The state of the s		114.00		to NJAC			' (Kecki	1805	6				
Date of Notification (1) 1/10/13			Name o	f Building (rtholome	Owner/O	perator	(2)	ECEN	/En	•				
Agencies Notified Type Not		- 1	Street A		7		013 J	AN 14 P	H 2: !	ริล			ī	
DEP Ame	ended		City, Sta	ate, Zip Co	de									
Eme	endment # ergency (including	-	East E	runwick,	, NJ 08	38166	365	elle d	110	BL				
	fication) cellation	- 1		f Contact on Jack K	(enny		Őz.	LICENS	, il dienn	ADA KILIP	nnar			
		_		LITY INFO		ON								
Name of Facility Where Abatement	is Taking Place (3)	7) ESSURCES					Type	of Facility (4)						
Street Address			es e e e					School (K-12) Subchapter 8		nan K 13	٥١			
470 Ryders Lane								Other (i.e. privetc.)	ate & co	mmerci	al buil	(ii)		es,
City (5) East Brunswick							2150		# of Flo	0.0000000000000000000000000000000000000	4	lldg. A	ge	-
County (6) Middlesex				Code (7) USE ONLY)		_		nt Use (Prior			ed)			
Name of Monitoring Firm Hired by I	Building Owner (8)		ASCN	/ No.				tement Contra onmental S			8			
Street Address		11				Street A		s Orive, PO B	ox 483	3	-11			
City, State, Zip Code			11					p Code , NJ 07418	3					
Project Manager for Monitoring Firm	n		Telepho	ne No.		Teleph 973-5			Lio 70	cense N	0.			
Start Date (10) 1/19/13	Scheduled 2/2/13	Com	pletion	Date (11)		Name o	of OSH	A Monitor						
Occupancy Status During Abateme	nt (Check Only One)					Street	Addres	s		-10	7			
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	g Entire Period of Ab of Normal Facility H	atem lours	ent		_	City, St	tate, Zi _l	p Code					-	
Scope of Work (Check All That App	ly)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(promotion)	novat noliti				×	Min Glo	Containment i-Enclosure vebag Proced	lure				20	
						-	Non	n-Exempted () and No	on-Fnab	le Pro	Abate	7	
Location of	No	ocation rmall	y		Desi	cription	of					Ту	ре	
Asbestos-Containing Material (A TO BE ABATED In Facility (13)	Custoc (enan lial S 12)	taff?		os Conta thermal s	ining M systems ing, VAT	aterial insula r, or		Amou (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
CAMED	Yes	No	N/A	-		e			40.1		_			
roof MER			X		pipe	fitting	js		18 L	.F	x			
		sinocció												
Name of Pegistered Waste Haules		l NI	JDEP W	asto T	Cubic Y	'arde		Name of Re	nieterod	Landfill				
Name of Registered Waste Hauler Freehold Cartage		Ha	auler ID 939		of Wast			GROWS	7.00.000.000					
City, State Freehold NJ					Disposa TBD	al Date		City, State Morrisville	, PA					
Completed by Andrew Scott Higgins	Title Preside	ent			Sig	gnature	r_			Dai 1/1	te 10/13	3		



Date of Notification (1)	12	Nan	ne of Build	ding Owner/Operal					
Agency Notified Type Notification	13	Stre	et Addres	Jar	net K	poring	'dea.	2	
□ EPA □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □			et Addres	7/2	Chest	nut Stre	4	013	
DDEP Amended Amendment #		City	State, Zi	p Code	The residence of the second	The state of the s	Pipe I	77%	177.0
DOH DOH justification)	cluding	Nam	ne of Cont	act	BROO	K, NJ O	88	05	
□ DCA □ Cancellation			Jan	et Bon	ing .	· · · · · · · · · · · · · · · · · · ·			
Name of Facility Where Abatement is Takin	DI (8)		CILITY IN	FORMATION	7		_ u	-	
	_		_		Type of Facil		ラー	·.	ب 11
Single family Street Address			1		School (K-	12) r 8 (Other than K-12)			Ó
263 Ches	tnu	1 51	hee	+	ther (i.e. homes, et	private & commercial but	uildings	•	
City (5)					Square Feet		Bldg. Ag	je	-
County (6)	> K	NJ		7) (STATE USE	Current Head		75	57	-
		ONL		// (OTATE USE	Current Use (Prior if being demolishe	ed)		
Name of Monitoring Firm Hired by Building (STATE OF THE STATE	ASCM No.		Name of Abate	ment Contractor				
Street Address	s	~//	4	EP	C Tech	nologies,	Inc	15000	
P.C. Box 337				Street Address	P.O. Bo				
City, State, Zip Code		7 7		City, State, Zip	Code				
New Egypt NJ Project Manager for Monitoring Firm	085	ephone No.		Telephone No.	Eqypt	NJ 08	53	3	
Steve Schenker		9 758 -		609-758	-3365	License No.	BU		
Start Date (10) Schedule	Completic	on Date (11))	Name of OSHA			17		
Occupancy Status During Abatement (Check	only one)	1.3		E PC Street Address	- Techr	rologies, I	-nc	±1	
Facility Closed/Vacated During Entire Pend				<u></u>	Bex	227			
Abatement Performed Outside of Normal F	acility Hour	rs		City, State, Zip (Code	JJ 1.			
Other – Describe: Scope of Work (Check all that apply)				New	Egypt	NJ 08	533	3	
≥ 3 sf or ≥ 3 lf		. D Per	ovation	□ Full (Containment with	Negative Pressure			
□ ≥ 160 sf or ≥ 260 lf			nolition	Slove	Enclosure ebag Procedure				
	le I	ocation	T	□ Non-	Exempted (*) an	d Non-Friable Procedu		bater	ment
Location of	No	rmaliv		Description of				Тур	
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	Solely by enance/		Description of tos Containing Ma	aterial (ACM)	Amount .	_		m m
IN Facility	S	stodial taff?	(1.e.	thermal systems, surfacing, VAT	or	(Specify SF or LF)	Removal	Repair	Enclosure
(13)	(12)		other miscellane	ous)		oval	air	sure
0		No N/A	· ·						
Basement	X		Tip.	e Insul	ation	110 CF	x		
	+-+						-	\vdash	-
								+	+
Name of Registered Waste Hauler	NJDE ID No	P Waste Ha	auler	Cubic Yards of	Name of Regis				
EPC Technologies	ID NO	1700	00	Waste 2	Waste	Monageme	it		
City. State				Disposal Date	City, State				
NE NJ				1-24-13	Monnis	ville PF	7	0.25	(2) (2)
ompleted by Steve Schenker PRE	side	it		Signature S.	USC Sch	Date	11-	12	
		Lil (1)	estos lice	nsure exempted a	ctivities.	- / ·	11-	<u></u>	-

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0. 11919	N			OF ASB				F	ecc.	71	e 1		P	
Date of Notification (1) 12/29/12				f Building Kasdan		Operator	(2)	2013	JAN 14	- 61	ham En)	KDV	
Agencies Notified Type Notification X EPA X Initial		23	Street A 465 Ba	ddress aldwin R	Road		A	t sac	14	PM	2: 5	ોંઠ		
DEP Amended Amendment #_	į.			ite, Zip Co wood, N		40		& L	-ICENS	i,j	H	L		
Emergency (incl justification) DCA Cancellation	uding	(3)		f Contact Kasdan					Telephone	Nun	nber			
Cancellation				LITY INFO	lance of the same	ION			۲	e a lu				
Name of Facility Where Abatement is Taking Pl house	lace (3)		1 701	<u> </u>	JI WILL	ioit	Type of Fa	cility (4)						
Street Address 465 Baldwin Road					0		Subch		(Other than rate & comn			dings	, home	es,
City (5) Maplewood			Ľ.				Square Fee	et	# of Floors N/A	5		lldg. A	Age	
County (6) ESSEX				Code (7) USE ONLY			Current Us house	e (Prior i	f being dem	nolish	ed)		1	
Name of Monitoring Firm Hired by Building Own	ner (8)		ASCM	I No.			of Abatemer Abatemer		ector (9)					
Street Address			1			1	Address osengren	Avenue	e					
City, State, Zip Code						City, S	tate, Zip Coo	de						
Project Manager for Monitoring Firm	P	T.	Telepho	ne No.		Teleph	none No. 345-8685		Licen		Э.			
	hedule		pletion I	Date (11)		Name	of OSHA Mo		mood	1. 1			3-3-5-	
Occupancy Status During Abatement (Check O	77.00	la constitución					Address	IIFIL	MI	IV	1(-			
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	od of A acility	batem Hours	ent				tate, Zip Coo		J PUE	M.	il	-		
Other - Describe: Occupied							Totowo	1 /h	105		1			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enovat emoliti					Mini-Enc Glovebag	losure Proced	with Negati lure) and Non-F				e	
	1000000	Location	5000					. 10					ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	d Solel ntenar odial S (12)	y by nce/ staff?		tos Con therma surfa		laterial (ACM insulation, T, or	1)	Amount (Specify SF or LF)		Removal	Repair	MENCEPS WITH	Enclosure
basement	Yes	No X	N/A		nine	ingula	tion.		0515				42	-
basement	-	<u>^</u>				insula inated		-	25 LF 6 elbows		Х		X	
buschion	+			0.	Ontani	mateu	elbows	E.	0 elbows	•			^ .	-
- 1 N														
Name of Registered Waste Hauler Deanna Brkusanin		H	JDEP W auler ID 20996	50000000000000000000000000000000000000	of Wa	Yards ste			gistered Lar Inagemer		PA			
City, State Totowa, NJ						sal Date		State lytown,	PA			- 100		
Completed by	Title Projec	ct Ma	nager			Signature		7-2-1119		Dat	e /29/1	2	- 9	1

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91239	97 LI	•	(Pı	ursuant 1	to NJAC	8:60 and	112:12	0)	RED	Pm.		Ø			
Date of Notification (1) 12/29/12				Name of Karen	Building (Owner/O	perator	201	REC	Eva B	VED	V.	,		
Agencies Notified	Type Notification			Street A	ddress				JAN 14	PA	1 2. 5		-		
EPA DEP DOL	Initial Amended		-	City. Sta	te, Zip Co	enue		\$ 540	-5104		5.08	7	- ;		
DOL	Amendment Emergency (Boonto			W.115.14-11-12-12-12-12-12-12-12-12-12-12-12-12-	É	LICEN	Sin	ina				
DOH DCA	justification) Cancellation				Contact Jacobso	on				THE	anhone Al.				
					LITY INFO	Consoci	ON			1				10.15	
Name of Facility Where All House	batement is Takin	g Place (3	3)					-	of Facility (4						
Street Address			No.						School (K-12 Subchapter	B (Oth				۸.	П
470 Morris Avenue								е е	Other (i.e. pr etc.)						es,
City (5) Boonton								Squar N/A	e Feet	# of	Floors		3ldg. A N/A	ige	
County (6) Morris		-		County C	Code (7) USE ONLY)			Currer	nt Use (Prio se	r if bei	ng demolis	hed)			
Name of Monitoring Firm I	Hired by Building (Owner (8)		ASCM	l No.				ement Cont		(9)	-	`		
Street Address			->		-		Street	Addres		-					
City, State, Zip Code	*							State, Zi	a meaning and a second	ue					
									J 07512						
Project Manager for Monit	oring Firm			Telephor	ne No.		1.00 (00) notion	hone No -345-86			#00675				
Start Date (10) 1/12/13		Schedule 1/13/13		pletion [Date (11)				A Monitor ement, Inc						
Occupancy Status During	Abatement (Chec							Addres		<i>.</i>		8	-		-
Facility Closed/Vacat									ren Aven	ue	1300			11	
Abatement Performe Other – Describe: O		nal Facility	Hours	6 		_	D 5000	State, Zijowa, N	p Code J 07512						
Scope of Work (Check All	That Apply)	_					-	-	-	U.	II.	U.			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti		:h	51	2	Min Glo	Containme i-Enclosure vebag Proc	edure	4.E				
		1	Locati	on				_ Nor	n-Exempted	(*) an	a Non-Fria	ble Pr		e ement	
Location		1	Normali d Sole	ly			scription		o .			-	T)	rpe	
Asbestos-Containing N TO BE ABA	TED	Ma	intenar todial S	rice/	Asbest (i.e.	tos Cont thermal	aining I system	Material ns insula	(ACM) tion,		mount Specify	l R	77	Enc	<u>m</u>
In Facility (13)	y	Cus	(12)	naii:			cing, VA			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
80 - 80 80	- 4	Yes	No	N/A		n 22 1								ate	ci
baseme	basement						insula	ation		1	15 LF	Х	-	-	
1											+	+		-	
	19									10000000					1
Name of Registered Wast	e Hauler			JDEP Wauler ID		Cubic of Was			Name of F						
D&S Abatement, Inc.			20996	e arrivalió	TBD	50950		Waste N		gement o	of PA		11. 33		
City, State Totowa, NJ		****		10		Dispos TBD	sal Date)	City, State Tullytow		\		11		
Completed by Deanna Brkusanin		Title Proje	ct Ma	nager		S	ignatu	100000	Pollen	;	1000	ate 2/29/	12		
				90	(a.e.		\ AA! X	VIIIVA	Dunne	ces			100 m		

