CK 8313

MAY 11

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

Date of Notification (1)	es Ses		T			Owner/Operator (2	2)	III	5 9	Ľ.			-	
1 /	3 / 14			SPC/	Matawar	1		1						
⊠ EPA I	Type Notification ☐ Initial			Street A 1301		ional Parkway s	suite 550] JAN	7	201	4	L	
	Amended		Ī	City, Sta	ate, Zip Co	ode			(open	TOS CON	TENI	Q.	نــ	
☑ DHSS	Amendment #1 Emergency (inc	luding		Sunr	ise, Flor	ida				JOENSIM		. Ox		
☐ DCA (NJAC 5:23-8)	justification)	luullig	Ī	Name o	f Contact		R	4	Telephona M	TENTANT				
	☐ Cancellation			Berg	man Arg	jiiello								
		- 32	755	FACI	LITY INF	ORMATION			18 19					
Name of Facility Where Ab	patement is Taking	Place (3)				Type of Fac	cility (4))	Section 1999				
125 Harrison Ave.	200000000000000000000000000000000000000						School ((O.)	(40)				
Street Address		61	15				Subchar	e priv	Other than K rate and com	(-12) imercial	build	dinas	1	
125 Harrison Ave.							homes,		ato and 55			3	•	
City (5)						11	Square Fee	et	# of Floors		Bldg	J. Age	Э	
Aberdeen, NJ 07747	(c)						50,000		1		75	5+		
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Us	e (Prior	r if being den	nolished	(t			
Monmouth							Wareho	use						
Name of Monitoring Firm I	Hired by Building C	wner (8	8) [ASCM N	lo.	Name of Abateme	ent Contracto	or (9)						
Atlantic Environmen		WIIO! (C	"	NA		Alliance Env			ems					
	ital Solutions				_	Street Address		-						
Street Address 5 Marine View Plaza	Suite 303					550 East Uni	on St.							
	, Suite 303					City, State, Zip C								
City, State, Zip Code						West Cheste		2						
Hoboken, NJ 07030			Tele	phone N	do.	Telephone No.	.,	<i>0.7</i>	License No	0.			-	
Project Manager for Monit Arthur Rastelli	oning Finn			1-876		610-701-9000	n		00508					
	Cabad	ulad Co	207035	tion Dat	AT STATES	Name of OSHA			1			85		
Start Date (10) 1 / 13 /	A COLUMN TO A COLU		Acomo	/_/		AET								
Occupancy Status During	Abatement (Check	only o	ne)			Street Address								
☐ Facility Closed/Vacate				ment		28 N. Pennel	Road							
☐ Abatement Performed	Outside of Normal	Facility	Hou	rs - Desc	cribe	City, State, Zip C	ode							
Time of Abatement: 7	AMPM/ <u>3:3</u>	<u>0</u> PM	—	AM		Media, PA 19	9063							
Scope of Work (Check all	that apply)	,3					ntainment wit	th Nega	ative Pressur	re				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		Re				☐ Mini-En		•						
≥160 sf or ≥260 lf		☑ De	molitic	on		⊠ Non-Ex	ag Procedure empted (*) a	nd Nor	n-Friable Pro	cedure				
		Is	Loca	tion				$\neg \top$			Aba	ateme	ent T	уре
Location	of	1	loma	ally		Description	of				Z	刀	Ш	m
Asbestos-Containing	Material (ACM)	100000000000000000000000000000000000000		ely by ance/		estos Containing M		1)	Amount (Specify	870	Removal	Repair	Encapsulate	Ciclo
TO BE ABA				Staff?	(1.6	e., thermal systems surfacing, VA			SF or LF		oval	₹	nsd	Enclosure
(13)	· y		(12)	_		other miscellan				2500			ate	1
		Yes	No	N/A									_	-
Offices					VAT / N	Mastic	1		5076			Ш	Ц	
Roof				\boxtimes	Roofin	g / Flashing			7056		\boxtimes			
Exterior	100			\boxtimes	Transit	te Shingles			2400		\boxtimes			
Name of Registered Was	te Hauler		1.0	NJDEP		Cubic Yards of			tered Landfil	1				
N.E.T.S.				Hauler II 18947		Waste 30	Allied	I BFI I	Imperial					
City, State				100-1		Disposal Date	City, Sta	ite						11/2/6/6
Hazelton, PA						TBD	Impe	rial, P	Α					
Completed By (Print or T	vpe) Titl	e		72 min 1/2-1-		Signature	16 -			Date				
Completed by (Fint of 1	1001	-					111			1		_		1
Mark Griffin		Estima	tor				the			1	_·`	3	-1	4

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

State of New Jersey FIFICATION OF ASBESTOS ABATEME. (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			-1	Name	of Building	Owner/Operator (2	2)	E G			1	
12 /	20 /	13			/Matawa			[/.5] 7		1		
Agencies Notified	Type Notification	n ·		Street	Address			1/31	2014			1
⊠ EPA	☑ Initial			1301	Interna	tional Parkway	suite 550					1
☑ DOLWD	Amended	# 0		City, S	tate, Zip C	ode		AGESTOR GOLD	ROL &			
☐ DHSS☐ DCA	Amendment ☐ Emergency			Sun	rise, Flo	rida	L.	+102Feathle				
(NJAC 5:23-8)	justification)			Name	of Contact		20 11	Telephone Numb	per			
	☐ Cancellation	1		Berg	gman Ar	giiello					3	
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Tak	ing Place	(3)				Type of Facility			1381738		
125 Harrison Ave.							School (K-12) 3 (Other than K-12)	i			
Street Address							Other (i.e., p	rivate and commer	rcial bui	ilding	3,	
125 Harrison Ave.			925665				homes, etc.)					
City (5)							Square Feet	# of Floors		lg. Ag	e	
Aberdeen, NJ 077	47						50,000	1		75+		
County (6)				Coun	ty Code (7)(STATE USE ONLY)		or if being demolis	hed)			
Monmouth	=		a. I				Warehouse					
Name of Monitoring Fin			8)	ASCM	No.	Name of Abatem						
Atlantic Environm	nental Solutions			NA		Street Address	ironmental Sys	stems				
Street Address	ma Cuita 202					550 East Uni	on St					8
5 Marine View Pla City, State, Zip Code	iza, Suite 303		2000			City, State, Zip C					-4	
Hoboken, NJ 0703	30					West Cheste						
Project Manager for Mo	North Control of the		Tele	phone I	No	Telephone No.	1,1711002	License No.		-		
Arthur Rastelli	oniconing raini			01-876		610-701-9000)	00508				
Start Date (10)	Scl	heduled C				Name of OSHA N						
1/_6_			N. Company	_ / _		AET						
Occupancy Status Duri	ing Abatement (Ch	eck only	one)			Street Address						
☐ Facility Closed/Vaca	11					28 N. Pennel	Road					
☐ Abatement Performer Time of Abatement:					cribe	City, State, Zip C Media, PA 19						
Scope of Work (Check	all that apply)		*									
☐ >3 sf or >3 lf	*	□Re	novat	ion		☐ Full Con	tainment with Ne	gative Pressure				
≥160 sf or ≥260 lf		⊠ De				☐ Gloveba	g Procedure					
					1	⊠ Non-Exe	empted (*) and No	n-Friable Procedu				
Location	of	100	Loca Norma			Description	of			atem		T
Asbestos-Containin	57.5 170	Use	ed Sol	ely by		stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
TO BE A			intena todial	ance/ Staff?	(i.€	e., thermal systems surfacing, VAT		(Specify SF or LF)	SVOL	air	apsı	losu
IN Fac (13			(12)			other miscellane		Si di Li)			ılate	ře
,	·	Yes	No	N/A							w .	
Offices				\boxtimes	VAT / N	fastic		5076				
Roof				\boxtimes	Roofin	g / Flashing		7056				
Exterior					Transit	e Shingles		2400				
1)						47						
Name of Registered W	aste Hauler		1.00	NJDEP Nauler II		Cubic Yards of Waste	Name of Regi					
N.E.T.S.				18947		30	Allied BFI	mpenai				
City, State Hazelton, PA						Disposal Date TBD	City, State Imperial, F	PA				
Completed By (Print or	Type)	Title				Signature			ate		MONE.	_
Mark Griffin	,,,,	Estima	tor			3	AA	/	2-3	2/	٠.	13

ASB-41 MAY 11

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

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

D&S Proj. #: 2014-06

240110,	2014-00		• 200 11 200 2				FP790cmig.					_	
1-4425	- 3-5-5) IE CE IE		压	-	1	-
Date of Notification	(1)			er/Operator (2)			113						
1 2 / 3 0			LIE DUNG	EE			1111)	7 7773	,			_
Agencies Notified EPA	Type Notification Initial	1100000					1 -	JANI	7 201	4			
□ DEP	Amended		ORTH 21ST	STREET			-	1				1	_
☑ DOL	Amendment #:	'	ate, Zip Code					ASSESTIUS LIGE	CONTROL NSING	8			
	Emergency (including		T ORANGE	, NJ				Telephone	Number		-	-	
M DOH	justification)		Contact					1,000					
☐ DCA	Cancellation	ROS	ALIE DUN	GEE							_	_	—
			FAC	LITY INFORM	IATION								
Name of facility wh	nere abatement is	taking place (3)					Ty	pe of Facility (4) (K - 12)				
								=	apter 8 (O	thar th	an K-	12)	
ROSALIE DUI	NGEE						-	Other (Private/Co	mmer		12)	
Street Address							1 L	Bldgs./	Homes, et	_	חוש	- 1-	
30 NORTH 213	ST STREET						- 5	Square Feet	# of Floor	S	Bla	g. Ag	5
City (5)		County (6)			2000	ty Code (7) use only)	-	Current Use (Pr	rior if being	demo	olishe	d)	—
EAST ORANG	GF.	ESSEX			(State	230 0,)		Culton 036 (F)	.or ii boiri	5 25		,	
Name of Monitorin				ASCM No.	, III	Name of Abatem	ent Cor	ntractor (9)					
						D & S RESTO	DRAT	ION, INC.					
Street Address						Street Address							
						20 California					-		
City, State, Zip Coo	le					City, State, Zip Co							
			T.B N	h a s		Paterson, NJ Telephone Numb		3	License	Numb	er		
Project Manager fo	r Monitoring Firm		Phone Num	ber		973-345-80			The state of the s	1169	27.53		- 12 - 54
	11	10 1 1 0	Jeties Date /	44\	— †	Name of OSHA							
Start Date (10)		Sched. Con	pletion Date (11)		D & S Resto	ration.	Inc.					
01/09/14		01/17/14			[Street Address							
Occupancy Status						20 California		ue		_		_	
Facility close	ed/vacated during e erformed outside	entire period of of normal facility	hours-		- 11	City, State, Zip C	ode						
Dogoribo:	ibe: NORMAL HO					Paterson, N.	0750	3					
	heck all that apply				_ 11		- Valva	Containment v	v/negative	press	ure		
>3 sf or >3 lf	¥ 170.00-110	Renovation					⊠ Mir	ni-enclosure					
>160 sf or ≥		Demolition						ovebag procedu n-Exempted (*)		friable	proce	edure	
		Is location non	mally used sole	ely				Exempted ()	<u> </u>	TR	R	E	E
Location of asbestos-co	ntaining	by maintenand	e/custodial	231	tion of as	bestos-containin	g	Amount	25.05	e m	e p	n	n
material (aci	m) to be	staff(12)		- materia	I (ACM)			(Specify S	SF OF	0	a	a p	C L
abated in la	Cility (13)	Yes	No N/A							е	ļ.	P	<u></u>
BASEMENT			X	PIPE INS				9 L FT			片	片	붜
BASEMENT BO	OILER			BOILER	INSUL	ATION		20 SQ FT			님	ዙ	ዙ
								-		╬	片	片	ዙ
										╬	片	片	뉴
		LIVERDU	aular ID#	Cubic Yards o	f Waste	Name of Regist	ered La	andfill		_	<u> </u>		1-
Registered Waste D & S RESTOI	nauler RATION, INC.	NJDEP H 13506	auler ID#	1 yd		TULLYTOV	VN, R	ESOURCE R	ECOVE.	RY			
City, State			Disposa	l Date		City, State				0			
PATERSON, 1			01/10			TULLYTO	WN, P	A	Date				_
Completed by (Pri		Title PRESIDEN	r	Signature	77				12/30	/ 201	3		
BOGDAN JOI	LULIC	LICOLDEN.	L .	_				100000					

