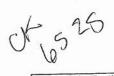
Date of Notification (1) 2/7/13			Name	e of Buildin	g Owner/Operator	(2) Women Aw	rare 3	72.	14		
Agencies Notified Type Notific	ation		Stree	t Address	25	0 Livingston	A	Ĉ	2/.		
☐ DEP ☐ Amende	nent #	_	City,	State, Zip (Code	Brunswick, N	*/		-	12/	_
☐ Emerger justificat ☐ DCA ☐ Cancella	tion)	g [Name	e of Contac		orunswick, iv	Telephone Numb	oer _			700
	90				ORMATION				. (01	_
Name of Facility Where Abatement is	Taking Place	e (3)	FA	CILITYINI	ORIVIATION	Type of Facility	(4)			۲.	-
	Residence					School (K-1	CONTROL OF				
Street Address 268 I	Livingsto	n Av	e.			Subchapter Other (i.e., phomes, etc.)	8 (Other than K-12 private & commercial)	!) al buil	dings	,	
City (5)	ınswick,	NIO	8901	4-1-11-1-1		Square Feet 2300	# of Floors	В	dg. A	ge 0	
County (6) Middlesex	answick,	143 0	Cou	nty Code (7) (STATE		rior if being demolis Residence	hed)			
Name of Monitoring Firm Hired by Build	ding Owner	-	ASCM		Name of Abatem	ent Contractor (9			-		=
(8) MECS	ung Owner		/ IOOIVI	140.			mental Service	es, Ir	ıc.		
Street Address PO Box	2/1				Street Address		Box 322				
City, State, Zip Code	341				City, State, Zip C		30X 32Z			_	_
Crosswicks,	NJ 0851	5					n, NJ 08501				
Project Manager for Monitoring Firm			phone		Telephone No.		License No.	0.40			
William Weisgarber J		-		8-4070	(609) 25		0	049	3		_
Start Date (10) 2/18/13	Scheduled C	2/22/		ite (11)	Name of OSHA N		IECS				
Occupancy Status During Abatement			13		Street Address						_
☐ Facility Closed/Vacated During Entitle							341				
☐ Abatement Performed Outside of N Control Other - Describe: 8AM - 4:30		ty Hou	rs		City, State, Zip C		ks, NJ 08515	W			_
Scope of Work (Check all that apply) 3 sf or ≥3 lf 160 sf or ≥260 lf		enovati emolitio			☐ Mini-End Gloveba	g Procedure	egative Pressure	re			
2	1 7	ocatio						7	bate	ment	
Location of	Used	ormally I Solely	y by		Description of		V 2007 Park (1992)	_	Тур	e –	-
Asbestos-Containing Material (ACM) TO BE ABATED		ntenan ustodia			os Containing Mat thermal systems in		Amount (Specify	Re	Repair	Enc	Enc
IN Facility (13)	,	Staff? (12)			surfacing, VAT, other miscellaneo	or	SF or LF)	Remova	air	Encapsulate	Enclosure
(.0)	Yes	No	N/A		ouror milosonario	,	*	-		ılate	6
Basement			×	Th	ermal Pipe Ins	sulation	165 lf	×			
Kitchen		×			VAT		130 sf	×			
-											
Name of Registered Waste Hauler Steven's Environmental Services	vices Inc	Н	JDEP V	No.	Cubic Yards of Waste	Name of Reg	istered Landfill T.R.R.F., Ir	nc.			
City, State	, 1003 1110	- -	182	292	2 CU Disposal Date	City, State	1.10.10.11., 11				
Allentow			-		2/22/13/	n//	Tullytown,	PA			
Completed By Mahlon E. Stevens	Title Pr	oject	Mar	nager	Signature	13/	Date	2/7	/13		



MAY 11

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

Date of Notification (1)					Name o	f Building	Owner/Operator (2	2)	<0/3 Em		1	Pa.	
02 /	06 /	13			Ceda	ar Realty	Trust		2013 FEB 11				
Agencies Notified	Type Notifica	ition		1	Street A	Address		P	1.75	PH	2		
⊠ EPA	☐ Initial	4			3307	Trindle	Road:	9	41	, (c_{i}	P.	
□ DOLWD				ľ	City, St	ate, Zip Co	ode		- 10 garage	3.77		,	
☑ DHSS	Amendme		8		Cam	p Hill, P	A 17011		-1804	Visn	01		
☐ DCA (NJAC 5:23-8)	☐ Emergeno		ing	ŀ	Name o	of Contact			Telephone Numb	er			
(NJAC 5.25-0)	☐ Cancellati				Robe	ert Masta	andrea	25					
					FAC	ILITY IN	FORMATION						
Name of Facility Where	Ahatement is T	aking Pl	ace (3)	1710			Type of Facility (4	1)				- 72:15
Shore Mall	toutomont to 1	uning .	,	7/				☐ School (K-12)					
Street Address	-				00 - 00 y V			Subchapter 8	(Other than K-12) vate and commer	cial bui	ldinas		
6725 Black Horse F	Pike							homes, etc.)	vate and commen	ciai bui	unga		
	ino		7000					Square Feet	# of Floors	Bld	g. Ag	e	
City (5) Egg Harbor Towns	hin							260000	2	4	2		
	шр		-		Count	v Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
County (6)					Journ	., 0000 (.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
Atlantic Name of Monitoring Firm	Lirad by Build	dina Owr	or /8	\ T	ASCM N	Vo.	Name of Abatem	ent Contractor (9)		5000 cm	77	10000	
			101 (0	'	NA	10.	1	ironmental Sys	tems				
Connell-Green Cor	isulting, inc	•		_ 1	IVA	-	Street Address				Selve		
Street Address							550 East Uni	on Street					
904 Kings Arms Di	ive						City, State, Zip C					1134.0	
City, State, Zip Code								r, PA 129382					
Donwingtown, PA	itaalaa Firm			Tolo	phone I	No.	Telephone No.	.,	License No.				-
Project Manager for Mor	nitoring Firm				34-432		610-701-9000)	00508				
Richard Pellissier		Schedule	-d Co	100000		Carrier .	Name of OSHA N						
Start Date (10) 01 / _28 /	000000				/ _		AET						
Occupancy Status Durin		Check o	nly o	ne)			Street Address						
☐ Facility Closed/Vacat	ted During Enti	ire Period	d of A	bate	ment		28 N. Pennel	l Road					
☐ Abatement Performe	d Outside of N	lormal Fa	acility	Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:	7AMPI	M/ <u>3:30</u> P	M		AM		Media, PA 19	9063					
Scope of Work (Check a	all that apply)		- 4								- Alteria	32	
	••••	157	7					itainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		ř	Rer Der	noliti			☐ Gloveba	a Procedure					
☑ ≥100 St 01 ≥200 II							⊠ Non-Exe	empted (*) and No	n-Friable Procedu			-0.0	
				Loca				400	5.5	Ab	ateme	ent T	ype
Location				lorma	ally ely by		Description		Amount	Re	Repair	Ē	En
Asbestos-Containing TO BE AB		VI)			ance/	Asbe	estos Containing Manager, thermal systems	insulation,	(Specify	Removal	pair	cap	Enclosure
IN Faci		- 1	Cust		Staff?		surfacing, VAT	r, or	SF or LF)	<u>a</u>		Encapsulate	ure
(13)				(12) No	N/A	-	other miscellane	eous)				ē	
			Yes			Floor T	ilo.		10,807 SF		П	П	
Throughout Buildin									11,864 SF			$\overline{\Box}$	П
Throughout Buildin	g					Floor N			500 SF			믐	
Common Area	-]				ed Ceiling		12 SF				
Space #2					⊠		on Cloth Cubic Yards of	Name of Regis				Ц	Ш
Name of Registered Wa	iste Hauler			100	NJDEP I Hauler II		Waste	BFI Imperi					
N.E.T.S.					18947	7	60 Disposal Date	City, State					
City, State							Disposal Date	Imperial, P	Δ				
Hazelton, PA			i Tour	11		7"	TBD	, imperiar, P		ate	_	,	
Completed By (Print or	Type)	Title					Signature	16 11	.	9 /	//	1	
Mark Griffin		Est	ima	tor			Man	L Or Vo	1 0	4/6	//	5	
ASB-41		1,000	7	530			to - Boomering arran	noted activities		11			

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility			1	Decription of 2013 FAShestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	ncapsulate	Enclosure
	YES	NO	N/A		GEO.GE	X	TI	e	e
Roof		<u>닏</u>	X	Roofing	650 SF	X	一	H	
						X	믐		
		Ц				Heles			H
		Ц				X	닏	片	믬
						X		브	
						X		닏	닏
20						X	Ш		Ш
						X			Ш
						X			Ш
						X			
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	一					X			
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BOUNDAY THE SUR DESCRIPTIONS		Ī	ĪĒ			X			
	ᅥ片	1=				X			
	᠆	-				X	-		
	ᆛ片	1				X			
21 22 01						×			
						X	-		

Page 2 - Notification - 2/6/13 Rev # 001

	I	NOTII		TION	OF ASE	ew Jersey BESTOS ABAT C 8:60 and 5:16				- A	1.0	1000
Date of Notification (1)			2 7	Name	of Building	Owner/Operator (2	2)	3FED	1 5m	A)		54 x
	/ 13			Ced	ar Realt	y Trust	A	FEB 11 PH		14.	27	ě
Agencies Notified Ty	pe Notification			Street	Address		3		2	٠.		
	Initial	į.		3307	7 Trindle	Rd.	4	11. 60	(8		
	Amended			City, St	tate, Zip C	Code		16 W 17.57	ref es.			ionii ce
☑ DHSS	Amendment #_			70		A 17011		MG.	10%			
	Emergency (inc	cluding	1		of Contac			Telephone Numb	er			_
(NJAC 5:23-8)	justification) Cancellation		i		ert Mast			1 Olophono Hami				
	Cancenation	- 7										
		Di	(0)	FAC	ILITYIN	IFORMATION	Town of Facility	· A				
Name of Facility Where Abat	ement is Taking	Place	(3)				Type of Facility (☐ School (K-12	7,000				
Shore Mall) I (Other than K-12)	í			
Street Address							Other (i.e., pr	ivate and commer	cial bu	ilding	s,	
6725 Black Horse Pike)						homes, etc.)					
City (5)							Square Feet	# of Floors		dg. A	ge	
Egg Harbor Township					1		260,000	2	_	42		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)		19	
Atlantic	561						Retail Store	s				
Name of Monitoring Firm Hir	ed by Building C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-200			
Connell-Green Consu				NA		Alliance Env	ironmental Sys	tems				
Street Address		_		_		Street Address						
904 Kings Arms Drive						550 East Uni	on Street					
City, State, Zip Code	2					City, State, Zip C						-
Downingtown, PA 193	55					West Cheste						
			Tolo	phone l	No	Telephone No.	1,1 A 13302	License No.	_	-		-
Project Manager for Monitor	ing Firm			34-432		610-701-9000	V Š	00508				
Richard Pellissier	101							00506			- 50 60	_
Start Date (10)	- C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C-C			tion Dat		Name of OSHA N	lonitor					
01 /28 /				_ ′ -	13							
Occupancy Status During Al						Street Address						
□ Facility Closed/Vacated I						28 N. Pennel	Road					
Abatement Performed Ou					cribe	City, State, Zip C	ode					
Time of Abatement: 7AN	PIVI/ <u>3:3</u>	UPIVI		AM		Media, PA 19	063					
Scope of Work (Check all the	at apply)	30						11. N		MCT/IEE		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re					g Procedure					
277 277 277			20.25			⊠ Non-Exe	mpted (*) and No	n-Friable Procedu	-			1
			Loca						Ab	atem	ent T	ype
Location of	torial (ACMA)			ely by	Acho	Description of estos Containing Ma		Amount	Re	Re	四	5
Asbestos-Containing Ma TO BE ABATE		Ma	intena	ance/		e., thermal systems		(Specify	Removal	Repair	cap	Enclosure
IN Facility	_	Cus	todial (12)	Staff?	= 1000	surfacing, VAT		SF or LF)	/al		Encapsulate	ure
(13)		Vac	No	N/A	V = 11	other miscellane	eous)				ë	103
		Yes		-	El 7	ila		10,807 SF	N/2			_
Throughout Building					Floor	-				片		_
Throughout Building					Floor			11,684 SF		브		_
Common Area						ed Ceiling		500 SF		닏		L
Space #2						on Cloth	1.0	12 LF				L
Name of Registered Waste N.E.T.S.	Hauler		100	NJDEP \ Hauler II	No.	Cubic Yards of Waste	Name of Regis					
				18947	<u> </u>	20 Disposal Date	City, State			-		-
City, State Hazelton, PA						TBD	Imperial, P	Α				
	, , , , , , , , , , , , , , , , , , , ,						, , , ,		to	,		
Completed By (Print or Type Mark Griffin	**************************************	e Stima	tor			Signature	Con holis	n Da	///	/12		
ASB-41						1/1/1/1/1/1/	UMAHA		41			
MAY 11	. *	Do not	use t	his form	for asbes	tos licensure exemp	oted activities."					



