Date of Notification (1)	/29/12			Name o	of Building	Owner/Operator N	(2) Ar. Sam Graso	lorf	1	0	e.,	
Agencies Notified	Type Notification	i	1	Street A	Address	69	Marcellus Av	enue (JA.	h _e		11
EPA DEP DOL	☐ Initial ☐ Amended ☐ Amendment #_		H	City, St	ate, Zip C	ode	Manasquan, N		· 7/A/	,5	PA	
DOH DCA	☐ Emergency (in justification) ☐ Cancellation	cluding		Name o	of Contact			Telephone Number	C. St.			공
			-	FAC		ORMATION				11/16	119	3,
Name of Facility Where	Abatement is Taking Resi	Place dence	(3)				Type of Facility (School (K-12) Subchapter 8) (Other than K-12)			3.	
Street Address	69 Marc	ellus	Ave.				Other (i.e., pr homes, etc.)	ivate & commercial				
City (5)	Man	asqua	n				Square Feet 1800	# of Floors	Bld	g. Ag 8(_
County (6)		asqua		Count	ty Code (7) (STATE	Current Use (Pri	or if being demolish Residence	ned)	7/202		
Name of Monitoring Fin	onmouth m Hired by Building (Owner	/	ASCM N	-	Name of Abaten	nent Contractor (9)		. Y.,			
(8)	MECS		_].				ens Environn	nental Service	s, In	Ů. ———	-	=
Street Address	PO Box 34	1				Street Address	PO B	ox 322				_
City, State, Zip Code	Crosswicks, NJ					City, State, Zip C	ode Allentown	n, NJ 08501				_
Project Manager for M	onitoring Firm		Tele	phone N	No. 3-4070	Telephone No.	59-9688	License No.)493			
William V Start Date (10)	Veisgarber Jr.	duled C	6000			Name of OSHA	Monitor					_
1/7/13			1/8/1					ECS				_
Occupancy Status Du	ring Abatement (Che	ck only	one)	ment		Street Address		341				
☐ Abatement Perform Control Control	ed Outside of Norma	I Facility	y Hour	rs		City, State, Zip (Crosswick	s, NJ 08515				
Scope of Work (Check						☐ Full Co	ontainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic			Mini-Er	nclosure nag Procedure	on-Friable Procedu	e			
			ocation					454	A	bater Typ		
Locatio Asbestos-Containin TO BE AE IN Fac (13)	g Material (ACM) IATED ility	Used Mair Cr	Solel ntenan ustodia Staff? (12)	y by ace/ al	Asbes (i.e.	Description of tos Containing Ma , thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
700		Yes	No	N/A							0	_
Baser	nent			×		Thermal B		20 SF	×	-	10.7	
Basement/ C	Crawlspace			-	Th	ermal Duct I	nsulation	5 LF	×			
Name of Registered V	Vaste Hauler			NJDEP	Waste	Cubic Yards	Name of Reg	istered Landfill				
100000	nmental Servic	es Inc	1	Hauler II		of Waste 1/2 CU		T.R.R.F., I	nc.			
City, State						Disposal Date	City, State	Tullytown,	PA			
Completed By	Allentown,	le				Signature	1 1/	Date	12/2	9/1	 2.	
Mahlon E. S	Stevens	P	rojec	t Mai	nager		/	- 1	1414	111	_	

State of New Jersey

CK 9755

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

01029750			(Pursuant to NJ	JAC 8:60-7 and 1	2:-120-	7)	PE	70		
Date of Notification (1) 12/28/12 Month/Day/Year				Building Owner/G University	Operato	r (2)	PS 1012 JAN	1-2	WE.	D
Agency Notified	Type Notificati	on	Street Add	dress		<i>a</i> -		~	PH 2	: 50
EPA	x Initi		P.O. box 2	2158		A. S.	Maria de la companya		_	19
DEP	No	tification	City, Stat	e, Zip Code			8 110	- 63	A Tro	
DCA	Ame	ended	Princeton	NJ 08543			- 110	ENTI	HOR	10
DOH	No	tification	Name of C	Contact		Ira	ambana Ni	mher	140	
	Can	cellation	Robert Ot	tego		N				
*		4	FACILI	TY INFORMAT	TON					
Name of Facility Where Abater	nent is Taking I	Place (3)				Type of Facility (4)				
171 Broadmead avenue						School (K	12)			
						Subchapter		than K	12)	
Street Address				+		x Other (i. e.				
Princeton University						buildings,	homes, et	c.)		
							f Floors	Bldg.	Age	
City (5)	Cou	nty (6)		County Code	51.5	10000	3	50+		
Princeton				(STATE USE ONLY	9	Current Use (Prior i	f being der	nolished	1)	
Name of Monitoring Firm Hiro	d by Duilding C	human (9	^	IASCM No.	II Norman	University	4 (0)			
Cardno ATC	a by Dunding C	variet, (9	9	ASCM No.	11	of Abatement Contractiated Specialty Contraction				
Street Address					11	Address				
3 Terri Lane					98 La	Crue Avenue				
City, State, Zip Code				na and and and		State, Zip Code				
Burlington NJ 08016					Glen N	Mills, PA 19342				
Project Manager of Monitoring	g Firm		Telephone			none Number		Licenc	e Numl	er
Mike Keehn		609-386-88	800	610-36	64-9622		1103			
Scheduled Start Date (10)	Sched.	Completion Date	(11)	Name	of OSHA Monitor					
01/18/13			01/19/13		Criter	ion Labs				
Month/Day/Year			Month/Day/Yea	ar						
Occupancy Status During Abat					Street	Address				
Facility Closed/Vacated	Contraction of the Contraction o			•	3370 P	rogresive Drive				
x Abatement Performed (ty		City, S	State, Zip Code				
Hours - Describe:	6:30PM - 3:00A	M			Bensal	lem PA 19020				
Other - Describe:				_						
Scope of work (Check all that a	oply)				1	Full Containment wit	h Negative	Pressu	re	
Demolition			Renovation	1		Mini - Enclosure	-			
>3 sf or >3 if						Glovebag Procedure				
>160 sf or >260 lf					x	Non-Friable Procedu	ma.			
		Is				Tion-Timble Troccuu			Т	-
Location of	Lo	cation	Desc	ription of			AD	atement	E	E
Asbestos - Containing		rmally		s-Containing		Amount	R		N	N
Material (ACM)		sed		rial (ACM)		(Specify	E	R	C	C
TO BE ABATED	0.00	lely		ermal systems		SF or	M	E	A	L
In Facility	by	Main-	insulation,	surfacing, VAT,		LF)	О	P	P	0
(13)	ten	ance/	or other	miscellaneous)	. 1	\$250.500 * 5	v	A	S	S
		stodial					A	I	U	U
	-	ff (12)	_				L	R	L	R
A. D	Yes					20.0				E
Oorthy Brown room 2nd floor		X	Floor Mast	ic	7	20sf	X			
		\vdash	+					-		
		L	IDED IV	To to to		Iv				
ame of Registered Waste Haul	IDEP Waste	Cubic Yards		Name of Registered L	andfill					
Iorizon Disposal		1112	uler ID No.	of Waste		CPOWS				
						GROWS				
ity, State renton NJ			Disposal Date As needed		City, State Morrisville PA					
		Inc			0.00					
Completed By (Print or Type) ack Tomasura	Tit			Signatu	101 11	1.0	- 1	Date	41	
	111	oject Manager		Ja	MIMMONAI	NIX		15-5	8-	
ABS-41	1				1					
IUN 95					/				5	G466



