Date of Notification (1)				Name of	f Building	Owner/0	Operato	197 A.	~ /	VE	P.				
	ber 30, 2013			Sims M	etal Ma	nagem	ent	UE	C31 PA	_	<i>U</i>				
Agencies Notified	Type Notification			Street A	ddress		\$ 37	707·	PA	110					
☑ EPA	✓ Initial			1 Linde	n Aven	ue East	t j	55/	1,4	10:	10				
DEP	Amended			City, Sta	ate, Zip C	ode	C.	1/	YSING		C)				
⊠ DOL	Amendment : Emergency (i		<u> </u>		City, Ne		ey 073	05	Sino	Por					
□ DOH	justification)			Name of	f Contact				Q	Tel	lephoneN	umber			
☐ DCA	Cancellation			Tom Sc											
Name of Escility Whore	Abatament is Taking	Bloop (2)	FACI	LITY INF	ORMATI	ION	Tuno	f Capility (4	V .					
Name of Facility Where	Abatement is Taking	Place (3)					Туре с	of Facility (4)					
building Street Address									chool (K-12		ar than V	10)			
									ubchapter 8 ther (i.e. pr				ldings	, hom	es,
76-88 Roanoke Aver	nue							e e	tc.)						
City (5)								Square	e Feet	# 0	f Floors		Bldg.	Age	
Newark, New Jersey	- Carallet Co			NIEWY NO. VIOLENCE			-								
County (6)					Code (7) USE ONLY	a.		Currer	it Use (Prior	r if bei	ing demoli	shed)			
Essex		U DO STATE		(SIAIL C).3L ().1L.1	· —					empty				
Name of Monitoring Firm	Hired by Building C	wner (8))	ASCN	l No.		Name	of Abat	ement Cont	ractor	(9)				
AET, Inc.			- 1-2	0021			The M	IACK (Group, LL	.C.					
Street Address							Street	Addres	5						
907 Doolittle Drive	50						1500 k	Kings I	HWY N, S	STE 2	209				
City, State, Zip Code							City, S	tate, Zij	Code						
Bridgewater, NJ 0880							Cherry	/ Hill, I	NJ 08034						
Project Manager for Mon	itoring Firm			Telephor	ne No.		Teleph	one No			License	No.			
Eric Houseknecht			_	310-891			(973)7				00781				
Start Date (10)		Schedul	ed Cor	mpletion I	Date (11)		Name	of OSH	A Monitor						
1/13/201				1/13/201	14		-		Group, LL	.C.					
Occupancy Status During	Abatement (Check	Only Or	ne)				0.0000000000000000000000000000000000000	Address							
Facility Closed/Vaca							_	_	HWY N, S	STE 2	209				
Abatement Performe Other - Describe:	ed Outside of Norma	al Facility	/ Hours	S			City, St	tate, Zip	Code						
							Cherry	/ Hill, N	NJ 08034						
Scope of Work (Check Al	l That Apply)							_							
≥3 sf or ≥3 lf		-	Renova				R		Containme	nt with	n Negative	Pressu	ıre		
≥160 sf or ≥260 lf		N I	Demolit	tion			K	Victor 12, 12, 12, 12, 12, 12, 12, 12, 12, 12,	-Enclosure rebag Proce	dure					
								Non	Exempted (*) and	Non-Friab	le Proce	edure		
		Is	Locat	ion										temen	t
Location	of	19	Normal			De	scription	of				-		уре	
Asbestos-Containing	20 20		ed Sole aintena			stos Cont	aining M	aterial			mount			Ш	
TO BE ABA	The state of the s	17	todial S		(i.e	thermal	systems cing, VA		ion,		Specify or LF)	Remova	Z.	Encapsulate	Enclosure
(13)	,		(12)				niscellan			O,	OI LI)	Non	Repair	lusc	uso
				T								<u>a</u>	=	ate	9
		Yes	No /	N/A		8 33 3.5							-	+	-
Phase 2 - 358 pass	senger railcars		X	1	<u> </u>	ACM in	sulatin	ig linei			TBD	X			
												+	+	+	+-
Name of Registered Was	te Hauler			J DEP W	lasts	Cubia	Yards		Name of D	agiata	rad Landf	11			
Name of Negistered Was	te riautei		11300	lauler ID		of Was			Name of R	egiste	red Landii	H.			
CSX Transportation /	Newark Carting			450)9	620023200	TBD	,	Sonny Fa	rms	/ Grows	Land	fill		
City, State			-		77	Dispos	sal Date		City, State						
Jacksonville, FL / Nev	wark, NJ					1/	13/201	4	ostoria,	OH /	Morrisv	ille, P	Α		
Completed by		Title				S	ignature		7/	1		ate			
Michael Cooper		Procin	lant				1/2	1)	/		-10	12014	2		

Date of Notification (1)		Name o	of Building Ov	wner / Operator ((2)	13/25 13/25 6 L	DEC.	30 7 83	3/	En	,
12/24/13			Address	Education		# 35.	100	/ 0			
Agencies Notified Type Notifi	cation	1.22	Prospect St	reet		30.00		17	10:	_	
☐ EPA ☐ Init	al		tate & Zip Co			61	1. 71	٦,	(1	<>	
	ended		on, NJ 0863				, ,	24	7.00		
	ergency		of Contact				Telep	hone	·Nur	nber	
DOH	ncellation	100 70	tt O. Collins	s			1			F	
	-	VIII. 100 100 100 100 100 100 100 100 100 10	ILITY INFO								
Name of Facility Where Abate	nent is Taking Pla		7.L. 1 1. 1. C	Type of Facility	(4)						
Munoz Rivera Elementary		00 (0)		School (K-	12) NON SUBCHA		į.				
Street Address				☐ Subchapte	er 8 (Other than K-	12)					
400 North Montgomery St	reet				private & commer	cial build			s, etc	;.)	
				Square Feet	# of Floors		Bldg.	Age			
City (5)	County (6)	County C	ode (7)								
Trenton	Mercer			Current Use (P	rior if being demo	lished)					
. ronton				School							_
Name of Monitoring Firm Hired	by Building Owne	er (8)	ASCM No.	Name of Abate	ment Contractor (9)					
Environmental Connectio	n				onmental, Inc.						
Street Address				Street Address							
120 North Warren Street				1123 Beaver							\dashv
City, State & Zip Code	Tall-Liebbi Elk			City, State & Z							
Trenton, NJ 08608				Bristol, PA 1		License	e Numb	ner			\neg
Project Manager for Monitorin		Telephone		Telephone Nur (215)788-604		00509		JCI			
Dominick Dercole		609-392-4		Name of OSH		10000					
Scheduled Start Date (10)	Scheduled Com	ipietion Dai 12/31/13	ie (11)		onmental Inc.						
12/26/13				Street Address					-		
Occupancy Status During Aba Facility Closed/Vacate	tement (Check on d During Entire Pa	riod of Ab	atement	1123 Beaver							
Facility Closed/Vacate Abatement Performed	Outside of Norma	Hours -	7am to 3pm	City, State & Z							
Describe:	Outside of Norma	11 110013	ram to op	Bristol, PA 1							
Facility Occupied Duri	ng Abatement										
Scope of Work (Check all that		-							_		
ocope of troin (encon an an					Full Contain		n Nega	itive i	ress	sure	
≥3 sf or ≥3 lf		-	novation	11	Mini-Enclos						
≥160 sf ≥260 lf		Der	molition	1	☐ Glove Bag F Non-Exemp			iabla	Droc	edu	re
20-220						Amoun	+	Aba	teme	nt Ty	vne
Location of	-almostary	Is Locat		Description Asbestos-Cont		(Specif		Aba			,,,,,
Asbestos-Contai		Normally Solely		Material (AC		SF or LI		_		m	т
Material (ACN TO BE ABATE		Maintenar		(i.e., thermal sy				Remova	Repair	Encapsulate	Enclsoure
in Facility		Custodial	Staff? i	nsulation, surfaci				10/2	bair	Sul	our
(13)		(12)		or other miscella	ineous)			=	50	ate	(O
		Yes No	N/A			4500	-+			\neg	
B-38 & B-39			141-	VAT & Mas	stic	1500	-	위	H	H	H
			141					H	H	H	H
			141-					뉘	뉘	H	H
								H	片	H	H
			141-			_		片	片	Ħ	Ħ
		<u> </u>	IDED XX	Cubic Varda	Name of Registe	red Land	Ifill	البا			ب
Name of Registered Waste H	auler			Cubic Yards of Waste	Name of Registe	reu Land					
		11 195/201	auler ID No. 0990	6 Cu Yd	Grows Landfil	1					
Service Transport Inc.		20	0330	Disposal Date	City, State						
City, State New Castle, DE				12/31/13	Morrisville, PA						
Completed By (Print or Type)		Ti	itle	Signature			10.7	Date			
Gino Pizzigoni		723	roject	9. 1			-	12/2	4/1	3	
Offic Fizzigotti		I I Simi	lanager	Strok.	K/ (5/_						10

NO	(Pursuant to NJAC 8:60 at	na 12.12.,		7	180	10		1
			c			10:00		
te of Notification (1)	Republic Property	Company		E 1 :	500	·ec	1	
	Street Address 4392 Peachtree Ro				11/7/	503	1	
Type Notification	4392 Peachuec 16			December 2000	12.13		4.	
7 - DA Amended	City, State, Zip Code Atlanta, Georgia	30319		Telephone	Number		1	
DEP Amendment #_	Atlanta, Georgian			4			-	
DDEP Amendment #	Name of Contact Seth Morris						\dashv	
DOH Cancellation	FACILITY INFOR	MATION	Type of Facility	7 (4)			1	
			111/	12)	K-1 2)		1	
toment is Taking Pla	ace (3)		School (K- Subchapte Other (i.e.,	12) r 8 (Other th	an K-1 2) ammercial bu	uildings,	1	
Name of Facility Where Abatement is Taking Planame of Facility Proposed Restaurant Depot Facility			Other (i.e., homes, et	private	1	Bldg. Age	\neg	
Proposed Restaur			Square Feet	# of FI	oors	50+		
Street Address			100,000 S	Singi	e Story	ed)		1
1760 Durham Road			100,000 Si Current Use Commerci	(Prior if beir	arehouse	space		7
City (5) South Plainfield	County Code (7) (STATE	Commerci	al office,	-			
South Flame	USE ONL 1)		ement Contracto	or (9)				4
County (6) Middlesex County	owner ASCM No.	Valiant As	SOCIATOO					1
Middlesex County Name of Monitoring Firm Hired by Building C	N/A	Ctroot Addres	S					-
(8) N/A		1 115 Mill St	treet					_
Street Address			NJ 07501					\neg
		Paterson	1100		cense No.			_ \
City, State, Zip Code	Telephone No.	Telephone N	o. 5374	\	01108			\neg
for Monitoring Firm	Telephone	973-553	TOTION A A A A A A A A A A A A A A A A A A A					
Project Manager for Monitoring Firm	neduled Completion Date (11)	Name of Us	Associates,	LC				
Sch	neduled Completion	Street Add	ress					
1 100/001/	2/08/2014	1 115 Mill	Street		==			
01/08/2014 Occupancy Status During Abatement (C	period of Abatement		7in Code	4				==
Occupancy Status During Abatement (Cocupancy Status During Abatement (Cocupancy Status During Entire) Facility Closed/Vacated During Entire) Abatement Performed Outside of Not	rmal Facility Hours	Daterso	n. NJ 0100	1				
Ir I A hatement			Full Containme	nt with Nega	tive Pressure	е		
The contract of the contract o		H	Mini-Enclosure	ndure		- dura		
Scope of Work (Check all that apply)	Renovation		Mini-Enclosure Govebag Proc Non-Exempte	d (*) and No	on-Friable P	Ab	ateme	ent
2 If	Demolition	X	Non-Exempte				Type	
>3 sf or >3 to >160 sf or >260 lf	Is Location		120	1				m
	Normally	Asbestos Conta	cription of	ACM)	Amount (Specify	y \ 2\	2	Encapsulat
	Used Solely by Maintenance/	Asbestos Conta	systems insulated and systems insulated and VAT, or	ion,	SF or LF	Removal	Repair	Encapsulate
Location of Asbestos-Containing Material (ACM	M) Cusiodial	surfac	cing, VAT, or niscellaneous)			Val	=	ate
	staff? (12)	other	Illacona				+-	+-
IN Facility (13)					6,200 S	F X	4-	+
	Yes No N/A	ACM Black	floor mastic		60 SF	X	1	+-
lavilding		12"-12" Whi	ite Floor The	S	2,000 \$	SF X		4-
Office area in DHL building	X	ACM Trans	ite Panels		-			
ocses area in DHL building	X	ACIVI Truns		31 B	egistered La	indfill		
Southern DHL Facade		I Cui	pic Yards	Name of It	I andfill			
	NJDEP Hauler	Wasie I	Waste		Landfill			
Name of Registered Waste Haul	er NJDER Hauler 2097	U Di	anneal Date	City, State	1	44688		
Service Transport Group		0'	2/08/2014	Waynes	A .	Date	010	
City State			Signature	6	Lane	A = 02/27/2	0 13	
New Castle, DE	Title	U	Doion	161				
- Dy	Project Manager		and over	npted activit	ies.			
Miodrag Stamenovic	this fo	orm for asbesto	s licensure exem	57. E				
Name of Registered Waste Haule Service Transport Group City, State New Castle, DE Completed By Miodrag Stamenovic		Di O	sposal Date 2/08/2014 Signature	Waynes	burg, OH	44688 Date		0 13

