CK# 25372

Date of Notification (1)	2/9/13			Name	of Buildin	g Owner/Operato	r (2) Marc Sutto	on				
Agencies Notified	Type Notificati	on'		Stree	Address		ware butt	JII			V.	7 00
<b>⊠</b> EPA	Initial				- 1		97 Brighton	Ave.				
DEP	Amended Amendmen	t#		City, S	State, Zip C		1 227 0====	ACAD DEC		200		
☑ DOH	☐ Emergency justification	(including	9				eal, NJ 07723		1 1	2(1).		_
DOA DCA	Cancellation			Name	of Contac	t ohn Dawson		Telephone Numb		300	6	
				EAG		ORMATION		(732)	313	307		_
Name of Facility Where	Abatement is Tal	ring Place	(3)	FAC	JILIT INF	ORMATION	Type of Facility	, (A)				
Name of Facility Vincio		sidenti					School (K-1					
Street Address	07 D-	ighton	Azza				Subchapter Other (i.e., )	8 (Other than K-12 private & commerci		dings	10	
City (5)	97 DI	Igilion	Ave.				homes, etc	.) # of Floors	B	dg. A	ne.	
City (5)	D	eal, N.	Г				4500 SF	3	١	The second second	0	
County (6)	nmouth				nty Code ( ONLY)	7) (STATE	Current Use (P	rior if being demolis	shed)			_
Name of Monitoring Firm	Charles and the same of the sa	a Owner		ASCM	No.	Name of Abater	nent Contractor (9					_
	MECS	9						mental Service	es, Ir	ıc.		
Street Address		0.7900				Street Address						_
	PO Box 3	41						Box 322				_
City, State, Zip Code	rosswicks, N	J 0851:	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mor				phone	No.	Telephone No.		License No.				_
Bill W	eigarber		(60	9) 29	8-4070	(609) 2:	59-9688	0	049	3		
Start Date (10)	Sci	neduled C			te (11)	Name of OSHA		•				
12/19/13			2/23	/13		-	DB Env	rironmental				_
Occupancy Status Durir Facility Closed/Vacat		13		ment		Street Address	4 Berk	eley Place				
Abatement Performe						City, State, Zip C		City I lace				_
Other - Describe:								i, NJ 07728				_
Scope of Work (Check a	all that apply)				-		ntainment with Ne	antivo Progrum				
≥3 sf or ≥3 lf			enovat			Mini-En	closure	gative Flessure				
≥160 sf or ≥260 lf			emolitic	on		Gloveb Non-Ex	ag Procedure cempted (*) and No	on-Friable Procedu	re			
		1	ocatio						$\overline{}$	bate		
Location	of		omally Solel			Description o	ıf		_	Тур	e	
Asbestos-Containing I			ntenar ustodia			tos Containing Ma thermal systems		Amount (Specify	٦	Z,	ш	ш
TO BE ABAT			Staff?		(1.6.,	surfacing, VAT	, or	SF or LF)	Remova	Repair	cap	Enclosure
(13)		-	(12)	_		other miscellane	ous)		/al		Encapsulate	ure
		Yes	No	N/A							Ф	
Baseme	ent	_	×			ermal Pipe in		230 lf	×			
Crawl Sr	ace	_ X				nermal PipeIr		90 lf	X			
1st floo	or	_	×			ermal Pipe In		<u>110 lf</u>	X			
2nd flo		_	×			ermal Pipe In	W	85 lf	X			
Name of Registered Wa		_	1 1	JDEP \ lauler ID	No.	Cubic Yards of Waste	Name of Reg	istered Landfill	-			
Stevens Environr	nental Service	es, Inc	<u>-   .</u>		292	8 CU	City State	G.R.O.W.S.	Inc.			_
City, State	Allentown	NJ				Disposal Date 12/23/13	City, State	Morrisville,	PA			
Completed By	T	itle				Signature	111	Date				=
Mahlon E. Ste	evens	P1	ojec	t Mar	ager	11			12/9	9/13		

Date of Notification (1)		<u> </u>		Lat	t to NJAC 8			( )	17	· 10	1	7 10	
12-5-2013		-		Name (	of Building O	wnen/Ope	hator (2)		5#	0	10	7 1	
Agencies Notified Type No	discipling	<del>-;</del> -		1 CAME	range of Pa	rsippan	y		ADD	PO CONTINUENCE	-	_	andrew -
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DEP IN	al ended	i		1001	Parsippan	y Slud,		Pept	7. (		뾋	Servit	es
Ami	andmost i	į.		City, Sta	te, Zib Code			1	· (n)n-	-	200	100	2
图 DOH 图 Emi	WORTHW &	ncludino	-	Parsip	pany. NJ	07054	¥1	Date: 13	LLST	13	^	100	7
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Name of Facility Where Abetement	is Taldna	Plane P	20	FACI	ITY INPOR	MATION							1
I THE COUNTY		a where for	a)				Type	of Facility (4)				_	
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City (5)		1					0	ubchapter 8 fher (Le. priv C.)	Cother in	an K-1	2)		
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County (6)		1					Square	Feet	# of Flo	ons	T	Bldg.	Ano
Morris			1	County Co	de (7)		1				- 1	50+	4
Name of Monitoring Firm Hired by Bu			14	STATE US	E ONLY)		- Ament	Usp (Prior II	boing de	भागांडा	red)	-	
n/a	rang Owi	er (8)		ASCM N	lo,	1 51-							100
Street Address			i	n/a		Nam	of Abates	nent Contra	tor (8)				
n/a				180	<del></del>	1	TOCK WE	agement	Corpor	ration			
City, State, Zip Code	i	•				- methods	SSBITTIPS		-		_		
n/a	1		_			22	roy Land	9					
Project Manager for Monttering Firm						City, 8	itate, Zip C	ode					
N/a	i		Te	dephone A	lo.	LINC	om Park,	NJ 0703!	5				
Start Date (10)	i		l n	fen		1 elebi	oho No.		Licen	se No.			
114)	-	THE REAL PROPERTY.						-	1				
12-6-2013	Sch	adulad (	Compl	ction Date	(11)	1010	706-795	)	0119	93			
	Scho 12-	eduled ( 9-201;	Compli 3	ction Date	(11)	Name	OSHA N	philor					
ecupancy Status During Abatement (C	hart Only	3-201	3 .	- 10	(11)	Name	osha M	philor					
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Other - Describe: copis of Work (Check All That Apply) 23 sf or ≥5 if ≥160 sf or ≥260 if	hack Only	One) of Abate lifty Hor	anenturs  Alican	- 10	(11)	Lozn Street / 22 Tr City, Str	of OSHA Manadares oy Lana ide, Zip Coo in Park, I  Full Cont Mini-End Girnshare	onitar ugement C de NJ 07035	Negativo	tion	DCad	urie	
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Date of Notification (1) 12-4-2013				Townsh	nip of Pa	wner/Operato arsippany	r (2)		Makakan/	ned Med	ya2	ions	
	Notification		110	Street Add	77.0	ny Bivd.	,	NJ I	Pent of Health &	_	401		
DEP DOL	Initial Amended Amendment f Emergency (i		_	City, State Parsipp	a, Zip Coo	te J 07054		Da	te: 12/4/1	Ame:	12	٠.٧	L
DOH	justification) Cancellation		.   '	Phil					i i			,	
Name of Facility Where Abots	nent is Takino	Place (3)	-	FACIL	ITY INFO	RMATION	Тур	e of Facility (4	)				
House for Demo		•		- 1				School (K-12		2.0			
Street Address								Subchapter I	ivate & commerci	2) ial build	ings.	home	:5,
71 Lake Shore Drive							-	etc.)	V <sub>1</sub> -1,				
City (5)			-	30				uare Feet	# of Floors	1 2	dg.A O+	ge	
Parsippany			_	- 111	1 (70)			000	r if being demolis		UT-		
County (6)				County C	iode (7) ISE ONLY)			ouse for De		neaj			
Morris Name of Monitoring Firm Hired	t has Davidsham (	burner (d)	_	ASCM	blo	Mean	100000000000000000000000000000000000000	batement Con			-		
I Name of Modificating Little Lines	i by Building 4	AMURDI (cs)		n/a	PWO.		Control of the second		ant Corporation	n			
Street Address				1.04			et Add	_	•			-	
n/a				48)		22	Troy	Lane					
City, State, Zip Code				- 1		City	, State.	Zip Code					
n/a						Lir	ncoln	Park, NJ 07		-24:00			
Project Manager for Monitoring	g l <sup>e</sup> lmn			Telephor	e No.	0.0	phone		Liconse I	Vo.			
n/a				n/a				5-7950	01193				
Start Date (10)		Schedulo 12/6/20		npletion I	Jete (11)			SHA Montor	ent Corporatio	n).			
12/5/2013 Occupancy Status During Aba	1 / / / / /					THE RESERVE THE PARTY OF THE PA	of Add		sit colboratio				
	AND DESCRIPTION OF THE PROPERTY OF THE			. 18		100	177	Lane	- 2				
Facility Closed/Vacated L Absternent Performed Co	Juring Enlite i uside of Norm	Period of A sel Facility	bater Hour	nent o				Zip Code	<del></del>				
Other - Describe:								Park, NJ 07	7035				
Scope of Work (Check All Tha	t Apply)						•						
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Location of Asbestos-Containing Mate TO BE ABAJED In Facility (13)	riel (ACM) !	Use Mai	ntene	ally by ance/ Staff?	Asbus (i.e.	Description Containing the Containin	g Male ems ins VAT. o	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosum
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Name of Registered Wastn Hi	auler			NJDEP W Hauler ID		Or Wasta	5		Registered Landi	躢			
Loznica Management C	orporation		10.7	003313		TBD		GROW	/S Landfill				
City, State Lincoln Park, NJ 07035						Disposal D TBD	210	City, Stat Morris	e Ville PA 19067	,			
Completed by		Title				Signa	tupe		0.0	Julia 10 1 1	200		
E. Cirovic		Secr	etar	4		(C.	W	LOUIC		12-4-2	erus		

CHECK # 20590/20597/20637/20660

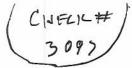
Date of Notification (1) 12-03-13						Building Cervices, I				lustrial Park		======			997-200-		
Agencies Notified	Тур	e Notification			Street A	ddress	Suite	120	200000							-	
EPA  DEP  DOL		Initial Amended Amendment	# 5		City, Sta	te, Zip Coo	ie						-		-0.00		
DOH DCA		Emergency ( justification) Cancellation	including			Contact						ephone 3 842		oer	411		
L Box		- Carrollation				LITY INFO	RMATI	ON									=
Name of Facility Where Building 89	Abate	ment is Takin	g Place (3)						Тур	e of Facility (4) School (K-12)		0 pts	Ġ.				
Street Address 9 Basin Drive									×	Subchapter 8 Other (i.e. pri- etc.)					lings,	home	s,
City (5) Kearny										uare Feet ,300	# of	Floors		В	dg. A	ge	
County (6) Hudson	31		1)		County (	Code (7) JSE ONLY)				rent Use (Prior mmercial	if bei	ng dem	olishe	ed)			$\exists$
Name of Monitoring Firm	n Hire	d by Building (	Owner (8)		ASCM	1 No.				e Environmen							
Street Address					1			Street 200		ress ad Street							$\exists$
City, State, Zip Code			H-station -							Zip Code t, NJ 07072							
Project Manager for Mo	nitorin	g Firm		T	Telepho	ne No.		Teleph	hone			Licens			W=11+5		
Start Date (10) (5)12-05-13			Schedule		npletion l	Date (11)			of O	SHA Monitor							
Occupancy Status Durin	ng Aba	atement (Chec	k Only One	e)				Street	Addı	ress				Total Control		W. V.	-
Facility Closed/Vac	cated I	During Entire F	Period of A	baten	nent			10-5	9 Ja	ickson Aven	ue						
Abatement Perform Other – Describe:			nal Facility	Hours	S		_			Zip Code and City, NY	111	01				5	
Scope of Work (Check /	All Tha	at Apply)	*2000						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				enova emoli					N C	full Containmer Mini-Enclosure Glovebag Proce	dure	Ĭ				250	
	1	+	Т						יו ני	Non-Exempted	(*) and	non-F	riable		Shelve Leant	e ement	
Locatio	n of		110000	Locat orma			Do	scription	o of							ре	
Asbestos-Containing TO BE AE In Fac (13)	g Mate BATED ility		Maii	d Sole ntena odial ( (12)			os Con thermal surfa		Mater is insi AT, or		(S	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
Roc	of		165	140	X		Built	Up Ro	ofin	g	10,	300SF	=	x			
	117																
Name of Registered Wa	iste Ha	auler		1000	NJDEP W			Yards		Name of R	egiste	red Lar	ndfill				_
(3)Weigle Trucking				10.130	Hauler ID W2912	in the second	of Wa TBD			Minerva		rprise	s				
City, State 274 Reynolds Road	l, Lin	den, PA 17					TBD	sal Date	/	City, State Waynest		OH 4	468	3			
Completed by John Tancredi			Title Projed	ct Ma	anager		\$	Signature		1///	4	~	Date 12-	e ·03-1	13		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Initial Notification Money Order #: 14-691561599

