State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #5360

1305-4641

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) 7/1/13 Seton Hall University Agencies Notified Type Notification Street Address \boxtimes **EPA** 400 South Orange Ave. П DEP Initial City, State & Zip Code \boxtimes X DOL Amended #1 South Orange, NJ 07079 \boxtimes DOH Emergency Name of Contact Telephone Number Cancellation DCA Leon Vandemeleubroeke **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Seton Hall University- McQuaid Hall Street Address Subchapter 8 (Other than K-12) 400 South Orange Ave. Other (i.e. private & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) County Code (7) County (6) 10.000 90 Essex Current Use (Prior if being demolished) South Orange University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental AbateTech. Inc. 00529 Street Address Street Address 280 Huyler Street PO Box 25 City, State & Zip Code City, State & Zip Code South Hackensack, NJ 07606 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Geiser Fajardo 201-489-8700 609-265-2107 00529 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor EMSL Analytical 6/21/13 7/8/13 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. X Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: Weekend Work Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Remova TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility (13)or other miscellaneous) (12)Yes No N/A 1st Floor Kitchen/Offices Plaster around radiators 50 SF NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste TRRF Landfill AbateTech, Inc. 18750 City, State Disposal Date City, State Lumberton, NJ 7/8/13 Tullytown, PA Completed By (Print or Type) Title Date Signature Gwen Trumbetti Office 7/1/13

Coord.

1305-4646

Name of Building Owner / Operator (2) Date of Notification (1) 6/28/13 Seton Hall University Agencies Notified Type Notification Street Address 400 South Orange Ave. DEP Initial City, State & Zip Code \boxtimes DOL Amended #3 South Orange, NJ 07079 \boxtimes DOH Emergency Name of Contact Telephone Number DCA Cancellation Leon Vandemeleubroeke **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Seton Hall University- A&S Hall Steam Line School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 400 South Orange Ave. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 10.000 90 South Orange Current Use (Prior if being demolished) Essex University Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental AbateTech, Inc. 00529 Street Address Street Address 280 Huyler Street PO Box 25 City, State & Zip Code City, State & Zip Code South Hackensack, NJ 07606 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Geiser Fajardo 201-489-8700 609-265-2107 00529 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6/5/13 7/31/13 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Abatement Type Description of Amount Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes N/A No Exterior Steam Line Steam Line Pipe 280 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste AbateTech, Inc. 18750 12 TRRF Landfill City, State Disposal Date City, State Lumberton, NJ 7/31/13 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti Office 6/28/13 Coord.

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State of New Jersey 1303-4613 NOTIFICATION OF ASBESTOS ABATEMENT Check

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6/28/13

(Pursuant to N.J.A.C. 8:60 and 12:120) Name of Building Owner / Operator (2) Date of Notification (1) 6/28/13 JCP&L/FirstEnergy Company Agencies Notified Type Notification Street Address \boxtimes **EPA** 10 legion Place- Building A DEP Initial City, State & Zip Code M DOL X Amended #3 Morristown, NJ 07960 \boxtimes DOH П Name of Contact Emergency Telephone Number DCA Cancellation **Kevin Coffey FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) JCP&L/FirstEnergy School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 90 Ridgedale Avenue Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) 50+ Current Use (Prior if being demolished) Morristown Morris **Utility Building** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) 1 Source Safety & Health AbateTech, Inc. Street Address Street Address 140 South Village Ave. Suite 130 PO Box 25 City, State & Zip Code City, State & Zip Code Exton, PA 19341 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Brian Hovendon 610-524-5525 609-265-2107 00529 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor 3/25/13 7/31/13 **EMSL Analytical** Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours -City, State & Zip Code Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures (wrap & cut) Non-Exempted and Non-Friable Procedure Location of Is Location Amount Abatement Type Description of Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate TO BE ABATED Maintenance or (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A Crawlspace Transite Duct Sleeve 12 SF 1st Floor Mastic 6,900 SF 1st Floor Pipe Fittings 5 LF 2nd Floor Floor Tile & Mastic 6,900 SF 2nd Floor **Roof Drains** 8 2nd Floor X M Pipe Fittings 5 LF Pipe Fittings Crawlspace M 15 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste AbateTech, Inc. 18750 12 TRRF Landfill City, State Disposal Date City, State Lumberton, NJ 7/31/13 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti

Opps. Coord.



Date of Notification (1)					Name	of Building	Owr	er/Operator (2)		13/11	,		*	
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Agencies Notified	Type Notifica	tion			Street	Address				Ser III	C)-	4	4 -		
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⊠ DOLWD					City, S	tate, Zip C	ode				4/	1-1-1	t.	6	
⊠ DHSS	Amendme	-	lina		Lan	bertville	, NJ	08530				4/40	+		
☐ DCA (NJAC 5:23-8)	justification		ing		Name	of Contact				1	Telenhone Mi	ımha-	1		-
	☐ Cancellati	on			Ker	ry Sevilis	\$						ج.	1	
					FAC	CILITY IN	FOR	MATION							
Name of Facility Where A)					Type of Fa)				
South Hunterdon R	egional Hig	h Scho	ol						⊠ School		Other than K-	.12\			
Street Address											ate and comr		uildir	igs,	
301 Mt. Airy-Harbou	urton Road								homes,						
City (5)									Square Fee	et	# of Floors	E	Bldg.	Age	
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County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Us	e (Prio	r if being dem	olished)			
Hunterdon									High So	hool					
Name of Monitoring Firm	Hired by Build	ling Owr	er (8)	I	ASCM	No.	Nan	ne of Abateme	ent Contracto	or (9)					
Environmental Con	nection						A	bateTech, I	nc.						
Street Address							Stre	et Address							
120 North Warren S	Street						3	0 Maple Ave	. PO Box	25					
City, State, Zip Code		ENCHE.			- 0		City	, State, Zip Co	ode	-					
Trenton, NJ 08608							L	umberton, l	NJ 08048						
Project Manager for Moni	itoring Firm	-		Telep	ohone	No.	Tele	ephone No.			License No.				
Rick Beach	/			60	9-392	4200_	6	09-265-2107			00529				l
Start Date (10)	/ [5	chedule	d Con	plet	ion Da	te (11)/	Nar	ne of OSHA N	lonitor						
6 / _21_ /	13 (6_	_ / _	28	_ / -	13/	E	MSL Analyt	ical						
Occupancy Status During	Abatement (0	Check or	ly one)	_		Stre	et Address							
☐ Facility Closed/Vacate						92	1	08 Haddon	Ave.						
Abatement Performed Time of Abatement:								, State, Zip Co lestmont, N							
Scope of Work (Check all	I that apply)			- 300				resulioni, N	3 00 100		V-1/-		_		
Language per class described			D					☐ Full Con		h Nega	tive Pressure				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Reno						Procedure						
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Asbestos-Containing I TO BE ABA		,	Maint	enar	nce/			rmal systems			(Specify	Kemova	Repair	cap	Enclosure
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Various Classrooms			-			Floor ti	le &	Mastic			1,935 SF		1 [
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Name of Decisters 418/-	ta Hauler		1 L			Mosts	Cul	ic Yards of	Nama of	Pagisto	ered Landfill		11		
Name of Registered Was	ile Hauler			100000	JDEP \ auler II		Was		TRRF						
AbateTech, Inc.					18750)	1								
City, State								oosal Date	City, State		24				
Lumberton, NJ							6/	28/13	Tullyto	own, F	'A				
Completed By (Print or Ty		Title						Signature) n			Date	170	7/10	
Gwendolyn Trumbe	etti	Ope	ratio	ns C	Coord	inator			out	55		C	16	113	

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

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	of Notification (1)			0 955			/ner/Operator	r (2)			3/11					
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	- 1	Abatement is rakin	y riace (3)	No.				-		5 e2 (45)						
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Coun	ty (6)				County C	code (7) ISE ONLY)		1	ent Use (Prio	r if bei	ng demoli	ished)				
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Name	of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.	1		atement Cont		(9)					
N/A					N/A		Firs	t Pha	se Group II	nc						
Stree	t Address						Stree	treet Address 567-52nd Street Suite#16								
N/A							567	-52nd	Street Sui	te#16	3					
City,	State, Zip Code						City,	y, State, Zip Code								
N/A		然					Wes	/est New York NJ 07093								
Proje	ct Manager for Mor	nitoring Firm		77	elephor	ne No.	Telep	elephone No. License No.								
N/A		T			N/A		201	-758-	7158		00114	4				
Start	Date (10)		Schedule	d Com	pletion [Date (11)	Name	e of Os	SHA Monitor	***************************************				1		
	2013		7/12/20	13			J&S	Env	ironmental	Corp						
	pancy Status Durin	a Abatement (Che	ck Only On	e)			ess									
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H	Facility Closed/Vac Abatement Perform	ated During Entire ned Outside of Norr	nal Facility	Hours	eni		City.	State.	Zip Code							
	Other - Describe:						7.00		J 07083							
Scor	e of Work (Check A	All That Apply)		*											-	
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Asb	estos Transport	ation Company	•	1	1310	.,	o. Truste		Minerva	Ente	erprises	i				
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Date of Notification (1)	2 /	13		١		f Building (r Realty	Owner/Operator (2 Trust	?) E	~ 13 JUL ~ 8			Ž	61
Agencies Notified EPA	Type Notificatio	on		5	Street A 3307	ddress Trindle l	Rd.	*	26/3 JUL -8	AM E	: £2)	
☑ DOLWD ☑ DHSS	Amended Amendment	t #6		(ate, Zip Co			"CEKSIK	1/6	·,		
☑ DCA	☐ Emergency	2000 P	ling			p Hill, PA	17011		Talashana Numbo	(3)	1.	-	-
(NJAC 5:23-8)	justification)				Slee Sa	f Contact	_ 93 <u>_</u>		Telephone Numbe	а			
	☐ Cancellation	n				ert Masta							\dashv
					FACI	ILITY INF	ORMATION						
Name of Facility When	re Abatement is Tak	king Pla	ace (3))				Type of Facility (
Shore Mall								School (K-12) (Other than K-12)				
Street Address								Other (i.e., pr	ivate and commerc	ial buil	dings	,	
6725 Black Hors	e Pike							homes, etc.)	T., 4=	[Did	Α-		
City (5)	8							Square Feet	# of Floors	4	g. Ag	е	İ
Egg Harbor Tow	nship		- 8 					260,000	2				
County (6)					Count	y Code (7)	(STATE USE ONLY)		or if being demolish	.ea)			3
Atlantic								Retail Store		-		_	
Name of Monitoring F		ng Own	er (8)	P	ASCM N	10.	Name of Abateme						
Connell-Green C	Consulting, Inc.				NA			ironmental Sys	stems				
Street Address							Street Address	o					
904 Kings Arms	Drive						550 East Uni				-		
City, State, Zip Code							City, State, Zip C						
Downingtown, P							West Cheste	r, PA 19382	Tr				
Project Manager for N	Monitoring Firm				ohone N	ownersoners in	Telephone No.	400	License No.				
Richard Pellissi				-590	4-432-		610-701-9000		00508				
Start Date (10)01 /28	/ <u>13</u> Sc			All controls	ion Dat	and the same of th	Name of OSHA N	vionitor en Consulting,	Inc.				
Occupancy Status Du	uring Abatement (Cl	heck or	nly one	e)			Street Address						
☐ Facility Closed/Va	cated During Entire	Period	d of At	ater	nent		904 Kings A	rm Drive					
☐ Abatement Perfor	med Outside of Nor nt: <u>7</u> AMPM/	rmal Fa	cility h	Hour	s - Desc	cribe	City, State, Zip C Downingtow						
Scope of Work (Chec	ck all that apply)		-										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Rend Dem				Mini-En □ Gloveba	ag Procedure	gative Pressure on-Friable Procedur	re			
			ls L	ocat	ion						ateme	ent T	уре
Asbestos-Contair TO BE IN F	ation of ning Material (ACM) <u>ABATED</u> Facility 13)		Used Main Custo	tena dial (12)	ely by ince/ Staff?	Asbe (i.e	Description stos Containing M ., thermal systems surfacing, VA other miscellan	aterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		_	Yes	No	N/A	Flags T			17,807 SF			П	
Throughout Build		-				Floor T			16,684 SF		H		1
Throughout Build				<u>_</u>		Floor M	ed Ceiling		1500 SF				
Common Area / S	Space #6		_ +	<u> </u>	12512		on Cloth		12 LF			H	
Space #2		I	J	Ц,				Name of Pag	istered Landfill				
Name of Registered N.E.T.S. / David	Waste Hauler Geppert Recycl	ling, l	nc.	1.0	JDEP I lauler II 1894	D No.	Cubic Yards of Waste 30 / 30		Imperial / Mode	rn La	ndfil	1	100
City, State Hazelton, PA / I	Hatfield, PA				,004		Disposal Date TBD	City, State Imperial,	PA / York, PA				
Completed By (Print Mark Griffin	Unique de la Contraction de la	Title Est	timat	or			Signature	1/11/	Da	7/	2/	1:	3
L								9 9 /					

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility		T	1	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	YES	NO	N/A	é	7/9		<u> </u>	E D	e -
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Roof	닏		X	 	9600 SF	X		브	브
Exterior Wall	쁘		X	Transite Sheets	2200 SF 🤗	X		Щ	Ш
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Page 2 - Notification - 1/4/13