Date of Notification	1 (1)			1	Van	ne o	of Bu	uildina C	Owner / Oper	1 (0)	0 []					
	01-08-13			(City	of	Vii	neland	201	ator (2) 13 JAN 14 1						
Agencies Notified EPA	Type Notifi	cation					\ddr			- CAIR 14 /	M 2:5	R				
DEP	I I mad	al 12-14-12		6	40	Ea	st \	Wood S	Delicet At	topic - and	- 4	9		t		
DOL		ai 12-14-12 ended						& Zip Co	ode	& LICENS	MITO MI					
☑ DOH	1000000	ergency		N	lone	elar	na,	NJ 083	362	& LICENS	NG "GL					
DCA		cellation											Teleph	none	Num	ber
							/lye		RMATION			3.				1
Name of Facility W	here Abatem	nent is Taking F	Place	e (3))	101	LII	TINEC	Type of Fa							
Former Goodma	n Yard Sto	re		(0)					School	ol (K-12)						
Street Address						-				apter 8 (Other	than K 1	2)				
Intersection of V	Vest Plum	Street and No	orth	Se	co	nd :	St.		⊠ Other	(i.e. private &	Commerc	<i>z)</i> ial huildin	ac ho	maa	oto \	
									Square Fe		Floors		Bldg. A		eic.)	
City (5)		County (6)	1	Cou	nty	Cod	de (7)	-	J. 01	2			-		
Vineland		Cumberlan					,	,	Current Us	e (Prior if bein	a demolis	had)	> 40 ye	ears	3502	
									Abandon		g demons	ileu)				
Name of Monitoring	Firm Hired I	y Building Own	ner ((8)		IA	ASC	M No.		batement Conf	tractor (0)					_
		10-20							Mid Atlan	tic Abateme	nt. LLC					
Street Address					- 5				Street Add	ress	,					
Cit. 01-1- 0 7' 0									PO Box 1	314						
City, State & Zip Co	ae	591								& Zip Code		201		75	di i	
Project Manager for	Monitoring F	lima .	T							II, NJ 08003						
1 Tojout Mariager IUI	Monitoring F	um	I el	eph	one	Nu	ımb	er	Telephone		L	icense N				
Scheduled Start Dat	te (10)	Scheduled Con		4:	D-	1 - /	4.45		609-567-0				011	87		
1-08-13	(10)	ocheduled Con		uon 30-1		te (11)			SHA Monitor						11000
Occupancy Status D	Ouring Abater	ment (Check or	alv o	ne)	3		-		Street Addr							
	ed/Vacated I	During Entire P	erio	d of	Ab	aten	nen	t	107 Hadde				Ť			
Abatement F	Performed Or	utside of Norma	al H	ours	s —	7am	n to	3pm	City, State 8		_		W			
Describe:				0.0000000000000000000000000000000000000				op		t, NJ 08108						
Facility Occu	pied During	Abatement							vvestmont	, 145 06 106						
Scope of Work (Che	ck all that ap	ply)				-										
□ >2.f. >2.f										☐ Full C	ontainme	nt with No	egative	Pres	sure	1
≥3 sf or ≥3 lf					icanora.	120 120 120	tion	Ĕ			nclosure		•			
≥160 sf ≥260) IT		\boxtimes		Den	nolit	ion				Bag Prod					
10	cation of										xempted	and Non-	Friable	Pro	cedu	re
	s-Containing			s Lo		on sed			Description			nount	Aba	teme	ent T	уре
	rial (ACM)			Sole	ly b	У		F	Asbestos-Cor Material (A			pecify				
TO B	EABATED	- 1				e or		(i	.e., thermal	svstems	SF	or LF)	교	70	nc	Ē
in	Facility		Cus	todi:		taff?	,	insi	ulation, surfa	cing, VAT			Removal	Repair	sde	clos
	(13)		Yes	N		N/A	1	or	other miscel	laneous)			a l	=	Encapsulate	Enclosure
Roof			П	-	7		1			Hay I L					.Ф	
looring (main Blo	la.)		H	-	┽┤		_		oof flashin		700 sq					
Boiler room	<i>1</i> 9. <i>)</i>		井	누	┽	X	_		e & mastic		4200 s					
Ceiling			屵	┼╞	┽┼	X			on & gaske	et	200 sq.					
- Cilling			 -	 	┽┼		ט	rop ce	iling	to a contra	4200 s	q.ft.				
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lame of Registered V	of Registered Waste Hauler							eto C.	bic Yards	INI	F 7	721.				
	1 1 2 2								Dic Yards Naste	Name of Reg	gistered L	andfill				
reehold Cartage								30	vasic	G.R.O.W.S.						
ity, State						-575	-	1000	posal Date	City, State					1772	_
reehold, NJ									5-13		DA					
ompleted By (Print o	r Type)		-	17	itle					Morrisville,	PA			>		
heodore S. Budzy							lgr.	Sigi	nature		20		Date	40		
					1		a						01-08-	13		
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check # 1411

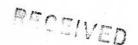
Date of Notification (1) 01/04/13	All and a second						Operator Nardor					-		
Agencies Notified	Type Notificatio	n		Street	Address					Part 12				
EPA DEP DOL	Initial Amended Amendme			City, S	tate, Zip	ote Roa Code J 0873				201				į.
DOH DCA	Emergency justification Cancellation	1)			of Contac Nardo	376			ET.	elephone N	umbē		-	
Name of Facility Where Residential House	Abatement is Tak	ing Place (3))	FAC	ILITY IN	FORMAT	TON	Type of Facility School (K			£.1	<u> </u>	-	
Street Address 102 Del Monte Roa City (5)	ad							Subchapt Other (i.e. etc.)	er'8 (Ot) . private	her than K- & commer	12) (cial be	ilding		nes,
Lavallette								Square Feet 1,200		of Floors		Bldg.		
County (6) Ocean					Code (7) USE ONL		_	Current Use (P Residential			shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.			of Abatement Contract						
Street Address								Address Isall Drive						
City, State, Zip Code					-			ate, Zip Code ex, NJ 07461		-			-	-
	oject Manager for Monitoring Firm art Date (10) Scheduler							one No. 64-2022		License I 01137	Vo.	1500		
Start Date (10) 01/05/13		Con	npletion	Date (11)	Name o	of OSHA Monitor							
Occupancy Status During Facility Closed/Vaca	2 2 2	850	500					oddress Oth Street		-				-
Abatement Performe Other – Describe: _	ed Outside of Non	mal Facility I	Hours	ient			City, Sta	ate, Zip Code York, NY 100	16					
Scope of Work (Check Al ≥3 sf or ≥3 if ≥160 sf or ≥260 if	I That Apply)		nova moliti				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
Location	of		ocatio	27.7		Des						Abat	emen /pe	t
Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM)	Used Main Custo	tenar	nce/		stos Cont thermal surfac		terial (ACM) nsulation, or	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
1et Flor		Yes	No X	N/A							Ľ		ate	e e
151 100	1st Floor						or tiles		60	0 S.F.	x			
Name of Registered Wast	a Haular			DEDI										
Atlantic Carting	o i lauloi		Ha	IDEP Wa Juler ID I 085		Oubic Yof Was	te	G.R.O.		red Landfill				
City, State Wayne, NJ	yne, NJ						al Date npletion	City, State		\ \			La company	
Completed by Marko Stankovic		Title Preside	ent		-	/	areture UK	1	all	/ Da	te /04/1	3		



E) pm	j				
17.50	1	27	1		6
7.	-	In f		5"5	VA

Date of Notification (1) 01/09/13				Building Owne		(2) 201	7 144	- ten j	<u> </u>	bus		120
Agencies Notified Type Notification	n		Street Ac	Idress	•	14, 3rd Floor	3 JAN	14 /	M 2.	5/	7	
EPA Initial Amended Amendme			City, Stat	e, Zip Code nster, NJ 07		, ord riogn	& Lic.	S CE	WIR			i
DOH Emergenc justification Cancellation		i	Name of				Tel	ephone	Numbe	r r		
			FACIL	ITY INFORMA	TION					SR		
Name of Facility Where Abatement is Tak Morristown Department of Public Street Address	ing Place (Works/C	3) linto	n Street (Garage		Type of Facility School (K. Subchapte	-12)	th !	(40)			
Between Clinton & Early Street						Other (i.e.	private 8	comm	rcial b	uldin	gs, h	omes,
City (5) Morristown						Square Feet 11,000	# of	Floors		Bldg	j. Ag	е
County (6) Morris			County C			Current Use (Pr			olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8))	ASCM	No.		of Abatement Co mark Contrac				-		
Street Address						Address dsall Drive	100			550.W		
City, State, Zip Code					2000	tate, Zip Code ex, NJ 07461				-		
Project Manager for Monitoring Firm			Telephone	e No.		one No. 364-2022		License 01137				
Start Date (10) 01/22/13	ed Co	mpletion Da	ate (11)	Name	of OSHA Monitor							
Occupancy Status During Abatement (Che	ck Only Or	ne)	9	-	Street	Address					7	
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	Abater Hour	ment s			Oth Street ate, Zip Code			-			
					New	York, NY 110	16					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Delivered	kenova Vemoli			×××		e cedure				ure	
Location of		Locat Iorma		D						Ab	atem Type	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai Cust	d Sole intena odial ((12)	nce/ Staff?	Asbestos Cor (i.e. therma surfa		aterial (ACM) insulation, , or	(Sp	nount pecify or LF)	Removal	Kepair	Lincapoulate	Enclosure
Utility/Office/Bathroom	Yes	No	N/A		Til-			~ -	-	\perp	-	-
Garage Bays	+	X			oor Tile			S.F.	x	-	-	
Garage Bays	, X			cell pipe			L.F.	x	+	+	-	
Roof		X		O AIIC	ell pipe	wrap	160	L.F.	x	-	+	-
Name of Registered Waste Hauler		X	JDEP Was	te Cubic	Yards	Name of	Dogintor	d Lond		L	-	1
Atlantic Carting		Н	lauler ID No			G.R.O.		u Land				
City, State Wayne, NJ			* = ,	on co	sal Date impletio	City, State Morrisv						
Completed by Marko Stankovic	Title Presid	dent			Signature	10 Hay	uu		Date 01/09/	13		

