

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

RECEIVED

Date of Notification (1) 02/04/13					of Building	g Owner/(Operator	r (2)	2	013F	EB -7	Ou.	<u>. 110</u>		
Agencies Notified X EPA DEP	Type Notification				dmus A	t -			A	i de T	i jida -p	PH 2	2: 0	6	ī
DEP DOL	Amended Amendment Emergency		_ [Elmw		rk NJ 07	7407			Gr L	.TOENS	ING	(1)		
DOH DCA	justification) Cancellation		7.0		f Contact Nemet					T Te	lenbone Nu	ımber			
Name of Facility Where Nemeth Residence Street Address 41 Cadmus Avenu)	ig Place (3)		FAC	ILITY INF	FORMATI	ION	H		12) r 8 (Oth	ner than K-1		lding	s hom	nec
City (5) Elmwood Park NJ					A			- 6	etc.) re Feet		f Floors		3ldg. 50+	20	100,
County (6) Bergen			- [Code (7) USE ONL	Y)	_	Curre		or if be	ing demolis	hed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCN	/ No.				tement Construction		(9) storation	Inc.			
Street Address	(2)							Addres Route	ss 46 Suite	3D	10072				
City, State, Zip Code	<i>a</i>								ip Code I 07512						
Project Manager for Mor	nitoring Firm			Telepho	ne No.			none No 256 70			License N 00666	No.			
Start Date (10) 02/18/13	4	Scheduled 02/19/13		npletion I	Date (11)				A Monitor struction		storation	Inc.		1	
Occupancy Status Durin X Facility Closed/Vac Abatement Perform		PM 100 100 000		nent				Addres Route	s 46 Suite	3D					
Abatement Perform Other – Describe:	ned Outside of Nom	nal Facility H	ours				-		p Code 1 07512						
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Il That Apply)	THE REAL PROPERTY.	nova noliti			-	×	Min Glo	i-Enclosure vebag Prod	e cedure	n Negative I			re	
Location	of		mall	у		Des	scription	of						emen ype	t
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	Material (ACM) ATED		enar	nce/	Asbes (i.e.	stos Conta thermal surfac	aining M	laterial s insulat T, or	(ACM) tion,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Exterio	Or					Transi	te Shir	ngles		10	00 SF	X			
2.00										•		-			-
Name of Registered Was Bako Construction &			Ha	JDEP Wa auler ID I 1889		of Was			Name of I		red Landfill IC.				
City, State Totowa NJ						Disposi 02/20/	13		City, State Morrisvi					*.	
Completed by Goran Kojic	14.	Title Project	Mai	nager	×	Si	gnature	Re	ront	Wa	Da 02	ite 2/04/1	3	1	

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ste of Nothication (1)	01	D /	PH	Respond to	F Building	Biss and 12 Owner Opera	dar (2)		MU Dept Ad	Healt	i si M	anior	Servi
1/31/13						HIA CH	MA	40	TOBA		ature)		
1.	Type Nothbeston	IEEN.	117	SPECE A	eddress.	36 NO		_	Date: 2	1/3	Tir	ne:	CEC
EPA CEP	Manufed Amended		· · ·	City, Sta	da, Zip Co	ide	# 1010	21		-			
DOL	Advertisem Emergency					1804	N.T	08879					
DOH (astrication)			Name o	Contact	,			Telephone N	uniber			
DCA	Cancellation		1	FAC	CHIA	CHYAK	· GO		1				
me of Facility Water Al	belement is Talian	g Place (3)	PAL	LITY SWIN	RMATION	Туре	of Pacify (5)				
		JU			•			School (K-1;	2)	50 N.			
ent Address		J	_					Subchapter Other (ce. p	2 foliae mar K Arie: & coinne	12) ciki ku i	ldinos	s. hoe	IBG.
y (5)	136 NOI	LADE	51					etc) re:Feat	#cf Floors		Sidg.		
	South A	ABON .						625	3	1	20 ST.	0+	
negy (6)		. مريت	T	County	Code (7) USE CALY		Can	TE USE (Prio	r if being demail	sired)		<u> </u>	
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met Address				ــــــــــــــــــــــــــــــــــــــ	-	SEE	e Addre	<u> </u>					
						10	5 Lowe	ii Road			•		
ly, State, Zip Code	- 24			A l			en Roc	sp Code k, N.J. 07	452				
nject Menager for Month	oring Floa		T	Telepho	ne No.		1-262-4		00156				
art Date (10)		Calmini	ad Con	malation :	Date (11)			IA Monitor	00100				<u> </u>
7/01/13			3/01		Case (11)				rial Services	inc.		•	13
coppusy Sister During.	Abelement (Char	k Only Or	16)				et Addres						
Facility Closed/Vacal	ed During Bulle I	Period of	Abaten	HENE		-		ar Street					
Abstract Performs Other - Describe:	O CESSOS OF ROSE	er Pacing	HOUSE	\$			Shate, Z	ip Code ICIL, NJ 07	FING				
ane of Work (Check All	That Apply)							-0-11100 41					
23 sf or 23 lf			ženova				O Ri	l Containne	ot with Negative	Press	神		
2160 af cr 2260 f) Special Control of the Control of	ion			7.0	i-Endoques wabsy Proc	Datific coton.				
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S S			i.ocali Nomal									Abe Abe	
Location (Asbestos-Containing in	of Automica (ACIM)	Use	d Soin	ly by	Asbesi	Description Containing	Material	(ACIN)	Amount			THE STATE OF	_
TO BE ABAT	MED.		eodial 8		(ie.	Section by the common	ens insula VAT, or	stion,	(Specify SF of LF)	Remove	Royan	Encapaidate	Englosura
(13)		-	(12)	_	7	oliteruniscel	iuneous)			18	2		H
	-	Yes	No	NA						+		1	<u> </u>
BUSOMENT				1		JIPE INS	ULAITO	2	70 LF	1	1_	-	_
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me of Registered West	- Houses		I N	JOEP W	aste ·	Cubic Yards	;	Manne of R	egistered Landi	<u>.</u>	1	1	
ovic Transport			H	buter 10 0785		of Waste	1 3 5	0	Bethlehem L		Coi	m.	
k, State						Disposal Da	da .	City, State		10.11	-		-
iverdale, New Jerse	y 07457					3/01/			em, PA 1801	5	15	1	•
ampleted by		Titte	0 -			Signal	-		- E	ste.	1.		
OSEPH VOCATURE)	6.	0.0	12.0	-933 - 3	1 1	·Von	alino	- 1978 OF T	1/3	1113)	4

State of NJ Notification of Asbestos Abatement / Pursuant to NJAC 8:60-7 and 12:120-7)

