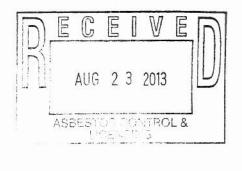
Ch Deall

,40				(Pur	suant	to NJAC	8:60 and 5:16	5)			1///	E I	\	
Date of Notification (1)				1	Name o	f Building	Owner/Operator (2	2)			12		1	П
8_ / _	15 /	13				ian Partr		7.5						
Agencies Notified	Type Notificati	ion			Street A	Address				AUG 23	2013		/	
⊠ EPA	☐ Initial				1745	Shea Ce	enter Drive, Sui	te 190						
□ DOLWD				(City, St	ate, Zip Co	ode					لـِــ		
□ DHSS	Amendmer	100			200		nch, CO 80129		A	SBESTOS COI LICENSII		_ &		
DCA (NUAC 5:23 %)	☐ Emergency justification		uding	1	0.000	of Contact		¥		relephone Numb	er			
(NJAC 5:23-8)	☐ Cancellation				Deni	nis Quere	eux		1					
					FAC	ILITY INF	ORMATION	32			40.6			
Name of Facility Where	Abatement is Ta	king F	Place (3)				Type o	of Facility (4))				
							**		nool (K-12)	Other than K 12\				
Street Address										Other than K-12) ate and commerce	cial bui	Idinas	S.	
1050 State Street									mes, etc.)	ato and sommer			- F	
City (5)	102							Square	e Feet	# of Floors	Bld	g. Ag	е	
Perth Amboy								150	,000	1	1	01		
County (6)					Count	v Code (7)	STATE USE ONLY)	Currer	t Use (Prior	if being demolis	ned)			
Middlesex						, , ,	00 - 400 C For the state of the	Wai	ehouse					
Name of Monitoring Firm	Hired by Buildi	na Ov	vner (8	3) A	SCM N	No.	Name of Abatem	ent Con	tractor (9)					
CArdno ATC				'		2000	USA Environ	menta	I Managen	nent, Inc.				
Street Address		-	-		2-1-1-		Street Address							
104 E. 25 th Street,	10 th Floor						8436 Enterpr	ise Av	enue					
	10 11001			A			City, State, Zip C						-	-
City, State, Zip Code	10						Philadelphia		1153					
New York, NY 100				Talan	bana N	lo	Telephone No.	, , , , ,	7,00	License No.			-	_
Project Manager for Mor	nitoring Hirm				hone N 2-353-		215-365-5810	1		1156				- 4
Fred Burkhardt							Name of OSHA N			1130				_
Start Date (10)					ion Dat		USA Enviror		I Managar	mont Inc				
_5 / _20 /		- Post	G001/2-		_ / _	13		menta	i wanagei	ment, mo			-	
Occupancy Status Durin							Street Address							
☐ Facility Closed/Vaca							8436 Enterp		enue					
Abatement Performe							City, State, Zip C							
Time of Abatement:	7:30 AIVI-5:30F	-IVI/		IVI	Aivi		Philadelphia	, PA 19	9153					
Scope of Work (Check a	all that apply)						N - 110-		atith None	stive Pressure				
≥3 sf or ≥3 lf		1	☐ Rei	novatio	nn.		⊠ Full Cor ⊠ Mini-En		nt with Nega	ative Pressure				
\(\sum_{\geq} \) ≥3 \$1 or ≥3 11 \(\sum_{\geq} \) ≥160 sf or ≥260 if			☑ Der					g Proce	edure	200000000000000000000000000000000000000				
							⊠ Non-Ex	empted	(*) and Non-	-Friable Procedu				
			0.000	Locati							Ab	atem	ent T	уре
Locatio	8 F1 (F1)	. 1		Iormal d Sole		A - b -	Description		A CRAN	Amount	Re	Repair	E	En
Asbestos-Containing TO BE AB)		intena		(i.e	stos Containing M ., thermal systems	insulat	ion,	(Specify	Removal	pair	cap	Enclosure
IN Fac			Cust	odial S	Staff?		surfacing, VA	T, or		SF or LF)	<u>a</u>		Encapsulate	ure
(13)		1		(12)	T NI/A	1	other miscellan	eous)					fe	
		_	Yes	No	N/A			-			-			
SEE ATTACHED SH	IEET												Ш	
										52				
Name of Registered Wa	aste Hauler				JDEP '		Cubic Yards of	Nar	ne of Regist	tered Landfill				
Service Transport	t Group/Unite	d Tru	ıcking	9 H	2099	D No. 0/22843	Waste 200 cy	IV	linerva La	ndfill				
City, State					2000		Disposal Date	100000	, State					
New Castle, DE/M	ariton, NJ						8/31/2013	V	/aynesbur	rg, OH				
Completed By (Print or	Type)	Title					Signature	11	2	D	ate /	111	1-	
Dilip Kumar		P	rogra	m Ma	nager		Del	Way	Kina	2	8/	W//	13	

					MEG	EIW	17
		8			[D], <u>5 6</u>	<u> </u>	<u> </u>
							f
Location of Asbestos-		ion Normal		Description of ACM (i.e.	Amount (Specify SF or F)	<u>Abatement T</u>	ype
Containing Material (ACM) in Facility (13)		y Maint./Cu Staff? (12)	ustodial	thermal systems insulation, surfacing, VAT, or other			
iii i aciiity (15)	YES	NO NO	NA	miscell.)	L ASSESSE	4	Encap Enclose
Building 10			х	Flashing Top and Bottom	400 SF ASBESTO	S CX/ILIFOL	. & J
Building 21			X	Pipe INsulation Window Caulking	200 LF	X	
Building 21 Building 21			X	Roofing, Tar Roofing	7000 SF	x	
Building 22			X	Wall Plaster (top)	800 SF	x	
Building 22			Х	Pipe INsulation	20 LF	X	
Building 22			Х	Transite Roof	3000 SF	X	
Building 23			X	Exterior Wall Coat Tar on Wall	400 SF 200 SF	X	
Building 23 Building 23			X	Roofing Debris on floor	400 SF	x	
Building 23			X	Pipe Insulation	700 SF	×	
Building 23			Х	Pipe Elbow	20 LF	x	
Building 23			Х	Pipe Insulation	340 LF	X	
Building 23			X	Roofing Tar Floor tiles	11000 SF 1350 SF	x	
Building 30 Building 30			x	Mastic	2000 SF	x	
Building 30	1-1100-100 I		X	Window Putty	2000 LF	x	
Building 30			Х	Radiator Shield	80 SF	x	
Building 30			X	Oven Insulation	2000 SF	X	
Building 30			X	Panel Insulation Pipe Insulation	4 SF 820 LF	X	
Building 30 Building 30	-		x	Circuit Breaker Board	30 SF	×	
Building 30			X	Caulking (metal shed)	100 LF	х	
Building 30			Х	Tar Debris (middle section)	800 SF	x	
Building 30			Х	Transite board on ground	20 SF	X	
Building 30			X	Transite board Back boards in panel	320 SF 20 SF	X	
Building 30 Building 30			X	Break pads	2 SF	x	
Building 30			X	Window Putty	300 LF	x	
Building 30			Х	Roofing/flashing	20000 SF	x	
Building 33			Х	Transite panels	1000 SF	X	
Building 33			X	Flashing Cap Flashing	2000 SF 500 Sf	X	
Building 33 Building 33		1	X	Transite pipes	250 LF	x	
Building 33			X	Exterior Coating	1000 SF	x	
Building 33			Х	Elbow Insulation	20 LF	X	
Building 33			X	Paper under fuses	2 SF	X	
Building 33 Building 33		=======================================	X	Pipe Insulation Roofing/flashing	200 LF 18500 SF	X	
Building 33			x	Tar under wood frame	300 SF	x	
Building 33			Х	Window caulking	1000 LF	х	
Building 33A			Х	Floor tile	600 SF	X	
Building 33A			X	Cap flashing Caulking around metal tank	400 LF 20 LF	X	
Building 33A Building 33A			X	Exterior Coating	2000 SF	×	
Building 33A			X	Elbow Insulation	2 LF	x	
Building 33A			Х	Mortar of oven bricks	800 SF	x	
Building 33A			X	Door putty	12 LF	X	
Building 33A			X	Roof Membrane Transite	7400 SF 60 SF	X	
Building 33A Building 33A			X	Window caulking	300 LF	x	
Building 33A			X	Window Putty	600 LF	x	
Building 34			X	Flashing & transite roof	1500 SF	x	
Building 34			X	Window Putty	1000 LF	X	
Building 38			X	Back board (electric box) Window caulking	5 SF 200 LF	x	
Building 38 Building 38			x	Tar on wall	20 SF	x	
Building 38			Х	Transite debris	100 SF	x	
Building 38			Х	Transite tars	21200 SF	X	
Building 38			X	Window putty	200 LF	X	

