State of New Jersey

'8 ₀				8:60 and 12:120	0)	r	ic Cl	11	15	Ps.			
Date of Notification (1) 12/07/201	2			Name Nor	e of Building th Brunsv	g Owner/Operator wick TOD Asso	(2) ociates	2013	AN 10	O.	***		
Agencies Notified T	ype Notifica	ation			t Address 0 US Rou	te I North	,5	Sec.	16.	' 17	2:	58	
DEP DEP	Amended	ent # 1	_	10.110.400.000	State, Zip C th Brunsv	Code vick, NJ 08902		- EL	1CENS	Sin I	1. 8	7	
☑ DOH ☐ DCA ☐	Emergen justificat Cancellal	ion)	ng	Name	e of Contac			Teleph	one Numi				
						ORMATION		<u> </u>					
Name of Facility Where Aba Commercial Space		Taking Pla	ce (3)				Type of Facility School (K-1 Subchapter Other (i.e.,	2) 8 (Other private &			dings		
2300 US Route 1 North City (5) North Brunswick							Square Feet 200,000		Floors		dg. A	ge	- 3
County (6)					nty Code (7) (STATE	Current Use (P		ng demolis	hed)			_
Middlesex		ASCM		Name of Ahatem	nent Contractor (
lame of Monitoring Firm Hired by Building Owner N/A Street Address				AGOIN	140.	Valiant Asso	ociates, LLC	- 1	-				
Street Address				West.		Street Address 145 Mill Stre	et					. Western	
City, State, Zip Code						City, State, Zip C Paterson, N							
Project Manager for Monitor	ring Firm		Tel	ephone	No.	Telephone No. 973-553-53	74	License No.					
Start Date (10)	7	Scheduled 1/30/20		etion Da	ate (11)	Name of OSHA I							-
12/8/2012 Occupancy Status During A	batement (Street Address	ess						
Facility Closed/Vacated (During Enti	re Period o	of Abate			145 Mill Stre	et						
Abatement Performed Ou Other - Describe:	utside of No	ormal Faci	lity Hou	ırs		City, State, Zip C Paterson, N.							
Scope of Work (Check all the said of the s	at apply)		Renovat Demo			Full Co	ntainment with Ne	-		dure			
	1.5		Locati Normali							A	bate Typ	ment oe	
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)		Ma	ed Sole iintenar Custodi staff? (12)	nce/ al		Description of os Containing Mal thermal systems i surfacing, VAT, other miscellane	erial (ACM) nsulation, , or	(Sp	ount ecify r LF)	Removal	Repair	Encapsulate	Eliciosole
		Yes	No	N/A	THE T			50 1 5				Ф	
Building 8 - Throughou			+	X		Insulation		50 LF		X	-		
Building 8 - Mechanical R	+	X	-	les/Mastic les/Mastic		80 SF		X					
uilding 8 - Room next to Mechanical Room				X	r toor ti	ICS/IVIASUC				^	-	H	
Name of Registered Waste Service Transport Grou			1	I NJDEP Tauler II 20990	D No.	Cubic Yards of Waste 10	Name of Reg		ındfill	1			
City, State New Castle, DE				Disposal Date 1/30/2013									
Completed By Miodrag Stamenovic		Title Project	Mana	ger		Signature M. Hw	verkeric		Date 1/04/2	013			-

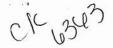
<u>List of Asbestos Containing Materials to be Removed from the Following Location</u>:

Note: Is location normally used by maintenance/custodial: N/A

2300 Route 1 North North Brunswick, NJ

Location of ACM to abated in facility	Description of ACM (i.e thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
Building # 42 - 1st floor	Elbow insulation	596 each (Wrap & Cut Methods)
Building # 42 - 2nd floor	Elbow insulation	644 each (Wrap & Cut Methods)
Building # 42 - Penthouse	Elbow insulation	290 each (Wrap & Cut Methods)

2013 JAN 10 PM 2: 58



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Date of Notification (1) 01 / 0	4 / 13					g Owner/Operator (2 & Sons, Inc.	2)	2012	Time of	VI	in				
	ype Notification			- 1 7 7 7 7 7	Address	Horse Pike		2013 JAN 1	0 · F	PH 2	: 5	 8			
] Amended				tate, Zip (2-0,44	· / / 32		4				
☑ DHSS	Amendment #					ng, NJ 08330		& LICE	Non	17	1657	-			
] Emergency (in justification)	cluding	2		of Contac			Telephone Numb	07	46	_				
(NJAC 5:23-8)	Cancellation			I SAN THE SAN	Harry Ca				_						
	- Canodiation										-	-			
		51	(0)	FAC	SILITY IN	IFORMATION	T 4 F 1124 - /	Λ.							
Name of Facility Where Aba Please see Page 2 att				ما ما ما	maliahaa	l by others	Type of Facility (4 ☐ School (K-12)								
	acned list of i	acmue	25 U	be dei	nonsnec	by others	Subchapter 8	(Other than K-12)							
Street Address Please see Page 2 for	the street ad	dresse	es o	f the fa	cilities		Other (i.e., pri homes, etc.)	vate and commerc	ial bu	ilding	s,				
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je				
East Brunswick							Page 2	Page 2	I	age	2				
County (6)				Coun	ty Code (7	(STATE USE ONLY)	Current Use (Price	or if being demolish	ned)	ME - V		81			
Middlesex County							Vacant								
Name of Monitoring Firm His	ed by Building (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)								
AET						Alliance Envi	ironmental Syst	tems							
Street Address					-	Street Address									
28 N. Pennel Road						550 East Uni	on Street								
City, State, Zip Code						City, State, Zip Co	ode								
Media, PA 19063						West Cheste	ster, PA 19382								
Project Manager for Monitor	ing Firm		Te	lephone	No.	Telephone No.	(()	License No.		outce/http	(0.00 cm cm)				
Eric Houseknecht			1	908-296	-1132	610-701-9000		00508							
Start Date (10)	Sched	luled Co	omp	letion Da	te (11)	Name of OSHA M	onitor								
	TOTAL CONTRACTOR OF THE PARTY O			22 /		AET	6 6 EE			4					
Occupancy Status During Al	patement (Chec	c only o	ne)			Street Address									
☐ Facility Closed/Vacated [ement		28 N. Pennel	Road								
☐ Abatement Performed Or	100				cribe	City, State, Zip Co	45-41								
Time of Abatement: 7AN	IPM/ <u>3:3</u>	0PM		_AM		Media, PA 19									
Scope of Work (Check all the	at apply)														
☐ >3 sf or >3 lf		□ Rei	2011	tion		☐ Full Con	tainment with Nega	ative Pressure							
\(\sum_{\geq} \geq 160 \text{ sf or \geq 260 lf}\)		☐ Der			*	⊠ Gloveba	g Procedure								
					2.1	Non-Exe	mpted (*) and Nor	-Friable Procedure							
				ation					Ab	ateme	ent Ty	/pe			
Location of Asbestos-Containing Ma	torial (ACM)			ally lely by	Ashe	Description of estos Containing Ma		Amount	Re	Repair	9	四			
TO BE ABATE		Mai	inter	nance/		e., thermal systems	insulation,	(Specify	Remova	pair	cap	Enclosure			
IN Facility		Cust	odia (12	I Staff?		surfacing, VAT		SF or LF)	<u>a</u>		Encapsulate	ure			
(13)	44.40	Yes	No	- T		other miscellane		· · · · · · · · · · · · · · · · · · ·			र्व	-			
Please see Page 2 for a	detailed list				Please	see Page 2 for a	detailed list			Ш	Ш	Ш			
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				\boxtimes											
			П	Ø	(The state of										
Name of Registered Waste I	Hauler			NJDEP \	Vaste.	Cubic Yards of	Name of Regist	ered Landfill							
N.E.T.S.	iddio.			Hauler II	O No.	Waste	Allied BFI I	Service and the Control of the Contr							
and the second s		10,211		18947		25 Disposal Date	City, State					SESSES			
City, State						TBD	Imperial P	ຄ							
Hazelton, PA		950	180	20		1	A Imperiary	/	-1	1					
Completed By (Print or Type John Heemer		e stimat	or		13	Signature	By De	one 1	e /4	//	3	E.			
						1//	July		1						

ASB-41 **MAY 11**

* Do not use this form for asbestos licens fre exempted activities.

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Asbestos-Containing Material (ACM) 2013 JAN 10 PH 2: 38	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Vitamin Store and Garage - 380 Route 18			X	Sheet Flooring - 2nd Floor	454 SF	X			
1 story, 1200 SF Approx. bldg age - 50			X	Sheet Flooring - 1st Floor	754 SF	X			
			X	Exterior Transite	292 SF	X			
Transmission Shop - 378 Route 18			X	12" Floor Tile and Mastic - 2 layers	336 SF	X			
1 story, 2000 SF Approx bldg age - 40			X	12" Floor Tile and Mastic - 1 layer	72 SF	X			
			1521	Joint Compound - Walls and Ceilings	2,180 SF	X			
			X	Asphalt Roof Shingles	1,600 SF	X			
				Asphalt Roofing Sheet	2,415 SF	X			
			X	Roof Flashing	747 SF	X			
Igal Photography - 382 Route 18			X	Residual Mastic on Concrete Floor	952 SF	\times			
1 story, 4500 SF approx. bldg age - 50			\boxtimes	Mastic Associated with 12" Tile	737 SF	\times			
			X	9" Floor Tile	983 SF	X			
			X	9" Floor Tile, Felt Paper and Mastic	351 SF	X			
			X	Pipe Insulation	150 LF	X			
			\boxtimes	Exterior Duct Coating	1,000 SF	X			
			X	Asphalt Roof Field and Flashing	3,105 SF	X			
22 West Ferris Street (Route 18 and Ferris St)			X	Floor Tile and Mastic	58 SF	\boxtimes			
2 stories, 1200 SF Approx. bldg age - 50			X	Exterior Transite	496 SF	X			
			X	Chimney Flashing	38 SF	X			
24 West Ferris Street (Route 18 and Ferris St) 2 stories, 1200 SF Approx. age - 50			X	Exterior Transite	500 SF	X			
55 West Ferris Street (Route 18 and Ferris St)			X	Floor Tile and Mastic	1,495 SF	X			
1 story, 10,200 SF Approx. bldg age - 50			X	Pipe Insulation	720 LF	X			
			X	Exterior Transite	12 SF	X			
W 1 0 9 1			X	Roof Flashing and Parapet Coping	792 SF	X			
			X	Joint Compaund - Walls and Ceilings	5,050 SF	X			
			X	Pipe Fittings	51 LF	X			

