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Date of Notification (1) 2/18/13	= 4			Building C Is / Priva			(2)	B A	F					
Agencies Notified Type Notification		100	Street Ad 218 We	dress est 20th	St			6,6	1.	iy . <u>L</u>	=1]]	III		
EPA Initial Amended Amendment				e, Zip Coo ottom N		8 <u></u>		FE3FE2	K. 21	12.013		肼		
■ Emergency justification) ■ DCA Cancellation		100	Name of Bill	Contact		1	L			phone Nur	nber	1		
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Name of Facility Where Abatement is Takin Bill Mills/ Private Home	g Place (3))	TAGIL	arr ner c	TAMPATIC			Facility (eraffestere de l'Estado de servi			1		
Street Address 218 West 20th St			* ,				S × O	ubchapter ther (i.e. p	8 (Othe			lings,	home	25,
City (5) Ship Bottom NJ 08008				-			Square 1000-		# of	Floors		ldg. A	ge	
County (6)			County C	ode (7) ISE ONLY)			Curren	t Use (Pric		ng demolis				
Ocean Name of Monitoring Firm Hired by Building	Owner (8)		ASCM			Name	Home of Abate	ement Con	tractor	(9)	-	Taga	7	
N/A							aco In						•	
Street Address							Address Box 32							
City, State, Zip Code							tate, Zip Berlir	Code NJ 080	91					
Project Manager for Monitoring Firm		T	Telephor	ne No.		Teleph	none No			License N	lo.			
Start Data (10)	Schedule	d Cor	nnlation [) Date (11)			753-98	A Monitor		00727				
Start Date (10) 3/1/13	3/8/13		iipietion t	Jale (11)		Sam		A WOULD						
Occupancy Status During Abatement (Che	ck Only On	e)				Street	Address	S		;	30.11			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Amal Facility	Hours	nent		_	City, S	tate, Zip	Code					-	
Scope of Work (Check All That Apply)		-												
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Use Ma	d Sole intena todial (12)	ely by nce/		tos Cont thermal surfac		/laterial s insula T, or		(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler United Containers		H	NJDEP W Hauler ID 2459		of Was	Yards ste		G.R.O.		sied Lation				
City, State Elm NJ					Dispos 3/8/1	sal Date 3		City, Stat Morrisv		A 19067	Na.			
Completed by Anthony T Perna	Title Pres	ident			S	Signatur	e	SCATION IN A CONTRACT OF TAXABLE		5.00	ate /18/1:	3		

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	Is Lor Norr Used S Mainte Custodi (1	ding N E S S S S S S S S S S S S S S S S S S	Elena M Street Ad 126 Hig City, Stat Jersey Name of Elena M FACIL rec (3) County C (STATE U er (8) ASCM Telephon needuled Completion Ele- 1-2013 ally One) d of Abatement acility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custofial Staff? (12) Yes No N/A X NJDEP W Hauler ID 2A456	Elena M. Crees Street Address 126 Highland A City, State, Zip Cod Jersey City NJ Name of Contact Elena M. Crees FACILITY INFO Ice (3) County Code (7) (STATE USE ONLY) Per (8) ASCM No. Telephone No. Ineduled Completion Date (11) I-2013 Inly One) Ind of Abatement acility Hours Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A X NJDEP Waste Hauler ID No. 2A456	Elena M. Creegan Street Address 126 Highland Ave. City, State, Zip Code Jersey City NJ. 07306 Name of Contact Elena M. 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Date of Notification (1) 2/18/13					Building C d Macci				F O		חת וה		<u> </u>		1.7.00
Agencies Notified	Type Notification		1	Street Ad 964 Jer	dress nnifer La	ane		TD)		<u>L</u>	W 6				
DEP DOL	Initial Amended Amendment		- 1		e, Zip Coo awkin N		50		FEB	2 5 2	2013		//		
DOH DCA	Emergency justification) Cancellation			Name of Richero		-		ked 5+		Talanh	one Nim	akar			
		<u> </u>		FACIL	ITY INFO	RMATI	ON		ASSL	ENGIN	THOLE	X	-	-	
Name of Facility Where Richard Maccia / F Street Address		ng Place (3)							of Facility (4) School (K-12) Subchapter 8)		"			
964 Jennifer Lane			2			li Service (SE)		×	Other (i.e. pri	vate & co	mmercia	al build			s,
City (5) Manahawkin NJ 08	8050							Squar 1000	e Feet +	# of Flo	oors		dg. A 5+	ge	
County (6) Ocean				County C	ode (7) SE ONLY)	- 11	_	Curre	nt Use (Prior e	if being	demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abat aco In	ement Contr	ractor (9)					
Street Address	5 m	40	Mary and					Addres Sox 32			1				
City, State, Zip Code									p Code n NJ 0809	91					
Project Manager for Mo	nitoring Firm			Telephor	ne No.			one No 753-9			icense N 0727	0.			
Start Date (10) 3/1/13		Schedule 3/8/13	d Cor	mpletion [Date (11)	. 6	Name Sam		A Monitor					704-0	
Occupancy Status Durir	ng Ahatement (Che		e)				Street	Addres	S	-		- 1			
Facility Closed/Vac	cated During Entire	Period of A	baten	nent s	· · · · · · · · · · · · · · · · · · ·	-	City, S	tate, Zi	p Code						
Scope of Work (Check) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	NAME OF TAXABLE PARTY.	enova emoli				<u> </u>	Mir	l Containme ni-Enclosure ovebag Proce n-Exempted	edure	Ĭ.		cedur	70 70	
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Locatio Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) BATED illity	Use Ma	d Sole intena	ely by ince/ Staff?	Asbes (i.e.	tos Cor therma surfa	escription taining M Il system acing, VA miscella	/laterial s insula T, or	(ACM)	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
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Exterior	Siding		- 20	X		EXIG	erior Si	aing		2500) SF	x	-		
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Name of Registered With United Containers	aste Hauler		. 1	NJDEP W Hauler ID 22459		of Wa	c Yards aste		Name of F	A. A	d Landfil				
City, State Elm NJ	1200	EX.		i i		Dispo 3/8/1	osal Date		City, State Morrisvi		19067	10			
Completed by Anthony T Perna		Title Presi	ident				Signatur	e			- 0	ate /18/1	3	-	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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	, New Jersey	(i +		Dispos 02/23	/13				, Pennsylvania	1	Date		- 11	
	ontracting, Inc.	N.		223		3	City, S	A S	T.R.R.F.				40	17-18-1-
	and a second	I XT	IDEP Waste	Houler	ID No.	Cubic V	ards of Was	ste T	Name of Register	ed Landfill	<u> </u>			
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Exterior X					Asbe	stos sidir	ng			1500 sf	X			
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Location	of		s Location			Asl	Description	ntaini	ing	Amount	Aba R E	R E	Type E N	E
	l that apply) sf or ≥3 lf 60 sf or ≥260 lf			Renovat Demolit			[] [] [x]		Full Containment of Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ure		Ì
[X] Fac	Scheduled Start Date (10) 02/21/13 Occupancy, Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period [] Abatement Performed Outside of Normal Faci [] Other – Describe						Street A		1056 Ste	elton Road vay, New Jerse	ey 088	354	\$1 (1)	1
02/21/1	3		02/22/13		on Date (11)				. Analytical	70		ı	
Project Manager for Mon		lumber			Telephor	9-99	32	00624	lumber					
City, State, Zip Code	· · · · · · · · · · · · · · · · · · ·				City, Sta		Toms Ri	ver, New Jers			271			
Street Address					74 14		Street A	10	1889 Ro	ute 9, Unit 61		N.		n ,
Name of Monitoring Firm		Owner (8)		ASCM N	lo.				9) n Contracting,	Inc.	7-7-24	. T.S.	
Point Pleasa		Ocean							rrent Use (Prior if I Residence	ce	,			
City		County	(6)		County C (STATE	Code (7) USE ONL	Y)		1500 sf	# of Floors 1		g. Age 6	0	**
Street Address 40:	5 North Street									Other (i.e., priva homes, etc.)			ial build	lings,
	sidence	de U								School (k-12) Subchapter 8 (ot	her thai	nk-12)		
Name of Facility Where A	Abatement is Taking	Place (3)	7.52	FACI	LITY I	NFORM	ATION	Туј	pe of Facility (4)	101	VG	_	1	
[] bert	[] Cancel	lation					io Dimuz	zio	A	SBE LICENSII	NO)La	-	
[x] DOH [] DCA	[X] Emerge	ency (inc ation)	luding	-	Name of	f Contact				lephone Number	201	3 /	M	_
[] DEP		led Notif Iment #_	içation		City, Sta	ate, Zip Coo		orou	gh, NJ (8844	FEB 25	. 004			1
Agencies Notified [x] EPA	Type of Notificati	on Notificat	ion		Street A	ddress	2156 (Camp	plain Road	EGE		V E	In	7
	ebruary 21, 2013	3	es i		rume or	Dunumg	DnA I			F @ F	12	8	۷	
Date of Notification (1)	25	-			Name of	Building (Owner/Ope	rator	(2)	1947	77			

CA 11/2

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Date of Notification (1) 2-20-2013					Building Ca Copela		/Operator	(2)			<u> </u>	<u>IS</u> [_[]		
Agencies Notified EPA	Type Notification		1.0	Street Ad 142 As	dress hland A	ve.	9	S	- 11	Щ	FEB	25	201	3	
DEP DOL	Initial Amended Amendment	#			e, Zip Coo ield NJ.)3			L			C3714	,	
DOH DCA	Emergency justification) Cancellation		1	Name of	Contact a Copela	and.				Tel	BESTOS ephone	in Right	RC	L&	\neg
Ц вох	Caricellation				ITY INFO		TION		, ,					_	
Name of Facility Where A Residential.	Abatement is Takir	ng Place (3)			23				of Facility (4 School (K-1						
Street Address 142 Ashland Ave.					naterozene h	N.			Subchapter Other (i.e. p	8 (Oth			ildin	gs, ho	mes,
City (5) Bloomfield NJ. 0700)3								e Feet	# 0	f Floors		Bldg 80+	. Age	
County (6) Essex				County C (STATE U	ode (7) SE ONLY)			Curre	nt Use (Prid	or if be	ing demo	lished)		"	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Con vironment						
Street Address								Addres	s ia Ave.	2					
City, State, Zip Code									p Code / NJ 0730	04.					
Project Manager for Mon	itoring Firm		T	Telephon	e No.			hone No 333-8			License 01174				
Start Date (10) 3-2-2013.		Schedule 3-3-201		npletion D	Date (11)				IA Monitor	al Se	rvices.	-			
Occupancy Status During	g Abatement (Che	Lancard Company	200 may 1	<i></i>				Addres	ia ave.	(5)					A-27-18-0-19-0-19-0-19-0-19-0-19-0-19-0-19-0
Abatement Perform Other – Describe:	ated During Entire ed Outside of Nor	Period of A mal Facility	batem Hours	nent			City, S	State, Zi	p Code						
Scope of Work (Check A	II That Apply)						Jers	ey Cit	y NJ. 073	004			0.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тиструју)		enova emolit					Mir Glo	I Containme ni-Enclosure vebag Prod n-Exempted	e cedure	# i			lure	
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Asbestos-Containing TO BE AB In Facil (13)	ATED	Mai	ntenai odial s (12)	nce/		therm	ontaining I nal system facing, VA r miscella	ns insula AT, or	ation,	(Amount Specify F or LF)	Kemoval		Renair	Enclosure
Attic	· · · · ·	100	Х	1.0.7		W	/all Plas	ter.		5	60SF.	x			
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Name of Registered Was	ata Haular		LA	JDEP W	asta	Cub	ic Yards		Name of	Regist	ered I an	dfill	1		
Tri-State Transfer A			- E	lauler ID A456		11 37655953	Vaste		Minerva	1,150					
City, State Bronx - New York							osal Date	9	City, Stat Wynesi		Ohio.			*****	
Completed by Tiffany Nunez.		Title Office	e Mai	nager.		3.	Signatur	е			35	Date 2-20-	201	2	
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) 303 Date of Notification (1) Name of Building Owner/Operator (2) 2/21/13 Bruce Orsini / Private Home Agencies Notified Type Notification Street Address 12 Mary Jeanne **EPA** Initial City, State, Zip Code DEP Amended × DOL Manahawkin NJ 08050 Amendment # × Emergency (including Name of Contact ASBESTOS PER NUMBER & DOH justification) Bruce DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bruce Orsini / Private Home School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 12 Mary Jeanne etc.) City (5) Square Feet # of Floors Bldg. Age Manahawkin NJ 08050 1000 +35 +County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Ocean Home Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Pernaco Inc Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/22/13 2/25/13 Same 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) ≥3 sf or ≥3 If Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type