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

Che Is				(Pursuant to N.J.	.A.C. 7:26-	2.12)			E G	FI	W	EIP	$\overline{\Omega}$
Date of Notification (1)							Building O							
12/30/2013					1	Downse	Realty, LL	.C.				5.0		
Agencies Notified		Not	tification T	уре		Street Ad	dress ield Road			JAN	7	2014		
()EPA) Initial No			City, State	e, Zip Cod	е	TIL					
(x) DOL				d Notification	n		on, RI 028	06		ASSE	\$708.60	TROL &	_	-
(x)DOH ()DCA			Cancelle Emerger	ncy Notifica	tion	Name of Chris Do			L	Phone	1.15729511	7		!
					FACILITY IN	FORMATIC	ON							
Name of Facility Where A	batement i	s Taking	Place (3)	1	Type of F	acility (4)			100				
Washington Dry Cleaner	r					() School			V 40\					
Street Address 104 Washington Street						(X) Othe	apter 8 (ot r (i.e. priva	ner man ate & com	n-12) mercial bld	gs., hom	es, etc.			1
City (5)	County (6)		County Co					31					1
Morristown	Morris			(State Use	e Only)	Sq. Feet_	1860		<u>No.</u>	of Floors	5: 1	- 30.3	The second	
						Bldg. Age) 	59 Ye	ears emolished)	Cunom	- orkot			
						Current	Jse (prior i							
Name of Monitoring Firm	Hired by B	ldg. Ow	ner (8)	ASCM No	. 00004		A Paragraphic Control of the Control		lame of Co					
Briggs Associates Street Address						Street Ad	ldress		aperior A	Jacomon	i., ii.o.			
Street Address							rson Drive	e, Ste A						
3 Crosswicks St.							7: 0 1							
City, State, Zip Code Bordentown NJ 0850).E						e, Zip Code Idwell, NJ							
Project Manager for Moni		Tel	lephone N	Jumber			ne Number			Licens	e Numb	er		
Doug Ferry	toring i iiii		09) 298-			(973) 808				00411				
Scheduled Start Date (10)	Sc	heduled C	Completion	Date (11)	Name of	OSHA Mo	nitor						
1/9/2014		1/2	21/2014				Abateme	ent, Inc.					_	
Occupancy Status During (X) Facility Closed/Vacat () Abatement Performed	ed During	Entire P	eriod of A	batement		Street Ac 2 Hende	rson Drive	e, Ste. A						
() Other – Describe	a Outside (J1 14011110	ai i dointy	riodio		City, Stat	te, Zip Coo	de						
						West Ca	ldwell, NJ	07006						
Source of Work (Check a	II that appl	y)		2. 2.00				12.000						
() Demolition (X) R	enovation									-40.15	- 4044			
(X) Large Proj. (>160 SF () Full Containment with	or >260 L	F ACM))()SMF	Proj. (>25<1 Mini-Enclo	60 SF or >10 <	260 LF AC	M) ()ľ ure (X)N	Viinor Pro Von-friabl	j. (<25 SF 0 e Procedur	or < 10 Li e for Asb	estos R	oof Ren	noval.	
Location of Asbestos-Cor	ntaining	Is Locat	tion Norm	ally Used	Description of	ACM (i.e. t	hermal	Amount (Specify SF	or LF)	Abate	ment Ty	ре	
Material (ACM) in Facility	(13)	Solely b	by Maint./	Custodial	systems insula VAT, or other	ation, surface	cing,			4				
		Staff? (YES	NO	VAT, or other	miscen.	- 1				Rem.	Rep.	Encap	Enclose
Roof		Х	T		Roof Flashing	g					Х			
													-	-
			-				-						-	
			+											
												-	-	
Name of Reg. Waste Hau	ıler	I N.	JDEP Was	I ste Hauler I	D#	Cubic Ya	ards of Wa	ste		Name	of Reg.	Landfill		-
Service Transport Grou	ip, Inc		N2117			30				Mine	rva Lan	dfill		
City, State						-	Disp. Da			City, S				
New Castle, DE						1	1/21/201	4			Ainerva sburgh		88	
Completed by (Print or T	vne)	Тті	tle			Signatur	e.		1	Date	sout git	770	-	
Nick Petrovski	, PC/	31.50	resident				1//	1/1	//	12/30/	2013			
0						111	all 1	pos	nu					
			0.00			0	0	CAIMO	BD/MADO	COLVEDI	POTOS			

C:\WORD\N 9/18/00

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CHECK#23719

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28			Nar	ne of E	Building Ov	mer/Operator (1	7	
of Notification (1)			TH	OMA	S SICARI	KA						1	1	
	Natification		Str	eet Ad	dress	VE		14.8		10 m	SUSTEMATES.	1		
ncies Notified	Title Initial			DICK	MAN DRI	e e							4	
Street Address County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)														
Name of Building Owner(Operator (2) THOMAS SICARRA														
DOL	Emergency (N	ame of	COMING	FΔ							\dashv	
DOH C	Cancellation	12002000000	D	AVID	D'ANDR	MATION		. Facili	h. (4)				- 1	
DCA			FA	CILIT	YINFOR	1017 11.		1 /1	/ 471				- 1	
	Abatoment is Taking F	Place (3)						Jenechar	ter 8 (Oth	er than	K-12)		/	
ame of Facility Where	Abatement						1	Jouber (i.	e private			buildi	ngs)	
RIVATE RESIDEN	CE					5957 A <u>5836</u>	<u> 1</u>	Uner (i.	-	# of F	loors	3ldg. P	.ge	1
treet Address														1
DICKMAN DRIVE								urrent Use	(Prior if b	eing de	molishe	ea)		١
ity (5)				Count	v Code (7)	(STATE USE	ONLY)	,unone -						1
	ND, 110			Coun			- O-ntro	ctor (9)						1
County				ASCI	M No. N	ame of Abaten	nent Collic	ONMENT	AL INC	·				4
OCEAN The sing E	irm Hired by Building (Owner (8)		1	0	REAM RIDO	GE ENVIR	ONWILL						
Name of Monitoring					10	Address								-
N/A					1	5 BLACK FO	OREST KC	JAD		5				
Street Address						City, State, Zip	Code					10		-
					1	HAMILTON.	, NJ 08091					ιο.		
			No			Telephone No				00	676			_
- A Manager for	Monitoring					609-890-7110	A Monitor							
Project Manager 10.		- I dulad	Comp	letion	Date (11)	Name of OSH	IA Monto.							_
- + Deta (10)						N/A								
Start Date (10)		1/10/2014	ne)			Street Addres	55							_
1/9/2014	During Abatement (Ch	neck only o	of Abat	ement		01:10 7	in Code							
Cocupancy Close	d/Vacated During Enti	re Period C	рм-2 A	M		City, State, 2	Th Oct			A sarit	h Nega	ative P	ressu	ure
Absternent perfo	med outside of working	ig nouls of	–					□Fu	I Contain	ment wit	II Itoge			
								Mi	ni-Enclosi	ure .	20			
Coope of Work (C	heck all that apply)				Renov	ration		□GI	ovebag P	roceault	. Non-F	riable	Proc	ce
- 2 of or > 3	IT				Demo	lition			on-Exemp	oted (*)	Ahate	ment 7	Гуре	
Date of Notification (1) 13/30/2013 Type Notification Type	Abato			_										
Da = 100 21 21		1 101	ocatio	n T		of Achesto	s Containin	g .	t (Sneci	fv SF or	장	2	nca	1
		Norm	nally U	sed	Descrip	(ACM) (i.e. the	ermal syster	ns Amou	LF)	.,	180	pa	uso	١
Name of Building Owner/Operator (2) THOMAS SICARRA	ate	1												
Name of Notification (1)		T												
Name of Notification (1) Name of Building Owner/Operator (2) THOMAS SICARRA THOMAS	1	1												
		163	V	1	TRANS	TE SIDING					+	+	1	1
EXTERIOR S	IDING		1	1							+-	T	T	
EATERIOR		-	-	1						ictored l	andfill			
-		-+-	+	1			Cubic Yards	of Nar	ne of Reg	Istered				
-			-		NJDEP V Hauler ID	vaste No.	Waste	1	ROWS			727		
Name of Regi	stered Waste Hauler					, 140.	10 YD.						50	
					21079		Disposal	Date Cit	y, State	TITE!	PA		- 1	
TIMSTER T	RUCKING						1/13/201		ORRISV	ر وتادادا	100	ate		
City, State						Teignati	27-Mar)	7 /	7	010	12	2/30/2	013	
Oily, CIDE	EK, NJ	Title				Sigilar	wie	1.1	les	au.				
LAZALLE, I. C. II. C. II. C. II.						1/4		11						
WEST CRE	Sy .	nn	ESIDI	ENT		asbestos licen								