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Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)		Server 3	1/3.	17	
	09 / 1	3		Mo	orestow	n Friends Assoc	iation	2013 JAN 1	_	5.5	e e	
Agencies Notified	Type Notification	1	-	Stree	t Address			-7111 11	J P	1 2	: 5	_
□ EPA				110	E. Main	Street	1	6 8 W. A. H.	ï		. 08	۶
⊠ DOLWD	Amended	4		City,	State, Zip (Code		& LICE	64	1 / W	77.	
☑ DHSS ☐ DCA	Amendment			Mo	orestowi	n, NJ 08057		-1067	43/A	E'	UL	
(NJAC 5:23-8)	justification)	iiciuuiii	3	Name	of Contac	t		Telephone Numb	er	U		2000
	☐ Cancellation			Lis	a Carbor	ne Warren						
				FA	CILITY IN	FORMATION			-	-		
Name of Facility Where A	Abatement is Takir	ng Place	(3)				Type of Facility	(4)				
Former ACME							☐ School (K-12					
Street Address			0.129					(Other than K-12) ivate and commerce		uilding		
123 Chester Avenu	e						homes, etc.)		Jiai Du	munig	15,	
City (5)	Personal Control of the Control of t						Square Feet	# of Floors	Ble	dg. Ag	ge	_
Moorestown, NJ 08	8057						14,000	2		1951	26	
County (6)			77	Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)	1.990 (2000.00		
Burlington							Vacant, und	er construction				
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
RT Environmental						ecoservices,	LLC					
Street Address				1000		Street Address					200	101111
215 West Church S	treet					407 West Lin	coln Highway,	Suite 40				
City, State, Zip Code		-	121/261			City, State, Zip Co			46.500			
King of Prussia, PA	19406					Exton, PA 19						
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		License No.	7			
Tony Alessandrini			61	0-265	-1510	484-872-8884		01161				
Start Date (10)	Sche	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor	4				
01 /19 /	13	01_/	21	1	13	EMSL						
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						
☐ Facility Closed/Vacate				ment		200 Route 13	0 North					
☐ Abatement Performed	Outside of Norma	l Facilit	y Hour	s - Des	cribe	City, State, Zip Co	de					
Time of Abatement:	P	M/	_PM-		AM	Cinnaminson						
Scope of Work (Check all	that analys			-101			<u> </u>	3 1 1				
≥3 sf or ≥3 lf	triat apply)					☐ Full Cont	ainment with Neg	ativa Desagues				
	triat apply)	M D				□ · - ·		ative Pressure				
	тпат арріу)		novati molitic			☐ Mini-Encl	osure	ative Pressure				
	тпат арріу)		novati molitic			☐ Glovebag	osure Procedure	ative Pressure n-Friable Procedure	Э			
□ ≥160 sf or ≥260 lf	ттат арруу)	☐ De	molitic Locat	ion		☐ Glovebag	osure Procedure			ateme	ent T	уре
_ ≥160 sf or ≥260 lf	of	☐ De	molitic Locat Jorma	ion lly		☐ Glovebag ☑ Non-Exer	osure g Procedure mpted (*) and Nor	n-Friable Procedure	Aba			1
≥160 sf or ≥260 lf Location Asbestos-Containing N	of Material (ACM)	Is Use	Locat Normal d Sole intena	ion lly ely by nce/		Glovebag Non-Exer Description of stos Containing Mai	osure procedure mpted (*) and Nor f terial (ACM)	n-Friable Procedure	Aba			1
Location Asbestos-Containing N TO BE ABA IN Facilit	of Material (ACM) TED	Is Use	Locat Normal d Sole intena	ion lly ely by nce/		Description of stos Containing Mat., thermal systems is surfacing, VAT,	osure procedure mpted (*) and Nor ferrial (ACM) nsulation, or	n-Friable Procedure		ateme Repair		1
□ ≥160 sf or ≥260 lf Location Asbestos-Containing N TO BE ABA	of Material (ACM) TED	Is Is Use Ma	Locat Normal d Sole intena codial (ion lly ely by nce/ Staff?		Glovebag Non-Exer Description of stos Containing Mat	osure procedure mpted (*) and Nor ferrial (ACM) nsulation, or	n-Friable Procedure Amount (Specify	Aba		t Encapsulate	1
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Location Asbestos-Containing N TO BE ABA IN Facilit (13) 2nd Floor Mezz Name of Registered Wast ecoservices, LLC	of Material (ACM) <u>TED</u> y	Is Is I Use Ma Cus Yes	Locat Normal d Sole intena codial S (12) No	ion illy illy by nce/ Staff? N/A	Transite Vaste	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned.	Procedure procedure protection f terial (ACM) nsulation, or ous) Name of Regist Minerva En	Amount (Specify SF or LF) 200 SF	Aba Removal	Repair		1
Location Asbestos-Containing N TO BE ABA IN Facilit (13) 2nd Floor Mezz Name of Registered Wast ecoservices, LLC City, State	of Material (ACM) <u>TED</u> y	Is Is I Use Ma Cus Yes	Locat Normal d Sole intena codial S (12) No	ion illy illy by nce/ Staff? N/A	Transite Vaste	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned. Cubic Yards of Waste 1 Disposal Date	Procedure procedure procedure proted (*) and Nor ferrial (ACM) nsulation, or pus) Name of Regist Minerva En	Amount (Specify SF or LF) 200 SF ered Landfill terprises	Aba Removal	Repair		1
Location Asbestos-Containing N TO BE ABA IN Facilit (13) 2nd Floor Mezz Name of Registered Wast ecoservices, LLC City, State Exton, PA	of Material (ACM) TED Y	Iss Iss Market Cus Yes	Locat Normal d Sole intena codial S (12) No	ion illy illy by nce/ Staff? N/A	Transite Vaste	Description of stos Containing Mat., thermal systems is surfacing, VAT, other miscellaned.	Procedure procedure protection f terial (ACM) nsulation, or ous) Name of Regist Minerva En	Amount (Specify SF or LF) 200 SF ered Landfill terprises	Aba Removal	Repair		1
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State of New Jersey

···	NOTIFICATION OF ASBESTOS ABATEMENT
MEMBER BANK	(NI LIADE) (Sergmont of N.IAC 8: 69-7 and 12:-120-7)

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Month/Day/Year								47.7	165	Calo	Ta			
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DEP	Notifica		Princeton N			1 1	764	A VISIO	مرد					
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ity (5)	County	(6)		County Code (2022	Current Use (F								
rinceton				(STATE USE ONLY)	University	TION TO TAKE							
				IASCM No	TNome	Abatement Co	atractor (9)						
ame of Monitoring Firm Hired by Bu	Iding Dwa	ier (a)		ABCIN ING	Associ	need Specialty Co	ntracting			1223				
ennunt Associates fac					11	Address			1.00					
ireet Address						The Avenue								
15 Grave Street Suite 1B					- C	tete, Zip Code								
My, Brare, Zip Code						(Me, 24) Cott								
faddon Heighes NJ						one Number			lconce	Nomber	-			
roject Manager of Monitoring Firm			Tolophone 856-547-0		VIO-19	id-9622			1103					
ilaa Lloyd								I			• •			
Scheduled Stare Date (10)	9	ched. Co	mpletion Dat	e (11)	Name of OSHA Monitor									
				Criterion Labs										
01/09/13	1		01/10/13	3	Criter	ton Lans								
01/09/13		<u> </u>		3					·					
Month/Day/Year	Check only	y one)	01/10/13 // Jonth/Day/Y	3	Street	Address								
01/09/13 Month/Day/Year Decupancy States During Abatement (Facility Closed/Vacated During	Entire Pe	y ane) eriod of A	01/10/11 fonth/Day/Y: batement	3	Street 3370 I	Address Progressive Drive State, Zip Code			-					
01/09/13 Month/Day/Yeng Decupancy States During Abatement (Facility Cloud/Vacated During * Abatement Performed Outside	e Katire re of Norma	y azze) triod of A I Facility	01/10/11 fonth/Day/Y: batement	3	Street 3370 I	Address Progressive Drive								
Month/Day/Year Decupancy States During Abatement (Facility Cloud/Vacated During K Abatement Performed Outside Hours Describe: 7:00 Al	e Katire re of Norma	y azze) triod of A I Facility	01/10/11 fonth/Day/Y: batement	3	Street 3370 I	Address Progressive Drive State, Zip Code lem PA 19020								
Month/Day/Yenc Decupancy Stated During Abatement (Facility Cloued/Vacated During Abatement Performed Outside Hours Describe: 7:00 Al	e Katire re of Norma	y azze) triod of A I Facility	01/10/11 fonth/Day/Y: batement	3	Street 3370 I	Address Progressive Drive State, Zip Code lem PA 19020		gative	Pressur	,				
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State of New Jersey

Check # 10406

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Joseph Dries 1-4-2013 Agencies Notified Type Notification Street Address 36 Richmond Ave. []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Ridgewood, NJ, 07450 [X] DOL Notification [X] DOH Name of Contact Telephone Number []EMERGENCY []DCA Joseph Dries []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commer-36 RICHMOND AVE cial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 COUNTY County Code (7) RIDGEWOOD (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) N/A AZTECH MANAGEMENT, Inc. Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor N/A Month 1 Day 18 Year 2013 Month 1 Day 21 Year 2013 Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure $[X] \ge 3$ sf or ≥ 3 lf [X] Renovation [X |Mini-Enclosure []>160 sf or >260 lf []Demolition []Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Location of Description of Normally Asbestos-Containing NCAP Asbestos-Containing Amount Used REPAI EMOVAL Material (ACM) Solely Material (ACM) (Specify Losu TO BE ABATED By Main-(i.e., thermal systems SF or tenance/ In Facility insulation, surfacing, VAT, LF) Custodial (13)Staff (12) or other miscellaneous) Yes No N/A Basement X DUCT/JOINT INSULATION 8 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. AZTECH MANAGEMENT, INC. of Waste .25 G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 1-22-2013 Morrisville, /PA 19067 Completed By (Print or Type) Title Signature Date

