UK 35D

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Print Form

5)	NOTIF	CAT	ION OF A ant to NJ	SBESTOS AC 8:60 a	S ABATEM nd 12:120)	ENI		ECE		7 10	For	7
te of Notification (1)		St.	Anthony	of Padu	r/Operator ua Parish	(2)		DEO	1 19			1
encies Notified Type Notification		Stre	et Addres ) Sixth S	s St.			1" "	DEC - !	17		11.	
EPA 🗵 Initial		City	. State, Zi		7302	1	1.	ASSESTUS COL			1	
DOL Amendment # Emergency (inclu	ding	Nan	ne of Con	tact		1.3	24	Felephone Numb	ef. UL di			***
DOH justification) Cancellation				eph Urb		0.10			-140	· comme	10-2-	1
DCA 10	(0)	F	FACILITY	INFORM	ATION	Type of F	acility (4)					
ame of Facility Where Abatement is Taking Pla it Anthony of Padua Parish	ice (3)					Sub-	ool (K-12) chapter 8 (	Other than K-12) ate & commercial	building	ıs, ho	nes,	
treet Address						etc.)				. Age		_
30 Sixth Street						Square F	eet	# of Floors 2	100000000000000000000000000000000000000	ears		
ity (5) ersey City							Ise (Prior i	f being demolishe	ed)			
County (6)		Co (S	unty Code	e (7) ONLY) _		Hause	of Worsh	nip	. 10			
Hudson  Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM No		Name	e of Abaten co Servic	nent Contra ces Inc.	actor (9)				
N/A Street Address						et Address Maple A	ve.					
orocorono mor					City,	State, Zip	Code	7				
City, State, Zip Code					1000	Ilington N	IJ, 0705	License N	0.			_
Project Manager for Monitoring Firm		T	elephone	No.		phone No. 3-406-734	41	01107				
	-badulad	Comr	pletion Da	te (11)	Nan	ne of OSHA	Monitor		. 10			
Start Date (10)	0/24/11		Diction 20			slaw Nalo						_
10/17/11 Occupancy Status During Abatement (Check	Only One	)				et Address 6 Maple /						
During Entire Pe	riod of At	pateme	ent		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	, State, Zip					7000	
Facility Closed/Vacated During Entire 1 Abatement Performed Outside of Normal Other – Describe:	I Facility I	Hours			_ W	allington	NJ 0705	7				-
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enova! emoliti				Mini	-Enclosure	nt with Negative edure (*) and Non-Fria	ble Prod	cedure	9	
	Τ.	Locati	ion							Abate Ty		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Ma	lormal d Sole intena	lly ely by nce/ Staff?	Asbesto (i.e. 1	thermal sys surfacing	ng Material tems insula	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(10)	Yes	No	N/A		ale a la	sulation		60lf.	*			+
boiler room			*			insulatio	n	60sf.	*			T
boiler room			*	b		gasket		8sf.	*			T
boiler room						nsulation 85lf. *						
basement			*	Vento	Cubic Ya		Name o	Registered Land	Ifill		-	_
Name of Registered Waste Hauler		- 1	NJDEP V Hauler ID		of Waste		GROV	VS				
Newark Carting Inc.			05409		5 Disposal	Date	City, Sta	ate				
City, State Newark NJ.			10/24			1		ville PA	Date 10/07	/11		
Completed by Leslaw Nalodka	Title	sider	nt			LA	in/A-		10/07	/ 1 1		_

Print Form

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ite of Notification (1) 0/-07/11	¥-:	Nam 100	e of Buil )1 New	ding Owner/ork Assoc	operator (2 iates	1111		<u>-C -</u>	5 2011	1	-		4	
	Notification			et Addre	ss ora Ave.					S CONTROL	<u> </u>			-
DEP DEP	nitial Amended Amendment #		City	, State, Z zabeth	Zip Code NJ 07202			A	-	ENERGY.	1.175 <sup>1,10</sup> 1.		- <u> </u>	ne.
	Emergency (inclustification)	uding		ne of Co tty Gol	<sub>ntact</sub> dsmith			العاملات الزواد	Talar	shone Numb	er 🏎	*1 4 mag *		
DOH DCA	Cancellation				Y INFORMA	TION	Carrenter on							-
ame of Facility Where Abaten Color Plaza treet Address	nent is Taking P	lace (3)					Sch Suit	er (i.e. pr	)	r than K-12) commercial	building	gs, ho	mes,	
000 Elmora Ave.							Square 50,000	Feet	# of 2	Floors	Bldg 61	. Age		
County (6)		*	Co	unty Coc	de (7)		Current		r if beir	ng demolishe	ed)			
Union	. Duilding Ou	mer (8)		ASCM N		Name	of Abater	ment Con	tractor	(9)				
Name of Monitoring Firm Hired N/A	by Building Ov	viiei (o)					o Servi	ces Inc.				_		
Street Address						156	Maple A	Ave.						
City, State, Zip Code						City, S Wall	state, Zip ington I	Code NJ 0705	57			See March		
Project Manager for Monitorin	g Firm		Te	elephone	No.		hone No. 406-73			License No 01107	o.	No.		
Start Date (10)		Scheduled		letion Da	ate (11)	Name	of OSHA	A Monitor odka					85	
10/24/11 Occupancy Status During Ab		11/09/11 Only One				Stree	Address	3						
Facility Closed/Vacated Abatement Performed C	During Entire P	eriod of Ab	ateme	nt		City,	Maple State, Zip llington		57					
Other – Describe:  Scope of Work (Check All The ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	at Apply)		enovati				Min	i-Enclosu	re	th Negative I e nd Non-Frial	ole Prod	cedur	е	
		1	- AS									Abate	ement pe	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM) ED	Used Mai	Location or mall Solel ntenar odial Solel (12)	y by ice/	(i.e. the	Description Containing	Material ms insula /AT, or	(ACM)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Lindosdia
		Yes	No	N/A		ransite p	anels		1	100sf.	*			
office	-1.			+		floor t				600sf.	*			
loading do roof	CK	-				roofing material 5292sf. *				-	1			
1001		-									GII.	_		L
Name of Registered Waste Newark Carting Inc.	Hauler		F	IJDEP V Hauler ID 5409	No. 6	Cubic Yard of Waste 00		GRO'	WS tate	stered Land	ini			
City, State Newark NJ					Disposal Date 11/09/11 City, State Morrisville F			Date						
Completed by		Title   Pres	ident			Jogna	<u></u>	Nah			10/07	/11		

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Date of Notification (1) 10/11/11		T	Name of Wick (	of Building	g Owner/C	perato	(2)		- 5 2	011		111.	******	**. * 1
Agencies Notified  Type Notification  X EPA	n		Street A 100 W City, Sta	Address Voodbri ate, Zip C	dge Cer	ter Di	rive	ASBESTO				<u></u>		
X DOL Amendme.   X Emergency   justification justification   DCA Cancellation	(including	-	Wood Name o		NJ,0709 t	5		and the state of t	edicus.	hone Nu	mber	ا ا		*
Name of Facility Where Abatement is Tak Strip Mall Street Address 871/875 King George Rd.	ing Place (3)		FACI	ILITY INF	FORMATI	ON	Тур	e of Facility ( School (K-1 Subchapter Other (i.e. p	2) 8 (Other)	than K-1	2) ial bui	ldings	, hom	es,
City (5) Fords							700		# of FI		1	Bldg. a	Age	
County (6) Middlesex			(STATE !	Code (7) USE ONL		_	Ma				hed)		5827	
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	1 No.		Name Lesc	of Ab	atement Con rvices Inc.	tractor (9)					780.2
Street Address						Street 156 I		ess e Ave						
City, State, Zip Code								Zip Code n NJ 0705	57					
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph 973-4				icense N 1107	lo.			
Start Date (10) 10/12/11	10/14/1		pletion [	Date (11)				HA Monitor alodka						
Occupancy Status During Abatement (Che  Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:  Scope of Work (Check All That Apply)	Period of Ab	atem	ent			City, S	Maple tate, z	ess e Ave. Zip Code n NJ 0705	7					
23 sf or ≥3 lf  ≥160 sf or ≥260 lf		nevati molitic				×	Mi Gl	ill Containme ni-Enclosure ovebag Proco n-Exempted	edure				e	
Location of	No	ocatio	,		Desc	cription	of					Abate Ty	emen pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Main Custoo	(12)	ce/	Asbes (i.e.	tos Conta thermal s	ining M systems ng, VA	lateria insul T, or	ation,	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
roof	Yes	No	N/A *		asbe	stos t	s tar 24			sf.	*		ro -	
			_							-				
Name of Registered Waste Hauler		7,1723.85	DEP Wa		Cubic Y			Name of R	egistered	Landfill				
Newark Carting Inc.		100,000,000	uler ID N 409	No.	of Waste 1	of Waste								
City, State Newark NJ						Disposal Date City, State 10/14/11 Morrisville PA.								
Completed by Leslaw Nalodka	Title Preside	ent			Sig	Signature   Date   10/11/11								

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						A Land		STATION OF			2.50
Date of Notification (1)		The street of th	Name L.C	of Buildin	governoperator IF BuildE	(2) (1) UC	40-Pa Jin	6	auk	lin	
Agencies Notified   Type Notification		7		Address 101 C		west-	7-1-				ᅱ
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DOL Amendment				tate, Zip (		07107					1
DA DOH Emergency (i	ncluding		~	WAIZL		07107				_	_
DS DOH justification)		anarrawa.	Name	of Contac	PANKLIN		Telephone Number				1
		!			ORMATION					<u></u>	=
Name of Facility Where Abatement is Takin	ri Place	(3)	\ FAC	SEED B ONCE	OMERICA RECORD	Type of Facility	(4)				-
31 ORATON ST		\-,				School (K-1					
Street Address						☐ Subchapter	8 (Other than K-12)				
:						homes, etc.	rivate & commercial )	buildi	ngs,		*
CHY SOM NEWARK N	00	-		•		Square Feet	# of Floors		g. Ag	е	
	, 0					9000	1-8-	-	55		_
County (6)			Coun	ty Code ( OMLY)	) (STATE	Current Use (P	gar if being demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner		ASCHI I	Vo.	Name of Abatem	ent Contractor (S			==		=
(8)		_ .			NOVATE	ch inc					
Street Address					Street Address						
City, State, Zip Code					1.0' BO	418. X				<u> </u>	=
Cay, State, 21p Code					OID BR	iDGE N	C885	7			
Project Manager for Monitoring Firm		Tele	phone l	No.	Telephone No.		License No.	-			
		<u></u>					1 00000	=			=
Start Date (10) Sohe	duted C	iomple 1741		e(11)	Name of OSHA!						
Occuparicy Statis During Abatement (Che		1 / 1	_							-	=
Facility Closed/Vacated During Entire P			ment		Street Address	418	·				_
Abatement Performed Outside of Norm	al Facili	ty Hou	15		City, State, Zip C	ode	0000				
Other - Describe:			•		198 a10.	JEE NE	08857				=
Scope of Work (Check all that apply)					☐ Full Co	ntainment with N	egative Pressure				
12 ≥3 sf or ≥3 ff		enovati			DAME: En	ciosure					
≥160 st or ≥260 lf	No.	emolitic	n		∀ Non-E	ag Procedure rempted (") and N	on-Friable Procedure	8			
		Locatio				20 20		A	bater Typ		
Location of		iormaliy d Solei		4.	Description of	f fo		Ь,	135	-	
Asbestos-Containing Material (ACM)	Mai	ntenan	ice/	Asbes	tos Containing Ma	terial (ACM)	Amount	_		9	74
TO SE ABATED IN Facility		ustodia Staff?		(i.e.	, thermal systems surfacing, VAT	insulation, . or	(Specify SF or LF)	en	Repair	cap	.22
(13)		(12)			other miscellane			Removal	ě.	Encapsulate	EUGOSUR
•	Yes	No	N/A					-		ř	Q
			-					-			_
(V)=0:60	-	<u> </u>	1	TVI	ervor s	Sibinos	< 2005 F	V	$\vdash$		-
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BASEHENI	-	<u> </u>	X	PiPi	100001	1100	ECOYF	10	$\vdash$		-
Name of Charles and Milesto March		<u></u>	UDEP I	Marta	Cubic Yards	I Name of Re	ristered Landfill	<u> </u>			_
Name of Registered Waste Hauter NOVA (EC)   NOV			1250		of Waste	/	105,				
			XX	21		City State				_	===
City State BRIDGE N.O	0	883	57		Disposal Date	THE DIEWI	ME IV.H.				
Completed By A	-				Signature	MAKE	Date 1	119	411	(	
LYANOS HIMEIDA	ME	5101	-111		- $           -$	Mr. JAK	TORSE	#	1		_
ASB-41 .	Do nat e	se thi	s form t	for asbes	los licensure exer	npled activities.		1			