X 005435

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

)((Pursuant to	NJAC 8:	60 and 12:	120)	9	20.	50~				
D&S Proj. #: 2014-04		(Pursuant to	, 110/10				29/30x2	SC DE			_	
		2000	(2)				- C	3, 4	SA			
15-m (4)	Name of Build	ding Owner/Ope	erator (2)					Ph	_	_	_	
Date of Notification (1)	LILLIAN	RESNICK					< 1- S		િં			
Agancies Notified Type Notification	Street Address						1.	1945	0	_	_	
EPA INITIAL	415 SO. 1	ST AVENUE	Ξ					196 17				
DEP Amended Amendment #:	City, State, Z	ip Code				8				_		
DOL Emergency	HIGHLA	ND PARK, N	NJ 08904			Te	elephone N	lumber				
(including	Name of Cor	ntact				1.	7	7_			_	4
justification	MASON	N RESNICK				-14						
☐ DCA ☐ Cancellation	Ш===		Y INFORMA	TION			= ""b · (4)					-
-						Type of	Facility (4) School ((K - 12)				
Name of facility where abatement is taki	ng place (3)					ㅂ	Subchap	ter 8 (Other th	nan K	12)		
						X	Other (P	rivate/Comme	rcial			
LILLIAN RESNICK					- 11		Bldgs./H	omes, etc.	BI	dg. A	ge	_
Street Address						Square	Feet #	01110010				_
415 SO. 1ST AVENUE	County (6)			County Co	de (7)	Curro	at Use (Pri	or if being der	nolish	ed)		
City (5)	County (0)			(State use	only)	Curren	11 000 (_	_	=
DARK	Middlesex			I I Nam	e of Abatement (Contract	or (9)					
HIGHLAND PARK Name of Monitoring Firm Hired by Bidgeting	. Owner (8)		ASCM No.	D	& S RESTOR	ATION	INC.		_	_	_	=
Name of Montoning				Street	et Address							
Street Address				1 2	0 California A				-	_	_	_
Silect Address					State, Zip Code							
City, State, Zip Code				1	Paterson, NJ 07	7503		License Nu	mber	_		
		Phone Number	er	Tele	phone Number	`		0110				_
Project Manager for Monitoring Firm		Filono Hamis		11	973-345-8020 me of OSHA Mor	nitor						
	1 Comm	oletion Date (11		Na	me of OSHA Mon	tion, Inc	j				_	
Start Date (10)	Sched. Comp	JIGHON Date (<i>*</i>	Str	eet Address							
01/13/14	01/24/14				20 California A	Avenue			_	_	_	_
Duite Abatement	(Check only on	e) shatament		Cit	y, State, Zip Coo	ie						
Cocupancy Status During Abatement Facility closed/vacated during e Abatement performed outside of												
Abatement performed outside t				=	Paterson, NJ	07503		t w/negative p	ressu	re	_	
Describe:NORMAL HO	JUKS					Full C	ontainmen enclosure	[W/ilegas -]				
Scope of Work (check all that apply	Renovation					=		dure	iabla	nroci	edure	
						Non-	Exempted	(*) and Non-fi	R	R	E	E
≥160 sf or ≥260 lf	Demolition	mally used sole	ely			- 1	Amour	nt	e m	e p	n	n
Location of	by maintenant	ce/custodial	Desc	cription of ast	oestos-containing	g	(Speci	fy SF or	0	a	a	C
asbestos-containing material (acm) to be	staff(12)	$\neg \tau$		erial (ACM)		1	LF)		v e	r	P	1_
abated in facility (13)	Yes	No N/A	1		537		480 L F1	`	X	旦	빋	부
		X	PIPE I	NSULATIO	JN				旦	빝	븯	井
BASEMENT										닏	뉴	쓔
									븯	븯	1=	+
										Ш	1	11-
			L Cubic Var	ds of Waste	Name of Regis	tered La	ndfill	E DECOVE	RY			
Registered Waste Hauler		Hauler ID#	5 YDS		TULLYTO	WN, RI	SOURC	E RECOVE			==	
D & S RESTORATION, INC	13300	Dispos	al Date		City, State TULLYTC	WN P	A					_
City, State		01/1	4/14		TULLYIC	, 1111, 1		Date				
PATERSON, NJ 07503	Title		Signa	ture				12/2	4/13	_		
Completed by (Print or Type)	DRESIDE	NT										

C 2014-03	(Pursuant to NJAC	8:60 0110	Per SI	50
D&S Proj. #: 2014-03			- 410 c 1/2	D
CD#2 LION	of Building Owner/Operator (2)		- SAX	-
Name	OF BUILDING		100),
0.00 0 1.7 13 17 15 15 15 15	IITLOCK TONI	20		
1 2 //2 Type Notification Street	Address HARRISON AVENUE			
	, State, Zip Code		Telephone Num	ber
DEP Amended City	MONTCLAIR, NUI		10.07	1
DOL Emergency	me of Contact			
DOH (including justification)	OCK TONI			
	FACILITY INFO	RMATION	Type of Facility (4) School (K	- 12)
			I J School	
Name of facility where abatement is taking pla	ace (3)		Other (Pri	r 8 (Other than)
Name of facility where abatement is taken			Diagon	nes, etc. Bldg. Age
WHITLOCK TONI			Square rect	
Street Address		County Code (7)	ent Use (Prio	r if being demolished)
Street Addices	(0)	(State use offy)	11	
101	bunty (6)	(0	atement Contractor (9)	-
City (5)	ESSEX	M No. Name of Ab	ESTORATION, INC.	
MONTCLAIR Name of Monitoring Firm Hired by Bldg. C	wner (8)	D&SR	ESTORY	
Name of Monitoring Firm Hired by Blogs		Street Addr	fornia Ave.	
		Sit, State.	Zip Code	
Street Address		1 Detare	on. NJ 07303	License Number
		- hon	Number	01169
City, State, Zip Code	Phone Number	11 272	2/13-00/20	
Project Manager for Monitoring Firm	1	Name of	OSHA Monitor S Restoration, Inc.	
Project Manager 19	Sched. Completion Date (11)	Otroot A	ddress	
1-(10)		20.0	alifornia Avenue	
Start Date (10)	01/24/14	City, St	ate, Zip Code	
01/08/14 Occupancy Status During Abatement	(Check only one)			
Occupancy Status During Abatement Facility closed/vacated during et Abatement performed outside of	entire period of the period of normal facility hours-	Pa	terson, NJ 07503	nent w/negative pressure
Abatement performed outside to	OTIPS			
Describe. NORIVIADA			Mini-enclosed Glovebag pr	ocedure oted (*) and Non-friable procedul R R E
- of MORK (Cition)	votiON		Non-Exemp	101-1
Scope of Volume			Ar	nount m p c o a ; pecify SF or v i
≥160 sf or ≥260 lf	- ally HSHU 30.	Description of asbes	stos-containing (S	F) v i r
	by maintenance	material (ACM)	1	
	staff(12)	A	80 I	PI XI
asbestos-contain material (acm) to be abated in facility (13)	Yes	PIPE INSULATION	490	SQ FT
		VINYL TILE		
BASEMENT & ABOVE CEILING				
BASEMENT & STEPS			d Landfil	- GOVERY
		Cubic Yards of Waste	Name of Registered Landfil TULLYTOWN, RESC	URCE RECOVERY
	NJDEP Hauler ID#	6 YDS		-
Registered Waste Hauler	INC. 13506	posal Date	City, State TULLYTOWN, PA	Date Date
Registered Waste Hauler D & S RESTORATION,	Dis	1/09/14		12/24/2013
City, State NI 0750	3	Signature		
PATERSON, No	Title PRESIDENT	to licensure exemp	ted activities.	
BOGDAN JOLDZIC	* Do not use this form fo	or asbestos licensure exemp		
ASR-41				

0 5 Proj. #: 2014

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

D&S Proj. #: 2014-02	_	(Pursuant	t to NJAC 8	3:60 ar	nd 12:120)	22/2	(ECZ) (3) PHI (CO)				
	I Name of	Building Owner/C	Operator (2)		Y	- 30	C 2	4	1		
Date of Notification (1)		Y SIMONE				3000	J/ Du		O		_
Agencies Notified Type Notification						6/6	3 1/1	? .			
☐ EPA ☐ Initial		SUNSET AVE	NUE			`	690m.	4	4		
DEP Amended		e, Zip Code	NOD				THE PA	, 4	1986 16.5		
Amendment #:_		AN (WANNAI	MASA) NI				8. W	-			_
☐ Emergency (including	Name of		111 101 1), 1 10			Telephone	Number				
justification)							~~~				
☐ DCA ☐ Cancellation	MEN_	DY SIMONE									
		FACILI	TY INFORMA	TION		TT of Facility (4)		_			
Name of facility where abatement is t	aking place (3)					Type of Facility (4) School	(K - 12)				
						Subchap	oter 8 (Other t	thar	K-12	2)	
MENDY SIMONE						Other (P	rivate/Comme				
Street Address						The state of the s	omes, etc.	Т	Bldc	. Age	
2202 SUNSET AVENUE					0-1-(7)	Square Feet #	01110013		3		
City (5)	County (6)				y Code (7) use only)	Current Use (Price	or if being der	moli	shed)	_
	MONMO	TTH		(Oldio	,,	Carroni Carr		-77.32			
OCEAN (WANNAMASA) Name of Monitoring Firm Hired by Bl			ASCM No.	TIN	Name of Abatement	Contractor (9)	- Stocker was - Stocker Albert				
Name of Worldong 1 mm 1 med by 2.	49 (-)	/2			D & S RESTOR	ATION, INC.					
Street Address					Street Address						
Street Address					20 California A				_		
City, State, Zip Code					city, State, Zip Code			7			
J. J				_	Paterson, NJ 0	7503	License Nun	nho	_		
Project Manager for Monitoring Firm		Phone Numbe	er		973-345-8020	,	0116				
				_ -	Name of OSHA Mo						
Start Date (10)	Sched. Com	pletion Date (11)			D & S Restora						
	01/24/14			1	Street Address						
01/08/14 Occupancy Status During Abatement		ne)			20 California A	venue					
☐ Facility closed/vacated during	entire period of a	abatement.			City, State, Zip Cod	е					
Abatement performed outside	of normal facility	/ hours-		_							
Describe: NORMAL H	OURS			- 11	Paterson, NJ 0					=	_
Scope of Work (check all that apply					5	Full Containment w Mini-enclosure	/negative pre	essu	re		
	Renovation				Š	Glovebag procedu	re				
☐ >160 sf or ≥260 lf	Demolition					Non-Exempted (*)	and Non-frial				-
	Is location nor	mally used solely	1				e e		R	E n	E
Location of asbestos-containing	by maintenance staff(12)	e/custodial			sbestos-containing	Amount (Specify S	SFor o		p a	C	n c
material (acm) to be abated in facility (13)		No N/A	material	(ACM)		ĹF)	v		i	a p	L
abated in facility (15)	Yes I	NO NA				242 L FT	<u>e</u>	_	Н		\vdash
BASEMENT			PIPE INS			40 SQ FT		i	ᅡ	H	厅
BASEMENT BOILER ROOM			TRANSIT			32 SQ FT		3	一	Ħ	愩
GARAGE			TRANSII	EPAN	TEL (LOOSE)	32 5Q11		╗	Ħ	ī	盲
								7	Ē	靣	
		laulor ID# I C	Cubic Yards of	f Waste	Name of Register	red Landfill	ا				-
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H 13506	auloi ibii	5 YDS	, Tracto	TULLYTOW	N, RESOURCE R	ECOVERY				
City, State	—L====	Disposal [Date		City, State						
PATERSON, NJ 07503		01/09/1			TULLYTOW	N, PA	Date				_
Completed by (Print or Type)	Title		Signature		8		12/23/20	013			
BOGDAN JOLDZIC	PRESIDEN	T is form for asbest	toe licensure	exempte	ed activities.		1				
ASB-41	* Do not use thi	is tottil for aspest	tos nochisure i	CACITIPIC							

Jr 805183

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

D&S Proj. #: 2014-01	Noti (Purs		tate of No f Asbesto NJAC 8:6	J os Abatem 0 and 12:	ent 120)	F ₂	20/30E	1000 0000	14	^	_	
Date of Notification (1) 1 2 / 2 3 / 1 3 Agencies Notified Type Notification EPA Initial Amended	Name of Building O BARBARA MI Street Address 3 EAST PARK	TCHELL					47/	PA SIGTS	in ex	_	_	
DEP Amendment #: DOL Emergency (including justification) DCA Cancellation	City, State, Zip Coo MT. TABOR, Name of Contact BARBARA	NJ	L NFORMAT	TION			elephone Nu	mber			<u>-</u> -	
Name of facility where abatement is taking BARBARA MITCHELL Street Address		PAOIETT				Square	Other (Priv Bldgs./Ho	er 8 (Other to vate/Comm mes, etc.	ercial	lg. Ag	je	_
3 EAST PARK PLACE City (5) MT. TABOR Name of Monitoring Firm Hired by Bldg	MORRIS Owner (8)	AS	SCM No.	D &	only) e of Abatemer & S RESTO et Address	nt Contract	or (9)	r if being de	molishe	ed)		: =
Street Address City, State, Zip Code Project Manager for Monitoring Firm		ne Number		City, F Tele	California State, Zip Coo Paterson, NJ phone Numbe 973-345-80 ne of OSHA N	07503 er 20 Monitor	C.	License No.				_
Start Date (10) 01-07-14 Occupancy Status During Abatement Facility closed/vacated during et al. Abatement performed outside of Describe:	of normal facility hours	nent.		Stre 2 City	O & S Resto eet Address 20 California y, State, Zip C Paterson, N	Avenue ode		w/negative	pressur	re e		= =
\[\sum_{\geq} \sigma_0 \text{sf or } \geq 260 \text{ lf} \] Location of ashestos-containing	Renovation Demolition Is location normally by maintenance/cus staff(12)	used solely	Desci	ription of astrial (ACM)	pestos-contain	Mini- Glov	enclosure ebag proced Exempted (' Amount (Specify LF)	ure *) and Non-			E n c a	EncL
material (acm) to be abated in facility (13) BASEMENT CRAWL SPACE	Yes No	N/A	PIPE IN	NSULATIO)N		155 L FT					
Registered Waste Hauler D & S RESTORATION, INC City, State	NJDEP Haule 13506		2 YDS Date /13	ds of Waste	Name of Reg TULLYT City, State TULLYT	OWN, R	ESOURCE	Date		13		
PATERSON, NJ 07503 Completed by (Print or Type) ROGDAN JOLDZIC	Title PRESIDENT	1 . sobo	Signat		ed activities.			12/	23/ 201	3		

