				10											Thi
PROJECT # BRCK-004 POST SANDY DEMOLI ASSESTOS REMOVAL	TION	N	OTIFIC (Pu	MOITAS	to of New OP ASSE: o NJAC 8:	A BOTE	8ATEI 12:120	AERT)	PER HOW MEETING	VARD BLAC		説して			
Date of Notification (1)		-			Byllding O		porehor	(2)		611				T	7
12-26-2013 Agencies Notified	Type Notification			Towns		ICK				1-60	merk		_	7	\dashv
The second secon	E Initial		100		rambersi	bridge	Road	I	1		NO.	30/	11/1	<u>-</u>	
DEP ST DOL	Amended	.			o, Zip Cod					WAIVE	CAM	177	71		7
	Amendment Emergency (justification)	Including			NJ 0872: Contact	3				Telephone P	lumber	-		_	\dashv
DOH I	Cancellation		_							. 11		ii.	17.7	7 7	= ;-
Name of Facility Where Al	nalement is Takin	p Place (3)	_	FACIL	ITY IMFO	RMATIC	M	Type	of Facility (4)		9 19 3	- 1		1	
House for Demo		9 (0)			1	(c)			School (K-12	1					
Street Addresse			10-12		-					Age & county	(12)	Suna	201	A	
132 Captains Ave.								ر سه	ric.)			g 15			9
City (5) Brick								100	ru Feet 0	# of Floors		81dg. 50+	-		
County (8) Ocean	- · · · · · · · · · · · · · · · · · · ·			County C STATE U	ede (7)			Cuma		Whalng dame	(bertal)	14	3		
Nume of Monitoring Firm	Hirad by Building	Owner (B)		ASCM	No.				tement Cont					-	
n/a Street Addresse				rv/a				Addres		nt Corporat	ion '		_		\dashv
n/a					1			roy L							
City, State, Zip Code	-	1		• • •		- 1			ip Code	005					
n/a Project Manager for Mont	boolean Ethern			Telephol	no bla	-		hane N	ark, NJ 07	USB Lleans	A Mm				\dashv
n/a	and Littl			n/a	in lan.			-706-7		0119					
Start Date (10)	***********				Dalo (11)				HA Manitor				-		\neg
01-02-2013)	45-4	01-03-				_		nice l	SAMPLE DESCRIPTION OF A	nt Corporat	ion			_	_
Occupancy Status During Facility Closed/Vacs						1		roy L							1
Abstement Performs	of Outside of North	nel Facility	Houn	100746.	3.				ip Code						\neg
Groups of Work (Check Al	That Smaled					$- \bot$	Line	oin P	ark, NJ 07	035	10		_		-
25 sf or 23 if 2 2160 sf or 2260 if	i tuer vebbih)		tenová Vemolit					MI	ni-Endosure tvebag Proc		•		li irai		
		18	Locat	ion				1/4	(I-Prember	1 Jane Hell			eten Typ		\neg
Location Asbestos-Containing	od Od		donnal d Solu		Anhaw		eriptio		I (ACM)	Amount		7	Ť	T	-
TO BE ABA	TED		intena Iodial I			themps	system	noul or		(Bpacity SF or LF)	3			Encapandole	200
in Facility (13)			(12)			pther n	alag, Vi niscella			er er ur	Notingo	mades			Enclobure
== 200 (Nr	34	Yes	Mo	N/A	ĺ									6	
Throughout	Hause			X		VAT 8	k Line	leum		875 SF	×	I	1	_	4
		-		4_								+	+	-	-
		-		-	<u> </u>						_	+	+	+	
Name of Registered Was	to Hauler			UDEP W			Yarda		Numme of F	Registered Lan	は開発	٠,	-1-	_	-
Loznica Managemer			1	lauler ID 103313	No.	OF WILL				S Landfill					
City, State Lincoln Park, NJ 070	105		-			Dispos TBD	mi Dek)	City, State	ille, PA 190	67				
Completed by	100	Title				0.0000000000000000000000000000000000000	Omp	å			Dete			_	\neg
E. Cirovic		Sec	refery	,		16		Stat	www.	_	12-2	8-20	13		

PROJECT # BRCK-00450 POST SANDY DEMOLITION ASBESTOS REMOVAL		(P	CATION	eto of New OF ABBE to NJAC &	ea eote 1 bra es:	2:120)		FOR A BLOC DWARD BLAC NG.		HOL	SES COF		ime.
Date of Nouheation (7)				f Building O		eretor (2)						T	1
12-26-2013				ship of Br	rick			DOL - 10) DA'	Y			
Agencies Notified Type Notification			Street A				-	0.0		A		1	
EPA B Initial		1		hambers		Road				1			
EPA Initial Amundad Amandment	4	- (nte, Zip Cod				DS 4	1 . 1	//		T	
IXI Enemones (including	<u>- 1</u>		NJ 0872	3			اه محمد	11994	_			
DOH justification) DCA Cancellation			Neme o	f Contact				Tologista	A PROPERTY		7		
C centalistan		1	107724	TTY INFO	Bad a work			VANER A	PPR	JAF	1		
Name of Facility Where Abatement Is Taldre	Place (3)	PPAL	LITARCA	PORATIO!		e of Facility	VALUE IN IN				-	
House for Demo	•						School (K-	1.5					
Street Address				11			Subchante	8 (Other than K	-12)				1
64 Seagoin Road						8		entrata & comme	rcial bui	dings	hom	00,_	2014
Cify (5)				-'j		Sau	etc.)	# of Floors		Slog. /		, El n	12014
Brick				. 1		10	00	1	- 1	50÷	-		
County (8)		1	County	Çede (7)	~~~~~~	Qui	rent Use (Pri	or If being demo	(lehed)		-		
Ocean			(87ATE	HOE ONLY		– He	oueo eeuc		1.0030				
Name of Menitoring Firm Hired by Building (Dwnmr (8)	ABC	UNO.			eatement Co					-	1
n/a			n/a	iii		Loznica	Managem	ent Corporati	on				
Street Address				()	91.0	Street Addir	70 F 70						1
n/a				11	11/	22 Troy							
City, State, Zip Code					7.3	City, State,	Zip Cods Parfc, NJ 0	TAGE					
Project Manager for Monitoring Firm			Telecho	na Ma		Celephone		License	. Ma				-
n/a		1	n/a	HIE PES.		973-708		D1193					
Stert Date (10)	Behedu	led Cor		Dests (11)			SHA Manitar						4
01-06-2019	01-07			()			.,	ent Corporati	on				
Occupancy Status During Abstement (Chec						Street Addr							1
Facility Classed/Vacated During Entire F	Period of	Abater	ment			22 Troy	Lane						
Abatement Performed Quiside of Norm	ed Fecilit	у Монп	8		1	Ity. Slave,	Zip Code			0.00			1
The state of the s					-	Lincoln (Park, NJ 0	7035					1
Scope of Work (Check All That Apply)	1220						,						
23 of or 23 if 22 2160 of or 2200 if		Renovi Demeli				Z d	lini-Enclosur Novebeg Pro				10		
	1	s Loost	loa '						1	Abat	emen		
Legation of		Normal	Ny	1	Descr	no adapt				T:	pe		
Asbestos-Containing Material (ACM) TO SE ABATED	Mo	ed Sele Intens	rly by non/	Asbesto	ne Contesi	ning Materi	el (ACM)	Amount			0	_	
in Facility		lodial 1	Story	(1, 0, 8		reterms ineu		(Specify SF or LF)	Parsional	Repair	Encapeulet	Enclasure	
(13)		(12)				callaneoue		, _,	100	1		1	
	Yes	No	NA	1					153		1	100	
Breezeway Area			×		V	AT		180 SF	-	┼	-		
Exterior of House	+	-	X	Towns			Cidina		×	\vdash	-		
Extends of House	-	-	+	I REUTSER	a Sning	les belov	A CHIMING	2,500 SF	X	-	_		
	-												
Name of Registered Waste Hauler			JDEP W		Cubic Ya		Name of	Registered Land					
Loznica Management Corporation		900	180191 ID		TBD		GROW	/S Landtill					
City, State			24414		Disposel	Date	City, Stat	0	_				
Lincoln Park, NJ 07035					TBD			Ille, PA 1906	7				*
Completed by	Tito								Date			\neg	
E. Cirovic	Sec	etary			18			5	12-26-	2013	3	1	

[&]quot; Do not use this form for asbestos licensure exempted activities.

PROJECT # BRCK-00450 POST SANDY DEMOLITION ASSESTOS REMOVAL	MC		State of N ON OF AS Int to NJAC	BESTOS	ABATEM	ENT PE	0.00 FOR A BLO R HOWARD BLAY ETING.		S HO	USES K OF		
Date of Notification (1)		Nam	of Building	Owner#0	Operator (2	2)	<u></u>	7	<u> </u>	W. I	_	1
12-26-2013			vnehip of		-	,		10 D	VΔ		1	
Agencies Notified Type Notification		Street	Address			_	DGF-	1111	ru_	7	-	1
E EPA E Intited		401	Chambe	ersbridg	e Road	1				1	1	
☐ DEP ☐ Amended			State, Zip C					100	1 - 1	+	_	1
Errorgance			k, NJ OB					172		1	1	
DOH justification)		Nam	s of Cantac	ė -			Taladingna		\leq			1
DCA Cancelletton	(a)		an aid un			-	Mry (4)	ADD	201	IED	·. ·	
Name of Facility Where Abstances is Takin	g Place (3)	F	CITALA INI	FORMAT	IDM	Tuon of Fac	MARVER	AII	110			
House for Demo	•		# [l r	7,000 01 1 04 7 October	(K-12)					,
Street Address	-		-111	•		Suboh	Moder & (Other then	K-12)				1
1 Bay Way			311		~ II	Other	l.a. private & comm	exclot by	italingo	i pom	88.	2014
CRY (5)			311			etc.)_ Source Fee	# of Figure	· · · · ·	Slag.	Ana	_	1
Brick "			Ш			1000	1		50+	. —		
County (6)		Cour	ty Calde (7))		Current Use	(Prior if being dem	dished)				
Ocean	-	COTA	ORL	.v) (v		House		•				
Name of Monitoring Firm Hired by Building	Owner (8)	50.77	CM No.				t Contractor (9)		*******			1
n/a		n/	a				ement Corpora	tion				ł
Street Address			#		Street A						-	1
City, State, Zip Code			4			by Lane						
D/8			1 2			he, Zip Cod In Park, N]
Project Menager for Manituring Firm		Tela	shone No.		Telepho		Libera	n Ma				1
n/a	4	in/a	A TOP TO THE.			06-7950	0119					1
Start Data (10)	Schoduled		on Cate (11)		CISHA Ma	1	<u> </u>				1
01-08-2018	01-13-20			,	1		ement Corpora	llan				
Occupancy Status During Abatement (Cined	k Only One)		V.		Street A					-	-	1
Facility Closed/Vaceted During Entire i	Portod of Ab	stement			22 Tr	y Lane						
Facility Closed/Vacated During Entire i Abatement Performed Outside of Norm Other — Describe:	ral Facility H	ours			100000000000000000000000000000000000000	ita, Zip Cod	TX				***	İ
				-	Lincol	in Park, N	J 07035					
Scope of Wark (Check All That Apply)]
23 of or 23 if 2150 of or 2250 if		notation notition			i i	Full Conta	inment with Negati	ve Press	LIPS			
	100 mm	1100001				Glovebea	Procedure					
	T		T		120	Non-Exer	neind (*) and Non-F	riphin Pr		ne Iaman		
		ocation maily								ype wmen	4	
Location of Asbastos-Containing Material (ACM)	Used	Bolely by	Anhe		acription of	(torial (ACM	Amount		T	1	\Box	
TO BE ASATED		enghoo/ ile) Staff?		a. thermal	systems i	neulation,	(Specify	2		Broopsulat	Endougn	
in Facility (13)		12)	- N	EUMê cither r	ding, VAT,	10.	SF or LF)	Ramore	Roppi	18	8	
V	Yes	No N/	_	Guillor I	, suraniiod la.	040)	1	1 5	10.	1	15	
	765							_	+-			
Detected Garage		X			Board 8		1,000 SF	×	_		1	
Throughout Inside	<u> </u>	X		Sheetro	ick Walls	board	4,500 SF	×				
Name of Registered Wests Hauler			Wests		Yarda	Mann	e of Registered Lan	dfill			-	
Loznica Management Corporation		Hauter 00331		TBD.		GA	OWS Landfill				-	
City, State		0000			oal Data		State			-	\dashv	
Lincoln Park, NJ 07035				TBD			risville, PA 190	67	e			
Completed by	Title					Trainin	1	Date				
E. Cirevic	Secret	ary .		19		711	-)	12-28	-201	3		

⁴ Do not use this form for asbesize licensure exempted solivities.

PROJECT# BRCK-00 POST SANDY DEMON ASBESTOS REMOVA	LITION			CATION	nts of Now Jo I OF ARBERT to NJAC 8:66	STABA 60			OR A BLOCK	(/JOE	HOU	SES	
Date of Notification (1) 12-26-2013					f Building Own Ship of Bric		(2)	DO	[- 10/B		V	1	
Agencies Notified EPA DEP DOL	Type Notification I initial Amended	W-M2-#-M-		N. PORTS II AND I	ddress hambersbr ito, Zip Code	ldge Rose	d	1	1/4		1	7	
E DOL	Amendment Emergency [ustification) Concellation	(including	-1	Brick,	NJ 08723			WAW /	NAME OF THE PARTY	RON	ED -		
Name of Facility Where J			3)	FACI	LITY IN FORE	ATION	Туре	of Facility (4)					目標
House for Demo Street Address 643 Bancroft Road								School (K-12) Subchapter & Other (i.e., priv	(Other than K- ate & commen	12) cial buil	dings.	home	BEG 1.A
City (5) Brick			n=88.00					ra Feet	# of Floors	1	Mg A	35-0X	1014
County (8) Ocean			- 3		COMEY)		Ho		_	Bhed)			
Name of Maniforing Firm 11/2 Street Address	Hired by Building	Dwner (8)	ASCI n/a	No.	عما	nica A	denem Comm Janagemen		an .			
rt/a City, State, Zip Code						22 7	roy L						
n/8 Project Manager for Mon	han Fine			T.1 - 12-		Line	oin P	ark, NJ 070			٠		
n/a Start Date (10)	isoning riph	****		Telepho n/a		973	hone N -706-	7950	01193	No.			
01-09-201		01-09	-2018		Date (11)	Loz	nice A	HA Monitor Janagemen	t Corporatio	en .			
Occupancy Status During Facility Closed/Vecs Abstament Perform Other – Describe:	ited During Entire I	Period of	Abatan	nent I		22 T							_
Scope of Work (Check A)	That Apply)					Lunc							\dashv
22 ef or 33 if 2 2160 af or 2260 if			Renovi Sempli				Mi	II Comeinment ni-Endoeure ovebeg Preced in-Exprinted (*	kern		8		
Location	of		Locati Normal	lly		Description				L	Abot	Proprie	
Agbestoo-Ganteining <u>TO BE ABA</u> In Publi (13)	TED	Ma	od Solo sintens stadial 2 (12)	nce/ Blaff?	(i.a. ma	Containing I was system urtaing, V/ er macalle	vietorie is insul AT, ar	eton,	Amount (Specify SF or LF)	Remove	Rupair	Елсареціа	Enclosus
Garag	0	Yes	Ng	N/A X		ransite SI	dina		260 SF	 -	_	-	_
2nd Floor Thr		+	_	X		AT and M	-		825 SF	N N	-		
				, i		77 0370			000 01	Î			
Name of Registered Was Loznica Managemen			H	JDEP W lauler ID 033137	No. of	abic Yards Waste BD		GROWS	gletered Landf Landfill				
City, State Lincoln Park, NJ 070	35					epõsal Date 3D		City, State Morrisville	e, PA 19067		40.00		
Completed by E. Ciravic		7itio Seci	ratary			Stanesus	7		1.00	late 12-26-	2013		