State of New Jersey

Check		N	IOIII					0 and 5:16			W		T)		ā
Date of Notification (1) 01 /	02 /	14	_			of Building I Investm		er/Operator (2 of NJ) K	17.81 7	2017	7		A STATE OF THE STA	
Agencies Notified	Type Notification	on				Address Route 9N	ı		hat has		20111		name!		
☑ DOLWD ☑ DHSS	Amended Amendmen	nt #2		Ī		tate, Zip Co		00070		ASPESTOS OL LIGENS					
☐ DCA	☐ Emergency justification		luding	1		th Ambor		00079		Telephone	Number				
(NJAC 5:23-8)	☐ Cancellatio	200				k Gioe			r			_		i,	
		1-2		A Line Co	FAC	ILITY IN	FORM	NOITAN							
Name of Facility Where									Type of Facility (
Paramus Honda	(Phase 1:1	2/16	6/13-1	2/20/	13 & F	hase 2: 2	2/10/	14-2/14/14	☐ School (K-12 ☐ Subchapter 8		n K-12)				
Street Address									Other (i.e., pr	rivate and co	ommercia	l buil	dings	i,	
120 Route 4 West			•						homes, etc.) Square Feet	# of Floo	rs	Bld	g. Ag	e	2.51
City (5) Paramus									2700	2	.0		0+		
County (6)					Coun	ty Code (7)	(STAT	E USE ONLY)	Current Use (Pri	or if being d	emolishe	d)			
Bergen									Commerica	l					
Name of Monitoring Firm	Hired by Buildin	ng O	wner (3)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)						
N/A							Sı	perior Aba	tement Inc						
Street Address	11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 - 							et Address Henderson	Drive						
City, State, Zip Code	-				4			State, Zip Co est Caldwe	ode II, NJ 07006						
Project Manager for Mor	nitoring Firm	-		Tele	phone	No.	100000	phone No.		License					
0.75							-	73) 808-161		00411	1				
Start Date (10)/					tion Da			ne of OSHA M u perior Ab a	Monitor atement Inc						
Occupancy Status Durin							1000	et Address	The second secon						
☐ Facility Closed/Vacat	ed During Entire	Per	iod of	Abate	ment	-46-	7357650	Henderson							
Abatement Performe Time of Abatement:	AMPM/	rmai /	PM-	Hou	_AM	cribe	1 2	, State, Zip Co est Caldwe	ell, NJ 07006						
Scope of Work (Check a	ill that apply)							☐ Full Con	tainment with Ne	gative Press	sure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			☐ Re 図 De						closure g Procedure empted (*) and No	on-Friable P	rocedure				
	***************************************			Loca								Aba	ateme	ent T	уре
Location		. (3,147023466	Norma d Sol	illy ely by	Asha	etos (Description of Containing Ma		Amou	ınt	Re	Re	En	E
Asbestos-Containing TO BE AB			Ma	intena	ince/		., ther	rmal systems	insulation,	(Spec	cify	Removal	Repair	Encapsulate	Enclosure
IN Faci (13)			Cus	(12)	Staff?			urfacing, VAT er miscellane		SF or	LF)	a		sulat	иге
(13)			Yes	No	N/A		0							Ф	
Service Parts Buildi	ng (Phase 1)					Roofing	g and	d Flashing I	Materials	1,740	SF				
Main Building Roof	1 & 3 (Phase	2)			\boxtimes	Roofing	g and	l Flashing I	Materials	3,250	SF	\boxtimes			
Main Building Service	ce Garage (Ph	1.2)			\boxtimes	Windov	w Cai	ulking		200	LF	\boxtimes			
Name of Registered Wa	ste Hauler			107	NJDEP		100000000000000000000000000000000000000	ic Yards of	Name of Regi		fill				
Service Transport	Group, Inc			'	dauler I		Was	T15 T1	Minerva L	andfill					
City, State							100000000000000000000000000000000000000	oosal Date	City, State	urals Old					
New Castle, DE							12	2/20 & 2/14	Waynesb	urgn, UH	15:				
Completed By (Print or Nick Petrovski	Туре).	Title	reside	ent				Signature	1/1/1	1	Date	 -	2	-/	4
100.44							unter la	1/0	we will	own	/		1000	.5	

State of New Jersey

178			NO		ATION OF A Pursuant to NJA		STOS ABATEMI 00 and 12:20)	ENT) E C	E	[]		
12/30/13	otification (1):			uilding (REALTY	Owner/Operator (2	?):					7 00		
Agencies Notified	Type Notification (X) Initial		et Add		ECK AVE.			14	LI JAN		7 4	/14	
(X) EPA (X) DEP	Notification () Amendment	City	, State,	Zip Coc					ASSE	STOS	CONTRI	OL &	
(X) DOL	Notification () Emergency	Nam	ne of C	ontact:	1 10005		Telep	hone N	umber				
(X) DOH () DCA	() Cancellation	KAI	RIM HI	וטאו			10 2.0				. 3		
		٠			FACILITY IN	VFOR				*			
Name of F	acility Where Abate	ement is	s Takin	g Place ((3): COMMERCL	AL 7	Type of Facility (4):						
) School (K-12)) Subchapter 8 (Other to	han K-1	2)				
Street Add	ress: 545 RT. 17						X) Other (i.e., private & homes, etc.)			,			
City & Sta	te (5): PARAMUS,	NJ				5	Square Feet: NA	#	of Floors: 1	l	Bldg	. Age:	NA
County (6) BERGEN	:			ounty Co	ode (7) USE ONLY)		Current Use (Prior if b	eing de	molished):				
	Monitoring Firm CNS MANAGEME			Building	g ASCM No.: NA		Name of Abatement C S/M Enterprise of N		or (9):				DIR 109
Street Add	ress: 208 NEWTOV	WN RD).				Street Address:						
						3	39 North 6th Street						
City, State,	Zip Code:		•			(City, State, Zip Code:						
	EW, NY 11803						Prospect Park, NJ 07			- 19			
MIKE NO	nager for Monitorin	g Firm:	N/A		Telephone No.: 516-932-322	0	elephone No.:		icense No.:				
Start Date	•	Schedu	led Co	mpletion	Date (11):	(973) 595-6955 Name of OSHA Monit	1000	0641				
1/09/14	:	2/07/14	4		Date (11).		M Enterprise of No		ey, Inc.		3		
	Status During Abateme					S	treet Address: 39 N. 6 TH . STREET	- 20					
() Abateme	Closed/vacated During ent Performed Outside Describe:	of Norn	Period o nal Faci	of Abatem lity Hours	ent	C	City, State, Zip Code: ROSPECT PARK, N	1 07538					
Scope of Wo	ork (Check all that app	lv)·						07558					
() > 3 sf c		-5).		(X) E	enovation Demolition		() W	rapping lovebag	Procedure	h Neg	gative]	Pressu	re
	ocation of	1	Locat Vorma	lly		Descri	ption of					emen	t
	ontaining Material (ACM)		d Sole		Asbestos Co	ntaini nal sy	ng Material (ACM) stems insulation,				1	T	
	E ABATED		ustodi	ial/	sur	facing	y, VAT, or cellaneous)	- 1	Amount	Ren	Vrap	nca	incl
IV	Facility (13)		Staff (12)	?	Out	er misc	cenaneous)	- 1	(Specify SF or LF)	Removal	Wrap&Cut	Encapsulat	Enclosure
1 ST . FLOC		Yes	No X	N/A	FLOOR TILES	S/M A	STIC		2,000 SF	X	=	at	ci ci
					TEGOR TEED	5/1VL/ KI		72	.,000 51	1	-	-	-
					-								
	gistered Waste Hau	ler:			NJDEP Wa		Cubic Yards		ime of Regis	tered	landfi	11:	
V	CARTING, INC.	-	r =		Hauler ID 1 18693	NO.:	of Waste:	IE	SI				
City, State: PO BOX 56	70, NEWARK NJ (7105	Dispo 2/13/	osal Date 14	::		City, State: BETHLEHEM, PA	18015	11				
Completed I MIKE ALT			-	Title: PRESI	IDENT	Sig	nature:	$\overline{}$	Date: 12/30/13				
						1/6	11/4/						

