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

(1)												<u></u>	-	-		
Date of Notification (1) 12-02-2013			N	ame of E Renier	Building Ov Valerio	wner/O	perator (2	?)	15	•	phone Ni 2-362-3	€ 0	٠,			
Agencies Notified	Type Notification			treet Add 72 E W	_{Iress} illiam St					₫ ₃₂ ,	ું જુંદ્રે,	``		1	^	
EPA DEP DOL	Initial Amended Amendment	#	C	ity, State Fords, N	, Zip Code 1J,08863	e 3				7/	100	1/4	. د	~~)	
DOH DCA	Emergency (injustification) Cancellation	including		lame of C						Tele 73	phone Ni 2-362-3	imber 900	f	3,		
U DCA	J Cancellation			FACILI	TY INFO	RMATIO	ON					, ,	7			
Name of Facility Where Private Residency Street Address	Abatement is Taking	g Place (3)						Sc	Facility (4 thool (K-12 bchapter (her (i.e. pr	?) 3 (Othe	er than K-	12) cial bui	ildin	ıgs, h	ome	s,
72 E William St								Square 2000		# of 2	Floors		Bld	g. Ag	е	
Fords County (6)				County Co	ode (7)			Current	Use (Prio lence		ng demoli	shed)	107			
Middlesex Name of Monitoring Fire	m Hired by Building	Owner (8)	16	ASCM	No.		Name o	f Abate	ment Conf	tractor	(9)					
							Street A	Address		ries li	nc.					
Street Address							730 E	Broady								
City, State, Zip Code							Pater	son,N	J,07514		License	No				
Project Manager for Mo	onitoring Firm			relephon	e No.		Telenhr				1183	IVO.				
Start Date (10) 12-13-13		Scheduled 12-23-13		pletion D	ate (11)		Name of India	of OSHA n Arro	A Monitor w Indust	ries I	nc					
Occupancy Status Duri	ing Abatement (Chec	ck Only One)	-				Street A	Address Broad								
Facility Closed/Va Abatement Perfor Other – Describe:	ncated During Entire med Outside of Norr	Period of Aba nal Facility H	atem lours	ent			City, St	ate, Zip		1						
Scope of Work (Check	Market and the second s							7				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				7	Mini	Containme -Enclosure rebag Prod -Exempted	edure						
		Т					- 1	1 MON	-Exemples	1 () ai	d Holl I	1			ment	
Locati Asbestos-Containin <u>TO BE A</u> In Fa (1)	ng Material (ACM) ABATED cility	No Used Main Custo	tenar	ly ly by nce/	Asbest (i.e.	tos Cor therma surfa	escription ntaining M il systems acing, VA miscellan	laterial s insula T, or	(ACM) tion,	(Amount Specify F or LF)	Zelioval	Domousi	Repair	e Encapsulate	Enclosure
		Yes	No	N/A			VAT				000 Sf	×	-		1002	-
Basement	First Floor		x				VAT					- X	+			-
		-		-								+	1			
												4511				
Name of Registered V Atlantic Carting	Vaste Hauler		I F	IJDEP W lauler ID 26085		of W	c Yards aste)				ered Land agemen					
City, State Wayne,NJ						Disp	osal Date		City, Stat	te wn,P	A		****			
Completed by Goran Igev		Title Secre	etarv	,			Signature	9 /	1/1	1/	7	Date 12=	02-	201	3	
dorain igev				CHARLES WAS - N.				11	111	-			_			_

Date of Notification (1)				Name of Duildi							
12/3/20	013			Name of Buildin	ng Owner/O Saka	perator (2) Outis Brothers Di	mossi		·		
Agencies Notified Type of Notified Type	otification Initial No	tification		Street Address		Box 84	sposai	~~~	_	<u>.</u>	1 %
[] DEP []	Amended Amendme	Notification	ŀ	City, State, Zip (B0X 84		Ú.	AND DEC	§7	σ
[x]		y (including		eny, state, zip (Neck, NJ 07722			١	7	
	Cancellation	1.70		Name of Contact John	Sakoutis		Telephone Num		<u>/</u> 2	三	E
N. Craus			FACII	ITY INFOR	MATION		908	3-618-	0689	در	
Name of Facility Where Abatement is Ta Residence	aking Place	: (3)		arr nu on	MATION	Type of Facility (0		1		3
Street Address						[]	School (k-12)	3	-	539
630 Princeton	Avenue					[] [x]	Subchapter 8 Other (i.e., pr	(other	than k-	12) tercial F	mildi
City	Cou	anty (6)	Co	ounty Code (7)		Square feet	nomes, etc.)				undi
Brick	00	ean	(S	TATE USE ONI	.Y)	1100 sf	# of Floors	- 1	Bldg. A	.ge 60	
Nama of Maria is no		79975				Current Use (Prior	if being demolish	ied)		- 00	
Name of Monitoring Firm Hired by Build N/A	ing Owner	(8)	AS	CM No.	Name of	Resid Abatement Contractor	ence or (9)				
Street Address					Street Ac	Guard	ian Contractin	ng, Inc) .		
City, State, Zip Code					Sireet Ac		Route 9, Unit	C 1			
					City, Stat	e, Zip Code					
Project Manager for Monitoring Firm		Telephone Nur	nber		Telenhon	Toms	River, New Je	rsey (8755.	-1271	
Scheduled Start Date (10)		Sahadula I C					License 00624		er		
12/4/13		Scheduled Com 12/5/13	ipletion D	ate (11)	Name of	OSHA Monitor					
Occupancy Status During Abatement (Chec	ck only on	e)			Street Add	E.M.S.	L. Analytical				
[X] Facility Closed/Vaca [] Abatement Performe [] Other – Describe	ated During ed Outside	g Entire Period of of Normal Facilit	Abatemer y Hours	nt			telton Road				
cope of Work (Check all that apply)						Piscata	way, New Jers	sey 08	854		
cope of Work (Check all that apply)					[]	Full Containment			854		
[] >3 sf or ≥3 lf		[] Ren	novation		[]	Full Containment Mini-Enclosure	with Negative Pre		854		
-			novation		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu	with Negative Pre	essure			
[] >3 sf or ≥3 lf					[] [] [x]	Full Containment Mini-Enclosure	with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	T	[x] Der		D		Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	with Negative Pre	Proced		Туре	
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[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf Location of sbestos-Containing Material (ACM) TO BE ABATED in facility		Is Location lormally used Solely by enance/Custodi Staff	nolition	Asbe Ma (i.e.,	escription stos-Conta aterial (AC thermal sys	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (* of ining M)	with Negative Pre re and Non-Friable Amount	Proced Aba R E M	tement	Е	- 33
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Date of Notification (1)				N				5.	_`(7	
December 3, 2	013			Name of Buildin		erator (2) Mark Homes	The	TO S	3	19	<i>3</i> ⁄
[] DEP	ial Notif	ication otification		Street Address		Orum Point Road	77	(2) e	A	٠.	S
[X] Em		(including		City, State, Zip C		, New Jersey 0872	23	3/	30	13 5)	?
[] 50	ification cellation			Name of Contact Denr	is McKen	ina	Telephone Numbe 732-4		874	(-	
			FA	CILITY INFORI	MATION						-
Name of Facility Where Abatement is Takin Residence	g Place (3)				Type of Facility (4)	School (k-12)				
Street Address 41 Fisherman's R	oad	300				[] [x]	Subchapter 8 (o Other (i.e., priv homes, etc.)				ildings,
City	Cour	ity (6)		County Code (7) (STATE USE ONI	.Y)	Square feet	# of Floors	BI	dg. Ag		
Toms River Twp	Oce	an		(**************************************	,	1100 sf Current Use (Prior i		l)	-	60	-
Name of Monitoring Firm Hired by Building	Owner (8)	-1	ASCM No.	Name of	Reside Abatement Contractor					
N/A Street Address						Guardi	an Contracting	Inc.			
					Street Ad		Loute 9, Unit 61				
City, State, Zip Code					City, Stat	e, Zip Code					
Project Manager for Monitoring Firm		Telephone	e Number		Telephon	Toms I e Number	River, New Jers			1271	
Scheduled Start Date (10)		Sahadulaa	l Commissi	on Date (11)	lı		00624	· · · · · · · · · · · · · · · · · · ·			
12/4/13		12/5/		on Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [Abatement Performed	d During	Entire Peri			Street Ad	dress	telton Road				
Other - Describe					City, State	e, Zip Code Piscata	way, New Jerse	v 08	854		
Scope of Work (Check all that apply)					[]		with Negative Pres	5			
[] >2-6>216			_		į į	Mini-Enclosure		Suic			
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		[x]	Renovat Demolit		[]	Glovebag Procedu		24400-00-2			
	_=	,	Demont	T	[x]	Non-Exempted (*) and Non-Friable I	roced	ure		
		Is Location	n.		Daganintian	a.f.		Aba	tement	Туре	,
Location of	N	Jormally u	sed		Description estos-Cont		Amount	R	R	E	Е
Asbestos-Containing Material (ACM) <u>TO BE ABATED</u>	Main	Solely by tenance/Co	y ustodial		faterial (AC , thermal sy		(Specify SF	E M	E P	N C	N C
in facility	1714111	Staff	ustourar		lation, surf		or LF)	0	A	A P	L
(13)		(12)			VAT, or			V	R	S	S
	YES	NO	N/A	othe	r miscellar	ieous)		A		U L	U R
exterior		X	T	Asbestos sidin			1000 0	L		Е	E
		 	<u> </u>	Asbestos sidili	3		1000 sf	X			
	-										
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lame of Registered Waste Hauler	N	JDEP Wast		D No. Cubic Yar	ds of Waste	Name of Registere	ed Landfill				4
Guardian Contracting, Inc.		2	0223 Disposa	Date 2	Cir. Or	T.R.R.F.					
Toms River, New Jersey			12/6/1		City, State Tullytov	vn, Pennsylvania	1				
ompleted by (Print or Type) Nicholas Fernicola	Title	t Mess		Signature	1 /	7 / /		Date			\dashv
Menoras remicora		t Manage		- Mic	hel	tel		12/3	/2013		
	*D	o not use t	his form	for asbestos licens	ure exempt	ed activities.					