Building 41	X	Electric breaker board	6 SF	х	
Building 41	X	Caulking (@roof beam)	1200 LF	x	
Building 41	X	Exterior coating	3000 SF	X	
Building 41	X	Mastic on wall	300 SF	X	
Building 41	Х	Skylight putty	4000 SF	X	
Building 41	X	Window putty	900 LF	х	
Building 41	X	Roof	45000 SF	x	
Building 41	X	Transite panels debris	3000 SF	х	
Building 41	X	Window caulking	300 LF	x	
Building 41	Х	Floor tile and mastic	80 SF	X	
Building 42	Х	Floor tiles	5000 SF	х	
Building 42	X	Block pipe insulation	400 LF	X	
Building 42	X	Breaker panel board	5 SF	x	
Building 42	X	Caulking with transite siding	1000 LF	x	
Building 42	X	Caulking @ beam	1000 LF	x	
Building 42	X	Exterior coating	800 SF	x	
Building 42	Х	Door caulking	16 LF	x	
Building 42	Х	Panel backboard	1 SF	x	
Building 42	X	Skylight putty	2400 LF	x	
Building 42	X	Tar over exhaust duct	100 SF	x	
Building 42	X	Transite siding	7000 SF	x	
Building 42	X	Paper insulation	310 LF	x	
Building 42	X	Flashing	1000 SF	x	
Building 46	X	Exterior coating	4000 SF	x	
Building 46	X	Door caulking	60 LF	x	
Building 46	X	Debris (transite)	200 SF	X	
Building 46	X	Mastic on metal windows	8 EA	x	
Building 46	X	Transite siding	4000 SF	x	
Building 46	X	Window glazing	20 SF	x	
Building 46	X	Flashing (North high roof)	8000 SF	x	
Tank shed	X	Flashing	20 SF	x	
Shed next to gate	X	Flashing	40 SF	x	
Shed next to gate	X	Floor tile and mastic	40 SF	x	
Building 9	X	Transite roofing and siding	14500 SF	x	
Building 9A	Х	Tar on wall	20 SF	x	
Building 9A	X	Transite roof and siding	11000 SF	X	
Building 9A	X	Wall caulking	10 LF	x	
Tank Farm	X	Transite	132 SF	X	
Tank Farm	X	Pipe Insulation	32 LF	X	
Rear of Property(behind Bldg. 46)	Х	Debris	8 CY	x	
	Х			х	



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of	Building (Owner/Ope		ntractors, I				1 -				
Lagrania de la companya de la compan	8/20/2013						A to Z	She Co			WA	3 D.	83	
Agencies Notified [X] EPA		l Notifica			Street A	ddress	940 Pa	ırk Aver	nue (F					
[] DEP [x] DOL	Amer	nded Noti ndment #_ gency (in	_		City, Sta	ate, Zip Co	de Lakew	ood, Ne	w Jersey 0	AUG 23 2	013		7	
[x] DOH	justif	ication) ellation			Name of	f Contact Irving	Perlstein		ASi	Elephone Number BESTO LICLINGIIVO		力		
[] =				FACI	I YTLI	NFORM	ATION			LICENSING				
Name of Facility Where A	batement is Takin	g Place (3	3)			111 0141		Type of	Facility (4)	School (k-12)	A 1909-0-111-0-1			
Street Address									[] [x]	Subchapter 8 (of Other (i.e., priva			انسا اما	dings
586	Ocean Avenu	e		0						homes, etc.)			iai ouii	umgs,
City		County	(6)		County C	Code (7) USE ONL	Y)	Square 10	feet 00 sf	# of Floors	Bldg	g. Age 6	0	
Lakewood		Ocean	n							beingdemolished ce)			
Name of Monitoring Firm		Owner (8)		ASCM N	lo.	Name of	Abatemer	nt Contractor		Inc			
N/A Street Address	1						Street Ad	ldress			7.			
City, State, Zip Code							City, Star	te, Zip Co		oute 9, Unit 61	i		71	
			T. 1. 1.	N. 1				•	Toms R	iver, New Jers			271	
Project Manager for Moni	toring Firm		Telephone	Number			732-34	ne Number 9-9932		00624	vumber			
Scheduled Start Date (10) 8/21/13	Completion 3	on Date (11)	Name of	OSHA M		. Analytical							
Occupancy Status During	Abatement (Check lity Closed/Vacate			iod of Aba	atement		Street Ac	ldress	1056 Ste	elton Road				
	tement Performed						City, Sta	te, Zip Co						
[] Othe	er – Describe						.,,			vay, New Jerse	ey 088	54		
Scope of Work (Check all	that apply)						[]			with Negative Pre	essure			
[] >3 s	for≥3 lf		f]	Renovat	tion		[]		-Enclosure ebag Procedu	ire				
[x] ≥16	0 sf or ≥260 lf		[x]	Demolit	ion		[x]	Non-	Exempted (*)	and Non-Friable	Proced	ure		
						-					Abat	ement	Туре	
Location	of		Is Location ormally u				Description bestos-Con			Amount	R	R	Е	E
Asbestos-Containing M	faterial (ACM)		Solely by	7		N	Aaterial (A	CM)		(Specify SF	E M	E P	N C	N C
TO BE ABA in facility		Maint	enance/Cu Staff	ıstodial			, thermal :			or LF)	0	A I	A P	LO
(13)			(12)				VAT, o	r			V	R	S U	SU
	N/A		otn	er miscella	aneous)			A L		L E	R			
Exterior			X	Ι	Asbe	stos sidin	ıg			1000 sf	X			
N. CD is IWest	TT1		JDEP Was	to Maular	ID No.	Cubia Va	rds of Wast	a Nan	ne of Register	ed I andfill				
	ntracting, Inc.	IN		0223		3		T	R.R.F.	cu Lanumi				
City, State Dispose 8/23/1					al Date		City, Sta Tullyte		nnsylvania					
Completed by (Print or Type) Title					Signat	ure	1 28	7	. /		Date	0/2013	3	
Nicholas Feri	Nicholas Fernicola Nicholas Fernicola *Do not use this for							- j &	vition.		0/20	01201.		



CHECK # 20223

Date of Notification (1) 08/19/2013					f Building Owner on Communic		r (2)	2					-	-	2
Agencies Notified	Type Notification		- 1	Street A	ddress idden Ridge					U	lec.				
EPA DEP X DOL	Initial Amended Amendment # Emergency (including justification) Cancellation here Abatement is Taking Place (3) reet Firm Hired by Building Owner (8) Intal Inc. Urch Street Be J 08057 T Monitoring Firm Scheduled Co 09-20-13 During Abatement (Check Only One) Wacated During Entire Period of Abate rformed Outside of Normal Facility Houlbe: eck All That Apply)			City, Sta	ite, Zip Code TX 75038				de Lj	VL1			di di		
☑ DOH DCA	justification)	ncluding			f Contact etrovay			53	_	ephone l	Numb	er) (°;	24	
Name of Facility Where	Abatement is Taking	Place (3)	FACI	LITY INFORMA	TION	Туре	of Facility (4)					-	
Street Address 1196 Grand Street	DEP DOL Amended Amendment # Emergency (including justification) Cancellation DOH						×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			build	dings,	home	es,
City (5) Elizabeth								re Feet	# of	Floors		B 4	ldg. A	ge	
County (6) Union					Code (7) USE ONLY)		Curre	ent Use (Prid	or if beir	ng demo	olished	d)			
	gencies Notified Gencies Not				M No.			atement Con Environme							
Street Address	Street		19/20-000			Street	Addre								
City, State, Zip Code						City, S	State, Z	Zip Code NJ 07072	·						
Project Manager for Mor				Telepho		Teleph	hone N	lo.	<u>.</u>	License					
Start Date (10)		Schedule		5.6334_356			939-6 of OSI	HA Monitor		00756)				
08/29/2013 09-20-13 Occupancy Status During Abatement (Check Only One)							n-Air I						makte-		
<u> </u>		10.00	ent				kson Ave	nue							
Abatement Perform							ip Code nd City, N	Y 111	01						
	II That Apply)				- Ferrit								28-7-1-13		
		annual section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the secti				2	Mir	Il Containme ni-Enclosure ovebag Prod on-Exempted	edure	·				0	
		ls	Locati	on			i NO	n-Exempled	() and	1 14011-F1	lable		Abate	ement	
		l N	lormal d Sole	У		escription					-	_	Ту	pe	
TO BE AB In Facil	ATED lity	Mai Cust	ntenar odial S (12)	ice/ staff?			s insula (T, or	ation,	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
4th Fir ME	Room	Yes	No	N/A X	Du	t Insula	ation			6SF		X			
				X		t Insula				2SF	-+	X			
Name of Registered Was	N	JDEP W	aste Cubi	c Yards		Name of F	Register	red Land	dfill						
					No. of W	aste		Minerva							
City, State Shirley, NY / Bronx,	NY				Disp TBC	osal Date	_	City, State Waynes		OH 44	1688				
Completed by Joe Patrick		Title Projed	ct Ma	nager		Signature		R)		Date 08-1		3		