2013-28

B & G proj. #:	2013-28		(Pur	suant to	NJAC 0.0	U-1 all	u (2.120.)	C	heck #	5762				_
B ta o projem:	1				40	BFE	8 -7 PH 2:	68						
Date of Notification	(1)	Name	of Building	Owner/O	perator (2)			0.000						
0 12 1/10 14		Ala	n Berner		ř.	3 11 11	TUENCING	HU						-
Agencies Notified	Type Notification	Street	Address			CKL	THERETING	į					ί	
☐ EPA	☒ Initial	514	4 Ridgew	ood Ave	enue		190					-	_	
☐ DEP	E miliai		State, Zip C											
X DOL	Amendmen	t GI	en Ridge	, NJ 070)28			17.	lankon	e Number			-	_
IX DOH		Name	of Contact					16	epriori	e Number				
	Cancellation	۱ Δ۱	an Berne	er			SC ST ST					_	_	_
☐ DCA	·		an Bonne		Y INFORMA	TION								
				FACILIT	Y INFORMA	11014	———Т	Type of F	acility	(4)			10	
Name of facility w	here abatement is ta	king place	(3)					" □	Schoo	I (K - 12)				
									Subch	apter 8 (Oth	er thar	1 K-12	2)	
Alan Berner								X	Other	(Private/Cor /Homes, etc	nmerci	aı		
Street Address	A							Square	The state of the s	# of Floors	T	Bldg	. Age	
514 Ridgewo	ood Avenue					Count	Code (7)							_
City (5)		County	(6)				use only)			Prior if being	demol	ished)	
Glen Ridge	N.I.07028	Essex	(0 4 (8) 9 (8)	reside				_		
	ing Firm Hired by Blo	in Owner (8)		ASCM No.	IIN	lame of Abatemen	it Contractor	r (9)					
Name of Monitor	N/A	.g. • (B & G Restora	ation, Inc.					_	
						- 5	Street Address	Dood						
Street Address					5 10 13		105 Ryerson					-		-
City, State, Zip C	ode						ity, State, Zip Cod Lincoln Park	e N.1.0703	35					
City, State, 219 0	000	3			1	_	Telephone Number		-	License	Numbe	r		
Project Manager	for Monitoring Firm		Pho	ne Numbe	r	11'	(973)696-68	369	Li .	00	378			
							Name of OSHA Me							
Scheduled Start	Date (10)	Sched. (Completion	Date (11)			B & G Restor	ration, Inc						
02/14/201		02/15	/2013				Street Address		8.940-01112 do 30					
	us During Abatement	(Check onl	y one)				105 Ryerson							
1071 ···· -1-	and boosted during 6	entire period	of apaten	nent.		1	City, State, Zip Co	de						
☐ Abatemen	it performed outside	of normal fa	cility hours	-		_ 11	LincolnPark,	NJ 07035	5					60 00
Describe:						- 11	Elifodini Giri,		===					-
	(check all that apply)		0	== 3000,Ca	_		lacactive or	ecure	 ★ Glove	bag pro	ocedi	ıre	
☐ Demolitio		Renovation					ull Containment w	megative pro	0000.0	X Non-f				
> <u>3</u> sf or >	3 lf 🗍 :	≥160 sf or ≥	260 lf		2	X N	lini-enclosure				TR	R	E	T
		le location	normally u	sed solely					Amour	ıt	e m	e	n	E n
Location asbestos	or -containing	by mainter staff(12)	nance/cust	odiai	Descrip materia	tion of a	sbestos-containing	9		fy SF or	0	a	a	C
material t		Yes	No	N/A	Illatella	(/1011)		. 14	LF)		v e	r	р	
main room, boile	er room, laundry	100			pipe ins	ulation		1115	170	lf	X			4
room, storage r	room, & bathroom			X	VAT & r				75 s	f	X	닏	닏	4
around boile	er only			-	VAI al	Hastic					10	빌	부	#
					1						븯	ዙ	ዙ	1
					1							Ш		16
	ata Haular	INIDE	P Hauler	D# C	Cubic Yards o	f Waste	Name of Regist	ered Landfil wn Resou	Irce &	Recover	v Cen	ter		. =
Registered War	oration, Inc.		9563		4			WII RESU	uice o	1,1000101				
City State		1 : 54	11 -	Disposal I 02/15/	Date 2013		City, State Tullyton	wn, PA	i kiri					1
Lincoln Pa		_		02/13/	Signature		Gordana Lu	×		Date	2/04/2	2011	-	
Completed by	(Print or Type)	Title Secreta	ry/Treas	urer			Gordana Lu	na			2/04/	2013	-	
Gordana L	una	Jecreta	. , , , , , , , ,		-1	-								

B & G proj. #:

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)	IIN	lame of Bu	ilding Own	er/Operator (2))	2013 FEB -7	PM 2				M(A=2)				
10 12 1/10 14	1/1131		Anne Pu	ıglisi	*		A D Control Comment						63			
Agencies Notified EPA	Type Notificat Initial	ion S	treet Addre	ess ummit Av	renue		& LIDEN	JOH TRE	IL '					4		
DEP DOL	Amenda		ity, State, a Westfie	Zip Code ld, NJ 07	901											
☑ DOH	☐ Cancell		ame of Cor			,		Te	lepho	ne Numbe	r					
☐ DCA			Anne P				 					==				
	1			FAC	ILITY INFORM	ATION	<u> </u>	Tuno of E	o oilib	(4)						
Name of facility what Anne Puglisi	nere abatement i	s taking pla	ace (3)	*				Type of F	Scho	ol (K - 12) hapter 8 (0		nan k	(-12)			
Street Address									Other	(Private/0	omme					
1722 Summit	Avenue				10 - 7 -			Square F		# of Floo		В	ldg. A	ge		
City (5)		Cour	nty (6)			Cou	nty Code (7)									
Westfield			ION			(Sta	te use only)	resider	ntial	Prior if bei	ng dem	nolish	ed)			
Name of Monitorin		Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor	(9)		+	70				
12 17 19	Ņ/A	100					B & G Restorat	ion, Inc.								
Street Address	8 10						Street Address 105 Ryerson F	Road								
City, State, Zip Cod	e		1200 - Co.			7	City, State, Zip Code Lincoln Park,									
Project Manager for	Monitoring Firm	1	Ph	one Numb	er		Telephone Number (973)696-686	9		License 0	Numb 0378	er				
Scheduled Start Da	te (10)	Sched	I. Completion	on Date (1	1)	-	Name of OSHA Mon			0						
02/18/2013		02/	18/2013				B & G Restorat Street Address	uon, mc.	<u> </u>		-					
Occupancy Status I	During Abateme	nt (Check o	only one)				105 Ryerson R	load			65		7	4		
	d/vacated during erformed outside	entire peri	od of abate facility hou	ment. rs-			City, State, Zip Code									
Describe: Other-Descri	be:			7-7/		=	LincolnPark, N	J 07035					-			
Scope of Work (ch	eck all that appl	y) Renovatio	n		2= 14 5-W 1	□F	ull Containment w/ne	gative press	ure	 Glove				1		
>3 sf or >3 If		≥160 sf or				X V	flini-enclosure			☐ Non-f	riable		dure			
Location of asbestos-cor material to be			n normally enance/cus				sbestos-containing		ount	SF or	e m o	e	E n c	Enc		
abated in fac		Yes	No	N/A	materiar	,AON)		ĹĖ		ar agga 120 S	v e	i r	a p	L		
basement	17			X	pipe insu			2 lf			X			早		
garage				×	thick duc	t insu	ılation	60 s	<u>f</u>		X	Η	님	H		
	ight and the second							-			쓔	H	H	H		
						CONTRACTOR OF THE PARTY.					片	H	H			
Registered Waste F B & G Restorati	lauler ion, Inc.		EP Hauler I 9563		ubic Yards of V 1	Naste	Name of Registered Tullytown R		& Re	covery (ente					
City, State Lincoln Park, N	NJ			Disposal D 02/1	ate 9/2013		City, State Tullytown, PA									
Completed by (Prin Gordana Luna	t or Type)	Title Secreta	ry/Treasu	ırer	Signature	3. (Gordana Luna			Date 02/0)4/20	.013				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#22681		400		
CHEA.K#22681	01150			- 4
	CHEA	K#	226	81

