OK WY2^A
Paragon Job#

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

**							JUI	9	1.	te.				
Date of Notification (1)	Name	of Buildir	ng Owner	Operator (2)			139 38	11 44						
10 17 1/10 15 1/11 13	Fair	leigh Di	ckinson	University (FDU)		¢ /	719	9. _					
Agencies Notified Type Notificati		Address					106	Roman Land	46)				
EPA Initial	10	Woodbri	idge Ave					Starla.	7,					
DEP Amendr		State, Zip					1/	Ų	٠,					
DOL Amendment #	Ha	ckensacl	k, NJ 07	601				(2)	Ò					
DOH Emergency	(includ Name	of Contac	ct				Telephone N	lumber						
justification) DCA Cancella	ation Di	ck Frick												
		CR T TIOK		ITY INFORM	ATION									
	- taking place /	3)	1 AOIL	TITT II OT COLUMN			Type of Facility (4)							
Name of facility where abatement i	s taking place (٥)					School (K - 12)						
FDU - Madison Campus Scient	nce Building							ter 8 (Other						
Street Address						1	Other (Pr Bldgs./Ho	ivate/Comm imes, etc.	erciai					
145 Park Ave.							Square Feet #	of Floors		ldg. Ag	je			
City (5)	County (6)		1.000	8888798987	y Code (7)	20,000 02		50					
					(State	use only)	Current Use (Prio Public Safety B	(), () () () () () () () () () () () () ()	molish	ied)				
Florham Park	Morris			A COM No	L.,,,	Name of Abatement		unung						
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	- 11									
Environmental Design, Inc.						Paragon Contrac	ting, nic.							
Street Address						590 River Rd.								
5434 King Ave. Suite 101 City, State, Zip Code					-	ity, State, Zip Code								
Pennsauken, NJ 08109						Clifton, NJ 070	14							
Project Manager for Monitoring Firm	n	Pho	ne Numbe	er	- -	Telephone Number		License Nun	nber					
		856	-616-95	16		(973) 614-1600		00748						
Jay Murray Scheduled Start Date (10)	Sched. C					Name of OSHA Mor								
	9				11	Paragon Contra Street Address	cting, inc.							
07/18/2013 Occupancy Status During Abateme	07/26/20			~		590 River Rd.								
Facility closed/vacated during			nent.		11	City, State, Zip Code	e							
Abatement performed outsid	e of normal faci	ility hours	-											
Describe:					=11	Clifton, NJ 070)14							
Scope of Work (check all that app	ily)							¥5						
☐ Demolition	20-2000 20-2000				☐ F	ull Containment w/ne	egative pressure	Glovebag	proce	dure				
(4 900)	≥160 sf or ≥26	60 If			\square N	lini-enclosure	Non-Exemp	ted (") Nor	-friab	le proc	edure			
	Is location n	ormally u	sed solely	/				R	R	. 4 353	E			
Location of asbestos-containing	by maintena staff(12)	nce/custo	odial			sbestos-containing	Amount (Specify SF	or m		0.550	n			
material to be abated in facility (13)		N-	N//A	materia	(ACM)		LF)	o v	a	а	L			
abated in facility (10)	Yes	No	N/A				1 200 00	e	7	1	+			
Room S-24, S-25, Hallway & Bath.		X		VAT/Mas	tic		1,900 SF			내님	뷰			
Room S-24&25		X		Lab Tops			700 SF 260 SF	<u> </u>	_	귀님	卅			
Room S-24&25		X	-	Fume Hoo		Vron & Cut)	200 LF		_	쉬片	H			
Room S24&25		X.				Wrap & Cut)	11 EA		_		늄			
4 Bathrooms	INIDED	Hauler II	D# 17	Window (Name of Registere			3 L	-1-				
Registered Waste Hauler Paragon Contracting, Inc.	2216			20 cyds		Tullytown/GR								
City, State		T	Disposal I	Date		City, State								
Clifton, NJ 07014			TBD	10:::		Tullytown, PA	1	Data						
Completed by (Print or Type) Goran Lazevski	Title President			Signature	K	- h		Date 07/05/2013						
Lioran Lazevski	I FIESIGEIII			4	-									



Date of Notification (1)	Name of Building Owner/Operator (2)																	
	8 / _	13	-		G. a	nd M. In	vest	ments II, LL	С		g G	71		′,	9/9	0		
Agencies Notified	Type Notifica	tion			Street	Address						10	A.U.	**	_	· p.		
⊠ EPA	☐ Initial				907	Pleasan	t Val	lley Ave.				`	17	1		* 2		
☑ DOLWD				1	City, S	tate, Zip C	ode			100			,	10	1.0	7		
☑ DHSS	Amendme	100	سدالد.	1	Mou	int Laure	el, N	J 08054						**	4			
☐ DCA (NJAC 5:23-8)	☐ Emergend justification		laing	1	Name	of Contact	t			1	Telephone N	umbe	r		(:		
(110/10 0:20 0)	☐ Cancellati				Cha	rles Swa	aim								1.00			
1					FAC	ILITY IN	FOR	RMATION					-					
Name of Facility Where A	batement is T	aking P	lace (3	3)					Type of F	acility (4))					-		
Freedom Mortgage			1000 (100) (1000 (1000 (1000 (100) (1000 (1000 (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (1000 (100) (100) (100) (1000 (100) (100) (1000 (100) (100) (1000 (100) (100) (100) (1000 (100) (100) (100) (1000 (100) (0.5					Schoo		* DE							
Street Address											Other than K		100					
304 W Route 38										(i.e., priv s, etc.)	ate and com	merci	al bu	lding	s,			
City (5)									Square Fe	eet	# of Floors		Blo	g. Ag	je			
Moorestown, NJ 080	057								60,000		2		1	+0+				
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current U	se (Prior	if being dem	nolishe	ed)					
Burlington									Vacan	t Office	ce							
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8)		ASCM	No.	Nar	me of Abateme	ent Contrac	tor (9)								
Synertech					NA		A	Iliance Envi	ironment	al Syste								
Street Address							Stre	eet Address										
2208 South Broad S	it.						5	50 East Unio	on St.									
City, State, Zip Code							City	, State, Zip Co	ode									
Phila., PA 19145							٧	Vest Chester	r, PA 193	82								
Project Manager for Monit	toring Firm			Tele	phone	No.	Tel	ephone No.			License No.							
Andrew McMahon				21	5-755	-2305	6	10-701-9000	1		00508							
Start Date (10)	5/4/05/05	chedule	ed Cor	nple	tion Da	te (11)	Nar	me of OSHA M	onitor									
<u>6</u> / <u>17</u> /	13	7	_ / _	26	_ / _	13_	Α	ET										
Occupancy Status During	Abatement (0	Check o	nly on	e)			Stre	eet Address										
☐ Facility Closed/Vacate	250						2	8 N. Pennel	Road									
☐ Abatement Performed Time of Abatement: 7/4						cribe	City	, State, Zip Co	ode									
		<u>0.00</u> 1			Media, PA 19063													
Scope of Work (Check all	that apply)							⊠ Full Cont	tainment wi	ith Nega	tive Pressure							
≥3 sf or ≥3 lf		-	Reno					☐ Mini-Enc	losure		live i ressure	•						
≥160 sf or ≥260 lf		L	Dem	olitic	n			☐ Gloveba	g Procedur	e and Mon	Friable Proce	adura						
			le I	ocat	ion	1		☐ Non-Exe	mpteu () a	IIId NOII-	FIIADIE FIOCE	eaure			-4 T			
Location	of			rma				Description o	of			}	Table Second	ateme				
Asbestos-Containing N)	Used			Asbe	stos	Containing Ma		1)	Amount		Removal	Repair	Enc	Enclosure		
TO BE ABA			Main			(i.e		rmal systems			(Specify		von	air	aps	losi		
IN Facility (13)	у			(12)	-1			surfacing, VAT, her miscellane			SF or LF)		<u>a</u>		Encapsulate	Ire.		
` '		١	Yes	No	N/A										œ.			
1 st Floor]	\boxtimes	VAT / M	lasti	C			25,950 SF	F	\boxtimes					
2 nd Floor		\boxtimes	VAT / N	lasti	С			25,950 SF	F	\boxtimes								
		T	7 1	ī	П									\exists	$\overline{\Box}$			
Name of Registered Wast	e Hauler				JDEP V	Vaste	Cub	oic Yards of	Name of	Registe	red Landfill							
N.E.T.S.						No.	Was		A STATE OF THE STA	I BFI Im								
City, State								posal Date	City, Sta	te								
Hazelton, PA							T	BD	Imperial, PA									
Completed By (Print or Type) Title						****	Signature Date 7-8-13					_						
Mark Griffin Estimator												7	-5	3 -	1	ク		
ACD 44								11/	11				_		-			

Date of Notification (1) 5 / 31 / 13						Name of Building Owner/Operator (2)									
5/			G. and M. Investments II, LLC												
Agencies Notified	Type Notific	ation			Stree	t Address	_				<u> </u>				
⊠ EPA					1.000		nt W	alley Ave.			1			A/4 6	
☑ DOLWD	☐ Amende	d			- Commercial Commercia	State, Zip		175.7				<u> </u>		0	
☑ DHSS	Amendm											14			
DCA	☐ Emerger	ncy (in	cluding	g				NJ 08054					0	Gea.	
(NJAC 5:23-8)	justificati					of Contac			9	Telephone Nu	umber			4	
	Calicella	HOF			Ch	arles Sw	aim						()	Ţ)	
					FA	CILITY IN	1FO	RMATION				3 _			
Name of Facility Where A		Taking	Place	(3)					Type of Facility	(4)					
Freedom Mortgage									School (K-1	2)					
Street Address									Subchapter	8 (Other than K- private and comm	-12)	سالمان،			
304 W Route 38									homes, etc.)	nerciai b	ullaing	js,		
City (5)									Square Feet	# of Floors	TE	lldg. A	ле		
Moorestown, NJ 08	057								60,000	2	-	40+	90		
County (6)					Cou	nty Code (7)(ST	ATE USE ONLY)		rior if being dem	olished)		-		
Burlington						,			Vacant Off		onstieu)				
Name of Monitoring Firm	Hired by Buil	dina C	Owner	(8)	ASCM	No	Ns	ame of Abatem	ent Contractor (9						
Synertech	• • • • • • • • • • • • • • • • • • • •	3		(-)	NA				ironmental Sy	5.)					
Street Address					110		-		ironinentai Sy	stems	100000		- 2		
2208 South Broad S	St.						100000	reet Address	0.						
City, State, Zip Code	·				1,10,10		1	550 East Uni							
							7-32	ty, State, Zip Co							
Phila., PA 19145							4		ter, PA 19382						
Project Manager for Moni			ephone		Te	lephone No.		License No.							
Andrew McMahon			5-755-2305 610-701-9000 00508												
Start Date (10)						ite (11)	Na	ame of OSHA M	onitor						
6 / 17 /	13		7 /	_1	2_/	13	1	AET							
Occupancy Status During	Abatement (Check	only	one)			Str	reet Address				-			
□ Facility Closed/Vacate	d During Enti	re Per	iod of	Abate	ement		١,	28 N. Pennel	Road						
☐ Abatement Performed	Outside of No	ormal	Facility	y Hou	rs - Des	cribe							-		
Time of Abatement: 7/	AMPN	л/ <u>3:3</u> (<u> </u>		AM	City, State, Zip Code Media, PA 19063									
Scope of Work (Check all	that apply)		- 25				1								
100 100 100 100 100 100 100 100 100 100									ainment with Ne	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Re De De De Re De Re Re		0.00			☐ Mini-Enc	losure						
<u> </u>			□ ре	mont	UII			☐ Glovebag	g Procedure mpted (*) and No	n-Friable Proce	dure				
			ls	Loca	tion				inplod () and 140	THE HADIE I TOCE		24			
Location	of			Norma				Description o	f			atem			
Asbestos-Containing N		1)	Use	d Sol intena	ely by			Containing Ma	terial (ACM)	Amount	Rer	Repair	Enc	Enc	
TO BE ABA					Staff?	(i.e		ermal systems i		(Specify	Remova	air	aps	Enclosure	
(13)	,			(12)			ot	surfacing, VAT, ther miscellane	or ous)	SF or LF)	<u> </u>		Encapsulate	ure	
			Yes	No	N/A				/				6		
1 st Floor					\boxtimes	VAT / N	last	ic		25,950 SF		П	П	П	
2 nd Floor					\boxtimes	VAT / M	lasti	ic		25,950 SF	_ _				
					П					-,		H	금		
					П		400				᠆ =		븸		
Name of Registered Waste	e Hauler			A	JDEP V	Mosts	Coll	hin Varde -f	[N (D)				Ш	Ш	
N.E.T.S.	e i laulei				lauler I		1. (C) (C) (C) (C) (C)	bic Yards of este	Name of Regis						
N.E.1.0.					18947		9	0	Allied BFI	Imperial					
City, State							Disposal Date City, State								
Hazelton, PA							TBD Imperial, PA								
Completed By (Print or Type) Title							Signature / 1/1					-			
Mark Griffin Estimator								1/1	1/1	5/31/13					
QR 41				20100					/		3/-	/	11 -		