			(, ,			una		1	THUH.	JY.	CANON.	50K	9		
Date of Notification (1) 8/12/13					Building Control			(2)		14.3					
Agencies Notified	Type Notification		(6.0)	Street Ad 2 West					il .						
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Coo		.0		& LIL	ch.	i.e.		2791105.71		
ĭ DOH	Emergency (justification)	N 50		Name of						_	ephone Nur	nber	7		
☐ DCA	Cancellation					Same Service of									
Name of Facility Where A	Abatement is Takin	g Place (3)	FACIL	LITY INFO	RMATI	ON	Тур	oe of Facility (4)					35
House				owensees					School (K-12						
Street Address 2 West Lane						÷:		×	Subchapter Other (i.e. pretc.)				lings,	home	es,
City (5) Maplewood								Sq.	uare Feet A	# of N/A	Floors	537	ldg. A	ge	
County (6) Essex				County C	Code (7) USE ONLY)		_	Committee S	rrent Use (Prio	r if bei	ng demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				batement Con atement, Inc		(9)				
Street Address							Street	Add	ress			====			-
City, State, Zip Code									engren Aven , Zip Code	ue					
,									NJ 07512						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Telepl 973-		No. -8685		License N #00675	0.			
Start Date (10) 8/27/13		ed Con	npletion (Date (11)				SHA Monitor atement, Inc).						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
Facility Closed/Vaca Abatement Perform	ed Outside of Norn								engren Aven , Zip Code	ue					
Other – Describe:							Toto	wa,	NJ 07512	79 (Quest de					
Scope of Work (Check A	II That Apply)						-	٦.							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				3	<u> </u>	Full Containme Mini-Enclosure Glovebag Proc		n Negative F	ressu	re		
- E		-						ا ل	Non-Exempted	(*) an	d Non-Friat	le Pro			_
			Locati Normal	200										emen /pe	
Location Asbestos-Containing	Material (ACM)	Use	ed Sole	ly by		tos Conf		Mate	rial (ACM)		mount			Ē	_ E
TO BE AB		0.0123755	todial S		(i.e.	thermal surfa	system cing, V	is ins AT, o	sulation,		Specify F or LF)	Removal	Repair	тсар	Enclosure
(13)			(12)				miscella					oval	air	Encapsulate	sure
		Yes	No	N/A										Ф	
basem	ent		X			pipe	insula	ation	1		96 LF	X			
														 	
					-	*******	-								
Name of Registered Was	ste Hauler			JDEP W		Cubic of Wa	Yards		Name of I	Registe	ered Landfil				
D&S Abatement, Inc	.		1 77700	lauler ID 20996	NO.	TBD			Waste I	Mana	gement o	f PA			0
City, State Totowa, NJ						Dispo TBD	sal Date	9	City, State Tullytov		Α				
Completed by Title							Signatur	e.	7/1		Di	ate			
Deanna Brkusanin		H	ect Ma	anager			(///	1011	110 h llec	Wes		12/1	3		

	6
W H	agrilonian
JUIT	TOUTAULD

Date of Notification (1) 8/12/13		N	ame of E	Building Ov erardelli	vner/O	perator	(2)								
Agencies Notified Type Notification		S	treet Add	dress	111	<u> </u>	-								
EPA DEP DOL Initial Amended Amendment	#			e, Zip Code air, NJ 07	042	å LI	Uch	No	Ċ;						
Emergency (DOH DCA Emergency (justification) Cancellation	ncluding	N	lame of (Contact erardelli	A COLO				Tele	ohone Nu	mber	-			
			FACIL	ITY INFOR	MATI	ON									
Name of Facility Where Abatement is Taking House	Place (3)						☐ s	chool (K-12)						
Street Address 39 Lloyd Road							対。	ther (i.e. pri				lings,	home	s,	
City (5) Montclair									114400120			(27/4)	ge		
County (6) Essex			County C	ode (7) SE ONLY)		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age									
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.						9)					
Street Address	Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512														
	Code Code Code Code Code Code Code Code												-0		
City, State, Zip Code				Laurente		Toto	wa, N.	J 07512							
Project Manager for Monitoring Firm		1	Telephon	e No.		973-	345-86	685							
Start Date (10) 8/26/13	Contraction Contraction Contraction														
Occupancy Status During Abatement (Chec						7.70			ue.					A	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norn	Period of Ab nal Facility I	atem lours	ent			City, S	State, Zi	p Code	-						
Other – Describe: Occupied					_	Toto	wa, N	J 0/512							
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf	The same of the sa	nova	13.000					l Containme		Negative	Pressu	ire			
≥160 sf or ≥260 lf	∐ De	moliti	on				Glo	vebag Proc n-Exempted	edure	l Non-Fria	able Pro	cedu	re		
							NOI	-LACITIPIEU	Jane	110111110	1000	0.000	emen	t	
Location of	No	ocati ormal	у		De	escription	n of						уре		
Asbestos-Containing Material (ACM)		Sole		Asbesto	s Cor	ntaining I	Material	(ACM)		mount	71		m	ш	
TO BE ABATED In Facility	Custo	dial S		(i.e. t		al system acing, V		ation,		pecify or LF)	Removal	Repair	cap	Enclosure	
(13)		(12)				miscella					oval	ar	Encapsulate	sure	
	Yes No N/A									4.15	-	-	(0)		
basement		X			pipe	e insula	ation		1	4 LF	X	+	\vdash	-	
			-								-	+	+	-	
											-	+	\vdash	\vdash	
Name of Registered Waste Hauler		10000	JDEP W			c Yards		Name of	Registe	ered Land	fill			-	
D&S Abatement, Inc.		23535	lauler ID 20996	No.	of Wa)		Waste I		gement	of PA				
City, State Totowa, NJ					Dispo	osal Dat)	e n	City, State Tullytov		A		- 6			
Completed by Deanna Brkusanin	Title Projec	ct Ma	anager	iv		Signatu		alue K	Mus		Date 8/12/1	3			

Date of Notification (1)			$\overline{}$	Name of	Building (Owner/C	perator	(2)	111	010	200	UU	+	10		-
8/06/13					e Puccio)			2.12 ;	-40	3					
550 STAN	e Notification			Street Ad 5 Mapl	ddress le Drive							~	TO TO			7.5
X EPA X DEP X DOL	Amended Amendment				te, Zip Co n, NJ 07				Ćέ	LILE	É, ,	Ġ.				
DOH DCA	Emergency (justification)	- 1		Name of							ephone N			-	2. 71 0	
DCA	Cancellation				e Puccio	4	ON			_				~ ~		
Name of Facility Where Abate House	ment is Takin	g Place (3	3)	FACII	LITTINEC	KMAII	UN	Туре	of Facility (9000						
Street Address 507 Lake Avenue	*				**			×	School (K-1 Subchapter Other (i.e. p	8 (Oth			iildi	ings,	home	es,
City (5) Lyndhurst								Squa N/A	etc.) are Feet	# of N/A	Floors		Blo N/	dg. A	ge	
County (6) Bergen				County C	Code (7) USE ONLY)			Curr	ent Use (Pri	or if bei	ng demo	lished)	1076			
Name of Monitoring Firm Hired	d by Building	Owner (8)		ASCM	1 No.				atement Cor tement, In		(9)					11000
Street Address					<u>0</u> , , ,		Street 11 R		ess gren Aver	nue						
City, State, Zip Code									Zip Code NJ 07512							
Project Manager for Monitoring	g Firm			Telephor	ne No.		Telepi 973-				License #0067				V.	
Start Date (10) 8/28/13		Schedule 8/29/13		npletion [Date (11)				HA Monitor tement, In	ic.						
Occupancy Status During Aba	tement (Chec	k Only Or	ne)				Street									
Facility Closed/Vacated I Abatement Performed Or Other – Describe: Occup	utside of Norn	Period of Anal Facility	Abatem Hours	nent s			City, S	State, 2	ren Aveni Zip Code	ne Te						
Scope of Work (Check All Tha							Toto	wa, i	NJ 07512							
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		Is	Locati	ion						<u> </u>	2110/111	Idole I		Abate	ment	t
Location of Asbestos-Containing Mate TO BE ABATED In Facility (13)		Use Ma	Normal d Sole intena todial s (12)	ely by nce/		tos Cont thermal surfa		Materia s insu T, or		(5	mount Specify or LF)	Kemova		Pepair	e Encapsulate	Enclosure
	*	Yes	No	N/A								_	1		Ф	
basement			Х				insula				0 LF	Х	1			
basement stail	rs	-	X	-		fl	oor tile			1	0 SF	X	1			_
			en sala. V									+	+	-		
Name of Registered Waste Ha D&S Abatement, Inc.	auler		Н	IJDEP W lauler ID 20996		of Was			Name of Waste				\ \	=		
City, State Totowa, NJ						TBD	sal Date		City, Stat	yn, PA						
Completed by Deanna Brkusanin	ct Ma	anager		(\$	ignatur	1110	Rulli	uew	i	Date 8/06/	13					

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Date of Notification (1) 8/12/13	33				Building Owne on Sevan As								6	Z.
	e Notification		11 8	Street Ad 31 Cro	ldress oks Avenue			Ç	411		11.0			
EPA DEP DOL	Initial Amended Amendment #	<u> </u>			te, Zip Code on, NJ 0750	3				Signal Street				
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				FACIL	ITY INFORMA	NOITA								
Name of Facility Where Abate House Street Address	ement is Taking	Place (3)						pe of Facility (4 School (K-12 Subchapter Other (i.e. pr	2) 8 (Othe			inas	home	1 0
101 Terhune Ave							×	etc.)						٠,
City (5) Lodi							Sq N/	uare Feet 'A	# of N/A	Floors	1000	dg. A /A	ge	
County (6) Bergen				County C	Code (7) JSE ONLY)		33370	irrent Use (Prio ouse	r if bei	ng demolis	hed)			
Name of Monitoring Firm Hire N/A	ed by Building C	Owner (8)		ASCM	l No.	100000000000000000000000000000000000000		Abatement Con atement, Inc		(9)				
Street Address	1913)		2			Stree		iress engren Aver	iue					
City, State, Zip Code								, Zip Code , NJ 07512						
Project Manager for Monitorin	ng Firm			Telephor	ne No.	Telep 973		e No. 5-8685		License N #00675				
Start Date (10) 8/29/13		Schedule 8/30/13		npletion I	Date (11)	100000		OSHA Monitor patement, In	 С.					
Occupancy Status During Ab	atement (Chec					Stree						-	-	
Facility Closed/Vacated Abatement Performed C Other – Describe: Occu	During Entire F	Period of A	baten			111	Rose	engren Aver	nue					
	pied	iai Pacility	Hours					, NJ 07512						
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)	-	tenova emoli		180		×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e edure				e	
		Is	Locat	tion									emen vpe	Į.
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Use Ma	Norma d Sole intena todial (12)	ely by ance/ Staff?	(i.e. ther	Description Descri	Mate ms in AT, o	erial (ACM) sulation, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						-		_		<u> </u>
mini mart baser	ment		X			ipe insu				15 LF	Х			_
deli baseme	nt		Х		р	ipe insu	latio	n		10 LF	X			
Chinese restaurant l	basement		Х		ta	ank insu	latio	n	2	20 SF	X			-
Name of Registered Waste Hauler D&S Abatement, Inc.				NJDEP W Hauler ID \$20996	No. of TE	ubic Yards Waste 3D sposal Da			Mana	ered Landf igement				
City, State Totowa, NJ					100	sposai Da BD /		Tullytov		A				
Completed by Deanna Brkusanin	ect M	anager		Signati	re OA	un Ill	11111		Date 3/12/13	3				