CK 2580

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

	12/30/2013		Macy	s Inc.	wner / Operator (2	1566	<u> </u>					4
	12/30/2013 Macys Inc.		Stroot		7 (MA IIL	١	10				
	tified			J VAN	0 6	2014	•					
DEP	Taylor	state & Zip Co	ue			1						
DOL	Notified Type Notification A P		5202		- DO DON'T	ROL& Tele	phone	Num				
	12/30/2013 Macys Inc. Street Address 7 West Seventh Amended Amended Cincinnati, OH Emergency Cancellation FACILITY INF Cility Where Abatement is Taking Place (3) Partment Store Ess			ASBES	TOENSING		0.49					
DCA	12/30/2013 Initial	Venrich		L	TOE WORK					_		
	12/30/2013 Initial	CILITY INFO	RMATION			1.						
	12/30/2013 Macys In	CILITINIC	Type of Facility (4)		74						
ame of Facility W	Notified Type Notification Street Addrown Amended Cincinnat Name of City, State & City,		School (K-1	2)								
lacys Departme	12/30/2013 Macys In		- Subchanter	8 (Other tha	an K-12)						
	12/30/2013 Mac Notified Type Notification Stre A			Subchapter Subchapter	rivate & com	nmercia	al buildings.	homes	, etc)		
55 Route 18	12/30/2013 Max			Other (i.e. p	# of Flor	ore	Bldo	g. Age				
33 Route 10	12/30/2013 Notified Type Notification Notified Type Notification			Square Feet	# OT F100	UIS	Diag	g. 7 ige				
ity (E)	12/30/2013 Max	County	Code (7)					- 10 E C			_	
	12/30/2013 Notified Type Notification A			Current Use (Pri	ior if being d	lemolish	ned)					
ast Brunswick	Notified Type Notification Initial										_	
	12/30/2013 Main	(0)	LACCM No.	Name of Abater	ment Contrac	ctor (9)						
lame of Monitoring	12/30/2013 Macys	ASCIVINO.	Prietol Enviro	nmental. I	lnc.							
ennoni Assoca	12/30/2013 Macys Inc.		Ctreet Address	,,,,,,,								
	Notified Type Notification Street Addrest 7 West Seven Se			Stroot								
	12/30/2013 Macys Inc									150		
	Notified Type Notification Street Ad 7 West Step Manager Cancellation Name of Tia Wer											
Jaddon Heights	Notified Type Notification Street Add Twest Set		Bristol, PA 18	9007	1	License Nur	mber					
Project Manager fo	12/30/2013 Macys Inc.	e Number				00509	11001					
Iosoph Anello	Notified Type Notification	-2875	(215)788-6040	U		00303			-	_		
Joseph Aneno,	Notified Type Notification Street Act 7 West Part Initial City, Sta L Amended Cincing Hammend Cancellation Tia West Cancellation Ti	ate (11)	Name of OSHA	Monitor								
S. L dulad Ctort D	Notified Type Notification Street Act 7 West P											
Scheduled Start D	## Associates Tope Notification Street Address Tope Notification Tope Notification Street Address Tope Notification Street Address Tope Notification Name of Containation Name of Containation Tope Notification Tawenrich Tawenrich Tawenrich Tope Notification Tawenrich Tawe				nc.							
1/15/1	12/30/2013 Macys Inc.				nc.					_		
1/15/1	12/30/2013 Macys Inc.		Street Address		nc.					_		
1/15/1 Occupancy Status Facility Cl	12/30/2013 Macys Inc.	batement	Street Address 1123 Beaver	Street	inc.					_		
1/15/1 Occupancy Status ☐ Facility Cli ☐ Abatemen	Notified Type Notification A P Initial City, State & Cincinnati, Name of Corta Went Sevent Cancellation Cancellation Facility Where Abatement is Taking Place (3) Pepartment Store Gress Inte 18 County (6) Middlesex Monitoring Firm Hired by Building Owner (8) Interest Abatement Store Middlesex Monitoring Firm Hired by Building Owner (8) Interest Abatement Store Assocaites, Inc. Interest Abatement Staking Place (3) Pepartment Store County (6) Middlesex Monitoring Firm Hired by Building Owner (8) Interest Abatement Store Assocaites, Inc. Interest Abatement State St	batement	Street Address 1123 Beaver City, State & Zi	Street p Code	inc.					24		
1/15/1 Occupancy Status ☐ Facility Clo ☐ Abatement Describe:	12/30/2013 Macys Inc.	batement	Street Address 1123 Beaver City, State & Zi	Street p Code	inc.							
1/15/1 Occupancy Status ☐ Facility Cl ☐ Abatement ☐ Describe: ☐ Facility Oc	Notified Type Notification Street Address Twest Seven City, State & Z Cincinnati, Cincinna	batement	Street Address 1123 Beaver City, State & Zi	Street p Code 9007				20				
1/15/1 Occupancy Status ☐ Facility Cl ☐ Abatement ☐ Describe: ☐ Facility Oc	Notified Type Notification A	batement	Street Address 1123 Beaver City, State & Zi	Street p Code 9007		nent with Ne	gative I	Pres	sure			
1/15/1 Occupancy Status ☐ Facility Cl ☐ Abatement ☐ Describe: ☐ Facility Oc	12/30/2013 Macys Inc	batement	Street Address 1123 Beaver City, State & Zi	Street p Code 9007	ontainm	nent with Ne	egative l	Pres	sure			
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Agencies Notified SepA Type Notification Type Notification Street Address TWest Seventh Street	ontainm nclosur Bag Pri exempte	re ocedures ed and Non- Amount (Specify SF or LF)	Friable Aba Removal	Prod	edur	re						
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1/15/1 Decupancy Status Facility Cle Abatement Describe: Facility Oc Scope of Work (Cle ≥3 sf or ≥ ≥160 sf ≥ 1/10 Asbe M To 3rd floor Engineer 3rd floor Engineer Name of Register Service Trans City, State	S During Abate osed/Vacated at Performed (10PM to 7A ocupied During theck all that is 3 lf 260 lf Location of estos-Contain Material (ACM) D BE ABATE in Facility (13) S Office Sered Waste H	ement (Check on During Entire Pooutside of Normal Mag Abatement apply)	Is Loc Normal Sole Mainter Custodi (1 Yes N	denovation demolition demolities	Description Asbestos-Conta Material (AC (i.e., thermal sy insulation, surfaci or other miscella ay applied firep Fittings Tele Cubic Yards of Waste 10	Street p Code 9007 Full Co Mini-E Glove Non-E of aining M) stems ng, VAT. nneous) roofing Name of Ro Minerva L	egistere	re ocedures ed and Non-Amount (Specify SF or LF) 400 SF 30 each	Friable Aba	Proof teme	edur	re
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Emergency X State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 1/3/14			5	Steve V	Building Own Vaters Pri				31=							
Agencies Notified	Type Notification		33.5	Street Add 12 Virgi	dress nia Drive					AN	7	2014	1	المسا		
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Code Haven NJ	08008				32£870	S USA	TROLE				
	Emergency (injustification)	ncluding	1	Name of (Contact							Numb		·	نـ	
DOH DCA	Cancellation		1	Steve						1						8
				FACIL	ITY INFORM	IATION		T	E Taailib. /A				_	_		
Name of Facility Where A Steve Waters Priva Street Address		g Place (3)	11(- 1722			4	Sc Sc	f Facility (4 chool (K-12 ubchapter t ther (i.e. pr	2) B (Other			buildi	nas I	nome	9
12 Virginia Drive								et et	c.)		31-12-12-12-1					-
City (5) Beach Haven NJ 08	3008							Square 1000-	4	# of I	Floors	S	35	dg. Aq +	je	
County (6) Ocean			(County C	ode (7) SE ONLY)		-	Curren	t Use (Prio	r if bein	g der	nolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	,!	ASCM	No.	1 200		of Abate	ement Con	tractor (9)					
Street Address	75-70					1		Address Box 32								
City, State, Zip Code	2 23:11					1 (1)		tate, Zip	Code NJ 080	91						
Project Manager for Mor	sitoring Firm		- 1	Telephor	ne No			one No			Lice	nse No				
Project Manager for Mor	illoring Firm			releprior	ic No.	8	356-7	753-98	300		007					
Start Date (10) 1/6/14	33.55	Schedule 1/10/14		npletion [Date (11)	1 12	ame Same		A Monitor							
Occupancy Status Durin	g Abatement (Ched	k Only On	ie)			S	treet	Address	S							
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Anal Facility	Abatem	nent		С	ity, S	itate, Zip	Code							
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Min Glo	Containmoni-Enclosure vebag Production	e cedure					e	
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United Containers	aste i laulei		1	Hauler ID	25070707	of Waste			G.R.O.	W.S.						
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	Name	of Bu	Iding (Owner/C	Operator (2) Ke Authority		11 7	2014	heaven!		
	Ne	w Jer	sey T	urnpil	ke Authority	The Police	-11			\rightarrow	
ate of Notification (1)	140	- 14	000								
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gencies Notified	City	, State	, Zip C	AI I	07095		Telephone I	Number		1	
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(NJAC 5.23-5)		PACI				School (K-12)	n K-12)	" E-ac		1
Name of Facility Where Abatement is Taking Pla	ice (3)					School (K-12) Subchapter (Other (i.e., F	g (Other the	mmercial bu	illaings,		1
of Facility Where Abatement is Talking						Other (i.e., be homes, etc.	`		Bldg. Age	3	
Toll Utility Building						Square Feet	# of Flo	oors	53		
						Square	2		(4)		
Street Address NJ Turnpike Interchange 8A						5,000 Current Use (Prior if being	g demolishe	.0)		
NJ Turnpike III					STATE USE ONLY	Current Use	ading				-
City (5)		Cou	inty Co	de (1)(STATE USE ONLY	Utility Bui	(0)				1
Monroe Township					Name of Abate	ement Contractor	etruction	Corporati	on		
County (6)	(0)	TASC	M No.		Name of Amend	ement Contractor Huntbach Con	Siluotion				1
Middlesex Name of Monitoring Firm Hired by Building C	wner (a)	1									
Name of Monitoring Film Film					Street Address	Luzerne Street	t				
						:- Code					
Street Address 1001 Avenue of the Americans, 12	th Floor				City, State, 2	phia, PA 19124		cense No.			
1001 Avenue of the American					Philadel	pilia, 17	Lic	cense rec.		to to take	
City, State, Zip Code City, State, Zip Code			N		Telephone I	NO.		00646			
City, State, Zip Code New York, New York 10018 New York, New York 10018		Teleph	ione iv	0640	720	-X100					
New York, New York Project Manager for Monitoring Firm		212	-913-	- /11)	Name of O	SHA Monitor					
Stephen Pharai Sc	heduled Co	mpleti	on Dat	4/	SAME	AS ABOVE					
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01 / Abatement (C	heck only	Abate	ment		Situ Stat	e, Zip Code					
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Scope of Work (Check all that a	Ø	Renov	ation		Ž	Non-Exempted	(*) and No	171 1100	L	Abaten	
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IN Facility	F	Yes	No	N/A						M	
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Exterior doors, windows, loa		Ø			112 514	ting insulation	·		2009820		
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	lor			NJDE	ID NO.	Vaste 1 CY	1				
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Name of Registered Waste Had Diamond Huntbach Con	struction				,	01/31/14	wayn	2	17	Date	1
						Signature	121	1/	H	12	13
City, State						Signatur	6/1	MA	21	1	1
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Middlesex	the day Building	Owner (8)	AS	CM No		Diamond H	luntbactio						
Name of Monitorin	ng Firm Hired by Building					- Adres							
Sahan Engilli	Como					500 East L	uzerne Su						
Street Address	of the Americans, 1	2th Floor				Tir to 7ir	n Code						
4001 Avenue	of the Americans,					Philadelpl	hia, PA 191	124	Licens	se No.			
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^{*} Do not use this form for asbestos licensure exempted activities.

(Pursuant to Name of Building Owner/Operator (2) New Jersey Turnpike Authority Date of Notification (1) 13 30 Street Address 12 Type Notification P O Box 5042 Agencies Notified LICENSING City, State, Zip Code Telephone Number Woodbridge, NJ 07095 ☐ Amended **⊠** EPA Amendment # Ø DEP ☐ Emergency (including ☑ DCA (NJAC 5:16) Name of Contact Mr. Peter Julo, PE justification) ☑ DHSS Cancellation FACILITY INFORMATION ☐ DCA Type of Facility (4) (NJAC 5:23-8) School (K-12) Subchapter 8 (Other than K-12) Name of Facility Where Abatement is Taking Place (3) Other (i.e., private & commercial buildings, Toll Utility Building homes, etc.) Bldg. Age # of Floors Square Feet 52 Street Address 2 NJ Turnpike Interchange 10 4,664 Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) Utility Building City (5) Edison Name of Abatement Contractor (9) Diamond Huntbach Construction Corporation County (6) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Street Address 500 East Luzerne Street Saban Engineering Group City, State, Zip Code 1001 Avenue of the Americans, 12th Floor Street Address Philadelphia, PA 19124 License No. City, State, Zip Code Telephone No. 00646 New York, New York 10018 Telephone No. 215-739-8166 Project Manager for Monitoring Firm 212-913-9640 Name of OSHA Monitor Scheduled Completion Date (11) SAME AS ABOVE Stephen Pharai 01 / 23 / 14 Start Date (10) Street Address 01 / 17 / 14 Occupancy Status During Abatement (Check only one) ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours - Describe Full Containment with Negative Pressure Time of Abatement: 7AM-5PM/_ Mini-Enclosure Scope of Work (Check all that apply) ⊠ Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ⊠ Renovation Abatement Type Demolition ≥3 sf or ≥3 lf Enclosure Removal Encapsulate ≥160 sf or ≥260 lf Amount Is Location Description of Asbestos Containing Material (ACM) (Specify Normally (i.e., thermal systems insulation, surfacing, Used Solely by SF or LF) Location of Maintenance/ Asbestos-Containing Material (ACM) VAT, or other miscellaneous) Custodial Staff? TO BE ABATED L (12)X IN Facility 480 LF NA E No (13)Yes Caulking E \boxtimes All Window Frames \Box Name of Registered Landfill Cubic Yards of NJDEP Waste Minerva Waste Hauler ID No. Name of Registered Waste Hauler