Date of Notification (1) 29 1.1		N	eme of B	Home C	Demenfopera	ator (2)	25 LLC	96 HR SIM F	QAN.	Kli	U
Agencies Notified Type Notification		I see			25 A	)E	WEST !	EETUS CONTROL &			_
DOL Mendinent#_		C	iy. State,	Zip Co	Con et	. 6	7107	r god awar son			
☐ Emergency (incl. iustification) ☐ DCA ☐ Cancellation	ukang	N	eine of C	ontact,	SOUNKI	N		Telephone Number			
			FACELS	T INFO	RMATION		ype of Facility (				
Name of Facility Where Abatement is Taking  310 SUMMER BUE  Street Address	Place (3)	) 				F	School (K-12)		ı əlbini	se.	
Gliebi Alaress						_ 1/	homes, etc.)	# of Floors			
NEWARK NID.							2500	3	Bldg.	0	
County (6)		T	County C	Code (7) LY)	(STATE		Surrent Use (Pris	or if being demolishe	d) 		
Name of Monitoring Firm Hired by Building O	mer	TA	SCM No.	Ī	Name of At	natemer	nt Contractor (9)	•			
(8) Street Address		<u>.L</u> _		=	Street Add	ress					
				_	Ch. Cinta	0X ?	ie				
City, State, Zip Code					Oio (	PISIE	GE NE	0885 License No.	<u>+</u>	=	<u>.</u>
Project Manager for Monitoring Firm		Telep	hone No.			975	x7500	00806			
Start Date (10) Sched	Schedulet Completion Date (11)   Name of OSHA Monitor O   NOVA ICCV)   INC										
Occupancy Status During Abatement (Chec	k only or	ne)	- ant		Street Ado	OX	214				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:	Facility	Hous	S .	_	City, State	7in Co	de	0885	7		
Scope of Work (Check all that apply)	☐ Ren	ovati nosijo	on n		<b>B</b> '	Sti-End	iosure - Procedure	gative Pressure on-Friable Procedur	a		
		ocatio			PAL				A	baten Typ	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Maint Cus S		y by ce/.	Asbes (i.e.	Descriptos Contains, thermal syn surfacing other misc	stems ir 1. VAT.	erial (ACM) reulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes	.No	N/A	~~	- 140	200	51.05	260 YF	X	-	
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PRIOR & STORE			分		(E)LO		SIDING	280057	X		
PAIEIGUIC STOTION							I Name of Ro	gistered Landfill			Ш
Name of Registered Waste Haufer NOUALECO 1100			WDEP W		Outric Ya		G.20.	<u>06.</u>			
OID BRIDGE N.					RICE	Pate 111	Sity, State	1 170 - An .	7:	(1	
CANOS AMEIDA THE	110	Sil	DEN	IT_	1	Tall	Some	<u> </u>	29	11	

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) MARIA IACOVO 11/29/11 Street Address Agencies Notified Type Notification 108 SANDRA DRIVE Initial × **EPA** City, State, Zip Code Amended × DEP ASBESTOS CONTROL & TOTOWA, NJ 07512 Amendment #1 × DOL Emergency (including Telephone Number Name of Contact justification) DOH × MARIA IACOVO Cancellation DCA 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) Other (i.e. private & commercial buildings, homes, Street Address 108 SANDRA DRIVE etc.) # of Floors Bldg. Age Square Feet City (5) 50 +/-2 1500 TOTOWA, NJ 07512 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) **PASSAIC** Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. TWO BROTHERS CONTRACTING, INC. N/A Street Address Street Address 250 RUTHERFORD BLVD. City, State, Zip Code City, State, Zip Code CLIFTON, NJ 07014 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00494 973-956-8700 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) SAME AS (9) ABOVE 12/12/2011 12/10/2011 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other – Describe: UNOCCUPIED Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Asbestos Containing Material (ACM) Used Solely by Amount Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED SF or LF) Custodial Staff? surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A No Yes 140 SF X VAT ONLY X GARAGE

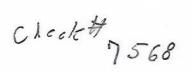
Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler WASTE MANAGEMENT G.R.O.W.S. of Waste Hauler ID No. TWO BROTHERS CONTRACTING 18743 City, State Disposal Date City, State MORRISVILLE, PA 12/12/2011 CLIFTON, NJ Date Signature 11/29/2011 Completed by SECRETARY ELIZABETH MLADENOVIC

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

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# Marks

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Date of Notification (1)					Name of Building Owner/Operator (2)  CAMILLE COSTANZA  DEFINE: 5 2011									
	Type Notification			reet Addi 16 CAS	ress SINO AV	ENUE				กับไปได้ เก็บไปได้	لأدب	-		
EPA DEP DOL	Initial  Amended  Amendment #	1	Ci	ty, State,	Zip Code ORD, No	J 07016	175-2	ه شاه فرده باید. به در در معدد در موسوع در معدد و مربوس مدی	Tier!	(5)	معوض ترسيعها و في			
× DOH	Emergency (in justification) Cancellation	cluding		ame of C	ontact E COST	ANZA			Tele	ohone Numb	er		Name of the last	
DCA	Caricellation				TY INFOR								_	-
Name of Facility Where A RESIDENCE Street Address	batement is Taking	Place (3)					Tyr	School (K-12 Subchapter 8 Other (i.e. pr	?) R (Othe	r than K-12) commercial	buildir	ngs, h	omes	
316 CASINO AVEN	UE			-	1500		Sq	etc.) uare Feet		Floors	Bld	g. Ag +/-		
CRANFORD				ounty Co	nde (7)		1000	orrent Use (Prio		ng demolishe				
County (6) UNION			(5	STATÉ US	SE ONLY)									
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.	TV	VO B	Abatement Cont ROTHERS (	CONT	RACTING	3, INC	). 		
Street Address	•						et Add	dress JTHERFOR[	D BLV	D.				
City, State, Zip Code								e, Zip Code DN, NJ 0701	4					
Project Manager for Mor	nitoring Firm		1	elephon	e No.	Tele	ephon	e No.		License No	o.			
		Scheduled	Com	pletion D	ate (11)	Nar	ne of	6-8700 OSHA Monitor		00434		-		
Start Date (10) 12/9/2011		12/12/20	)11	•			AME eet Ad	AS (9) ABO	VE					
Occupancy Status Durin  Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	Period of Ab	atem	ent				e, Zip Code						
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	All That Apply)		enova emolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				9	
								Non-Exempte	1			Abate	ement	
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED illity	ACM) Used Solely by Asbestos C Maintenance/ (i.e. then Custodial Staff?					otion or ng Mar tems i , VAT, ellane	terial (ACM) nsulation, or	1 (	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		VAT/M	AST	IC.		640SF	Х			
BASEN	MENT		X			VATAN								
											-	-	-	-
									f Posi-	tered Landfi				
Name of Registered W		G	1	NJDEP V Hauler ID 18743						NAGEME		3.R.0	D.W.	S.
City, State				10170	Disposal Date City, State 12/12/2011 MORRISVILLE, PA									
CLIFTON, NJ		Title					ature				ate			
Completed by MICHELE MLADE	NOVIC		RET	ARY		14	η.	Mlader	cou	$\omega$ 1	1/29/	201	-	



Date of Notification (1) 11/28/2011				Name of Building Owner/Operator (2) Kathy Cantwell											
Agencies Notified	Type Notification	****	100	Street Add 477 Wa		ad				June .	5 (1)				
DEP  DOL	Initial Amended Amendment			City, State Maplew			0				jo ta - Ilij Oseksini				
DOH DCA	Emergency ( justification) Cancellation	including	1.0	Name of C Kathy C		ı			Land	-Tele	phone Num	ber			
<u> </u>				FACIL	ITY INFO	RMATI	ON	-							
Name of Facility Where Residence	Abatement is Takin	g Place (3)						Тур	School (K-12	2)	- 4b 1/ 40				
Street Address 477 Walton Road								×	Subchapter Other (i.e. pretc.)	rivate &	commercia	) Il build	ings,	home	es,
City (5) Maplewood								22772333	uare Feet 500	# of 2	Floors	200	dg. A ) +	ge	
County (6) Essex	***************************************			County Co				1477	rrent Use (Pricesidence	or if beir	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM N/A	No.				batement Con ast Haz Ma						
N/A Street Address				IN/A			Street			. i (Gill					
Street Address							494	E. 4	1st Street						
City, State, Zip Code									, Zip Code n, NJ 07504	ı					
Project Manager for Mo	nitoring Firm		T	Telephon	e No.		Teleph 973-		No. -0022		License No 00507	0.			
Start Date (10) December 10, 201	1	Scheduled							SHA Monitor s above						
Occupancy Status Durin							Street	Add	ress						
Facility Closed/Vac	cated During Entire ned Outside of Norr Unoccupied Basem	Period of At	atem				City, S	State,	, Zip Code		A	<del>- 2</del>			
Scope of Work (Check							l								
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	(a., pp.)/	10000	nova				>	×	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
				—т					Non-Exempted	d (*) and	d Non-Friab	le Pro	cedur Abate		
		100	ocati				2742	77247						pe	
Asbestos-Containing TO BE AS In Fac (13	g Material (ACM) BATED ility	Used Mair	itenai	ly by		tos Con thermal surfa		Mater ns ins AT, o		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						7,	01.5	ļ.,		6	
Basen	nent		X	-		Pipe	Insula	atior	1		0 L.F.	Х			
		++													
Name of Desistered Mil	acto Haulor		IN	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Landfill				
Name of Registered Wa East Coast Haz Ma			H	lauler ID J 419		of Wa			1 15 SAMMAN SAMMAN		North Inc.				
City, State Paterson, NJ 07504	4						sal Date 2/2011		City, Stat	e Ne, P	Ά				
Completed by		Title	Lane-Survey.				Signatur	1	/ ///	,	Da	ate			
James E. Unger		27,12,000,000	ct Ma	anager			h	re	18 07	/	1	1/28/	2011		
ASR-41 (R-06-08)						/	* Do r	not us	se this form for	r asbes	tos licensur	e exe	npted	activ	ities.

