Agencies Notified Type Notification Type	Date of Notification (1) 11/25/13					Building C	Owner/Op	erator	(2)							
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Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Occupied Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) 170 BE ABATED In Facility (13) Passement In Renovation Demolition Is Location of Asbestos-Containing Material (ACM) (1-e, thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely (1-e) To Be ABATED In Facility (13) Normally Used Solely (1-e) To Be ABATED In Facility (13) Normally Used Solely Used Sol		ct Manager for Monitoring Firm Date (10) Schedu									c.					
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Non-Exempted (*) and Non-Friable Procedure								2	≦ Mi	ni-Enclosure						
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Totowa, NJ Tulfytown, PA	City, State							al Date	Э	City, State	е		- 14			
Completed by Title Signature Date Deanna Brkusanin Project Manager 11/25/13							1 1			Tullytov	vn, P	A				
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Date of Notification (1)					Building (perator	(2),							
11/25/13				Anthor	y Abello) ·	Ź	,		DEC					
Agencies Notified	Type Notification		100	Street Ad 70 Fitc	ddress h Street		1		5,00	9		¥:			
EPA DEP DOL	Initial Amended Amendment	#	1.0		te, Zip Co		Ì	Ϋ́			7/				
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⊠ DOH □ DCA	justification) Cancellation			Anthor	y Abello)		/		848-203-6					
			_	FACII	LITY INFO	RMATI	ON								
Name of Facility Where	Abatement is Taking	Place (3)						Ту	pe of Facility (4)					
House									School (K-1	2)					
Street Address					17.					8 (Other than K					
70 Fitch Street								×	etc.)	rivate & comme	rcial bu	laing	s, n	ome	s,
City (5)	1							Sq	uare Feet	# of Floors		Bldg	Ag	е	
Carteret								N/	'A	N/A		N/A			
County (6) Middlesex				County C	ode (7) ISE ONLY)			150,000	urrent Use (Prid OUSE	or if being demo	lished)				
Name of Monitoring Firm	Hired by Building (Owner (8)	_	ASCM	No.		Name	of A	Abatement Cor	ntractor (9)					
N/A									atement, In						
Street Address		-					Street	Add	iress	10000					
								3.5	engren Aver	nue					
City, State, Zip Code				4	6				e, Zip Code , NJ 07512						
Project Manager for Moi	nitoring Firm			Telephor	ne No.	•	Telepi	hone	No.	License #0067					
Start Date (10) 12/10/13		Scheduled 12/11/13	Com	pletion (Date (11)				OSHA Monitor patement, In	c.					
Occupancy Status Durin	g Abatement (Chec	(Only One)	7,57,50				Street						-		-
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Abatement Perform	ned Outside of Norm								, Zip Code						
Other – Describe:									NJ 07512						
Scope of Work (Check A	II That Apply)							350					-		-
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City, State Totowa, NJ						Dispo TBD	sal Date	9	City, Stat						
Completed by		Title				15	Signatur	6,	1 .) - //		Date		SH		
Deanna Brkusanin		Project	Ма	nager			VIU	lell	ie Jelle	ilelez	11/25	/13			

	e of Notification (1)					Building		perator	(2)	*0					
280,500	25/13					k Jane	ierny			19					
	ncies Notified	Type Notification			Street A	ddress Smith M	anor B	lvd			-107, 0-2010				II 93
××	EPA DEP	Initial Amended	ш	ı		ite, Zip Co		042	1						
	DOL	Amendment Emergency		-		Orange,	NJ U/	042							
×	DOH	justification) Cancellation				Contact Jane	Tiorny				7 Telephone No. 917-304-7				
ш	DCA	Caricellation	1			LITY INF		ON			917-304-7				
Nam	ne of Facility Where	Abatement is Takin	g Place (3)	FACI	LITTINE	UKWAT	UN	Туре	of Facility (4	4)			- 100	
Но	use								-	School (K-1	K5(i)				
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Nam	ne of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No.	1.	Name	of Aba	tement Con	tractor (9)	-			
N/A							1	D&S	Abat	ement, In	c	<i>/</i>	4		
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City	, State, Zip Code		55/63/			2.0		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ip Code J 07512	177				
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	'06/13		Schedule 12/07/1		ripietion	Date (11)				HA Monitor ement, In	c.				
Occi	upancy Status Durir	ng Abatement (Chec	k Only On	e)					Addres	79797					
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D&S	S Abatement, Inc	С.		.000	łauler ID 20996	No.	of Wa	ste		Waste N	Management	of PA			
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State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B&G proj. #: 2013-235

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Date of Notification (1)	- 11	Name of I	Building Ox	mer/Operator (2	2)	مير ا	APPRO	DAED		Т		
111/215/113		Carlos	Davis				Dept of Health	& Senior S	Service	s		
Igencies Notified Type Noti	fication	Street Ado	iress				(signar	ure)		-		
EPA Initial	ial ·	251 Pc	mona A	venue.		, I Da	te: [] 25] []	- 12	741	m		
DEP	- 11	City, State	, Zip Code	AND DESCRIPTION OF THE PARTY OF				(1409); <u>a .</u>	7//	.111		
	endment	Newa	k, NJ 07	112								
DOH .	1,000 00 00	Name of C	ontact				Telept	ione Num	ber	_	-	
DCA L Can	cellation	Carlos	Davis			i		-678-70°				
			FAC	CILITY INFORM	MATIO	N	1	007 C	ν.	- n	,	
Name of facility where abatemy	ent is taking p	lace (3)					Type of Facili					
Carlos Davis								chapter 8		fhan	K-12	١.
Street Address	1	8					Oth	er (Private	Correr			,
251 Pomona Avenue						1	Square Feet	s/Homes	, etc.		0276 ELE	
Olty (5)	Con	ипту (в)			Cot	inty Code (7)	odrais sen	#of Flo	ors	1.	Bldg.	Age
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			226Y				residential		m12 ec	inung5	neu)	
Nume of Monitoring Firm Hired	by Bldg, Civr	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
N/A						B & G Restorati	on, inc.					
Street Address	i .		,			Street Address		-				
ty, State, Zip Code						105 Ryerson Ro		-				
all other me cont				¥		City, State, Zip Code				6.00	7	
reject Manager for Monitoring P	im '	T D	hone Numb	NAP.		Lincoln Park, N	J 07035					
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cheduled Start Date (10)	· ISoko	Complete	on Date (1	,		Name of OSHA Mon	itor	03/0				
11/26/2013	NO. 10 00 0	900000000000000000000000000000000000000		1)		B & G Restorati		323	# 18			
	and the same	/27/2013				Street Address		1/0				-
ccupancy Status During Abatem Facility closed/vacated duri				0,000,000	П	105 Ryerson Ro	ad					
Abatement performed outsi	de of normal	oo or aces facility hou	imone rs-			City, State, Zip Code						**********
Describe:			·		-11	T	W 4.004					ř
Scope of Work (check all that ap	-he)				- 11	Lincoln Park, N.	07035					
Demolition		_			- -	V-1000		Mist	රේ දේශ	t		
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									믬		<u></u>	1
gistered Waste Hauler		P Hauler II)# Cu	bic Yards of Wi	asje	Name of Registered I	anden			Ш	Ц	
& G Restoration, Inc.	1956			1 yard	انب	Tullytown Resour	oe & Recovery	Center		*		
incoln Pack, NJ 07035	•	1	11/27/21			City, State			-			
implated by (Print or Type)	Title			Signature		Tullytown, PA	OCUPE :	Date				HICKOR.
Gordana Luna	Secretary	Trensure			Q	gordens Lana		11/25	12013			

B & G proj. #: 2013-235

State of NJ
Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)
*** EMERGENCY ***