110					STOS ABA 3:60 and 12		MENT D)		REC	C			
Date of Notification (1) 12/28/2012					Owner/Oper RK AVEN		(2) E LLC	2012	MEC JAN-2		E	0	C.
	Notification		Street A		RK AVEN	VII IE	= 4	Faging.	5	PM	2.		100
			City, Sta	ate, Zip Coo			-	£ 1	LICENA	in 1	静 山	8	
☑ DOH		ng	Name o	f Contact	-			-	ephone Nui	nthen	113		
DCA	Cancellation			IIS MOSI								_	
		(3)	FACI	ILITY INFO	RIVIATION		Type of Facility	(4)				-	
Street Address 2607 NEW YORK AVEN								8 (Oth	er than K-1: & commerci		dings	hom	es,
City (5) UNION CITY	Amended Amendment # Emergency (includ justification) of Facility Where Abatement is Taking Place Address NEW YORK AVENUE CON CITY ON CITY ON CITY ON COND of Monitoring Firm Hired by Building Owner Address State, Zip Code Cott Manager for Monitoring Firm Coate (10) /2013 Dancy Status During Abatement (Check Only facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac Other — Describe: VACANT of Work (Check All That Apply) 3 sf or ≥3 If Location of Location of				+		Square Feet	# 0	f Floors	E	ildg. A	ge	
County (6) HUDSON				Code (7) USE ONLY)	1		Current Use (Pri	or if bei	ng demolisi	ned)	****		
Name of Monitoring Firm Hired N/A	by Building Owner ((8)	ASCN	И No.	100.00		of Abatement Co		The Contract of the Contract o	iG -			
Street Address		7					Address RUTHERFOR	ח פו ע	/D	i i			
City, State, Zip Code					Cit	ty, S	tate, Zip Code		7D.				
Project Manager for Monitoring	Firm	- 1	Telepho	ne No			TON, NJ 070 none No.	14	License N	0			
Troject Manager for Monitoring			releptio	ne ivo.	1 112		956-8700		00494	o .			
Start Date (10) 1/10/2013	Sched 1/18/		npletion	Date (11)			of OSHA Monitor IE AS (9) ABC	VE					
Occupancy Status During Abate	ement (Check Only	One)					Address						
Abatement Performed Out	side of Normal Facil				Cit	ty, S	tate, Zip Code	<u> </u>			123		
Scope of Work (Check All That	Apply)										14.7		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Mini-Enclosur	e cedure				e	
		Is Locati									Abate	ement pe	1
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	al (ACIVI)	Normal sed Sole Maintenar ustodial S (12)	ly by nce/	(i.e. t		ng M tems , VA	laterial (ACM) s insulation, T, or	(S	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes		N/A						2015			Ф	
MAIN FLOOR		X			PIP				0 LF	X			
BASEMENT		X			BOIL	LER		- 0	0 SF	Х			
						V 55.91							
Name of Registered Waste Hau		NJDEP Wa Hauler ID N 18743			Cubic Yard of Waste 5	ds			red Landfill	NT G	.R.C).W.S	3.
City, State CLIFTON, NJ					Disposal D 1/18/201		City, Stat MORR		LE, PA				
Completed by VIVECA RAMOS	Title SE	CRETA	ARY		Signa	ture	k).	nu	Da 12	te /28/2	012		

OK 29 BECEIVED

Date of Notification (1) 12/28/12	i.			Building C				2	010	1811 0					
Agencies Notified	Type Notification			Street Ad		III.020 III.820 II.					IAN -2				
EPA DÉP X DOL	Initial Amended Amendment		1	City, Stat	e, Zip Coo awkin N					હ્ય	LICE	Cer NBIN	iTr IG	ðl.	
DOH DCA	Emergency justification) Cancellation		1	Name of Pete	Contact		30-274h -			Telep	hone Nu	mber			
		Br (6)		FACIL	ITY INFO	RMATION	1	Ŧ	6 F = -1114 · (4)						
Name of Facility Where Pete Kyriakouls / F		ig Place (3)							f Facility (4) chool (K-12)						
Street Address	+				W. Harris			T S	ubchapter 8 ther (i.e. priv				finas.	home	s.
63 Jennie								et	tc.)	******					
City (5) Manahawkin NJ 08	8050				-			Square 1000-	+	1.5	loors	3	ldg. A 5+	ge 	п
County (6) ocean	**************************************			County C	ode (7) ISE ONLY)		_	Curren	t Use (Prior i dence	if being	g demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	111 67		of Abate	ement Contra	actor (9)				
Street Address								Address 30x 32			*				
City, State, Zip Code							City, S	tate, Zip		1					
Project Manager for Mo	Project Manager for Monitoring Firm						Teleph	none No 753-98		T	License N	No.			<i>T</i>
Start Date (10)	***	Schedule	d Con	npletion [) Date (11)				A Monitor		00121				
1/10/13		1/16/13					Sam	е							
Occupancy Status Durir	ng Abatement (Che	ck Only On	e)		1	8	Street	Address	3					1	
	cated During Entire ned Outside of Nori					_	City, S	state, Zip	Code						-03-50
Scope of Work (Check /	All That Apply)						-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit			E	>	Mini	Containment i-Enclosure vebag Proced i-Exempted (dure				e	
		le	Locati	on'				11011	ZXOIIIPIOU	7 41.14			Abat	ement	
Locatio	n of	N	ormal	ly		Desc	ription	n of				-	Ty	pe.	
Asbestos-Containing TO BE AB In Fac (13)	d Sole ntenar odial S (12) No	nce/		thermal sy surfacir other mis	ystem ng, VA	s insulat AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure		
Exterior	Siding	Yes	110	×		Exteri	or Si	ding		160	00 SF	x	-		
													_		
Name of Registered Waste Hauler					/aste No.	Cubic Y			Name of Re		ed Landf	ill		200	
United Containers					.10.	3			G.R.O.W	.S.					
City, State Elm NJ	1		a 1 [Disposa 1/16/13		2	City, State Morrisvill	e PA	19067				
Completed by Anthony T Perna	Completed by Title					Sig	natur	e			1000	ate 2/28/	12		23