Project # Brck-00450 Post Sandy Demoliti Asbestos Removal		ı		CATION		/ Jersey 18709 ASA 1:00 and 12:			PER HO	FOR A BLO	CKT.	JÕB	HOU	OF	
Data of Notification (1)				Name of	Building (Owner/Opera	tor	(2)	DOF	- 18000		7	1	l	
12-26-2013	A Agr. 110 110 110 110 110 110 110 110 110 11			Towns	ship of B	lrick	1		1000	and the same of th		Λ	1		
Agencies Notified Tyr	ps Nothication			Street A			1		1	. 1/		1		1	
E EPA	Initial					sbridge Ac	ad	1	1 5-	1/A	MA	X		1	
DEP I	Amended		Γ		ite, Zip Co			1	1 4	(4) 111	DC	-	~~~	1	
	Amendment Emergency				NJ 0872	23		1	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	The Market	že()	NF.	سي		
E BOH	Justification)		. [Name of	f Contact			1	MAIN	Elete Alama	- Gride	(SOUR			
D DCA	Cangollation	1			- Note to the same	* * * * * * * * * * * * * * * * * * * *		_	MHI				~~~		10
Name of Facility Where Abst	ament is Telein	e Mara /	3)	FACI	LITY IMPO	RUNATION	-	Time	of Facility (4						
House for Demo	W-1940-14 180 EMESTS	R s. servets /4	••		/ i			_		P(2)					
Broot Address				<u> </u>	983		-		School (K-12 Bubebeeler (i) I (Other than	K.121	۱. ۱	ΔN	1	3 2
897 Harbor Road							1	D	Other (f.e. pr	vate à comm	nercia	bulto	ilnga,	hom	æ,
City (5)							-	6	Mc.)	722=		15	1-1- A		
Brick					ALCO AND			1000		# of Floors	•		ldg, A O÷	£6	
County (6)				Chumb	11/20		4		•	if being den	ماطله		4		- 4
County (b) Ocean				STATE	onde (7)			Hou		is called one	Marie PK				
Name of Menitorina Firm Him	od by Buildles	Cuner 75	323 M	TABEL	19:1	A CONTRACTOR OF THE			tement Cont	males (E)			_		
num or municipal film film n/a	en ny amininty	SMILET (G)		1						meter (B) ni Corpora	Man				
Street Address				1.22	III II			Addres		in colbor	DE CA I				
n/a						1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		roy La	274						
City, State, Zip Code		· · · -							D Code						_
n/e					79.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ark, NJ 07	035					
Project Manager for Monitori	ng Firm			Telegho	ne No	100		one No			se Ne				
LAST MINISTER IN THE MINISTER	- Hall.			n/a	7 140 C Table	+550000		708-7		011		*			
Start Date (10)		Saharail	nd Co.		Onle (11)				iA Monitor	7,1					
01-10-2019		01-10			(11)	1				nt Carpon	atlon				
Occupancy Status During Ab	stament (Char			V				Addres			-1011				
Facility Closed/Vecated	- Verror - Carrier and Carrier	year the factor extra section		t		100000		roy La	77.10.00						
Abatement Performed C	principle of Mail	rul Facille	A HORL	11 TE 11 TE		3.0			p Code				_		
Other - Describer						0.000			ark, NJ 07	035					
Scope of Work (Check All Th	at Apply)											_			
2180 si or ≥280 li			evonas Sprast					Man	t-Enclosure webag Pecc	nt with Negar Idure (*) and Non-				in .	
		Τ.	.1	lere.			- 101	1197				-		wnen	
lesskan -0			Locat Norma			Bacada	du-	-4					Ty	pe	
Location of Astronomy Mat		Ute	ed Bole dotana	dy by	Asber	Description Cantainin			(ACM)	Amount				פח	
TO BE ARATE	₽ ` '		anana Lodial		Ç.o.	thermal system			don,	(Specify		2	æ	Encapeulat	Enclosure
in Facility (13)			(12)			surfacing, other miscs				SF or LF	,	Remove	Repair	20	9
17		Yes	Ma	N/A	1	5/25						1 10	-	1	3
		100	149	3.000			_		-					_	_
Throughout		-	_	X	ļ!	Black Vapo	M E	arrie	<u> </u>	1,200 8	F	×			
										2,000,00					
		T -												r	
tame of Registered Weste H	Inclor		18	LIDEP W	lente:	Cubic Yard		-	Name of S	nciatered Le	ndSli				
				fauler 10	No.	of Weste	20.0			3 Landfill					
.oznica Management C	orporation			03313	7	TBD			GMOAA					-5.5-54.6	
City, State						Disposal D	800		City, State					14.00	
incoln Park, NJ 07035						TBO			Morrisvi	lie, PA 190					
Completed by		Title				Signe	hum	7			Dat		ons:	-	
		1 63-4				1 /50					. 457				

^{*} Do not use this form for sebasins illumiture exampled activities.

CK 433

Date of Notification (1)				Name of Building Ov HESS CORPORATION		2)			2004	19.74
1 / 2 /14				Street Address						44
Agencies Notified Type Notifica	ation			1 HESS PLAZA					00	
DEP X Amend	lotification led Notifica llation	ation	#3	City, State, Zip Code WOODBRIDGE, NE	N JERSEY 070	95		ć,	ζ,	`?
X DOH On Ho	ld GENCY N			Name of Contact DAVID CERULO		Telephone N	lumber 			
3.		(6)		ACILITY INFORMATION	TT	ia. (4)				
Name of Facility Where Abatement is T	aking Pla	ce (3)			Type of Facil			/4		
HESS PLAZA					Subcha	oter 8 (Other that e. private & com		s., hom	es, etc	c.)
Street Address		_			Square Fee				. Age	
1 HESS PLAZA					187,000	13			42	
City (5) Count	y (6)			County Code (7)		Prior if being de	molished)		
	ESEX			(STATE USE ONLY)	COMMERCIA		-4 (0)		_	
Name of Monitoring Firm Hired by Buil	ding Own	er (8)		ASCM No.	Name of Aba	tement Contra	CLOF (9)	LION		
HILLMANN ENVIRONMENTAL			-		Street Addres		IN OIL	1011		\neg
Street Address 1600 ROUTE 22 *					313 SPOOK	T:/				
City, State, Zip Code					City, State, Zi					
UNION, N	EW JERS					EW YORK 109				
Project Manager for Monitoring Firm				Number	Telephone Nu		License I	vumbe		
MIKE NEHLSEN			377-56		845-369-7500 Name of OSH		460			
Expected State Date (10) 1 / 6 / /14	Sche		mpiei /	ion Date (11) 15 /14		VIRONMENTA	L			
Month Day Year	Mo	onth		Day Year			 			70
Occupancy Status During Abatement (Ch	eck only or	ne)			Street Addres					
Facility Closed/Vacated Durin					1376 ROUTE	9 W				
Abatement Performed Outside	e of Norma ay - Friday				City, State, Zi	n Code				_
X Other - Describe: Monda	ay - Filuay	opin -	2.50 6	2011		APPINGERS F	ALLS, N	Y 1259	0	
Scope of Work (Check all that apply)				Full Cont	ainment with Ne	gative Pressure				
Demolition	X Reno	ovation	1	X Mini-Enc						
X >3SF OR LF					Procedure					
>160 SF OR		1		Description of A		1		Abater	nent T	vne
Location of Asbestos-containing		Local mally		Containing Mater		Amoun	t 2			
Material (ACM)		solely		(ie. Thermal s		(Specif	REMOVA F)	REPAIR	ENCAPS	ENCLOS
TO BE ABATED		nt/Cus		insulation, surfac	ing, VAT,	SF or Li	F) \circ	1 E	PS	S
in Facility (13)		Staff (1		or other miscell	aneous)	1	15		JEE .	URE
TOT ELOOP MED BOOM	Yes	No	N/A	PIPE FITTINGS		16 LF	X	+	11111	 m
1ST FLOOR MER ROOM	-+	\vdash	<u>^</u>	FIFE FITTINGS		102	- 1	_	+	\top
ADDITION TO SCOPE:										
7,00.1101110										
1ST FLOOR MER ROOM			Х	PIPE FITTINGS		19 LF	X	_	_	_
									+-	_
								+	+	+
		_	-				_	+	+	+-
		\vdash	-				_	-	+	+
	_	-	+				-	_	+	+
	_	+	-					_		1
		-	-	 				\top	1	1
		1	1							
Name of Registered Waste Hauler	NJD	EP W	aste	Cubic Yards of Waste		istered Landfill				
DJM TRANSPORT , LLC	Hau	ier ID		10	GROWS LA	NDFILL				
		2698	1	Diamond Data	City/State	/				
City, State KEARNEY, NEW JERSEY				Disposal Date 12/16/13-03/15/14	MOBIRISMIL	LE PA	100	1		1
Completed by (Print or Type)	Title			Signature /	/)X	<u> </u>	Date /	17	110	F
BENJAMIN SANCHEZ	DIRECTO	R OF	OPE		000	ر	1/	4	/	

	(Pursua		Name of	7 and 12:120-7 Building Own	enope	N	1		
		- 1	HESS CO	ORPORATION	*5	'\S	0		
of Notification (1)			Street Ad		(· 5)-	AM,			
12 / 30 /13 Type Notification			1 HESS			` '//.	¥-		\neg
			City, Sta	te, Zip Code	IEDCEV 07095	7, >	8		
EPA Initial Notification	cation		WOODE	RIDGE, NEW	JERSEY 07095	· · · · · ·			\dashv
Cancellation			Name o	f Contact	Tal	enhone Numb	er		
X DOL V On Hold			DAVID	CERULO	1				-
X DOH EMERGENCY	N	FACIL		RMATION					\neg
Taking D	lace (3)	PACIL	.1111111	42.00	Type of Facility (4) School (K-12)				
ne of Facility Where Abatement is Taking P	1400 (4)					rack as than K.	-12)		
					Other (ie. priv	rate & commo	Diugon	g. Ag	etc.)
SS PLAZA					Square Feet	# of Floors	Bio	42	٠
eet Address	E3				187,000	13	iched)		$\overline{}$
IECC DI AZA			Count	y Code (7)	Current Use (Prior	IT being derilor	ionou)		
(v (5) County (b)		1	(STATE	USE ONLY)	COMMERCIAL OF	ant Contracto	r (9)		
OODBRIDGE MIDDLESEX	Owner (8)			ASCM No.	PAR ENVIRONME	ENTAL CORP	DRATION		
me of Monitoring Firm Hired by Building				17	Street Address				
LLMANN ENVIRONMENTAL					313 SPOOK ROC	KROAD			
reet Address 500 ROUTE 22			-		City State Zip Co	ode			
ty, State, Zip Code UNION, NEW JE	RSFY 07	083			SUFFERN, NEW Telephone Numb	er Lic	ense Numi	ber	in the second
UNION, ME	Telep	hone N	umber		845-369-7500	460			
roject Manager for Monitoring Firm	908-3	77-564	4	141	Name of OSHA	Monitor			
MIKE NEHLSEN	ched. Co	mpletio	on Date (11) /14	QUALITY ENVIR	RONMENTAL			
xpected State Date (10) 12 / 16 / /13	3	1	Day	Year					
Month Day Year I	Month				Street Address 1376 ROUTE 9	w			
Month Day Feat Check Doccupancy Status During Abatement (Check Facility Closed/Vacated During En	tire Period	of Aba	tement	lb-at					
Facility Closed/ Vacator I Outside of I	Normal Fa	cility Ho	ours - Des	scribe.	City, State, Zip	Code PINGERS FA	IS NY 1	2590	
Abatement Performed Outside of S Other - Describe: Monday - F	riday 6pm	- 2:30	anı		WAF	PINGERS FA	LLO, IVI		
				Full Co	ntainment with Nega	Allive I recomin			
Scope of Work (Check all that apply)	Renovation	or		X Mini-Er	ag Procedure				
Demolition				Non-F	riable Procedure		T Ab	atem	ent Type
- CDIE				Description of	f Asbestos-	Amount			9 9
>3SF OR LF	1 1 1 - 1	otion	1				E I	REPAIR	CA CE
>3SF OR LF >160 SF OR	Is Loc	ation v used		Containing Ma	ateriai (ACIVI)	(Specify	1 = 1		170 10
>3SF OR LF >160 SF OR Location of Asbestos-containing	normall	y used		Containing Ma	al systems	(Specify SF or LF)	5	0 0
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM)	normall solel Maint/C	y used y by ustodia		(ie. Therma	al systems rfacing, VAT,		REMOVAL	\family \begin{array}{c} \text{ \ \text{ \ \exiti} \text{ \text{ \text{ \text{ \text{ \text{ \text{	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED	normall solel Maint/C Staff	y used y by ustodia (12)		(ie. Therma	al systems	SF or LF	P	Á	ENCLOSORE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,		i) IOVAL X	F	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12)	4	(ie. Therma	al systems rfacing, VAT,	SF or LF	P	R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	Image: Control of the	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	FR I	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	元	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	元	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	FR I	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	FR I	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT,	SF or LF	P	ÉR .	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff	y used y by ustodia (12) N/A	4	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT, scellaneous)	SF or LF	AL X	₹ R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	normall solel Maint/C Staff Yes No	y used y by ustodial (12) N/A X	PIPE FI	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT, scellaneous)	SF or LF	AL X	₹ R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR MER ROOM	normall solel Maint/C Staff Yes No	y used y by ustodial (12) N/A X	PIPE FI	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT, scellaneous)	SF or LF	AL X	₹R	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR MER ROOM	normall solel Maint/C Staff Yes No	y used y by ustodial (12) N/A X	PIPE FI	Containing Ma (ie. Therma insulation, su or other mis TTINGS	al systems rfacing, VAT, scellaneous) te Name of Re GROWS LA	SF or LF	AL X	₹ N	SULE
>3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13) 1ST FLOOR MER ROOM	normall solel Maint/C Staff Yes No	y used y by ustodial (12) N/A X	PIPE FI	Containing Ma (ie. Therma insulation, su or other mis	al systems rfacing, VAT, scellaneous)	16 LF 16 LF gistered Landi	AL X		SULE I

14 JAN ED AMII. SE Name of Building Owner/Operator HESS CORPORATION Date of Notification (1) Street Address /13 12 Agencies Notified Type Notification 1 HESS PLAZA City, State, Zip Code Initial Notification **EPA** Amended Notification WOODBRIDGE, NEW JERSEY 07095 DEP DOL Cancellation Name of Contact Telephone Number On Hold DOH-EMERGENCY N DAVID CERULO DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) HESS PLAZA Other (ie. private & commcl. bldgs., homes, et Square Feet # of Floors Street Address 187,000 **† HESS PLAZA** Current Use (Prior if being demolished) County Code (7) City (5) County (6) MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE WOODBRIDGE ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION HILLMANN ENVIRONMENTAL 17 Street Address Street Address 313 SPOOK ROCK ROAD 1600 ROUTE 22 City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 845-369-7500 460 MIKE NEHLSEN 908-377-5644 Name of OSHA Monitor Expected State Date (10) Sched. Completion Date (11) QUALITY ENVIRONMENTAL 12 / 16 / /13 3/ 15 /14 Year Month Day Year Month Day Occupancy Status During Abatement (Check only one) Street Address 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Monday - Friday 6pm - 2:30 am City, State, Zip Code Other - Describe: WAPPINGERS FALLS, NY 1259 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo: Demolition Renovation >3SF OR LF Glovebag Procedure Non-Friable Procedure >160 SF OR Location of Is Location Description of Asbestos-Abater Containing Material (ACM) Amount REPAIR normally used ENCAPSULE Asbestos-containing REMOVAL solely by (ie. Thermal systems (Specify Material (ACM) insulation, surfacing, VAT, SF or LF) TO BE ABATED Maint/Custodial in Facility (13) Staff (12) or other miscellaneous) Yes No N/A PIPE FITTINGS 16 LF 1ST FLOOR MER ROOM Name of Registered Waste Haule NJDEP Waste Cubic Yards of Waste Name of Registered Landfill DJM TRANSPORT, LLC GROWS LANDFILL Hauler ID No. 26981 Disposal Date City, State City, State MORBISVILLE, PA 12/16/13-03/15/14 KEARNEY, NEW JERSEY Signatur Date Completed by (Print or Type Title DIRECTOR OF OPERATIONS BENJAMIN SANCHEZ

Ci 2 100 of or h 200 f					lovelsing Procedure on-Ecometral (*) and	Mén-Printel Procedure	1			
		s Longi Resvel					T	Ty.		
Ashesto Containing Mahatal (ACM) 19. Bit Albatto		Custod Custod Statis (12)	DE DES	Description Geographic (i.e., Bestern) application (i.e.,	MD PRESIDENT.	Appendix (Specify SF or LP)	Retransival	Magint	Enongenden	Guddawa
	Yes	No	MA	1		57				
LFLOOR			X	THERMI SPREMS	ا لاه اجمالت لو ا	ZOLF	X			
	_						\pm			
Name of Registered Vilage Helder		JDEP V	Albreio 1	Header Cubic Yards o	[18] - [1		L			
Best Removal Inc	"	1	710	9 11/2	Cumber 1	and County	Lan	dí	1	Ll
Hackensack , N.J	. 076	01		12/50/13	City, State	burgh , PA . 1	724	0	_	
J.Maiorano Esti	nator	:		Signature /	eionone	Delin (2	1/2	7/1	3	