Date of Notification (1) 2/7/2013				Name o	f Building C G)wner/Op	perator	(2)			20/3	FR			1/2	· Ray
Agencies Notified	Type Notification				ddress HADLEY	ROAD	, M/C	430		5	St		11	PH	2:	î Îg
X EPA DEP X DOL	Initial Amended Amendment		_		ate, Zip Coo H PLAIN		, NJ 0	7080		9	W L	100		13/1	i i di	.
X DOH X DCA	Emergency (i justification) Cancellation	ncluding			f Contact ORDAN	ARO				Tele	ephone	Numb	er '	140,		
				FACI	LITY INFO	RMATIC	N	_ ,								
Name of Facility Where a PSE&G	Abatement is Taking	Place (3	3)						ool (K-12)						
Street Address 95 WILLOW STRE	ET					11 17		Othe etc.)		ivate 8	comme		763	9760		es,
City (5) EAST RUTHERFO	RD							Square F 3000	eet	# of	Floors			ldg. A 6 YF		
County (6) BERGEN				County (STATE	Code (7) USE ONLY)		_	Current U SWITC				olishe	d)			
Name of Monitoring Firm ENVIRONMENTAL)wner (8)		ASCN 0045				of Abatem QUE SYS				ICA	1)			
Street Address 64 BROAD STREE	Т							Address WHITEH	EAD A	VE.	-					
City, State, Zip Code MATAWAN, NJ 077	747							tate, Zip C		0888	2					
Project Manager for Mor TOM GEIGER	nitoring Firm			Telepho 732-29	ne No. 90-2217			one No. 432-835	0		Licens 0111				-	
Start Date (10) 2/22/13		Schedule 2/28/13		mpletion	Date (11)			of OSHA I		OF A	AMER	ICA				
Occupancy Status Durin	g Abatement (Checl	Only Or	ne)				Street	Address				001100			mo	
Facility Closed/Vac	ated During Entire F	eriod of A	Abate	ment			- 2	NHITEH tate, Zip C		VE.						
X Other – Describe:	occupied by necessa	ry operate	ors as	needed				TH RIVE		0888	2					
Scope of Work (Check A	II That Apply)						_	1								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renov Demol				×	Mini-E	ontainmen nclosure pag Proce	edure					2	
-		T			Ι			I NOTI-E	xempted	(and	I NON-F	nable			ment	
Location	of.	170	Loca			Dog	cription	of							ре	
Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED ity	Ma	inten	ely by ance/ Staff?		os Conta thermal s	ining M systems ing, VA	laterial (A0 s insulatior T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								_			io i	
CONTROL	ROOM		X			VAT 8	& MAS	STIC		. 124	49 SF		X			
OUTSI	DE		Х		ACM W	INDOV	V & D(OOR CA	ULK	21	4 LF		X			
Name of Registered Was	te Hauler			NJDEP W	Vaste	Cubic Y	/ards	IN	ame of R	eniste	red I an	dfill		- 1		
WASTE MANAGEM			100	Hauler ID 1125		of Wasi			ROWS		Ju Light	c C				
City, State ELIZABETH, NJ						Disposa 2/28/1			ity, State IORRIS	SVILL	E, PA			04 11 .		
Completed by CAROL RAIMO		Title OFFI	CE	MANAG	ER	Sig	gnature	al X	Dai	m	a	Date 2/7/		3		

State of NJ

B & G proj. #:

2013-31

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

Check # 5767

								CHOO!	111 0701			
Date of Notification	(1)	ı	Name	of Building O	wner/Operator (2	2)	2013 ECD					
10 12 1/10 16	J/1 <u>13</u> 1		Atla	ntic Health	System		2013 FEB 11	PH 2: 68				
Agencies Notified	Type Notific	ation	Street	Address		7	Astronom .					i
☐ EPA ☐ DEP	X Initial		100	Madison /	Avenue		2 & LISTA	NOL.				
_			City, S	tate, Zip Cod	e							
₩ DOL	∐ Amen	dment	Мо	rristown, N	J 07960		1					
▼ DOH	П		Name o	of Contact				Telepho	ne Number			
☐ DCA	☐ Cance	liation	Pe	ter Palmer	9					7		
				FA	ACILITY INFORM	MATION		_		3		
Name of facility wh	ere abatement	is taking	place (3)		- Hiddan		Type of Facility				
Morristown Me	edical Cente	er, Ande	erson B	uilding (no	n sub 8)			1 =	ol (K - 12)		- K 40	
Street Address								V-221122	hapter 8 (Oth (Private/Con			,
100 Madison	Avenue							Bldgs	./Homes, etc.			
City (5)		TC	ounty (6)			Count	y Code (7)	Square Feet	# of Floors		Bldg.	Age
					i de	The state of the s	use only)	Current Use (F	Prior if being	demol	ished)	
Morristown			Morris		-			Hospital (no	-			
Name of Monitoring	핑크 시스 발표 보는 사람들이 있다면 가게 되고 있습니다. 하다	Bldg. Ov	wner (8)		ASCM No.	1	lame of Abatement (Contractor (9)	9			
Birdsall Servi	ces Group	6)			0017		B & G Restorati	on, Inc.	ouen Association	11		
Street Address						S	Street Address			C09.09		
65 Jackson D							105 Ryerson R	oad		-		
City, State, Zip Code Cranford, NJ						c	ity, State, Zip Code Lincoln Park, N	11.07035				
Project Manager for		n		Phone Nur	mber		elephone Number	10 07000	License No	ımber		
Kevin Burns					8900 x 6228		(973)696-6869)	0037			
Scheduled Start Date	e (10)	Sch	ed. Com	pletion Date	(11)		lame of OSHA Monit					
02/20/2013		02	2/21/20	13			B & G Restorati	on, Inc.				
Occupancy Status D	uring Abateme	nt (Chec	k only on	e)		$-\parallel$	105 Ryerson Ro	ad				
Facility closed/ Abatement per Describe:	vacated during formed outside	entire po	eriod of a al facility	batement. hours-		C	ty, State, Zip Code	ir				
Other-Describe	e: start work	@ 3:3	0pm			=11	LincolnPark, NJ	07035		W-W1		
Scope of Work (che	ck all that appl	y)									-	4
☐ Demolition	X	Renova	tion			☐ Full	Containment w/nega	ative pressure	✓ Glovebag	proce	dure	
X > 3 sf or > 3 If		≥160 sf	or <u>></u> 260 If			✗ Min	i-enclosure		Non-friab	le pro	cedure	ı
Location of				ally used sole	ely			1	F		E	E
asbestos-conta material to be	aining	staff(12		/custodial			estos-containing	Amount (Specify S	e n	- 1 -		n
abated in facilit	ty (13)	Yes	No	N/A	material (A	ACM)		(Specify S	or or	a	a	C
									е	ľ	р	
2nd floor renovat	ion space		-	X	tan layere	d wafe	r pipe insulation	30 If	2		110	10
-			4							빆닏	븬	
			4						_	41	닏	14
			-		<u> </u>					11	니닏	닏
National Miles Control	Mar.								· L			
Registered Waste Hai B & G Restoration	on, Inc.	NJ	DEP Hau 19563	ier ID#	Cubic Yards of W 1	vaste N	lame of Registered L Tullytown R	andfill Resource & Re	coverv Ce	nter		
City, State				Disposal			City, State					
Lincoln Park, N.					2/22/2013	 L	Tullytown, P	A	T = :			
Completed by (Print of Gordana Luna	or Type)	Title Secret	arv/Tre	asurer	Signature	E	ordana Luna		Date 02/06	2011		

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2013-27 B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 10 12 1/10 16 1/11 3 Matthew Mozer Agencies Notified Type Notification Street Address ☐ EPA 1 Cobb Lane Initial ☐ DEP City, State, Zip Code Amendment X DOL Kinnelon, NJ 07405 Telephone Number Name of Contact DOH Cancellation Matthew Mozer ☐ 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) Matthew Mozer Other (Private/Commercial Street Address Bldgs./Homes, etc. 1 Cobb Lane Bldg. Age # of Floors Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Morris Kinnelon 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 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number License Number Project Manager for Monitoring Firm Phone Number (973)696-6869 00378 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 02/20/2013 02/20/2013 Street Address 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: LincolnPark, NJ 07035 Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure **X** Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf 3 sf or >3 lf Is location normally used solely E Location of e e n by maintenance/custodial Amount n Description of asbestos-containing m asbestos-containing p C (Specify SF or staff(12) C 0 material to be material (ACM) a abated in facility (13) V D Yes No N/A X 7 If pipe insulation basement boiler room X 2 fittings X pipe fittings main room area X 13 lf pipe insulation X garage area Cubic Yards of Waste | Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1/2 B & G Restoration, Inc.

Disposal Date City, State Tullytown, PA 02/21/2013 Lincoln Park, NJ Date Signature Completed by (Print or Type) Gordana Luna 02/06/2013 Secretary/Treasurer Gordana Luna

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

B & G proj. #: 2013-32

D a o p.oj							6 k 2:	Check	# 5/69				
Date of Notification	1 (1)	IIN	lame of Bu	ilding Own	er/Operator (2)		2012 CC	D LL DM O	50				
10 12 1/10 16				es Hospit			201311	BII PM 2:	. CO				
Agencies Notified EPA	Type Notificat Initial	ion S	treet Addre	ss ono Road	1		r sign.	T C. SAR National Alberta				ŧ	
DEP			ity, State,				3						
₩ DOL	Amend		Denville ame of Cor	e, NJ 078	334			Telephor	ne Number				
M DOH	☐ Cancella							1 Ciopiloi	io riambo.				
DCA			John S					N		-	_ =		
	<u> </u>			FAC	ILITY INFORM	AHON		Type of Facility	(4)				
Name of facility w			ace (3)						K - 12)				
St Clares Hos	spital (non su	b 8)							apter 8 (O			-12)	
Street Address 25 Pocono R	land								(Private/Co /Homes, e				
	080		-					Square Feet	# of Floor	S	BI	dg. A	ge
City (5)		Cour	nty (6)				nty Code (7) te use only)	Current Use (P	rior if bein	g den	nolish	ed)	
Denville, NJ			rris					Hospital (no					
Name of Monitorin			er (8)		ASCM No. 017		Name of Abatement						
Street Address	n Environme	ılaı		لسمي		-	B & G Restorati	on, Inc.					
22 Columbia	a Road						105 Ryerson R	oad					
City, State, Zip Coo Morristown,							City, State, Zip Code Lincoln Park,	NJ 07035	1				
Project Manager fo	or Monitoring Firm)	Pi	none Numb	er	-	Telephone Number	^	License		er		
Ben Waer				73)998-9			(973)696-686		00	378		-	_
Scheduled Start Da	ate (10)	Sched	I. Completi	on Date (1	1)		B & G Restorat						
02/19/2013			22/2013				Street Address						No.
Occupancy Status	During Abatement d/vacated during			ment			105 Ryerson R	oad					
Abatement p	erformed outside	of normal	facility hou	rs-			City, State, Zip Code						
Describe: Mother-Descri	ibe: work shift	7:00am	- 3:30pm			-	LincolnPark, N.	J 07035					
Scope of Work (ch						_			_				
☐ Demolition	×	Renovation				-	ull Containment w/neg lini-enclosure	ative pressure	✓ Gloveb ✓ Non-fri				
>3 sf or >3 lf	L	≥160 sf or	≥260 If n normally	used solely	/	X N	iiii-ericiosure	- · · · · · · · · · · · · · · · · · ·		R	R	E	1.
Location of asbestos-cor	ntaining		enance/cus			on of as	sbestos-containing	Amount		e m	e p	n	n E
material to be abated in fac		Yes	No	N/A	material (ACM)		(Specify S LF)	or or	0	a	a	C L
				1 ×	pipe insul	otion		133 lf		e	-		h
basement air h				X	asbestos	-	9	85 fittings	3	X	H	H	耑
Dagornont all He	andio13 0,0,1												
Deviatore d Waste L	Jaulor	INID	D Heules	ID# 1.0	ubic Yards of V	Vaste	Name of Registered	Landfill	7007		Ш	Ц.	
Registered Waste F B & G Restora			EP Hauler 19563		2 yds	rusic	Tullytown	Resource & Re	ecovery	Cent	er		
City, State Lincoln Park, I	NJ	1		Disposal Dis	ate /25/2013		City, State Tullytown, I	PA				٠,	
Completed by (Prin		Title Secreta	rv/Treasi	ırer	Signature		Gordana Luna		Date 02/0	06/20)13		

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

Check 2847

Date of Notification	(1)			Name of	Building O	wner / Ope	erator (2)	1 page 1 1			
$\left \frac{-62}{} \right - \frac{60}{}$	/			Street A	ddress	,	201-	*****	- 4		
Agencies Notified		lotification			STREET		2013 FEB				
☑ EPA DEP		Initial Amended			te, Zip Cod TSTOWN, I	e V.I 07840≪:		1 PM	2:00		
□ БОН		Amendment	#	Name of		~	1.0	Telepho	ne Num	ber	
☑ DOL			w/ justification	BURT TO	TZ	3	Q LIC				
DCA		Cancellation		ACILITY II	NFORMATI	ON	@ L10_	11. ///6	01		
Name of Eacility Why	oro Abaton	nont is Taking	Diago (2)		Tuno of E	acility (4)					
Name of Facility Who MARS SNACK FOOD		nent is Taking	Place (3)		Type of F	acility (4)					
						School (I	3200 344 5 00000000000000000000000000000000000				
Street Address 700 HIGH STREET							ter 8 (Other				
700 HIGH STREET							e., private & omes, etc.)	cmmerci	aı		
City (5)	County (6	(4)	County Code	(7)	Square F	eet	# Of Floor		Buildir	1000	
HACKETTSTOWN	WARREN				100000	0,000 Ise (Prior i	f being dem	olished)	+	40+	
			<u> </u>			CTURING	Denig deni	onsneuj			
Name of Monitoring	Firm Hired	by Bldg. Owr	ner (8)	ASCM NO	Name of	Abatement	Contractor	(9)			
AET Street Address					Street Ad	onmental Se	ervices Inc.				
907 DOOLITTLE DRIV	√E				Street Au	uress					
City, State, Zip Code					462 Getty	Avenue					151
BRIDGEWATER, NJ (City, Stat	e, Zip Code	Э				
Project Mngr. For Mo		irm	Telephone Nu	ımber	CIII N	1 07044		257 E			
ERIC HOUSEKNECH Sheduled Start Date		School Com	908-218-1108 Detetion Date (1	11)	Clifton, N.	e Number		license	Number		
02 / 25	/ 13	03	05	13	Telephon	e ivalliber		License	Mannoci		
						72-3660			(00117	
Occupancy Status D						OSHA Mon	107710	4			a
Abatemen		ted During En	tire Period Of		Street Ad	nmental Se	ervices inc.				
☐ Abatemen	t Performe	ed Outside of I	Normal Facility		462 Getty						
Hours - De		7:00AM -3:30			City State	e, Zip Code					
			T IVI			NJ 07011					
Scope of Work (Chec	k All That	Apply)									
☐ Demolition	n	~	Renovation	abla	Full Conta	ainment wi	th Negative	Pressure	е		
					Mini - End					82	
☐ ≥160 sf or	≥260 If					Procedure	e nd Non-Fria	hla Proce	dura		
					NOII-LACII	iipted () ai	ia ivon-i na	DIE I TOCK	Judie		
Location of		ls		Descript				Abateme	nt Type		
Asbestos Conta	100000000000000000000000000000000000000	Location	As		Containing		Amount	R E		E N	E
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in Facility		Solely			facing, VA	Τ,	SF or LF)	0	P	A	L I
(13)	-20	by Main-			ellaneous)			V	Α	Р	0
		tenance/						Α .	1	S	s
	- 11	Custodial Staff (12)			10 40 10			L	R	U	U R
		YES NO N/A	 							-	+
TANK FARM			TANK INSULA				300 SF	7			
TANK FARM			PIPE INSULAT	ION			20 LF	· ·			
Name of Registered V	Nacto Hau	lor.	NJDEP Waste	Cubic	Mamo of F	Registered	Landfill			1 4	
NEWARK CARTING	vaste nau	101	Hauler ID No.	Yards	I.E.S.I.	registered	Landini				
City State	TO THE		4509	of Waste	City Ct						
City, State NEWARK, NJ				Disposal Date	City. State BETHLAH						
	-		Territ		_ ×			1		In .	
Completed by (Print of	or Type)		Title			Signature)	Date	
STEVE STILES			PROJECT MAN	NAGER		2600	16 26		/		02/08/13