Check # 1915



Date of Notification (1) 01/08/2013			-	Name o	of Building rt Stock	Owner el	/Operator	(2)2	H3 JAN	14 F	M 2:5	S			7
Agencies Notified	Type Notification	n		Street A	Address Catherine			\$32 to 14	& LICI	\$ G	led i same	<u> </u>			-
DEP DOL	Initial Amended Amendmen				ate, Zip C oeth, NJ		1		1101	ENSI,	VG				
DOH DCA	iustification Cancellation	1)	3		of Contact rt Stocke					Tel	lephone N	umber		,	
				FAC	ILITY INF	ORMA	TION								
Name of Facility Where Residence	Abatement is Tak	ing Place (3)					Туре	of Facility	3 5					
Street Address								×	School (K- Subchapte Other (i.e.)	r 8 (Oth			ildings	, hom	1615.
201 Catherine Stre				-10/24/1000-					etc.)	*	CACCALO N				
City (5) Elizabeth		<u> </u>						2,60		2	f Floors		Bldg 80 +	Age	
County (6) Union					Code (7) USE ONLY	ı		Res	ent Use (Pri sidence			shed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)	ASCI N/A	VI No.				atement Co st Haz Ma			Э.			
Street Address							Street 494 E		ss st Street						
City, State, Zip Code							City, St	tate, Z	Cip Code NJ 0750						
Project Manager for Mo	nitoring Firm		Telepho	ne No.		Teleph				License I	Vo.			-	
	1000						973-3	10000000			00507				
Start Date (10) January 9, 2013		Schedul Janua			Date (11)				HA Monitor above						-
Occupancy Status Durin	ng Abatement (Che	ck Only O	ne)			-	Street	Addre	ss		H			-	
Facility Closed/Vac Abatement Perform Other – Describe:					197		City, St	tate, Z	ip Code		TI VANDO VA			-,	-
Scope of Work (Check A	All That Apply)		-			17 - W. West	1	_						\neg	-
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Location	n of		Norma	illy		De	escription	of		5		-	Ty	ре	
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Name of Registered Was Rovic Transport	ste Hauler		1	NUDEP W Hauler ID IJ 2078:	No.	of Wa	Yards iste 200		Name of I	entaci a co nicios	red Landfill Ridge				
City, State Paterson, NJ 07504			-1.			Dispo	sal Date 7/2013	/	City, State Scotlane				-		
Completed by James E. Unger		ct Ma	anager			Signature	11	4.0		Da 01	te /08/2	2013			
ASB-41 (R-06-08)					T4.	/	* Do not	use t	his form for	asbesto	s licensure	exem	pted	activit	ies.

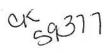
Check# 10077

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ January 9, 2013 Street Address Notification Type Agencies Notified ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification ■ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS 🦏 ■Amended Notification DCA : 19 City, State, Zip Code ■ Emergency (including) X DOL PISCATAWAY, NJ 08854 ▼ DEP- No Longer REQUIRED iustification) Telephone Number Name of Contact 1 1 X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** 113 Type of Facility (4) 3 Name of Facility Where Abatement is Taking Place (3) School (K-12) **BLUMENTHAL HALL, BLDG# 7493** 07 ☐ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **NEWARK CAMPUS** # of Floors: 3 Bldg. Age: 80+ years Sq. Feet: N/A County (6) County Code (7) City (5) Current Use (prior if being demolished): ACADEMIC (State Use Only) **ESSEX** NEWARK Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City State, ZipCode City, State, Zip Code **BUTLER, NJ 07405** BURLINGTON, NJ 08016 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 609-386-8800 **BRIAN KEARNY** 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 01/21/13 01/18/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 3:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure □ Renovation ≥ 3 sf or ≥ 3 lf ■ Demolition > 160 sf or ≥ 260 ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (Specify SF (ACM) (i.e. thermal systems insulation, surfacing, Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose or LF) Staff? (12) VAT, or other miscell.) NO NA YES X 300 SF Room 100S X VAT Name of Registered Landfill NJDEP Waste Hauler ID # 5 CY Cubic Yards of Waste: Name of Reg. Waste Hauler G.R.O.W.S. North Landfill See Below See Hauler Below #1 & 2 Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 01/21/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Signature Completed by (Print or Type) January 9, 2013 Raymand C. Pedalino SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

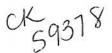
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Date of Notification (1) 01/08/2013		N	lame of B	uilding O dential	wner/Oper Insuranc	rator (2 ce Co) mpan	y of Ame	erica	i e las	- ,	1 2 m	D	V
Agencies Notified Type Notification		7	treet Add 751 Broa		et, Fifth	Floor			ZU	13 JAN 1	P	4 2	58	,
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DOH justification) Cancellation	idding		lame of C Mr. Rich		mmers				Tele	prione Num	JCI			
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671 Broad Street					- 22		etc	:.)	(d)	Floors		ngs, dg. Ag		S,
City (5) Newark						1	Square 60,000)	10				,c 	
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Name of Monitoring Firm Hired by Building Ow Environmental Health Investigations	ner (8)		ASCM 00104					ment Cont nmental						
Street Address			100.00				ddress	ns Plaza	2 501	th	v 10 = 40			
655 West Shore Trail City, State, Zip Code						City, Sta	ate, Zip	Code						
Sparta, NJ 07871						Long Telepho		City, N	/ 111	01 License No				
Project Manager for Monitoring Firm Bill Kerbel			Telephone 973-729			718-3	49-09			00853				
Start Date (10)	chedule 3/31/20		pletion D	ate (11)			McR	Monitor ea	7		0.	11 540	10	4
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				××××	Mini- Glov	Enclosure	e edure	n Negative P d Non-Friabl			e	
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E (I D III)	Yes	No	N/A	See	attache	d ACI	v table	e for	See	attached	X			
Entire Building See attached ACM table for details		_		366		etails	vi tabi	7,01		M table				-
See attached Acivi table for details		- 9						1397	for	details				
Name of Registered Waste Hauler ATC/TST		i	NJDEP W Hauler ID 24310/19	No.	of Wast					ered Landfill erprises				
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Completed by ANN ALI	Title ADM	IINIST	RATIO	N .	Sign	nature			Date 01/	08/2	013		
City, State Shirley, NY 11967 / Bronx, NY 1047	4				Disposal 3/31/20		City, Star Wayne	te sburg, OH 44	4688	3			
Name of Registered Waste Hauler ATC/TST	H	JDEP Wauler ID 14310/19	No.	Cubic Ya of Waste 160			Registered Lan a Enterprises						
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See attached ACM table for details								ACM table				-	
Entire Building				See	attached	ACM	table for	See attache	ed	X			
(1-7)	Yes	No	N/A		outer time	oomario				/ <u>al</u>	7	late	ле
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use	S Locati Normali ed Sole aintenar stodial S (12)	ly ly by nce/			stems in	f terial (ACM) nsulation, or	Amount (Specify SF or LF)		Remova	Abate	emen Encapsulate	Enclosure
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	processor.	Renova Demolit				××××	Mini-Enclosur Glovebag Pro	17				e	u .
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Building is Vacant &	Period of	Abatem	1		C	714 Ke	ennedy Blvd te, Zip Code ne, NJ 0700						
1/10/2013 Occupancy Status During Abatement (Chec	3/31/2				11	Martin Street A	McRea						
Start Date (10)		led Con		29-5649 Date (11)		Name of	19-0900 OSHA Monitor	0085	<u>ა</u>				
Sparta, NJ 07871 Project Manager for Monitoring Firm Bill Kerbel	- 1	Telepho		1	Long I Telepho	sland City, None No.	Licens			- 10			
655 West Shore Trail City, State, Zip Code						11-02	Queens Pla	za South					
Environmental Health Investigation Street Address			0010				nvironmenta				* <u> </u>		
Essex Name of Monitoring Firm Hired by Building	Owner (8		(STATE)	JSE ONLY		'		rior if being dem or Use Comm					
City (5) Newark County (6)						1	Square Feet 9,000	# of Floors			Bldg. /	Age	
Street Address 677 Broad Street								er 8 (Other than private & comm			dings	, hom	ies,
Name of Facility Where Abatement is Takir Former Planet Wings Restaurant	g Place ((3)					Type of Facility						
					ORMATIO	N .							
DOL Amendment Emergency justification) Cancellatior	(including	,	Name o	f Contact	Jersey 0			& LICE	Num'	KG.	NOL		
EPA Initial Amended			City, Sta	ate, Zip C	ode		: ,	& Ting	i Os	is I r	. 0	8	
Agencies Notified Type Notification			Street A	ddress	root Eifth	Eloor		- UNIV 1	4	PM	2. 5	_	
01/08/2013			The P	rudentia	al Insurar	erator (²⁾ ompany of A	m20153 JAN			EL)	*.)
Date of Notification (1)		(P	ursuant	to NJAC	8:60 and 1	12:120)		₽¢, mêfica ,	7~	1.,	~		d 15.

Do not use this form for asbestos licensure exempted activities.



Date of Notification (1) 01/08/2013		N T	ame of B	uilding O dential	wner/Operato Insurance	r (2) Compa	ny of Ame	erica ECS 113 JAN 14	71	1 200		EI.	Ą
Agencies Notified Type Notification			treet Add		et, Fifth Flo	or	4	13 JAN 14	٥.	-	0	4/0	f.
EPA Initial DEP Amended Amendment #_	2	_ 1	ity, State Newark,	, Zip Cod New J	e ersey 0710	2	, 4 5	ES/88 0	74	2: (8		
Emergency (inc justification) DCA Emergency (inc justification) Cancellation	luding		lame of C Vir. Rich		mmers		5	Telephone Nu	mbe		•		
K			FACILI	TY INFO	RMATION	T=	. C.E 104 . /A						_
Name of Facility Where Abatement is Taking F Former Pharmacy Street Address	Place (3)						of Facility (4 School (K-12 Subchapter 8	?) 3 (Other than K-	12)		100	2000	
673 Broad Street							Other (i.e. pr etc.) re Feet	# of Floors	cial b		ig. Ag		5,
City (5) Newark						10,0	00	3	-		9		
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Name of Monitoring Firm Hired by Building Ow Environmental Health Investigations	ner (8) Inc.		ASCM 00104				tement Cont onmental						
Street Address	HOTEL STREET		I			et Addres	ss eens Plaza	a South					11
655 West Shore Trail City, State, Zip Code				-	City,	State, Z	ip Code						
Sparta, NJ 07871 Project Manager for Monitoring Firm		- 1-	Telephone	e No.	and the same of the same of	ng Islan phone N	nd City, N	License	No.			-	
Bill Kerbel			973-729	9-5649	718	3-349-0		00853					
Otali Dato (10)	Schedule 3/31/20		pletion D	ate (11)		rtin Mo							
Occupancy Status During Abatement (Check						et Addre 4 Kenn	ss edy Blvd				*		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: Building is Vacant & S	I Facility	Hours			City	State, Z	ip Code NJ 07002	2					
Scope of Work (Check All That Apply)								2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				× Mi	ni-Enclosure	cedure					
			- Т			△ No	on-Exempted	d (*) and Non-Fri	able			ement	
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			-				for details	-				-	
			UDEE	4-	Cubic Yard		Name of	Registered Land	dfill		<u> </u>		
Name of Registered Waste Hauler ATC/TST	H	JDEP W lauler ID 4310/19	No.	of Waste 360	0	Minerv	a Enterprises				200		
City, State Shirley, NY 11967 / Bronx, NY 10474	4				Disposal D 3/31/2013		City, Sta Wayne	te sburg, OH 44					
Completed by ANN ALI	Title	IINIS	TRATIC)N	Signa	re			Date 01/		2013	3	