Check 12583

Date of Notification (1) 12/31/13					Building O		erator (2	2)							
	lotification		1	treet Ad 230 Me	dress ndham l	Road		-					TOPL JAN	_	1717
DEP A	mended mendment #				e, Zip Cod own, NJ)				2		=		60
☑ DOH ju	mergency (incl stification) ancellation	luaing	1	lame of 0						Telephone I	Number		5 PH		
				FACIL	ITY INFO	RMATIO									111
Name of Facility Where Abateme Street Address 230 Mendham Road	ent is Taking Pl	lace (3)						Subch	l (K-12) apter 8 (C	Other than h		ildin	(2) gs, ho		ار المار
City (5) Morristown								etc.) Square Fee 3000	10.0	of Floors		Bldg 100	j. Age	1	
County (6) Morris				County C	ode (7) SE ONLY)			Current Use	e (Prior if	being demo	olished)				
Name of Monitoring Firm Hired b	y Building Owr	ner (8)		ASCM	No.			of Abatemer Environm			LC				
Street Address			18					Address ate Drive	, PO Bo	x 483				-	
City, State, Zip Code							City, St	ate, Zip Coo	de	***************************************					
Project Manager for Monitoring F	irm .		1	elephon	e No.		Telepho	one No.		Licens 703	se No.				
Start Date (10) 1/10/14	1.110.000	cheduled /10/14	Com	pletion D	Date (11)		Name o	of OSHA Mo	onitor					500	
Occupancy Status During Abates Facility Closed/Vacated Dur Abatement Performed Outs Other – Describe:	ring Entire Peri	iod of At	atem					Address ate, Zip Co	de	- 4			5	199	
Scope of Work (Check All That A	Apply)			1000		1.		3				77.75			-
≥3 sf or ≥3 if ≥160 sf or ≥260 if	FF-37	partier 1	enovat emoliti				×	Mini-End Gloveba	dosure g Procedu	with Negati ure and Non-F			dure		
		le I	ocatio	n									baten		
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	No Used Mair	ormall Solel ntenar odial S (12)	y y by ice/		os Conta thermal : surfac		aterial (ACN insulation, T, or	м)	Amount (Specify SF or LF)	Removal		Type	m	Enclosure
center attic/attic storag	e room	-		x		wal	ll plaste	er		60 SF	_	>		1	_
basement/basement sto		-		X		wall/ce				40 SF		,	-	1	
Room 301	rago IIII			X			laster		-	10 SF		,	-	1	
Room 302				x	100 - 11 - 10 - 1		olaster			10 SF		>		\dashv	
Name of Registered Waste Haul	ler		11.0	JDEP W auler ID		Cubic of Was	Yards	Na	me of Reg	istered Lar	ndfill			-	
City, State						Dispos	sal Date	City	y, State						
Completed by Andrew Scott Higgins		Title Presid	dent			S	ignature	k			Date 12/30)/13	}		

Date of Notification (1) 12/30/13		1001		Name of Lou Ba	Building O	wner/0	Operator	(2)						MAL HOOF		7
Agencies Notified	Type Notification		1 7	Street Ad 33 Fore	idress est Place)		=	11	-			; } -!	1	4	٤.
EPA DEP DOL	Initial Amended Amendment				te, Zip Cod o, NJ 07		. 4		87			1	.)	0	o,	
	Emergency justification) Cancellation		- 5	Name of Lou Ba	Contact incala	- 12		=		Tel	enhone l	Numbe	er - 2	i	5:5	
7.				FACII	LITY INFO	RMAT	ION									
Name of Facility Where A House Street Address	Abatement is Takin	g Place (3)							of Facility (School (K-1 Subchapter	2)	er than k	(-12)	1			a
33 Forest Place								×	other (i.e. p					300.07031300		s,
City (5) Towaco								Squar 2200	e Feet	# of 2	Floors		50 50	dg. Ag)	ge	
County (6) Morris					Cod∈ (7) ISE ONLY)			Currer	nt Use (Prid	or if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				ement Cor onmenta			LC				
Street Address	10							Addres Box 48	56 m							
City, State, Zip Code					×			State, Zi	p Code NJ 074	18						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi	none No 583-8).		Licens	e No.				
Start Date (10) 1/7/14	44	Scheduled	I Com	pletion (Date (11)		Name	of OSH	IA Monitor					Vel		
Occupancy Status Durin	g Abatement (Che	k Only One)				Street	Addres	S							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of At	atem	ent			City, S	State, Zi	p Code			-			****	
Scope of Work (Check A	III That Apply)						L									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тпас Арріу)	- Company	novat moliti					Min Glo	Containmoi-Enclosure vebag Proin-Exemptee	e cedure	53				e e	
		le l	o o o o ti	on									7	Abate		
Location		6.500	ocation of the contract of the	99500		D	escription	o of						Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	5777577	tenar			os Coi therma surf	ntaining f al system acing, VA miscella	Material s insula NT, or		(mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
basem	ent	+ + +		х		pip	e insula	ation		6	0 LF	2	2			
Name of Registered Wa	ata Unidas		T NI	JDEP W	lasta	Cubi	c Yards		Name of	Pagist	ared Lar	odfill				
Freehold Cartage	ste riaulei		Н	auler ID 5959		of W			GROW		Sied Lai	iuiii				-
City, State Freehold NJ	4H					Disp	osal Date	9	City, Stat Morrisv		Α					
Completed by Andrew Scott Higgin	าร	Title Presid	lent				Signatur	e	~			Date 12/3		3		

Date of Notification (1) 12/31/13 CK:296	0 \$200	ii			uilding Owner h Board of										
Agencies Notified	Type Notification			Street Add	ress th Broad S	Street						97.05			
EPA DEP DOL	Initial Amended Amendment				, Zip Code h, New Je	rsey 0720	01						7084		
X DOH X DCA	Emergency (justification) Cancellation	including	1 8	Name of C					Tele	phone N	lumhe - 🕶	ř) .:			1
N DOA	El Cambonanon			FACILI	TY INFORM	ATION						_	င်ာ		
Name of Facility Where A School #16 Annex	Abatement is Taking	g Place (3)	10				Тур	e of Facility (4) School (K-12 Subchapter 8)	s then V	12\	5	PHIZ		1
Street Address 1086							H	Other (i.e. pri etc.)	vate 8	comme	rcial b		ngs, th	omes 1	, 그
City (5) Elizabeth, New Jers	sey 07201						20,	are Feet 000	2		Ç.	55	g. Ag +	9	
County (6) Union				County Co	ode (7) SE ONLY)			rent Use (Prior nool	r if bei	ng demo	lished)			
Name of Monitoring Firm Detail Associates In	n Hired by Building	Owner (8)		ASCM	No.			patement Cont rporation	ractor	(9)					
Street Address 300 Grand Avenue						Street 606		ess ride Avenu	е						
City, State, Zip Code Englewood, New J								Zip Code d Park, Nev	w Jer	sey					
Project Manager for Mon Stephen J.	150			Telephon		Telep 973-		No. -8400		License 01104					
Start Date (10) 01/17/14		Schedule 01/19/1		npletion D	Date (11)			SHA Monitor ironmental	Labs						-100 -1100
Occupancy Status Durin	ng Abatement (Che					Stree									
Facility Closed/Vac Abatement Perform	cated During Entire	Period of A	baten	nent S		City,	State,	Zip Code	*********	2					
X Other – Describe:		-				Unio	on, N	lew Jersey	0708	3					
Scope of Work (Check of ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)		enova				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure	3					
		T .	Locat	ion		-							Abate	ment	
Locatio Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Use Ma	Norma d Sole intena	lly ely by ince/ Staff?	(i.e. the	Description Containing Dermal system Surfacing, V Ther miscella	Mate ns ins AT, o	ulation, r	(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
D Pa	a Dathroom	163	X	100		TSI				15 LF	1	X			
Basement Boy	ys Bathroom		^		Lim	nited Cont	ainn	nent							
										_	_				
				NJDEP W	lasta (Cubic Yards		Name of	Regis	tered Lar	ndfill	-			
Name of Registered W Lilich Corporation	aste Hauler			Hauler ID 18724		of Waste		G.R.O.	W.S						
City, State Woodland Park, Ne	ew Jersey 0742	4				Disposal Da 01/20/14	te	City, Stat Morrisv		Pennsy	,				
Completed by Tatiana Kalenikova	a	Title Vice	Pres	sident		Signatu		arall	al	den	Date 12/		13		



PROJECT ON HOLD

Date of Notification (1) 1 2 / 27/13				uliding Ow n Board				76							
Agencies Notified Type Notification		-	reet Add	ress th Broad	Stre	et									
EPA Initial Amended Amendment #		CI	ty, State	, Zip Code h, New J			1	,	9						
DOH Emergency (In justification)	cluding	31000	ame of C				Van 1980 (W 10		Tala	shana Alii	mhor	į,	000	200	
Carcellation		1-		TY INFOR	MATI	ON					_	1	-	E	
Name of Facility Where Abatement is Taking School #16 Annex Street Address	Place (3)		T NOIS				× Sc	Facility (4) thool (K-12) behapter 8	(Othe	r than K-1	(2)	5	Ç		
1086 North Avenue				9			Ot etc	her (l.e. pri c.)	vate &	commerc	dal bul)			_
City (5) Elizabeth	H						Square 20,000	0	2	Floors	!	318g 55+	. Agi		1 1
County (6) Union		Ci (S	ounty Co	ode (7) SE ONLY)			School School	Use (Prior ol	If bein	g demolis	shed)	X	2	•	
Name of Monitoring Firm Hired by Building O Detail Associates Inc.	wner (8)		ASCM	No.				ment Control	ractor	(9)					
Street Address 300 Grand Avenue							Address	e Avenue) Э					10	
City, State, Zip Code Englewood, New Jersey 07631		-				City, S	ate, Zip			sey 074	24				
Project Manager for Monitoring Firm Stephen J.	· · · · · · · · · · · · · · · · · · ·	1000	elephon	e No. 9 - 6708		Teleph	one No.			License 01104					
No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Scheduled PROJEC	Comp	oletion D	ate (11)		Name	of OSH	A Monitor nmental	l ahs						
PROJECT ON HOLD Occupancy Status During Abatement (Check							Address								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility F	lours		35			Route	22 Wes	t	-					
Other - Describe: 7-A-MStart 7-PM (Scope of Work (Check All That Apply)	Comple	tic	on		-			v Jersey	0708	3					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic	2.70			×	Mini	Containme -Enclosure vebag Proc -Exempted	edure	100107040 Endocate			dure		
	ls L	ocatio	on			-		Landington	17	<u> </u>	T			ment	
Location of	No Used	rmally	y v by		D	escription	of				-	Т	1 11	7	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenan	ce/	Asbest (i.e.	therma surf	ntaining N al system acing, VA miscellar	s insula T. or	(ACM)	(mount Specify or LF)	Zellove	Domouni	Repair	Encapsulate	Enclosure
Basement Boys Bathroom		X				TSI	;			5 LF	X	1			
												1			
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lan	dfill				
Lilich Corporation		H	auler ID 3724		of W			G.R.O.					200		
City, State Woodland Park, New Jersey 07424	e ,				Disp	osal Date	,	City, Stat Morrisy	e Jlle, F	ennsyl	vanla				
Completed by Tatiana Kalenikova	Title Vice F	Presid	dent			Signatur	lan	Lat	M	1	Dair 12	1/2	27/	13	

12/20/13

Data of Notification (1)

103

Cily (d)

County (ii)

TEANICK

Car, State, 25 Carlo

12/31/13

Scope of Wark (Check all that analy)

Sant Com Hot

PELLEN

resent y (including

D Consolution

Name of Pasilly Village Abstracts in Taking Place (3) CATHY BENIPAYO

GRIGGS AVE.

milerand Firm Hared by Bull ting Owner

may believe Disting Abotherwith Church early cont

G-Facility Connervationed During Entire Period of Absternant
Ci Aparentent Purionneld Cultide of Normal Feeling Heavis
AF Otto: - Decembe: 7 & 41 5 6 11

BEST

IOR GRIGGS

THA UTCK

FACILITY INFORMATION

Cade (n) STATE USE

Chy, Jann, Zp Co.

ASCER No.

14

1

CK 4843 DOL - 10 DAY REMEMBER - MAIL IN HARD CO. NOTHICATION OF ASSESTED ABATES (Pursuant to NJAC 2:00 and 12:120) DEG 3 0 2013 CATHY BENIPHYO AVE WAIVER APPROVED 07666 N2 CATHY BENIFAMO Typo of Facility (4) C) Substitute (1272)
C) Substitute (127)
El Other (127) private & commercial in 935 1800 KES DENCE Best Removal Inc 450 S. River St City, Chata, My Code N.J. 07601 Hackensack , Telephone No. 00388 201-329-7444 Omega Environmental Street Address 280 Huylar St City, State, Zip Code S. Hackensack , N.J. 07606 © Put Commitment with Negative Processes

Of Mint-Enclosure

Stronger Procedure

© Non-Security C and Non-France Procedure

		la:	المصيا	m			1			B	ALC: N	
Ashesias Containing Material TO BE ASAUTED (12) Facility (13)	(A) 2005	Und	Committee	A DA	Action (Lo.	Deverbiller of the Contrible Med Control equipme in purificity, VAT. offer internitation	ndei (456) Mulatan, ar	Amount (Specify SF or LF)	frateing	Region	Chinganith .	Englagure
	1000	Yes	No	NYA					2.0	Н	\vdash	
BASHOW				P	11/10	HAC INCHE	71017	70 UF	×	H	-	
ما المام									+	\vdash	H	_
									+	H	-	
			T				Name of Reg	Annual Lord			لـــا	-
Name of Registered Winte Hader Be'st Removal Inc		N.	Me.	710		1 766	Cumber	land County		_	-	L 3.
Ch. St. Hackensack		075	01			C1 16/51	City, State Ne	whurgh , PA.	١.	1		
J.Maiorano	To Estima		_99			Signature	Perono.	0 1.	2/3	0	1 5	

The most time than teares for anthonise Separative ophisms

NOTIFICATION OF ASSESTOS ABATEMENT CICH 4848 (Pursuant to NJAC 8.68 and 12-128)

Date of Notice (1)			Name	YR. IRA BA	10HKY 60
Agency Netfled Type Metflestian				936 RED	70
Similar Signification Similar Signification Signification		and the same	City, S	Rato, Zip Code .	
E DOM (Included)				of Contact	Tolombono Musther
2 DCA 2 Cassallation				MR. BAUHAN	
Name of Facility Village Abahmant is Taking Pi	per (3))	PAGE	· ·	Typo of Facility (4)
MR. BAUM.					2 School (K-12) 2 Sphaper & (Charton K-12)
936 TEO.	1	ما		• • •	(2) Clart (A. private & communical business. (b.)
TEANECK					1800 20 1940
BENGEN		-1	Count	y Codo (7) (STATE USE	Current Use (Prior If being demolished)
Name of Manholog From Hand by Building Our		ASC		×	(lesidence
6				Best R	Removal Inc
Shot Addres			•	450 S.	River St
City, State, Zo Codo				Chy. Shite, Zip C	Code nsack, N.J. 07601
Project Manager for Manifesing Flux	Te	elepho	no No.	· Telephone No.	Lieusse No.
Start Date (18)	occurio)	ion De	(11)	201-329- Name of OSHA	Mening
1/14/14 1/	15	14		Omega En	vironmental Inc
	of Shot	laman		280 Huy	
Discount Parlamed Outside of Named Parlament Parlament PAM TO SPM	ally Ho	us	:	Cay, State, Zp C	lackensack, N.J. 07606
Scape of Wink (Check all link apply) 22 Scare 2 S II C = 160 of or 2 200 II				OF STATE	Containment with Negative Pressure Englasme obgg Presedure Geompted (*) and Neis-Frinble Presedure
		Locali	900		Abstrant Type
Location of Asherine Containing Method (ACIS)	Uso	d Solo	jà pà jà jà	Description (Ashesias Containing Ma	of classic (ACM) - Amount _ 5 m
TO BE ARATED	Ç	estadi Stadio		(i.e., thermal systems gardicing, VAT	inveloce, Specify on Sold Black, Specify on S
(13)	·	(12)		other meeting	2 7 8 7
BASSUEUT	Yes	No	SWA.	THELMAL SYSTEM I	NOW YOLF P
JAG					
Name of Registered Whele Harder			Vaste i		Nume of Registered Land®
Best Removal Inc		‰. 710	9	Waste 1 / 2	Minerva Enterprises
Hackensack, N.J.	076	01		Disposal Date	Waynesburg , Oh
Completed by J. MAI OVCANO Estim	-			See Total	oiorone 1/2/14