Nomck

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

0				•			PM					
Date of Notification (1) 2/8/13					Name of Buil J.C. Penney	lding Owne Corporatio	r/Operator (2)	V 400	1/2	3	***	
Agencies Notified		Notification	Туре		Street Addre		- COLALEB	110				
(X)EPA (X)DOL (X)DOH ()DCA	î.	() Initial No () Amendo (X) Cance	ed Certifica	iţion	City, State, Z Plano, TX 7: Name of Cor Robert D. Be	Zip Code 5024	n, inc. 2013 FEB e & L13		lumber	Y		
	(3,000)			FACILITY I	NFORMATION		40					
Name of Facility Where Ab J.C. Penney Store #700 - Quaker Bridge Mall	atement is	Taking Place	(3)		Type of Facil () School (K () Subchapt	(-12) ter 8 (other						
Street Address					(X) Other (i.e	e. private &	commercial blo	dgs., hor	nes, etc			
500 Quaker Bridge Mall	9				Sq. Feet16	52600	# of Floor	rs_2				
	County (6) Mercer			Code (7) se Only)	Bldg. Age 3	7 +/- (prior if beir	ng demolished) comi	mercial			
Name of Monitoring Firm H		. Owner (8)	ASCM N	lo.			Name of Co		-			
Hillmann Consulting, LL	С		00023				NCM Demo			diation,	LP	
Street Address			1		Street Addres	ee						
Otteet Address					404 N. Berry	Street						
1600 Route 22 East		*23.00								100		
City, State, Zip Code					City State, Zi							
Union, NJ 07083					Brea, CA 92	821						
Project Manager for Monito	ring Firm	Telephone			Telephone N	umber		Licens	se Numl	per		
Craig Abrams		908-688-78	00		484-480-893	1		01066				
,												
Scheduled Start Date (10) 2/17/2013	-	Scheduled 2/18/2013	Completion	Date (11)	Name of OSH Testor Tech							
Occupancy Status During A () Facility Closed/Vacated (X) Abatement Performed (During Enti	re Period of A	Abatement		Street Address 10 59 Jackso			1	1			
Describe Vacant Bldg. To B					City, State, Zi	ip Code	L.I.C. N	lew York	, 11101			
Other – Describe <u>Interior</u> Source of Work (Check all t		S				22.						
() Demolition (X) Renov (X) Large Proj. (>160 SF or (X) Full Containment with N	vation >260 LF AC Negative Pre	essure ()	Mini-Enclo	osure () GI	ovebag Procedu		Proj. (<25 SF n-Friable Outdo					
Location of Asbestos- Containing Material (ACM) i Facility (13)		ation Normally by Maint./Cus (12) NO		Description of thermal system surfacing, VA miscell.)	ms insulation,	Amount	(Specify SF or	LF)	Abate Rem.	ment Ty	pe Encap	Enclose
2 nd Level	1.123	TX NO	IVA	Flooring Mast	ics	1600		-	X	1		1
	1 3 3 1								2-7-4			
									10.00			
	-	-									-	
										-		-
				7/1	22 (02)		4.					
Name of Reg. Waste Hauler	124	NJDEP Was	te Hauler I	D#	Cubic Yards o	of Waste	The Maria			Landfill		
Waste Management of NJ		17273		The second	10	0.000	I Die: D.	G.R.O	.W.S. La			
City, State		The position	12 12 141			of ero	Disp. Date 2/22/13			City, Sta Morrisvil		
208 Patterson Avenue	eres a la la		or interaction		The Control of the Control		2,22,10			, OI I I SVII	O, 1 A	
Completed by (Print or Type)	<u>Title</u>			Signature			Date				
Joe White	1 1 1	Pr	oject Coor	dinator	day	4 /111	(5)	2/8/13				

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Date of Notification (1)	17/13	10		^	ling Owner/Operato	r(2) ONSTRUC	TION 8	•	/		6
Agencies Notified	Type Notification	20		Street Addres			1		-	7	_/
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M por	Emergency		0	SEA	ISLE CI	CIN, YT	, USZ43	6	-		
Прон	justification		_	lame of Cont			Telephone Num	her	~	-	
I II DCA	Cancellation		1.		정점에 맞는데 그 이 사람들이다.	<u>.</u> :	Totophone man		3.9		-
-	,		-	FRANK	- C DODIE!	//					7
	***			FACILITY II	FORMATION					-	
Name of Facility Where			e (3)			Type of Facilit	y (4)		1200		
RE	SIDEMC	6	•			School (K-	12)				
Street Address		<u> </u>					r 8 (Other than K-1	2)			1
21	4 DTH S	>1,				Other (i.e., homes, etc	private & commerc :.)	ial buil	dings	6	
City (5) - 5 =	O ISUE	C17	1.2		M	Square Feet	# of Floors	В	dg. A	ge	
				County Code	17) (STATE	Current lise /	rior if being demol	shed)		_	=
County (6)	MAY			USE ONLY)	(1) (317.12	VX	ICANT	ioriou)		5-19.00	
Name of Monitoring Firm	Hired by Building	Owner	- J	SCM No.	Name of Abatem	nent Contractor (9)				=
(8) A/	A DUINING	, 5111101	1		1 11						
10/ N	/=-					FMCO I	NC,				
Street Address	4,0				Street Address	C C c .	- 1				
	•					S,S PRUC	+ MUC,				
City, State, Zip Code .					City, State, Zip C	ode		5158			
			×.		Mos	LE SHA	DEINIJ	00	22.	2	normee
	Jania Cima		Teleph	one No	. Telephone No.		License No.				_
Project Manager for Mon	itoring Firm	1	, relepn	one No.		9-0472		44		0.00	
			1	,				//			_
Start Date (10)	Sch	eduled Co	ompletio	n Date (11)	Name of OSHA	Monitor 1/					
2/20/13		2/2	2/1	3	7.98	EPH KI	EMM				
Occupancy Status Dunn	Absternant (Ch	eck only			Street Address		1				
			1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		369	SSPI	2045 200.				
☐ Facility Closed/Vacate				nt							_
Abatement Performed	Outside of Norm	al Facility	Hours		City, State, Zip C	ode		_	1		_
Other - Describe:					M	ADLE 2	HADE, N.	ا ر	00	07	2
Scope of Work (Check al	that apoly)										
							egative Pressure				
≥3 sf or ≥3 lf			novation		Mini-End		50 10				
≥160 sf or ≥260 lf		Der Der	molition		Gloveba	ag Procedure	on-Friable Proced	IFO			
					Non-Exe	empted () and is	OFFICABLE FIOCEG		h = 1 =		_
			ocation					1 '	Abate Typ		
			rmally Solely b	. 1	Description of				. ,,,		
Location o			tenance/	Ashe	stos Containing Mat	erial (ACM)	Amount			m	
Asbestos-Containing M			stodial	(i.e.	, thermal systems in	nsulation.	(Specify	20		Encapsulate	Enclosure
TO BE ABATI	<u>=</u> P		taff?	- 1	surfacing, VAT,		SF or LF)	1 8	Repair	ap	clo
(13)		1 (12)		other miscellaned	ous)		Removal	a.	uk	Sur
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			LAUR	ED Ware	Cubic Yards	T Name of Rec	istered Landfill	1	لنبا	_	_
Name of Registered Wast	_			EP Waste er ID No.	of Waste			1			
KLGMCÓ	INC.			904	0	1_6,10	, C, M.V. A	4,			
		,			Disposal Date	City, State				111	
City, State	SHAD	· E.	NI)			73INE	J.J			
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Completed By	Titk	е	110		Signature	1 Kler	m Z/	1	13		
JOSEPH K	LEMM	V	11	3/4-200	Jour	in I clis	m / K/	1/	13		
	<u> </u>		/						100		95 SV



Clo		(Pu	rsuant (o NJAC 8	:60 and	12:120)	3	1 Page 1941	The state of the s				
Date of Notification (1) 02/05/2013				Building C		perator (
Agencies Notified Type Notification			Street Ac	idress FLE CAM	P ROAD)	- CU131	rg []	PH 2:	89			
☐ EPA ☐ Initial ☐ DEP ☐ Amended ☐ Amendment #				te, Zip Coo		07424		Lieb	HOING	€1.	t	0	
☐ Emergency (ir justification) ☐ DCA ☐ Cancellation	cluding			Contact LESSAND	RELLO			Tele	phone Numl	эег			
			FACII	LITY INFO	RMATIO							0.33	
Name of Facility Where Abatement is Taking BERKELEY COLLEGE BUILDING# 5 & Street Address 44 RIFLE CAMP ROAD	Place (3))						12) r 8 (Othe	r than K-12) commercial		lings,	home	es,
City (5)					<u></u>		etc.) Square Feet 20,000		Floors 4	В	dg. A		
WOODLAND PARK									_		7 10		
County (6) PASSAIC			County (Code (7) ISE ONLY)		_	Current Use (Pr	HOOL		ea)			
Name of Monitoring Firm Hired by Building O ENVIROVISION CONSULTANTS, INC	wner (8) -		0079				of Abatement Co ENVIRONMENT						57)
Street Address 20-21 WAGARAW ROAD BUILDING 3	4A			35			Address 2 QUEENS PL	AZA SO	OUTH				
City, State, Zip Code FAIR LAWN, NJ 07410							ate, Zip Code ISLAND CIT	Y, NY	11101				
Project Manager for Monitoring Firm FREDERICK LARSON			Telepho 973-6	ne No. 36-9145	5		one No. 349-0900	-71	License No 00853				
	Schedule 02/15/			Date (11)			of OSHA Monito AND BARNHAR		36-	1			
Occupancy Status During Abatement (Check	Only On	ie)		-			Address ERRINE AVEN	UE		100			AL-CUI S
Facility Closed/Vacated During Entire Post Abatement Performed Outside of Norma Other – Describe: OCCUPIED NJAC WEEKENDS & EVE	al Facility 5:23-8	Hours REC	SULAR :	HOURS W	VITH		ate, Zip Code H AMBOY, NJ	08879)				
Scope of Work (Check All That Apply)	MING .	L INL	CHOOL	10 1	2212014			1 1					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	Ž F	Renova Demolif				ď	Mini-Enclosu Glovebag Pr	re ocedure					
	Т						Non-Exempl	ed () an	1 NOII-FIIADI	e rio		emen	
		Locat				20.00	_				Ty	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial (12)	ely by nce/ Staff?	Asbes (i.e.	tos Conta thermal surfac	scription aining M systems cing, VA niscellan	laterial (ACM) s insulation, T, or	(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Tes		IN/A	DIDE	INSULA	MULTUR		3.1	50 LF	Х			-
LOWER, GRUND & SECOND FLOOR LOWER, GROUND & SECOND FLOOR		X	-	VAT	THOOTH	TITON			65 SF	X			-
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GROUND FLOOR		Х		PIDE 1	INSULA'	TION		41	III.		H	- 1	
Name of Registered Waste Hauler ATC		1	JDEP V Hauler ID 04181		1	ste ARDS	MANER	RVA EN	ered Landfill	3			
City, State SHIRLEY, NY						sal Date 7/201		ate ESBURG	, он			ië.	
Completed by ANN ALI	Title ADMI	NIST	RATIV	3	S	Signatugg	1	* 1 = 102		te /05;	201	3 .	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO#20613900925 (Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) 06 , 13 02 2013 FEB 11 PM 2: 68 Ronald Pimpao Type Notification Street Address Agencies Notified ☐ EPA X Initial 612 Union Avenue Amended **⊠** DOLWD City, State, Zip Code Amendment # X DHSS Elizabeth, NJ 07208 Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Ronald Pimpao **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Private house Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, homes, etc.) 612 Union Avenue Square Feet # of Floors Bldg. Age City (5) Elizabeth, NJ 07208 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 01127 973-638-1777 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 15 / 13 02 / 16 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___ AM-PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination Full Containment with Negative Pressure >3 sf or >3 if = 160 sf or >260 if Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A X Pipe insulation 60 LF Basement-utility room

Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill T.R.R.F. Inc Gr Tech LLC 0033785 TBD City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic 02/06/2013 Owner

