State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) **Dupont Nemours Company** 12-14-12 2012 DEC 18 PM 2: 58 Street Address Agencies Notified Notification Type Rt 130 South ☑ DEP ☐ Amended City, State, Zip Code & LICE KARAMENUMBE Deepwater, NJ 08023 Amendment 4 Emergency (Including Telephone Number Name of Contact ☐ DOH☐ DCA Justification) Richard Clarke ☐ Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chamber Works Plant ☐ School (K-12) Street Address Subchapter 8 (other than K-12) Rt 130 South Other (i.e. private & commercial buildings, homes, etc. # of Floors City (5) Square Feet Bldg. Age Deepwater County (6) County Code (7) (STATE Current Use (prior if being demolished) USE ONLY) Salem Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Contractor (9) ASCM No. County Environmental Harvard Environmental Street Address Street Address 761 Pulaski Hwy 461 New Churchmans Rd. City, State, Zip Code City State, Zip Code New Castle, DE 19720 Bear, De Project Manager for Monitoring Firm Telephone No. Telephone Number License Number 302-326-2333 (302) 322-8946 00578 Wesly Morrison Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) 1-2-13 3-31-13 County Environmental (12-003A)Occupancy Status During Abatement (Check only one) Street Address 461 New Churchmans Road □ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours -New Castle, DE 19720 Other - Describe: Unoccupied area. Scope of Work (Check all that apply) $\boxtimes \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Demolition ≥ 160 sf or ≥ 260 lf onted (*) and Non-Friable Procedure

						□ Mon-Exemp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		occuare			
		Is	s Location	on						Al	oater Typ	ment pe
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Use Ma	Normall ed Solel aintenar Custodi Staff? (12)	ly by nce/ al	1910-1910	Description of estos Containing Ma e. thermal systems in surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amoui (Speci SF or L	fy	Removal	Repair	Encapsulate
		Yes	No	N/A								
Thermal Systems	Thermal Systems				Ther	mal coverings through	ghout area	22000LF		Х		
Thermal Systems			X		Ther	mal coverings through	ghout area	2000SF			X	X
Floor Tile /Mastic			x		Floo	r tile and mastic thro	ughout area	1800SF		X		
Name of Reg. Waste Ha S&J Transport.	NJI ID 032	No.	aste Hau	uler	Cubic Yards of Waste >30	Name of R Constoga	leg. Landfill					
City, State Woodstown, NJ					Disposal Date TBD	City, State Morgantov						
Completed by Evelyn Walsh Office Manager					Signature	-2		Date 12-14	4-12	2		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7
| Name of Building Owner / Opera

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Date of Notification (1)						AT&T	anding owner.			001	5	(,
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Agencies Notified	Type of No					200 North v					<u> </u>	
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☐ DEP		Amen			1	Name of C			Telephon	ne Number		
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□ DCA		Variou	inaci		F	ACILITY INF	ORMATION				ED	00
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lame of Facility Whe	re Abatem	ent is	Taki	ng Pi	ace (3)		Type of Facility	(~)				
T&T							[] Particular (1986)	ol (K-12)				
treet Address								hapter 8 (Other				
01 Asbury Avenue								(I.e., private &	cmmercia	31		
								# Of Floors		Building /	Age	
ity (5)	County (6)		10	County Code	(7)	Square Feet 5,000	# 01 11001		Dunaing /	50+	
Ocean City	Atlantic						Current Use (Pr	ior if being dem	olished)			
							Commerci				7300	
lame of Monitoring	Eirm Hirad	hy Blo	da ()wne	r (8)	ASCM NO	Name of Abaten	nent Contractor	(9)			
ame of Monitoring	riiii niied	Dy Dic	.g. c	, , , , , , ,	. (0)							
Acer Associates							LVI Environment	al Services Inc.				
Street Address							Street Address					
03 Bloomfeild Drive							ACO Cotto Avenu	0				
ity, State, Zip Code							462 Getty Avenu City, State, Zip					
Vest Berlin, NJ. 0809	1	-1	-		Telephone Nu	mher	oity, State, Lip	Juli				
	tt Depalma 856 809-					mper	Clifton, NJ 0701	1			···	
att Depalma 856 809-1 leduled Start Date (10) Sched. Completetion Da						11)	Telephone Num		License	Number		
01 / 03	/ 13		01	Jp.(07	13_						
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Occupancy Status D	uring Abat	ement	(Ch	eck C	Only 1)		Name of OSHA					
☑ Facility C	osed/Vaca	ited Du	ıring	Entir	re Period of		LVI Environment	the state of the s				
Abatemer	ıt						Street Address					
☐ Abatemer	t Performe	ed Out	side	OF NO	ormal Facility		462 Getty Avenu	ie				
Hours D	escribe: escribe:	MON	FRI				City, State, Zip			V-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	1100	
Other - De	scribe	7:00A	M-3	:30PN	И		Clifton, NJ 0701					
Scope of Work (Che	ck All That	Apply)									
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☐ Demolitio			V		Renovation		Mini - Enclosur					
≥3sf or ≥3≥160 sf or							Glovebag Proc	edure				
☐ ∑100 si 0i	<u>-</u> 200 II						Non-Exempted	(*) and Non-Fria	ble Proce	edure		
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Location o		1	Is			sbestos - C			R	1	E	E
Asbestos Cont			cati	88	_ ~	Material		Amount	E	R	N	N
Material (AC TO BE ABA)			Usec	200		l.e., therma	l systems	(Specify	M	E	C	C
in Facility			olel		ins	ulation, sur	facing, VAT,	SF or LF)	3	P	A P	l _L
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		YES	NU	NA	Paint			4SF	V			
Roof Section 1							4SF	V				
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Poof Cartion 2		1=	H									
Roof Section 3		uler			NJDEP Wast	e Cubic	Name of Regis		une - III IALAWARA II			
	Waste Ha				Hauler ID No	. Yards	Minerva Landfill					
Name of Registered					SW2117	of Waste	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM		eminahining a statut			
Name of Registered Service Transport Gr			10.11			1011	City. State					
Name of Registered Service Transport Gr 58 Pyles Lane						Disposal	OOFE ME	and				
Name of Registered Service Transport Gr 58 Pyles Lane City, State			0.11			Date	8955 Minerva P	oad . H. 44688				
Roof Section 3 Name of Registered Service Transport Gr 58 Pyles Lane City, State New Castle, DE.	oup				Title	Date	8955 Minerva P Waynesburg, Q	H. 44688	,		Date	
Name of Registered Service Transport Gr 58 Pyles Lane City, State	oup				Title Project Mana	Date 1/11/2013	8955 Minerva P Waynesburg, Q	oad , H. 44688 nature) .		Date	12/17

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Date of Notification (1) 12/13/2012				Building			(2)		2610	PEO	Sec. 1	18			
Agencies Notified Type Notifica	tion		Street A	ddress COMMC	N OAK	(S DR	IVE		£812	DEC 1	8 Pi	4 2	?: 5	8	
DEP Amende	nent #	_		te, Zip Co GH, NC		l			* D450	LICE	* 77.70		RO	Ĺ	
DOH justificat				Contact	renner					ephone N		-			
			FACI	LITY INFO	ORMATI	ON							1155		
Name of Facility Where Abatement is T HYATT BUILDING	aking Place (3)					Туре	of Facility of School (K-	12)						
Street Address 1 EXCHANGE PLACE							×	Subchapte Other (i.e. petc.)				ıildir	ngs,	home	es,
City (5) JERSEY CITY							Squa	are Feet	# of 10	Floors		Bld	g. A	ge	
County (6) HUDSON			County (Code (7) USE ONLY)	_		ent Use (Pri MMERCI		ng demol	ished)	1			
Name of Monitoring Firm Hired by Build ENVIROVISION	ling Owner (8)		ASCM	1 No.				atement Co			1				V.0
Street Address 20-21 WAGARAW RD						Street 235		ess CHUNG	AVE						
City, State, Zip Code FAIRLAWN NJ 07410								Zip Code RANGE N	J 070!	52					
Project Manager for Monitoring Firm WILLIAM MORALES		Telephoi	ne No. 36-9145		Teleph 973-	one N	No.		License 01171	No.			-		
Start Date (10) 12/17/2012	Schedul 02/08/		200	Date (11)	-	Name	of OS	HA Monitor DER LABO		Alexander of	GI OF	2ΔΙ			
Occupancy Status During Abatement (0						Street	***********			JINILO	OLOI	J/ \L	_		
Facility Closed/Vacated During En	tire Period of	Abaten				2512	W. (CARY ST	REET						
Abatement Performed Outside of l Other – Describe:	Normal Facility	/ Hours	•					Zip Code ND VA 23	3220						
Scope of Work (Check All That Apply)							-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Ė	M GI	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure						
	le le	Locati	ion					on-Exempte	u () un	2 14011-1 11	T T			ment	
Location of		Vormal	lly		Des	scription	of						Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)) Ma	ed Sole iintena todial S (12)	nce/		tos Cont thermal surfac	aining N	Materia s insul T, or	lation,	(S	mount specify or LF)	Kemova)	Repair	Encapsulate	Enclosure
	Yes	No	N/A											e	
Main Building- Ban Vault			x	F	loor Til	es and	Mas	stic	2	40sf	x				
Bank Side- Basement		х		FI	oor Til	е		1	00sf	x		· - 1			
Basement across bank vaul		x		Pipe	Insula	tion			45lf	x		-5507			
1st Floor Hallway			х		Tile a	and Ma	stic		2	75sf	x				
Name of Registered Waste Hauler CIRCLE RUBBISH		. н	JDEP W		Cubic of Was			Name of TULLY				EF	AC	ILIT	Υ
City, State LINDEN NJ	*		8816		Dispos	al Date		City, Stat	te					- volveitud	
Completed by SLAWOMIR KIELCZEWSKI	SIDEI	NT	÷,	S	ignature	100	iski.	******		Date 12/13	/20	112			

Location - Main Buildin	10			762
	_	Material		Affrox Quantity
Basement 3, Boiler Room - Boile left of center "Betsy" boiler.		(Dark) (Light) Grey / black / brown interior boiler insulation, entire bo	n ·	Rippox Quantity
Basement 3, Boiler Room - On to boiler left of center "Betsy" boile		Grey boiler insulation (cylindrical to on top of large left boiler).	top	1,900 Square Feet.
Basement 3, Boiler Room - Behir boiler left of center "Betsy" boile	- 1	White (top layer) and grey (bottom layer) duct insulation.		900 Square Feet (3* Thick).
Basement 3, Boiler Room - Cente "Betsy" and boiler right of "Betsy	r ,n.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boil	ler	I IIICK).
Basement 3, Boiler Room - On top boiler left of center "Betsy" boiler		Grey / brown boiler & wrap insulati (cylindrical top on top of middle "Betsy" & right boiler).	ion	3,800 Square Feet.
Basement 3, Boiler Room – Behind cer "Betsy" and boiler on right side.		White (top layer) and grey (bottom layer) duct insulation.		1,800 Square Feet (3 Thick).
Basement 3, Boiler Room – Above boilers. Basement 3, Boiler Room – Above	- 1.	Grey / White Elbow Insulation.		40 Large / Small Elbows.
boilers. Basement 3, Boiler Room – Above a	10	Grey Pipe Wrap Insulation.		2,865 Linear Feet.
Basement 3, Boiler Room, next to	1	White / Grey Ceiling Insulation.	1	2,400 Square Feet.
Basement 3, Main Center Room w/	ir	Vhite hot-water-tank (cylinder) wrap nsulation.		150 Square Feet.
basement 3, Main Center Room w/	N	White boiler insulation (small boiler).	1	80 Square Feet.
reight elevator. asement 3, Room Right of	In	reen, Red & Grey/White Pipe sulation & Elbow Insulation.	5	40 Linear Feet & 98 Ibows.
lectrical Room. ub-Basement, Telephone	W	hite / Grey Pipe Insulation.	10	60 Linear Feet.
Juipment Room.	Gr	rey Duct Insulation.	40) Square Feet.
uipment Room.	GI	hite / Grey Pipe Insulation & White / ey Elbow Insulation. nite / Grey Pipe Insulation & White /	50	5 Linear Feet & Elbows.
sement, Electrical Room, Room	Gre	ey Elbow Insulation. ite / Grey Pipe Insulation & White /	71	Linear Feet & Elbows.
Electrical Room.	Gre	y Elbow Insulation.	10	Linear Feet & Elbows.
ement, Electrical Panel Room. ement, Electrical Panel Room.	Off- Blac	White Pipe Insulation.	2 E	Linear Feet & Ibows.
ement, Meter Room (water n).	Whi	te / Grey Pipe Insulation & White / v Elbow Insulation.	80 1	Square Feet. Linear Feet &
ment, Vent Room.	Grey	Air-O-Cell Pipe Insulation (inside	12 F	Linear Feet &
ment, Vent Room (exterior	White	e duct vent lining (assume interior	65 E	bows. - 500 Square
Daniel Avy D			Feet. 112 S	

¹ EXCHANGE PLACE, JERSEY CITY, NJ

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Date of Notification (1)	minula				g Owner/Operator	1 1/2	0	1.15	3	_	
	Type Notification		GRA Street A		LLC.	70 TR	DANNY !	SAN	學)(-	-
Agency Notified	Initial		811	¥,	Thou A	Œ		- ⁰ /	-	6	9
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DOL	Amendment #	ina	EDI	500	N, NN.	E880	-	20		75	
DOH .	justification)	mg	Name of	Contac	1		Telephone Numb	91	-	-	?
/D'DCA	☐ Cancellation		115	171-	MANG		1		CH.	4	3
	11. 1. ant in Taking Di	200 (3)	FACILI	TYINE	ORMATION	Type of Facility	(4)		1		\dashv
Name of Facility Where		(3)	BU) #	18#2						
79 WEST	SERSEY	21	DEV) -+-	1470	☐ School (K-1 ☐ Subchapter	8 (Other than K-12)				
ELI 2ABETH	·CIU	*				Other (i.e. p homes, etc.	rivate & commercial)				
City (5)		•				Square Feet	# of Floors	Bldg. A	ige		
				S- J- 77	VOTATE LICE		Prior if being demolis	hed)			\dashv
County (6) (0 N)	Ę		ONLY)	Joge (7)	(STATE USE	Current Ose (r	Closed	BU)≤	,	
Name of Monitoring Firm	Hired by Building Own	er ASC	I No.		Name of Abatem		9)				
(8)					NOVATE	ch. INC					_
Street Address	÷				Street Address	x 814	:.			111	
City, State, Zip Code					City, State, Zip C	ode 106F	80 CIU	857	_	21	
Project Manager for Mon	itoring Firm	Telepho	ne No.	-	Telephone No.	20.000	License No.	r.C			
-					732 2	38×120	800	06.			
Start Date (10)	Scheduled C	ompletion D			Name of OSHA		ÚC .		187	ā.	
Occupancy Status During	Abatement (Check on				Street Address	VOIL			10		
Facility Closed/Vacate	d During Entire Period	of Abatemen	t ·		City, State, Zip C	. 0.1		overence.			
Abatement Performed Other – Describe:	• •	iny Hours			OID BIS	DGE	NO.088	357			
Scope of Work (Check al	I that apply)	4.6			∭ Full (Containment wit	h Negative Pressure			,	
D≥3 sf or ≥3 lf			☐ Renov		Mini-	Enclosure ebag Procedure	• •				
01 ≥ 160 sf or ≥ 260 lf			<u> </u>		2 Non-	Exempted (*) ar	d Non-Friable Proc	edure .	Al-	ator	nent
	· ·	Is Loca					12		~	Тур	Selection A
Locatio		Norma Used Sok			Description of	of				1,	
Asbestos-Containing	Material (ACM)	Maintena	ince/	Asbes	stos Containing Ma , thermal systems	aterial (ACM) insulation,	Amount (Specify		B	20	Enclosure
. TO BE AB		Custoo Staff	100 All 100	(surfacing, VAT	, or	SF or LF)		Removal	Repair	losu
(13)		(12)			other miscellane	eous)			2	7	8 8
	\mathcal{A}	Yes No	N/A			1			-	_	\perp
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Name of Registered Was	te Hauler	ID No.	Waste Hau	uler	Cubic Yards of Waste	Name of Reg	istered Landfill				
NOVATECH	INC	18	501		40	(3-K(1.W.SA	A-		•	
City, State	(10 7	0225	7	I	Disposal Date	dity, State	silla P	H	ı		
OD BRIDG	Title	0000	-		Signature	AZI	7	Date	1	12	_
Sompléted by ALEI	DALME	SIDEN)(etec li-	1 Cours	activities	Ki	WI	21	0	
ASB-41	* Do not	use this for	n ior asde	SIOS IIC	ensure exempted	Bournes.		1	1		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) December 13, 2012					Name of Buil				r (2) enstruction	RE(alv.	EB	10	29	
Agencies Notified [x] EPA		l Notifica			Street Addres		4 Iren	ne C	Court 201	2 DEC	18 PM	2: 5	8		
[] DEP [x] DOL [x] DOH	Amer	nded Not ndment # gency (ir			City, State, Z	L	akew	ood	6 5 d, NJ 08701	ar FIC	SENSIN CENSIN		L.	St.	
[] DCA	TANK SELECTION OF THE SECOND O	ication) ellation			Name of Con M	act att's Coi	nstruc	ction	n	Telepho	one Number	u			
			,	FAC	ILITY INFO	RMATI	ION								
	batement is Taking idence	g Place (3	3)			X - 2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2		Ту	pe of Facility (Scho	ool (k-12) chapter 8 (ot	her tha	n k12)		
Street Address	Carasaljo Drive	:							[x]	Othe	er (i.e., priva es, etc.)			ial buil	dings,
City		County	/ (6)		County Code ((STATE USE				quare feet 1500 sf		f Floors 1		g. Age	i0	
Lakewood		Ocea	P. C.						urrent Use (Prio Resio	lence	demolshed))			
Name of Monitoring Firm		Owner (8)		ASCM No.	Na	me of A	Abat	tement Contrac Guar	100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ntracting,	Inc.			
Street Address						Str	eet Ad	ldres		Route 9	9, Unit 61				
City, State, Zip Code						Cit	ty, State	e, Zi	ip Code	5500	New Jers	8888	755-1	271	
Project Manager for Monit	Project Manager for Monitoring Firm Telephone Nun						lephone 2-349		umber		License N 00624				
Scheduled Start Date (10)	과 : CONTROL CO								IA Monitor	S.L. An	alytical				
[x] Faci	12/14/12 12/17/12 Occupancy Status During Abatement (Check only one)						eet Add		ip Code	Stelton		ev 088	54		
Scope of Work (Check all	that apply)						[]		Full Containm	500		2723			
	for≥3 lf) sfor≥260 lf		5 5	Renovat Demolit			[] [] [x]		Mini-Enclosure Glovebag Proc Non-Exempted	edure	Non-Friable	Procedi	ıre		
												Abat	ement	Tyne	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				ed		Asbestos Mater (i.e., ther insulatio	rial (A0 rmal sy on, suri AT, or	taini CM yste facii r	ing () eems ing,	(SI	Amount pecify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior X					Asbestos	iding				115	50 sf	X			
						441				-					
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223				223		ic Yards of			Name of Regi T.R.R.F.	stered La	ndfill		•		
City, State Dispos Toms River, New Jersey 12/18						ity, Stat		, Penhsylvan	nia	,					
Completed by (Print or Ty	Toms River, New Jersey 12/18 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	100	101		- L		/	Date 12/1	13/20	12	
		+ 12	Nicholas Fernicola Project Manager									W			