Date of Notification (1) 1/2/14		1000		Building O Ars. Fine		erator ((2)		10	<i></i>	_						
Agencies Notified Type Notification EX EPA X Initial		165	Street Ad 36 Ryn	idress ida Roac	d							3	P MO		3		
DEP Amended Amendment				te, Zip Cod Orange,)					
Emergency (justification) DCA Cancellation	ncluding	100	Name of Mr. & N	Contact Ars. Fine					Tele	phone N	Numb	er	ा	p p			
			FACIL	ITY INFO	RMATIO	N	V					(a)			137		
Name of Facility Where Abatement is Taking Street Address 36 Rynda Road	Place (3)							of Facility (4 school (K-12 subchapter (other (i.e. pr tc.)	2) 8 (Othe	er than K	(~12) ercial	build	ings, I		S,		
City (5) South Orange								e Feet	# of 2	Floors		BI 50	dg. Ag	je			
County (6) Essex	±3		County C	Code (7) ISE ONLY)			Curre	nt Use (Prio	r if beir	ng demo	olishe	d)					
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	l No.				ement Cont onmental			LC						
Street Address							Addres Sate D	s Orive, PO	Box 4	183							
City, State, Zip Code		No maille b				City, State, Zip Code Glenwood, NJ 07418						4					
Project Manager for Monitoring Firm		T	Telephor	ne No.			one No 583-8			Licens 703	e No.						
Start Date (10) 1/10/14	Schedule 2/10/14		*	Date (11)	- 1	Name	of OSH	A Monitor			-			i.			
Occupancy Status During Abatement (Chec	k Only On	e)				Street	Addres	s			72.17						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:														12			
Scope of Work (Check All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit	90.0			×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	S T .0				ì			
		Locati											Abate Ty	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole intena	12)				Material s insula .T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure			
exterior .			x		pipe i	nsula	tion		12	20 LF		x					
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Y	/ards		Name of I	Registe	ered Lar	ndfill				-		
Freehold Cartage		H	lauler ID 5959		of Was			GROW									
City, State Freehold NJ					Disposi TBD	al Date		City, State Morrisv		Α							
Completed by Andrew Scott Higgins	Title Presi	dent		Title Signature									Date 1/2/14				

1	OTIFICAT		ASBESTOS ABATEME JAC 8:60-7 and 12:120-						1
	(Pursuar	nt to IV.	Name of Building Own	er/Operator (2)					1
		.	HESS CORPORATION		14.0		جج_		1
ate of Notification (1)		1	Street Address			- 1		-	+
12 / 30 /13			1 HESS PLAZA						1
gencies Notified Type Notification			45-75 (Table 1986)			. 3		ů.	1
gencies Notification	r		City, State, Zip Code WOODBRIDGE, NEW	IERSEY 07095			1	- 1	1
EPA Initial Notification	cation		MOODBRIDGE, MEAA				C		1
X DOL Cancellation			Name of Contact	- IT	elephone Numb	er	70		
IV IOn Hold			DAVID CERULO			ز	7		4
X DOH DCA EMERGENCY	١						<u> </u>		1
		FACIL	TY INFORMATION	Type of Facility (4)		()1		7
Name of Facility Where Abatement is Taking P	ace (3)			School (K-12	2)				
lame of Fuerry				Subchapter	8 (Other than K	-12) -14ac	homes	etc.	,
HESS PLAZA				X Other (ie. pr	ivate & commol	Diags.,	ldg. A	ge	
1635 FLAZA				Square Feet	# of Floors,	1 -	42	9-	
Street Address				187,000		iched)			_
1 HESS PLAZA		_	County Code (7)	Current Use (Prio	r if being delilo	isileu)			
City (5) County (6)			(STATE USE ONLY) .	COMMERCIAL C	FFICE	r (9)			
	huner (8)		ASCM No.	Name of Abaten PAR ENVIRONM	IENTAL CORP	DRATIO	N		
Name of Monitoring Firm Hired by Building C	Attici (o)		17	Street Address	ILITAL OUT				
HILLMANN ENVIRONMENTAL			10000 0235 W.	Street Address 313 SPOOK RO	CK ROAD				_
Street Address				City State Zip C	Code				
1600 ROUTE 22		35350		SUFFERN, NEV	/ YORK 10901				_
City, State, Zip Code UNION, NEW JE	RSEY 0708	33		Telephone Num	ber Lice	ense Nur	nber		
Project Manager for Monitoring Firm	Telepho	one Nu		845-369-7500	460)			_
	908-37	7-5644		Name of OSHA	Monitor				
MIKE NEHLSEN Expected State Date (10) S	ched. Com	pletio	n Date (11) 15 /14	QUALITY ENVI	RONMENTAL				
12 / 16 / /13	3 /		Voor						_
D Vear	Month		Day feat	Street Address					
	11			Ou cott					
Occupancy Status During Abatement (Check C	only one)	of Abat	ement	1376 ROUTE 9	W			5/8/4/_	
Occupancy Status During Abatement (Check C	only one) ire Period o lormal Faci	of Abat	ement urs - Describe:	1376 ROUTE 9	Code				
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Ent Abatement Performed Outside of N	Iormal Faci	of Abat lity Ho 2:30 a	m	City, State, Zip	Code PPINGERS FAI	LS, NY	12590		_
Occupancy Status During Abatement (Check C	Iormal Faci	of Abat lity Ho 2:30 a	m	City, State, Zip	Code PPINGERS FAI	LS, NY	12590		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr	lormal Faci iday 6pm -	of Abat lity Ho 2:30 a	m Full Cor	City, State, Zip WAItainment with Neg	Code PPINGERS FAI	LS, NY	12590	-	
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N X Other - Describe: Monday - Fr	Iormal Faci	of Abat lity Ho 2:30 a	Full Cor X Mini-En	City, State, Zip WAItainment with Neg	Code PPINGERS FAI	LS, NY	12590		
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N X Other - Describe: Monday - Fr Scope of Work (Check all that apply)	lormal Faci iday 6pm -	of Abat lity Ho 2:30 a	Full Cor X Mini-En	1376 ROUTE 9 City, State, Zip WAI atainment with Neg	Code PPINGERS FAI				/D6
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N X Other - Describe: Monday - Fr	lormal Faci iday 6pm - Renovatior	2:30 a	Full Cor X Mini-En X Glovebi Non-Fri	City, State, Zip WA Atainment with Neg clo: , ag Procedure able Procedure Asbestos-	Code PPINGERS FAI ative Pressure	A	batem	ent Ty	/pe
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X > 3SF OR LF > 160 SF OR Location of	lormal Faci iday 6pm - Renovatior	2:30 a	Full Cor X Mini-En X Gloveb Non-Fri Description of Containing Ma	City, State, Zip WA Atainment with Neg clo: , ag Procedure able Procedure Asbestos- terial (ACM)	Code PPINGERS FAI ative Pressure Amount	A	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing	lormal Faci iday 6pm - Renovatior Is Locat normally	2:30 a	Full Cor X Mini-En X Gloveb Non-Fri Description of Containing Ma	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems	Code PPINGERS FAI ative Pressure Amount (Specify	A	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM)	lormal Faci iday 6pm - Renovation Is Locat normally solely	2:30 a	Full Cor X Mini-En X Gloveb Non-Fri Description of Containing Ma (ie. Thermal insulation, sur	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount	A	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED	Renovation Is Locatinormally solely Maint/Cus	2:30 a ion used by todial	Full Cor X Mini-En X Gloveb Non-Fri Description of Containing Ma	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify	REMO	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	A	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locatinormally solely Maint/Cus	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveb Non-Fri Description of Containing Ma (ie. Thermal insulation, sur	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify	REMOVAL	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	PENCLOGORE
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	E
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	E
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	F
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of NOther - Describe: Monday - From Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	1 5
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of NOther - Describe: Monday - From Scope of Work (Check all that apply) Demolition X >3SF OR LF	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	1 2
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of NOther - Describe: Monday - From Scope of Work (Check all that apply) Demolition X >3SF OR LF	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	1 2
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of NOther - Describe: Monday - From Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	1
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locate normally solely Maint/Cus Staff (1)	2:30 a ion used by todial 2)	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT,	Code PPINGERS FAI ative Pressure Amount (Specify SF or LF	REMOVAL	batem	ent Ty	1
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Renovation Is Locatinormally solely Maint/Cus Staff (1 Yes No	2:30 a ion used by ttodial 2) N/A	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT, cellaneous)	Amount (Specify SF or LF	REMOVAL X	batem	ent Ty	1
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition X >3SF OR LF >160 SF OR	Renovatior Is Locatinormally solely Maint/Cus Staff (1 Yes No	2:30 a ion used by ttodial 2) N/A X	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip WAI atainment with Neg clo: , ag Procedure able Procedure Asbestos- terial (ACM) systems acing, VAT, cellaneous)	Amount (Specify SF or LF	REMOVAL X	batem	ent Ty	1
Occupancy Status During Abatement (Creck of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition	Renovatior Is Locat normally solely Maint/Cus Staff (1 Yes No	2:30 a ion used by todial 2) N/A X Waste D No.	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip WA Atainment with Neg clo:, ag Procedure able Procedure Asbestos- terial (ACM) systems facing, VAT, cellaneous)	Amount (Specify SF or LF	REMOVAL X	batem	ent Ty	1 5
Occupancy Status During Abatement (Creck of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition	Renovatior Is Locat normally solely Maint/Cus Staff (1 Yes No	2:30 a ion used by ttodial 2) N/A X	Full Cor Mini-En Gloveba Non-Fri Description of Containing Ma (ie. Thermal insulation, sur or other miso	City, State, Zip WAI Attainment with Neg clo:, ag Procedure Asbestos- terial (ACM) systems facing, VAT, cellaneous) Name of Re GROWS LA	Amount (Specify SF or LF	REMOVAL X	batem	ent Ty	1 5
Occupancy Status During Abatement (Creck of Facility Closed/Vacated During Ent Abatement Performed Outside of N Other - Describe: Monday - Fr Scope of Work (Check all that apply) Demolition	Renovatior Is Locat normally solely Maint/Cus Staff (1 Yes No	2:30 a ion used by todial 2) N/A X Waste D No.	Full Cor X Mini-En X Gloveba Non-Fri Description of Containing Ma (ie. Therma insulation, sur or other miso	City, State, Zip WAI atainment with Neg clo: , ag Procedure able Procedure Asbestos- terial (ACM) systems acing, VAT, cellaneous) Name of Re GROWS LA	Amount (Specify SF or LF	REMOVAL X	REPAIR	ent T ENCAPSULE	ENCLOSORE

			(Purs	Name	of Building Ow CORPORATION	mer/C	Operator (2)					
Date of Notification (1)					Address							
12 / 6 /13				_	S PLAZA					ů.	13	
Agencies Notified EPA DEP DEP Cancellation		on		City S	tate, Zip Code DBRIDGE, NEV	V JER) 1	2004 JEN .	
X DOL Cancellation X DOH On Hold DCA EMERGENC	Y N			DAVID	of Contact CERULO			elenhone N	- -	er 	-5	
				FACIL	TY INFORMAT	ION	e of Facility (4)		- 1	7	
Name of Facility Where Abatement is Taking HESS PLAZA	Place	(3)					School (K-12 Subchapter Other (ie. pr	2) 8 (Other th	an K-	12))]
Street Address						S	quare Feet 187,000	# of Floo	rs	g G	Home	Bld
1 HESS PLAZA						-	rent Use (Prio		emolis	shed)		
City (5) County (6) WOODBRIDGE MIDDLESEX	(9 0		Coun (STATE	ty Code (7) USE ONLY)	co	MMERCIAL O	FFICE				
Name of Monitoring Firm Hired by Building HILLMANN ENVIRONMENTAL	Owne	er (8)			ASCM No. 17	PAI	ne of Abatem R ENVIRONM	ENTAL CO	RPO	RATIO	ON	
Street Address						Str	eet Address	N DOAD				
1600 ROUTE 22							SPOOK ROO					
City, State, Zip Code UNION, NEW J	ERSE	Y 070	83			su	FFERN, NEW	YORK 109	901	NI	mbor	
Project Manager for Monitoring Firm	17	eleph	one N	umber		Tel	ephone Numb	er	OWNERS AND ADDRESS OF	ise Nu	mber	
			7-564				5-369-7500		460			
Expected State Date (14)	Sched	. Con	pletic	on Date (11)		me of OSHA I		AL			
12 / 16 / /13	Mor	3 /		Day	Year							
Month Day Year Occupancy Status During Abatement (Check	only o	ne)	-				eet Address	A.				
Classed Vocated During Fr	TITE P	enou c	f Aba	tement	***	13	76 ROUTE 9	۸A				
Demonuon	riday Reno	6pm -	2:30 a	am		tainm	y, State, Zip (ent with Nega	WAPPIN		S FALI	_S, NY	1259
X >3SF OR LF					Non-Fria	able F	rocedure			_		
>160 SF OR Location of Asbestos-containing		Locati			Description of Containing Mat	erial (ACM)	Amou		REMOV	REPAIR	Abater
Material (ACM) TO BE ABATED	Main	olely b t/Cus taff (1	odial		(ie. Thermal insulation, surfa or other misco	acing,	VAT,	(Spec		MOVAL	AIR	APSULE
in Facility (13)	Yes	No	N/A	DIDE FIT	A886 4 0 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			16 LF	_	X	+	<u> </u>
1ST FLOOR MER ROOM			×	PIPE FIT	TINGS			-	1	-	F	\exists
									1	+	-	\Box
								-		+	+	士
	-	-								1		\blacksquare
										+	+	士
	+	+								\perp	\top	+-
								+	_	+		士
	+	+	-								-	1
	1	TED VA	lanta	Cubic V	ards of Waste	- 1	Name of Regis	stered Land	fill			
Name of Registered Waste Haule DJM TRANSPORT , LLC		DEP Wiler ID 2698	No.		10 = =	1	GROWS LAN	DFILL				
City, State				Disposa 12/16/1	al Date 3-03/15/14		City, State MORRESVILL	E, PA				
KEARNEY, NEW JERSEY Completed by (Print or Type	е				Signature	1	X		Da	ate /	2/6	/13
BENJAMIN SANCHEZ DIF	RECTO	OR OF	OPE	RATIONS		0					1	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 1 2 / 3 0 / 1	3	(Purs	Nar	me of Buil	: 60 and 12: 120-) lding Owner/Operato Pept, of Environment	or (2)	此# O24	164			
Agencies Notified Type of Notification [X] EPA				eet Addre			221101-0				
		- 11		y, State, Z					-		
		Ш	200		525 KB				2		
[X] DOL [] Amended Amendment #			Tre	enton NJ (38025				<u> </u>		-
[X] DOH [] Emergency (inclu	ding		Naı	me of Con	itact		Telephone Nun	nber C	725		3
Justification) [] DCA [] Cancellation			Bol	b Kunze			,			ě,)
		I	FACIL	ITY INFO	ORMATION	7		, (5	1	
Name of Facility Where Abatement is Taking Place (3)					1	Type of Facility	(4)		PK		-
State Forestry Nursery						[]	School (K-12)	1.0		i	1
Street Address						[] [X]	Subchapter 8 (Other the Other (i.e., private & co	mmercia	12	Ţ	コ
372 East Veterans Highway							buildings, homes, etc.)				
City (5) County (6)				nty Code ATE USE	10.00	Square Feet	# of Floors	B	ldg. Ag	ge	
			(317	ALE USE	ONLI)	Current Use (P	rior if being demolished)				
Jackson Somerset		Leco			Name of Abatemen	t Contractor (9)					
Name of Monitoring Firm Hired by Building Owner (8)		ASC	VI.		Name of Adatemen	if Contractor (9)					
USA Environmental Management Inc	49				J.R. Contracting &	Environmental C	onsulting, Inc.				
Street Address					Street Address						
344 West State Street					1141 Route 23					_	
= 1 00000000000000000000000000000000000					City, State, Zip Co	de					
Trenton, NJ 08618	Tolor	hone l	Numbe		Wayne NJ 07470 Telephone Number		License No.			_	
Project Manager for Monitoring Firm		556-810		"	973 628-9500	100	00408				
Willie Weisgarber Scheduled State Date (10) Scheduled	Completion I		1000	+	Name of OSHA Me	onitor	100400				
0 1 1 1 3 / 1 3 0 Month / Day / Year Mor	1 2	8 ay	_1	3 Year	Enviro Vision Con	sultants, Inc.					
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Performed Outside of Norma [] Abatement Performed Outside of Norma [] Other - Describe: Scope of Work (Check all that apply) [] ≥ 3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf		Reno	evation olition		Street Address 20-21 Wagaraw Ro City, State, Zip Co Fairlawn NJ 0741([X] [] [X] [] [X]	Full Containme Mini-Enclosure Glovebag Proce		edure			
		·-						A	batem	ent T	ype E
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Lo No No So Mair Cu	Is cation rmally Used lely by rtenance stodial ff (12)	ce /		Description of Asbestos-Containin Maferial (ACM) (i.e., thermal system insulation, surfacing or other miscelland	s, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	N C A P S U L	N C L O S U R E
Throughout			X	Drywal	l / Joint Compound		2,618 sf ft.	x			
Throughout			X	Pipe &	Fitting Insulation		140 sq. ft.	X			
Throughout			X	Boiler I	Rib Insulation		10 sq ft.	X			
Throughout			X	Linoleu	ım & Mastic		192 sq. ft.	X			
Throughout			X	Flue Ce	ement		2 sq ft.	X			
Throughout			X	Texture	ed Ceiling Finish		721 Sq. ft.	X	П		
		-									-
Name of Registered Waste Hauler	100000000	EP Wa		Cubic Y	ards of Waste	-	f Registered Landfill				_
J.R. Contracting & Environmental Consulting, Inc.		1781	9	D:	10.4	G.R.O.					
City, State				Disposa	1 Date	City, St Morris					
Wayne NJ 07470 Completed by (Print or Type) Title	144. 37			S	ignature 矣	> Morris	Date Date				
Jerry Bijelonic Project Ma	anager				0			12/3	30/2013 G4667	3	

