State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 12/26			Name of Building Owner/Operator (2) Glenwood Apartment & Country Club 2912 DEC 31 PM 2: 58 Street Address 1655 US LINVY O										
Agencies Notified EPA	Type Notin	fication		Stre 16:	eet Addres 55 US H	s WY 9	£	-050 31 .	11/2	: 5	5		
DEP DOL		ded Iment #_ ency (includir	ng	NO. 100 TO 100 T	, State, Zip d Bridge,	Code NJ 08857		& LICENST	NG NG	tal	-		
☐ DCA	justific Cancel	ation)		1000000	ne of Conta nadette P	7.00		Telephone Nu					
				F	ACILITY IN	FORMATION	•						
Name of Facility Where Apartments Bldg.	Abatement is	s Taking Plac	e (3)			1.555	Type of Facil						
Street Address							School (K Subchapte	er 8 (Other than K-1	2)				
15 Cottonwood Lan	ie						Other (i.e. homes, et	, private & commerc	cial bu	ilding	s,		
City (5) Old Bridge,		1000					Square Feet 2000 SF	# of Floors	- 1	Bldg. 60+	Age		
County (6) Middlesex					unty Code E ONLY)	(7) (STATE	Current Use (Prior if being demo Bldg.	lished)			
Name of Monitoring Firm	n Hired by Bu	ilding Owner		ASCN	No.	Name of Abater	ment Contractor	(9)					
(8) N/A							al Construction	on, Inc.					
Street Address						Street Address	A	4D 0 11 040					
City, State, Zip Code						City, State, Zip C		/IB Suite 218				_	
Oity, Otato, Zip Gode						Clifton, NJ (07012						
Project Manager for Mor	nitoring Firm		Tel	ephone	No.	Telephone No.		License No.					
	-1					973-389-00	89	00693			0		
Start Date (10)		Scheduled C		etion D	ate (11)	Name of OSHA							
01/08/2013		01/11/20	10000				l Constructio	n, Inc.				_	
Occupancy Status Durin Facility Closed/Vacate	ed During En	tire Period of	Abate					MB Suite 218					
Abatement Performed Other - Describe:	Outside of N	Normal Facilit	y Hou	rs		City, State, Zip C							
Scope of Work (Check a	II that apply)					Clifton, NJ 0	7012						
>3 sf or >3 lf 2160 sf or 2260 lf	п шат арріу)	⊠ Re	enovat emol			☐ Mini-End ☐ Goveba	closure ag Procedure	egative Pressure	adura				
		0.000	ocatio			T THOILE	complete () and	Non-i Hable i Toci		Abate	ement	t	
Location of	of		ormally Solel			Description of	ris .			Ту	ре		
Asbestos-Containing M <u>TO BE ABAT</u> IN Facility (13)	ED .) Mair Cu s	itenan istodia itaff? (12)	ce/		tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A	1		er in marker				o o		
Crawl Space						bow Insulation		160 LF	X				
Name of Registered Was	- N	JDEP 1	Vaste I	Cubic Yards	Name of Rec	istered Landfill		<u></u>					
					No.	of Waste	Minerva L		¥				
City, State	P		-1-	.0710		Disposal Date	City, State	anam	<u> </u>		Aller .	_	
New Castle, DE	7 a.					01/11/2013		rg, OH 44688					
Completed By		Title	-			Signature		Date					
Krutarth Jagad		President				12/26/2012							

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Fo	Form

Pos -	Check # 5672	
14.1	(The Part of the P	

3 Proj # 2013-03		Name o	of Buildin	ng Owner/Op	erator (2	2012 0	-n					
e of Notification (1) /26/2012		Andre	w Liss	3		C017 US	1631	PH 2: 58				
encies Notified Type Notification		Street	Address	n Place	í							
Initial			tate, Zip			8 1	ICENS	可用了代数L				
DEP Amended Amendment #		Fair l	_awn, l	NJ 07410	-			hone Numbe	r			
Emergency (includi	ing	Name	of Conta	act			Teley	onone			11	
DOH justification) Cancellation			ew Lis		ON							1
DCA	20 (3)	FA	CILITY	NFORMATI		Type of Facili						
ame of Facility Where Abatement is Taking Place	,c (U)					School (K-12) oter 8 (Othe	r than K-12)		Lam	05	1
ndrew Liss treet Address						Other (i.	e. private 8	commercial l		_	es,	1
0 Burlington Place						etc.) Square Feet	# of	Floors	Bldg.	Age		
ity (5)								demolishe	d)			
air Lawn		Cour	nty Code	: (7)		Current Use residentia	(Prior if bel	ng demolishe	α,			
county (6)		(STA	TE USE	ONLY)		e of Abatement	Contractor	(9)				
Bergen Name of Monitoring Firm Hired by Building Own	er (8)	AS	SCM No		Nam B &	G Restorat	ion, Inc.					_
Name of Monitoring Firm Filled 2)					Stree	et Address						
Street Address					105	5 Ryerson R						-
					City	, State, Zip Coo coln Park, N	ie IJ 07035					
City, State, Zip Code		STEELS CO.				ephone No.		License No	0.			
Project Manager for Monitoring Firm		Tel	ephone	No.	97	3-696-6869		00378				
	cheduled	Comple	etion Da	te (11)	Nar	me of OSHA Me	onitor					
Start Date (10)	1/09/20	13	cuon b-	1		& G Restora	ition, inc.					_
01/08/2013 Occupancy Status During Abatement (Check C					Str	eet Address)5 Ryerson f	Road					_
	riod of Ah	atemei	nt		Cit	y State, Zip Co	ode					
Abatement Performed Outside of Trans	Facility F	lours			Li	incoln Park,	NJ 0703	5				
Other – Describe:					9.7E-3	-		with Negative	Pressure)		
Scope of Work (Check All That Apply)		novatio				Mini-F	nclosure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ De	molitio	n			Glovet	ag Procedi xempted (*)	ure and Non-Fria	able Proc	edure		_
						None			1	Abate Tyl		
		Locatio			Descr	iption of		Amerint				Ī
Location of	Used	Solely	y by	Asbestos	Contain	ning Material (A stems insulation	CM)	Amount (Specify	Rer	Re	Encapsulate	
Asbestos-Containing Material (ACM) TO BE ABATED	Cust	ntenan odial S	taff?		curfacin	d VAI, or		SF or LF)	Removal	Repair	sula	1
In Facility (13)		(12)		0	ther mis	cellaneous)			=		6	1
4,7-7	Yes	No	N/A			- aulation		85 lf	Х			
			X		pipe ir	nsulation						T
hasement									-			1
basement											1	1
basement			1	1			Name of R	egistered Lar	ndfill			
basement				The second second			Maille Oil	-			Car	ni
			NJDEP \		Cubic Y		Tullytow	Resource	& Reco	overy	CCI	
Name of Registered Waste Hauler		- 11	NJDEP \ Hauler II 19563		of Was	te		Resource	& Reco	overy		_
Name of Registered Waste Hauler B & G Restoration, Inc.		- 11	Hauler II		of Was	te al Date	City. State		& Reco	overy		
Name of Registered Waste Hauler		- 11	Hauler II		of Was 1 Dispos 01/09	te al Date			& Reco			

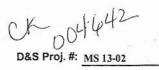
CK 041641

D&S Proj. #: MS 13-01

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

RECEIVED

	I Name	of Building Own	er/Operator (2))		1919 DE	C 01	DU 2.	50	- 4			-2
Date of Notification (1)	11	ARLES SCHW		20.00		UIZUC	C 31	PM Z:	<u> ১৮</u>	_			<u>-</u>
Agencies Notified Type Notification		Address				San Barris	1480	`@UT#) (3) (τ	
☐ EPA ☐ Initial	1.1	GATES AVEN	IUE			₩	LICEN	Citela .	IOL				-
DEP Amended		State, Zip Code											
Amendment #:		ONTCLAIR, N	J 07042				Telephor	ae Numbe	er	_			-
M DOH (including		of Contact					releprior	ie ivuino	01				
justification)		HARLES SCH	WARTZ	- Kalleri						_			=_
DCA Cancellation	_∐_≌		ILITY INFORI	MATION			200 W 200 - 200 -						
	Line place					Туре	of Facility	(4) ol (K - 1:	2)				
Name of facility where abatement is	taking place	(3)						hapter 8		than	K-12)	
CHARLES SCHWARTZ							Other	(Private	/Comm	nercia	d		
Street Address					a	Court	Bldgs are Feet	# of Flo		_	Bldg.	Age	
45 GATES AVENUE					Ondo (7)	Squa	are reer	# JI I I		_		2,000	_
City (5)	County	(6)	(4		Code (7) use only)	Cur	rent Use (Prior if be	eing de	moli	shed)		
	ESSE	v		,									_
MONTCLAIR	11/00/01/05/01/01		ASCM No		ame of Abatemer								
Name of Monitoring Firm Hired by B	ilug. Owno. (-/			D & S RESTO	RATIO	N, INC.			_			_
				S	treet Address								
Street Address				_	20 California								
City, State, Zip Code			-		ty, State, Zip Cod						9		
City, State, 249					Paterson, NJ elephone Numbe			Lice	nse Nu				
Project Manager for Monitoring Firm		Phone Nu	mber	1	973-345-802				011	69			_
					Name of OSHA M	onitor							
Start Date (10)	Sched.	Completion Date	(11)		D & S Restor	ation, In	ic.						
01/08/12	01/14/	12			Street Address	•		7.0					
Occupancy Status During Abateme	nt (Check on	ly one)			20 California						===		
	entire perior	of abatement.			City, State, Zip Co	ae							
Abatement performed outside	e of normal is	acility hours-			Paterson, NJ	07503		11					
Describe:NORMAL Other-Describe: _NORMAL	HOURS				T dtc15022, 1		Containme	nt w/neg	ative p	ressu	ire		
Scope of Work (check all that app	oly)				V*	Mini-	enclosure						
\boxtimes >3 sf or >3 lf	Renovation	n				Glov	ebag proc Exempted	edure	Non-fr	iable	proce	dure	
≥160 sf or ≥260 lf] Demolition				1		LACITIPIO			R e	R	E	E
Location of	Is location	normally used s nance/custodial	olely	orintian of a	sbestos-containin	g	Amou	int SE or	.	m	р	n c	n
ashestos-containing	staff(12)		mat	erial (ACM)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LF)	cify SF or		0 V	i	a p	L
material (acm) to be abated in facility (13)	Yes	No N	I/A							e	K	-	П
			PIPE I	NSULATI	ON & FITTING	GS	12 L FT			片	M	片	片
Basement	-		==							片	片	片	情
	-									H	H	厅	一
	-									H	Ħ	后	
	-			1 707-1	Name of Regis	tered I a	ndfill		9			1	
Registered Waste Hauler		EP Hauler ID#	Cubic Yar N/A	ds of Waste	Name of Regis	COTOG EGI					_		
D & S RESTORATION, INC	C. 13	506	osal Date	3	City, State	7.		vertice (1935)			×		
City, State		N/	Α	D.	N/A				Date		_		
PATERSON, NJ 07503 Completed by (Print or Type)	Title		Signa	ture					12/20/	12		- 1	
BOGDAN JOLDZIC	PRESII	DENT	shestos licens	ure exempte	ed activities.							P 343	



