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

2013-29 B & G proj. #:

Check # 5763

Date of Notification					r/Operator (2)		20	13 FEL	3-8 n	M 2: 2:				
0 12 1/10 15			bbie Alb	recht					U P	7 2: re				
Agencies Notified EPA	Type Notification  Initial		t Address Johnso		ı		A 3	250	ENOT					
☐ DEP	initiai		State, Zip						CHO!	4 G				
X DOL	Amendme		est Ora		07052		7 (A							
<b>⋈</b> DOH		1	of Conta	ct					Telepho	ne Number				
☐ DCA	Cancellati	on   <u>D</u>	ebbie A	lbrecht							_	_	-	==
				FACI	LITY INFORMA	ATION							_	
Name of facility wh	nere abatement is	taking place	(3)	*****				Тур	e of Facility	(4) ool (K - 12)				
Debbie Albred	cht					Wasanian and American				hapter 8 (C			12)	
Street Address									X Othe	r (Private/C s./Homes, e	omme tc.	rcial		
49 Johnson F	Road							Sq	uare Feet	# of Floor		Blo	lg. A	ge
City (5)		County (	6)				nty Code (7)	_				مطمئله	-1/	
West Orange	e	Essex	(	9		(Sta	te use only)	re	sidential	Prior if bein	g aem	olisne	u)	
Name of Monitorin		dg. Owner (8	3)		ASCM No.		Name of Abatemer							
was in the same and the	Ņ/A						B & G Restor	ation, I	nc.				_	
Street Address							Street Address 105 Ryerson	Road	10					
City, State, Zip Cod	le e						City, State, Zip Cod Lincoln Park		7035					
			Dhor	ne Numb	or i	_	Telephone Number			License	Numb	er	-	
Project Manager fo	r Monitoring Pirm		Filo	ie ivanio	51		(973)696-68	369		00	378			
Scheduled Start Da	ate (10)	Sched. C	ompletion	Date (11	)	$\dashv$	Name of OSHA Mo B & G Restor		Inc					
02/15/2013		02/15/	2013				Street Address	ation,						
Occupancy Status							105 Ryerson							
Facility close Abatement p Describe:	d/vacated during e erformed outside o	ntire period of normal fac	of abatem ility hours-	ent.			City, State, Zip Coo LincolnPark,		25					
Other-Descri	ibe:					- ]	LincolnPark,	NJ 070	035					<del></del>
	heck all that apply)					П.	ull Containment w/r	negative	nressure		hag nr	ocedi	ıre	
Demolition		Renovation	20.16			-	fini-enclosure	legative	pressure	☐ Non-f				84
> <u>3</u> sf or > <u>3</u> lf		160 sf or ≥26 Is location no		ed solely	1	<u> </u>					R	R	E	T_
Location of asbestos-co	ntaining	by maintena	nce/custo	dial	t	on of a	sbestos-containing		Amount		e m	e p	n	n E
material to b	e	staff(12)	No. I	N/A	material (				(Specify LF)	SF OF	o v	a	a	L
abated in law	omity (10)	Yes	No		-11	-4:		-	6 If		e	r	П	<del> </del>  -
basement boile	r room			X	pipe insul	ation	-10°1		4 lf		情		X	古
boiler room		==			pipe									
_		= = +												10
Registered Waste	Hauler ation, Inc.		Hauler ID		ubic Yards of V 1/2	Vaste		ed Land n Res	ifill ource & I	Recovery	Cen	ter	1	
City, State Lincoln Park,	NJ		D	isposal D 02	ate /18/2013		City, State Tullytown	n, PA			2) 2)(1), 3			
Completed by (Prin	nt or Type)	Title Secretary/	Treasur	er	Signature	34.	Gordana Lund	z	*	Date 02	/05/2	013	or contain	**

2013-23 8 & G proj. #:

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) EMERGENCY Check # 5754

			LIVILITY				
Date of Notification (1)	Name	of Building Ov	meriOperator (2)	2013 FEB -8 PM	APP	HOYED	
0 1 / 3 1 / 1 3	Fai	Lawn Board	d of Education	1 -0 PM	THE PER OF HEAT	th & Section Ser	vices /
Agencies Notified   Type Notifica	ion Stree	Address	Tues			noatestal to	
EPA Initial		01 Fair Law	n Avenue	& 1105 1014G	713	buspanes), 10: 17	LAM .
DEP CONTRACTOR		State, Zip Code		- SHOTHIS	Detail of the last	- Anna Paris	
DOL Amend		ir Lawn, NJ (				·	····
HOD N	Name	of Contact	***************************************		Telephone	Number	
☐ DCA ☐ Cancell	ation To	m Senko	15.5	,			
	300000	FA	CILITY INFORM	AYION	**	0.4	
Name of facility where shatement	is taking place	(3)	<del></del>		Type of Facility (4 School	) (K - (2)	
Henry B. Milnes School (	Non-Sub 8)				Subcha	pter 8 (Other th	*
Street Address					Other (F	rivate/Commer	cial
5-01 Bergen Avenue		*		• [	Square Feet	tomes, etc.	Bidg, Age
O'O'I Belgen Media					Square rest 1 %	POI MODIS	
City (5)	County (	6)		County Code (7)			- A - A
Fair Lawn, NJ	1	Berger	1	(State use only)	Current Use (Pri	non sub cha	pisned)
				Name of Abatement		MOLI SUD CITA	·
Name of Monitoring Firm Hired by	Bidg. Owner (8	)	ASCM No.			W 102	
n/a		necessors and a second	J	B&G.Restoratio	n, Inc.		<del></del>
Street Address				Street Address			
			1	103 Ryerson Ros			
City. State, Zip Code	**************************************			City, State, Zip Code		:	*
•				Lincoln Park, N.	07035	·	
roject Manager for Monitoring Fin	T)	Phone Nu	nber	Telephone Number .	A:	License Numb	er
tologramma.	***			973-696-6869		0378	
		ompletion Date	744)	Name of OSFIA Moni			TO 0 - 200 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Scheduled Start Date (10)	Scheo. C	**		B&O Restoration			
02/01/2013		02/01/2	013	Street Address	7 7 7 7 7	•	
Occupancy Status During Abateme	nt (Check only	оле)		105 Ryerson Ro	ad ·		
Facility closed/vacated during	entire period	of abatement	•	City, State, Zip Code			
Abstement performed outsid	e of normal faci	lity hours-					
Describe:	Occupie	סטפ-אכארם	6	Lincoln Park, N.	07035		
K Other-Describe;					. ,		
Scope of Work (check all that app				Fuli Containment wines	native pressure. I	Glaveped bu	ocadure
☐ Demolition 区	Renovation			and the second s	gatire pressure	Non-friable	•
<b>⊠</b> >3 ≈t ot >3 lt	≥160 sf of ≥21	so if		Mini-endosure		7 Mori-mapie)	-
Location of		omally used so	lely			. le·	R E
asbeslos-containing	by maintena staff(12)	nce/custodial		ion of asbestos-containing	(Specify S	For m	PC
material to be			- material	(ACM)	(Spear)	, a.	"   a   t
abated in facility (13)	Yes	No NA			: .	е.	rp
basement		K	pipe ir	sulation (Wrap & Cut)	· 11 lf		
- 20001112134							
			=		1		
	-						
				<del></del>			
1 Disas Paulas	1211050	Hauler ID#	Cubic Yerds of	Waste Name of Registered	Landfill	·	<u></u>
Registered Waste Hauler  B & G Restoration, Inc.	19563		1 yard	Tullytown Resor	irce & Recovery	Center .	
City, State	1 - 7 - 7 - 7	Dispos	al Date	City, State		-	
Lincoln Park, NJ 07035			02/01/2013				
	Title		Signature	Gordone Lunn		Date	
Completed by (Print of Type) Gordana Luna	Treasurer	,		Goodona Luna		01/3	1/2013
Cot nutity in the	T COMMINTON						

REMEMBER - N B & G proj #. 201	IAIL IN H 3-23	ARD CO	Pulsua	cation of Ast nt to NJAC 8	estos Abatement 60-7 and 12 170	2 - 10 DAY	Q# 575
Date of Notification (1)		70	REFR.	perater (2)		16 1	
0 1 / 3 1 / 1 3				of Education		1600	
Agencies Notified Type Noti		Street Add	-		Net 1	1000000	
☐ EPA ☑ Inc		37-01 1	air Lawn	Avenue IIG	WALL	FR APPRO	VED
	endment	City State	, Zip Code wn, NJ 0	7410			- SHA AND
EZ DOH		Name of C			Property and when	Tolepho	ne Number
	cellation	Tom S			a	<u> </u>	
	The state of		FAC	ILITY INFORM	NOITA		
Name of facility where abutem	ont is taking	place (3)				Type of Facility School	(4) al (K · 12)
Henry B. Milnes School	(Non-Su	(8 d		o the test			hapter 8 (Other than K-12)
Street Address	- Area						(Private/Commercial
5-01 Bergen Avenue					25 (9	Square Feet	/Homes, etc.
City (5)	Co	ounty (6)			County Code (7)		<u>l</u>
Fair Lawn, NJ			Bergen		(Stote use only)	Current Use (F	Prior if boing demolphed) N-non sub chapter 8
Name of Monitoring Firm Hires	by First Ow	mer (8)		ASCM No.	Name of Abatem	ent Contractor (9)	Priori sub owijina o
n/s	<b>47</b> (July . – .	,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	B & G Restor		
Street Aridinan					Street Address		
					105 Ryerson		
City. State. Zip Code					City, State Zip Co		
					Lincoln Park		Licenco Number
Project Manager for Monitoring I	Firm	P	hone Numb	ter	973-596-686		0378
Schooluled Stan Date (10)	124	ed. Complet	ion Drda (1	1)	Name of OSHA I	Aprillar :	
02/01/2013	30.	GAME AND STREET	02/01/201	353	B & G Restor	ation, Inc	
Occupancy Status During Abata	mant /Chack				Street Address	Bood	
Facility disad/vacated dur			amant		105 Ryerson City, State, Zio Co		
Abatement performed outs					City, State, 219 C.	7	
E Other-Describe:	OCC	ביו משוקם	ס שטב-א		Lincoln Park	NJ 07035	
Scope of Work (check all that a	pply)						:
☐ Damolition [	Ranoval	llon			Full Containment W	Inegative pressure	Glovebag precedure
<b>1</b> >3 sfor>3 ll	≥160 sf c				Mini-enclosure		Non-triable procedure
Location of	le locati	on normally tenance/cu	usad soleh soleh	1		Amount	# # E E
asbestos-containing material to be	staff(12			Description material (A	n of asbestos-containing CMI	(Specify 8	SFOT O a a c
abated in facility (13)	Yes	No	NIA	11.000.00		LF)	V I P L
pasement	-	-	1 ×	pipe ins	llation (Wrap & Cu	t) 11 H	
110.		<b>i</b>					
72						- Dir	
logistered Waste Hauler	IN 17	DEP Houler		ubis Yards of W	Se [Name of Registe	red Landfill	
B & G Restoration, inc.		363 363		1 yard		source & Recovery	Center
ity, State		3	Disposed D		City. State	4	)
Lincoln Park, NJ 07035	- Inter		0,	2/01/2013   Şignalure	Tullytown P		Date
completed by (Print or Type) Gordana Luna	Treasur	er		7.4 (FIF)	Gordana Sum	3	01/31/2013
**** · · · · · · · · · · · · · · · · ·	_					59.	

2013-23 B & G proj. #:

Transcount Cooding Collect					A			CY***	Chec	k # 575	4			
Cancellation	0 1 / 3 1 /			Name o	of Building Ow Lawn Board	ner oberatoEt	8) 8 on	PM 2:08						
Social Content   Soci	EPA X		tion	Street A	Address 1 Fair Lawi	n Avende L	EEA.	TROL						
DCA	▼ DOL	Amend	ment											
Name of facility where abatement is taking place (3) Henry B. Milnes School (Non-Sub 8)  Street Address 5-01 Bergen Avenue  City (5) Fair Lawn, NJ  Sizeet Address  Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Accordance  No. Na  Sizeet Address  10 Sizeet A		Cancella							Telepho	ne Numb	er			
School (K-12)   Subchaper 8 (Other than K-12)   Other (Private/Commercial Bidgs. Homes, etc.)   Other (Private/Commercial Bidgs. Homes, etc.)   Sides. Homes, etc.   Square Feet   Sof Floors   Bidg. Age					FAC	CILITY INFORM	MATIO	N		770				
Street Address  5-01 Bergen Avenue  City (5)  County (6)  County (6)  County (6)  Fair Lawn, NJ  Bergen  ASCM No.  Name of Monitoring Firm Hired by Biog. Owner (8)  n/a  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  Phone Number	Name of facility where	abatement i	s taking p	place (3)					Type of Facility	(4)				
Solution of abstement (Check only one)  Facility Closed Variable During Abstement (Check only one)  Facility Closed Start Date (10)  Oz/01/2013  Coupage Registred during entire period of abstement.  Abstement Describe.  Facility Closed/vacated during entire period of abstement.  Abstement Describe.  County Code (7) (State use only)  Current Use (Prior if being demoltshed) school-non sub chapter 8  Name of Monitoring Firm Hired by Bidg. Owner (8)  B & G Restoration, Inc.  Street Address  In S Ryerson Road  City. State, Zip Code  Lincoln Park, NJ 07035  Telephone Number  973-696-6869  Oz/01/2013  City State During Abstement (Check only one)  Facility Closed/vacated during entire period of abstement.  Abstement performed outside of normal facility nours- Describe.  Occupancy State During Abstement (Check only one)  Facility Closed/vacated during entire period of abstement.  Abstement performed outside of normal facility nours- Describe.  Occupancy State During Abstement (Check only one)  Facility Closed/vacated during entire period of abstement.  Abstement performed outside of normal facility nours- Describe.  Occupancy State During Abstement (Check only one)  Facility Closed/vacated during entire period of abstement.  Abstement performed outside of normal facility nours- Describe.  Occupancy State During Abstement (Check only one)  Facility Closed/vacated during entire period of abstement.  Abstement performed outside of normal facility nours- Describe of Work (beke all that apply)  Demolition  Renovation  Full Containment w/negative pressure Glovebag procedure  Non-friable procedure  In Secritary State Care  Street Address  In Secritary State Care  In Containment w/negative pressure Glovebag procedure  In Secritary State Care  In Containment w/negative pressure Glovebag procedure  In Containment		school (N	lon-Sul	8)						-00 64 70 X	este.	than	K-12)	
County (5)  Fair Lawn, NJ  Bergen  County Code (7) (State use only)  Current Use (Prior if being demolished) school-non sub chapter 8  Name of Monitoring Firm Hired by Bidg. Owner (8)  ASCM No.  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Coupancy Status During Abatement (Check only one)  Facility closed/wacated during entire period of abatement.  Abatement performed outside of normal facility nours- Describe:  Cother-Describe:  Cot		nue							Bldgs	./Homes,	etc.			<u> </u>
State use only   Current Use (Prior if being demolished) school-non sub chapter 8	City (5)		Co	unty (6)			Co	unty Code (7)	Square Feet	# 01 10	ors	-	Hag. A	age
Name of Monitoring Firm Hired by Bidg. Owner (8)    Name of Monitoring Firm Hired by Bidg. Owner (8)   Name of Abatement Contractor (9)   B. & G. Restoration, Inc.	Fair Lawn, NJ				Bergen		1		1					
Size Address    B & G Restoration, Inc.		m Hired by 8	Bldg. Owi	ner (8)		ASCM No.	-	Name of Abatemen	t Contractor (9)	7 11011 3	ub or	apte	. 0	
105 Ryerson Road   City, State, Zip Code   City State, Zip Code   Lincoln Park, NJ 07035   Telephone Number   973-696-6869   0378   Name of OSHA Monitor   B & G Restoration, Inc.   Street Address   105 Ryerson Road   City, State, Zip Code   Lincoln Park, NJ 07035   Telephone Number   973-696-6869   0378   Name of OSHA Monitor   B & G Restoration, Inc.   Street Address   105 Ryerson Road   City, State, Zip Code   Lincoln Park, NJ 07035   City City City City									ion, Inc.					
City, State, Zip Code Lincoln Park, NJ 07035  Telephone Number    City State, Zip Code   Lincoln Park, NJ 07035   Coupled Manager for Monitoring Firm	Street Address													
Lincoln Park, NJ 07035   License Number   973-696-6869   0378	City. State. Zin Code						_	The state of the s	The state of the s					
Telephone Number 973-696-6869 0378  Telephone Number 973-696-6869 0378  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Lincoln Park, NJ 07035  Description of asbestos-containing material to be abstement to be absted in facility (13)  Dassement NDP Hauler ID# 19563  Phone Number 973-696-6869 0378  Telephone Number 973-696-6869 0378  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Description of asbestos-containing material to be absted in facility (13)  Dassement No. N/A  Disposal Date 199503  Date  OZO1/2013  Telephone Number 973-696-6869 0378  Name of OSHA Monitor  B & G Restoration, Inc.  Street Address  105 Ryerson Road  City, State, Zip Code  Lincoln Park, NJ 07035  Description of asbestos-containing material (ACM)  Description of asbestos-containin	on, otato, zip oodo				1					1				
973-696-6869   0378	Project Manager for Mon	itoring Firm			Phone Numi	per	-		NJ 07033	Licens	e Num	ber		
B & G Restoration, Inc.	***							973-696-6869	- UCAMATANONOM ON DE CAMININA	1				
Steed Address   105 Ryerson Road   City. State, Zip Code	Scheduled Start Date (10	))	Sche	d. Comp	letion Date (1	1)	-							
Company Status During Abatement (Check only one)   105 Ryerson Road   City, State, Zip Code	02/01/201	3			02/01/20									
Abatement performed outside of normal facility hours— Describe:  Cother-Describe:  Lincoln Park, NJ 07035  Full Containment w/negative pressure  Cother-Describe:  City. State, Zip Code  Lincoln Park, NJ 07035  City. State, Zip Code  Lincoln Park, NJ 07035  City. State, Zip Code  Lincoln Park, NJ 07035  Full Containment w/negative pressure  City. State, Zip Code  Lincoln Park, NJ 07035  City. State  City. Sta	Occupancy Status During	Abatement	(Check	only one	)		-		and					
Cotter-Describe:   Cocupied NON-Sub 8   Lincoln Park, NJ 07035	Abatement perform	ated during of ed outside of	entire per of normal	iod of at facility i	patement.									
Scope of Work (check all that apply)  ☐ Demolition			Occi	piea i	O QUE-PIO		-	Lincoln Park, N	IJ 07035					
Social containing material to be abated in facility (13)   Description of asbestos-containing material to be abated waste Hauler   Social containing material to be abated in facility (13)   Description of asbestos-containing material (ACM)   Description of asbestos-containing	Scope of Work (check al	I that apply)	,											
Location of asbestos-containing material to be abated in facility (13)  Description of asbestos-containing material to be abated in facility (13)  Description of asbestos-containing material (ACM)  The property of	☐ Demolition	X	Renovatio	on				ull Containment w/ne	gative pressure	Glove	ebag pi	roced	ure	
asbestos-containing material to be abated in facility (13)  basement    Description of asbestos-containing material (ACM)   Description of asbestos-containing material (ACM)   Amount (Specify SF or LF)   Employed material (ACM)   Employed material (ACM	× >3 sf or >3 lf	□ ≥	160 sf or	≥260 If			X	Mini-enclosure		☐ Non-	friable	proce	dure	
material (a De abated in facility (13)  Yes No N/A material (a CM)  Dasement  Pipe insulation (Wrap & Cut)  In If	asbestos-containing	.	by mainte			1	on of a	sbestos-containing				R	n	
basement		material to be staff(12)				material (	ACM)			SF or	o v	a	а	C
A G Restoration, Inc. 19563 1 yard Tullytown Resource & Recovery Center Sty, State Cincoln Park, NJ 07035 02/01/2013 Tullytown, PA  Disposal Date City, State Tullytown, PA  Disposal Date Signature Co. Co. Date	basement	basement				pipe ins	sulation	on (Wrap & Cut)	111	F	_	Ù		口
A G Restoration, Inc. 19563 1 yard Tullytown Resource & Recovery Center Sty, State Cincoln Park, NJ 07035 02/01/2013 Tullytown, PA  Disposal Date City, State Tullytown, PA  Disposal Date Signature Co. Co. Date														
A G Restoration, Inc. 19563 1 yard Tullytown Resource & Recovery Center Sty, State Cincoln Park, NJ 07035 02/01/2013 Tullytown, PA  Disposal Date City, State Tullytown, PA  Disposal Date Signature Co. Co. Date											10			
A G Restoration, Inc. 19563 1 yard Tullytown Resource & Recovery Center Sty, State Cincoln Park, NJ 07035 02/01/2013 Tullytown, PA  Disposal Date City, State Tullytown, PA  Disposal Date Signature Co. Co. Date				<u> </u>	= -			<del></del>			11			4
A G Restoration, Inc. 19563 1 yard Tullytown Resource & Recovery Center Sty, State Cincoln Park, NJ 07035 02/01/2013 Tullytown, PA  Disposal Date City, State Tullytown, PA  Disposal Date Signature Co. Co. Date	egistered Waste Hauler		uhic Yarris of W	Vaste	IName of Penistered	L andfill		_	Ш	Ш				
ry, State Lincoln Park, NJ 07035  Disposal Date 02/01/2013  City, State Tullytown, PA  Signature  Date	3 & G Restoration, Inc. 19563					1 yard	- 6000			Center				
ompleted by (Print or Type) Title Signature CO , CO Date	ity, State Lincoln Park, NJ 0703	35			1			City, State						
	mpleted by (Print or Type) Title				Signature CO CO Date						**************************************			

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) 2013-22 B & G proj. #: 2013 FEB -8 PM 2: 68 Name of Building Owner/Operator (2) Date of Notification (1) David deBang 10 12 1/10 15 1/11 13 Type Notification Agencies Notified Street Address ☐ EPA 144 Delacy Avenue Initial X DEP City, State, Zip Code North Plainfield, New Jersey 07060 Amendment X DOL Telephone Number Name of Contact X DOH Cancellation David deBang ☐ 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) David deBang Other (Private/Commercial Street Address Bidgs./Homes, etc. Bldg. Age Square Feet # of Floors 144 Delacy Avenue County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Hospital (non sub 8) North Plainfield, NJ 07060 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 02/19/2013 02/18/2013 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) nt w/negative pressure Glovebag procedure