Check #6289

p #				LIVILIN	GLI	NC I	CHECK	#0203		_		_
Date of Notification (1)	.1	Name of E	Building Owr	ner/Operator (2	?)					55.00		
1 1 1 1 2 5 1 1 3		Carlos	Davis				7					
Agencies Notified Type Notified	cation	Street Add	Iress				1					
EPA Initia	al	251 Pc	omona Av	enue			· · ·	DZ 9.	-)=	D		
DEP		City, State	, Zip Code		-		<u>t</u>	122 -	- 0 -			
DOL Ame	ndment		rk, NJ 071	112								
DOH		Name of C	ontact		Several Services		Telephor	e Numbe	Г	_	-	
☐ DCA ☐ Cano	ellation	Carlos	Davis				973-67	78-7019				
			FAC	ILITY INFORM	MATIO	N						
Name of facility where abatement	nt is taking	place (3)					Type of Facility	(4)				
Carlos Davis	-	***********					School	l (K - 12)		L 1	(40)	
Street Address					EMERCIE			apter 8 (0 (Private/0			-12)	
251 Pomona Avenue							Bldgs.	Homes, e	etc.		I-I A	
City (5)	C	ounty (6)			Cor	unty Code (7)	Square Feet	# of Floo	rs	Ь	ldg. A	ge
Newark			ssex		N 0000000	ate use only)	Current Use (P	rior if beir	ig den	nolish	ed)	
			35CX				residential	3 :				
Name of Monitoring Firm Hired b	by Bldg. Ov	vner (8)		ASCM No.		Name of Abatement	Contractor (9)	7.5			linos e es	
N/A			11			B & G Restoration	on, Inc.					
Street Address			,			Street Address						
ST. CL. 7: C. I						105 Ryerson Roa	ıd -					
City, State, Zip Code						City, State, Zip Code						
Project Manager for Monitoring F	irm		Ohana Mumi			Lincoln Park, N.	J 07035	TT 1	Nime			
Project Manager for Monitoring P	11411		Phone Numb	ber		Telephone Number		License 0378	Numi	oer		
Scheduled Start Date (10)	Sch	ned. Comple	tion Date (1	1)		Name of OSHA Mon	ements.					
11/26/2013		11/27/201	3			B & G Restoration	on, Inc.					
Occupancy Status During Abaten	nent (Chec	k only one)				105 Ryerson Roa	ad					
Facility closed/vacated duri Abatement performed outsi						City, State, Zip Code						
Describe:					-1	Lincoln Park, N.	07035					
Scope of Work (check all that ap	oply)							¬ wrap	& CII	t		
☐ Demolition	****	ation			П	Full Containment w/neg	lative pressure	Glovel			-	
✓ >3 sf or >3 lf		or ≥260 If				Mini-enclosure]	Non-fi	•			
Location of	Is loca	tion normally	y used solel	y	. Jen 4%		1		R	R	E	1_
asbestos-containing	by mai staff(1)	ntenance/cu	stodial	Descripti	on of a	asbestos-containing	Amount		e m	e	n	E n
material to be abated in facility (13)			T	material			(Specify S	F or	0	p a	a	С
abated in racinty (10)	Yes	No	N/A				2.7		v e	i	р	-
basement			X	pipe insula	tion		33 If			亡		
								1				
Registered Waste Hauler B & G Restoration, Inc.	1 000000	IDEP Haulei 9563	r ID#	ubic Yards of V	Waste	Name of Registered Tullytown Resou		Center				
City, State		7505	Disposal D			City, State	acc & Recovery	Conto		-		
Lincoln Park, NJ 07035			11/27/			Tullytown, PA						
Completed by (Print or Type)	Title			Signature				Date				
Gordana Luna	Secret	ary/Treasu	rer			Gordana Luna		11/25	/2013	3		

Date of Notification (1) December 2, 2013					f Building IcGonig		perator Check		23						
Agencies Notified	Type Notification			Street A 200 Br	ddress ridge St	reet			Γ	· ·		74			
EPA DEP X DOL	Amended Amendment		_		ite, Zip Co cas, NJ								24		
DOH DCA	Emergency justification) Cancellation				f Contact IcGonig	le		7		Telephone	Numb	êr-	Ū		
				FACI	LITY INF	ORMATI	ON		i						-
Name of Facility Where Residence	Abatement is Takir	ig Place (3)						processors.	of Facility (School (K-1	2000					
Street Address 200 Bridge Street									Subchapter	8 (Other than rivate & comm	K-12) ercial	build	dings	hom	es,
City (5) Rancocas								and the state of t	re Feet	# of Floors			ldg. <i>A</i>	Age	
County (6) Burlington					Code (7) USE ONLY	o			nt Use (Prid	or if being dem	olishe	1			
Name of Monitoring Firm Management & En				ASCN	/ No.			of Aba	tement Con vironmen						
Street Address P.O. Box 341	The conducting						Street	Addres	SS	tai, LLO					
City, State, Zip Code Chesterfield, NJ 08	0515						City, S	state, Zi	ip Code	20050					
Project Manager for Mor			T	Telepho				none No		Licens	se No.				+
Bill Weisgarber					98-4070				U (0084	2				
Start Date (10) December 12, 201	3	Schedule Decemb					Name EMS		A Monitor						
Occupancy Status Durin X Facility Closed/Vac				nent				Addres Haddo	s on Ave						
Abatement Perform Other – Describe:	ned Outside of Norr					_			p Code New Jei	rsey 08108		-0.			
Scope of Work (Check A	All That Apply)								, , , , , , ,				_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	i-Enclosure vebag Proc					e	
		ls l	ocat	ion										emen	t
Location	n of.	N-N	ormal	lly		Des	scription	of			L		Ту	ре	, -
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mair	ntena	ely by nce/ Staff?		tos Cont thermal surfac	aining M	Material s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
401		Yes	No	N/A										te	u
Basem	ent		XXX			Pipe	Insula	tion		115 LF		Х			

Name of Registered Was	ste Hauler		IN	IJDEP W	aste.	Cubic	Yards -		Name of F	Registered Lar	dfill				
Freehold			Н	lauler ID 2253		of Was			Grows I		ra mil				
City, State Mount Holly, New Je	ersey 08060			8		Dispos 12-16	al Date -13		City, State Tullytow						
Completed by		Title				S	ignature		70		Date				
Christina Lynch		Office	Mar	nager			VIIC	HO	ULL	<u> </u>	12/1	6/2	013		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name o	f Building (Owner/Oper						
	ecember 2,						Васогр	Building Gro	up a	7	3/3	54	9
Agencies Notified [X] EPA [] DEP		fication nitial Notific mended No			Street A		t	acey Road					
[x] DOL [x] DOH	[x] E	mendment mergency (including			ate, Zip Coo		River, NJ 087	31c - 518				
[] DCA		stification) ancellation			Name o	f Contact Alan			Telephone Number		0		
				FAC	ILITY I	INFORM	ATION	\$	\				
Name of Facility Where Ab Res	atement is Tak idence	ing Place (3	3)					Type of Facility	(4) School (k-12)				
Street Address	Elizabeth A	Avenue				0.000		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial build	lings,
City		Coun	ty (6)		County C	Code (7) USE ONLY	7	Square feet	# of Floors	Bldg	, Age		
Lavallette		Oce	an		(OIMIL	ODE ONE	'		or if being demolished)		. 0	
	N/A et Address						Name of	Abatement Contrac		т			
Street Address	N/A et Address						Street Ad		rdian Contracting	inc.	-		
	me of Monitoring Firm Hired by Building Owner (8) N/A eet Address y, State, Zip Code ject Manager for Monitoring Firm Telephone Note the deduled Start Date (10) Scheduled Co								Route 9, Unit 61				
City, State, Zip Code							City, State	e, Zip Code Tom	s River, New Jers	ev 08'	755-1	271	
Project Manager for Monito	oring Firm		Telephone	Number			Talanhone	Number	License N 00624		133-1	2/1	
Scheduled Start Date (10) 12/2/13			Scheduled 12/4/	1 To 1	on Date (1	1)	Name of (OSHA Monitor	.S.L. Analytical		100		
[] Abat	batement (Che ity Closed/Vac ement Perform r – Describe	ated During	e) Entire Perio	od of Abate			Street Add	dress 1056 e, Zip Code	5 Stelton Road ataway, New Jerse	ev 088	54		
Scope of Work (Check all the	nat apply)						[]		ent with Negative Pres	•			
- E E	or ≥3 lf sf or ≥260 lf		[] [x]	Renovat Demolit			[] [x]	Glovebag Proc		Procedu	re		
										Abate	ement '	Гуре	
Location o Asbestos-Containing M TO BE ABAT in facility (13)	aterial (ACM TED	r)	Is Location Normally used Solely by tenance/Constaff (12)	sed y		Asb M (i.e., insu	Description estos-Cont laterial (A) , thermal s lation, sur VAT, or er miscellar	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbes	stos sidin	g		1400 sf	X			
			-										
Name of Registered Waste F			NJDEP Wast		D No.		ds of Waste		istered Landfill				L
Guardian Con City, State	itracting, In	c.	2	0223 Disposa	al Date	3	City, Stat	T.R.R.F.					
Toms River, 1				12/5/1			The second of th	e wn, Pennsylva	niá				
Completed by (Print or Type Nicholas Fern		Title Proje	ct Manag	er	Signatu	ire	hot	41		Date 12/2	/13		