Location of Asbestos-Containing Ma		N	Is Locati ormally:		I	Description of estos-Contact	of		R	R	Type	
[x] ≥160	or ≥3 If sf or ≥260 If		[] [x]		ion	[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*)		=	ire ement	Туре	
Scope of Work (Check all th	nat apply)					[]	Full Containment	way, New Jers		854		
X Facil	ity Closed/Vacate ement Performed r – Describe	d During	Entire Pe	riod of Aba Facility Ho	tement	Street Add	1056 S , Zip Code	telton Road				
12/5/13 Occupancy Status During A	Abatement (Check	only on	12/0	9/13	ion Date (11)		OSHA Monnoi E.M.S.	L. Analytical				
Scheduled Start Date (10)	oring Firm			ne Number	ion Date (11)	∦ '	v-up-r	River, New Je License 00624	Numbe	8755 er	-1271	
City, State, Zip Code Project Manager for Monit	- Fr					City, State	e, Zip Code	Route 9, Unit (
						Street Ad	aress	ian Contractin	100000	•		
N/A	A	g Owner	(8)		ASCM No.	Name of	Abatement Contracto	or (9)				
Little Egg F			ean				Current Use (Prior Resid	if being demolish	ed)		60	
City Little For L			inty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	Other (i.e., pr homes, etc.) # of Floors		Idg. A		ouildings
Street Address	W. Sail Driv	e					[] [x]	School (k-12 Subchapter 8	(other t	than k-	12)	
Name of Facility Where A	Abatement is Tak esidence	ing Place	: (3)		ICILITY INFOR	UVIATION	Type of Facility (4	1)				
	<u> </u>	ancellati			Nic	k		Telephone Num 609	ber -468-	9951		
[x] DOH	[X] E		y (includir	g	Name of Contac	Mant	tua, NJ 08051		1/3	75	-,57	
[] DEP			Notification	on	City, State, Zip		inden Avenue		30	. 7	, Э.	
Agencies Notified [X] EPA	Type of Not				Street Address	Ente	Construction Co	orp.	2	5/6	11	2
A 37 -10 4	· · · · · · · · · · · · · · · ·	2013		**	Name of Build	ing Owner/Op Elite	perator (2) Construction Co		1 2 A	-1	01-	

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

Date of Nexts				(r ur	ON OF A	C 8.60 an	1 12,120	TITLE I		•	1	
Date of Notification (1)						oroo and	1 12:120)		Ε.	<u> </u>	~ 5	
12	/02/20	13			Name of	Building Ow	ner/Operator (2)	47	*	01	Ch-	⊭ (*)2
Agencies Notified Typ [X] EPA	e of No	tification					Seminole Con	etruot:	33		<u>. </u>	0.0
[] DEP [X] 1	nitial Notif	ication		Street Add	iress		su uction .	710		ें	C
[x] DOL [] A	mended N	otificat:			1	28 Bartlett A	224		<u> </u>	1	-
1 1.002	A	mendment	#		City, State,	Zin Code	- Bartiell A	venue		1.0	7	<u>.</u>
[x] DOH	l E	mergency (including				Jact Co. 1			- }}	2/-	<u></u> ?.
[] DCA [[l Ca	stification)			Name of Co	***	est Creek, N.	08092) ' 's	
						mact Joyce Corli		Telepho	ne M.		ξ,	
Name of Facility Where Abatemen	4			FAC	THE ITY DAY	oj ee Com	SS	I	60	твег 9 - 296.	0700	No.
Residence	t is Tak	ing Place (3	3)		CILITY INF	ORMATIC	N		70.77	- 270	-0700	
Street Address							Type of Fa	acility (4)				
40 Marin I	200								ol (k-12	1		
City	ane							L J Subch	apter 8	Other	thom L.	23
		County	(6)		Court		1	[x] Other	(i.e., pr	ivate &	COmm	2) ercial buil
Beach Haven West.					County Code ((STATE USE (7))NIL V\	Square feet	homes.	etc.)			
		Ocean				and 1)	1100	ef # 01 F		В	ldg. Ag	e
Name of Monitoring Firm Hired by E	Building	Owner (8)					Current Use	(Prior if being de	mdisha	(d)		42
Street Address N/A		(0)		F	ASCM No.	Name o	of Abatement Co.	lesidence		u)		
G:		2.00					G	ntractor (9)				
City, State, Zip Code			100			Street A	ddress	uardian Contr	acting	, Inc.	_	
Project Manager for Monitoring Firm						City Se	18	89 Route 9, U	nit 6	1		
		Tele	phone Nu	nal		l City, Sta						
cheduled Start Date (10)						Telephor	na Number	ms River, Nev	v Jers	ev 08	755-11	271
17/13/2012		Sche	duled Con	npletion l	Date (11)		The same of the sa	1210	CHSC I	lumber	700 12	-/1
Occupancy Status During Abatement (C	heck on		1//2013			Name of	OSII:itor		624			
- defilty Closed/V	acatad r		e Period -	<i>c</i>		Street Ado	E.N	I.S.L. Analytic	cal			
Abatement Perform	ned Out	side of Nor	mal Facili	I Abatem	ent							
	******		_	ry mours		City, State,	103	6 Stelton Road	i			
ope of Work (Check all that apply)						, orale,						
r .								ataway, New J	ersey	0885	1	
[] >3 sf or ≥3 lf		r 1				l J	Full Containm	ent with Negation	Draga			
[x] ≥160 sf or ≥260 lf		[x]		vation		[] []	2010301	2	1 10550	ıre		
		[\ \]	Demo	Olition		[x]	Glovebag Proc	edure				
				T			Non-Exempted	(*) and Non-Friab	le Proc	edure		
Location of		Is Loca	tion		D			\top				
estos-Containing Material (ACM)		Normally Solely	used		Ashes	escription of tos-Contain	•		A	bateme	nt Type	
TO BE ABATED in facility	Mai	ntenance/(by Distodial		Mat	erial (ACM	1	Amount	R	R	E	Е
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		(12)			msulat	ion, surfacir	ng, .	or LF)	M	A	CA	C
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or		110	N/A		11	sechaneou	s)		A	R	S	S
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				. 13008	tos siding			1100 sf	-		E	E
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Registered Waste Hauler												
Guardian Contract	NJ	DEP Waste	Haula III	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							-	
	\perp	20	11auier [[]	No.	Cubic Yards of	Waste N:	ime of Posi :				-	
Toma D:		Ī	Disposal	Date	3	1 77	nme of Registered T.R.R.F.	l Landfill				
Tollis River, New Jersey		1	12/18/20	013	City	v. State						
Toms River, New Jersey d by (Print or Type) Nicholas P	itle		12/10/21	210	T.	last -				_		
Nicholas Formia I	itle roject	Managar		Signature	Tu.	lytown) Pe	pasylvania					\dashv
Nicholas Formia I	roject	Manager	5	Signatura	Tul N W s licensure ex	1/	1	/	Date			

			(Pursua	ant to NJAC 8:6	0 and 12:1	20)	Ch#	2	3 18	29	
Date of Notification (1) 12/02/2013				Name of Buildi		erator (2) nole Construction	ı 25		<u>ک</u>	1	(C)
[] DEP [] Am Am	ial Notif ended N endmen	otification t #		Street Address City, State, Zip	Code	Bartlett Avenue		P (5)		3.7	0
[x] DOH justi	ergency ification cellation			Name of Contact Joyc		Creek, NJ 08092	Telephone Number		700	<u> </u>	
Name of Facility Where Abatement is Takin Residence	ng Place	(3)	FAC	CILITY INFOR	MATION	Type of Facility (School (k-12)				
Street Address 44 Jennie Drive						[x]	Subchapter 8 (c Other (i.e., priv homes, etc.)			22	uildings,
City		nty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1300 sf	# of Floors		dg. Ag	e 59	11
Beach Haven West. Name of Monitoring Firm Hired by Building	Oce g Owner			ASCM No.	Name of	Current Use (Prior Resid Abatement Contract		i)			
N/A Street Address					Street Ac	ddress	lian Contracting				
City, State, Zip Code		- Hawa			City, Sta	te, Zip Code	Route 9, Unit 61		0755	1071	
Project Manager for Monitoring Firm		Telephon	e Number			- Number	River, New Jers License 1 00624			12/1	
Scheduled Start Date (10) 12/13/2013		12/17/2		ion Date (11)			.L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	ed Durin	g Entire Pe			Street Ad	1056 See, Zip Code	Stelton Road	20 V 08	854		
Scope of Work (Check all that apply) $[] >3 \text{ sf or } \ge 3 \text{ If}$ $[x] \ge 160 \text{ sf or } \ge 260 \text{ If}$		[] [x]	Renova Demolit		[] [] [x]	Full Containmer Mini-Enclosure Glovebag Proces	nt with Negative Pre	essure			
		Is Location	\n		Dogovintion	F		Aba	itement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Normally to Solely by tenance/C Staff (12)	ised y	(i.e	Description bestos-Cont Material (Ad c., thermal s rulation, sur VAT, or ner 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		Asbestos sidi	ng		1200 sf	X			
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey	N	JDEP Was 2	0223 Disposa	3 al Date	City, Stat	T.R.R.F.					
Completed by (Print or Type) Nicholas Fernicola		ct Manag	area construction of	Signature	dot	wn, Pennsylvania		Date 12/0	02/20	13	
-	*L	o not use	this form	for asbestos licer	sure exemp	ted activities.					

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Date of Notification (1) 12/3/2013					f Building				ΞΥ	***************************************	5	(3	`১	-3-	1	
Agencies Notified	Type Notification			Street A	ddress	NGTON	I ROAE)			7/7	٦,	7	14,0		
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Street Address 989 LENOX DRIVE	SUITE 305							Addres	ss HERFOR	D BL	VD.					
City, State, Zip Code LAWRENCVILLE, I	NJ 08648								p Code , NJ 070	14	300					
Project Manager for Mor	nitoring Firm			Telepho	ne No. 32-8036	3	Teleph				License N	lo.			H-10/4-1014	
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Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm						City, S	tate, Zi	p Code							
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DCA Submission

TABLE 1

		TABLE	1	
Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
	Materials i	dentified to be	e ACM	
	1st Floor - Corridors, Rooms 122, 117, Gallery Storage		2,500 SF	Panels are constructed of 1/8-inch sheets of 2-
Transite panels between concrete ceiling beam	2nd Floor - Corridors, Room 264	ACM	2,400 SF	side laminated transite board. Panels are
spaces	3rd Floor - Scattered Locations		3,700 SF	approximately 2' x 4' and secured to beams
	4th Floor - Scattered Locations		3,600 SF	with metal brackets and caulk.
Mud-pack joint associated with generator exhaust pipe	Mechanical Room 115 and Mezzanine	ACM	10 LF	10 joints
1' x 1' brown, black and	1st Floor - Corridors	ACM	3,250 SF	

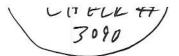
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Material	Location	Survey Results	Estimated Quantities of AC or Assumed AC to be Removed	M Notes/Comments
tan mottled pattern floor tile	2nd Floor - Corridors, Room 264B		5,200 SF	
	3rd Floor - Corridors		5,400 SF	
	4th - Floor Corridors, Rooms 421, 427, 430, 433, 435, 436, 437, 440, 444, and 445		4,350 SF	
Linoleum with cream and brown streaks	Rooms 374A, 374B,375, 376, 377, 378 and 379	ACM	2,950 SF	
12" square mottled beige with brown stripes floor tile	1st Floor - Vestibule Room by Mechanical Room	ACM	150 SF	
Air handler caulking	Room 205	ACM	10 LF	Caulk was observed at seams of metal HVAC handling unit.
Window glazing putty	Room 264	ACM	60 LF	Glazing putty is associated with a window located in the audio/video booth.
Fire glove	Room 429	ACM	5 SF	Fire gloves are located in the storage cabinet.
Cementitious panels on side and back walls of carrels	Room 429	ACM	250 SF	
Black sink coating	Rooms 377, 423, 423A, 426, 428A, 428B, 434, 435, 435A, 435B, 435C, 435D, 435E, 439, 442, and 446	АСМ	80 SF	20 sink units were observed.
Transite pipe (Observed)			3 LF	Three linear feet of 2'
Transite pipe (Assumed concealed within adjacent spaces)	Room 115 - Mechanical Room	ACM	50 LF	diameter pipe was observed associated with Air Handler #5. An allowance had been provided for concealed pipe in adjacent space.
Kiln exhaust hood transite	Room 425	ACM	4 SF	Transite panel is installed in the north western exhaust hood.
Gray cementitious panel (Transite)	Room 429	ACM	6 SF	
Loose fire brick	Room 429	Assumed ACM	10 SF	-

Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
Floor covering materials (Tiles, Linoleum, Mastic, etc.)	Spaces Inaccessible for Survey	Assumed ACM	2,900 SF	-
Fire doors	Throughout Building	Assumed ACM	5,000 SF	250 doors.
Elevator fire doors	Floors 1 to 4	Assumed ACM	160 SF	8 doors.
Electric panel boards	Throughout Building	Assumed ACM	450 SF	
Waterproofing materials behind brick façade	Exterior	Assumed ACM	15,000 SF	Water proofing materials may exist concealed behind the brick façade.
Waterproofing materials associated with buried walls	Area of Mechanical Room 115, Electrical Room, Staircase	Assumed ACM	5,500 SF	Waterproofing vapor barrier materials may exist concealed on buried space foundation walls
Waterproofing vapor barrier materials which may exist concealed under concrete flooring	Floor 1	Assumed ACM	25,000 SF	
	1st Floor - Rooms 105, 106, 107, 128, 126-127, 122		1,620 SF	
Blackboard and associated adhesive	2nd Floor - Rooms 204, 207, 235, 236, 243, 244, 256, 253	Assumed ACM	1,180 SF	
	3rd Floor - Rooms 315, 317, 377		380 SF	
	4th Floor - Room 446		50 SF	
Adhesive associated with whiteboards	3rd Floor - Rooms 317, 370, 372	Assumed ACM	350 SF	
	1st Floor - Restrooms		1,375 SF	
Dadding morter /	2nd Floor - Restrooms		1,375 SF	
Bedding mortar / waterproofing under	3rd Floor - Restrooms	Assumed	1,375 SF	
quarry/ceramic tile	4th Floor - Restrooms	ACM	1,375 SF	

Material	Location	Survey Results	Estimated Quantities of ACM or Assumed ACM to be Removed	Notes/Comments
	1st Floor - Restrooms		25 SF	
Mirror alua dauba	2nd Floor - Restrooms	Assumed	25 SF	*
Mirror glue daubs	3rd Floor - Restrooms	ACM	25 SF	
	4th Floor - Restrooms		25 SF	
Pipe flange gaskets	Mechanical Room 115	Assumed ACM	50 SF	

ELED OF NOW JAYLEY NOTIFICATION OF ASSISTANCE ABATEMENT (Purbushe to NJAC 3:50 and 12:120)

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10169 K Date of Notification (1) Name of Building Owner/Operator (2) Fanny Orellana 12-3-13 Street Address Agencies Notified Type Notification 141 Joralemon Street [X] Initial []EPA Notification City, State, Zip Code []DEP []Amended Belleville, NJ, 07109 [X] DOL Notification Name of Contact Telephone Number [X] DOH [X] EMERGENCY (973) 454-4288 Fanny Orellana []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County Code (7) 2 65 County (6) Essex 1900 City (5 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephona Number Project Manager for Monitoring Firm Telephone Number 00371 N/A Name of OSHA Monius Sched. Completion Date (11) Scheduled Start Date (10) 12-4-13 N/A 12-3-13 Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X] Renovation []Mini-Enclosure [X]>3 sf or ≥ 3 lf [X]Glovebag Procedure []>160 sf or >260 lf []Demolition []Non-Friable Procedure Abatement Type Ts Location Description of Location of Normally NCAP NCLOSU Amount REP Asbestos-Containing Asbestos-Containing Used MOV Solely Material (ACM) (Specify Material (ACM) By Main (i.e., thermal systems SF or TO BE ABATED AI tenance/ S T.F) insulation, surfacing, VAT, In Facility Custodial A or other miscellaneous) R (13)Staff (12) Yes No N/A 20 X Pipe insulation Basement Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste 1.5 Hauler ID No. G.R.O.W.S. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date

12-5-13

Signature

Morrisville, PA 19067

Date

12-3-13

City, State

Montclair, NJ 07042

Completed By (Print or Type)

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Title

President

Date of Notification (1) December 3, 2013					of Buildin an Board		Operator ucation	(2) Check	# 622	5.30	· ŝ		·^		
Agencies Notified	Type Notification	-1157		Street	Address artford F	•			722	2	1/2	*	<u></u>		
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Project Manager for Moni Cathy Ledden	toring Firm			Telepho 609-8	one No. 20-9312	2	Telepho	ne No.		Licen 0084	se No.				
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☑ DOH	justification)	molading	- 10		Contact				D40000		ephone					F. GOVERNDERS,
☐ DCA	Cancellation			Kevin						60	9-484-	361	4	122.0		
Name of Facility Where	Abatament is Taking	Place (3)		FACI	LITY INFO	RMA	TION	Type	of Facility (4	0						
Vacant Building	Abatement is Taking	g Flace (5)						-		U.E.(1)						
Street Address									School (K-12 Subchapter		er than l	K-12	re e			
12 East Washingto	n Ave		-					X C	Other (i.e. p	rivate	& comm	ercia	l build	lings,	home	es,
City (5)			×1		**				tc.) e Feet	T#0	f Floors		Тв	ldg. A	-00	
Pleasantville NJ 08	232							1000		2	1110013			iug. 7 5+	ige	
County (6)			7	County (Code (7)	100		VEX.000.000.00	nt Use (Prio		na demo	olishe			//SEE	
atlantic	#				JSE ONLY)	-	 2		ments		ng donn	Onone	<i>,</i> ,			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	1 No.		Name	of Abat	ement Con	tractor	(9)			W. 1900-11		
N/A	n periode de la company de							aco In							•	
Street Address				L			Street	Addres	s	1 10	-					
							PO	Box 32	9							
City, State, Zip Code								State, Zi								
		200000000000000000000000000000000000000							n NJ 080	91						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telen	hom- 1	AND DESCRIPTION OF THE PERSON		Licens 0072			20,230		
Start Date (10)		Scheduled	Com	pletion	Date (11)	95	Name	of OSH	A Monitor		l	-		_	_	
12/16/13		12/20/13	}				Sam	ie								
Occupancy Status Durin	g Abatement (Chec	k Only One)		-		Street	Addres	S				38W5		1000	
Facility Closed/Vac	ated During Entire F	Period of Ab	atem	ent												
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility F	lours				City, S	State, Zi	o Code							
Scope of Work (Check A	II That Apply)						_	_								
≥3 sf or ≥3 lf		Distriction of the last of the	novat				5		Containme		n Negativ	ve Pr	essu	e		
≥160 sf or ≥260 lf		× De	moliti	on			É		i-Enclosure vebag Proc							
							Þ		-Exempted		d Non-F	riable	e Pro	cedur	е	
n	140	ls L	ocatio	on									15		ement	
Location		No Used	rmall			D	escription	n of						1 9	ре	
Asbestos-Containing TO BE AB		Main					ntaining N				mount		_		щ	_
In Faci		Custo		taff?	(i.e.		al system acing, VA		uon,		Specify For LF)		₹em	Repair	Cap Cap	nclo
(13)			(12)			other	miscella	neous)			- 520.082. 5 0.		Removal	oair	Encapsulate	Enclosure
		Yes	No	N/A								in In	_		ite	r
through	t-out			х			floor tile	9	2	un	known		x			
boiler ro	oom			х			Transite	9	•	. !	50 sf		x			\vdash
											(277 7):					
Name of Registered Was	ste Hauler		20000	JDEP W	0.000		c Yards		Name of F	Registe	ered Lan	dfill				
United Containers				auler ID 2459	No.	of W	aste		G.R.O.V	V.S.						
City, State		***************************************	_				osal Date	,	City, State							
Elm NJ						12/2	0/30		Morrisvi	lle P	1906	7				
Completed by		Title	277				Signature	e 1				Date		10.78%		
Anthony T Perna		Presid	ent				(-	1				12/	3/13	}		

Date of Notification (1)			Т	Name of	Building	Owner/C	nerator	(2)	-HOS	4	100	~	-	(3116	
12/3/13					Brook ()	35	BA	~ (,3			
Agencies Notified	Type Notification		- 1	Street A	ddress Aorris Ti	urnpike	9		4/10	Ch	"/ ,?					
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co					े//	7~					
	justification) Cancellation	including	1.3		Contact Constar	ntini					lephone 8-277					
				FACI	LITY INFO	ORMATI	ON									
Name of Facility Where A		g Place (3)						Туре	of Facility (4 School (K-12	2)						
Street Address 1108 Morris Turnpil	ke							×	Subchapter Other (i.e. pretc.)					dings,	hom	es,
City (5) Summit								Squ	are Feet	# 0	f Floors		В	ldg. A	ge	
County (6) Essex					Code (7) JSE ONLY		_	Curr	ent Use (Prio	r if be	ing dem	olish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	1 No.		110000000000000000000000000000000000000		atement Contronmental			LLC				
Street Address							Street 4 E 0		ess Drive, PO	Box	483					
City, State, Zip Code									Zip Code d, NJ 0741	18						
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		Talank		26 OF 2552		Licen:	se No				
Start Date (10) 1/2/14		Scheduled 3/1/14	Con	pletion (Date (11)		Name	of OS	HA Monitor			27				
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Addre	ess		X					
Facility Closed/Vaca × Abatement Perform Other – Describe:	ated During Entire F	Period of Ab	atem						Zip Code			201				
			277270													
Scope of Work (Check A	ll That Apply)	7_6						_								
23 sf or ≥3 lf ≥160 sf or ≥260 lf		Benefitted .	nova				×	Mi GI	III Containme ni-Enclosure ovebag Proce on-Exempted	edure					a	
		Is Lo				-				174.	4 110111	-		Abate		
Landin	of.		mall			D								Ту	ре	
Location Asbestos-Containing TO BE AB/ In Facil (13)	Material (ACM) ATED	-	enar lial S 12)	ice/ taff?		tos Cont thermal surfac		lateria s insul T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
basement s	storage	Yes	No	N/A X		pir	e fittin	a		1	5 LF	_	x			
attic over k		+		x			ansite	-			5 SF		x			
attic over din				x	pip	e insu			oris		60 LF		x			
							-									
Name of Registered Was	te Hauler		N.	JDEP W	aste	Cubic	Yards		Name of R	Registe	red Lar	ndfill				\vdash
Freehold Cartage				auler ID I 959	No.	of Was	ste		G.R.O.W	10.00						
City, State Freehold, NJ		MATERIAL STATES				Dispos TBD	al Date		City, State Morrisvil		A					
Completed by Andrew Scott Higgin	s	Title Preside	ent			S	ignature	d	1			Date 12/	3/13			