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

RECEIVED

										I I have bed been	J V L	المدا			
Date of Notification					ner	Operator (2)		5	201	2 DEC 31	DM O	. 50			
Agencies Notified	Type Notificati		JIM KEL treet Addre							- DEC 31	rn Z	· ၁ <u>୭</u>			
☐ EPA		°							63	经三十五日	产金属于	静秋 1			
☐ DEP	Amended		99 STOC		A١	/ENUE				₩_3183 & LICE	Calles	1101.			_
⊠ DOL	Amendment #:	-11°	ity, State, 2	- 54						-					
	Emergency (including		OCEAN ame of Cor		Ε, Ι	NJ 07756			-	Tolonho	ne Numb	or			
■ DOH	justification)		ame or Gor	ntact						releptio	me Mumb	ei			
DCA	Cancellation		JIM DA	LLAS				a Lugarian Company		_ _					
9				FAC	CIL	ITY INFORM	ATION								
Name of facility w	here abatement is	s taking pla	ace (3)						(T)	pe of Facility	(4) ool (K - 1)	2)			
JIM KELLY										=	hapter 8	50	nan K	-12)	
Street Address										Othe	r (Private/	Comme		,	
99 STOCKTO	N AVENUE									Bldgs guare Feet	# of Flo		BI	dg. A	ge
City (5)	111121102	Cour	nty (6)		-		Cou	inty Code (7)	- ~	qualo i cot	<i>"</i> 01110			3	3-
Oily (O)								ite use only)	1 1	Current Use (Prior if be	ing dem	olishe	ed)	
OCEAN GRO			NMOUT	Ή				* 1,8			2				
Name of Monitoring	ng Firm Hired by I	3ldg. Owne	er (8)	72		ASCM No.		Name of Abateme	nt Con	tractor (9)					
	-							D & S RESTO	RATI	ON, INC.					
Street Address					-Y			Street Address							
								20 California	2017/11/2015/03/03						
City, State, Zip Coo	de			1				City, State, Zip Coo			*				
					_		_	Paterson, NJ	PERCENT COURTS	<u> </u>	Tites	- Novel			
Project Manager for	or Monitoring Firm	1	P	none Num	nbe	r		Telephone Numbe 973-345-802			Licens	se Numb 01169	er		
								Name of OSHA M				01107			
Start Date (10)		Sched	d. Completi	on Date (11)			D & S Restora		Inc.					
01/10/13		01/24	4/12					Street Address				Militario.			
Occupancy Status	During Abatemer	nt (Check o	only one)			- Column		20 California	Avenu	ie					
	ed/vacated during						- 1	City, State, Zip Coo	de						
Abatement p Describe:	erformed outside	of normal	facility hou	rs-											
Other-Descr	ibe: NORMAL H	IOURS			_		_	Paterson, NJ	07503	3					
Scope of Work (c	heck all that appl	y)							Full	Containment	w/negativ	e press	ure		
≥ 3 sf or >3 l	f 🛛	Renovation	on					<u> </u>		-enclosure					
≥160 sf or ≥	260 If	Demolitio	n					F	_	ebag proced -Exempted (n-friable	proce	edure)
Location of		Is locatio	n normally	used sole	ely							R	R	Е	E
asbestos-co		by mainte staff(12)	enance/cus	stodial	- 1			sbestos-containing		Amount		e m	e p	n	n
material (ac abated in fa		The second	No	NUA	_	material	(ACM)			(Specify LF)	3F 0I	O V	a	а	L C
		Yes	No	N/A						77.7		е	ŗ	р	_
Basement			X			Duct Insula	ation			2 SQ FT			<u> </u>		
<u> </u>												$\perp \square$		Ш	ᆜ
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													Ш	Ш	닏
3.794							08 1			1811			Ш	Ш	
Registered Waste D & S RESTOR			EP Hauler 506	ID#		bic Yards of \	Waste	Name of Register TULLYTOWN			ECOVE	ERY			
City, State				Disposal	-			City, State			74				
PATERSON, N	NJ 07503			01/11/				TULLYTOW	N, PA						
Completed by (Prin		Title			T	Signature		1			Date				
BOGDAN JOI		PRESID									12/1	2/12			
100 11		* Do not us	e this form	tor asbes	stos	s licensure ex	empte	a activities.							

ASB-41

(Pursuant to NJAC 0.00 and 12.120)

CK 22611

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

									RECEI	4 / Fox	87		0.5	
Date of Notification (1)	1.0740-104				9.00		g Owner/Operator (the top top !	V	الحداثا			
		12	_		Sc	ott Pospi	shil and Natalie	Zawistowski	910 000	4400				
Agencies Notified	Type Notific	ation			Stree	t Address			115 DEC 31	PH 2	: 51	3		
□ EPA					83	Point Vie	w Parkway		220.75					
DEP	☐ Amended				City,	State, Zip C	Code	*	2 1 (CCI)	海河	ita			
DCA (NJAC 5:16)	Amendm Emergen		ludino	,	Wa	yne, NJ 0	7470		& LICEN.	SING		(2))		
☐ DCA	justificati	on)	, adding	,	Name	of Contac	t		Telephone Num	ber				
(NJAC 5:23-8)	☐ Cancella	tion			Sco	ott Pospis	shil							
							IFORMATION	,						
Name of Facility Where	Abatement is	Taking	Place	(3)		OILITT III	II ORMATION	Type of Facility (4)		_			
47 Sioux Avenue I		9		(-)				School (K-12)	- 11 P.O.					
Street Address								Subchapter 8	(Other than K-12)				
47 Sioux Avenue									ivate & commercia	al build	lings,			
City (5)								homes, etc.) Square Feet	# of Floors	BI	dg. A	ne en		
Rockaway								2000	2		54	90		
County (6)	v		-		Cour	nty Code (7)(STATE USE ONLY)		or if being demolis		•			
Morris						.,(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Residential		,				
Name of Monitoring Firm	n Hired by Build	dina O	wner ((8)	ASCM	No.	Name of Abateme							
Environmental He					0010		Superior Aba							
Street Address			-,				Street Address							
655 West Shore Tr	rail						2 Henderson	Drive						
City, State, Zip Code							City, State, Zip Co			77 7 1				
Sparta, NJ 07871							West Caldwe							
Project Manager for Mor	nitorina Firm		-	Tele	ephone	No.	Telephone No.	,	License No.					
JP Von Dochren						9-5649	(973) 808-161	6	00411					
Start Date (10)	15	Schedu	ıled C	1 000	- 5	ite (11)	Name of OSHA M		1	-	_	-		
01 / 05 /						13	Superior Aba	tement Inc			1			
Occupancy Status Durin	ng Abatement (Check	only o	ne)			Street Address					-	-	
☐ Facility Closed/Vacat					ment									
☐ Abatement Performe						cribe	2 Henderson City, State, Zip Co							
Time of Abatement:	AM	PM	l/	_PM		AM	West Caldwe							
Scope of Work (Check a	all that apply)						11101101110	,						
					-0001000			tainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	100,000,000,000,000	1.00		☐ Mini-Enc ☐ Glovebag							
23 2 100 of of 2200 fi				monu	J11			mpted (*) and Nor	-Friable Procedu	re				
				Loca				- 0		Ab	atem	ent T	ype	
Location Asbestos-Containing		.		Norma	ely by		Description o			77	71	m	m	
TO BE AB		"	Ma	intena	ince/		stos Containing Ma rmal systems insula		Amount (Specify	em	Repair	inca	l C	
IN Faci	lity		Cust	todial (12)	Staff?		VAT, or	-	SF or LF)	Removal	≒	Encapsulate	Enclosure	
(13)		t	Yes	No	N/A	1	other miscellane	ous)		-		late	(Đ	
		-	110 (110)							+=	_	_	-	
Basement						VAT		-	430 SF	M	Ш	Ш		
						0 1 2								
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				ā						+=				
Name of Registered Wa	eta Hautar		ш			Maste	Cubic Vordo of	Name of Boolet	orod Landfil	ТП	Ш	Ц	Ш	
Service Transport				1000	IJDEP \ lauler II	KORDI SALASAN	Cubic Yards of Waste	Name of Regist Minerva La						
	Group, IIIC.				SW21		5		iidiii		40.00			
City, State							Disposal Date	City, State						
New Castle, DE				29113			1/07/13	Waynesbur	gn, OH					
Completed By (Print or T	Гуре)	Title	-	- 55'		7.	Signature	1/1/1	Da		-	5.20		
Nick Petrovski	100	Pre	eside	nt		-	1////	1-1/1/2	Brun 12-26-12					