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

Date of Notification (1) 12/11/12			Name of Mr. & N	Building (Owner/Oper Chang	ator (2) 2012 N	C 18 PI	an L) [[10	-	-	
Agencies Notified Type Notification			Street A	ddress Iver Spri	ings Roa	li anti-	ICENSIN	1 2: 5	ેં ક				
EPA X Initial Amended Amendment	#		City, Sta	te, Zip Co Hills N.J	de	& L	ICENTIA	II RE)L.				
	(including	- 1	ivallic of	Contact	a Chang			Tele	phone Nu	mher			
Cancellation					RMATION								
Name of Facility Where Abatement is Takin house Street Address	g Place (3	3)					e of Facility (School (K-1 Subchapter	2) 8 (Othe					
117 Silver Springs Road						×	Other (i.e. p etc.)	rivate 8	commerc	ial build	dings	home	es,
City (5) Shor Hills						Squ 250	are Feet 00	# of 2	Floors		ldg. /	\ge	
County (6) Essex	1200			Code (7) USE ONLY)		Cur	rent Use (Prid	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	1 No.			oatement Cor vironmenta			C .			
Street Address					L 1277	reet Addr E Gate	ess Drive, PO	Box 4	183				
City, State, Zip Code							Zip Code d NJ 074	18					
Project Manager for Monitoring Firm		Telephoi	ne No.	11.00	elephone 73-583-			License 703	No.				
Start Date (10) 12/17/12	Schedule 12/31/		pletion (Date (11)	Na	ame of O	SHA Monitor		114				
Occupancy Status During Abatement (Chec	k Only Or	ne)			St	reet Addi	ess						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:					Ci	ty, State,	Zip Code			- William		el.	
Scope of Work (Check All That Apply)						. /					-		
≥3 sf or ≥3 If x ≥160 sf or ≥260 If	PERMITTER	Renova Demolit					full Containme fini-Enclosure Blovebag Pro- Ion-Exempte	e cedure				re	
	le	Locati	on					1/2		T	Aba	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal ed Sole intenar todial S (12)	ly ly by nce/		Descriptos Containi thermal sys surfacing other misc	stems ins	ulation,	(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									Ф	_
lower attic			х			culite			00 SF	x			
upper attic		х		vermi	culite		3	0 SF	х				
8									***				
Name of Registered Waste Hauler Freehold Cartage						rds	Name of GROW		ered Landf andfill	ill			
City, State Freehold, NJ	7.	-			Disposal I TBD	Date	City, Stat Morrisv		J				
Completed by Andrew Scott Higgins	ident			Sign	ature /	<u></u>		10.00	Date 12/11/	12			

N8-23- W7 Wb:31 FRUTState of New Jeresy NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1) Agency Hosfield Type Roffication Type			NOTIF (P	ICATIC Urisuat	ON OF A	New Jersey SBESTOS ABA 4C 8:60 and 12	(M20)	RECEI	VE	£ 3) -
Agency Hotilish DEPA DIFF D		12-13-12	2	N	ame of Bu	ding Owner Opera	inr (2) 29	PEC AL	PA	C	1	to)who
City Sizes, Zip Close Charmeted Committed Com	Agency Notified	1		S	treet Addre	1424 5	togvest		1 2:	58		
Comparison of Comparison Comparison of C	O DEP	Amended Amendment#	e e e e e	-		Mente	in No	LICENSIN	Vira G	JI.		
Name of Fucility Where Absolutes the Turking Flace (3) Street Address Country (6) Country (6) Country (7) Country (7) Country (7) Country (8) Country (8) Country (8) Country (8) Country (8) Country (8) Country (9) Country (9) Country (9) Country (10) Country		justification)	ionidi .			10E :		Telephone Num	mhar			7
Street Address Growth (S) Country (S) Cou		•		ŧ	FACILITY	information						
Country (6) Thenton Country (7) Country (7) Country (7) Country (8) Country (8) Country (9) Country (9) Country (10) C		Resident	·	- An		· · · · · ·	U School (K- U Subchapte U Other (Le.	12) f 8 (Other than K-12 private & commercia	i) al buildi	ngs.	•	2000
Country (5) Country (7) Country (7) Country (7) Country (8) Name of Monitaring Firm Hired by Balleling Owner ASCAN No. Name of Monitaring Firm Hired by Balleling Owner (8) Name of Monitaring Firm Hired by Balleling Owner (9) Street Address Telephone No. Tel		. /				•	Square Feet	# of Floors		.Age		
Street Address Street Address Street Address Street Address Street Address Street Address City, State, Zip Code Street Address Street Address Street Address Street Address City, State, Zip Code City, State City,	// -/					r(7) (STATE USE	Current Use (Prior if being dernot	shed)			•
City, State, Zip Code		Hired by Building Cur	ner	ASCM N	o.	AN	1 JOE L	ell.	1-			
Project Manager for Monitoring Firm Telephone No.	Street Address					121	Z Bush	insten to	ne		٠.	
Start Date (10) 2	City, State, Zip Code					Dela	inco- A	J 050	05			
Description of Consoling Material (ACA) In Facility Closed Vacated During Entire Period of Abstrament I Additure of Period and Academs City, State, Zip Gode	Project Manager for Mon	Moning Farm	Te	lephone i	No.	856 82	40971	DIO	10			
Pacified Closed/Vacated During Entire Period of Abstermant City, State, Zip Code					(11) : '.		Monitor .	est.		•		
Scope of Work (Check all that apply) Or 2 st for 2 3 ti Programation Or 2 st for 2 2 ti Remarkation Or 3 st for 2 2 ti Remarkation Or 4 st for 2 ti Remarkation Or 5 till All All All All All All All All All	Pacific Closed/Vacate Abatement Performed	d During Entire Period	of Abate	unent :	•		Code	· ·				
Location of Asbestos Containing Material (ACAS) Asbestos Containing Material (ACAS) IN Facility (13) Ves No N/A Representation of Asbestos Containing Material (ACAS) IN Facility (13) Ves No N/A Representation of Asbestos Containing Material (ACAS) Reportly Short of Acad For LF) Representation Short of Acad For LF) Representation Short of Acad For LF) Representation Representation Short of Acad For LF) Representation Representation Short of Acad For LF) Representation Representation Representation Amount (ACA) Foculation Representation Represe	Scope of Work (Check al	l that apply)		\Z(1	Romovation Domokton	D Mari	l-Endosum vebag Procedura					
Normally Used Solely by Restriction of Asbestos Containing Material (ACA) Asbestos Containing Material (ACA) IN Facility (13) Yes No NA No NA Represent Waste Hader J Robinson Waste Represent Waste Represe	•		T le l	ocation	T:					Aba	le m	amt
BAGE MENT Yes No N/A BAGE MENT Yes No N/A (ACM) Fusulmon like 220LF V Name of Registered Waste Hatder J ROWNSON WASTE. INJUST Hatder ID No. 36167 Waste Disposed Date City, Shiris Tolly forwn PA Completed by Hill Title P. Signature Date 12-13-12	Asbestos Containing TO SE AB IN Fac	Material (ACM) ATED lity	Usad Rain Co	Solely by sensince/ stodial staff?	I Ash	estos Containing M e., thermal systems surfacing, VAT	aterial (ACM) insulation, i, or	(Specify		.	T	1
Name of Registered Waste Hatder JROWNSON WASTE. NIDEP Waste Hauler Waste Waste Waste Disposed Date City, State City, State Tell Tate To Hill T		/	Yes	No N	IA	١				\perp	Ŀ	
JROWNSON WASTE BONO. 36767 Waste Waste WM of PA. City, State Belleview NS Disposed Data City, State Tully forwn PA Completed by Hill Title P Signature Data 12-13-12	BASE MENT		-	-		ACM) HISU	Intron 4 be	220	CFI	4	\vdash	\mathbb{H}
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Completed by Tale Signature Date 12-13-12	Name of Registered West	o Hadder Con Waste	NJD:	D	e Hauter		Name of Regis	of Pa			L	
Completed by Talis Signature Date 12-13-12	City, State Bel	browne N	1 2	214/		Disposal Data	City, States	ytown PA	7	,		7
	Jos Hill	VP				1 AN		Da	rîn	3-12	2	

Date of Notification (1) /> /> /> /> /> /> />	Nerve of Buildi	ng Owned Operator	(2) Prize	ness Ke	plty	11	<u>_</u>
Dete of Notification (1) 17-13-12		THE RESERVE OF THE PARTY OF THE	ننجة سميد	singuages			******************
Agency Notified Type Notification	Street Address	31 7.14	on Rel	Po Box	5	300	E.
D EPA JE Initial	City, State, Zip	Code ·		11- 9	101	3	
☐ DEP ☐ Amended Amendment # .		North	Field	NO	C-	6	
U DOH justification) U DCA U Cancellation	Name of Conta	eenard		Telephone Num	bor		
- Control of the cont	FACILITY IN	FORMATION			910		5
Name of Facility Witers Abatement is Taking Place (3)			Type of Facility	(4)	. 6	-3	2: 50
		<u> </u>	U School (K-1)	8 (Other than K-12))	(B)	•
220 Shore Rd.			homes, etc.	ivate & commercial	Bldg Age		
City (5) Somen's Point 1	ひ .	•	1800	2	70		
County (8) Atlantic	County Code (n) (STATE USE	Current Use (P	nor if being demolls	shed)		•
	SCM No.		nent Contractor (
(8)	1	The same and the s	JOE L	ce,			
Street Address				ncton H	ne		
City, State, Zip Code		City State, Zip C	nco. N	J 080	05		
Project Manager for Monitoring Fam Tele	phone No.	Telephone No.	10001	License No.	20		
		856 824		010	10		
Start Date (10) "Schedulad Gorapiella 12-23-12 12-31-	TOTAL PROPERTY STATES	Name of OSHA	Mennor . S.4	est.			
Occupancy Status During Abatement (Chuck only one)	• .	Street Address					
Parally Closed/Vacated During Entire Period of Abates Abatement Performed Curaids of Normal Facility House	ment .	City, State, Zip C	ode .				
C) Other - Describe; Scope of Work (Check all that apply)							
Q≥3sfor≥3ff	2 Renovation C) Demoition	CI Whi	Endosure Sea Procedure	Negative Pressure			
[2] ≥ 160 sf or ≥ 280 f		U Non-	Exempted () and	Non-Frieble Proce	dure	atom	
ls Li	ocation		1	*		Type	
	melly Solely by	Description o	ď	2		_	
Asbestos-Containing Material (ACM) Melini	tensince/ Asbe	stos Containing Ma thermal systems		Amount (Specify	2	Encapsulato	종
IN Facility S	stodial (Le	surfacing, VAT.	, or	SFor LF)	вчот		neo
(13)	(12)	other miscellano	ous)	2	. =	8	2
Yes Yes	No N/A		10			Ŀ	Ш
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Name of Registered Washe Hatter J. Robenson Waste 10 No. GRy, State 3. Ilman 15	EP Waste Hauler o.	Cubic Yards of Waste	Namo of Regist	of Pa			
GRy, State		Disposal Data	City, State	11	,		
Bellmank NS		41.10	Tull				_
Job Hill Tale VP		Signature	;	12	z-/3 -	/2	
ASS-41 Do not use this	form for asbestos lic	ensura exampled a	chilios.				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 21/20 (Pursuant to N.J.A.C. 8:60 and 12:420) (Pursuant to N.J.A.C. 8:60 and 12:120) EC 18 PM 2:58

Date of Notification (1)					of Bui	lding (Owner / Operator	(2)	and the second		40				
	12/3//2012		_		The state of the form	11.021.021.021.02	ruction	70	H35316	J CHAT	i ai	i .			
Agencies Notified	Type Notific	ation			Addre				e LICE	NSING	101				
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DCA		cellation			Woo						1				7000
				EA	CILITY	Z INIE	ODMATION								
Name of Facility W	here Ahatem	ent is Taking P	ace (CILII	TINE	ORMATION Type of Facilit	ty (4)							
Springside Apar		chi is raking r	acc (,			School (K								
Street Address							Subchap	ter 8 (Other than	K-12)					
1508-Burlington	-Mt. Holly R	Road					Other (i.e	e. priva	ate & comr	nercial buil	ldings	, hom	es, e	tc.)	
							Square Feet		# of Floor	s	Bld	g. Age	9		
City (5)		County (6)	Co	unty (Code (7)	exterio			erior		ex	teri	or	
Burlington		Burlington					Current Use (Prior i	f being de	molished)					
							Not in use								
Name of Monitoring	g Firm Hired b	y Building Owr	er (8)		ASC	M No.									
Street Address							Alpha Envir		entai Ser	vices				-	
Street Address							2129 Route								
City, State & Zip Code							City, State & Z		ode						
							Hamilton, N								
Project Manager for Monitoring Firm Telephone						er	Telephone Nu 609-847-295	6		Licens		nber 0109	1		
Scheduled Start Da 12/5/201	255 2 5	Scheduled Cor 12/5/2012	npleti	on Da	te (11)		Name of OSH EMSL Analy								
Occupancy Status	During Abate	ment (Check or	nly on	e)	1929		Street Addres								
		During Entire P					107 Haddon								-
Describe:	Performed O	utside of Norm	al Ho	urs –	/am to	3pm	City, State & 2								
	cupied During	Ahatement					Westmont,	NJ UC	100						
Scope of Work (Ch	THE RESERVE OF THE PERSON OF T								Full Cont	ionont wi	th No.	rativo	Dros		
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≥3 sf or ≥3 ≥160 sf ≥26			\forall		nolition			H		g Procedu	res				
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	ocation of tos-Containir	na	Nori	nally	Used		Asbestos-Cont			(Specif		7 120	-		7,00
	terial (ACM)	.5	S	olely	by .		Material (AC			SF or L	F)	73		Ē	m
	BE ABATED			tenar			(i.e., thermal sy					Removal	Repair	cap	Cls
	in Facility (13)		Cust	(12)	Staff?		insulation, surfactor or other miscella					ova	a	Encapsulate	Enclsoure
	(10)		Yes	No	N/A		0. 00.0		,			88888		e	
Exterior							Transite	9	4	Olf		\boxtimes			
1					IDEP V auler ID		Cubic Yards of Waste	Nam	e of Regis	tered Land	Ifill				
ALPHA ENVIRO	NMENTAL				03333		1	Grov	ws Landi	iII					
City, State						Disposal Date	1	State				-		-	
Trenton, NJ						various		risville, F	A						
	nt or Type)			Tit	le		Signature					Date			_
Completed By (Print or Type) Rod Richardson Title Project Manager							Rod Richardson				7	12/3	/20	12	

