CK#24994 RECEIVED

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

Date of Notification (1) 12	/17/12			Name of Building Owner/Operator (2) Seabrook House 2 DEC 19 PH 2: 58									
Agencies Notified	Type Notification	1		Stree	et Address			mfest≓ ST#3					
DEP DOL	Amended Amendment		_	City,	State, Zip (eabrook, NJ (& LICE	Noi	NĠ	HUL	=	
M DOH □ DCA	Emergency (i justification) Cancellation	nciuain	ig	Name	e of Contac		340100K, 1 (0 (Telephone Num	her				
				FA		ORMATION				45.50		_	
Name of Facility Where							Type of Facility	y (4)					
Street Address	Seabo	rrk H	ouse				School (K-1	2) 8 (Other than K-1	2)				
Street Address	133 P	olk L	ane				Other (i.e., phomes, etc.)	private & commerc	ial bui	ldings	8,		
City (5)							Square Feet	# of Floors	Е	lldg. /		-	
County (6)	Seab	rook,	NJ	T Cau	mt. Cada /	7) (07475	6,000	3			90	_	
	nberland				ONLY)	7) (STATE		rior if being demoli Office Buildi					
Name of Monitoring Firm (8)	Hired by Building MECS	Owner		ASCM	No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address	MECS					Street Address							
	PO Box 330	04						30x 322					
City, State, Zip Code	Γrenton, NJ 0	3629			City, State, Zip Code Allentown, NJ 08501								
Project Manager for Mor		3027	Tele	phone	No.	Telephone No.	7 HICHOW	License No.					
William Wo	_		<u>) 396-9208</u> (609) <u>259-9688</u> 00493							_			
Start Date (10) 1/7/13	Sche		Comple 2/28/		ate (11)	Name of OSHA		ECS		**********			
Occupancy Status Durin		ck only	one)			Street Address	~						
Facility Closed/Vacate Abatement Performed											31237	_	
Other - Describe:	- Culoido of Itolinia		ty mou			Oity, State, Zip O		, NJ 08629					
Scope of Work (Check a	II that apply)					CI Full Com							
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			enovati emolitio			Mini-End Gloveba	g Procedure	on-Friable Procedu	re				
			Locatio						1		ment		
Location of		Used	d Solely	y by	Ashaai	Description of			-	Тур	Je I	\vdash	
Asbestos-Containing N TO BE ABAT	ED	C	ustodia Staff?			thermal systems in	nsulation,	Amount (Specify	Removal	Repair	Enc	Enc	
IN Facility (13)			(12)			surfacing, VAT, other miscellaneo		SF or LF)	noval	≌.	Encapsulate	Enclosure	
		Yes	No	N/A							ate	U	
Basement	area		×			pipe insulati	on	550 LF	X	-2			
2nd floor cl	losets					pipe insulati	on	40LF	×				
Name of Registered Was	te Hauler		IN	JDEP \	Naste T	Cubic Yards	Name of Regis	stered Landfill					
Stevens Environn		s Inc	Н	auler ID 182	No. 292	of Waste 20 CU		R.F., Inc.L	andf	ill			
City, State	Allentovyn N	JI				Disposal Date 2/28/12	City, State	Tullytan	D A				
Allentown, NJ Completed By Title					1	2/28/12 Signat/ye//	TH -	/Tullytown, Date	rA_			=	
Mahlon E. Stevens Project Man					ager	1/1/	1/	0.0000000000000000000000000000000000000	12/1	7/12	2	_	

