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

		NOTIFICATI	ON OF AS	BESTOS ABATEMEN 8:60-7 AND 12:120-		N	OCK	OOK			
Date of Notification (1) 08 / 12 / 13		(FURSUAIN		Building Owner / Ope	The second secon	5					
	<del></del>		Street Add	dress							
	f Notification		1128 Wuln	ut Street							
□ EPA □ □ DEP □	Initial Amended		Philadelph	7.70 Year							
□ DOH	Amendment #		Name of C	Contact		Telephor	ne Number				
DOL 🗆	Emergency w	/ justification	John Luxi	ford Calling International							
	Cancellation	F/	ACILITY IN	FORMATION	T, s						
		902									
Name of Facility Where Aba Bank of America	tement is Taking	Place (3)		Type of Facility (4)							
				School (M	the contract of the contract o	than K-12	Λ.				
Street Address 11 Wycoff Avenue				✓ Other (I.e.)	ter 8 (Other ., private &						
City (E)   Count	, (6)	County Code	(7)	Square Feet	mes, etc.)	e .	Building	Age			
City (5) County Waldwick Bergen		County Code	(1)	200,000	1	3	Dunaning /	ngc .			
			11.00	Current Use (Prior if	being dem	olished)	Ī	40 +			
		(0)	IACOM NO	Bank			L				
Name of Monitoring Firm Hi	red by Bldg. Own	er (8)	ASCM NO	1							
Arcadis				LVI Demolition Service	ces Inc.						
Street Address				Street Address							
655 Third Avenue 12th Floor City, State, Zip Code			32 Williams Parkway								
New York, NY				City, State, Zip Code							
Project Mngr. For Monitorin	g Firm	Telephone Nu	mber								
Dino Nappi Sheduled Start Date (10)	Isched Comp	212-682-9271 letetion Date (1	11)	East Hanover, NJ 07036  1) Telephone Number License Number							
		08_/									
///		/		973-884-8682	.,		008	860			
Occupancy Status During A Facility Closed/V	batement (Check	Only 1) tire Period of		Name of OSHA Mon LVI Demolition Service							
Abatement	acated burning En	are remoder		Street Address							
☐ Abatement Perfo		lormal Facility		an usur D. I							
Hours - Describe  Other - Describe:		.00 DM		32 Williams Parkway City, State, Zip Code							
Other - Describe.	1.00 FW to 10	.00 1 101		East Hanover, NJ 07							
Scope of Work (Check All T	hat Apply)										
☐ Demolition	V	Renovation		Full Containment w	ith Negative	Pressure	•				
≥3sf or≥3lf		8		Mini - Enclosure	•						
≥160 sf or ≥260 lf				Glovebag Procedure Non-Exempted (*) a		ble Proce	dure				
	*		No.	20 700							
Location of	ls		Descript			Abateme R		E	E		
Asbestos Containing	Location Normally	A:	Material	Containing (ACM)	Amount	E		N	N		
TO BE ABATED	Used		.e., therma	l systems	(Specify	M	8.00	С	C		
in Facility	Solely			facing, VAT,	SF or LF)	0 V		A P	L 0		
(13)	by Main- tenance/	or	otner misc	ellaneous)		l Ă		S	s ·		
	Custodial					L	R	U	U		
	Staff (12)							L	R		
	YES NO N/A				-						
1st Floor		Floor Mastic			2,050 SF	V					
Name of Parietand Wests	Hauler	NJDEP Waste	Cubic	Name of Registered	Landfill						
Name of Registered Waste NEWARK CARTING	nauier	Hauler ID No.	100	I.E.S.I.	Lanumi						
City, State			Disposal	City. State							
NEWARK, NJ			Date	BETHLEHEM, PA 18	3105			0			
Completed by (Print or Type	e)	Title		Signature	7 / 1	3	6	Date			
Ralph Barnhadt		Operation Man	nager	Mich	ann &	OUSM	veno	08/	12/13		

ASB-41

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

No Check

Date of Notification (1)				$\neg$	Name (	of Building	Owner/Operator (2	2)			31-	41	-		
8/	12 /	13	<u></u>				inty College		<b># 1308-1792:</b>	Chk.	ŧΝΑ				
Agencies Notified ⊠ EPA	Type Notificat	ion				Address College	Drive		t= 1400		7				
⊠ DOLWD	☐ Amended			ŀ	City, S	tate, Zip C	ode					-35			
□ DHSS	Amendmen		dina		Blac	kwood,	NJ 08012	-	Creek,						
DCA (NJAC 5:23-8)	☐ Emergency justification		uaing		Name	of Contact			Telephone Nu	mber					
(10/10 0.20 0)	□ Cancellation     □				Mr.	Len Cina	glia						1		
					FAC	ILITY IN	FORMATION								
Name of Facility Where	Abatement is Ta	aking F	Place	(3)				Type of Facility (4	4)						
Truman Hall 129A		1000						School (K-12)							
Street Address	-							<ul><li>☐ Subchapter 8</li><li>☑ Other (i.e., pri</li></ul>			uildi	nae			
200 College Drive								homes, etc.)	vate and comm	iciciai i	ranai	ngs,			
City (5)								Square Feet	# of Floors	E	Bldg.	Age			
Blackwood								40,000	2		19	50's			
County (6)		1		-	Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demo	olished)					
Camden								Classrooms							
Name of Monitoring Firm	n Hired by Buildi	ing Ov	vner (8	3)	ASCM	SCM No. Name of Abatement Contractor (9)									
Horizon Environme	ental				Asbestos and Mold Services, Corp.										
Street Address					Street Address										
PO Box 316							3859 Sylon B	oulevard							
City, State, Zip Code							City, State, Zip Co	ode							
Thorofare, NJ 0808	36						Hainesport, I	NJ 08036							
Project Manager for Mor	nitoring Firm			Tele	phone l	No.	Telephone No.		License No.						
Steve Flanigan				85	6-848	-0800	609-702-0400	609-702-0400 00862							
Start Date (10)	The second secon				tion Da		Name of OSHA N								
8 / 26 /	13	8	_ /	30	_ / -	13	EMSL Analyt	ical, Inc.							
Occupancy Status Durin	g Abatement (C	heck	only o	ne)		Street Address									
□ Facility Closed/Vacat	(50)						200 U.S. Rou	te 130 North							
Abatement Performe							City, State, Zip C	ode							
Time of Abatement:	Aivi	_PIVI		_PIVI-		AIVI	Cinnaminsor	n, NJ 08077			-04-5				
Scope of Work (Check a	all that apply)		11-7-2-00				П Г.:!! C	tainmant with Non	ativa Drassura						
☐ >3 sf or >3 lf			⊠ Re	novati	on		☐ Mini-End	tainment with Neg closure	ative Pressure						
≥160 sf or ≥260 lf		Ī		molitic				g Procedure	Eirle Beer	ă					
			1.				⊠ Non-Exe	empted (*) and Nor	1-Friable Proce						
Location	o of			Locat Iorma	07		Description of	of		-	1	emer			
Asbestos-Containing		)	Use	d Sole	ly by	Asbe	stos Containing Ma		Amount	Nellova		Renair	Enc	Enclosure	
TO BE AB				ntena odial	nce/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	100		¥.	apsı	nso	
IN Faci (13)			Ouo.	(12)	otum.		surfacing, VAT other miscellane		SF OI LF)	- 1			Encapsulate	Ге	
			Yes	No	N/A								(P		
Room 129 A					$\boxtimes$	Floor T	ile and Mastic		550 SF	D	3 [	] [			
											] [				
											] [				
											] [				
Name of Registered Wa	ste Hauler			N	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill						
Horizon Disposal, Inc.						O No.	Waste 5	GROWS La	ındfill						
City, State							Disposal Date	City, State							
Trenton, NJ							8/30/13	Morrisville	PA 19067						
Completed By (Print or	Туре)	Title	5500	ce Coordinator  Signature  P-15-13											
Kimberly A. Trumb	oetti	Of	fice (	Coord	dinato	r	JEXU 1			8-	15	13	)		

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

Job Number: 1211-1689 Check: #NA

Date of Notification 1/28/13	(1)				Nam	e of	Bui	lding (	Owner	r / Operato	(2)	2013 / 1.	, ,	3 0	-62				
Agencies Notified	Type Notifica	ation			Stree	et A	ddre	SS					72						
⊠ EPA □ DEP	│	ŕ			717				'ada		- 9								
□ DOL		nded #1	5 on ho					Zip C 2 802											
☑ DOH		gency	011110					ntact	.02	-				Te	elepho	ne N	umbe	er	
DCA		ellation		- 1					ourc	ing Mana	ger			ـــر				•	
					F/	ACII	LITY	INF	ORM	ATION									
Name of Facility Wh	nere Abateme	ent is Ta	king Pl	ace (						pe of Facili	ty (4	)							
Johns Manville-	Penbryn Pl	ant	:5: 		533					School (I									
Street Address	7. <del>-</del> 3											(Other th		7.5	21 - 24 20 20 20 22				
437 North Grove	Street								$\boxtimes$	Other (i.e	e. pri	# of Flo		ial building			tc.)		
City (5)		County	(6)	ICC	ounty	Co	de (	7)				# 01 F10	ors	Di	dg. Ag	=			
Berlin		GLE	(0)	100	Julity	COI	ue (	()		rrent Use (	Prio	r if being c	lemoli	shed)					
Deriiii		GLE								ant	1 110	i ii beilig e	ici i ion.	si icu)					
Name of Monitoring	Firm Hired b	y Bui			TD A		7.0	BT TT					or (9	)				2	
One Source Safe					BA	CI	V U	H	OLL	8/16/13				orp.					
Street Address										reet Addres									
	State & Zin Code								3859 Sylon Boulevard										
	y, State & Zip Code ton, PA 19341								City, State & Zip Code Hainesport, NJ 08036										
Project Manager for	Monitoring F	irm		Tele	phon	e N	umb	er	Telephone Number License Number										
Brian Hovendon				610	2000 Carlo Carlo				609-702-0400 00862										
Scheduled Start Da 11/19/12	cheduled Start Date (10) Scheduled Con						(11)		1000	me of OSH				h					
Occupancy Status I				nly on	e)	11/2		27.11	_	reet Addres		41				20110	ž-n-s		
	sed/Vacated					bate	mer	nt	1000000	7 Haddor	-	e.							
Abatement	Performed O	utside o	f Norma	al Ho	urs				Cit	ty, State &	Zip (	Code							
Describe:									W	estmont,	NJ (	08108							
	upied During		ent						$\bot$										
Scope of Work (Che	eck all that ap	opiy)									П	Full Co	ntainm	ent with Ne	ative	Pres	sure		
≥3 sf or ≥3 l	lf			$\boxtimes$	Re	enov	atio	n			Ħ	Mini-En			J				
≥160 sf ≥26	0 If				De	emo	litior	1				Glove E	Bag Pr	ocedures					
											$\boxtimes$	Non-Ex		d and Non-			_		
United States	ocation of tos-Containin			1,000	Loca		7/1			Description bestos-Con			1	Amount (Specify	Aba	teme	ent T	ype	
	terial (ACM)	g			Solely		eu			Material (A		ilg		SF or LF)			Ш	_	
<u>TO I</u>	BE ABATED			Mair	ntena	nce	1130000		(i.e.	, thermal s	yste				Ren	Re	ncap	ncl	
11	n Facility (13)			Cust	odial (12		aff?	ı		tion, surfaction,					Removal	Repair	Encapsulate	Enclosure	
	(10)			Yes	No		I/A		01 01	nor misoon	ance	,us)			1		te	Ф	
"H" Roof				П				Trans	site [	Deck Pan	els		2,400	) SF					
"H" Roof						_		Roof	Field	d				00 SF					
				Щ	Щ	Щ	4								ᆜᆜ	Щ	Щ	H	
Name of Degisteres	Ш			D V	Vanta	Cubi	o Vordo	No	me of Doo	ictoro	d Landfill								
Name of Registered Waste Hauler						NJDEP Waste Hauler ID No.				c yards aste	Iva	me of Reg	ustere	u Landilli					
Horizon Disposal						2	261	2		30	GF	ROWS La	ndfill				9.50		
City, State										osal Date		y, State	-						
Trenton, NJ										0/18/13	Mo	rrisville,	PA		15.				
Completed By (Prin		10 10 100	itle \dm	in		Signa	ature \( \)					Date	142						
Kim Trumbett		1	wiii			4	Kh V-					8/16	113						

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



Date of Notification (1)	19 /	13				of Building		er/Operator (2	2)	/ Job # 13	08-1795:	Chk. #I	NA			
Agencies Notified	Type Notificati				Street A	Address		Road Suite	e 20							
☑ DOLWD				-		ate, Zip Co		rioud Odito	* -						-	
☑ DHSS	Amendmer					rille, NY 1		7		Terrain.						
DCA	☐ Emergency		uding	-		of Contact		•		1-	Telephone Nur	nher				
(NJAC 5:23-8)	justification  Cancellation						acci	olo, Buildir	na	1.4	Telephone Ival					
	- Caricellatic	,,,	_				_		ig	Mariager		-				
					FAC	ILITY INF	ORI	MATION								
Name of Facility Where		king	Place	(3)					10.25	ype of Facility (4)	)					
Charter School of	Paterson									School (K-12) Subchapter 8 (	Other than K-1	2)				
Street Address 137 Ellison Avenue	9									Other (i.e., priv homes, etc.)			ilding	s,		
City (5)									S	quare Feet	# of Floors	Ble	dg. A	ge		
Paterson										25,980	4	1 3	37			
County (6)	10-30193			1	Count	y Code (7)	(7)(STATE USE ONLY) Current Use (Prior if being demolished)									
Passaic										Unoccupied (	Charter Scho	ool				
Name of Monitoring Firm	Hired by Buildi	ng O	vner (8	3) /	ASCM I	SCM No. Name of Abatement Contractor (9)										
Horizon Environme	로 이 시는 이 이 발생님이 있는 요요요 <mark>구</mark> 하게 된 아이스와 되었다. 사용하는 것이 있다.				Asbestos and Mold Services, Corp.											
Street Address	W					Street Address										
PO Box 316					3859 Sylon Boulevard											
City, State, Zip Code								State, Zip C		0.1.000.01.01.000.01.000.01						
Thorofare, NJ 0808	36					Hainesport, NJ 08036										
Project Manager for Mor				Tele	phone I	none No. Telephone No. License No.									$\dashv$	
Dave & Steve Flan	-			1,100,000,000	6-848-	020000		9-702-0400	n		00862					
Start Date (10)	V. T	chedi	iled Co		tion Dat			ne of OSHA N		nitor						
9 / 3 /	C				1		10073									
Occupancy Status Durin						/13 EMSL Analytical, Inc.  Street Address										
☐ Facility Closed/Vacat																
☐ Abatement Performe	572					cribe										
Time of Abatement:								, State, Zip C <b>innaminso</b> i								
Coope of Made (Charles	II that analy						C	IIIIaiiiiisoi	11, 1	NJ 00077						
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ы шасарру)		⊠ Re □ De						clos ag F		31	dure				
		1	ls	Locat	ion								atem	ent T	vne	
Location	n of		١	lorma	lly			Description	of						-	
Asbestos-Containing				d Sole				Containing Ma			Amount	Removal	Repair	Encapsulate	Enclosure	
TO BE AB				odial	Staff?	(i.e		rmal systems urfacing, VAT			(Specify SF or LF)	ova	=	psu	Sur	
(13)				(12)				ner miscellane			1000 5000 5000			late	Ф	
			Yes	No	N/A								_			
Multiple Areas Thro	ughout						- 100 100 100	tion & Rem	naı	nts	199 LF					
Boiler Room		$\boxtimes$	Boiler 1	op I	nsulation			225 SF			Ш	Ш				
Boiler Room								ler Breeching Insulation 200 SF 🗵 🗆								
Boiler Room/Tank R							ator	Breeching			270 SF					
Name of Registered Wa				1000	JDEP \	100.45.65(15.55)	350500000000000000000000000000000000000	oic Yards of		Name of Registe						
Freehold Cartage,	Inc.				lauler II 02265		Was	7,7-7		GROWS La	ndfill					
City, State								oosal Date		City, State						
Freehold, NJ							9	/21/13		Morrisville,	PA 19067					
Completed By (Print or	Type)	Title						Signature	-	Λ		Date				
Kimberly A. Trumb	ffice (	Coord	dinato	r		Xai		V		8-1	10-	13				

#### SCOPE OF WORK – CONTINUED (PAGE 2)

JOB # 1308-1795

#### CHARTER SCHOOL OF PATERSON

Date of Amendment #1: 08/20/13

Location of	ls	Locati	ion	Description of	Amount	Aba	atem	ent T	ype
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	S Main Custo	odial (12)	oy ce or Staff?	(,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					е	
Tank Incinerator Room			$\boxtimes$	Tank Insulation	230 SF				
Lobby				Green Floor Tiles	10 SF				
Mechanical Room				Beige Floor Tiles	180 SF	X			
Southeastern Sections Rooms 202/203				Grey Floor Tiles	900 SF				