ASB-41

MAY 11

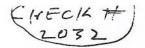
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O)_\ REMEME	BER - MAIL IN I	LAGA		. f.1:		111111111111111111111111111111111111111	701-10	J D	AY
Date of Notificality	2/01/2013		order To	Mame of Build	ing Owner/Operati	Dr (2)			, 1
Agencies Notified	Type Nutificati	ion	11.75 × (a) 21-	Stract Addres	e Li	DE MESSAGE			3
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DOL	Amendmen Emergency	(includir		Stewartsvill	e, NJ	LWAI	VER APP	781	71/F
DOH DCA	L Cancellation	1)		Name of Center Triyank R Pa		Marie des mare ma	Taluphone Ni	umber	-
-		•	14		FORMATION	10.2	.1		_
Name of Facility V Residence	Vnere Abatement is To	king Plac	o (3)	7,7012.17	- PARIATION	Type of Facil	ity (4)		2
Street Address						Subohapte	-12) er 8 (Other than K	.1 21	
2477 Hwy 57						Other (i.e.	private & comme	reinl bu	uildings
Clly (5) Stewartsville, N	IJ		SE - 188 - W			Square Feel 1,500 SF	# of Floors		Bldg A
tidunty (6)			T	County Code	(7) (STATE	Current Use (Prior if being dem		50+ 1)
Warren Name of Monitorin	Firm Hared by Buildin	O Owner		USE ONLY)	I Mamp of Abote	Residence ment Contractor	/m		
(8)	- ,					al Construction			
Street Address					Stroot Address		D C. 42- 540	-	
City, State, Zip Coo	le				City, State, Zip I		D SUITO 218	_	_
Project Manager fo	r Monitoring Firm		Toloob	ono No.	Clitton, NJ	07012			
					973-389-00	89	00693		
Start Date (10) 02/02/2013		2/03/201		n Date (11)	Namo of OSHA				_
Occupancy Status	During Abatement (Ch	eck only	นกล)		Street Address	l Constructio	n, inc.		
	Stated During Entire #	Period of	Abatome	ent	1360 Clifton		/IB Suite 218		
Abatement Perfo	rmed Outside of Norm	ol Facility	Hours						
Ahatemen(Perfo Other - Describe	ormed Outside of Norm	el Facility	/ Hours		Clifton, NJ 0				
Abatement Performance Other - Describe Scope of Work (Chi	ormed Outside of Norm	el Facility	/ Hours		Clifton, NJ 0	7012	soutive Pressure		-
Ahatemen(Perfo Other - Describe	ormed Outside of Norm	E Facility	novation		Clifton, NJ 0	7012	spative Pressura		
Abatement Performance Other - Describe Scope of Wark (Chi	ormed Outside of Norm	Regional De	novation		Clifton, NJ 0	7012 Intainment with Nichorure og Procedure	Nan-Frinkle Pres	1000000	
Ahatement Performance Other - Departure Scope of Wark (Chi	ormed Outside of Norm ack all that apply)	Reg De	Hours novation	<u>n</u>	Clifton, NJ 0 Full Con Mini-En Govebn	7012 Intainment with Nucleause By Procedule Sampled (*) and		1000000	Abater
Ahatement Performant P	ormed Outside of Norm ack all that apply) If tion of ng Material (ACM)	Report Pacifity Report	novation emolition ocation rmally Solely bi tenance/	Asbest	Clifton, NJ 0	7012 Intainment with Nulcaure Ing Procedure Rempted (*) And		-	Abater Typ
Abatement Performance Other - Describe Scope of Wark (Chi >3 sf or >3 if =180 of or >260 Asbestes-Containi TO Bit. if N Fi	ormed Outside of Norm ack all that apply) If tion of ng Material (ACM)	Region De	nevation emolition ocation rmally Solely b	Asbest	Clifton, NJ 0 Full Con Mini-Ent Govebbe Non-Ent Description of oa Containing Mote	7012 Intainment with Niclosure Ing Procedule Sumpted (*) and Periol (ACM) Insulation, or	Non-Friable Proc	-	Abater Typ
Abatement Performance Other - Describe Scope of Wark (Chi >3 sf or >3 if =180 of or >260 Asbestes-Containi TO Bit. if N Fi	ormed Outside of Norm book all that apply) If tion of ng Material (ACM) ABATED scility	Republic Rep	novation emolition ocation really Solely piterance/studial taff?	Asbest (i.e.	Clifton, NJ 0 Full Con Mini-En Goveba Non-En Description of oa Containing Mote thermal systems in ourseing, VAT.	7012 Intainment with Niclosure Ing Procedule Sumpted (*) and Periol (ACM) Insulation, or	Non-Friable Proc	1000000	Abaten Typi Repair
Abatement Performance Other - Describe Scope of Wark (Chi >3 sf or >3 if =180 of or >260 Asbastes-Containi TO BIT (if) Basement	ormed Outside of Norm book all that apply) If tion of ng Material (ACM) ABATED scility	Rep Rep Property	novation emolition ocation really Solely piterance/studial taff?	Anbent (i.e.	Clifton, NJ 0 Full Con Mini-En Goveba Non-En Description of oa Containing Mote thermal systems in ourseing, VAT.	7012 Intainment with Niclosure Ing Procedule Sumpted (*) and Periol (ACM) Insulation, or	Non-Friable Proc	-	Abater Typ
Abatement Performance Other - Describe Scope of Wark (Chi >3 st or >3 if =180 at or >260 Asbastos-Containi TO BE F	ormed Outside of Norm book all that apply) If tion of ng Material (ACM) ABATED scility	Region Facility Region De la Lista Control Court Cour	novation emolition ocation really Solely piterance/studial taff?	Aabeat (i.e.	Clifton, NJ 0 Full Con Mini-Ent Goverba Non-Ent Description of oa Containing Matt thermal systems in auriseing, VAT. other miscettened	7012 Intainment with Niclosure Ing Procedule Sumpted (*) and Periol (ACM) Insulation, or	Amount (Specity SF or LF)	Rezioval	Abaten Typ
Abatement Performance Other - Describe Scope of Wark (Chi >3 sf or >3 if =180 of or >260 Asbastes-Containi TO BIT (if) Basement	ormed Outside of Norm book all that apply) If tion of ng Material (ACM) ABATED scility	Rep Rep Property	novation emolition ocation really Solely piterance/studial taff?	Aabeat (i.e.	Clifton, NJ 0 Full Con Mini-En Govebe Non-En Description of oa Containing Mont thermal systems in ourseing, VAT. other inipoettoned	7012 Intainment with Niclosure Ing Procedule Sumpted (*) and Periol (ACM) Insulation, or	Amount (Specify SF or LF)	Rezioval	Abaten Typ
Ahatement Performance of Regiment Ashestes-Containing the France of Regiment Name of Regiment	ormed Outside of Norm ack all that apply) If tion of ng Material (ACM) ABATED scility 3)	Rep Rep Property	revalion amolitical ocation really Solely because at standard to 12)	Aabear (i.e. Pipe/Ell Boiler I	Clifton, NJ 0 Full Con Mini-Ent Govebb Non-Ent Description of oa Containing Matthemal systems in ourseing, VAT, other miscettaneous containing Matthematical Cubic Yards Cubic Yards	7012 Intainment with Nicionare ig Procedure compted (*) and cripi (ACM) assistion, or us)	Amount (Specify SF or LF)	Rezioval	Abater Typ
Abatement Performance Other - Describe Scope of Wark (Chi >3 st or >3 if =180 at or >260 Asbastos-Containi TO BE / (i) Basement	ormed Outside of Norm ack all that apply) If tion of ng Material (ACM) ABATED scility 3)	Rep Rep Property	revalion amolitical ocation really Solely because at standard to 12)	Anbent (i.e.) Appendix Anbent (i.e.)	Clifton, NJ 0 Full Con Mini-En Govebe Non-En Description of oa Containing Mote thermal systems in ourseing, VAT. other miscellaned Dow Insulation Solve Insulation Cubic Yards or Wasto 2	ntsinment with Niclosure g Procedure sampted (*) and cripi (ACM) nsulation, or nus) Name of Regi	Amount (Specify SF or LF) 90 J.P 40 3P	Rezioval	Abater Typ
Ahatement Performance Performa	ormed Outside of Norm ack all that apply) If tion of ng Material (ACM) ABATED scility 3)	Rep Rep Property	revalion amolitical ocation really Solely because at standard to 12)	Aabear (i.e. Pipe/Ell Boiler I	Clifton, NJ 0 Full Con Mini-Ent Govebb Non-Ent Description of oa Containing Matthemal systems in ourseing, VAT, other miscettaneous containing Matthematical Cubic Yards Cubic Yards	ntainment with Niclosure g Procedure sampled (*) and prior (ACM) nsulation, or nus) Name of Regi Minerva I, City, State	Amount (Specify SF or LF) 90 J.P 40 3P	Rezioval	Abaten Typ

* Emergency + NOTIFICAT

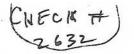
Date of Notification (1) 2/6/13	Name of Building Owner/Operator (2) Administration Building Camden City Public Schools Street Address													
Agencies Notified	Type Notification		-	Street A		T Dallall	ig Oai	nderi Oity		CHOOLS .	-6/	P	1 -	
⊠ EPA	☐ Initial				Front S				. 3		`	,	5:	ÛR
DEP DOL	Amended Amendment				ate, Zip C en NJ 0				-	· 7/	SEN !	1812	Na:	,
DOH DCA	Emergency justification) Cancellation			Name o Steve	f Contact				T	elephone N		5	-	
N				FACI	LITY INF	ORMATIC	ON	7			7			
Name of Facility Where Administration Build				nnols				Type of Fa	cility (4)					
Street Address	g carraon c								ol (K-12) napter 8 (O	ther than K-	.12)			
201 N Front Street							7	× Other		& commer		ldings	, hom	es,
City (5)								etc.) Square Fee		of Floors	1	Bldg. A	Age	
Camden NJ 08101 County (6)	Harate							1000+	1	Name and the second		35+		
Camden					Code (7) USE ONLY	0		Current Use	e (Prior if b	eing demoli	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.			of Abatemer aco Inc	nt Contracto	or (9)				
Street Address	1					- 1		Address ox 329		-				
City, State, Zip Code							City, S	tate, Zip Coo Berlin NJ			-			
Project Manager for Mon	Project Manager for Monitoring Firm						Teleph	none No. 753-9800		License 00727	No.			
Start Date (10) 2/6/13	ed Cor	npletion	Date (11)		Name	of OSHA Mo	nitor	00727						
Occupancy Status During	Abatement (Cher	2/7/13	0)				Same							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Norn	Period of A	baten	nent		85		Address tate, Zip Coo	de			141		
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		No. of Concession,	enova	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						'e				
		Is	Locat	ion								Abat	emen	t
Location	of	1	lormal d Sole	ly	The second	Des	cription	of				T	/pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Mai Cust	ntena odial S (12)	nce/	Asbes (i.e.	thermal:	systems ing, VA		1	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Poom 3	Room 322 x								3 100-44	000 (-	_	-	
. Hoom s	1100000		***		oor tile)	1 1 1 1 1 1 1 1	200 sf	x	-				
							, ,		-					
N. CD.														
Name of Registered Was United Containers	te Hauler		Н	JDEP W lauler ID 2459		of Was		Transaction is	ne of Regis R.O.W.S.	tered Landf	ill		*	
City, State Elm NJ				Disposal Date 6/7/13					State rrisville F	A 19067				8 i h .
Completed by Title Anthony T Perna Preside					- II		gnature			C	Date 2/6/13	<u></u>	- 2	



Date of Notification (1) 2 /6/13		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION											
Agencies Notified Type Notifical Initial Amended Amended	ent # cy (including on)	City.	Street Address 300 77 TH ST. City. State, Zip Code SED TYLE CITY, N.J. 08243 Name of Contact Telephone Number										
	<u>' </u>	1		FORMATION		1	_			=			
Name of Facility Where Abatement is T RESIDEN Street Address 2/2:./05	CE '				Other (i.e., phomes, etc.	2) 8 (Other than K-12 private & commercia)	l build						
City (5) STONE H	1200	n			Square Feet	# of Floors	Bio	dg. A	ge				
County (6) CAPE MAY		Cou	nty Code ONLY)	(7) (STATE	Current Use (P	rior if being demolis	hed)			_			
Name of Monitoring Firm Hired by Build (8) Street Address	ing Owner	ASCM	No.	Street Address	ent Contractor (S	,				_			
City, State, Zip Code		- 		City, State, Zip C	S,S PRUC		· ·						
Project Manager for Monitoring Firm		Telephone	No.	Telephone No.	9-0472	License No.	==	2 2		=			
Sidir Said (10)	cheduled Cor		ate (11)	Name of OSHA N	Monitor	Enn				_			
Occupancy Status During Abatement (Company Status During Abatement (Company Status During Entire) Abatement Performed Outside of No. Other - Describe:	e Period of At	atement		City State 7in C	odo	100= 100.	J.,	08		_			
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rend	ovation olition	Full Containment with Negative Pressure										
		cation nally						bater					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used S Mainte Cust Sta	olely by nance/ odial off? 2)	Asbes (i.e.	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosura			
<u> </u>	Yes	No N/A	T	RANSITE	<u> </u>	25004	X		-				
SIDING		1											
	=												
Name of Registered Waste Hauler K Lamas Inc.		NUDEP II	No.	Cubic Yards of Waste		, C , M.V. A							
Ciry. State MARKE SIA	176,1		<u>v -7</u>	Disposal Date	City, State	7 BINE I	1,7.						
	Title	10		Signature	in Kelm			13					



Date of Notification (1)	, ,	7.	Na	me of Buildi	ng Owner/Operator	(2)	6 .	~			1
2/	6/13	. 8	_	PINE	LANDS C	ONSTRUC	TION	·	0	4	6
Agencies Notified	Type Notificatio	n	St	reet Addres	:	<i>C</i> -	Ç.,	D.	7)	
□ BPA □ DEP	[X] Initial		1'-	300		14: >T,				-	_
X 08	Amended Amendment	**	Ci	y, State, Zip	Code	11 "T	000 47	150		0'	
Ø DOF	Emergency (- _	SEA	TYLE CI	<u> </u>	, 08293	9 -	<u></u>		
□ DOH .	justification)			me of Conta	ict _	•	Telephone Num	ber			
□ DCA	☐ Cancellation			FIDER	- EDUDITE)					
				EACH ITY IN	FORMATION				-	F	,
Name of Facility Where	Ab atamant in Yaki	na Place		ACIOITI	- COMPANION	Type of Facility	v (4)				
	SIDEMC		(3)			School (K-1					
	TIVERC	7.			==== -	Subchapter	8 (Other than K-12				
Street Address	6 W. 17	111 5	7,			Other (i.e., homes, etc					
City (5)	CEAN CI	ry				Square Feet	# of Floors	BI	dg. A	ge	
County (6)			TC	ounty Code	(7) (STATE	Current Use (P	rior if being demolis	shed)			
COUNTY (O) CAPE	MAY		_ "	SE ONLY)							
Name of Monitoring Firm	Hjred by Building	Owner	ASC	M No.	Name of Abatem	nent Contractor (9)	50001000		10.000000	* [15]
(8) N					- Ku	EMCO I	NE,				
Street Address					Street Address		1 -				
Olicot / ido. doc	•		•		369	S,S PRUC	E DUE,				
City, State, Zip Code					City, State, Zip C	ode Sua	DEINJ	08	57	2.	
						LE DAY	License No.			==	=
Project Manager for Mon	itoring Firm		,Telepho	ne No.	856 -77	9-0472		44			
Start Date (10) 2 / (3	Sche	/	/	Date (11)	Name of OSHA	Monitor KI	EMM				
Occupancy Status During			-		Street Address					-	
☐ Facility Closed/Vacate	d During Entire P	eriod of A	batemen	t	369		204 100,				
Abatement Performed	Outside of Norma	al Facility	Hours		City, State, Zip C	ode					
Other - Describe:					M	APLES	HODE, N.	، ل	08	0 2	2
Scope of Work (Check al	I that apoly)										-
Scope of Trock Concert of							egative Pressure				
≥3 sf or ≥3 lf			novation notition		☐ Mini-En	an Procedure					
≥160 sf or ≥260 lf		R) ben	NOI OCT		Non-Ex	empted (*) and N	on-Friable Procedu				
			ocation					1 1	bate Typ		
			mally Solely by		Description of	2-11 × 2007	-	-	,,,	_	
Location o Asbestos-Containing M	t aterial (ACM)		enance/	Asbes	tos Containing Mat	terial (ACM)	Amount	_		E	г
TO BE ABAT	ED		stodial ·	(i.e.	, thermal systems i	nsulation,	(Specify SF or LF)	l en	Repair	de	SC
IN Facility		7.5	taff? 12)		surfacing, VAT, other miscellaned	ous)	0, 0, 2, 7	Removal	Pair	Encapsulate	Enclosure
(13)			12)	-		1		<u> 8</u>		ale	6
		Yes	No N	A				+-			
SIDIN	1 ai		X	1	RANSITE		3000 LD	X	-		_
								+	_	_	-
			- 1					1	-		-
Name of Registered Was	te Hauler		910031150	P Waste	Cubic Yards		istered Landfill	and the second			
K LGMC &				ID No.	of Waste	1 C. N	I, C, M.V. A	7.			
				904	Disposal Date	City, State					
City. State	5 SHAD	61	NIJ		1 1		7 BINE 1	<u>, 7</u>	_	_	4
Completed By	Title		10		Signature	4 Kely	Date 2	6	13		
JOSEPH K	IFM	V	11		Joen	u poer	m -/	/			