MAR 00

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

				-0.000 TEN 10.000 CO.10					TOBU	# pm	. Ma				
Date of Notification (1) 12-17-12			Name o	of Building	Owner/0	Operat	or (2)	2		- () () () () () () () () () (
Agencies Notified Type Notification EPA Initial			Street A	Address Hadley I	Road				uiz DE	C 19 p	M 2	: 58	3		
DEP Amended Amendmen				ate, Zip Co Plainfie		v Jers	sey 0	7080	2673	To CE	MT	ROL			
□ Emergency justification) □ DCA □ Cancellation		'	Name o	of Contact Hoarle						ephone Nur	7.71				
	-	, 	FAC	ILITY INF	ORMATI	ON	_			···					
Name of Facility Where Abatement is Takin McCarter Switching Station	ng Place (3)			<u> </u>		Тур	e of Facility School (K-	1905						
Street Address 33 Littleton Avenue			0.00				×	Subchapte	er 8 (Oth	er than K-12 & commerci		ldings	, hom	nes,	
City (5) Newark, New Jersey 07107							1 22	uare Feet 0,000	# o	f Floors	- 11	Bldg. 55 ye	_		
County (6) Essex				Code (7) USE ONLY)		Current Use (Prior if being demolished) Not in use								
Name of Monitoring Firm Hired by Building CNS Management	Owner (8)	ASC	M No.				patement Co y Group I	Contractor (9) p Inc.						
Street Address 208 Newtown Road			Street / 3000					ress rns Avenu	ie						
City, State, Zip Code Plainview, NY 11803							, State, Zip Code antagh NY 11793								
Project Manager for Monitoring Firm Michael Nolan		Telepho 917-29	ne No. 99-7122			ohone -876-	No. -0020		License N 01085	0.					
Start Date (10) 1-2-13	Schedul 12-31-		npletion	Date (11)				SHA Monitor y Group Ir							
Occupancy Status During Abatement (Chec	k Only O	ne)					t Addr	50 A.					-	-	
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	nal Facilit	y Hours	5			U. C. C. C. C.		rns Avenu Zip Code	е						
Other – Describe: Facility scheduled for	r demoliti	on. No	occupan	су				, NY 1179	93						
Scope of Work (Check All That Apply)				-		-	17.00			STANIE .					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	27mmm46	Renova Demolit					× M	ull Containm lini-Enclosur llovebag Pro on-Exempte	re cedure				·e		
	le le	Locati	ion					on Exempte	7 7 4116	1101111100	T	35.0 S	emen	t	
Location of		Normal	ly		Des	criptio	n of					Ту	ре	_	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal	aining systen sing, V	Materi ns insu AT, or	The state of the s	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A												
Please see attached			X		See	Attac	hed		See A	Attached	Х				
					8	24									
Name of Registered Waste Hauler		ΙΝ	JDEP W	laste	Cubic \	Yards		Name of	Register	red Landfill				_	
Horwith Trucks Inc.		Н	auler ID 3227		of Was 400		/	Minerva	- 14B - 14						
City, State Northampton, PA 18067			Dispos 6-30-1			City, Stat Wayne		OH .							
Completed by Robert Lewin	Title Envir	onme	ntal Co	oordinate	or Si	gnatuk		X		Dat 12-	e -18-1	12			

PSEG 33 LITTLETON

	BEVEINED	A STATE OF THE STA
MATERIAL	ESTIM	IATED QUANTITY
MATABANAD	UNITS	TOTAL
Asbestos	2812 DEC 19 PM 2: 3	58
Thermal Insulation	lin. ft.	250
Thermal Insulation	A LIMET STREET CALLER	A1 100
Thermal Insulation	lin. ft. LICENCING	10
Transite	sq. ft.	250
Transite	sq. ft.	200
Floor Tile	sq. ft.	2800
Floor Tile Mastic	sq. ft.	3500
Floor Debris	sq. ft.	250

CK 6780606839

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)				Name of	Building	Owner/C	perator		14.6/5						
12/19/2012 Agencies Notified	Type Notification		- 1	Street A	Jramero	cy Asso	ociates	2012	DEC 19	PM	2: 38	-			
EPA	× Initial			55 We	st 21st	Street							a		
× DEP × DOL	Amended Amendment				ite, Zip Co ork,NY,			ė	LICE	VS/H	G ROL		93		
⊠ DOH DCA	Emergency justification)	-			Contact					Tel	ephone N	umber			
DCA	Cancellation	(Sakim	00447	011		-				12		
Name of Facility Where A	batement is Takin	g Place (3)	FACI	LITY INFO	ORMAII	ON	Туре	of Facility (4)					
756 Broad St.									School (K-1						
Street Address 756 Broad St	w)				or 10 mm and 10 mm			×	Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) Newark								Squa 3000	re Feet 00	4 0	f Floors		3ldg. I 00	Age	
County (6) Essex				County (Code (7) USE ONLY)			ent Use (Pri mercial	or if bei	ng demoli	shed)			
Name of Monitoring Firm Health and Safety S		Owner (8))	ASCN 117	No.		100 (100)		tement Cor ow Indus						
Street Address 318 12th Street							100000000000000000000000000000000000000	Addre				440			
City, State, Zip Code Hammonton, NJ, 080	37								ip Code NJ,07514						
Project Manager for Moni Jim Proctor	toring Firm			Telephoi 609-70	ne No. 04-8850		100000000000000000000000000000000000000	hone N 653-9			License 1183	No.			
Start Date (10) 01/02/2013		Schedul 04/02/			Date (11)		Name HSS		HA Monitor	:				-	
Occupancy Status During	Abatement (Ched	k Only O	ne)					Addre	ss				CONVENT		
Facility Closed/Vaca Abatement Performe Other – Describe:							City, S	State, Z	Street ip Code				-	347.441	
	That Analys						Ham	nmont	on,NJ,08	037	r. Saubis				
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	г гпат Арріу)		Renova Demoli				2	Mir Glo	ll Containmeni-Enclosure ovebag Production n-Exempted	e cedure	. Not to T alke and a			re	
			Locat					: :::= 1. X						temen ype	it
Location Asbestos-Containing I <u>TO BE</u> ABA In Facilit (13)	Material (ACM) TED	Use Ma	Norma ed Sole aintena todial (12)	ely by ince/ Staff?		tos Cont thermal surfa		Material s insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_	Φ.	
Baseme	ent		X	-		pipe	insula	ation		ļ.,	40lf	x	_	-	
		-		-				200				-	-	-	<u> </u>
		-		-						·		-	-	-	-
Name of Registered Wast	e Hauler			NJDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landi	fill	1.		
Newark Carting		2	F	Hauler ID 2262		of Wa			Waste	out to the second					
City, State Newark,NJ						Dispos n/a	sal Date	1	City, Stat Tullytov						
Completed by		Title	her			8	Signature	e and	12/2			Date	201		