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(1)		(				<u> </u>	-0 0 <b>0</b> 11	-11	J. J.		1
Date of Notification (1)	11/29/11		Name of Bi	uilding Owner/C	115		EC - 5 2011 	1.00	and the		
Agencies Notified	Type Notification		Street Add		12	ROAD AS	BESTOS CONTROL &			<u> </u>	
☐ EPA ☐ DEP ☑ DOL	Initial Amended Amendment#	-	City, State	HON.	ae	w Jers	Telephone Numbe	(O)	4		-
DOH DCA	☐ Emergency (incluing justification) ☐ Cancellation		Name of C		den	le				1	
Name of Facility Where	Abatement is Taking Pla	ace (3)	PACILI	11 Int Ortuna		Type of Facility (4)  School (K-12 Subchapter 8		wilding	s hor	nes.	
Street Address K.V	ER Road		· · ·			etc.) Square Feet	# of Floors		. Age	_	-
City (5), Flor	. Oeus Ja	NSE!	40	7014		SACO	2 r if being demolished	)	30	+	+
County (6)	<u>.</u> .		(STATE US	SE ONLY)		of Abatement Conf					4
Name of Monitoring Fir	m Hired by Building Own	ner (8)	ASCM	No.	1	flided.	no. Sen	10	2	<u>Inc</u>	4
Street Address	This ?	Ravit	Fra	Jasal	44	Address Address	Piver 2	no	te		_
City, State, Zip Code	0. 50	200	088	37	Qity, S	State, Zip Code		Signa Signal	40	حمال	A
Project Manager for M	onitoring Firm	end	Telephon	18 No.	Telep	hone No. 1921-031	2 License No.	500	Ų.		
Start Date (10)	Source s		ompletion [	Date (11)	Name	of OSHA Monitor	miron	na	210	7	10
12-12-11 Occupancy Status Du	ring Abatement (Check (	3 - 15 Only One)			Stree	t Address	100	100	1.		
☐ Facility Closed/V	acated During Entire Pe	riod of Abat	tement	· · · · ·	Ocity.	State, Zip Code,	ensect.	1/2	Č	Na	da
Scope of Work (Chec						☐ Full Containm	ent with Negative P	ressure	в .	,	
□ ≥3 sf or ≥3 lf ≥160 sf or ≥260	ıf		ovation polition			Mini-Enclosur		le Prod	edure		_
			cation						Abate Typ		_
Asbestos-Contair TO BE In F	tion of hing Material (ACM) ABATED acility 13)	Used S Mainte Custod	mally Solely by enance/ ial Staff? 12)	Asbestos C (i.e. then	Description containing mail syste urfacing, \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Material (ACM) ms insulation, VAT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No N/A		7:5	delia	WOIE	Y			$\neg$
Baps	Mea			Libe	74/2	CONT.	100 G				
								+	-		
Name of Registered	Worte Hauler	<u> </u>	NJDEP	AACOTO I	ubic Yard	s Name	of Registered Landfi	<u>ا</u> ئا		<u> </u>	
Vision 1	ionsport.	Inc.	Hauler I	88	Waste Isposal D	ate City, S	lbox land	<u>(</u>	كنف	Hey	(
City/State	ومعكس ١	ay	OB	25	- //	2 Ray	buch !	Date .	17	<u>2</u>	<u>B</u>
Completed by	malcin	This	lab	nin -	Signa	(X)9 (X)	Per MS	- 1	113	111	
Tohnson	CHILLIAN			1	• 0	o not use this form	for asbestos licensu	ле ехе	empte	d activ	rities.
ASB-41 (R-06-08)	grave 2000				***	Water Company	• •				

# 0441163151

Date of Notification (1)			Т	Name of	Building C	Owner/C	perator	(2)					1-0		
11-28-11	20			Nationa	al Railro	ad Pa	sseng	er Cor	р.					· li	
Agencies Notified  EPA	Type Notification		1.00	Street Ac 30th ar	idress nd Marke	et Stre	eets			H	-5	2011		. I f	
EPA DEP DOL	Amended Amendment				te, Zip Coo elphia, P		104					t at Ti	,		į.
▼ DOH DCA	Emergency justification) Cancellation			Name of Rich M	Contact ohlenho	off			-		ephone Nu				
	1			FACIL	LITY INFO	RMATI	ON	T= -							
Name of Facility Where Amtrak - Fair Towe		g Place (3	)						of Facility (4 School (K-12	2)		0)			
Street Address 72 South Clinton A	ve.	9						X C	Subchapter Other (i.e. pr etc.)				lings,	home	s,
City (5) Trenton, NJ 08609	9							Squar <10,	re Feet 000	2	f Floors	8 8	ldg. A O	ge	
County (6) Mercer		_		County C	ode (7) ISE ONLY)		_	Curre Vaca	nt Use (Prio ant	r if bei	ng demolis	hed)			
Name of Monitoring Fire Bureau Veritas No		Owner (8)		ASCM	No.	160			tement Con strial Outs						
Street Address 110 Fieldcrest Ave	enue			4				Addres North	ss h Penn R	oad					
City, State, Zip Code Edison, NJ 08837									ip Code A 19440						
Project Manager for Mo Stephen Vogl	nitoring Firm			Telephor	ne No. 25-6040			hone No 997-7			License N 01149	lo.			
Start Date (10) 12/13/11		Schedule 12/31/1		npletion [	Date (11)			of OSH	HA Monitor eritas			77.1.7		% 	
Occupancy Status Duri	ne)					Addres		100-000				100			
Facility Closed/Va	cated During Entire	Period of A	Abaten	nent					rest Aver	iue			200	_	_
Abatement Perform  Other – Describe:	med Outside of Norr Mon-Fri - 7am to 6p	mai Facility	Hours						J 08837						
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli						Il Containme ni-Enclosure ovebag Prod	e edure				•	
		T	0.00					× No	n-Exempted	(*) ar	d Non-Fria	bie Pro	vous with	ement	t .
1		20.00	Locat Norma	200000		De	scription	n of					Ty	ре	
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac	g Material (ACM) BATED sility	Ma	ed Sole intena todial ( (12)	nce/	Asbest (i.e.	tos Con therma surfa		Material ns insula AT, or	207	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
(13	3)	Yes	No	N/A		outer	miscena	neous)				/al	15	late	Гe
Fair Tow	er Bldg.		x Transite shield 300						300	æ					
Fair Tow	er Bldg.		×			Insu	lated o	cable			20	IF			
				-								-	-	-	-
Name of Registered W	acto Hauler			NJDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfi	11			
Describile Environmental Sun (Trans Group)				Hauler ID No. of Waste 50223					Grows					10	
City, State 21 Church Rd., Ha	tfield, PA 19440	)	Disposal Date City, State Morrisville, PA 19067												
Completed by		Title	0/44			Signature Date 11-28				0	1				
Gene Rane 11/28/11					11 /9-			ene	Hene	-		11-2	3 -	11	



### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 11/29/2011					Name of Building Owner/Operator (2) Puratos Corporation									
Agencies Notified (X) EPA		Notification ( ) Initial No			Street Addres 1941 Old Cuth					31 %				
(X) DEP (X) DOL ( ) DOH		( ) Amende ( ) Cancelle		tion	City, State, Zij Cherry Hill, N.		L		1101111	annethorn race in	gggad satisfaction of the			
( ) DCA				EACH ITY IN	Name of Cont Tom McIntyre NFORMATION			Tel. Num				-		
Name of Facility Where Ab	atement is T	aking Place (	3)	FACILITY	Type of Facilit	v (4)								
Puratos Corporation  Street Address		Jg			( ) School (K- ( ) Subchapte	12) r 8 (other th	an K-12) ommercial bldg	s homo	o oto					
8030 National Highway														
					Sq. Feet_90,0	00	# of	Floors_1						
	County (6) Camden		County C (State Us		Bldg. Age4( Current Use (p demolished)	orior if being	ı rina							
Name of Monitoring Firm H Environmental Managemen			ASCM N	lo.	,		Name of Con Neuber Enviro			s, Inc.				
Street Address 34 East Germantown Pike,		Street Address 42 Ridge Road												
City, State, Zip Code East Noriton, PA 19401							City State, ZipCode Phoenixville, PA 19460							
Project Manager for Monito Ray Giordano	ring Firm	Telephone N 610-277-040			Telephone Nu 610-933-4332			License I 836	Number		1000 Nov 2000 N			
Scheduled Start Date (10) 12/14/2011		Scheduled ( 12/16/2011	Completion	Date (11)	Name of OSH Neuber Env. S									
Occupancy Status During A ( ) Facility Closed/Vacated ( ) Abatement Performed C	<b>During Entir</b>	e Period of Al	batement		Street Address 42 Ridge Road			32.48(10)						
Describe				-	City, State, Zip Code Phoenixville, PA 19460									
Other - Describe_work on re PLEASE NOTE THAT THIS Source of Work (Check all t	WORK IS													
( ) Demolition ( X ) Rend	ovation													
(X ) Large Proj. (>160 SF of ) Full Containment with N			roj. (>25<' Mini-Enclos		260 LF ACM) ovebag Procedur		roj. (<25 SF or	<10 LF A	CM)					
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	tion Normally by Maint./Cus	Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or L	F) A	bateme	nt Type	<u> </u>			
r dointy (10)	YES	NO_	NA	miscell.)	, 0, 0,,,,			_		Rep. E	Encap E	Enclose		
Roof	Roof flashing		500 sf		×	XX	-							
							E-11-1		-	-+				
Name of Reg. Waste Hauler Eastern Waste Inc.  NJDEP Waste Hauler ID # 22253 (A-901)					Cubic Yards of 5	Waste		Name of BFI Impe						
City, State Freehold, NJ							Disp. Date 12/2011			<u>, State</u> erial, P				
Completed by (Print or Type)  Jeffrey A. LaRiviere  Title  V.P.					Signature			<u>Date</u> 11/29/201	<u>11</u>					
		AND ONE STREET, DOCUMENTS	2720020202		\J\					001 - 0-		_		

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

SHW-BRRTP Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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CK		
1	200	0
	- 621	0

Date of Notification (1) 11/30/11				Name	of Buildin leuhr / F	g Owne	er/Operato	or (2)		0.50				
Agencies Notified	Type Notification	on		Street	Address					BE(	5	2011		
× EPA × DEP	X Initial				B Long		h Blvd	<u> </u>	! <b>L</b>	Acade (C				
DEP DOL	Amended Amendme	nt #			tate, Zip ( Beach		8008			15.1	W.	No. to		
ĭ DOH	Emergenc justification	y (including			of Contac			-	Te	lephone N				
DCA	Cancellation			TJ					-	ichiloné t	vumbe			
Name of Facility Where	Abatement is Tak	ing Place (3	3)	FAC	CILITY IN	FORMA	TION	Type of Facility	(4)					
1J Fleuhr / Resider	nce	J (	,					Type of Facility						
Street Address 1036 B Long Beach	n Blvd							School (K- Subchapte Other (i.e.	r 8 (Oth	er than K & comme	-12) rcial bu	ıilding	s, hor	nes.
City (5) North Beach NJ 08	008				7			etc.) Square Feet 1000+		f Floors	П	Bldg.		
County (6)			-	County	Code (7)			Current Use (Pri	1.000	na demol	ished)	35+		_
Ocean  Name of Monitoring Firm	Lirod by Duits	0 10			USE ONL	Y)		Residence						
N/A	i Alrea by Building	Owner (8)		ASC	M No.			of Abatement Cor aco Inc.	ntractor	(9)				
Street Address								Address Box 329						
City, State, Zip Code								tate, Zip Code Berlin NJ 080	91			2.55		
Project Manager for Mon	itoring Firm			Telepho	one No.		Teleph	one No. 753-9800		License 00727	No.	**		
Start Date (10) 12/13/11		Schedule 12/16/1		mpletion	Date (11)		Name	of OSHA Monitor				-		
Occupancy Status During	Abatement (Che	ck Only On	e)					Address						
Facility Closed/Vaca	ited During Entire	Period of A	bater	ment				ox 329						
Abatement Performed Other – Describe:		mal Facility	Hour	S		_		ate, Zip Code Berlin NJ 080	91					
Scope of Work (Check Al	That Apply)				40 X 1400 X 1400 X	4-00-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Processor.	enova emoli				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	11.				
		is i	ocat	ion				Non-Exempled	() and	Non-Fria	ble Pro	100 m	re emen	t
Location Asbestos-Containing	of		ormal	lly ly by	8	D€	escription	of				T	ре	
TO BE ABA In Facilit (13)	TED		ntena	nce/	Asbes (i.e.	therma surfa	itaining M I systems acing, VAI miscellane		(Sp	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	'	ate	re
Exterior Si	ding			x		Exte	erior Sid	ing	200	00 SF	x			
										<del></del>	-	_		
Name of Registered Wasti	e Hauler		IN	JDEP W	asto	Cubic	Yards	I No. (S						
United Containers			Н	auler ID 1 2459	0.70	of Wa		Name of R G.R.O.W	V.V.2000-	ed Landfil	i.			
City, State Elm NJ						Dispo:	sal Date	City, State Morrisvil	le PA	19067				
Completed by Anthony T Perna		Title Presid	ent				ignature	WOMSVII	OFA	Da				
						1/	1			1	/30/1	1		- 1

