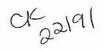
CK 22192

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

RECEIVED

Date of Notification (1)	25 / 13					Owner/Operator (2 Corporation Inc.	2013	JAN 28 PM	0			
						**************************************	A 16 2.	-0 LW	2:58	-		
Agencies Notified ⊠ EPA	Type Notification	í			Address	. D.:						· C
⊠ DOLWD	☐ Amended				1 Legacy		Ć.	LICENTILL	4.EL		3200	
☑ DHSS	Amendment #			2.5	tate, Zip C		0.700	THE				
☑ DCA	☐ Emergency (in	cluding			no, TX 7			-	(4)	<u> </u>		
(NJAC 5:23-8)	justification)			1007124550	of Contac		70	Telephone Num	ber			
	☐ Cancellation	21		Soy	Thomas	3						
				FAC	ILITY IN	FORMATION						
Name of Facility Where A	Abatement is Taking	Place	(3)		1		Type of Facility (4)				
Garden State Plaza	Ì						School (K-12)					
Street Address							☐ Subchapter 8☑ Other (i.e., pri			ildina	8	
502 Garden State F	Plaza						homes, etc.)	vate and comme	roiai ba	nung.	٠,	
City (5)				-			Square Feet	# of Floors	Blo	lg. Ag	je	
Paramus NJ							150000	2	1000000	75		
County (6)	Name and the same of the same			Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pric	or if being demoli	shed)			
				Coun	ty Code (/	NOTATE GOE ONET	Current coc (i iii	or in boning donnor				
Bergen	11: 11 B 11: - (0)	10011		Name of Abstome	ent Contractor (0)				145015	
Name of Monitoring Firm)wner (8)	ASCM		Name of Abateme						
Hillmann Consultin	ng LLC			6225	2	JVN Restora	tion inc				-	
Street Address						Street Address						
1600 Route 22 East	t					47 Foster Ro	ad					
City, State, Zip Code	1000	- 0				City, State, Zip Co	ode					
Union NJ 07083						Staten Island						
Project Manager for Mon	itoring Firm		Tele	phone l	No.	Telephone No.		License No.				
Tom Rubino	- a		90	8-956	-1233	718-605-6256	6	00774			2:	
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
2 / 6 /	555	3 /	and the second			Testor Tech						
The second second						Street Address	*	40		2		
Occupancy Status During							m Augnus					
☐ Facility Closed/Vacate☒ Abatement Performed					cribe	10 59 Jackso						
Time of Abatement: _	AM- P	M/10:0	0PM-	s - Des 3:00AN	/IAM	City, State, Zip Co						
Time of Albatomont.						LIC, NY 1110	1					
Scope of Work (Check a	Il that apply)					□ Eull Con	tainment with Neg	ativa Pressure				
≥3 sf or ≥3 lf		□Re	novati	on		☐ Mini-End		ative i ressure				
□ ≥160 sf or ≥260 lf		De				☐ Gloveba	g Procedure	200 00 20 00				
						⊠ Non-Exe	empted (*) and No	n-Friable Procedu				
			Locat						Ab	ateme	ent T	ype
Location			Norma			Description of		Amount	Re	Re	四	四四
		I USE		nce/		estos Containing Ma e., thermal systems	iterial (ACIVI)		-3	Repair	cap	Enclosure
	Material (ACM)	000000000	IIICIIa					(Specify	8		S	sure
TO BE ABA	Material (ACM) ATED	Ma	todial	Staff?		surfacing, VAT	insulation, , or	(Specify SF or LF)	Removal	~	=	
	Material (ACM) ATED	Ma Cus	todial (12)		,,,,		insulation, , or		noval		Encapsulate	
IN Facil (13)	Material (ACM) ATED ity	Ma	todial	N/A		surfacing, VAT other miscellane	insulation, , or	SF or LF)			ulate [
IN Facil	Material (ACM) ATED ity	Ma Cus	todial (12)		VAT/M.	surfacing, VAT other miscellane	insulation, , or		noval		ulate	
IN Facil (13)	Material (ACM) ATED ity	Ma Cus Yes	(12) No	N/A		surfacing, VAT other miscellane	insulation, , or	SF or LF)			ulate	
IN Facil (13)	Material (ACM) ATED ity	Yes	No	N/A		surfacing, VAT other miscellane	insulation, , or	SF or LF)			ulate 🔲 🗆 🗅	
IN Facil (13)	Material (ACM) ATED ity	Ma Cus Yes	(12) No	N/A		surfacing, VAT other miscellane	insulation, , or	SF or LF)			ulate 🗆 🗆	
IN Facil (13)	Material (ACM) ATED ity	Yes	No	N/A		surfacing, VAT other miscellane	insulation, , or	SF or LF)			ulate	
IN Facil (13) 2nd Level Joe Fresh	Material (ACM) ATED lity Dept.	Yes	No 🖂	N/A	VAT/M.	surfacing, VAT other miscellane	insulation, , or eous)	SF or LF)			ulate 🗆 🗆 🗆	
2nd Level Joe Fresh Name of Registered Was	Material (ACM) ATED lity Dept.	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste	insulation, , or eous)	SF or LF) 50 tered Landfill			ulate	
IN Facil (13) 2nd Level Joe Fresh Name of Registered Was Express Waste Ser	Material (ACM) ATED lity Dept.	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 5	Name of Regis	SF or LF)			ulate	
Name of Registered Waste Ser	Material (ACM) ATED lity Dept.	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 5 Disposal Date	Name of Regis Global Was	50 tered Landfill ste Industries,			ulate	
IN Facil (13) 2nd Level Joe Fresh Name of Registered Was Express Waste Ser	Material (ACM) ATED lity Dept.	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 5	Name of Regis	50 tered Landfill ste Industries,			ulate	
Name of Registered Waste Ser	Material (ACM) ATED lity Dept. ste Hauler rvices LLC	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 5 Disposal Date	Name of Regis Global Was City, State Hackettsto	50 tered Landfill ste Industries,			ulate	
Name of Registered Waste Ser City, State Newark NJ	Material (ACM) ATED lity Dept. ste Hauler rvices LLC	Yes	todial (12) No	N/A	VAT/M.	surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 5 Disposal Date 3/6/13	Name of Regis Global Was	50 tered Landfill ste Industries,			13	



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

RECEIVED

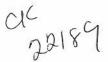
Date of Notification (1)	/ 13	4		775,850		ng Owner/Operator ((2) 20/3 J	AN 28 PM 2:	()		-	
☑ EPA☑ DOLWD☑ Ame				City,	et Address 01 Lega State, Zip	Code	& L	CENTING RE	ે 8 પ	1		
	rgency (inc	ludin	g g	PL	ano, TX	75024			272			
(NJAC 5:23-8) justif	ication)	2/9		120000000000000000000000000000000000000	e of Conta	- 1	<u>a</u>	Telephone Numb	oer	a		
☐ Cano	cellation			So	y Thoma	as						
				FA	CILITY	NFORMATION	* *		100			
Name of Facility Where Abatemen Woodbridge Center	t is Taking	Place	(3)				Type of Facility ()		e de la composição de l		
Street Address 428 Woodbridge Center							Other (i.e., pr homes, etc.)	(Other than K-12)	cial b	uildin	gs,	
City (5) Woodbridge NJ						130	Square Feet 150000	# of Floors		ldg. A 75	ge	
County (6) Middlesex				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm Hired by	Building Ov	vner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
Hillmann Consulting LLC				622	52	JVN Restorat	tion Inc					
Street Address					1325	Street Address						
1600 Route 22 East						47 Foster Ro	ad					
City, State, Zip Code	- 1					City, State, Zip Co	ode			at 20		_
Union NJ 07083						Staten Island						
Project Manager for Monitoring Fire	n		50000000	ephone		Telephone No.		License No.				
Tom Rubino	7	,			5-1233	718-605-6256		00774				
Start Date (10)	Schedu					Name of OSHA M	lonitor					
//	3			/	13	Testor Tech						
Occupancy Status During Abateme	and the same of the same of					Street Address						
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside of						10 59 Jackso						// //
Time of Abatement:AM-						City, State, Zip Co			60			
Scope of Work (Check all that apply ≥3 sf or ≥3 If ≥ 160 sf or ≥260 If			novat moliti		37-23	☐ Full Cont. ☐ Mini-Encl ☐ Glovebag		ative Pressure	1500			
2			mond	J11			npted (*) and Non	-Friable Procedure	е			
			Loca						Ab	atem	ent T	ype
Location of Asbestos-Containing Material (A TO BE ABATED IN Facility (13)		Use Ma Cust	(12)	ely by ince/ Staff?		Description of estos Containing Mat e., thermal systems in surfacing, VAT, other miscellaned	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
2nd Level Home Street Dept.		Yes	No 🖂	N/A	VAT/M	ASTIC		4670		П		П
	1	7										
						1 27	7.1					
	Г	7	П		2	- 77						
Name of Registered Waste Hauler				JDEP \		Cubic Yards of	Name of Registe	ered Landfill		L	Ш	
Express Waste Services LL				lauler II	O No.	Waste		te Industries, Ir	ıc.			
City, State	G E			NJ-80	14	40 Disposal Date	City, State					
Newark NJ			74-			3/7/13	Hackettstov	vn, NJ				
Completed By (Print or Type)	Title			8-30 Tu		Signature	0 1	Λ Date	e		-	
John Tardy		nior l	Proje	ct Mar	nager	111	auch		2	5	13	3
SB-41 14¥ 11	* 0-	not	16	in farm	for aches		/	T)		11	

CK 22188

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

and 5:16)

