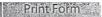
Check# 1500

Date of Notification (1) 08/02/2013			Na Y	ame of Bu	uilding Owne ANG AND	r/Operator LAM Ch	(2) HUN CH	ENG			6/3	2,		
	ype Notification			reet Addr 21 SHIL	ess OH AVE			4		₹		্ব জ		
EPA DEP [Initial Amended Amendment				Zip Code TON, NJ (08302				1			97. 14.	,
☑ DOH [Emergency (justification) Cancellation			ame of C	ontact A PATTER	SON		Ì	Tele	phone Num	ber -			0)
				FACILIT	TY INFORM	ATION							-	
Name of Facility Where At COMMERCIAL BUIL Street Address	patement is Takin DING	g Place (3)					Sch	Facility (4) hool (K-12 bchapter 8) R (Othe	er than K-12) commercia) I busilelis	nan h	omos	
3397 SOUTH DELSE	EA DRIVE						Square	.)		Floors		lg. Ag		
City (5) VINELAND							5000		1		50	-		
County (6) CUMBERLAND				County Co STATE US	de (7) E ONLY)		VACA		r if beir	ng demolish	ed)			
Name of Monitoring Firm I STRATEGIC ENVIR	lired by Building	Owner (8)		ASCM N	No.	Name	of Abate	ment Cont ENVIRO	ractor NME	⁽⁹⁾ NTAL SE	RVIC	ES I	NC.	
Street Address 1634 SOUTH DELA		ET					t Address CLEMS							
City, State, Zip Code PAULSBORO, NJ 0		1 10 10					State, Zip LLICA H		0806	2	67 (b)			
Project Manager for Monit				Telephone 856-423			hone No. -304-46			License N 01145	D.			
Start Date (10) 08/19/2013	11 Mar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Scheduled 08/28/20		pletion D	ate (11)	Name	e of OSHA SL	Monitor		M 8 12	5 25		21 -23	
Occupancy Status During				26			RT. 13		Ή		*	ri.		
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Nor	Period of Ab mal Facility I	atem Hours	ent		City,	State, Zip	Code		77				
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enova emoliti	TO TO THE REAL PROPERTY OF THE PROPERTY OF THE REAL PROPERTY OF THE REAL PROPERTY OF THE PROP			Mini-	Enclosure	e cedure	n Negative F			a	
		ls I	ocati	on			Non-	-Exempted	a (*) ar	IO NOTI-FIIAL		Abate		t
Location Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	No Used Mair Custo	ormal I Sole ntenai	ly ly by nce/	(i.e. the	Description Containing Termal system Surfacing, Vermiscell	Material ms insulat AT, or	(ACM) ion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		LACK M	ASTIC		3	230 SF	x	-	-	\vdash
BUILDING MA	IN FLOOR			X		LACK IVI	ASTIC		0.					L
						on the throat	4							-
Name of Registered Was ASSURED ENVIRO		ERVICES	H	NJDEP W Hauler ID 034895	No.	Cubic Yards of Waste		ALLIE) WA	tered Landfi STE IMP		L LAI	NDF	ĬĹL
City, State MULLICA HILL, NJ	08062		107			Disposal Da 18/29/201	13	City, Sta			ate			
Completed by		Title			RDINATO	Signat	ure //	11	Y. 11	17		2013	\$	



UK 3474

Date of Notification (1) 8/6/13	,				Building Ov			(2)			6/3/	·,			9000000	
Agencies Notified	Type Notification		1 -	Street Add	dress lantua Pi	ke		***************************************		e e	50	ે જે)			
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code ury NJ 08			- Amerika			₹ <u>.</u>	m17	1/	· O.		
DOH DCA	Emergency (justification) Cancellation	including		Name of O	Contact					Tele	phone N	umbe	r	7		
				FACIL	ITY INFOR	RMAT	ION			-			•			
Name of Facility Where Koslow Dental Office		Place (3)	=====					-	f Facility (4 chool (K-12							
Street Address 1104 Cooper Stree	t							X O	ubchapter ther (i.e. pr c.)				uildi	ngs, t	omes	š,
City (5) Deptford NJ 08096								Square 1000-	Feet	# of 2	Floors		Blo 35	ig. Ag +	е	
County (6) Gloucester				County C	ode (7) SE ONLY)			Curren	t Use (Pric	r if bei	ng demoli	ished)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)					
Street Address				1	······································		The State of	Address 3ox 32								
City, State, Zip Code							City, S	State, Zip		91	00					
Project Manager for Mo	nitoring Firm		1	Telephor	ne No.		Telep	hone No 753-98	,	-	License					
Start Date (10)		Scheduled	Com	npletion [Date (11)		Name	of OSH	A Monitor		00727					
8/9/13		8/12/13					Sam	-10-10		175.27						_
Abatement Perform	ng Abatement (Chec cated During Entire ned Outside of Norr evening hours after	Period of At	atem					t Address					-		-	
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	al macraphy)		enova emolit					Min Glo	Containm i-Enclosure vebag Pro- n-Exempte	e cedure					9	
		la l	ocati					- 1101		_ (/		T		Abate	ment	
Location Asbestos-Containin TO BE AI In Fact (13	g Material (ACM) BATED cility	N Used Mair Custo	ormal Sole ntena odial S (12)	ly ely by nce/ Staff?		os Co therm sur		Material ns insula AT, or		(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A			Tile 0	Mastic			800 SF					
Baser	nent 	\perp		X	ļ	-1001	1116 &	Mastic			00 SF		x			
							- 17 	-				-				
			-								\dashv	-		-		
Name of Registered W	aste Hauler		IN	JDEP V	Vaste	Cub	ic Yards		Name of	Regis	tered Lan	dfill				L
United Containers	F	lauler ID 2459		of W	/aste		G.R.O.	W.S.								
City, State Elm NJ				Disp	osal Dat		City, Sta Morris		A 1906	7						
Completed by Anthony T Perna		Title Presi	dent				Signatu					Date 8/6) /13			



of my

7)		(Pu	rsuant t	to NJAC 8	:60 and	1 12:120)			3	20				
Date of Notification (1) 8/6/13				Building C amilleri						3	Co.				
Agencies Notified Type Notification		V	Street Ad 75 Jeri	ddress Ann Dri	ve				Ç			0	,		
EPA Initial Amended Amendment #				te, Zip Coo awkin N		50	1,500						6.	,	
DOH justification) DCA Cancellation	ncluding	100	Name of Greg	Contact					Tele	phone N	lumb	er		/	
	DI (0		FACIL	LITY INFO	RMATI	ON	_	7 F 10 7	4)						
Name of Facility Where Abatement is Taking Greg Camilleri Private Home	Place (3)						of Facility (School (K-1	2)		. 40)				
75 Jeri Ann Drive							×	Subchapter Other (i.e. p etc.)				build	ings,	home	s,
City (5) Manahawkin NJ 08050							Squar 1000	e Feet	# of	Floors		100000	dg. A 5 +	ge	
County (6) Ocean				Code (7) JSE ONLY)			Curre	nt Use (Pride	or if beir	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.			of Abat aco In	tement Cor	tractor	(9)					
Street Address			<u> </u>			100000000000000000000000000000000000000	Addres	100				==== <i>777</i>		*	
City, State, Zip Code								p Code n NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 753-9			License				507-05400	
	Schedule 8/22/13		pletion I	Date (11)			of OSH	A Monitor			-				
Occupancy Status During Abatement (Check						0.000	Addres	S							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abatem			-12.52			p Code		***************************************					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	Renovat Demoliti				2	Mir Glo	l Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure					e	
·-	Is	Locati	on				0.75.00						Abate	ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall ed Solel intenar todial S (12)	y by nce/		os Con therma surfa	escription taining I I system acing, VA miscella	Material is insula AT, or		(5	mount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior Siding			x		Exte	erior Si	dina		12	00 SF		x			
												-		02	
Name of Registered Waste Hauler	7 6 6 6	JDEP W		Cubic of Wa	Yards		Name of		ered Lan	dfill					
United Containers		2459	140.	2			G.R.O.								
City, State Elm NJ				8/22/	sal Date 13	•	City, Stat Morrisv		1906	7					
Completed by Anthony T Perna	Title Pres	ident				Signatur				_	Date 8/5) /12		*********	

Date of Notification (1) 8/6/13					Building O		Operator (2 ols	2)			Ç.			ار ا		-
Agencies Notified	Type Notification		1.000	treet Ad							6	5.5				
EPA DEP DOL	Initial Amended Amendment	#	C	ity, Stat	3rd St e, Zip Cod NJ 083			8			<u> </u>		(1) (1)	55	?	
	Emergency (i justification)	ncluding	N	lame of	Contact					Tele	phone N	Numb	er		-	\dashv
DOH DCA	Cancellation		F	Ryan C	ruzan					1				7		
Name of Facility Where A Rieck Ave Elm Scho		Place (3)	FACIL	ITY INFO	RMAT		X S	f Facility (4	2)	4b 16	(40)				
Street Address 339 Rieck Ave	/(7						l	0	ubchapter ther (i.e. p c.)	rivate 8	comme	ercial	build	ings,	home	s,
City (5) Millville NJ 08332								Square		# of 2	Floors		35 35	dg. A	ge	
County (6) Cumberland				County C	ode (7) SE ONLY)			Curren	t Use (Pric	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCM	No.		Name o Perna		ement Con	tractor	(9)					
Street Address							Street A									
City, State, Zip Code	***************************************						City, Sta		Code NJ 080	91						
Project Manager for Mon	itoring Firm		Т	elephor	ne No.		Telepho 856-7				License 00727					
Start Date (10) 8/7/13	Schedule 8/12/13		pletion [Date (11)		Name o Same		A Monitor								
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street A	ddress	3							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A nal Facility	Abateme Hours	ent):	City, Sta	ate, Zip	Code							
Scope of Work (Check A	II That Apply)						1			3,07						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		_	Renovati Demolitio				×	Mini	Containme -Enclosure /ebag Prod -Exempted	e cedure						
		1	Logatio			1000 CO 1000	Local	NOTE	-Exemple	i () all	u Non-Fi	Table			ment	
Location	n of	1	Location Normally	y [*] '		De	escription (of				-		Ту	ре	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Ma Cus	ed Solely intenan todial S (12)	ce/ taff?		os Cor therma surfa	ntaining Ma al systems acing, VAT miscellane	aterial (insulat , or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Ciula hash		Yes	No	N/A		<u></u>	tile & m				FO -4	-				
Girls bath Boys Bat			X								50 sf	-	x			
	Х				tile & m				50 Sf	-	x					
Storage roo					tile & m	3000000			00 Sf	-	x					
Rooms A208 Name of Registered Was	X	JDEP W		100,000,00	tile & m	astic	Name of		1600		х					
United Containers	Ha	auler ID 2459	787	of Wa			G.R.O.		ereo Lan	IGIIII						
City, State Elm NJ						Dispo 8/12	osal Date /13		City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna	***************************************	Title Pres	ident				Signature	R				Date 8/6				



*	2	3	
1	0	1	
	1	4	'_
		-	7
			60
			()
	~	1	100

Date of Notification (1)			Name	of Building	Owner/Operator	(2) AVATING .		0,		1	
Agencies Notified	Type Notification		Stree	Addrage				Ŷ		=	
	⊠ júga					TRAIL NO.		-	<u>}</u>	=	٠,
MODE MODE MODE MODE	Amended Amendment #_	*	City.	State, Zip C	ode MAY COUR	r 1-605 E, NJ	, 68210	<u>.</u>		-	
	Emergency (in	duding	Name	of Contac			Selephone Number			=	
□ 00H □ 00A	justification) Cancellation		Name	o Oanac	54M1	E ((-	-		,
	. ,		FA	CILITY INF	ORMATION						
Name of Facility Where	Abatement is Taking	Place (3)				Type of Facility (4	1				
P.ESI	DENCE.					School (K-12) Subchapter 8	(Other than K-12)				
Street Address	1					Other (I.e., priv	ete & commercial b	uilaings	۶,		
//201	8 220 Mas.					Square Feet	# of Floors	Bldg.			
City (5)	e Huser					1000			+	=_	-
County (6)	2.2		Cou	nty Code (1) (STATE		r If being demolished	٥)			
CAPE	= MAY			E ONLY)	L Name of Abale	ment Contractor (9)				-	1
Name of Monitoring Firm	Hired by Building)wner	ASCA	4 No.	KLON	100 IN	٥/				1
(8)	//		L===		Sueel Address	S. SPRUC	= Ave.				
Street Address	·									_	1
City, State, Zip Code		18			City, State, Up	PLÉ SHAD	E, NJ.00	305	<u></u>		4
		1.16	elephon	e No.	Telephone No.		License No.				
Project Manager for Mo	onitoring Firm		7			79-0472	0011	+			7
Stan Date (10)	Sche	duled Comp	plejion (Date (11)	Name of OSH	A MONTOS	M				
· 8./19/		8/26		1 1.000	Sueel Addres	Q:W					
Orange Status Div	ing Abatement (Che	ck only one	e)	a 14 min 14 P	3699	S, Spruce	=/10=1			==	-
Facility ClosedVaca	ated During Entire P	enco oi Aud al Facility H	ours	V.	City, State, Zip	PLE SHAD	= 11 7	S > <	5 7		
Other - Describe:	80-003ide 01110				MA	PLE SAND	E, 10, 5, 0			==	-
Scope of Work (Check	(all that apply)				□ Full	Containment with Ne	gative Pressure				
C >3 <1 or >3 II		Reno	vation	27		Enclosure rebag Procedure -Exempled (') and N	on Friable Procedur	e .			_
2160 st or ≥260 H		-			Non-	-Exempled (*) and it		N	Type		
		Is Loc			Description	on of		-			-
Locatio	on of	Used S	plely by		acios Containino	Material (ACM)	Amount (Specify	ام	70	Enc	, [
Asbesios Containin	g Material (ACM)	Cust	iodial att?	(i.	e., thermal syste	AT, or	SF or LF)	Removal	Repair	Encapsulate	, [
IN Fac	YILK	1100000	2)		other miscell	laneous)		5		l'ato	
(13	1 .	Yes	NO N	N/A		1		+-	-		_
		++	-	+	TRANS	IT E	25004	x	\vdash		
51711	W 6:	+						-			
		=	-				-	+	+	-	1
			\dashv				egistered Landfill		ا ــــــــــــــــــــــــــــــــــــ		_
Name of Registered	Waste Hauler	السلط		ED Mage	Cubic Yard	Name of K	1, C, M, C	1, 8	1		
Name of Registered	CO INC.		- Hay	10 No.	5						
City State		- 00	20	7	Disposal D	Woo	DB/NE,	\overline{C}	!		=
MAPLES		J,08	503		Signal	lure, 10,	Date	16	10	3	
Completed By	,	Tibe	リルビ	R		goseph S			<u>/</u>	_	
JOSEPH K	LEMM_)	•				
AS8-41		· Do not u	se this	form for as	be stos licensure	e exempled activitie	* (5)			21	