1365

Date of Notification		Name	e of B	uilding	Owner / Operato	or (2)					2000				
	12/5/2012				ainte	NA PROPERTY.			2012 [DEC 18 PI	4 2-	50			
Agencies Notified EPA	Type Notific	ation		T	t Add		(Nla Fua a da	D.							
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□ DCA		cellation	- 1			teleor	ne`								
	L			FΔ	CILI	TY INF	ORMATION				Ť	-	-		
Name of Facility Wh	here Abatem	ent is Taking P	lace (3		VILI		Type of Facil	lity (4)							
Certainteed			10 - 21 - 3 1				School ((K-12)							
Street Address		2					Subchar								
262 Watsontown	/New Free	dom Rd					Branch			nmercial buil				etc.)	
							Square Feet		# of Flo	ors	Bld	g. Ag			
City (5)		County (6)	Co	unty	Code	(7)	12000			2	1		100		
Berlin		Burlington					Current Use			lemolished)					
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Name of Monitoring	Firm Hirea i	by Building Owi	ner (8)		AS	CM No	. Name of Aba ALPHA EN								
Street Address			7				Street Addre	And the second second	AIMITIAL	nL					
Oli cot / ladi coo							2129 Rt 33								
City, State & Zip Co	ode						City, State &		ode						
							Hamilton, I			- E.					
Project Manager for	r Monitoring I	Firm	Telep	phone	e Nun	iber	Telephone N 215-295-10		V.	Licens		nber 0109	4		
Scheduled Start Da	to (10)	Scheduled Cor	malatio	n De	ato (1:	1)	Name of OSI		nitor			0103			_
12/18/20		12/22/2012	uhieu	טווט פ	ale (1	1)	EMSL Anal								
Occupancy Status I	During Abate	ment (Check o	nly on	e)			Street Addre				2.	-			
Facility Clos	sed/Vacated	During Entire F	eriod	of Ab			107 Haddo	n Ave	nue						
Abatement	Performed C	utside of Norm	al Ho	urs –	7am	to 3pm									
Describe:							Westmont,	NJ 08	3108						
		Abatement													
Scope of Work (Che	eck all that a	ppiy)						\Box	Full Cor	ntainment wit	h Ner	ative	Pres	Sure	4
☐ ≥3 sf or ≥3 l	lf			Re	novat	ion		H	Mini-En			juuro		,00,10	
≥160 sf ≥26	0 If		\boxtimes	De	moliti	on		П	Glove B	ag Procedure	es				
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Asbest	tos-Containir	ng	Norr	nally	Used		Asbestos-Cor	ntaining]	(Specify					Ť
	terial (ACM)		0.000	olely			Material (A (i.e., thermal s		_	SF or LF	F)	Z.	- 71	Encapsulate	m
	BE ABATED n Facility				nce or Staff		insulation, surface					Remova	Repair	aps	Enclsoure
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ALPHA ENVIRON	MENTAL			100000	0333		20	Grov	ws Land	dfill					
City, State		the state of the s			-		Disposal Date	City,	State						
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Completed By (Print or Type) Rod Richardson Title						Signature				- 4	Date	EIO	ስፈሳ		
Rod Richardson					141		Rod Richardson				-	12/0	31 Z	U 12	Ġ.

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

Date of Notificatio	n (1)		Name of Build	ding	Owner/Operator	(2)	a train is a come to				
12-13-2012	2		George 1	Hugl	nes		TIVE	Ĵ			
Agencies Notified	Type Notifica	ation	Street Addres			2012 DEC	10 DM 0	. 50	-		
[]EPA	[X]Initial Notific	ation	71 Smul:			ZOIZ DEC	18 PM 2	30			
[]DEP	[]Amended	acion	City, State,			d indicate	2 - 74 - 25 /s - 1 dS	201	1		
[X]DOT	Notific	ation	Caldwel:	L,N	1,07006		es Cent				
[X] DOH		200	Name of Conta	act	219.29	Telepho	CENEING ne Number				
[]DCA	[]EMERGENC		George 1	Hugl	nes						
	[]Cancella	tion	PACTI	TWV T	NFORMATION						
Name of Facility Wh	ere Abatement	is Takin			NECKHALION	Type of Facil	lity (4)				
Private						[]School					
Street Addres						HER SE STANSFRANCES.	oter 8 (Oth	er than	K-1	2)	
71 Smull Ave.							(i.e., privouildings,				
						Square Feet	# of Flo		ldg.		
City (5		County (6) Essex		nty Code (7)	2100	2	entrance - Anna	89	Age	
Caldwell				(ST	ATE USE ONLY)	Current Use				shed	i)
		ESSEX									
Name of Monitoring Owner (8)	Firm hired by	Building	ASCM No.		Name of Abates	ment Contracto	Section (Section)				
N/A Street Address					Street Address						
bcreec Address						topher St					
City State Fin Co	3_		-				· ·				
City, State, Zip Co	ae				City, State, Montclai	zip Code r, NJ 070	142				
Project Manager for	Monitoring Fi	rm Tel	ephone Number	r	Telephone Numb	per		License	Numl	oer	-
		N/	A		(973)744	-8800		0037	1		
Month 12 Day 22 Yo Occupancy Status Du: [X]Facility Clc of Abatemen	ear 2012 Moring Abatement	nth 12 1			Name of OSHA N N/A Street Address			3			
[]Abatement Pe Hours - Desc	erformed Outsideribe: «OffHour:	Descrip	»t»		City, State, Z	Zip Code					
[]other - Desc			Descript»			-					
Scope of Work (Check		TÀ)			[]Full (Containment wi	th Negative	e Pressu	ıre		
[X]≥3 sf or []≥160 sf			Renovation Demolition		[X]Glovel	Enclosure bag Procedure riable Procedu	ıre				
	6	To	Is ocation					Aba	teme		
Location Asbestos-Con Material TO BE AB In Faci: (13)	ntaining (ACM) NATED lity	S By te Cus	Used Solely Main-enance/stodial Mff (12)		Description Asbestos-Cont Material ((i.e., thermal sulation, surfa or other miscel	taining ACM) systems acing, VAT,	Amount (Specify SF or LF)	E	R E P A I R	ENCAPSUL	ENCLOSURE
Basement			Х	Pi	pe Insula	tion	80 lf	x		•	E
						i and the second					
Name of Registered N AZTECH MANAG		C. Hau	DEP Waste uler ID No. 7040		ic Yards Waste 1.5	Name of Regi G.R.O.W.		ifill			
City, State		'		Dis	posal Date	City, State		-	_		
Montclair, NJ	07042			25	2-26-12	Morrisvi	lle, PA	1906	7		
Completed By (Print Constantine V		le eside	nt		Signature	san luch	Tun	Date 12-13	3-201	.2	
	8.5	17.	+1.		1 /	1101	1			100	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) David Edmonds 12-11-12 7012 DEC +8 PM 2: 58 Agencies Notified Type Notification Street Address 170 N 16th St. []EPA []Initial LUS CENTROL Notification City, State, Zip Code []DEP & LICENSING []Amended East Orange, NJ 07017 [X] DOL Notification [X] DOH Name of Contact Telephone Number [x] EMERGENCY David Edmonds [IDCA []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private []Type» |School (K-12) []Type»]Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commer-170 N 16th St. cial buildings, homes, etc.) Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (STATE USE ONLY) 1500 3 75 East Orange Essex Current Use (Prior if being demolished) Residence Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) 67 AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number (973) 744-8800 00371 N/A Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) N/AMonth 12 Day 12 Year 2012 Month 12 Day 13 Year 2012 Street Address Occupancy Status During Abatement (Check only one)
[X]Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code []Occupancy»]Abatement Performed Outside of Normal Facility Hours - Describe: []other - Describe: Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location Location of Description of Normally Asbestos-Containing Asbestos-Containing NCAPSUL NCHOS Amount REMOV Used REPAIR Material (ACM) Solely (Specify Material (ACM) By Main-TO BE ABATED (i.e., thermal systems SF or tenance/ In Facility insulation, surfacing, VAT, LF) Custodial A U (13)or other miscellaneous) Staff (R Yes No N/A Basement pipe insulation 1001f Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. AZTECH MANAGEMENT, INC. of Waste 1.5 G.R.O.W.S. 17040 City, State City, State Disposal Date Montclair, NJ 07042 12/14/12 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Date Constantine Vivian President 12-11-12



28,			NOTIF (P	ICATIOI ursuant	N OF ASE to NJAC	8:60 ar	ABATE nd 12:12	MENT (0)	RE	00	٠,,					
Date of Notification (1) 12/14/12				Name of	of Building errick M I	Owner/ Mallett	Operato : / Resi	r (2) dence	12 DFC		IVE	D				
Agencies Notified	Type Notification			Street A	Address ecastle [Orive		4	ikish.	10 1	PH 2:	ŝo			9	
DEP DOL	Amended Amendment			Oity, Oth	ate, Zip Co erton NJ	oue			& LICE	NSIN	Y / RO	/				
DOH DCA	justification) Cancellation	ricidaling		Fred	of Contact					Tel	ephone i	Numbe	r			
Name of Facility Where A	Abatement is Taking t / Residence	Place (3)	FAC	ILITY INF	ORMAT	TON	-	of Facility	1000					500	
Street Address 1 Forecastle Drive				1				×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K & comme	(-12) ercial b	uilo	ings,	hom	es,
City (5) Tuckerton NJ 0808	7							-	etc.) are Feet 0+	# o	f Floors			dg. <i>A</i> 5+	\ge	
County (6) Ocean					Code (7) USE ONLY)			ent Use (Pri idence	or if bei	ng demo	lished)		100	- V	
Name of Monitoring Firm N/A	Hired by Building C	wner (8)	ASCI	M No.			of Aba	atement Cor nc	ntractor	(9)					
Street Address				****			РО	t Addre Box 3	29							
City, State, Zip Code	itadaa Firm						Wes	t Berl	ip Code in NJ 080	91		S	T. (2)			
Project Manager for Mon Start Date (10)		0-1-1		Telepho			856-	hone N 753-9	008		License 00727					
12/15/12		12/18/	12	npietion	Date (11)		Sam	ie	HA Monitor							
Ccupancy Status During Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P	eriod of	Abatem	nent				Addre	ip Code			,				
Scope of Work (Check A	II That Apply)					_	<u> </u>								- 72	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	30		Renova Demolit					Min	II Containmoni-Enclosure ovebag Prod n-Exempted	e cedure					e	
Location	of		Locati					24						Abate	ment pe	
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Exterior S	idina	Yes	No	N/A X		Fyte	rior Si	dina		10	00 SF	-	4		te	
	9			_		LAIC	1101 01	ung		100	00 SF	X				
													+			
Name of Registered Was United Containers	te Hauler		Н	JDEP Wauler ID 2459		Cubic of Wa	Yards ste		Name of I		red Land	fill	_1			
City, State Elm NJ						Dispo 12/18	sal Date 3/12		City, State Morrisvi		19067				2	
Completed by Anthony T Perna		Title Pres	dent				Signature	•			100	Date 12/14	/12	2		

Date of Notification (1)		Na Mi	me of Bu	uilding Ow Hanraha	ner/Ope	erator (2) esidenc	e e		TY L	QEII.	/E/	7	6 - 81		
Agencies Notified Type Notification			eet Addi 17 East	ress t 82 Stre	et			2012	DEC	18 PM	1 2.	~			
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□ DOH □ DCA □ Cancellation	cluding	0.00000	me of C	ontact				•	ITele	digne Nun	nben (L			
	Diago (2)		FACILI	TY INFOR	MATIO	N	Type of I	acility (4)							\dashv
Name of Facility Where Abatement is Taking Michael Hanrahan / Residence Street Address	Place (3)						Sch Sub	ool (K-12)	(Othe	r than K-12 commercia	2) al build	lina	s, ho	mes,	
117 East 82 Street						1-	Oth etc)	# of	Floors	В	ldg.	Age		\dashv
Long Beach township NJ 08008		1.0	ounty Co	ode (7)		- 1	1000+ Current	Use (Prior	2 if beir	ng demolish		5+)		
County (6) Ocean				E ONLY)		-	Reside	ence							
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM I	No.			f Abater Ico Inc	nent Cont	ractor	(9)					
Street Address						Street A	Address ox 329								
City, State, Zip Code		-				City, St. West	ate, Zip Berlin	Code NJ 0809	91					1	
Project Manager for Monitoring Firm		T	elephon	e No.			one No. '53-98	00		License N 00727	No.				
Start Date (10)	Scheduled 12/17/12		pletion D	ate (11)		Name o		Monitor			,				
12/15/12 Occupancy Status During Abatement (Chec		San Land				Street	Address		ī						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of Ab	ateme	ent		_	City, S	tate, Zip	Code							
Scope of Work (Check All That Apply)							71				-	-11			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Mini	Enclosure	e edure	h Negative					
						<u> </u>	1 Non	-Exemple	1 () al	id Noti-i ile	T I		bate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	tenar	y ly by nce/	Asbest (i.e.	os Con thermal surfa	escription taining M I system acing, VA miscellar	Material s insulat NT, or	(ACM) iion,	. (Amount (Specify (F or LF)	Removal		Ty	e Encapsulate	Enclosure
	Yes	No	N/A									1		œ .	
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Name of Registered Waste Hauler United Containers		ŀ	JDEP V lauler ID 2459		of Wa	c Yards aste		G.R.O			w200 (FI)				
City, State					100000000000000000000000000000000000000	osal Date 8/12	е	City, Sta Morris	ite ville l	PA 19067	7				
Completed by Anthony T Perna	Title Presi	dent				Signatu	re		_		Date 12/1	4/1	2		

* Emergency *

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Mike Sestanvich / Residence 12/14/12 2012 DEC 18 PM 2:58 Street Address Type Notification Agencies Notified 223 Morris Blvd Initial **EPA** City, State, Zip Code ASEED, OS CONTROL Amended DEP Manahawkin NJ 08050 Amendment # × LICENSINGlephone Number DOL Emergency (including Name of Contact justification) DOH Mike Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Mike Sestanvich / Residence School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 223 Morris Blvd etc.) Square Feet # of Floors Bldg. Age City (5) 35 +1000+ Manahawkin NJ 08050 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Residence Ocean Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Pernaco Inc . . N/A Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00727 856-753-9800 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Same 12/18/12 12/15/12 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (Specify Remova (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 1100 Sf x **Exterior Siding** X Exterior Siding Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S. United Containers 22459 City, State Disposal Date City, State Morrisville PA 19067 12/18/12 Elm NJ Date Signature Title Completed by 12/14/12

President

Anthony T Perna

Date of Notification (1)			7	Name of	f Building	Owner	/Operator		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Bun lea-	,					
12/14/12	**************************************				Montane						*					
Agencies Notified EPA DEP	Type Notification		- 1	Street A 20 Col	^{ddress} wick Rd		20	12 DE	C 18 PI	1 2:	ଚିଚ୍ଚ					
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DOH DCA	Emergency justification) Cancellation			Name of Jose	Contact		*	No.		1 Tel	ephone	Numl	per			ere water
Name of Facility Manage	AL	- FI - 602		FACI	LITY INFO	ORMA	TION									
Name of Facility Where Jose Montanez/ R	Abatement is Takin esidence	ig Place (3)*						I STATE OF THE PARTY OF THE PAR	of Facility (4							
Street Address									School (K-12 Subchapter ((Oth						
20 Colwick Rd						2			Other (i.e. pr etc.)	ivate (& comme	ercial	build	lings,	home	es,
City (5) Cherry Hill NJ 0803	34		******					Squa 1000	re Feet)+	# o	f Floors		12,510	ldg. A 5+	ge	
County (6) Camden				County (Code (7) USE ONLY)				nt Use (Prio dence	r if bei	ng demo	olishe	d)		7	
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Cont	ractor	(9)		100			
Street Address	3/2							Addres		**************************************	:53					
City, State, Zip Code	* ****								ip Code n NJ 0809	91		002000=01				
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Telepi	none N 753-9	0.		Licens					
Start Date (10) 1/3/13		Scheduled 1/8/13	Com	pletion I	Date (11)			of OSH	A Monitor						-	
Occupancy Status Durin	g Abatement (Chec					***		Addres	ss							
Facility Closed/Vac Abatement Perform	ated During Entire	Period of Ab	atem	ent				000180000100000000000000000000000000000	No. of the Control of							
Other – Describe:	Home owner will be	Home	iours			_	City, 8	state, Z	ip Code							
Scope of Work (Check A ≥3 sf or ≥3 lf	II That Apply)	× Re				ŭ.	Г	٦								
≥160 sf or ≥260 lf			novat moliti					Mir Glo	I Containme ni-Enclosure ovebag Proce	edure						
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Location	n of	No	ocation rmall	y		г	escription	ı of							ре	
Asbestos-Containing TO BE AB	Material (ACM)	Used Main				tos Co	ntaining N	Material			mount	-	-		g	ш
In Facil	lity	Custo	dial S (12)	staff?	(i.e.	sur	al system facing, VA	T, or	ation,		Specify or LF)		Removal	Repair	caps	Enclosure
(13)		-		T		othe	miscella	neous)		,			oval	air	Encapsulate	sure
Garag	10	Yes	No	N/A		Du	-4				20 -6					
Garaç	Je	+		X		Du	ct Insula	uon			32 sf	\dashv	x			
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Name of Registered Was	ste Hauler		I N	JDEP W	/aste	Cub	ic Yards		Name of F	Registe	ered Lan	dfill				_
United Containers			H	auler ID 2459			aste /		G.R.O.V						10	
City, State Elm NJ						Disp 1/8/	osal Date		City, State Morrisvi		1906	7				
Completed by		Title	2014				Signature	9	L		П	Date				
Anthony T Perna		Preside	ent	-	-			· S	- 5			12/	14/1	2		