CK# 1799

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

Date of Notification (1) Name of Building Owner/Operator (2) 12 31 / 13 Junior R. Fortuna Type Notification Agencies Notified Street Address □ EPA X Initial 125 West 25th Street **⊠** DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # 1-1 Bayonne, NJ 07002 □ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Telephone Number Cancellation Junior R. Fortuna **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Ü Private home School (K-12) 11 Subchapter 8 (Other than K-1.2) Street Address Other (i.e., private and commercial buildings. 125 West 25th Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bayonne, NJ 07002 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Hudson 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__ / __09__ / __14 01 / 10 / 14 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/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 lf = 160 sf or >260 lf Renovation Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Remova Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? iN Facility surfacing, VAT, or SIF or LF) (13)(12)other miscellaneous) Yes No N/A Basement X Pipe insulation 25 LF X П П Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic evic Nenad Owner 12/31/2013 ASB-41

Check#1799



Date of Notification (1) December 27th, 20		,	Name of VNO V	Building (VAYNE	Owner/C	perator CENT	(2) TER L	LC								
Agencies Notified	Type Notification			Street Ac		wn Ce	nter. N	J Sta	te Rte. 2	3 Will	owbro	ook B	lvd.	~)		
EPA DEP DOL	Emergency	-		City, Stat Wayne	te, Zip Co	de	•			1	ephone	1	9	3		7
DOH DCA			- 10		Messier					101	ephone			ア		1
Name of Facility Miles	Ab -4	- Di (2)		FACIL	LITY INFO	RMATI	ON	Timo	of Facility (4) 2		- 5"		2		-
		g Place (3)						_	School (K-1		**	•		<u>:</u>		<u> </u>
Street Address 250 Wayne Town (Center								Subchapter Other (i.e. p	8 (Oth	& comn	K-12) nercial	build	137		
City (5)									e Feet	# o	f Floors		B 4	dg. A	ge	
		-	Т	County C	Code (7)				nt Use (Prid		ng den	nolishe		.		
Passaic					JSE ONLY)			Com	merical							
		Owner (8)		ASCN	l No.		1000000 COOK 1000		tement Cor nstruction		(9)					
Street Address 280 Huyler Street			61					Addres Getty	- 20							
City, State, Zip Code South Hackensack	,New Jersey								ip Code w Jersey	0701	1-180)2				
	nitoring Firm		11 33	Telephor	ne No. 89-8700	8	 REMOVED CONTROL 	none No 478-4			Licen 0072	se No		10-10-1119		
Start Date (10)		Scheduled January			Date (11)		- 10-00000		IA Monitor	n Inc.			422/3/4			
	ng Abatement (Chec			7				Addres								
Facility Closed/Vac								Getty								
Other – Describe:	Monday-Saturday7:	nal Facility H 00am-3:30pm	ours				200000000000000000000000000000000000000		ip Code ew Jersey	0701	11-180	02				
	All That Apply)			850			IS	71								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		0.000000	novat					Mir	I Containmoni-Enclosure ovebag Prod n-Exempted	e cedure	_				a.	
		Isla	ocatio	on						2 () a	4 11011	1100		Abate	ement	t
		1000000	rmali	y			scription							Ту	pe	
		Maint	enar	ice/			taining N system				mount Specify		æ	71	Enc	g
		Custoo (12)	ιαπ?			cing, VA			SI	F or LF)	Remova	Repair	Encapsulate	Enclosure
(.0,		Yes	No	N/A				,					<u>a</u>	7	late	9
South Eas			х		C	lean u	р		3	240sf		x				
	#															
									f Registered Landfill							
P 270			NJDEP Waste Cubic Hauler ID No. of Was					G.R.O.								
			18	3508		TBD	sal Date	-	City, Stat	- NO PARTIES DELL		75				
	07011-1802					TBD		i uco	Morrisv		a					- 2- 3-3
Completed by		Title Office	Man	aner			Signature		M	lle		Date 12/	e 27/1	3		
DOH DCA		Onice	AICI	agei			Ulu	un	NA	Well	uc	1				

CK # 1845

1-2/30/13·			of Building Owner Operator	0 -	ERMAN !	JI J		
Agency Notified Typo Notification		Street	Address 25 EAST F			2 1		- }
D SPA D DSP D Amended Amendment \$	l	City, S	MAYWOOD.		7607		2	-
E DOH · justification)	s		of Contact	-	Telephone Number.		i	-3
© DCA Concellation			MY A. BITTER	, , , , , , , , , , , , , , , , , , ,	-7. 1	,	>	
Name of Facility Where Absternant is Taking Place	= (3)		•	Type of Facility	*	-		
State .				2 School (K-12) : (Other than JK-12) hate & communical build	Since		
25 E. FAIRMOUNT	Aut	<u>ج</u>		homes, etc.) Samare Feet		ig. Age	,	
MAY WOOD	•			1800	2	1.9.		oʻ`
BERGEN	- void Instance	Count	y Code (7) (STATE USE	Current Use (P	210ence.	• •		
Name of Manifesing Firm Hired by Building Owner (6)	ASCM	I No.		enoval I	3.5			
Street Address			Street Address			- 4	ilikeen.	
City, State, Zip Code			City, State, Zip (- 07/01		-	-
Project Manager for Manipains From	Telephon	no No.	Hacken Telephone No.	sack, N.	J. 07601		-	
Start Date (16) Scheduled Con			201-329-		00388			
1/13/14 1/14	114	- (11)	Omega En	vironmen	tal Inc			
Occupancy Status During Abatement (Check only C. Pacilly Closed/Vacated During Entire Period of			Street Address 280 Huy	ler St				
Abatement Performed Cutside of Normal Facility Conversion: 7AM TO SCM	v Flours		Cay, State, Zo C		k, N.J. 076	. 06	0.0	
Scape of Work (Check all that apply)		2 Ren 0 Dem	Continue Cities	Contributes twith Explosure about Procedure	logative Pressure Non-Pázbio Preceduro			
	is Locati	en M			•	A	ades Dip	ment e
Location of Asbestso-Containing Material (ACM)	Used Salel Maintains	ly by	Description of Asbestes Containing Mis	total (ACM)	Amount	2		
TO BE ARATED IN Facility (13)	- Staff-		guipag, VAT	. Of	SF or LF)	Removal	Romin	indoouro
	res No	NIA						5 6
BASEMENT		م	THERMAL INSOVATION	N	90 LF	×	Ŧ	干
						\coprod	1	世
. Name of Registered Waste Houter	NUDEPW	Service III	anter Cubic Yards of	Name of Regist	and Landill			Щ
Best Removal Inc	1710		1:/207	1	Enterprise	s		
Hackensack, N.J. 0			Disposal Date	Waynesb	urg , Oh			
Completed by Title			1/14/14).	Date	1301	1,2	\neg
J. MAIORANO Estima	LOI		VA	مرق م	3 19	1	-	

12/27/2013	08:11	973	6149955			PA	RAGON	H 14. T	51	PAGE	703	794
Paragon Jobs		_		Not (Pursu	ification of A	C 8:80	tos Abstement 3-7 and 12:120-7)		JAN		2014	
Date of Neithcation (1)		Name of	Sultding O	AF LOS)	DOL-10	DAY	7	1	
	Type Notific		Street Add				-		7/		1	
⊠ DOL A	Initial Aman mandmant #	dment	City, State				-	Dist	IMA	TEU	1	
0.000	Emergency justification Carass	y (Includ	Name of C		104			WAIVER	APPRO	YLL		
		Patron	Cluis		315							
Name of facility when	abatement	is taking p	place (3)	FA	OILITY IN OR	RMATIC	N	Type of Facility	(A)			
Main School South Street Address 1060-1066 South			ng Boiler	Room				Sub D Sub	ool (K - 12) chapter 8 (C if (Private/C s./Homes, e	ther the	in K-12 ≟al)
City (5)	Drange Av		unty (6)		The second secon	Co	unity Code (7)	9qui e Feat 16.0 0 sf	# of Floor	T	Bldg.	Ago
Newark		Es	sex			(5)	ate use only)	School	Prior if being			
Whitman Compani Street Address		Bidg. Owi	1er (5)		ASCM No.		Name of Absternan	Contractor (B)				
7 Pleasant Hill Rd.			1300		· ·		590 River Rd.				igi fasi	
Cranbury, NJ 0851	2			-			City, State, Zip Code					
Project Manager for Mon Kovin Lovely			1	1000 Num			Clifton, NJ 070 Telephone Number (973) 614-1600	4	License i	- Number	-	
Scheduled Start Date (1	0)	Sqne	. Complete	on Duta (1	1)		Name of OSHA Mon		1 501 40	20		
00cupancy Status Durin	d Abetaman	12/3	0/2013				Paragon Contrac Sirest Address	ning, Inc.				
Facility clased was Abatement perform Describe:	ated during	entire med	ed ed ababa	ment. 's-			590 River Rd. City, State, Zip Code			-	P	-
Other-Describe: _ Scope of VVork (check a	dibat					=	Clifton, NJ 0701	4				
Demolition	×	Renovatio				□ F	uii Containmani w/ne	ative pressure	Signeta	a after	rii (ro	
Location of		160 sf or	>260 lf normally u	end anish	,	X M	lini-enclosure		npted (") N			eduro
asbestos-contginin material to be absted in facility (1	9	by mainte staff(12) Yes	nence/cust	odial N/A	1	on of as (ACM)	ib 2008-containing	Amount (Specify S	Far	Reps	Шеов	Eno
Basement Boiler Root	m d	X			Pipe Elbowi	' 5		8 EA		1	p	L.
								J DEA			带	一
											H	
ogistered Vysste Hauler		TNUD	P Hauler II		LOIC YAIGIS OF W	(0.010					世	片
Paragon Contracting,	inc.	221	51		cyds	A\$10.10	Name of Registered Tullytown/GROV					
CliRon, NJ 07014				TBD	ine		City, State Indiffrown FA			-		_
ompleted by (Print or Ty Goran Lazevski	2 1	The resident			Signature	K	1		Date 12/27/20	13		

3133

.

7.

		(Pu	rsua	nt to N.	JAC 8:	60 and 12	:120)	127 113		
Date of Notification (1)	3 0/13		. Na	me of B	ulding C	Aner/Ope	raiox (2)	ر = 5		1
Agencies Nouned	Type Notification		Su	e el Add				JAN	A	15-2
□ BPA	⊠jvea .		_		22		200	TOR F		
□ ∞ □ ∞	Amended Amendment #		Ca	y. State.	Zip Co	e o a b a	INE	A, J.	08270	
	Emergency (includi	ng	-	-16		0 0 7 13		/	Telephone Number	
□ 00h	justification) Cancellation		N2	me of C	oniaci	FISH	ER		,	
			1=							
·	1, 1			FACILIT	YINFO	N'OITAKS	Typa	of Facility (4	,	
Name of Facility Where	Abatement is Taking Pla	ce (3)					100	chool (K-12)	•	
PES1	DENCE				===			ubchapter 8	(Other than K-12)
Street Address	1-9			- 690002			' N	omes, etc.)	rate à commercia	1 8100 AQ
1770	1111							10 Feel	of Floors	40 7
Ciry (5) S CUAL	NTAN							00	or K being demous	
County (6) CAPE				iounty C USE ONL	∞de (7)	ISTATE	Cun		ANT	
MINDIE	10WN3HIP		1			Name of A	balement Co	ontractor (9)		
Name of Monitoring Firm	Hired by Building Owne	31	AS	CM No.	.	KL.	5mc0	IN	٠/	
(8)	/A		_		=+					of \$4,000.00
Street Acoress		11	,			36	95.	> PRUC	E AVE.	
			_			Cry. State	Zip Code		: NJ	0805 ==
City, State, Zip Code							INPLZ	SHAD	License No	
bideci Manadei la Mo	wilming Firm	7.9	elect	one No.		Telephone	NO. -779 -	0.472		44
bideci Manadai idi wo		``[<u> </u>	_		=		TOWN AHE	4		
Sian Date (10)	Schedule	d Com	plelip	u Dale (11)	TO	SEP141	YLEM	M	
1/12/1	4 1/	20	110							
0.0	ing Abatement (Check o	nly on	8)	-01		36	95,5	PILUCE	EAUE.	
	and Dunner Phote Fellow		100	C II	+					15157
Abatement Perform	ed Outside of Normal Fa	Cally I	,00.0			\wedge	DPLE	ZHND	E, N, J.	08072
Other Describe:		_					Contain	meni with Ne	gatre Pressure	
Scope of Work (Check	all that apply)		- i -				Min. Enclose	910		
1 23 81 or 23 11		Reno	dition	n .		· 2	Glovebag P	red (,) and M	on-Friable Proce	ADB. ETER
2160-21 OF 3260 II		1s Lo								~ ~
	- 1	Non	MANY			Desc	lo notan	o mata tangga ang manang sa	Amount	
- Localio	0 0	Used S Maint	eueux Soley	by ce/	Asbe:	Contai	viole Maleus	ul (ACM)	(Specity	Hapon
Aspesios-Containen	g Material (ACM)	Cus	an?	t.	(i.e	suda a	DO YAL VI		SFOCE	70
IN Fac	y y y	-	12)			סמופו ווא	scollaneous	1		- 1
. (13		Yes	No	N/A		*			Ja	
		+		-		rnn.	17 0=		1400 4	_ X
510106		_		*						=
				-						
				1						
				TO PA	Varia :	T Cubic	Yards	Harne of R	egistered Landil	, , , , , ,
Name of Registered	Waste Hauler			HOLD V	No.	01 Was		C, r	1, C, M	, 0 , 7
KREMI	co INC,			1790	27_		al Date	City, State		N.J.
Cin State	., ¬	,0	20	57		55,50	mutater en 195	Woo	DBINE	10.0
MAPLES	14 - 00	10	-			S	palue	110	10	12/30/13
Compresso By	: Tibe	1	ند ل	ER			you	4110		
JOSEPH K	LEMM						0	alad actualis	11	*
A 5.8 - 1	.0	o not u	ise Il	nis form	101 850	e stos lican	sure exemp	oled schulie		