Date of Notification	on (1)		INan	ne of	Bui	ldino	Owner/Op	erato	or (2)						
1 2 // 0		3 1													
Agencies Notified			11		Addr Addr		chools							_	-
(X)EPA			11 .	<u> </u>	01									9	į
52.00	[X]Initial	tion	11		ar Stre		Code								_
[X] DEP										ī	)EC 1 1 2	613			1
[X] DOL	( )Amended Notific	ation	1		k, NJ										
[X] DOR	[ ]Cancell:	ation	Nan	me o	f Con	tact				Tere	phone Numbe	ı			
[X]DCA			Do	ougla	as Bla	ind,	Bus. Admi	n.		973-	424-4400				
							NFORMATION	N				araw arawa		+4.	
Name of Facility W	here Abatemen	t is Ta	king	Pla	ce (3	7			Type of F	acili	ty (4)				
Newark Vocational I	High School								[ ]S	ubcha ther	(K-12) pter 8 (Oth (i.e., privalidings, )	rate	& co	mmer	)
301 West Kinney St	reet							- 1	Square Fe	et	uildings, l # of Floors	B1	dg.	Age	
City (5)		County	(6)				nty Code		35000		3	50			31
Newarls NI 07402						(ST	ATE USE O	MEA)		se (P	rior if be	ing a	emor	ısne	۵)
Newark, NJ 07103 Name of Monitoring Owner (8)	Firm Hired b	Essex y Build		ASC	M No.		Name of	Abate	School	actor	(5)				
Whitman Companie	s, Inc.			<u> </u>			Four Street A		uilders, Inc.	· 					-
116 Tices Lane, Un	it B-1						180 Sarg	eant ate,	Avenue Zip Code						
East Brunswick, NJ	08816 or Monitoring	Firm []	elep	hone	. Numb	oer	Clifton, N		013-1935 nber		Lice	nse N	umbe	r	
Kevin Lovely Scheduled Start Da	ate (10)  Sch		32-3			(11)	973-614- Name of				0800	7			
1   2   /   1   3   /   Month / Day / Occupancy Status I	1 3   1 1 MG	2 /	1   7 Day	1/1	1   3 Year		Four Street A	ong B	uilders, Inc						
[ ]Facility Clos				2070		- [									
of Abatement []Abatement Per Hours - Descr	formed Outsid					y	-	ate,	Zip Code						
[ ]Other - Desci					·		Clifton, N	J 070	013			68 60			
[ ]Demolite [X]>3 sf ( ]\(\frac{1}{2}\)160 si	ion	ірьтА)	[X]	Reno	vatio	on	XI XI	(Mini	l Containme i-Enclosure vebag Proce -Friable Pr	dure	lth Negativ	e Pre	ssu	e	٠
				Is	1							Abat	eme	it T	
Asbestos- Materia TO BE In Fac	tion of -Containing al (ACM) ABATED Fility 13)		Nor So by ter Cus Sta	mall Jsed Dlely Mair ance todi	Y /- !al (2)	ir	Descr Asbestos Materi i.e., the sulation, or other	al () ermal sur	taining ACM)	١.	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL .	ENCI. OSURE
Girls Locker Room		10.200		X		Pipe I	nsulation in	cludin	ig elbows & j	oints	60 LF	X			
	•											<del>                                     </del>			
					$\vdash$			-					_		
			$\vdash$		$\vdash$							+	_	-	⊢
Name of Registered	Waste Hauler		IN	DEP	Wast	e	Cubic Yar	ds	Name of	Regis	tered Landf	111			_
POST TOTAL MARKET TOTAL			Ha	uler	ID :		of Waste								
Four Strong Builde	rs, Inc. 👸		12	2609			Disposal	Date	G.R.O.W		C				
Clifton, NJ	W5								Tullytown	, PA					
Completed By (Prin	nt or Type)	itle					Sign	Atur	9			Di	ate		
Bilyana Kulakovska	a (	Office A	dmin	istra	tor		1	50	QÜ	2	//	1:	2/3/	13	
3 CD. 41	The state of the s		-				and the same of th			Contraction of the second			-		

Date of Notification (1) 10 -05-13				100	Name of Pat Ert	Building C	Owner/C	Operator	(2)								
Agencies Notified	Тур	e Notification		1.00	Street Ac Po Box			9*5		*		D	EC	1	20	13	
EPA DEP DOL		Initial Amended Amendment #				te, Zip Coo River NJ		5				124					
DOH DCA		Emergency (in justification) Cancellation	ncluding	1.0	Name of Pat	Contact			501005			phone 1 2-914-			N.		•
	land.				FACI	LITY INFO	RMAT	ION					Work to			-	
Name of Facility Where house	Abate	ment is Taking	Place (3)						tama.	of Facility (4) school (K-12							
Street Address 27, 1St Lane		A 11-22							☐ S X	Subchapter 8 Other (i.e. pri	(Othe			build	ings,	home	s,
City (5) , NJ										e Feet	# of	Floors		BI 65	dg. A	ge	
County (6)					County (	Code (7) USE ONLY)		_	Currer	nt Use (Prior	r if beir	ng demo	olishe	d)			
Name of Monitoring Firm	n Hire	d by Building C	wner (8)		ASCN	1 No.		Control of the second	of Abat & Joe I	ement Cont	ractor	(9)					
Street Address					1				Addres	s ngton Ave	·						
City, State, Zip Code				<del></del>				City, S	State, Zi					-		-	
Project Manager for Mor	nitorin	g Firm		T	Telepho	ne No.		Telepi	hone No 824-09	).		Licens 07010				<u> </u>	
Start Date (10)		T			npletion	Date (11)		Name		A Monitor		07010					
12 -12-13			10-30-1	88400				self									
Occupancy Status During Facility Closed/Vac Abatement Perform Other – Describe:	ated l	During Entire P	eriod of A	bater	nent s				Addres								
Scope of Work (Check A	All Tha	at Apply)			-										4,000,000		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	enova emoli					Min Glo	Containme i-Enclosure vebag Proce n-Exempted	edure	152.00				a.	
			le	Locat	ion					T	()				Abate	ment	
Locatio	n of		1	lorma	lly		De	escription	n of						Ту	ре	_
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outsi	de				x		(A0	CM) sic	ding		10	50sqft		x			
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											4						
Name of Registered Wa	ste H	auler			NJDEP V		TAGETS AND	Yards		Name of F	Registe	ered Lar	ndfill				
J Robinson Waste			27		Hauler ID 8687	NO.	of Wa	<u>'</u>		Wm Of	2						
City, State Bellmawr NJ		- dissolite assaye			ų.		TBD	osal Date	9	City, State Tullytow					11		
Completed by Joseph T Hill			Title VP					Signatur	e				Dat 12-	e -05-	13		



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encies Notified	Type Notification		Street	Address	55 RF	206	ULU 11 1	10 NJ		
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DOL .	Amendment #		CRY, S	TAB	FRRACL	5 N.J.	08088		-	_
	Emergency (including justification)	duding	Name	of Contact			Telephone Number			ألم مع
DOH .	Cancellation			Amy			609 - 268 -	-3 9	00	_
	<del></del>		FAC	IL TY INF	DRUKATION					
	The respect to Yorking	Place (3)				Type of Facility (	4)	13		
me of Facility Where	Abalement is Taking	11 200 (5)				School (K-12	(Other than K-12)			_
	11/2/000					Subchapter of	ivate & commercial b	ulang	١.	
eel Address	SIMPSON	Ave.				Square Feet	T# of Floors	Bldg /		$\neg$
y (5)	1.				٠	1000	2	100	+	
OCE,	90 C174					Curron les (Pr	or If being demolished	d)		_
ounty (6)			Cou	nty Code (7 ONLY)	)-(STATE	2//3	CANT.			
SPO	Yan 3		1		Name of Abater	neni Contractor (9				
one of Manitoring Fir	m Hired by Building	)wner	ASCH	NO. ,	KLEM	CO IN	C1			
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reel Adoress	1					S. SPRU	CE AVE,			=
								105	۷	
ry, State, Zip C∞de						OLS SHP	DE, N.J.OS	-	=	
geci Manager for M	Janisaina Firm	1.70	elephone	No.	Telephone No.	79-042		4		
geci Manager for M		`·								
an Date (10)	Sche	duled Comp	a naisk	ale (11)	Name of OSHA	PKALEN	M			
12/16/		. /23			Sueet Address	270				
(Status Du	uring Abatement (Che	ck only one	2)		369		EA UE,		18 8	
	ented During Entre P	enco oi no	sterior it							
Abatement Perfort	med Outside of Norma	al Facility H	ours		Cry. State, app	SHAD	E, N, J, O	805	2	
Other - Describe:										
cope of Work (Chec	ck all that apply)				□ Full C	ontainment with N Inclosure	egative Pressure			
		Reno		20			Ion Eriable Procedur	e .		
7 - 7 - 1 0/ > 7 11		∑ Demo	M BOLL		Non-	Exampled (,) and i	Non-Friable Procedur	A	atem	
] >3 \$1 or >3 11 ] >160 \$1 or >260 11	1								Type	: 
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Localin Aspesios Contains	ion of ing Malerial (ACM) BATED	Used S Mainte Cust	olely by		sios Containing i unional system surfacino. V	Aatenal (ACM) ns insulation. AT, or		Remova	Rapar	ik apsola
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Locate Aspesios-Contains TO BE A IN Fa	ion of ing Material (ACM) ABATED Solity 3)	Nom Used S Mainte Cust Sta	NO N	ASO (i. /	estos Containing i e. thermal system surfacing, V other myscella Cubic Yards of Waste	National (ACM) ns insulation. AT, or neous)  Name of F	(Specify SF & LF)  2000 4  Registered Landfill  M, C, M, U	× , , ,		n. apsolato
Location Segment Aspessor Contains  TO BE A IN Fa  (1)  Name of Registered  K L E M	on of any Material (ACM) ABATED Solity 3)  d Waste Hauler	Norm Used S Mainte Cust Sta (1) Yes	NO N	ASOM (i	estos Containing i e. thermal system surfacing, V other myscella Cubic Yards of Waste	National (ACM) ns insulation. AT, or neous)  Name of F	(Specify SF & LF)  2000 4  Registered Landfill  M, C, M, U	× , , ,		n. apsolato
Aspesios-Contains  TO BE A  IN Fa  (1)  Name of Registered  (1)  Circ State	d Waste Hauler	Nom Used S Mainte Cust Sta	NO N	ASOM (i	Cubic Yards of Waste  Osposal Da	Name of F  Name of F  C, /  Te City, State	(Specify SF & LF)  2000 4  Registered Landfill  M, C, M, U  Date	x		ng apsolato
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C1 # 3238

Date of Notification (1) 11/27/13						of Building ( oseph's R				nter	* 14 14 15 - 18 1	71			
Agencies Notified	Тур	e Notification				Address Main Stree	et								
EPA DEP DOL	×	Initial Amended Amendment Emergency ( justification)		-	City, S Pate	state, Zip Co rson, NJ ( of Contact	de				Telephone Num	nber			-
DOH DCA		Cancellation				ard Curry					973-754-348	50		-	
Name of Facility Where	A hat	ment is Takin	n Place (3)		FA	CILITY INFO	DRMAT	ION	Type	of Facility (4	4)				
Convent Building Street Address		SITIENT IO T UNIVE	g i idoc (c)			-				chool (K-1: Subchapter			inas. I	nome	s.
703 Main Street									e e	tc.)					
City (5) Paterson									30,00		# of Floors 3 +	50	dg. Aq )+	je 	
County (6) Passaic						y Code (7) E USE ONLY	)		Curre	nt Use (Prid	or if being demolish	ned)			
Name of Monitoring Fi	rm Hire	ed by Building	Owner (8)		AS	CM No.				ement Cor ontractin					
Street Address				E.					Addres Sarge	s ant Aven	iue				
City, State, Zip Code				T					State, Zi	p Code 07013					
Project Manager for M	lonitori	ng Firm			Telep	hone No.		Telep	hone No	o.	License N 01099	No.			
Start Date (10) 12/09/13			Schedule 12/13/1		mpletio	on Date (11)		100000000000000000000000000000000000000		A Monitor onmental	Laboratories I	LC			
Occupancy Status Du	rina Ab	atement (Che	ck Only One	e)				Stree	t Addres	SS					
Facility Closed/V Abatement Perfo Other – Describe	rmed (	Outside of Non	mal Facility	bate Hou	ment rs			City,	State, Z	e 22 We ip Code 07081	St				
Scope of Work (Check	k All Th	nat Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	f				ation lition				× Mir	ni-Enclosur ovebag Pro				<b>a</b>	
			T	V	10.0000				140	II-Exemple	a ( ) and (ton) ind	1	Abate	100000	
	3			Loca lorma			_	escriptio					Ty	ре	
Asbestos-Contain TO BE /			Use Mai	d So inten	lely by ance/ I Staff?	/i e	stos Co e. therm sur	ntaining al syster facing, V	Materia ns insula 'AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/	'A									
Baseme				Х				e Insu			120 LF	X			_
Elevator Ma	achine	Room	x				Pip	e Insu	lation		45 LF	X			
Old Opera	ating	Room		х			Pipe F	itting I	nsulati	on	250 LF	x			
Room	G-13	38		X			Pip	e Insu	lation		1 LF	X			
Name of Registered V	Vaste	Hauler				P Waste r ID No.		ic Yards /aste		Maron menosor	f Registered Landf	ill			
Pyramid Contract	ing C	orp.			32613		3			G.R.O	.W.S., Inc.	1			
City, State Clifton, New Jerse	эу			1,000,000			1	osal Da 12/13	te	City, Sta Morris	ite ville Pennsylva	ania			
Completed by Dimo Golcev			Title Presi	iden	nt			Signatu	fol .	1	1/ 1/ //	Date 12/05/	13		72.00
ASB-41 (R-06-08)					11			Solo	not use	this form fo	or asbestos licensu	ле ехе	mpted	activ	ities