7 7 7 1				to NJAC 8:60 a		20203 5030	CK	S	1895				
Date of Notification (1) 12/13/12	(6)			Building Owner Egg Harbor		(2)	to fifthe	L)	**				
Agencies Notified Type Not		St 6	reet Ad	ddress Indon Avenu	e 2012 [DEC 1	8 PM 2	: 58	}		- 1		
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	endment #ergency (including			arbor City No	J 08215	1016	ENSING		A CONTRACTOR OF THE PARTY OF TH				_
	fication) cellation	11 12 12 12	ame of leg	Contact		E LIU	EHOHA	Tele	ephone Num	ber			
Name of Facility Where Abatement	in Taking Place (2)		FACII	LITY INFORMA	TION	Tymo	of Facility (4	`					
vacant House	is Taking Place (5)					rester	School (K-12						
Street Address 717 Philadephia Ave	1			(B)		I S	Subchapter 8 Other (i.e. pr	(Oth	er than K-12) & commercia) I build	ings,	home	s,
City (5) Egg Harbor City NJ 08215							etc.) re Feet	# 01	Floors	8	dg. A	ge	
County (6)				Code (7) JSE ONLY)		Curre	nt Use (Prio	1	ng demolish				
Atlantic Name of Monitoring Firm Hired by	Building Owner (8)	1,5	ASCN		Name	Hous of Abat	se tement Conf	ractor	(9)			-	
N/A						aco Ir			20				
Street Address						Addres			*				
City, State, Zip Code							p Code n NJ 0809	91	3				
Project Manager for Monitoring Fire	n	Te	elephoi	ne No.	100000000000000000000000000000000000000	hone No 753-9			License No 00727).			
Start Date (10) 12/14/13	Scheduled 12/15/12		letion I	Date (11)	Name Sam		A Monitor		L				65
Occupancy Status During Abateme	ent (Check Only One))			Street	Addres	s			9			-
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	g Entire Period of Ab e of Normal Facility H	ateme lours	nt		City, S	State, Zi	p Code						
Scope of Work (Check All That Ap	ply)						- 46-7-00						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Particular Control of the Control of	novatio molitio	522			Mir Glo	ni-Enclosure ovebag Proc	edure	n Negative P			е	
		ocatio			41			H			Abate	ement	- Economic
Location of Asbestos-Containing Material (TO BE ABATED In Facility (13)	ACM) Used Main Custo	Solely tenano	by ce/	Asbestos C (i.e. them su	Description ontaining I nal system rfacing, V/er miscella	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									fe	Ü
Living room Area		_	X	FI	oor Tile	only		7	00 SF	x			
Name of Registered Waste Hauler		10000000	DEP W		bic Yards		Name of I	Registe	ered Landfill				
United Containers			uler ID 459	No. of V	Vaste		G.R.O.\	N.S.					
City, State Elm NJ					posal Date 17/12	9	City, State Morrisvi		A 19067				
Completed by	Title				Signatur	e			Da	te			

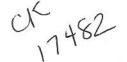
President

12/13/12

Anthony T Perna

* Free gency * State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

* Chief		(F	ursuant t	to NJAC 8:60 ar	nd 12:120)) 图片	CK	28	94				
Date of Notification (1) 12/13/12	4			Building Owner/ School		(2)		Tu-	- had				
Agencies Notified Type Notification			Street Ac 1200 B	ldress lay Boulevard	-	MI2 DEC	18	PM 2	2: 58	-			
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DOH justification) DCA Cancellation	cluding		Name of Tom				CENS	T Tel	ROL ephone N	umber		-//	
Caricenation				ITY INFORMAT	TION			1				-	
Name of Facility Where Abatement is Taking F Boyed School	Place (3)				Type of F	acility (4						
Street Address 1200 Bay Boulevard						Sub	chapter of	B (Oth	er than K- & commer		dings	, hom	es,
City (5) Seaside Heights NJ 08752						Square F 1000 +		# o	f Floors	11	3ldg. /	Age	
County (6) Ocean			County C	Code (7) ISE ONLY)		Current U	Jse (Prio	r if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building Ow N/A	/ner (8)		ASCM	No.		of Abatem	ent Cont	ractor	(9)				
Street Address						Address Box 329			*				-
City, State, Zip Code	-				City, S	State, Zip C		91					
Project Manager for Monitoring Firm			Telephon	ne No.		none No.			License	No.		-	
				(%)	856-	753-980	0		00727				
	2/24/1		mpletion E	Date (11)	Name same	of OSHA I e	Monitor			2			
Occupancy Status During Abatement (Check	Only On	ne)			Street	Address							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of A Facility	Abater Hour	ment rs		City, S	State, Zip C	ode						
Scope of Work (Check All That Apply)								5-6040000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distriction of the last of the	Renov Demol		2	>	Mini-E Gloveb	nclosure pag Proc	edure	n Negative			re.	
	ls	Loca	tion			11011		1) 411	4 110111111	1	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma d Sol intena	ally ely by ance/ Staff?	Asbestos Co (i.e. therma surf		Material (A) s insulation T, or		- (5	mount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A									6	L
Rm 204 ,Rm 211, Rm212, Rm 120		Х			Tile & I			То	tal SF				
Rm 208, Rm127, Rm 129		Х			Tile & I			4	4000	x			
Closet near RM 207		Х			Tile & I								
Close Near RM 119 , Cafetera		Х			Tile & I								
Name of Registered Waste Hauler R & B Debris LLC			NJDEP W Hauler ID 29439		c Yards aste		ame of F 3.R.O.V		ered Landi	fill			
City, State Hainesport NJ					osal Date 4/12		ity, State Iorrisvi		A 19067				
Completed by Anthony T Perna	Title Presi	ident	1		Signature	e '			1000	Date 12/13/	12		



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Date of Notification (1) 12/13/2012					of Building RETT C			r (2)			for one and	V	10		
Agencies Notified	Type Notification Initial				Address AK AVE	NUE			Ž	#12 Dį	EC 18	PM .	2: 5	ន	
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× DOH □ DCA	Emergency justification) Cancellation		3		of Contact					Tel	ephone No	hbac	11-69	-	
			-	FAC	ILITY INF	ORMAT	ION			-		-			
Name of Facility Where A RESIDENCE	batement is Takir	ng Place ((3)					Тур	e of Facility School (K-					*	
Street Address 65 OAK AVENUE		J						×	Subchapte Other (i.e. etc.)				ldings	, hom	nes,
City (5) IRVINGTON	THE RESERVE TO SERVE THE PERSON OF THE PERSO							Squ	are Feet	# 0	f Floors	1	3ldg.	Age	41014
County (6) ESSEX	***************************************	7-0-0			Code (7) USE ONL	n		Curr	ent Use (Pr	ior if bei	ng demolis	hed)			
Name of Monitoring Firm I N/A	Hired by Building	Owner (8) -	ASC	M No.		- 10 Total 10 Total		atement Co			1G			
Street Address							100000000000000000000000000000000000000	t Addre	ess HERFOR	D BL\	/D.			-	
City, State, Zip Code					2.50				Zip Code N, NJ 070	14				9	- 145
Project Manager for Monit	oring Firm			Telepho	ine No.		Telep	hone N			License N	lo.			
Start Date (10) 12/14/2012		led Coi 2012	S -	Date (11)				HA Monitor S (9) ABC							
Occupancy Status During	Abatement (Chec	k Only O	ne)					Addre							
Facility Closed/Vacat Abatement Performer Other – Describe:					4		City, S	State, 2	Zip Code	10					
Scope of Work (Check All	That Apply)												53.5-51		
≥3 sf or ≥3 if≥160 sf or ≥260 if		-	Renova Demoli				>	Mi Gi	ill Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure				re.	
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Location of Asbestos-Containing N TO BE ABAT In Facility (13)	naterial (ACM) TED	Use Ma Cus	ed Sole aintena todial ((12)	ely by nce/ Staff?		tos Cont thermal surfa		Λateria s insul ៶Τ, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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BASEME	NT		Х			PIPE II	NSULA	ATIO	N	1.	2 LF	X			
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Name of Registered Waste TWO BROTHERS CO		i	H	IJDEP W lauler ID 8743		Oubic of Was			Control of the Contro		red Landfill IAGEME		.R.C).W.S	S.
City, State CLIFTON, NJ					al Date /2012		City, State		E, PA						
Completed by VIVECA RAMOS		RETA	ARY		S	ignature	M	ak	un	Da 12	te 2/13/2	2012			

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EPA Initial Amended Arriendmen			RVING	10N' NO (7111 L	IČE	MOING	Telaphopa Num	M			000
DOH justification Cancellation	l		THOM	Contact AS DUDI E			-			<u>A</u>	<u> </u>	HΨ
ame of Facility Whore Abotement is Taki	ng Place (3)	1	PACIL	ITY INFORM	ATION	0.1725 State 10	Facility (A)	at well the best and a life -	क्ष्या । जन्म	۱۹۰ سم ،	د" شا پوسو	ero Dec
RFSIDENCE STORM ADDRESS STORM AVENUE						F C.	her (i.o. pri	(Other than K-12 rate & comment	e) el bulld	ings,	home	R,
city (5)			-			Square		# of Fluore	Bi	dg. A	gė	
(RVINGTON Sounty (8) ESSEX			County C	ode (7) SE ONLY)		Criten	Uac (Prior	If being Jomolia	ned)			
Jame of Monitoring Firm Hired by Building N/A	Owner (U)		ASCM	No.	Name o	Abata BRO	ment Contr	ONTRACTIN	IG	_		
Street Address					Street / 250 f		ERFORD	BLVD.				
lly, State Zip Codo					City, St	ate Zip	Codo NJ 07012	1				
rojed! Manage- for Monitoring Firm		-1-	Telephor	o No.	973-	nna No 956-8		00494	lo,			
Slart Date (10) 12/14/2012	12/17/2		plation D	Date (11)			Monitor (9) ABOV	'E				
Decupancy Stotus During Abatement (Che				6	Štrant .	Address	3					
=actity Closed/Vaceted During Entire Abatement Performed Outside of No. Other - Describe:	Period of A mail Fooility	Hours 	ent		City, Si	ate. Zip	Code		-			
Scope of Work (Check All That Apply)		-)				_	120.	
>3 # 07 23 If 2160 % 07 2260 if		anoval Momoliti			KING	Mini	Enclosure	nt with Negative educe (°) and Non-Fria			e	
	la	Locati	pn			3 14011	-Exempled	() dild (voir) ins		Abab	(ba unan	
Location of Asbeatos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Me	d Solei intensa todial S (12)	ly by	(j.e, liio) B	Description Containing N Imal systems unlacing, VA vor miscellan	latorial Inculai T, ar	(ACM)	Amount (Specify SF or LF)	Remova	Repair	अस्माध्यक्ता	Endosere
	Yea	Νn	N/A					12 I F	×	ļ. ,	-	
BASEMENT		X		PIF	E INSULA	ATION	-	- 1217	+	\vdash	<u> </u>	\vdash
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				10	ubio Yerda		Name of F	logistered Landi	1		_	1
Name of Registered Waste Hauter			JDEP W			1					2 141	
Nome of Registered Waste Haufer " TWO BROTHERS CONTRACTIN	IĢ	H	JDEP W quier ID 8743	No of	Waste 1 kposal/Dale			MANAGEM	ENT	3. R.(W.C	s

Date of Notification (1) 12/12/12	a a			Name o	of Building	Owner/	Operato	r (2)	DEC 18	DM	0. 5			11 (XX	00
Agencies Notified	Type Notification			Sueet	ddress								y.			
EPA DEP DOL	Initial Amended Amendmen				ate, Zip C y City, N)4		& LICE			L				
DOH DCA	Emergency justification) Cancellation	i -			f Contact Allegretta				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Tel	ephone	Nun	nber		-	
				FACI	ILITY INF	ORMAT	ION					_				
Name of Facility Where A Paramount Building		ng Place (3)					Туре	of Facility (2)						
4 Beacon Way								×	Subchapter Other (i.e. p etc.)					dings	, hom	ies,
City (5) Jersey City									are Feet ,000	# o	f Floors		11 15	3ldg. <i>i</i> 50+	Age	
County (6) Hudson County					Code (7) USE ONLY)		Curr	ent Use (Prid	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm J&S Environmental)	ASCN	/I No.				atement Con Contracting							
Street Address 2333 Route 22 Wes	st							t Addre	ess eant Aven	ue						
City, State, Zip Code Union, NJ 07081									Zip Code J 07013							
Project Manager for Mon Sherrill Gelsomino	itoring Firm			Telepho 908-20	ne No. 06-0073			hone N			Licens 0109).	JUR		
Start Date (10) 12/13/12		Schedul 03/13/		mpletion	Date (11)				HA Monitor conmental	Labo	ratorie	s LI				
Occupancy Status During	Abatement (Chec	ck Only Or	ne)		*		Street	Addre	ss				70/08/0			
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Z	te 22 Wes ip Code	st			_			
Scope of Work (Check A	II That Apply					_	Unic	n, NJ	07081	- 2459						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	і Пасарріу)	-	Renova Demoli				>	Mi Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					•	
		Is	Locat	ion						() and	110111	Habi	110	Abate	emen	
Location		Llas	Norma	lly			scription							Т	ре	-
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma Cus	intena todial (12)	nce/ Staff?	Asbes (i.e.		aining M system cing, VA niscellar	s insula T, or	ation,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											· O	
1st Flo Mezzanine			X				Insula				0 LF		X			
6.5																\vdash
						7.77		-120055			-					\vdash
Name of Registered Was	te Hauler			JDEP W		Cubic			Name of R	Register	red Land	dfill				
Pyramid Contracting	Corp.			lauler ID 2613	No.	of Was	esterio		G.R.O.V	- 2	nc.					
City, State Clifton, New Jersey						Dispos	al Date		City, State Morrisvil		ennsylv	vani	а			
Completed by Dimo Golcev	***	Title Gene	eral M	langer		S	ignature	9				Date 12/	12/1	2		