Demolition	Renovat			Mini-enclosure		1000 000 <del>0</del> 00 000			
>3 sf or >3 lf  Location of asbestos-containing	☐ ≥160 sf o	on normally tenance/cus	used solely todial		Amount (Specify SF or	R e m o	R e p a	E n c	E n c
material to be abated in facility (13)	Yes	No	N/A	material ( 1944)	LF)	v e	i	р	L
	_	<del></del>	TX	pipe insulation	65 lf	X		<u> </u>	
main room	_	#==	Y	pipe insulation	37 lf	X			
laundry room				pipe insulation	24 lf	X			
bathroom			-		21 lf	X	$\Box$	П	
boiler room		-	X	pipe insulation	Amount (Specify SF or LF) R e m o v e e 65 lf X	靣			
	И	111	110						

					1
Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1 1/2 yds	Name of Registered Landfill Tullytown Resource & Reco	overy Center	
City, State Lincoln Park, NJ	Dispo	sal Date 02/19/2013	City, State Tullytown, PA		
Linoonii ana i				Date -	

Completed by (Print or Type) Gordana Luna

Secretary/Treasurer

Signature Gordana Luna

02/05/2013

2013-30 B & G proj. #:

### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* EMERGENCY \*\*\* Check # 5765

Date of Notification	>/1)				10 1 (0)	20	13 500	Exp.					
		11			er/Operator (2)		13FEB -8 PM	2	28				
0   2   /   0   5 Agencies Notified	Type Notification			Health S	ystem			2:08				_	
EPA	(STail	110	et Addre		onuo		& LIGHT	" D eye			í		
☐ DEP	✗ Initial			dison Av	enue		- 416/1/2	1091				-	
X DOL	☐ Amendn		50% 500	Zip Code own, NJ (	07960		+9	<b>5</b> .					
M DOH	_	Nar	ne of Cor	ntact		, the same and	***************************************	Telephone	Number				
☐ DCA	Cancella Cancella	tion	Peter P	almer									
	L			FAC	ILITY INFORM	ATION				•	AM - JOSEP		
Name of facility w	here abatement is	s taking plac	e (3)					Type of Facility (4	(K - 12)				
Morristown M	ledical Center	, Franklin	B (non	sub 8)				<u>-</u>	pter 8 (Ot	her th	an K-	12)	
Street Address							·	Other (F	Private/Co	mme			
100 Madison	Avenue								Homes, et # of Floors		Blo	lg. Ag	ge
City (5)		County	y (6)				nty Code (7)						
Morristown		Morr	is			(Stat	te use only)	Current Use (Pri Hospital (non		dem	olishe	a)	
Name of Monitorin	ng Firm Hired by I	3ldg. Owner	(8)		ASCM No.	-11	Name of Abatement	Contractor (9)					
Birdsall Serv					0017		B & G Restora	tion, Inc.					
Street Address							Street Address	Danel			2220		
65 Jackson	65 Jackson Drive						105 Ryerson I						
City, State, Zip Coo Cranford, N.							City, State, Zip Code Lincoln Park,						
Project Manager fo	or Monitoring Firm		PI	none Numb	per	-	Telephone Number	20	License		er		
Kevin Burns	3		90	08-497-8	900 x 6228		(973)696-686		00	378			
Scheduled Start Da	ate (10)	Sched.	Completi	on Date (1	1)		Name of OSHA Mor B & G Restora						xx a
02/07/2013		02/08	3/2013				Street Address						
Occupancy Status							105 Ryerson F						
Facility close	ed/vacated during performed outside	entire period	d of abate	ement.			City, State, Zip Code	•					
Describe:				13-		-	LincolnPark, N	J 07035					
	ibe: Start job (												_
Scope of Work (c	neck all that apply	() Renovation				ПЕ	ull Containment w/ne	egative pressure	Gloveb	ag pr	ocedi	ıre	
>3 sf or >3 l		≥160 sf or ≥					/lini-enclosure		Non-fr	iable	oroce	dure	
	· LJ			used solel	vl					R	R	E	E
Location of asbestos-co	ntaining	by mainter				on of a	sbestos-containing	Amount		e m	e p	n c	n.
material to b	e	staff(12)	•••	N/A	material	(ACM)		(Specify S LF)	r or	O V	a i	a	L
abated iii ia	abated in facility (13) Yes No									e	-	P	1-
Room F-B16	Room F-B16				pipe insu	lation		10 lf		X	片	片	ዙ
				4	<del> </del>					H	H	H	情
				#						H	Ħ	H	旨
					1								
Registered Waste	Hauler	NJDE	P Hauler	ID# C	Cubic Yards of	Waste	Name of Registere	d Landfill		-			
B & G Restora	ation, Inc.		9563		1/2			Resource & Re	covery	Cen	er		-
City, State Lincoln Park,	NJ			Disposal I	Date 2/11/2013		City, State Tullytown	, PA					
Completed by (Print or Type) Title				Signature	grature Gordana Luna Date 02/05/2013								
Gordana Luna	a .	ulei	900mm 200mm 0210312013										

B & G proj. & 2013-30

# State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8;80-7 and 12:120-7) EMERGENCY

Check # 5765

				·		** 1 mm 2 mm					
Date of Notification (1)		Name of	Building Own	er/Operator (2	FR Ω	DV a	APPROV	ED			
0 12 1/10 15 1/	11131			ystern	-5 0	PH 2: COND	of Beating ;	semor Servi	ces		
Agencies Notified T	ype Natification	Street At		6040		-	(Signature		_	•	i
= 12	Initia!		Aadison Av		12 10 6	L. Date:	1 6 H	250		4	
EN DOL [	] Amendmen	City, Stat	e, Zip Code stown, NJ		-1041	COING Date:		me;		7	
DOH DOH	565).	Name of	Contact				Telephone t	Munnber			
- 11	Cencellation	. 11	r Palmer	10			-				
☐ DCA		Pete						- Control of			
			FAC	LITY INFOR	MATION	1 170	pe of Facility (4)				
Name of facility where	ebetement is ta	ring place (3)			1		School (	(K - 12)			
Morristown Med	cal Center, F	ranklin B (n	(8 due no					iter 8 (Other			
Street Address				****		·	Other (Pi	rivate/Comm omes, etc.	ercia		
100 Madison Av	/enue				1		Square Feet #		П	idg. A	Age .
City (5)		County (6)				ty Code (7)	current Use (Prio	- if balan de	-	hed)	2000
		Morris			(State		Hospital (non		I NAME		
Monistown				ASCM No.	-	Name of Abatement Cor					
Mame of Monkoring F		j. Owner (5)		0017	- []	B & G Restoration					
Birdsall Service	es etonb		· ·	10017		Street Address	, 1710		_		
Street Address		*				105 Ryerson Roa	d				
65 Jackson Dri	IVE					City, State, Zip Code	-				× =
City, State, Zip Code Cranford, NJ 0	7016					Lincoln Park, NJ					
Project Manager for M	lonkoring From		Phone Num		1 1	Telephone Number (973)696-6869		Ucansa Nun 0037			
Kevin Bums				8900 x 622	8	Name of OSHA Monitor			_		
Scheduled Start Date	(10)	Sched. Com	pletton Date (	11)		B & G Restoration					.54
02/07/2013		02/08/20	13			Street Address					
Occupancy Status Du	ring Abatement (	Check only on	6)			105 Ryerson Roa	d				<u> </u>
Facility closed/vi	actued during en	the period of a	batement.			City, State, Zip Code  LincolnPark, NJ 0	17035	:a			
Describe:	Start job @	5:00pm				Lincoln-aix, No C	27 000		-		
Scope of Work (chec					_		. 75	Fl av		di con	
☐ Demoition	文 元	enovation				uli Containment winegat	we pressure in	Glovebeg Non-triable			_
23 et or >3 ft	□ ≥1	80 sf or <u>≥</u> 260 !	f		E V	fini-enclosure		] Non-main	7 6		
Location of	ls	location nom	ally used sol				Amount	e	e		P 2
asbestos-conta material to be	ining s	y maintenance tati(12)	CUSUMA		ption of a al (ACM)	shestos-containing	(Specify Sf	or o	P		
Spared in tectify	y (13)	Yes N	a N/A	The state of the s	<b>₽</b> , <b>V −</b> 3		LF)	V	1	P	1 1
			-11-2	ning in	sulation		10 lf	_ X	IC	JIC	
Room F-B16				- hihe at	OC DO					IIC	1,,  🖸
				1						] [	
		_	-	1	-						
		-							IL		717
Registered Waste Hea	uler	NJDEP Ha		Cubic Yards	of Waste	Name of Registered La	esource & Re	COVERY CA	nter		
B & G Restoration	on, Inc.	1956	3 Disposa	1/2		City, State	esource a rie	COVERY OF	, 1000		
City, State Lincoln Park, NJ	2 40 1			2/11/2013	121 (21	Tültytown, P.	A		-		<u>.</u>
Completed by (Print o		itle		Signature	•	Gordone Line		Date	n/4	2	
Cordana Luna	10	ecretary/Tr	regulare			Goodense Zama	7. 12. 14.	02/05	201	J	

0 D&S Proj. #: MS 13-43

U								20	CO.	1,			
Date of Notification (1)		me of Buildi		ner/Operator (2	)			2013 FEB	78 5	12	V		
Agencies Notified Type Notified   Type Notified   Initial   Amended	cation Str	eet Address CHESTN	UT S'			ŧ		2013 FEB	P) William	× 2: (	ોં ક		
DOL Amendmen  ☐ Emergen  ☐ including	cy	y, State, Zip ELMWOO	D PA	RK, NJ					ING	110/	77		
DCA Cancella	on)	ne of Contac PAMELA		S				Telepho	ne Numbe	er			
			FAC	CILITY INFORM	IATIO	N			- 4				
Name of facility where abatement	nt is taking place	e (3)					Ty	pe of Facility	(4)				
PAMELA HANS								Scho	ol (K - 12	53			
Street Address			-				11		napter 8 (				
COMPAGNITIE CONTROL									(Private/0./Homes,		ercia		
6 CHESTNUT STREET	70	701					S	quare Feet	# of Floo	ors	E	Bldg. A	lge
City (5)	County	(6)				unty Code (7) ate use only)	_				_		
ELMWOOD PARK	BERG	GEN			(SI	ate use only)		Current Use (F	rior if bei	ng den	nolisł	ned)	
Name of Monitoring Firm Hired b				ASCM No.	-	Name of Abatemer	nt Conf	ractor (9)					
						D & S RESTOR							
Street Address				-		Street Address							
						20 California A	Ave.						
City, State, Zip Code						City, State, Zip Code	e .						
Project Manager for Manifesia - Ei		15			_	Paterson, NJ (							1
Project Manager for Monitoring Fi	rm	Phone	Numb	per		Telephone Number 973-345-802			License	Numl			
CI- 4 D - 4 (40)	10					Name of OSHA Mo				1109	-		
Start Date (10)	Sched. C	completion D	ate (1	1)		D & S Restora		nc.					
02/14/13	02/22/1					Street Address					****		
Occupancy Status During Abatem						20 California A		e					
Facility closed/vacated during Abatement performed outside Describe:	de of normal fac		it.	148	_	City, State, Zip Code	4		9				
Other-Describe: NORMAL					-	Paterson, NJ 0	07503						
Scope of Work (check all that ap    >3 sf or >3 lf     >160 sf or ≥260 lf							Milni-	Containment venclosure  Ebag procedu  Exempted (*)	re			edure	
Location of	Is location no by maintena									R	R	E	E
asbestos-containing material (acm) to be	staff(12)					sbestos-containing	16	Amount (Specify S	F or	m	e p	n	n
abated in facility (13)	Yes	No	N/A	material (A	ACIVI)			LF)	. 01	o v e	a i	a p	L
BASEMENT		X		PIPE INSUI	LATI	ON	(	0 L FT		×			
						New York							
2					,								
Registered Waste Hauler D & S RESTORATION, INC		Hauler ID#	1000	ubic Yards of W YD	aste	Name of Registered TULLYTOWN,			COVER	Y			
City, State			osal D			City, State							
PATERSON, NJ 07503	Т		/15/13		_	TULLYTOWN	, PA		T2				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	Т	7	Signature					Date 02/04/	13			
ASB-41		The second second	sbesto	s licensure exer	mpted	activities.	_						

CX 00414

ΔSR-41

#### D&S Proj. #: MS 13-42

						U THE OF	•			35				
Date of Notification	n (1)	Name	e of Build											
$ 0 ^2  / 0 ^4$		M.A	ARK RC	DRIGG	er/Operator (2 IEZB8	PM Z								
Agencies Notified	Type Notification	on Stree	t Address	S 7.01.					ε					
☐ EPA	Amended	68	0 GROV	E STR	BET LO	Winds	G							
DEP	Amendment #:	City,	State, Zip	Code	& Live									
□ DOL		200 TO THE R. P. LEWIS CO., LANSING, MICH. 400 P. LEWIS CO., LANSING, MICH. 400 P. LEWIS CO., LANSING, MICH.	LIZABE											
□ DOH	(including justification)	Name	e of Conta	act			*		2,000 A 200 A	e Number				
☐ DCA	Cancellation	<u>M</u>	IARK R	ODRIG	UEZ				ه.					
				FACI	LITY INFOR	MATION								
Name of facility w	here abatement is	taking place	(3)		-			Туре	of Facility (	4) I (K - 12)				
MARK RODR	IGUEZ									apter 8 (O	ther th	nan K	-12)	
Street Address	41212								Other (	Private/Co	mme		,	
680 GROVE S	TDEET							Caus		Homes, e		RI	dg. Ag	70
City (5)	SIREEI	County (	6)			T Cou	nty Code (7)	Squa	re Feet	# 01 F1001	8	ы	ug. Aţ	je
City (5)		, 000, (	-,			4000000	te use only)	Curr	ent Use (P	rior if being	dem	olishe	ed)	
ELIZABETH		UNIO	V				90.4.					-7.(0.7.4.5)		
Name of Monitorin	ng Firm Hired by B	Bldg. Owner (8	)		ASCM No.		Name of Abatemer	nt Contrac	tor (9)					
		- Assess					D & S RESTO	RATION	I, INC.	=				
Street Address							Street Address	3						
							20 California		-		-			
City, State, Zip Coo	de			.v			City, State, Zip Cod							
			· Tai				Paterson, NJ (		<u>.</u>	TLicense	Mumah			
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er		Telephone Number 973-345-802				1169	е		
		10110		D 1 /4			Name of OSHA Mo			1		-		
Start Date (10)		Sched. Co	ompletion	Date (1	1)		D & S Restora	ition, Inc						
02/05/13		02/15/13					Street Address	15		90.				
Occupancy Status							20 California A							
	ed/vacated during performed outside						City, State, Zip Cod	le						
Describe			my nouro				Paterson, NJ (	07503						
	ribe: NORMAL H		20			_	Faterson, NJ							
Scope of Work (c	900 000 000 000 000 000 000 000 000 000						L N	Mini-en	itainment v	wnegative	press	ure		
. <u></u>		Renovation						=	ig procedu	re				
≥160 sf or ≥	260 lf	Demolition	65 T 1 T					Non-Ex	empted (*)	and Non-	riable	_		
Location of		Is location no by maintenar			5-5-				Amount		e	R	E n	E
asbestos-co material (ac		staff(12)				ition of a I (ACM)	sbestos-containing		(Specify S	SF or	m o	p a	c	n c
abated in fa	cility (13)	Yes	No	N/A				4.	LF)		v e	i	p	L
BASEMENT B	OILER		V -		Boiler Ins	ulation	2 × 1 × 1 × 1	30	SQ FT		×		П	
DASEMENT B	OILLK													
100														
Registered Waste		NJDEP 13506	Hauler ID	200	ubic Yards of YD	Waste	Name of Registere TULLYTOWN	ed Landfill	IRCERE	COVER	Y			
D & S RESTOR	VATION, INC.			isposal D			City, State	,, 1000	- TOD ICI	COTEN			-	
City, State PATERSON, N	NJ 07503	<u> </u>	1000	02/06/1			TULLYTOWN	N, PA						-
Completed by (Prin	nt or Type)	Title	1		Signature					Date	1.2		081	
BOGDAN JOI		PRESIDEN			a liacas	wants	1 activities			02/04/	13		_	
ΔSR-41	*	Do not use th	is form fo	or aspesto	os licensure e	xempte	activities.							

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

D&& Proj. #: MS 13-42

			100		- Missi	(Same)	IA.	101	m
Date of Notification (1)	Name of Buildin		penator (2)	13FEB-8 PM	Date-C	13 Time	ID A	-	
Agencies Notified Type Notification	MARK ROL	PIGUEZ		9 74	2				
Agencies Notified Type Notification	Street Address				68	•			, A.
☐ DEP ☐ Amended	680 GROV			Lichton	1. J. Ch. 1				. 7
Amendment #	City, State, Zip			LICENGING'	.ot	.,			
☑ DOL ☑ Emergency	ELIZABET		1205	The second second	Telephone	Number			
DOH (including justification)	Name of Contac	3			10.00	·			
DCA Cancellation	MARKRO	DRIGUE	7.				- PHT		77.6
	<del>,,.1,1 </del>	FACILIT	Y INFORMATION					<del></del>	
Name of facility where abatement is tal	(ing place (3)				Type of Facility (	4) 1 (K - 12)		#S	7
						apter 8 (Othe	r than i	K-12)	f
MARK RODRIGUEZ					☑ Other	Private/Com	mercial	l .	
Street Address					Square Feet	Homes, etc.		Bldg. A	Age
680 GROVE STREET					Square Feet	# CA FIGURE	1.	: 1.	
City (5)	County (6)		27800 COSSISSO	nty Code (7)	Current Liste (F	mor if being s	emolis	hed)	
			(94	מב משפי לוו (א)	J Carrent, Carry	M	u.		10.1
ELIZABETH	UNION		SCM No.	Name of Abotemen	Centractor (9)	Y 18	751	1	7.1
Name of Morntoning Firm Hired by Blo	g. CWMer (8)	A	SCINI NO.	D&S RESTOR		- 176 B		1	الأران
				Street Address	U111011, 1-1		0		yes.
Street Address				20 California	Lve.	74	*	12.15	н
ing of the first that is a first time of the same	فكينان جي			City, State, Zip Code	The second of th	The State of		1.	
City, State, Zip Code				Paterson, NJ 0					
They was proposed a h	- 1	- 1		Telephone Number		License N		A	
Project Manager for Monitoring Firm	Pno	ne Number		9/3-345-802		011	69	-	1
d	12.1	***		Name of OSHA Mo	mitor	7 7 7 7 1	7		
Stert Date (40)	Sched, Completion	n Date (11)		D & S Restora				-	
02/05/13	02/15/13	1.1		Street Address	1.				13
Occupancy Status During Abatement	1.1	1	1000	20 California A	venue				H
Facility closed vacated during er	ntire period of abaton	nent.		City, State, Zip Cod	la .				
Abatement performed outside of	I normal facility hours	3-			.,				12.
Describe: NORMAL HO	URS	10.		Paterson, NJ	07503	i di	- 4		
Scape of Work (check all that opply)	100				Full Containment	whegative f	irossur	0	25.00
	* novation			2	Mini-enclosure Glovebag proces	iura			
	Demolition				Non-Exempted	) and Non-fr	lable p	rocodi	uro
Andread Control of the Control of th	is location normally i	used solely	-				R		E
FOCSTON OF	by maintenance/cue	lodal	Description of	asbestos-containing	Anioun	SF of	m	p.	c în
meterial (acm) in he	saff(12)		material (ACA	A)	LF)	mas una	0		a L
abated in tacility (13)	Yes No	N/A				~ <u>}</u> .	0		The state of
BASEMENT BOILER	X		Boller Insulation	ш.,,	30 SQ F.T.	V.	X	<u> </u>	
BASEMENT BYLLEA					- H - 7 M W		山		11
				- 15.1.3	A	5.5		=	41-
					4 4	1 1 1 1	H		
					* * * * * * * * * * * * * * * * * * * *				
Registered Waste Hauler	, NUDEP Hauler		bic Yerds of Was	Name of Registe	red Landfill N, RESOURCE	RECOVER	Y		) (
D&S RESTORATION, INC.	13506	AND THE RESERVE	YD	City, State	14, KENOUNCE	THE PERSON NAMED IN	17 - 2 - 2n 2 - 2		1 1
City, State		Disposal Da 02/06/13		TULLYTOW	/N. PA			1 = 1.	. <u> </u>
PATERSON, NJ 07503	1	02/00/13	Signature			Date	77		17.0
Completed by (Print or Type)	TITE		alanara.			02/04/	13	A	
ROGDAN JOLDZIC	PRESIDENT	for ochisch	s licensure exemp	oted activities.		1 jk .			