State of New Jersey

APPROVAL: PAUL HORNER
TEMENT TOM VOORHENSTOOH

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

Ck# 2390

Date of Notification	(1) 1/8/13			Nam Tren	e of B	uilding Board	Owner / Operation	or (2)) GC" I	•				
Agencies Notified EPA	Type Notifica	ation		Stree 1490	t Add	ress spect	Street								
☐ DEP DOL	☐ Amei	nded		City, Tren	State Iton,	& Zip (NJ 08(Code	ST SA	Cáirík NSING						
☐ DOH		rgency ellation				ontact ett O. 0	Collins		c.liad	11	eleph	one l	lumb	er	
				FA	CILI	TY INF	ORMATION								
Name of Facility W Grace Dunn MS	here Abateme	ent is Taking P	lace (3)			Type of Faci ⊠ School		NON SUB-C	CHAPTER 8					
Street Address									Other than						
401 Dayton Stre	et						Square Feet		ate & comm	ercial building			etc.)		
City (5)		County (6)	ICo	untv	Code	(7)	70,00			3	ldg. Aç	60⊦			
Trenton		Mercer		, with 12	0000	(.)	Current Use					00			
						9.	School	. •							
Name of Monitoring Environmental C		y Building Ow	ner (8))	AS	CM No	Name of Aba Bristol Env								
Street Address	01 1			Street Address 1123 Beaver Street											
120 North Warre City, State & Zip Co		*		-		-	City, State &		The state of the s						
Trenton, NJ 080							Bristol, PA								
Project Manager fo Jim Frisbee	NAME OF TAXABLE PARTY.	irm			Num		Telephone N (215)788-6	lumber		License N	umber				
Scheduled Start Da		Scheduled Co			ate (11	1)	Name of OS							- 1	
1/8/13		mant (Charles		1/13 Bristol Environmental Inc. ne) Street Address											
	sed/Vacated I	During Entire F	eriod	d of Abatement 1123 Beaver Street									r,		
Describe:	4:00 PM to cupied During	12:30 AM	al Ho	urs –	7am	to 3pm	City, State & Bristol, PA								
Scope of Work (Ch													-		
		1.77							Full Contain	nment with No	egative	Pre	ssure	9	
≥3 sf or ≥3			\boxtimes		novati			sure	99. 3 0.579 (125. See 90.00.000)						
≥160 sf ≥26	60 It			De	molitio	on			Procedures	Taiak!	- D				
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	terial (ACM) BE ABATED			olely			Material (A			SF or LF)	70	_	Enc	Щ	
	n Facility				nce or Staff?		i.e., thermal s insulation, surfa				Remova	Repair	aps	Enclsoure	
+	(13)			(12)			or other miscel				Val	¥.	Encapsulate	oure	
Rms. A-70, A-47,	A-37. A-7Y.	B-4. B-48.	Yes	No	N/A		Nailcrete Stab	ilizati	on	775 SF	+		П	Н	
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Same as above		\boxtimes			VAT	825 SF	\boxtimes								
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Name of Registered	d Waste Haule	er	Ш	I N.	JDEP	Waste	Cubic Yards	Name	e of Registe	red Landfill	لال		ш.	ш	
Bristol Environm				Ha		D No.	of Waste		_						
City, State Bristol, PA	3	1- 1- 1-					Disposal Date City, State Morrisville PA								
Completed By (Prin		Signature Date													
Gino Pizzigon				Pi	ile roject anag		Tino Per	zego	nie /	-		/8/1	3		

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 7028 Date of Notification (1) Name of Building Owner/Operator (2) 1/8/13 Kean University 2013 JAN 14 PM 2: 58 Agencies Notified Type of Notification Street Address 1000 Morris Ave. [] EPA Initial DEP [] Notification City, State, Zip Code [] Emergency DOL Union, NJ 07083 Amended [] DOH Notification [X] Name of Contact Telephone Number [] DCA [] Cancellation Suzanne Kupiec **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Kean University - Maintenance Building Street Address 1000 Morris Ave. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 12000 ~ 70 Union (STATE USE ONLY) Current Use (Prior if being demolished) Union Office/lab/classroom Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) TTI Environmental 0003 Jupiter Environmental Services, Inc. Street Address Street Address 9 East Stow Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Marlton, NJ 08053 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Gerardi 856-985-8800 973-709-0200 00852 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 1/17/13 1/26/13 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours -[] City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition Renovation [x] Mini - Enclosure ≥3 sf or ≥3 If Glovebag Procedure [x] [x] ≥160 sf or ≥260 lf Non - Friable Procedure [] Is Location Abatement Normally Used Description of Type Location of Solely by Asbestos - Containing Amount R R E Maintenance/Cus Asbestos - Containing E Material (ACM) (Specify E N N Material (ACM) todial Staff (12) (i.e., thermal systems SF or LF) M C C TO BE ABATED insulation, surfacing, VAT, 0 Α Α L In Facility or other miscellaneous) V 1 P 0 (13)Yes N/A No Α R S S Room 116, boiler-room X TSI - elbows 6 LF X Hallway, locker-room X Roof drain bowl insulation 20 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. Of Waste Jupiter Environmental Services Minerva Landfill 04782 City, State Disposal Date City, State Lincoln Park, NJ Waynesburg, OH 1/25/13 Completed By (Print or Type) Date Signature/ Pane Repic General Manager 1/8/13 ASB-411 **JUN 95**

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building				~	,						
					A to Z	Site Contractors,	Inc. OK	DE	36	7				
Agencies Notified [x] EPA [DEP [x] DOL	[] Ame	al Notifion nded No ndment	otification #		Street Address City, State, Zip C	ode	ark Avenue	08701		THE PARTY				
[x] DOH	justii	rgency (fication) cellation			Name of Contact Irvin	g Perlstein	T	'elephor - Number	ti.	图图	- 6	3		
t j ben				FΔC	LILITY INFORM	/ATION		0	- TO	ĕ	>	V.		
Name of Facility Where A	batement is Takin idence	g Place	(3)	TAC			Type of Facility (4)	School (k-12)				•		
Street Address 613	Maple Avenu	e	i i				[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			cial bui	ldings,		
City		Coun	ty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 2500 sf	# of Floors	Bld	g. Age	50	, T		
Lakewood		Ocea	an				Current Use (Prior in Resider							
Name of Monitoring Firm		Owner	(8)		ASCM No.	Name of	Abatement Contractor		Inc.					
Street Address	•					Street Ac	ldress		1110.					
City, State, Zip Code					,4	City, Sta	te, Zip Code	oute 9, Unit 61	NO	755 1	271			
Project Manager for Monit	Project Manager for Monitoring Firm Telephone Num					Telephor 732-34	ne Number	Liver, New Jerse License N 00624			2/1			
Scheduled Start Date (10) Scheduled Comp 1/9/13 1/10/13														
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of A [] Abatement Performed Outside of Normal Facility [] Other – Describe				od of Ab		Street Ad	dress 1056 St te, Zip Code	elton Road way, New Jerse	y 088	354				
	that apply) f or ≥3 If 0 sf or ≥260 If		[]	Renova Demoli		[] [] [x]	Mini-Enclosure Glovebag Procedo	with Negative Pre are and Non-Friable I		ure				
					T			T T		ement	Tyne			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A				ed .	(i.e	Description bestos-Con Material (A ., thermal sulution, sur VAT, o er miscella	taining CM) systems facing, r	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 sidir	ng		2200 sf	X					
							1 2 24							
		7.5			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					3	ards of Waste	T.R.R.F.	red Landfill			1 21			
City, State Disposa Toms River, New Jersey 1/11/1:					City, Sta	te own√Pennsylvania	1							
Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature	hol	ter	1	Date 1/8/2013						

Date of Notification (1)	1-10-1	3	Nan	ne of Build	ing Owner/Operate	or (2) Both	y B	UNA	:	2	
Agency Notified	Type Notification	Name of the Parish Inches	Stre	et Address		<u> </u>	1	- PP	14	E	
D EPA D DEP	Amended Amendment #			, State, Zip	Code	Vannen'		0803	211	PM 2:	6 to 5 to
Z DOL	☐ Emergency (inclustification)	luding		ne of Conta		mur;	Tolonham	Number	21	U	1
D DCA	☐ Cancellation			Bett	y Bup)		4.0		- Lynd	
	between the Taking	Diego (2)	FA	CILITY IN	FORMATION	Time of Coulity	(4)		- 98///18		1000
Name of Facility Where A		Duel	lina			Type of Facility School (K-12)	509				
Street Address	Warren	AUE				Subchapter Sther (i.e. pr homes, etc.)	8 (Other than ivate & comm		ngs,		
City (5) Bellma		107	080	731		Square Feet	# of Floors	Bldg	. Age	it	*
County (6) Can de	1		ONL		7) (STATE USE	Current Use (P		emolished)			
Name of Monitoring Firm (8)	* S		ASCM No.	/A .	Name of Abate	ment Contractor (
(8) EPC Tec	nablogie:	>		4	Street Address		nologi		nc	4	
P.C. Box	337					P.O. Box	c 337				
City, State, Zip Code New Egyl	TN +	085	33		City, State, Zip	Code J Equat	NJ	085	33	L	
Project Manager for Monit	oring Firm	Te	lephone No		Telephone No.	377	License No				
Steve Sche	in Ker	60	9 758 on Date (1	3365	609-758 Name of OSHA			0039	4		
Start Date (10)		32 -		')		Techn	ologie	s. In	(
Occupancy Status During	Abatement (Check	only one)			Street Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-
Facility Closed/Vacated	During Entire Perio	od of Abate	ement '		City, State, Zip	D. Bex.	<u> </u>				
Other - Describe:	Julia 0 1 1 10 11 12 1		•		New	Egypt	NJ	085	33	5	
Scope of Work (Check all	that apply)					Containment with	Negative Pre	ssure			
3 sf or ≥ 3 lf 2 160 sf or ≥ 260 lf				enovation emolition	☐ Glo	i-Enclosure vebag Procedure i-Exempted (*) and	d Non-Friable	Procedure			
		100000	Location						A	bate Typ	men pe
Location		Used	ormally I Solely by	Asha	Description			· · · ·			_
Asbestos-Containing TO BE ABA		(1)	ntenance/ ustodial		stos Containing M ., thermal system	s insulation,	Amo (Spe	cify	Ren	Re	ncar
IN Facil (13)	ity		Staff? (12)		surfacing, VA other miscellar		SF or	LF)	Removal	Repair	Encapsulate
		Yes	No N/A								te
Basement		*			Duct W	Rap Paper	Ę	bo LF	X		
DASCINE						1,11					1
	4								+	\vdash	-
Name of Registered Waste	Hauler	NJE	EP Waste	Hauler	Cubic Yards of	Name of Regis	tered Landfill				
EPC Techr		IDN		000	Waste	The second second	Mong	gemen	+		
City, State NJ	<u></u>				Disposal Date	City, State Monni:	ville	PA		18	
Completed by Steve Schenl	Ker Title PR	eside	ent		Signature S	we Sche	he	Date	10	-1	3
ASB-41		ot use this	form for a	sbestos lic	ensure exempled	activities.	The second second				

