MO 20457945685

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) 08/21/2013 Joann Martin AUG 2 / 2013 Street Address Agencies Notified Type Notification 268 Church Street Initial **EPA** City, State, Zip Code DEP Amended ASBESTOS **GONTROL &** × Lodi, NJ, 07644 DOL Amendment # Emergency (including Name of Contact X DOH justification) Wincent Martin DCA Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Private Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 268 Church Street etc.) City (5) Square Feet # of Floors Bldg. Age 750 70 Lodi Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Residential Bergen ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Niram Inc. N/A Street Address Street Address 91 Fulton Street City, State, Zip Code City, State, Zip Code Boonton, NJ 07005 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 01081 973 299 4455 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Uros Simeunovic Occupancy Status During Abatement (Check Only One) Street Address 91 Fulton Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Boonton, NJ, 07005 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure 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 Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A X Non-Friable Transite Panels 400 SF X Exterior walls Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. T.R.R.F. Niram Inc. 15 12577 City, State City, State Disposal Date 09/04/2013 Tullytown, PA Boonton, NJ Signature Date Title Completed by

Project Manager

08/21/2013

Slobodan Panic

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

MU 21345727307

State of NJ

Paragon Job#	<u></u>			to NJAC 8:		and 12:120-7	ECEI	VE				
Date of Notification (1)	Bor	ough of N		/Operator (2) Iford			AUG 27	2013				
Agencies Notified Type Notification	n Street	Address										
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Residential							Other (P				2)	
Street Address							Bldgs./H	omes, etc				
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Street Address						590 River Rd.						
City, State, Zip Code						City, State, Zip Code		CVIII.				
ony, ciato, 2.p octo						Clifton, NJ 070	14					
Project Manager for Monitoring Firm		Phone	Numbe	er	— -	Telephone Number		License N	umb	er		
						(973) 614-1600		00748				
Scheduled Start Date (10)	ISched C	ompletion D	ate (11			Name of OSHA Mor						
				,		Paragon Contrac	cting, Inc.					
08/28/2013	08/30/20	0.000000				Street Address						
Occupancy Status During Abatemen			nt.		- 11	590 River Rd.						
Facility closed/vacated during Abatement performed outside	of normal faci	ility hours-	IL.			City, State, Zip Code	10					
Describe:					-11	Clifton, NJ 070	14					
Other-Describe:					-11	Cinton, 143 070	17					
Scope of Work (check all that apply						U.O to in and/o.	egative pressure	7 Gloveba				
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City, State			posal [City State						
Clifton, NJ 07014			BD			Jullytown, PA						. Te Jetti (pg 90
Completed by (Print or Type)	Title			Signature	d	1/2:		Date	27.7 (2000)		leterite	
Goran Lazevski President						08/19/2013						

J. G. Proje

State of NJ

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	G.		FACIL	ITY INFORMA	ATION		- T T-	Type of Facility (4)					_
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		-				Street Addres		HON, INC.			_		
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City, State, Zip Code					-	City, State, Zi	o Code						
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Project Manager for Monitoring Firm		Pho	ne Numbe	er		Telephone No			License 1	Numbe 169	er		
						973-345 Name of OSI		or.	- 01	109	_		
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13	13					Street Addres							
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Abatement performed outside of Describe:		acility hours			_	D	NII 075	:03					
Other-Describe: NORMAL HO	URS				_	Paterson		ull Containment w	/nogative	praeci	Ire		
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abated in facility (13)	Yes	No	N/A							v e	r	р	
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Registered Waste Hauler D & S RESTORATION, INC.	NJDE 135	P Hauler II 06		3 CY	vvasit	TULLY	rown,	RESOURCE RE	ECOVE	RY			
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Completed by (Print or Type)	Title	ENT		Signature	*				8/19/	2013			
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Date of Notification (1)	~		210		uilding Owner/Op							
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Project Manager for Mo	pait ri g Firm	, _		Telephon	e No. 758-3365	Telephone N 609 758	lo.	License No.	3	9	4	20
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Date of Notification (1)	Name of Building	Owner/Operator	(2). (1)(2)	10 mm	- 55	110.	42	e l
8-23-13 Agreet Melled Type Notification	B. B.	ERLAMI	00	2813 AUG 2	1 10	110		
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DEPA DAMENDOS	City, State, Zip		- 07	670				
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Street Address		450 S.	River St					
City, State, Zp Code		City, State, Zip C	Code ·	J. 07601				
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Hackensack, N.J. 07601	81	9-5-13	Waynesh	ourg , Oh				90
Completed by Title		Santa	<u> </u>	1 1	8-2	7	,0	3
R. VELDRAN Estimator		RVoldr	en		8-6	2-1	1	_