N Large 1

Date of Notification (1) 12/3/13				Name	of Buildin	g Owner	/Operato	r (2)	<u> </u>	200	5		1		
Agencies Notified	Type Notificatio				ert Kron	e Priva	te Hom	е		17/2 17/2	5			SO	
	Proced.				Address oshua					イブル		1/1	_		
DEP DEP	Initial Amended				State, Zip (Code					Ch	_	<i>∷</i> .		
X DOL	Amendmer Emergency			Mana	ahawkin	NJ 080	050				37.3	10		×	
☑ DOH DCA	justification)			of Contac	t				Telepho			7		
_ box	Cancellatio	n		Robe						973-61	5-63	23			
Name of Facility Where Al	batement is Taki	ng Place (3	3)	FAC	CILITY IN	ORMA	TION	Typ	e of Facility	(4)					
Robert Krone Private	e Home							П	School (K-	30.050					
Street Address 75 Joshua									Subchapte	r 8 (Other tha	n K-12	2)	52005		
City (5)								×	etc.)	private & com	nmercia	al bu	ilding	s, hor	nes,
Manahawkin NJ 080	50							Squ 100	are Feet	# of Floo	rs		Bldg.	Age	
County (6)				County	Code (7)			1111210		2 or if being de		- 1	35+		
Ocean			ı	(STATÉ	USE ONL	n		Hor	ne	or it being de	molish	ea)			
Name of Monitoring Firm F N/A	lired by Building	Owner (8)		ASC	M No.		Name	of Ab	atement Cor	ntractor (9)					
Street Address							Pern			13.2					
Offeet Address							Street PO E								
City, State, Zip Code															
									Zip Code Iin NJ 080	91					
Project Manager for Monito	oring Firm			Telepho	one No.		Teleph				nse No).			
Start Date (10)		ra:					í i			207	27				
12/4/13		12/5/13		mpletion	Date (11)		1.000		HA Monitor				0.0120		
Occupancy Status During A	Abatement (Chec					VV	Same								
	d During Entire	Period of A	haten	nent			Street	Haare	55						
Facility Closed/Vacate Abatement Performed Other – Describe:	Outside of Norn	nal Facility	Hours	S			City, St	ate, Z	ip Code						
Scope of Work (Check All T	hat Apply					_									
23 sf or ≥3 lf	пат Арріу)	П.		20			Proof.								
≥160 sf or ≥260 lf		promote and the same of the sa	enova emolit	70.70			-	Fu	ll Containme ni-Enclosure	nt with Nega	tive Pr	essu	re		
							×	Glo	vebag Proc	edure					
		le l	o o o o ti					No	n-Exempted	(*) and Non-	Friable				
Location of		N	ocati ormal	ly		Doc								emen pe	t
Asbestos-Containing Ma TO BE ABATE	aterial (ACM)	Used Mair	Sole tenar	ly by	Asbes	tos Conta	scription aining Ma	aterial	(ACM)	Amount	1				
In Facility	<u>-U</u>	Custo	dial S		(i.e.	thermal surfac	systems sing, VAT	insula	ition,	(Specify SF or LF)		Rei	_Z	Enca	Enc
(13)		-	(12)			other m	niscellane	ous)		SF ULLE)	'	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	#19====================================							=		ate	Гe
back of hou	se			x		Exter	ior Sidi	ng		200 SF	,				
- A	,										\dashv	-			
											-+	-			
											-	-	-		
Name of Registered Waste I	Hauler		1.000000	JDEP W		Cubic Y	ards		Name of R	egistered Lar	ndfill				_
Jnited Containers			1440500	auler ID I 459	No.	of Wast	te		G.R.O.W		i dilili				
City, State						Disposa	al Date		City, State					3 1	
Elm NJ						12/5/1				e PA 1906	57				
Completed by Anthony T Perna		Title				Sig	gnature-		,		Date				-
and only i rema		Preside	ent				(-	\nearrow			12/3	/13			

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Date of Notification (1) 12-2-2013					Building C Develo					× 7/	1000	54		E	\wedge	
Agencies Notified	Type Notification			Street Ac	idress cksonvil	le Roa	ad			37150 571	Sin.	5	My.	^	S*	
EPA DEP DOL	Initial Amended Amendment Emergency		- [City, Stat Lincoln	te, Zip Coo Park, N	de		1.00				(2/4)	75	· .	n	
DOH DCA	justification) Cancellation	niologinig	1		Contact Aponte						ephone f 1 - 638-2			۷.		
	AL 4 - 41 T-14-	- Dl (2)		FACIL	ITY INFO	RMAT	ION	Type	of Facility (4)						
Name of Facility Where Residential	Abatement is Takin	g Place (3)							School (K-1	2)						
Street Address 183 E. Main Stree	t							×	Subchapter Other (i.e. petc.)	8 (Oth orivate	er than k & comme	(-12) ercial	build	lings,	home	∌s,
City (5) Ramsey, NJ 0744	6	97.55		WOOTH VALUE				1500		2	f Floors		7	ldg. A O+	ge	
County (6) Bergen				County C	ode (7) ISE ONLY)		_	Curre	ent Use (Pri	or if be	ing demo	olished	i)			
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	No.				tement Cor vironmen			LLC				
Street Address							Street 235		ss ia Avenu	—— е						
City, State, Zip Code							City, S	tate, Z	ip Code /, NJ 073							
Project Manager for Mo	onitoring Firm		1	Telephor	ne No.			none N			License 01174		8		- 10 No.	
Start Date (10)		Scheduled		npletion [Date (11)		100000000000000000000000000000000000000		HA Monitor	-		-				
12-3-2013 Occupancy Status Duri	ing Abatement (Cher	CONTROL CONTROL CONTROL CONTROL					100000000000000000000000000000000000000	Addre								
☐ Facility Closed/Va	cated During Entire med Outside of Norn	Period of Ab	atem	nent		<u></u>			ip Code							
Scope of Work (Check	All That Apply)						1									
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			nova molit				×	Min	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	10.00				A	
		lel	ocati	on				110	II Exemple	<u>u () u.</u>	id ittoiri	T		Abate	men	t
Locati Asbestos-Containir <u>TO BE A</u> In Fac (13	ng Material (ACM) BATED cility	Used Main Custo	rmal Sole tenai	ly ly by nce/		tos Con therma surfa	escription taining N I systems acing, VA miscellar	Materia s insula T, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A									50000		te	
Front fa	acade		X			Shii	ngle sid	ding		7	20 SF	- 2	ĸ			
			71.2.9													
Name of Registered W	aste Hauler		T N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lan	dfill				
Waste Managemen			Н	lauler ID 034889	No.	of Wa	aste		G.R.O.				fill.			
City, State Coraopolis, PA							sal Date		City, Stat		^A					
Completed by Liliana Serrano		Title Office	mar	nager		1	Signature	е				Date		013		
The state of the s														Conveye		

			SEMPLOYMEN		State of No						Per				
Project #					ON OF ASE					Check	# 22	286	,		
			,,							(7/2 p.		-10 d	V.C	n	
Date of Notification (1)					of Building			r (2)			``S		-	6.5	
12/02/2013	T = 11 11 11 11 11 11 11 11 11 11 11 11 1				ensack I	30E				1 ₇ .		AM	_		200
Agencies Notified	Type Notification				Address	N 4				13/0	2	1		7	
EPA	Initial				Second S					C: 12	10	4			
DEP	Amended Amendment	#			State, Zip C		7004				3/	141	30		
	Emergency	(includin	g		ensack, of Contact	11/2011	7601			Telepho	N	<i>j</i>	ć,		
DOH DCA	justification) Cancellation				rause					Telepho					
	Carlocitation				CILITY INF	ORM	ATION			(201)64	46-02	295			
Name of Facility Where	Abatement is Takin	g Place	(3)	- 10	OILIT IN	Order	KIION	Type o	f Facilit	y (4)				-	
High School								■ s	chool (l	(-12)					
Street Address						W. III—1500		I s	ubchap	ter 8 (Other tha	an K-1	2)			
131 1st Street									ther (i.e tc.)	e. private & con	nmerci	al bui	ldings	s, hon	nes,
City (5) Hackensack	c, NJ							Square		# of Floo	ors	T	Bldg.	Age	
County (6)			Т	County	Code (7)			Currer	t Use (F	Prior if being de	emolish	ned)	_	_	
Bergen					USE ONLY) _		231101	. 230 (1	Doing ue		.54)			
Name of Monitoring Firm	n Hired by Building	Owner (8	3)	ASC	M No.		Name	of Abate	ement C	Contractor (9)					
Whitman								Restor							
Street Address			-					Address							
7 Pleasant Hill Rd							72 Br	ooksid	le Rd						
City, State, Zip Code							City, S	tate, Zip	Code						
Cranbury, NJ 0851					\$9 		Rand	olph N	NJ 07	869					
Project Manager for Mor	nitoring Firm		T	Teleph	one No.			one No			nse N	0.		_	
Kevin t. Lovely					390-5858		3 E			1011	33				
Start Date (10)				npletion	Date (11)	X3=-100	Name	of OSHA	Morne						
12/11/2013		12/13/					J&S E	nviror	ment	al					
Occupancy Status Durin	g Abatement (Chec	k Only O	ne)					Address							20
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F	eriod of	Abaten	nent			2333					0000			
Abatement Perform Other – Describe:	4 pm	al Facilit	y Hours	3			1	tate, Zip					200		
Scope of Work (Check A							Union	, NJ 0	7083						
Line I	ii That Apply)	Bernal					-	1							10.00
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(THE STORY)	Renova Demolit				-		Containi Enclosu	ment with Nega	ative P	ressu	re		
			Demon	1011				IVIII II-	777	ire ocedure					
										ed (*) and Non	-Friabl	e Pro	cedur	e	
		1	s Locati											emen	t
Location			Normal ed Sole				escription					_	1 1 1	ре	
Asbestos-Containing TO BE ABA		Ma	aintenar	nce/	Asbest	os Co	ntaining M al systems	aterial (ACM)	Amount		_		Ф	l
In Facil		Cus	todial S (12)	Staff?	(1.0.	surf	facing, VAT	T, or	л,	(Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)			(12)		1	other	miscellane	eous)		\$2.50 CONSTRUCTS	•	ova	pair	sula	osur
		Yes	No	N/A										ate	, a
Crawl Space Area			×		TSI- W	rap a	and cure			200 LF			x		
Crawl Space Area		×		TSI					7 LF		X				
							-								
Name of Registered Was	te Hauler	1	T N.	JDEP W	/aste	Cuhi	c Yards		Jame of	Registered La	ndfill		\Box		
Nick Restoration LL			Ha	auler ID	No.	of Wa	aste			370	HIII				
			00	3378	2	TBD			S.R.O.			<u> </u>	ggg		
City, State Randolph,	NJ					Dispo TBD	osal Date	100	City, Sta ullytov	te wn, PA				800	
Completed by		Title						, '	1		Date				\dashv
Ivira Mrda		Presid	dent				Signature	Olla		Ida	12/0		013		
								- 1 - V	~		1 ' '				

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- I'm	154
- 10,	001
	Liò.