						401 65			-				
Date of Notification 1/10/13	on (1)				wner/Operator ower of A	ttorney	PEINED						
Agencies Notified	Type Notifica	ition	Street Addre 48 Burg		Place	2013 JAN	14 PM 2:58	9			ı		
משמו ז	Notific	ation	City, State,	Zip C	ode	A violation		,					
[X]DOL []DEP	[]Amended		Passaic	100		8 110	a Cay THOI						
[X]DOH	Notific		Name of Cont	act		Telephor	Killin Vil		77				
	[]EMERGENC	- 11	Richard										
[]DCA	[]Cancella	tion		•		-							
			FACIL	ITY IN	FORMATION								
Name of Facility W	here Abatement	is Takin	g Place (3)			Type of Facil	ity (4)						
Private						[]Type»]	School (K-12)	(0+1-	_ 41		w 10		
Street Address			·			[]Type»] [X]Other (Subchapter 8 i.e., private	& co	mme	ian :	V-12		
48 Burgess P.	lace					cial b	uildings, hom	es, e	tc.)				
City (5)		County ((6)	900000000000000000000000000000000000000	ty Code (7)	Square Feet	# of Floors	Bl					
Passaic		Pass	aic	(STA	TE USE ONLY)	2400	2	Ļ	80				
						Residence		g dem	10118	snea	,		
Name of Monitoring	Firm hired by	Building		1		ment Contracto				6			
Owner (8)			67	AZTECH MANAGEMENT, Inc.									
Street Address					Street Addres 86 Chris	s stopher St							
City, State, Zip C	ode				City, State, Montclai	Zip Code r, NJ 070	42						
Project Manager for	r Monitoring Fi	rm Tel	ephone Numbe	Telephone Number (973) 744-8800 License Number 00371									
Scheduled Start Da	te (10) Sche		Letion Date	(3/3//11 0000									
	Year Mo		oay Year		Street Addres	s							
of Abateme	Losed/Vacated D ent	uring En	3CLEEC AUCLESS										
[]Occupancy» Facility Ho []other - Des	Abatement Per ours - Describe scribe:	formed O	utside of No	ermal			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3003					
Scope of Work (Che	ck all that app					Containment wi	th Negative P	ressu	ıre				
[X]≥3 sf o []≥160 sf	or >3 lf f or >260 lf	750	X]Renovation]Demolition		[X]Glove	Enclosure bag Procedure Triable Procedu	re						
		T	Is					Aba	teme	nt :	Туре		
Locati Asbestos-C Material TO BE F In Fac	ontaining L (ACM) ABATED ility	B t Cu St	Location Normally Used Solely By Main- tenance/ Custodial Staff (12)		Description Asbestos-Con Material (i.e., thermal ulation, surf r other misce	taining (ACM) L systems acing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSUR		
Basement		Yes	No N/A	P.	ipe insul	ation	95 LF	x			E		
						4 7 7	- 1 -	+			+		
Name of Registered AZTECH MANA		IC. Ha	DDEP Waste auler ID No.	1000000	ic Yards Waste 1.50		stered Landfi	.11					
City, State		1	7040		posal Date	City, State	110 53 1		7				
Montclair, N	J 07042				1/21/13	11:	lle, PA 1	1906					
Completed By (Prin		_{tle} reside	ent		Signature	1		0ate 1/10			1		

		N 7 7 7 7 7 1 1 1		3:60-7 and 12:120		•	•				
Date of Notification	n (1)			ding Owner/Opera		- #P	CENT	F	,		
1-10-2013			Diane B	urnert		20.	CEIVE	D			
Agencies Notified	Type Notifica	ation S	treet Addre	ss		2013 JA	NII. Du		i i		
[]EPA	[X]Initial		97 Bamf	ord Ave.			N 14 PM 2	58			
[]DEP	Notific	ation	ity, State,	Zip Code		一种的	1800				
[X]DOL	[]Amended	11	Hawthor	ne,NJ, 0750	6	& L	ICEN INTR	10			
[X]DOH	Notific	35-7411/10/59/2010	ame of Cont	act		Telephone					
[]DCA	[]EMERGENO		Diane B								
[]Dul	[]Cancella	tion									
				LITY INFORMATION						- 2.00	
Name of Facility Wh		is Takin	g Place (3)		Typ	e of Facili	ty (4)				
Same as above	•					[]School (K-12) er 8 (Other t	han	K-12	`	
Street Addres		V. W. B. C. C.					.e., private				
97 BAMFORD AVE.						cial bu	ildings, home		tc.)		
	K. J. S.	k	E) Hanne	Country Code (7)		are Feet	# of Floors	1 .	dg 70	Age	
City (5	14	County (o) Essex	County Code (7)	7)	1700	2 rior if being		0.70	hadl	
HAWTHORNE		PASSA	ATC:	HATTONIA SATU COLECURA AND SECTION	Cur	Tent Use (F	rior ir being	den	OILS	neu,	
Name of Monitoring	Firm hired by			Name of Aba	tement	Contractor	(9)		_		-
Owner (8)	(3)	_		AZTECH	MAN	AGEMENT,	Inc.				
N/A Street Address				Street Add	ess			1	-	=	
				86 Chr	isto	pher St.					
City, State, Zip Co	de			City, State	, Zip	Code					
				Montcl	air,	NJ 0704	2				
Project Manager for	Monitoring F	irm Tele	ephone Numbe	er Telephone 1	Number		Lice	nse	Numb	er	
	1000	N/	A	(973)7	44-8	300	00	37	1		
Scheduled Start Dat	e (10) Sche	ed. Comple	etion Date	(11) Name of OSI	IA Moni	tor					
			11	N/A							
Month 1 Day 21 Ye			ay 22 Year	2013 Street Add						- 20	
[X] Facility Clo				Street Add	ess						
of Abatement Pe		de of Nor	mal Facilit	V City State	7in	Codo					
	cribe: «OffHour			City, State	, ZIP	Code					
[]other - Desc	cribe: «Other O	ccupancy	Descript»								
Scope of Work (Chec	k all that app	oly)		(1Po	11 Cont	ainment wit	h Negative Pr	essi	ire		
[X]>3 sf or	: ≥3 lf	[X	Renovation		ni-Encl		ii neguerie ri				
[]≥160 sf	or >260 lf	1]Demolition			Procedure le Procedur	re.				
4.		Т.	Is	[]2.0				Aba	teme	nt T	
Locatio			cation ermally	Descrip Asbestos-		Character 1	Amount	R	R	E	E N
Asbestos-Co Material		8	Used Solely	Materia		S	(Specify	E	R E P	CA	C
TO BE A			Main-	(i.e., ther			SF or	0	A	PS	os
In Faci (13)	5 THE RESERVE AND ADDRESS OF THE PERSON OF T		stodial aff (12)	insulation, so or other mis		(E)	LF)	A	R	U	U
		Yes	No N/A				100				E
Basement			X	PIPE INSUL	ATION	1	100 LF	X			
								<u></u>			
Name of Registered			DEP Waste uler ID No.	Cubic Yards of Waste 1.0			tered Landfil	.1			
AZTECH MANAG	FEMENT, IN		7040			.R.O.W.S		-			
City, State	. 07040			Disposal Date	1, 100 100	ty, State	le, PA 1	906	7		
Montclair, NJ	0/042			1-24-13	M	OLLISVI	TE, PA I	500	•		
Completed By (Print	or Type) Ti	tle		Signat	ure 📙	1-1	// þ	ate	1	- 8	-
Constantine V		reside	nt	1/	inn	3.1 /11.	1	1-10-	-13		

No wed

Date of Notification (1) January 10,2013		Name of Building Owner/Operator (2) County of Bergen Street Address One Bergen County Plaza 4th Floor Name of Building Owner/Operator (2) 2013 JAN 14 PM 2: 58									-					
Agencies Notified	Type Notification		1	Street A	ddress		N	14F C.		2013	JAN 14	PM	2 -			
EPA DEP DOL	Initial Amended Amendment	#_1		Çity, Sta	ergen C te, Zip Co nsack, N	ode		e .	oor		LICEN					
	Emergency justification) Cancellation			Name of	_	-				Tel	ephone Nu	nberg	11.01			
Name of Facility Where A	hatement is Takin	n Place (3	`	FACII	LITY INFO	ORMATIC	ON	Type	of Facility (4	1)						
Bergen County Justi		ig i lace (c	,						School (K-12							
Street Address Bergen County Justi	ce Center				6				Subchapter Other (i.e. poetc.)	8 (Oth			dings,	hom	es,	
City (5) Hackensack									re Feet	# o 4.5	f Floors	1000	ldg. A 0 Yr			
County (6) Bergen	**************************************			County C	Code (7) ISE ONLY		_		nt Use (Prionmerical C							
Name of Monitoring Firm I Westchester Environ		Owner (8)		ASCM	No.				tement Con		(9)					
Street Address 307 N. Walnut Stree	t		10				Street /									
City, State, Zip Code West Chester, Pa 19	9830) 							ip Code w Jersey	0701	1-1802					
Project Manager for Monit Matthew Abraham		Telephone No. Telep 610-431-7545 973-						Na -	License N 00724	lo.						
Start Date (10) January 14, 2013				Completion Date (11) Name of OSHA Monitor 15,2013 Slavco Construction Inc.												
Occupancy Status During	Abatement (Chec	k Only On	e)	Street Address												
Facility Closed/Vacat Abatement Performe Other – Describe: At	d Outside of Norn	nal Facility	Hours	3	n-12:30an	<u>n</u>	A STATE OF THE PARTY OF THE PAR	ate, Zi	ip Code	0701	1-1802					
Scope of Work (Check All	That Apply)						Clifton, New Jersey 07011-1802									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Min Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure				9		
		le le	Locat	ion T				I NOI	II-LXempled	() all	u Non-i Hat	T		emen	t	
Location of Asbestos-Containing Machine ABA TO BE ABA In Facility (13)	/laterial (ACM) TED	Use Mai	lormal d Sole ntena odial 3 (12)	lly ly by nce/		Description of tos Containing Material (ACM) thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					Repair	e Encapsulate	Enclosure			
		Yes	No	N/A	7.	3.4		P						to .	Œ	
Room 124-	Floor		· X	li ili		Flo	or Tile	S	5 5	15	50 SF	x				
Room 124-	X		F	ireproof	fing &	Debr	is	11,	400SF	x						
Room 124-	X			Pipe	Insulat	ion		3	00LF	x						
Name of Registered Waste Slavco Construction I	H	IJDEP Walauler ID I		Cubic Y of Wast	te		G.R.O.V	V.S L	ered Landfill							
City, State Clifton, NJ 07011-1802						Disposa TBD			City, State Morrisvi		а					
Completed by Vivian D. Jurcevic	Mar	nager			gnature		DQu	icu	ic Ja	ite anuar	y 10	,201	3			

			(Pursua	nt to NJA	AC 8:60 ai	na 12:1	20)	Pro	sh #	= (a	544	H
Date of Notification (1) January 2,2013				of Buildi	ng Owner/ ergen	Operate	or (2)	2013 /84	1/1/	En		
Agencies Notified Type Notif			Street	Address Bergen	County	Plaza	4th Floor	. 1/18	PH 2	<u> </u>	201	ing
DEP Amer	nded ndment #		City, S	State, Zip	Code , New J			* LICE C.	200	ं ठेठ	JAN.	
DOH justific	gency (includin cation) ellation	9	Name	of Conta	ct			I Telenhone	Numb	8), 34.	<u></u>	
					FORMAT	ION			- ;	,	-0)
Name of Facility Where Abatement is Bergen County Justice Cente	Taking Place	(3)	TA	CILIT III	IFORMAT	ION	Type of Facili			う二		י י ועי
Street Address Bergen county Justice Center	- v			6			Other (i.e	K-12) ter 8 (Other than e. private & comn	K-12) nercial b	uilding		ග
City (5) Hackensack	2).						etc.) Square Feet 130,000	# of Floors		Bldg 50 \	Age	
County (6) Bergen				Code (7)			Current Use (F	Prior if being dem			-	
Name of Monitoring Firm Hired by Bu Westchester Environmental L	ilding Owner (8 LC)	ASC	M No.			of Abatement C	Contractor (9)	1100	•••		
Street Address 307 N. Walnut Street			-1			Street	Address Getty Ave.					
City, State, Zip Code West Chester, Pa 19830						City, S	state, Zip Code	ey 07011-180	2			
Project Manager for Monitoring Firm Matthew Abraham			Telepho	one No. 31-754	5	Teleph	none No. 478-4848		e No.		11	
Start Date (10) : 1-11-13	Schedul 2-15-1		A CONTRACTOR OF THE PARTY OF TH	Date (11		Name	of OSHA Monito	or .	•			
Occupancy Status During Abatement	(Check Only Or	ne)				Street	Address	on mc.				
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe: Abatement wor	Normal Facility	Hour	re	m to 12:3	0am	City, S	Getty Ave.					
Scope of Work (Check All That Apply)		,				Clitto	n, New Jerse	y 07011-180	2		05	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Enclosu Glovebag Pro				ro.	
Location of		Locat					TVOII EXCHIPA	and Non-	IIIADIE FI	Aba	emen ype	ıt
Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	Mai Cust	d Sole intena odial ((12)	ely by ince/ Staff?	Asbes (i.e	stos Conta . thermal s	systems ing, VA7	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)	Removal	T	Encapsulate	Enclosure
Room 124- Floor	Yes	No	N/A		Flor	or Tile	8	150SF	X	-	0	
Room 124- Floor		X		F	ireproof			11,400SF	-	+-	-	-
Room 124- Floor		X	1 7 19	-1.	-	nsulat		300LF	X	+		
						1.11						
Name of Registered Waste Hauler Slavco Construction Inc.		Н	IJDEP W lauler ID 8508	7070 7 TO	Cubic Y of Wast			Registered Land W.S LANDFIL			L	
City, State Clifton, New Jersey 07011-1802			i.		Disposa TBD	I Date	City, Sta	ile, Pa	3,6			
Completed by Vivian D. Jurcevic	Title Office	Mar	nager		Sig	nature	No.		Date	n/22	012	