Date of Notification (1)					Name of Bui	Idina Ow	ner/Operator (2)	7				-
			ř				OR HOUSING,LI	CG . My	2.			
2/4/2013	Type Notifica	tion			Street Addre		ok noosing,Li	LC 4 // //	5.0	57		
	100	ation		í				CAN STAN	t '	<i>¥</i>		
□ EPA	X Initial				209-213 AR City, State, 2		υ	912771	01	-		
□ DEP	Amend			2017/2017				~				
□ DOL	☐ Emerge		iuaing		MT. LAUR				Tolo	abana	Num	hor
□ DOH	justifica				Name of Cor				rele	priorie	Num	bei •
DCA	☐ Cancell	ation			DAVID J. I							0-60
		···			ACILITY IN	FORMA	TION	T= (5 11 /A)			_	upo poema
Name of Facility Where Aba	atement is Ta	aking Pl	ace (3)				Type of Facility (4)				
								School (K-12)			20	
Street Address								Subchapter 8 (Other				
209 -213 ARK ROAD								Other (i.e., private			-	
City (5)								Square Feet	# of	Floors	Bldg	. Age
MT. LAUREL												
County				ľ,	County Code	e (7) (ST	ATE USE ONLY)	Current Use (Prior if be	ing de	molis	hed)	
NEW JERSEY							- A.	1 1 14 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16				9 12
Name of Monitoring Firm Hi	ired by Build	ing Own	er (8)		ASCM No.	Name o	of Abatement Cont	ractor (9)				
AMERITECH						CREA	M RIDGE ENVI	RONMENTAL INC.	-			
Street Address						Street	Address			BHIST		15
78 E. ATLANTIC WAY						15 BL	ACK FOREST R	OAD				
			-			City, St	ate, Zip Code				200.4	
LAVALLETTE, NJ 0873	35					HAMI	LTON, NJ 0869	i serialis di nassativ				
Project Manager for Monitor		Teleph	none N	lo.			one No.		Licer	nse N	0.	
ROD MORRIS		732-6				609-89	0-7110		0067	6		
Start Date (10)					ion Date (11)		of OSHA Monitor		(CONTRACTOR OF CONTRACTOR OF C	100	-	
2/6/2013		2/7/20				N/A						
Qçcupancy Status During A	hatement (C	THE WORLD SHOW THE PARTY OF THE		1		14 10 H 10	Address					-
Facility Closed/Vacate					ent							- 0
Abatement performed outs	200 - 100 -				,	City St	ate, Zip Code		-			
ESSENTIAL PERSONNE		ng nour.	J 01 141	2 / uvi		Joney, or						
								Full Containment w	rith Ne	egativ	e Pres	sure
Scope of Work (Check all the	iat apply)				Renova	tion		Mini-Enclosure	1111111	guur	0 1 100	Jouro
≥ 3 sf or ≥ 3 lf					X Demoli			Glovebag Procedu	ro			
≥ 160 sf or ≥ 260 lf					Demoir	uon		☐ Non-Exempted (*)		Eriol	le Dro	codu
		т .			<u> </u>			Mon-Exempled ()			t Type	_
			Locat		Description	n of Ash	estos Containing	1	Abai	emen		_
Location of Asbestos-C		25000000	Solely				thermal systems	Amount (Specify SF or	۵	77	Encapsulate	m m
Material (ACM) TO BE A	BATED In			e/Custo			g, VAT, or other	LF)) a	Repair	aps	응
Facility (13)	1 4 4 1	100000000000000000000000000000000000000	Staff?	(12)	The state of the s	miscellar		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Remova	쁰	i ii	Enclosure
		Yes	No	N/A					LĪ.	_	ē	"
EXTERIOR		1 .	X	1	TRANSITE	SIDING	G Lee-	1600 SQ. FT.	X	_		-
THROUGHOUT HOME			X		NFVAT	- CATOLINE		120 SQ. FT.	X			
		1	1700									
Name of Registered Waste	Hauler	90			NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			
					Hauler ID No.		Waste	CDOWC				
TIMSTER TRUCKING		1. 1. 6			21079		8 YD	GROWS	ناب			
City, State				0	National Control		Disposal Date	City, State				
WEST CREEK, NJ							2/8/2013	MORRISVILLE, PA				
Completed By		Title	3-4			Signatu	iri 27 Mar	201	Date			le l
DAVID D'ANDREA		PRES	IDEN	T		We	vid J. A	Centres	2/4/2	2013	1 167	1
ACR 41						-	()			- 72	65	

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



				11.6162.050		AC 8:60 and 5:1	0,	1 6 200 8 2				
Date of Notification (1)				Name	of Buildir	ng Owner/Operator (2)	PEC.	40 J J	I See	Ď.	
	/	13		JC	Penney	Company Incorp	orated	2013 FEB - 7	i		**	
Agencies Notified	Type Notification	on		Stree	Address				PH	2: :	G.	_
☑ EPA ☑ DOLWD	☐ Amended	,)1 Legac		•					
☑ DOLWD	Amendmen	t#		100	State, Zip			& LIGEN	37.57	代胸	1	-0.6=
☑ DCA	☐ Emergency		g g	Pla	no, Texa	s 75024		<i>□=1</i> 7;	IMG	,	ί,	
(NJAC 5:23-8)	justification)		100000000000000000000000000000000000000	of Contac	Sec. 2		Telephone Num				
	☐ Cancellation	1	ř	So	y Thoma	S						
				FA	CILITY II	NFORMATION	T.					
Name of Facility Where		ing Plac	e (3)			**	Type of Facility	(4)				
JC Penney Quake	er Bridge Mall						School (K-12					
Street Address							☐ Subchapter 8	3 (Other than K-12 rivate and comme	?) rcial bi	uilding	ne	
500 Quaker Bridg	e Mall						homes, etc.)		rciai pi	ununig	3 5,	
City (5)			1.3				Square Feet	# of Floors	BI	ldg. A	ge	
Trenton							150,000	2		75		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)		1000	
Mercer							70					
Name of Monitoring Fin		g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consulti	ing			622	52	JVN Restorat	tion Inc					
Street Address	1 1			75%		Street Address					-	_
1600 Route 22 Eas	st					47 Foster Ro	ad					
City, State, Zip Code	1000					City, State, Zip Co	ode					
Union NJ 07083						Staten Island	NY 10309					
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Tom Rubino			90	08-956	-1233	718-605-6256		00774				
Start Date (10)	Coh	-111										300
	ALCOHOL MANAGEMENT AND ADMINISTRATION OF THE PARTY OF THE			tion Da	Control of the Contro	Name of OSHA M	lonitor	4				÷
2/19	ALCOHOL MANAGEMENT AND ADMINISTRATION OF THE PARTY OF THE				Control of the Contro	Name of OSHA M Testor Tech	lonitor					ŧ
2/19	/ _13	3			Control of the Contro	I SO AN ALTERNATION OF THE WAY OF CASE	lonitor					
	/ 13ng Abatement (Cheted During Entire I	3 eck only Period of	one) Abate	9_ / _	13	Testor Tech		•	-			ŧ
2 / 19 Occupancy Status Durin ☑ Facility Closed/Vaca ☐ Abatement Performe	/13	3 eck only Period of nal Facilit	one) Abate	ment rs - Des	13 cribe	Testor Tech Street Address	n Avenue		64			1
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2 / 19 Occupancy Status Durin ☑ Facility Closed/Vaca ☐ Abatement Performe	ng Abatement (Che ted During Entire I ed Outside of Norm	3 eck only Period of nal Facilit	one) Abate	ment rs - Des	13 cribe	Testor Tech Street Address 10 59 Jackso City, State, Zip Co	n Avenue ode		9			•
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State of New Jersey

