

NOTIFICATION (Pursuant to NAIC 869 and 12-120)  (Pu	Completed by	REPORT OF THE PROPERTY.	Title	/INIS	STRAT	TION	Sign			6	01/02/2013						
Size Address   Fight Floor   Part	City, State Shirley, NY 1196	67 / Bronx, NY 1047				4	3/31/201	3	Wayn	nesburg, OH 44688							
Street Address   Stre	A composition of the composition	Waste Hauler	1		Hauler	ID No.	of Waste 360		Miner	va Er							
Type   Notification   Type   Notification   Type   Notification   Type   Notification   Type   Notification   Type   Notification   Type   T					+										1		
Type Notification   Type	See attached A	CM table for details					deta	iils	2 9			-			+		
Street Address 173 Broad Street, Fifth Floor    Street Address   September   Street Address   Street Address   September   Sep	Entire	Building	. (			See			le for			Λ.		-	1		
Type Notification  EPA DEP DOL	Asbestos-Contair TO BE In F	ning Material (ACM) ABATED acility	Mai Cust	ntena odial (12)	staff?	(i.e.	thermal syste surfacing, other misce	ems insula VAT, or Ilaneous)	tion,		(Specify SF or LF)		Repair	Encapsulate			
Street Address   Str			N	lorma	lly		Descript	ion of			Amount		322	ре	<u> </u>		
Street Address Total Type Notification  EPA DDL DGA	≥3 sf or ≥3 lf							× Min	-Enclosur	e cedure		Proc	edure	)			
Street Address Type Notification    EPA	Facility Closed/V Abatement Perfo	acated During Entire Per	riod of At	batem	ent emolition	1	City,	State, Zip	Code	2							
Street Address Type Notified    PA	POSTPONED	3.	/31/201	13	pietion	Date (11)	Ma	rtin McR et Address	ea				1	-	_		
Street Address DOH	Project Manager for M Bill Kerbel			9	973-72	29-5649	718	-349-09	00						_		
Street Address Gencies Notified  Type Notification  Name of Code Newark, New Jersey 07102  Name of Contact Mr. Richard Hummers  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)  Other (i.e. private & commercial buildings, homes, etc.)  Name of Monitoring Firm Hired by Building Owner (8)  Essex  Name of Monitoring Firm Hired by Building Owner (8)  Environmental Health Investigations Inc.  Street Address  Street Address  11-02 Queens Plaza South	City, State, Zip Code				1		Lon	g Island	City, N	/ 111							
EPA   Initial   Amended	Street Address						11-0	)2 Quee	ns Plaza	a Sou	ith				_		
Street Address gencies Notified  Type Notification  Initial  Amended Amendment # 1  Emergency (including justification)  Tope (Initial)  Emergency (including justification)  Tope (Initial)  Emergency (including justification)  Tope of Contact  Mr. Richard Hummers  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)  Square Feet  10,000  Square Feet  10,000  Street Address  Square Feet  10,000  Current Use (Prior if being demolished)	Jame of Monitoring Fir	m Hired by Building Owr alth Investigations I	ner (8) nc.		ASCM	No.	Name PAL	of Abate	ment Cont	(9)							
Street Address gencies Notified  Type Notification  Number  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  Other (i.e. private & commercial buildings, homes, etc.)  Square Feet # of Floors Bldg. Age	Vewark			C	ounty C	ode (7)		Current	Use (Prior	if beir	ng demolished Commercia)	)					
Street Address 751 Broad Street, Fifth Floor    EPA	373 Broad Street						- 1 R	Square	.) Feet	# of	The state of the s	and the same of th					
Street Address gencies Notified  Type Notification  Street Address 751 Broad Street, Fifth Floor  City, State, Zip Code Newark, New Jersey 07102  Name of Contact Name of Contact Mr. Richard Hummers  FACILITY INFORMATION	ormer Pharmacy	Apatement is raking ric						Sul	abantar 9	(Othe	r than K-12)	uildin	ae ha	mes			
Street Address 751 Broad Street, Fifth Floor    EPA			ace (3)		FACIL	ITY INFORM	MATION	Type of	Facility (4)	-	1				-		
rencies Notified  Type Notification  EPA DEP DEP Amended Amendment # 1  Street Address 751 Broad Street, Fifth Floor  City, State, Zip Code Newark, New Jersey 07102		justification)	iding	Na M	lr. Ricl	hard Hum				Tele	Celephone Number						
encies Notified  Type Notification  Street Address 751 Broad Street, Fifth Floor	DEP	Amended Amendment #	1	Ci	tv. State	, Zip Code					LICE	Car	II P	#/ #/			
The Prudential Insurance Company of America 20/3 JAN - 7	encies Notified			Sti 75	reet Add 51 Bro	iress ad Street,	, Fifth Floo	or	,	A	5/9s;	' F	1 2	: 5g	}		
Name of Building Owner/Operator (2)		*	10	TI	ne Pru	dential In	surance C	ompany	of Ame	rica	2013 JAN -	7 .	£.	- 1.1	_		



Date of Notification (1) 01/02/2013			Name of The Pro	Building ( udentia	Owner/Ope I Insuran	erator ce C	(2) ompany of An	ne <i>Reag Jan</i>		E	a de			
Agencies Notified Type Notification			Street Ad 751 Bro	ldress oad Stre	eet, Fifth	Floo	r	neAdd JAN -7	PH	2: 5	ନ			
EPA Initial  DEP Amended  Amendment #		i	City, Stat	e, Zip Co	ode Jersey 0			& LICENS	E VI	Hel	<u> </u>			
Emergency (ir justification)  DCA  Emergency (ir justification)  Cancellation	icluding	- 1		hard H	ummers		ti de la ce	Telephone Num	Piero.					
Name of Facility Where Abatement is Taking	Dloop (2)		FACIL	ITY INFO	DRMATION	4	Type of Facility	(4)						
Wiss Building Street Address	riace (5)						School (K-Subchapte	5 (3)	)	linge	home	ae.		
671 Broad Street City (5)	1	-			1,		etc.) Square Feet	# of Floors		ldg. A				
Newark			60,000 10    County Code (7)   Current Use (Prior if being demolished)											
County (6) Essex			County C (STATE U	code (7) SE ONLY				r Use Commerc						
Name of Monitoring Firm Hired by Building O		- × -	ASCM 00104				of Abatement Co Environmenta	-	A SI					
Environmental Health Investigations Street Address	inc.		00102	+			Address	ii dei vices				_		
655 West Shore Trail		1					2 Queens Pla	za South		1	3			
City, State, Zip Code Sparta, NJ 07871							tate, Zip Code Island City, N	IY 11101						
Project Manager for Monitoring Firm Bill Kerbel		Telephor 973-72	ne No. 9-5649		718-3	one No. 349-0900	License N 00853	0.						
	Schedule 3/31/20		npletion D	Date (11)			of OSHA Monitor n McRea	OSHA Monitor McRea						
Occupancy Status During Abatement (Check	Only On	e)					Address Kennedy Blvd							
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: Building is Vacant & St	al Facility	Hours			(	City, S	tate, Zip Code	Zip Code						
Scope of Work (Check All That Apply)			******					Y Y		110	9.15			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The state of the s	enova emolit				XXXX	Mini-Enclosu							
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intena odial ( (12)	Solely by Asbestos Containing Material (ACM) tenance/ dial Staff?  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT. or SF or Li						Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A	0	-44	4 40	M table for	See attached	x	-	-	-		
Entire Building			101	See			M table for	ACM table	Α.	-		-		
See attached ACM table for details				ue	details ACM table for details						-			
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City, State Shirley, NY 11967 / Bronx, NY 1047	4	14		W. Ja	Disposa 3/31/20		City, Sta Wayne	ate esburg, OH 446	88		N. F	11		
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677 Broad Street				F			etc.)			g. Ag		-	
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Name of Monitoring Firm Hired by Buildin Environmental Health Investigation	g Owner (8) ons Inc.	ASCM No. Name of Abatement Contractor (9  O0104 PAL Environmental Service									2.1		
Street Address 655 West Shore Trail		لـــــا			Stree 11-0	t Addr	ess Jeens Plaza	South					
City, State, Zip Code					City,	State, g Isla	Zip Code and City, N	/ 11101					
Sparta, NJ 07871 Project Manager for Monitoring Firm	14	T	elephone	No. 0-5649	Telep 718	hone -349-	No. -0900	License No 00853	).				
Bill Kerbel Start Date (10)	Scheduled 3/31/201	I Com					SHA Monitor IcRea			'n		all.	
POSTPONED						et Add		,					
Occupancy Status During Abatement (Cl Facility Closed/Vacated During Enti			ent				nedy Blvd					_	
							, Zip Code e, NJ 07002	2					
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Other – Describe: Building is Vacan	it & Scheduled												
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Date of No. 12 14/12				Building O					# L10	201	6:		-16
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DOH justification) Cancellation	-			Contact	in			Tini	enhana Neel	èmr			_
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Street Address			<u> </u>			A. M	ac Contracting	g inc.	(0)				
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City, State, Zip Code			··				ste. Zip Code						
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Project Manager for Monthsing Firm			Telepho	ne No.			one No. 262-5841		License N	0.	-		
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Other - Describer	ISI CECKE	rkours	i 				late. Zip Code Kensacic, NJ.O	7806					
Scope of Work (Check All That Apply)						776200	ANIGORY TAN-CI	7000				71450	
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Name of Registered Waste Hauter		11	UDEP W	fasie	Cubic Y	ards	Name of	Regist	ered Lendin	<b>-</b>			ــــــــــــــــــــــــــــــــــــــ
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City, State Riverdale, New Jersey 07457			-		Disance				PA 18015		7		
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Date of No. 100 Date of No. 10	:15	, ALDA	(POINCE)	M OF ASBESTO	nd 12:12	10}		> (	<del>3</del> )	૾ૺૺૺૺૺૺૺૺ	277
Agencies Notified Time Notificante				of Building Owner	Operato LLS	((2) Exc Pedent	- LICENE	100	<.	58	,
Agencies Notified Type Notification  EPA K Intitel  DEP Amended	en .	<b>^</b>	Street 1 8	Address 3 RAYA			. 5407	Vo	1100	_	
X DOL Amendma	nt# Y (includi)	2	N	late. Zip Code Furance A	Ⅵ,	07101			•		
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COVANTA BASER PLA	en	_				Type of Facility					
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PEWARK CONTROL				_		Square Feet	# af Floors	1	Bldg.	Age Co	
County (6) ESSEX			Country (STATE	Code (7)		Current Use (P	rior if being demolis	hed)			_
Name of Monitoring From Hired by Building	Owner (	5)	ASC	M No.	Neme A. M	of Abatement Co	miracior (9)				_
Streat Address			<u> </u>		Streat	Address Lowell Road	A 41/7				
City, State, Zip Code			· · · ·	<del>:</del>	City, S	late. Zio Code					
Project Manager for Maniforming Firm			Telepho	me No.	-	Rock, N.J. 0	7452	In			_
Rad Dely (10)	Schedu	ded Ço	mpletjon	Date (11)	ţ	262-5841 of OSHA Munitor	00158		····		
Documentary Status During Abelement (Cher	0 -			-	Ome	ga Environme	ental Services h	nç.			
Fertility Closed/Vacated During Entire Abstanced Performed Outside of Nac	71		nerit		280 8	Address Huyler Street					_
Other - Describe: Scope of Work (Check All That Apply)					Hack	ate. Zip Code Sensack, NJ. 0	7606				-
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Location of Asbestos-Containing Material (ACM)	1	s Locati Normal ad Sole	lus.	Des	cription (	se .	•		Abert	onen Proen	4
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X	DOL		I Notification ended Notification	City, State &	10.1 (F. 17.1 Ph.)					
l x	DOH		cellation	Name of Co		-				Train to the state of the state
^	DCA	Can	cenation	Jesse Gro				:		Telephone Number
				FACILIT	TY INFOR	RMATI	ON			
Name of	Facility Wh	nere Abatem	ent is Taking Pla	ace (3)		Type of	f Facility (4	<u> </u>		
	В	rewing, Pa	ckaging & Sh	ipping			hool (K-12)			
							bchapter 8			
		200 R	oute 1 South		1					dings, homes, etc.
City (5)			County (6)	Court Code /		Square		# of Floo		Bldg. Age
City (3)	Newarl	<b>,</b>	County (6) Essex	County Code (			0000 +/-	:(h . :	4	60 +/-
	IACAAGII	Λ.	ESSEX			Brewe	Use (Prior	it being de	molished)	
Name of	Monitoring	Firm Hired b	y Building Own	er (8) ASC	AND DESCRIPTION OF THE PERSON OF		of Abateme	nt Contract	or (0)	
Enviror	mental T	actics, Inc	,g 0,	004			Abateme			
Street Ad						Street A	Address			
	d Street						hoolhous		8 2	
	te & Zip Co In, NJ 077						ate & Zip C			
		Monitoring F	irm	Telephone Numb			e Townsh			N
Tom Ge				732-290-2217			5-9062	t e	License	Number 00714
Schedule	ed Start Dat			pletion Date (11)			of OSHA Mo			
	12/31/12			01/03/13		Global	Abateme	ent Servic	es, LLC	
Occupan	cy Status D	od / control	ment (Check on	ly one)		Street A				
				eriod of Abatemer I Facility Hours -	-		hoolhous			
X D	escribe:	Area Isolat	ted During At	atement			ate & Zip C e Townsh		024	
	Other - Desc		ou burning AL	dicinent	l'	WOING	e i Owiisi	iib' 149 00	031	
Scope of	Work (Che	ck all that ap	pply)				, <del>15 - 18    1 - 2</del>			
	emolition		X Renovation	on			Full Co	ntainment v	vith Negative	e Pressure
	arge Projec					)	Mini-En			
		3 SF or ≥ 3				)		ag Proced	ure	
		cation of	≥ 260 LF ACM	In Laurette			Other:			
		os-Containin	a	Is Location Normally Used	Δ.		ription of s-Containing	.	Amount (Specify	Abatement Type (Specify: Removal,
	Mate	erial (ACM)		Solely by	, , ,		al (ACM)		Square Feet	Repair, Encapsulation
		E ABATED		Maintenance or		e., then	mal system	s	or	or Enclosure)
	in	Facility (13)		Custodial Staff? (12)			surfacing, V		inear Feet)	
		(10)		(12)	OI C	other m	iscellaneou	is)		
	В	P&S, Line	#55	N/A			ΓSI		40 LF	Removal
						14				to a second
Name of I	Registered	Waste Haule	)r	NJDEP Waste Ha	ulas ID #	Io	Vda -£144			1997
Freel	nold Carta		,	1869:		Cu	. Yds. of W 10	2001 100 00 00 00 00 00 00 00 00 00 00 00	ame of Regi	stered Landfill
City, State		William St.				Dis	posal Date	C	ity, State	_
	nold, NJ d By (Print	or Type)	Title			-	01/04/1	13 T	ullytown, I	
	nick Tring		Project I	Manager			nature <i>Dominio</i> k	e Tringae	li	Date 12/30/12
CD 44 1	UN 95 G46	207								
UIP-UU	UN 201 1740	JUL	13.5							