CK 10218

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

Date of Notification (1)		S= 3	Nan	ne of Buildir	g Owner/Operator (2)	PECE!	1/ 5-	13		
12 /27 /	12		C	onifer-Le@	Chase Construct						
Agencies Notified Type Notifica	tion		Stre	et Address		- 2	012 DEC 31	DM o),		
☑ EPA ☑ Initial		4	7:	2 Cascade	Drive						
☑ DOLWD ☐ Amended		*	City	State, Zip	Code	£	& LICENS	8121	75.00.1		
☐ DHSS Amendme		-	R	ochester,	NY 14614		& I ICEN	SILIC	RUL.		
DCA Emergence (NJAC 5:23-8)		19	Nan	ne of Conta	at		Telephone Numi	ber U			
☐ Cancellati	ion		Н	enry Fey					K alaba		540.45.030
			F	ACILITY II	NFORMATION		-	•			
Name of Facility Where Abatement is T	aking Plac	ce (3)	1000000			Type of Facility (4)			- 1	
Former Springside Elementary						School (K-12					
Street Address						Subchapter 8	(Other than K-12 ivate and commer) rcial bu	ildina	S.	
1508 Mt Holly Road						homes, etc.)		0.0.		-,	
City (5)						Square Feet	# of Floors	Blo	dg. Ag	je	
Burlington, NJ 08016						38000	2	9	95		
County (6)	***		Co	unty Code	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Burlington						Retirement	Facility				
Name of Monitoring Firm Hired by Build	ling Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)			500 8		
MDG Environmental LLC			N/	A		ironmental Sys	tems				
Street Address		4.73.500			Street Address					-Selfe	- 32
1000 Maplewood drive, Suite 20	07				550 East Uni	on Street					
City, State, Zip Code					City, State, Zip C	ode			5.10		
Maple Shade, NJ 08052					West Cheste						
Project Manager for Monitoring Firm		ΙT	elephor	ne No.	Telephone No.		License No.				
Christopher Macri		1		55-9300	610-701-900	0	00508				
	Scheduled				Name of OSHA	The second control of the second					
01 / 14 / 13				13_	AET						
Occupancy Status During Abatement (0					Street Address						
☐ Facility Closed/Vacated During Entire					28 N. Pennel	Road					
☐ Abatement Performed Outside of No	ormal Fac	lity H	ours - D	escribe	City, State, Zip C					-	
Time of Abatement: 7AMPM	// <mark>3:30</mark> PM		_AM		Media, PA 19						
					inouid, F7 T				200 July 1		
Scope of Work (Check all that apply)						ative Pressure					
≥3 sf or ≥3 If		Renov			Mini-En						
≥160 sf or ≥260 lf	Ш	Demo	lition			ng Procedure empted (*) and No	n-Friable Procedu	ire			
		ls I n	cation						atem	ent T	ype
Location of		Non	mally		Description	of		-			_
Asbestos-Containing Material (ACM			olely by	7 101	estos Containing M		Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED	1000		ial Staff	- 1	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	psu	Sur
IN Facility (13)	1000	(1	12)		other miscellane		/			late	Ф
N. C.	Ye	s I	lo N	Ά							
Throughout Building				glues	/adhesives/caulk	(S	7526 SF				
Throughout Building			1 🗵	Floor	Mastic	1 27	18900 SF				
		-		-	Gasket, Packing	. Thermal Ins	300 SF				
		11			Odonos, i donnie	,,			=	П	П
Boiler Room		- -			Tile		42500 SE				
Boiler Room Throughout Building				Floor		Name of Regis	42500 SF		Ш		
Boiler Room Throughout Building Name of Registered Waste Hauler			NJDE Haule	Floor P Waste r ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill				
Boiler Room Throughout Building Name of Registered Waste Hauler N.E.T.S.			NJDE	Floor P Waste r ID No.	Cubic Yards of Waste		stered Landfill		<u> </u>		
Boiler Room Throughout Building Name of Registered Waste Hauler N.E.T.S. City, State			NJDE Haule	Floor P Waste r ID No.	Cubic Yards of Waste	Allied BFI	stered Landfill Imperial				
Boiler Room Throughout Building Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA			NJDE Haule	Floor P Waste r ID No.	Cubic Yards of Waste 20 Disposal Date TBD	Allied BFI City, State	stered Landfill Imperial	ate 5			
Boiler Room Throughout Building Name of Registered Waste Hauler N.E.T.S. City, State			NJDE Haule 189	Floor P Waste r ID No.	Cubic Yards of Waste 20 Disposal Date	Allied BFI City, State	stered Landfill Imperial		<u> </u>	7/10	1

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Asbestos-Containing Material (ACM) 2012 DEC 31 PM 2: 58	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
2nd Floor Office			X	Duct Insulation		X	T	е	e G
Exterior			X	Transite Pipe SING	40 LF	X			
Art Room			X	Mastic on bottom of sink	24 SF	X			
					7				

Page 2 - Notification 12/29/12 Springside

0000

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

RECEIVED

Date of Notification (1)		Name of Building Owner/Operator (2) Glenwood Apartment & Country Club Street Address A 2012 DEC 31 PH 2: 58														
Agencies Notified	Type Notifica	ition		+	Street	Address US HW				A. j	35	01 	12	: 58	3	
DEP DOL	Initial Amended Amendment	ent #		+	City, S	tate, Zip C Bridge, N	ode				- 1	ENSIL	TIP IG	ØL.		
☑ DOH □ DCA	Emergen justificati	on)	ng	H	Name	of Contact	t				Telepho	ne Numbe	er	,		
	Interest Interest		-	Ŀ		ILITY INF		ATION						2011		
Name of Facility Where	Abatement is 7	aking Pla	ce (3)		FAC	ILIT HAP	ORM	7	T	ype of Facility	(4))*		\neg
Apartments Bldg. Street Address	Abatement is		(-,	_					E	School (K-12 Subchapter 8	(Other th	an K-1 2)				
9 Cottonwood Lane										Other (i.e., pr homes, etc.)		mmerciai	bulla	ings,		
City (5)									122000	quare Feet	# of Flo	oors	1000000	ig. A	ge	
Old Bridge,									10000	000 SF	2	domolioh	60		_	=
County (6) Middlesex			23000			ty Code (7 ONLY)			A	urrent Use (Pri partments B	ldg.	demolisi	ieu)			_
Name of Monitoring Fire	n Hired by Buil	ding Owne	r	A	SCM N	No.				Contractor (9)		•				
(8) N/A				_					ΙŲ	onstruction	, Inc.			_	_	=-
Street Address							0.000	eet Address 60 Clifton,	Αν	enue, PMB	Suite 2	218				_
City, State, Zip Code								, State, Zip C lifton, NJ C					5)			
Project Manager for Mo	Project Manager for Monitoring Firm							ephone No. 73-389-008	89		Licens 006					_
Start Date (10)		Scheduled	Com	pleti	on Dat	te (11)		ne of OSHA N								
01/08/2013		01/11/2							I C	onstruction	, Inc.					
Occupancy Status Duri							Stre	eet Address	^	DMI	D Cuito	218				
Facility Closed/Vaca	ted During Ent	re Period	of Ab	aten	nent			60 Cliπon, , State, Zip C		venue, PMI	5 Suite	210	-			\dashv
Abatement Performe Other - Describe:	ed Outside of N	ormal Fac	ility H	ours	Clifton, NJ 07012											
Scope of Work (Check	all that apply)				Full Containment with Negative Pressure											
>3 sf or >3 lf >160 sf or >260 lf		\boxtimes	Reno						ag F	sure Procedure npted (*) and N	Non-Friah	le Proced	dure			
			ls Loc	atio	n			Non-E	Xei	inpled () and I	VOII-1 HOD	10 1 1000			ment	
			Norm	ally				Description of	f				L	Тур	e ——	
Location Asbestos-Containing	n of Material (ACM)		sed So lainter	nand	ce/	Asbest	tos C	ontaining Mat	teri	al (ACM)	Amo		_	l l	En	т
TO BE ABA	ATED		Custo			(i.e.,	theri, su	mal systems i rfacing, VAT	nsi, or	liation,	SF or		\em	Repair	caps	Enclosure
IN Facili (13)	ty		(12				othe	er miscellane	ous	5)			Remova	air	Encapsulate	sure
				lo	N/A										w	
Crawl Space		Ye	SIN	10	X	Pipe/El	bow	Insulation			160 LF	7	X			
											-	_				
				1 -	U- V3-		Name of Regi	stered La	ndfill							
Name of Registered Waste Hauler					JDEP auler I			bic Yards Waste								
Service Transport	Group			12	20970		_		+	Minerva La	anuilli					
City, State							1000000	/11/2013		Waynesbur	g, OH 4	4688				
New Castle, DE	72	Title		_				Signature			11	Date				
Krutarth Jagad	Completed By Title							\	7	~~\\		12/26/2	2012			

CK 002917

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



Date of Notification (1) 12/26/	2012		9	Name	of Buildin	g Ov part	wner/Operator tment & Cou	ntry Club EC	31 PM	2:5	8			
Agencies Notified	Type Notific	ation	_	Stree	t Address US HV	r segre resc		A-307-37		11000				
DEP DOL	Initial Amende Amendm	nent #	_		State, Zip (Bridge, N			e H	CENSIA	G			-	
⊠ DOH □ DCA	Emerger justifical Cancella		g	Name	of Contac	t			Telepho	ne Numb	per			
					CILITY INF	_								
Name of Facility Where	Abatement is	Taking Place	e (3)	FA	SILITI IN	OK	WATION	Type of Facility	(4)			-		_
Apartments Bldg.	/ Datement is	running r nuo	- (-)					School (K-1	2)	0.000	200			
Street Address								Subchapter Other (i.e., p				dinas		
11 Cottonwood Lan	ne			11000		19.00		homes, etc.	.)					
City (5) Old Bridge,								Square Feet 2000 SF	# of Flo	ancesa.	6	ldg. A	ge	
County (6) Middlesex		_			nty Code (ONLY)	7) (8	STATE	Current Use (P Apartments I		demolis	hed)			
Name of Monitoring Firm	n Hired by Buil	lding Owner	T	ASCM	No.	100000		ent Contractor (9				133		
(8) N/A		100				_		Construction	n, Inc.					
Street Address						17.77	reet Address	Avenue, PM	B Suite 2	218				
City, State, Zip Code				00000		_	ty, State, Zip Co		D Odito I					
City, State, 2ip code						2	Clifton, NJ 0							
Project Manager for Mo	nitoring Firm	17620	Tel	ephone	No.	11 200	lephone No. 173-389 - 008	39	Licens 006					
Start Date (10)		Scheduled C	Comple	etion Da	ite (11)	11000017	ame of OSHA M							
01/08/2012		01/11/20						Construction	n, Inc.		_			
Occupancy Status Durin				ement			reet Address 360 Clifton,	Avenue, PM	IB Suite	218				
Abatement Performe	d Outside of N	ormal Facili	ty Hou	urs City, State, Zip Code Clifton, NJ 07012										
Scope of Work (Check	all that apply)			Oliton, No 07012										
>3 sf or >3 lf >160 sf or >260 lf			enova emo	olition Govebag Procedure					Negative Pressure					
102		11000	Locati				T TNOIL-EX	empted () and	TTOTT THUS	0 1 1000		1.50	ment	
Location	of		ormall d Sole				Description of					Тур	oe I	
Asbestos-Containing		Mai	ntenai	nce/			Containing Mate		Amou (Spec		_		ш	m
TO BE ABA		100	ustodi staff?		(i.e.,	sı	rmal systems in urfacing, VAT,	or	SF or I		Rem	Repair	cap	nclo
(13)	.,		(12)	(6)	- 2	oth	er miscellaneo	us)			Removal	oair	Encapsulate	Enclosure
2		Yes	No	N/A							-		Ö	
Crawl Space		163	140	X	Pipe/El	bow	v Insulation		140 LF		X			
							_							
			5											
Hame of Registered Tracts Tracts					Waste No.		ibic Yards Waste	Name of Regi		afili				
Service Transport Group					No.	1	Waste)	Minerva La	andfill					_
City, State		TOP I					sposal Date 1/11/2013	City, State Waynesbur	rg, OH 44	688				
New Castle, DE		Title	-				Signature	1	7	Date				
Krutarth Jagad	Completed By Krutarth Jagad Title President						1	1 de	1	12/26/	2012			