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ August 22, 2013 Notification Type Agencies Notified Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ■Amended Notification ☐ DCA City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Telephone Number □ Cancelled Name of Contact X DOH MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) BIORESOURCE, BLDG# 6066 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **COOK CAMPUS** # of Floors: 1 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) City (5) (State Use Only) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno-ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 License Number Project Manager for Monitoring Firm Telephone Number Telephone Number 609-386-8800 BRIAN KEARNY 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 09/06/13 09/09/13 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe MOther - Describe: Shift Hours: 12:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure **⊠**Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 lf Glovebag Procedure Demolition ≥ 160 sf or ≥ 260 ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) NO NA YES 460 SF X VAT Room 102 X X MER TRANSITE 60 SF X Name of Registered Landfill NJDEP Waste Hauler ID # 15 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date 100 New Ford Mill 09/09/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP # 22612 215-736-1700 Date Completed by (Print or Type) Raymand C. Pedalino August 22, 2013 SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

State of New Jersey

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Date of Notification (1) 8/21/13					Building Sue M		perator	(2)	28/3/	UG 2	7 4110				
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Street Address 94 Alamuchy Road								×	Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Frelinghuysen								Squ 250	are Feet 00	# of 2	Floors	5.2	ldg. A O	ge	
County (6) Warren	39			County (STATE L	Code (7) JSE ONLY)		Cur	rent Use (Prio	r if beir	ig demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				oatement Con vironmental						
Street Address							Street 4 E (307	ress Drive, PO	Box 4	-83				
City, State, Zip Code		Vi					City, S	tate,	Zip Code				-		
Project Manager for Mon	nitoring Firm		1	Telephor	ne No.		Teleph	none			License No	0.			
Start Date (10) 9/4/13		Schedule 9/18/13		Completion Date (11)					SHA Monitor		700				
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Facility Closed/Vac	ated During Entire ned Outside of Norr	Period of A	batem	\$5.00 (10					Zip Code	25 25					
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City, State Bronx, NY			Disposal Date City, State TBD Waynesburg OH												

Andrew Scott Higgins

Completed by

Title

President

Date

8/20/13

Signature

Date of Notification (1) 8/22/13	Name of Building Owner/Operator (2) US Bank National Assoc. as Trustee for RMAC Pass-Through Trust															
Agencies Notified	Type Notification	2	- 23	treet Add	tress son Ave	e., Su	ite 120		Ġ.	Ž'n.			ें ही	3		
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County (6) Bergen		t t		County C	ode (7) SE ONLY)			Curren	t Use (Prior	if bei	ng demol	ished)			
Name of Monitoring Firm	m Hired by Building C	wner (8)		ASCM	No.				ement Control			.c				
Street Address							Street	Address								
City, State, Zip Code							City, S	State, Zip						- 80 - 50		
Project Manager for Mo	nitoring Firm		- [7	relephon	e No.		Telepi	hone No			License	No.				
			1.0. 5	- (44)				A Monitor		700					-	
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Date of Notification (1) 8/22/13			Name of Building Owner/Operator (2) US Masters Residential Property (USA) Funda (USA) Street Address														
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									etc.)	1			DI	I- A-			
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Bayonne								210		2			50	·			
County (6) Hudson				County C STATE U	ode (7) SE ONLY)			Curre	ent Use (Prio	r if bei	ng demol	lished)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				atement Cont ronmental								
Street Address	Control volve						Street	Addre	ess		•						
									Drive, PO	Box	483						
City, State, Zip Code									Zip Code d, NJ 0741	18							
Project Manager for Mo	nitoring Firm		T	Telephon	e No.		Teleph 973-	none N 583-8			License 703	e No.					
Start Date (10)		Scheduled 9/23/13	Com	Completion Date (11)				of OS	HA Monitor								
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State of New Jersey

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Street Address 56 Elm Street								⊠ c	Subchapter 8 Other (i.e. protec.)			l build	1000000		s,
City (5) Warren								Squar 2200	e Feet	# of 2	Floors	6:	dg. A 5	ge	
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Project Manager for Mo	nitoring Firm			Telephor	ne No.			one No 583-8			License No 703).			
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City, State						Disposa	City, State Disposal Date City, State Brony NY TBD Waynesburg OH								