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

Date of Notification (1)					Building O Realty, LL		perator	(2)	00	3	V/Z	-			
12/23/2013											١	روی		^	
Agencies Notified		Noti	fication 7	Гуре		Street Ad 15 Brairf	dress ield Road			50		2	',`	0	
(x) EPA				otification	F	City, Stat	e, Zip Cod	le			1,1	1	10.		
(x) DOL		().	Amende	d Notification	on	Barringto	on, RI 028	06			.)	14 m	<u> </u>		
(x) DOH		()	Cancelle	ed		Name of	Contact			P	hone	1	2		
() DCA		()	Emerge	ncy Notifica	tion	Chris Do	wnse			6			3		
				-	FACILITY INF	ORMATIC	ON.								
Name of Facility Where Ab	atement is	Taking	Place (3	3)	TAGILITTIN	Type of F				200-200		0.4			
A & P Supermarket	atomont io	. a.u.ig	000 (0	7		() School	ol (K-12)		1012571212121		مر و آنهن ر				
Street Address						() Subch	apter 8 (of	ther tha	in K-12)	al bidac	hom	os etc			1
110 Washington Street				0 10	-d- (7)	(X) Othe	r (i.e. priva	ale a u	JillilleiG	ai biugs	., 110111	cs, etc.			
City (5) Morristown	County (6) Morris)		County Co (State Use		Sq. Feet_	20,180			No. o	of Floo	rs: 2			
MIGILISTOAMI	MOTTIS			(Otato Co.	,			ores care	words statement						i
1			* 6 - 1		- 1	Bldg. Age	e	59	Years	L = 1\ C.		-ulena			
					1	Current L	Jse (prior i	if being	demolis	inea) Su	perma	arket			
None of Manitonian Firm I	lired by Die	da Oum	or (9)	ASCM No	00004			-	Name	of Contr	actor (9)			
Name of Monitoring Firm F Briggs Associates	illed by bic	ig. Own	ei (0)	ASCIVI NO	. 00004					or Abat					
Street Address						Street Ac	ddress								
Otroct Address						2 Hende	rson Driv	e, Ste	A						
3 Crosswicks St.												_			
City, State, Zip Code	_						e, Zip Cod Idwell, NJ								
Bordentown NJ 0850		I Tale	ephone l			ne Number			- 11	icense	Numbe	er			
Project Manager for Monito	oring Firm		(973) 808		•			0411	, , , , , , , , , , , , , , , , , , , ,	76					
Doug Ferry		(60	9) 298-	3320		(,									
Scheduled Start Date (10)				Completion	Date (11)		OSHA Mo								
1/8/2014			1/2014	-\		Street Ac	Abateme	ent, Inc	`		_				
Occupancy Status During (X) Facility Closed/Vacate	d During E	ntire Pe	eriod of A	Abatement			rson Driv	e, Ste.	A						
() Abatement Performed () Other – Describe	Outside of	Norma	I Facility	Hours –		City, Stat	te, Zip Coo	de	_		-				
						West Ca	ildwell, N	J 07006	5						
Source of Work (Check all	that apply))													
() Demolition (X) Re	novation												i.		
(V) Large Droi (>160 CE	or >260 LE	ACM)	()SMF	Proj. (>25<1	60 SF or >10 <2	60 LF AC	M) ()	Minor F	Proj. (<25	SF or	<10 LF	ACM)			g
(X) Earge Proj. (>100 SP (X) Full Containment wit	h Negative	Pressu	re ()	() Mini-End	closure () Glove	ebag Proce	edure (X) Non-	friable P	rocedure	e for A	sbestos	Roof R	emovai	
Location of Asbestos-Con-	taining Is	s Location	on Norm	ally Used	Description of A	ACM (i.e. t	hermal	Amour	nt (Speci	ty SF or	LF)	Abater	nent i y	pe	왕
Material (ACM) in Facility				Custodial	systems insular		cing,								
		Staff? (1 NA	YES	NO	VAT, OF OTHER I	ilisoeii.)						Rem.	Rep.	Encap	Enclose
2nd Floor	-+	X	120	1	VAT				556	SF		Х			
2nd Floor Boiler Pit		<u>^</u>			Boiler Lagging	/Packing		- 1	280			Х			
Boiler Pit		X			Floor Debris	J			750	SF		Х			
1 st Floor		X		-	Tile Mastic				15,90	0 SF		Х			
1 st Floor above Ceiling	-+	X			Duct Sleeve P	acking			16	SF		Х			
Exterior windows		x			Caulk				324 LF (11 ea.)		Х			
Interior windows		X	-	-	Window Glazi	na			152 LF			Х			
		$\hat{\mathbf{x}}$		-	Fire Doors	5			368 SF			Х	7		
Exterior Door Units		X			Roofing/Flash	ing Mater	rials	-	21,10			Х			
Roof		X	-		Siding Shingle		idio		384			Х			
Exterior			255144	ste Hauler		Cubic V	ards of Wa	ecto			Name	of Reg.	andfill	-	
Name of Reg. Waste Hau	D#	400	alus oi vva	1516				va Lan							
Service Transport Group		400				1.	VIIIICI	, a 2 a a							
City, State							Disp. Da	ite			City, S				
New Castle, DE							2/21/201	4				finerva !		00	
							L					sburgh ()H 446	88	
Completed by (Print or Ty	pe)	Titl				Signatur	е	1	1/		Date 12/23/2	2013			
Nick Petrovski		Pre	esident			-	1:1		//			_5.0			
						11	Che	The	ter	n/					
									VORD\M	YDOCS	ASBE	STOS			
								9/	8/00						



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)			95		
12/	27 / _	13			Sou	thern Ne	w Jersey Family	Medical Cent	ers, Inc	Dec Co			
Agencies Notified	Type Notificat	ion			Street	Address			***	70.	in.	5	
The state of the s	Initial				1 WI	hitehorse	e Circle		₹ .	33	_	`.'	1-
□ DOLWD	☐ Amended			1	City, St	tate, Zip C	ode		974	U	/		\bar{\}</td
⊠ DOH	Amendme				. 314		, NJ 08037		ر ر 🗢	Às -	P	4.	1
DCA (NJAC 5:23-8)	Emergence justification		luding	-		of Contact			Telephone Num	ber		10.	
(NJAC 5.25-6)	☐ Cancellation	1000			Ms.	Linda Fla	ake		4	23	1/2		19
					EAC	II ITV IN	FORMATION			- 1/1	00	· >.	
Name of Facility Where Al	hatement is T	akina	Place	(3)	IAC	ILII I IIV	ORMATION	Type of Facility ((4)		_	4	_
Southern NJ Family				(3)				☐ School (K-12					
Street Address	Wedical Oc	iitei						Subchapter 8	Other than K-12	()			1
651 High Street								Other (i.e., prince) homes, etc.)	rivate and comme	rcial bu	ldings	s,	
City (5)				_				Square Feet	# of Floors	Blo	lg. Ag	e	
Burlington								20,000	2		0		
County (6)					Coun	ty Code (7)(STATE USE ONLY)		or if being demolis				
Burlington					Coun	ty Code (i	NOTATE OOL ONE TY	Medical Fac					
Name of Monitoring Firm	Hirod by Duild	ing O	woor /	۵۱ ا	ASCM I	No	Name of Abateme		150				-
Cardno ATC	niled by Build	ilig O	wilei (' ا	NOCIVI I	40.	ecoservices,						
Street Address			-				Street Address	LLO		- 100			
								coln Hwy, Suit	e 500				
3 Terri LAne							City, State, Zip Co	300 to 100 to					_
City, State, Zip Code	c						Exton, PA 19						
Burlington, NJ 0801				Tala	nhono l	No.	Telephone No.	341	License No.				
Project Manager for Monit	toring Firm				phone I 1 9-386 1		610-755-7563	1	01161				
John Lutz	10	اد د دا د	lad C		tion Dat		Name of OSHA N		01101		-		
Start Date (10) 1 / 13 /	1				/ _		EMSL	ionitoi					
Occupancy Status During							Street Address						-
☐ Facility Closed/Vacate					ment		200 Route 13	0 North					
Abatement Performed						cribe	City, State, Zip C				-		_
Time of Abatement: 7:							Cinnaminsor						
Scope of Work (Check all	that annly)		-					.,			4173.4	-	
Goope of Work (Official all	triat apply)							tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf				novati molitic			☐ Mini-End	closure a Procedure					18
≥160 sf or ≥260 lf			Пре	HOILIC	711				n-Friable Procedu	ıre			
			Is	Locat	ion					Ab	ateme	nt T	уре
Location	of			Norma			Description of		229	Z	ZD	ū	Ш
Asbestos-Containing I	72702300 F000 F00)		ed Sole			stos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABA IN Facilit			Cus	todial	Staff?	(1.6	surfacing, VAT		SF or LF)	<u>a</u>		lusc	sure
(13)	•			(12)	Τ	1	other miscellane	eous)				ate	
			Yes	No	N/A				055 15			П	
Crawlspace, main bu	ilding						sulation/transite	conduit	955 lf				
Garage roof			\boxtimes			flashin	g		330 sf		Ц	ᆜ	
Garage exterior						windov	vs		2 ea		Ш		Ш
Garage furnace room			\boxtimes				oreeching		30 If				
Name of Registered Was	te Hauler			1000	IJDEP \ lauler II		Cubic Yards of Waste	Name of Regis					=
ecoservices, LLC				- 1	13012		8	Minerva L	andrill				
City, State				-			Disposal Date	City, State					
Exton, PA							TBD	Waynesbu	ırg, OH				
Completed By (Print or Ty	ype)	Title	9				Signature	12	1/ 0	ate /	\neg		
Jack Bally	400000FF	s	r. P.M	١.			#	ade Da	1/4	zz	7//	3	>
ASB-41		_	<u> </u>		7.5	2 2		V		1	1		
JAN 13		*	Do not	t use ti	his form	for asbes	tos licensyre exem	pted activities.					

23048

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

23048			(Pur	sua	nt to	NJAC 8	3:60 and 5:16)			\$ 1300 \$ 15/2	-	<u></u>	E.s.	_	1
ate of Notification (1)			T	Nam	e of Bu	ilding O	wner/Operator (2)		<i>b</i> ,	200	6	1	LA		1
12 /	30 / 13			Ve	rizon					372	3/	A.	_	<u>U</u>	1
gencies Notified	Type Notification		+	Stre	et Addr	ess			0 8	&) /	n _e	14	n.		
gencies Notified	☑ Initial			0.70		iam Str				<u> </u>	1.07		-/	>	1
DOLWD	☐ Amended		t			Zip Cod				,	3/1	47p			
☑ DHSS	Amendment #_	Judina		E	ast Or	ange, N	IJ 07017		17-	lephone Nur	mher	3 //	7		+
DCA	☐ Emergency (inc justification)	auding		Nan	ne of C	ontact			1e	ephone ivui) e				
(NJAC 5:23-8)	☐ Cancellation			Α	lex Ba	aylor			4.		-,				1
				F	ACILI	TY INFO	ORMATION						_		4
Name of Facility Where	Abatement is Taking	Place	(3)		72-121				of Facility (4)						
Verizon									chool (K-12) ubchapter 8 (O	ther than K-	12)		A0000 12*		
Street Address								⊠ C	ther (i.e., privat	e and comm	nercial b	ouildin	gs,		
621 William Street								1.00	nomes, etc.)	# of Floors	I	3ldg. A	Age		7
City (5)									are Feet 3	2		75			
East Orange NJ	20								ent Use (Prior i	(C)	olished))			7
County (6)				C	ounty (Code (7)(STATE USE ONLY)	Curr	ent Ose (Filori	. Doning donin		100			
Bergen							Name of Abatem	ort C	ontractor (9)						7
Name of Monitoring Fir	m Hired by Building	Owner	(8)	1000	CM No		JVN Restora								
TTI Environmenta	al, Inc.		69	5	7445			LIOII							\neg
Street Address						1	Street Address 47 Foster Ro	and.							
1253 North Churc	ch Street														\neg
City, State, Zip Code			S.			=	City, State, Zip C Staten Islan		10309						
Moorestown, NJ								u N	10000	License No).	_			\neg
Project Manager for M	lonitoring Firm		LATE SHIP		one No	Address and the second	Telephone No. 718-605-625	:6		00774					
Harold Balwin					840-8		Name of OSHA		or						
Start Date (10)		eduled					Testor Tech								
1 / 13						14	and the second second second	•							
Occupancy Status Du	ring Abatement (Che	ck only	one))			Street Address 10 59 Jacks	on A	venue						
ClosedNa	cated During Entire F	eriod o	t Aba	ateme	ent	rihe	City, State, Zip								
☐ Abatement Perform	med Outside of Norm	iai Faci	PM	ouis	- Desci	IDC	LIC, NY 11								
	nt: <u>9:00</u> AM- <u>7:00</u> PM/														
Scope of Work (Chec	k all that apply)						☐ Full C	ontain	ment with Nega	ative Pressu	re				
≥3 sf or ≥3 lf			Reno	vatio	n		☐ Mini-E	han P	rocedure						
⊠ ≥160 sf or ≥260 lf			Demo	olition	l		⊠ Non-E	xemp	ted (*) and Nor	-Friable Pro	cedure				
		\neg	Is Lo	ocatio	on							-	teme	100	1000
Loca	ation of	١.		rmall			Description estos Containing	n of	rial (ACM)	Amour	nt	Rer	Repair	Encapsulate	Enclosure
Ashestos-Contain	ning Material (ACM)	100	Ised : Maint		•	Asb (i	estos Containing e., thermal syster	ms ins	sulation,	(Specif		Removal	air	aps	losu
TO BE	ABATED acility	C	usto	dial S	staff?	(surfacing, V	AT, o	r	SF or L	.F)	<u>B</u>		ulate	9
	(13)	-		(12)	N/A		other miscell	aneou	15)					Φ.	
			+	No		111	61.0			1,650	SF	\boxtimes			
Basement Power	Room			\boxtimes		VAT/N	nastic						П		
]				_ h					-	-		1
			1										Ш	닏	1=
		_	-+			_									L
			1		0.000	Waste	Cubic Yards	of	Name of Regi	stered Landi	fill		NHETAL		
Name of Registered	Waste Hauler				lauler I		Waste		G.R.O.W.S						
Global Waste I	industries inc				NJ-2	2171	5 Disposal Bate	e -	City, State						
City, State							2/24/14	1	Morrisville	e, PA		1		i	
Hackettstown,	NJ						Signatu	rel/			Da	ate		1.	-
Completed By (Prin	nt or Type)	Title					Signatu	4	auch	1	1	171	3C) 1	13
John Tardy		Ser	ior l	Proj	ect Ma	anager	X	1		-				-	-