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

B & G proj. #: 2013-24

Check # 5756

Date of Notification	1 (1)	lin	ame of Build	dina Own	er/Operator (2)	2	712	` <i>`</i>			-				
10 12 1/10 11	1/11 13	11	Katharine		all	21	INFEB								
Agencies Notified	Type Notification		reet Addres			A	0 111 7:	24							
EPA		'   -	50 Sylva			ų.		C.P.			i				
☐ DEP	inida:	l c	ity, State, Zi	ALL UNDERSTONE TO THE			E LIGHT THE	,				-			
X DOL	Amendm		Morris P		J 07950		E LIGENSING TO	₹ <b>!.</b>							
X DOH			me of Cont	act			F	Telephor	ne Numbe	er	13				
☐ DCA	Cancellat	ion	Katharin	e Gutsh	nall										
	— was in the second of the sec			FAC	ILITY INFORM	ATION					-				
Name of facility wh	nere abatement is	taking pla	ce (3)				I IT	ype of Facility		`					
Katharine Gut	tshall								ol (K - 12 apter 8 (	8	han k	(-12)			
Street Address						-			(Private/0			-12)			
50 Sylvan Dri	ive							Bldgs.	/Homes, # of Floo		В	dg. A	oe		
City (5)		Coun	ty (6)			Cou	nty Code (7)	oquare r cct	# 011100	,,,,	_	-g. r	.90		
Morris Plains		Mor	rrie			(Sta		Current Use (P	rior if bei	ng den	nolish	ed)			
Service of the servic						L.,	Name of Abatement Cor	residential							
Name of Monitorin	ig Firm Hirea by B N/A	lag. Owne	r (8)		ASCM No.										
Street Address		<del></del>		است		-	B & G Restoration Street Address	, Inc.							
Street Address							105 Ryerson Roa	d							
City, State, Zip Cod	e					-	City, State, Zip Code								
							Lincoln Park, NJ	07035			*****				
Project Manager for	r Monitoring Firm		Pho	one Numb	er		Telephone Number (973)696-6869		License 0	9 Numb 0378	oer				
Scheduled Start Da	ite (10)	Sched.	Completion	n Date (1	1)		Name of OSHA Monitor	Inn							
02/12/2013		02/1	3/2013				B & G Restoration Street Address	, ITIC.							
Occupancy Status I	During Abatement	(Check or	nly one)				105 Ryerson Road	d							
	d/vacated during e						City, State, Zip Code					-	-		
Abatement pe Describe:	erformed outside of	of normal f	acility hours	;- -		_	LincolnPark, NJ 0	7025							
Other-Descri						- 1	LINCOMPAIK, NJ U	7035							
Scope of Work (ch															
☐ Demolition		Renovation					ull Containment w/negativ	0.57		bag pr					
>3 sf or >3 lf	≥	160 sf or ≥				X V	lini-enclosure		₩ Non-i	riable		dure			
Location of	Acialas		normally us nance/custo					Amount		e R	R	E n	E		
asbestos-con material to be	itaining	staff(12)			Description material (		sbestos-containing	(Specify S	F or	m	p a	С	n		
abated in fac	ility (13)	Yes	No	N/A				LF)		v e	ĭ	a p	L		
boiler room/laur	oiler room/laundry room					ation		4 If		X					
basement .	X			berglass insulation	12 lf		X								
basement/main	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			Х	pipe/pipe	fitting	S	15 lf / 7 lf				X			
washer/dryer ar				Х	VAT			44 sf		X			旦		
water shut off ro				X	pipe insul		1	15 lf		X	Ш				
Registered Waste H B & G Restorati			P Hauler ID 9563	# C	ubic Yards of V	vaste	Name of Registered Lan Tullytown Reso		over (	ente	-				
City, State				Disposal D			City, State Tullytown, PA	A STATE OF THE STA	OVELV	SCHIE.			-		
Lincoln Park, N Completed by (Print		Title		02/1	Signature				Date			,			
Gordana Luna		y/Treasur	er		(	Gordana Luna	Ed San	The second second	01/20	13					

#### State of NJ Notification of Asbestos Abatement

2013-25 (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: ELICEN SE Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 11 1/11 13 1 George & Terri Schneider Agencies Notified Type Notification Street Address EPA 1 Barberry Road Initial ☐ DEP City, State, Zip Code Amendment X DOL Convent Station, NJ 07961 X DOH Name of Contact Telephone Number Cancellation ☐ DCA Liz Harper **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) George & Terri Schneider Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 1 Barberry Road # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Morris Convent Station residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm License Number Phone Number (973)696-6869 00378 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 02/13/2013 02/14/2013 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition Renovation Full Containment w/negative pressure Mini-enclosure Non-friable procedure >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely Location of Ε by maintenance/custodial е е n Amount asbestos-containing Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) 0 C a abated in facility (13) Yes N/A No V p e pipe insulation 31 If X Garage Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center Disposal Date City, State City, State Tullytown, PA Lincoln Park, NJ 02/13/2013 Signature Completed by (Print or Type) Gordana Luni Gordana Luna 02/01/2013 Secretary/Treasurer

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City, State, Zip C	qdo						Lincoln Par	k, NJ 0	7035		Character of the Control			-
A.V			Phone Nu	mhar		-	Talenhoria Numbo	er	2.	Lioundo	378	ı		
Project Manager	for Monitoring Firm		Fuore Mr.	Tilbus			(973)696-6							
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City, State Lincoln Pa	ark. NJ	300		02/04	1/2013					Date		040		-
	(Print or Typo)	Title		1/1/2	Signatur	4	Guden Si	40140		02	/01/2	013	-	
Gordana	Luna	Scoretar	y/Treasurer	1000		City								

2013-26 B&G proj. #:

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

Check # 5758

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late of Notification (1)	Nar	ne of Build	ng Owner	Operator (2)	13FF	8 PH 2: E	P		PROVED .				
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gancies Notified Type Notific	ation Stre	at Address			8.00	17 2.	The	W C	ignature) 3	inlat	剑		
EPA IK Initial	1	79 Eagle	Rock A	venue C	4	<u> </u>	Date	7	Time:	-		-	,
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Name of facility where abatemen	u is taking plac	zė (3)		-			Type	Scho	ol (K~12)				
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St. Cloud Elementary So	11001		<u> </u>					Other	(Private/Ci : Momes, et	ommerc ho.	isl	40.0	
Street Address:							Sau	ere Fest	# of Floor	_	Bldg	Age	
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Clty (5)	Coun	<b>p</b> (8)			(Stat	e use only)	·Cui	rent Use (	Prior if bein	g demo	lished	)	
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Name of Monthoring Firm Hired	by Bidg. Owne	r (0)		ASCM No.		Name of Abatemen				*			
N/A	A		· .			B & G Restor	ation, I	nc.		<del></del>			_
Street Address					.	Street Address 105 Ryerson	Road		19		*		٠
	<u> </u>					City, State, Zip Coo							
City, State, Zip Code						Lincoln Parl	k, NJ 0	7035		٠.			
	7	Iph	one Numb	er	-	Talephone Numbe	<b>4</b>	·	Licenso	Number 0378	M		
Project Manager for Monitoring	ram	1	1			(973)696-6		-		03/0		_	
	School	. Completio	on Date (1	1)		Name of OSHA M B & G Resto		nc.					
Scheduled Start Date (10)	1	2/2013		*		Street Address	A CHOTA	100			-		
02/2/2013	1				-	105 Ryerson	Road						-74
Occupancy Status During Abate Facility closed/vacated du	ming emina deli	od of abate	ment.			City. State, Zip Co	ode		,	31			
Abatement performed ou	bide of normal	facility hou	rs-			LincolnPark,	NIAT	135					
Describe:					=1	UncomPark,	, 193 07					- n	
Scope of Work (check all that	apply)		7.7.						Glov	ahan BE	ncedi	re	
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material to be abated in facility (12)	Yes	No	N/A							e	1	P	1
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BOILER ROOM	-			7	-					ᆛᆜ	片	片	E
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City, State Lincoln Park, NJ		W Bas	02/	04/2013					Date		-		
Completed by (Print or Type)	Title			Signature	•	Genderic La				2/01/29	013		
Gordana Luna	Secre	ary/Trea	surer						1				-

2013-26

B & G proj. #:	2013-26	-	***EMER	RGE	NCY***		19		Check	<sup>‡</sup> 5758				
ate of Notification	(1)	Name of	Building Own	1/9	perator (2)	PM 2	2: 68							
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- 0 2			FAC	ILIT	Y INFORMA	TION		Type	of Facility	(4)				
Name of facility W	here abatement is to	aking place (3)						1.7	★ Scho	ol (K - 12)	39			
		10.57							Subc	napter 8 (Oti	ner that	n K-12	2)	
St. Cloud Ele	mentary School			_					Other	(Private/Co	mmerc	ial		
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71 Sheridan	Ave.							Squ	uare Feet	# 01 1 10013				
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Street Address						11	105 Ryerson	Road						
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City, State, Zip Co	ode						Lincoln Par	k, NJ C	7035	10 St   jg	50			
			Phone Nur	nhar			elephone Numbe	er		License		er		
Project Manager	for Monitoring Firm		Phone Nur	libei			(973)696-6	869	We would be the second	00	378			_
				(4.4)			Name of OSHA M	lonitor						
Scheduled Start	Date (10)	Sched. Con	pletion Date	(11)			B & G Resto	ration,	Inc.					<u>-</u>
02/2/2013		02/2/201	13				Street Address	Dd						
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1271 - mi -t-	demonstrat during (	entire period of	abatement.			16	City, State, Zip Co	ode						
Abatement	t performed outside	of normal facilit	y hours-			_	LincolnPark	NJ 07	7035					
Describe:	scribe:						Elitooiti dik						- 1	-
	(check all that apply	)				_		./monatin	e pressure	<b>★</b> Glove	bag pr	ocedu	re	
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B & G Resto	oration, Inc.		Dispos	sal D			City State	100						
City, State	ele NII		Dispos	2/0	4/2013		Tullyto	wn, PA	4	Tour	-			Št.
Lincoln Par		Title			Signature		Gordana Lu	7	11 11 11	Date	/01/2	013		
Completed by Gordana L	(Print or Type) .una	Secretary/	Treasurer				Gordana Du	740						- 1000

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

Date of Notification (1)	-	T	Name of	f Building O	wner/Opera	ator (2	ONAL CHU	20/3	Er.	7		7 m		
02/05/2013 Agencies Notified Type Notification			Street A		JONGKE	GAI	IONAL CHU	HUH/	CB.	9	-	0		
				IDGEWO	OD AVE			0	<i>.</i>	PM	٥.			
EPA Initial Amended Amendment:		_		ite, Zip Cod RIDGE N	e NJ 07028	3		6/	OEN.		• (	िंठ		
DOH Emergency (injustification)  DCA Cancellation	ncluding			Contact	MS		-	Tel	enhone	Milmhe	<i>9</i> ;			
			FACI	LITY INFO	RMATION						_			
Name of Facility Where Abatement is Taking GLEN RIDGE CONGREGATIONAL							Type of Facility  School (K-							
Street Address 195 RIDGEWOOD AVE					20-21410		Subchapte Other (i.e.	r 8 (Oth	er than I & comm	<-12) ercial b	ıildir	ngs,	home	es,
City (5) GLEN RIDGE			7)			5	etc.) Square Feet	# of	f Floors		Bld	g. A	ge	
County (6) ESSEX			County (	Code (7) USE ONLY)		.	Current Use (Pri	or if bei	ng demo	olished)	Cass			
Name of Monitoring Firm Hired by Building C ENVIROVISION	Owner (8)		ASCN	1 No.	0.000		Abatement Co			N				-
Street Address 20-21 WAGARAW RD							ddress ATCHUNG	AVEN	UE				12	
City, State, Zip Code FAIRLAWN NJ 07410				<del></del>			te, Zip Code ORANGE N	IJ 070	52			330000		
Project Manager for Monitoring Firm FREDERICK LARSON		Telephor 973-63	ne No. 36-9145	201	(T)	ne No. 13-9872		Licens 0117				-		
Start Date (10) 02/18/2013	ed Cor	mpletion (	Date (11)	Na	ame of	OSHA Monitor								
Occupancy Status During Abatement (Check	c Only On	ie)			Str	reet A	ddress							2
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abaten	ment s		Cit	ty, Sta	te, Zip Code						WIL - W	
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
	Is	Locat	ion		-		Non-Exemple	u ( ) and	u NOII-I	Table F		bate	ment	
Location of	N	Norma d Sole	lly		Descrip					-	_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai Cust	intena odial ( (12)	nce/ Staff?	(i.e. th	s Containin nermal syst surfacing, other misce	tems i	or	(8	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
kitchen	Yes	No X	N/A		pipe ins	ulatio	n .		5LF	x	-	-		
boiler room		x .			pipe insi				0LF	X	+	-		
				P-P						+	1			
											1		-	
Name of Registered Waste Hauler	1	2775	JDEP W		Cubic Yard	ds	Name of	Registe	red Lan	dfill				
KIELCZEWSKI CORPORATION			fauler ID	No.	of Waste		CONES	STOG	A LAN	DFILL				
City, State WEST ORANGE NJ	ST ORANGE NJ						City, Stat		WN PA	4				
Completed by Slawomir Kielczewski	Title Presi	dent			Signa	iture	reusla			Date 02/05	/20	13		

No dock

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

Date of Notification (1) 12/13/2012	-	A.E					Operator (2 JC, LLC	)	.2	7/20	١.	٧.	1,	
Agencies Notified	Type Notification			Street A 1410 (		N O	AKS DRIV	E	¢ (/	Ž.	0	0/	W. 4	0
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co GH, NC		14	(		W.			P	
DOH DCA	Emergency justification) Cancellation				Contact	renne	r	× 1	Telephone	e Numb	íeŕ	3/		
				FACI	LITY INFO	ORMA	TION							
Name of Facility Where HYATT BUILDING Street Address		ig Place (3							2232		build	dinge	hom	00
1 EXCHANGE PLA	ACE						1	etc.)	private & corri	Hercial	Dulle	ıllıyə	HOH	es,
City (5) JERSEY CITY								quare Feet	# of Floors			ldg. /	Age	
County (6) HUDSON				County (	Code (7) USE ONLY,			COMMERCI		nolishe	d)			
Name of Monitoring Firm ENVIROVISION	n Hired by Building	Owner (8)		ASCM	l No.			Abatement Co ZEWSKI CO	ontractor (9) ORPORATIO	ON		a 187		
Street Address 20-21 WAGARAW	RD						Street Ad 235 W	dress ATCHUNG	AVE					
City, State, Zip Code FAIRLAWN NJ 074	110							e, Zip Code ORANGE N	NJ 07052					
Project Manager for Mon			Telephor 973-63	ne No. 86-9145		Telephor 973-24	ne No. 3-9872	Licer 0117	ise No. 71			1 12		
Start Date (10) 12/17/2012		Schedule 02/15/2		npletion I	Date (11)			OSHA Monitor	ORATORIE	S GLO	)B/	AL.	-	
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ie)				Street Ac					10		
Facility Closed/Vac	ated During Entire	Period of A	Abaten	nent				V. CARY ST	REET					
Abatement Perform Other – Describe:	ned Outside of Norm	nai Facility	Hours					e, Zip Code IOND VA 2	3220		110000000000000000000000000000000000000			
Scope of Work (Check A	II That Apply)								110					20
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					Mini-Enclosur Glovebag Pro					<b>A</b>	# -
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Location	o of		lormal			ח	escription of	137				Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Ma	d Sole intenar odial S (12)	nce/		tos Co therma	ntaining Mat al systems in acing, VAT, miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF	2.7	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
Main Building-	Ban Vault			X	FI		iles and N	fastic	240sf	)	ζ :			
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Basement acros	Basement across bank vault						e Insulatio		45lf	>				
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Name of Registered Was	ste Hauler			JDEP W auler ID		of W	c Yards aste	and the second second	Registered La		0-		· · ·	.
CIRCLE RUBBISH				3816					TOWN RES	OUR	CE	FAC	ILLI	Υ
City, State LINDEN NJ	NDEN NJ						osal Date		SVILLE PA	\$.(*******	2 4			
Completed by SLAWOMIR KIELCZ	ZEWSKI	Title PRES	SIDE	ΝT	7	· 14	Signature,	lnershi	•	Date 02/0		013		44

<sup>1</sup> EXCHANGE PLACE, JERSEY CITY, NJ

REMEMBER - MAIL IN H	ÄRĎ C	NOTIF Py(F	CATIO	tato of Now Jo N OF ASEEST 1 16 NJAC 8:60	DS ABATE	MENTOOL.	- 1 22	,* \ <sub>d</sub>	60	1	1
Date of Notification (1) 12/13/2012		.14	Name o	of Building Own EXCHANGE	er/Operator	(2)	1.4/200/	2		2	
Agenoico Notified Type Notification			Street A	COMMON C	AKS DR	IVE 1	pu VM/	J.		8	
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Emergency  DOH  Justification  Cancellation	)	-		d Contact opher Brenn	ier -		] leisphone N	יוויסניי.	- P		
			FAC	ILITY INFORM	ATION						
Name of Facility Where Absternent is Takin HYATT BUILDING	ng Place (	3)				Typo of Facility					
Stroot Address 1 EXCHANGE PLACE						School (K. Subchapte Other (I b etc.)	-12) at 8 (Other than K- privete & common	12) clol bull	dinge	, hom	00.
City (6) JERSEY CITY						Square Foot	# of Places 10	E	ldg /	(ge	
County (6)		П		Code (7)		COMMERC	rior if heing demol	shed)			
HUDSON  Name of Monttaring Firm Mired by Building ENVIROVISION	Owner (8	)	ASCN	/ No.		of Abatament Co			- 7		
Street Address	-		<u> </u>		Street	Address				100	** **
20-21 WAGARAW RD City, Stato, Zip Codo					City, S	NATCHUNG			* 14 1000		
FAIRLAWN NJ 07410		22.752.00				T ORANGE			٠		
Project Manager for Monitoring Plim WILLIAM MORALES				36-9145	973-2	ono No. 243-9872	O1171	No			
Start Date (10) 12/17/2012	Schedul 02/08/		npletion	Date (11)	SCH		ORATORIES	3LOB/	٩L		
Occupancy Status During Abatement (Chec	k Only O	no)				Address W. CARY Si	roce (	8			
Facility Closed/Vecated During Entire Abatement Performed Outside of North	Period of nal Facility	Abaten y Hour	rent s		City, S	ate. Zip Gode					
Other - Describe:					RICE	MOND VA Ž	3220				
Scape of Wark (Chack All That Apply)  ≥3 of or ≥3 if  ≈ 150 or or ≥260 if		Renova Demoli				Mini-Enclose Glovebag Pic	Market Company of the	*		78	
	19	Locati	on						12000	emeni Pe	ę
Location of Aspestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	Mormal od Sole Intensi todial S (12)	ly by	Asbestoz C (l.o them	Description ontaining Mail by stomating Mail by stomating VA or miscollan	eterial (ACM) Insulation I, or	Amount (Specify SF or LF)	Resmoval	Repaur	Encapsdate	Endosure
•	Yes	No	N/A			1		_	-	-	
Moin Building- Ban Vault			X	Floor	liles and		240sf	×			
Bank Side- Basement		100	X		Floor Tile		100sf	×			
Basement across bank vault			x		pe Insula		4519	×	_		
1st Floor Hallway			x		e and Ma		275sf	×			L
Name of Registered Waste Houser CIRCLE RUBBISH		H	JDEP W auter ID 3816	No. of V	ole Yarde Vaste	TULLY	Registered Land		FAC	CILIT	Y
City. State				Dla	posal Date		VILLE PA				
Completed by SLAWOMIR KIELCZEWSKI	TIUe PRE	SIDE	41		Signature	auski		2/13/2	2012		***************************************

Location - Main Building	Material	Approx. Quantity of ACM
Basement 3, Boiler Room - Boiler left of center "Betsy" boiler.	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boile	r.
Basement 3, Boiler Room - On top o boiler left of center "Betsy" boiler.	on top of large left boiler).	1,900 Square Feet.
Basement 3, Boiler Room - Behind boiler left of center "Betsy" boiler.	White (top layer) and grey (bottom layer) duct insulation.	900 Square Feet (3" Thick).
Basement 3, Boiler Room - Center "Betsy" and boiler right of "Betsy".	(Dark) (Light) Grey / black / brown interior boiler insulation, entire boiler	
Basement 3, Boiler Room – On top of oiler left of center "Betsy" boiler.	"Betsy" & right boiler).	3,800 Square Feet.
asement 3, Boller Room - Behind center Betsy" and boller on right side.	White (top layer) and grey (bottom layer) duct insulation.	1,800 Square Feet (3" Thick).
asement 3, Boiler Room – Above all oflers.	Grey / White Elbow Insulation.	40 Large / Small Elbows.
asement 3, Boiler Room – Above all illers.	Grey Pipe Wrap Insulation.	2,865 Linear Feet.
asement 3, Boiler Room – Above all oilers.	White / Grey Ceiling Insulation.	2,400 Square Feet.
sement 3, Boiler Room, next to trance.	White hot-water-tank (cylinder) wrap insulation.	150 Square Feet.
sement 3, Main Center Room w/ eight elevator.	White boiler insulation (small boiler).	180 Square Feet.
sement 3, Main Center Room w/ sight elevator.	Green, Red & Grey/White Pipe Insulation & Elbow Insulation.	540 Linear Feet & 98 Elbows.
sement 3, Room Right of ectrical Room.	White / Grey Pipe Insulation,	160 Linear Feet.
b-Basement, Telephone uipment Room.	Grey Duct Insulation.	40 Square Feet.
p-Basement, Telephone ripment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	415 Linear Feet & 50 Elbows.
all Room, off of stairwell, left of ephone Equipment Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	65 Linear Feet & 7 Elbows.
ement, Electrical Room, Room Electrical Room.	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	60 Linear Feet & 10 Elbows.
	Off-White Pipe Insulation.	45 Linear Feet & 2 Elbows.
	Black Electrical Panels.	25 Square Feet.
).	White / Grey Pipe Insulation & White / Grey Elbow Insulation.	80 Linear Feet & 12 Elbows.
ment, Vent Room.	Grey Air-O-Cell Pipe Insulation (inside lebris, inside vent itself) & ceiling.	300 Linear Feet & 65 Elbows.
	White duct vent lining (assume interior lso).	400 – 500 Square Feet.
Basement Hallway, small room.	Frey Duct Insulation.	112 Square Feet.

<sup>1</sup> EXCHANGE PLACE, JERSEY CITY, NJ

©&S Proj. #: MS 13-39

									· 17/1	<i>a</i> .			
Date of Notification (1	1)	N	ame of Bu	uilding Own	er/Operator (	2)		2013 FEB		Lea Ja	3		
0 1 1/13 11			DEBBIE	RYBKA	HOWARD		*	1,58	-8 n.				
Agencies Notified	Type Notification	on S	treet Addre	ess		t		& 1/C	17	2:0	0	i	
The second secon	Amended		38 SHA	DYSIDE	AVENUE		- 0	&11/2°	Pas.		7		
	Amendment #:		ity, State,	Zip Code					Nellin	01			
⊠ DOL [	Emergency		SUMM	IT, NJ					Div.	٠.			
DOH     ■	(including justification)	Na	ame of Co	ntact				Teleph	one Numbe	r		2	
☐ DCA ☐	Cancellation		DEBBI	E RYBK	A HOWARI	)							
				FAC	ILITY INFOR	MATION							
Name of facility when	re abatement is	taking pla	ce (3)				T	Type of Facility					
DEBBIE RYBKA	A HOWARD							1 =	ool (K - 12) chapter 8 (0		nan K	-12)	
Street Address							,	Othe	r (Private/0	comme			
38 SHADYSIDE	AVENUE							Square Feet	s./Homes,		R	dg. A	Age
City (5)	TIVENOE	I Coun	ity (6)			T Cou	nty Code (7)	Square reet	# 01 F100	115	D	ug. 7	\ye
Oily (O)			-, (-,				te use only)	Current Use	Prior if beir	na dem	olish	ed)	
SUMMIT		UN	ON	28						3			
Name of Monitoring	Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatement	Contractor (9)					
				- 1			D & S RESTOR.	ATION, INC.					
Street Address							Street Address						
							20 California A	ve.					
City, State, Zip Code							City, State, Zip Code						
		1	T=		- 1		Paterson, NJ 07	503					
Project Manager for N	Monitoring Firm		l P	hone Numb	per		Telephone Number 973-345-8020		License	) 1169	er		
							Name of OSHA Mon	itor		/1102		_	
Start Date (10)		Sched	. Complet	ion Date (1	1)		D & S Restorati						
03/04/13	5	03/22	2/13				Street Address						
Occupancy Status Du	iring Abatemen	t (Check o	nly one)				20 California Av	venue					
Facility closed/\	[문화] [18] [[원화] [[원화] [[원화] [[원화]	하는데 없는데 바로 보다면서					City, State, Zip Code						
Abatement perf Describe:			acility nou	irs-									
Other-Describe	: NORMAL H	OURS			-	_	Paterson, NJ 07	503	-Va				
Scope of Work (chec	ck all that apply	1)						Full Containment	w/negative	press	ure		
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovatio	n				Lance Control of the	Mini-enclosure Glovebag proced	luro				
≥160 sf or ≥260	O If	Demolition						Non-Exempted (		-friable	proc	edure	Э
Location of				used solel	у					R	R	Ε	E
asbestos-conta		staff(12)	nance/cus	stodiai			sbestos-containing	Amount (Specify		m	e p	n	n
material (acm) abated in facilit		Yes	No	N/A	materia	I (ACM)		LF)	01 01	O V	a	a	C
								0.5 1.1 1.77		е	į.	р	-
Basement			LX.		PIPE INS	ULATI	ON & FITTINGS	85 LN FT			4	님	#
										#	ᆜ	牌	쓔
				J						╬	片	片	#
				-	-	-			<del>- 1</del>	+	片	屵	뷰
Registered Waste Hau	ulor	INJE	P Hauler	ID# 10	Ubic Yards o	Maste	Name of Registered	Landfill		-111	Ц_	Ч	T_
D & S RESTORA		135			1 YD		TULLYTOWN,	RESOURCE R	ECOVE	RY		11 31	40 A
City, State				Disposal [	200		City, State						-
PATERSON, NJ	07503			03/05/1			TULLYTOWN,	PA	_				
Completed by (Print o		Title			Signature	i i		1.74	Date	/12			
BOGDAN JOLD		PRESID	Control Control	for och	on linearity of	vomster	l activities		01/31/	13			
ASB-41	*	DO NOT USE	s this form	ioi aspest	os licensure e	vernhrec	activities.						

