NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

				× -		lame of Building	Owner/Ope	erator (2)	-			T F	7
Date of Notification (1)					F	Paulsboro Refinir	ng Company	·				- 1 to 1	-
12/6/13		No	tification Ty	ype		Street Address	·						!
Agencies Notified		100			8	300 Billingsport F	Ka			2.0	2040	35	
() EPA () DEP (X) DOL		0.4	Initial Noti Amended C Cancelled	Certification	<u>C</u>	City, State, Zip C Paulsboro, NJ 08	ode 3066		DEC	, 20	2013		
(X) DOH () DCA					100 ±	Name of Contact		-	Fel. Numb 356-224-4	<u>oer</u> 1444	1	ı	
V -					FACILITY INFO								
		Takin	a Place (3)	\		Type of Facility (4)						
Name of Facility Where A Paulsboro Refining Comp	batement is eany	Takiii	lg i lace (e)			() School (K-12 () Subchapter 8 (X) Other (i.e. p	(other than	K-12) nmercial bldg	s., homes	s, etc.			
Street Address 800 Billingsport Rd						Sq. Feet N/A							
City (5) Paulsboro	County (6 Glouceste			County Coo (State Use		Bldg. Age N/A Current Use (pri	or if being d	emolished)_	Oil Refin	ery			
Name of Monitoring Firm	Hired by Bl	dg. Ov	wner (8)	ASCM No.			!	Name of Con K A Industrial	Services	LLC			
						Street Address	2012/08/1		90				
Street Address						800 Billingsport City State, ZipC Paulsboro, NJ C	ode						
				N. mah pr		Telenh	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		License	Numbe	<u>r</u>		
Project Manager for Mon	itoring Firm		elephone N	Number		1504			00857				
Scheduled Start Date (1)		1	2/31/13	Completion [Date (11)	Name of OSHA Kenny Atlantic	Industrial Se	ervices, LLC					
Occupancy Status Durin	and During F	-nure i	Penou oi A	Datellielle		Street Address 800 Billingsport							
() Facility Closed/Vacal () Abatement Performe Other – Describe – Rem	d Outside o	I NOITI	lai i aciity	110010	e areas	City, State, Zip Paulsboro NJ 0	Code 08066						
			ited Work a										
Source of Work (Check	all that appl	ly)											
D -: (>100 C)	novation or >260 LF	F ACN	1) () SM Pro	oj. (X)>25<1	60 SF or >10 <2		() Minor Pro	j. (<25 SF or	<10 LF A	CM)			
() Full Containment wit	n Negative i	-1655L	on Normal		Description of	ACM (i.e.	Amount (S	Specify SF or	LF)	Abate	ment Ty	ре	
Location of Asbestos- Containing Material (AC	(M) in So	olely by	y Maint./Cu	ustodial	thermal system surfacing, VAT	ns insulation,				Bom	Rep.	Encap	Enclose
Facility (13)	51	aff? (1 YES	2) NO	NA	misc.)	., .,		21.5		Rem.	Kep.	Liteap	T
. Pre Demolition remova	at			X	Pipe Insulatio	n	Approx 50	JLF					-
South Reactor side buil	laings						-						
			100000				-						
			N IDED W	aste Hauler	ID#	Cubic Yards o	of Waste	7	Name	of Reg.	Landfill ounty La	ndfill	
Name of Reg. Waste H Waste Management, Ir	lauler nc.		17273	aste Hauter	15 11	< 1 CY		Dian Data	Glouce		City, Sta		
City, State South Harrison, NJ				322 - 1742				<u>Disp. Date</u> Various	Date			larrison,	NJ
Completed by (Print or	Type)		Title			Signature	1			0			
ANDREW GREEN			MANAGE	R - KENNY	ATLANTIC	Site	operations	Supervisor	12/6/1	3			
							22						

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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			OTIFICATION	OF ASBES	0 7:26-2	12)				73 75	-	
		r	(Pursua	nt to N.J.A.	<u>U.</u> 1.20-2		(Operator (2)		***			
						Julian Owner	nany					
\$1 1-503500_				P	paulsborg	Relitting Co.	parry			_ 6	• [
(Notification (1)					AL to at Ad	dress		DEC 2	6 2013	3	1	
Date of Notification (1) 12/12/13	T Not	ification Typ	<u>e</u>	1 8	800 Billin	gsport Rd	2000	DEP 5	0 2015			
Agencies Notified	100			1							1	
Agencies Noting	(x)	Initial Notific	cation		City, Sta	te, Zip Code				3		
() EPA	101	mended Ut	rtification	1	Paulsbo	ro, NJ 08066		T Tol A	lumber			
() DEP	1 ()	Cancelled		L		f Contact		956-2	24-4444			
(X) DOL					Name of Ravi Ja	recha		1 030 2				
(X) DOH					Ravi Ja	ION						
() DCA			FA	CILITY INF	-ORIVIA	Facility (4)	55					
		7 (3)			Type of	1 (1/42)	V 12)					
W Mhore Ab	atement is Taki	ng Place (3)			Sub	ochapter 8 (oth	er than N-12)	al bldgs., h	omes, etc	3.		
Name of Facility Where Ab	ny				(x) Ot							
Name of Facility Whose Paulsboro Refining Compa					1		# of	Floors	N/A	-		2
1 June					Sq. Fe	et_N/A						1
Street Address 800 Billingsport Rd				(7)				0:1	Definery			=
800 Billingsport	(6)		County Code	(/)	Bldg.	Age <u>N/A</u> int Use (prior if	being demol	ished)UI	Neimori			
011.75	County (6)		(State Use O	11147	Curre	nt Use (prior in	Name	of Contrac	ctor (a)	С		
City (5) Paulsboro	Gloucester						KAI	ndustrial Se	VICES LL			
Name of Monitoring Firm	Hisad by Bldg	Owner (8)	ASCM No.	300		L Address				e walle de		
Name of Monitoring Firm	Hired by blug.		98		Stree	et Address Billingsport Rd						
Cardno ATO				50.50	800	State, ZipCode	9					
Street Address	200				City	Isboro, NJ 080	66	TT	icense Nu	ımber		
o Torri Lane					Tale	ephone Numbe	r	\ 5	0857			
Burlington, NJ 08016		Telephone	Number		1 1016	spilone .						
Project Manager for Mo	nitoring Firm	609-386-8	800		1							-
Project Manager for Me					Nat	me of OSHA M	lonitor					
John Lutz		Schedule	d Completion [Date (11)	KA	Industrial Sei	vices, LLO					
Scheduled Start Date (10)	1 4/21/14			- 104	and Address					200	
Scheduled Statt Date 12/12/13 Occupancy Status Dur			one)		80	0 Billingsport R	ξ u					
12/12/13 Occupancy Status Dur () Facility Closed/Vac	ing Abatement	tire Period o	f Abatement			7:- 0	ode					
					Ci	ty, State, Zip C	066					
() Abatement Perform	ned Outside of		- in outsic	le areas	P:	aulsboro NJ 08						
()	moval within re	estricted wor	k area in outsic									
() Abatement Perform Other – Describe – Re	emovar with											
	i all that apply	()						or CE or	10 LF A	CM)		
Source of Work (Cher () Demolition (X) F () Large Proj. (>160	ck all that appri				000	IEACM) ()	Minor Proj. (<25 SF 01	-,0-		Time	
200	Penovation		M Droi (>25<1	60 SF or >	10 <260	ebag Procedur	Amount (Sp	noify SE O	·LF)	Abatem	nent Type	2
() Demolition (A)	SF or >260 LF	ACM) (X)	(X) Mini-Encl	osure	(X) GIOV	CM (i.e.	Amount (St	bechy o.				
() Large Proj. () Large Proj	t with Negative	Pressure	mally Used	Descript	tion of A	insulation,	\			Rem.	Rep. F	Encap Enc
(X) Full Contain	s. Is	Location No	t./Custodial	thermai	y VAT.	or other	1			X	T	
Location of Asbestos Containing Material	(ACM) in So	aff? (12)		1 -:	19, 7,	1659-119504/W5-9 9-2059-1554-2012-15	Approx 15	0 LF		^		
Facility (13)	· St	YES	NO NA	Dine Ir	nsulation		Applox 10					
		TEO T	X	Pipe ii	100						1	
Support for CU7 sh	utdown -									+	1	
various areas as ne	eeded						+		- I Name	e of Reg	Landfill	
Vallage				-		Cubic Yards	of Waste		Glou	cester C	ounty La	ndfill
				ler ID#		Cubic Yarus	<u> </u>		Glou			
	Llouler	NJD	EP Waste Hau	101 102 11		<1 CY		T-1 D-	to		City, Sta	ate Jarrison N
Name of Reg. Wa	ste Haulei	172	73					Disp. Da	<u>le</u>	1	South F	Harrison, N
Waste Manageme	ent, mo.				0.0000			Various				
									Dat	e		
City, State	11					Signature			1			
South Harrison, N	49					Signature	1		12/	12/13		
Completed by (P		Titl	Ē		antices	1//	1. M	0000				
Completed by (P	Interior	NAA	NAGER – KA	Industrial S	ervices	1/1/1	19/14	Superviso	or			
ANDREW GRE	EN	\ IVIF				Si	te operations	Superior				
ANDREW GRE	rom (Fe).						//					
							7	988				
		1				1					1000	MACREST

NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Mail to:

Telephone 609-984-6620

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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5691