CHECK 11863

Date of Notification (1) 1/7/13	Name of Building Owner/Operator (2) US Masters Residential Property (USA) Fund														
Agencies Notified Type Notification	,		Street Add		o, Floo	r 10, F	Harbors	ide Finar	ncial	Cente	r				
EPA Initial Amended Amendment #_				e, Zip Cod City, NJ		1				7.P.		2013 1		刀而	
Emergency (in justification) □ DCA □ Cancellation	cluding	1.00	Name of C Daniel E			# # # # # # # # # # # # # # # # # # #			Tele	nhane N	Jimh			(1)	
			FACIL	ITY INFO	RMATIC	N	Ŧ	E934 (4)		C 34	200			57.	
Name of Facility Where Abatement is Taking house	Place (3)						☐ Sch	Facility (4) nool (K-12) ochapter 8	(Othe	r than K	-12)		DE 2	1	
Street Address 84 Bowers Road		- done					× Oth	er (i.e. priv .)	/ate &	comme	rcial		60		s,
City (5) Jersey City							Square 1 2000		2	Floors	à F	50	dg. A	ge	
County (6) Hudson			County County County County	ode (7) SE ONLY)		Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM	No.				nent Contra mental S			LC				
Street Address		Street Address 4 E Gate Drive, PC						ve, PO E	3ox 4	183	alice sext of	V			
City, State, Zip Code							tate, Zip (Code NJ 07418	3						
Project Manager for Monitoring Firm		T	Telephon	e No.		Teleph	one No. 583-850			License 703	e No.				
Land Control of the C	Schedule		pletion D	ate (11)		Name	ame of OSHA Monitor								
Occupancy Status During Abatement (Check	Only One	e)		1		Street	Address					-	-		
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	batem	ent		_	City, S	tate, Zip	Code	1	uc si					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Barranes C.	enova emoliti				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						e		
	le	Locati	on						7		T		Abate	ment	t
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Name of Registered Waste Hauler Freehold Cartage		H	IJDEP W lauler ID 5939		Cubic of Was 10			GROWS				V	,		
City, State Freehold NJ	11	Disposal Dat TBD				Morrisville PA									
Completed by Andrew Scott Higgins	Title Presi	dent			S	Signature	a				Date 1/7	/13			

* Emergency *

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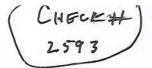
Date of Notification (1 1/4/13)		Name of Building Owner/Operator (2) Joan D'Abruzzo / Residence Street Address 1300 East Beach Avenue City, State, Zip Code													
Agencies Notified	Type Notification		t	Street A	ddress East Bea	ach Av	enue	ducanos. 3	Aggra.	7	PM	2: 50				
EPA DEP DOL	Initial Amended Amendment				te, Zip Co		3		· & LI	OFN	enhoha N					
☑ DOH DCA	Emergency (justification) Cancellation		- 1	Name of Joan	Contact					Tel	enhabe N					
				FACI	LITY INF	ORMATI	ON			100	- 1	Y 25	-		-	
Joan D'Abruzzo /	re Abatement is Takin Residence	g Place (3)	921/02						of Facility (4 School (K-12	2)						
Street Address 1300 East Beach	Avenue				38			×	Subchapter (Other (i.e. pretc.)				lding	s, hor	nes,	
City (5) Brigantine, NJ 08	3203				12				e Feet	# o 2	f Floors		Bldg. 35+	Age		
County (6) Atlantic				County (Code (7) USE ONLY)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nt Use (Prio dence	r if be	ng demol	ished)				
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	l No.			of Aba	tement Con	tractor	(9)					
Street Address							- 3000000000000000000000000000000000000	Addres								
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Project Manager for M	Ionitoring Firm	· · · · · · · · · · · · · · · · · · ·	T	Telepho	ne No.		Telepi	none No 753-9	o,	:	License					
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TOTAL DOCTORATE	ring Abatement (Chec)					me et Address								
Facility Closed/V	acated During Entire I	Period of Ab	atem	nent					p Code							
Scope of Work (Check	k All That Apply)								****			-				
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United Containers				Hauler ID No. of Waste 22459 3												
City, State Elm NJ				Disposal Date 1/5/13				Date City, State Morrisville PA 19067								
Completed by Anthony T Perna Title Preside				Signature Date 1/4/13					}	alessas						

State of New Jersey

*	NOTI	FICAT Pursu	TON OF	ASBESTOS JAC 8:60 a	SABATEN	IENT	Ch -	79-	34		V259		
ate of Notification (1)		Nan	ne of Buil	ding Owner udice / R	r/Operator	(2)	VE	The same of the sa	•				
/7/13 gencies Notified Type Notification	(Stre	eet Addre Margue	ss	2013	JAN	10 PM 2	: 58					
EPA Initial Amended Amendmen	t#	City	y, State, Z anahaw	Zip Code kin NJ 08	3050	Cole Elic	à Carri	₹ 3 1.	- N t				_
Emergency justification Cancellation)	Pa	me of Cor aul				-140146F	Teleo	hone Number				
Name of Facility Where Abatement is Taki	ng Place (3)		FACILITY	Y INFORM	ATION	Type o	of Facility (4)						
Paul Delgudice / Residence						T S	ichool (K-12) Subchapter 8	(Other	her than K-12) & commercial buildings, homes,				
Street Address 68 Marguerite				· · · · · · · · · · · · · · · · · · ·		e e	other (i.e. privetc.) e Feet		loors	Bldg. Age			_
City (5) Manahawkin NJ 08050			•			1000	+	1	- demalished	35+			
County (6)			ounty Coo			Resi	dence		g demol ished	, 			
Ocean Name of Monitoring Firm Hired by Buildin	g Owner (8)	7	ASCM N	0.		e of Aba naco Ir	tement Cont	ractor (9)				
Street Address					100000000000000000000000000000000000000	et Addres							
City, State, Zip Code					City, We	State, Z	ip Code in NJ 0809	91					
Project Manager for Monitoring Firm		T	elephone	No.	Tele 850	phone N 6-753-9	io. 9800		License No. 00727				
Start Date (10)	Scheduled	Com	pletion Da	ate (11)		ne of OS me	HA Monitor						
1/17/13 Occupancy Status During Abatement (C	1/23/13 heck Only One	:)				Street Address							
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of Al	batem	ent		City	, State, 2	Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				HN	Mini-Enclosur	e codure	n Negative Pr				
	le	Locat	ion			land I	I I I				Abate Ty	men	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	M) Use	lorma d Sole intena	lly ely by ince/ Staff?	(i.e. t	Description of the control of the co	ng Mater tems ins , VAT, or	ulation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Siding		-	+		LAtorio	- Ciuiii							L
							e a	_		+	-	-	+
					O. L. V	rde	Name	of Regi	stered Landfil	1	1_		
Name of Registered Waste Hauler United Containers		- 1	NJDEP V Hauler ID 22459		Cubic Ya of Waste 2		G.R.C	o.w.s					
City, State					Disposal 1/23/13		City, Si Morri	tate sville	PA 19067	ato			
Completed by Anthony T Perna	Title Pre	sider	nt	3	Sig	nature				/7/13	3	16	_

		(Pur	suant to	NJAC 8:60 an	d 12:120	P	EGB.	2945				
Date of Notification (1) 1/7/13				uilding Owner/6 Bell/ Reside				YED		ē		
	Notification	185	Street Add 3 Claudi			JA	N 10 p	M 2: 58				
DEP DOL	nitial Amended Amendment #			, Zip Code wkin NJ 080)50	41	Tage Ca	17 Awa				
N DOH	Emergency (including ustification) Cancellation		Name of C Barbar	Contact			TO CHEST	Telephone Nur	nber			
2			FACILI	TY INFORMAT	TION							
Name of Facility Where Abatem Barbra Bell/ Residence	nent is Taking Place (3) Residence		*	1111		☐ Sc	Facility (4)	Other than K-1	2)			
Street Address 8 Claudia						Ott etc	her (i.e. priv :.)	ate & commerci	al buildi			3,
City (5) Manahawkin NJ 08050	1 0 I					Square 1000 -	+	# of Floors	35	dg. Ag 5+	je	
County (6) Ocean		0	County Co	ode (7) SE ONLY)		Current Resid		if being demolis	hed)			
Name of Monitoring Firm Hired N/A	by Building Owner (8)		ASCM	No.		of Abate aco Inc	ment Contra	actor (9)				
Street Address						Address Box 329		0				
City, State, Zip Code			- 4			State, Zip st Berlin	Code NJ 0809	1			2	
Project Manager for Monitoring	j Firm	Т	Telephon	e No.		hone No. -753-98		License 1 00727	No.			
Start Date (10)	Schedul		npletion D	Date (11)	Name		A Monitor					
1/18/13 Occupancy Status During Aba					Stree	t Address	3			5777 — 5		
Facility Closed/Vacated I Abatement Performed O Other – Describe:	Ouring Entire Period of	Abaten	nent s		City,	State, Zip	Code	1				
Scope of Work (Check All That ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli		4		Mini	-Enclosure	nt with Negative edure (*) and Non-Fria		cedur		
		s Local	tion								ement	ı
Location of Asbestos-Containing Mate TO BE ABATEI In Facility (13)	erial (ACM)	Norma ed Sole aintena stodial (12)	ely by ance/ Staff?	Asbestos C (i.e. them	Description on tail of the containing mal system of the contact of	Material ms insula AT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Exterior Sidir	ig		<u> ^</u>		Atonor C							
								-	+		-	
Name of Registered Waste H	lauler	1	NJDEP V	Vaste Cu	ibic Yards		Name of F	Registered Land	fill			
United Containers	idulei		Hauler ID 22459	No. of 2	Waste		G.R.O.V					
City, State Elm NJ					sposal Da 24/13	ite	City, State Morrisvi	lle PA 19067				
Completed by Anthony T Perna	Title Pre	siden	ıt		Signat	ure			Date 1/7/13			