C1 # 3238

Date of Notification (1) 11/27/13				Name of B					enter		CH			
Agencies Notified	Type Notification		- 1	Street Add		o†						-	7	=
EPA DEP DOL	Initial Amended Amendment		_ [	City, State Paterso	e, Zip Co on, NJ C	de				DFC 4				
<b>⋉</b> DOH	justification)	inciduling		Name of o						7elephone Nu 973-754-34		7		
DCA	Cancellation				ITY INFO	DMATI	ON			970-754-04				
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	III INFO	/KWIATI	014	Туре	of Facility (	4)				
Convent Building									School (K-1					
Street Address 703 Main Street										8 (Other than K-1 rivate & commerc		lings,	home	es,
200								- 6	etc.) e Feet	# of Floors	TR	ldg. A	ne en	
City (5) Paterson								30,00		3+		0+	ge	
County (6)			T	County C				Curre	nt Use (Pri	or if being demolis	hed)	S-10		
Passaic				(STATE U	SE ONLY)			-14	- X					
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCM	No.				ement Cor ontractin					
Street Address				X-XIII				Addres	s ant Aven	IIA				
City, State, Zip Code							City, S	state, Zi	p Code 07013	<u> </u>				-
Project Manager for Mo	nitoring Firm			Telephon	e No.		Teleph	none No 689-6	o.	License 1	No.			
Start Date (10)		Schedule	d Cor	mpletion D	ate (11)				A Monitor					
12/09/13		12/13/1	1610				2004		SEASTER OF THE	Laboratories	LLC			
	cated During Entire F	Period of A	bater				2333 City, S	state, Zi	e 22 We p Code 07081	st				
Scope of Work (Check	All That Apply)			The state of the s			Onic	11, 140	07001				111/0	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				2	Mir Glo	i-Enclosur vebag Pro				2	
		T						1100	n-⊏xemple	u ( ) and Non-Fna	DIE FIO	100000000000000000000000000000000000000	emen	t
Locatio	on of	N	Locat lorma	illy		De	scription	n of				Ty	ре	_
Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Maii	ntena	ely by ance/ Staff?		tos Con thermal surfa	taining M	Material s insula AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									· ·	
Basement			Х			Pipe	Insula	ation		120 LF	X			
Elevator Mac	hine Room	х			× 1	Pipe	Insula	ation		45 LF	X			
Old Operati	ing Room		х		F	ipe Fit	ting In	sulatio	on	250 LF	x			
Room (	G-138		X			Pipe	Insula	ation		1 LF	x			
Name of Registered Wa				NJDEP W Hauler ID		Cubic of Wa	Yards ste		95-40 disserv	Registered Landf	ill			
Pyramid Contractin	g Corp.			32613		3			G.R.O.	W.S., Inc.				
City, State Clifton, New Jersey	,					Dispo 12/12	sal Date 2/13	n	City, Star Morrisy	te Ville Pennsylva	ania			
Completed by Dimo Golcev		Title Presid	dent			\$	Signatur			1/ // //	ate 2/05/	13		
ASB-41 (R-06-08)							OBO n	ot use	this form fo	r asbestos licensu	ıre exer	npted	activ	ities

CK# 3229

Date of Notification (1) 11/27/13			Na S	ame of B	uilding Ow ph's Reg	ner/Operat gional Me	or (2) dical C	enter			N.			
	Type Notification		11 0.000	reet Add 03 Maii	ress n Street					Γ	Fr.			
	Initial Amended Amendment				Zip Code							1	4.	1
ĭ DOH	Emergency ( justification) Cancellation	including		ame of C		······································				phone Num 3-754-348				
I DOA	La Controlleran			FACILI	TY INFOR	MATION								_
Name of Facility Where A Convent Building	batement is Takin	g Place (3)					Туре	of Facility (4 School (K-12 Subchapter)	2) 8 (Othe	er than K-12	3			
Street Address 703 Main Street				5	8		X	Other (i.e. pretc.)	rivate &	commercia	al buildi	ngs, h Ig. Ag		i,
City (5) Paterson						-	30,0	are Feet 000 +	3+		50			
County (6) Passaic				County Co				ent Use (Prio			iea)			
Name of Monitoring Firm	Hired by Building	Owner (8)	•	ASCM I	No.	Py	ramid	atement Con Contracting						
Street Address							eet Addri 3 Sarg	ess eant Aven	ue					
City, State, Zip Code								Zip Code IJ 07013						
Project Manager for Mont	toring Firm	v.	Ť	elephone	No.	18 10,070	ephone '3-689-			License N 01099	lo.			
Start Date (10) 12/09/13		Scheduled 12/10/13		pletion D	ate (11)			SHA Monitor ironmental	Labo	ratories l	.LC			
Occupancy Status During Facility Closed/Vaca				ent			eet Addr 333 Ro	ess ute 22 Wes	st					127-sad
Abatement Performs     Other – Describe: _	ed Outside of Non	nal Facility H	lours					Zip Code IJ 07081						
Scope of Work (Check A	That Apply)													
≥3 sf or ≥3 if ≥160 sf or ≥260 if			novati molitic				×	ull Containm /ini-Enclosure Slovebag Prod lon-Exempte	e cedure				3	
			.ocatic									Abate Ty	ment	
Location		Used	Solel Solel tenan	y by	Asbest	Descrip os Containi	ng Mater	ial (ACM)	50	Amount Specify	22	Rep	Encapsulate	Enclosure
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TO BE AB/ In Facili (13)	ATED ity	Custo	dial S (12) No		(i.e. 1	surfacing other misc	, VAT, or ellaneou	s)		and the second s		)air	6	
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TO BE AB/ In Facili (13)  Basement  Elevator Mach  Name of Registered Was  Pyramid Contracting	Offices sine Room	Yes	No X	N/A  N/A  JDEP W. auler ID	aste	surfacing other misconnection of the Institute of Waste 2	, VAT, or ellaneous sulation sulation ds	Name of G.R.O.	Regist W.S.,	20 LF 45 LF ered Landfi , Inc.	X	air	TO .	

CK# 3229

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EPA DEP DOL	initial Amended Amendment #	·		ate, Zip Code son, NJ 075	603						1	2	5
ĭ DOH	Emergency (i justification) Cancellation	ncluding		of Contact ard Curry					hone Num -754-348				
DCA L	Caricenation			LILITY INFORM	MATION								
Name of Facility Where Abate Convent Building	ment is Taking	Place (3)	- 170			☐ S	f Facility (4 chool (K-12 ubchapter l	2) B (Other	than K-12	)			
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City (5) Paterson						Square 30,00	+ 00	3+		50	0.5 O		
County (6) Passaic				Code (7) USE ONLY)			nt Use (Prio			iea)			
Name of Monitoring Firm Hire	ed by Building (	Owner (8)	ASC	CM No.			ement Con ontracting						
Street Address						Addres Sarge	s ant Aven	ue					
City, State, Zip Code						State, Zij on, NJ	p Code 07013					W/III == 2	
Project Manager for Monitorin	ng Firm		Telepi	none No.	E-15000000000000	hone No -689-62			License N 01099	lo.			
Start Date (10) 12/09/13		Scheduled 12/10/13	Completio	n Date (11)	Name J&S	of OSH Enviro	IA Monitor onmental	Labor	ratories l	TC			0
					Commence of the Control of the Contr				-				
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treet Address 703 Main Street								Square Fo	et	# of Floo	ors	Bldg.	Age	1.52	
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County (6) Passaic					TE USE		Nam	e of Abatem	ent Contr	actor (9)					
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Docupancy Status Dux Abatement Perform Other - Describe Scope of Work (Chect ≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conta TO Bis In  Basem Elevator I Old Ope Name of Registere Pyramid Contra	Vacate formed le:	d During Entire Outside of Non That Apply)  of Material (ACM) TED  y  Offices ine Room ng Room -138 ste Hauler g Corp.	R Period of Almal Facility    R D  Is   Use   Ma Cus	patemer- Hours  enovatice emolitio  Locatio Normally d Solely intenan todial S (12)  No X	nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn	Asbesto (i.e. th	Descris Contain String Vision	eet Address 333 Route by, State, Zip Inion, NJ Company Inion, NJ Company Inion, NJ Company Inion, NJ Company Inion of State St	22 Wes Code 07081  Containm -Enclosur -Exempte (ACM) tition,  Name G.R. City, S. Morr	ent with lee ocedure ed (*) and (S SF	Negative F Non-Friate mount specify for LF)  20 LF 45 LF 1 LF tered Land , Inc.	Removal  X  X  X  X  A  A  A  A  A  A  A  A  A	Repair Repair	pe Encapsulate	

Project #	N	OTIFIC	ATION	te of New OF ASBES 0 NJAC 8:	STOS	ABATER	MENT		Check #	.228	7	1		
Date of Notification (1)		TN	lame of	Building O	wner/	Operator	(2)	DE	1. 1. 1.		_			
12/4/2013				erman			<b>\-</b> /						1	
			treet Ad		Cito	1 <del>p</del>					-		à	$\neg$
Agencies Notified Type Notification				rris Turr	nnike	4								
EPA Initial				e, Zip Cod										
DEP Amended Amendment	#		70000	ills, NJ		'Q								
Emergency (i				Contact	0101	0			Telephone	Numb	er			_
DOH justification)														
DCA Cancellation			go Or	COLUMN	DRAT	TON			(973)765	5-U I U	0			
Name of Facility Where Abatement is Taking	Place /3	\	FAGIL	ITY INFO	KMA	ION	Type	of Facility (	4)			775		
Name of Facility Where Abatement is rating	31 1000 (0	,				\$0			Martin Martin					
		-					H	School (K-1 Subchapter	8 (Other than	K-12)				
Street Address							局		orivate & comm			ings,	home	s,
75 E Northfield Rd								etc.)	1 // (=)		LDI	I - A		
City (5) Livingston,NJ							Squa	are Feet	# of Floors	5	Bi	dg. A	ge	
County (6)				code (7)			Curr	ent Use (Pri	or if being den	nolishe	d)			
Morris									-t(0)		_			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.		10.400000000000000000000000000000000000		atement Co						
AHERA								oration L	LC					
Street Address						Contract retrieves	Addre							
P.O BOX 385								side Rd						
City, State, Zip Code							State, 2	Zip Code						
Oceanville, NJ 08231				8		Rand	lolph	NJ 078	69					
Project Manager for Monitoring Firm						Telep	hone N	No.		nse No	•			
John Smoyer		(	609)65	52-1833		973-9	933-2	2550	0113	33				
Start Date (10)	Schedule	ed Con	pletion	Date (11)		Name	of OS	SHA Monitor						
	01/10/2	2014				J&S	Envir	onmenta	1					
Occupancy Status During Abatement (Chec						10700802277	Addre					100		
						2333	RT 2	22						
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hours	ent					Zip Code		-				
						Unio	n, NJ	07083		25.1	,	, ,		
Scope of Work (Check All That Apply)										Clif	_		7/11	ie.
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					M G	lini-Enclosur lovebag Pro	cedure			_		
							_I N	on-Exempte	ed (*) and Non	-Friabl				_
	ls	Locati	on						0				ement pe	i.
Location of		Normal				escriptio	n of				-	٠,		
Asbestos-Containing Material (ACM)		ed Sole						al (ACM)	Amoun	•			5	m
TO BE ABATED In Facility		todial 8		(i.e.		al system facing, V			(Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)		(12)				r miscella					ova	air.	suls	Sur
, ,	Yes	No	N/A								_		ate	Ġ.
Roof		×		Roofing	g ma	terial			26,000 SF		x			
Ground Floor									26,000 SF	=	×			L
	×		Transit	е				1,000 SF		×			_	
Ground floor		×		Elbow	s - V	Vrap &	cut		50 elbow	s				
Name of Registered Waste Hauler			JDEP W			ic Yards		Name of	Registered L	andfill				
ATC		auler ID -2431		TBI				a Enterpris	ses					
City, State Shirley, NY 11967			Disp TBI	oosal Dat	е	City, Sta Wayne	ite sburg, OH	4468	38					
Completed by Title					1	T	re,			Da				
Elvira Mrda							Wi	ra l	lider	1 200	04/2	013		escandina