							83	ولارق تي معا	-39027475 ² 1		- proses			Pi	int F
高端を表現が経過でいまって、これです。	Character when you		NOT	S	tate of N	ew Jerse						11/		1	
REMEMBER	ARAII IA	1000000000000000000000000000000000000	MUI	Pursuan	t to NJA	BESTOS C 8:60 an	ABATE d 12:12	NEN	DOL	-10) U	44			Ť
Date of Notification (1)				Name	of Buildin	g Owner/	Operator	(2)					-	+	
12/19/2012		- Labrariaga	d contra	NJTT	Realty	LLC			· n	EC 19	/201	2		1	
Agencies Notified	Type Notification	1			Address	nview D	rivo	1	T M	a Windle	V			1	
EPA × DEP	X Initial Amended				tate, Zip (/IIVE		100	-D /	ODE	201	/FF	1	1
× DOL	Amendmen				vah,NJ				MAIN	CH, Ar	11	101			2.54
× DOH	Emergency justification)	3	E CONTRACTOR DISTRICT	of Contac			24		Telepho	ne Nu	mher:	t THE ST	17/35	and the second
DCA	Cancellation	n			es Sybe	000000000000000000000000000000000000000	ì	Prozest A pro-	Transfer of				ang i alignylligi as h	Jing-Benghalan a	
Name of Facility Where A	batement is Taki	ng Place (3)	FAC	ILIIY IN	FORMAT	ION	Тур	e of Facility (4)					
953 Belmont Ave									School (K-12	ž.					
Street Address 953 Belmont Ave									Subchapter 8 Other (i.e. pr	Other tha	an K-1	2)	Idinaa	ha	
City (5)								×	etc.)						es,
North Haledon								Square Feet # of Floors 8,800 1			ors	Bldg. Age 69			
County (6)				County	Code (7)				rent Use (Prior	if being de	emolis				
Passaic Name of Monitoring Firm	Hirod by Building	Outre == /2:	,		USE ONL	Y)		cor	nmercial			78,			
Health and Safety Se		Owner (8)						atement Controw Industr			10			
Street Address			-				Street			IGO IIVO					
318 12th Street								dway							
City, State, Zip Code Hammonton,NJ,080	37							City, State, Zip Code Paterson,NJ,07514							
Project Manager for Monit	F							Telephone No. License No.							
Jim Proctor				609-704-8850 9				973-653-9652 1183							
Start Date (10) 12/20/2012				mpletion)		of OS	SHA Monitor				277			
Occupancy Status During	Abatement (Char	02/02/						HSS Street Address							
NAME AND AND DESCRIPTION OF THE PERSON OF TH		Sequine services and	1000	ment			\$100 BEACH	treet Address 318 12th Street							
Facility Closed/Vacat Abatement Performe Other – Describe:	d Outside of Norr	mal Facility	y Hou	rs			7.04-5-7.E-7.E-7.	State, Zip Code							
	That A == L \						100000 processor		ton,NJ,080	37					
Scope of Work (Check All ≥3 sf or ≥3 lf	тпат Арріу)	<u>তা</u> _						1							XI
≥3 st or ≥3 if ≥160 sf or ≥260 if			Renov Demol				×	Fu	ıll Containmen	it with Nega	ative F	ressu	re		
		1000					×		ovebag Proce	dure	Cei-t	lo D-	00 d	_	
	0	Is	Loca	tion				INC	on-Exempted () and Non	i-rnab	Pro	Abate		
Location of		1	Norma				scription					_		ре	
Asbestos-Containing M TO BE ABAT		Ma	intena	ance/	Asbe:	stos Cont . thermal	aining M	lateria	II (ACM)	Amoun (Specif		77		Ē	т
In Facility (13)	1	Cus	(12)	Staff?	A.ssa	surfac	cing, VA	T, or		SF or LF		Remova	Repair	caps	Enclosure
		Yes	No	N/A	1	ouiei II	nocellan	eous)				val	air	Encapsulate	sure
Basemei	nt		X	1.371		nine	insulat	ion		40lf					
2.040	Basement						mould			4011		х			
		1-1		-			-								
		+	-	-		111-1711-171				-3-111111		-			
ame of Registered Waste	Hauler		1	NJDEP W	/aste	Cubic	Yards		Name of Re	nistered	andfill				
ewark Carting				Hauler ID 2262		of Was			Waste Ma						
City, State			- '	2202		10 Dispos	al Date		City, State						
ewark,NJ			Disposal Date City, State n/a Tullytown,PA												
ompleted by oran Igev	Signature Date														
Orall Igev		<u>`</u> ~		13.	- 1	for.		12	/19/2	012	•				