Completed By

ASB41

Krutarth Jagad

State of New Jersey

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Date of Notification (1)) 2/2013				2153281111	e of Build Michae		Owner/Operator Truett	(2)	<u>2€13 JUL</u>	-8	RM	8:	£0
Agencies Notified	Type Not					et Addres Sherman		re		ال ع	(4. L			5.,
DEP DOL		dment #_	-1			State, Zip st Long					-11.3	iN.		· 1.
DCA DCA		gency (ind cation) Illation	ciuaing		Nam	e of Conta Michael	tact			Telephone Nu	mber	-		**
					FA	CILITY IN	NFOF	RMATION						
Name of Facility Where Residence	e Abatement	is Taking	Place	(3)					Type of Facilit	12)	2)			
Street Address 26 Sherman Ave										r 8 (Other than K-1 private & commer c.)		ldings	3,	
City (5) West Long Branch									Square Feet 1,500 SF	# of Floors		ildg. A	Age	
County (6) Monmouth County						inty Code ONLY)	e (7)	(STATE	Current Use (I Residence	Prior if being demo	lished)			
Name of Monitoring Fir	m Hired by B	uilding O	wner		ASCM	No.			ent Contractor (Construction	40-78				
Street Address								treet Address 360 Clifton,	Avenue, PM	B Suite 218				
City, State, Zip Code	- V							ity, State, Zip C Clifton, NJ 0						
Project Manager for Mo	onitoring Firm	<u> </u>		Tele	phone	No.	10000	elephone No. 973-389-008	39	License No. 00693				
Start Date (10)					tion Da	ate (11)	N	lame of OSHA M	Monitor					_
07/13/2013 Occupancy Status Duri	ing Abatemer		4/2013					treet Address	Constructio	11, 1110.				
Facility Closed/Vaca	ated During E	ntire Peri	iod of A	bate			200	360 Clifton,		IB Suite 218		-100		_
Other - Describe:			domity				100	Clifton, NJ 07						_
Scope of Work (Check 3 sf or >3 If 160 sf or 260 If	all that apply) [ovati moli				Mini-End Goveba	closure g Procedure	egative Pressure Non-Friable Proc	edure			
				catio				1 NON-EX	empled () and	Non-France France	1 30	Abate Ty		
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACN ATED	и)	st		ce/		e., the	Description of Containing Mate ermal systems in urfacing, VAT, her miscellaneo	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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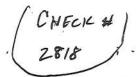
Signature

Title

President

Date

07/02/2013



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Project Manager for Monitoring Firm	Street Addres	s						City	Sta	te. Zip Co	de						
Project Manager for Monitoring Firm	City State, Zi	p Code						We	est F	Berlin No	08091		License No				-
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IN IDEP Waste Cubic Yards Name of Registered Landfill		Room 111	-		X			Floor	tile/	masiic		+			1		
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Name of Registered Waste Hauler Hauler ID No. Of Waste 2	Name o	f Registered Waste Hauler				Hauler I	D No.	of Wa	aste				S. 				
United Containers 22459 City, State Disposal Date City, State Disposal Date City, State Disposal Date Disposal						22459		Disp	osal	Date	City, S	State	e PA 190	67			
City, State Elm NJ Date 7/2/13	City, St	rate						7/8/		attire .	IVIOIT			Date			
Completed by Title President						nt			(1121	10	-	_

40 July

MO#20613928768

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Cancellation

Date of Notification (1)				Name	of Buildin	g Owner/Opera	ator (2	2)					
	01 / _	13		Sean	Adams			2012	<u>Jir</u>				
Agencies Notified	Type Notifica	ition			t Address				4.7.8.4	1° A	200	S-11-11	
☐ EPA	☐ Initial			46 M	aple Stree	o†					00		
Ø DOLWD	☐ Amended				State, Zip					-			
⊠ DHSS	Amendme		_	7.0	erford, NJ				* 1				
DCA (NJAC 5:23-8)	Emergence		ng		of Contac				Telephone	Number		-	
(110715 5.25 6)	ズ Cancellat				Adams				Troicphone	ranibei			
				-		UEODINATIO							
Nome of English Where	Abatawantia T	aldes Dis	- (0)	FA	CILITY	NFORMATIO	N	r=					
Name of Facility Where	Abatement is 1	aking Plac	e (3)					Type of Facility					
Private house								School (K-1	2) 8 (Other than I	V 1 0)			
Street Address								Other (i.e.,)	orivate and cor	nmercia	ıl builc	linas	
46 Maple Street								homes, etc.				mgo,	
City (5)								Square Feet	# of Floors	š	Bldg	. Age	
Rutherford, NJ 07070													
County (6)				Cour	nty Code (7)	(STATE USE OF	VLY)	Current Use (P	rior if being de	molishe	d)		
Bergen													
Name of Monitoring Firm	Hired by Build	ding Owne	r (8)	ASCM	No.	Name of Aba	ateme	ent Contractor (9)				
						Gr Tech LL	C						
Street Address						Street Addre							
						576 Valley	Rd#	283					
City, State, Zip Code			2-01/01/01			City, State, 2			-				
20 W M 2004C 40						Wayne, NJ							
Project Manager for Mon	itoring Firm		Tel	ephone	No.	Telephone N		0	License N				
	8					973-638-17				U.			
Start Date (10)	15	Scheduled	Comple	etion Da	te (11)			lanita.	01127			-	
06/_28/		06				Name of OS							
					15			nsultants,Inc					
Occupancy Status During						Street Addre	SS						
□ Facility Closed/Vacate □ Abatement Performed	ed During Entir	e Period (of Abate	ement	a autho a	20-21 Waga	araw	Road, Bldg .#	35 E				
Time of Abatement:	AM-	PM/	ILY HOU PM	rs - Des	AM	City, State, 2	Zip Co	ode					
		20400				Fair Lawn,							
Scope of Work (Check al	I that apply)					Cle	an up	and decontamin	nation				
>3 sf or >3 lf > 160 sf or >260 lf		⊠ F	Renovat	ion		H Min	Cont i-Encl	ainment with Ne losure	gative Pressur	е			
$\square \ge 160 \text{ sf or } \ge 260 \text{ lf}$)emoliti			⊠ Glo	vebad	Procedure	Tent with Neg	ative Pr	essur	е	
					T	☐ Nor	ı-Exe	mpted (*) and No	n-Friable Prod	cedure			
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Location Asbestos-Containing) Us	sed Sol		A-6-	Descript					70 7	0 m	m
TO BE ABA		_ N	laintena	ance/		stos Containin e., thermal syst			Amount (Specify		Remov	nca	nclo
IN Facili	ty	CL	stodial (12)		,	surfacing,	VAT,	or	SIF or LF)	Removal	psu	Enclosure
(13)		-	(12)	1	+	other misce	llane	ous)			=	Encapsulate	Œ
		Yes	No	N/A									
Basement				\boxtimes	Pipe ins	sulation			65 LF	1	X		
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Name of Registered Was	te Hauler		NJ	DEP Waste	e Hauler ID No	Cubic Yards of	Waste	Name of Regis	stered Landfill				1
Gr Tech LLC				003378	25	TBD		T.R.R.F. Inc					
City, State				003376	-	Disposal Date	e	City, State					
							-						
Wayne, NJ 07470 Completed By (Print or Ty	(no)	Tiele				TBD		Tullytown, P.	Α	_			
	(pe)	Title				Signatur	0	1 1		Date			
V.Jevtic		Owner		M			Ew	te ski	nad	07/01	/2013	,	
ASB-41 MAY 11		* Do	at use *	his for	o for when	tos licensure es	va	and motivitates		-			
VIAT 11		DON	VI USE I	nis jorn	i jor asnes	ius licensure es	xempt	ea activities.					

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

State of New Jersey

		(Pursuant	to N	JAC 6.0	o- / and 12:120 :/	(2)						
Date of Notification 7-1-2013	n (1)			Ores	ng Owner/Operator	(2)	100	_	_			
Agencies Notified	Type Notifica			Address Larc	h Ave	2919 301.	-8 ax a					
[]DED	Notifica []Amended	Ci			ip Code NJ,07666			O = .				
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[X] DOH	[]EMERGENC			Ore								
[]DCA	[]Cancella										_	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			FACILI'	TY INFORMATION		(4)					-
Name of Facility Wh	ere Abatement	is Taking	Place	≥ (3)		Type of Facilit						
Same as above						[]School (R []Subchapte [X]Other (i.	e., priva	ate &	COM	er-		
Street Addres						cial bui	ldings, h	nomes,	eto	:.)		
				ii.		Square Feet	# of Floo	ors	Bldg		je	
City (5		County (6	-	к	County Code (7) (STATE USE ONLY)	1500	2	-1 (70		ed)	
		BERGE	N			Current Use (Pr	70.772	allig d	emo.			
Name of Monitoring	Firm hired by	Building	ASCM	No.		ment Contractor						
Owner (8) N/A						MANAGEMENT,						
Street Address					Street Address 86 Chris	stopher St.	3					
City, State, Zip C	ode				City, State, Montcla:	Zip Code ir, NJ 0704	2					
		in Tole	nhone	Numbe				Licen			er	
Project Manager fo		N/I	A.		(973) 74	4-8800		003	371			
Scheduled Start Da	te (10) Sch	ed. Comple	tion	Date (Name of OSHA	Monitor						
7-12-2		7-15		.3 Year	N/A						92	
Montal Dep	Year Muring Abatemen losed/Vacated I	t (Check	only only of	one)	Street Addre	ss						
of Abatem	ent Performed Outs: scribe:«OffHou	ide of Nor	mal F		City, State,	Zip Code					F4 - 72	
[]other - De	scribe: «Other	Occupancy	Desci	:ipt»						_		
Scope of Work (Che	eck all that ap	ply)		vation	[]Mini	Containment wit	th Negati	ve Pre	essu	re		
[X]>3 sf	or >3 lf f or >260 lf			lition	[X]Glov	rebag Procedure -Friable Procedu	re					
			Is		[]Non-	FILADIC ILIGATION			Abat	ene	nt T	E E
Locat	ion of		ocatio		Descript		Amoun	ıt	R	R	N	N
Asbestos-	Containing		Used Solely	· -	Asbestos-Co Material		(Speci	fy	E M	E	C A	C
	l (ACM) ABATED	B	y Maii	n-	(i.e., therm	al systems	SF o	r	o V	Ā	PS	os
	cility	Cı	enance	al	insulation, sur or other miso	clacing, var,	111		A	R	L	UR
(1	L3)	Yes	aff (N/A			10.16	_	77		·-	E
Basement				X	Pipe Insula	tion	40 lf	:	X		-	-
									_	-	-	-
							stand Is	ndfil				
Name of Registere AZTECH MAN	d Waste Hauler	L	DEP Wauler	ID No.	Cubic Yards of Waste 1.	Name of Regi		marr				70205-65
City, State			, 0-21		Disposal Date	City, State		1 A	206	7		
Montclair,	NJ 07042				7-16-2013	Morrisvi	.11e, E					
Completed By (Pri	nt or Type)	ritle Preside	-n+		Signatu	Te Julian In	1640		ate 7-1-	2013		
Constantine	vivian	ET-CSTG6			(1 092	Marine M	your					

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

Date of Notification	on (1)		155	ing Owner/Operator	(2)	*				
7-1-2013			Carolyn	Kathorr			= 76 == 7			
Agencies Notified	Type Notifica	tion	Street Addres		25:5					
[]EPA	[X]Initial		400 Grov	re Street	40.00		÷			
[]DEP	Notifica	ation	City, State,		A TOP W	•		r,		
[X]DOL	[]Amended Notifica	ation	Upper Mo	ontclair,NJ,						
[X]DOH			Name of Conta	ict	Telephon	e Number			7	
[]DCA	[]EMERGENC		Carolyn	Kathoff						
	[]Cancella	tion							-16	
	33-4	i a Malais		ITY INFORMATION	Type of Facili	ity (A)				
Name of Facility Wh Same as above		IS TAKE	ng Flace (3)		[]School		than	K-12)	
Street Addres					[X]Other (i.e., private	& CO	mmer	-	
						uildings, hom		Company (Company)		
City (5		County	(6) Essex	County Code (7)	Square Feet 1600	# of Floors	7	dg. 1 L 48	age	
CICY (5		ESS		(STATE USE ONLY)	Current Use ()				hed)	,
					,				•	
Name of Monitoring	Firm hired by	Buildin	g ASCM No.	Name of Abate	ment Contractor	(9)				
Owner (8) N/A				AZTECH N	MANAGEMENT	, Inc.				
Street Address				Street Addres	s					
				86 Chris	stopher St					
City, State, Zip Co	ode			City, State,	Zip Code				1776	
				Montclai	ir, NJ 070	42				
Project Manager for	r Monitoring Fi	rm Te	lephone Numbe	r Telephone Num	ber		ense		er	
		N	/A	(973) 744	1-8800	0	037	1		
Scheduled Start Da		d. Comp	letion Date (Monitor	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
7-11-20			-2013	N/A						
Month Day Occupancy Status Day			Day Year only one)	Street Addres	is.		-			
[X]Facility Cl	osed/Vacated D			1						
of Abateme	ent Performed Outsi	de of No	ormal Facility	City, State,	Zip Code				_	
Hours - Des	cribe: «OffHour	s Descri	ipt»							
[T. T. W. S.	scribe: «Other O		y Descript»					-		
Scope of Work (Che	ck all that app	тА)		[]Full	Containment wi	th Negative I	ressu	ıre		
[X]≥3 sf o			X]Renovation	476 FOR STATE	-Enclosure					
[]≥160 si	or <u>></u> 260 lf	ı	Demolition		ebag Procedure Friable Procedu	re				38
			Is Location				Aba	teme	nt :	Type
Location Asbestos-C			Normally Used	Descripti Asbestos-Cor		Amount	R	R	N	N
Material	(ACM)	١,	Solely By Main-	Material		(Specify	M	P	A	0 110
TO BE A		1	tenance/	<pre>(i.e., therma insulation, surf</pre>		SF or LF)	V	A	S	S
(13	7. A. C.	S	taff (12)	or other misce	, (2008년 - 110 등 110 / 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110 - 110		A L	R	L	R
Desemb		Yes	No N/A	Pipe Insulat	-i on	60 LF	x			E
Basement		-	x	BOILER	21011	25 SF	- 22	-		-
Basement		-	 ^	POTTER		25 SE	+	\vdash	-	+
Name of Designationed	Whate Hauler	ba	JDEP Waste	Cubic Yards	Name of Regi	stered Landfi	111		_	
Name of Registered AZTECH MANA		IC H	auler ID No.	of Waste 1.	G.R.O.W.		a G			
City, State				Disposal Date	City, State		17.8	000000		
Montclair, N	J 07042		2	7-15-2013	Morrisvi	lle, PA	L906	57		
Completed By (Prin	t or Type) Ti	tle		Signatur	e , /	/	Date			
Constantine		reside	ent	1 1	17 1		7-1-			
			_	(low	stulin /	9				