Date of Notification (1)		107.000 FESTER 1817					ng Owner/Operator (2)	7 /4	1 Er		2000	
		13	_		JC	Penney	Corporation Inc.	2013	JAN 28 PH	to had	1		
Agencies Notified	Type Notifica	ation			Street	Address			28 PM		Ser Copy	-	-
⊠ EPA					650	1 Legac	y Drive	^推 3海。	'17	2:51	0		
⊠ DOLWD	☐ Amended	3			City, S	State, Zip	Code	· 6	LICENSING		-		
☑ DHSS	Amendm					ano, TX			LICENTE	Ren			
□ DCA (NJAC 5:23-8)	☐ Emergen justificati	icy (inclu on)	aing	J		of Conta		-	Telephone Nun	her			-
(140/10/0.20/0)	Cancellat					/ Thoma			receptione real	ibei.			
	1								1	-	-		
Name of Facility Where	Abatament is 7	Takina D	laaa	/2\	FA	CILITYII	NFORMATION	T= 7.5					
Monmouth Mall	Abatement is	raking P	race	(3)				Type of Facility					
							0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Subchapter	2) 8 (Other than K-1:	2)			
Street Address									rivate and comme		uildin	qs.	
State Highway 35	8. 36		81				27 27	homes, etc.)					
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Eatontown								150000	2		75		
County (6)					Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demol	shed)			
Monmouth					oku ji	4 66 76	10 M 1 M 1	m 9					
Name of Monitoring Firm	Hired by Build	ding Ow	ner ((8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-700		
Hillmann Consultii	ng LLC				6225	52	JVN Restorat	tion Inc					
Street Address	-						Street Address						11100
1600 Route 22 Eas	t						47 Foster Ro	ad					
City, State, Zip Code			-				City, State, Zip Co				_		_
Union NJ 07083							Staten Island						
Project Manager for Mor	nitoring Firm			Tale	phone	No	Telephone No.		License No.	-			
Tom Rubino	moning r iiiii			10000	08-956		718-605-6256		00774				
Start Date (10)		Schedule	-4 C	31086	-2007 (2002)		Transfer and American Street and Co.		00774				
2/_4_/	10.5			- 15	/	17 50	Name of OSHA M Testor Tech	ioriitoi		î			
Occupancy Status Durin	g Abatement (Check o	nly c	one)			Street Address						
☐ Facility Closed/Vacat	T			5.00	ment		10 59 Jackso	n Avenue					
						cribe	City, State, Zip Co				727		
Time of Abatement:	AM	PM/ <u>1</u>	10:0	<u>0</u> PM-	6:00AI	MAM	LIC, NY 1110						
Scope of Work (Check a	II that apply)												
	,,	-	_					ainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	10000	novat			☐ Mini-Enc						
△ ≥100 St 01 ≥200 II			ם חפ	HIOHLI	311		☐ Glovebag Non-Exe		n-Friable Procedu	ıre			
			Is	Loca	tion	I		, , , , , ,			atem	ent T	vne
Location	n of			Norma			Description o	f			_	_	ī
Asbestos-Containing		1)		d Sol	ely by		estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB. IN Faci					Staff?	(i.e	e., thermal systems surfacing, VAT,		(Specify SF or LF)	No.	ai-	aps	los
(13)	iity			(12)			other miscellane		SF OI LF)	<u>s</u>		u a	le le
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1 ST Level Joe Fresh	Dеру.]	×		VAT/M	ASTIC		1500				
2 ND Level Homes Str	eet Dept.]			VAT/M	ASTIC		9000	×			
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		L]										
Name of Registered Wa	ste Hauler			10.70	JDEP \		Cubic Yards of	Name of Regis	tered Landfill			94	
Express Waste Ser	rvices LLC				lauler II NJ-80		Waste 80	Global Wa	ste Industries,	Inc.			
City, State			111		110-00		Disposal Date	City, State			1	-	
Newasrk NJ							3/4/13	Hackettsto	wn, NJ		i		
Completed By (Print or T	vne)	Title	39.00				Signa ţûŗe	0		ate	-		
John Tardy	٠ ١٣٠٠	0.000000	ior	Proi	ct Mai	nager	3	Tancly			5	13	
		Jeil	101		ot mai	nayer		(0, -0, 9		1/2	2	17	
ASB-41 MAY 11		* Do	not	usa ti	nie form	for aches	tos licensure exemn	ted activities		1	E		



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

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					
1/	_ /13	<u> </u>		JC	Penney (Corporation Inc.			A)		
	Notification			Street	Address			20.			,	
⊠ EPA ⊠ Ir	itial	ı		650	1 Legacy	y Drive		19	/.		0	
	mended	8 19			tate, Zip C				Ap.		1 1 1	Ch
	mendment #			11111111	no, TX 7				,<	8		(1)
	mergency (in	cluding	3		of Contac			Tolophop Murch			-	
	stification) ancellation			200	경기가 없는 이렇게	장	9	Telephone Numb	ber		جي/	^
100	ancellation				Thomas				Str	e - -		<i>S</i>
Name of Facility Where Abater	nent is Takin	o Place	(3)	FAC	JILITY IN	IFORMATION	Type of Facility	(4)	13	6/	3)	
Wayne Town Center		go.	(-)				School (K-12	3. 53			•	
Street Address								(Other than K-12))	(
260 Wayne Town Center	•							rivate and commer		ilding	s,	
City (5)		-			 		Square Feet	# of Floors	Toi	dg. A	20	
Wayne							150000	2		75	ge	
				10						/5		
County (6)				Coun	ty Code (/)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Passaic									152m15.15			No.
Name of Monitoring Firm Hired		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			25		200
Hillmann Consulting LL	3			6225	2	JVN Restorat	tion Inc					
Street Address		Ш				Street Address		Constructing to Mode in Case do				
1600 Route 22 East				12		47 Foster Ro						
City, State, Zip Code						City, State, Zip Co	ode					
Union NJ 07083						Staten Island	Long of The					
Project Manager for Monitoring	Firm		Tele	phone	No.	Telephone No.		License No.				-33,000
Tom Rubino			90	08-956	-1233	718-605-6256		00774				
Start Date (10)	Sched	duled C	omple	tion Da	te (11)	Name of OSHA M	lonitor				ï	20,000
2/11/13		3_/	1_	_ /.	13	Testor Tech						
Occupancy Status During Abat	ement (Chec	k only	one)			Street Address	AMMONTO CONTRACTOR		3			
☐ Facility Closed/Vacated Dur	ing Entire Pe	riod of	Abate	ment		10 59 Jackso	n Avenue					
Abatement Performed Outs						City, State, Zip Co	ode				-	
Time of Abatement:	AMP	M/ <u>10:0</u>	<u>)0</u> РМ-	6:00A	<u>//</u> AM	LIC, NY 1110		5 to 20				
Scope of Work (Check all that a	apply)								104 1			
П > 2 «б « » > 2 «б		П.					tainment with Neg	gative Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	g Procedure					
2 _ 100 01 01 _ 200 11								n-Friable Procedur	re			
		0.748	Loca						Ab	atem	ent T	ype
Location of			Norma			Description of			-	_		1
Asbestos-Containing Mater	al (ACM)		ed Sole			stos Containing Ma		Amount	em	Repair	DC.	nc
TO BE ABATED IN Facility				Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	Remova	≒	psu	Enclosure
(13)			(12)	10000		other miscellane			-		Encapsulate	9
		Yes	No	N/A		121					w .	
2 nd Level Home Street Dep	ot.		\boxtimes		VAT/M/	ASTIC		3515	\boxtimes			
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wa a jan	. J. n.				la constant	A ME DESIGNATION						
Name of Registered Waste Har	ıler		3,728	JDEP \		Cubic Yards of	Name of Regis	tered Landfill			A T	
Express Waste Services	LLC			lauler II NJ-80		Waste 40	Global Wa	ste Industries, I	nc.			
City, State						Disposal Date	City, State					
Newark NJ						3/11/13	Hackettsto	wn, NJ		0000		
Completed By (Print or Type)	Title	Α			-	Signature /)	Da	te	-		
John Tardy			Drois	ect Mai	2005		arcly?	l l	77	<	12	,
	3	CHIOF	FIOJE	CL WIZE	iayer	1-12	cru iq		12	0	10	,
ASB-41 MAY 11		Do no	t use ti	nis form	for asbes	tos licerisure exemp	oted activities		1	1		