Cranbury Mercer Current Use (Prior if being demolished) Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	Telephone Number
Agencies Notified  X EPA X DEP X Initial Notification X DOL X DOL Amended Notification X DOH Cancellation X DOA X DOH Cancellation X DOH Cancellation X DOH Cancellation X DOH Cancellation DCA  Name of Contact Mike Roman  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial but Square Feet # of Floors  City (5) Cranbury  Mercer  County (6) County Code (7) Mercer  Street Address 326 Half Acre Road  City, State & Zip Code Cranbury, NJ 08512  Name of Contact Mike Roman  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial but Square Feet # of Floors Current Use (Prior if being demolished) Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	Telephone Number
X DOL Amended Notification X DOH DCA  Name of Contact Mike Roman  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3) Warehouse  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial but Square Feet # of Floors City (5) Cranbury  County (6) Cranbury  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	Telephone Number
X DOH DCA  Name of Contact Mike Roman  FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3) Warehouse  326 Half Acre Road  City (5) Cranbury  County (6) County (6) Mercer  Name of Contact Mike Roman  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial but Square Feet # of Floors Current Use (Prior if being demolished) Residential  Name of Abatement Contractor (9)	Telephone Number
Mike Roman   FACILITY INFORMATION	ildings, homes, etc.
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Warehouse  326 Half Acre Road  City (5)  Cranbury  County (6)  Mercer  County (6)  Mercer  County Code (7)  Mercer  FACILITY INFORMATION  Type of Facility (4)  School (K-12)  Subchapter 8 (Other than K-12)  X Other (i.e., private & commercial but Square Feet # of Floors  100,000 1.5  Current Use (Prior if being demolished)  Residential  Name of Monitoring Firm Hired by Building Owner (8)  Name of Abatement Contractor (9)	
Name of Facility Where Abatement is Taking Place (3)  Warehouse  326 Half Acre Road  City (5)  Cranbury  County (6)  Cranbury  County (6)  Mercer  County Code (7)  Current Use (Prior if being demolished)  Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	
Warehouse  326 Half Acre Road  City (5)  Cranbury  County (6)  Cranbury  County (6)  Cranbury  County (7)  County Code (7)  Mercer  County Code (7)  County Code (7)  Courrent Use (Prior if being demolished)  Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  Name of Abatement Contractor (9)	
326 Half Acre Road  X Other (i.e., private & commercial but Square Feet # of Floors  City (5)  Cranbury  County (6)  Mercer  County Code (7)  Mercer  County Code (7)  Current Use (Prior if being demolished)  Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	
City (5) County (6) County Code (7) 100,000 1.5  Cranbury Current Use (Prior if being demolished) Residential  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	T
Cranbury  Mercer  Current Use (Prior if being demolished)  Residential  Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No. Name of Abatement Contractor (9)	60
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)	
	3
Street Address  64 Broad Street  Street Address  443 Schoolhouse Road	
City, State & Zip Code City, State & Zip Code	
Matawan, NJ 07747 Monroe Township, NJ 08831	
	se Number 00714
Scheduled Start Date (10)   Scheduled Completion Date (11)   Name of OSHA Monitor	
10/5/12 10/6/12 Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one)  X Facility Closed/Vacated During Entire Period of Abatement  Street Address  443 Schoolhouse Road	
Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:  City, State & Zip Code Monroe Township, NJ 08831	- 1
Scope of Work (Check all that apply)	
Demolition X Renovation Full Containment with Negati	ve Pressure
Large Project Mini-Enclosure	
X Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Clean up	
Location of Is Location Description of Amount	Abatement Type
Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) Square Fee	(Specify: Removal, et Repair, Encapsulation
TO BE ABATED Maintenance or (i.e., thermal systems or	or Enclosure)
in Facility Custodial Staff? insulation, surfacing, VAT Linear Fee	
(13) or other miscellaneous)	
MER N/A TSI Pipe 11 LF	Removal
	gistered Landfill
Freehold Cartage 18693 3 TRRF	
City, State Disposal Date City, State	
Freehold, NJ 10/8/12 Tullytown	Do
Completed By (Print or Type)  Dominick Tringali  Title  Pres.  Signature  Dominick Tringali	, Pa

mengery 141	, 110					RECEIVE
10tif.	MOTIFICA		te of New Je		20,	3 JAN - 7 PM 2:5
			or ASBEST	OS ABATEMENT	· "/"	JAN.
	(, 4,5					7-7
Date of Notification (1)   2   13			of Building Own	V 1 1	warte	9. PH 2.
Agency Notified Type Notification			Address	ocer Ne	work	1/4
		. 17	1011	tra Time	ζ.	CENCERTO
☐ EPA		City S	itate Zip Gode	1000 + 1000		- MAINING
DOL Amenoment#	_		wark	7-17		0 .
Emergency (inclu	ding )		of Contact	10-5	Telephone Num!	201
DOA DCA Cancellation					i relephone issum.	je.
		FACI	LITY INFORMA	TION		4
Name of Facility Where Abatement is Taking P	lace (3)	1.	. 0	Type of Faci	hty (4)	
219 3nd St/St/	Jary	Chi	nex	□ School (K	.12)	
Street Address	0			Subchapt	er 8 (Other than K-12)	
219 3nd ST				☐ Other (i.e. homes, e.	private & commercial	buildings,
City (5)	1			Square Feet		Bldg Age
Jensey Ci	the					33-
County (6)   \	· Y		Code (7) (STA	E USE Current Use	(Prior if being demolis	shed)
MudSan		ONLY)				*
Name of Monitoring Firm Hired by Building Own	ner ASC	M No	Name	of Abatement Contracto	r (9)	
(B) Mc Case Envione	tal O	01	18 1	- Gniskz	+ Som	Truc
Street Address				Address ,	2	
764 Valley Brook F	100			3 E 32Nd	5+	
City. State, Zip Code			City	State, Zip Code	15	
1) ria viavo	<u> </u>				N.Z	
Project Manager for Monitoring Firm		one No	3.2	hone No	License No	
Jim Ruft	ompletion D	438		3-345, 222	2 #00	021
Start Date (10) Scheduled (	ombierou D	ate (11)	Name	of OSHA Monitor	SAmo	*
Occupancy Status During Abatement (Check of	nly one)		Stran	t Address	21100	
			31166	Address		
☐ 'acility Closed/Vacated During Entire Period ☐ Abatement Performed Outside of Normal Fac		nt	City	State Zip Code		
Other - Describe	, ,		,	2,000		
Scope of Work (Check all that apply)	1001	-				
©≥3 stor≥3 If		@ Ren	ovation	Full Containment w 3 Mini-Enclosure	ith Negative Pressure	
☐ ≥ 160 sf or ≥ 260 lf		□ Dem		☐ Glovebag Procedu		
				☐ Non-Exempted (*)	and Non-Fnable Proce	
	Is Local	0000	l			Abatement Type
Location of	Used Sol			escription of		
Asbestos-Containing Material (ACM) TO BE ABATED	Mainten			ntaining Material (ACM) all systems insulation.	Amount (Specify	R En
IN Facility	Staff		surf	acing, VAT or	SF or LF)	Enclosun ncapsula Repair Remova
(13)	; (12	)	other	miscellaneous)		Enclosure encapsulate Repair Removal
	Yes No	N/A			1 F	
Base ment Church		X	PIP	Thoulate	90 LF	
Marian Hard	11	1			1 10 -1	
110110		1				8 W 10
	1 1-					
Name of Registered Waste Hauler		Waste H		Yards of Name of Re	gistered Landfill	
$\alpha$ $\alpha$ $\alpha$ $\alpha$	ID No		Waste	2 <u></u> 20	- (	0 11
Easten Waste				155	- Land	14.11
City State	5		Dispo	sa: Date City State	11	$O\Lambda$
Completed by			Signa	ture 6	MYTOWN	Date ,
Completed by	00		J.g.13	1/2/	1	1/2 # 17
TRANG CADE D	Luse the for	m for act	estos begonina	exempled activities		14-11-15
ASB4'	434 11.15 101	0 350	rearna need sure	e ver inter detrivities	55578	· · ·