CK 002915

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

PECEIVED

Date of Notification (1)	/2012			Name	of Buildin	g Owner/Operator partment & Co	untry Clu 26/2	DEC 31 PM	٥	No.		
Agencies Notified	Type Notifica	ation		Street	Address US HV		f. = va.		دا ن	δ		
DEP DOL	Initial Amended	ent #	_	City, S	State, Zip C		e.	LICENSING	i r(e)	L	•	
⊠ DOH □ DCA	justificati Cancellat		7	Name	of Contac	t .		Telephone Numb	er			
				FAC	CILITY INF	ORMATION						7
Name of Facility Where	e Abatement is T	Taking Place	(3)				Type of Facility	(4)			77014	
Apartments Bldg.							School (K-1	2) 8 (Other than K-1 2	2)			
Street Address 17 Cottonwood La	ne						Other (i.e., homes, etc	private & commercia .)	al build			
City (5) Old Bridge,							Square Feet 2000 SF	# of Floors 2	923	dg. A) +	ge	
County (6) Middlesex					nty Code (7) (STATE	Current Use (P Apartments I	rior if being demolis	shed)			
Name of Monitoring Fir	rm Hired by Build	ding Owner	-	ASCM	No.	Name of Abater	ment Contractor (9)				
(8) N/A	illi Tilled by bull	uning o union					I Constructio					_
Street Address			1.	7		Street Address	A - DM	D C.:ita 249				
							Avenue, PM	B Suite 216			_	
City, State, Zip Code						City, State, Zip C Clifton, NJ	07012					
Project Manager for M	onitoring Firm		Tele	ephone	No.	Telephone No.		License No.				
1 Toject Manager Ter III		<u> </u>				973-389-00	189	00693				
Start Date (10) 01/08/2013	- 1	Scheduled C 01/11/20		etion Da	ite (11)	Name of OSHA DIA Genera	Monitor Il Construction	n, Inc.				_
Occupancy Status Dur	ring Abatement					Street Address	10000					
Facility Closed/Vac	ated During Enti	re Period of	Abate	ement			, Avenue, PM	IB Suite 218				=
Abatement Perform Other - Describe:	ed Outside of N	ormal Facilit	ty Hou	ours City, State, Zip Code Clifton, NJ 07012								
Scope of Work (Check >3 sf or >3 If 160 sf or >260 If	all that apply)	12.31	enovat Demol			Mini-Er Goveb	ontainment with N nclosure ag Procedure	egative Pressure Non-Friable Proce	edure		U	
		Is	Locati	on		1 1110112	XOTTI PROBLEM			bate Ty	ment	
Locatio Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) <u>ATED</u> lity	Used Mai C	lormall d Sole ntenar ustodi staff? (12)	ly by nce/ al	Asbes (i.e.	Description of pestos Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					Encapsulate	Enclosure
		Yes	No	N/A				1401.5	1,,			-
Crawl Space						bow Insulation		140LF	X	-	-	
	-	-					+	-	-	\vdash		
			-									
Name of Registered V		NJDEP		Cubic Yards	Name of Reg	gistered Landfill		-				
Service Transport		Hauler II 20970	D No.	of Waste 10	Minerva L	andfill						
City, State						Disposal Date 01/11/2013	City, State Wayneshi	ırg, OH 44688				
New Castle, DE		Title				Signature	- Waying of	Date			_	
Completed By Krutarth Jagad	nt Signature 12/26/2012											

Name of Registered Wa	ste Hauler ORT GROUP, II	NC.		IJDEP	D No.	Cubic Yards of Waste 2 Cu Yds	Name of Regis	stered Landfill				
*												
									\perp			
Roof					Roof F	lashing		100 SF				
		Yes	No	N/A					-	-	_	+
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) ATED	Use Ma	Norma ed Sole intena todial (12)	lly ely by ince/ Staff?		Description of the store Containing Manager, thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
☐ ≥160 sf or ≥260 lf			Locat		1			n-Friable Procedu		atem	ent T	vpe
Scope of Work (Check a	II that apply)		novati			☐ Mini-End	tainment with Neg closure g Procedure	gative Pressure				100
☐ Facility Closed/Vacat☐ Abatement PerformeTime of Abatement:	d Outside of Norm	al Facilit	y Hour	s - Des	scribe	1123 BEAVE City, State, Zip Co BRISTOL, PA	ode	4				10
Occupancy Status Durin						Street Address						No.
Start Date (10) 1 / 9 /	0-240	eduled C				Name of OSHA N BRISTOL EN	nonitor VIRONMENTA	L, INC.				
Brian Kearney		4	60	9-386	-8800	215-788-6040		00509				
Project Manager for Mor			Tele	phone	No.	Telephone No.		License No.				
City, State, Zip Code Burlington Townsl	nin N.I.08016					City, State, Zip Co						
3 Terri Lane				· Wilesand		1123 BEAVE						
Street Address						Street Address			1.			
ATC	by Dunaning			0009	1377 ·		VIRONMENTA				10	
Camden Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM.	No.	Name of Abateme			1 14			
County (6)				Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri University	or if being demolis	sned)			
Camden							4500	1		100+		
City (5)							Square Feet	# of Floors	Blo	dg. Ag	ge	
Street Address 416 Lawrence Stre	et				V(642)		Other (i.e., pr	rivate and comme	rcial bu	ilding	ıs,	
416 Lawrence Stre	et						School (K-12) 3 (Other than K-12)			
Name of Facility Where	Abatement is Takin	ng Place	(3)				Type of Facility	(4)				
				FAC	CILITY IN	FORMATION						
(NJAC 5:23-8)	justification) Cancellation				e Smith			Telephone Num	DOI			
☐ DCA	☐ Emergency (ncluding			of Contact	NJ 08854		Telephone Num	her			
☑ DHSS	Amendment :	#		100	tate, Zip C		& 1	ICENSING	J .			
☐ EPA	☐ Initial		6		19110-1911	Bldg 4086	1 1 1 1	es caiirri	91-			
Agencies Notified	Type Notification	T IT	2		Address		COIZ DEG	of the	0			
12 /	21 / 1	2		Rut	gers Uni	versity	2012 DEC	31 PH 2: 5	0			N
Date of Notification (1)		_				Owner/Operator (2						

CK 1801

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

Asbestos-Conta TO BE IN	Facility (13) Deck d Waste Hauler	Yes		N/A		Cubic Yards o Waste 30 Disposal Date 1/11/13 Sigpature	City, State Morgant	gistered Landfill ga Landfill town, PA	Date		
Asbestos-Conta TO BE IN Exterior Bridge Name of Registere Allied Waste	Facility (13) Deck			IJDEP	Waste	Cubic Yards o Waste 30 Disposal Date	Conesto City, State	gistered Landfill		_	
Asbestos-Conta TO BE IN	Facility (13) Deck			IJDEP	Waste	Cubic Yards o		gistered Landfill		_	
Asbestos-Conta <u>TO BE</u> IN	Facility (13)				Transite					_	
Asbestos-Conta TO BE IN	Facility (13)				Transite			520 LF		_	
Asbestos-Conta TO BE IN	Facility (13)				Transite			520 LF		_	
Asbestos-Conta TO BE IN	Facility (13)	_		-	Transite			520 LF	-	1	
Asbestos-Conta TO BE IN	Facility	Yes	No	N/A				Stragger and the second	5.7		
Asbestos-Conta		100	(12)		.0	outer miscella					
	ation of ining Material (ACM)	Used Mair	ocation or mall Solel otenar odial Solel (12)	y ly by nce/	Asbest (i.e., thern	Description os Containing I nal systems ins VAT, or other miscella	Material (ACM) ulation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 l 		⊠ Ren	ovatio	n . 1	¥	☐ Mini-Er	nclosure	on-Friable Procedu	ure Aba	teme	nt Ty
Time of Abateme	nt: 8:00AM-5:00PM/_	PM-		_AM		☐ Full Co	se, PA 19477	gative Pressure			
☐ Facility Closed/Va	icated During Entire Pe	riod of At Facility I	atem lours	- Desci	ribe C	ity, State, Zip (Code				
Occupancy Status D	uring Abatement (Check	conly on	e)		S	treet Address	hlehem Pike - S	uite 60			
Start Date (10) 1 / 8		uled Con	npletio 11	n Date	13	CES	VIOTILO?				
Project Manager for N	2			one No		215-542-700 ame of OSHA		00847			1
				and Ma		Spring Hous elephone No.	e, PA 194//	License No.			
City, State, Zip Code		-	-		Ci	ty, State, Zip C	ode				
treet Address					St	reet Address 1121 N. Beth	lehem Pike - Sı	uite 60			
lame of Monitoring F	irm Hired by Building O	MIEI (U)	1,.5			Controlled E	nvironmental S	ystems		5	
Camden	Library Desilation Of	wner (8)	AS	CM No.	. Na	me of Abateme	ent Contractor (9)				
Bellmawr, Mount county (6)	Ephrain & Haddon	ricignic		county (Code (7)(STA	ATE USE ONLY)	Current Use (Price Bridge	or if being demolish	ied)		
ity (5)	E-brain & Haddon	Heights						N/A			
reet Address Route 168 over I-	295 Bridge MP 7.31	to MP 7	.57				homes, etc.) Square Feet	# of Floors	Bldg.		
Route 168 over I-	295 Bridge Deck						Chabanter 8	Other than K-12) rate & commercial	buildings	5,	
ame of Facility Where	e Abatement is Taking F	Place (3)					Type of Facility (4 ☐ School (K-12)				
	1		F	ACILI	TY INFOR	RMATION	T - F Tacility (A	1			
DCA (NJAC 5:23-8)	justification) Cancellation		10000000		l Johnson	1 ?			W.	101	
DCA (NJAC 5:16) DHSS	☐ Emergency (inclu	iding		ne of C	wr, NJ 080	J31		Telephone Number	37.17	A.	-
	Amended Amendment #				Zip Code	124		£ (// \$3		ج.	ŝo
DEP	Type Notification ☑ Initial	t			owning Ro	i ((4)	3/ P	1	
EPA DEP			Ctro	et Addr			-	Z0120EC	2	1	Poh
encies Notified EPA DEP	28 / 12		N	J DOT	45				4	5 0	

NR-53-, NJ NP:37 PHUT-State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Agency Notified Type Notification Izi Initial Q EPA O DEP Cl Amended C DOL Amendment# Emergency (including justification)
 Cancellation elephone Number O DOH D DCA FACILITY INFORMATION Name of Facility Where Abatement in Taking Place (3) Type of Facility (4) U School (K-12) U Subchapter 8 (Other then K-12) Street Address Other (i.e. private & commercial buildings. homes, etc.) Square Feet # of Floors aldg. Age County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) Name of Monitoring Firm Hired by Building Currer Name of Abatement Contractor (9) ASCM No. ANI JOE LLC Street Address 1212 City, State, Zip Code City, State, Zip Code DelAnco Project Manager for Monitoring Farm Telephone No. Telephone No. 856 824 0971 Start Date (10) Scheduled Completion Date (11) : Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abstern ☐ Absternant Perionned Outside of Normal Facility Hours ☐ Other — Describe: City, State, Zip Code Scope of Work (Check all that apply) O Full Containment with Negative Pressure ☐ ≥ 3 sf or ≥ 3 lf ☐ ≥ 160 sf or ≥ 260 lf El Renovation O Mini-Endosure O Glovobag Procedure Q Demolition Non-Exempted (*) and Non-Friable Procedure Abatement is Location Normally Used Solely by Typa Location of Description of tos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount TO BE ABATED Enclosure (i.e., thermal systems insulation, Custodia! Remova IN Facility surfacing, VAT, or Staff? (13) other miscellaneous) (12) No NA 31008

NJDEP Waste Hauler

ID No.