Initial Notification

		79.00										-3 7-	5]		_
Date of Notification			Nam	e of	Bui	lding	Owner	70perato	r (2)	1/2			1		
1 2 / 2	10 1/11:	3_1	Ne	wark	Pub	olic Sc	chools		•		·		<u> </u>		_
Agencies Notified	Type Notific	ation	Str	eet	Addr	ess				nec.	2 6 2013				
[X] EPA	[X]Initial			Ceda						. 0 2 0					_
[X] DEP	Notific	ation	Cit	y. S	tate	, Zip	Code					- 1	1		
(X) DOL	[]Amended Notific	ation	Ne	wark	, NJ	0710	2					17.0	1		_
[X] DOH			Nan	ne of	Con	tact				Telep	hone Numbe				
[X]DCA	[]Cancell	acion	Do	ougla	s Bla	and, I	Bus. A	dmin.		973-4	124-4400				
			Ц				NFORMA								
Name of Facility W	here Abatemen	t is Ta	king						Type o	f Facilit	ty (4)	**			
								1	1	XI School	(K-12) pter 8 (Oth	er th	ian K	-12)	
University High School	001								1	10ther	(i.e., priv uildings, h	ate &	COM	mer-	it.
								- 1	Square	Feet	of Floors	Blo	ig. A	ge	
55 Clinton Place		County	(6)			Cou	nty Co	de (7)	55000)	3 rior if bei	50		chac	-
		_				(ST	ATE US	E ONLY)		//2	rior it bei	ng ue	HOLL		.,
Newark, NJ 07108	Firm Hired	Essex	ing	IASC	M No		Name	of Abate	School	ontractor	(9)				
Owner (8)	, FILM MILCO	.,	5												
Whitman Companie	s, Inc.						Four	Strong B	uliders,	ing.					
Street Address			_			1	1			•					
116 Tices Lane, Un							City	Sargeant State,	Zip Co	de					
								n, NJ 070							
East Brunswick, NJ Project Manager to	08816 or Monitoring	Firm [relep	hone	Num	ber	Tele	hone Num	nber		Lice	nse N	umbe		
Kevin Lovely				390-5	- 6						0080	7			
Scheduled Start Da	market in the second	hed.Com	pleti	on D	ate	and the second	Name	of OSHA	Monito	r					
0 1 / 0 3 / Day / Occupancy Status	1 4 1 10	1/1	0 6	1/1	1 4	1	Four	Strong B	Builders,	Inc.					
Occupancy Status	During Abatem	ent (Ch	eck c	only	one)		Stre	et Addres	SS						
[X] Facility Clos	sed/Vacated D	uring E	ntire	e Per	iod		180	Sargeant	Avenue	e					
[]Abatement Per Kours - Descri	rformed Outsi	de of N	ormal	L Fac	ilit	Ϋ́	City	. State.	Zip Co	de					
[]Other - Desc	ribe:						Clifto	n, NJ 07	013						
Scope of Work (Ch	eck all that	apply)		111				[]Ful.	1 Conta	inment w	ith Negativ	e Pre	essui	e	٠
[]Demoli			(X]Reno	vati	ion		(X)Min	i-Enclo	rocedure					
[X]>3 sf []∑160 s	f or >260 lf							[]Non	-Friabl	e Procedi	ure				
			1	Is	חח							Abat	emer	Ε	Ξ
	tion of		No.	rmal! Used	Ly			escripti stos-Con		,	Amount	RE	R	N C A	C T.
Materi	-Containing al (ACM)		9	olel	y		Ma	terial (ACM)		(Specify SF or	M	R E P A	P	0
in Fa	CILITY		te	nance	e/	i	nsulat	ion. sur	facing.	. VAT.	LF)	V	A	S	5
. (13)		St	stod:	12)		OL C	CHEL MAS	CCLLAN	.005,		L	R	L	R
Storage Room & N	Acabanical Por	nm .	Yes	No	N/A	Pine	Insulati	on includir	na elbow	s & joints	100 LF	X			-
Storage Hoom & N	nechanical riod		+-	1/	-	1						 ``		-	
			+		-							1	 		
			+-	+	-							+	1	-	
Name of Registers	d Waste Haule	er		JDEP				Yards	Name	of Regis	tered Land	Fill			
		A. 10		aule		No.	of Wa	iste	G B	OWE	nc				
Four Strong Builde	ers, Inc.		1	2609		F	Dispo	sal Date		O.W.S., Ir				_	
OICI. SCECE) 4									town DA					
Clifton, NJ	45 SE MA1	Title					<u> </u>	Signatur		rtown, PA		ID	ate		
Completed By (Pri			<u></u>					TO	7		1		0.101	140	
Bilyana Kulakovsk	(a	Office A	Admi	nistra	ator			W C	THE				12/20)/13	
Z															

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 5686

Date of Notification	2 (1)		Name	of Build	ing (Owner/O	perato	T (2	1					_	
1 2 / 1		11										7.7			
Agencies Notified		l i	Stree	Orange S	SCHO	OI DISTI	CL							I	
	Type Modages		740	Doule Asso					D. F	er 2.6	: nata		•	1	
[]EFA	[X]Initial Notification	tion		Park Ave		Code			115	<u> </u>				T	80
[]DEP	(]Amended		3:	Orange,									•	ļ	
[X] DOL	Notifica	tion		of Cont		7017			Tele	phone i	umber			1	
(X) DOR	[]Cancella	tion							073-	332-45	36			j	
[]BCA			Dari	o Lambki					1970	002 40					-
				FACILIT		FORMATI	.ON	1700	e of Facili	ty (4)					-
Name of Facility W	here Abatement	is Tak	ing F	lace (3)			1	122	AA	10 33	١.				
Costley Middle Scho	ool .								[]Subcha	pter 6	(Other	ce a	COlmin		
Street Address							1	-	mial 1	buildin	ms. no	mes.	ett.	,	-
116 Hamilton Street								1		2	20020	80	3 1		
City (5)		County	(6)		Coun (STA	TE USE	e (7) ONLY)	45 Cu:	000 Frent Use (Prior i	f bein	g de	molis	hed)	
East Orange, NJ 07	017	Essex						Sc	chool					<u>.</u>	_
Name of Monitoring	Firm Hired b	y Build	ing	ASCM No.		Name o	f Abate	emen	t Contracto	r (9)					
Owner (8)				00003		Four S	trona B	Builde	ers, Inc.		5				
TTI Environmental,	inc.			00003		Street	Addres	SS							
1253 North Church	Street				- 1	180 Sa	argeant	Ave	enue						
City. State. Zip						City.	State,	Zip	Code						
Moorestown, NJ 08	057				- 1	Clifton	, NJ 07	013	-1935		Licen	S AV	mner		
Project Manager 10	or Monitoring	Firm T	eleph	one Numb	ier	Teleph	ione Nu	n sed m					MIIID C+		
Michael R. Stocku		(6	856) 8	340-8800			of OSHA	Man			00807				_
Scheduled Start D				n Date											
1 2 / 1 7 / Day /	113 11	121/1	Day	/ 1 3 Year		Four S	Strong I	Build	ters, Inc.						
Occupancy Status	During Abateme	ent (Che	ck of	nly one)			t Addre								
(X) Facility Clo					1	180 S	argean State.	t Av	enue						
[]Abatement Pe Hours - Desc	rformed Outsi	de of No	rmal	Facility	Y	CITY.	State,	. 41	p Loue						
[]Other - Desc	ribe:				_	Clifton	n, NJ 0	7013	3						_
Scope of Work (Ch	eck all that	apply)					[]Fu.	11 0	ontainment	with N	egative	Pre	essur	9	
[]Demoli	tion		[X]	Renovati	on		f IGL	oveb	nclosure ag Procedur	e					
[X]>3 sf []>160 s	260 lf						[]No	n-Fr	iable Proce	dure					
				Is ation				•				Abat	emen	E	E
	ation of		Nor	mally		De	script	ion	of	Am	ount	RE	R	N C	N
	s-Containing Lal (ACM)		So	lsed lely		Mat (i.e.,	erial	(AD	7)		ecify F or	M	R E P	A P	CLOSU
TO BI	E ABATED		ter	Main-	i	nsulati	on. su	rtac	ing, VAT,		LF)	VA	A	S	S
	(13)		Sta	todial	ř	er o	der mi	.sce1	llaneous)			L	Ř	L	RE
			Yes	No N/A	Elbo	NA/		-		1 ea	ch	-	X	<u> </u>	Ë
Boiler Room			$\langle \rangle$				tion			45 S		-	X	_	-
Boiler Room	•		X		rani	k Insula	lion			100		-			\vdash
		101 10	_									+-	-	-	╁
N. Committee of the com						76.55	Yards		Name of Reg	istered	Landf	111			_
Name of Register	ed Waste Haul	er	H	JDEP Was auler ID	No.	of Wa									
Four Strong Build	lers, Inc.		1	2609					G.R.O.W.S.						
City. State						Dispo	sal Dai	Le	City. State						
Clifton, NJ	***								Tullytown, F	Α .					
Completed By (P:	int or Type)	Title					Signati	ure	SA			I	ate	,	
Bilyana Kulakovs		Office	Admii	nistrator			A.	5-	wi	7 _	_	- -	12/18	3/13	
ASB-41	ina	Cilion	- Carrin												
JUN 95														G4	667