CK 229

Date of Notification (1)	ři e				Building		perator (	(2)	len i		72					
11/30/11					f/ Resid	lence		1		DEC	- F	2011		-	7	
Agencies Notified	Type Notification		1	Street Ad 1917 A	idress itlantic	Avenue	)	- Action of the Control of the Contr								
DEP DOL	Amended Amendment				te, Zip Co Beach F		NJ 080	08		ANILL.	us u. Person	AUL 6.			-	
<b>▼</b> DOH	Emergency justification)	(including		Name of	Contact			•	Production of the second	Tel	ephone N	lumber		-		- CALLOS
☐ DCA	Cancellation	1		Sue				-	1 1 24	4						
Name of Facility Where	Abatement is Takir	ng Place (3)	5	FACIL	ITY INFO	DRMATI	ON	Type	of Facility (4	1)						
Degraff/ Residence		.g / .coc (o	,					_	School (K-1)	958						
Street Address								□ s	Subchapter	8 (Oth						
1917 Atlantic Aven	ue								other (i.e. p	rivate	& commer	rcial bu	ldin	gs, l	home	s,
City (5) North Beach Have	n NJ 08008	*		7,	<i>V</i>			Square 1000	e Feet +	#0	f Floors	1	Bldg 354	j. Ag	ge	
County (6) Ocean				County C	ode (7) ISE ONLY	,			nt Use (Prio dence	r if be	ng demol	ished)				
Name of Monitoring Fire	n Hired by Building	Owner (8)		ASCM	No.		Name o	of Abat	ement Con	tractor	(9)			-		
N/A	808 800	152000						aco In								
Street Address							Street / PO B	Addres ox 32								
City, State, Zip Code	54								p Code n NJ 080	91						
Project Manager for Mo	nitoring Firm			Telephor	ne No.		Teleph 856-7				License		-			
Start Date (10)		Schedule	d Com	pletion [		-			A Monitor		00727					
12/9/11		12/14/1					Perna	aco In	C.							
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)				Street									
Facility Closed/Vac	cated During Entire ned Outside of Nor	Period of A	batem	ent			PO B		England and the con-							
Other – Describe:		nai Facility	nours				City, St West	Total Control	n NJ 080	91	15					
Scope of Work (Check	All That Apply)												312	20012		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	enova emoliti			•	×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				dure		
		Is	Locati	nn l						()			100	8118 of 1	ment	
Locatio	n of	N	Iormall	y .		De	scription	of	-			-	_	Ту	ре	
Asbestos-Containing			d Solei intenar			tos Conf	taining M	laterial			Amount Specify	7	1		m	ш
In Fac	ility	Cust	odial S (12)	Staff?	(1.6.	surfa	cing, VA	T, or	uon,		F or LF)	Remova		Repair	caps	Enclosure
(13)	)					other r	niscellan	eous)	.			val		¥.	Encapsulate	sure
		Yes	No	N/A									+			
Exterior	Siding			X		Exte	rior Sic	ling		20	000 SF	x	-			
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	14				_							1	_			
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Name of Registered Wa	iste Hauler		100	JDEP W auler ID		of Wa	Yards ste		Name of	200.777.000	ered Land	itili				
United Containers			22	2459		3			G.R.O.							
City, State Elm NJ						Dispo: 12/14	sal Date 1/11		City, State Morrisv		A 19067	7				
Completed by		Title				5	Signature					Date				
Anthony T Perna		Presi	dent									11/30	/11			

						- 3		E,	hane:			-		
	NOTIFIC			ACOL	Jersey STOS	(DIL . DIL	ENT		Fase	rgency No	atification	חכ		
	NOTIFIC	MON ACCORD	to N.	JAC 8	:60 and	12:120)			Eme	a general		T	1	
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ck # 1242	<del></del>	Nen	DB 01 D	Stair	-mati			1_05		···			1	
e of Notification (1)		Abr	aham eet Ado	Weid	Street,		- 13							
29/2011	Type Notification			Place	e					- :		7000	i	
ancy Notified	VO-100 AT	1 i	Slat	e. Zir C	Code			Pitch		1 - 1 - G				
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	instification)	AF	wahar	n Wei	tzman							1		
DOH	☐ Cancellation		FACIL	ITY IN	ORMATI	МС	Time of	Facility (4	1)				i	1
	- Blace (3					i		( 10 1 2)						1
ame of Facility where	Abetement is Taking Place (3						□ Scho	ol (K-1 2) chapter 5	(Other the	sn K-1 2)	dinas.			1
rivate home							C Othe	r (I.e. priv	vale & cot	minor 2.	Ollideol.			d
Street Address	TOTAL				630			res, etc.) Feel			idg. Ago		*	į
I Leitch Place									4	1				4
Chy (5)	**************************************						" CIPTA	Use (Pr	for it balk	र्य रहितारी के	<b>J)</b>			1
assaic, NJ 07055		· 1	Сони	y Code	(7) (STAT	EUSE	Clara	.,				, ,		4
County (e)	¥ 5	1	ONLY	)		of Apgler	onni Col	ntractor (	9)					1
La series de la companya della companya della companya de la companya de la companya della compa		ÁSCH	No.		1		ight, or	Missellinikosov i sa						
Name of Monitoring Fl	rm Hired by Building Owner(8	")			Gr T	ech LLC								
						Valley R	a #283							
Street Address					576	State. Zip	Code	- •						
		SANS	22/19/61		City	me, NJ 0	7470						-	
Cly, Stale, Zip Code		/1			Tek	phone No.	. :		1	se No.				
Project Manager for	Manitodag Firm	Toleph	one No	).	073	638-177	7		0112	7			_	
Project Manager 10		4	Data /1	11	Na	me of OSH	A Monli	or						
Start Date (10)	Scheduled Con	mpletion	Jane I.	• •	En	virovision	Cons	ultants,	inc					
	12/01/2011	/ana				ANT Addres	3			Α.				
Occupancy Status I	During Abalement (Check only	y one,			20-	21 Wags	raw K	oad, Die	UK IN O					
	Darlad (	I ADBOUT	anl		Ci	ly, State, Z	p coos	410					_	_
I CO A KARAMANI PELILU	11100	iicj			Fa	ir Lavon,	MJ OI	7.0		orlug Pressur	9			
- Other - Describe	"					21	full Con	tainment dasure	with wear	gilve Pressur				
Scope of Work (Ch	eck all dier of boy		20	Renov	TOUR	28	Slovepa	9 Proced	ure	n-Friable Pro	ceduro			
23 ef or >3 f ≥160 ef or >26	n I <del>f</del>		П	Demoi	111011		Non-Ext	empted (	3 3110 1301				Type	
☐ 5160 \$1 01 > 25		1	ocation		-							T		
		N.	omeny			Descri	non of	- LACM	n	Amount		20	_	Encapsulate
	Location of	Unad	selely ntonan	ce)	Asbesto	Description of the contains and the cont			,	(Specify	Y	em.	Repair	308
A-hadac-Co	Cocation of Containing Malerial (ACM)  BE ABATED	Ç	nétodia	i	(1.8				1	SF Ci i.		Removal	air l	A BE
1	IN ESCHIN		Staff? (12)			other mise	91137120	05)					1	
	(13)	-		1!								X		1
		Yes	No	NIA	Pipe ins	ulation			61			X	1	1
De-mont			ļ		VATE	oor Tiles	The same		15	0 SF			1	1
Basement First floor		_  -	1	X	+-:::			_				+	Ť.	Ţ
First Hout			<del>-</del>	1 .			**	1110				_! -	_1	1
			1	Wasto	Hauler	Cubic Ya	rda of	Name :	of Reg Ste	ered Landfill				
Name of Regis	cred Waste Hauler		D Mc	AAGSIO	110-210-	Waste		m m n	E Inc					
Marine			03378	5		Seogen	* leta	T.R.R.	lale			2626		
Gr Tech LLC		<u>⊨</u>	0320			Thepose	Data		Own, P	۸				
City, State						Signatu	-1	A	1	1	Dat		011	
Wayne, NJ C	7470 Title						FE W	he .	Non	~		29/20	111	17.7
Completed by						censure			- 1	O.C.				

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· Do not use this form for asbestos licensure exempled activities

AS8-41

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

Date of Notification (1)	128/11		Name of B	Building NFL	Owner/Operator	(2) NSTRUCTI	5 - 5 20	11	Land of	
			Street Add						3	1
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	<u> </u>		FACILI	11114	J. C	Type of Facility (	4)			
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110,000							<del>  ====</del>		-	
	T Sche	duled Comp	detion Date	(11)	Name of OSHA	Monitor	EMM			
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Lincoln Park	NJ 07035		1	2/2/20			Tullytown, F	rA		Date		-		_
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Signature

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

Gerdena Luna

11/29/2011

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City State Lincoln Par	rk, NJ 07035 (Print or Type)			ובובובו	Signatur	0	Gordone.			Date	9/201			

### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 4907 2011-240 B & G proj. #: \*\*\* Emergency \*\*\* Name of Building Owner/Operator (2) Date of Notification (1) 1 1 / 2 9 / 1 1 Robin Haik Type Notification Agencies Notified Street Address ☐ EPA 173 W 4th Street Initial DEP City, State, Zip Code Amendment DOL Clifton, NJ 07011 Telephone Number Name of Contact DOH Cancellation Robin Haik DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) Schoo! (K - 12) Subchapter 8 (Other than K-12) Robin Haik Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 173 W 4th Street County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Passaic Clifton, NJ 07011 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/1/2011 12/1/2011 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure ☐ Demolition □ Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf >3 sf or >3 lf E Is location normally used solely E e n Location of by maintenance/custodial Amount n m Description of asbestos-containing asbestos-containing (Specify SF or C staff(12) 0 material (ACM) a material to be abated in facility (13) N/A Yes No 75 If pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1 yard B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA

12/2/2011

Signature

Cordana Luna

Date

11/29/2011

Lincoln Park, NJ 07035

Completed by (Print or Type)

Title

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(13)		(12)				
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City State	h		11 30	J [1] F = 3	or land To	ate 1
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Completion by	T215	1		7		
FORNY (NO	Do n	at use tree team for at	scentile licensure exer	ubigg or sight.		
ACEAL						