Date of Notification (1) 2/6/	13	Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION									
□ BPA □ Ini	Notification tial mended	Street Addre	SS 0 777	TH ST.	\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/	<u> </u>	<u></u>		
DOH . Ar	nerdment # nergency (including stification) ancellation	Name of Con	TSLE CI		C82 434	per.	7.	ر	द्वित विकास		
		FACILITY I	NFORMATION		1.8						
Name of Facility Where Abatem RESID Street Address				Other (i.e., p	2) . 8 (Other than K-12 private & commercia		dings				
City (5)	18 Hanbon			Square Feet	# of Floors	BI	dg. A	ge			
County (6) CAPE M.	۸٧		(7) (STATE	Current Use (P	rior if being demolis	hed)					
Name of Monitoring Firm Hired b	y Building Owner	ASCM No.	1 11	ment Contractor (9	**						
Street Address				S,SPRUC	= 100.						
City, State, Zip Code			City, State, Zip C		DE NJ.	08	5-5	2			
Project Manager for Monitoring F	irm ,Tel	ephone No.	Telephone No.	9-0472	License No.	14					
Start Date (10) 2 / 20 / 13	Scheduled Compl	/	Name of OSHA	Monitor FPN KL	EMM						
Occupancy Status During Abater Stacility Closed/Vacated During		ement	Street Address	S, Spn	-ULE LUE.						
Abatement Performed Outside Other - Describe:	of Normal Facility Hou	Irs	City, State, Zip Code MAPLE S LODE N. J. 0803								
Scope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ply) ☐ Renoval ☑ Demolitic		Full Containment with Negative Pressure on Mini-Enclosure								
	ls Locati Normali	y	December of			A	bater Typ				
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)	CCM) Used Sole Maintenar Custodi: Staff? (12) Yes No	nce/ Asbe	Description of stos Containing Mat thermal systems in surfacing; VAT, other miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
SIDING		X I	RANSITE		2000 #	X					
						\vdash		-	\dashv		
Name of Registered Waste Hauler	Н	UDEP Waste lauler ID No.	Cubic Yards of Waste	Name of Regis	stered Landfill	لبا					
		17904 ,J	Disposal Date	City, State		J.					
Completed By JOSEPH KLEM	Title V//	0	Signature	1/ .	Date 4		13		=		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) February 6, 201	3	Name of Building Owner/Operator (2) T Fiore Demolition							
	tion I Notification aded Notification	Street Address		isher Blvd	811 PH 2	: 6 ₈		,	*
[x] DOL Amer	ndment # gency (including	City, State, Zip C	ode Toms	River, NJ 08751 /	DEMONING K	- 6]			
	ication) ellation	Name of Contact Bill		T	elephone Number				
	FA	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence		10,10,11,11,11,10,11		Type of Facility (4)	School (k-12)		1.10)		
Street Address 121 West Pelican	Way			[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)		100	ial bui	ldings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 800 sf	# of Floors		, Age	50	
Ocean Beach III	Ocean			Current Use (Prior if	Salah ang pagaman na mang pagaman ang pagaman	i)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Residen f Abatement Contractor Guardia		Inc			
Street Address	4		Street A		n contracting,	1110.			
					oute 9, Unit 61	: :			
City, State, Zip Code			City, Sta	ate, Zip Code	iver, New Jers	ev 087	755-1	271	
Project Manager for Monitoring Firm	Telephone Numb	er		ne Number	License N 00624		33-1.	2/1	
Scheduled Start Date (10) 2/7/13	Scheduled Comp 2/8/13	letion Date (11)		OSHA Monitor	. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	only one) d During Entire Period of	Abatement Street Address 1056 Stelton Road							
Abatement Performed (Outside of Normal Facility	Hours	City, Sta	nte, Zip Code Piscatav	vay, New Jerse	y 088:	54		
Scope of Work (Check all that apply)	3		[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	L 3	ovation olition	[]	Glovebag Procedu		Procedu	ire		OC .
[] 2.000.0.200.1	[] 24		[]		I				
	2 2 2					Abate	ement	Гуре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	al (i.e ins	Description bestos-Con Material (A c., thermal culation, su VAT, oner 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 N C A P S U L	E N C L O S U R
							Е	Е	
Exterior	X	Asbestos sidi	ng		700 sf	X			
49 (4)				<u> </u>					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul	er ID No. Cubic Y	ards of Was	te Name of Register	ed Landfill				
City, State	osal Date	City, St	ate					12/200	
Toms River, New Jersey Completed by (Print or Type)	1/13 Signature	Tullyt	own, Pennsylvania		Date	2012			
Nicholas Fernicola	Project Manager	1 // 10	nol	ter	74	2/6/2	2013		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					(10) y	Pre , Pr					
Date of Notification (1) February 6, 20	13		Nai	me of Building		Daniel Donnerster M	Ianagement -	CL a	212	120)
	al Notific		Stre	eet Address	POB	ox 474	B 11 PM 2				
[x] DOL Ame	nded Not ndment # rgency (i		City	y, State, Zip Co	de Laval	lette, NJ 08735 L	CENSING	()].			
[x] DOH justi	fication) cellation		Nar	me of Contact Tom (Costello	Т	elephone Number			7	
		F	ACILI	ΓΥ INFORM	ATION						
Name of Facility Where Abatement is Takin Residence	g Place (1			Type of Facility (4)	School (k-12) Subchapter 8 (or	le on the	- I-12\		
Street Address 3356 Seaview Ro	ad				1	[x]	Other (i.e., priva				ldings,
City	Count	y (6)		nty Code (7) ATE USE ONL	Y)	Square feet 700 sf	# of Floors		g. Age	50_	
Ocean Beach III	Ocea	n				Current Use (Prior if Residen)			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	ASC	CM No.	Name of	Abatement Contractor Guardia	(9) n Contracting,	Inc.			
Street Address					Street A		oute 9, Unit 61				
City, State, Zip Code	-				City, Sta	te, Zip Code	iver, New Jers	ev 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone Numb	er			ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 2/7/13		Scheduled Comp 2/8/13	letion D	ate (11)		OSHA Monitor	. Analytical	0 1011			
Occupancy Status During Abatement (Check		e)	Ahateme	ent	Street A	ldress	elton Road				e e
Abatement Performed		Name of the second second		ont a	City, Sta	te, Zip Code					-
[] Other – Describe							vay, New Jerse		54		
Scope of Work (Check all that apply)					[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		r 1	ovation solition		[] [x]	Glovebag Procedu Non-Exempted (*)		Procedi	ıre		
[X] 2100 31 01 2200 11		[X] Deni	Ontion		[7]	Tvon-Exempted ()	, and ivolat maste	1 10000			
					ESSENT TO A CONTRACT OF THE SECOND			Abat	ement	Туре	
Location of		Is Location formally used			Description estos-Cor		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	IN.	Solely by			faterial (A		(Specify SF	Е	E	N C	C.
TO BE ABATED	Maint	enance/Custodi	al		, thermal		or LF)	M	A	A	L
in facility	71	Staff		insu	lation, su			0	I	P	0
(13)		(12)			VAT, c			V	R	S	S
	YES NO N/A					nneous)	V5 - 18	A L		L E	R E
Exterior	A	sbestos sidin	g		650 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	ler ID N	o. Cubic Ya	rds of Wast	e Name of Register	ed Landfill						
City, State	posal Da		City, Sta	ate							
Toms River, New Jersey 2/11/					Tullyte	own, Pennsylvania		1 5	0 12		
Completed by (Print or Type) Nicholas Fernicola	Sit	gnature	hal	11.1	· ·	Date 2/6/	2013		74		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2) Bobby Bobcat Excavating 6 1718										
February 6, 20	13				Bobb	y Bobcat Excavati	ng - A_ a	116	21	8	
	al Notific			Street Address	1409	2013 FEB 11	PM 2: 08	6			
[x] DOL Ame	ndment rgency (including		City, State, Zip	Code Toms	River, NJ 08753	Langital.			í	11
I DCA	fication) cellation			Name of Contac Bob	t		elephone Numbe			_	
			FAC	CILITY INFOR	MATION						
Name of Facility Where Abatement is Takin Residence	g Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (o	ther tha	n k12)		
Street Address 136 Ocean Bay B	lvd.					[x]	Other (i.e., priva		A		ildings,
City	Coun	ty (6)		County Code (7) (STATE USE Of		Square feet 1500 sf	# of Floors	Bldg	g. Age	50	
Lavallette	Ocea	an				Current Use (Prior i		d)			
Name of Monitoring Firm Hired by Building N/A	g Owner	(8)	5.83	ASCM No.	Name of	Abatement Contractor		Inc			
Street Address					Street A	ddress					
City, State, Zip Code		-	1		City, Sta	te, Zip Code	oute 9, Unit 61			271	
Project Manager for Monitoring Firm		Telephone	Number		Telephor 732-34	ne Number	License 1 00624		/55-1	271	
Scheduled Start Date (10) 2/7/13		Scheduled 2/8/13		tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	ed Durin	e) g Entire Peri	od of Al		Street A	ldress	elton Road	· v			
Abatement Performed Other – Describe	Outside	ot Normal F	actifity f	iours	City, Sta	te, Zip Code Piscatav	way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)					[]		with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] [x]	Renova Demoli								
			-		2 10			Abate	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) M P O I V R					R E P A I	E N C A P S U L E	E N C L O S U R E			
Exterior		Asbestos sid	ing		1100 sf	X					
					1 1						
N. CD IN IV. I	IDAY. LOUIS	7. d. CW/	. In conta	17 1611							
Name of Registered Waste Hauler Guardian Contracting, Inc.	ID No. Cubic	ards of Wast	Name of Register T.R.R.F.	red Landiiii							
				sal Date	City, Sta						12
Completed by (Print or Type) Nicholas Fernicola	er	Signature	109/	Test.		Date 2/6/1	13				

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

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

Date of Notificatio	n (1)	•	Name of Build	ing Owner/Operato	or (2)	_						
2-5-13			Name of Building Owner/Operator (2) CHARLIE BLUMENKEHL Street Address									
Agencies Notified	Type Notifica	tion	Street Address	s AND STREET	2013 FFR	11 PH 2:						
[]EPA	[X] Initial Notifica	ation	City, State,			11 PM 2:	ao					
[]DEP	[]Amended		BELLEVIL				40					
[X]DOL	Notifica	ation			Se Elic	4 15 11 12	.,					
[X]DOH	[]EMERGENCY	,	Name of Contac	ct	Telepho	The Property of the	-1					
[]DCA	[]Cancellat		CHARLIE		1		,					
17	[]Cancerra	LIOII	FACTLT	TY INFORMATION	<u> </u>		\$		-			
Name of Facility Wh	ere Abatement	is Tak:	2014-301-01012-01-01	11 1111 0141111011	Type of Facil	lity (4)						
Same as above	•				[]School	(K-12)						
						ter 8 (Other	er than	K-12)			
Street Addres						(i.e., priva			-			
						# of Flo						
City (5		County	(6) Essex	County Code (7)	Square Feet	3	-	ldg. 1 70	age			
		-		(STATE USE ONLY)	Current Use				hed)		
			B 8 1 7 8 1 9				, g					
Name of Monitoring Owner (8)	Firm hired by	Buildir	ng ASCM No.		ement Contracto		#1		30			
N/A Street Address				Street Addre		,			_			
Street Address				11	stopher St							
				(1)				7 5				
City, State, Zip Co	ae			Montcla	ir, NJ 070	42						
Project Manager for	Monitoring Fi	- 1	elephone Number	Telephone Nu	mber	þ	License		er			
		N	/A	(973) 74	4-8800		0037	1				
Scheduled Start Dat 2-14-13		2-15		Name of OSHA	Monitor							
Month Day Y Occupancy Status Du	Year Mor		Day Year	Street Addres			0 70 70 70					
[X]Facility Clo of Abatemen	sed/Vacated Du it	ring E	ntire Period	Street Addres	33		5 II					
[]Abatement Pe Hours - Desc	erformed Outsid cribe:«OffHours			City, State,	Zip Code							
[]other - Desc												
Scope of Work (Check	k all that app]	Ly)	-									
[X]>3 sf or []>160 sf			[X]Renovation []Demolition	[]Mini- [X]Glove	Containment wi -Enclosure ebag Procedure Friable Procedu		Pressu	ıre				
		Τ.	Is Location				Aba	temen	t T	уре		
Location Asbestos-Con			Normally Used	Descripti Asbestos-Cor		Amount	R	R	E	E		
Material	(ACM)	١.	Solely	Material	(ACM)	(Specify	E M	E	CA	C		
TO BE AB			By Main- tenance/	(i.e., therma insulation, surf	4.00 - 5.0 0 - 5.00 -	SF or LF)	O V	E P A	PS	OS		
(13)			Custodial taff (12)	or other misce		LE	A	R	U	U R		
Basement		Yes	No N/A	Dino in sul		40 75				E		
Dasement			X	Pipe insula	tton	42 LF	X					
			+ + -						-	-		
Name of Registered N	Waste Hauler	N.	JDEP Waste	Cubic Yards	Name of Regi	stored Tard	fill					
AZTECH MANAG		¬ н	auler ID No.	of Waste 1.5	G.R.O.W.							
City, State		-12.7		Disposal Date	City, State							
Montclair, NJ	07042			2-16-2013	Morrisvi	lle, PA	1906	7	3			
Completed By (Print	or Type) Tit			les material	1	-1/-	Ь.	7.1				
Constantine V	. [1]	eside	ent	Signatur	restantia.	Millen	Date 2-5-	-13				
				(10	in any your	11000	+					