Date of Notification (1)			25000			Owner/	Operator (2)			HEC	<u> </u>		5	
12–3–13	Tuno Notification			(C. V. 1902)	T.A. Address									3/2
Agencies Notified	Type Notification				Main	Stroo	s+					1.1	Ġ.	, ,
	☐ Initial Mathematical Amended		-		tate, Zip C		=					_2	(2)	,
M DOL	Amendment	#_2_			dbridg		07095	ř					4	2
X DOH	 Emergency (justification) 	including	3		of Contact				Tele	ephone	Numbe	r		<u> </u>
	☐ Cancellation			Eri	ka Var	gas-C	Garrison	Ĺ			0-530		680	
					ILITY INF	San Harrison Control								
Name of Facility Where At	The second secon	g Place ((3)				Ту	pe of Facility	(4)					
Oceanview Trave	el Plaza													
Street Address	MD 10						20					ildin	se hor	mac
Garden State Pl	wy. MP 18							etc.)						nes,
City (5) Ocean View								uare Feet	73085083	Floors			. Age	
				0	0-1-7			6,000		2			yrs	•
County (6) Cape May			-		Code (7) USE ONLY)		rrent Use (Pr ravel P		ng dem	olished)			
Name of Monitoring Firm H	lired by Building C	hypor (9		LASCI	M No.	15-11/ 27-28-28-28-28-28-28-28-28-28-28-28-28-28-		batement Co		(0)				
West Chester Er		100 100)	AL CONTRACT	0127		a seemilian markets			1-1	1 0-	т		
Street Address	IVIIOIMETICA	T.T.		1 0	0127		Street Add	uth Env.	TLOUR	enta.	1 00.	, 111	C.	
307 N. Walnut S	Street							aws Ave	nue					
City, State, Zip Code							City, State,	Zip Code						
West Chester, F	A 19380							stown, 1	PA 19	401				
Project Manager for Monito	ring Firm		$\neg \neg$	Telepho	ne No.		Telephone	No.	T	Licens	e No.		-	
Matt Abraham				610-	431-75	45				00	0398			
Start Date (10) 11–18–13	-		ed Con		Date (11)			SHA Monitor						
Occupancy Status During A	hatamant (Chack			<u> </u>			Street Addr	uth Env.	ronme	enta.	L Co.	,In	c.	
				and the second second				_{ess} aws Avei	2110					
☼ Facility Closed/Vacate ☐ Abatement Performed						- 4	City, State,		lue		· · · · · · · · · · · · · · · · · · ·			
□ Other – Describe:			, ,,,,,,,,					stown, I	PA 194	401				
Scope of Work (Check All 1	hat Apply)													
□ ≥3 sf or ≥3 lf		⊠ F	Renova	tion			XI F	ull Containm	ent with	Mogativ	o Proce	uro		
© ≥160 sf or ≥260 lf			Demolit				y ⊒ N	1ini-Enclosur	е	ivegauv	/e F1655	ure		
							₩ G	Blovebag Pro Ion-Exempte	cedure	Non-Fr	riahla Dı	nced	ıro	
		Τ.	1 41				- A IV	ion-Exemple	u () anu	NOII-FI	lable Pi	07.010	temer	nt
Location of	r:		Locati			Dee							уре	
Asbestos-Containing Ma			d Solel		Asbes		scription of aining Materi	al (ACM)	Am	nount				
TO BE ABATI	<u>ED</u>		interial todial S		(i.e.		systems insu	lation,		pecify	Re	R	nca	Enc
(13)			(12)			other m	cing, VAT, or niscellaneous)	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							<u>a</u>	"	late	Te
basement & 1st f	loor			х	varc	r sea			450	SF	×	+	+-	\vdash
basement				x	-		azing		32 S	F	X	+	-	
basement				х		door			250		х	+	\vdash	
1st floor	THE STATE OF THE S			x			lation		247		x	+	+	\vdash
Name of Registered Waste	Hauler		N.	JDEP W		Cubic		Name of	The state of the s		200	1_		
Robinson Waste			Ha	auler ID	94.000.00-798	of Was	te		700					
City Ctata			1	7304		10		Cape I		ount	y Lar	dfi	11	
City, State						Dispos		City, State						
Bellmawr, NJ Completed by		Title				12-13		Woodb	ine N					
Timothy E. Bryan		Title Vice	_Dro	eside	nt	Si	gnature	1/2	8	1	Date	1 2		
- Dryan		ATCE		STUE	111		1-4	111-	1)		12-3-	13		

PECTIVED

				Pagasintian of NOM: (2)			ate Type	ment e	
Location of	Is non		ation	Description of ACM (i.e thermal systems insulation,	Amount	Re	Re	En	Eng
ACM to be abated in facility	use	b	by	surfacing, VAT, or other misc.)	(Specify SF or LF)	Removal	Repair	Encapsul	Encrosur
(13)	Main Oust Stat	nt./	/ -					ulation	ire
	-	12)					ļ	ב	L
Exterior	yes	no	n/a	window glazing & caulking	500 LF	х			
Throughout			х	door caulking	350 LF	x			
Exterior			х	roofing	565 SF	х			Γ
Basement			х	electrical panel backing board	42 SF	х			
Basement			х	mastic to duct insulation anchors	2,800 SF	х			Γ
Boiler Room			x	flue packing	6 SF	х			
Boiler Room			х	gaskets	40 SF	х			I
									L
	Ш					_		Sq.	1

		NO	OTIFIC (Pur	ATION	te of Nev OF ASB o NJAC	EST	ersey FOS ABATE 0 and 12:12	MENT	ché ché	CX#	100	5	3	
Date of Notification (1) 12–3–13			100		175 85.731		ner/Operato ional	r (2)	S. 1	, E				
Agencies Notified	Type Notification				avens		od Aver	nue	100	~?. _`				
X EPA DEP X DOL	Amended Amendment	A STATE OF THE PARTY OF THE PAR	_ 1	Menlo		۲,	CA 940)25	43	Telephone Nur	mhar			
M DOH	justification) Cancellation	incidum g		John			MATION			609-734-		1		
Name of Facility Where	Abatament is Taking	Place (3)		FACIL	III IN	OKI	MATION	Type of	Facility (4	4)				
SRI Street Address 201 Washingto	800							☐ Su Su	her (i.e. p	2) 8 (Other than K-12 rivate & commerci	2) ial build	lings,	homes	3,
City (5)	ii Rodu			-				Square 50,00	Feet	# of Floors		ldg. A		
Princeton County (6)				County C	ode (7) ISE ONL	n _		labs	& off		hed)			
Mercer Name of Monitoring Firm EHS Environme		Owner (8)		ASCM	No.		Pl	ymouth	Envi	tractor (9) ronmental (20.,	Inc.		
Street Address 411 Southgate		e E					92	et Address 3 Haws	Aven	ue				
City, State, Zip Code Mickleton, NJ	08056						No		wn, P	A 19401				
Project Manager for Mo			T	elephor	ne No.		Tele	ohone No.		License N				
Jack Carney					24-008		•							-
Start Date (10) 12–20–13		Schedule 12-2	7–13		Date (11))	Pl		Envi	conmental C	.o.,]	nc.	Ü.,,,,	
Occupancy Status Durin								et Address 3 Haws		ie				
Abatement Perform	cated During Entire med Outside of Norm work areas	nal Facility	Hours	ent			City,	State, Zip	Code					
Scope of Work (Check. □ ≥3 sf or ≥3 lf ▼□ ≥160 sf or ≥260 lf	Ali That Apply)	-	enovat emoliti		25			☐ Mini-	Enclosur			cedur		
	•	1	Locatio				Descripti	on of					ement rpe	
Location Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Mai	d Solel ntenar odial S (12)	ice/ taff?	Asbe (i.e	e. th	s Containing nermal syste surfacing, \ other miscel	Material (ms insulat /AT, or	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
West Dies 1st	Floor	Yes	No X	N/A	VAT	2	mastic			1,400 SF	x			
West Wing 1st							mastic			1,200 SF	x			
West Wing 2nd West Wing 3rd			x				mastic			1,200 SF	x			
west will sid	FIOI													

			U	1	01000 000 000 000 000 000 000 000 200						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole iintena todial (12)	ely by ince/ Staff?	Asbes (i.e.	Description of tos Containing Materia thermal systems insu surfacing, VAT, or other miscellaneous	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							to	
West Wing 1st Floor	+	х		VAT	& mastic		1,400 SF	х			
West Wing 2nd Floor	1	x		VAT	& mastic		1,200 SF	x			
			+	VAT	& mastic		1,200 SF	x			
West Wing 3rd Floor	-	X	-	VIII	- Habero		-				
Name of Registered Waste Hauler Newark Carting		11 12	NJDEP V Hauler ID 4509		Cubic Yards of Waste	GRO	f Registered Landf	II	i		
City, State Newark, NJ					Disposal Date 12–27–13	City, Sta	risville,PA				
Completed by Fimothy E. Bryan	Title Vic	e-Pı	reside	ent	Signature	1	1/2	ate 2-3-	13		

4 58 4 1

3089				ew Jersey			a REO
		urşuanı	10 NJAC	BESTOS ABATE	0)	1	3400 CO
Date of Notification (1) 12/3 /13		Нати	, ,	Owner/Operator		TRACTING	5/19
Agences Notified Type Notification PA Signer Amended				5 RT. S	-o	y , .	
☐ ∞c Amendment I _	pribute		of Contact	CEN 1=15	LD, N.J.	O & 2.3 0	
On justification) Cancellation			كالمبارة	BREUN	16	609.390	1-2127
		FAC	יאו אדעויי	ORMATION		17.1	
Name of Facility Where Abatement is Taking	Place (3)				Type of Facility School (K-1)		64 3 38
Siree Address 836 (ST STAR	5,-				Doner (I.e., p	uvate & commetcial	Bido Age
Ciry (5) OCEAN CITY					1000	2_	40+
County (6) CAPE MAY	٠,	USE	ry Code () Carl Y)) (STATE	VA	nor It being demoks n	
Name of Marvioning Firm Hired by Building O.	√ner	ASOUT	4o.	KLEM	co In	īć,	=====
Sueer Address					3. SPRU	cë Ave.	
City State Up Code				City State, Zip C		DE NJO	8:5-
Project Hanager for Montoning Firm		lephone h	\$0	Telephone No.		100 NO 10 Y Y	4
S'an Date (10)	190 Como	relian Dal	le (11)	Harre of OSHA	MONTOS PILLEN	M	
Sizus Dinon Anatement (Chec	20 poly one)		Sueel Address	SPILUC	=1 UE.	b
Facility Closed/Vacaled During Entire Per Abatement Performed Outside of Normal	01 ~~	101110	*			É, N, 5,	08052
Scope of Work (Check all that apply)	Renov			- Mn.E	ontainment with N	egative Pressure	
2) \$1 or 2) ii 21 60 \$1 or 2260 ii	∑ 00ma	ison		Glove Non-E	xambied (.) aud p	ton-Franke Procedu	ADBIETTET Type
Location of Aspessos Containing Material (ACM) TO BE ABATED IN FACITY (13)	Is Local North Used So Mainten Custo Stat (12	ally lancel dial	A300 (; 6	Description sics Containing M thermal system: surfacing, VA other myscellan	atenal (ACM) sinsulation: T. of	Amount (Specify SF ar LF;	Eng. apsolitation Represent
	TE N	IO NIA		TRANSI	T E	3000\$	X
51 Divice		X					1
			-			<u> </u>	1-1,
						1	
hame of Registered Waste Hauler		HOEP House	W3516	OI Waste	Name of R	edistered Landill 1, C, M. U	, A.
Kiémco INC.			27	0emai 0aie		DBINE, 1	2000 No.
TOTAL CONTRACTOR	5,08			Signature		Date (/2	(3)(3
Compeled By CEMM	00	NE R		-1-8	emoled activities		