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of	f Building C	wner/Oper	rator-(2)	1 3 4-11				
	ecember 02,	2013					First C	hoice	e Construction	& Developme	nt 4	. 2	317	9
Agencies Notified [X] EPA [] DEP		ication itial Notifi mended N			Street A			ennet	t Road _{E107}	0EC - 2			12	
[x] DOL [x] DOH	X A	mendment mergency (# (including			ate, Zip Cod		old, N	IJ 07728					
[] DCA							Schlum	pf	Te	lephone Number 732-62	5-933	3		
		' DI /	(2)	FAC	CILITY I	INFORM	ATION	T.m.	e of Facility (4)					
		ing Place (.3)					Тур	[]	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address	Sycamore L	ane							[x]	Other (i.e., privat homes, etc.)			al build	ings,
City		Cou	nty (6)		County C (STATE	Code (7) USE ONLY	r)		are feet 1000 sf	# of Floors 1	1.5	. Age 6	0	
					8	28			rent Use (Prior if I Residen	ce				
	N/A Address tate, Zip Code Manager for Monitoring Firm Telephor alled Start Date (10) Schedule					No.	Name of	Abate	ment Contractor (Guardia	9) n Contracting,	Inc.			
Street Address	et Address , State, Zip Code ect Manager for Monitoring Firm Tel eduled Start Date (10) Sch						Street A	ddress		ute 9, Unit 61				
City, State, Zip Code	DOH						City, Sta	te, Zip		ver, New Jers	ey 087	755-1	271	
Project Manager for Monit	ect Manager for Monitoring Firm Telephoreduled Start Date (10) Scheduled						Telephor	ne N		License N 00624				
Scheduled Start Date (10) 12/03/13	ect Manager for Monitoring Firm Telephone Eduled Start Date (10) Scheduled					11)	Name of	f OSH/	A Monitor E.M.S.L	. Analytical				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				riod of Ab	atement		Street A	ddress		elton Road	50° Co.=			
[] Aba	atement Perform						City, Sta	ite, Zip		Now Ions	000	51		
-							L			vay, New Jerse	N.,	34		
Scope of Work (Check all	that apply)						[]	-	Full Containment v Mini-Enclosure	vith Negative Pres	sure			
5 5			[]	Renov			[] [x	_	Glovebag Procedu		Dwoodu			
[] ≥16	50 SI OF 2260 II		[x]	Demo	nuon		[X .] ,	Non-Exempted (*)	and Non-Phable	т —			
			T. T				Description	on of			Abat	ement	Type	т—
Location	of		Is Loca Normally				pestos-Co		ng	Amount	R E	R E	E	E N
		A)	Solely	by			Material (A			(Specify SF	M	P	C	C
		Ma	intenance Staf		l		., thermal ulation, su			or LF)	0	A	A P	L
(13)	ıy		(12)	<u> </u>		1113	VAT,		115,		V	R	S	S
()				5 8		oth	er miscell	laneou	18)		A		U L	U R
		YE	S NO	N/A							L		E	E
Exterior			X		Asbe	estos sidir	ng			800 sf	X			
				_			- 10						_	
		_	_	-	-				-				-	\vdash
Name of Registered Waste	e Hauler ontracting, I	nc	NJDEP W	/aste Haule 20223	er ID No.	Cubic Ya	ards of Was	ste	Name of Register	ed Landfill				
City, State				Disp	osal Date	1 4	City, S							
Toms River Completed by (Print or Ty	, New Jersey	/ Title		12/6		ture	Tully	town,	Pennsylvania	1	Date			
Nicholas Fe			e viect Man	ager	Signa	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	lat	//	101		2000	: 02/20	13	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

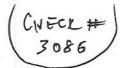
(Pursuant to NJAC 8:60 and 12:120)

6 *						1000000								
Date of Notification (1)	ecember 2,	2013			Name of	Building O			la uduit	23	18	7		
Agencies Notified [x] EPA [] DEP	L	fication itial Notific mended No			Street A	ddress	85 Mai	in Stree	et <u>9102</u>	<u>0 - 0 - 0</u>				
[x] DOL	[] E	mendment mergency (including		City, Sta	ic, zip cou		ood, N	New Jersey (
[x] DOH [] DCA	1	stification) ancellation			Name of	Contact Hal Be	rnstein	L.	Te	elephone Number 732-723	3-6130)		
				FAC	CILITY I	NFORM	ATION							
Name of Facility Where Al	batement is Tak nweitzer-Ma			e shop				Туре	of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address	Main Street								[x]	Other (i.e., private homes, etc.)			al build	ings,
City		Cour	nty (6)		County C (STATE	Code (7) USE ONLY	n		,000 sf	# of Floors	Bldg	Age 8	0	
Spotswood			ldlesex					Curren	nt Use (Prior if Power I	being demolished) House				
	1889 Rte. 9, Unit 61						Name of	Abatem	ent Contractor (Guardia	(9) in Contracting,	Inc.			
Street Address						Street Ad	ldress	1889 R	oute 9, Unit 61					
City, State, Zip Code	ms River, N	and the same				City, Stat	e, Zip C	Code	liver, New Jerse	ev 087	55-12	271		
Project Manager for Monit	toring Firm		9-9932			Talanhon	a Niumh		License N 00624					
Nicholas Ferr Scheduled Start Date (10)	ra	Schedule	ed Comple	tion Date (1	1)	Name of	OSHA 1							
12/20/13 Occupancy Status During	Abatement (Ch						Street Ac	ldress	0.0000000000000000000000000000000000000	L. Analytical				
5 0000 2 000000	ility Closed/Va									telton Road				
	ner – Describe_	ica Ouisia	e of Norman	Tacility 1	iours		City, Star	te, Zip C		way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[]		Il Containment	with Negative Pres	sure			
[x] >3	sf or ≥3 lf		[x]	Renov			[x]	Gle	ovebag Procedu					
[] ≥16	50 sf or ≥260 lf		[]	Demo	olition		[]	No	on-Exempted (*) and Non-Friable	Procedu	re		
											Abat	ement	Гуре	
Location	of		Is Loca Normally				Description of the Description o		7	Amount	R	R	E	E N
Asbestos-Containing N		(I)	Solely			N	Material (A	ACM)	(#)	(Specify SF	E M	E P	N C	C
TO BE ABA	The second secon	Ma	intenance/		վ		, thermal			or LF)	0	A I	A P	L
in facilit (13)	ty		Staf	2		insi	ulation, su VAT, o		9		v	R	S	S
(15)			(12)	,		oth	er miscell)		Α		U	U
2		YE	s NO	N/A							L		L E	R E
Steamline		х			Asbe	stos pipe	insulation	on		145 lf	X			
											-			-
					-					-	-			
Name of Registered Waste	Hauler		NJDEP W	aste Haul	er ID No.	Cubic Ya	ards of Was	te N	Name of Registe	ered Landfill		L		<u></u>
Guardian C		nc.		20223		6			T.R.R.F.					
City, State Toms River	New Jersey	,			oosal Date 31/13		City, St		Pennsylvania	1				
Completed by (Print or Ty Nicholas Fe	pe)	Title	e oject Man		Signa	ture (dr	F	4	1	Date 12/2	2/201	3	