> Philadelphia, PA 19124 Completed By (Print or Type) Charles F. Imbimbo

Diamond Huntbach Construction

1 CY

19689

Title

Disposal Date

01/31/14

Signature

City, State

Waynesburg, OH 44688

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

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

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New York, New Y	OFK 100 TO		Telep	hone No		Telephone No.			00646				
Project Manager for M	ionitoring riiiii			2-913-9		215-739-816			00040				-
Stephen Pharai	Scher	duled Co	mpleti	on Date	(11)	Name of OSHA							
Start Date (10)		01 /	26	1_	14_	SAME AS A	BOVE						
01 /20						Street Address							
A TATOLOGICA CONTRACTOR OF THE PROPERTY OF THE	uring Abatement (Checket	ariou oi r	Date	nent									
Dofor	med Outside of Norma nt: <u>7</u> AM- <u>5</u> PM/P	ii i aciiicy		s - Descr	ribe	City, State, Zip	Code						
Scope of Work (Che		⊠ Re	novati	on		☐ Mini-E	Enclosu	re	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 l 	f	☐ De	molitic	on		⊠ Non-l	Exempt	ed (*) and Nor	n-Friable Procedu	re	teme	nt Tv	inc
Z [100 c) c [Is	Loca	tion						Aba			
Loc	ation of	Use		ely by	Asb	Description Descri	Materia	al (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Lilotopa
Asbestos-Conta	ining Material (ACM) ABATED	Cus	aintena	ance/ Staff?	(i.e., th	nermal systems in VAT,	OL		SF or LF)	val	-	sule	1
IN	Facility	000	(12			other miscel	laneous	5)				te	
	(13)	Yes	No	N/A		9			40 LF		П		[
	l	Ø	10		Caul	king			40 LF	-	H		1
South Elevation	Louvers		10					200			닏	ᆜ	+
			-	-	-								1
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						7200		Name of Dea	istered Landfill				_
Name of Registere	d Waste Hauler		1	NJDEP	Waste	Cubic Yards Waste	70	Minerva					
Diamond Hun	tbach Construction	n		Hauler 1968	No.	1 CY Disposal Da	ite	City, State					
City, State						01/31/14		Waynesb	ourg, OH 44688	Data			_
Philadelphia,		Title				Signat	ure/	01	121	. n	13	2/1	1
Completed By (Pr	int or Type)		oct BA	anager		1	pu	1/12	fres!	10	1	10/	
Charles F. Im	bimbo	Proje	CE IAI	allayel)	7		•	_	

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

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



Date of Notification (1)/1	1		Т	Name	of Buildin	g Owr	er/Operator (2)					اً	٦
1/2	/19				111 111 1111	1 R	SFORA	ATION	CNTO	2.PR	150	-5_	_	=
Agencies Notified T	ype Notification	on			Address		<u> </u>	,		Ron				+
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	Amended Amendment	e sti	Γ	City, S	tate, Zip C	Code	. 1							
Ď bor	Emergency		1		E 0	<u>-C-</u>	NORG	on, NJ	, 08	218			-	_
□ DOH	justification	1)		Name	of Contac				Telephon	e Number	T.			.
DCA L	_ Cancellation	ŀ	1.		150	no	SARA		i		-			
				FAC	ILITY INF	ORM	ATION							
Name of Facility Where Aba	atement is Tak	ing Place	(3)	-		_		Type of Facility	(4)					
RES17			\- /					School (K-1	2)					
	· CAN			_	1			Subchapter Other (i.e., p	8 (Other the private & co	an K-12) mmercial	buildi	ngs,		
	, 670	12/2/	96	<u>. 1</u>	lur			homes, etc. Square Feet	# of Flo	ors.	Bld	g. Ag	je	\dashv
City (5) V E M. 7	F ad ON							1500			_	0	4	ᅴ
County (6)	LANTI	·			ty Code (1 ONLY)	7) (S7	ATE	Current Use (P			ed)			
									CAN:		_	_	_	늬
Name of Monitoring Firm Hi	ired by Building	g Owner		ASCM I	No.	Nam		ent Contractor (9			***			
(8) N/A			_ .		Service State	_		mco I	ovc.			_	_	=
Street Address						Stre	et Address 3-6	95,51	PRUCE	Acc.	-			
						City	State, Zip Co							=
City, State, Zip Code						Ony,		15 5'N	A DE I	VIT-	080	52	8	_
			Tolo	phone !		Tele	phone No.		License	e No.				
Project Manager for Monito	nng Him		1 616	priorie i	W O.	10.0		79-047	2 0	044	4			_
N/A			L	- D-	- /44)	Non	e of OSHA M				_			-
Start Date (10)	Sch	neduled C	omplet	non Dai Y	e (11)	INall	NE OF OST AT	/ /A						_
Occupancy Status During A	Abatement (Ch	neck only	one)			Stre	et Address							
Facility Closed/Vacated	During Entire !	Period of	Abater	nent		-	Di							ᅱ
Abatement Performed O	utside of Nom	nal Facility	y Hour	S		City,	State, Zip Co	xie						
Other - Describe:						L==					_			=
Scope of Work (Check all the	hat apply)						☐ Full Con	tainment with Ne	egative Pres	ssure				
≥3 sf or ≥3 lf		□Re	novatio	on			Mini-End	losure						- 1
23 \$1 or ≥3 ii			molition				Gloveba	g Procedure empted (*) and N	on-Friable I	Procedure	2			
							INCIPEAG	inpled () and it	GITTI GOIC .	10000		bater	nent	
		1 7 7	.ocatio	1								Typ	e	
Location of		Used	Solely	by			escription of							
Asbestos-Containing Mate			ntenano estodia		Asbes	tos Co	ontaining Mate nal systems in	enal (ACM)	Amou (Spec	100000	R	-	Encapsulate	Enclosure
TO BE ABATED	2		Staff?	.	(1.6.,	SUF	facing, VAT,	or	SF or I	LF)	Remova	Repair	aps	clos
IN Facility (13)			(12)			othe	r miscellaneo	us)			val	뽁	님	Te l
E E		Yes	No	N/A									6	
SIDING		+				TR.	ANS ITE		2000	45	×			
- 17.00		1												
		+	-											
				IDED		T Cit	ic Yards	Name of Reg	ristered Lar	odfill				
Name of Registered Waste	Hauler			JDEP V auter ID			laste	1	•		rii			
KLEMCO	Inc		_ '`		04		5		1 CM	011	_	==	_	=
City, State						Dist	osal Date	City, State			- ,	nr.	5-	
MADLE SHO	DF , N. J	100	052					1 W	0000	Date &		-	_	_
Completed By	TI	tle					Signature	A Kuca		Date /	12	/12	1	
JOSEPHILL	Fran _	0 Wi	WER				- Joan	n ruce					=	

Check # 8180

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

Date of Notification (1) 12-27-2013	60 Tag			of Building Owner/ Jersey Institute				<u> [</u>	U		
Agencies Notified Type Notification				Address or. Martin Luthe	er King	Jr. Blvd.	III JAN	1 7	2012		IIL
EPA Initial Amended Amendment				ate, Zip Code rk, NJ 07102						L	-
▼ DOH justification) ▼ DCA Cancellation	•	I	ST. 4.64	of Contact oseph Meyers			Telenhone	STOS COM		_	
			FAC	ILITY INFORMAT	TION						
Name of Facility Where Abatement is Takin NJIT - ME Bldg.	g Place (3)				Type of Facility School (K-	12)				
Street Address 200 Central Avenue						Subchapte Other (i.e. etc.)	r 8 (Other than private & comn	K-12) nercial bu	ilding	s, hon	nes,
City (5) Newark						Square Feet 75 K	# of Floors	5	Bldg. ~50		rs
County (6) Essex				Code (7) USE ONLY)		Current Use (Pri Vacant Ware			lition)	
Name of Monitoring Firm Hired by Building (Health & Safety Services, Inc.	Owner (8)		ASCN 0011			of Abatement Cor Coast Haz Ma		Inc.			
Street Address 318 12th Street						Address E. 41 Street		-			
City, State, Zip Code Hammonton, NJ 08037				31	0.0000000000000000000000000000000000000	tate, Zip Code rson, NJ 0750	4				
Project Manager for Monitoring Firm Mr. Jim Proctor			Telepho	ne No. 04-8850	Teleph	one No. 345-0022		se No.			
Start Date (10) January 2, 2014			mpletion I	Date (11)		of OSHA Monitor				-	f
Occupancy Status During Abatement (Check		27.	,,/			Address				-	7
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of	Abater				ate, Zip Code	ž			<u> 2).</u>	48
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Section 1	Renova Demoli		5	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure			ъ	
	Is	Locat	ion						Abat	emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	lorma d Sole intena odial (12) No	ely by nce/ Staff?	Asbestos Cont (i.e. thermal surface		aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
Room 119	100	X	+ + +	Floor	Tile/Ma	etic	2,000 SF	x			
Room 119		×			Il Plaste		600 SF	X			-
Corridor adjacent to Rm. 119	\vdash	X			Il Plaste		600 SF	X		-	
Room 119	27.7	X	-		ng Plas		2,000	x			
Name of Registered Waste Hauler		IN	JDEP Wa	aste Cubic	Yards	Name of F	Registered Land				F.
Freehold Cartage			3206	50 C)		G.R.O.V	V.S., Inc.			10194	
City, State Freehold, NJ					al Date	City, State Morrisvil					2
Completed by James E. Unger	Title Proje	ct Ma	nager	Si	gnature	20	3	Date 12-3	23.	-13	>

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

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

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Date of Notification (1)	16 /	42					ding	Owner/Operator (2)		_		1	
	16 /	13	<u>-</u>		'	/erizon				LI JAN	7 2	014	į	
Agencies Notified	Type Notific	ation	17		Str	eet Addres	ss					100	1	
⊠ EPA		888			1	5 East M	lont	gomery Place,	Lower Level	ASSESTOS	сокат	ROL &-		
☑ DOLWD ☑ DHSS		23.0	4 4191	4 4	Cit	y, State, Z	ip Co	ode			HSING	TOL G		
□ DCA	Amendm Emerger			_	F	Pittsburg	h, P	A 15212						
(NJAC 5:23-8)	justificat	ion)	iciudini	y	Na	me of Con	tact		7	Telephone Numb		-	_	
100 200	☐ Cancella				1	Anthony I	Port	ta						
								ORMATION				-58000	27.2	
Name of Facility Where A		Takin	g Place	(3)					Type of Facility (4	4)				
Verizon Market CO									School (K-12)					
Street Address		-							Subchapter 8	(Other than K-12) vate and commer) cial bi	ilding	16	
95 William St	BAN - 111 - 124 - 1	25000							homes, etc.)	, and definite	oiai bi	anding	,5,	
City (5)		860						· · · · · · · · · · · · · · · · · · ·	Square Feet	# of Floors	BI	dg. A	ge	
Newark														
County (6) Essex					C	ounty Code	e (7)((STATE USE ONLY)	Current Use (Price	or if being demolis	hed)			
	1011 B 2								Office					
Name of Monitoring Firm		-	Owner	(8)	ASC	M No.		Name of Abateme						
USA Environmenta Street Address	i wanagem	ent							VIRONMENTAL	, INC.				
	_							Street Address						
8436 Enterprise Av	State, Zip Code							1123 BEAVE						
	The state of the s							City, State, Zip Co						
	niladelphia, PA 19153							BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm				lepho		10	Telephone No.		License No.			M. so s	
Mark Jenkins						65-5810		215-788-6040		00509				
Start Date (10)	2199					Date (11)		Name of OSHA M	lonitor					
1/_2_/	_14		1 /		17	/14 _		BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During	Abatement (Check	c only o	one)			7	Street Address						_
☐ Facility Closed/Vacate	ed During Enti	ire Pe	riod of	Abat	tement			1123 BEAVER	R STREET					
Abatement Performed	Outside of N	ormal	Facilit	у Но	urs - D	escribe	-	City, State, Zip Co	ode					
Time of Abatement: 7		PM/	P	M	A	.M		BRISTOL, PA						
Scope of Work (Check all	that apply)													
[] >3 of or >3 if			Ω n.	-11-20192					ainment with Nega	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re ☐ De											
								☐ Non-Exer	mpted (*) and Non-	-Friable Procedure	е			
					ation						_	atem	ent T	vpe
Location		•			ally dely by	,		Description of						1
Asbestos-Containing I TO BE ABA		1)			nance/	1 73	best	tos Containing Mat thermal systems i	terial (ACM)	Amount	em	Repair	nce	nc
IN Facilit			Cus		I Staff	? '	(1.0.,	surfacing, VAT,		(Specify SF or LF)	Remova	¥	ıpsı	Enclosure
(13)			Yes	(12 No	1	_		other miscellaned			-		Encapsulate	ē
6th th Fl. AC equipmen	nt room	-	Ies				£:44:.	ng insulation		515				
5 th Fl. AC equipment						-				5 LF				
5 Fl. AC equipment	room					Valve	ins	sulation		2 LF	×	Ш	Ц	Ш
4 1 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ame of Registered Waste Hauler							Cubic Yards of	Name of Registe	ered Landfill				
SERVICE TRANSPO	SERVICE TRANSPORT GROUP, INC.							Waste	MINERVA L	ANDFILL				
City, State					209		1	Disposal Date	City, State					
NEW CASTLE, DE 1	9720									IRG, OH 44688				
Completed By (Print or Ty	rpe)	Title						Signature		/ Dat		-		
Brian Scafiro	tsif.		stimat	tor					Sastiro	100		//	1	
ASR 41								Juan	Deague	In '	10	//	/	