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

State of them Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

								(0)						\neg
Date of Notification (1) Dece	ember 27, 201	3			Name of B	Building O	wner/Opera Willian	ntor (2) n Hodgson Bu	uilders,	LLC :	23	3	N	
Agencies Notified [X] EPA [DEP		Notifica	ation ification		Street Add			orth 3 rd Street						
[x] DOL	Amend X] Emerg	iment # ency (ir			City, State	, Zip Code		ity, NJ 08008)EC 31	2013			
[] DCA	justific Cance				Name of C		n Hodgs	on	Telep	hone Number				
				FACI	LITY IN	FORM	ATION							
Name of Facility Where Abat Resid		Place (3))					Type of Facility [] So	chool (k-12) abchapter 8 (oth				
Street Address 201 2	3 rd Street							[x	ho	ther (i.e., private omes, etc.)			l buildi	ngs,
City		Count	ty (6)		County Cod (STATE U)	Square feet 2000sf		f of Floors 2	Bldg.	Age 60)	
Surf City		Ocea	an					Fo	rmer De	ng demolished) ental Lab				
Name of Monitoring Firm Hi N/A.	red by Building C	wner (8)		ASCM No.	•	Name of	Abatement Contr Gu		Contracting,	Inc.			
Street Address	05-96-W.W.	20					Street Ac		89 Rout	e 9, Unit 61				
City, State, Zip Code							City, Sta	te, Zip Code To	ms Rive	er, New Jers	ey 087	55-12	271	
Project Manager for Monitor	ing Firm		Telephone N	umber			Telephor	e Number		License N 00624				
Scheduled Start Date (10) 12/30/13			Scheduled C	33.0 (T)	on Date (11)	Name of	OSHA Monitor E.1	M.S.L.	Analytical				
Occupancy Status During Ab	oatement (Check of cy Closed/Vacated		:)		ement		Street A		56 Stelt	on Road				
[] Abate	ment Performed (- Describe	- 6					City, Sta	te, Zip Code Pi	scatawa	y, New Jerse	y 088	54		
Scope of Work (Check all the	at apply)						[]	Full Contain		h Negative Pres	sure			
	or ≥3 lf sf or ≥260 lf		[] [x]	Renova Demolit			[x]	Glovebag P	rocedure	nd Non-Friable	Procedu	re		
											Abat	ement '	Гуре	
Location of Asbestos-Containing Ma TO BE ABAT in facility (13)	ed stodial		Ash N (i.e ins	Description of the control of the co	ntaining ACM) systems urfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior	X		Asbes	tos sidir	ng			2400 sf	X	<u> </u>				
							775				X	-		
		-			_						+	-	-	-
Name of Registered Waste I	Hauler		NJDEP Waste	e Hauler	ID No.	Cubic Y	ards of Wa	ste Name of	Registered	d Landfill			1	
Guardian Cor				0223		4		T.R.R						
City, State	Now Ionary	- 9/9		Dispo 1/3/1	sal Date		City, S	tate town, Pennsy	lvania					
Completed by (Print or Type	Toms River, New Jersey						Joll	10 may	1		Date 12/	27/20	13	

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	_		T	Name of B	Building O	wner/Opera				`	_		
12/27/2013						A to Z	Site Co	ntractors, I	nc. Oh 3	13	3	76	
[14] 2111	Notifica			Street Add	lress		rk Aven						
[X] DOL Amer	dment#	tification ncluding		City, State	, Zip Code	Lakew	ood, Ne	w Jersey 0	8701 ^{EC 3 1}	7619		35	
[x] DOH justifi	cation)	-		Name of C		Perlstein			elephone Number	-	_		
			FACI	LITY IN	FORM	ATION						1	
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of	Facility (4)	School (k-12) Subchapter 8 (other	er than	k-12)		
Street Address 501 Chestnut Street	et							[x]	Other (i.e., private homes, etc.)	& con	mercia	l buildi	ngs,
City	Count	ty (6)		County Co (STATE U)	Square 15	feet 500 sf	# of Floors	Bldg.	Age 60)	
Lakewood	Ocea	an					Current	Use (Prior if Residen	being demolished)	E =			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	1	ASCM No		Name of	Abatemer	t Contractor		ínc.			
Street Address						Street Ad	ldress	1889 R	oute 9, Unit 61				
City, State, Zip Code					City, Star	te, Zip Co	de	iver, New Jerse	v 087	55-12	71		
Project Manager for Monitoring Firm	Telephone Nu	mber			Telenhor	e Number		License No 00624		55 12			
Scheduled Start Date (10) 12/30/13		Scheduled Co 1/2/14	mpletio	n Date (11)	Name of	OSHA M		L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed	d During Outside	g Entire Period of of Normal Faci	lity Hou			Street Ad	idress te, Zip Co	de	elton Road	000			
. ,						L			way, New Jerse				
Scope of Work (Check all that apply)						[]	Min	i-Enclosure	with Negative Press	sure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		L J -	Renovat Demolit			[] [x]		vebag Procedu -Exempted (*	re () and Non-Friable F	rocedu	ге		
	T			1				100 C		Abat	ement '	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	d todial N/A		Asl (i.e ins	Description obestos-Conflaterial (A., thermal ulation, su VAT, der miscell	ntaining ACM) systems arfacing, or		Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		Asbes	tos sidii	ng			1200 sf	X					
2.11												_	
			_						-	-	-		-
Name of Registered Waste Hauler Guardian Contracting, Inc.	Hauler 223	ID No.	Cubic Y	ards of Wa	NOTE: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	me of Registe T.R.R.F.	ered Landfill						
City, State			Dispos	sal Date		City, S		ərinsylvani	a /				
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	ject Manager	<u>1/3/1</u> r	Signate	ire /	lida	(-	Le	1	Date 12/	27/20	13		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

D 61 16 1 18		- 113	VCD-::U:C	·	nton (2)				-	
Date of Notification (1) 12/27/2013			Name of Building C		ator (2) nin Canz, Inc.	· 0	13	37	5	
[]	ion Notification ded Notification		Street Address City, State, Zip Cod		ox 7091			į		
[X] DOL	dment # gency (including		City, State, Zip Cou		e Twp., NJ 08831	(F) (1.1)				
[x] DOH justific	cation) Illation	1	Name of Contact Rich		1	Telephone Number	г			
		FACII	LITY INFORM	ATION	· · · · · · · · · · · · · · · · · · ·				1	
Name of Facility Where Abatement is Taking I Residence					Type of Facility (4)	School (k-12) Subchapter 8 (c	athor then	k 12)		
Street Address 216 Longview Driv	ve				[x]	Other (i.e., priv			ıl buildi	ngs,
City	County (6)		County Code (7) STATE USE ONLY	7)	Square feet 1200 sf	# of Floors		. Age 6	0	
Bayville	Ocean				Current Use (Prior i Reside		d) .			
Name of Monitoring Firm Hired by Building C	Owner (8)	A	ASCM No.	Name of	Abatement Contractor Guardi	(9) an Contracting	g. Inc.			
Street Address				Street A	idress	Loute 9, Unit 6				
City, State, Zip Code			*	City, Sta	te, Zip Code	River, New Jer	2015.00.00	755-12	271	
Project Manager for Monitoring Firm	Telephone Nu	mber		Tolon's	TOMO I		Number			
Scheduled Start Date (10) 12/27/13	Scheduled Co 12/31/13	7.5	Date (11)	Name of	OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check of	only one)			Street A	ddress					
[X] Facility Closed/Vacated				C': 0:		Stelton Road		-		
				City, Sta	te, Zip Code Piscata	away, New Jer	sey 088	54		
Scope of Work (Check all that apply)	4. (1974)			[]		t with Negative Pr	essure			
>3 sf or ≥3 lf	[] 1	Renovatio	on	[Mini-Enclosure Glovebag Proced	lure				
[x] ≥160 sf or ≥260 lf	[x] I	Demolitic	on	[x	Non-Exempted (*) and Non-Friabl	e Procedi	ire		
3							Abat	ement	Гуре	
T	Is Location	,		Description of the Description o		Amount	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally use Solely by	a		Material ((Specify SF	, E	E P	N C	N C
TO BE ABATED	Maintenance/Cust	odial	(i.e	., thermal	systems	or LF)	M	A	Α	L
in facility	Staff (12)		ins	ulation, si VAT,			v	I R	PS	S
(13)	(12)		oth	er miscel			A	1 230	U	U
	YES NO	N/A					L		L E	R E
Exterior	X.		Asbestos sidir	ng		1100 sf	X			_
					40-		+	-	-	-
							+	-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler II	D No. Cubic Ya	ards of Wa	ste Name of Regist	tered Landfill		-		
City, State Toms River, New Jersey		Disposa 1/2/14	al Date	City, S		ia /				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	1	11.	1	Date 12/	27/20	13	
Tricholas Fermicola	1 Toject Winnager		V	1/11				20000000	1115	

Date of Notification (1) 12/26/13					Building C											
Agencies Notified	Type Notification			Street Ad		PIIVa	ile Hoi	ne					<u>.</u>	55		
	-		1.00	east												U
EPA DEP	Initial Amended		C	ity, Stat	e, Zip Coo	de	-14 10 10			1001			7		7	
Ĭ DOL	Amendment #				each To		ip NJ 0	8008					7		1	
▼ DOH	Emergency (ir justification)	cluding	N	lame of	Contact					Tele	anhone A	I,b		-	i	
DOH DCA	Cancellation		١,	lohn					D		U-T-				i	
N		DI (0)	_	FACIL	ITY INFO	RMATI	ON	-	399				_			
Name of Facility Where John P Dunphy P		Place (3)						Property .	of Facility (4						4	
Street Address									School (K-12 Subchapter (er than K	-12)				
2 east Texas									Other (i.e. pr	ivate 8	& comme	rcial bui	ldin	gs, h	nome	s,
City (5)									etc.) re Feet	# 01	Floors	—Т	Bldc	. Ag	e	-
Long Beach Towns	ship NJ 08008							1000		2	20 Mesticologista		35+			
County (6)					ode (7)			Curre	nt Use (Prio	r if bei	ng demo	lished)				
Ocean			(STATE U	ISE ONLY)	-		Hom	ie		100.00	68				
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.		10000000000		tement Cont	ractor	(9)					
N/A							. 3 3833	aco Ir	(15.2).							
Street Address								Addres								
City, State, Zip Code						1			ip Code	24						
Project Manager for Mo	nitoring Firm		TT	elephor	no No		wes	t Berli	n NJ 0809	91	License	No			-	
1 Toject Wanager for Wor	ilijoring i ilin			elepitol	16 140.		1				00727			all'a-		
Start Date (10) 1/6/13	5/13 1/10						Name		HA Monitor							
Occupancy Status Durin	, , , , , , , , , , , , , , , , , , , ,							Addres	SS		-				_	_
Facility Closed/Vac Abatement Perform	cupancy Status During Abatement (Check Only C Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facil						City, S	State, Z	ip Code							
	Other – Describe: ope of Work (Check All That Apply)					_					-					_
≥3 sf or ≥3 lf	ш тистрыу)	□ Rer	ovat	ion			Г] Ful	I Containme	nt with	Negativ	e Press	ure			
≥160 sf or ≥260 lf		7/200	noliti	2000				Mir	ni-Enclosure		rrogun	011000	u.v			
(2000)							5		ovebag Proc n-Exempted		d Non-Fr	iable Pr	oce	dure		
		Is Lo	catio	n .					LAGINATOR	1/2					ment	
Locatio	n of	Nor	mall	y		De	scription	n of					-	Тур	oe	
Asbestos-Containing	g Material (ACM)	Used S Maint				tos Cor	taining I	Material		0.500	mount	-			щ	Е
TO BE AE		Custod	ial S		(i.e.		I system		ation,		Specify F or LF)	Remova		Repair	Encapsulate	Enclosure
(13)	1000	(12)	0			miscella					ova		air	sula	Sure
	Yes														fe .	
Exterior	Siding			х		Exte	erior Si	iding		20	000 SF	x				
							-300									
Name of Registered Wa	ste Hauler		100,000	JDEP W		The Street Street Street	Yards		Name of	Regist	ered Lan	dfill				
United Containers				auler ID 2459	NO.	of Wa	isie		G.R.O.\	N.S.						
City, State Elm NJ						1/10	sal Date /13	е	City, State Morrisv		A 1906	7				
Completed by		Title					Signatur	e				Date	-			
Anthony T Perna								1				12/26	/13			