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

30131			(Pursuant to	o NJAC 8:60-7 a	and 12:-120-	-7)	RECE.			
Date of Notification (1) 01/24/13 Month/Day/Year			Walter Committee of the	of Building Ow eton University	ner/Operato	20/3	BFEB -7 1	N. Far.	ψ).	
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City, State, Zip Code Burlington NJ 08016						State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Mike Keehn	g Firm		17 10 10 10 10 10 10 10 10 10 10 10 10 10	one Number 6-8800		hone Number 64-9622		Licen 1103	ce Numi	ber
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RECEIVES

Princeton University - Fire to religious - Fire

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Location of ACM	Description of ACM		Amount	Abatement
Level 1- Work area #1A	pipe insulation & fittings		150 LF	Removal
Level 1- Work area #1B	ceiling plaster	7 974 - 3	150 SF	Removal
Level 2- Work area #2A	floor tile & mastic		14000 SF	Removal
Level 2- Work area #2A	pipe insulation & fittings		1600 LF	Removal
Level 3- Work area #3A	ceiling plaster		2574 SF	Removal
Level 3- Work area #3A	floor tile & mastic		15708 SF	Removal
Level 3- Work area #3A	duct insulation		100 SF	Removal
Level 3- Work area #3A	pipe insulation & fittings		1250 LF	Removal
Level 3- Work area #3A	radiator liner		80 SF	Removal
Level 3- Work area #3 B	floor tile & mastic		1056 SF	Removal
Level 3- Work area #3 B	pipe insulation & fittings		100 LF	Removal
Level 3- Work area #3 C	floor tile & mastic		7500 SF	Removal
Level 3- Work area #3 C	pipe insulation & fittings		700 LF	Removal
Level 4- Work area #4A	ceiling plaster		1350 SF	Removal
Level 4- Work area #4A	floor tile & mastic		1826 SF	Removal
Level 4- Work area #4A	duct insulation		200 SF	Removal
Level 4- Work area #4A	pipe insulation & fittings		600 LF	Removal
Level 4- Work area #4A	fittings		100 EA	Removal
Level 4- Work area #4A	pipe saddles		60 EA	Removal
Level 4- Work area #4A	vibration cloth		20 SF	Removal
Level 4- Work area #4A	radiator liner		80 SF	Removal
Level 5- Work area #5A	floor tile & mastic		250 SF	Removal
Level 5- Work area #5A	pipe insulation & fittings		100 LF	Removal
Level 6- Work area #6A	ceiling plaster		470 SF	Removal
Level 6- Work area #6A	radiator liner		120 SF	Removal
Level 2- Work area #DC2	floor tile & mastic		24 SF	Removal
Level 3- Work area #DC3A	floor tile & mastic		24 SF	Removal
Level B- mens bathroom #B1	pipe insulation		100 LF	Removal
Level C Women's bathroom # C1	pipe insulation		100 LF	Removal
Level 1 East Core and pipe shaft # 1C	pipe insulation		100 LF	Removal
Level 2 East Core and pipe shaft # 2B	pipe insulation		35 LF	Removal
Level 2 East Core and pipe shaft # 2B	floor tile & mastic		180 SF	Removal

No great #

Check #	

Date of Notification (1)			Name	of Buildin	ng Owner/0	Docator	(2) 2012		11/1/	ru.			
02/02/12			1		niversity		(2) (0/3/	ER		~ AT			62
Agencies Notified Type Notification	n	-		Address		Cente	r		PM				
_ ((A 100 SECTION 1	Nillow A		143	12,		7 PM 2	CA	1		
EPA Initial Amended			City, S	State, Zip	Code		41	100%	1784 .	- 0		-	
DOL Amendme			Hobo	ken, N.	J 07030			"CEN	MINITE	1			
DOH Emergence	y (including n)		Name	of Conta	ct	-		II	elephone N	lumbe			2
DCA Cancellati			Josep	oh Chin	nento								
Name of Equilibration Abstract in Tal	in Din 1	-	FA	CILITY IN	FORMATI	ON						-	
Name of Facility Where Abatement is Tal	ing Place (3)					Type of Facil	ity (4)					0,000
Hoboken Medical Center Street Address							School ((K-12)					
308 Willow Avenue							Subchar Other (i.	oter 8 (O	ther than K- & commer	·12)	ildina	e ho	mac
	~						etc.)	o. private	o a comme	Ciai Di	L.		nes
City (5) Hoboken							Square Feet	#	of Floors		Bldg.	Age	
County (6)				y Code (7			Current Use (Prior if b	eing demoli	shed)			
Hudson			10.000	E USE ONL	LY)	-							
Name of Monitoring Firm Hired by Building	g Owner (8)		ASC	CM No.		Name	of Abatement (Contracto	or (9)		-	1000	
Aero Environmental	ance-full in west-oosiii wa					Nick F	Restoration	LLC					
Street Address					7	Street	Address					-	_
275 Rt 10 East						72 Bro	okside Rd						
City, State, Zip Code	87 95					City, St	ate, Zip Code						
Succassuna, NJ 07876				27		Rando	lph, NJ 07	869					
Project Manager for Monitoring Firm				one No.		Telepho	one No.		License	No.		-	
Michael Berta	_			20-906		97393	3-2550		01133				
Start Date (10)	Schedule			n Date (11			of OSHA Monit	77.7					01.0
02/09/2013	02/26/2					J&SE	nvironmen	ital					
Occupancy Status During Abatement (Che	eck Only On	e)			-	Street A							
Facility Closed/Vacated During Entire	Period of A	bater	nent		Ŀ		Rt 22 West						
Abatement Performed Outside of No. Other – Describe: Area non occ	mal Facility Supled, Fa	Hour	s ITV ode	en			ate, Zip Code						
Scope of Work (Check All That Apply)						Union	NJ 07083						12200
	Establ					Part						100	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli					Full Contain Mini-Enclosu Glovebag Pr	ure rocedure					
				T			Non-Exempt	ted (*) an	d Non-Frial	ble Pro	2000		
		Locati								1		emen /pe	t
Location of Asbestos-Containing Material (ACM)	0.003		ly by	Acho		cription o		1 .		-	T-'	he	
TO BE ABATED		ntena	nce/ Staff?	(i.e	thermal s	ystems i	terial (ACM)	1.000	mount Specify	20		g	Г
In Facility (13)	Oust	(12)	Jian r		surfaci other mi	ng, VAT,	or		or LF)	Remova	Repair	cap	l go
,	Yes	No	N/A	1	oniei III	scellane	ous)			ava	확	Encapsulate	Enclosure
Comporting and Disease Decision	165		INA	-						1		0	
arpentry and Pump Room		×	-	surfac	е			1200	SF	X			
	-	-		TSI				400 L	F	×			
												_	
Name of Registered Waste Hauler			JDEP W auler ID		Cubic Ya		Name of	f Registe	red Landfill				
ewark Carting Inc		1000	1509	.10.	TBD	,	G.R.O.	W.S					
City, State Newark, NJ 07105					Disposal	Date	City, Sta	te				_	
Completed by	Title					nature	Tullyto	wn, Pa			2,5		
lvira Mrda	Preside	ent			Sig	011	1/a lu	d'	Dat				
posturio de la companya del companya de la companya del companya de la companya del la companya de la companya		OIIL.				w	179		02/	02/2	J13		