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Date of Notification (1) 8/12/13					Building O					Ü		-		0		
	ncies Notified EPA DEP DOL DOH DOH DCA DOH DC				ddress Street				91/6.		8.	,				
ĭ DEP	Amended Amendment #_	Amended Amended Amended Amended Emergency (including ustification) Cancellation ent is Taking Place (3) by Building Owner (8) Firm Scheduled 8/29/13 ement (Check Only One) uring Entire Period of Abaside of Normal Facility Hedd Apply) Ren Used S Mainte Custod (1) Yes I			te, Zip Cod field, NJ		3			7	e Pe					
	Type Notification Initial				Contact Donnelly	,				Tele	ephone	Num	per			
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Name of Facility Where Abate House	ment is Taking F	Place (3)					Ту	pe of Facility (School (K-1	1000						
Street Address 93 Hill Street								×	Subchapter Other (i.e. p etc.)					lings,	home	s,
City (5) Bloomfield	2010000							Sq N/	uare Feet	# of N/A	f Floors		710.75	ldg. A	ge	
County (6) Essex				County C	Code (7) USE ONLY)				rrent Use (Pri	or if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired	d by Building Ow	vner (8)		ASCM	l No.				batement Cor		(9)		-3111130			
Street Address							Street	Add								
City, State, Zip Code							City, S	State	, Zip Code NJ 07512							
Project Manager for Monitorin	n Eirm		To	Telephor	no No		Teleph				Licens	o No				
						973-	345	-8685		#006		•				
Start Date (10) 8/28/13			npletion [Date (11)				SHA Monitor atement, In	c.							
Occupancy Status During Aba	tement (Check (Only Or	ne)				Street									
Abatement Performed Or	utside of Normal				*	0	City, S	State	, Zip Code	nue						
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Name of Registered Waste Hauler D&S Abatement, Inc.			H	IJDEP W lauler ID 20996		of Was TBD			Name of Waste				PA			
City, State						0.000	sal Date		City, Stat		^					
Totowa, NJ		Title				TBD	Δ		Tullyto	VD, PA	1	D-:				
Completed by Deanna Brkusanin	ect Ma	anager		S	ignature	e //	1. 1/	11114	5	Date 8/1	e 2/13	3				

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Date of Notification (1) 8/20/1					Building C Karen ((2)						-		
Agencies Notified	Type Notification		1 8	Street Ad	ddress Jmmit Av	enue										
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	Emergency (in justification) Cancellation	ncluding	143		Contact Caplan				1	Tele	nhone l	Numb	er			
				FACI	LITY INFO	RMATI	ON			T				_		
Name of Facility Where house	Abatement is Taking	Place (3	3)					-	of Facility (4 School (K-1)	. 33	1				**************************************	
Street Address 306 Summit Avenu	e							X	Subchapter Other (i.e. poetc.)				build	lings,	home	es,
City (5) Summit									e Feet	# of 2	Floors	10 10 10 10	BI 50	dg. A	ge	
County (6) Union					Code (7) JSE ONLY)		_	Curre	nt Use (Prio	r if bein	ng demo	lishe	4)			
Name of Monitoring Firm	Hired by Building C	wner (8)))	ASCM	1 No.				tement Con onmental			LC				
Street Address							Street	Addres								
City, State, Zip Code							City, S	itate, Zi	p Code , NJ 074							
Project Manager for Mor		T	Telepho	ne No.		Teleph	none No 583-8	o		License	e No.					
Start Date (10)	Schodule	ad Com	nletion I	Date (11)			100 De 90 NOVO, C 120 NO	A Monitor		703				- 500		
8/29/13		9/10/13	3	piction							17					
Occupancy Status Durin							Street	Addres	SS							
	ated During Entire P ned Outside of Norm					_	City, S	itate, Zi	p Code		(((((((((((((((((((
Scope of Work (Check A	All That Apply)	_														
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma Cus	intenar todial S (12)	ice/ staff?		thermal surfa	aining N system cing, VA niscellar	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
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Name of Registered Wa	L N	JDEP W	/aste	Cubic	Yards		Name of F	Register	red Lan	dfill						
Tri State Transfer				auler ID 2325		of Was			Minerva	Enter						
City, State Bronx, NY				Dispos	sal Date		City, State Waynes		ОН							
Completed by Andrew Scott Higgin	ns	Title Pres	ident			S	ignature	a				Date 8/2		3		

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NO

State of New Jersey	3
OTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120)	Thek 1232

Date of Notification (1) 8/20/13					Building C Realty	wner	Operator ((2)		a e	1277					
Agencies Notified	Type Notification			treet Ad	dress lighway	28, F	PO Box	600					1 1	-		-
DEP DOL	Initial Amended Amendment				e, Zip Cod ouse Sta		, NJ 08	889			d L	4. :	i.	ä		.4.
X DOH □ DCA	Emergency justification)	(including	283		Contact		•	20000000000000000000000000000000000000		Tel	ephone N	Vumb	oer_	ż		1.4
DCA	Cancellation		Į F		batino (l								_	•		
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Name of Facility Where a vacant building	Abatement is Takin	g Place (3)							of Facility (4	200						
Street Address									School (K-1 Subchapter		er than K	(-12)				
45 Main Street									Other (i.e. p				build	ings,	home	s,
									etc.) are Feet	1#0	f Floors		Трі	dg. A	70	
City (5) South Bound Brook	(Squa	ale reel	#"	1 110015			uy. A	ge	
County (6)	`		10	County C	ode (7)	74-75-3		Curr	ent Use (Pric	or if he	na demo	lishe	-d)			
Somerset					SE ONLY)			Cuin	cin occ (i in	<i>y</i> 11 DO	ng domo		٠,			2
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Aba	atement Con	tractor	(9)					
									ronmental			LC				
Street Address							Street	Addre	ess	10000	*8700000		-			
							4 E C	Gate	Drive, PO	Box	483					
City, State, Zip Code									Zip Code							
									d, NJ 074	18						
Project Manager for Mor	roject Manager for Monitoring Firm						Teleph 973-				License 703	e No				
Start Date (10)		Schedule	d Com	pletion [Date (11)		Name	of OS	HA Monitor							
8/22/13		9/4/13				0			2 9							
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street	Addre	ess							
Facility Closed/Vac Abatement Perform Other – Describe:				ent			City, S	State, 2	Zip Code					-		
Scope of Work (Check A	All That Apply)	•														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	932 1037	Section 1999	enovat emoliti					M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure	-				a	
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Asbestos-Containing			Solel			os Co	ntaining N	Materia		P	mount		Marce 1		ш	_
TO BE AB In Faci			odial S	5 STATE	(i.e.		al system facing, VA		lation,		Specify F or LF)		Rem	Re	ıcap	ncl
(13)			(12)				miscellar)		0. 1.)		Remova	Repair	Encapsulate	Enclosure
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Name of Registered Wa			JDEP Wauler ID		7.190.15	ic Yards /aste		Name of			анн					
Freehold Cartage			939	randalata.	10			G.R.O.	vv.5 l	_andtiil						
City, State Freehold NJ				Disp	osal Date	1	City, Stat Morrisv		PΑ							
Completed by		Title					Signature	e /				Dat				
Andrew Scott Higgir	ns	Presi	dent					ll				8/2	0/1	No.		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HESS CORPORATION Street Address 7 /13 1 HESS PLAZA Agencies Notified Type Notification City, State, Zip Code EPA Initial Notification Amended Notification #3 WOODBRIDGE, NEW JERSEY 07095 DEP Cancellation DOL Name of Contact Telephone Number-DOH On Hold DCA EMERGENCY N DAVID CERULO 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.) Street Address # of Floors Square Feet Bldg. Age 1 HESS PLAZA 187,000 13 42 Current Use (Prior if being demolished) City (5) County (6) County Code (7) WOODBRIDGE MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE 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 UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSEN 908-377-5644 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 15 / 12 / 30 /13 QUALITY ENVIRONMENTAL 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: Monday - Friday 6pm - 2:30 am City, State, Zip Code Other - Describe: WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Mini-Enclo:, Renovation >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Description of Asbestos-Is Location Abatement Type Containing Material (ACM) Asbestos-containing normally used Amount ENCAPSUL ENCLOSUR REMOVAL REPAIR Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 3,200 SF 1st floor mailroom Floor tile and mastic 1st floor mailroom Pipe fittings 50 LF 1st floor MER Pipe fittings 30 LF Please note addition to scope: 9th floor VAT & Mastic 8,005 SF 9th floor Pipe Fittings 75 LF 9th floor Joint Compound 7,920 SF 9th floor Cove Base Mastic 55 SF 13th floor MER Pipe Fittings 100 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill EXPRESS WASTE LLC Hauler ID No. GROWS LANDFILL 26981 City, State Disposal Date City State KEARNEY, NEW JERSEY MORRISVILLE, PA 06/03/13-12/30/13 Completed by (Print or Type) Title Signature Date BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey



Date of Notification (1) 08/20/2013	32 - COLLEGE - COLLEGE		,	lame of THE PF	Building Ov RUDENTIA	wner/Op	erator (URANC	2) E COM	PANY O	F AMEI	RICAS				
	Type Notification		100	Street Ac 751 BI	ddress ROAD STR	REET F	IFTH	FLOOF	2		**	s.i			
	☐ Initial X Amended Amendment #	_£ 2	1		te, Zip Code		0710)2	Œ Ŋ	1					
D DOH	 □ Emergency (i justification) □ Cancellation 		1	larne of	Contact ICHARD H					Tele	phone Nu	mber	_		
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Name of Facility Where Ab	patement is Taking	Place (3)						705) 	Facility (
Street Address							\dashv	☐ St	chool (K-1 ubchapter ther (i.e. p	8 (Othe			dinas	home	es
102-106 HALSEY ST	REET								c.)		Floors		ildg.		
City (5) NEWARK		===						8,100)	2			nug. /	ige .	
County (6) ESSEX					Code (7) ISE ONLY)		_		t Use (Prid NT (PRI				L)		
Name of Monitoring Firm I	Hired by Building C	Owner (8) ATIONS	INC.	ASCM 0010		-1			ment Cor						
Street Address 655 WEST SHORE TR	RAIL							Address 2 QUE	ENS PLA	ZA SC	UTH				
City, State, Zip Code								tate, Zip	Code	, MA	11101				
SPARTA, NJ 07871 Project Manager for Monit	oring Firm		- T-	Telephor	ne No.			one No.			License	No.			
BILL KERBEL			973-7	29-5649			349-09			00853					
Start Date (10) 04/29/2013		Schedule 09/30/		pletion I	Date (11)			of OSH/ IN MCI	A Monitor REA					100000000000000000000000000000000000000	
Occupancy Status During				10			17	Address KENNE	S BLVI)			•		
□ Facility Closed/Vacat □ Abatement Performe 芭 Other – Describe: BU	d Outside of Norm	al Facility	Hours		FOR	- 3		tate, Zip	Code	2	*		(
Scope of Work (Check All	MOLITION													<u> </u>	
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Rear of Building		Yes	No	N/A	Pipe In	nsulat	ion			60 L	F	x	+	+	
Front of Store			х	\vdash	Floor 7	Tile &	Mast	tic		900	SF	X	-	\dagger	
								0001-04							
Name of Registered Wast ATC/TST	H	JDEP W	No.	of Was					red Land						
City, State SHIRLEY, NY 11967/BRONX, NY 10464				4310/	13221	Dispos 05/07	al Date	3/	City, Sta	te	OH 44				
Completed by	//BKUNA, NY .	Title					gnature	(1)				Date			
ANN ALI			NISTR	ATIVE			-	T			0	8/20/	201	3	



Date of Notification (1) 07/08/2013				Name of THE P	f Building RUDENT	Owner/C	Operator ISURAN	(2) CE COMPAN	Y OF A	MERICAS	3				S
Agencies Notified	Type Notification	-	\exists	Street A	Address BROAD S	TREET	FIFTH	FLOOR							
EX EPA DEP EX DOL	☐ Initial ☑ Amended Amendment		_		ate, Zip Co		Y 0710	02 (c. l.	.i.zh	1	<i>C</i> ;				
☑ DOH ☑ DCA	☐ Emergency justification) ☐ Cancellation				f Contact	HUMME	ERS		T	elenhono	Missonh	^E	-		
				FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Street Address	Abatement is Takir	ig Place (3	3)					Type of Faci ☐ School ☐ Subcha	(K-12)	ther than I	∠ 12\				
102-106 HALSEY S	STREET							Other (i etc.)	i.e. private	e & comm			5		es,
NEWARK						d .		Square Feet 8,100	2				ldg. A	ige	
County (6) ESSEX					Code (7) USE ONLY)	_	Current Use VACANT (10.5%	L)		
Name of Monitoring Firm ENVIRONMENTAL HE	n Hired by Building ALTH INVESTION	Owner (8) ATIONS	INC	ASCI 0010				of Abatement ENVIRONME							
Street Address 655 WEST SHORE	TRAIL		W.78.2000.000					Address 2 QUEENS	PLAZA	SOUTH					
City, State, Zip Code SPARTA, NJ 0787	1						City, S	tate, Zip Code	e ITY, N	Y 11101	L				
Project Manager for Mor BILL KERBEL	nitoring Firm			Telepho 973 - 7	ne No. 729-564	9		one No. 349-0900		Licens 0085					
Start Date (10) 04/29/2013	*****	Schedule 07/29/		npletion	Date (11)			of OSHA Mor IN MCREA	nitor						
Occupancy Status Durin	g Abatement (Che	k Only Or	ne)				Street	Address	*****						
☐ Facility Closed/Vac ☐ Abatement Perform	ned Outside of Norr	nal Facility	Hours	3				KENNEDY B							
Ø Other - Describe: 1	BUILDING IS V	ACANT &	SCH	EDULE	D FOR			NNE, NJ 0							
200 990 A ARA DESERVE	кіі тпас Арріу)										_				
□ ≥3 sf or ≥3 lf Δ ≥160 sf or ≥260 lf		0.0000000000000000000000000000000000000	Renova Demolit	377077131			23 23 23	Mini-Enclo	sure Procedur	е					
		Τ	1 6					14011-LX011	ipied () a	ind Non-	Table			ement	t t
Location	n of	1	Locati Vormal	ly		De	scription	of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) ATED lity	Ma	d Sole intena todial s (12)	nce/		tos Cont thermal surfa	taining M	laterial (ACM) s insulation, T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Rear of Building			X	+	Pipe	Insula	tion		60	LF'	-+	X			-
Front of Store			X	-		Tile		ic		SF	_	X			
Name of Registered Wa	ste Hauler		800	JDEP V			Yards	Name	e of Regis	tered Lan	dfill				
ATC/TST	1 20	auler ID 4310/		of Was				NTERPRI	SES						
City, State SHIRLEY, NY 1196	7/BRONX, NY	10464			2 22 22	Dispos 05/0	sal Date 7/2013	City, WAY	State NESBUR	G, OH 4	4688	3			
Completed by ANN ALI		Title ADMII	NISTR	ATIVE		S	Signature	1			Date 07/0		013		

	12	0	
C		· -	
/	14.	イン)
(10	0	`

Date of Notification	(1)		P	Vame	of Bu	ilding (Owner / Operator	(2)						
	8/12//2013				Robin									
Agencies Notified EPA	Type Notifica	ation			Addre									
□ DEP	☐ Initial	P				Zip C	ode							
☐ DOL	Amei	nded			on, N									
□ DOH	- Carlotte	rgency	1		of Co					Te	lepho	ne N	umbe	er
☐ DCA	☐ Cano	ellation	1	Will F	Robin	son			4					
					CILIT	Y INF	ORMATION		1000					
Name of Facility WI Residence	here Abateme	ent is Taking P	lace (3	3)			Type of Facilit							
Street Address								ter 8 (Other th	an K-12	2)				
2 Moffatt Ave							Other (i.e	. private & co	mmerci	al buildings	, hom	es, e	tc.)	
							Square Feet	# of Flo	ors	Blo	g. Ag	е		
City (5)		County (6)	Co	unty C	Code (7)	1600		2			80		
Trenton		Mercer					Current Use (Prior if being o	demolis	hed)				
		<u> </u>					Residence							
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.	Name of Abat ALPHA ENV							
Street Address						-	Street Addres							
Oit Otata 9 7ia Oa							2129 Rt 33 City, State & 2	7in Cada						
City, State & Zip Co	ity, State & Zip Code						Hamilton, N							
Project Manager for	roject Manager for Monitoring Firm					рег	Telephone Nu	ımber	TI.	License Nu		04.38		
			<u>L.,.</u>				215-295-100				0109	1		
Scheduled Start Da 8/21/201		Scheduled Cor 8/23/2013	npletic	on Dat	te (11)		Name of OSH EMSL Analy				TT.			
Occupancy Status I		ment (Check or During Entire P			atomo	nt	Street Addres 107 Haddon							
		utside of Norm					City, State & 2							
Describe:	1 13 2 17 27 27 27						Westmont,							
	upied During												202-02	
Scope of Work (Ch	eck all that ap	oply)						□ Full Co	ntainme	ent with Ne	native	Pres	sure	
≥3 sf or ≥3 !	lf		\boxtimes	Ren	ovatio	n		Mini-En			J			
≥160 sf ≥26	60 If			Den	nolitio	n			Bag Pro	cedures				
								Non-Ex	empted	and Non-F	riable	Pro	cedu	re
	ocation of		100000	Locati			Description Asbestos-Cont			mount Specify	Aba	atem	ent T	уре
	tos-Containin terial (ACM)	ig		nally l olely l			Material (AC			F or LF)			ш	П
TO	BE ABATED		Main	tenan	ce or		(i.e., thermal sy			r senson arctes •v	Rem	Repair	Car	incl
ì	n Facility (13)		Custo	odial 8 (12)	Staff?		insulation, surfactor or other miscella				Remova	pair	Encapsulate	Enclsoure
8	(13)		Yes	No	N/A		or other miscene	aricous)			-		ë	(D)
Basement					Pipe Insula	tion	75lf							
Name of Registered	L	100000000000000000000000000000000000000			Cubic Yards of Waste	Name of Reg	istered	Landfill						
ALPHA ENVIROR			uler II 3333		1cubic	Grows Lan	dfill							
City, State	- 12 - 22 - 3				Disposal Date	City, State								
Trenton					8/30/2013	Morrisville	, PA							
Completed By (Prin				Titl			Signature	<u> </u>		- 11	Date			
Rod Richardson				PI	VI		Rod Richardson				8/12	:/20	13	