J Robinson Waste

Bellmaure

City, State

Completed by

JOE Hill

Cuble Yards of

Disposal Data

Signature

Do not use this form for asbestos licensure exampled activities.

Name of Registered Landfill

Tullytorun /

* Emergency *

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

GK 2922

Date of Notification (1) 12/27/12						Owner/Operat ns / Reside	nco		Elva,	*5				
Agencies Notified	Type Notification		1	Street Ad	ddress arne Roa	ad	- 20	MIZDEC 31	PM 2.	~~				
EPA DEP DOL	Initial Amended Amendment				te, Zip Co awn NJ		5	NEST 23	form.	9 <u>8</u> —		ť.		
DOH DCA	justification) Cancellation		- 0	Name of Matt	Contact		A CONTRACTOR	A LICEN	Telephone	Numbe	7	-		
	<u></u>			FACII	LITY INFO	RMATION								
Name of Facility Where Tabitha Robbins /		g Place (3)	P				Туре	of Facility (4) School (K-12)					- 3333	
Street Address 107 Marne Road		1,		****	*		×	Subchapter 8 Other (i.e. pri etc.)	(Other than I		uild	ings,	home	es,
City (5) Brooklawn NJ 080	30					=		are Feet	# of Floors			dg. A	ge	
County (6) Gloucester	-			County C	Code (7) USE ONLY)		Curre	ent Use (Prior	if being demo	olished)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	l No.	10.000000000000000000000000000000000000	ne of Aba rnaco I	atement Contr	actor (9)					
Street Address		1				et Addre								
City, State, Zip Code						City	State, 2	Zip Code Iin NJ 0809	1					
Project Manager for Mo	nitoring Firm	***************************************	T	Telephor	ne No.	Tele	phone N 6-753-9	10.	Licens 0072			ı		
Start Date (10) 12/28/12		Schedule 12/30/1		pletion [) Date (11)	, necess	ne of OS	HA Monitor	0072		-			
Occupancy Status Duris	ng Abatement (Chec						et Addre	100						
Facility Closed/Val Abatement Perform	cated During Entire I med Outside of Norn Home Owner will be	Period of A	batem					Zip Code		•				
Scope of Work (Check	All That Apply)										110			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emolit	511511A			Mi GI	ull Containmer ini-Enclosure lovebag Proce on-Exempted	dure				3	
		Is	Locati	on:				Sil Exampled	() and Hom	T		Abate	ment	
Locatio	on of	l N	ormal	y		Descripti	on of			_	_	Ту	ре	
Asbestos-Containin TO BE At In Fac (13	SATED	Mai Custo	d Sole ntenar odial S (12)	rice/ Staff?		os Containing thermal syste surfacing, \ other miscel	Materia ms insul /AT, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Basen	nent	Yes	No	N/A		Floor Tile /	mastic		320 SF	×	-			
		++								+	-			
Name of Registered Wa	aste Hauler			JDEP W		Cubic Yards	,	Name of R	egistered Lan	dfill				
United Containers			1 1 1 1 1 1 1 1 1	auler ID 2459	No.	of Waste 2		G.R.O.W	/.S.		10			
City, State Elm NJ					•	Disposal Da 12/31/12	te	City, State Morrisvil	le PA 1906	7				
Completed by Anthony T Perna		Title Presid	dent			Signati	ire	1		Date 12/2	7/1	2		

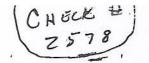
Data of Natification (4)			(1-			8:60 and	A COMPACTOR OF THE STATE OF THE		CK	292	3L.,				
Date of Notification (1) 12/27/12	1					Owner/O lesidend		(2)	2010 -	4,2	-17	ED			
Agencies Notified EPA	Type Notification			Street A 128 Je	^{ddress} etemale	Drive			- 2017	EC 3	I PM	2:5	8		
EPA DEP DOL	Amended Amendment		_'		ite, Zip C nawkin I	ode NJ 0805	50				Conne N			***********	
DOH DCA	Emergency justification) Cancellation			Name of Joe	Contact					Tel	ephone N	umber			
Name of Facility NAS		DI (0)		FACI	LITY INF	ORMATIC	ON .					35			
Name of Facility Where Joe Maino / Reside		ig Place (3)	8					PRESENT.	of Facility (School (K-1	100000					
Street Address 128 Jetemale Drive					14,			×	Subchapter Other (i.e. p etc.)				ilding	s, ho	mes,
City (5) Manahawkin NJ 08	050								re Feet	# of	Floors		Bldg. 35+	Age	
County (6) Ocean			T	County (Code (7) USE ONLY)			nt Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.		Name Pern	of Aba	tement Cor	ntractor	(9)		-		
Street Address		,			•		Street PO E	Addres	ss	7	ų.				
City, State, Zip Code					VII.		City, S	tate, Z	ip Code in NJ 080	01					
Project Manager for Mor	nitoring Firm	- 100MM	_	Telepho	ne No		Teleph			181	License	No		_	upor 1470
1							856-7	753-9	800		00727	140.			
Start Date (10) 1/8/13		Scheduled 1/15/13		npletion I	Date (11)		Name Same		HA Monitor						
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of Al	baten				Street City, S		ip Code		1				
Scope of Work (Check A	Il That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ψ,,,	Street, St.	enova emolit		î	52	×	Mir Glo	I Containm ni-Enclosure ovebag Prod n-Exempted	e cedure				ıre	
	10	Is L	ocat	ion		-				- (/			Aba	teme	ent
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED ity	Used Mair Custo	ntena dial S (12)	ely by nce/ Staff?	Asbes (i.e.	tos Conta	systems ing, VA	laterial insula T, or	(ACM) ation,	(8	mount specify or LF)	Removal	Repair	Type	Enclosure
		Yes	No	N/A								_	4		
Exterior S	Siding			X		Exter	ior Sic	ling		15	00 SF	x		\perp	
												-	-	+	
Name of Registered Was	ste Hauler		177040	IJDEP W		Cubic \			Name of		red Landf	fill			
United Containers			0.850	2459	IVU.	of Was			G.R.O.						
City, State Elm NJ						Dispos 1/15/1	3		City, Stat Morrisv		19067				
Completed by Anthony T Perna		Title Presid	lent			Si	gnature	72	۲ .	est.	1,000	ate 12/27/	12		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	22		2007-00-00-0			0 10	-1(2)	100 1	19 14 11		_		
Date of Notification (1)	12/26/2012		V - 10	- 1	Name of Buildin	ng Owner/O A to	Z Site Con		1/1-	21	Db	1	
Agencies Notified [x] EPA		Notificati			Street Address	940	Park Aven	20 12 DE(31 PM 2:	58		_	
[] DEP [x] DOL	Amend	led Notifi Iment #_ ency (inc			City, State, Zip	Code Lake	ewood, Nev		8701 CANALING	OL.			
[x] DOH	justific [] Cancel	ation)			Name of Conta	et ng Perlste	in	Te	lephone Number		,		
				FACI	ILITY INFOR	RMATION	1						
	Abatement is Taking esidence	Place (3)					Type of	Facility (4)	School (k-12) Subchapter 8 (other			.1 51.4	lings
Street Address	24 Joe Parker Roa	d						[x]	Other (i.e., private homes, etc.)	Bldg.		u bund	mgs,
City		County	(6)		County Code (7 (STATE USE O		Square f	00 sf	# of Floors 1 beingdemolished)	Diug.	60)	
Lakewood		Ocean		100	ASCM No.			Residen	ce				
	ame of Monitoring Firm Hired by Building Owner (8) N/A reet Address						of Abatemen	Guardia	n Contracting,	Inc.			
Street Address					gerea, de la		Address		oute 9, Unit 61			į.	
City, State, Zip Code							State, Zip Co	Toms R	iver, New Jerse		55-12	71	
Project Manager for Mo	nitoring Firm		Telephone N	Number		732-	hone Number 349-9932	7	License N 00624	umber			
Scheduled Start Date (1-1/9/1			Scheduled C	15.7	ion Date (11)	Name	of OSHA M		J. Analytical				
Occupancy Status Durin	ng Abatement (Check acility Closed/Vacate batement Performed of ther – Describe	d During	Entire Perio	od of Ab acility H	oatement Iours		t Address State, Zip Co	ode Piscata	elton Road way, New Jerse		54		
	3 sf or ≥3 lf	10	[]	Renova] []] Min	i-Enclosure rebag Proced	with Negative Pre ure (and Non-Friable)		ıre		
[x] ≥	160 St or 2200 II		[\ \]	Demoi							ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custon Staff (12)				sed , ustodial		Asbestos- Materia (i.e., therr insulation VA	ption of Containing al (ACM) mal systems a, surfacing, T, or cellaneous)		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
N 300 - 100	1	YES	NO	N/A		11:44			1500 sf	X		Е	-3
Exterior		-	X		Asbestos	siding			1300 31				
					The state of the s		4	21			-		-
			State of					of Doole	ered Landfill	1			_
Name of Registered W Guardian	aste Hauler Contracting, Inc.		NJDEP Was 2	20223		oic Yards of		T.R.R.F.	Cica Landiiii		10		
City, State	ver, New Jersey			Dispo 1/11			y, State	ennsylvani	ia /	Date	e		
Completed by (Print or	r Type)	Title Proje	ect Manag	er	Signature	ichi	T +	en	-1	100000000000000000000000000000000000000	26/20	12	

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



/2	127/12		Nar 		N TH TE C		MARTINE	VE.	<i>J</i>
gences Notified	Type Notification		Sve	eel Address			- 1. C. S.	M a	
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1.004	Emergency (inc justification)	20011 2	Nar	me of Conta			Telephone Number	0 191	
) 00H } ∞A	Cancellation			Bruce	E BREUM	110			
			1=	A CILITY IN	FORMATION				
•				ACIDITI		Type of Facility	4)		
ame of Facility When	e Abatement is Taking	Place (3)				School (K-12)		
RES	ITENÇE					- Cumpanier	(Other than K-12)	buildings	
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320	8 WESTA	VE.	_			Square Feel	W of Floors	40	
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. 4, 7,				7111	Name of OSH	A Monitor			
	Tisches	dued Cor	ndelion	Dale (11)	Name of OSH	A Monkoy	1 M		
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.IAC 8:60 and 12:120)