(XM) (7)		5 .	. ·			241-		1.1	d' m				Pil	ot Fo
REMEMBER - M	AIL IN E	IARI	CAHON CAHON	TOF ASSES	Jersey TOS AB 30 and 1	CE/2 ATEMI 2:120)	ENV	2-PM	80			NY	1	1
Date of Notification (1) 12/26/12 CK: 24/2 \$200		T	Name of South	Building Ow Orange/ N	ner/Ope	galor (2 Uud B) (1 (1)	d of Educ	2 Setion		Z X	1	-	- †
Agencies Notified Type Notification		- 1	1111COL ~	ddress st Parker			-7	YOUNGIA	17	14 VI		-	7	
EPA Initial Amended Amendment	#			te, Zip Codo wood, Nev		0704	10	1/1	IN	17.34	· · · · · · · · · · · · · · · · · · ·			.11
Emergency justification) DCA Cancellation	(including	-	Name of	Contact liam Kyle				- 17		phone Nu	mber		1	<u> ← , ir.</u> -
L BOX				LITY INFOR	MATION	1								
Name of Facility Where Abatement is Takin Maplewood Middle School	ig Place (3))				1		of Facility (4 School (K-12						
Street Address 7 Burnet					1		7 8	Subchapter (Other (i.e. pr	8 (Othe	than K-1 commen	2) Jal buil	dings	home	ie.
City (5) Maplewood. New Jersey 07040						- 2		e Feet	# of 2	Flocis	1000	ildg A	ge	-
County (fi) Essex	•		County C	Code (7) ISE ONLY)		1	Scho	nt Use (Prio	r if bein	y demolis	hod)			
Name of Monitoring Firm Hired by Building AHERA Consultants Inc.	Owner (8)		ASCM	l No				lement Cont oration	ractor (9)				
Street Address PO Box 316			,		10000	treet Ac		de Avenu	3					_ !
City State Zip Code Oceanville, New Jersey 08231							p Code Park, Nev	v Jers	ey 0/4:	24		, ,,,,,,,,		
Project Manager for Monitoring Firm Eric Clarkson		Telephor 609-94	10 No 7-8015	1,000	olophor			- [Licenso i 01104	10				
Start Date (10) 12/27/12	Schedule 12/29/1		pletion (Date (11)				A Moritor	l abs		į.			
Occupancy Status During Abatement (Chec						treet Ac		e 22 Wes	 t	-	•			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom Other - Describe 3pm	Period of A nal Facility	Hours	ent		G	ity, Stat	te. Zi	p Code w Jersey			-			.
Scope of Work (Check All That Apply) 23 af or >3 if 2160 st or >250 if	Total Control of the	enoval omoliti				×	Min	Centa nme il-Enclosure vebag Proce il-Exempled	edure	•		cedur		_
		Locatio					,						nnent pe	
Location of Asbestos-Containing Material (ACM) TO BE ABALED In Facility (13)	Uso Mal	d Solol ntenar odial S (12)	y by	Asbestos (i.e. the		stame it	terial nsula	(AGM)	(S)	rount warry or LF)	Remova	Repair	Encapsurate	Encionure
	No	N/A		0140-4	(C. DI-			20	SF	X				
Basement Classroom	+	X		- 0	&M Sof	mt Pla	ster			31"	^			
										-		_		
Name of Registered Waste Hauter Lilich Corporation		Н	JDEP W auler ID 3724		Cubic You of Waste		18	Name of F	V.S La		ii I	I	L -1	-
City State Woodland Park NJ 07424				1 3	01/03/13			City, State Morrisvi	lle. Pe					
Completed by I atiana Kaenikova	Title Vice I	Presi	dent	· -	Sign	Pro	er.	mal	Sta		ato 2/26/	12		

NOTIFICATION OF ASBESTOS ABATEMENT MO# 20613900104 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 12 / 28 12 2012 JAN -2 PM 2: 58 Mary Anderson Type Notification Agencies Notified Street Address ☐ EPA X Initial 77 Vanderbeck Place ELTELLIES CONTROL □ DOLWD Amended City, State, Zip Code X DHSS Amendment # & LICENSING Hackensack, NJ 07601 Emergency (including DCA Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Mary Anderson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 77 Vanderbeck Place homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hackensack, NJ 07601 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) 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. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 06 / 13 01 / 07 / 13 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address 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/__PM___AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination Full Containment with Negative Pressure Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Encapsulate Repair Remova Asbestos Containing Material (ACM) Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement \boxtimes X Pipe insulation 60 LF П Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC T.R.R.F. Inc 0033785 TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature, Date N.Jevtic Owner 12/28/2012 ASR-41

State of New Jersey

									94		6/	1
Date of Notification (1)	12	20		Name o	of Building . TA I	g_Owner/Operator	(2) (E (50) Ry	1	14/2	PA		• /
Agency Notified	Type Notification	•	1	Street A	Address	vcuis	1.0E	@ L/0	\$ 1.5	•/	٤٠,	Se
□ EPA	A Initial		L	4	2 0	ocus	400		1100	F		0
DEP DOL	☐ Amended		1	City, St	ate, Zip (Code .	IT AT	1170	MA	34	1	
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DE DOH	iustification)	9			of Contac			Telephone Num	per	_	1	
□ DCA	Q Cancellation			MS	s. G	REGORY	9	L		_		
						ORMATION						
Name of Facility Where							Type of Facility	(4)				
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Street Address		. /		٠.		100	☐ Subchapter 8	(Other than K-12) vate & commercia) J building	_		
47 EU	cu's Aut	•					homes, etc.)		is premented	, ,		
City (5)·		•					Square Feet	# of Floors	Bldg. A		_	"
WEST I	noor						S000	2	The second second second	55	7	G
County (6)						(STATE USE		for if being demoli				
BEV	REEN			ONLY)		22		\$5100NC	<i>a</i>			
3997	n Hired by Building Owne	F A	SCM	No.			nent Contractor (9	5%	10.7	ege#IS		
(8)	3 - 6						emoval I	nc				
Street Address						Street Address						
77.3			2000000000	,			River St					
City, State, Zip Code					٠	City, State, Zip C	Code	T 07601				
7							sack, N.	J. 07601				
Project Manager for Mo	natoring Firm	Tel	epho	ne No.		Telephone No.	7444	00388				
						201-329-		00300				
Start Date (10)	Scheduled C	01	n Da			Name of OSHA Omega En	Monitor vironmen	tal Inc				
	ng Abatement (Check on		-			Street Address						
1	ed During Entire Period (mane			280 Huy	ler St		77			
Abatement Performe	d Outside of Normal Fact	ity Hou	inciil IS			City, State, Zip C		1 NT T	07604			27.03
		٠,			٠.	South H	ackensac	k, N.J.	0/000)		
Scope of Work (Check	as trat apply)							Negative Pressur	e			
@23stor≥3#			,		ovation		Enclosure	-	*			
□ ≥ 160 sf or ≥ 260 lf				□ Den	notition	_D Glov	ebag Procedure	i Non-Friable Prod	cadure			
						U NOR	Exemples (.) siu	A LAMES LINE LAMES LAMES	1	Ab	aten	nen
			Locati			*1					Тур	<u>e</u>
Locat	ion of		omai	lly ely by		Description	of		- 1			
Asbestos-Containi	ng Material (ACM)		ntena		Asbe	stos Containing M	atorial (ACM)	Amount		2	_	9
	BATED		ustodi		(Le	thermal systems		(Specify SF or LF)		3		90
IN Fa	1980y 3)	- 1	Staff?			surfacing, VA		O, G)		Removal	Repair	Encapaulat
	•	·	(12)							-	. 18	3 1
	B 10 201 9	Yes	No	N/A						_	4	1
BASENE	ンマ			19	THERM	UAL SYSTEMS	NO ITALUZIAL	550	F	X		
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Name of Desistant 1966	note Meules	1 11 9	יפשר	Naste I	fauthe	Cubic Yards of	Name of Regis	stered Landfill	7 1			
Name of Registered Wa			No.	riaste l'	MUNIT	Waste			14			
Best Remova	al Inc		710	9	200	11/2	Minerva	a Enterpr	ises			
City, State		1-			•	Disposal Date	City, State					
Hacker	nsack, N.J.	0760	01			1/8/13	Waynesh	ourg , Oh				
Completed by	Title					Signature /	2.		Date	1	,1	1
J. Maiorano	Estin	ato	r			160	marcine	2	12	1/2	8/	12
ASB-41	* Do no	t use thi	is for	m for as	sbestos li	censure exempted	activities.		.7	,		