Location of		Normall			Description of			-	, , ,	-	_
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel aintenar todial S (12)	ice/		stos Containing Mater thermal systems ins surfacing, VAT, or other miscellaneou	ulation,	State isville PA 19067	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			12				ē	Φ.
Exterior Siding			х		Exterior Siding		1200 Sf	x			
							100				
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Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Yards	Name of	Registered Land	fill		<u></u>	Щ
United Containers		Н	auler ID 2459		of Waste	G.R.O.					
City, State Elm NJ					Disposal Date 2/25/13	City, Stat Morrisv		a is	50 01 3		
Completed by Anthony T Perna	Title Pres	ident			Signature			Date 2/21/1:	3		

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1)				Name of Building Owner	Operato	or (2)		1 F F	7
February 19, 2012 Agencies Notified	Notification	n Tuno		Bloomfield Colleg	9/		ם ע		
Agencies Notified		otificatio	n.	467 Franklin Street	9)			111.1	11
⊠ EPA			ertification # 1	City, State, Zip Code		FEB 2	5: 201	3 111	
DCA			ncluding	Bloomfield, NJ 0			J. 201		
x DOL		cation)	noidding	Name of Contact		Te	elephone	Number	
☑ DEP	□ Cance			Jack Mc Grane	ASB	ESTC -		-	
X DOH			FACILITY IN	FORMATION L		<u>Пс,</u>	onto		
Name of Facility Where Abatemer	nt is Taking Place (3)	1	TAGILITIN	Type of Facility (4)			1911		
Bloomfield College-	1			School (K-12)					
Street Address				Subchapter 8 (other	than K-1	2)			
37-59 Broad Street				Other (i.e. private & co					
City (5) Co	unty (6)	County	Code (7)	<u> </u>	0111001	<u> </u>	1.7.90.	oo your	
	ssex		Jse Only)	Current Use (prior if bein	g demol	ished): V	acant		
Name of Monitoring Firm Hired by	Bldg. Owner (8)	ASCM	No.	Name of Contractor (9)		7			
Envirovision, inc.				CDECNIMOOD ADA	TEARER	IT CON	CIII TA	NITE INC	
Street Address	- Inches			GREENWOOD ABA Street Address	I EIVIE	AL COM	SULIA	NIO, INC.	
20-21 Wagaraw Road, B	Ida # 34A			Street Address					
20 21 Wagaraw Road, D	idg ii O ii i			268 MAIN STREET			0		
City, State, Zip Code Fairlawn, NJ 07410		4		City State, ZipCode Butler, NJ 07405					
Project Manager for Monitoring Fir			Telephone Number		Lie	cense Nur	nber		
Fred Larson	973-636		973-492-0477		00	0840			
Scheduled Start Date (10)	Scheduled	Completio	n Date (11)	Name of OSHA Monitor		100	0040		
November 29, 2012	April 1,		- Bato (TT)	ENVIROVISION, IN	C.	5 8			
Occupancy Status During Abate	ment (Check only	one)	-	Street Address		ot.			
Facility Closed/Vacated Abatement Performed Ou				20-21 WARGARAW	ROAL), Bldg i	# 34A		•//
Describe 7am-				City, State, Zip Code					
Other – Describe: Non : Vaca	Sub-Chapter 8 nt-Scheduled		nolition	FAIRLAWN, NJ 074	10				
Source of Work (Check all that ap	ply)		15 11 LV.						_
								h Negative	Pressure
\geq 3 sf or \geq 3 lf $\square \geq$ 160 sf or \geq 260			Renovation	o William		Enclosure t /Gloveb	2000	dure	
<u>□≥</u> 160 sf or ≥ 260			Demolition					Non-Friable	Procedure
14570 TACK CO. T. C. T.									
Location of Asbestos-Containing	Is Location Norma			bestos Containing Material		Amount		ement Type	
Material (ACM) in Facility (13)	Solely by Maint./C Staff? (12)	Sustodial	VAT, or other mis	nal systems insulation, surfac		Specify Sf or LF)	Remo	ove Repair E	ncap Enclose
	YES NO	NA				and the same of			
Basement		X	VAT & Mastic			150 SF	X		
1 st Floor		X	VAT & Mastic			300 SF 150 LF	X		
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X	Plaster			,900 SF	[X]	9.4	
2 nd Floor		X	Plaster			2,800 SF	X		
3 rd Floor		IXI	VAT & Mastic Plaster			300 SF 3,700 SF	X		100
Roof	2 20 100	X	Roofing & Flas	hing		3,180 SF	X		10,000
		IXI	Exterior Skim (Coat Plaster	- -	600 SF	EXI		
Name of Day 10: 11: 11:	LNIDEDW	N N	Exterior Caulki			20 LF		gistered Land	4611
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	See Below		<u>ID#</u>	Cubic Yards of Waste: 80	*			I Landfill	JIIII
Hauler #1) Greenwood Aba	tement Consult	ants, Inc	Butler, NJ 0	7405	Dispos	al Date	7. 0	City, State	
NJ DEP # 12561		d d	the later and		Anril	1, 2013	3	Route 2, B Bridgeport	
Hauler #2) Newark Carting,	Inc Newark, N	J 04509,	NJ DEP # 19551		Ahili	1, 201		304-842-2	
Completed by (Print or Type)	Title	NDC 150		Signature	4		<u>ite</u>	40 2042	
Marin Graure	SENIOR F			Marin Grau	re	[eoruary	19, 2013	

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) 25 FR Bloomfield College November 19, 2012 Street Address Notification Type Agencies Notified 467 Franklin Street Initial Notification ASBESTOS CONTROL & City, State, Zip Code **EPA** Amended Certification Bloomfield, NJ 07003. LICENSING DCA Emergency (including) DOL Telephone Number Name of Contact iustification) X DEP Jack Mc Grane □ Cancelled DOH X FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Bloomfield College-Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 45 Broad Street Sq. Feet: 3,000 # of Floors: 3 Bldg. Age: 50+ years County Code (7) County (6) City (5) Current Use (prior if being demolished): Vacant (State Use Only) Bloomfield Essex Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision, inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 34A **268 MAIN STREET** City State, ZipCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 973-636-9145 Fred Larson 00840 973-492-0477 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) November 29, 2012 March 1, 2013 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, Bldg # 34A Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code 7am-7pm Describe Other - Describe: Non Sub-Chapter 8 FAIRLAWN, NJ 07410 Vacant-Scheduled for Demolition Source of Work (Check all that apply) x Full Containment with Negative Pressure Mini-Enclosure Renovation \geq 3 sf or \geq 3 lf x Tent /Glovebag Procedure Demolition □ > 160 sf or ≥ 260 x Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Description of Asbestos Containing Material Is Location Normally Used Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) VAT, or other miscell.) Staff? (12) NO NA YES X 2,000 LF X TSI Basement 150 SF X X **Transite Panels** X 500 SF X **VAT & Linoleum & Mastic** 1st Floor X 5,600 SF X **VAT & Mastic** Name of Registered Landfill Cubic Yards of Waste: NJDEP Waste Hauler ID# Name of Reg. Waste Hauler Meadowfill Landfill See Hauler Below # 1 & 2 See Below City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 Bridgeport, WVA NJ DEP # 12561 March 1, 2013 304-842-2784 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 Signature Completed by (Print or Type) November 19, 2012 SENIOR PROJECT Marin Graure Marin Graure MANAGER

State of New Jersey - Notification of Asbestos Abatement

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		(Pu	rsuant	to N.J.A.C.	8:60-7 and 12:120-7)	Serator (2	2)	2 - 0	030		
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February 19, 2012	Notificati	on Type			Street Address						
ncies Notified	Initial	Notifica	ation		467 Franklin Street	ASE	BESTUS	CON	TROL	&	
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DCA	□ Eme	ergeno	y (inclu	uding	Bloomfield, NJ 97	005	Tel	ephone	Numb	er	
DOL	iust	ificatio	n)		Name of Contact Jack Mc Grane						
DEP	☐ Can	celled									
DOH				FACILITY IN	FORMATION					1	
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0-21 Wagaraw Road, Bld	g # 34A		381	5-11-52	268 MAIN STREET						
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airlawn, NJ 07410	250				Telephone Number		L	icense N	Number		
roject Manager for Monitoring Firm	Teleph	one Nur	nber					0840			
red Larson	973-0	36-91	145		973-492-0477			10040			
	Sched	uled Co	mpletion	Date (11)	Name of OSHA Monitor						
Scheduled Start Date (10) November 29, 2012	Apr	il 1, 20	13		ENVIROVISION, IN	C.	N 0-0				
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Occupancy Status During Abaten	nent (Check o	only one	<u>)</u> 4 - 6 A b a	toment		U DOAL	n Bida	# 344	1		L
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Abatement Performed Out	side of North	ai i aciii	., ,,,,,,,,		City, State, Zip Code						
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Other - Describe: Non S	nt-Schedu	led Fo	or Dem	nolition	17,						
Source of Work (Check all that app	oly)					x Fu	II Conta	inment	with N	legative	Pressure
Source of Work (Check all that app	111				eta a	Min	i-Enclos	ure			
\geq 3 sf or \geq 3 lf				Renova Demolit		х Те	nt /Glove	ebag Pr	ocedu	re	- Drocodu
≥ 160 sf or ≥ 260				Demon	1011	x No	n-Exemp	oted (*)	and No	n-Filable	e Procedu
					- Material		Amount		Abaten	nent Type	2
Location of Asbestos-Containing	Is Location	Normall	y Used	Description of	f Asbestos Containing Material hermal systems insulation, surf	acing,	(Specify		Remove	Repair	Encap Enc
Material (ACM) in Facility (13)	Solely by N	faint./Cu	istodial	VAT, or othe	r miscell.)	1-1/1-21	or LF)		1,000		
	Staff? (12) YES	NO	NA	Table 1			150 SF		X	T	
	1		X	VAT & Mas		2 1000	800 SF		X		
Basement 1st Floor	1 1		X	VAT & Mas	tic		150 LF		X	4	
1 1100			X	TSI Plaster			1,900 S	SF	[X]		
nd			X	Plaster		141 6	800 SF		X		1
2 nd Floor			[X]	VAT & Mas	stic		3,700	SF	X X		
3 rd Floor	1		N N	Plaster Roofing &	Flashing		5,900		X		1
Roof	1000		X	Exterior S	kim Coat Plaster		360				السيال
	S Mark Tel	10.0	****	10.7	Cubic Yards of Waste		(A. A.) W. A.	Name	of Reg	istered La	andfill
			ste Haule	er ID#	80)			liitwor	Landfill	
Name of Reg. Waste Hauler	Se	e Belo	W	Dutlor	N.I.07405	Dis	posal Da	<u>te</u>	12.3	City, Sta Route 2	. Box 68
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	atoment C	onsult				Ar	oril 1, 2	2013		Bridgep 304-842	ort, WVA
See Hauler Below # 1 & 2 Hauler #1) Greenwood Ab			Control of the last					Data	9950		
See Hauler Below # 1 & 2 Hauler #1) Greenwood Ab			J 04509), NJ DEP # 1	Signature		11	Date	. (40 00	12
See Hauler Below # 1 & 2 Hauler #1) Greenwood Ab	g, Inc. – Nev	vark, N	PROJE	CT	Maria aro	iure		Feb		19, 20	