Check # 7759

Data of Natification (1)					Mana	- CD - distin	- 0	(2) value				10	
Date of Notification (1) 12 / 12	_ / _	12	_		Ror	of Building	g Owner/Operator/ usan Sorr	PECELY!	the grant and the same of the				
	e Notifica	ition			197481115/003	Address	2012	DEC 18 PM	2.50	3300877			
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	mendme				17.35 F	tate, Zip 0	Code b	Landie Ber	kontan in i				X-0-1-0-1-0-0
☑ DHSS	mergeno		luding	ĺ	Mai	gate, NJ	08402	CUIDS CON	LIROL				
□ DCA ju	ustificatio	on)	_		Name	of Contac	t	LICENSIN	Telephone Nur	nher			
(NJAC 5:23-8)	ancellati	ion			Ror	nald & S	usan Sorr			-			
					FAC	CILITY IN	IFORMATION	·					
Name of Facility Where Abater		aking I	Place	(3)				Type of Facility	(4)				
Trenton Avenue Pharma	асу							School (K-12	() ()	۵۱			
Street Address								☐ Subchapter 8	3 (Other than K-1 rivate & commerc	2) cial build	linas		
3803 Ventnor Ave								homes, etc.)			9-,		
City (5)								Square Feet	# of Floors	Ble	dg. A	ge	
Atlantic Clty								4000	1	- '	75+		
County (6)					Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	lished)			
Atlantic								Commercia	I.				
Name of Monitoring Firm Hired	by Build	ling Ov	vner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Gateon Lavella							Controlled E	nvironmental S	Systems				
Street Address							Street Address			-200-11			
PO Box 31425							1121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						- 12	City, State, Zip C	ode					
Philadelphia, PA 19147							Spring Hous	e, PA 19477					
Project Manager for Monitoring	Firm			Tele	phone	No.	Telephone No.		License No.				
Gateon Lavella				2	15 868	5502	215-542-7000)	00847				
Start Date (10)	S	chedu	led C	omple	tion Da	te (11)	Name of OSHA N	N onitor					
12/14/12		_ 12	2_/	15	5_/_	12	CES						
Occupancy Status During Abat	ement (0	Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated Dur	ing Entir	e Perio	od of	Abate	ment		1121 N. Beth	lehem Pike - S	uite 60				
☐ Abatement Performed Outsi						cribe	City, State, Zip C	ode					
Time of Abatement: 7:00Al	M	_PM/ <u>5</u> :	:00PI	M	AM		Spring Hous	e, PA 19477					
Scope of Work (Check all that a	apply)	_									0	0.5101.5	
☐ ≥3 sf or ≥3 lf		r	⊠ Re	novat	ion		☐ Full Con	tainment with Neg	gative Pressure				
⊠ ≥160 sf or ≥260 lf			De					g Procedure					
100411111111111111111111111111111111111						T	☑ Non-Exe	mpted (*) and No	n-Friable Proced	24			
		- 1		Loca Norma				18		Ab	atem	ent T	ype
Location of	:-1 /4 0 8 4	n			ely by	A = b =	Description of		A	70	Z	m	ш
Asbestos-Containing Materi TO BE ABATED	iai (ACIVI)		intena		(i.e. the	stos Containing Ma rmal systems insul	ation surfacing	Amount (Specify	em	Repair	nca	nclo
IN Facility			Cust		Staff?	(,	VAT, or		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		-		(12)	1	-	other miscellane	eous)	18 82 1	450		late	Ф
			Yes	No	N/A								
1 st floor store				\boxtimes		Tile		Δ	800 SF				
1													
				П					-		П	П	П
Name of Registered Waste Hau	uler				JDEP \	L Vaste	Cubic Yards of	Name of Regis	stered Landfill				_
Allied Waste				- 1	lauler II		Waste 5	Conestoga					
City, State							Disposal Date	City, State					
Telford, PA							12/30/12	Morgantov	vn, PA				
Completed By (Print or Type)		Title					Signature	1.	- [Date	,	7	
Patricia Visco		Óff	fice l	Vlana	ger		Patu	ceallis	co	12/	12,	112	

NT			01	114		
for pr	F 1	g pm	4	1#	45	10

Date of Notification (1) 12-12-12			1	Name of	Building ay, Inc.	Owner/C	Operator	(2)	W. C. F.	أورا يسوما	<i>> 1 111</i>				
Agencies Notified	Type Notification			Street A		-	2812	DEC	18 PM	2. 1	-0			_	
			1		egacy	Drive									
EPA DEP	Initial Amended		1	City, Sta	te, Zip Co	de	5 14	95 3 I	85 USA	Li T &ar	T. 1			- 1977	
X DOL	Amendment		-	Plano,	Texas	75024	1	21	CENSIA	ir m	FL.				
▼ DOH	Emergency justification)		T	Name of	Contact	-			V-1-14	Tel	ephone N	umber			
☐ DCA	Cancellation			Richar	d Levy										
NI FF WL MIL	AL	DI (0)		FACI	LITY INFO	DRMATI	ON	-	(F 33 /						
Name of Facility Where Frito Lay Building	Abatement is Takin	g Place (3)						Type	of Facility (4	4)					
Street Address									School (K-1: Subchapter		or than V	12)			
115 New Dutch La	ine								Other (i.e. p				lding	s, hon	nes,
									etc.)	1#0	f Floors		Dida	Λαο	
City (5) Fairfield								625	re Feet SF	# 0	Floors	353	Bldg. 50+	Age	
County (6)		2	17	County (Code (7)			1000000	ent Use (Pric	or if he	na demoli		50.		
Essex					ISE ONLY				ding	n n be	ng demon	si ieu)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		Name		tement Con	tractor	(9)				
n/a	g	oo. (o)		n/a			100000000000000000000000000000000000000		ntracting,		(0)				
Street Address							Street								
n/a							22 T	roy L	ane						
City, State, Zip Code			100.00				City, S	tate, Z	ip Code					50000	
n/a							Linc	oln Pa	ark, NJ 07	7035					
Project Manager for Mo	nitoring Firm		T	Telephor	ne No.		Teleph	none N	0.		License	No.			
n/a				n/a			973-	706-7	7950						
Start Date (10)		Scheduled		pletion [Date (11)				HA Monitor	00.00 0000	W-01		W	1 00 70	
12-22-2012	Ŧ.	1-7-2013	1				Jada	ar Cor	ntracting,	LLC		(a)			
Occupancy Status Durir	ng Abatement (Chec	ck Only One)						Addres							
								roy L							
		nal Facility H	ours				A TOURS TO SERVICE		ip Code						
					2/00/2012		Linc	oln P	ark, NJ 07	7035					
	All That Apply)	_					-	7							
		-	novat noliti				-		ll Containme ni-Enclosure		n Negative	Press	ure		
Z 2100 SI 01 2200 II		V Del	HOIR	OH				Glo	ovebag Prod	edure					
							×	∐ No	n-Exempted	i (*) an	d Non-Fria	able Pr			_
		Is Lo												teme	nt
		Used S	mall Solel				scription					-	T	1	T
		Maint	enar	ice/			taining N I system:				mount Specify	מ	_	E	Ū.
		Custod	lial S 12)	taff?	(1.0.	surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	Enclosure
(13))	,	12)			other r	miscellar	neous)				oval	ar	Encapsulate	sure
		Yes	No	N/A										(D)	
Roo	of			X	Bui	ilt Up F	Roofing	Mate	erial	6	25 SF	X			
				1									1		
						***				-		-	+	+	+
													-	-	
	 		T 62	IDES ::		10::	· ·			5					
152			1000	JDEP W auler ID		of Wa	Yards ste				ered Land	TH			
Jadar Contracting,	LLC		1000	033137		TBD			G.R.O.	W.S.	Landfill				
City, State							sal Date		City, State						
Lincoln Park, NJ 07	State, Zip Code a ect Manager for Monitoring Firm at Date (10) -22-2012 Lopancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other – Describe: 9 am - 5 pm Dee of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Ye Roof Roof Registered Waste Hauler ar Contracting, LLC State coln Park, NJ 07035 Expleted by Titl					TBD			Morrisv	ille, F	A 1960	7			
Completed by		Title					Signature	Э	D		1 1	Date	(5-25		
Lillie Lazarevich		Secret	ary			1Z	111	uO	Lazn	1 Su	\mathcal{Y}	12-12	-12		

NOTIFICATION OF ASBESTO
(Pursuant to NJAC 8:60

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATE (Pursuant to NJAC 8:60 and 5:16)	MENT DESCRIPTION
(Fursualit to NOAG 0.00 and 0.10)	10 Company
Name of Building Owner/Operator (2)	han had

Date of Notification (1)	13 /	12		1		f Building ceton Un	Owner/Operator (2 iversity ?[wa Laf)		
Agencies Notified	Type Notificatio	-		-	Street A	ddress	n Building 🝂	15 DEC 18 1	PH 2:58			7	4
☐ EPA ☐ DOLWD ☐ DHSS	Amendment	t #		-	City, Sta	ate, Zip Co	ode 🔊	& LILENS	NTROL.				
DCA	☐ Emergency		g	-			. 00344		Telephone Number	er .	-		
(NJAC 5:23-8)	justification			1		of Contact Ortega			relephone reambe				
					FAC	ILITY INF	ORMATION			4			
Name of Facility Where	Abatement is Tal	king Plac	e (3)					Type of Facility	(4)	-			
Dickinson Resider								School (K-12 Subchapter 8	(Other than K-12)				
Street Address									rivate and commerc	ial bui	ldings	,	
8 Dickinson Street				- 617				homes, etc.)	# of Floors	Bld	g. Ag	9	\dashv
City (5)								Square Feet 4.000	3	1000	g. Ag 0		
Princeton	(200)						(DTATE / 105 ON 14						
County (6)					Count	y Code (7)	(STATE USE ONLY)	Unoccupied	ior if being demolish	ieu)			
Mercer County				-				The second secon					
Name of Monitoring Firm		ng Owne	(8)	P	ASCM N		Name of Abateme	ent Contractor (9)					
Pennoni Associate	es, Inc.				0010	2	Luzon Inc.						
Street Address							Street Address						
550 Grove Street							8451 Executi						
City, State, Zip Code							City, State, Zip C						
Haddon Field, NJ	08035-1756						Philadelphia	, Pa. 19153				- 0-	
Project Manager for Mo	nitoring Firm		T		phone N		Telephone No.		License No.				
Alan Lloyd					6 547		267-284-1050	1	01027			- 4-	
Start Date (10) 01 / 02	10-5050	heduled 07		1000	tion Dat /		Name of OSHA N Joseph Marc						
			Re				Street Address						-
Occupancy Status Durin					nent		8451 Executi	ive Avenue					
☐ Abatement Performe						cribe	City, State, Zip C	transparent and transparent and transparent			_	-	\neg
Time of Abatement:	8:00AM-5:00PM	W/	PM-		AM		Philadelphia						
Scope of Work (Check	all that apply)						⊠ Full Con	tainment with Ne	gative Pressure				
☐ >3 sf or >3 lf		⊠ i	Reno	vati	on		☐ Mini-En		gativo i rocoa.o				
≥160 sf or ≥260 lf			Demo	olitio	n		☐ Gloveba	ng Procedure	on-Friable Procedu	-			
						r	⊠ Non-Exe	empted (*) and N	Triable Frocedu	_	atom	ent Ty	ma
	7		Is Lo	ma			Description	of					
Location Asbestos-Containing			sed S	Sole	ely by	Asbe	stos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A				1000000	nce/ Staff?	(i.e	, thermal systems		(Specify	3701	<u>≅</u> .	sqe	nso
IN Fac		0		12)			surfacing, VAT other miscelland		SF or LF)	<u>n</u>		ulat	ē
(13)	Ye		No	N/A		- Care Triboonari						_
1 st Floor Apt. 1R &			0	<u> </u>		Floor T	ile & Sheet Floo	oring	182 SF				
Throughout - Baser	ment, 1, 2, 3 rd	FL 🗆		3			ompound (dryv	vall)	4,869 SF				
Throughout - exteri	ior		-	3		CHEST COMPANY OF STREET	w Glazing	7.0	54 Windows				
Crawl Space				\triangleleft		Corrug	ated Pipe Insul		11 LF			Ш	
Name of Registered W	aste Hauler			1550	IJDEP \		Cubic Yards of	100	istered Landfill				
Waste Manageme	ent			-	lauler II 20990		Waste 40 CYS.	Growes L	andfill.				
City, State					20000		Disposal Date	City, State		500			
Tullytown Pa.							7-31-13	Tullytown	ı Pa.				
Completed By (Print or	Type)	Title		-			Signature	_ /) D:	ate ;		1.	
Piyush Patel	. , , , ,		ram	Ma	nager		0 0	Catel	/	12	13	112	
riyusii ratei		9		11111							157,53		9.

Page 2 of 2

Date of Notification (1)	13 /	12				of Buildin		ner/Operator (2) 20 211	/ED			_	\neq
					Nagaeron.							STATE OF THE PARTY	area .	
Agencies Notified ☑ EPA ☑ DOLWD	Type Notifica				E.A	Address . MacMil		Building 201	2 DEC 18 P	H 2: 58			ī	
☑ DHSS	Amendm					State, Zip		544 A	h egga	11.1.17.17.19.1				
□ DCA	☐ Emergen	cy (inclu	uding			nceton N		544	3					
(NJAC 5:23-8)	justification					of Contac		80	& LILLHOI	rilelephone Nu	mber			
	☐ Cancellat	tion			Bob	Ortega				_				
		- 200			FAC	CILITY IN	NFOR	MATION						
Name of Facility Where A	Abatement is T	Taking P	Place	(3)					Type of Facility	(4)				
Dickinson Residen	ce								School (K-12		401			
Street Address									☐ Subchapter 8 ☐ Other (i.e., p	3 (Other than K-		huildin	15	
8 Dickinson Street									homes, etc.)			J 4.1.4.1.1	,-,	
City (5)							-		Square Feet	# of Floors		3ldg. A	ge	
Princeton									4,000	3		50		
County (6)			-1.7.		Coun	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demo	lished)		- 1
Mercer County									Unoccupied	l Residence				
Name of Monitoring Firm	Hired by Build	ding Ow	ner (8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)		7			-
Pennoni Associates	s, Inc.				0010	12	L	uzon Inc.						
Street Address							Stre	et Address						
550 Grove Street							8	451 Executi	ve Ave.					
City, State, Zip Code							City	, State, Zip Co	ode					
Haddon Field, NJ 0	8035-1756						P	hiladelphia	, Pa. 19153					
Project Manager for Moni	itoring Firm			Tele	phone	No.	Tele	ephone No.	50	License No.				
Alan Lloyd				85	6 547	0505	2	67-284-1050)	01027				
Start Date (10)	18	Schedule	ed Co	omple	ion Da	te (11)	Nar	ne of OSHA N	Ionitor					\neg
01 / 02 /		07		- 15 and	1		J	oseph Maro	nski					
Occupancy Status During	Abatement (Check o	nly o	ne)				et Address						
☐ Facility Closed/Vacate					nent		855,000	451 Executi	vo Avenue					
☐ Abatement Performed						cribe		, State, Zip Co						
Time of Abatement: 8							-	hiladelphia,						
Scope of Work (Check all	I that annly)	140					1 .	illiaucipilia,	ra. 13100		-0-10-1			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	i triat apply)			novati molitic				☐ Mini-End	tainment with Neg losure g Procedure mpted (*) and No		dure			
(************************************			ls	Locat	on	1						batem	ent T	vne
Location	of			lormal				Description of				1	1	T
Asbestos-Containing		1)		d Sole intena				Containing Ma		Amount	Neillova	Repair	Encapsulate	Enclosure
TO BE ABA				odial S		(1.6		rmal systems urfacing, VAT		(Specify SF or LF)	8	=	psu	unsc
(13)			- 1	(12)				ner miscellane					late	O
)	Yes	No	N/A									
Basement				\boxtimes		Asbest	os C	ontaminate	d Soil	1300 SF	D			
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Name of Registered Was	te Hauler			N	JDEP V	Vaste	Cub	ic Yards of	Name of Regis	tered Landfill				
Waste Management	t			10000	auler IE 2099 0		Was	ste D CYS.	Growes La	ındfill				
City, State		- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	750	100			5	osal Date	City, State					
Tullytown Pa.							7-	31-13	Tullytown	Pa.				
Completed By (Print or Ty	/pe) .	Title						Signature	^ · · ·	V II	Date			
Piyush Patel		Pro	gran	n Mai	nager			0	Cate	ا لا	12	13	112	_