Reason for Amendment: <u>Address Change</u> – No Change to Scope or Start Date

x Kul	Admin	8-20-13
NAME	TITLE	DATE

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

Job Number: 1211-1689

Check: #NA

b Check

Date of Notification (1) 1/28/13		-20				ilding (	Owner / Operator	(2) 2		0,00,		
Agencies Notified Type No	tification		Stre	et	Addr	ess		200	-			
⊠ EPA   □ Ir	:4:_1					treet			77			
	itial mended #16 off h	old	10.00			& Zip C <b>O 802</b>		to L				
	mergency					ntact	02			Telephone Number		
	ancellation		Jar	net	War	ing, S	ourcing Manag	ger	1			
			F	AC	CILIT	Y INF	ORMATION					
Name of Facility Where Abat		lace (					Type of Facilit	y (4)				
Johns Manville- Penbryr	Plant						School (K					
Street Address								ter 8 (Other th				
437 North Grove Street							Square Feet	# of Flo		ngs, homes, etc.)		
City (5)	County (6)	Co	ount	v C	ode	7)	NA	# 01 F10	oors	Bldg. Age		
Berlin	GLE			, -	, , ,	. ,	Current Use (F	Prior if being o	demolished)			
							Plant					
Name of Monitoring Firm Hire	ed by Building Ow	ner (8	)		ASC	CM No.	Name of Abate	ement Contra	ctor (9)			
One Source Safety & He	alth			_			Asbestos &		ces, Corp.			
Street Address  140 South Village Avenu	a-Suita 130		Street Address 3859 Sylon Boulevard									
City, State & Zip Cod∈	c-ounce 100			_		-	City, State & Z		-			
Exton, PA 19341							Hainesport,			8		
Project Manager for Monitori	ng Firm		₹/9.9 Sa/S		Numi	per	Telephone Nu		License			
Brian Hovendon Scheduled Start Date (10)	Cahadulad Car	610	1000	-140 -001	(1+0) (set 2) (S.		609-702-040			00862		
11/19/12	Scheduled Cor 9/18/13	- 27		Jat	e (11	)	Name of OSH EMSL Analy					
Occupancy Status During Ab	atement (Check o	nly or	ne)				Street Address					
Facility Closed/Vacat  Abatement Performe	Anti-quality and an anti-				iteme	nt	107 Haddon					
Describe:	u Outside of North	ai no	ours				City, State & Z Westmont, I	- N				
Facility Occupied Du	ring Abatement						westinoni, i	NJ 00100		*		
Scope of Work (Check all that		2.010				70						
≥3 sf or ≥3 if				e e e e e e e e e e e e e e e e e e e		v Ass				Negative Pressure		
≥160 sf ≥260 lf		M			ovatio nolitio			Mini-En				
Z =100 01 =200 11		. Ш	_	CII	iontio	11			Bag Procedures empted and No	on-Friable Procedure		
Location of		Is	Loc	ati	on		Description		Amount	Abatement Type		
Asbestos-Conta					Jsed		Asbestos-Cont		(Specify			
Material (ACI			Sole		oy ce or		Material (AC (i.e., thermal sy		SF or LF)	R F Enc		
in Facility					Staff?	1	insulation, surfaci			Enclosure incapsulat Repair Removal		
(13)		Yes	(1 N		N/A	-	or other miscella	aneous)		Enclosure Encapsulate Repair Removal		
"H" Roof		Tes	D	17.5		Tron	site Deck Pane	l-	2 400 05			
"H" Roof		H			H	-	Field	:15	2,400 SF 17,400 SF			
		H	tř	7	H	11001	i ieiu		17,400 31			
			ΙÈ	Ī	Ħ							
			] [									
Name of Registered Waste H	lauler					Waste D No.	Cubic Yards of Waste	Name of Reg	istered Landfill			
Horizon Disposal				ı ıaı	226		30	GROWS La	ındfill			
City, State	200						Disposal Date	City, State	d22.000			
Trenton, NJ			- 1				9/18/13	Morrisville,	PA			
Completed By (Print or Type) Kim Trumbetti			- 1	Title Ad	e <b>min.</b>		Signature	<u> </u>		Date		
Millinetti		000		-w			ANN ()		×	8/20/13		

#### State of New Jersey

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

Check # 1062

ate of Notification	(1)		Name	of Build	ding C	wner/Operator	(2)					1	^					
	(-/	- 1	Jo	hn Gla	acki	.n	∠	014		<u> </u>								
8-2-13			Ctro	et Addres	SS			Mug p	9 .									
gencies Notified	Type Notificat	lon				d Road			< 12.									
[ ]EPA	[X]Initial		-								Eq.		-					
[ ]DEP	Notifica	CION	City	, State,	Zip	Code		e 416,										
17 September	[ ]Amended		B.	Loomii	ета	NJ,07003		*/			-		-					
[X]DOL	Notifica	tion	Name	of Cont	act		Telephone 1	Number					7					
[X] DOH	[ ]EMERGENCY			ohn Gl		in					100							
[ ]DCA	[ ]Cancellat	ion								-			_					
	[ ]Cancerras			FACII	LITY I	INFORMATION		- (4)	-		-		_					
Name of Facility Whe	ro Abatement	is Tak	ing E	Place (3)	-		Type of Facility											
Name of Facility wife	ite maccomo						[ ]School (K	-12)	r than	K-1	2)							
Same as above			-				IVIOHART (1.	a. privat	te & c	ошше	т-							
Street Addres							cial bui	ldings, ho	omes,	etc.	,	199						
							Square Feet	# of Floo:										
		- 1	1611	Posov	Cor	unty Code (7)	2200	3		103								
City (5		County	(0)	BSSCA	(S!	TATE USE ONLY)	Current Use (Pr	ior if be	ing de	moli	she	1)						
				E		Name of Abate	ment Contractor	(9)										
Name of Monitoring	Firm hired by	Build:	ing	ASCM No.		AZTECH N	ANAGEMENT,	Inc.		oler.								
Owner (8)									-	-		Sec. 10.76-						
N/A Street Address						Street Addres	stopher St.											
Street man-									7.				100					
Tim Co	ndo.					City, State,	Zip Code	2		ên.								
City, State, Zip Co	ode					Montcla:	ir, NJ 0704											
			Taler	Phone Number Telephone Number License Numb							mbe.	7						
Project Manager for	r Monitoring F		N/A			(973)74	4-8800		003	11								
		A 100			(11)	Name of OSHA	Monitor			00371								
Scheduled Start Da	te (10) Sch	ed. Co	mple	tion Date	(TT)	N/A												
8-14-13			15-	100	a.r	12,722							_					
Month Day	Year M	onth	Da:		11	Street Addre	ss											
Month Day Occupancy Status D	uring Abatement losed/Vacated	During	Ent	ire Perio	d					9 7/3								
						City, State,	Zip Code											
[ ]Abatement ]	ent Performed Outs scribe: <u>«OffHou</u>	ide or	crip	mar racri t»		01011												
Hours - De	scribe: «Other	Occupa	ncy	Descriptx	<u>&gt;</u>								-					
Scope of Work (Che						1210 41210	ll Containment w	ith Negati	ive Pr	essu	re							
Scope of Work (Cire	CK all Lice of					[X]Fu	i-Enclosure											
[X]≥3 sf	or ≥3 lf		[X	]Renovati ]Demoliti	ion	raiclo	vebag Procedure	78727										
[ ] <u>≥</u> 160 s	f or ≥260 lf		L	1Demorres		[ ]Non	-Friable Procedu	re	- 1	Abat	emer	t Ty						
			-	Is		Descript	ion of			R		E	E					
	ion of	1		rmally		Asbestos-C	ontaining	Amoun		E	RE	C	C					
Asbestos-	Containing		9	Used Solely		Materia	L (ACM)	(Speci	770	M	P	P	0					
	al (ACM)		B	Main-		(i.e., there	mal systems	LF)	-	V	A	S	S					
TO BE	ABATED cility		to	enance/		insulation, su	rfacing, var,		1	A	R	L	R					
	13)		st	aff (12)		or other mis	cerraneous,		77.00	, _			E					
N.			Yes	No N/		Boiler		35 SF		X								
Basement				X	1	3011er	-+:07	140 LE	a.									
					1	Pipe Insul	ation		-				7					
							Name of Reg	istored Ta	andfil	1								
	- 1 Westo Waule		N	DEP Wast	e.	Cubic Yards	Name of Reg	c c	1101-1-	_								
Name of Register	ed waste haure	TNC		auler ID	No.	of Waste 2.0	G.R.O.W	. S .			_							
AZTECH MAN	AGEMENI,	1140.	1	7040		Disposal Date	City, State	E Company	1									
City, State						8-16-13	Morrisv	iļle, l	PA 1	906	1							
Montclair,	NJ 07042					10 20 29	) /	1-1										
		H				Signat	ture/	//	1000	ate								
Completed By (Pr	int or Type)	Pre:		ant		1	Multink	11 lha		8-2-	12							
Constantine	e Vivian	rre:	SIG	211 C			Carlonk	1										

102.00	
STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7	1473
Name of Building Owner / Operator (2)	

Date of Notification (									ner / Opera	ator (2)				6	6
	<u> 13</u>						Bank of Am Street Add			7	7				
Agencies Notified	Type of No	tification	on				1128 Wulni			3.744	1.02	2			
☐ EPA		Initial	• • • • • • • • • • • • • • • • • • • •			1	City, State	, Zip Code		11		150 000	4,11		
☐ DEP	V A	Amend					Philadelphi				Talanhan	- Number			
☑ DOH		Ameno	imer	nt #_			Name of C				Telephon	e Numbe	r		
☑ DOL		Emerg Cancel			justi	ification	John Luxf	ora		4			7		
		Oance	iidiio	***		FA	CILITY IN	ORMATIO	N				C.		
	A la atama	and in 7	Colsin	- D	laco	(2)		Type of Fa	cility (4)	N.					
Name of Facility Whe Bank of America	ere Abateme	ent is i	akii	ıy r	iace	(3)		Type of te	Omey (4)						
Bank of 7 anonog									School (K-						
Street Address		-210000-00-0							Subchapte						
11 Wycoff Avenue								v	Other (l.e., bldgs., hor		Commerci	ai			
City (5)	County (6)			Т	Cou	nty Code (	7)	Square Fe		# Of Floors	5	Building	Age		
Waldwick	Bergen					,	· ·	200	,000	1			1220		
									se (Prior if	being dem	olished)		40 -	+	
			_		- (0)		ASCM NO	Bank							
Name of Monitoring	Firm Hired	by Bla	g. O	wne	r (8)		ASCIVI NO								
Arcadis						¥		LVI Demol	ition Service	es Inc.					
Street Address								Street Add	iress		1,554				
655 Third Avenue 12t								33 //////	Darkway						
City, State, Zip Code								32 Williams Parkway City, State, Zip Code							
New York, NY Project Mngr. For Mo	onitoring Fi	rm			Tele	phone Nur	mber	Oity, Otalic	,,						
Dino Nappi	omtoring i i	••••				682-9271		East Hano	ver, NJ 070	36					
Sheduled Start Date		Same and the same of		mpl	eteti	on Date (1		Telephone	Number		License I	Number			
09_ /07_	/13		09	/	_	/	13	973_88	4-8682			00	860		
Occupancy Status D	uring Ahate	ment	(Che	ck (	Only	1)			SHA Moni	tor					
Facility C	losed/Vacat	ed Du	ring	Enti	ire P	eriod of		LVI Demol	ition Service	es Inc.					
Abatemer	nt							Street Ad	dress						
	nt Performe			of N	orma	al Facility		32 Milliam	s Parkway						
	escribe: escribe:			10.0	nn P	М			, Zip Code						
Other - De	escribe	1.001	IVI LO	10.	001	e Model			ver, NJ 070						
Scope of Work (Che	ck All That	Apply)													
☐ Demolitio		ī	1		Ren	ovation		Full Conta	inment wit	h Negative	Pressure	•			
☐ >3sf or >3		į.	<u> </u>		Iton		ä	Mini - End							
✓ ≥160 sf o								Glovebag	Procedure		D	d			
							7	Non-Exen	npted (*) an	a Non-Fria	ible Proce	dure			
Location o	of		ls				Descript	ion of			Abateme	nt Type			
Asbestos Cont	900	Loc	atio	93 n		As	bestos - C				R	n	E	E	
		25/25/25/2	rmall	У			Material			Amount (Specify	E M	R	N C	C	
TO BE ABA		10000	sed olely				e., therma	i systems facing, VA	т.	SF or LF)		P	Α	L	
(13)			Mair					ellaneous)		,	V	A	P	0	
(,		ten	ance	<b>e</b> /							l A	l l	S	s	
			stodi								L	R	Ľ	R	
		YES	ff (12		$\vdash$										
1st Floor					Floo	or Mastic				2,050 SF	V			-	_
											-	<del>    </del>	+	-	
	19/				N1 17	DEP Waste	Cubic	Name of	Registered	Landfill					
Name of Registered NEWARK CARTING	waste Hau	ner				JEP Waste Jier ID No.		I.E.S.I.	registered						
NEWARK CARTING					1		of Waste								
City, State	15									405					
NEWARK, NJ							Date	BETHLEH	IEM, PA 18	105			0		
Completed by (Print	t or Type)			_	Titl	e			Signature	0 (	()	1	Date	_	
Completed by (Frin	corrype)				[	<del>5</del> 0			IK.	(lah	Par	n hon 1	V .	20/2	1/12
Ralph Barnhadt					Ope	eration Man	nager		1/00	YIL	H. UUS/E	July 1	1	08/2	1/13
ASB-41									/	1		(			

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

KSCOPE OF WOR	k	,
CINTINUED	140	2nd
CI.	PAG	E:

Date of Notification (1)					Name (	of Building	Owner/Operator (2	2)	VI	-	-0		
8 /1	9 / _	13					y, LLC	/ Job # 1	308-1795: Ch	k. #3	301		
	ype Notificat	tion	710-323		Street	Address	5,77	-	an sil				
1 <u>200</u> 2000000000000000000000000000000000	Initial				555	Broadho	llow Road Suite	200	**				1
	Amended	- 1 11			City, St	ate, Zip C	ode						$\neg$
☑ DHSS	Amendme	_			Mel	ille, NY	11747			4			- 1
□ DCA (NJAC 5:23-8)	☐ Emergenc justification		luaing	1	Name	of Contact			Telephone Numbe	r		-	
	☐ Cancellation				Ms.	Jane Ca	racciolo, Buildir	ng Manager	4				
					_		FORMATION	9		-	-	-	
Name of Facility Where Aba	atomont is To	okina	Dloos	(2)	FAC	ILITIN	FURIVIATION	T 4 F 11th	(4)			3587	
		aking	Place	(3)				Type of Facility	30050				
Charter School of Pat	terson							School (K-12	) 3 (Other than K-12)				
Street Address 40 Riverside Avenue									rivate and commerci	al bu	lding	5,	
City (5)								Square Feet	# of Floors	Die	Ια Λο		
Paterson								25,980	4		lg. Ag 8 <b>7</b>	е	
				4	Count	h. Cada /7	VOTATE HOE ONLY				• /		
County (6) Passaic					Coun	ty Code (7)	)(STATE USE ONLY)		ior if being demolish	ed)			
									Charter School				
Name of Monitoring Firm Hi		ing O	wner (8	3) /	ASCM I	No.	Name of Abateme	1,000					
Horizon Environment	tal						Asbestos and	d Mold Service	es, Corp.				
Street Address							Street Address						
PO Box 316	0000 0)1011 202101212												
City, State, Zip Code	The state of the s												
Thorofare, NJ 08086 Hainesport, NJ 08036													
Project Manager for Monito	ring Firm			Tele	ohone I	No.	Telephone No.		License No.				
Dave & Steve Flaniga	ın			85	6-848-	0800	609-702-0400	1	00862				
Start Date (10)	S	chedu	iled Co	mple	ion Dat	e (11)	Name of OSHA M	lonitor					
9 / 3 / _	13	9	/	21	_ / _	13	EMSL Analyt	ical, Inc.					
Occupancy Status During A	Abatement (C	Check	only o	ne)	-		Street Address		1800				
□ Facility Closed/Vacated	During Entire	e Peri	od of A	Abater	nent		200 U.S. Rou	te 130 North					
☐ Abatement Performed O	outside of No	rmal F	acility	Hour	s - Des		City, State, Zip Co						
Time of Abatement:	AM	PM	/	_PM-	/	AM	Cinnaminson						
Scope of Work (Check all th	nat apply)			_									
☐ >3 sf or >3 lf		1	⊠ Rei	novati	on		⊠ Full Cont	tainment with Neg	gative Pressure				
≥160 sf or ≥260 lf			Der				⊠ Glovebag	g Procedure					
2000									n-Friable Procedure				
				Locat						Ab	ateme	ent Ty	уре
Location of Asbestos-Containing Ma		.		lorma d Sole		Asha	Description of			Z.	æ	щ	щ
TO BE ABATE	ED	,	Mai	ntena	nce/	(i.e	stos Containing Ma ., thermal systems	insulation	Amount (Specify	Removal	Repair	ıcaı	iclo
IN Facility			Cust	odial ( (12)	Staff?		surfacing, VAT	, or	SF or LF)	<u>a</u>	_	Encapsulate	Enclosure
(13)		-	Yes	No.	N/A		other miscellane	ous)				ate	
Multiple Areas Through	hout				$\boxtimes$	Pipe Ins	sulation & Remr	nants	199 LF				
Boiler Room					$\boxtimes$	Boiler T	op Insulation		225 SF				
Boiler Room						Boiler E	Breeching Insula	ition	200 SF	$\boxtimes$			
Boiler Room/Tank Roo	m				$\boxtimes$	Incinera	ator Breeching I	nsulation	270 SF	$\boxtimes$			
Name of Registered Waste	Hauler				JDEP V		Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, Inc	<b>5.</b>			Н	auler IE 02265		Waste 10	GROWS L	andfill				
City, State				Т.			Disposal Date	City, State					
Freehold, NJ							9/21/13 /	Morrisville	, PA 19067				
Completed By (Print or Type	e)	Title		-			Signature	1	Date	e	35		
		Of	fice C	oord	linator	•	CKIN!	()			1/16	5	
ACD 44	Cimberly A. Trumbetti Office Coordinator 8 19 13												