		(1	Pursuan	t to NJAC	8:60 and 12	2:120)	Ola,	ck	119	40	5		
Date of Notification (1) 2/20/13				of Building Mrs. Co	Owner/Oper	rator (2	7	EC	E	1 1	// [2 5	
Agencies Notified Type Notification	n	ı	Street A	Address Brove Av		í			5	П	<u> </u>		\parallel
DEP Amended Amendmer				ate, Zip C na NJ 0			10 0	FEB	25	201	13	TL	丌
DOH justification Cancellation)	9	Anne	of Contact Cooper				A Jelenh	ENSI		. &		1
Name of Facility Where Abatement is Taki	ng Place	(3)	FAC	ILITY INF	ORMATION		Гуре of Facility			40			I
Street Address 200 Grove Avenue				7			School (K- Subchapte Other (i.e. etc.)	r 8 (Other ti			ldings	, hom	ies,
City (5) Verona				-			Square Feet 2500	# of Flo	oors		Bldg.	Age	
County (6) Essex			County (STATE	Code (7) USE ONLY	o		Current Use (Pr	or if being	demolisi	ned)			
Name of Monitoring Firm Hired by Building	Owner (8	3)	ASC	M No.			Abatement Co nvironmenta		s, LLC				* = J-8
Street Address					1-1-20		ddress ate Drive, PC	Box 483	3				
City, State, Zip Code							te, Zip Code ood, NJ 074	18					
Project Manager for Monitoring Firm			Telepho	ne No.		lephor	ne No. 33-8500	Lie	cense N	0.			H40-40-
Start Date (10) 3/5/13	Schedu 3/11/1		npletion	Date (11)	Na	me of	OSHA Monitor	=					
Occupancy Status During Abatement (Che	-	22			Str	reet Ac	idress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe:	nal Facilit	Abaten y Hours	nent s		Cit	ty, Stat	e, Zip Code				4		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	(providence)	Renova Demolit				×	Full Containm Mini-Enclosure Glovebag Prod Non-Exempted	ecedure				e	
Location of		s Locati Normal	ly		Descript	tion of						pe pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintenar todial s (12)	nce/ Staff?		tos Containin thermal syste surfacing, other misce	ng Mate ems in VAT,	erial (ACM) sulation, or	Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
basement	Yes	No	N/A X		pipe insu	ulatio	n	50 L	F	x	_	, a	
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Name of Registered Waste Hauler		l N	JDEP W	aste	Cubic Yard	s	Name of	Registered	andfill				
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City, State Bronx NY					Disposal Da TBD	ate	City, State Waynes	burg OH		14			
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Check# 1579

Date of Notification (1) 02 / 20		3			ne of Buildir		Operator (EGE		7	3	7	
☐ EPA	mended mendment #	<u> </u>		Stre 1314 City,	et Address 179th Stre State, Zip h Bergen,	eet Code	7		FEB 2	5 201	3			
(NJAC 5:23-8) ju	mergency (instification) ancellation	ncludir	ig	Nam	ne of Conta	ct	1	A	SBESTOS	BOM THE	OL.	_ _ &	-	
					ACILITY I		TION				-	-		-
Name of Facility Where Abaten	ent is Takin	n Plac	0 (3)		ACILITI	NFURWA	HON	Type of Facility	. (4)					
Private house	ione io rami	ig i lac	C (3)					School (K-1	11.00					
Street Address								Subchapter	8 (Other than	K-1 2)				
1314 79th Street City (5)	7 1							Other (i.e., homes, etc Square Feet	.)					
North Bergen, NJ 07047								Square reet	# of Floo	rs	B	dg. A	\ge	
County (6)				Cor	inty Code (7)	YSTATE III	SE ONI VI	Current Hea (P	sing if hains w			1 212		
Hudson				000	inty Code (1) (OINIL OC	or ONLT)	Current Use (P	nor it being d	emolisne	ea)			
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCN	/ No	Mana	£ A l 4	10 /			1	201		
	b) bananig	OWNER	(0)	ASCI	II NO.	50 Lanca - 100 Lanca - 100		ent Contractor (9	9)					
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Project Manager for Monitoring	Elem		1= :				NJ 0747	70						
Project Manager for Monitoring	riiin		Tel	ephone	∍ No.	Telepho	ne No.		License !	No.				
Start Date (10)						973-638			01127					
03/02/13				etion D	ate (11)	Name of	fOSHA M	onitor		- 1				
Occupancy Status During Abate Facility Closed/Vacated Duri Abatement Performed Outsice Time of Abatement:	ng Entire Pe de of Norma	eriod of	Abate ty Hou	ement rs - De	scribe _AM	City, Sta			34A					
Scope of Work (Check all that a	oply)							and decontamin	nation		-			
>3 sf or >3 If 2 160 sf or 2260 If			enovat emoliti				Full Cont Mini-Encl Glovebag	ainment with Ne	gative Pressu					
	har a		s Loca								Δh	atem	ant T	vno
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Name of Registered Waste Haul		Ш		- L		41-61								
	er		NJE	EP Wast	e Hauler ID No.	Cubic Yard	is of Waste	Name of Regis	tered Landfill				F 7	
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Vavne, NJ 07470														
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Date of Notification (1) 2/16/13					Owner/Operate Private Ho) E C	E				7
Agencies Notified Type Notification EPA Initial			Street Ad 991 Br	ddress own Rd) EED	25	20	12		\parallel
DEP Amended Amendmen				te, Zip Co water N	ode J 08807	1		1	-4-3	20	10	T	2
□ DOH □ DCA □ DCA □ Emergency justification) □ Cancellation		- 1	Name of Evan	Contact	S 18			ATelenhar	пе-Мини	hor		&	
Name of Facility Where Abatement is Takin	- DI (0)		FACI	LITY INFO	ORMATION	T-	- 6 5 1124 - 7						
Evan Oftedel / Private Home	ig Place (3)				II K		of Facility (School (K-1	12)			200		
Street Address 991 Brown Rd						×	Subchapter Other (i.e. p etc.)	8 (Other that private & com	in K-12) imercia) I build	dings,	home	es,
City (5) Bridgewater NJ 08807							re Feet	# of Floo	rs		ldg. A 5+	ge	
County (6) Hunterdon			County (Code (7) JSE ONLY)	Curre	ent Use (Pri	or if being de	emolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.	10.000	ne of Aba	atement Cor	ntractor (9)				."	
Street Address				17.5		et Addre							
City, State, Zip Code	177	- (10 0				ip Code	91			-		
Project Manager for Monitoring Firm	1 1/25		Telepho	ne No.	Tele	phone N 3-753-9	lo.		ense No).			
Start Date (10) 2/18/13	Schedule 2/20/13		npletion I	Date (11)		ne of OS	HA Monitor						
Occupancy Status During Abatement (Che	7.000					et Addre	SS	William State of the State of t		i i	7	545 1	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: home owner will be	Period of A	baten		1 V7	City,	, State, Z	Zip Code						
Scope of Work (Check All That Apply)	17.76												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enova emolit				Mi Gl	ni-Enclosur ovebag Pro	T (22)				e	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntena odial S (12)	nce/		tos Containing thermal syste surfacing, \ other miscell	ms insul /AT, or	ation,	Amour (Specified SF or L	fy	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waste Hauler			JDEP W	/aste	Cubic Yards		Name of	Registered L	andfill				
United Containers	Haul							W.S.	> 1				
City, State Elm NJ					Disposal Da 2/20/13	ite	City, Stat	te ville PA 19	067				
Completed by Anthony T Perna	Title Presi	dent	- ,		Signate	ure			Dat 2/1	te 16/13	3		
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Ch# 1047

Date of Notification (1)	2/20/13	(1/2		of Building Owner/Operato		9 0006	(A) (B)		1
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Agency Notified	. /		3	Whippany	AUE		<u>````</u>	20	_
'D,ĎEP	Amended				10			3	
DOL		ding		1110-610	<u>v.J.</u>	Tolophone Numb	or C	5. A	
DOH .	justification)				Dies				1
/ DCA	Li Cancellation			1 1 1 1 1 1 1					,
Name of English Where I	hatement is Taking F	Place (3)	- Inon		Type of Facility	(4)			
3 Whip	DANY A	Œ			Subchapter (i.e. pr	8 (Other than K-12) rivate & commercial	buildings,		
	<u> </u>	<u> </u>			Square Feet	# of Floors	Bldg. Age	-	-
City (5)	1	1			3,000	12	65		
County (6)					RE	EXIDENT .	inea)		
Name of Monitoring Firm (8)	Hired by Building Ow	ner AS	CM No.				. 5 - 10 e		
Street Address	1 N20110			Street Address	× 814			1	
City, State, Zip Code	I sales teat					0880 C.C	;}	ij.	300 1
Project Manager for Mon	iloring Firm	Telep	hone No.	Telephone No.		License No.	36.	noisely	
Start Date (10)	Scheduled 4	Completion	Date (11)	Name of OSHA	Monitor				- 1
				Street Address	< 814		A.		
C Abatement Performed Other – Describe:	d During Entire Perio Outside of Normal Fa	d of Abatem cility Hours	ent			CA	J 285	7	
Scope of Work (Check al	I that apply)	4.2		O Full	Containment with	h Negative Pressur	е		
2 3 sf or ≥ 3 lf 2 ≥ 160 sf or ≥ 260 lf				nolition / D Glo	vehan Procedure	nd Non-Friable Prod	cedure.		
		Isla	cation				Ab		
Asbestos-Containing TO BE AB IN Fac	g Material (ACM) BATED illity	Non Used S Mainte Cus St	mally Solety by enance/ todial aff?	Asbestos Containing M (i.e., thermal system surfacing, VA	Material (ACM) as insulation, aT, or	Amount (Specify SF or LF)	Removal	T	T
Agency Notified Type Notification Type Notification Street Address City, State, Zip Code Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Ounty (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address Street Address City, State, Zip Code Ounty Code (7) (STATE USE Output Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code City, State, Zip									
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UNIT									
- (•			Waste	Name of Reg		RA.		
City, State		V 30			City/State	line	/. A.		
Completed by	Title			Signature	13 WZ	46 6		113	5
1100	DA LIG	ot use this	form for as	bestos licensure exempte	d activities.		- 1	1	