Date of Notification (1)			Name o	f Building Owner/	Operator	(2)	**************************************	11 6			
11/29/11			F	(0) SON	HAR	BOUR	Asia resident				<u>.</u> ]
Agencies Notified Type Notification			Street A	ddress <sub>c</sub>		en 20					
□ EPA ☑ Initial		-		ete, Zip Code	INIVE	ER RU					
DEP	#				n	NJ. 070	20				
☐ Emergency (i			Name o	f Contact	,,	200.01	Telephone Numl	ber			-
DOH justification DCA Cancellation				. JASON	711	·~	, copilotte training	-	_		
2 2011031111011			FACI	LITY INFORMAT	TON	40	L			-	
Name of Facility Where Abatement is Taking	Place (3	3)				Type of Facility (4	)				
HUDSON HARB	DUR					☐ School (K-12					
Street Address :						Subchapter 8	3 (Other than K-12) ivate & commercial	huile	linge	home	
1203 RIVER (	50					etc.)	ivate a commercial				,
City (5)						Square Feet	# of Floors	В	ldg. A		3
EDGE WATER						95000		$\perp$	19	60	
County (6)			County	Code (7) USE ONLY)			r if being demolishe	ed)			
BERGEN	(O)		ASCN		L Nome	of Abatement Cont	COND D				-
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	# NO.	A CONTRACTOR	t Removal					
Street Address			1			Address	1110	_			
Subet Address						O South R	iver St				
City, State, Zip Code						tate, Zip Code	IVEL DC		-		
Oily, State, Lip Code					1 00.000	ckensack	N.I. 07	60	1		
Project Manager for Monitoring Firm		- 1	Telepho	ne No.	Teleph	one No.	License No				$\neg$
, tologe meneger to mornioning . min			· Glopino		201	-329-7444	0038	8			
Start Date (10)	Schedul	ed Con	npletion	Date (11)	Name	of OSHA Monitor					
12/12/11	,	2/1	3/1	1	Ome	ga Enviro	nmental S	er	vic	es	
Occupancy Status During Abatement (Check	k Only Or	ne)	-	I man a man		Address		1 10-22000	NI CHICK		
☐ Facility Closed/Vacated During Entire P	eriod of	Abatem	nent		280	ANALYSIS ACTOR AND ANALYSIS ANA	St .			39	
☐ Abatement Performed Outside of Norm☐ Other – Describe: ☐ → ○	al Faglity	Hours	3		City, S	tate, Zip Code					
Other - Describe: 120 C G	24.	·			Sou	th Hacken	sack , N.J		<u>076</u>	06	
Scope of Work (Check All That Apply)				63							
≥3 sf or ≥3 lf	7 F						nt with Negative Pr	essu	re	•	
□ ≥160 sf or ≥260 lf		Demolit.	ion .			Mini-Enclosure Glovebag Proce	edure .				
,	*					Non-Exempted	(*) and Non-Friable				
	Is	Locati	ion						Abate	ement pe	
Location of		Normal			escription			-	<u></u>		П
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole intenar		Asbestos Con		faterial (ACM) s insulation,	Amount (Specify	70	_	Enc	TQ.
In Facility	Cus	todial S	Staff?	surfa	acing, VA	T, or	SF or LF)	Removal	Repair	sqs:	clos
(13)		(12)		other	miscellar	neous)		Val	=	Encapsulate	Enclosure
	Yes	No:	N/A	17.4						6	
CLOUND FLOOR OFFICE			X	THERMAL IN	أتحمال	ion	220LF	×			
- Jane Office			1								
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Name of Registered Waste Hauler		1000000	JDEP V lauler ID		c Yards	The second contract of the second contract of	Registered Landfill				10.
DJM Transport ,Inc		10000	2393		407	Cumbe	rland Cou	nt	y L	an	df i
City, State					osal Date	C. C. C. C. C. C. C. C. C. C. C. C. C. C				,	
South Kearny N.J.	07032	2		12	2/13/	v/ Newb	urgh PA,	17	242		9 3
Completed by	Title				Signature		Dat	e	2.7		
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Agencies Notified    Type Notification   Care   Car	Date of Notification (1) 11–28–11			T		f Building C			2)	( ())	in the second	7/ 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DEP					Street A	ddress				DEC	- 5 3	011	11 %	T.	
Name of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION	□ DEP	☐ Amended Amendment		_				NJ	08816	ASEE.	105 GO111	UL &		and the first	
Name of Monitoring Firm Hired by Building Owner (8) ETVINCOMMENTAL DESIGN INC.   State Address   State Avenue   Street Address   State Avenue   State Aven		justification)	including		200		5					ımber-			
Brunswick Square Mall					FACI	LITY INFO	RMATION								
Science (i.e. private & commercial buildings, homes, etc.)   Square Feet   # of Floors   Big. Age   39yrs.	Brunswick Squa	27,07,072	g Place (3)					[	☐ School (K-	12)					
County (6) Middlesex    County Code (7)	755 State Rou	te 18						1	Other (i.e. etc.)	private a	& commer	cial buil			es,
Middlesex   STATE USE ONLY   Shopping mall	City (5) East Brunswich	k						2	225,754		1				
Street Address 5434 King Avenue, Suite 101  Street Address 923 Haws Avenue  City, State, Zip Code Pennsauken, NJ 08109  Project Manager for Monitoring Firm Jay Murray  Steeduled Completion Date (11) 12/12/11  Scheduled Completion Date (11) 12/23/11  Scheduled Completion Date (11) 12/23/11  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Norristown, PA 19401  Scheduled Completion Date (11) 12/23/11  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Norristown, PA 19401  Scope of Work (Check All That Apply)  Scope of	Middlesex										ng demolis	shed)			
City, State, Zip Code Pennsauken, NJ 08109  Telephone No. Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Jay Batement (10) 12/12/11  Project Manager for Monitoring Firm Jay Batement (10) 12/12/11  Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Project Manager for Monitoring Firm Jay Murray  Scheduled Completion Date (11) 12/23/11  Project Manager for Monitoring Firm Project Monitoring Firm Project Manager for Monitoring Firm Project Monitoring Firm Jay Manager for Monitoring Firm Project Monitoring Material (ACM) Normally Scope of Work (Check All That Apply)  Scope of Work (	Name of Monitoring Firm Environmental	Hired by Building ( Design Inc	Owner (8)		ASCN	l No.	1000				10.00	b.,I	nc.		
City, State, Zip Code Pennsauken, NJ 08109  Telephone No. 856-616-9516 610-239-9920 00398  Start Date (10) 12/12/11 12/23/11 Pigenbous No. 12/23/11 Pigenbous No. 12/23/11 Pigenbous No. 12/23/11 Pigenbous No. 12/23/11 Pigenbous No. 00398  Start Date (10) 12/12/11 12/23/11 Pigenbous No. 12/23/11 Pi		nue,Suite 1	01			1	-			ıe					
Telephone No.   September No		J 08109					С	ity, Sta	te, Zip Code		01				
Occupancy Status During Abatement (Check Only One)    Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Other - Describe: work area isolated     Scope of Work (Check All That Apply)		itoring Firm	****	- 1			To	elepho	ne No.		License	13/2/01/2			
Pacility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   Other – Describe: work area isolated					pletion	Date (11)	N	lame of Plyn	OSHA Monitor Nouth Envi	ronm	ental	Co.,	Inc.	·	
Pacliny Closed/Vacated During Entire Period of Abatement	Occupancy Status During	g Abatement (Check	(Only One)		-		Si			SALENON CONTRACT					
Scope of Work (Check All That Apply)  □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos-Containing Material (ACM) In Facility (13) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ Abatement Type □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ St. Coation of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Procedure □ Non-Exempted (*) and Non-Friable Pr	Abatement Perform	ed Outside of Norm	al Facility H	ours			C	ity, Sta	te, Zip Code		0.4				
≥3 sf or ≥3 lf			isolat	ed_				Norr	ristown,PA	194	01				
Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Demolition   Description of   Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A   N/A     N/A     N/A     N/A     N/A     N/A     N/A       N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A     N/A   N/	- 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A 100 A	Il That Apply)							200000000000000000000000000000000000000						
Secription of Normally Used Solely by Maintenance/ Custodial Staff? (12)   Yes   No   N/A     N/A     N/A     N/A     N/A     N/A			200						Mini-Enclosur Glovebag Pro	e cedure					
Asbestos-Containing Material (ACM)  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Tooms to fill store  x sheetrock joint compound 3,300 SF x  roof  x roof flashing  x cove base mastic  Type  Type  Type  Type  Type  Type  Type  Amount (Specify SF or LF)  Republic to the miscellane of the misc		- w	Τ	1000					Non-Exemple	d ( ) an	u Non-Fria	ble Pio	120-120-120	Commence in	-
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Toof   x sheetrock joint compound 3,300 SF x roof  x roof flashing 140 SF x roof flashing 140 SF x rooms to fill store  x cove base mastic 30 SF x	Location	of	20,7430,0500				Descri	intion o	f						
rooms to fill store	Asbestos-Containing TO BE ABA In Facili	Material (ACM) ATED	Maint Custoo (	enan dial S 12)	ce/ taff?		os Contain hermal sys surfacing	ning Mar stems in g, VAT,	terial (ACM) nsulation, or	(5	Specify	Removal	Repair	Encapsulate	Enclosure
roof x black sealant 5 SF x roof flashing 140 SF x rooms to fill store x cove base mastic 30 SF x	rooms to fill a	tore	Yes	No		cheetr	ook io	int	Compound	2 2	00 GD	×	-	<u> </u>	
roof x roof flashing 140 SF x rooms to fill store x cove base mastic 30 SF x									Canpoura	3,3	1505 11000		-		$\vdash$
rooms to fill store x cove base mastic 30 SF x			+							1.					
		store	+-+				- Company of the Company		C			x	-		
				I N.						lingues and			L		$\vdash$
Newark Carting Hauler ID No. 4509 of Waste 40 GROWS, Inc.	Newark Carting					No.	40				•				
City, State Newark, NJ  Disposal Date 12-23-11  Morrisville, PA	872						12-23-	11			•				
Completed by Title Timothy E. Bryan Title Vice-President Title 11-28-11		n		Pre	eside	nt e	Sign	ature	1/	3			-11	-	

# 04/1054

Date of Notification (1) 11/28/11 Ck:1654	\$200				f Building ( Orange/				rd of Educ	ation	- 5 20	11	1	1	
	Type Notification			Street A 25 We	ddress st Parke	r Aven	nue				Zakton	1 9	1		
EPA DEP DOL	Amended Amendment		_ [		te, Zip Coo wood, No		sey 07	7040		Lic	ENSING			أ	
X DOH X DCA	Emergency justification) Cancellation				Contact liam Kyle	 9				Tele	phone Nu	mber	-		
Name of Facility Where At Maplewood Middle S Street Address 17 Burnett Street City (5)		g Place (3	)	FACI	LITY INFO	PRMATI	ON	×	e of Facility ( School (K-1 Subchapter Other (i.e. p etc.) are Feet	2) 8 (Otherivate &		ial buil	dings,		<b>9</b> 5,
Maplewood, New Jer	sey 07040							20,	000	2	7.5 1884 1990 1991	5	5+	.gc	
County (6) Essex				County (	Code (7) JSE ONLY)			Sch	rent Use (Prid 1001			hed)			
Name of Monitoring Firm F AHERA Consultants		Owner (8)		ASCM	l No.		Lilich	Co	atement Con rporation	tractor (	9)				
Street Address PO Box 385							Street 606 I		ess ride Avenu	ie					
City, State, Zip Code Oceanville, New Jers	ey 08231						December 18, 18	1	Zip Code d Park, Ne	w Jers	ey 0742	24			
Project Manager for Monito Eric Clarkson	oring Firm			Telephor	ne No. 52-1833		Teleph 973-2		No. 8400	1	License N 01104	١٥.	*****		
Start Date (10) 12/23/11		Schedule 12/30/1		pletion [	Date (11)				SHA Monitor ronmental	Labs					
Occupancy Status During A Facility Closed/Vacate Abatement Performed Other – Describe: 7A	ed During Entire I Outside of Norn	Period of A	batem			_	City, S	Routate,	ess ute 22 Wes Zip Code ew Jersey						
Scope of Work (Check All	That Apply)							7							
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	enova emoliti				×	M	ull Containme lini-Enclosure lovebag Prod on-Exempted	edure				e	
· · · · · · · · · · · · · · · · · · ·			Locati					552					Abate	ement pe	
Location o Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Use Mai	d Solel ntenar odial S (12)	y by nce/		os Conti thermal surfac	scription aining M systems cing, VA niscellan	fateri: s insu T, or		(Sp	ount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room entran	ce stairwell	Х				Wa	ll Plast	ter		96	SF	х			
Name of Registered Waste	Hauler		0.050116	JDEP W	70070050000	Cubic '		X 27 72	Name of F	Register	ed Landfil	1			
Lilich Corporation			10.500	auler ID 3724	No.	of Was	ste		G.R.O.V	V.S La	ndfill				
City, State Woodland Park, New	Jersey 07424					Dispos 01/02	al Date /12		City, State Morrisvi		nnsylva	nia			
Completed by Tatiana Kalenikova		Title Vice I	Presid	dent	L	5200	ignature	2	un la	Con	1	ate 1/28/1	11		