			(Pt	ırsuant 1	to NJAC 8	8:60 and	112:120	")	CK 2	294	Mr.				
Date of Notification (1) 1/7/13	11	,			Building (Babar					2013		5/1	IE,		
Agencies Notified	Type Notification			Street Ad 27 Nor	ddress th Yarm	outh A	v.		st.	Čira 👡	AN 10	PM	E.	is .	
EPA DEP DOL	Amended Amendment				te, Zip Co ort NJ 0				ί	& L	AN 10	. //	3.5	9	
DOH DCA	Emergency justification) Cancellation			Name of Donalo	Contact					Tob	A STATE OF THE STA		1		
				FACIL	LITY INFO	DRMATI	ON						MA		
Name of Facility Where Donald Babar / Re		g Place (3*)			•				of Facility (School (K-1 Subchapter	2)	er than K-1	2)	de		
27 North Yarmout	h Av.		Ju.	19 19	# # # # # # # # # # # # # # # # # # #	1		×	Other (i.e. petc.)	rivate 8	& commerci	al buil			es,
City (5) Longport NJ 0840	3				2			Squa 1000	re Feet) +	# of 2	Floors		31dg. <i>A</i> 35+	ige	
County (6) Ocean		91.		County C	Code (7) JSE ONLY)		_		nt Use (Prid idence	or if bei	ng demolis	hed)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCM	l No.			of Aba	tement Cor	itractor	(9)		-		N.
Street Address								Addres Box 32			595				10
City, State, Zip Code		1	772		*****				ip Code in NJ 080	91					
Project Manager for Mo	onitoring Firm		T	Telephor	ne No.		100000000000000000000000000000000000000	none N 753-9			License N	lo.			2
Start Date (10)		Scheduled	I Con	npletion I	Date (11)			of OSI	HA Monitor						
Occupancy Status Duri	ing Abatement (Cher	100000000000000000000000000000000000000	1					Addre	ee			7			
Facility Closed/Va	cated During Entire med Outside of Norr	Period of Al	atem						ip Code	·				-	
Scope of Work (Check	All That Apply)														
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Locati Asbestos-Containir TO BE A In Fac (13	ng Material (ACM) BATED cility	Used	Sole	ly by nce/		tos Con thermal surfa		Materia is insul AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	res	NO	X		Exte	rior Si	ding		17	700 Sf	x			\vdash
												1			
Name of Registered W United Containers	aste Hauler		H	IJDEP W lauler ID 2459		of Wa	Yards ste		Name of G.R.O.		ered Landfi	u			
City, State Elm NJ							sal Date	•	City, Stat		A 19067				
Completed by Anthony T Perna		Title Presid	lent				Signatur	5	ZZ	-	D	ate /7/13			



PINCLAMP'S CONTRUCTION Agencies Notified Type Notification PINCLAMP'S CONTRUCTION Amended Amen	Date of Notification (1)	17/13	441	T		ding Owner/Operato						
Signature Control Co	Agencies Notified	Type Notifica	tion				ONSTRUC	TION				
Annended Annended City, Sale, Zip Code City, Sale, Zip Code City N. J. Office Part City		The state of the s	uon	.			TH ST.	e e e e e e e e e e e e e e e e e e e		•		
DOH	[∑] DEP	Amended	7.		City, State, Zi	o Code		***************************************		-		=
Cancellation FACILITY INFORMATION				5	SEA	TYLE C	ITY , NIJ	, 08243	2	-479		
Street Address Stre								Telephone Nuit	nber	21 (**)		
Name of Facility (4) Street Address IT 9971 977 City (5) SEA TIGLE CITY County (6) A P C NAY Name of Monitoring Firm Hired by Building Owner NAME of Abatement Contractor (8) NAME of Abatement Contractor (9) NAME of Owner Owner Steet Address Steet Address Steet Address Steet Address NAME of NAME of Owner NAME of Owner Owner		Caracilado			1.100	+ EDUAR	<u>D1</u>	1			97	1
Street Address 17 PPT 97 Street Address Street Add		* s.			FACILITY I	NFORMATION		三高	5	ļ,	1	
Street Address Substantial Street Substantial	HE	강에게 있었다. 하나 이 아이를 가게 되었다.		(3)			Type of Facilit	y (4)	-07	t.		-
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City (5) SEATSLE CITY County (6) A P E MAY County Code (7) (STATE Current Use (Prior if being demoished) VACANT Name of Monitoring Firm Hyred by Building Owner (8) NAME of Monitoring Firm Hyred by Building Owner (8) Street Address Street Addres	Street Address	ROTU ST.	,				Other (i.e.,	private & commer		lding	Samuel .	
County (6) A C NAY County Code (7) (STATE Current Use (Prior It being demolished) VACANAT Name of Monitoring Firm Hijrad by Building Owner (8) VACANAT Street Address Street Address Street Address Street Address Street Address City, State, Zip Code MAPLE SHAPE Topical Manager for Monitoring Firm Telephone No. Street Address City, State, Zip Code MAPLE SHAPE Topical Manager for Monitoring Firm Telephone No. Telephone No	City (5)					 -			(1)	llda	400	
ASCM No. Name of Monitoring Firm ASCM No. Name of Abatement Contractor (9) V LEM CD INC.	SE	o Isle C	174				oquale rect	W OF FOOTS	1	nug. i	nge .	
Name of Monitoring Firm Hired by Building Owner (8)	County (6) (1) A P (=	MAY				(7) (STATE	Current Use (F	rior if being demo	lished)			
Street Address Stre	Name of Monitoring Firm		g Owner	- L	SCM No.	Name of Abater	ment Contractor (9)			===	=
Street Address Street Address 3695, SPRUCE SUT. City, State, Zip Code City, State, Zip Code Mapul Shape No. Telephone No	(8)	I/A	S			1 1/						
City, State, Zip Code City, State, Zip Code Marco State Decide Marco State Decides No. Telephone No. Telephone No. State Decides No. Decides No. State Decides No.	Street Address					Street Address						
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Telephone No. Telephone No	City, State, Zip Code					City, State, Zip C	PLE SHA	Z, N, J	, 08	05	Z	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Other - Describe: City, State, Zip Code Manuelles Normal Facility Hours Other - Describe: City, State, Zip Code Manuelles Normal Facility Hours Other - Describe: City, State, Zip Code Manuelles Normal Facility Hours Other - Describe: City, State, Zip Code Manuelles Normal Facility Hours Other - Describe: City, State, Zip Code Manuelles Normal Facility Other - Describe: City, State, Zip Code Manuelles Normal Facility Other - Describe: City, State, Zip Code Manuelles Other - Describe: Other - Desc	Project Manager for Mor	nitoring Firm		Teleph	one No.	. Telephone No. License No.						
Occupancy Status During Abatement (Check only one) Street Address 3 6 9 5	Start Date (10) / 13	Sch				Name of OSHA I	Monitor GEPH KL	ENN				-
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code MAPLE N.J. 08052	Occupancy Status Durin	g Abatement (Ch	eck only o	ne)		Street Address	***************************************					
Other - Describe: MAPLE SHAPE, N.J.08052		1000			ent	369	S, SPA	LULE AUG.				
Scope of Work (Check all that apply)		d Outside of Norm	nal Facility	Hours		City, State, Zip C	ode			^ 4		
Satisfies Sat		W				1- M2	APLE SI	TODE IN	, ر	08	02	2
23 sf or ≥3 lf	Scope of Work (Check a	ii that apply)				☐ Full Cor	ntainment with Ne	gative Pressure				
Is Location Normally Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ARATED IN Facility (13) Yes No N/A N/A SID IN A NAME E SI-ARE SI-						☐ Mini-End ☐ Gloveba	closure ag Procedure		ıre			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A SID IN C NIDEP Waste Hauler ID No. TO BE ABATED To BE ABATED IN Facility (12) Yes No N/A SID IN C NIDEP Waste Hauler ID No. TO BE ABATED To BE ABATED Soft IT			Is Lo	cation	7		1		1	Abate	ment	-
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauler K L G M C G T NC , Disposal Date Maintenance/ Custodial Staff? (12) Yes No N/A Name of Registered Landfill C , M ,	. Location o	ıf			.	Description of				Ту	ж	
SIDING X TRANSITE 1200 ## X Name of Registered Waste Hauler K L G M C O T NC , City, State MAPEE SI-ADE, N J Completed By Title X TRANSITE 1200 ## X Cubic Yards of Waste C ubic Yards of Waste C ity, State City, State City, State Completed By Title Signature C Date 1	Asbestos-Containing M	laterial (ACM)	Mainte	nance/	Asbes	tos Containing Mat	erial (ACM)				ū	
SIDING X TRANSITE 1200 ## X Name of Registered Waste Hauler K L G M C O T NC , City, State MAPEE SI-ADE, N J Completed By Title X TRANSITE 1200 ## X Cubic Yards of Waste C ubic Yards of Waste C ity, State City, State City, State Completed By Title Signature C Date 1		ED			(i.e.				Ren	Re	desir	Clo
SIDING X TRANSITE 1200 ## X Name of Registered Waste Hauler K L G M C O T NC , City, State MAPEE SI-ADE, N J Completed By Title X TRANSITE 1200 ## X Cubic Yards of Waste C ubic Yards of Waste C ity, State City, State City, State Completed By Title Signature C Date 1			(1	2)					lova	pair	Sula	Sur
Name of Registered Waste Hauler KLGMCO INC, Disposal Date NIDEP Waste Cubic Yards Of Waste C, M, C, M, U, A, Disposal Date City, State WCOTBINE N, J Completed By Title Signature Date 1			Yes I	No N	I/A		1		-		le	
Name of Registered Waste Hauler KLGMCO INC, Disposal Date NIDEP Waste Cubic Yards Of Waste C, M, C, M, U, A, Disposal Date City, State WCOTBINE N, J Completed By Title Signature Date 1	< ID In	10		1	17	CANSITE		12001	X			
KLEMCO INC. Hauler ID No. 17904 City. State MAREE SIADE, N. J Disposal Date City. State LUCCY BINE N. J Completed By Title Signature Date 1	3.976		-		`	W N / / C	-		+			
KLEMCO INC. Hauler ID No. 17904 City. State MAREE SIADE, N. J Disposal Date City. State LUCOP BINE N. J Completed By Title Signature Date 1			-						+-	-		-
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KLEMCO INC. Hauler ID No. 17904 City. State MAREE SIADE, N. J Disposal Date City. State LUCOP BINE N. J Completed By Title Signature Date 1	Name of Registered Wast	e Hauler		LNIDE	D Waste	Cubic Yards	Name of Pegi	stered Landfill	1	<u></u>	2.1	
City. State MAPEE SI-ADE, N.J Disposal Date City. State UCCOBSINE N.J. Completed By Title Signature Date 1		T		Hauk	er ID No.				١.			
Completed By Title Signature Date 1		INC,	,			Disposal Date		7 0 7 1.0		_	==	=
Completed By Title Signature Date 1	MAPEE	SHAD	G, 1	V, J	5	Disposal Date		BRINE 1	J.T			
JOSEPH KLEMM V/P Journ Column 1/7/13	Completed By	Title		10	لحسا	Signature	1/		1	····		
	JOSEPH K	LEMM		18		Jours	r Kelin	n 1/	7/	13		