730	N		CATION	te of New OF ASBES o NJAC 8:	STOS AB		•	PECE	* He	7 - L			
Date of Notification (1) 02/19/13 Ck# 2494 \$200				Building O Perth Ar		erator (2)	2013/	EB 25	۸.	- 11			
Agencies Notified Type Notification			Street Ad	dress gh Street	t		F. 19. 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		17/ 2	: 68)		
EPA Initial Amended Amendment	#		City, Stat	e, Zip Cod Amboy, N	ie	1	- '& [It she	ra Pi	67			
□ Emergency justification) □ DCA □ Cancellation	(including		Name of	•				Telephon	e Num	ber			
Z Sort				ITY INFO		V		<u> </u>	-				-
Name of Facility Where Abatement is Takin Perth Amboy Public Libray	g Place (3))					pe of Facility (4)					
Street Address 196 Jefferson Street						×	School (K-12 Subchapter (Other (i.e. pr	(Other tha			ings,	home	s,
City (5) Perth Amboy, NJ 08861							etc.) quare Feet),000	# of Floor	rs	T 15000	dg. A 5+	ge	
County (6) Middlesex			County C	ode (7) SE ONLY)		1 10000	urrent Use (Prio brary	r if being de	molishe	ed)			
Name of Monitoring Firm Hired by Building Birdsall Services Group	Owner (8)		ASCM	No.	11000	Name of A	Abatement Cont orporation	tractor (9)					
Street Address 65 Jackson Drive			1			Street Ad		Α					
City, State, Zip Code Cranford, New Jersey 07016	<u> </u>				(City, State	e, Zip Code and Park, Ne		07424	1			
Project Manager for Monitoring Firm Kevin Burns			Telephor	ne No. 7-8900	1	Telephone	e No.		nse No				
Start Date (10)	Schedule 03/11/1	ed Com			1	Name of 0	OSHA Monitor						
Occupancy Status During Abatement (Che	k Only On	e)				Street Ad							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:			tement										
Scope of Work (Check All That Apply)			****			VVOOdie	ind rank, ivo	- Jersey	0142				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Annual Control	tenova emolit				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				e	
		Locati								1	Abate		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intenai todial S (12)	ly by nce/		os Contai thermal sy surfacir		erial (ACM) sulation, or	Amour (Special SF or L	fy	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									(D)	
Basement Boiler Room	X			Aiı	r cell Pip	pe Insul	ation	100 L	F	X			
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N			LIDED II	(nats	Contract of	and a	News	Dogistora	on dell				
Name of Registered Waste Hauler Lilich Corporation NJDEP Wast Hauler ID No 18724					of Waste 2	[인데이 전에 가입니다] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1							
City, State Woodland Park, New Jersey 07424					Disposa 03/12/1		City, State Morrisvi	lle, Penns	sylvan	iia			
Completed by Tatiana Kalenikova		1 2	nature No	ne Kas	Mar	Da 02	te /19/1	13					

* Emergency *

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) 2/19/13 All Risk Agencies Notified Type Notification Street Address 501 Kennedy Blvd **EPA** Initial 4 City, State, Zip Code DEP Amended × DOL Amendment # Somerdale NJ 08083 Emergency (including Name of Contact Telephone Number justification) DOH Tom DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Borough of Pleasant Police Beach Station School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Arnold & Boardwalk etc.) City (5) Square Feet # of Floors Bldg. Age Point Pleasant Beach NJ 08742 800 2 35+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Pernaco Inc Street Address Street Address PO Box 329 City, State, Zip Code City, State, Zip Code West Berlin NJ 08091 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-753-9800 00727 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/20/13 2/21/13 Same 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) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (Specify Enclosure TO BE ABATED (i.e. thermal systems insulation, Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A boardwalk level 200 Sf Floor Tile only Х Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste **United Containers** G.R.O.W.S. 22459 City, State Disposal Date City, State Elm NJ 2/21/13 Morrisville PA 19067

Anthony T Perna

Completed by

Title

President

Signature

Date

2/19/13

Check No.

21085

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Date of Notification (1)					Name	of Build	ing Owner/Operato								
February 20, 201					Pete	er Lin		2013	FED or						
Agency Notified	Туре	Notification		42	Street	Address	5		FEB 25 PM	2:00	2				
□ EPA ;	⊠ Init	rial .			65 S	toneb	ridge Road	Acres 1		C. 1.P.					
Not required per State Reg. 10:2004		nended			City, S	State, Zip	Code	J.P.	712000	735 es .		-		-	
⊠ DOL		nendment#	200		Mon	tclair,	NJ 07042	Œ	LICENSING	$ \iota$ _L					
⊠ DOH		nergency (includi stification)	ng		Name	of Conta	act	798.11	Telephone Nu	mber			-		
□ DCA		ncellation			Pete	r Lin									
					FAC	ILITY IN	FORMATION		* 4						
Name of Facility Where	Abatem	ent is Taking Pla	ce (3	3)				Type of Facility	/ (4)	-			_		
N/A								☐ School (K-12)							
Street Address						1 11			8 (Other than K-1 :	2)					
35 College Avenu	ıe							☑ Other (i.e. p	rivate & commerci		ngs,				
City (5)			-		-			homes, etc. Square Feet	# of Floors	_ DI-Z-	A -			_	
Montclair, NJ 070	1/12							L Williams	6 88	Bldg		е			
County (6)					Count	Codo /	7) (STATE USE	1,800	2	50+	-/-				
Essex					ONLY		/) (STATE USE								
Name of Monitoring Fir	m Hirad k	ou Building Own	- 1	ACCA			1 10 - 60 1	Residentia							
7227			r.	ASCN			Name of Abaten		250						
WicCabe Environme	ental Se	rvices, L.L.C.		001	18	- 0		storation Co.	, Inc., 22-2674	200					
Street Address		- 1					Street Address								
464 Valley Brook	Avenu	е					223 Randoli								
City, State, Zip Code		1 1/4 = 8					City, State, Zip (
Lyndhurst, NJ 07							Clifton, N.J	07011							
Project Manager for Mo	nitoring F	7-0-33 3- 3327/2-27-33-77					Telephone No.		License No.					0.00	
Ellen McCabe			231.		38-483	3(3)	973-478-468	1	00120						
Start Date (10)		Scheduled Co			te (11)		Name of OSHA	Monitor							
March 04, 2013		March 31,					McCabe En	vironmental	Services, L.L.	C.					
Occupancy Status Durin	ng Abater	ment (Check only	one/	:)		1	Street Address	200							
☑ Facility Closed/Vacat	ed Durin	a Entire Period o	f Aha	atement			464 Valley E	Brook Avenue	Э						
☐ Abatement Performed	d Outside	of Normal Facil	ity Ho	ours			City, State, Zip C	ode					W.		
Other - Describe:			12				Lyndhurst, I	NJ 07071-199	8						
Scope of Work (Check a	ill that ap	ply)			70		П. г. и.			 					
\boxtimes \geq 3 sf or \geq 3 lf					⊠ Ren	ovation	☐ Mini-	Containment witr Enclosure	Negative Pressur	е					
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	⊠ Glov	ebag Procedure							
			-				∐ Non-	Exempted (*) and	Non-Friable Proc	edure	T .	L - 4			
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Locat				ed Sole			Description of	of						T	
Asbestos-Containi TO BE A		ial (ACM)	Ma	aintena	nce/		stos Containing Ma		Amount		-		m	1	
IN Fa				Custodi Staff?		(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)		em	Re	cap	Enclosure	
(1:	3)	1,7,2950.00		(12)			other miscellane		0. 0. 2. 7		Remova	Repair	Encapsulate	Insc	
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Basement			Yes	No	N/A		10.1				-		-	-	
Dasement	-		\triangle	-	-	Inerm	al Systems Insulatio	n (7 Elbows)		7 LF	X		_	L	
							- F							L	
Name of Registered Wa	ste Haul	2r	Al	IDEB	Vaste H	aulos	Cubic Varda of	Name of Deci-	torod Landen				11		
- 1.1. 1.2. 1.3. 1.4. 1.4. 1.4. 1.4. 1.4. 1.4. 1.4				JDEP V No.	vaste H	auier	Cubic Yards of Waste	Name of Regis	tered Landfill						
B&N&K Restoration Co., Inc., 1D No. 12695				1 Minerva Enterprises, Inc.											
City, State				Disposal Date	City, State	•		_							
Clifton, N.J 07011				03/07/13	Approximate the second										
Completed by		Title					Signature Date								
G. Roger Woodman Project Manager								2/20/2013							

CHECK # 1026

Date of Notification	(1) 2-15-1 ;	3	154	N	lam	e of	Buildir	ng Owner / Oper	ator (2)	Chad	041				
Agencies Notified EPA	Type Not			S 4	tree 51 I	t Ad	dress ge Ro	ad ad	injustics (Chad Sumner	31/	7-501	-09	25)	
DEP DOL DOH	☐ Ar	itial nended nergency		CLN	ity, ync ame	State Ihu	e & Zip rst, N. Contac	Code J 07071 ct	& L10511		ĪŦ	eleph	one	Nun	nhor
DCA	Ca	ancellation		В	III F	Ros	enber	ger, Ops Mgr IFORMATION	., ENKC	16 1	1	СіСрі	10116	INUII	ibei
Name of Facility Wit Comcast Cable (s Street Address 451 Ridge Road City (5) Lyndhurst Name of Monitoring NA Street Address	same)	County (6) Bergen		e (3)		Code	e (7)	Type of Fa School Subch Other Square Fe 500 Current Us None Name of A	acility (4) bl (K-12) hapter 8 (Othe (i.e. private & et # of 00 be (Prior if bein batement Con tic Abateme	recommercial buil Floors 2 ng demolished)	Blo	s, hoi dg. A	ge	etc.)
City, State & Zip Coo Project Manager for		Firm	ITal	enho	000	Nius	nber	City, State Cherry Hi	& Zip Code II, NJ 08003						
								Telephone 609-567-0	950	Licens		mber 011 8			
Scheduled Start Date 2-19-13 Occupancy Status Date		Scheduled Co	3-	11-1		e (1	1)	Name of O	SHA Monitor						7
Abatement P Describe: Facility Occu Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf ≥260	erformed (pied Durin ck all that a	d During Entire F Outside of Norm g Abatement apply)	al H	ours	Renc	'am ovati	to 3pm		& Zip Code t, NJ 08108 ☐ Full C ☐ Mini-E ☐ Glove	Containment with Enclosure Bag Procedure Exempted and N	s				
M20 - 250 700 6000	ation of s-Containi	na		s Loc				Description Asbestos-Co	on of	Amount		Aba			
Mater TO BE in F	ial (ACM) ABATED Facility (13)		Ma	Solel intens stodia (12 No	ly by ance al Sta 2)	or		Material (/ (i.e., thermal insulation, surfa or other misce	ACM) systems scing, VAT	(Specify SF or LF)		Removal	Repair	Encapsulate	Enclsoure
l st Floor/basement I st Floor porch	stair foy	er		F	_			leum & masti		20 sf		X			
2 nd floor corridor u	nder car	pet	H	1	_	\boxtimes		leum & masti r tile 9"x9"	C	50 sf 130 sf	2.67				
Roof/parapet wall			Ĭ			X	Tar	tile 5 X5		285 sf	-		H	Η	H
Roof/chimney area				ĮΕ		X	Tar	Jan Jan Jan		10 sf			H	H	片
lame of Registered W reehold Cartage lity, State reehold, NJ	Vaste Haul	er					O No.	Cubic Yards of Waste 30 cu.yds. Disposal Date 3-18-13	G.R.O.W.S City, State			7			
Completed By (Print or Type) Theodore S. Budzynski Title Gen Mgr.				24	3-18-13 Morrisville, PA Signature Date 2-15-13										

Date of Notification (1)	T	Name of	Building	Owner	Operator	(2)	lome	3FEB 25	10	line .					
Agencies Notified	Type Notification	*	-	Street A	dress	Stau	SS / PIN	/ale F	10me 20/	3 FEB.					
				20 Eas	st Pimlio	o Roa	ad		χ.	. 10 25	PH	`			
EPA DEP DOL	Initial Amended Amendmen		_	City, Sta Little E	te, Zip Co	ode bor, N	J 0808	7	3		211	7. (8		
DOH DCA	Emergency justification Cancellation)		Name of Albert	Contact					Telephon	. NI	ter.			
				FACI	LITY INF	ORMA	TION								
Name of Facility When Albert & Carol Sta		ng Place (3)							of Facility (School (K-1	2)					
Street Address 20 East Pimlico F	Road				* X			×	Other (i.e. p etc.)	8 (Other than private & comr		build	dings,	home	es,
City (5) Little Egg Harbor,	, NJ 08087		T.					Squa 1000	re Feet)	# of Floors	S		ldg. A 5+	ge	
County (6) Ocean		26		County C	Code (7) ISE ONLY)		Curre		or if being den	nolished	d)			
Name of Monitoring Fi N/A	irm Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Cor	ntractor (9)					
Street Address								Addre			1				
City, State, Zip Code					1	Veget			ate, Zip Code Berlin NJ 08091						
Project Manager for M	lonitoring Firm			Telephor	ne No.		211074 Sept. 11	hone N 753-9		Licer 0072	nse No. 27	1	-		
Start Date (10) 2/5/13	· ·	Schedule 2/11/13		npletion (letion Date (11) Name of OSHA Monitor Same										
Occupancy Status Du	ring Abatement (Che	ck Only One	e)				Street	Addre	SS	· ·					- 1
Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire rmed Outside of Nor :	Period of A mal Facility	baten Hours	nent	ii - j		City, S	State, Z	ip Code		4				
Scope of Work (Check	k All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 li	f	-		ovation olition					ni-Enclosure ovebag Prod	cedure				A	
		Is	Locati	ion			Non-Exempted (*) and Non-Friable						Abate	emen	t
	tion of	N	ormal				escription				- }		<u></u>	pe	т-
TO BE A	ing Material (ACM) ABATED acility 3)	Maii Custo	ntena odial S (12)	nce/ Staff?		therm, surf	ntaining I al system facing, VA miscella	s insula AT, or	ation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											L
Exterior	r Siding			x Exterior Si				ding		1200 SI	F ;	ĸ			
Name of Registered V	Vaste Hauler		TN	JDEP W	/aste	Cubi	c Yards		Name of	Registered La	ndfill	lay so	_		L
United Containers Haule				lauler ID 2459		of W			G.R.O.						
City, State Elm NJ						Disp 2/11	osal Date /13		City, Stat Morrisv	e rille PA 190	67				
Completed by						1	Signatur							hodoni e	
Anthony T Perna		President						2/20/13							