State of New Jersey - Notification of Asbestos Abatement

0/1006	0		(Pursua	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)		P)	En.
Date of Notification (1) December 27, 2012					Name of Building Owner/O	perator (2) Center	2012 JAN	WEN!
EPA DCA x DOL X DEP		Notification I I Initia Amended Emerger justification I Cancel	al Notifio d Certifi ency (in ation)	cation	Street Address 250 Woodbridge Ce City, State, Zip Code Woodbridge, New . Name of Contact Kelly Webb	nter	95-1321 Telephoné M	2 PM 2:58
Name of Facility Where Abate Woodbridge Center 1st & 2nd Floors Street Address 250 Woodbridge Center City (5)	Mall- For	ing Place (3) mer Fortui	noff Sp	FACILITY INFO	DRMATION Type of Facility (4) □ School (K-12) □ Subchapter 8 (other than ☑ Other (i.e. private & o Sq. Feet: Unknown Current Use (prior if being	ommercial bu # of Floors	: 2 <u>Bldg.</u> /	s, etc.) Age: 50 years
Woodbridge	Middles	Santa de la constante de la co	(State U	se Only)	Carronic See (prior in 2 cmg		*	
Name of Monitoring Firm Hire Criterion Laborato			ASCM	<u>√o.</u>	Name of Contractor (9) GREENWOOD ABAT	EMENT CO	NSULTAR	NTS, INC.
***	O Progress Drive, Suite J State, Zip Code asalem, PA 19020				Street Address 268 MAIN STREET City State, ZipCode	3		-
	ect Manager for Monitoring Firm Teleph				Butler, NJ 07405			
Project Manager for Monitorin Mike Panepresso	•				<u>Telephone Number</u> 973-492-0477		License Nun	<u>nber</u>
Scheduled Start Date (10) January 8, 2013		Scheduled C January			Name of OSHA Monitor EMSL inc.			
Occupancy Status During A Facility Closed/Vacat Abatement Performe Describe Other – Describe: 2	ted During E d Outside o	Entire Period	of Abaten	nent s -	1056 Stelton Road City, State, Zip Code Piscataway, NJ 088	354		
Source of Work (Check all the ≥ 3 sf or ≥ 3 □≥ 160 sf or ≥ Location of Asbestos-Contain	If 260 ning Is Lo	ocation Norma		Renovation Demolition Description of Ast	pestos Containing Material lal systems insulation, surfaci	Mini-Enclo Glovebag P x Non-Exem	rocedure repted (*) and	Non-Friable Procedure
Material (ACM) in Facility (13		ely by Maint./C ff? (12) S NO	NA	VAT, or other mis	cell.)	or LF)	Remi	ove Repair Encap Enclose
2 nd Floor			X	Transite Pan		700 5	SF X	
Name of Reg. Waste Hauler See Hauler Below # 1 8	2	NJDEP Wa		rID#	Cubic Yards of Waste:	30	GROWS	egistered Landfill Landfill
Hauler #1) Greenwo NJ DEP : Hauler #2) Newark C	# 12561					Disposal Da January		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type Marin Graure					Signature Marin Grau	re	Date Decem	ber 27,2012

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002914		NOT	TFICA	TION C	OF ASBE	v Jersoy ESTOS ABATEM 1 60 and 12/120)	T. Carrett.		BER – N					J
0021		(I							DOF-	- 10	LD-	AY		_
Pate of Notification (1)	012		1	lamo ot Passaid	e Count	Owner/Operator in y Building & C	rounds							=
quancies Notified	Type Notification		7 5	A soors	ddross	nia Avo			DEC	2 1	201	2	1)
CPA DEP	initial Amended Amendment #		1	ly sta	on, NJ (ode	***************************************					•		
Z DOI	Emergency (In	cluding	-		f Contact			WA	Пеманаль	Wilmins.	DE	OV	EÏ	_
DCA .	Cancellation		u (1)		k Nigro							-		7
				FACIL	LITY INF	ORMATION	Type of F	meditiv (4		-312	-	.5
Name of Facility Where A	batement is Takin	g Place (Buildir	3)			A-25	- 0-6	1 10 131		(A)		100		2
Passaic County Colli	110030 - Fillion		-6	_			Subol	RIDGIAM	(Other than Valo & comi	nggal i	pullair	igh.		1
63 Hamilton Street	81 <u>1</u> 12						home Square F	s. elc.)	# 911-1001	Line	plde	方位		-
City (5)						200	50000	5P	4	5)	60-			-
Paterson County (6)			T	Count	y Code (7) (STATE	Current t	Jae (Prid	er if being de	emolish	(d)	1	3	
Passaic			_	USEC	NLY)		Courtho					-6	-	Ξ
Name of Monitoring Firm	Hired by Building	Owner	1 6 8 6	SCM N 20099	D	Name of Abatem DIA General	i Constri	untion.	Inc.		•			_
(8) Langan Engineer Street Address	ing Services in		_1	10099		Htmet Address								-
Street Address River Drive Center (One, 4th Floor					1360 Clifton.	Avenue	PMB	Suite 21	8				=
City, State, Zip Cude Elmwood Park, NJ (City, \$tate, Zip C Clifton, NJ	07012		-					=
Project Manager for Mor		-		phone N		Talephone No 973-389-00	89		00693					_
Vijay Patel		duled Co		94-6900		Name of OSHA	Monitor		1.				-	
Stort Date (10) 12/21/2012		/22/201		NII DUI	- (/	DIA Genera	I Constr	uction	Inc.			_	_	
Occupancy Status Durin	o Ahatement (Che	ck only	one)			1360 Clifton	Avenue	e PM	3 Suite 2	18				_
Facility Clused/Vacor Abelement Performs	ed During Entire P	eriod of	MotodA	nent o		City State. Zip	Code							
Other - Describe:	A DOISING ALLIANIE					Clifton, NJ	7012							=
Scope of Wark (Check	(ylqqa ferti iir	R73				Mini-Fi	acipeure		gative Press	ure				
>3 of or >3 if >160 st or >260 if		N RA	emali	ition		SZI GAUGE	an Proceed	ure (*), and i	Non_Lriable	Proces	Jura		-40 00	_
		isl	ocetic	on l		1 1 100175			7. 17 =		A	balan Typ		
Logation	of	N	ormally Bolel	,		Description	of		Tü em A	١t		- 1	1	
Asbestos Containing	Material (ACM)	Malı	itenan ustodis	130/	Asba:	atos Containing Mi	misulation,	"	(Specil	ly	ZJ S	Z.	Encapsulate	
TO BE ABA	y .		(12)			surfacing, VA'	I OF		OF III C		Removal	Repair	suat	
(13)											1-		ND .	-
		Yea	No	NIA	Elbow	Insulation			6 LF	-0.22	X		_	
Boiler Room			-	1	2001						_	-		1
				1							1-	-		+
					Γ	T A	Nome	e of Rea	atered Land	Hill		1		T
Name of Registered W				NJDEP Hauler 2097	Waste D No	Gubic Yarda of Wasio	Sales Control Control		andfill	- 14				
Service Transport	Group			20970		Disposal Date	Čltv.	State						-
City, State New Castle, DE						12/22/2012	_ Wu	ynesbu	rg, OH 44			_	_	=
I NEW LASTIC, LIC	A Committee of the Comm	4 11 4				Signature			25.00	Dala				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