NOTIFICATION OF ASBESTOS ABATEMENT

74						and 12:120-7)				- 6	7.	- \
Date of Notification	n (1)				CONTRACTOR STATE	Owner/Operator	(2)	En in			H	
12-4-13			Ott	avio	Zuc	carello						
Agencies Notified [ ]EPA	Type Notifica [X]Initial			t Addre		le Ave.	,	DEC	* 1	3913		
[ ]DEP	Notific	ation	City,	State,	Zip (	Code			0.00			
[X]DOL	[]Amended		Gle	n Ri	.dge ,	NJ,						
[X]DOH	Notific		Name (	of Cont	act		Telepho	ne Number				
[ ]DCA	[ ]EMERGENC	Y				carello		.) 936-77	182			
	[ ]Cancella	tion		73.077		ADONA STON		0				
Name of Facility Wh	ere Ahatement	is Takir	or Pla		LITI I	NFORMATION	Type of Faci	lity (4)				
Same as above			-9	(5)			CHAIL ALTHOUGH CONTRACTOR	1. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1				
Street Addres							[X]Other	(K-12) pter 8 (Othe (i.e., priva buildings, h	te & c	omme	r-	
							Square Feet	# of Floo	rs BJ	dg.	Age	
City (5		County	(6) Ess	еж		nty Code (7) ATE USE ONLY)	3000 Current Use	(Prior if be		100		)
Name of Monitoring	Firm hired by	Building	a Asc	M No.		Name of Abate	ment Contract	or (9)				
Owner (8) N/A							anagement					
Street Address				II		Street Address 86 Chris	s topher St	<b>.</b>			833	
City, State, Zip Co	ode					City, State, Montclai	Zip Code r, NJ 070	)42				
Project Manager for	Monitoring Fi			e Numbe	er	Telephone Num		Į	icense		ber	
		N/				(973)744			0037	т_		
Scheduled Start Dat 12-13-13	ce (10) Sche	d. Compl		Date	(11)	Name of OSHA 1	Monitor					
Month Day	Year Mo		Day	Year		17.5						
Occupancy Status Du [X]Facility Cl	ring Abatement osed/Vacated D					Street Address	5					
Hours - Des	erformed Outsic cribe: «OffHour: cribe: «Other O	s Descri	pt»		Y	City, State,	Zip Code		-			
Scope of Work (Chec	k all that app	ly)				l				<u> </u>	2007	
[X]≥3 sf o: []≥160 sf	r ≥3 lf or ≥260 lf			ovation olition		[ ]Mini- [X]Glove	Containment w Enclosure bag Procedure riable Proced	-	Press	ure		
		T .	Is						Ab	atem	ent :	Type
Locatio Asbestos-Co			ocational.	ly		Description Asbestos-Con		Amount	R	_	E	E
Material	10.7		Used	Y		Material (		(Specify	E M	R	CA	C
TO BE A			y Main			(i.e., thermal		SF or	0	PA	PS	o s
In Faci (13			ustodi aff ()			sulation, surface		LF)	Ā	I R	ŭ	U
		Yes	No	N/A							1.	R
Basement		_		X	Pip	e insulat	ion	180 lf	X	-	-	
										-	-	-
Name of Registered AZTECH MANA		C Ha	DEP Waller	ID No.	11000	ic Yards Waste 1.5	Name of Reg G.R.O.W	istered Land	fill			
City, State					Dis	posal Date	City, State			-		
Montclair, No	J 07042				1	2-17-13	Morrisv	ille,/PA	190	67		
Completed By (Print	or Type) Tit	le				Signature		1/	Date			
Constantine V	Vivian Pr	eside	ent		7/4	1 Eur	Har line	Vin-	12-4	-13		

Ch# OHO?

Date of Notification (1)		111				mer/Operato	ır (2)		Wholeston	vied	Cont	200	
Agencies Notified	Type Notification		\$	treet Add	tress		1	MI D	ent of Health &	SEMIN	-acrv	000	
			1	1001 P	arsippan	y Blvd.		1-1	O C (Stymate	uco)			
EPA DEP DOL	Initial Amended		C	ity, State	, Zip Code	1			reluli		12	. 0	-
NOT DOL	Amondment #		_	Parsipp	any, NJ	07054		Dat	e: 2-1411	Ame:			
DOH DCA	Emergency (ir justification) Cancellation	ıcluding		Phil		UEU 1	1	3	Talephone Nu	mber			
				FACIL	ITY INFOR	MATION	7 40.	e of Facility (4)					-
Name of Facility Where House for Demo Street Address	Abatement is Taking	Place (3)						School (K-12)	) TOther than K-1	2)	24		
71 Lake Shore Dri	hea								vate & commerc	ial build	ings,	home	.5,
								etc.) iare Feat	# of Floors	B	dg. A	ae	
City (5) Parsippany						3	1,0	000	1	. 5	0+		
County (6) Morris			1	County C STATE U	ode (7) SE ONLY)		Ho	ouse for Der		sneq j			
Name of Monitoring Fin	m Hired by Building C	owner (8)		ASCM	No.		medili seme	batement Cont		14			
n/a			13000	n/a	<u> </u>	The second second		Contract of the Contract of th	nt Corporatio	n			
Street Address							ent Add						
n/a							Troy						
City, State, Zip Code								Zip Code					
n/a								Park, NJ 07					
Project Manager for Mo	onitoring Firm			Telephon	e No.		ephone		Liconse	No.			
n/a				n/a				5-7950	01193				
Start Date (10)		Schodula	Con	pletion (	Dette (11)			SHA Monitor					
12/5/2013	1	12/6/20	113			Lo	znica	Manageme	ent Corporatio	PTT			
Occupancy Status Dur	ing Abatement (Chad	k Only One	3)			7.70	out Add		No. 34 1823A				20000
Facility Closed/Vo	colled During Entire F	eriod of A	baten	ent			Troy						
Abatement Perfor	med Outside of Norm	al Facility	Hours			100		, Zip Codo	<del></del>	39 - 66			
Other - Describe:						Li	ncoln	Park, NJ 07	7035				15000
Scope of Work (Check	All That Apply)	•											
☑ ≥3 of or ≥3 ff □ ≥160 of or ≥260 if		100000	enove emolit				H	Mini-Enclosure Glovebag Proc				<b>1</b> E	
		Т.								$\top$	1000	aulen	ŧ
		40 0000	Locati ormal	manyati at		an-					T;	/pe	
Locati Asbestos-Containle TO 85 A In Fa (1:	ng Material (ACM) BATED cility	Used Mai Cuat	d Sole ntena odial : (12)	lly by ncc/ Staff?	Asbust (i.e.)	Descriptos Containing thermal system surfacing, officer misce	g Mate ems ins VAT, o	sulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsidate	Enclosure
		Yes	No	N/A						-		Ĺ	
Flat Portio	n of Roof			X		Flast	ing		60 LF	X			
1													I
	<del></del>	-	+ -					<del></del>	+	1	-	+	
										+	+		-
Name of Registered M	lasto Hauler		- T	JDEP W	asta	Cubic Yan	İs	Name of	Registered Land	如	-	1	-
	oznica Management Corporation					of Wasta TBD		GROW	S Landfill				
City, State Lincoln Park, NJ 0	7035			110000		Disposal D TBD	ate	City, State Montes	e Alle PA 19067	7			
Completed by		Titic				Signa	atribé			Date			
E. Cirovis		Secr	etary			٤.	Cir	iovic		12-4-	2013		A.W.

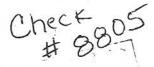
14-20-0-0-0-0	11			
CH	att.		100	in
ľ	1-11-	( )	10	4
	, n.		101	

Date of Notification (1	1		Alexens	or Davildle	g Owner/O	-	/31	<u></u>	1 11	01	01			
12-5-2013	•				Parsippa		(4)		APP	ROVED	)		7	Į.
Agencies Notified	Type Notification	- i	Stree	2 Address		W. S. C.		The pu	of Hebi	tir & De	ijar Şt	rvice	+	
EPA	Inditial	i			pany Blw	d,		Jan		gnature)	M		1.	
□ DEP ☑ DOL	Amended Amendment Emergency		10.000000000000000000000000000000000000	State, Zip ( sippany,	Code NJ 0705	4		Date: 15		(3 <sub>11m</sub>	<u>, Q</u>	251	in	
DOH DCA	junification)  Cancellation	1	Phil		17.0			DE	Tele	phone N	unber			
Name of Facility Wha	no Atrohomont in Tokin	wi Dilhon (2)	FA	CILITY IN	PORMATIC	DM	-	EC 1804 - 40					-	
House for Demo		(a)						Facility (4	-50					
Street Address		<del></del>					HS	chool (K-1) ubchapter	2) 8 (OH-e	r Henn K.	12)			
66 River Drive		i				1	ПО	ther (Le. p	rivete &	COUNTRIE	clal bu	ilding	נוסול וּי	168
City (5) Parsippany		<del>-</del> -	· · · · · · · · · · · · · · · · · · ·		17		Square	C.) Feet	# of	Floors	٦	Bldg.	Age	-
County (6)			Court	ly Code (7	,		<u> </u>	t Use (Prin	- 50° h - 1'-			50+		
Morris			(STAT	'E USE ONE	(Y)		Hous	e for De	wo .	50	Sneq)			ia.
Name of Monitoring F	irm Hired by Building	Owner (8)		CM ND.				ment Con			85		-	
riva Street Address		<u> </u>	l n/a	3				inageme	ant Co	rporatio	'n	_		
n/a							Address roy Lau	3						
City, State, Zip Code		<del></del>					tate, Zip	and the second s						
n/a								k, NJ 07	035					
Project Manager for M h/a	lohkoring Firm		Telepi n/a	hone No.			опо No. 706-79			License 01193				
Start Date (10) 12-6-2013	t Date (10) Sched				)			Monitor nageme	nt Car	An colonia				
Occupancy Status Dur	ring Abetement (Chec	1					Address		III QUI	holano	111			
	acated During Entire I						roy Lar							
Abattement Perio	fined Outside of Norm	not Facility H	ours				ate, Zip	and the second second second					_	-
Other - Describe						Linco	dn Par	k, NJ 07	035					
Scope of Work (Check	(All That Apply)	i da						PODALFAL	and the second				No.	
☑ 23 위 or 23 N ☑ 2160 의 or 2260 N	F		rouston notifica				Mini-	Conteinmer Endooure sbag Proce Exempted	dure					
		i lete	ocetion	T		Page	Tellip		/ / piteus	NOTHIN	mie L.		emen	
Locati	en of	No	maily		Deep	aription (	nf				L		/pe	
Asbeston-Containing	ng Motorial (ACM)		Sololy by enemoe/		olos Conta	ining W	eterial (/			ount			III	
In Fe	cillty	Cuelod	bul Staff?	(LE	े. धीशकारी ड इस्मीर्क	ng, VAT	insulation	on,	(Sp	ectly or LF)	Removal	괢	ejejmedeou	Enclosura
(12	3)	_i	12)	_	other mi					,	Byo	Repel	Na Mark	J. Inflo
		Yes I	N/A		N.						-		6	
Exte	rior		X		Si	iding			200	0 SF	×			
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			NUDEP								†			
	mo of Regisland Waste Hauter				Cubic Y		11	Name of Re	egistere	d Landii	U			
	znica Management Corporation				TBD	ō	1	GROWS	Land	fill				
City, State					Disposa	d Date	- 1	City, State		<del></del>		-		
Lincoln Park, AU 0	7035			TED			Morrisvil	le PA	19067					
Completed by		Title			Sig	peture				Di	ste			
E. Cirovic		Secret	iry			·Co	rion	ñ		1	2-5-2	2013		



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

Date of Notification (1)		Name of E	uilding Owner/Operato	r (2)	<i>-</i>		~	1	
11/5/13			RANSFOR	MATION	CNT BR. PT	2150	75		=
Agencies Notified Type Notification		Street Add		1	VEC 1 RO			1	
E BPA D Initial			1 W. CLAR	eks law	2110a ICO	10		=	-
☐ Amended ☐ Amended ☐ Amendment #_		City, State	, Zip Code	7.7	08	3		1	
Emergency (in	cluding		Eca Hora	300,100	Telephone Numb				
□ DOH justification) □ DCA □ Cancellation		Name of C					20	2	
L Carcellator			SARBARA		609-965		776	_	=
		FACILIT	YINFORMATION						
Name of Facility Where Abatement is Taking	Place (3)			Type of Facility	13.505				
RESIDENCE				School (K-1)					
Street Address					8 (Other than K-12 private & commercia		fings.		
3 SOMERSET	Lan	/E.		homes, etc.	)			, 15. Total	
City (5)				Square Feet	# of Floors		dg. A		
OCEAN LITY				1500			70	4	_
	7,		ode (7) (STATE		rior if being demolis	shed)			
COUNTY (6) CARE MAY		USE ON			CANT				=
Name of Monitoring Firm Hired by Building O	wner	ASCM No.	A SERVINGE AND A SERVINGE	ment Contractor (9	•				
(8) N/A			_ /Le	umco I:	wc.		_	_	
Street Address			Street Address		-				
		- WEST-VIETO-BE	36	97151	ruce Au	-			_
City, State, Zip Code			City, State, Zip (				300=00		
0.07, 0 = 10, 0 + 0 = 0	55		MAA	ILE SIN	ADE, NIJ.	08	057		_
Project Manager for Monitoring Firm	Tele	phone No.	Telephone No.		License No.				
NIA			856-7	779-0473	2 0040	14			_
Start Date (10) Schedu	uled Comple	etion Date (1	1) Name of OSHA	Monitor					
	1/23/			VIA					
Occupancy Status During Abatement (Check			Street Address						5.4
☐ Facility Closed/Vacated During Entire Peri	iod of Abate	ment							
Abatement Performed Outside of Normal	Facility Hou	rs	City, State, Zip C	Code					
Other - Describe:			_   ` ` ` `						_
Scope of Work (Check all that apply)									
AND THE RESERVED IN THE RESERVED IN				ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf	Renovati Demotitio			closure ag Procedure					
≥160 sf or ≥260 lf	Z Dellion	-1	Non-Ex	cempted (*) and No	on-Friable Procedu	re			
	Is Location	on					bater		
• •	Nomaliy		D	.			Тур	e	_
Location of	Used Solet Maintenan		Description of sbestos Containing Ma		Amount			ш	
Asbestos-Containing Material (ACM) TO BE ABATED	Custodia		(i.e., thermal systems	insulation,	(Specify	20	70	nc	EN
IN Facility	Staff?		surfacing, VAT		SF or LF)	Remova	Repair	psi	Enclosure
(13)	(12)		other miscellane	(and		val	5	Encapsulate	ure
4.5	Yes No	N/A						9	- 20
SIDING		-	Theren		20006	1			
JIDING			TRANSITO			X	Н	$\neg$	_
						-	$\vdash$	$\dashv$	_
						-	$\vdash$		_
Name of Registered Waste Hauler		UDEP Waste		Name of Regi	stered Landfill		SAIL TOOLS		
KLEMCO INC	Н	auter ID No.	of Waste	CM.	CMVA				
	<del></del>	17904	Disposal Date				_		_
City, State			2.57.551.5416	Wo	DAINE!	NI	-		
MARLE SHOOF, N.T.	08030		Signature		Date	_	~	_	
Completed By Title	U WER	,	Syllature	of Kick	12/	5/	13		GÉ
JOSEPHILLERAM -	20 14 A. W			, , ,				_	