	١.	Date of Notification (1)			:			5:20	10000 S	*
-	L	para or inclination (1)	8 . 6 . d	3	Name of I	Building Owner/Oper	ator (2)	1. 21.	11	``
		Agency Notified	Type Notification	3	Street Add	roce	179	112 / Const	ag the	cling
		© EPA	2 initial	(4)		403 Kaial	as As	-	J : %	5 U
		O DEP	☐ Amended			Zip Code ·	29 . 7 (90			
-		D DOL	Amendment: .D. Emergency.(a	selveine	Co	m dan	WS	0801	130	0,
-		CI DOH CI DCA	justification) Osnovilation	demonstrated	Name of C		-/- <u>-</u>	Tolonkon M.		<u>0</u> ,
4	I		C CARCORAGOTT			ceska		5 · · · ·	83	 ,
TI DA		Name of Facility Where A	Instance of its Toleie	Pion M	FACILITY	INFORMATION		1		•
-		Old Work	er Brea	^ -	ο		Type of F	000000000000000000000000000000000000000	. (12.
1	-	Street Address	ev Urea	a Ducia	2 strage	•	☐ School	(K-12) pler 8 (Other than K-1;		
1		42 North	Black	norce 1		D.L	Other (Le. private & commerci	4) 81 buildings.	
	F	City (S)		10158	70-10	ure.	Square Fe		Bldg. Age	
	L	Black	wood	VS.	*		1500	8/1	76	٠. :
-	1	County (6)	1		County Code	(7) (STATE USE	Current Us	e (Prior if being demoil		
I	H	Name of Monitoring Firm H	Simul by Ordille - 6	1			100	SMOS .		.
I		(8)		ANTER ASCIN	No.	Name of Abate	ment Contract	tor (9)	X	/\
1	3	Street Address				Street Address	100	Hontaut	+ Jemo	77G
1	L	The State To H	-			1212 P	Sixla	aton Aug	5.0	- 1
	1	City, State, Zip Code				City, State, Zip	Coda	2:-		
	F	roject Manager for Monito	ring Firm	Telephon	e No	Telephone No.	0	NS 080	25	1.
	L			. 1		600)34C	-091/	License No.	0	
-	8	tent Date (10)	* Scheduler	Completion Date	(11): .	Name of OSHA	Monitor :	1000	<u> </u>	
	10	S·17./3 coupency Status During A	10	-17.6	<u>3 </u>		. 50	H.	•	1
						Street Address				-
		Facility Closed/Vacated D Abatement Performed Ou	furing Entire Perio fiside of Normal F	d of Abatement scility Hours		City, State, Zip C	orla	<u> </u>		
		Other - Describe: - Lope of Work (Check all the)ama)		•		•			
		,≥ 3 sf or ≥ 3 ff	it apply) .	•		' Design	Onformana v.	th Negative Pressure		-
	7	≥ 160 sf or ≥ 260 lf		. 0	Removation Demolition		TECSUTE		• 0	
ı	_					Non-E	cag Procedure xempted (*) at	nd Non-Friable Proceds	ma.	1.
1		200		is Location Normally					Abatome	nt
		Lecation of Asbestos-Containing Ma	ieriei (ACAN	Used Solety b	ny	Description of			- Type	\dashv
1		TO BE ABATE	0	Maintenance Custodiai	/ Asbes	itos Containing Mate , thermal systems in	substion	Amount (Specify	25 _ 5	雪 .
-	•	(13)		Staff? . (12)		surfacing, VAT, o other miscelleneou	r (S)	SF or LF)	Ropelr Romoval	Enclosure
L				Yes No N	/A		1		Encapsulato Ropelr Romoval	<u>ا</u> ۾
L	: 7	hur out 1	Burldono	.	1100	A:1 1	1	//0 ^^ **	1111	
-					1 100	Base 6	CM	72000	1	4 1
H	-					1	-Moder!	300	KIII	4 1
1	lam	e of Registered Waste Hat	der		1				++++	-
1	T	_ນ 1	1.) [NUDEP Waste ID No.		Cubic Yards of N. Naste	amo of Regist	ered Landill		1 1
C	ity, s	· Unobinson	Vare				wa	1. 2 P.H	A.	11
		Belling	P Cha	1	E	Disposal Date Cit	y, State	1 01		1
C	amo	leted by	Title .			(50)	Lully			
AD	B-41	ni Caras	Pre	sid out	- 1	gnature	√ ,/	Date	[6· 13	1 1
Ad	J=1		Do not u	se this form for as	bestos licans	ture exempled activit	ios.	19.1	6.12	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of	Building O			r (2) sociates, LLC		\mathcal{L}	7	~ /	3 (
Agencies Notified	August 5, 2013 Type of Notifica				Street Ad	dress						<u> </u>	-	0	\dashv
[X] EPA	[] Initial	Notificat					10010001180119	enni	is Court		÷,*	TOUS HUG			
[x] DOL	Amer	idment #_ gency (in			City, Star	e, Zip Cod	e Wall,	NJ (07719		Ç.	5			
[x] DOH	justifi	cation)	ciuding		Name of		w Maga	ro		Γelephon	ne Number		2_		
[] DCA	[] Cance	mation					y Mega		Second	Dr. C. P.	- Marine Alle	CP CHE'S			
N	Lata was to Malaina	- Dlass /2	<u> </u>	FACI	LITY II	NFORM	ATION	Т	ype of Facility (4)		- 14/07 75/30		3		
Name of Facility Where A Res	idence	g Place (3	,					1.	[]	Schoo	ol (k-12)	75	امن		
Street Address									[] [x]		napter 8 (oth (i.e., private			al build	linge
447	Bayside Terra	ce							5	homes	s, etc.)			ai bunc	mgs,
City		County	(6)		County C	ode (7) JSE ONLY)	So	quare feet 1200 sf	# of	Floors	Bldg	. Age 6	0	
Seaside Hei	ghts	Ocear	1					С	urrent Use (Prior		demolished)				
Name of Monitoring Firm	Hired by Building	Owner (3)	-	ASCM N	o.	Name of	Aba	Reside						
N/A		Owner (-,						Guardi		ntracting,	Inc.			
Street Address							Street A	ddre		Route 9	, Unit 61				
City, State, Zip Code							City, Sta	ate, Z	Zip Code		0.00				
Project Manager for Moni	Number			Telepho	ne N		River, 1	New Jerse License N		55-12	271				
Project Manager for Moni	Number			732-34	19-9	932		00624							
Scheduled Start Date (10) 8/5/13			Scheduled 8/6/1		n Date (1	1)	Name of	f OS	HA Monitor E.M.S	.L. Ana	alytical				
Occupancy Status During			:)				Street A	ddre	ess	22					
	ility Closed/Vacate						70-7-125 <u>-11</u>			Stelton	Road				
	er – Describe	Outside	or inominar i	acility 110	uis		City, Sta	ate, Z	Zip Code Piscata	awav. N	New Jerse	v 088	54		
				-	-		۲.	1	Full Containmer	W#88		i Tumumi			
Scope of Work (Check all	that apply)						[]	Mini-Enclosure	it with iv	eganve i ie.	33410			
[] >3 :	sfor≥3 lf		[]	Renovat	ion]	Ì	Glovebag Proce						
[x] ≥16	0 sf or ≥260 lf		[x]	Demoliti	on		[x]]	Non-Exempted ((*) and N	Non-Friable I	Procedu	ıre		
			2-12/					20				Abat	ement	Туре	
	C	1	Is Location ormally u				Description of the Contract of			Δ	mount	R	R	E	E
Location Asbestos-Containing N		I N	Solely by				faterial (A			(Sp	ecify SF	E M	E P	N C	N C
TO BE ABA	TED	Maint	enance/Cu	ustodial			, thermal			(or LF)	0	A	A P	L O
in facilit (13)	У		Staff (12)			insu	lation, su VAT,		eing,			V	R	S	S
(10)		00000000		N/A		othe	er miscell		ous)			A		U L	U R
	YES NO											L		Е	Е
Exterior-		Asbes	stos sidin	g			110	00 sf	X						
							-			_					
										+		-	-		
Name of Registered Waste Hauler NJDEP Waste I					D No.	Cubic Ya	rds of Was	ste	Name of Regis	tered La	ndfill				L
Guardian Contracting, Inc. 2022					al Dete	3	City, S	toto	T.R.R.F.						
City, State Toms River	, New Jersey			Disposa 8/7/13					n, Pennsylvan	ia					
Completed by (Print or Ty	/pe)	Title	+ 1 (Signat	ire	-1	V	/	1		Date	2013		
Nicholas Fer	nicola	Proje	ct Manag	er	<u> </u>	1110	12		10	22/10	4	1 0/3/	2013		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

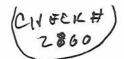
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)					Name of	Building (Owner/Oper		(2) Porrovecchio	// 5	為~	7	2-1	
	August 5, 2013						Salvan	ore i	Politoveccino		00	de		
Agencies Notified [X] EPA		Notificat			Street Ac		24 14 th	Av	renue	<i>ا</i> ا	16	s		
[] DEP	Amen	ided Notif idment #_ gency (inc				te, Zip Co		e Pa	ark, NJ 08752			至.	+	
[x] DOH [] DCA	850	cation) ellation			Name of	Salvat	ore Porro	vec	1	elephone Number		ر م		
				FAC	LITYI	NFORM	ATION	T					-	
	batement is Taking sidence	g Place (3)					l ly	rpe of Facility (4) [] []	School (k-12) Subchapter 8 (oth	ner than	k12)		
Street Address	08 SW Central	Avenue							[x]	Other (i.e., privat homes, etc.)			ial build	dings,
City		County	(6)		County C	ode (7) USE ONL	y)	Sq	uare feet 900 sf	# of Floors	Blag	. Age 6	0	}
Seaside Parl	k	Ocean	ı		<i>A</i>				urrent Use (Prior if Resider)			
Name of Monitoring Firm		Owner (8	3)		ASCM N	0.	Name of	Aba	tement Contractor	(9) an Contracting,	Inc			
Street Address	Α						Street Ac	ddres	SS	oute 9, Unit 61	me.			
City, State, Zip Code							City, Sta	ite, Z	ip Code	liver, New Jerse		55-12	271	
Project Manager for Mon	Project Manager for Monitoring Firm Telephone Nu Scheduled Start Date (10) Scheduled Co						Telephor 732-34	9-9	932	License N 00624	umber			
8/5/13	8/5/13 8/6/13									L. Analytical				
[X] Fac	8/5/13 8/6/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period [] Abatement Performed Outside of Normal Fac						Street A		1056 S	telton Road	0.00	5.4		
	ner – Describe									way, New Jerse		54		
Scope of Work (Check al	l that apply)						[]	l I	Mini-Enclosure	t with Negative Pre	SSUIC			
[] >3	sf or ≥3 lf		[]	Renova	tion		[]	ĺ	Glovebag Proced					
[x] ≥10	60 sf or ≥260 lf		[x]	Demoli	tion		[x]	<u> </u>	Non-Exempted (*) and Non-Friable	Procedi	ıre		
					T				2		Abat	ement	Туре	
			Is Location				Description bestos-Con			Amount	R	R	E	E N
Location Asbestos-Containing I		l N	Solely l			7000	Material (A		_	(Specify SF	E M	E P	N C	C
TO BE ABA		Maint	enance/0	Custodial			, thermal			or LF)	O	A	A P	L
in facili	ty		Staff			ins	ulation, su VAT,		ing,		V	I R	S	S
(13)			(12)			oth	ner miscell		ous)		A		U	U R
		YES	NO	N/A							L		L E	E
Exterior X					Asbe	stos sidi	ng			750 sf	X			
											-	-	-	<u> </u>
								_		-				-
	Name of Registered Waste Hauler NJDEP Waste					Cubia V	ards of Was	oto	Name of Regist	ered Landfill				
Guardian Contracting, Inc. 2022						2	City, S		T.R.R.F.	CICG Editorini				
City, State Toms River	. New Jersev			8/7/1	sal Date 3	1016			n, Pennsylvani	<i>a</i> !				
Completed by (Print or T	Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager					ture	La	P	Tel	/	Date 8/5	, 2013		
		e this for	n for asb	estos lice	nsure exer	mpte	d activities.			254				

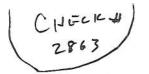
Date of Notification (1)			Name o	f Building	Owner/	Operator	(2)	US	2	166	63	7,		- 10	
8/5/13				irieco P			3.5				• (E,	10		
Agencies Notified Type Notification		- 1	Street A	ddress in Anne	Lone					Ç-)	20		0	٠,	
EPA Initial Amended				ate, Zip Co							17.	_		1/10.	5,
DOL Amendment				nawkin N		050					1.4				9/
Emergency (justification)	including			f Contact					Tel	ephone l	Numb	er	4	,	
DCA Cancellation			Nick						,						
Name of Facility Where Abatement is Taking	Place (3	3)	FACI	LITY INFO	ORMAT	ION	Type	of Facility	(4)						
Nick Grieco Private Home	E 1583						-	School (K-							
Street Address								Subchapte	r 8 (Oth			h!!			2020
80 Lynn Anne Lane								Other (i.e. etc.)	il		erciai	DUIIC	iings,	nom	es,
City (5) Manahawkin NJ 08050							Squar 1000	re Feet	# 0	f Floors		1	ldg. A 5 +	ge	
County (6)			County (Code (7)				nt Use (Pr		na demo	lisher				
Ocean			(STATÉ I	USE ONLY	·		Hom			ng domo		•/			
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCN	l No.	0))			tement Co	ntractor	(9)			-		
Street Address				1			aco Ir							•	
Silver Address						100000000000000000000000000000000000000	Addres Box 32					1			
City, State, Zip Code								ip Code		116.5411-14			-		
						Wes	t Berli	in NJ 080	091						
Project Manager for Monitoring Firm		Telepho	ne No.		100000000000000000000000000000000000000	none N 753-9			License 00727						
Start Date (10)	Start Date (10) Scheduler							HA Monitor		00727					
8/14/13	8/19/13	3		Julio (11)		Sam		D-C WIOTHOU							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	ss							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	Abatem	ent			Cit. 6									
Other – Describe:	ai i aciiity	riours				City, S	itate, Zi	ip Code							
Scope of Work (Check All That Apply)														1	
≥3 sf or ≥3 if	manage of the last	Renova					Ful	I Containm	ent with	Negativ	e Pre	ssur	e		
≥160 sf or ≥260 lf	×	Demoliti	ion					ni-Enclosur vebag Pro							
				Г		×		n-Exempte		d Non-Fr	iable	_			
		Locati)		ement pe	i
Location of Asbestos-Containing Material (ACM)	Use	d Solel	ly by	Asbes		escription taining N		(ACM)	A	mount	.	- 51			
TO BE ABATED In Facility	- COMMENTS	todial S			therma	l system	s insula		(5	pecify or LF)		Rer	Re	nca	Enc
(13)		(12)				miscellar			31	OI LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_		ate	O.
Exterior Siding			x		Exte	erior Sid	ding		12	00 SF	×				
					-					\neg					
Name of Registered Waste Hauler			JDEP W			Yards	25-15	Name of	Registe	red Land	fill				
United Containers			auler ID 2459	NO.	of Wa	aste		G.R.O.	W.S.						
City, State						sal Date		City, Sta							
Elm NJ	T				8/19			Morris	ille PA	19067	7		-553		
Completed by Anthony T Perna	Title Presi	dent				Signature	}			- 1	Date 8/5/				
	1.00				(0/0/	14			