00 B&S Proj. #: MS 13-41

OD&S Proj. #: MS 13-41			(Pursi	uant to NJA	C 8:6	60 and 12:120)		An					
								2-					
Date of Notification (1)	1	Name of	Building Owr	er/Operator (2	)			20/3 FEB			27		
0 1 / 3 1 / 1 3		CHAR	LES BALD	ASSARI			,	å	9 PM				
Agencies Notified Type Notific	ation	Street Ad	dress			(		& Liera	7	₹: ô	S.		7
DEP Amended		430 G	REGORY A	AVEUE		A12		& 4/6 mg		. ,	J		
DOL Amendment	#:	City, Stat	e, Zip Code					***	MAC	10%			
L Emergend	y		HAWKEN,	NJ 07087					4				
DOH (including justification	n)	Name of 0	Contact					Telephone	e Numb	er			
DCA Cancellati	on	CHA	RLES BAL	DASSARI									
			FAC	ILITY INFORM	IATIO	N		4				-	
Name of facility where abatemen	t is taking	place (3)		2500			TI	Type of Facility (					
CHARLES BALDASSARI								=	(K - 12				
Street Address							- 1	Other (	apter 8 ( Private/				
430 GREGORY AVEUE								Bldgs./	Homes,	etc.			
City (5)	Co	unty (6)	<del></del>		Co	unty Code (7)	=	Square Feet	# of Flo	ors	5	Bldg. A	Age
***************************************						ate use only)	11	Current Use (Pr	ior if be	ing der	nolish	ned)	
WEEHAWKEN  Name of Monitoring Firm Hired b	The second of the second	UDSON		100141	L,	I Name of Abote		-1-(0)			4		
reality of mornioning i mirring b	y Diag. Ow	1101 (0)		ASCM No.	27	Name of Abatem							
Street Address					_	D & S REST	ORA.	HON, INC.					
						20 California	a Ave						
City, State, Zip Code					-	City, State, Zip Co							
		1				Paterson, N.	0750	)3				i.	
Project Manager for Monitoring Fir	m		Phone Numb	er	_	Telephone Numb	er		Licens	e Num	ber		
					- 1	973-345-80	-			01169			******
Start Date (10)	Sch	ed. Comple	etion Date (1	1)		Name of OSHA							
02/12/13	02/	22/13				D & S Resto	Tauon	i, mc.					
Occupancy Status During Abatem	Control to Section of Control					20 California	Aver	nue					
Facility closed/vacated durin Abatement performed outsid						City, State, Zip Co	ode			•		1001	
Describe:NORMAL	HOURS					Paterson, NJ	0750	)3					
Scope of Work (check all that app						L		I Containment w/	negativ	e nress	ure		
≥3 sf or ≥3 lf	Renovat	ion					_	ni-enclosure	noguar	o prose	uic		
_ ≥160 sf or ≥260 lf	Demolitie	on						ovebag procedure					
Location of	Is locati	on normall	y used solely		-		INC	on-Exempted (*) a	ina ivon	R	Proc	E	<u> </u>
asbestos-containing	by main staff(12	tenance/cu	ustodial	Description	on of a	asbestos-containing	1	Amount		e m	e	n	l E
material (acm) to be abated in facility (13)	Yes	No	N/A	material (	ACM)			(Specify SF LF)	or	0	a	a	С
	103	140	N/A							e e	i r	р	-
Basement		X				ION & FITTING	S	130 L FT					
BASEMENT BACK ROOM		I X		PIPE INSU				12 L FT					坦
FIRST FLOOR	-	LX	4	PIPE INSU	LAT	ION		10 L FT			닏	Ц	111
			#							#	片	片	11
Registered Waste Hauler	IN.IF	EP Haule	r ID# I Ci	ubic Yards of V	Vaste	Name of Registe	red La	ndfill	-	- -	Ш	Ш	Ш
D & S RESTORATION, INC.		506	2	YDS				SOURCE REC	COVE	RY	1 15		
City, State		1,4	Disposal D		4.	City, State						7	
PATERSON, NJ 07503	T =:#		02/14/13	Signature	<u> </u>	TULLYTOW	N, PA	4	5:-				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESII	DENT		oignature				9	Date 01/31	/13			
ASB-41			n for asbesto	s licensure exe	mpte	d activities.				7/4 <del>1/200</del> /43		-	

O D&S Proj. #: MS 13-38

- Allen - Control - Contro									110-				
Date of Notification (1) $ \frac{0}{1} \frac{1}{ A } \frac{1}{ A } \frac{1}{ A } \frac{1}{ A } $		Name of E	Building Ow	ner/Operator (2)	2)		2012	FEB -8 PA		}			710X == 1
Agencies Notified Type Notific	ntion	The state of the s	CHALE				-15	TEB-8 2	4				
EPA Initial	auon	Street Add	ress			i di	1320	17	12:-	^			
DEP Amended		79 FOF	REST AV	ENUE			Q.	730	(.)	)'			
Amendment	#:	City, State	, Zip Code					ICENCINU	137777		_		
DOL	у	GLEN	RIDGE, 1	NJ 07028				" WIN	3 PL			. 3 :	
DOH (including justificatio	۱ ا	Name of C	ontact						ne Numb	er	-		
DCA Cancellati	. 11	JOE N	ICHALE										
Curiceilau	<u> </u>			CILITY INFORM	MATION		-				-		
Name of facility where abatemen	t is taking r	place (3)					1 17	one of Facility	745				
JOE MCHALE	9 P							_	ol (K - 12	0.5			
Street Address							- 1		hapter 8 (				
									(Private/	Comm etc.	ercial		
79 FOREST AVENUE				7			_       7	Square Feet	# of Flo		E	3ldg. A	Age
City (5)	Co	unty (6)				nty Code (7)	_    _						
GLEN RIDGE	E	SSEX			(Stat	e use only)		Current Use (F	Prior if be	ing der	nolis	ned)	
Name of Monitoring Firm Hired by				ASCM No.	L.,,	Namo of Abete	1 -	h 1 (6)					
J	g. 0111	(0)		ASCIVI NO.		Name of Abatem							
Street Address						D & S RESTO	ORAT	ION, INC.					
Oli Cot Addiess						Street Address							
City, State, Zip Code						20 California							
, , , , , , , , , , , , , , , , , , ,						City, State, Zip Co							
Project Manager for Monitoring Fire	n	<del>- 1</del>	Ibana Numi			Paterson, NJ		3					¥
Troject Manager for Monitoring Fin	11		hone Numl	ber		Telephone Number 973-345-80			Licens				
01 15 1 (10)					_ -	Name of OSHA N				01169			
Start Date (10)	Sche	d. Complet	tion Date (1	1)		D & S Restor		Inc					
02/23/13		28/13			<del> </del>	Street Address	ration,	IIIC.			_		19
Occupancy Status During Abateme		The second secon				20 California	Aveni	ie.					
Facility closed/vacated during	g entire per	iod of abate	ement.		16	City, State, Zip Co					-		
Abatement performed outsid Describe:		facility hou	ırs-										
Other-Describe: NORMAL	HOURS				-11	Paterson, NJ	07503	1 1 11					
Scope of Work (check all that app	ly)					7	Teull	Containment v	//negative	nrocc	uro		
≥3 sf or ≥3 lf	Renovati	on				Ī		-enclosure	micgauve	picss	uie		
☐ ≥160 sf or ≥260 lf	Demolitio	ın						ebag procedu					
			used solely	,1			Non	-Exempted (*)	and Non-	_	_	1	1
Location of asbestos-containing	by maint	enance/cus	stodial	8				Amount		R	R	E n	E
material (acm) to be	staff(12)			material (A		estos-containing		Amount (Specify S	For	m	р	C	n
abated in facility (13)	Yes	No	N/A					ĹF)		o v	i	a p	Ľ
Basement (4 REGISTERS)		X		DUCT INSU	ULAT	ON		6 SQ FT		e	r	<u> </u>	
				Journal	O DITTI		-	o bQ I I			무	片	ዙ
			1							+++	屵	H	H
							-			+++	屵	H	11
		_			-		-			-	屵	屵	1
Registered Waste Hauler		EP Hauler	ID# C	ubic Yards of W	aste	Name of Register	ed Land	dfill		ا لــا	Ш	Ш	Щ.
D & S RESTORATION, INC.	135		1	YD		TULLYTOWN			COVER	Y			
City, State			Disposal D			City, State		(t)		7			
PATERSON, NJ 07503			02/25/13			TULLYTOW	N, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT	7	Signature					Date		11		
			for achoete	e licensure even	mntad -	ath rition			01/31/	15	_		

## State of New Jersey NOTIFICATION OF ASSESTED ASATEMENT (Pursuant to NJAC 8:50 and 12:120)

Date of Notification (1)			Name		g Owner/Ope				LIST.	٥			)
Agencies Notified Type Notification			Street	Address	Nacoo	Qu	SPE	ار بر اور	-0.5 (a)	19	7 2		
DEP Initial Amended Amendment #		_			rccare	N.			. (4)	NG	43 <sub>1</sub>	િક	
DOH justification)  DCA Cancellation			Name	of Contac Zona	1.0.	UISPE		T	elephone No	imber	-	-	
Name of Facility Where Abalement is Taking	Plane /	27	FAC		FORMATION		Type of Facility						
QUISPE Street Address 81 ALEX ANDER	Due			·			School (K-	-12) = 8 (Ot	her than K-	l2) Sal bui	idings	s, hon	nes,
City (5)							Square Feet	番	of Floors		Bløg.	-	
County (6)		$\neg$	County	Code (7)	)_	-	1850 Current Use (Pr	for if be	3 aing demolis	hed)	+	50	
ESSEX					NEXT DESCRIPTION			Douc					
Name of Monitoring Firm Hired by Building O	wner (8)		ASU	M No.			of Abatement Co ac Contractin						
Street Address			•				Address Lowell Road			0.14			
City, State, Zip Code							ate, Zip Code Rock, N.J. 0	7452					
Project Manager for Monitoring Firm		T	Telepho	ine No.			ne No. 2 <b>62-</b> 5841		00156	la.		•	
Start Date (10)   5		ed Con 3/14		Date (11			r OSHA Monitor ga Environme		Services l	nc.		-	
Occupancy Status During Abatement (Checic	Only On	e)					ddress Iuyler Street						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other - Describe:	iiod of A I Facility	baten Hours	tent :		C	ily. Sta	ite, Zip Code ensack, NJ 0	7606					
Scope of Work (Check All That Apply)  23 sfor 23 lf 2160 sfor 2260 lf	Comments	enova					Full Containm Mini-Enclosum Glovebag Pro- Non-Exemple	e cedure					
	fe	Locali	nn .	Γ			NUMPEACHQUE	5 ( ) cm	M PROJES AIGIL	1	Abah		ł
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Vsex Mai	ormali i Sole nlener octial S (12)	ly ly by ncel	Ashe (i.e	Descrip slos Containi thermal sys surfacing other misc	ng Ma dems i , VAT,	terial (ACM) insulation, or	G	mount Specify For LF)	Removal	Ty	e Encapalitate	Endosure
	Yes	No	N/A	1 11 41	1 12 1 12 1							at a	ď
Buschout	-		/		PIPE IN	Suc	allow .		75LF	/			
								-11					- ;
Name of Registered Waste Hauter Rovic Transport		H	JDEP W auler ID 0785		Cubic Yard of Waste	-	IESI PA	A Bett	red Landiil Nehem La	ndfill	Cor	 p.	. 1
City, State Riverdale, New Jersey 07457				Sid.	Disposal D	1	City, State Bethleh		PA 18015				
Completed by	Title				Signe	-	-4		T Da				

## State of New Jersey NOTIFICATION OF ASSESSTOS ASATEMENT (Pursuant to NJAC 8:60 and 12:120)

		NO	(Pu	rsuant t	D NJAC	8:60 and	112:120	D)	20135	B-8 PM	12	1			
Date of Notification (1)			17	Varne of	Building (		perator	(2)	A	8.8 0	*********	"top"			
2/05/	Type Notification		4	Street Ad		SAN	<b>Тон</b>		<i>N</i>	PH	2:	20			
Agencies Notified	Type Nomication		1,	Street Ho	45	Lo	WELL	20	RO. & L/	12 Pat 1	,	C'			
EPA ·	Initial In Amended		h	City, Stat	e Zin Co	rie				C11. 1/2/22	101				
	Amendment t	e alle editories	-	. (	أرما	lock	Ŋ	1.7	07451		٠.				
☑ DOH	Emergency (in justification)	RECUENCY	П	Name of	Contact				8	Telephone	Num	ber		_	-
☐ DCA	Cancellation		$\perp$		SUSAN			Ŋ		1			4	_	_
Name of Facility Where	Ahatement is Takino	Place (3)		FACIL	LITY INF	DRIMATI	ON	Тур	e of Facility (4	<del>}</del>					
remine in 1 county voice	JOHNSE	12							School (K-12	2)	-				
· Street Address							-		Springer	8 (Other than rivate & comm	K-12)	l build	inas,	horne	25,
45	LOWELL	LD-						_	etc.)	# of Floors		0201-020	dg. A		
City (5) GLON R	DCK.								1,050	2			50		
County (6)			T	County C	Code (7)	·		Cur	rent Use (Pric	r if being den Dowce	olish	(D:			
Name of Monitoring Firm	t-lived for Building	wner (8)		ASCM	No.		Name	of At	ratement Con	tractor (9)			-	-	
MSIMB Of WOMENING - Pre-	. Filled by Same-13		Sa pri				AN	fac (	Contracting	inc.					
Street Address				•			Street 105		ess ell Road						
City, State, Zip Code							City, S Gler	itate, n Ro	Zip Code ck, N.J. 07	452			19 19		
Project Manager for Mor	illoring Firm		T	Telephor	ne No.		Telept 201-		No. -5841	001		-	9.		
Start Date (10)	<del></del>	Scheduled	Com	pletion C	Jafe (11)		Name	of O	SHA Monitor						
2/15/13		3,	15	13					Environme	ntal Service	es in	<b>7.</b>			
Occupancy Status Durin							Street 280	100 100 100 100 100	ess Ier Street						
Facility Closed/Vac Abatement Perform Other – Describe:	aled During Enline P red Outside of Norm	al Facility I	lours			_			Zip Code Sack, NJ 07	606					
Scope of Work (Check A 23 sf or ≥3 if 2 ≥160 sf or ≥260 if	e That Apply)	-	nova					- N	ull Containme lini-Enclosure llovebag Proc lon-Exempled	edure		Proc	edur		
			ocati	200.000										pe pe	
Ashestos-Containing TO BE AB to Fac (13)	Material (ACM) ATED By	Used Main Custo	tena	ly by nce! Stail?	Asbes (i.e.	ios Coni Themai surfa	scription laining A system cing. VA miscellar	dateri s insi VT, or		Amount (Specify SF or UF)		Removal	Rapak	Encapallate	Enolosure
		Yes	No	N/A									_	-	-
Busoupur				/		VAT S	Ma	STIC		1,7215	F	~		_	
		+ +													
				LIDEP W	faala	LOUNG	Yards		I Name of	Registered La	ndfill				
Name of Registered Wa Rovic Transport	iste Haufer	and the second	H	lauler ID 10785		ofWa				A Bethleher		ndfill	Col	p.	
City, State	2 47 (A)		12	0100			sal Date		City, State	•					
Riverdale, New Jer	sey 07457				1,11	The second of the second	15/13		Bethlet	iem, PA 18	015 Toa	2	0100	-1	-
Completed by Toosen Vocato	60	Title	2.0				J.	. /	raline			2/0	5/1	3	

A. Mac Asbestos					D. Com		·	Check	盘 8	083	_
	Niconia	Shah CATION C MERCANI	e of Nam	STEEL	The Park Street	and the second		APPRO	YED		コ
	(IP)			4	Very transfer		Dir NI	Port of Health &	Senior	Service	es
of Medication (1)	1	Marine of E				LAND.	- (4-				4
2-105/13	[			BETH	LINES	LA NACO .		2/1/19	. 8	9014	4
rose Westiger Type Newscations		Street Ad	171	Dir	SPECT	PIL	Date Date	le:	Timer		罚
COMA . E MINEL	1	Caly, Sala	E ZED CO							(	
DEP Amendmental			sel fo		N.J	07	070	elephone Manks	5		-
174 Francisco inclu		Name of	Contact				1	Carried States			1
DOM Indicators			JOHN		EKUP						
U.A.		FACI	TILA DIE	CREAT	CM F	Type of F	way (4)				1
ne of Feeling Where Abelegant's Taking Pla	CE (3)						-1 M 45%	•		•	-
NEILAND					- <del></del>		Junior 5 (	the S. Consumercial L	ME U	s, home	S,
HE AMERICA	0-					San Parker			Midg.	flesse.	
171 PLOSPECT	PL.					Square F	础	# of Places	- Caral	50	
有						1.3	15_1	3			
KUTHER FORD		County	Code (7:	)_		Custost E	tae (Prior)	ESIDENCE	7		
urty (ii)		1				of Albaheri	PRI CAPITE	min (9)			
SERFIEN  How of Manhoring Piras Blend by Building Own	ET (E)	ASC	M NO.	100 TO TO	A A	ABIG CON	racing l	nc.			W
SING OX ONLY SERVICES					Stiterate	Address					
net Address					105	LOWER	soad				
					Giv.	Sinte Zip	Code				
y, State, Zip Gode					Gle	n Rock	NLL 074	52			
The second secon		Talend,	one hin			Survive Biles.		00156	7	-	
raped Maxager for Monitoring Flora		amaga.				1-282-58	To assistance		~		
	citetisad	Completion	n Date (	it)	No.	EGE OSHA	THE PERSON NAMED IN	ital Services In	<b>C.</b>		
Set Date (10)	3/0	16/13				el Admess					7970
COSE DUTY APPENDE (COSE	Orly Cine)				28	C Huyler	Street	F. 60			<u></u> -
		CHAPTER SHAPE IN			CSino	Wate 7to	Code				•
Analesment Personal Constitution Constitutio	racus	ACT IS		-	H	obersac	k by ut	505			
Ober-Desider							1 11 11 1				
Scope of Visit (Chest SI That Apply)	FX 0-					Full	Conhisme	ni with Negative F	Testur		
7 33 day 33 ff	H R	STATESTANDED IN				E More	- Harding	1000000			
1 5180 4 0 5300 E						Non	Exemples	edice (") and Non-Phat	T	Abalana	21
	1	Localium	1		4		1	( *d.)		Type	-
	1 10	DATE:	-		Descript	Son of	-	Amount			4
Aspesies Consisting Methods (ACM)		sciely by				g Material Pros insula	Son.	SFORTS.	Reimoulai	Andrew Person	THE REPORT OF
111 PRE PROPERCY	Cost	or field State	2			WAT, OF		20 14 12 /	量	2	
to Facility		OZ)		Qs	The Trins-ra					1	-
· ·	Yes	Price Pi	WA		A	. 1		1567	/		
7 - water tr			1	<u> </u>	3 16	LLUST				IT	
Basemout									1	TT	T
	1			164					-	++	+
315-137 19-137	-	-	-	West of the	Orter Lie	STATE LIBER	Secretary.			1_1	_1
	1	N.S.	EP Was		Cubic You		Maure 0	Rejistered Land	all Londin	a Cre	1
		13cml	LEE DING	4	of Whode	1	TEST F	A Bethlebern	- CHINA	m mark	
Name of Registered Master Hauter		1 267	785		Deposal	Delle	City's St	enem, PA 180	45		
Name of Replained Waste Hauter Route Transport		200	400		THE PERSON NAMED IN	and the same of th	5 Dates	enem, PA 700	ED		
Ronic Transport		20.		alaysi l	2/1	05/13	DESIGN		POSSE.		
Name of Registrant Wasts Hauter Route Transport Cay, State Rivertiale, New Jersey 07457		100 - 100 100 -			2/0	05/13	سسلن		A SHIPPING	الما	2
Ronic Transport	1900	100 - 100 100 -			2/0	05/13	resting		A SHIPPING	05/1	3