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

Date of Notification	n (1)	-	Name of Building Owner/Operator (2) SHERRY WEINSTEIN									
2-5-2013			SHERRY	WEI	NSTEIN		and I	د ن ښو	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Agencies Notified	Type Notif	ication	Street Addre	ess		201	3 FEB 11					
[]EPA	[]Initial		104 MID	LAN	D BLVD.		TO II	PH 2:	GB.			
[]DEP	Notif	cation	City, State,	Zip	Code	41.0	Corn.		- 0			
[X]DOL	[:]Amende		1975	7	NJ,07040	i 199	8/10/1	12.17	êH.			
[X]DOH	Notif	ication	Name of Cont	act		Telephon	- LIO _	1412	<u> </u>	-		
[]DCA	[X]EMERG	GENCY	SHERRY		NSTEIN				(3)			
LIDOR	[]Cancel	lation										
	1		FACII	LITY	INFORMATION	((*)		12				
Name of Facility Who		nt is Tak	ing Place (3)		12. 12	Type of Facil:	ity (4)					
Same as above						[]School						
Street Addres				-			ter 8 (Other i.e., privat					
							uildings, h					
				- 80 -		Square Feet	# of Floo	rs Bl	dg. A	ge		
City (5		County	(6	1.0000000000000000000000000000000000000	inty Code (7)	1850	2		33			
	*			(3)	ALE USE ONLI)	Current Use (Prior if be	ing dem	nolis	ned)		
			SEX									
Name of Monitoring F Owner (8)	Firm hired l	by Buildin	ng ASCM No.			ment Contractor	05.31					
N/A			111				, inc.					
Street Address					Street Addres	\$1.00 mm						
0			377 6			stopher St	•					
City, State, Zip Coo	ie				City, State,		40					
Negotia Burna de Artico de La Porta de						r, NJ 070						
Project Manager for	Monitoring	The state of the s	elephone Numbe	er	Telephone Num		F-	icense		er		
		N	/A	5	(973) 744	1-8800		0037	Τ			
Scheduled Start Date	€ (10) So		oletion Date	(11)	Name of OSHA	Monitor						
2-6-2013		2-7-2			N/A							
Month Day Y Occupancy Status Dur	ear ring Abateme	Month ent (Check	Day Year k only one)		Street Addres	s						
[X]Facility Clo	sed/Vacated											
of Abatemen []Abatement Pe		side of N	formal Facilit	v	City, State,	Zip Code						
Hours - Desc	ribe: «OffHo	urs Descr	:ipt»	-	02037, 500007							
[]other - Desc	263274770		y Descript»	- 2								
Scope of Work (Check	c all that a	apply)			[]Full	Containment wi	th Negative	Pressu	ıre			
[X]≥3 sf or			[X]Renovation		[]Mini-	-Enclosure	agataria					
[] <u>></u> 160 sf	or >260 lf		[]Demolition			abag Procedure Friable Procedu	Te					
			Is		[]HOH I	TIME TIOCCA		Aba	temer	nt T	уре	
Location			Location Normally		Description		Amount	R		E	E	
Asbestos-Cor Material	VALUE OF THE PARTY		Used Solely		Asbestos-Con Material		(Specify	E	R E P	CA	C	
TO BE AB			By Main-		(i.e., therma		SF or	OV	PA	P	0	
In Facil	lity		tenance/ Custodial	ir	sulation, surf	1. O. M. B. C. B.	LF)	V A	I	S	S	
(13)		Yes	Staff (12) No N/A		or other misce	llaneous)		L	R	L	R	
BASEMENT			X	PI	PE INSULAT	ION	25 LF	x				
										*	<i>20</i>	
9			+									
Name of Registered V	Waste Haule	r	NJDEP Waste	Cu	bic Yards	Name of Regi	stered Land	fill	1			
AZTECH MANAG		TNC	Hauler ID No.		Waste 1.	G.R.O.W.			20 8			
			17040	Di	sposal Date	City, State				-		
City, State Montclair, NJ	07042	241			2-8-2013	Morrisvi	lle/PA	1906	7			
LUMCCIALL, NO	0,042					7	1/					
Completed By (Print	or Type)	Title			Signature	1	1/	Date				
Constantine V	ivian	Presid	resident 2-5-20					2013				
			•		1 en	A Company				77.		
						,						

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

Date of Notification	n (1)		Name of Building Owner/Operator (2)									
2-5-2013			Name of Building Owner/Operator (2) Dan Tower Street Address									
Agencies Notified	Type Notific	ation	Street Add		ra Avenue	2013 FE	B 11 PH 2	14 (LL)				
[]EPA	[2] Initial Notific	ation			39		PH			-		
[]DEP	[]Amended		City, State			4 1 2 3 4	fire.	. 6.8,	1			
[X] DOT	Notific	ation	Union,	Νυ,	07083	3 &1	18.4. 4.2000	Fare.				
[X]DOH	¥		Name of Co	ntact		Telepho	ne Number	i UH				
[]DCA	EMERGENO		Dan To	wer								
	[]Cancella	tion					2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		_		
Name of Facility Wh	ere Abatement	ie Takir			INFORMATION	Type of Faci	lity (4)			-	14	
Same as above		10 10.11	.g 1100 (3			[]School		r than	K-12)		
Street Addres							(i.e., priva			-		
						Square Feet	# of Floo		dg. I	ige	100	
City (5		County ((6)		unty Code (7)	1800	2		65	-		
		UNION		(S	TATE USE ONLY)	Current Use	(Prior if be	ing der	nolis	hed)		
Name of Monitoring	Firm hired by	Building	ASCM No.	N.		ment Contract						
N/A					AZTECH N	anagemen'	r, Inc.			unces or	0	
Street Address					Street Addres	55.00						
			86 Christopher St.									
City, State, Zip Co	de				City, State, Montclai	zip Code Lr, NJ 070	042		= 1			
Project Manager for	Monitoring Fi	rm Tel	ephone Num	ber	Telephone Num		I	icense 0037		er		
Scheduled Start Dat	e (10) Sche	d. Compl	etion Date	(11)	Name of OSHA	Monitor						
2-6-2013		2-7-2	013		N/A						i.	
			ay Yea	ır						200		
Ccupancy Status Du [X]Facility Clo of Abatemen	osed/Vacated D			d	Street Addres	ss						
[]Abatement Pe				ity	City, State,	Zip Code	+=					
[]other - Desc	cribe: <u>«OffHour</u> cribe:«Other O											
Scope of Work (Chec	k all that app	oly)			11							
[X]>3 sf or		[2	X]Renovation		[]Mini- [X]Glove	Containment w -Enclosure -bag Procedure		Press	ure			
			Is	_	[]Non-i	Friable Proced	ure	Aba	teme	nt I	уре	
Locatio			ocation ormally	12	Descripti			R		E	E	
Asbestos-Co Material	30 37 3 7 3 7 3 1 3 1 3 1 3 1 3 1 3 1 3 1		Used Solely		Asbestos-Cor Material		Amount (Specify	E	R	CA	C	
TO BE A		В	y Main- enance/		(i.e., therma	l systems	SF or	0	PA	P	o	
In Faci		Ct	istodial aff (12)	i	nsulation, surf or other misce		LF)	A	R	n n	UR	
(13)	8 6 8	Yes	No N/A		or other master			L			E	
BASEMENT			х	PIP	E INSULATI	ON	45 LF	X				
											-	
7 16 Desistant	Wasta Vanla	h	DEP Waste		ubic Yards	Name of Poo	gistered Land	lfill		-	<u> </u>	
Name of Registered AZTECH MANAG		IC Ha	uler ID No	7.8	f Waste 1.5	G.R.O.W						
City, State Montclair, No	J 07042			1	isposal Date 2-8-2013	City, State	ille PA	1906	57			
Completed By (Print	or Type) Ti	tle			Signature	e) / /	+/	Date				
Constantine V		reside	ent		10	while	Vinc.		2013			
					1							



The for any of the first

Date of Notification (1) 1-28-2013	28-2013						Name of Building Owner/Operator (2) Affordable Remodelers INC. Street Address 2013 FEB 11 PM 2: 08									
			Street Ac 24 Bird	ddress Iseye Gle	en.	-	基分别	7 s	10	خ ز	8					
EPA X Initial Amended Amendment #	t		City, Star Verona	te, Zip Cod a NJ.	le		· · · · · · · ·	Lic	ENSIN	11.0	i.		22			
	ncluding			Contact DiRocco				Tele	ephone Nun	ber	•					
				LITY INFO									_			
Name of Facility Where Abatement is Taking Residential	Place (3)						ype of Facility (4 School (K-12 Subchapter	2)	ar than K-13	\						
Street Address 24 Birdseye Glen.							Other (i.e. p	rivate 8	& commercia	al build	lings	home	es,			
City (5) Verona NJ. 07044						5	etc.) Square Feet 2.800	# of 2	Floors	100	ldg. A O+	\ge	1			
County (6) Essex			County C	Code (7) USE ONLY)		_ (Current Use (Price	r if bei	ng demolish	ed)	21102					
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	l No.			Abatement Con Environment			С	nt.	8.	72			
Street Address	34,44,44					Street A	ddress rginia Ave.									
City, State, Zip Code							te, Zip Code City NJ 0730)4								
Project Manager for Monitoring Firm							ne No. 33-8855		License N 01174	0.						
Start Date (10) 1-29-2013	Schedule 1-29-20		npletion	Date (11)			OSHA Monitor Environment	al Se	rvices, LL	.C						
Occupancy Status During Abatement (Check	k Only On	e)				Street A										
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	baten	nent s		-		rginia Ave. te, Zip Code									
Other – Describe:					-	Jersey	City NJ 073	04		0						
Scope of Work (Check All That Apply)	orese:								=							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli	30.5			×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re				
	T le	Locat	ion				Non-Exemple	1 () an	d NOTH Hat	T	Aba	emen	ıt			
Location of	. N	Locat	lly		Des	cription o	f			_	T	ype	т			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intena odial (12)	nce/ Staff?		thermal s		terial (ACM) insulation, , or ous)	(amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure			
Kitchen	-	×			Pine	Insulati	on	1 13	10LF	x		1	+			
Michell				, ipo								F				
Name of Registered Waste Hauler Tri-State Transfer Associated		1	NJDEP Waste Cubic Yards Hauler ID No. of Waste 2A-456 1				Minerva		ered Landfil erprise.							
City, State Bronx NY.			Disposal Date 1-29-2013				City, Stat Wynesi		Ohio							
Completed by Tiffany Nunez	Signature ce Manager						3		ate -28-2	013						

02995

Date of Notification (1)						Owner/Operate		á i	-047	I par pa				
2/4/13		4.	the value of			Private Ho	ome	2013 5	70					
	pe Notification			Street Ad 77 Lynr				6 thin	B 11 PH	2: 6:	3			
EPA DEP DOL	Amended Amendment				e, Zip Coo awkin N	de J 08005		& L	7.) . 7	76				
DOH DCA	Emergency (justification) Cancellation			lame of Joann	Contact	×			Telephone 1	lumber				
Name of Facility Where Aba	tement is Takin	g Place (3)		FACIL	ITY INFO	RMATION	Туре	of Facility (4	4)	34				
Joann Byrnes/ Private	Home							School (K-1		(40)				
Street Address 77 Lynn Ann						3	×	Subchapter Other (i.e. p etc.)	8 (Other than k rivate & comme	(-12) ercial bu	ildi	ngs,	home	s,
City (5) Manahawkin NJ 08005	5							re Feet	# of Floors		Blo 35	ig. A	ge	
County (6) Ocean				County C	ode (7) SE ONLY)		Curre		or if being demo	olished)				
Name of Monitoring Firm Hir	red by Building	Owner (8)	_	ASCM		- III		tement Con	tractor (9)				9	
Street Address					•	Stre	et Addre	ss						
City, State, Zip Code						City	Box 3	ip Code		*****			2	
Project Manager for Monitor	ing Firm		1	Геlephon	e No.		est Berl ephone N	in NJ 080 o.	91 Licens	e No.				
				,		6-753-9	Marian Maria	00727	7					
Start Date (10) 2/13/13		Scheduler 2/18/13		pletion L	Date (11)		ne of OSI me	HA Monitor		99. (1)				
Occupancy Status During A	batement (Ched	ck Only One	€)			Stre	et Addre	ss						
Facility Closed/Vacated Abatement Performed Other – Describe:	d During Entire Outside of Norr	Period of A nal Facility	batem Hours	ent		City	, State, Z	ip Code		8				-
Scope of Work (Check All T	hat Apply)						,							-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-		ovation nolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	6 1	ls.	Locati	on			INC	JII-EXEMPLE	a () and Non-	TIADIC I		Abate	ment	ı
Location of		N	ormal	y		Descript	ion of	- 3		_	_	Ту	pe	
Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)		Mai	d Sole ntenar odial S (12)	nce/	Asbes (i.e.	tos Containin thermal syste surfacing, other misce	ems insul VAT, or	ation,	Amount (Specify SF or LF)	Verional	Domour	Repair	Encapsulate	Enclosure
		Yes	No	N/A									Ф	
Exterior Sid	Exterior Siding					Exterior	Siding		1100 SF	x				
											1.5	-		
Name of Registered Waste United Containers	Hauler		NJDEP Waste Cubic Yards Hauler ID No. of Waste				S	Name of G.R.O.	Registered Lar W.S.	ndfill				
City, State			120	22459 3 Disposal Date				City, Stat	te ville PA 1906		_			
Elm NJ Completed by		Title	2/18/13 Signeture			ture	IVIOTTISV	MIE FA 1900	Date					
Anthony T Perna	dent				ع			2/4/1	3					

CF 211	, IN	(Pu		o NJAC 8				j	TE	mmi.					
Date of Notification (1) 2/4/13	٠.			Building Cont			(2)	20131		J 100/1	* *****	Ph			
Agencies Notified Type Notification		1.85	Street Ad	dress llege Dr					20	11 p	1 2.	٠,			
EPA Initial Amended		C	City, State	e, Zip Cod	ie							্ষ্	1		\dashv
DOL Amendment #			Name of	ood NJ	08012		-		Tele	phone No	mber	4			-
DOH justification) Cancellation			enny	Oomaac					1		STALL PROPERTY		_		
Name of Facility Where Abatement is Taking	Diago /9	\	FACIL	ITY INFO	RMATIC	N	Type o	f Facility (4)							\dashv
Wilson Hall East Foyer area	riace (o	,					-	chool (K-12)							
Street Address 200 College Dr							× S	ubchapter 8 ther (i.e. pri	(Othe	r than K- commer	12) cial bu	ildir	ngs, l	nome	s,
City (5) Blackwood NJ 08012							Square 1000	Feet	# of 2	Floors	- 4	Bld 35	g. Aç +	je	
County (6) Camden		(County C	ode (7) SE ONLY)	-	_	Curren	t Use (Prior	if beir	ng demoli	shed)				
Name of Monitoring Firm Hired by Building ON/A	wner (8)	-	ASCM	No.			of Abate aco In	ement Contr	actor	(9)				3	
Street Address							Address Box 32			8.2					
City, State, Zip Code		· · · · · · · · · · · · · · · · · · ·					tate, Zip t Berlir	Code NJ 0809	1						
Project Manager for Monitoring Firm			Telephor	ne No.			one No 753-98			License 00727	No.	9	11		
	Schedule 2/22/13		pletion [Date (11)		Name Sam	- T	A Monitor							
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	S			1				
Facility Closed/Vacated During Entire Pont Abatement Performed Outside of Normal Other – Describe: during normal hours statement	al Facility	/ Hours			_	City, S	state, Zij	p Code			-	(1	3400		-
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti					Min Glo	Containme i-Enclosure vebag Proc	edure						
	T					2	Nor	n-Exempted	(*) an	d Non-Fri	iable P			ement	
Location of		Locati Normali	lý		Des	scription	n of				-	_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Cont	aining ! system cing, V/	Material s insula AT, or	(ACM)	(5	mount Specify F or LF)	Keinovai	Demoval	Repair	Encapsulate	Enclosure
	Yes	No	N/A						** 20	00.05		-			
Foyer area		-	X		Floor	Tile / r	nastic		17	20 SF	x	-	-		
										6)				tea	
			JDEP W	lanta	Cubic	Vorda		Name of F	Reniet	ered I and	dfill				
Name of Registered Waste Hauler United Containers		H	lauler ID 2459	THE STATE OF THE S	of Wa			G.R.O.V		orou Euro					
City, State Elm NJ				1.	Dispo: 2/21/	sal Date	9	City, State Morrisvi	e lle P	A 1906	7				
Completed by Anthony T Perna	Title Pres	ident			8	Signatur	e e				Date 2/4/1	3		1	