					Pro				
Date of Notification (1) 12/28/2012		Name of Building	Owner/Oper A to Z	rator (2) Site Contractors, I	12 10 CL	3/10	BA	8 .	
[,]	ion Notification led Notification	Street Address	940 Pa	rk Avenue	-5. MH	PM 2). <u>S</u> p		
[x] DOL Amend	lment #ency (including	City, State, Zip Co	Lakew	ood, New Jersey 08	rdilcen (A/R	~ U		ì
[x] DOH justific	H	Name of Contact Irving	Perlstein	Tel	lephone Number	₹G			
	FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	Place (3)				School (k-12) Subchapter 8 (otl	ner than	k-12)		
Street Address 711 East County Li	ine Road			[x]	Other (i.e., privat homes, etc.)	te & cor	nmerci	al buil	dings,
City	County (6)	County Code (7) (STATE USE ONL	.Y)	Square feet 1500 sf	# of Floors	Bldg.	Age 6	0	
Lakewood	Ocean			Current Use (Prior if t Residence	e				
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor (Guardian	9) n Contracting,	Inc.			
Street Address			Street Ad	ldress	ute 9, Unit 61				
City, State, Zip Code			City, Sta	te, Zip Code Toms Ri	ver, New Jers	ey 087	55-12	71	
Project Manager for Monitoring Firm	Telephone Numbe	er	Telephor 732-34	ne Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 1/11/13	Scheduled Comple 1/14/13	etion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	only one) 1 During Entire Period of A	Abatement	Street Ac		lton Road			·	
Abatement Performed C	Outside of Normal Facility	Hours	City, Sta	te, Zip Code Piscataw	ay, New Jerse	y 088	54		converted M.C.
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pre	ssure			
[] >3 sf or ≥3 lf	[] Reno	vation	[]	Glovebag Procedu	re				
[x] ≥160 sf or ≥260 lf	[x] Demo	olition	[x]	Non-Exempted (*)	and Non-Friable	Procedu	re		
					110	Abate	ement '	Гуре	
	Is Location Normally used	Δ.	Descriptions bestos-Cor		Amount	R	R	E	E N
Location of Asbestos-Containing Material (ACM)	Solely by		Material (A	ACM)	(Specify SF	E M	E P	N C	C
TO BE ABATED	Maintenance/Custodia		e., thermal sulation, su		or LF)	0	A	A P	L
in facility (13)	Staff (12)	ins	VAT, o			V	R	S	S
		- Common	her miscell	aneous)		A		U L	U R
	YES NO N/A					L		E	Е
Exterior	X	Asbestos sidi	ng ,		1500 sf	X			-
Name of Registered Waste Hauler	NJDEP Waste Haul	ler ID No. Cubic Y	ards of Was	te Name of Register	ed Landfill				
Guardian Contracting, Inc.	20223	3		T.R.R.F.					
City, State Toms River, New Jersey		posal Date 5/13	City, St Tullyt	ate ow 1 , Pennsylvania		J.			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	tent.		Date 12/2	28/20	12 -	

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

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

Date of Notification (1)	1/19/12	1.		Name	of Building	Owner/Operator Bel	(2) -Ray Compar	ny, Inc.		JA,	41	
Agencies Notified	Type Notification		t	Street	Address		PO Box 520	5 ;	60.0	7 40	~	`\
EPA DEP DOL	☐ Initial ☐ Amended ☐ Amendment #		. 1	City, St	ate, Zip C		mingdale, NJ		4/	CON		(A)
DOH DCA	Emergency (ir justification) Cancellation	nciuaing		Name	of Contac			Telephone Numb	er		-	7
				FAC	ILITY INF	ORMATION						
Name of Facility When	e Abatement is Takin	g Place	(3)	1			Type of Facility					
Street Address	Bel-Ray C						School (K-12 Subchapter Other (i.e., p	2) 8 (Other than K-12 rivate & commercia	?) al build	ings,		8
	1201 Bow	man A	Aven	ue			homes, etc.	# of Floors	T Blo	lg. A	ne .	_
City (5)	Wall	Fowns	hin				Oqualo i cot			J .		_
County (6)	Ionmouth	OWIL	шр	Coun	ty Code (7) (STATE	Current Use (Pr	rior if being demolis mmercial buil	shed) ding			
Name of Monitoring Fi		Owner	=	ASCM I	Vo.		nent Contractor (9		-			
(8)	MECS		_ .				vens Environi	mental Service	es, In	c.		_
Street Address	DO D 2	41				Street Address	PO F	3ox 322				
City, State, Zip Code	P.O. Box 3	41				City, State, Zip C		30X 322				-
City, State, Zip Code	Crosswicks, NJ	08515	5				Allentow	n, NJ 08501				_
Project Manager for M			Tele	phone l	Maria de la companya del companya de la companya de la companya del companya de la companya de l	Telephone No.	70.0600	License No.	0.402	6		
	Weisgarber Jr.		-		<u>3-4070</u>		59-9688		0493		_	_
Start Date (10) 11/30/12		eduled C	omple 2/3/1		te (11)	Name of OSHA		ECS				_
Occupancy Status Du						Street Address	P O.	Box 341				
Facility Closed/Vac Abatement Perform Other - Describe:	ned Outside of Norma	eriod of al Facilit	y Hou	rs		City, State, Zip 0	Code	ks, NJ 08515				_
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic		6.	Mini-Er	ontainment with Ne nclosure pag Procedure gempted (*) and N	egative Pressure	ıre	ē.		
			Locatio			T Non E	tomptod () and			bate	ment	
Locatio	on of		ormally Solel			Description of				. 71		
Asbestos-Containin <u>TO BE AB</u> IN Fac (13	BATED cility	C	ntenan ustodia Staff? (12)	al		tos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		7 1 :1-	4:	600 sf	×			
Interior		×		tank insula		260 sf	×					
Exterior Tanks						pipe insula		320 lf	×		_	-
	Various areas Interior Exterior Tank Area							20 lf	×		_	
Exterior 1 Name of Registered \				NUDEP V		pipe insula		istered Landfill	1~	_		
	onmental Service	es Inc	1 1	Hauler ID		of Waste 20 CU		T.R.R.F. I	nc.			E)
City, State	Aminomai Boi vic	OS IIIC	<u>-</u> 1.	104	.74	Disposal Date	City, State)	1 - 3			_
	Allentown,	NJ				2/3/13/	11/	Tullytown,	PA			_
Completed By Mahlon E. S	Tit	le	roiec	t Mar	nager	Signature		Date	12/2	9/1:	2	
IVIAIIIOII E			10,00	· · · · · · · ·	14501	—1 ////	\rightarrow					_