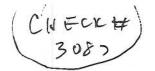
Check # 9186

Date of Notification ((1) December 2, 20	013			of Building		/ Operator ((2)						
Agencies Notified	Type Notifica			_	Address			***************************************						
□EPA □DEP				21 Parl	k Place		· ·		,71 13 N T,7	7 -	7			
DOL	☐ Initia	ıl		City, St	ate & Zip	Code				7, 1	1			
	Ame	nded		Englev	vood, NJ	07631		7.7		45	- 1			- 1
⊠DOH □DCA		ndment #_ cellation	-	Name	of Contact				DEC - 5 2013	Teleph	nne	Nun	ober	-
ШОСА	L Can	cellation		Dino N		•			DEC 3 2013	516-97	. 1		ibci	
				FAC	CILITY II	NFOR	MATION		3 200	i	avelene.			\neg
Name of Facility Wh	ere Abatement	is Taking I	Place (3)								أ			7
Bank of America							School		than K 12\					
Street Address					93			pter 8 (Other t	& commercial build	linge h	٥m	o ot	c)	
21 Park Place							Other (f Floors	Bldg. A		0, 01	U.)	-
City (5)							50,00		2 + basement	Diog. 7	90	49		
Englewood							Current Use Bank	(Prior if being	demolished)					
County (6) Bergen			ounty Code											
Name of Monitoring	Firm Hired by E			ASCM N	No.	Name of Aba	tement Contr	ractor (9)		_		_	$\neg \neg$	
Environmental Tes	ting Consultar	ALL ALL AND A STATE OF THE ALL AND A STATE OF				Synatech, In		12.00.000 (no 1.00 (no 1						
Street Address One Mall Drive, Su	ito 404					Street Addre 829 Radio R								
City, State & Zip Co						City, State &				_				
Cherry Hill, NJ 080	002						Little Egg H	arbor, NJ 08						
Project Manager for Howard Zenobi	Monitoring Firm	n	1444	lephone N 6-482-131		_ '	Telenhone N	Umher	License		817	0		
Scheduled Start Dat	te (10)	Schedule	d Completi			一 ₁	Name of OS	HA Monitor			• • •			
December 1	4, 2013		Janua	ry 14, 20			Synatech, In							
Occupancy Status D	Ouring Abateme sed/Vacated D	ent (Check of uring Entire	only one) e Period of	Abatemer	nt		Street Addre 829 Radio R	77.77			200			
Abatement	Performed Out	side of No	rmal Hours	i.		- 1	City, State &							
Other – De							Little Egg H	arbor, NJ 08	087					1
	cupied During A										-		-	
Scope of Work (Che	ck all that appl	у)						Full Contain	ment with Negative F	Pressure				
≥3 sf or ≥ 50 l	f		. 🖂	Renovation	on		$\overline{\times}$		5 NG PANGHANGAN NA MANGKAN PANGHAN NA MANGKAN	1000010				
≥160 sf or ≥2				Demolitio	n			Glovebag Pr						
							\boxtimes	Non-Exemp	oted(*) and Non-Friab	le Proce	dur	е		
	ocation of	(1.01.0)		on Norma			Descrip		A		Aba	teme	ent T	ype
Asbestos-Cont	aining Material BE ABATED	(ACM)		y Mainter dial Staff			Asbestos-C Material		Amount (Spe SF or LF)					
	N Facility				\ \ \ \ \ \ \		(i.e., therma				T	alvo velik	ш	
	(13)						nsulation, sur or other miso				2	Z,	Encapsulate	Enclosure
							or other mile	oonanoodo,			Remova	Repair	psu	losi
			Yes	No	N/A						<u>a</u>	=	late	ıre
Basement - Su	nken Fover 9	Kitchen	1		Х		Floor Tile a	and Mastic	125 SF		,		-	
Dasement - Su	ilikeli Föyel d	Kitchen	+				7 7007 7770 4	ind maddo	1200	— (`			
Name of Registered	Waste Hauler		NJDEP \ Hauler II		Cubic Y	ards of	Waste	Name of R	egistered Landfill					
Synatech, Inc.			27	429	3			Grows Lar						
City, State					Disposa	al Date		City, State						
Little Egg Harbor,	NJ 08087				Januar	y 15, 20)14	Morrisville	e, PA					
Completed By		Title			Signatu	ire	11		Date					
Diane Aloia		Execut	ive Admini	strator	1	12 ne	allor	ک	December 2, 20	13				