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

Date of Notification (1)		(Fulstiar	it to N.J.A.C. 7:2	6-2.12)		3
	1 - 2012		Name o	f Building Owner/Operator	(2)	5
Agencies Notified	7-2013		1 11	oboken Uni	John Ill 1	8.70
(A EPA	Notification Typ	e .	Street A	ddress	VC15/76/ CC	P)HI
() DEP	(A) Initial Notification	ation.	1: 3,	OS Willow te. Zip Code	11, 5	77
(X) DOL	() Amended Ce	ertification	City Sta	te, Zip Code	Arve Si	70. 1
(x) DOH () DCA	() Cancelled		11	ce. Zip Code	7.00	-
() BOA			Name	Sontact NJ	07030	5;
		·i	-10	caph (himenet	Tel. Number	2:08
Name of Facility Where Abatem	ent is Taking Place (2)	FACILI	THE CHANGE	JIV.	0	****
HOBOKEN A	Lectional Con	100	Type of F	acility (4)		
Street Address	Contact Cen	ter	() School	01 (K-12)		36
308 Willow	1) Also	14	(X) Other	napter 8 (other than K-12) (i.e. private & commercial b	lalan I	-
CH. (5)		-	S	, The Gommercial p	lags., nomes, etc.	
Lobour Coun	ty (6) Cou	inty Code (7)	Sq. Feet_	# of Flo	oors	
Hoboken Hi	10(SOn Ista	te Use Only)	Bldg, Age		A CONTRACTOR OF THE PARTY OF TH	
Name of Monitoring Firm Hired by	Bldg, Owner (8) ASC	M No.	Current U	se (prior if being demolished	d)	
HUO Environ	mental In			Name of C	Contractor (9)	
Stroot / tuul CSS				1 1/10	K Restora	1/100 11-
275 Route 1	O FACE		Street Add	.000		4011 ac
City, State, Zip Code				TA Brooks,	d. D1	
Guecassuna,	11 0000		City State,	ZinCode	UC Rd	
Project Manager for Monitoring Fir	00 01816				0.000	
Michael Grand	- Turinoci		Telephone	andolph, NJ	01869	
Michael Berta	973-920	- acci			License Number	
Scheduled Start Date (10)	Scheduled Complet	tion Date (14)	9159:	33.2550	01133	
02-4-2013	1 (3) - 2/1 - 3	C)(2	Name of OS	SHA Monitor		
Occupancy Status During Abateme	nt (Check only one)	.43	J d	9 Environs	nental	
() Facility Closed/Vacated During () Abatement Performed Outside of	Entire Period of Abatemer	nt		33	10 /ceic	3
- Torried Odiside (of Normal Facility Hours -		2333	Rt 22 W.		20.43240 april 20.000 april 20.
Describe			City, State, 2	in Code		
Other- area non oa	cupied			22 3000		
Other- area non oc Describe Facility	nen		Mair			
Source of Work (Check all that apply		-	JUIII.	m, NJ 0708	3	
() Demolition (X) Renovation						
(X) Large Proj /S160 CC CON	ACM) () SM Proj (525-4	100.05				
(X) Full Containment with Negative F Location of Asbestos-	ressure () Mini-Enclo	OSURE () CL	60 LF ACM)) Minor Proj. (<25 SE or s	1015 4015	
Outland Waterial (ACM) is 1 o .	ocation Normally Used	Description of	ACM (I o			
	ly by Maint./Custodial	Inermal system	ns insulation	Amount (Specify SF or LF	Abatement Typ)A
earpentry and YE		surfacing, VAT	, or other			-
pump voom	1	sur fa	Ce	13	Rem. Rep.	Encap Enclose
1		131		1200 SF 400 CF	X	Eliciose
Name of Reg. Waste Hauler				700 CF	7	
Monte Cir. Co.	NJDEP Waste Hauler	D#	Cubic V			
Newark Carting Inc	04509		Cubic Yards of	Waste	ame of Reg. Landfill	
City, State	01001		_JBD		G. R.O.W.	<
Newark, N.	07/05			Disp. Date	0100	U
Completed by (Print or Type)	Title			TBD	City, State	
			Signature		/lilly	town, PA
Elvira Mrda	President	,		Da Da	te	
	LICOLOCATO		Elvira,	Wide	1-10 -01-	Tarres and a
Mail to: NJDEP-DSHW-BRRTP	Telephone 609-984-6620	2			1-19-2013	
401 E. State St., PO 414 Trenton, NJ 08625-0414				Care	ODDUNG	
110 00025-0474				9/18	VORD\MYDOCS\ASBE	STOS
					100000	

Date of Notification (1) 1/31/2013	Charle	#00C0	П		f Building	Owner/0	Operator	(2) 13/	ER	- 1 · 1	to a				-
	Check			Sandv	Sant surrenter	id.		A .	-0-7	٥.					
Agencies Notified	Type Notification			Street A	ddress Nevins F	Road		(2) 0/3 F		14 3	. Op	Ť.	10		
DEP × DOL	Amended Amendment	#	_ [ate, Zip Co awn, NJ)		CENSY	Min	97				
DOH DCA	Emergency justification) Cancellation	77.			f Contact					Telep	hone Nun	nber			
				FACI	LITY INFO	ORMAT	ION			1					
Name of Facility Where Sandvik Inc	Abatement is Takin	ig Place (3)							ool (K-12	2)					
Street Address 1702 Nevins Road									er (i.e. pri		than K-12 commercia		dings	, hom	es,
City (5) Fair Lawn, NJ 074	10			* 0				Square F 160,000	eet	# of F	loors		Bldg. A	\ge	
County (6) BERGEN COUNTY	1				Code (7) USE ONLY	,		Current U Wareho		r if being	demolish	ed)			
Name of Monitoring Firm EnvironVision Cons		Owner (8)		ASCN	No.			of Abatem Services)				
Street Address 20-21 Wagaraw Ro	ad-Bldg 34-A	***************************************						Address 69th Stre	eet						
City, State, Zip Code Fair Lawn, NJ 074						State, Zip Code ttenberg, NJ 07093									
Project Manager for Mor Fred Larson		Telephone No. 973-636-9145			Telepi	phone No. License No. 1-295-1700 01074									
Start Date (10) Feb-2-2013		Scheduled Feb-5-2		completion Date (11) Name				of OSHA N	Monitor		1				
Occupancy Status Durin	g Abatement (Chec	7	700					Address	-						
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I	Period of Al	oaten	nent				State, Zip C	ode						
Scope of Work (Check A	II That Apply)								-	-					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		- Contraction		vation slition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	THE WALL TO STATE OF THE STATE	ls I	ocati	on				_ NON-EX	xcmptcu i	() and i	VOII-I Habi	T	Abate		t
Location	9.07.02	No	rmal	ly									Ту	ре	
Asbestos-Containing TO BE AB In Facil (13)	ATED ity	Main Custo	tenar dial S (12)	Solely by enance/ ial Staff?				s insulation T, or	CM) 1,	Amo (Spe SF o	ecify	Removal	Repair	Encapsulate	Enclosure
Exterior on th	e roof top	Yes	No	N/A X	Re	moval	of 62	windows	5	x4= 20) sq/eo.	x			
	- 132	1	-				7				- 04,00.	-	-		
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic	Yards	l Na	ame of Re	egistere	d Landfill				
Freehold Carting					Hauler ID No. of Waste tbd Waste Management										
City, State PO Box 5010					Disposal Date City, State Tullytown, PA										
Completed by Gina Salvador	Signature Blueds. — Date 1/31/2013														