Date of Notification 12-03-2013-Page		ontinued	-	Name of Building Owner / Operator (2) Universal Wrecking Corp.									~~	Sa
	Type Notifica				et Ado		ig Col	rp.			<u> </u>	1	4	
	y fish V			1000000		Troubl	le Ro	ad				9	(3)	
DEP	☐ Initial					e & Zi		ode				379%	17.7	
□ DOL	∐ Amer	(C) (T) (T) (T) (T) (T)				J 08721					milion.	47.	٦,	
☐ DOH☐ DCA		gency ellation			ie of C ael Kei	Contact	t					Telephor 917-439-0		nber
							EOF	RMATION				917-459-0		
Name of Facility Wh	ere Ahatem	ent is Taking D	laco (ACILI	I I IIN	IFUR		:::L . /4\					
Main Building & W		TILIS TAKING F	lace (3)				Type of Fac						
Street Address	aronouoo							(A) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		(O4b = = 4b = = 1/	40)			
437 Ridge Road										Other than K-				27
107 Triage Troad							- 1			ate & commer				.)
City (5)		County (6)	Too	· · · · ·	Codo	(7)	-	Square Fee	τ	# of Floors	1	Bldg. Age		
Dayton	1	Middlesex	100	Junty	Code	(1)	- 1	Current Hee	/Daine	<u> </u>				
		- Indicate X						Commercial	buildin	if being demol g	isned)			
Name of Monitoring	Firm Hired b	v Building Owi	ner (8))	IAS	CM No	0	Name of Ah	atemen	t Contractor (2)			
Indoor Environmenta			(0)		1			Resource Ma	nageme	nt Group, LLC	9)			
Street Address							_	Street Addre						
286 Sunset Road								2115 Hamilton	n Ave, S	te 202				
City, State & Zip Cod Barrington, NJ 0800								City, State & Trenton, NJ 0	Zip Co	ode				
Project Manager for I		irm	Teler	phone	e Num	her	-	Telenhone N			License I	Vicenhar		
Michael Menz			856-6	28-60	20			/			License	01185		
Scheduled Start Date 12/16/2013		Scheduled Cor	npletion 01/16/		ate (11	1)		Name of OS		nitor boratories Inc				
Occupancy Status Do	uring Abatem	nent (Check or Ouring Entire P	nly one	e)		4	5	Street Addre	ss	isoratories inc				
Abatement P								2333 Route 22 City, State &		de				-
Describe:								Jnion, NJ 070						
Facility Occup														
Scope of Work (Chec	k all that app	ply)					25.55							
0.6 .0.6									\boxtimes	Full Containm	ent with N	legative P	ressu	re
≥3 sf or ≥3 lf	.,		\bowtie		novati					Mini-Enclosur	7 3 53			
≥160 sf ≥260	IT			Dei	molitic	n				Glove Bag Pr				
										Non-Exempte	d and Nor	n-Friable F	roced	lure
	cation of s-Containing			Locat				Descriptio	n of		Amount	Abate	ement	Туре
	rial (ACM)			olely	Used		A	sbestos-Cor Material (A			Specify		T	T
	ABATED		Maint				(i i	e., thermal s		ا ا	F or LF)	70	_ 5	m m
	Facility	1	Custo				insu	lation, surface	cina. V	AT		Remova	Repair	icis
	(13)			(12)			or c	other miscell	aneous	5)		ova	Repair	Enclsoure
			Yes	No	N/A								6	0
Roof of Building					×	Tar Se	ealan	t			200 SF			
			井		H	-	-							
			井	+	H		-							121
				Ħ	Ħ	-		-				ᆛ뮍남	러뷰	141
	- 7/1							****				ᆉᆉ	쉬片	ㅐ
Name of Registered V	Vaste Hauler							oic Yards	Name	of Registered	Landfill		- 1 -	1
Service Transport Grou	ıp, Inc			A. S. C.	uler I[/2117	O No.	of V	Vaste)	Miner	a Enterprises				
City, State								posal Date	City, S	State				
lew Castle, DE 19720							TBD		Wayne	sburg, OH				
Completed By (Print o fir. Brian Haney	r Type)			Titl			Sign	nature	1	\		Date	G100	
Drian Hancy				Pre	siden	L		JM 0	110	N/V	-	12/03/20	13	
								-1-/// 1	111	1400		1		

1501)

(Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification				Name of Building Owner / Operator (2) Bloomberg LP Street Address								1/2			
	12-03-2013			Bloo	mberg	LP) * ₁	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5	*	2	
	Type Notific				et Ado Ridge					1	2200	17). <u> </u>		
DEP							ip Code				1.0	28.	1.		
⊠ DOL		nded		-		08810					3/7	14/1			
□ DOH □ DCA	-	rgency				Contac	t					Teleph	one	Num	ber
L DCA	☐ Cano	cellation		Micha	ael Ke	nnedy						917-43			
Name of Facility Mile				FA	ACILI	TY IN	FORMATI								
Name of Facility Wh Office	ere Abatem	ent is Taking F	Place (3)			Туре	f Faci	lity (4)						
Street Address									(K-12)						
437 Ridge Road							III St	ubcha	pter 8 (Other	than K-	12)				
							⊠ Ot	ther (i.	e. private &	commer				etc.)	
City (5)		County (6)	10.			(=)	Square	e Feet	# of l	Floors		Bldg. A	ge	1-1105	
Dayton		County (6) Middlesex	100	ounty	Code	(1)	25,000	4.1.1	<u> </u>	1			45		
•		Middlesex					Commo	ercial	(Prior if being building	g demoli	shed)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)	,	IAS	CM N	n Name	of Aha	tement Cont	ractor (C))				
Indoor Environmenta	al Concepts,	LLC	,		"	0.00		ce Man	agement Grou	ip, LLC	')				
Street Address							Street /								
286 Sunset Road							2115 Ha	amilton	Ave, Ste 202						
City, State & Zip Cod Barrington, NJ 0800	7						City, St Trenton,		Zip Code 619						
Project Manager for I Michael Menz	Monitoring F	irm		ohone 28-60	Num	ber	Telepho	one N	umber		License N				
Scheduled Start Date 12/16/2013	e (10)	Scheduled Cor		on Da	170000000000000000000000000000000000000)	Name o	of OSF	A Monitor			011	85		
Occupancy Status Di	uring Abaten	nent (Check o	nly one	2013			Street A	Addros	ental Laborato	ries, Inc.					
	d/Vacated D	Ouring Entire F	Period	of Ab	ateme	ent	2333 Ro								
Abatement P	erformed Ou	itside of Norm	al Ho	urs –	7am t	o 3pm			Zip Code						
Describe:							Union, N	IJ 0708	33						
Facility Occup															
Scope of Work (Chec	k all that ap	ply)				107-02			93.749						
≥3 sf or ≥3 lf				_	200					ontainm	ent with N	legative	Pres	sure	
≥160 sf ≥260	ıe		\bowtie		ovati	3000.			Mini-E	nclosure	9				
≥ 100 SI ≥200	11			Der	nolitio	n					cedures				
Loo	otion of								Non-E	xempted	and Non	-Friable	Pro	cedu	re
	ation of s-Containing			ocat			Desc	ription	of		mount	Aba	atem	ent T	уре
	ial (ACM)			olely i			Asbestos Materi				Specify				
	ABATED		Maint				(i.e., then			51	F or LF)	20	-	Ē	Щ
	acility		Custo				insulation, s	surfaci	ing, VAT			l m	Repair	ap	ıcls
	(13)			(12)			or other m	iscella	ineous)			Removal	<u>a</u> .	Encapsulate	Enclsoure
			Yes	No	N/A									6	Ф
Throughout the facility Basement boiler room					\boxtimes	Fitting	gs associate	d w/ p	ipe insulation	1 17	70 Each	X	\Box	П	
Ist Floor							Gasket Mat				10 SF				
Basement wall(between	stairs & ele	vatori		믐	X X	Floor	tile & mastic	(bene	eath carpet		,000 SF	\boxtimes			
		vatory	Ч	ш	М	insula		ited w/	glass block		70 SF				
xterior Façade & Over						Plaste				4	50 SF		П	П	П
Exterior Curd Edge by S Name of Registered V	Josto Hayles	ent egress	Ш	<u> </u>		Tar co					20 SF		計	d	H
valle of Registered V	vaste Hauter						Cubic Yard	ls	Name of Reg	gistered	Landfill				
Service Transport Grou	p, Inc				uler ID 2117	NO.	of Waste		Minerva Ente	raricae					
City, State							Disposal Da			huses					
lew Castle, DE 19720							TBD		City, State Waynesburg,	ОН			29		
completed By (Print or	Type)			Title	9		Signature	4	7			D-4			
fr. Brian Haney	450000000				sident		Signature	_ 1	Λ/Λ			Date 12/03/2	012		
164							1	\supset	110	\wedge	^				
				4	-		1	0.075.075.00	1.0						- 1

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

Ckeck # 1601

Date of Notification (1)						Name of Building Owner / Operator (2) HOFFMAN LAROCHE											
	$\frac{21}{1}$	/13_	-			HOFFMAN LAROCHE Street Address 340 KINGSLAND AVENUE City, State, Zip Code NUTLEY, NJ 07110 Name of Contact Telephone Number											
Agencies	Notified	Type of	Notifica	ation			SLAND AVE	NUE	C-230	77	. 6	0					
∠geneles ☑	EPA	', pc o.	Initia				e, Zip Code		7	6	As.						
	DEP		Ame			NUTLEY,			1700-		AM 5.						
V	DOH		2000000000	ndment #		Name of C						er					
V	DOL			rgency w cellation	/ justification	BEHRAM	IRANI		3 L	973-235-	2327						
			Oanc	cilation	- F/	ACILITY IN	FORMATIO	N		- //	j 4						
Name of I	Facility Wh	ere Abate	ement is	Taking I	Place (3)		Type of Fa	cility (4)									
	N LAROCHI																
							No. of Contract of	School (K									
Street Ad									er 8 (Other ., private &								
340 KING	SLAND AVI	ENUE							mes, etc.)								
City (5)		County	(6)		County Code	(7)	Square Fe	and the last of th	# Of Floor								
NUTLEY		ESSEX			•	X. 7.1	155,		8		1	40	+				
									being dem	olished)	T						
							OFFICE/RE										
Name of I	Monitoring	Firm Hir	ed by B	ldg. Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)							
							IVA Facilita		ndess lan								
TRC							LVI Enviror		ervices inc.								
Street Ad							Street Add	ress									
1430 BRC							462 Getty A	Avenue									
	e, Zip Code RK, NY 100						City, State		,			74					
	Ingr. For M		Firm		Telephone Nu	mber	ony, out	, Lip ood									
	GERDTS	Ornitorning	,		212-221-8014		Clifton, NJ	07011									
			Sche	ed. Comp	letetion Date (1	1)	Telephone			License	Number						
03	/19	/_ 13		02	/28/	14											
/		/		/				, t			0	0117					
Occupan	cy Status D						Name or U										
			cated D	uring En	tire Period of		LVI Enviror		ervices Inc.								
	Abateme						Street Add	iress									
	Hours - D			tside of h	Iormal Facility		462 Getty A	Avenue									
V	Other - De			LERI			City, State										
	Other - Di	escribe.		AM-3:00P	M		Clifton, NJ		•								
Scope of	Work (Che	ck All Th	at Apply	y)													
	Demolitio				Renovation		Full Conta	inment wi	th Negative	Proceile	۵.						
	>3sf or >3	574			Reliovation	H	Mini - Encl		ui Negauve	Negative Pressure							
	>160 sf or					H	Glovebag		•								
	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				- 12				nd Non-Fria	ble Proce	edure						
					0.00	57783 		53 (05)									
	Location of			ls		Descript					ent Type						
	estos Cont	200000000000000000000000000000000000000	1 200	ocation	As	sbestos - C				R	l_	E	E				
m 200	Material (AC	3588953		ormally		Material			Amount	E M	R	N C	N				
<u>T</u>	O BE ABA in Facility			Used Solely		e., therma	i systems facing, VAT	a a	(Specify SF or LF)	0	P	A	L				
	(13)	,	11 00.585	Main-			ellaneous)	,	Joi Of Li /	Ιŏ	A	P	o				
	(13)			nance/	"	outer imoc	onuncous			À	Ιï	s	s				
			23539	stodial						L	R	U	U				
			St	aff (12)								L	R				
			YES	NO N/A													
BUILDING	G 85				WATERPROO				45.66 CF	V							
8TH FLO				V	PIPE FITTING				10 LF	V							
BASEME	NT			7	FOUNDATION	MASTIC			9,120 SF	V							
	Registered		auler		NJDEP Waste		Name of R		Landfill								
	ANSPORTA	TION			Hauler ID No.		LONE MOL		TAIT								
CLEAN H	A best control of the second o				<u> </u>		WASTE MA		IN I								
City, Stat 319 AVE	e P NEWARK	, NJ 0710	05-4800			Disposal Date	City. State WAYNOKA MODERN,	, OK 7386	60								
Complete	ed by (Print	or Type	1		Title		WODERN,	Signature				Date					
STEVE S		or rype	,		PROJECT MA	NAGER			_ (
SIEVES	IILLU				I NOULD I WIN			20	on (US.	_)		1	2/04/13			