Job # 1308-1795 Chuch # 3301

#### SCOPE OF WORK - CONTINUED (PAGE 2)

#### CHARTER SCHOOL OF PATERSON

Date of Notification: 08/19/13

Location of	ls	Locat	ion	Description of	Amount	Aba	ateme	ent T	уре
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	S Main Custo	olely tenar odial (12)	nce or Staff?	insulation, surfacing, VAT or other miscellaneous)	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					u	
Tank Incinerator Room				Tank Insulation	os-Containing (Specify SF or LF)  ernal systems surfacing, VAT miscellaneous)  fon 230 SF				
Lobby				Green Floor Tiles	10 SF	X			
Mechanical Room				Beige Floor Tiles	180 SF	X	П	П	
Southeastern Sections Rooms 202/203				Grey Floor Tiles	900 SF				

date: 8/19/13

Kimberly Trum betti Admin.

Asbestus and Mold Services, Corp.

# 00862

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



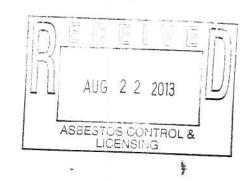
Date of Notification (1)		#		Name	of Building	Owner/Operator (2	2)					
8 /20 / _	13			St. N	/lichael's	Lutheran Chur	ch [ · · · · · · · · · ·	/ Job # 1308-17	796: C	hk. #	3302	2
Agencies Notified Type Notifica	tion		1	Street	Address							
⊠ EPA ⊠ Initial				601	Kings Hi	ghway North						
☑ DOLWD ☐ Amended				City, S	tate, Zip C	ode						
☑ DHSS   Amendment     ☐ DCA   ☐ Emergen		ling		Che	rry Hill, I	NJ 08034						
(NJAC 5:23-8) justification		anig		Name	of Contact		=======================================	Telephone Num	ber			
☐ Cancellat	ion			The	Rev. Mic	hael Gebhart						
				FAC	ILITY IN	FORMATION						- 10
Name of Facility Where Abatement is T	aking Pla	ace (3)	)				Type of Facility	(4)				
St. Michael's Lutheran Church							School (K-12					
Street Address					11			B (Other than K-12 rivate and comme		ildina		
601 Kings Highway North							homes, etc.)		iciai bu	liding	٥,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je	
Cherry Hill							14,288	2	'	1961		
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Camden							Church					
Name of Monitoring Firm Hired by Build	ling Own	er (8)	P	SCM	No.	Name of Abateme	ent Contractor (9)					
Horizon Environmental						Asbestos and	d Mold Service	es, Corp.				
Street Address						Street Address						
PO Box 316						3859 Sylon B	oulevard					
City, State, Zip Code						City, State, Zip Co	ode					_
Thorofare, NJ 08086						Hainesport, N	NJ 08036					
Project Manager for Monitoring Firm		T	elep	hone I	No.	Telephone No.		License No.				
Dave & Steve Flanigan			85	6-848-	-0800	609-702-0400	l,	00862				
Start Date (10)	Schedule	d Com	plet	ion Dat	te (11)	Name of OSHA M	lonitor		20			
_ 8 / _29 / _13 _	8	_ / _	31	_ / _	13	EMSL Analyt	ical, Inc.					
Occupancy Status During Abatement (	Check on	nly one	()			Street Address	1,011	(a)	-			
☐ Facility Closed/Vacated During Enti						200 U.S. Rou	te 130 North					
Abatement Performed Outside of N						City, State, Zip Co	ode			-		
Time of Abatement:AM	PM/_		-M-		AM	Cinnaminsor	, NJ 08077					
Scope of Work (Check all that apply)						□ Full Cont	tainment with Ne	notivo Proceuro				
≥3 sf or ≥3 lf		Reno				☐ Mini-Enc	losure	gative Pressure				
⊠ ≥160 sf or ≥260 lf		Demo	litio	n		Gloveba	g Procedure	- F LL D				
		Is Lo	ooti.			⊠ Non-Exe	mpted (*) and No	n-Friable Procedu		7		
Location of			mall			Description of	of.			ateme		ype
Asbestos-Containing Material (ACM	17	Used S			Asbe	stos Containing Ma		Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility	10.00	Maint Custod			(i.e	., thermal systems		(Specify	Removal	air.	aps	Enclosure
(13)			12)			surfacing, VAT other miscellane		SF or LF)	<u>m</u>		Encapsulate	Гe
<u> </u>	Y	es I	No	N/A							Ф	
Sunday School Rm/Meeting Roo	m 🗆			$\boxtimes$	Floor T	ile & Mastic		1,900 SF	$\boxtimes$			
£*.		] [										
		] [	]									
		] [	]									
Name of Registered Waste Hauler		-	N.	JDEP V	Vaste	Cubic Yards of	Name of Regis	stered Landfill				
Freehold Cartage, Inc.			2000	auler IE		Waste	GROWS L	andfill				
City, State				02265		5 Disposal Date	City, State					
Freehold, NJ						8/31/13	1	, PA 19067				
Completed By (Print or Type)	Title	-4				Şighature	1		ate		- 03	
Kimberly A. Trumbetti	-LOCINEWAY-V	e Co	ord	inator			()	ا	-	_11	3	
ACD 44	01110	-5-55	Jiu			MACH	V		8-20	-13	/	

ASB-41 MAY 11

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

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111111					$\Pi$
	AUG	2 2	2013		
AS	BESTO LIC	S CO ENSIN	NTROI IG	- &	-

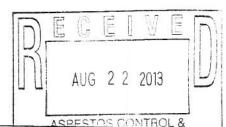
Date of Notification (1) 08/15/13						Gypsur Gypsur				Ш	AU	G 2	2 2	2013	3	114
Agencies Notified	Type Notification			Street Ac 550 We		ıms Stre	et, Flo	oor 8		L						
EPA DEP DOL	Initial  Amended  Amendment		_	City, Stat						A	PRES	ICE	OO1 VSIN	ITA(	)L &	
	Emergency ( justification)	including		Name of						Tele	ephone	Numl	ber			
DOH DCA	Cancellation			Thoma	-0-0-1 DARDOW TOUND-DV	50360671405401301A						Acres de				
		DI (0)		FACIL	ITY INF	ORMATIC	NC	-	- f = - ::: /	(4)		707.00				
Name of Facility Where United States Gyps		g Place (3)	)					Туре	of Facility (	(4)		ř				
	sum corp.								School (K-1 Subchapter		or than I	K 12)				
Street Address 1255 Raritan Road														ings,	home	es,
								_	etc.)	1 11			1.50	- A		
City (5)								100,	re Feet	2	f Floors		1000		ge	
				0	> (7)						aa dam	aliaha		J 1		_
County (6) Union				County C		າ		Vac	The state of the s	or ii bei	ng dem	DIISHE	eu)			
Name of Monitoring Firm	a Hirod by Building (	Owner (8)		ASCM	I No.		Name		tement Cor	ntractor	(9)	-				-
N/A	i Hired by Building (	Owner (6)		ASCIVI	NO.	1			Contract							
Street Address								Addre: dsall	ss Drive				7.5			
City, State, Zip Code									ip Code IJ 07461	W-111						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none N 864-2	0.		Licens 0113					
Start Date (10)		Schedule	ad Cor	nnletion [	Date (11)		0.500.500	200	HA Monitor		0110					
07/01/13		09/15/1		nprederi	Sato (11)		Ame		TO CHICOLOGO							
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)					Addre								
	ated During Entire I						1000E10E		30th Stre	et						
Abatement Perform Other – Describe:	ned Outside of Norm	nal Facility	Hours	S			1		ip Code	4.0						
				-11-11			ivew	YORK	, NY 100	10						
Scope of Work (Check A	All That Apply)	_					150	<b>51</b>								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emoli				XIXIX	Gl	II Containm ni-Enclosur ovebag Pro	e cedure	•					
		_					×	의 No	n-Exempte	ed (*) an	d Non-F	riable				
			Locat										13			•
Locatio			Norma		2.0		scription									
Asbestos-Containing TO BE AB		Mai	intena	ince/		stos Cont . thermal			I (ACM)	(5	Amount Specify		2) ial buildings, home Bldg. Age 50+-hed)  Pressure    Pressure   Removal   Repair   Removal   R	9		
In Fac		Cust	todial ( (12)	Staff?	(	surfac	cing, VA	AT, or			F or LF)		emc	ep:	aps	clos
(13)	)		(12)			other n	niscella	neous)					val	¥:	ulat	шге
		Yes	No	N/A							×				Ф	
Please see	attached		х			Please	see at	ttache	ed				x			
				-												
											-					
Name of Registered Wa	ste Hauler			NJDEP W		Cubic			Name of	Regist	ered Lar	ndfill				
Pro-Tech				Hauler ID 90713	No.	of Was 200			G.R.O	.W.S.						
City, State New Haven, CT			****				sal Date mpleti		City, Sta Morris		'A		Bldg. Age 50+- lished)  Procedure  Abatement Type  Removal  Removal			
Completed by Marko Stankovic		Title Presi	ident				Signatur		Slave	m (1)	1			13		



#### 5.0 RESULTS

According to EPA regulations, any material that contains more than 1 percent of any type of asbestos is considered an ACM. HAs of similar materials (and various colors) are listed together to reflect their nature, function, location, and relevance to future abatement or renovation activities. The laboratory analytical results indicate that ACM are present at the site in the following HAs (refer to the ACM diagrams presented in Appendix C for detailed asbestos-containing HA locations):

HA	Material	Location	Friability and NESHAP Category	Condition	Quantity
HA FT 1	9" x 9" Tan Streaked VFT	Front Office Bldg: Vault	Non Friable Category I	Damaged	96 SF
HA FT 6	9" x 9" Brown VFT	Paper Machine Building: Production Manager's Office Engineering Office	Non Friable Category I	Under 12"x!2" VFT	228 SF 250 SF
HA DI 1	Aircell Duct Insulation	Front Office Bldg: Former Heater Room	Friable	Damaged	30 SF
HA DI 3	Brown Spray-on Duct Insulation	#2 Finished Paper Warehouse: Loft Area above Lunch & Locker Rooms	Friable	Damaged	250 SF
HA VDC	White Vibration Cloth	Front Office Bldg: Former Heater Room	Non Friable Category I	Significant Damaged	8 LF / (1 VDC)
*HA CP 1	Tan/Brown Ceiling Panels (<1% Amosite)	#1 Finished Paper Warehouse: Dry Sprinkler Room	Friable	Damaged	24 SF
1.					1447
HA PI 1	White Block Pipe Insulation - 4"-6"	#2 Finished Paper Warehouse: Loft Area above Lunch & Locker Rooms	Friable	Damaged	175 LF
HA PI 2	White Block Pipe Insulation - 12"-18"	Powerhouse: Operating Level-Feed Pump Area Operating Level-TurbineGen Area Heater Platform Upper Level		_	315 LF 60 LF 40 LF
IA PI 3	- 8"-10"	Powerhouse: Operating Level-Feed Pump Area Heater Platform	Friable	Good	70 LF 210 LF <b>3</b> 5 LF



HA Material		798 - 798 P. T.	ASPESTOS CONTROL &						
110	Material	Location		Condition	ı. Quant				
			and						
of GAR			NESHAP						
		11 14 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Category		Wall div				
HA PI 5	Layered Paper Pipe	Paper Machine Building:	7						
	Insulation	Production Office	Friable	Damaged	6 LF				
HA PI 6	White Block Pipe Insulation								
	- 18" w/o metal jackets		Friable	Damaged	40 LF				
HA PI 7		Basement Level							
IMILIA	White Block Pipe Insulation - 8"-10" w/o metal jackets		Friable	Good	30 LF				
HA PI 8		Basement Level							
na ri o	White Block Pipe Insulation - 3"-6" w/o metal jackets		Friable						
	- 3 -0 w/o metal jackets	Truckers' Lounge/Vending		Good	50 LF				
		Wet End Upper Level Sizng Tan	ik .	Damaged	210 LF				
		Area		Damaged	20 LF				
		Upper Level Tool Box Room							
	20	Powerhouse:		Damaged	52 LF				
III DIO		Basement Level							
HA PI 9	Block Pipe Insulation -	Powerhouse:	Friable	Good	25 LF				
	18" w/white metal jackets	Basement Level							
HA PI 10	Block Pipe Insulation -	Powerhouse:	Friable	Good	100 LF				
	18" -24"w/silver metal	Basement Level							
***	jackets								
HA PI 11	Block Pipe Insulation - 8"	Powerhouse:	Friable	Good	150 LF				
	-10"w/silver metal jackets	Basement Level							
HA PI 12	Aircell Pipe Insulation	Paper Machine Building:	Friable	Damaged	20 LF				
		Truckers' Lounge/Vending			20 21				
I IT AH	Hot Process Softener Tank	Powerhouse:	Friable	Good	300 SF				
	Insulation	Operating - Heater Platform Leve		0000	300 01				
HA TI 2	Hot Water Tank Insulation	Powerhouse:	Friable	Good	550 SF				
		Heater Platform Level	1 114010	Good	330 ST				
A COLOR		AND SECTION OF THE PROPERTY OF THE PARTY OF			NAME OF TAXABLE PARTY.				
	Market School Street School			<b>国际特殊企</b> 业					
IA HI 2	High Pressure Steam Heater	Powerhouse	Pri 11	7					
	Header Insulation	Heater Platform Level	Friable	Damaged	20 LF				
IA SG 1	Boiler Stack Gaskets	Powerhouse:	N. D. I.						
		Upper Level	Non Friable						
		Mezzanine Level	Category I	Good	3 x16 LF				
A BHG I	Boiler Hatch Gaskets			Good	3 x85 LF				
	Donor Haton Caskets	Powerhouse:	Non Friable						
		Upper Level	Category I	Good	3 x 8 LF				
A FD 1		Operating Level		Good	3 x32 LF				
CLU I	Metal Fire Door Insulation	All Original /Pre 1980 Metal Fire	Friable	Good	~32				
		Doors assumed to be asbestos insulated			Doors				
A FB									
LID	w./ A l	Powerhouse:	Non Friable	Good	~625 SF				
A TED		Main Roof	Category I						
	m1/ A land 1 . 1	Powerhouse:	Non Friable	Good	~220 SF				
	w/Aluminizer	Hopper Roof	Category I						



	A Company of the Comp		4000 00 00	
HA	Material	Location	Friability Condition and NESHAP Category	Quautity
HA FG	Roof Flashing	Paper Machine Bldg: Roof, Dry End Parapet Wall	Non Friable Good Category I	~440 SF
HA FK	Tar Flashing w/Felt Cover	#1 Finished Paper Whse: Roof Canopy, Wall	Non Friable Good Category I	~50 SF

	Material	Location	Friability Condition Quanti and NESHAP Category
HA FO	Felt & Tar Flashing w/Aluminizer	Main Office Addition Roof, Front Wall Parapet	Non Friable Good ~115 SI Category I
HA FS:	Felt & Tar Flashing	Stock Prep Stair Tower Roof	Non Friable Good 135 SF Category I inyl floor tile, ACT = acoustical ceiling ti

Friable ACM is any material containing more than 1 percent asbestos that, when dry, may be crumbled, pulverized, or reduced to powder by hand pressure. Non-friable ACM is any material containing more than 1 percent asbestos that, when dry, cannot be crumbled, pulverized, or reduced to powder by hand pressure. Under NESHAP, non-friable ACM is divided into two categories. Category I Non-Friable ACM are asbestos-containing resilient floor coverings (commonly known as vinyl asbestos tile), asphalt roofing products, and gaskets. These materials rarely become friable unless ground, sanded, abraded or pulverized. All other non-friable ACM such as transite materials are considered to be a Category II material, which can become friable on impact.