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

				(1 0	Suant to N.J.	Name of Building O	wner/Ope	erator (2)					
Date of Notification (1)					1 '	Hoffman LaRoche		6.			$\overline{}$		
Dec 19, 2013					1	Homman				(**			
Dec 15, 2010						Street Address					i		
Agencies Notified		Notifi	ication Ty	rpe		340 Kingsland St					į		
Agendies (vee				Section	-								
(X) EPA		(X) Ir	nitial Notif	ncation	1	City, State, Zip Coo	le	DEC	2 6 20	13	.		
(X) DEP		() A	mended	Certification	1	Nutley, NJ 07110	555						
(X) DOL		()0	Cancelled		H	Name of Contact			Tel. Numb	er	3		
(X) DOH						Paul Paskosky			(973) 235-	3144			
(X) DCA						raul Laskooky					+		-
(X) DOM					FACILITY INF	ORMATION						-	
					FACILITY IN	Type of Facility (4)							
Name of Facility Where Aba	atement is	Taking	Place (3)	1	1	() School (K-12)							
Same As Above						/	other than	n K-12)					
Same AS Above						(X) Other (i.e. priva	ate & com	nmercial bldg	s., homes,	etc.			
Di IAddana						(X) Other (i.e. pine							
Street Address						Sq. Feet # of F	loors						
	County (6	1		County Code	e (7)	Sq. reet_ # or i	100.0						
<u>City (5)</u>	ESSEX	1	4	(State Use C	Only)	Dide Ago					202.0		
	ESSEA			A		Bldg. Age Current Use (prior	if heing o	demolished)	OFFICE T	RAILER	₹\$		
i			1	<u> </u>		Current use (pho	II boing	Name of Cor	ntractor (9))			
	rad by Di	da Owr	ner (8)	ASCM No.				Absolut Ace	e Inc.	•			
Name of Monitoring Firm H	tired by big	ag. Owi	101 101				1	ADSOIGE AC					
EHI						Street Address							
Street Address						PO BOX 295							
655 West Shore Trial													- 1
						City State, ZipCo	<u>de</u>						
City, State, Zip Code						FLORHAM PARI	K, NJ 079	332					
Sparta, NJ 07871									111	Numbe	or		
54-5-10-25-5-10-25-5-5				NI		Telenhone Numb	or		License	Numbe	7		
Project Manager for Monit	toring Firm	<u>Te</u>	lephone l	Number					00225				
1 TO COL WAY A STATE OF		97	3-729-56	49		- 27			1				
John Sekelsky													
John Comerci,		- 1											
			halubad	Completion D	Date (11)	Name of OSHA	Monitor						
Scheduled Start Date (10)	30	arch 1, 2	013		EHI							
Jan 6, 2013		101	artir i, 2	0.0									
		1 (0)-	alc anhu a	201		Street Address							
Occupancy Status During	Abateme	nt (Che	CK ONLY OF	Abatement		655 West Shore	Trial						
(x) Facility Closed/Vacat () Abatement Performed	d Outside o	of Norm	al Facility	Hours -		City, State, Zip (Code						
():						Sparta, NJ 078	71						
Describe													
		25	23										-
Other - Describe Old O	Office Traile	ers-Vaca	ant										
Source of Work (Check a	all that app	oly)											
Source of Work (Green									10.200				
(x) Demolition () Re	enovation				00 05 >10	260 (F ACM) () Minor P	roj. (<25 SF	or <10 LF	ACM)			
(x) Demolition () Re (X) Large Proj. (>160 SF	or >260 L	_F ACM)()SM	Proj. (>25<16	50 SF 01 > 10 -	Glovebag Procedure					T		
(X) Large Proj. (>160 SF() Full Containment with					Description	of ACM (i.e.	Amount	(Specify SF	or LF)	Abate	ement Typ	je	
Location of Asbestos-					Description	tems insulation,	10	N. 53					
Containing Material (AC	M) in S	olely by	/ Maint./C	ustodial	thermal sys	(AT or other				D	Rep.	Encap	Enclose
Containing Material (AC	S	taff? (1:	2)		surracing, V	AT, or other		8		Rem.	Nep.	T	T
Facility (13)		YES	NO	NA	miscell.)	diam 9	2000 sc	quare feet		X			
		7	X		Pipe insula	Ition &	2000 00						-
Bldg 66A		7.7	100000		Equipment								
												-	
			+							1			
			+						Name	of Rec	g. Landfill		
			NIDEDI	Vaste Hauler	ID#	Cubic Yards of	Waste		Ivaille	01 110			
Name of Reg. Waste H	auler		NJDEP V	vasie i laulei	منتسطين	30							
OWNER		1									City, Sta	ate	
. 97							-	Disp. Da	<u>te</u>		Oity, Oto		
City, State								22					
Gity, State									- 1	2/40			
						Signature	$\overline{}$	74	12/19	3/13			
Completed by (Print or	Type)		Title			Signaturo /	/						
Completed by (Frint of	11021					1//	\		Ý.				
DODERT OROGAN			VP		(6)	//							
ROBERT GROGAN				<u> </u>									
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Date of Notification (1) 12/20/13						Building O			(2)		<u>00</u>			T.	7-	7	
Agencies Notified	Тур	e Notification		1000	Street Ad 129 Jor	dress dan Roa	ad				• 7					1	
EPA DEP DOL	H	Initial Amended Amendment #				e, Zip Coo s Point N		244			DEC	2 6	201	3		~	
Ď DOH DCA		Emergency (in justification) Cancellation	ncluding	1273	Name of Tom	Contact	Th.			2	107539	phone N 6-546-0				and the second	
Name of Facility Where Jordan Road School Street Address		ment is Taking	Place (3)		FACIL	ITY INFO	RMAT	ION	⊠ S	of Facility (4) chool (K-12 ubchapter 8) 3 (Othe					<u></u>	
129 Jordan Road				1979						other (i.e. pri		Floors	rciai		ig. Ag		5,
City (5) Somers Point NJ 0	8244	Į.							1000	+	1			35	0.200	,c	
County (6) Atlantic					County C STATE U	ode (7) SE ONLY)	_		Currer	nt Use (Prior	r if bei	ng demol	ished	d)			
Name of Monitoring Firm N/A	n Hire	d by Building C	wner (8)		ASCM	No.		U. 1964 S. S. S. S. S. S. S. S.	of Abat aco In	ement Cont	ractor	(9)					
Street Address				200000000000000000000000000000000000000				75.55	Addres Box 32								
City, State, Zip Code									State, Zij t Berlir	p Code n NJ 0809	91						
Project Manager for Mo	roject Manager for Monitoring Firm							Telep	hone No).		License 00727		* **			
Start Date (10) 12/26/13	3.		Schedule 12/28/1		npletion [Date (11)		Name		IA Monitor							
Occupancy Status Durir	ng Aba	atement (Check	c Only On	e)				Street	Addres	s							
Facility Closed/Vac Abatement Perform Other – Describe:	ned O	During Entire Poutside of Norm	eriod of A al Facility	Nbatem Hours	nent		0	City, S	State, Zi	p Code		- <u>10 +4 +2</u>					
Scope of Work (Check	All Th	at Apply)							_				-12/2				
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United Containers				10000	2459		3			G.R.O.\						- 534	
City, State Elm NJ		3.24						osal Dat 30/13	е	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna			Title Pres	ident				Signatu	(P)	(Date 12/	e 20/1	13		

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K-12) ommercial buildings, hors Bldg. A	Age	e, etc.)	
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nt with Negative Pressu	re			
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ate of Notification (1) ecember 20, 2013			Name of Bank of	Building C America	wner / Op	erator (2)							\dashv
gencies Notified	Type Notification			Street Ad	idress	hia Avenu	ie	1 22			2 -	7	-	
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⊠DOH	Amendr Cancell		- 1	Name of	Contact					Teleph	56	- 3	er	
DCA	Caricein	20011			Lindema	n			0.55	484-68	88-03	79		_
				FAC	ILITY IN	FORMA	TION							_
Name of Facility Wh	nere Abatement is	Taking Pla	ce (3)			Туре	of Facility School (K-	(4) 12)						
Bank of America					-2(1	¦	Subchapte	r 8 (Other than I	(-12)					
Street Address	hin Avenue						Other (i.e	., private & cor	mmercial	buildings, h	nome	, etc	.)_	
205-207 Philadelpl	nia Avenue					Squ	are Feet	# of Floo	rs 1	Bldg.	100 mm	50		
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Egg Harbor City						Ban								
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Atlantic Name of Monitoring	Firm Hired by Rui	Transaction of the second seco	ONLY er (8)		ASCM N			ment Contractor	(9)			00-2-20-0		
Environmental Te	sting Consultants	, LLC					et Address							
Street Address						829	Radio Roa	ad					_	
One Mall Drive, Son City, State & Zip C	ode					City	, State & Z	p Code						
Cherry Hill, NJ 08	3002		IF.	- Lana N	Lumbar	Litt	enhone *	bor, NJ 08087	Lice	ense Numbe	er			
Project Manager fo	or Monitoring Firm		100000000	phone N -482-131		1	e 1157750				0817		_	
Howard Zenobi Scheduled Start D	ate (10)	Scheduled	Completio	n Date (1	11)		ne of OSH							
January	6, 2014	(Obselver		ry 6, 201	4		et Address							
Occupancy Status	During Abatement losed/Vacated Duri	ing Entire F	Period of A	batemer	nt	829	Radio Ro	ad						
Abateme	nt Performed Outsi	de of Norm	nal Hours				, State & Z							
Other - D	escribe:					Lit	tle Egg Hai	bor, NJ 08087						
	ccupied During Ab										_			
Scope of Work (C	heck all that apply)						П	Full Containmer	t with Nega	ative Pressu	re			
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15	IN Facility)	(i	e., thermal	systems acing, VAT			_,		ᄧ	m
	(13)		1			insi	other misc	ellaneous)			en	Re	cap	nck
								•			Removal	Repair	Encapsulate	Enclosure
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Maria de la Presidente	Interior				Х	Interior	Caulk / Gla	azing Compound	2	0 SF	Х			
Window Panels	- interior			-										
Name of Registe	red Waste Hauler		NJDEP		Cubic	Yards of W	/aste	Name of Regi	stered Land	dfill				
Synatech, Inc.			0.000000	7429	1			Grows Landf	ill			_	_	
City, State					Dispos	al Date		City, State						
	or N.I. 08087				Febru	ary 7, 201	4	Morrisville, P						
Little Egg Harbo	JI, 140 00007	Title			Signat	IIIA	_		Date					
		Evecué	ve Admin	istrator	1	Mane	allo	2	Decembe	er 20, 2013				
Diane Aloia		Executi	Ve Aumin	Judioi										

		(Pur	rsuant to	NJAC 8:	60 and	12:120) (beck	1 ر	257	28				
Date of Notification (1) 12/19/13			lame of E Matt Fra	Building O anklin	wner/O	perator			· ·			T.	-	7	
Agencies Notified Type Notification		11 55	treet Add	dress Sowers S	Street										
□ DEP □ DOL □ Mended □ Amended □ Amendment#	١			e, Zip Cod City, NJ		7	÷		DEC	2 -	2013				
✓ ✓ ✓ DOH ✓ DCA ✓ Cancellation	cluding	380	lame of 0							phone Nu -313-29					
Ed		-	FACIL	ITY INFO	RMATIC	ON					. 72		W.	- p.//ser *#	3
Name of Facility Where Abatement is Taking I house	Place (3)			U			☐ s	f Facility (4) chool (K-12)						
Street Address 214.5 Bowers Street							X O	ubchapter 8 ther (i.e. pri tc.)	Othe	r than K- commer	12) cial bu	iibliu	ngs, i	nome	s,
City (5) Jersey City							Square 2400	Feet	# of 2	Floors	75	50	lg. Aç	je	
County (6) Hudson			County C STATE U	ode (7) SE ONLY)			Curren	t Use (Prior	if beir	g demoli	shed)			- E	
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				ement Cont onmental			.C				
Street Address						17.010.017	Address Box 48	s 3, 4 E Ga	ate Dr	ive					
City, State, Zip Code							State, Zip	Code NJ 0741	8						
Project Manager for Monitoring Firm		1	Telephon	e No.		Telen	hono No			License 703	No.				
	Schedule		pletion D	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During Abatement (Check	Only On	e)				Street	Addres	s	-					* 118°	
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	riod of A	batem	ent	e w neses	rein a '	City, S	State, Zip	p Code			*		-	8 6	
Scope of Work (Check All That Apply)	1 -														
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		Locati										,		ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Con thermal surfa		Material ns insula AT, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									_			
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Basement			x		2	elbows	5			15	×	s 9			
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Name of Registered Waste Hauler Freehold Cartage	i.	H	IJDEP W lauler ID 5939		of Wa	Yards iste		G.R.O.\	N.S.	ered Land	JIIII		0.(4)		
City, State Freehold NJ					Dispo TBD	sal Dat	е	City, State Morrisv		Α					
Completed by Andrew Scott Higgins	Title Pres	ident		ti		Signatu	e Qu				Date 12/1	9/1	3		