Signature

Date

Completed by

Andrew Scott Higgins

Title

President

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) 2813 AUG 27 AM 10:32 9 / Esteban and Elizabeth Rakela 0 Agencies Notified Street Address 300 Newark Street, 8H [X] EPA City, State, Zip Code DEP [X] Initial [] [] Amended Hoboken NJ 07030 [X] DOL Amendment# Telephone Number [] Emergency (including Name of Contact [X] DOH Justification) [] DCA [] Cancellation Gerald Eglentowicz FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) [] Residence Subchapter 8 (Other than K-12) Street Address [] [X] Other (i.e., private & commercial buildings, homes, etc.) 931 Washington Street City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Hoboken Hudson Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 Telephone Number License No. Project Manager for Monitoring Firm Telephone Number 00408 973 628-9500 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 0 9 0 3 / 0 9 0 9 Enviro Vision Consultants, Inc. Month / Day / Year Month Day Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement [] Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Fairlawn NJ 07410 [] Other - Describe: Scope of Work (Check all that apply) [] Full Containment With Negative Pressure Mini-Enclosure [X] Renovation [X] ≥ 3 sf or ≥ 3 lf Glovebag Procedure Demolition [X] [] Non-Exemted (*) and Non-Friable Procedure [] ≥ 160 sf or ≥ 260 lf Abatement Type E E Is N N Description of Location R C C Normally Asbestos-Containing Amount Location of M E L (Specify A Material (ACM) Asbestos - Containing Used SF or LF) 0 0 Material (ACM) Solely by (i.e., thermal systems S V S insulation, surfacing, VAT, A TO BE ABATED Maintenance / U U I Custodial or other miscellaneous) A in Facility (13) L R L R Staff (12) Yes No X 55 L.E X pipe insulation Basement 14 ea. fittings Basement

Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S 17819 J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Morrisville PA Wayne NJ 07470 Date Completed by (Print or Type) Title Signature 8/19/2013 Jerry Bijelonic Project Manager

Emergeniu

State of Now Jersey NOTIFICATION OF ABBESTOS ABATEMENT

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	N. Depty of Health & Senior Services
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Name of Monitoring Firm Hired by Building Owner (8)	A	SCM N		Name	of Abateme		nales	ies	J	ne	
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8-26-13 8- Occupancy Status During Absternant (Check Only One	28-	13_		Stre	et Address		mologies	, L-n	<u> </u>		7
A way or 10/2 mind During Entire Prefind of A	batemen	t		. 100	P-O . State, Zip (Box	337				
Abatement Performed Outside of Normal Facility Other - Describe:	Hours				Vew E		LL	<u>085</u>	33	3_	
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Date of Notification (1)	8-24-13		N	ame of B	Building Owner/O	100	1000000	1		100-024						
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	West Ma	<	12	04	_	Other (i.e. private & commercial buildings, homes, etc.)										
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Murlt	on NJ							2		100	7 +	_				
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Name of Monitoring Firm	Hired by Building O			ASCM	No.	tractor (9)		,								
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Start Date (10)		Scheduled	Com	pletion [Date (11)	Name o	of OSHA Monitor	1			-					
9-4-13				<u>-13</u>	3	L	IPC Tec	hnologies	T	nc						
Occupancy Status Durin							Address -O. Box	727								
Facility Closed/Vac Abatement Perform	ated During Entire P	eriod of At at Facility I	atem Jours	ent		City. St	ate, Zip Code	- T								
							w Egypt	NJ C	185	53	3					
Scope of Work (Check A	III That Apply)															
23 sf or ≥3 lf		□ Re				☐ Full Containment with Negative Pressure										
□ ≥160 sf or ≥260 lf		□ De	moliti	on		<u>-</u> پحر										
					r		Non-Exempted	d (*) and Non-Friable	Pro							
		1 ST-2007	ocati								ement pe	ě				
Location			ormal Sole			escription	of laterial (ACM)	Amount			m					
Asbestos-Containing TO BE AB		Mair Custo	ntenar		(l.e. therma	al systems	insulation,	(Specify	Re	Z.	nca	Enc				
In Faci		Cusic	(12)	otani		acing, VA miscellan		SF or LF)	Remova	Repair	Encapsulate	Enclosure				
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Basemen	T	X			Libs -	LMSa	Landa	100 4	^							
		+		+	-				-	-						
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Name of Registered Wa	ste Hauler		IN	JDEP V		c Yards	Name of	Registered Landfill	_		1	-				
	4	_	H	lauler ID		aste 2	Wass	te Managen	n 4 -	<i>t</i> .	c f	A,S				
City, State	thnologie	>		170	Dispo	osal Date	City, Sta	te								
Completed by	aunt	NJ			1	-5-1		CI JUILE C	A							
Completed by	->4F-	Title	,	1		Signature	CI	Da		21.	, -	2				
Steve Sche	in Keir	Hize	sid	ent		26	ecp books	oh	<u>v</u>	91	-13)_				