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

Amendment No.1: Change to Phase II Start Date from 12/09/13 to 12/18/13 and Completion Date from 12/11/13 to 12/20/13.

Date of Notification (1) 10/24/2013						Owner/Operator (2 ealthcare System				2					
Agencies Notified		Notification	Type		Street Address				2	- (7					
Agencies Notified		1 Totalloation	. , , , ,		703 Main Stree	et			- 5	Ĭ,	7				
() EPA		()Initial No			City, State, Zip C	ode	3-24	~	1	'	,				
(X)DOL		(X) Amende		on No.1	Paterson, NJ 0			100	1	2,	1				
(X)DOH		() Cancell	ed		Name of Contact		Phone)	12	3	1				
() DCA					James Corueil		(973)	956-35	91	7	()				
				FACILITY IN	FORMATION				1		9				
Name of Facility Where A	hatement is T	aking Place (3)	PACILITIN	Type of Facility (4	1)				1 1					
St. Joseph's Wayne F		aking riace (5)		() School (K-12				400	5-7					
Street Address	iospitai					(other than K-12)				2					
224 Hamburg Turnpik	e				(X) Other (i.e. pr	rivate & commercia	ıl bidgs., ho	mes, etc							
City (5)	County (6)		County C	ode (7)											
0.13 (0)			(State Us		Sq. 300,000SF	No. of Floors:	9								
Wayne	Passaic				Dida Ass 43										
					Bldg. Age 43	r if being demolish	ed) Hos	nital							
					Current Ose (prio	i ii being demonstr	eu) Hos	Jitai							
Name of Monitoring Firm	Hired by Blda	Owner (8)	ASCM No	1	-	Name of	Contractor	(9)							
Health & Safety Servi	ces	. Owner (c)	00117				or Abaten		C.	81					
Street Address	-				Street Address										
318 12th Street					2 Henderson D	Orive, Ste A									
City, State, Zip Code					City State, Zip Co			72377777							
Hammonton, NJ 0803	7				West Caldwell	, NJ 07006									
Project Manager for Monit		Telephone	Number		Tei		Licens	se Numb	er						
Jim Proctor		(609) 704-	8850				0041	1							
					177										
Scheduled Start Date (10))	Scheduled	Completion	Date (11)	Name of OSHA Monitor										
Phase I - 11/04/2013	Scheduled Start Date (10) Scheduled Phase I - 11/04/2013 Phase				Superior Abate	ement, Inc.									
Phase 2 - 12/18/2013		Phase 2 -				VC									
Occupancy Status During	Abatement (Check only or	ne)		Street Address 2 Henderson Drive, Ste. A										
() Facility Closed/Vacated	During Entir	e Period of Al	oatement		2 Henderson L	Drive, Ste. A									
() Abatement Performed (X) Other – Describe: wo	Outside of No	rformed on n	nours –	ad area	011 01-1- 71- 0										
(X) Other – Describe. wo	ik will be bei	Hornied Off II	OII-OCCUPIO	eu area	City, State, Zip C										
				1	West Caldwell	, NJ 07006									
Source of Work (Check al	I that apply)														
Source of Work (Check at	i triat appry)														
() Demolition (X) Re	novation														
() Large Proj. (>160 SF of	or >260 LF AC	CM)(X)SM	Proj. (>25<1	160 SF or >10 <2	260 LF ACM) () Minor Proj. (<25 S									
() Full Containment with	Negative Pres	ssure (X)	Mini-Ènclos	sure () Glovebag	g Procedure () No	on-friable Procedur	e for Asbes	tos Tran	site Sidi	ng Remo	oval.				
Location of Asbestos-Con	taining Is L	ocation Norm	nally Used	Description of	ACM (i.e. thermal	Amount (Specify			ment Ty						
Material (ACM) in Facility		ely by Maint./			tion, surfacing,	65 20 1500									
		iff? (12)		VAT, or other r	niscell.)			Rem.	Rep.	Encap I	Englaca				
	N/A		NO	D Line		60.65			rtep.	T T	Ticlose				
Rooftop Boiler Room		X		Breeching	K W	60 SF		X	-		-				
								-			-				
								-	-		-				
						+			-	-					
						+		 	-		-				
		-						-	 						
						 		 	 		-				
										1					
Name of Reg. Waste Hau	ler l	NJDEP Wa	ste Hauler I	D#	Cubic Yards of W	laste	Name	of Reg.	Landfill						
Service Transport, Inc PA-317				U #	10	400		va Ente							
City, State					Disp. D	ate	City, S		,						
New Castle, DE				2013 & 12/20/2013		esburgh	n, OH								
Completed by (Print or Type) Title					Signature	////	Date								
Nick Petrovski President					1/1/21	11/2	12/02	/2013							
		L			con	Monn	ORD/MYDO	0001405	ECTAS	0/40	00				
						[: \V/V	DECLIMATE N	11 3145F	VE 3 1 (15	4/18/	CHE				

State of NJ

B & G proj. #: 2013-238

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

Date of Notification (1	1)							Che	ck #629	93			
112/1012	/113			Building C el Kruska	Owner/Operator (2 al	2)	8-0301	AM 5:55					
EPA EPA	Type Not	ification	Street Ad	dress			-21-53	7.77. ***					
	Init	tial		akwood I			1.1.	311 3 L				X 29 4	
DOL I	□ Am	endment	11	e, Zip Cod									
DOH I		ondinon:			NJ 07040								
□ DCA [Can	cellation	Name of 0					Teleph	one Num	ber			
			Sussi	anna Pa	Imatty			973-	885-780)4			
Name of facility where	ahatama	mě in kalita		F/	ACILITY INFORM	/ATIC	DN	R					
Rachel Kruskal	abateme	ent is taking	place (3)					Type of Facility	y (4) ool (K - 1	2)			
Street Address								=	chapter 8		- 44		
42 Oakland Roa	d	15 ²⁰						Othe	r (Private s./Homes,	/Comr	nerci	al	2)
City (5)		I Co	ounty (6)			_		Square Feet	# of Flo		Т	Bldg.	Age
Maplewood			224225744			Col	unty Code (7) ate use only)				_		
Name of Monitoring Fir	rm Hired I	ov Pida Ov		sex		(01	ate use only)	Current Use (I	Prior if be	ing de	moli	shed)	
or memoring i	N/A	by blug. Ov	mer (8)		ASCM No.		Name of Abatement C	ontractor (9)				_	
Street Address						-	B & G Restoration	n, Inc.			_		
City State Vin O. 1							105 Ryerson Road	i				1,-1,-1,-1,-1	
City, State, Zip Code						-	City, State, Zip Code				-		
Project Manager for Mor	nitorina Fi	rm	 T6	hone Num		_	Lincoln Park, NJ	07035					
				none Num	ber		Telephone Number		License	e Num	ber		
Scheduled Start Date (10	0)	Sche	ed. Completi	on Date (1	(1)	-	Name of OSHA Monito		0378				
12/16/2013		1	2/17/2013	35	36		B & G Restoration	, Inc.					
Occupancy Status During	g Abatem	ent (Check	only one)			-11	Street Address						
Facility closed/vaca	ated durin	g entire pe	riod of abate	ment.		\parallel	105 Ryerson Road City, State, Zip Code						
Abatement perform Describe:	ieu outsid	e of norma	I facility hou	rs-			ony, orate, 2ip code						
Other-Describe:						-	Lincoln Park, NJ 0	7035					53
Scope of Work (check al		•						Г	7 wrap	& cu	t	_	
>3 sf or >3 If		21383300			1	☐ Fu	ıll Containment w/negat	ive pressure	Glove			ure	
		≥160 sf or			-	M	ini-enclosure		Non-fr				
Location of asbestos-containing	,	by maint	on normally used	used solely odial	1					R	R	E	1
material to be		staff(12)	т——		Description material (A)	of as	bestos-containing	Amount		e m	e p	n	E n
abated in facility (13	3)	Yes	No	N/A	material (At	JIVI)		(Specify SI LF)	- or	0	a	a	C
main room/boiler roo	om			X	pipe insulatio	20				v e	ı	р	-
sump pump room			7	X	pipe insulation			140 lf					
aundry room				X	pipe insulation			96 If	-		ᆜ		旦
mall storage room				X	pipe insulatio	100		33 lf 27 lf			부	닏	12
agistored Marie II											井	片	
egistered Waste Hauler 3 & G Restoration, Inc.	·.	NJDE 195	EP Hauler ID)# Ci	ibic Yards of Was	020250	Name of Registered Lar	ndfill				Ц	Ш
ty, State		==1 173		Disposal Da	3 1/2 yards		Tullytown Resource	& Recovery (Center				
Lincoln Park, NJ 0703	5			12/18/2			City, State						
ompleted by (Print or Typ	ie)	Title	WE SE		Signature	=_	Tullytown, PA		Deta		_		
Gordana Luna		Secretary	//Treasurer			g	tordana Luna		Date 12/02/2	2012			