Date of Notification (1)			Name	of Building	g Owner/O	perator (2)							
12-20-13			Pro	otesta	nt Com	munity	Church						
Agencies Notified	Type Notification			Address		_			DE	2	0 2	UlJ	
DE EPA	□ Initial				es Roa	ıd							
□ DEP St DOL	☐ Amended Amendmen	+#		tate, Zip C		0055							ı
M DOL	☐ Emergency			dford,		8055		17-1-	-1		N/A		
Ď DOH □ DCA	justification)		10 PROSESSION DESIGNATION 10 PKG 10		Castro)		7.010000	phone Nu 9-953		. 1		
□ DCA -	Cancellation	1			FORMATIO				7-333	-405			
Name of Facility Where A	Abatement is Takir	ng Place (3)	FAC	JILIT IN	PORIVIATIO		pe of Facility	(4)					
Protestant Com													
Street Address								8 (Othe	r than K-1	12)			
100 Stokes Road	f					128	Other (i.e.	orivate &	commerc	cial bui	ldings	hom	es,
City (5)						S	etc.) guare Feet	# of	Floors	1	3ldg. A	Age	
Medford							,200	2			4Žy		
County (6)		3000		Code (7)		C	urrent Use (Pri	or if bein	g demolis	shed)			
Burlington			(STATE	USE ONL	Y)		hurch						
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name of	Abatement Cor	ntractor (9)				
EHS Environment	tal, Inc.					Plymo	uth Envi	ronmei	ntal (.,:	Inc.		
Street Address			- Land			Street Ad							- 1
411 Southgate (Court, Suit	e E					aws Aveni	ie er					
City, State, Zip Code							, Zip Code		04				
Mickleton, NJ (NAME OF THE OWNER.					stown, P	A 1940	01				
Project Manager for Moni	toring Firm		1	one No.	- 1	Telephone	No.		License N				
Jack Carney				-224-0					0039	98			
Start Date (10)			Completion	Date (11)) .		OSHA Monitor			_	_		
TBD	A	TBD					uth Envi	ronme	ntal (٥٠,	Inc	•	
Occupancy Status During						Street Add	iress aws Aven i	10		-			
☐ Facility Closed/Vaca ☐ Abatement Performe								ue					
Other – Describe:				v.			, Zip Code stown, Pi	A 194	01				
Scope of Work (Check All	That Apply)												
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 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		741 SIMITE	novation molition				Full Containme Mini-Enclosure		vegative i	Pressu	re		
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Location Asbestos-Containing N	TO Super-Street and a super-street and a super-	Used	Solely by	Achor	Deso stos Conta	cription of	rial (ACM)	^-	ount		Γ		
TO BE ABA		Maint	enance/ lial Staff?		thermal s			1000000	ecify	R	71	Encapsulate	E
In Facility	У	The state of the s	12)			ng, VAT, o scellaneou		SF	or LF)	Remova	Repair	apsi	Enclosure
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	-	-		-		- American				-			
Name of Decistered West	a Haules		NJDEP V	Vanta	I Cubi- V	orde	Non-11) o alake	الما الم	1			
Name of Registered Waste			Hauler ID		of Wast		Name of F	kegistere	a Lanatiii		1 14		
Robinson Waste	:	914.95	17304		- 1	7 B 0	GROV	VS, II	nc.				
City, State					Disposa	I Date	City, State						
Bellmawr, NJ				- 1	TBD	2	Morn	isvil	lle, F	PΑ			
Completed by		Title			Stg	nature	10		Da	ite			
Timothy E. Bry	an	Vice-	-Presid	ent	1	las	1/1/4		1	2-20)-13		
ASB-41 (R-06-08)						Do not us	e this form for	asbestos	licensure	e exem	noted :	activit	ie

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ate of Notification (1)			Rei	nhar	d Manor,	LLC C) /o MBI	Deve.	LODIN	ent Comp	TIL	7		+
12–17–13 gencies Notified	Type Notification		Stree	t Addre	ss hbert Bl				7		-			
EPA DEP	☐ Initial ☑ Amended	1	City	State, Z	ip Code Hill, NJ		02	ΓλF	-c 2	6 2013		e-monadati		
DOL	Amendment #_ Emergency (inclustification)	luding	Nam	e of Cor	ntact				Teleph	none Number -662-173	30			
DOH DCA -	Cancellation		Br	uce N	Morgan	011					:		100000	
ame of Facility Where Reinhard Mano	Abatement is Taking F	Place (3)	F	ACILITY	(INFORMATI	ON		ol (K-12)	10thor	than K-12) commercial bu	uilding	s, ho	nes,	
treet Address 16 Outlook Av	renue						etc.) Square Fe	eet	# of F	loors	Bldg	Age		
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County (6)			Cou (STA	inty Coc	le (7) : ONLY)		scho	ol						_
Middlesex Name of Monitoring Fire	m Hired by Building Ov	vner (8)	A	SCM N	0.	Name	of Abatem	ent Contr Enviro	actor (ntal Co.	,In	С.		
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City, State, Zip Code	2 6002 57			II		City, S	State, Zip C ristow	n, PA	194	01				_
Mickleton, N	J 08056		Tel	ephone	No.		hone No.			License No. 00398				
Project Manager for M Jack Carney			0.0		24-0080	1 11								_
Start Date (10)		Scheduled (etion Da	ate (11) .	Ply	mouth	Envir	onme	ental Co	.,I	nc.	7.5	_
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Scope of Work (Chec ≥3 sf or ≥3 lf x ≥160 sf or ≥260	k All That Apply)		novatio			10	₩ Mini-	Enclosure	e codure	n Negative Pro	e Proc		ment	
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Asbestos-Contain TO BE In F	ning Material (ACM) ABATED Facility 13)	Main Custo	dial St	aff? N/A	st oth	ırfacing, \ er miscel	laneous)		2,	,550 LF	x			1
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Asbestos-Contain TO BE In F	ning Material (ACM) ABATED Facility 13) coughout Lier room	Main Custo	dial St (12)	aff? N/A	st oth	er miscel	ion sulation	on			x			-
Asbestos-Contain TO BE In f Bldg. 16-thr -box -thr	roughout coughout	Main Custo	dial St (12)	N/A X	pipe in	sulat: ng insastic	ion sulatio	on	10	600 SF ,600 SF 225 SF	x x x			
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Date of Notification	(1) 12/20/20	013			e of Building tal Powell	g Owner/Ope	erator (2)	REC	EI	√FD			
Agencies Notified	Notification	т Туре	=	17:00:00	t Address Osborne T	errace	201	3 DEC 2	6 6				
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Newark Residence								chapter 8	(other	than K	2)		
Street Address	W.						(X) Othe	er (i.e. priv nes, etc.				ilding	s,
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City (5) Newark			to.				Square	Feet	# of I	Floors	Bld	g. Ag	е
County (6)					y Code (7)	(STATE	Current	Use (Prio	r if bei	ng demo	lished)	
Essex				USE	ONLY)								
Name of Monitoring	Firm Hired by	Bldg. O	wner	ASCN	No.	Name of C	Contractor	(9)					
(8)	ontions					CID & CO	NO LLO						
GL Environmental S	ervices					CID & SO							
Street Address PO Box 753042						Street Add							
City, State, Zip Code Bronx, NY 10475	•					City State, Garfield, N							
Project Manager for	Monitorina Fi	rm Te	elephone	Numbe	r	Teleph-			-	Licens	a Num	her	
Greg Brown	Worldoning i ii		47)307-1			, ,				01191		Dei	
Scheduled Start Date	e (10)		cheduled 1)	Comple	etion Date	Name of C	SHA Mon	itor					
12/21/2013			01/04	4/2014		Testor Tec	ch	L= -000.090					
Occupancy Status D	uring Abatem	ent (Che	ck only o	one)		Street Add	iress				111272		
00 = -104 01 104					7	10-59 Jacl		0.55.0500					
(X) Facility Closed/V() Abatement Perfor() Other – Describe	rmed Outside				ent	City, State	.*						
Source of Work (Che		ply)				Long Islan	u City, ivi	11101					
						() Ful	l Containn	nent with	Negati	ve Press	sure		
$(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$		(X) Renova	ation		() Min	i-Enclosu	re					
() ≥ 160 sf or ≥ 260	lf	()	Demolit	tion		(X) Glo	ve bag Pr	ocedure					
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(ACM)	.9		aintenan			ng Material (Am	ount	7.7	10	1 131	Ш
TO BE ABA	TED		dial Staf					(Sp	ecify	e e	R	8	공
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Name of Reg. Waste	Hauler	#	EP Wast	e Haule	r ID Cub	oic Yards of V	1000	ame of R	-				
CID & SONS, LLC			329	05		TBD		i.R.O.W.S	s., Was	ste Mana	ageme	nt	
City, State Garfield, NJ					Disp	oosal Date TBD		ity, State lorrisville,	PA				
Completed by	Title	927 427	ases		Signatu	re (1)	DAD	all m	Т	Date			
Roque Schipilliti Jr		Project I	Manager			1700	4 Nicky	4////	7		2/20/2	013	