CX can

John Tardy

ASB-41 MAY 11

State of New Jersey

27,0		NOT				SBESTOS ABAT AC 8:60 and 5:1	FEMENT /* 6)	ECE/VE	<i>8</i>			
Date of Notification (1)	25 /	13				ng Owner/Operator (2013 J	N 28 PM 2:	<u> </u>			NII AA -
Agencies Notified EPA DOLWD DHSS DCA	Type Notificatio ☐ Initial ☐ Amended ☐ Amendment ☐ Emergency justification)	#(includin	- g	City,	t Address O1 Legac State, Zip ano, TX of Conta	cy Drive Code 75024	· & L/	CENJING (• •			4
(NJAC 5:23-8)	☐ Cancellation				y Thoma			Telephone Num	ber			
	-				-	NFORMATION	And the same of th	-		-		
Name of Facility Where A	batement is Tak	ing Place	e (3)			· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				
Rockaway Town So Street Address 305 Mount Hope Av						9,8	School (K-1	2) 8 (Other than K-12 private and commer) rcial b	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Rockaway NJ				The second secon			150000	2		75		
County (6) Morris	98 74			Cou	nty Code ((7)(STATE USE ONLY)		rior if being demolis	hed)			
Name of Monitoring Firm Hillmann Consultin		g Owner	(8)	ASCM 622		Name of Abateme	11 (5)			77		*
Street Address 1600 Route 22 East			3.c	<i>30</i>		Street Address 47 Foster Ro	ad	2. 2.				
City, State, Zip Code Union NJ 07083	1	S				City, State, Zip Co Staten Island		10.50				
Project Manager for Monit	toring Firm		Te	lephone	No.	Telephone No.	389	License No.			-	
Tom Rubino			!	908-956	-1233	718-605-6256		00774				
Start Date (10)2 /11 /				letion Da		Name of OSHA M Testor Tech	Ionitor					
Occupancy Status During Facility Closed/Vacate				ement		Street Address 10 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:	Outside of Norm	al Facilit	у Но	urs - Des		City, State, Zip Co	ode .					
Scope of Work (Check all ≥3 sf or ≥3 If ≥160 sf or ≥260 If	that apply)		emoli	tion		☐ Full Cont ☐ Mini-Encl ☐ Glovebag	ainment with Ne losure procedure	gative Pressure on-Friable Procedur	e	0.2	,	
Location	of	100	Loc Norm			Description			Ab	atem	ent T	уре
Asbestos-Containing M TO BE ABA IN Facility (13)	Material (ACM)	Use Ma	ed So inter	olely by nance/ I Staff?		Description of estos Containing Mai e., thermal systems i surfacing, VAT, other miscellaneous	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1 ST Level Home Stree	t Dept.		\boxtimes		VAT/M	ASTIC		21500			П	
					2 12 11	1 0 1 T	1.					
							file lines					
		1-	П		ly -		7	-4				
Name of Registered Waste Express Waste Serv				NJDEP \ Hauler II NJ-80	No.	Cubic Yards of Waste 120		stered Landfill ste Industries, Ir	nc.		-	
City, State Newark NJ Completed By (Print or Ty)	ne) Ti	tlo		**************************************		Disposal Date 3/11/13	City, State Hackettsto	wn, NJ	1			1

Senior Project Manager

* Do not use this form for asbestos licens (re) exempted activities.

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7

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Che	14

1231

Date of Notification (1	1)				Name o	f Building Owner	/ Operator (2)	-			
01 / 25	/ 13				MERCK			PA	Mr.		
/					Street A	ddress			and hand	W. D.	
Agencies Notified	Type of N	lotifica	ation		1011 M	ORRIS AVENUE	2	nia	2	" Bus find	<u> </u>
☐ EPA	\checkmark	Initia				ate, Zip Code	- 21	913 _{JAN}	20 0		
DEP DEP			nded			NJ 07083			20 P	1 2:5	
☑ DOH ☑ DOL	(ndme			f Contact	A.	Telepho	one Num	iber 😽	0
☑ DOL	H		rgenc cellation	y w/ justification	MIKE C	ARRANO				71.27	
		Carro	eliau		ACILITY	INFORMATION		Mar I III	-110.11	VG REAL	
					ACILITI	INFORMATION				~	£.*)
Name of Facility When	re Abaten	nent is	s Taki	ng Place (3)		Type of Facility	v (4)			-	<u> </u>
MERCK				g (o)		1 ype of r dome	<i>y</i> (1)				
						☐ Sch	ool (K-12)				
Street Address						☐ Sub	chapter 8 (Other	than K-1	12)		
1011 MORRIS AVENU	E .						er (l.e., private &	cmmerc	ial		
							gs., homes, etc.)				
	County (6)		County Code	(7)	Square Feet	# Of Floo		Buildi	ng A ge	
UNION	JNION					10,000		2	_	45) +
							rior if being den	nolished)			
Name of Menitoring E	irm Hirad	hu Di	d= 0		IACON N	MECHANICAL	- 10	(0)	- 19		11 11
Name of Monitoring F AET	ırın Hirea	by BI	ag. O	wner (8)	ASCM N	O Name of Abate	ment Contractor	r (9)			
AL1						I VI Environmen	ntal Services Inc.				
Street Address		0.110				Street Address					
335 HIGH STREET						Street Address	,				
City, State, Zip Code		-				462 Getty Aven	IIA .				
METUCHEN, NJ 08840	10					City, State, Zip					
Project Mngr. For Mor		irm		Telephone Nu	mber	-	3040				
ERIC HOUSEKNETCH				732-321-0666		Clifton, NJ 070	11				2
Sheduled Start Date (1	10)	Sche	d. Cor	mpletetion Date (1	1)	Telephone Nun		License	Number	r	
_02 / _05 /	13	_	02	/06/	13	_					
/ /				//		973-772-366	60			00117	
Occupancy Status Dur						Name of OSHA	Monitor				
	sed/Vacat	ted Du	ıring E	Entire Period of		LVI Environmen	tal Services Inc.	4			
Abatement	- V	100111001111111111111111111111111111111		SAMPLE STATE		Street Address					
		d Out	side o	f Normal Facility							
Hours - Des	2000	7.004	1100	0.014		462 GETTY AVE					
Other - Des	cribe:	7:00A	.IVI-3:3	0 PM		City, State, Zip					
Scope of Work (Check	All That	Annly	,			CLIFTON, NJ 07	7011	_			
Scope of Work (Check	All Illat	Apply	,								
☐ Demolition			V	Renovation	П	Full Containme	ent with Negative	Pressur	е		
≥3sf or ≥3lf				11011011011		Mini - Enclosur			•		
≥160 sf or ≥	260 If				7	Glovebag Proce	edure				
						Non-Exempted	(*) and Non-Fria	ble Proce	edure	- 6	
Location of	.		ls		Descrip			Abateme	ent Type		
Asbestos Contair	-	1.0%	cation			Containing	1.050	R	-	E	E
Material (ACM) TO BE ABATE		The state of the s	rmally Ised		Material		Amount	E	R	N	N
in Facility	2		olely			al systems rfacing, VAT,	(Specify	M	E	C	C
(13)			Main-			cellaneous)	SF or LF)	O V	P	A P	O
(13)	- 1		ance/	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ulei illis	cenaneous		Ā	A	s	s
	2 8		stodial					Ê	R	li	lu l
	*		ff (12)						1.	ĬĽ.	R
		YES	NQ N/	A					1	-	
J-6 1ST FLOOR	114 - 110-100		V	PIPE FITTING			1 LF	7			
J-6 MEZZANINE		Total Control	7	PIPE & FITTING	3		25 LF	7	1 1	1 7	

							A 15 14 A 15 -	П	IT		1 1
Name of Registered Wa	aste Haul	er		NJDEP Waste	Cubic	Name of Registe	ered Landfill				
NEWARK CARTING				Hauler ID No.	Yards	I.E.S.I.					1.0
			q-x	4509	of Waste			200	0.675	_	
City, State	20 HP				Disposal		11.00	7 7		in and the second	a
NEWARK, NJ				25.72	Date	TULLYTOWN, P.	Α				
		er property of				/			7.	1-	
Completed by (Print or	(ype)		32	Title	AOEC.	Signa	ature	1 /	1.	Date	
STEVEN STILES				PROJECT MAN	AGER	15:	toed	114	1		04/05/40
							CUL,		-		01/25/13

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

Date of Notification (1)		181	I Name of D. II				
01-19-x	2013		iname of Bui	Iding Owner/Operator (2	Con 1.	12010	
Agencies Notified	Notification Type		Street Addre	OKEN UNIV	85174	CG/H!	3
(⋊ EPA	i		2 O K	ss /11 1/11	200	<u></u>	Ĭ
() DEP	(x) Initial Notification () Amended Certification	tion	2000	WILLOW	Aver	ae ,-)
(4) DOL	() Cancelled	tion	City, State, Z	ip Code	C.3 6#	00	100
(x) DOH	() Gamounou		Hob	oken, NJ	076-30		, and
() DCA			Name of Con	ntact O/	Tol Number		
			10se	tact Chimente	3 Tel. Northead		
Name of Facility Where Abatement is T	aking Place (3)	FACILITY I	NFORMATION / Type of Facil				
Hoboken Med	ical Cento		() School (K	(-12)	en en	တ်	
Street Address			() Subchapt	er 8 (other than K-12)	ldes bassa sta		
308 Willow A	rve"		0.000	. private & commercial b			
City (5) County (6)	County C	Code (7)	- Sq. Feet	# of Flo	oors	<u></u>	
HOBOKEN Fluct	SOn (State Us		Bldg. Age	(116) · · · · · · · · · · · · · · · · · · ·	27 324		
Name of Monitoring Firm Hired by Bldg.	Owner (8) ASCM No	0.	Current Ose ((prior if being demolished			
ACTO Environmen	rtal Inc.			Name of C	Contractor (9) CK Rest	ration	110
Street Address			Street Addres	1016	n reon	nacion	700
_275 Route 10	East		1 22 22		'd. D1		
City, State, Zip Code				TA BROKS,	ac Ra		
Guecassuna, NJ	07876		City State, Zip		0-1000	_	
Project Manager for Monitoring Firm			Xai	ndolph, NJ	01869		
Michael hecha	Telephone Number		Lelephone Nu	ımber /	License Numb	er	
Michael Berta Scheduled Start Date (10)	413-420-	9061	975 93.	3-2550	01133)	
**	Scheduled Completion	Date (11)	Name of OSH	A Monitor			
02-4-,2013	02-24-201	3	Jf	9 Environ	mental		
Occupancy Status During Abatement (C	heck only one)		Street Addres	S	7. 7. 700.0		
() Facility Closed/Vacated During Entire () Abatement Performed Outside of North	Period of Abatement		2332	Rt 22 W.			
Describe	mar radiity riburs -		City, State, Zir				
Other- area non, occue	nied		7 . 6				
Describe Facility ope	20		Unio	n, NJ 070	o a		
Source of Work (Check all that apply)			Durica	1, NJ 070	30		
() Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM (X) Full Containment with Negative Pres.	Л) () SM Proj. (>25<160	0 SF or >10 <26	00 LF ACM) () Minor Proj. (<25 SF o	r <10 F ACM)		
Location of Asbestos- Is Locat	ion Normally Used	ure () Glo Description of	venau Frocedur	<u>e</u>			
	y Maint./Custodial	thermal systen	ns insulation.	Amount (Specify SF o	r LF) Abater	ment Type	
, YES	NO NA	surfacing, VAT miscell.)	, or other		Rem.	Rep. Encap	Fabruary
BUMD ROOM	X	Surfa	ce	1200 SF	Kem.	Rep. Encap	Enclose
party veen	 	<u> 757</u>		400 CF	1 1 1 1		+
Name of Reg. Waste Hauler	NJDEP Waste Hauler ID)#	Cubic Yards of	Waste	Nome of Day 1	- 1511	
Newark Carting Inc	04509		TBD		Name of Reg. I), W. S	
City, State Newalk, NJ	07105			Disp. Date	<u>C</u>	ity, State	
Complete II (E)	Title		Signature	TBD		ullytou	in, PA
	799420015	1	Signature G/	1	<u>Date</u>	7	
Elviña Mrda	President		Elvira	luda	1-19-	2013	
Mail to: NJDEP-DSHW-BRRTP 7	Telephone 609-984-6620)		-			