Danage Flood Strm Sandy

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

											1	),				
Date of Notification (1)		Name o	f Building	Owner/Ope K C H			an 209	3(1	060	67,						
Agencies Notified  [ X ] EPA  [ ] DEP		al Notifi	eation tification		Street A			Industria	l Road	Ch 209	MAY.	'>	4	E/J		
[x] DOL [x] DOH	Ame	ndment rgency (			City, St	ate, Zip Co		Гwp., NJ	07727	*1/	CA.	6/2	'ج'	So.		
[ ] DCA		fication) cellation			Name o	f Contact K C F	Iomes		Т	elephone Number	0,	Will.	Pr. v.			
				FAC	CILITY	INFORM	IATION		*							
Name of Facility Where A Res	batement is Takin idence	g Place	(3)				17	Type of	Facility (4)	School (k-12) Subchapter 8 (ot	har tha	n k12)	ž.	0		
Street Address	West Bay Wa	ıy							[x]	Other (i.e., priva homes, etc.)			ial buildings,			
City		Coun	ty (6)		County (	Code (7) USE ONL	Y)		00 sf	# of Floors		g. Age	0			
Chadwick B		. Ocea							Resider		)					
Name of Monitoring Firm N/A		g Owner	(8)		ASCM N	Vo.			t Contractor Guardia	(9) an Contracting,	Inc.		51	87		
Street Address		152		Street A	ATT STATE OF THE S		oute 9, Unit 61			ď						
City, State, Zip Code					ate, Zip Co	Toms R	liver, New Jers			271						
Project Manager for Monit	Number			732-34	ne Number 19-9932		License N 00624	lumber		11						
Scheduled Start Date (10) 1/4/13	4		Scheduled 1/7/13	100	tion Date (	(11)		FOSHA M		L. Analytical						
Occupancy Status During A	Abatement (Check lity Closed/Vacate			iod of Al	oatement		Street A	ddress	1056 St	elton Road				٠		
1 1	tement Performed er – Describe	Outside	of Normal F	acility F	Hours	- Contract	City, Sta	ate, Zip Co		way, New Jerse	y 088	54				
Scope of Work (Check all	that apply)				Salarity - S		[ ]			with Negative Pre	ssure					
f 1	c - 2.16		r 1	D	art and		L I		Enclosure ebag Proced	ura						
L .	f or ≥3 lf O sf or ≥260 lf		[x]	Renova			[x]	S. Australia		) and Non-Friable	Procedu	ıre				
[x] 2100	7 31 01 £200 11	ī	[ , ]		<del>-</del>		L				т —	ement	Type			
			Is Locatio	n			Description	on of						100		
Location of	of	1	Normally us				bestos-Coi			Amount	R E	R E	E N	E N		
Asbestos-Containing M	faterial (ACM)		Solely by	7			Material (A			(Specify SF	M	P	С	C		
TO BE ABA		Mair	tenance/Cu	ıstodial			., thermal ulation, su			or LF)	0	A	A P	L		
in facility (13)	/		Staff (12)			ins	VAT, o				V	R	S	S		
(13)			(12)			oth	er miscell				A		U	U		
		YES	NO	N/A							L E	R E				
Exterior X						stos sidir	ıg			850 sf	X					
							11									
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Hauler I 20223					r ID No.	Cubic Y	ards of Was		ne of Registe R.R.F.	red Landfill						
City, State	nu acting, Inc.				sal Date		City, St	tate	N.							
Toms River,		Lant	111	1/8/1		1	Tullyt	own, Pe	nsylvania	1	Det					
Completed by (Print or Type)  Nicholas Fernicola  Title  Project Manager					Signat	ture /	do	14	Pi		Date 1/4/2	2013				

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

## Check # 8448

Date of Notification (1)	1-4=1	3	.6	Nam	ne of Buildi Bru	ng Owner/Oper	Barbera	Clark			Fe.
- Agency Notified	Type Notification	in E		Stree	et Address	071	11	de same a la l	1	<b>3</b> (2)	61.
O EPA	☐ Amended		Albana .	City,	State, Zip	Code	Clover	Drive 1		10	
DOL	Amendment #				N	orth	Wales	PA 194	150	1	د
DOH DCA	justification)  Cancellation			Nam	e of Conta	ict /	aK .	Telephone Numbe	F 95		_
7.				FAC	CILITY INF	ORMATION	AN.	<u> </u>	16	6.8	~
Name of Facility Where		And the second second					Type of Faci	ity (4)	1	<del></del>	
Single to	anily S	hore	<u> </u>	٥٠٠٥	se		□ School (K	12)	(	27	
Street Address	Cla	1.1.		M . A			Subchapte Other (i.e.	er 8 (Other than K-12) private & commercial b	uildinas		4
City (5)	Gleno	1019	<u> </u>	AV.	2		homes, el Square Feet	c.)			
Beach	n Have	1	N.	T	080	30c	Square Feet	# of Floors	Bldg. A	8 3	
County (6)	11100			Count	ty Code (7	) (STATE USE	Current Use	Prior if being demolishe	(6C)	2-6	
Name of Monitoring Firm	ean			ONLY	r)		Single	family I		11	inc
(8) EPC Tec			ASCM	No.	4		tement Contractor				
Street Address	~	2		17/	t	Street Addres	s lech	nologies,	Lno		
P.C. Box	337						P.O. Bo	× 337			
City, State, Zip Code New Egyp	TN 4	787	32			City, State, Zi	p Code				
Project Manager for Monit	oring Firm		elephon	e No.		Telephone No	w Egypt	NJ 08	53	3_	
Steve Sche	nker	6	09 75	8-3	3 365		3-3365	Cicense No.	29 U		
Start Date (10)	Scheduled	Complet	tion Dat	e (11)	200	Name of OSH	A Monitor		-		
Occupancy Status During	Abatement (Check					Street Address	C Techi	rologies, I	nc		
Facility Closed/Vacated						Cucci riddi ca	O: Bex				
☐ Abatement Performed C☐ Other – Describe:	Outside of Normal F	acility Ho	urs			City, State, Zip	Code				
Scope of Work (Check all t	hat apply)					New	Egypt	NJ 08	53	<u>3                                    </u>	
≥ 3 sf or ≥ 3 lf			-			O Ful	I Containment wit	h Negative Pressure			
□ ≥ 160 sf or ≥ 260 lf	•				ovation polition	☐ Mir	ni-Enclosure vebag Procedure	The state of the s			
		T-:				20Nor	n-Exempted (*) ar	d Non-Friable Procedu		V - 1 -	
12		N	Location lormally			š.			Ľ	Abater Typ	
Location of Asbestos-Containing N			d Solely		Asbesto	Description os Containing N	of Naterial (ACM)	Amount			m
TO BE ABA		Ct	ustodial Staff?			thermal system surfacing, VA	s insulation,	(Specify	Ren	Re.	Enclosure
(13)	9		(12)			other miscellar		SF or LF)	Remova	Repair	osur
		Yes	No	N/A					-		e
Exterior 1	سماله		7	x	Sidi	s Shir	igles	1700 SF	X	$\vdash$	+
						J	J		1	IT	$\top$
Name of Registered Waste H	Hauler	N.ID	EP Was	te Hat	uler I c	Cubic Yards of	Name of Regis	torod Landell			$\perp$
EPC Techno		ID N		7/\ \^		Vaste	The second second second second		j		
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WE NJ						isposal Date	City, State	will- PA	1	- coldinate	
ompleted by	Title Do	. 1		-	S	gnature 3	Monni:	Date	Contractors		
Steve Schenk		side		2 1		54	we Sche		4-	1 =	3
SR-41	* Do no	use thie	form for	acha	stne licens	turo avamatad			-		

K and motor. State of New Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Type Notification Stroot Address Agency Notified ti⊠nitial ☐ Amended O EPA City, State, Zip Code O DEP Amendment # C Emergancy (including Name of Contact justification) (1 Cancellation **烟DOH** DOCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Absternant is Taking Place (3) house @ School (K-12) Sincle D Subchapter 8 (Other than K-12) Other (i.e private & commerce) buildings. Strock Address homes, ela.) Square Feet Bldg Age CHy (5) 0875/ Gode (7) (STATE USE (Purrent Use (Prior if being dumolished) COLENY ONLY) Shace Name of Absternent Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. N Technologies Street Addrest P.O. BOX City State. Zip Code 08533 08533 New Eq Talephone No. Steve Schenker 609-758-336 Namo of OSHA Munifor 609 758-3365 Schoduled Completion Date (71) Start Date (10) 00cupancy Status During Abatement (Check only only) -13-13 Technologies, P.O. Cacillity Closed/Vecated During Entire Period of Abatement Abatement Performed Outside of Normal Pacility Hours
 Other - Describe: City, State. Zip Code 08533 New Scope of Work (Check all that apply) D Full Containment with Negative Prossure ☐ Removation ☐ Mini-Enclosure □ = 3 af or ≥ 3 lf Damolition Glovebag Procedure 2 160 af or 2 260 II Ron-Exempted (\*) and Non-Frieble Procedure Abatoment Typo to Location Normally Description of Used Solely by Location of Enclosure Amount Ambortos Containing Material (ACM) Asbestos-Corxsining Material (ACM) Maintenance Repar -Semova (Specify (i.e. thormal systems insulation. Custodiol TO BE ABATED SF or LF) surfacing, VAT or other miscellaneous) IN Facility Staff? (13) (12) NA Yes No 1100 SE Francisc Name of Registered Landfill **Gubic Yards of** NUDEP Waste Hauler Namo of Registered Wasts Hauler Waste ID No. Waste Management EPC Technologies Disposol Date PA PRESIDENT Steve Do not use this form for appeatos licensure exampled activities. ASB-4: التها