ASB-41 MAR 00

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

Date of Notification (1)				Nai	me of Buildi	ng Owner/Operato	or (2)	15-4	Z JA	1		- A
	/19/12	50.					l-Ray Compa	iny, Inc.		<	,0,	49-
Agencies Notified	Type Notificati	on		Stre	eet Address		DO D 50	AC.	1/3	iliy	-	5
EPA DEP	Initial Amended		ί	City	, State, Zip	Codo	PO Box 52	26	100	//	1011	
DOL.	Amendmen			City	, State, Zip		mingdale, NJ	1 07727		101/	10	PA
⊠ DOH	☐ Emergency justification	n)	ng	Nar	ne of Conta		immgdaic, 1vi	Telephone Nu	mher		Ų.	
□ DCA	Cancellation	n			1, 22,000	Pat Clark		relephone iva	mbei			
				F.	ACILITY IN	FORMATION			-	-	1000	
Name of Facility Where				-			Type of Facility	/ (4)		-		
	Bel-Ray	Comp	any,	Inc.		·	School (K-1					
Street Address	1201 Da		4				Subchapter Other (i.e., r	8 (Other than K- private & comme	·12)	ilding	15	
City (5)	1201 Bo	wman	Ave	enue			homes, etc.	.)				
City (5)	Wall	Town	schin				Square Feet	# of Floors		Bldg.	Age	
County (6)	- Wall	10W1	ыпр		unty Code (7) (STATE	Current Use (P	rior if being demo	_ -	1		
Mo:	nmouth			US	E ONLY)	., (0,,,,,,,	100	mmercial bu		50		
Name of Monitoring Firm	Hired by Building	g Owner		ASC	л No.	Name of Abaten	nent Contractor (9			<u> </u>		
(8)	MECS						vens Environi		ces, l	nc.		
Street Address	20.5					Street Address						_
07. 07. 51.0	P.O. Box 3	341					AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	322 Box 322				
City, State, Zip Code	osswicks, NJ	1 0051	5			City, State, Zip C		NII 00501				
		0051	100	ephone	. Na	Talankan Na	Allentow	n, NJ 08501				
	*******					Telephone No. (609) 25	50_0688	License No.	0049	12		
Start Date (10)		eduled (98-4070 ate (11)	Name of OSHA			0045			
11/30/12			2/29			Traine or Correct		ECS				
Occupancy Status During		eck only	one)			Street Address						
☐ Facility Closed/Vacate	d During Entire F	Period of	Abate	ement			P.O. I	30x 341	- 1			
Abatement Performed Other - Describe:	Outside of Norm	al Facili	ty Hou	irs	1	City, State, Zip C	ode					
And Samuel Charles and Anna Anna Anna Anna Anna Anna Anna							Crosswick	s, NJ 08515	0.00			
Scope of Work (Check all	that apply)	*				Full Con	tainment with Neg	native Proseure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat			☐ Mini-End	closure	gative Flessule				
≥100 St 01 ≥260 If		Пре	emolitic	on -			ig Procedure empted (*) and Noi	n-Friable Proced	ure			
			Locatio				7,2112,110	1111000	T	Abate	ment	-
Location of			ormally I Solel			Description of		. *		Ту		
Asbestos-Containing Ma		Mair	ntenan	ce/		s Containing Mate		Amount		T_	m	
TO BE ABATE IN Facility	<u>:D</u>		ustodia Staff?	11	(i.e., 1	hermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	nca	Enclosure
(13)			(12)			other miscellaneo		SF (I LF)	oval	=	Encapsulate	Jusc
		Yes	No	N/A							late	(0)
Interior Ta	nks		-	×		tank insulati	on	600 sf	×			
Exterior Ta				^		tank insulati						
Various areas I								260 sf 320 lf	×	-		_
Exterior Tank Area						pipe insulati			×			
					Vaste	pipe insulation	On Name of Regist	20 lf	X			
Stevens Environm		es Inc	1	auler IC	No.	of Waste	Traine of negist					
City, State	501 1100	, inc.	-1-	102	292	20 CU Disposal Date A	City, State	T.R.R.F. In	ic.	_	_	
REAL PROPERTY.	Allentown, 1	NJ			2.	12/29/12/		Tullytown,	РΔ			
Completed By	Title				7.2	Signature	* + /	Date	111	-		
Mahlon E. Stev	ens	Pro	oject	Man	ager	1/1//	1		11/19	/12		

ASB-41 MAR 00

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

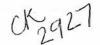
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) December 28, 20	Name of Building Owner/Operator (2) F.J. Castlegrante Inc. 28/2 John 371.											
[] DEP [] Amen	tion Notification ded Notification dment #	Street Address 127 Brand Road City, State, Zip Ode Toms River, NJ 08753										
[x] Emerging justification [x] [x]	gency (including cation) cation		Stephens		elephone Numbas 6							
		CILITY INFORM	IATION				TI S					
Name of Facility Where Abatement is Taking Residence	Place (3)		8	Type of Facility (4)	School (k-12)	1	- 1-12)					
Street Address 11 Reese Avenue	·	(38)		[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,			
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 1200 sf	# of Floors Bldg. Age 1 60							
Lavallette	Ocean	(* <u>- </u>		Current Use (Prior if Residen	ce	1)			•			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.			(9) n Contracting,	Inc.						
Street Address			Street A	100 CONTRACTOR OF THE PARTY OF	uta O I Init 61							
City, State, Zip Code			1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-127									
Project Manager for Monitoring Firm	Telephone Numbe	r	Telephor 732-34	ne Number	License Number 00624							
Scheduled Start Date (10) 12/31/12	Scheduled Completed 12/31/12	etion Date (11)			. Analytical							
	only one) d During Entire Period of A Dutside of Normal Facility		City, Sta	1056 Ste te, Zip Code	elton Road	ey 088	54					
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $	[] Renov		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	re		ıre					
		T				Abat	ement	Туре				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in facility (13)	Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A	l (i.e	Description bestos-Cor Material (A ., thermal ulation, su VAT, of ther miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L E	E N C L O S U R E			
Exterior	X	Asbestos sidir	ng		1000 sf	X						
				2 2	and 25							
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	er ID No. Cubic Y	ards of Wast	te Name of Register T.R.R.F.	ed Landfill							
City, State		osal Date	City, St						-			
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature		Tomisy Ivania	/	Date 12/2	28/20	12				
	*Do not use this for	m for asbestos lices	isure exem	pted activities.								