Date of Notification (1)		Name of Building Owner/Operator (2) Sims Metal Management														
Decen	nber 17, 2012			Sims M	letal Ma	nage										
Agencies Notified	Type Notification			Street A	ddress		2	012 r	EC 10	PM 2: 58			(6)			
EPA	Initial			1 Linde	n Avenu	ie E	ast	0	rc 19 1	PM 2: 58						
DEP	Amended	20		City, Sta	ate, Zip Co	ode	A	das	Arran							
X DOL	Amendment Emergency (-	Jersey	City, Ne	w Je	ersey 073	آو 05	ET 95 G	MTRAI						
□ DOH	justification)			Name o	f Contact			· · · · · ·	LILENS,	[] [] [] [] [] [] [] [] [] [] [] [] [] [Num	her				
☐ DCA	Cancellation			10m 50	cnaad			× 1000								
Name of Facility Where	Abatement is Taking	Diago (2)	FACI	LITY INF	ORM	ATION	Tuna	of Facility /4	\						
A CONTROL OF CONTROL O	Abatement is Taking	griace ())						of Facility (4							
building Street Address	A CONTRACTOR OF THE PROPERTY O								School (K-12	t) 3 (Other than k	(_12)					
	2002									ivate & comme			dings	, hom	es,	
76-88 Roanoke Aver	nue							- 6	etc.)	# 05 510000		1.6	l d z			
15/23 12								Squai	re Feet	# of Floors		6	ldg.	Age		
Newark, New Jersey County (6)				County	Code (7)		-	Curro	nt Uso /Drio	r if hoing dome	liobe	24)				
Essex					USE ONLY	,		Current Use (Prior if being demolished)								
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCN	I No		Name of Abatement Contractor (9)									
AET, Inc.	Trined by building (owner (o)		0021	i NO.		Total Section	Name of Abatement Contractor (9) The MACK Group, LLC.								
Street Address				0021			Street			.U.						
907 Doolittle Drive							74470000000000		HWY N, S	TE 200						
City, State, Zip Code									ip Code	51E 209		_	-			
Bridgewater, NJ 088					A Commercial Commercia											
Project Manager for Mon		Telepho	ne No.		Cherry Hill, NJ 08034 Telephone No. License No.											
Eric Houseknecht				610-891			(973) 759 - 5000 00781									
Start Date (10)		Schedul		mpletion			,	1177777	IA Monitor	00701						
1/2/201	3			12/31/1			The M	ACK	Group, LL	C						
Occupancy Status Durin		Only Or	ne)		1000			et Address								
Facility Closed/Vac	ated During Entire F	eriod of	Abate	ment			1500 K	Kings HWY N, STE 209								
Abatement Perform							City, St									
Other - Describe:			-			_	Cherry	Hill,	NJ 08034							
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf		☐ F	Renov	ation			Σ	Ful	I Containmer	nt with Negativ	e Pr	essui	е			
≥160 sf or ≥260 lf		X [Demol	ition			2		i-Enclosure							
							>		vebag Proce		ble F	Proce	dure			
		lo	Loca	tion			- Land	Non-Exempted (*) and Non-Friable Procedure Abate					emen	t		
Location	n of	200	Norma	200700			Description	of					Т	pe		
Asbestos-Containing	Material (ACM)	0.0000000	d Sol	ely by	Asbes	tos C	ontaining Ma	aterial	(ACM)	Amount				m		
TO BE ABA			todial	Staff?	(i.e.		mal systems irfacing, VAT		tion,	(Specify SF or LF)		Rer	χ,	nca	Encl	
(13)	,		(12)				er miscellane			or or Ery		Remova	Repair	Encapsulate	Enclosure	
				T					-			<u>a</u>	7	ate	9	
DI 0 050		Yes	No V	N/A								\/			+	
Phase 2 - 358 pass	\triangle	4		ACIV	l insulatino	g line	r	see attache	ed	Ă		-	1			
						18										
Name of Registered Was	ste Hauler	1	1	NJ DEP W	aste	Cul	bic Yards	Yards Name of Registered Landfill				_				
			H	Hauler ID	No.	of \	Naste									
CSX Transportation									ny Farms / Grows Landfill							
City, State					Disposal Date City, State											
Jacksonville, FL Completed by Title					12/31/13				Fostoria,	OH / Morris						
							Signature Date									
Michael Cooper President							4-2-	12/17/12								