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NOTIFICATION OF ASBESTOS ARATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) 12-13-13 Agencies Notified [IPPA	Age
Name of Building Owner/Operator (2) 12-13-13 Agencies Notified Type Notification []EPA	NS/NE
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Patricia Braun 1973 144-4619 Facility Information	Age
FACILITY INFORMATION Kame of Facility Where Abstement is Taking Place (3) Same as above [] School (K-12) [] Subchapter 8 (Other than K-12) [X] Other (i.e., private 6 commencial buildings, homes, etc.) Square Feet # of Floors Bldg. City (5 County (6) Essex County Code (7) 2600 3 135	Age
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City (5 County (6) Essex County Code (7) 2600 3 135	65.
(STATE USE ONLY) Common Hea (Prior if being demolis	ihed)
Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9)	
Name of Monitoring Firm Hired by Suitably ask No. AZTECH MANAGEMENT, Inc.	
Street Address Street Address	
86 Christopher St.	
City, State, Zip Code City, State, Zip Code Montclair, NJ 07042	
Project Manager for Monitoring Firm Telephone Number Felanham Number 00371	per
Schildren Scale See (12)	
12-14-13	
Occupancy Status During Abatement (Check only one) Street Address	
[X]Facility Closed/Vacated During Entire Period of Abatement	
[] Abstement Performed Outside of Normal Facility City, State, Zip Code Bours - Describe: «OffBours Descript» [] other - Describe: «Other Occupancy Descript»	
Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]>3 sf or >3 lf [X]Renovation [X]Mini-Enclosure [X]Slovebag Procedure	
[]Non-Friable Procedure Is Abatem	ent Type
Location of Normally Used Asbestos-Containing Used Asbestos-Containing Used Material (ACM) Solely Material (ACM) Solely Material (ACM) Sylence (i.e., thermal systems SF OI OP Tenance/ Custodial insulation, surfacing, VAT, (13) Scaff (12) or other miscellaneous)	ENCLOSUR
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Name of Registered Waste Bauler NUDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. of Waste 1.5 G.R.O.W.S.	
City, State Montclair, NJ 07042 Disposal Date City, State Morrisville, PA 19067	
Completed By (Print or Type) Fitle Constantine Vivian President Signature 12-13-13	}

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) ate of Notification (1) Luckmane Elysee 12-19-13 Street Address Type Notification gencies Notified 40 Emerson Street [X Initial []EPA Notification City, State, Zip Code []DEP []Amended East Orange, NJ, [X]DOL Notification Telephon Name of Contact (973) 518-2468 [X] DOH EMERGENCY Luckmane Elysee []DCA 1Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) []School (K-12) Same as above []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) Bldg. Age # of Floors Square Feet 85 3 County Code (7) 2400 County (6) Essex City (5 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 N/AName of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 12-20-13 12-19-13 Year Month Day Day Year Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code []Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure []Mini-Enclosure [X] Renovation [X]>3 sf or ≥ 3 lf [X]Glovebag Procedure []Demolition []>160 sf or >260 lf []Non-Friable Procedure Abatement Type Location Normally Description of NCHOSUR NCAPSU Location of Amount Asbestos-Containing EMOV E Asbestos-Containing Used (Specify Material (ACM) Solely Material (ACM) SF or By Main-tenance/ (i.e., thermal systems TO BE ABATED insulation, surfacing, VAT, LF) A In Facility Custodial or other miscellaneous) Staff (12) (13)Yes No N/A 70 lf X Pipe Insulation X Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S. of Waste 1.5 AZTECH MANAGEMENT, INC. City, State Disposal Date City, State Morrisville, PA 19067 12-23-13 Montclair, NJ 07042 Date Completed By (Print or Type) Title

President

Constantine Vivian

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State of New Joisey Notification of Asbestos Abatement (Present to NJAC 8:50 and 12:120)

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House for Demo									l.a. private &	commercial D	(Attale (Be	,		
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City (5)								1900	(Prior if bein	demolished	ŋ			1
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County (6)				(STA)	te neu c	200LV)		House e of Abelsmor	on Chambragins	9)				7
Ocean		Total In Melbro Corrie	r (B)	AS	ICM No.	¥.	Nam	e di Adelemoi Znica Mana	gement Co	rporation				1
Name of Monitoring	Firm H	lined by Building Owne		n/	'a				gome					1
n/a								of Address				23.500		
Street Address								Troy Lane	on the second		-			
n/a							City	, state, zip ce neoin Park,	N.I 07035					_
City, State, Zip Cod	10					11 y		1.0	140 01 000	License No).	93		-
n/a		Aug Stille		Tele	phone l	Np.	0.000	annona Na		01193				لـــا
Project Menager fo	inony y	pound suna		n/1	B.		4		for midraly	-				
r/a	-	80	haduled	Comple	tion Dat	in (11)	MB	me of OSHAN OZNICZ MAN	manamani ()	amoration			100	111
Start Date (10)		1 1	2-31-20	13				oznica wan	MAGNITURE C					
12-27-2019						3 - 2 3 - 10 - 12 - 1		eet Address						
Occupancy Status	Durin	Abelement (Check C		-10000	.6		1 2	2 Troy Lane				100		
					14		C	y, Stets, Zip C	. N.I. M.Z.O.G.					
	**********	MA 00					1	incoin Park	(, NU OI US					_
Supple of Work (C	hock /			novett				Min-	containment vi Enclosura rbag Procedu)	
2160 of or 2	260 0							R Non-	Prompted (*)	BUD LODILL IN	18/10 1 / 0	Abele	ment	
												Ty	pa	
AchmolM0-CE	Losuit Intainir D BE A In Fa	ng Mararian (ACM) RATED	User Mal	Locatio ormaliy 1 Solely ntenan odlal Bi (12)	t by	(j.e. the	Contal printil in curindi	ription of ning Meterial (yeterns insulati ng, YAT, or southeneous)	ACM)	Amount (Specify SF or LF)	Ramoval	Repoir	Encapsulate	nemorities.
	(4:		Yes	No	N/A			-1	-	240 SF	×	T		
	a :	LIGHT RAOM		ester en	X		-	aleum	-+	1,500 SF	30			
Kitchen,	-anir	y, Utility Room	-		X	The second secon		nt Transite		320 SF	35	+	1	T
	-	erior	+-	-	X		Ceme	nt Transite			-	1	+	+
	Rear	Shed	+		+	1	CARRA	nt Transito		350 SF	25	1	1	ـــــــــــــــــــــــــــــــــــــــ
D=	tache	d Garage			WOEP V		Chipic	Yarda		platered Ler				
Name of Regis	revod'	Maste Hanler		10	Hauter II	O No.	of Wes		GROWS	Landill				_
Loznica Ma	nage	ment Corporation		10	003313	37	Diapo	sal Date	City, State	le, PA 190	167			
City, State						1	TBO		MIGLLIPA	ING, I PE 101	Date	_		
Lincoln Par	k, NJ	07035	7780			لسنسا	18	Signature	-			9-20	13	

ASS-41 (R-05-08)

Completed by

E. Cirovic

* Do not use this form for exheatos licensure exampled activities.

12-19-2013

TO

Secretary

												,	A) <u>.</u>
PROJECT # BRCK-00 POST SANDY DEMO ASBESTOS REMOVA	LITION	N	iotifi (Pi	CATION	to of New Jerse OF ASBERTOS to NJAC 8:06 pm	ABATEN	MENT	\$200.00 PER HO	FOR A BLOCK WARD BLACK G.O. O. A.	OF A	HOU	PES OF	PEC	CONT.
Date of Notification (1)			T	Name of	Building Changel	Operator	(2)			1	1	3	To	My 0.
12-19-2013					hip of Brick				1.		10	4/	23	Ca 3:2
Approles Natified	Type Nethoston			Street Ac		_1		,1	17.7	1	1		54	CONTROL
EPA DEP	(E) Inttial	7	_		nambersbridg	PIBOPI O		Variety.	MA	1	1			ME TOI
DEP DOL	Amended Amendment	ii .			le, 21p Code NJ 08723	1			APPROV	FD	1			
	Emergency (_	Name of			_	WAIVE	1 Telepholia Nu	mhar				±ξ.
DOH DOA	(Canopleton	8.		HANNE OF					wapriging 196	er careal				
				PACII	LITY INPORTAT	'loh								
Name of Feeliley Where	Abstement in Takin	g Place (3)				_	e of Facility (4	1)			260		ĺ
House for Demo							B	School (K-12		n)				
327 N. Bay Drive							H	Other (i.e. pr	8 (Other than K-1 nommed 2 east	iel bulk	dings,	, hom	69.	
Olty (5)								etc.) are Feet	# of Floors	1=	Molg. A	Non-	-	
Brick				\$		(100		1	1 1 1 2 2	#0⊌. r 30+	20		
County (6) Ocean		6		County C	Code (7) ISE ONLY)		100000000000000000000000000000000000000	rant Use (Prio	if being demails		- 10 5			
Name of Monitoring Firm	n Hired by Building	Owner (B)	- L	ASCN	ı No.	100000000000000000000000000000000000000		element Con			~	_		
n/a				n/a		1			ent Corporatio	n				
Struct Address		100				50000								
n/s Chy, Siene, Zip Code							-	Lane Zp Code						
n/a					35			ank, NJ 07	7035					
Preject Manager for Ma	nRoding Firm	***************************************	T	Telepho	ne No.	Teleph			License	Ma.		-		
n/a				n/a					01193					
Start Dets (10)		8chedul 01-06-			Date (11)	The state of the s		SHA Monitor	ma Oam	_				
12-30-2019 Occupancy Status Durin	an Abelemant IChae			•		Street			int Corporatio	11				
	alled During Entire :		500076	nani		5500 to 07.60%		Lane						
Absternant Parlom	ned Culpide of Nam						0.00	Zip Code						
Other - Desemble:						1		Park, NJ 07	P035					
Brape of Work (Check / ≥3 af or ≥3 if ≥180 af or ≥260 if	V That Apply)		ianovi Jemoli		F		1 %	lini-Enclosure Novebeg Proc		500		ra_		
			Locat									emen ype	ul .	0
Location		Upo	ermak Joe be	lly by by	D	espription	of				T .) PPO	_	
Astesios-Combining TO BE AP In Feel (13)	ATED.	Cus	Intena todial ((12)	ince/ Stati?		Making N al system ading, VA Miccellar	e ineu (T, ar	Jiatien,	Amount (Specify SF or LF)	Renova	Repair	Encapaviate	Enclosura	2
		.Yes	No	NA							_	T IB	-	
Throughout		1		X		heetro			3,500 SF	×		_		
Roof (N	lain)			X	Astalt R	looling (Shin	gles	1,250 SF	ж				
Roof (Chimn	ney Base)	1		Х	Asfalt R	aniloos	Shin	gles	2 SF	×	_			
Name of Registered Wa	oto Hauler	ــــــــــــــــــــــــــــــــــــــ	1.8	TOTA W	anie Cubi	e Yarde		Nome of I	Registered Landii					
Loznica Manageme			[F	lauler ID	No. of W	acto			S Landfill					10
	oorporaudii		0	03313) Osai Dabo		City, State						
Chy, State Lincoln Perk, NJ 07	035				TBI				ille, PA 19067	7				
Completed by		Title		_			7			ماها		_		
E Cimula		00000	natan	i		مر	1:	المحس	/ 1	12-19	201	3		