-			
0	1	01	111
Cl	/	120	164
~ p		,	10

Date of Notification (1) 8/5/13		*			Building (cAndrev						13/3					
	ype Notification	- 000000	1 3	Street A	ddress 8th Stre	opt .			30.00		To the		**	-		
EPA DEP DOL	Amended Amendment		(City, Sta	te, Zip Co tine NJ	de				e	``	G G			- 5,	
DOH DCA	Emergency (justification) Cancellation			Name of Roy	Contact					Tele	ephone N	lumbé	F.			7
				FACI	LITY INFO	DRMATI	ON			-	61		~			
Name of Facility Where Aba Pat McAndrew Privat		g Place (3)							of Facility (4 school (K-1	10.75		1				
Street Address 108 N 8th Street	8							S	ubchapter other (i.e. p tc.)	8 (Oth			uild	ings,	home	es,
City (5) Brigantine NJ 08203								Square 1000		# of	Floors		45213	dg. A	ge	
County (6) Atlantic					Code (7) JSE ONLY)		_	Curren	nt Use (Prid e	or if bei	ng demol	lished)			
Name of Monitoring Firm Hi N/A	ired by Building	Owner (8)		ASCM	l No.			of Abate	ement Con	tractor	(9)					
Street Address								Address								
City, State, Zip Code								tate, Zip	Code NJ 080	91						
Project Manager for Monito	T	Telephor	ne No.		Teleph	one No			License							
Start Date (10) 8/14/13	d Com	pletion I	Date (11)			of OSH	A Monitor		-							
Occupancy Status During A	Abatement (Chec							Address	9							
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire I	Period of A	batem				5,000,500	tate, Zip							-	
Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Fhat Apply)	Section 2010	enovat emoliti				×	Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	e edure	1 272				e	
		Is	Locatio	מס			0-215-1								ement	1
Location of Asbestos-Containing Model TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Mai Cust	lormalli d Solel ntenan odial S (12)	y by nce/ staff?	Asbes (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	laterial insulat T, or	(ACM) tion,	(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Freedow Cid	r	Yes	No	N/A			. 0:				00.05	+	_			
Exterior Sid	ing	-		X		Exte	rior Sic	ding		12	00 SF	×				
									-	+						
	(C) (C) (C)															
Name of Registered Waste	Hauler		20000	JDEP W auler ID		Cubic	Yards		Name of	Registe	ered Land	ifill				-
United Containers						of Was 2	ste		G.R.O.\	W.S.						
City, State Elm NJ	Elm NJ					Dispos 8/19/	sal Date 13		City, State Morrisv		A 19067	7				
Completed by Anthony T Perna	Im NJ Completed by Title						Signature	20			1	Date 8/5/	12			



ate of Notification (1)	13/13			OM N	Wher/Operator	-11_		2,3				=
gencies Notified	Type Notification		Street Ad	dress	UE HERO	on Di	2106	Alla	315	50 T		_
EPA DEP DOL	☐ Amended Amendment #	374						N.J. 08	2/0	-	-	7
DOL	Emergency (incl	uding	Name of					elephone Nur	nber			7
DOH CA	justification)		Name of	Contact	ME	, -:						
			EACH.		RMATION			100		1		
		0 000/3\	PACIL	of the o	- CHATTON	Type of	Facility (4	1	7	8		
ame of Facility When	e Abatement is Taking	Place (3)				The cub	ool (K-12) chapter 8	Other than K-	12)	25.0		
reel Address	OLD ARACON	1300	LEUDK	D		Square	nes, etc.)	ate & comme		ido A	-	-
75)	LOW MANON					100	0	2_ Whalling dam	oliebed)	40	+	=
			County	Code (1)	STATE	Curen	N Use (Pro	If being dem	OUSTIBU			_
CAR	E MAY	wner	ASCM N		Name of Abate	ment Con	rador (9)					•
lame of Monitoring Fi	irm Hired by Building O							,				
treet Address	7		*		369	<u>5. ></u>	PRUC	E AVE				=
					Ciry. State, Zip	C∞de	CHAT	E NJ	,08	052		·
city, State, Zip Code	_	19			Telephone No.		SHA	License No	Q.			
Project Manager for h	Monitoring Firm	1.1	elephone h	ю.	856-7	79 -1	0472	00	444	1		=
1400		=	0-1		Name of OSH					•		
				0(111	Name of USIV	A MOORDY	11			Control of		
Sian Date (10)			pletion Dat	e (11)	JOSE	PKM	1.619	M			_	=
8/15	//3 8	ck only on	/13 e)	e (11)	JOSE	PKM	1.619	EA UE I			•	
Occupancy Status D	Juring Abatement (Che	ck only on	e) atement	e (11)	JOSE Sueel Address 369	5,5	PILUC	EAUEI				
Occupancy Status D	Juring Abatement (Che	ck only on	e) atement	e (11)	JOSE Sueel Address 369	5,5	PILUC	EAUEI		805		=
Occupancy Status D Facility ClosedVa Abatement Perform Other - Describe	Juring Abatement (Che acated During Entire Permed Outside of Norma	ck only on	e) atement	e((1))	Sueet Address 3 6 9 City, State, Zij	SISI SCORE PUE	SHAD	ENVE!	5,00	805	- - - - - - - -	=
Occupancy Status D Facility ClosedVa Abatement Perform Other - Describe	Juring Abatement (Che acated During Entire Permed Outside of Norma	ck only on eriod of Ab	e) atement dours	e (11)	Sue et Addres Sue et Addres City, State, Zi	p C∞de P = E Containm Enclosur	PILUC SHAD	EAUEI	5,00	805	. 2	
Decuparity Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che	Jung Abatement (Che acated During Entire Permed Outside of Norma :	ck only on eriod of Ab	e) atement dours	e (11)	Sue et Addres 3 6 9 City, State, Zi	S S S S S S S S S S S S S S S S S S S	PILUC SHAD ment with N	E N E	5, 00			
Decuparity Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che	Jung Abatement (Che acated During Entire Permed Outside of Norma :	ck only on eriod of Ab	e) atement fours ovation officer	e (11)	Sue et Addres 3 6 9 City, State, Zi	S S S S S S S S S S S S S S S S S S S	PILUC SHAD ment with N	ENVE!	5, 00		Z atem	
Decuparity Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che	Jung Abatement (Che acated During Entire Permed Outside of Norma :	ck only on eriod of Ab	e) atement fours evalion oficen cation maly	=-	Sue et Addres 3 6 9 City, State, Zi	Containm Enclosur vebag Pro- Exemple	PILUC SHAD meni with Ni e xeedure	E / VE , E , N , egabve Pressu	ooedure		alem	-
Coupancy Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che	Jung Abatement (Che acated During Entire Permed Outside of Normal eck all that apply)	ck only on eriod of Abd Facility H	e) atement fours ovation oficin cation maly Solely by	==-	Sue et Addres 3 6 9 9 City, State, Zin MA Full Non Description Description	p Code p Containm Enclosur vebag Pro Exemple	PILUC SHAD Meni with Ni execute (ACM)	E N E		AD	Type	-
Decupancy Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 sf or 23 ff 2160 sf or 2260	Juring Abatement (Che acated During Entire Permed Outside of Normal ack all that apply) If	Rence Demo	e) atement fours ovation ofice cation maly Solely by enance/	==-	Street Address 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containm Enclosur Vebag Pro- Exemple on of Malerial MAT, or	PILUC SHAD Meni with Ni execute (ACM)	E / VE / egabye Pressu	5, 00	AD	Type	-
Decuparity Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 sf or 23 ff 2160 sf or 2260 Asbestos-Contain TO BE	James Abatement (Che acated During Entire Permed Outside of Normal Entire Permed Outside of Normal Entire Permed Outside of Normal Entire (ACM) ABATED South	Rence Demo	e) atement fours ovation officer cation maly Solely by enance/	==-	Sue et Addres 3 6 9 9 City, State, Zin MA Full Non Description Description	Containm Enclosur Vebag Pro- Exemple on of Malerial MAT, or	PILUC SHAD Meni with Ni execute (ACM)	E / VE / egabye Pressu Hon-Friable Pri Amoun (Specifi	5, 00		alem	
Decuparity Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 sf or 23 ff 2160 sf or 2260 Asbestos-Contain TO BE	Juring Abatement (Che acated During Entire Permed Outside of Normal acck all that apply) If Stion of Ining Material (ACM) ABATED	Rence Demo	e) atement fours ovation of ton cation maly Solely by enance/ sindial laf?	Asbx (i. t	Street Address 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containm Enclosur Vebag Pro- Exemple on of Malerial MAT, or	PILUC SHAD Meni with Ni execute (ACM)	egative Pressur Amoun (Specifi SF \alpha L	5, 00 ure comedure	Removal	Type	-
Decuparity Status D Facility ClosedVa Abatement Perfor Other - Describe: Scope of Work (Che 23 sf or 23 ff 2160 sf or 2260 Asbestos-Contain TO BE	James Abatement (Che acated During Entire Permed Outside of Normal Entire Permed Outside of Normal Entire Permed Outside of Normal Entire (ACM) ABATED South	Rence Demo	e) atement dours ovation odition cation maly Solely by enance/ stodial aff? 12)	Asbx (i. t	Street Addres 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containment Enclosur vebag Pro-Exemple on of Material Imms insultivat, of Janeous)	PILUC SHAD ment with Nie execure and (') and h	E / VE / egabye Pressu Hon-Friable Pri Amoun (Specifi	5, 00 ure comedure	AD	Type	-
Decupancy Status D Facility ClosedVa Abatement Perform Other - Describe: Scope of Work (Che 23 sf or 23 ff 2160 sf or 2260 Aspestos-Contain IO BE IN F	Jy Brunng Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Stion of Ining Material (ACM) ABATED Facility 13)	Rence Demo	e) atement fours ovation of ton cation maly Solely by enance/ sindial laf?	Asbx (i. t	Street Address 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containment Enclosur vebag Pro-Exemple on of Material Imms insultivat, of Janeous)	PILUC SHAD ment with Nie execure and (') and h	egative Pressur Amoun (Specifi SF \alpha L	5, 00 ure comedure	Removal	Type	-
Occupancy Status D Facility ClosedVa Abatement Perfor Other - Describe: Scope of Work (Che 23 sf or 23 lf 2160 sf or 260 Asbestos-Contain TO BE IN F	Jy Souring Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Stion of Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM)	Rence Demo	e) atement fours ovation officer cation maly Solely by enance/ standal aff? 12)	Asbx (i. t	Street Addres 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containment Enclosur vebag Pro-Exemple on of Material Imms insultivat, of Janeous)	PILUC SHAD ment with Nie execure and (') and h	egative Pressur Amoun (Specifi SF \alpha L	5, 00 ure comedure	Removal	Type	-
Occupancy Status D Facility ClosedVi Abatement Perfor Other - Describe Scope of Work (Che 23 st or ≥3 tt 2150 st or ≥260 Aspestos - Contain IO BE IN F	Jy Souring Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Stion of Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM)	Rence Demo	e) atement fours ovation officer cation maly Solely by enance/ standal aff? 12)	Asbx (i. t	Street Addres 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containment Enclosur vebag Pro-Exemple on of Material arms insulativat, of Janeous)	PILUC SUAD Ment with N exedure and (') and h (ACM) ation,	E N E Pressure Pressu	S, Oo	Removal	Type	-
Occupancy Status D Facility ClosedVa Abatement Perfor Other - Describe: Scope of Work (Che 23 sf or 23 lf 2160 sf or 260 Asbestos-Contain TO BE IN F	Jy Souring Abatement (Che acated During Entire Permed Outside of Normal eck all that apply) If Stion of Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM) ABATED Souring Material (ACM)	Rence Demo	e) atement fours evalion of ion cation maly Solely by enance/ stodial aff? 12) No N/A	Asbx (i	Sueel Addres 3 6 9 Ciry, State, Zi Full Mini Glow Non Description estios Containing e. thermal syste surfacing, Nother miscel	Containment on of Material Image Industry Mat	PILUC SHAD ment with N e scedure sod (') and N (ACM) attion,	E / VE / E / VI egabye Pressu Amoun (Specif SF or L	ocedure	Removal	Roper	-
Occupancy Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 sf or ≥3 ff ≥3 sf or ≥260 Asbestos - Contain TO BE IN F	During Abatement (Che acated During Entire Pe rmed Outside of Norma eck all that apply) If Stion of ning Material (ACM) ABATED acility (13) SITE BUT WASTE Hauler	Rence Demo	e) atement dours ovation officer cation maly Solely by enance/ stodial aff? 12) No N//	Asbx (i	Street Addres 3 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Containment on of Material Image Industry Mat	PILUC SHAD ment with N e scedure sod (') and N (ACM) attion,	E / VE / E / VI egabye Pressu Amoun (Specif SF or L	ocedure	Removal	Roper	-
Occupancy Status D Facility ClosedVa Abatement Perfor Other - Describe Scope of Work (Che 23 sf or ≥3 ff ≥3 sf or ≥260 Asbestos - Contain TO BE IN F	During Abatement (Che acated During Entire Pe rmed Outside of Norma eck all that apply) If Stion of ning Material (ACM) ABATED acility (13) SITE BUT WASTE Hauler	Rence Demo	e) atement dours ovation officer cation maly Solely by enance/ stodial aff? 12) No N//	Asbx (i	Sue at Addres 3 6 9 9 City, State, Zi M.D. Description estos Containing e., thermal syste surfacing, other miscel Cubic Yard of Waste	Containment Enclosur Probag Property on of Material Inms insult VAT, or laneous) S /T E	PILUC SUAD Ment with N excedure and (') and h (ACM) ation,	EAUE, egabve Pressu Amoun (Specific SF or L) Registered Lar Y, C, A	S, Or	Removal X	Roper	-
Scope of Work (Che Scope of Work (Che 23 sf or 23 ff 2160 sf or 260 Asbestos-Contain TO BE IN F Name of Register	James Abatement (Che acated During Entire Per rimed Outside of Normal eck all that apply) If Stron of ning Material (ACM) ABATED actiny (13) SITE ACC ed Waste Hauler MCO INC.	Rence State	e) atement fours ovation of ton maly Solely by enance/ stodial aff? 12) No N//	Asba (i.i.	Sue et Addres 3 6 9 Ciry, State, Zi Ciry, State, Zi M.A. Pull Description estos Containing e., thermal syste surfacing, ' other miscel	Containment Enclosur Probag Property on of Material Inms insult VAT, or laneous) S /T E	PILUC SUAD Ment with N excedure and (') and h (ACM) ation,	EAUE, egabve Pressu Amoun (Specific SF or L) Registered Lar Y, C, A	S, Ordure	Removal X	Roper	-
Scope of Work (Che Scope of Work (Che 23 sf or 23 ff 2160 sf or 260 Asbestos-Contain TO BE IN F Name of Register	During Abatement (Che acated During Entire Pe rmed Outside of Norma eck all that apply) If Stion of ning Material (ACM) ABATED acility (13) SHE AC BY Waste Hauler TO INC.	Rence Si Loo Nom Used S Maintin Cus Si Ves	e) atement fours ovation of ton maly Solely by enance/ stodial aff? 12) No N//	Asba (i.i.	Sue at Addres 3 6 9 9 City, State, Zi M.D. Description estos Containing e., thermal syste surfacing, other miscel Cubic Yard of Waste	Containment on of Material Processing Proces	PILUC SUAD Ment with N excedure and (') and h (ACM) ation,	EAUE, egabve Pressu Amoun (Specif SF or L) Registered Lav M, C, A	S, Ordure	Removal X	Ropar	-
Scope of Work (Che Scope of Work (Che 23 sf or 23 ff 2160 sf or 260 Asbestos-Contain TO BE IN F Name of Register	During Abatement (Che acated During Entire Pe rmed Outside of Norma eck all that apply) If Stion of ning Material (ACM) ABATED acility (13) SHE AC BY Waste Hauler TO INC.	Rence State	e) atement fours ovation of too maly Solely by enance/ stodial aff? 12) No N//	Asbx (i	Sue et Addres 3 6 9 6 City, State, Zi MA City, State, Zi Manie Glow Non Description estos Containing e., thermal syste surfacing, other miscel Cubic Yard of Waste Disposal C	Containment on of Material Processing Proces	PILUC SUAD Ment with N excedure and (') and h (ACM) ation,	EAUE, egabve Pressu Amoun (Specific SF or L) Registered Lar Y, C, A	S, Or	Removal X	Ropar	Encapsulate