Date of Notification (1)				of Building Owner/Ope					Ì	100	
12/2/13			HIL	LCOBUIL	DEN	SMB	REDEVE	_OP	WE	WI	L
Agencies Notified Type Notification			Street A	Address		- 8	we will all				
EPA Initial :		1) WHITE ate, Zip Code	17 ()	KSE 4	TICE	-	Programme and an article and article article and article and article article and article and article article article and article article and article artic		
I bearing the second of the se	#			ADDUN H	FIG	HTZ N	T :		1		
Emergency (-	Name o	of Contact	LIV	1113/10	Telephone Nu	mber			
DOH justification) Cancellation			- Y 10 mm (C) (V) (C)	BREWRI	CC	0	85641	clol	040	50	2
				ILITY INFORMATION		<u> </u>	100010	00			•
					1	Type of Facility	(4)				
	LDIA	36			[School (K-	12) r 8 (Other than K-1	2)			
Street Address	niD	GF	NA	1)		Other (i.e.	private & commerc		dings	, hom	es,
City (5)	(0)	-	1001		- 5	etc.) Square Feet	# of Floors	E	Bldg. /	Age	
BARRINGTON.							1 2		-		
County (6)				Code (7) USE ONLY)			or if being demolis	hed)			
	(0)					VACF					
	wner (8)		ASCI	VI No.		Abatement Co	NUTACION (9)	(x)	\sim	00).
Street Address		- 10-1			Street A		ostructi	0.0	<u></u>		
HISOUTHGATE COURT S	IHE	E.					EK NOAT)			
City, State, Zip Code			120.6		City, Sta	te, Zip Code		200	S 272	•	
MICHETON, NJ US	056				BE	2Lmqu	AL, NJ License N	08	03	51	
Project Manager for Monitofing Firm			Telepho	one No.	Telephor	ne No.	License N	10. \	11		
Start Date (10)	Schedul	ed Con	nletion	Date (11) N	vame of	OSHA Monitor	54 O1	<u> </u>	1		
12/12/13	C	1	121	13			RICCE)			
Occupancy Status During Abatement (Check	Only Or	ne)		8	Street Ad	ddress	0				
Facility Closed/Vacated During Entire P	eriod of	Abatem	ent				EKNOM	>			
Other – Describe:	al Facility	Hours				te, Zip Code	UN, NU	- 00	Z/\	~	Ì
Scope of Work (Check All That Apply)					100	= CUP I IT	with 100	U	SU		1
≥3 sf or ≥3 lf	П	Renova	tion		M	Eull Containm	ent with Negative I	Ornee:	m		
≥160 sf or ≥260 lf		Demoliti				Mini-Enclosur	е	10330	10		
					×	Glovebag Pro Non-Exempte	cedure d (*) and Non-Friat	ole Pro	cedur	e	
	Is	Location	on.					T		ement	t
Location of	1	Normall	у	Descr	ription of			-	Ty	rpe	1
Asbestos-Containing Material (ACM)		d Solel intenar		Asbestos Contair (i.e. thermal sy			Amount	77		Ē	m
In Facility	Cust	todial S (12)	taff?	surfacin	g, VAT,	or	(Specify SF or LF)	Remo	Repair	Encapsu	Enclos
(13)		()		other mis	cellaneo	ous)		val	목	sulate	sure
	Yes	No	N/A			-0.0				· O	
EXTERUOR PERIMETER		X		SHID (LESID	- A55	SINED S	255F	X			
REAL FLAT ADDS		X		ROOFING MA	TELL	ALS.	900SF	X			
BASEMENT		X		BLACK MASTIC	ETL9	LG FLOORTIL	= 27505F	X			
THROUGHOUT BUILDING		X		RESTOURTER	DOILTIL	E/DEBRUS	705F	X			
Name of Registered Waste Hauler			JDEP Wauler ID		ırds	Name of	Registered Landfill		VI. 04-1-1-1-1		
RICCO CONSTRUCTION	Scar	PIS	89	09	3	15A	LEM CE	200	JT	1	
City, State			~ ,	Disposal		City, Stat	e	,	-	93	
BELMAUR, NJ	Initial Initi				3D	ITL	LOWAY	1	ال		
Completed by ANDREWRICCO	20,000,000		7,	1 1 17	pature	1- DA	DE DE		1-	11=	2
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Date of Notification (1)				Name		Owner/Operator							7
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Name of Facility Where	e Abatement is Taking	Place (3	3)				Type of Facility	(4)			1		7
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(8)	J/A					KLEM	100 IN	01					
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201661 2001633						369	S. SPRU	CE AVE					
City, State, Zip Code						City, State, Zip			T				
City, State, 21p Code						MA	OLS SHP	DE, NE	5.08	05	_		_
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Project manager to the	0.0.0	١٠)	1.20				, , , , ,	-; <u>-00</u>	7446	7			-
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Facility ClosedVac	ated During Entire Per	iod of Al	baten	nent		3695	, Spruc	E/1 UC					!
Abatement Perform	and Outside of Normal	Facility	Hour	5		City, State, Zip	Code						
Other - Describe:	AU 000.00 0	•				MAP	LE SHAD	E, N.	7,00	305	52		_ 1
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Personal Property and Personal Property and Personal Property and	Name and Address of the Owner, where								_	_
Date of Notification (1)	12/13			Name	^	LAMDS (ONSTRUCT	rion	`	
Agencies Notified	Type Notification		_	Stree	Address					
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Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)		
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Street Address	4971+ 8	7-	*		-		Other (i.e., p	nivate & commercia	y print	ings,
City (5)							Square Feet	# of Floors	Bk	ig. Aç
	o Isle C	177		Cour	by Code (7) (STATE	Current Use (Pr	rior if being demotis	hed)	
County (6) CAPE	MAY			USE	ONLY	2000	V A	CANT		
Name of Monitoring Firm	Hired by Building C	hmer		ASCH	No.	Name of Abate	ement Contractor (9	1)		
(8) W	/A						EM CO I	UC,		
Street Address			=-			Street Addres		1 -		
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Project Manager for Mon	itoring Firm		Tele	phone	No	Telephone No		License No.	44	
			-	isa Da		Name of OSH	A Monitor			
Start Date (10)		Juled Co		9	(6 (11)		SEPN KL	.Eum		
0ccupancy Status During		-				Street Addres	5 C C .	· _ /	5.	
☐ Facility Closed/Vacate	of During Entire Per	riod of A	Abate	ment		36		with dut.		_
Abatement Performed	Outside of Normal	Facility	Hour	3		City, State, Zip	Code	4).	-	0 5
Other - Describe:	000.00					M	APLESI	1DDE, N.	٠, ر	200
	ii thai apoly)						24.11	- A Departure		
Scope of Work (Check a	11 0101 000177		1				ontainment with Ne Inclosure	gative Pressure		
≥3 sf or ≥3 lf		☐ Rer	16vor	on n		FIGURE	had Procedure			
2160 sl or ≥260 H		Ø 000				Mon-l	Exempted (*) and N	on-Friable Procedu	A	bater
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Asbestos-Containing M TO BE ABAT	ED (AOIII)		stodia	1 .	(i.e.,	thermal system surfacing, VA	s insulation	SF or LF)	em	Repair
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	in United			JOEP V		Cubic Yards	Name of Reg	istered Landfill	1	
Name of Registered Was	Tak.		H	autor D	NO.	of Waste		1, C, M.V. A	4.	
	2	_	صل <u>-</u>			Disposal Date	City, State	2 - 0.45	J.J	
City. State		<u>- 1</u>	N			Signature		Date	1	/
Completed By	Title	1/	1/1	0		Jac	on Kolor	m 12/	2/	13
JOSEPHK	LEMM -	<u>Y</u>	1	_		-1-(1-				

Check#1784

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			15	uisua	III to NJA	AC 6:60 and 5:	(0)			-						
Date of Notification (1)				Nam	e of Buildin	g Owner/Operator	(2)					-				
12/	02 / 13	3		Helei	n Rooth											
Agencies Notified	Type Notification			100	et Address						0.00					
☐ EPA					est 27th S	Stanat		71	2 B	-						
▼ DOFMD	☐ Amended				State, Zip				1/ IC		7_					
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(NJAC 5:23-8)	justification)			Nam	e of Contac	ct -	Ĺ	E (Telephone I	Number		1	- 100				
	Cancellation			Helei	n Rooth	00		201-243-68	387		į					
			W	FA	CILITY II	NFORMATION					1					
Name of Facility Where	Abatement is Takir	g Plac	e (3)				Type of Facility	(4)		_	1					
Private house							School (K-1	2)								
Street Address		-			-		 Subchapter 	8 (Other than k	(-12)							
83 West 27th Street								private and con	nmercial b	buildir	ıgs,					
City (5)							homes, etc	*Classical Health St.			2275					
1							Square Feet	# of Floors		Bidg	Age					
Bayonne, NJ 07002 County (6)				10								440-44000				
00000000000				Cou	nty Code (7)	(STATE USE ONLY)	Current Use (F	rior if being der	molished)							
Hudson																
Name of Monitoring Fire	m Hired by Building	Owner	(8)	ASCM	l No.	Name of Abatem	nent Contractor (9	9)		777.	375					
						Gr Tech LLC										
Street Address	West .					Street Address										
City, State, Zip Code						576 Valley Rd #283 City, State, Zip Code										
Project Manager for Mo	nitorina Firm		Tal		M.	Wayne, NJ 074	70									
i rojoot manager ioi mio	intoring Fifth		161	ephone	No.	Telephone No.		License No).			-				
Ct- + D-+- (40)								01127								
Start Date (10)					ate (11)	Name of OSHA	Monitor									
12/11/				2_/	13	Envirovision C	onsultants Inc									
Occupancy Status Durin	ng Abatement (Chec	k only	one)			Street Address	onsultants, inc									
X Facility Closed/Vaca	ted During Entire Pe	eriod of	Abate	ement			D 1 D11 "				100					
☐ Abatement Performe	d Outside of Norma	I Facili	v Hou	rs - De	scribe	20-21 Wagaraw City, State, Zip C	Road, Bldg .#	34A								
Time of Abatement:	P	M/	PM		_AM											
Scope of Work (Check a	III that annly)				-	Fair Lawn, NJ (
	in triat apply)					Clean u	p and decontami	nation with neg	ative pres	sure						
		X R	enovat	ion		Mini-En	ntainment with Ne closure	gative Pressure	Ê							
≥ 160 sf or ≥260 if		☐ De	emoliti	on			g Procedure	Tent with Nega	ative Pres	sure						
						☐ Non-Ex	empted (*) and No	on-Friable Proc	edure	12						
4			s Loca	5555					A	baten	eni T	vne				
Location Asbestos-Containing		10 0	Norma ed Sol			Description	of			- I mercu	T	T				
TO BE AB	ATED		aintena		Asbe	stos Containing Ma	aterial (ACM)	Amount	en	ep	inc	inc				
IN Faci		Cus		Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify	Removal	Repair	Encapsulate	Enclosure				
(13)			(12)			other miscellane	eous)	SIF or LF)	<u>a</u>	8	ula	ē				
		Yes	No	N/A							ē					
Basement		П	П	X	- TOTAL - C-	.lotio-		11075	IV	-		1=				
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Name of Registered Was	ste Hauler		NJ	DEP Wasti	e Hauler ID No.	Cubic Yards of Was	te Name of Regis	stered Landfill		-	1	-				
Gr Tech LLC	440		0	003378	85	TBD	T.R.R.F. Inc									
City, State				,03310		Disposal Date	-					-				
							City, State									
Wayne, NJ 07470						TBD	Tullytown, PA									
Completed By (Print or T	ype) Title	9	3-			Signature										
N.Jevtic	Own	ner				41/1/1/1										
ASB-41	OWI					1/lewic Nenad 12/02/2013										