Date of Notification (1)	8-24-13		Na	ame of Bu	uilding Owner/Op	^										
Agencies Notified	Type Notification		St	reet Add	ress On	ged of	Halle:	27 AM 10: 32								
D EPA D DEP D DOL D DOH D DCA			Tanny Carter													
Name of Facility Whe	re Abatement is Taking F	Place (3)		FACILI	TY INFORMATIO		f Facility (4	,				-				
Single Street Address	() 11 2	elline	5	-2		s	chool (K-12 ubchapter l		buildir	ngs, h	omes	š,				
City (5)	enville N	12	08	876		Square	Square Feet # of Floors Bldg. Age Z 65+									
County (6)	remoting		C	County Co	ode (7) SE ONLY)	Currer	nt Use (Prio	r if being demolished	3)							
Name of Monitoring F	irm Hired by Building Ov	wner (8)		ASCM	No.	Name of Abat				٩						
Street Address	Box 33	3162)		MA	Street Addres	9	<u>.hnologi</u> 337	69		717	<u></u>				
City, State, Zip Code	EQUAT.	N ₂	- (280	533	New Equat NO 853										
Project Manager for	Mobileri greinm Schen Ken	_	18	elephon	e No. 1 58 -3365	Telephone No. 609 758	09 758-3365 00344									
Start Date (10)		Scheduled	d Com		ate (11)	Name of OSF	-	hnologies	\mathcal{L}_{ℓ}	ıc						
Occupancy Status D	uring Abatement (Check	Only One	=)			Street Addres										
Facility Closed/ Abatement Per Other - Describ	Vacated During Entire Proformed Outside of Normalie:	eriod of A al Facility	Hours	ent		City, State, Z	p Code	NJC	83	53	3	-				
Scope of Work (Che			enova emolit			☐ Mir										
		Is	Locati	on						Abate	ment pe					
Asbestos-Conta TO BE	ration of ining Material (ACM) <u>E ABATED</u> Facility (13)	Use Mai	lormal d Sole intena odial ((12)	ly by nce/	Asbestos Cor (i.e. therma surf	escription of ntaining Materia al systems insulacing, VAT, or miscellaneous)	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure				
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												_				
Name of Registered	d Waste Hauler			NJDEP V Hauler ID		ic Yards /aste	100000000000000000000000000000000000000	f Registered Landfill								
EPC 7	echnologie			170	00	osal Date	City, Sta		nen A	to	E 1	(V				
New	ESYPT	NJ Title				-4-13 Signature	Mor	A De	te	2.						
Completed by	hen Ken	Pize	Sic	Pent		Steer	Bock	when	8	dy	1-1	2				