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

MAY 11

UK 01819		NOT	IFICATI:	State of H ON OF ABI int to NJAC	BERTON .	BARATE	MENT (DC)L - 1	00	AV		_			
Date of Notification (1)			Ring	of Building	omd of	Opera to Educat	1 (2) 28/9 JUL		0.1			T	\dashv			
Agercies Notified / Ayps Notific	ston		121	Address Carleton	dale R			1/ 40	اله جاء الم	201	3	h	+			
DEP Amend			Ring	Statu, Zip C Wood, N.	J 0746	6	9 Lia	VAIVE	RAPI	חמכ	VE	-	†			
DOH JUSTITION Composit	tilan)	9	Stev	of Conlect S Evans				Tel	STORY.		V.C.	_	_			
Name of Facility Where Absternant Is 1 E.G. School	Taking Place	(9)	PA	CILITY IMP	DRIMAT	ION	Type of Fedit	y (4)				_				
Street Address 266 Sloetsburg Road							School () Subother Other ().e	(-12) tw 8 (Oth I. private 4	er thun K- Lapmmer	12) cial bu	ildina	s. hon	nas.			
City (6) Ringwood							Equare Feet		Floors		fildg.					
County (6) parasio			Count	Code (1)			Current Use (F	- 60 H TSW	ng demak	shed)	_					
Name of Monitoring Firm Hired by Bulk Omega	ing Owner (8)	ASC	M No.		Name Pow/	of Abutement C R/Beve Inc	one actor	(9)	-						
Street Address 280 Huyler Street							Address feet Street									
City, State, Zip Code South hackensack, NJ 07608						City, R	tata, Zip Code mileid, NJ Q	7003		_						
Project Manager for Monitoring Firm Geiser Fajardo			one No. 488-870	0	Teleph	one No. 680-0088		100mm 1	No.							
Start Date (10)	1 2	17/	polotion	Date (11)		Name	of OSHA Monito	r	307							
Occupantly Status During Abeliament (C			1			Street /	Address									
Facility Closed/Vectors During End Absternant Performed Outside of N Other Describe:	re Penop or a lonnal Facility	Hour	nani B		_	City, 86	nta, Zip Code						-			
Scope of Work (Check All That Apply)												-				
23 of or ≥3 if ≥160 of or ≥260 if							Full Contains Mini-Enclosus Glovebug Phy Non-Exempts	ro condure			ON-PER S	10				
1		Lacet								T FIG	Abut					
Location of Asbestos-Containing Meterial (ACM) TO BE ARATED In Facility (13)	Line Ma	d Sole Interna catial 8 (12)	iy by nos/	(1.0. 1	os Conta frannal (surfac	eription of tring Ma systems ing, VAT incellens	iterial (ACM) Insulation,	(50	ount edify # LF)	Rapsovel	Repair	Emzageulate	Enolosure			
art room lower level	Yes	No	N/A X	<u> </u>	ved	mustic		36	af			8	. 印			
					y part	i a respondi		90	41							
Name of Registered Waste Hauter	力	IN	DEPW	neón	Cubic Y	mrrin.	I Muraa ad	Recisture								
Attas Disposal Options		H	Buller ID 1262		of Wass		Grand		- LEE RANG							
City, State Dover, N.J			•		Dispuss	l Dute	Chy, Stat			2):			\dashv			
Completed by Sharon hendele	Title sec/fr	186			(Silg	mature	514		Det	ia 7	/.	/,=	-			
							110011	2	_	-4	1	42				

Name of Building Owner/Operator (2)
Nitta Casings

Street Address

Avanual PO Box 858 Date of Notification (1) 6 13 Type Notification Agencies Notified **⊠** EPA ☐ Initial □ DOLWD City, State, Zip Code Amendment #01 □ DHSS Somerville, NJ 08876 ☐ Emergency (including ☐ DCA Name of Contact Telephone Number justification) (NJAC 5:23-8) ☐ Cancellation Gary Seibel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Nitta Casings ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 141 Southside Avenue homes, etc.) Square Feet # of Floors City (5) Bldg. Age Somerville 92000 1 52 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Somerset **Process Manufacturer** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-848-0800 609-702-0400 00862 Dave Flanigan Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 20 / 13 7 / 12 / 13 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__ Cinnaminson, NJ 08077 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ >3 sf or >3 If ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Enclosure Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, TO BE ABATED (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A Boiler Room \boxtimes Gasket Material from 4 ovens 800 LF \boxtimes П Two Areas X **Transite** 2,240 SF \boxtimes П Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. Waste Horizon Disposal, Inc. **GROWS Landfill** 22612 8 City, State Disposal Date City, State 7/12/13 Morrisville, PA 19067 Trenton, NJ Completed By (Print or Type) Title Signature Kimberly A. Trumbetti Office Coordinator

ASB-41 MAY 11

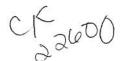
* Do not use this form for asbestos licensure exempted activities.

Agencies Notified Type Notification Type of Facility (Notice Notification Type of Facility (Notification	Date of Notification (1)					Name of Building Owner/Operator, (2)										
Signature City, State, Zip Code State City, State, Zip Code City, State City, State, Zip Code City, State City, St	6/	14 / _		. / P.												
Signature City, State, Zip Code Slackwood, NJ 08012 State City, State, Zip Code Slackwood Slackwood Campus State Slackwood Slack	[2:-32	Type Notifica	ation	- 37	St	reet	Address		Transfer of the second	417 B: ±	· o	00000-000				
Name of Facility Where Abatement is Taking Place (3)	1000000					200	College	Driv	ve & / / >	J / 4.	U'					
Name of Facility Where Abatement is Taking Place (3)					Ci	ty, S	tate, Zip C	ode	- 100	NOTE / Per.						
Name of Facility Where Abatement is Taking Place (3)						Blac	kwood.	NJ	08012	LOWE LOT		10				
				ng								umber				
Name of Facility Where Abatement is Taking Place (3) Truman Hall - CCC Blackwood School (K-12) School	I 37 E IS					Mr.	Len Cina	aglia	1	Co				7		
School (K-12) Street Address Stree						FAC	ILITY IN	FOF	RMATION							
Subchapter 8 (Other Ham K.12)			71/741101 N 161 - 161				5			Type of Facility	(4)					
200 College Drive Square Feet For Floors Bidg, Age 1950's	Truman Hall - CCC B	lackwood	Campu	•												
Country (6) Country (7) State Feet 1 of Floor Bidg Age 1950's	Street Address	100							V-11				h. iil.	منامد		
Blackwood County (6) County (7) County (7) Cournet Use (Prior if being demolished) Camden County Code (7) STATE USE ONLY) Current Use (Prior if being demolished) Calsasrooms C	The second secon											nerciai	Dulk	umg	5,	
Country (6)	City (5)									Square Feet	# of Floors		Bldg	J. Ag	je	
Camden	Blackwood									40,000	2		19	950	s	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental	County (6)				(Coun	ty Code (7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Asbestos and Mold Services, Corp.	Camden									Classrooms	5					
Street Address PO Box 316 Street Address 3359 Sylon Boulevard Street Address 3359 Sylon Boulevard Street Address 3359 Sylon Boulevard Street Address Street	Name of Monitoring Firm H	ired by Build	ling Owne	er (8)	AS	CM I	No.	Na	me of Abateme	ent Contractor (9))					
PO Box 316	Horizon Environmen	tal						1	Asbestos an	d Mold Service	es, Corp.					
City, State, Zip Code	Street Address					77		Str	eet Address					-	-	********
Thorofare, NJ 08086	PO Box 316							3	8859 Sylon B	Soulevard						
Project Manager for Monitoring Firm Steve Flanigan Telephone No. 856-848-0800 609-702-0400 00862							14071-06-1	City	y, State, Zip Co	ode						
Steve Flanigan				-						NJ 08036				7		
Start Date (10)		T				0000										
Cocupancy Status During Abatement (Check only one) Street Address S			N. I								00862					
Occupancy Status During Abatement (Check only one)	1000000 0000-000000-000 1 00000	0.000						3,7-2								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM'PMAM			200					-		icai, iiic.						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement:AMPM/PMAM City, State, Zip Code Cinnaminson, NJ 08077	100					nt		1000		te 130 North						
Time of Abatement: _AMPM/_PMAM							cribe	722.5						7 E		- E - G
Scope of Work (Check all that apply) Sope of Work (Check all that apply) Sope of Work (Check all that apply) Sof or ≥3 if Mini-Enclosure Moni-Enclosure Mali-Enclosure Mini-Enclosure Mini-Enclosure Mini-Enclosure Mali-Enclosure Mali-Enclosure Mini-Enclosure Mali-Enclosure Mali-Enclosure Mini-Enclosure Mali-Enclosure Mali-Enclosure Mini-Enclosure Mali-Enclosure Mali-Enclos	Time of Abatement:	AM	PM/	P	M	/	AM									
Solition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*)	Scope of Work (Check all the	hat apply)														
Som 125 Som 122 Som 123 Som 124 Som 124 Som 125 Som			\boxtimes	Renov	ation				☐ Mini-Enc	losure	gative Pressure					
Is Location of Normally Used Solely Waterial (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely Waterial (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally Used Solely Waterial (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e.,	≥160 sf or ≥260 If			Demo	lition				⊠ Gloveba	g Procedure		927				
Normally Used Solely by Maintenance Custodial Staff? (12) Yes No N/A									Non-Exe	mpted (*) and No	n-Friable Proce					
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Room 125 Room 122 Room 123 Room 124 Room 125 Room 126 Room 126 Room 127 Room 128 Room 129 Room 129 Room 120 Room 1			١٠			11.7					SF or LF)	<u>ā</u>	<u>-</u>		sula	ure
Room 122	(15)		Ye			V/A		OU	ner miscellane	ous)					ŧ	
Room 122	Room 125] [2	d	Floor Ti	ile a	nd Mastic		1,120 SF	D] [
Hallway	Room 122						Floor Ti	ile a	nd mastic		1,430 SF	D	1 [
Name of Registered Waste Hauler Horizon Disposal, Inc. City, State Trenton, NJ Completed By (Print or Type) NJDEP Waste Hauler ID No. 22612 Name of Registered Landfill Waste Special State Title NJDEP Waste Hauler ID No. 22612 Disposal Date Title Signature Signature Date	Room 122] [2	3	Transite	e Ta	ble Tops		370 SF	Σ	1 [J		
Name of Registered Waste Hauler Horizon Disposal, Inc. City, State Trenton, NJ Completed By (Print or Type) NJDEP Waste Hauler ID No. 22612 NJDEP Waste Hauler ID No. 22612 Disposal Date T/02/13 Name of Registered Landfill GROWS Landfill City, State T/02/13 Morrisville, PA 19067 Date	Hallway					4	Pipe Ins	sula	tion on elbo	ws/fittings	>9 LF	B] [
Horizon Disposal, Inc. City, State Trenton, NJ Completed By (Print or Type) Hauler ID No. 22612 Disposal Date 7/02/13 Morrisville, PA 19067 Signature Signature Date	Name of Registered Waste	Hauler									stered Landfill					
City, State Trenton, NJ Completed By (Print or Type) Disposal Date T/02/13 Morrisville, PA 19067 Date	Horizon Disposal, Inc	. .			0.0000000			0.000								
Trenton, NJ Completed By (Print or Type) Title	City, State					012				City, State				-		
Completed By (Print or Type) Title Signature Date	Trenton, NJ										, PA 19067					
	Completed By (Print or Type) Title										-					
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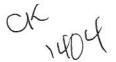
ASB-41 MAY 11

Date of Notification (1)					Name	of Building	Owner/Operator (2	2)								
7 / 8	_ / _	13	_			y Agnes		/ Job # 1307-1	780: Chk. #32	30	4					
Agencies Notified Type	Notificat	ion			Street	Address				2.	- C 16	5				
□ EPA □ In					14 [Delaware	Avenue		,	13		Š.				
	mended				City, S	tate, Zip C	ode		**	1		-				
	mendmer		li ralia a		Bea	ch Have	n, NJ		3 5	ζ.	1,		. je			
	mergency ustification		luaing		Name	of Contact	t .		Telephone Nu	ımber		e.				
	ancellation				The	resa Fox						190				
							FORMATION			7//			e: _			
Name of Facility Where Abaten	nontio To	aleim m. I	Diana	(2)	FAC	JILII T IN	FURNATION	Tone of Facility	(4)	<u> (0)</u>	3		461			
The same of the sa	nent is 1 a	iking i	Place	(3)				Type of Facility ☐ School (K-12)			6	01				
Residential Property									8 (Other than K-	12)	8					
Street Address								Other (i.e., p	rivate and comm		ouildit	ıgs,				
14 Delaware Avenue				Series and				homes, etc.				•				
City (5)								Square Feet	# of Floors	1	Bldg.	Age				
Beach Haven								1000	1		50					
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr		olished)						
Ocean								Residential	Property							
Name of Monitoring Firm Hired	by Buildi	ng Ov	wner (B)	ASCM	No.	Name of Abateme	ent Contractor (9)								
NA							Asbestos and	d Mold Service	es, Corp.							
Street Address							Street Address									
							3859 Sylon B	oulevard								
City, State, Zip Code							City, State, Zip Co	, Zip Code								
						Hainesport, NJ 08036										
Project Manager for Monitoring			Tele	phone	No.	Telephone No.		License No.								
				10-10-10-10-1	**************************************		609-702-0400		00862							
Start Date (10)	Sc	chedu	ıled C	omple	tion Da	te (11)	Name of OSHA M									
7/17 /13					3_ /		EMSL Analyt									
Occupancy Status During Abat	ement (C	heck	only o	ne)			Street Address	£11.000								
☑ Facility Closed/Vacated Dur	ring Entire	Peri	od of	Abate	ment		200 U.S. Rou	te 130 North								
☐ Abatement Performed Outs							City, State, Zip Code									
Time of Abatement:	AM	PM	/	_PM		AM	Cinnaminson	, NJ 08077								
Scope of Work (Check all that a	apply)							2	notive Pressure							
≥3 sf or ≥3 lf		1	⊠ Re	novat	ion		☐ Mini-Enc	tainment with Ne losure	gative Pressure							
⊠ ≥160 sf or ≥260 lf		Ī	☐ De	molitic	on			g Procedure								
								mpted (*) and No	n-Friable Proce	-						
				Loca: lorma			WEST 100 MIN	92		A	bater	nent T	ype			
Location of Asbestos-Containing Materi	ial (ACM)				ely by	Acho	Description o stos Containing Ma	(7)	Amount	2	7 6	E	E			
TO BE ABATED	iai (ACIVI)			ntena			thermal systems		(Specify	Kemova	Repair	Encapsulate	Enclosure			
IN Facility			Cust	odial (12)	Staff?		surfacing, VAT	or	SF or LF)	<u>a</u>		Sul	sure			
(13)			Yes	No	N/A	1	other miscellane	ous)				ate				
		_		_				<u> </u>					-			
Exterior			Ш	Ш	\boxtimes	Siding			700 SF			ЦШ				
				П							ılr					
				느	-							12	-			
1				Ц												
Name of Registered Waste Hau	uler			9338	JDEP \		Cubic Yards of	Name of Regi								
Freehold Cartage, Inc.					lauler II 02265		Waste 5	GROWS L	andfill							
City, State					02200		Disposal Date	City, State								
Freehold, NJ						7/18/13	Morrisville	e, PA 19067								
Completed By (Print or Type)		Title		767 E.			Signature	1		Date						
Kimberly A. Trumbetti		GADOLAS	fice (`oor	dinato		A.		Date 7-8-13							
Amberry A. Humbern		Oil	1108	,001	anialOl		LAX.			1	U					