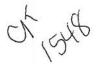
Date of Notification (1) 6-29-2013					uilding Ov v Manag			2)				^ _	r. e.y.	A	5
Agencies Notified	Type Notification		1	treet Add 0 Unde	ress rwood F	PL.				L.	13 JUL				Ť
DEP DOL	Initial Amended Amendment				Zip Code								-21		
DOH DCA	Emergency (in justification) Cancellation	ncluding	1	ame of C						Tele	phone Nur	mber			
				FACILI	TY INFOR	RMATIC	ON								
Name of Facility Where A Residential.	Abatement is Taking	Place (3)						☐ Sc	Facility (4)	1	sthan V 1	2)			
Street Address 146 Manhattan Ave).							⊠ of et		vate &	commerc	ial build			es,
City (5) Jersey City NJ. 073	303							Square 9975		4	Floors	80	dg. <i>A</i>)+	ge	
County (6) Hudson.				County Co STATE US	ode (7) SE ONLY)		_	Curren	t Use (Prior	if beir	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building C	Owner (8)	-	ASCM	No.				ment Contr ronmenta						
Street Address								Address							
City, State, Zip Code						-	City, S	state, Zip)4					
Project Manager for Mo	nitoring Firm	-	7	Telephone	e No.		Teleph	none No 333-88			License I	No.			
Start Date (10)	I	Scheduled		pletion D	ate (11)		Name	of OSH	A Monitor		01111				
07-10-2013		07-10-20						e as A	000-000-000						
Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire I	Period of Ab	atem	ent				Address							
Scope of Work (Check	All That Apply)		_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That y pp.yy		nova moliti	M10553				Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure	200			ırė	
			550	T				- 110.		. /			Aba	teme	nt
Location Asbestos-Containin TO BE Al	g Material (ACM) BATED	Used	tenar	ly ly by nce/		tos Cor therma	al systen	Material ns insula		(Amount Specify F or LF)	Ren		ype Encap	Encl
In Fac (13			(12)				acing, V. miscella			3	i or Er)	Removal	Repair	Encapsulate	Enclosure
Baser	ment	Yes	No X	N/A		pipe	e insula	ation.			70 LF	x	+	+	+
Baser	none	+ +													
													-	+	+
Name of Registered W	aste Hauler			NJDEP W			c Yards	-	Name of	Regis	ered Land	Ifill		1_	
Tri-state Transfer A			150	Hauler ID A456	No.	of W			Minerva		erprise.				
City, State Bronx, NY							osal Dat	3.	City, Stat Wynesi						
Completed by Liliana Pedraza		Title Office	mn	g.			Signatu	re کرر	La	رب		Date 6-29-2	2013	3.	

OK 1200

Date of Notification (1) 07/01/13		*			Building O				21	/ 1					
Agencies Notified	Type Notification			Street Ad	ENGLISHED SHOW					15 1	3/				\dashv
X EPA	Initial				estwood		ie				+	9:	0		
EPA DEP DOL	Amended Amendment	#13			e, Zip Cod ale NJ 0						4				
	☐ Emergency (Name of		71013				Tala	nhono hlum	aban			
☑ DOH □ DCA	justification) Cancellation		- 1	Ken Pe											
				FACIL	ITY INFO	RMATIC	N								
Name of Facility Where A Holdrum Middle Sc		g Place (3)						<u> </u>	of Facility (4)		1 0				
Street Address						W-14-16-56			chool (K-12 ubchapter 8		r than K-12	2)			
393 Rivervale Road	i								other (i.e. pri	ivate &	commercia	al build	ings,	home	es,
City (5)								Square	e Feet	Stalling power	Floors	0.000	dg. A	ge	\neg
River Vale								7000		1.		5) 		
County (6) Bergen				County C (STATE U	code (7) ISE ONLY)		_	Scho	nt Use (Prior ol	r if bein	g demolish	ned)	35		
Name of Monitoring Firm				ASCM	No.	T			ement Cont						
Environmental Rem	nediation & Man	agment,	Inc.				0.00		truction 8	Rest	oration,	Inc.			
Street Address P.O. Box 9026								Address Route	s 46 Suite	3D					
City, State, Zip Code							100 100 100 100 100 100 100 100 100 100	tate, Zi							
Trenton, NJ 08650	W-1			T-1-1-1			41		J 07512		License N				
Project Manager for Mor Gary Leverence	iltoring Firm			200700 200 2000	9 8077		973	one No 256 70)10		00666	0.			
Start Date (10) 07/01/2013		Schedule 07/06/2		npletion [Date (11)				A Monitor struction 8	Rest	toration,	Inc.			
Occupancy Status Durin	g Abatement (Chec	k Only On	e)					Addres	With Arms 1996 A	22					
Facility Closed/Vac									46 Suite	3D					
Abatement Perform Other – Describe:			Hours	; 			100 mm (7 mm) (mm)	tate, Zij	p Code J 07512						
Scope of Work (Check A	Il That Apply)		-					,,,,,,							
23 sf or ≥3 lf	• • • •	× R	enova	ition				Full	Containme	nt with	Negative F	ressu	re		
≥160 sf or ≥260 lf			emolit	ion			-	The state of the s	i-Enclosure vebag Proce			+945	27		
							>		-Exempted				cedur		
		1	Locat	557.0000										emeni pe	
Location Asbestos-Containing		Used	lormal d Sole	ly by	Ashest	Des os Conta	scription		(ACM)	Ar	nount				
TO BE AB	ATED		ntena odial S		(i.e.	thermal	system	s insula	tion,	(S	pecify	Rer	Re	Encapsulate	End
In Faci (13)			(12)	90-90-0000 		other m	cing, VA niscellar			SF	or LF)	Remova	Repair	osula	Enclosure
		Yes	No	N/A								=		ate	Œ
Rooms 36,3	8,76&78		х			VAT	& Ma	stic		290	00 SF	Х			
Room	36		х		F	ume H	lood T	ransit	е	2	5 SF	X			
Room	78		х				TSI			1:	5 LF	X			
Rooms 36,3	8,76&78		X			Chalkb	oard	Mastic	310 76.	7	5 SF	X			
Name of Registered Wa	ste Hauler			JDEP W		Cubic of Was			Formation were	ine Secretario	red Landfil	ı			
Bako Construction 8	Restoration, In	ıc.	1000	0889	NO.	15	sie .		G.R.O.V		IC.				
City, State Totowa NJ						Dispos 07/08	sal Date /13)	City, State Morrisvi						
Completed by		Title				Company of the Company	ignatur	9.0	70	1000	1 D	ate			
Goran Kojic		Proje	ct Ma	anager				La	con'f	S	-(0	7/01/	13		

Date of Notification (1) 06/07/2013					Building Ov ale Boar				1700							
Agencies Notified	Type Notification		1	treet Ade	dress estwood	Aven	ue			- 4						
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code ale NJ 0							ĵ.				
☑ DOH DCA	Emergency (in justification) Cancellation	cluding	100	lame of o		33.				Tele	phone l	lumb	er		=	
П всх	Cancellation			FACIL	ITY INFOR	TAMS	ON									
Name of Facility Where	Abatement is Taking	Place (3)						Type o	f Facility (4)	(00 B)					
Holdrum Middle Sc								× s	chool (K-12	2)						
Street Address	1.00							F s	ubchapter	8 (Othe	er than K	(-12)			2000-201 <u>2</u> 01	
393 Rivervale Road	Ė								ther (i.e. pr	nvate à	comme	erciai	Dullai	ngs, i	ionie	s,
City (5)								Square		# of	Floors		Blo	lg. Ag	je	
River Vale								70000	0	1			50			
County (6)	***************************************			County C					t Use (Pric	r if bei	ng demo	lishe	d)			
Bergen			(STATE U	SE ONLY)			Scho	ol							
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCM	No.				ement Con							
Environmental Ren	nediation & Mana	agemen	t, Ing				Bako	Cons	truction &	& Res	toratio	n, Ir	iC.			
Street Address			- 100					Address	7.0				-3100			
P.O. Box 9026							265	Route	46 Suite	3D						
City, State, Zip Code								State, Zip								
Trenton, NJ 08650						0.24			J 07512							
Project Manager for Mor	nitoring Firm			Telephor				hone No			Licens 00666					
Gary Leverence	- 1007 A 100 00 00 00 00 00 00 00 00 00 00 00 00		-	<u> 200</u>	9 8077			256 70			00000	5				
Start Date (10) 07/01/2013		Schedule 07/06/2		pletion [Date (11)				A Monitor struction	& Res	storatio	n, Ir	ıc.			
Occupancy Status Durin	ng Abatement (Check	Only On	e)					Addres								
Facility Closed/Vac	cated During Entire P	eriod of A	batem	ent					46 Suite	3D						
X Abatement Perform	ned Outside of Norma	al Facility	Hours					State, Zij								
Other – Describe:	Work Hours 3pm-11:	su pm					Toto	wa, N	J 07512							II)
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf		XR	enova	tion					Containme		n Negati	ve Pr	essur	е		
≥160 sf or ≥260 lf			emolit	ion				Min	i-Enclosure vebag Prod	e cedure	* ME	48+	0	7		
								× Nor	n-Exempted	d (*) ar	d Non-F	riable	Proc	edur	9	
		ls	Locati	on										Abate Ty	ment	
Location	on of		Normal			D	escriptio	n of						.,		
Asbestos-Containing	g Material (ACM)		d Sole intenar					Material		- 3	Amount Specify		חד		E	ш
TO BE AS			todial S		(i.e.		arsysten acing, V	ns insula AT, or	ition,		F or LF)	2	Remova	Repair	cap	1Gb
(13			(12)			other	miscella	neous)					oval	air	Encapsulate	Enclosure
		Yes	No	N/A					_						र्क	
Rooms 36,3	8,76 & 78		X				T & Ma				900 SF		Х			
Room	ı 36		X		F	ume		Transit	е		25 SF		X			
Room	n 78		Х				TSI				15 LF		X			
				UDEE	/	Coll	a Vards		Name of	Pegist	ered I o	ndfill				
Name of Registered Wa			10000	IJDEP W lauler ID	100000000000000000000000000000000000000	of W	c Yards aste		G.R.O.			MIIII				
Bako Construction	& Restoration, In	C.	10001	0889		15					IIIG.					
City, State Totowa, NJ							osal Dat 08/2013		City, Star Morris		PA					
Completed by		Title				T	Signatu	re	1		,	Dat				
Goran Kojic		100000000000000000000000000000000000000	ect Ma	anager	+:		2	Ro	wh	5	-7_	06	/07/2	2013		

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



Date of Notification	(1) 7-02-2013					Building otford,		wner / Operator	(2)	719 JUL -8 	* * *				
Agencies Notified	Type Notifica	ation		Street								e.	-3		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.00				nia	Avenue	*	- I Tool			•		
☐ DEP ☐ DOL	☐ Initial					e & Zi PA 19				& Light					
□ DOH		gency	N	lame	of C	Contact	t				eleph	on	e_Nu	ımbe	r
☐ DCA	☐ Cano	ellation	I	Vlike	Mi	ilone									
				FAC	CILI	ITY IN	FO	RMATION							
Name of Facility W		ent is Taking Pl	ace (3	6)				Type of Facility							
COP Deptford, L	.LC					***	-1100	School (K	- 12) er 8 (Other th:	on K 12)					
Street Address 1689 Delsea Driv										nmercial building	as ho	me	s et	c)	
1003 Deisea Din	/6							Square Feet	# of Flo		ldg. A	-	_	,	-
City (5)		County (6)	Cor	unty C	Code	e (7)		13,580		1	3	ā.,	30		
Deptford, NJ		Camden				- 、 /		Current Use (F	Prior if being o	lemolished)					
Doparora, No								Meat proce							
Name of Monitoring			er (8)		A:	SCM N	o.	Name of Abate							
Indoor Environmen	ntal Concepts,	LLC		G-1			-	Resource Ma		Group, LLC		_			
Street Address 286 Sunset Road								2115 Hamilto		202					
City, State & Zip Co	ode							City, State & Z							
Barrington, NJ 080								Trenton, NJ							
Project Manager for	or Monitoring F	irm		hone				Telephone Nu		License N					
Michael Menz			856-	_	-	COLUMN TO SERVICE		609-977-615			011	85)		
Scheduled Start Da 07/15/20	5/35/33/3 (Care Care Care Care Care Care Care Care	Scheduled Cor	npietic)8/05/			11)		Name of OSH		oratories Inc					
Occupancy Status	0.00.000	THE RESERVE THE PERSON NAMED IN COLUMN 1						Street Address		0.2.00					
Facility Clo	sed/Vacated	During Entire P	eriod	of Aba	aten	nent		2333 Route	22 West						
	Performed O	utside of Norm	al Ho	urs –	7an	n to 3p	m	City, State & Z	ip Code						
Describe:								Union, NJ 07	7083						
	cupied During							1		× ·			10000		
Scope of Work (Ch	neck all that a	ppiy)						1	☐ Full Co	ntainment with N	legativ	/e l	Pres	sure	
☐ ≥3 sf or ≥3	If		\boxtimes	Rer	nova	ation				closure	_				
≥160 sf ≥2	60 If			Der	noli	tion		ĺ		Bag Procedures					
			,							empted and Nor					
	ocation of			Locat				Description Asbestos-Cont		Amount (Specify	A	bat	teme	ent T	ype
	stos-Containir aterial (ACM)	ig		olely		iu		Material (AC		SF or LF)				щ	
TO	BE ABATED		Main	tenan	nce			(i.e., thermal sy	stems		1	PAR	Repair	cap	ncle
	in Facility		Custo	odial ((12)	Staf	ff?		nsulation, surfaci or other miscella			1 3	Remova	oair	Encapsulate	Encisoure
	(13)		Yes	No	N	/A	2.0	or other miscene	110003)			-		ite	Ф
Roof of Building	<u> </u>	M-2 II	П	П	D	1		Roofing Mat	terial	10,757 SF	D	at			
					TÈ				***]			
]			
											_ _	1	Ц	Ц	Ш
			Ц				_				1	4	님	H	H
News (D. 1)	A \A/4- 11-	los			T	P Was	to I	Cubic Yards	Name of Day	gistered Landfill				Ш	
Name of Registere	ed vvaste Hau	iler		(1/2077)		r ID No	1000000	of Waste	Name of Reg	gistered Landilli					
Service Transpo	ort Group, I	nc		0.8350		117		TBD	Minerva Er	nterprises					
City, State								Disposal Date	City, State						
New Castle, DE				- 1.				TBD	Waynesbu	rg, OH	15				
Completed By (Pri					tle	ident		Signature			Dat		วเว	013	,
Mr. Brian Hai	ney				୯୬ା	MEIIL		X/1/			07	IU	41 4	UIJ	,
							7	1	12			-		-	