CALL STREET, AND DESCRIPTION OF THE PERSON NAMED IN	
Project #	NOT

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

Check # 1844

Date of Notification (1)	***************************************		Name o	of Building	Owner/Op	oerator	PEB - 7 p	A., (1)					
02/03/2012		20.54	Dave	Bensen	1		120-7 p	Ma					
Agencies Notified Type Notificat	ion		Street /	Address	12.	a de la companya de l		1 4: (8				_
E EPA Initial			66 A N	Maple L	.ane	45°	7 1 - W. Burg			ξ			
DEP Amende		Ī	The same of the same of	ate, Zip C			LIGENTIA	(110)	i			588	
DOL Amendm	ent # ncy (including	_	Hardw	ick NJ	07825		1174	6	•				
DOH justificati		' [Name o	of Contact	t			Tele	ephone Nu	mber			
DCA Cancella	tion		Dave I	Bensen	ľ	*							
			FAC	ILITY INF	FORMATIC	N							
Name of Facility Where Abatement is Ta	aking Place (3)					Type of Facility	(4)					
Private House							School (K			••			
Street Address									er than K-1: & commerci		dinas	hom	es.
66 A Maple Ave							etc.)	piirato	2 00111110101				
City (5) Hardwick,NJ 07825							Square Feet	# of	Floors	E	Bldg. /	\ge	
County (6)				Code (7)			Current Use (P	rior if bei	ng demolisi	ned)			
Warren			(STATE	USE ONL	y)	-							
Name of Monitoring Firm Hired by Buildi	ng Owner (8)	ASC	M No.	T	Name	of Abatement C	t Contractor (9)					
AHERA						Nick F	Restoration LLC						
Street Address						Street	reet Address						
				17	72 Bro	Brookside Rd							
City, State, Zip Code						y, State, Zip Code							
			*	F	Rando	andolph NJ 07869							
Project Manager for Monitoring Firm		T	Telepho	one No.			elephone No. License No.						
John Smoyer		1					-933-2550 01133						
Start Date (10)	Schedul	ed Cor	Completion Date (11) Nam				of OSHA Monito	r					
02/19/2013	03/01/2	2013					S Environmental						
Occupancy Status During Abatement (C	heck Only O	ne)	Street				Address					V-1	1570
Facility Closed/Vacated During Ent	re Period of	Abaten	nent		2	RT 22							
Abatement Performed Outside of N	ormal Facility	y Hours	S			City, St	ate, Zip Code						
Other – Describe:	-				<u> </u>	Jnion	nion, NJ 07083						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolil	ovation olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	le le	Loopti	ian	1				T		T		emen	t
Location of	100	Locati Normal			D						Ty	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/		stos Contai . thermal s	ystems ng, VA	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						4	-		i de	(G)
First & second floor		×		Trans	ite Pane	els	/	5000	SF	×			
First Floor		x		TSI				150 L	F	x			
Name of Registered Waste Hauler				Vaste	Cubic Y	100000000000000000000000000000000000000	Name o	f Register	red Landfill	8 -			
Newark Carting Inc		1000	lauler ID 4509	140.	of Waste	8	G.R.O	W.S					
City, State Newark, NJ 07105			1000		Disposa	I Date	City, Sta	ite					
Completed by	Title	-			TBD		Tullyto	wn, PA		-			
Elvira Mrda	dent			Sig	mature	luira l	lodo	Da 0/2	te 2/02/2	2013			

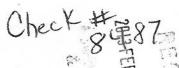
Otgans

Date of Notification (1)	Name of Building Owner/Operator (2) Janusz Macko / Private Home Street Address 19 Barry Lane City, State, Zip Code													
2/4/13									LEB.	. >			1,00	
Agencies Notified Type Notification EPA Initial		- 13	Street Ad 19 Bar	ddress ry Lane				10	J _E	Q., .	P	4 2	200	
DEP Amended Amendment				te, Zip Co awkin N		50	- (LICEN		1100	(.0)	
DOH justification) Cancellation		- 1	Name of Janusz	Contact					Tel	ephone Nu	mbel-	- 6	7	
N			FACIL	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Takir Janusz Macko / Private Home	ig Place (3)						□ s	of Facility (chool (K-1	12)					
Street Address 19 Barry Lane	12 7			v - 1	E1	1 8	X O			er than K-1 & commerc		dings	, hom	es,
City (5) Manahawkin NJ 08050				,			Square 1000-		# o 2	f Floors		lldg. /	Age	
County (6) Ocean			County C	Code (7) USE ONLY)		Curren		or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.		THE THE PARTY OF T	of Abate aco In	ement Cor C	ntractor	(9)				
Street Address							Address Sox 32		1.74					
City, State, Zip Code		w				State, Zip Code st Berlin NJ 08091								
Project Manager for Monitoring Firm	1					one No 753-98			License N	No.				
Start Date (10) 2/18/13	Scheduled 2/22/13	Con					0.70	A Monitor						
Occupancy Status During Abatement (Che	ck Only One)	Street Address						î					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Almal Facility I	datem	ent		_	City, S	tate, Zip	Code						
Scope of Work (Check All That Apply)				******						****				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-		ovation olition				Mini Glov	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
3	le I	ocati	on		in the second second		11011	-LACITIPIC	u () aii	u Non-i na	T	0.00000	emen	t
Location of	l No	ormal	iv l		De	scription	of				-	Т	уре	т—
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	itenar	nce/		thermal surfa	taining M I systems cing, VA miscellan	s insulat T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		L							25	e	L.
Exterior Siding		CHI 1529	х		Exte	rior Sic	ding		12	200 SF	x			
							_			-	+	-		
			T.	a la la				-						
Name of Registered Waste Hauler	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste					11		4	•					
United Containers	22459 3 G.H.O.W.S.					*								
City, State Elm NJ			Disposal Date City, State 2/22/13 Morrisville PA 19067											
Completed by Anthony T Perna	tle Signature Date resident 2/4/13													