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



Date of Notification (1)					Name	of Building	Owner/Operator (2	2)	(1)		·* ·		
	_		Name of Building Owner/Operator (2) Sovereign Bank N.A. Street Address 1130 Berkshire Boulavard City, State, Zip Code										
	Type Notifica	ition			Street	Address		1	- W /	EL	,		
	Initial				113	0 Berksh	ire Boulavard		e7/02	17	8.		
	☐ Amended				City, S	tate, Zip C	Code		105,0	٥.	4	27	
☑ DHSS	Amendme	-				missing			SN3/	172			
☑ DCA (NJAC 5:23-8)	Emergeno justification		cluding			of Contac	900		Telephone Numb		1		
	☐ Cancellati					an Peck	ō		, reseptione trains	~ .			
										_			
					FAC	ILITY IN	IFORMATION						
Name of Facility Where Ab	atement is T	aking	Place	(3)			7	Type of Facility (4)				
Sovereign Bank								School (K-12)					
Street Address									(Other than K-12) ivate and commerce		ildina		
214 Newark Street								homes, etc.)	ivate and commen	ciai bu	numg	5,	
City (5)								Square Feet	# of Floors	Blo	dg. Ag	16	-101 - 5
Jersey City								3000	1		19.7% 40	,0	
County (6)					Coun	tu Codo /7)(STATE USE ONLY)		or if being demolis		+0		
Hudson					Coun	ty Code (/	MOTATE OSE ONET)	Current Ose (Fin	or it being demoils	neu)			
	5 "			(a) T	10011								
Name of Monitoring Firm H		ling C	wner ((8)	ASCM		Name of Abateme						
Hillmann Consulting					6225	2	JVN Restorat	tion Inc					
Street Address							Street Address						
1600 Route 22 East							47 Foster Ro	ad					
City, State, Zip Code							City, State, Zip Co	ode					
Union NJ 07083							Staten Island						
Project Manager for Monito		Tele	phone l	No	Telephone No.		License No.						
Brian Nemetz			32-616		718-605-6256		00774						
									00774				_
Start Date (10)	5 Sept. 10 S				tion Da		Name of OSHA M	ionitor					
07 /20 / _	13		8 /	04	<u> </u>	13_	Testor Tech						
Occupancy Status During A	Abatement (0	Check	only	one)			Street Address						
☑ Facility Closed/Vacated							10 59 Jackso	n Avenue					
☐ Abatement Performed C					s - Des	cribe	City, State, Zip Co	ode				-	
Time of Abatement:	AM	P	// <u>2</u> PM	- <u>2</u> AM			LIC NY 11101						
Scope of Work (Check all t	hat apply)	2,-12.		201									
leases							☐ Full Conf	tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf			_	novati			☐ Mini-Enc	losure					
≥160 sf or ≥260 lf			⊔ъе	molitic	on			g Procedure	n-Friable Procedur	•			
		-	le	Locat	ion		M MOII-Exe	inpled () and No	I-i Habie Procedui	_	V.		
Location of	£			Vorma			Description of			Ab	atem	ent I	/pe
Asbestos-Containing M		1)	Use	d Sole	ely by	Asbe	stos Containing Ma	The state of the s	Amount	Re	Repair	En	ᄪ
TO BE ABAT		,		intena			., thermal systems		(Specify	Removal	pai	cap	clos
IN Facility			Cus	(12)	Staff?		surfacing, VAT		SF or LF)	Va Va	_	Encapsulate	Enclosure
(13)			Yes	No.	N/A		other miscellane	ous)				ate	
					-				The state of	+_	_	_	_
Ist FI.Teller Area and S	Sales Floor					VAT/Ma	astic		2000	\boxtimes			
												П	П
					+					+=	=	\equiv	=
											Ш	Ц	
Name of Registered Waste	Hauler			IN	JDEP \	Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Global Waste Industr				200	lauler II	No.	Waste	G.R.O.W.S.					
					NJ-22	171	30		,				
City, State							Disposal Date	City, State					
Hackettstown, NJ							8/04/13	Morrisville,	, Pa.	1	١		
Completed By (Print or Typ	ne)	Title)				Signature	Va	Da Da	te			
Joe Tardy		F	rojec	t Mar	ager		170	Tarc	V -	111	0	113	3.
ASB-41							1			1		<u> </u>	
MAY 11		*	Do not	use th	nis form	for asbes	tos licensure exemp	oted activities.	3	50			



	Print Form	
NAME OF TAXABLE PARTY.	The state of the s	-
3	*	_

Date of Notification (1) 07/05/2013			Building O	wner/Operato	r (2)			Prince Comments		1		
Agencies Notified Type Notification		Street Ad 45 Lyde	dress ecker Str	reet					70	£	o,	
DEP Amended DOL Amendment #			e, Zip Cod rood, NJ						. 6	9 'n		
■ DOH		Name of Mr. Dar	Contact niel Yung	ger			Telephone N	lumber_	}	3-5		
Name of Facility Where Abatement is Taking Place (3		FACIL	ITY INFO	RMATION	T		7 100000	7				
Residential - Single Family Home)					of Facility (4) School (K-12)					
Street Address 45 Lydecker Street		(A)			×		(Other than K vate & comme		dings	home	es,	
City (5) Englewood					Squa 1,90	re Feet 10	# of Floors 2		ildg. /	\ge		
County (6) Bergen		County C	ode (7) SE ONLY)			ent Use (Prior idential	if being demo	lished)				
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM	No.	10 10 10 10 10 10 10 10 10 10 10 10 10 1		atement Contracting, LL0	CONTRACTOR OF THE PROPERTY.					
Street Address					t Addre	ss ey Road, S	Suite K					
City, State, Zip Code						ip Code ew Jersey	07470					
Project Manager for Monitoring Firm		Telephor	ne No.	Telep	ohone N 3) 928	lo.	License 00874					
Start Date (10) Schedule 07/06/2013 07/10/2		mpletion [Date (11)	92723		HA Monitor acting, LL(C					
Occupancy Status During Abatement (Check Only Or	ne)				t Addre							
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	Abaten	nent s		(4)	00 00-000	ey Road, S Zip Code	uite K					
Other – Describe:						lew Jersey	07470					
Scope of Work (Check All That Apply)					_							
[1]	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
le le	Locat	tion			I V	DII-Exempled	() and (von-r)	Table 1 10	(Zapasyville)	emen	t	
Location of	Norma ed Sole	lly		Description	on of				Т.	уре	_	
TO BE ABATED Ma	intena todial (12)	nce/ Staff?		os Containing thermal syster surfacing, V other miscell	ms insu AT, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure	
Yes	No	N/A								fe		
Basement	Х			Floor Ti	(COC)		630 SF	x				
Second Floor Bedroom			Floor T	iles		265 SF	x	-				
Name of Registered Waste Hauler	Ĺ,	NJDEP W	lasta	Cubic Yards		Name of F	Registered Lan	dell				
Service Transport Group, Inc.	1	Hauler ID 20990		of Waste		200000	Enterprises					
City, State New Castle, Delaware			Disposal Da TBD	te	City, State Waynes	burg, Ohio						
Completed by Title Predrag Sarcev Vice President				Signati	To S			Date 07/05/2013				

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

9736149955 06/30/2013 02:25 PARAGON PAGE 05/08 State of NJ
Notification of Asbestos Absternen BEMEMBER - MAIL IN HARD COPY
(Pursuant to NJAC 8:60-7 and 12:120-AMEMBER - MAIL IN HARD COPY Paragon Jobil Date of Notification (1) Name of Building Owner/Operator (2) 10 17 1/10 13 1/11 13 DOI - 10 DAY Fairleigh Dickinson University (FDU) Agencies Nothled Type Nothiostics EPA initial 10 Woodbridge Ave. DEP 2012 Amendment City, State, Zip Code DOL. Amendment # , Hackensack, NJ 07601 X DOH Emangency (Includ Name of Contact WANERSPERMVED iustification) C DCA Cancellation Dick Frick FACILITY INFORMATION Name of facility where absternent is taking place (5) Type of Facility (4) 7 Schoo! (K - 12) FDU - Metropolitan Campus Soccer Stadium Press Box Subchapter 8 (Other than K-12) Street Address Other (Privets/Commercial Bldgs./Homes, etc. 1000 River Rd. Square Feet | # of Floors Brds. Ace City (6) County (8) County Code (7) 100 sf 02 (State yes only) Current Use (Prior if being demolished) Bergen Name of Manitoring Firm Hired by Eldg. Owher (8) Name of Abatement Contractor (6) ASCM No. Environmental Design, Inc. Paragon Contracting, Inc. Street Address THE REPORT OF 5434 King Ave. Sulte 101 590 River Rd. City, State, Zib Code City, State, Zip Code Ponnstuken, NJ 08109 Clifton, NJ 07014 Project Manager for Monitoring Firm Phone Number electrone Number Lipance Nurvior (973) 614-1600 00748 Jay Murray 856-616-9516 Name of OSHA Monitor Scheduled Start Date (10) School Completion Date (11) Paragon Contracting, Inc. 07/08/2013 07/10/2013 Street Address Cocupancy Status During Absternent (Check only one) 590 River Rd. E Fability closed/vecated during entire period of abatement. City, State, Zio Cede Abelement performed outside of normal facility hours-Deserbe: Other-Describe: Clifton, NJ 07014 Scope of Work (chack all that apply) Demolition Renovation 🔀 >3 sf or >3 if ☐ ≥160 of ar ≥260 M Mini-enclosure Non-Exempted (") Non-triable procedure is location normally used solely Location of by maintenance/custodial E abestos-conteining Description of sebestos-containing material (ACM) Amount m sigf(12) material to be n m (Specify SIF or LF) P • C abated in facility (13) 0 a Yan No N/A Soccer Stadium Press Box VAT & Mastic on Wood 100 sf 2

REGISLOFED TVILLE RAUGO Paragon Contracting, Inc. City. State

22161

2 cyds

Name of Registered Landful Tullytown/GROWS

Clifton, NJ 07014 Compinted by (Print or Type) Goran Lazevski

THE President

Signature

Distoral Da

TBD

Tullytown, PA

City, State

07/05/2013

Paragon Job#

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

Carpeted Part Country (6) Country (70		115	- II-II O -	/Ootor (2)				`			
Agences Notified □ EPA □ DEP □ Initial □ DEP □ Amendment □ DOL □ DEM □ Can-cellation □ CAD □ Cancellation □ C	Date of Notification (1)	2 - State Control of the Control						1			
Dept				n University ((FDU)		- 2	7			
DeP Amendment Amendment Amendment December Amendment December	⊠ EPA □		E-706 - C2+10+1 - 104				`5	ं.	4		
Market of facility where abatement is taking place (3) FDU - Metropolitan Campus Soccer Stadium Press Box FACILITY INFORMATION	□ DEP Initial			ve.				<u> </u>	<u> </u>		
DOH	Amenamer Amenamer										
DCA	_ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			7601			Tolophone I	Number			
FACILITY INFORMATION	DOH Emergency (inc	Name of C	Contact				relephone	Number			
Name of facility where abatement is taking place (3) FDU - Metropolitan Campus Soccer Stadium Press Box Street Address 1000 River Rd. City (5) County (6) County (7) (Stata use only) Teaneck Name of Monitoring Firm Hired by Bidg. Owner (8) Environmental Design. Inc. Street Address 1343 King Ave. Suite 101 City. State, Zip Code Pennsuken, NJ 08109 Pennsuken, NJ 08109 Pennsuken, NJ 08109 Scheduled Start Date (10) Scheduled Start Date (10) Scheduled Start Date (10) O7/08/2013 O7/10/2013 O7/10/2013 O7/10/2013 O7/10/2013 O7/10/2013 ORIGINAL Address SOR River Rd. City, State, Zip Code Clifton, NJ 07014 Telephone Number (973) 614-1600 City, State, Zip Code Clifton, NJ 07014 City, State City, Stat	DCA Cancellatio	n Dick!	Frick								
School (K12) School (K12) School (K12) School (K12) School (K12) Subchapter 8 (Other than K12) Other (Private/Commercial Buschapter 9 (Other than K12) Other			FAC	ILITY INFORM	ATION						
Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Street Address 1000 River Rd. Subchapter 8 (Other (Private/Commercial slags, Homes, etc. Square Feet \$ of Floors 02	Name of facility where abatement is ta	aking place (3)									
Street Address 1000 River Rd. City (5)	EDI Matropolitan Campus So	ccer Stadium I	Press Box				1 =		than K	-12)	
Teaneck		ceer Stadium .	Tess Box				Other (P	rivate/Comm		5,555.6.0	
County Code (7) Code (7	Street Address					İ				1- 0-	
Teaneck Teaneck Bergen Same of Monitoring Firm Hired by Bildy. Owner (8) Environmental Design. Inc. Street Address 5434 King Ave. Suite 101 City. State, Zip Code Pennsauken, NJ 08109 Project Manager for Monitoring Firm Jay Murray Scheduled Start Date (10) Or7/08/2013 Occupancy Status During Abatement (Check only one) Scheduled Start Date (10) Describe: Other-Describe: Scope of Work (check all that apply) Demolition Scope of Work (check all that apply) Describe: Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (check all that apply) Description of asbestos-containing material (b. Work) Scope of Work (ch	1000 River Rd.				i					ag. Ag	е
Teaneck Name of Monitoring Firm Hired by Bidg. Owner (8) Environmental Design. Inc. Street Address 5434 King Ave. Suite 101 City. State. Zip Code Pennsauken, NJ 08109 Project Manager for Monitoring Firm Jay Murray Scheduled Start Date (10) O7/08/2013 O7/08/2013 OCCUpancy Status During Abatement (Check only one) Seriod Jase of Possorite Describe: Other-Describe: Scope of Work (check all that apply) Demolition Seriod Jase of Safe of Sa	City (5)	County (6)				75			-	2d)	
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Paragon Job#

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State of NJ REMEMBER - MAIL IN HARD COPY

(Pursuant to NJAC 8:80-7 and 12:120-7)

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Date of Notification (1)	Name	of Building Own	ner/Operator (2)	C					
Apendes Notified Type Notific	Fair	rieigh Dickins	on University	(FDU)	וחמ	- 10 DAY	1		
EPA Initial	- 11	Woodbridge A	Va					ACTOR IN	
R Amen	dment City,	tale, Zip Code	741		JUL	5 ZUIS			+-
Amendment	Ha	ckensack, NJ	7601		000	20.0	7/)	1
DOH Emergenc	n) Name	of Contact			Talegra		120		+
DCA Cande	ellection DI	ck Frick			V.,		/ED	<u> </u>	
			LITY INFORM	ATION					
Name of facility where abatemen	t is taking place (3)	**************************************	1:1	Type of Facility				
FDU - Madison Campus Bas	t Cottage				minus	1 (K-12)	N 1		
Street Address						ispler 8 (Other (Private/Comm			*
145 Park Ave.				- []	Squara Feet (# of Floors		log. A	240
Cky (8)	County (8)		County Code (?)		01	50		-60
Florham Park	Morris		i	(State use only)	Current Use (F	rier II being de	nollah	ied)	-
Name of Monitoring Firm Hired by	Bidg. Owner (8)		ASCM No.	Name of Absternant Of	Public Safety	Bullding			
Environmental Design, Inc.	F9. 98. 20	1		Paragon Contractin	20 04 04 04 04 05 0 00 0 14 0 F 0 F 0 F				
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5434 King Avc. Suite 101 City, State, Zip Code				590 River Rd.	Ministra			منيناتك	
Pennsauken, NJ 08109				City, State, Zip Code					
Project Manager for Monitoring Fire	m	Phone Numb	ar ar	Clifton, NJ 07014		Licanse Num	Desc	-	
Jay Murray		856-616-95		(973) 614-1600		00748			
Scheduled Start Date (10)	Sched, Con	pletion Date (1))	Name of OSHA Monito					
07/08/2013	07/19/201	3		Paragon Contractin	ig, Inc.				
Occupancy Status During Abatema	nt (Check only of	10)		590 River Rd.					
Facility closed/vacated during Abatement performed outside	entire period of	abatement.		Olty, State, Zip Code					
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Scope of Work (check all that appl	lie)			Clifton, NJ 07014					
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asbestos-containing maierial to be	by mainmananol steff(12)	Nonstadial	Description	of asbesice-compining	Amount	9 m	9 p	П	F
abated in facility (13)	Yes N	o N/A	material (A	GM)	(Specify S	rer la	8	2	a L
Anatomy Lab Adjoining Room			Comet Tile 3	VAT & Mestic on Wood	1000 00	je	-	â	<u> </u>
Anatomy Lab Under Cabinets			VAT & Maist		200 SF	<u>X</u>	-	#	╬
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egistered Waste Hauthr									
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lly, State Cliffon, NJ 07014		Disposal Dis TBD		Oly, State Tulytown, PA					
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Coren Lazevski	President	- 1	1	1		07/05/2012			