of Notification (1) 19/2013			280 P	rospec	g Owner/Op t Ave Co	р	7	الل لايا	-8 <u>44 e</u>	: ::		\dashv	
ncies Notified	Type Notification		280 P	Address Prospec						i		\dashv	
EPA DEP	Initial Amended	T	City, S	tate, Zip	Code , NJ 076	n1		िक द्रीए					
DOL	Amendment #_ Emergency (inc	luding		of Conta				Telep	hone Numbe	<u>r</u>			
DOH	justification) Cancellation		Mr. F	loward	Freidber	g							
DCA			FA	CILITY II	NFORMAT	ON	Type of Facil	ity (4)					
me of Facility Where esidential - Apart reet Address	Abatement is Taking F tment Bldg	Place (3)					School	(K-12)	r than K-12) commercial t	buildings,	hom	es,	
80 Prospect Ave	nue, Unit # 8E						etc.) Square Feet	# of	Floors	Bldg. A			1
ity (5) łackensack							1.200	10	ng demolishe	50 d)			+
ounty (6)			Cour (STA	ty Code	(7) (NLY)		Residenti	al					4
Bergen Jame of Monitoring F	irm Hired by Building C	wner (8)	AS	SCM No.		Name	of Abatemen Contracting	g, LLC	(9)				_
TBD Street Address						Stree	t Address 5 Valley Ro	oad, Suite	K				
19						City	State, Zip Co yne, New J	de					
City, State, Zip Code	27612 36422-329 2232		Tal	ephone N	Jo.	Tele	phone No.		License No	0.			
Project Manager for	Monitoring Firm					(97	3) 928-504 ne of OSHA M		00874				
Start Date (10)		Scheduled 06/24/20	Comple 13	etion Dat	e (11)	Sk	y Contractii	ng, LLC					
06/20/2013	ouring Abatement (Che					Stre 13	et Address 85 Valley F	Road, Suite	e K				-
Facility Closed Abatement Per	Nacated During Entire formed Outside of Nor	Period of Ab	atemer	nt		City	y, State, Zip C ayne, New	ode					
Other - Descri		X Re	enovatio				Mini-E	nclosure	vith Negative ire and Non-Fria		edure	ment	
≥3 sf or ≥3 lf ≥160 sf or ≥26	50 If									1	Abate	oe	
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≥160 sf or ≥26 Lo Asbestos-Conf	ocation of taining Material (ACM) BE ABATED	Is N Use Ma	Locatio lormally d Solely intenan	y by ce/	(i.e. th	contain ermal sy surfacing other mis	ption of ing Material (A stems insulation g, VAT, or cellaneous)	ACM)	Amount (Specify SF or LF)	Removal	Ту	e Encapsulate	TI CICCO
≥160 sf or ≥26 Lo Asbestos-Conf TO!	ocation of laining Material (ACM) BE ABATED n Facility	Is N Use Ma Cust	Locatio lormally d Solely intenan todial S (12)	y by ce/ taff?	(i.e. th	contain ermal sy surfacing other mis	ption of ing Material (A stems insulation	ACM)	Amount (Specify		Ту		
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≥160 sf or ≥26 Lo Asbestos-Conf TO!	ocation of taining Material (ACM) BE ABATED n Facility (13)	Is N Use Ma Cust	Location lormally d Solely intenant codial S (12)	y by ce/ taff?	(i.e. th	contain ermal sy surfacing other mis	ption of ing Material (A stems insulation g, VAT, or cellaneous)	ACM)	Amount (Specify SF or LF)	Removal	Ту		Lindow
≥160 sf or ≥26 Asbestos-Conf TO! Mult	ocation of laining Material (ACM) BE ABATED In Facility (13) iple Closets	Is N Use Ma Cust	Locatio lormally d Solely intenant dodial S (12) No X	y by ce/ taff?	(i.e. th	s Contain ermal sy: surfacin: other mis Floo Cubic Y of Wast	ption of ing Material (A stems insulation g, VAT, or cellaneous) r Tiles	Name of R	Amount (Specify SF or LF)	Removal x	Ту		
≥160 sf or ≥26 Asbestos-Conf TO! Mult	ocation of taining Material (ACM) BE ABATED In Facility (13)	Is N Use Ma Cust	Locatio lormally d Solely intenant dodial S (12) No X	y by ce/ taff?	(i.e. th	Cubic Y of Wast 2 Dispos	ption of ing Material (A stems insulation g, VAT, or cellaneous) r Tiles	Name of Ro	Amount (Specify SF or LF) 160 SF egistered Lan	Removal x	Ту		
≥160 sf or ≥26 Asbestos-Conf TO! Mult	ocation of laining Material (ACM) BE ABATED In Facility (13) iple Closets ared Waste Hauler sport Group, Inc.	Is N Use Ma Cust	Location formally discontinuous (12) No X	y by ce/ taff?	(i.e. th	Cubic Y of Wast 2 Dispos TBD	ption of ing Material (A stems insulation g, VAT, or cellaneous) r Tiles	Name of Ro	Amount (Specify SF or LF) 160 SF egistered Lan	Removal x	Repair	Encapsulate	Lindy con a

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Date of Notification (1)		•		Na	ime or	Bullding C	Whethe	perator (4	2)	Land			-	=
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Agencles Notified	Type Notification	n	u ****	St	reet A	ddress			& LILL	Date:	2 Time	2:		_
□ €PA	☑ Initial			19	o Oak	cwood Av	entie		- LILL	Maria Jan I				-
DOLWD	☐ Amended					te, Zip Co			11,1111					_
☑ DHSS	Amendment	#												
T DCA	Emergency ((including	9			NJ 0705	0 :							_
(NJAC 5;23-8)	Justification)			N	ame o	f Contact	1			Telephone Numb	er —			
	Cancellation	i		Va	terie	Smith	1		*					
1484			,			LITY INF	ODMA	TION				791 10555	444	~
					PAG	ETLA TIME	ORIGIA	TION	Type of Facility	/d)				_
Name of Facility Where	Abatement is Tak	ing Placi	e (3)				• :		1-1	200				
Private house							ì		School (K-1)					
Street Address							—·†		Subchapter	8 (Other than K-1 2) private and commerc	ial buil	diame		
									homes, etc.		אמוט ימיק	din B:	•	
199 Oakwood Avenu	e								Square Feet	# of Floors	(Rtd	g. Ag	0	-
City (5)							1		Square reer	M Of Floors	Ling	g- ng	~	
Orange, NJ 07050														
County (6)					County	Code (7) (5	TATE	SE ONLY)	Current Use (P	rior if being demalis	hed)	50%		
Essex														
Name of Monitoring Fir	m Hired by Buildin	o Owner	(8)	TAS	SCM N	la.	Name	of Abetem	ent Contractor (9	1	_		-	
		•		1						,				
					400		-	h LLC						_
Street Address						1	Street	Address						
							576 V	alley Rd	#283					
City. State. Zip Code				-		-		tate, Zip C				-		
							5 - 0	, NJ 074						
D 1 (1)			-1=							License No.				
Project Manager for Mo	anitoring Firm		110	Biebi	none N	VO.	relepin	ana No.		LICENSE (40,				
							973-63	88-1777		01127			_	
Start Date (10)	Sc	haduled	Comp	oletic	n Dat	e (11)	Name	of OSHA	Monitor					
07 / 03	/ 13	07	1	04	1	13								
									onsultants, Inc					
Occupancy Status Dur							Street	Address						
☑ Facility ClosedNac							20-21	Wagarav	v Road, Bldg .#	34A				
Abatement Perform	ed Outside of Non	mal Faci	lity H	อยเร	- Desi		City, S	tate, Zip (Code					
Time of Abatement	AM	_PM/_		.w		AM	Foir I	awn, NJ	07410					
Scope of Work (Check	of that apply						ran L		up and decentern	instian	-4-1			-
Scope of Work (Check	un that apply)						-		ntainment with No		•			
>3 sf or >3 lf		XI.	Renov	allo	ħ			Mini-Er	closure					
2 160 sf or 2260 (f			Demo	lition	1		\boxtimes	Gloveb	ag Procedure	Tent with Negative	Press	ure		
						area - American		Non-Ex	cempted (*) and N	ion-Friable Procedu	re	,		
			Is Lo					:			Ab	atem	ent T	yр
Locati	on of			mally				eacription	of		77		Im	Ė
Asbestos-Containing			sed 5			Asbes	tos Co	ntaining M	laterial (ACM)	Amount	Removal	Repair	Encapsulate	
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IN Fa		"	boteu	12) 12)	tan :			facing, VA		SIF or LF)	1 2	1	1	
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Name of Registered V	Veste Hauler			Nin	EP Wast	e Haulet ID No.	Cubic	Yards of W	aste Name of Re	gistered Landfill				
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City, State				0/00-1			Dispo	sol Date	City, State					
							7	BD	Tullytown,	PA				
Wayne, NJ 07470		Tiel		_					I unytowil,	-	ate			_
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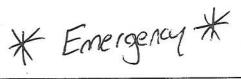
Date of Notification (1) 6-29-2013	6				Building Overican En										
Agencies Notified	Type Notification			Street Add	Marie Sanda						}	,0			-
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DEP	Amended				e, Zip Cod						1900			1	
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▼ DOH	justification)			Name of	Contact erican Er	wironr	monto	1110		Tele	Sphone Milma				
DCA	Cancellation		Ľ					1, LLO				_			
Name of Facility Where	Abatement is Taking	Place (3)	_	FACIL	ITY INFO	KMATIC	אכ	Type o	f Facility (4))					
Commercial.	Abatement is Taking	j i lace (o)						party.							
Street Address			-						chool (K-12 ubchapter 8		er than K-12)				
5 Colt st								100		ivate 8	& commercial	buildi	ngs, l	nome	s,
					- 1200			Square	tc.) e Feet	# 0	f Floors	Ble	dg. Ag	je	_
City (5) Paterson, NJ, 0750	15							53000		7		80		•	
County (6)			-1	County C	ode (7)			Curren	nt Use (Prio	r if bei	ng demolishe	ed)	-	-1272	
Passaic.					SE ONLY)						•				
Name of Monitoring Firr	m Hired by Building (Owner (8)		ASCM	No.		Name	of Abate	ement Cont	ractor	(9)			5 5 5	
Name of Monitoring 1 in	mea by banang	J (0)					Gree	en Envi	ironmenta	al Se	rvices				
Street Address				L			Street	Address	s	**					
							235	Virginia	a ave						
City, State, Zip Code							City, S	State, Zip	o Code						
							Jers	ey city	, NJ, 073	04					
Project Manager for Mo	nitoring Firm		П	Telephor	ne No.			hone No			License No				
								333-88			01174				
Start Date (10)		Scheduled		npletion [Date (11)		100000000000000000000000000000000000000		A Monitor		***************************************				
07-10-2013		07-12-2	013				Sam	ne as A	bove.						
Occupancy Status Duri	ng Abatement (Chec	k Only One)				Street	Addres	s						
Facility Closed/Va	cated During Entire	Period of Al	oaten	nent											
Abatement Perform	med Outside of Norr Night Time Work. Fr	nal Facility I	Hours	3			City, S	State, Zi	p Code						
Other – Describe:	Wight Time Work. Fr	OIII Spili to	1.504			_									
Scope of Work (Check	All That Apply)						-	-							
≥3 sf or ≥3 lf			enova				-				h Negative Pr	ressui	е		
≥160 sf or ≥260 lf		☐ De	emoli	tion				× Glo	i-Enclosure vebag Proc	edure					
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		ls l	ocat	ion							12			ement pe	l .
Location	on of		orma				scriptio						· ,	l l	Г
Asbestos-Containir			i Sole ntena	ely by ince/				Material ns insula			Amount Specify	٦	1000	띨	Щ
TO BE A	BATED	Custo		Staff?	(i.e.		cing, V		ation,		F or LF)	Remova	Repair	aps	Clo
(13	245 St. 0 - W.O.		(12)			other r	miscella	aneous)				val	air.	Encapsulate	Enclosure
		Yes	No	N/A										e	
1st F	loor.	1 1	×		Asbe	stos si	pray o	n insul	lation.	8	350 SF	x			
2nd F			×	+	*****		insula				20 LF	х			
21101	5.5. 7 .11	+	133		-	# B									
		-		-											\vdash
Name of Registered W	aste Hauler			NJDEP W	Vaste	Cubic	Yards		Name of	Regis	tered Landfill				1
Tri-state Transfer				Hauler ID	No.	of Wa	aste		Minerva	a Ent	erprise.				
City, State						Dispo	sal Dat		City, Stat						
Bronx, NY						07-1	2-201	3.	Wynes	burg,	Ohio				
Completed by		Title	-				Signatu	re	0	,	Da		040		
Liliana Pedraza		Office	mn	g.			77	K.	ere	4	-6 المحدر	29-2	013.		

