,			Beach, NJ 0			/ (*)				
[ ] DCA justific			Name of Co	ontact Chris			Те	lephone Number		_			
			CILITY IN	FORMA	TION								
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facil	ity (4) ] 1	School (k-12) Subchapter 8 (otl	her thai	ı <b>k</b> 12)			
Street Address 7400 Long Beach I	Blvd.						( )	Other (i.e., private homes, etc.)	te & co	mmerc	ial buil	dings,	
City	County	(6)	County Cod (STATE US		) .	Square feet 2000 st	f	# of Floors 1	Bldg		0	1	
LBI	Ocean				Current Use (Prior if being demolshed)  Residence								
Name of Monitoring Firm Hired by Building N/A	Owner (8)	)	ASCM No.										
Street Address			Street Address 1889 Route 9, Unit 61										
City, State, Zip Code							1889 Route 9, Unit 61  City, State, Zip Code  Toms River, New Jersey 08755-127						
Project Manager for Monitoring Firm	Telephone Number License Number 732-349-9932 00624												
Scheduled Start Date (10) 8/02/13						702013330							
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacated  [ ] Abatement Performed C	d During I	Entire Period of A			Street Ad		)56 Ste	elton Road					
Other – Describe							scataw	ay, New Jerse	y 088	54			
Scope of Work (Check all that apply)	18865				[ ]	Full Conta Mini-Enclo		with Negative Pre	ssure				
[ ] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			vation olition		[ ] [x]	Glovebag I Non-Exem		re and Non-Friable	Procedi	ıre			
			1						Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	1	Asbe M: (i.e., insul	escription estos-Con aterial (A thermal s ation, sur VAT, o miscella	taining CM) systems facing, r		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	Asbesto	s siding				1800 sf	X						
Name of Registered Waste Hauler Guardian Contracting, Inc.		Cubic Yar	ds of Wast	T.R.R		ed Landfill							
City, State Toms River New Jersey	osal Date 6/13		City, Sta Tullyto	ite own,∤Pennsy	lvania								
Toms River, New Jersey 8/06/ Completed by (Print or Type) Title Nicholas Fernicola Project Manager				\id	V	Le	1		Date 8/2/				