Date of Notification (1)	12-6-1	2	N	lame of	Building Owner/O	perator (2)	-11	1 .				
Agencies Notified	Type Notification	<u> </u>	S	treet Ad	dresa	<u>a</u>	Inro	asher	2012			1
EPA	initial	V-72 (Mars)			138	Ja	ckson	Stree-	_			1
□ DEP	Amended Amendment #	7.5	. C	ity, State	e, Zip Code_	n			ć2 (C)	2		,
DOL.	☐ Emergency (in		-	lame of	South	hive	n, N.	Telephone Num	20	_	27	
DOH DCA	justification)  □ Cancellation	*****	- 411	Syl		eashe.	:	732-25		20	39	
		5. 1 76.			ITY INFORMATI	ON					2/	
Name of Facility Where	<u> </u>		11.	. ~			ype of Facility (					
Street Address	tamily	Dwe		77	-x			2) 8 (Other than K-12)				
138	Jackson	20	S.	FREE	+	) D	Other (i.e. p etc.)	rivate & commercial	build	ings,	nome	s,
City (5)		۸,	17	150000		S	Square Feet	# of Floors	1000	dg. A	0.00	
South	River		Y		8882			d		707	٠-	
County (6) Midd	lesex		0	County C STATE U	SE ONLY)	_	urrent Use (Pri	or if being demolishe	ed)			
Name of Monitoring Firm		wner (8)		ASCM	No.	Name of	Abatement Cor					-
EPCTE	chnole	3168	)		MA	E	PC TEC	chnolog	ies	,	In	16
Street Address	Box 33	37			380	Street Ad	). Box	337				20150
City; State, Zip Code	evat	N <sub>2</sub>	• (	80	533	City Sta	te, Zip Code	. 117	0	35	13	3
Project Manager for Mo	aibri grim			elephor	ne No. 758-3365	Telephor		License No	7	19	Y	
Start Date (10)	CHENNEN	Scheduled	Com	pletion [	Date (11)	Name of	OSHA Monitor	2 0			-	
12-16-	1.3			18-	13	E	:PC Tec	hnologies	I	nc		
Occupancy Status Durin	ng Abatement (Check	Only One	e)			Street A	ddress	~				
Facility Closed/Vac	cated During Entire Pened Outside of Norma	eriod of Al	batem Hours	ent		City Sta	O BOK	33 F				-
Other – Describe:			,				U Egypt	NJC	180	53	٦	- 1
Scope of Work (Check	All That Apply)			-		<del></del>		700 0	, 0 4			. 15
≥3 sf or ≥3 lf		CONT. 170.000	enovat					ent with Negative Pr	ressu	e		
□ ≥160 sf or ≥260 lf		□ De	emoliti	on		<u></u>	Mini-Enclosure Glovebag Pro	cedure				
		1				<u> </u>	Non-Exempte	d (*) and Non-Friabl	e Pro	A CONTRACTOR OF THE PARTY OF TH		
		1	_ocation								ment pe	
Location Asbestos-Containing		Used	Solel	y by	Asbestos Con	escription on taining Ma		Amount			Ш	_
TO BE A	BATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ntenar odial S	55 acceptant	(i.e. therma	I systems i acing, VAT		(Specify SF or LF)	Ren	Repair	ncap	Encl
(13			(12)			miscellane			Remova	pair	Encapsulate	Enclosure
		Yes	No	N/A							te	(0
Basemen	+	X			Pipe I	sa la	tion	150 LF	X			
- Carrier												
		1										
Name of Registered Wa	aste Hauler			JDEP W		Yards	Name of	Registered Landfill				
EPC Te	chnologies	5	Н	auler ID		$\mathcal{J}$	Was	te Managen	nen	t.	E P	AV
City State	0	NJ			Dispo	sal Date	City, Sta	te	A			
New E	SYPT	Title	528	18		Signature	5 1110121	Da Da	te			-
Steve Scho	en Keir	Pre	sid	ent		Stee	ep)Sche	ohn /	2-	6-	13	3

Date of Notification (1)				Name of Jerry G	Building C	)wner/O	perator	(2)								
Agencies Notified	Type Notification		+	Street Ad		DR.						DE	U	1 1	20	18
EPA DEP DOL	Initial Amended Amendment			City, Stat	e, Zip Coo	de										
DOH DCA	Emergency ( justification) Cancellation	ncluding		Name of Benard						0.0000000000000000000000000000000000000	ephone N 9-653-8					
				FACIL	ITY INFO	RMATI	ON									
Name of Facility Where house	Abatement is Taking	Place (3)						Тур	e of Facility (4 School (K-12							
Street Address 20 Waterway			-12-11					×	Subchapter (i.e. pretc.)				ouild	ings,	home	s,
City (5) Ocean City								Squ 15	uare Feet	# of	Floors		BI 65	dg. A	ge	
County (6)	59	200		County C	ode (7)			Cur	rent Use (Prio	r if bei	ng demo	lished	l)			
Name of Monitoring Firm	Hired by Building	Jumer (8)		ASCM	No		Name	of Al	batement Conf	tractor	(9)		77550			
	Trilled by Ballaing	owner (o)		AGGIVI	140.		Ani 8	& Jo	e LLc	uactor	(3)					
Street Address							Street 1212		ress rlington Ave	9						
City, State, Zip Code									Zip Code .NJ . 08075	5						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepl 856-		No. -0971		License 07010					
Start Date (10) 12 -16-13		Scheduled 10-30-1		npletion [	Date (11)		Name self	of O	SHA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only One	<del>)</del>				Street	Add	ress			-				
Facility Closed/Vac Abatement Perform	ated During Entire I	Period of A	batem				City, S	State,	Zip Code						-	
Other – Describe:																
Scope of Work (Check A	II That Apply)				1		_	_					-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	330.73700		÷		1	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					•	
									NOTI-EXEMPLE	() all	u Non-Fi	lable		8,430 61	ement	
	_		Locati ormal			_			1						pe	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used	i Sole	ly by nce/		tos Con thermal surfa		Mater is ins AT, o		(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		100	140	1.00000		/^	'NA' oic	lina		22	E0ooff	-				
outsio	ie	+		Х		(AC	M) sic	ing			50sqft		ς			
		-		$\vdash$								-				
					- EE	n					-					
Name of Registered Wa	ste Hauler		TN	JDEP W	aste		Yards		Name of F	Registe	ered Land	dfill	30. TA			
J Robinson Waste			10000	lauler ID 8687	No.	of Wa 40cy		167	Wm Of	Pa						
City, State Bellmawr NJ						Dispo TBD	sal Date	)	City, State Tullytov			32				
Completed by Joseph T Hill		Title VP		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		15	Signatur	е				Date		13		

Date of Notification (1)					f Building Holding	Owner/0	Operator	(2)		IJĽ	.6 1	1 _	Uw		Servino -	
Agencies Notified	Type Notification		$\dashv$	Street A									-			
☐ EPA	Initial			900 E	veshim /	Ave						44,		÷		,
DEP DOL	Amended Amendment		_		ate, Zip Co ora NJ		-									
DOH DCA	Emergency ( justification) Cancellation			Name o	f Contact						ephone 2-914-					
				FACI	LITY INFO	ORMAT	ION									
Name of Facility Where	Abatement is Takin	g Place (3)	)					Туре	of Facility (4)	)						
house Street Address									School (K-12) Subchapter 8		or than k	C 12\				
407 Simpson Ave						12		X	Other (i.e. pri etc.)					dings,	home	es,
City (5) Ocean City								Squa 1500	re Feet )	# o	f Floors		1000	ldg. A 5	ige	) T
County (6) ocean					Code (7) USE ONLY	,		Curre	ent Use (Prior	if bei	ng demo	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	A No.				tement Contr	ractor	(9)					
Street Address								& Joe Addre								
Street Address							1212	2 Burli	ington Ave							- 22 112
City, State, Zip Code			- W-10-1						ip Code NJ . 08075	i						
Project Manager for Mon	itoring Firm			Telepho	ne No.			hone N 824-0			Licens 07010		0			
Start Date (10) 12 -16-13		Schedule 10-30-1		npletion	Date (11)		Name self	of OSI	-IA Monitor							
Occupancy Status During	g Abatement (Chec	k Only One	e)				Street	Addres	ss							
Facility Closed/Vaca							City, S	State, Z	ip Code							
Other - Describe:	v								•							
Scope of Work (Check A	II That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Security and	enova emolit	070.750.70			×	Mir	Il Containmen ni-Enclosure ovebag Proce n-Exempted (	dure					2.0	
		1 .						71 140	n-Exempled	( an	d Non-F	паріє	PIO	Abate		
Location	of	N	Locati ormal	ly		De	scription	o o f							ре	
Asbestos-Containing	Material (ACM)		i Sole			tos Con	taining N	/laterial		50.0	mount	1			Ш	
TO BE ABA			odial S		(i.e.		I system: icing, VA		ation,		pecify or LF)		Remova	Repair	псар	ndc
(13)	53 1		(12)			other i	miscellar	neous)			50	1	oval	air	Encapsulate	Enclosure
		Yes	No	N/A											æ	
outsid	е			X		(AC	CM) sid	ling	•	38	50sqft		x			
												$\dashv$				
			1				V									
Name of Registered Was	te Hauler		Н	JDEP W auler ID		of Wa	Yards ste		Name of Re		red Lan	dtill				
J Robinson Waste			18	3687		40cy			Wm Of P	a						
City, State Bellmawr NJ						Dispo TBD	sal Date		City, State Tullytowr	n NJ						
Completed by Joseph T Hill		Title VP				8	Signature	•				Date 12-		3		

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1	1) 4/2013						wner/Operator Building & (			rr.		2010			1
Agencies Notified	Type Notifica	ation			t Address Pennsylv		a Ave								
DEP DOL	Amended Amendm	ent #	_	City,	State, Zip or rson, NJ	Code	)			i pa					
☑ DOH □ DCA	justificati Cancellat	ion)	9	125000	of Contac ack Nigr						ne Numb 881-442				
				FA	CILITY IN	FOR	MATION								
Name of Facility When Passaic County Co		Taking Place	(3)					Type of Fa	(K-1		an K 1 2	`			
Street Address 71 Hamilton Stree	et							Other (i	.e., p	orivate & co			lings		
City (5) Paterson								Square Fe 50000 SI	et	# of Fig. 4	oors	1000000	dg. <i>A</i> )+	ge	
County (6) Passaic	11 12 11 11 1				nty Code ONLY)	(7) (	STATE	Current Us Courthou	33.37.52	rior if being	demolis	hed)			_
Name of Monitoring F (8) Langan Engine				ASCM 00099		<u></u>	ame of Abatem NA Genera		7555	•					
Street Address River Drive Cente	er One, 4th Flo	or				1	reet Address 360 Clifton,	Avenue, I	PMI	3 Suite 2	218				
City, State, Zip Code Elmwood Park, N	J 07407						ty, State, Zip C Clifton, NJ C								
Project Manager for M Vijay Patel	oject Manager for Monitoring Firm ijay Patel						elephone No.			Licens 006				,	
Start Date (10) 12/04/2013	Start Date (10) Scheduled C						ame of OSHA N		tion	n, Inc.					
Occupancy Status Du	iring Abatement	(Check only	one)				reet Address		214	D 0 11	040				
Facility Closed/Vac						Ci	ty, State, Zip C	ode	PIVI	B Suite	218			-	_
Other - Describe:	k all that apply)					<u> </u>	lifton, NJ 0	7012	_					-	_
Scope of Work (Check >3 sf or >3 If ≥160 sf or ≥260 If			enovat Demo				Mini-En	ntainment wit closure ig Procedure cempted (*)				dure			
			Locati			100.00							bate	ment oe	io R
Location Asbestos-Containing TO BE AE IN Fac (13	g Material (ACM) BATED tility	Mai C	d Sole ntenar ustodi staff? (12)	nce/ al	Asbes (i.e.	, the	Description of Containing Matermal systems in urfacing, VAT, ner miscellaned	erial (ACM) nsulation, or		Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										-	
Ground floor boile	r room	X x		<u> </u>	Elbow				_	3 LF 2 LF		X	-	_	
Room 202	-		Elbow	Inst	ılation	***************************************	-	2 LF		X	_		$\vdash$		
Name of Registered V				NJDEP Hauler II 20970		1 33	ubic Yards Waste	- 23		stered Lan	dfill				
	Service Transport Group					1	sposal Date	Minery City, Stat		andfill			_	_	
City, State New Castle, DE						1	2/05/2013	25.23		rg, OH 44	4688		1000		
Completed By Krutarth Jagad		Title Presiden	t			1_	Signature	1			Date 12/04/	2013			
- La de de la de l		Trosider	-					x /·			-		_	_	_