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Encapsulate	Enclosure
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Date of Notification (1) JULY 3, 2013				Building (perator	(2)			()8 ,		b.		59
Agencies Notified Type Notification		- 1	Street Ad 1871 E	ddress BERSHII	RE DR	IVE				197	S. j			
EPA Initial Amended Amendment #				te, Zip Co HAM, N		3		- W. S	47	STATE OF		3)		
DOH justification Cancellation	nicidaling	100		Contact	/ON			31	Tel	ephone Nu	mber	_		
Name of Facility Where Abatement is Taking	Diago (2)	187	FACII	LITY INFO	DRMATIC	NC	T	of Facility (4)	. 3					
PRIVATE RESIDENCE	Place (3)							or Facility (4) School (K-12)						
Street Address 43 ORMONT ROAD							x S	Subchapter 8 Other (i.e. pri	(Oth			dings,	home	es,
City (5) CHATHAM								e Feet	# o	f Floors		ildg. A	_	LD
County (6) MORRIS				Code (7) JSE ONLY)		_		nt Use (Prior IDENCE	if be	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	1 No.				ement Controuch Asb			nent (Corp.	, Inc	
Street Address	æ						Addres	s son Street						
City, State, Zip Code							state, Zip	Code Branch, N	4J 0	7764				
Project Manager for Monitoring Firm	1	-	Telephor	ne No.			none No 222-83			License 1	No.			
	Schedule 7/15/13		pletion [Date (11)		Name N/A	of OSH	A Monitor						
Occupancy Status During Abatement (Check	Only On	e)				Street	Addres	S	-					_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:						City, S	State, Zip	o Code			<u> </u>			
Scope of Work (Check All That Apply)									-			0.67=570		
≥3 sf or ≥3 if ≥160 sf or ≥260 if	-	enoval emoliti				×	Mini	Containmen i-Enclosure vebag Proce i-Exempted (dure	8			P	
	le	Locati	on		- Marie Control of				/ /	3 11011 1110		10.000 300	ement	t
Location of	N	ormall	y		Des	cription	of	ti.				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Solei ntenar odial S (12)	nce/		tos Conta thermal	aining N system: ing, VA	//aterial s insula \T, or		(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
BASEMENT	100	140	X			TSI				60 LF	х			
GARAGE			Х		-	TSI	1.00		-	20 LF	х			
Name of Registered Waste Hauler		l Ni	IDED W	lasto	Cubic	Varda		Name of R	ociat	arad Lands				
Finishing Touch Asbestos Abatemer	nt Corp.	, н	JDEP W auler ID 2058		of Was			GROWS				L		
City, State OCEANPORT, NJ					Dispos 7/16/1	al Date		City, State MORRIS	SVIL	LE, PA				
Completed by JOSEPH P. MILLER	Title PRES	SIDE	NT		S	ighature	14 P	Rec		1.000	ate /3/13			



CK 3356

Date of Notification (1) 7/2/13				Building Own			(2) me) <i>2</i>	0/3			0			250,000	
Agencies Notified Type Notification			treet Add 4 East	dress 72nd Str	eet			18/3 <u>11/2</u>	<i>~8</i>	AH s.	,				
EPA Initial Amended Amendment				e, Zip Code each NJ)8					+ C				
□ DOH	including		ame of (Tale				1		
			FACIL	ITY INFOR	MATI	ON									
Name of Facility Where Abatement is Takin Kenneth Moore (Private Home)	g Place (3)						☐ Sc	Facility (4 chool (K-12 ubchapter (2)	er than K-	12)		٠		
Street Address 14 East 72nd Street							× O	ther (i.e. pr c.)	ivate 8	commerc	cial b	VI 1290			١,
City (5) Brant Beach NJ 08008				=			Square 1000	Feet	# of	Floors		35	lg. Ag +	е	
County (6) Ocean		C	County C	ode (7) SE ONLY)		_		t Use (Prio hed Gar		ng demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			of Abate	ment Con	tractor	(9)					
Street Address							Address 30x 329								
City, State, Zip Code							tate, Zip								
Project Manager for Monitoring Firm		Т т	elephor	ne No			t Berlin	NJ 080	91	License	No.				
Project Manager for Monitoring Firm				,		856-	753-98	300		00727					
Start Date (10) 7/2/13	Scheduled 7/2/13	d Com	pletion [Date (11)		Name Sam		A Monitor	Nes						
Occupancy Status During Abatement (Che	ck Only One	e)				Street	Address	S	77-10						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A mal Facility	batem Hours	ent		_	City, S	State, Zip	Code		¥3			_		
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Min	Containmoni-Enclosure vebag Production	e cedure					.	
	T .						1401	-Exemple	J () ai	10 14011-111	T		Abate	ment	
Location of Asbestos-Containing Materia! (ACM) TO BE ABATED In Facility (13)	Used Mai	Location and Solel ntenar odial S (12)	y ly by nce/	(i.e. ti	s Cor herma surfa	escription ntaining al system acing, Va miscella	Material ns insula AT, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior siding	100		×		Ext	erior S	idina		7	50 SF	-	ĸ			
Exterior siding			<u> </u>				3				\dashv				
	-		-								+				
		,	-								\dashv				
Name of Registered Waste Hauler		150.03	JDEP V			c Yards		Name of	Regis	tered Land	dfill				
United Containers		1000	lauler ID 2459	No.	of W			G.R.O.							
City, State Elm NJ					Disp 7/3/	osal Dat 13	е	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signatu	THE L		_		Date 7/2				

Print For

Date of Notification (1) 07/02/2013			Name NUN	of Buildi	ng Owner/G	Operato	r (2)		`a	-	- V		
	pe Notification		Street	Address					7 7	····			
EPA X DEP X DOL	Amendment#		City, S	State, Zip	Code	1				T O		Neisen Dec	
DOH DCA	Emergency (includir justification) Cancellation	ng	Name	of Conta	10000	OLL		Te	elephone N	lumbe			
Name of Figure 1			1		NFORMATI								
Name of Facility Where Abat PRIVATE	tement is Taking Place	(3)					Type of Facility	y (4)					
Street Address							School (K	(-12)					
404 CHESTNUUT ST	•						Subchapt Other (i.e.	er 8 (Oth	ner than K & comme	-12)	rildina		
City (5)							eïc.)			Ciai DC			nes,
RIDGEFIELD NJ.							Square Feet 2000	1 2	of Floors		Bldg. 59	Age	
County (6) BERGEN			County (STATE	Code (7	(h)		Current Use (P N/A			shed)			
Name of Monitoring Firm Hire N/A	ed by Building Owner (8	3)	ASC	M No.		Name	of Abatement Co	ontractor	(9)				
Street Address	- AMARIAN					Street	RON QUALIT		LLU.				
City, State, Zip Code							AN ORDEN	PL.					
Project Manage 5 11 :					.	HACI	KENSACK I	NJ. 07	601				
Project Manager for Monitorin			Telepho		-	Teleph 201-7	one No. '08-4270	-	License 01135	No.		-	
Start Date (10)	013 07	1/		Date (11 20)			of OSHA Monito AIR TECHNO		ES LAB.				
Occupancy Status During Aba						Street A	Address						
Facility Closed/Vacated I Abatement Performed Or Other – Describe:	During Entire Period of utside of Normal Facilit	Abater y Hour	ment s		F		OAKBRIDGE ate, Zip Code	. SU	TB.				
Scope of Work (Check All Tha	4.51.3							A. 231	39				
≥3 sfor ≥3 If	t Apply)			94) 42.0 02.1.2.4 (00.									
≥ 160 sf or ≥260 lf	Gazacar.	Renova Demoli		Kit Company		X	Full Containm Mini-Enclosur Glovebag Pro	e	Negative	Pressu	ire		
				Γ			Non-Exempte	d (*) and	Non-Frial	ole Pro	cedur	e	
Location of		s Locat Norma	liy		Done	winding.						emeni pe	t
Asbestos-Containing Mater TO BE ABATED	10111111	ed Sole sintena		Asbe	stos Contai	ription on ning Ma	iterial (ACM)	Ar	nount		T		
In Facility		todial 8		(i.e	thermal s	ystems ng, VAT	insulation,	(S	pecify	Re	R	Ence	Enc
(13)		(12)			other mis			51	or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							<u>a</u>		ate	re
BASEMENT		Х			PIPE IN	SULAT	TION	50) LF	X			
,			-										
Name of Registered Waste Hau	uler	IN	JDEP W	este	Cubic Ya	rde	Nom- of						
SHARON QUALITY CO.			auler ID I		of Waste				ed Landfill TERPRI	SE			
City, State HACKENSACK NJ.					Disposal TBD	Date	City, State		G OHIC)			
Completed by CARLOS ESQUIVEL	Title MAN	AGEF	₹		Sigr	nature	Emmin	uA.	V LDa				
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ASB-41 (R-05-08)					1	Do not u	se this form for	asbesto:	s licensure	exem	pted a	ctiviti	es.

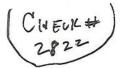
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ate of Notification ((1)			Name of	Building O	wner / Operator (2)		100			4).	
	July 3, 2013			Bank of Street Ad			1 1 1	· · · · · · · · · · · · · · · · · · ·		35		
gencies Notified	Type Notification		1	Street Ac	iuless							
TEPA	EMERGENCY		- 1	264 Mair	Street				∂			- 1
DEP			- 1						_		_	
☑DOL	☐ Initial				te & Zip Co			100				
	Amended			Ridgefie	ld Park, N	J 07660		2.5				
Дрон	Amendme			Name of	Contact			Telep	hone	Numb	er	
DCA	Cancellat	on		Jim Kala				i				
					-	TODMATION.						
				FAC	ILIIYIN	FORMATION			_			_
ame of Facility W	here Abatement is Ta	king Plac	e (3)			Type of Facility (4						
Bank of America							8 (Other than K-1	2)				
treet Address						Other (i.e.,	private & comn	nercial buildings,	home	, etc	.)	
64 Main Street						Square Feet	# of Floors	Bldg.	Age			
City (5)						4,000		sement		40		
ity (5) Ridgefield Park							or if being demolis	snea)				
		10	t. Cada	(7)		Bank						
County (6) Bergen			ty Code	(')							_	
Name of Monitoring	g Firm Hired by Build	ing Owne	r (8)		ASCM No	 Name of Abatem Synatech, Inc. 	ent Contractor (9)		Section 1.		
Environmental Te	esting Consultants,	LLC	- W W			Street Address						
Street Address One Mall Drive, S	uito 404					829 Radio Road						
city, State & Zip C	ode					City, State & Zip	Code					
herry Hill, NJ 08	8002					Little Egg Harbo	ner	License Number	er			
Project Manager fo	or Monitoring Firm			phone N -482-131		609-296-6916	JC1		00817			_
Howard Zenobi Scheduled Start D		heduled C	Completio			Name of OSHA Synatech, Inc.	Monitor					
July 2,	During Abatement (Sheck on		3, 2013		Street Address						
Occupancy Status Facility C	losed/Vacated During	Entire P	eriod of A	batemer	nt	829 Radio Road	d				_	
Abateme	nt Performed Outside	of Norma	al Hours			City, State & Zip						
Other – D						Little Egg Harb	or, NJ 08087					
	occupied During Abat	ement							_			_
	heck all that apply)											
,			_					ith Negative Pressu	ire			
$\ge 3 \text{ sf or } \ge 5$	0 If			Renovation			lini-Enclosure					
≥160 sf or				Demolitio	n		Slovebag Procedu	re and Non-Friable Pro	cedu	re		
					-West 12 AT	Description		and North Habit Fit	Ab	ateme	ent T	ype
	Location of		Is Locati	on Norma y Mainter	ally Used	Asbestos-Con		Amount (Specify				
	ontaining Material (A0 D BE ABATED	JIVI)	Custo	dial Staff	? (12)	Material (A		SF or LF)	\vdash			_
	IN Facility					(i.e., thermal s insulation, surface	cina. VAT		الما	_	Encapsulate	m.
	(13)					or other miscel	laneous)		em	Repair	aps	응
									Remova	air	ula	Enclosure
			Yes	No	N/A		1		-		वि	
				-	X	Floor Tile and	Mastic	145 SF	X			
Basement			-		-							
											_	
Name of Registe	red Waste Hauler		NJDEP		Cubic Y	ards of Waste	Name of Registe	red Landfill				
			Hauler I	D No. 7429	3		Grows Landfill					
Synatech, Inc.		_		720		al Date	City, State					
City, State							Morrisville, PA					
Little Egg Harbo	or, NJ 08087	TiAl -			July 8, Signate		In	ate				
Completed By		Title			Signak	Vani alva	7/2					
Diane Aloia		Executiv	ve Admin	istrator	10	Mene all	i J	uly 3, 2013			_	