Date of Notification (1) 12/03/13		Name of Building Owner/Operator (2) JACK PIROZZI								_					
Agencies Notified	Type Notification		0.033	treet Ad 803 7T	ddress H AVE					ž.					
DEP DOL	Initial Amended Amendment		100		te, Zip Coo		9			DEC -	5 2	IJlá			
X DOH DCA	justification) Cancellation	17.	100000		Contact PIROZZ	ı			4/1	Telephone 609-306			i.		. 03
				FACIL	ITY INFO	RMA	TION								
Name of Facility Where	Abatement is Takin	g Place (3)							of Facility (4 School (K-12	2)					
Street Address 603 7TH AVE							p Paris	×		8 (Other than rivate & comm		build	ings,	home	s,
City (5) BELMAR								Squar	e Feet	# of Floors		BI	dg. A	ge	
County (6) MONMOUTH					Code (7) ISE ONLY)	-		Curre	nt Use (Pric	or if being dem	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Con PROFE	tractor (9) SSIONALS		11			
Street Address								Addres	SOVE CO	OURT					
City, State, Zip Code									p Code DD, NJ 08	3701			7. II C S	612	
Project Manager for Mor	nitoring Firm		Т	elephor	ne No.		Telephone No. 1200								
Start Date (10) 12/13/13		Scheduled 12/16/13	10.5	pletion [Date (11)		(A)		A Monitor	SSIONALS		1,000			
Occupancy Status Durin	a Abatement (Chec	k Only One)						Addres		3.100.E.at					
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Aba	ateme	ent			6 WI	HITE [DOVE CO	DURT					
Other – Describe: Scope of Work (Check A						_			DD, NJ 08	8701					
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		ls Lo	catio	n										ment	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Used S Maint Custoo (enan lial St 12)	y by ce/ taff?		tos Co therm sur	Description ontaining I al system facing, VA r miscella	Material is insula AT, or		Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		PIPE	INSUL	ATION	J	250 LF				X	
							7-11/1-07/0								
												W =			
Name of Registered Wa	ste Hauler		N	JDEP W	laste	Cub	ic Yards		Name of	Registered La	ndfill		_		
NEWARK CARTING	9		Hauler ID No. 04509				/aste		IESI						
City, State NEWARK, NJ						Disp	osal Date	9	City, State BETHL	e EHEM PA					
Completed by JOSEPH PERLSTE	IN	Title OWNE	R				Signatur	е			12/	3/13	3		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

4 SAM	XYOU	I	523		OF ASB to NJAC	2000			\mathcal{C}	KŦ	121	76	7		
Date of Notification (1)			1	Name of	f Bullding	Owner/C	perator (2	2)							
12/2/13				63) Cut !	1200	new	16	ne	Kle					
Agencies Notified	Type Notification			Street A	ddress			-		4					
EPA	Pinitial			20	16	Siec	004	A	e		ļ				
DEP .	Amended			City, Sta	te, Zip Co	ode -)				~				
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TY DOH	Emergency (i	ricidollig		Name o	f Contact	C				Tele	phone Nun		1993		
DCA	Cancellation		1	0	at	!				17	327	47	1	1106	07
					LITY INF	ORMATI	ON								
Name of Facility Where			1.5					Туре	of Facility ((4)		1 00000		0-0000	
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Street Address	1th Au	2						70	Subchapter Other (i.e. p tc.)	8 (Othe private &	r than K-12 commercia) Il build	ings,	hom	es,
City (5)	er Coc	ch							e Feet	# of	Floors		ldg. A		-
County (6)	9 124	<u></u>	T	County	Code (7)		-				ig demolish			·	_
UCEC		25.0		(STATE	USE ONLY	,	-		esi d						
Name of Monitoring Firm	n Hired by Building C	owner (8)		ASCN	A No.				ement Cor		(9)	U)			
							Ace Ir	nsula	tion Co.	, Inc.					
Street Address							Street A		-						
City State 7in Code									se Road	1					
City, State, Zip Code							City, Sta			7700					
De la distance de Maria	- Name - Files								, N.J. 07	122					
Project Manager for Mor	nitoring Firm			Telepho	ne No.	l	Telepho	ne No			License No 00029	0.			
Start Date (10)	_	Schedul	ed Cor	npletion	Date (11)		Name o	f OSH	A Monitor						
12/16/1	3	12		1/13	3										
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street A	ddres	s						-
Facility Closed/Vac	ated During Entire P	eriod of	Abaten	nent											
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	Hours	3		14.	City, Sta	ate, Zi	Code				-		-
	- J		TI												
Scope of Work (Check A	All That Apply)	325274										N. 383			
≥3 sf or ≥3 lf			Renova					Full	Containme	ent with	Negative P	essur	e		
≥160 sf or ≥260 lf		Y	Demolit	ion			H	Mini	-Enclosure	9					
			6					Non	ebag Prod Exemple:	cedure	Non-Friabl	e Pror	-edur		
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Asbestos-Containing TO BE AB			d Sole		Asbes	tos Cont	aining Ma	eterial	(ACM)		nount			Е	_
in Faci		Cus	todial S	Staff?	{I.e.		systems i		lion,		oecify or LF)	Ren	Re	ncar	Encl
(13)			(12)				niscellane		1	٥,	o. L. ,	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Was				JDEP W	100000000000000000000000000000000000000	Cubic of Was			Name of	Register	ed Landfill				-
Ace Insulation Co., I	Inc.			2086	. 40.	UI VVas	"3	1	Grows						
City, State						Dispos	al Date	\dashv	City, State	9					
Colts Neck, New Jer	rsey					1	1. 11:	3 1	Tullytov						
Completed by		Title				-	gnature				Date	3			
George Wuest		Presi	dent					00	Wise	15	- 0	21	21	, '2	
					-		1	7	MULL	121		210	X /	1)	
ASB-41 (R-06-08)						0	Do not	use th	is form for	asbesto	s licensure	exem	pted	activit	ies.