Name of Building Owner/Operator (2) Date of Notification (1) 113 TRANSFORMATION Type Notification Street Address Agencies Notified [2] Initial 601 W. E DOL Amended City, State, Zip Code Amendment # Emergency (including justification) ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) FSIDEN.CC School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) 1500 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished County (6) VACANT Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner 16 conco Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. 856-779 Name of OSHA Monito Scheduled Completion Date (11) Start Date (10) 8/23/13 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation __≥3 sf or ≥3 lf __≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Used Solely by Description of Location of Maintenance/ Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate (i.e., thermal systems insulation, Custodial (Specify Remova TO BE ABATED surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)Yes No SIDING TRANSTE 51DING Name of Registered Landfill Cubic Yards NUDEP Waste Name of Registered Waste Hauler of Waste Hauter ID No. ACUA KLEMCO INC 17904 Disposal Date MARLE SHODE, N.T. Signature O WWFR JOSEPHILLERAM

CHECK# / 2859

Lyno of Northeation (1	1 4		Nan	e ol Bu	ilding Owner/Opera	iœ (?)			
8	/3/13				30 B MUD			_ چے	·
Agencies Moulied	Type Hollacator		Sue	el Addi	10, 30× 3	22		of the	
조 (주) 경 (조) 고 (조)	Ca Paris	9	City	State.	Zip Code				
	Amendment #_	٠			RIG ANTIB	vE,			0
図 30m 図20m	Cancellation		nsM	we of Co	SIME		1	elephone-Humber	9:
_ >.>.	D our attigre		<u> </u>				==-		97
	*, * **	8. 781	F	ACIUT	INFORMATION	Type	of Facility (4)	(2) (2)	
to Facility When	e Abatement is Taking	Place (3)				2000000000	chool (K-1?)	11	. 7
			=				ubchapter 8 (Other than X-17) see & commercial t	oui@ng i
. Aggress 104	4 GTH STAI	fer N	on	2774		- n	omes, etc.)	10111011	SIOC YOU
: · · 5: A	2121					Squi	1000年	2	407
15 /	216Antin	6	1 Co	uniy Co	de (1) ISTATE	Cun		I being demoish	101
ATLAN	TIC		U.	SE ONL	η		The second second second	DNT	
THE STREET	יחן אוופס טץ מטוטותם ס	MUG!	ASC	M No	Name of Ab	TOTE O	In :		
	N/A				Sueel Addi	2.5 9		- 1.	
1 10 000 033	5000				369		> C'4 C'1.	E AUR	
5'è'€ 2.0 C∞€					Cay, State.		SHADE	N 5:0	St. 12
2.4.6 5.0 Cone					Yeephone !		214276	License No	
E Not Inanager for I	Monitoring Furn		el epho	ne No	856.	774-	0472.	(10.17	<u> </u>
	Techa	suled Com	delpr	Date	1) Name al.O	SHA HONA	OI .		
8/13/13	8	7/20/	13		Sugal Add	E P17	Kir	1	
- C - C	Che Abalemen (Che	ck only on	e) .		361	_	50000	- F A v 5	
	SCOUNT DURING ENGIR P	time a w	4.4	nı	Cay, State.	Zp C∞e	/	1	• ,
The Describe	AWEU UNISIDE OF HOME				- MN	62.	511.000	Vi. 2. 67.	<u> </u>
The section of the section					O F	us Contain	שאיט אינט אני	gaure Piessure	
		Reno	DASIIQ.	١		in Enclos		O	.16
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	tl .	G Oem	di ION		ল	ton-Ezemp	164 1.1 sug M	on Frank Proons	A
			Malion Carion			24			1
	auon ol	Used S	Solely	by	CONTRACTOR	and Mateu	BI (ACM)	(Specil.	1 = 1
seras Conta	MATED	Cu	शळका	.	lis ' Métural si	o. YAT. OI)G1101.	SFOUL	# # # # # # # # # #
- 'Y	Facility .	1000	12H7		Oast us	CHISTOR	}		1 8 1
		14.	NO	1417	18			1500中	
	,, , ,			X	TRA	UDITE		1200 4	
51.2	1.46-	=		-					-
		=						- 3	
		=		1			L Manus of D	edizioleo consu	
	na) Wasie Hauler	=	٠,	TJOEP	ASSC COPK A		AC	UA	· · · · · · · · · · · · · · · · · · ·
,	. Twee	· ·	_ '	179	01/ 0000		Ciry State		.,-
<u> </u>			-		0400	91 O 916	AIV	DINTYLL	<u>(i N.)</u>
M111-	= SILAPE	ν	<u>, </u>		- S.	gnature	V.	Cit	8/3/13
15 0000 5.	1/ :	liec	V/	1		Ain_	m. 13		u/
5.1.2	" ISCHU					UIC ESEM	יטופס פכוויווונ	15	

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ August 2, 2013 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification ☐ DCA X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED iustification) Telephone Number Name of Contact X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) STUDENT CENTER, BLDG# 3133 ☐ School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COLLEGE AVENUE CAMPUS** # of Floors: 4 Bldg. Age: 50+ years Sq. Feet: N/A County Code (7) City (5) County (6) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK MIDDLESEX** (State Use Only) Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 08/12/13 08/15/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe MOther - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure ≥ 3 sf or ≥ 3 lf ■ Renovation ≥ 160 sf or ≥ 260 ■ Demolition □ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Location of Asbestos-Containing Description of Asbestos Containing Material Amount Is Location Normally Used (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA 2100SF X Rooms 402, 404, 405, 407, X VAT 410 & 454 Name of Registered Landfill NJDEP Waste Hauler ID # 20 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 08/15/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Signature Date Completed by (Print or Type) August 2, 2013 RAYMOND C. PEDALINO SENIOR PROJECT Raymand C. Pedalins MANAGER



Date of Notification (1)	/24/13	Till	Т	Name	of Building	Owner/Operator	(2) THe Heller G	roup		10		
Agencies Notified	Type Notification		\top	Street	Address		PO Box 70	er-			<u>~</u>	,
EPA DEP DOL	Initial Amended Amendment #	1	5	City, S	tate, Zip C		adison, NJ 0		1			7/5 15
DOH DCA	☐ Emergency (ir justification) ☐ Cancellation	icluding	1	Name	of Contac			Telephone Numb	er	75-		
			-1	FAC	ILITY INF	ORMATION				_		ç
Name of Facility Where				150.00			Type of Facility	(4)			OUT HE	
Street Address	S Postal Service			nd Sta	ition		Other (i.e., p	8 (Other than K-12) rivate & commercia) ıl build	dings,		
City (5)	275 Fe						homes, etc.	# of Floors	BI	dg. A	ge 0	
	County (6) Essex											-
	_	USE ONLY) Post Office / Retail								_		
Name of Monitoring Firm		ASCM	No.		nent Contractor (9) mental Service	c In					
	8) MECS Street Address					Street Address	vens Environ	Helital Service	5, п	ic.		=-
Street Address	PO Box 34	1				Street Address	PO I	30x 322				
City, State, Zip Code	crosswicks, NJ	08515				City, State, Zip (n, NJ 08501				
Project Manager for Mo		00515		phone	No.	Telephone No.	7 HICHEO W	License No.				_
	/eisgarber Jr.				8-4070		59-9688	0	0493	3		
Start Date (10)	Sche	duled C			te (11)	Name of OSHA		ECS				
6/10/13 Occupancy Status Dur	ing Abatement (Che		/30/ one)	13		Street Address	17/	ECS		***		_
☐ Facility Closed/Vaca	ated During Entire Po	eriod of	Abate				PO I	30x 341				
Abatement Performed Other - Describe:		al Facilit	y Hou	rs		City, State, Zip (ks, NJ 08515				
Scope of Work (Check	all that apply)		novati molitic			Mini-Er Gloveb	ntainment with Ne closure ag Procedure cempted (*) and N	egative Pressure	e e			
			ocatio						P	Abate Typ	ment	i i
Location		Used	Solel	y by		Description of			-			
Asbestos-Containing TO BE ABA IN Facili (13)	ATED ity	Ci	tenan ustodia staff? (12)			tos Containing Ma thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ie	
Warehouse / Sorting Area ×						VAT/ Mas	stic	5200 sf	×			
				-					-	-		_
				-					\vdash	_		_
Name of Registered W	aste Hauler			NUDEP Y		Cubic Yards	Name of Reg	istered Landfill				
	ale Disposal		_ +	lauler II 172	0 No. 297	of Waste 30 CU		T.R.R.F., It	ıc.		V	
City, State Hamilton, NI, 08610						Disposal Date	City, State	Tullytown,	РΔ			
Hamilton, NJ 08610 Completed By Title						9/30/13 Signature/	M	Date	IA	-		_
Mahlon E. St	ojec	t Mar	nager	_///			7/20	6/13		_		

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

* Emergency *

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

CK 3459 息

Date of Notification (1) 8/1/13	-3			Building ((2)			Ç*		1.0	5	-	
Agencies Notified Type Notification		1000	Street Ad	dress	Street					7.					37.
EPA Initial Amended Amendment		C	City, Stat	e, Zip Cod ty NJ 08	de			-							
DOH justification) Cancellation	including	1.7233	lame of Paul	Contact					Tele	phone N	lumb	er		-	•
			FACIL	ITY INFO	RMAT	ION								0.	
Name of Facility Where Abatement is Taking Paul Adack Private Home	g Place (3)						panel .	f Facility (4 chool (K-12	200	4				10	
Street Address 336 North 5th Street							S	ubchapter (ther (i.e. pr	(Othe			build	ings,	home	s,
City (5) Surf City NJ 08008			****		14500		Square 1000		# of	Floors		1000	dg. A	ge	
County (6) Ocean			County C STATE U	ode (7) SE ONLY)				t Use (Prio + Shed		ng demol	lished	i)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	٠.	ASCM	No.			of Abate	ement Cont	tractor	(9)				2/2/	
Street Address							Address								-
City, State, Zip Code						City, S	tate, Zip	Code	~			-			
Project Manager for Monitoring Firm		T	Telephon	e No.			one No	NJ 0809	91 	License	No.	-			
Charl Date (40)	Scheduled	Com	nlation F	, ,			753-98	300 A Monitor		00727	•				
Start Date (10) 8/2/13	8/5/13	Com	pietion L	Jale (11)		Same		A MONITO							
Occupancy Status During Abatement (Chec	k Only One)				Street	Address	S							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab nal Facility H	ateme lours	ent			City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novati molitic				×	Mini Glo	Containme -Enclosure vebag Proc -Exempted	edure					a	
	lel	ocatio	n						1/		T		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solely Solely tenan dial S (12)	y by ice/		tos Cor therma surfa	escription ntaining M il systems acing, VA miscellar	Material s insula T, or		(S	mount Specify or LF)		Removal	Ty Repair	e Encapsulate	Enciosure
Francis Cidina	Yes	No	N/A		Fute	orior Cia	dina	-	12	00 SF	-	_			
Exterior Siding			X		EXIG	erior Sid	aing		13	00 SF		¢ .			
											\rightarrow				
	+									-	+				
Name of Registered Waste Hauler		T N.	JDEP W	aste	Cubic	Yards		Name of F	Reaiste	red Land	dfill				
United Containers		Ha	auler ID 2459		of Wa			G.R.O.V	A						
City, State Elm NJ	#3				Dispo 8/5/1	osal Date		City, State Morrisvi		19067	7				
Completed by Anthony T Perna	Title Presid	ent				Signature	3				Date 8/1/				

Emergency

	' 0		(Pur	suant to	NJAC 8:	60 and	12:120)	CK	3	460	و_ (
Date of Notification (1) 8/1/13					Building O						0.5) 2010	20			
Agencies Notified	Type Notification			treet Add	dress ina Ave						27		G	, ,		
EPA DEP DOL	Initial Amended Amendment		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e, Zip Cod NJ 080									0		
DOH DCA	Emergency (justification) Cancellation		1 200	ame of 0 incent						Internal		mber	7	* .	(i. j.	
		- DI (0)		FACIL	ITY INFO	RMATI	ON	Time	of Cocility /A	1)				U.		
Name of Facility Where A Vincent McDermott		g Place (3)				7.11			of Facility (4 School (K-12	2)	or than V	12\				
Street Address 6 Carolina Ave								×	Subchapter (Other (i.e. pretc.)	rivate 8	k commer	cial bu				s,
City (5) Holgate NJ 08008) <u>\$</u> 1		Squar 1000	e Feet	# of	Floors		Bld 35	g. Ag +	je	
County (6) Ocean			C	County C	ode (7) SE ONLY)			Curre	nt Use (Prio	r if bei	ng demoli	shed)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		0.0000000000000000000000000000000000000	of Abat	tement Con	tractor	(9)					
Street Address								Addres				4				
City, State, Zip Code		-			10-75-011				p Code n NJ 080	91	_					
Project Manager for Mo	nitoring Firm		T	elephon	ne No.		Telep	hone No.	0.	•	License					\neg
01 10 1 (10)		Cabadula	d Com	nlation F))oto (11)				A Monitor		00727					-
Start Date (10) 8/2/13		Schedule 8/5/13		pietion L	Jale (11)		Sam	ne								
Occupancy Status Durin	ng Abatement (Che	ck Only One	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A mal Facility	bateme Hours	ent		_	City, S	State, Z	ip Code	23.61						
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Control of the Cont	enovat emoliti	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				Mir	Il Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					9	
		l la	Location											Abate	ment	
Locatio	on of	N	lormall	y		De	escriptio	n of				-	_	Ту	ре	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED iility	Mai	d Solel intenan odial S (12)	ice/		tos Cor therma surfa	ntaining Il systen acing, V	Materia		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Todaylar.	Cidina	100				Evt	erior S	idina		0	00 SF	×	-			-
Exterior	Siding			X		EXI	31101 3	luling				+^	+			
Name of Registered Wa	aste Hauler		101	JDEP W		0.0000000000000000000000000000000000000	c Yards		Name of	Regist	ered Land	dfill				
United Containers			1000000	auler ID 2459	No.	of W			G.R.O.							
City, State Elm NJ						Dispo	osal Dat 13	te	City, Star Morrisv		A 19067	7				
Completed by Anthony T Perna		Title Presi	dent				Signato	re				Date 8/1/	13	955°		