CR 2933

Date of Notification (1) 1/7/13				Building (Operator (2) dence	21	712	*	11/1	En		1
Agencies Notified Type Notification	1	1.50	Street Ac	dress pinnake				13 1	1N 10 1	o _M a	-		
EPA DEP DOL Amended Amendmen Emergency justification	(including	_	City, Stat Little E	te, Zip Co	de	08087	- No. 17	& LI	ephone Nu	1613	ં ફ્રફ્ જો	}	
DCA Cancellatio	n			LITY INFO	DMAT	ION					V27		
Name of Facility Where Abatement is Taki Carol Hoffman / residence Street Address 14 S Spinnaker Av	ng Place (3)		PACIL	LIT INFO	JKMAI		ype of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			dings	, hom	es,
City (5) Little Egg Harbor NJ 08087	7						quare Feet 000+	# o	f Floors		3ldg. / 35+	Age	
County (6) Ocean				Code (7) USE ONLY))		urrent Use (Prid Residence	or if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	l No.		Name of Pernac	Abatement Conso Inc	tractor	(9)				
Street Address						Street Ad PO Box			/7				
City, State, Zip Code						7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e, Zip Code Berlin NJ 080	91					
Project Manager for Monitoring Firm	**************************************		Telephor	ne No.		Telephon 856-75			License N	No.			
Start Date (10) 1/16/13	Schedule 1/27/13		pletion [Date (11)		Name of Same	OSHA Monitor						
Occupancy Status During Abatement (Che	eck Only One	=)	, i			Street Ad	dress			*************************************	- 1		
Facility Closed/Vacated During Entire Abatement Performed Outside of Not Other Propries						City, Stat	e, Zip Code						
Other – Describe: Scope of Work (Check All That Apply)						1							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	The state of the s	enovat emoliti			•	×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				re	
	Is	Location	âŭ.									emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Solel ntenar odial S (12) No	ly by nce/		tos Cor therma surfa	escription of ntaining Mat al systems ir acing, VAT, miscellaned	erial (ACM) isulation, or	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
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						-7-				1			
Name of Registered Waste Hauler		TN	JDEP W	laste	Cubi	c Yards	Name of	Penist	ered Landfi	1	1		
United Containers		H	auler ID 2459		of W		G.R.O.		orou zariun				
City, State Elm NJ					Dispo	osal Date 7/13	City, Stat Morrisv		A 19067		0	9	
Completed by Anthony T Perna	Title Presid	dent				Signature				ate /7/13			

		(Pur			8:60 and 12:12	1.1	0	1.422	8			
Date of Notification (1))		Name of	Building	Owner/Operator (PM 2:				
-7-2013					ertus	ZUIJ JA	NIC				****	
gency Notified	Type Notification		Street A	40.000	00.45	Agree	., 10	PM 2.	^			
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DEP	☐ Amended		City, Sta	ite, Zip C	Code				2073			
DOL	Amendment #		SHO	RT 1	HILLS N	2 010	10	San Alamak	<u>. </u>			8-11-
DOH ·	iustification)	9	Name of	Contac	z .		reie	Militarian Marian	-61			
DCA	☐ Cancellation		M.1	TUBE	RTUS				Q.S			-
		×.	FACIL	ITY INF	ORMATION				40		_	
lame of Facility Whe	ere Abatement is Taking Place	æ (3)				Type of Facility	(4)					
						School (K-12))					
M. HUBER	103					D Subchapter 8	(Othe	than K-12)				
Street Address						Other (i.e. pri		commercial	building	j s,		
TAFT DR	SWE .					homes, etc.) Square Feet		Floors	Bidg.	Ana		
City (5)		•				Square reet	1	Floors		100	710-20	
SHORT HIL	is.					3100	3		87	yr.	<u> </u>	
County (6)				Code (7) (STATE USE	Current Use (Pr		eing demolis	ned)	•		
essex	100 28 8		ONLY)			RESIDENC			•			
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Name of Monisoning (8)	I BILL LIEUE BY SHIREIN SHILE	- 1"				emoval I						
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Street Address						River St						
7 7					City, State, Zip C							
City, State, Zip Code					Un also	sack, N.	.T	07601				
						Back, IV.	1 (:	nse No.				
Project Manager for	Monitoring Firm	Tek	ephone No.	1000	Telephone No.	7111		0388				
			70.00		201-329-		1 0	0300				
Start Date (10)	. Scheduled Co	ompletio	n Date (11)		Name of OSHA	Monitor	+ 2 1	Inc				
	1-18-2	213			Omega En	vironmen	Lal	THE				
Occupancy Status D	1-18-2e During Abatement (Check on	y one)			Street Address	1 0 +						
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Li Facility Closed/Va	ecated During Entire Period omned Outside of Normal Faci	ity Hou	incil IS		City, State, Zip C	Code				;		
Other - Describe:					South H	ackensac	ek,	N.J. ()760	6		
Scope of Work (Che										107.76	570	
			pr Des	ovation		Containment with Enclosure	Negal	we ressur				
m≥3sfor≥3ff			200000000000000000000000000000000000000	nolition	III Glow	ehan Procedure			2.5			
D ≥ 160 af or ≥ 260	W. H				· □ Non-	Exempted (") an	d Non-	Friable Proc	edure	-	-	
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	15	- N	ormally		D						m	T
	ocation of paining Material (ACM)		Solely by	Ach	Description estes Containing M	atorial (ACM)		Amount		_		9
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Name of Registeroo	d Waste Hauler		DEP Waste	Hauler	Cubic Yards of	Name of Reg	stered	Langitii				
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City, State	10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	076	01		Disposal Date	Waynes	bur	, Oh				
Hacl	kensack, N.J.	0/6	OI	11	1-18-2013	, adynes		,	Date		_	
Completed by	Tale			6.50	Signature	3 4 2 4				2		,
R. Veldran	Esti	nato	r		R. Valdra	M			1-7	- 20	113	<u> </u>
IN A RETUIL OF					-	d - off diam						

Date of Notification (1)	2	Name of Build	ing Owner/Operate	or (2)	1/6		1	3
Accept Notified True Notified	2	E	dwar d		winket !		1.5	7
Agency Notified Type Notification	English of the second second	Street Addres	s in the	A 72	The state of the s	- 17	n The	7,17
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DOL Amendment #	. sop.	Oity, Gtate, Zij	Ras a	. N	15 07	ラハア		EV.
☐ Emergency (ind justification)	luding	Name of Cont	act DECY DE	N V	I Ielephone Numb	101		No.
DCA Cancellation		Edi	Bullwink	el ·	AND MODE MARKET	and the same of th	-	
		The state of the s	FORMATION		J	7		_
Name of Facility Where Abatement is Taking				Type of Facility	y (4)		-	
Dingle tamily	Dw	elling		☐ School (K-1	2)			
Street Address	7-1	7		☐ Subchapter	8 (Other than K-12)			
Ule Hard	y Ka			homes, etc.	rivate & commercial t	ouildings,		
City (5) Red Bank	TILL	A7-	101	Square Feet	# of Floors	Bldg. Age		
County (6)	100	County Code /	O L		2		4-	
Mannowyl		ONLY)	7) (STATE USE	Current Use (F	rior if being demolish	ed)		
Name of Monitoring Firm Hired by Building On	wner ASCN	1 No.	Name of Abater	nent Contractor (0)			
(8) EPC Technologies		NA	FP			_		
Street Address		-//	Street Address		nologies,	Anc		
P.C. Bex 337				P.O. Bo	x 337			
New Egypt NJ	AC 5 2 2		City, State, Zip	Code				
Project Manager for Monitoring Firm	Telepho	ne Ne	Neu	Egypt	NJ OF	3233		
Steve Schenker		58-3 <i>365</i>	1 & 25g		1 7 70 50 115 12	38.4		
	Completion Da	ite (11)	609-758 Name of OSHA	Monitor	00,	244		
1-18-13 1-	21-13	3	Epc	. Techn	closies -	Tax		
Occupancy Status During Abatement (Check of	only one)		Street Address	<u> </u>		-//		-
Facility Closed/Vacated During Entire Period	d of Abatement	*	P.C	Bex ,	337			
☐ Abatement Performed Outside of Normal Fa☐ Other – Describe:	cility Hours		City, State, Zip C	ode	NIT OF	1-27	5002	
Scope of Work (Check all that apply)			New	=gyp+	142 08	3533		
2 3 sf or ≥ 3 lf		Renovation	□ Full (Containment with	Negative Pressure			
□ ≥ 160 sf or ≥ 260 lf		☐ Demolition		Enclosure bag Procedure				
· · · · · · · · · · · · · · · · · · ·			□ Non-	Exempted (*) and	Non-Friable Proced			
. *	Is Location	500 F	•%		42		ateme Type	ent
Location of Asbestos-Containing Material (ACM)	Used Solel	y by	Description of		* 8	IT	1	T
TO BE ABATED	Maintenan Custodia		tos Containing Ma , thermal systems		Amount (Specify	20 -	Enc	E
IN Facility (13)	Staff?		surfacing, VAT, other miscellane		SF or LF)	Removal	Encapsulate	Enclosure
()	(12)		other miscendile	ous)		<u>à</u> =	late	ure
	Yes No	N/A			10.4			
bosement	x	Air	Duct wi	th Papen	10 LF	X		
1 Floor Kitchen	x	Air	Duct with	Papen	20 LF	- 🛪		
							1	
Name of Registered Waste Hauler	LNIDERW	aste Hauler	Cubic Vanda of 1	V			丄	
	ID No.	- .	Cubic Yards of Waste	Name of Regist				
EPC Technologies		1000	1	Waste	Managem	ent		
City, State			Disposal Date .	City, State		1		\neg
10.0			1-21-13	Monnis	Office .	A		- 2
Steve Schenker Title Pre	sident		Signature ST	1226	Da		2	
		or ashestos line	nsure exempted a	of July	1	-8-1	<u> </u>	