0	
Check	H MM
oneck	# 000

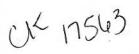
Date of Notification (1) 1-9-13			Nan Bo	ne of Build	ling Owner/operate	or (2)	- IVED	·	-		
Agencies Notified Type Notifi ☐ EPA Initial	ication		Stre 188	et Addres Pascacl	s c Rd	An	14 PM 2:56		1		
DEP Amendi Amendi Emerge		a	City	, State, Zip		& LIC	O CANTROL SMS: MS TROL				
DOH justifice	ation)		Nan	ne of Conta	act		Telephone Num	ber	_		
			F	ACILITY IN	FORMATION					=	
Name of Facility Where Abatement is Residential Property Scheduled Street Address	Taking Place I for Demol	e (3) lition	n			Type of Faci	(-12) ter 8 (Other than K-1	2)			
72 Werimus Rd						Other (i.e.	., private & commer	cial bu	ilding	s,	
City (5) Woodcliff Lake, NJ 07677					. *	Square Feet 2,000	# of Floors	_ 4	Bldg. 50 +	Age	
County (6) Bergen			Coi US	unty Code E ONLY	(7) (STATE	Current Use Residental	(Prior If being demo Structure	lished)		3	
Name of Monitoring Firm Hired by Bui (8) N/A	ilding Owner		ASCM N/A	No.	Name of Abater Loznica Man						
Street Address N/A	ar ar			70.	Street Address 22 Troy Lane						+ 1
City, State, Zip Code N/A					City, State, Zip C Lincoln Park,			•			
Project Manager for Monitoring Firm N/A		Tel N/	ephone A	No.	Telephone No. 973-706-7950) .	License No. 01193				
	Scheduled Co	omple	etion Da	ate (11)	Name of OSHA						
1-21-13	1-25-13				Loznica Mana	gement Corp		1			
Occupancy Status During Abatement Facility Closed/Vacated During Ent					Street Address 22 Troy Lane					Dalles II	
Abatement Performed Outside of N Other - Describe: Vacant					City, State, Zip C Lincoln Park,						
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Rer	novati			Full Cor Mini-En- Gloveba	ntainment With I closure ag Procedure	legative Pressure	re			
Location of	No	ocation rmally Solel	у		Description of			1	Abate Ty		t
Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13)	Maint Cu: S		dial (i.e		tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								
2nd Floor			X	VAT			100 SF	X			
Basement		X	Asbesto	s Duct Insulatio	n	50 SF	X				
	-					_		-	_		Ш
Name of Registered Waste Hauler		IN	JDEP \	Naste I	Cubic Yards	I Name of Rea	istered Landfill	_			Щ
Vision Transport	lauler JD 2393		of Waste	110 Sand C	entropy and a service of the						
City, State Kearny, NJ					Disposal Date TBD	City, State Melleville,	NY				
Completed By Stevan Lazarevich Vice Pres					Signature	Expressel	Date 1-9-1	3	93. 0		

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

No MeclC

	State of NJ
	Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7

Paragon Job#		(F	Pursuar	t to NJAC 8	3:60-7 and 12:12	20-7)	Dr.					
18							RECE 13 JAN 14 F	Mir.				
Date of Notification (1)	Nan	ne of Build	ling Own	er/Operator (2)		20	1/2 100	V F.	}—	***		
10 11 1/10 19 1/11 13		cean Cou	nty Col	ege			" JAN 14 P	DH -				
Agencies Notified Type Notifical		et Addres				1 4	A Property of the Property of	4 5. 2	8			
Initial Initial	c	ollege Di	r. PO E	ox 2001			& LICENSIA	Mr				
DEP Amend	ment City	, State, Zij					-11.3/8	in the L	9.		70	
DOL Amendment #	11 1	oms Riv	er, NJ 0	3754				C/				
DOH Emergency justification		e of Conta	act				Telephon	e Numbe	г	****		
DCA Cancell	S	1ike Bru	no D	irector of Fa	cilities							
			FACI	LITY INFORM	ATION							
Name of facility where abatement	is taking place	(3)					Type of Facility (Y		-	
Ocean County College								I (K - 12)	2	e 2		
Street Address				~~~				apter 8 (C Private/C			(-12)	
6. II B			2 3					Homes, e				
College Dr.	T ô t	(0)					Square Feet		rs		ldg. A	ge
City (5)	County	(6)			County Code (7) (State use only)			N/A		N/A		
Toms River, NJ 08754	Ocean				(Graic use only)		Current Use (Pr Shopping Cen		g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	Name of Ab	atement C	ontractor (9)					
N/A					Paragon (Contracti	ng. Inc.					
Street Address			 -l		Street Addre		3,			-		
5-1-7 - 1-7-12-7-15-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	* 6-	*: YOK 1	Ada et a	s transfer	590 Rive	r Rd.						
City, State, Zip Code		office on the	AL SITTLE	the state of the state of	City, State, Z	ip Code						
The State of the S						NJ 07014						e 19
Project Manager for Monitoring Firm	1	Phor	ne Numb	ër	Telephone N			License		er		
					(973) 61 Name of OS			00748				
Scheduled Start Date (10)	Sched. C	ompletion	Date (11)	Paragon (
01 04/2013	01/09/2	013		*	Street Addre		iig, iiic.					
Occupancy Status During Abatemer					590 Rive	r Rd.						
Facility closed/vacated during					City, State, Z	ip Code	1-4					
Abatement performed outside Describe:												
Other-Describe: Regulated an		rounds of t	he facility		Clifton, 1	NJ 07014		17.4				
Scope of Work (check all that apply	14				_					0.01		
Demolition	Renovation				Full Containme	ent w/nega	-	Glove				
> <u>3</u> sf or > <u>3</u> lf	≥160 sf or ≥26				Mini-enclosure)	Non-Exem	pted (")	Non-fr	iable	proce	dure
Location of	Is location no by maintena			104					R	R e	E	E
asbestos-containing material to be	staff(12)			Descriptio material (A	n of asbestos-conta	aining	Amount (Specify SI	For	m	p	n c	n
abated in facility (13)	Yes	No	N/A	material (/	(Civi)		LF)		O V	a i	a p	L
Campus Grounds		V		Transite Un	derground Pipe		530 LF		e	Γ		_
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Registered Waste Hauler Revic Transport	NJDEP 20788	Hauler ID#	# Ci	ibic Yards of W	Vaste Name of Re	gistered La	andfill		1			
City State Riverdale, NJ			sposal Da	ate	City, State							
Completed by (Print or Type)	Title		TBD	Signature	Bothlehe	pr, PA		Deta				
Goran Lazevski	President		63	Signature	11 /h			Date 01/0 9 /2	2013			
								0 11 0 101 1	-015			



Date of Notification (1) 1/10/2013				of Building				N 20	21-	W.	120	PA		
Agencies Notified Type Notification	AT.	_	Street A					20	IJ JA	N 14 F		~ [_}		
▼ EPA				RACE		T		431	£42*	'4 F	M 2	٠ ٨.		
DEP Amended Amendment Emergency				ate, Zip C R, NJ (Ħ		d	EL/	15.0°	V 2	. ગ્રફ		
▼ DOH justification) □ DCA □ Cancellation				of Contact AM MU				141	Tel	ephone Nu	mhéř	H.		
			FAC	ILITY INF	ORMATI	ON								
Name of Facility Where Abatement is Takin DOVER HIGH SCHOOL	g Place ((3)						of Facility (4						
Street Address								School (K-12 Subchapter		er than K-1	2)			
100 GRACE STREET							n d	Other (i.e. pretc.)				ldings	, hom	es,
City (5) DOVER							-	re Feet	# 01	Floors	E	3ldg. /	Age	
County (6) MORRIS	10			Code (7) USE ONL	0		Curre	nt Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building (KARL & ASSOCIATES, INC.	Owner (8)	ASCN	И No.				tement Cont		15 50	IG			
Street Address	27						Addres			' D				
20 LAUCK ROAD City, State, Zip Code		-			1 1	7.7.7.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2		D Code) RL/	/D.				
MOHNTON, PA 19540								NJ 0701	4					
Project Manager for Monitoring Firm MICHAEL KRISHER		Telepho 800-52	ne No. 27-5581			one No 956-8			License N 00494	lo.				
Start Date (10) 1/14/2013	Schedu 2/11/2		Completion Date (11) Name of OSHA Monitor SAME AS (9) ABOVE											
Occupancy Status During Abatement (Chec	k Only O	ne)				Street	Addres	s		-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	tate, Zi	p Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demoli				×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	edure				0	
	le le	Locat	ion				1401	i-Exempled	() and	I NOII-F Hac	T FIO	Anna Salara	emen	t
Location of		Norma	lly		Des	cription	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial ((12)	nce/	Asbestos Containing (i.e. thermal syste surfacing, \ other miscell			laterial s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										Œ	
WINDOWS - EXTERIOR	X		V	/INDOV	V CAU	ILKIN	G	3,8	10 SF	Х				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		Н	IJDEP W lauler ID 8743		of Was			Name of R WASTE		ed Landfill IAGEME	NT G	.R.C).W.S	S.
City, State CLIFTON, NJ					Disposi 2/1/1/2			City, State	ŞVILL	E, PA				-
Completed by VIVECA RAMOS	RETA	ARY		Si	gnature	sil 1	·uk	em	Da 1/	te 10/20)13	No.		