#### State of New Jersey - Notification of Asbestos Abatement

			(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)				PK	,e-1							
Date of Notification (1) January 2, 2013					Name of Building Owner/O			2013	10.	* []	VEN						
Agencies Notified  EPA DCA	ं	Notification Initial Amende	al Notifi		Street Address 6 Troy Court City, State, Zip Code		£	ن دو	JAN.	7 PH	2:58						
x DOL X DEP x DOH		□ Emerg justific □ Cance	ation)	* **	Madison, New Jersey Name of Contact Marorie Haldeman		Telent	er /	lumber	C. (1)	18/						
				FACILITY INF													
Name of Facility Where Abater Private Residence	ment is Tak	king Place (3)			Type of Facility (4) School (K-12) Subchapter 8 (other than	ı K-12)											
Street Address 6 Troy Court					Other (i.e. private & commercial buildings, homes, etc.)  Sq. Feet: Unknown # of Floors: 2 Bldg. Age: 50 years												
City (5) Madison	County (6 Morris	1	-	Code (7) Jse Only)	Current Use (prior if being demolished):												
Name of Monitoring Firm Hired EnviroVision Consu			ASCM 0007		Name of Contractor (9)  GREENWOOD ABATEMENT CONSULTANTS, INC.												
						ElaiEla I C	Oldool	LIAN	110, 11								
Street Address 20-21 Wagaraw Road	-21 Wagaraw Road, Bldg # 34A					Street Address  268 MAIN STREET  City State, ZipCode											
City, State, Zip Code Fairlawn, NJ 07410	airlawn, NJ 07410							- No.	h								
Project Manager for Monitoring Fred Larson	g Firm	973-636			<u>Telephone Number</u> 973-492-0477		0084	e Num	<u>ber</u>								
Scheduled Start Date (10)		Scheduled (	Completio	n Date (11)	Name of OSHA Monitor												
January 12, 2013		January			EMSL inc.												
Occupancy Status During Al					Street Address												
Facility Closed/Vacate Abatement Performed Describe					1056 Stelton Road City, State, Zip Code												
Other – Describe:																	
Guidi Basanse.					Piscataway, NJ 08854												
Source of Work (Check all that	t apply)					Full Contain	nment w	ith Ne	gative F	ressure							
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo											
□≥ 160 sf or ≥ 2	60			Demolition		Glovebag F			des Esi	ble Dre	an dura						
	T-1-1-	Nissana	the Lload	Description of Asi	bestos Containing Material	x Non-Exen			ement T		zedule						
Location of Asbestos-Containi Material (ACM) in Facility (13)	Sole	ocation Norma ely by Maint./C f? (12) S NO		(ACM) (i.e. therm VAT, or other mis	thermal systems insulation, surfacing, (Specify SF												
Basement			X	VAT & Masti	astic 140 SF X												
Name of Reg. Waste Hauler See Hauler Below # 1 & 2  NJDEP Waste Hauler ID # See Below					Cubic Yards of Waste:  Name of Registered Landfill  Meadowfill Landfill												
Hauler #1) Greenwoo NJ DEP # Hauler #2) Newark Ca	12561					Disposal Da January		13	Bridge	tate 2, Box 6 port, WV 2-2784							
Completed by (Print or Type) Marin Graure  Title SENIOR PROJECT MANAGER					Marin Graure  Date  January 2, 2013												

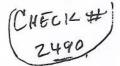
RECEIVED CK# 1655

Date of Notification (1) January 2, 2013			Name of Building Owner/Operator (2) Newark Housing Authority Street Address 2013 JAN -7 PM 2: 58												
Agencies Notified	Type Notification			Street A	Address road Str	eet		20	H3 JAN	-7 P	H 2: 5	8			
EPA  DEP  DOL	Initial Amended Amendment		_	City, Sta Newa	ate, Zip Co rk, NJ	ode		A	542 JI			ØL.			
□ DOH DCA	Emergency (in justification) Cancellation	ncluding			of Contact s Craig	I - 13	3		ez [_1		phone Ni	nha-			
Name of Facility Where	Abatament is Taking	Dlaga (2	2)	FAC	ILITY INFO	ORMAT	ION	T	-4 F10k - //					-	
Otto E. Kretchmer		Place (3	)					Type of Facility (4)  School (K-12)							
Street Address 31-35 Van Vechten	Avenue							×	School (K-12 Subchapter Other (i.e. pretc.)	8 (Other			dings,	hom	es,
City (5) Newark								Square Feet # of Floors Bldg. Ag Apprx160,000 12 Apprx.						T	66
County (6) Essex					Code (7) USE ONLY	)			nt Use (Prio idential	r if being	g demolis	ned)			
Name of Monitoring Firm Lewis Consulting G		wner (8)		ASC	M No.	<del></del>			tement Con			6			
Street Address 2519 Highway 35, I	Bldg A, Suite 202	2					Street 80 Va		ss Road			94			
City, State, Zip Code Manasquan, NJ 08	736								ip Code J 07106		11				
Project Manager for Mor Zachary Lewis	nitoring Firm		Telephone No. Telephone No. 7325971174 973							License N 00761	lo.		10		
Start Date (10) January 2, 2013			mpletion 2013	Date (11)		Name of OSHA Monitor Joseph Environmental LLC									
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street				THE COLUMN	-111		10-25-3	
Abatement Perform	ated During Entire Poled Outside of Norma Units suffered fire dan	al Facility	Hour	S	d in apt.		City, S	tate, Z	Road ip Code						
Scope of Work (Check A							Newa	ark, N	IJ 07106						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	tenova emoli	202078257			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure							S)
		Ι.		,	1			1 No	n-Exempted	(*) and	Non-Friat	le Pro	Abate		t
Location	n of	9.55	Locat Iorma			De	scription	of						ре	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED ity	Mai	d Sole intena odial (12)	nce/ Staff?		tos Con therma surfa	taining M I systems icing, VA miscellan	laterial s insula T, or		(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A			1	***						ate	G
Unit 9A (31 Van Ved	hten)30 yd Con		X		VAT for	Re-B	agging	at Co	ontainer	15 E	3ags	Х			
Unit 9 D (35 Va	n Vechten)		Х				VAT			800	SF	х			
													07.		
Name of Registered Waste Hauler  Joseph Environmental LLC					/aste No.	Cubic of Wa 12	Yards ste		Name of F	•			Ente	rpris	es
City, State 80 Varsity Road, Newark, NJ 07106						5 ///	sal Date		City, State Waynes		OH				
Completed by Rhett Zidziunas		Title Owne	er	2H/X - 32 - 35		6	ignature	2	2		Da	te 2/13			
ASB-41 (R-06-08)					* Do no	t use t	his form for	asbesto	s licensure	e exen	npted	activi	ties.		

CK 2828

Date of Notification (1)  1/3/13  Agencies Notified  Type Notification  Street Address 16 East 89th St  DEP  Initial  Amended  Name of Building Owner/Operator (2)  Ted Fluehr / Residence  20/3  Street Address 16 East 89th St  City, State, Zip Code						AN .		16.								
	-	19			dress t 89th S	t				<del>/J J</del>	N-7	PM	2.			
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo Beach N		08		1.64	ر ا ا	Inn.	12. 14.	E in	්රි	i	
DOH DCA	instification)  Cancellation		- 17	Name of	Contact					Tel	ephone 1	lumb	41	SL.		
	1=			FACIL	ITY INFO	RMAT	ION					-	) u			
Name of Facility Where Ted Fluehr / Resid		g Place (3)	*						of Facility (4 School (K-12 Subchapter 8	2)	er than K	(-12)				
16 East 89th St								X	Other (i.e. pretc.)				bliuc	ings,	home	es,
City (5) Brant Beach NJ 08	3008								e Feet	# o	f Floors		35	dg. A	ge	
County (6) Ocean				County C STATE U	ode (7) SE ONLY)	-			nt Use (Prio dence	r if bei	ng demo	lished	i)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.		200	of Abat aco Ir	ement Cont	ractor	(9)			E 18		
Street Address								Addres						7		
City, State, Zip Code									p Code n NJ 0809	91			11			
Project Manager for Mo	onitoring Firm		T	Telephon	ie No.		5000000	none No 753-9			License 00727	The same				
Start Date (10) 1/14/13		Schedule		pletion E	Date (11)		Name Sam		IA Monitor							
Occupancy Status Duri	ng Abatement (Che						Street	Addres	S					;		
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of A nal Facility	batem Hours	ent		10	City, S	State, Zi	p Code		Mary State			10000		
Scope of Work (Check	All That Apply)		77													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Charles and Co.	enovat emoliti	NGEW .				Min	Containme i-Enclosure vebag Proc n-Exempted	edure					9	
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Locati	on of	l N	Iormall	y		De	escription	n of				-		Ту	ре	Γ
Asbestos-Containir TO BE A In Fac	BATED cility	Mai	d Solel intenar odial S (12)	ice/		therma surfa	ntaining Nataining Nataining Nataing, VA	s insula AT, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	100		X		Ext	erior Si	dina		27	700 SF	-	ĸ			
Name of Registered W United Containers	aste Hauler		Н	JDEP W auler ID 2459		of W	c Yards aste		G.R.O.V		ered Lan	dtill				
City, State Elm NJ							osal Date	•	City, State Mprrisvi		A 1906	7				6
					Signatur	e			1	Date 1/3/						

CN 1334			0.11410-007	00/20/20/20/20/20		-		BESTOS AE <u>C.</u> 8:60 and		MENT 20)	2013 JAK	Ec.	~ 1			
Date of Notification			-					Owner / Operato	or (2)		2013 JAN	v .	1	11		
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Agencies Notified EPA	Type Notifica	ation						m May			1988 o		1 1	7 2	: 50	1
	☐ Initia							m Way			8.7	2 · ·			46	<u>-</u>
DEP DOL	☐ Initia						Zip (				ELIC.	FNO	14	110	m.	
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□ DCA		rgency cellation					ntact				1	leleni	J C) Z		und	er
LI DCA	U Cano	eliation			1/25-5		Bake	ORMATION					4			
Name of Facility Wi	here Abateme	ent is Taking P	lace		70	, ILII	1 1141	Type of Facil					-			
Street Address	2.10-100-100-			-						Other than K-	12)					
2855 Nottingham	. Way									ate & commer		ae ha	mo		tc \	
2000 Nottingilan	. way							Square Feet	mineral scene	# of Floors		Bldg. A	_		,	
City (E)		(Ca., mb., (C)	10				71				- 1	olug. P				
City (5)		County (6)	10	ount	y C	ode (	(1)	1,357		2				70		
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		<u> </u>						Residentia					1156			
Name of Monitoring			ner (8	3)		1000000	CM No	점 - [] [[[[[[[]]]]]] [[[[]]] [[[]]] [[]] [[]] [[]]		t Contractor (				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
Healthy & Safety	Services, I	_LC				117		Resource I	Manag	ement Gro	up, LLC					
Street Address		91						Street Addre								
318 12 <sup>th</sup> Street			11					2115 Hamil	ton A	ve, Ste 202						
City, State & Zip Co	de							City, State &	Zip Co	de						
Hammonton, NJ	08037	pro atas profeso powasy v. Library						Trenton, N.	J 0861	9						
Project Manager for	r Monitoring F	irm				Numb	oer	Telephone N	umber	er 12 <sup>1</sup> 20	License N	lumbe	r			
Mr. Jim Proctor			609	-704	4-8	850		609-977-61	59			01	185	;		
Scheduled Start Da	te (10)	Scheduled Cor	mplet	ion [	Date	e (11)	)	Name of OSI	HA Moi	nitor						
01/16/20	13		01/1	7/20	13			J&S Enviro	nmen	tal Laborat	ories Inc					
Occupancy Status I		ment (Check o During Entire F			Aba	teme	nt	Street Addres	707	act	= 1					
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≥160 sf ≥26	O IT		Ш	D	em	olitio	n		H	Glove Bag P				_		
				-					<u> </u>	Non-Exempt						
	ocation of	_		s Loc			54	Description			Amount	A	oat	eme	ent T	ype
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	n Facility					taff?		insulation, surface						Repair	aps	cis
	(13)			(1:				or other miscell				1 2		ai.	Encapsulate	Enclsoure
			Yes			N/A									ē	
Basement				+	7	X		Pipe Insula	ation		50 LF		11	7	П	П
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Name of Registered	Waste Haul	er	103-0115-51	100			Naste		Name	e of Registere	d Landfill					
	- 10 - 10 - 10						O No.	of Waste								
Robinson Waste	Disposal S	Service, Inc.		1	173	104		TBD	100000000000000000000000000000000000000	ws Landfill		= 12,				
City, State	12 12 1	- 180						Disposal Date		State		1				
Voorhees, NJ								TBD	Mori	risville, PA						
Completed By (Prin	t or Type)		74.	T-	Title	•	5 52	Signature \			75/	Date	,			
Mr. Brian Han			- 2			side	nt	1) (			*	1/0	2/2	20	13	
	- 1			-		A 92		1-4-21/	1011	p/s					10.57%	