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) Chelsea Village Apartments Street Address													
August 23, 2013						Chelse	a V	mage Apartm	ents	7	30	22			
[]	ion Notificat ded Notif			Street Ac		3300 F	airr	mount Avenue	2						
[x] DOL Amen	dment #_ ency (inc			City, Sta	te, Zip Cod	e Atlanti	c C	ity, NJ 08401	DER HÖ	•0					
[X] DOH [X] Emerg	cation)	Juding	I	Name of		McCorn			Telephone Number			B			
[] Cance	паноп	8800			STEPROVENESTIN		шск								
CD 11. Wh. Abstract Toking	Dless (2)		FAC:	LITY I	NFORM	ATION	Tv	pe of Facility (4)							
Name of Facility Where Abatement is Taking Providence Apartm)					1 9	[]	School (k-12)						
Street Address								[]	Subchapter 8 (oth						
3300 Fairmount Av	enue							[x]	Other (i.e., prival homes, etc.)	private & commercial buildings,					
City	County	(6)		County C	ode (7) JSE ONLY	2	Sq	uare feet 20,000 sf	# of Floors Bldg. Age 2 60						
Atlantic City	Atlant	cic		(SIAIL)	JDL OINL	.,	Cu	arrent Use (Prior	if being demolished)		0			
WAS 15 TAKEN 15 TO 10 SECTOR - 10 AP		220					11.		nent Building						
Name of Monitoring Firm Hired by Building Guardian Contracti			1	ASCM N	0.	Name of Abatement Contractor (9) Guardian Contracting, Inc.									
Street Address		-				Street Ad	ldres)t- 0 II-it 61						
1889 Rte. 9, Unit 6 City, State, Zip Code					City, Stat	te Z		Route 9, Unit 61							
Toms River, NJ 08						75.4-10.5	Toms	River, New Jers			271				
Project Manager for Monitoring Firm	Telephone 732-349				Telephon 732-34			License Number 00624							
Nicholas Fernicola Scheduled Start Date (10)				ion Date (11) Name of OSHA Monitor							- Carlo				
8/26/13		9/20/	13			Street Ad	Idros		.L. Analytical						
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated		Entire Per	iod of Ab	atement		Sueet Ac	iuics		Stelton Road						
[] Abatement Performed (City, Sta	te, Z	ip Code							
[] Other – Describe			-						away, New Jerse	y 088	54				
Scope of Work (Check all that apply)						[]		Full Containmen	nt with Negative Pre	ssure					
-		f 1				[]		Mini-Enclosure	d.com						
$\begin{bmatrix} x \end{bmatrix} >3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} 1 \\ \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		[x]	Renova: Demolit			[x]		Glovebag Proce	aure (*) and Non-Friable	Procedi	ıre				
[] 2100 \$1 01 2200 11		L J	Demon	1		r 1	_		1	_		T.			
		Is Location			1	Descriptio	n of	e		Abat	ement	I			
Location of		ormally i				estos-Cor			Amount	R E	R E	E N	E N		
Asbestos-Containing Material (ACM)		Solely b				faterial (A			(Specify SF or LF)	М	P	C	C		
TO BE ABATED in facility	Maint	enance/C Staff	ustodiai			, thermal: lation, su			OI LF)	0	A I	A P	D L		
(13)		(12)				VAT, o	or			V	R	S	S		
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Crawlspace	X			Asbes	stos pipe	insulatio	П		220 11	A			-		
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				1											
Name of Registered Waste Hauler	N		ste Hauler	ID No.		rds of Was	te	Name of Regis	tered Landfill				17		
Guardian Contracting, Inc. City, State	20223 Dispos	al Date	30	City, St	ate	T.R.R.F.									
Toms River, New Jersey	13				n, Pennsylvan	ia _	1-	5522							
Completed by (Print or Type) Nicholas Fernicola	Signat	ure	1.4	/	1.	1	8/2:	3/201	3						
Micholas Fernicola	ger this form	form for asbestos licensure exempted activities.													