Paragon Job#

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

													
Date of Notification		- 11			er/Operator (2) University			1 1 1/1 8:					
Agencies Notified	Type Notification		reet Addres		Oniversity	(100)	5.//		4.5.		777		
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□ DEP	Amendm	nent	ity, State, Z		C.			1797.	'				
□ DOL	Amendment # .	4 1 2 2		350000000000	7601								
⋈ DOH	Emergency (includ N	Hackensa ame of Con		7601			Telepho	ne Numbe	er			
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☐ DCA	Cancella	tion	Dick Frie	ck ————					LINE VICE N	=			
				FACI	LITY INFORM	MATION		T=					
Name of facility w	here abatement is	taking pla	ice (3)					Type of Facility	7 (4) ool (K - 12	2)			
FDU - Madisor	n Campus East	Cottage						Subo	chapter 8 (Other th		12)	
Street Address								Bldgs	r (Private/ s./Homes,	etc.			
145 Park Ave.								Square Feet	# of Flo	ors		lg. Ag	ie
City (5)		Cour	nty (6)				ity Code (7)	3,000 sf	01		50	-1\	
Electron Deuts		Mo	rric			(State	e use only)	Current Use (Public Safet		97273	iolishe	d)	
Florham Park Name of Monitorin	a Firm Hired by F			T	ASCM No.	1	Name of Abatement (y Buildii	ıg			
		olug. Own	J. (J)		ACCIVITIO.		Paragon Contract						
Environmental Street Address	Design, Inc.						Street Address	ing, me.					
5434 King Ave	Suite 101						590 River Rd.						
City, State, Zip Coo						-	City, State, Zip Code	***************************************					
Pennsauken, N	IJ 08109						Clifton, NJ 0701	4					
Project Manager fo			Ph	one Numb	er		Telephone Number			e Numl	er		
Jay Murray			85	6-616-95	116		(973) 614-1600		0074	8			
Scheduled Start Da	ate (10)	Sched	d. Completion				Name of OSHA Moni						
07/08/2013		07/1	9/2013			-	Paragon Contract Street Address	ting, Inc.					
Occupancy Status	During Abatemer						590 River Rd.						
	d/vacated during			ment.		11	City, State, Zip Code						
Abatement p	erformed outside						Oity, Otato, Zip Code						
Describe: Other-Descr	ihe:					-11	Clifton, NJ 0701	4					
Scope of Work (c	-	()											
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>3 sf or >3 l		>160 sf or				<u> </u>	lini-enclosure		empted ("				dure
			n normally	used solel		ш.			,	TR	R	E	_
Location of asbestos-co	ntaining	by maint	enance/cus		1	tion of a	sbestos-containing	Amount	i	e	е	n	E n
material to b	e e	staff(12)	Т		material		spesios-containing	(Specify	SF or	m o	p a	c a	c
abated in fa	cility (13)	Yes	No	N/A				LF)		v e	i	р	L
Anatomy Lab Adjoi	ning Room		TX.	1	Carpet Til	e, VAT	& Mastic on Woo	d 200 SF					
Anatomy Lab U					VAT & M	lastic or	n Wood	300 SF					
Registered Waste		1.484770000000000000000000000000000000000	EP Hauler	1000	Cubic Yards of	Waste	Name of Registered						
Paragon Contra	cting, inc.		161	Disposal [8 cyds		Tullytown/GRO City, State	w 2		-	-	_	_
City, State Clifton, NJ 070)14			TBD	Jaic		Tullytown, PA						
Completed by (Pri		Title			Signature		/		Date				
Goran Lazevsk	Description in	Preside	nt			1				5/2013			
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Paragon Job#	. (Р.	I DOMEST FO	2013 JUL		11 8: 20	DOL - 1	O DAY		- Signar	L	
Date of Notification (1) O 17 1/O 15 1/U 13 Agencies Notified Type Notification EPA Initial	Pairieigh Di	ekinson L	Iniversity (I	DU)	- 1 N - 12 1 N - 12	301	ZUI3 A				
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DOL Amendment# —	Hackensaci Name of Conte		01			Telaphone h	umber		_		-
DCA Cancallation	Dick Frick					1					- du
		FACILIT	TY INFORMA	TION							
Name of facility where abstantant is to FDU - Madison Campus The Bar		2 -				Type of Facility (4) School (Subchap	K - 12) Mar 8 (Other)	ther	K-12	2)	
Street Address						#Idga./H	ivate/Comm omes, etc.			-	_
145 Park Ave.	-tanks			-	2010 0	Square Feet # 7,000 sf 02	of Floors	1	50 50년	. Age	
City (5)	County (5)			County (State)	Code (7) use only)	Current Use (Prio	r If boing do	noli	shed		
Florham Park	Morris		ASCM No.	TRI	imp of Abatement	Public Safety B	Milalug			-	-
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5434 King Ave. Suite 101					590 River Rd. cy. State, Zip Code			-			-
City, Stebs. Zip Chas					Clifton, NJ 070						
Project Manager for Monitoring Firm	Pho	ne Númbe	r		aphone Number		Cicense Nur	nbe	7		
Jay Murray	856	-616-951	6		(973) 614-1600 lems of OSHA Mor		00140				
Scheduled Start Date (10)	School, Completion	Date (11)			Peragon Contra						_
07/08/2013	07/12/2013				freet Address 590 River Rd.						
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Scope of Work (check all that apply)		•		Пе.	i Comeinment who	anutive pressure D	g Glovebus	pro	cedu	re	
	Conovation			500000000000000000000000000000000000000	ni-enclosure		pted (") No				dure
Location of asbestos-containing material to be	160 of or >280 if le location normally to by meintenance/cust man(12)	Isibo	Descript material	tion of as	bestos-containing	Amount (Specify S	For C		- B G B M	8 8 6 3 M	EnoL
abated in facility (13)	Yes No	NIA			Trans.	1,466 SF					
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Hallway			1					커		古	首
Registered Waste Hauler	NJDEF Hauler 22161	Market	ilbe yarda d 10 cyds	WELL	Neme of Register Tullytown/OR	ed Landitu OWS					
Paragon Contracting, Inc.		Dispose I		1	City, State Tallytown, Pa	1					
Clifton, NJ 07014 Completed by (Print or Type)	Title	TBD	Signature		I MINIONIC PA		07/05/20	713			
Goren Lazevski	President		1								

State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Paragon Job#

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Street Address 10 Woodbridge Ave. 10 Woodbrid	Date of Notification (1)			(Z.)		(EDII)	Frant.	C 9					
Dep					University ((FDU)		``					
DEP Initial Amendment Amendment Clay Color Color Clay State, 2 pC ode Hackensack, NJ 0760 Name of Color Clay Color Canoellation Dick Frick Telephone Number Dick Frick Dic	⊠ EPA □								£50				
CRy, State, 2.p Code DOL Amendment # Hammed Hamme	N DEP Initial	1			e								
DOH	Amenam								4.				
DCA Cancellation Dick Frick	_				601			Telephone	Number			-	
Street Address Square Feet	DOH justification)	Nar	ne of Conta	ict				Telephone					
Type of Facility (where abatement is taking place (3) FDU - Madison Campus The Barn-Black Box Street Address 145 Park Ave. County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) Citate use only) County Code (7) County Code (7) County Code (7) Citate use only) Citate use only County Code (7) County Code (7) Citate use only) Citate use only Code (7) Citate Use (7) Citat	DCA Cancellat	ion	Dick Frick							_			_
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Subchapter 8 (Other than K-12) Street Address Stree	Name of facility where abatement is	taking plac	e (3)										
Street Address 145 Park Ave. City (5)	EDIL Madison Commun The L	om Black	Roy						2000ASE 4250	er tha	an K-1	2)	
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County Code (7) County Code (7) County Use County	Street Address							Bldgs./					
County (5) County (5) County (5) County (5) Courrent Use (Prior if being demolished) Public Safety Bidg.	145 Park Ave.											J. Ag	е
Name of Monitoring Firm Hired by Bidg. Owner (8)	City (5)	Count	y (6)			100000000000000000000000000000000000000	The second of th	1,000		_		1)	
Name of Monitoring Firm Hired by Bidg. Owner (8) Environmental Design, Inc. Street Address 5434 King Ave. Suite 101 City, State, Zip Code Pennsauken, NJ 08109 Project Manager for Monitoring Firm Jay Murray Phone Number Beschelded Start Date (10) O7/08/2013 O7/12/2013 O7/12/2013 O7/08/2013 O7/12/2013 Scope of Work (check all that apply) Demolition Renovation Scope of Work (check all that apply) Demolition Scope of Work (check all that apply) Demolition Renovation Is location normally used solely by maintenance/custodial staff(12) Abatement performed counting abatement performed in designated area Foliation of asbestos-containing material to be abated in facility (13) Black Box Rooms 11, 12 & Props Room Hallway Pipe Insulation ASCM No. ASCM No. ASCM No. Street Address Spo River Rd. City, State, Zip Code Clifton, NJ 07014 Telephone Number (Chy		1,,	•			State	e use only)			aemo	olisne	1)	
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Hallway	Rooms 11, 12 & Props Room				VAT/Mas	tic					닏	片	냼
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Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Paragon Contracting, Inc. 22161 10 cyds Tullytown/GROWS						f Waste							
Taragon Contracting, inc.		\						<u> </u>		-			
City, State Clifton, NJ 07014 Disposal Date TBD Tullyrown, ₱A Tullyrown, ₱A							1 50						
Completed by (Print or Type) Title Signature Date		Title			Signature		116						
Goran Lazevski President 07/05/2013			nt			1	4//		07/05/	2013	_		



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gencies Notified Type N	Notification		Stree 23 l	et Addres East 15	s th Street	÷ų.	11	11 8: £	1					-
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DCA LL	Jancenation		F	ACILITY	INFORMA	TION		Facility (4)						
lame of Facility Where Abatem Ken Foreman Private Ho Street Address	nent is Taking Place me	e (3)					Sc Sc X	ther (i.e. priv	(Otho	r than K-12) commercial b	uilding	s, hor	nes,	
23 East 15th Street							Square 1000		# of 2	Floors	Bldg. 35+	Age		
Beach Haven NJ 08008 County (6)			Cor	unty Cod	e (7) ONLY)			t Use (Prior	if beir	ng demolished	1)			
Ocean Name of Monitoring Firm Hired	by Building Owner	r (8)		ASCM N				ement Conti	ractor	(9)				
N/A Street Address					•	Stree	t Addres	s						
1						City.	Box 32 State, Zi	p Code						
City, State, Zip Code	- Fissa		TTe	elephone	No.	Tele	phone No	n NJ 0809 o.		License No				
Project Manager for Monitorin		الم وارداد		letion Da		100000000000000000000000000000000000000	-753-9 e of OSI	800 AA Monitor		00727				_
Start Date (10) 7/19/13	7/2	24/13				Sar	me et Addre	ss						
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe:	During Entire Perio	nd of Ab	ateme	ent		City	, State, Z	Zip Code						
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novat moliti				M	ini-Enclosur	e e	ith Negative P e and Non-Friab	le Proc	edure	mont	
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United Containers			2	22459		3 Disposal		City, S	tate	PA 19067	į.			
City, State Elm NJ		1				7/24/13	patone	Morri	SVIIIE		Date			-
Completed by Anthony T Perna		Title Pres	siden	t			_	(7/8/13			_

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Date of Notification (1)				Nan	ne of E	Building	Owner/Operator	Z) STIFLIA	1€	**************************************	2			
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-/	ir. I	न के कि	Au	<u>e</u>	75 -		к (2)	School (K Subchapt		(Other than K-12) ate & commercial	buildino	s.	*3	
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County (5)					ounty (NLY)	Code (7)	STATE USE	Current Use	(Prin	or if being demolis SIOされ Co	hod)			
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(8)								emoval	I	ıc				
Street Address							Street Address	Dimon	C+					
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City, State, Zip Code			•				Hacker	sack,	Ν	J. 07601 License No.	· 		_	
Project Manager for I	Monitoring Fir	Th.	Tel	ephone	No.		Telephone No. 201-329-	-7444		00388				
Start Date (10)		Scheduled Co	replete		(11)		Name of OSHA Omega Er	Monitor Ivironm	en	tal Inc				
Occupancy Status D		ent (Check only	/				Street Address 280 Hu							
☐ Facility Closed/Va ☐ Abatement Perion ☐ Other - Describe:	med Outside	of Normal Facil	dy Hou	ement es			City State 7in	Code		k, N.J. (760	6		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 6-14-2013		-			diding Ow House F			2)							
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DEP DOL	Initial Amended				Zip Code		7		1-0	-	C a s	enior s	ervic	ne/	
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国 DOH DCA	Cancollation		5	Scott Fla		VA9100-000	*				Tin	18: J	lie	4	
	·=			FACILI	IY INFOR	MATK	ON							A.P.	\dashv
Name of Facility Where	Abetement is Taking	Place (3)						Type of	Facility (4)	1					
Sunrise House								Sc Sc	hool (K-12),	. 4 15 45	n			-
Street Address					2, 53-36/01/17.00 1		-	를 Su	her (Le. pri	vate &	r than K-12 commercia	√ al bufildi	ngs, h	omes	,
37 Sunset In Road	i							LI ek							_
City (5)						, .		Squere	Feet	押Qf	Floora		ig. Ag	e	
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County (6)				ounty Co				Current	Use (Frio	r if bein	g demotist	red)			
Hunterdon			(3	STATE US	E ONLY)										_
Name of Monitoring Fire	m Hired by Building O	whor (B)	_	ASCM	No.				ment Conf						
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Project Manager for Me	vnitorina Firm		71	Felephon	e No.	:	Telep	none No.			License F	Va.			
n/a	Harry 18 Ch			n/a			973	-706-79	95Ò		01193	89 - D.S. 1880-00	_	-	
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8-17-2013		6-20-20		•			Loz	nica Ma	anageme	ent Co	prporation	П			
Occupancy Status Dur	ing Abaloment (Chec	Only On	9)			-	Street	Address					1.00		
				- Australia			22	Froy La	ne						
Facility Closed/Va	ecated During Entire F treed Outside of Norm	al Facility	Hours	erii.			City,	State, Zip	Code						2
Other - Describe							Lin	coln Pa	rk, NJ 0	7035					
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E. Cirovic