* Emergency *

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

3810

Agencies Notified Type Notification Street Address Sa Budd Drive City, State, Zip Code Manahawkin NJ 08050 DE Mane of Contact Telephone Number Period drive Name of Facility Where Abatement is Taking Place (3) Name of Contact Robert Robert Robert Subchapter 6 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Subchapter 6 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Other (i.e. private & commercial buildings, homes	J			No	mo of D	uilding Owne	ar/Oner	ator (2)								
Initial Amended Amende	Date of Notification (1) 12/26/13			.R	obert l	Rejent Pri	vate F	lome	0.0						_	
Amendment # Amendment # Dold	Agencies Notified															
DOH	DEP	Amended					8050			DE	- 1	2013			1	
Name of Facility Where Abatement is Taking Place (3) Robert Rejent Private Home Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. Telephone No. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Street Address Street Ad	X DOH	justification)	ncluding			ontact				Teler	ohone Nun	ber_	Ä			
Robert Rejent Private Home Street Address School (K-12) Subchapter 8 (Other fram K-12) Su	☐ DCA	Gariconation			FACILI	TY INFORM	ATION								1	\dashv
Stabled Drive Square Feet \$ of Floors \$35 Age \$35 Age	.Robert Rejent Pr Street Address	Abatement is Taking ivate Home	Place (3)				11		School (K-12)	(Othe	r than K-12 commerci	2) al build	ling	s, ho	j mes,	
Manahawkin NJ 08050 County (6) Cocan County (6) Cocan Name of Monitoring Firm Hired by Building Owner (8) N/A Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. Telep			-					Squa	are Feet	1900	Floors		1000			\dashv
Street Address Street Address Po Box 329	Manahawkin NJ 0	8050		T Co	ounty Co	ode (7)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ng demolisi		D +	******		\dashv
Name of Nontrolling Firm Filled by Bolloning Gwine 16/7 Street Address City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Telephone No. Telephone No. Telephone No. O0727 Start Date (10) 12/20713 Same Cocupancy Status During Abatement (Check Chi) One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) 23 sf or ≥3 if ≥160 sf or ≥260 if Street Address Street Address City, State, Zip Code Title Containing with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement with Negative Pressure Mini-Enclosure Glovebag Procedure Abatement Type Normally Used Solely by Maintenance (Custodial Staff? (12) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containings Name of Registered Waste Hauler United Containers Name of Registered Waste Hauler United Containers Title Name of Registered Landfill G.R.O.W.S. 3 City, State Elm NJ Completed by Title Signature City, State City, State City, State Date Date Date 12/20/13	Ocean			(S	TATÉ US	SE ONLY) _		V		actor	(9)					-
City, State, Zip Code City State, Zip Code City, State City, St		m Hired by Building (Owner (8)		ASCM	No.	1	Pernaco	Inc.	actor	(5)					_
Project Manager for Monitoring Firm Telephone No. Talenhance No. Talenhance No. O0727 Start Date (10) 12/27/13 Scheduled Completion Date (11) 12/30/13 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Cocupancy Status During Abatement (Check Only One) Renovation Street Address City, State, Zip Code City, State, Zip Code Tull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted	Street Address						- 1									
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Same Same	City, State, Zip Code						(City, State, West Be	Zip Code rlin NJ 0809	91						
Start Date (10) 12/27/13 Scheduled Completion Date (11) 12/30/13 Scheduled Completion Date (11) 12/30/13 Scheduled Completion Date (11) 12/30/13 Same Street Address	Project Manager for M	onitoring Firm		T	elephon	e No.	1		Complexes with the acceptance			No.				
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	Start Date (10)		Scheduled	i Comp	oletion D	Date (11)	11.5		SHA Monitor		-					
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code City, State Completed by Title City, State City, State Completed by Title City, State City, State Completed Signabere City, State City, State City, State City, State City, State City, State Completed by Title City, State	12/27/13								ress ·						-	
Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Location of Registered Waste Hauler United Containers Abatement Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exemp	Eacility ClosedN	acated During Entire	Period of A	bateme	ent											
≥3 sf or ≥3 lf	Abatement Perfo	rmed Outside of Norr	nal Facility	Hours		<u> </u>	-	City, State,	, Zip Code		ē.					
Sample of Registered Waste Hauler United Containers Sample of	Scope of Work (Check	k All That Apply)						П	42			D				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Per No N/A Exterior Siding Is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Per Do V Registered (Specify SF or LF) Per Do V Registered Value (Specify SF or LF) Per Do V Registered		f						H :	Mini-Enclosure	edure		18			8	
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF) Registered Waste Hauler Name of Registered Waste Hauler United Containers Name of Registered Landfill G.R.O.W.S. City, State Elm NJ Disposal Date 12/30/13 Date 12/26/13								<u>N</u>	Non-Exempted	1 (*) ar	na Non-Fri	able Pi				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF The part of Registered Waste Hauler United Containers Disposal Date 12/30/13 Date 12/26/13 Date Date Date			100				D	i-ti-m of	98				_	Ту	ре	
Exterior Siding X Exterior Siding 1200 SF X Name of Registered Waste Hauler United Containers Disposal Date Elm NJ Completed by Title Exterior Siding 1200 SF X Louic Yards of Waste Of Waste 12/30/13 Signature Date 12/26/13	Asbestos-Contain TO BE In F	ing Material (ACM) ABATED acility	Use Mai Cust	d Solel ntenar odial S (12)	y by nce/ staff?	(i.e. th	s Conta nermal s surfac	aining Mate systems ins ing, VAT, o	sulation, or		Specify	Kemovai		Repair	Encapsulate	Enclosure
Name of Registered Waste Hauler United Containers City, State Elm NJ Completed by Title NJDEP Waste Hauler ID No. 22459 Disposal Date 12/30/13 City, State Signature) Date 12/26/13		Total State Control	Yes	No			Evto	ior Cidin	0	1	200 SF	×	\dashv			
United Containers City, State Elm NJ Completed by Title Hauler ID No. 22459 G.R.O.W.S. Gity, State 12/30/13 City, State 12/30/13 City, State 12/26/13	Exterio	or Siding			X		Exter	ioi Sidiri	9	•	200 01	1	1			
United Containers City, State Elm NJ Completed by Title Hauler ID No. 22459 G.R.O.W.S. Gity, State 12/30/13 City, State 12/30/13 City, State 12/26/13	(
United Containers City, State Elm NJ Completed by Title Hauler ID No. 22459 G.R.O.W.S. Gity, State 12/30/13 City, State 12/30/13 City, State 12/26/13									Name of	Pogis	tored I an	dfill				
City, State Elm NJ Title 12/30/13 Morrisville PA 19067 Date 12/26/13	Destruction in Control of Control			H	lauler II		of Was									
Completed by Title Signature Date 12/26/13									City, Sta Morris	_{ite} ville l	PA 1906	7				
	Completed by	15	10.00.000000000000000000000000000000000	ident				GREEK WARD	1				6/1	13		

MO#21382885440

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

Emergency Notification

Date of Notification (1)				IN	lame o	f Building	Owner/O	perator (2)		Н			-	
12/	27 /	13			ric Zu			• • • • • • • • • • • • • • • • • • • •	***						
Agencies Notified	Type Notification	on				Address							7/1		
☐ EPA	✓ Initial			1	5 Bros	ad Terrace	e								
⊠ DOLWD	☐ Amended			-		ate, Zip Co					_				
DHSS	Amendmen		-		550	field, NJ (
□ DCA	Emergency justification		g			of Contact	37003			Telephone Nui	mber	3 1			-
(NJAC 5:23-8)	Cancellatio									A annual marks of	4			1.120	i
				C		Holmes							-	****	+
					FAC	ILITY INF	ORMA	TION	- AF 101						1
Name of Facility Where	Abatement is Ta	king Plac	e (3)						Type of Facility (1
Private home			- 0						School (K-12) (Other than K-1	2)				
Street Address									Other (i.e., p			l buil	dings	i.	
15 Broad Terrace				ji.					homes, etc.)						1
City (5)									Square Feet	# of Floors		Bld	g. Ag	е	
Bloomfield, NJ 07003															
County (6)					Count	y Code (7) (STATE US	SE ONLY)	Current Use (Pr	or if being demo	lishe	d)			
Essex															
Name of Monitoring Firm	Hired by Buildin	ng Owner	(8)	A	SCM N	No.	Name o	f Abateme	ent Contractor (9)						1
							Gr Tech	LLC							Ì
Street Address				_			Street A	ddress			-				T
							576 Val	lley Rd#	283						1
City. State, Zip Code								ate, Zip C					-		
							CONTRACTOR SHOW	NJ 0747							
Project Manager for Mor	nitoring Firm		Te	elep	hone t	***	Telepho			License No.	-				
Trojoct thanager for the	into mig i min		1	,		,,,				01127					1
Start Date (10)	9/	cheduled	Comn	leti	on Dat	e (11)	Name o	f OSHA N	Appitor	01127					
12 / 28 /	CONTRACT TO THE CONTRACT OF TH					13									1
			-					-	nsultants,Inc						
Occupancy Status Durin	50						Street A								
▼ Facility Closed/Vaca ■ Abatement Performe						crihe			Road, Bldg .#	34A				V-2	
Time of Abatement:						AM	The contract of the contract o	ate, Zip C							
				_			Fair La	wn, NJ 0						U-19/35-40	
Scope of Work (Check a	ill that apply)						Н		p and decontaming tainment with Ne		tive p	ress	ure		
		X	Renov	atio	n		\bowtie	Mini-End	losure						
2 160 sf or 2260 lf			Demol				П	Gloveba	g Procedure	Tent with Negat	ive P	ress	ure		
						7-7		Non-Exe	empted (*) and No	n-Friable Proce	aure	*********	I		
			Is Loc				274000		3			Aba	teme	ent Ty	/pe
Locatio Asbestos-Containing		U	sed S		*	Achae		scription	of iterial (ACM)	Amount		Re	Re	E	En
TO BE AB		ħ	fainte	nar	nce/				insulation,	(Specify		Removal	Repair	cap	clos
IN Fac	ility	Cı	ustodia	902	Staff?		surfa	cing, VAT	, or	SIF or LF)		val	=	Encapsulate	Enclosure
(13)		-		2)		1	other i	miscellane	eous)					ite	
		Ye	s N	lo	N/A							GC .	_	_	
Basement			L		\boxtimes	Boiler in	sulation	ı		30 SF		X	Ш	Ш	
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				1								Ш		Ш	
]											
Name of Registered Wa	ste Hauler			NJD	EP Waste	Hauler ID No.	Cubic Ya	ards of Was	te Name of Regi	stered Landfill		V			
Gr Tech LLC				0	03378	25	TB	D	T.R.R.F. Inc						
City, State	**			LU	03370	,,,	Dispos		City, State		-154				
							155		5.0						
Wayne, NJ 07470							TB		Tullytown, F	'A					
Completed By (Print or	Type)	Title					Si	gnature	21 1	1	Date				
N.Jevtic		Owner						7/	endre New	ad	12/2	7/20	13		
ASB-41		* D=	not w	a :1	his for	n for achee	tos lican	1/	pted activities.	72					