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2) Chelsea Village Apartments 2 2 3 2 6 Street Address														
A	August 23, 2013	3					Chelse	a Vi	illage Apartn	nents	. 7	23	326	,	
Agencies Notified [X] EPA	Type of Notificat	tion Notifica	ation		Street Ac	ldress			nount Avenu		Rh IU: 1	32			
[] DEP	Amen	dment #	ification ——— ncluding		City, Sta	te, Zip Coo	le Atlanti	c C	ity, NJ 0840	NOEH.	hij.	ž.,			
[x] DOH	justifi	cation)	0		Name of		McCorn			Telephone	e Numbe	100			
	-			FAC	ILITY I	NFORM	ATION						0.00		
Name of Facility Where A	batement is Taking	Place (3)					Ту	pe of Facility (4						
	tford Apartmer								[]		l (k-12)	41	L-10\		
Street Address									[]		apter 8 (oth			al huild	lings
330	00 Fairmount A	venue						[x] Other (i.e., private & commercial building homes, etc.)							
City		Count	y (6)		County C	ode (7) USE ONL	_	Sq	uare feet	# of	Floors 2	Bldg	. Age 6	n	
A 41+i- Cit		Atlar	atio		(STATE	USE ONL	()	Cu	20,000 sf arrent Use (Prior	r if being o	_)	0	0	
Atlantic City	<i>y</i>	Atlai	itic						Apart	ment Bu		3			
Name of Monitoring Firm					ASCM No. Name of Abatement Contractor							T			
	ardian Contract	ing, In	c.		y-1112	tracting,	Inc.			-					
Street Address	39 Rte. 9, Unit	51					Street Ad	idies		Route 9.	Unit 61				
City, State, Zip Code	J Ric. J, Onic	31					City, Stat	te, Z	ip Code				1000		
To	ms River, NJ 08	3755								River, 1	New Jerse		55-12	271	
Project Manager for Moni Nicholas Ferr	Telephone				Telephone Number License Number 732-349-9932 00624					umber					
Scheduled Start Date (10)	Scheduled	Complet	ion Date (11)			HA Monitor	S.L. Ana							
8/26/13 Occupancy Status During		onlyme	9/20/	13			Street Ac	idres		J.L. Alla	ilytical				
[X] Fac	ility Closed/Vacate	d Durin	g Entire Per	riod of Ab	atement				1056	Stelton	Road				
	atement Performed						City, Sta	te. Z	ip Code						
[] Oth	er – Describe						,			taway, N	lew Jerse	y 088	54		
Scope of Work (Check all	that annly)						[]	_	Full Containme	ent with N	egative Pre	ssure			
Scope of Work (Check an	that appry)						į į		Mini-Enclosure						
[x] >3:	sfor≥3 lf		[x]	Renova	ation		[x]		Glovebag Proc						
[] ≥16	60 sf or ≥260 lf		[]	Demol	ition		[]		Non-Exempted	l (*) and N	Ion-Friable I	Procedu	ire		
									1000			Abat	ement	Туре	
25			Is Locati	300			Descriptio					R	R	Е	Е
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(13)	,		(12)			5-9-9-0-00	VAT, o		42			V	R	S U	S U
					-	oth	er miscell	anec	ous)			A L		L	R
		YES	NO	N/A								1,1230		Е	Е
Crawlspace		X			Asbe	stos pipe	insulatio	n		220	lf	X			
					-						-	-			
				-	-										
Name of Desistand West	NJDEP Wa	ste Haule	r ID No	Cubic Y	ards of Was	ste	Name of Reg	istered Lar	dfill						
Name of Registered Waste Hauler Guardian Contracting, Inc.				20223		30		·	T.R.R.F.						
City, State					sal Date		City, St		n, Penńsylva	nia					
Toms River, New Jersey Completed by (Print or Type) Title					/13 Signat	tura	Tullyt	T/	n, remisyiva	/		Date			
Nicholas Fer			ect Mana	ger	Jigina	M_i	dro	1	ten			8/23	3/201	3	
					m for asb	estos lice	nsure exen	npte	d activities.			•			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building Owner/Operator (2)													
8/23/2013					VW	V	Co	nstruction In	c cho) >	33	20			
[] DEP [] Amend	Notifica	ification		Street Address City, State, Zi	p Code	пет	116	Id Koad	AUG 27 AH IC	: 52					
IX I DOL		ncluding	1		Way	/ne,	, NJ	J 07470	LIULH THE						
[x] DOH justifie	cation) Ilation			Name of Cont Sc	act nny				Telephone Tumber						
			FACI	LITY INFO	RMATIO!	N									
Name of Facility Where Abatement is Taking Residence	Place (3)					Ty	pe of Facility (4	School (k-12) Subchapter 8 (oth	er than	k12)				
Street Address 1833 W. Pennsylva	nia A	venue						[x]	Other (i.e., privat homes, etc.)	e & co:	mmerci	al build	lings,		
City	Count	y (6)		County Code ((STATE USE			Sq	uare feet 900 sf	# of Floors	Bldg. Age 60					
Ortley Beach	Ocea	n		Current Use (Prior if being demolished Residence								0			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)		ASCM No.	Name	of A	Abat	tement Contract Guard	or (9) lian Contracting,	Inc.					
Street Address					Street	Add	dres		Route 9, Unit 61						
City, State, Zip Code					City,	State	e, Zi	ip Code		Leating C		000 W. O.			
390 S					Tolon	l. a.a.	- NI		River, New Jerse	ersey 08755-1271					
Project Manager for Monitoring Firm	Number	Data (11)	732-	Telephone Number											
Scheduled Start Date (10) 8/26/13		Scheduled 0 8/27/13		on Date (11)	Name	, 01 (USI.		S.L. Analytical						
Occupancy Status Duing Abatement (Check [x] Facility Closed/Vacate	only one	e) a Entire Perio	of Abs	ntement	Street	t Ad	dres		Stelton Road						
[X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe					City,	State	e, Zi	ip Code		w 088	54				
[] Other = Describe									taway, New Jerse		134				
Scope of Work (Check all that apply)					[]		Full Containme Mini-Enclosure	ent with Negative Pre	ssure					
>3 sf or ≥3 lf		[]	Renovat	tion	[]		Glovebag Proc							
[x] ≥160 sf or ≥260 lf		[x]	Demolit	ion	[>	(]		Non-Exempted	(*) and Non-Friable	Proced	ure				
										Aba	tement	Туре			
		Is Location			Descrip					R	R	E.	Е		
Location of	1	Normally us			Asbestos-0 Material				Amount (Specify SF	Е	E	N C	N C		
Asbestos-Containing Material (ACM) TO BE ABATED	Main	Solely by stenance/Cu			(i.e., therm				or LF)	M	P A	A	L		
in facility	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Staff	DIO GAM		insulation,	, sur	fac			0	I	P	0		
(13)		(12)			VA					V A	R	S	S		
	YES	NO	N/A		other misc	cella	inec	ous)		L		L E	R E		
	TLS		1,72.1	Ashastas	aidina				700 sf	X	-	Б.	E		
Exterior		X		Asbestos	siding	-	-		700 31	1					
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Name of Registered Waste Hauler	e Hauler	ID No. Cu	bic Yards of V	Wast	e	Name of Regi	stered Landfill		1						
Guardian Contracting, Inc.	0223	3000	3			T.R.R.F.				_					
City, State	al Date	City			n, Peńnsylva	nia									
Toms River, New Jersey Completed by (Print or Type)	er	Signature	11.	رم	P		1	Date 8/2	3/201	3					
Nicholas Fernicola	J1	1	1116	WI	1	TU	2000 C 200			" LATE					