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

Sans.	(Pur	ATION suant	OF ASE to NJAC	BESTOS AE 8:60 and 1	(5)		DE	G E			H)	$\mathbb{H}$	
tte of Notification (1) 8/08/2013	F	lighla	nd Par	Owner/Op k Board (		eation		AUS 2	2 2 20	13	1	$\mathcal{H}$	
gencies Notified Type Notification	1.	102 N	orth Fi	fth Avenu	e			BESTOS	CONT	EOL &			
EPA Initial Amended Amendment #		Highla		rk NJ 089	004			LICE	No No			4	
DOL Emergency (including justification)	9	Name (	of Conta	ct			-					-	
DOH DCA Cancellation			Hoefe	NFORMATI	ON							-	
	(3)	FAC	JILIII II	II Ortina			acility (4)						
ame of Facility Where Abatement is Taking Place Bartle Elementary School	.,					× Sch	nool (K-12) ochapter 8 (	Other than	K-12)	ildinas	home	s,	
treet Address						Oth	ner (i.e. priv	ate & com	Tieroidi 2	Jildings,			1
435 Mansfield St						Square	Feet	# of Floor		Bldg. A	ige		
City (5)		5.02				Current	Use (Prior	if being de	molished	)			1
Highland Park		Coun	ty Code	(7) NLY)		Police	- Fire St	ation					4
a d' I-lleggy		0,000	SCM No.		Nam	e of Abate	ment Contr	actor (9)					1
Firm Hirad by Building Owner	(8)	00100 Sa					Savic Construction Corp						7
Name of Monitoring Firm Filed by Balance Brinkerhoff Environmental Services Inc. Street Address		Stre 20					Street Address 205 Route 46 Suite 15						_
1805 Atlantic Avenue					City	State, Zi	Code						
City, State, Zip Code					1		J 07512	Lic	cense No.				
Manasquan, NJ 08736		Tele	phone N	No.	Tele	ephone No 3-339-9	o. 735		034				_
Project Manager for Monitoring Firm  Jason P. Hooper	2012/2012	1	2-223-		Na	ne of OSI	A Monitor						
Scr	Scheduled Completion Date (11) 08/10/2013						struction	Corp					_
					Str	eet Addre	ss 46 Suite	15					
Occupancy Status During Abatement (Check Or	nly One)	atomer	nt.		20	5 Route	46 Suite						
Facility Closed/Vacated During Entire Period					Cit	y, State, 2 otowa, I	NJ 07512						
Other – Describe:  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	X Re □ De	novatio	on n			L N	ull Containn lini-Enclosu slovebag Pro lon-Exempt	re		ble Proc		ment	_
										Туре			_
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Mai	Locatio ormally Solely ntenan odial S (12)	y by ce/	(i.e. th	Contain ermal sy	iption of ning Mate stems ins ng, VAT, o scellaneou	T	(S	nount pecify or LF)	Removal	Repair	Encapsulate	
(13)	Yes	No	N/A			. b	cut		5 LF	x			
Mechanical room	X			100		et/wrap/		5000	3 LF	1	X		
Mechanical room	X			T		ngs - Re	paii ————		4 SF	х			J
Exterior stucco walls - rooftop	X				n	nastic		-					I
Name of Registered Waste Hauler Savic Construction Corp			NJDEP N Hauler II 32253	Waste O No.	Cubic of Was 10 yr		GRO	e of Regist		dfill		.:	
City, State Totowa NJ	7:0					Signature	Mor	risevitte,	PA	Date 08/08	3/201	3	
Completed by Milos Savic	Pro	ject N	/lanage	er	(	M	1	rm for asbe					

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

	(	Pursua	ant to N	JAC 8:60 and	112:120)			FR	<u>E</u>		1 1	
		Nam	e of Bui	iding Owner/C	perator (	2)	-			L .		1
ate of Notification (1) 8-6-13				0000000	Cassil	JIM		HOMAS				1
gencies Notified Type Notification		Stree	et Addre	in Code	-	POUL	4	AUG	2 '	2 2	013	
and initial				1/2	0	RUVE				70.00		
DEP		City,	State,	Zip Code	700	2 6	ROVE	Ł WJ	07	40	9	18
DOL Amendment #_ Emergency (inc	ludina	L.,	ne of Co		DIT		1	lelephone Rumber	Op.	101	_	1
iustification)		Nan	ne or CC	TIM	T	HOMA.	5			Control of the		-
DCA   Cancellation		1	ACTION	Y INFORMAT	ION							$\dashv$
ame of Facility Where Abatement is Taking F	Place (3)		AOID !			Type of F	acility (4)					
JIM THOMAS						□ Scho	Lamber O I	Other than K-12)				-
treet Address						Subt	riapiei o (i r (i.e. priva	ate & commercial bu	uilding	s, ho	mes,	
	1118.					etc.)		# of Floors		. Age		-
(E)						Square F	eet	# 01 1 10013		Ĭ		
CEDAR GROVE						Current	Ice / Prior if	f being demolished	)			$\neg$
County (6)		Co	unty Co	de (7) E ONLY)		Current	130(1)36(	334.3				
E 668×		1			Name	of Abatem	ent Contra	ctor (9)	558 GV			
Name of Monitoring Firm Hired by Building Ov	wner (8)	1	ASCM N	10.	2-	150	COSITE	RACTING 4	11	<u>_</u>		
N/A		-			Stree	Address	.,	RACTING "				
Street Address					52	2	/"	37				
					420	Otata Tin (	onda .		7/	0-	7	
City, State, Zip Code					UA	1100	city	NJ O License No.	10	0/		
Project Manager for Monitoring Firm		Te	elephone	No.	Telep	hone No.		Dicerise No.	01	<u>.</u>		
					20	1 216-	960	012	00			
Start Date (10)	Scheduled	Comp	letion D	ate (11)	Nam	e of OSHA	MORRO	TRACTINE	5	16		
0-7-13	8-	8 -	13		DE	ELFA et Address	COP	INACINE				
Occupancy Status During Abatement (Check	Only One	<del>:</del> )			51101	Z Z State, Zip	7th	ST.				
A Control During Entire P	eriod of A	pateme	nt		City.	State, Zip	Code		7.55			_
Abatement Performed Outside of North	al Facility	Hours			12A	MOIL	city	NJ	0	10	8/	_
Other - Describe:				0.77	101							
Scope of Work (Check All That Apply)	<b>-</b> D	enovati	on.			□ Full (	Containmer	nt with Negative Pro	essure	9		
≥3 sf or ≥3 if		emolitic				- 01	Enclosure ebag Proce	edure				
≥160 sf or ≥260 lf						□ Non-	Exempted	(*) and Non-Friable	Proc	edure	ment	
	1 .								,	Typ		
		Location			Descript	ion of						
Location of Asbestos-Containing Material (ACM)		d Soleh		Asbestos (	Containin	g Material ( ems insulat	ACM)	Amount (Specify	교	70	Encapsulate	Er closure
TO BE ABATED		intenan todial S			urfacing.	VAT, or	, ,	SF or LF)	Remova	Repair	nsd	1050
In Facility (13)		(12)		oth	ner misce	llaneous)			/8	7	ate	G
(10)	1,,	No	N/A						<u> </u>			
	Yes		-	Briles	TN	SULA	tion	365F	V			-
	Yes	11	1			INSULAtion				1	1	
Basement	Yes	V		Dioc	TAK	JAT	ON	10 LF	V		-	1
	Yes	V		PIPE	INS	ULATI	ON	10 LF	V			L
Basement Basement	Yes	-		PIPE	INS	ULATI	ON	10 LF				<u> </u>
	Yes	V		PIPE	INS	ULATI	ON		V			
Basement	Yes	V	JDEP \	PIPE Vaste	INS	ULATI	Name of	Registered Landfill		Med	UT	
Basement  Name of Registered Waste Hauler		V	lauter I [	PIPE  Waste O No.	INS	ds	Name of Was	Registered Landfill	GEI		υT	
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State of New Jersey

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Agencies Notified  [ x ] EPA         [ ] Initial Notification         [ ] DEP         [ ] Amended Notification         [ x ] DOL  [ X ] DOL  [ X ] Emergency (including    X ] Emergency (including   Management   Ma		
[ X ] DOH justification) Name of Contact Glenn Lopresti	F	
FACILITY INFORMATION		
Name of Facility Where Abatement is Taking Place (3)  Residence  Type of Facility (4)  [ ] School (k-12)  [ ] Subchapter 8 (other than k12)	vial buil	Idinas
29 W. Cape Cod Way  [x] Other (i.e., private & commerce homes, etc.)	nai bun	umgs,
City County (6) County Code (7) Square feet # of Floors Bldg. Age (STATE USE ONLY) 1200 sf 1  Current Use (Prior if being demolished) Residence	50	
Name of Monitoring Firm Hired by Building Owner (8)  N/A  ASCM No.  Name of Abatement Contractor (9)  Guardian Contracting, Inc.		
Street Address Street Address 1889 Route 9, Unit 61		
City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1	271	
Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number 732-349-9932 U0624		
Scheduled Start Date (10)  8/16/13  Scheduled Completion Date (11)  8/19/13  Name of OSHA Monitor  E.M.S.L. Analytical		
Occupancy Status During Abatement (Check only one)  [ x ] Facility Closed/Vacated During Entire Period of Abatement  [ ] Abatement Performed Outside of Normal Facility Hours  [ ] Other – Describe		
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] >3 sf or ≥3 lf [ ] Renovation [ ] Glovebag Procedure [ x ] ≥160 sf or ≥260 lf [ x ] Demolition [ x ] Non-Exempted (*) and Non-Friable Procedure		
Abatement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  VAT, or other miscellaneous)  Description of Asbestos-Containing Material (ACM) (Specify SF or LF)  Amount (Specify SF or LF)  V R  R E E E C M O I R A O I R C I I I I I I I I I I I I I I I I I	E N C A P S U L E	E N C L O S U R E
Exterior X Asbestos siding 1200 sf X		
	-	+-
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.   Cubic Yards of Waste   Name of Registered Landfill    Guardian Contracting, Inc.   20223   3   T.R.R.F.	1	
City, State Disposal Date City, State		
Toms River, New Jersey  Completed by (Print or Type) Nicholas Fernicola  Title Project Manager  *Do not use this form for ashestos licensure exempted activities	14/13	3

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	August 16, 2013				Name of I	Building (	Owner/Oper Miller			同信用	) Po	2016	) )7 =	
Agencies Notified  [ X ] EPA	Type of Notificati	on Notificat	ion	-	Street Add	dress	112 Gi	iffor	rdtown Lane	IN THE		<u> </u>	y le	
[ ] DEP [x] DOL [x] DOH	Amend	led Notif iment #_ ency (inc			City, State	e, Zip Coo		rton	, NJ 08087	U U AUG		2 20		
[ ] DCA	justific				Name of 0	Contact Jim M	iller		Ī	elephone Sumber	. 2 2 C	JME	. &	l
		DI (2)		FAC	LITY IN	<b>IFORM</b>	ATION	Т	pe of Facility (4)					
Name of Facility Where A	sidence	Place (3)	)					1 1 9	[ ]	School (k-12) Subchapter 8 (ot	har tha	n ls12\		
Street Address	) Berkeley Aven	ue							[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City Beach Have	n	County	0.000		County Co (STATE U		Y)		quare feet 1100 sf urrent Use (Prior if	(100 (100 (100 (100 (100 (100 (100 (100		g. Age 6	0	
)	XX: - 4.1 - 10-1141 7	O (0	0)		ASCM No		Name of	Aba	Residen tement Contractor		-			
Name of Monitoring Firm		Owner (8	יי		ADCINI INO		1 value of	AUd		n Contracting,	Inc.			
Street Address							Street Ad		1889 Ro	oute 9, Unit 61				
City, State, Zip Code							City, Star		Toms R	iver, New Jers			271	
Project Manager for Moni	toring Firm		•	Number			Telephor 732-34	9-99	932	License N 00624	Number			
Scheduled Start Date (10) 8/19/13			8/20/		on Date (1	1)				Analytical				
[ ] Aba	ility Closed/Vacated atement Performed C	During	Entire Pe				Street Ac		1056 Sto	elton Road				
	er – Describe									vay, New Jerse		354		
Scope of Work (Check all	that apply)						[ ]		Full Containment Mini-Enclosure	with Negative Pro	essure			
· [ ] >3 :	sfor≥3 lf		[ ]	Renova			[ ]		Glovebag Procedu					
[x] ≥16	0 sf or ≥260 lf		[ x ]	Demoli	tion		[ x ]		Non-Exempted (*)	and Non-Friable	Proced	ure		
						00-12					Aba	tement	Туре	
Location Asbestos-Containing M TO BE ABA in facilit (13)	Material (ACM)	No	Is Location ormally to Solely benance/C Staff (12)	ısed		Ash N (i.e. inst	Description Descri	ntain CM systerfactor	ning  f) ems ing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbest	tos sidir	ıg			1000 sf	X			
														-
				-	-			_						
Name of Registered Waste	e Hauler	N.		ste Hauler	ID No.		ards of Was	te	Name of Registe	red Landfill			1	
Guardian Co City, State	ontracting, Inc.			20223 Dispos	sal Date	3	City, St		T.R.R.F.		_			
Toms River	, New Jersey			8/21/	13				n∤ Pennsylvania		1 -			
Completed by (Print or Ty Nicholas Fer			t Mana	·	Signatu	Mici	het.	_	tu /		8/1	6/13		
		*D	o not use	this form	for asbe.	stos licer	ısure exen	ipte	d activities.					