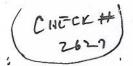
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OF Z.	NO.	(Purs	TION O	NJAC 8:60	and 12:120	NENI	N.	Corny	from that			
Date of Notification (1) 2/4/13		Na S	me of B tephen	uilding Owne Cook / Pr	er/Operator rivate Hor	(2) ne	2013 FI	TD , ,	teo biss			
Agencies Notified Type Notification		100	reet Add 3 Barry				17000	BH PM	2:08	}		
EPA Initial Amended Amendment #_				, Zip Code wkin NJ 0	8050		& L	ICEN IN	(M®L			
Emergency (indiginal publication) DOA Cancellation	cluding		ame of C tepher	2000				Latentone M	imbor	-		
			FACILI	TY INFORM	ATION	T	Facility (4)					
Name of Facility Where Abatement is Taking F Stephen Cook / Private Home	Place (3)			156		☐ Sc	hool (K-12)	(i	40)			
Street Address 43 Barry Lane					Y	⊠ Ot et	her (i.e. pri c.)	(Other than K- vate & commer	cial build			3,
City (5) Manahawkin NJ 08050					22	1000	Feet	# of Floors	3	ldg. A	ge	
County (6) Ocean			ounty Co	ode (7) SE ONLY)			t Use (Prior te Home	if being demoli	shed)			
Name of Monitoring Firm Hired by Building Ov N/A	vner (8)		ASCM	No.		of Abate	ement Cont	ractor (9)				
Street Address	,					Address Box 329						
City, State, Zip Code		*11			City, S	State, Zip	Same and the	91				
Project Manager for Monitoring Firm		T	elephon	e No.	Telep	hone No -753-98		License 00727				
	Scheduled	d Com	pletion D) Date (11)		of OSH	A Monitor		•			
2/15/13 Occupancy Status During Abatement (Check	2/21/13 Only One	e)			0-33553	t Address	S		· ·			
Facility Closed/Vacated During Entire Porting Abatement Performed Outside of Normal Other – Describe:	eriod of Al al Facility	batem Hours	ent		City,	State, Zij	Code					
Scope of Work (Check All That Apply)			-	-12/10/05				1				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti				Min	i-Enclosure vebag Prod				re	
		Locati	-n	1		INOI	I-Exempted	() and ()	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormall d Sole ntenar odial S (12)	y ly by nce/	(i.e. th	Descriptions Containing ermal system surfacing, Vother miscell	Material ms insula /AT, or	(ACM)	Amount (Specify SF or LF)	Removal	T	e Encapsulate	Enclosure
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Exterior Siding			X		Exterior S	Siding		1000 31	^		-	
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					p.					-		
Name of Registered Waste Hauler United Containers		ŀ	IJDEP V lauler ID 2459	No.	Cubic Yards of Waste 2		Name of G.R.O.	Registered Lar W.S.	ndfill			1
City, State Elm NJ					Disposal Da 2/21/13	ate	City, Sta Morris	te ville PA 1906	67			
Completed by Anthony T Perna	Title Pres	ident	-	- 4	Signat	UTO S			Date 2/4/1	3		



Date of Notification (1) 2/4/13					Building ((2)	2013 FFB) , .	- 4	Pa in				
	pe Notification		1 35	Street Ad 61 Ron				. 4	Dam.	11	PM 2:	ño.				
EPA DEP DOL	Initial Amended Amendment				e, Zip Co awkin N		05		& Lie			7		í.		Š
DOH DCA	Emergency (justification) Cancellation	including	1.00	Name of Gail						Tel	ephone Nu	mber	-			
Name of Facility Where Abat	ement is Takin	Place (3)		FACIL	ITY INFO	RMATI	ION	Type	of Facility (4	1)						
Gail Dymond / Private							, -	P s	School (K-12 Subchapter	2)	er than K-1	2)				
61 Rona	50								Other (i.e. pretc.)	rivate	& commerc	ial buil	-			8
City (5) Manahawkin NJ 08005	i				*			1000		1	f Floors	3	ildg. 5+	Age		
County (6) Ocean				County C STATE U	ode (7) ISE ONLY)			Curre	nt Use (Pric	r if bei	ng demolis	hed)	10			
Name of Monitoring Firm Hin	ed by Building	Owner (8)		ASCM	No.		Name Perna		tement Con	tractor	(9)		111		Tr.	
Street Address			W 17.				Street PO B			(4)	٠,					
City, State, Zip Code				-			City, S	tate, Zi	ip Code n NJ 080	91						
Project Manager for Monitori	ing Firm	5 4.7	1	Telephor	ne No.		Teleph 856-7	one No	0.	-	License I	No.	-			
Start Date (10)		Schedule		pletion [) Date (11)	-	Name	of OSH	A Monitor	-	00727			- 1		
2/13/13 Occupancy Status During At	natement (Cher	2/18/13		-			Same		· SS					-		_
Facility Closed/Vacated Abatement Performed Country Other - Describe:	During Entire	Period of A	batem	nent					ip Code							200
Scope of Work (Check All Ti	hat Apply)									-						-
≥3 sf or ≥3 if ≥160 sf or ≥260 if		- Control of the Cont	enova emolit				×	Mir	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure				ıre		
	7		Locati					- 110	Lxompto	1/0		T	Aba	teme		CANA
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	aterial (ACM)	Used Mai	ormal d Sole ntena odial S (12)	ly by nce/		tos Cor therma	escription ntaining N al system: acing, VA miscellar	fateria s insula T, or	ation,	(Amount Specify F or LF)	Removal	Repair	0	\top	Enclosure
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						3.		7, 173								
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Name of Registered Waste	Hauler		N	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Landi	ill				2:
United Containers				lauler ID 2459	No.	of W	aste		G.R.O.	w.s.				1		
City, State Elm NJ			+			Dispo 2/18	osal Date /13		City, Stat Morrisv		A 19067					
Completed by Anthony T Perna		Title Presi	dent				Signature	e	76		1.00	Date 2/4/13				

Date of Notification (1)	2013	Name o	of Building	Owner/Operator (2)	elson	2013 FEB		4 1 2	12	5)
Agencies Notified Type Notific		Street A	Address 33	Tudus	1	DC.	11	PME	2:0	0
□ DOLWD □ Amende □ DHSS ■ Amendn	nent #	City, St	ate, Zip C		211101	& LICE	Non	id n	131	5
□ DCA (NJAC 5:23-8) □ Emerger justificat □ Cancella	SS	Name	of Contact	inelsa	1	Toler				
			ILITY IN	FORMATION	- CE 1114	(0)				
Name of Facility Where Abatement is Street Address	U5/A	INC			Other (i.e., p	?) 3 (Other than K-12) rivate and commer	cial buil	dings		
City (5)	istrial				homes, etc.) Square Feet	# of Floors		g. Age	100	10
rennoville	2	1 Cause	Codo /7	(STATE USE ONLY)	2000	ior if being demolis		pu	, 6	0
County (6) SOLCOM		Count	y Code (I)	(STATE USE ONLY)	Current Ose (F)	ior it being demons	ilou)			
Name of Monitoring Firm Hired by Bu	Iding Owner (8)	ASCM N	No.	Name of Abateme	nt Contractor (9)	1 ENVITO	n N	101	h	1901
Street Address	THE			Street Address	11-1EU	1 ENVIIL	N 111	i O	<u> </u>	1 30
1879-1 Old	Cutr	nberl	- rd	City, State, Zip Co	ad isr					_
City, State, Zip Code	MI.	0803	4	Sich	Klervill	e Mi	080	186	!	
Project Manager for Monitoring Firm		Telephone 1 856-46	10.500	Telephone No.	8-1341	License No.				
Start Date (10)	Scheduled Com	pletion Dat	e_(11)	Name of OSHA M	onitor		*	1		
02109110			12	Graham	1- 1ech	ENVICO	mei	ntc	1	Pervi
Occupancy Status During Abatement Facility Closed/Vacated During En				Street Address	ead D)C				
Abatement Performed Outside of Time of Abatement: 1:0-AM-2	Normal Facility F	lours - Des	cribe AM	City, State, Zip Co	esville	VI. (180	81		
Scope of Work (Check all that apply)		***************************************		☐ Full Cont	ainment with Ne	gative Pressure				
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	☑ Reno			☐ Mini-Enc ☐ Glovebag	losure p Procedure	on-Friable Procedu	re			
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Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13)	M) Used Maint Custoo	Solely by tenance/ dial Staff? (12)		Description of estos Containing Ma e., thermal systems surfacing, VAT, other miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler	Emuiron	N.IDEP \	Waste O No.	Cubic Yards of Waste	Name of Regi	istered Landfill	1.4			
	licklerri		13.080		City, State	Herville		Ŋ.	Ú81	081
Completed By (Print or Type)	m Pre	side	ent.	Signature	e Dec	m.	/ - {	30	-13	3
ASB-41 MAY 11	* Do not u	se this form	for asbes	stos licensure exem	pted activities.					



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Σ_{c}		Name of Building Owner/Operator (2) Stanly Baguchinsay / Private Home Street Address 1179 Beach Haven West Blvd														
Date of Notification (1) 2/4/13		N	ame of B	Building O	wner/Operator	r (2) ite Hom	19/112	in South En	The same	" 5						
Agencies Notified Type Notification		S 1	treet Add	iress each Ha	ven West E	Blvd ,	- TOIJFE	311	PM 2:	ିନ						
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Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluding	100	ame of C	Contact				Tele	phone Num	ber	1					
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Name of Facility Where Abatement is Taking Stanly Baguchinsay/ Private Home	Place (3)					Пѕ	of Facility (4 chool (K-12)	r than K-12)				100			
Street Address 1179 Beach Haven West Blvd		- 60		10		X C	other (i.e. pr tc.)	ivate &	commercia	buildi	1000000		3,			
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Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCM	No.		e of Abat naco In	ement Cont	ractor	(9)	#S	11					
Street Address	Street Address PO Box 329															
City, State, Zip Code			- 4			State, Zi st Berlii	p Code n NJ 080	91								
Project Manager for Monitoring Firm		7	elephon	e No.		phone No 3-753-98			License No 00727).						
Start Date (10) 2/13/13	Scheduled 2/18/13	d Com	pletion D	ate (11)		e of OSH	A Monitor									
Occupancy Status During Abatement (Chec		.)				et Addres	SS	-,					j			
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Ab	oatem	ent		City,	State, Zi	p Code			55						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				Mir Glo	ni-Enclosure ovebag Prod	e edure	n Negative F			е				
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Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Yard	S	Name of	Regist	ered Landfil	1 3	_	-				
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City, State Elm NJ					Disposal Da 2/18/13	ate	City, Sta		A 19067							
Completed by Anthony T Perna	Title Presi	dent			Signat	tare	144			ate /4/13						

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

Date of Notification (1)					Name of Building	Owner/Op	erator (2)	. 13/	200	٧.	1/2	
1/30/13					Paulsboro Refini Street Address	ing Compan	ıy 🧀	Ju.	3	,	1	A
Agencies Notified		lotification T			800 Billingsport	Rd		Co Marie		PH		
() DEP (X) DOL	10	X) Initial No Amended) Cancelle	Certification	t	City, State, Zip (Paulsboro, NJ 0	20de 8066		100	4		- Co	
(X) DOH () DCA					Name of Contac Ravi Jarecha	<u>xt</u>		rel. Numb	er '	Z y' ''@	?	
				FACILITY INF	ORMATION		9.77.47					
Name of Facility Where Abate Paulsboro Refining Company Street Address 800 Billingsport Rd	ment is Tak	ing Place (3	3)	1	Type of Facility () School (K-12 () Subchapter (X) Other (i.e. p	2) 8 (other that private & cor	mmercial bldgs		, etc.			
800 Billingsport red		0.000			Sq. Feet N/A		_ # 01 110015_	INITY				
CILV (3)	ounty (6) oucester		County Co (State Use		Bldg. Age N/A Current Use (pr	ior if being	demolished)	Oil Refine	ery			
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM No.				Name of Cont K A Industrial	Services	LLC			
Street Address					Street Address 800 Billingsport	Rd		30 = 1				
					City State, ZipC Paulsboro, NJ	08066		License N	lumbe		- :	
Project Manager for Monitorin	ng Firm	Telephone	Number		Telephone Nun 856-224-4392	nber		00857	Various			
Scheduled Start Date (10) 2/13/13		Scheduled 2/22/13	Completion [Date (11)	Name of OSHA Kenny Atlantic	Industrial S	ervices, LLC	4				
Occupancy Status During Ab () Facility Closed/Vacated D () Abatement Performed Ou Other – Describe – Removal	tside of Nor	mal Facility	Hours -	e areas	Street Address 800 Billingspor City, State, Zip Paulsboro NJ	t Rd Code						
Source of Work (Check all th			-									
() Demolition (X) Renovat	ion >260 LF A	CM) () SM F	Proj. (>25<16	60 SF or >10 <20	60 LF ACM) (pag Procedure) Minor Proj	. (<25 SF or <					
() Full Containment with Neg Location of Asbestos- Containing Material (ACM) in	Is Loca Solely	tion Normal by Maint./Co	ly Used	Description of thermal system surfacing, VAT	ACM (i.e.	Amount (Specify SF or			ment Ty		Enclose
Facility (13)	Staff? (NO NO	NA	misc.)					Rem.	Rep.	Liicap	T
PDA Unit I-Transite Panel Siding on substation		ı X		Non-Friable to	ransite panels	~1,000 S	E		^			
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP W 17273	aste Hauler	I ID #	Cubic Yards o	of Waste		Name of Glouces	ster Co	Landfill ounty La City, Sta	ndfill	
City, State South Harrison, NJ			Theorem .				<u>Disp. Date</u> Various				arrison,	NJ .
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ANDREW GREEN		MANAGE	R - KENNY	ATLANTIC	Site	bperations	Supervisor					
					/							