				(Pursua	ant to N	IJAC 8:60	and	1 12:120)	22.	C	neck #	8	0-	75
Date of Notification (1	July 3, 2013				of Buildin	ng Owner / (Opera	itor (2)	2013.	- S G	IECK #	. ()	0	1 5
Agencies Notified	Type Notifica	tion			Address					·				-30
□EPA □DEP				620 M	lain Road	i		4	왕 전원:	े हिंदी <u>क</u> ्रिक्ट				
⊠DOL	☐ Initia	ĺ		City, S	State & Zi	p Code	-			Granda C				
⊠DOH	Ame			Towa	co, NJ 0	7082				6 7				
DCA	5-2	ndment : ellation	#_	Namo	of Conta	ct				1=	alamba.	. Ni		_
	J	chation		Ivallie	or Conta	Ci .					elephor	ie Nu	mbe	1
				FA	CILITY	INFORM	ATIC	NC	F8+		3/0	No.		11.
Name of Facility Whe Sovereign Bank	re Abatement	is Takin	g Place (3)			Туг		Facility (4) nool (K-12)						
Street Address						—— <u> </u>			other than K-	12)				
620 Main Road										nercial building	e hor	20 0	to)	
							are F		# of Floors		ig. Age		(C.)	
City (5)								1,200	W 01 1 10013	1	ig. Age	55		
Towaco								Use (Prior if b	peing demolis	shed)				
C (C)			0 10	(7)		Bai	nk			**				
County (6) Morris			County Cod USE ONLY											
Name of Monitoring F Hillman Consulting	irm Hired by B	uilding (Owner (8)		ASCM	1000			Contractor (9)				
Street Address								h, Inc. ddress						_
1600 Route 22 East,						10000		io Road						
City, State & Zip Code Union, NJ 07083	€							te & Zip Code						
Project Manager for N	Monitorina Firm		ITe	elephone I	Number			ig Harbor, N. ne Number	J 08087	License Nun	her			
Brian Nemetz			90	08-686-26	36			-6916		License Ivan	0081	7		
Scheduled Start Date July 13, 20		Schedu	led Complet Jul	ion Date (OSHA Monit h, Inc.	tor					***
Occupancy Status Du		t (Checl	k only one)			Stre	et A	ddress io Road						
Abatement P	erformed Outs	ide of N	ormal Hour	s		City	, Sta	te & Zip Code	е					
Other – Desc	cribe: pied During Ab	atomon				Litt	le Eg	g Harbor, N.	J 08087					
	2/61		IL .											
Scope of Work (Check	k all that apply)						M		8 800 - 20 - 20				
≥3 sf or ≥ 50 lf			M	Renovati	on					h Negative Pres	sure			
≥ 160 sf or ≥260) If		H	Demolitic				Mini-En	iciosure ag Procedure					
	J 11			Domondo						r nd Non-Friable P	rocedu	ro		
Loca	ation of		Is Locat	ion Norma	ally Used		Des	cription of	complete () as	Id Non-i flable i		atem	ent T	vpe
Asbestos-Contai		ACM)	Solely b	y Mainter	nance or	As	best	os-Containing	,	Amount (Specify	1		7011790	21-
	ABATED Facility		Custo	odial Staff	? (12) I	(i.e		erial (ACM) ermal system:	.	SF or LF)				
	(13)					insul	ation,	surfacing, V	'AT		71		밁	m
			1			or c	ther r	miscellaneou	s)		lem	Rep	cap	ncic
											Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A						=		ē	œ.
First Floor Office					х	Flo	or Ti	ile and Mastic	9	720 SF	Х		П	ТП
								15						
											4			
Name of Registered V	Vasta Hauler		NJDEP	Masta	Cubia	Yards of Wa	242	Nome	of Doniston	المعطفاا				
varie of Registered V	vaste Haulei		Hauler II		Cubic	Talus of VVa	ste	Name	of Registered	Langill				
Synatech, Inc.				7429	4				Landfill					
City, State					Dispos	al Date		City, S	tate					
ittle Egg Harbor, NJ	08087				July 1	6, 2013		Morris	ville, PA					
Completed By		Title			Signati		11	1	Date	l.			-11-	
Diane Alois		tive Admini	istrator	1	Une 1	lle	72	1	2 2042					

2820 /

SIZE OF NOW JOTSON HOTHICATION OF ASSESTED ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

		(, 0,	70011110	110710					
Date of Notification (1)			Name o	1 Bullding	OwnersOberator		- 72		
. 7/	3/13			(-sn	FYFEC	N LONY	-NACTING	- 200	=_
Agencies Nouned	Type Notification		Sveet	ddress			3 (3.6)	<i>c</i> ?.	-
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	Debnema	-	Cin Si	ie, Zip C	ode .				
28	Amendment #_		Ony. 30	0.40	-EN 1=15	LD N.J.	08230	150	
	Emergency (in	gnious	-			1	Talephone Number		
□ 00h	justification)	-	Name o	Contact	Λ _		•		1
□ ∞ ·	Cancellation			MUCE	BREUN	10			
	L		EACH	TY INF	DRMATION			,	
1500	×		FAUL			Type of Facility	(4)	i	-
Name of Facility Where	Abatement is Taking	Place (3)				School (K-1)			1
0751	DENCE					1 SUDSTADIO	8 (Other than K-12)		1
						Oner (1.0., p	uvate & commetcial	pulangs	
7779	-39 WEST	AUE	•			homes, etc.	of Floors	T BIDO Age	
						Square Feel	2 -	40+	
City (3)	WCHY					1000	1	1	
000	W CITY		Trans	Code ()) (STATE	Current Use (P	nor I being demolst	ned)	ļ
County (6)			USE	WLY)	A 157.50	VA	CANT		
L10	EMAY		11 12:00	-	Name of Abote	Ten Contractor (3) •		i
Name of Movioning Firm	Hired by Building C	- vner	ASCHI	0.	Mamo of Abater	COLA	ici		;
	1/1								
(8)	//1				Sveet Address	S. SPRU	, = Ave.		
Street Acoress							00 /		==-
					City, State, Zip	C∞o		956 2	
City State Zp Code					MA	PLZ SHR	DEINJO	1067	==-
C					THANKON NO.		License No		ì
Project Manager for Mo	onionny Firm	ļ. Te	lephone i	40 .	856-7	79-047	2 0046	17	
bideci warehouse		<u> </u>			Harte of OSHA				
	Sche	oued Comp	selion Da	(e (11)	Harrie of Using	PKALER	4 M		
Sian Date (10)		1/22	13						
7/15/1	<u> </u>	ch ably me	1		Sueel Addres		E1 UE.		26
Occupancy Status Dur	ing Abatement (Che	CA 0/11/ CA10	iemen!		3699	>1 > PICUC	. 6 /1 0 0		=
i	alad Dunno Entre P	ence or ~e	101.10		Ciry, State, Xip	C∞de			i
S Facility Closed Asc	ed Outside of Norma	a Facility Mo	ours		1 100	OLE SHAT	SE, N.J.	08032	
Oner Describe									
Scape of Work (Check	all (bal acoly)				T FULL C	containment with I	Negative Pressure		
Scope of Work (Check	(all val app. //		-1:00		□ Mu·l	Enclosure			
1 7 >3 51 or 23 If		Renov Demo	inon		Glove	ebag Procedure	Non-Friable Proced	ure	
- 160 st of 2260 II		(X) 00.11~			□ Nort	ETAILONG		AD 8: BY	
		Is Loc	ation					170	
1	**	Norm	why		Description	n of	Amount		:
Locatio	0 01	Used So	oley by	ASO	Containing	Malenal (ACM)	(Specify	, F . F	the processing a
As Desios - Containin	g Maienal (ACM)	Cusio	odial	(i	a Inamal syster	ns insulation.	SF & LF;	Removal	. 9 . 5
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Name of Registered	Wasie Hauler		Hauter	D No.	01 Waste	()	M, C, M.		
V. 3m	co INC.		12	904		ale City, Sta	le		
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Date of Noufication (1)	101		Nam	o ol Bulldin	o Owner/Operator	(2)	\sim		7/3		7
7/	13/13		<u> </u>		LENTES	14	L'ORTI	LACTI	العال العالم		
Agencies Nouhed	Type Holincation		Ste	el Address	5 AT, 5	-0	2	00	1	(7
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Ø ∞.	Amendment #		Cry.		1000 C-EN 1=15	, A	N.J.C	8236		-0	
. -	Emergency (in	philone	<u></u>					Nachaedd	The state of	Market	
Ø 00H	justification) Cancellation		Nam	e of Contac	Λ						
□ ∞ ₄	Cartaland	3	·		Sheur	10			La 7		
			FA	CILITY IN	ORMATION			W.		C.N.	
Name of Facility Where	Abarement is Takino	Place (3)				Typ	e of Facility (4)	×.		i
Name of racity Title	TENCE					0 5	school (K-12)	015 15 7			į
	757000					183	Subchapter 8 (ate & comma	rcial build	angs	1
Street Address	PLEASUR	5. AV	Ēr			1	nomes, etc.)			SQ AQ	
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Ciry (5)	on City			1000		10	00_				
			T Co	nry Code (7) (STATE	Cur	reni Use (Prior		orsued)		- 1
County (6)	MAY		US	E ONLY).		-		DUT			
		MD6/	TASCI	l No.	Name of Abater	ment C	CONFRONCES				į
Name of Monitoring Firm	hited by Britaing	MIICI	120		KLEN	00	LNC				
(8)	//		1=		Sveet Address		C 4:	- 1			į
Street Adoress		r! ·			369	۶.	SPRUC	2 400			
			==		City, State, Zip	C∞e		~		< L	
City State Zp Code					MA		SHOD	CN:		=	
			elephon	e No.	Telephone No.			License No	444		
Project Manager for Mo	ontoing Firm	· · · · · · · · · · · · · · · · · · ·	910p ~		856-7	79	-0472	_00	7 7 7		==
		ued Com	olalina	Date (11)	Harne of OSHA	Monit	9.1		,		
Sian Date (10)			12	Join ()	INSE	PK	HICM	<u> </u>			
7/15/1	3 -7	/22	14-3		Sueet Address		Q-,v				
Status Div	ing Abatement (Che	ck only on	ie)	B.	3699	5,5	PILUCE	11000			
TO - 1 - CINCONNICE	aled During Entre Pt	100 01 ~	Ø101110						_	100	
Abatement Perform	ed Outside of Norma	Facility H	10013		A 1 1 0	تے یہ (SHADE	\leq P_{1}	0,06	05	<u></u>
Outer - Describe											1000
Scope of Work (Check	(all that apply)				Full C	ontain	meni with Neg	paqve Pressu	re		
		Reno	ration	×		ndos					
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Localio		Used S	solely by		- containing)	Malen.	al (ACM)	Amount (Specify		r!.	_ I
Aspesios Containin	Malenal (ACM)	Mainte	anance/ lodial) ~(i	a inermal system	US 11721	Jeliui.	SFOLF		Hernoval	an appointment
TO BE AS	ALED		ari?		sudaang. V	A1. 01		•	1	9	
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-				ED Masse	· Cubic Yards		Name of Re	pistered Land	Kill	11	
Name of Registered	Waste Hauler		Hai	Ser D No.	01 Wasie		C,M	, C, M	1.0.		
Kiamo	O INC.		- 1	904	0800 PSI 09	10			2000		
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Compresed By	EMM	04	JNE	R		=	1				
JOSEPH K	LEMM_])	oled activities				
AS8 41		00 not u	se this	form for as	pesios licensure	e i e i i)	DISO BARTINA				

* Emergency *

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

CK 3361

Date of Notification (1) 7/3/13	4			uilding Owr derson (P				Joly.						
Agencies Notified Type Notific	ation	100000000000000000000000000000000000000	eet Add West	ress Ohio Ave	e		ć.		0 4	÷ _		2		
	iment #			, Zip Code nes NJ 08	3008			4	-/	ं चे				
□ DOH □ DCA □ Cance		1 233	me of C	ontact					Tele	phone Nun	nher			1
			FACILI	TY INFORM	MATI	ON				J.		71-041		*
Name of Facility Where Abatement is Paul Anderson (Private Home Street Address	Taking Place (3)						Sc Su	Facility (4) hool (K-12) bchapter 8) (Othe	er than K-12	2)			
40 West Ohio Ave							etc	:.)		commerci		ngs, dg. A		5,
City (5) The Dunes NJ 08008							Square 1000 -	-	1.5		35	- TO 1	gc	
County (6) Ocean			ounty Co	ode (7) SE ONLY)			Current Home		if bei	ng demolisi	hed)		-1	
Name of Monitoring Firm Hired by Bu N/A	uilding Owner (8)		ASCM	No.			of Abate aco Inc	ment Cont	ractor	(9)				
Street Address							Address 30x 329							
City, State, Zip Code							State, Zip	Code NJ 0809	 91					
Project Manager for Monitoring Firm		T	elephon	e No.		Telep	none No. 753-98			License N	No.			
Start Date (10)	Scheduled	Comp	oletion D	Pate (11)	-	Name	of OSH	A Monitor		00727	-			19900
7/5/13	7/8/13			was and		Sam								
Occupancy Status During Abatement Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of Ab	ateme	ent		5) 		: Address							
Scope of Work (Check All That Appl	y)	70.0		301 - 300										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Re	enovati emolitio					Mini Glov	-Enclosure	edure	h Negative e nd Non-Fria			re	
		1000					INOI	-Lxcmptet	1 / / 4.	10 11011111			temen	t
Location of Asbestos-Containing Material (A TO BE ABATED In Facility (13)	NO Used Mair	ocation ormalist Solel otenan odial S (12)	y y by nce/	(i.e. t	os Co herma surf	escription ntaining al syster facing, V miscella	Material ns insula AT, or	(ACM) tion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	163	140	X		Ext	erior S	iding		1	800 SF	x			
												-		
			-								+	+	+	-
Name of Registered Waste Hauler		IN	JDEP V	Vaste	Cub	ic Yards		Name of	Regis	stered Land	fill	-		
United Containers		H	lauler ID 2459		of W	/aste		G.R.O.						
City, State Elm NJ					Disp 7/8/	osal Da 13	te	City, Sta Morris	te ville F	PA 19067	7			
Completed by Anthony T Perna	eted by Title					Signati	ure			1	Date 7/3/13	3		