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 12/04/2013					ng Owner/Operato nty Building &		D.	FC.	1 4	M	
Agencies Notified Type Notific	ation		Stre	et Address		Grounds	- 11	<u> </u>			_
DEP Amended Amended Amended Emergen	ent #	na	City,	State, Zip erson, NJ	Code			· ·		7	
DOH justificati	on)			e of Conta Jack Nigi			71 Telephone Nun 973-881-44		7110		
			FA	CILITY IN	FORMATION	ÜE	1 1 110				
Name of Facility Where Abatement is T Passaic County Courthouse - Ar Street Address 63-65 Hamilton Street						Type of Facility School (K-Subchapte Other (i.e., homes, etc.)	12) r 8 (Other than K-1 private & commerc	2) ial bui	lding	s,	
City (5) Paterson						Square Feet 50000 SF	# of Floors	100	Bldg. 60+	Age	
County (6) Passaic	THOU I			Inty Code E ONLY)	(7) (STATE	Current Use (I Courthouse	Prior if being demol	ished)			
Name of Monitoring Firm Hired by Build (8) Langan Engineering Services			0009			nent Contractor (	Control of the Contro				
River Drive Center One, 4th Flo	or				Street Address 1360 Clifton,	Avenue, PM	B Suite 218				
City, State, Zip Code Elmwood Park, NJ 07407	EMONA	LH			City, State, Zip C Clifton, NJ (						
Project Manager for Monitoring Firm Vijay Patel			ephone -794-69	No. 00 x 4544	Telephone No. 973-389-00	89	License No.				
Start Date (10) S 12/04/2013	cheduled ( 12/05/20		etion Da	ate (11)	Name of OSHA I	Monitor I Constructio	n, Inc.				
Occupancy Status During Abatement (  Facility Closed/Vacated During Entir  Abatement Performed Outside of No	e Period of	Abat	ement	TV THEOL	Street Address 1360 Clifton, City, State, Zip C	Avenue, PN	IB Suite 218				_
Other - Describe:					Clifton, NJ 0						
Scope of Work (Check all that apply)  >3 sf or >3 If  >160 sf or >260 If		enova emo			☐ Mini-End ☐ Goveba	closure ag Procedure	egative Pressure  Non-Friable Proce	dure			
	100	Locati ormall			1 14011-22	cempted ( ) and	Non-i Hable Froce		Abate	1/30250	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  (13)	Mai C	d Sole ntenar ustodi staff? (12)	nce/ al		Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement room 028	Yes	No	N/A	Elbow l	Insulation	**-	4.5 LF	Х			-
First floor room 102	X			Elbow l	nsulation		2 LF	Х			
	=							+			-
Name of Registered Waste Hauler Service Transport Group		1 +	NJDEP 1 Hauler II 20970	No.	Cubic Yards of Waste	Name of Reg	stered Landfill		L		
City, State New Castle, DE					Disposal Date 12/05/2013	City, State	rg, OH 44688				71
Completed By Krutarth Jagad	Title President	t			Signature		Date 12/04/	2013			

Date of Notification (1)		Name of P.S.E.	Building C	)wner/Op	erator	(2)		DEC 11	201	5		- /
Agencies Notified Type Notification		Street A	ddress HADLEY	ROAD				<del></del>				
EPA   Initial   Amended   Amendment #			ite, Zip Coo H PLAIN		NJ.	07080						
□ Emergency (ir justification)     □ DGA     □ Cancellation	ncluding	Name of	Contact	PHE	e		ENO	Telephone Num		-0.	53	'S
Name of Facility Where Abatement is Taking	Place (3)	FACI	LITY INFO	RMATIO	N	-	of Facility (4					
Street Address UNIVERSIT	v Av	E				□ s □ o	ubchapter 8	3 (Other than K-12) ivate & commercia		lings,	home	es,
NEWARK	7 4	<u> </u>				Square		# of Floors	1000	ldg. A	ge YR	S
County (6) ESS EX		County (	Code (7) USE ONLY)			Currer		if being demolished	ed)	20 2000	101	
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)	ASCN 004					ement Cont YSTEMS	ractor (9) OF AMERICA				
Street Address 64 BROAD STREET	15		*			t Address WHITE	s EHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747	4.					State, Zip JTH RI	Code VER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217			hone No -432-83		License No 01111				
Start Date (10)	Scheduled Co	mpletion 20/	Date (11)				A Monitor YSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check	Only One)					t Address WHITE	s HEAD A	VE.				
Abatement Performed Outside of Normal Other – Describe:	al Facility Hou	rs _	oorly	_		State, Zip JTH RI	Code VER, NJ	08882				
Scope of Work (Check All That Apply)  Scope of Work (Check All That Apply)  3 sf or ≥3 lf	Renov	ration	•		Г	7 5.11	Containme	nt with Negative P				
≥ 160 sf or ≥260 lf	Demo					Mini Glov	i-Enclosure vebag Proc	edure				
	Is Loca	ation	1			ăi Non	i-Exempted	(*) and Non-Friabl	e Pro	Abate	ement	t
Location of Asbestos-Containing Material (ACM)	Norma Used Sol	lely by	Asbest		cription	n of Material	(ACM)	Amount		, ,	ре	
TO BE ABATED In Facility (13)	Mainten Custodial (12	Staff?	(i.e.	thermal s surfact other m	ng, V		tion,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes No	N/A				*1					ate	Ге
2ND + 3RD Floors	×	<	w:RE	ACI	n s	soc.	1	120LF	×			
Name of Registered Waste Hauler		NJDEP V	100000000000000000000000000000000000000	Cubic			Name of F	Registered Landfill				
WASTE MANAGEMENT		Hauler ID 1125	INO.	of Was	7			NORTH				
City, State ELIZABETH, NJ				Dispos	3 1		City, State	SVILLE, PA		,		
Completed by CAROL RAIMO	OFFICE	MGR.		Si	gnatur	re Kal	Lac	Med (		5/	1.3	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building Owner/Operator (2)										
. D	ecember 6,	2013		1			Island	Cons	truction	2,	33	126			
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	i i	ification nitial Notific Amended No Amendment	tification		Street Ad	dress e, Zip Cod	e		u Prince Stree	DIVID	JEC -				
[x] DOH	[x] I	Emergency (i	F 55 2007				Toms	River	, NJ 08753						
[ ] DCA		ustification) Cancellation			Name of	Contact Bill G	ethard		Те	lephone Number 732-573	3-9640	)			
			-	FACI	LITY I	NFORM	ATION								
Name of Facility Where Ab	atement is Ta idence	king Place (3	3)					Туре	of Facility (4)	School (k-12)					
Street Address	New York	Avenue							[ ] [x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ngs,	
City		Coun	ty (6)		County Co			Squa	are feet	# of Floors	Bldg	Age			
Lavallette		Oce	an	1	(STATE U	JSE ONLY	n	Curr	1100sf ent Use (Prior if	1 being demolished)		6	0	$\dashv$	
		حبات					Residence Name of Abatement Contractor (9)								
Name of Monitoring Firm I		ling Owner (	(8)		ASCM No. Name of Abatement Contractor (9)  Guardian Contracting, Inc.										
Street Address	reet Address						Street Ad	ldress	1889 Ro	oute 9. Unit 61					
City, State, Zip Code					1889 Route 9, Unit 6 City, State, Zip Code Toms River, New Jee										
Project Manager for Monito	oring Firm		Telephone	Number				Toms River, New Jersey 08755-1271  phone Number 2-349-9932  License Number 00624							
Scheduled Start Date (10) 12/9/13			Scheduled 12/10/		on Date (1	1)			Monitor	S.L. Analytical					
[ ] Aba	lity Closed/Vatement Perforer – Describe_	acated Durin	g Entire Perio				City, Sta	te, Zip	Code Piscatav	vay, New Jerse		54	77		
	that apply)  of or ≥3 lf  of or ≥260 li	Ē.	[ ] [x]	Renovat Demolit			[ ] [x]	N C	Mini-Enclosure Hovebag Procedu	with Negative Pres re and Non-Friable I		re			
											Abat	ement '	Гуре		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custor Staff (12)  YES NO N				sed		Asl (i.e ins	Description Destos-Con Material (A ., thermal ulation, su VAT, of thermiscell	ntainir ACM) systen irfacin	ms ig,	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		Asbe	stos sidir	ng			1050 sf	X				
				95											
										<u> </u>		<u></u>			
Name of Registered Waste Guardian Co		Inc.	NJDEP Was	0223		Cubic Ya	ards of Was		Name of Register T.R.R.F.	red Landfill					
City, State Toms River	New Ierce	v		Dispos 12/11	al Date		City, St		Pennsylvania	,					
Completed by (Print or Typ	Toms River, New Jersey  ompleted by (Print or Type)  Nicholas Fernicola  Title  Project Manager				Signati	пте	Cla	1		1	Date 12/0	6/201	3		

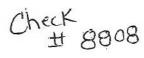
#### Diane of Lient retred

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) De	cember 6, 201	3			Name of Buildi		erator (2) en Builders	25	) 2	13.	23	7		
Agencies Notified [ X ] EPA		Notificat			Street Address	28 P	eaksail Drive		5					
[ ] DEP [x ] DOL [x ] DOH	Amen	ded Notifi dment #_ gency (inc			City, State, Zip		rille, NJ 08721				1			
[ ] DCA		cation)			Name of Conta Ge			Telephone Number 732,840	0-5555	5	1			
				FAC	ILITY INFO	RMATION					. 4			
Name of Facility Where Aba Resi	tement is Taking I dence	Place (3)					Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)	,,,,,,			
Street Address	7 Rte. 35 South	1					[x]	Other (i.e., private homes, etc.)			ıl build	ings,		
City		County	(6)		County Code (7 (STATE USE C		Square feet 1000 sf	# of Floors	Bldg.	Age 6	Ó			
Ortley Beach		Ocean	203		ASCM No.		Reside							
	lame of Monitoring Firm Hired by Building Owner (8)  N/A  treet Address							ian Contracting,	Inc.		•			
Street Address								Route 9, Unit 61						
City, State, Zip Code								River, New Jersey 08755-1271						
Project Manager for Monito	ring Firm		Telephone			732-3	one Number 349-9932	License Number 00624						
Scheduled Start Date (10) 12/9/13			12/11/		on Date (11)			L. Analytical						
Occupancy Status During A						Street	Address	Stelton Road						
	ity Closed/Vacated						1036	Stelloll Road						
	ement Performed r – Describe	Outside C	or Normai F	acinty rio	ours	City, S	state, Zip Code Piscat	away, New Jerse	y 088:	54				
Scope of Work (Check all the	hat apply)				***	]	Full Containme Mini-Enclosure	nt with Negative Pres	sure					
5 3	for ≥3 lf sfor ≥260 lf		[ ] [ x ]	Renova Demoli		[ ;	] Glovebag Proce		Procedu	ге				
					1				Abate	ement	Гуре			
Location of Asbestos-Containing M TO BE ABA' in facility	faterial (ACM) FED	9255	Is Location Normally to Solely be tenance/Constant	ised y	8	Descrip Asbestos-C Material (i.e., therm insulation,	Containing (ACM) al systems surfacing,	Amount (Specify SF or LF)	R E M O	R E P A I	E N C A	E N C L O		
(13)		YES	(12) NO	N/A		VAT other misc		×	V A L	R	S U L E	S U R		
Exterior		-	X	1	Asbestos s	eiding		900 sf	X		E	Е		
EXICITOR		-	1	+	ASUESIUS	- Iumg		700 31	1					
*			+						_	_				
	<del></del>		1	+	1				1					
Name of Registered Waste Guardian Co	Hauler ntracting, Inc.	1	NJDEP Was	ste Hauler 20223	Secretary Commences (Commence)	ic Yards of W	Vaste Name of Regineration T.R.R.F.	stered Landfill			·			
City, State				Dispo	sal Date	City,	State ytown, Bennsylvar	nia 1						
Toms River, Completed by (Print or Typ Nicholas Ferr	e)	Title Proje	ect Manag	12/12	Signature	1 1	J/ Comisyivan	1	Date	5/13				

<sup>\*</sup>Do not use this form for asbestos licensure exempted activities.