* Only end date is am	ended	1.			and 12		PECE	IVE	:D				
Date of Notification (1) 12-27-2012		100			Owner/Oper tnership A			¥.					
Agencies Notified Type Notification		S	treet Ad				AI2 DEC-31						
EPA Initial DEP Amended DOL Amendment #		100		e, Zip Coo it, NJ 07			& LICEA	CON	ikeL G		i		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding		lame of Joe	Contact				Tele	phone Nun	nber		7	
<u> </u>			FACIL	ITY INFO	RMATION		, , , , , , , , , , , , , , , , , , ,				(0)		
Name of Facility Where Abatement is Taking Former Car Dealership for Demo Street Address	Place (3)					- -	ype of Facility (4) School (K-12) Subchapter 8) I (Other					
68-72 Franklin Place						E	etc.)	10					s,
City (5) Summit		14					quare Feet		Floors	5	dg. A 0+	ge 	
County (6) Union			STATE U	ode (7) SE ONLY)		- (urrent Use (Prior Car Dealershi	р		ied)			J. In
Name of Monitoring Firm Hired by Building Or	wner (8)		ASCM	No.	11 1000		Abatement Contr Contracting, L		9)				
Street Address				j		treet Ac 22 Tro	dress y Lane						
City, State, Zip Code		1			11		e, Zip Code n Park, NJ 07	035					
Project Manager for Monitoring Firm		1	elephor	ne No.		elephor 973-70	ie No. 06-7950		License N 01088	0.			
	Scheduled		pletion [Date (11)			OSHA Monitor Contracting, L	LC		E-a			
Occupancy Status During Abatement (Check	Only One	e)			1 1 7 7	treet A							
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: 9 am - 5 pm	eriod of Al al Facility	oatem Hours	ent		C	ity, Sta	y Lane e, Zip Code n Park, NJ 07	035					
Scope of Work (Check All That Apply)	-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				×	Full Containme Mini-Enclosure Glovebag Proce Non-Exempted	edure				a	
	Ι .						Non-Exempled	() and	1 NOT-1 Hac		Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mai	Location ormall Solel of Solel of Solel of Solel of Solel (12)	y ly by nce/			stems i g, VAT,	terial (ACM) nsulation, or	(S	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A							-	-		-
Entire Structures - Dealership &	-				To be disp					+	-	-	-
House on Same Property					asbesto	os wa	ste				-		-
					estar v								
Name of Registered Waste Hauler			JDEP W		Cubic Ya		Name of F	Registe	red Landfi	I			
Yannuzzi and Sons Demolition		1 2 2	auler ID 3137	No.	of Waste		IESI						
City, State Hillsborough, NJ					Disposal TBD		City, State Bethleh						
Completed by Lillie Lazarevich	Title Secr	etary	* **		Sign	nature LC	- Llera	u.		ate 11-6-2	2012		

CA U.S. MAIL

ACHT 1042

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

Date of Notification (1)	12/27/12		Name o	of Buildin	ng Owner/Operato	SCES	E DEC 31	PM	- 1.3		
Agency Notified	Type Notification		Street A		object to	= 0 1 00	and the state of	" / <	: 58	9	
O EPA	Initial		30		whitehe	=14a 140	Estima	/	<u> </u>		
O DEP	Amended		City, St	ate, Zip	FIVER	NIO.	0328		01		- 1
DOL	Amendment #	dina	Da	411		1010.	Telephone Num	bor ()			\dashv
D DCA	justification) Cancellation		Name o	of Contac	RISCES	E	Telephone Num	loer			
			FACIL	JTY INF	ORMATION						4
Name of Facility Where	Abatement is Taking P	lace (3) AUE	;	,		Type of Facility School (K-12)					
Street Address						Other (i.e. pr hornes, etc.)	ivate & commercia	l buildings			
City (5)	IWER	082	82		72	Square Feet 3500	# of Floors	Bldg. A	je O		
County (6)	LESEX			Code (7) (STATE USE	Current Use (P	rior if being demoli		=		
Name of Monitoring Firm	(14 C.	ner AS	CM No.		Name of Abater	nent Contractor (9			1	o one	
(8)					NOVAT	Edn nou					
Street Address	·				Street Address	× 814			+	914	
City, State, Zip Code					City, State, Zip	Code	0.8857				
Project Manager for Mon	itoring Firm	Telep	hone No.		Telephone No.	3x7500	License No.				
Start Date (10)	Scheduled (Completion	Date (11)	T.	Name of OSHA	Monitor /	(٠	T.	
Occupancy Status During					Street Address	214	•				
Facility Closed/Vacate Abatement Performed Other – Describe:	d During Entire Period Outside of Normal Fa	of Abatem cility Hours	ent ·		City, State, Zip	Code CICE N	350 088	57			
Scope of Work (Check a	that apply)	•	Reno	u estion	₩ Full	J.	Negative Pressur	e .		2	
≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			D Demo		DA Glov	ebag Procedure	d Non-Friable Prod	cedure .			
			cation nally						Abal T	ype	ent T
Location Asbestos-Containing TO BE AF IN Fact (13)	g Material (ACM) BATED illity	Used S Mainte Cust Str	olely by nance/ odial df?	Asbe:	Description stos Containing M , thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
		Yes N	D N/A						1	_	
			1		0	-6 \	. فر رحم	71-		-	-
BASEMENT			X	Pi	FE 11050	LATION	< 156	41	X	\perp	
	to Houler	LNIDE	P Waste Ha	auler	Cubic Yards of	Name of Regi	stered Landfill			L	
Name of Registered Was	1DC	ID No.	2501		Waste	GRO	.WS.(<u>)</u> A			
City, State BRIDS	E NA	088	57		Disposal Date	City State	ME Y	2010			
Completed by AME	FAA Title YOF	side	υT		Signature	Ambe.	Lo	Date 12 A	7/1	8	_
ASB-41	* Do no	ot use this f	orm for asb	estos lic	censure exempted	activities.	× -		1		

Check # 8440

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

Date of Notification (1)	· · · · · · ·			T Na	me of Duile				1/1/	ton.	
	12-28-1	2		144	ine or build	ding Owner/Operation	or (2)	lins DEC 31	1 4	-/	7
Agency Notified	Type Notification	-1 i		Stre	eet Addres	324	Pitma	PROTECTION CONTRACTOR (C)	PHO	7007	2 X
□ DEP Ø DOL	☐ Amended	i ili		City	, State, Zi	p Code	1 1 1,111 6	S/	1,000	38	2
Y .	Amendment #	uding				Pitma	n No	J 0807	1774	4.	
DOH DCA	justification) ☐ Cancellation				ne of Cont	act 11	100	Telephone Number	G'	4	
					John CILITY IN	FORMATION		` ,	=		
Name of Facility Where A							Type of Facil	lity (4)			
Jingle +	anily D	we	lline	<u>i</u>			☐ School (K-				
Street Address 334	Pitma	1	AUE	, -			☐ Subchapte	er 8 (Other than K-12) private & commercial b	uildings		
City (5) D.1	617		. A				Square Feet		Bldg. Ag	ne .	
County (6)	1/1/7		08	07				2	70	14-	<u>.</u>
				ONL	nty Code (Y)	7) (STATE USE	Current Use	(Prior if being demolish	ed)		
Name of Monitoring Firm			ASC	M No.	/,	Name of Abaten	nent Contractor	(9)			
Street Address	hnologies		L	~//	A	EPO	Tech	nologies	Inc	24	
P.C. Box	337						<u> </u>	100 Sept 76			
City, State, Zip Code						City, State, Zip (Code	x 337		-	
New Egyp Project Manager for Monito	1+ NJ (New	Equat	NJ 08	33	3	
Steve Sche				one No		Telephone No.	311	License No.		_	
Start Date (10)	Scheduled (Compl	etion D	ate (11	3365	609-758- Name of OSHA	Monitor	000	39 Y		
1-7-13		7 -		200-20-00				nalosire 7			
Occupancy Status During /	Abatement (Check or	nly one	9) .					rologies, I	-10		
	During Entire Period	of Ab	atemer	nt .		P. O. City, State, Zip C	Bex	337			
Other - Describe:	atomor of Horman Fac	Jilly 11	ours			New	Equot		533	2	
Scope of Work (Check all the	hat apply)	2.820				200	V//		<u> </u>	<u>)</u>	
≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			5.0		novation nolition	☐ Mini-E	inclosure bag Procedure	h Negative Pressure	,		Ť
		100	s Locat	0.000						bate	
Location	7.9		Norma ed Sole			Description o	f	8	-	Тур	oe
Asbestos-Containing N TO BE ABAT			aintena Custod			tos Containing Mai thermal systems i		Amount	R		En
IN Facility (13)	,	100	Staff?	377797		surfacing, VAT, other miscellaned	or	(Specify SF or LF)	Removal	Repair	Encapsulate
,			(12)	1	1	other miscellanet	ous)		va Va	¥.	ulate
2		Yes	No	N/A	-						
Besenent		X	1	-	Pipe	Insulat	4,021	100 LF	X	-	1
			-	 					\dashv	+	4
									+	+	+
ame of Registered Waste F	Hauler			/aste H	2000 SUNY	Cubic Yards of	Name of Regis	stered Landfill			4
EPC Techno	slogies		No. /	700	00	Waste 2	Waste	Monageme	nt		
A!F NJ						Disposal Date	City, State	11 17	1		
ompleted by	.Title 🕤		,			Signature 7	Monni:	7			
tieve Schenki	er PRES	id	ent	-		Sle	re) Sch	Date	2/28	4	17
58-41	* Do not u	ise thi	s form	for ach	estine lines	isura avamplad an	45.00		-120	1	