of mag

Date of Notification (1) 7/3/13	3/13						perator e Hom			7	31.		-			
Agencies Notified	Type Notification		1	Street Ad	200000000000000000000000000000000000000					(13 111	7			, n.	
⊠ EPA	X Initial Amended		_		norama D					6.	-07	58				
DEP X DOL	Amended Amendment Emergency				te, Zip Cod dies NJ (В			13 Se	Sty		47	∂.	ŝo.	
DOH DCA	justification) Cancellation		1	Greg	Contact					Tele 97	enhone N	lumbe	ar			
Name of Facility Where	Abatement is Takin	n Place (3)	· ·	FACII	LITY INFO	RMAT	ION	Type	of Facility (4	1)			*	•		
Greg Pouliot (Priva		9 1 1400 (0)	,					FREEZE	•	700	7					
Street Address								IT S	School (K-12 Subchapter	8 (Oth	er than K	-12)				
27 Panorama Drive									Other (i.e. pretc.)	rivate 8	& comme	rcial t	ouild	ings,	home	S,
City (5)					****			Squar	e Feet	# 0	f Floors			dg. A	ge	
Loveladies NJ 0800	08			L				1000		1.			35	5+		
County (6) Ocean				County (Code (7) JSE ONLY)			Currer Hom	nt Use (Prio e	r if bei	ng demol	lished	1)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	l No.			of Abat naco In	ement Con	tractor	(9)					
Street Address								t Addres Box 32	5 3			-20-50-0				
City, State, Zip Code	18		-				City, S	State, Zi	p Code							
							Wes	t Berli	n NJ 080	91						
Project Manager for Mor	Project Manager for Monitoring Firm						\$0.000.00 . 00	hone No -753-9			License 00727					
Start Date (10) 7/12/13		ed Con	npletion (Date (11)		Name Sam		A Monitor								
Occupancy Status Durin	g Abatement (Ched	k Only On	e)				Stree	t Addres	S							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ned Outside of Norr	Period of Anal Facility	Abatem Hours	nent S			City,	State, Zi	p Code	-						
Scope of Work (Check A	All That Apply							191000		-		_				
_	кіі тпас Арріу)	П -		41			Г	7	l Containme	ant with	n Nogativ	o Dro	ceur	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit						l Containme ni-Enclosure		i ivegativ	erie	ssui	e		
							ŀ		vebag Prod n-Exempted			riable	Pro	cedur	e	
		T			Γ				I-Exemples	2 () ui	id Holl II			15030 Vi	ement	
Location	n of	1000	Locat Normal			D	escriptio	n of				L		Ту	ре	
Asbestos-Containing	Material (ACM)		d Sole			os Co	ntaining	Material			Amount				Щ	ш
TO BE AB			todial S	Staff?	(i.e. 1		al systen acing, V	ns insula AT. or	ation,		Specify F or LF)		Removal	Repair	сар	nclo
(13)			(12)				miscella		1				oval	air	Encapsulate	Enclosure
		Yes	No	N/A											6	
Exterior 9	Exterior Siding					Ext	erior S	iding		15	500 SF	. 2	ĸ			
							3800									
Name of Registered Wa	ste Hauler		13.00	NJDEP V		100000000000000000000000000000000000000	c Yards		Name of	Regist	ered Lan	dfill	-32			
United Containers			0.000	Hauler ID 2459	No.	3	aste		G.R.O.							
City, State Elm NJ						Disp 7/19	osal Dat 9/13	te	City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna							Signatu	re		S-2023		Date 7/3/				

Project #	МО	TIFICATION	ON C	of New Jerse OF ASBESTOS NJAC 8:60 and	ABATER	MENT)	20/3	Che	eck# 2	03	9		_
Date of Notification (1)		Name	e of I	Building Owner/C	Operator	(2)		3	5	-			-
07/01/2013		The State of		ale Public So				6	Æ,				
Agencies Notified Type Notification		Stree				-	877		77 p.				
		441	Тар	pan Rd			37/1	70:		0			
EPA Initial Amended		City,	State	e, Zip Code				Torry	9,				
DOL Amendment	No. of the last of	Nort	h V	ale NJ				1	7 1 6/2				
Emergency justification)		Name	e of	Contact	7			Tele	phone Numb	er			
DCA Cancellation		Johr	La	Rocca									
		F/	ACIL	ITY INFORMAT	ION		7 99 7	-					-
Name of Facility Where Abatement is Takin	g Place (3)			2	a }	Тур	e of Facility (4)					
North Vale Public School							School (K-1		arthon K 12\				
Street Address						H	Other (i.e. p	rivate 8	er than K-12) & commercial	buildi	ings,	homes	s,
441 Tappan Road							etc.)						_
City (5)						Squ	are Feet	# of	Floors	Bi	dg. A	ge	
North Vale, NJ							(5)	77.5	dliaba	1			_
County (6)				code (7) ISE ONLY)		Curi	rent Use (Pri	or it bell	ng demolishe	iu)			
Bergen					LName	-F A I	atement Cor	tractor	(0)				_
Name of Monitoring Firm Hired by Building	Owner (8)	AS	SCM	No.	1.009050000100				(9)				
Enviro Vision					Street	-	toration LI				_		_
Street Address						OR CHICAGO	ess side Rd						
20-21 Wagaraw Rd						* * * * * * * * * * * * * * * * * * * *	Zip Code						_
City, State, Zip Code	28				3411		NJ 078	60					
Fair Lawn		Tolo	nhar	ne No.	Telep	A STATE OF THE STATE OF		09	License No				-
Project Manager for Monitoring Firm					973-9				01133				
Guillermo Morales	Scheduled	Comment of the Commen		36-9145 Date (11)			SHA Monitor		01100		-		_
Start Date (10)	07/02/20	The state of the s	uon L	Date (11)			ronmenta	ı					
07/01/2013 Occupancy Status During Abatement (Che					Street								
10 190 20 20 20 20 20 20 20 20 20 20 20 20 20					2333								
Facility Closed/Vacated During Entire	Period of Ab mal Facility H	atement lours					Zip Code						
Abatement Performed Outside of Nor Other – Describe: 3pm-11.3Upr	n				1		J 07083						
Scope of Work (Check All That Apply)			-		TOTHO	1, 140	0,000						_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novation molition					full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	_			e	
	le I	ocation									Abate	ement	ij
Location of	0.000	rmally		۱ ،	escriptio	n of				_	Ту	ре	
Asbestos-Containing Material (ACM)		Solely by tenance/		Asbestos Co	ntaining I	Mater			mount	_		ᄪ	П
TO BE ABATED In Facility		dial Staff		(i.e. therm	al system acing, V				Specify F or LF)	Remova	Repair	Encapsulate	Eliciosule
(13)		(12)			miscella				200400-0-1200 .	ova) ar	sula	Sul
	Yes	No N	I/A							-		के	-
Bathroom		×	5	TSI- wrap &	cut			25 el	bows				Γ
	+	-		101 Wildp G	out			-5 51				П	
	-	_				_					\vdash		
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				jes.									
Name of Registered Waste Hauler		NJDE Haule			ic Yards /aste		Name of	Regist	ered Landfill				

33782

Title

President

TBD

TBD

Disposal Date

Signature Clucy

Nick Restoration LLC

Completed by

Elvira Mrda

City, State Randolph, NJ 07869 G.R.O.W.S

Tullytown_≰ PA

Date

07/01/2013

City, State



4	(P	ursuant	to NJAC	8:60 and	112:120	0)		28/	' 5				
Date of Notification (1) 07/02/2013			Building (Owner/C	perator	(2)		4T	o U	`@			1
Agencies Notified Type Notification		Street Ad	ddress AN NICH		\\/E			S	10.		4/	<u> </u>	
EPA Initial Amended			te, Zip Co		AVE.	•			hidi Chi	<u> </u>		56	,
DEP Amended Amendment # Emergency (included)	ling		DALE 0						1	16	1		
DOH justification) Cancellation	mig		Contact ALIKO					Telephon	e Num	ber	7		
Name of Facility Where Abatement is Taking Place	- (2)	FACI	LITY INFO	PRMATI	ON		- F 104						5.0
PRIVATE	e (3)					Туре	of Facility (School (K-1						
Street Address 205 SAN NICKOLAS AVE.	.00					×	Subchapter	r 8 (Other than private & com	n K-12 mercia) I build	lings,	home	es,
City (5) HILLSDALE N.J. 07643						Squa 3,00	are Feet 00	# of Floor 2	S	В	ldg. A 87		
County (6)		County C	Code (7) JSE ONLY)			Curr YE:		or if being der	molish	ed)			
Name of Monitoring Firm Hired by Building Owner N/A	(8)	ASCM	No.				atement Co	ntractor (9) Y CONSTR	RUCT	ION	LLC		
Street Address				-	Street 22 V		ess ORDEN P	L.					
City, State, Zip Code							Zip Code SACK N.,	J. 07601					
Project Manager for Monitoring Firm		Telephor	ne No.		Teleph 201 -		lo. 4270	Licer 011	nse No),			
	eduled Cor	mpletion [Date (11)				HA Monitor	LOGIES L	AB	-00			
Occupancy Status During Abatement (Check Only	y One)			m= 10 ¹ (1-1-1-1)	Street	Addre	ess						
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fac							KBRIDGE Zip Code	SUITE. B					
Other – Describe:				_			IAN VA. 2	23139					
Scope of Work (Check All That Apply)					_	٦ _							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	Renova Demoli					M	ini-Enclosur		itive Pr	essur	e		
					×		ovebag Pro on-Exempte	cedure d (*) and Non-	-Friable	e Pro	cedur	е	
	Is Locat											ment pe	
Location of Asbestos-Containing Material (ACM)	Norma Used Sole	ely by	Asbes		scription aining M		al (ACM)	Amount	t		ĺ		
TO BE ABATED In Facility	Maintena Custodial	Staff?		thermal		s insu		(Specify SF or LF		Remova	Repair	Encapsulate	Enclosure
(13)	(12)			other n	niscellar	neous				oval	bair	sulat	sure
Ye		N/A			. = 0 0	1511	_	0.000.0	_			Ф	
EXTERIOR SIDING	X			SHING	LES S	IDIN	G	2,300 S	r.	Х			
	-	-			Δ.								
									-				
Name of Registered Waste Hauler	20	JDEP W	Utility .	Cubic			Name of	Registered La	andfill				
SHARON QUALITY CONSTRUCTION L	1 ()	Hauler ID 0033967			BD			VA ENTER	RPRIS	SE IN	IC.		
City, State HACKENSACK N.J.				Т	al Date BD		City, Stat	ESBURG,	OHIC)			
Completed by CARLOS ESQUIVEL SA	le AFETY I	MANAG	SER	S	Signature	9			Dat 07	e /02/2	013		

MO#20613933224			ATION	OF ASB	ESTOS .			-	gency N	otific	atio	n
Date of Notification (1)			Name	of Building	Owner/Ope	eretor(2	N. 18.1.	MPPRIN	DVED		·7	
07 /	02 / 13	No. Comp.		w Welsh			8 /C	of Health &	& Senior S	Servic	100	
Agendes Notified	Type Notification			Address			—— ———————————————————————————————————	CO (Signatu	Meser-		-	_
☐ EPA	Initial		22 Mic	idleton La	ine . (ELI	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	हिन विकास सम्बद्धाः			7	
☑ DOLWD	☐ Amended			tete, Zip Co			* 11.11.11.11.1	7	Time:	- 25	+	
Ø DHSS	Amendmont #		Willia	gboro, NJ	08046			٤		,,,	4	
(NJAC 5:23-8)	Emergency (in justification)	cluding		of Contact		-		Telephone Nu	mbar			
(110/10/0.00 0)	Cancellation		Valeri	e Smith	į							
·			-	ILITY IN	FORMATI	ON						
Name of Facility Where	Abatement is Takin	g Place (3)			1	-	Type of Facility	(4)			_	
Private house Street Address		"			- 		School (K-12 Subchapter 8 Other (l.s., p	(Other than K-		(d) nav		
22 Middleton Lane					į		homes, etc.)	irrate prio comir	PS GIAI DU	12(1)8:	3,	
Oity (5)							Square Feet	# of Floors	Blo	ig. Ag	98	
Willingboro, NJ 0804	46											
County (6)			Coun	ty Code (7) (STATE USE	ONLY)	Current Use (Fr	or if being dem	olished)	•		
Burlington		SV		0								
Name of Monitoring Fin	m Hired by Building	Owner (8)	ASCM	No.	Name of	Abateme	nt Contractor (9)					
					Gr Tech							
Street Address					Street Ad	dress						
	242				576 Valle	ey Rd #	283					
City, State, Zip Code					City, Stat	e, Zlp C	ode				0	
		-			Wayne, 1		70					
Project Manager for Me	onltoring Firm	į T	elephone	No.	Telephon	e No.		License No.			_	
					973-638-	9881 APR		01127				
Start Date (10)		duled Com			Name of	osha n	ionitor					
07 / 03	/ 13	07 /	04/	13	Envirovi	sion Co	nsultants, Inc					
Occupancy Status Dur					Street Ad	dress						• •
Facility Closed/Vac	ated During Entire P	eriod of Ab	atement				Road, Bldg .#	34A				
Abatement Perform	: AM-	BIFSCILITY H	ours - Des M	AM	City, Stat							
					Fair Law						2 1	
Scope of Work (Check	all that apply)			29		Clean u	p and decontamin	nation				
>3 sf or >3 if		Reno	vation		[] }	Mini-End	talnment with Ne					
D≥ 160 sf or ≥280 lf		Demo	olition			Gloveba	g Procedure	Tent with Nega	tive Press	ure		
1					☒	Non-Exe	empted (") and No	n-Friable Proce)		
Locati	on af		ocation mally		: Dog:	cription		1	Ab	atem	ont T	ype
Asbestos-Containir	ng Material (ACM)	Used S	Solely by	Asbe			iterial (ACM)	Amount	72	20	亞	EUG
TO BE A			enance/ lial Staff?	(i.e	., thermal :	systems	insulation.	(Specify	Removal	Repair	See See	Enclosure
IN Fa			12)		other m	ing, VAT		SIF or LF)	8	`	Enrapsulate	9
· ·	52	Yes	No N/A		0)			1	6	
Outside siding	101 112			Transite	Sidin_			30 SF .	X			F
Outside staints			,,,,,,) LTM BILD	Simila			30 SF .	- -	三		느
							n. (#		_ _		니	_
			<u> </u>					<u></u>				
					!							
Name of Registered W	laste Hauler		NJDEP Wos	te Hauler 10 No.	Cubic Yard	ds of Was	le Name of Regi	stered Landfill			5 7	-
Gr Tech LLC			00337		TBD		T.R.R.F. Inc					
City, State			1 44221		Disposal		City, State			<u>سيدن عور ش</u>	_	
Wayne, NJ 07470					TBD			Λ.				
Completed By (Print of	r Type) T	tle				ratura	Tullytown, P	Λ	Date	-		-
					Sign	R	1	1				
N.Jevtic	O	wner				/RO	THE VIEW	704	07/02/2)13		_
MAY 11		* Do not u	on this for	nt for ashes	cos licensi	te exem	nied activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)
Name of Building Owner/Operator (2)