ND 20546010718

Date of Notification (1) 12/11/2012		N F	lame of E	Building O	wner/Op JBLIC	scho	(2) OOLS			W V				
Agencies Notified Type Notification	-	- 1 -	Street Add	dress AWARE	AVE			2013	? DEC	18 PH	2: 3	8		
EPA DEP DOL DOH DOA DOA DOA DOA DOA DOA DOA DITION DOA DITION DOA DITION		_ F	Name of C	e, Zip Cod SON, N Contact OA ZEM	J 0750)2		9	å.		TRE			
DCA Cancellation					and the second	NI.			-			-	-	\dashv
Name of Facility Where Abatement is Taking ST. MARY SCHOOL Street Address 95 SHERMAN AVE	Place (3)		FACIL	ITY INFO	RMATIC	JN	☐ Sel	f Facility (4 chool (K-12 ubchapter ther (i.e. p	2) 8 (Oth	er than K-12 & commercia	?) al buildi	ngs, l	nomes	s,
City (5) PATERSON, NJ 07503							Square		# 0	f Floors	Blo	dg. Ag	je	8
County (6) PASSAIC		0	County C	ode (7) SE ONLY)			Curren		or if bei	ing demolish	ned)			
Name of Monitoring Firm Hired by Building C TTI ENVIRONMENTAL	Owner (8)		ASCM	No.		Name BOJ.	of Abate AND E	ement Con VELOPI	tractor MEN	(9) rs,llc				-
Street Address 1253 NORTH CHURCH STREET							Address	S LOCK A	VE					
City, State, Zip Code MOORESTOWN, NJ 080							State, Zip LEVILI	Code _E, NJ 0	7109					
Project Manager for Monitoring Firm JIM GUILLARDI			Telephon 856- ZL	ie No. 10-280	00	973-	759-50	080		License N 01059	lo.			
Start Date (10) 12/26/2012	Scheduled 12/29/20		npletion D)ate (11)				A Monitor RONMEN	NTAL	LABORA	TORI	ES		
Occupancy Status During Abatement (Chec	k Only One)					Addres	s TE 22 W	EST					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Al nal Facility	batem Hours	nent		_	City, S	State, Zi		ILO I					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova					Min Glo	i-Enclosur	e cedure	h Negative I			9	
	lal	Locati	ion									Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mair Custo	ormal d Sole ntena odial s (12)	lly ely by nce/ Staff?	Asbes (i.e.	tos Con thermal surfa	escriptio taining I system icing, Va miscella	Material ns insula AT, or	(ACM)		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A				ATIC		-	2415	U	-		-
CAFETERIA		X		4	PIPE I	NSUL	ATION			24 LF	Х	-		-
											-	-		
												-	-	-
Name of Degistered Wests Liquies		N	NJDEP W	/aste	Cubic	Yards		Name of	Reais	tered Landfi				
Name of Registered Waste Hauler NEWARK CARTING, INC		1	Hauler ID		of Wa			TULLY	TOW	/N LANDF		RRF		
City, State NEWARK, NJ					Dispo n/a	sal Dat	е	City, Sta		/N, PA				
Completed by Bojan Mihailovic	Title MEM	BER	}			Signatu	re O	4:0	Le		ate 2/11/	2012		

Date of Notification (1) 12/14/12					f Building Mrs. Ha		Operator	(2)	2012 DFC	1~	*****					
Agencies Notified	Type Notification	i		Street A 56 Wa	ddress yside P	lace	,	£,	2012 DEC	18	PM 2	: 58	?			
EPA DEP DOL	Initial Amended Amendment		_	10000	ite, Zip Co lair, NJ	ode	,	9	& L.10	Z U Na	UNTH	101		2	7,50	
DOH DCA	Emergency (justification) Cancellation	including			f Contact Sloan, c	ontract	tor			Tel	ephone	Numl	er			
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITY INFO	ORMAT	ION	Туре	of Facility (4)						
Street Address 56 Wayside Place	p							×	School (K-12 Subchapter 8 Other (i.e. pr etc.)	(Oth			buile	dings	, hom	es,
City (5) Montclair									re Feet	# of 2	f Floors		3377	ldg. A	\ge	
County (6)					Code (7) USE ONLY	,		Curre	nt Use (Prior	if bei	ng dem	olishe	d)			
Name of Monitoring Firr	n Hired by Building (Owner (8)		ASCN	No.				tement Cont onmental		13 1 5 6 1	.LC				
Street Address								Addres	or, PO Box	× 483	3					
City, State, Zip Code									p Code , NJ 0741	8						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		15.000 St. \$1.00	none No 583-8			Licens	se No.			27.	
Start Date (10) 12/26/12		Scheduled	Con	npletion	Date (11)		Name	of OSF	A Monitor							
Occupancy Status Durin	ng Abatement (Chec	k Only One)			-	Street	Addres	SS		*					
							City, S	tate, Zi	p Code							
Scope of Work (Check A	All That Apply)													3		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×	Min Glo	Containmer i-Enclosure vebag Proce i-Exempted	dure					0	
		ls L	ocati	on		7-1-		1 1401	i-Exempted) and	I NOTI-F	Tiable			ement	:
			rmall	y	100 00		scription					-		Ту	pe	_
TO BE AB	ATED lity	Main Custo	tenar	nce/	Asbes (i.e.	thermal surface	aining M systems cing, VA niscellan	s insula T, or	(ACM) tion,	(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
2nd floor ba	Name of Monitoring Firm Hired by Building Own Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) Scr. 1/2 Decupancy Status During Abatement (Check Or Abatement Performed Outside of Normal Fother – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Example 1					pipe	insulat	tion		2	0 LF	,	2			
2nd floor bat	hroom #2		2453	х			insulat			2	0 LF	2	2			
		-										-	0.1%			
Name of Registered Wa	ste Hauler	ــــــــــــــــــــــــــــــــــــــ	N	JDEP W	aste	Cubic	Yards		Name of R	egiste	red Lan	dfill				-
Freehold Cartage				auler ID 5939	No.	of Was	ste		GROWS				- 8			
City, State Freehold NJ						Dispos	al Date		City, State Morrisvill	e PA						
Completed by Andrew Scott Higgir	ns	Title Owner				S	ignature	De			-	Date 12/1	4/1	2	- 0	

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

GAC Project # 060-12 Client Project #

Client Project #										
Date of Notification (1)					Name of Building Owner			***		
	nber 14,				RUTGERS, THE S	TATE UNI	VERSITY	OF NJ		
Agencies Notified		Notification			Street Address	Pita San San San San San San San San San Sa				
□ EPA		☒ Initial	Notific	ation	ENVIRONMENTAL	HEALTH	& SAFETY	DEPT.		
☐ DCA	E.	□ Amend	ed Noti	fication	27 ROAD 1, BLDG	4086. LIV	INGSTON	CAMPUS	iii Kr	
X DOL		1		including	City, State, Zip Code	,		<u> </u>		
DEP- No Longer REQUI	RED		cation)		PISCATAWAY, NJ	08854		_3	1.	
X DOH					Name of Contact	00004	Thephone	Number	195	
E 5011		☐ Cance	ellea		MICHAEL SMITH, I	ENIV	Walls DIMPAR	Number	-	
									V.	
		<u> </u>			HEALTH & SAFET	<u>Y</u>	- 64	ري.	1	,,
				FACILITY IN	FORMATION				ر ما	
Name of Facility Where Abate					Type of Facility (4)		1-	5	Λ .	100
ROBESON CAMPUS	CENIE	R, BLDG#	7220		School (K-12)		,	4.1	3	2
Street Address		4.00 A.	0.00		Subchapter 8 (other the			200	5.2.28	Sec.
NEWARK CAMPUS					Other (i.e. private & co	ommercial bui	dings, homes,	ete J	7	
MENTALK SALII SS							4 Bldg. Ag	e: 604 ye	ars on	
<u>City (5)</u>	County (6	3)	Count	y Code (7)			1		, -	
NEWARK	ES	SEX	(State	Use Only)	Current Use (prior if bein	g demolished): ACADEN	IIC 🤨		
					,		A			
Name of Monitoring Firm Hired	d by Bldg	Owner (8)	ASCN	l No	Name of Contractor (9)					
ATC ASSOCIATES			009		, autilio di continuoloi (a)					
ATO ACCOCIATED			003	5	GREENWOOD ABA	TEMENT C	ONSULTA	NTS INC		
Street Address					Street Address	· EIVIEIVI C	ONOULIA	1410, 1140.		
3 TERRI LANE					<u>Street Address</u>					
O I EIRIGI EARLE					268 MAIN STREET					
0" 0" 0										
City, State, Zip Code	0040				City State, ZipCode					
BURLINGTON, NJ 0					BUTLER, NJ 07405					
Project Manager for Monitoring	g Firm	Telephone I			Telephone Number		License Nu	<u>mber</u>		
BRIAN KEARNY		609-386	-8800							
					973-492-0477		00840			
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor					
12/27/12		12/29/12		#g	11 ENDOVICION IN	_				
Oppuration Status During At		(Ch l l			ENVIROVISION, INC	٠				
Occupancy Status During At				=¥	Street Address					
□ Facility Closed/Vacated D				nt	20-21 WARGARAW	POAD				
Abatement Performed Ou	tside of No	ormal Facility	Hours -		City, State, Zip Code	NOAD				
Describe					City, State, Zip Code					
☑Other – Describe: Shift	Hours:	8:00 AM -	8:00 A	AM (24 HR)						
					FAIRLAWN, NJ					
Scope of Work (Check all that	apply)				V 10000V					
12-12-12-12-12-12-12-12-12-12-12-12-12-1							nment with Ne	egative Press	sure	
≥ 3 sf or ≥ 3	3 If			☑ Renovation		Mini-Enclo	sure			
≥ 160 sf or 3	≥ 260			Demolition		Glovebag F	rocedure			
					X		ted (*) and N	on-Friable P	rocedure	3
Location of Asbestos-Containing	ng Is Lo	cation Normal	ly Used	Description of Ast	bestos Containing Material	Amou		ement Type		-
Material (ACM) in Facility (13)	Sole	ly by Maint./Cu		(ACM) (i.e. therm	nal systems insulation, surfaci		fy SF		3.545.035.05.35.005.cc.35	20000-0
	912189783	f? (12)		VAT, or other mis	cell.)	or LF)	Rem	ove Repair Er	ncap Enc	ose
L	YES		NA							u.,
Room 325 & 326		X		VAT		500 9	SF 🗵			
			Ι	<u> </u>					_	-
Name of Reg. Waste Hauler		NJDEP Was	te Haula	r ID#	011111111111111111111111111111111111111	20 01	Name of Da	gistered Land	4611	_
See Hauler Below #1 &	2	See Below		110#	Cubic Yards of Waste:	20 CY		S. North La		
Hauler #1) Greenwood Abate	ment Cons	ultants, Inc	Butler.	NJ 07405		Disposal Da	ite	City, State		-
NJDEP # 12561		2 (224-04-17) (3 4 2-05) (50-25)				12/29/12		100 New F	ord Mill	
Hauler #2) Horizon Disposal S		nc., Trenton,	NJ 08611					Rd. Morris	ville, Pa	1
NJ DEP# 22612	10 (0)							19067	700	
Completed by (Brief or True)		Titlo			Cianatura		Data	215-736-17	100	
Completed by (Print or Type) RAYMOND C. PEDAL		Title SENIOD DI	00 154	ът.	Signature	02 PART	Date	mh == 4.4	2042	
NATINIOND C. PEDAL		SENIOR PI		7 1	Raymond C. Per	dalino	nece	ember 14,	2012	
		MANAGER			7					

GAC Project # 060-12 Client Project

Chefit I Toject #											
Date of Notification (1) December	-14	2012			Name of Building Owne			DOITY O	ENI		
	21 149, 4		_		RUTGERS, THE S	DIAIL	UNIVE	KSIIIC	IL MA		
Agencies Notified EPA		Notification		-t'	Street Address		TII 0 0	`	DEDT		
	- 1	Initial Initial			ENVIRONMENTAL					_	
□ DCA		□ Amend	ed Noti	fication	27 ROAD 1, BLDG	4086,	LIVING	TQN	AMPUS	S	
⊠ DOL	- 1	■ Emerg	gency (including	City, State, Zip Code	-17/10/2017		1	75	7.2	-200-00-00-00-00-00-00-00-00-00-00-00-00
☑ DEP- No Longer REQUIRE	D	justific	cation)		PISCATAWAY, NJ	J 08854		- AT	9	17	
X DOH		□ Cance			Name of Contact MICHAEL SMITH,	ENV	T	elephone l		() ()	
							1		_		_
				540W IT / W	HEALTH & SAFET	1		- 2001	3	16.10	_
Nome of English Where Abstract	-4 :- T-1:	DI (0)		FACILITY INF				72 /	-0		in t
Name of Facility Where Abatemen					Type of Facility (4)			600			and the same of th
ALEXANDER LIBRARY,	BLDG	3 番 3107			☐ School (K-12)			=	parties.		A LEWS CO.
Street Address					Subchapter 8 (other t			D1	河 び		
COLLEGE AVENUE CA	MPUS				Other (i.e. private & c						
					Sq. Feet: N/A	# of Floo	ors: 4	Bldg. Age	100+	years	
The state of the s	ounty (6)			y Code (7)							
NEW BRUNSWICK	MIDDI	LESEX	(State	Use Only)	Current Use (prior if beir	ng demoli	ished):	ACADEMI	С		
The second secon			V.M.S.GDV. 7~4 L.			ANI-111-1-113-1113-1113-1113	00.0000 Co.000 (Co.000)				
Name of Monitoring Firm Hired by	Bida. O	wner (8)	ASCM	l No.	Name of Contractor (9)				- W		
ATC ASSOCIATES			0098		114014 01 00114 4010 101						
7.1.07.1000017.1.20			0000		GREENWOOD ABA	TEMEN	NT CON	ISULTAN	ITS. INC		
Street Address			-		Street Address				,		
3 TERRI LANE											
					268 MAIN STREET						
City, State, Zip Code	-				Committee of the Commit						
BURLINGTON, NJ 080	16				City State, ZipCode						
		7.1.1.			BUTLER, NJ 07405				•		
Project Manager for Monitoring Fit BRIAN KEARNY	<u>m</u>	Telephone N			Telephone Number		ᆜᆜ	icense Num	ber		
DRIAN KEARNT		609-386	-8800		973-492-0477		١,	0840			
Scheduled Start Date (10)	-	Cabadulad (I-4:	D-4- (44)	10.5000 (0.500 (0.000 F)) (0.500 F) (0.500 F)			0040			
12/26/12		Scheduled (on Date (11)	Name of OSHA Monitor						
12/20/12		12/29/12			ENVIROVISION, IN	C					
Occupancy Status During Abate	mont (C	hook only o	20)		Street Address	о.					
□ Facility Closed/Vacated Durin					Street Address						
				ıı	20-21 WARGARAW	ROAD					
Abatement Performed Outsid Describe	e or ivon	mai Facility	Hours -		City, State, Zip Code						
Other - Describe: Shift Ho	=	.00 084	F.00 A		<u> </u>						
MOther - Describe: Shift Ho	urs: 5	:00 PIVI -	5:00 A	IVI				**			
					FAIRLAWN, NJ						
Coope of Mark (Charle all that any	I. A				TO SUPERIOR BY THE PROPERTY OF						
Scope of Work (Check all that app	014)				-						
					_			ent with Neg	gative Pres	ssure	
≥ 3 sf or ≥ 3 lf				☑Renovation			Enclosure	9			
≥ 160 sf or ≥ 26	60			Demolition		Gloveb	oag Proce	edure			
					×	Non-E	xempted	(*) and No	n-Friable I	roced	lure
Location of Asbestos-Containing		ation Normal			pestos Containing Material	1000	Amount		ment Type	1	
Material (ACM) in Facility (13)		by Maint./Cu	ustodial		al systems insulation, surfac		Specify S	F	e Repair B	Encon F	Enclose
	Staff?		NIA	VAT, or other mis	cell.)	0	r LF)	Kellio	е керап п	Incap t	LIICIUSE
Room 008	YES	NO	NA	1/4=				-			
KOOM UU6		X		VAT		8	300 SF	X			
	-										
Name of Reg. Waste Hauler	<u> </u>	NJDEP Was	te Haulei	r ID#	Cubic Yards of Waste:	10 CY	/ N	ame of Reg	istered Lar	ndfill	
See Hauler Below #1 & 2	100	See Below			Cubic Faius Of Waste.	1001		R.O.W.S			ill
			Luwinin			T =:					
Hauler #1) Greenwood Abatemer	it Consu	Itants, Inc. –	Butler, 1	NJ 07405			al Date		City, State		
NJDEP# 12561	• · · · · · · · · · · · · · · · · · · ·		00/11			12/29	9/12		100 New Rd. Morri		
Hauler #2) Horizon Disposal Serv NJ DEP # 22612	rices, Inc	., i renton,	11980 E						19067	Sville,	. а
NJ DEF# 22012									215-736-1	1700	
Completed by (Print or Type)	Tit	tle			Signature		Da	ate			
RAYMOND C. PEDALING		ENIOR PI	ROJEC	CT		11.	100		nber 14	2012	2
	08.86	ANAGER			Raymand C. F.	edalino	9				
	191	MINAGEN									