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1/3/13	Stree	LAddress	FK TEC		3	PM			
gences Notified Type Notification  EPA Sinited	. 6	155	- RT. 5	S &	4		<b>ी</b> ठ	<del>-</del>	=
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OOH justification)  Cancellation	, Nam	Bruce	BREUN	10					
&A	EA FA		ORMATION						
Yakim P				Type of Faci					
ame of Facility Where Abatement is Taking P				School (K	9 / 17/17	er than K-12)	i nuilain	o s	
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are of Marylonna Firm Hired by Building Ow	mer ASC	M NO.	KLON	100 1			-		
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Project Manager for Monitoring Firm	, . · ·		Name of OSH	79-04					
1 Sched	ued Completion	Dale (11)	Name of Opin	11/1/	ENG N	1			
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1/14/13 Ches	x only one)		Sueel Addres	SISPIL	ψ. υς ε,	105.		==	
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Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal	ck only one)		Sueel Address 369 Cry. State, &	S, Spir	UCE	1 UE . , N. 5		05	2
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Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe:  Scope of Work (Check all that apply)  23 st or 23 tt 2150 st or 2260 tt  Location of Aspesios - Containing Material (ACM)  TO BE ABATED IN Facility (13)  SID/ROC  Name of Registered Waste Hauler  Kill AM CO LNC.	Renovation Demotion  Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No	NIA  NIA  NIOED Wass Hauter D No 17907	Sueet Addres  3 6 9  City, State, M  Description  Suest Addres  Full  Min  Glo  Nor  Description  Suest Addres  Full  Glo  Ones  Thank  Than	Containment v. Enclosure rebag Proced. Exempted (1) material (ACI)	MI)  The of Res  State	Arouni (Specify SF & LF)  1400  DS/NE	advie	A Hemovie X	pe
Coupancy Status During Abatement (Check Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other - Describe  Scope of Work (Check all that apply)  23 st or 23 tt  2150 st or 2260 tt  Location of Aspessos-Containing Material (ACM)  TO BE ABATED  IN Facility  (13)  SID ING  Name of Registered Waste Hauler  Kiem CO INC.	Renovation  Renovation  Renovation  Normaly  Used Solely Maintenanc  Custodial  Staff?  (12)  Yes No	NIA  NIA  NIOED Wass Hauter D No 17907	Description North	Containment of Enclosure rebag Proceder - Exempled (*)  On of Material (ACI) mas insulation VAT, of laneous (*)  Oale City Called City Cal	MI)  The of Res  State	Arouni (Specify SF & LF)  1400  DS/NE	ab . U .	A Hemovie X	, erro
Docupancy Status During Abatement (Check Procedure Status Conservacated During Entire Per Abatement Performed Outside of Normal Other Describe:    Scope of Work (Check all that apply)   23 st or 23 it   2160 st or 2260 it	Renovation Demotion  Is Location Normally Used Solely Maintenanc Custodial Staff? (12) Yes No	NIA NOEP Wass	Description North	Containment of Englosure (ebag Procede - Exempled (f)	MI)  The of Res  State	Arouni (Specify SF & LF)  1400  DS/NE	advie	A Hemovie X	pe

UK 33			-		775	0.375		2. 8:60 and	12:120)	REO	1°~			
Date of Notification	(1) <b>1-03-2013</b>	-		Nam				Owner / Operator	(2)	2013 JAN	HE.	0		e
Agencies Notified  EPA  DEP  DOL  DOL	Type Notific		(	Stree 500 City, Ashl	Die Sta	ddre deri ate	SS		A	REC.	PH 2:			
DCA		cellation					Steve	ens		, -			_	5262
				F/	CI	LIT	INF	ORMATION						
Name of Facility W Former Hercules Street Address North Market Stre	Site	ent is Taking P	lace				- 1	Type of Facilii School (k Subchap) Other (i.e	(-12) ter 8 (Other tha e. private & com	mercial buildin			tc.)	
City (5)		County (6)	С	ounty	Со	de (	7)	Square Feet 30,000		1	3ldg. Ag	e <b>50</b>		
Greenwich Towns 08027	ship, NJ	Gloucester							Prior if being de ministration					
Name of Monitoring Indoor Environmer Street Address 286 Sunset Road			ner (8	3)	/	ASC	M No.	Resource M Street Addres	tement Contraction I contraction I contract Contraction I	Group, LLC				
City, State & Zip Co Barrington, NJ 080								City, State & Z	Zip Code					
Project Manager fo Michael Menz		Firm		phon -628			er	Telephone Nu 609-977-615	ımber	License N	Number 0118	35		
Scheduled Start Da 01/21/20		Scheduled Cor		ion D 1/201		(11)		Name of OSH J&S Enviro	lA Monitor nmental Labo	oratories Inc				î
Abatement Describe:	sed/Vacated	During Entire F outside of Norm	erio	of Al				Street Addres 2333 Route City, State & 2 Union, NJ 0	22 West Zip Code	-				
Scope of Work (Ch  ≥3 sf or ≥3  ≥160 sf ≥26	eck all that a					vatio			Mini-End Glove Ba	ag Procedures empted and No	n-Friable	e Pro	cedu	ıre
	ocation of			Loca				Description Asbestos-Con		Amount (Specify	Ab	atem	ent T	ype
Ma TO	stos-Containir terial (ACM) BE ABATED in Facility (13)	ig	Mai	rmally Solely Intena Itodial (12	by nce Sta	or	i	Material (A0 (i.e., thermal synsulation, surfac or other miscella	CM) ystems cing, VAT	SF or LF)	Removal	Repair	Encapsulate	Encisoure
Exterior 1st Floo			Tes	INO			Fyto	rior door & wi	ndow caulk	1,200 LF		П	П	$\forall$
Basement	-		H	TH				reen Floor tile		5,600 SF		d		一
Basement			口	Į		X	Gı	reen Floor tile	& mastic	560 SF	X			H
			H					<u>* * * * * * * * * * * * * * * * * * * </u>	100 200 100		ᅥ님			H
Name of Registere Service Transpo				H	laul		No.	Cubic Yards of Waste TBD	Name of Regi	stered Landfill				
City, State								Disposal Date	City, State Waynesburg					
New Castle, DE Completed By (Prin Mr. Brian Han	nt or Type)				itle res	side	nt	Signature	Vaynesburg	, OII	Date <b>01/0</b>	3/2	013	3

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

GAC Project # 060-12

Client Project #					Name of Building Owner/Op	nerator (	2)				
Date of Notification (1)  January 2	201	3			RUTGERS, THE STA	TE UI	NIVERSI	TY OF	NJ	2	
Agencies Notified  EPA  DCA	e de la constantion de la cons	Notification ☐ Initial N ☑ Amende	lotificated Notifi	ication #1	Street Address ENVIRONMENTAL H 27 ROAD 1, BLDG 40	EALT 86, LI	H & SAF VINGST	ETY DI	ERT, MPUS		0
■ DOL     ■ DEP- No Longer REQUIRED		additional  Emerge		s & location cluding	City, State, Zip Code PISCATAWAY, NJ 08	3854	-1		<u>20</u>	10	
<b>⊠</b> DOH	Ukano.	justific Cancel	ation)		Name of Contact MICHAEL SMITH, EN	IV.	lelen	hone Nur	noer.	ς.	S. S.
				FACILITY IN	HEALTH & SAFETY				- C)	The state of	<u>(a)</u>
Name of Facility Where Abatement TILLET HALL, BLDG# 41	is Tak 46	ing Place (3)		TAGILITIM	Type of Facility (4)  School (K-12)	- K 12\				1	
Street Address LIVINGSTON CAMPUS					Subchapter 8 (other than Subchapter 8 (other than Sq. Feet: N/A # 0	mercial l	buildings, hos: 6 Bldg	omes, etc. . Age:	) 60+ ye	ars	
	Inty (6)	LESEX		Code (7) Jse Only)	Current Use (prior if being	demolish	ned): ACA	DEMIC			
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. C	Owner (8)	ASCM 0098		Name of Contractor (9)						
ATC ASSOCIATES			0000		GREENWOOD ABATE	MENT	CONSU	LTANT	S, INC		
Street Address		avê			Street Address						
3 TERRI LANE	15				268 MAIN STREET	175.0					
City, State, Zip Code	6				City State, ZipCode BUTLER, NJ 07405						
BURLINGTON, NJ 0801 Project Manager for Monitoring Fire	m	Telephone N	Number		Telephone Number		Licen	se Numbe	er		
BRIAN KEARNY		609-386			973-492-0477		0084	10			
Scheduled Start Date (10)		Scheduled (	Completio	n Date (11)	Name of OSHA Monitor						
01/02/13		02/04/13			ENVIROVISION, INC.						
Occupancy Status During Abate	ment (	Check only o	ne)		Street Address						
□ Facility Closed/Vacated Durir □ Abatement Performed Outsid	g Enti	re Period of A ormal Facility	\batemen Hours -	t	20-21 WARGARAW R	OAD					
Describe		2.00 DM	E.00 A	M (Phacod)	Oity, State, Zip Gods						
☑Other – Describe: Shift Ho	urs:	3:00 PIVI -	5:00 A	IVI (FIIdSeu)	FAIRLAWN, NJ						
Scope of Work (Check all that app	olv)						Lance of the second				
<ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>□ &gt; 160 sf or ≥ 26</li> </ul>					n 📮	Mini-E	ntainment v nclosure pag Procedu		itive Pre	ssure	
							empted (*) a				ure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Sole	ocation Norma ely by Maint./C ff? (12)	Custodial	Description of A (ACM) (i.e. ther VAT, or other m	sbestos Containing Material mal systems insulation, surfacir iscell.)	ig, (S	mount specify SF LF)		Repair	<del>-</del>	Enclose
Basement, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Floors	YE	S NO	NA T	TSI - Fitting	IS.		9 LF	X	T	T	
Basement, 1", 2", 3" Floors	3020	X	A. 6345	VAT			40SF	X	S. (2012)	DANA.	
FI. Melis & Laules Rooms	1	153							2221	-	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa	AT	r ID #	Cubic Yards of Waste:	10 CY	G.R.	e of Regis	North	ndfill Landf	āII
Hauler #1) Greenwood Abateme NJDEP # 12561 Hauler #2) Horizon Disposal Ser NJ DEP # 22612						Disposa 02/04			City, Sta 100 New Rd. Mor 19067 215-736	Ford I	
Completed by (Print or Type) RAYMOND C. PEDALIN	0	Title SENIOR F MANAGE		СТ	Signature Raymand C. Pea	lalino	<u>Date</u>	Januai	ry 2, 20	013	