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

Date of Notification (1)	42				of Building	Owner/Operator (2				-			
	13	ā							7 001	t.		زك	
Agencies Notified	ation				Address			JAN Y		0	1		
☐ DOLWD ☐ Amended	ľ					tgomery Place, I	Lower Level				_ <u>_</u>		
☑ DHSS Amendme		/3/14			tate, Zip Co		-	ASSESTOS (LIGEN	CONTRO!	- &			
☐ DCA ☐ Emergend		ding			sburgh, P			And the second s		-			_
(NJAC 5:23-8) justificatio	2.00			1000000	of Contact			Telephone No	umber				
☐ Cancellati	ion			Ant	hony Por	ta 				w 13			
				FAC	CILITY IN	FORMATION	4.4						
Name of Facility Where Abatement is T	aking Pl	ace (3	3)				Type of Facility (4						
Verizon Market CO							☐ School (K-12) ☐ Subchapter 8		12)				
Street Address							Other (i.e., pri			build	lings	5,	
95 William St							homes, etc.)						
City (5)							Square Feet	# of Floors		Bldg	. Ag	е	
Newark													
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	or if being dem	olished)			
Essex							Office						
Name of Monitoring Firm Hired by Build		er (8)		ASCM	No.	Name of Abateme							
USA Environmental Manageme	ent					BRISTOL EN	VIRONMENTAL	, INC.					
Street Address						Street Address							
8436 Enterprise Ave						1123 BEAVER	200 - CO -						
City, State, Zip Code						City, State, Zip Co	de					1756511	
Philadelphia, PA 19153						BRISTOL, PA	19007						
Project Manager for Monitoring Firm		1	Tele	phone I	No.	Telephone No.		License No.					
Mark Jenkins				5-365		215-788-6040		00509					
The state of the s	Schedule					Name of OSHA M	AT 0 4 1 T T T T						
_1 / _2 / _14	1_	- / -	17	_ / _	14	BRISTOL ENV	VIRONMENTAL	, INC.					
Occupancy Status During Abatement (C		-	5.0			Street Address							
☐ Facility Closed/Vacated During Entir						1123 BEAVER	RSTREET						
Abatement Performed Outside of No.	ormal Fa	cility I	lour	s - Des	cribe	City, State, Zip Co	de						
Time of Abatement: 7:00AM-3:30P	-IVI/	_PM-	_	АМ		BRISTOL, PA	19007						
Scope of Work (Check all that apply)						=					351		
☐ ≥3 sf or >3 If	M	Reno	vati	on			ainment with Nega	ative Pressure					
≥160 sf or ≥260 lf							Procedure						
					_	☐ Non-Exer	mpted (*) and Nor	-Friable Proce	edure				
Location of			ocat rma			D				Abate	eme	nt T	уре
Location of Asbestos-Containing Material (ACM	n 1	Used	Sole	ely by	Asbes	Description of stos Containing Mar		Amount	1	0	Re	Ē	E
TO BE ABATED		Main		nce/ Staff?		, thermal systems i	nsulation,	(Specify		Remova	Repair	cap	Enclosure
IN Facility (13)			(12)	otan:		surfacing, VAT, other miscellane		SF or LF)	2	<u>0</u>		Encapsulate	ure
(1.0)	Y	es	No	N/A	1	other missenance	Jus,					ē	
11 th Fl. AC equipment room	×	3 [J		Floor til	e and mastic		1820 SF	٥	3 [٦Ī		
10 th Fl. AC equipment room	×] [Floor tile	e and mastic		45 SF	٥	3 [
9 th Fl. AC equipment room	×] [Floor til	e and mastic		35 SF	•	3 [
6 th Fl. AC equipment room		1 [Floor tile	e and mastic		85 SF		3 [
Name of Registered Waste Hauler			N	JDEP V	Naste	Cubic Yards of	Name of Regist	ered Landfill					
SERVICE TRANSPORT GROUP	P, INC.		Н	20990		Waste	MINERVA L	ANDFILL					
City, State						Disposal Date	City, State	IDO 011.44					
NEW CASTLE, DE 19720							WAYNESB	JRG, OH 44	880				
Completed By (Print or Type)	Title					Signature	1 1	1.	Date	1-	/	,	ACTUALITY.
Brian Scafiro	Esti	mato	r			Drian	Scolero	1-R	1	3/	14	+	
ASB-41 MAY 11 BS/3/07	* Do	not u	se th	nis form	for asbesto	os licensure exemp	ted activities.						

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

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Date of Notification (1)	16 /	13					of Buildin	g Ov	vner/Operator (2)	(D)	16	ij.		V	L
Agencies Notified	Type Notific	ation			+	Stree	t Address						000			
Ø EPA 6 857 Ø DOLWD 505 8	☐ Initial					15	East Mor			Lower Level		JAN		7	2014	4
☑ DHSS 6888	Amenda				1		State, Zip (
☐ DCA	☐ Emerger		cluding	g	L		tsburgh,		15212			ASBE			TROL	. &
(NJAC 5:23-8)	justificat				1		of Contact thony Po	-			Telephone	Numhei	, Eron	ereo.	-	
		0.							RMATION			THE STREET, ST				
Name of Facility Where A	Abatement is	Taking	Place	2 (3)			CILIT III	11-0	MINITION	Type of Facility	(4)					
Verizon Market CO				(-/	2					School (K-12	200					
Street Address			_							☐ Subchapter	8 (Other than	K-12)				
95 William St										Other (i.e., p	rivate and cor	mmercia	ıl bu	ilding	js,	
City (5)		_						-		homes, etc.) Square Feet			L DI	J . A		
Newark										Square reet	# of Floors	5	BIG	dg. A	ge	
County (6)				-		Cour	nty Code (7)/ST/	ATE USE ONLY)	Current Use (Pr	ior if being de	molicho	٣/	SHEELIS	_	
Essex							, (,	,,σ.,	THE GOL ONE IT	Office	ior ii beilig de	HOUSING	u)			
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	TA	SCM	No.	Na	me of Abateme	ent Contractor (9)					_	
USA Environmenta						-				VIRONMENTA						
Street Address				1			-	-	eet Address	VIICONIIIENTA	L, 1110.					
8436 Enterprise Ave	e								123 BEAVE	RSTREET						
City, State, Zip Code						oria esos		_	y, State, Zip Co				_	_	_	
Philadelphia, PA 19	153								BRISTOL, PA							
Project Manager for Moni				Te	elepi	hone	No.	_	ephone No.	10007	License N		_			
Mark Jenkins							-5810		15-788-6040		00509	0.				
Start Date (10)		Sched	uled C				te (11)		me of OSHA M		00000		-		-	
1 / 2 /	C75 II ANT			(C. 10 CO.			14			VIRONMENTA	L, INC.					
Occupancy Status During	Abatement (Check	only o	one)				Str	eet Address						_	
☐ Facility Closed/Vacate	d During Enti	re Per	riod of	Aba	teme	ent		1	123 BEAVER	RSTREET						
☐ Abatement Performed							cribe	- S	y, State, Zip Co			-	-	-		
Time of Abatement: 7:	:00AM- <u>3:30</u> I	PM/	PI	M		_AM		88	BRISTOL, PA							
Scope of Work (Check all	that apply)		-					_								A-1-75
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re □ De						Mini-Encl Glovebag							
					atio		38778				P-T	T	Aha	tem	ent Ty	vne
Location		.			nally olely				Description of			-		-		_
Asbestos-Containing N TO BE ABA		"	Ma	inter	nanc	e/			Containing Maternal systems in		Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility			Cust	todia (12		aff?		S	surfacing, VAT,	or	SF or LF		ova	Ŧ	psu	Sur
(13)		1	Yes	N		N/A	1	ot	her miscellaned	ous)			/ 		late	O
11 th Fl. AC equipment	room	\neg	□ □		-		Floor til	e ar	nd mastic		1820 SI	F	X			
10 th Fl. AC equipment	room		\boxtimes		1		Floor til	e ar	nd mastic		45 SF		<u> </u>			
9 th Fl. AC equipment r	oom		\boxtimes		I		Floor til	e ar	nd mastic		35 SF		X			
6 th Fl. AC equipment r	oom		\boxtimes		1		Floor til	e ar	nd mastic		85 SF		×			
Name of Registered Waste	e Hauler						Vaste		ic Yards of	Name of Regis	tered Landfill					\neg
SERVICE TRANSPO	RT GROUP	, INC				ıler ID 0990	STATE OF STATE OF	Was	ste	MINERVA I	LANDFILL					
City, State			7	-				Disp	osal Date	City, State						
NEW CASTLE, DE 19	9720									WAYNESB	URG, OH 44	4688				
Completed By (Print or Type	oe)	Title		-	-				Signature	1 /	0	Date	/	,		\dashv
Brian Scafiro	X 39	Es	timat	or					Brian :	Scofero / 7	pl	12	16	//	3	