Date of Notification (1) 11/28/11 Ck:1653	\$200				f Building Orange				ard of Educa	tion	2011		lad sees		
Agencies Notified  EPA	Type Notification			Street A 25 We	ddress st Parke	er Aven	ue		L-ASL	LCTUS COM	hul &				
DEP X DOL	Amended Amendment		_		ite, Zip Co wood, N		sey 07	<del>t</del> 7040						=	
X DOH X DCA	Emergency justification) Cancellation				Contact	e				Telephone	e Numl	per			
				FACI	LITY INFO	ORMATI	ON						_		
Name of Facility Where A Columbia High Scho		ig Place (3	3)					Тур	e of Facility (4) School (K-12)	)					
Street Address 17 Parker Avenue					7				Subchapter 8 Other (i.e. pri etc.)			build	dings,	hom	es,
City (5) Maplewood, New Je	ersey 07040								are Feet 000	# of Floors	3	1000	ldg. <i>A</i> 5+	\ge	
County (6) Essex				County (	Code (7) JSE ONLY	)			rent Use (Prior hool	if being den	nolishe	d)			
Name of Monitoring Firm AHERA Consultants		Owner (8)		ASCM	l No.				patement Contr rporation	actor (9)					
Street Address PO Box 385							Street 606 I		ess ride Avenue	)					
City, State, Zip Code Oceanville, New Jer	sev 08231				*********				Zip Code d Park, Nev	Jersey 0	7424				
Project Manager for Moni Eric Clarkson			Telephor	ne No. 52-1833		Teleph 973-2		No. 8400	Licer 0110	ise No )4					
Start Date (10) 12/23/11		Schedule 12/30/1		npletion [	Date (11)				SHA Monitor ironmental L	abs.				R	
Occupancy Status During	Abatement (Chec						Street		T-1707-			A-26			
Facility Closed/Vaca Abatement Performe Other – Describe: 7	ed Outside of Norr					ŀ	City, S	tate,	ute 22 West Zip Code						
							Unio	n, N	ew Jersey 0	17083					
Scope of Work (Check Al  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	т тпас Арріу)		tenova emolit				×	N G	ull Containmer lini-Enclosure lovebag Proce on-Exempted (	dure				e	
		Is	Locat	ion										emen	t
Location			Normal d Sole				cription				+	-	Ту	rpe T	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma Cust	intena todial ( (12)	nce/ Staff?		thermal surfac		s insu T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Faculty Cal	etorio.	Yes	No X	N/A		10/0	I Plast	or	-	210 SF			-	-	
Faculty Cat					Dir	oe & Fit			ation	12 LF	_	<u>х</u>			
Boys Locker		-	×	-	1 14		ng Plas		11011	140 SF		X		X	
Boys Locker	ROOM				Ceilli	ig Flas	SIEI		140 31						
Name of Registered Was	te Hauler	11	IN	JDEP W	aste	Cubic `	Yards		Name of Re	egistered La	ndfill				L
Lilich Corporation			H	lauler ID 8724		of Was 5			G.R.O.W	.S Landfil					
City, State Woodland Park, New	Jersey 07424					Dispos 01/02/	al Date 12		City, State Morrisvill	e, Pennsy	/Ivani	а			
Completed by Tatiana Kalenikova		Title Vice	Presi	dent		U.S. 4010	gnature		melles	anter	Date 11/2		1		

approved .	. 1 - *					rax:		HUZ UL VOM	NR:38	am	YUU 1/	/ UU
ept of Health & Senior Sel 40 (signature) 11 3011 Time: 73	+-			CATION	ate of New Jo I OF ASBEST TO NJAC 8:61	OS ABATE	MENT C	heck # 77	8	<u></u>	159 181	
Date of Notification (1)	1/29/11	i.	1	Name p	f Building Own	ner/Operator	o)	fig.	F 7	50		
Agencies Notified	Type Notification		-	Strant 6	ridmon		cikuwan ,	ANE		5 -	in I	;
DEP DOL	Initial Amended Amendment		_		ile. Zip Code				DE	(C.	- 5	
DOH DCA	Emergency (justification) Cancellation		-	Name of	Contact			Telephone Nu	moer		-	
Name of Facility Where A	balament is Takin	g Place (	3;		LITY INFORM	MOITA	Type of Facility (	(4)			:	
GREACIE.  Street Address:  331 W. E.M.	ichwar	ASE	<del></del>	***************************************			図 Other (i.e. p	2) 8 (Other than K-1 private & commen	12) Sal buil	dings	hom	es,
City (5) EULLEWEST							Square Feet	# of Floors	£	eldg. /	ge	
SEAGE				County (	Code (T) ISE ONLY) _		/	or if being demolis	hed)			_
Name of Monitoring Firm I	Hirad by Building (	Owner (8)	, 1	ASC:V	I Vc.		of Abstement Con lac Contracting					
Street Address			~~~~	<del></del>			Address Loweli Road	i				
City, State, Ztp Code							State, Zip Code 1 Rock, NJ 074	52				
Project Manager for Monit	aring Firm			Telephor	B No.		none No. -262-5841	Upense N 00156			100000	
Start Date (10)		Schedul i d	ed Cor		Date (11)	# (0 - VC) 19550 177 0750	of OSHA Menitor ega Environme	ntal Services i	nc.			
Occupancy Status During Facility Closed/Vacet Abatement Performs	! ; jedi During Entire P	eriod of	Abaten	nent			Address Huyle: Street					
Abatement Performs Other - Describe:	5 Gutside of Norm	al Facility	y Hours	<b>.</b>			tale, Zip Code kensack, NJ 01	7606				
Scope of Work (Check All 23 sf or 23 if 2160 sf or 2260 if	That Apply)		Renova Demolit				Mini-Enclosure Glovebag Proc				e	
Location		2/33	Locati	0.00 OC 10 P		Cescription					pe pe	
Asbestos-Containing A  TO BE ABA In Facility (13)	laterial (ACM)	Cus	d Sole lintenal todia: \$ (12)	nce/ Staff?	(i.e. ther	Containing N	faterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Ti constant
BASEMENT	,   ,	Yes	No	N/A	DIFF	,		6524	X			-
				, !								<u> </u>
	+	-							-	-	-	-
***		1	I N	JOEP W		ibic Yards	Name of	Registeres Landfil	<del>'</del>	i		
Name of Registered Waste DJM Transport Inc	Hauter		н	auier :0 1 9681	io , cN	Waste /	Cumbe	rland County I	andfi	11		
	Hauler	- <b>-</b>	н	auier :D I		Sposal Date	City, Slate		andfi 	11		

		ers H
b(c+) 1	State of EICATION OF A ursuant to N.D.	ACE BIGG and PRIE CE IVERS
rate or eloilitication (1) 11-30-11		DEC - 5 2011
Agencies Notified Type Notification  TYPA	The state of the s	Zip Code WA ASBESTOS CONTROL &
Amendment #	Name of Co	LICENSING dephoto parameter
Name of Fagility Where Abatement is Taking Place (		V PNIFORMATION  Type of Facility (4)  [TSchool (K-12)]
NUISIN	y agreement to the second	Other (i.e., private & commercial buildings, homes, etc.)
City (5) Bolmar	Company of the Compan	Square First # of Floors Find. 74  / S D 2  Current Use (Prior if Deing demolished)
Name of Monitoring Firm Fired by Building Owner	USE ONI.	and (i) form
Stront Address		Street Address
City, State, Zip Code		Cota Nocto (VS 0)22
Project Manager for Monitoring Pirm  Start Date (10) Scheduled Co	Telephone No. ompletion Date (1	73 211/ / S / 1 1
12 - 12 - 11   12 - 12 - 12 - 12 - 12 -	17 - 11 one)	Street Address  GC May TRONG RD
[ ] Eacility Closed/Vacated During Entire Period of A   T   Abatement Performed Outside of Normal Facility   Differ - Describe: 7AM 7/P	1 mount	City, State, Zip Code  City ( 1 // // // // // // // // // // // // /
Scope of Work (Check all that apply)	Novation molition	[ ] Full Containment with Megative Pressure [ ] Mini-Enclosure [ ] Glovelag Procedure [ ] Hun-Exempted (*) and Mon-Eriable Procedure
N	ocation omaally	Description of
Asbestos-Containing Material (ACM)  Asbestos-Containing Material (ACM)  Cu	(Solely by htenance/ istodial Staff? (12)	Ashestos Contolning Material (ACivi) (i.e., thermal systems insulation, surfacing, VAT, or other miscellameous)  Amount (Specify 20 20 20 20 20 20 20 20 20 20 20 20 20
OUT DOORS YES	No illa	SIDING 1800
		T Cubic Yardis   Name of Registered Landfill
Name of Registered Waste Hauter  PRESTINSULATION OF	MIDET WA Hauler ID N 1208	to. of Waste GRUVS
Cary, State Conflicted by Completed by	111	Disposal Date   City, State   12.20-11

Completed by

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(the	Kent	805	1
0110		000	

te of Notification (1)	\	Na	me of Bu	ilding Owner/C	3.5	Jam	esli	BL	ins 15	U 1			Check
encies Notified Type Notification		Sti	reet Addr				111	11			011	4	
T-MAIN	1, T. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,				Penn	AUE	- 11	115	Page 3	<u>5</u> 2	UII	- 1	are!
EPA Initial Amended			ty, State,	Zip Code	C C	P	A	10	7130_			ك	
Amendment #_ Emergency (inc					hila		5	Telep	hone Numbe	CONT	ROL 6	•	+
DOH justification)	3	Na -	ame of Co	D.	225		A CONTRACTOR			ELECTRIC.		-	-
DCA Cancellation		بل	Jam	Y INFORMAT	ION		Y top		angelejata	KIND AND	, mar. 6. 10. 15.	J. 11.60 P	
ame of Facility Where Abatement is Taking F	Place (3)			1 1111 01 1111	Ту	pe of Fa	cility (4)	end	·~				
Single family	Dw	13	ling			School	ol (K-12)		then V 12)				
			7			Subci	napter 8 (i.e. priv	(Other	than K-12) commercial t	ouilding	gs, ho	mes,	
1603 River	Roa	d				etc.)			Floors		. Age		_
· (F)			~ ~ 1	0	So	quare Fe	et	# 01 1	7	-	60		
Belman 1	17		1771			urrant H	e (Prior	if bein	g demolished		90		
ounty (6)		C	ounty Co	de (7) E ONLY)		urient os	se (Filor	ii beiii	g domono.				
Monmouth			ASCM N		Name of	Abateme	ent Contr	actor (	9)				
ame of Monitoring Firm Hired by Building Ov	vner (8)		N/A	NO.	EPC TI	ECHNO	DLOGII	ES, II	NC				
EPC TECHNOLOGIES, INC					Street Ad	idress							. : 60
Street Address					P.O. B		7						
P.O. BOX 337					City, Stat	te, Zip Co	ode						
City, State, Zip Code NEW EGYPT, NJ 08533					NEW E	EGYPT	, NJ 08	3533	١				
Project Manager for Monitoring Firm			Telephone		Telephor		-		License No.	18			
STEVE SCHENKER			609-758			8-3365			00004				-
Start Date (10)	Scheduled			ate (11)	Name of	ECHN	MONITOR OLOGI	ES. I	NC				
12-13-11			3-11		Street A								_
Occupancy Status During Abatement (Check						SOX 33	7						
Facility Closed/Vacated During Entire P	eriod of A	baten	nent			te, Zip C						1000000	
Abatement Performed Outside of Norm Other – Describe:	at Facility	rioura				EGYP1		8533					
Scope of Work (Check All That Apply)	Пр	enova	tion			Full Co	ontainme	ent with	n Negative Pr	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoli				Mini-E	nclosure bag Proc	edure					
2100 31 01 2200 11						Non-E	xempted	(*) ar	nd Non-Friabl				-
	Т.	1	ion								Abate Ty		
		Locat lorma			Description	of			,		- ,		-
Location of Asbestos-Containing Material (ACM)		d Sole	ely by	Asbestos (	Containing Ma	aterial (A	CM)		Amount Specify	, D	T	Encapsulate	[
TO BE ABATED			Staff?	S	mal systems urfacing, VAT	T, or	"",		F or LF)	Remova	Repair	apsı	Lingonia
In Facility (13)		(12)		oth	ner miscellane	eous)				val	Ŧ	Jlate	(
(10)	Yes	No	N/A										
			1-	Dia	Insu	latio	m	18	30 LF	X			
		1500	1	libe	١١٦٩ اسلم	1-61.0		,					
Basement	X	100000								-	+		
Basement				-								4	
Basement										-	-	-	
Basement							Name of	Pogia	tered I andfil				
			NJDEP V	14010	ubic Yards				itered Landfil		DE PA		
Name of Registered Waste Hauler			NJDEP V Hauler ID 17000	No.	f Waste 2		WAST	E MA	stered Landfil		F P/	\_ \_	
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC			Hauler IE	No.	Waste 2	<u> </u>	WAST	E MA	NAGEME		F P/	<u> </u>	
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC City State			Hauler IE	No.	isposal Date	11	WAST	E MA	LLE, PA	NT C	DF PA	A	
Name of Registered Waste Hauler EPC TECHNOLOGIES, INC	Title		Hauler IE	No.	Waste 2	11	WAST	E MA	LLE, PA	NT C		-6	