ASS-41 (R-05-08)

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

* Energend *

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

Ck 381

	otification (1)				Na	me of Bui	ilding Own imnach	er/Ope	erator (2) ne	<i></i>				艺		7
Agencies N		Тур	e Notification		1	reet Addre											1
× EPA			Initial			-	Zip Code					- D	EC 2 G	2013	÷		Ħ
EPA DEP DOL			Amended Amendment #		Li	ittle egg	Harbor	Town	ship N	17 0808	37						Ц
		×	Emergency (inclustification)	luding		ame of Co	ontact						phone Numb -229-1678				1
× DOH			Cancellation		N	larsha			—			000	-229-1070	2			1
			Taking F	llace (3)		FACILIT	YINFORM	OITAN	N	Type of F	acility (4)						
Name of F	acility Where Zimnach P	riva	ement is Taking P	lace (5)						Sch	ool (K-12)					
Street Add										Sub X Oth	chapter 8 er (i.e. pri	(Othe	er than K-12) commercial	building	gs, ho	mes,	8
	ch Drive				10				1.	etc.)		Floors		. Age		
City (5)				,						Square F 1000+	-eet	1	110013	35+	000000000000000000000000000000000000000		
		owr	ship NJ 0808		10	County Co	de (7)		100		Use (Prio	r if bei	ng demolishe	ed)			
County (6	6)						EONLY)		_	Home			0			- 0	
	Monitoring Fire	m Hir	ed by Building Ov	vner (8)	-	ASCM N	No.			of Abaten aco Inc.	nent Conf	tractor	(9)				
N/A								-		Address							
Street Ac	ddress									Box 329							
	7:0-4-							-	City, S	tate, Zip	Code						
City, Star	te, Zip Code										NJ 080	91				_	_
Project N	Manager for Me	onito	ring Firm			Telephone	e No.			none No.	٠.		License No 00727	o. 			
Start Da				Scheduled		pletion D	ate (11)		Name Sam	of OSHA	Monitor						_
12/23/		ring A	Abatement (Check						Street	Address							
× Fac	cility ClosedN/	acate	ed During Entire P Outside of Norm	eriod of Ab	aten	nent S			City, S	State, Zip	Code						
Scope o	of Work (Check	k All	That Apply)	_					r	٦	Cantainm	ont wi	th Negative F	Pressur	e		
	sf or ≥3 lf 60 sf or ≥260 l	lf			enova emoli					Mini	-Enclosur	re ocedur				9	
										NOI!	-Exemple	1	ind reon rina		Abate	ment	
					Locat			D	escriptio	n of		37		_	Ту	pe	
Anh	Loca		of Material (ACM)	Used	Sol	ely by	Asbest	tos Cor	ntaining	Material	(ACM)		Amount (Specify	R	_	Enc	Ī
ASL	TO BE	ABA'	TED			ance/ Staff?	(i.e.	therma	al syster acing, V	ns insula 'AT, or	tion,		SF or LF)	Removal	Repair	Encapsulate	1
		acility	у		(12)			other	miscell	aneous)				val	=	ılate	
				Yes	No	N/A						_			-	-	\vdash
-	Kitchen &	dinn	ing area			х		F	Floor T	ile			300 SF	x	-	-	+
-												_			_	-	-
-			1													_	1
-																	
Name	of Registered	Was	te Hauler		T	NJDEP V			ic Yards	3			istered Land	fill			
Barron section of	d Container		7-900 (375-570)			Hauler ID 22459	No.	2	Vaste		G.R.C		S 				
City, S					-8				posal Da		City, S Morri		PA 19067				_
	leted by			Title					Signat		-			Date 12/20	/13		
	ony T Perna	a		Pres	ider	nt	- parties			_	_					-	

* Emergency *

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

MENT 2813

Date of Notification (1) 12/23/13 Agencies Notified Type Notification Street Address 2 West Potomac Dr.	
Amended Amendment # Emergency (including justification) DCA Cancellation Cancellation DCA Cancellation Cancellation DCA	
Amended Amendment # Emergency (including justification) DCA	
Name of Facility Where Abatement is Taking Place (3) Bob Tiller Private Home Street Address 2 West Potomac Dr. City (5) Tuckerton NJ 08087 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Facility INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, he etc.) Courty (6) County (6) (County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Scheduled Completion Date (11) 12/23/13 Cocupancy Status During Abatement (Check Only One) Street Address	
Name of Facility Where Abatement is Taking Place (3) Bob Tiller Private Home Street Address 2 West Potomac Dr. City (5) Tuckerton NJ 08087 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address PO Box 329 City, State, Zip Code Project Manager for Monitoring Firm Telephone No. FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, he etc.) Courty (6) Current Use (Prior if being demolished) House	
Name of Facility Where Abatement is Taking Place (3) Bob Tiller Private Home Street Address 2 West Potomac Dr. City (5) Tuckerton NJ 08087 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State (10) Telephone No. Telephone No. Type of Facility (4) School (K-12) Subchapter & (Other than K-12) Other (i.e. private & commercial buildings, heetc.) County (6) County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Use (Prior if being demolished) House Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Telephone No. Telephone No. Telephone No. Street Address City, State, Zip Code Street Address Name of OSHA Monitor Same Cocupancy Status During Abatement (Check Only One) Street Address	
City (5) Tuckerton NJ 08087 County (6) Ocean Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Code City, State, Zip Code City, State	
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Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Street Address License No. 00727 Start Date (10) 12/23/13 Occupancy Status During Abatement (Check Only One) Name of Abatement Contractor (9) Pernaco Inc. Name of Abatement Contractor (9) Pernaco Inc. Street Address Name of Abatement Contractor (9) Pernaco Inc. Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 License No. 00727 Start Date (10) 12/23/13 Street Address	
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City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. Start Date (10) 12/23/13 Occupancy Status During Abatement (Check Only One) City, State, Zip Code West Berlin NJ 08091 License No. 00727 Name of OSHA Monitor Same Street Address	
Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Start Date (10) 12/23/13 Occupancy Status During Abatement (Check Only One) Telephone No. Telephone No. Name of OSHA Monitor Same Street Address	
Start Date (10) 12/23/13 Scheduled Completion Date (11) 12/27/13 Name of OSHA Monitor Same Street Address	
12/23/13 Same Occupancy Status During Abatement (Check Only One) Street Address	
Occupancy Status During Abatement (Check Only Check	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: City, State, Zip Code	
Scope of Work (Check All That Apply)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Demolition Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Abate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Encapsulate
Yes No N/A Exterior Siding	\top
Exterior Siding A Section 5	
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	
United Containers Hauler ID No. 22459 G.R.O.W.S.	
City, State Elm NJ Disposal Date 12/27/13 Morrisville PA 19067	
Completed by Anthony T Perna President Signature Date 12/23/13	

Date of Notification (1) 12/23/13	Name of Building Owner/Operator (2) Mark Czarzasty Private Home														
Agencies Notified Type Notifi	cation		Street Ac 345 we	idress est 15th	St	20	13 DE	C 26 P	M 10:	53		1			
DEP Amen X DOL Amen X Emen	dment # gency (including	_[ottom N)8 ⁴ 5	BES & L	TOS CO	HTA	OL	umba				
	cation) ellation		Mark	Contact					60	9-494-4	005	1			
			FACIL	LITY INFO	RMATI										
Name of Facility Where Abatement is Mark Czarzasty Private Hon		3)					-	of Facility (4 School (K-1	40						
Street Address							T s	Subchapter Other (i.e. p	8 (Oth			uild	inas	home	25
345 west 15th St		10.					- E	etc.)			0.0.				,,
City (5) Ship Bottom NJ 08008							Squar 1000	re Feet)+	1	f Floors			dg. A 5+	ge	
County (6) Ocean			County C	code (7) ISE ONLY)			Curre	nt Use (Prid	or if bei	ng demoli	ished)			
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCM	No.		125		tement Con	tractor	(9)					
N/A						(4) m/(4)3	aco Ir	3.702.0							
Street Address						70.00	Addres 30x 32								
City, State, Zip Code								p Code n NJ 080	91						
Project Manager for Monitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No			License 00727	No.				
Start Date (10) 12/23/13	Schedul 12/31/		npletion [Date (11)		Name Sam		A Monitor							
Occupancy Status During Abatement	t (Check Only O	ne)				Street	Addres	SS		-					
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of of Normal Facility	Abaten Hours	nent			City, S	state, Zi	p Code						****	
	Λ												Descrip		
Scope of Work (Check All That Apply			Q100000			_	٦								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Min Glo	l Containme ni-Enclosure nvebag Prod n-Exempted	e edure					a	
	1.	Loopti	I				1101	LXCIIIptot	() un	4 140111 111	T	_	N. Sandara	ment	
Location of		Locati Normal			Dor	scription	of						Ту	ре	
Asbestos-Containing Material (ACTO BE ABATED In Facility (13)	Ma Cus	d Sole intena todial s (12)	nce/ Staff?		tos Cont thermal surfac	aining N	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		San						_				
Exterior Siding			X		Exte	rior Sid	ding		14	00 SF	x				
Name of Registered Waste Hauler		L	JDEP W	asto	Cubic	Varda		Name of I	Dogist	rod l and	6U				
United Containers		H	lauler ID I 2459	10.4546.445	of Was			G.R.O.\		neu Land	ntl				
City, State Elm NJ					Dispos 12/27	al Date /13		City, State Morrisvi		19067					
Completed by Anthony T Perna	Title Pres	ident			S	ignature	1				Date 12/2	3/1	3		