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

Date of Notification	1 (1)			ding Owner/Operato	r (2)	9000						
1-4-12			MAGGIE	KONNEK	ı	RECEIV	En_					
Agencies Notified	Type Notificat	ion S	Street Addre	ss LWOOD TERRAC	E 2013	JAN 10 PM						
[]DEP	Notifica	tion	City, State,	Zip Code	7	10 PM	2: 58					
[X]DOL	[]Amended			L,NJ,07006	, ADM	Taras par	ī					
[X]DOH	Notifica		Name of Cont	act	Teleph	one Number	Hat	_				
174) BESSER	[]EMERGENCY	1 1	MAGGIE		1	Sing Con Part		· N				
[]DCA	[]Cancellat	ion				.2						
			FACII	ITY INFORMATION	F		8					
Name of Facility Who Same as above		s Taking	g Place (3)		Type of Faci							
Street Addres	M					apter 8 (Other (i.e., privat						
20 KNOLLWOOD TERRACE					cial	buildings, ho		etc.)				
			C) T	h	Square Feet		-	dg. A	ge			
City (5		ounty (6	o) Essex	County Code (7) (STATE USE ONLY)	2700	(Prior if bei		84 	(bod)			
CALDWELL		ESSE					ing der	MOTISI	lear			
Name of Monitoring I Owner (8)	Firm hired by E	uilding	ASCM No.		ement Contract							
N/A Street Address			Street Address						00X - 77			
Street Address					stopher S	t.						
City, State, Zip Coo	le			City, State,								
Project Manager for	Monitoring Fir	m Tele	ephone Numbe	Telephone Nu	Telephone Number License Number (973) 744-8800 00371							
Month 1 Day 14 Yea Occupancy Status Dur [X]Facility Clo	ar 2013 Mon ring Abatement sed/Vacated Du	th 1 Da		N/A	¢.		· ·					
of Abatemen []Abatement Pe Hours - Desc []other - Desc	rformed Outsideribe: «OffHours	Descrip	ot»	Y City, State,	Zip Code							
Scope of Work (Check			Deberry.									
[X]>3 sf or []>160 sf o	≥3 lf	[X]]Renovation]Demolition	[]Mini [X]Glov	Containment v -Enclosure ebag Procedure Friable Proced	a .	Pressi	ire				
		1	Is				Aba	temen				
Asbestos-Cor Material TO BE AB In Facil	ntaining (ACM) ATED Lity	No S By te Cus	cation ormally Used tolely Main- mance/ stodial iff (12) No N/A	Descripti Asbestos-Co Material (i.e., therma insulation, sur	ntaining (ACM) al systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E E E E E E E E E E E E E E E E E E E			
Basement	<u> </u>		X	Pipe insula	tion	60 lf	X		-			
Name of Registered V		Hau	DEP Waste	Cubic Yards of Waste 1.5	Name of Reg	gistered Landi	řill		土			
City, State		1 /	7040	Disposal Date	City, State	•						
Montclair, NJ	07042			1-16-2012		ille, PA	1906	57				
Completed By (Print or Type) Title Si Constantine Vivian President					e 1	-1	Date		7 1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) January 7, 2013		Name of Building	Owner/Ope Ameri	erator (2) ican Building 2/ Re	novations (EM	211	13	
Agencies Notified [X] EPA [] DEP Type of Notificat [] Initial [] Amen		Street Address City, State, Zip C	ouc	incoln Avenue	IN 10 PM	?: 5g)		
[X] DOH [X] Emerg	gency (including cation) Ilation	Name of Contact Huey		Falls, NJ 07424	elephone Number		=	0.00	
	172	ACILITY INFORM						-	
Name of Facility Where Abatement is Taking Residence	2000	ACILITY INFORT	MATION	Type of Facility (4)	School (k-12)		8		
Street Address 805 South Drive				[] [x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)		115	cial buil	dings,
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 2500 sf	# of Floors 2		g. Age	50	
Brick	Ocean			Current Use (Prior if Residen	ce	l) 			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) in Contracting,	Inc.			
Street Address		to the second	Street A	ddress	oute 9, Unit 61			A CONTRACTOR	
City, State, Zip Code			City, Sta	te, Zip Code	iver New Iere	ov. 002	755 1	271	
Project Manager for Monitoring Firm	Telephone Numl	ber	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ne Number 9-9932	License N 00624		/33-1	2/1	
Scheduled Start Date (10) 1/8/13	Scheduled Comp 1/9/13	oletion Date (11)		OSHA Monitor	. Analytical				
	only one) d During Entire Period of Dutside of Normal Facilit		City, Sta	1056 Ste	elton Road	ey 088	54		
Scope of Work (Check all that apply) $ \begin{bmatrix} $		ovation nolition	[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*)	ire		ıre		
						Abat	ement	Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custod Staff (12) YES NO N/A	ial (i.d	Description bestos-Con Material (A e., thermal sulation, su VAT, of ther miscella	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidi	ng		2350 sf	Х			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hau 20223	3 4	ards of Was	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey	sposal Date 10/13	City, St Tullyt	ate own,∦ennsylvania	1	1 =				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	ten	ν	Date - 1/7/	2013		

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

CK# 1733

Date of Notification (1)		jaga at agus as jar gundynga bir	Name of Bullo	ling Owner/Operator	r (2)	1	A-1, \$11, \$1.13.			104112
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Agencies Notified	Type Notification	Ж	Street Address	IS .			w	10	137	
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DCA	Cancellation			RAIL		1000/2000	13.03	~	_	-
AND REAL PROPERTY AND ADDRESS OF THE PROPERTY					TO CONTRACT THE PROPERTY OF TH		100	CD	, 7.	~»·
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Street Address	the with high air effects the high early delight of high colors.	and the second second second and the second		Street Address	<u> ドバフバリ</u>	Tier Cu		10	<u>C</u> .	PETERS LANGE.
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City, State, Zip Code			CONTRACTOR DESCRIPTION	City, State, Zip C	VII VASSE	The first transfer of the second state of the second	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
· ·				COLTE	veels N	5 07722				
Project Manager for Mor	nitoring Pirm	Tele	phone No.	Talanhana Ma	Amora da Amora de Caracteria d	L License No			*******	alle de la lace
***************************************		-1	PTVITTE COMMENSATION CONTRACTOR C	732-294	1757	0002	9			
Start Date (10)	Sch	eduled Comple	tion Date (11)	Name of OSHA N	Monitor		Season por la Trans	****	#41000310100	*********
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Occupancy Status Durin			WINDS TO THE WAR AND THE WAR A	Street Address	the manifestation and the same of the manifestation					
Facility Closed/Vacate					JIRONE 1	(1)				
Abatement Performed Other - Describe:	TAM -	at Facility Flour	\$	City, State, Zip C	ode o lar - i i	22.5)>	7		
Scope of Work (Check a				1 60111	Vialle	NS 02	/ 6	120000	er er er er er er	**/******* *********
	п спас арулу)			[] Full Con	tainment with N	egative Pressure				
3 sf or ≥3 lf 2160 sf or ≥260 lt		Renovation		Mini-End	losure g Procedure					
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TO BE ABAT IN Facility	502	Staff?	(1.0.	, thermal systems in surfacing, VAT,	or	SF or LF)	Remove	Repair	Encepsule	nolo
(13)		(12)		other miscellaneou	us)		0.0	(v)	SEI.	Endosure
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Completed By	Tille	NUMBER OF STREET STREET OF STREET	******************	Signature(Date	10 to			
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B-41		***************************************	control apartic control		CONTRACT CONTRACTOR AND A SERVICE OF THE PERSON OF THE PER	www.com.com.com.com.com.com.com.com.com.com	******			

NO 2010/98/8807

SEE ATTACHED	OPEN FILM	UG (1	-		Signature 12:10	(2)			J.C.	`	7
	-13		Name	of Building	Owner/Operator	DCENT	TECHNOLOG	ME	3	<u> </u>	
Agencies Notified	Type Notfication		Street		MOUNTAI		• 🐇	10/	Le.		1
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Street Address	OUNTANU	AND				homes, otc.)					_
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Name of Monitoring Fire	m Hired by Building () wner	ASCM	No.	Name of Abatem	PRO. IN	c.			- 12 N	
(8) HULMAN	EDVIEWN	1ZUTAL	1								
Cross Address					173	KARKUS	AVE .				_
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City, State, Zip Code	NJ.	07	803		WOOD	BRIDGE.	NJ.		_		=
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Project Manager for Mi	ET.SAN	9	08-688	-1800					=		
Start Date (10)	Sche		npletion Da	te (11)	Name of OSHA	Monttor	JUI ROWHEN	THE			
1-10-1)	1-12				MAD CA	30.1-4011-12				=
Occupancy Status Dur	ing Abatement (Cho	ck only or	ne)		Street Address	POUTE 2	2 EAST				
ComedNar	ated During Entire Pe	eriod of Au	Mement		City, State, Zip	Code					-
Poderm	ed Outside of Norma	I Faculty I	TOUIS	25	UNI		0780	3			
Other - Descripe,		KGKOU	NO TH								
Scope of Work (Check	all that apply)					ontainment with No nclosure	gativo Pressuro	-			
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NEWARK	CARTING.	120.	172	<u> </u>	Disposal Date	City, State	NC. 1115	PA			
City, State NEWARY	E N.T.				1-12-1		USVILLE, 1				=
Completed By	1 110	<u>e</u> ,	- 1		Signature	vid T. To	lale 1-	8-	13		
DAVID T.	TOLCHIN	PRES				VIA					