CK 963

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) 2017 JAN - 2 PM A

Date of Notification		Name of Building Owner / Operator (2) Gerresheimer Glass, Inc.													
	12-26-12			Street Address 537 Crystal Ave. City, State & Zip Code											
Agencies Notified	Type Notifica	ation				tal Ave.		de L	ICE LOUIS	TAR.					
□ EPA						& Zip C	ode		LHUING						
DEP	☐ Initial ☐ Amer					, NJ 08:	360								
⊠ DOL		gency				Contact				/ T	elephor	ne Nu	ımbe	er	
⊠ DOH	- CONTRACTOR	ellation				ick Ları	nev								
DCA	Canc							_							
		Dia		FAC	الااز	HY IIVE	Type of Facility	v (4)							
Name of Facility W	here Abateme	ent is Taking Pla	ice (3)				School (K								
Building 109 Wa	renouse			77 - 31 A	_		☐ Subchapt	er 8	(Other than K-	12)					
Street Address							Other (i.e.	. priv	ate & commer	cial building	s, hom	es, e	c.)		
537 Crystal Ave.							Square Feet	-	# of Floors		ldg. Age		7.		
		10 1 (0)	Cour	atu C	`ode	2 (7)	~25,000	ν.	1		~ 40 Y	ears			
City (5)		County (6)	Cour	ity C	Joue	€ (1)	Current Use (F	Prior	if being demo						
Vineland		Cumberland					Manufacturi							-	
					Tac	OCA A No.		ome	nt Contractor (9)			Village and		
Name of Monitoring	g Firm Hired k	y Building Own	er (8)	190	A	SCM No.	Altchem En	viro	nmental Ser	vices					
EHS Environme	ntal, Inc.			14			Street Address		illiontal oo.						
Street Address				4			1300 Indust		Highway						
9 South Main St	reet						City, State & Z	Zip C	ode					200	
City, State & Zip C	ode						Southampto	on, F	PA 18966	1 10 10 10			= 1		
Mullica Hill, NJ	v. Manitoring	Firm	Teleph	one	Nu	mber	Telephone Nu	ımbe	r	License N		modeles a			
Project Manager for Jack Carney	or Monitoring i		856 2				215 953-850	0			0074	1			
Scheduled Start Da	ate (10)	Scheduled Con	pletion	n Dat	te (*	11)	Name of OSH	IA M	onitor					83	
1/07/1		Concadion	1/09/						nmental Se	rvices				<u> </u>	
Abatement Describe:	sed/Vacated t Performed C	outside of Norma	enou	MU	aten 7an	ment n to 3pm	Street Addres 1300 Indust City, State & Z Southampto	rial Zip C	ode						
	cupied During	Abatement						i.							
Scope of Work (CI	neck all that a	ipply)						\boxtimes	Full Contain	ment with N	legative	Pres	ssure	3	
	16		\boxtimes	Rer	าดงล	ation		百	Mini-Enclos						
≥3 sf or ≥3			H			ition		\Box	Glove Bag F	rocedures			H 64		
≥160 sf ≥2	.60 IT			00.	11011				Non-Exemp	ted and Non-Friable Procedure Amount Abatement Typ					
	Leastion of		Is L	ocat	tion		Description	n of	- 3 0	Amount	Ab	atem	ent I	ype	
	Location of stos-Containi	na	Norm				Asbestos-Con		ng	(Specify			m		
	aterial (ACM)	9	Sc	lely	by		Material (A			SF or LF)	~	, z	Encapsulate	Enclsoure	
	BE ABATED		Maint				(i.e., thermal sy insulation, surface	yster	VAT		Removal	Repair	psi	Iso	
	in Facility		Custo	(12)		Π?	or other miscell	anec	ous)		a s	=	lat	ure ure	
	(13)		Yes	No		I/A	or ourse interes						to		
			103	\boxtimes	1		VAT & Sheet F	Floo	ring	810 SF					
Building	g 109 Warel	nouse	H	+	┼	=	VAI a onour								
			님	+	+	=-									
	a sector		岩	Η		-	+ 0 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	- 1							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			14	님	1	╡┼		_							
			닠	H	1	4						T			
				L.		-D 14/t	e Cubic Yards	Na	me of Registe	red Landfill		1			
Name of Register	ed Waste Ha	uler		N	JUE	er ID No.	of Waste	IVG	inc or region						
Att I Familie	amontal Co	nuices Inc			312		~ 6 Cu Yd	Mi	nerva Landf	ill	11				
Altchem Enviro	mmental 30	riviosa, illo					Disposal Date	Cit	y, State	1	= 2			12.54	
City, State							01/2013	W	aynesburg,	PA				,	
Southampton,				-1-	itle		Signature			- 3	Date				
Completed By (Pi				10.5	-	Of Ops		1	\Rightarrow	- ^	12/2	6/12	:		
Patrick Larney					/11.	Or Opa.	Yetax	1	Ju-	\sim \setminus					



Date of Notification (1) 12/29/12							Name of Building Owner/Operator (2) John Maffia / Residence Street Address 118 East Susquehanna Dr. City, State, Zip Code										
Agencies Notified	Type Notification	41949	1000	treet Add	dress st Susqu	ıehanr	na Dr.		A Digit	ŭ,,	PH	2:5	_				
EPA DEP DOL	Initial Amended Amendment				, Zip Cod gg Harbo		08087		6	10E	Waldy)	V _C	9'				
DOH DCA	Emergency (justification) Cancellation	including	31	ame of C	Contact			1100		Tel	ephone Nun	nber					
				FACILITY INFORMATION											=		
Name of Facility Where A John Maffia / Reside		g Place (3)						Type of Facility (4) School (K-12)									
Street Address 118 East Susqueha	nna Dr.							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
City (5) Little Egg Harbor N.	J 08087	Ŷ.						Square 1000				Bldg. Age 35+					
County (6) Ocean				County C	ode (7) SE ONLY)			Current Use (Prior if being demolished) Residence									
Name of Monitoring Firm		ASCM	No.			of Abate	ement Con	tractor	(9)				2 10				
Street Address				Street Address PO Box 329							2 1	5 a					
City, State, Zip Code			City, State, Zip Code West Berlin NJ 08091														
Project Manager for Mon	17	elephon	e No.		U AUGUSTONIA	one No 753-98			License N 00727	0.	1						
Start Date (10) 1/14/13	d Com	pletion D	ate (11)		Name Same		A Monitor		J	1							
Occupancy Status Durin	Abatement (Cher	k Only One	2)				Street	Address	S			-					
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of A	batem	ent			City, State, Zip Code										
Scope of Work (Check A	II That Apply)				-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enovat emoliti			i i	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Proce										
		Т.						1 1101	Lacinple	14 110111110	Abatement						
		IS N	Location Location	v v		Do	ecription	on of				Тур					
Asbestos-Containing TO BE AB In Faci	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Main Custo					tos Con therma surfa	Description of containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure		
Exterior 5	Sidina	Yes	No	x		Exte	erior Si	ding		1	500 SF	x					
													-				
			_					-				-					
Name of Registered Wa	ste Hauler			JDEP W		2200000000	Yards		Name of	Regis	tered Landfi	II					
United Containers			1445	lauler ID 2459	NO.	of Wa			G.R.O.								
City, State Elm NJ			10.0		10	Dispo 1/18		osal Date City, State Morrisville PA 19067									
Completed by Anthony T Perna		Title Presi	ident				Signature)					Date 12/29/12					