#### State of New Jersey

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

Check # 7241 Name of Building Owner/Operator (2) Date of Notification (1) **UMDNJ** 8/16/13 Street Address Type of Notification Agencies Notified 30 Bergen Street [] EPA Initial AUG [] DEP Notification City, State, Zip Code [] Emergency DOL Newark, NJ 07101 Amended DOH Notification [X] Telephone Number Name of Contact [] DCA [] Cancellation Herbert Smith **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) UMDNJ - Medical Science Bldg Street Address Bergen St/ South Orange Ave. # of Floors Bldg. Age Square Feet ~ 70 County Code (7) 200000 County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Newark Essex Office/lab/classroom ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner Jupiter Environmental Services, Inc. 00110 Whitman Companies Street Address Street Address 3 Lynn Court 7 Pleasant Hill Rd. City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Cranbury, NJ 08512 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00852 973-709-0200 732-390-5858 Kevin Lovely Sched. Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) J & S Environmental Laboratories, LLC 8/31/13 8/26/13 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure [] Mini - Enclosure Renovation Demolition [x] Glovebag Procedure [] >3 sf or >3 lf Non - Friable Procedure [x] ≥160 sf or ≥260 lf [] Abatement Is Location Description of Type Normally Used Asbestos - Containing Amount R E Solely by Location of E Е Maintenance/Cus (Specify N N Material (ACM) Asbestos - Containing SF or LF) M P C C (i.e., thermal systems Material (ACM) todial Staff (12) 0 L insulation, surfacing, VAT, A Α TO BE ABATED V P 0 or other miscellaneous) In Facility S A R S No N/A Yes (13)150 SF X Floor tile Basement A level Corridor X Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. Of Waste Minerva Landfill Jupiter Environmental Services 04782 Disposal Date City, State City, State 8/30/13 Waynesburg, OH Lincoln Park, NJ Date Completed By (Print or Type) Signature Title 8/16/13 General Manager Pane Repic

State of New Jersey Check # 10638 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Suzanne Hagert 8-15-13 Street Address Agencies Notified Type Notification 22 Hawthorne Ave. [X] Initial [ ]EPA Notification City, State, Zip Code [ ]DEP Nutley, NJ, 07110 [ ]Amended [X]DOL Notification Name of Contact Telephone Number ULX [X] DOH [ ]EMERGENCY Suzanne Hagert [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County Code (7) City (5 County (6) Essex 1500 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 00371 N/A (973) 744-8800 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 8-26-13 8-27-13 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [ ]Full Containment with Negative Pressure [X] > 3 sf or > 3 lf [X] Renovation [ ]Mini-Enclosure [ ]>160 sf or >260 lf [ ]Demolition [X]Glovebag Procedure [ ]Non-Friable Procedure Is Abatement Location Description of Location of Normally NCAPSU NCHOSD Asbestos-Containing Asbestos-Containing Amount Used E (Specify EPAIR Solely Material (ACM) Material (ACM) By Main-(i.e., thermal systems TO BE ABATED SF or o V tenance/ insulation, surfacing, VAT, LF) In Facility Custodial Staff (12) or other miscellaneous) (13)R Yes No N/A Pipe Insulation 110 lf Basement X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. Disposal Date City, State City, State Morrisville, PA 19067 8-28-13 Montclair, NJ 07042

Signature

Date 8-15-13

Completed By (Print or Type)

Constantine Vivian

Title

President

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1/1/8		N		CATION	te of New OF ASBE o NJAC 8	STOS	ABATE		F	) E	: C [	E	7	// [8		2
Date of Notification (1) 8-15-2013					Building C					31						111
Agencies Notified	Type Notification		+	Street Ac	idress	•			$\dashv \Vdash$	ᆘ	AUG	22	20	13	世	
☐ EPA	Initial				est 55th te, Zip Cod		t, suite	3A	_						+	
DEP DOL	Amended Amendment				ork,NY 1		)			AS	BESTOS	S CON		ROL	3	
ĭ DOH	Emergency (	including	1000	Name of	Contact Charles					Te	ephone N			_		
DCA	Cancellation				LITY INFO		ION							-		
Name of Facility Where A	Abatement is Takin	g Place (3)	)					□ s	f Facility chool (K-	12)		. 40\				
Street Address 5 Mantoloking Rd				2				O e	ther (i.e. l	private	er than K & comme			2012301		s,
City (5) Brick ,NJ, 08738								Square 1200	e Feet O sq ft	1	f Floors		80	ig. Ag	je	
County (6) Ocean				County C	Code (7) ISE ONLY)			Curren	t Use (Pr	ior if be	ing demo	lished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				ement Co ironmer		r (9) ervices ,	LLC				
Street Address								Addres: Virginia	a avenu	ie						
City, State, Zip Code								State, Zip	Code ,NJ 07	304						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	hone No 333-88			License 01174					
Start Date (10) 8-17-2013	Sell-	Schedule 8-30-20		npletion I	Date (11)				A Monitor		Solution	ns,LL	С			
Occupancy Status Durin				- 10		-	1000	Address Box 12								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A	Hours	nent S		_	1 10000 000	State, Zip								
Scope of Work (Check A	All That Apply)				·					Aug.			355.000			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli					Min Glo	i-Enclosu vebag Pro	re ocedure	h Negativ e nd Non-F					
		Is	Locat	ion				i NOI	-Exemple	Ju ( ) a	id Non-F	nable i		Abate	ment	
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED ility	Use Ma	Norma ed Sole iintena todial ( (12)	ely by nce/		tos Co therm surf	escription ntaining I al system facing, V/	Material ns insula AT, or			Amount (Specify SF or LF)		Removal	Ty Repair	Encapsulate	Enclosure
(,	2	Yes	No	N/A									<u>B</u>	.	ate	Те
Buildin	g #6		Х		Tran	site F	Roofing	and S	iding	30	000 sq ff	t 2	х			
Buildin	g #7		X		Tran	site F	Roofing	and S	iding	60	000 sq f	t 2	Х			
				-								_				
Name of Registered Wa	aste Hauler			NJDEP W	Vaste	Cub	ic Yards		Name o	f Regis	tered Lan	dfill				
Rovic Transport			1	Hauler ID 0785		of W 90	/aste		Waste	Mana	agemen					
City, State Riverdale, NJ		0.00				Disp 8-24	osal Date 1-13	е	City, Sta Bethle		P.A.					
Completed by Liliana Pedraza	•	Title Offic	е Ма	nager			Signatur	re				Date 8-15		)13		

			CATION	ate of New Jer I OF ASBESTO to NJAC 8:60 :	S ABATE			NJ Dopt of	Health 8		Serv	ices
Date of Notification (1)			Name o	f Building Owne		(2)	M. Marie L.	To the	TO LE		0	V3 /
3-15-13				Rub	En	SELE	٢	Date: A	增加	THE	1	
Agencies Notified Type Notification			Street A		0		11.10	115	1	(0)	<u>H</u>	
EPA Initial Amended		-	City St	273 A	RJ.H.V	K	AVE	<del></del>	<del>                                     </del>			
X DOL Amendment	<b>P</b>	[	way, or	ENGLEN	IAAA	111	WE AT	- 14 de	1637	113 3	3 999	3,,
IZ Emercency (	induding	1	Name o	f Contact	2000	اماب	FF3 , 20	, Telephon	4			2013
DOH justification) Cancellation			-	RUBI FING	EXET			1	_		-	_
				ILITY INFORM					Lity	IO	O177	=
Name of Facility Where Abatement is Taking	Place (	3)				Type	of Facility (4	4)			SUNG.	.02
Street Address							School (K-1:	2) P (************************************	L CON			
						×	Other (i.e. p	8 (Other than rivate & comm	nercial b	uildings	s, horn	es,
City (5) COLONY (Coc	20.						etc.) ire Fast	# of Floor		Dieto."	Ann	-
EDGEWATER							200	2	•	: Blag ک سد	10000	
County (6)			County	Code (7)		Curre	nt Use (Prio	r if being den	nollshed			
Bersen		Í	(STATE	use okily)			Resid	1.	)ewo			
Name of Monitoring Firm Hired by Building C	Awrier (B	)	ASCI	d No.			tement Con	tractor (9)	Clow			
P					A.Ma	ac Co	ntracting l	nc.				
Street Address						Addre						
Oly On the Control of							II Road		W. J. Tara			
City, State, Zip Code					City, 8 Glen	itate, Z Rock	ip Code 4, N.J 074	52				
Project Manager for Monitoring Firm			Telepho	ne No.		none N	Consequences and the second	1	se Na,			
A 101 U		ا ــــــــــــــــــــــــــــــــــــ				)262-		0015	56			
Start Date (10) 8/16/13				Date (11)			A Monitor	tal Damila				-
Occupancy Status During Abatement (Check	ONLO	7/01	13.		and the second	Addres	The same of the sa	tal Service	s inc.		.,	-
							r Street					
Abatement Performed Outside of Norm.	enoc or al Facilit	Abaten y Hour	neni S				ip Code	<del>//</del>				
Other - Describe:							ck, N.J 07	606				
Scope of Work (Check All That Apply)				***************************************								
23 sf or 23 [/ 2160 sf or 2260 [f		Renova Demolii		•		Mir	achad bloc Achad bloc	nt with Negat adure (*) and Non-I			na .	
	la la	Locati	lon								ement	
Location of		Normal			Description	of				T	ype	
Asbestos-Containing Material (ACM)  TO BE ABATED		ed Sole antena		Asbestos Co	ontaining ?	laterial		Amount			m	_
In Facility	Cus	todial 5 (12)	Staff?	SUI	ial systems facing, VA	T. or	uon,	(Specify SF or LF)	Kelijoval	Repair	Ensapsulate	Endobure
(13)		(12)		othe	r miscellar	eous)	1		BAD	1	I E	量
TOTAL CALLENGE L. III	Yes	No	N/A								6	" [
Basement			/	VA	T			300 SF	- /			
						************			-	1		
	· · · · ·			7						+		
		-	$\vdash \vdash$						-	<del> </del>	-	
Name of Registered Waste Hauler	L	I N	JDEP W	aste Cub	o Yards		Name of D	egistered Lar	~16ii			
Rovic Transportation	1/2000	H	auler ID 0785	No. of W	laste 2			Bethlehem		II Cor	p.	
City, State Riverdale, New Jersey 07457			70,000,00		osal Date		City, State Bethlehe	m, P.A 18	015			
Completed by	Title			<del></del>	Signature				Date	-		$\neg$
loseph Vocaturo	Oper	ations	}			4. V	oraline	,				

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		(Pt	CATIO ursuan	N OF A	New Jersey SBESTOS A AC 8:60 and	12.120)	11	) E C	E		4	4	81!	2
te of Notification (1)			Name Dian	of Build e Linze	ing Owner/O enbold	perator (	2			6040				
8/15/13 encies Notified	Type Notification		Street 12 G	Addres	s rood Aven	ue		L AUG		2013				-
EPA DEP	Initial Amended Amendment #		City, S Butle	State, Zi er, NJ	p Code 07405					ONTROL &				-
DOL DOH DCA	Emergency (inclu	iding	Name	of Con ne Linz	tact enbold		L_		Teleb	Hone Island				-
DCA	Cancellation		FA	CILITY	INFORMAT	ION	Tim	e of Facility (4	1					
ame of Facility Where	· Abatement is Taking Planty	ace (3)					H	School (K-1	2)	than K-12)	wilding	e hon	nes	
treet Address 06 Luddington A							Squ	Other (i.e. p etc.) uare Feet		commercial t	Bldg.			-
ity (5)							2,0	+ 000	2		50+			_
County (6)			Cou (STA	nty Cod	e (7) ONLY)			rrent Use (Pri			d)*			_
Passaic lame of Monitoring Fi	irm Hired by Building Ow	ner (8)	A	SCM No	D.	Nam	e of A	batement Coll Contractin	ntractor ig Corp	(9) D.				_
Street Address						Stree 163	et Add	iress geant Ave	nue					_
City, State, Zip Code						City,	State	e, Zip Code NJ 07013						
Project Manager for N	Monitoring Firm		Tel	ephone	No.	Tele	phon 3-68	e No. 9-6281		License No 01099	).			_
Start Date (10)		Scheduled 08/27/13		etion Da	ate (11)	Nan J&	ne of S Er	OSHA Monito vironmenta	r al Labo	oratories L	LC			
08/26/13 Occupancy Status D	uring Abatement (Check	Only One)				Stre	eet Ac	Idress Route 22 W						
	Vacated During Entire Pour formed Outside of Norma	prind of Ab	atemer	nt	1.4	City	y, Sta nion,	te, Zip Code NJ 07081						_
Scope of Work (Che  ≥3 sf or ≥3 lf ≥160 sf or ≥26	ck All That Apply)	Re De	enovatio	on on			×	Mini-Enclos	ure	ith Negative I e and Non-Fria	ble Proc	edure	<del>!</del>	
		_						110				Abate Ty	ment	
Asbestos-Conta	cation of aining Material (ACM) E ABATED Facility (13)	Used Mai	Locatio ormally d Solely ntenan odial S (12)	y by ce/	(i.e. the	Descri Contain ermal sys surfacing ther miso	ing M stems a. VA	aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A X		Pipe In	sula	tion	+	140 LF	х			1
Ba	asement										-	-	-	+
									+					1
Name of Register Pyramid Contr			H	NJDEP N Hauler II 12613	Waste O No.	Cubic Yaste	е	G.F	State	S., Inc.				
City, State Clifton, New Je						Disposa 08/27/	13 gnatuj	/// Mo	rrisville	Pennsyl	Date			_
Completed by Dimo Golcev		Title Pres	sident	i,			1	100	7		08/15	-		_
			nes-se				* Do	not use this fo	for a	sbestos licen	sure ex	empte	ed act	iv

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

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1 shate	025
	CONLI

Date of Notification (1)			$\neg$	Name of	f Building	Омпелі	perator	(2)				المساد			
8-15-2013			- 1		ship of f				Hills		orgon makes	"PROV			
Agencies Notitied	Type Natification			Street A		711		-	5 F I	NJ De	1-1	alth &	Senior	Serv	ices -
□ EPA	Initial			1001	Parsipp	any Bli	rdK/			-	The second second	(sighátur			-1
I DEP	Amended .				te, Zip C		111					-		-	-
R DOL	Amendment	#		Parsip	ppany, h	NJ \$705	4	AUG	7 2 2	Date:	814	10	nme:	22.	
NOH E	Emergency (	incinding	Ī	Name o	f Contact	7	1		/ / /	<b>ं</b> ंगिजा	ephone !	Numbe	-	-	-
DCA DCA	Cancellation		- 1	Joe G	iannett		100								
Name of Frank, Mills	A4		-	FAC	LITY INF	ORMATI	ON.	C51(	S COL		J	1		_	-
Name of Facility Where House for Demo	Apprenient is laiding	g Misce (	5)				_	Type	of Facility	(4) PL 8		1			
Street Address									School (K-	12)					
3 Wilbur Ave.									Subchapte Other (i.e.	r 8 (Oth Orivete i	er fran K S. comme	(-12) erckal bl	dkunn	a hunn	IDC
City (5)									etc.)						te-ort
Lake Hiawatha, N.	ı							Squa	are Feet	养口	f Floors	- 1	Blog.	100	
County (B)	,			Country	Code (7)			-		<u> </u>			50+		
Morris			1	(STATE	USE ONLY	ž			ent Use (Pr USE For D		ng dame	dished)			
Name of Monitoring Firm	Hited by Building	Parties (B)		ASCI	4 No		bloseo	La Contraction			fel				
n/a	- the same of the same	· · · · · · · · · · · · · · · · · · ·		n/a	n (erri				etement Co Vianagen						
Street Address				1 100				Addre		ISH C	arporat	IOH			_
n/a								roy 1							
City, State, Zip Code.	*******							511 05/11	Zip Code						
n/a									ark, NJ o	7035					
Project Manager for Mor	illoring Firm		Т	Telepho	ne No.			hone N		1000	Licanae	n Nn			
n/a		i		n/a			* - (20.000 <b></b> 40)	-706 <b>-</b>			01193			10	
Start Date (10)		Schedul	ed Cor	mplelion	Date (11)		Name	of OS	HA Montar			-			
8-16-2013		8-23-2					Loz	nica, N	vlanagem	ent Co	rporati	ion			
Occupancy Status Durin			850				Street								
Facility Closed/Vac	sted During Entire F	eriod of	Abater	nent				roy L							
Abatement Perform  X Other – Describe:	led Outside of Norm Sem - Som	ed Facility	Houn	3		. [	The market of the second	more de la Carte d	ip Code						
Scope of Work (Check A							Lino	oln P	ark, NJ o	7035					
_	a med whish						_	-	5,65		31-10 to 10				
≥3 sfor≥3  / ≥160 sfor≥260  f			tenova temolit				ř	Fu	Il Containn	ent with	Negativo	e Press	Ще		
<u> </u>			CON STREET	· Action			Ė		ni-Endosur ovebag Pro						
	-							No	n Exemple	d (*) enc	Non-Fri	jable Pr	ocediu	ne:	
		le	Locati	ion										amen	ŧ
Location		Use	lormel d Sole	ly by			caiption					-	T	ype	
Asbostos-Containing TO BE ABA	Marener (ACIM) NTED	Mal	intena	nce/	Asbes	tos Conta thermal :	alning M	lateria	(ACM)		7milint		1	Tip.	-
In Facili		Cust	odlal 5 (12)	डोग्रां?	(1440-7	currec	ing, VA	T, or	atricel.		pacify or LF)	1 9	盗	g	쿲
(13)				,		other m	iscellen	ಅಂಗಿತ್)	1			Removal	Repair	Encapsulate	Enclosure
		Yes	No	NA		*			- 1					\$	Ф
Roof				x		Asbest	os Ro	ofina		1:	500	×	+		
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Name of Registered Wast	he Hattler	<u>L</u>	1	IDES V		437.			لــــــــــــــــــــــــــــــــــــــ						
Rovic	re r teririteti	#: 6:		JOEP Wa		Cubic Y		8	Nemo of			RUI			
		1	10000	0785		TED	-	- 1	GROW	S Lan	dfill				
City, State			1.			Dispos	al Date		City, State						$\dashv$
Kearny, NJ						TED			Morrisv	ille Pa	19067	7			
Completed by		Title			7100		grusture					Date			$\neg$
E, Cirovic		Secre	ctary				0	מרט	oric			8-15-	2013		