4	- 111
ハル井	2411
UNCI	0711
O.	10700

Date of Notification (1) 01/01/14					Building Ov			(2)					?	MAN		
Agencies Notified	Type Notification		1	treet Add	dress ARK AVI	Ē						8)	Ġ		
EPA DEP DOL	Initial Amended Amendment				e, Zip Code I PLAINF		, NJ 0	7080						H 12		i P
DOH DCA	Emergency (in justification) Cancellation	ncluding	1.00	ame of 0	Contact I COUR	TNEY	,		700	Tolo	nhana h	- 		= 3		انب
				FACIL	ITY INFOR	RMATI	ON									
Name of Facility Where Street Address 3216 PARK AVE.	Abatement is Taking	Place (3)				14		Sc Su X Ot	Facility (4) thool (K-12) bchapter 8 her (i.e. pri) (Othe	er than K & comme	-12) rcial b	uildi	ngs, h	iomes	s,
City (5) SOUTH PLAINFIE	LD		AVIANT			5.5		Square 1000		# of	Floors		Blo	lg. Ag	е	
County (6) MIDDLESEX				County C	ode (7) SE ONLY)				Use (Prior	if bei	ng demo	lished)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.				ment Control							
Street Address								eet Address WHITE DOVE COURT					-			
City, State, Zip Code	ity, State, Zip Code						City, S	City, State, Zip Code LAKEWOOD, NJ 08701								
Project Manager for Mo	roject Manager for Monitoring Firm						Telep	hone No.	License 1200	e No.						
Start Date (10) 1/13/14		Scheduled		Completion Date (11) Nam					A Monitor PROFES	SSIO	NALS				-	
Occupancy Status Durin	ng Abatement (Chec				Address											
Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire F med Outside of Norm	Period of Al nal Facility	batem Hours	tement ours 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701												
Scope of Work (Check							LAN	THE TOOLS, HE SOLET								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тасаруу		enovat emoliti					Full Containment with Nega Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-								
		Is	Locatio	on						17-				Abate	ment	
Location Asbestos-Containin		N Used	ormali Solel	y y by	Asbest	os Con	Description of ontaining Material (ACM)			1	Amount	-		Ту		_
TO BE AI In Fac (13	BATED cility	Custo	ntenar odial S (12)	staff?	(i.e.	surfa	l systen acing, V miscella		(Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
FLOOR	TILES	Yes	No X	N/A		FLC	OR T	ILES		5	500SF	2	ζ			
FLOOR	^-				70111											
Name of Registered W	aste Hauler		1.10				ubic Yards Name of Registered Land				ndfill					
NEWARK CARTING				Hauler ID No. of Waste 04509 4				IESI								
City, State NEWARK, NJ			Disposal Date City, State BETHLEHEM PA				МРА									
Completed by JOSEPH PERLST	NER Sig					Date 1/1/14										

CIC# 10085

Date of Notification		ding (Owner/Operator	(2)			~				
12-27-13			James H	lerri	ing				2014 JAN	-	4
Agencies Notified	Type Notificat	ion	Street Addre	ess				3	=		1
[]EPA	[X]Initial		30 Cast	:le E	Howard Ct.		3	-2	=	•	•
[]DEP	Notificat	tion	City, State,	Zip	Code				-		
[X] DOT	[]Amended				NJ,08540			3	-0		
[X] DOH	Notificat	tion	Name of Cont	-act		Telephor	ne Number	- 3	P	Ĩ	-
[]DCA	[]EMERGENCY		James H		ing		AS NUMBER	- 1	12:	· X	J
LIDER	[]Cancellat:	ion			9	-			-3		
			FACI	LITY I	NFORMATION		n.	4			
Name of Facility Who		s Takin	ng Place (3)			Type of Facil	ity (4)				
Same as above	<u>C</u>					[]School		-			
Street Addres							ter 8 (Oth				
							uildings,				
						Square Feet	# of Flo	ors B		Age	
City (5	C	ounty	(6) Essex	100000000000000000000000000000000000000	nty Code (7) ATE USE ONLY)	4500	2		200		
						Current Use (Prior if h	eing de	molis	hed))
Name of Monitoring I	Firm hired by B	mildin	a ASCM No		Name of Abater	ment Contracto	r (9)		-		
Owner (8)						ANAGEMENT	man angay				
N/A Street Address					Street Address						
otteet matess						topher St					
City, State, Zip Coo	de	-			City, State, 2						
5151, 55050, 11p 55						r, NJ 070	42				
Project Manager for	Monitoring Fir	m Te	lephone Numb	er	Telephone Numb			License	Numb	er	
,			/A		(973) 744			003	71		
Scheduled Start Date	e (10) Sched	. Сощо	letion Date	(11)	Name of OSHA N	Monitor					
1-9-14		-14-1			N/A						
	ear Mon		Day Year								
Occupancy Status Dur [X]Facility Clo					Street Address	3					
of Abatemen []Abatement Pe		of Mo	www.n. Engilis								
	ribe: «OffHours			ĻΥ	City, State, 2	ip Code					
[]other - Desc	ribe: «Other Occ	cupancy	Descript»								
Scope of Work (Check	k all that appl	.y)			F 379-33	O	th Noontie	no Drone			
[X]≥3 sf or	>3 lf	[X]Renovation	1		Containment wi -Enclosure	Lui Negatii	ve riess	ure		
[] <u>≥</u> 160 sf	or ≥260 lf]]Demolition	1		bag Procedure riable Procedu					
			Is		[]NOH-F.	riable Procedu	ITE	Ab	ateme	nt 1	Type
Location			Location Normally		Descriptio					E	E
Asbestos-Com Material			Used Solely		Asbestos-Cont Material (2011 HED 1 1 -0 0	Amount (Special	E	R	CA	C
TO BE AB			By Main- tenance/		(i.e., thermal		SF or	. 0	15	P	0
In Facil		C	ustodial	1	sulation, surfa		LF)	V	I	S	S
(13)		Yes	No N/A		or other miscel	Lianeous)		L	R	L	R
Basement			x	Pip	e Insulat	ion	110 1:	f X		200	
Crawl Space			X	Pip	e Insulat	ion	165 1:	f X			
Furnace Area			x	Pip	e Insulat	ion	210 1:	f X			
Name of Registered N			JDEP Waste	Cul	bic Yards	Name of Regi		ndfill			
AZTECH MANAG	EMENT, INC		auler ID No. 7040	of	Waste 1.5	G.R.O.W.	S.				
City, State	- 3			Dis	sposal Date	City, State					
Montclair, NJ	07042			1	L-15-14	Morrisyi	lle, P	A 190	67		
Completed By (Print	or Type) Titl	le.			lo i la mana	1,/	-	h- :		-	
Constantine V		e eside	ent		Signature	1	1/	Date	≘ 27-13		
					1 ser	Markeny	Ellen				

OK# 2409

Date of Notification (1)					Building O	wner/O	perator ((2)			S W	+		708)]	_
12/31/13	T M	No.			chreiber							(à	رَ		
Agencies Notified EPA	Type Notification Initial				ANTER		ROAD)				*	<u>.5</u>	7		Ñ,
DEP DOL	Amended Amendment	#			e, Zip Cod VOOD N		01						(. د		9	
X DOH DCA	Emergency (i justification)	ncluding	1	Name of	Contact					T-1-	-5	Niumh	er =		PH 12:	Ę
DCA	Cancellation			EACII	ITY INFO	DREATI	ON								·.·	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	III INFO	KWAII	UN	Туре	of Facility (4	4)		7	3		- 3	
									School (K-12							
Street Address 1454 CANTERBUR	RY ROAD							×	Subchapter Other (i.e. pretc.)				buildi	ings,	home	s,
City (5) LAKEWOOD								Squa 100	re Feet 0	# of 1	Floors		Blo	dg. A	ge	
County (6) OCEAN				County C	Code (7) ISE ONLY)			Curre	ent Use (Prio ME	or if bein	ng demo	olished	1)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				atement Con D PROFE							
Street Address				The state of the s			Street 6		ess DOVE CO	DURT		1		- 21		
City, State, Zip Code							City, S	tate, Z	Zip Code			+				
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph		OD, NJ 08	3701	Licens	se No.				
							732-6	303.710			1200	8				
Start Date (10) 01/10/14		Schedule 01/13/1		pletion [Date (11)				HA Monitor D PROFE	SSIOI	NALS					
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street		oss DOVE CO	VIDT		1				
	ated During Entire F ned Outside of Norm						City, S	tate, z	Zip Code OD, NJ 08					A-80-10		
Scope of Work (Check A	II That Apply)								,			-				-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Townson the Control of the Control o	enova emoliti	2100000			×	Mi Gl	ull Containme ini-Enclosure ovebag Proc on-Exempted	e edure					e	
80 80		100000	_ocati	33377						()				A	ement	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used Mai	I Sole ntenar odial S (12)	ly by nce/	Asbest (i.e.	os Cont thermal surfa	scription taining M systems cing, VA niscellan	fateria s insul T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
EXTERIOR	SIDING	165	X	INA		5	SIDING	i				1	Х			
Name of Registered Wa	ste Hauler		- N	JDEP W	aste I	Cubic	Yards		Name of	Registe	red I an	ndfill				
NEWARK CARTING			Н	auler ID 4509		of Wa			IESI		. 50 EUI					
City, State NEWARK, NJ						Dispo: 01/13	sal Date 3/13		City, State		1 PA					
Completed by JOSEPH PERLSTE	ER			8	Signature	7	1			Date 12/3	31/1	3				

State of New Jersey

	NO		CATION	OF ASBI	ESTOS A		MENT	北井	20	157		JUNE AND		<u></u>
Date of Notification (1) 12/27/13 Ck:2957	5200			f Building of Board of				<u></u>			- 2		=	**
Agencies Notified Type Not			Street A	ddress race Str	eet						w e	2	5 P1	
DOL Ame	nded ndment #			ite, Zip Co , New Je		7801							PM IZ:	,
✓ DOH justi	rgency (including fication) cellation			f Contact	0.7.0	ja .			Tol		'∙ег		9.2 1.	54.
			FACI	LITY INFO	ORMATIC	ON						-	10 - 00 -	
Name of Facility Where Abatement North Dover Elementary Sci							-	f Facility (4						
Street Address 51 Highland Avenue	11						× O			er than K-12 commerci		dings,	hom	es,
City (5) Dover, New Jersey 07801				*(Square 20,00	Feet	# of 2	Floors		ldg. A 5+	ge	
County (6) Morris				Code (7) USE ONLY)				t Use (Prio School	r if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by E Garden State Environmenta			ASCN	1 No.			of Abate Corpo	ement Con oration	tractor	(9)				
Street Address 500 South Broad Street							Address McBrid	e Avenu	e					
City, State, Zip Code Glen Rock, New Jersey 074	52						state, Zip dland f	Code Park, NJ	0742	4				
Project Manager for Monitoring Firm Bruce Wolf	1		Telepho 201-65	ne No. 52-1119		2000	none No. 641-82			License N 01104	0.			
Start Date (10) 12/27/13	Scheduled		pletion	Date (11)				A Monitor nmental						
Occupancy Status During Abateme		10				Street	Address		+					
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 5PM Start	Entire Period of Ab of Normal Facility F	atem	ent			City, S	tate, Zip	Code			100			17 - 27 - 5
Scope of Work (Check All That App	lv)					Unio	n, new	/ Jersey	0708.	3				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	⊠ Re	novai moliti					Mini- Glov	Enclosure ebag Proc	edure	Negative F			9	
			energy	- WE W			1 (10)	LACINPICU	() and	1 NOII-I Hau	10	Abate		
1	117.600.00	ocation			_		320						pe	
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	CM) Used Main Custo	Solel tenar	y by nce/		tos Conta thermal:	systems ing, VA	faterial (s insulati T, or		(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Attic Near Gym	X	140	IN/A	Asb	estos D	ebris	Clean	Up	2.	4 SF	-		77.11	
				Critical										
Name of Registered Waste Hauler		20.00	JDEP Wauler ID		Cubic \ of Was				960 04 7 60 000	red Landfill		-		
Lilich Corporation			3724	, 10.	1/2			G.R.O.V		andfill				
City, State Woodland Park, New Jersey	07424				Dispos 01/03/			City, State Morrisvi		ennsylvai	nia			

Tatiana Kalenikova

Completed by

Title

Vice President

Signature

Date

12/27/13

CK# 14609

	12/ 30/13		1	Name of B Towns	Building C ship of	Owner/O South	perator Oran	ge Vill	age	1.7					
Agencies Notified	Type Notification	1	Ť	Street Add	dress - 76 So	outh O	range	Avenu	ie	JAN	6	2014			
X DEP X DOL	Amended Amendment		_	City, State South	e, Zip Co Orang	de e ,N.J	. 0707	79						A A A A A A A A A A A A A A A A A A A	
DOH DCA	Emergency justification) Cancellation			ame of Co		da				Told	nhone	Numbe			
	Canochation		9				ON				F :	to			
name of Facility Where South Orange Vi		g Place (3)		FACIL	ITY INFO	JRIVIATI	ON	Sc	Facility (chool (K-1	2)					
Street Address 101 South Orang	ge Avenue	10							her (i.e. p	orivate 8	comm	nercial bu	5) 		es,
City (5) South Orange								Square 40,00		# of 3	Floors		Bldg. 100+	Age	
County (6) Essex		-		County C (STATE U				Current	Use (Pri Hall	or if beir	ng dem	olished)			
Name of Monitoring Fir Hatch Mott Mac	m Hired by Building Donald	Owner (8)		ASCM 00140	No.		Name Trico	of Abate on Ente	ment Cor erprise:	ntractor s Inc	(9)				
Street Address 27 Bleeker St.							Street 322	Address Beers	St						
City, State, Zip Code Milburn, N.J. 070	041						City, S Keyp	state, Zip port N.,	Code J. 0773	35	T				
Project Manager for Mo Kevin Herrighty	onitoring Firm			Telephon 973 912 -			Teleph 732-	none No. 739-12	200		Licen 010	se No. 95			
Start Date (10) 1 /14 / 14		Scheduled 2/15/		npletion D	ate (11)		Name n/a	of OSHA	Monitor						
Occupancy Status Dur X Facility Closed/Va							Street	Address			+				
		eriod of Aba	ateme	ent											
Abatement Perfor Other – Describe:	med Outside of Norr						City, S	State, Zip	Code		-				7.24.613
Other - Describe:	med Outside of Norr						City, S	State, Zip	Code						
Other - Describe:	med Outside of Norr All That Apply)	nal Facility F		ation			City, S	x Cont Mini- Glove	tainment v	e cedure	* 15531/A55-745			re	
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	med Outside of Norr All That Apply)	X R De	denova emoliti	ation ion		*		x Cont Mini- Glove xNon-	tainment v	e cedure	* 15531/A55-745		ocedu	re ateme Type	nt
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa	and Outside of Norr All That Apply) ion of ng Material (ACM) ABATED icility	X R De	denover emolition	ation ion ion Used by		stos Con thermal surfa	escription taining N I system acing, VA	x Cont Mini- Glove ×Non- n of Material (tainment Enclosure Enclosure Ebag Pro Exempte	e cedure d () and A	* 15531/A55-745	riable Pr	Ab	ateme Type	Т
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1:	ion of ng Material (ACM) BATED cility 3)	X R De	dours Renovemolities Locationally Locationally Locationally Locationally Locationally Locational States and Lo	ration ion ion Used by nce/	(i.e.	stos Con thermal surfa other r	escription taining N I system cing, VA miscellar	x Cont Mini- Glove xNon- n of Material (as insulati AT, or neous)	tainment Enclosure Enclosure Ebag Pro Exempte	e cedure d () and A (S	Mon-F mount Specify or LF	riable Pr	Ab	teme Type	1
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1: Basement crawlsp	ion of ng Material (ACM) BATED cility 3)	X R De Is I Norm So Mair Custo	Locati hally Lolely better todial S (12)	ration ion Used by nce/ Staff? N/A X	(i.e.	stos Con thermal surfa other r	escription taining M I system icing, VA miscellar sulatio	x Cont Mini- Glove xNon- n of Material (as insulati AT, or neous)	tainment Enclosure Enclosure Ebag Pro Exempte	e cedure d () and A (S	Mon-F mount Specify or LF	Removal X	Ab	ateme Type	T
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1:	ion of ng Material (ACM) BATED cility 3)	X R De Is I Norm So Mair Custo	Locati hally Lolely better todial S (12)	ration ion Jion Used by nce/ Staff?	(i.e.	stos Con thermal surfa other r	escription taining M I system icing, VA miscellar sulatio	x Cont Mini- Glove xNon- n of Material (as insulati AT, or neous)	tainment Enclosure Enclosure Ebag Pro Exempte	e cedure d () and A (S	Mon-F mount Specify or LF	riable Pr	Ab	ateme Type	T
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1: Basement crawlsp Attic staircase	ion of ng Material (ACM) ABATED icility 3)	X R De Is I Norm So Mair Custo	Cenova constitution of the constitution of the	ration ion Used by nce/ Staff? N/A X	(i.e.	stos Con thermal surfa other r Pipe ins	escription taining N I system icing, VA miscellar sulatio e pane	x Cont Mini- Glove xNon- n of Material (as insulati AT, or neous)	tainment Enclosure Exempte Exempte ACM) on,	e cedure d () and (§ SF	Mon-Financian Months Repectify For LF	Removal X X	Ab	Encapsulate	
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1: Basement crawlsp Attic staircase	ion of ng Material (ACM) ABATED icility 3)	X R De Is I Norm So Mair Custo	Renovemental Section 1	ration ion Jion Used by nce/ Staff? N/A X	(i.e.	stos Con thermal surfa other r Pipe ins	escription taining N I system icing, VA miscellar sulatio e pane	x Cont Mini- Glove xNon- n of Material (A stinsulati AT, or neous)	tainment Enclosure ebag Pro- Exempte ACM) ion, Name of IESE PA	e cedure d () and () and () SF	Mon-Financian Months Repectify For LF	Removal X X	Ab	Encapsulate	
Other - Describe: Scope of Work (Check ≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf Locati Asbestos-Containi TO BE A In Fa (1: Basement crawlsp	ion of ng Material (ACM) BATED cility acce	X R De Is I Norm So Mair Custo	Renovemental Section 1	ration ion Joed by nce/ Staff? N/A X JJDEP Walauler ID I	(i.e.	ctos Con: thermal surfa other r Pipe ins ransite Cubic of Wa 30	escription taining N I system icing, VA miscellar sulatio e pane Yards ste	x Cont Mini- Glove xNon- n of Material (A stinsulati AT, or neous)	tainment Enclosure Exempte Exempte ACM) on,	e cedure d () and () and () and () A () SF	Mon-Financian Months Inc. If Specify For LF Financian Months Inc. If Specify Financia	Removal X X	Ab	Encapsulate	LICOCOCC