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Date of Notification (1) 2/19/13	Name of Building Owner/Operator (2) US Masters Residential Property USA Fund														
Agencies Notified Type Notification	1	- 1	Street A	ddress					cial Center	13/	Ì	رحر	-		
EPA Initial Amended Amendmen Emergency		_		te, Zip Co City, N		1		192	Œ.	40		<u>, 0</u>	12/	ے۔	
DOH justification)			Contact Bailey					Telephone I	Number	2	E,		~ O	
DCA Cancellatio				LITY INF	ORMATI	ON	-		1			G.:	413 1307	,	
Name of Facility Where Abatement is Taki house	ng Place (3)				ORMAN		☐ s	f Facility (4) chool (K-12)						
Street Address 385 First Street			4	1 10		2	× O et	ther (i.e. pri	(Other than k vate & comme					es,	
City (5) Jersey City							Square 2500		# of Floors		Blo 50	dg. A	ge		
County (6) Hudson			County (Code (7) JSE ONLY)	_	Curren	t Use (Prior	if being demo	lished)					
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	No.				ement Contronmental	actor (9) Services, L	LC		×		-	
Street Address			4				Address Sate D	rive, PO I	3ox 483						
City, State, Zip Code							tate, Zip wood I	Code NJ 07418	3						
Project Manager for Monitoring Firm			Telephor	ne No.			one No. 583-85		License 703	e No.					
Start Date (10) 2/28/13	Schedule 3/15/13		Completion Date (11) Name of OSHA Monitor												
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Address	3							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, St	ate, Zip	Code						3	
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Barrelland		olition					Enclosure rebag Proce	nt with Negativ dure (*) and Non-Fr						
	T	4:					14011	Exempled) and Non-11	Table 1	-		ment	t	
Location of	N	Locati ormal	ly		Des	scription	of				_	Ту	ре	,	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Maii Custo	l Sole ntenar odial S (12)	nce/ Staff?	Asbes (i.e.	tos Conta thermal surfac	aining M	aterial (insulati Γ, or	ACM) ion,	Amount (Specify SF or LF)	Removal		Repair	Encapsulate	Enclosure	
and the control of th	Yes	No	N/A					100.00			1				
exterior			x asbestos sid				ding		1000 SF	x	-				
								4 F 9 (10 - 2)							
Name of Registered Waste Hauler	NJDEP Waste					egistered Land	dfill	1		-					
Tri-State Transfer	lauler ID 2325	No.	of Was	of Waste Minerva Enterprises											
City, State Bronx NY					Dispos TBD	isposal Date City, State BD Waynesburg OH									
Completed by Title Andrew Scott Higgins President					Si	Signature Date 2/19/13									

Date of Notification (1) 2/19/13				Name o	of Building (Owner/Ope Bearings	rator (2) Compa	hy, Etd 25	~	V (C	11			
Agencies Notified	Type Notification	1.		Street A	ddress ng Drive		18.00		Pin	89.5				
DEP X DOL	Amended Amendmer		_		ate, Zip Co Knolls, I	de NJ 0792	7	LICEN.	i di di	Ù.		64 %		
	Emergency justification Cancellatio)			f Contact t Perkins	3				ohone Nu	mber			
				FAC	ILITY INFO	RMATION			_					
Name of Facility Where	Abatement is Taki	ng Place (3)				- -	School (K-1 Subchapter	2) 8 (Other				- C-1	
10 Wing Drive	- X						×	Other (i.e. petc.)	invate &	commerci	ai bui	iaings	, nom	es,
City (5) Cedar Knolls	*			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	**		Squ 28	uare Feet 00	# of F	loors	1.000	31dg. <i>i</i> 50	Age	
County (6) Morris					Code (7) USE ONLY)		- Cui	rent Use (Pri	or if being	g demolisi	ned)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	M No.			patement Cor vironmenta			:			
Street Address						10.550	treet Addi	ress Drive, PO	Box 48	33				
City, State, Zip Code								State, Zip Code nwood NJ 07418						
Project Manager for Mon	itoring Firm	,		Telepho	ne No.		elephone 173-583-		1 2	License N 703	0,			
Start Date (10) 3/2/13		Schedul 3/9/13	ed Cor	npletion	Date (11)		Name of OSHA Monitor							
Occupancy Status During	Abatement (Che	ck Only Or	ne)			St	treet Addr	ess						
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of	Abaten	nent	1 2 17,			Zip Code			li-			
Scope of Work (Check Al	Il That Apply)		,											
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Date of Notification (1) 2/20/13			Name of Lisa Zo	Building orovich	Owner/Oper / Private I	rator (2) Home 2	013FED					
Agencies Notified Type Notification	1		Street Ad 102 No	ddress orth Bur	gee Drive	n the state	168 2	5 PM 2:68	83			-
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DOH justification)	-	Name of Lisa					Taloh				-
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Name of Monitoring Firm Hired by Building Owner (8) AHERA ASCM No. Name of Abatement Contractor (9) Nick Restoration LLC Street Address P.O BOX 385 City, State, Zip Code Oceanville, NJ 08231 Project Manager for Monitoring Firm John Smoyer Telephone No. (609)652-1833 973-933-2550 O1133 Start Date (10) 3/01/2013 O3/05/2013 Occupancy Status During Abatement (Check Only One) Telephone No. (609)652-1833 ASCE Environmental Street Address Street Address Jas. Environmental Street Address 2333 RT 22 City, State, Zip Code O1133 Jas. Environmental Street Address 2333 RT 22 City, State, Zip Code Union, NJ 07083 Street Address 2333 RT 22 City, State, Zip Code Union, NJ 07083 Street Address 2333 RT 22 City, State, Zip Code Union, NJ 07083 Scope of Work (Check All That Apply) 23 sf or 23 if 2160 sf or 2260 if Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Street Address 2333 RT 22 City, State, Zip Code Union, NJ 07083 Full Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or ot	Date of Notification (1)		-	Name	of Building	Owner/0	Operator	(2) 20/35	^_	1 7 5	r free				
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Other – Describe: Union, NJ 07083 Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 lf ≥ 160 sf or ≥260 lf Renovation Demolition Renovation Demolition Pull Containment with Negative Pressure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and No	Facility Closed/Vacated During Entire	Period of A	bater	ment			2333	RT 22							
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No next

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

Name of Building Owner/Operator (2) CHRISTIAN BROTHERS Street Address MEPA 850 NEWMA D Initial DEP DOL Amended
Amendment # 1 City, State, Zip Code LINCROFT D Emergency (including **DOH** justification) Ø DCA Telephone Number O Cancellation PERRY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CHRISTIAN BROTHERS ACADEMY DELINCROFT ☐ School (K-12) Subchapter 8 (Other than K-12) 間 Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 25000 2 40 County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) HONMOUTH Name of Monitoring Firm Hired by Building Owner FACULTY + STATE RESIDENCE ASCM No. Name of Abatement Contractor (9) BSG GROUP UNIPRO, INC Street Address Street Address 65 THEKSON DR 73 KARKUS City. State, Zip Code Project Manager for Monitoring Firm WOODBRIDGE Telephone No. KEVIN BURNS 732-726-3111 752-380-1700 Start Date (10) Scheduled Completion Date (11) 00615 Name of OSHA Monitor 2-18-13 3-15-13 Occupancy Status During Abatement (Check only one) GROUP Facility Closed/Vacated During Entire Period of Abatement GF JACKS DR.
City. State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours
☐ Other – Describe: Scope of Work (Check all that apply) CRANFORD NJ 07016 □ ≥ 3 sf or ≥ 3 lf Q Full Containment with Negative Pressure **層 Renovation** \$ 160 sf or ≥ 260 If ☐ Mini-Enclosure ☐ Demolition ☑ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Used Solely by Type Asbestos-Containing Material (ACM) Description of Maintenance/ Asbestos Containing Malerial (ACM) TO BE ABATED Custodial Amount (i.e., thermal systems insulation, IN Facility Encapsulate * See AMACHED FOR (Specify Removal Enclosure Staff? Repair surfacing, VAT, or SF or LF) (12)other miscellaneous) PCB/MERCURY/Flus escant top No N/A HALLWAY @KITCHEN + VARIOUS X VAT + MASTIC CLOSETS sf. GFIRE DOORS FIRE DOORS 150% WINDOWS EXTERIOR (63) K CANCEING Name of Registered Waste Hauler NJDEP Waste Hauler X Yards of Name of Registered Waste 3o + Disposal Date 3.15.13 Signature 2.15.13 Do not use this form for asbestos licensure exempled activities

1-31	-13				Name of B	Building Owner	r/Operator (2)					-		_
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	O Cancellation				PERM	Y NO	_		Telep	hone Nu	mber	1		-
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Name of Facility Where Aba	alement is Tak	ing Pl	ace (3)						18		19			r
CHRISTIAN Sireel Address	BROTHE	720	A	Ans	Trans.		Type	of Facility	100					-
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Project Manager for Monitoring	Firm		Tele	phone	No	MO	ODBRIT	2=	AI	T	1-			_
KEVIN BUR	245		737	7.30	A - 17	Telephone	ODBRIT	11	icense N	No.	1/6	77	5	
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 2-16-13 Barbara Ismail 2013 FEB 25 PH Agencies Notified Type Notification Street Address 31 Haddonfield Rd. []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended [X] DOL Short Hills, NJ, 07078 Notification [X] DOH Name of Contact Telephone Number []EMERGENCY []DCA Barbara Ismail []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) Street Addres []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.) City (5 Square Feet # of Floors Bldg. Age County (6) Essex County Code (7) 2100 2 86 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/AAZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 2-26-2013 2-27-2013 N/AMonth Day Year Month Day Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period Street Address of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X] >3 sf or >3 lf [X] Renovation [X]Mini-Enclosure []>160 sf or >260 lf []Demolition []Glovebag Procedure []Non-Friable Procedure Is Location of Location Abatement Type Description of Asbestos-Containing Normally Used Asbestos-Containing NCAP Material (ACM) Amount: NCLOSUR Solely By Main-REP Material (ACM) E TO BE ABATED (Specify (i.e., thermal systems In Facility tenance/ SF or O insulation, surfacing, VAT, Custodial (13)LF) S Staff (12) or other miscellaneous) A Yes No N/A Basement E X Pipe insulation 7 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste .25 G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 2-28-13 Morrisville, PA 19067 Completed By (Print or Type) Title Signature Constantine Vivian Date President 2-16-13