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

Date of Notification (1) 8/13/13							Owner / Operator							
Agencies Notified Type Notifi	ration		Stree				ion Public Sch	IOOIS U	AUG 2 :	2010				-
PA EPA	Cation				lanani (2	is Ave	nue	1 1						
☐ DEP ☐ Initi	al	-				Zip C		ASB	FOTE	15500	_			
	ended	1	Unio						ESTOS CONF LICENSIN	-				
□ DOH □ Em	ergency ,	. 1				ntact			- New	Tele	phor	ne N	umb	er
☐ DCA ☐ Car	cellation 8/16/1	3	Mr.	Toi	m W	/iggin	S							
	······································		F/	/CI	LIT	Y INF	ORMATION							
Name of Facility Where Abater	nent is Taking Pl	ace (3	3)				Type of Facilit				-,-:01	CHINESE		
Battle Hill ES							School (K	(-12) NON SU	B-CHAPTER	8				
Street Address								er 8 (Other that						
2369 Morris Avenue								. private & cor					tc.)	
							Square Feet	# of Flo	ors	Bldg.	Age	)		
City (5)	County (6)	Co	unty	Co	de (	7)	70,000		2 *			60+		
Union	Hunterdon						Current Use (I	Prior if being d	lemolished)					121
							School							
Name of Monitoring Firm Hired		er (8)		1	ASC	M No.								
Environmental Connection							Bristol Envi		nc.					
Street Address							Street Address	T						
120 North Warren Street							1123 Beaver							
City, State & Zip Code Trenton, NJ 08010							City, State & Z Bristol, PA 1							
Project Manager for Monitoring	Firm	Telep	hon	ο N	lumh	)er	Telephone Nu		License	- Numb	ner.			-5-12-54-54
Dominick Dercole	1 11111	609-				)CI	(215)788-604		00509		JCI			
Scheduled Start Date (10)	Scheduled Con		_		NT3033/A		Name of OSH	4877.0	100000					
8/23/13		8/28			(,		Bristol Envi		nc.					
Occupancy Status During Abat	ement (Check or	nly on	e)				Street Address							
Facility Closed/Vacated				bate	eme	nt	1123 Beaver	Street						
☐ Abatement Performed	Outside of Norma	al Ho	urs -	- 7a	ım to	3pm	City, State & Z	ip Code						
Describe:							Bristol, PA 1	19007						
Facility Occupied Durin														
Scope of Work (Check all that	apply)					1	ä		-4-1	- Noss	41	Dese		
☐ ≥3 sf or ≥3 lf			Do		vatio			Mini-En	ntainment with	rivega	uve	Pies	Sure	100
≥160 sf ≥260 lf		$\boxtimes$			litio				Bag Procedure	26				
E 100 31 2200 II		Ш	De		muoi				empted and N		able	Pro	edu	re
Location of		ls	Loca	ation	n		Description		Amount					
Asbestos-Contain	ng	Norr					Asbestos-Cont		(Specify		, .Du			,,,,
Material (ACM)			olely				Material (AC	(M)	SF or LF		7		四	ш
TO BE ABATED	!	Main					(i.e., thermal sy				em	Repair	cap	ncls
in Facility (13)		Cust	(12		аπ?	1	nsulation, surfact or other miscella				Remova	air	Encapsula	Enclsoure
(13)		Yes	No		N/A		or other missene				-		fe	Ф
Rooms 14, 16, 17 & 18		П		+	П		VAT & Mas	tic	2,760 S	F I		П	П	П
14, 10, 11 & 10		Ħ	Ħ	Ti	П		1711 011110				$\exists$		Ħ	Ħ
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		Ħ	H	T	Ħ					Ti	T	Ħ	Ħ	Ħ
		Ħ	П	T	Ħ					Ī				
		Ħ	П	Ti	Ħ			-						
Name of Registered Waste Ha	uler		N	JDI	EP V	Vaste	Cubic Yards	Name of Reg	istered Landfi	all .			7	
			Н	aul	er ID	No.	of Waste							
Service Transport Inc.			2	099	90		15 Cu Yds	Minerva La	ndfill					
City, State							Disposal Date	City, State	222					
New Castle, DE							8/28/13	Waynesbur	g, OH				0,000	
Completed By (Print or Type)				itle			Signature	) - •	1 0	1	ate			
Gino Pizzigoni					ect		Gino P	ezzegoni	1_el	8/	116	/13		
3070			IV	an	age	r	Juno 17	Jogene	11	$\perp$				

		NC	TIFIC	ATION C	e of New of ASBES NJAC 8:	STOS A	BATEM 12:120)	ENT	CF	# 0.	25	2	>		
Date of Notification (1)			1355		Building Ov		erator (	_	F3 [	NO E	[2]				
8-16-2013			1	Anco E	nvironm	ental		F		N R	11 111				
Agencies Notified	Type Notification			treet Add				1-							
□ EPA	Initial				o Place					0050					_
H DEP	Amended		1 723		e, Zip Cod		1111	111	AUG 2	2 2013	-				
DEP DOL	Amendment		_   E	3erkele	ey Heigh	its, NJ	10	4	7100		1				
	Emergency ( justification)	including	N	ame of 0	Contact					Telephone	Number	1			*
☑ DOH DCA	Cancellation		1	Vicole				-	ASBESTOS	1					
	I <del>-</del>		_	FACIL	ITY INFO	RMATIC	N		LIUEIN						
Name of Facility Where	Abatement is Takin	g Place (3)					7	Тур	e of Facility (4)						
House									School (K-12)						
Street Address									Subchapter 8 Other (i.e. pri	(Other than I	<-12)	ildin	ae h	ome	
16 Van Doren Ave	1.						- 1		otner (i.e. pri	vate & comm	erciai bu	Halli	ys, II	Office	,
					25			Squ	are Feet	# of Floors		Bld	g. Ag	е	
City (5) Chatham								15		2	1	50	+		1
			10	ounty C	ode (7)			Cur	rent Use (Prior	if being demo	olished)				
County (6)					SE ONLY)				ouse						
Morris	5	0 (0)		ACCM	No		Name	0.211.012	patement Contr	actor (9)		-	-		-
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	NO.	1			Manageme						
n/a				n/a			Street			поогр	-	-			
Street Address															
n/a									Lane						-
City, State, Zip Code									Zip Code	205					1
n/a							53772		Park, NJ 070						
Project Manager for Mo	nitoring Firm		T	elephon	e No.		Teleph			Licens					
n/a				n/a					-7950	0119	93				
Start Date (10)		Schedule	d Com	pletion D	Date (11)				SHA Monitor						
8-27-2013		8-28-20	13				Lozr	nica	Manageme	nt Corp					
Occupancy Status Duri	ng Abatement (Che	ck Only One	9)				Street	Add	ress						
	cated During Entire			ent			22 T	roy	Lane		0-7-7-8				
Abatement Perform	med Outside of Norr	mal Facility	Hours	5110		İ	City, S	tate,	Zip Code						
X Other - Describe:						_	Linc	oln	Park, NJ 07	035					
Scope of Work (Check	All That Apply)									No.				2000	
	7 til 111de7 (pp.3)						Г	٦.	Full Containme	nt with Negati	ive Pres	sure			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti				×		Mini-Enclosure	it with regar	140 1 100	Juic	0		
2100 St 01 2200 II		ш	omona	011				J (	Slovebag Proce	edure					
									Non-Exempted	(*) and Non-l	-nable F				
		Is	Locatio	on								A	Typ	ment oe	
Location	on of		ormall				scription				-	1	- 7		
Asbestos-Containir	ng Material (ACM)		d Solel ntenar						rial (ACM)	Amount		n		ᄪ	ш
TO BE A			odial S		(i.e.	thermal	system cing, VA			(Specify SF or LF)	,   3	Ď,	Re	cap	nclo
In Fa			(12)				niscella			0. 0. 1.	'   3	Demova	Repair	Encapsulate	Enclosure
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		Yes	No	N/A								+	-	-	
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Lincoln Park, NJ 0	7035					TBD			IVIOTTISV	ille, PA 19	007				

Signature

Title

Secretary

Date

8-16-2013

Completed by

É. Cirovic

|x|

No check State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) U Name of Building Owner/Operator (2) HESS CORPORATION Date of Notification (1) /13 Street Address 15 Type Notification 1 HESS PLAZA Agencies Notified City, State, Zip Code FPA Initial Notification DEP Amended Notification #4 WOODBRIDGE, NEW JERSEY 07095 Cancellation DOI Telephone Number STOS CONTROL & DOH On Hold Name of Contact DCA **EMERGENCY N** DAVID CERULO LICENSING FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) HESS PLAZA Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Street Address Square Feet 42 1 HESS PLAZA 187,000 13 Current Use (Prior if being demolished) County Code (7) City (5) County (6) COMMERCIAL OFFICE WOODBRIDGE MIDDLESEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) HILLMANN ENVIRONMENTAL ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 17 Street Address Street Address 1600 ROUTE 22 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 UNION, NEW JERSEY 07083 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 845-369-7500 460 MIKE NEHLSEN 908-377-5644 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) 15 / 12 / 30 /13 QUALITY ENVIRONMENTAL 7/ Month Day Year Month Year Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday - Friday 6pm - 2:30 am Sat. 7am-3:30pm City, State, Zip Code WAPPINGERS FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo:, Demolition Renovation Glovebag Procedure >3SF OR LE Non-Friable Procedure >160 SF OR Abatement Type Location of Is Location Description of Asbestos-Containing Material (ACM) Asbestos-containing normally used Amount ENCAPSUL REMOVAL (ie. Thermal systems (Specify Material (ACM) solely by LOSUR insulation, surfacing, VAT, Maint/Custodial SF or LF) TO BE ABATED in Facility (13) Staff (12) or other miscellaneous) Yes No N/A Floor tile and mastic 3,200 SF 1st floor mailroom Pipe fittings 50 LF 1st floor mailroom 1st floor MER 30 LF Pipe fittings Please note addition to scope: 8,005 SF VAT & Mastic 9th floor 75 LF 9th floor Pipe Fittings 7.920 SF 9th floor Joint Compound 55 SF Cove Base Mastic 9th floor 100 LF 13th floor MER Pipe Fittings Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards of Waste GROWS LANDFILL Hauler ID No. EXPRESS WASTE LLC 150 26981 City, State Disposal Date City, State MORRISVILLE, PA KEARNEY, NEW JERSEY 06/03/13-12/30/13 Completed by (Print or Type) Signature Title DIRECTOR OF OPERATIONS

BENJAMIN SANCHEZ

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Date of Notification (1)			- (1-	Name of Building O	mer/Operator (2		卢	<u>\b</u>	Ē	Ü	IJ L	=
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) HESS CORPORATION Date of Notification (1) Street Address 5 /13 Type Notification 1 HESS PLAZA Agencies Notified City, State, Zip Code Initial Notification **EPA** Amended Notification WOODBRIDGE, NEW JERSEY 07095 DEP Cancellation DOL On Hold Name of Contact Telephone Numb DOH **EMERGENCY N** DAVID CERULO DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) HESS PLAZA Other (ie. private & commcl. bldgs., homes, etc.) # of Floors Bldg. Age Square Feet Street Address 187,000 1 HESS PLAZA County Code (7) County (6) Current Use (Prior if being demolished) City (5) (STATE USE ONLY) COMMERCIAL OFFICE WOODBRIDGE MIDDLESEX Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION HILLMANN ENVIRONMENTAL 17 Street Address Street Address 313 SPOOK ROCK ROAD 1600 ROUTE 22 City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 UNION, NEW JERSEY 07083 Telephone Number Telephone Number License Number Project Manager for Monitoring Firm 460 908-377-5644 845-369-7500 MIKE NEHLSEN Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY ENVIRONMENTAL 5/ 28 / 12 / 30 /13 Year Month Year Month Day Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code Other - Describe: Monday - Friday 6pm - 2:30 am WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini-Enclo:, Glovebag Procedure >3SF OR LE Non-Friable Procedure >160 SF OR Abatement Type Is Location Description of Asbestos-Location of Containing Material (ACM) Amount ENCLOSUR normally used ENCAPSUL Asbestos-containing REMOVAL (Specify (ie. Thermal systems Material (ACM) solely by insulation, surfacing, VAT, SF or LF) TO BE ABATED Maint/Custodial or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 3,200 SF Floor tile and mastic 1st floor mailroom 50 LF 1st floor mailroom Pipe fittings 1st floor MER 30 LF Pipe fittings NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler EXPRESS WASTE LLC Hauler ID No. **GROWS LANDFILL** 30 26981 City, State Disposal Date RISTILLE. PA KEARNEY, NEW JERSEY 5/28/13-12/30/13 Completed by (Print or Type) Date Signature

BENJAMIN SANCHEZ

DIRECTOR OF OPERATIONS

State of New Jersey

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Sharon Buge 8-19-13 Street Address Type Notification AUG Agencies Notified 16 Bellegrove Drive [X] Initial []EPA Notification City, State, Zip Code ASBEST Montclair, NJ, 07042 [ ]DEP [ ]Amended Notification Telephone Number [X]DOL Name of Contact HOD[X] Sharon Buge [ ]EMERGENCY [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) [ ]Subchapter 8 (Other than K-12) Same as above [X]Other (i.e., private & commercial buildings, homes, etc.) Street Addres # of Floors Bldg. Age Square Feet 87 3 County Code (7) 2100 County (6) Essex Current Use (Prior if being demolished) (STATE USE ONLY) City (5 Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) Street Address N/A 86 Christopher St. Street Address City, State, Zip Code Montclair, NJ 07042 City, State, Zip Code License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 9-2-13 8-30-13 Year Day Month Occupancy Status During Abatement (Check only one) Year Street Address [X] Facility Closed/Vacated During Entire Period City, State, Zip Code [ ]Abatement Performed Outside of Normal Facility of Abatement Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» [ ]Full Containment with Negative Pressure Scope of Work (Check all that apply) [ ]Mini-Enclosure [X] Renovation [X]Glovebag Procedure  $[X] \ge 3$  sf or  $\ge 3$  lf [ ]Demolition [ ]Non-Friable Procedure [ ]>160 sf or >260 lf Abatement Type Is NCHOSUR NCAPSUL Description of Location REPAIR Amount Asbestos-Containing E Normally Location of (Specify Used Asbestos-Containing Material (ACM) 0 SF or Solely (i.e., thermal systems Material (ACM) By Main-tenance/ LF) insulation, surfacing, VAT, A TO BE ABATED Custodial or other miscellaneous) In Facility Staff (12) (13)No N/A X Yes 120 LF Pipe Insulation X 35 LF Basement Elbows/joints Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler G.R.O.W.S. of Waste 1.5 Hauler ID No. 17040 AZTECH MANAGEMENT, INC. City, State Disposal Date PA 19067 Morrisville City, State 9-2-13 Montclair, NJ 07042 Date Signature 8-19-13 Completed By (Print or Type) Title

President

Constantine Vivian

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

Date of Notification (1)						wner/Operator	(2)							
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Agencies Notified	Type Notificati	on S	Street Address							117				
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Name of Facility Whe Same as above		Takin	ing Place (3)				Type of Facility (4)							
							[ ]School (K-12) [ ]Subchapter 8 (Other than K-12)							
Street Addres							[X]Other (i.e., private & commer-							
							cial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age							
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Scattering - Owner					(ST	ATE USE ONLY)	Current Use (I	Prior if be	eing dem	olish	ned)			
Name of Monitoring H	Firm hired by Bu	ilding	ASC	No.			ment Contractor							
Owner (8) N/A						AZTECH M	IANAGEMENT	, Inc.						
Street Address			Street Addres				ss							
						86 Christopher St.								
City, State, Zip Coo	ie					City, State,								
						Montclai	r, NJ 070	42						
Project Manager for	Monitoring Firm	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	[전상: 14.40] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10] [1.10]			Telephone Num		License Number						
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Month Day Y Occupancy Status Dur		Day Year Street Addres			Street Address	s								
[X] Facility Clo of Abatemen	sed/Vacated Dur													
[ ]Abatement Performed Outside of N						City, State,	Zip Code							
Hours - Describe: «OffHours Describe: Other Occupant			The Committee of the Co											
Scope of Work (Check						1			3-2	_				
scope of more (onco	c dir dide dppr						Containment wi	th Negative	e Pressu	ıre				
<pre>[X] &gt; 3 sf or &gt; 3 lf [ ] &gt; 160 sf or &gt; 260 lf</pre>							i-Enclosure rebag Procedure							
[ ]2100 31 (	or <u>2</u> 200 m		1.Demo.				riable Procedu	re						
Location	o of		Is ocatio			Description	on of		Aba	temer	E	Abe		
Asbestos-Containing			Normally Used			Asbestos-Con	taining	Amount	H.	R	NC	N C		
Material (ACM) TO BE ABATED			Solely By Main-			Material (i.e., thermal		(Specif	A W	P	A	L L		
In Facil		te	tenance/			sulation, surf		LF)	V	AI	P S U	S		
(13)	(13)			2)	(	or other misce	llaneous)	T(1)		R	ī	R		
Basement		Yes	No	N/A X	Dir	e Insulat	ion	60 LF	x			E		
Dasement						ler		36 SF						
				26	201	.101		30 51	_	$\vdash$				
Name of Registered V	Waste Hauler	N.T	DEP Wa	ste	Cul	oic Yards	Name of Regi	stered Lan	dfill	1 1				
AZTECH MANAG		На	uler I		1000	Waste 1.5	G.R.O.W.							
City, State		1	7040		Dis	sposal Date	City, State							
Montclair, NJ	07042				100000	1-29-13	Morrisvi	lle, PA	1906	7				
											0.000			
Completed By (Print	Addition also an an array of the first of the second of					Signature	7/1/		Date 8-19	-13				
Constantine V	ivian Pre	side	11 C			1 de	1.6 will-	<u>`                                    </u>	0-19					