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

Ch# 2537

Date of Notification (1)		-		Na	me of Build	ling C	Owner/Operator ((2)					
12/	16 /	13	3		725	/erizon			83AH	S) E R			<i>1</i> / E	e II
Agencies Notified ☑ EPA ☑ DOLWD	Type Notifi					eet Address 5 East M		omery Place,	Lower Level	STE III	<u>ie</u>	1	<u> </u>	
☑ DOLWD	Amenda Amenda				Cit	y, State, Zip	Coc	de	1 7		N /	1	314	- (11
☐ DCA	☐ Emerge			- Ia	F	Pittsburgh	ı, PA	15212	-		11.70	-	Sec. 1116	-
(NJAC 5:23-8)	justifica	ition)		3	Na	me of Conta	act	0		Telephone	Number			
	☐ Cancell	ation			1	Inthony P	orta	1		I			12.5	
					F	ACILITY	INFO	ORMATION		1-2	- Mary - Jr			-
Name of Facility When		Takin	g Plac	e (3)					Type of Facility	(4)		-		
Verizon Market C	:0		.54						School (K-12)				
Street Address									Subchapter 8	Other than	K-12)			
95 William St									Other (i.e., pr homes, etc.)	rivate and co	mmercia	l bui	ldings,	
City (5)									Square Feet	# of Floor	s	Bld	g. Age	
Newark											-		9. 7.90	D.
County (6)				-	C	ounty Code	(7)(S	TATE USE ONLY)	Current Use (Pri	or if being de	molishe	d)		-
Essex									Office			-,		
Name of Monitoring Fire			Owner	(8)	ASC	M No.	N	lame of Abateme	ent Contractor (9)					
USA Environmen	tal Managem	nent							VIRONMENTAL	INC.				
Street Address							S	treet Address		,		_	-	
8436 Enterprise A	lve							1123 BEAVE	R STREET					
City, State, Zip Code							С	ity, State, Zip Co	ode			-		
Philadelphia, PA	19153							BRISTOL, PA						
Project Manager for Mo	onitoring Firm			Te	elephor	ne No.	Te	elephone No.		License N	lo.	-367.5		
Mark Jenkins					215-3	65-5810		215-788-6040		00509				
Start Date (10)		Sched	luled C	omp	letion I	Date (11)	N	ame of OSHA M	lonitor	1 0000				
_1 / _2						14	1		VIRONMENTAL	. INC.				
Occupancy Status Duri	ng Abatement	(Check	c only	one)				treet Address		,	awara a a	_		
☐ Facility Closed/Vaca	ated During Ent	ire Pe	riod of	Abat	ement		100000	1123 BEAVER	STREET					
☐ Abatement Performs	ed Outside of N	lormal	Facilit	у Но	urs - D	escribe		ity, State, Zip Co				_		
Time of Abatement:	7:00AM-3:30	PM/_	P	M	A	M		BRISTOL, PA						
Scope of Work (Check	all that apply)			-				-,, -, -, -, -, -, -, -, -, -, -, -, -, -,						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re	nova	ition tion			Mini-Encl Glovebag						
					ation							Ahat	ement	Туре
Locatio Asbestos-Containing		4)		Norm	ally lely by	1		Description of						Ť
TO BE AB		VI)	Ma	inten	ance/	/i.		s Containing Mat		Amount (Specify		Removal	Repair	Enclosure
IN Faci			Cus	todia (12	Staff?			surfacing, VAT,	or	SF or LF		2	# PS	uso.
(13)			Yes	No	N//	<u> </u>	0	ther miscellaned	ous)				Repair	6
6th th Fl. AC equipme	ent room		\boxtimes			Pipe fit	tting	j insulation		5 LF		3 [
5 th Fl. AC equipment	t room					Valve i	nsul	lation		2 LF	D	3 [3 6	
			Ц				211] [
												7/1	717	ıln
Name of Registered Wa	ste Hauler				NJDEF	Waste	Cu	bic Yards of	Name of Registe	ered Landfill			-1-	,1
SERVICE TRANSP	ORT GROUP	, INC		1		ID No.	Wa	aste	MINERVA L				39	65
City, State					2099	0	Dis	sposal Date	City, State					
NEW CASTLE, DE	19720						"	,	WAYNESBU	IRG OH AA	1689			
Completed By (Print or T		Title					١	Cignoture	TO THE GOOD	, OF 44				
Brian Scafiro	,,,,,	2000	timat	05				Signature .	Icafiro /	1:0	Date	114	10	
Dilaii Scamo			- correct					prian	gragero /	1º	12/	100	13	

OF CD

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

Date of Notification (1)		Т	Name of	f Building	Owner/0	Operator	(2)	111.77						
1/3/14			Janice	& Laur	ie Drev	v Priva	ite Hom	ne		AE.	7 9	n/		
Agencies Notified Type Notification EPA Initial		- 13	Street A 27 Doi	ddress rothy Dr				in the second	Q.		3			
DEP Amended Amendment				ite, Zip Co nawkin î		50			45		S SORTE EMSING	OL &		
DOH Emergency (in justification) Cancellation	ncluding	- 1	Name of Janice	Contact					Telep	hone I	Numbe	-		
Name of Facility Where Abatement is Taking Janice & Laurie Drew Private Home			FACI	LITY INFO	ORMAT	ION	TORSON .	f Facility (4)	-					
Street Address 27 Dorothy Dr						to	Su X Ot	chool (K-12) ubchapter 8 ther (i.e. priv	(Other			ildin	gs, h	omes,
City (5) Manahawkin NJ 08050					-		Square 1000+	Feet	# of F	loors		Bldg 35-	g. Age	9
County (6) Ocean				Code (7) JSE ONLY	,		Current	t Use (Prior	if being	demo	olished)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			of Abate aco Inc	ment Contra	actor (9	9)			q	
Street Address							Address Box 329						d	
City, State, Zip Code							state, Zip t Berlin	Code NJ 0809	1					
Project Manager for Monitoring Firm			Telepho	ne No.		500000000000000000000000000000000000000	none No. 753-98	00	1 1 1 2	License		- 71		
1/13/14	Scheduled 1/17/14		pletion I	Date (11)		Name Sam		Monitor				-		
Occupancy Status During Abatement (Check	Only One)				Street	Address			_				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of At al Facility I	oatem Hours	ent			City, S	state, Zip	Code						
Scope of Work (Check All That Apply)	7/7	-												-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Projection 1	nova: moliti				×	Mini-l	Containment Enclosure ebag Proced Exempted (*	dure				duro	
	ls I	ocati	on ·				14011-	Lxempled () and i	NOII-F1	lable F		atem	ent
Location of		ormall	у.		De	scription	of	*				_	Туре	-
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tenar	ice/	Asbes (i.e.	thermal surfa	aining N systems cing, VA niscellar	Material (A s insulation T, or neous)	ACM) on,	(Spe	ount ecify or LF)	Kemoval	ropan	Renair	Enclosure
Exterior Siding			х		Exte	rior Sid	ding	-	1200) SF	x	+	+	+
					*			•					+	
Name of Registered Waste Hauler			DED			····								
United Containers		H	JDEP W auler ID 2459		Cubic of Was 3			Name of Re G.R.O.W.		d Land	afill			
City, State Elm NJ					Dispos 1/17/	al Date	1 98	City, State Morrisville	PA 1	19067	 7			
Completed by Anthony T Perna	Title Presid	ent			S	ignature	~	2 200 2.530	William Teach		Date 1/3/14			



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

CK 3829

Date of Notification (1)			Name of	Building (Owner/C	perator	(2)	C 1 - 5.				-			
1/3/14				Spence					(A) [T []	W	E	P-V-35ma		
Agencies Notified Type Notific	ation		Street A	ddress				11) 5		5 (W	15-	-11		_
ĭ EPA ☐ Initial			39 Mu	riel Dr.				115							
DEP Amend	lment #			te, Zip Co awkin N		50			JAN	7 . 2	2014			7	
DOH justification DCA Cance		1,53	Name of Craig	Contact		71			Tele	ephone N	Numb	er	j		
				LITY INFO	RMATI	ON				ביווניובע				\pm	0.00
Name of Facility Where Abatement is Craig Spencer Private Home	Taking Place (3)	ì					Тур	oe of Facility (4	onen ener 12 .						
Street Address 39 Muriel Dr.							×	Subchapter Other (i.e. p etc.)	8 (Othe			build	lings,	home	es,
City (5) Manahawkin NJ 08050	****		Λ					uare Feet 00+	# of	Floors		1 2000	dg. A	ge	
County (6) Ocean	-			Code (7) JSE ONLY)			Cu	rrent Use (Pric	120,11370	· ·	olished	1)			
Name of Monitoring Firm Hired by Bui	Iding Owner (8)		ASCN	1 No	34-64-14	Name		batement Con	tractor	(0)					
N/A	iding Owner (b)		AOON			Perr	naco	Inc.	liacioi	(3)					
Street Address						Street PO I									
City, State, Zip Code		des la						Zip Code rlin NJ 080	91						
Project Manager for Monitoring Firm	roject Manager for Monitoring Firm						hone			License 00727					_
Start Date (10)	Schedule	d Com	pletion I	Date (11)				SHA Monitor		00727	-				
1/6/14	1/10/14					Sam	ie								
Occupancy Status During Abatement	(Check Only On	e)				Street	Add	ress							
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of A Normal Facility	batem Hours	ent			City, S	State	Zip Code							
Other – Describe:					_					1					
Scope of Work (Check All That Apply)							_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Designation of the last of the	enova emoliti					1 7	ull Containme Mini-Enclosure Glovebag Proc	edure						
							21 1	Non-Exempted	(") and	u Non-Fi	riable			e ement	
Location of		Location Location Location			D-							98		ре	.
Asbestos-Containing Material (AC	M) Use	d Solel	ly by	Asbes		scription taining f		rial (ACM)	Α	mount				-10	
TO BE ABATED In Facility		odial S		(i.e.	thermal	system cing, VA				Specify or LF)		Ren	Re	nca	Encl
(13)		(12)				niscella			ŞI.	OI LF)		Remova	Repair	Encapsulate	Enclosure
0.00	Yes	No	N/A									<u>m</u>		ate	9
Exterior Siding			х		Exte	rior Si	ding	1	18	800 Sf	>	c			
										-	_				
Name of Registered Waste Hauler		N	JDEP W	l /aste	Cubic	Yards	.0	Name of I	Registe	red Lan	dfill		-		
United Containers			auler ID 2459	No.	of Wa	ste		G.R.O.\							
City, State EIm NJ		- 10			Dispo: 1/10/	sal Date	9	City, State Morrisvi		1906	7				
Completed by	Title	gr 24			5	Signatur	е				Date				
Anthony T Perna	Presi	dent				0	1				1/3/	14			

														Pri	nt Fo
2428		- 1		CATION	tate of Ne N OF ASB to NJAC	ESTOS	ABATE				GE		7 E	Ir	111
Date of Notification (1) 1/3/14			T		f Building Lupano I					1	4 N 7	^^-			
Agencies Notified	Type Notification Initial			Street A	Address orth Bur	rgee dr					4 W = /	201	4	H	1
DEP DOL	Amended Amendment		_ [ate, Zip Co erton NJ		- 1217			Ай	BESTOS COI LICENSIA	ITROL IG	&	!	
DOH DCA	justification) Cancellation			Name o	of Contact		****		7	Tele	ephone Nu	mber	-		
				FAC	ILITY INF	ORMATI	ON				-		0.70		
Name of Facility Where Paul Lupano Priva	Abatement is Takin ite Home	g Place (3	3)					PRINT	of Facility	2000	****				
Street Address 118 North Burgee	dr.							×	School (K- Subchapte Other (i.e.	r 8 (Othe			dings	home	es,
City (5) Tuckerton NJ 0807	0								etc.) re Feet 0+	# of	Floors		31dg. <i>A</i>	Age	
County (6) Ocean	2			County (STATE	Code (7) USE ONLY)		Curre	ent Use (Pri	or if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASC	M No.			of Aba	ntement Co	ntractor	(9)				
Street Address								Addre							
City, State, Zip Code		**********		8			City, S	State, Z	ip Code in NJ 080	101		-			-
Project Manager for Mon	nitoring Firm			Telepho	ne No.		Telepi	hone N	0.		License N	lo.		-,	
Start Date (10) 1/13/14		Schedul		npletion	Date (11)			of OS	HA Monitor						
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				100000000000000000000000000000000000000	Addre	SS				_		_
Facility Closed/Vac Abatement Perform Other – Describe:	eated During Entire Fined Outside of Norm	Period of an all Facility	Abaten Hours	nent s			City, S	State, Z	ip Code	-		11			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	_	Renova Demolit	Allega Colores				Min	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					
		ls	Locati	on				1 140	ii-Exemple	u () and	u Non-Friat	le Pro		e ement	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity	Use Ma	Normal ed Sole iintenai todial S (12)	ly ly by nce/		tos Cont thermal surfa		Materia s insula AT, or		(S	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
E.L.	S. P.	Yes	No	N/A						- 0				Ф	
Exterior 9	Siding			X		Exte	rior Si	ding		12	00 SF	х			
	11														
Name of Registered Was United Containers	ste Hauler		Н	JDEP W auler ID 2459		Cubic of Was 3			Name of G.R.O.		red Landfill				
City, State Elm NJ						Dispos	al Date		City, Stat		19067				