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

#### GAC Project # 060-12 Client Project #

Date of Notification (1)					Tu 75						
Decemb	er 21.	2012			Name of Building Own	ner/Operate	or (2)	01777			
Agencies Notified	J. 2.,	Notificati	on Type		RUTGERS, THE	SIAIE	UNIVER	SITY (	OF NJ		
□ EPA □ DCA ☑ DOL		☑ Initia	al Notif	ication otification	Street Address ENVIRONMENTA 27 ROAD 1, BLD	AL HEAL G 4086,	TH & SA	AFETY STÖN (	DEPT.	JS (T	
☑ DEP- No Longer REQUIRE	D	justi	fication	/ (including n)	City, State, Zip Code PISCATAWAY, N			601	JE I	1	7
IM DON		□ Cano	elled		Name of Contact MICHAEL SMITH HEALTH & SAFE		Tal	enhone	Number		777
				FACILITY II	NFORMATION	11			<u> </u>	5-	1-9
Name of Facility Where Abateme TILLET HALL, BLDG# 4	nt is Tak 146	ing Place (3	3)		Type of Facility (4) School (K-12)				57	30.5	Tona
Street Address LIVINGSTON CAMPUS		The second secon			Subchapter 8 (other X) Other (i.e. private &	commercia	l buildings,	homes, e	etc.)		
City (5)	ounty (6)		I Carre	-t. O-J- (7)	Sq. Feet: N/A	# of Floo	rs: 6 Bld	lg. Age	60+ y	ears	
PISCATAWAY	MIDDI	LESEX		nty Code (7) te Use Only)	Current Use (prior if be	ing demoli	shed): AC	CADEMI	С		
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. O	wner (8)	ASC 009	M No. 98	Name of Contractor (9)						
Street Address					GREENWOOD ABA	ATEMEN	T CONS	ULTAN	ITS, INC	<b>)</b> .	
3 TERRI LANE					Street Address 268 MAIN STREET						
City, State, Zip Code					City State, ZipCode						
BURLINGTON, NJ 0801					BUTLER, NJ 07405						
Project Manager for Monitoring Fir BRIAN KEARNY	m	Telephone 609-386			Telephone Number	<u> </u>	Licer	nse Num	ber		
Schodulad Start Date (40)					973-492-0477		008	40			
Scheduled Start Date (10) 01/02/13		Scheduled 02/04/13		tion Date (11)	Name of OSHA Monitor		,				ì
Occupancy Status During Abate	ment (C	heck only o	ne)		ENVIROVISION, IN Street Address	iC.					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Describe	a Entire	Period of A	bateme	ent	20-21 WARGARAW City, State, Zip Code	ROAD					
☑Other – Describe: Shift Ho	urs: 3:	00 PM -	5:00 /	AM							
Scope of Work (Check all that appl	,				FAIRLAWN, NJ						
Scope of Work (Check all that appl	X)				A Source						
<ul> <li>≥ 3 sf or ≥ 3 lf</li> <li>≥ 160 sf or ≥ 260</li> </ul>	)			Renovation  Demolition		Mini-Er Gloveba	g Procedur	re			
Location of Asbestos-Containing	Is Loca	tion Normal	ly Used	Description of Ash	pestos Containing Material		mpted (*) a				ıre
Material (ACM) in Facility (13)	Solely by Staff? ( YES	by Maint./Cu	ustodial NA	(ACM) (i.e. therm VAT, or other miss	al systems insulation, surfac	ing, (Sp	ecify SF -F)	All Transcription	nent Type Repair E		<u>Enclose</u>
Basement, 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> Floors		X		TSI - Fittings		<9	LF	X			
						-					
Name of Reg. Waste Hauler	1 5	LIDED West	la Usul	-10.4						45000000	
See Hauler Below #1 & 2	S	JDEP Was ee Below			Cubic Yards of Waste:	5 CY			tered Lan North L		II.
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Horizon Disposal Servic NJ DEP # 22612	ces, Inc.,	Trenton, N				Disposal 02/04/1		1   F	Oity, State 00 New F Rd. Morris 9067 15-736-1	ord M ville, I	
RAYMOND C. PEDALING   SENIOR PROJECT					Signature Raymand C. Pea	lalino	Date D		per 21,		

# UIA U.S. HAIl

Date of Notification (1)		Name o	f Building Owner/Operator	Malou	ini		
Agency Notified Type Notification		Street A	ddroop		_ :· · · ·	125	
/		30	CLEVE F	A DOC A	NE	•	
DEP Initial Amended Amendment #		SOU	Th RIVER	$C_1(\mathcal{O})$	2 ×		_
DOH Emergency (including justification)	ng	Name o	f Contact .		Telephone Number		,
D DCA Cancellation		THE,	Majovini Try INFORMATION	+	-	_	¥ \
Name of Facility Where Abatement is Taking Pla	ce (3)	KACIL	111 INFORMATION	Type of Facility	(4)	Z	No. of
30 CLEVELAND F	NE			☐ School (K-12	2)	1	
Street Address				Other (i.e. pr	8 (Other than K-12) ivate & commercial building	s.P	4.1
				Square Feet	# of Floors Bldg. /		寸
South RIVER	NE		Code (7) (STATE USE	2,500	rior if being demolished)	Ou	
County (6) HickESEX		ONLY)	. 4	(-	LESIDENI		
Name of Monitoring Firm Hired by Building Owner	er AS	CM No.	Name of Abaten	nent Contractor (			
(8) Street Address			Street Address	0111	:.		
			City, State, Zip	0X 814			
City, State, Zip Code			OID BI	SIDGE_	N.D. 08857		
Project Manager for Monitoring Firm	Telep	phone No.	Telephone No.	32×7500	COSOG .		
Start Date (10)   Scheduled Co	ompletion		Name of OSHA	Monitor	jc .		
01119113 1 311	14	13 -	Street Address		<u>, , , , , , , , , , , , , , , , , , , </u>		
Occupancy Status During Abatement (Check on		nent .	P.O. 130				
Facility Closed/Vacated During Entire Period of Dabatement Performed Outside of Normal Facility Other – Describe:	lity Hours	)	City, State, Zip	DOE 1	00:08857		
Scope of Work (Check all that apply)	,	. /			n Negative Pressure	14	
□≥3 sf or ≥3 lf		D Dem	olition D Glos	i-Enclosure vebag Procedure			
2 ≥ 160 sf or ≥ 260 lf			Non	-Exempted (*) ar	nd Non-Friable Procedure	Abate	
	1	mally	Description	of	•	Ty	
Location of Asbestos-Containing Material (ACM)	Maint	Solely by enance/	Asbestos Containing N (i.e., thermal system	faterial (ACM)	Amount (Specify	20 20	Enclosure
TO BE ABATED IN Facility	SI	stodial taff?	surfacing, VA other miscellar	T, or	SF or LF)	Repair	psula
(13)		12)					6
	Yes	No N/A	•				
BASEHEDI		X	Floor TILE	929	350 S/F	X	
DAZIENT						$\vdash$	+
	NIDE	P Waste H	auler   Cubic Yards of	Name of Reg	istered Landfill		
Name of Registered Waste Hauler	ID No	0.	Waste	The same of the sa	o.w.S.		
NOVATECH INC		1850	Disposal Date	City, State	. 01		
City, State BRIDGE NO. (	3886	57	2/14/12	Maria	Date	1.1	
Completed by	rin	ait-	Signature -	2 Some	/ Date	121	13
WARLOS MMELISIA TOO NO	t use this	form for as	bestos licensure exempte	/ / /		1	

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	NOT	iFiCA (Puis	O NOTE	e of Hew Jos F ASSESTO HJAC 8:50 :	SABATE				APT lepts of Heat	nov	<b>E</b> Ø	. 0	
Date of Notificetion (1)		Nz		TEMAN		2 2005 T	South Co.	5 Kar #4	WIND A A	35.00	1 12	Ser	MCES
Agenties Notifies  Type Notification  EPA  DEP  Amended  Amendments			reel Add ly, State		Wave	कात (	7450	146	\$15.93 187	****	īme:	1:0	PA
E DOH institution Cancellation	ennerg		ense of C	oniact ANE CO	LBELSTO			Telep	dmuN enork	er ·		4	_
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFORM	ATTON	Type of	Facility (4	)					ヿ
CUCRESTON Street Address 680 Wavelly Coal	)			····		Substitution of the state of th	ier (i.e. pi .)	erco) i ivate &	r (them K-12) commercia) (				.,
City (5) PIDGEWOOD. N.J. 074	50	IC	ounty Ca	ide (7)		Fcool	L .		Floors L g damolisher	1	9-A9	e 	
BERSENS Manus of Monitoring Firm Hired by Building C	wner (8)			e diely		of Abates		tractor (	9)				
Street Address						Address Lowell	Road		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
City, State, Zip Code		-	******			State, Zip n Rock,		452					
Project Manager for Moultoning Fam			eleption		201	none No. -262-58	- 11 12 4		License No. 00156				
13-13-8/12		18-		ate (11)	Om		monme	ntal S	ervices Int	<u>ک</u>			
Occupancy Status During Absternant (Cited Facility Closed/Vacated During Entire I Absternant Parlamed Outside of Norm	Period of Ab	dem	arti		280 City.	t Address Huyler State, Zip	Street Code		· · ·				
Cher - Describe:     Scape of Work (Check All That Apply)					Ha	ckensac	k, NJ 0	7606					
23 st or 2280 ff		noliji				Mini	Enclosus ehan Pro	ම සමගිණ	Negetive Pr			2	
-		ocali							A Party I State		Abab		1
Location of Achesica-Containing Material (ACM) TO BE ABATED In Facility (13)	Lised Main Custo	tener	y by see!	(i.e. tin	Description Containing manual system	Material ( ms install AT. or		4	snount Specify For LF)	Removal	Repair	Encapariale	Endoura
	Yes	No.	NYA X		\	ı Gı	o.L		100 (+2	-	-	-	-
KITCHEN			-	<u> </u>	<b>YOCE 11</b>	4 10	~~	0					上
								-		<u> </u>			1
Name of Registered Waste Hauter Rovic Transport		14	UDEP W laster ID 10785	laste (	Cubic Yards of Waste		IESI F	A Bei	ered Landiii hiehem La	ındfi	i Ca	rp.	
City, State Riverdale, New Jersey 07457					Disposal Da	¥e	City, St. Bethle	ehem,	PA 18015				
Completed by  Joseph Voca Tulus	PA	.0JE	er h	lonason	Signat	ine A.	Von	40	Da	/2	100	17	