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

08/21/2013 08:58

NO.918 #802

REMEMBER - MAIL IN HARD COPY

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Date of Notification (1) August 21, 2013				Building Ov Technic				Cha		989					
Agencies Notified Type Notification			Ireal Ar	dwood A	venue			\Box		HUG Z	3 20	113	1		
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	941		FACIL	ITY NEOR	MATION										
Name of Facility Where Absternant is Taking Mt. Ephraim Public Works Building Street Address	Pless (3)				1	Type of Facility (4) Sulpadi (K-12) Subchapler & (Other than K-12)								
33 Linden Avenua						_		Omer (l.e. p IIC.)	rivate é	commerc	ini bullo			oa,	
Oily (8) Mt. Ephreilm							5,00								
County (8) Carridon	68.0			Coda (7) ISB CALY)			Publ	rient Use (Prior II being demokshed) ablic Works Office							
Name of Monitoring Firm Hired by Building On MDG Environmental	vnor (8)							lement Con Vironment			,				
Street Address 1000 Maplewood Drive					62	23 (
Chy, Sinte, zip Code Mapia Shade, NJ 08052						Siale, Zip Code ple Shade, NJ 08052									
Project Manager for Monitoring Firm Tony Esposita		lephone No. Telephone No. 856-755-0099						COS42	Ne,						
	ichosuk Auguri			Oute (11)		me VS		10 MonNot							
Occupancy Status During Abelement (Chock					Address Hadde	n Ava									
Fecility Classid/Vacated During Entire Pe Abatement Parformed Outside of Norms Offiner - Describe:	rod of A	Haura Haura	ותם		Halo, Z	p Codo . New Je	LEGA	08108							
Scope of Work (Chuck All That Apply)												-	_		
100 SE OF SE		levove)				日の	Mir	Containmi i-Enclosum ivebag Prod n-Examples	edura				e		
) ncn()r Vormali											emen Na		
Location of Asbeeton-Containing Material (ACM) TO BE ABATED Or Feelity (13)	Use Ma Care	d Solei Intenun Indial S (12)	y by col loff?	(l.o. Lt	Description of the control of the co	cmi VA	faterial s insult T, or		(!	mount Specify Far LP)	Removal	Repair	Brcaps: ale	arsapug	
Office	Ada	No X	NIA		Celling	Par	nels		31	10 SF	7000	-		\vdash	
Workshop	_	X			Pane	_				00 SF	1990			. ,	
Balhroom		X			Pan	als			9	0 SF	XXX				
Name of Registered Weste Hauler Freshold		H	NJDEP Wasta Cubic Yards Hauler ID No. of Waste 22263 5												
City, Sinto Mount Holly, New Jurkey 08080			Diaposal Dato City, Stam 0/29/2013 Tullytown, PA.												
Completed by Christina Lynch	rations Manager Date August 21.						201	3							