#2003

Date of Notification (1)			Name of	Building C	wner/Operator	r (2)		THE COURT BASE VALUE - LANGE	5		7
	8-6-13		! .	DeN	NIS G	PRABULLE	e		Č	10	1
Agency Notified	Type Notification		Street Ad	ddress		/		16		77	0
MEDA	Contried			226	0 148	142/12	AVE.	1777	4	,	٠.٠
OFF OFF	C Amended		City, Stat	te, Zip Coo	ie ,			1.			
WOOL.	Amendment #			Lun	NUR	31 125	0773	~	Ç.		.
ш бон	(including the strict of the s	กฐ	Name of	Confect			T-1-14		8.	_	-
Q DCA	Cancelleton		į							-	
and the second s			FACILI	TY INFOR	MATION	area and the second second second second second second second	+				-
Marrie of Facility 198	Abatement is Taking Pi	re (3)				Type of Facility	<i>14</i>)		-		
Name of Facility tyrisis	ABER B	POIA.	·	,		1					
	4200 01	0100	222			School (K-12	*	N.			
Street Address	_		_				(Other than K-12 Wate & obminiscia				
22	O IAFAY	27/2	AU	PROZ	2	homes, etc.)					
						Square Feet	# of Fibors	Bldg A	go		
0 = 1	I yn hups,	A	J			1800	2	10	9		
County (6)		-	County (Code (7) (5	STATE USE	Current Use (Pr	for if belig demol	ished)			
7	B2265W	10.	(KINO			RE	BIDENCE	2			5
Alama of Manhoring Eir	m Hired by Building Own	er Asc	M No.	T	Jame of Abata	ment Contractor (S					
(6)	In the of by presents and		2.7110.	1			, ,	7-0	_		
					Taget Address	<u> </u>	tion Co	LIX	1		1
Street Address							. 7				
					City. State, Zip	outroso	2150				
City, State, Zip Code							T 07-	177			
				-	01451	ASCR V	J. 07	なる。	-14 - 4		100
Project Manager for Mi	onitoring Firm	Telepi	ne No.		elephone No.		License No.	-			1
	- 3 m		54 W	/ 6	132-24	4-1757	10002	4	ar - e	-	- 1
Start Date (10)	Schaduled C	completion	L to (11)		Name of OSHA		7	1.47	-		
8-15	13 8-1	17-13	3		LC & I	nsulati	on Co.	Inc			
	ing Abatement (Check or				Street Address		×1.1.3.2	the sales			
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ar. Jr		10	15 M	ontrose	Rd				1
☐ Facility Closed/Vaca	sted During Entire Period ed Outside of Normal Fac	augh wilk	Bi:t	-	ty, State, Zip	Code			77-47		
Other - Describe:	JAM-	TPM	,	1 (101+5 N	lock N.	J. 0778	12			
Scope of Work (Check	all that apply)				OO LIDIA	21-1-1-1-1					
			₩ Keno	wation		Conteinment with	Negative Pressu	re	4.7.4		
2 2 3 sf or 2 3 H	* 1		□ Demo			vebag Procedure	* ***				
272 180 SI OF 2 200 H	7			*/020920004	Q Nor	n-Exempted (*) an	d Non-Friebie Pro	cedure			
		Isto	colon						Abut	7	nt
			really				•	1	-7.13	y pe	τ
Loca	ation of	1.4	lovally by	Anhaek	Description Containing I) Of Amenical (ACMS)	Amount		1	m	_
Asbestos-Contair	ning Material (ACM) ABATED		mance/ locial	(i.e.,	mermal system	na insulation.	(Specify		Remova	ncapsulate	Endosure
	acility		B#7	M23	surfacing. VA	10 ,TA	SF or LF)	1	Remova	18	15.0
(13)	(1	(2)		other miscella	n o ous)		15	2	ete	8
		Yes N	IC NIA			27		1	1	1	
		1		0	00	2111	164	1	1	1	-
JOPSE 1	MEN!	+			people	KING.	/54	+	-+-	+-	
		4							-4-	+-	
										1	ļ
	and the second section is the second section of the second section in the second section is the second section of the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is the second section in the second section in the second section is section in the second section in the second section is section in the second section in the second section is section in the section in the section in the section is section in the section in the section is section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section is section in the section in the section in the section in the section in th					- 1				_	
Name of Registered V	Veste Hauler		F Naste H	lauler	Cubic Yards of	Name of Regi	stered Lendillit				
^		ID No		,	Waste	TE	CT			d Topano	
HOO TAG	which im (1) I	no.1	3081	(0	Breeze Con	<u> </u>	J-L-	6. 3.7			
City, State	A IN THE PARTY		=	1	Disposai Date	Chy State		200			
Calle No	K NJ.		. A. 16 75	,	Marie Land	1)eth	le hom	FH	11.		•
Completed by	171111	7-7	:: ****		Signature	110 110 110	1 1	Date		,,,,,,	
2000		28102	UT		GA	ine Q le	west	8-6	-/-	ک	
STANGE 6-10				heatos lice	nsure example	adadivitus.		A course made about		attender.	-,

Project #		NO		ICATION	ate of New Jers I OF ASBESTOS to NJAC 8:60 a	ABATE		т	CI	neck # 21	-			
Date of Notification (1	· · · · · · · · · · · · · · · · · · ·		_	Name of	f Building Owner	/Operator	r (2)			2013/				
08/01/2013	,				outh Univers		(-)			13				
Agencies Notified	Type Notification		\dashv	Street A		ity				. 2	// /			_
rigoriolog Protinog	Type reamouner		- 1		edar Ave					2,	``\o			
EPA	Initial Amended		-		ate, Zip Code		-			()		100		-
DEP DOL	Amended Amendmen	#				NILOZ	764			. 1/m		11/	/) 排	
	Emergency	(including	-		ong Branch,	NJ 07	704		TTO	lephone Nu	mhor		7.	_
DOH DCA	justification) Cancellation								4	iephone Nu	libei	_		
DCA	Cancellation	1		Timoth		TION								
Name of Facility Whe	re Abatement is Takir	n Place (3)	_	FACI	LITY INFORMA	TION	TTV	e of Facility	(4)					
Monmouth Unive			nto	#G			-							
Street Address	ersity The bluis	Apartmen	ils	#0				School (K-		ner than K-1	2)			
590 Ocean Blvd								Other (i.e. etc.)	private	& commerc	ial build	dings,	home	98,
City (5)	neh N I 07764						Sq	uare Feet	# 0	of Floors	В	ldg. A	ge	
	nch,NJ 07764						75,	000						
County (6)					Code (7)		Cu	rrent Use (P	rior if be	ing demolis	hed)			
Monmouth				STATE	USE ONLY)		1			570.5400				
Name of Monitoring F	irm Hired by Building	Owner (8)		ASC	И No.	Name	e of A	batement Co	ontracto	r (9)				
AHERA						Nick	Res	toration L	LC					
Street Address						Street	t Add	ress						5-0
P.O BOX 385						72 Bi	rook	side Rd						
City, State, Zip Code						City, 8	State	Zip Code						
Oceanville, NJ 0	8231				*6	Rand	qlob	h NJ 078	369					
Project Manager for N	Monitoring Firm			Telepho	ne No.	Telep	hone	No.		License N	lo.			
John Smoyer				(609)6	52-1833	973-9	933-	2550		01133				
Start Date (10)		Scheduled	1 Co			2015 110 2		SHA Monito	r					
08/06/2013		08/10/20	013			J&S	Env	ironmenta	al					
Occupancy Status Du	uring Abatement (Che	ck Only One	1)			Street	t Add	ress					0 8 9	
Facility Closed	/acated During Entire	Period of At	nate	ment		2333	RT	22						
Abatement Perfo	ormed Outside of Nor					City, S	State	Zip Code		*****			-	
Other - Describe	e: occupied					Union	n. N	J 07083						
Scope of Work (Chec	k All That Apply)		-			1	,							100
23 sf or ≥3 lf		T Re	nov	ation				-ull Containr	nont wif	h Negative I	Draceii	re		
≥160 sf or ≥260	If		emol					Mini-Enclosu		ii i vegative i	10000			
								Glovebag Pr						
						<u>E</u>		Non-Exempt	ed (*) ar	nd Non-Frial	ole Pro			
		100000000000000000000000000000000000000	.oca										ement vpe	•
	tion of		Sol	ely by		escription						T .	i	
	ing Material (ACM) ABATED	Main	itena	ance/	Asbestos Co (i.e. therm					Amount Specify	l z		E	Щ
	acility			Staff?	sur	facing, VA	AT, o	r		F or LF)	Remova	Repair	Encapsulate	Enclosure
(1	13)		(12)	() 	othe	r miscella	neou	s)			ova	a.	sula	sure
		Yes	No	N/A									te	
Ápartment 12 B			×		joint compo	und			85 S	f	×			
Apartment 12 B	**		×		Flooring				105	Sf	×			
Apartment 12 B			×		joint compo	und			240		×			

NJDEP Waste Hauler ID No.

Title

President

Cubic Yards of Waste

Disposal Date

Signature W(19

TBD

TBD

Name of Registered Landfill

Date

08/02/2013

Minerva Enterprises

Waynesburg, OH

City, State

Name of Registered Waste Hauler

City, State Shirley, NY 11967

ATC

Completed by

Elvira Mrda

Name of Building Owner/Operator (2) Date of Notification (1) Phill Tisano Private Home 8/5/13 Street Address Type Notification Agencies Notified 12 South Burgee Initial City, State, Zip Code **EPA** Amended DEP Little Egg Harbor NJ 08087 Amendment # × DOL Telephone Number Emergency (including Name of Contact justification) DOH × Phill Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Phill Tisano Private Home Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × Street Address etc.) 12 South Burgee Bldg. Age # of Floors Square Feet 35 +City (5) 1000 Little Egg Harbor NJ 08087 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Home Ocean Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pernaco Inc. N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 8/15/13 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Amount Encapsulate Used Solely by (Specify Asbestos-Containing Material (ACM) Remova (i.e. thermal systems insulation, Repair Maintenance/ TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No x 1200 SF **Exterior Siding** X Exterior Siding Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste G.R.O.W.S. Hauler ID No. United Containers 22459 City, State Disposal Date Morrisville PA 19067 City, State 8/22/13 Elm NJ Date Signature Title 8/5/12 Completed by President Anthony T Perna



Date of Notification (1) Name of Building Owner/Operator (2) 8/5/13 Roy Fish Private Home Agencies Notified Type Notification Street Address 110 N 8th Street **FPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Brigantine NJ 08203 Emergency (including Name of Contact Telephone Number × DOH justification) Roy DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Roy Fish Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, × 110 N 8th Street etc.) City (5) # of Floors Square Feet Bldg. Age Brigantine NJ 08203 1000 35 +County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Atlantic Home Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. N/A Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/14/13 8/19/13 Same Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility SF or LF) surfacing, VAT, or (12)(13)other miscellaneous) Yes No N/A 1200 SF Exterior Siding Exterior Siding Х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste United Containers G.R.O.W.S. 22459 City, State Disposal Date City, State Elm NJ 8/19/13 Morrisville PA 19067 Completed by Title Date Signatüre Anthony T Perna President 8/5/12

CK,8176

Date of Notification (1) 8/5/2013					Building O				RUN		10/3				
	otification		1 1	Street Add	dress OUTH C	DRANG	SE AV	ENUE		4		1/2/	a		
DEP AI	itial mended mendment #		_	City, State SHORT	e, Zip Cod HILLS,	de , NJ 07	078					{	5,		
X DOH ju	mergency (in stification) ancellation	cluding		Name of 0 ALICE I	Contact LUTWA	K				Tele	phone Nur	ber /			
				FACIL	ITY INFO	RMATIO	N								
Name of Facility Where Abateme		Place (3)						S	of Facility (4 school (K-12 subchanter)	2)	er than K-12) 1			
Street Address 1025 SOUTH ORANGE A	VENUE		******			C.			other (i.e. pr tc.)	rivate 8	k commercia Floors	ıl build	lings,		s,
City (5) SHORT HILLS									e Feet				ug. A	ye .	
County (6) ESSEX				County C (STATE U	ode (7) SE ONLY)		_				ng demolish	ed)			
Name of Monitoring Firm Hired bENVIRONMENAL CONN				ASCM	No.				ement Con THERS		(9) TRACTIN	G			
Street Address 120 NORTH WARREN S	TREET							Addres RUTH	s IERFOR[D BL\	/D.				
City, State, Zip Code								tate, Zi	p Code NJ 0701	4	24310				
	TRENTON, NJ 08608 Project Manager for Monitoring Firm							ephone No. License No. 00494							
Start Date (10) 8/6/2013		Schedule	ed Completion Date (11) Name of OSHA Monitor												
Occupancy Status During Abate	ment (Check	Only On	e)				A CONTRACTOR OF THE PARTY OF TH	Addres						- 97	381 3
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: OCCUPI	ring Entire P	eriod of A	baten	nent			City, S	state, Zi	p Code						
Scope of Work (Check All That A	Apply)						-		- 57 77 77						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	*F-07		enova emolit					Min	i-Enclosure vebag Prod	e cedure	n Negative F			e	
		<u> </u>		. 1					LXGIIIptoc	70				ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED Ma				ion lly ely by nce/ Staff?		tos Conta thermal:	system sing, VA	Material s insula AT, or		(amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		OF!! IN!	0.01.	, OTC		10	000 SF				
YOUTH LOUNG!	=		X			CEILIN	G PLA	45 I E	×	- 10)00 SF	X			
Name of Registered Waste Hau	ler			JDEP W		Cubic `			Name of	Regist	ered Landfil				
TWO BROTHERS CONT	RACTING		10000	Hauler ID 18743	No.	of Was 20 Dispos			WAST		NAGEME	NT (9.R.0).W.	S.
City, State CLIFTON, NJ						8/10/2	2013				LE, PA				
Completed by VIVECA RAMOS		Title PRO	JECT	г соог	RDINAT		ignatur	e W	e X	Jun	700	ate /5/20	13	7000	