Name of Building Owner/Operato Date of Notification (1) Denise Riordan 12-27-13 Agencies Notified Type Notification Street Address 527 Grove Street []EPA [X] Initial Notification City, State, Zip Code []DEP JAN 6 2014 []Amended Montclair, NJ, 07042 [X] DOL Notification Name of Contact Telephone Number [X] DOH []EMERGENCY Denise Riordan []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County Code (7) County (6) Essex 2400 (STATE USE ONLY) Current Use (Prior if being demolished) Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. Owner (8) AZTECH MANAGEMENT, Inc. N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number Telephone Number License Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/AName of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 1-8-14 1-9-14 N/AMonth Day Month Day Year Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 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 []Mini-Enclosure [X] Renovation $[X] \ge 3$ sf or ≥ 3 lf []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Is Location E Description of Location of Normally NCHOSD NCAPSU Asbestos-Containing Asbestos-Containing Amount Used E Material (ACM) Sololy Material (ACM) (Specify EPAIR By Main TO BE ABATED (i.e., thermal systems SF or 0 tenance/ In Facility insulation, surfacing, VAT, LF) Custodial or other miscellaneous) (13) Staff (12) R Yes No N/A E X Pipe Insulation 25 lf Basement Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. 17040 of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 1-10-14 Morrisville, PA 19067

Signature

Date

12-27-13

Completed By (Print or Type)

Constantine Vivian

Title

President

#1538

Date of Notification	(1)			Name	of Bui	ilding (Owner / Operat	tor (2)		-				: 1	1
	12/24/2013			Lurch	n Dem	nolitic	n						- 4		e E
Agencies Notified EPA	Type Notifica	ation			Addre ox 42					JAN	р	2014			
☐ DEP			1	City, S	State &	Zip C	ode		111			S 125 15	- 1	1	
□ DOL	Amer	nded		Avon	by th	ne Sea	a, NJ 07717						- 1		
□ DOH		gency			of Co					1.10	Te	elenho	ne N	ımhl	er
☐ DCA	☐ Cano	ellation		Frank	(Luro	:h					W-			~	
				FA	CILIT	YINF	ORMATION	4.2%	jan k						
Name of Facility W		ent is Taking P	lace (3	3)			Type of Fac	cility (4)	Hit is		1	8			
Street Address									Other than						
28 Catalina Drive	9						Other (i	i.e. priva	ate & comr	mercial I	ouildings	s, hom	es, e	tc.)	
							Square Fee	et	# of Floor	rs	Blo	dg. Ag	е		000, 472
City (5)		County (6)	Co	unty (Code (7)	1000			1			80		
Bricktown		Ocean					Current Use	e (Prior i	f being de	molishe	d)				
							Residentia							-70-	
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.	Name of Ab Alpha Env								
Street Address							Street Addre								
							2129 Rout						0-00000		
City, State & Zip Co	ode						City, State 8 Hamilton,								
Project Manager for	r Monitoring F	irm	Telep	ohone	Numb	er	Telephone 1 609-847-29			Lice	ense Nu	mber 0122	22		
Scheduled Start Da 1/2/201		Scheduled Cor 1/4/2014	npletio	on Da	te (11)		Name of OS EMSL Ana								
Occupancy Status Facility Close		ment (Check of During Entire F			atemer	nt	Street Addre	ess							
		utside of Norm					City, State 8								
Describe:						2005 1 585.5V	Westmont								
Facility Occ	upied During	Abatement		*				25							
Scope of Work (Ch	eck all that ap	oply)						П	Full Cont	ainment	with Ne	gative	Pres	sure	
≥3 sf or ≥3	lf			Ren	ovatio	n			Mini-Encl	osure					
≥160 sf ≥26	60 If		\boxtimes	Den	nolitior	า			Glove Ba	g Proce	dures				
								\boxtimes	Non-Exer	mpted a	nd Non-	Friable	Pro	cedu	ге
L	ocation of		Is	Locat	ion		Description			Amo	ount	Aba	atem	ent T	ype
	tos-Containin	g		nally l			Asbestos-Co		9		ecify				
	terial (ACM)			olely l tenan			Material (/ (i.e., thermal		_	SF o	r LF)	Z)		Enc	m
	BE ABATED n Facility		100000000000000000000000000000000000000	odial S			insulation, surfa					Remova	Repair	Encapsulate	Enclsoure
1	(13)		0.00	(12)			or other misce					\alpha	¥.	ula	oure
	87 1570		Yes	No	N/A									œ	
Exterior							Sidin	g	2	2000					
Name of Registered	d Waste Haul	er		11 17 5 6 7 6	DEP V		Cubic Yards of Waste	Nam	e of Regis	tered La	andfill				
ALPHA ENVIRO	MENTAL			- 81	03333		4	Gro	ws Landi	fill					
City, State		***************************************					Disposal Date	City,	State						No. 1935
Trenton, NJ			N.				Various	Mor	risville, F	PA					
	ompleted By (Print or Type)				le		Signature					Date			A100
Rod Richardson	ompleted By (Print or Type)				oject anage		Rod Ric	chard	son			12/2	4/2	013	

		(F				d 12:120)	(·K+	F 22	1 }			
Date of Notification (1)			Name o	of Building		Operator (2	S2				10 17		F
Agencies Notified Type Notification			Street	Address	Cha	++60	2						-
EPA Millinitial			10		Jerb	art F	400		JAN	6	2014	1	. 1.
DEP Amended Amendment	#		City St	ate, Zip C	ode	1 10			WAR				1
Emergency justification)	(including	,	Name o	of Contact	1 10	, pe	m 78-	22 Y	lephone N	umber	+ 1100		1
DCA Cancellation			KC	100				. 9			<u> </u>		* 1 mrt =
Name of Facility Where Abatement is Takir	g Place (3)	FAC	ILITY INF	ORMATI		ype of Facility	(4)		W 1/2			
Chaffer Resid							School (K-	2002 - 1000		310	agt life	Sec. 4	
Street Address 107 Herbert A	æ					5	Subchapte	r B (Oth	er than K- & commer	12) cial bui	ldings	, hom	nes,
City (5) Homilton							guare Feet		f Floors		31dg. /		
County (6)			County (STATE	Code (7) USE ONL	n	_ 9	PlS dr			shed)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		AND REPORT OF THE PROPERTY OF	Abatement Co	ntracto					
Street Address	-		1			Ace In:	sulation Co.	, Inc.					
							ntrose Road	t					
City, State, Zip Code							e, Zip Code				_		
Project Manager for Monitoring Firm		Т.	Telepho	ne No.		Telephon	leck, N.J. 0	//22	License	No			
			202			732-29	4-1757		00029	140.			
Start Date (10)		led Cor		Date (11)		Name of	OSHA Monitor						
Occupancy Status During Abatement (Chec	k Only O	ne)	17.			Street Ad	dress				- 1		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	al Facilit	Abaten y Hours	nent s			City, State	e, Zip Code					-	
Scope of Work (Check All That Apply)			_				-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Full Containm Mini-Enclosure Glovebag Pro	e cedure					
	I	Locati	ion				Non-Exempted	d (*) an	d Non-Fria	ble Pro	cedur Abate		t
Location of		Normal ed Sole	ly		Des	cription of				_		ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Ma	intenal todial 5 (12)	nce/		thermal surface	systems in	or .	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		other m	iscellaneo	us)			oval	air	sulate	sure
basement	-		7	Pipe	COVE	ring		50	LF	X			
									-	+			
Name of Registered Waste Hauler		I NI	JDEP W	lasta	0								
Ace Insulation Co., Inc.		Н	auler ID 2086		Oubic Y of Was		IESE	Registe	red Landfil	ı			
City, State Colts Neck, New Jersey		ж			Disposi		City, State Bethleh		a				
Completed by	Title				Sig	gnature	. Detiner			ate	1		
George Wuest	Presi	dent				geora	g g Wu	est	- 1	2/3	1	3	
ASB-41 (R-06-08)					(Do not us	se this form for	asbesto	os licensur	e exem	pted a	activit	ies.

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14							,		1.7	- ·-	
Date of Notification (1) Decem	ber 26,	2013	Q-32-0-5815-0-1		Name of Building Owner/ RUTGERS, THE S			ITY OF	NJ	Ε.	
Agencies Notified DEPA DCA		Notification Initial I	Notifica d Notif	ication	Street Address ENVIRONMENTAL 27 ROAD 1, BLDG					, i	
■ DOL ■ DEP- No Longer REQUI	RED	■ Emerg justific		ncluding	City, State, Zip Code PISCATAWAY, NJ	08854				18	a.s. automotic
⊠ DOH		□ Cance			Name of Contact MICHAEL SMITH, E		Tele	phone Nu	mber		الــ
				FACILITY INF	HEALTH & SAFET	<u> </u>	1				
Name of Facility Where Abate CONKLIN HALL, BLD				7,10,2,7,7,7	Type of Facility (4) School (K-12)			-3			
Street Address NEWARK CAMPUS					Subchapter 8 (other the Sound of the Subchapter 8 octoor 1.e. private & cc Sq. Feet: N/A					ars	
City (5) NEWARK	County (6	SEX		Code (7) Use Only)	Current Use (prior if being	g demolishe	ed): AC	ADEMIC			
Name of Monitoring Firm Hired Cardno ATC					Name of Contractor (9)			=			
Street Address					GREENWOOD ABA Street Address	TEMENT	CONS	JLTANT	S, INC		
3 TERRI LANE	eet Address TERRI LANE				268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 0	8016		W-50		City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring	g Firm	Telephone N	reference in the consequence of the con-		Telephone Number		Licer	se Numbe	<u>r</u>		
BRIAN KEARNY		609-386	-8800		973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled (on Date (11)	Name of OSHA Monitor						
01/17/14		01/20/14			ENVIROVISION, INC	C.					
Occupancy Status During Al					Street Address						
□ Facility Closed/Vacated D □ Abatement Performed Ou				nt	20-21 WARGARAW City, State, Zip Code	ROAD					
Describe Other – Describe: Shift	Hours:	5-00 PM _	5:00 A	M	Oity, State, Zip Code						
Elonio Bescribe. Office		24 hours a			FAIRLAWN, NJ						
Scope of Work (Check all that	apply)		90000								
□ ≥3 sf or ≥ ⊠ > 160 sf or				☑Renovation ☐ Demolition		Full Conta Mini-Enclo Glovebac	osure	N-20	tive Pre	ssure	
<u> </u>	200			■ Demoidon	<u> </u>	Non-Exemp			riable P	rocedu	ıre
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sole Staf	ocation Normally by Maint./Co f? (12)	ustodial		pestos Containing Material nal systems insulation, surfac cell.)	ing, (Spe	cify SF	Abatem Remove		-	<u>Enclose</u>
Room 239	YES	S NO	NA T	VAT		500	SF	X	Т-		
Room 239			Same and	VAI		500	SF	<u> </u>	+	 	\vdash
								 			
Name of Req. Waste Hauler See Hauler Below #1 &	2	NJDEP Was		r ID#	Cubic Yards of Waste:	15 CY		e of Regist			ill
	ane, New (NJ 07405		Disposal 01/20/1		1 F 1	City, Stat 00 New dd. Morr 9067 15-736-	Ford N	TOTAL CO.
Completed by (Print or Type) RAYMOND C. PEDAL	NJ DEP # 20990 ed by (Print or Type) Title				Signature Raymand C. Pe	delino	Date	Decem	ber 26	, 201	3

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-14			(•	•• • • • • • • • • • • • • • • • • • • •		- 1		1
Date of Notification (1)		.000000000			Name of Building Owner/0	Operator	(2)	13			1. (
December					RUTGERS, THE ST	ATE U	NIVE	ERSIT	TY OF	NJ		3.1
Agencies Notified		Notification	A STATE OF THE PARTY OF THE PAR		Street Address			CAF	ETV D	E/D/JE A		
DEPA		☑ Initial N		AGUSSON	ENVIRONMENTAL 27 ROAD 1, BLDG	MEALI	IT CL			ANDIIC		4
DCA	- 0	□Amende				4086, L	IVIN	Gord	JN CA	AINIPUS		-
☑ DOL		■ Emerge		ncluding	City, State, Zip Code	00E4			200			1
DEP- No Longer REQUIRED		justific			PISCATAWAY, NJ	00004	- 1	Tolonh	none Nu	ımher	, <u>,</u>	-H
⊠ DOH	- 11	Cancel	led		Name of Contact MICHAEL SMITH, E	NIV.		rejepi	IOHE IV	*		einen ang
	- 1				HEALTH & SAFETY				_			
			-	FACILITY INF				-	_			_
Name of Facility Where Abatement	is Takin	ng Place (3)		TAGILITTIN	Type of Facility (4)							
BLUMENTHAL HALL, BL					School (K-12)							
					Subchapter 8 (other th	an K-12)						
Street Address NEWARK CAMPUS					Other (i.e. private & co	mmercial	buildir	ngs, ho	mes, et	c.)		
NEWARK CAMPUS					Sq. Feet: N/A #	of Floor	rs: 4	Bldg.	Age:	80+ yea	ars	
City (5) Cou	inty (6)			Code (7)								
NEWARK	ESS	SEX	(State U	Jse Only)	Current Use (prior if being	g demolis	shed):	ACA	DEMIC			
Name of Monitoring Firm Hired by	Bldg. Ow	vner (8)	ASCM 0098		Name of Contractor (9)							
Cardno ATC			0090	*	GREENWOOD ABAT	LEMEN.	т со	NSU	LTAN	TS, INC		
Street Address					Street Address							
3 TERRI LANE												
					268 MAIN STREET							
City, State, Zip Code	266				City State, ZipCode							
BURLINGTON, NJ 0801					BUTLER, NJ 07405							
Project Manager for Monitoring Fire	<u>n</u> .	Telephone N			Telephone Number			Licens	e Numb	er		
BRIAN KEARNY		609-386	-8800		973-492-0477			0084	0			
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11)	Name of OSHA Monitor							
01/10/14		01/13/14			1	<u>-</u> x						
					ENVIROVISION, INC	C			4			
Occupancy Status During Abate					Street Address							
Facility Closed/Vacated During				ι	20-21 WARGARAW	ROAD						
■ Abatement Performed Outside Describe	or inorr	mai Facility	nours -		City, State, Zip Code							
☑Other – Describe: Shift Ho	urs: 5:	:00 PM -	5:00 A	М								
EZOUICI DOUGIBO. OIIII 110		4 hours a			FAIRLAWN, NJ							
					TAIRLEAUN, NO							
Scope of Work (Check all that app	A)					E.II Co	ntoinn		ith Noa	ative Pre	ccuro	
5				□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	ă	Mini-Er			iui iveg	aliverie	SSUIC	
≥ 3 sf or ≥ 3 lf	.0			☑ Renovation ☐ Demolition		Glovel			re			
≥ 160 sf or ≥ 26	0			□ Demoiltion		Non-Exe				Friable P	rocedu	ire
Location of Asbestos-Containing	Islac	ation Norma	lly Used	Description of Asl	pestos Containing Material		mount			nent Type		
Material (ACM) in Facility (13)		by Maint./C		(ACM) (i.e. therm	al systems insulation, surfac		Specify	SF	Pomov	e Repair	Encan I	Enclose
	Staff?		NA	VAT, or other mis	cell.)	0	r LF)		IXCIIIOV	e repair	Lilicap	LTIGIOSC
Room 209	YES	NO X	INA	VAT		3	00 S	F	X	T	Ι	Г
ROOM 209			-	VAI			000	-		+		
			_			_			-		-	+
N CO West Hart		N IDED Was	to Haula	10.#		40 CV		Name	of Regi	stered La	ndfill	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was		10#	Cubic Yards of Waste:	10 CY		G.R.	O.W.S	North	Landf	ill
		m.n.n.m.onr.o	25			Dianas	al Dat			City, Star		
Hauler #1) Greenwood Abatemen NJDEP # 12561	t Consu	utants, Inc	- Butler, l	NJ U/405		Dispos: 01/13		<u>c</u>		100 New		/ill
Hauler #2) S TG – 58 Pyles Lane,	New Ca	astle, De 197	20			0 17 10	(I T			Rd. Mon	risville,	Pa
NJ DEP # 20990	MUSCH (C	58								19067 215-736-	1700	
Completed by (Print or Type)	Ti	itle	HIET SECTION		Signature			Date				
RAYMOND C. PEDALING		ENIOR P	ROJE	СТ	Raymand C. F.	delin			Decen	nber 26	5, 201	3
	X40 (FEE)	ANAGE		80.093	ragimana C. T.	adulto						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