Check # 2040

Project #		(Pur	rsuant to	NJAC 8:	60 and	12:120)	16	2012	-	-	- 1	P.4			_
Date of Notification (1)		IN	lame of I	Building O	wner/O	perator ((2)	2012	ÜL.	`					\neg
07/03/2013				BOE					0	\$ pt	_				
Agencies Notified Type Notification			treet Ad					10	7-0-			17			
	8	9	1 Henr	ry St				& / /	15 1	7/		6			
EPA Initial Amended		3.5		e, Zip Cod	е		-		4514	11111	1 39	i.			
DEP Amended Amendment #		196,275	aledor							1-10	4.				
Emergency (i	ncluding			Contact		000			Tele	phone Nu	umbe	r	_		
DOH justification) Cancellation									1						
_ BOA BANKSHIP			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking	Place (3))		112		100	Type	of Facility (4)						
Haledon Elementary School								School (K-1	2)						
Street Address								Subchapter Other (i.e. p	8 (Othe	r than K-	12) cial b	uildi	nas. h	nomes	s.
91 Henry Street								etc.)	nivate a	CONTINUE	J. C. T.				38
City (5)							Squar	re Feet	# of	Floors		Blo	lg. Ag	je	
Haledon, NJ															
County (6)				Code (7)			Curre	nt Use (Pri	or if bein	g demoli	shed)			
Passaic		10	STATE	JSE ONLY)											
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.				tement Cor		(9)					
RAMM						Nick I	Resto	ration LI	LC						
Street Address						Street	Addres	SS							
77 Nottingham Road						72 Br	ooksi	ide Rd							
City, State, Zip Code					-	City, S	tate, Z	ip Code							
Fair Lawn				(4)				NJ 078	69						
Project Manager for Monitoring Firm		Telepho	ne No.		Telepl	none N	0.		License	No.					
Rodger Headrick				75-9880		973-9				01133					
Start Date (10)	Schedule	ed Con	npletion	Date (11)		100000		HA Monitor							
07/03/2013	07/04/2	2013	- 122					onmenta	l						_
Occupancy Status During Abatement (Chec	k Only Or	ne)					Addre								
Facility Closed/Vacated During Entire I	Period of	Abatem	nent			2333									
Abatement Performed Outside of Norm	nal Facility	/ Hours	3			65.6		ip Code							
Other – Describe: 5pm-11.3Upm						Unior	n, NJ	07083							_
Scope of Work (Check All That Apply)						-	_								
≥3 sf or ≥3 lf		Renova						II Containm		Negative	e Pre	ssur	е		
≥160 sf or ≥260 lf		Demolit	tion					ni-Enclosur ovebag Pro							
] No	n-Exempte	d (*) an	d Non-Fri	iable				
	Is	Locat	ion											ment	
Location of	1	Normal	lly		De	escriptio	n of				-		Ту	pe	
Asbestos-Containing Material (ACM)		ed Sole		Asbes	tos Cor	ntaining I	Materia	I (ACM)	21700	mount		_		m	m
TO BE ABATED		todial		(i.e.		al system acing, V		lation,		Specify or LF)		èm	Repair	cap	nclo
In Facility (13)		(12)				miscella)				Remova	air	Encapsulate	Enclosure
8. 1	Yes	No	N/A	1										6	
	+	-	+	TOL	0				15 SI		+				
Room # 214	×	-	TSI- w	rap &	cut			10 01		+		-		\vdash	
(A)											_			_	<u> </u>
Name of Registered Waste Hauler		1	NJDEP V	Vaste	Cubi	ic Yards		Name o	f Registe	ered Land	dfill				
19 19 19 19 19 19 19 19 19 19 19 19 19 1			Hauler ID		of W	aste		G.R.O							
Asbestos Transportation CO., Inc					TBD										
City, State Yaphank, NY 11980					20	osal Dat	е	City, Sta		^					
					TBD			Tullyto		4	Date				_
Completed by						Signatu	re	le	da	.]			2013		
Elvira Mrda	I =							NO			01/0	1012	.013		

10000						2	00.	AMENDA	-N	
ETS JOB # 3914/12				/5 " · ·		(013 111	AMENDMI	ENI#1	
Date of Notification (1				of Building Ov		perator (2)	- OL -	9		
	7/2/2013			Bath and Be	yona	*		514 O: 50		
	ype Notificat	ion		Address berty Aven ı	10		6170	40		
⊠ EPA □ DEP	☐ Initial I	Notification		ate & Zip Coo			- 1 10 E	271/28.		
⊠ DOL		ded Notification	1.00	, NJ 07083	16		11.2	11/13 1 31		
	Cance			of Contact	-			IT	elephone	Number
□ DOH □	Cance	liation		hn Purcell				-	Cicpijone	Trumbe.
				CILITY INFO	RMAT	ION	- Parties			
Name of Facility Whe	re Abateme	nt is Taking Pl			_	f Facility (4)				
Bed, Bath and Bey						chool (K-12)				
Street Address						ubchapter 8				
					□ O	ther (i.e., pri	vate & com	mercial building	gs, homes	s, etc.
650 Liberty Avenu	е				Square	e Feet	# of Floor	s B	dg. Age	
City (5)		County (6)	County C	ode (7)	2	00,000		2	5	0+
Union		Union				t Use (Prior	if being de	molished)		
O.I.IOII		J			Comr	nmercial C	Office			
Name of Monitoring F	irm Hired by	Building Owr	ner (8)	ASCM No.	Name	of Abateme	nt Contracto	or (9)		
ATC Associates, I				00098	ETS C	Contracting	g, Inc.		NI SATES CONTRACTOR	
Street Address					Street	Address		24		
1090 King George	s Post Roa	d, Suite 706	3	W-1-		lay Street				
City, State & Zip Code	е					tate & Zip C				
Edison, NJ 08837						klyn, NY 11		Tri N		
Project Manager for N Pat Sisk	Monitoring Fi	rm	Telephone (732) 771-		170000000000000000000000000000000000000	one Numbe 06-6300	er	License N	umber 00511	
Scheduled Start Date	(10)	cheduled Cor	npletion Date	e (11)	Name	of OSHA M	onitor			
HOLD			6/30/2014		Envir	onmental '	Tactics, Ir	ıc.		
Occupancy Status Du	uring Abaten	ent (Check or	nly one)			Address				
Facility Close						oad Street				
Abatement Pe	erformed Ou	tside of Norm	al Facility Ho	ours -		tate & Zip C				
Describe:						wan, NJ 07	74			
Other - Descr		rk Area Vac			1					
		n Monday -	Saturday 7	:00 AM -	1					
0 5\M1- (Ob		PM				aliente				
Scope of Work (Chec	ck all that ap	Renovat	ion			☐ Full Co	ntainment v	with Negative F	ressure	
Large Project	r.	Nellovat					nclosure			
Quantity is ≥		LEACM					ag Procedu	ire		
Quantity is ≥						Other:	Tent			
	cation of		Is Location	on	Des	scription of		Amount	Abate	ment Type
	s-Containing	ı	Normally L			os-Containir		(Specify	(Specif	y: Removal,
	rial (ACM)	•	Solely b	by		erial (ACM)		Square Feet or		lepair,
	E ABATED		Maintenand			ermal syster		Linear Feet)		sulation or
in	Facility		Custodial S			, surfacing, miscellaneo			_ EII	closure)
	(13)		(12)		ol olitei	miscenarieo	(43)			
1 st Floor			No			VAT		1,500 SF	Re	moval
1st Floor			No	Alexander of the second	Pipe	Insulation		60 LF	Re	moval
Name of Registered	1	ste Hauler ID	#	Cu. Yds. of V		Name of Regist				
Tri State Transfer		19551		600 Disposal Dat		Minerva Ente City, State	ipiises,	mo.		
City, State Bronx, NY			١	nsposal Dat TBI		Naynesburg,	ОН			
Completed By (Print	or Type)	Title			5	Signature /	1			Date
ROY JOHNSON	71-7		CT EXECU	JTIVE		1221	(5			7/2/2013

State of New Jersey

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

Date of Notification (1) 07/03/13		1 1	uilding Owner/O tes Post Office	Operator	(2)	13 301	` 2		v in		
Month/Day/Year Agency Notified Type	Notificatio	-	-	Street Add	lwage				- 4	MA	
								- ·		· / o: ,	20
	Initia			10 E. Maii				1 / /1 /	· .	,	
DEP		ficatio	n		e, Zip Code			-1:		1	
DCA	Amer	ided		Wrightsto	wn NJ 08511			-	To 1///	5 18 31	
DOH		ficatio		Name of C	Contact		Telep	hone Nu	mber '	,	
	Canc	ellatio	n	FACILI	TY INFORMAT	TION			-		*
Name of Facility Where Abatement i	e Takina Pl	ace (3)				Type of Facility (4)				
United States Post office - Wrightsto			-,				School (K12 Subchapter 8	(Other			
Street Address							x Other (i. e. P			rcial	
10 E. Main Street							buildings, he		_	(i)	
	To				I	(m)	Square Feet # of F		Bldg. A	Age	
City (5)	Coun	ty (6)	16		County Code	1705		1 ,	50+		
Wrightstown					(STATE USE ONL)	r)	Current Use (Prior if b	eing den	nolished		
Name of Monitoring Firm Hired by	Building O	wner	(8)		ASCM No.	Name	of Abatement Contracto	r (9)			
.			(-)		0		iated Specialty Contracti				
Street Address						10	Address Crue Avenue				
City, State, Zip Code							State, Zip Code Mills, PA 19342	028-03-			
Project Manager of Monitoring Fire	n			Telephone	Number		hone Number 64-9622	ï	Licence 1103	e Numb	er
Scheduled Start Date (10)	d. Con	pletion Date	(11)	Name	of OSHA Monitor	7/					
07/18/13				07/19/13		Criter	ion Labs				
Month/Day/Year			M	onth/Day/Ye	ar						7, 70, 70
Occupancy Status During Abatemen Facility Closed/Vacated Duri	ing Entire I	eriod	of Ab	atement		3370 F	Address Progresive Drive				
Abatement Performed Outsi Hours - Describe: 7:00 Other - Describe:			ality		_		State, Zip Code Iem PA 19020				
Scope of work (Check all that apply)						Ш	Full Containment with	Negative	Pressu	re	
Demolition			x	Renovatio	n		Mini - Enclosure				
>3 sf or >3 if			5.5	7057750			Glovebag Procedure				
x >160 sf or >260 lf						xx	Non-Friable Procedure				
							Non-Friable Frocedure	_		ar.	
	1 .	Is						Ab	atement	7 **	E
Location of	19	cation			cription of		*********	_ n	1	E	E
Asbestos - Containing Material (ACM)	100	mally sed			os-Containing rial (ACM)		Amount (Specify	R	R	N C	N C
TO BE ABATED					ermal systems		SF or	M	E	A	L
		lely					Something and	200.00		P	20-02
In Facility		Main-			, surfacing, VA	,	LF)	O V	P	S	0
(13)		ance/	. 3	or other	miscellaneous)				A	U	S
		todia		1				A	I	0.50	U
		f (12)	N/A	1				L	R	L	R
storage room							12 SF	x			E
						\top	\vdash				
*											
W-								1			
Name of Registered Waste Hauler			0.0000000000000000000000000000000000000	EP Waste	Cubic Yards		Name of Registered La	ndfill		%)	
Horizon Disposal			Haul	er ID No.	of Waste		GROWS				1-1
City, State Trenton NJ					Disposal Date As needed	•	City, State Morrisville PA				
Completed By (Print or Type) Dave Kovalevich	Title Proje	ct Manager		Signat	art Lahus			Date 7-3	7-13		