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

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



Date of Notification (1)	2/5/12	*		Name of Building Owner/Operator (2) Dave Bunocore 2012 DEC 19 PM 2: 5											
Agencies Notified	Type Notification	į.		Street	Address	(2	17 Joseph's S	Al de St	#5	CA.	v Te	o mu			
EPA DEP DOL	Amended Amendment #		-	City, S	State, Zip C		Lavalette, N		EN	311	İĞ	UUL			
DOH DCA	Emergency (in justification) Cancellation	icidaling		Name	of Contac	ave Bunocore		Telephone Numb	er		1				
	L			FAC	CILITY INF	ORMATION									
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)							
	Res	idenc	e				School (K-1								
Street Address	217 Jose	eph's S	Stree	t			Other (i.e., p	8 (Other than K-12) private & commercia)	l build						
City (5)	Lav	valette					Square Feet 900	# of Floors	BI	dg. A	ge 0				
County (6)	Ocean	raiotte		Cour	nty Code (ONLY)	7) (STATE		rior if being demolis Residence	hed)						
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abaten	nent Contractor (9))							
	MECS					Stev	vens Environ	mental Service	s, Ir	ıc.					
Street Address	PO Box 34	1				Street Address	PO F	3ox 322							
City, State, Zip Code						City, State, Zip C	Code					_			
	rosswicks, NJ	08515					Allentown, NJ 08501								
Project Manager for Mon William W	nitoring Firm eisgarber Jr.		A) 50180	phone (9) 29	No. 8-4070	Telephone No. License No. 00493									
Start Date (10)		duled C	-			Name of OSHA	Monitor					_			
12/6/12			2/7/				M	ECS				_			
Occupancy Status Durin Facility Closed/Vacat		month of the state of	e ou modes.	Street Address PO Box 341											
☐ Abatement Performe Consecutivación Abatement Performe Other - Describe:	d Outside of Norma	al Facilit													
Scope of Work (Check a	- AMAZIN - NIV						CIOSSWIC	ks, 110 005 15	-		-				
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			novati molitic			☐ Mini-En ☐ Gloveb	ntainment with Ne closure ag Procedure empted (*) and No	gative Pressure on-Friable Procedur	e						
4-1	355		ocatio						. /	Abate					
Location		Used	Solel	y by	A-1	Description o		Amount							
Asbestos-Containing I <u>TO BE ABA</u> IN Facility (13)	TED	Cu	istodia Staff? (12)			tos Containing Ma thermal systems surfacing, VAT other miscellane	insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
		Yes	No	N/A		9		950 CF	1.5		(D				
1st Flo	oor			×		floor tile	,	850 SF	×						
Name of Registered Wa	ste Hauler			JDEP V		Cubic Yards	Name of Reg	stered Landfill							
Stevens Environ	_ +	lauler ID 182	90 No. 292	of Waste 2CU		T.R.R.F., In	c.								
City, State	Allentown, l	NJ .				Disposal Date 12/10/12	City, State	Tullytown, I	PA	À					
Completed By	Title					Signatura	7 y /	Date				_			
Mahlon E. Ste	ojec	t Man	ager			= -	12/	5/12		_					

Stato of New Jersey

_	
100	
1 25	24985
1. /	2990)