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

		T	2 10	. (2)	- 1					
Date of Netification (1) February 18, 201	3	Name of Building		Carcher 2013 FE	CL 21	26	7.	21	1	
1	Notification	Street Address	36 Ro	nnie Drive	OL 21 825 PH 2.					
[x] DOL Amen	nded Notification ndment # gency (including	City, State, Zip Co	de Manal	hawkin, NJ 08050.	Saltinia o	(.9)		ı	i	
[] DCA justifi	cation) ellation	Name of Contact John I	Carcher	Те	lephone Number	ί				
	FΔ	CILITY INFORM	ATION				-			
Name of Facility Where Abatement is Taking Residence		CILIT I IIVI OICIV	ATTON	Type of Facility (4)	School (k-12)				01	
Street Address 36 Ronnie Drive			+1	[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al buil	dings,	
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors 1	Bldg.	Age.	0		
Manahawkin	Ocean			Current Use (Prior if Residen)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.			(9) n Contracting,	Inc.			1	
Street Address			Street A	1889 Ro	ute 9, Unit 61		11		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
City, State, Zip Code	RESTU		-		iver, New Jerse		55-12	271		
Project Manager for Monitoring Firm	Telephone Numbe		732-34	ne Number 19-9932	License N 00624	umber				
Scheduled Start Date (10) 2/18/13	Scheduled Comple 2/18/13	etion Date (11)			. Analytical					
	only one) d During Entire Period of A Outside of Normal Facility		Street A	1056 Ste	elton Road	000		- i		
Scope of Work (Check all that apply)			[PISCATAW Full Containment	vay, New Jerse					
3 sfor ≥3 lf	[] Renov	vation]	Mini-Enclosure Glovebag Procedu	-					
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Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	3	ards of Was	T.R.R.F.	ed Landfill		14 H24	54		
City, State	Disp 2/19	osal Date	City, S	tate town, Penn 3 ylvania					8	
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Signature	Sol	1 ten	1	Date 2/18/2013					

*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)

				Nome of	Building (humar/One	rator (2)	Section 1							
Date of Notification (1) 2/15/2013 Agencies Notified Type of Notification					Building	Garde	n State Modular I	Homes, LLC (L+	とり	126	5			
[X] EPA [] Ini	ial Notifi			Street A	ddress	POB	rator (2) n State Modular I	B 25 PM 2:	ଚିଛ						
[x] DOL An	endment	otification # (including	į.	City, Sta	ate, Zip Co	de	ette, NJ 08735 L	Control of	1						
[x] DOH jus	ification))		Name of	f Contact	Fertakos		Telephone Number	·.	_					
[] DCA	iccitation				Mark	renakos									
		2	FAC	ILITY I	NFORM	ATION			- 197						
Name of Facility Where Abatement is Tak Residence	ing Place	(3)		Ass t			Type of Facility (4	School (k-12) Subchapter 8 (otl	har than	, l=12\					
Street Address 221 11 th Avenue				2			[x]	Other (i.e., privat homes, etc.)			ial buil	dings,			
City	Cour	nty (6)		County C (STATE	ode (7) USE ONL	Y)	Square feet 2000 sf	# of Floors		, Age 6	0				
Seaside Park	Oce	an					Current Use (Prior Reside	if being demdished) ence	.2						
Name of Monitoring Firm Hired by Buildi N/A	ng Owner	r (8)		ASCM N	0.	Name of	Abatement Contractor Guard	or (9) ian Contracting,	Inc.						
Street Address City. State. Zip Code				. (1)		Street A		Route 9, Unit 61				1			
City, State, Zip Code						River, New Jerse			271						
Project Manager for Monitoring Firm		Telephone 1			a = 50 j	732-34		License N 00624	umber			101 =			
Scheduled Start Date (10) 2/15/13		2/15/13		letion Date (11) Name of OSHA Monitor E.M.S.L. Analytical											
Occupancy Status During Abatement (Che	ited Duri	ng Entire Perio				Street A		Stelton Road							
Abatement Performe Other – Describe	d Outsid	e of Normal Fa	acility H	ours	<u> </u>	City, Sta	te, Zip Code Piscat	away, New Jerse	y 088	54					
Scope of Work (Check all that apply)					0	[]	Full Containme Mini-Enclosure	nt with Negative Pre	ssure						
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] [x]	Renova Demoli			[] [x]	Glovebag Proce	dure (*) and NonFriable	Procedi	ıre					
	T	1		1			1 1		Abat	ement	Туре				
Location of		Is Location Normally us			Ast	Description Destos-Cor	ntaining	Amount	R E	R E	E N	E N			
Asbestos-Containing Material (ACM		Solely by	. 1: 1	10.7		Material (A , thermal		(Specify SF or LF)	М	P	C	C			
TO BE ABATED in facility	Mai	ntenance/Cu Staff	stodial			, inermai ilation, su		OI LF)	0	A I	A P	LO			
(13)		(12)			mse	VAT,		16 4	V	R	S	S			
				1 -	oth	er miscell	aneous)		A		U	U R			
	YES		N/A					1000 0	L		E	Е			
Exterior	- 1 7	X		Asbe	stos sidin	g		1800 sf	X						
				1 1	10.0										
			AL												
Name of Registered Waste Hauler Guardian Contracting, Inc		NJDEP Waste	e Hauler 0223	ID No.	Cubic Ya	rds of Was	te Name of Regis	tered Landfill		-					
City, State		2.0		sal Date		City, St		ia				9 4			
Toms River, New Jersey Completed by (Print or Type)	Title			Signati	arte 🗸	, runyt	y wy 1 chinsylvan	"	Date						
Nicholas Fernicola Project Manager				4	Ylic	Mol	ter	1 1 50	2/15/2013						

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

	otification (1):	Name of SALMA	f Buildi	ing Ow	ner/Operator (2):			2013 FEB								
2/19/13 Agencies	Type Notification	Street A			INC				25	Da.						
Notified	(X) Initial	163 W			VE.			**************************************		17	2: 61	Ó				
() EPA	Notification	City, St					ī	&11A	10			2				
(X) DEP	() Amendment	HAWT			7506		Telephone	Numb		_	· 37					
(X) DOL	Notification () Emergency	Name of JOHN	i Conta	CI:	-		10.0	11 100		-	i.					
(X) DOH	() Cancellation	JOHN														
()DCA	- 1 s	1	- 2													
					FACILITY INFO					- 144						
Name of I	Facility Where Abate	ement is T	aking P	lace (3)	: APARTMENTS	1 33	e of Facility (4):									
						()5	School (K-12)	7 12)								
	1 4734ADTDI	CTDEET				(X)	Subchapter 3 (Other than It Other (i.e., private & com	mercial buildings,								
Street Ad	dress: 47 MARTIN	SIKEEI					omes, etc.)									
	(5) PATEROON	LAIL				San	are Feet: NA	# of Floors: 4	I	3ldg. A	Age: N	IA				
City & St	ate (5): PATERSON	i, NJ				-										
County (6	0.		Coun	ty Cod	e (7)	Cur	rent Use (Prior if being	demolished):								
PASSAIC			(STA	ATE US	SE ONLY)	RESIDENTAL/APARTMENTS										
					LACOMAN.	Nor	ne of Abatement Contr	actor (9).			1/4					
Name of	f Monitoring Firm	n Hired	by Bu	ulding	ASCM No.: NA											
Owner:(8	wner:(8) J & S ENVIIRONMENTAL NA						S/M Enterprise of NJ, Inc.									
Stroot Ad	dress: 2333 U.S. 22	W #1				Stre	eet Address:									
Sircei Au	dress. 2555 C.S. 22					339 North 6 th Street										
<u> </u>	g: 0.1.1DHO	I NILOZOS	2			City, State, Zip Code:										
City, Stat	e, Zip Code: UNIO	N, NJ 0700	3			C) COMM	5/8 ASSESSO VISV 119.5 0	Q								
100							ospect Park, NJ 07503	License No.:								
Project N	lanager for Monitori	ing Firm: S	HERR	ILL	Telephone No.: 908-206-0073	2000	ephone No.:									
		A.					3) 595-6955	00641								
Start Dat	e (10):		d Comp	oletion	Date (11):	Name of OSHA Monitor: S/M Enterprise of New Jersey, Inc.										
2/28/13		3/4/13						Jersey, me.		_		r 80.				
	y Status During Abater					Stre	eet Address: O.N. 6 TH . STREET									
(X) Facilit	ty Closed/vacated Duri	ng Entire Pe	eriod of	Abateme	ent	1					Control Color					
	ment Performed Outsid - Describe:	de of Norma	ii Facility	y Hours		City, State, Zip Code: PROSPECT PARK, NJ 07538										
() Outer	- Describe.						Obligation									
Scope of	Work (Check all that ap	pply):					() Full	Containment wit	h Neg	ative !	Pressu	ire				
(X) > 3	sf or > 3 lf			(X) <u>H</u>	Renovation		Wra	ipping vebag Procedure								
$() \leq 16$	sf or ≥ 3 lf 0 sf or ≥ 260 lf			()[Demolition		(A) Glo	-Friable Procedure								
		Is	Locatio	on						Abat		t				
	Location of	N	ormall	y	De De	escrip	tion of			1)	уре	_				
Asbestos	s-Containing Materia		Solel		(i.e., therm	al svs	g Material (ACM) tems insulation,		71	8	E	1				
	(ACM)		intenan ustodia		surfa	icing,	VAT, or	Amount	Removal	Wrap&Cut	Encapsulat	Eliciosurc				
TC	D BE ABATED IN Facility		Staff?	III	other	misce	ellaneous)	(Specify	101	80	nsc	000				
	(13)		(12)					SF or LF)	al	Ħ	lat	6				
7	Yes No N/A					NGS INSULATION 45 LF					1	1				
BASEN	/IEN I	_	Λ		THEATTING	71140	- Carron		X	 		+				
1.15									+			+				
3 . 1	7.00								-		-	-				
				OT THE			7 - 2 - 2 - 2	1,37,47,17		1	<u> </u>	1				
Name of	f Registered Waste I	lauler:			NJDEP Was		Cubic Yards	Name of Regi	stered	landfi	11:					
NEWARK CARTING, INC. Hauler IL 18693					Hauler ID N 18693	ID No.: of Waste: IESI										
City, Sta	ate:		Dispo	sal Dat		100	City, State:		11							
	x 5670, NEWARK 1	NJ 07105	3/7/13		7	BETHLEHEM, PA 18015										
					Sig	nature:	Date:			A20						
Completed By: Title: PRESIDENT						1	1//	2/19/13								
THE P	MIKE ALTADOUKA PRESIDENT						1000									

