NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Matification (1)		-		- 1		D .11' O	- 10	-4 (2)	*	·· - 51	1.3	4 6	7 7	
Date of Notification (1)	12/13/2013				Name of	Building O		ator (2) rcola Enterp	ricec	=a	2	3	2.95	
							WICSSC	rcola Eliterp	11303	in				
Agencies Notified	Type of Notificat				Street Ac	idress	D 0 D	500		250	2	3 20	13	
[X] EPA		Notific		ì			POB	ox 790	ž.	DE	2	3 4	110	
[] DEP [x] DOL	L 1	ided No	tification #	9 [City, Star	te, Zip Cod			1			100		1
[X] DOL	1020 020		including				Matav	an, NJ 0774	7	17-52			PC1.	i
[x] DOH		cation)			Name of	Contact								
[] DCA	[] Cance	ellation				Fernan	do							
[] bon	L			FAC	 	TODA (ATION		_					
Name of Facility Where Ab	estament is Taking	Dlaga (2	2)	FAC	CILITY I	NFORM	ATION	Type of Facil	ite. (4)					
and the state of t	sidence	riace (?) 					Type of Facil		School (k-12)				
								ľ		Subchapter 8 (oth	er than	k-12)		
Street Address	7.0	ъ.						l [Other (i.e., private			al build	ings.
9 W	V. Susquehanna	Drive	2	-					_	homes, etc.)				
		Coun	ity (6)		County Co			Square feet		# of Floors	Bldg	. Age		
Little Egg Ha	arbor	_			(STATE I	USE ONLY)	900 s		1		6	0	
		Oce	an							eing demolished)				
Name of Monitoring Firm	Hired by Building (Dwner ((8)	\dashv	ASCM N	0 1	Name of	Abatement Cor	esidenc					
N/A		owner (.0)		ABOMIN	o.	rame or			Contracting,	Inc.			
Street Address							Street Ac							
					2			1	889 Roi	ute 9, Unit 61				
City, State, Zip Code							City, Sta	te, Zip Code	1 120					
2: 116 6 16 1	roject Manager for Monitoring Firm Telephone N						T 1 1		oms Riv	ver, New Jerse		/55-1	271	
Project Manager for Monit	oject Manager for Monitoring Firm Telephone N						732-34	e Number		License N 00624	umber			
Scheduled Start Date (10)			Scheduled Co	mpleti	ion Date (1	1)		OSHA Monito		1 00024				X
12/16	/13		12/18/13		(7				Analytical				
Occupancy Status During A			What were made the second				Street Ac							
	lity Closed/Vacated							1	056 Ste	lton Road				
1 2 3	tement Performed (Outside	of Normal Faci	lity Ho	ours	i	City, Sta	te, Zip Code						
[] Othe	er – Describe			-			5.00 1		iscatawa	ay, New Jerse	y 088	54		
Scope of Work (Check all t	that analys)	-					r 1	Full Conta	inment w	ith Negative Pres	CIITA			
Scope of Work (Check and	шат арргу)						[]	Mini-Encl		idi ivegative i res.	suic			
[] >3 s	of or ≥3 lf		[]	Renova	ation		1 1	Glovebag						
1 5 5	0 sf or ≥260 lf		5 5	Demoli			[x]			and Non-Friable F	rocedu	ire		
											_			
								020			Abat	ement	Гуре	
Y		9	Is Location				Description			Amount	R	R	Е	E
Location of Asbestos-Containing M		8	Normally used Solely by	1			estos-Con laterial (A			(Specify SF	Е	E	N	N
TO BE ABA		Mai	ntenance/Cust	odial			, thermal			or LF)	M	P A	CA	C L
in facility		20000000	Staff				lation, su				0	I	P	0
(13)			(12)				VAT,				V	R	S	S
						othe	er miscell	aneous)			A		U L	U R
		YES	S NO	N/A							L		E	E
Exterior			X		Asbes	stos sidin	g			850 sf	X			
- DATOLIOI	ZXIEI IOI													
								*0**			_	_		<u> </u>
											-	-		-
		L.,									L			L
	ame of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste H 2022						rds of Was	te Name of T.R.I		d Landfill				
City, State	muacting, inc.				sal Date	2	City, St		X.F.					
Toms River,	New Jersev			12/1				own, Pennsy	lvania					
Completed by (Print or Typ	ne)	Title			Signate	nce 🔨	1 1	17	1		Date			
Nicholas Fer	nicola	Proj	ect Manager		0,000	VI	Most	18/	7		12/	13/20	13	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

							1471		* ** H *		11: 1
Date of Notification (1)	2/13/2013			Name of Buildin		rator (2) crcola Enterprises	J DEG	258	201	39	
[X] EPA [[[X] DEP [X] DOL	Amendr	lotification d Notifi ment #	ication	Street Address City, State, Zip	Code	ox 790	A. 525		\43 \43	- 4	
[X] DOH []	X] Emerger justifica] Cancella	ition)			t nando	100/17					t
*			FA	CILITY INFO	MATION						
Name of Facility Where Abate Reside		ace (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 20 We	eaver Drive					[x]	Other (i.e., privat homes, etc.)	e & con	nmercia	al build	ings,
Manahawkin		County	5000	County Code (7) (STATE USE O	NLY)	Square feet 1200 sf Current Use (Prior if	# of Floors 1 being demolished)	Bldg	Age 6	0	
		Ocean	8			Residen					
Name of Monitoring Firm Hire N/A	ed by Building Ov	wner (8)		ASCM No.		f Abatement Contractor (Guardia		Inc.			
Street Address					Street A	1889 Ro	oute 9, Unit 61				
City, State, Zip Code							iver, New Jers		55-12	271	
Project Manager for Monitorin	ng Firm		Telephone Number		732-34	ne Number 49-9932	License N 00624	umber		- oranics	
Scheduled Start Date (10) 12/16/13			Scheduled Comple 12/18/13	tion Date (11)			Analytical				
[] Abatem	Closed/Vacated I	During E	entire Period of Ab Normal Facility F		Street A	1056 St ate, Zip Code	elton Road				
					-	Piscatav Full Containment	way, New Jerse		54 		
Scope of Work (Check all that	••••		[] Renov	votion	[Mini-Enclosure Glovebag Procedu	_	Juic			
	f or ≥260 lf		[x] Demo		[x			Procedu	re		
					V			Abat	ement '	Гуре	
Location of Asbestos-Containing Mate TO BE ABATE in facility (13)		No	Is Location formally used Solely by enance/Custodia Staff (12) NO N/A	ıl	Descripti Asbestos-Co Material (. (i.e., thermal insulation, sr VAT, other miscel	ontaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X	Asbestos s	ding		1000 sf	X			
				104							
Name of Registered Waste Ha Guardian Cont		N.	JDEP Waste Haul 20223	er ID No. Cubi		T.R.R.F.	red Landfill				
City, State Toms River, N				oosal Date 19/13	City, S Tully	tate town, Pennsylvania					
Completed by (Print or Type) Nicholas Fernic		Title Projec	ct Manager	Signature	1. de	Pell		Date 12/	13/20	13	

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Nome of Building)/O	-to- (2)			7 1	7 173	1
12/13/2013				Name of Building (rcola Enterprises		2	3)	屯	
	tion l Notifica nded Not			Street Address	POB	ox 790	DEC DEC	2 3	2013		IJ
[x] DOL Ame	ndment # gency (ir			City, State, Zip Coo		van, NJ 07747	Ace take	V. 7			
I A I DOII	ication) ellation			Name of Contact Fernar	ndo	7.6°					
			FAC	LITY INFORM	ATION						Topin T
Name of Facility Where Abatement is Taking Residence	Place (3))				Type of Facility (4)	School (k-12)				
Street Address 40 Rona Drive						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)		350	al build	ings,
Manahawkin	Count	y (6)		County Code (7) (STATE USE ONL)	n	Square feet 900 sf	# of Floors	Bldg	Age 6	0	
	Ocea	ın		**		Current Use (Prior if					
Name of Monitoring Firm Hired by Building	Oumar (9	2)		ASCM No.	Nome of	Residen Abatement Contractor (
Name of Monitoring Firm Aired by Building N/A	Owner (8	,		ASCIVI NO.	ivame of		n Contracting,	Inc.			
Street Address					Street Ad	ldress	oute 9, Unit 61	1101			
City, State, Zip Code					City, Stat	te, Zip Code					\neg
Project Manager for Monitoring Firm	1	Telephone 1	Number			e Number	License N		55-12	271	\dashv
Scheduled Start Date (10) 12/16/13	_	Scheduled (100 to 10	on Date (11)	732-34 Name of	OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check	only one		1.5		Street Ad		z. Amaryticar		- 2		
[X] Facility Closed/Vacate			d of Aba	tement		1056 St	elton Road				
Abatement Performed	Outside o	of Normal Fa	cility Ho	ours	City, Stat	te, Zip Code			-		$\overline{}$
Other – Describe							vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)	2				[]	Full Containment	with Negative Pres	sure			
[] >3 sf or ≥3 lf		[]	Renova		[]	Glovebag Procedu					
[X] ≥160 sf or ≥260 lf		[x]	Demoli	ition	[x]	Non-Exempted (*)	and Non-Friable	rocedu	re		
								Abate	ement '	уре	
Location of	١.,	Is Location Normally us			Description bestos-Cor		Amount	R	R	E	E
Asbestos-Containing Material (ACM)	1	Solely by			Material (A		(Specify SF	Е	E P	N C	N C
TO BE ABATED	Main	tenance/Cu		(i.e	, thermal	systems	or LF)	M O	Α	Α	L
in facility		Staff		ins	ulation, su			v	I R	PS	0
(13)		(12)		oth	VAT, of er miscella			A	K	U	U
g ² (20)	YES	NO	N/A					L		L E	R E
Exterior	X	·	Asbestos sidir	ıg		700 sf	Х		-		
		+	-								
		+									
					9						
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Wast	0223	2	rds of Was	T.R.R.F.	ed Landfill				
City, State				sal Date	City, Şt	ate ôwn∤Pennsylvania					
Toms River, New Jersey Completed by (Print or Type)	Title		12/1	9/13 Signature		// reinsylvania		Date			
Nicholas Fernicola		ect Manag	er	Max	Most	1		12/1	3/20	13	

NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)					Name of Bui	ilding O				v.	3	, ,	-	
12/	18/2013						Garden	State	Modular H	omes, LLC	15	33	3	7
Agencies Notified Type	of Notificati	on			Street Addre					- 600	, .		~	<u> </u>
[x] EPA [Notifica	ation		Succi Addic	33	POBo	x 96		i .	1,	*• ·	5	,
[] DEP [tification				100000000000000000000000000000000000000	/A 70			6	٩	!	
[x] DOL		dment #			City, State, 2	Zip Code				Ċ	11/	۸,	0,7	
[x] [x			ncluding				Lavalle	ette, N	J 08735		0	3		
[x] DOH	justific		-		Name of Cor	ntact						65	(a)	8
[] DCA [] Cancel	llation					ertakos							
[] BCA														
				FAC	ILITY INF	ORM	ATION							
Name of Facility Where Abateme		Place (3)					Type o	of Facility (4)					
Residence	ce								[]	School (k-12)				
Street Address		3.190							[]	Subchapter 8 (or	ther than	n k-12)		
	donfield A	venue							[x]	Other (i.e., priva	ite & co	mmerc	ial build	lings,
	dominoid 71	·							WT 2 1500	homes, etc.)				
City		Count	y (6)		County Code			Square		# of Floors	Bld	g. Age		
					(STATE USE	ONLY)		2000 sf	1			50	
Lavallette	1	Ocea	ın					Curren		being demolished)			
N () (Milaton in Process 2							Resider					
Name of Monitoring Firm Hired b	by Building O	wner (8	3)	- 1	ASCM No.	- 1	Name of A	Abatemo	ent Contractor					
N/A Street Address						-	0 1	1	Guardia	an Contracting	, Inc.			
Street Address					*	- 1	Street Add	aress	1000 D	outo O TInit 61				
City, State, Zip Code							City, State	7in C		oute 9, Unit 61				
ony, state, zip code							City, State	s, Zip C		Liver, New Jers	SO VA	755_1	271	
Project Manager for Monitoring F	roject Manager for Monitoring Firm Telephone N					-	Telephone	Numb		License 1		733-1	2/1	
gg avvg	(33,000)		reseptione	114111001		- 1	732-349			00624	variioci			
Scheduled Start Date (10)		$\overline{}$	Scheduled	Completi	on Date (11)	\dashv	Name of (-	1 00024				
12/19/13			12/20/			- 1				L. Analytical				
Occupancy Status During Abatem	ent (Check or	nly one					Street Add	dress						
[X] Facility Clo	osed/Vacated	During	Entire Peri	od of Aba	tement				1056 St	elton Road				
. [] Abatement	Performed O	utside o	of Normal F	acility Ho	ours	-	G': G:	7: 0				- 18	100	
Other – De						- 1	City, State	e, Zip C		NT T	000			
	\$300 central	3.5			76	7			Piscata	way, New Jers	ey use	134		
Scope of Work (Check all that app	oly)						[]	Ful	l Containment	with Negative Pre	ssure			
							Ϊí		ni-Enclosure					
[] >3 sf or ≥3	lf		[]	Renova	tion		ΪÍ	Glo	vebag Procedu	ire				
[x] ≥160 sf or	≥260 lf		[x]	Demoli	tion		[x]) and Non-Friable	Procedi	ıre		
					-T-									
											Abat	tement '	Гуре	
			Is Location	10070	-	Γ	escription	of			D	D	T.	г
Location of		N	Normally u	sed	1	Asb	estos-Cont	taining		Amount	R	R E	E N	E N
Asbestos-Containing Materia	l (ACM)		Solely by	y		M	aterial (A	CM)		(Specify SF	1000	P	C	C
TO BE ABATED		Main	tenance/C	ustodial		(i.e.,	thermal s	ystems		or LF)	M	A	A	L
in facility	- 1		Staff			insu	lation, sur	facing,			0	I	P	0
(13)	- 1		(12)				VAT, or				V	R	S	S
			1.7011.70			othe	r miscellai				A		U	U
		YES	NO	N/A							L		L	R
													Е	Е
Exterior X					Asbestos	siding	3			1800 sf	X			
,														
William			T"		1							_		\vdash
			+	1					8			 -		\vdash
M. CD. L. L.														
Name of Registered Waste Hauler		1	VIDEP Was		ID No. Cu		ds of Waste		me of Register	red Landfill				-
Guardian Contract	ing, inc.	-1-	2	0223	-1.D-4-	3	Cit. O:		T.R.R.F.					
Toms River, New	Terces			Dispos 12/23	sal Date		City, Stat		1					
Completed by (Print or Type)	Jersey	Title		12/23	Signature		Lullyto	wn, P	nnsylvania	,	Date			
Nicholas Fernicola			ct Manag	er	Signature	/ .	hal	/				: 18/201	13	

NOTIFICATION OF ASBESTOS ABATEMENT

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

									_		1	
Date of Notification (1)	10.00	12			Name of Building		ator (2) Properties, LLC	- 5	美一	73	*	
De	cember 18, 20	13				KI-Bai	r roperties, LLC	ist.	35	10		
Agencies Notified [x] EPA		Notifica			Street Address	9 A D	rumlin Drive	200	55.33	٠.		
[] DEP [x] DOL	Amen	dment #	tification # ncluding		City, State, Zip Co		Plains, NJ 07950	, , , , , , , , , , , , , , , , , , ,		·:	TE	
[x] DOH		cation)	heldding		Name of Contact							
[] DCA	[] Cance	ellation		1.5		Barrese			1000			
				FAC	CILITY INFORM	MATION			7			5
Name of Facility Where Ab Res	atement is Taking idence	Place (3)				Type of Facility (4)	School (k-12)		L 12\		
Street Address	West Bay Wa	у			200		[x]	Subchapter 8 (oth Other (i.e., private homes, etc.)			al build	ings,
City		Count	ty (6)		County Code (7)		Square feet	# of Floors	Bldg.	Age		
		2002	• • •		(STATE USE ONI	.Y) .	1500 sf	1		6	0	
Toms River		Ocea	***				Current Use (Prior if Residen	ice				
Name of Monitoring Firm I		Owner (8)		ASCM No.	Name of	Abatement Contractor	(9) in Contracting,	Inc			
N/A Street Address	1					Street A	ddress	oute 9, Unit 61	ino.	-		
City, State, Zip Code						City, Sta	te, Zip Code					
								iver, New Jerse		55-12	271	
Project Manager for Monito	oring Firm		Telephone	Number		11	ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 12/19/13	1		Scheduled 12/20/		tion Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical				
Occupancy Status During A						Street A		D J				
F	lity Closed/Vacated tement Performed	The second second						elton Road				
	er – Describe	Outside	OI NOIMAI I	actify 11		City, Sta	ite, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)					[Full Containment	with Negative Pres	sure			
			r 1			[Mini-Enclosure					
	f or ≥3 lf 0 sf or ≥260 lf		[x]	Renov		[x	Glovebag Procedu Non-Exempted (*	re) and Non-Friable l	Procedu	re		
[x] ≥160	0 SI OF 2260 II		[^]	Dellio	illuon	ι^.] Non-Exempted () and twon-triable	Toccuu			
			50 AUG 7000				-		Abate	ement '	Гуре	_
Location	o.f		Is Location Normally u		Δ	Description of the contract of		Amount	R	R	E	E
Asbestos-Containing M			Solely by		^	Material ((Specify SF	E	E P	N C	N C
TO BE ABA	TED	Mai	ntenance/Ci			e., thermal	systems	or LF)	М	Α	Α	L
in facility	y		Staff		in	sulation, si			v	I R	PS	OS
(13)			(12)			VAT, ther miscel			A	, K	U	U
	YES NO N					mei miscei	ianeous)		L		L E	R E
Exterior	-	X	Т	Asbestos sid	ing		1500 sf	X		L	1	
DATORIO	2.101.0								+			\vdash
			+	-								
												1
Name of Registered Waste		I	NJDEP Was	ste Haule 20223	er ID No. Cubic `	Yards of Wa	ste Name of Register	red Landfill		L		
City, State	ontracting, Inc.				osal Date	City, S	tate					-
Toms River,					23/13	Tully	town Hennsylvania	1				
Completed by (Print or Typ Nicholas Fer		Title Proi	iect Manag	er	Signature	bot			Date 12/1	18/20	13	

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) December 13) 2013 On Site Waste Services Agencies Notified Type of Notification Street Address [x] EPA [] Initial Notification 27 East Kennedy Street Amended Notification] DEP City, State, Zip Code Amendment #-[x] DOL Hackensack, NJ 07601 [x]Emergency (including [x] DOH justification) Name of Contact] DCA Cancellation John Giaquinto FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x] Other (i.e., private & commercial buildings, 217 5th Avenue homes, etc.) City # of Floors County (6) County Code (7) Square feet Bldg. Age (STATE USE ONLY) 1500 sf 60 Current Use (Prior if being demolished) Ortley Beach Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/16/13 12/18/13 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road [x]Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition Non-Exempted (*) and Non-Friable Procedure [x] Abatement Type Is Location Description of R Ε Location of Normally used Asbestos-Containing Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF C P C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) L A A 0 in facility Staff insulation, surfacing, P 0 V (13)R S S (12)VAT, or U other miscellaneous) A L R YES NO N/A L E Exterior X Asbestos siding 1200 sf X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Guardian Contracting, Inc. 20223 T.R.R.F. City, State Disposal Date City, State Tullytown, Hennsylvania Toms River, New Jersey 12/19/13 Completed by (Print or Type)

Date

12/13/13

Signature

Project Manager

Nicholas Fernicola

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

& Emergency Notification)*

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

DEC 2 3 2013

	(rui:		C 6:60 and 12:				1	
Date of Notification (1)		Name of Build	ing Owner/Operato	(2)	hotes na o	No.	ī.	ļ
Agency Notified Type N	otification	Street Addres		Λ .			***	
☐ EPA Initia		101	5 to 0 80	1. Aug		200		
DDEP DAME	nded ndment#	City, State Zi	Code \					
Eme	rgency (including	56	Olarg	e N	2 0	1074		
DOH Justi	ication)	Name of Cont	act \					
3 Can	enadon	01	rulyay			8 8 9	.e. 10	
Name of Facility Where Abatemer	t is Taking Place (3) (FACILITY IN	FORMATION	·	in the			
	1.1.5			Type of Facility	(4)			į
Street Address	Duild			Subchanter	?) 8 (Other than K-1;	2)		1
	and Rd			Other (i.e. pr	ivate & commerci			- 1
City (5)	WHA 140			Square Feet	# of Floors	Bldg. Age		
5,000	82			1	W 01110013	blug. Age		
County (6)		County Code (7) (STATE USE	Current Use (P	nor if being demo	lished)		\dashv
<u> </u>	Duilding O	A second						
Name of Monitoring Firm Hired by	professional resistantes and the section of	M No.	7	ment Contractor (500 <u>4</u> 00	-		1
Street Address	SSCC.		Street Address	715KZ.	+ Sm	me		_
300 600	1 110			32 Nd	C+			1
City, State, Zip Code A	u M		City State, Zip	Code				\dashv
Enlowed 1	22		Paters		32			
Project Manager for Monitoring Fir	m Teleph	none No.	Telephone No.	,,	License No.			\dashv
lony Vale		569 6707	973-34	5, 2222	# 00	0021		
Start Date (10)	Scheduled Completion I	Date (11)	Name of OSHA		,			
12119 113	12 25 1	7			SAmo			i
Occupancy Status During Abatemo	ent (Check only one)		Street Address					-
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:		nt	City, State, Zip	Code				
Scope of Work (Check all that app	v)		<u> </u>					
Foreign Ad 199 For Ma	**	Renovation			Negative Pressu	ıre		ļ
☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf		Demolition		-Enclosure vebag Procedure				į
			□ Non	-Exempted (*) an	d Non-Friable Pro			
	is Loc					i Ac	atem Type	
Location of	Norm Used So	olely by	Description					1
Asbestos-Containing Material TO BE ABATED	(ACM) Mainter Custo	nance/ Asb	estos Containing M e., thermal system:	s insulation.	Amount (Specify		R	, E
IN Facility	Sta	H.S	surfacing, VA other miscellar	T, or	SF or LF	Removal	Repair	Enclosure
(13)	(12	2)	other miscenar	eous)	87	a l	ale	10
	Yes No							
Basement	×	P	ipe Trus	ul	4501	LF X	1	
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		J J	16.50	1 1				
Name of Registered Waste Hauler	NJDEP ID No.	Waste Hauler	Cubic Yards of Waste	Name of Regi	stered Landfill			
Easten Was				TRRE	Lan	11.76		
City. State	17 3		Disposal Date	City, State			Λ	
Freehold	10 >		1	10 Tu	lytan	m r	1-1	
Completed by	Title O		Signature	X 1		Date / 2/1	1	
Trank Unda	702,		- 6	12		11-11	111	1
ASB-41	Do not use this to	im for aspestos l	icensure exempled	activities	_			

Date of Notification (1) 12/18/13 CK: 294	9 \$200				f Building eth Boa				*************							
Agencies Notified	Type Notification	7.2	+	Street A	ddress orth Bro	ad Str	eet		0.							
EPA DEP DOL	Initial Amended Amendment	#	-	City, Sta	ate, Zip Co	de		01								
■ DOH	Emergency justification)		-	Name o	f Contact				*							
DCA	Cancellation				lilanes				9							
Name of Facility Where School #16 Annex	Abatement is Takir	ng Place (3)		FACI	LITY INFO	ORMAT	ION	Туре	of Facility (4)		a marina					
Street Address 1086 North Avenue)								School (K-12) Subchapter 8 Other (i.e. pri	(Othe			build	lings,	home	es,
City (5) Elizabeth									etc.) re Feet 00	# of 2	Floors			ldg. A 5 ₊ +	ge	
County (6) Union					Code (7) USE ONLY)		Curre	nt Use (Prior	if bein	g demo	lished	1)			
Name of Monitoring Firm Detail Associates II		Owner (8)		ASC	ΛNo.	-			tement Contro	actor ((9)					
Street Address 300 Grand Avenue							Street	Addres		·····						
City, State, Zip Code Englewood, New J	ersey 07631						City, S	State, Zi	p Code Park, New		sev 07	424			-	
Project Manager for Mor Stephen J.				Telepho	ne No. 69-6708		Teleph	hone No 225-8	o.	T	License 01104	e No.				
Start Date (10) 12/30/13		Scheduled 01/02/14	Con				Name	of OSF	A Monitor		0110-	T::				
Occupancy Status Durin	g Abatement (Che							Addres		aus						
Facility Closed/Vac	ated During Entire	Period of Ab	aten	nent					e 22 West							
Abatement Perform Other – Describe:	ned Outside of Norr 5PM Start	nal Facility I	Hours	3		_			p Code w Jersey C	7083	3					
Scope of Work (Check A	All That Apply)		20-102-2					_								
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Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Main Custo	tena	nce/	Asbes (i.e.	therma surfa	ntaining Mal systems acing, VA miscellar	Material s insula T, or	(ACM)	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement Boy	s Bathroom	X				TSI			15	5 LF	X	2				
Name of Registered Was	Name of Registered Waste Hauler						Yards		Name of Re	anietor	ed Las	1611				
Lilich Corporation	Н	IJDEP W lauler ID 8724		of Wa			G.R.O.W			a trift						
City, State Woodland Park, Nev	w Jersey 07424				Dispo 01/06	sal Date 5/13		City, State Morrisvill	e, Pe	ennsylv	/ania	ı	1 1 2 2 2			
Completed by Tatiana Kalenikova		Title Vice P	resi	dent			Signature	in	Kalo	les		Date 12/1	8/1	3		

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				City, Stat	e, Zip Code	1 0700E					
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	n	/a			No. of the second second		01193				_
duled (Compl	letton De	ate (11)	Name of	OSHA Mon	itor					
				Loznic	a Manag	ement C	orporation	<u> </u>			_
v One)				Street A	ddress						
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				Linco	In Park, N	J 07035					
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7	- numbir	on.			Full Conte	inment wit	th Negative I	plessil	e		
					Mini-Ende	DELITA					
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Date of Notification (1)			T	Name of	A STATE OF THE PARTY OF THE PAR			(2)		- Alp	PRAWER	_			
12-17-2013	W bl. do -		_		hip of P	arsipp	any		N. Dept.	df Was	Ith & Region	u Sen	ansh		
Agencies Notified	Type Notification			Street Ad	arsippa arsippa	any Wh	-1		Jan		NAU C	101			
EPA DEP	Amended		-	City, Slat			ч.	_		7	ignature)	17. 5	-		
DOL.	Amendment:	#			pany, N		a.	(8)	Date: 12	417	LE Time:	113	3/	M	
	Emergency (ncluding		Name of	the second second	0.00		-		•					
E DOH DCA	justification) Cancelletion			Phil	Commission										
				FACIL	ITY INF	ORMATI	ON					Charles a			
Name of Facility Where A	betement is Taidne	; Place (3	9					Typ	ne of Feality (4	1)	-		-	_	
House for Demo							_		School (K-1)						
Street Address								口	Bubchapter Other (i.e. p	6 (Othe	r than K-12)	u	L	
63 River Drive								Ц	etc.)	Thamin d	t Custilianica	a Drille	arigis,	U-CARRA	C=E _p
City (5)					5.00			5,331.5	uare Feet	1	Floors	1	idg. A	ģe.	
Parsippany	~ · · · · · · · · · · · · · · · · · · ·				1				000	1			Ø+		
County (6) Morris			1	County C	Code (7) ESE ONLY	2			ment Use (Pric		ng demolisi	ed)			
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Name of Monitoring Firm n/a	Linea by sirthwild i	hwet (g)	t	. ASCN	I MO"				batament Con						
Street Address			W. L.	illa			Street		Managem	ent Co	programor			_	
n/a							1		Lane						
City, State, Zip Codu							1		Zip Çode						
n/a									Park, NJ 0	7035					
Project Manager for Mon	itoring Phra		-1	Telepho	ne No.		Telep		70 0000		Licenso N	D.			
n/a,			j	n/a					3-7950		01193				
Start Date (10)		Schodul	ed Co	mpletion I	Dale (11)		Name	of C	SHA Monitor			-	-		
12-18-2013		12-23		3			Loz	nica	Managem	ent Co	rporation	1			
Occupancy Status During	Abstement (Char	k Only O	ne)				Street					25-1-12-			
Facility Closed/Vac							12-100		Lane						_
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Scope of Work (Check A	I Then Annha						Line	UFOC	Park, NJ 0	/035					
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			i Loca Norma						1				2000	umen Me	д
Location Asbestos-Containing	Reterial (ACM)	Usi	ed Sol	ely by	Ashes		Scription		rial (ACM)	Δ	mount				T
TO BE AB	ATED		ilnžene andkat	snce/ Staff?	Ø.o	, thermal	system	१इ वाड	udation,	(5	Speally	20	22	1	9
in Feral (13)	ray'		(12)				cing, VA niscellar			SF	or LF)	Вилома	Repair	曼	Enclosure
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2nd Bedr	oom			X		W	hite V/	AT		1(10 SF	X		L	_
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Loznica Manageme	nt Corporation			Heuler ID 3033137	M. C. C. C.	of Wa			GROW	S Lar	dfill				
City, State							sel Date	_	City, Start	8			_		
Lincoln Park, NJ 070	035					TBD		-MD			A 19067				
Completed by		Title					egradur.	-			De	da	-		

Secretary

E Cirovic

12-17-2013

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

			V. V.S WOMEN CORNS			SECULOS S				Che	ck#	750	3
Date of Notification (1)	1707373		f Building on Cour		perator (2)				1 1.7	Part :	F .	7	
Agencies Notified Type of Notification [] EPA [] Initial	2700		ddress Iewark /	Ave.	e.	× 1		DEC 23	2013				
[] DEP Notification [x] DOL [x] Emergency [x] DOH Notification	1 15		ate, Zip Co y City, N		806	1				,			
[] DCA #4	0.000		f Contact			***							
[] Cancellation	K	ım k	Riscart							25			
				ACILITY	INFORMATION					07-275			
Name of Facility Where Abatement is Tak Hudson County Admin. Bldg. Street Address 595 Newark Avenue	king Plac	œ (3)			-	Type of F	acility (4) School (K- Subchapte Other (i.e. homes, e	-12) er 8 (Other tha private and c tc.)	an K-12) ommerci	al bui	lding	5,	
						Square F	eet	# of Floors		Bldg.	Age	47.5	
100 miles 100 mi	County (ty Code (7) TE USE ONLY)	250000 Current U Office bui		if being demo		~ 50			
Name of Monitoring Firm Hired by Buildin	g Owne	r A	ASCM No.	1	Name of Abatem								
Whitman Companies, Inc.			00110			upiter Ei	nvironn	nental Ser	vices,	Inc.			
Street Address 7 Pleasant Hill Road					Street Address	Lynn C	ourt						
City, State, Zip Code					City, State, Zip C	Lynn Code	ourt						
Cranbury, NJ 08512						incoln F	Park, N.	J 07035					
Project Manager for Monitoring Firm	1 2.000		Number		Telephone Numb				License	Num			
Kevin Lovely)-5858			73-709	-0200				008	352	<u>}</u>
Scheduled Start Date (10) Sched		31/1	Date (11) 4*		Name of OSHA N		vironm	ental Labo	oratori	es I	LC		
Occupancy Status During Abatement (Ch	eck only	one)		ent	Street Address	333 Rou			JI GLOTI	50, 2			-
[x] Abatement Performed Outside of Describe: evenings and [X] Other – Describe: partially vacations.	f Norma /or weel	l Facil	lity Hours -		City, State, Zip C								
Scope of Work (Check all that apply)						19000	namen est avec			9 7705			
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			[X]	Renovat	ion	[x] [x] []	Mini – Glovel	ontainment wi Enclosure bag Procedure - Friable Proce	е	ive Pr	essu	re	
	Is	Locat	tion								Abat	em	ent
Location of Asbestos – Containing Material (ACM) TO BE ABATED	Maint				Asbestos - Materia (i.e., thern insulation, si		s AT,		Amount (Specify SF or LF	t / (*)	E M O	RIFA	E E N N C C A L
In Facility (13)	Yes	No	N/A		or other mi	scellaneous	s)				L	R :	P O S S U U
Various – courtrooms, offices		Х			spray-on ceiling	(to be scra	aped) *		000 SF	_	X	Ţ	工
Various – courtrooms, offices		X		-loor tile	e*			18	5000 SF		X	+	+-
										-+	+	+	+-
Name of Registered Waste Hauler Jupiter Environmental Service	s Ha	DEP Vuler III			ic Yards Vaste 40		f Register va Land	ed Landfill dfill				-	
City, State Lincoln Park, NJ					oosal Date BD/Various	City, Sta Wayn	_{ite} esburg	, OH					
Completed By (Print or Type) Pane Repic	Title Gen	eral	Manage		Signature	2		7	Date 12/1	19/13	3		

*Note: Work to occur in phases. First phase is removal of some 1700 SF of floor tile from room 220, with expected completion on/about 3/5/13. Amendments will be sent for other phases.

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Date of Notification (1)		1111233	S.E.C		wner/Oper	rator (2	2)	ران: دريم	in.	3)		1
Agencies Notified Type Notification		7.2	treet Ad 000 H	dress ADLEY	ROAD			`<	10	١,	*	٠.	3
EPA Initial Amended Amendment #_				e, Zip Cod I PLAINI	e FIELD, N	NJ. 07	7080		1	10	2	S.	
Emergency (in justification) DGA Emergency (in justification) Cancellation	cluding			Contact Contact	PHER	2 /	MORENO	. t,	~		7		
					ŔMATION								
Name of Facility Where Abatement is Taking Street Address	Place (3)						Type of Facility (4) School (K-12) Subchapter 8	Other than	K-12)				
422 UNIVERSIT	Y A	AVE	5.				Other (i.e. pri						s,
Oity (5) NEWARK	/						Square Feet 19 891	# of Floors		1 5336	ig. A	ge YR	ડ
County (6) ESS EX				ode (7) ISE ONLY)			Current Use (Prior	if being dem		d) 57,	17	inn	U
	(0)		1001	NI-	LN	lama s				- //	7/		\dashv
Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS	wner (8)		ASCM 004	0.000			of Abatement Control UE SYSTEMS		RICA				
Street Address 64 BROAD STREET					~ 1		^{Address} VHITEHEAD A'	VE.					
City, State, Zip Code MATAWAN, NJ 07747					(4 100)		ate, Zip Code TH RIVER, NJ	08882					
Project Manager for Monitoring Firm	************	- 1	elephor		T	elepho	one No.	Licen	se No.				\neg
TOM GEIGER Start Date (10)	Schedule	1	The state of	2-2217 Date (11)	N	Vame o	132-8350 of OSHA Monitor						-
12/18/13	18	/2	0/	13			UE SYSTEMS	OF AMER	RICA				_
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent .		1 -		Address VHITEHEAD A	VE.					
Abatement Performed Outside of Norma Other – Describe:	I Facility	Hours		only			tate, Zip Code TH RIVER, NJ	08882					
Scope of Work (Check All That Apply)	/												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Annual Control	enovat emolitio					Full Containme Mini-Enclosure Glovebag Proce	edure				_	
						K	Non-Exempted	(*) and Non-	rnable	9-1			-
		Locatio									ноак Ту	ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	ormally d Solely ntenan odial S (12)	y by ce/		os Contair	stems	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
A 0. (1	Yes	No	N/A	. 100				1001	_	X			
2ND + 3RD Floors		×		WIRE	. ACM	1 8	OCK	1201	-1	^			
Name of Registered Waste Hauler		I N.	JDEP W	/aste	Cubic Ya	ards	Name of F	Registered La	ındfill				
WASTE MANAGEMENT		H	auler ID 125		of Waste		1	NORTH					
City, State ELIZABETH, NJ					Disposal TB			SVILLE, PA	Ą				
Completed by CAROL RAIMO	Title	CE M	GR		Sig	nature	ral Lac		Dat		/	, ,	,
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Date of Notification (1)		N N E	me of I	Building O	wner/Op	perator (2)		-55.	(_	1	~
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Agencies Notified Type Notification		1 -	reet Ad 000 H	dress ADLEY	ROAD				11/1	300	00,		
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DOH justification) Cancellation			PHR	STO	PHE		MORE	00					
Name of Facility Where Abatement is Taking	Place (3)	70 - 22 <u>-</u> 72	FACIL	ITY INFO	ŔMATIC		Type of Fac	ility (4)					
PSEXG	(0)							(K-12)					
Street Address 422 UNIVERSIT	1 4	VA	=				Subchi Other (etc.)	apter 8 (O (i.e. privat	ther than K-1: e & commerci	2) ial buildi	ngs,	home	s,
City (5)	7 11	! _	<i></i>				Square Fee	_	of Floors	Manager .	dg. A		
NEWARK		10	ounty C	ode (7)			1729		3 peing demolis		9	y R	<u>S</u>
County (6) ESS EX				ISE ONLY)		_ '			TCH	57	47	101	υ
Name of Monitoring Firm Hired by Building On ENVIRONMENTAL TACTICS	wner (8)		ASCM 004				f Abatemen	t Contract		A		W. See	
Street Address 64 BROAD STREET						Street A	ddress /HITEHE	AD AVE					
City, State, Zip Code						City, Sta	ate, Zip Coo	ie	-				
MATAWAN, NJ 07747 Project Manager for Monitoring Firm		1 7	elephor	ne No.		Telepho	H RIVER	K, NJ U8	License N	No.			
TÓM GEIĞER		7	32-29	2-2217		L	32-8350	-74	0111	11			
Start Date (10)	Scheduled / 2	1	. /	Date (11)			OSHA MO UE SYST		F AMERIC	A			
Occupancy Status During Abatement (Check						Street A	ddress VHITEHE		:				
Facility Closed/Vacated During Entire Po	al Facility H	lours		1	-		ate, Zip Coo		•				
Other - Describe: Occupied Rea	essary	ape	lalor	only	_		TH RIVE		882				
Scope of Work (Check All That Apply)	5 7								701 - 8.5 E5	D	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Mini-End Gloveba	losure a Procedu	vith Negative				
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Asbestos-Containing Material (ACM)	Used Main	Solely tenan	200	Asbest	os Cont	aining Ma	aterial (ACN insulation,	A)	Amount (Specify	Z)		Ē	ф
TO BE ABATED In Facility	Custo	dial St (12)	aff?	(1.6.	surfac	cing, VAT	T, or		SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Other ti	HISCERAIR	cous			\ <u>a</u>	7	late	ire
and + 3rd Floors		×	1,47.5	In:RE	: Ar	m S	OCK		120 LF	= ×			
AND 4 SED FINES				65.1-6		11 0	00.						
Name of Registered Waste Hauler		10000	JDEP W Juler ID		Cubic of Was	Yards ste		me of Reg ROWS N	istered Landf	ill			
WASTE MANAGEMENT		1	125		Disnos	7 sal Date		v, State	IONIN				
City, State ELIZABETH, NJ					TI	BD	M		ILLE, PA	No.t-	,_		
Completed by CAROL RAIMO	Title OFFIC	EM	GR.		8	Signature	tel &	air	· ·	ate 2//	8/.	1.3	3
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Date of Notification (1)			Na	ame of Bu	Alloing Own	ner/Operati	cr (2)	D H N/Cyc	pt: of Health	& sepi	or Se	rvice	s	\neg
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I DCA	Cancellation			14.12.3	TY INFOR			<u>_</u>	6.5	1.50				
Name of Facility Where A	batement is Taking	Place (3)		1 FROME	T LIVE CALL		Type of	Facility (,	40					-
residence							II Sch	iool (K-12)	Other than K	C-12\				
Street Address 432 Chestnut	St.						i⊠ Où	er (i.e. pri	rate & comme	ercial bu				
City (5) Ridgefield				,			Square 1	Feet 600	# of Floors		Bld	g. Age 50		
County (6)		1-01·		County Co				Use (Prior	If being derre	ollshed)			1999-00	
Bergen Name of Monitoring Firm	Hired by Building O	wner (8)	1	ASCM	No.	Né A	iame of Abatement Contractor (9) A, MAC Contracting Inc							
Street Address			,,	L		St	neet Address 05 Lowell Ro					مسب		-
City, State, Zlp Code			_				ty, State, Zip							
			_		one No.	- 5	Gien Rock, NJ 07452							
Project Manager for Mor	oject Manager for Monitoring Firm						elephone No. 201-252-584	1	001					-
Start Date (10) Scheduled Completion Date 12 30 13						Na	ome of OSH. Omega Env	A Monitor ironmental	Services Inc	<u>. </u>				_
Commandy Status Of thi	on Abstement (Che	ck Only One	-, -				treet Addres							
☑ Facility Closed/Vac	MONTH TRANSPORT	enou di Ab		ent			180 Huyer State, Zip				***************************************			-
☐ Abatement Perform ☐ Other - Describe:	Bu Cutside of North	arr sicility r				- '	łackensack,	NJ 07606			-			
Scope of Work (Check	All That Apply)													
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if			novat moliti				☐ Full Containment with Negative Pressur ☑ Mini-Enclosure ☑ Glovebac Procedure							
							☐ Non-	Exempted	(*) and Non-	rieble	Proce	Abate	mani	-
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In Fa		(J	(12)			other mis	oellaneous)		C. 2		leao	air.	apsulate	arms of Du
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Name of Registered W	laste Hauler			NJDEP W		Cubic Ya	ards		Registered L		and the second			MERCEN.
Rovic Transport				20785		l		1	Bethlehem L	andfill C	corp.			*****
City, State, Zip Code Riverdale, NJ 07457						SodeiO	19/13	Bethleh	te, Zip Code am, PA 1801:	-				_
Completed by	***	Title				Sig	manure	NIGA	1-18/	A Det		19/	17	
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iy, State, Zip Code		***			GI.	m Rock NJ	07452	Lice	uesa Ma.				•
nject Manager for Monitoday Firm			Telepho	nie No.	20	phone No. 11-262-5841			0156				-
tart Date (10) /2/17/13	Scheduled J	Com	pletion Da	do (11) da	Nan	HOTOSIA THE ENT	Monitor Dividental	Services in	<u> </u>				PER
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Other - Describe:			-					r th Bloom	ether Ore	AND INCOME.			
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Name of Registered Vitario Flants			Hauter 10 20785	ikla a	of White	1	4	Beliven		Corp.			
Panic Transport City, State, Zip Code	e sentral se				Disposal I	18/13	City, Siz	de, Zip Cos cost, PA 18	015				-
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Completed by Joseph Votaluto	Coor	alions	77		-	1.	Vocate	w			1.10	1.2	_

CK# 2394

Date of Notification (1)		Name	of Building Owner/Operator (2	2)	7	3 70
12/17/13			Francine	Showl	915	BOR
Agencies Notified Type Notification EPA Initial		Street	Address 67 Nev	. 01	ere 75	23
☑ DOLWD ☐ Amended Amendment #	883	City, S	tate, Zip Çode		100	
☐ DCA ☐ Emergency (inclu	ding		New arc,	NJ	58	3 .: .
(NJAC 5:23-8) justification) Cancellation	2.0		Cen Gibson	. 4	,	
			CILITY INFORMATION			
Name of Facility Where Abatement is Taking P	lace (3)	- 1 AC	METT IN CHIMATION	Type of Facility	(4)	
Misidential	Home	_ /	Besement	School (K-12) (Other than K 10)	
Street Address 67 Nich	P	190	e.		3 (Other than K-12) rivate and commerc	
City (5) Newerla				Square Feet	# of Floors	Bldg. Age
County (6)	6	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ned)
Name of Monitoring Firm Hired by Building Own	ner (8)	ASCM	No. Name of Abateme	ent Contractor (9)		1 1 .
n n n			J 03e	oh Fax	iron Men	dal bli
Street Address			Street Address	Vacs	ita Rog	J
City, State, Zip Code			City, State Zip Co		NT	27106
Project Manager for Monitoring Firm	Tele	ephone	No. Telephone No.	3-222/	License No.	
Start Date (10) 3 0 / 13 Schedule	ed Comple	etion Da			1,	•
12 /30 /13	- 1.3	0 / _	13 Jose	ph Enry	ron menta	
Occupancy Status During Abatement (Check o	only one)		Street Address	7 1	a ,	
☐ Abatement Performed Outside of Normal Fa	d of Abate acility Hou	ment (ຳ rs - Des	Cribe City, State, Zip Co	V 9/3/4	(390	
Time of Abatement:AMPM/_	РМ	·	AM News	1	1 071	106
Scope of Work (Check all that apply)			T Full Con	tainment with No.	ontina Branaura	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovat Demoliti		Mini-End	g Procedure	on-Friable Procedur	e
	Is Loca					Abatement Type
Location of Asbestos-Containing Material (ACM)	Norma Used Sol	ely by	Description of Asbestos Containing Ma		Amount	Encaps Encaps Repair
TO BE ABATED	Maintena Custodial		(i.e., thermal systems	insulation,	(Specify SF or LF)	Enclosure Encapsulate Encapsulate Repair Removal
(13)	(12)		surfacing, VAT other miscellane		SF OF LF)	ulate
	Yes No		0.			
-D-SCI ICK		10	Pipe Ins/19	tion	34 64	
			L LOUIS W	IN	-td d/211	
Name of Registered Waste Hauler Joseph From Manager		NJDEP !		Name of Regis		oan (
City, State		103	97 Disposal Date	City, State	Va Fyger	paxs
80 Vasidi Fd. News	tk .	N	07106 113014	Nanha	Shirts O	Hio
Completed By (Print or Type) Title	\ 		Signature	1 1/10	Da	1 _ /
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ASB-41 JAN 13 * Do	ר o not use t	his form	for asbestos licensure exem	pted activities.		

Print Form

7 3010 XX		(P	ursuant i	to NJAC	8:60 and	12:120)	C	K#	219	9				
Date of Notification (1)		T	Name of	Building (Owner/Op	perator (2)	Λ							
Agencies Notified Type Notification		-+	Street Ac	He uc	+19	my	Ana	19						
EPA Initial Amended Amendment: Emergency (City, Star	te, Zip Co	<u>UE (</u> ecssor) 40	CHA.	<u>C</u> Mu	100 TOPE	113 UECA	100	RH.C)	
DOH justification)	including		Name of		۔ سا			7				-		
DCA Cancellation			FACI	LITY INFO	ORMATIC	ON		_	<u> </u>			39		
Name of Facility Winere Abatement is Taking)					pe of Facility	(4)	75		ö	1	0	
Street Address	<u>ce</u> Au)					School (K- Subchapte Other (i.e.	r 8 (Othe	r than K-1 commerc	型 2 Ial build	ilings,	home	es,	
City (5) D1. D16G XM + Begi						Sq	etc.) uare Feet	# of	Floors		ldg. A			
County (6)			County C	Code (7) USE ONLY)	Cu	ROS.	ior if bein		hed)		·		
Name of Conitoring Firm Hired by Building (Owner (8)		ASCN	1 No.			batement Co ulation Co.	intractor						
Street Address						Street Add	tress trose Roa	d						
City, State, Zip Code						City, State								
Project Manager for Monitoring Firm		$\overline{}$	Telephor	ne No.		Telephone	Pephone No. License No. 32-294-1757 00029							
Start Date _i (10)	Schedult	ed Cor	mpletion (Detion Date (11) Name of OSHA Monitor										
Occupancy Status During Abatement (Chec	k Only Or	ne)	01)	<u> </u>		Street Add	iress							
	eriod of all Facility	Abater Hours	ment s			City, State	, Zip Code							
Scope of Work (Check All That Apply)	_											Table St.		
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<u> </u>		Locat						1	1101111110	4	Abate	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Use	Norma d Sole intena todial ((12)	ely by ince/	Asbes (i.e.	tos Conta thermal surfac	cription of aining Mate systems ins sing, VAT, o iscellaneou	sulation, r	(S	nount pecify or LF)	Removal	Ropair	e Encapsulate	Enclosuro	
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						,,								
Name of Registered Waste Hauler Ace Insulation Co., Inc.		1	JUDEP W lauler ID 2086		Cubic of Was	te 3	Grows		red Landfil					
City, Stale Colts Neck, New Jersey					Disposi	28 113	City, Sta Tullyto	te wn, Pa						
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ASB-41 (R-06-08)					(10	e this form for		s licensure	e exem	pted a	activiti	ies.	

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DOH justification)				f Contact									200000	
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Name of Monitoring Firm Hired by Building	Owner (a)		ASCN			Name of Abatement Contractor (9)								
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Street Address						Street A								
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Project Manager for Monitoring Firm			Telepho	na Na		Telepho	Neck, N.	J. U/		2225	le .			
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Occupancy Status During Abatement (Chec	<u>لۍ (</u>	100	تنلل	<u> </u>		Ctract 0	44							
Facility Closed/Vacated During Entire F			anni		1.	Street A	adress							
Abatement Performed Outside of Norm Other – Describe:	nal Facility	y Hours	ieni S		_	City, Sta	ite, Zip Coo	de						******
Scope of Work (Check All That Apply)														
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≥160 sf or ≥260 lf	\$ 5	Demolili	ion			A	Mini-Enc	losure		galive r	16990	18		
						4	Glovebag Non-Exe	Proce	edure (*) and N	on-Friab	le Pro	cedur	е	
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TO BE ABATED		intenar todial S		(i.e.	thermal sy	ystems i	insulation,	4)	Amo (Spe	cify	72	l p	Enc	En
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Ace Insulation Co., Inc.		H	auler ID 2086		of Waste			ows	-g.010100					
City, State		12	2000		Disposal	Date:		State						
Colts Neck, New Jersey					121	281			n, Pa					
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Street Address KLEMI	n Al	E,			X		Other than K ivate & comme		dings,	home	±S,
City (5) CLOUCESTE	e	1:			Squar	re Feet	# of Floors		ldg. A	ge A	
County (6) CLOUCES TO	-D	County (Code (7) USE ONLY)		Curre		r if being demo	olished)	Tai	Γ,ο.	<i>#</i> 1
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS		ASCN 004				tement Cont		ICA	14 1	10	
Street Address 64 BROAD STREET	ÿ.		*		t Addres	ss EHEAD A	VE.		-		
City, State, Zip Code MATAWAN, NJ 07747	8			City,	State, Zi						
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 02-2217	Telep	hone No	o.	License	e No.			
Start Date (10) / 2 / 2 2 / 1 2	Scheduled (Completion				A Monitor	OF AMERI	ICA			
Occupancy Status During Abatement (Check	Only One)	1231	13	Stree	t Addres	SS					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma	al Facility Ho				WHIII State, Zi	EHEAD A	VE.				
Other – Describe:	RS.			SOL	JTH R	IVER, NJ	08882				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation nolition			Min Glo	ni-Enclosure vebag Proc				e	
		cation								ement pe	
Location of Asbestos-Containing Material (ACM)	Used S	mally Solely by enance/	Asbestos (Material		Amount				
TO BE ABATED In Facility (13)	Custodi	al Staff?	S	mal system urfacing, V er miscella	AT, or	ition,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes N	No N/A			Δ					ate	6
Out Poors	3	X	Somas	stic	Pipe	Costing	20 LF	X			
								-	_		
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP W Hauler ID	1000 CO. 100	ibic Yards Waste	/		Registered Land	dfill			
City, State		1125	Ay	sposal Date	e	City, State					
ELÍZABETH, NJ	T ==::			TBD		MORRIS	SVILLE, PA				
CAROL RAIMO	OFFICE	E MGR.		Signatur	gra	e La	mo	Date	12/	//:	3
							39%		-62	5-	

UK 1637

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

						Name of E VERIZON	Building Ov	wner / Ope	rator (2)	<	2/2	.0.	١.	010000000000000000000000000000000000000
/						Street Ad					100 P	∙ः ॐ	600	A .
Agencies	Notified	Type of No	otificat	tion		53 EAST	MT PLEAS			ر بران ^{در} ا	,,,	<i>2</i> ₂	~	<u>`^</u>
	EPA		Initial				e, Zip Code			زیم	210	*,	٠,	-
	DOH		Amen	naea ndment #	ł	Name of 0	ON, NJ 070 Contact	139			ture to the	-	,,	
Ø	DOL		Emer		/ justification	THOMAS								
			Carro	enation.	F	ACILITY IN	FORMATIC	ON			_	2	7	
Name of F	"=allitu \A/b.	A batam	ant in	Taking [21-00 (2)		ITuna of E	: 116, (4)					10 	
VERIZON	acility Whe	re Abatem	ient is	laking r	Place (3)		Type of Fa	acility (4)						
								School (K						
Street Add	dress MT PLEASA	ANT ANE							er 8 (Other , private &					
33 EM311	NII FLEAGA	ANI AVE				-	I		mes, etc.)	Cillineron	41			
City (5)		County (6))		County Code	(7)	Square Fe	et	# Of Floor		Buildin			
LIVINGST	ON	ESSEX						,000 se (Prior if	being dem			40	±.	
							Telephone	*	being ac	Olistica,				17000 <u>1000</u>
	Monitoring	Firm Hired	by Blo	dg. Owne	er (8)	ASCM NO	Name of A	batement	Contractor	(9)				
ESIS							LVIDEMO	I ITION SE	RVICES IN	2				
Street Add	dress						Street Add		KVICES IIV					
	NGE PLAC	E												
	e, Zip Code							MS PARKV						
	ngr. For Mo	The same and the s	I want		Telephone Nu	mhor	City, State	e, Zip Code)					
	ngr. For Mic NGSBURY	nitoring ri	lfm		201-356-5166	mber	EAST HAN	NOVER, NJ	07936					
	Start Date	(10)	Scher	d. Comp	letetion Date (1		Telephone			License				
01/	/03	/ 14	_	01 /	<u> 17</u> /	14	072 77	70.0000		860				
Occupancy Status During Abatement (Check Only 1)								72-3660 OSHA Mon	itor					
					ire Period of				RVICES IN	C				ar <u>.</u>
	Abatemen	ıt					Street Add	dress						
	Abatemen Hours - De		d Outs	side of N	ormal Facility		ALLINA SE	MS PARKV	Λ/Δ∨					
v			7:00A	M -3:30 F	PM- MON-FRI			, Zip Code						
			Maria de la compansión de					NOVER, NJ						
Scope of \	Work (Chec	k All That	Apply)										
	Demolition	n		V	Renovation	V	Full Conta	ainment wi	th Negative	Pressure	•			
	≥3sf or_≥3						Mini - Enc		-					
V	≥160 sf or	≥260 If						Procedure	e nd Non-Fria	hle Proce	dura			
							NOIPEACH	ipieu (/ u.	id Non-i i.a	DIG 1 1000	uuic		100 March	
	Location of	Š		ls		Descript				Abateme	nt Type	1		
20.000	estos Conta laterial (AC		5.50	cation rmally	As	sbestos - C Material			Amount	R	R	E N	E	
	D BE ABAT	NOTE TO SERVICE STREET	40.000	Ised	a.	e., therma			(Specify	м	E	c	c	
	in Facility		0.0	olely			facing, VAT	Γ,	SF or LF)	0	P	Α	L	
	(13)		10.000	Main-	or	other misc	ellaneous)			V	A	P	0	
		9	1000000	nance/ stodial						A L	I R	S	S	
			170000000000000000000000000000000000000	iff (12)						-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	L	R	
			YES	NO N/A									工	
	OR FRAME	ROOM		Image: Control of the	VAT/MASTIC				1500 SF	<u> </u>				무
BASEMEN	11		2000	√ □	VAT/MASTIC				300 SF		H	╅┾	-	౼
				HH					-	౼∺	HH		+	H
	Registered \	Waste Hau	er		NJDEP Waste	Cubic	Name of F	Registered	Landfill					
NEWARK	CARTING				Hauler ID No.	Yards of Waste	GROWS							
City, State	,				4000	Disposal	City. State)			_			
NEWARK,						Date	MORRISV							
Completer	d by (Print	or Type)			Title			Signature				Date		
STEVEN S		, [-,			PROJECT MAI	NAGER		5	in S	K				
								1. NO	11 1	IL			12	2/20/13

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

								1/2	~ /			
Date of Notification (1)	12				of Building e Calbi	Owner/Operator (2	2)	1/03 CO	-7	<u></u>		
	13	-					್ರ	ري. احراق ما الماري الماري	· ·	0		
Agencies Notified Type Notifica	ation				Address		ج-	1100	AM,			
☐ EPA ☐ Initial ☐ Amended	4				erhune /			100	1/.	_		
☑ DOH Amendm					tate, Zip C			85/	Vr.	C		
□ DCA □ Emergen	cy (inclu	ding			i, NJ 076			181	o' Ma.			
(NJAC 5:23-8) justificati					of Contact				95.0			
☐ Cancella	tion	-77		Mik	e Calbi	24.11						
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is	Taking P	lace ((3)				Type of Facility (, ⁽⁵⁾				
Residential House					<u> </u>		☐ School (K-12) ☐ Subchapter 8		(-12)			
Street Address							Other (i.e., pri			ilding	ıs,	
55 Terhune Avenue							homes, etc.)			167	3 (70)	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Lodi						71						
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being den	nolished)			
Bergen									- 6	- 27		
Name of Monitoring Firm Hired by Buil	ding Ow	ner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
J&S Environmental Laboratori	ies, LLC	0				ALL PRO MA	NAGEMENT LL	.c				
Street Address				П		Street Address						
2333 Route 22 West						27 Outwater I	Lane					
City, State, Zip Code						City, State, Zip Co	ode					
Union, NJ 07083						Garfield, NJ	07026					
Project Manager for Monitoring Firm			Tele	phone	none No. Telephone No. License No.							Stanton
Sherrill Gelsomino			90	08-206	-0073	973-928-4888		1188				
The state of the s	Schedule 12					Name of OSHA M	lonitor NAGEMENT LL	C				
						APPENDENCE TO THE PROPERTY OF THE PERSON NAMED	NAOLINENT LE					
Occupancy Status During Abatement (Facility Closed/Vacated During Enti				mont		Street Address 27 Outwater	lono					
☐ Abatement Performed Outside of N					cribe							177.000
Time of Abatement:AM						City, State, Zip Co						
Scope of Work (Check all that apply)						- Carriera, ric				1000		
	_						ainment with Neg	ative Pressure	9			
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Rer Der				☐ Mini-Enc	losure g Procedure					
₩ = 100 31 01 ≥200 II		3 DC	TOTAL	,,,			mpted (*) and Nor	n-Friable Proc	edure	8.		
		0000000	Locat			V25 25 26 26			At	atem	ent T	уре
Location of			orma	lly ely by	A-b-	Description o		A	Z.	Z.	ш	Щ
Asbestos-Containing Material (ACM TO BE ABATED	VI)			ince/		stos Containing Ma ., thermal systems		Amount (Specify		Repair	cap	ıclo
IN Facility		Custo	odial (12)	Staff?		surfacing, VAT	, or	SF or LF) Val	~	Encapsulate	Enclosure
(13)		Yes	No	N/A		other miscellane	ous)				ate	
Roof]	П		Asphal	t Shingle Flashir	ng Tar Paper	100 LF	\boxtimes		П	П
Kitchen		51			TSI Pip		3	12 LF				
Kitchen	Linoleu			400 SF								
Tatorion											<u></u>	
Name of Registered Waste Hauler				JDEP \		Cubic Yards of	Name of Regis	tered Landfill		1		
ALL PRO MANAGEMENT LLC			11 (1538)	lauler II	D No.	Waste	IESI Landfi					
City, State				00348	360	As Needed Disposal Date	City, State			-		
Garfield, NJ						TBD	Bethlehem	, PA				
Completed By (Print or Type)	Title					Signature	10	-/-	Date /		1	
Zvonko Veskov	17553	side	nt			Gignature	1. 11	/	12/1	PI	1/	3
	1.16	Jiue				Jul	w fill		10/1	4/	1, -	il Normania Normania
ASB-41 JAN 13	* Do	not i	use ti	his form	for asbes	tos/ficensure exemp	oted activities.		20			

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

		1 1		la ch	(A) 22	APPE	ONIED.			
Date of Notification (1)	Name of	Building Own	ner/Operator (2)	1 3.3	AA	MDeph of Health	& Senior Servi	ces		
Agenoles Notified Type Notifical	Al	Taylor		1866	3	120	tolner			~
D EPA D Initial	Cada Va	4			多沙沙。	Date: 12 161	3 7000	AA	3	*
DEP Amended	APACON NO.	ngton Ave	nue		Trans	Tyung.	- 111(16: 15 x 35	7701.4	l .	
DOL Amendment #		, Zip Code		1	F					
DOH (Including	HAW Name of C	THORNE,	NJ 07506	للنبيل	i:					
DCA justification					r					
Cancellatio	n Heath	er Taylor			<u> </u>	-				
,	=	FAC	ILITY INFORM	ATION	E.					
Name of facility where abatement	is taking place (3)					Type of Facility (4)			
Heather Taylor				2			I (K · 12)		401	
Street Address	· ·	"	The state of the s	********** !		The second secon	apter 8 (Other ti (Private/Comme		-12)	
27 1 31		•				Bidgs./	Homes, etc.			
37 Arlington Avenue	10	!	(17) 1 1 2 17 4 KU	!	1	Square Feet	# of Floors	В	ig. A	ge
City (5)	County (8)) 		County Cod (State-use o		Current Man (D)	ula u it ta ala a atau	- Ilaia	AK .	- Verbier
HAWTHORNE	PASSAIC	i. 3		(Otato-use C	any)	Current Use (P	rior if being den	Mallol	ia)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)	1 .	ASCM No.	Name	of Abatement	Contractor (9)	0.000			-
1 .				D&	STESTOR	ATION, INC.			i	
Street Address		. i			Address		- Mayne			
		1 1.		- Am Tollinson	California A					
City, State, Zip Code					ate, Zip Code					
Project Manager for Monitoring Firm		Phone Numb			erson, NJ 07	7503	111			
report and infat for alougoning that	'	Phone Manuc	oer .	2,071	one Number 3-345-8020	i.e.	License Numb 01169			
Start Date (10)	Sched, Comple	Hen York W	-	-	of OSHA Mon		01102	===	Tidae.	
## 1058/ ### 010 0000	0.0000000000000000000000000000000000000	OUDIT DATE (1	"		S Restorat					
12/14/13 Occupancy Status During Abatemer	12/30/13	<u> </u>			Address					
Facility closed/vacated during		tement			alifornia Av					
Abatement performed outside	of normal facility ho	ints-		Olty, St	ate Zip Code					posterillo esare
Describe: NORMAL H	IOURS	<u> </u>	******	- Pat	erson, NJ 07	7503				
Scope of Work (check all that apply		1				Full Containment w	(noanth to moon			
≥3 sf or >3 lf	Renovation	5 10				Mini-enclosure	Meñalise biese	uie		
≥160 sf or ≥260 lf	Demolition					Glovebag procedu	Ф		10	
Location of	is location normali	y used solely	/	· · · · · · · · · · · · · · · · · · ·	<u></u>	Non-Exempted (*)	and Non-friable	Proce	dure	1
asbestos-containing material (acm) to be	by maintenance/co staff(12)	istodial	Description	n of asbestos	-oontaining	Amount	, e m	8	n	E
abated in facility (13)	Yes No	N/A	material (ACM)		(Specify S	For a	p a	C	G
BASEMENT		11					v e	1	p	-
DASEMENT :			PIPE INSU	LATION	ii ii	70 I ft	X			
					1 16 1					口
-					- 3			Ц	旦	世
					li li			빌		#
Hegistered Waste Hauter	NJDEP Haule		uble Yards of V	Vaste Name	of Registered	Landfili			Ц	ഥ
D & S RESTORATION, INC. City, State	13506		yd	TUL	LYTOWN,	RESOURCE RE	COVERY			
PATERSON, NJ 07503		12/16/1		City, 3	N. 8 (18 18 18 18 18 18 18 18 18 18 18 18 18 1	Y3.4			-	
Completed by (Print or Type)	Title	1211011	Signature	TUL	LYTOWN,	, PA	Data			
BOGDAN JOLDZIC	PRESIDENT	i	_	1	j.,		Date 12/13/2013			
ASR-41 *	Do not use this form CC. 16. 2013 (MC	n for asbesto N) 08:55	os licensure exe	moted activitie	98. h No. 31	PAGE. 1	1			manufacture.

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0.	D&S Proj. #: 2013-477

State of NJ Notification of Asbestos Abatement

D&S Proj. #: 2013-477		(Pursu	ant to NJAC	8:60	and 12:120)	<	5. %) }				
Date of Notification (1)	The state of the state of	-	ner/Operator (2)					24/1.	~			
Agencies Notified Type Notification		er Taylor					· 850	-	2			
EPA Initial	Olicot /						16	120	7			
☐ DEP ☐ Amended		rlington Aver	nue					7		-		
Amendment #:_	— City, Sta	ate, Zip Code										
Emergency	100	VTHORNE,	NJ 07506				_					
DOH (including justification)	Name of	Contact										
DCA Cancellation	Heat	her Taylor										:
		FAC	ILITY INFORM	ATION	l							
Name of facility where abatement is	taking place (3)					T	ype of Facility	(4) ol (K - 12)				
Heather Taylor								apter 8 (O	thar th	an K.	-12\	
Street Address						-		(Private/Co			12)	
01100171001000							Bldgs.	/Homes, e				
37 Arlington Avenue						_ [3	Square Feet	# of Floor	s	Blo	dg. Ag	je
City (5)	County (6)	1 11 02		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	inty Code (7)							_
HAWTHORNE	PASSAIG			(Sta	te use only)		Current Use (F	rior if bein	g dem	olishe	:d)	
Name of Monitoring Firm Hired by B			ASCM No.		Name of Abateme	ent Cor	ntractor (9)					
					D & S RESTO	ORAT:	ION, INC.					
Street Address					Street Address							
					20 California					_		
City, State, Zip Code					City, State, Zip Co							
				_	Paterson, NJ		3					
Project Manager for Monitoring Firm		Phone Numb	ber		Telephone Number 973-345-80			License	Numb 1169	er		
					Name of OSHA M		-		1109	_		
Start Date (10)	Sched. Com	pletion Date (1	1)		D & S Restor		Inc					
12/14/13	12/30/13				Street Address	racion,	Hie.		-			
Occupancy Status During Abatement	(Check only on	e)			20 California	Aven	ue					
Facility closed/vacated during e	entire period of a	batement.			City, State, Zip Co							4
Abatement performed outside of Describe:		hours-										
Other-Describe: NORMAL HO	DURS			_	Paterson, NJ	07503	3					
Scope of Work (check all that apply)						Full	Containment	w/negative	press	ure		
	Renovation						i-enclosure					
≥160 sf or ≥260 lf	Demolition				-		vebag procedun- Exempted (*		friable	proc	edure	
Location of	Is location norm	ally used solel	ly						R	R	Е	E
asbestos-containing	by maintenance staff(12)	custodial	Descripti	on of a	sbestos-containing	9	Amount	o=	e m	e p	n c	n
material (acm) to be abated in facility (13)			material	(ACM)			(Specify	SF or	0 V	a	a	C
abated in racinity (18)	Yes N	o N/A					,		e	r	р	L
BASEMENT			PIPE INSU	JLAT.	ION		70 l ft		X			
]									
												Ш
				<i>*************************************</i>								
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506		Cubic Yards of 1 yd	Waste	Name of Registe TULLYTOW			ECOVER	Υ			
City, State		Disposal	Name of Street, or other party of the last	-	City, State	,	L C SKOL K			-		
PATERSON, NJ 07503		12/16/			TULLYTON	VN, PA	A					
	Title		Signature					Date	32,000 tipo tora			
	PRESIDENT							12/13	/2013			
ASB-41 *	Do not use this	form for asbes	tos licensure ex	kempte	ed activities.							

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2013-244

(Pursuant to NJAC 8:60-7 and 12:120-7) NON SUB 8

		- 1	NON	300	0	Check	1001425		0		1
Date of Notification (1)	Name	of Building Ow	ner/Operator (2))	1149		£, <		, <	رح ح	* 4
1 2 / 1 9 / 1 3	Man	chester Reg	ional BOE		v ²⁷		£,	ران	> ,	ص`	,
Agencies Notified Type Notificati	Street /	Address					1	Ĺ	3.0	7,	7/
☐ EPA	70 (Church Stree	et `	Vi 1. 11				, 2	2	4,	<u></u>
DEP -	COVICE 10	tate, Zip Code		***************************************					36	1/19	
DOL Amenda	Па	edon, NJ 07	′508							1	
DOH Conselle	W	of Contact									
DCA Cancella	Ilon Joh	n Serapiglia	1			<u></u>					
		FAC	CILITY INFORM	IATION							
Name of facility where abatement is	taking place (3)				Type of Facility (4) I (K - 12)		4,544-0		
Manchester Regional High	School (non	Sub 8)					apter 8 (Oth	er th	an K-	12)	
Street Address						Other	Private/Con	nmei		≎ 	
70 Church Street							Homes, etc. # of Floors	_	Bio	g. Ag	
03. (5)	County (6			I Cour	nty Code (7)	100.000.	2		50+	g. Ag	C
City (5) Haledon	***************************************			1 N. 1997 (1997)	te use only)	Current Use (P	rior if being	dem	olishe	d)	
		Passaic				School (non					
Name of Monitoring Firm Hired by			ASCM No.		Name of Abatement	Contractor (9)		13823			
RK Occupational & Enviror	mental Anal	ysis Inc.	0090		B & G Restoratio	n, Inc.					
Street Address					Street Address						
403 St James Avenue					105 Ryerson Roa City, State, Zip Code	id :		- 10			
City, State, Zip Code Phillipsburg, NJ 08865						1.07025					
Project Manager for Monitoring Firm		Phone Num	her		Lincoln Park, NJ Telephone Number	107033	License N	umb	er		
Jon Gilbert		908-454-6			973-696-6869		0378	X-480-2514-25			
	ISched Cor	npletion Date (Name of OSHA Moni	tor					
Scheduled Start Date (10) 12/30/2013	12/31/2	6n40970764	11/		B & G Restoration	on, Inc.				_	
	_				Street Address						
Occupancy Status During Abatement Facility closed/vacated during					105 Ryerson Roa City, State, Zip Code	ad				_	<u> </u>
Abatement performed outside	of normal facilit	y hours-			City, State, Zip Code						
Describe:				-11	Lincoln Park, N.	J 07035					*
Scope of Work (check all that appl	/)						wrap &	z cu	===		
Demolition	Renovation			ПЕ	ull Containment w/neg		Gloveba			ire	
	≥160 sf or ≥260	ı it			/lini-enclosure	•	☐ Non-fria				
<u> </u>		mally used sole	elvl				T	R	R	E	I_
Location of asbestos-containing	by maintenand			tion of a	sbestos-containing	Amount		e m	e p	n c	E n
material to be	staff(12)		material			(Specify S	SF or	0	a	a	C
abated in facility (13)	Yes	No N/A				2.7		v e	I T	р	
Attendance Hall		X	pipe insul	ation (O&M removal)	9 If		Z			
								부	님	무	쓔
								屵	片	H	H
								片	片	H	#
			Cubic Yards of	Macto	Name of Registered	Landfill		Ц	Ш	Ш	
Registered Waste Hauler B & G Restoration, Inc.	NJDEP H 19563	lauler ID#	1/2 yar		Tullytown Resor	urce & Recover	Center	00000			
City, State		Disposa	I Date		City, State			the r			
Lincoln Park, NJ 07035		12/3	1/2013		Tullytown, PA		Lace	102			
Completed by (Print or Type)	Title //T		Signature		Gordana Luna		Date 12/19/2	201	3		
Gordana Luna	Secretary/Tr	easurer	_		0					_	-

2							5	2	2	Print	Form
o Jean	NOTIF	ICATION C	e of New Je F ASBEST NJAC 8:60	OS ABATE	MENT		(3)	3066	3	7	,
Date of Notification (1)		Name of B	Building Own	er/Operator	(2)		14	3	·.		3
Agencies Notified Type Notification	1	Street Add	iress					500	7	9.	
EPA G Initial	u u		ADLEY RO	JAD		7.11.11.11.11.11.11.11.11.11.11.11.11.11		3	2,	-5	\dashv
DEP Amended Amendmen Emergency		SOUTH	PLAINFI	ELD, NJ.	07080				ζ.		
➤ DOH justification DCA Cancellatio)	Name of C	Contact MC	Qui	LLEN)	11.28				
	Diana (2)	FACIL	ITY INFORM	MATION	Type of F	acility (4)					
Name of Facility Where Abatement is Taki	ng Place (3)				Sch	ool (K-12)		angree			
Street Address KLE W	m AV	E.			Sub Othe	er (i.e. priva	Other than K-12 te & commerci	2) al buildi	ings, h	omes	
City (5) 1	R				Square F	A	# of Floors NA		idg. Ag	e A	
County (6) GLOUCES	_ ^	County C (STATE U	ode (7) SE ONLY)			Swi	being demolish	S/	AT	OR	
Name of Monitoring Firm Hired by Building ENVIRONMENTAL TACTICS	Owner (8)	ASCM 004		UNI			ctor (9) OF AMERICA	A			
Street Address 64 BROAD STREET	1. 194		2.		t Address WHITEH	IEAD AV	E.				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip C JTH RIVI		8882				
Project Manager for Monitoring Firm TOM GEIGER		Telephon 732-29			hone No. -432-835	60	License N 0111				
Start Date (10)	Scheduled C	ampletion D)ate (11)		e of OSHA QUE SY		OF AMERIC	A			
Occupancy Status During Abatement (Ch					et Address WHITEH	HEAD AV	E.	å			1
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	rmal Facility Ho	ement urs		City,	State, Zip (UTH RIV	Code					
Scope of Work (Check All That Apply)					_				9880		
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ovation olition			Mini-E	Enclosure bag Proced	with Negative				
-	Islo	cation			Non-E	exempted () and Non-Fria	ble Pro	Abate	ment	\exists
Location of Asbestos-Containing Material (ACM)	Norr Used S	nally		Descriptions Containing ermal system	Material (A		Amount (Specify	D D	Tyr		m m
TO BE ABATED In Facility (13)		al Staff? 2)		surfacing, \other miscell	/AT, or	,,,	SF or LF)	Removal	Repair	Encapsulate	Enclosure
-	Yes N	lo N/A			Α					ite	0
Out Poors	7		Some	1stic	Pipe C	option	20 LF	X			-
Name of Registered Waste Hauler		NJDEP W		Cubic Yards	,	Name of Re	egistered Landf	<u> </u> 511			\dashv
WASTE MANAGEMENT	v le ta	Hauler ID 1125	/	of Waste	7	GROWS	NORTH				
City, State ELIZABETH, NJ				Disposal Da	5		VILLE, PA				
Completed by CAROL RAIMO	Title OFFICE	E MGR.		Signati	grat	e Lai	mo	Date /	6	13	8

Date of Notification (1)		100	ame of	Building Owner/ G.	Operator	(2)		7.0	٠ 'د	23		2		
Agencies Notified Type Notification		1000	treet Ac	idress IADLEY ROA	.D		54.5		р С	3.	:	3		
EPA Initial Amended Amendment Emergency (i		_ 8	SOUTH	te, Zip Code H PLAINFIEL	D, NJ.	07080			3	ū.	£,			
□ DOH justification) □ DGA □ Cancellation		-	JOH.	CONTACT N BRA		ε y	(_		
Name of Facility Where Abatement is Taking	Place (3)		7 AUI			Type of Faci	(K-12)	er than K-12						
TRENTON AVE. Y	CLi	FTO	N	57.		Other (i etc.) Square Feet	e. private# c	& commercia	l build	ings, dg. A		s,		
ELIZABETH County (6)				Code (7)		APPX 800 Current Use		ing demolish	ed)	M.	55	yrs.		
UNION		16		JSE ONLY)				STA	Tie	S				
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8)		ASCN 004	3.개설·TaX	UNI	of Abatement QUE SYSTI								
Street Address 64 BROAD STREET				≫ _[=]		t Address WHITEHEA	D AVE.							
City. State, Zip Code MATAWAN, NJ 07747						State, Zip Code JTH RIVER		32						
Project Manager for Monitoring Firm TOM GEIGER			elephor	ne No. 02-2217		hone No. -432-8350		License No 01111						
Start Date (10)	Scheduled 12/	2 a	1	Date (11)		e of OSHA Monitor QUE SYSTEMS OF AMERICA								
Occupancy Status During Abatement (Chec	k Only One			5		t Address								
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	nal Facility I	Hours		ators only	City,	WHITEHEAD AVE. State, Zip Code UTH RIVER, NJ 08882								
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat		en a militar de la companya de la c		Mini-Enclo	sure Procedure		ative Pressure					
	T				<u>L</u>	Non-Exen	npted (*) ar	nd Non-Friabl		Abate		\neg		
Location of	No	Location ormally	y	D	escriptio	n of				Ту	oe -	-		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	Solely ntenan odial St (12)	ce/	(i.e. therm		7.1	1 (Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
CONTROL ROOM	100	×	I TAILY	FLOOR T.	164	MAST: C	2.	100 SF	×					
VARIOUS LOCATIONS IN		X		Floor Ti Pipe I	NSu/	ATION	1	00 LF	X					
SWITCH STATION				- 1										
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	JDEP W auler ID 125	No. of W	ic Yards /aste x 30	GP	e of Regis OWS NO	ered Landfill ORTH						
City, State ELIZABETH, NJ				Disp	osal Dat	e City,	State RRISVIL	LE, PA						
Completed by CAROL RAIMO	Title OFFICE MGR.					graphe Date 11/19/13					3			

Ho med.

Date of Notification (1)		- 21	Name of P.S.E.	Building C G.	Owner/Op	perator (2	2)				3	ري		
Agencies Notified Type Notification			Street A	ddress HADLEY	ROAD)					20)),	· ø	
EPA Initial Amended Amendment #				te, Zip Co H PLAIN		, NJ. 07	7080				10		2	
Emergency (ii DOH DGA Emergency (ii justification) Cancellation	ncluding		JOH			SLE	<i>Y</i>						·	
Name of Facility Where Abatement is Taking	Place (3))	FACI	LITY INFO	ORMATIC		Type of Facil	ity (4)						
Street Address	11	رسر '	- ,	CT			School Subchar	oter 8 (O	ther than K-12 e & commercia) al build	iings,	home	es,	
TRENTON AVE. Y	-61	110	22)	5%			etc.) Square Feet		of Floors	B	ldg. A	ige		
County (6)				Code (7) USE ONLY)			Current Use	(Prior if b	eing demolish	1000000		63	yes.	
Name of Monitoring Firm Hired by Building O ENVIRONMENTAL TACTICS	wner (8)		ASCN 004				f Abatement	Contract	or (9) AMERICA		5,00			
Street Address 64 BROAD STREET				74		Street A		-						
City, State, Zip Code MATAWAN, NJ 07747						City, Sta	ite, Zip Code H RIVER,	ř						
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 92-2217		Telepho			License No					
Start Date (10)							of OSHA Monitor UE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check		30 .5 0		3		Street A	ddress HITEHEA	D AVE						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Alap El No	al Facility	Hours		a Toes	<u>0</u> 0/y	-	ite, Zip Code H RIVER,		10		- 13			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 tf ≥160 sf or ≥260 lf		enovat emoliti					Mini-Enclo Glovebag	sure Procedur	ith Negative P e and Non-Friab					
	Is	Locatio	n			2	NON-EXCIT	pied () a	מפוז נ-ווטאו טווג		Abate	emeni pe	t -	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	ormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormallormall	y by ice/		tos Conta thermal s surfac		iterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
Q STOLD	Yes	No ×	N/A	F1	ATI	- 6t	34-7'0	-	1000	~		ō		
VARIOUS LOCATIONS IN	X		P'001	E TIN	E 4 11	Astic Tion	d	900 SF	X			\vdash		
SOSTEH STATION	V		1 PE	7 410	Suir	1.8.10	+	00 0,						
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W auler ID 1125		Cubic Y	te	100000000000000000000000000000000000000	of Regis	stered Landfill ORTH	1				
City, State ELIZABETH, NJ					Dispos	al Date	City, S MOF		LLE, PA					
Campleted by CAROL RAIMO	GR.			anal da	el Ra	me	Da /s	te 2/.	16	11:	3			

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1	1	VIL	100	01
(nor	1-11	- 1770	410
1	150	P	100	10

Date of Notification (1)	Name of Building Owner/Operator (2) Atlantic States Cast Iron Pipe Company Street Address 183 Sitgreaves Street City, State, Zip Code Phillipsburg NI 08865														
12–13–1	13		Atla	antic	State	es Cas	st Iron Pa	ipe Comp	any	3	2	70	2		
Agencies Notified	Type Notification			Street A 183	^{ddress} Sitgr	eave:	s Stre	et		0	- ?	OK.	4	C.	
EPA □ DEP ZD DOL	Initial ☐ Amended Amendment: ☐ Emergency (i		_		ite, Zip Co Llipsb		NJ C	8865	50	73	5/	2	2	2	
DOH DCA	justification) Cancellation	ricidaling			f Contact ndon L	aPor	t								
				FACI	LITY INFO	RMAT	ION				-/-			5	
Name of Facility Where Atlantic State				npany				Type of Facility ☐ School (K	2005 - 1000-1		(01	2	مو۰	
Street Address 183 Sitgreaves	s Street								er 8 (Other th private & co			dings,	home	es,	
City (5)								Square Feet	# of Flo	ors	11.70	ldg. A	11.		
Phillipsburg								100,000	1		1000	0yr	s.		
County (6) Warren					Code (7) USE ONLY)			Current Use (P industri		lemolish	ed)				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.		Name o	of Abatement C	ontractor (9)		914				
EHS Environmen	ntal, Inc.							outh Env	ronment	al Co) . ,]	nc.			
Street Address								Address							
411 Southgate	Court							Haws Aver	iue						
City, State, Zip Code Mickleton, NJ							Norr	ate, Zip Code istown, I	PA 19401						
Project Manager for Mor Jack Carney	nitoring Firm	- 1	Telepho 856-2	ne No. 24–008	30		one No. 239–9920	Lic	00398						
Start Date (10)	9	Scheduled	d Con	npletion I	Date (11)			of OSHA Monito							
1-2-14	- Ab -4	1-10-						outh Envi	ronmenta	al Co	.,I	nc.			
Occupancy Status Durin	- Altrodomic View Market Control Control					Street Address 923 Haws Avenue									
☐ Facility Closed/Vac ☐ Abatement Perform ☐ Other – Describe:	ed Outside of Norm					9	City, St	City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check A				NOTTISCOWII, FA 19401										-	
	ш тпас дрргу)	M D		41			_	Full Contains	mana with Na	aativa Da					
		10,000	enova emolit	-1				 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure 							
			ei Geentree				垣	Non-Exempt		n-Friable	e Pro	cedur	е		
		Is I	.ocati	on								Abate	ment pe		
Location		Used	Sole				escription				-	1 9	pc	\Box	
Asbestos-Containing TO BE AB		Mair	itenai	nce/				aterial (ACM) insulation,	Amou (Spec		R	771	Enc	g	
In Facil		Custo	(12)	staπ?			acing, VAT miscellane		SF or I	_F)	Remova	Repair	Encapsulate	Enclosure	
(13)		Yes	No	N/A		outer	miscenane	eous)			val	Ϊ	ılate	ure	
1st floor oven	area	x			trans	site			136 S	F	х				
	ur cu									_					
		+-+	 						-		-				
		1													
Name of Registered Was	ste Hauler		NJDEP Waste Cubic Yards			Name o	f Registered	Landfill							
Newark Carting					Hauler ID No. of Waste										
City, State Newark, NJ					Disposal Date City, State 3-31-14 Bethlehem, PA										
Completed by Title						Signature Date									
T 16 vs 33					ect Manager					12	2-13	3–13	}		

PAGE 2 OFZ

Date of Notification (1)	1	K R	ame of Bu tefer to I	ilding Ow Page 1 f	or Project	Details -5	ee Qua	fillines Section	Belo	w		
Agencies Notified Type Notification	•	Si	treet Addr	ess	ASPES	TPS CO	日子り	L.				
EPA Initial Amended Amendment #_		C	ity, State,	Zip Code							·	
DOH justification Cancellation	auding	N	ame of Co	ontact					1,			
			FACILIT	TY INFOR	MATION	Type of Fa	AREA (A)					_
Name of Facility Where Abatement is Taking Street Address	Place (3)		1.			School	ol (K-12) nanter 8 (Other than K-12) ate & commercial	buildir	ngs, h	omes	S,
Cib. (E)						etc.) Square Fe	11/2 22 22	# of Floors		g. Ag		-
City (5)							1					
County (6)		1	County Co	de (7) E ONLY)		Current Us	se (Prior if	being demolishe	d)			
Name of Monitoring Firm Hired by Building O	wner (8)	_	ASCM N	No.	Name	of Abateme	ent Contra	ctor (9)				
Traine of Montesing	U325				Ot -	t Address		-	<u> </u>			
Street Address					Stree	t Address					72	
City, State, Zip Code					City,	State, Zip Co	ode					
Project Manager for Monitoring Firm		T	Telephone	e No.	Telep	phone No.		License No				
			- r d - F	-1- (44)	Nome	e of OSHA N	Agnitor					
Start Date (10)	Scheduled	i Con	npietion D	ate (11)	Nam	e ui Ooi iA ii	ionitoi					
Occupancy Status During Abatement (Check	Only One)			Stree	et Address						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of Al al Facility	Hours	nent s		City,	State, Zip C	ode					
Scope of Work (Check All That Apply)									20.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Mini-E	nclosure ag Proce	t with Negative P			a	
ADDITIONAL MATERIALS						☐ Non-E	xemptea (*) and Non-Friab		Abate		t
	1	Locat	7677637				1			Ту	ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used	Sole otena	ely by ance/ Staff?	Asbest (i.e.	Description Containing thermal system surfacing, \ other miscel	Material (Al ms insulation VAT, or	CM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliclosuie
A Della Contaction	res	INU	TWA	Floor	Tile and Ma	astic/Pine	Ins.	300sf/15lf	x			T
1st Floor Patient Relations	-		-	1 1001	8 Fittir			8lf	x			T
1st Floor Fire Command			+	F	loor Tile ar		-	215lf	x			T
1st Floor Storage Room	-		-		loor Tile at			800sf	x			T
1st Floor Volunteers Area Name of Registered Waste Hauler			NJDEP W	l Jaste	Cubic Yard		Name of R	Registered Landfil				
Trains of riogisters Transcript			Hauler ID	No.	of Waste							
City, State					Disposal D	ate (City, State		7			
Completed by	Title				Signa	tures)			ate	^	17/	12/
Brian Evans		ect N	lanager			0	7	> P 1	1/5/1	3	11/2	3/

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Date of Notification (1)				uilding Ov		erator (2)		ورق	رچ''	2		\$\frac{\capacitan}{\capacitan}	3
10/10/2013 Amended 12/13/1		-	reet Add					æ.	5/1	4.	•		\vdash
Agencies Notified Type Notification	on	100000		gle Str	eet			- <	430	••	O.		
□ DEP □ Initial □ Amended □ DOL □ Amendment	ent #_2	Ci	ty, State nglewo	, Zip Code ood, NJ	0763	1			TOS CONTRACTOR	V/A	ა ი	0	
□ Emergence justification □ DCA □ Cancellate		6450	ame of C					***					
DOA			FACILI	TY INFOR	RMATIO	N							
Name of Facility Where Abatement is Ta Englewood Hospital	king Place (3)		18	•		□ S	f Facility (4 chool (K-12	2)	than K-12)				
Street Address						DR O	ther (i.e. pr	ivate &	commercial	buildii	ngs, h	omes	5,
350 Engle Street							Feet 000	# of I	Floors		g. Ag		
City (5) Englewood, NJ 07631									3) Ye	ars	+
County (6) Bergen		C (S	ounty C	ode (7) SE ONLY)				r if bein	g demolishe	d)			
Name of Monitoring Firm Hired by Buildi Hillmann Consulting, LLC	ng Owner (8)		ASCM N/A	No.		Name of Abate	ement Contonmental	tractor(9) vices				
Street Address			- 2		-	Street Address							
1600 Route 22 East						11-02 Que		za So	uth				
City, State, Zip Code Union, NJ						City, State, Zi Long Isla	p Code nd City	, NY	11101				
Project Manager for Monitoring Firm Michael Nehlsen	Manager for Monitoring Firm					Telephone No			License No. 28675				
Start Date (10)	Scheduled	Completion Date (11) Name of OSHA Monito Rolland Barnhar											
10/24/2013 - ON HOLD	03/31/	2014	014 - ON HOLD										
Occupancy Status During Abatement (C	Check Only One)				Street Addres		e					
☐ Facility Closed/Vacated During En ☐ Abatement Performed Outside of N ☐ Other – Describe:	tire Period of Ab Normal Facility H	atem Hours	ent			City, State, Zi South Amb	p Code	08879		/5			
Scope of Work (Check All That Apply)												20	
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enovat emoliti				⊠ Mir	ni-Enclosure	e cedure	Negative Pr			e	
						<u>LA</u> 110	II-Exemple	<u> </u>				ement	t
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	No Used Mair	ocation or mall Solel of tenar odial Solel (12)	y ly by nce/		tos Cont thermal surfa	scription of taining Material systems insula cing, VAT, or niscellaneous)	ation,	(5	mount Specify For LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A	Floor	Tile	Mastic		1,40	SF	x	_		
4th Floor Rooms				Pipe I				60 L		x	-	-	-
4th Floor Rooms			-				Carmot	60 H	•				+-
5th Floor Hallway Corrido	r					Mastic &		3,05	0sf	X		-	-
6th Floor MER			JDEP V			ation Fitt Yards		31f Registe	ered Landfill	21			
Name of Registered Waste Hauler ATC		Н	lauler ID 4310		of Wa	iste			terprise	s		242	
City, State Shirley, NY 11967						sal Date /13, 1/21/13	City, Sta Wayne	ite sburg	, OH 446	88			
Completed by Brian Evans	ct M	lanage	r	1	Signature	1		Da 12	ite -13-	201	3		
Dilan Evans											-		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP. Date of Notification (1) Street Address /13 12 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 Type Notification Agencies Notified City, State, Zip Code Initial Notification **EPA** Amended Notification RAHWAY, NEW JERSEY 07065 DEP Cancellation DOL DOH~ Name of Contact On Hold EMERGENCY NOTIFICATION MARY BETH BAKER DCA. FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) MERCK SHARP & DOHME CORPORATION Other (ie. private & commol. bldgs. Square Feet # of Floors Street Address 126 EAST LINCOLN AVENUE - BUILDING 87 260 County Code (7) Current Use (Prior if being demolished) City (5) County (6) (STATE USE ONLY) VACANT UNION . RAHWAY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 17 ENVIRONMETAL HEALTH INVESTIGATIONS, INC. Street Address Street Address 313 SPOOK ROCK ROAD 655 WEST SHORE TRAIL City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 SPARTA, NEW JERSEY 07871 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 845-369-7500 973-729-5649 WILLIAM S. KERBEL, CIH Name of OSHA Monitor Sched, Completion Date (11) Expected State Date (10) #11480 AMERISCI LABORATORIES INC /13 21 12 / Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address 117 EAST 30TH STREET Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: SATURDAY & SUNDAY 7AM-3:30PM City, State, Zip Code Other - Describe: NEW YORK, NEW YORK 10016 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclos. Demolition Renovation Glovebag Procedure SSF OR LF Non-Friable Procedure >160 SF OR 260 LF Abatement Type Description of Asbestos-Is Location Location of Containing Material (ACM) Amount REPAIR ENCAPSULE REMOVAI Asbestos-containing normally used (Specify (ie. Thermal systems solely by Material (ACM) SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A ROOF FLASHING 150 SF **BUILDING 87 ROOF**

Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler NJDEP Waste LYCOMING COUNTY RESOURCE MANAGEMEN 10 FREEHOLD CARTAGE, INC. Hauler ID No. 447 ALEXANDER DRIVE/ROUTE 15 15939 825 HIGHWAY 33 City, State Disposal Date City, State 12/7/13-2/30/14 MONTGOMERY, PA 17752 FREEHOLD, NEW JERSEY Signature Date Completed by (Print or Type) DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

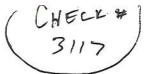
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State	e of New J	dersey STOS ABATEMENT -7 and 12:120-7)		PEC 23 0 414 8.5>	
NOTIFICATION O (Pursuant to N			porator (2)	2/4-	
(Pursuant to N	Name	of Building Owner/C	CORP.	Er A	
	MERC	CK SHARP & DOHIVIE	COM	23.	
	Ctroot	Address	P.O. BOX 2000, RY38	414	
Date of Notification (1)	- Silect	I INCOLN AVENUE	, P.O. BOX 200 A	75.00	
Date of New Jacobs 12 / 12 /13				LYSON.	±
12 Type Notification	City,	State, Zip Code IWAY, NEW JERSE	7 07065	. 50 - 10 -	
Agencies Notified Type Notification Initial Notification Amended Notification					
EPA Amended Notification	Nam	ne of Contact	1		
DOI LONG	IMAI	RY BE I H BARE!		of the	
X DOL X On Hold EMERGENCY NOTIFICATION	JIN JINE	ORMATION	ype of Facility (4)		
1000	CILITYTIN	1	I Conool I IN-12)	V 12)	
Name of Facility Where Abatement is Taking Place (3)		· · · · · · · · · · · · · · · · · · ·	School (K-12) Subchapter 8 (Other	commol. bldgs., homes, etc. Floors Bldg. Age	
Name of Facility Where Abatement is		1	Other (ie. private d	Floors Bidg. Age	
Name			Square Feet # of	1 59	
MERCK SHARP & DOHME CORPORATION			260	a demolished)	
		1: (7)	260 Current Use (Prior if bei	ig donne	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 87 County (6)	TC	ounty Code (7)	LVACANT	-407 (9)	
126 EAST LINCOLN AVENUE (6)	(ST	TATE USE ONLY) ASCM No.	VACANT Name of Abatement C PAR ENVIRONMENTA	AL CORPORATION	
City (5) UNION Owner (8)		ASCM No.	PAR ENVIRONMENT		
and the state of t			Street Address 313 SPOOK ROCK R	OAD	
Name of Monitoring Firm Hired by Building On Name of Monitoring Firm Hired by Building Firm Hir			City, State, Zip Code		
ENVIRONMETAL			TOTICEFRIN INFA	RK 10901 License Number	
Street Address			Telephone Number		1
655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 078 Teleph	B71 ·	her	7500	460	1
City, State, Z.P SPAKTA, Teleph	none Numb		Name of OSHA Moni	itor #11480	1
Project Manager for Monitoring Firm 973-77	29-5649	Date (11)	Name of OSHA Moni	TORIES INC	4
ISCHEU.	mpletion	30 /14			
WILLIAM Date (10)	1	Day Yea	Street Address	PEFT	1
		Maria Commission	Street Address 117 EAST 30TH ST	KLL	-
(av controller)	of Abateme	ent :ba:	1/07		1
Month Occupancy Status During Abatement (Check Only Derived Normal Facility Closed/Vacated During Entire Period of Facility Closed/Vacated During Entire Period Outside of Normal Facility Abatement Performed Outside of Normal Facility SATURDAY & SUND	lity Hours	- Describe.	City, State, Zip Cod	RK, NEW YORK 10016	1
A batement Performed Outside DAY & SUND	AY 7AM-	3:30111	Containment with Negative	Pressure	1
		1 1			- 1
		L	Enclos, rebag Procedure		\dashv
Scope of Work (Check all that apply) Renovation	on	131-12	Friable Procedure	Abatement Ty	/pe
			-F Achestos-	Amount RE RE	- 11
ISSE OR LI	cation	Description	of Asbestos- Material (ACM)	Amount REPAIR (Specify SF or LF)	: 11
>160 SF OR 260 LF Is Loc	illy used			(Specify SF or LF)	3 11
Location of normal Asbestos-containing sole	ely by		curtacillu, vivi		=
Material (ACM) Maint/G	Custodial	insulation,	niscellaneous)		
TO BE ABATED Sta	aff (12)	or other.		LES SE X	
in Facility (13)	No NA	1		150 SF X	11
		ROOF FLASHING			$\neg \neg$
X	-+-			T	-+
BUILDING 87 ROOF		+		+	1
				1-1-1	1
	1	1		+	1
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	+-			<u> </u>	1
	+-+			gistered Landfill	3EMEN
	++	ste Cubic Yards of V	Vaste Name of Res	gistered Landfill COUNTY RESOURCE MANAG NDER DRIVE/ROUTE 15	٠ ١١١١١١١
IN II	DEP Was		LYCOMING	NDER DRIVE/ROUTE 15	
Had Maste Hauler	uler ID No	D.	City, State		1
Name of Registered Vocanian FREEHOLD CARTAGE, INC.	15939	Dienosal Date	TO NE GOT	MERY , PA 17752 Date) / / 2	712
FREEHOLD CARVI 825 HIGHWAY 33			1 1	1000	110
		1Sig	nature		
City, State FREEHOLD, NEW JERSEY Title DIRECTOR	TOP OF	OPERATIONS	100		/
	TOROT		sally quant	1 1	
BENJAMIN SANCHEZ					

No mex

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Date of Notification (1) December 18, 2013				Building Con Envi			(2) C	//////////////////////////////////////	302	3		3			
Agencies Notified Type Notification		1 57.5	reet Add	dress ockport	Road			ASHES	Tne	P 9,	8: (Ît.			
EPA Initial DEP Amended Amendment				e, Zip Coo Falls, I		305		100 meck # 62 45 m = S		SING COM	TAN	L.			
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	1.000	ame of 0 like La												
			FACIL	ITY INFO	RMATIC	ON					22. 12. 12.		133		
Name of Facility Where Abatement is Taking Welsbach Superfund Site	Place (3)							of Facility (4 School (K-1)							
Street Address 406 Hunter Street							×	Subchapter Other (i.e. p etc.)				build	ings,	home	s,
City (5) Gloucester City								re Feet	# of	Floors		10 10	dg. A	ge	
County (6) Camden			ounty Co	ode (7) SE ONLY)				ent Use (Prid ant Resid		ng dem	olished	i)			
Name of Monitoring Firm Hired by Building O Management & Enviro. Consulting		1	ASCM	No.				tement Con vironmen							
Street Address P.O. Box 341							Addre Cutle	ss r Ave.							
City, State, Zip Code Chesterfield, NJ 08515								ip Code ade, NJ (8052						
Project Manager for Monitoring Firm Bill Weisgarber		100	elephon	e No. 8-4070		Telepi	hone N)755-	0.			se No.				
Start Date (10) January 6, 2014	Scheduled January	Comp	oletion D				of OS	HA Monitor							
		17,2	.0 14			1777-777						/C-1-2			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F	70 70	iteme	ent				eet Address 7 Haddon Ave								
Abatement Performed Outside of Norm Other – Describe:	al Facility Ho	ours			_ [City, State, Zip Code Westmont, New Jersey 08108									
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	ovatio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							e		
	T				-		110	II-Exemple	/ / 411	0 110111	T		-339 39	ement	t
Location of		cation			Do	scription	o of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	enand	ce/	Asbest (i.e.	tos Cont thermal surfac	aining I	Materia is insul AT, or	ation,	(3	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes I	No	N/A				14					_		ŧ	Ф
Crawlspace			XXX		Pipe	Insula		0 1		5 LF		Х			
Roof	Roof					Roof			1,5	500 SF	-	Х			
	-				ie .				-						
Name of Registered Waste Hauler		I N.I	DEP Wa	aste	Cubic	Yards	s Name of Registered Landfill								
SJ Transportation	Hauler ID No. of Waste 2 US Ecology Idaho														
City, State Woodstown, NJ				Disposal Date City, State 1-17-14 Grandview, ID											
Completed by Christina Lynch	Mana	ager		1	anatur M	e A	3000			Date 12/		2013			



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

# 2		(Pursu	ant to NJAC	8:60 and 12:12	0)	DEC 0.0	2012							
Case of Notification (1) //9 //3		N		ng Owner/Operator		D=0 = (;	2013		7					
Agencies Notified Type Notificatio	0	- 51	reel Address		000:70: 0			-4	_					
		3,	155	Rr, 50			Mr E	- 12	1					
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∑ DOL Amendment		0	17.00.0.	REEN FIG	ELN NI	5 .								
Emergency ustification		-	ame of Conta											
DOA Justification		l N		ULE BREY	INIG				P.In.					
			FACILITY IN	FORMATION			10-							
Name of Facility Where Abatement is Tak	ny Place	(3)	,		Type of Facility									
RESIDENCE					School (K-1)	2) 8 (Other than K-12								
Enter Address						nvate & commercia		ings						
200 13 TH	5 F. 1	Loki	H		nomes, etc.			70						
BRIGART	ING			Square Feet # of Floors Blug										
Journiy (6)			County Code (7) (STATE	Current Use (P	nor if being demolis	shed							
ATLANTIC			JSE ONLY)											
same of Monitoring Firm Hired by Building	Owner	AS	CM No	1 1	ment Contractor (9									
N/A					LEMO ENC.									
Siree: Address	*			Street Address 369	SS SPRUCE SUE									
Ch. State Zip Code				City, State, Zip (o Code									
33te 2ip COC					bre Sho.	DE N.J.	00 0	7 5	=					
Project Manager for Monitoring Firm		T,elepho	one No.	Telephone No.	9-0472	License No	4 							
Man Date (10) Sch	eduled Co	mpletion	Date (11)	Name of OSHA	Monitor SEPN KL	.Emm								
Interpancy Status During Abatement (Ch	eck only o			Street Address	C C 1	- / -								
	enod of A	bateme	nt	369		200= 200.								
Abatement Performed Outside of Norm	al Facility	Hours		Cry. State. Zip (Code			VI 211						
Other - Describe				M	APLE S	HODE, N.	٠. نـ	<u>ل ال ال</u>	- 2 <u></u>					
Scope of Work (Check all that apply)					ntainment with No	gative Pressure								
> 1 5 1 Dr. + 2 10		ios ation			nciosure pag Procedure									
21 50 51 57 2260 II	Den	nation		Non-E	xempted (*) and N	on-Friable Procio.	11.4							
	Tield	ocation						curer						
* •	A 200 C	mally						. 11	ř.					
Location: of		Solely b	y	Description of sios Containing Ma	oterial (ACM)	Amoun'								
Asbestos-Containing Material (ACM)		enance/ stodial	ASDE	. thermal systems	insulation.	(Specity	2	I						
TO BE ABATED IN Facility		taff?	(, -	surfacing, VAT	ſ, or	SF or LF)	Removal	Нер.и	a apsul.					
(13)	(12)		other miscellane	eous)		1	-						
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	+-+							_	ļ					
	+		1-7					<u></u>	L					
:ame of Registered Waste Hauler	·11	TNO	EP Waste	Cubic Yards		gistered Landfill								
KLEMED INC.		Haul	90 H	of Waste	A.(2. U. A.								
				Disposal Date	City State	OSANTVIL	L =	, W.	7					
MAPLESHADE	, N .			15.00-14-	1 - 0 - 0 - 0	Date	,							
JOSEPH KLEMM	ke V	110		Signature	un Kelin	m 12/	19	13	·					

Name of Building Owner Operator (2) 11 CHRISTIAN BROS. ACADOMY OF LINCROFT 13 850 NEWMAN SPRINGS RD. K min Agreed tool City State, Zip Code LINCROFT times per a laboration; 51.77 table are gala. TED ANDERSON FACILITY INFORMATION (parement is faking Place (3) Type of Facility (4) □ School (K-12)
 □ Subchapter 8 (Other than K-12) BROTHERS RESIDENCE AT ABOVE LOCATION Other (i.e., private and commercial buildings homes etc. = of Figors Square Feet Ridg Age 25000 County Lights (ASIAII-US) CNLY: Current Use (Prior It being demoished MONHOOTH Name of Abatement Contractor (9) od př. Bac i n.; (Pwner 3) ASCM No UNIPRO, INC SERV. GP. Street Address 07016 e isphorie No elephone No 732.726. 0065 Name of OSHA Monit tions Mater Toring Admenters Check och dres Street Address 🗴 has the seed that distribution and in Evenodict Apatement Action of the fluid on a laste of Normal Facility Hours. Describe City State, Zip Code ☐ Full Containment with Negative Pressure **⊠**Renovation Mini-Enclosure Ner dans ☐ Glovebay Procedure Non Exempted : 1 and Non-Friable Procedure "S Location Abatement Type Normativ Description of tised 50 ety by Aspestos Containing Material (ACM) Amount Maintenance: ine thermal systems insulation (Specify Custodial Staff? surfacing VAT or SF or (F) :12other miscellaneous) 'vo Yes NA. 2NX FLOOR 1200 SF NJDEP Waste Cubic Yards of Name of Registered Landtill INC 4509 Waste NEWARK CARTING NEWARK. NJ DAVID T. TOLCHIN PRES. 12-17-13 Signature

is that usure to the form for asbestos licensure exempted activities

Date of Notification (1)			Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINDCROFT														
Agencies Notified	Type Notification		183	Street Ad 850 NB	ddress EWMAN	SPRI	NGS F	ROAD		DEC	2 2	20	112				
× EPA × DEP × DOL	Initial Amended Amendment				te, Zip Co ROFT,		38		į.		2.5	20	113	1.			
DOH DCA	Emergency justification) Cancellation		1		Contact NDERS	ON	Tes al		L								
			_	FACI	LITY INFO	RMATIC	N								-		
Name of Facility Where BROTHERS' RES			DDR	ESS				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)									
Street Address								Other (i.e. private & commercial buildings, homes, etc.)									
City (5)								Square 25,00		# of Floors 2			dg. A)+	. Age			
County (6) MONMOUTH				County C	Code (7) JSE ONLY)		Current Use (Prior if being demolished) RESIDENCE, CHAPEL, ETC.										
Name of Monitoring Firm				ASCM	No.			of Abate PRO, IN	ment Contr					11 1 201 50			
Street Address 209 WESTFALLS	DRIVE		1				Address KARKL	IUE									
City, State, Zip Code DINGMANS FERR	Y, PA 18329						ity, State, Zip Code WOODBRIDGE, NJ 07095										
Project Manager for Mon	- 1	Telephor	ne No. 77-1874		Telephone No. License No. 732-726-0111 0065												
Start Date (10) 12-10-13	Start Date (10) Scheduled (Name	of OSHA	Monitor		_						
Occupancy Status Durin	o Abatement (Che						Street	Address	-		-	-			=i		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of At	atem	City, State, Zip Code													
Scope of Work (Check A	All That Apply)		_								-						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	nova moliti				×	Mini- Glove	Enclosure ebag Proce	nt with Negative edure (*) and Non-F							
	2	T le l	ocati							Notaria de la constante de la		- 1	Abate				
Location	(E455555	rmall			Dac	cription	of					Ту	oe			
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Used Main Custo	tenar	nce/		tos Conta thermal:	aining M systems ing, VA	Material (A s insulation T, or		Amount (Specify SF or LF)	i con	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A													
SECOND	FLOOR		X				VAT			1,200 SF	X	-					
Name of Registered Wa	ste Hauler		300	JDEP W auler ID	3	Cubic \			Name of R	egistered Lan	dfill						
NEWARK CARTING, INC.					NO.	of Was	ie		G.R.O.W	.R.O.W.S., INC.					1		
City, State NEWARK, NJ					4509 10 Disposal Date 12-17-13				City, State MORRIS	SVILLE, PA							
Completed by Title DAVID T. TOLCHIN PRES.					Signa S.						Date 11-2	7-1	3				
					1												