Date of Notification (1)		Name of	Building Owner/O	perator (2)			7	-	_	
12-7-13				eles	Cut.	ter				
Agencies Notified Type Notification		Street A	2007	A 1	The Table	And a second			134	
□ EPA 📜 Initial	40		te, Zip Code	VoodSid	e. All	E:1 1 2013		. '.c.		
DDEP		City, Sta	Keansbi	120 K	15	07734			1	-
DOH Emergency (incl	uding	Name of	Contact	75		Telephone Numi		-	-	-
□ DCA □ Cancellation		Ch	arles (	latten		732-449	<b>)</b> ~	409	11	
Name of Facility Where Abatement is Taking PI	ace (3)	FACI	LITY INFORMATI		of Facility (4	1				
	Die Il	100			chool (K-12	•				
Street Address		-		□ s	ubchapter 8	8 (Other than K-12)				
& Woodside	AUE				tner (i.e. pr tc.)	rivate & commercial	build	ings,	nome	S,
City (5)	-	77	734	Square	e Feet	# of Floors	BI	dg. A		
County (6)	$\cup$		Code (7)	Currer	nt I Ise (Prin	Lif being demolishe	) 	60	)+-	_
Monmouth			USE ONLY)			amily Do		lin	ς,	
Name of Monitoring Firm Hired by Building Own		ASCN	A No.	Name of Abat	ement Conf	tractor (9)				$\neg$
EPC Technolog	168		MA	EPC	JEE .	hnolog	ies	,	In	16
Street Address Roy 33	7			Street Addres		337				
City, State, Zip Code	<u></u>	00	E 2 2	City, State, Zi	o Code	117	40.0	A 4	-	_
New Equat /	C V	08	333	New	Equ	es su	0		13	3
Project Manager for Monitori g Firm	71	Telepho		Telephone No		License No	. 7	10	u	
Start Date (10)	cheduled Co	mpletion	758-3365	609 758 Name of OSH		2 06			1	
Dec 17, 2013		100	2013	(	141	nnologies	$\tau$	20		
Occupancy Status During Abatement (Check C		<u> </u>		Street Addres	s _			"	-	
Facility Closed/Vacated During Entire Peri					Box	337				
☐ Abatement Performed Outside of Normal ☐ Other – Describe:	Facility Hour	'S		City, State, Zi		117	010		7	11111
Scope of Work (Check All That Apply)				1400 %	SYPT	NJ C	0	33	2	
<b>⊠</b> ≥3 sf or ≥3 lf	□ Renov	ation		□ Full	Containme	ent with Negative Pr	essur	e.		
≥ 160 sf or ≥260 lf	Demol			☐ Min	i-Enclosure					
						(*) and Non-Friabl	e Pro	cedur	е	
	Is Loca	33 T N A V							ement pe	
Location of	Norma Used Sol			scription of	(0.004)	A	-	Γ,		П
Asbestos-Containing Material (ACM) TO BE ABATED	Maintena	ance/		taining Material I systems insula		Amount (Specify	Re	מ	Enc	E
In Facility (13)	Custodial (12)			cing, VAT, or miscellaneous)		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes No	N/A	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u>a</u>	7	late	re
	100 110	×	Ciden	Shinola	-	900 SF	X			
exterior		-	Siding	<u>Shingle</u>	2	7000	1	-		
		-	<u> </u>	-			-			-
			-						-	-
		NJDEP V	Monto Cubic	Yards	Name of	Registered Landfill				
Name of Registered Waste Hauler		Hauler ID		iste /				,	. د	Λ.ς
EPC Technologies		170	OO	G not Date	City, State	e Managen	へくつ	t u	FY	M
- City, State	15			sal Date -23-13		e isville P	A			
New Egypt 1	Title			Signature	~ n	Da Da	te			
Steve Schenker	Presid	knt		Slue	Sch	oh	2-	7-	13	

### Check #

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Date of Notification (1)	12-7-13	3	N		Building Owne			1-11	ecchio				
Agencies Notified	Type Notification		S	treet Ad	dress			and the	· · · · · · · · · · · · · · · · · · ·	1	DIQ.	4.	
□ EPA	✓ Initial		-	ity Stat	e, Zip Code	Win	Val	< R	oad		f		_
DEP DOL	Amended Amendment #	4	_   ~	ity, Stat	and the second	iving	stori	· N.	5 070	39		*	- 1
⊅ DOH	☐ Emergency (in justification)	cluding	N	lame of	Contact	J			Telephone No				-
□ DCA	☐ Cancellation			Guy		lecc.1	חוט	<u>, ;, ;</u>	973-7	69-5	517	0	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFORMA	TION	Type o	f Facility (4	4)				
	nily Shore		وسانح	•			1000	chool (K-1					
Street Address	0						s D,	ubchapter	8 (Other than K- rivate & commer		linas	homo	
121	Carmel	DRIV	رد				et	c.)					5,
City (5)	lette 1	7.0		070	39		Square	ereet	# of Floors	В	ldg. A	ge   + ~	
County (6)	ierre i	• 5		County C	ode (7)		Curren	t Use (Prid	or if being demoli	shed)	60	1	
Oce	an		(	STATE U	SE ONLY)		St	שחטופ	House				
Name of Monitoring Fire				ASCM	No.	Name	of Abate	ement Con	A	200	, ,	7.	
Street Address	chnole	3163			MIN	Stree	t Address	160	thnole	3169	<u>,</u>	rn	6
P.O.	Box 33	37				F	20.1	30%	337	_			
City, State, Zip Code		714	- /	20	523	City	State, Zip	Code	-4 117	70	06	: 2	2
Project Manager for Mo	SYPT,	MO	- 17	elephor	CCC		chone No	Egy	License	No	0	)3.	2
Stranger for Mo	ett rijg Firm	L			7 <i>5</i> 8-336			- 336		03	39	4	
Start Date (10)		Schedule	d Com	pletion [	Date (11)		e of OSH	A Monitor	1			-	
	2013			13, 3	2013				hnologie	s I	nc		
Occupancy Status Duri							et Addres	0.22	337				
Facility Closed/Va  Abatement Perform	cated During Entire P med Outside of Norma	eriod of A al Facility	batem Hours	ent			State, Zij		<del></del>				
☐ Other – Describe:			<del>:</del>			1	lew E	gyot	TU	083	53	3	
Scope of Work (Check	All That Apply)							-(,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti	127.00				Containm	ent with Negative	e Pressu	re		
2160 \$1 01 2200 11			Ciriona	OII			☐ Glo	vebag Pro	cedure	abla Dra			
		T	14			/	NOI	-Exemple	d (*) and Non-Fri	able FIG		ement	
Location	on of	l N	Location Lormall	у		Description	on of	22			Ту	/pe	
Asbestos-Containin	g Material (ACM)		d Solel ntenar		Asbestos C		Material		Amount (Specify	27		En	ш
TO BE A		Cust	odial S (12)	staff?	St	urfacing, V	AT, or	dori,	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13	5)	-		г -	oth	er miscell	aneous)			va va	=	ulate	ure
		Yes	No	N/A							-		
exterior		,	X	X	Sidin	9 2h	ningl	es	800 5	NF X	-	-	
						<i></i>					_		
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				<u> </u>						1511			
Name of Registered W	aste Hauler		1 5.00	JDEP V auler ID		ubic Yards Waste	,		Registered Land		040	_	۸.۸
EPCTE	chnologies	<b>S</b>		170			0		te Manag	enen	t u	FK	14
City, State	3	NJ	**		11000	sposal Da		Mozi	usuille	PA			
New E	JAK	Title	^			Signatu		CI		Date	7.	12	
Steve Sch	en Keir	HRE	sid	ent		2	lesso)	DCK	oh	19.	1-	<u> </u>	

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

Date of Notification (1) Dec. 6, 2013		. Name o	of Building ( Irizarry	Owner/Operat Property	or (2)	8	10			1	
Agencies Notified Type Notification			Address Bruck Ave	enue			DEC 11	2013		F	
EPA Initial Amended Amendment	#	City, St.	ate, Zip Co Amboy,	<sub>de</sub> NJ 08861	V (W					- <u>F</u>	
DOH Emergency ( justification) Cancellation			of Contact Irizarry				Telephone Nu 732-841-61			1	
		FAC	ILITY INFO	ORMATION			<del></del>				
Name of Facility Where Abatement is Takin Jorge Irizarry Property	g Place (3)	4.			Т	ype of Facility (4	8		٠	1	
Street Address 364 Bruck Avenue		9				Subchapter	8 (Other than K-1 ivate & commerc		dings,	home	es,
City (5) Perth Amboy						quare Feet 800 SF	# of Floors		ldg. A 924	ge	
County (6) Middlesex			Code (7) USE ONLY			urrent Use (Prio Residence	r if being demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	M No.			Abatement Cont ng Touch Ast		tement Corp., Inc.			
Street Address						ldress oadway, Unit	t A				
City, State, Zip Code				City	, Stat	e, Zip Code Branch, NJ 07	7740				
Project Manager for Monitoring Firm		Telepho	one No.			ne No. 22.8372	License N 00040	No.			
Start Date (10) 12/17/13	Scheduled C	ompletion	Date (11)	Nan N/		OSHA Monitor					
Occupancy Status During Abatement (Chec	k Only One)			Stre	et Ac	Idress					
Facility Closed/Vacated During Entire   Abatement Performed Outside of Norm Other – Describe:	Period of Abat			City	, Stat	e, Zip Code					
Scope of Work (Check All That Apply)									9.00		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The second of th	ovation olition			7	Mini-Enclosure Glovebag Proc				•	
	1		T			Non-Exempled	( ) and Non-i ha	010 1 10	Abate		t
	Is Loc Norn			<b>.</b>						ре	`
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Si Mainte Custodia (1	olely by nance/ al Staff?		Descript tos Containing thermal syste surfacing, other misce	g Mat ems ir VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A								Ö	
BASEMENT		Х		TS	I		50 LF	Х			
				±0							
Name of Registered Waste Hauler Finishing Touch Asbestos Abateme	nt Corp., I	NJDEP N Hauler II 12058		Cubic Yard of Waste 3 Cy	S	1	Registered Landfi S North Landf				
City, State Oceanport, NJ 07757-0400				Disposal Da		City, State Morrisv	e rille, PA				
Completed by	Title			Signat		1/		ate			
Joseph P. Miller	Preside	nt	3	Sigilal	My	of pMV		2/6/1	3		

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) December 5, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ■ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS □ DCA ☐ Amended Notification X DOL City, State, Zip Code DEC 1 1 2013 ■ Emergency (including PISCATAWAY, NJ 08854 ☑ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled 848-445-2550 MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) RECORDS HALL, BLDG# 3080 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) COLLEGE AVENUE CAMPUS Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years County (6) County Code (7) (State Use Only) Current Use (prior if being demolished): ACADEMIC NEW BRUNSWICK MIDDLESEX Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. 0098 Cardno ATC GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BUTLER, NJ 07405 BURLINGTON, NJ 08016 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/16/13 12/24/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ▼Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 lf Demolition X ≥ 160 sf or ≥ 260 Glovebag Procedure ■ Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA **Room 126** X X VAT 2000 SF Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: 15 CY G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 12/24/13 Rd. Morrisville, Pa Hauler #2) S TG - 58 Pyles Lane, New Castle, De 19720 19067 NJ DEP # SW2117 215-736-1700 Completed by (Print or Type) Date Raymand C. Pedalino RAYMOND C. PEDALINO SENIOR PROJECT December 5, 2013 MANAGER