Date of Notification (1) 12/26/13				uilding Ow Ardle Pr		perator (2) Home	ı	l l			6	77	72		
Agencies Notified Type Notification		1	reet Add 307 Ce	ress entral Ave	9			- v	ŊΕ	03	1 2.	3			
EPA Initial DEP Amended Amendment #_				, Zip Code ttom NJ (08									
Emergency (incl justification) DCA Emergency (incl justification) Cancellation	uding		ame of C	Contact				•	Tele	phone N	lumbe	er			į
			FACILI	TY INFOR	MATI			4.				- 20		-1-20	
Name of Facility Where Abatement is Taking Pl Tom McArdle Private Home Street Address	ace (3)				538		Sch Sub	Facility (4) nool (K-12 ochapter 8) s (Othe	er than K	-12)				
2307 Central Ave						×	Oth etc			Floors	rciai t		g. Ag		5,
City (5) Ship Bottom NJ 08008						10	+000	-	1			35			
County (6) Ocean			ounty Co	ode (7) SE ONLY)		5,500	urrent lome	Use (Prio	r if bei	ng demo	lished	1)		227	
Name of Monitoring Firm Hired by Building Owl	ner (8)		ASCM	No.		Name of A			ractor	(9)					
Street Address					3-9-3	Street Ad									
City, State, Zip Code						City, Stat	e, Zip								
Project Manager for Monitoring Firm		ΙT	elephon	e No.	-	West B	Berlin	NJ 080) 1	License	e No.		_		_
						Name of				00727	7			New Y	
	cheduled /10/13	Comp	Dietion D	ate (11)		Same	OSHA	WOTILO							
Occupancy Status During Abatement (Check C	Only One)			10.50	Street Ac	idress								
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	iod of Ab Facility F	ateme Hours	ent	-	_	City, Stat	te, Zip	Code							
Scope of Work (Check All That Apply)						parent .									
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		novati molitic				×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e edure						
			- 1	,			NOII-	Exempled	i () ai	Id INOIT-I	Tidbic			ment	
		ocatio											Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Solely ntenan odial S (12)	y by ce/	Asbesto (i.e. t	es Co herma surf	escription o ntaining Ma al systems i acing, VAT, miscellane	terial (nsulati , or	ACM) on,	(Amount Specify F or LF)	20-1	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	100		×	(=	Ext	erior Sidi	ng		1	500 SF		x			
						-									
					000					@					
Name of Registered Waste Hauler		5.00	JDEP W	0.00		ic Yards /aste		Name of			ndfill				
United Containers			2459	INU.	3			G.R.O.							
City, State Elm NJ						osal Date 0/13		City, Star Morris		A 1906	67				
Completed by Anthony T Perna	Title Presid	dent				Signature	_	(Dat 12	te /26/	13		

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

Date of Notification (1) 12/26/13	Name of Building Owner/Operator (2) Samuel D Williams Jr. Private Home													
Agencies Notified Type Notification		Street Ad	ldress st 13th S	treet					Dro	3 1	20	13	3 34	
EPA Initial Amended Amendment #			e, Zip Cod Beach Ha		NJ 080	08				4				
Emergency (inclu justification) DCA Emergency (inclu justification) Cancellation	iding	Name of Samue						Tele	phone Nu	umber			5	
Name of Earlier District Control of Control	(0)	FACIL	ITY INFO	RMAT	ION	Ŧ	6 F 1114 - / 4\				_			
Name of Facility Where Abatement is Taking Pla Samuel D Williams Jr. Private Home	ice (3)					□ s	of Facility (4) school (K-12)			23				
Street Address 19 West 13th Street						× C	ubchapter 8 other (i.e. priv tc.)				lding	gs, h	nome	s,
City (5) North Beach Haven NJ 08008	V					Square 1000	e Feet	# of	Floors		35+	. Ag	je	
County (6) Ocean		County C	Code (7) ISE ONLY)	4		Currer	nt Use (Prior e	if beir	ng demolis	shed)				
Name of Monitoring Firm Hired by Building Owner N/A	er (8)	ASCM	No.			of Abate	ement Contra	actor	(9)					
Street Address				1000	100000000000000000000000000000000000000	Address								
City, State, Zip Code	***				City, S	tate, Zij		1						
Project Manager for Monitoring Firm		Telephor	ne No.			one No			License 00727	No.				
	neduled Co	mpletion [Date (11)				A Monitor		00727					
	10/14				Sam									
Occupancy Status During Abatement (Check Or Facility Closed/Vacated During Entire Period	3 8	ment			Street	Addres	S							
Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal F Other – Describe:	acility Hou	rs			City, S	tate, Zi _l	p Code		.0					
Scope of Work (Check All That Apply)	_					-	2000 De			057				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Renov Demol					Min Glo	Containment i-Enclosure vebag Proce n-Exempted (dure				dure		
T	le I see	4				i NOI	I-Exempled (Jain	u 14011-1 116	abic F1	77.77	77.77	ment	_
Location of	Is Loca Norma	ally		D	escription	of					_	Ту	oe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Sol Mainten Custodial	ance/ Staff?		os Cor therma	ntaining Nal system acing, VA	/laterial s insula		(5	mount Specify or LF)	Remova		Repair	Encapsulate	Enclosure
(13)	Yes No			other	miscellar	neous)				oval		ar 	sulate	sure
Exterior Siding		х		Ext	erior Si	ding		12	00 SF	x	1			
			22											
			11								1			
		NIDED IA		O. L.	- Vd-		Name of R	i-t-	rad Land	611				
Name of Registered Waste Hauler United Containers		NJDEP W Hauler ID 22459	24000	of W	c Yards aste		G.R.O.W		neu Lanu					
City, State Elm NJ				Disp	osal Date	1	City, State Morrisvil	le P	A 19067	•				
	Title Presiden	t			Signatur				100	Date 12/26	/13	1		

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

Date of Notification	(1)	·	Name	of Build	ding O	wner/Operator	(2)				_	Company Co	
12-27-13			1	becca	(0.75)				of the law	·	7	-	7
Agencies Notified	Type Notifica	tion	Stree	t Addres	ss	-			-	-	-		i .
[]EPA	[X]Initial		15	Cres	cent	Drive							
	Notific	ation	Citar	State,	Zin C	ode		DEC 3	100	10	-		
[]DEP	[]Amended		100000000000000000000000000000000000000	rrist				υL	J.	Ú			
[X]DOL	Notific	ation					6						
[X] DOH	[]EMERGENC	v		of Cont		•	Telepho	ne Number	-	1-4			
[]DCA			Re	becca	Dav	ıs	-	g- g-	-12.			,	
	[]Cancella	tion		FACTT.	TTY TN	FORMATION				11	-	•	
Name of Facility Whe	ere Abatement	is Taki	ng Pla				Type of Faci	lity (4)	-				
Same as above			0.70			3	[]School	(K-12)					
								pter 8 (Oth	er th	an 1	K-12)	
Street Addres						5		(i.e., private)					
							Square Feet	# of Flo	7	_			
City (5		County	(6) Ess	sex	Coun	ty Code (7)	1500	2	OLS	1	1	.igc	
-		₹ 7			(STA	TE USE ONLY)	Current Use		eing		200	hed))
Name of Monitoring E	Firm hired by	Buildir	ng AS	CM No.		Name of Abater	ment Contract	or (9)					
Owner (8) N/A						AZTECH M	ANAGEMEN'	r, Inc.					
Street Address						Street Address	3		======				
						86 Chris	topher St	t.					
City, State, Zip Coo	ie					City, State,	Zip Code						
		-				Montclai	r, NJ 070	042					
Project Manager for	Monitoring Fi	rm Te	elepho	ne Numbe	er	Telephone Num	ner		Licer	ise	Numh	er	
			/A			6 • • •			00	37:	1		
Scheduled Start Date	(10) Sche	d. Com	oletio	n Date ((11)	Name of OSHA N	Monitor						
1-7-14		1-8-				n/a							
	25/07/2011	nth	Day	Year									
Occupancy Status Dur [X]Facility Clo		1 2	_			Street Address	S						
of Abatemen	t												
[]Abatement Pe Hours - Desc	rformed Outsi ribe:«OffHour			Facilit	Y	City, State, :	Zip Code						
[]other - Desc				ript»									
Scope of Work (Check	all that app	oly)					TOPICS AND SO AND SO	ententia de la marca de la					
[X]≥3 sf or	`> 1€		[Y] Pan	ovation			Containment w -Enclosure	rith Negativ	e Pre	essu	re		
[]≥160 sf				olition		[]Gloveb	ag Procedure						
						[]Non-F	riable Proced	lure		3ho		n+ 1	Throno
Location	of		Is Locati			Description	on of			ADa	ceme	E	E
Asbestos-Cor	T		Normal Used			Asbestos-Con	taining	Amount		R	R	N	N
Material			Solel By Mai			Material (122	(Specif		M	E	A	O F
TO BE AB			tenand	ce/		(i.e., thermal ulation, surf		SF or LF)		Δ 0	A	S	S
(13)			Custod taff	(12)		r other misce			1	A L	R	L	U R
5		Yes	No	N/A		L T1-L	•	145 00		X	-	-	E
Basement			+	X	Duc	t Insulat	ion	145 SF			-	-	-
		_	-	1					2.7.2				-
None of Designation	Washa Wa- 7		TIDES :	- I	01	io Vanda	Name of D	ristered Lan	dfill	1			<u></u>
Name of Registered V			NJDEP	_ID No.	1000	ic Yards Waste 2.0	G.R.O.W		arrr.	! -8			
			1704	0	L.	1 N-/	1 100				there.	7016-1	
City, State Montclair, NJ	07042					posal Date -10-14	City, State	ille, PA	10	906	7		
MUNICIAIF, NU	07042				1	10-14	PACIFIC V				•		
Completed By (Print	or Type) Ti	tle				Signature	1 1	./	Da	te			
Constantine V	ivian P	resid	ent			1 /=	1	Mr. I.	1:	2-27	7-13		
			- 1000			(100	Mond and	your		- 32			

Check # 9303

Date of Notification (1)		2		Name of Lord &		Owner / Operator	(2)					-	7	
Agencies Notified	Type Notificatio			Street A										\neg
□EPA				424 5 th	Avenue				Ī) F	r 3 1	S.			
DEP								7					-	\dashv
⊠DOL	Initial	20			ate & Zip									
DOН	Amend Amend	ed ment#		New Yo	rk, NY 1	0018		alest de	1 1 1	No.				
DCA	Cancel			Name o	f Contact		9	10		Tele	phone	Nun	ber	
				Jeremy	Munck					1		-		
				FAC	ILITY I	NFORMATION	1							
Name of Facility Whe	re Abatement is	Taking Pla	ace (3)			Type of Fac						90.000000000000000000000000000000000000	-	
Lord & Taylor @ The	Fashion Cente	r					ol (K-12)	011 11	K 40\					
Street Address							and the second second	Other than		ial buildings,	hom	o ot	٠,١	
34 East Ridgewood	Avenue					Square Fee		# of Floo		Bldg.		c, cı		-
City (5)			-				eા .717	# 01 1 100	3	Diag.	Age	47		
Paramus								being dem	olished))				
County (6) Bergen			inty Code	(7)										
Name of Monitoring F	irm Hired by Bui				ASCM I	No. Name of A	batement	Contractor	(9)					
Advanced Environm			#200 - * 200 * 7			Synatech,			79/10					\dashv
Street Address 347 Fifth Avenue, Su	iito ADA					Street Add 829 Radio								
City, State & Zip Code						City, State		de						
New York, NY 10016	5					Little Egg		NJ 08087	- 1		5.3			
Project Manager for N Jason Eberhard	Nonitoring Firm			ephone N 2-545-185		Telephone	Number			License Numb	er 0081 7	•		
Scheduled Start Date	(10) S	cheduled	Completio	n Date (1	1)	Name of O	SHA IVIUI	nitor						
January 6, 2				ary 6, 201	4	Synatech,								
Occupancy Status Du Facility Close	iring Abatement ed/Vacated Durii	(Check or ng Entire F	nly one) Period of A	Abatemen	t	Street Add 829 Radio								
Abatement F	Performed Outsid	de of Norm	nal Hours			City, State	& Zip Co	de						
Other – Desc						Little Egg	Harbor,	NJ 08087						
	upied During Aba	tement												\dashv
Scope of Work (Chec	k ali triat apply)					1	□ Full C	:ontainment	with N	egative Pressu	ıre			
≥3 sf or ≥ 50 lf				Renovatio	n	i		Enclosure		oguaro i rocci				
25 31 01 2 30 11 2160 sf or ≥26	0 If		=	Demolition				bag Proced	dure					1
			1- 100111 -11							Ion-Friable Pro	cedu	е		
Loc	ation of		Is Location	on Norma	lly Used		ription of				Aba	ateme	ent T	уре
Asbestos-Conta		CM)		y Mainten		Asbestos				ount (Specify SF or LF)				
	E ABATED Facility		Custo	dial Staff?	(12)	(i.e., therr	ial (ACM) mal svste		"	or or Er)	\vdash		_	$\overline{}$
	(13)		1 1			insulation, s	surfacing,	VAT			χ,	_	E C	m I
						or other m	iscellane	ous)			Removal	Repair	aps	clos
					N/A						oval	ag.	Encapsulate	Enclosure
-	ď.		Yes	No	N/A								O	_
HVAC Room			Х			Pipe Fittin	ngs/Insula	tion		40 LF	Х	100		
														1 1
Name of Registered	Masta Hauler		NJDEP \	Maste	Cubic	ards of Waste	Nan	ne of Regist	ered La	ındfill				
registered	vvaste i laulei		Hauler II	No.						mm (0.00 0.00)				
Synatech, Inc.			27	429	1 Dienes	al Date		.O.W.S. La State	natili					
City, State					Dispos	ai Date		5000 - 30000 - 100000						
Little Egg Harbor, N	IJ 08087					ry 7, 2014	Mor	risville, PA						
Completed By		Title			Signati	me - //	1		Date					
Diane Aloia		Executiv	e Admini	strator	1	lane all	17/		Decem	ber 27, 2013				