EMERGENCY NOTIFICATION

		7
/	CHECK # 0254	1
	2 T 1	/

Date of Notification (1)		Name of Building Owner/Operator (2) Ron Juzefyk Street Address 112 W. Morrie Ave														
8-22-2013				Ron J	uzefyk	77			413	AUG	27 6					
Agencies Notified	Type Notification			Street A		1 58					- Fi	11 IU:	32			
EPA	☑ Initial				/. Morris				* 77	2.7	18					
DEP	Amended		1		te, Zip Co	1818			6	ELI.	IN THE	14/14	\$1			
X DOL	Amendment Emergency	-	- L		n, NJ 07						- Nati	\G_				
DOH	justification)				Contact		8			Tel	ephone N	umber				
☐ DCA	Cancellation			Ron												
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	DRMAT	ION	Type of Facility (4)								
House	/ Determent to Take	9 1 200 (0)				8		. ypc	7	<i>5</i> 7						
Street Address						-		School (K-12) Subchapter 8 (Other than K-12)								
112 W. Morris Ave	<u>.</u>								Other (i.e. pr				Idings	, hom	es,	
City (5)						+		Sour	etc.) are Feet	# of Floors			Bldg. Age			
Linden								Oque	ao i cot	1 " 0	110013	- 1	50g 50+	nge		
County (6)			T	County (Code (7)			Current Use (Prior if being demolished)								
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Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		Name	of Ab	atement Con	tractor	(9)					
n/a			3	n/a			1		Vanageme			on				
Street Address		1				-	Street	Addre	ss	- 111	-		72.25			
n/a							22 T	roy L	ane							
City, State, Zip Code	regions was sured to be a first or an order of the contract of						City, S	State, Z	Zip Code							
n/a				21	Linc	oln P	ark, NJ 07	7035								
Project Manager for Mor			Telepho	ne No.	ŧ.	1	hone N			License						
.n/a			n/a				-706-			01193						
Start Date (10)		Scheduled		pletion l	Date (11)		10/2000		HA Monitor							
8-23-2013		8-24-20	107			1			/lanageme	ent Co	orporation	n				
Occupancy Status Durin	ig Abatement (Chec	k Only One)			Fi.	Street									
Facility Closed/Vac					9			roy L								
Abatement Perform Other – Describe:		nai Facility F	IOUIS	,						7005						
Scope of Work (Check A	All That Apply)						Line	oin P	ark, NJ 07	035			-			
	ai mac/ppiy)	- E						3 _								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			noval moliti				Full Containment with Negative Pressure Mini-Enclosure									
							Glovebag Procedure									
		1 1					Non-Exempted (*) and Non-Friable Proce									
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Location Asbestos-Containing		Used			Anhani	De	scription taining M	of Actorio	L (ACM)	Α.	mount		T			
TO BE AB		Main Custo	tenan				systems				nount pecify	Z.	-	Enc	m	
In Facil (13)	,		ມar ວ (12)	tan?	\$ S		cing, VA			SF	or LF)	Remova	Repair	aps	Enclosure	
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Name of Registered Was	eto Haulor		N.	JDEP W	acto	Cubi	Vorde Nome of Posistered Landsii									
	2437	auler ID		of Wa	Yards Name of Registered Landfill											
Loznica Manageme	33	33137 TBI					GROWS Landfill									
City, State	Disposal Date															
Lincoln Park, NJ 07	TBD					Morrisvi	ille P	19067								
Completed by		Title					Signature Date									
E. Cirovic	tary C				C. Cirovic 8-22-2013											

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 13 221 Street Address Agencies Notified Type Notification **Z** EPA Initial DOLWD ☐ Amended City, State, Zip Amendment # DOH ☐ Emergency (including) ☐ DCA justification) (NJAC 5:23-8) ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, homes, etc.) # of Floors Square Feet Bldg. Age City (5) RVILLE, NJ. 20002 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) RESIDENCE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. UNIPRO. Street Address Street Address 209 City, State, Zip Code DINGMANS Telephone No. Telephone No. NORMAN BAZOWIN 732.726.3 0065 Name of OSHA Monito Start Date (10) 9 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ AM-__PW_ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf Renovation ☐ Mini-Enclosure Glovebag Procedure

Non-Exempted (*) and Non-Friable Procedure ☐ Demolition Is Location Abatement Type Normally Location of Description of Enclosure Used Solely by Removal Asbestos-Containing Material (ACM)
TO BE ABATED Asbestos Containing Material (ACM) Amount capsulate Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) Yes No N/A BASEMENT M 150 L.F. X PIPE INS П П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. NEWARK CARTIN

Completed By (Print or Type)

DANID T. TOLCHIN

Title PRES. Waste 2 yds. Disposal Date

9.11.1

Signature

GIR.O.W.S.

City, State