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

1301-4601 Check #4944

Date of Notification (1)		Name	of Buildin	g Owner / Operat	tor (2) 7/112	FEB -8 PM 2: (	)			
2/4/13		Cher	ry Hill B.	O.E.	-0/5/	EB .p				25
Agencies Notified Type Notifi	cation	Street	t Address		£	PH 2::	20			
□ EPA		45 Ra	anoldo T	errace	** 3 6 144	N. 7- 1	<i>'</i> 0'			
DEP   Initia			State & Zip		É.	1162 18 18 18 18				
	ended		ry Hill, N			LICENTING	<u> </u>			MAN 1
	ergency	1	of Contac			"'' U	eleph	one N	lumb	er
☐ DCA ☐ Can	cellation		Middlet							
Name of Facility Where Abeter	ti- Talian Dia		CILITY IN	FORMATION	714 (4)					
Name of Facility Where Abatem	ient is Taking Place	e (3)		Type of Fac						
Cherry Hill HS East Street Address				School		45 16 40)				
					apter 8 (Other		5/8/ 0 <b>•</b> P1/8/20			
1750 Kresson Rd.				Square Fee		commercial building	dg. Ag		etc.)	
City (5)	County (6)	County (	Code (7)	Square r ee	# 011	loois	ug. Aç	je		
Cherry Hill	Camden			Current Llea	(Prior if being	g demolished)				
Onerry Tim	Camuen			School	(i noi ii being	g demonstred)				
Name of Monitoring Firm Hired	hy Building Owner	(8)	ASCM N	and the second s	atement Cont	ractor (0)		-		
TTI Environmental	by Building Owner	(0)	/ toolui i	AbateTech		ractor (8)				
Street Address				Street Addre						
9 East Stow Rd.				PO Box 25	5					
City, State & Zip Code				City, State 8	Zip Code					
Mariton, NJ 08053	a continue de la cont			Lumberto	n, NJ 08048					
Project Manager for Monitoring  Jim Guilardi		elephone 09-314-1		Telephone N		License Nu		20		
Scheduled Start Date (10)	Scheduled Comple			609-265-21 Name of OS			0052	29		
2/15/13		/16/13	ic (11)	EMSL Ana						
Occupancy Status During Abate				Street Addre						1
Facility Closed/Vacated			atement	108 Haddo						
Abatement Performed C				City, State 8						
Describe: FRI 4PM s	tart & Saturday	daytime	е	Westmont	, NJ 08108					
Occupied During Abater					1					
Scope of Work (Check all that a	pply)							_		
N >2 of or >2 if	5	7				Containment with Ne	egative	Pres	ssure	•
≥3 sf or ≥3 lf	₽	7	ovation			Enclosure				
≥160 sf ≥260 lf	L.	_ Den	nolition		Glove	_			10000 St. #100	
						Exempted and Non-				
Location of Asbestos-Containing		Is Locati ormally U		Description Asbestos-Con		Amount	Aba	ateme	ent T	ype
Material (ACM)	19	Solely b		Material (A		(Specify SF or LF)			m	1 550
TO BE ABATED	Ma	aintenan		(i.e., thermal		0. 0. 1.	Re	R	ncs	E
in Facility	Cu	ustodial S	Staff?	insulation, surfa	cing, VAT	100000	Removal	Repair	psi	Enclosure
(13)		(12)	1111	or other miscel	llaneous)		<u>a</u>	=	Encapsulate	ure
D-II D	Ye		N/A							
Boiler Room				Fitting	S	20 SF		닏	片	H
							ᆛH	님	님	H
	——————————————————————————————————————		HH		404		井	Η	님	H
							ᆛH	닏	님	닏
				-			ᆜ	님	님	
Name of Desistand Wests How		<u> </u>	DEDW	To 1: 1/	The co			Ш		
Name of Registered Waste Hau	er	100	DEP Wast uler ID No		Name of Re	egistered Landfill				
AbateTech, Inc.		lia	18750	TBD	TRRF Lan	dfill				
City, State		Disposal Date	City, State	350,500 Til. 10 Til. 1						
Lumberton, NJ	2/19/13	Tullytown	, PA							
Completed By (Print or Type)	, 3	Title		Signature	1.	. 7	Date	8		
Gwen Trumbetti		1000	fice	1 / 20	11/	1 1 1 1 1 1	2/4/	13		
		ord.	1	VU.	Ť					

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

1206-4508 Check #4912

Date of Notification (1)		Nam	e of Bu	uilding	Owner / Operato	or (2)	2013 <sub>FEB</sub> -8	107	, f13		
2/4/13					unity Health C	enters, Inc.	-OIJFER S		- 100		
Agencies Notified Type Notification		5.50 (117) (12)	et Addr			.0	8	D <sub>fd</sub>			
⊠ EPA			Broad	-				!7 2.	60		
DEP   Initial			State				& L/664		.0		
☐ DOL ☐ Amended #			ark, N		107		LIGEN	11 10	9,		
□ DOH □ Emergency		- 0.00 Care 10 P	e of Co				· · · · /1	eleph	ne N	Шmb	er
☐ DCA ☐ Cancellation		Busi	iness	Offic	е						_
			CILIT	Y INF	ORMATION	¥				0.024.035	5) <u>-</u>
Name of Facility Where Abatement is Takir	ng Place	(3)			Type of Facil						10
Newark Community Health Center					School (						
Street Address						oter 8 (Other tha					
741 Broadway		10					nmercial building			etc.)	
					Square Feet	# of Flo	ors BI	dg. Ag	je		
City (5) County (6	) C	ounty	Code	(7)							
Newark Essex					Current Use	(Prior if being d	emolished)			10	
					Health Cen	ter					
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	CM No	. Name of Aba	tement Contrac	ctor (9)		-		
Environmental Connection, Inc.				-5	AbateTech	, Inc.		= 0		12.00	- 12
Street Address					Street Addre	ss					
120 North Warren Street				0.15	PO Box 25		a p 25 - 25	54555			
City, State & Zip Code					City, State &						
Trenton, NJ 08608	1				Lumberton						
Project Manager for Monitoring Firm			e Numl	ber	Telephone N		License No				
Ryan Broadwater			4200		609-265-21			005	29		
Scheduled Start Date (10) Scheduled 2/19/13		on Da <b>9/13</b>	ate (11	)	Name of OSI EMSL Anal						
Occupancy Status During Abatement (Chec	120000	Carlo Alla Carlo			Street Addres						
Facility Closed/Vacated During Enti			ateme	nt	108 Haddor						
Abatement Performed Outside of N					City, State &	CHESTON PARTICIPATION					
Describe:					Westmont,		*				
Facility Occupied During Abatemen	t				I Toounione,						
Scope of Work (Check all that apply)						7.70					
						Full Con	tainment with Ne	egative	Pres	sure	•
≥3 sf or ≥3 lf	$\boxtimes$	Rei	novatio	n		Mini-End	closure		100		
≥160 sf ≥260 lf		Der	molitio	n -			ag Procedures				
							empted and Non-	Friable	e Pro	cedu	ire
Location of	Is	Locat	tion		Description	n of	Amount	Ab	atem	ent T	ype
Asbestos-Containing		mally			Asbestos-Con		(Specify		Г		
Material (ACM)		olely		100	Material (A		SF or LF)			ш	_ m
TO BE ABATED in Facility	5.50	1200 200	nce or Staff?		i.e., thermal s) insulation, surfac	ystems		Rer	Re	ıca	incl
(13)	Cust	(12)			or other miscell			Removal	Repair	Encapsulate	Enclosure
(19)	Yes	No	N/A		or ourior innocen	4.10040)		<u> </u>	-	late	<u>=</u>
Phase 3 First & Second Floor				Dou	ble Layer floor	tile & Mastic	4,600 SF			837	
Phase 1 North Bldg.				Dou	ble Layer Floor	tile & Mastic	1,220 SF	X	П	П	
Phase 1 North Bldg.		П			Roof Dec	k	1,600 SF	N			П
Phase 1 North Bldg.		П		Tall 1	Roof Flash	ing	100 SF	N	П		IT
Phase 2 Cellar/Basement Level		П		Dou	ble Layer Floor	tile & Mastic	2,100 SF		П	П	П
Phase 2 Cellar/Basement Level	TI	F			Wall Mounte		72 SF		Ħ	Ħ	Ħ
Phase 2 Cellar/Basement Level	T	F	X	W. 7	Pipe Insula	tion	235 LF		П	Ħ	П
Name of Registered Waste Hauler		NJ	DEP V	Vaste		Name of Regis	stered Landfill				
AbateTech, Inc.	1 m m	На	uler IE		of Waste	TRRF Landf	:11				
			1875	,,,	TBD		III .	-	0		-
City, State Lumberton, NJ					Disposal Date TBD	City, State Tullytown, P	PA .				
Completed By (Print or Type)		Tit	le		Signature /	1.		Date			-
Gwen Trumbetti		Of	fice C	oord.	$\sim$	MI		2/4/	13		

04228

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2	2) (1/7~	m./1 //				
	13		1		Corporation Inc.	2) 10/3FE	3.0 0				
Agencies Notified Type Notifica	ation		Street	Address		3.00	Pis				-380,1180,0
☑ EPA ☐ Initial			650	1 Legac	y Drive	4//	" 2.5				
☑ DOLWD ☑ Amended			City, S	State, Zip (	Code	- 400					
☑ DHSS Amendme	5377 F338 W		11.20.000	ino, TX 7		× ,	10/12/1/20				
☑ DCA ☐ Emergence		g		of Contac		<del></del>	Telephone Number	er	-		
(NJAC 5:23-8) justification    Cancellat			A15000	Thomas			Tolophone Hambe				
☐ Caricellat	1011							-	7		-3-
			FAC	CILITY IN	NFORMATION						
Name of Facility Where Abatement is T	aking Plac	e (3)				Type of Facility (	(4)				
Rockaway Town Square						School (K-12					
Street Address		-				Subchapter 8	3 (Other than K-12) rivate and commerc	ial hu	ildina	9	
305 Mount Hope Avenue	0.7		2			homes, etc.)	ivate and commerc	iai bu	liuliig	٥,	
City (5)						Square Feet	# of Floors	Blo	ig. Ag	je	
Rockaway NJ					4.4	150000	2	100000	75		
County (6)		-	Cour	ty Code (	7)(STATE USE ONLY)	alle and a second	or if being demolish	ed)	- 11-		
Control of the contro			Cour	ity Code (	INSTATE OSE ONET	Current Ose (Fri	or it being demoisi	icu,			
Morris		(0)	10011		1	10 1 1 10					
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM		Name of Abateme						
Hillmann Consulting LLC	- 19 []		6225	52	JVN Restora	tion Inc				œ.	
Street Address	40.00	J. Marie			Street Address						
1600 Route 22 East					47 Foster Ro	ad					
City, State, Zip Code					City, State, Zip Co	ode	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
Union NJ 07083					Staten Island						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.	135.7	License No.				
Tom Rubino		100000	08-956		718-605-6256	and the second	00774				
	Scheduled (	,-,			Name of OSHA M		1		-		
2 / 12 / 13			2_ /		Testor Tech	ionicor					
Occupancy Status During Abatement (	Check only	one)			Street Address				12012		
☐ Facility Closed/Vacated During Enti			ement		10 59 Jackso	n Avenue					
				cribe	City, State, Zip Co					_	
Time of Abatement:AM	PM/ <u>10:</u>	00PM	6:00A	MAM.	LIC, NY 1110					8	
Scope of Work (Check all that apply)											
						tainment with Neg	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		enova emolit			☐ Mini-End	losure g Procedure					
⊠ ≥160 St 01 ≥260 II		emont	1011		⊠ Non-Exe	mpted (*) and No	n-Friable Procedure	9			
		s Loca	ation	T.				_	atem	ent Ty	vne
Location of		Norm			Description of	of			_		
Asbestos-Containing Material (ACN			lely by		estos Containing Ma		Amount	en	Repair	nc	inc
TO BE ABATED		ainten stodial	Staff?	(i.e	e., thermal systems		(Specify SF or LF)	Removal	<u>a</u> .	Encapsulate	Enclosure
IN Facility (13)		(12			surfacing, VAT other miscellane		SF OI LF)	=	2250	ulat	<u>=</u>
(10)	Yes	No	N/A						15	œ.	
1 <sup>ST</sup> Level Home Street Dept.		Ø		VAT/M	ASTIC		13200SF	Ø			
2 <sup>nd</sup> Level Joe Fresh Dept				Glue D	ots		180SF				
		In	П								
Name of Registered Waste Hauler		17	NJDEP'	Waste	Cubic Yards of	Name of Regis	stered Landfill	1	_		
Express Waste Services LLC		V.5	Hauler II		Waste		ste Industries, Ir	10			
Express waste Services LLC			NJ-80	)4	120			10.			
City, State Newark NJ					Disposal Date 3/12/13	City, State Hackettsto	own, NJ		1	80 00	
	Title	11.1			A CO. OLDON A SANT	1/) 1	Dat	1	1		-
Completed By (Print or Type)  John Tardy	Title Senio	r Proj	ect Ma	nager	Signature	Parch	) Dai	2/-	1/1	3	•
ASB-41		7			100		1	1	+		
MAY 11	* Do no	ot use	inis form	for asbes	stos licensúre exem <sub>l</sub>	otea activities.					

CK 221

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

Date of Notification (1) / / / /	13		The same of		g Owner/Operator ( Corporation Inc.	2) 20/3/	FEB -8 PM				
Agencies Notified	tion			Address 1 Legac	y Drive	4/	PH 2:	0.		1	
☑ DOLWD ☑ Amended				State, Zip				CS.			
☐ DHSS Amendme	The second second			no, TX 7			TOWN MAN				
□ DCA		g	Name	of Contac	ot .		Telephone Numb	er		-	
☐ Cancellati			Soy	Thoma	s				1		
			FAC	CILITY IN	NFORMATION		11-27				
Name of Facility Where Abatement is Ta	aking Plac	e (3)				Type of Facility	(4)				
Wayne Town Center	-					School (K-12					
Street Address	181.15					☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings					
260 Wayne Town Center						homes, etc.)		Jai Du	nung	5,	
City (5)						Square Feet	# of Floors	Blo	dg. A	ge	
Wayne						150000	2		75		
County (6)			Cour	ity Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Passaic											
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-8-1-3			
Hillmann Consulting LLC			6225	52	JVN Restora	tion Inc					
Street Address		TE			Street Address		2				
1600 Route 22 East					47 Foster Ro	ad					
City, State, Zip Code					City, State, Zip Co	ode				14	
Union NJ 07083					Staten Island						
Project Manager for Monitoring Firm		Te	lephone	No.	Telephone No.		License No.				
Tom Rubino		9	08-956	-1233	718-605-6256		00774				
Start Date (10)	cheduled	Compl	etion Da	te (11)	Name of OSHA N	Monitor		10			
_2_/_11_/_13_	3	/ _1	<u>1</u> / .	13_	Testor Tech						
Occupancy Status During Abatement (C	Check only	one)			Street Address						
☐ Facility Closed/Vacated During Entire					10 59 Jackso	n Avenue					
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co					3	4
Scope of Work (Check all that apply)								7,22 8,53			
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	=	enova emolit			☐ Mini-End	g Procedure	pative Pressure n-Friable Procedur	e e			
V-10 20		ls Loc						Ab	atem	ent T	ype
Location of	. 116	Norm	ally lely by		Description of			Z	D	ш	ш
Asbestos-Containing Material (ACM TO BE ABATED	'   N	lainter	ance/		estos Containing Ma e., thermal systems		Amount (Specify	Remova	Repair	car	nclo
IN Facility	Cu	stodia (12	I Staff?		surfacing, VAT	, or	SF or LF)	val	-	Encapsulate	Enclosure
(13)	Yes		1000000	1	other miscellane	eous)				ate	
2 <sup>nd</sup> Level Home Street Dept.				VAT/M	ASTIC		3755				
				-						П	П
		5 (25, 25	******	-							
	ᆜᆜ							Ш		П	
Name of Registered Waste Hauler			NJDEP		Cubic Yards of	Name of Regis			7/		
Express Waste Services LLC	*		Hauler II NJ-80		Waste 40	Global Wa	ste Industries, l	nc.			
City, State Newark NJ					Disposal Date 3/11/13	City, State Hackettsto	wn NI	12	ı		
	4 5			Hackettsto		-	+				
Completed By (Print or Type)  John Tardy	Title Senio	r Pro	ject Ma	nager	Signature	andy	Dat	2/1	1	3	•
ASB-41 MAY 11	* Do no	ot use	this form	for asbe	stos licensure exemp	oted activities.	, andrew	1	1		

of in

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

	M.	-		
		34,	100	***
20/3	FF		" L	4
	, CB			

Date of Notification (1)	, 2013		- 8	100 Block (100 Block)		g Owner/Operator	(2) a <sup>2</sup> , s	100	H ?	)		
	otification				X Cor	poration		LICENCIA		. 0.8	) <b>,</b>	
☐ EPA ☐ Initial				1000000	Water	Street		· LIUZNOL	in	01		•
■ DOLWD ■ Amer					State, Zip (				16	-		
	ndment#/			1000	99. 50.	e, FL 32202						
	rgency (inc ication)	iuding			of Contac			Telephone Nun	her			
☐ Cano	cellation		7/2		y Wywr			receptions read				
n e ti li ea				FA	CILITY IN	IFORMATION		-				
Name of Facility Where Abatement							Type of Facility	(4)				
CSX Railyard - Car Sho	op Offic	e Bu	iild	ing			School (K-12					
Street Address 1150 Newark Turnpike								8 (Other than K-1) rivate and comme		uildin	gs,	
City (5)					1000		Square Feet	# of Floors	В	ldg. A	Age	
Kearny						200 240	3375	2	3	+0		
County (6)				Cour	nty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			
Hudson	127						Industrial					
Name of Monitoring Firm Hired by E		vner (8	3)	ASCM	No.	Name of Abateme					11	
Shaw Environmental, In	ic.					Prism Resp	onse, Inc.					
Street Address						Street Address						
128 S. Tryon Street - Int	terstate	Tov	vei			102 Techno						
City, State, Zip Code						City, State, Zip Co						- 1
Charlotta, NC 28202						Export, PA	15632					
Project Manager for Monitoring Firm	n			lephone		Telephone No.		License No.				
Gary Wywra					9-3707	724-325-33		01121				
Start Date (10) 2 / 2013	Schedu 2			etion Da		Name of OSHA M Shaw Envi		Inc.				
Occupancy Status During Abatement	nt (Check	only or	ne)			Street Address						
Facility Closed/Vacated During E						128 South T	ryon Street	Interstate 7	owe	er		
Abatement Performed Outside o Time of Abatement:AM	of Normal F PM/	acility	Hot PN	ırs - Des I	cribe AM	City, State, Zip Co Charlotte, N	ode		4			
Scope of Work (Check all that apply	()				12.00		The second second	*	13/10	H. ( )		
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>	_	Ren Den				☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedu	re			1200
				ition -		and the second			At	atem	ent T	ype
Location of Asbestos-Containing Material (A	(CM)		So	ely by	Ashes	Description o stos Containing Ma		Amount	Re	Repair	Ē	E
TO BE ABATED				ance/ Staff?		, thermal systems i	nsulation,	(Specify	Remova	pair	cap	Enclosure
IN Facility (13)		Cusic	(12			surfacing, VAT, other miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(10)		Yes	No	N/A		outer miscellanes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				fe	
Offices & Corridors	[			×		Floor Tile & Ma	astic	3100 SF	×			
	]	J										
The state of the s	1	T										
	Г	7	П	1						П	П	
Name of Registered Waste Hauler	der ever bet	- 1		NJDEP V	Vaste I	Cubic Yards of	Name of Regist	ered Landfill	1-	1-	,	
Waste Management	ALCOHOL:		1	Hauler ID		Waste		entral Sanit	arv	Lar	idfi	
City, State	11 (1874)	-		W1724		Disposal Date	City, State	The second	)			300
Camden, New Jersey				V 1. E		2/15/2013	Penn Arg	vI PA				17
Completed By (Print or Type)	Title			- 1		Signature		/ IDa	te	-	-	-
Jessica Busch		nini	etr	ativo	Suppo	ort 111	ica Bu	1106 2	6/20	112		€0 TH
Jessica Duscii	Auii	tin 10	วแ	auve	Suppl	- flade	ca pu	ACIC 2	0/2	, 10	-	

ASB-41 MAY 11

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check# 1244

Date of Notification	1 (1)					Building Owner / Op	erator (2)				A STATE OF THE PARTY OF THE PAR
$\frac{-01}{}$	/_13				Street A	AN LAROCHE ddress	A	1777	grad Ern		
Agencies Notified	Type of	Notificat	ion		_	SSLAND AVENUE		EIV			
☑ EPA DEP		Initial Amen		V 2		te, Zip Code 20 NJ 07110	113 FEB	0 0			
☑ DOH				# 2	Name of	Contact		Teleph	one Num	ber	
☑ DOL		Emer		w/ justification				i in the second			i e
					FACILITY I	NFORMATION	- L162	Maini	i .		
Name of Facility W HOFFMAN LAROCH			Taking	Place (3)	2	Type of Facility (4)					2
Street Address 340 KINGSLAND AV	/ENUE					Other (I.e	K-12) oter 8 (Othe e., private 8 omes, etc.)	cmmerc			
City (5)	County (	6)		County Code	e (7)	Square Feet	# Of Floo		Buildi	ng Age	
NUTLEY	ESSEX					155,000	f baine dan	8	4	40	)+
	<u> </u>			<del></del>		Current Use (Prior OFFICE/RESEARCH		noiisnea)	1	36 11	
Name of Monitoring	Firm Hired	d by Bld	g. Owr	ner (8)	ASCM NO	Name of Abatemen		r (9)		0.00	-
TRC						LVI Environmental S	onvices Inc		3.	9.9	
Street Address				and the second		Street Address	ervices inc.				-
1430 BROADWAY											
City, State, Zip Cod NEW YORK, NY 100						462 Getty Avenue City, State, Zip Cod		200			
Project Mngr. For N		irm		Telephone N	umber	City, State, Zip Cod	е				
EDWARD GERDTS				212-221-8014		Clifton, NJ 07011					# G
03 / 04	/ 13		Comp	oletetion Date (	11)	Telephone Number		License	Number		
/	/		_/	/		973-772-3660				00117	
Occupancy Status I	Ouring Abat	tement (	Check	Only 1)		Name of OSHA Mon					
Facility C		itea Dur	ing En	tire Period of		LVI Environmental Se Street Address	ervices Inc.				
Abateme	nt Performe	ed Outsi	de of N	Normal Facility		Street Address					
Hours - D		MONE	DI.	7		462 Getty Avenue		lanci e			
Other - D	escribe: _	7:00AN		M		City, State, Zip Code Clifton, NJ 07011	9				
Scope of Work (Che	ck All That					Sinteriffic Gray:					The state of the s
✓ Demolition	n	-	1	Renovation		Full Containment wi	th Namative	Dressin			
	2.50	Lin	1	Kenovation		Full Containment wi Mini - Enclosure	tii Negative	Pressur	е		
≥160 sf o	≥260 If				ā	Glovebag Procedure					
	100 912					Non-Exempted (*) ar	nd Non-Fria	ble Proce	edure		
Location o	f	ls ls	3	T	Descript	ion of	T	Abateme	ent Type		
Asbestos Cont		Loca		A	sbestos - C	ontaining		R		E	E
Material (AC TO BE ABA)	202032	Norn	nally	0	Material (		Amount	E	R	N	N
in Facility		Sol				acing, VAT,	(Specify SF or LF)	M	E P	C	C
(13)		by M			other misc		01 01 21 7	v	A	P	0
	100	tena	nce/			1. 1.		Α	1	s	S
		Custo Staff		14.				L	R	U	U
and the second		YES N			1.00					L"	R
BUILDING 85			-	WATERPROO	FING TAR		45.66 CF	[7]			
				J 40 - 10 W-1		( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (					
lame of Registered PIC TRANSPORTAT		er		NJDEP Waste Hauler ID No.		Name of Registered LONE MOUNTAIN	Landfill			<u> </u>	
ity, State 19 AVE P NEWARK,	NJ 07105-4	1800			Disposal	City. State WAYNOKA, OK 7386	0				
ompleted by (Print	or Type)			Title		Signature	/	1	7	Date	
TEVE STILES			7.5	PROJECT MAI	NAGER	Stee	1 1	5	4		02/07/4
SB-41						Mer.					02/07/1