						Andrew College	12 DEC 10			v at th	D
Date of Notification (1)	2/5/12		Name	e of Buildin	g Owner/Operato	(2) Kathy Mah	DOL -	1110	E	AY	7
Agencies Notified	Type Notification	n	Stree	t Address			in AVE THE	WIR	a,		Ŧ
EPA DEP	Initial Amendad					Pennsylvár	ne y Ac DECT	100	201	>	+
DOL	Amendment	#	CHY,	State, Zip C	ode	Lavalette	MI	,		•	
DOH .	Emergency (including	Nerro	od Contac	<u> </u>	Lavaletto.	I A Releichene Nur	ban.		=	=
DCA	Concellation		I TOWARD		thy Mahoney	,	W Appens Num				E
			FA	CILITY INF	ORMATION						*
Varne of Facility Where			-			Typo of Facili				40 50	4.
Street Address	KC	sidence				Subchaptu		2)			
Spoc Addio23	114 Penn	sylvania	Ave			Other (1e .	private & commerc	ial built	dinga		
îlý (5)						Square Feet	# of Floors	B	dg. A	ge	_
	Ls	valette				1800			5	()	
County (6)	Ocean		USE	nly Code (7 CONLY)) (STATE	Current Use (Prior If being demol				
Name of Monitoring Fin		Owner	ASCM	No.	Namo of Abuton			20028			-
6)	MECS					vens Environ	imental Service	es, ir	IC.	-	
treet Address	P() Box 34	11			Street Address	P()	Box 322				
City, State, Zip Code	1()1308 34				Chy State, Zip (ode					Ann.
	rosswicks, NJ				-	Allentov	vn, NJ 08501			-	
roject Vianager for Ma	The state of the s	100	elephone	CONTRACTOR OF THE	Telephone No	EQ DEND	Userne No	0049.	2		
William W	eisgarber Jr.			8-4070	Norma of OSHA	59-9688		7(147.)		-
12/6/12	SCR	duled Com	ριετιόπ D≘ 7/12	3(8 (11)	Maring of COUNT		AECS .				
Occupancy Status Dun	ing Abstement (Chr				Street Address						
Facility Closed/Vaca							Box 341				
Abstement Performed Other - Describo			Durs		City, State, Zip C		ks, NJ 08515				
					C Euli Co	ritainment with N	ecollya Prassura				
	ali that apply)	Renov Demo			☐ Min⊦En	olosure ag Procedure		irė			
27 ≥3 st or >3 if	as that apply)	☐ Demo	ition ition		☐ Min⊦En	olosure ag Procedure	on-Friable Procedu		Abator		•
Location	ı of	Is Local	ition ition ally lely try		Mini-En Glovab	oloaure ag Procedure empted (*) and N	on-Friable Procedu	4	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesios-Cantaining	of Material (ACM)	Is Loca Norm	ition ally lely try enco	Asbest	Mini-En Glovab Ron-Ex Description of	closure ag Procedure empted (*) and h terial (ACM)	Amount (Specify	4	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesics-Containing IO BE ABA IN Facility	of Material (ACM)	Is Local Normal Used Scale Mainten Cusion Stuli	ation ally lely try ancol dial	Asbest (1.8	Description of Containing Ma	olbaure ag Procedure empted (*) and h terial (ACM) naviation, or	on-Friable Procedu	4		e	1
≥3 af or ≥3 if ≥160 af or ≥260 if Location Asbesics-Containing	of Material (ACM)	Is Local Norm Used So Mainten Custo Staff (12	ition ally lely try anco/ dial (??)	Asbest (1.8	Mini-En Glovab Se Non-Ex Description of Containing Ma Intermet systems	olbaure ag Procedure empted (*) and h terial (ACM) naviation, or	Amount (Specify		Тур		1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesics -Containing IO BE ABA IN Facility	of Material (ACM) AIED ty	Is Local Normal Used Scale Mainten Cusion Stuli	ation ally acity try concor dial (??)	Asbest (1.6.	Description of a Containing Mathematical Systems Surfacing, VAT other miscellane	olbaure ag Procedure empted (*) and N terial (ACM) naviation, or ous)	Amount (Specify SF or LF)	Removal	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesics-Containing IO BE ABA IN Facili (13)	of Material (ACM) ATED ty	Is Local Norm Used So Mainten Custo Staff (12	ition ally lely try anco/ dial (??)	Asbest (1.8:	Description of Containing Mathematical Systems Surfacing, VAT other miscellane	olbaure ag Procedure empted (*) and N terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal X	Тур	e	
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesics-Containing (O BE ABA (N Facility)	of Material (ACM) ATED ty	Is Local Norm Used So Mainten Custo Staff (12	ation ally acity try concor dial (??)	Asbest (1.6.	Description of a Containing Mathematical Systems Surfacing, VAT other miscellane	olbaure ag Procedure empted (*) and N terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal	Тур	e	1
E3 af or ≥3 if ≥160 af or ≥260 if Location Asbesios-Canishing IO BE ABA IN Facili (13)	of Material (ACM) ATED ty	Is Local Norm Used So Mainten Custo Staff (12	ation ally acity try concor dial (??)	Asbest (1.8:	Description of Containing Mathematical Systems Surfacing, VAT other miscellane	olbaure ag Procedure empted (*) and h terial (ACM) inaulation, or ous)	Amount (Specify SF or LF)	Removal X	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesias Containing IO BE ABA IN Facilit (13) Living R Kitche	of Material (ACM) AIED ty Room	Is Local Norm Used So Mainten Custo Staff (12	ition stion st	(1.6	Description of Containing Mathermal systems surfacing, VAT other miscellane	olbaure ag Procedure empted (*) and h terial (ACM) inaulation, or ous)	Amount (Specify SF or LF)	Removal X	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbesics Containing IO BE ABA IN Facilit (13) Living R Kitche	Material (ACM) ATED ty Room on	Demo Is Loca Norm Used 9c Metrico Cusio Stal (12 Yes N	ition stion	Waste O No.	Description of Containing Mathermal systems surfacing, VAT other miscellane floor tile floor tile floor tile Cubic Yards of Wasts I CU	olbaure ag Procedure empted (*) and N terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal X X	Тур	e	1
E3 at or ≥3 if ≥160 at or ≥260 if Location Asbestos Canishing IO BE ABA IN Facilit (13) Living R Kitche Name of Registered With Stevens Environ	Room en asio Hauler	Demo Is Local Norm Used Staff (12 Yes N	ition stion st	Waste O No.	Description of Containing Mathermal systems surfacing, VAT other miscellane floor tile floor tile Cubic Yarda of Wasta LCU Disposal Date	olbaure ag Procedure empted (*) and h terial (ACM) inaulation, or ous)	Amount (Specify SF or LF) 130 SF 90 SF	Removal X	Тур	e	1
≥3 sf or ≥3 if ≥160 sf or ≥260 if Location Asbestos-Containing IO BE ABA IN Facili (13) Living R Kitch	Material (ACM) ATED ty Room on	Demo Is Loca Norm Used School Staff (12) Yes N	ition stion st	Waste O No.	Description of Containing Mathermal systems surfacing, VAT other miscellane floor tile floor tile floor tile Cubic Yards of Wasts I CU	olbaure ag Procedure empted (*) and N terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Removal X	Тур	Encapsulate	1

MAR 00

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

NOTIFICATION OF ASPESTOS ABATHMENT Sayues and State of New Jersey NOTIFICATION OF ASPESTOS ABATHMENT Sayues and State Notification Notification Name of Building Owner/Operator 12		es esse 13117 e	<i>1</i> 0				Fax	:	-	Dec 14 2012 1	2:01p,m,	P00	1/00	11 =
Post Street Address Past State Ascended Past Past Street Past	2/14/2012 08:28	8/30381/	(0						1	(3)812:08(5)				
State of Notification (1) 12		1 r	OTIF	ICAT	Star ION (TE OF NEW	Jersey	BATE	MENT	of Hearing & Server	Jasa Li	1	-	
State of Notificiation (1)	Check# 1536]		(Pur	suant	to NJAC	8:60 and	5:16)	293lyra2	OBVORGED	ency No	dine	anoi	
Agencies Notified DOLVID Amended Ame	Date of Notification (1)			1	Vame of	Bullding C	wner/Ope	rator (2)	: 58					
Agencies Notified DOLVID Amended Ame	12 / 14	1 12	_	N	lary B	02212 U	IEC 19	F11 C		<u>epph</u>	OVED			1
DOLS City Steep, City Ste	3	•	_		Street A	ddress		(144)	R鲁L	N.J. Dept. of Health	& Senio	r Sei	Aices	3
DOLS City Steep, City Ste				7	Pearl	Street	_ 1160	MUNICH MOIN	1 1 1 2 2 2 5		ISTINIE!	\leq	=	-
DCA Cancellation Name of Contact Telephonis Number Name of Contact Telephonis Number Name of Eacility Whore Absterners is Taking Place (3) School (K-12) Sch	100 TO 10			- 1	City, Sta	ate, Zip Cq	晚上10年	110.11		100/14		11.	· cri	7
Cancellation Merry Bowden		Emergency (inc	luding)1					=	_	
Pacific Number Paci				- 1	9					Telephone (tent				
Name of Facility Where Abetiment is Taking Piace (3) Private house Street Address Pearl Street Street Address Pearl Street County (6) Union Name of Monitoring Plim Hired by Building Owner (8) ASCM No. County (6) Union Name of Monitoring Plim Hired by Building Owner (8) Street Address Street	i_						DONATI	ANI						
School (K-12) Street (Other than K-1 2) Stre	N	Annual to Taking	Dhan (21	FAC	ILITY INF	ORMAII		Type of Facility	(4)				
Sireet Address Pearl Street Softward		tement is taking	Prace (2)					School (K-12	2)				
7 Pearl Street City 15 City 17 County 18 County 19 County 18 County 18 County 19 Coun	7 N. M. P. M. W. M.								Subchapter	CAME MISH W-15) raial buil	dinas		
Summit, NJ 07901 County (6) Union Name of Monitoring Plim Hired by Building Owner (8) ASCM No. Name of Monitoring Plim Hired by Building Owner (8) Union Name of Monitoring Plim Hired by Building Owner (8) Street Address Street Addr		5%						1			roat bott	on 19:		
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Plim Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Gr Tech LLC Street Address Street Ad									Square Feet	# of Floors	Bld	g. Ag	е	
County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Plim Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Gr Tech LLC Street Address Street Ad	Summit, NJ 07901								E.					
Name of Monitoring Flirm Hired by Building Owner (8) ASCM No. Name of Abetement Contractor (9)				N/A	County	y Code (7) (9	STATE USE	ONLY	Current Use (Pr	rior if being demoli	shed)			
Gr Tech LLC Street Address Street				7							<u> </u>			
Street Address Wayne, NJ 07470 Telephone No. Telephone No. Street Address Start Oate (10) 12 / 15 / 12 Street Address	Name of Monitoring Firm Hi	red by Building ()wher (i	3)	ASCM I	1			it Contractor (9)				
S76 Valley Rd #283 City, State, Zip Code City, State	St. 1.44						-							
City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Wayne, NJ 07470 Completion Date (11) Telephone No. Project Manager for Monitoring Firm Telephone No. Telephone No. Ol 127	2/(86/ Wodless								92					
Wayne, NJ 07470 Wayne, NJ 07470 Telephone No. Closes No. Dispose Date (**City, State** Dispose Date City, State** Dispose Date**	City, State, Zip Code			-21000 S	-			-	-				_	
Start Date (10) 12 / 15 / 12 Scheduled Comptetion Date (11) 12 / 16 / 12 Envirovision Consultants,Inc Part Date (10) Par							Wayne, N	NJ 07470)					
Start Date (10) 12	Project Manager for Monito	ring Firm		Tele	phone I	NO.	Yelephone	No.		License No.				
12							973-638-	1777		01127				
Occupancy Status During Abatement (Check only one) Street Address		4 000000000				10.00	Name of	OSHA M	onitor		2			
Report R	12 / 15 /	12 _	12 /	16	/	12			sultants, Inc					