					(0)		70	10	E.,	4.57		-
Date of N 2/19/13	otification (1):			ilding O EALTY	wner/Operator (2): INC		201	FEB 25				
Agencies Notified	Type Notification (X) Initial	Street	Addre					13 FEB 25 PI	1 2:	ĉ8		
() EPA	Notification	City,	State, 2	Zip Code	D:			LICEN ?	In a	400		
(X) DEP	() Amendment Notification	HAW Name	-	NE, NJ	07506			e Number	1,115			
(X) DOL	() Emergency	JOHN		ntact:			relephon					
(X) DOH	() Cancellation	Join	<u>.</u>									
() DCA	L				FACILITY INFO	DM	ATION				11	-
31 67	2 22 327 41 41		D. L.:	Dless (pe of Facility (4):					
	dress: 45 MARTIN		I aking	Place (3): APARTMENTS	()	School (K-1.) Subchapter 8 (Other than Other (i.e., private & con	K-12) mercial buildings,				
Sircei Aud	uless. 45 MARTIN	SIKELI					homes, etc.)				12	
City & Sta	ate (5): PATERSON	l, NJ				Sq	quare Feet: NA	# of Floors: 4		Bldg.	Age:	NA
County (6 PASSAIC				unty Co	de (7) JSE ONLY)		urrent Use (Prior if being ESIDENTAL/APARTM					
Name of	f Monitoring Firm	Hired by Building ASCM No.: Name of Abatement Contractor (9):			1							
	Owner:(8) J & S ENVIIRONMENTAL NA						M Enterprise of NJ, I	nc.		70 W		
Street Add	dress: 2333 U.S. 22	W. #1			1	St	reet Address:	1				
						33	39 North 6th Street			2	27 42	
City, State	e, Zip Code: UNION	I, NJ 070	83		101 550 1.35	Ci	ty, State, Zip Code:					
						Pr	ospect Park, NJ 0750	8		V.		
Project M	anager for Monitori	ng Firm:	SHER	RILL	Telephone No.:	Te	elephone No.:	License No.:				
, i			18		908-206-0073		73) 595-6955	00641				
Start Date 2/28/13	(10):		ed Cor	npletion	Date (11):	C 955 14590	ame of OSHA Monitor: M Enterprise of New	Jarcov Inc				
		3/4/13						Jersey, me.				
	Status During Abaten y Closed/vacated Durin				ent		reet Address:					
	nent Performed Outsid						ty, State, Zip Code: ROSPECT PARK, NJ 07	7538	- 1	- 5		· ura
Scope of W	Vork (Check all that ap	ply):									D	
$(X) \ge 3 \text{ so}$ $(X) \ge 160$	f or ≥ 3 lf sf or ≥ 260 lf			(X) I	Renovation Demolition		(X) Glov	Containment with pping vebag Procedure I-Friable Procedure	in Neg	gative	Pressi	ire
		Is	Locat	ion	N-11 7 - 7			- Triable (recedure	T	Abat		t
	Location of		lorma		A sheetos Cont	escrip	otion of ng Material (ACM)	1 5		17	ype	
Asbestos-	Containing Material (ACM)		d Sole	ly by nce/	(i.e., therma	al sys	stems insulation,		R	₩.	En	E
TO	BE ABATED		ustodi	al/			, VAT, or ellaneous)	Amount (Specify	Removal	Wrap&Cut	Encapsulat	Enclosure
	IN Facility		Staff (12)	?	outer	misc	chancous	SF or LF)	ova	801	sula	sur
	(13)	Yes	No	N/A	12-					=	#	(0)
BASEM	ENT		X		PIPE/FITTINGS	SINS	SULATION	40 LF	X			-
		1		-		, ,,,,,		+				
				1								
	Registered Waste Ha K CARTING, INC.	nuler:	7		NJDEP Wast Hauler ID No 18693		Cubic Yards of Waste:	Name of Regis IESI	stered	landfi	11:	14-1 25
City, State PO BOX	e: 5670, NEWARK N.	07105	Disp 3/7/1	osal Dat			City, State: BETHLEHEM, PA 18	3015		191	to and the	in
Complete	Tr.		-	Title:		Sig	nature:	Date:				
	TADOUKA				SIDENT	3.8	1	2/19/13				
			-	1			11					



Date of Notification (1) 02/21/2013	N B	ame o	of Building On ugh of Woo	wner/Op od-Rid	erator (ge	013 FE	B-25	PM :	2: 68				
Agencies Notified Type Notification			^{Address} umboldt St	reet	ŝ	A.	130						
EPA Initial Amended Amendment #_ DOL Amendment #_ Amendment #_ DOL Initial Amendment #_ Ame	C	ity, S	tate, Zip Cod d-Ridge N.	e J 0707	San N	Ćt.	LTOER	0.71	3	77			-
■ DOH			of Contact Barnett					Tele	nhone Numbe	r .			
DCA Cancellation		FAG	CILITY INFO	RMATIC	ON						-		-
Name of Facility Where Abatement is Taking Place (3) Wood-Ridge Intermediate School						× Sch	Facility (4) nool (K-12) ochapter 8	(Othe	r than K-12) commercial b	wildin	as h	mes	
Street Address 151 1st Street						Square	.)		Floors	Bldg	g. Age)	-
City (5) Wood-Ridge		-	Codo (7)					2 if bein	ng demolished		year	S	-
County (6)		(STAT	ty Code (7) E USE ONLY)	-		Middle	School		w				
Name of Monitoring Firm Hired by Building Owner (8) Environmentral Connection, Inc.	-1	AS 00	CM No.		Name Savi	of Abate Const	ment Cont truction (ractor Corp	(9)		n-		
Street Address					Street 205	Address Route 4	16 Suite	15	2. 2.				
120 North Warren Street City, State, Zip Code		-		3 Te 101#	City, S	state, Zip wa, NJ	Code						3
Trenton, New Jersey 08608 Project Manager for Monitoring Firm	1	Telep	hone No.	11.14	Telep	none No.	70		License No.			14	
Ronald Jones			-952-7300		2000	339-97	A Monitor	1.74	01034	-			_
Start Date (10) Schedule: 03/04/2013 03/29/2	2013 Sa					c Cons	truction	Corp					_
Occupancy Status During Abatement (Check Only One		-23 (1)				Route	s 46 Suite	15					
Facility Closed/Vacated During Entire Period of A Abatement Performed Outside of Normal Facility Other – Describe:	bater Hour	ment s			City,	State, Zip		5.0	4		100		
Scope of Work (Check All That Apply)			41 11 11	- +		-			h Negative Pr	ASSIII	e		
1 23 \$1 01 23 11	tenov Demol					Min	i-Enclosure	e cedure				9	40
						△ Nor	1-Exemple	u () a	na redit i naon			ment	t
	Loca			2240		910-94111 -					Ту	ре	_
Location of Use Asbestos-Containing Material (ACM) Ma	inten todial (12	lely by ance/ I Staff)	? (i.e	stos Co e. therm sur	ntaining al syste facing, \	ription of					Encapsulate	Enclosure	
Yes	No		N/A	torior	achact	os caul	king	74	openings	x			
Multiple classroom windows	X	+	EX	tenor	aspesi	US Cau	King		97	-			\top
		-	100	8	-		Television I		6 88 ² 8.			+	
	-	+			55 5	020	-						
Name of Registered Waste Hauler	1		EP Waste		oic Yard	3	Name o	f Regi	stered Landfill				
Newark Carting		Haul 045	ler ID No. 09	of V	Vaste		GROV				- 4		
City, State Newark NJ			1 111		posal Da 29/201		City, Sta Morris					4.	
Completed by Title	iact I	Man	ager		Signa	ure/	4	Date 02/21/2013					11-11-11



Date of Notification (1)			*		g Owner/Operator (2)		1372	Bo	^	4
//	13		Lev	in Mana	gement		1 1 6 346		<	5 F	229
Agencies Notified	ation			Address Box 326			d.	4/0			1
☑ DOLWD ☑ Amended	Ĉ.			State, Zip	S. S. S.			110	7		- /-
☑ DHSS Amendme	ent #002			THE STATE OF THE S	J 07061-0326	1 N			160	116	146
☐ DCA ☐ Emergen		g			£		Telephone Numb				
(NJAC 5:23-8) justification [Cancellat				of Contac			Telephone Nilmi	per		8 00	
			FA	CILITY IN	NFORMATION		1		70 <u>-</u>		100
Name of Facility Where Abatement is T	aking Place	e (3)		0.2	ii Ortilizeriore	Type of Facility	(4)	-			
Space 7 Twin City Shopping ce		- (0)	1.50			School (K-1					
Street Address 36 Garfield Avenue							private and commer		uildin	gs,	
		_				Square Feet	# of Floors	IR	dg. A		-
City (5) Jersey City, NJ			T = 2 Te			25000	1	-	60	ye	
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
Hudson											
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		97.		
AET		1	000	21		ironmental Sy					
Street Address			1		Street Address			10000			
28 N. Pennell Road					550 East Unio	on Street					
City, State, Zip Code					City, State, Zip Co						
Media, PA 19063					West Cheste	+ = 4		528			
Project Manager for Monitoring Firm		TTO	lephone	No	Telephone No.	1, 1 A 120002	License No.		4		
Eric Housekenecht		1	(800) 96		610-701-9000	r" ns.	00508				
	chadulad (etion Date (11) Name of OSHA Monitor							2007 E-01 -
Start Date (10) Start Date (10) 11 / 13		100		1 / 13 AET							
Occupancy Status During Abatement (Street Address				_	-	_
☐ Facility Closed/Vacated During Entire			ement		28 N. Pennell	Road					
☐ Abatement Performed Outside of No.				scribe	City, State, Zip Co			-	-		
Time of Abatement: 7AMPN					Media, PA 19						
Scope of Work (Check all that apply)									T	-	-11
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	⊠ Re				☐ Mini-Enc	g Procedure	gative Pressure on-Friable Procedur	re			
		s Loc	ation					_	atem	ent T	vpe
Location of		Norm	nally	F. 1. F.	Description o	f		-	_	T	1
Asbestos-Containing Material (ACM	List and the second		olely by nance/	Asbe	estos Containing Ma	terial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	100000000000000000000000000000000000000		I Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	ova	=	psu	Insc
(13)	+	(12	2)		other miscellane			1		late	Ø
	Yes		-	1 13			05000.05	F2			
Main Area				VAT			25000 SF				П
Main Area				mastic		1	25000 SF				
Office Area, back rooms				pipe fit	tings		150 LF	Ø			
				1 × 4 10	indextee, it is						
Name of Registered Waste Hauler		1	NJDEP		Cubic Yards of	Name of Regis	stered Landfill	0 15	1		
N.E.T.S.		150	Hauler II		Waste 60	BFI Imperi	ial	1480			
City, State			18947		Disposal Date	City, State					
Hazelton, PA			1-0		TBD	Imperial, F	PA	7/3	11		11,00
Completed By (Print or Type)	Car 11	111	Signature	d ti	Da		1				
John Heemer	Estima	itor			(John	1 C. Meer	ner 2	120	01	3	47