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

GAC Project # 060-12

Client Project #							ches.	DEC	N.	
Date of Notification (1) December	14, 20	12			Name of Building Owner RUTGERS, THE S				1	
Agencies Notified ☐ EPA ☐ DCA ☑ DOL ☑ DEP- No Longer REQUIRED ☑ DOH	[2 (2	additiona I Emerg	Notifica ed Not d area &	ification #1 & material) including	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ Name of Contact	. HEALTH 4086, LIVI	& SAFET	Y DEPT	2:58	6.13
		1 Cance			MICHAEL SMITH, HEALTH & SAFET		1,510,511,011	130111201		
				FACILITY IN	FORMATION	_	-			
Name of Facility Where Abatement BLAKE HALL, BLDG # 60		Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other t	han K-12)				
Street Address COOK CAMPUS		20072			X Other (i.e. private & c				ars	
	nty (6) /IIDDLE	SEX		y Code (7) Use Only)	Current Use (prior if beir	7675 277 27				#1
Name of Monitoring Firm Hired by E ATC ASSOCIATES	Bldg. Own	er (8)	ASCM 0098		Name of Contractor (9) GREENWOOD ABA	TEMENT C	ONSIIITA	ANTS INC		
Street Address 3 TERRI LANE					Street Address	I E MI E MI C	ONSOLIA	MIS, INC	•	
City, State, Zip Code					268 MAIN STREET City State, ZipCode					
BURLINGTON, NJ 0801	6				BUTLER, NJ 07405					
Project Manager for Monitoring Firm BRIAN KEARNY		elephone N 609-386			<u>Telephone Number</u> 973-492-0477		License Nu	ımber		W
Scheduled Start Date (10)	Sc	cheduled (Completic	on Date (11)	Name of OSHA Monitor	×	00040			
12/14/12	1:	2/16/12		Sir Bate (11)	ENVIROVISION, IN	C.	9			
Occupancy Status During Abatem					Street Address					
□ Facility Closed/Vacated During □ Abatement Performed Outside				nt	20-21 WARGARAW City, State, Zip Code	ROAD				
Describe Souther – Describe: Shift Hou	re: 5:0	O DM E	DI E.	IAONS MA OO	Oity, Oldie, Elp Code					
Elouier – Describe. Shift Hot	115. 5.0	OFWIF	KI - 5.	OO YIAI IAIOIA	FAIRLAWN, NJ					
Scope of Work (Check all that apply	Ú					***				
□ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260)			☑Renovation ☐ Demolition		Full Contain Mini-Enclose Glovebag F Non-Exemp	sure Procedure			dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		on Normal y Maint./Cu 2) NO			bestos Containing Material nal systems insulation, surfac cell.)	ing, (Specior LF)	fy SF	tement Type love Repair E		Enclose
Room 134A & 152 & Hall	Parker.	X	Makaning	VAT		1300	SF 🗵	ajan partina		ra Sena
				Secretary and the secretary	Marie and the second			JACO EZENT		
Name of Reg. Waste Hauler	l NJ	I JDEP Was	te Haulei	I ID#	Cubic Yards of Waste:	5 CY	Name of Re	egistered Lan	dfill	
See Hauler Below #1 & 2		ee Below			Cubic rards of waste.	001		S. North L		ill
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Horizon Disposal Servic NJ DEP # 22612						Disposal Da 12/16/12	<u>te</u>	City, State 100 New I Rd. Morri 19067 215-736-1	Ford N sville,	
Completed by (Print or Type) RAYMOND C. PEDALINO	1 V/12 11 11 11 11 11 11 11 11 11 11 11 11 1	NIOR PI		т	Signature Raymand C. Per	dalino	Date Dec	ember 14	, 201	12

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

GAC Project # 060-12

Date of Notification (1)										
				Name of Building Owner/Ope	rator (2)	د۔	. 279			
December 5, 2	012		T-Total Anna	RUTGERS, THE STAT	E UNIV	VERSIT	TY OF	NJ		
Agencies Notified EPA DCA	Notification Initial Amend	Notific		Street Address ENVIRONMENTAL HE 27 ROAD 1, BLDG 408	ALTH	& SAFE	TY D	EPT.	8	
☑ DOL ☑ DEP- No Longer REQUIRED	☐ Emergijustific	ency (cation)	including	City, State, Zip Code PISCATAWAY, NJ 088	5		80,	77	1	
⊠ DOH	☐ Cance	lled		Name of Contact MICHAEL SMITH, ENV HEALTH & SAFETY	<u>'-</u>	lateleph			2	
			FACILITY IN			1 6,4		60_		
Name of Facility Where Abatement is Take BLAKE HALL, BLDG # 6005	king Place (3)			Type of Facility (4) School (K-12)			7			
Street Address COOK CAMPUS				Subchapter 8 (other than K Other (i.e. private & comme Sq. Feet: N/A # of F	ercial build	dings, hon			ears	
City (5) NEW BRUNSWICK County (6) MIDD	LESEX		y Code (7) Use Only)	Current Use (prior if being der				,		
Name of Monitoring Firm Hired by Bldg. C ATC ASSOCIATES	Owner (8)	ASCM 0098		Name of Contractor (9)						
				GREENWOOD ABATEM	ENT C	ONSUL	TANT:	S, INC		
Street Address 3 TERRI LANE				Street Address						
				268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 08016				City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring Firm	Telephone N	lumber		Telephone Number		License	Number	r		
BRIAN KEARNY	609-386	-8800		973-492-0477		00840		7:		
Scheduled Start Date (10) 12/14/12	Scheduled (12/16/12	Completio	on Date (11)	Name of OSHA Monitor						
=				ENVIROVISION, INC.						
Occupancy Status During Abatement (Street Address						
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No ☐ Describe			nt	20-21 WARGARAW ROA	AD			57		
☑Other – Describe: Shift Hours: 5	5:00 PM F	RI – 5:	00 AM MON	Stry, state, Esp seus						
				FAIRLAWN, NJ						
Scope of Work (Check all that apply)				I				-		
 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 				☐ Mir	ni-Enclos	ment with sure Procedure		ve Pre	ssure	
			□ Demoidon		_	ted (*) an		riable l	Proced	lure
	cation Normal			pestos Containing Material	Amoun	it /	Abateme			10.0
	y by Maint./Cu ? (12) NO	istodial NA	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfacing, cell.)	(Specif or LF)	y SF	Remove	Repair I	Encap	Enclose
Room 134A	X		VAT		500 S	F I	X			Г
U		disease of the								1
Charles and the Control of the Contr				4-000	Charles Mary	SAME OF				
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Was See Below		r ID#	Cubic Yards of Waste: 5 C	Y		f Registe			ill
Hauler #1) Greenwood Abatement Consu	ultants, Inc	Butler.	NJ 07405	Dist	oosal Dat	te	Ci	ty, State	е	
NJDEP # 12561 Hauler #2) Horizon Disposal Services, In NJ DEP # 22612	1/2				16/12		10 Ro 19	0 New d. Morri 067 5-736-	Ford Misville,	
	itle			Signature		Date				
	ENIOR PI		CT	Raymand C. Pedali	ino	D	ecemb	oer 5,	2012	!

Ct 1064

12-13-2012 Mary Stewart. 2012 DEC 19 Pt 2: 58 Mar	Tiffany Nunez		Office	Man	ager		Signat	ture			1200	Date 12-13-	2012	?	
DOL	Bronx NY		Titlo				2-13-201	12				7 1			
DOL Amendment # Hoboken NJ. 07030. State Amendment # Hoboken NJ. 07030.	Tri State Transfer Ass			Н	auler ID I	No. 2	of Waste	1000	Minerva	Enter		fill	1	1	
DOL															
DOL						. ipo irist	aidiiOH.		1.	2011	x	-	-		
DOL DOH DOH	Baseme	nt	res		IN/A		Pine Insu	ulation		1	20lf		-	6	
DOL DCA	Asbestos-Containing II TO BE ABA In Facilit	Material (ACM) TED	Use Ma Cus	Normal ed Sole intena todial s (12)	lly ely by nce/ Staff?	(i.e. th	s Containin nermal systems surfacing,	ng Materi terns insu VAT, or	lation,	(S	pecify	Removal	T	уре	Enclosure
DOL			_ 					10000	lovebag Pro	cedure	l Non-Fr	iable Pr			
DOL	≥3 sf or ≥3 lf	l That Apply)	Printering .		110000000000000000000000000000000000000				ull Containm	ent with	Negativ	e Press	ure	-	
DOL	Facility Closed/Vaca	ted During Entire	Period of	Ahater	ment s										
DOL		Abatement (Chec										i			
DOL			Schedu	led Co	mpletion	Date (11)	20 Na	01 333 ame of O	8855 SHA Monitor			000000000000000000000000000000000000000			
DOL	Project Manager for Mon	itoring Firm		1	Telepho	one No.	Je	ersey C	ity NJ. 07	034	Licens	e No			
DOL Amendment # Emergency (including justification)	City, State, Zip Code				-		2	35 Viriç	ginia Ave.						
Amendment # Hoboken NJ. 07030. DOH		- Tanaday Banding	Owner (c		ASCI	WI NO.	G	Green E	nvironmer	ntal Se	(9) rvices.				
Amendment # Hoboken NJ. 07030. DOH DCA DOH DCA Emergency (including justification) Name of Contact Mary Stewart. Name of Facility Where Abatement is Taking Place (3) Residential. Street Address 1303 Garden St. School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Hoboken NJ. 07030 Square Feet # of Floors Bldg. Age 80+ County (6) County Code (7) Current Use (Price if being densitished)		Hired by Building	Owner (8	0	(STATE	USE ONLY)						olistiea)			
Amendment # Hoboken NJ. 07030. DOH DCA Emergency (including justification) Name of Contact Mary Stewart. Name of Facility Where Abatement is Taking Place (3) Residential. Street Address 1303 Garden St. School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	County (6))			County	Code (7)		14	28	3		aliah at	* 80+		
DOL Amendment # Hoboken NJ. 07030. DOH DCA DOH Cancellation Name of Contact Mary Stewart. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3)	1303 Garden St.								Subchapte Other (i.e. etc.)	er 8 (Oth private	& comm	K-12) ercial b			nes,
Amendment # Hoboken NJ. 07030. DOH DCA Hoboken NJ. 07030. Name of Contact Mary Stewart. Telephone Number	Name of Facility Where A	Abatement is Taki	ng Place	(3)	FAC	ILITY INFO	DRMATION		pe of Facility	r (4)					
Amendment #_ Hoboken NJ. 07030.					Mary	Stewart.				Te	lephone	Numbe	r		
12-13-2012 Mary Stewart. 2012 DEC 18 PM 2:58	DOL	Amendmer Emergency	(includin	g	Hobo	ken NJ. 0				of L	ICEN	SING	Ra	 L	
12-13-2012 Mary Stewart.		× Initial	n				St,	15 (0	B	ي ق	-6/	PA	2: ;	8	
Date of Notification (1) Name of Building Owner/Operator (2)	12-13-2012	T			Mary	Stewart.		erator (2)		20120	FC .		Lin !)	



ate of Notification (1) 2-13-2012			ame of Bui Mosheer I		er/Op	erator (2)		2012	DEC	18 PH	EL)			
gencies Notified Type Notification	n	7.23	treet Addre					Asy		18 PH	2:5	8			
EPA Initial DEP Amended DOL Amendme		C	city, State, 2 Bayonne	Zip Code NJ 0700)2		0	€	Lici	NEW	REY				
DOH justification		1000	lame of Co Mosheer	Nader.					Tele	phone Núm	ber -				
			FACILIT	Y INFOR	MATIC	ON T	vne of F	acility (4)							\dashv
Name of Facility Where Abatement is Tal Residential Street Address	king Place (3)						Sch Sub	ool (K-12)) L(Othe	er than K-12 commercia) al buildi	ngs,	hor	nes,	
121 W 4th St.						-	etc.)		Floors		ig. A			
City (5) Bayonne NJ 07002						2	Square F 2170		2	ng demolish	60		ge		_
County (6) Hudson			County Co. (STATE USI	de (7) E ONLY)											_
Name of Monitoring Firm Hired by Buildin	ng Owner (8)		ASCM N	lo.		Name of Green	f Abaten Envir	nent Cont onment	ractor al Se	(9) rvices.					
Street Address		-				Street A	ddress irginia	ave.							
City, State, Zip Code						City, Sta	ate, Zip		04						(1995)
Project Manager for Monitoring Firm		\neg	Telephone	e No.		Telepho	one No.			License N	10.				
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Start Date (10) 12-15-2012	12-15-2		mpletion Da	ate (11)		100000000000000000000000000000000000000	as At								_
Occupancy Status During Abatement (C	heck Only One	e)		714		Street /	Address	1							
Facility Closed/Vacated During En Abatement Performed Outside of I Other – Describe:	tire Period of A	bate	ment rs			City, St	tate, Zip	Code							
Scope of Work (Check All That Apply)							•								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enov emo	ation lition			×	Mini	Enclosur	e cedur	th Negative e and Non-Fria			ure		
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		Loca			_	escription	of				-	_	Тур	е	
Location of Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	M) Use	d So	lely by nance/ I Staff?	Asbest (i.e.	os Co therm sur	ntaining Mal system facing, VA	Material s insula AT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Nepail	Donoir	Encapsulate	Enclosure
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Basement		×		-	Pip	e Insula	ation.		-	180lf	×	+	+		-
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Name of Registered Waste Hauler			NJDEP V Hauler ID		of V	oic Yards Naste		IN SUNTENNIOUS CONTRACTOR		istered Land nterprise.					
Tri State Associate			2A456		2 Dis	posal Dat	e	City, St	tate		-				
City, State Bronx NY					-15-201	2	Wayn	esbu	ırg-Ohio.	Date				7/2	
Completed by Tiffany Nunez	Title Office	ce N	/lanager			Signatu	ire 				12-1	3-20)12	2	

			(Pi	ursuant t	to NJAC 8	:60 and	12:12	0) [Charlett	fter	· .						
Date of Notification (1) December 14, 2012					Name of Building Owner/Operator Diocese of Camden				Check #	5514	-1)						
Agencies Notified	Type Notification			Street Address 631 Market Street				+812 	Check #	PH .	2: 58						
EPA DEP DOL	Initial Amended Amendment #				te, Zip Coo en, NJ 0		PA PA	- Chiltria									
DOH DCA	Emergency (including justification) DCA Emergency (including justification) Cancellation								1 60	Tel	ephone Nur	nber					
				FACIL	LITY INFO	RMATI	NC	-									
Name of Facility Where A St Augustine's Chui		g Place (3)						of Facility (2)	11 17 47						
Street Address 1337 Asbury Ave								×	Subchapter Other (i.e. p etc.)	orivate 8	& commerci	al buil	N 1070		es,		
City (5) Ocean City								1200	re Feet 00	2	f Floors		3ldg. /	∖ge			
County (6) Cape May				County C	Code (7) ISE ONLY)			Curre	ent Use (Priorch	or if bei	ng demolish	ned)					
Name of Monitoring Firm MDG	Hired by Building	Owner (8)		ASCM	l No.				itement Cor vironmen								
Street Address 1000 Maplewood D				Street Address 623 Cutler Ave													
City, State, Zip Code Maple Shade, NJ 08052								City, State, Zip Code Maple Shade, NJ 08052									
Project Manager for Mon Tony Esposito						Telephone No. License No. 856-755-0099 00842											
Start Date (10) December 18, 2012	ompletion Date (11) Name 21, 2012 EMS					me of OSHA Monitor MSL											
									Street Address								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code Westmont, New Jersey 08108								-		
	II That Apply						vves	SUHOH	t, New Je	ersey	00100						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition								Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Wrap n Cut Non-Exempted (*) and Non-Friable Procedure									
			Locat											emen /pe	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Norm Used So Mainten Custodial (12) Yes No				ely by nce/		os Conta thermal surfac	escription of ntaining Materia al systems frisul acing, VAT, or miscellaneous)		ation, (S		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
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Boiler R				XXX		Asbes					2 LF	XXX					
													_				
Ex				LIDED W	lanta	Cubia	Vordo		Nome of	Dogiato	rod Landfill						
Name of Registered Waste Hauler Freehold Cartage NJDEP Waste Hauler ID No. 22253						Cubic Yards of Waste Grows Landfill Grows Landfill				1							
City, State Mount Holly, New Jersey 08060							al Date -2012		City, State Tullytov		٨.	-					
Completed by William Lynch Title Owner						S	ignatur	e Li	1. 2	yn	_ Da	ite ec. 1	4, 20)12			