Date of Notification	n (1)		Name	of Buil	ding Owner/Operator	(2)			-				
12-19-13	85 (8		11		Silver	50,50							
Agencies Notified	Type Notif	ication	Stre	et Addre	ess								
[]EPA	[X]Initi		29	High	land Ave.								
(4)		fication	City	State	Zip Code								
[]DEP	[]Amend	ed	100000000000000000000000000000000000000		ir,NJ,07042								
[X] DOL		fication					N						
[X] DOH	[]EMERG	ENCY		of Cont			ne Number	07					
[]DCA	[]Cance		Ho	oward	Silver	(9/3) 479-87	8/					
	[] Cance	Tracton		FACI	LITY INFORMATION								
Name of Facility Wh	ere Abateme	nt is Ta	king P		7-1	Type of Facil	ity (4)			17.53			
Same as above	€					[]School	(K-12)						
Street Addres							ter 8 (Other						
Street Addres						[1] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	i.e., privat mildings, ho						
						Square Feet	# of Floor		dg.				
City (5		Count	y (6) Es	ssex	County Code (7)	2800	3	-	75	(10 -1 0)			
					(STATE USE ONLY)	Current Use	(Prior if bei	ng dem	olis	hed)			
						11							
Name of Monitoring Owner (8)	Firm hired	by Build	ling A	SCM No.		tement Contractor (9) MANAGEMENT, Inc.							
N/A							, inc.						
Street Address					Street Addres	ess .stopher St.							
		11											
City, State, Zip Co	ode				City, State,		42						
				- L-E		ir, NJ 070							
Project Manager for	Monitoring	110001000000000000000000000000000000000	Telepho N/A	one Numb	er Telephone Nur	iber	5 Page 2	cense 0037		er			
Scheduled Start Dat 12-31-13	e (10) S	1-2-1		on Date	(11) Name of OSHA N/A	Monitor							
Occupancy Status Du					Street Addres	ss ,							
[X]Facility Clo of Abatemer		1 During	EHICLLE	reliou									
[]Abatement Pe				. Facilit	City, State,	Zip Code							
Hours - Desc []other - Desc				cript»									
Scope of Work (Chec	k all that	apply)											
1 7 01		1000 E				Containment wi	ith Negative	Pressu	ire				
			FRET TO										
[X]>3 sf or			125 T. S. T. S.	novation molition		-Enclosure ebag Procedure							
[X]>3 sf or []>160 sf			[]De	molition	[X]Glove		ire			11			
[] <u>></u> 160 sf	or ≥260 lf		[]De Is Locat	molition	[X]Glove	ebag Procedure Friable Procedu	ire	Aba	teme		-		
	or ≥260 lf on of	<u> </u>	[]De	molition ion illy	[X]Glow []Non- Descripti Asbestos-Cor	ebag Procedure Friable Procedu on of utaining	Amount	R	R	E	E		
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D&S Proj. #: 2013-480

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

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ARECEIVED Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 2 0 / 1 3 STATCO INCORPORATED Agencies Notified Type Notification Street Address ☐ EPA Initial 301 16TH STREET Amended DEP City, State, Zip Code Amendment #: DOL M Emergency JERSEYCITY, NJ 07310 DOH. (including Telephone Number Name of Contact justification) DCA 201-792-1207 JIMMY MARZANO Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) STATCO INCORPORATED Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 301 16TH STREET County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Hudson JERSEYCITY 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 Telephone N License Number Project Manager for Monitoring Firm Phone Number 01169 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/23/13 12/30/13 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 Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure Demolition ___ >160 sf or ≥260 lf Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of e by maintenance/custodial e n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a a abated in facility (13) ٧ Yes No N/A PIPE INSULATION 37 L FT X BASEMENT Name of Registered Landfill Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 yd Disposal Date City, State City, State 12/24/13 PATERSON, NJ 07503 TULLYTOWN, PA Signature Date Completed by (Print or Type) Title 12/20/2013 BOGDAN JOLDZIC PRESIDENT

Do not use this form for asbestos licensure exempted activities.

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

			iti	ECEM		APPROX		7	_		_
Date of Notification (1)	Name of Build	ng Owner/O	perator (2)	CENVE	D Doe	ptAof Health & &		es			
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Agencies Notified Type Notification	Street Address		Arm	10:	54	12/20/12	ime: 3:04	11	PM		
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DOH Emergency (including	Name of Conta		Q-14-17			Telephone I	Vumber				
justification)						201-792-	1207				
DCA Cancellation	ЛММҮ М	IARZANO				2011-192-	1207				70.2
		FACILIT	Y INFORMA	a 19	TO THE	pe of Facility (4)					
Name of facility where abatement is t	aking place (3)				'	☐ School	(K - 12)				
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Street Address	. f	(4				Bldgs./H	rivate/Comm omes, etc.	icioi			_
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JERSEYCITY	Hudson !	I A	SCM No.	I Name of Al	atement Con	tractor (9)					-
Name of Monitoring Firm Hired by Bi	ag. Owner (a)	'	COM NO.	1 1	ESTORAT						
		حاسي		Street Addit		CH, HC.					-
Street Address			3.	1. 1	3						
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City, State, Zip Code				City, State,	4						
			-		m, NJ 07503	3	O Jana de Mila		-		
Project Manager for Monitoring Firm	Pho	one Number	9+#	Telephone:	Number		License Nu 0110		r		
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Start Date (10)	Sched. Completio	n Date /11	-		SHA Monitor						
Start Date (10)		11 m= 11 - 1			Restoration.	Inc.		_	-		
12/23/13	12/30/13	·		Street Add							
Occupancy Status During Abatemen					ornia Aven	ие	All or a second			-	
Facility closed/vacated during	entire period of abate	ment.		City, State	Zip Code						
Abatement performed outside		9 -									
Describe: NORMAL H	OURS			Paters	n, NI 0750	3				-	-
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City, State	2.3	Disposal Da	THE RESERVE OF THE PARTY OF THE	City, St	ite		***				
PATERSON, NJ 07503	i j	12/24/13	3	TULI	YTOWN, I	Α					
Completed by (Print or Type)	Title		Signature				Date			1	
BOGDAN JOLDZIC	PRESIDENT			JÉ I	D i		12/20/2	2013	3	:	
ASR-41	* Do not use this form	for asbesto	s licensure e	xempted activities							-
	C 20 2013/FRI			INICATION N		GF 1					

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D&S Proj. #: 13-479

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

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Date of Notification (1)	Na	ame of Build	ling Owne	r/Operator (2)		201.	BDEC 2	6 PMI	0: 05				
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Agencies Notified Type Notification	on St	reet Addres	S			ै. (5) है, र	\$ 1 10c	CON	TROI				
DEP Amended		47 Colonia	l Terrace	9			LILE	HSIHE					
Amendment #:	Ci	ty, State, Zi	o Code				O VRAN		Ē,				
		East Oran	ge, NJ 0	7017									
DOH (including justification)	Na	me of Cont	act					Telephon	e Number				
DCA Cancellation		Clarice W	omble					973-879	-0268				
			FACII	LITY INFORM	ATION								
Name of facility where abatement is	taking pla	ce (3)					Type of	Facility (
Name of lability Whole abatement	ia.iii.g p.iii	\-/						Schoo	(K - 12)				
Private Residence		-					_	<u> </u>	apter 8 (C			12)	
Street Address									Private/C Homes, e		cial		
47 Colonial Terrace							Square		# of Floor		Bld	g. Ag	je
City (5)	Coun	ty (6)			Cou	nty Code (7)							
					(Stat	te use only)	Curre	nt Use (P	rior if bein	g dem	olishe	d)	
East Orange, NJ 07017	Esse												
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						D & S RESTOR	ATION,	INC.					
Street Address						Street Address							
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City, State, Zip Code						City, State, Zip Code							
	1					Paterson, NJ 0	7503						
Project Manager for Monitoring Firm		Pho	ne Numb	er		Telephone Number			License	Numb 1169	er		
						Name of OSHA Mor			1	1109		_	
Start Date (10)	Sched	Completion	n Date (11)		D & S Restorat							
12/19/13	12	2/20/13				Street Address	ion, mc.		-				
Occupancy Status During Abatemen						20 California A	venue						
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Abatement performed outside						,,							
Describe: NORMAL H	OURS				-	Paterson, NJ 0'	7503						
Scope of Work (check all that apply							Full Cont	ainment v	v/negative	press	ure		
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PATERSON, NJ 07503			12/2	27/13		TULLYTOWN	N, PA						
Completed by (Print or Type)	Title			Signature	and the con-				Date				
BOGDAN JOLDZIC	PRESID	ENT							12/18	/2013			

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

Das Proj. 4: 13-479		(คนเจน	an to None	and the second second	12	Alala	MOVED		10	
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Date of Notification (1)	Name of	Building Own	er/Operator (2)			V 1	Quature)	-		
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Emergancy		Orange, NJ 0	7017	; !	4-			*		
DOH (including justification)	Name of	Contact			Ť	Telepho	ne Number			100
Cancellation	11	ce Womble	-		į	973-87	9-0268			
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Name of facility where abatement	is taking place (3)				Ì	Type of Facility				W.CA.W.
Private Residence	13				ļi.	I man	ol (K - 12)			
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Bast Orange, NJ 07017	Essex) A		(State use c	only)	Current Use (F	rior if being den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	Name	of Abateme	nt Contractor (9)			i	
				D&	SPESTO	RATION, INC.			20	
Street Address					Address					
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City, State, Zp Code	And the desired		and the same	City, St	ate, Zip Cor	le				
				Pat	erson, NI	07503	1			
Project Manager for Monitoring Firm	1	Phone Numb	er		one Numba		License Numi			and resident
	1	,					01169		-	
Start Date (10)	Sched, Compl	ation Date (11)		of OSHA M					3
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Other Describe: NORMAL H	IOURS			- Pap	erson, NJ	07503				
Scope of Work (check all that apply			-		(1)	Full Containment v	Whonetire press	ure		
⊠ >3 sf or >3 lf 🔀	Renovation			1	· F	Mini-enclosure	Mueflense bigge	ща		
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BOGDAN JOLDZIC	PRESIDEN'T		- Minking	1 0	, <u>, , , , , , , , , , , , , , , , , , </u>		Date 12/18/2013			
ASR-41	Do not use this for	m for asbesto	s licensure exe	mpted activiti	98. Na 45	DACE 1	102013		e tiplas	and the