Date of Notification (1) 01 / 21 / 13				n Manag	Owner/Operator (2	2012					11
						JFEB 25					10
Agencies Notified Type Notification				Address		20/3 _{FEB} 25	PH 2				
	i	-		30x 326	odo.	- 18 (15) - 17 - 18 (15) - 17	- C. (.B.		_	-	
☐ DHSS Amendment #	001			ate, Zip C	J 07061-0326	& Licen	**				
☐ DCA ☐ Emergency (in	CELEDIUS POLICIONAL	1		ing business side byte.			Telephone Numb) AF	+ +	-	2,577
(NJAC 5:23-8) Justification)				of Contact			1 Geptione Runn)CI			
☐ Cancellation									_		
	Di	(0)	I-AIL	HILL THE TOTAL	PORMATION	Type of Facility (4)	-			
Name of Facility Where Abatement is Taking		(3)			e Paris e 114	School (K-12)					
Space 7 Twin City Shopping center						Subchapter 8	(Other than K-12))			
Street Address					to the Arthur	Other (i.e., pr homes, etc.)	vate and commer	cial bu	ilding	s,	
36 Garfield Avenue						Square Feet	# of Floors	IBlo	ig. A	ie e	-10-5
City (5)						25000	1	100000	30	8.50	
Jersey City, NJ		74 1111	Count	v Code I7	(STATE USE ONLY)		or if being demolis			_	
County (6)			Codin	ly Code (i	MOTATE OOL CIVETY	Carrent coo (i ii					
Hudson	Dunar (8) I	ASCM I	do.	Name of Abateme	ent Contractor (9)	The second		-	-	-
Name of Monitoring Firm Hired by Building (JWHEI (، ا	0002			ironmental Sys	tems				
AET			0002	•	Street Address					-	-
Street Address				4,175.0	550 East Uni	on Street					
28 N. Pennell Road					City, State, Zip C				777.1		
City, State, Zip Code			*100		West Cheste						
Media, PA 19063		Talo	phone I	No.	Telephone No.	1,171,120002	License No.		-	1	
Project Manager for Monitoring Firm			• 11 1911 2011 1911 1911	9-6238	610-701-9000	, 130	00508				
Eric Housekenecht	dulad C	1,000	tion Dat		Name of OSHA N				-		
			/ _		AET	nonico.					
Occupancy Status During Abatement (Chec	k only	one)	(144		Street Address				7		
☑ Facility Closed/Vacated During Entire Pe	eriod of	Abate	ment		28 N. Pennel	l Road			- 5		
☐ Abatement Performed Outside of Norma	I Facilit	y Hour	s - Des	cribe	City, State, Zip C	ode				200	
Time of Abatement: 7AMPM/3:3	80PM		AM		Media, PA 19	0063		2	V Leases		i Openie
Scope of Work (Check all that apply)					575.10	e de la companya de l	athus Deposite				
	M D	novati	ion		⊠ Full Con	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 						100					
⊠ ≥100 31 Cl ≥200 II		WILL COLLECT	211		M Glosens	g Procedure					
 Physical action is a second and a second action in the second action in the second action is a second action. 	8.00	a rional		10.14	☐ Non-Exe	empted (*) and No	n-Friable Procedu			1	ype
		Local	tion		☐ Non-Exe	empted (*) and No	n-Friable Procedu		_	ent T	1
Location of		Local Norma	tion Illy	Ache	Non-Exe	empted (*) and No		Ab	_	1	Enc
Asbestos-Containing Material (ACM)	Use	Local Norma ed Sole	tion illy ely by	Asbe (i.e	Description estos Containing Ma	empted (*) and No of aterial (ACM) insulation,	Amount (Specify	Ab	atem Repair	1	Enclos
	Use	Local Norma ed Sole intena todial	tion Illy ely by ince/ Staff?	Asbe (i.e	Description of story Containing Manager, thermal systems surfacing, VAT	empted (*) and No of aterial (ACM) insulation,	Amount		_	1	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED	Use Ma Cus	Norma Norma ed Sole intena todial (12)	tion Illy ely by ince/ Staff?	Asbe (i.e	Description estos Containing Ma	empted (*) and No of aterial (ACM) insulation,	Amount (Specify	Ab	_	ent Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma Cus Yes	Norma Norma ed Sole intena todial (12)	tion ally ely by ance/ Staff?	(i.e	Description of story Containing Manager, thermal systems surfacing, VAT	empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	Use Ma Cus Yes	Normal ded Sole intenational (12)	tion Illy ely by incel Staff?	VAT	Description of the store Containing Magnetic Street, thermal systems surfacing, VAT other miscellane	empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Main Area Main Area	Use Ma Cus	Normaled Sole intensited (12)	tion ally ely by since/ Staff? N/A	VAT mastic	Description of the stos Containing Management of the stos Containing Management of the stose Containing Management of the surfacing, VAT other miscellane	empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF) 25000 SF	Ab Removal 🛛	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Main Area	Vse Market	Normal ded Sole intenational (12)	ition Illy ally by Incel Staff?	VAT	Description of the stos Containing Management of the stos Containing Management of the stose Containing Management of the surfacing, VAT other miscellane	empted (*) and No of aterial (ACM) insulation,	Amount (Specify SF or LF)	Ab Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Main Area Main Area Office Area, back rooms	Use Ma Cus	Normaled Sole intended (12) No	tion ally ely by ance/ Staff? N/A	VAT mastic pipe fit	Description of the story containing Management of the story containing Management of the story containing the surfacing, VAT other miscellane of the story containing the story containing the surfacing of the surfacing the surfacing the surfacing the surface of	empted (*) and No of aterial (ACM) insulation, r, or eous)	Amount (Specify SF or LF) 25000 SF 25000 SF 150 LF	Ab Removal 🛛	Repair	Encapsulate	Enclosure
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Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Main Area Main Area Office Area, back rooms Name of Registered Waste Hauler	Vse Market	S Local Normal ed Sole intena (12) No	tion Illy ely by Ince/ Staff? N/A N/A	VAT mastic pipe fit	Description of estos Containing Manager, thermal systems surfacing, VAT other miscelland tings Cubic Yards of Waste 60	empted (*) and No of aterial (ACM) insulation, or eous) Name of Regis BFI Imperia	Amount (Specify SF or LF) 25000 SF 25000 SF 150 LF tered Landfill	Ab Removal	Repair	Encapsulate	Enclosure
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Main Area Main Area Office Area, back rooms Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA	Vse Ma Cus	S Local Normal ed Sole intena (12) No	ition Illy ely by Incel Staff? N/A N/A	VAT mastic pipe fit	Description of estos Containing Management of the stos Containing Management of the stos Containing Management of the stos Containing Management of the stosy of	empted (*) and No of aterial (ACM) insulation, , or eous) Name of Regis BFI Imperia	Amount (Specify SF or LF) 25000 SF 25000 SF 150 LF tered Landfill	Ab Removal 🛛	Repair	Encapsulate	Enclosure
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Date of Notification (1)	.12	-5			g Owner/Operator (201-		10.7		2	-1-1
01 / 16 /-	13		Lev	vin Mana	gement	20/3FFD	· San Age	100			172
Agencies Notified			РО	Box 326		A stage	25 PH 2: 61	9		91	
☑ DHSS Amendm	** percent			State, Zip		& LICE					
☐ DCA ☐ Emergen		ng			U 07061-0326		* N N N N N N N N N N N N N N N N N N		97.0	167	
(NJAC 5:23-8) justificati		à T	1200000	of Contac			Telephone Num	ber			
☐ Cancella	tion		1	rald O Bi	177/8017s						11
7 74 74	1 10 4 97		FA	CILITY II	NFORMATION					T. Mari	
Name of Facility Where Abatement is		æ (3)	#1 L		tomora dividir i	Type of Facility					
Space 7 Twin City Shopping co	enter			- 377		School (K-12	?) 3 (Other than K-12	1			
Street Address	1					Other (i.e., p	rivate and comme	rcial bu	ildin	ıs,	
36 Garfield Avenue						homes, etc.)					
City (5)					N. A.	Square Feet	# of Floors	BI	dg. A	ge	
Jersey City, NJ					A (M b) = 3	25000	1		60		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)	7		
Name of Monitoring Firm Hired by Build	ding Owne	(8)	ASCM	No	Name of Abateme	ent Contractor (9)		-		-	
AET	uning Online	(0)	000		D	ironmental Sys		a it			
Street Address		100	000		Street Address						
28 N. Pennell Road			1012		550 East Unio	on Street					
	-	-4-			City, State, Zip Co					A TEST	E.
City, State, Zip Code Media, PA 19063		4			West Chester					· -	
Project Manager for Monitoring Firm		Te	lephone	No	Telephone No.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	License No.				100
Eric Housekenecht				9-6238	610-701-9000	6.5	00508				
	Scheduled		Service		Name of OSHA M		00000				-
			2 /		AET	ionitoi					1
Occupancy Status During Abatement (Street Address						
□ Facility Closed/Vacated During Enti	re Period o	f Abat	ement	10 mg	28 N. Pennell	Road	E 1286 12				
Abatement Performed Outside of N	ormal Facil	ity Hou		scribe	City, State, Zip Co		9 0				
Time of Abatement: 7AMPN	VI/ <u>3.30</u> PIVI-		_AM		Media, PA 19	063	1				10 10
Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Contraction .	enova emolit			☐ Mini-Enc ☐ Glovebag	Procedure	native Pressure	re			
and the control of th		s Loca	ation		1 12 12 11			Ab	atem	ent T	уре
Location of		Norm			Description o			Z	D	ш	Ш
Asbestos-Containing Material (ACM		ainten	lely by ance/		estos Containing Ma e., thermal systems i		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility	Cu		Staff?	(1.6	surfacing, VAT,		SF or LF)	Val	=	nso	Sun
(13)	200	(12	1	-	other miscellane	ous)				ate	(0)
	Yes	No	N/A	VAT	4 1-1 1-5 1		25000 SF				
Main Area		-		-				_			
Main Area				mastic			25000 SF				
										ш	니
				4 4 4 5							
Name of Registered Waste Hauler N.E.T.S.			NJDEP I	D No.	Cubic Yards of Waste	Name of Regist BFI Imperia					
City, State			18947		Disposal Date	City, State	A STATE OF THE	- 10 %		kg .	
Hazelton, PA	Y				TBD	Imperial, P	Δ			,	-
	Title			5,040.00	197 11	/1	Da	te /		1	-
Completed By (Print or Type) John Heemer	Estima	ator			Signature	\	Da	1/10	0/	13	>
ASB-41	E							1	/		112

W 20

Date of Notification (1)					Building Ov Mountain	wner/Operato	r (2)	2	013FE	B 25	~.	* 444		
Agencies Notified	Type Notification	- -		Street Ad 192 Blo	dress comfield	Ave.		4.1		4 17 14		€: €.	9	
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ield, NJ	•			& L	ICEN.	MG	MU.	- 1	
DOH DCA	Emergency justification) Cancellation			Name of Mark P	Contact ietrucha	tan T				ohone Nu		-		
-				FACIL	ITY INFOR	RMATION						_		
Name of Facility Where Former Hartz Mour Street Address		g Place (3)						of Facility (school (K-1 subchapter	2)	r than K-	12)			
192 Bloomfield Ave	э.							other (i.e. p tc.)	rivate &	commerc	cial buil	dings	home	es,
City (5) Bloomfield	1 2 10			# 10 m		1		e Feet	# of	Floors		Bldg. <i>i</i> BO	\ge	
County (6) Essex				County C	Code (7) ISE ONLY)			nt Use (Prio nt/electri			shed)	(si		
Name of Monitoring Firm AET	n Hired by Building	Owner (8)		ASCM 0002	(AND THE			ement Con nvironme			Inc.			
Street Address 28 N. Pennell Rd.	8 N. Pennell Rd.						t Addres East U	s Inion St.						
City, State, Zip Code Media, PA 19063							State, Zip	code ster, PA 1	19382					
Project Manager for Mo Eric Houseknect	nitoring Firm			Telephor 908-29	ne No. 6-1132	- CO. C.	hone No -701-90			License 00508	No.			
Start Date (10) 3/11/13		Scheduler 3/19/13	d Completion Date (11) Name of OSHA Monitor AET							10				
Occupancy Status Durin	ng Abatement (Che	ck Only One	Street Address											
	cated During Entire			ent		281	N. Penr	nell Rd.						
	ned Outside of Nori					(0) (0)	State, Zi _l dia, PA	Code 19063		. 10				
Scope of Work (Check /	All That Apply)					- 100								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				Min Glo	Containme i-Enclosure vebag Prod i-Exempted	ecedure				re.	
	7	-					INOI	i-Exemple	1 () and	I NOIT-I HE	DIE FIC	100000000000000000000000000000000000000	emen	t
Locatio	on of	N	Locati ormal	ly .		Description	n of					Т	уре	
Asbestos-Containing TO BE AE In Fac (13)	g Material (ACM) BATED illity	Maii	i Sole ntenar odial S (12)	nce/	(i.e. t	s Containing nermal syster surfacing, V	scription of aining Material (ACM) systems insulation, (Specify Sing, VAT, or SF or LF)			Repair	Encapsulate	Erlosure		
		Yes	No	N/A		Land t				3	-		(0)	
Roof of elect	trical room			X		built up ro	1000			00 SF	X	1.1		
Electrica				X Transite in) SF	X			
Electrical	_	X	The Court of the C	wire wr	ар		50	00 LF	X	-				
Name of Registered Wa	aste Hauler		N	JDEP W	aste	Cubic Yards	-	Name of	Registe	red Landf	ill			
Freehold Cartage	H	lauler ID 541261	No.	of Waste 20		Grows	. 3	1.40						
City, State Freehold, NJ				Disposal Dat 3/25/13	е	City, State		ip, PA						
Completed by Robert M. Casciato	dent			Signatu	re 1 k	110	_	1,3 (6.5)	Date 2/20/13					