			(Pursuar	nt to NJAC 8:60			Prol	1#	λ	338	70
Date of Notification (1) December 30, 20	13			Name of Building	g Owner/Ope Joelai	rator (2)	JAN	() A	0	900	
[] DEP [] Amen	Notifica	ification		Street Address City, State, Zip C	668 H	Iyson Road	PHIE				
[X] DOH [X] Emerging justification	gency (in cation) ellation	ncluding	1	Name of Contact Joe		on, NJ 08527	Telephone Number				
			FAC	CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 24 North Cooks Bi	ridge F	Rd	1			[x]	Other (i.e., privat homes, etc.)		- 25	al buildi	ings,
City	Count			County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors	Bldg.		0	
Jackson	Ocea	ın				Reside	if being demolished) ence	10			
Name of Monitoring Firm Hired by Building (N/A	Owner (8	3)		ASCM No.	Name of	f Abatement Contractor Guard	r (9) ian Contracting,	Inc			
Street Address					Street A	ddress	Route 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	River, New Jers	av 087	55 1	271	
Project Manager for Monitoring Firm		Telephon	e Number		1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	ne Number 19-9932	License N 00624		33-12	2/1	
Scheduled Start Date (10) 12/31/2013		Schedule 01/03/		ion Date (11)		f OSHA Monitor	.L. Analytical				
Occupancy Status During Abatement (Check of Example 1) Facility Closed/Vacated	l During	Entire Per			Street A	.ddress	Stelton Road				
Abatement Performed (Other – Describe	Outside	of Normal	Facility Ho	ours	City, Sta	ate, Zip Code Piscata	away, New Jerse	y 0885	54		
Scope of Work (Check all that apply)					[Full Containmen Mini-Enclosure	t with Negative Pres	sure			
[] >3 sf or ≥ 3 lf [X] ≥ 160 sf or ≥ 260 lf		[] [x]	Renova		[[x	Glovebag Proceed	iure *) and Non-Friable l	Procedur	re		
	I			T			T		ement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Staff (12)	used by Custodial	(i	Descripti asbestos-Co Material (. .e., thermal asulation, su VAT, ther miscel	ontaining ACM) systems urfacing, 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 sic	ling		1150 sf	X		* •	
Name of Registered Waste Hauler	<u> </u>	NIDEP W	aste Hauler	ID No. Cubic	Yards of Wa	ste Name of Regis	tered Landfill				
Guardian Contracting, Inc.			20223	3		T.R.R.F.					
City, State Toms River, New Jersey				sal Date 6/2014	City, S Tully	tate town, Pennsylvan	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Mana		Signature	1	^		Date 12/3	0/13		¥I.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT PT # U.

294 Jan En

PHR: (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) December 30, 2013 Miller Homes Agencies Notified Type of Notification Street Address [X] EPA 112 Giffordtown Lane-Initial Notification] DEP Amended Notification City, State, Zip Code Amendment #_ [x] DOL Tuckerton, NJ 08087 [x]Emergency (including [x] DOH justification) Name of Contact Telephone Number] DCA Cancellation Jim Miller **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k-12) Street Address [x]Other (i.e., private & commercial buildings, 29 West Mohawk Rd. homes, etc.) City County Code (7) Square feet # of Floors Bldg. Age County (6) (STATE USE ONLY) 60 1300 sf Current Use (Prior if being demolished) Little Egg Harbor Ocean Residence Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) N/A Guardian Contracting, Inc. Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 732-349-9932 00624 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 12/31/2013 01/03/2014 E.M.S.L. Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1056 Stelton Road Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure >3 sf or ≥3 lf Renovation Glovebag Procedure ≥160 sf or ≥260 lf [x] Demolition [x]Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Description of R E Ε Location of Normally used Asbestos-Containing Amount E E N N Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF P C C M TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L 0 in facility Staff insulation, surfacing, 0 V S R S (13)(12)VAT, or U U other miscellaneous) A L R YES NO N/A Exterior X Asbestos siding 1600 sf X

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

Signature

Cubic Yards of Waste

NJDEP Waste Hauler ID No.

20223

Project Manager

Disposal Date 01/06/2014

Name of Registered Landfill

Date

12/30/13

T.R.R.F.

Tullytown, Pennsylvania

Name of Registered Waste Hauler

Completed by (Print or Type)

City, State

Guardian Contracting, Inc.

Toms River, New Jersey

Nicholas Fernicola

State of NJ

Notification of Asbestos Abatement

B & G proj. #:	2013-97H	- *	XX.	rsuant ***	to NJAC 8: SUMES	60-7 01/ 0	and 12:120-/) 0 2/2014 ***-	XX	Check 2	6349	S.e.		-3-	
Date of Notification	(1)	I I Nan	ne of Buildir	ng Owner/	Operator (2)				1	-MA-	5.		-0	8
1 12 1/13 11	2,78,9	11	eminary l	Jrban R	enewal					97.	P	12.	55.00	
Agencies Notified	Type Notification		et Address								···,		رزر	
¥ EPA	☐ Initial	11	20 Alban	v Street										_
☐ DEP	Ш пппа		, State, Zip									3		
X DOL	★ Amendme		New Brun		J 08901				v-si-si-si-si			40		
₩ DOH		Nan	ne of Conta	ct					Telephone	Number		6. 9		
	Cancellati	on	Merissa E	SUCZDV										
DCA			IVICI133a L		TO INCORM	TION								
				FACIL	ITY INFORMA	ATION		Type	of Facility (4	4)	_			
Name of facility wh	nere abatement is	taking place	e (3)					''	☐ School	(K - 12)				
Vacant Buildin	ng												2)	
Street Address									Other (Private/Col	nmer	cial		
46 College A	venue							Sau	27000 H-00000			Bldg	. Age	è
		County	v (6)			Cou	nty Code (7)	1						_
City (5)							te use only)				demo	lished	i)	
	rick, NJ 08901		llesex							ousing		_		_
	ng Firm Hired by B		(8)		ASCM No.		Name of Abatem							
The Louis B	erger Group, Ir	nc.					B & G Resto Street Address	oration, I	nc.				_	
Street Address							105 Ryerso	n Road			20			
11 CONTRACTOR OF THE PROPERTY OF THE PARTY O	Kemble Avenue	e				_	City, State, Zip C					-		
City, State, Zip Coo Morristown,	de N.I.07960						Lincoln Pa		7035					
Project Manager fo			I Pho	ne Numbe	er		Telephone Numb	per		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		er		
Craig Napol				-407-10			(973)696-			00:	378	_	_	
		Isched	Completion	Date (11	<u>, </u>	_	Name of OSHA		Ina					
Scheduled Start D			5/2014***	-1/	KK		B & G Rest Street Address	oration,	ITIC.		-		-	
12/05/2013				1	* 1		105 Ryerso	n Road						
Occupancy Status	During Abatement ed/vacated during	(Check of	ily one) d of abatem	nent.			City, State, Zip C							
Abatement	performed outside	of normal fa	acility hours	-										
Describe: Other-Descri						=1	LincolnPari	k, NJ 070	035					
-	theck all that apply)									5.591			
Demolition		Renovation	n				Full Containment	w/negative						
>3 sf or >3	if 🔀	>160 sf or 3	>260 If			X	Mini-enclosure			■ Non-fr		-	lure	
		Is location	normally u	sed solely	1						e	R e		E
Location of asbestos-co		by mainte staff(12)	nance/custo	odial			asbestos-containi	ng		SF or	m	р	С	923
material to	be		Na	NI/A	material	(ACM)			ĹF)		V	i	p	L
abated in fa	icility (15)	Yes	No	N/A							e	-	П	H
SEE ATTACH										****	耑	H	H	旨
ADDITIONAL	QUANTITIES				ļ						旨			
ADDED to PR	ROJECT													
	Hauler	INID	EP Hauler II	D# 10	ubic Yards of	Waste	Name of Regis	stered Land	dfill					
Registered Waste B & G Restora	ation, Inc.	1	9563		15			wn Reso	urce & Re	ecovery C	ente	<u> </u>		
City, State				Disposal [12/0	Date 05/13 - 01/2	27/14	City, State Tullyto	own, PA		Subchapter 8 (Other than K-12) Other (Private/Commercial Bidgs./Homes, etc. Feet # of Floors Bidg. Age Use (Prior if being demolished) ential housing (9) License Number 00378 Ssure Glovebag procedure Non-friable procedure R R E E E E E E E E E E E E E E E E E				
Lincoln Park		Title		12/0	Signature							.40		
Completed by (Pr Gordana Lur		Title Secreta	ry/Treasu	ırer			Gordana Li	una		12/3	31/20	113		-25

ZON JAH S PHILE. S.

December 31, 2013

Re: One page attachment to 10-day notification for asbestos removal at

46 College Avenue, New Brunswick, NJ 08901.

Resume Start date: 01/02/2014

The following materials shall be abated:

Location of asbestos-containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
Throughout	NO	Pipe insulation & Assoc. mudded joints	525 LF	X	
Basement	NO	Scratch coat on brick furnace	150 SF	X	
Basement	NO	Compressed board above furnace	80 SF	X	
1 st & 2 nd fl. restrooms	NO	12x12 floor tile	72 SF	X	
2 nd fl. restroom outside break room	NO	Tub & wall caulking	2 SF	X	
1 st fl. Office 104, 104A & 104B	NO	Floor tile & mastic	215 SF	X	
1 st & 2 nd Fl. Offices	NO	Particle paper behind heaters	36 SF	X	

Location of asbestos- containing material to be abated in facility	Is location normally used solely by maintenance / custodial staff	Description of ACM	Amount (LF or SF)	Remove	Repair
2 nd fl.	NO	Electrical paper to light fixtures	10 SF	X	
Exterior Façade	NO	Exterior window frame caulking	750 LF	X	
2 nd fl.	NO	Joint compound	410 SF	X	
Rear roof	NO	Black roofing tar	190 SF	X	



State of NJ

Check # MA Notification of Asbestos Abatement ursuant to NJAC 8:60-7 and 12:120 2013-97H B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/10 14 1/11 13 1 Seminary Urban Renewal Type Notification Street Address X EPA 120 Albany Street Initial ☐ DEP City, State, Zip Code New Brunswick, NJ 08901 Amendment X X DOL Telephone Number Name of Contact DOH Cancellation Merissa Buczny ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Vacant Building Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age 46 College Avenue Square Feet County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential housing Middlesex New Brunswick, NJ 08901 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. The Louis Berger Group, Inc. Street Address Street Address 105 Ryerson Road 412 Mount Kemble Avenue City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Telephone Number Phone Number Project Manager for Monitoring Firm (973)696-6869 00378 973-407-1000 Craig Napolitano Name of OSHA Monitor Sched, Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) 01/11/2014****** Street Address 12/05/2013 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf $\square > 3 \text{ sf or } > 3 \text{ lf}$ E Is location normally used solely e e n Location of Amount n by maintenance/custodial m p Description of asbestos-containing C (Specify SF or C asbestos-containing 0 staff(12) a a material (ACM) material to be ٧ abated in facility (13) No N/A Yes SEE ATTACHED SHEET Cubic Yards of Waste Name of Registered Landfill

Tullytown Resource & Recovery Center

Date

12/04/2013

Tullytown, PA

Gordana Luna

NJDEP Hauler ID#

Disposal Date

12/05/13 - 01/13/14

Signature

19563

Secretary/Treasurer

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

City, State

B & G Restoration, Inc.

Completed by (Print or Type)



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Pursuant	to NJ	AC 8:60	and 12:120)

12			ICATIO	ON OF ASI	ew Jersey BESTOS ABATE C 8:60 and 12:12			÷	Of.		1
Date of Notification (1)				ng Owner/Operato				-04	4		
30 DEC 2013					I WWOT3		·	0	,	1	_
Agencies Notified Type Notificat	ion		Stre	et Address				- /	人		D,
☐ EPA ☑ Initial			25	302	MALLARD	LAKEDI				1	_2
DEP	rmended City, State, Zig							2,			
					J.S. AND SC 29455						2.
☐ Emergency (including justification)			70K# 3 @ 3 C H 200 / 2				Tolophone Num	hor_			=
DCA Cancellation			mike							2 3	- 14
							- work	-	-	_	-
			F/	ACILITY IN	FORMATION						2.1"
Name of Facility Where Abatement is Taking Place (3) Street Address						☐ Public Contracts Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private & commercial buildings,					
336 17"54						homes, et	c.)				
City (5) 7 14 20 5	7 -		_			Square Feet	# of Floors	B	ldg. A		_ 7
Ship Bottom Y.	4.C	1808	75			575		- -	5	57	
County (6)					7) (STATE		Prior if being demoli	shed)			
OCEAN USE ONLY)				E ONLY)		1Ho	3m			76.	
Name of Monitoring Firm Hired by Building Owner ASCM No.				A No.	Name of Abater	nent Contractor	9)		-	•	
(8)	~				Giberso	11.3 C	tusmas	JA	T	Œ	
Street Address		_			Street Address		-3	_			=
Officer variety				909 W'	1/2, - A.	15				1	
									=-		
City, State, Zip Code				City, State, Zip Code Phillips burg, N.J. 08865						1	
Project Manager for Monitoring Firm Telephone No.			N-						=		
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.	8-1343	Contract No.	713	Ô	1_	\dashv
Start Date (10) Scheduled Completion Date (11)				ate (11)	Name of OSHA Monitor						\neg
9 JAN 2013 10 JAN 2013											
Occupancy Status During Abatement (Cl			101		Street Address						=
	The conservation of	Same His	ment								- 1
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours				City State 7in Code							
Other - Describe:				City, State, Zip Code							
										<u>:</u>	=-
Scope of Work (Check all that apply)				*	T Full Con	stainment with M	egative Pressure				
≥3 sf or ≥3 lf ☑≥160 sf or ≥260 lf	□ Re	enovati emolitio	on n		☐ Mini-End ☐ Gloveba	\$2000000	egauve Flessule				
. Is Location							Abatement				
Location of Used Solely by			D			Туре					
			Acheet	Description of os Containing Mat	Amount						
TO BE ABATED Custodial (i.e				thermal systems insulation, (Specify			Z.	_	Encapsulate	g g	
IN Facility	1 3	Staff?			surfacing, VAT,	or	SF or LF)	Remova	Repair	aps	S
	1	(12)			other miscellaneo	ius)		OVA	막	ula	Enclosure
(13)			N/A					1		ē	۱ "
	Yes	No			, , , ,		72854	V	\vdash		\dashv
(13)	Yes	No		f :-	The second second		120 24	IA			
(13)	Yes	No >		Suct B	cing (siDIA	\		1/	-	_	
(13)	Yes	No ×		Sucta	cing (sidia	~					
(13)	Yes	No ×		Su.ta	cing (side	\					-
(13)	Yes	No ×			cing (SIDIA	\					
(13) ÉXTECIOS	Yes	×	IDED !		Cubic Vardo	. (
(13)		<u> </u>	JDEP \		Cubic Vardo	Name of Reg	istered Landfill				
(13) EXTERIOR Jame of Registered Waste Hauler A GRENER RECYCL	Yes	X H	IDEP I	Vaste No.		Name of Reg	istered Landfill				
ame of Registered Waste Hauler A Greener recycl ity, State		X H	auler ID	Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
(13) EXTERIOR lame of Registered Waste Hauler A GREAK REYEL ity, State		X H	auler ID	Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
(13) EXTERIOR Lame of Registered Waste Hauler A GREENER REYEL	Ivez	X H	auler ID	Vaste No.	Cubic Yards of Waste	Name of Reg	istered Landfill				
ame of Registered Waste Hauler A Greener recyclity, State HAINESPORT	Ivez	X	auler ID	Vaste No.	Cubic Yards of Waste Disposal Date	Name of Reg	istered Landfill		20	.13	