# Nogreck

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

							2.17	20.		1		
Date of N	otification (1):			iilding ( olic Sch	Owner/Operator (2)			2013FEB 6	: /	PE	n	
Agencies Notified	Type Notification	Stree	t Addr	ess:	XXX			1. 6	D,		S.J	
Nouncd	(Dinitial		dar Lai				* /		17	2.		
BEPA □ DEP	☐ Amended Amendment#:			Zip Coc 07102	le:	±		~ L/62,6		. 0	E	
\$SDOL	□ Emergency		e of Co				Telephor	ne Number:	Sec.	0589		
	(including justification)	Benj	amin T	Olagad	0				16	1		
₽ ĐOH □ DCA	☐ Cancellation	-										
					FACILITY INFO	ORM	ATION			1		
Name of I	Facility Where Abate	ement is	Takin	Place (			be of Facility (4):					
Cleveland	[[[[[[[]]]]]]] [[[[]]] [[]] [[]] [[] [[			5 7 1400 (		□s	chool (K-12)	Z 10\				
Street Add							ubchapte: 8 (Other than I other (i.e., private & com	K-12) mercial buildings h	omes	etc.)		
388 Berge	n Street, Newark, N.	J 07103					0.5			cto.j		
City (5):	Cour	nty (6):		Cour	nty Code (7):)	Squ	uare Feet: 100,000	# of Floo	ors:			
Newark	N.J.			0710	5		lg. Age:					
Name of N	Monitoring Firm Hire	ed by Bi	uilding	Owner:	ASCM No.:	Na	rrent Use (Prior if bein	ig demolished):				
(8)TTI	romoring i iini iini	ou by bi	manig	Owner.	ASCW No		-	6,000 (100 (100 (100 (100 (100 (100 (100		0.00		
Street Add	Iraaa					-	virocare Enterpris	es Inc				
	h Church Street						eet Addre js:					
C't. Ct.t.	7: 0.1						8 Broady ay					
Moorosto	e, Zip Code: wn, NJ 08057					Cit	y, State, ? p Code:				*	
						-	wark, NJ 07104					
	anager for Monitorin	g Firm:			Telephone No.:	Tel	ephone No.:	License No.:				
James A		3-4-7	24		856-840-8800		3) 732-6225	01017				
Start Date 01/18/13	0.000.000.000 PM (	Schedul 01/20/1		npletion	Date (11):		ne of OSHA Monitor: C Environmental, Inc			20		
Occupancy	Status During Abateme	ent (Chec	k only	one)		Stre	eet Address:		1			
	Closed/vacated During I				nt	30	West 25th Street					
☐ Abatemer Describe:	nt Performed Outside o	f Normal	Facility	y Hours		City	y, State, Zip Code:	i lei				
□ Other						NY	C, NY 10007					
	on-friable asbestos con		uilding	materials			12 to					
Scope of W	ork (Check all that app	ly):					The state of the s	S	N			
$\square \ge 3$ sf or $\square \ge 160$ sf	$\geq 3 \text{ lf}$ or $\geq 260 \text{ lf}$			□ Rend □ Dem	ovation olition		☐ Mini- □ Glove	Containment with Enclosure bag Procedure				
		Is	Locat	ion	T	-		Exempted (*) and I	VOII-FI		emen	
	ocation of	N	Vorma	lly	De	script	ion of				ype	
Asbestos-0	Containing Material	Use	d Sole	ly by	Asbestos Cont	aining I syst	g Material (ACM) ems in ulation,			T	T <sub>m</sub>	
TO	(ACM) BE ABATED		intena ustodi		surfa	cing,	VAT, or	Amount	Removal	R	inc	Enclosure
	N Facility		Staff		other	misce	llaneous	(Specify	no	Repair	aps	los
	(13)		(12)	Lane				SF or LF)	val	<del> </del>	Encapsulat	ure
Basement		Yes J	No X	N/A	Pipe Insulation		· · · · · · · · · · · · · · · · · · ·	35LF	*			
	der the stairwell	<del>  ;</del>		1	Pipe insulation		:,	20 lf	*	+		
By the bo		-	-			-		1 - 2 11	-	-		
	custodian office					0.0	- 16/1 W 1 1 1 1 1 1		-			
	egistered Waste Hau	ler:	- Sugar-	NIDE	P Waste Hauler ID N	Vo.:	Cubic Yards	Name of Regis	tered	landfi	1.	
Newark Ca		nor.		4506	T Waste Hadier 15 .		of Waste:	Tullytown Re.				
City, State Newark, N			Dispo	osal Dat	e:		City, State: Tullytown, PA 1134	18				
Completed Patrick Nu		-		Title: Projec	ct Manager		truk dru	Date: 01/8/13		7.		

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.\*2. 7:26-2.12)

Date of N	otification (1):			Iding O	wner/Operator (2)		117 6 57	**************************************				
Agencies Notified	Type Notification	Street	Addre	ss:		2013 F	EB -8 PM 2:0	8				
Ď EPA	☐ Amended			Zip Code	2:	14		×1				
Ø DEP	Amendment#:		ırk, Nj (			4 9-45	STOR STATE	٦ <u>ز </u>		<del></del>		
NDOL	☐ Emergency (including		of Cor			Š	LIGE Telephon	A Alexandra	P			
)S-DOH □ DCA	justification)	Benja	ımın I	Olagado								
	,	-			FACILITY INFO	ORMA	TION		i			
	Facility Where Abates	ment is	Taking	Place (	3):	Тур	e of Facility (4):	7				
Lincoln S	School						hool (K-12)					
Street Ado	drece:						bchapter 8 (Other than I ther (i.e. private & comm			ita \		
	ieu Terrace	15 950				100				ic.)		
		ty (6):		Coun	ty Code (7):)	- Squ	are Fest: 100,000	# of Floo	rs:		W 7	
City (5): Newark	N.J.	ty (0).		07106			g. Age rent Use (Prior if bein	g demolished):				
Name of N	Monitoring Firm Hire	d by Bu	ilding	Owner:	ASCM No.:		ne of Abatement Cont					
(8)TTI	G. S.		- 8	85			virocare Enterpris	125 (25)				
Street Add	1				1		et Address:	es The		The latest	No.	
	th Church Street				2 5							
		+					Broadway		13 <del>200</del> 12.21	1/0. 1		
City, State	e, Zip Code: wn, NJ 08057					City	, State, Zip Code:				*	
1110010310	,					Ne	wark, NJ 07104					
	anager for Monitorin	g Firm:			Telephone No.:	Tele	phone No.:	License No.:				
James A	Guilardi				856-840-8800	(97	3) 732-6225	01017				
Start Date 01/18/13		Schedul 01/20/1		npletion	Date (11):	10000000	ne of OSHA Monitor: Environmental, Inc					
Occupancy	Status During Abateme	ent (Chec	ck only o	one)		Stre	et Adiress:		-			
Facility (	Closed/vacated During E ent Performed Outside of	Entire Per	riod of A	Abatemer Hours	nt		West 23th Street  , State, Zip Code:					
Describe:												
☐ Other						NY	C, NY 10007					
	non-friable asbestos cont	taining b	uilding	materials								
	For example of the control of the c	ly):		Reno	ovation olition		Ø Mini ☑ Glov	Containment with Enclosure ebag Procedure Exempted (*) and I				
		Is	Locat	ion	1		-,,		1	Abat	emen	
I	Location of	1	Vorma	lly	Do	escript	ion o.			Ty	/pe	
Asbestos-	Containing Material		d Sole		(i e therm	taining al syst	g Mathial (ACM) ems insulation,	1 - 2 - 3			ш	-
TO.	(ACM)		intena Custodi		surfa	icing,	VAT, Ør	Amount	Removal	700	Encapsulat	Enclosure
	BE ABATED IN Facility		Staff		other	misce	llane ris)	(Specify	VOU	Repair	psu	ost
	(13)	G	(12)	177.5			,	SF or LF)	al	7	ılat	ire
Basemen		Yes	No X	N/A	Pipe Insulation			13 LF	*	10.51		-
		1	-	+	Ceiling plaster			36 sf	*			-
		-		-				****	1 -1-		U ne	-
				-	- 1	7 n					100	21
			1	NIDI	EP Waste Hauler ID	No.	Cubic Yards	Name of Regis	stered	landfi	1	
	Registered Waste Hau Carting, Inc.	ıler:		4506	er waste Hauter ID	110	of Waste:	Tullytown Re.				
City, State	e:		Disp	osal Dat	e:	100	Cit., State:		117 6		*115	
Newark, 1			1 9				Tullytown, PA 113	48				
Complete	d By:			Title:			ature:	Date:		- 3- 1- 1-	•	,
Patrick N				Proje	ct Manager	1	trule new	01/8/13	20	74	så! m	u <sub>g</sub>

18/ Novock

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

Date of Nollfication (1)	· 102	-	Name of Build	ding Owner/Operator (2)			
1/29/20	013		EDUARD	O ALBUQUE	ROB		88
Agencies Notified	Notification Type		Street Addres	- 1 t	7	7.7	·
(Y) EPA (V) DEP	(V) Initial Notification		52:54	YORKTE AV	ENUE 8	10	
() DOL	( ) Amended Certifica ( ) Cancelled	ition	City, State, Z	ip Code	6. 4	9	
(NDOH			INORTH 1	ARLINGTON 1	UI 0100	of s	ò
() DCA		<i>x</i>	Name of Con	5 ABOVE	Tek Numbe	51971	
		FACILITY IN	NFORMATION	~ mayn	- 77		7
Name of Facility Where Abatement is T	aking Place (3)		Type of Facili			0)	-
Street Address	3 3 3 - 3 - 3 - 3		( ), Subchapte	er 8 (other than K-12)			
	O. T.			private & commercial bl	dgs., hornes, e	tc.	
141 SANFORD AVEY City (5) County (6)	UUE   County	Cada (7)	Sq. Feet_	990 # of Flo	ors{J		
MUNDHURST BERGE	/ State II	Code (7) se Only)	Bldg. Age +	SOVEARS (prior if being demolished	,		
Name of Monitoring Firm Hired by Bldg	. Owner (8) ASCM N	lo	Odirent ose (		ontractor (9)		
	1 1			1/4150	CONSTRI	Intiant T	NIC
Street Address	1	-	Street Addres	<u>10007</u>	1.010~11	1011011	- OC .
	De 11	a transfer	52-54	FORETE AVE	MUTE		
City, State, Zlp Code	) N:	-	City State, Zir	oCode	··UUh.		
	1.00	Territoria, The	NORTH	ARLINGTON	AUT DT	031	
Project Manager for Monitoring Firm	Telephone Number		Telephone Nu	umber	License Nu	mber	
	10//	N. Albert	(201)99	77-7161			
Scheduled Start Date (10)	Schooled Completion	Dale (11)	Name of OSF	A Monitor			
	Mo						
Occupancy Status During Abatement ( ) Facility Closed/Vacated During Entire	R Period of Abatement		Street Addres	SS		* 0 * 1 30 * 11	
( Abalement Parformed Outside of No	ormal Facility Hours -		City, State, Zi	n Code	<del>,</del>		
Describe		*	Sittl Oldrey El	<del>p 000</del> 9			
Other - Describe							
Source of Work (Check all that apply)				-			
√) Demolition ( ) Renovation							
( ) Large Proj. (>160 SF or >260 LF AC ( ) Full Containment with Negative Pre	:M) ( ) SM Proj. (>25<1) ssure ( ) Mini-Enclo		60 LF ACM) ( ovebag Procedu	( ) Minor Proj. (<25 SF o	r <10 LF ACM	)	
	ition Normally Used	Description of	ACM (i.e.	Amount (Specify SF of	r LF) Aba	lement Type	
Facility (13) Staff?	by Maint./Custodial (12)	thermal system surfacing, VAT		0-0-1			
Most FLIABLE YES	NO NA	miscell.)	3.0	LO CUBIC	ARIS Ren	n. Rep. Enc	cap En
11 Pril 50 100	I XI	1) ouble			×		
1000 danger			606				
The DI INCH. VVaste Hauler	NJDEP Waste Hauler	ID#	Cubic Yards o	of Wasle	Name of Re	g, LandaN	
L'ALI CARTING INC.	09330		± 20		Consin Con	tra/ Vinta	1
City, State	<u> </u>	12812		Disp. Date	J SPERIOD COTA	City State	1
KEARNY, N. 1 07032						Hon A160	0/1
Completed by (Print or Type)	Title		Signature	^	Date	1,01-1	41-
EWARDO ALBUQUERQUE	OWNER		1 Son	exio Mas	riela	'	
Mail lo: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414	Telephone 609-984-66	20	V 1		C:\W@RD\M 9/18/0:0	YDOCSWSBE	STOS
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

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

Date of Notification (1)	14/201	3			1 /	ding Owner/Operator (	2) ¢	<b>`</b> &	PH	4
Agencies Notified	1/001	Notification	Type	1 11 11		NIA MAI	10101			!
(YEPA	(	( ) Initial N	otification	t	Street Addre	SI Albert St	-	100	Trees.	(S)
(L) DEP () DOL	24	( ) Amende ( ) Cancell		ation	City, State, Z	And the second s	<b>+</b>	- 5 T)	4	
() DOH () DGA					Name of Cor	Arlington, N		70 32 Number		
				CACILITY IN	EDUATO	o Albequerqu	0			
Name of Facility Where Abate	ment is Ta	king Place	(3)	FACILITY	FORMATION Type of Facil	ily (4)				
A .		HOME			( ) School (K		hidas ho	mas etc		
141 SAnford L	Lange							rries, etc.		
0.111.01	ounty (6)		County	Code (7)	1	350 # of F	loors	ζ.	âs	
	erge	0		Ise Only)	Bldg. Age Current Use	- 80 CLEARS (prior if being demolish	ed)			
Name of Monitoring Firm Hire			ASCM N	No.	1		Contracto	× (9)		
						Lus	N. Co	D SHE CA	bar	2
Street Address		<del></del>	1		Street Addres		A CC	20110	110.	
					52-54	+ Posete A	enue			
City, State, Zip Code					City State, Zi	pCode				
				4.1	Non	H DRINGTO	N	JJ O'	7031	
Project Manager for Monitoring	g Firm	Telephone	Number		Telephone N			se Numbe		
Scheduled Start Date (10)		Scheduled	Completio	n Date (11)	Name of OSI	A Monitor				
Occupancy Status During Aba (V Facility Closed/Vacated Du ( ) Abatement Performed Outs	ring Entire	Period of A mal Facility	batement Hours -		Street Address					
Describe <u>Preparing</u>	toe 1	Demotil	non	The state of the s	City, State, Z	<u>p Cooe</u>				
Other - Describe				-134 -133 - 134						
Source of Work (Check all that	apply)	(30) = A - 1 - 1 - 1								
Demolition () Renovation () Large Proj. (>160 SF or >20 () Full Containment with Neg Location of Aspestos-	60 LF ACN alive Pres		Mini-Enclo		vebag Procedu	( ) Minor Proj. (<25 SF re Amount (Specify SF			nent Ty	ne
Containing Material (ACM) in Facility (13)		y Maint./Cus 2)		thermal system surfacing, VAT miscell.)	ns insulation,	± 20 Cubic ya		Rem.		Encap
- Hou ·	110		1	misceii.)		accepte ga		340		
NON Friable			V .	Double	BAG					-
Roof Shingles						1 1 1 1 1 1 1 1		-		-
Name of Reg. Waste Hauler		09330		ID#	Cubic Yards of	uluc yards	1	of Reg. L	777	Jaco
City, State	132					Disp. Dal		C	ily, Stat	te //
Completed by (Print or Type)  ANHONIA MANGO		Title	eety		Signature	a lhucala	Date	2/4/2	013	7
10 10 KIT. IN INTO CIC		0201			1010000	ce por region		1-1		

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

Telephone 609-984-6620

C:\WC\RD\MYDOCS\ASBESTO 9/18/00

	20		Pursua	nt to NJ	AC 8:60 and 1	2:120)	Carl Chec	k#7	396		
Date of Notification	(1) February 6, 2013			of Building	Owner / Operator	(2) 2012 -	and I be to				
Agencies Notified	Type Notification		_	Address	2	ZUISTEB.	-8 p.,		v		
□EPA □DEP			1345 (	Chews Lan	ding Road	4 / Jan	-8 PM 2: 68				í
⊠DOL □	Initial Amended		(-) (140 - 140 ) (-)	tate & Zip ( Springs, I			MANNG "WI.				
DCA	Amendmen  Cancellation		Name Dino N	of Contact			lТе	lephor	ne Nu	mbe	ir -
			FA	CILITY IN	FORMATION						
Name of Facility Wh Bank of America	nere Abatement is Taki	ng Place (3)			Type of Fac						
Street Address					Subcha	apter 8 (Other than	K-12)				
1345 Chews Landir	ng Road				Other Square Feet	· ·	ommercial building	s, hon		tc.)	
City (5)					6,00		1	g. Age	58		
Laurel Springs						(Prior if being den	nolished)				
County (6) Camden		County Code	(7)					S.	9		V 1
Environmental Tes	Firm Hired by Building ting Consultants, LL			ASCM N	Synatech, I		r (9)				
Street Address One Mall Drive, Sui	ite 404				Street Addre 829 Radio F						
City, State & Zip Coo	de				City, State 8	Zip Code					
Cherry Hill, NJ 080 Project Manager for		Те	lephone N	Number	Telephone N	larbor, NJ 08087 Number	License Num		Wood		-
Howard Zenobi	- (40)		6-482-131		609-296-691			0081	7		
Scheduled Start Dat February 16		luled Completion Marc	h 1, 2013		Synatech, la	SHA Monitor , nc.					
	During Abatement (Che sed/Vacated During Er		Abatemer	nt	Street Addre						
Other – Des					City, State & Little Egg H	Zip Code larbor, NJ 08087		20		200	25
Scope of Work (Che	cupied During Abateme	ent						-			
≥3 sf or ≥ 50 li ≥160 sf or ≥2	f		Renovatio Demolitio	n		Mini-Enclosure Glovebag Proced	t with Negative Press dure *) and Non-Friable Pr		re	. 17	Sa Ti Mag H
Asbestos-Conta	ocation of aining Material (ACM) BE ABATED	Solely by	on Norma y Mainten dial Staff	ance or	Descrip Asbestos-C Material	Containing.	Amount (Specify SF or LF)	Ab	atem	ent T	Гуре
IN	N Facility (13)	Yes	No	N/A	(i.e., therma insulation, su or other mise	rfacing, VAT		Removal	Repair	Encapsulate	Enclosure
Telle	r Line Area			х	Vinyl Flooring	and Mastic	250 SF	Х			
			0.1946		1		90.200				
Name of Registered	Waste Hauler	NJDEP V Hauler ID	No.		rds of Waste	Name of Regist					
Synatech, Inc. City, State		27	429	3 Disposal	Date	Grows Landfill City, State			_	-	-
Little Egg Harbor, N	NJ 08087			March 4,		Morrisville, PA					
Completed By	Title	2	10.11	Signature		Ti Ti	Date			4	1.7
Diane Aloia	Exec	utive Adminis	strator	ING	ane allor	N I	February 6, 2013				

						AD IN	Che	ck#	739	7	
Date of Notification	(1) February 6, 2013			e of Building	Owner / Operator		11/11/2				
Agencies Notified	Type Notification			t Address		20/3FFD	8 PM 2: 68		-		
□EPA						1,58 -	8 04		13		
DEP			470 N	North Delsea	Drive	\$ 12 km	17 2:00				
	- I-W-1	*	-			-	0.6				ί
⊠DOL	Initial			State & Zip C		Q LICE					
⊠рон	Amended Amendment		Vinel	and, NJ 083	660	714	SHIG TOL				
DCA	Cancellation	<b>"</b>	Name	e of Contact			IT.	Janha	N		
,	Gancellation		11/20/11/00	Nappi			ļ.,	elepho	ne N	umbe	er
	*		FA	CILITY IN	FORMATION						-
Name of Facility Wh	ere Abatement is Taking	g Place (3)			Type of Fac					-	
Street Address							- K 42)				а
470 North Delsea D	rive					apter 8 (Other tha		. W			
470 North Delaca D							commercial building			etc.)	
City (5)					Square Feet			g. Age			
Vineland					4,00 Current Use	(Prior if being de	2 molished)	-	60		
					Bank	(Filor ii being de	monshed)				
County (6)		County Cod	le (7)								
Cumberland		USE ÓNLY									
	Firm Hired by Building C	wner (8)		ASCM No	. Name of Aba	atement Contract	or (9)			_	
	ting Consultants, LLC				Synatech, It				10		
Street Address					Street Addre						
One Mall Drive, Sui City, State & Zip Coo				1000	829 Radio R		January 1981				
Cherry Hill, NJ 080					City, State &						
Project Manager for		Te	elephone	Number	Telephone N	arbor, NJ 08087	License Num	her			- 7
Howard Zenobi			6-482-13		609-296-691		Licerise Num	0081	7		
Scheduled Start Date		ed Complet			Name of OS	HA Monitor					
February 16	i, 2013 uring Abatement (Check		ch 1, 201	3	Synatech, Ir						
	sed/Vacated During Enti		Abateme	ent	Street Addre 829 Radio R						
Abatement	Performed Outside of No	ormal Hours	s		City, State &	Zin Code		-		-	-
Other – Des						arbor, NJ 08087					
Facility Occ	upied During Abatement										
Scope of Work (Che										_	-
ocepe of tronk (one)	on an trial apply)					1					
$\ge 3$ sf or $\ge 50$ If			Donoveti	22			nt with Negative Press	ure			
		님	Renovati		$\succeq$	Mini-Enclosure					
≥160 sf or ≥26	ou ir		Demolitio	on		Glovebag Proce					
					$\boxtimes$		(*) and Non-Friable Pr	ocedu	re		
	cation of			ally Used	Descript			Ab	atem	ent T	уре
	ining Material (ACM) E ABATED		y Mainter odial Staff		Asbestos-C Material		Amount (Specify				
	Facility	00000	I	(12)	(i.e., therma		SF or LF)	$\vdash$			
	(13)	1 5 5 1			insulation, sur	facing, VAT		_,		밁	m
					or other misc	ellaneous)		Remova	Repair	Encapsulate	Enclosure
									pai	l Sc	હ
		Yes	No	N/A				=	3	ate	9
Teller I ine and 15	st & 2 <sup>nd</sup> Floor Stairwell			X	Cove Base	Montio	165 LF	-			_
	ndings			^	Cove base	iviasiic	105 LF	x			
	· · ·			1 2/4	W-1 W-1			1			
The second						4		1		ш	
Name of Registered	Waste Hauler	NJDEP V	Naste	Cubic Yard	ls of Waste	Name of Regis	tered Landfill	ш		Ш	
		Hauler II		Cable Tale		Traine of Regis	CIOU LANGIIII				
Synatech, Inc.		Carlotte Comment of the Comment of t	429	2	- 1 - 24	Grows Landfil	l the second			20	1 23
City, State				Disposal D	ate	City, State					
IAAL E											
Little Egg Harbor, N				March 4, 2		Morrisville, PA					
Completed By	Title .			Signature.	1///		Date				
Diane Aloia	Execut	ive Admini	strator	N W	re allo	(A)	February 6, 2013				