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM PM AM AM PM PM AM Fair Lawn, NJ 07410														
Time of Abatement: AM- PM PM AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Scope of Work (Check all that that the Nogative Pressure Montenant Type (Scope of Work (Check all that the Nogative Pressure Montenant Type (Check all that the Nogative Pressure Noge of Registers (Check all that the Nogative Pressure Noge of Registers (Check all that the Nogative Pressure Noge of Registers (Check all that the Nogative Pressure Noge of Registers (Check all that the										34A				_
Scope of Work (Check all that apply) Clean up and decontamination				PM_		AM								
Full Containment with Negative Pressure Mini-Enclosure Clovebag Procedure Secretarian Demolition Demol	Scope of Work /Chart all I	hat enaly)								ination			-	
Second continued Demolition Second continued		irar abbitt			anner.			Full Cont	ainment with Ne					
Non-Exampled (*) and Non-Friable Procedure Absternant Typ	>3 sfor >3 lf 1 > 160 sfor >260 lf		⊠ Re	molitic	on on		h-md							
Completed By (Print or Type)								Non-Exer	mpted (") and N	Ion-Friable Proced	-	7	-	
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Basement-utility room Name of Registerad Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470 Completed By (Print or Type) Name of Name of Registerad Waste NJevice Name of Registerad Waste Name of Registerad Vaste Name of Registerad Landfill T.R.R.P. Inc Disposal Date Tullytown, PA Completed By (Print or Type) Title Name of Registerad Landfill Signature Name of Registerad Landfill Date Name of Registerad Landfill Signature Name of Registerad Landfill Signature Name of Registerad Landfill Name of Registerad Landfill Name of Registerad Landfill Signature Name of Registerad Landfill Signature Name of Registerad Landfill Name of Registerad Landfill Name of Registerad Landfill Signature Name of Registerad Landfill							Dear		,		Ab	_		i
Completed By (Print or Type) Title Signature Name of Registered By (Print or Type) Title Signature Name of Registered N			Use	d Soi	ely by		stos Conta	ining Met	terial (ACM)		Reg	R P	ene	Endosure
Basement-utility room Yes No N/A						(i.e					Von	1	apsi	180
Basement-utility room Yes No N/A										SIF U CI /	<u> =</u>		riate	6
Name of Registered Waste Hauler NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title NJevtic Owner			Yes	No	N/A									_
Name of Registered Waste Hauler NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC O033785 TBD T.R.R.F. Inc. Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title NJevtic Owner	Basement-utility room				×	Pipes ins	sulation		1 1	20 LF				
Name of Registered Waste Hauler NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC O033785 TBD T.R.R.F. Inc. Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title NJevtic Owner								, ,						
Name of Registered Waste Hauler NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title NJevtic Owner			In	In						1	TI			T
Name of Registered Weste Hauler NIDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC O033785 TBD T.R.R.F. Inc City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title NJevtic Owner			1	+=		-				 	17			F
Gr Tech LLC O033785 TBD T.R.R.F. Inc City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) N Jevtic Owner	Name of Pagistared Mark	e Hauter	10			e Hauter IO No	Cubic Yarr	ds of Wash	el Name of Rec	ristered Landfill	14	٢	<u></u>	1
City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) N Jevtic Owner Disposal Date City, State City, State City, State City, State City, State City, State TBD Tullytown, PA Date 12/14/2012		C LIGORY							1					
Wayne, NJ 07470 Completed By (Print or Type) Title Signature N Jevtic Owner TBD Tullytown, PA Date 12/14/2012					0033/	63				-	-			
Completed By (Print or Type) Title Signature N Jevtic Owner Date 12/14/2012									1,400,00 to 10,000,000,000,000,000,000,000,000,000,	PΔ				
N Jevtic Owner . Feate New 2012/14/2012		ne) Ti	rie						7 A		Date		*	
to Devile Owner					~			He.	who M			012		
			WHEL.					-					-	- 1