-FOR ZO13 -OPEN FILING

Date of Notification (1)									1	,
01-	-04-13		ING		ding Owner/Opera				U	BA
Agency Notified	Type Notification		CI	eet Addres	CATEL	LUCENT	TECHN	OLOG	IE	3
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ame of Facility Where						Type of Facility	y (4)			
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ty (5)						Square Feet	# of Floors	DU		
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ounty (6)	17 1166	101	0/0	174		300,000	5	69	_	+
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me of Monitoring Firm	Hired by Building (Owner	ASCM No.		Name of Abeta	OFFIC ment Contractor (S	-62			
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# ICLMANNET	UNCONMEN:	AL			UNIPA	EO, INC.				
PEL MODIESS					Street Address	111001				
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, State, Zip Code					1/3 K	ARKUS Code	AVE.	32		
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MIKE NE	ZSON Schedule	90 d Completio	08 · 688	7800	132-7	26.3111	006	15		
MIKENE	250N Schedule	90 d Completio	08 · 688 on Date (11	7800	/32-7 Name of OSHA	Monitor				
MIKE NE I Date (10) OPEN	250N Schedule	90 Completion	08 · 688 on Date (11	7800	/32-7 Name of OSHA	Monitor				
MIKE NE ort Date (10) OPEN cupancy Status During	Schedule Schedule Check	OPEN only one)		7800	/32-7 Name of OSHA	26.3111 Monitor ANN ENV				
n Date (10) OPEN cupancy Status During acility ClosedNacated	Schedule Schedule Abatement (Check	Of Completion PEN only one)	mant	7800	Name of OSHA HILIMA Street Address	Monitor ANN ENV	(RONMENT			
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Date of Notification (1)		11	iame of	Building Owner	Operator (2)	MALO	APE	RO	jēD	-	
1/4//3 Agencies Notified Type Notification		- 1	OU Street Ad	R LADY	OFG	RACE CHI	wer hoppy	deal	the.	Segio	r.Se	
	4	1		S DELA	24. 01	•	- BONT	150	Prature	20		
EPA X Initial X Initial X DEP Amended Amendment #		-	The Chris	e, Zip Code			& / 1 9 / h	100			X.3	
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DOM justification)		,	FRE	CONTRACTOR OF THE PARTY OF THE	JOE				7.5			
<u> </u>			FACIL	ITY INFORMA	TION							
Name of Facility Where Abstement is Taking	Place (3)	<u> </u>			· 1	Type of Facility	(4)					
RECTORY OUR LARY	of o	-12cgc	ÇŽ		- 1	School (K-	12)					
Street Address							8 (Other than K-12)					
395 DELAND PL				409		Other (i.e.)	private & commerciai	DUNK	ngs.	nome	в,	
Offy (5)				•		Square Feet	# of Floors	4	dg. A	ge.		
FAMORE					į.	2 000	2	6	0			
County (6)			County C			Current Use (Pri	or if being demotishe	d)	ne conce	319-55-52		
BERGER				SE ONLY	1	RECT						
larne of Monitoring Firm Hited by Building O	wher (8)		ASCM	No.		of Abatement Co						
	-			., ., .		A. Mac Contracting Inc.						
Street Address			11		Street Address 105 Lowell Road							
	·				105 Lowell Road							
City, State, Zip Code						y, State, Zm Code Hen Bock, N. ! 07452						
						len Rock, N.J. 07452						
roject Manager for Monitoring Firm						phone No. License No. 01-262-5841 D0156						
Vand State (457)	04-27	1										
Start Dete (10) / 13	; and recipies	7.5	-//)	raic (11)		Name of OSHA Mondor Omega Environmental Services Inc.						
Occupancy Status During Absternent (Check	Coly On	1				Address						
- var A som som som seen som menter			ument.	- 3	- Company (1985)	Huyler Street	\$6 300					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm					L	late, Zip Code				********		
Other - Describe:						kensack, NJ (7606					
Scope of Work (Check All That Apply)				~							-	
N Mator 23 H	PC .	enova	tion			Full Contains	nent with Negative Pr	essur	e			
≥160 st or ≥260 lf		emolit			TXIXI.	Mini-Enclosu	ге		-			
					۴	Glovebag Pro Non-Exempte	boedure ed (*) and Non-Friabi	e Prod	edun	e		
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Location of	1	ionnal	ly ·		Descáption	n.			Ty	φe		
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TO BE ABATED		nnena todial S				, noiteluarie	(Specify SiF or LF)	Removal	교	Encapsulate	Enclosure	
in Facility (13)		(12)			facing, VA r miscellar		ar or Lr)	nov	Repair	nsd	130	
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BASEMENT & STAR LANGUE			X		PIPE		3015	X			_	
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Jame of Registered Waste Hauler	1	I N	JDEP W	laste De	sc Yards	Name	f Registered Landfill	1	L	i	i	
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	0785		İ			rechts)		h.				
City, State				posal/Date	1							
Riverdale, New Jersey 07457					1	ehem, PA 18015						
Completed by	Title				Signatur	Max /	7 Da		1	>		
R. McDonald	ries	ident			1/4.9	1 //00/		1/-	1/1.)		

ASB-41 (R-06-08)

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

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

Date of Notification	(1)	ĮN	ame of Build	ling	Owner/Operator	(2)	RECEN	i m m		N				
1-4-2013			Mr. Beed	ck				CU						
Agencies Notified	Type Notific	ation	treet Addres			2013 JAN 10 PM 2: 58								
[]EPA	[X]Initial	- 1	25 Linwo	ood	Terr									
[]DEP	Notific	ation	ity, State,	Zip	Code	A PA	ESTRE DE	ttee a						
[X]DOL	[]Amended Notific		Caldwell	L,N	NJ,07006 & LICENSING									
[X]DOH		l N	ame of Conta	ct		Teleph	one Number	1617	では					
[]DCA	[]EMERGENO		Mr. Beed	ck		- UE								
	[]Cancella	tion								i				
Name of Facility Whe	re Abatement	is Takino	TOTAL STATE OF THE	LTY 1	NFORMATION	Type of Faci	lity (4)	***************************************						
Same as above		¥				[]School	Section -							
Chroat Address		19 in				[]Subcha	pter 8 (Other							
Street Addres					100	[X]Other (i.e., private & commer- cial buildings, homes, etc.)								
25 LINWOOD TERRACE						Square Feet	# of Flo		dg.					
City (5		County (6		G G 7 7 7 1	nty Code (7)	1400	2	1	193	-				
CALDWELL		ESSEX	5	(ST	ATE USE ONLY)	Current Use	(Prior if be	eing de	noli	shed)			
Name of Monitoring F Owner (8)	irm hired by	Building	ASCM No.		Name of Abate									
N/A		· ·			Vessor 2000 2 2000 2 2 2	IANAGEMEN'	r, inc.	-		- 1	7.			
Street Address					Street Address 86 Christopher St.									
Oite Otate Die Oak							.							
City, State, Zip Cod	e				City, State, Zip Code Montclair, NJ 07042									
Project Wanager for	Wanitaring Fi	vm Mole	mhono Wumbo			The second secon			17	U				
Project Manager for	Monitoring Fi	N/Z	phone Number A		Telephone Numb (973)744			License 0037		ber				
Scheduled Start Date	(10) Sche		tion Date (1	1)	Name of OSHA									
Total Deal of Date	(10) Delle	d. Compre	cion bace (i		N/A	AOIII COI				2				
Month 1 Day 15 Ye			y 16 Year 20	13					100000					
Occupancy Status Dur [X]Facility Clos					Street Address	3								
of Abatement	:				0									
[]Abatement Per Hours - Descr			-		City, State, 2	Zip Code								
[]other - Descr	ibe: «Other O	ccupancy 1	Descript»											
Scope of Work (Check	all that app	ly)		+	F 177 11 4			_						
[X]>3 sf or	>3 lf	[X]	Renovation			Containment w Enclosure	ith Negative	Pressu	ire					
[] <u>></u> 160 sf o	r ≥260 lf	[]	Demolition			bag Procedure								
		T	Is		[]NOU-F	riable Proced	ure	Aba	teme	nt 1	'vpe			
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Basement			X	PIP	E INSULAT:	ION	120 LF	X						
	9 .													
Name of Registered Warrech MANAGE		C Hau	EP Waste ler ID No. 040	D 1007 (c)	ic Yards Waste 1.5	G.R.O.W	istered Land. ${\sf S}$.	fill						
City, State				Dis	posal Date_	City, State	7							
Montclair, NJ	07042			1000	-17-2013	Morrisvi	lle/PA	1906	7					
Completed By (Print	or Type) Tit	10			lei e a trus	1_/_	1/	b ·						
Constantine Vi		esiden	t		Signature	++	1/	Date 1-4-2	013					
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= = = ===						1 /	420 1000			7.5				

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

NECK# 9009

reet Addr 1101 In ity, State, Philace ame of C Ryan I FACILIT	North 31st Zip Code delphia, I ontact Bailey TY INFORMATI	Str	Type of Facility (4 School (K-12 Subchapter Other (i.e. pretc.) Square Feet 2,500	2) 8 (Other than K-12) rivate & commercia # of Floors	oer I buildir		omes			
1101 No. 110	North 31st Zip Code delphia, I ontact Bailey TY INFORMATION and (7)	PA 1	Type of Facility (4 School (K-12 Subchapter Other (i.e. pretc.) Square Feet 2,500	Telephorie Num 2) 8 (Other than K-12) rivate & commercia # of Floors	oer I buildir		omes			
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County Co	ode (7)		School (K-12 Subchapter Other (i.e. pretc.) Square Feet 2,500	2) 8 (Other than K-12) rivate & commercia # of Floors	buildir	igs, hi	mes			
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STATÉ US	ode (7) SE ONLY)		2,500			g. Age		<i>i</i>		
STATÉ US	ode (7) SE ONLY)		2,500	3	6					
	E ONLY)		Current Use (Price	or if being demolish	100					
ASCM N			vacant	tenator (0)						
	No.	Name of Abatement Contractor (9)								
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		City, S								
	Na .	Telephone No. License No.								
356-22	24-0080	610–239–9920 00398								
pletion D	ate (11)	Plymouth Environmental Co., Inc.								
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tion ion			☐ Mini-Enclosur	e cedure						
		Non-Exempted (*) and Non-Friable Procedure								
on					Abatement					
ly ly by nce/ Staff?	Asbestos Co (i.e. therm surf	ntaining al syster acing, \	Material (ACM) ms insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
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Hauler ID	No. of V					Reco	vei	Э		
1750.	1	osal Da		ate						
1-25-13 Tullytown, PA							ate			
siden	t	Signat	imp let	ly	1-7-	-13		_		
3 F tio	ent ion on by ly by oce N/A JJDEP V Hauler ID 1730	on on y y y y y y the staff? N/A pipe in flue pa VAT VAT JDEP Waste Hauler ID No. 17304 Disp	city, since 1923 City, since 224-0080 pletion Date (11) pletion Date (11) cent con y Description Asbestos Containing (i.e. thermal system surfacing, vother miscell N/A pipe insulate flue packing VAT NJDEP Waste Hauler ID No. 17304 Disposal Data 1-25-1 Signat Signat City, since Pletion Date (11) Name Pletion Date (11) Stree 92. City, No. City, No. City, Stree 92. City, No. City, No. City, No. Pletion Date (11) Pletion Date (11) Stree 92. City, No. City, Stree 92. City, No. City No. 1 Signat Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA Selephone No. 656–224–0080 Pletion Date (11) Plymouth Envi Street Address 923 Haws Avenue City, State, Zip Code Norristown, P City, State, Z	Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Telephone No. 610-239-9920 Dietion Date (11) Name of OSHA Monitor Plymouth Environmental City, State, Zip Code Norristown, PA 19401 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) N/A Pipe insulation In the packing A SF VAT Signature Signature City, State Tullytown, PA Signature City, State Tullytown, PA	Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Telephone No. 610–239–9920 Deletion Date (11) Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Ton Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Ton Description of Non-Exempted (*) and Non-Friable Proceedings in Street Address Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Ton Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) N/A Pipe insulation Flue packing VAT Disposal Date 1–25–13 Name of Registered Landfill Tullytown, PA Date 1–7- Date 1–7- Date 1–7- Date 1–7-	923 Haws Avenue	Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Telephone No. 56-224-0080 610-239-9920 00398 Name of OSHA Monitor Plymouth Environmental Co., Inc. Street Address 923 Haws Avenue City, State, Zip Code Norristown, PA 19401 Full Containment with Negative Pressure City, State, Zip Code Norristown, PA 19401 Full Containment with Negative Pressure City, State, Zip Code Norristown, PA 19401 Full Containment with Negative Pressure City, State, Zip Code Norristown, PA 19401 Full Containment with Negative Pressure City, State, Zip Code Norristown, PA 19401 Full Containment with Negative Pressure City, State, Zip Code Norristown, PA 19401 Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) N/A Pippe insulation Full Containment with Negative Pressure City, State Tullytown Resource Recover Type Abatement Type Abat			