401 E. State St., PO 414 Trenton, NJ 08625-0414

C:\WORD\MYDOCS\ASBESTOS 9/18/00

1384 2013 JAN 28 PM 3

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

Date of Notification	(1)			Name	of Bu	ilding	Owner / Operato	or (2)		and the second		PA	2.	
	1/18/2013			Serv	icema	aster	of Cherry Hill			8/10			0	E
Agencies Notified EPA	Type Notifica	ation	- 1		t Addr Rote		ast		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	& De	Wall	1/1	0)	
☐ DEP	☐ Initia	ı			State 8							Q	•	
□ DOL	Amei	nded			ry Hil								* in.	
□ DOH		rgency			of Co					T	elepho	ne N	umb	er
☐ DCA	☐ Cano	cellation		Kevi	n Alle	n				0		The state of the s		
					CILIT	Y IN	FORMATION							_
Name of Facility Wh Residence	nere Abateme	ent is Taking P	lace (3)			Type of Faci		10000000					
Street Address					-			•	Other than K-	12)				
54 Midvale Ln									ate & commer		e hom	100 0	to \	
24 MIGAGIE EII	9						Square Feet		# of Floors		dg. Ag		:(0.)	206-00-0
City (5)		County (6)	ICc	unty (Code ((7)	1500		1	Di	ug. Ag	50		
Willingboro		Burlington		unity	oodo ((•)	1,177,797,39,770,77		f being demol	ished)		50		
valiningbolo		Durington					Residentia		i being demoi	isileu)				
Name of Monitoring	Firm Hired b	y Building Ow	nor (9)		IASC	M No			t Contractor (0)		Hoff C		
Ivame of Worldoning	r iiiii mileu b	y building Owi	iei (o)		ASC	IVI INC			ental Servic					
Street Address							Street Addre	ss						
OII OI I O TI O							2129 Route							
City, State & Zip Co	de						City, State & Hamilton, I							
Project Manager for	Monitoring F	irm	Teler	hone	Numb	ner	Telephone N		710	License Nu	ımbar	-15-1-76		
1 Tojout Managor Tol	Worldoning I		Toler	nione	INGITIE	JCI	609-847-29			Licerise No	0109	1		
Scheduled Start Dat 1/23/201		Scheduled Cor 1/24/2013	npletio	on Da	te (11))	Name of OSI EMSL Anal		nitor					
Occupancy Status D							Street Addre	-						
- Comment		During Entire P					107 Haddo							
	Performed Ou	utside of Norm	al Ho	urs –	7am to	3pm								
Describe:							Westmont,	NJ 08	108					1140
Scope of Work (Che	upied During											-		11. X.
ccops of trom (one	or an inat ap	P.97							Full Containn	nent with Ne	gative	Pres	sure	
≥3 sf or ≥3 lf			\boxtimes	Ren	ovatio	n			Mini-Enclosu	re	. 			
≥160 sf ≥260) If			Den	nolition	า			Glove Bag Pi	rocedures				
								\boxtimes	Non-Exempte	ed and Non-	Friable	Pro	cedu	re
	cation of		Is	Locati	ion		Description			Amount	Aba	ateme	ent T	ype
	os-Containing	9		nally l			Asbestos-Con			(Specify				
	erial (ACM)			olely l			Material (A			SF or LF)	ק		Enc	m
	E ABATED Facility	*		tenan odial S			(i.e., thermal sinsulation, surface				em	Repair	ap	ncls
	(13)		Ousid	(12)	Jan:		or other miscell				Removal	air	Encapsulate	Enclsoure
			Yes	No	N/A						-		e	w w
First Floor							VAT		130	sf				
Name of Registered	Waste Haule	er		NJ	DEP V	Vaste	Cubic Yards	Name	of Registere	d Landfill				
					uler ID		of Waste							
ALPHA ENVIRON	MENTAL	×		00	03333	30	2	Grov	vs Landfill					
City, State							Disposal Date	City, S	State					
T4 N.		\$0 G					4/00/0045							
Trenton, NJ				-			1/28/2013	Morr	isville, PA					
Completed By (Print	or Type)			Titl			Signature				Date	100		
Rod Richardson				Pro	oject		Rod Richa	rdro	m		1/18	/20	13	

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

X 5957°	NOTI (Pursu	TION OF ant to P	of New Jers ASBESTO: JAC 8:60 a	S ABATEN nd 12:120))		MAGAN 2R	1:	94		7
Date of Notification (1) 1/22/13		Nan	ne of Bu	ilding Owner Iential Inst	r/Operator urance C	(2) ompany (of Americ	ca JAN 28 Pu	# L	D		-
Agencies Notified Type Notification		Stre 75	eet Addr 1 Broa	ess ad Street, I	Fifth Floo	or	٠ و	Silve Ph	2:	ာ ့		
EPA Initial Amended Amendment # Emergency (included)		City	y, State, ewark,	Zip Code New Jers	ey 07102	2 .		LENSING!	11891			1
× DOH justification	ding	Na	me of C	ontact ard Humm	ners		ــــــــــــــــــــــــــــــــــــــ	Telephone Number	_			
			FACILI	TY INFORMA	ATION	Type of Fa	acility (4)					7
Name of Facility Where Abatement is Taking Pla Beauty in Everyone Bldg	ice (3)					Scho	ool (K-12)	Other than K-12) ate & commercial be	uilding	gs, ho	mes,	
Street Address 679-681 Broad Street						etc.)	Ø					_
City (5)						Square F 16,000		# of Floors		. Age		
Newark County (6)		Co	ounty Co	ode (7) SE ONLY)		Current L Vacant	Jse (Prior i (Prior U	f being demolished se Commercial)			
Essex Name of Monitoring Firm Hired by Building Own	ner (8)	\perp	ASCM	No.	Name	e of Abatem Environi	ent Contra	actor (9)				
Environmental Health Investigations II	nc.		00104		Stree	t Address						
Street Address 655 West Shore Trail						02 Queer State, Zip 0		South				\dashv
City, State, Zip Code Sparta, NJ 07871					Lon	ig Island (City, NY	11101 License No.				4
Project Manager for Monitoring Firm Bill Kerbel			elephon 973-72	e No. 9-5649	718	phone No. 3-349-090		00853				_
Start Date (10)	cheduled		pletion D	Date (11)		e of OSHA rtin McRe						
2/5/2013 4. Occupancy Status During Abatement (Check Company Status During Abatement (Check Comp						et Address 4 Kenned	v Blvd					
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Building is Vacant & Sc	riod of Al	ateme			City	, State, Zip yonne, N	Code	1				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	T R	enovat emoliti	tion			X Mini-	Enclosure	edure				
<u> </u>					11	× Non-	Exempted	(*) and Non-Friable	Proc	Abate	ment	
		Locati								Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole intenai odial S (12)	ly by nce/ Staff?	(i.e. th	Descript s Containing nermal syst surfacing, other misce	ng Material (ems insulat VAT, or	(ACM) ion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	See a	ttached	ACM table	e for	See attached	Х			
Entire Building	-		-	- 555 6	deta			ACM table				
See attached ACM table for details			+					for details				
	-						Merri	Registered Landfill				
Name of Registered Waste Hauler ATC/TST			NJDEP Hauler I 24310/	D No.	Cubic Yar of Waste 120		Minerv	a Enterprises				
City, State Shirley, NY 11967 / Bronx, NY 1047	4				Disposal 4/30/20	13	City, Sta Wayne	sburg, OH 446	88 ate			
Completed by Aric Domozick	Title	Busin	ness O	perations	Sign	nature (3		/22/1	3		