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

										CK	¥ -		ر جد		
		NO ⁻	ΓΙΕΙC <i>Α</i> (Pur	MOITA	OF ASBE	w Jersey ESTOS ABATEM : 8:60 and 5:16)	ENT		· · · · · · · · · · · · · · · · · · ·	Te.	PE		×.		
ate of Notification (1)	2/4/13		T	Name o	of Building	Owner/Operator	(2) Bonnie	Bass	ler -	100	٧,				
gencies Notified	Type Notification	1	+;	Street /	Address				25.	375		1	4		
EPA DEP	Initial						39 Pine	Stre	et <u>''</u>	/ /	10	7.	=[
DEP DOL	Amended Amendment	including	١,		ate, Zip C	Pr	inceton,	NJ 0)	9/1/			
DOH DCA	justification) Cancellation			Name o	of Contact	B. Bassler				Telephone Number (609) 203-6129					
	<u> </u>			FAC		ORMATION							ᅱ		
ame of Facility Where	Abatement is Taki	ng Place	(3)	- 1 AO	LITT IN	Ordination	Type of F	acility	(4)	27 224 1 254 1		3 10.0	\neg		
arric of r domey vinero	Res	identia	1				Schoo	ol (K-12	2) 8 (Other than K-12)						
treet Address	39 P	ine Stre	et				Other home	(i.e., p	rivate & commercial)						
City (5)	D.		TT				Square F		# of Floors	Bid	g. Ag 8(
County (6)	Princ	ceton, l	A)	Coun	ty Code (7	7) (STATE			rior if being demolish	ied)			=		
	Mercer		_		ÓNLY)				residence				_		
lame of Monitoring Firm		Owner	7	ASCM N	Vo.	Name of Abaten	nent Contra	ctor (9	nental Services	Inc	•				
B)	MECS					Street Address	vens Env	пош	mental Services	5, 1110			=		
treet Address	PO Box 3	41				O(ICCI / Idai Coo		PO I	30x 322	-					
ity, State, Zip Code						City, State, Zip (Code		NII 00501						
C	rosswicks, N.	08515					Alle	ntow	n, NJ 08501	_	_	_	_		
roject Manager for Mo				phone i	No. 3-4070	Telephone No.		_	License No.)493					
	eigarber	neduled C	_			Name of Oot IA Worldon									
Start Date (10) 12/16/13	301		2/20/		(1.1)	DB Environmental									
Occupancy Status Duri	ing Abatement (Ch	neck only	one)			Street Address 4 Berkeley Place									
Facility Closed/Vaca	ated During Entire	Period of	Abate	ment		City, State, Zip		Deik	eley Flace	_		_	_		
Abatement Performe Other - Describe:	8 am-4:30 pm	nai raciii; 1	y i loui	13		City, State, Zip		eholo	d, NJ 07728		944				
Scope of Work (Check													_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitio			☐ Mini-Er	nclosure nad Procedu	ıre	egative Pressure on-Friable Procedur						
		ls!	ocatio	on		Non-E	kempted (*)	anu IV	on-i habie i hocedul			nent			
		No	ormally Solel	/		Description (of			-	Тур	e			
Location Asbestos-Containing	n of Material (ACM)	Mair	ntenan	ice/	Asbes	stos Containing Ma	aterial (ACN	1)	Amount (Specify	Re	Re	Ш	En		
TO BE ABA	ATED		ustodia Staff?		(I.e.	, thermal systems surfacing, VA	Γ, or		SF or LF)	Removal	Repair	Encapsulate	Enclosure		
(13)	,		(12)			other miscellane	eous)			<u>a</u>		ulate	re		
		Yes	No	N/A								w.			
Basen	nent			×		nermal Pipe ii			25 lf	×					
Basem				×	T	hermal Duct	Insultion		1 sf	×					
													_		
					<u></u>	Louis	Ness	of De	gistered Landfill				_		
Name of Registered W		<u> </u>	1	NJDEP I	O No.	Cubic Yards of Waste	Name	oi Ke		Inc					
Stevens Enviror	mental Servi	ces, Inc	<u>. .</u>	183	292	1 CU Disposal Date	City, S	tate	G.R.O.W.S.	mc.	_		_		
City, State	Allentown	NI				12/20/13	1		Morrisville,	PA					
Completed By		Fitle				Signature	111	7	Date		4/10				
Mahlon E. S	tevens	P	rojec	t Ma	nager	111	(1/			12/4	4/13		_		

ASB-41 MAR 00

B & G proj. #: 2013-231

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:129-7)
Check # 6292

Date of Notification	(1)	. Na	me of Bu	uilding Own	er/Operator (2))	6-87050-8	AM ~					
1 2 / 0 2	J/1 <u>1 1 3 </u>	N	1arcant	onio Rev	ocable Trus	t	6- 330ES	MM 5: 47					
Agencies Notified	Type Notificati	on Str	eet Addr	ess									
☐ EPA	✓ Initial	7	4 Rect	tor Street			6.1	CHITTLE					
☐ DEP		Cit	y, State,	Zip Code								-	_
☑ DOL	Amendn	nent	Millburi	n, NJ 070	41								
₩ DOH		Nar	ne of Co	ntact				Telephon	e Numbe				
☐ DCA	Cancella	ation	Carl Ma	arcantoni	0			908-59	91-3964				
•				FAC	ILITY INFORM	ATION							
Name of facility wh	ere abatement is	s taking plac	e (3)					Type of Facility	(4) ol (K - 12)				
Marcantonio R	Revocable Tru	ust						1 =	apter 8 (C		V	12)	
Street Address			- destanta	**				Other				-12)	
74 Rector Stre	eet							Bldgs.	Homes, e	tc.			
		T 0	· (C)					Square Feet	# of Floo	rs	BI	dg. A	ge
City (5) Millburn		County	(6)			925-72-17	nty Code (7) e use only)	Current Use (P	-1161-		-11-1-	1\	
Milibarii			Es	sex		(Otal	c ase only)	residential	rior ir bein	g aen	iolisne	ea)	
Name of Monitoring	Firm Hired by E	Bldg. Owner	(8)	T	ASCM No.		Name of Abatement					3	
	N/A			1			B & G Restoratio	on, Inc.					
Street Address							Street Address						
							105 Ryerson Roa	ıd					
City, State, Zip Code	9						City, State, Zip Code						
							Lincoln Park, NJ	07035					
Project Manager for	Monitoring Firm		P	hone Numb	er		Telephone Number		License 0378	Numb	er		
						}	Name of OSHA Moni	tor	0378				
Scheduled Start Dat	e (10)	Sched.	Complet	ion Date (1	1)		B & G Restoration						
12/13/2013		12/1	4/2013	3		- 11	Street Address						
Occupancy Status D	Ouring Abatemen	t (Check on	y one)				105 Ryerson Roa	ad					
Facility closed							City, State, Zip Code						
Describe:	rformed outside	or normal ra	chity not	ITS-		_							4
Other-Describ	e:					- 1	Lincoln Park, NJ	07035					
Scope of Work (che	W.A.155					_		I	wrap				
Demolition		Renovation				☐ F	III Containment w/neg	jative pressure	Glove				
		≥160 sf or ≥	260 If		restriction to the second	M	ini-enclosure		☐ Non-fi	iable	oroce	dure	
Location of		Is location by mainten		used solely	1					R	R	E	E
asbestos-cont material to be		staff(12)			Descripti material		bestos-containing	Amount (Specify S	SF or	m	p	n c	n
abated in facil	Contract of the Contract of th	Yes	No	N/A	material	(ACIVI)		LF)		o v	l a	a	L
					Inina inaula	tion		100.15		e	-		
basement				X	pipe insula	tion		190 lf			片	片	쓔
				4						╬	片	ዙ	#
				4-						ዙ	片	片	卅
						-				片	片	片	卄
Registered Waste Ha	auler	INJDEF	Hauler	ID# I C	ubic Yards of	Waste	Name of Registered	Landfill		<u> </u>	<u> </u>	ш	
B & G Restoration		1956			2 1/2 yard		Tullytown Resou		Center				
City, State				Disposal D			City, State						
Lincoln Park, N.		TO AND THE STATE OF THE STATE O		12/15/2			Tullytown, PA		I D				
Completed by (Print Gordana Luna	or Type)	Title Secretary/	Treasu	rer	Signature	. (Gordana Luna		Date 12/02	/201	3		
Jordana Luna		Scorotar y/	1100001						1			_	

		NO	TIFIC (Pu	ATION	te of Ne OF ASB to NJAC	ESTOS	ey ABATEM and 5:16)	ENT	C C	C FE	2	53	7/
Date of Notification (1)	N/4/12		T	Name	of Building	g Owner	Operator	(2) R Schlumber	ger Co	3.7		is-	3
Agencies Notified	Z/4/13 Type Notification		+	Street	Address			0 Wallace Ro	970	۳۶۰.	1	· S.	=
EPA DEP DOL	Initial Amended Amendment #		. 1	City, S	tate, Zip C	Code		on Junction,		377	17	٠_	
M DOH	☐ Emergency (in justification) ☐ Cancellation	cluding	-	Name	of Contac			on Junction,	Telephone Numb		580	/	
				EAC	Russ Harle (609) FACILITY INFORMATION								=
Name of Facility Where EMF	Abatement is Taking Photoelectric 54 Princeton	-A Sc	hlun	nberg	er Co.				2) 8 (Other than K-12 rivate & commercia		lings		
City (5)		20						Square Feet	# of Floors	Bio	dg. A		
	Princeton	Juncti	ion, l		t. C	7) (07)		6,000	ior if being demolis	- hed\	6	0	
County (6)	/lercer			USE	ty Code (7 ONLY)	r) (STA	1E	Current Use (Pr	manufacturir				
Name of Monitoring Firm (8)		Owner	_	ASCM I	No.	Name		ent Contractor (9 rens Environr) nental Service	es, In	c.		
Street Address	PO Box 34	1				Street	Address	PO E	30x 322				
City, State, Zip Code	rosswicks, NJ	08515	5			City, S	State, Zip C	ode Allentow	n, NJ 08501				
Project Manager for Mo				phone I		Teleph	none No.		License No.	0493	2		
	eisgarber Jr.	duled C	-		8-4070 to (11)	Name	of OSHA			10493)		=
Start Date (10) 12/16/13	Scrie		1/3/1		ic (11)	Ivanic	0.00.00		ECS				_
Occupancy Status Duri		ck only	one)		TABLE TO SE	Street	Address	DO T	2.41				
Facility Closed/Vaca Abatement Performe						City, S	State, Zip C	ode	30x 341				=
Other - Describe: Scope of Work (Check	all that apply)							Crosswici	cs, NJ 08515			_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all triat apply)	Re De	novati molitio	on n		[[]	Mini-End Gloveba	ag Procedure	gative Pressure on-Friable Procedu	ıre			
		No	ocation or ally Soleh	,			scription of				bate Ty	ment e	
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) TED	Mair Cu	ntenan ustodia Staff? (12)	ce/	Asbes (i.e.,	tos Con , therma surfa		terial (ACM) Insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1 + 0		Yes	No	N/A			VAT		1525 SF	×		Ф	
1st flo			×				VAT		375 SF	×			-
3rd flo	001		×				1/11			1		-	
Name of Registered Was Stevens Environ		s, Inc	- ⊦	JDEP V lauler ID 182	No.	of Wa	Yards iste CU		istered Landfill T.R.R.F., I	nc.			
City, State	Allentown, l	NJ				1,000,000	sal Date /3/14, /	City/State	Tullytown,	PA			
Completed By Mahlon E. St	evens		ojec	t Mar	nager	S	ignature	<i>'</i>	Date	12/4	4/13		