NOTIFICATION OF ASBESTOS ABATEMENT -Only end date (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Sunrise House Foundation 6-19-2013 Street Address Type Notification Agencies Notified 37 Sunset Inn Road **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # 1 Lafayetter, NJ 07848 Emergency (including Name of Contact Telephone Number × justification) DOH Cancellation Scott Flaherty DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Sunrise House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 37 Sunset In Road etc.) # of Floors Square Feet Bldg. Age City (5) Lafayette Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Hunterdon Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Loznica Management Corporation n/a Street Address Street Address n/a 22 Troy Lane City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Jelephone No. Telephone No. License No. ma 973-706-7950 01193 n/a Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Loznica Management Corporation 6-17-2013 7-15-2013 Street Address Occupancy Status During Abatement (Check Only One) 22 Troy Lane Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 If Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A X 1,000 SF 2 Water Tanks Asbestos Insulation Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste **GROWS Landfill** Loznica Management Coporation 0033137 TBD Disposal Date City, State City, State TBS Morrisville, PA 19067 Lincoln Park, NJ 07035 Completed by Title Signature 6-19-2013 Secretary E. Cirovic

State of New Jersey



CK# 0193

Date of Notification (1) 6-28-2013			1		17.0	Owner/Op eal Estat		2) ?(9/3.72.						
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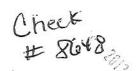
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County (6)			T	County	Code (7) (STATE USE	Current Use (P	rior if being demo	lished)			
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Name of Monitoring F	irm Hired by Building Ow		ASCM	No.	Name of Abate	ment Contractor (9)				
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Street Address					Street Address	10011	(_	
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City, State, Zip Code	of A. Johnson				City, State, Zip	Copio /	4/ 6				-
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Project Manager for N	Aonitoring Firm	Te	lephor	o No.	Telephone No.	TOWN WAST	License No.				_
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⊠ DOLWD	Amended Amendment #			8074.50	te, Zip Coc			125,16				i
⊠ DHSS	Emergency (inclu	ıdina	U	pper N	Iontclair,	NJ 07043			or.		_	-
☐ DCA (NJAC 5:23-8)	justification)		N	lame of	Contact			Telephone Numb	-			
(,	☐ Cancellation		H	oward	Erichson							
	1			FACI	LITY INF	ORMATION						
Name of Facility Where	Abatement is Taking F	Place (3)				Type of Facility (4	.)				
							School (K-12)	(Other than K-1 2)	1			
Private house Street Address							Other (i.e., pri	vate and commer	cial build	dings,		
							homes, etc.)					
142 Inwood Avenue				2 20 10			Square Feet	# of Floors	Bldg	. Age	:	
City (5)	70.12											
Upper Montclair, NJ (7/043			County	Code (7) (S	TATE USE ONLY)	Current Use (Price	or if being demolis	shed)	10		
County (6)				SEE 0. 5	55 5300							
Essex Name of Monitoring Firm	Hired by Building O	wner (8)		SCM N	ο. Τ	Name of Abatem	ent Contractor (9)					
Name of Worldoning Firm	Timed by banding o					Gr Tech LLC						
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Street Address						576 Valley Rd	#283					
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City, State, Zip Code												
			T 1.	. l N		Wayne, NJ 074 Telephone No.	70	License No.				
Project Manager for Mo	nitoring Firm		lele	phone N	1			01127				
						973-638-1777 Name of OSHA	Monitor	01127				
Start Date (10)				ion Dat								
07 / 15	/13	<u>/</u> /	10	_ / _	13	Envirovision C	onsultants,Inc					
Occupancy Status Duri	ng Abatement (Check	only or	ie)			Street Address						
□ Facility Closed/Vaca	ated During Entire Per	iod of A	bate	ment			v Road, Bldg .# :	34A				-
Abatement Performe	ed Outside of Normal AMPN	Facility	Hour	s - Des	Δ Ν.Λ.	City, State, Zip (
Time of Abatement:	PI	/t/	- "-		7141	Fair Lawn, NJ	07410					
Scope of Work (Check	all that apply)					Clean	up and decontamin Intainment with Ne	nation				
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Gr Tech LLC				00001	-	Disposal Date	City, State					
City, State						TBD	Tullytown, I	PA				
Wayne, NJ 07470	- \ TTI	10				Signatur	A		Date			
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Date of Notification (1) 7-8-2013			'	Name of Legow	Building C	wner/O ement	perator	(2)/3	/1 ₇ /						
Agencies Notified	Type Notification		+	Street Ac	Idress										
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DEP	Amended			City, Stat	te, Zip Coo	de	1.9	Q-7			- C				
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DOH	justification) Cancellation			John	Contact					1000	priorie rac	ATTIOOT			
☐ DCA	Cancellation			NAME OF TAXABLE PARTY.							4				
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		y riace (3)					1		5000 016 70 000 0 0 5 0 0 5 0 4:00 00 000 0 000 0 000 0 00	0. 5 07.					
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City (5)									e Feet	# of	Floors	E	Bldg.	Age	
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County (6)				County C	ode (7)		-	Currer	nt Use (Pric	or if bei	na demolis	shed)	-		
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Street Address								Addres							
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City, State, Zip Code							City, S	state, Zij	p Code						
n/a							Linc	oln Pa	rk, NJ 07	7035					
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph	none No).		License	No.		-	
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		Schedule	d Con		Data (11)			7000	A Monitor						
Start Date (10)				pledon	Jale (11)	1	1			ant Co	moratio	'n			
7-17-2013		7-18-20							anageme	en oc	poratio	л і			
Occupancy Status Durin	g Abatement (Chec	k Only One	∍)					Addres							
Facility Closed/Vac	ated During Entire	Period of A	baten	nent				roy La	West Control of the C						
Abatement Perform		nal Facility	Hours	3			City, S	State, Zip	p Code						
Other – Describe:	9am - 5 pm			-			Linc	oln Pa	ark, NJ 0	7035					
Scope of Work (Check A	All That Apply)														
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≥160 sf or ≥260 lf		-	emolit				E		i-Enclosure		rroganio				
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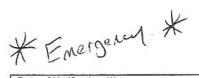
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Date of Notification (1) 7/8/13				Building O inkelape				€13.	1/7						
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DOH justification) DCA Cancellation	cluding		lame of	Contact					Tele	ephone Nu	mber				
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Name of Facility Where Abatement is Taking I Joe Winkelapecht Private Home	Place (3)		I AOIL	INI O	KINATI	O.N	-	of Facility (4							
Street Address 1527 Mill Creek							S	ubchapter ther (i.e. p	8 (Othe			ldin	gs, r	ome	s,
City (5) Manahawkin NJ 08050							Square 1000	e Feet	# of 2	Floors		Bldg 35+	g. Ag	е	
County (6) Ocean			County C	ode (7) ISE ONLY)			Currer	nt Use (Prid e	or if bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building Ov N/A	wner (8)	7	ASCM	No.			of Abate	ement Cor C.	tractor	(9)					
Street Address						++	Address 3ox 32				- 2				
City, State, Zip Code							State, Zij	Code	91	377					
Project Manager for Monitoring Firm	3-11:55-0	7	Telephor	ne No.			hone No 753-98			License I	No.				
	Scheduled	d Com	pletion [Date (11)			of OSH	A Monitor		M					
Occupancy Status During Abatement (Check							Addres	e	-			-			_
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of Al	oatem	ent				State, Zi								
Scope of Work (Check All That Apply)			The second						-			-		-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti					Min Glo	Containm i-Enclosur vebag Pro n-Exempte	e cedure					,	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mair Custo	Location ormall Solel of Solel of Solel of Solel of Solel (12)	y ly by nce/ staff?		tos Cor therma surfa		Material ns insula AT, or		(5	Amount Specify F or LF)	Removal		Typ	e Encapsulate	Enclosure
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Exterior Siding			X		EXI	enor 3	idirig			300 31	1^	+	-		
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Name of Penistered Waste Hauler	Name of Registered Waste Hauler							Name of	Regist	ered Landi	fill	1			
United Containers	Н	JDEP Wauler ID 2459		of Wa	c Yards aste		G.R.O.				- 83				
City, State Elm NJ				Dispo 7/24	osal Dat /13	е	City, Sta Morris		A 19067						
Completed by Anthony T Perna	Title Presid	dent				Signatu	je L			- 1	Date 7/8/1:	3			



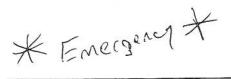
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Date of Notification (1) 7/8/13					Building Ov cchetti F				- 47 ₀	-Qn	7)					
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				FACIL	ITY INFOR	RMATI	ON	_								
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City (5) Manahawkin NJ 08	8050							Square 1000		1	Floors		35-	g. Ag F	e 	
County (6) Ocean		8		County C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng demoli	shed)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.			of Abate aco Inc	ement Con	tractor	(9)					
Street Address								Address				22				
City, State, Zip Code							City, S	state, Zip		01						
Project Manager for Mo	nitoring Firm		Ī	Telephon	e No.		Teleph	none No			License	No.				
Start Date (10)	* T	Scheduled	d Com	pletion D	Date (11)			753-98 of OSH	A Monitor	-	00727					
7/17/13		7/23/13			11		Sam									
Occupancy Status Durin Facility Closed/Var Abatement Perforn Other – Describe:	cated During Entire P	eriod of Al	batem	ent				Address	~~~							_
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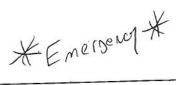
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Date of Notification (1) 7/8/13					Building Ov organti F) 1 ₂₀ ,						
Agencies Notified	Type Notification		10.7	treet Ad 77 Hari			4	3-	17	17	r)				
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77 Harry Dr								⊠ O ef	ther (i.e. p	rivate 8	& commerc	ial build			s,
City (5) Manahawkin NJ 080	050							Square 1000		# o	f Floors		ldg. A 5+	ge	
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Name of Monitoring Firm N/A	Hired by Building O	wner (8)		ASCM	No.			of Abate	ement Cor	ntractor	(9)				
Street Address	- Value				inu is a si			Address 3ox 32							
City, State, Zip Code	22-28						City, S	tate, Zip	Code						
Project Manager for Mon	itorina Firm			Γelephor	ne No			t Berlir	NJ 080	91	License N	Vo.			
					0		856-	753-98	300		00727				
Start Date (10) 7/10/13		Schedule 7/15/13		pletion [Date (11)		Name Sam		A Monitor		2				
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through	throught out						loor Ti	le		6	00 SF	x			
											+	-		_	
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United Containers	1 May 10 May 1 May						aste		G.R.O						
City, State Elm NJ					Dispo 7/15	osal Date /13	Э	City, Sta Morris		A 19067					
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Anthony T Perna		Pres	ident			10	/ ,	1			7	7/8/13		-1	



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Date of Notification (1) 7/8/13		e e	R	ame of E	Building Ow Slatky Pri	ner/O	perator (Home	2) 73 ₍₁₎	4.							
Agencies Notified	Type Notification		4.000	reet Add			1.7		* 1 / /	7 ():						
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DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of C Robert	Contact				, E	Tele	phone Nu	mber				
				FACIL	ITY INFOR	MATIC	ON	Turn of	Facility (4							\dashv
Name of Facility Where A Robert Slatky Privat Street Address		Place (3)						Sc St	Facility (4 chool (K-12 ubchapter (:) 3 (Othe	er than K-1	12)	5.			
23 Weaver Dr								X O	ther (i.e. pr	ivate 8	commerc	cial bu	iildir	igs, h	omes	٠,
City (5) Manahawkin NJ 08	050							Square 1000	Feet	# of	Floors		Bld 35	g. Ag +	е	
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Name of Monitoring Fi	irm Hired by Building O	wner (8)		ASCM N	lo.		e of Abatem		actor	(9)				
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Project Manager for M	Monitoring Firm				38		3-753-980			00727			-	_
Start Date (10) 7/13/13		Scheduled 7/19/13	Com	pletion Da	ate (11)	11 11 11 11 11 11 11	ne of OSHA me	Monitor		60				
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Anthony T Perr	na	Pres	ider	nt ———	-			<u></u>						

215-736-1700

July 2, 2013

Date

Raymand C. Pedalino

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

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) July 2, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☐ EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ☐ DCA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification X DOL City, State, Zip Code ■ Emergency (including ■ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) Telephone Number X DOH Name of Contact □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) **CAPE SHORE COTTAGE BLDG# 6183** School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **GREEN CREEK NJ** Sq. Feet: N/A # of Floors: 1 Bldg. Age: 80+ years County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): ACADEMIC **PORT NORRIS CUMBERLAND** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BUTLER, NJ 07405 BURLINGTON, NJ 08016** Project Manager for Monitoring Firm Telephone Number License Number Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 07/12/13 07/15/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ☐ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other - Describe: Shift Hours: 8:00 AM - 8:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure \square \geq 3 sf or \geq 3 lf **⊠**Renovation Mini-Enclosure > 160 sf or > 260 ■ Demolition Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA EXTERIOR ROOF X **ROOF SHINGLES** 400SF X NJDEP Waste Hauler ID # Name of Registered Landfill Name of Reg. Waste Hauler 10 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill NJDEP # 12561 07/15/13 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612

SENIOR PROJECT

MANAGER

Completed by (Print or Type)