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

Check # 8251

Date of Notification (1)			Name of Building Owner / Operator (2)  JP Morgan Chase & Co.											
August 19, 2013 Agencies Notified Type Notification			Street A		e & CO.	m E C								
EPA	EMERGENCY		148 Market Street				c 2 2 2013							
⊠DOL ⊠DOL	Initial Amended		ate & Zip ( on, NJ 07			J = 1 2010			X					
DCA	Amendment Cancellation	Name o	of Contact		ASBESTOS CONTROL & LICENSING			Telephone Number						
			Rande	e Carcano		LIGENSING								
			FAC	ILITY II	NFORMATI	ION								
Name of Facility When JP Morgan Chase Ba				Type of Facility (4) School (K-12)										
Street Address				Subchapter 8 (Other than K-12)										
148 Market Street			· ·	Other (i.e., private & commercial buildi					dings, home, etc.) Bldg. Age					
City (5)						50,000 2+				71				
Paterson					Current Bank	Current Use (Prior if being demolished)  Bank								
County (6) Passaic		County Code USE ONLY	(7)			- 10-20								
Name of Monitoring Firm Hired by Building Owner (8) PM Environmental				ASCM N		Name of Abatement Contractor (9) Synatech, Inc.								
Street Address					Street	Address								
170 Changebridge R City, State & Zip Code						dio Road tate & Zip Code								
Montvale, NJ 07045 Project Manager for M		To	ephone N	lumber	Little E	gg Harbor, NJ one Number		icense Numb	er					
William Mener	**************************************	973	3-479-647	5	609-29	609-296-6916 00817								
Scheduled Start Date (10)  August 21, 2013  Scheduled Completion Date (11)  August 28, 2013						of OSHA Monito ech, Inc.	r							
Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement						Address Idio Road								
Abatement P	erformed Outside of	Normal Hours				tate & Zip Code			77.00					
Other – Describe: Facility Occupied During Abatement						Little Egg Harbor, NJ 08087								
Scope of Work (Check	k all that apply)													
≥3 sf or ≥ 50 lf       Renovation          ≥160 sf or ≥260 lf       Demolition						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure								
Loc	ation of	Is Locati	on Norma	lly I Ised	De	Non-Exe	empted(*) and No	n-Friable Pro	from the same		ent	Туре		
Asbestos-Containing Material (ACM) Solely b TO BE ABATED Custo				ance or	Asbe: Ma	Asbestos-Containing Amoun Material (ACM) SF			nt (Specify or LF)					
IN Facility (13)					insulation	hermal systems on, surfacing, VA	T		ᆈ	_	Enc	m m		
					or othe	r miscellaneous	)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A					<u> </u>		ate	ē		
Exterior Sidewalk				x	Waterpr	Waterproofing Application 200 SF			Х					
	-													
Name of Registered Waste Hauler NJDEP V				Cubic Y	ards of Waste	of Waste Name of Registered Landfill					_			
Synatech, Inc.			0 No. 429			Grows Landfill								
City, State				Disposa	I Date									
Little Egg Harbor, NJ 08087					29, 2013	Morris	ville, PA							
Completed By Title				Signatu	2 is of	Date								
Rachel Andreala	Adm	inistrative As	sistant	1-K	(illus)	MILL	August 1	19, 2013						

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building			3 8 6				
8/19/2013			Sakoutis	Brothers Dispos	A E &>	9	5W		2
[ ] DEP [ ] Amer Amer [x ] DOH [x ] DOH	ation I Notification Inded Notification Inded Notification Indenent # Ingency (including Indexion) Indexion	Street Address  City, State, Zip Co  Name of Contact  John S		eck, NJ 07722	AUG lephénia sumber		2013 TBQI	-	
t j ber	FA	II CILITY INFORM	ATION					4	
Name of Facility Where Abatement is Taking Residence  Street Address 807 South Drive		CIDIT I INT CITA		Type of Facility (4)  [	School (k-12) Subchapter 8 (of Other (i.e., priva			ial buil	dings,
	County (6)	County Code (7)		Square feet	homes, etc.) # of Floors	Rida	. Age		
City	County (6) Ocean	(STATE USE ONL	Y)	1200 sf Current Use (Prior if Residence	1 being demolished			0	
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name of Al	batement Contractor		Tno			
N/A Street Address City, State, Zip Code			Street Addr City, State,	ess 1889 Ro	Contracting, ute 9, Unit 61	mc.			
10 ST 200 TO					ver, New Jers		55-12	271	
Project Manager for Monitoring Firm	Telephone Numbe		Telephone 1 732-349-	9932	License N 00624	umber			
Scheduled Start Date (10) 8/20/13	Scheduled Comple 8/21/13	etion Date (11)	Name of O	SHA Monitor E.M.S.L	. Analytical				
	only one) ed During Entire Period of A Outside of Normal Facility		Street Addr City, State,	1056 Ste	elton Road	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] & >3 \text{ sf or } \ge 3 \text{ lf} \\         [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} $		vation olition	[ ] [ ] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ıre		
						Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	Asi I (i.e ins	Description opestos-Conta Material (AC., thermal sysulation, surfa VAT, or er miscelland	ining M) stems acing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidir	ng		1200 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	er ID No.   Cubic Y	ards ofWaste	Name of Register	ed Landfill				
City, State		oosal Date 2/13	City, State	vn, Pennsylvania	7				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	101 -	Le l'allia	/	Date 8/19	9/201:	3	

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

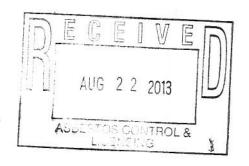
INICIIOIAS FEITHCUIA		orm for asbestos lice	nsure exem	pted activities.		] 3/19	, 201	0	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	1 L	// //		Date 8/10	/2013		
City, State Toms River, New Jersey	Dis	posal Date 2/13	City, Sta		,				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223	2777	ards of Wast	e Name of Registere T.R.R.F.	ed Landfill				
					-				
Exterior	^	ASUESIUS SIGI	пg		730 81	Λ			
Eutopion	YES NO N/A	Asbestos sidi	n o		950 sf	L		Е	Е
in facility (13)	Staff (12)	ins	sulation, sur VAT, o her miscella	facing, r	J. 21. )	O V A	I R	P S U L	O S U R
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Location Normally used Solely by Maintenance/Custodi		Description bestos-Con Material (A	taining CM)	Amount (Specify SF or LF)	R E M	R E P	Гуре Е N С A	E N C L
Scope of Work (Check all that apply) $ \begin{bmatrix}         ] >3 \text{ sf or } \ge 3 \text{ lf} \\         [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $	5 5	ovation olition	[ ] [ ] [ x ]	Full Containment v Mini-Enclosure Glovebag Procedur Non-Exempted (*)	re		re		
Occupancy Status During Abatement (Check			Street Ad	dress 1056 Ste te, Zip Code	elton Road ray, New Jerse	ey 088:	54		
Scheduled Start Date (10) 8/20/13	Scheduled Comp 8/21/13	letion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Project Manager for Monitoring Firm	Telephone Numb	per	Telephon 732-349	e Number	License N 00624				
City, State, Zip Code			City, Stat	te, Zip Code	ver, New Jers	200	755-12	271	
Street Address			Street Ad	ldress	ute 9, Unit 61				
Name of Monitoring firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor ( Guardian	9) n Contracting,	Inc.			
Lavallette	Ocean			Current Use (Prior if Marina	peing demolished	1)			
City	County (6)	County Code (7) (STATE USE ONI	_Y)	Square feet 1000 sf	# of Floors 1		. Age	0	
Street Address 202 Bryn Mawr A	venue			[x]	Other (i.e., priva homes, etc.)			al build	dings,
Residence	511400 (3)			[ ]	School (k-12) Subchapter 8 (ot	har than	J-12)		
Name of Facility Where Abatement is Taking	1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A	ACILITY INFORM	AATION	Type of Facility (4)					
	ellation	Mike	Colucci		SBESTOS COI	NTROI	- & \$		
[X] Emer	ndment # gency (including ication)	Name of Contact	Brick,	NJ 08724	AUG 2 2	STEEL	_ !		
[ ] DEP [ ] Amer	l Notification nded Notification	City, State, Zip C		verside Drive Nort			$\exists$		
Agencies Notified Type of Notifica		Street Address			E G E	V	E	M	
Date of Notification (1) 8/19/2013		Name of Building		rator (2) Ianagemen <del>t Proper</del>	ies E	1	2 2	28	 {3

MO#20613935283		NOT		1OIT		BEST	sey OS ABAT and 5:10			Eme	rgency	Not	ificat	ion
Date of Notification (1)			,, ,				/Operatory							_
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				0.000	ew Weish	117			⑩	Deph of Health	& Sepio	r Ser	vices	
Agencies Notified  REPA	Type Notification			Stree	t Address	IIN			M	OUV CIL	407	10/	1	-
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Ø DHSS	Amendment #	£	3	City,	State, Zip (	Jode			Da	ite: KHI/5	Time:	773	54	M
DCA	☑ Emergency (i		,	Willin	ngboro, N	0804	<u> </u>							1, 1
(NJAC 5:23-8)	justification)  Gancellation	nordon:		Name	e of Contac		ASSEST	OS CONTI CENSING	ROI	RTelephone Nu	umber			
		-			CILITY IN	NEODN	ATION		F					,
Name of Facility Where	Abetement is Takir	o Place	(3)	10	- I	at Olta	ATION	Type of Fa	rition	111				
Private house		· g · 1500	, (5)					School	1 . 3					
Street Address										8 (Other than K-	1-2)			
24 Middleton Lane								Other (	e.,	private and comm	nercial t	uildin	gs.	
City (5)								homes,				-		
Willingboro, NJ 0804	4							Square Fe	e(  .	# of Flagra	E	3ldg. /	Age	
County (6)	· · · · · · · · · · · · · · · · · · ·			Cour	nty Code (7)	CTATE	HOE DAILYS		1					
Burlington				Cul	ny code (1)	(SIMIE	USE CHILT)	Current Us	9 (P	rior if being demo	olished)			(15.95)
Name of Monitoring Firm	Hired by Building	Owner	78) 1	ASCM	No	/ Maran	of Alexander	1110000	1. **					
	,		(0)	AO O IVI	140.			ent Contract	or (9	))				
Street Address	-					-	ch LLC							
						1	Address						10000	
City, State, Zip Code							alley Rd f		Ļ.					
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Project Manager for Mon	itoring Firm		Tele	phone	No	Wayn	e, NJ 074'	70	ļ	Trees and				
			14/4	bunte	144,	1				License No.				
Start Date (10)	TSche	duled (	omole	tion Da	ate (11)		38-1777 of OSHA N	Anaitas	<u> </u>	01127				
08 / 17 /		08	_ 18			1		nontor pasultants, Ji	nc o					
Occupancy Status During	Abatement (Chec	k only	one)				Address		1	·				
☐ Abatement Performed	d Outside of Norma	Facilit	у Нои	s - Dos	scribe	20-21 City, 5	Wagaraw State, Zip C	Road, Bldg	¥ <u>,#</u>	34A	·		_	.,
Time of Abatement: _		.M/	PM		_AM	100000000000000000000000000000000000000	awn, NJ 0							
Scope of Work (Check al	that apply)					[X X - Z	Clean u	and decont	ami	nation				
12 23 Stor >3 If		€4 n					Full Con	tainment with	Ne	gative Pressure				
>3 st or >3 lf > 160 st or >260 lf			novati molitic			-	Mini-Enc		_	Tent with Negati	ne D			
		_				X	Nол-Ехе	mpted (*) an	d No	on-Friable Proces	dure	sule		
			Locat			1404			-				innt T	Vhe
Location Asbestos-Containing	of Material (ACRA)		Norma ad Sole			D	escription o	of				-		7
TO BE ABA			Intens		Asbe	stos Cor	ntaining Ma al systems	torial (ACM)		Amount	l g	ép	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Enclosure
IN Facili		Cus	todial :	Staff?	(1.0		acing VAT			(Specify SIF or LF)	Remova	Repair	Sde	SC
(13)			(12)		4		miscellane			Our di Li	<u>a</u>		Encapsulate	20
		Yes	No	N/A						_	- 1		a	1
Outside siding				X	Transite	Siding				1,000 SF	į.		In	П
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		<u> </u>		<u></u>					<u></u>					
			Ш											
Name of Registered Was	te Hauler	2000	NJI	EP Wast	e Havier ID No.	Cubic Y	ards of Wast	1		stered Landfill				-
Gr Tech LLC			1	03378	85	TE		T.R.R.F.						
City, State				77		Dispos	al Date	City, State	1				-	
Wayne, NJ 07470						TE	BD	Tullytown	n. P	A				
Completed By (Print or T	ype) Titi	8	-			A	ignatur	4	-		Date		-	-
N.Jevtic	Ou	ner					18	he .	6	and !	08/16/2	012		
A\$8-41							1/50	4 01	-	1	30/10/2	013		

\* Do not use this form for ashestos licensule exempted activities:

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				it to None				Шг	7)	15	(C)	F		W/	5 1	200
Date of Notification (1) 08/15/13 CK# 2777 \$200				of Building Lee Boa					们	1-		1-9	<u> </u>		7	
Agencies Notified Type Notifica	tion		100000000000000000000000000000000000000	Address Lemoin	e Aven	ue		14	Ш	A	UG	2 2	2 20	013		L .
DEP Amende				tate, Zip C		2-0/20		+	L							
DOL Amenda	nent # ncy (includir	na		Lee, Nev		y 0702	4		A	ASBE	1 7.5	100	1		&	
DOH justificat	ion)		A STATE OF THE STA	of Contact L. DeNic	(Contract)				_	Tele	phon	e Nur	nber			-
Cartella	1011	+	To a serious succession of the serious	CILITY INF	SCOMMON SCORES	ION							_			
Name of Facility Where Abatement is T	aking Place	(3)		JILII I IIVI	OKINA	1014	Type of F	acilit	y (4)		-					
Fort Lee School #1 Street Address	-						X Sch	ool (K	(-12)							
250 Hoym Street	-						Othe	er (i.e )	er 8 (	(Other ate &	comi	n K-12 merci	?) al bui	ldings	, hon	nes,
City (5) Fort Lee, New Jersey 07024							Square F 20,000	eet		# of F 10	Floor	s		Bldg.	Age	
County (6) Bergen			County (STATE	Code (7)	n		Current L School	Jse (F	rior it	f being	g der	nolish	ed)			
Name of Monitoring Firm Hired by Build Karl & Associates Inc.	ing Owner (i	B)	ASC	M No.		Name Lilich	of Abatem Corpora	ent C ation	ontra	ctor (9	9)					
Street Address P.O Box 645							Address AcBride	Aver	nue							
City, State, Zip Code Shillington, Pennsylvania 19607		-800					tate, Zip C dland Pa		lew :	Jerse	ev (	7742	4			
Project Manager for Monitoring Firm Mike Krisher				one No. 56-7700		Teleph	one No.			TI		se No				
Start Date (10) 09/03/13	Schedu 10/03	iled Co /13		Date (11)		Name	of OSHA M	Monito								
Occupancy Status During Abatement (C							Address	TOTILO	ai La	ns.					-	
Facility Closed/Vacated During Enti Abatement Performed Outside of N	re Period of ormal Facili	Abater ty Hour	ment s			2333	Route 2		est							
Other – Describe: 7AM - 11PM							, New J		y 07	083						
Scope of Work (Check All That Apply)	-					Primer	9									
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	PRODUCT	Renova Demoli				×	Full Cor Mini-En Gloveba Non-Ex	closu ag Pro	re ocedu	ıre						
	1:	s Locat	ion						T			nau.		Abate		
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Des	cription	of							Ту	pe .	
TO BE ABATED In Facility (13)		aintena stodial ( (12)		Asbes (i.e.	thermal surfac	aining Ma systems sing, VAT siscellane		M)		Amo (Spe SF or	ecify		Remova	Repair	Encapsulate	Enclosure
10100110051 5	Yes	No	N/A												te	Ф
104SGI103Electric,Reading/Spea	ach	X				ite Pan				34	4		Х			
All purpose room	X			Trans	ite Pan	els			5			х				
Office	X			Trans	ite Pan	els			8			Х				
105/Store room		X				ite Pan				6		- 1	Х			
Name of Registered Waste Hauler Lilich Corporation		H	IJDEP W lauler ID 3724		Oubic Yof Was		4			stered Lan						
City, State Voodland Park, New Jersey 0742	24				Dispose 10/07/			, Stat		Peni	nsv	/anis		-10.555		-
Completed by atiana Kalenikova	Title Vice	Presid	dent		Sig	gnature	ara /	7	- 1			Date		3	_	$\dashv$
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landa d		Locatio		Description of			Abate	emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosule
	Yes	No	N/A			=		ate	e
101, Bathrooms, 102 & SGI		X		Transite Panels	20	Х			F
	1					-			+
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### State of New Jersey NOTHICATION OF ASSESTOS ABATEMENT (Personnet to NJAC 2:58 and 12:128)