679-681 Broad Street

	679-681 Broad Street	Approximate
Location/Room	Type of Asbestos Material	Approximate Quantity
679-681 Broad – Roof	Roof Field & Flashing – Entire Roof Except Penthouse	4,025 Square Feet
679-681 Broad – Roof	Parapet Caulk – between parapet cap sections	70 Linear Feet
679-681 Broad – 3 rd Fl Floor	9"X9" Green Floor Tile & Mastic	400 Square Feet
679-681 Broad – 3 rd Fl Floor	Pipe Insulation Debris – Mixed With Masonry Rubble on Approx. two Thirds of the Floor*	3,000 Square Feet
679-681 Broad - 3 rd Fl. Exterior Walls	Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft ² each	10 Enclosures
679-681 Broad - 3 rd Fl. Exterior Walls	Radiator Enclosure Paper – Paper Behind Insulation – Approx. 20 ft ² each	10 Enclosures
679-681 Broad - 3 rd Fl. – Pipe Chase – Stair Landing	Pipe Insulation – Vertical Pipe Chase Between 2 nd Floor and Roof †	40 Linear Feet
679-681 Broad - 2 nd Floor –Exterior Walls	Radiator Enclosure Insulation – Behind Metal Radiator Enclosures Measuring Approx. 24 ft ² each	10 Enclosures
679-681 Broad – 2 nd Fl: Ceiling	Ceiling Coating – plaster like material	3,150 Square Feet
679-681 Broad – 2 nd Floor – Inside Exterior Walls	Pipe Insulation – Radiator Risers - Inside Exterior Walls At Each Radiator	370 Linear Feet
679-681 Broad – 2 nd Floor – Inside Column Enclosure	Pipe Insulation – Inside column enclosures – Estimated to be Approx. 15 Feet – But May Be More	15 Linear Feet
679-681 Broad – 1st Floor – Inside Exterior Walls	Pipe Insulation — Radiator Risers - Inside Exterior Walls At Each Radiator — Assumed Space Was Occupied During Survey	370 Linear Feet
679-681 Broad – Basement – Entire Floor	Debris Consisting of Asbestos Cement Board (Transite™) & Pipe Insulation Mixed With Masonry Rubble	All Basement Rubble Approx. 4,500 Square Feet

JAN-23-2013 11:50 From: ASBESTOS 6096330664

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(S) 00t	Emergence	y (Including)	1		Conise	The state of the s	CP C		Thisphone Number		7
D 000H	Concession	QN QN	1		512						
			حات	FACL	ישו אח	ORMATION	-		•		
Name of Facility	Where Abatement & To	alung Piece (3]				1	pe of Facility (4	0)		
1	EFIDENCE							Subahaplar 9	(Other than K-12)	J/84864	
Sweet Address	3 28 99 tH.	STRE	67				_ B	Parent Str.)	ASIASSIA 1010 9 CHULLOLOTIN D	THE PARTY	8
City (5)							1 84	000	2	40	=
	STONE MA	PREAR		Carab	Code IV	TISTATE	= - =	ereni Das (PA	y & baing demolishe	5)	
County (6)	APE MAY	,		USE O	AP A)				PUT	- Chillians	_
to a collection	ning Firm Hired by Build	Ing Durner		CU N	1	Home of Al	in a company	Convegor (8)	٠,		
(g) Verues de veduzido	N/A		1			Sugar Add	14			and the latest terminal termin	Name of Street
Street Address						36	79.	SPRYC	E AVE.		
Cay Sun Ep			·			Chy. State.	APL:	CHAP	: NJ 0	051	_
			Valen	ANN AND		Valenteen	LA		DESTANT NO	ч	
Project Manage	I la Maritarus Fym	1 45	100			836-	779	-0472	003		-
Start Daile (10)		cheduled Co	maleji	els Date	(11)	Name of O	e ph	HIEM	M		,
1 1 12	0/17	2/4		13							٠
	ius During Abatement (ed/vacated During Entir	re Bened of A	une) Libeles	neni		36	150	SPINULE	77100	===	_
Facility Close	edvacated Ovaide of M	anned Facility	Hour	1		Cay, State.	20 Cod	SHADI	E, N, 5,0	605	2
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Boope of Wark	(Check all that apply)		o o colo	_		The second	iri.Enclă	SWIP .			
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Name of Rep	Mented Meate Harter			HOUSE !	Walls O No.	d Mari	L L	CIM	1, 6, 7, 0		
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Data of Natification (1)								1111					
Date of Notification (1) January 23, 20	13			Name	of Building	Owner/Ope Lakev	erator (2) wood Historical &	Beirety	クタ	T/	81		
	al Notifi	cation otification		Street .	Address		lartine Way	14 88 W	4 2:	50			
[x] DOL Ame	ndment rgency (# (including			tate, Zip Co		vood, NJ 08701	LICENSINI	1118	· 0			
I DCA	fication) cellation			Name	of Contact Bob K	irschner	32	Telephone Number	,	——			
			FAC	CILITY	INFORM	ATION							
Name of Facility Where Abatement is Takin Historical Buildin		(3)			7		Type of Facility (4	School (k-12)		1.10			
Street Address 500 Country Club	Lane						[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)			ial bui	ldings,	
City	Cour	nty (6)			Code (7) E USE ONL	Y)	Square feet 6000 sf	# of Floors	Bld	g. Age	00		
Lakewood	Oce	an		(OIIIII	COL ONE	• /	Current Use (Prior	if being demolished	d)	- 1	00		
Name of Monitoring Firm Hired by Building				ASCM I	No.	Name of	Abatement Contracto		NACO C	-			
Guardian Contract Street Address	ting, I	nc.		Guardian Contracti							ali S		
1889 Rte. 9, Unit	61			1889 Route				Route 9, Unit 61					
City, State, Zip Code Toms River, NJ 0					River, New Jersey 08755-1271								
roject Manager for Monitoring Firm Telephone Numb				Telephone Number 732-349-9932			License Number 00624						
Scheduled Start Date (10) Scheduled Comp			Complet	etion Date (11) Name of OSHA Monitor									
1/24/13 Occupancy Status During Abatement (Check	onlym	2/1/1	3	_		Street A		.L. Analytical					
[X] Facility Closed/Vacate [] Abatement Performed		-					1056 S	Stelton Road					
Other – Describe	Outside	or Norman	racinty r	iouis		City, Sta	te, Zip Code Piscata	away, New Jerse	ey 088	54			
Scope of Work (Check all that apply)						[x]		nt with Negative Pre	essure				
>3 sf or ≥3 lf		[x]	Renova	ntion		[]	Mini-Enclosure Glovebag Procee	dure					
[x] ≥160 sf or ≥260 lf		ĺĺ	Demoli	ition		[]		*) and Non-Friable	Proced	ure			
				T			In the second		Abat	ement	Туре		
Location of	,	Is Location Normally u				Description estos-Cor		Amount	R	R	E	E	
Asbestos-Containing Material (ACM)	,	Solely by				Iaterial (A	•	(Specify SF	E M	E P	N C	N C	
TO BE ABATED	Mair	ntenance/C	ustodial			, thermal		or LF)	O	A	A	L	
in facility (13)		Staff (12)			insu	lation, su VAT, c			V	I R	P S	O S	
(13)		(12)			othe	er miscella			A		U	U	
2	YES	NO	N/A						L	*	L E	R E	
Boiler room			X		stos pipe		n	1000 lf	X				
Boiler room			X		insulatio			100 sf	X				
Boiler room			X		er insulation			160 sf	X				
1 st floor			X	1 (0.50)	stos floor	90000000		550 sf	X				
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was 2	te Hauler 0223	ID No.	Cubic Ya	rds of Was	Name of Regist T.R.R.F.	ered Landfill					
City, State			Dispos	sal Date	+	City, St	ate						
Toms River, New Jersey	Title		2/4/1	3 Signat	hire o	Tullyte	own, Pennsylvani	a	Date		1		
ompleted by (Print or Type) Nicholas Fernicola Title Project Manager				Jigilai	Vi	cho	tel			3/2013	3		

Check # 1923

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

RECEIVED

Date of Notification (1) 01/21/2013				Name of Louise			Operator	(2)	201	3 JAI	¥ 28 p	Le a				
Agencies Notified	Type Notification	-	- 1	Street Ad 289 Wi		load			# Ja		± .	12:	58			
DEP DOL	Initial Amended Amendment			City, State Englew			31	9	(E LI	CEMSTA	II R	OL.	= 1	- 4-	
☑ DOH DCA	Emergency justification) Cancellation	r.	- 1	Name of Louise		an					ephone Nur					
			1	FACIL	ITY INFO	RMAT	ION					_				
Name of Facility Where A Residence	Abatement is Takir	g Place (3)							of Facility (School (K-1	2)						
Street Address 289 Windsor Road								×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-12 & commerci	2) al build	dings,	home	es,	
City (5) Englewood									re Feet	# of 2	f Floors	41 14 350	ldg. A 0 +	ge		
County (6) Bergen				County C					nt Use (Prid idence	or if bei	ng demolist	ned)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM N/A	No.				tement Cor t Haz Ma							
Street Address							Street	Addres							1	
City, State, Zip Code							300000000000000000000000000000000000000		ip Code NJ 07504	1			-	6		
Project Manager for Mor	nitoring Firm		1	Telephon	e No.		Teleph	none N	0.		License N 00507	lo.				
Start Date (10) February 2, 2013				Completion Date (11) 4, 2013				973-345-0022 00507 Name of OSHA Monitor Same as above								
Occupancy Status Durin	g Abatement (Che		\$00. Will						reet Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Non	nal Facility I					City, S	state, Z	ip Code		100 100 100 100 100 100 100 100 100 100				**	
Scope of Work (Check A								4								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тат, рруу	-	enova emolit				×	Mir	Il Containmoni-Enclosure ovebag Produces	e cedure				0		
			.ocat					INO	n-Exemple	1 () an	u Non-Fria	JIE FIL	Abate	emen pe	t	
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Used Mair Custo	itena	ly by nce/		tos Con therma surfa	escription ntaining N al system acing, VA miscellar	//ateria s insula T, or	ation,	(3	amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
Danamant Da	ilas Dans	Yes	No	N/A		Din	e Insula	tion			50 LF	Х		ē	-	
Basement Bo	lier Koom		Х			Pipe	e insure	LION			OU LF	^				
Name of Registered Wa				JDEP W		Cubic of Wa	c Yards		Fibero I vesoseno		ered Landfil				<u></u>	
East Coast Haz Mat	Removal, Inc.			J 419			1 osal Date		G.R.O.		North Inc	•				
Paterson, NJ 07504						02/0	4/2013		Morrisv			at c				
Completed by James E. Unger	* * * *	Project	t Ma	anager		-	Signatur	e	4. ll	-	1000	ate 1/21/	2013			
ASB-41 (R-06-08)							* Do n	ot use	this form for	r asbes	tos licensu	re exer	npted	activ	ities.	