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Date of Notification (1)		Name o	f Building Owner	Operator (2)			10			-
Agencies Notified Type Notification	n	Street	XCXCC	H: 11						
		SireerA	2 ST) Au	R					
EPA Initial Amended		City, Sta	ate, Zip Code	1 4				-		
DOL Amendmen	nt # y (including		eptone	N.)					
DOH justification	n) .	Name o	of Contact	,	*	Telephone I		Г		
Caricellalit)) i	FAC	ILITY INFORMA	ES TION		DEC -	<u>5. 20</u>	20		ij
Name of Facility Where Abatement is Tak	ing Place (3)				ype of Facility	(4)				1
Street Address	<u>e</u>				School (K	-12)				3
1500 8# AUG	<u>`</u>			\$	Other (i.e. etc.)	er 8 (Other than K private & comme	-12) rcial bu	ildings	s, hon	nęs,
Clty (5)				S	quare Feet	# of Floors		Bidg.		
County (6)		County	Code (7)		UCO /P	rior if being demo	links di	30	<u>+</u>	
monerth	-271	(STATE	USE ONLY)		Gora		usrtea)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCN	√1 No.	Name of	Abatement Co	optractor (9)				
Street Address				Ace Ins	sulation Co	., Inc.				
					uress itrose Roa	d				
City, State, Zlp Code	W				, Zip Code			_		
				Colts N	eck, N.J. 0	7722				
Project Manager for Monitoring Firm		Telephor	ne No.	Telephone	e No	License				
Start Date (10)	Scheduled	Completion (Date (11)	Name of C	OSHA Monito	00029				
12-11-13	12	-18-1	3							
Occupancy Status During Abatement (Che	35 N.S.			Street Add	dress					All .
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of Aba mal Facility Ho	itement ours_		City, State	, Zip Code					
Other - Describe: 4:41	- tp	<u>~\</u>			, cip code					
Scope of Work (Check All That Apply)										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation polition		H	Full Containm	ent with Negative	Press	ure		
7	7	iondor1			Mini-Enclosur Glovebag Pro	cedure				
	Isla	cation		73	Non-Exempte	d (*) and Non-Fria	able Pr		emen	
Location of	Non	mally folely by	De	scription of					ype	Л
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	nance/	Asbestos Con	taining Mate I systems ins	rial (ACM)	Amount			E	_
In Facility (13)		al Staff? 2)	surfa	cing, VAT, o	г	(Specify SF or LF)	Removal	Repair	псар	indic
(10)	Yes N	lo N/A	otner	miscellaneou	IS)	300000 W	oval	air	Encapsulate	Enclosure
0 + 100 - 00 - 0	Tes N	NA	C. 1.				-	_	6	<u> "</u>
Outdoor garage		17	DIGIU	}		1000 5/1	1X			
	+	+			-	<u> </u>	\perp	_		
	+	+					-	-		
Name of Registered Waste Hauler		NJDEP Wa			Name of	Registered Landf	ill			
Ace Insulation Co., Inc.		Hauler ID N 12086	No. of Was	ste \supset	Grows		***			
City, State Colts Neck, New Jersey			Dispos	sal Date	City, Stat					
Completed by	Title		S	118/13 Ignature	Tullyton		ate .			
George Wuest	Presider	nt			eghue	at li	دام	112	ř	
ASB-41 (R-05-08)		2	*	10	U	asbestos licensui	e exen	npted a	activiti	ies.

(KH2.50)

Costs of Matification (d)			*****				U	1-11-01	0	<u> </u>		
Date of Notification (1)			Name o	DO O	Sh	Operator (doce	. D	000			
Agencies Notified Type Notification			Street A	ddress	0	11 /	2 - 0	- FF - J - E	Ulu			
EPA Initial Amended		}	City Sta	ite, Zip C		11 (
DOL Amendment Emergency		_	L	ava	lle	He.	Now	Terse Telephone Ni 7329	٧,	_		
DOH justification		ſ		f Contac	t			Telephone Nu	ımber	-1-		
DCA Cancellation	<u> </u>		JOH	I ITY INI	ORMAT	ION		7527	30	56	D	100
Name of Facility Where Abatement is Taki					OTTO	10.0	Type of Facility	(4)				
Street Appress	enl	٤					School (K-					
332 Gull L	13					-	Other (i.e. etc.)	r 8 (Other than K-1 private & commerc	ial bul	ldings	, hom	ies,
City (5) /AUD/1/E/TE							Square Feet	# of Floors		Bldg.	100	
County (6)		1	County	Code (7)	vı	$\neg \uparrow$		ior if being demolis	hed)	-/-	,	
Name of Monitoring Firm Hired by Building	Owner (9)				''	I Manua	1205	tne				
Rame of isomoring Path Faled by Dullding	Owner (8)		ASCA	# 1VO.			of Abatement Consulation Co					
Street Address		-	1			Street A	Address					
City, State, Zip Code						-t	ontrose Roa	d				
Oily, State, 219 Sout							ate, Zip Code Neck, N.J. 0	7722				
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho		License 1	Vo.			
Start Date (10)	Schedule	d Con	npletion I	Date (11))	Name o	f OSHA Monitor	00029				
12/11/13	12		113									
Occupancy Status During Abatement (Che						Street A	ddress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other - Describe:	nal Facility	Hours	nent			City, Sta	ate, Zip Code					
Scope of Work (Check All That Apply)						L						
23 sf or ≥3 lf		enova	tion				Full Containm	ent with Negative I	Dracci	ıro		
≥160 sf or ≥260 If	D	emolit	ion			H	Mini-Enclosur Glovebag Pro	e	16330	ne .		
						날	Non-Exempte	cedure d (*) and Non-Frial	ole Pro	cedu	е	
Location of	1.0	Locati lormal	(P. (C. 1))		-	on 1020 020					emeni ype	t
Asbestos-Containing Material (ACM)	Used	d Sole	ly by	Asbe	stos Con	scription of taining Ma	iterial (ACM)	Amount			T	Π
TO BE ABATED In Facility		odial S		(i.e	thermal :	systems cing, VAT	insulation, , or	(Specify SF or LF)	Ren	Re	ncar	End
(13)	-	(12)			other r	niscellane	ous)	o. o. <u>-</u> . ,	Removal	Repair	Encapsulate	Enclosure
0. / - 00	Yes	No	N/A		A			- A			िं	0
OUTDUORS			V		Sin	106		8004	2			
								·				
	+											
Name of Registered Waste Hauler		I N	JDEP W	aste	Cubic	Yards	l Name of	Registered Landfil				<u> </u>
Ace Insulation Co., Inc.		H	auler ID		of Was		Grows	redistaisa raugili				
City, State					Dispos	sal Date	City, Stat	e				
Colts Neck, New Jersey					12	18/13						
Completed by George Wuest	Presic	fent			S	ignature	Denne D.	Persont Da	te 1-	1	· `	
							KOSIEGIU	med 1	4/0	211	2	