Date of Notification (1)				ne of Bu narles N	ilding Ow Minton	ner/Ope	erator (2)	£.	JA.	W - 2	PH 5:	U					
Agencies Notified	Type Notification		13		rris Ave				& LIC		· · · · · · · · · · · · · · · · · · ·	8		ŧ			
EPA DEP	Initial X Amended				Zip Code					4Ng	ING THE						
DEP DOL	Amendment # Emergency (in			me of Co	J 07083	•		-	Telephone Number								
DOH	justification)		1		Minton				- , '					4			
DOH DCA	Cancellation		0.75		YINFOR	MATIO	N										
Private Property Street Address	re Abatement is Taking	Place (3)				72	Ty	Sch Sub Oth	er (i.e. priv	(Othe	r than K-12) commercial	buildin	gs, ho	omes,			
14 Bahama Ave							etc.) Square Feet # of Floors Bldg. /							.ge			
City (5) Toms River								00 SF		2		+5	0		\dashv		
County (6) Ocean			Co (S	ounty Co	de (7) E ONLY)		-				g demolishe	d)					
	irm Hired by Building C	wner (8)	1	ASCM N	10.			nent Contr		(9)							
N/A					12 13 134				Group Ir	nc					-		
Street Address							Street Address 567 52nd Street Suite# 16										
N/A					ton i			_		\neg							
City, State, Zip Code		City, State, Zip Code West New York, NJ 07093															
N/A	Te	elephone	No.		Telephor				License No	•							
Project Manager for I	300	1/A			201-758-7158 01144												
Start Date (10)	Louisian Date (11)								Monitor								
01/30/2013		02/02/20	13		Ottor Samonas				nmental	Labo	ratories		- 6				
	uring Abatement (Chec	k Only One)					Street Address 2333 Route 22 West										
Encility Closed/	Vacated During Entire F	Period of Ab	ateme	ent			City, State, Zip Code										
Abatement Per Other – Describ	formed Outside of Norm	nal Facility H	lours				Union, NJ 07083										
Scope of Work (Che	ck All That Apply)						_										
≥3 sf or ≥3 lf ≥160 sf or ≥260) If	_	novati molitic					Mini-	Enclosure	e cedure	n Negative P			a			
							Non-Exempted (*) and Non-Friable Proce							patement			
			ocatio									Туре					
Asbestos-Conta TO Bi					Asbest (i.e.	tos Con therma surfa	Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or miscellaneous)				Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure		
The second secon	11 77 27 27	Yes	No	- N/A		_	-14 -1.1			-	880 SF	X		-			
E	xterior			X	101	Iran	site shin	igies	- 1		000 01	+					
	D = D	-11		12.74		1 10											
		_			2 1	-				-							
	E Service Charge		T NI	JDEP W	/aste	Cubi	ic Yards		Name of	Regis	tered Landfil	ı					
Name of Registered Waste Hauler Asbestos Transportation Company NJDEP Waste Hauler ID No. 24310							/aste				terprice						
City, State Shirley, NJ 119	City, State								City, Sta Wayne	, State synesburg OH 44688							
Completed by	<u> </u>	Title					Signature	1	11	6	100	ate 2/26/	201	2n			
Edwin Precilla	*	Proje	ct Ma	anager			49	lu	160	1		2,20		-	_		

Date of Notification (1) 12/21/2012							Name of Building Owner/Operator/2) JAW -2 PM 2: 58											
Agencies Notified	Type Notification			Street Ad 1350 M	dress Iorris Av	re	Lug	53/6		1,2:	ତିନ			7)	ē			
DEP X DOL	Initial Amended Amendment				e, Zip Coo NJ 0708			LIC	ENSING	Ing	L							
DOH DCA	Emergency (in justification) Cancellation	ncluding	1	Name of Charlie	Contact Minton					Tele	ephone Nu	mber	.950		j.			
				FACIL	ITY INFO	RMATIO	N											
Name of Facility Where Private property Street Address	Abatement is Taking	Place (3)						☐ s	f Facility (4 chool (K-12 ubchapter	2) 8 (Oth	er than K-1	2)						
14 Bahama Ave									ther (i.e. potc.)	rivate 8	& commerc	ial buil	dings	home	es,			
City (5) Toms River NJ					114	-		Square 800S	e Feet	2	Floors		Bldg. Age +50					
County (6) Ocean				County C	code (7) ISE ONLY)		_	Currer	t Use (Prio	r if bei	ng demolis	hed)						
A STATE OF THE STA	Name of Monitoring Firm Hired by Building Owner (8) N/A								ement Con Group I		(9)		- 50 160					
Street Address N/A						Addres	s Street Su	ite #1	6	1.7								
City, State, Zip Code N/A			City, State, Zip Code West New York NJ07093															
Project Manager for Mo		Telephor	ne No.		Teleph	none No 758-7			License 001144		111		-					
N/A Start Date (10)	N/A Start Date (10) Scheduled								A Monitor		001144				_			
1/3/2013		1/5/2013	3	ipicaon	:		J&S	Enviro	nmental	Corp			سيوت	13				
Occupancy Status Durin								Addres Route	s e 22 Wes	st								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm 8 Hours	eriod of Ab al Facility I	Hours	nent s		_	City, State, Zip Code Union NJ 07083											
Scope of Work (Check												1000		-01-17				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	The state of the s			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
			ocati										Abatement Type					
Locatio Asbestos-Containin TO BE Al In Fac (13	g Material (ACM) CATED illity	Used	Sole tena	ly by nce/		tos Conta thermal surfac	escription of ntaining Material (ACM al systems insulation, facing, VAT, or miscellaneous)					Removal	Repair	Encapsulate	Enclosure			
Fisher		165	INO	+		Transi	to chi	nales		9	80SF	x	+		-			
Exter	nor		<u> </u>	X		1141151	ile Sili	rigies			0031	+	+	-	-			
	F-1, 7			1.00				1.5						<u>L</u>	<u> </u>			
Name of Registered Wa Ashestos Transpor	H	NJDEP W Hauler ID 4310		of Was	lacta			e of Registered Landfill erva Enterprice										
City, State Shirley NJ 11967						Disposal Date					ate City, State Waynesburg OH 44688							
Completed by Edwin Precilla	×	Title Projec	ct Ma	anager	×	S	ignatur	Date 12/21/2012						2				

CK 2926

Date of Notification (1) 12/28/12		N F	ame of B	Building Own	er/Operator	(2) denc e		CE	H 2:58							
Agencies Notified Type Notification		S 1	treet Add	iress vid			12 JAN.	.5 %),,	1,						
EPA Initial Amended Amendment		_ N	ity, State ⁄lanaha	, Zip Code wkin NJ (8050							(
□ DOH	ncluding	170000	lame of C	Contact	To		TEA	/L Tel	inhone Num	ber	4					
			FACILI	TY INFORM												
Name of Facility Where Abatement is Taking Patricia & Joe Welsh / Residence Street Address	Place (3)					Se Si	f Facility (4 chool (K-12 ubchapter	2) 8 (Oth	er than K-12	l 						
104 David		Ď.				et	c.)		& commercia				<u>"</u>			
City (5) Manahawkin NJ 08050						Square 1000-	۲	1	f Floors	35+						
County (6) ocean			County Co STATE US	ode (7) SE ONLY) _		Resid		or if bei	ng demolish	ed)						
Name of Monitoring Firm Hired by Building		ASCM	No.		of Abate naco In	ement Con C	tractor	(9)								
Street Address					Address Box 32			7								
City, State, Zip Code			17		State, Zip Code st Berlin NJ 08091											
Project Manager for Monitoring Firm	T	Γelephon	e No.		Telephone No. License No. 856-753-9800 00727											
Start Date (10) 12/29/12							A Monitor		-7-17-18-18							
Occupancy Status During Abatement (Chec				San	t Addres	s				x.						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	batem	ent		City,	State, Zi	p Code					77				
Scope of Work (Check All That Apply)						Production of the second										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenova emolit		٠	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Π.					i Nor	na North Hac	Abatemen								
Location of	1	Locati Normal	lý		Description	on of	- 5				Ту	pe				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	(i.e. th	Containing ermal system surfacing, \	Description of ontaining Material (ACM) ontaining Material (ACM) and systems insulation, fracing, VAT, or or miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
Faterier Ciding	103	110	×		Exterior S	Sidina		1	200 SF	x						
Exterior Siding			<u> </u>		LAIGHOI	, dang										
				- 10												
Name of Registered Waste Hauler United Containers	1	NJDEP W Hauler ID 2459	No.	Cubic Yards of Waste 3	Manta			of Registered Landfill O.W.S.								
City, State Elm NJ									City, State Morrisville PA 19067							
Completed by Anthony T Perna	Title Pres	ident			Signat	Signature Date 12/28/										