RAYMOND C. PEDALINO

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Date of Notification (1) 7/1/13				Name of HwaJu	f Building C ung Chur	Owner/C	perator kering	(2)//	nue.(<u> </u>	AC1					
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Name of Facility Where house	Abatement is Takin	g Place (3)						Туре	of Facility (4	-)						
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56 Cedar Street									etc.)			i Ciai Di				.5,
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County (6) Essex					Code (7) USE ONLY)			Curre	ent Use (Prio	r if beir	ng demo	lished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	ЛNo.				atement Cont ronmental			LC				
Street Address							\$500 (Fig. 6)	Addre Gate I	ss Drive, PO	Box 4	83				-	
City, State, Zip Code									ip Code I, NJ 0741	18						
Project Manager for Mor	nitoring Firm		Telepho	ne No.			hone N 583-8			License 703	e No.					
Start Date (10) 7/22/13		Schedule 7/29/13		npletion	Date (11)		Name	of OSI	HA Monitor				70000			
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Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State, Z	ip Code							=
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ASB-41		* Do no	t use t	his fort	n for asbe	estos licensure ex	xempted	activiues.					
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Date of Notification (1)				T	Name	of Building	Owner/Ope	rator (2	2)					
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Agencies Notified T	ype Notificat	tion			Street	Address				T 11				
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(NJAC 5:23-8)] Cancellation	on			W. F	Rachelle	Knight/Ch	ristina	Fuentes					_
					FAC	ILITY IN	FORMATIC	ON	*					
Name of Facility Where Ab	atement is Ta	aking Pl	lace ((3)					Type of Facility (4)				
Block 126 Lot 43									School (K-12					
Street Address										(Other than K-12) ivate & commercial	huild	inas		
212 Grafton Terrace									homes, etc.)	Ivate & commercial	Duna	ingo,		
City (5)									Square Feet	# of Floors	Blo	lg. Aç	je	
Atlantic City									2000	2	1	A		
County (6)					Coun	ty Code (7)(STATE USE	ONLY)	Current Use (Pri	or if being demolish	ed)			50
Atlantic									home					
Name of Monitoring Firm H	ired by Build	ing Owr	ner (8	B) /	ASCM	No.	Name of A	bateme	ent Contractor (9)					
Health & Safety Serv	ices, Inc				117		Control	lled Er	nvironmental S	Systems				
Street Address							Street Add	ress						
318 12th Street							1121 N.	Bethl	ehem Pike - S	uite 60				
City, State, Zip Code							City, State,	Zip Co	ode				Un 11100	
Hammonton, NJ 0803	37						Spring	House	e, PA 19477					
Project Manager for Monito	ring Firm			Tele	ohone l	No.	Telephone	No.		License No.				
Jim Proctor				60	9-704	-8850	215-542	2-7000		00847				
Start Date (10)	S	chedule	ed Co	mplet	ion Da	te (11)	Name of O	SHA M	lonitor					
7 / 15 /	13	7	_ /	23	_ / _	13	CES							
Occupancy Status During A	Abatement (C	Check or	nly or	ne)			Street Add	ress						
□ Facility Closed/Vacated	During Entire	e Period	d of A	bater	nent		1121 N.	Bethl	ehem Pike - S	uite 60				
☐ Abatement Performed C						cribe	City, State,	, Zip Co	ode					
Time of Abatement: 7:0	00AM- <u>5:00</u> P	M/	PN	1	AM		Spring	House	e, PA 19477					
Scope of Work (Check all t	hat apply)							vicessore:						
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Basement				\boxtimes					en floor joist	5 SF	\boxtimes			
Name of Registered Waste	Hauler			0.000	JDEP \		Cubic Yard	ds of	Name of Regis					
STG				П	20990		Waste 15		Minerva La	andfill				
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New Castle, DE							8/1/13			rg, OH 44688				252-005
Completed By (Print or Typ	e)	Title				71	Signa	tyre_	1	Dat	е ,	1		
Patricia Visco		Offi	ce N	lana	ger		Fe	Du	icea V	we 7	10	7/1	3	

ASB-41 JUL 01

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

Dar- 1 ATT SEE ADDITIONAL QUALLE



Date of Notification (1) 07/01/13					Building C ANSBA			(2)	7.	* 15		1	j.			
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment	#		City, Stat	ddress RK AVE te, Zip Cod AIC, NJ					C.	4//2	i j	~	(E;	۾ د	
DOH DCA	justification) Cancellation			Name of DAVID	Contact ANSBA	CHE	₹			Tele	phone	Numl	per			
				FACIL	ITY INFO	RMAT	ION									
Name of Facility Where A Street Address 84 PARK AVE	Abatement is Takin	g Place (3)						of Facility (4 School (K-1: Subchapter Other (i.e. p etc.)	2) 8 (Othe				ings,	home	es,
City (5) PASSAIC						ris societico sul			e Feet	# of	Floors		BI	dg. A	ge	
County (6) PASSAIC				County C	Code (7) ISE ONLY)	\k <u>-</u>		Curre	nt Use (Prid 1E	or if bein	ng dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	l No.				tement Con PROFE							
Street Address							100000000000000000000000000000000000000	Addres	SOVE CO	DURT						
City, State, Zip Code					L 72	222			p Code DD, NJ 08	8701						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 668-9			Licens 1200			9		
Start Date (10) 07/17/2013		Schedule 07/17/2		mpletion [Date (11)	**			A Monitor PROFE	SSIO	NALS			35		
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)					Addres		NIDT						
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	state, Zi	DOVE CO p Code DD, NJ 0							
	II That Apply)						LAK	LVVO	JD, 143 U	0/01	- 5 7 7 7 7					_
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш ттас Арріу)	-	Renova Demoli				×	Min	I Containmeni-Enclosurenvebag Producente	e cedure					е	
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City, State NEWARK, NJ							sal Date 0/2013		City, Stat BETHL		I PA				2.5-2.0	
Completed by JOSEPH PERLSTE	IN	Title OWN	IER				Signature	е				Dat 07	e /01/1	3		





Date of Notification (1)				Building O			(2)				V.		E,	٠	
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Agencies Notified Type Notification		S	treet Ad	dress						• /	600				9 (
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Name of Facility Where Abatement is Taki	ng Place (3)		I AGIL		2		☐ Sc	Facility (4 hool (K-12	2)		·				
Street Address 214 ELAINE ST.							Su Su	bchapter & her (i.e. pr	Othe ivate &	r than K- comme	-12) rcial bu	ıildi	ngs, l	nome	s,
City (5) LAKEWOOD							Square		# of	Floors		Blo	dg. Ag	je	
County (6) OCEAN			County C	ode (7) SE ONLY)			Current	Use (Prio	r if beir	g demol	lished)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.				ment Cont							
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City, State, Zip Code		-					tate, Zip	Code D, NJ 08	3701						
Project Manager for Monitoring Firm			Telephor	ne No.		Teleph	none No. 668-90			License	e No.				
Start Date (10) 07/02/13	Scheduled 07/02/1		pletion [Date (11)		1		Monitor							
Occupancy Status During Abatement (Che						Street	Address				_	_			
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of Al	oatem	ent				state, Zip		7			_			
Scope of Work (Check All That Apply)	-										1.000				
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City, State NEWARK, NJ			1/20			osal Date		City, State		1 PA					
Completed by JOSEPH PERLSTEIN	Title					Signatur	е				Date				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) THERESA ZABAWA 07/02/2013 Street Address Agencies Notified Type Notification 117 E. LAVENDER ROAD 2013 Initial **EPA** City, State, Zip Code DEP Amended WILDWOOD CREST NJ 08260 Amendment # × DOL ASSEST OF MINNEY Emergency (including Name of Contact justification) X DOH THERESA ZABAWA Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 117 E. LAVENDER ROAD etc.) # of Floors Bldg. Age Square Feet City (5) 93 2000 WILDWOOD CREST Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) **EMERGENCY SQUAD STATION** CAPE MAY Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASSURED ENVIRONMENTAL SERVICES INC. STRATEGIC ENVIRONMENTAL Street Address Street Address 570 CLEMS RUN 1634 S DELAWARE STREET City, State, Zip Code City, State, Zip Code MULLICA HILL NJ 08062 PAULSBORO NJ 08066 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 856-423-5711 610-304-4676 01145 **ED KEEGAN** Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL** 07/13/2013 07/14/2013 Street Address Occupancy Status During Abatement (Check Only One) 200 RT. 130 NORTH Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: RESIDENTIAL City, State, Zip Code × CINNAMINSON, NJ 08077 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (Specify Remova TO BE ABATED (i.e. thermal systems insulation, **Custodial Staff?** surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No WA 120 LF X PIPE INSULATION BASEMENT AND CRAWL SPACE X Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. ALLIED WASTE IMPERIAL LANDFILL ASSURED ENVIRONMENTAL SERVICES 0034895 4 Disposal Date City, State City. State 07/15/20/13 IMPERIAL PA MULLICA HILL NJ 08062 Date Signature Completed by 07/02/2013 PROJECT COORDINATOR RON SWANSON

Do not use this form for asbestos licensure exempted activities.

State of New Jersey

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		NOTIF	CATION	OF ASE	w Jersey BESTOS AB 8:60 and 1	BATE 12:120	MENT	Nork.	DE	0 [3	\mathbb{V}	
Date of Notification (1) 6/25/13			Name o	of Building asters F	Owner/Ope	erator	(2)	USA Fun	ال الله	1	1 1	2012	
	otification		Street A	Address			48 450	de Financi	10 0	<u> </u>		2013	
DEP An	tial nended nendment #		City, St	ate, Zip C					ASSES	TOS	COI	VTRO)L &
∑ DOH ☐ Em	nergency (including tification)]	Name o	f Contact					Telephone Nu				_
DCA Ca	ncellation			t O'Neil									
Name of Facility Where Abatemer	nt is Taking Place	(3)	FAC	ILIIY INF	ORMATION	V	Туре	of Facility (4)					
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Street Address 43 Zabriskie Street								Subchapter 8	(Other than K-1: vate & commerci	2) al buil	dings,	home	es,
JERSEY CIT	4							re Feet	# of Floors 2	1 6 60	Bldg. A	ge	
County (6) Essex	1			Code (7) USE ONLY)	_	Curre	nt Use (Prior	if being demolisi	ned)			
Name of Monitoring Firm Hired by	Building Owner (8)	ASC	И No.				tement Contr	actor (9) Services, LLC	: :			
Street Address					S	Street	Addres						
City, State, Zip Code					C	City, S	tate, Zi	p Code , NJ 07418		-			
Project Manager for Monitoring Fire	m	T	Telepho	ne No.	T	eleph	none No 764-2	o.	License N	lo.			
Start Date (10) 7/5/13			mpletion	Date (11)				A Monitor	703				
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Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe:	a Entire Period of	Ahater	nent s				Addres	p Code					
Scope of Work (Check All That Ap	ply)												
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Location of Asbestos-Containing Material (OCM) Us	Norma ed Sole			Descr	iption	of			_	Ту	ре	
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Tri State Transfer			łauler ID 2325	140.	of Waste			Minerva	Enterprise				
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<u> </u>									5				- 1

Completed by Andrew Scott Higgins

Title

President

Date

6/25/13

Signature

Date of Notification (1) 7/2/13	-		T		f Building e Emma		Operator	r (2)			10	4	THC.	<u> </u>	\prod	\parallel
Agencies Notified	Type Notification			Street A 520 H	ddress illcrest A	venue)			JU	L 1	1 7	2013		世	十
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Name of Facility Where house	Abatement is Takin	g Place (3	3)	170		JI (WIA)	ioit	Domino .	Facility (4)	- 14-						
Street Address 520 Hillcrest Avenu	ıe							Su X Ot	thool (K-12) bchapter 8 her (i.e. priv	(Othe	er than h	K-12) ercia	l build	dings,	home	es,
City (5) Ridgewood					***********			Square 1500		# of	Floors			ldg. <i>A</i>	ge	
County (6) Bergen	-			County (STATE	Code (7) USE ONLY)		Current	Use (Prior	if beir	ng demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.				ment Contra nmental S			.C	Warran			
Street Address							100000000000000000000000000000000000000	Address Gate D	rive, PO I	Box -	483		3311			
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Project Manager for Mor	nitoring Firm		Telepho	ne No.			hone No. 583-850	00		Licens 703	e No					
Start Date (10) 7/12/13		Schedule 7/19/13		npletion	Date (11)		Name	of OSHA	Monitor		50					
Occupancy Status Durin							Street	Address	16			35				
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Completed by Andrew Scott Higgin	is	Title Presi	dent				Signatur	e Ol			_	Date 7/2	e /13			

Cl-cc/# 10409 State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF N.J.
Street Address July 1, 2013 JUL II Agencies Notified Notification Type Street Address ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. ■ EPA ☐ DCA ☐Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ASBESTOS CONTROL & X DOL City, State, Zip Code Emergency (including) LICENSING PISCATAWAY, NJ 08854 ■ DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH □ Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) QUAD | BLDG# 4136-4138 Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years County Code (7) City (5) County (6) (State Use Only) Current Use (prior if being demolished): ACADEMIC **PISCATAWAY MIDDLESEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code **BURLINGTON, NJ 08016** BUTLER, NJ 07405 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/10/13 08/26/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code SOther - Describe: Shift Hours: 3:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf ■ Renovation Mini-Enclosure Glovebag Procedure ≥ 160 sf or ≥ 260 Demolition ☒ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Solely by Maint./Custodial Material (ACM) in Facility (13) Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) YES NO NA WINDOW FRAME CAULKING X **EXTERIOR WINDOWS** 200SF X Name of Registered Landfill NJDEP Waste Hauler ID # 40 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill 08/26/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611

19067

July 1, 2013

Date

Raymand C. Pedalins

215-736-1700

SENIOR PROJECT

MANAGER

NJ DEP# 22612

Completed by (Print or Type)

RAYMOND C. PEDALINO

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Date of Notification (1)	8-13			Name	of Buildin	g Owner/Operator F / F / / /			*		4)	Ш
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Scope of Work (Check a	all triat apply)					☐ Full Co	ntainment with N	egative Pressure				
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Agencies Notified	Type Notification		Si	treet Ad	dress	DI	1817	1: 0:	3	-{ }	₩	\neg
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∠ БОН	☐ Emergency (in justification)	cluding	N	ame of	Contact ,	1 .		BESTENDEN	TIPOPPIT			
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Street Address 1,7	Delaf	Tielo		Ste	eet		Other (i.e. p etc.)	8 (Other than K- rivate & commerc	ial build	lings,	home	s,
City (5) New	Brunswi	S S	/	ZV	0890	Squ	are Feet	# of Floors	В	ldg. A	ge O+	-
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Street Address	Box 33	57				Street Addr	. Box	337	9			
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Project Manager for Mo	- 8.0		J	elephor	ne No. 758-3365	Telephone		License	No.	19	Y	
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7-12				12.	13			hnologie	s I	nc		
Occupancy Status Duri						Street Addi	· Box	777				
Facility Closed/Va Abatement Perform	cated During Entire Pe med Outside of Norma	eriod of Al Il Facility I	bateme Hours	ent		City, State,	Zip Code					
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Scope of Work (Check	All That Apply)						- (,					
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Steve Sch	en Deix	1 Mile	Sick	ent		1 Dece		open	/	O.	'-	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