No Wale

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

									<i>i.</i>		-		
Date of Notification (1)	013	,	Name o	f Building	Owner/C	perator	2. ROGE	R	GUI	DT,	是	= -10 KG p ^(+1/2)	3
Agencies Notified Type Notification		-	Street A	ddress	3 00		, , , , , ,		2		- P	-	1
EPA Initial Amended			filt.		1.7	62	ENWOOL) F	NE -	124-	2	P	ń
DEP Amended Amendment:	*	distraction of	with the second	ite, Zip C	ode /	AK	E HA:	TW	ATA	A	NI	07	034
DOH Emergency (ncluding	- F				-			lephone I		green to the		114
DCA Cancellation		and to be	var . 12	RE	GER	2 6	OPTA	1					
Name of Facility Where Abatement is Taking	Diana /	3)	FACI	LITY INF	ORMATI	on	Type of Facility	(6)		dish			
PRIVATE HOUS		-,					School (K-	2.2					
Street Address	OD.	AUE	· .		,	-	Subchapts Other (i.e.	r 8 (Oti			iildings	, hom	es,
City (5) LAKE HAIN	ATH	14	N	<u></u>			Square Feet	\$0	of Floors		Bldg.		
County (6)		The state of the s		Code (7) USE ONLY	,		Current Use (Pr	ior if be YES		lished)			
Name of Monitoring Firm Hired by Building (lwner (8))	ASCN	A No.			of Abatement Co RON QUALIT		4 6				
Street Address							Address /AN ORDEN	PL					
City, State, Zip Code							Nate, Zip Code KENSACK	NJ.	07601				
Project Menager for Monitoring Firm		Telepho	ne No.			none No. 708-4270		License 0113					
Start Date (10)	Schedul O.Z	ed Con	npletion I	Date (11)			of OSHA Monitor		ε	**************************************			
Occupancy Status During Abatement (Check	Only Or	te)			$\neg \uparrow$	Commo	Addenna						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	eriod of / el Facility	Abaten Hours	tent			Piller C	S Libe State, Zip Code ETUCITE				2000	· n	
Scope of Work (Check All That Apply)						ME	E7 UCHE	<i>U</i>		, 00	34	0	
23 sf or ≥3 if ≥160 sf or ≥260 if	THURST	lenova Jemolil	100000000000000000000000000000000000000				Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure			4	70	
5 P P		Locati						() (a)			Abat	emeni pe	Ł
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by		tos Conta		faterial (ACM)		mount			m	-
TO BE ABATED In Facility (13)	© Cus			(i.e.	thermal : surfac other m	ing, VA			Specify For LF)	Removal	Rapair	Encapsulate	Enclosure
	Yes	No	N/A									6	
House ownoon.		×					ANSITE	7	7005	_			
Kirchen		-		Li	NOLE	RUY	Floor		808	PX	-		
										十	\dagger		
Name of Registered Waste Hauter	·		JDEP W		Cubic \				ered Land				
Shorow Quality co.		0	033		7	BD.			TATE	S	20,	18	3
City, State HACKENSACK.		-			-	3D.		e Run	K.N				
Completed by CARLOS ESQUIVEL	Title SAFE	TY I	MANAG	ER	Si	gnature	moffeef			Date 0/- 2	22	20,	13

State of New Jersey - Notification of Asbestos Abatement

CK2621

CK 2621		(Purs	uant to N.J.A.C	J.A.C. 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Infante Associates								
Date of Notification (1) January 22, 2013				Name of Building Owner/O	Operator (2)		YED					
Agencies Notified EPA DCA x DOL X DEP	□Amend ⊠ Emerg	ial Noti ed Cert	fication ification including	Name of Building Owner/C Infante Associates Street Address 9 Robinson Lane City, State, Zip Code Ridgewood NJ Name of Contact	& L/C	28 p	M 2: 58					
x DOH	☐ Cance			Mark Infante		Telep	hońe Númber					
Name of Facility Where Abatement is T	aking Place (3)		FACILITY IN	IFORMATION Type of Facility (4)	4							
Infante Associates	arting 1 labb (b)			School (K-12)								
Street Address				Subchapter 8 (other than			VI 20 20					
30 Broadway	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Other (i.e. private & o	ommercial # of Floc	ouildings, ors: 1 E	nomes, etc.) Bldg. Age: 50 years					
City (5) Elmwood Park County Berge			Code (7) Use Only)	Current Use (prior if being								
Name of Monitoring Firm Hired by Bidg Anthony Valentine	Owner (8)	ASCM 0077		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.								
Street Address 80 Mill Road				Street Address 268 MAIN STREET								
City, State, Zip Code				City State, ZipCode			***************************************					
Irvington NJ Project Manager for Monitoring Firm	Telephone N	lumbor		Butler, NJ 07405		111	. NL					
Anthony Valentine	201.207.			<u>Telephone Number</u> 973-492-0477		License Number						
Scheduled Start Date (10)	Scheduled C	Completio	n Date (11)	973-492-0477 00840 Name of OSHA Monitor								
January 23, 2013	February	8, 201	13	EMSL inc.								
Occupancy Status During Abatement	(Check only or	ne)		Street Address								
Facility Closed/Vacated During Abatement Performed Outside	Entire Period of Normal Faci	of Abater lity Hour	ment s -	1056 Stelton Road								
Describe Other – Describe: Normal H	lours			City, State, Zip Code								
				Piscataway, NJ 088	54							
Source of Work (Check all that apply)					Full Contai	nmont wi	ith Negative Pressure					
≥ 3 sf or ≥ 3 lf			Renovation		Mini-Enclo		ui Negative Flessure					
□ ≥ 160 sf or ≥ 260			Demolition		Glovebag F							
	ocation Normall		Description of As	bestos Containing Material	Non-Exer Amou		and Non-Friable Procedure Abatement Type					
	ely by Maint./Cu ff? (12) 'S NO	istodial NA	(ACM) (i.e. them VAT, or other mis	nal systems insulation, surfacing scell.)	g, (Speci or LF)		Remove Repair Encap Enclose					
Exterior		X	Transite Sid Transite Pip		480 s 195 l	300	X					
			-									
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	ID#	Cubic Yards of Waste: 100 cu yds Name of Registered Landfill Meadowfill Landfill										
Hauler #1) Greenwood Abate NJ DEP # 12561 Hauler #2) Newark Carting, In			Disposal Da February		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784							
	Title SENIOR PF MANAGER		т	Signature Marin Graure Date February 8, 2013								

REMEMI	BLR - N	State of I AIL IN H	New J	lersey - Noti	ification of Asbesto <u>.C</u> . 8:60-7 and 12:120-	s Ab			02/	VEC	1,757			
		•	" (Pu	FIGHT TO N.J.A	.C. 8:60-7 and 12:120-	7)	<i>‡ 2013</i>	JAN	28: 1	000	٧			
Data of Mothicution (1)					Name of Building Own	nor/Ope	orntor (2)			17 2:5	67			
January 22, 2013 Agencies Notified	-	Notification	TVD0		Infante Associat	tes	14 0 6	152	-		0			
				otification	Street Address 9 Robinson Lane		1 4	1 4	1 2 2	1017	İ			
EPA .				nitication	City State Zip Code			-101	MAS UM	100	-			
x DOL				(including	Ridgewood NJ		1	· · · · · · · · · · · · · · · · · · ·	" or other	. No.				
X DEP			ication		Name of Contact		1	aleabor	e Numbe	Vr	-			
x DOH		☐ Cano	elled		Mark Infanto					? .	. 4			
Name of Facility Whom About	mant in Ta	Ling Dises (11	FACILITY	INFORMATION									
nfante Associates	STREET LA	CIDAL FIREY LA	u		Type of Facility (4) School (K-12)						- ^			
Stront Address	-		-		Subchapter 8 (other (han K-1	12)				- 1			
30 Broadway					Other (i.o private	& com	mercial build	ings hou	nen atc)					
SIN (B)	Cauchide	,	1.5		Sa Feet: Unknow	/n <u>#</u>	of Floors.	1 Bldg	Age:	50 year	8.			
Elmwood Park	County (8 Borgen	-		nly Code (7) e Use Only)	Current Head Inches Mines									
	_		-	No.	Current Use (prior if bo	nuð ber	mousnoo):				- 1			
Namo of Monfloring Flut Hire	d by Blda (Domer (8)	ASC	M No.	Name of Contractor (9)						-			
Anthony Valentine			007	775							1			
troot Address		-			GREENWOOD ABA	ATEM	ENT CON	SULT	ints, i	NC.				
6 Mill Road					Street Address						- 1			
194 Einte Zie Code					268 MAIN STREET	•								
ity State, Zio Code rvington NJ					City State ZipCode									
rolect Manager for Monitoring	Firm (Telephone	Number		Tolophona Number		114	ensa Nu						
Inthony Valentine		201.207		- 12			1.4	enso Nu	moer					
cheduled Start Date (10)		Cabadulad	2		973-492-0477 D0840									
anuary 23, 2013		Februar		on Dato (11)	Name of OSHA Monitor									
				19	EMSL Inc.									
COUDANCY Status During Ab	atement (C	DACK ONLY	DB)		Stroot Address									
Facility Closed/Vacalo Abatement Performed	Outside of	nure Fened Normal Fac	of Abale	ement	1056 Stelton Road									
Describe			mily 1100		City Sinta Zio Code		-							
Other - Describe No	rmal Ho	urs			Piscataway, NJ 0	8854								
ource of Work (Check all that	apply)					100000000				- read-				
≥ 3 sf or ≥ 3 if				B			Contennan		ogativo P	roscuro				
□≥ 180 of or ≥ 26	0			Renovation Demoition			ni-Enclosure							
				Patricinal			vebag Proce n-Exempled		Non-Fris	ble Prece	dura			
cation of Asbestos Containing stenal (ACM) in Fucility (13)		ution Norma		Description of As	busios Containing Material		Amount		gment Ty		-			
mond (ACM) III FRAMY (13)	Slaff?	by Maint /Ci (12)	istodial	VAT, or other mis	nal systems insulation surfac	cing	(Specify SF or I F)			r Engap Er	nclase			
	YFS	NO	NA				VIII)	4.344						
cterior				Transite Sid		1	480 sf	B		7				
	1			Transite Pip	e ·	- 1	195 19	R		1 1				
ne of Rng. Wasta Hauler		NUDEP Was	e Haulo	· ID#	Cubic Yards of Wasto.		I Nar	no of Ro	gratered L	Andfill				
e Hauler Below #1 & 2	.	See Below			100 cu vda				II Landi					
		ent Cons	ultant	s, Inc Butle	r, NJ 07405		osel Date		City_St					
uler #I) Greenwood Abatement Consultants, Inc But NJ DEP # 12561 uler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP					February 8, 2013 Route 2 Box 68									
moloice by (Print or Type)	T III				Signature		12							
rin Graure	SE	ENIOR PR		T	Signature Maria Granse		Pate		y 8, 20	13				
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C#2013-369								CAN THE TAX TO SEE						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO# 20613911973 (Pursuant to NJAC 8:60 and 5:16)