Date of Notification (1) Name of Building Owner/Operator (2) 1-7-13 Pennrose Properties Agencies Notified Street Address Type Notification 1101 North 31st Street **EPA** Initial City, State, Zip Code DEP П Amended Philadelphia, PA Ø DOL Amendment # 19121 Ø Emergency (including Name of Contact Telephone Number Ø DOH justification) Ryan Bailey DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 165 Monmouth Avenue School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 165 Monmouth Avenue City (5) Square Feet # of Floors Bldg. Age Trenton, NJ 2,500 3 65 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) Mercer vacant. Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Avenue City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm Jack Carney Telephone No. Telephone No. License No. 856-224-0080 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1-9-13 1-23-13 Plymouth Environmental Co., Inc. Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf П Renovation X Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure 幫 Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, Enclosure (Specify Remova Repair Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A basement. pipe insulation 200 LF X X 4 SF X basement X flue packing 1st floor 125 SF x VAT х Name of Registered Waste Hauler NJDEP Waste Name of Registered Landfill Cubic Yards Hauler ID No. of Waste Robinson Waste 30 Tullytown Resource Recovery 17304 City. State Disposal Date City, State Bellmawr, NJ 1-25-13 Tullytown, PA Completed by Title Signature Date James Kelly President 1-7-13

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 1–7–13					of Buildin			(2)	113 SA	V10	٠٠. ا <u>در</u>	163		-		
Agencies Notified Type Notification					Name of Building Owner/Operator (2) Pennrose Properties Street Address 1101 North 21st Street											
		1101 North 31st Street														
XI EPA ☐ DEP XI DOL	☐ Initial * ☐ Amended Amendmen	t#	niii coole	City, S	State, Zip (Code		19121								
DOH DCA	Emergency justification)	Name of Contact Telephone Number Ryan Bailey										,	<u> </u>		
					CILITY IN	-	ION			-		-	-	- 6		
Name of Facility Where 153 Monmouth	Abatement is Takir	ng Place ((3)					Type of Facilit	ty (4)							
Street Address 153 Monmouth		School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, hometc.)									nes,					
City (5) Trenton, NJ						****		Square Feet 2,500	#	of Floors	T	Bldg.	Age			
County (6) Mercer					Code (7)			Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm EHS Environme		Owner (8))	ASC	M No.		1	of Abatement C			-			7		
Street Address	incar, inc.	440-50-55						nouth Env.	ronn	ental	Co.,	Inc	•			
411 Southgate	Court, Suit	e E						Haws Avenue								
City, State, Zip Code Mickleton, NJ				City, S Nort												
Project Manager for Mon Jack Carney		one No. 224–00	80		hone No. License No. —239—9920 00398											
Start Date (10) 1–9–13	mpletion	npletion Date (11) Name of OSHA Monitor Plymouth Envi					vironmental Co., Inc.									
Occupancy Status During	Street Address								•							
▼ Facility Closed/Vaca	222 122 123 124 125 1						923	23 Haws Avenue								
☐ Abatement Performe ☑ Other – Describe:	ed Outside of Norm	nal Facility	/ Hour	rs		81		State, Zip Code								
3355 <u> </u>	171 17 18					PA 19401										
Scope of Work (Check Al	I I nat Apply)						220									
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	vation															
		Т.			Γ			Non-Exempt	ed (*) ar	nd Non-Fri	35010511150					
Location	of	1	Locat Norma	lly									tement Type			
Asbestos-Containing TO BE ABA			d Sole intena			stos Conta	aining Ma	aterial (ACM)		Amount	33		ш			
In Facilit (13)		Cust	odial (12)	Staff?	(i.e.	surfac	systems ing, VAT niscellane	insulation, , or eous)	SF or LF)		Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A		2					1 20		ate	ē		
basement			x		pipe	insul	ation		200	LF	x					
basement			x		flue	packi	ng		4	SF	x					
1st floor			х		VAT				125	SF	х					
Name of Registered Waste Hauler N.					/aste	Cubic	/arde	ards Name of Registered Landfill								
Robinson Waste				17304	No.	of Was	te			Resou		Reco	ver	У		
City, State Bellmawr, NJ	*					Disposa	al Date	City, Sta	te							
Completed by		Title					gnature	1/0/2/	\ \		ate			1110		
James Kelly	<u> </u>	100000000000000000000000000000000000000	res	ident	*		mok	is fell	1		1-7-1	3	1	9		

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

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Date of Notification (1)					of Building Own			4.5	C CAR	1/12	P3 .	10			
1-7-13					Pennrose Properties 2013 JAN 10										
Agencies Notified T	ype Notification					4 . ~.		10 04	14 10 P	1 0					
XI EPA		#		Street Address 1101 North 31st Street City, State, Zip Code Philadelphia, PA 19121 & LIC Telephone Number Ryan Bailey											
Ø DOH	Emergency justification)	(including	_												
		CILITY INFORM	ATION						-						
Name of Facility Where Aba		g Place (3	3)	170	CILITI INI OKW	ATION	Туре	of Facility	/ (4)						
Street Address 163 Monmouth Ave					*		D XD	Other (i.e.	-12) er 8 (Other th private & co			ldings	, hon	nes,	
City (5) Trenton, NJ			Squa	etc.) ire Feet 500	# of Flo	ors		Bldg. 65	Age						
County (6) Mercer			1		Code (7)		Current Use (Prior if being demolished) Vacant								
Name of Monitoring Firm Hir EHS Environment		Owner (8)		ASC	M No.		me of Abatement Contractor (9) lymouth Environmental Co., Inc.								
Street Address 411 Southgate C	ourt,Suit	e E				Street	et Address 3 Haws Avenue								
City, State, Zip Code Mickleton, NJ	City, State, Zip Code Norristown, PA 19401														
Project Manager for Monitoring Firm Jack Carney					one No. 224–0080	Teleph	hone No. License No. 0–239–9920 00398								
Start Date (10) 1-9-13		Date (11)	Name	e of OSHA Monitor ymouth Environmental Co., Inc.											
Occupancy Status During Ab	Street Address								TIIC	•					
☑ Facility Closed/Vacated During Entire Period of Abaten															
☐ Abatement Performed C ☑ Other – Describe:	Outside of Norm	al Facility	Hours	City, State, Zip Code Norristown, PA 19401											
Scope of Work (Check All Th	at Apply)					1.02			11 15401						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	tion ion		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure												
		70000	ocati									Abatement Type			
Location of Asbestos-Containing Mat	erial (ACM)		ormali Sole	•		Description		(ACM)	Amour			Γ,	İ		
TO BE ABATE! In Facility (13)		Custo	ntenar odial S (12)		(i.e. therm sur		insulation, (S		(Specif SF or L	ý	Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									ė		
Exterior					door & wi	indow o	aulk	ς	540 LF		x		4		
Name of Registered Waste Hauler N					/aste Cubi	c Yards		Name of	Registered L	andfill					
				auler ID 17304	No. of W	anta	30 Tullytown Resource Recovery								
City, State Bellmawr, NJ						osal Date 25–13		City, Stat	e Cown, PA						
Completed by Title				ident		Signature	201	(000		Date	-7–1	3	9		

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Date of Notification (1)			Name of Building Owner/Operator (2)														
1-7-13				Pennrose Properties Street Address 2013 JAN 10 Du a													
Agencies Notified	Type Notification			1101 North 31st Street 70 PM 2:58													
XI EPA ☐ DEP ☑ DOL	☐ Initial ☐ Amended Amendment		_ [ate, Zip C ladelp	ode hia, F	PA 1	2 111 - W MA									
DOH DCA	Emergency (justification) Cancellation	including			of Contact			Te	lephone N	umber							
L BOX	Lay Gariconation					ORMATIC	N				-						
Name of Facility Where 157 Monmouth		g Place (3	3)		41			Type of Fa	acility (4)	1.0							
Street Address 157 Monmouth		□ School (K-12) □ Subchapter 8 (Other than K-12) ▼□ Other (i.e. private & commercial buildings,										es,					
City (5)				w=				etc.) Square Fe	et # d	of Floors	E	Bldg. A	\ge	-			
Trenton, NJ				2,500 3								65					
County (6) Mercer				County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished vacant													
Name of Monitoring Firm		Owner (8)		ASCM No. Name of Abatement Contractor (9)													
EHS Environme	ental, Inc.			Plymouth Environmental Street Address								Co., Inc.					
411 Southgate	Court, Suit	e E		923 Haws Avenue													
City, State, Zip Code Mickleton, NJ 08056							City, S Nort		PA 19401								
Project Manager for Monitoring Firm Jack Carney					ne No. 224–00	CONTRACTOR OF		one No. -239 - 99	20	License No. 00398							
Start Date (10) 1-9-13	ed Cor	npletion	Date (11)			me of OSHA Monitor Plymouth Environmental Co., Inc.											
Occupancy Status Durin	ne)		120000000000000000000000000000000000000			Address	1										
□ ▼ Facility Closed/Vacated During Entire Period of Abate								3 Haws Avenue									
☐ Abatement Performed Outside of Normal Facility Hou ☐ Other – Describe:							70		ite, Zip Code ristown, PA 19401								
Scope of Work (Check A	II That Annly)						Nor	ristowi	1, PA 19	401							
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		1000000	Renova Demolit				X1 	Mini-End	g Procedure								
					T		empted (*) an	ed (*) and Non-Friable Procedure Abatem									
Location	n of	1	Locati Iormal	ly		Desc	cription	of			Туре						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used So Mainter Custodia			intena	nce/		stos Conta	ining M ystems ng, VA	laterial (ACI insulation, T, or	(5	Amount (Specify SF or LF)			Encapsulate	Enclosure			
		Yes	No	N/A									fe				
basement			х		pipe	insula	atio	n	20	0 LF	Х						
basement			х		flue	packin	ng			4 SF	х						
				-	ļ						+-						
Name of Registered Was	ste Hauler		IN	JDEP V	Vaste	Cubic Y	ards	Nar	ne of Registe	ered Landfil	1						
Robinson Waste				1730	No. 4	of Wast	e 30	0 Tu	llytown			leco	ver	У			
City, State Bellmawr, NJ						Disposa 1-25			, State llytown,	PA							
Completed by James Kelly		Title	Pres	ident	. .	Sig	nature //	n6/	Me	1	ate I – 7 – 1	3					
ASB-41 (R-06-08)	3			į.			Do no	t use this fo	rm for asbest	os licensur	e exem	pted	activit	ies.			