		(Pursuan	t to NJAC 8:60	and 12:12	(a) [D] [E	CEIV		1	Į.	
Date of Notification (1) July 1,	2013			Name of Building	Owner/Ope Mattia	rator (2) Building Contract	ing JUL 1 1 20	A	礼	9	72
[X] EPA [] []	Notification Initial Notif Amended N Amendment	otification		Street Address City, State, Zip Co	ode	A Grand Central A		ROL	<u></u>		
[x] DOL [x] DOH [x]	Emergency justification Cancellation	(including	-	Name of Contact Sal M	100	ette, NJ 08735	elephone Number				
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Name of Facility Where Abatement Residence	is Taking Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (ot	her han	k-12)		
Street Address 1850 Looke	out Drive					[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City	Cou	nty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 800sf	# of Floors		. Age 6	0	
Toms River	Oce	ean			325	Current Use (Prior if Residen)			
Name of Monitoring Firm Hired by N/A	Building Owne	r (8)		ASCM No.	Name of	Abatement Contractor Guardia	(9) in Contracting,	Inc.			
Street Address			-		Street A	ldress	oute 9, Unit 61				
City, State, Zip Code		63			City, Sta	te, Zip Code	iver, New Jers	ey 087	755-12	271	
Project Manager for Monitoring Fire	n	Telephone	Number		Telephor	ne Number	License N 00624				
Scheduled Start Date (10) 7/01/13		Scheduled 7/02/1		on Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatemer	nt (Check only only of d/Vacated Duri	one)		atement	Street A	ddress	elton Road				
	rformed Outsid	\$100 m			City, Sta	te, Zip Code Piscatav	way, New Jerse	y 088	54		
Scope of Work (Check all that apply	<i>'</i>)		-20		[]	Full Containment	with Negative Pre	ssure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 26 \end{bmatrix}$		[] [x]	Renovat		[] [x]	Mini-Enclosure Glovebag Procedo Non-Exempted (*		Procedu	ıre		
L. J								Abat	ement	Гуре	
Location of Asbestos-Containing Material (. <u>TO BE ABATED</u> in facility (13)		Is Location Normally used Solely by intenance/Constaff (12) S NO	sed y	(i. ins	Description bestos-Con Material (A e., thermal sulation, su VAT, of her miscell	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidi	ng		700 sf	X			
	-	-				1					
Name of Registered Waste Hauler		NJDEP Was			ards of Was		red Landfill				
Guardian Contractin		2		al Date	City, St	T.R.R.F.					
Toms River, New Je Completed by (Print or Type) Nicholas Fernicola	Title	ject Manag	7/03/ ger	Signature	Tullyt	own, Pennsylvania		Date 7/1/	2013		

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Messercola Ent 7/1/2013 Type of Notification Street Address Agencies Notified 549 East 3rd Street [x] EPA Initial Notification] DEP Amended Notification City, State, Zip Code Amendment #_ ASBESTOS CONTROL & LICENSING [x] DOL Plainfield, NJ (7060 [x] Emergency (including justification) Telephone Number Name of Contact [x] DOH Cancellation Fernando] DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (k-12) Subchapter 8 (other than k12) Street Address [x] Other (i.e., private & commercial buildings, 67 Phyllis Lane homes, etc.) Souare feet # of Floors Bldg, Age County (6) County Code (7) City (STATE USE ONLY) 60 1000 sf 1 Current Use (Prior if being demolished) Manahawkin Ocean Residence Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Guardian Contracting, Inc. N/A Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 7/01/13 7/02/13 Occupancy Status During Abatement (Check only one) Street Address 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe Piscataway, New Jersey 08854 Full Containment with Negative Pressure Scope of Work (Check all that apply)] Mini-Enclosure 1 Glovebag Procedure Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure Demolition [x]≥160 sf or ≥260 lf [x][x]Abatement Type Description of Is Location R E Amount Location of Normally used Asbestos-Containing E N N E (Specify SF Solely by Material (ACM) Asbestos-Containing Material (ACM) P C C M or LF) (i.e., thermal systems A Maintenance/Custodial L TO BE ABATED A 0 insulation, surfacing, I P 0 Staff in facility V S R S VAT, or (12)(13)U A other miscellaneous) R YES NO N/A L E X 800 sf Asbestos siding Exterior X NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler 20223 T.R.R.F. Guardian Contracting, Inc. City, State City, State Disposal Date Pennsylvania Toms River, New Jersey 7/03/13 Tullytown,

Signature

Completed by (Print or Type)

Nicholas Fernicola

Title

Project Manager

Date

7/1/2013

			(P	ursuant	to NJAC	8:60 an	d 12:12	0)		lect	0 15	22	2	4		
Date of Notification (1) 7/8/13					f Building rd Stree		Operator	(2)	n E		311	1//		,	7	
Agencies Notified	Type Notification			Street A	ddress fly Road			11;	7	(0)	⇒ U \	₩		m		
EPA DEP	InitialAmended		-		ate, Zip Co		(i)	$\dashv \sqcup$	11 ,	IUL 1	1 1 200	10	+	H	\parallel	
× DOL	Amendment Emergency	#_ (including	- [ensack, I	٧J				102 1	20	13		<u>U</u>		
DOH DCA	justification) Cancellation	57/			f Contact Vaswan	i			ASBE	5	ephone N	Numb	erl			
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house	TO TO TO TO TO	ig i lace (c	•)					_	of Facility School (K-							
Street Address 91 Sanford Avenue								×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	(-12) ercial	build	dings,	home	es,
City (5) East Orange									re Feet	# o 2	f Floors		B 5	ldg. A	ge	
County (6) Essex					Code (7) USE ONLY,			Curre	ent Use (Pr	ior if bei	ing demol	lished	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCA	И No.				tement Co ronmenta							
Street Address								Addre Gate	ss Drive, P	О Вох	483					
City, State, Zip Code							City, S	State, Z	ip Code I, NJ 074					XI - L		
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none N	0.		License	No.				-
Start Date (10)		Schedule	ed Con	npletion	Date (11)		(110000010-0-0-0	of OS	HA Monitor		703					
7/20/13		8/3/13		5			riame	0, 00,	a v ivioriitor							
Occupancy Status During × Facility Closed/Vaca							Street	Addre	ss							
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours	nent S		_	City, S	state, Z	ip Code							
Scope of Work (Check A	l That Apply)		500 -00					1/20		-						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		- processing	Renova Demolit				×L	Mir	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					9	
7			Locati						Exemple	() ()	4 11011 1 11	Table		Abate	ement	
Location Asbestos-Containing		Use	Normal d Sole	ly by	Ashes		scription		L/ÁCM)	,	mount	ŀ		1 y	ре	
TO BE ABA In Facili (13)			intena todial ((12)			thermal surfa	system: cing, VA niscellar	s insula T, or		(8	Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									_	20	ate	.ej
baseme	ent			х		pipe	insula	tion		5	0 LF	>	۲			
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Name of Registered Was	te Hauler		1 100	JDEP W			Yards		Name of	Registe	ered Land	fill				
Tri State Transfer				lauler ID 2325	NO.	of Wa	ste		Minerv	a Ente	rprises					
City, State Bronx NY						Dispo: TBD	sal Date		City, Sta Wayne		ОН					
Completed by Andrew Scott Higgin	S	Title Presi	dent			S	Signature	er		_	153	Date 7/8/				

		N		CATION	OF ASBEST ON NJAC 8:6	TOS ABAT				15	GE		V.			
Date of Notification (1) 7/8/13			- C		Building Ow d Street Ll		tor ((2)			<u> </u>	1	2013			
Agencies Notified	Type Notification		23	Street Ad 9 Polifi	ddress y Road	12				4	JUL 1	•	<u> </u>			T
DEP DOL	Initial Amended Amendment #				te, Zip Code nsack, NJ					ASB	ESTOS	CON	VTR VG	OL 8		
DOH DCA	Emergency (ir justification) Cancellation	ncluding	20 829		Contact /aswani					Tel	enhone N	Numb	er	2		
					LITY INFOR	MATION						The Control	_			-
Name of Facility Where house	Abatement is Taking	Place (3)						of Facilit	(-12)		(40)				
Street Address 85 Sanford Avenue	•							×	Subchapt Other (i.e etc.)	. private	& comme					s,
City (5) East Orange							1.3	Squa 200	re Feet 0	2	f Floors		50 50	dg. A	ge	
County (6) Essex					Code (7) USE ONLY)			Curre	ent Use (F	Prior if be	ing demo	lished	d)			
Name of Monitoring Firn	n Hired by Building O	wner (8)		ASCM	l No.				atement C ronmen			C	70 - 70			
Street Address		1						Addre Gate	ss Drive, I	РО Вох	483					
City, State, Zip Code	20								ip Code I, NJ 0	7418					10	
Project Manager for Mor	nitoring Firm		1	Telephor	ne No.	(C-2374)		one N 583-8	lo. 3500		License 703	e No.				0
Start Date (10) 7/17/13		Schedule 7/31/13		pletion (Date (11)	Nar	me c	of OS	HA Monit	or						
Occupancy Status Durin	ng Abatement (Check	Only Or	ne)	2.11		Stre	eet A	Addre	ess	•				77 - 300		21-4
	cated During Entire P ned Outside of Norma					City	y, St	tate, Z	Zip Code			== 110				
Scope of Work (Check A	All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	Renova Demoliti				×	Mi	ıll Contair ini-Enclos ovebag P on-Exemp	ure rocedure					€	
		0.00	Locati												ment pe	200
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Use Ma	Normall d Sole intenar todial S (12)	ly by nce/	(i.e. the	Descript Containing ermal system surfacing, other misce	ng M ems VA	lateria s insu T, or	lation,		Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				70.50			00.05					
rear 2nd floo				X		lay-in c		(0.70	- 300		20 SF 60 LF		x			
basem		-		X		pipe ins				_		_	x			
rear kite	cnen			X		duct ins	uial	แบก		+	20 SF	-	x			
Name of Registered Wa	ete Hauler	1	L	JDEP W	Jaste (Cubic Yard	ds		Name	of Regis	tered Lan	ndfill				
Tri State Transfer	isto i ladici		Н	lauler ID 2325	No. 1	of Waste 10	÷		Mine	rva Ent	erprise		5 2			
City, State Bronx NY						Disposal D TBD	ate		City, S Way	itate nesburç	ј ОН					
Completed by Andrew Scott Higgi	ns	Title Pres	ident			Signa	ature	a	_	Late 1		7/8				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

			(Purs	uant to	NJAC 8:	60 and 12: 120-)									
Date of Notification (1)	2 / 1 3					ding Owner/Operat rson University	tor (2)	ME	C		V		7		
Agencies Notified Type of	Notification			Stre	et Addre	58	\neg	3							
[X] EPA					Pompton		\perp	ШШ	.1111	1 1 2	nn	11	Ш		
[] DEP [X] Init	ial			/25/25	y, State, Z	170	- 1	4 4	UUL	' ' 20	013	1	\mathcal{L}_{\parallel}		
[X] DOL [] Am	ended endment#			Wa	yne NJ 07	470							į		
	ergency (including tification)			Nar	ne of Con	tact		ASE	ESTO LIC	Belephonen ENSING	Mamber 2	2	1		
	ncellation			Bill	Seagrist	646	_								
Name of Facility Where Abatement is Taking	Place (3)		1	FACIL	ITY INFO	ORMATION	Тур	e of Facility	(4)						
Speert Hall							11	[]	School (
Street Address								[] [X]		pter 8 (Othe i.e., private d					
300 Pompton Road								\$ (5)		gs, homes, et	tc.)				
City (5)	unty (6)			100000000000000000000000000000000000000	nty Code ATE USE			rrent Use (Pri	or if bein	# of Floors	62)	Blo	lg. Ag	:	
COLUMN TO SERVICE AND ADDRESS OF THE PROPERTY	saic							100		•	· · ·				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	М		Name of Abateme	nt Cont	ractor (9)							
Environmental Connection						J.R. Contracting	& Envir	onmental Cor	nsulting,	Inc.					
Street Address						Street Address									
120 North Warren Street				-	-	1141 Route 23 City, State, Zip Co	ode	***							
Trenton NJ 08608						Wayne NJ 07470									
Project Manager for Monitoring Firm		Telej	phone l	Numbe	r	Telephone Numbe	r			License No.	•				
Brian Broadwaeter			392-420			973 628-9500		7/2		00408					
Scheduled State Date (10) 0 7 1 5 / 1 Month	Scheduled Com 0 7 Month	2	Date (1 0 ay	1	3 Year	Name of OSHA M Enviro Vision Con		s, Inc.							
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated Du- of Abatement [] Abatement Performed Out [] Other - Describe:	ring Entire Period		ırs	_		Street Address 20-21 Wagaraw R City, State, Zip Co Fairlawn NJ 0741	ode	dg. #34A							
Scope of Work (Check all that apply) $[X] \geq 3 \text{ sf or } \geq 3 \text{ If}$ $[] \geq 160 \text{ sf or } \geq 260 \text{ If}$		[X]		vation olition		[] [] [1] [X]	Mir Glo	l Containmen ni-Enclosure webag Proced n-Exemted (*)	ure			ı			
[] [2200.00.2200.00						[22]	110	z zavezvez ()			T		ateme		
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)		Lo No I So Mair Cu	Is cation rmally Used lely by tenance stodial off (12)	ce /		Description of Asbestos-Containin Material (ACM) (i.e., thermal syster insulation, surfacin or other miscellar	ns g, VAT.	,		Amount (Specify SF or LF)	8:	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Room 119		163	110	X	Glue Da	ubs			96 SF		-	x			
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		1			0 11 11			lsc	Demister	ed Landfill					
Name of Registered Waste Hauler J.R. Contracting & Environmental Consultin	z, Inc.	1000000	EP Wa ler ID 1 1781	No.	Cubic Y	ards of Waste		G.R.O.W		ed Landin					
City, State	4000 1100				Disposal	Date		City, Sta							
Wayne NJ 07470	Tiela				le:	anature	7	Morrisvi	lle PA	Da	te				
Completed by (Print or Type)	Title				Si	gnature	_	_			5.50	7/2	2013		
Jerry Bijelonic	Project Manage	er				/ 1/					-		G4667	-	

		N		Sta ICATION Pursuant t		ESTOS A	ABATE		NT			0	1	#	2	759
Date of Notification (1) 07/05/13					Building (air Boar					E	C		V	7 [: [<u> </u>
Agencies Notified	Type Notification			Street Ad 22 Vall	dress ey Road	d					Ш	1 1 .			711	
EPA DEP DOL	Amended Amendment		_		te, Zip Co air, NJ (199	Ū	O.L.		2013		14	7
DOH DCA	justification) Cancellation	150		Name of Mr. Lec	Contact onard S	aponar	a			STele	phone	Numbe	DC	L &	1	T
				FACIL	LITY INFO	RMATIC	ON						-		_	
Name of Facility Where A Central Heating Pla		g Place (3)					Ty ×)						
Street Address 54 Orange Road								E	Subchapter 8 Other (i.e. pri etc.)				uildi	ngs, I	home	s,
City (5) Montclair			W.654 LEE						quare Feet 000 +	# of 2	Floors		50	ig. Ag	ge	
County (6) Essex				County C	Code (7) ISE ONLY)				urrent Use (Prior chool	if beir	ig dem	olished)				
Name of Monitoring Firm Detail Associates, I		Owner (8)		0001			Pyra	mi	Abatement Contr d Contracting							
Street Address 300 Grand Avenue							Street 163		_{dress} rgeant Avenu	ie						
City, State, Zip Code Englewood, NJ 076	31								e, Zip Code NJ 07013		11184000					
Project Manager for Mon Mr. Stephen Jaracz				Telephor 201-56	ne No. 69-6708		Telepi 973-		e No. 9-6281		Licens 0109	100 announce				
Start Date (10) 07/20/13		Schedule 07/24/1		mpletion [Date (11)				OSHA Monitor vironmental I	abo	atorie	s LLC	;			
Occupancy Status Durin	g Abatement (Chec	k Only On	e)	×			Street				00125-00125-00125		000			
Facility Closed/Vac									oute 22 West							
Abatement Perform Other – Describe:		nai Facility	Hou	rs		- 2			e, Zip Code NJ 07081				156			
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ll That Apply)		denov Demol	ration lition				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure					•	
0.30		0.23	Loca										1	Abate	ment	
Locatior Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use Ma	inten	lely by ance/ Staff?		tos Cont thermal surfac		Mate is in AT,	erial (ACM) sulation, or	(8	mount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A											र्क	
Central Heating P	Plant-Windows			X		Windo	ow Ca	ulki	ing	28	88 LF	Х	-			
		+	-									-	+			
Name of Registered War Pyramid Contracting				NJDEP W Hauler ID 32613		Cubic of Was 2	Yards ste		Name of R G.R.O.V			ndfill				
City, State Clifton, New Jersey						07/22	000000000		City, State Morrisvil		nnsy					
Completed by Dimo Golcev		Title Presi	iden	t		S	Signatur	e/	Jul C	1	W	07/0	5/1	3		
ASB-41 (R-06-08)							· Den	lot u	use this form for	asbes	os lice	nsure e	xem	pted	activi	ties.