#### State of New Jersey

* * * - 10	NC	TIFI (Pu	CATION	OF ASE to NJAC	BESTOS ABA	ATEME 2:120)	ENT CK:	300	1400				
Date of Notification (1) 2/6/13					Owner/Oper Private H		CK:	2013	cr.	71	El		
Agencies Notified Type Notifica	tion	- 1	Street A				4		EB -8	D <sub>k</sub>		144	
▼ EPA	120		4 West			+	741	A.	1	17	2:0	0	
DEP Amende Amende Amende			City, Sta Holgat					& L	leg M	62 J.z.	· (	9	
DOH justificat	ion)		Name of Vinnie	Contact				Te	lenhone Mri	mhbr	Ψ <u>/</u>		
			FACII	ITY INF	ORMATION						_		
Name of Facility Where Abatement is T Vinnie Renz / Private Home	aking Place (3)					T	ype of Facility ( School (K-1						,
Street Address 4 West Scott Dr.							Subchapter	8 (Oth	er than K-1	2)	dinas	hom	
City (5)							etc.)						es,
Holgate NJ 08008				•			quare Feet 000+	2	of Floors		8ldg. <i>A</i> 85+	∖ge	
County (6) Ocean			County C	ode (7) ISE ONL	n		urrent Use (Pri Iome	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Build N/A	ing Owner (8)		ASCM	No.			Abatement Cor	ntracto	r (9)				
Street Address						reet Ad	o Inc.						
					10000	O Bo							
City, State, Zip Code							e, Zip Code Serlin NJ 080	008					0.50
Project Manager for Monitoring Firm		-	Telephor	ne No.	Te	elephon	e No.	-	License N	lo.	-	_	
Start Date (10)	Scheduled	Com	nlotion [	) Octo (11)			3-9800	-	00727				000
2/19/13	2/25/13		ipieuoii	Date (11)	7.1.	ame	OSHA Monitor						
Occupancy Status During Abatement (C					St	reet Ad	dress	1				-	
Facility Closed/Vacated During En  Abatement Performed Outside of N	tire Period of Ab	atem	ent		Ci	ty Stat	e, Zip Code				5 E 227-7097		
Other – Describe:	Tomar r domey r					ıy, Stat	e, zip Code						
Scope of Work (Check All That Apply)				-		`		-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promotes	novat moliti				×	Full Containme Mini-Enclosure Glovebag Prod	e cedure					
							Non-Exempted	d (*) an	d Non-Friat	le Pro			
Location of	No	ocation rmall	y		Donasis	diam af						ement pe	1
Asbestos-Containing Material (ACM TO BE ABATED	) Used Maint			Asbes	Descrip stos Containi	ng Mate	erial (ACM)		mount			m	_
In Facility	Custo	dial S (12)	taff?	(i.e	thermal sys surfacing			1000	Specify F or LF)	Removal	Repair	ncap	Enclo
(13)					other misc	ellaneo	us)	£		oval	oair	Encapsulate	Enclosure
Exterior Siding	Yes	No	N/A	-	Estados	Cidia		40	00.05			е	
Exterior Siding			X		Exterior	Sidin	g	18	800 SF	х			_
		-									_		
		4	1000				`				× 12		-
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Yard	de	Nomo ef	Pociat	ered Landfill		144		
United Containers		Ha	auler ID I		of Waste	43	G.R.O.	and the state of t	reu Lanuilli				

3

Title

President

Disposal Date

Signature

2/25/13

Completed by

Anthony T Perna

City, State

Elm NJ

Date

2/6/13

City, State Morrisville PA 19067

JEST FOR WALVER		HEE	icht fo	F AS	Jersey BESTOS ABA ; 8:60 and 12:	120)	Dept. of He	signature	Mento Me	ν
Date of Notification (?)			-		ng Owner/Operato	r (2)	Date: 241	13 7	ime:	<u>٠</u>
2-4-2013					<b>BNATO</b>		1,00	- 0		
Agency Modified Type Notification  G GPA  C telled  G Antended		-	20	Address: A //	HERST (	COURT	- Pro	- 5	3	
DEDOL Antendement it			MAR	LEU	F.N. Occar	- 07040		- ·	6	
DALDOH - Sestimental (mining)	igni		Menno s	al Comp	kcz ,		Tolephone Min	calcutes"		•
D Carrellation	3 3				DONATO				C STATE	1000
			FACE	TLA M	FORMATICAN			W. T.		7
Nume of Facility Where Abstractors in Tribing P	Tarce (3)			•		Type of Facility	(4)	0, -	e) Po	- 2
R. DI DONATO :						LI School (16-12	)		-	
Street Address		- 3	. ="			Subshapter &	Í (Cilipir tinan 14-12 Ngàs 2 corpoparsi	al proper. S		
20 AMHERST 1200	ORT					house etc.)				
GRy (5) .						Square Feet	# of Floors	Hidg.		
MAPLEWOOD.						2200	12		5	1
County (6)		1	Country	Code (	7) (STATE USE		tor 2 boing dansol	lebed)	1	1
ESSEX COUNTY			ONLY)	y Toda ta	1	RESIDE				
Marine of Munituding Firm Hand by Building On	NUCE A	SOM	No.			mont Contractor (				
(8)				•	_	Removal I	nc			
Street Address	TVE T		-	1	Silvent Address		- 4 - L	12		
						River St				_
City, State, Zip Code				144.0	City, State, Zip	Code 3	T 07601			
						neack, N.				_
Project Manager for Monitoring Firm	Tel	aphan	e No.	us in	Telephono No.		00388			
					201-329-		00300			_
Smirt Date (10) Substituted	Completto		p (11)		Name of OSHA	Moder Moder	tal Inc			
2-7-2013 2-8 Occupancy Status During Abstracting Check of	201	5		·	Street Address					-
					280 Huy	yler: St				
Di Faidilly Classed Variation During Entire Period Di Alesterante Performed Outside of National Fa Michigan — Describer: BAM 5 PM	ardiby (Anes	ment Is		,	City, State, Zip		k, N.J.	0760	6	
Scope of Work (Clouds all that apply)  2.9 of or 2.3 F  12.2 160 of or 2.280 F	bsi		el Dess	ovation collin	O Put	Containum's with Forleyton velsay Procedure -Exempled (*) ins	Negative Pressur		AL	1
Location of Authoriting Controlling Statement (ACM)  TO BE ABATED  LIN Fraction  (15)	Hend Make Ca	Solol Solol Solol Solol (12)	A pa	Access 64	Description scies Containing N a. Thousal system qualifying, VA ulter missellet	Entrollei (ACM) is insulation, T. or	Amount (Specify SF or LF)		Removal	Ropair
1	Yasa	Nh	NVA							Rapair
BASEMEUT		10	火	THE	ROMBC 18650	UFTION	86	LF	X	
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	IME	X P IA	Anste H	outer.	Cubic Yards of	Manage of Regula	derect Londill		Ц	_
Marine of Resolutioned Wheele Harder		do,							2	
Name of Regulated Whate Hauler Best Removal Inc	Control of the contro	710	9		3440		Enterpr	1368		
	17	710	9	-	3440 Disposis Date 2-8-13	City State	urg , Ob			

ASB-41

			ICATION	ate of Ne NOF ASE to NJAC	BESTOS	ABATE		т	20.	FEB -8	5/1	' / T.		
Date of Notification (1) 02/05/13 CK# 2480 \$200				f Building Tree Ch					411/3	FEB -8	۸.	1-4	9	
Agencies Notified Type Notificatio	n		Street A				.01	<u> </u>	£ 1	7 / S 10 10	PH	2:0	8	ŧ
EPA   X Initial   Amended   Amendme				ate, Zip Co nfield, No		ey 07	003			18CHO	MG 1	Pal.		
☑ DOH   ☐ Emergence justification     ☐ DCA   ☐ Cancellation			Name o Jackie	f Contact					Те	ephone N	umber	31		
			FACI	ILITY INF	ORMATI	ON								
Name of Facility Where Abatement is Tak Olive Tree Day Care Center Street Address 314 Broad Street	ing Place (	3)					Typ	School (K-1: Subchapter Other (i.e. p	2) 8 (Oth			dings	, home	es,
City (5) Bloomfield, New Jersey 07003							Squ	etc.) uare Feet .000		f Floors	E	3ldg. /		
County (6) Essex				Code (7) USE ONLY	n	_	Cur	rent Use (Pric	0.77	ing demoli			-	
Name of Monitoring Firm Hired by Building Briggs Associates	g Owner (8)		ASCN	И No.				patement Con rporation	tractor	(9)				
Street Address 3 Crosswicks Street					F (4)	Street 606		ress Bride Avenu	е	4				
City, State, Zip Code Bordentown, New Jersey								Zip Code id Park, Ne	w Je	rsey 074	24	- 1		
Project Manager for Monitoring Firm Michael Hoodak			Telepho 609-29	ne No. 98-5520		Teleph 973-2		No. -8400	•	License 01104	No.			
Start Date (10) 02/22/13	02/24/	13	npletion	Date (11)				SHA Monitor ironmental	Labs				i	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire	Period of	Abaten	nent			Street 2333		ess ute 22 Wes	it					
Abatement Performed Outside of No Other – Describe: 6pm Start	rmal Facility	Hours	3					Zip Code lew Jersey	0708	3				
Scope of Work (Check All That Apply)								5-18				VAI-T-LINE		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ F	Renova Demolit	ition tion			×	N G	full Containme fini-Enclosure Blovebag Proc Ion-Exempted	edure				e	
Location of		Locati						- 4				Abat	ement /pe	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Conta thermal surfac		fateri s insu T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Attic Storage Area	Yes	No	N/A	Clo	an up A	aboat	00 [	)obrio	- 11	30 SF	- V		. 0	
Allie Glorage Area				Cie	all up A	เอมซอน	05 L	PEDITS	10	50 51	X			
					- 1. 1	ara-				100	_			
			1	12 13										
Name of Registered Waste Hauler Lilich Corporation		Н	JDEP W auler ID 3724		of Was			G.R.O.V			III			
City, State Woodland Park, New Jersey 0742	4				Dispos 02/25/	al Date /13		City, State Morrisvi		ennsylva	ania	yeli j		
Completed by Tatiana Kalenikova	Title Vice	Presi	dent	14		gnature		ea les	Le	_	ate 2/05/1	13	×	

Date of Notification (1	) ebruary 5, 2013	100		ne of Building Sylvan Asso	Owner / Operato	or (2)	- 17-7-7-7-C	34		01	_/
Agencies Notified	Type Notification			et Address			FEB			-	-
□EPA □DEP			580	Sylvan Aven	ue, Suite M-E	<b>₽</b> ₹3	13FEB -8 PM 2	ેઃ હફ	,		
DOL	Initial		City	State & Zip C	ode	- 5	Lie Carrie	1 -3944			
⊠рон	Amended			lewood Cliffs		5.	LN SING	·VI.		8	
DCA	Amendment #	<u>+</u> _		200							
	Cancellation		Nam	e of Contact		8	,  170	elepho	ne N	lumbe	er
			F	ACILITY IN	FORMATION	V				_	_
Name of Facility When	re Abatement is Taking	Place (3)			Type of Fa	cility (4) ol (K-12)					
Street Address						hapter 8 (Other tha	n K-12)				
360 Sylvan Avenue					7.1	r (i.e., private & c	ommercial building	s, ho	me,	etc.)	
City (5)					Square Fe		oors Blo	lg. Ag	е		
Englewood Cliffs					Current Us	e (Prior if being der	nolished)		50		
County (6) Bergen		County Cod		***	Post Office	e			_	_	
Name of Monitoring Fi	rm Hired by Building O			ASCM No	Name of A	batement Contracto	or (9)				
Tiger Environmental,	Inc.				Synatech,	Inc.	,, (0)				
Street Address 16 West Elizabeth Av	enue				Street Adda 829 Radio						
City, State & Zip Code	PROPERTY AND ADDRESS OF THE PARTY OF THE PAR		-			& Zip Code				-	-
Linden, NJ 07036 Project Manager for Me	onitoring Circu	1=		<u> </u>	Little Egg	Harbor, NJ 08087					
Kelly Walton	AND THE PARTY OF T		eephone 8-862-4	Number 301	Telephone 609-296-69		License Num	ber 0081	7		21
Scheduled Start Date ( February 5, 2		d Complet	ion Date			SHA Monitor		0001			
Occupancy Status Dur	ing Abatement (Check	only one)			Synatech, Street Addr			-			
Facility Closed	d/Vacated During Entire	e Period of		ent	829 Radio						
	erformed Outside of No	rmal Hours	3		City, State 8	& Zip Code					-
Other – Descr	ibe: ied During Abatement				Little Egg I	Harbor, NJ 08087					
Scope of Work (Check											
≥3 sf or ≥ 50 lf			Renovat	ion		7	t with Negative Press	ure			
≥160 sf or ≥260	If		Demoliti		F	<ul><li>✓ Mini-Enclosure</li><li>✓ Glovebag Proced</li></ul>	tura				
			CALLES OF THE STATE OF THE STAT		D		') and Non-Friable Pr	ocedu	re		
	tion of			ally Used		otion of	The state of the s	-		ent T	уре
	ing Material (ACM) ABATED	Custo	y Mainte dial Staf	nance or f? (12)	Asbestos-( Material		Amount (Specify SF or LF)				
IN F	acility				(i.e., therma	al systems	Si di Li.	$\vdash$	_		
(1	3)				insulation, su or other mis			ړ		등	Щ.
		-	9-1-2		or other mis	cellarieous)		Remova	Repair	aps	Enclosure
		Yes	No	N/A				val	air	Encapsulate	sure
First Floor	1.4 (0.2)			х	Floor	Tiles	4.5 SF	Х			Г
	The state of the s			1 1 1	AT THE SERVE	1.1.	. 1-60.0	2.40	. Es		
								11 -			
lame of Registered Wa	aste Hauler	NJDEP V		Cubic Yard	s of Waste	Name of Registe	ered Landfill			щ	
Synatech, Inc.		Hauler ID	No. 429	<1		Grows Landfill					
City, State				Disposal Da	ate	City, State			41.41.2		
ittle Egg Harbor, NJ	08087		Yan Caran	March 4 3	0042	a last					
Completed By	Title	pentil and a second		March 4, 2 Signature	.UI3	Morrisville, PA	ate	<u> </u>	X-1-1-	1012	
Nane Aleis	F	.a. A -! · · ·		1()10	- Hln						
Diane Aloia	Executiv	e Adminis	trator	10 les	- occi	F	ebruary 5, 2013				

#### NO

State of New Jersey	82-
TIFICATION OF ASBESTOS ABATEMENT	May me
(Pursuant to NJAC 8:60 and 12:120)	- 1, 1

				to NJAC	8:60 and 12:	:120)		-1.6	WE.	Phn.			
Date of Notification (1) 02/05/13 CK# 2481 \$200					Owner/Opera		2) 2013 FE	9-0	^	ý			
Agencies Notified Type Notification			Street A	ddress 18th Ave	nue		2) 2013 FE	0	PH 2: (	8			
EPA Initial DEP Amended Amendment		_	City, Sta	ate, Zip Co		)	<del> </del>	ZN. II	No Kel		2.32		
Emergency justification)  DCA  Cancellation			Name o	f Contact Somers				Tele	phone Nu	mber	-		
					ORMATION								
Name of Facility Where Abatement is Takin Old Mill School	g Place (3	3)					Type of Facility  School (K-						
Street Address 2119 Old Mill Road							Subchapte Other (i.e.	r 8 (Othe			dings	, hom	es,
City (5) Sea Girt, New Jersey 08750							Square Feet 20,000	# of 2	Floors		3ldg. <i>F</i> 55+	\ge	
County (6) Essex				Code (7) USE ONLY)			Current Use (Pr School	or if bein	ng demolis	hed)			
Name of Monitoring Firm Hired by Building 6 Birdsall Services Group	Owner (8)		ASCN	Λ No.			f Abatement Co Corporation	ntractor	(9)				
Street Address 65 Jackson Drive		e de la composition della comp			1000		ddress IcBride Aven	ue					
City, State, Zip Code Cranford, New Jersey 07016							ate, Zip Code land Park, No	ew Jers	sey 0742	.4			
Project Manager for Monitoring Firm Kevin Burns			Telephoi 609-29	ne No. 98-5520	Tel	lepho	ne No. 25-8400		License N 01104				
Start Date (10)	Schedule 02/17/	ed Con	npletion l	Date (11)			f OSHA Monitor nvironmenta						
Occupancy Status During Abatement (Chec	k Only Or	ie)	1				ddress						-1
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 8am Start	Period of A nal Facility	Abaten	nent s		Cit	y, Sta	Route 22 We					_	
Scope of Work (Check All That Apply)					_   01	nion	, New Jersey	07083				-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	tenova emolit			1	×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				е	
Location of		Locati Iormal			D	41					Abate	ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Sole intenar odial S (12)	nce/ Staff?	Asbest (i.e.	Description Containing thermal system surfacing, other misce	ng Ma ems VAT	iterial (ACM) insulation, , or	(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Date of Notification (1)			Name of	Building Owner/Or	erator (2)		15	-	.→ SS	.7	
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DOH justification)  Cancellation			N		Perca	do.	`,	405			138
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Steve Schen Ker	Title	ident	The San	Signat	ure	Sel.	6	Date	-(a	-13	

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ASB-41 (R-05-05)

\* Do not use this form for asbeptes licensure exempted activities

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Location of		Normal		D	escription	of			Т	/pe	
Asbestos-Containing Material		ed Sole		Asbestos Cor	ntaining Ma	aterial (ACM)	Amount			m	
TO BE ABATED In Facility	Cu	stodial S	Staff?		ar systems acing, VAT	insulation,	(Specify SF or LF)	Rem	Re	ıcap	nd
(13)		(12)			miscellane			Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	e)
Crawispace	×			Dia To	l. 1 ac		100 LF	120	1		
Clarocopace		-	-	Pipe I	Bulat	100	100 45	X	-	-	-
		-	-		-			-	-	_	-
		-									
Name of Registered Waste Hauler			IJDEP W lauler ID		c Yards		Registered Landfil	1			
EPC Technol	ogies		1700	State of the second	2	Was	ste Manage		- 4		
EPC Technol  City, State  New Egypt  Completed by  Steve Schen Kee	7.		.,,,,	Dispo	osal Date		ste Manage				-
New Egypt	N2	6		3.	1-13	Mon	risville	PA	,	200000000000000000000000000000000000000	
Completed by	Title	. ^	.J		Signature	201	Da	ate		-	
steve achenhen	HR	esid	ent		Slee	co) DCKe	ohn!	2-1	0-1	3	

# UK 212001

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

U .									00		
Date of Notification (1) February 5, 20	13			Name of Building		erator (2) li Homes	2013	EB.	, s	WE	
	al Notif	ication otification	8 D	Street Address		Mantoloking Road	2013,	14.5	P	7 2:	ે જ
[x] DOL Am	endment ergency	# (including		City, State, Zip Co		, New Jersey 08723	; ~ /,	CEW.	WG	May .	
I I DCA	fication cellation			Name of Contact Rich 2	Zarrilli	T	elephone Numbe	r			
			FAC	CILITY INFORM	IATION						
Name of Facility Where Abatement is Takin Residence	ng Place	(3)	a- 1.			Type of Facility (4)	School (k-12) Subchapter 8 (o	ther the	n k12\		
Street Address 424 Main Street		Te			1	[x]	Other (i.e., privalentes, etc.)				ldings,
City		nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors		g. Age	50	
Manasquan	Moi	nmouth				Current Use (Prior if Residen		)			
Name of Monitoring Firm Hired by Buildin Guardian Contrac				ASCM No.	Name of	Abatement Contractor		Inc	- 117		
Street Address		iic.		1	Street A	ddress			(a. 1		
1889 Route 9, Un City, State, Zip Code	11t 6 I				City, Sta	1889 Ro ate, Zip Code	oute 9, Unit 61				+ 3000
Toms River, NJ 0	8755					Toms R	iver, New Jers			271	
Project Manager for Monitoring Firm Nicholas Fernicola	. ,	Telephone 732-349				ne Number 9-9932	License 1 00624	Vumber			
Scheduled Start Date (10) 2/5/13		Scheduled 2/6/1		ion Date (11)	Name of	OSHA Monitor F. M.S.I.	. Analytical			5.	
Occupancy Status During Abatement (Chec	ne)			Street A	ddress	200	11				
[ X ] Facility Closed/Vacat						1056 St	elton Road				
Other – Describe	Outside	or Normai i	racility i	lours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	ey 088	54	\$	•
Scope of Work (Check all that apply)					[ ]	Full Containment	with Negative Pro	essure			
[x] >3 sf or ≥3 lf		r 1	Renova	tion	[ ]	Mini-Enclosure					
[ ] ≥160 sf or ≥260 lf		[x]	Demoli		[x]	Glovebag Procedu Non-Exempted (*)		Procedi	ıre		
		11-44-5			1.11		-	Abat	ement	Туре	
		Is Locatio			Descriptio			R	R	Е	Е
Location of		Normally u			estos-Cor		Amount	E	Е	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	Solely by ntenance/Cu			Material (A , thermal:		(Specify SF or LF)	M	P A	C	C
in facility		Staff	abtourur.		lation, su		01111)	0	I	P	Ö
(13)	en la com	(12)			VAT, c		Vilo a V	V	R	S Ü	S
	YES	NO	N/A	othe	er miscella	ineous)	K K S FEE	A L	· · · · · · · · · · · · · · · · · · ·	L .	R E
Exterior		X		Asbestos trans	ite panels	S. Carlotte	10 sf	X		-	
1 <sup>st</sup> floor	2 1 1 1	X	11.7	Fireplace insu	lation	The second	25 sf	X			
	100	H CANADA	1							- 1	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Wast 2	te Hauler 0223	ID No. Cubic Ya	rds of Wast	e Name of Register T.R.R.F.	ed Landfill			907 907	
City, State Toms River, New Jersey	11/2	110	Dispos 2/7/1	al Date	City, Sta						
Completed by (Print or Type)	Title	II X - I Ba	2///1	Signature \( \)	ı ı unytt	Jwg, remisyrvania	1	Date			
Nicholas Fernicola	Proje	ect Manage	er	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	cho	(te		2/5/2	2013		