				Na								
Date of Notification (1)	22			145.	me of Buildir	ng Owner/Operator (Part a	11/2	Pa		
		13		Jon	athan Kohl		2/	712	E _{VII}	· back		
Agencies Notified	Type Notif	fication			eet Address			013 JAN 28	Das			
☐ EPA				49 (Curtis Plac	e	\$ m		FM 2	: 58		
DOLWD DHSS	Amend	ded Iment #			, State, Zip			21 (-)	i Aire			
DCA		ency (inclu	dina	Mar	olewood, N	11.07040		& LISENS	3977	201		
(NJAC 5:23-8)	justifica	ation)	ung		ne of Conta			Telephone N	IMC			-
	☐ Cancel	llation		Ion	athan Kohl			1 cicpitotte it	iumbei			
	1								_	_		
Name of Facility Where	Ahatement i	e Takina D	200 (2)		ACILITY	NFORMATION						
Private house	Content i	3 raning i	ace (3)				Type of Facility					
Street Address							School (K-1	12) · 8 (Other than K-	1.2)			
49 Curtis Place							Other (i.e.,	private and com	mercial	buildir	าตร	
City (5)							homes, etc	.)			.90,	
Section and the section of the secti							Square Feet	# of Floors		Bldg.	Age	
Maplewood, NJ 07040 County (6)									1			
				Co	unty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being dem	nolished			
Essex Name of Monitoring Firm	Hired by D	ildie- C	a. 781									
or monitoring ritin	rifled by Bu	iliding Owr	er (8)	ASC	M No.	Name of Abateme	ent Contractor (9	9)				
Street Address						Gr Tech LLC						
Sifeet Address						Street Address						-
014. 04-1.						576 Valley Rd #	283					
City, State, Zip Code					-	City, State, Zip Co	ode				-	_
						Wayne, NJ 0747	0					
Project Manager for Moni	toring Firm		! Te	enhon	e No.	Telephone No.		License No.		1		
			34 0.70	0011011								
	1950 #2 - 1030 - 1000 - 1700					973-638-1777						
		Schedule	d Compl	etion D	Pate (11)	973-638-1777 Name of OSHA M	onitor	01127				
Start Date (10)		Scheduler 02	d Compl	etion D	Pate (11)	Name of OSHA M						
02 / 02 / Occupancy Status During	Abatement	02 (Check on	i Compl	etion D	Pate (11)	Name of OSHA M Envirovision Cor						
02 / 02 / Occupancy Status During X Facility Closed/Vacate	Abatement d During Eni	02 (Check on tire Period	/ One) of Abate	etion D		Name of OSHA M Envirovision Cor Street Address	sultants,Inc	01127		0 - 1/2		
02 / 02 / Occupancy Status During ☑ Facility Closed/Vacate ☐ Abatement Performed	Abatement d During Eni Outside of N	02 (Check on tire Period	Complete (Complete) y one) of Abate	etion D		Name of OSHA M Envirovision Con Street Address 20-21 Wagaraw I	nsultants,Inc	01127		2		
02 / 02 / Occupancy Status During	Abatement d During Eni Outside of N AM-	02 (Check on tire Period	Complete (Complete) y one) of Abate	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co	Road, Bldg .#	01127				
02 / 02 / Occupancy Status During ☑ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement:	Abatement d During Eni Outside of N AM-	02 (Check on tire Period	Complete (Complete) y one) of Abate	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07	Road, Bldg .#	01127 34A				
02 / 02 / Occupancy Status During ☑ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: Scope of Work (Check all	Abatement d During Eni Outside of N AM-	02 (Check on tire Period Normal Fac PM/	y one) of Abate PM	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta	Road, Bldg .# de 410 and decontamin	01127 34A				
02 / 02 / Occupancy Status During ☑ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: Scope of Work (Check all	Abatement d During Eni Outside of N AM-	02 (Check on tire Period Normal FacPM/	y one) of Abate PM Renovat	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Enclo	Road, Bldg .# de 410 and decontamin	01127 34A				
02 / 02 / Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all	Abatement d During Eni Outside of N AM-	02 (Check on tire Period Normal FacPM/	y one) of Abate PM	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw J City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Encle Glovebag	Road, Bldg .# de 410 and decontamin ninment with Negosure Procedure	01127 34A nation gative Pressure				
02 / 02 / Occupancy Status During ☐ Facility Closed/Vacate ☐ Abatement Performed Time of Abatement: ☐ Scope of Work (Check all	Abatement d During Eni Outside of N AM-	02 (Check on tire Period Normal FacPM/	y one) of Abate PM Renovat	etion D	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw J City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Encle Glovebag	Road, Bldg .# de 410 and decontamin ninment with Negosure Procedure	01127 34A				
Occupancy Status During Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 3 sf or >3 if 2 160 sf or 260 lf	Abatement d During Eni Outside of N AM- that apply)	02 (Check on tire Period Normal Fac _PM/	y one) of Abate illity Hou PM Renovati Demoliti Is Loca Norma	etion D 3 / ement urs - De ion on	13_escribe	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Enclo Glovebag Non-Exen	Road, Bldg .# de 410 and decontamin ninment with Negosure Procedure	01127 34A nation gative Pressure		patem	ent T	yr
02 / 02 / Occupancy Status During ➤ Facility Closed/Vacate ─ Abatement Performed Time of Abatement: ─ Scope of Work (Check all ➤ 3 sf or >3 if ➤ 160 sf or ≥260 lf Location of Asbestos-Containing M	Abatement d During En Outside of N AM- that apply) of	02 (Check on tire Period Normal FacePM/	d Compl / 0 y one) of Abate ph Renovat Demoliti Is Loca Norma sed Sole	etion D 3 / ement irs - De ion on tion illy	13 escribe AM	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate	Road, Bldg .# de 410 and decontamin inment with Negoure Procedure	01127 34A nation gative Pressure	At	1		T
02 / 02 / Occupancy Status During X Facility Closed/Vacate Abatement Performed Time of Abatement: Scope of Work (Check all 1) 3 sf or >3 if ≥ 160 sf or ≥260 if Location of	Abatement d During Eni Outside of N AM- that apply) of laterial (ACM-	02 (Check on tire Period Normal Face PM/	y one) of Abate illity Hou PM Renovati Demoliti Is Loca Norma	etion D 3 / ement irs - De ion on illy ely by ince/	13 escribe AM	Name of OSHA M Envirovision Cor Street Address 20-21 Wagaraw I City, State, Zip Co Fair Lawn, NJ 07 Clean up Full Conta Mini-Enclo Glovebag Non-Exem Description of tos Containing Mate, thermal systems in	Road, Bldg .# de 410 and decontamin inment with Negoure Procedure 01127 34A nation gative Pressure n-Friable Proced Amount (Specify	At	1		T	
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State of New Jersey NOTIFICATION ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