CHECK # 20222

Date of Notification (1)		T	Name o	f Building Owne	r/Operato	r (2)						
08-19-13				dler Elevator			T'U'					
Agencies Notified Type Notif	ication		Street A 20 Wh	ddress nippany Road	İ	ce 2/1		4,				
DEP Amer DOL Amer	ndment #		City, Sta Morris	ate, Zip Code stown			50					
DOH justific	gency (including cation) ellation			f Contact II Rafferty			LTe	lephone Nu	mber	-		· da
built	onation			LITY INFORMA	TION							*
Name of Facility Where Abatement is	s Taking Place (3)				Type of Fac	(K-12)					
Street Address 20 Whippany Road						Subcha Subcha Other (etc.)	apter 8 (Oth i.e. private	ner than K-1 & commerc	2) ial bui	ldings	, hom	es,
City (5) Morristown						Square Feet	3	of Floors		Bldg. / 20 yr		
County (6) Morris				Code (7) USE ONLY)		Current Use Commerc		ing demolis	hed)			
Name of Monitoring Firm Hired by Bu Detail Associates	uilding Owner (8)		ASCN 0001			of Abatement acle Enviro						
Street Address 300 Grand Avenue			1			Address Broad Stree	 et					
City, State, Zip Code Englewood, NJ 07631-4355	· · · · · · · · · · · · · · · · · · ·					State, Zip Code stadt, NJ 07						
Project Manager for Monitoring Firm Stephen A. Jaraczewski	oject Manager for Monitoring Firm ephen A. Jaraczewski					hone No. 939-6565		License N	No.			
Start Date (10) 09-02-13	ort Date (10) Scheduled					of OSHA Mor	nitor					
Occupancy Status During Abatement	pesito etotografia	22,022				Address						_
Facility Closed/Vacated During Abatement Performed Outside of	of Normal Facility	Abatem / Hours	ent			9 Jackson A						
Other – Describe: Area is vacar					0.00 2.33	Island City		101				
Scope of Work (Check All That Apply					г	7			20			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	and the same of th	Renova Demoliti			5	Mini-Enclo	sure Procedure	n Negative				
	Is	Locati	on				T T	id 14011-1 Hai		Abat	ement	t
Location of	Llas	Normalled Sole			Description			KANSANTY - KO	-	Ty	ре	
Asbestos-Containing Material (A0 TO BE ABATED In Facility (13)	Ma Ma	intenar todial S (12)	nce/	(i.e. therm sur			(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor	103	140	X	P	ipe Fittir	nas	-	70LF	x	-		
					ipo i ittii	190		OLI	1			
Name of Registered Waste Hauler	l Ni	JDEP W	aste Cub	ic Yards	Name	o of Pogists	ered Landfil					
ATC, Inc. / JBT (50071)	H	auler ID I310		/aste		erva Ente		ļ				
City, State Shirley, NY / Bronx, NY				Disp TBD	osal Date			, OH 446	88			
Completed by John Tancredi	Title Proje	ct Ma	nager		Signature	10	Lanc	11	ate 3-19-	13		

			(Purs	uant to	NJAC 8:60	and 12:12	0)	儿开	20	13			10	
Date of Notification (1) 8/21/13		87			uilding Own si Private	ner/Operato e Home	r (2)	6-1	Sitte:	12			C1	
Agencies Notified	Type Notification		-	reet Add	ress t Oaklan	Avo		N		** .				
EPA	Initial .		1000		Zip Code	Ave			Li					\dashv
EPA DEP DOL	Amended Amendment				tville NJ (08232			~ 5.	rit y				
DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of C oan	ontact				Teler	hone Nun	nber			
				FACILI	TY INFORM	MATION	Time	f Encility (A	,			-		=
Name of Facility Where Joan Masi Private		Place (3)					_	f Facility (4 chool (K-12						
Street Address	Tiomo						S	ubchanter 8	8 (Other	r than K-12	2)	oac h	omes	.
225 East Oaklan A	ve						e	ther (i.e. pr						"
City (5)							Square		# of	Floors	35	ig. Ag	е	
Pleasantville NJ 08	3232				-1- (7)	-	1000	nt Use (Prio	10000	a demolish	-			\dashv
County (6) Atlantic				ounty Co	ode (/) SEONLY) _		Home		i ii beli	ig derrionor	100)			
Name of Monitoring Fire	m Hired by Building (Owner (8)	1	ASCM	No.			ement Con	tractor	(9)				
N/A					1		rnaco In					٠		-
Street Address							et Addres Box 32							
Cit. Chata Zin Code							, State, Zi	885 <u>- Haran I</u>						
City, State, Zip Code								n NJ 080	91					
Project Manager for Mo	oject Manager for Monitoring Firm				e No.		ephone No			License N 00727	No.			
					,)_4_ (4.4)		6-753-9	IA Monitor		00121	-	- 4		
Start Date (10) 9/3/13					ate (11)	10000	me	IA MONITO						
Occupancy Status Dur	ing Abatement (Che	ck Only One)			Stre	et Addres	SS						
Facility Closed/Va	ecated During Entire	Period of Al	atem	ent										
Abatement Perfor Other – Describe	med Outside of Non	mal Facility I	Hours			- City	, State, Z	ip Code					*	
Scope of Work (Check	All That Apply)										_			
≥3 sf or ≥3 lf			enovat emoliti					II Containm ni-Enclosur		n Negative	Pressu	re		
≥160 sf or ≥260 li				011			☐ Glo	ovebag Pro on-Exempte	cedure	d Non-Fria	able Pro	cedur	е	
		1	Locati			- 1	110	nt Exempte	1			Abat	ement	t
Locat	ion of	N	ormal	ly		Descrip	tion of				.	T 13	ре	Γ
Asbestos-Containi	ng Material (ACM)		i Sole ntenar		Asbesto	os Containir thermal syst	ng Materia tems insul	I (ACM) ation.		Amount Specify	R	72	Enca	En
In Fa	ABATED acility	Cust	odial 8 (12)	Staff?	(1.0.1	surfacing,	VAT, or		s	F or LF)	Remova	Repair	Encapsulate	Enclosure
(1	3)			T		other miso	ellai leuus)				<u>a</u>	-	late	Гe
		Yes	No	N/A		Exterior	Siding		13	200 SF	+	-	-	-
Exterio	r Siding	-		X		Exterior	Siding				_	-	-	+
				-				-	-		_	+-	-	-
				-					-		+	-		+
				LIDED !!	1/2-12	Cubic Yar	de	Name o	f Regis	tered Land	Ifill			
Name of Registered \ United Containers		H	NJDEP V Hauler ID 2459		of Waste	us	G.R.C	-C1-0-1001-701-10				1.00		
City, State Elm NJ					Disposal 9/10/13	Date	City, Sta Morris	ate sville F	A 19067	7				
Completed by Anthony T Perna		Title Pres	ident			Sign	ature				Date 9/21/1	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	· · · · · · · · · · · · · · · · · · ·				Name of	f Building					20	2			
	8/20/2013						A to Z	Site Co	ntractor	s, Inc.	Ü	2) .	180	4
Agencies Notified [x] EPA [] DEP	1 2	ition I Notifica nded Noti			Street A		270.00	rk Aven	iue		GE		<u>₩_</u> <u>u</u>		
[x] DOL	[x] Emer	ndment #	7.5			ate, Zip Co	Lakew	ood, Ne	w Jerse	had been		3 2	2013		7
[x] DOH [] DCA		ication) ellation			Name o	f Contact Irving	Perlstein		ALL PROPERTY AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF TH	· L	ne Number		-	_	
	I			FAC	CILITY	NFORM	ATION				LICE	NSIN	3		
Name of Facility Where A	batement is Takin sidence	g Place (3	3)			1920		Type of	Facility (ool (k-12)				
Street Address	- E								[] [x]		chapter 8 (ot er (i.e., priva			ial buil	dinos
590	Ocean Avenu	e								hom	es, etc.)			iai oun	umgs,
City		County	y (6)	72	County (STATE	Code (7) USE ONL	y)	Square 1	feet 00 sf	# o	f Floors 2	Bldg	g. Age	0	
Lakewood		Ocea	n						Use (Pric	or if being	demolished)				
Name of Monitoring Firm		Owner (8)		ASCM N	No.	Name of	Abatemer	nt Contrac	ctor (9)		T			
N/A Street Address	A						Street Ac	ldress	Guar	dian Co	ntracting,	Inc.			
Street Address							52/63/25/64	000000000000000000000000000000000000000		Route	9, Unit 61				
City, State, Zip Code				i				te, Zip Co	Tom	s River,	New Jers			271	
Project Manager for Moni	toring Firm	Number			Telephor 732-34	ne Number 9-9932	r		License N 00624	lumber					
Scheduled Start Date (10) 8/21/13		Complet 3	tion Date ((11)	Name of	OSHA M		S.L. An	alytical			YOMAN			
	ility Closed/Vacate	ed During	Entire Peri				Street Ac	ldress		Stelton		10			
	tement Performed er – Describe	Outside	of Normal F	acility I	lours		City, Sta	te, Zip Co		ntaway,	New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]				Negative Pre	ssure			
[] >3.	of or ≥3 lf		r 1	Renov	ation		[]		-Enclosur ebag Proc						
	0 sf or ≥260 lf		[x]	Demol			[x]				Non-Friable	Procedi	ure		
		I			Ī				to an			Abat	ement	Туре	
		1	Is Location	222			Descriptio					R	R	Е	Е
Location Asbestos-Containing N		N	ormally us Solely by				estos-Cor laterial (A			1111	Amount pecify SF	E	E P	N C	N C
TO BE ABA		Maint	tenance/Cu				, thermal				or LF)	M	A	A	L
in facility			Staff			ins	lation, su					O V	I R	P S	O S
(13)			(12)			oth	VAT, o er miscella					A	K	U	U
		YES	NO	N/A		om	ci miscein	aicous)				L		L E	R E
Exterior		Asbe	stos sidir	ıg			120	00 sf	X		E	E			
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223						Cubic Ya	rds of Wast	90 mm	ne of Reg	istered La	ındfill				
City, State Disp							City, St	ate		presi					
Toms River, Completed by (Print or Ty	8/23	/13 ·Signat	ture	Tullyt	own, Per	unsylva	ma /	-	Date						
Nicholas Fer		Title Proje	ct Manage	er		Nid	id'_	He.				8/20)/2013	3	
		*1	o not use i	this for	m for asb	estos licer	sure exem	pted acti	vities.						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	NOTIFIC	OLTA	N OF AS	BESTOS A	BATEME 12:120)	ENT			F71			
C)				C 8:60 and		ST E	RE	141 1	m			
of Notification (1)	-	Name Janic	of Buildin e Janja	ng Owner/Op anin Priva	te Hom						-	
1/13 ncies Notified Type Notification		Street 1 We	Address est Sus	quehanna	ı		AUG	2 3 2013	19	-	_	
EPA Initial DEP Amended Amendment #		City, S	State, Zip certon N	Code NJ 08087				S CONTROL	<u></u>	1		
Emergency (including justification)	ling	Name	of Conta	act	55	A	SPEDIE	lephone Number	_	_ 		
DOH DCA Gancellation				NFORMATI	ON						•-	
ne of Facility Where Abatement is Taking Plan	ce (3)		CILITI	NI OTTIME		Type of Faci	(K-12)	hor than K-12)				
nice Janjanin Private Home					2000) II	Subchi Other	apter 8 (Ot (i.e. private	her than K-12) e & commercial b	uildings	, hom	es,	
eet Address West Susquehanna						etc.) Square Fee	et #	of Floors	Bldg. /			1
y (5) uckerton NJ 08087		T 0	nty Code	(7)		1000 Current Us	e (Prior if b	peing demolished				1
ounty (6)		(STA	TE USE	ONLY)		Home of Abateme		7,545			_	-
ame of Monitoring Firm Hired by Building Own	ier (8)	A	SCM No		Per	naco Inc.				•		-
I/A treet Address					PO	et Address Box 329						_
ity, State, Zip Code					City, We	State, Zip Co st Berlin N	ode J 08091	N-				_
Project Manager for Monitoring Firm		Tel	lephone l	No.	Tele 856	phone No. 3-753-9800)	License No.				_
S + P-45 (10)	cheduled	Compl	etion Dat	te (11)	V 100000000	ne of OSHA N	/onitor		Section 2003			_
9/3/13 Decupancy Status During Abatement (Check	0/10/13 Only One)				100000	et Address						
Facility Closed/Vacated During Entire Pe	rind of Ab	ateme	nt		City	y, State, Zip C	Code					
Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Re De	enovati	on on			Mini-F	Enclosure	nt with Negative F edure (*) and Non-Friat	ole Proc	edure		
	T in	Locatio	on T			THOIR S				Abate Typ	,,,,,,,,	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormali d Solel intenar todial S (12)	y ly by nce/	(i.e. th	Contain ermal sys	ption of ing Material (stems insulati g, VAT, or cellaneous)	ACM) on,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lindon
(10)	Yes	No	N/A		Evtorio	or Siding		1200 SF	+	-		
			X		Extend	of Olding						+
Exterior Siding			1								-	+
Exterior Siding	-	-							-		1	1
Exterior Siding					Cubic V	ards	Name of	Registered Land	ifill			1
			NJDEP V		Cubic Y of Wast			Registered Land	Ifill			1
Exterior Siding Name of Registered Waste Hauler United Containers			NJDEP V Hauler ID 22459		of Wast	e	G.R.O	.W.S.				_
Name of Registered Waste Hauler	Title		Hauler II		of Wast 3 Disposa 9/10/1	e al Date	G.R.O	.W.S. *				