thers Contr	actin	g				(FAX)	973 958 8811			P.0	02/00
HARD COR	No wife	ie Aotaon	ate of New Jen	BOY	Lane		00L - 10	DA	Y	Pri	nt Forr
,	(F	וחשה פנה,	to NJAC 8:60	ind 12:12	0)					1	
						RUN	AUG - 5	2013			
fication		âireat A	ddress		-	-	- AM	4	-	_	+
				NGE A	VENUE	11/A1	VFR APP	RA	70	-	4
rgency (including	_	SHOR	IT HILLS, NJ	07078				_	A L'E	_	ا.
fication) obligation							Talaphona Nui	nher	7		
is Taking Place	3)	FAC	LITY INFORM	CTION	Typa	of Facility (4)	-		_	•	\exists :
					n	School (K-12)					
ENUE						Other (La. pri	(Other than K-1) vals è commerci	2) al bulk	dinga,	hame	18,
							e of Floors		idg. A	ga.	\dashv
	- 1	County	Code (7)		Curre	nt Uas (Prior	If being damails.	10d)			-
)			Neme	of Abai	lement Contr	actor (8)	_	_		_
TION, INC.							ONTRACTIN	IG			
EET .				1			BLVD.				
		7		110000000000000000000000000000000000000						2.11.2	
1				Telep	hona No	0,	License A	lo.	_		-
				Name	of OSH	A Monitor					\dashv
					-		E				_
Entire Period of of Normal Facili	Abata	mani IS									-
(لا					_				-		-
					Min Glo	nuselenZ-ir scon9 gedev	dura				
					- NOT	THE ASIMBLE	J tine Non-Frie	The Pro	Abat	menl	\sqcap
	ed 80	ely by				(ACM)	Amount	\vdash	1,		Н
- Cu	(12	Slaff?	(i.e. there	nal eyeter nac ng. Vi	ns Innude AT, or	illan.	(Specify SP or LP)	Removal	Repair	Encapeutat	Endlessure
Yes		N/A	CEIL	ING PL	STE	2	1000 85	-	_	d	
			7211			-	1000 OF	1			
		100000000000000000000000000000000000000	-								
	₩-							+			
		NJOEPV	Vasta I Cu	bic Yarda		Nama of R	agistered Lands	L			
CTING		NJOEPV Hauler III		bic Yarda Vasie		450000000000000000000000000000000000000	agistered Landfl		3.R.C	o.w.:	s.
CTING		Hauler ID	No. 011 20	Nasie	1	City, State			3.R.C	o.w.:	s.
	HARD COR Incestor In the standard of the sta	HARD CORNOTIF (Filterion Indication Ind	Renovation Ren	HARD CORNOTIPIOATION OF ASBESTS (Pursuant to NJAC 8:50 p Name of Building Owner CONGREGATION Strest Address 1025 SOUTH ORA Shouth Contact ALICE LUTWAK FACILITY INFORM Is Taking Place (3) ENUE County Code (7) (SYATE USE ONLY) Bohedwied Completion Date (11) S/10/2013 ABCM No. CEET Telephone No. 212-952-7300 Bohedwied Completion Date (11) S/10/2013 Int (Check Only One) Control of Normal Facility Hours Is Location Normal Station Ormal Station Normal Station Ormal Station Ormal Station Normal Station Ormal Station Normal Station Ormal Station Or	HARD CORNOTIFICATION OF ASSESTOS AGATE (Pursuant to NJAC 8:50 and 12:12: Name of Building Owner/Operator CONGREGATION 8'NAI J Street Address 1025 SOUTH ORANGE AND GRIDDING Including Owner (8) ENUE County Code (7)	HARD CORNOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120) Name of Building Owner/Operator (2) CONGREGATION 8'NAI JESHU Indied In	HARD CORVOTIPIOATION OF ABBESTOS ABATEMENT (Fursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2)	HARD CORNOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NAC 3:50 and 12:120) Name of Suiliding Owner/Operator (2) CONGREGATION B'NAI JESHURUN AUG 5 CONGREGATION B'NAI JESHURUN AUG 5 CONGREGATION B'NAI JESHURUN AUG 5 CIty, Statis, 2:p Gode Sindad Indiad Indiad City, Statis, 2:p Gode SUBORTH HILLS, NJ 07078 Name of Contact ALICE LUTWAK FACILITY INFORMATION Type of Fecility (4) School (K-12) Subchapier 8 (Other his n.K-1. Other (Is., private 8 commerciac) Subchapier 8 (Other his n.K-1. Other (Is., private 8 commerciac) Subchapier 8 (Other his n.K-1. Subchapier 8 (O	HARD CORVOTIPIDATION OF ABBESTOS ABATEMENT (Purauant to NJAC 8:50 and 12:120) Name of Suilding Comerciperator (2) CONGREGATION BYNAI JESH RUN Strest Address 1025 SOUTH ORANGE AVENUE (Ity, Stats, 2'p Gods SHORT HILLS, NJ 07078 Name of Contact Initiation) Is Taking Piace (3) ENUE County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) Square Past County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) Square Past County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) Courtent Use (Prior if being demaitshed) County Code (7) (FYATE USE CALLY) County Code (7) (FY	HARD COPNOTIFICATION OF ASSESTOS ASATEMENT (Pursuant to NJAC 5:60 and 12:120) Name of Suiding Owner/Operator (2) CONGREGATION BYNAL JESHURUN Street Address 1025 SOUTH ORANGE AVENUE Indicated Single Address SHORT HILLS, NJ 07078 Name of Contact ALICE LUTWAK FACILITY INFORMATION Type of Facility (6) Square Facel County Code (7)	HARD CORNOTIPICATION OF ABBESTOS ABATEMENT (PURSUANT to NAGE 55 ps 45 2:120) Name of Building Owner/Operator (2) CONGREGATION B'NAI JESHURUN AUG 5 2013 Incation Sinest Address City, Stats, 2'p Gode SHORT HILLS, NJ 07078 Name of Contact ALICE LUTWAK FAGILITY INFORMATION Is Taking Piece (3) ENUE County Code (7) (ATATE USE CALLY) CITY ON BROTHERS CONTRACTING Street Address 250 RUTHERFORD BLVD. CITY State, 2'p Code CULTTON, NJ 07014 Telephons Nc. Telep

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

Project #		

	0/2
Check #	2084/1/2

Date of Notification (1)		T	Name of	Building O	wner/Operator	r (2)	86	C.			P.	
07/29/2013		A	sbury	Park Sc	hool Distri	ct			Ex.		.17	12
Agencies Notified Type Notification			Street Ac						14/2	47		٠.,
T toitiol		6	03 Ma	ttison Av	/e					11	/	
EPA Initial Amended		1	City, Stat	te, Zip Code	е					12	14	7
DOL Amendment			sbury	Park, N.	J 07712							*
DOH Emergency justification)			-	Contact				Telephone Nur	mber	2		
DOH justification) DCA Cancellation		L	ewis C	Griffin						N.		
				LITY INFO	RMATION		_			·		
Name of Facility Where Abatement is Takin	g Place (3)			- Million G	Type of F	acility (4)	•				
Barac H. Obama Building						Scho	ool (K-12)					
Street Address				-		Sub	chapter 8 (Other than K-1	2)			
1300 Bangs Ave						Othe etc.)		ate & commerci	ial build	lings,	home	s,
City (5)						Square F		# of Floors	ТВ	ldg. A	ge	
Asbury Park, NJ								Fhaine demalia	hod)	-		_
County (6)				Code (7) JSE ONLY)		Current	Jse (Pnor n	f being demolis	neu)			
Monmouth County						<u> </u>						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No.	APRIL 1971	e of Abatem		7//2				
AHERA					2.0579.377700	Restorat	tion LLC					
Street Address						et Address						
P.O BOX 385					10.77	rookside						
City, State, Zip Code					City,	State, Zip C	ode			263		
Oceanville, NJ 08231				8	Ran	dolph NJ	07869					
Project Manager for Monitoring Firm		- T	Telepho	ne No.	Telep	ohone No.		License N	No.		100-1117-1	
John Smoyer		10	609)6	52-1833	973-	933-2550	0	01133				
Start Date (10)	Schedule			Date (11)	Nam	e of OSHA	Monitor					
07/31/2013	08/03/2		5.15	8. 3	J&S	Environr	nental					
Occupancy Status During Abatement (Che						et Address						
**************************************			5004		2333	3 RT 22						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor					City.	State, Zip C	Code			_		_
Other - Describe: OCCUPIED					1	n, NJ 07						
Scope of Work (Check All That Apply)					Johno	11, 140 07	000			_		_
	.				9	E 5.41 C		with Nagativa	Drocci	ro		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolii					ontainment inclosure	with Negative	riessu	ie.		
2 100 Si 0i 2200 ii	E-1 -	Jemon	aon			Glovel	bag Proced					
						☐ Non-E	xempted (*) and Non-Fria	ble Pro	71000 907	0/9	
	Is	Locat	ion								ement	i.
Location of		Norma			Description	on of			-	1 '	pe T	
Asbestos-Containing Material (ACM)		ed Sole			os Containing			Amount	I		m	
TO BE ABATED In Facility		todial		(i.e. i	thermal system surfacing, V		n,	(Specify SF or LF)	em	Reg	ြန္မ	100
(13)		(12)			other miscell	aneous)			Remova	Repair	Encapsulate	Elicioanie
18 E	Yes	No	N/A	1							ā	0
	100		+	F1 4"	0			500 CF	×	\vdash		H
First Floor Holloway		×	-	Floor til	es & masi	С	1,	500 SF	+^	-	\vdash	\vdash
										-	-	\vdash
									_	_	<u> </u>	
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic Yards of Waste	l N	lame of Re	gistered Landfi	III			
Nick Restoration LLC		- 20	3782	.,,,	TBD	G	.R.O.W.	.S				
City, State	-		0102		Disposal Da	te C	City, State					
Randolph, NJ 07869					TBD	- 1	ullytown	PA				
Completed by	Title			-		10s/	/,		ate			
Elvira Mrda	Presi	dent			1 6	LVICA	Mich	A 10	7/29/	2013		



Date of Notification (1)		Name of Building Owner/Operator (2)														
07/25/13			WYCKOFF BOARD OF EDUCATION													
Agencies Notified	Type Notification		15	treet Ac	aress											
□ EPA	Initial			241			E A	IVE	·					5_		
ME DEP	☐ Amended				e, Zip Cod		10		0					0		
X DOL	Amendment :					tt	.0101461									
16 рон	justification)	ricidanig			Contact		Telephone Number									
YQ DCA	□ Cancellation		1	10. P	LANG	2. K	EIF	r E		$\perp_{}$			_			
	Al de la Takina	Diose (2)		FACIL	ITY INFO	RMATI	ON	Tyne o	of Facility (4	4)		- 7	10		10	
Name of Facility Where													Α,	_	-	
SICOMACI	ELEMENT	TIKY	>	☐ Subchapter 8 (Other than K-12)												
Street Address				 Other (i.e. private & commercial buildings, home 											es,	
356 SICON	MAC AVE			etc.) Square Feet # of Floors Bidg. Age										ae		
City (5)												_	YVS.			
WYCKOFF			1 (S 8,375 \ County Code (7) Current Use (Prior if being demolished)								ed)	10	400	•	
County (6)				(STATE USE ONLY) SCHOOL							10					
BERGEN Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM No. Name of Abatement Contractor (9)												
PENNONI AS					1102				SERI							
Street Address		00	102		Street A							****				
515 GROVE	5				156	MA	PLE	AVE.								
City, State, Zip Code					City, St					- 10						
HADDON H	ELGHTS 1	17	086	035 WALLINGTON NJ 07057 Telephone No. License No.												
Project Manager for Mor	nitoring Firm	7	- 1	eleprior	ie No.		Telepho	one No		L	icense No).				
JOSEPH A				356-	547-	0505	973	-40	6-13	41	0110	7				
Start Date (10)	1	Schedule	d Com	pletion l	Date (11)		1		A Monitor							
08/05/13	a	081	16	/ 13	S				N/	1001	LA					
Occupancy Status Durin	g Abatement (Chec	k Only On	e)		7		Street A									
★ Facility Closed/Vac	ated During Entire F	enod of A	batem	ent			156	M	APLE	AVE						
☐ Abatement Perform	ned Outside of Norm	al Facility	Hours		(4)		City, St						_			
☐ Other – Describe:							WAL	411	GTON	, N	1. 0	105	1			
Scope of Work (Check A	All That Apply)	,					1 /									
□ ≥3 sf or ≥3 lf		311000	enovat				Ä		Containme i-Enclosure		egative P	ressur	е			
10 ≥160 sf or ≥260 lf			emoliti	on				Glo	vebag Prod	cedure						
				□ Non-Exempted (*) and Non-F							Von-Friab					
		1 170	Location										Abatement Type			
Locatio	n of	A1	lormali d Solei	0.00		De	escription	of								
Asbestos-Containing TO BE AB		Ma	intenar	ice/	Asbest	os Con	ntaining Ma Il systems	atenal insula	(ACM) tion.		ount ecify	D D	7.	Enc	Ē	
In Faci		Cust	odial S (12)	taff?	,	surfa	acing, VAT	r, or	.		rLF)	Removal	Repair	sdB	Enclosure	
(13)		L	(12)		vine and a second	other	miscellan	eous)				YA	=	Encapsulate	ure	
		Yes	No	N/A										-		
BOILER	ROOM	4			TAN	14 1	NSUL	ATI	ION	20	O 5F.	*				
		*					BREE		- 1	30		1				
BOILER	20014	-							100	70	LF.	1				
BOILER	R6014	X			HAR	را	FITT	1		10	<u> </u>	*				
				JDEP W	Ineta	Cubi	Yards		Name of	Register	d Landfill	1			L	
Hauler I						of Wa										
NEWARK CAN	540	9		.5			J.W.S									
City, State						No	Disposal Date City, State									
NEWARK	NJ.						117/1		MON	LRISI			}			
Completed by		Title					Signature	11	ah		Da			/ . ~		
LESLAW NA	LODKA	PE	ESI	DEI	UTTU		2	- 10	ww.			771	12/	1.3	5	



Date of Notification (1)			Ne	me of B	uilding Owne	er/Ope	rator (2)							
07/25/13			DOVER BOARD OF EDUCATION Street Address 100 GRACE ST. City, State, Zip Code											
Agencies Notified	Type Notification		St	reet Add	ress					6	2			
	□ Initial		1	00	GRA	CE	51			- (7		\dashv	
12 DEP	Amended Amended		1		Zip Code	. , .	~ > Q	<i>7</i> 0 i	,e		3			
∆ DOF	Amendment # Emergency (in				ERI	NJ	078	01	Telephone Number		•	2	\dashv	
DOH E	justification)	olden ig		ame of C		^	OUEC	, 1	Totophorio Trans				-	
DCA	☐ Cancellation		1 1	TO 15	TY INFORM	ATIO	OMES					-		
Name of Facility Where	Abstament is Taking	Place (3)		FACILI	IT INFORM	AIIO	Type of	acility (4)		-		ζ.	?	
							KÓ Sch	ool (K-12))	1	12		2	
DOVER HI Street Address	GH SCHIL	70 L					TI Sut	chanter 8	(Other than K-12)	wildir	ac h	mes		
	c (T						□ Otr		vate & commercial t	Justun	igs, 11	Jines	_	
100 GRAC	L 21.			***	-		Square		# of Floors	Bld	g. Ag	9	-	
City (5)	7 0780	1					134.0	000	<u> </u>	5	34	v5.	_	
DOVER N County (6)	1 0100			ounty Co			1		if being demolished	1)				
MORRIS			(5	STATE US	SE ONLY) _			100h					_	
Name of Monitoring Firm	m Hired by Building O	wner (8)		ASCM	No.	1	Name of Abater							
OMEGA ENV	IROUMENT	AL		00	120			ERVI	CES INC.			-		
Street Address							Street Address	۰۸ ، :	0 ./ =					
280 HUYL	ER ST.						156 MA City, State, Zip	Code Code	AVE.					
City, State, Zip Code									111 078	75	7			
SOUTH HACK	ENSACK		1 7	elephon	o No		Telephone No.	6 1010	11.076 License No.	- 5				
Project Manager for Mo	Project Manager for Monitoring Firm						973-406							
GEISER FAT	JARDO	Scheduled	Com	Dietion D	\$9-870		Name of OSHA	Monitor	0 0	-				
Start Date (10)		0810			(11)				ALOOKA					
O7/29/13 Occupancy Status Duri	ing Abatement (Check	k Only One)	91	13		-+	Street Address							
				ent		- Landanian	156 MA	PLE	AVE					
Desfer	cated During Entire F med Outside of Norm	al Facility F	OHS			Ī	City, State, Zip							
Other - Describe:	OCCUPIE	0 150	ILL	ING		-	WALLIN	CTON	1 NY 07	05	7_	×		
Scope of Work (Check	All That Apply)								7					
□ ≥3 sf or ≥3 lf		¥ Re	nova	tion					ent with Negative Pr	essur	е			
St ≥160 sf or ≥260 lf	•	□ De	moliti	on			C Glov	Enclosure ebag Proc	edure					
		3//40					□ Non-	Exempted	(*) and Non-Friable					
		ls I	ocati	on						1	Abate Ty			
Locati	ion of	No	rmal	y	100	Des	scription of							
Asbestos-Containii	ng Material (ACM)	Used Main	Sole tenal		Asbestos	Cont	aining Material (systems insulat	ACM)	Amount (Specify	Ŗ	7.	Encapsulate	En	
TO BE A	ABATED	Custo	dial S			surfac	cing, VAT, or		SF or LF)	Remova	Repair	apsı	Enclosure	
(1.		a, out of the contract of the	(12)		C	other n	niscellaneous)			Ya.	=	Jiate	ure	
	% 0	Yes	No	N/A			S-10-10-10-10-10-10-10-10-10-10-10-10-10-					3	_	
2011 = 2 8	000	+ +	xt		TONOU	1 1	NSULAT	NOI	260 SF.	*				
00	700M			1	<u> </u>	***********	INSUL	1		*				
BOILER	ROOM		X		FLIDE	N	10-00	4 11010	2 1-2 (30 103	Ì				
												-	\vdash	
and the same of th							V 1- 1	Nomes	Pogistered Landfill			L		
Name of Registered V	Vaste Hauler	0-1302		JDEP W		Cubic of Wa	Yards ste		Registered Landfill					
NEWARK C	ARTING 1	NC.	1	2540		J	5	6.4	L.O.W.S					
City, State						Dispo	sal Date	City, Star			00 m 10 m			
NEWAVLIL	N 7				- Control of the Cont	081	107/13	MOI	RRISVILLI	<u> </u>	PA			
Completed by	14 7.	Title				-	Signature	11	Da	ite			`	
LEGLAW NA	ESI	DE	UT		LN	u	<u> C</u>	>71.	25	1 1	5_			