MEMBER - MAIL	THE I WAS ULL AND	1-0-A				non-	SIGN TO	n m	4.	Thomas .	_		
1/10/2013		-6 (PT		DOV	of Building Owner/Ope ER BOARD OF E	DUCATION - F	501 - 11	JU	AY				
Agancies Notified	Typo Notificatio	n		Street Address 2013 JAN 14 PH 2: 55JAN 1 C 2013									
EPA DCF DCF	Amended Amendme		_	DOVE	ate, Zlo Code R. NJ 07801	\$5 Clare	TouVo	Me	/				
DOH DOA	justification Cancellation	1)	9	WILL	of Contact IAM MULLINS	LENSI WA	- Total phone M	Uniber	_				
Name of Facility Where		ing Piece	(3)	FAC	LLITY INFORMATION	Type of Facility	/ ₂ (6),		_	_	<u>J</u>		
Hreel Address 100 GRACE STRE	*					Other (l.e.	(-12) er 8 (Other than K-1 , privote & commerc	12) cial buil		, hom			
Chy (6) DOVER						Square Feet	# of Floors	T	3ldg.	Agc			
County (8) MORRIS		-			Godo (7)	Current Uses (P	riar if balag demolis	hed)		-	•		
Name of Manitoring Firm KARL & ASSOCIA	m Hired by Budding TES, INC.	Owner (8)	ABCI	0.1040.000	ame of Abatement C		NG					
Stroot Address 20 LAUCK ROAD					10 - 1279	root Address	RD BLVD.						
City. State Zip Gode MONNTON, PA 18	540					IV. State. Zip Code	014						
Project Manager for Men MICHAEL KRISHE				Telepho 800-5		Rephone No. 173-956-8700	Ulconse (00494	do		-			
Start Dato (10) 1/14/2013		2/11/2		mplotion		SAME AS (9) AB	S	VE					
Occupancy Status Durin					St	rest Address							
Finallity Glossed/Vec Abstement Perform Other – Describe:	ated During Entire 106 Outside of Nor	mel Facilit	y Hour	mont 's	CI	ty, State, Zip Code		0.00					
Scope of Work (Check A	II That Apply)								-				
23 20 or ≥3 lf ≥1 GO of or ≥280 lf		O-AM	Renova Demoil			Mini-Enclosu Glovebag Pro	1 Mar. 1						
			Leeat Norma						Abat	omoni pe			
Asbestos-Containing TO BE AB	Asbestos-Containing Material (ACM) TO BE ARATED In Facility Used Solo Maintena Custodial			noe/ Staff?	Doech Auboston Containi (i.o. thormal sys surfacing other miso	ng Matadal (ACM) lems insulation, VAT, or	Amount (Specify SP or LF)	Ranosa	Repair	Encapsuate	DI POPULA		
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WINDOWS - E	WINDOWS - EXTERIOR X				WINDOW	ALII KING	3.810 SF	x					

Location of		l Leccot Normal	ly		Description of				Type						
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mo	ed Solo sintena stedial S (12)	100/		oston Containing Mate o. thormal systems in surfacing, VAT, o other miscolianson	Amount (Specify SP or LF)	Ranosal	Repair	Encapsulate	FROME					
	Yas	No	N/A							16	4				
WINDOWS - EXTERIOR		X			WINDOW CAUL	KING	3.810 SF	x							
	-			-				+	-	-	H				
Nome of Registered Waste Hauter TWO BROTHERS CONTRACTING		H	JDEP W Buler ID 1 8743		Cubic Yards of Weste 40	- Contraction	Registored Landfil E MANAGEME		.R.C).W	S				
Cliv. State CLIFTON, NJ					2/1/2018		City, State MORRISVILLE, PA								

ASB-41 (R-06 06)

Completed by VIVECA RAMOS

Date

1/10/2013

Title

SECRETARY

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Date of Notification (1) 1/9/13	1	Name of I	Building C rt Autho	ority of	perator (NY & N	23013 JAN 11	L DN							
Agencies Notified	Type Notification		5	Street Ad 241 Eric	dress e St. Ro	om 23	6						40	
DEP DOL	Initial Amended Amendment				e, Zip Coo City, NJ			& LICE,	Valli Valli	TROL G				
X DOH	Emergency (i justification) Cancellation	ncluding		Name of O				54A-94-1111-111-11-11-11-11-11-11-11-11-11-11	Tele	ephone Nu	mber	8		
			1_	FACIL	ITY INFO	RMATIC	N							
Name of Facility Where Port Newark Marine Street Address				lding				Type of Facility (School (K-1 Subchapter	2) 8 (Oth	er than K-	12)		0	
260 Kellogg Street								Other (i.e. p	orivate 8	& commer	cial build	dings,	home	es,
City (5) Newark								Square Feet 50000	3	Floors	Bldg. Age 60+			
County (6) Essex				County C STATE U	ode (7) SE ONLY)			Current Use (Pri Administratio			shed)			
Name of Monitoring Firm Port Authority of N		wner (8)		ASCM	No.		Name of Abatement Contractor (9) ABC CONSTRUCTION CONTRACTING IN						C.	
Street Address 241 Erie St. Room	236			Street Address 36-16 19th Avenue.										
City, State, Zip Code Jersey City, NJ 073	310			City, State, Zip Code Astoria, NY 11105										
Project Manager for Mor Uday Mehta			1000	Telephon 201-59				one No. 729-2501		License 01159	No.			
Start Date (10) 1/11/13		Schedule 2/11/13		pletion D	ate (11)			of OSHA Monitor CISION ENVI		IENTAL				
Occupancy Status Durin	ng Abatement (Chec	Only On	e)					Address						
Facility Closed/Vac	cated During Entire F	eriod of A	batem	ent				A 23rd Street						
Abatement Perform Other – Describe:	ned Outside of Norm	al Facility	Hours				Shows and the control	ate, Zip Code Island City, N	IY 111	105				
Scope of Work (Check A	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enoval emoliti				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
		Τ	1					1 Non-Exemple	d () an	u 14011-1 110	T T		emen	t
Locatio	n of	N	Location	ly		Des	scription	of				T	/pe	
Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED ility	Ma	d Solel intenar todial S (12)	nce/		tos Cont thermal surfa	aining M	laterial (ACM) s insulation, T, or	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Administration Bld	la Carago Area	103	140	X		Pine	Insula	tion		20 LF	- x	+	 	
		X		- i ipc	VAT			50 SF	x	\vdash	-	1		
Admin.Bldg Reco		^			VAI	477	-							
	1.0	IDED	note	T Cubic	Varda	Nama et	Peniet	ered La nd	fill					
Name of Registered Wa	Н	JDEP W lauler ID		of Was			1 0 0 0 0 0 0 0 0 0 0 0 0	North La						
City, State		2280	7000	100000	sal Date	Oity, Sta		A 1906	7					
Astoria, NY 11105 Completed by Title					30000		ignature	_//	ville, F		Date	2000000		
STANKO KORONS	SIDE	o.g. man y												

Date of Notification (1)				Name o	of Building	Owner/Operator (2)	LIVED				
01 /	09 / 13		I	vdia I	Panem		2013.IAN .					
Agencies Notified	Type Notification Initial			Street	Address	onuo	Access	4 PM 2: 58				
☑ DOLWD	Amended		100		naine Av tate, Zip C	ode	3 : E	T. Faithman				
□ DHSS	Amendment #_		- 1		No.	07206	LICE	NS/NG				1
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding			City, NJ of Contact	07300		Telephone Num	ber			
	☐ Cancellation		I	_ydia l	Panem							
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Taking	Place	(3)		-		Type of Facility	(4)				
Private house							School (K-12	2)	35			
Street Address							Subchapter Subchapter	8 (Other than K-1 2 private and comme	rcial bu	ilding	s,	
Lydia Panem		5					homes, etc.					
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
Jersey City, NJ 07306												
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being demoli	shed)			
Hudson				<u> </u>		,						
Name of Monitoring Firm	n Hired by Building (Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)				
						Gr Tech LLC					_	
Street Address						Street Address	(0.00					1
Oit Chata Zia Cada						576 Valley Rd #		1				
City, State, Zip Code				City, State, Zip Code								
Project Manager for Mor	aitorina Eirm		LTolo	phone	No.	Wayne, NJ 0747	70	License No.		-0		
Project Manager for Mor	mitoring i min		1010	priorie		973-638-1777		01127				
Start Date (10)	Sche	duled C	omole	tion Da	te (11)	Name of OSHA N	Monitor	01127		-7-25-		
01 / 20	*C 5.555	01 /					Sept. 10.4 (1980) (1990)					
Occupancy Status Durin						Envirovision Co Street Address	onsultants, inc					
☐ Facility Closed/Vaca	. F			ment			Pood Bldg #	344				
Abatement Performe	d Outside of Norma	I Facilit	y Hour	s - Des	cribe	20-21 Wagaraw City, State, Zip C		34M				
Time of Abatement:	AMP	M/	PM_		AM	Fair Lawn, NJ 0						
Scope of Work (Check a	ill that apply)		- 10 10 10				p and decontami	nation				
C	100 may 200 may	57.5					tainment with Ne	egative Pressure				
>3 sf or >3 lf 2 160 sf or >260 lf			novati			Mini-End Gloveba	g Procedure			2		
			and the second second		00 m	☐ Non-Exe	empted (*) and N	on-Friable Proced	ure	1		
			Locat						Ab	atem	ent T	уре
Locatio Asbestos-Containing			Norma ed Sole		Ach	Description of estos Containing Ma		Amount	R	R	En	四
TO BE AB		Ma	intena	nce/	(i.	e., thermal systems	insulation,	(Specify	Remova	Repair	cap	Enclosure
IN Faci		Cus	todial (12)	Staff?		surfacing, VAT other miscellane		SIF or LF)	<u>va</u>	-	Encapsulate	ure
(13)		Van	T	N/A		other miscellane	eous)				ē	
D		Yes	No	N/A	Dina ina	ulation		20 LF	X		П	H
Basement		+	H		Pipe ins	uiation		20 LF	H	H	H	
			Щ.	$\downarrow \Box$				ļ			Ш	닏
	1 2											
	1 5				10	1.						
Name of Registered Wa	aste Hauler		NJ	DEP Wast	e Hauler ID No	Cubic Yards of Was	te Name of Reg	istered Landfill	IV IV			
Gr Tech LLC				003378	85	TBD	T.R.R.F. Inc					many star an
City, State					-	Disposal Date	City, State	The state of the s			The same	- M. 12" - 1" - 1.
Wayne, NJ 07470						TBD	Tullytown, I	PA				4
Completed By (Print or	Type) Tit	le				Signature	4		Date			
N.Jevtic		vner			2	He	he Ne	nad 0	1/09/20	013		
ASB-41											-	