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

Telephone 609-984-6620

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B-41			CHOK 10.		~/	andiviting				

CHECK # 1191

Date of Notification (1) Name of Building Owner/Operator (2) HOUNTAIN Agencies Notified Type Notification Street Address S DEPA DEP [] Initial Amended City, State, Zip Code Amendment # 101011 Emergency (including DOH DCA justification) Name of Contact Cancellation MARK FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ Public Contracts MIDAME School (K-12) Subchapter 8 (Other than K-12) 8 Street Address Other (i.e., private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age MOUNT County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) TETAL THUR YIME Street Address Street Address 200 GRAM City, State, Zip Code City, State, Zip Code ENGLETO COD Project Manager for Monitoring Firm Telephone No. Telephone No. License No. TEPHEL) JARACZEUS Contract No. Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure __≥3 sf or ≥3 lf __≥160 sf or ≥260 lf Renovation
Demolition Mini-Enclosure Glovebag Procedure Is Location Abatement Normally Туре Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount Encapsulate TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Remova Repair Staff? surfacing, VAT, or other miscellaneous) IN Facility SF or LF) (12)N/A Yes No Name of Registered Waste Hauler NUDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste City, State City, State Disposal Date Date Completed By Title Signature, a ANDREW SCOTT HIGGIN

Wildwood School			T T T T T T T T T T T T T T T T T T T
Basement Boys Room	Pipe Insulation	1 LF	Repair ends
Basement Girls Room	Cardboard Pipe Insulation	1 LF	Repair ends
Janitors' Closet	Pipe Insulation	1 LF	* Repair
Room 106	Pipe Insulation above ceiling	1 LF	Repair
Boiler Room	Pipe Insulation Fitting	1 LF	Repair
Slop Sink – Library	Pipe Insulation Fitting	1 LF	Repair

2013 FEB 11 PH 2: 68

Date of Notification (1)	9-17-13			()	ucces		AKES 1	BOARD O	ſ.	E	N	
Agencies Notified EPA DEP DOD DOL	Type Notification Initial Amended Amendment Emergency justification	t#_ (includi	ing	Cit	y, State, Zi	MAIN L	ARD AKES,					
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Name of Facility Where Street Address		POF			2.07.10			12) er 8 (Other than K- private & ∞mme			533	(4
City (5) MOXINTALI	1 LAKE	-5					Square Feet	# of Floors		Bldg.	Age	E
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Street Address	nd AUE					Street Address	ATE aDK	, RO 1	201X	4	18	1 1 1
City, State, Zip Code	OD W	1		763		City, State, Zip (Code	License No.	74	18		_
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2/11/01/3		3/										
Occupancy Status Durin Facility Closed/Vacate			100			Street Address						
Abatement Performed Other - Describe:						City, State, Zip C	ode			-		11
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High School			
Hallway Above Drop Ceiling	Joints w/ FG Pipe Insulation	10 LF	Repair
Hallway Above Drop Ceiling	Joints w/ FG Pipe Insulation	3 LF	Repair
Hallway Between Rooms 164- 174	Cardboard Pipe Wrap	80 LF	Repair
Boiler Room	Hot Water Tank Lagging	1 SF	Repair
Hallway Outside Boiler Room	Joints w/ FG Pipe Insulation	3 LF	Repair

2013 FEB 11 PM 2: 68



ate of Notification (1) 2/01/2013			THE	PRUDI	ENTIAL INS	SURANĈE	E COMPAN	2013 F	MERICAS EB / PM 2:				+
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89-691 BROAD STREET							etc.) Square Fe	et	# of Floors	Bldg	. Age		
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treet Address 555 WEST SHORE TRAII						11-0	2 QUEEN	ode	A SOUTH			-	_
City, State, Zip Code SPARTA, NJ 07871						LONG	ISLAND	CITY,	NY 11101 License No.				
Project Manager for Monitoring			9		9-5649	718-	349-090		00853				-
Start Date (10) 02/18/2013		Scheduled 05/18/20	Comp 013	letion Da	ate (11)	MART	of OSHAI	ZA					
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□ Facility Closed/Vacated I Abatement Performed O Other – Describe: BUIL	During Entire Poutside of Norma DING IS VA	eriod of Ab al Facility H CANT &	ateme lours SCHE	DULED	FOR	City, BAY	State, Zip (Code J 07002	2				_
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ATC/TST			:	24310/	1332	Disposal Dis	Date	Acity Sta					
City, State SHIRLEY, NY 11967,	/BRONX, NY	Title			5	5/18/20 Signa	13/	1	- I Di	ate	/201	3	
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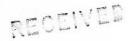
RECEIVED

Prudential Institute Company of America Block 52 Buildings
Newark, NJ LICENSING

Bulk Asbestos Survey June 27 - August 10, 2012 EHI Project #: 0312-4137

Building:

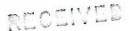
Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - Roof – Entire Perimeter	Roof Flashing - Entire Perimeter	1,150 Linear Feet
689-691 Broad (S. Klein) - Roof – Freight Elevator Mechanical Room	Electric Insulator	28 Square Feet
689-691 Broad (S. Klein) - Roof – Freight Elevator Mechanical Room	Electric Wire Insulation Wrap	30 Linear Feet
689-691 Broad (S. Klein) - Roof – Cooling Tower	Transite [™] Cooling Tower Siding	520 Square Feet
689-691 Broad (S. Klein) - Roof – Cooling Tower	Transite [™] Cooling Tower Baffles	625 Square Feet
689-691 Broad (S. Klein) - Roof – Parapet	Parapet Tar – Entire Parapet Perimeter – Using 2.5' Average Parapet Wall Height	2,875 Square Feet
689-691 Broad (S. Klein) - 8 th Floor – South East Wall	Duct Insulation	2 Square Feet
689-691 Broad (S. Klein) - 7 th Floor – Northwest Area	Grey 9"X9" Floor Tile – Not Mastic	12,500 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – North Side of Floor	Beige 9"X9" Floor Tile & Mastic	2,000 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – Southwest Side of Floor	White 12"X12" Floor Tile & Mastic	3,250 Square Feet
689-691 Broad (S. Klein) - 6 th Floor – Center of Floor	Black 9"X9" Floor Tile & Mastic	13,700 Square Feet



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Block 52 Buildings
Newark, NJ

Bulk Asbestos Survey June 27 - August 10, 2012 EHI Project #: 0312-4137

Location/Room	Type of Asbestos Material	Approximate Quantity
689-691 Broad (S. Klein) - 6 th Floor – South Side Central Portion of Floor	Green 9"X9" Floor Tile – Not Mastic	1,550 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – East Side	Beige 9"X9" Floor Tile – Not Mastic – Under Light Pink 9" Floor Tile Below	21,150 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – North Area	Light Pink 9"X9" Floor Tile – Top Layer – Not Mastic	21,150 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
689-691 Broad (S. Klein) - 5 th Floor – Ceiling Around Escalator	Transite™ Panels	650 Square Feet
689-691 Broad (S. Klein) - 4 th Floor – Center of Floor	Light Pink 9"X9" Floor Tile – Not Mastic – Entire Floor	21,000 Square Feet
689-691 Broad (S. Klein) - 4 th Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor - Floor	Off White 9"X9" Floor Tile – Not Mastic – Under 12"X12" Floor Tile	1,200 Square Feet
689-691 Broad (S. Klein) - 3 rd Floor – Walls	Wall Plaster – Base Coat	8,500 Square Feet
589-691 Broad (S. Klein) 3 rd Floor – Floor	White w/ Black 12"X12" Floor Tile & Mastic Over Off White 9"X9" Floor Tile	4,200 Square Feet
589-691 Broad (S. Klein) 3 rd Floor – Floor	Beige w/ Brown 9"X9" Floor Tile & Mastic	15,400 Square Feet
589-691 Broad (S. Klein) 3 rd Floor – Floor	Pipe Insulation Debris	Entire Floor 21,150 Square Feet
89-691 Broad (S. Klein) 2 nd Floor – Floor - Top ayer	Beige w/ Red 9"X9" Floor Tile & Mastic	5,000 Square Feet



Prudential Insurance Company of Applica 11 PM 2: 68
Block 52 Buildings
Newark, NJ

Bulk Asbestos Survey June 27 - August 10, 2012 EHI Project #: 0312-4137

Location/Room Type of Asbestos Material		Approximate Quantity	
689-691 Broad (S. Klein) - 2 nd Floor – Floor – Bottom Layer	9"X9" Floor Tile & Padding – Under Some of the Red 9" Floor Tile	2,500 Square Feet	
689-691 Broad (S. Klein) - 2 nd Floor – Walls	Wall Plaster – Base Coat – 14" High Ceilings	9,910 Square Feet	
689-691 Broad (S. Klein) - 2 nd Floor – Floor	Gray 9"X9" Floor Tile – Not Mastic	2,500 Square Feet	
689-691 Broad (S. Klein) - 2 nd Floor – Windows	Glazing Compound	14 Windows	
689-691 Broad (S. Klein) - 1 st Floor Mezzanine – Walls	Wall Plaster – Base Coat – 8' High Ceilings	3,625 Square Feet	
689-691 Broad (S. Klein) - 1 st Floor Mezzanine – Above Halsey St. Doors	Pipe Insulation – Straight Sections	10 Linear Feet	
689-691 Broad (S. Klein) - 1 st Floor – Loading Dock	Transite [™] Wall Panels Above Doors	100 Square Feet	
689-691 Broad (S. Klein) - 1 st Floor – Loading Dock	Pipe Insulation	60 Linear Feet	
689-691 Broad (S. Klein) - 1 st Floor – Southwest Section of Floor	Beige 9"X9" Floor Tile	1,200 Square Feet	
689-691 Broad (S. Klein) - 1 st Floor – Southwest Section of Floor	Floor Covering - Under Beige 9"X9" Floor Tile	650 Square Feet	
589-691 Broad (S. Klein) 1 st Floor – Southwest Section of Floor	Yellow/Red 9"X9" Floor Tile & Mastic	250 Square Feet	
589-691 Broad (S. Klein) 1 st Floor – West End of Floor – Under Mezzanine	Pipe Insulation – Straight Sections & Fittings	50 Linear Feet	

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Prudential Insurance Company of America

Block 52 Buildings

Newark, NJ

Bulk Asbestos Survey June 27 - August 10, 2012 EHI Project #: 0312-4137

Location/Room	Type of Asbestos Material	Approximate
689-691 Broad (S. Kle - 1 st Floor – Walls – Includes Area Under Mezzanine	in) Wall Plaster – Base Coat – 8' High Ceilings Under Mezzanine & 16' High Ceilings in Non Mezzanine Area – Additional Sampling May Be Required	Quantity 11,120 Square Feet
689-691 Broad (S. Klei - 1st Floor – Corridor Ea of Boiler Room	n) D: 1	125 Linear Feet
689-691 Broad (S. Kleir - 1st Floor – Room South of Boiler Room	Pipe Insulation – Straight Sections & Fittings	30 Linear Feet
689-691 Broad (S. Klein - 1 st Floor – Corridor Outside of Freight Elevator	Pipe Insulation – Straight Sections & Fittings	225 Linear Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Boiler Insulation – 3 Boilers	1,500 Square Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Pipe Insulation – Misc. Dia. Pipes & Fittings	250 Linear Feet
689-691 Broad (S. Klein) - Basement – Boiler Room	Pipe Insulation Debris on Floor	1,500 Square Feet
689-691 Broad (S. Klein) Basement – Electrical Room - Off Boiler Room	Pipe Insulation – Misc. Dia. Pipes & Fittings	3 Linear Feet
89-691 Broad (S. Klein) Basement – Electrical coom – Off Boiler Room	Pipe Insulation Debris on Floor – Includes Soil	900 Square Feet
89-691 Broad (S. Klein) Basement – Room outh of Boiler Room	Tank Insulation Similar to Boiler Insulation	100 Square Feet

Prudential Insurance Company of America | PM 2: 68 Block 52 Buildings Newark, NJ



Bulk Asbestos Surve: June 27 - August 10, 2012

- Basement – Rooms & Corridors South of Boiler Room 689-691 Broad (S. Klein) – Rasement – HVAC Room 689-691 Broad (S. Klein) – Pipe Insulation Debris on Floor Pipe Insulation Debris on Floor 1,350 Square Feet 689-691 Broad (S. Klein) – Pipe Insulation Pipe Insulation Pipe Insulation Pipe Insulation 8 Linear Feet 89-691 Broad (S. Klein) – Pipe Insulation Debris on Floor 689-691 Broad (S. Klein) – Pipe Insulation 8 Linear Feet 89-691 Broad (S. Klein) – Pipe Insulation Debris on Floor 89-691 Broad (S. Klein) – Pipe Insulation Debris on Floor 89-691 Broad (S. Klein) – Pipe Insulation Debris on Floor	Location/Room	Type of Asbestos Material	EHI Project #: 0312-41
- Basement – HVAC Room Pipe Insulation Debris on Floor 1,350 Square Feet 689-691 Broad (S. Klein) - Basement – West Stairwell 689-691 Broad (S. Klein) - Basement – Center Stairwell Pipe Insulation Pipe Insulation 8 Linear Feet 300 Square Feet Basement – Center 89-691 Broad (S. Klein) - Bige Insulation Debris on Floor 89-691 Broad (S. Klein) - Bige Insulation Debris on Floor	Boiler Room		Quantity
Stairwell 689-691 Broad (S. Klein) - Basement – Center Stairwell Pipe Insulation Debris on Floor 300 Square Feet Basement – Stairwell	Room 11VAC 689-691 Pro	Pipe Insulation Debris on Floor	
Stairwell Stairwell 300 Square Feet	Stairwell 689-691 Broad (S. Kr.)		
	Stairwell Stairwell Stairwell Stairwell		300 Square Feet

5.03 Asbestos Materials – 693-695 Broad Street - Former Sitt Building (Includes original 5 story building designated 693A and 3 level rear extension designated 693B in this report.)

Provided below is a summary of the identified asbestos materials for the former Sitt

Building located at 693-695 Broad Street including those materials found in the rear addition to the building:

Location/Room	rear addition to
Type of Asbestos Material 693-695 Broad - Basement Off White 12 X12" FI	Approximate
- Rear Storage Room Off White 12 "X12" Floor Tile - Not Ma 693-695 Broad - Basement - Entire Basement Floor Brown 9"X9" Floor Tile	Quantity astic 180 Square Feet
	6,750 Square Feet