Date of Notification (1)						Operator (2		23 7255		222 F		7		
07/24/13			DOA	ER	BC	DARD	0	F ED	UCA	TION	1		250	
Agencies Notified Type Notification			treet Ad		_							7	72	- 1
□ EPA □ Initial			100	GRA	ACE	51.							<u>.</u>	
ME DEP ☐ Amended				e, Zip Cod			- 0 -						0	
Amendment#	cludina				, N	10	78C	71	LTolon	hone Num	205			
DOH justification)	-	1		Contact					Leieb	HORE NUM	Jei	1	1 =	
DCA Cancellation		R	OBE	RT (DRAGT	1 E D			-					?
Name of Facility Where Abatement is Taking	Place (3)		PACIL	III INFO	KININ I	IOI4	Type o	f Facility (4)					-
DOVER HIGH SCHOOL							e se	chool (K-1	2)					
Street Address	-	- 1000					□ St	ubchapter	8 (Other	than K-12)		•	•	
100 GRACE ST.								ther (i.e. p c.)	rivate & d	ommercia	bulla	ings,	nome	5,
City (5)		+					Square		# of F	loors	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dg. A	ge	
DOVER, NJ 0780	1							000		l	- 1	53		
County (6)			County C		*		Curren	t Use (Prid	or if being	demolishe	ed)			
MORRIS		16		SE ONLY)				00 H						
Name of Monitoring Firm Hired by Building On	wner (8)		ASCM					ement Cor			1-			
GARDEN STATE ENVIRONME	NTAL	INC.	00	120					LVICI	= 5 11	UC.			
Street Address						Street /			^ -					
555 BROAD ST. SUITE K						156	M F	Code	AVE					-
City, State, Zip Code						Lity, St	ate, ZIF	o Code	- R I .	11 0	76	15	7	
GLEN ROCK , NY 0745	2	17	WALLINGTON, NJ 0705 Telephone No. License No.										/	
Project Manager for Monitoring Firm		1		552-11	19					0110				
Start Date (10)	Scheduled	1			٠,			A Monitor	150	0110				
	08/0			, ale (11)		Samuel Control		U NA	100	LA				
Occupancy Status During Abatement (Check						Street /								
☐ Facility Closed/Vacated During Entire Pe			ent			156	MA	PLE	AUE -					
□ Abatement Performed Outside of Norma	al Facility F	lours				City, St	ate, Zıp	Code						
DOCUPIED	15016) 1 "	'6		_	WAL	LIN	67CN	,NJ	070	57			
Scope of Work (Check All That Apply)						,								
≥3 sf or ≥3 lf	1000000	novat	50500000			×				Negative P	essur	е		
124 ≥160 sf or ≥260 lf	□ De	moliti	on				Glov	-Enclosur vebag Pro	cedure					
							Non	-Exempte	d (*) and	Non-Friabl	2			
	ls L	ocatio	on										ment pe	
Location of	Used	rmall				escription			1902					
Asbestos-Containing Material (ACM) TO BE ABATED	Main	tenar	ice/			ntaining M al systems				ount ecify	Z.	-371	Enc	Ē
In Facility	Custo	dial S (12)	taff?	11.01	surf	facing, VA	T, or	, , , , ,		or LF)	Remova	Repair	apsı	Enclosure
(13)		(12)			other	miscellan	eous)				va	=	Encapsulate	ure
	Yes	No	N/A											
BOILER HOOM		£		TA	NK	INSUL	ATIC	N	26	Ost.	*			
BOILER ROOM		*		EI	130	W INS	ULA	TION	5 6	LBOWS	X			
DOLLER KOOP						,								
		-												
Name of Degistered Wests Houler	1 1	N	JDEP W	/aste	Cub	ic Yards		Name of	Register	ed Landfill				-
Name of Registered Waste Hauler		Н	auler ID	No.	of W	/aste								
HEWARK CARTING INC.		Ċ	2540	og		5		2000	LOW.	>				
. City, State						osal Date		City, Sta			۸۸			
NEWARK NY	1			-	U	31071 Signature		MOR	RISUI	LLE	to.	_		-
Completed by	Title	- , .	nr.	<u></u>		Signature	, ,	VA			7/2	1.1	12	
LESLAW NALODILA	TKI	251	DEV	<i>/</i> \		_				10	1/2	-11	(5	

Initial Friable Notification

6377-NJ		N Pu	OTIFIC rsuan	t to	ON O ALM	F ASB C 8:6	ESTOS 0-7 ar	ABATEMEN d 12:12	NT 0-7) Check #						_
nate of Notification	(I)		Name	of	Buil	ding	Owner,	Operato	r	(2)			否			
			ΕIΔ	Con	etri i	ctors,	Inc			-			2			202
			Stre				1110.				1			0		
Y			o Di	dana	dala						98			E. O.		
9202	[X][nitial	tion	City	dged . st	ate	Zip	Code		-				1	3	?	_
100000000000000000000000000000000000000							07927						35		2	
APPARATE STORE AND	Notifica	tion				tact	0,02,		_	Telep	hone Nur	nber	7	4		_
(X) DOH	[]Cancella	tion					Dunio ot	Monogo	. r							
[]DCA			Kyle					Manage	JI							-
							FORMAT	NOI	175	pe of Facilit	y (4)					
Name of Facility Who	ere Abatemen	t is Ta	King /	STAC	e (3	,			-2	[1Cakon]	(8-12)					
Our Lady of the Most	Holy Rosary									Subchap	ter 8 (riva	ce &	COILL	uer -	
Street Address								1	R	cial bu	ildings of Flo	. no	nes.	etc.		_
625 Florida Grove Ro	ad								S		2	,015		80		
City (5)	of Notification (1) 0 7 / 2 5 / 1 3 Cles Notified Type Notificat: JEPA [X] Initial Notificat: JAmended Notificat: JAmended Notificat: ICancellat ICancellat					Cour	nty Code (7)			20,000 irrent Use (Pi	rior if	bein	g der	noli	shed)
Handown	e of Monitoring Firm Hired by B ler (8) rl & Associates, Inc.					1		1		Church						
Name of Monitoring	Firm Hired b	y Build	ling	ASCM	No.	-	Name	of Abate	eme	nt Contractor	(9)					
Owner (8)							Four	Strong B	Build	ders, Inc.		9.00				
	<u>c. </u>				-		Stree	t Addres	SS							
							180 5	Sargeant	ÁV	enue						
	ode			10000			City.	State.	Zi	p Code						
Chillington DA 1960	7						Clifto	n, NJ 07	013	3-1935		icens	e Nu	mner		
Project Manager for	Monitoring	E.r.cw	Teleph	опе	Num	ber		hone Nu		:5	1					
Michael Krisher			610-8	56-7	700	(37)		614-0377		mitor		0807		_	_	
Scheduled Start Dat																
0 8 / 0 5 / 1	1 3 U	onth /	Day	1/1-	Year	1				ders, Inc.					-	
Occupancy Status Di	iring Abateme	ent (Ch	eck of	JIA 6	one)			et Addre	_							
						. 1	180	Sargeant	t A	venue						
						Y										
[X]Other - Descr	ibe: Performed c		al hours:	7:00 - 3	3;30		Clifto	on, NJ 07							_	
Scope of Work (Che-	ck all that	apply)						[]Ful	LI	Containment w	ith Nega	tive	Pre	ssur	e	
[]Demolit	ion		(X)	Reno	vati	.on		ryigia	avel	Enclosure bag Procedure						
[]\(\sum_{1}\) \(\sum_{1}\) \(or >260 lf							[]Non	n-F	riable Proced	ure		Abat		<u> </u>	TDA
				Is atio	n							1		emeri	E	E
			Nor	mall sed			Ashe	escripti stos-Cor	ion nta	of ining	Amou		RE	R	N C A	C I.
Materia	1 (ACM)		So	lely			Ma	terial	(AC	M) vstems	(Spec		M	E P	P	0
TO BE	ABATED ility		ten	Main	2/	i	nsulat	ion. sur	rfa	cing, VAT, llaneous)	LF)	V A	A	S	S
[X]DEP [X]DOL [X]DOL [X]DOH [I]DCA [I]DCA [I]DCA [I]Cancellation [I]Ca			Sta	ff()	(2)		UL C	Teller wa-		11111111			L	R	L	R
			Yes	No	N/A	Pine	Insula	ition			5 LF		X			
			\rightarrow			1 .	0.00	Insulation	on		27 eac	h	X			
Boiler Room			-	-	-	1 ipo	1 100015	,			 		-			
			4	-	_				_		-			_		T
	- W		IN	DEP	Was	te	Cubi	Yards	_	Name of Regis	stered L	andf	111		1	
Name of Registered	1 Waste Haule	51				No.	of W		8	Y						
Four Strong Builder	rs, Inc.		1	2609			Dien	osal Dat		G.R.O.W.S., I	nc.					-
City. State							Drago	ager nar	-							
Clifton, NJ	80									Tullytown, PA	<u> </u>		Th:	ate		
Completed By (Pri	nt or Type)	Title						Signatu		0	e e	8	'		11:20	
Bilyana Kulakovska	a	Office	Admir	nistra	ator			della	_	-]7	/25/	13	
				_												

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ July 31, 2013 Agencies Notified Notification Type Street Address **ENVIRONMENTAL HEALTH & SAFETY DEPT.** ☑ Initial Notification ■ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification □ DCA X DOL ■ Emergency (including City, State, Zip Code PISCATAWAY, NJ 08854 DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) PHYSICS LECTURE HALL, BLDG# 3562 ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 1 Bldg. Age: 50+ years County Code (7) City (5) County (6) **MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY** Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 ATC ASSOCIATES GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 **BRIAN KEARNY** 973-492-0477 00840 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 08/16/13 08/19/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe MOther - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf **X**Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Location of Asbestos-Containing Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA Room 101 VAT 550 SF X X Name of Registered Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cubic Yards of Waste: 10 CY G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City. State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 08/19/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Signature Completed by (Print or Type) Raymand C. Pedalino July 31, 2013 SENIOR PROJECT

MANAGER

RAYMOND C. PEDALINO

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

Date of Notification (1) 08-01-2013		P	Varne of Building Own	ner/Operat	for (2)		ζ _a			-
Agencies Notified Type Notific	ation	S	Treet Address	5 (Bood's	pecs.				
EPA Initial DEP Amend Amend Amend Emerge justifica Cancell	ment # ncy (includin	g N	ity, State, Zip Code PLAINI ame of Contact	es ella	d N.					
Name of Facility Where Abatement is T	- 1/2/01/27/		FACILITY INFORM	ATION		Leiebnone	Num	ber		
Street Address SAME. City (5)	aking Place ((3)			Type of Fac School Subcha Other (i		K-12)	brileti	Topic S) ³
County (6)					Square Feet				g. Ag	
		I (ST	unty Code (7) ATE USE ONLY)		Current Use	(Prior if being demo	dished	1)	5	
Name of Monitoring Firm Hired by Buildin N A Street Address	ng Owner (8)	.	ASCM No.	SHA	of Abatement RON QUAL	Contractor (9) LTY CO LLC	:	:		
City, State, Zip Code				Street 22- V	Address 'AN ORDEI	V PL				
Project Manager for Monitoring Firm		Tal	mh	HAC	tate, Zip Code KENSACK	NJ. 07601				
Start Date (10)	Scheduler		phone No. ion Date (11)	Telepho 201-7	one No. '08-4270	License 0113				
08-10 - 2013 Occupancy Status During Abatement (Chi	100	. ~	1/3 ·	EM	SL-AV	ralityea!	,	Tu.		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:		-		30		4.38th.				
cope of Work (Check All That Apply)				Nec	U 1/07	K My.	lo	013	}	
≥3 sfor ≥3 if ≥160 sfor ≥260 if		novation notition	5	. 88 %	Full Containn Mini-Endosus Glovebao Pro	nent with Negative	Press	ure		
Location of Asbestos-Containing Material (ACM)	Nor	cation maily Solely by	Dec	cription of		d (") and Non-Friat	ole Pro	Abat	re emer /pe	eř.
TO BE ABATED In Facility (13)	Mainte	enance/	Asbestos Conta (i.e. thermal :	inino Mak	erial (ACM) sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Endosure
Berement.	Yes N	lo N/A	100		AFTON	F11015		=	ulate	sure
i					, , , , ,	1404	X			
		+-	 					\exists		
18 Of Registered Missas U			1							
2000	structi	NJDEP V Hauler ID	No. of Waste	1	Name of R	Registered Landfill				\dashv
haron quality Con	Struct.	Hauler ID	No. of Waste	Bate Date	City, State	Registered Landfill Erva Ente	FIDE	130	ــــا خــــ	ne