Date of Notification (1)	1		Name of	f Building Own	er/Operato M r c h ヰ		Ma	"DEC -	5 2011			-
agencies Notified Type Notification			Street A	ddress			11/11/4	YBASO	<del>2 ZUH</del>	<u> </u>	ment !	_
EPA Nitial				50	) G	asto	. AU	6		Î	,	
DEP Amended	1		City, Sta	ate, Zip Code	-	11		ASBESTOS CO	ONTROL &	-		
DOL T Amendment Emergency (		-		F	ranit.	an	NI	LICENS	The same of the same of			
DOH justification)	including			f Contact	179		matter com	Telephon	e Numbe	Continue		
DCA Cancellation			m	ichael	Ma	VEA	JUNEAU					
lame of Facility Where Abatement is Takin	a Place (S	5/	FACI	LITY INFORM	ATION	Tuno	f Coellity	(4)				
· · · · ·		"				_	f Facility	•				
Single Family Dw.	elling						chool (K-	12) r 8 (Other thai	n K 12\			
50 Gaston 1	105					0	ther (i.e.	private & com	mercial bi	uildings	, hom	nes,
Oity (5)	TUC					/ et	C.)					
Ranitan	NJ	1	9810	7		Square	reet	# of Floor	5	Bldg.		
County (6)	700		County C	Code (7)		Curren	t Use (Pr	ior if being der	molished)	Œ.	5+-	
Someset				USE ONLY) _			. 230 (1 1	Doning del				
lame of Monitoring Firm Hired by Building (	Owner (8)		ASCM	1 No.	Name	of Abate	ment Co	ntractor (9)				
EPC TECHNOLOGIES, INC			N/A					GIES, INC				
Street Address					20072	Address						
P.O. BOX 337					P.O.	BOX 3	37					
City, State, Zip Code NEW EGYPT, NJ 08533						State, Zip V EGYF		08533				
Project Manager for Monitoring Firm		1	Telephor	ne No.	Telep	hone No.		Licer	nse No.			-
STEVE SCHENKER			609-75	58-3365	609-	758-33	65	003	94			
Dec 15 2011	Schedule	ed Con	1 1	Date (11)		of OSHA		SIES, INC	- 7.8 \$ \$7.5 P.			
Occupancy Status During Abatement (Chec	k Only Or	10)	16	, 2011		Address						
			nont.			BOX 3	the state of the s					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm						State, Zip					-	
Other – Describe:	,					V EGYF		08533				
Scope of Work (Check All That Apply)							•					- 257
≥3 sf or ≥3 If		Renova	tion			Full C	Containm	ent with Nega	tive Press	ure		
≥160 sf or ≥260 lf		emoliti			Ţ	- Mini-	Enclosure	e		Juic		
					Ť		ebag Pro	cedure d (*) and Non-	Frighte D	roced	re	
The state of the s	1-	Loost	00			. 1011		a / / dila 14011-	, Habie F		emen	t
Logation of	1000	Location Normall	90000		Description	of				Charles and the same	уре	
Location of Asbestos-Containing Material (ACM)		d Solel		Asbestos C			ACM)	Amount			m	
TO BE ABATED	7.55	intenar todial S		(i.e. then	mal system	s insulation		(Specify		70	nca	Enclosure
In Facility (13)	0000	(12)			ırfacing, VA er miscellar			SF or LF	Remova	Repair	Encapsulate	SOSI
\/	Yes	No	N/A			/			l a	.   =	late	) Te
* * * * * * * * * * * * * * * * * * * *	+	INU	INIA	D:	<del></del>	1 1		1 /		+	-	-
-2				Pipe	Lasu	Istic	7	100 L	FX			
Basement	1			Colors Color Distriction					oww.esta estimi			
Basement	X									-		
Basement  Jame of Registered Waste Hauler	*	100	JDEP W	1986 (1980) B. H.	bic Yards		Name of	Registered La	ndfill			
ame of Registered Waste Hauler	*	Ha	auler ID I	1986 (1980) B. H.	Macta			Registered La		OF PA		
	X	Ha		No. of \		2 .		MANAGE		DF PA		

Completed by STEVE SCHENKER Title

PRESIDENT

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Date

11-23-11

15 . 11					•		Markagharan ang a	general e	Ŀ	Pi	int I
in 13.15-11		ICATION	ate of New Jerse OF ASBESTOS to NJAC 8:60 ar	ABATE		ECR	relety.	#	38	FA PA	1
Date of Notification (1)	T	Name of	Building Owner/	Operator	(2)						
11.23-11			M	rcha	1 1 1	VDE	O - E A	004		٠, , ١	
Agencies Notified Type Notification		Street A		CHA	11/1/19	YUL	<u> 5 7</u>	.011	1 /	ment of	-
	- 1		50	(-	ston Au	-			Ì	1	
EPA Initial Amended	-	City Sta	te, Zip Code	<u>O</u>	Ston Au	ASRES	TOS CONTR	01.0	<b>-</b>		
DEP Amended Amendment #		Ony, on		1.	NT	.,000	LICENSING.	UL &		1	
Emergency (including	, -	Name of		Rita	n Alektron		and the	-			
DOH justification)  DCA Cancellation			1. The state of th	20	2 ZZPAYAN	e e	lephone Nu	mber.			
DCA Caricellation		[/]	chael	May	150			20			
Name of Facility Where Abatement is Taking Place (	3)	FACI	LITY INFORMAT	ION P	Type of Facility	(A)					
	,										
Single tamily Dwelling					School (K-		ner than K-1	21			
					Other (i.e.	orivate	& commerc	∠) ial bui	dinas	hom	29
50 Gaston AUE					etc.)				unigo	, 110111	C3,
City (5)		r. ~! -			Square Feet	# 0	f Floors	E	Bldg. A	Age	
Kanifan NJ		8869					2		6:	5+-	
County (6)		County (			Current Use (Pr	or if be	ing demolis	hed)			
Someset		(STATE C	JSE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8	)	ASCM	No.	Name	of Abatement Co	ntracto	(9)	7			
EPC TECHNOLOGIES, INC		N/A		EPC	TECHNOLOG	SIES,	INC				
Street Address				Street	Address						-
P.O. BOX 337				P.O.	BOX 337						
City, State, Zip Code	*			City, S	tate, Zip Code						
NEW EGYPT, NJ 08533					EGYPT, NJ	08533					
Project Manager for Monitoring Firm		Telephor	ne No.	Teleph	one No.		License N	lo.		-	-
STEVE SCHENKER		609-75	8-3365		758-3365		00394				
Start Date (10) Schedu	led Con	noletion [	Date (11)	Name	of OSHA Monitor						
Dec 15 2011 D	) o _	16	2011		TECHNOLOG		INC				
Occupancy Status During Abatement (Check Only O	ne)	10	, 80,1		Address						
				17/15/15/15	BOX 337						
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facilit	Abatem	nent									
Other – Describe:	y Hours	,		The second secon	ate, Zip Code	10511					
				INEV	EGYPT, NJ	10000					
Scope of Work (Check All That Apply)				Е							
<b>X</b> F ≥3 sf or ≥3 lf	Renova			-	Full Containm		Negative F	Pressu	re		
≥160 sf or ≥260 lf	Demolit	1011		)z	Mini-Enclosure Glovebag Pro						
					Non-Exempte	d (*) an	d Non-Friat	ole Pro	cedur	e	
le le	s Locati	on						T		ement	
	Normali		D-	norintia-	of				Ту	ре	
Ashestos-Containing Material (ACM)	ed Sole	ly by	Asbestos Con	scription taining M		Δ	mount			_	
TO BE ABATED	aintenar stodial S	0.01006.000	(i.e. therma	systems	insulation,	(5	Specify	R	70	200	E
In Facility Cus	(12)	oldii!		cing, VA			or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	,/		other	niscellan	eous)			val	31	ulat	sure
Yes	No	N/A								ro ro	

TO BE ABATED In Facility (13)			Staff?	(i.e.	thermal systems insu- surfacing, VAT, or other miscellaneous		(Specify SF or LF)	Removal	Repair	ncapsulate	Enclosure
7	Yes	No	N/A							ate	ro
Basement	X			Pip.	e Insulat	100	100 LF	k			
					7						
Name of Registered Waste Hauler		Ц	NJDEP W	/aste	Cubic Yards	Name of	Registered Landfill				
EPC TECHNOLOGIES, INC		S. 100	Hauler ID 17000	No.	of Waste 2	WAST	E MANAGEMEN	SEMENT OF			
City, State NEW EGYPT, NJ 08533					Disposal Date	City, Stat MORR	te ISVILLE, PA				

Title PRESIDENT

Completed by STEVE SCHENKER

Date

11-23-11

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

		0000		olumna a v		110		als	ucio	45	at (	thea	
Date of Notification (1)  November 29, 2	2011			Name of Buildin		erator (2) y Constructi	on, Inc.		i	9.3	at (		
[]	ial Notifi	ication otification		Street Address		West Count		d, Suite 202	2				
[x] DOL Am	endment			City, State, Zip C		on, NJ 0852	g-2-1				ز		
[ ] DCA just	ification) cellation			Name of Contact Davi	d Kiesslin	g	Teleph	One Number			15.00		
			FAC	ILITY INFOR	MATION				-	_			
Name of Facility Where Abatement is Taki New Lisbon Dev						Type of Fac	] Sch	ool (k-12) chapter 8 (ot	her tha	n k12)			
Street Address 130 Route 72						ĺ	x ] Oth	er (i.e., priva nes, etc.)			ial buil	dings,	
City	Cour	nty (6)		County Code (7) (STATE USE ON	LY)	Square feet 6000	sf	of Floors 1		g. Age	50		
New Lisbon		lington				(	(Prior if bein Cottages	g demolished	1)				
Name of Monitoring Firm Hired by Buildin Whitman	ng Owner	r (8)		ASCM No.	Name of	e of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 116 Tices Lane,			Street Address 1889 Route 9, Unit 61										
City, State, Zip Code East Brunswick,			City, Sta	ate, Zip Code	Toms River	as River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Number 5858			ne Number 19-9932		License N 00624							
Scheduled Start Date (10) 12/09/11		12/12/1		on Date (11)			or E.M.S.L. A	nalytical					
Occupancy Status During Abatement (Chec			od of Ab	atement	Street A		1056 Stelto	n Road					
Abatement Performed Other – Describe					City, Sta	ate, Zip Code	Piscataway,	New Jerse	ev 088	354			
Company (Check all that apply)			V.		l r		tainmentwith	100		25-20/61/.			
Scope of Work (Check all that apply)					[x]	· · · · · · · · · · · · · · · · · · ·			A SAMES				
[ x ] >3 sf or ≥3 lf			Renova		[ ]		g Procedure mpted (*) and	Non Erioble	Drocad	ura			
[ ] ≥160 sf or ≥260 lf		L J	Demolit	tion	<u> </u>	Non-Exe	inpied (*) and	Noirittable	_				
						c.			Aba	tement	Туре		
Location of		Is Location Normally use		A	Description sbestos-Co			Amount	R E	R	E N	E	
Asbestos-Containing Material (ACM)		Solely by		+	Material (A	ACM)	(5	Specify SF	M	P	C	C	
TO BE ABATED	Mai	ntenance/Cus	stodial		e., thermal			or LF)	0	A	A P	L	
in facility (13)		Staff (12)		110	sulation, su VAT,				V	R	S	S	
(13)		(12)		0	ther miscell				A		U L	U R	
	N/A						L		E	E			
Attic		Asbestos elb	ows & joi	nts	1	10 lf			X				
		-					-	-	$\vdash$	-			
								-		_			
Name of Registered Waste Hauler	e Hauler	A COMMON TO A STATE OF THE PARTY OF THE PART	Yards of Was		f Registered I	andfill			1				
Guardian Contracting, Inc		20	Dispos	al Date	City, S		R.F.						
Toms River, New Jersey	Title		9/13/	11		town, Penns	ylvania		Date		7 TO SEC.		
Completed by (Print or Type) Nicholas Fernicola	r	Signature	1hol	10	1		350.3000	29/20	11				