4622

	Manne of Building	Owner/Operator (	2)		- n r			_
8-19-2013	A. CA	ROTA		) E C		<u> </u>	7	_
8-19-2013 Against Notified Type Notification	Otrach Addresses		1.100					
	529 W	YOMIN G	HUENDE	AUC .	2 2 00	110	Ti	
D DEP D Amended	(A) (1 2 )	en, NZ	0702	AUG :	2 2, 21	) 3	11	=
© DOL	Name of Contact	2 .		Telephone Num	aber .		i	
S DOH Inspection	A. CAR	OTA			813315.75	a bidge A	_	-
G SCA	FACILITY INF		,		NSING			_
Najao of Facility Whose Abstracts is Taking Place (5)	•	•	Type of Facility (	9				
A CAROTA	, ,		C School (K-12)	ACRES STATE NAME AND ADDRESS OF THE PARTY AND	a .			
Street Address		÷ .	2 Oher (i.e. pri		al buildin	gs,		
529 WyominG AVENUE			(tours, etc.)	&of Roots	Bidg.	Ago		
Cay Sh			1200	2	87.	429	S	
MILLIBORN,	Country Codn (7	STATE USE	Comment Use (Pa	er If being doons	lished)			
FSSEX	ONEY)	•	RESIDE	ice	•			
	Old No.	1	net Controlor (5)					
		Best R	emoval II	ac				-
Street Address	· 1	Street Address	River St					
City, Statis, Zip Code		Cily State Zin C	terdin ·					
			sack, N.	J. 07601				_
Project Manager for Manholog Film Telep	hone No.	Telephone No. 201-329-	71.1.1.	General No. 00388				
Stand Date (16) Schied Lind Completion	Roda (11)	Mana affecta	March 18					$\neg$
9-10-13 9-11-13		Omega En	vironmen	tal Inc				
Occupancy Status During Abahanast (Check only one)		Street Address	100 00					
Co Pacifity Classic Versiand During Entire Pariod of Alexans Complement Parisment Country of Normal Pacifity Hours	ent	280 Huy						-
Characterist Performed Counts of Normal Pacifity House Characterist 3 A.M. 5 P.M.		South F	ackensacl	k. N.J.	0760	6		a de la constante de la consta
Scape of Wast (Check all that apply)			a Nivinet with a					
B234925F	<b>II</b> Renovation	10 HE-6-1	Finely Comp		•			Matheway
D2100 of or 250 F	© Gernoliton	13 Nove	Purcedare Purce straight said	Nein-Prinklo Pto	codece			_
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Authorities Combining Matherial (#CSA)	- Asbes	ans Costai ing illa (nomani sycianis	SELECTION .	Specify		3 3	1	8
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						-	8	
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BASEMANT/CRAWL SPACE	X THEA	ngl 110 socia		7,00			П	П
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Best Removal Inc 171		14440	Minerva					
(C) (S)		Disposal Extra	POST CONTRACTOR	urg , Oh	ı			
Hackensack, R.J. 0/601		9-11-13	NE PERSON	45 9 02	Date			4
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R. VELDRAN ESTIMATOR		V Successive	ir k Marjoritanayina saanaan		0			لـــــا

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Date of Notification (1) 08/15/13 CK# 2773 \$200		Name of Linden	Building O	wner/Op	erator	(2)		AIIG	2 2 21	013				
Agencies Notified Type Notification		Street A	ddress wer Roa	d						0.0	1			
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Emergency (including justification)  DCA  Emergency (including justification)  Cancellation	ig		Contact /enditto					Tele	ephone N	lumb	er		S	
DCA Cancellation			LITY INFO	RMATIO	N			1			_		\$1	
Name of Facility Where Abatement is Taking Place	(3)					Туре	of Facility (	4)	192000					
Linden DPW Street Address							chool (K-1 ubchapter		er than K	-12)				
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City (5) Linden, New Jersey 07036						Square 10,00	e Feet	# of 2	Floors		5.5	dg. A	ge	
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Union  Name of Monitoring Firm Hired by Building Owner	(0)	ASCN			Nome		c Works ement Cor							
Detail Associates	(0)	ASCI	1 NO.		Lilich		oration	iliacioi	(9)					
Street Address 300 Grand Avenue	0 Grand Avenue													
City, State, Zip Code Englewood, New Jersey 07631												•		
Project Manager for Monitoring Firm		Telepho				none No			License					
Stephen J Start Date (10) Schee	duled Co	mpletion	59-6708 Date (11)			of OSH	A Monitor		01104					
08/29/13 09/0		p.ouo	- a.o (11)				nmental	Labs						
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Ye	s No	N/A									=		ate	e)
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Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic \ of Was			Name of			dfill				
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City, State Woodland Park, New Jersey 07424  Disposal Date 09/06/13  City, State Morrisville, Pennsyvania														
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rauaria Naieriikova VII	ce Pres	sident			ela	Chr	1 Con	M	2	UØ/	10/1	<u> </u>		

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Lisa Coster Private Home 8/20/13 Agencies Notified Type Notification Street Address AUG 22 2013 1815 Waverly **EPA** Initial City, State, Zip Code DEP Amended × Amendment # Long Beach Twp. NJ 0800\$ DOL ASBESTOS CON Emergency (including LICE Telephone Number Name of Contact justification) DOH Lisa Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Lisa Coster Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1815 Waverly etc.) City (5) Square Feet # of Floors Bldg. Age Long Beach Twp. NJ 08008 1000 +1.5 35 +County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) Home Ocean Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pernaco Inc. Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 856-753-9800 00727 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 9/13/13 Same 9/4/13 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) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure × Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify Removal TO BE ABATED (i.e. thermal systems insulation, Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 1600 SF Exterior Siding x **Exterior Siding** X NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S. United Containers 22459 Disposal Date City, State City, State

8/26/13

Signature

Title

President

Date

8/20/13

Morrisville PA 19067

Completed by

Anthony T Perna

Elm NJ

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lame of Facility Where Ab Davis School Street Address 3425 Cramer St	atement is Taking I	Place (3)					Type o	of Facility (4) school (K-12) subchapter 8 other (i.e. privetc.) e Feet	(Other	than K-12) commercial l		gs, ho		
City (5) Camden NJ 08105							1000		2 if bein	a demolisher	354			_
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Name of Monitoring Firm I	Hired by Building O	wner (8)		ASCM N	io.		lame of Abar Pernaco Ir	tement Contr	actor	(9)		•		
Street Address							Street Address PO Box 32	29						
City, State, Zip Code					).	(	City, State, Z West Berli	ip Code in NJ 0809	91					_
Project Manager for Moni	toring Firm		T	elephone	No.		Telephone N 856-753-9			License No 00727	ic C	20		
Start Date (10)		Scheduled 8/26/13	Com	pletion Da	ate (11)	100	Name of OS Same	HA Monitor						
8/21/13 Occupancy Status During							Street Addre	ss						
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United Containers			3.55	Hauler ID 22459	NO.	5	sal Date	G.R.O City, Sta		•				
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County (6)			ounty C	ode (7) SE ONLY)			or if being demolis		11.		
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Project Manager for Monitoring Firm	L	11 32		758-3365	609 758			83	19	4	
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Completed by	Title				Signature	CI		Date	10	17	
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Date of Notification (1)		Na C	ame of B	uilding Own Developr	er/Opera ment G	tor (2	2) o,LLC	M	AHC	2 2 20	)13		$\parallel$	
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Brick, NJ 08738 County (6)			County C	ode (7) SE ONLY)			Current	Use (Prior	if beir	ng demolishe	d)			
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Street Address					S	treet	Address							٦
<u> </u>					0	ity, S	State, Zip	Code	730					
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Project Manager for Monitoring Firm			Telephor	ne No.	2	201-	333-88	355		01174				
Start Date (10) 8-20-2013	Scheduled 8-31-20		mpletion	Date (11)				A Monitor olutions,l	LLC					
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Name of Registered Waste Hauler Rovic Transport			Hauler 20785	ID No.	of Was		70	1		nagement				
City, State					Dispos 8-28-			City, St Bethle		, PA				
Riverdale, NJ Completed by	Title				1	Signa					Date 3-19-2	2013		
Liliana Serrano.	offic	e m	anager		1	74		where					20 30	200

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 ANNUAL NOTIFICATION Date of Notification (1) Name of Building Owner / Operator 13 J.C. McElrov 90 20 Street Address AUG 22 2013 Type of Notification Agencies Notified 91 Ethel Road City, State, Zip Code Initial **EPA** 7 Amended Piscataway, NJ 08855 V DEP SBESTOS CONT Name of Contact Telephone Number 2 DOH Amendment # DOL Emergency w/ justification J.C. McElroy DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Vacant Building School (K-12) Subchapter 8 (Other than K-12) Street Address 1 Other (I.e., private & cmmercial 417 Comunipaw Avenue bldgs., homes, etc.) # Of Floors **Building Age** Square Feet City (5) County Code (7) County (6) 7,500 Hudson Jersey City Current Use (Prior if being demolished) 60+ Storage Facilty ASCM NO Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) GNPATP Environmental, LLC Slavco Construction Inc. Street Address Street Address 34 South Middletown Avenue 164 Getty Avenue City, State, Zip Code City, State, Zip Code Middletown, NJ Project Mngr. For Monitoring Firm Telephone Number Clifton, NJ 07011 Jerry Pica 732-673-6396 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 09 973-478-4848 00724 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) Facility Closed/Vacated During Entire Period of Slavco Construction Inc. [] Street Address Abatement Abatement Performed Outside of Normal Facility 164 Getty Avenue Hours - Describe: City, State, Zip Code 1 Other - Describe: Mon - Sat 7:00 am to 3:30pm Clifton, NJ 07011 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Demolition П Renovation 7 Mini - Enclosure >3sf or >3lf Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure 7 Description of Location of Abatement Type Asbestos - Containing Asbestos Containing Location R N Normally Material (ACM) Amount E R Material (ACM) C С E (I.e., thermal systems (Specify M TO BE ABATED Used L 0 P insulation, surfacing, VAT, SF or LF) Solely in Facility 0 or other miscellaneous) V A (13)by Mains s 1 A tenance/ U R Custodial Staff (12) YES NO N/A 7,500 SF Mixed Debris 7 Roofing & 1st Floor Cu Yd Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Waste I.E.S.I Bethlehem Landfill 04509 Newark Carting TBD Disposal City. State City, State Date Bethlehem, PA Newark, NJ TBD Date Completed by (Print or Type) Title Signature

OFFICE MGR.

August 2013

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ASB-41

Vivian Jurcevic

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 8/19/13 Helene Lodge Private Home Street Address Agencies Notified Type Notification 139 North Spinnaker Drive **EPA** Initial ASBESTOS CONTROL & City, State, Zip Code Amended DEP LICENSING × DOL Amendment # Little Egg Harbor NJ 08087 Emergency (including Telephone Number Name of Contact × DOH justification) Helene DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Helene Lodge Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 139 North Spinnaker Drive etc.) Square Feet # of Floors Bldg. Age 1000 +35 +Little Egg Harbor NJ 08087 2 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) 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 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 856-753-9800 00727 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 9/2/13 9/10/13 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 Demolition Mini-Enclosure ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure

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Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459	State of the state	Cubic Yards of Waste 3	G.R.O	Registered Landfil .W.S	II .			
City, State Elm NJ				2000	Disposal Date 9/10/13	City, Sta Morris	te ville PA 19067				

Title

President

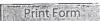
Signature

Anthony T Perna

Completed by

Date

8/19/13



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Margaret Dougherty Private Home 8/19/13 Street Address Type Notification Agencies Notified 1607 Scott Ave Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & Amended DEP LICENSING Cape May NJ 08204 × Amendment # DOL Emergency (including Telephone Number Name of Contact justification) × DOH Margaret Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Margaret Dougherty Private Home School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 1607 Scott Ave # of Floors Bldg. Age Square Feet City (5) 35 +1000 +Cape May NJ 08204 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Home Cape May Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 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 856-753-9800 00727 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Same 9/3/13 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 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure X Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A No Yes 700 SF Floor Tile X Through Out Name of Registered Landfill Cubic Yards N.IDFP Waste Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S United Containers 22459 3 Disposal Date City, State City, State Morrisville PA 19067 9/10/13 Elm NJ Date Signature Completed by 8/19/13 President Anthony T Perna

State of New Jersey

Date of Notification (1)

Date of Notification (1) 8/19/13		•			uilding Owr Ion Priva			2)	DE	G		L			
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☑ DOH	Emergency (in justification)  Cancellation	cluding	1 22	ame of C atty						Telepi	none Numb	er	<u></u>		
Name of Facility Where All Patty Belon Private I	batement is Taking Home	Place (3)		FACILI	TY INFORI	MATIC	ON	☐ Sch	Facility (4)	)	than K-12)				
Street Address 16 Glenn	to the							Oth etc	ner (i.e. pri .)	vate & c	commercial		ngs, h g. Ag	122	
City (5) Manahawkin NJ 080	50							Square 1000 +	-1	# of F		35			
County (6) Ocean			(S		E ONLY)		_	Home	925		demolishe				
Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCM I	No.			of Abater aco Inc	ment Cont	ractor (9	)) 		•		
Street Address								Address Box 329	1						
City, State, Zip Code								tate, Zip t Berlin	Code NJ 0809	91					
Project Manager for Moni	itoring Firm		T	elephon	e No.			none No. 753-98	00		License No 00727				
Start Date (10) 8/20/13		Scheduled 8/23/13	Comp	oletion D	ate (11)		Name Sam		Monitor						
Occupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	eriod of Al	oateme	ent				Address State, Zip							
Other - Describe: Scope of Work (Check A									-						
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Completed by Anthony T Perna		Title Pres	ident				Signato	ire)	7		41 3753	ate /19/1	3		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

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	_			Name of	Building Owner/Operato	r (2)	D) E C		-	-	1
8-/9-/3 Agency Notified Type Notification			- L	Street Ad	THE PROPERTY OF THE PROPERTY O		D) - AUG	2 2 2	0113		
DOH	☐ Artist ☐ Amended Amendment # ☐ Emergency (including justification) ☐ Cancellation	)	ì	City. Stat	649 CA e. Zip Code Socuell & Contact PNOREA		ASBESTO Telephone Num	S CON	TRO		Se .
FOR THE SECOND STREET, THE PARTY NAME AND THE PARTY.	1			FACILIT	Y INFORMATION			_	-	~	
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Howe	. 11						* di Padois	Bidg.	age Z		
County (6)	11			County C	ode (7) (STATE USE		rior if being demoli		æ. 		
Name of Mandarina Eire	n Hited by Building Owner	A	8C14	No	Name of Abste	ment Contractor (	DENCE				
(8)	THE STATE OF THE S				1 ^ -	Insula	tion Co	In	ے	<u> </u>	
Street Address					195 m	ontroso	2 Rd				
City, State, Zip Code					City, State, Zip		1.5.07	6.6f		*	
Project Manager for Mo	nitoring Firm	Tele	phon	e No	Telephone No.	4-1757	DDDA	9			
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868 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) August 20, 2013 Port Authority of NY & NJ 2 2 2013 Agencies Notified Type Notification Street Address 1160 Expressport Plaza, Ste 7 EPA Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & X DOL Amendment # Port Elizabeth, NJ 07201 LICENSING Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Resident Engineer FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ESSEX CEMENT/TITAN AMERICA School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 178 &179 MARSH ST. City (5) Square Feet # of Floors Bldg. Age PORT NEWARK, NJ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Buildings Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. AET The MACK Group, LLC. Street Address Street Address 907 Doolittle Drive 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code Bridgewater, NJ 08807 Cherry Hill, NJ 08034 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. (908) 218-1108 (973) 759 - 5000 00781 Eric Houseknecht Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/9/13 12-31-13 The MACK Group, LLC. Occupancy Status During Abatement (Check Only One) Street Address 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? Repair surfacing, VAT, or In Facility SF or LF) (12)other miscellaneous) (13)N/A Yes No 1,060 sf 6 designated locations fireproofing 2 locations thermal system insulation 70 If maintenance shop cement board panel 280 sf 750 sf corrugated metal roof roof caulk Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Newark Carting 4509 Tullytown Landfill 216 Disposal Date City, State City, State 12-31-13 Newark, NJ Tullytown, PA Signature Date Completed by Title 8/20/13 Mike Cooper President

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT