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

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	1) 12/19/12			Glyn		vner/Operator (2)		110) E 6 E		110	ŕ,	
Agencies Notified [] EPA [] DEP	Type of Notifica [X] Initial Notification	20	04 S	200	r	Road	+,	DEC 2	4 2012]]	Train.	9
[X] DOL	[] Amended	T		ate, Zip Iy, NJ				ASBESTOS CO	S JOSTIA		1	
[X] DOH	Notification	Na Na	ame o	f Contac	ct			Telephone N	Umber		1	
[] DCA	[] Cancellatio	n H	elen	Glyn	os ,		-44				•	
					FAC	ILITY INFORMATION	77	RECORD REPORTS	يون ل المكار المقاومة فوراها فيها المعارض المدارس المواجعة المواجعة المواجعة المعارض المعارضات	in Decid had had na w	فسن	
Name of Facility Whe Residence	re Abatement is Ta	aking Plac	ce (3)					e of Facility (4) School (K-12) Subchapter 8 (Other Control of the	er than K-12)	buildir	nas	
Street Address 204 Serpentine	Road							homes, etc.)		g. Age		,
City (5) Tenafly		County (County Code (7) (STATE USE ONLY)	200 Curr		70	33		
Name of Monitoring F		ing Owne	r A	SCM N	lo.		nent Co		Services, In	c.		
Street Address		20				Street Address	3 Lvn	n Court			T. C.	
City, State, Zip Code				111111111111111111111111111111111111111		City, State, Zip C	Code	etyres Alberta ethia eta eri eta	<u> </u>			
Project Manager for M	Nonitoring Firm	Telep	hone	Numbe	r	Telephone Numl	ber	oln Park, NJ 0703 709-0200	License No		185	52
Scheduled Start Date		ed. Compl 2/13	etion	Date (1	1)	Name of OSHA	Monitor		aboratories,			
[] Facility Close	12/29/12 1/2 cupancy Status During Abatement (Ch [] Facility Closed/Vacated During E							Route 22 West	n 3			
Desc	cribe: cribe: Partially vac			,	## I	City, State, Zip C		n, NJ 07083				
Scope of Work (Check	k all that apply)							[] Full Containmen	t with Negative I	Pressu	ire	
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2				[]	Rer	novation		[X] Mini – Enclosur[x] Glovebag Proce[X] Non – Friable F	dure			
, [7]			Locat		T .							nent
Locatio	on of		nally I			Asbestos	ription o		Amount	Typ R	R	E
Asbestos – C Material (TO BE AB	Containing (ACM) BATED	Maint		e/Cus		Materi (i.e., then insulation, s	al (ACI mal sys surfacin	M) stems g, VAT,	(Specify SF or LF)	E M O	E P A	N C A
In Fac	V. C.	Yes	No	N/A		or other m	iscellar	neous)		V A L	R	P S U
basement			-	×	Pip	e insulation	1		50 LF	x		
Basement		7.7		Х	VA		#		625 SF	Х	1	I
		-			-					+	+	+
Name of Registered Waste Hauler Jupiter Env. Svc. NJDEP Waste Hauler ID No. 04783						Cubic Yards Of Waste 3		ne of Registered Landfi nerva Landfill				
City, State Lincoln Park, No	ı			,	1	Disposal Date 1/4/13		y, State aynesburg, OH	<u>*</u>		1	
Completed By (Print o			_		Signature		/	Date				
Pane Repic	Pane Repic General Manager)_	Ca	12/19/	12		
SB-41 UN 95			34	N	1			3 3	1			

jState of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

ch# 1385

Date of Notification		Nam	e of B	uilding	Owner / Operato	or (2)	II	F	W	- f	7	_		
	12/20/2012			CS E	Builde	ers LL	.C	111		W. L. L	<u> </u>			
Agencies Notified EPA	Type Notific	cation			t Add		I - Suite 204		711		0040	-	JII	
□ DEP	⊠ finitia	al				& Zip		· - il		TEC 2.4	2012	1	2020	
		ended		9.00		177	J 08085					1		
□ DOH	☐ Eme	ergency				ontact				SBESTOS CI	Telepho	one N	lumb	er.
☐ DCA	☐ Can	cellation		Ron	Smo	lskis		1 4		111			1.01	- 5
		A SECTION AND ADDRESS OF THE PARTY OF THE PA			CILIT	TY INF	ORMATION			تسمين والمتأثث والمتاسب				idl i
Name of Facility W Vacant Building	here Abatem	ent is Taking P	lace (3)			Type of Facil School (ity (4) K-12)	a and a second of the	Campan on a system of a fill of the	5 3 4 4 . S. S	on majori	(g) - \$ 40 h	M.P.
Street Address							Subchap	oter 8 (Othe	er than K-	12)				
5045 Rt 38								e. private &			gs, hon	nes, e	etc.)	
							Square Feet	# of	f Floors	E	Bldg. Ag	e		
City (5)		County (6)	Co	ounty	Code	(7).	10000		1			70		
Pennsauken		Camden					Current Use	(Prior if bei	ng demo	lished)				
	-	Language Continued in					vacant							
Name of Monitoring	Firm Hired I	by Building Owi	ner (8))	AS	CM No	Name of Aba			9)				
Street Address		4 9					Street Addres							
0: 0: 1 0 7: 0	,						2129 Rt 33	7: 0 1						
City, State & Zip Co					~		City, State & Hamilton, N	IJ	<u>-</u>	100	,			
Project Manager fo	Tele	phone	Num	ber	Telephone No. 215-295-100		***	License N	lumber 0109	91	- v			
Scheduled Start Da 01/02/20		Scheduled Cor 01/12/2013	mpleti	on Da	te (11)	Name of OSI EMSL Anal	1.4			1241	8	1	
Abatement Describe:	sed/Vacated	During Entire Foutside of Norm	Period	of Ab			Street Address 107 Haddor City, State & Westmont,	n Avenue Zip Code	S 17			-		
Scope of Work (Ch	eck all that a	pply)						"				_		
≥3 sf or ≥3 ∑ ≥160 sf ≥26			\boxtimes		novati molitic			Mini	-Enclosu ve Bag P	nent with N re rocedures ed and Non	6 7 0			
	ocation of		Is	Loca	tion	1	Description	K	-Exemple	Amount		atem		
Asbes	tos-Containir	ng			Used		Asbestos-Con			(Specify		I		,,,,
	terial (ACM)			olely			Material (A		1 .	SF or LF)	N N		E	ш
	BE ABATED n Facility				nce or Staff?		(i.e., thermal sy insulation, surface				Removal	Repai	Encapsulate	Enclsoure
	(13)		Cusi	(12)	Olan:		or other miscella		1		Ova	<u>a</u> .	sula	PIZ.
			Yes	No	N/A								e	
Throughout	(Ka		П	×			VAT		900	0sf				
Name of Registered	d Waste Hau	ler .				Waste D No.	Cubic Yards of Waste	Name of I	Registere	d Landfill		L		
ALPHA ENVIRON	MENTAL	The Lag	14 . ·	1000	3333		20	Grows L	andfill					1
City, State							Disposal Date	City, State			5			
Trenton							01/16/2013	Morrisvi	lle, PA					e.
Completed By (Prin	t or Type)		Lighter of	Tit		. 1540	Signature Rod Richardson			4 -	Date 12/2	0/2	012	
	tod Richardson						7 7			V ×	1 201 20			

Date of Nove

			177					F 7 17	W	E	WH 1	=	1)]	
Date of Notification (1) 12/13/12			Building Schamb	Owner/Op oelan	erator	(2)	_ <u></u>	<u> </u>			The second	- N		
Agencies Notified EPA	Type Notification			Street A	ddress rquette	Road			DE	C 24	2012	11	J	
EPA DEP DOL	Amended Amendment		_		te, Zip Co Montcla	ode air, NJ 0	7043			TOTAL FLA				
DOH DCA	Emergency (i justification) Cancellation	ncluding	Ī		Contact Schamb					ephone N				ز ل
	· ·					ORMATIO	N	,	. A		7 3		N. W. C.	, c
Name of Facility Where A House Street Address	Abatement is Taking	Place (3))					Type of Facility (School (K-1 Subchapter	2) 8 (Oth					
45 Marquette Road								Other (i.e. p etc.)	rivate a	& commerc	cial buil	dings	, hom	es,
City (5) Upper Montclair								Square Feet N/A	# o N//	f Floors		Bldg. A	\ge	
County (6) Essex				County (Code (7) JSE ONLY	n	_	Current Use (Prio House	r if bei	ng demolis	shed)			
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.			of Abatement Con Abatement, In		(9)				
Street Address	=		Ť					Address osengren Aver	ue					
City, State, Zip Code								tate, Zip Code wa, NJ 07512						
Project Manager for Mon		Telephor	ne No.		Teleph	one No. 345-8685		License 1 #00675				2.2		
Start Date (10) 12/27/12		Schedule		npletion [Date (11)			of OSHA Monitor Abatement, In	 D.					
Occupancy Status During	g Abatement (Check	Only One	e)				Street	Address osengren Aver					•	
	ated During Entire P ed Outside of Norma Occupied						City, S	tate, Zip Code						
							loto	wa, NJ 07512						- 1
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ii That Appiy)		enova emoli	US (711)			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e.	
30		Is	Locat	ion					17-11		T	Abate	ement	t
Location	of	N	orma	lly		Desc	ription	of			-	Ty	/pe	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	ATED	Maii Custo	d Sole ntena odial ((12)	nce/ Staff?	Asbes (i.e.	stos Contai thermal s surfacii other mi	ystems		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
throughout the	becoment	Yes	X	IN/A		floor tile	. 2 m	astio	21	36 SF	x			\vdash
throughout the	basement					HOOF UR	e ox III	iastic		00 01		-		H
	Art -				+	1 es 1					+	-	17.	\vdash
				-							+			
Name of Registered Was	te Hauler	11	IN	JDEP W	aste	Cubic Y	ards	Name of F	Registe	red Landfil	1	-		-
D&S Abatement, Inc			1000	lauler ID 20996	No.	of Waste		J. Marie estates.		gement o	of PA			
City, State Totowa, NJ		F 9.7		Disposa TBD	0	City, State Tullytow						4.4		
Completed by Deanna Brkusanin	ct Ma	anager		Sig	nature	receir gill	uu		ate 2/13/	12				

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

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Date of Notification (1) 12/13/12							perator	(2)	C	EIV	1			Y.
Agencies Notified EPA DEP	Type Notification Initial Amended) · · ·		Street A					DEC	2 4 20)12		卅	新
DEP DOL DOH	Amendmen Emergency justification	(including	-	Hawth Name o	norne, I	NJ 07500 t	3	11	ASHEST	TISO SÁMEL RO	llmk -	1	.	
☐ DCA	Cancellation				& Zigg		011	L		or virginia agent	1000		ا	. į
Name of Facility Where A House Street Address 59 Maitland Ave	Abatement is Takir	ng Place (3	3)	FAC	ILITYIN	FORMATIO	ON	Type of Facility School (K	(4) -12) er 8 (Otl	ner than K- & commerc	12)		andi	
City (5) Hawthorne	1							Square Feet N/A	# 0 N/	of Floors A		Bldg. N/A	Age	
County (6) Passaic					Code (7) USE ONL		_	Current Use (P House	rior if be	ing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.			of Abatement Co Abatement, I		r (9)				
Street Address								Address osengren Ave	enue					
City, State, Zip Code	A-15	September 1						tate, Zip Code wa, NJ 07512						
Project Manager for Mon	itoring Firm		Telepho	ne No.			one No. 345-8685		License f #00675					
Start Date (10) 1/08/13		d Co	mpletion	Date (11)		of OSHA Monito Abatement, I							
Facility Closed/Vaca Abatement Performed Other – Describe: Co	ated During Entire ed Outside of Norr	Period of A	bater	ment s			11 R	Address osengren Ave tate, Zip Code						
Scope of Work (Check Al							Toto	wa, NJ 07512						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		processes.	enova emoli				×	Full Containm Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure	7			re	
Location	of		Locat			Don	cription			(O) (S) (A		Abat	emen ype	t
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Mai	d Sole ntena odial ((12)		Asbe (i.e	stos Conta e. thermal s	ining M systems ing, VA	aterial (ACM) insulation, T, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
hasama	nt .	Yes	No X	N/A			471		4		_		िक	L
baseme							or tile			30 SF 7 LF	X	- 1		15.
3001110	basement						Ilsulat	JOH		/ LF	X			
Name of Registered Wast	e Hauler			JDEP W	lanto	Cubic Y	forde	Nome of	Danista					
D&S Abatement, Inc.	H	lauler ID 20996		of Wast				red Landfill gement o						
City, State Totowa, NJ							I Date	City, Star			9			
Completed by Deanna Brkusanin		et Ma	nager		Sig	natura	100	llin	Da	ite 2/13/	12		100	

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Date of Notification (1) 12/13/12			of Building Owner	/Operato	r (2)	ME	CEI	V		In	1	
Agencies Notified X EPA X DEP X DOL X DOL X DOH DCA Type Notification Amended Amendmen Emergence justification Cancellation	nt # / (including	,	20 ke City, S Sprin Name	Address peler Street tate, Zip Code gfield, NJ 0708 of Contact D Pavlicek	31			DEC 24				
Name of Facility Where Abatement is Tak House Street Address 20 Keeler Street	ng Place (3)	FAC	CILITY INFORMAT	TION ^	Sci Su X Ott	Facility (4) hool (K-12) bchapter 8 ner (i.e. priv	the state of the s	12)		s, hon	mes,
City (5) Springfield County (6) Union	3,		County	Code (7)		Square N/A	Feet	# of Floors N/A if being demolis	hed)	Bldg. N/A	Age	27
Name of Monitoring Firm Hired by Building N/A	Owner (8))		USE ONLY)	Name D&S	House of Abaten	nent Contra	actor (9)			in the	
Street Address City, State, Zip Code			11		11 R City, S	Address osengre tate, Zip (wa, NJ (е				
Project Manager for Monitoring Firm Start Date (10) 1/05/13	Schedule	ed Co	Telepho	Date (11)	Teleph 973-3	none No. 345-868 of OSHA	5	License N #00675	lo.			
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	hater	ation		Street 1 11 Ro	Address Osengre tate, Zip C wa, NJ 0 Full Co Mini-Er Gloveb	ntainment	with Negative F			re		
Location of	l N	Locat lormal	ly	Des	scription	of		and North Hab		Abat	emeni /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena odial (12) No	nce/		aining Ma systems sing, VAT niscellane	insulation , or	CM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
basement	res	X	N/A	nino	insulati	ion		4515			œ.	
basmenet	10.77	X		contami			- 1-	45 LF	Х			
		101010	CORLAITI	inateu	pipes		50 LF			Х		
Name of Registered Waste Hauler D&S Abatement, Inc. City, State	H	JDEP Wa auler ID I 20996		te	W		istered Landfill nagement of	PA		.]		
Fotowa, NJ Completed by Deanna Brkusanin	t Ma	nager	TBD	gnature		illytown,	Dat	e /13/1	2		1	

jState of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

ch#1385

Date of Notification (1)			Nam	e of B	uilding	Owner / Operato	or (2)	E B E I	WI	3 1	100 J	
12/20/201	2		1	2000	ers Ll				U L			
Agencies Notified Type Notifi	cation			et Add Beck		1 - Suite 20/4	- 117	DEC 11	2012		Jj	
☐ DEP ☐ Initi	5010				& Zip			1 155, 74	2012	-	eres)	
	ended					J 08085		}		_ \	[5]	
	ergency		100000000000000000000000000000000000000		ontact		ļ.	ASBESTOS CO	Teleph	one N	Numb	er,
☐ DCA ☐ Car	ncellation		HON	Smo	iskis			LICENS				13
			F/	CILI	TY INI	FORMATION	, dk	والمراجعة المراجعة المستحد والمستحد والمستحد المستحد ا	Marian 7	A. Albando	الاستعادة	van B
Name of Facility Where Abater Vacant Building	nent is Taking F	Place ((3)			Type of Facil School (K-12)	ti anggitti ka mga magani sa a ay magan sa basa na basa	en forest and	ago Na el Agreci	472 14	. 54% J ¹²
Street Address							oter 8 (Other to		ų.		7. 6	
5045 Rt 38								mmercial buildin			etc.)	
City (5) ?	County (6)	IC		Cada	(7)	Square Feet		oors	Bldg. Ag			
Pennsauken	County (6) Camden	100	bunty	Code	(1)	10000		1		70		
Pennsauken	Camden					vacant	(Prior if being	demolished)				
Name of Monitoring Firm Hired	hy Building Ow	ner (8	,	IAS	CM No		tement Contro	actor (Q)				
Traine of Montoning 1 min 1 med	by building Ow	nei (o	,	7.3	CIVI INC	ALPHA EN						
Street Address						Street Addres						
1	0					2129 Rt 33						
City, State & Zip Code	144				ALCONO DE SECURIO	City, State & Hamilton, N	IJ		, ,		41:	
Project Manager for Monitoring			• 10	e Num		Telephone No. 215-295-100		License N	lumber 010			
Scheduled Start Date (10) 01/02/2013	Scheduled Co 01/12/2013	mpleti	on Da	ate (11	1)	Name of OSI EMSL Anal						
Occupancy Status During Abate				ateme	ent	Street Addres	SS	3 2				
Abatement Performed (
Describe:						Westmont,						
Facility Occupied Durin												
Scope of Work (Check all that a	apply)											
☐ ≥3 sf or ≥3 lf			Da		446			ntainment with N	legative	Pre	ssure)
≥160 sf ≥260 lf		X		novati molitic				nclosure Bag Procedures				
2100 31 2200 11			De	Honac	111			100		_		
Location of		- 1-			_	D		kempted and Nor	-			
Location of Asbestos-Containi	na		Loca mally	Used		Description Asbestos-Con		Amount (Specify	AD	atem	ent i	ype
Material (ACM)			Solely			Material (A		SF or LF)	_		四四	_ m
TO BE ABATED				nce or		(i.e., thermal sy			Remova	Repair	Encapsulate	Enclsoure
in Facility (13)		Cust	odiai (12)	Staff?		insulation, surfactor or other miscella		te -	love	pair	Sula	log
()		Yes	No	N/A		or other miscell	ancous		=		ate	(D)
Throughout			X			VAT	, 1 2 92	9000sf				
			^									
Name of Registered Waste Hau	iler				Waste D No.	Cubic Yards of Waste	Name of Reg	gistered Landfill		1		
ALPHA ENVIRONMENTAL	\$3.		- 222	3333		20	Grows Lan	dfill				
City, State	** *		76-11		- 44/	Disposal Date	City, State					
Trenton			10.55.77.88**			01/16/2013	Morrisville	, PA				
Completed By (Print or Type) Rod Richardson						Signature Rod Richardson			Date 12/2	0/2	012	2
	34 (10)14140011											

Date of Notification (1)			Name of	f Building	Owner/Op	erator (2)								
The state of the s	ber 20, 2012			Parker	Landsc	aping & (Construc	tion		· · · · · · · · · · · · · · · · · · ·				
Agencies Notified	Type Notification		,	Street A		aping a	001101141	Tim E	C F		7 5	10		1
⊠	□ 1			РО Вох	4126		i		0 1	r U U		-11		100
EPA DEP	Initial Amended		:	City, Sta		ode					- A)		11	Ť
DOL	Amendment		-	Wayne,	NJ		1		DEC 2	4 20	12	IU	//	
DOH DOH	Emergency (1	Name of						honeNu		hame		
DCA	Cancellation			Manage	er		i.	1	1	-,	-	1	**	<i>†</i> '
					A STATE OF THE PARTY OF THE PAR	ORMATIO		1	LICE	NSING	L 14. —			₹
Name of Facility Where	Abatement is Takin	g Place (3	3)				Ту	pe of Facility (4)			-		
Building								School (K-1	(2)	anne annotation des de la constitución de la consti				
Street Address								Subchapter Other (i.e. p						
700 Charles Street							\boxtimes	etc.)	orivate & t	commerc	iai buii	aliigs,	nom	es,
City (5)	-				10		Sq	uare Feet	# of F	loors	В	ldg. A	\ge	
Gloucester City, NJ														
County (6)				County (Cu	rrent Use (Pri	or if being	demolis	hed)			75.80
Gloucester			1,00	(STATE U	JSE ONLY	"			В	uilding				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		Name of A	batement Cor	ntractor (9)				
AET, Inc.				0021		Т	he MAC	K Group, L	LC					
Street Address							Street Add	ress						
907 Doolittle Drive				12		1	500 King	gs HWY N,	STE 20	19				
City, State, Zip Code							City, State	, Zip Code		-				
Bridgewater, NJ 0880	07				C	Cherry Hi	II, NJ 0803	4						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Telephone	No.		icense N	No.				
Eric Houseknecht			(908) 2	18-1108	3 (9	973) 759	- 5000	0	0781					
Start Date (10)		Schedule	ed Co	mpletion	Date (11))	Name of C	SHA Monitor	lea .					
1/1/4/12	2			2/28/12	2	Т	he MAC	K Group, L	LC.	4				
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street Add	ress						
Facility Closed/Vaca	ated During Entire	Period of A	Abate	ment		1	500 King	gs HWY N,	STE 20	9				
Abatement Performe	ed Outside of Norn	nal Facility	/ Hou	rs		1	City, State	, Zip Code						
Other - Describe: _					-	— c	Cherry Hi	II, NJ 0803	4					
Scope of Work (Check Al	ll That Apply)		1											
≥3 sf or ≥3 lf		X F	Renov	ation			\boxtimes	Full Containm	ent with N	legative l	Pressu	e		
≥160 sf or ≥260 lf			Demol	ition				Mini-Enclosure						
100								Glovebag Prod Non-Exempted		on-Friable	e Proce	dure		
		lo	Loca	tion									emen	t
Location	. af	7.0	Norma			Dose	cription of	3				Ту	ре	
Asbestos-Containing				ely by	Asbe	stos Contai		rial (ACM)	Am	ount		11	ш	
TO BE ABA		25 100		ance/ Staff?	(i.€	e. thermal s				ecify	Re	D.	Encapsulate	Enclosure
In Facili	ity		(12)				ng, VAT, o scellaneou		SF 0	r LF)	Remova	Repair	psu	losu
(,				1	20						l a	=	late	Гe
	ajaras sa	Yes	No	N/A				1, 111						_
inside	9	X			10	pipe i	nsulation	1	136	5 I/f	X	0		
tank		X				tank i	nsulatior	1	510	s/f	X	0		
		\rightarrow		-				House a second			\forall			100
through	throughout					aspest	tos debri	S		s/f	$+ \bigcirc$			
"					e canop	Committee to the second		s/f	X		0 =			
Name of Registered Was	Name of Registered Waste Hauler					Cubic Y		Name of	Registere	d Landfil	I			
Nowark Carting / Pay		Hauler ID 450		of Waste	e 20.1	Cumberl	land Co	untvila	ndfill					
Newark Carting / Roy	City, State					Disposa	man to a series of the series	City, Stat		unity Lo	aidill			
Land St. Black and the second second	u i						28/12	Newburg						
Newark / Riverdale, N	NJ .	Title				7,000	nature/	ar a	J, 1"A		ate			
	15	Presid	lone			219	11/	1	_	1.7	/20/12)		
Mike Cooper		ient							12	120/12			235-115	

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



Date of Notification (1)				Name	(D. 11.11	0 "			ME	C	E I	M	5	pas	71	
12-17-12					of Building h Pisan		Operato	r (2)	U)/E	6	<u> </u>	U	<u>L</u>	\parallel		
Agencies Notified T	ype Notification			Street A		-			m	nec	2.4	2019)		#	1
EPA DEP	Initial Amended		-		ate, Zip C	ode	75.01	1	n m	DEC	2.4	ZUI		have	4	+
⊠ DOL	Amendment		-		ken NJ.	ouc		.	L	10050	00 001	וממדוו	0	7	1	•
□ DOH	justification)	including			f Contact			i		ASRES LE	os col	Num	ber			
DCA C	Cancellation				h Pisan		1011	1	and the second	1				hander ,		
Name of Facility Where Aba	atement is Taking	Place (3)	FACI	ILITY INF	URMAI	ION	Туре	of Facility	(4)			3			-
Commercial									School (K-							
Street Address 95 River St.								×	Subchapte Other (i.e.	r 8 (Oth private	er than & comr	ı K-12) nercial	buil	dings.	hom	es.
City (5)	_			2		5		_	etc.) re Feet		f Floors			ldg. A		
Hoboken NJ. 07030								20.0		5	11 1001	,		0+	ige	
County (6) Hudson					Code (7) USE ONLY)		Curre	ent Use (Pr	ior if be	ing den	nolishe	ed)			-
Name of Monitoring Firm Hi	red by Building C	Owner (8)		ASCN	/ No.				tement Co vironmer			s.			7.7	
Street Address							F-17(1) 21(1) (1)	Addre: Virgin	ss ia Ave.							
City, State, Zip Code							City, S	State, Z	ip Code							
Draiget Manager for Menite	in Flori			-				•	y NJ 073	04						
Project Manager for Monitor		Telepho			201-	none N 333-8	855		0117	se No. 74						
Start Date (10) 12-18-12	12	npletion	Date (11)				Above									
Occupancy Status During A	batement (Check	Only Or	ne)				Street	Addres	ss					7		
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire P Outside of Norm	eriod of all Facility	Abaten Hours	nent			City, S	state, Z	ip Code							
Scope of Work (Check All T	hat Apply)								Leaven reco					CONTRACT OF		-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mir Glo	I Containm ni-Enclosur ovebag Pro	e cedure	1.7					
		le le	Locati	on				I NOI	n-Exempte	u () an	a Non-I	Friable			e ement	
Location of		1	Normal	ly		Des	scription	of						Ту	ре	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Ma	d Sole intenar todial S (12)	nce/				s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		2									ë	
Basement			Х			Di	uctwor	k			40sf				х	
10																
	175 8					× =3.0	× 1									
Name of Registered Waste		JDEP W auler ID		Cubic of Was			Name of					-				
Tri-State Associate		4456		1			Minerva	a Ente	rprise			* 11				
City, State Bronx NY						Dispos 12-18	al Date		City, Stat Wynesi		Ohio	\$ 11 10				7
Completed by Tiffany Nunez	ompleted by Title					S	ignature					Date 12-		2		

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

Date of Notification	on (1)	1	ame of Bui	lding Owner/Operato	or (2)				
12-19-2013	2			Czosnyka	- (-)				
Agencies Notified	Type Notific	ration	treet Addre						
[]EPA			65 Mors			-		- 1	
	[X]Initial Notifi	cation							
[]DEP	[]Amended	10	ity, State			il ne			- 4
[X]DOL	Notifi		Rutherf	ord, NJ, 07070		יו וייי	7.5	-117	1.5
[X] DOH	archiveres	N	ame of Cont	act	Teleni	one Number			
[]DCA	[]EMERGENO		Nancy I	astra		, , ,		200 26. y	
	1		ENCT	TMV TITTODIA TOTAL	1	* ### West Control of the Control of			to a spenier
Name of Facility Who	ere Abatement	is Takino	Place (3)	LITY INFORMATION		and the same of th			
Same as above	•	-			Type of Fac				
Street Addres					[]Schoo	apter 8 (Oth	er than	n K-12)
65 Morse Ave.					[X]Other	(i.e., priv buildings,	ate &	commer	_
City (5					Square Feet				
CITY (5		County (6)	County Code (7)	1600	2		192	
Rutherford		ESSEX		(STATE USE ONLY)	Current Use	(Prior if b	eing de		
Name of Monitoring F Owner (8)	Firm hired by	Building	ASCM No.	Name of Abate	ment Contract	or (9)		-	
N/A					/ANAGEMEN				
Street Address				Street Addres					
				A STATE OF THE STA	topher S	t.			
City, State, Zip Cod	le			City, State,					
				II .	r, NJ 07	042			
Project Manager for	Monitoring Fi	rm Teler	phone Numbe	and the state of t	the second second				
		N/A		(973) 744			License		er
Scheduled Start Date	(10) Sche	The state of the s	ion Date (0037	11	
		a. compre	TOIL DATE (Name of OSHA	Monitor		9		
Month 12 Day 29 Ye	ar 2012 Mo	nth 12 Day	31 Year 2						
Occupancy Status Dur [X]Facility Clos	sed/Vacated Du	(Check or	ly one)	Street Address	3				
or Abatement	-2								
[]Abatement Per Hours - Descr	ibe: «OffHours	Descript		City, State, 2	Zip Code				
[]other - Descr	ibe: «Other Oc	cupancy De	z escript»						
Scope of Work (Check	all that app	ly)			793 - L				
[X]≥3 sf or :	>3 1£	101		[x]Full	Containment	with Negativ	e Pres	sure	
[]≥160 sf o			enovation emolition	[x]Mini-	-Enclosure	10			
					ag Procedure riable Proced	ure			
Location	of	Loca	s	D			Aba	temen	t Type
Asbestos-Cont			ed	Description Asbestos-Cont		Amount	R		E E N N
Material (ely fain-	Material (ACM)	(Specify	E M	F	cc
In Facili		tena	ince/	(i.e., thermal		SF or	0	PA	A L P O
(13)			odial (12)	insulation, surfa or other miscel	cing, VAT, laneous)	LF)	V	I	S S
Basement crawl		Yes N	O N/A		- 1 E4 3		L	1	L R
Dasement Clawi	space	++-	X :	Asbestos debi	cis	20 SF	X		
		+							2
Name of Registered Wa	ste Haules	h h	N. F. C.	E T T T T T T T T T T T T T T T T T T T					=
AZTECH MANAGE			Waste	Cubic Yards of Waste 2.0	Name of Regi G.R.O.W.		fill		
City, State				Disposal Date	City, State			-	
Montclair, NJ	07042			1-2-13	Morrisvi	lle, PA	1906	7	
Completed By (Print o	r Type) Titl	e							
Constantine Vi	50-2000 V2	sident		Signatúre	1/	11	Date		a 9 0
				1/ 17.	e Wal		12-19	-2012	
	C Section 1		*	/	No		100		

Fax:

12/19/2012 07:59 9736381778

MO# 20613900003		NOT		TION	OF ASI	w Jersey BESTOS ABA C 8:60 and 5:1			-	gency	Noti	icatio	on
Date of Notification (1)	19 , 1	2	- 1	Name o		Owner/Operator	(2)	NA) PER	APPROVE	nior Se	-	n	1
Agencies Notified EPA	Type Notification	ñ		391 Sp		ley Road	w. Colingo	To the second	(signature)	QIL	5/4	n	- Inches
☑ DOLWD ☑ DHSS	Amended Amendment		١.	30 Mar-	tate. Zip (us, NJ 07		- Action	Thate: 12	ALED TESTIN	2012	1	3)	
☐ DCA (NJAC 5:23-8)	justification)			Name	of Contac				Telephone Nu	mber %	-		
	The carroculation		- 1	Pat O'I		FORMATION		-		-			
Name of Facility Where	Abatement is Taki	ng Place	(3)		JILI 1	. OKIMATION	Type	f Facility (4)	C. A. Nagrati	-	**	
Private house Street Address 391 Spring Valley Ro			,		***		Sul		(Other than K-1 Ivate and comm		uildin	gs.	, A
City (5)							Squar	e Feet	# of Floors	8	ldg. /	ge	
Paramus, NJ 07652 County (6)				Coun	ly Code (7)	(STATE USE ONLY)) Currer	nt Use (Pri	or if being demo	dished)			
Bergen Name of Monitoring Fun	n Hired by Building	Owner (8)	ASCM	No.	Name of Abaten	nent Con	tractor (9)			7		
Street Address				10		Gr Tech LLC							
						576 Valley Rd							
City, State, Zip Code						Wayne, NJ 074			100			_	
Project Manager for Mo	nitoring Firm		Tele	phon e	No.	Telephone No. 973-638-1777			License No.				2000
Start Date (10) 12 / 19		neduled C				Name of OSHA Envirovision C		nts.Inc	<u> </u>			:	
Occupancy States Durin Facility Closed/Vaca Abatement Performe Time of Abatement:	ited During Entire ed Outside of Nom	Period of nat Facilit	Abates y Hour	s - Des	scribe AM	Street Address 20-21 Wagaras City, State, Zip	w Road, Code		34A				
Scape of Work (Check s	all that apply)						up and d	econtamin					
>3 sf or >3 if 2 160 sf or 2260 if		X Re □ De	anovati emolitic	on on		Mini-Er Gloveb	nciósure osa Proce	dure	pative Pressure n-Priable Proce	dure.			
			s Locat		I					~	bater	nent T	уре
Locatio Asbestos-Containing <u>TO BE AB</u> IN Fac (13)	Material (ACM) MATEO Blity	Use	Norma ed Sole intene todial (12)	ely by		Description astos Containing N e., thermal system surfacing, VA other miscellar	Material (/ Is insulati NT. or		Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure
	-	Yes	No	N/A	<u> </u>					TX	1 1		\vdash
Basement		-	12	×	Pipe ins	ulation			30 LF		1 -	무	17
				10						14	1	111	닏
										_ _		1	
				jo_		12	-,-1				ITC		
Name of Registered Wa	aste Hauler		1		e Haulet ID N		1		tered Landfill				
Gr Tech LLC City, State				00337	22	Disposal Date		R.F. Inc			-		
						TBD	1 1	ytown, P	Α .				SI.
Wayne, NJ 07470. Completed By (Print or	Type)	Title				Signature	10			Date	-		~_
N.Jevtic	> 0)wner				. 1/2	whe	Ner		12/19/2	012		18

				Sta	ate of New Jerse	y	San	Ch	eck	#	80	46
×		N	-		OF ASBESTOS to NJAC 8:60 an			E P E I	H_{G}^{α}	E	TES.	
10/11/	12			1	Building Owner/0	ROCK		ECEL	U	<u> </u>	The second second	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendmen Emergency	t#		Street A / 3 City, Sta // S	ddress 35 JOYC te, Zip Code W BRUNS	E K	KMENT O	DEC 24	2012	,		
DOH DCA	justification Cancellatio)		Name of	Contact B Ro	ck		- Telephone Num	nber	9	J. reime	n star-
Name of Facility Where A	batement is Taki	no Place (3	\	FACI	LITY INFORMAT	ION	Type of Facility					****
Street Address 135 Joya	K			<u> </u>			School (K-	T-1		lings,	, home	es,
City (5) NEW B/3 County (6)	Purs LICK						Square Feet /850	# of Floors	В	dg. A		
MI PRCESEX	-				Code (7) USE ONLY)	(m. 1)		rior if being demolish	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	l No.		of Abatement Co ac Contractin					
Street Address	2			-			Address Lowell Road			_	•••	
City, State, Zip Code	2						tate, Zip Code Rock, N.J. 0	7452			The second	
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		one No. 262-5841	License N 00156	0.			
Start Date (10) / 3 / /3		1 /	4/	pletion I	Date (11)		of OSHA Monito ga Environm	r ental Services Ir	ic.			
Occupancy Status During Facility Closed/Vaca				ent		100000000000000000000000000000000000000	Address Huyler Street			+5)		
Abatement Perform Other – Describe:	ed Outside of Nor	mal Facility	Hours			The second secon	tate, Zip Code kensack, NJ (7606				
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	l That Apply)	Annual Contract of the Contrac	enova emoliti	3000000	1 N	X	Mini-Enclosu Glovebag Pro				·e	N.
Location	of	N N	Locati	у	De	escription			1	Abat	ement /pe	t
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mai	d Solei ntenar odial S (12)	ice/	Asbestos Con (i.e. therma surfa	taining M	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BAS Ement		Yes	No	N/A	PIP	7/-		044		-	िं	Lo
U. I. STADE				K	PIP			24015	X		-	
	27											

State of New Jersey	
NOTIFICATION OF ASBESTOS ABATEMENT	
(Pierculant to NIAC 9-86 and 42-420)	

		ורט	irsuant	to NJAC 8	5:6V and 12:12	υ)]	In I	FREI	W	F	1	
Date of Notification (1)	14.91			0.50	CCRNIA		rami			-!-	7	
Agencies Notified Type Notification		+	24				111111					Щ
☐ EPA ☑ Initial			120	t9 .		TUR	expire	DEC 24	201	2	had become	/
DEP Amended Amendment	-	_ '	City, Sta KEA	ite, Zip Co QRVY	NT OF	1032	1 4	ASBESTOS COM	ITONI	p]	
	(including		Name of	f Contact	***************************************		1 1	Telephone Num			1	\dashv
DOH justification) DCA Cancellation			RI	9N			1, 8,1		7	76	0	_
Name of Facility Where Abatement is Takin	na Plana /3		FACI	LITY INFO	RMATION	1 - 2-	-	- 	- 1-1	3		
OWENS CORNING TO	eumb i) !((_	Facility (4)	57				
Street Address 1249 NEWARK TU						SL IX O	her (i.e. priv	(Other than K-12) rate & commercia) I build	lings,	home)S,
City (5) KEARUY						Square PiPIS		# of Floors	В	dg. A		
County (8) HUDSON				Code (7) USE ONLY)		Current	Use (Prior	if being demolish	ed)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	A No.			ment Contracting I					
Street Address						Address Lowell				navariae e		
City, State, Zip Code						State, Zip n Rock,	Code N.J. 074	52				
Project Manager for Monitoring Firm		T	Telepho	ne No.		hone No.		License No).			
Start Date (10)	Schedule 12-	Con	pletion	Date (11)		of OSHA		tal Services In	C.			
Occupancy Status During Abatement (Che						t Address						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non	Period of A	Abatem Hours	ent			Huyler State, Zip						
Other - Describe:							k, NJ 076	306				
Scope of Work (Check All That Apply)								***************************************	-		-	
23 sf or ≥3 if ≥160 sf or ≥260 if	Appropriate	tenova Jemoliti	55.00 E			Mini- Glov	Enclosure ebag Proce	t with Negative P dure *) and Non-Friabl			a .	
	ls	Locati	on						1	Abate	men	
Location of		Normal d Sole			Descriptio				_	Ty	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/	Asbes (i.e.	tos Containing thermal system surfacing, Vi other miscella	ns insulati AT, or	ACM)	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						=		ate	ō
OUTSIDE PIPE RACK			×		PIPE			750 LF	X			
BOILER REIM			X	0 0	BOILER			2016 SF	X			
					State American							
Mamo of Decidend Meste Unite			IDCC :	ViI	1644							
Name of Registered Waste Hauler NEWARK CARTING INC	2		JDEP V auler ID		Cubic Yards of Waste			egistered Landfill) w.S				
City, State NEWARK NT			, ,		Disposal Dat		City, State	isvicia	1	P		
Completed by R. McDonald	Title Pres	ident	15		Signatu	re Cyl			te /	1/1		

		Pursua	ant to	MJAC 0.00 and	14.120)	ŀ	Peril	FRE		W	片		
Date of Notification (1)		Nam	e of Bu	ilding Owner/Op	2212	v-/7	Rumi	3:111	**************************************	4		The second second	-
Agencies Notified Type Notification Type Notification Initial		1	et Addr 24°		ARK	Tuk	NPIKE	DEC 2	2 4	201	2	l har	1
DEP Amended Amendment #		City,	State,	Zip Code RVY NT	07	032		ASBESTOS	S CON	Trol	\$		
Emergency (ii	ncluding		ne of C					Telephone N	umbe	L)	7 20		-
DOH justification) DCA Cancellation			RIA		011						ļ		6.4.1
Name of Facility Where Abatement is Taking	Place (3)	F	ACILII	TY INFORMATIO	ON	Type of	Facility (4)	The state of the s	<u> parenti</u>	Marie Co.	THE COLUMN	77 5000	
OWENS CORNING / TR							hool (K-12)		•				
Street Address 1249 NEWARK TUR						Su Si Ot etc	her (i.e. pri	(Other than K- vate & commer	-12) rcial b				
City (5) KEARUY						Square PIPE	Feet RACK	# of Floors			g. Ag		
County (6) HUDSON			inty Co	de (7) E ONLY)		Current	Use (Prior	if being demol	lished)			
Name of Monitoring Firm Hired by Building C	Owner (8)	IA	SCM N	No.	5900F6B65000		ment Conti ntracting						
Street Address						Address Lowell							
City, State, Zip Code	***************************************	-				state, Zip n Rock	Code N.J. 074	152					
Project Manager for Monitoring Firm		Tel	ephone	No.		none No -262-58		License 00156					
Start Date (10)	Scheduled (ate (11)			A Monitor vironmer	ntal Services	s Inc.		•		
Occupancy Status During Abatement (Chec	- /	1				Address							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of Aba	atemen	ıt				Street						
Abatement Performed Outside of Norm Other – Describe:	nal Facility H	ours				State, Zip kensa	ck, NJ 07	7606					
Scope of Work (Check All That Apply)					٠				::::::::::::::::::::::::::::::::::::::	- "			
≥3 sf or ≥3 if ≥160 sf or ≥260 if	- Contraction	novation nolition				Min Glo	i-Enclosure vebag Prod					a	
	T		1			INUI	-Exemple	() and Non-r	Table			ment	l
Location of	No	ocation rmally	91	D	escriptio	n of	1		-		Ту	pe	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maint Custoo	Solely tenance dial Sta (12)	e/ iff?	Asbestos Co (i.e. therma	ntaining	Material ns insula 'AT, or	(ACM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		0.00			~~A		~		-	\vdash
OUTSIDE PIPE RACK	++	-	X		PIPE			750	LF	<u> </u>			
													-
Name of Registered Waste Hauler			DEP W		ic Yards Vaste	,		Registered La	indfill	L	<u> </u>	1	
NEWARK CARTING IN	C	на	uler ID	509	10			30WS					
City, State NEWARK NT					posal Da	200	More	re suice			PA		
Completed by R. McDonald	Title Presid	dent			Signatu	M-	LU		Dai		7/1	۷	

/ Am	-18-20	12	DR	. AL	AN	1066	14:00	7900		T TRACE	
Agencies Notified	Type Notification		Street Ad	idress 7	2 600	ison ,	PLUB	<i>₩~</i> :	Ľ,	Financial Control	And in page and the
EPA DEP DOL	Initial Amended Amendment						NET 24	760			Manual Scriptor
DOH DCA	Emergency (in justification) Cancellation	ncluding	Name of	Contact AN			Telenhone Nu	mber		. 1 .	1
			FACIL	LITY INFORM		o of English ()				+
	TE HOW.	38				School (K-1)	2) ************************************				
Street Address 72 City (5) EAA	GRAYSO.	N P	<u> </u>			COL	8 (Other than K-1. rivate & commerci	-	ings, dg. A		is,
City (5) 1/ EAA	seck ,	ルグ				are Feet 600	#of Floors		82		
County (6) BER	6 EN		County C	Codé (7) ISE ONLY)	Cu	rent Use (Pric	or if being demolis	hed)			
Name of Monitoring Fin	m Hired by Building C	Owner (8)	ASCM	No.	Name of A SHARO	batement Con N QUALIT	tractor (9) Y CO LLC				
Street Address					Street Add 22- VAN	ress ORDEN	PL .				
City, State, Zip Code	ş.				City, State HACKE	Zip Code NSACK	N J. 07601				
Project Manager for Mo	nitóring Firm		Telephor	ne No.	Telephone 201-708		License I 01135			(%)	
Start Date (10)	2012		Completion I		Name of O	SHA Monitor	TAL LABORA	ATORI	ES	LLC	
I have I want				9 M	1						
Occupancy Status Duri	ing Abatement (Checi	k Only One)	7 4	Street Add	ress		45			
Occupancy Status Duri	ing Abatement (Checi cated During Entire F med Outside of Norm	k Only One Period of Ab) ratement	7 4	Street Add 2333 R City, State	ress T 22 WES Zip Code					
Occupancy Status Duri Facility Closed/Va Abstement Perfor Other – Describe:	ing Abatement (Check cated During Entire F med Outside of Norm	k Only One Period of Ab) ratement		Street Add 2333 R	ress T 22 WES Zip Code					
Occupancy Status Duri Facility Closed/Va Abatement Perfor	ing Abatement (Check cated During Entire F med Outside of Norm All That Apply)	k Only One Period of Ab all Facility I) ratement		Street Add 2333 R City, State UNION	ress T 22 WES Zip Code NJ. Full Containme Mini-Enclosure Gioneshad Proc	ent with Negative	Pressur			
Occupancy Status Duri Facility Closed/Va Abatement Perfor Other - Describe: Scope of Work (Check	ing Abatement (Check cated During Entire F med Outside of Norm All That Apply)	k Only One Period of Ab all Facility I) natement lours		Street Add 2333 R City, State UNION	ress T 22 WES Zip Code NJ. Full Containme Mini-Enclosure Gioneshad Proc	ent with Negative	Pressur ble Proc	edun Abate	ment	
Occupancy Status Duri Facility Closed/Va Abatement Perfor Other - Describe: Scope of Work (Check	ing Abatement (Check cated During Entire F med Outside of Norm All That Apply) on of the Material (ACM) BATED cility	Re De ls L Note Used Main	eatement lours novation motition	Asbestos (Street Add 2333 R City, State UNION	Zip Code NJ. Full Containme Mini-Enclosure Clovebag Proc Non-Exempter rial (ACM) sulation,	ent with Negative	Pressur ble Proc	edun	ment pe	t T
Occupancy Status Duri Facility Closed/Va Abetement Perfor Other – Describe: Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if Locati Asbestus-Containing TO BE A In Fac (13	ing Abatement (Check cated During Entire Fried Outside of Norm All That Apply) on of the Material (ACM) BATED cility 3)	Re De ls L Note Used Main	novation multion ocation multy Solely by tenance/dial Staff? (12)	Asbestos C (i.e. ther st oth	Street Add 2333 R City, State UNION Description of containing Maternal systems instracing, VAT, or armiscellaneous	T 22 WES Zip Code NJ. Full Containme Mini-Enclosure Glovebag Proc Non-Enempter fiel (ACM) sulation, rs)	ent with Negative at the cedure of the cedur	Pressur	Abate Ty	ment	
Occupancy Status Duri Facility Closed/Va Abetement Perfor Other – Describe: Scope of Work (Check 23 sf or ≥3 if ≥160 sf or ≥260 if Locati Asbestus-Containir TO BE A In Fac	ing Abatement (Check cated During Entire Fried Outside of Norm All That Apply) on of the Material (ACM) BATED cility 3)	Re De ls L Not Used Main Custo	novation molition cocation mently solely by tenance/ dial Staff? (12)	Asbestos C (i.e. ther st oth	Street Add 2333 R City, State UNION Description of containing Mate mal systems ins reacing, VAT, o	T 22 WES Zip Code NJ. Full Containme Mini-Enclosure Glovebag Proc Non-Enempter fiel (ACM) sulation, rs)	ent with Negative account (*) and Non-Frial	Pressur	Abate Ty	ment pe	<u> </u>
Occupancy Status Duri Facility Closed/Va Abstement Perfor Other – Describs: Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if Locati Asbestus-Containing TO BE A In Fac (13	ing Abatement (Check cated During Entire Fried Outside of Norm All That Apply) on of the Material (ACM) BATED cility 3)	Re De ls L Not Used Main Custo	novation multion ocation multy Solely by tenance/dial Staff? (12)	Asbestos C (i.e. ther st oth	Street Add 2333 R City, State UNION Description of containing Maternal systems instracing, VAT, or armiscellaneous	T 22 WES Zip Code NJ. Full Containme Mini-Enclosure Glovebag Proc Non-Enempter fiel (ACM) sulation, rs)	ent with Negative at the cedure of the cedur	Pressur	Abate Ty	ment pe	t T
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Occupancy Status Duri Facility Closed/Va Abatement Perfor Other - Describe: Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if Locati Asbestos-Containin TO BE A In Fac (13	ang Abatement (Check cated During Entire F med Outside of Norm All That Apply) on of g Material (ACM) BATED cility) value Caste Hauler	k Only One Period of Alcel Facility I Re De Is L No Used Meain Custo Yes	novation smolition ocation smolition white staff? (12) No N/A NJDEP W Hauler ID 0 3 3	Asbestos (i.e. theres of the control	Street Add 2333 R City, State UNION Description of containing Maternal systems insurfacing, VAT, or er miscellameous TAUS U CA	T 22 WES T 22 WES Tip Code NJ. Full Containment Mini-Enclosure Glovebag Proc Non-Enempter fial (ACM) ulation, r s) Name of T21 City State	ent with Negative acture I (*) and Non-Frial Amount (Specify SF or LF) C2 Registered Landfi	Pressur Removel X	Abate Ty	ment pe Encapsulate	Enclosure

Check# 1041

Date of Notification (1)				e of Building Owner/Operate	or (2)	as .				
12 910	`		MRC	11 11 1	FRORPN	0				
Agency Notified Type Notification	- 5		1	Address / Church State, Zip Code	Rd /	10 60	1000	· []//	7 [1000
DDEP DAmended Amendment D Emergency (i	7		LHi!	FORD N.O.	0881	H8711	13	LJ		7
DCA justification			HRS		in the second	Felenbone/N(As	OG ALLES	files to	1	
				ILITY INFORMATION	- J					T
Name of Facility Where Abatement is Takir	g Place (3	3)	•		Type of Facilit	y (4) A30E31	US CONTRI	OL &		
48 HOY AVE					☐ School (K-1	2)	STATOTAR.	No.	•	
Street Address		-			Other (i.e. p	8 (Other than K-12 rivate & commercia .)	l buildings		Mexico ₀	lien :
FORDS		•	19.		Square Feet 3,500	# of Floors	Bldg. Ag	ge)		
County (6) Hidd SEX			Count	y Code (7) (STATE USE)	Current Use (F	Prior if being demolis	-			X
Name of Monitoring Firm Hired by Building (8)	Owner	ASC	W No.	. I wante	nent Contractor (9)				
Street Address				Street Address	ECN IN	C				
City, State, Zip Code				P.O. 30 City, State, Zip,	x 814	·				
ony, orace, 21p code					DOE N	D. 10885	7			
Project Manager for Monitoring Firm	T	elepho	one No.	Telephone No.	8x7500	License No.	ô .			
12128112 1 0	Comple 28	113	ate (11)	Name of OSHA	Monitor CD IN	ic		•.		ks-3-5-
Occupancy Status During Abatement (Check	dnly one)1		Street Address	QILL					
A Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal O Other – Describe:	od of Aba Facility Ho	temen urs	t ·	City, State, Zip C	00de DGE N	D. 088	 S7-			_
Scope of Work (Check all that apply)			Ren Derr	ovation Mini-	Containment with Enclosure abag Procedure	Negative Pressure			•	
		Local					1	Abate Ty		nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Norma d Sole intena Custod Staff? (12)	ly by nce/ ial	Description of Asbestos Containing Ma (i.e., thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	П		Enclosure
	Yes	No	N/A					Н		_
DOCTOR	-		V	DIDE 18560	LATICO	100 UF	- X	H	\dashv	
Drenew	+		1	PIPE INSC	LITTO	100 41		H	-	_
				A market was a second				\Box		
Name of Registered Waste Hauler	ID I	DEP V	/aste Ha	auler Cubic Yards of Waste	Name of Regis					
NOVATECH INC		85	100	Disposal Date	City, State	.W.S.		<u>.</u>		
City, State CID BRIDGE NO.	088	357	}	11/88/13	MORRISKIT	K MA)ate	i –		
Completed by ALEIDA Title A	310	EN	1	Signature Company	Horace-	()	12/19	18	}_	

12 03:04p A. MAC Contracts	ng, Inc.			Fax	(;	20120203	Dec 14 2012 04	: 22pg	P001	/0
NI Dept. of Health 2 Senior St		нотин Р	ication	ode of New Jee I of Asbesto To Klac 8:69 :	SARATE	MENT N	DE CI	heck	**) 3012	E O
Date of No. 12 14/12	- 3		Name o	Building Owner UANTA	r/Operator	(2)	J. L. DEC	24	2012	
Agendes Nothlad Type Notification EPA DEP Amended Amended Amended Amended Emergency justification Cancellation	to / fincluding	- 1	Street A 1 8 . Cay, Str L/S Name o	ddress 3 RAYA No. Zip Code Luc Aruc , 1 Contact	ים.עע		ASBESTI LII	CENSI		§
Name of Facility Where Abelement is Teld			Ψ	LITY INFORMA	41.00		4			Medical
COVALTA BESER PLA Street Andrews 183 NAMES BLA CRY (5) EVARU	ci					Type of Facility (School (K- Substrapte Coher (Le.) etc.) Square Feet 2 0 000	12) 3 (Other than K-1 private & commercial	ial (sui	Nog. Ag	B
County (b) E356)c		- 1	County (Code (7) USE ONLY		Current Use (Pri	or if being demoles	hear	30 46	-
Name of Monitoring Firm Hired by Building	Owner (8)	,	ASCA	No.	Name	of Abatement Con ac Contracting	draptor (9)	-		
Street Address			<u> </u>		Street	Address	I HIKT			-
City, State, Zip Code					City, S	Lowell Road late. Zip Code Rock, N.J. 07	452			-
Project Manager for Monitoring Firm			Telepha	253/293 5 55	Teleph	one No. 282-5841	Ucensa N CO158	io.		-
Start Date (10) 12-21 12- P.M.	J;	-12	H/12	Date (11)		of OSHA Monitor ga Environme	ntal Services II	ıç.		
Company Status During Abetement (Check Facility Closed/Vacated During Entire) Abstement Performed Outside of North	Deels at all	Amaz	nent		280	Address Huyler Street ste, Zip Code				_
Other - Describer Scope of Work (Check All That Apply)						tensack, NJ.0	7606			
2 260 260 260 4 2 260 260 260 4		temova Jernotii				Mini-Enclosure Gloveban Prox				
Location of		Locati				THE PERSON NAMED IN	A 1 Shro MANH-LIBE	le Pro	Absten Type	
Asbestos-Containing Material (ACM) TO SE ABATED In Facility (15)	Use	d Spiel Intensy todial S (12)	y by	Asbestos Co (f.e, them sur	al systems facino, VAT	eterial (ACM) insulation.	Amount (Specify SF or LF)	Ren		-
(13)	Yes	No	NA	ORIGI	THE SCENE	sous)	,	Removal	Repair	Encontactate
FRANT OFFICE			×	. /	2A-5720	<u> </u>	420 5	عر		
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blama of the idea of 100 to 41 to 1									+	
Name of Registered Weste Hauter Rovic Transport		H	JOSP W suler ID 0785	asie Cubi No. of W	c Yasds lasts		Registered Lendfill A Bethlehem La		Corp.	
City, State Riverdale, New Jersey 07457			1.31		onal Date	City, State Bether	em, PA 18015			
Completed by R. McDonald	Title	ident			Signature	Y 11	De		1	1

State of New Jersey

MO# 20613900014		NO				BESTOS ABA AC 8;60 and 5:1		Amen	ded N	Notifi	catio	on
Date of Notification (1)	17 , 1	2				ng Owner/Operator	2) [NEGE		-	5	Tana
Agencies Notified	Type Notification				iz Mustaf et Address	a				1.1	7	Ĺ
⊠ EPA	Initial										-	****
☑ DOLWD		100 F 10		L	76th Stree State, Zip			DEC 2	4	2012		
☑ DHSS	Amendment	-	_		n total		, ,				4	31
DCA (NJAC 5:23-8)	Emergency (justification)	includir	ig .		n Bergen,	NJ 07047		Telephone Num	hoe		<u> </u>	
(113/10 0.25-0)	Cancellation						1	Telegnone Nun	iber	-+ 2		
				-1	ory B.Pas		L.	National demands				
Name of Facility Where A	hatement in Taki	no Pino	o (2)		ACILITY	NFORMATION	T7 - 0 - 100		The 0"			
	toatement is rakii	ily Flat	e (3)				Type of Facilit					*
Private Property Street Address		7 1111					School (K-	12) r 8 (Other than K-1 2	2)			
237 76th Street							Other (i.e.,	private and comme	rcial b	uildin	gs,	
City (5)							homes, etc		1			
North Bergen, NJ 0704							Square Feet	# of Floors	E	Bldg. A	\ge	
County (6)	/			T Cou	nty Code (7)	(STATE USE ONLY)	Current Head					es.
Hudson				000	inty code (1)	(STATE USE CIVLY)	Current Use (I	Prior if being demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCN	1 No	Name of Abstan						
Envirovision Consultan			505			Name of Abatem	ent Contractor (9)				
Street Address	13,1110			00079	,	Gr Tech LLC Street Address					+ 1	
0-21 Wagaraw Road, 1	DId~ # 244											
City, State, Zip Code	510g .# 34A					576 Valley Rd #				****		
air Lawn, NJ 07410						City, State, Zip C						
Project Manager for Monit	oring Firm		TT-1			Wayne, NJ 0747	70					
Guillermo Morales	ornig rani		7	ephone		Telephone No.		License No.				
Start Date (10)	Scho	dulad (-636-9		973-638-1777		01127				
12 / 20 /		12			ate (11)	Name of OSHA N	lonitor					
						Envirovision Co	nsultants,Inc					
Occupancy Status During	Abatement (Chec	ck only	one)			Street Address					-	-
∑ Facility Closed/Vacated ☐ Abatement Performed	Outside of Norma	eriod of	Abate	ment	ecribo	20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AMF	M/	y Hou PM_	- De:	AM	City, State, Zip Co	ode		-		-	-
Scope of Work (Check all						Fair Lawn, NJ 0						
scope of work (Check all I	mat apply)					X Clean up	and decontami	nation	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
>3 sf or >3 lf			enovati			Mini-Enc	osure	egative Pressure				
≥ 160 sf or ≥260 lf		□ De	emolitic	on		Glovebad	Procedure					
		1 1.	Locat	iac	1	☐ Non-Exe	mpted (*) and N	on-Friable Procedu				
Location o	ıf		Norma		1	Develop			At	atem	ent T	yp
Asbestos-Containing M			ed Sole		Asbes	Description o stos Containing Mat	erial (ACM)	Amount	R	R	m	
TO BE ABAT IN Facility		100,000	intena todial		(i.e	., thermal systems i	nsulation,	(Specify	Removal	Repair	Encapsulate	
			(12)			surfacing, VAT, other miscellaned	or	SIF or LF)	val	=	sula	
(13)			No	N/A		other imacenanet	ous)				ate	
		Yes		1	1				-		Pr	1-
(13)		Yes	П	X	NA: 1 A	CMODI	*1	la pagazaran	1,200		1000	11
(13)				X		CM&Debris on s		1,800 SF	X		Ш	+-
(13)		Yes				CM&Debris on s 2" deep and decont		1,800 SF				IC
(13)				-		2" deep and decont		1,800 SF				
(13)					Clean up	2" deep and decont		1,800 SF				
operty	Hauler				Clean up	2" deep and decont molition	amination after					
operty ame of Registered Waste	Hauler			D EP Waste	Clean up : house de	2" deep and decont	amination after					
operty ame of Registered Waste Tech LLC	Hauler				Clean up : house de	2" deep and decont molition Cubic Yards of Waste	Name of Regis					
operty ame of Registered Waste Tech LLC ity, State	Hauler			D EP Waste	Clean up : house de	2" deep and decontemolition Cubic Yards of Waste TBD Disposal Date	amination after					
operty ame of Registered Waste Tech LLC ity, State ayne, NJ 07470				D EP Waste	Clean up : house de	2" deep and decontemolition Cubic Yards of Waste TBD Disposal Date TBD	Name of Regis	stered Landfill][
				D EP Waste	Clean up : house de	2" deep and decontemolition Cubic Yards of Waste TBD Disposal Date	Name of Regis T.R.R.F. Inc City, State	Stered Landfill A -				

Mo Crock

Date of Notification (1) December 19 2012					Owner/Operato Renewal LL		<u> </u>	W	15		1
Agencies Notified Type Notificatio	n		Street	Address Stelton F			DEC 24	2012		IJ	The same of the sa
DEP Amended Amendmen		_		tate, Zip Coo ttaway nj			ASBESTOS CON	TROL &	-		Г
DOH justification Cancellation	1)			of Contact Merdan		i Lindhain	Telephone N]
Name of Facility Where Abatement is Tak Former Flea Market	ing Place (3	3)	FAC	ILITY INFO	RMATION	Type of Facility	(4)	- 			, , , ¹
Street Address 290 Rt 18				Ą		Other (i.e.	12) r 8 (Other than K- private & commer		ildings	, hom	nes,
City (5) East Brunswick						Square Feet 66,000 sq pl	# of Floors		Bldg. 20 pl		
County (6) NJ			County (STATE	Code (7) USE ONLY)		Current Use (Pri Prior flea Ma	ior if being demoli rket	shed)			
Name of Monitoring Firm Hired by Building Sky Environmental	Owner (8)		ASC	M No.		of Abatement Co Remediation					
Street Address						Address Salmon St					
City, State, Zip Code						State, Zip Code adelphia PA 19	1134				
Project Manager for Monitoring Firm Leonid Shereshevsky			Telepho 973 5	one No. 88 4821		hone No. 756 2282	License 01167	No.			
Start Date (10) Jan 7 2013	Schedule Feb 28			Date (11)	2000 N	of OSHA Monitor Environmental		W. CLINICON			
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	Abaten	nent s			Address State, Zip Code	6				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		lenova Jemolii				Mini-Enclosure Glovebag Pro				re	
Location of	100	Locat			Description				Abat	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intena odial ((12)	nce/ Staff?	(i.e. ti		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Floor Tile	e Mastic, firs	st floor throug	66,000 SF	x	-	0	
					Roofing, Full	10.0	66,000 SF	x			
		134						-			
Name of Registered Waste Hauler Waste Management	100	J IJDEP W lauler ID	No.	Cubic Yards of Waste 3000	Name of WM- Tu	Registered Landfi ullytown	11			L	
City, State Morrisville PA					Disposal Date	/ City, State Tullytov					
Completed by Andrew Pickerng	Title Memb	oer			8igria fure	~	D	ate ec 19	201	2	

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

Chab 7787

Date of Notification (1)					Nam	e of Buildi	ing Ov	wner/Operator	(2)					•	. (. ر
	21 /	12			1	Charles				· · · · · · ·	n mer.	Arrivation (مان وارسان چاک التام	7	1
Agencies Notified ☑ EPA	Type Notific	cation				et Address			is lin	E. (CEI	W	3	and the second	100	
☑ DEP	Amende	ed		í	-	State, Zip									1	*
DCA (NJAC 5:16)	Amenda				1	nila PA 1						0017				
☐ DCA			luding	g							JEC 24	7!		New *	1	
(NJAC 5:23-8)	Cancella				10000 20000	e of Conta C Peruto			(1) (1)		Telephon		_			
			-	-	FA	CILITY	NFO	RMATION		<u> Б</u>		eff.		*	\exists	
Name of Facility Where A	Abatement is	Taking	Place	(3)				27	Type of Fac	ility (4)		_			
Residence									☐ School (I	Notice .	- 180					
Street Address							_		☐ Subchap	ter 8 (Other than h					
328 99 th St									Other (i.e		ate & comm	ercial b	uild	ings,		
City (5)									Square Feet		# of Floors		Blo	dg. A	ge	G=91
Stone Harbor									2,000		3			50+		
County (6)					Cou	inty Code	(7)(ST	ATE USE ONLY)	Current Use	(Prior	r if being den	nolishe	d)			
Cape May					17.4				Residen	27. 1			<i></i>			
Name of Monitoring Firm	Hired by Bui	Iding Ov	wner ((8)	ASCA	No.	Na	me of Abatem	ent Contractor	r (9)			107,11			
N/A							1	Controlled E	nvironment	al Sy	stems					
Street Address							Str	reet Address								
City, State, Zip Code		-	-	_		Table 1		y, State, Zip C	- Contract of the residence	- Sui	16 00					_
								Spring Hous								
Project Manager for Moni	toring Firm			Te	lephone	No.		lephone No.	-,		License No).				
\$ 100 miles 100				1	50.50			215-542-7000)		00847					
Start Date (10)		Schedu	led C	omp	letion D	ate (11)	Na	me of OSHA N	Monitor			-	-			
12 /26 /	12	12	/	_ 2	29 /	_12_	. (CES								
Occupancy Status During	Abatement ((Check	only o	ne)			Str	eet Address						_		
☑ Facility Closed/Vacate	d During Ent	ire Perio	od of	Abat	ement		1	1121 N. Beth	lehem Pike	- Sui	te 60					
☐ Abatement Performed	Outside of N	ormal F	acility	/ Ho	urs - De	scribe		y, State, Zip Co		-			-			
Time of Abatement: 7:	:00AM	_PM/ <u>7:</u>	:00PI	M	AN		1000000	Spring House								
Scope of Work (Check all	that apply)											-				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Rei					☐ Mini-Enc	tainment with I losure g Procedure	Negat	ive Pressure	•				
						1			mpted (*) and	Non-	Friable Proce	edure				- 4
Location	of			Loca	ation ally			December					Aba	teme	ent T	уре
Asbestos-Containing N		A)			lely by	Asbe	estos	Description o Containing Ma	terial (ACM)	1 E	Amount		Z	20	щ	m
TO BE ABA	TED				ance/			systems insula		g,	(Specify		Removal	Repair	cap	iclo
IN Facilit (13)	у			(12			ot	VAT, or her miscellane	one)		SF or LF)		4	-	Encapsulate	Enclosure
			Yes	No	N/A		00	ner miscellane	ousj						ate	
Exterior		[Asbest	tos C	ontaining S	iding		1300	D	3			
	_	1						11				Г	7	П	П	П
											100 100	Г	7	П		
4		1	5		15					+			7	_		
Name of Registered Waste	e Hauler				NJDEP	Waste	Cut	oic Yards of	Name of Re	egister	ed Landfill		-1	-1	_	
CES	34. 1				Hauler I	D No.	Wa:	ste	The state of the s		ounty Land	ifill				
City, State			11291				-	posal Date	City, State			-	-		-	
Spring House, PA 19	9477						1:	2/29/12	Cape Ma	ay NJ						
Completed By (Print or Type	pe)	Title	×				1	Signature	1			Date	i			-
Patricia Visco		Offi	ice N	lana	ager			Jalus	ea VIII	co	_	12	2	1	12	

ETS JOB # 3802/12 & 3914/12	Check	(#2355	9		į	IN B CA	MENDMENT	# 8
Date of Notification (1) 12/18/2012		Name of Buildi			2)			2//
Agencies Notified Type Notification		Bed, Bath an Street Address	S	d		ID) MED	1 2 A 1030	$+$ \parallel \parallel
EPA	ification	650 Liberty A				ם מ		
	Notification	City, State & Zi	37		. (in.	L		
DOH Cancellati		Name of Conta		74	E 100.		Telephone Nur	
DCA CUITCEIIAI	1011	Mr. John Pur			1 1	1775 19	петерлюле пил	nper
		FACILITY		ATION	Sec	or desired to the		-
Name of Facility Where Abatement is	Taking Plac			e of Facility (4)			45
Bed, Bath and Beyond Property				School (K-1				
Street Address				Subchapter				
					orivate & cor	nmercial buildin	ngs, homes, etc	C.
650 Liberty Avenue			Squa	are Feet	# of Floo	ors B	Bldg. Age	
		County Code (7)		200,000		2	50+	
Union Uni	on			ent Use (Pri		emolished)		
				nmmercial	129920000000000000000000000000000000000			
Name of Monitoring Firm Hired by Bui	Iding Owner	A CONTRACTOR OF THE PROPERTY O	The same of the sa	e of Abatem		tor (9)		
ATC Associates, Inc.		00098		Contracti	ng, Inc.			
Street Address 1090 King Georges Post Road, S	Suito 706			et Address				
City, State & Zip Code	Juile 700			Clay Stree State & Zip				
Edison, NJ 08837				oklyn, NY				
Project Manager for Monitoring Firm	· Te	lephone Number		phone Numb		License N	umber	
Pat Sisk		32) 771-0051		706-6300		100000000000000000000000000000000000000	00511	
		etion Date (11)		e of OSHA N				1
4/25/2012		5/2013		ironmenta	Tactics, I	nc.	***	
Occupancy Status During Abatement Facility Closed/Vacated During	(Check only of GEntire Period	one) od of Abatement		et Address Broad Stree	et			
Abatement Performed Outside	of Normal F	acility Hours -		State & Zip				
Describe:			Mata	awan, NJ 0	774			
		d: - Working Ho						
		urday 3:30 pm	to					
12:00 aı	m				j)			
Scope of Work (Check all that apply) Demolition	D			<u> </u>				
Large Project	Renovation					with Negative P	ressure	
Quantity is ≥ 3 SF or ≥ 3 LF A	CM				inclosure bag Procedu			
Quantity is ≥ 160 SF or ≥ 260					- 1 	ne ible Removal		
Location of		Is Location	De	escription of	NOTTTE	Amount	Abatement	Type
Asbestos-Containing		ormally Used		tos-Containi	ng	(Specify	(Specify: Ren	
Material (ACM)	.	Solely by	Ma	terial (ACM)		Square Feet or	Repair	
TO BE ABATED		intenance or		nermal syste		Linear Feet)	Encapsulati	
in Facility (13)	Cu	stodial Staff? (12)		n, surfacing, miscellaned			Enclosur	e)
		(12)	or other	IIIISCEIIAITEC	ous)			
1 st Floor		No		VAT		100,000 SF	Remova	al
2 nd Floor- Completed		No		VAT		60,000 SF	Remova	
2 nd Floor- Completed		No	Pipe	Insulation	1	100 LF	Remova	
Name of Registered Waste Hauler	NJE	DEP Waste Haule		Cu. Yds. of \		lame of Registe		
Tri State Transfer		19551		600	D N	linerva Enter		
City, State				Disposal Da		ity, State		
Bronx, NY				TBI	D V	Vaynesburg,	and the same of th	
	Title	EXECUTIVE		Signature			Date	010040
	I KOJECI	LAEGUTIVE		KS	1/1/	5 %	1 12/18	8/2012



Date of Notification (1)	21 /	12		100		g Owner/Operator (2				· seeke Si			
						ing a bevelopine	3	0.F			-	7	10
Agencies Notified EPA	Type Notificat ☑ Initial	ion			et Address S Harvar	d	i Tr	TE	CEIV	7 医	1		4
⊠ DEP	☐ Amended			City,	State, Zip (Code	1 11	カー	and the second second				- 1
☐ DCA (NJAC 5:16) ☐ DHSS	Amendmen Emergency		 	Ve	entnor, NJ	08406-2724	3 11	7)	ner) /)	010	11 [//	1
☐ DCA	justification) 1)	19	Nam	e of Contac	t	+ 11		December Num	ber	lan-	1	• 1
(NJAC 5:23-8)	☐ Cancellation	on		AI	ex Linsk				609 442 956			1	
-		1990		F/	ACILITY IN	FORMATION			ASBESTOS CONTI	(1) &		1	1
Name of Facility Where	Abatement is Ta	king Plac	e (3)				Type of	Facility (4) LICENSING				1
Former Residence			- (-)				1 1) suite la marie de la commencia de la commenc				,
Street Address							☐ Subc	hapter 8	Other than K-12)			5790
9503 Monmouth Av	ve .							r (i:e., pf es, etc.)	ivate'& commerci	al build	lings,		
City (5)							Square I		# of Floors	Ble	dg. Ag	je	
Margate				.7	20		2,000		2		50+		
County (6)				Co	unty Code (7	7)(STATE USE ONLY)	Current	Use (Pri	or if being demolis	shed)		12.12	72
Atlantic							Resid	dence					
Name of Monitoring Firm	Hired by Buildi	ng Owne	r (8)	ASCI	И No.	Name of Abateme	ent Contra	actor (9)					
N/A	•					Controlled E	nvironm	ental S	Systems				
Street Address	-	- Auto-				Street Address							
						1121 N. Beth	lehem P	ike - S	uite 60				
City, State, Zip Code		History Co.				City, State, Zip Co	ode			-			
						Spring Hous	e, PA 19	477					
Project Manager for Mon	nitoring Firm		Te	lephon	e No.	Telephone No.			License No.				
				•		215-542-7000)		00847				
Start Date (10)	S	cheduled	Comp	letion [Date (11)	Name of OSHA N	1onitor						
12 / 26 /	12	12	1 _ 2	29 /	12_	CES							
Occupancy Status Durin	a Abatement (C	heck onl	v one)			Street Address			-058%	112.55			
☐ Facility Closed/Vacate				ement		1121 N. Beth	lehem P	ike - S	uite 60				
☐ Abatement Performed	d Outside of No	rmal Faci	lity Ho	urs - D		City, State, Zip Co							
Time of Abatement: 2	7:00AM	PM/ <u>7:00</u>	PM	AI	M	Spring Hous		477					
Scope of Work (Check a	Il that apply)					1			T 10 00 10 10 10 10 10 10 10 10 10 10 10				
☐ ≥3 sf or ≥3 lf		_	Renova Demoli	100000000000000000000000000000000000000		☐ Full Con ☐ Mini-End ☐ Gloveba	losure	1,00	gative Pressure				
≥160 sf or ≥260 lf		ы	Jemon	uon					n-Friable Procedu	re			
	311		Is Loc	ation						Ab	atem	ent T	ype
Location		- 1 -	Norn			Description of		W. 1995		70	70	т	m
Asbestos-Containing		20100		olely by nance/	ASD	estos Containing Ma			Amount	em	Repair	nca	20
TO BE ABA		200	ustodia	I Staff	(i.e., the	ermal systems insula VAT, or	ation, suri	acing,	(Specify SF or LF)	Removal	¥.	psc	Enclosure
(13)			(1:	2)		other miscellane	eous)			_		Encapsulate	0
		Ye	s N	o N/	A								
Exterior					Asbes	tos Containing S	iding		1300				
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				_							H		-
										\perp \sqcup	Ш	ш	
Name of Registered Was	ste Hauler				P Waste	Cubic Yards of	Name	of Regis	stered Landfill		W-14-3-1		X-98-38
Jack Robinson Wa	ate Disposal		-,	Hauler 173	ID No.	Waste 4	Atla	ntic Co	ounthy Landfill				
City, State			60	1/3	04	Disposal Date	City, S	tate					
404 Oakland Ave	Bellmawr. N.	J 08301				12/29/12	3090	ntic Ci	ty, NJ				
Completed By (Print or T		Title				Signature		γ_{\perp}	10.4 dt. 000 de 10.00	ate ,			
Patricia Visco	the)	0.010.00.00.00.00	e Mar	ager	,1.	ATI		Ulin	. 140	2/2	$\tilde{\gamma}$, 7	
Fatilitia VISCO		Onic	- Ivial	.agei		Palu	CO	- C/W	00	0/2	4	1	9

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1212-1712 Check #: 2966

							(274)	The Way		- 62			
Date of Notification 12/20/12	(1)					Owner / Operator of New Jersey							10 mg
Agencies Notified	Type Notifica	ation			ddress	or non colody	,	17000	IE M	7	11 15	pro	1
EPA	Type Notifice	ation	1000			East Suite 500		Π		, il /	y le	111	11
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	│ │ │ │ Amei				Hill, NJ		ı,	III	11				
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□ DOH □ DCA		rgency			of Contact		1	In ,	4	Tele	mone	NULLIE	
☐ DCA	L Cano	ellation	MI	r. Ma	rk Child	S	(fer	1		a tro-	Oliber	ZERB	
3		Ţ.		FACI	II ITY INF	ORMATION	3	v I	ASBESTOS	CONTR	01 &		
Name of English MA	hora Abatom	ont in Taking Di		AU	ILIII IIVI	Type of Facilit		-		ENSING			-
Name of Facility W		ent is raking Fi	ace (3)			School (K		388	Hitto:				
Residential Prop	perty									danie kareni	LANCE !		
Street Address						Subchapt						-1-1	4.4
1618 Greenwood	d Avenue								nmercial build			, etc.)	
						Square Feet		# of Floo	ors	Bldg.	Age		
City (5)		County (6)	Cour	ity Co	ode (7)	1500		2		60 ye	ears		
Hamilton		Mercer			, ,	Current Use (Prior if	being d	emolished)				
паннион		INICICCI				Residential		2.75	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		1							1 (0)				
Name of Monitoring		by Building Owr	er (8)		ASCM No								
Tiger Environme	ental					Asbestos a	-	id Ser	rices, Corp.	•			13
Street Address						Street Addres							
234 20th Avenue						3859 Sylon		3					
City, State & Zip C	ode					City, State & 2	Zip Coo	de					
Brick, NJ 08724						Hainesport,	, NJ 08	3036					
Project Manager fo	r Monitorina I	Firm	Teleph	one N	Number	Telephone Nu	umber	* ** II	License	e Numb	er		
Kelly Walton			732-94			609-702-040			E-14-1-50-14-5	0	0862		
Scheduled Start Da	ato (10)	Scheduled Cor			The state of the s	Name of OSH		itor					
1/8/13	ale (10)	1/8/13	npietion	Date	(11)	EMSL Analy		1101					
		7-7 HTM (70/TO)											
Occupancy Status	During Abate	ment (Check o	nly one)	A L _		Street Addres							
		During Entire F			tement	107 Haddor							
Abatement	t Performed C	outside of Norm	al Hours	3		City, State & 2							
Describe:						Westmont,	NJ 08	108					
	rea											9	
Scope of Work (Ch	neck all that a	(ylaa	(-					
		11.77						Full Cor	ntainment with	h Nega	tive P	ressur	е
≥3 sf or ≥3	If		M	Reno	ovation		Π̈.	Mini-En	closure				
☐ ≥160 sf ≥2			K		olition		Image: Control of the	Glove B	ag Procedure	es			
10031-2	00 11			D 0	0		Ħ		empted and N		able F	roced	ure
			1-1	+:		Description	n of		Amount				
0.5	Location of	1002	Norma	ocatio		Description Asbestos-Con			(Specify		Abale	ment	ype
	stos-Containii	ng		lely b		Material (A			SF or LF			п	1
	aterial (ACM) BE ABATED		Mainte			(i.e., thermal s			0, 0, 2,	'	R P	Repair	E
10	in Facility		Custo			insulation, surface				-1	Remova	Repair	l i
	(13)			(12)		or other miscell				1	ša	¥ E	Enclosure
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Basement				니		e Insulation			150 LF			╡┼╞╸	니닏
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Name of Registere	eu vvaste Hat	лег			uler ID No		Ivalile	or Reg	istereu Lanul				
				па	22612		CDC	NAIC					
Horizon Dispos	aı	Y	14		22012	120013 4	GRO	and the property					
City, State						Disposal Date		State					
Trenton, NJ						1/9/13	Mor	risville,	PA		- 11		
Completed By (Pr	int or Type)			Title	e.	Signature .				D	ate		1/5
Kim Trumbet				10000	lmin.	1 , 1				1	2/20	/12	
Talli Hulliber				7.0		Elxu II							
1						WENT V							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Job #: 1212-1711 Check #: 2967