35/4

18			(Pu	rsuant t	o NJAC 8	:60 and	d 12:120))	(B)	F	G					31
Date of Notification (1) 8/21/13		-			Building (Luke Su				ne		(0)	<u> </u>				
Agencies Notified	Type Notification		774	Street Ac	dress mers Co	ourt					AUG	2 3	20	13	TE	7
EPA. DEP DOL	Initial Amended Amendment	#			te, Zip Coo		 57			ASE	ESTO	300)NT	ROL	8	
DOH DCA	Emergency (justification) Cancellation		1		Contact		37				nhann	- A				
L DOM	Caricollation				ITY INFO	RMAT	ON					PA (W)				
Name of Facility Where A Kim & Luke Sadan		g Place (3))	76				(Marcon)	of Facility (4 School (K-12							
Street Address									Subchapter 8	(Othe						
111 Somers Court								- 6	Other (i.e. pr etc.)			ercial i	ouild	ings,	home	s,
City (5) Moorestown NJ 08	057							Squar 1000	re Feet) +	# of 2	Floors		35	dg. A	ge	
County (6) Burilington				County C	ode (7) ISE ONLY)	V.		Curre	nt Use (Prio	r if bein	g demo	olished	i)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.			of Aba aco Ir	tement Cont	ractor ((9)					
Street Address							0.0000000000000000000000000000000000000	Addres	200							
City, State, Zip Code									ip Code in NJ 0809	91			-			
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none N 753-9	0.	T	Licens					
Start Date (10)		Schedule	ed Com	pletion [Date (11)	-			HA Monitor		00121	-			-	-
9/3/13		9/9/13					Sam									
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)				Street	Addres	ss							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Nom	Period of Anal Facility	Abatem Hours	ent	55	_	City, S	State, Z	ip Code					-	1999	
Scope of Work (Check A	All That Apply)														•	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renovat Demoliti					Mir	II Containme ni-Enclosure ovebag Proc n-Exempted	edure						
		le	Locatio	on				140	TPLXeTTIPLEG	() and	NOIPI	Table			ment	
Location		1	Normali	ý	8	De	escription	n of			186	1	_	Ту	ре	_
Asbestos-Containing TO BE AB		Ma	d Solel intenar	ice/			taining N			100.00	mount pecify		_Z		Enc	m
In Faci (13)		Cust	todial S (12)	itatr?	•	surfa	acing, VA	T, or			or LF)		Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		Guioi	11110001101	loodoj					/al	=	ilate	ıre
Basem	Basement					Floor	tile & r	nastic	;	80	0 SF	7	c			
												_	_			
	-										4					
Name of Registered Wa	1	l N	JDEP W	/aste	Cubic	Yards	20-40 Pd P	Name of F	Registe	red Lan	dfill				_	
United Containers	H	auler ID 2459		of Wa			G.R.O.V		201							
City, State Elm NJ					Dispo 9/9/1	sal Date 3)	City, State Morrisvi		1906	7					
Completed by		Title					Signatur	e ``				Date				
Anthony T Perna		Presi	aent					l				8/2	1/13	3		

CK 25 15

<i>)</i>			, -					,	IM IF	(C	15 1	W	15	5 7	21		
Date of Notification (1) 8/21/13				Name of Building Owner/Operator (2) Keith Johnston Private Home													
Agencies Notified EPA	Type Notification Initial		.1	Street Ac S West	ldress Sandur	ne Lai	ne			AUG	2 3	2013	}		7		
EPA DEP DOL	Amended Amendment				te, Zip Cod a Park N		008		AS	BEST	os co	NTRO	א וכ	Ţ			
DOH DCA	Emergency (justification) Cancellation	including											ne Number				
Basel .				FACII	ITY INFO	RMAT	ION	p.									
Name of Facility Where A Keith Johnston Priv		Place (3)	T AGIL	21111110	TUBEL	ion	monet	of Facility (4	60							
Street Address 6 West Sandune La	ıne			191					Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
City (5) Peahala Park NJ 08	3008								etc.) re Feet) +	# of	Floors		BI:	dg. A	ge		
County (6) Ocean					Code (7)			Curre	ent Use (Prio		ng demo	olished		, T		-	
Name of Monitoring Firm		ASCM					tement Conf	tractor	(9)								
N/A Street Address					Pernaco Inc.												
City Otata 7in Onda						Box 329											
City, State, Zip Code					City, State, Zip Code West Berlin NJ 08091												
Project Manager for Mon	Project Manager for Monitoring Firm						0.0000000000000000000000000000000000000	none N 753-9			License 00727						
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Completed by		Title				-	Signatur	e	-		Т	Date					
Anthony T Perna President						1/1			8/21/13								