State of frew Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) Decer	December 27, 2012					erator (2) ntures	REQUIN	2-14	\sim	0	
Agencies Notified Ty	pe of Notification	otification		Street Address	701 N	erator (2) ntures 7917 Main Street, Suite 1	DEC 31 PM	2.5	-		
[K] Don	Amendm	cy (including		City, State, Zip	Belm	ar, NJ 07719 &	LICENSON	May .	<i>&</i>		
[] DCA] Cancellat			Name of Contac Joe	et .		elephone Number	٠.		.a	
	4		FAG	CILITY INFOR	MATION					-	
Name of Facility Where Abate Elks Lo		ace (3)		, and the second		Type of Facility (4)	School (k-12) Subchapter 8 (ot	har tha	n le12\		
Street Address 708 7 th	Avenue			e - 1		[x]	Other (i.e., priva homes, etc.)			cial bui	ldings,
City	C	ounty (6)		County Code (7) (STATE USE ON	ILY)	Square feet 4500 sf	# of Floors		g. Age {	30	
Belmar		Ionmouth		ASCM No.		Current Use (Prior i Elks Lo	odge	l)			
	Iame of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc. treet Address 1889 Rte. 9, Unit 61				1		(9) an Contracting,	Inc.			
Street Address					Street A	1889 R	oute 9, Unit 61				
	River, NJ 0875	5			City, Sta	ate, Zip Code	River, New Jers	ev 08'	755-1	271	
Project Manager for Monitorin			ne Number		Telepho	ne Number	License N	_		2/1	
Nicholas Fernico	la		9-9932			19-9932	00624				
Scheduled Start Date (10) 12/27/12		12/2	100	tion Date (11)			L. Analytical			V 8	
Occupancy Status During Abat	ement (Check onl Closed/Vacated D		eriod of A	batement	Street A		telton Road				
	nt Performed Outs	· · · · · · · · · · · · · · · · · · ·			City Str	ate, Zip Code					
[] Other – I	Describe				Oity, oil		way, New Jerse	y 088	54		
Scope of Work (Check all that	apply)				[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[x] >3 sf or 2	≥3 lf	[]	Renov	ation	[x]		ure				
[] ≥160 sf o	or≥260 lf	[x]	Demol	lition	[]	Non-Exempted (*) and Non-Friable	Procedu	ıre		
				T				Abat	ement	Туре	
		Is Locat			Description			R	R	Е	Е
Location of		Normally	used	A	sbestos-Co		Amount	E	Е	N	N
Asbestos-Containing Mater TO BE ABATED		Solely faintenance/		6	Material (A .e., thermal		(Specify SF or LF)	M	P A	CA	C L
in facility	2	Staff			sulation, su		Of ET)	0	I	P	O
(13)		(12)			VAT,		1 112	V	R	S	S
				0	ther miscell	aneous)		Α		U	U R
	Y	ES NO	N/A					L		E	E
Crawlspace & basement		X		Asbestos pip	e insulatio	n	120 lf	X			
1											
		-							-		
Name of Registered Waste Hau		NJDEP W			Yards of Was		red Landfill				± .
Guardian Contra	cting, Inc.		20223	3		T.R.R.F.					
City, State Toms River, Nev	w Jersey		12/3	sal Date 1/12	City, St Tullyt	ate own Pennsylvania				1/2	
Completed by (Print or Type) Nicholas Fernico	Tit	tle oject Mana		Signature	dot	ter	1	Date 12/2	27/20	12	74

CX 33

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

Date of Notification (1) DEC. 28, 2012					ner/Operator	(2)	2012	Drd	HE	0		
Agencies Notified Type Notification	· ·	S	treet Add				6	DED 31 P	14 2.	20		
EPA Initial Amended Amendment	#	C	ity, State	e, Zip Code	Tananan ar way		3.			26'		
DOH justification) DCA Cancellation		N	lame of C	Contact				Telephone N	imhar			
			FACIL	ITY INFOR	MATION				2			
Name of Facility Where Abatement is Takin BELLCREST PLAZA	g Place (3)					s s	of Facility (4 chool (K-12		-12)			
Street Address 931 FISCHER BOULEVARD						⊠ c e	other (i.e. pr tc.)	ivate & comme	rcial build			s,
City (5) TOMS RIVER			30			Square 2700	0	# of Floors	3	dg. A	ge ——	
County (6) OCEAN			County Co STATE U	ode (7) SE ONLY)		VAC	ANT RET	r if being demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	Name Finis	of Abate shing T	ement Cont ouch Ast	ractor (9) pestos Abate	ement C	orp.	Inc.	
Street Address			3			t Addres	s PSON ST	REET				
City, State, Zip Code				B		State, Zip		NCH, NJ 077	64	10		
Project Manager for Monitoring Firm N/A		T	relephon	e No.		hone No		License 00040				
Start Date (10) JAN. 8, 2013	Schedule			Date (11)	Name N/A		IA Monitor					37
Occupancy Status During Abatement (Che					Stree	t Addres	s					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	batem	ent		City,	State, Zi	p Code					
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				Mir Glo	ni-Enclosure				·e	
	7			- 7 - 7		110	II-Exemple	2 () dila itali			emen	t
**	1 17	Locati Iormal	555		Description	on of			-	T	/pe	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/	Asbesto (i.e. t	os Containing hermal syster surfacing, V other miscell	Material ms insula /AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	INO			\/AT			26000 SF	×	+		
MAIN FLOOR			X		VAT			20000 31	A			
										-		-
A De laborat Waste Heales			NJDEP W	l /aste	Cubic Yards		Name of	Registered Lar	ndfill	1		1
Name of Registered Waste Hauler SAKOUTIS BROS. DISPOSAL		H	Hauler ID	No.	of Waste 60 CY		GROW	S NORTH L		LL.	=44	
City, State COLTS NECK, NJ					Disposal Da 1/15/13	ate	City, Sta	te ISVILLE, PA				
Completed by JOSEPH P. MILLER	Title PRE	SIDE	NT		Signat	ure	à sez	and	Date 12/28	/201	2	

MO# 20613904852

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

Date of Notification (1)				Name	of Buildir	g Owner/Operator (2)	Part Cal	1 CPm po		9 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	-
12 /	27 / _	12		Jenni	fer Murra	ıy	0.5	- 144	TE.			
Agencies Notified EPA DOLWD	Type Notificat Initial Amended	tion		Stree 26 M	t Address argaret C State, Zip	t.		DEC 31 P	M 2: 5	8		
DHSS DCA (NJAC 5:23-8)	Amendme	y (includin	- g	Fair L	awn, NJ of Contact	07410	Č	L/CFAtt	Ni Na	į,		
	Cancellation	on 			fer Murra				-			
No. of Facility 100		The second second	(0)	FA	CILITY I	NFORMATION						
Name of Facility Where A Private house Street Address 26 Margaret Ct.	Abatement is Ta	aking Place	(3)	-			Type of Facility School (K-1 Subchapter Other (i.e.,	12) 8 (Other than I private and cor	<-1 2) mmercial	build	ngs,	
City (5)							Square Feet	# of Floors	: 1	Bldg.	Age	
Fair Lawn, NJ 07410 County (6)		-	<u> </u>	Cour	nty Code (7)	(STATE USE ONLY)	Current Use (P	Prior if being de	molished)		
Bergen Name of Monitoring Firm	Lirod by Duildi	na Owner	701 1	1001								
	i mirea by Ballai	ing Owner	(0)	ASCM	No.	Name of Abateme Gr Tech LLC	ent Contractor (9	9)		0.70		
Street Address						Street Address	202					
City, State, Zip Code		<u> </u>				576 Valley Rd #						
						Wayne, NJ 0747						
Project Manager for Mon	itoring Firm	************	Tele	phone	No.	Telephone No.	1,2	License No	o.	77		
						973-638-1777		01127				
Start Date (10) 01 / 05 /		cheduled C				Name of OSHA M						
Occupancy Status During		01		<u>, , , , , , , , , , , , , , , , , , , </u>	13	Envirovision Co	nsultants,Inc					
Facility Closed/Vacate Abatement Performed	ed During Entire	e Period of	Abate		criba	Street Address 20-21 Wagaraw	Road, Bldg .#	34A				
Time of Abatement:	AM-	PM/	PM_	- Des	AM	City, State, Zip Co						
Scope of Work (Check all	I that apply)					Fair Lawn, NJ 0	7410 and decontami	ination			-	
>3 sf or >3 If > 160 sf or >260 If			enovati emolitic			Full Cont Mini-Encl Slovebag	ainment with Ne	egative Pressur				
		100	s Locat						P	bate	ment 7	Гуре
Location	of		Norma ed Sole	ely by		Description o stos Containing Mat		Amount	7	Repair	Encar	Enclosure
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Ma	intena todial (12)		(i.e	 thermal systems i surfacing, VAT, other miscellane 	nsulation, or	(Specify SIF or LF	13	air	osulat	(0)
Asbestos-Containing TO BE ABA IN Facili	Material (ACM) ATED	Ma	todial	Staff?	(i.e	surfacing, VAT,	nsulation, or	(Specify	moval	ar	Encapsulate	(0)
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Cus	todial (12)	Staff?	Pipe ins	surfacing, VAT, other miscellaned	nsulation, or	(Specify) movai		osulate	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Cus	todial (12)	Staff?		surfacing, VAT, other miscellaned	nsulation, or	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Cus	todial (12) No	Staff?		surfacing, VAT, other miscellaned	nsulation, or	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Cus	No	Staff?		surfacing, VAT, other miscellaned ulation	nsulation, or ous)	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED ity	Cus	No	N/A N/A		surfacing, VAT, other miscellaned ulation	nsulation, or ous)	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was Gr Tech LLC	Material (ACM) ATED ity	Cus	No D	N/A N/A	Pipe ins	surfacing, VAT, other miscellaned ulation Cubic Yards of Waste TBD	nsulation, or ous)	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was	Material (ACM) ATED ity	Cus	No D	Staff? N/A N/A DEP Waste	Pipe ins	surfacing, VAT, other miscellaned ulation Cubic Yards of Waste	nsulation, or ous)	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was Gr Tech LLC City, State Wayne, NJ 07470	Material (ACM) ATED ity	Yes	No D	Staff? N/A N/A DEP Waste	Pipe ins	surfacing, VAT, other miscellaned ulation Cubic Yards of Waste TBD Disposal Date TBD	Name of Regi	(Specify SIF or LF			osulate	
Asbestos-Containing TO BE ABA IN Facili (13) Basement Name of Registered Was Gr Tech LLC	Material (ACM) ATED ity	Cus	No D	Staff? N/A N/A DEP Waste	Pipe ins	surfacing, VAT, other miscellaned ulation Cubic Yards of Waste TBD Disposal Date	Name of Regi	(Specify SIF or LF			osulate	

State of Now Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2-28-12 Street Address Type Notification Agencies Molified City, State, Zip Code Initial SPA Amended Amendment # [Including Name of Contact justification) HOOF EACHTEV INFORMATION Type of Facility (4) CLOCA Subchapter 8 (Other than K-12) [] School (K-12) Name of Facility Where Abatement is Taking Place (3) Other (i.e., private & commercial buildings, APPIEGATE Eldg. Age homes, etc.) # of Floors Square Feet Caurent Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) County (6) MONMOUTH TNSVLAT ASCM No. Name of Monitoring Firm Flired by Building Owner Street Address MONIBON Street Address City, State, Zip Code COLIS City, State, Zip Code Telephone No. 0001 732 294 175 Telephone No. Project Manager for Monitoring Plan Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Street Address Occupancy Status During Abatement (Check only one) 45 MONTRONE [] Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe: 7-mm - 7/M | Full Containment with Negative Pressure Scope of Work (Check all that apply) | Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Denovation Abatement | | st or ≥3 ll | ≥160 st or ≥260 ll Demotition Type ts Location Normally Amount Description of Asbestos Containing Material (ACM) (Specify Used Solely by (i.e., thermal systems insulation, Maintenance/ Location of SF or LF) Asbestos-Containing Material (ACM) surfacing, VAT, or other miscellaneous) Custodial TO BE ABATED Staff? (12)IM Facility MIA Mo Yes Name of Registered Landfill Cubic Yards NJOEP Waste of Waste Name of Registered Waste Hauler Disposal Date Completed By