### State of New Jersey

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

				- 113		D '11' - O-	10-10-1	tor (2)	110000	(1)	Vet Cox	1 1	111	
Date c Notification (1)	ovember 29, 20	11.			Name of	Building Ov	Trinity	Construction	n, Inc.	U	ia	98	10	
Agencies Notified  [ x ] EPA		ion Notificat ded Notif			Street Ad			est County	Line Road	The state of the state of	1. 2 A . W.	<u> </u>	1	
[ ] DEP [x ] DOL	Amen	dment # gency (inc			City, Stat	te, Zip Code	Jacksor	ı, NJ 08527	The second second		i guara	*********		
[x] DOH .[] DCA	justifi	cation) Ilation			Name of		Ciessling	7 11 1000	Telepho	one Number	41-0	-		
				FACI	I ITY D	NFORMA	TION							
Name of Facility Where A	Abatement is Taking www.Lisbon Devel	Place (3) opment	Center-					Type of Facili	] Sch	ool (k-12) chapter 8 (oth	ner than	k12)		
Street Address	0 Route 72							[>	C] Oth	er (i.e., privat nes, etc.)	e & coi	nmerci	al build	ings,
City		County	(6)		County C	ode (7) JSE ONLY		Square feet 6000 st	f	of Floors		. Age 50	)	
New Lisbon	n	Burlin	gton						ottages	g demolished	)			
Name of Monitoring Firm	n Hired by Building hitman	Owner (8	)		ASCM N	0.				ontracting,	Inc.			
Street Address	( m: 1 TI	'4 D 1					Street Ad		889 Route	9, Unit 61				
	City, State, Zip Code						City, Stat	e, Zip Code		CANCEL MINISTER OF THE PARTY OF	0.00	165.10	7.1	
Ea	ast Brunswick, N				Talanhan	e Number	oms River	New Jerse		/55-12	./1			
Project Manager for Mor	nitoring Firm		Telephone				732-349	9-9932		00624				
Scheduled Start Date (10	11		12/08/	Completio	on Date (	11)			.M.S.L. A	nalytical				
Occupancy Status Durin	g Abatement (Check cility Closed/Vacate	only one	) Entire Per	riod of Aba	itement		Street Ad		056 Stelto	n Road				
[ ] At	patement Performed ther – Describe						City, Stat	e, Zip Code P	iscataway,	New Jerse	ey 088	54		
Scope of Work (Check a	all that apply)						[ ]	Full Conta	inmentwith	Negative Pre	ssure			
Scope of work (Check a	in that appry)						[x]	Encapsula						
	3 sf or ≥3 lf		[x]	Renovat			[ ]	Glovebag Non-Even		l Non-Friable	Proced	ure		
[ ] ≥1	160 sf or ≥260 lf		<u> </u>	Demolit	ion			Non-Exen	ipied ( ) and					
											Aba	tement	Type	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custo Staff (12)  YES NO N						Asb M (i.e., insu	Description estos-Cor faterial (A , thermal lation, su VAT, or er miscella	ataining CM) systems rfacing, or		Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Attic			X	1	Asbe	stos elbov	ws & join	nts	1	10 lf			X	
1100														_
	-										1_			_
	30									1611				_
Name of Registered Wa	ste Hauler Contracting, Inc.	1,1110		aste Hauler 20223		Cubic Ya	rds of Was	T.R.I	Registered R.F.	Landfill				
City, State	er, New Jersey			Dispos 12/09			City, St Tullyt	owh, Pennsy	ylvania		Dat			
Completed by (Print or Nicholas F	Type)		ct Mana		Signa	Nick	nol	10	1_		100000000000000000000000000000000000000	29/20	11	
		*1	o not us	e this forn	n for ast	estos licen	sure exen	npted activitie	25.					



Date of Notification (1)	Name of Building Owner/Operator (2) NJ SDA										31				
11/1/11									154.55						
Agencies Notified  EPA	Type Notification			Street Ac 1 West		Street								1	
DEP DOL	Amended Amendment		_	City, Stat Trentor						A		1.			
DOH DCA	Emergency justification)			Name of				ADDESTICE		Tel	ephone Nu	mber			(1,2 s200)
DCA	Cancellation	1		Bruce I						_1;	_				
No. of Facility Misses	Abstract is Takin	a Diago (2)		FACIL	ITY INF	ORMATIO	N	Tun	e of Facility (	4)					
Name of Facility Where a Former Bank Buildi		ig Place (3)	)					Тур	,	6					
Street Address	3		****				-	School (K-12) Subchapter 8 (Other than K-12)							
391 MLK Drive								×	Other (i.e. p etc.)	rivate d	& commerci	ial build	dings,	home	es,
City (5)									are Feet	# 0	f Floors	Bldg. Age			
Jersey City, NJ 073	305				-				00 +	1			5+		
County (6) Hudson				County C (STATE U		)			rent Use (Pric andoned b			hed)			
Name of Monitoring Firm		Owner (8)		ASCM			Name of Abatement Contractor (9)						-		
Environmental Tact	tics, Inc.			00045	5		ALKAT Construction LLC								
Street Address 64 Broad Street							Street Address PO Box 603								
City, State, Zip Code Matawan, NJ 0774		***************************************			City, State, Zip Code Woodland Park, NJ 07424										
Project Manager for Mor	nitoring Firm		T	Telephon	ne No.		Teleph								
Tom Geiger		0.5.4.5	10		Data (44)		973.8	2505311			01097				
Start Date (10) 12/1/11		Schedule 12/15/1		npletion L	Date (11)		Ange		SHA Monitor amov						
Occupancy Status Durin	g Abatement (Che	ck Only On	e)				Street Address Paterson, NJ 07501								
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of A nal Facility	baten Hours	nent s					Zip Code	E					
	H That Assiba														
Scope of Work (Check A	ш тпат Арріу)			.ei.a.a			×	1 -	ull Containme	ant with	Negative I	Draccii	ro.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	N G	fini-Enclosure flovebag Prod lon-Exempted	e edure				Δ.	
	- Aller	1	-					1 1/	ion-Exempled	() an	u Non-Filat	T FIO	3000 73	emen	t
	_	11150	Locat Iorma	300007		5								ре	
Location Asbestos-Containing		Use	d Sole	ely by	Asbes	Desc stos Conta	cription ining N		ial (ACM)	А	mount			т	
TO BE AB	ATED		ntena odial :	nce/ Staff?		thermal s	ystems	s insu	ulation,		Specify or LF)	Ren	Re	nca	Encl
In Facil (13)		50,074-000	(12)	735-635-5		surfaci other mi				31	OI LI )	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	ю́
Main F	loor		Χ		C	eiling an	d wal	l pla	ster	99	00 SF	x			
Main F	loor		X			File	r pape	er		20	00 SF	X			
Mezzanine/cor	mbine area		X			,	VAT			35 SF	Х				
Roo	Χ			Roofin	g Mat	teria	al 4000 SF X								
Name of Registered Was		NJDEP Wa		Cubic Y of Wast			Name of	Registe	ered Landfil						
ATLANTIC CARTIN	G LLC		- 088	6085	NU.	40 +	C		IESI Be	thlehe	em, PA				
City, State 1141 Route 23 Way	ne, NJ					Disposa	al Date	1	City, State Bethleh		PA				
Completed by		Title GM				Sig	nature	in	Th	-		ate 1/28/1	1		
Uros Spasic					U		11			1/20/					

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

			(Fu		to NJAC 8	.00 und	. 12.12			alriadi	1.50	it c	heck	5	
Date of Notification (1)	ovember 29, 201	1		1	Name of Build	ding Owi	ner/Oper Trinity	Cor	(2) nstruction, In	alriadic. CK	198	309		1000	
Agencies Notified [ X ] EPA	LJ	Notificati		5	Street Address		2290 W	Vest	County Lin	e Road, Suite 202			1/4		
[ ] DEP [x ] DOL	Amend	led Notifi Iment #_ ency (inc		(	City, State, Zi		Jackson	n, N	Ј 08527				1	1	
[x] DOH [] DCA	justific [ ] Cancel	ation)		1	Name of Cont Da		iessling	į		Telephone Number					
				FACII	LITY INFO	DRMA"	TION								
Name of Facility Where A	Abatement is Taking w Lisbon Develo	Place (3) opment	Center-Vi	ne Cott	tage			Тур	pe of Facility (4 [ ] [ ]	School (k-12) Subchapter 8 (oth	er than	. <b>k</b> 12)			
Street Address	0 Route 72								{x}	Other (i.e., private homes, etc.)			al build	ings,	
City		County			County Code ( STATE USE				6000 sf	# of Floors 1 r if being demolished)		. Age 5	0		
New Lisbor	1	Burlin	gton						Cotta	ges					
Name of Monitoring Firm	n Hired by Building	Owner (8	)	A	ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.								
Street Address	6 Tices Lane, Ui				Street Address 1889 Route 9, Unit 61										
City, State, Zip Code	st Brunswick, N			1	City, State, Zip Code Toms River, New Jersey 08										
Project Manager for Mon		umber 858			Telephon 732-34	9-99	932	License N 00624	umber						
Scheduled Start Date (10 12/14/1	1		Scheduled C 12/16/1		on Date (11)		Name of Street Ac			S.L. Analytical					
[ ] Ab	cility Closed/Vacate patement Performed (	d During Outside o	Entire Perio	cility Ho	urs		City, Sta		1056	Stelton Road taway, New Jerse	y 088	54			
	sfor≥3 lf	-	F	Renovat			[ ] [x]		Encapsulation Glovebag Prod			ire			
[ ] ≥1	60 sf or ≥260 lf		[ ]	Demolit	ion		_ L _ J	y	Non-Exemple	( ) and (voir) made ?			<b></b>		
						_			6		Abat	tement	Type		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custo Staff (12)  YES NO N						Asbe Ma (i.e., insulation	escription stos-Conternal (A thermal ation, su VAT, or miscell	ntain ACM syst irfac or laneo	ning (1) eems sing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Attic	Attic					s elbow	s & joi	nts		110 lf	-	-	X	-	
						-									
									Nome of Day	victored Landfill		_			
Name of Registered Wa Guardian (	ste Hauler Contracting, Inc.		NJDEP Wast 20	0223		ubic Yar	ds of Wa		T.R.R.F	gistered Landfill					
City, State Toms Rive	er, New Jersey			Dispos 12/19			Tully	tow	d, Pennsylva	nnia	Date	e			
Completed by (Print or Nicholas F	Type) ernicola		ect Manage		Signature	ill	net_	1	tes			29/20	11		
		*	Do not use	this forn	n for asbesto	os licens	sure exei	mpte	d activities.						