1 agul		N		CATION	ite of New OF ASBE to NJAC 8	ESTOS A	BATE				FEB.					
Date of Notification (1) 2/4/13					Building (2013	FER .	-	1	15	<u></u>	
Agencies Notified	Type Notification			Street Ac	ddress Carolina	Ave			की	344	7	P	4	· ^		
EPA DEP DOL	Amended Amendment				te, Zip Co e NJ 080				t	£ Z,	CON S		110	40	97	
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding		Name of Craig	Contact			,	12.0	Tele	ephone N	umbe	er	7		
Name of Facility Where Craig Moffett / Priv		Place (3)	FACIL	LITY INFO	ORMATIO	N		of Facility (
Street Address 14 W Carolina Ave)					-			Subchapter Other (i.e. petc.)	8 (Othe	er than K- k commer	12) cial b	ouild	ings,	home	es,
City (5) Holgate NJ 08008								Squar 1000	e Feet +	# of 2	Floors			dg. A 5+	ge	
County (6) Ocean				County C	Code (7) JSE ONLY)			Curre	nt Use (Pri	or if bei	ng demoli	shed)			
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	l No.			of Abat aco Ir	tement Cor	ntractor	(9)					
Street Address								Addres	177.0			1				
City, State, Zip Code	2.00							p Code n NJ 080	91							
Project Manager for Mo	onitoring Firm			Telephone No.				none No 753-9	- Table 1	- 7	License 00727	No.				
Start Date (10) 2/14/13		Schedule 2/20/13		npletion [Name Sam		A Monitor								
Occupancy Status Duri	ng Abatement (Chec	CONIY Or	ne)	Street				Addres	S			00			-	
	cated During Entire F med Outside of Norm															
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit	olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			е				
			Locat					200						Abate	ement pe	t
Location Asbestos-Containin TO BE Ai In Fact (13	ng Material (ACM) BATED cility	Use Ma	Normal ed Sole aintena todial s (12)	ly by nce/	Asbestos Con (i.e. therma surfa								Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-			(0)	
Exterior	Siding		-	X		Exte	rior Si	aing	-	20	00 SF	- >	c			
						` `	()									
		<u> </u>				1 =										
Name of Registered W United Containers	Hauter ID No. of Waste			Name of Registered Landfill G.R.O.W.S.												
City, State Elm NJ	Disposal Date City, State 2/20/13 Morrisville PA 19067															
Completed by Anthony T Perna	ident			S	Signatur	e l				le Signature Date resident 2/4/1						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		NOTIFICON	CATIO	N OF A	SBESTOS ABA	1:120)	tya -	2013		
Date of Notification (1)				o of Buil	ding Owner/Ope	rstor (2)	10 m = 1	1CFING	1 i	
2	19/13			ol Addre	NENE	= = -	CA	37 11	-(1)	
Agencies Nouned	Type Notification		Sve	: 15	55 RT	, 50	17.0		-irinia (=
☐ BPA	Sintial .		Cirv	State Z	ip C∞te		1,5.0	8230	1 1 1	•
	Amendment #		J.,	a	NEEN 1	1540,1	<u>, , , , , , , , , , , , , , , , , , , </u>	dephone Wumbe	-	
J & C	Emergency (includ	ing	Nam	e of Cox	niaci		16	Sepresa Mares		
□ 00r	Cancellation			Bry	CE BRE	UNIC				=
			=		INFORMATION					
		751				Type	Facility (4)			
Name of Facility Where	Abatement is Taking Pla	ace (3)					nool (K-12)	ther than K-12)	
			===	===		1 200	Ter (I.e., prive	is f commercia	i buidnes	
Stree: Address	E, BROAD	51	-n	73-5		l ho		of Floors	Blog	y de
221	. C , * ,	=			π .	Squar 10		. 2	40)
City (5) 10 -							nilka (Prior	H being demoks	ned)	
0716	LVIELE		TC	unity Co	de (7) (STATE	Curre	MAC	DUT		
County (6)	- 4 4 A		US	SE ONL	7.1	Abatement Co				
(ENLA ND	ner	ASC	N No.	Name of	Abatement Co	INC	. /		
Name of Montonno Fi	m Hired by Building Own	5.5			and the second second second			1	**	
(8)	7/1				Sveet A	69 5.	SPRUC	E AVE.		
Street Aggress					_ = 3	le. Zip C∞e			A 9 5 5	٧
		===			CAY. 50	4 APLZ	SHOD	E, NJ	0000	
City State Zp Code		·				an No		Ucense No	44	
	Jasutonno Firm	[, 9	elebyo	ne No.	85	6-779-	0472	_001		
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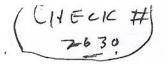
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□ EPA 5	M Initial ☐ Amended			City, Stat	te, Zip Code	Sout	h o	LKES 1-		v.	1 10	4
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	<u> </u>				ITY INFORMATION	ON .	· · · ·					
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Street Address-3		C:		7				8 (Other than K-12 rivate & commerci		.		
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Street Address	Ray 23	13		l	17/15	Street Addre	Box	232	16,	9 ,	211	
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Project Manager for Mo	eit ri g Firm	MO	100	relephor		Telephone N	10.	License N	2 5	20	U U	2
Start Date (10)	chenken	Scheduled			758-3365 Date (11)	609 7.58 Name of OS	3 - 336 HA Monitor	S O	2	75	工	
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Occupancy Status Durin		1			14	Street Addre	Box	337				
Facility Closed/Val Abatement Perforr Other – Describe:	med Outside of Norma			ent		City, State, 2	Zip Code	1 l-	00	25:	22	A second
Scope of Work (Check						New	ESY	11 110	U	<u>U.</u>	<u>ر ر</u>	
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2160 sf or ≥260 lf		□ De	moliti	on		>I⊄ GI	ni-Enclosure ovebag Pro	cedure		9 CACO X 7 CACO		
		T				, D No	on-Exempte	d (*) and Non-Friat	le Pro	73.000 80.00	e ement	
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Steve Scho	en Keir	HRES	sid	ent	,	Deece	DOCK	ch	<u>_</u>	2_	13	193

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:429)