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building Owner/Operator (2) Messercola Enterprises								
12/20/2013				Messei	rcola Enterprises	1	33	32	5_		
	tion I Notification nded Notification		Street Address	POB	ox 790				1		
[X] Emer	rgency (including	L	City, State, Zip Coo		an, NJ 07747	ner 26	2013	el.	.\		
I A I DOD	ication) ellation		Name of Contact Telephone Number Fernando 609-549-5704								
		FACI	LITY INFORM	ATION	Type of Facility (4)		4, 4		ز		
Name of Facility Where Abatement is Taking Residence	Place (3)		3	School (k-12)	The state of the s						
Street Address 15 Shirley Drive				Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	lings,			
Manahawkin	County (6)		County Code (7) STATE USE ONLY	7)	Square feet 1000 sf Current Use (Prior if	# of Floors		. Age	0		
	Ocean										
Name of Monitoring Firm Hired by Building N/A	Owner (8)	1	ASCM No.	Name of	Residen Abatement Contractor (Guardia		Inc.	TOTAL CONTRACTOR OF THE PARTY O			
Street Address				Street Ad	dress						
City, State, Zip Code				City, Stat	e, Zip Code	oute 9, Unit 61 iver, New Jers	ev 087	755_1′	771		
Project Manager for Monitoring Firm	Telephone N	lumber			e Number						
Scheduled Start Date (10) 12/23/13	Scheduled C 12/27/11	700	n Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical					
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	274	of Abate									
Abatement Performed Other – Describe	Outside of Normal Fac	ility Hou	City, State, Zip Code Piscataway, New Jersey 08854								
Scope of Work (Check all that apply)		1930		[]	Full Containment	with Negative Pres	sure				
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$	2 2	Renovati	7.00	[] [x]	Glovebag Procedu Non-Exempted (*)		Procedu	re			
- 1700 - 100								ement '	r _{ima}		
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Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler II 223	D No. Cubic Ya	rds of Wast	e Name of Register T.R.R.F.	red Landfill	1				
City, State Toms River, New Jersey	l Date 13	City, Sta	own, Pennsylvania								
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	hot	Ten	/	Date 12/2	20/20	3		

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

	(Pursuant	to MIN	C 0.00 mic	,		**		-	+-		(
tte of Notification (1) December 20, 2013		Name of	Building Own	ner/Operato Seminole	r (2) e Constr		233	37	-		
gencies Notified Type of Notification [] Initial Notification		Street A		128 Bar	tlett Ave	nue Di	EC 2 6 2013		1		1
X] EPA] DEP X] DOL [] Amended Notificati Amendment # [X] Emergency (including the content of the	1		ate, Zip Code	West Cr	eek, NJ	08092	ephone Number		-		+
x] DOH [] Cancellation	-		of Contact Joyce C				609-296-070				
] DCA	FAC	ILITY	INFORMA	ATION	Type of I	acility (4)					
Name of Facility Where Abatement is Taking Place (3) Residence					.,,,,	[] [x]	School (k-12) Subchapter 8 (other tha Other (i.e., private & co homes, etc.)	n k-12) ommero	cial bu	ildings,	,
Street Address 13 W. 19 th Street		County	Code (7)		Square f	reet	# of Floors Blo	dg. Age	60		
City County (6)	(STAT	E USE ONL	7)	Current	Use (Prior if	being demolished)				
Long Beach Twp. Ocean		ASCN	1 No.	Name of	Abatemen	Resider	(9) an Contracting, Inc				
Name of Monitoring Firm Hired by Building Owner (8) N/A		Tibel		Street A	ddress						
Street Address				City, St	ate, Zip Co		oute 9, Unit 61 River, New Jersey	08755	-127	1	
City, State, Zip Code					one Numb	Toms	License Num	ber			
Project Manager for Monitoring 1 min	Telephone Numb		4- (11)		of OSHA l	Monitor	00624				
Scheduled Start Date (10)	Scheduled Comp 12/27/13	oletion Da	ite (11)		Address	E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check only one)	Entire Period of	Abateme	nt				Stelton Road				
Abatement Performed Outside o	I Normai Pacing	y Hours		City, S	State, Zip (Code Pisca	taway, New Jersey	08854	 		
Other – Describe							ent with Negative Pressu	re			
Scope of Work (Check all that apply)		**	*]	1 0	Iini-Enclosure Hovebag Proc	edure	adur			
[] >3 sf or ≥3 lf	[] Re [x] De	enovation emolition		:]	x j N	Ion-Exempted	i (*) and Non-Friable Pr			=	=
[x] ≥160 sf or ≥260 lf		=						Abate	ment		T
Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Intenance/Custo Staff (12)	1		Asbestos- Materia (i.e., there insulation	al (ACM) mal syste	ms ng,	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	
YE		14/21	Asbestos	siding			1500 sf	X	-	+-	+
Exterior	X							+-	-	\perp	\pm
								T		\Box	
			DN- LC	bic Yards	of Waste	Name of R	egistered Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	0223	al Date	3	State State	T.R.R	.F.				
City, State Toms River, New Jersey	41.	12/30	0/13 Signature	1	Tullytov	n, Pennsy	vania	Da 12	ite 2/20/1	13	
T -)	roject Manag *Do not use	er		VIIC	1101	-12					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				11		121 0	10	-40-10	1)				-	\neg
Date of Notification (1) Decer	mber 20, 20	13	54.5		Name of E	Building O			se, LLC	2:	33	36		
[x] EPA [Notificat			Street Add	iress	503 Di	ivisio	on Street					
[] DEP [[X] DOL	Amer	ided Notif idment #_ gency (inc			City, State	, Zip Code		Ambo	oy, NJ 08862					
[x] DOH	justif	ication) ellation			Name of (Contact Larry V	Vilt		Tel	ephone Number 732-820	6-4084	l .		
				FACI	LITY IN	IFORM.	ATION						12952340	
Name of Facility Where Abates Buildi		Place (3)			a projection			Тур	5 5	School (k-12)				
Street Address	2 Harrison S	treet							[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			l buildi	ngs,
City		County	(6)		County Code (7) Square feet				are feet	# of Floors	Bldg.			
Hoboken		Huds	on		Current Use (Prior if being den					10.75		8)	
Name of Monitoring Firm Hire	ed by Building	Owner (8))		ASCM No	.	Building Name of Abatement Contractor (9)							
N/A	N/A									Contracting,	Inc.			
Street Address			Street Address 1889 Route 9, Unit 61											
City, State, Zip Code		***	City, State, Zip Code Toms River, New Jersey 08755-12						271					
Project Manager for Monitoring Firm Telephone Numb							Telenhor	ne Nii		License N 00624				
Scheduled Start Date (10) 12/23/13	7270		Scheduled C 12/31/1		n Date (11	1)	Name of	FOSH	A Monitor E.M.S.L	. Analytical				
Occupancy Status During Aba [X] Facility	tement (Check Closed/Vacate	only one) d During	Entire Period	d of Abate	ement		Street A	ddress		elton Road				
	nent Performed - Describe		of Normal Fa				City, Sta	ite, Zi		ay, New Jerse	y 088	54		
Scope of Work (Check all that	t apply)						[]]	Full Containment v	vith Negative Pres	ssure			
			2 2				[1	Mini-Enclosure		Ω.			
[] >3 sf o [x] ≥160 s:	r ≥3 lf f or ≥260 lf		[x]	Renovat Demolit			[x	-	Glovebag Procedur Non-Exempted (*)		Procedu	ire		
											Abat	ement	Гуре	_
Location of Asbestos-Containing Mat			Is Location Normally us Solely by	sed						(Specify SF	R E M	R E P	E N C	E N C
TO BE ABATE in facility (13)	E <u>D</u>	Main	staff (12)	istodial			, thermal ulation, so VAT,	urfac		or LF)	o v	A I R	A P S	L O S
(13)		YES		N/A		oth	er miscel		ous)		A L		L E	R E
Exterior		+-	X		Asbes	stos roof	ing			5000 sf	X			
2									1					
														_
				0.000									L	L
Name of Registered Waste Hardian Conf			NJDEP Was 2	te Hauler 0223	ID No.	Cubic Ya	ards of Wa	ste	Name of Register T.R.R.F.	red Landfill				
City, State Toms River, N					sal Date		City, S		n, Aennsylvaniá)				
Completed by (Print or Type)		Title	ect Manag	13	Signat	ure)	1 1	11	J. A		Date 12/	e 20/20	13	
Nicholas Fernicola Project Manager *Do not use this					n for asb	estos lice	nsure exe	mpte	d activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

								-								
Date of Notification (1)	ecember 19, 2	013			Name of Bu	ilding (ator (2) emolition	23	33	313	d				
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH	[] Am	ial Notific ended No endment	otification		Street Address 2156 Camplain Road City, State, Zip Code Hillsborough, NJ 08844											
[] DCA	just	ification)			Name of Contact Antonio Dimuzio Telephone Number 732-713-4496											
				FAG	CILITY INF	ORM	ATION				100000					
Name of Facility Where Al	batement is Takin sidence	g Place (3)					Type of Facility (School (k-12)							
Street Address 603	Barrymore S	treet						Subchapter 8 (of Other (i.e., priva homes, etc.)			al build	lings,				
City		Cour	ty (6)		County Code (STATE USI		,	Square feet	# of Floors	Bldg	. Age					
Philipsburg		War	теп		(STATE OSI	CONL		1500 sf Current Use (Prio	r if being demolished)		0				
F 5								Resid	lence	Α.						
Name of Monitoring Firm	Hired by Building ardian Contra				ASCM No.		Name of	Abatement Contract		Inc						
Street Address		=		Guardian Contracting, Inc. Street Address 1889 Route 9, Unit 61												
City, State, Zip Code				City, Stat	e, Zip Code											
Project Manager for Monit	ns River, NJ	08755	Telephon	e Number			Telephon	e Number		River, New Jersey 08755-1271 License Number						
Nicholas Ferr	AV 550		732-349				reception4		00624	vaintee						
Scheduled Start Date (10) 12/19/13	3		Scheduler 12/20		tion Date (11)			OSHA Monitor	S.L. Analytical							
Occupancy Status During			e)				Street Ad	ldress								
	lity Closed/Vacat		74		Hours											
분 열하는 그 얼마나 기프로 기프로 다	tement Performed er – Describe		of Normal	95	ours		City, Stat	e, Zip Code Pisca	taway, New Jerse	ey 088	54					
Scope of Work (Check all t	that apply)				7.5		[]		ent with Negative Pre-	ssure						
[x] >3 s	f or ≥3 lf		[x]	Renov	ation		[x]	Mini-Enclosure Glovebag Proc								
[0 sf or ≥260 lf		[]	Demo	lition	86	[]		(*) and Non-Friable	Procedu	ire					
		T			T	-	87		T	Abot	ement '	T	=			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/A					insulation, surfacing, VAT, or other miscellaneous)					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			
Basement/crawlspace			X	T	Asbestos	s pipe	insulatio	n	100 lf	X						
						1 1							-			
				+	X-1	12										
Name of Registered Waste Guardian Co	Hauler ntracting, Inc		NJDEP Wa	iste Haule 20223	r ID No. Cu	ubic Ya	rds of Wast	Name of Regi T.R.R.F.	stered Landfill							
City, State	5				osal Date 3/13		City, Sta	ite								
	Toms River, New Jersey Completed by (Print or Type) Title						Tullyto	own, Pennsylvar	nia 1	Date	19/13					