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

B & G proj. #: 2013-97G

Check # 6246

Date of Notification (1)	I I Name	of Building	Owner/0	Operator (2)									
		minary U											
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Agencies Notified Type Notification	11		Ctroot				3				1	8	
- Initial		0 Albany											
□ DEP	City,	State, Zip C	ode	1.08001									
▼ DOL	11	ew Bruns		1 0090 1	_		Te	lephon	e Numbe				
DOH Cancellatio	.						1 7	32-2	49-2220				
☐ DCA ☐ Caricellatio	<u>M</u>	lerissa Bu						02 Z	10 2220			2000	
			FACILI	TY INFORMAT	ION		Type of F	ocility.	(A)				
Name of facility where abatement is to	aking place	(3)					Type of I	School	ol (K - 12)				
Vacant Building									napter 8 (0			2)	
Street Address						. 1	X	Other Bldgs	(Private/C	etc.	Jai		
18 Bishop Place							Square		# of Floo		Bldg	g. Age	9
	County	(6)			County	Code (7)							
City (5)					(State	use only)			Prior if bei		olished	1)	
New Brunswick, NJ 08901	Middl			ASCM No.	-116	lame of Abatement			housing				
Name of Monitoring Firm Hired by Bl	ne of Monitoring Firm Hired by Bldg. Owner (				11			(0)					
The Louis Berger Group, In	C.				=  -	B & G Restorat	ion, inc.		_			_	
Street Address					119	105 Ryerson F	Road			80			
412 Mount Kemble Avenue	)				=	ity, State, Zip Code							
City, State, Zip Code Morristown, NJ 07960						Lincoln Park,		5			a thousand the		
		Phon	e Numbe	er	-	elephone Number				e Numb	er		
Project Manager for Monitoring Firm		1.000000000	407-10		- 11	(973)696-686	- Chile			00378		_	-
Craig Napolitano	ICabad /	Completion			[7	Name of OSHA Mon							
Scheduled Start Date (10)	1		Date (11)	,	١L	B & G Restora	tion, inc.	-	-			-	- T
11/21/2013		/2013			-115	Street Address 105 Ryerson F	Road						
Occupancy Status During Abatement	(Check onl	y one)				City, State, Zip Code							
Facility closed/vacated during e	entire period of normal fa	of abatemicility hours-	ent.										
Describe:					-	LincolnPark, N	17 0/033					- 13	=
Other-Describe.													
One of Mark (check all that apply)													
Scope of Work (check all that apply)			4		Fu Fu	ıll Containment w/ne	egative pre	ssure	-	vebag pr			
▼ Demolition	Renovation					ıll Containment w/ne	egative pre	ssure	-	vebag pr n-friable			
▼ Demolition	Renovation 160 sf or 2	260 If	ed solely	1			egative pre	ssure	_	n-friable	proce	dure	Е
Demolition    >3 sf or >3 lf   Location of	Renovation  160 sf or   Is location by mainten		sed solely		X W	ini-enclosure		Amoun	Nor	n-friable R e m	proce	dure	n
Demolition    >3 sf or >3 lf       >	Renovation  160 sf or 2	260 If	ed solely		M on of as		4	Amoun	₩ Nor	n-friable R e	Proce R e	E n c a	
Demolition    >3 sf or >3 lf  Location of asbestos-containing	Renovation  160 sf or   Is location by mainten	260 If	ed solely dial N/A	Descriptio	M on of as	ini-enclosure	, , ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	Amoun Specif F)	Nor	n-friable R e m o v	R e p	E n c	n
Demolition    >3 sf or >3 lf     >	Renovation  160 sf or 2:  Is location by mainten staff(12)	260 If normally us nance/custo	dial	Descriptio material (/	on of as	ini-enclosure bestos-containing	, ( ( L	Amoun Specif F)	Nor t y SF or	R e m o v e	R e p	E n c a	n
Demolition    >3 sf or >3 lf	Renovation  160 sf or 2:  Is location by mainten staff(12)	260 If normally us nance/custo	dial N/A	Description material (/	m of as ACM)	ini-enclosure sbestos-containing	7 22 3°	Amoun Specif F)	Nor t y SF or 40 sf	n-friable R e m o v e	R e p	E n c a	n
Demolition    >3 sf or >3 lf	Renovation  160 sf or 2:  Is location by mainten staff(12)	260 If normally us nance/custo	N/A	Description material (/	on of as ACM)	ini-enclosure bestos-containing	7 22 3 3	Amount Specif F)	Nor t ty SF or 40 sf	R e m o v e X	R e p	E n c a	n
Demolition    >3 sf or >3 lf	Renovation  160 sf or 2:  Is location by mainten staff(12)	260 If normally us nance/custo	N/A	Description material (/ loompresse pipe insula joint compostation of the compost of the composition of t	an of as ACM) d boa tion / ound r tiles	ini-enclosure sbestos-containing and above heater mudded joints	7 22 3° 1,	Amount Specifi F) 25 sf 10 lf / 000 s	Nor t ty SF or 40 sf	R e m o v e X	R e p	E n c a	n
Demolition    >3 sf or >3 lf	Renovation 2160 sf or 2: Is location by mainten staff(12) Yes	260 If normally us nance/custo	N/A  X  X  X	Description material (/ compresse pipe insula joint composed 12x12 flood ext duct we	on of as ACM)  d boation / ound r tiles	ini-enclosure sbestos-containing and above heater mudded joints eam caulking	3° 1,	Amount Specif F)	Nor t ty SF or 40 sf	R e m o v e X	R e p	E n c a	n
Demolition    >3 sf or >3 lf	Renovation 2160 sf or 2: Is location by mainten staff(12) Yes  NJDE	260 If normally us nance/custo No	N/A  X  X  X	Description material (A)    compresse   pipe insula   joint composite   12x12 floo   ext duct we ubic Yards of V	on of as ACM)  d boation / ound r tiles	ini-enclosure sbestos-containing and above heater mudded joints eam caulking TName of Registers	22 3° 1, 30 1	Amount Specif F) 25 sf 10 lf / 000 s 00 sf	t y SF or  40 sf	R e m o v e E X	R e p a i r	E n c a	n
Demolition    3 sf or >3 lf	Renovation 2160 sf or 2: Is location by mainten staff(12) Yes  NJDE	260 If normally us nance/custo No  P Hauler ID	N/A  X  X  X  X  Disposal [	Description material (A)    compresse   pipe insula   joint composition   12x12 floo   ext duct we composite   20   paterial   20   paterial	on of as ACM) d boa tion / ound r tiles ork se	ini-enclosure sbestos-containing and above heater mudded joints eam caulking Name of Registere Tullytown City, State	22 3° 1, 30 1 1 Ped Landfill Resource	Amount Specif F) 25 sf 10 lf / 000 s 00 sf	t y SF or  40 sf	R e m o v e E X	R e p a i r	E n c a	n
Demolition    >3 sf or >3 lf	Renovation 2160 sf or 2: Is location by mainten staff(12) Yes  NJDE	260 If normally us nance/custo No  P Hauler ID	N/A  X  X  X  X  Disposal [	Description material (a)    compresse   pipe insula   joint composite   12x12 floo   ext duct we cobic yards of various 20	on of as ACM) d boation / ound r tiles ork se Waste	bestos-containing and above heater mudded joints eam caulking Name of Registere Tullytown	22 3° 1, 30 11 ed Landfill Resource	Amount Specif F) 25 sf 10 lf / 000 s 00 sf	t y SF or  40 sf	Removee	R e p a i r	E n c a	n

State of NJ

	tion of Asbestos	Abatement
Notificat	1011 OF ASSOCIATION OF A NUMBER 2017	and 17:120-7
(Pursuant	*** ON HOLD	***
1	*** ON HOLD	-5/-03

Check # N/A 2013-97G B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Seminary Urban Renewal 1 1 1 1 1 2 10 1 1 1 3 1 Type Notification Street Address Agencies Notified 120 Albany Street X EPA Initial City, State, Zip Code ☐ DEP New Brunswick, NJ 08901 Telephone Number Amendment X DOL Name of Contact 732-249-2220 DOH Cancellation Merissa Buczny ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Vacant Building Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet Street Address 18 Bishop Place County Code (7) Current Use (Prior if being demolished) County (6) (State use only) residential housing City (5) Middlesex Name of Abatement Contractor (9) New Brunswick, NJ 08901 ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. The Louis Berger Group, Inc. Street Address 105 Ryerson Road Street Address 412 Mount Kemble Avenue City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Code License Number Morristown, NJ 07960 Telephone Number 00378 (973)696-6869 Phone Number Project Manager for Monitoring Firm 973-407-1000 Name of OSHA Monitor Craig Napolitano B & G Restoration, Inc. Sched. Completion Date (11) Scheduled Start Date (10) 01/17/2014 \*\*\*\*\* Street Address 105 Ryerson Road 11/21/2013 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation Mini-enclosure Demolition E E ≥160 sf or ≥260 lf e е n >3 sf or >3 lf Is location normally used solely Amount m Description of asbestos-containing C (Specify SF or by maintenance/custodial 0 a Location of materia! (ACM) p asbestos-containing staff(12) material to be N/A No abated in facility (13) X Yes 225 sf compressed board above heater X 310 lf / 40 sf pipe insulation / mudded joints **BSMT Mechanical Room** 1,000 sf joint compound Basement X 300 sf 12x12 floor tiles Basement 10 lf ext duct work seam caulking 3rd floor restroom Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# exterior Registered Waste Hauler 20 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA 11/21/13 - 01/17/14 Date City, State Gordana Luna 11/20/2013 Lincoln Park, NJ Signature Completed by (Print or Type) Secretary/Treasurer Gordana Luna

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2013-97G B & G proj. #: Check # 6296 \*\*\* PROJECT RESUME \*\* Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/10 16 1/11 13 Seminary Urban Renewal Street Address Agencies Notified DEC 1 4 2013 X EPA 120 Albany Street Initial ☐ DEP City, State, Zip Code Amendment New Brunswick, NJ 08901 X DOL Telephone Number Name of Contact X DOH Cancellation 732-249-2220 Merissa Buczny ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Vacant Building Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors 18 Bishop Place Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential housing New Brunswick, NJ 08901 Middlesex Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. The Louis Berger Group, Inc. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road 412 Mount Kemble Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 973-407-1000 Craig Napolitano Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 01/17/2014 Street Address 11/21/2013 105 Rverson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 if >3 sf or >3 lf E E is location normally used solely n Location of by maintenance/custodial Amount Description of asbestos-containing m p C asbestos-containing (Specify SF or C staff(12) material (ACM) a a material to be v abated in facility (13) N/A Yes No SEE ATTACHD 2 SHEETS Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 100 B & G Restoration, Inc. Disposal Date City, State Tullytown, PA 11/21/13 - 01/17/14 Lincoln Park, NJ Date Signature Completed by (Print or Type) 12/06/2013 Secretary/Treasurer

Gordana Luna

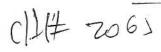
Re: Two page attachment to 10-day notification for asbestos removal at 18 Bishop Place, New Brunswick, NJ 08901

This is amendment # for the notification. We are adding additional asbestos 2013 material to be removed from various floors.

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Basement Mechanical	NO	Compressed Board Transite	225 SF	X	
Room Throughout Building	NO	Pipe Insulation	600 LF	X	
Throughout Building	NO	Joint compound	1,500 SF	X	
Throughout Building	NO -	Mudded Joints	100 SF	X	
3 <sup>rd</sup> floor Restroom	NO .	12x12 VAT	300 SF	X	
Exterior Building	NO	Exterior Duct work seam caulking	10 LF	X	
Throughout	NO	Wall plaster, brown coat	10,500 SF	X	
Throughout	NO	Ceiling plaster, brown coat	6,200 SF	X	
Basement kitchen break room	NO	Black floor tile with mastic	325 SF	X	
Basement kitchen Break room	NO	Sink undercoating, white	3 SF	X	
1 <sup>st</sup> floor rooms	NO	White floor filler under wood flooring		X	
1 <sup>st</sup> floor rooms	NO	Floor tile under carpet & wood flooring	290 SF	X	

Basement kitchen break room	NO	Weatherproofing tar on exterior wall	250 SF	X	
Roof	NO	Black tar on membrane & roofing tar (bottom layer)	310 SF	X	DEC 1 1 201
Exterior	NO	Exterior window glazing	200 LF (40 openings)	X	
Greenhouse	NO	Exterior window frame caulking	80 LF	X	
Garage Basement	NO	Furnace insulation & furnace cementitious insulation	30 SF		



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Project Manager for Mo	nkering Firm		_	Teleph	one Ne.			MAI OLOR						
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### IBN CONSTRUCTION CORP

49 HERMON STREET NEWARK, NJ 07105 (973) 344-4568

DEC 1 1 2013

New Jersey Department of Labor and Work Force 1 John Fitch Plaza Trenton NJ 08625

11/3/2013

Re: 250 Ave E Bayonne NJ

To whom it may Concern

Hereby request emergency authorization to clean up an approximate 2500 SF of contaminated area due to a demolition.

The property was inspected by the inspector Peter Alvarez on 12/2/2013 and he gave us a verval authorization to start on 12/4, 2013

Asbestos Contractor: First Phase Group Inc. 567-52<sup>nd</sup> Street Suite#16 West New York NJ 07093 201-758-7158

Sincerely Yours

Nelson Martin Espinoza IBN General Contractor

UIA U.S.MAIL On # 7071

	* * *	(Pursuant to repre-			ÜEC- t	
late of Notification (1)	12/7/13	He Christin	Slopher	Phillip	5	713
gency Notified	Type Notification	Street Arkiness	AKE DOOR	, ROAD		
	X Initial	City, State, Zip		07435		
IEPA IDEP	Initial Amended	GREEN PO	and . Ni	J		
DOL	Amendment #  O Emergency (including			Te	elephone Number	5045
DOH ·	netification)	HR Phi	111 PS	9	13 997 X	6045
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				C) Subchapter 8 (O) C) Other (Le. private	ther than K-12) is & commercial buil	dings,
treet Achtress	END ROAD			/ homes, esc.)		
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lame of Monitoring Firm	Hired by Building Owner		NOVAT	ECM. IN		<del></del>
3) .			Street Address	RIL	I. <sub>.</sub>	
Street Address	- ·		b.O' Box			
			City. State, Zip	NOE NO C	18857	•
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Project Manager for Mo	oitoino Finn-	Telephone No.	Telsphone No.	18x7500	00806	
Project Manager III III			Name of OSH	A Reconstor		•
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12/05/2013 13:39

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.,,	Type Nalification				Street Address 36 Salem Lanc					DOF.	E-L	<del>0. D</del>	ri	$\exists$
EPA DEP DOL	Initial Amended Amendment		City, Sisto, Zip Code Linia Silver, NJ 07739				ngo - 5 2013							
M DOH	Emergency (   justification)   Cancalistion		Name of Contact David Renne											
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County (6) Monmouth	•			***************************************		lil.	Re	oid Co		rg demolisi	head)			
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Sinesi Address 1000 Maplewood Drive, Suite 207						62	23 Cutler A.e.							
City, State, Zip Code Maple Shade, NJ 080	052					М	aple Si	ZIP Clode nade, NJ	08052					
Project Manager for Monitoring Firm Talapha Tany Esposito 856-73				55-9300	00 (855)755-0089 00842									
Start Date (10) December 9, 2013	Britishuled Completion Date (11) December 13, 2013					7.57	Name of OBHA Monitor EMSL							
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		la Los					<i>*</i>				Abalement Type			
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Name of Registered Wasti Freshold Cartage	a Huuler		1	JDEP V lauler ID 2253		Lubic Yar	Ĵs	G.R.C	).W.S	ered Lendill andilli	1		J	
City, State Mount Holly, NJ						2-13-13		City, at	DWN, P	A				
Completed by Christina Lynch	Office Manager					Biomiture Dale 12/5/2013								