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MO#20613937061						STOS ABAT 8:60 and 5:16						=	
					our a continue de-sec.)wner/Operator (ME	CEI	W E	1	\mathcal{H}	-
Date of Notification (1)	08 / 13						۲)				\parallel		- 12
			12.0	laureer Street A	Bernard			\square	iiii 1 1	2013	#	#	\dashv
Agencies Notified EPA	Type Notification Initial		1						JUL 11	2013	-	7	
☑ DOLWD	Amended				oll Road ite, Zip Co	de		+			_	+	
☑ DHSS	Amendment #			10	n, NJ 070			AS	SBESTOS COL	NTROL	&		
DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding			f Contact	03			LICENSIN Telephone Nun	nbei		_	
(NJAC 5.25-0)	Cancellation		N	1auree	n Bernard	i		_	**	_			
	1-		14.	100000000000000000000000000000000000000		ORMATION						-03	
Name of Facility Where	Abatement is Takir	g Place (3)	0.00	-		Туре	of Facility (4)				
Private house							S	chool (K-12)	(Other than K 1	2)			
Street Address	and the second second							ubchapter 8 ther (i.e., pr	(Other than K-1 ivate and comme	ercial buil	ldings		
656 Knoll Road							_ h	omes, etc.)		0.00		02350	
City (5)							Squa	are Feet	# of Floors	Bld	g. Ag	e	
Boonton, NJ 07005				0	Cod= (7) (STATE USE ONLY)	Cur	ent I lea /Dri	or if being demo	lished)			_
County (6)				County	Code (/) (8	DIALE USE UNLY)	Curr	ent ose (PII	or it boiling detillo				
Morris Name of Monitoring Firm	n Hired by Building	Owner (8	β) Δ	SCM N	lo.	Name of Abaten	nent Co	ntractor (9)					
or morntoning i in			'	*	D000	Gr Tech LLC		, ,					
Street Address	19-11-1					Street Address							
						576 Valley Rd	#283						
City, State, Zip Code						City, State, Zip	Code	****		-94,000,00			
		-				Wayne, NJ 074	470						
Project Manager for Mo	nitoring Firm		Telep	phone N	1000001	Telephone No.			License No.				
	- 10.5	. 1 1 - 1 0	1-4	in Dak		973-638-1777 Name of OSHA	Monito		01127				_
Start Date (10)	13	eduled Co	18		12	Envirovision C							
Occupancy Status Durin				Ψ.		Street Address							
□ Facility Closed/Vaca □ Abatement Performs						20-21 Wagara		d, Bldg .#	34A				
Time of Abatement:	AM-	PM/	PM_		AM	***							
Scope of Work (Check a	all that apply)					Fair Lawn, NJ		decontamir	nation	-	1		
(2000)	and apply)	-				Full Co	ontainm	ent with Ne	gative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf			novatio molitio		12	Glovel	nclosur bag Pro	cedure	Tent with Negat	ive Press	ure		
						☐ Non-E	xempte	d (*) and No	n-Friable Proce	dure	'n.		_
			Locat			Description	n of				ateme	_	T
Location Asbestos-Containing		Use	d Sole	ly by	Asbes	Description stos Containing N	Materia	(ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE A		101100	intena todial		(i.e	., thermal system surfacing. V		ation,	(Specify SIF or LF)	Von	pair	apsı	losu
IN Fac (13			(12)			other miscella			SIF OF LIT	<u>a</u>		ulate	9
,		Yes	No	N/A								,,,	
Basement				\boxtimes	Pipe inst	ılation			60 LF	X			
Crawl space				\boxtimes	Pipe inst	ulation			90 LF	X			
Control of the Contro						2							
					-					П			Ī
Name of Registered W	aste Hauler		NJ	DEP Waste	Hauler ID No.	Cubic Yards of W	Vaste N	ame of Regi	stered Landfill		4		-
Gr Tech LLC	50 a de 188			003378	35	TBD	T.	R.R.F. Inc	5		-302		
City, State				0001		Disposal Date		ity, State					
Wayne, NJ 07470						TBD	T	ıllytown, F	PA				
Completed By (Print or	Type)	Title								Date			
N.Jevtic	C	Owner				/	Eugh	c vk	nad	07/08/2	013		
ASB 41		NO POST				- 1/						CONTROL DE	1000

			State of New Jersey CATION OF ASBESTOS ABATEMENT JIPSUANT to NJAC 8:60 and 12:120)									814	7			
Date of Notification (1)			Name of	Building C	Owner/Op	erator	(2)						111			
July 08, 2013		5	Sandvik	, Inc.				111 11	J	UL 11	2013	- 1		11		
Agencies Notified Type Notifi			Street Ac	Idress				1			- 2013					
			1702 Ne	vins Ro	ad	ad L										
DEP Amer		Ī	City, Stat	te, Zip Cod	de		ASBESTOS CONTROL & LICENSING									
	idment#1		FairLaw	n, NJ 07	410	0 LICENSING										
	gency (including cation)	9	Name of	Contact					Tele	ephoneNu	mber					
DCA Canc	ellation	F	Facility I	Enginee	ring Ma	anager	r									
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Project Manager		9	908.688	.7800		(973)	759	- 5000		00781	000-1					
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Riverdale / Newark, NJ					7	7-31-1	3	Morrisvi		A / Tullv	rtowi	n, P	Α			
Completed by					Signature Date											
Mike Cooper	Title President						6/20/13									

811

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) ENDEAVOR EMERGENCY SQUAD STATION 909 07/02/2013 Agencies Notified Street Address Type Notification JUL 2013 1409 RANCOCAS ROAD **EPA** Initial City, State, Zip Code DEP Amended **BURLINGTON NJ 08016** × DOL Amendment # ASBESTOS CONTROL & **Emergency (including** X Telephone Number Name of Contact × DOH justification) JOHN RAYER Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) **ENDEAVOR EMERGENCY SQUAD STATION 909** School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1409 RANCOCAS ROAD etc.) Square Feet City (5) # of Floors Bldg. Age **BURLINGTON NJ 08016** 4800 2 60 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) **EMERGENCY SQUAD STATION** BURLINGTON Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. ASSURED ENVIRONMENTAL SERVICES INC. STRATEGIC ENVIRONMENTAL Street Address Street Address 570 CLEMS RUN 1634 S DELAWARE STREET City, State, Zip Code City, State, Zip Code MULLICA HILL NJ 08062 PAULSBORO NJ 08066 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 610-304-4676 01145 **ED KEEGAN** 856-423-5711 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 07/04/2013 **EMSL** 07/03/2013 Street Address Occupancy Status During Abatement (Check Only One) 200 RT. 130 NORTH Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: CINNAMINSON, NJ 08077 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Endosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Removal TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)No N/A Yes X FLOOR TILE 40 SF FIRST FLOOR CLOSET Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. ALLIED WASTE IMPERIAL LANDFILL ASSURED ENVIRONMENTAL SERVICES 0034895 4 City, State Disposal Date City, State 07/0/6/2013 IMPERIAL PA MULLICA HILL NJ 08062 Signature Completed by 07/02/2013 PROJECT COORDINATOR RON SWANSON

Do not use this form for asbestos licensure exempted activities.

State of New Jersey

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Project Manager for Mor	nitoring Firm			Tele	phone	No.			ne No.				icens	e No.		-	W-199				
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Street Address						Strees Address 145 NATICK TRAIL												
City, State Zip Code						City, State, Zip C	ode K	11.08	12	4								
Project Manager for Mod	nitoring Firm	T	Tele	phone	Nc.	Telephone No.	99-1499	License No.	96									
Start Date (10)	3 Scher	duled Co	omplet	ion Da	te (11)	Name of OSHA	Monitor /	- , =,										
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Facility Closed/Vacat	ed During Entire Pe	niod of	Abster	nent														
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Other - Describe:	VAC	7/1/										=						
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^{*} Do not use this form for asbestos licensure exempted activities.

	*	NOTE)	FICATION	N OF ASE	ESTOS ABATEM C 8:60 and 5:16)	ENT	ME	C	E	\mathbb{V}	E					
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County (8) 0 0 5			Cou	ounty Code (7) (STATE Current Use (Prior if being demolished) SE ONLY)												
Name of Monitoring Fire (8)		Owner	ASCM	ASCM No. Name of Abatement Contractor (9) BRICK INDUSTRIES IN												
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City, State Zip Code					Chy, State, Zip C	ode. CK , N	1 0	187	120	/						
Project Manager for Mo	onitoring Firm	T	elephone	Nc.	Telephone No.	.7499	License	19	6							
Start Data (10)/	In Sche	duled Conf	pletion Da	ate (11)	Name of OSHA N	Admitor										
Occupancy Status Dur	ing Abatement (Che	ck only on	e)		Street Address	1										
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Other - Describe:	VACA										=					
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ASB-41 MAR GO

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Emil Sammon 7-5-2013 Agencies Notified Type Notification Street Address 37 Edgewood Ave. []EPA [X] Initial Notification []DEP City, State, Zip Code []Amended Hohokus, NJ, 07423 [X] DOL Notification [X] DOH Name of Contact Telephone Number []EMERGENCY []DCA Emil Sammon []Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Same as above []School (K-12) Street Addres []Subchapter 8 (Other than K-12) [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) 3100 2 83 (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number N/A (973) 744-8800 00371 Scheduled Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor 7-14-2013 7-16-2013 N/A Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) []Full Containment with Negative Pressure [X]≥3 sf or ≥3 lf [X] Renovation []Mini-Enclosure []≥160 sf or ≥260 lf [|Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of Normally Asbestos-Containing Used Asbestos-Containing NCAPSU NCLOSU Amount Material (ACM) Solely E M O V Material (ACM) E (Specify TO BE ABATED By Main-tenance/ (i.e., thermal systems SF or In Facility insulation, surfacing, VAT, Custodial LF) (13)A Staff (12) or other miscellaneous) Yes No N/A E Basement Pipe Insulation 143 lf Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill AZTECH MANAGEMENT, INC. Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. City, State Disposal Date

Completed By (Print or Type) Constantine Vivian

Montclair, NJ 07042

Title President City, State

7-17-2013

Morrisville, PA 19067

Date 7-5-2013

			NOTIFI (P	CATION	State of New Jersey CATION OF ASBESTOS ABATEMENT rsuant to NJAC 8:60 and 12:120)										
Date of Notification (1) 6/25/13				Name o	of Building C asters Re	Owner/O esident	perator tial Pro	(2) USA Full	111111	JUL	1 1	2013			
Agencies Notified EPA	Type Notification			Street A	Address			borside Financ	100	001		2010			
DEP DOL	Initial Amended Amendment	#	_	City, Sta	ate, Zip Coo y City, NJ	de				BESTO LIC	S CC		DE &		
DOH DCA	Emergency (justification) Cancellation	including			f Contact t O'Neill				Telephone	Numbe	er				
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INFO	RMATIC	ON	Type of Facility (4)						
house Street Address								School (K-1	2)						
43 Zabriskie Street							-	Other (i.e. p etc.)	8 (Other than rivate & comm	K-12) nercial b	uilding	s, hom	es,		
JERSEY	CITY							Square Feet 2200	# of Floors		Bldg. 50	Age			
County (6) Essex		County (STATE	Code (7) USE ONLY)		_	Current Use (Prior if being demolished)									
Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCN	M No.		Name ABS	ne of Abatement Contractor (9) S Environmental Services, LLC							
Street Address							Street Address 4 E Gate Drive, PO Box 483								
City, State, Zip Code							3								
Project Manager for Mon		Telepho	ne No.		Teleph	wood, NJ 0741 one No. 764-2276		se No.							
Start Date (10) 7/5/13		Schedul 7/15/1		pletion	Date (11)			of OSHA Monitor			-				
Occupancy Status During	Abatement (Check						Street	Address							
X Facility Closed/Vaca Abatement Performa Other – Describe:	ated During Entire P ed Outside of Norm	eriod of a	Abatem Hours	ent			City, State, Zip Code								
Scope of Work (Check Al	Il That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolit			nt with Negative Pressure edure (*) and Non-Friable Procedure									
		1.0	Locati					Non-Exempled	() and Non-	-nable F	e Procedure Abatement				
Location Asbestos-Containing TO BE ABA In Facilit (42)	Material (ACM)	Use Ma	Normali d Sole intenar todial S (12)	ly by ice/	(i.e. ti	os Conta hermal : surfac	systems ing, VA	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)		Repair	e Encapsulate	Enclosure		
(13)		Yes	No	N/A		other m	iscellan	eous)		2	oval air	sulate	sure		
baseme	ent			х		pipe	insulat	ion	120 LF	x	-				
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		-						-	-						
Name of Registered Was	te Hauler		11,00004	JDEP W		Cubic Y		Name of F	Registered Lar	ndfill					
Tri State Transfer				auler ID 2325		of Was 10	te	Minerva	Enterprise						
City, State Bronx NY			Disposa TBD	al Date	City, State Waynes	burg OH	ura OH								
Completed by Title Andrew Scott Higgins President							gnature								

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