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 06/06/13 **Brookstone Management** 08/20/13 AUG Type Notification Agencies Notified Street Address 1970 Swarthmore Ave. Initial FPA STOS CONTROL & LICENSING City, State, Zip Code Amended DEP Lakewood, NJ 08701 篮 DOL Amendment# Emergency (including Name of Contact Telephone Number 23 DOH justification) DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 525-527 N 3rd St. etc.) Square Feet # of Floors Bldg. Age City (5) Miliville Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Cumberland Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 732-668-9078 1200 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) AAA LEAD PROFESSIONALS 08/24/43 08/19/13 08-26-12 Street Address Occupancy Status During Abatement (Check Only One) **6 WHITE DOVE COURT** Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: LAKEWOOD, NJ 08701 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 Abatement is Location Туре Nomelly Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Removel Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)and the second of the 26Y No N/A SIDING 2000 SF X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S. NORTH LANDFILL GUARDIAN CONTRACTING, INC

476423

THE

OWNER

Disposal Date

Signature

Date

08/07/13

MORRISVILLE, PA

City, State

Completed by

TOMS RIVER, NJ

JOSEPH PERLSTEIN





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) 06/06/43 08 20-13 **Brookstone Management** Agencies Notified Type Notification Street Address 2013 1970 Swarthmore Ave. Intilal City, State, Zip Code Amended X DOL Amendment # Lakewood, NJ 08701 ASBESTOS CONTROL & Emergency (Including Name of Contact DOH lustification) DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Streat Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 421 Windsor Dr etc.) City (5) Square Feet # of Floors Bldg. Age Gibbstown County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Greenwich Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address Street Address 6 WHITE DOVE COURT City, State, Zip Code City, State, Zip Code LAKEWOOD, NJ 08701 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-668-9078 1200 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 08/19/13 08/21/43 AAA LEAD PROFESSIONALS 09-26-13 Occupancy Status During Abatement (Check Only One) Street Address 6 WHITE DOVE COURT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zlp Code Other - Describe: LAKEWOOD, NJ 08701 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation П ≥160 sf or ≥260 lf Demolition Mini-Enclosure X Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify SF or LP) Remova Custodial Staff? Repair surfecing, VAT, or in Facility (12)(13)other miscellaneous) No NA SIDING 1000 SF X CAULK 100 LF TILES 80 SF X Cubic Yards Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Hauler ID No. of Waste G.R.O.W.S. NORTH LANDFILL GUARDIAN CONTRACTING, INC. 476423 City, State Disposal Date City, State MORRISVILLE, PA TOMS RIVER, NJ Completed by Title Signature Date JOSEPH PERLSTEIN OWNER 08/07/13

\$ 5886)

NOTIFICATION OF ASBESTOS ABATEMENT

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

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Section Sec		500,000	CILITY INFORM	ATION	m	*								
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Toms River, New Jersey 08755-1271	Street Address				1889	Route 9, Unit 61								
Project Manager for Monitoring Firm Telephone Number Telephone Number T32-349-9932 O0624	City, State, Zip Code			City, Sta		iver, New Jersey 08755-1271								
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$ \begin{bmatrix}] & \text{Mini-Enclosure} \\ [] &] & \text{St f or } \ge 3 \text{ if} \\ [] &] & \text{Renovation} \\ [] &] & \text{Renovation} \\ [] &] & \text{Renovation} \\ [] &] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Glovebag Procedure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ \end{bmatrix} $ $ \begin{bmatrix} [] & \text{Mini-Enclosure} \\ $		Outside of Normal Lacinty		City, State, 21p Code										
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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) Miller Homes											
August 20, 2013							Miller	Homes	I(U)	E C E	TO	795		7		
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Name of Facility Where Abaten	nent is Taking F	Place (3)	rac.	ILITI	NEORIVI	ATION	Type of	f Facility (4)							
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Street Address							-		[]	Subchapter 8 (of				.		
110 Eas	t Hudson Dr	rive							[x]	Other (i.e., priva homes, etc.)	ite & co	mmero	ial buil	dings,		
City		County	(6)		County C			Square		# of Floors Bldg. Age						
Little Egg Harbo	-	Ocean			(STATE	USE ONLY			100 sf	being demolished	1		50			
Little Egg Haroo		Ocean						Current	Residen							
	by Building O	wner (8	3)		ASCM N	o.	Name of	Abateme	nt Contractor	` '	т					
N/A Street Address							Street Ad	drece	Guardia	in Contracting,	inc.					
Succe Address						1	Succi Ad	iuress	1889 R	oute 9, Unit 61						
City, State, Zip Code							City, Stat	te, Zip Co	de				2000			
Project Manager Con Manifesian	F:		Talaahaaa	Mount			Telephon	- Mussha		Liver, New Jers			271			
[x] DOH [x] Emergency (including justification) Name of Facility Where Abatement is Taking Place (3) Residence Street Address 110 East Hudson Drive City County (6) Little Egg Harbor Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone Nur Scheduled Start Date (10) 8/21/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period (1) Abatement Performed Outside of Normal Facil (1) Other — Describe Scope of Work (Check all that apply) [] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Is Location Normally used Solely by Maintenance/Custon Staff (12) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custon Staff (12)			Number			732-349		T.	00624	vuilibei						
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[] Other – D	escribe						011), 0111	,p		way, New Jerse	ey 088	54				
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			[]	Renovat			[]	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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Toms River, New Completed by (Print or Type)		Title		8/26/1	Signati	ıre	Tullyto	own, Pe	nnsylvania /	1	Date		4))			
Nicholas Fernicol			t Manage	er			101		1		652500000)/13				

Date of Notification (1)			IN	lame of	f Building	Owner/Operator	(2)	1171	-	ange t J. Car		\neg		
8-22-13				Buckeye Perth Amboy Terminal, LLC										
Agency Notified	Type Notification		S	treet A	ddress reenv	way Plaza Suite 600 4 AUG 23 2013								
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©ÃDOH ©ÃDCA	 Emergency (includir justification) Cancellation 	ng			f Contac Leeh		Telephone Number							
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	th Amboy Ter		al		7.		☐ School (K-12							
Street Address 380 Maurer	Road						☐ Subchapter 8 (Other than K-12) ☐ Other (I.e. private & commercial buildings, homes, etc.)							
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(8) Finog Env	ronmental						IIVIIOIIIIE	iitai serv	ices	,	T 11	<u> </u>		
Street Address 617 Stokes Road, Suite 4-						2251 Fr	Street Address 2251 Fraley Street							
City, State, Zip Code Medford, NJ						Code Lphia, PA								
				e No. 715 -	2211	Telephone No. 215-533	-5155	License No. 01166						
Start Date (10) 8-22-13	Scheduled Co		on Date	e (11)		Name of OSHA Finog En	Monitor nvironmen	ntal						
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ASB-41	* Do no	t use th	is form	n for as	bestos li	censure exempte	d activities.			0.000				

U-40592

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) VNO Wayne Town Center LLC 3 2013 8-21-13 AHC Street Address Agencies Notified Type Notification 250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd ASSESTOS CONTROL & Initial **EPA** City, State, Zip Code Amended DEP LICENSING Amendment # Wavne NJ, 07470 DOL × Emergency (including Telephone Number Name of Contact justification) DOH Mark Messier DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 250 Wayne Town Center etc.) Bldg. Age Square Feet # of Floors City (5) 45 years 220,000 Wayne Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Not in use Morris Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Gramercy Group Inc. Omega Environmental Services Street Address Street Address 3000 Burns Avenue 280 Huyler Street City, State, Zip Code City, State, Zip Code Wantagh NY 11793 South Hackensack NJ License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 516-876-0020 01085 201-489-8700 Gary Mellor Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Gramercy Group Inc. 3-31-14 9-5-13 Street Address Occupancy Status During Abatement (Check Only One) 3000 Burns Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Vacant Retail Store Wantagh, NY 11793 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition x ≥160 sf or ≥260 lf 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 Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 188,000 sf X Spray on fireproofing X 1st floor and 2nd floor levels X 1,000 sf VAT Throughout 1st Floor X Miscellaneous VAT X Non-Friable Roofing and Flashin 193,525 sf X Roof Membrane and Flashing Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Minerva Enterprises Horwith Trucks Inc. 100 16227 City, State Disposal Date City, State 4-30-14 Waynesburg OH Northampton, PA 18067 Date

8-21-13

Signature

Title

Environmental Coordinator

Completed by

Robert Lewin

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

CK 3651

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Date of Notification (1) 8-21-13			Nam	e of l	Building ronm	Owner/Operator (ental Res	olutions	Inc. Al	JG 2	<u>خ</u>	201	ე 		
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vacant 2-st	ory brug		-				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e. private & commercial buildings,							
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Name of Monitoring Firm (8) Pennoni As	i As	CIVI IVO	•		Pepper E	nvironme	ntal Serv	rices	,	Ir	ıc	•		
Street Address 515 Grove St	54	Street Address 2251 Fraley Street) (1 1885)			
City, State, Zip Code			City, State, Zip Code Philadelphia, PA 19137											
Haddon Heig					pilla, PA					000				
Project Manager for Mo R. Alan Lloye	phone 1 5-54		505	Telephone No. 215-533		License No. 01166								
Start Date (10) 7-26-13	Scheduled C	ompletion		(11)	84	Name of OSHA Pennoni	Monitor Associat	es						
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Morrisville	e, PA			7.			Libson	, UH	Date					
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