ch# 7668

Date of Notification (1) December 36, 2013	3			lame of I RBH GI	Building O ROUP	wner/0	Operator (2)			34					
Agencies Notified	Type Notification	***	197	treet Ad 39 Mari	dress ket Stree	et,-8th	n Floor							-	7	
X EPA X DEP X DOL	Initial Amended Amendment				e, Zip Cod k, New J		07102				G.				-	
DOH DCA	Emergency (justification) Cancellation		1	lame of o	Contact I McAlee	ər			= =	Tala	nhone N	Jumber	ea.			
				FACIL	ITY INFO	RMAT	ION					4.00		. NO.	p :	
Name of Facility Where A RBH GROUP	Abatement is Takin	g Place (3)						☐ s	of Facility (4) chool (K-12)	1	- 4h 1/	(40)	•		٤	
Street Address 101 Market Street								対の	ubchapter 8 ther (i.e. privitc.)	vate 8	comme	rcial bu		166		s,
City (5) Newark,								Square 10,00	00	4	Floors		Bld 90	ig. Ag +	je 	
County (6) Essex				County C	ode (7) SE ONLY)		_		nt Use (Prior nt Comme							
Name of Monitoring Firm Tiger Environmenta		Owner (8)		ASCM	No.				ement Contr nstruction		(9)					
Street Address 16 W. Elizabeth Ave	e.					8	Street /	Address Setty /								
City, State, Zip Code Linden, New Jersey	08724-1731						City, St		Code w Jersey (0701	1-1802	2				
Project Manager for Mon				elephon	e No. 2-4301		Teleph	one No			License 00724					
Start Date (10) December 202013		Scheduled			Date (11)				A Monitor estruction	Inc.						
Occupancy Status During	g Abatement (Chec	ck Only One)				Street	Addres	s							
Facility Closed/Vacing Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility		ent		12	City, S		p Code							
Other - Describe:	-riday-Monday 7:00	am-3:30pm	(#			-	Clifto	n, Ne	w Jersey	0701	1-180	2				
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)	17.000	enovat emoliti				×	Min Glo	Containmer i-Enclosure vebag Proce	edure						
			-			-		_ Nor	n-Exempted	(*) an	d Non-F	riable P		100 UC	ment	
		10.77	ocatio						200				,	Ty		
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Used Mair	ormall Solel ntenan odial S (12)	y by ice/		os Cor therma surf	escription ntaining M al systems acing, VA miscellar	faterial s insula T, or		(8	mount Specify or LF)	Nonloval		Repair	Encapsulate	Enclosure
	First Floor										0005	_	4			
				Х			ster Cei	1000			00SF	x	-			
First FI		田		х			aster Wa				84SF	X	-			
First FI				X		-	Flooring	10000000			00SF	X	\dashv			
Second				Х			ster Ce	iling			00SF	X				
Name of Registered Wa Slavco Construction			Н	JDEP W auler ID 3508		of W			Name of R G.R.O.V	ness Sales es						
City, State Clifton, New Jersey	07011-1802			ā		Disp TBD	osal Date		City, State Morrisvi		'a					
Completed by Vivian D. Jurcevic	2	Title Office	1					uar	109	uc	uuc	Date Dece	em	bera	26 ,2	013

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

CONTINUATION SHEET

	_	C. Un Figure 1						Page 2	
				1 200 Annual Control			Abatem	ent Typ	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma //	ation Nor Used Solely by aintenanc Custodial Staff (12)	e	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems, insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O			E N C L O S U R
	Yes	No	N/A			L	R	L	Е
Second Floor	-		х	Plaster Wall	240SF				
Second Floor			х	Flooring	300SF				
Third Floor			x	Plaster Ceiling	300SF				
Third Floor			х	Plaster Walls	490SF				
Third Floor			х	Flooring	300SF				
Fourth Floor			x	Plaster Ceiling	300SF				
Fourth Floor			x	Plaster Walls	490SF				
Fourth Floor			x	Flooring	300SF				
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FAX)

P.002/003

•			NOTIF	ICATIO	tate of No N OF ABE t to NJAC	SESTOR.	ABATE	MENT	DO.	L - 10	DAY		٦	
Date of Notification (1)									טע	r - 10	UNI	杜	76	68
December 26 201				RBH	of Building GROUP)perator	(2)			l,			
Agencies Netitled	Type Nothballon		1		Address		(m)			-19 0	-	-	\top	$\neg \neg$
E EPA E DEP E DOL	Initial Amended		-		rket Str	Ultra Control of the	ribor		1/4	U MAIL			_	
M DEP	Amended Amendmen	0.65	- 1		ate, Zip C rk, New		07400		MININE	D ADD	DOM	EN		
	Emergency	finaluding	, - I		of Contact		01106	•	WAIVE	RAPP	NUV	LU	يا	
DOH DOA	Justification) Cancellation	1	.		al MoAl					TAIMMA.		n.	0	
					ILITY INP		DN	-						
Name of Facility Where A RBH GROUP	Abolement is Toki	ng Pimoo ((3)					Type of F	adility (4) ool (K-12)			-		\neg
Street Address		141			III			P Aub	chapter 6:1	Other than	K-12)			- 1
101 Market Street								elo.)	Į.	No & comm	ercial be	Aldingo	, hom	20,
Cky (B) Newark,								Squere P. 10,000	41	# of Floors 4		86g.	Age	\neg
Dounty (8) E888k				County (87478	Code V	1		Current U Vacant	se (Prior.) Commo	being dem	ellehed) lina			\neg
Name of Montoring Firm Tigar Environmenta	Hired by Bullding	8) renwO)	ABCI	M No.		Name	of Abstern	on Conta	ptor (9)				\dashv
Street Address 16 W. Elizabeth Ave				1		-	Street	Address		10.				\dashv
City, Euro, Zip Code	J				- 1	_		Betty Ave		8				_
Unden, New Jersey					Ħ	1				7011-180	2			
Project Manager for Mon	loring Firm		T	Telepho	ne Nd. 82-4801	1	•			Licens				\dashv
Steri Date (10)		Calendal			Date (1)			7.000		00724	4			
December 20,2013		Februa			Date (1)			of OSHA M		10				
Occupancy Status During	Abstement (Chec				-		7/8	Address		-				$\overline{}$
Facility Closed/Vaca Abelement Performe Citer - Describe: F	ad Countairie of Mara	na) Facilit	y Maur	nant	10	-		Botty Ave						
	iday-Monday 7:00	am-3:30pi	m							7011-1802	2			
Scope of Work (Check Al	That Apply)				į.	-								1
☐ m3 of or m3 if ≥160 of or 2260 if			Renova Demolij		2			Mini-En Gloveba	cleaure og Procedt	with Negatives are Non-Fi		30 A T =		
		1 1-	Locati	25				May 1-1		MIG MOU-F	negio Pi		emeni	\dashv
Location		l ï	Normal	ly Y		Don	eriation	a(- 1		L		ADO.	
Asbestos-Conteining I			ed Spiel		Asbas	tos Conte	ining M	sterial (AC	M)	Amount			m	
TO ME ABA In Facilit	A TEN	One	10dial 8 (12)	Naff?	(i.o.	eurfac	iyeleme ing, VA1	inculation,		(Speally SF or LF)	1 5	Regain		g'
(13)		Yes	No.	NVA	i.	other m	lecellon	BOUB)			Removal	1	S. Carlo	Enclosure
First Flo	or			×		Plast	er Ceil	ing	-	3008F	×	+-		Н
Firet Flo	or			×		Plaa	ler Wa	عال		3848F	×	1		\Box
First Flo				×		Flo	poring			3008F	x	1		\Box
Second F				X		Plaste	er Cell	Ing		300SF	X		П	
Name of Registered West	2000 000 000 000		N	JOEP W	Posto No	Cubic Y				istared Len	348	_		
Blavoo Construction I	no.			3508	1961	TBD				Landfill				
City, Stats Clifton, New Jersey D	7011-1802					TBD	al Dete		y, 8 lete Orisvilla,	Pa				
Completed by /Ivlan D. Jurcevic		Office	e Man	ager		81	millure		42	ruic.	Date	nhar	260	143
							ELLAL	MIN		culut.	2000		4abpg	- 10

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Check #	936	23

										One	·	7	<u></u>	$\overline{}$		
Date of Notification (1)					of Building			,								
Agencies Notified	Type Notification				Address	or Education										
□EPA □DEP	Emergency	22.0		104 Gr	ay Street			· 		et .						
⊠DOL	Initial			City, St	tate & Zip (\neg						
	Amend	ed			Caldwell, N											
⊠рон	Amend							**		0FC 5		Nicos		-		
DCA	Cancel	lation			of Contact				28	I ele	Telephone Number					
				Frank	Ennis					L .		*				
			6t c	FAG	CILITY II	NFORMAT	ION									
Name of Facility Wh		Taking	Place (3)				of Facility School (K-									
Street Address	Middle Scriooi							er 8 (Other than	K-12)					- 1		
36 Academy Road								., private & co		cial buildings	hom	e. et	c.)	- 1		
30 Academy Road							e Feet	# of Flo			Age		- /	\neg		
City (5)							100,000		3			50				
Caldwell					ior if being den	nolished	i)									
			0 1 0	I - (7)		Schoo	ol		S11511115-11-11					\dashv		
County (6) Essex			County Cod													
	Name of Monitoring Firm Hired by Building Owner (8)							ment Contracto	r (9)							
Hillman Consulting		Synate	ech, Inc.		200.4004.00											
Street Address			Address													
1600 Route 22 Eas City, State & Zip Co			829 Radio Road City, State & Zip Code													
Union, NJ 07083				or, NJ 08087												
Project Manager for	Number	Teleph	hone Num	nber		License Numb										
Brian Nemetz				08-686-26	and the same of th		- 1 00114	Manifes			00817	<u> </u>		-		
Scheduled Start Da December 2		led Comple Decer	200 00000000000000000000000000000000000	of OSHA tech, Inc.												
Occupancy Status I	During Abatement	(Check	conly one)			Street	Address									
	osed/ <u>Vacated</u> Duri				nt		adio Roa				18-12-20-		_			
	t Performed Outsi	de of N	ormal Hou	rs			State & Zi									
Other – De						Little	Egg nari	bor, NJ 08087								
	cupied During Aba	atemen	ı.									-				
Scope of Work (Ch	eck all that apply)							ull Containmer		la sativa Danca						
□.a.tt			Г	Renovati	on			full Containmen Mini-Enclosure	it with i	vegative Plessi	ile.					
≥3 sf or ≥ lf ∑ ≥160 sf or ≥	260 If		-	Demolition												
<u> </u>	260 11) Demonde	211			Non-Friable Pro	Friable Procedure							
1	ocation of		Is Loca	tion Norma	ally Used		Description of					atem	ent T	уре		
	itaining Material (A	CM)	Solely	by Mainter	nance or	Asbe	estos-Cor	ntaining		ount (Specify				Distance		
	BE ABATED		Cus	todial Staff	? (12)		laterial (A thermal s			SF or LF)						
1	N Facility (13)							cing, VAT			اما		Encapsulate	ш		
	()		1			or oth	er miscel	laneous)			Removal	Repair	aps	Enclosure		
			1								ova	air	sula	Sun		
			Yes	No	N/A						-		te	(D		
Room 106		-	_	X			Floor Ti	le		700 SF	Х					
								1								
Name of Registered Waste Hauler NJDEP Wast Hauler ID No					Cubic Y	Cubic Yards of Waste Name of Registered Land										
Synatech, Inc.				1D No. 27429	4			Grows Landfi	11				- 11			
City, State					Disposa	al Date		City, State					280-29	and City		
STATE OF THE STATE					50											
Little Egg Harbor,	NJ 08087	Title			Signatu	uary 3, 2014		Morrisville, P.	Date							
Completed By		Title					1 .				*					
Diane Aloia Exec. Administrator					1 NU	ane al	nber 24, 2013	24, 2013								

DOL - 10 DAY

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8-60-7 AND 12:120-7)
CONTINUATION SHEET