Ck# 2/392

						uilding	Owner / Operat	or (2)		PM 2:08					
	of Fie	eldsboro		4.6	17 2:00	,									
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<u> </u>	Caricella	1011		Patri	ce H	ansel		98.0		,	-				
					CILIT	TY IN	FORMATION		- 2						
Name of Facility When		is Taking P	lace ((3)			Type of Faci			*	2		- 39/0		
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Name of Monitoring Fir	m Hired by B	uilding Owr	ner (8	1	IAS	CM No									
Traine or mornioring ()	r iii ca by b	unung Own	ici (0	,	I AO	OW INC	ALPHA ENVIRONMENTAL								
Street Address							Street Address								
							2129 Rt 33								
City, State & Zip Code							City, State & Hamilton, I								
Project Manager for Mo	onitoring Firm		Tele	phone	Num	ber		Telephone Number License Number 215-295-1004 01091							
Scheduled Start Date (eduled Cor	npleti	on Da	te (11)	Name of OS	HA Monitor					z-tille til-e		
2/8/2013		2013		i			EMSL Analytical								
Occupancy Status Dur	ing Abatemer	t (Check or	nly on	e)	240.000		Street Addre				20010 W V 224	III.			
Facility Closed							107 Haddon Avenue City, State & Zip Code								
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Name of Registered Waste Hauler NJDEP Waste						: [[전화가기(전화품상 다) (전화품상품) (프로	Name of	Regis	stered Landfill						
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Completed By (Print or	Type)			Title			Signature Date								
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	J. Y.	lephone No.	Telephone No	79-0472	0044	9		
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00H	justification) Cancellation	21.5	Nai		= BREUR	10				7
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			F	VCITAL IS	FORMATION .	Type of Facility (4	1		8	
ame of Facility Where	Abatement is Taking	Place (3)				School (K-12)	60.0	e de	•	
PES	IDENCE					8 intraction of	(Other than K-12)	~		
		- 1v3	_			Doner (I.e., pri	rate & commercial bu	1		
241	E-SPILE	2000	_			Square Feel	of Floors	हाउउ A 40		
N 151					* * * * * * * * * * * * * * * * * * *	1000	<u> </u>		<u>-</u>	=
W/	CDWOOR		TC	ounty Code	(7) (STATE	Current Use (Price	or I being demokshed	1)		
C ARE	22 14		U	SE ONLY)			ANT		_	=
Capie	1921		ASC	SU No.	Name of Abate	meni Convector (9)	· .			
one of Marylanna Fil	m Hired by Building C	AMITO!	1			100 IN				=
) <u> </u>	7/1		_=		Sveet Address	S. SPRUC	= Ave.			
reel Agoress				4.6	369	5. Jrico (-	
					Ciry. State. Zip	COO. PLO SHOT	6 NJ.08	05	-	_
n State Zp Code							License No			
	Firm	1.16	lepho	one No.	Telephone No.	79-0472	- 111/	1_		_
geci Manager for M		<u> </u>			- 10011	A Manda				
	T Sche	duled Comy	diek	Dale (11)	Name of USA	PKALEM	M			_
ian Daie 1101		127	113	3	000	1011			2/	293
12/20/	non Anaiement (Che	ck only one)		Sueel Addres	3, SPILUC	E105.		<u>. </u>	_
	A DUMAN FROIT	C1100 01		ກເ	204	Cada				8
Facily Closed va	med Outside of Norma	al Facility H	ours		City. State, X	i = SHAD	E, N.J.O	805	2	_
Other - Describe										
Scape of Work (Che	cy all that apoly)	The state of the s	-		Full	Containment with N	gative Pressure			
Scope of More (Cite	CX 0.1 V =	□ Reno	valion	١	P Mra-	Enclosure	Droceduil			
33 51 or 23 II		₩ Dema	nooile		Non	Exempled (') and h	ion-Friable Procedure	A	a.em	
1 2 1 60 st or 2 260 H		Is Loc	ation	$\neg \neg$					1100	
		Nor	nally		Description	on of	Amount			2
2012101000	ion of	Used S Mainte	pley	by A	Containing	Malena (ACM)	Specify	F.	£ !	
	m Malenal (ACM)	Cus	iodial		(i.e. wormal syste	W? IU20mina.	SF OF LF1	Removal	Rapu	П
Aspesios Contain			an?		other myscol	aneous)		È	7	
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Aspesios Contain TO BE / IN F	3)	S13	2)	NIA	TRANS	ITE	35004	X		+
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Aspesios Coniain TO BE / IN F	3)	51	2)	NIA	TRANS			X		-
Aspesios Coniain TO BE / IN F	3)	51	NO							+
Aspesios Coniain TO BE IN F	3)	51	NO	UDEP Was	te Cubic Yavo					
SIP/R	d Waste Hauler	51	NO	UDED Was	ce Cubic Yav	S Name of F	Registered Landfill	1. 1		+
SIP/R	SOLITY 3)	Yes	NO	UDEP Was Valuer D No. 790	ce Cubic Yave	S Name of F	Registered Landfill	1. 1		+ + - = =
SIP/R	d Wasie Hauler	Yes	NO	UDEP Was Valuer D No. 790	Cubic Yave	Name of A C, A City, State Wood	legistered Landfill M, C, M., U DB/NE, 1	1. 1		++
SIDIR	d Waste Hauler	Yes Tree	No	UDEP Was Isolater D No.	ce Cubic Yav	Name of A C, A ale City, State Wood	Registered Landfill	1. 1	//	+ + - - -
SIP/R	d Wasie Hauler	Yes Tree	No	UDEP Was Valuer D No. 790	Cubic Yave	Name of A C, A City, State Wood	legistered Landfill M, C, M., U DB/NE, 1	1. 1	//	

State of New Jersey

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

Date of Notification (1) February 4, 20		-	Name of Buildin	g Owner/Op Disco	erator (2) very Marine Servi	Ses /	lo .	21	30	 7		
Agencies Notified [x] EPA	ation al Notificended Notended Notended Wordender # rgency (infication)	tification		Street Address City, State, Zip C	154 L Code Farmi	emon Road	Pla 2: 6	`o	J 10	1		
[] Cano	cellation		-	Rand	ly Trinka							
			FAC	ILITY INFORI	MATION	W =						
Name of Facility Where Abatement is Takin Residence	ig Place (.	3)		2		Type of Facility (4)	School (k-12) Subchapter 8 (o	ther tha	ın k12)			
Street Address 77 Channel Drive						[x]	Other (i.e., priva homes, etc.)			ial bui	ldings,	
City	County	y (6)		County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors		g. Age	60		
Point Pleasant Beach	Ocea	n				Current Use (Prior in Resider		i)				
Name of Monitoring Firm Hired by Building Guardian Contrac				ASCM No.	Name of	Abatement Contractor		Inc.				
Street Address					Street A	ddress	2202	7.4702				
1889 Rte. 9, Unit City, State, Zip Code	61				City, Sta	Route 9, Unit 61						
Toms River, NJ 0		F	-	-			ns River, New Jersey 08755-1271					
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone 732-349-			License Number 00624							
Scheduled Start Date (10) 2/5/13		Scheduled	Completi	ion Date (11)	0							
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	ed During	Entire Peri	iod of Ab		Street A	ddress 1056 St Ite, Zip Code	L. Analytical telton Road	000	1			
							way, New Jerse		534			
Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf		[x]	Renova Demoli		[] [x]	Mini-Enclosure Glovebag Proced	with Negative Proure or or or or or or or or or		ure			
1 5								Aba	tement	Туре		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	n sed astodial	(i.c	Description Descri	ntaining ACM) systems rfacing, 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			
Crawlspace	er - Te	X		Asbestos pipe	insulatio	n	120 lf	X				
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler I 20223				2	ards of Was	T.R.R.F.	red Landfill					
City, State Toms River, New Jersey			Dispos 2/8/13	al Date	City, St.	^{ate} own, Pennsylvania						
Toms River, New Jersey 2/8/13 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	cho	(Feel	1	Date 2/4/	2013	ς		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 31, 2013				Name of Building Owner/Operator (2) Robert Lee							
Agencies Notified [X] EPA	Type of Notifica	cation ial Notification		Street Address		0 Clear Water La	Ch 5		<u> </u>	042	
[x] DOL				City, State, Zip Code Fort Myers, FL 33907-8098						કે	
justification) [] Cancellation			Name of Contact Robert Lee			Telephone Number					
			FAC	CILITY INFO	RMATION						
Name of Facility Where Ab Resi	Type of Facilit			y (4)] School (k-12)] Subchapter 8 (otherthan k-12)							
ACCUS OF THE PROPERTY OF THE P	Coolidge Aver	nue				[x]	Other (i.e., priv				iildings
City		County (6)		County Code (7) (STATE USE ONLY)		Square feet 2500 sf	# of Floors	Bld	g. Age	50	
Ortley		Ocean		2		Resid	ior if being demolished) idence				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.	Name of	me of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address				4	Street A						
City, State, Zip Code					City, State, Zip Code						
Project Manager for Monito	Telephone	Number		**	ne Number 9-9932		Ver, New Jersey 08755-1271 License Number				
Scheduled Start Date (10) Scheduled Completi 2/01/13 2/05/13				ion Date (11)	Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abate [] Abatement Performed Outside of Normal Facility Hour [] Other – Describe					Street Address 1056 Stelton Road City, State, Zip Code						
Scope of Work (Check all th							away, New Jers		54		11
[] >3 sf	or ≥3 lf sf or ≥260 lf	[] [x]	Renova Demolit		[] [x]	Mini-Enclosure Glovebag Proce			ıre		
								Abat	ement '	Гуре	S. Indiana
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A		Description Asbestos-Cont Material (At (i.e., thermal s insulation, sur VAT, or other miscellar		taining CM) systems facing, r	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 N C L O S U R E
Exterior		X		Asbestos sic	ling		2000 sf	Х			-
8											
Name of Registered Waste Hauler Guardian Contracting, Inc. Output Disposal			3	3 T.R.R.F.							
Toms River, N			2/6/13		City, Sta Tullyto	te wp, Pennsylvani	a				
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature	hol	tert		Date 1/31.	/2013		
**************************************		*Do not use th	his form	for asbestos lic	ensure exemp	oted activities.					