6096330664 To:856 482 5879 P.2/3 8190-402-2078 Dec 14 12 11.55a Shado Environmental, LLC REMEMBER - MAIL IN HARD REPRESENTATION OF ASBESTOS ABATEMENT Print Form Date of Notikeation (1) Name of Building Owner/Operator December 14, 2012 Diocese of Camden Agencies Notified Type Notlication Street Address 631 Market Ane: K EPA Initial DEP Amended City State Zip Code X DOL Amendmant # Camden, NJ 08102 Emergancy (including DOH Name of Contact (ustification) Tom Bechard DCA Corcellation FACILITY INFORMATION Name of Facility Where Abalament is Taking Place (3) Type of Equility (4) St Augustine's Church School (K-12) Street Address Subchapter 8 (Other than K-12) 1337 Asbury Ave Ø Other (i.e. private & nommercial buildings hair ea. elc.) City (5) Square Feet # of Floors Bldg Age Ocean City 12000 2 15 County (6) County Code (7) Current Use (Prior I being demalished) Cape May (STATE USE ONLY) Church Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Namo of Abatement Contractor (9) MDG Shade Environmental LLC Stroct Address Street Address 1000 Maplewood Drive Suite 207 623 Cutler Ave City. State Zip Code City, Stale, Zin Code Maple Shade, NJ 08052 Maple Shade, NJ 08052 Froject Manager for Monitoring Firm elephone No Telophone No License No Tony Esposito 856-755-9300 856-755-0099 00842 Start Onte (10) Scheduled Completion Date (11) Name of OSHA Monitor Decembor 18, 2012 December 21, 2012 EMSL Occupancy Status During Abatement (Check Only One) Street Address 107 Haddon Ave Facility Closed/Vacated During Entire Period of Abotement Abatement Performed Outside of Normal Facility Hours City, State, Zp Code Other - Describe Westmont, New Jersey 08108 Scope of Work (Check All That Apply) 33 sf or 23 lf Renovation Full Containment with Negative Pressure 216D of or 2280 If Domolitica Mini-Enclosure Glovebag Procedure Wrap n Cut Non-Exempted (*) and Non Friable Procedure Abatement noireacul at Normally Typ≘ Location of Description of Used Sololy by Asbestos-Containing Material (ACM) Ashestoa Containing Material (ACM) Amount Mainlenanco Encapaulate TO BE ABATED (i.e. thermal systems insulation Specify Ramove Endouve Custodial Staff? Ropa:r in I acility auffacing VAT or SF or LF) (12) (13) other miscollaneous) You No MIA Boiler Room XXX Boller Breaching 30 SF XXX Boller Room XXX Asbestos Fitting ZIF 2000 Nama of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hou er ID No. of Wasio Freehold Cartage Grows I andfill 22253 Cily, Stale Disposal Date City State Mount Holly, New Jersey 08060

12-21-2012

Signaturo

Tille

Owner

Completed by

William Lynch

Dyle

Dec. 14, 2012

Tullylowr, PA

RECEIVED

Date of Notification (1) 12/12/2012					Name of Building Owner/operator (2) 2012 DEC 17 PM 2: 58										
Agencies Notified	tion	- ;	Street Address 308 Willow Avenue												
EPA DEP	Initial Amended		-	City, State, Zip Code											
DOL	Amendme		-	Hoboken, NJ 07030											
⊠ DOH	Emergence justification		³ -		of Contact	7030		Telephone Num	her				_		
DOH DCA	Cancellation	on	7	Joseph Chimento											
				FΔC	ILITY INFO	RMATION									
Name of Facility Where	Abatement is T	aking Place	(3)		ALITT INTO	T. T	Type of Facility	(4)					\neg		
Hoboken Medical ce		aning i lace	- (0)			School (K-12) Subchapter 8 (Other than K-1 2)									
Street Address 308 Willow Avenue						Other (i.e., private & commercial buildings, homes, etc.)									
City (5)							Square Feet	# of Floors		3ldg	. Ag	je			
Hoboken, NJ 07030								_	_ _				_		
County (6) Hudson				Cour	ty Code (7)	(STATE	Current Use (P	rior If being dem	olished)					
Name of Monitoring Firm	a Uirad by Puild	ling Owner	_	ASCM N	10 1	Name of Abatem	ent Contractor (9	9)					=		
(8) Aero Environme				ASCIVI I	500 A	Nick Restorat		,							
Street Address	ilital Sci vices	THE	<u> </u>			Street Address									
275 Route 10 East						72 Brookside Rd									
City, State, Zip Code						City, State, Zip Code									
Succasunna, NJ 078	76				1	Randolph, NJ 07869									
Project Manager for Mor			Tele	phone	No.	Telephone No.	License No.								
Michael Berta			973	-920-	9061	973 933-2550 001133									
Start Date (10)	S	Scheduled C		tion Da		Name of OSHA Monitor									
12/14/2012		12/17/20				J&S Environmental									
Occupancy Status Durin						Street Address 2333 Rt 22 W									
Facility Closed/Vacat					-	City, State, Zip Code									
Other - Describe:	d Outside of No Hospital Clos	ed urgent	care	open		Union, NJ 07083									
Scope of Work (Check a				5500											
		⊠ o.	enovati	on		Full Containment with Negative Pressure Mini-Enclosure									
≥3 sf or ≥3 lf >160 sf or ≥260 lf		emolitic			Gloveb	ebag Procedure -Exempted (*) and Non-Friable Procedure									
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Location	of	Use	d Sole	y by		Description of	of	ACM) Amount		Т	\neg				
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IN Facilit	у		Staff?			surfacing, VAT	, or	SF or LF)		Remova	Repair	Encapsulate	Enclosure		
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	ve and the same		1												
Name of Registered Wa	aste Hauler			Waste	Cubic Yards	Name of Re	gistered Landfill								
Nick Restoration LI			_ {	180337	2 No. 82	of Blaste	G.R.O.W.S	3			_		_		
City, State 72 Brookside Rd , F	Randolph NI					Disposal Date TBD	City, State Tullytown	PA							
Completed By	vandorpii 143	Title						. Date	9	_	_				
Elvira Mrda		Presider	ıt			Signature Lide Date 12/12/2012									

Date of Notification (1)					g Owner/Operator		op. C	10	**	La					
12-14-12					MS. LINDA PANSOM &											
Agency Notified	Type Notification	Street Address														
D EPA	O Initial			1208 PINES LAICE DRIVE WEST ?												
DEP	☐ Amended						- 117 -	1			9					
■ DOL	Amendment #	na	L	WAYNE, WJ 07470 Name of Contact Telephone Number												
DOH ·	justification)															
DCA	☐ Cancellation		K. FRUSCO													
				FACI	LITY INF	ORMATION										
Name of Facility Wh	ere Abatement is Taking Pla	ce (3)			•		Type of Facility	(4)								
RESIDENCE						School (K-12	2)									
Street Address			, .				☐ Subchapter 8	Other than K-12)	22						
12.00 000	1411- 000			_			la Other (i.e. pr	ivate & commercia	1 DUNCHIN	gs,						
City (5)	LAKE DRIVE	WE	221				Souare Feet	# of Floors	Bldg.	Age	,					
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WAYNE County (6)							2500	nor if being demoli		<u> </u>	2					
				County ONLY) (STATE USE	1.		enec)							
PASSAIC	* ***				,		RESIDENCE									
244	Firm Hired by Building Own	et.	ASCM	No.			nent Contractor (
(8)						Best R	emoval I	nc								
Street Address						Street Address										
33 3				•		450 S.	River St									
City, State, Zip Code	•					City, State, Zip (
	- 4					Hacken	sack, N.	J. 07601								
Project Manager for	Monitoring Firm	Te	elephor	ne No.		Telephone No.		License No.								
	•	-			201-329-	7444 -	00388									
Start Date (10)	Scheduled C	omplet	ion Da	be (11)		Name of OSHA	Monitor				-	100000				
12-26-1		S. 40-	Omega En	vironmen	tal Inc											
[[[[[[[[[[[[[[[[[[[During Abatement (Check on		-			Street Address										
						280 Huy	ler:St									
☐ Facility Closed/Va ☐ Abatement Perfor				City, State, Zip Code												
POther - Describe:				5 8				k, N.J.	760	6						
Scope of Work (Che				-		Bouth 1	Identification	200								
	sec on non-phyly							Negative Pressure	2							
2 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260	ns .			200000000000000000000000000000000000000	novation notition		-Enclosure rebag Procedure									
G E 100 SI VI E 200				- DQ	TIONOUT!	→ Non	-Exempted (*) an	d Non-Friable Proc	edure							
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	ecation of aining Material (ACM)		ed Sole		Ache	Description stos Containing M		Amount			1	ml.				
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· · · ·	! Facility		Staff?	<u> </u>		surfacing, VA other miscellan		SF or LF)		VOL	8	Dan Ja				
83	(13)		(12)			Quer miscellan	eous)			-	Repair	ate				
		Yes	No	N/A	1											
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Name of Registered	Waste Hauler			Vaste I	Hauler	Cubic Yards of	Name of Regi	stered Landfill								
Best Remo	val Inc	4	No	0		Waste	Mineru	a Enterpr	ises							
		11	710	7		11/2 405		- DICCEPE		-						
City, State	rongools NI I	076	01			Disposal Date	Wavnes	ourg , Oh								
	ensack, N.J.	0/0	OI			12-27-12	1 , 4, 4, 6, 5		Date							
Completed by	Table Estin		·			Signature			12-1	111	-17					
R. Veldran						Rkeldra			16-1	7	12					
ASB-41	* Do no	t use ti	his form	n for as	sbestos l	icensure exempted	d activities.					į.				

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12/14/12		BBJ DREAM CORE HOLDINGS TO THE												
Agency Noticed Tyr	-													
D EPA P43 G	nasat			10	FAIN	p-acous	Aug 1/1	200	WEB					
	Amended Amendment #				State, Zip	11	030014	D APPE	-	-	D.,	5		
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	kmMedicalical) Cancelle to a					uc Javel	المستعار	1				*		
				FAC	ALITY ON	PORMATION	SCHOOL SCHOOL SCHOOL	di	100			7		
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Stroot Address					-		CI Rutichentor	o comer than K-12 Anto & communica	hustone					
95 EAST PASSA	IC AUT						homes, etc.) beneared	٥,				
⊇ffy (3)	20						Squate Féét	# of Floors	Bidg. A	90	11)		
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(8)	- al monument and	.rud	1				emoval I							
Street Address			L			Street Address			v+		·	-		
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Zry, Kinto, Zip Codo	Reff.				- 1	City, State, Zip C		1 07601		LICTOR P. C. S.	200			
	- 5				~		sack, N.	J. 07601				_		
Project Asenager for MonPoein	gram		Telepho	ine pilo.		Tokephone No. 201-329-	7444 -	License No. 00388						
Start Date (19)	Schoduled (Somali	ฟลือก Da	do (14)		Name of OSHA	Monitor	1,		-				
12/19/12 12/21/12						Omega Environmental Inc								
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Hackensac	1756	-				Signaturo /)			74700 .		_	_		

State of New Jersey - Notification of Asbestos Abatement

10023	8	tate of in	ew Jers	sey - Nothica	ation of Aspestos A	Datemen	Mrs.	.					
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1) December 14, 2012 Agencies Notified Notification Type Notification Type													
Date of Notification (1)					Name of Building Owner/Operator (2) VIZ DEC 1 3								
December	14,201				Infante Associates 18 pm								
Agencies Notified		Notification IXI Init	Type ial Notifi	cation									
EPA :		□Amend			City, State, Zip Code	BA.	& LICES	ISING POL					
DCA x DOL		⊠ Emer	gency (i	ncluding	Ridgewood NJ								
X DEP		justific Cance	cation)		Name of Contact Mark Infante								
x DOH		La Carico	ileu	FACILITY INFO	ORMATION								
Name of Facility Where Abate	ment is Ta	king Place (3)			Type of Facility (4)								
Infante Associates					School (K-12)								
Street Address					Subchapter 8 (other than								
30 Broadway					Other (i.e. private & Sq. Feet: Unknown	# of Floor	uildings, home s: 1 Bldg.	es, etc.) Age: 50 years					
City (5) Elmwood Park	County (6			Code (7) Jse Only)	Current Use (prior if being	demolished)	:						
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)								
Anthony Valentine			0077		GREENWOOD ABAT	EMENT C	ONSULTA	NTS, INC.					
Street Address					Street Address	*III	THE COUNTY OF TH						
80 Mill Road				268 MAIN STREET									
City, State, Zip Code Irvington NJ	20,000				City State, ZipCode Butler, NJ 07405								
Project Manager for Monitorin	g Firm	Telephone			Telephone Number		License Nu	<u>mber</u>					
Anthony Valentine		201.207			973-492-0477		00840						
Scheduled Start Date (10)				n Date (11)	Name of OSHA Monitor								
December 15, 2012		Decemb	937	2012	EMSL inc.								
Occupancy Status During A	batement	(Check only	one)		Street Address								
Facility Closed/Vacat Abatement Performe	ed During d Outside	Entire Period of Normal Fa	of Abater cility Hour	nent s -	1056 Stelton Road City, State, Zip Code								
Describe		8			Gity, State, Zip Code								
Other – Describe: N	ormal H	ours			Piscataway, NJ 08854								
Course of Words (Chank all th	at apply)												
Source of Work (Check all that	at apply)					Full Contain	nment with N	egative Pressure					
≥ 3 sf or ≥ 3	lf			Renovation		Mini-Enclo							
□≥ 160 sf or ≥				Demolition		Glovebag F		I None Existe la Desas dues					
			ally I load	Description of Ach	estos Containing Material	X Non-Exen		Non-Friable Procedure					
Location of Asbestos-Contain Material (ACM) in Facility (13		ocation Norm elv by Maint./		(ACM) (i.e. therm	al systems insulation, surfact	ing, (Speci	fy SF						
Material (Henry III - Zemiy (He		ff? (12) S NO	NA	VAT, or other mise		or LF)	Ren	nove Repair Encap Enclose					
1 st Floor			X	VAT		300 \$	1000						
Roof		0	X	Roof Flashin	g	100 8	SF 🗵						
Name of Reg. Waste Hauler		NJDEP W	aste Haule	r ID#	Cubic Yards of Waste:		Name of Re	egistered Landfill					
See Hauler Below # 1 &		See Belo	w			5		fill Landfill					
Hauler #1) Greenwoo NJ DEP #	12561					Disposal Da December 2012		City, State Route 2, Box 68 Bridgeport, WVA					
Hauler #2) Newark C	arting, I	nc. – Newa	rk, NJ 04	4509, NJ DEP#	19551	2012		304-842-2784					
		Titl.			Cignature		Date						
Completed by (Print or Type)		Title SENIOR	PRO IF	CT.	Signature Mania Canauna			ber 14, 2012					
Marin Graure	MANAGE			Marin Graure December 14, 2012									

State of New Jersey - Notification of Asbestos Abatement (Purspant to N.J.A.C. 8:60-7 and 12:120-7) Date of Notification (1)

December 14', 2012

Matification MAIL IN HARD COPY Name of Building Owner/Opera Infante Associates Notification Type Street Address M Initial Notification EPA 9 Robinson Lane Amended Certification DCA City, State, Zio Code X DOL 国 Emergency (including Ridgewood NJ X DEP justification) Name of Contact × DOH ☐ Cancelled Mark Infante FACILITY INFORMATION Name of Facility Where Abatoment is Taking Place (3) Impe of Facility (4) To an about the and Infante Associates · 198.4年,日 1 日 周 中部条件外的 AA School (K-12) Street Address Subchapter 8 (other than K-12) 30 Broadway Other (i.e. private & commercial buildings, homes, olc.) Sq. Feet: Unknown # of Floors, 1 Bido Agn: 50 years City (5) County (6) County Code (7) Elmwood Park Borgen (State Use Only) Current Use (prior if being demolished): Name of Monitorina Firm Himd by Bida. Owney (6) ASCM No. Name of Contractor (8) Anthony Valentine 00775 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 80 MIII Road 268 MAIN STREET City. State, Zip Code LN notgnivni City State, ZipCode Butter, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number Anthony Valentine Licousa Number 201.207.6092 973-492-0477 Schoduled Start Date (10) 00840 Schodulad Campianian Data (11) Name of OSHA Monitor Docember 15, 2012 December 17, 2012 EMSL Inc. Occupancy Status During Abatement (Chack only one) Stroct Address Facility Closed/Vecated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours 1056 Stelton Road Describe Chy. State, Zip Code Other Describe Normal Hours Piscataway, NJ 08854 Source of Work (Check at that apply) Full Containment with Negative Pressure ≥ 3 at or ≥ 3 if Renovation Minl-Enclosure D≥ 180 of or ≥ 280 Demolition Glovebag Procedure Location of Asbestos Containing x Non-Exempted (*) and Non-Friable Procedure Is Location Normally Used Description of Asbestos Containing Material Solely by Maint/Custodiol Spail? (12) Amount (ACM) (Le thormal systems insulation surfacing. VAT, or other miscell.) Abatement l'ype (Specify SF Remove Repeir Encap Enclose or LF) YES NO NA 图 300 SF X Roof Flashing 100 SF

Melerial (ACM) in Facility (13) 1St Floor Roof Name of Reg. Waste Mauler NJDEP Waste Hauter ID & Cubic Yards of Wasig. See Hauler Below # 1 & 2 Name of Registered Landfill See Balow Meadowfill Landfill Ilauler #1) Greenwood Abstement Consultants, Inc. - Butler, NJ 07405 Dispusat Date Cay, State NJ DEP # 12561 December 17. Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Route 2, Dox 68 2012 Bridgepon. WVA 304-842-2784 Completed by (Print or Type) Signatum Marin Graure SENIOR PROJECT Maria Graure December 14, 2012

GAC # 2012-363

MANAGER