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

Date of Notification (1)		E Park	ursuant to ruac 8:6	0 and 12:1	201							
08-01-2013			Name of Building Own			201000000000000000000000000000000000000						
	Walter out Walter and	1	LOTT	ner Operad	or (2)	\sim			-			
- April 140main Type I	lotification	-	Street Address	H fl	1: ("UMALI	10	0				
EPA B	bu_s	- 1:	/ CS3	7		-11/1/	· (C.)					
DEP IN DOL	iliai Mended	1	16 32	160	PY. L	Lolland	10					
1 2		10	Jily, State, Zip Code		1 /	- CLESTIC	LA	re.				
	nendment s nergency (including	-1.	PLAIN	Eich	n 4	11 - 23						
DOH DCA	dicaton)	AL	lama of Cart		D A	-J. O.	700	(0)				
	ncelizion		Hauge 60	1								
			1729c:00	ered Sp	rect.	FEMALE	occa Al	HERE				
Name of Facility Where Abatemer	it is Taking Place (2)		FACILITY INFORM	ATRON					- 2	201		
				-110056	Time				-			
Street Address					-	Facility (4)						
Street Address 1083 SLE City (5) PLAINFIEL County (6)	300 11 1.				☐ Sch	100l (K-12)						
Chill	ep HOLL	5W	/ suc		A H 37.77	Tringalow & row						
City (5)			- Fire		Oth Oth	er (i.e. private & co	Managan Mari 14-1	2) 		5537		
L. PLAINFIEL	DAIT	AD	010	-	Sec.			HER DUN	dings	, home:		
County (6)		07	160	- 1	Square F		DIE	F	idg. A	-		
		Con	Unity Code (7)		180	E) 1			muy. P	(ge		
Name of Manitoria	Charles and the second second	(STA	ATE USE ONLY		Current U	ise (Prior if being de			1/	Ž		
Name of Monitoring Firm Hinsd by B	uilding Owner (A)				4 4 1 7	N	anossh	ed)				
L / V / /	- 10/	A	SCIM No.	Name	F A Postmen	0 1	disce.					
Street Address			v.	SHAR	OM OU	all Contractor (9)						
1		-3		- Con-	-14 60	IALITY CO	LC					
City, State, Zip Code				JUNEAU W	Coress							
7, ap cope				1 22-VA	in ord	DEN PL						
Det in				City, Shar	B. Zin Co	de	0.40					
Project Manager for Monitoring Farm				HACK	ENSACE	6 BI 1						
NIA		Telep	HACKENSACK NJ. 07601 Telephone No.									
Start Date (10)			1 DOM THE TOTAL AND THE TOTAL									
TV-12	Scheduled Co	moletin	To Date (94)			1 044	35					
0X-10-2013	108-11-	100		Name of (DSHA MO	-54						
Occupancy Status During Absternent	Chack Only One)		3 .	EMS.	1 - A	121	,					
i be to be seen and a	550			Simon Bal-		nalityca	ě	7				
Abatement Performed Outside of Other - Describe:	thre Period of Abeter	rent	1	200	NC35	1:			11-	<u> </u>		
Const - Clascribe:	Number 1-active Hours	\$	Į:	2 /	1062A	. 38th.	5.L.	00 1				
Scope of Work (Chaok All That Apply)				City, State	Zip Code		3	CEL				
(Cristic All That Apply)				NEW	YOUK	(Ni V	1-					
≦ 35 or ≥ f	ROT _		ia -		+	N.Y.	100	13				
2160 sf or ≥260 lf	Renova	ion		CERTIFIC				_		/		
	☐ Demo@i	on		· H	uli Contair	nnant with Negativo	o Proc	Same Mar	and the same of th			
				T C	ini-Enclos	ure	- : 10000	suse .		- 1		
					ovedag P	rocedure				1		
Location of	Is Locatio	n i		100	- LASIND	fed (*) and Mon-Fri	able Pr	Ocedin	re			
Asbestos-Containing Material (ACC)	Normally	. 1							emen	\rightarrow		
	Used Solely Maintenance	Dy	Ashastra Casari	ption of			1		ND6 STUGU			
In Facility	Custodial Siz	9	Asbestos Containi (i.e. thermal sys	ng Maleria	(ACN)	Amount		T	T-	\vdash		
(13)	(12)	.	Surfacino	VAT ~	ation,	(Specify	27	1	III.	-		
	-		other misc	Salanon as		SF or LF)	Removal	70	Encapsulate	Enclosure		
7:047 = 7	Yes No	NVA	2 de 10 de 1	(6000)		1	P	Repair	980	80		
FIRST Floor		-	-			1	1 2	1-1	1	8		
BASEMENT	X		PIPE INS	CHAD	121)	-	1		0	-		
Just a series	J X	1	O TOL	- LANT	-70	35	X	\sqcap	+	\dashv		
	1-1-	-1/	PIPE INS	1477	ON	92	1	$\vdash \downarrow$				
	1	- 1'	/				20		- 1	7		
Morne of D		+						1	+	\dashv		
Name of Registered Waste Hauter				-				-		_		
Sharon Quality Con	NUDE	P Was	S AMPLE FIRST		Diam				T			
Con Coolity Car	structical no	ID No	- CF106mmt -	- 1	resine of i	Registered Landfill				\dashv		
City, State	or clay on	359	67 TBI	> 1	1,0		0000					
LHackensack N			Disposal Dai	100	B-6 8 8 3 6	itvo Ente	rpe	SC	Tim	. 1		
The state of the s	. 7 .			7 1	Lity, State		1	-/-		7		
CARLOS ESQUIVEL	Title		TBD	[(NO.	nesborg	ml	. • _				
	SAFETY MAA	MACE	Signalus	95 25	7/1		J.	GiD	٠			
	1 2 2 2 2			Erecory	hall	Dente	9			7		
ASB-41 (R-08-08)			1	7	10	7 103	-01	1-71	212	1		
63.0			. /	/	1				- 4	2		

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

Date of Notification (1) 7/25/2013					Name of Building Owner/Operator (2)										
	//25/	2013			Hackettstov	vn Board	of Education	on '	1		1				
Agencies Notified		Notification	Туре		Street Address	5	,					W.			
X EPA		Initial			315 Washir	gton Stre	eet								
□ DEP	**	Amende	d # 1		City, State, Zip	Code									
X DOL	•		ncy (includi	ing	Hackettstov	vn, NJ 07	840								
▼ DOH		justificat	100 to		Name of Conta			Tel Ni	ımher						
X DCA		Cancella	ation	EAGUEVAL.	Mr. Ron Ma	rinelli									
Name of Facility Where Aba	tement is T	aking Place (3	1	FACILITY IN	Type of Facility	v (4)		45				-			
Hatcherry Hill Elemen								5363							
Street Address	tary conc				School (F	monuments.	20								
398 5th Avenue					Subchapt	ter 8 (Other	than K-12)								
	County (6)		County, C	ode (7)	Other (i.e										
	Varren		(State Us		homes, etc.)										
Name of Monitoring Firm Hi		Owner (8)	ASCM N	0	Name of Contr										
Westchester Environn	and the face of the second	owner (o)	00127	<u>v.</u>	Name of Contractor (9) MTM Metro Corporation										
Street Address					Street Address										
307 N Walnut Street	98			926	135-137 Mc	Bride Ave									
City, State, Zip Code					City State, Zip										
West Chester, PA 19380) *		9		Paterson, N										
Project Manager for Monitor	•	Telephone I	Number		Telephone Nu			Licens	e Numb	er					
Philip Conteh		610-431-7			973 742 50	-		00809							
Scheduled Start Date (10)		Scheduled (Date (11)	Name of OSH										
7/22/13		8/05/13	·	Date (11)	MTM Metro Corporation										
Occupancy Status During A	hatement (C		2)		Street Address										
Cocapancy States Daining A		one only one	<u>-7</u>		135-137 Mg	-									
	d During En	tire Period of	Abatement		City, State, Zip	Code									
Abatement Performed	Outside of I	Normal Facility	/ Hours												
Other-Describe:			8 9		Paterson, N	J 07501	*								
	F-4														
Source of Work (Check all to		Renovation	ē	SZ Full	Containment wit	th Negative	Draceura	☐ Mir	ni-Enclo	sure					
	×	_	`	نت							_				
> 160 sf or > 260 lf	• _	Demolition		☐ Non	-Exempted(*) &	Non-Friable	Procedure		vebag	Procedur	Е				
Location of Asbestos-		ation Normally		Description of		Amount (Specify SF or	LF)	Abate	ment Typ	oe				
Containing Material (ACM) i Facility (13)	Staff?	by Maint./Cus (12)	stodiai	thermal system surfacing, VAT											
	YES	NO	N/A	miscell.)	30				Rem.	Rep.	Encap I	Enclose			
"C" Wing		X		Ceiling Tile Pipe fittings		9,525 SF	*** *** *** *** ***		X		X	-			
O Villig			TOU. However, and	ripe ittiligs		125 LI									
Name of Reg. Wasta Haula		NIDED WA	te Hauler	D#	Cubic Yards o	T/Macto		Name	of Rec	Landfill					
Name of Reg. Waste Hauler NJDEP Waste Hauler ID # MTM Metro Corporation 26552				- T	43	· · · · · · · ·		Tullytow		Canami					
							Disp. Date			City, Stat	е				
City, State Paterson, NJ 07501					8/05/13 Tullytown, PA					To location	To your				
Completed by (Print or Type) Title					Signature										
Completed by (1 lint of Type	-7	1100		*		01 6	C								
Elizabeth Maslarkov	zabeth Maslarkov Business Administrator						Elizabeth Maslarkov 7/25/2013								

ASB-41

Do not use this form for asbestos licensure exmpted activities.

40 rock

Date of Notification (1)		-	Nam	e of Buildin	ng Owner/Operator	130	- 9/12						
08 _ 105 1	13			hn Exada	Company of the Compan		·°						
Agencies Notified Type Notifi				et Address	tic Ave				10.				
☑ DOLWD ☐ Amende				State, Zip				-		1/			
		_			y NJ 08401			0"	20				
DCA Emerge (NJAC 5:23-8) ustificat	ncy (includ tion)	ing		e of Conta			T=1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
図 OFP □ Cancella			3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hn Exada		4	Telephone Num	ber					
					NFORMATION								
Name of Facility Where Abatement is	Taking Pla	ce (3)	-			Type of Facility	(4)			-			
residence						☐ School (K-12)						
Street Address						Subchapter 8	Other than K-12	2)					
130 S. kingston Ave						rivate and comme	rcial b	uildin	gs,				
City (5)						# of Floors	I p	Ida A					
Atlantic City						2	P	ldg. A					
County (6)			Cou	inty Code (7)(STATE USE ONLY)	Current Line (Dei	or if being demolis		30 +				
Atlantic				, 0000 (MOTATE DOE ONET	Residence	or it being demolis	snea)					
Name of Monitoring Firm Hired by Bui	lding Owne	r (8)	ASCN	No.	Name of Abatem	ent Contractor (9)							
		. ,			Site Enterpri	form continuous will to be septimental and sep							
Street Address					Street Address								
					815 12 TH ST.								
City, State, Zip Code					City, State, Zip Code								
					Hammonton								
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.	142 00037	T						
				. 110.	609 -567-125	0	License No.						
Start Date (10)	Scheduled	Compl	etion Da	ate (11)	Name of OSHA M	-	01172						
07 /29 /13	08	1/2	2. /	13	health and sa	(15) (15) (15) (15) (15) (15) (15) (15)							
Occupancy Status During Abatement (arety	2-2-1-1-1-1						
Facility Closed/Vacated During Enti	ire Period o	f Abat	omont		Street Address				- 1000				
☐ Abatement Performed Outside of N	ormal Faci	ity Ho	ırs - De	scribe	318 12 Th ST.								
Time of Abatement:AM	PM/	PM-	A	M	City, State, Zip Co								
Scope of Work (Check all that apply)					Hammonton	nj 08037							
☐ >3 sf or >3 If					☐ Full Conf	tainment with Nega	ative Pressure						
\(\simes \geq 160 \text{ sf or \(\geq 260 \text{ lf}\)		enova			☐ Mini-Enc	losure							
		CITIOIL	1011		☐ Glovebag Non-Exe	g Procedure mpted (*) and Non	-Friable Procedur	~					
		s Loca	ation	T	2,151,210	inplod () and (voi)	- Hable Flocedul		-4		-		
Location of	116	Norma	ally lely by		Description o	of .		-	atem		_		
Asbestos-Containing Material (ACN TO BE ABATED		ainten		Asbe	stos Containing Ma	terial (ACM)	Amount	Ren	Repair	E	Enc		
IN Facility			Staff?	(i.e	., thermal systems i surfacing, VAT,	insulation,	(Specify	Removal	air	aps	Enclosure		
(13)	1	(12)		4	other miscellane	ous)	SF or LF)	<u>a</u>		Encapsulate	ē		
outside	Yes		-							ω			
outside			Ø	siding			3000 SF	M					
				,									
					3				П	П	П		
,													
Name of Registered Waste Hauler	NJDEP V	Waste	Cubic Yards of	Name of Registe	ared Lendfill		Ш						
Waste Management	4.5					wm tullytow							
City, State			17273	3	30		ni ianomi						
Camden NJ					Disposal Date City, State								
Standard Shake German Control			08-05-13 Tullytown PA.										
Completed By (Print or Type) Thomas Rock	Title			341	Signature	10 1	Dat		,		-		
	Pm				Ilor	- Rul	- 6	1-5	-1	3	. 8		
SB-41	125-25-25-2			- According to the second					- 1	1	28		

CHOCK# 2684

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

GAC Project # 400-13 Name of Building Owner/Operator (2) Date of Notification (1) **FAIRLEIGH DICKINSON UNVERSITY** August 1, 2013 Street Address Agencies Notified Notification Type 10 WOODBRIDGE AVENUE □Initial Notification ☐ EPA ☒ Amended Notification #1 City, State, Zip Code **X**DCA HACKENSACK, NJ 07601 additional material X DOL Telephone Number Name of Contact ■ Emergency (including MR. DICK FRICK X DEP- No Longer REQUIRED justification) X DOH ☐ Cancelled FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 梅 School (K-12) FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS -**BECTON HALL** Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1000 RIVER ROAD Sq. Feet: 120,000 approx. # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC CLASSROOMS & BERGEN (State Use Only) **TEANECK** ADMINISTRATIVE OFFICES ASCM No. Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ENVIRONMENTAL DESIGN, INC. 0095 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 5434 KING AVENUE - SUITE 101 **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 PENNSAUKEN, NJ 08109 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number JAY MURRAY 609-221-0073 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/02/13 08/04/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☒ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Describe: ☐ Facility Occupied During Entire Period of Abatement Hours MON 7AM - SAT 12 MID (24 Hrs as needed) FAIRLAWN, NJ Source of Work (Check all that apply) ■ Full Containment with Negative Pressure X Renovation Mini-Enclosure \ge 3 sf or \ge 3 lf ■ Demolition ■≥ 160 sf or ≥ 260 lf ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) YES NO NA X 3rd Floor Hallway X TSI - PIPE FITTING & HANGER 98 LF SADDLE INSULATION Name of Registered Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 5 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill NJ DEP # 4509 Newark Carting, Inc. Newark, NJ 04509 City, State Disposal Date 100 New Ford Mill Rd. 08/04/13 Notes: None Morrisville, Pa 19067 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino SENIOR PROJECT August 1, 2013 RAYMOND C. PEDALINO MANAGER

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

GAC Project # 400-13 Name of Building Owner/Operator (2) Date of Notification (1) July 17, 2013 FAIRLEIGH DICKINSON UNVERSITY Agencies Notified Notification Type Street Address ▼Initial Notification 10 WOODBRIDGE AVENUE ☐ EPA ■ Amended Notification City, State, Zip Code X DCA HACKENSACK, NJ 07601 ■ Emergency (including X DOL justification) Name of Contact Telephone Number ☑ DEP- No Longer REQUIRED MR. DICK FRICK □ Cancelled X DOH FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) FAIRLEIGH DICKINSON UNIVERSITY - METRO CAMPUS -School (K-12) **BECTON HALL** Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 1000 RIVER ROAD Sq. Feet: 120,000 approx. # of Floors: 4 Bldg. Age: 50+ years City (5) County (6) County Code (7) Current Use (prior if being demolished): ACADEMIC CLASSROOMS & TEANECK (State Use Only) BERGEN ADMINISTRATIVE OFFICES 0260 Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ENVIRONMENTAL DESIGN, INC. 0095 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 5434 KING AVENUE - SUITE 101 268 MAIN STREET City State, ZipCode City, State, Zip Code PENNSAUKEN, NJ 08109 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JAY MURRAY 609-221-0073 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/02/13 08/04/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Describe: ☐ Facility Occupied During Entire Period of Abatement Hours MON 7AM - SAT 12 MID (24 Hrs as needed) FAIRLAWN, NJ Source of Work (Check all that apply) □ Full Containment with Negative Pressure X Renovation Mini-Enclosure □ > 160 sf or > 260 lf ■ Demolition Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO YES NA 3rd Floor Hallway TSI - PIPE FITTING INSULATION X X 38 LF NJDEP Waste Hauler ID # Name of Reg. Waste Hauler 5 CY Name of Registered Landfill Cubic Yards of Waste: G.R.O.W.S. North Landfill Newark Carting, Inc. NJ DEP # 4509 Newark, NJ 04509 Disposal Date City, State 100 New Ford Mill Rd. 08/04/13 Notes: None Morrisville, Pa 19067 215-736-1700 Completed by (Print or Type) RAYMOND C. PEDALINO SENIOR PROJECT July 17, 2013 Raymand C. Pedalino MANAGER