Date of Notification (1)	12/03/2013	Name of Building Owner/Operator (2) Convent of the Dominican Sisters of Perpetual Rosary												
Agencies Notified	Notification Type		Street A 1500 Ha						12.5		1			
DEP X DOL	Amended Amendment #	- 1	City, Sta Camder			. 11	DEC -			!				
□ DOH □ DCA	Justification) Cancellation		Name o B. Har					Telephone Number 856-225-1100						
			FAC	ILITY I	INFORM	ATION		Vi-	i	i				
Name of Facility Where Perpetual Rosary Street Address 1500 Haddon Ave	Abatement is Taking Place	e (3) Co	onvent o	of the D	Dominicar	Sisters of	Type of Facili School (K- Subchapte X Other (i.e. p	-12) er 8 (other the orivate & con			dinç	gs,		
City (5) Camden							Square Feet 50000	# of Floo	ors	320.73	dg. /	-	,	
County (6) Camden				C	ounty Coo SE ONLY	de (7) (STATE	Current Use (Convent / Re		demoli	ished)			
Name of Monitoring Firm Harvard Environme	n Hired by Bldg. Owner (8) ental Inc.	1	ASCM N	No.		of Contractor (9) ty Environmer	ıtal							
Street Address 760 Pulaski Highwa	зу				Street	Address lew Churchma						1000		
City, State, Zip Code New Castle, DE 19	720			1.		ate, Zip Code Castle, DE 19	720		-					
Project Manager for Mor Wesley Morrison	nitoring Firm	Telepho (302) 3	ne No. 326-23	333 '		and Number		License 00578	Numbe	эг				
Scheduled Start Date (1 12/17/2013	0) Scheduled Com 12/18/2013	pletion	Date		2. (000 to 000 to 000 to	of OSHA Monitor ty Environmer	ntal							
	ig Abatement (Check only ted During Entire Period of		nont			Address Iew Churchma	ans Road							
Abatement Performe	d Outside of Normal Facilit a of abatement shall be un	y Hours	; -	olated		tate, Zip Code Castle, DE 19	720							
Scope of Work (Check at ≥ 3 sf or ≥ 3 lf $X \geq 160$ sf or ≥ 260 lf)	X Reno	ovation nolition	☐ Mini-Enclo	inment with Neg osure Glov opted (*) and No	ebag Proced	ure	е				
		ls	s Location	on						Al	oate Ty		nt	
Asbestos-Contain TO BE	tion of ning Material (ACM) ABATED ility (13)	Use Ma	Normall ed Solel aintenar Custodia Staff? (12)	ly by nce/ al		Description stos Containing M . thermal systems surfacing, VA other miscellan	laterial (ACM) insulation, T, or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure	
Dailes as an	= =	Yes	No	N/A	8	i=t-4i==		400.05		-				
Boiler room		^			Boller	insulation		160 SF		X				
Name of Reg. Waste Ha	uiler	NII	DEP Wa	aste Ha	auler	Cubic Yards of	Name of R	eg. Landfill						
Service Transport		100000000000000000000000000000000000000	No.2099			Waste	Minerva	og. Lanumi						
City, State New castle DE						Disposal Date TBA	City, State Waynesbu	rg OH						
Completed by BEN Hode, Jan	Title PM					Signature	2		Date	2/	7	1	3	
ACD 44	* Do not use this form for ashes	toe licene	IFO OVOMB	tad active	ition	-			1.	/	/		-	

ite of Notification (1)			Nam	e of Build	ding Owner/Op	perator ((2)						
1/25/13					ne Tierny							-	1
CHOICOTTO	ype Notification	54	104		h Manor Bl	/d						_	4
EPA DEP DOL	Initial Amended Amendment #_		City	, State, Z est Orar	ip Code nge, NJ 070	42							1
L	Emergency (inc justification)	cluding		ne of Cor	ntact ne Tierny				Telephone Numb 917-304-7777				
DOH DCA	Cancellation				INFORMATI	ON							
ame of Facility Where Ab House treet Address	atement is Taking I	Place (3)		AOILITI			Subc	ol (K-12)		building	gs, ho	mes,	
6 Warren Place						1	Square Fe	et	# of Floors N/A	Bldg N/A	. Age		
ity (5) Montclair			TCo	ounty Cod	le (7)	Ĺ.,	N/A Current U	se (Prio	r if being demolishe				_
County (6) Essex			(\$1	TATE USE	ONLY)	/	House		11				
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM N	0.	D&5	e of Abateme	ent, Ind	c/. /				_
N/A Street Address					1	Stree	t Address Rosengre	n Aver	7ue				
						City,	State, Zip C	ode	7777				7.2
City, State, Zip Code					No	10000000	owa, NJ 0	1/512	License N).			-
Project Manager for Mon	itoring Firm		10	elephone	NO.	· 45	(#00675				_
Start Date (10)		Scheduled 12/07/13		oletion Da	ate (11)		ne of OSHA S Abatem		ıc.				
12/06/13 Occupancy Status Durin	g Abatement (Chec						et Address Rosengre	n Ave	nue				
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Ab	ateme	ent		City	, State, Zip otowa, NJ	Code					_
Scope of Work (Check A									A with Negative	Draecui	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novat moliti	ion on			× Mini-	Enclosus	ncedure				
							Non-	Exempte	ed (*) and Non-Fria	ble Pro	Abate	ement	-
			_ocati			Descrip	tion of			_		pe	_
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Used Mair Custo	Sole ntena odial S (12)	ly by nce/ Staff?	Asbestos C (i.e. then	ontainir mal syst urfacing	ng Material (tems insulati , VAT, or ellaneous)	ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No X	N/A		ine ins	sulation		221 LF	X			
baser	nent	-		+	P	.00 1110							
		_		1								-	+
								None	of Registered Land	fill			
Name of Registered V				NJDEP V Hauler ID	No.	ubic Ya Waste	04427444		te Management		¥8		
D&S Abatement, I	nc.			20996	T	BD isposal	Date	City, S	P				
City, State Totowa, NJ						BD	(2)		town, PA	Date			
Completed by		Title	ect N	lanage	7	Sign	Attire	2 S	Mullin	11/25	/13		
Deanna Brkusanii	1						V	10				d acti	

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

Date of Notification (1) 11/25/13		Name of Building Owner/Operator (2). Anthony Abello										
Agencies Notified Type Notification	- 1	Street Add	Iress	. \	5,00	9-						
EPA Initial Amended Amendment #			, Zip Code t, NJ 07008	1		1						
Emergency (including justification) DCA Emergency (including justification) Cancellation	1 '	Name of C Anthony			1		ephone Num 8-203-660					
		FACILI	TY INFORMAT	ION		440					_	
Name of Facility Where Abatement is Taking Place (3 House	3)				Type of Facility School (M	(-12)						
Street Address 70 Fitch Street			•		Subchapt Other (i.e etc.)	ter 8 (Oth	er than K-12 & commercia	z) al buildi	ngs, h	nomes	3,	
City (5) Carteret					Square Feet N/A	# o	f Floors A	Blo N/	ig. Ag A	je		
County (6) Middlesex		County Co			Current Use (F House	Prior if be	ing demolish	ned)				
Name of Monitoring Firm Hired by Building Owner (8))	ASCM	No.	0.00	of Abatement C Abatement,		(9)					
Street Address					Street Address 11 Rosengren Avenue							
City, State, Zip Code				City, S	ity, State, Zip Code Totowa, NJ 07512						\exists	
Project Manager for Monitoring Firm	T	Telephon	e No.		Felephone No. License No. #00675							
				1	of OSHA Moni		#00073					
12/10/13	13	mpletion D	Pate (11)	D&S	Abatement,							
Occupancy Status During Abatement (Check Only C	ne)				Address							
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	Abater by Hour	ment s			osengren Av tate, Zip Code	V ₁₀₀						
Other – Describe: Occupied		Totowa, NJ 07512									_	
Scope of Work (Check All That Apply)	Renov	-11		Г	7 Eull Contai	nment wit	h Negative I	Pressur	Έ			
≥3 sf or ≥3 lf ≥160 sf or ≥280 lf	Demoli	777777		2	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	_	T			NOIPEXCIII	pica () a.	na Hom Fina			ement		
	s Loca Norma	CC1200000000000000000000000000000000000	-							ре		
	ed Sol	ely by		escription ntaining !	n of Material (ACM)		Amount			ш		
TO BE ABATED	aintena stodial		(i.e. therm	al system	s insulation,		(Specify	Rer	R.	nca	nc	
In Facility (13)	(12)	September 1997 Transport		facing, VA miscella		*	SF or LF)	Remova	Repair	Encapsulate	Enclosure	
Yes	No	N/A						<u>a</u>		ate	Гe	
basement	Х		pip	e insula	ation		59 LF	Х				
									-			
N		NJDEP W	laste Cub	ic Yards	Name	of Regis	tered Landfi	ill				
Name of Registered Waste Hauler D&S Abatement, Inc.	Hauler ID #20996		Waste Management of PA									
	17											
City, State Totowa, NJ	1		Disp TBI	oosal Date		State ytojwn, F	PA	335				