		NOTE	S FIGATIO	into of New Jen N OF ASSISSION t to NJAC 2:50-6	PC SABATE	201	200	C	heci	k#_	30	25
		ū	Purşuen	t to MIAC 2:504	时分数12	0)	4-11		A		WED	
Date of Notification (1)		-		of Building Owne				NJ Dent.	ef Ke	alth .	S Ser	inr :
1/2/13			00	277 CO 12	- Coperation	(2) 17	2:50	Tous	( .	奶	m	Λ
Agencies Notified Type Notification	न		Street	Aridense Cr	1 1 12			1	!	(signet		7
T EPA I Midal			6	Sco.77	CEA	4747	i.n	Dete: 1	2/15	3	Tirae	. 1
DEP Shittel Amended			Cha Pa	ete, Zip Coda	_ 53 20/2 8 C	W/Ath	8/			-		o andre
DOL Amendme	1位#				0:			_		-0	-	7
DOH E Emergano	y (including	3	4000	6561317,	PASEK	. , ,,,,	076	60				
SI COM Justification DCA Cancellatin			Name o	of Contact			T	elephone Nu	mber			
15:3 Variousli	23.2			1+. S.	Leanne							
lame of Facility Where Abatement is Tak	from Olivera	701	FAC	ELTY PAFORMA	MOTT.						AL ACT	J
SCOTT COURT APARTME		3)				Type of F	acilly (4)		-			_
tree! Address	0.2-7					C Son	ool (K-12)					
& SCOTT COURT						Suba	checter 8 (O	her than K-1	23			
						or Othe	r (i.e. private	& commerci	ed beri	Idenge	s, hon	105
Aly (5)		-				Square Fi						
RUGGETISUS MARY.				43				of Floors	4	Bidg.	_	
ounity (6)			Country	Code (7)		12,0		2		.5-6		
BEAGE		į	(STATE	USE CHEVE		Current U	se (Prior if b	eing demolisi	Yesd)		10.11	VIEAU
same of Monitoring Firm Hired by Suilding	Caumne 10	!					7 3					
	A Product (a	}	ASCI	NZ PROL	Name	of Abatem	ant Contracto	r (9)	-		-	•
Inset Address			J		AW	ac Contr	acting inc.					
urer urinada			***************************************		Street	Address						
A Chile T. C. J.					105	Lowell R	oad			-		
ity, State, Zip Code			Translation		City, S	late, Zip Co	vle	-				
					Gler	Rock N	J. 07452					
roject Manager for Monitoring Firm		T	Telepho	ne No.		one No.		7.2.				
						262-5841		License N 00156	Q.,			
lart Date (10)	Schedul	eri Cor	mielina	Date (11)		of OSHA M		00 100				
1/3-/13	1/	3/	12	Commercial (T.) b	Name	oi Osha M	onitor			, , ,	***************************************	S.A.M.
coupancy Status Dusing Absternent (Che	- Contract	200			-	A. Olivera A. O.	onmental S	renaces in	C.			
		0.00				Address	Visite August	-	-			
Facility Closed/Vacaded During Entire	Pessad of	Abaler	गटाचे		2801	-itayler St	reet					
Abatement Performed Dutside of Nor Other - Describe:	mai Facilit	Flour	Š		CRy. S	ste, Zip Co	de	····		-		-
		-			Had	ensack,	NJ 07606					
cope of Work (Check All Tred Apply)					1		<del></del>	······				
23.5for≥3.9f ≥1.60.5for≥2.60.5f		Renova Demoli			38381	Glovets	teinspert will Joeure g Procedure Impled (*) as					
•1	fo	Locat	lon			THITE	- Marcal ( ) 451	er radii-Lii80	1 10			
Lucation of	1 1	Vonne	av .			-12					emen pe	L
Asbestos-Containing Material (ACM)	Use	d Sale	ly by	Asharia Can	scription	o₹ 	_			·	- Pro-	·
TO BE ABATED		intenzi Iodial S		Asbestos Cor (Le. Inerna	थदात्रामा स्ट्राप्त वे स्थानने स्मार्थ	inensitan		mount	1_	1	E.	l
In Facility (13)	GLES	(12)	360114	swi	idng, VAT	, Of		Specify For LF)	Removal	2	2	S
Con	-			other	Mincelland	ವಾಲಭ)	1	W 11/	귷	Repair	절	Enclosure
	Yes	No:	NIA		- 10				<u>a</u>	1	Еповрзицава	6
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MEMBER - MAIL IN HARD COPPENTIFICATION OF ASSESTIONS ABATEMENT  Detail of following in the control of the contr	Type Notified   Type Notifie	J. Maiorano	Estima						كسمصوط	3	12/	34)	1 8	2
MEMBER - MAIL IN HARD COPPORTEROATION OF ASSESTIONS ABATEMENT  Date of Notificial Little as a standard abatement of the Processing of the Notificial Composition of the Composition of t	Agricory Notified    Style   Street   S	Hackensac		760	01	no Parlament		1/3/13	Waynesh			٠		
MEMBER - MAIL IN HARD COPPENTHATION OF ASSESTIONS ABATEMENT  Committee of the Control of the Con	Agodary Notitions  Service Address  Agodary Notition		nc	1	710	9								
MEMBER - MAIL IN HARD COPPERTIFICATION OF ASSESTIONS ABATEMENT    Committee   Committee   Committee   Procession   Committee   Co	Agrocary Motified  Signal  Sig			100	No.		lauter	Wasno ,						
STATE OF MALE IN HARD COPYSOTH POATON OF ASSESTED ABATELETY  The Mark of the statement of t	Agodory Neofitted  DEPA  DE  DEPA  DE  DE  DE  DE  DE  DE  DE  DE  DE  D					1						Ι	1	4
STATE OF NOTIFICATION OF ASSESTED ABATEMENT  Date of Notification (1)  12 3 1/12  Appears Notified by 1 a familiar and provided in the provide	Agoney Neofitied  DEPA  DEP  DEP	· · · · · · · · · · · · · · · · · · ·					$\vdash$						İ	
STATE OF NOTIFICATION OF ASSESTING ABATESIENT  Date of Notification (1)  1/2/31/12  Appears Notification  1/2/31/12  Appears Notific	Agoney Medited    SPA	(PA-PENEN-		-		-	MERL	an Bacton i	CA-ITAL UZU	30L		4	+	
MEMBER - MAIL IN HARD COPYED THROATON OF ASSESTION ABATEMENT    Committee   Co	Agrocy Newtoned  Type Notifientien  Service Address  3 8 1 S A G ALWAN FLUE PROVED  Thinked  Amendment of Emergency (acadeding protein and the Composition of Composition o	73 450 4		Yes	Nio		<u> </u>						+	
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Since of New Jersey  Personant to Number of Existing Department (2)  January Restination  Restination Address  January Restination  Restination Address  January Restination  January Restination  Restination Restination  Restinatio	Agricory Notified    SPA   SPA   SA Collaboration   Street Address   SA Collaboration   Sepa   Sa Collaboration   Sep   Sa Collabo			17 757	Control of Control of		T		Tataldung   1 mg	sample i votacio è force				
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Side of Now Jernany  MEMBER - MAIL IN HARD COPY OTHER Animal State of Now Jernany  March of the Transport of Copy of the Copy	Agreedy Notified  DEPA  DIEP  DOL  Amender  Amen	의 Abatement Performed Outs 다 Other — Describe: 무스스	do of Manney Facility	f Alpah By Hor	oment urs			City. State. Zip C	lade	k, N.J. (	0760	6		
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MEMBER - MAIL IN HARD COPYOTHFRATION OF ASSETOS ABATEMENT    Company   Programme   Program	Agrocky Medited  DEP  Service Address  DEP  DEP  DEP  DEP  DEP  DEP  DEP  D				10/4/5/10/10/20	ttə (11)		Omega En	Ajioumei Mooga	tal Inc				
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MEMBER - MAIL IN HARD COPPOTIFICATION OF ASSESTOS ABATEMENT  Date of Notification (1)  12/31/12  Agreed Notified  Type Notification  Number of Contact  H.C. IN H.S. G. L.Y.  Total Notification  Type of Focially Videote Abatements is (Abbits Place (3)  H.C. I. W. H.S. G. L.Y.  The Contact of Contact  Type of Focially Videote Abatements is (Abbits Place (3)  H.C. I. W. H.S. G. L.Y.  Total Additions  Type of Focially (4)  Street Additions  Type of Focially (5)  County Code (7) (STATE USE)  Contact Cont	Agoesy Notified  D SPA		<del></del>					Gity, State, Zip (	Code			-		
MEMBER - MAIL IN HARD COPYOTIFICATION OF ASSESTOS AREATEMENT  Date of Notification (1)  12/31/12  Manne of Editing Depart Depart (2)  Agreey Notified  Type Notification  Type of Today Vibrate Abstraction  Name of Facility Vibrate Abstraction  Type of Today Vibrate Abstraction	Agreey Metrical  DEPA  D			Callock.					Biver St		W-577			
MEMBER - MAIL IN HARD COPYSOTH CATION OF ASSESTOS ABATEMENT  Detect Notification (1)  I 2 / 3 / / Z  Agreey Notified  Type Notification  Street Address  Amendment  DEPA   Agreed Notified  Type Notified Street Address  Street Address  Street Address  Street Address  Street Address  CRY, State, Zip Code  I RUING TO,  Phase of Contact  I RUING TO,  Phase of Contact  I RUING TO,  Phase of Facility Information  Name of Facility Information  Name of Facility Information  Name of Facility Information  FACILITY Information  Type of Facility (4)  Street Address  Street Ad	(A)				V	-		emoval ]	ne	Tues,				
MEMBER - MAIL IN HARD COPYSOTERCATION OF ASSESTOS ABATEMENT  Date of Notification (1)  12/31/12  Agreed Method  Type Matthemation  Street Address  388   SAG - WAIVFAU   WHEELER  Amended  Amend	Agreed Notified  DEPA  D		by Building Owne	e T	ASCA			Namo of Aboto	100				-	
MEMBER - MAIL IN HARD COPYOTEFICATION OF ASSESTOS ABATEMENT    Detail of Notification (1)   Pressure to NJAC 8:60 and 12:120)   VEC 3 7:012     Agreedy Motified   Type Notification   Street Address   SA & WAIVEWAF PROVE   DEP	Agreed Notified  DEPA  D							7) (STATE USE			lchod)			•
MEMBER - MAIL IN HARD COPYSOTHECATION OF ASSESTOS ABATEMENT  Detect of Notification (1)  12/31/12  Aspects Notification (2)  Aspects Notification (3)  2 PARA Statistical City Notification (2)  2 PARA Statistical City Statistical City, Statist, 2D Code  2 PARA DEP	Agreey Notified  Type Notifientien  Street Address 388 ISAG LUAIVEUR PROVED  Street Address 388 ISAG LUAIVEUR PROVED  City, State, 2p Code I RUIN G TOMAN TO		S									65	3	
MEMBER - MAIL IN HARD COPYOTHERATION OF ASSESTOS ABATEMENT  Date of Notification (1)  Professional to INJAC 8:60 and 92:120)  Marrie of Exiting Department (2)  Marrie of Exiting Department (3)  Marrie of Contact  Marrie	Agreed Notified  Type Notified  Street Address  388   SAG DUANTED PROVED  Street Address  388   SAG DUANTED PROVED  CRY, State, Zip Code    RUING TOPPORTATION    Composition   Running		SOUR NEW							For Floors	Bag	Ago		-
MEMBER - MAIL IN HARD COPPOTEFICATION OF ASSESTOS ABATEMENT  Delis of Notification (1)  12/31/3  Agroup Notified  Type Notification  Type of Focially Videole Abstraction  Name of Contact  H.L. W.H.S. G. L.E.Y.  The Property of Focially Videole (4)  Name of Focially Videole Abstraction  Type of Focially (4)  D. School (K-12)  Type of Focially (4)	Agreed Notified Type Notified Street Address 388 ISAGEWAVAUAFTROVED  BEPA BRANCH DAMENDER!  Amended Tool  Province of Contact  Amended Tool  Province of Contact  All WHS SUSYL  Name of Facility Surposition  Name of F	and the same of th	ILLA A.	سحر ا		30 (3)			-ErOthor (Le. p	rivota & commerci	ci buddi:	ALC: C	כו	
MEMBER - MAIL IN HARD COPYSOTHECATION OF ASSESTOS ABATEMENT  Date of Notification (1)  12/31/2  Agreed Medical Type Notification  Street Address  Agreed Notification  Street Address  Agreed Notification  Grant Address  CRY, State, 29 Code  Amended  DOL  Proportion of Contact  Amended  Name of Contact  Amended  CRY, State, 29 Code  1 2 1 1 2 5 1 2 5 1 5 1 5 1 5 1 5 1 5 1	Agreedy Motified  Type Notifientien  Street Address 388 ISAGEWAIVERUAFIROVED  Street Address 388 ISAGEWAIVERUAFIROVED  City, State, 2p Code  I RUING TOPPONIALIT.  PROBLEM STREET OF TANABORN Number  PROBLEM STREET OF TANABORN Number  FACILITY INFORMATION  TOPPONIALITY INFORMATION	The state of the s	and the same of th	***		61	7		□ School (K-1	2n 💆	J	٠	-	
MEMBER - MAIL IN HARD COPYSOTHECATION OF ASSESTOS ABATEMENT  Date of Notification (1)  12/31/2  Agreecy Notification  Type Notification  Street Address  Stree	Agreecy Medical  DEPA  DEPA  DEPA  DEPA  DEPA  DAMAGNICA  DEP  DOL  Armendist   Name of Facility Vilhere Abore	mont is Taking Pin	ee (3)	1	PAC		PORTA TON	Type of Focial	Y (4)	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		2		
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MEMBER - MAIL IN HARD COPYOTEFICATION OF ASSESTOS ABATEMENT  Delts of Notification (1)  12/31/12  Agreedy Notified  Type Notification  Street Address  388   SAGELWAIVERUAFPROVED	Agreecy Meeting Type Notifientien Street Address 388 ISAGHUMAIVEAUAFPROVED	C DEP	unende:			CIN.	State, Zip	Gode			900	C	Pa Pa	-
MEMBER - MAIL IN HARD COPYOTHERATION OF ASSESTOS ABATEMENT  [Personnel to INJAC 8:50 and 12:120]  Debt of Notification (1)  [2/3:/] 2  Name of Entiting Disparitiparison (2)  [2/3:/] 2  WHEELER   (2)3///2		-				38	8 15A	3 HLWA	VIXUAF F	温()	VE	D		
MEMBER - MAIL IN HARD COP NOTIFICATION OF ASSESTOS ABATEMENT  [Persuant to NJAC 8:50 and 12:120]  Date of Notification (1)  [Name of Entiding Organic parasses (2)]	m 12 a 12 m and Talletter All HALLET CER.	12/3	1/13		_				11 12			_		
MEMBER - MAIL IN HAPD COOK Store of New Jersey	Dais of Notification (1) Name of Exciding Object (2)		? • • ° 4 क स्व	CIT!				ing OwnerCperate	H (2)	DEC 3	2012	-		
MEMBER - MAIL IN HAPD COOK Store of New Jersey	MAIL IN TIATIO COP POTIFICATION OF ASSESTOS ABATEMENT	PARTIE TO LO SE SECTION	TIMIN COLIS		FIÇA' Pursi	TION Band 1	of as Dija	Bestos Aba C 8:50 and 12:	TEMENT 120)	100/10				
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Date of Notification (1)	7	Name of E	Building Owner/Opera	tor (2)	Α		-	-
Agency Notified True Notification	5	L Y	Valter	Ricko	ird	10m 35	gr. —	
Agency Notified Type Notification		Street Acc	lréss   12	no Kal	100		**	1
□ EPA □ Companie □ Amended	Strip In	City, State		ek neley	SUP AUS	7	2/5	
Amendment #	ludina	C TIERCHOCK PROE.	Beach	Haven	NJ OS	3008	34	en.
DOH justification)	3	Name of C	. ~	1. 1	Telephone Number			1
- Cancellation	<del></del>	Wal		Kand:				
Name of Facility Where Abatement is Taking	Place (3)	PACILITY	INFORMATION	Type of Facili	ty (A)		0	
Single family	Sh	(900	Hause	□ School (K-			TO,	
Street Address		ORL	11000	☐ Subchapter	r 8 (Other than K-12)			0
115 Benkl	ey A	UC	н,	homes, etc	private & commercial bui	ildings,		
City (5)	/ A	17 (	10000	Square Feet		ldg. Age		7 1000
County (6) Deach Haver	7 /		98008 de (7) (STATE USE	ļ	2	100	) t .	-
Ocean		ONLY)	De (7) (STATE USE	Current Use (	Prior if being demolished	3)		
Name of Monitoring Firm Hired by Building Ov		M No.	Name of Abate	ment Contractor	(9)			
BPC Technologies		NA	EP		nologies,	Tar		
treet Address			Street Address	_	_ 3			
P.C. Box 337  City, State, Zip Code			Cibi State 7i-	P.O. Bo	x 337			
	08533		City, State, Zip		WT 08	533		
roject Manager for Monitoring Firm	Telepho	Accessor of the property of	Telephone No.	u Egypt	License No.	333		-
Steve Schenker	609 7	58-336	5 609-758	-3365	003	94		
art Date (10) Scheduled	Completion Da	ate (11)	Name of OSHA	Monitor	/			
cupancy Status During Abatement (Check o	only one)	13	Street Address	- Techr	rologies, I	nC.		
Facility Closed/Vacated During Entire Period				D. Bex	337			
Abatement Performed Outside of Normal Fa			City, State, Zip	Code				
Other - Describe: ope of Work (Check all that apply)			New	Egypt	N2 08	533		
		D Description			h Negative Pressure		(3)	
2 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	•	☐ Renovation ☐ Demolition		-Enclosure rebag Procedure	***			
			Non	-Exempted (*) an	d Non-Friable Procedure			
T	Is Locat Normal	6(T) (1) (1)			*/4	Ab	Type	
Location of Asbestos-Containing Material (ACM)	Used Sole	ly by	Description bestos Containing M		Amount		-	
TO BE ABATED	Maintena Custodi	ial	(i.e., thermal systems	insulation,	Amount (Specify	Reg	R	Enc
IN Facility (13)	Staff? (12)		surfacing, VA other miscellan		SF or LF)	Removal	Encapsulate	Enclosure
	<del></del>	T >// .				=	ate	.   9
0 1111 7 4	Yes No	N/A	AL 0		76.50	++	+	+
Basement Water Tank	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			Rep	365F	X	+	+
Basement/Chawlspace	X	Pi	pe Insula	ities	170 LF	X	+	+-
						++	+	+
me of Registered Waste Hauler		/aste Hauler	Cubic Yards of	Name of Regis	and the second of the second o			
EPC Technologies	ID No.	7000	Waste	Waste	- Manageme	at		
ly State		,000	Disposal Date	City, State				
UE NJ			1-21-13	Monni	wille PA	7		
mpleted by Title Day	sident	_	Signature 1	Tol	Date		<u> 14.7</u> 7	1
00 00			24	ve sche	the 1.	-3-	13	)
1 Do not	use this form	for asbestos	licensure exempted	activities				