PECCIVED

Date of Notification (1)			Ner	o of Duibelt	og Owner/Onerste	<u> </u>	104 20						
1/21/13		Name of Building Owner/Operator (2) Douglas Murphy Name of Building Owner/Operator (2) Douglas Murphy											
Agencies Notified Type Notified EPA Initial	cation		N. C.	et Address est Oak		***	1 116年(1887)	(10)					
DOL Amende	nent#	-	1 7000000000000000000000000000000000000	State, Zip orestown	Code , NJ 08057		- Hally						
DOH justifica		ij	Nan	ne of Conglas Mun	tact		Telephone Num	ber	-				
				-	FORMATION			-	==		_		
Name of Facility Where Abatement is	Taking Plac	e (3)	ГА	OILLI IN	TORMATION	Type of Facilit	TC:150		-				
Residence						School (K-	12) r 8 (Other than K-1:	21					
Street Address 1 West Oak							private 8 commerci		dings	,			
City (s) Moorestown						Square Feet 3500	# of Floors	1	ldg. 5 yr	Age			
County (6)	<u> </u>		USE	inty Code(ONLY)	(7) (STATE	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Bui	lding Owner		ASCM		Name of Abater	nent Contractor (9)						
(8) N/A					AEi2, LLC Street Address								
Street Address													
City, State, Zip Code					City, State, Zi Maple Shade,					-			
Project Manager for Monitoring Fi	rm	Tel	ephone	No.	Telephone No.		License No.			w	_		
Ofert Date (10)	0.1.1.1.1	<u></u>	#. 5	4- (44)	609-481-212		00689						
	Scheduled 0 2/2/2013	omple	edon Da	ste (11)	Name of OSHA AEi2, LLC	NOUITOL							
Occupancy Status During Abatement			American de la Carte de la Car										
Facility Closed/Vacated During Er Abatement Performed Outside of N				i.	300 S. Lenol City, State, Zip C			====	-		_		
Other - Describe:	ar i dolli	., ,,,,,,	-		Maple Shade	, NJ 08052							
Scope of Work (Check all that apply) >3 sf or >3 if >160 sf or >260 if	⊠ B	enova emoliti	tion on		Mini-En	closure ag Procedure	legative Pressure	ure					
		Locati						_	Abate	ment			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Mai C	d Sole ntenar ustodi Staff? (12)	ly by nce/ al	Asbes (i.e.,	Description o tos Containing Mat thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	R e m o v	Repair	E n c a p s u 1	Enclosur		
	Yes	No	N/A	<u> </u>			2515	1	Ľ	a t	•		
Basement			X	Duct w	rap		35 LF	X		-	-		
	= -	-	+-	-				+	-		-		
			\vdash					1					
Name of Registered Waste Hauler			NJDEP fauler ()		Cubic Yards of Waste	Name of Reg	istered Landfill			-	-		
AEi2, LLC			1376	J NO.	4	TBD							
City, State Maple Shade, NJ	TBD City, State												
Completed By	Title				Signature	A - 1/2/2	Date				_		
Wm. Minnick	ompleted By Title					1/100 1 AFTTOWN 1/21/13							

CK 12874

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

100		(P	ursuant	t to NJAC	8:60 and	12:120)	PA	T pag	-11/7	Decrees .			
Date of Notification (1) JAN. 25, 2013			Name of	of Building	Owner/O Authorit	perator ty of the	(2) e Cit	y201; Eliza	beth	- 1 8 14	Ü	2 1		
Agencies Notified Type Notification			Street A	Address Maple Av	renue			EUI JA	¥ 28	PH 2	: 58			
EPA Initial Amended Amendment #			City, St	ate, Zip Co beth, NJ	ode			201	\$1.00 \$1.00	enhone N	(a)			
DOH Emergency (ii justification) DCA Cancellation	ncluding			of Contact Medeiro					Te	èphone N	umber			
	40	_ !	FAC	ILITY INF	ORMATIC	ON				_		<u>,</u>		
Name of Facility Where Abatement is Taking Ford Leonard Towers Apt. 212	Place (3)						of Facility (School (K-1	5/.		5			
Street Address 69 Division Street							×	Subchapter Other (i.e. p etc.)	8 (Oth			ldings	, hom	es,
City (5) Elizabeth								re Feet	# or 5	f Floors		3ldg. / 55+ \		
County (6) Union				Code (7) USE ONLY	ı			ent Use (Prid ARTMENT			shed)			
Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCI	M No.				tement Cor Touch As			ment	Corp	, Inc.	
Street Address						Street A		dress mpson Street						
City, State, Zip Code			A1000					City, State, Zip Code West Long Branch, NJ 07764						
Project Manager for Monitoring Firm		Telepho	one No.		Telepho 732-2				License 00040	No.				
	Schedule 2/5/13	ed Con	npletion	Date (11)		Name o	of OSI	HA Monitor						
Occupancy Status During Abatement (Check	Only Or	ne)	Stree					SS						
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abatem Hours	nent			City, St	ate, Z	ip Code						-
Scope of Work (Check All That Apply)							COO - 2015		***					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit				×	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	edure				e	
	Is	Locati	on										emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/		tos Conta thermal s surfaci		aterial insula r, or		(S	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
ADADTHENE	Yes	No	N/A										te	
APARTMENT 212			X			VAT			64	4 SF	X			
		y 1000 1			-									
Name of Registered Waste Hauler Finishing Touch Asbestos Abatement	t Corp.	ı H	JDEP W auler ID 2058		Cubic Y of Wast 4cy		8008 2000	Name of F				.L		
City, State Oceanport, NJ 07757-0400					Dispose 2/6/13			City, State		E, PA	Illocate an			
Completed by JOSEPH P. MILLER	Title PRES	SIDEN	NT		Sig	gnature				100	ate /25/13	3		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
WAIVER OF 11-DAY WAIVED AS PER FRANK PREYER

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

3 June		
	1/1	100mg page
	- 10	6/1/1

Date of Notification (1) JANUARY 24, 2013		Name of Building Owner/Operator (2) BRUCE O'CONNOR Street Address 16 ST. CLAIR AVENUE													
Agencies Notified	Type Notification				Address	ININOF	1		1300	. 20	PM 2	· 58			
EPA DEP	X Initial				CLAIR		IUE		& Li	87	12 700 000				
X DOL	Amended Amendmen				ate, Zip Co NG LAK		07762		11	LEN	SING	UL			
DOH DCA	Emergency justification Cancellation				of Contact CE O'CO	NNOF	}			Te	lephone N	umber			
Name of English Where	hotomosti, T.I.	BI (0)			ILITY INF					F			- f.		
Name of Facility Where A	ENCE	ng Place (3)						Туре	of Facility (4						
Street Address 16 ST. CLAIR AVEN	MIE					W04			School (K-1: Subchapter Other (i.e. p	8 (Oth			ilding	hom	
City (5)				_					etc.)		of Floors		vo 2200 - 0	18 Sent Co. 702	ies,
SPRING LAKE								350		2	oi Floors		Bldg. 75 Y	10.50	
County (6) MONMOUTH					Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.		Name FINIS	of Aba	atement Con G TOUCH	tractor	(9) BESTOS	ABA	ТЕМ	ENT	CΩ
Street Address					0		Street	Addre							E3
City, State, Zip Code	ity, State, Zip Code						City, S	tate, Z	ip Code		*				
Project Manager for Monit	ΤŦ	elenho	ne No.			WEST LONG BRANCH, NJ 07764 Telephone No. License No.									
								2-754-0281 00040							
Start Date (10) 2/24/13		Scheduled 2/25/13	Comp	ompletion Date (11) Name					HA Monitor		'				
Occupancy Status During		S 8		Street					SS						
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire I d Outside of Norm	Period of Aba nal Facility H	ateme ours	ent		_	City, St	tate, Z	ip Code			4		<u> </u>	
Scope of Work (Check All	That Apply)						79.123								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		province	novatio nolitio				×	Mir Glo	I Containment ni-Enclosure nvebag Proce	edure					
,		ls Lo	cation	n				I NOI	n-Exempted	(*) and	u Non-Friat	ole Pro		ement	
Location of Asbestos-Containing N		Nor Used S	mally Solely	200		Des	scription	of				-	Ty	ре	
TO BE ABA	TED	Mainte Custodi	enanc	e/	Asbest (i.e.	thermal	aining Ma systems	insula	(ACM)	(S	mount Specify	Re	70	Enca	Enc
(13)		(1	12)				cing, VAT niscellane			SF	or LF)	Removal	Repair	Encapsulate	Enclosure
	, '	Yes N	VO.	N/A								_		ate	Ф
BASEME	3002	-	-	Х			TSI			12	25 LF	Х			
			-			*						-			
		-	+									-			
Name of Registered Waste						Cubic \	Yards		Name of Re	egiste	red Landfill				
12					NJDEP Waste Hauler ID No. 12058 Cubic Yards of Waste 1 CY				GROWS NORTH LANDELL						
City, State OCEANPORT, NJ 07757-0400					Disposal Date 1/25/13										
Completed by JOSEPH P. MILLER PRESIDE				Signature				Date 2/24/13							
	PRESID.						a malla	11.	,	*		-0.00/025			

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

Name of Building Owner / Operator (2) Date of Notification (1) 1/10/2013 Hess Corporation 2013 JAN 28 PM 2: 58 Street Address Agencies Notified Type Notification One Hess Plaza **EPA** 45 (2.0) For User 1/81. Initial City, State & Zip Code DEP $\overline{\boxtimes}$ & LICENSING Woodbridge, NJ 07095 DOL Amended Telephone Number Emergency Name of Contact DOH DCA Cancellation John Philbin **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Hess Corporation Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) River Road # of Floors Bldg. Age Square Feet County (6) County Code (7) City (5) Current Use (Prior if being demolished) Camden Pennsauken Exterior Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bristol Environmental, Inc. AET, Inc. Street Address Street Address 1123 Beaver Street 28 N. Pennell Road City, State & Zip Code City, State & Zip Code Bristol, PA 19007 Media, PA 19063 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm (215)788-6040 00509 800-969-6AET Dave Turotsy Scheduled Completion Date (11) Name of OSHA Monitor Scheduled Start Date (10) Bristol Environmental Inc. 1/23/2013 1/21/2013 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: Exterior Remova Bristol, PA 19007 Facility Occupied During Abatement: 7 AM - 3:30 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Demolition Glove Bag Procedures ≥160 sf ≥260 If Non-Exempted and Non-Friable Procedure Amount Abatement Type Description of Is Location Location of Asbestos-Containing (Specify Normally Used Asbestos-Containing Solely by Material (ACM) SF or LF) Encapsulate Material (ACM) Enclosure Remova (i.e., thermal systems TO BE ABATED Maintenance or insulation, surfacing, VAT **Custodial Staff?** in Facility or other miscellaneous) (13) . (12)Yes No N/A PIPE INSULATION 58 LF T-21 Area Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste **GROWS Landfill** 18706 Bristol Environmental Inc. Disposal Date City, State City, State 1/23/2013 Morrisville, PA Bristol, PA Date Signature Title Completed By (Print or Type) 1/10/13 Project Gino Pizzigoni Manager