Date of Notification (1)		Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINDCROFF 2 3 2013													
Agencies Notified Type Notification		S	treet Add	dress	SPRING		1								
X EPA ☐ Initial X DEP ☐ Amended X DOL Amendment ament ament ament ament ament ament ament ament amendment am	2			e, Zip Cod ROFT, N	e NJ 07738				_5	10.2					
Emergency (in justification) □ DCA □ Cancellation	ncluding	7.1	lame of 0	Contact VDERS	ON										
DCA Garicematori			FACIL	ITY INFO	RMATION			_							
Name of Facility Where Abatement is Taking BROTHERS' RESIDENCE AT AB	Place (3) OVE AD	DDRI					Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)								
Street Address						Other (i.e. private & commercial buildings, hometc.)									
City (5)							Square Feet 25,000	je 							
County (6) MONMOUTH		(County C	ode (7) SE ONLY)		Current Use (Prior if being demolished) RESIDENCE, CHAPEL, ETC.									
Name of Monitoring Firm Hired by Building (ACTIVE ENVIRONMENTAL SERV	Owner (8)		ASCM	No.			of Abatement Cont RO, INC.	tractor (9)							
Street Address 209 WESTFALLS DRIVE					1350		Address (ARKUS AVE)	NUE							
City, State, Zip Code					Ci	ity, St									
DINGMANS FERRY, PA 18329 Project Manager for Monitoring Firm			Telephon		Te	eleph	DBRIDGE, N.	License N 0065							
NORMAN BALDWIN Start Date (10)	Schedule			7-1874 Date (11)			726-0111 of OSHA Monitor								
12- /3 :-13	12-14-1						eet Address								
Occupancy Status During Abatement (Chec	k Only On	e)			St	treet	Address								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A nal Facility	batem Hours	ent		C	ity, Si	ate, Zip Code								
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	The same of the sa	enova emoliti				×	Mini-Enclosure				6				
	1	_				<u> </u>	110		ement						
	100	Locati	225374			2002					ре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Normal d Sole intenar todial S (12)	ly by nce/ Staff?	Asbes (i e.	Descritos Contain thermal sy surfacing other miso	ning M stems g, VA	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
OFFICIAL FLOOR	Yes	No X	N/A			AT		1,200 SF	X						
SECOND FLOOR		^													
									-	-		-			
Name of Registered Waste Hauler			JUEP W		Cubic Ya		Name of	Registered Landfi	1	1	1	-			
NEWARK CARTING, INC.			lauler ID 509	No.	of Waste 10 G.R.O.W.S., INC.										
City, State NEWARK, NJ		Disposal 12-17-					MORR	ISVILLE, PA							
Completed by DAVID T. TOLCHIN	S.			Sign	natur	wid T.	Toldi	12-	9-	13					

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	T	U	1	. 1	4010

Date of Notification (1)			Name of Building Owner/Operator (2) CHRISTIAN BROTHERS ACADEMY OF LINDCROFT													
Agencies Notified	Type Notification		Str 8	reet Add 50 NE\	ress WMAN S	PRING	S RO	AD		SERTOS LIGAN	UNG		i 	and comme		
× EPA × DEP × DOL	Initial Amended Amendment #	3	Cit	ty, State	, Zip Code ROFT, N	J 07 7 38	3									
DOH DCA	Emergency (in justification) Cancellation	cluding	Na	ame of C	Contact					3.532						
				FACILI	TY INFOR	MATION	- 1-	ype of Facility	74			-				
Name of Facility Where BROTHERS' RES Street Address	Abatement is Taking IDENCE AT ABO	Place (3) VE ADD	RES	S				School (K	-12) er 8 (Oth							
City (5)							1	Square Feet 25,000	2	f Floors	50	g. Ag +	e			
County (6) MONMOUTH				ounty Co	ode (7) SE ONLY)		-	Current Use (F RESIDENC	E, CHA	APEL	hed)					
Name of Monitoring Fir ACTIVE ENVIRO	m Hired by Building C	wner (8)		ASCM	No.		f Abatement C RO, INC.	ontractor	(9)							
Street Address 209 WESTFALLS			-				173 K	ddress ARKUS AV	ENUE							
City, State, Zip Code DINGMANS FER							City, Sta WOO	ate, Zip Code DBRIDGE,								
Project Manager for M NORMAN BALDV	onitoring Firm			elephon 972-47	e No. 7-1874		732-7	one No. 26-3111		License No. 0065						
Start Date (10) 12-13-13		Scheduled		pletion D	Date (11)	ог										
Occupancy Status Dur	ring Abatement (Chec	k Only One	:)				Street A	Address								
Facility Closed\/	acated During Entire F rmed Outside of Norm	Period of Al	oatem	ent												
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l			enovat emoliti				×	Mini-Enclos	sure Procedure	th Negative e ind Non-Fria						
												Abate	ement	L		
Asbestos-Contain TO BE	tion of ing Material (ACM) <u>ABATED</u> acility 13)	N Used Mai Custd	Location and Sole of S	ly ly by nce/	Asbest (i.e.	os Conta thermal s	systems ing, VA	laterial (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure		
	5 FL 00B	Yes	No X	INA			VAT		_	159 SF	X					
SECON	DFLOOR		^													
Name of Registered			H	NJDEP V Hauler ID		Cubic Yof Was	ste	G.R	2.O.W.S	stered Land	ifill					
City, State NEWARK, NJ						Dispos 12-17	al Date '-13	City,	State RRISV	ILLE, PA						
Completed by	HIN	Title PRE	S.			S	ignatur	evid T	Toll	ld.	Date 12-13	-13				



Dec 13 2013 01:11pm P00<u>1/001</u>

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Dato	Motification (1)			11	Valme of	Building O	Phanest/Q	perator	(2)			Fitalbali30					
12-1	3-2013				Legon	Manage	ement			NIDO	nt of L	loalth.	R Senir	r Ser	vices		
Agena	ies Notified	Type Notification			Street A	ddress				TWO IN	A. 64	1					
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H	DEP	☐ Amended		7		le, Zip Cor					1:0	90	_ Time:	121	13	П	
	OOL	Amondment i			Living	ston, NJ	07039)		Date:			1,1110	1		•	
Z I	OOH	Emergency (I lustification)	nclushing		Name of	Contact											
	CA	Concellation			John					100				45			
	-				FACI	LITY INFO	RMATI	ON								-	
100000000000000000000000000000000000000		Abatement is Taking	Place (3	(2)					Type of Fa	icility (4)							
	ndywyne East	Apt. # 89A							Scho	ol (K-12)			-DC		2 (2013	
	l Address									hapter 8 (Other t	hoen K-	12)	dibrers			
Bra	ndywyne East I	Court							Other (Le. private & commercial buildings, h								
City (D 1								Square Fe	re Feet # of Floors Bldg. Age							
Brie	ile, NJ									50+ No							
Cours	y (6) imouth					Code (7) USE ONLY)			Current Use (Prior if being demolished) Apartment Unit								
Name	of Monitoring Firm	Hired by Building C	No.	Name of Abatement Contractor (8)													
n/a				i	Loznica Management Corporation												
Speci	Address				Street Address												
n/a					22 Troy Lane												
City.	State, Zip Code					City, S	y, State, Zip Code										
n/a	5. 1171 10							Line	coln Park, NJ 07095								
	ct Manager for Mo	Norting Firm			Telepho	ne No.			hone No.		1 7	Cense					
n/a				Na.			-706-7950		0	1193				}			
Stort	Date (10)					Date (11)		100000000000000000000000000000000000000	of OSMA N								
12	16-2013		12-20	2013				Lozi	nica Mana	igement	: Corp	oratic	n in				
Occar	pancy Status Durin	g Abatement (Chec	COUNTY OF	ne)					Address								
	Facility Closed/Vac	ated During Entire P	eriod of.	Abaten	nent.				roy Lane								
	Abakament Parlam	rod Outside of Norm							State, Zip Co			C-19 (i)					
H.	Other — Dascriber .	wan-spin						Line	coln Park,	NJ 070	35						
Scope	e of Work (Check A	Ul That Apply)		-				_		ex-arresses and all this							
	:3 af or ≥3 ff			Renova	flon					tainment	wáth Ne	arativo	Pressu	ΙŒ		- 1	
D :	a160 sfor≥260 k			Demolit	ion			P		closure 19 Proced						1	
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	In Faci (73)		~	(12)	PAGES) \$			cing, VA niscellar			SF of	LF)	Remova	Repair	garned acua	Enelosura	
	(10)	2.46	}		1		ATTACK II	I MACHINES	iloousy	1			豆	1.3	豪	2	
	lanamant o Dad	ih o Ch	Yes	No	N/A			MAT		_	700	05	+.	├			
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	Room	12	 	<u> </u>									-	┝			
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I describe the second commence of the second						Hauler ID No. of Waste 33137 TBD				R.O.W.	S. La	ndfill		¥			
City, State						Disposal Date City, State											
Line	oln Park, NJ 07	035			00000000		TBD		M	orrisville	e, PA	1906	7				
Completed by Title						S	ignetur	ا ر)ate					
E. Cirovic Secretary							Ć.	Carro	ou.			12-12	201	3			

Date of Notification (1) 12 -18-13		T	Name of Building Owner/Operator (2) Avalon Development Group											
	otification				nt Grou	р			1.0		15.	, 17		
EPA X Init	ial ended		Street Addres 11302 Rol City, State, Zi	linghouse p Code		1	D	FC 2	3	2013				
DOH Em	endment # ergency (including lification) ncellation	1	North Beth Name of Con Terry Smith	tact	20852		- ; ; ;			-		****		
			FACILITY		TION				1.		05.30	×		
Name of Facility Where Abatement house Street Address 8814 Third Ave	t is Taking Place (3	3)			-	Other (i.e	5,005 50	han K-1	2)	ailding	ıs, ho	mes		
City (5) Stone Harbor , NJ						etc.) Square Feet 1500	# of Flo		П		Age			
County (6) ocean		(5	County Code ((7) NLY)		Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by E	Building Owner (8)		ASCM No.		Name Ani 8	me of Abatement Contractor (9)								
Street Address						eet Address 12 Burlington Ave								
City, State, Zip Code					City, S	tate, Zip Code								
Project Manager for Monitoring Firm		elephone No.			one No. 324-0971		ense N	0.						
Start Date (10) 12 -29-13	12-30-1	3	letion Date (1	1)	Name o	of OSHA Monitor	г							
Occupancy Status During Abatemer Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Scope of Work (Check All That Apply	Entire Period of Al of Normal Facility I	hatamar	nt			Address ate, Zip Code								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re	enovation emolition			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure							
Location of	No	ocation rmally Solely b		Des	scription o	of .		, , , , ido	2110	Abat	emen pe	t		
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Maini Custor	tenance dial Staf (12)	j Asbe	e. thermal : surfac	aining Ma systems i ing, VAT, iscellane	or	Amour (Specit SF or L	fy	Remova	Repair	Encapsulate	Enclosure		
outside	Yes		x X	(ACI	M) sidin	a	3650sc	-E			te			
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ame of Registered Waste Hauler							en silan ike-							
Robinson Waste			JDEP Waste Cubic Ya auler ID No. of Waste 40cy			Name of F Wm Of	Registered Li Pa	andfill						
ity, State ellmawr NJ	1		Disposa	City, State Tullytow										
ompleted by seph T Hill				nature	. dilytow		Date 12-1		 3					

Date of Notification (1) 12 -18-13		Name of Building Owner/Operator (2) Avalon Development Group															
Agencies Notified	Type Notification				Address 2 Rolling	house	Rd				7. 101 4.	-					
DEP DOL	Amended Amendmen	-			ate, Zip C Bethese		20852			DEC :	2 3 2	013		7			
DOH DCA	Emergency justification) Cancellation	_	I	Terry	of Contact Smith				71.41	1200			i		Í. D		
Name of Facility Where house	Abatement is Takir	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Туре	e of Facility (4						-		
Street Address 5540 Haven Ave								School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Ocean City, NJ									Square Feet # of Floo 1500 1			s Bldg. Age 65					
County (6) ocean					Code (7) USE ONLY	·		Current Use (Prior if being demolished)									
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCI	M No.		Name Ani 8		atement Con	tractor (9	9)						
Street Address						Street 1212		ess lington Ave)								
City, State, Zip Code								Zip Code NJ . 0807		-							
Project Manager for Mo		Telepho	ne No.		Teleph 856-8			icense 07010	nse No. 10								
Start Date (10) 12 -29-13							Name self	of OS	HA Monitor								
Occupancy Status Durin					//2/se ====+		Street	Addre	ess								
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	tate, 2	Zip Code								
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Demol				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						-e			
		1	Loca					4 140	JI-Exchipted	() and i	VOIT-1 11C	I I	Abat	emen /pe			
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	Norma ed Sole aintena todial (12)	ely by ance/ Staff?		tos Con therma surfa	scription taining M I systems cing, VA miscellan	ateria insul T, or	ation,	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure		
	,	Yes	No	N/A										ate	6		
outsio	ie	+		X		(AC	M) sidi	ng		3650	Sqft	х	-				
Name of Registered Was	ste Hauler		1	I IDED W	lacto	Cubio	Vard-		Name of R	ogistoro	d Landfi						
I Pohinson Waste								Waste NA			u Lanun	н					
City, State Bellmawr NJ					Disposal TBD				sal Date City, State Tullytown NJ								
Completed by Title Joseph T Hill VP					Signatur					Signature Date 13 (Z-18-					18-13		

Emergenal

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

CK 3805

Date of Notification (1) 12/18/13				Building (& Joan				Home			7 []	.7	屆		٦	
Agencies Notified Type Notification EPA Initial			Street Ad 19 Eas										19			
DEP Amended Amendment #				te, Zip Co Haven I		800			DE	C 2 3	3 20	13				
□ DOH □ DCA □ DCA □ Emergency (ii justification) □ Cancellation	nciuaing		Name of Albert	Contact											-	
Name of Facility Where Abatement is Taking Albert & Joan Giannotti Private Hor			FACII	LITY INFO	RMATI	ON	Type of Facility (4) School (K-12)									
Street Address 19 East 27st							×	Subchapter Other (i.e. pretc.)	8 (Othe			uild	ings,	home	s,	
City (5) Beach Haven NJ 08008							Squa 100	are Feet	# of	Floors		Bldg. Age 35+				
County (6) Ocean		(County C	Code (7) ISE ONLY)			Current Use (Prior if being demolished) Home									
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	l No.		THE STATE OF THE S	ame of Abatement Contractor (9) ernaco Inc.									
Street Address							eet Address D Box 329									
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm		1	Telephor	ne No.			Telephone No. License No. 856-753-9800 00727									
12/19/13	Schedule 12/23/1	3	pletion (Date (11)		Name Sam		SHA Monitor								
Occupancy Status During Abatement (Check						Street	Addre	ess								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	batem Hours	ent		Zip Code											
Scope of Work (Check All That Apply)					310							_				
≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	enovat emoliti					M G	ull Containme lini-Enclosure lovebag Proc on-Exempted	e edure							
	Is	Location	on										Abate	ment		
Location of Asbestos-Containing Material (ACM)		ormall Solel		Achor		scription		OL (ACM)	^	mount			Ту			
TO BE ABATED In Facility (13)		ntenar odial S (12) No			thermal surfa	l system cing, V/ miscella	is insu AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure	
Exterior Siding	163	140	X		Fxte	erior Si	dina		14	00 SF	- x					
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Name of Registered Waste Hauler		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	JDEP W		606000000				 ame of Registered Lar							
United Containers		22459 3				Waste G.R.O.W.S.										
City, State Elm NJ						sal Date 3/13	•	City, State Morrisv		A 19067	7					
Completed by Anthony T Perna	dent						gnature Date 12/18/13									