Come ege acodimin		- COM CASTAGRA	DOL - 10 D	AV
TO MEMEMB	L'NO WIPI LEATH ON HEEL AS	Now Jessey SEESTOS ABATEMENT AC 8:60% and 12:120)	DOL - 10 D	AT EL TO
Date of Notification (1)	<b>.</b>	ding Owner/Operator (7)	Dued out /3 ft	3
Agency Notified Type Notification  ☐ FPA ☐ ☐ Type Notification	Street Addres	"119 West 5	DLA BLADE SHOUL	JAMAN L
DIE I Amended LOL Amerylment #		Lavallet	re NJ 08	735
DOH institution	Nome of Con	Duggan	Talanbone Number	O O
Vame of Facility Where Abatement is Taking		NFORMATION -	for (d)	
Single family	Shake Home	D School (K-	12)	
it cel Adores 119 West	Swordfish		or 6 (Other than K-12) private & commercial buildings (c.)	
Lavallette.	NJ 0873	Sougre Font	# of Fibera Bidg A	
County (6) Ocean		(7) (STATE USE   Current Uso (	(Prior If being demolished)	
larne of Monitoring Firm Hured by Building C	Twitter ASCM No. /	Name of Abutement Confrequen	tamily Shace he	ause
B) EPC Technologie	s N/A	EPC Tech	mologies, In	
PO Box 337		-	× 337	
New Egypt NJ	08533	Now Equat	NJ 0853	3
Steve Schenker	Telephone No. 604 758 -3 365		License No	
1-3-13 1	Completion Date (11)	Name of OSMA Monitor EPC Tech	nologies. Inc	
iccupancy Siglus During Abatement (Chack If acitiny Closed/Vacated During Entire Perio	- 10.7 V 10.4 (1)	P.O. Bex	J -	
Other - Describe.  Other - Describe.		Chy. State, Zip Code New Equat	NJ 0853	3
cope of Work (Check all that apply)		D Full Containment with		
P≥ 3 stor ≥ 3 H D≥ 160 stor ≥ 260 H	Programation	D Glovebag Procedure		
	la Location	**************************************		Abatement Type
Lucation of Aspestos-Containing Material (ACM) FO RE ABATED IN Facility (13)		Description of stor Contohing Material (ACM) thermal systems insulation, surfacting VAT, or pther miscellaneous)	Amount (Specify SF or I f.)	
Viland Istalle	Yes No NA	i'-c Shi-clas	GANSEV	
xterion Walls	x 5%	ling Shingles	900SF X	
A 12-01-01-01-01-01-01-01-01-01-01-01-01-01-				
me of Registered Waste Hauter	NJDEP Waste Hauler	Cubic Yords of Name of Regist Wester		
EPC Technologies	1/000	5 Waste	Management	
JE NJ			will PA	
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#### professional activities and the

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Date of Notification (1)				Name of Building Owner/Operator (2)												
January 2,2013  Agencies Notified Type Notification				County of Bergen												
Agencies Notified  EPA		Name of Building Owner/Operator (2) County of Bergen  Street Address One Bergen County Plaza, 4th Floor  City, State, Zip Code														
EPA DEP DOL	Initial Amended Amendmen		City, State, Zip Code Hackensack, New Jersey 07601													
⊠ DOH	Emergency justification)		t	Name of	Contact					Telephone Number						
DOH DCA	Cancellation		1	John o	ascone		,			12						
				FACI	LITY INFO	ORMATIC			12.					-		
Name of Facility Where Abatement is Taking Place (3) Bergen County Justice Center								Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
Street Address Bergen county Justice Center																
City (5) Hackensack								Square	uare Feet # of Floors Bldg. Age 50,000 4.5 50 Yrs							
County (6) Bergen				County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC				ASCM	No.	T	Name o	Name of Abatement Contractor (9) Slavco Construction Inc.								
Street Address						Street Address										
307 N. Walnut Street City, State, Zip Code						164 Getty Ave.  City, State, Zip Code										
West Chester, Pa 19830						Clifton, New Jersey 07011-1802										
Project Manager for Monitoring Firm  Matthew Abraham				Telephor 610-43	Telephone No. 973-478-48				License No. 00724							
Start Date (10)         Scheduled Co           1-11-13         2-15-13				mpletion [					e of OSHA Monitor /co Construction Inc.							
Occupancy Status During Abatement (Check Only One)						Street Address										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Abatement work will be conducted from 4:00pm to 12:30					ama	City, State, Zip Code Clifton, New Jersey 07011-1802										
Scope of Work (Check A							Cliftor	n, Nev	v Jersey (	07011-18	302					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т так друу)	-	Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		T		. 1				NOII	-Exempled (	) and Noi	-i iiai		Abate	No. Inc.		
Laadian			Locat	cation and the cation					İ			Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Use Mai	ely by nce/ Staff?	Asbestos Containing M			Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A								_		ite	o l	
Room 124-			X		Floor Tile			s		150SF		Х				
Room 124-	7 12 12	<b>13</b>	X		Fireproofing &						SF	X				
Room 124-	Floor	-	X			Pipe	Insulati	ion	300LF			х				
Name of Registered Was	te Hauler		IN	JDEP W	aste	Cubic Y	/ards		Name of Re	egistered L	andfill	_	L	<u> </u>		
Slavco Construction Inc.			Hauler ID No. of Waste 18508		te	G.R.OW.S LANDFILL										
City, State Clifton, New Jersey 07011-1802					Disposa TBD		ate City, State Morrisville, Pa									
Completed by Vivian D. Jurcevic		Title Office Manager			Si	gnature	/	<u></u>		Da	ite inuar	v 2.2	013			
							Mus	no	I. sucie	uc	00		, -,-			