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Agencies Notified PAPA Pape P	Date of Notification (1) 1/8/13						ng Owner/Operato		2013 JAN 14	Du		*نبده	
Amendment # Facility Where Abatement is Teking Place (3) Street Address Street Addr	Agencies Notified	1 7	cation		Stre	et Addres	3		AF STATE OF THE ST		2.	Ĉ 8	
DOH	DEP	Amende			City,	State, Zip	Code		- WINE	THIS	116	1	=
DCA		Emerge	ncy (includi	ng	-			5	1 - 1 - 1 - 1	9			
Name of Facility Where Abatement is Taking Place (3) Suit Content (4) School (K-12) Subhapter 8 (Other than K-12) Su	DCA						0.0000000000000000000000000000000000000	ç	I elephone Nur	nber			
Surreat Address Street Address Street Address Street Address Surreat Addr					FA	CILITY IN	FORMATION				_=		
200 N. Crescent Blvd.	Name of Facility Where Building 5	Abatement is	Taking Plac	e (3)									
Square Feet Force Bidg. Age Square Feet Force Bidg. Age Square Feet Force Square Feet Force Square Feet Square Feet Force Square Feet Square		vd.						Other (i.e.,	private 8 commerc		lding	S,	
County (6) Camden County Code(7) (STATE USE ONLY) AscM No. Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address 300 S. Lenola Road City, State, Zip Code Start Date (10) 1/19/2013 Scheduled Completion Date (11) 1/19/2013 Cocupancy Status During Abatement (Check only one) Facility Closed/Mocated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check all that apply) Scope of Work (Chec	City (s)							Square Feet	2.)				
Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) NAME AEI2, LLC										_ 3	5 yr		
Street Address Street Address Street Address 300 S. Lenola Road					US								
Street Address 300 S. Lenola Road City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Project Manager for Monitoring Firm Telephone No. 609-481-2122 City State Address City, State, Zip Code Maple Shade, NJ 08052 Telephone No. 609-481-2122 City State Address City State, Zip Code Maple Shade, NJ 08052 Start Date (10) 1/19/2013 Project Manager for Monitoring Firm Telephone No. 609-481-2122 City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ Code Maple Shade, NJ Code Maple Shade, NJ Code City, State Tab Table Ta	Name of Monitoring Firm (8) N/A	Hired by Buil	ding Owner		ASCN	No.		nent Contractor	(9)				
City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052	Street Address						Street Address	Road					_
Project Manager for Monitoring Firm	City, State, Zip Code			-			City, State, Zi	p Code				-	
Start Date (10) I/19/2013 Scheduled Completion Date (11) I/19/2013 Scheduled Completion Date (11) I/19/2013 AEi2, LLC Occupancy Status During Abatement (Check only one) Specifity Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Abatement Performed Outside of Normal Facility Hours Scope of Work (Check all that apply) Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052 Street Ad	Project Manager for M	onitoring Fir	m	LTo	lanhana	Ma		NJ 08052	I Liganga Na				
1/19/2013 1/19/2013 AEi2, LLC	- Troject Manager for M	omtoring i ii		16	repriorie	140,		2					
Street Address 300 S. Lenola Road Street Address 300 S. Lenola Road City, State, Zip Code Maple Shade, NJ 08052				Compl	etion Da	ate (11)		Monitor					
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Maple Shade, NJ 08052	Occupancy Status During	g Abatement	(Check only	one)									
Scope of Work (Check all that apply)						t							
≥3 sf or ≥3 lf		Outside of N	Ulliai Facili	ly noi	uis		Maple Shade	, NJ 08052					
Secretary and non-Exempted (*) and Non-Friable Procedure Abatement Type	Scope of Work (Check al	I that apply)					Full Co	ntainment with I	Negative Pressure				
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Pes No N/A Bld 5 X Floor Tile IN Ame of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) April 1	>3 sf or >3 lf >160 sf or >260 lf		R	enova emoliti	tion on		Gloveba	ag Procedure	Non-Friable Proced	ure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Ves No N/A Name of Registered Waste Hauler AEi2, LLC LLC Location of Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Septiment Septiment	***************************************	,	100				ILLI NOII-LX	empled () and i	Voll-Friable Froced	-			:
Name of Registered Waste Hauler AEi2, LLC City, State Mailtenance (ACM) Name of Registered By Title Assestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) (i.e., thermal systems insulation) (i.e., thermal systems insulation) (i.e., t			Used	Sole	ly by				7 - 12000 personal a sector	_	Ty		
Name of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ Completed By Tele No N/A X Floor Tile 1500 SF X Luc Cubic Yards of Waste Hauler ID No. 21376 City, State TBD TBD TBD Completed By Title Signature Date	TO BE ABAT		C	ustodi Staff?	al		thermal systems in surfacing, VAT,	nsulation, or	(Specify	m o v	e p a	n c	n c l o s
Name of Registered Waste Hauler AEi2, LLC City, State Maple Shade, NJ Completed By Title NJDEP Waste Hauler ID No. 21376 Cubic Yards of Waste A TBD TBD TBD TBD Date			Yes	No	N/A						r	a	•
AEi2, LLC Haufer ID No. 21376 TBD City, State Maple Shade, NJ TBD TBD Completed By Title Signature Date Signature Date Date Date Signature Date Date Date Date Date Date Signature Date	Bld 5		_		X	Floor T	ile		1500 SF	X			
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AEI2, LLC City, State Maple Shade, NJ Completed By Title 21376 4 TBD City, State TBD TBD TBD Date		l u						1	istered Landfill		8		
Maple Shade, NJ Completed By Title TBD TBD Date	AE12, LLC 21						4						
Completed By Title Signature Date								Maria Santanan and Maria	. 1				
Wm. Minnick Program Mgr. 1/8/13	ways from the second se							12/2					_
	N						alm	Mm	Wh 1/8/13				



RECEIVED

Date of Notification (1) Job #:					Name of Building Owner/Operator (2)											
1/08/13					South	South Jersey Hospital, Inc. Street Address 2013 JAN 14, PM 2: 58										
Agencies Notified	Notificatio	n Type			Street	Addres	s		e				د. غ	0	100	
⊠ EPA	☐ Initial N	Intificatio	n		1505 V	Nest SI	herman A	venue	å.	24.	LICEN	1-1-3	C for m			
☑ DEP	☐ Amend				City, S	tate, Zi	p Code		***	ďε	LICEN	SINC	TO S	ί.		
⊠ DOL	1-	ndment#			Vinela	nd, NJ	08360					-114 G				
☐ DOH☐ DCA	☐ Emerge justific		luaing			of Conf					Teleph	one Nu	ımbeı		***************************************	
Z DON	☐ Cance				Comi	iel Verz	rollo							,		
		76.05E						ON				-				
Name of Facility Whe	re Ahateme	nt ic Taki	na Pla	ce (3)	FACIL	_IIY IN	FORMATI	ON	Type of Fa	cility (4	1)				-	
10 00 00 00 00 00 00 00 00 00 00 00 00 0		III IS I aki	illy Fla	GG (3)		Type of Facility (4) ☐ School (K-12)										
South Jersey Health Street Address	icare					☐ Subchapter 8 (Other than K-12)										
303 Irving Avenue																
City (5)									homes, Square Fe		# of Floors	:	Bldg. Age			
Bridgeton									40,000	333.152	3	•	30+			
County (6)					County	County Code (7) (STATE Current Use (prior if being d						lemolis	ned)			
Cumberland					USE C			3202	Health Cer							
Name of Monitoring F	r (8)	ASCM	No.	Name of	Contractor						_					
Criterion	. (-)					Remediation	n Inc									
Street Address		1		Street Ad		temediation	, 1110.					-				
3370 Progress Way			4343 'G'	Street												
City, State, Zip Code				te, Zip Cod	е				=10							
Bensalem, PA 1902		Philadelphia, PA 19124														
Project Manager for I		irm	Teleph	one Nu	mber			ne Number		Licen	se Numbe	r				
Jim Weltz	J	100	acon Street	4-1300			215-533-	3503		0085						
Scheduled Start Date	(10)	Schedu					10 mars 2 mars	OSHA Mo	nitor	0000	0		11100			
1/22/13		2/28/13					The Prin	ne Group F	Remediation	lnc		1. 181				
Occupancy Status Di	uring Abaten			y one)			Street Ac		tomoulation	.,						
	(2)				mont		4343 'G'	Street								
 ☐ Facility Closed/Va ☐ Abatement Perform 							City, Stat	te, Zip Cod	e							
Other - Describe:				•				phia, PA 1								
Source of Work (Che	ck all that ar	nly)						,,							-	
☐ >3 sf or >3 lf	on an arac ap	P-J/		M Pe	enovation		9	□ Full Cor	ntainment wi	th Nea	ative Press	eure				
□ >3 \$1 01 >3 11 □ >160 sf or >260 lf					molition			Mini-En		ui iveg	alive Fiess	vo i lessule				
							☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure									
		T	-		1			⊠ Non-Exe	empted (*) a	na Nor	1-Friable P	roceau	re			
		Is	Lc.catio	on									Abat	emen	t	
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TO BE ABAT		000000000000000000000000000000000000000	ustodia					insulation,		SF o		R		Encapsulate	m	
IN Facility			Staff?				acing, VAT					em	Repair	ap) Clo	
(13)			(12)			other	miscellane	eous)				Remova	air	sula	Enclosure	
												-		fe	0	
1 st Floor	Yes No N/A 1st Floor X					ile			4400	SF		- x	-			
3 rd Floor				X	Floor T				2700			Х				
Name of Reg. Waste	Hauler		- N	JDEP W	laste	Cubic	ubic Yards Name of Reg. Landfill						-			
Name of Reg. waste	naulei		2333	auler ID	2000	of Was	330									
	The Prime Group Remediation, Inc. 19272					10		77.650.000	Landfill(OF	I EPA	15-1292)					
City, State							sal Date	City, Sta								
Philadelphia, PA					12	2/28/1			burg, OH		15					
Completed by Title							Signature	-	_	\geq	2442.0	ate	8			
Vincent J. Primavera, III Project Manager								-	3		1/0	08/13				



Date of Notification				Name of Building Owner / Operator (2) JAN 14 PM 2: 58												
Agencies Notified	01-09-2013 Type Notific			Street	t Ado	unive	rsity Hospitai		JAN 14	PM 2 -						
⊠ EPA	Type Noting	Jation		18 E.	Laur	el Road		A	& LICENS	11 4: 28	3					
☐ DEP	☐ Initia			City, S	State	& Zip C	Code		E 1160 6	States						
⊠ DOL	1-11-11	ended (2 nd)				, NJ 0	8084		LICENS	HI KOY						
□ DOH		ergency cellation				ontact				. (4)	Γelepho	ne N	umb	er		
L DCA	L Can	Celiation		11		as Ducat				4						
		+ 17 - 5			CILI	TY INF	ORMATION	1 (4)								
Name of Facility Williams Mennedy University			lace (3	3)			Type of Facili									
Street Address	sity Hospit	ai .					- Install		Other than K-1	2)						
18 E. Laurel Road								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
							Square Feet		# of Floors	В	ldg. Ag	е				
City (5)		County (6)	Co	unty	Code	(7)	250,000)	2		Color Contain	52				
Stratford, NJ 08084		Camden						Prior i	f being demoli	shed)				100000000000000000000000000000000000000		
							Hospital									
Name of Monitoring			ner (8)		AS	CM No										
Healthy & Safety Street Address	Services,	LLC			111		Street Addres		ement Grou	p, LLC				-		
318 12th Street							2115 Hamilt		ve, Ste 202							
City, State & Zip Co							City, State & 2									
Hammonton, NJ			T - .					n, NJ 08619								
Project Manager for Mr. Jim Proctor	rivionitoring	Firm		704-			Telephone No. 609-977-615									
Scheduled Start Da	te (10)	Scheduled Co	-	-	-		Name of OSH		nitor		0110		-			
01-12-20			01-17				J&S Enviro	nmen	tal Laborato	ries Inc						
Occupancy Status I					•	1000	Street Addres	3200	P0130207	12						
		During Entire F					2333 Route		AND DESCRIPTION OF THE PERSON							
Abatement Describe:	Performed C	Outside of Norm	ai Hot	IIS 4.	3Upm	1-1:00ar	n City, State & 2 Union, NJ 0	The second second	de							
	upied Durin	Abatement					Ollion, No	11003								
Scope of Work (Ch	THE RESERVE OF THE PROPERTY OF															
	WEST			_				\boxtimes	Full Containm		legative	Pres	ssure)		
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≥160 sf ≥26	O II		Ц	Dei	HOIIL	OH		H	Non-Exempte		n-Friable	Pro	cedu	ıre		
L	ocation of		Is	Locat	tion	T	Description	Description of Amount Abatem					0.112.00			
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	erial (ACM) BE ABATED			olely itenar		-	Material (AC (i.e., thermal sy			F or LF)	N N	70	Encapsulate	Enclsoure		
	n Facility			odial			insulation, surfac				Remova	Repair	apsı	clso		
	(13)			(12)			or other miscella	aneou	s)		<u>a</u>	₹	late	le le		
			Yes	No	N/A	1				F00 0F						
Dr. Condolucci's	Office		닏		+		Ceiling ti	ile		500 SF		H	H	H		
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Name of Registered	d Waste Hau	ıler	1	14 (2.50),000		Waste		Name	e of Registere	d Landfill						
Robinson Waste	Dianocal	Samilaa Ina			auler '304	ID No.	of Waste	Grov	ws Landfill							
City, State	Dispusai	Service, IIIc.		117	304		Disposal Date		State							
Voorhees, NJ					TBD		risville, PA									
Completed By (Print or Type)					le		Signature				Date					
Mr. Brian Han				Pr	resid	lent	1	10		24	01/0	9/2	012			
III. Ditair Harloy							177	11/1								