#### State of New Jersey

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

Date of Notification (1)	Assessment .			Name of Building	Owner/Op	erator (2)	201-	101		,		
2/5/2013						line Construction	Co.	8.0	1/2	217	6	
	itial Notif	ication otification		Street Address		gh Street	4	` <i>\</i>	PA	2:0	<u> </u>	
[x] DOL [x] A		(including		City, State, Zip Co		vood, New Jersey (	08701	Vay	115	81		
	stification ancellation			Name of Contact Yossi	Jacobow		elephone Number		-0			
			FAC	CILITY INFORM	IATION		The state of the s					
Name of Facility Where Abatement is Ta Residence	king Place	: (3)				Type of Facility (4)	School (k-12) Subchapter 8 (ot	her tha	n k12)			
Street Address 117 Melville A	venue					[x]	Other (i.e., priva homes, etc.)				ldings,	
City	Cou	nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors		g. Age	50		
Lakewood	Oce	ean				Current Use (Prior if Resider	1.7	)				
Name of Monitoring Firm Hired by Build N/A	ing Owne	r (8)	11111	ASCM No.	Name of	Abatement Contractor		Inc				
Street Address					Street A	ddress		IIIC.				
City, State, Zip Code	Ř.O			* * * **	City, Sta	te, Zip Code	oute 9, Unit 61					
Project Manager for Monitoring Firm		Telephone	Number		Telepho	Toms R	Liver, New Jerse License N			271		
					732-34	9-9932	00624					
Scheduled Start Date (10) 2/5/13		Scheduled 2/6/1	0.00	tion Date (11)	Name of	OSHA Monitor E.M.S.I	L. Analytical					
Occupancy Status During Abatement (Charles   X   Facility Closed/Va   Abatement Perform   Other – Describe	ated Duri	ng Entire Per			City, Sta	1056 St	elton Road	y 088				
Scope of Work (Check all that apply)	- 25				[ ]		with Negative Pre	54,		-		
$\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} > 3 \text{ sf or } \ge 3 \text{ lf}$ $\begin{bmatrix} & & & \\ & & & \\ & & & \end{bmatrix} \ge 160 \text{ sf or } \ge 260 \text{ lf}$		[ ] [ x ]	Renova		[ ] [ x ]	Mini-Enclosure Glovebag Procedu Non-Exempted (*	ire ) and Non-Friable I	Procedi	ure	17		
				100000000000000000000000000000000000000				Abat	ement	Туре		
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	)	Is Location Normally used Solely by the nance/Custaff (12)  Substitute of the substi	sed /	Asi N (i.e ins	Description bestos-Con Material (A ,, thermal ulation, su VAT, of er miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E E E N N C C C A L P O		
Exterior	21 (2-3-6)	X		Asbestos sidir	ig	A SECTION AND A	800 sf	X				
			-	\$100 miles (100 miles)								
	el Pari		10000		S			72.				
Name of Registered Waste Hauler Guardian Contracting, In	с.	NJDEP Was	0223	3::	ards of Was	T.R.R.F.	red Landfill					
City, State Toms River, New Jersey			Dispos 1/11/	sal Date 13	City, St Tullyt	ate own Pennsylvania	1	4 14				
Completed by (Print or Type) Nicholas Fernicola	Title Proj	ect Manag		Signature	chot	Ter	1	Date 2/5/	2013			

CK # 25056

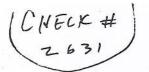
### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1	2/6/13	-	N	lame of	Building	Owner/Operator	/Ir. Harold Cot	tler	A. "D	-Dr	1		
Agencies Notified	Type Notification		- 5	Street A	ddress	300	6 Monmouth	.785		MA	ړ.ج	<b>⊋</b> c	
EPA DEP DOL	Initial Amended Amendment #_		-	City, Sta	ite, Zip Co	ode	ley Beach, NJ	, CF.	No11	Ni.	27	_	
DOH DCA	Emergency (including justification)  Cancellation	cluding	1	Name of	f Contact H:			Telephone Number	er	4			
		(1)		FACII		ORMATION							
Name of Facility Whe	re Abatement is Taking	Place (	3)				Type of Facility (						
Street Address	Resi	dence				3. 1 8. 10 I	Other (i.e., pr	) (Other than K-12) ivate & commercia	l I buildir	ngs,			
City (5)	306 Moni	nouth	Ave	) <u>.                                    </u>			homes, etc.) Square Feet	# of Floors	Bldg	g. Ag			
City (5)	Bradley Bea	ch, N.	J 07	720		1 10 10	2500	or if being demolis	hed)	75	_	=	
County (6)	Monmouth			Count	y Code (7 ONLY)	) (STATE		Residence	ileu)			_	
	Firm Hired by Building O	Owner	- /	ASCM N	lo.	Name of Abater Ste	nent Contractor (9) vens Environn	nental Service	s, Inc	)			
Street Address	=1-		341.4	Street Address	PO B	322 sox 322	- 100						
Sir Obet Zin Code	PO Box 34	1	-	-		City, State, Zip (	Code					200	
City, State, Zip Code		94 11			Allentown	n, NJ 08501		_	_	=			
Project Manager for	Crosswicks, NJ 08515  Project Manager for Monitoring Firm William Weisgarber Jr.  Telepho (609)					Telephone No. (609) 2	59-9688		0493			_	
Start Date (10)	Sche	duled Co	omple	tion Dat		Name of OSHA	HA Monitor MECS						
2/8/13	During Abatement (Che		/11/: one)	13		Street Address	DO I	30x 341			8 -		
☐ Facility Closed/V	acated During Entire P	eriod of	Abate	ment		City, State, Zip		30X 341		-		=	
☐ Abatement Perfo ☐ Other - Describe	rmed Outside of Normal: 8AM - 4:30PM	I Facility	Hou	is		City, State, Zip	Crosswic	ks, NJ 08515				_	
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf or ≥260			novat			☐ Mini-E	ontainment with Ne inclosure bag Procedure exempted (*) and N		ıre				
			ocatio						A	bater Typ			
Asbestos-Contair TO BE IN F	Location of Sbestos -Containing Material (ACM)  TO BE ABATED IN Facility (13)			ly by nce/ al	Asbe (i.e	Description stos Containing M ., thermal system surfacing, VA other miscellan	faterial (ACM) s insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate		
La de la marida de		Yes	No		- T	hermal Pipe I	Insulation	65 lf	×	,		T	
Bas	ement	-		×		nermar ripe i				117.7		1	
												-	
Name of Registere	d Waste Hauler	-1		NJDEP		Cubic Yards	Name of Re	gistered Landfill	1	2-14		1	
	ronmental Service	es Inc	<u></u>	Hauler I	D No. 292	of Waste	_ /_/	T.R.R.F.,	Inc.	_		_	
City, State	Allentown,	41.00			16	2/11/13	City, State	Tullytown	, PA				
		* 10	100			Signature	# ~ II W	Date					

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

		Building Owner/Operat		71		-
Date of Notification (1) 2-6	• ()	parang Ownstropera	tor (2)	menio	7 D	441
Agency Notified Type Notification			. ~ /			T
D EPA D Initial D Amended	City, Stat	g, Zip Code	ENGLI	3h LA		8
O DOL Amendment #	dustina Eq	a HARBUT	Tup 1	NI	€0.	. 0.
☐ DOH justification) ☐ DCA ☐ Cancellation	Name of	Enance Enance	l"	Talanksen N	umbar	
		YINFORMATION			G	ズ
Name of Facility Where Abatement is Taking  Resident	g Place (3)		Type of Facili	• • •	•	-
Street Address 16 N Decatus	a Ave		U School (K- U Subchapte D Other (Le.) homes, etc.	f 6 (Other than K-1 private & commen	12) sial buildin	gs.
CHY (5) MAKGISTE	NJ		Square Feet	# of Floors	Bldg.	Age 20
County (6) At Initie	County Co	de (7) (STATE USE		Prior If being demo	Hshed)	
Name of Monitoring Firm Hired by Building C (8)	ANTHER ASCM No.	Name of Abater	ment Combactor			
Street Address		Street Address	- Burling	1 //		
City, State, Zip Code		City, State, Zip C	Coda	1	<i>**</i>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	elanco	U.J. d	080)	( .
	-1					
04-40-1-190		609 846		010	70	
Start Date (10) Scheduler 2-16-13 2	Corripletion Date (11)		Monitor :		70	•
Z-16-13   2 - Occupancy Status During Abatoment (Check	-29-13 only one)		Monitor :	010:	70	•
2-16-13 2-	anily one)	Name of OSHA	Monitor 5		70	
2-6-13 2 - Occupancy Status During Abatement (Check D Facility Closed/Vacated During Entire Perk D Abatement Performed Cutside of Normal F D Other - Describe:	anily one)	Name of OSHA i Street Address City, State, Zip C	Monitor 5	all.		,
Occupancy Status During Abatoment (Check D Facility Closed/Vacated During Entire Perk D Abatement Performed Outside of Normal F O Other — Describe; Scope of Work (Check all that apply) D ≥ 3 of or ≥ 3 if	anily one)	Street Address City, State, Zip C	Monitor  Orde  Ordainment with Enclosure Bas Procedure	Negative Pressure	,	,
Occupancy Status During Abatoment (Check D Facility Closed/Vacated During Entire Perk D Abatement Performed Outside of Normal F O Other — Describe: Scope of Work (Check all that apply) D ≥ 3 of or ≥ 3 if D ≥ 160 of or ≥ 260 if	only one) od of Absternent actify Hours  Removation Is Location	Street Address City, State, Zip C	Monitor  Orde  Ordainment with Enclosure Bas Procedure	all.	sdure	Abatoma Type
2-6-13 2-Occupancy Status During Abatement (Check D Facility Closed/Vacated During Entire Pent D Abatement Performed Outside of Normal F Cother - Describe; Scope of Wark (Check all that apply) D 23 of or 2 3 if	anily one) od of Abatement actity Hours  Is Location Normality Used Solety by Maintenance/	Street Address City, State, Zip C	Monitor  orde  containment with  nulosure bag Procedure brempted (7) and  artel (ACM) nsulation, or	Negative Pressure	sdure	Type
Occupancy Status During Abatoment (Check D Facility Closed/Vacated During Entire Period Other – Describe: Scope of Work (Check all that apply) D ≥ 3 of or ≥ 3 if D ≥ 160 of or ≥ 260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	anily one) od of Abatement racility Hours  C Renewati D-Demoitio  Is Location Normality Used Solely by Maintenance/ Gustodial Staff?	Street Address  City, State, Zlo C  City, Stat	Monitor  orde  containment with  nulosure bag Procedure brempted (7) and  artel (ACM) nsulation, or	Negative Pressure Non-Friable Proce	sdure	Туре
Occupancy Status During Abatoment (Check  Diffective Closed/Vacated During Entire Perk  Abatement Performed Cutside of Normal F  Other - Describe:  Scope of Work (Check all that apply)  U 2 3 of or 2 3 if  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility	anily one)  anily Hours   Street Address  City, State, Zip C  Or Full C  On CI Mini-S  O Full C  ON CI Mini-S  O Glove  D-Non-E  Description of costs Contailing Man  stoestos Contailing Man  surfacing, VAT, other miscellance	Monitor  orde  containment with  nulosure bag Procedure brempted (7) and  artel (ACM) nsulation, or	Negative Pressure Non-Friable Proce	adure Removal	Type	
Occupancy Status During Abatoment (Check D Facility Closed/Vacated During Entire Period Oxfor—Describe; Scope of Work (Check all that apply) U ≥ 3 of or ≥ 3 if D ≥ 160 of or ≥ 260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	anily one)  anily Hours   Street Address  City, State, Zip C  Or Full C  On CI Mini-S  O Full C  ON CI Mini-S  O Glove  D-Non-E  Description of costs Contailing Man  stoestos Contailing Man  surfacing, VAT, other miscellance	Monitor  orde  containment with Enclosure bag Procedure brempted (7) and gental (ACM) maulation, or	Negative Pressure Non-Friable Proce Amount (Specify SF or LF)	adure Removal	Type	
Occupancy Status During Abatoment (Check  Facility Closed/Vacated During Entire Perk  Abatement Performed Outside of Normal F  Other — Describe:  Scepe of Work (Check all that apply)  U 2 3 of or 2 3 if  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  OCH SIGE  James of Registered Waste Hatles	anily one) od of Abatement actify Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hauler ID No.	Street Address  City, State, Zip C  City, Stat	Monitor  Containment with  Indocure  Sag Procedure  Exempted (7) and  antel (ACM)  Insulation,  or  Namo of Registe	Negative Pressure Non-Friable Proce Amount (Specify SF or LP)	adure Removal	Type
Occupancy Status During Abatoment (Check Discontinuous Entire Perk Distance of Perk Distance of Perk Distance of Normal Forther Dustance of Normal Forther - Dustance Distance of Work (Check all that apply)  Distance of or a 3 if Distance of Asbestos Containing Material (ACM) TO BE ABATED IN Facility (13)  DUT SICK  JUNIOUS WALK  See See See Status Outside Hattles JUNIOUS WALK  DISTANCE OF SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	anily one) od of Abatement actify Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A	Street Address  City, State, Zip C  Or Full C  Or Full C  Or Minis  I Glove  Description of sbestos Contailing Man  street, thermal systems in surfacing, VAT, other miscellaneo  Cubic Yerds of Waste	Monitor  Containment with  Indocure  Sag Procedure  Exempted (7) and  antel (ACM)  Insulation,  or  Namo of Registe	Negative Pressure  Non-Friable Proce  Amount (Specify SF or LF)	adure Removal	Type
Occupancy Status During Abatoment (Check  Facility Closed/Vacated During Entire Perk  Maternant Performed Outside of Normal F  Other - Describe:  Scepe of Work (Check all that apply)  U 2 3 sf or 2 3 if  Location of  Asbestos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  OUT SICK  July INCON Watte	anily one) od of Abatement actify Hours  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  NJDEP Waste Hauler ID No.	Street Address  City, State, Zip C  Or Full C  Or Full C  Or Minis  I Glove  Description of sbestos Contailing Man  street, thermal systems in surfacing, VAT, other miscellaneo  Cubic Yerds of Waste	Monitor  Social Monitor  Socia	Negative Pressure Non-Friable Proce Amount (Specify SF or LP)	Removal	Type

Date of Notification (1) 2/6/13		1	Name of Weona	Building C h Fire D	owner/Op	erator (	(2)	(71)	'En					
Agencies Notified  Type Notification  Type Notification  Initial Amended Amendment		5	Street Ad 14 Sou	dress th West e, Zip Coo	Avenu	е.:	UPEB.	-8 PM	2:08	i				
DOL Amendment				ah, NJ (		6	E LINE		Den					
DOH justification)  DCA Cancellation		1 '	Name of Tom	Contact			-	HEIMU	Telephone N	Number				
DCA Cancellation	<u></u>			ITY INFO	RMATIO	N		<del>- * - 1</del> .	******	-		-		
Name of Facility Where Abatement is Takin Weonah Fire Department	g Place (3)							ool (K-12)	Other than K	(-12)	70			
Street Address 14 South West Avenue								er (i.e. priva	ite & comme		ildi	ngs,	home	es,
City (5) Wenonah, NJ 08090				•			Square F 1000+	1000	# of Floors 2		Blo 35	dg. A ∔	ge	
County (6) Gloucester			County C STATE U	ode (7) SE ONLY)		_	Current L	Jse (Prior if	being demo	lished)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	1 - 3	ASCM	No.			of Abatem aco Inc	ent Contra	ctor (9)					
Street Address				in the			Address ox 329		16. B					
City, State, Zip Code			Ten.	City, State, Zip Code West Berlin NJ 08091										
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 753-980	0	License 00727					
Start Date (10) 2/7/13	Schedule 2/8/13	ed Con	pletion [	Date (11)		Name o	of OSHA N	Monitor						
Occupancy Status During Abatement (Che	ck Only On	e)				Street	Address		7		-2011	2000		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	Hours	ent	Ex Tree		City, St	tate, Zip C	ode						
Scope of Work (Check All That Apply)	<del></del>			12.7										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Contractions	tenova emolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Is	Locati	én l									Abate	ment	t
Location of Asbestos-Containing Material (ACM)	Use	Normal d Sole intena	ly ly by		Description of stos Containing Material (ACM thermal systems insulation,				Amount (Specify	-		Ту		l m
TO BE ABATED In Facility (13)	Cust	todial S (12)	Staff?	(i.e.	surfac	systems sing, VA niscellan	T, or		SF or LF)	Kemoval		Repair	Encapsulate	Enclosure
	Yes	No	N/A								1		e e	
Bathroom	-	122	X			tile / M			25 SF	×	1			
next to batroom			X		Trans	site Bo	-		32 SF	×	-			i
		3 4					`				+			-
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic '	Yards	IN	lame of Re	gistered Lan	dfill	_	-		100
United Containers		1	lauler ID 2459		of Was		0	G.R.O.W.						
City, State Elm NJ					Dispos 2/8/13	al Date							- P	
Completed by Anthony T Perna	Title Presi	ident			S	ignature		2 45,7500		Date 2/6/1	3			



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ONTRAC	TING 8	ه ۵٫۰۰۰ <del>الحکام</del>		3	
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D, NI	5 100	10/			
16	Telephone Numb	eı	,		-
ype of Facility	(4)				
School (K-1) Subchapter	2) 8 (Other than K-12 nivate & commercia	, al bund	ıng>		
quare Feet	# of Floors	Bid	ig Aç	×	
urrent Use (Pr	nor if being demolis	hed)			
Contractor (9					
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SPRUC	€ duc.				=
- SHD.	DE NJ.	० के ०	2-5		
-0472	License No	7 7	4		_
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oled (*) and No	on-Friable Procedu		Later		
al (ACM)	Amoun!			g :	<b>C</b> 1
ilation,	(Specity SF or LF)	Removal	Repuir	ти ырхыйт	Cacherane
	14000	*			
		4		1, 194	
		- 50			

Date of Notification (1)	16/13		1	Name of Build	ing Owner/Operato	CONTRAC	ENG. 8	٥, .	~ 4	3	
Agencies Notified	Type Notification	n	S	treet Addres	5 Rr. 50		4 /18 18 11	, 5	00		
∑ DOL ∑ DEP ∑ EPA	Initial Amended		-					-	<u>C</u>	===	
24 DOF	Amendment	#	.   '	ity, State, Zip	REEN FIG	ELD NI	5.	100			
	Emergency					0 10 12	Telephone Numb	)er			
□ 00n □ 004	justification Cancellation		.   ^	lame of Conta	ULE BREI		Tolophoric Harris		ý.		
						<u>ORIG</u>	L				
				FACILITY IN	FORMATION	Trans of English	(4)				
hame of Facility Where		ing Place	(3)			Type of Facility					
165	DENCE.					School (K-1)	z) 8 (Other than K-12	,			
Ther Address				1.=		Other (i.e., p	nvate & commercia		inas		
409	N. LAN	CASI	1 - 11	ALL		Square Feet	# of Floors	Bio	ig Ag	ic.	
11, (5						Square reet	# 01110013		.99		
MA	NOATE				OTATE	Current Use (Pr	ior if being demolis	hed!			
Jounty (6) //				County Code USE ONLY)	(1) (STATE	Culterii Ose (Fi	CANT	,,,,,,,			
	NTIC				I Name of Abolor	nent Contractor (9					
same of Monitoring Firm	Hired by Building	Owner	AS	CM No.		EMCO IC					
(5) N	/A				Street Address	FMC0 +			===		
Stree! Address					3,9	S, S PRUC	€ dut.				
					Cinc State Zin (	ode ·					
ity State Zip Code					Ma	PLE SHA-	DE NIJ,	०५ ०	2 5		
			Teleph	one No.	. Telephone No.		License No	975 m L			
ruject Manager for Mor	storing Firm		i,bicpri	One no		9-0472	004	44	-		
	T Cab	— I	moletro	n Date (11)	Name of OSHA	Monitor		-			
zian Date : 10: 2 /1		2/2	7/1	*	50	SEPH KL	EMM	70.00			
					Street Address		1				
Dicupancy Status Durin	g Abatement (Ch	eck only o	hateme	n)	369		.ve= 2 vc.				
© Facility Closed Vacati □ Abatement Performed	ed During Entire P	al Facility	Hours		Car Ciara Zin (	ode					
Other - Describe:	Conside of from	,			M	APLE SI	IDDE, N.	٠. ز.	6	25	
5	II that apply)				1						
scope of Mark (Check a	ii that apply)					ntainment with Ne aclosure	gative Pressure				
] 23 St Or 23 II		100000000000000000000000000000000000000	noition		Cloveh	an Procedure					
j ≥160 st ot ≥260 H		K) ben	TOTAL TOTAL	dan k	Non-Ex	cempted (*) and No	n-Friable Procedu		L alef	Lette!	
The second of		1 50000	cation					1 "	TAN		
	. District	West 1797	mally Solely b	y	Description o	of		-		-	
Location of Asbestos-Containing M	Material (ACM)	Mainte	enance/	Asbe	stos Containing Ma	iterial (ACM)	Amount (Specity	2:	_	2	
TO BE ABAT	ED	0.0700.80	atf?	(i.e	thermal systems surfacing, VAT	or .	SF or LF)	Removal	Repuir	5	
IN Facility (13)		1000	12)		other miscellane	(auo:		P. V	1	n apsadat	
		Ven	No I	N/A						• ;	
		Yes					14000	+			
SIDIN	1 a			X	RANSITE		17000	*	-		
	Free Language				land the state of			_	_	1 1	
		1-1-						. 30		. 1	
		1-1	-				. Carrier des				
	to Hauler	11-	NUD	EP Waste	Cubic Yards	Name of Reg	istered Landfill			10/	
ame of Registered Was	T T		Haul	er ID No.	of Waste	A.C	.V.A.	7. 55.			
KLEMOU	FNC,			1904	Disposal Date	City, State					
in, Stare	111-	W.T.			Disposal Date	PLEA	SAUTVIL	LF	N,	5.	
	HADE	2,5,			Signature	1	Date	1	1	Tyl	
completed By	Tid	e 1/	10		Jour	a Kelin	m 2/	6	13		
JOSEPNK	LEMM -		11				===1===				