1/17/13

Title

President

Signature

Completed by Anthony T Perna

Date

1/3/14

Morrisville PA 19067

No week

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

Page 1 of 2

0								1	(10)	11 1/11	100	100				
Date of Notification (1) 10/10/2013 Amended 01/02/13				Name of Building Owner/Operator (2) Englewood Hospital												
Agencies Notified Type Notification				Street Address 350 Engle Street JAN 7 2014												
ES EPA DEP DOL DX DOH DATE DOH DATE DOA	☐ Initial ☐ Amended Amendment ☐ Emergency (justification) ☐ Cancellation	including	- C	ity, Sta Engle	te, Zip Co wood, N Contact Hahn	de	31	ASBESTOS CONTROL & Teléphone Number								
R BOAT	L Gariotilation			FACI	ITY INFO	RMATI	ON			<u> </u>	.,,*	-				
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital Street Address				FACILITY INFORMATION				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)								
350 Engle Street	:						1	200 P. C. H.	. private &	commerc	ial build	dings,	home	∋s,		
City (5)								etc.) Square Feet 100,000	# of	Floors 3		ldg. A		. +		
Englewood, NJ 07631														30 W		
County (6) Bergen				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC								Name of Abatement Contractor (9) PAL Environmental Services								
Street Address								Street Address								
1600 Route 22 East								1-02 Queens Plaza South								
City, State, Zip Code Union, NJ						City, State, Zip Code Long Island City, NY 11101										
Project Manager for Mor	nitoring Firm			elepho			Teleph	one No.	License No.							
Michael Nehlsen					8-7800		718-349-0900 28675									
Start Date (10) 01/06/2014		03/31/		Completion Date (11) 014				Name of OSHA Monitor Rolland Barnhart								
Occupancy Status Durin	g Abatement (Chec	k Only One)					Address								
☐ Facility Closed/Vac	ated During Entire	Period of Ab	ateme	itement			21 Perrine Avenue									
△ Abatement Performed Outside of Normal Facility Ho ○ Other – Describe:								State, Zip Code th Amboy, NJ 08879								
Scope of Work (Check A	II That Apply)										-					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		□ Full Containment with Negative Pressure □ Mini-Enclosure □ Glovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure														
	70 ke a 15 2 2 000				LC	Non-Exemp	leu () an	d NOIT Ha	Abatement							
Aspestos-Containing Material (ACM) TO BE ABATED In Facility Custod						_						Туре				
				Solely by enance/ ial Staff? Asbestos Co (i.e. therm				Material (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A									6			
4th Floor Rooms					Floor			ic 	1,40		x					
4th Floor Rooms					Pipe I				60 L	F	x					
5th Floor Hallwa	y Corridor							ic & Carpe	3,05	0sf	X					
6th Floor MER		DEC	-	Anna Carlos Carlos		ion Fitting 31f X										
Name of Registered Waste Hauler ATC				NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste 30 Yards				Minerya Enterprises								
City, State			123				sal Date	City, S	tate				- 22			
Shirley, NY 1196	57						/13, 1/21/	0111		, OH 44	888					
Completed by Title				Signate				∮		Date						
Ann A. Ali						01-02-2013										
ASB-41 (R-06-08)				,			* Do no	of use this form	for asbes	tos licensu	re exer	npted	activi	ities.		

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

PAGE 2 OFZ

Date of Notification (1)	4	NI R	ame of B	uilding Owner Page 1 for	/Operator Project	(2) Deta	ils -See Qu	antities Section	n Be	low				
Agencies Notified Type Notification	_	treet Add				-	2014							
EPA Initial Amended Amendment #		C	ity, State	, Zip Code			JAN /							
Emergency (ir justification) DOA Cancellation	icluding	N	ame of C	contact			ASBESTOS OF LIGENS	Telephone Num	ber		1,000			
		-	FACIL	TY INFORMA	ATION									
Name of Facility Where Abatement is Taking Street Address	Place (3)						Other (i.e. pri) Il build	ings,	home	s,		
City (5)	Squ	etc.) rare Feet	# of Floors Bldg. Age											
County (6)		County Code (7)				Current Use (Prior if being dem			Jlished)					
Name of Monitoring Firm Hired by Building C		ASCM No. Name				ne of Abatement Contractor (9)								
Street Address	Street	Street Address												
City, State, Zip Code	City, S	City, State, Zip Code												
							Telephone No. License No.							
Project Manager for Monitoring Firm														
Start Date (10)	Scheduled	Corn	pletion D	ate (11)	Name	of O	ISHA Monitor							
Occupancy Status During Abatement (Check	(Only One))			Street Address									
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:						, State, Zip Code								
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demol						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
ADDITIONAL MATERIACS							Non-Exempted	(*) and Non-Friat	le Pro		e emeni			
		ation				1		Туре						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenar	ly by nce/	Description Containing	Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
1st Floor Patient Relations	165	140	1607	Floor Tile	and Ma	stic	Pipe Ins.	300sf/15lf	x	\vdash				
1st Floor Fire Command					8 Fittin			8lf						
1st Floor Storage Room	11			Floo	r Tile an	d Ma	astic	215lf	x					
1st Floor Volunteers Area			Floo	800sf	x									
Name of Registered Waste Hauler	100	NJDEP W lauler ID	HT - 100	ubic Yards f Waste	Registered Landfill									
City, State				D	isposal Da	te	City, Stat	е						
Completed by Brian Evans	ct Ma	Manager Signat				25		Date 11/5/13						
						TC	1				1100	15-11		

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

Page 1 of 2

Name of Building Owner/Operator (2) Englewood Hospital								
□ DEP □ Amended Amendment #_3 □ Emergency (including justification) □ Cancellation Name of Contact Harry Hahn Telephone Number □ Street Address □ School (K-12) □ School (K-12) □ Subchapter 8 (Other than K-12) □ Street Address □ Subchapter 8 (Other than K-12) □ Square Feet 100,000 □ Square Feet 100,000 Bldg. Age 50 Year County (6) County Code (7) Current Use (Prior if being demolished)								
□ DEP □ Amended Amendment # 3 □ Emergency (including justification) □ Cancellation □ Cancellation □ School (K-12) □ School (K-12) □ School (K-12) □ Street Address □ Subchapter 8 (Other than K-12) □ Street Address □ Subchapter 8 (Other than K-12) □ Street (i.e. private & commercial buildings, hometc.) City (5) □ Square Feet # of Floors □ Square Feet □ 100,000 □ 3 □ 50 Year County (6) □ County Code (7) □ Current Use (Prior if being demolished)								
□ DEP □ DOL □ Amended Amendment # 3 □ Emergency (including justification) □ Cancellation □ Cancellation □ Cancellation □ Cancellation □ Street Address □ Subchapter 8 (Other than K-12) □ Street Address □ Subchapter 8 (Other than K-12) □ Subchapter 8 (Other (i.e. private & commercial buildings, hometc.) □ Square Feet □ 100,000 □ 3 □ 50 Year □ County (6) □ County Code (7) □ Current Use (Prior if being demolished)								
DCA								
DOH								
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Englewood Hospital Street Address 350 Engle Street City (5) Englewood, NJ 07631 County (6) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometric.) Square Feet # of Floors Bldg. Age 50 Year								
Name of Facility Where Abatement is Taking Place (3) Englewood Hospital Street Address 350 Engle Street City (5) Englewood, NJ 07631 County (6) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometric.) Square Feet # of Floors Bldg. Age 50 Year								
Street Address 350 Engle Street City (5) Englewood, NJ 07631 County (6) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e. private & commercial buildings, how etc.) Square Feet 100,000 3 Bidg. Age 50 Year								
Street Address 350 Engle Street City (5) Englewood, NJ 07631 County (6) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, how etc.) Square Feet # of Floors Bldg. Age 50 Year County (6) County Code (7) Current Use (Prior if being demolished)								
etc. City (5)								
City (5) Englewood, NJ 07631 County (6) Square Feet 100,000 # of Floors 3 50 Year County (6) County Code (7) Current Use (Prior if being demolished)	s +							
County (6) County Code (7) Current Use (Prior if being demolished)	S +							
	88 S							
Remain / STATE LISE ONLY								
Bergen (STATE USE ONLY) Hospital								
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC ASCM No. Name of Abatement Contractor (9) PAL Environmental Services								
Street Address Street Address								
1600 Route 22 East 11-02 Queens Plaza South								
City, State, Zip Code City, State, Zip Code								
Union, NJ Long Island City, NY 11101								
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Michael Nehl sen 908-688-7800 718-348-0000 29675	2							
710-343-0300 20073								
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Rolland Barnhart								
10/24/2013 - ON HOLD 03/31/2014 - ON HOLD Occupancy Status During Abatement (Check Only One) Street Address								
21 Downing Avenue								
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code	State, Zip Code							
Other - Describe: South Amboy, NJ 08879								
Scope of Work (Check All That Apply)								
□ ≥3 sf or ≥3 lf □ Full Containment with Negative Pressure								
I I I I I I I I I I I I I I I I I I I								
□ Slovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure								
	Abatement							
Location of Normally Description of Used Solely by Asharts Containing Meterial (ACM)	Type							
	m							
TO BE ABATED In Facility (13) Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) TO BE ABATED (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Enclosure							
Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) About Amount (Specify SF or LF)	Sur							
Yes No N/A	w .							
4th Floor Rooms Floor Tile, Mastic 1,400 SF x								
4th Floor Rooms Pipe Insulation 60 LF x								
5th Floor Hallway Corridor Floor Tile, Mastic & Carpet 3,050sf X								
6th Floor MER Pipe Insulation Fitting 31f X								
Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill	ed Landfill							
ATC Hauler ID No. 24310 of Waste 30 Yards Minerva Enterprises								
City, State Shirley, NY 11967 Disposal Date 10/31/13, 1/21/13 Waynesburg, OH 44688								
Completed by Title Signature Date								