				CONTINUATION SHEET	WAINER ARRIVANTE							
Location of Asbestos-Containing Meterial (ACAI) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance //Qualodipl Staff (12) Yee No N/A			by Inge Ipl 2)	Description of Asbestos-Centeining Meterial (ACM) (i.e. thermal systems, insulation, surfacing, VAT, of other miscellangous)	WAN Amount (Specify SF or LF)	PR RESOVAL	REPA	E NOAP BUL	E N C L C S J R E			
Becond Flast			x	Plaster Wall	2408F				Ť			
Second Ploor			Ħ	Flooring	3008F							
Third Floor			ž.	Pineter Celling	3008F							
Third Floor			ж	Planter Walts	4908F		\Box					
Third Floor			×	Flooring	3008F							
Faurth Floor			x	Plactor Calling	3008F							
Fourth Floor			K	Pinster Wells	4903F							
Pourth Reor	\square		×	Flooring	300SF							
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tage 2		(P	ursuant	to NJAC	8:60 a	nd 12:12	0)	1.400	1	. IO	7	13			
Date of Notification (1)		Name of Building Owner/Operator (2)													
12-26-73	11		Canoe	Brook	Coun	try Club)								
Agencies Notified Type Notification X EPA Initial	on		Street A	ddress Morris T	urnpi	ke			1)F(°	2 1			4	
DEP Amended Amendme				ate, Zip Co nit, NJ 0			7			-		, i			Ì
	y (including	T		f Contact					Tele	nhone	Alres	L		_	100-01
DCA justificatio			Albert	Constar						-		-			
Name of Facility Minera Abeliance in Tal	. DI "		FACI	LITY INFO	ORMA	TION									
Name of Facility Where Abatement is Tall Canoe Brook Country Club	ang Place (3)					Тур	e of Facility (School (K-1							
Street Address 1108 Morris Turnpike			8 0 10	8331		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes etc.)									es,
City (5) Summit							Squ	iare Feet	# of	Floors		В	ldg. A	ge	
County (6) Essex			Code (7) USE ONLY)		Cur	rent Use (Prid	or if beir	ng dem	olishe	ed)				
Name of Monitoring Firm Hired by Buildin) 1	ASCN	/ No.				oatement Con vironmental			LC					
Street Address		Street Address					ess 483, 4 E Gate Drive								
City, State, Zip Code	W					State, Zip Code wood, NJ 07418							730-70-		
Project Manager for Monitoring Firm	T	Telepho	ne No.		Teleni	hone	No		Licens	se No					
Start Date (10) 1/2/14	npletion	Date (11)	<u> </u>	Name	of OS	SHA Monitor									
Occupancy Status During Abatement (Ch	1/2/14 3/1/14 Occupancy Status During Abatement (Check Only One)							ess							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of	Abaten	nent			City, State, Zip Code									
Scope of Work (Check All That Apply)				(n 200											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				Ď	- N	ull Containme lini-Enclosure Blovebag Proc lon-Exempted	edure					e	
	le	Locat	ion		_								1000000	ement	t
Location of	1	Normal	lly		Г	escription	n of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED in Facility Used So Mainter Custodia				tos Co therm	ontaining Nal system facing, VA	escription of hataining Material (ACM) all systems insulation, acing, VAT, or miscellaneous)			mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
attic over kitchen	Yes	No	N/A		-14-			:-1	20	0.05					_
attic over kitchen			X	F	olaste	er wall m	iater	iai -	30	00 SF		х			
						<u> </u>				-0.90-20					
Name of Registered Waste Hauler	IJDEP W		100000000000000000000000000000000000000	ic Yards		Name of F	Registe	red Lan	dfill						
Freehold Cartage	Freehold Cartage					/aste	-	GROW							
City, State Freehold, NJ		Disposal Date TBD			ate City, State Morrisville, NJ										
Completed by Andrew Scott Higgins Title President						Signature Date					2	2673			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PAGEI		(Pu	rsuant to	NJAC 8:	60 and	12:120)		CHEC	JK 13	151	3					
Date of Notification (1)	Name of Building Owner/Operator (2) Canoe Brook Country Club															
Agencies Notified Type Notification		11 1000	Street Address 1108 Morris Turnpike													
EPA Initial DEP X Amended Amendment:	#		City, State, Zip Code Summit, NJ 07901								3 1 2013					
Emergency (DOH DCA Emergency (justification) Cancellation	including	40. 3 (4.15)	Name of C	Contact Constant	ini	Telephone Number							- Carrier			
DEA Gancellation				ITY INFO		ION	77		-				- 1			
Name of Facility Where Abatement is Taking Canoe Brook Country Club Street Address						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
1108 Morris Turnpike				- 2			Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Summit								re Feet	# of Floors		Blo	lg. Ag	je			
County (6) Essex		County County County County	ode (7) SE ONLY)		* *	Curre	ent Use (Prior	r if being dem	olished)				25			
Name of Monitoring Firm Hired by Building		ASCM	No.				atement Cont ronmental	ractor (9) Services, L	LC							
Street Address							eet Address D Box 483, 4 E Gate Drive									
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 074						19 THE								
Project Manager for Monitoring Firm	1					none N			nse No.							
Start Date (10)	d Com	npletion D)ate (11)		- Name	ot OS	HA Monitor	700								
1/2/14	u con	ipiction b	ale (11)		1100					12%						
Occupancy Status During Abatement (Chec	k Only On	e)		2 22 5	11 3	Street	Addre	ess								
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	nent			City, S	City, State, Zip Code									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement										
100		Locati										Ту				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intena todial ((12)	ely by nce/ Staff?	Asbest (i.e.	tos Co therm surf	Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF		Bemoval	Repair	Encapsulate	Enclosure			
	Yes	No	N/A						45.15							
basement storage			X		P	ipe fitti			15 LF 25 SF	x						
attic over kitchen			Х			transite	2	L d'a			- 1	-				
attic over dining room			X	pip	oe ins	sulation		epris	160 LF		_					
dining room ceiling			X	la et -		plaste	r	Noma of	2000 SI Registered La							
Name of Registered Waste Hauler Freehold Cartage	1	NJDEP Waste Hauler ID No. of Waste 15939 10					GROW		and iii							
City, State Freehold, NJ			Disposal Da TBD				Date City, State Morrisville, NJ					- 144				
Completed by Andrew Scott Higgins	Title President					Signatur	ignature Date				36-13					

Name of Building Owner/Operator (2) Date of Notification (1) Marti Realty 12/26/13 Street Address Type Notification Agencies Notified 222 Grand Avenue Initial City, State, Zip Code EPA Amended DEP Englewood, NJ Amendment # × DOL Telenhana Number Emergency (including Name of Contact iustification) DOH Paul Schmidt Jr. Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address × 1070 Main Street Bldg. Age # of Floors Square Feet 80 1 City (5) 3000 River Edge Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services, LLC Street Address PO Box 483, 4 E Gate Drive Street Address City, State, Zip Code City, State, Zip Code Glenwood, NJ 07418 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 703 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 1/4/14 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 If Demolition Glovebag Procedure ≥160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Abatement Туре Is Location Normally Description of Amount Location of Asbestos Containing Material (ACM) Encapsulate Used Solely by Enclosure Asbestos-Containing Material (ACM) Remova (i.e. thermal systems insulation, (Specify Maintenance/ SF or LF) TO BE ABATED Custodial Staff? surfacing, VAT, or In Facility other miscellaneous) (12)(13)N/A Yes No 2400 SF x floor tile & mastic (2 layers) Χ ground floor Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS** 10 15939 Freehold Cartage City, State Disposal Date Morrisville, NJ City, State TBD Freehold, NJ Date Signature Title 12/26/13 Completed by President Andrew Scott Higgins

Date of Notification (1) 12/27/13 Ck:2956 \$200	Name of Building Owner/Operator (2) Infante Associates, Inc.														
Agencies Notified Type Notification				Street Address 9 Robinson Lane											
EPA Initial Amended Amendment	DEP Amended					raov 07450		4.74.7)	-60	110 July -			
Emergency	Emergency (including justification)					Ridgewood, New Jersey 07450 Name of Contact Mark Infante									
Cancellation				ILITY INF	ORMAT	ION	11.5 24 1.07	J			1(4)				
Name of Facility Where Abatement is Takin Toyota Building	g Place (3	3)	1 40		OKMAT		of Facility (4)							
Street Address					School (K-12) Subchapter 8 (Other than K-12)										
1096 Route 17 North		No.			Other (i.e. private & commercial buildings, homes, etc.)										
City (5) Ramsey, New Jersey 07446		Squa 10,0	re Feet 100	# of Floors 2		idg. A									
County (6) Bergen		Code (7) USE ONLY	,		ent Use (Prio Dealersh	or if being demoli ip	shed)								
Name of Monitoring Firm Hired by Building N/A		ASCN	I No.		Name of Aba Lilich Corp		itractor (9)								
Street Address			Street Addre		ie .		Will.								
City, State, Zip Code						City, State, Zip Code Woodland Park, NJ 07424									
Project Manager for Monitoring Firm	Telepho	ne No.		Telephone N	lo.	License 01104	No.			10					
Start Date (10) 01/06/14	mpletion	pletion Date (11) Name of OSHA Monitor J&S Environmental													
Occupancy Status During Abatement (Chec	k Only Or	ne)	¥		Street Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:															
Scope of Work (Check All That Apply)			Nanke	Mary Cha	City In		Supple								
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	STATE OF THE OWNER, WHEN PARTY AND PARTY.	Renov Demol			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
A Second Control of the Second	al series	Loca	tion			E NO	on-Exempte	d (*) and Non-Fri	able Pro	ANTEN MET	emen	1			
Egcation of		Norma			Di	ascription of				Ty	pe	E STATE OF THE PARTY OF THE PAR			
TO BE ABATED In Facility (13)	Ma	Inten	ance/ Staff?	Asbei (i.e	. therma	itaining Materia it systems insulacing, VAT, or miscellaneous)	lation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
	Yes	No	N/A								ate	Ге			
Roof	X		を表現の	The same	F	Flashing		420 SF	Х						
			9 5 9 A S			MARKED AS		SCHOOL ST		85					
Name of Registered Waste Hauler						Name of Registered Landfill									
Lilich Corporation			Hauler ID 8724	No.	of Wa	iste	G.R.O.	W.S Landfill							
City, State Woodland Park, New Jersey 07424					100000000000000000000000000000000000000	Disposal Date City, State 1/24/14 Morrisville, Pennsylvania									
Completed by Tatiana Kalenikova	Title Vice	Pres	ident			Signature	-		Date 12/27/1	13					
				16/10	1.11	11/11									

MO#21382885451

MAY 11

WIO#21382883431			(Pur	suan	t to NJAC	8:60	and 5:16	5)								
Date of Notification (1)		Name of Building Owner/Operator (2)														
12	27 / 13			499 Lincoln Park Care Center LLC												
Agencies Notified	Type Notification				ncoin Par Address	k Care	Center LI	LC			-1	- :	-3 7			
EPA	▼ Initial		1.			D J				15						
■ DOLWD	☐ Amended		-		ne Brook tate, Zip Co								-			
□ DHSS	Amendment #_		,				=				8 2					
DCA	Emergency (inc	luding	1		n Park, N. of Contact)		Telephone Nu	ne Number						
(NJAC 5:23-8)	Cancellation							20	, orapitotio							
				UNITED ON	senberg	CODMA	TION				-					
Name of Facility Where	Abstament is Taking	Diago	(2)	FAC	CILITY IN	FURINA	ATION	Type of Facility	(4)		3		-	_		
500.0 W W	Abatement is raking	ridue	(3)				24	School (K-12	Type of Facility (4)							
Nursing home Street Address								Subchapter 8	(Other than K-							
								Other (i.e., p homes, etc.)	rivate and comn	nercia	l bui	idings	s,			
521 Pine Brook Road, Renaissance Bldg. City (5)								Square Feet	# of Floors		Blo	g. Ag	16			
Lincoln Park, NJ 0703	25							Oquate Feet	01110010			9. 7.8	,,,			
County (6)	,,		-	Count	ty Code (7) (STATE U	ISE ONLY)	Current Use (Pr	for if being dem	olishe	d)					
Morris					, (.) (,		3							
Name of Monitoring Firm	n Hired by Building C	wner (8) /	ASCM	No.	Name	of Abateme	L ent Contractor (9))							
Envirovision Consulta	ents Inc		11.58	0079	239000	Name of Abatement Contractor (9) Gr Tech LLC										
Street Address	into, me			0012			Address									
20-21 Wagaraw Road	Bldg #35 F					576 Va	alley Rd#	1283								
City, State, Zip Code	-			and the second second second	tate, Zip Co	The state of the s										
Fair Lawn, NJ 07410				0581	, NJ 0747											
Project Manager for Mo	phone	No.	The second second second	one No.		License No.					_					
Guillermo Morales	100	636-9	1				01127									
Start Date (10)			te (11)	Name	of OSHA N	Monitor	01127			-						
01/05/	14 0	2 /	05	1	14	Enviro	vision Co	nsultants,Inc								
Occupancy Status Durin			189	Street Address												
☐ Facility Closed/Vaca	270			nent		20-21	Wagaraw	w Road, Bldg .# 34A								
Abatement Performe	d Outside of Normal	Facility	Hour	s - Des	cribe		tate, Zip Co									
Time of Abatement:	AMPI	M/10:0	0 PM_	6:00	AM		wn, NJ 0									
Scope of Work (Check a	Ill that apply)	100 - 200				p and decontami	nation with nega	tive p	ress	ure						
		M n.							nt with Negative Pressure							
☐ ≥ 160 sf or ≥260 lf		X Re	molitic	n n		Mini-Enclosure Glovebag Procedure Tent with Negative Pressure										
		_			24 37 - 40 - 40 - 40 - 40 - 40 - 40 - 40 - 4		Non-Exe	empted (*) and No	on-Friable Proce	edure		1	2000 COLUMN			
			Locat								Aba	atemo	ent Ty	уре		
Locatio Asbestos-Containing			Normal ed Sole		Anhar		escription o		Amount		Ŗ	R	m	m		
TO BE AB		Ma	intena	nce/	(i.e	therma	al systems	iterial (ACM) insulation,	(Specify		Removal	Repair	cap	clos		
IN Fac	5500 7 50	Cus	todial ((12)	Staff?		surf	acing, VAT	, or	SIF or LF)		val	=	Encapsulate	Enclosure		
(13)				T		other	miscellane	eous)					ate			
		Yes	No	N/A					same in					-		
Corridors-first floor		Ш	Ш.	\boxtimes	Elbows i	insulati	on		200 each		X	Ш	Ш	لـــا		
Kitchen-first floor				X	Elbows i	insulati	on		30 each		\mathbf{X}					
Laundry room-first flo	oor	П		×	Elbows i	insulati	on		3 each		X	П	П	П		
Edulary 100m mor no		1=	l =	Licows				3 caen								
Name of Registered Wa	sste Hauler		l L	ED Mark	e Hauler ID No.	Cubic	ards of Mon	te Name of Regi	stered Landfill			Ц.	Щ.	Ш		
The state of the s	iste Hautel								Stereu Lanuiii							
Gr Tech LLC			(003378	85	TE		T.R.R.F. Inc						ne man		
City, State						P 2	al Date	City, State								
Wayne, NJ 07470		TBD				Tullytown, F	PA	200000								
Completed By (Print or	Type) Title	9				S	ignature	01 1	B	Date						
N.Jevtic	Thende Wanad 121							12/2	7/20	13						
ASB-41							1/									