Date of Notification 12/20/12									Owner / Operato			a PIN	n G	The same of the sa	7	· ·	
Agencies Notified EPA	Type N				141	15		te 70 E	ast Suite 500	100	(D) E					7 m 2	
DEP DOL		Initial Amer	1900 MV			500		& Zip C		# · ·			012	11	///		
			gency					II, NJ (18034	P	Ш Ш—	<u>pr } / 2</u>	Telepl	h	NI	ımbı	0.5
□ DOH □ DCA			ellation					Childs		¥.			250	Iprie	100		506
									6	24		ASBESTOS CONTR	-	400			
Name of Facility Wh	hara Ah	atomo	nt is Taking D	laca (AC	ILII	Y INF	ORMATION	Ety (A		LICENSING			_) ;	
Residential Prop		aleme	III IS TAKING P	iace (3)				Type of Faci	IIIY (4 (K-19)	the same and advances to the second area and				đ	6
Street Address	<u></u>		-		1				- Subchar	oter 8	· Gother th	an K-12)					0
1618 Greenwood	Aven	ue										mmercial buildir	nas, ho	mes	s. et	c.)	
The second secon									Square Feet		# of Flo		Bldg. A				\neg
City (5)			County (6)	Co	ount	у С	ode	(7)	1500		2	and the same of th	60 yea				
Hamilton			Mercer						Current Use	(Prio	r if being o						
	6)					21.00			Residentia	I Pro	perty	*					
Name of Monitoring		lired by	y Building Owr	ner (8)	15	ASC	CM No.	Name of Aba				181				
Tiger Environme	ntal										Mold Ser	vices, Corp.					V
Street Address 234 20 th Avenue									Street Addre 3859 Sylon	3333	d.						
City, State & Zip Co	de								City, State &								
Brick, NJ 08724	. NA-wite			T-1-					Hainesport							_	
Project Manager for Kelly Walton	MOUNT	ning F	irm	732			Numi	ber	Telephone N 609-702-04		er	License		r 362			
Scheduled Start Da	te (10)		Scheduled Cor					1	Name of OS		lonitor		000	002			
1/9/13	()		1/9/13	npicu	011 2	Juli	- (1 1	,	EMSL Anal				7				
Occupancy Status I Facility Clos			nent (Check or During Entire P			\ba	teme	nt	Street Addre	ss		y II - 21	į.				
	Perforn	ned Ou	tside of Norm	al Ho	urs				City, State &	Zip (Code				10		
Describe:									Westmont,	NJ	08108						
Isolated Are																	
Scope of Work (Che	eck all t	пат ар	piy)							\Box	Full Cor	ntainment with I	Menativ	o D	race	LIFO	
≥3 sf or ≥3 l	f			\boxtimes	R	end	ovatio	on		Ħ	Mini-En		ivegatii	CI	103	Suic	
≥160 sf ≥26	O If			Ħ	D	em	olitio	n		M		Sag Procedures					
				-							Non-Ex	empted and No	n-Friat	le F	roc	edu	re
	ocation		100		Loc				Descriptio			Amount	Α	bate	me	nt T	уре
Asbest	tos-Cor erial (A		3	Nor	mall Solel				Asbestos-Cor Material (A		ng	(Specify			T	_	
	BE ABA			Mair					(i.e., thermal s		ms	SF or LF)	7	0	,	nc	Ē
ir	n Facilit	y		Cust	odia	al S		i	nsulation, surfa	cing,	VAT			3	Repair	sde	Enclosure
	(13)			Yes	(12 No		N/A		or other miscel	laneo	ous)		9	2	=	Encapsulate	ure
Desemble				res	IN	7		<u> </u>		- 10					-		
Basement				H	+	╬	M	Pipe	Insulation			140 LF		-	4	Ц	님
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				Ħ	T	1	Ħ								#	H	H
Name of Registered	Waste	Haule	er				EP \	STATE OF STREET	Cubic Yards of Waste	Na	me of Reg	istered Landfill		* L		1	
Horizon Disposa	l		u g	2)			2261	12	4	GF	ROWS						
City, State Trenton, NJ	3		3.00			2.00		1000	Disposal Date 1/10/13		y, State orrisville,	PA					
Completed By (Print	t or Typ	e)			11	Γitle)		Signature ,	1.2.0	,	2000 00	Date	9			
Kim Trumbett		* 					mir	1.	Sul,		` ,		12		/12		

Date of Notification (1) [12] (20] / [12]			me of Building Owner/O	perator (2)	E2 10			24,1			
	Type Notification (x) Initial	34	reet Address 0 Kingsland Street	nec	Ę I	W. J		- Carrier			
(x) DOL (x) Initial Notification () Amended			ty, State, Zip Code utley, NJ 07110								
() DCA	Notification () Cancellation	1 5357	ame of Contact nul Peskowsky	Telephone Mu	Telephone MmGer 2 4 2012						
	1	FAC	ILITY INFORMATION					+			
Name of Facility Where Abatemer Building 76	nt is taking Place (3)			Type of Facility (4) { } School.(K=12) { } Subchapter 8 (otlete X } Other (i.e.,prival)	ner than K	-12)	ak, a paga ya sandara katin				
Street Address "same as above"					cial buildings, homes, etc.)						
City (5)	County (6) Essex		nty Code (7) ATE USE ONLY)		(Prior if being demolished)						
Name of Monitoring Firm Hired b Owner (8) E.H.I	y Building ASCM	No.	Name of Abatement Co Pow/R/Save Inc.	ontractor (9)		-, /					
Street Address 655 W. Shore Trai	1	3 4	Street Address 27 West Street								
City, State, Zip Code Sparta, NJ 07871			City, State, Zip Code Bloomfield, NJ 07003								
Project Manager for Monitoring F	973-729-5649	_	(973) 680-0088								
[01]/[07]/[13] [ed.Completion Date 01] / [10 / [13] Ionth Day Yea		Name of OSHA Monitor								
Month Day Year M Occupancy Status During Abatem [] Facility Closed/Vacated Du	ent (Check only one)	Street Address								
of Abatement [] Abatement Performed Outsi		y	City, State, Zip Code								
Hours - Describe:			1.				TI .				
Scope of Work (Check all that approximately [] Demolition [x] \geq 3 sf or \geq 3 lf		Renovat	ion	[] Full Containment with N [x] Mini-Enclosure with re [x] Glovebag Procedure [] Non-Friable Procedure	egative Premote deco	ressure o n					
[] \geq 160 sf or \geq 260 lf	T To			Noil-Flable Toccdure	1	Abatem	ent Typ	e			
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Asbestos-Containing Used Material (ACM) Solely		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems	Amount (Specify SF or	R E M O	R E P	E N C A	E N C L			
In Facility (13)	tenance/ Custodial Staff (12)	iı	nsulation, surfacing, VAI or other miscellaneous)	C, LF)	V A L	A I R	P S U L	S U R			
2 02.	Yes No NA					-		Е			
				ur **			0.00				
Basement		piping		95 lf	x		1				
Name of Registered Waste Haule Waste Management	or NJDEP Waste ID No 304597		Cubic Yards of Waste	Name of Registered Landfi Tullytown Resource Rec	overy &	11	200	l			
City, State Morrisville F		1.	Disposal Date	City, State Tullytown,	PA, Pen A	Argyl P.	A				
Completed By (Print or Type) Sharon Hendee	Title	ner	Signatur	6/hu/69	Date	12/20/	12				

State of NJ Notification of Asbestos Abatement S Proj. #: MS 12-432 (Pursuant to NJAC 8:60 and 12:120) The state of the state of the Date of Notification (1) Name of Building Owner/Operator (2) 1 2 /1 8 /1 2 NICK SODANO Agencies Notified Type Notification Street Address DFC 24 | Initial ☐ EPA 288 GRANT AVENUE Amended DEP City, State, Zip Code Amendment #: DOL CLIFFSIDE PARK, NJ Emergency (including □ DOH Name of Contact Telephone Numb justification) DCA NICK SODANO Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) NCIK SODANO Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 288 GRANT AVENUE Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) CLIFFSIDE PARK BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/28/12 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \times >3 sf or >3 lf Mini-enclosure Renovation Glovebag procedure >160 sf or >260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E E by maintenance/custodial е asbestos-containing A n Description of asbestos-containing Amount staff(12) n m material (acm) to be p (Specify SF or C material (ACM) 0 C LF) abated in facility (13) a а Yes No N/A V p 6 Basement PIPE INSULATION & FITTINGS 20 L FT × Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State City, State 12/31/12 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Title Date **BOGDAN JOLDZIC** 12/19/12 Do not use this form for asbestos licensure exempted activities.

ASR-41

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

chal 7786

Date of Notification (1)				Name	of Building	g Owner/Operator (2	2)	0.000		, ,	ري	U	
	21 /	12				Michelle Weiss	C. C. Constant	action and					
Agencies Notified Type Notification ☑ EPA ☐ Initial				Street Address 1621 Henroe									
□ DEP □ Amended ·					City, State, Zip Code								
☐ DCA (NJAC 5:16) ☐ DHSS		Amendment # Maple Glen, PA 19002									A CONTRACTOR		
☐ DCA	justification	on)		1,3,3,3,3,1,0,5,3	of Contac	t		Felephone Num	ber	hand		1	
(NJAC 5:23-8) Cancellation					tt Weiss					7		,	
	IFORMATION		SBESTOS CONTRUL	& T	W-57-	11							
Name of Facility Where Abatement is Taking Place (3)							Type of Facility		, in the second second		ٰ ل	i j	
Weiss Residence	School (K-12) Subchapter 8 (Other than K-12)												
Street Address 7 N 34 th Street	Other (i.e., private & commercial buildings, homes, etc.)												
City (5)		Square Feet	# of Floors		dg. Ag	e							
Longport							1500	2		50+			
County (6)	10	ia _u	(i)	Cour	nty Code (7	()(STATE USE ONLY)		ior if being demolis	shed)				
Atlantic						Residence							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.					No.	Name of Abatement Contractor (9)							
N/A						Controlled Environmental Systems							
Street Address						Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code						City, State, Zip Code							
Desired Manager for Mani	tarina Firm		Tal	nhana	No	Spring House, PA 19477 Telephone No. License No.							
Project Manager for Monitoring Firm Telephone No.						215-542-7000 00847							
Start Date (10) Scheduled Completion Date (11) 12						Name of OSHA Monitor							
12 /26 /	12	CES											
Occupancy Status During	Check only	Street Address											
☐ Facility Closed/Vacate		1121 N. Bethlehem Pike - Suite 60											
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-PM/7:00PM-AM						City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all	that apply)		102		727			<i>.</i> . 5					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure 											
			ls Loca	tion	6(0)				Abatement Type				
Asbestos-Containing Material (ACM) Used So				ely by		Description of estos Containing Ma	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED IN Facility Custodia					(i.e., the	rmal systems insulation, surfacing, VAT, or		SF or LF)	ova	=	psu	Sur	
(13)			(12)		-	other miscellane					late	O)	
	x += 11	Yes			.		7 5 10 00	4000					
Exterior					Asbest	os Containing S	iding 1300						
									10				
				10	-								
Name of Resistant Wests Usuka					Waste Cubic Yards of Name of Registered Landfill					Ш	П		
Name of Registered Waste Hauler Jack Robinson Waste Disposal NJDEP Waste Hauler ID No. 17304					D No.	Cubic Yards of Waste		ounty Landfill					
City, State 404 Oakland Ave Bellmawr, NJ 08301					1,5	Disposal Date 12/29/12	City, State Atlantic Ci	tv N.I					
The second state of the se									ate .	-			
Completed By (Print or Ty Patricia Visco	Title Office	Mana	ager		Signature	in Uu	_ D	_ .	1				
				3		Palace	W UW	ces 1	4	4/1	2		