A\$B-41

State of New Jersey

CKRECEIVED

18	MC	State of Nov THECATION OF ASM Consumit to NIAC	3103 AM 12:120)	ar 2012[EC3F PM 2	58
of Notification (1)	and the second section is a second section of the section of	Name of Building	Owner/Operator (A.	MILLERE	ACENSING	01
	Type Notification I Initial Amended	Street Address 211 City, State, Zip	ZELLEY	. 1 // >	08057	12.00
DOH	Amendment #	Name of Conta	CI S	2- 4949	dephone Number	
DCA Bay Mhore		ee (3)	H:ORMATION	Type of Facility (4) School (K-12) School (K-12)	Other than K-12)	addinos.
PIRIL	MILLER 15Th ST	property of the state of the st	AND THE PROPERTY OF THE PROPER	homes, etc.) Square Free!	# of Floors	75
City Sill, AS	3 or TRM) County Cod	o (7) (STATE	Cuirent Use (Prio	rif being demolishe うしらる	9(I)
County (6)		OCT -	Name of Abate	ment Contractor (9)	in Cu	ENG.
(8) Street Address		As the Sign and th	Street Address	1	À	managed water to be at the
City, State, Zip Code	A production of the second of	Telephone No.	COLIS Telephone No	Neces	License No.	
Project Manager for f	and the same of th	iled Completion Date (1	i) Name of OSI	INSULATION	J CO IN	Larent Committee and the committee of th
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Date of Notification (1)	12-28-17	artificket av 1944	arvanatity	Name	of Buildin	g Owner/Operator 302 012	MT SA	LATE DOM	iN	PPC	\$	nen e
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State of New Jersey NOTETCATION OF ASPESTOS ADATEMENT Consumul to NIAC 8:60 and 12:120)

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Date of Notification (1)	12-28-1		- (AC 8:60 and 12	į.	PARIS	LLC 2:58
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Project Manager for Mon	itorina Pinn	T Tolo	phone No.	. L. S. Olmi S.	Mexery (A	(0)77.7	,
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Date of Notification (1)				Nam	e of Buildi	ng Owner Operal	08(2)			Car 15	11	100	
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Project Manager for Mon	itoring Firm	Tele	epho	ne No.		Telephone No.	o Egypt	License No		33)		_
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Start Date (10)	Scheduled / -	3 / -	/ 3	te (11)		Name of OSHA	_ Tech-	oloc :-					
Occupancy Status During	Abatement (Check	only one)	12			Street Address		J	S, <u>T</u>	nc.			
Facility Closed/Vacate						P. City, State, Zip	D: Bcx	337					
☐ Other – Describe:				78		New	Egypt	NJ	083	53	3		
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VIA U.S. HAIL

Name of Facility Where Aba The CANA Street Address City (5) SAYREUII County (6)	Initial Amended Amendment # Emergency (including justification) Cancellation terment is Taking Place	Ci C	reet Addition of the Addition	CANAL ST CANAL ST REVILLE Contact SAWKA TY INFORMATION	Type of Facility (4 School (K-12) Subchapter 8 (12) Other (i.e. prival homes, etc.) Square Feet Current Use (Prival)	Other than K-12) ate & commercial build # of Floors Blo or if being demolished	dings,	
Name of Monitoring Firm Hi (8)	Initial Amended Amendment # Emergency (including justification) Cancellation terment is Taking Place	e (3)	PACILIT	CANAL ST CANAL ST REVILLE Contact SAWKA TY INFORMATION	Type of Facility (4 School (K-12) Subchapter 8 (12) Other (i.e. prival homes, etc.) Square Feet Current Use (Prival)	Other than K-12) ate & commercial build # of Floors Bloom if being demolished	dings,	
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the section	i. :/			Street Address	x 814	·		
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		Telephon	e No.	Telephone No.		License No. 806	0	
Project Manager for Monito	oring Firm	Telephon	C 110.	1732)2	38×1200	00,000	<u> </u>	
Start Date (10)	Scheduled Co	ompletion Date	e (11)	Name of OSH	ECH INC			
MILAKITA	031	05/13_		Street Address				
Occupancy Status During	Abatement (Check on	y Ulicy - 6 Abetement		P.O. 13	ox 814	.		
Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire Period Coutside of Normal Faci	lity Hours			SIDGE 1	10.0889	57	_
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□ ≥ 160 sf or ≥ 260 lf	-		- Della	D N	on-Exempted (*) an	d Non-Friable Proced	Abaten	
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e of Notification (1) 2/17/2012		Name of Building Owner/Operator (2) Fifth Bergenline LLC Street Address												
encies Notified Type Notification	Street Address							LICENSING						
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DEP Amended		Pa	ssaic, N	J 07055					or.			\dashv		
Emergency (in	cluding	Nan	ne of Con	tact			1	elephone Numb	51					
DOH justification) Cancellation			berto P						-			I		
	- (0)	F	FACILITY	INFORMA"	TION	Type of Fa	cility (4)							
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reet Address 11 Bergenline Ave						etc.)	.*	# of Floors		. Age		_		
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Jnion City		TCo	ounty Code	e (7)		Current U	se (Prior if	being demolishe	d)					
ounty (6)	(57	TATE USE	ONLY)		(0)									
Hudson lame of Monitoring Firm Hired by Building C	owner (8)	٦	ASCM No). ·		Jame of Abatement Contractor (9)								
APEX Geo Engineering & Environn	nental Co	rp	1,500			t & Sons, LLC et Address								
Street Address						365 River Drive					-			
658 Rutgers Place					City, State, Zip Code									
City, State, Zip Code						Garfield, NJ 07026								
Paramus, NJ 07652	elephone	No.		hone No.		License No 01191) .	#1						
Project Manager for Monitoring Firm	201)954			3)685-97		01191		_		_				
INO	Scheduled		oletion Da	te (11)		e of OSHA stor Tech								
Start Date (10) 12/18/2012	12/31/20				AL.	et Address				7	:			
Occupancy Status During Abatement (Chec	k Only One)				59 Jacks	on Ave							
- 10/ted During Entire	Period of Al	pateme	ent		City.	State, Zip	Code		1.4					
Abatement Performed Outside of Norr Other – Describe:	nai Facility	Hours			Lo	ng Island	City, NY	11101						
Scope of Work (Check All That Apply)						_			D	•				
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	D D	emoliti	ion			01	- Law Drocc	edure (*) and Non-Fria	hle Pro	cedur	е			
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Location of		lormal d Sole		A - h e etoc	Descript	tion of g Material	Amount	-		Ē	1			
Ashestos-Containing Material (ACM)	Ma	intena	nce/	(ie the	ermal syst	ems insulai	ion,	(Specify SF or LF)	Remova	Repair	Encapsulate	000		
TO BE ABATED In Facility	Cus	todial ((12)		- 0	surfacing,	VAI, or ellaneous)		0. 0. 1. 7	oval	air	sulat			
(13)											Ō			
		No	N/A	Doo	f Achaet	tos Mater	ial	120 SF	x			1		
Roof Area			X					3 LF	x					
Basement Area			X		Pipe Ins	p Debris		4500 SF	х			T		
Various Location, Main Roof Are	ea	_	X		Clean U	ף הפטוופ		10						
		<u></u>	NUDEDIA	Vacte T	Cubic Yar	rds		Registered Land						
Name of Registered Waste Hauler			NJDEP V Hauler ID	No.	of Waste		G.R.O.	W.S. Waste	Manag	geme	ent			
• Water and the second			32905		Diseased	Date	City, Sta							
CID & SONS, LLC					Disposal	Date	Morris	ville, PA						
									Date					
CID & SONS, LLC City, State Garfield, NJ					Siar	nature				1/00	0			
City, State	Title		Manage	r -	Sigr	nature	riesshy	pilliti!	12/17	7/201	2			

The state of the s 2012 DEC 3 REMEMBER - MAIL IN a sale of the Cattrible. & LICENSING State of New Jarrey NOTH-WATION OF ASSESTED AMATEMENT (Pursuant to NJAC 8.00 and 12/120) through Building Charge Operator (2) Order of Notife page (1) Fifth Bergenine LLC 12/17/2012 Street Address Agarales Hoph PO Dox 4113 City Stale 7ip Code XF IN CFA DGP DOL Amendment 9... Fruitgarry (has Passaig, N. 07065 feleplaces Normal Ø Look such Of Cookings M Aobeno Porz DUH FACILITY INFORMATION Types of Facelity (A) Name or Kar By Whate Apple sort a faking flage (4) Someon (A-12)
Succession 6 (Out in them is 12)
Citier (Le. private & our retent of buildings from the Shell Address Bldg Apr 411 Bergonline Ave #cff oon Cily 31 Union City Cares Use (Frie II boing demoket County Cude (7) County (8) Migrow and American Charles of the Migrow Hudson Norme of Membering Fire Head by Building Owner (B) Old & Sons, LLC APEX Gao Engineering & Environmental Corp Street Address 365 River Drive Street Arkitona 668 Rulgers Planc City State 250 Code City Buile dip Code Gadlold NJ 07028 Paremile, NJ 07695 L'opinon No I'mpa & Manager to: Munitoring Firm Tolephone No 01101 (973)085-9791 (201:954-6:350 Name of OSKA Man INO Schedules (Amphion Date (11) Testor Fech Stort Date i für 12/31/2013 12/10/2012 Decemberrary Stome Ouring Augustians (Charle Cody Case) 10-59 Jackson Ava Furthly Closed's assent During Entry ripland of Abster and Abstrace : Parismed Cotage of Normal Fedding Hours City. Stoke 25 Choo Long Island City NY 11101 Other - Learning ... ----S-Ope of Wint Chock All That Applys Fig. Controls/Jeff with Negative Pressure

Mini-Enclosure

Glovetone Provetore

Non-Exempted Cland Non-Freibre Mini-salt-e neitherward e3 of pr≥6 if 2 100 to a t200 if la Lacation tu nort; transcen)
(NSS) in united (NSS)
(NSS) Mornielly 1 Joint Entitly by Maintenance Containing Attended (ACM)
TO BE ARATED AIFWHILE (Eposty EF & LF) Manuscarres Dysoglal Stuff? (19) £131 No N.A 120 SF Roof Asbesion Material * Goof Area 3 LF Pipe intuitation Basement Area x 4500 3F Clean Up Debris Various Lagation, Main Agol Area X of Jedistered Land Cubra Vates NJD L Wor Name of Hamasietari Windle of the G R.O.W S Waste Management 32905 CID & SONS LIC Cay, State Disposal Dale Momsville PA City Styles Cald Garfiold N.I 12/17/2012 C. M.A. Mary Project Managor Roque Schoolin ES not rea use thus annual defends by white executived executives