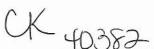
CK 40398

Date of Notification (1) 1-10-13		100	Name of B	Building O	wner/C	perator	(2)	3	(7)	Q.					
Agencies Notified Type Notification		1 ~	Street Ad 4000 H	dress adley Ro	oad										~ .
EPA Initial Amended Amendment #				e, Zip Cod Plainfield		v Jerse	y 0	7080				j	Ż		
☐ DOH justification) ☐ DCA ☐ Cancellation	cluding		Name of o						Tele	phone Nu	ımber	•	F6		
		-	FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Taking McCarter Switching Station	Place (3)						Тур	e of Facility (School (K-1	2)						
Street Address 33 Littleton Avenue							×	Subchapter Other (i.e. p etc.)				ldin	igs, l	nome	s,
City (5) Newark, New Jersey 07107		A. 17 (A.						uare Feet 0,000	# of 5	Floors		March .	g. Ag yea		
County (6) Essex			County C	ode (7) SE ONLY)				rrent Use (Priest in use	or if bei	ng demolis	shed)				
Name of Monitoring Firm Hired by Building O CNS Management	wner (8)		ASCM	No.				batement Cor cy Group In		(9)					
Street Address 208 Newtown Road						Street	Add					566 8			
City, State, Zip Code Plainview, NY 11803								, Zip Code n NY 11793	3						
Project Manager for Monitoring Firm Michael Nolan		10.00	Telephon	ne No. 9-7122		Teleph	none			License I	No.				
Start Date (10)	Schedule		pletion D	Date (11)		0.0000000000000000000000000000000000000		SHA Monitor by Group In							
Occupancy Status During Abatement (Check						Street	Add	ress							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal	eriod of A	batem	ent				10 10 monate	rns Avenu , Zip Code	e 					1	
Other – Describe: Facility scheduled for	demolitio	n. No	occupano	у	_	100000000000000000000000000000000000000		h, NY 1179	93						
Scope of Work (Check All That Apply)		WOOD STATE				Σ	₹ ,	C. II Cantainm	ant with	Mogetive	Droce	uro			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti				2 2 2	V V	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure						
	Т						<u> </u>	Non-Exemple	u () an	u Non-File	able F			ment	
1	100	Locati Iormall	2022		De	escription	n of						Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar odial S (12)	nce/		os Con therma surfa		Mate is ins AT, o	r	(5	mount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
Please see attached	Yes					e Attac	hed	1	See	Attached	d X	+			
Roof		-1-2	X		255	ing Ma				,000 sf	X	+			
below building excavation			X	Tran	and an arrival			ted Soil	6	00 cy	X	T			
												\dagger			
Name of Registered Waste Hauler	1	N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landi	fill				
Horwith Trucks Inc.			lauler ID 6227	No.	of Wa					North La	andfill				
City, State Northampton, PA 18067		¥.			6-30	osal Date	9	City, Sta Morris		PA.					
Completed by Robert Lewin	Title Envir	onme	ental Co	oordinat		Signatur	e/	the		253	Date 7-30-	13			



Date of Notification (1) 4-03-2013				Building Owne ermont Ter					4				
Agencies Notified Type Notification			treet Add	dress oital Mall, S	Suite 200)							
EPA Initial Amended Amendment #4	2	С	ity, State	e, Zip Code ento, CA 9							•		
Emergency (in justification) DCA Cancellation	cluding	1	ame of C					Tele	phone Nur	nber			
			FACIL	ITY INFORM	ATION					_			
Name of Facility Where Abatement is Taking National Envelope Street Address	Place (3)					Sc St	Facility (4 chool (K-1) ubchapter	2) 8 (Othe	r than K-1	2)			
450 Clermont Terrace						et	c.)	rivate &	commerci				s,
City (5) Union						Square 265,0	00	2	Floors	5	dg. A 5 ye		
County (6) Union			County C	ode (7) SE ONLY)		Curren Not in		or if beir	ng demolisi	ned)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.	200		ment Con Group In		(9)				
Street Address 10 Filmont Drive						et Address O Burns	Avenue)					
City, State, Zip Code New City, NY 10956						State, Zip	Code Y 11793	3					
Project Manager for Monitoring Firm Marc Rutstein			elephon	e No. 8-0640	VI 200.09 (200.	phone No. 3-876-00			License N 01085	10.			
Start Date (10)	Schedule		pletion D	Date (11)	11.000000000000000000000000000000000000		A Monitor Group In	l					
Occupancy Status During Abatement (Check			==3.87 (4.15)		Stree	et Address	3						
Facility Closed/Vacated During Entire Po	eriod of A	batem	ent				Avenue						
Abatement Performed Outside of Norma Other – Describe: Facility scheduled for	al Facility demolitio	n. No o	occupano	су		State, Zip intagh, I	VY 1179	3				S	
Scope of Work (Check All That Apply)						▼	Carlo Consultanta de Consultanta			D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovat emoliti	0.000			✓ Mini✓ Glov	-Enclosur	e cedure	Negative			70	
						□ Non	-Exemple	u () an	d Non-Fria	DIE FIC		emen	t
		Location Normall			Descripti	on of					т Т	уре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	d Solel intenar todial S (12)	ice/ staff?	Š		Material ms insula AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Theresis	Yes	No	N/A X		Pipe	9		4	000 sf	X	-	-	
Throughout			X		VA				,000 sf	X	-		
Throughout	-		X	R	oofing N				5,000 sf	X			-
Roof	-			n	- Colling IV	laterial		100		-	╁	-	
Name of Registered Waste Hauler		IN	JDEP W	Vaste C	ubic Yard	S	Name of	Regist	ered Landf	ill			
Horwith Trucks Inc.		1 100	lauler ID 6227	4	f Waste 00	V (//			erprises				
City, State Northampton, PA 18067					isposal Da -30-12		City, Sta Wayne						
Completed by Robert Lewin	Title Envi	ronme	ental C	oordinator	Signal	ture /	17.	2	10 (2)	Date 7-30-	3		

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				100 CONT. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO	uilding Owner/C	perator	(2)	13 Sty 21			
07/30/13				Princeton 1	University		9	* 37	٠.		
Month/Day/Year	e Notifica	tion	_	Street Add	race	4114 V 412 T			77 73.	ĵ,	
Agency Notified Typ		tial		P.O. box 21			9		• •	\hat{j}_f	
DEP		otificatio	\n		, Zip Code					- 50	
W-17 (W10)		nended	/	Princeton 1							
DOH		otification	n	Name of C				Telephone Nu	mher		
DOIL	97703	ncellatio		Robert Ote			20				
				FACILIT	TY INFORMAT	ION					
Name of Facility Where Abatement	t is Taking	Place (3)				Type of Facility				
Princeton University Jadwin Gy	mnasium	D and C	levels	š				(K12)	4b 1/	12)	
								apter 8 (Other (i. e. Private &			
Street Address	2007							ings, homes, et		i Ciai	
Main Campus - Jadwin Gymnasiun	n						Square Feet	# of Floors	Bldg.	Age	
City (5)	Co	unty (6)		County Code	(7)	25000	3	70+		
Princeton			8		(STATE USE ONLY		Current Use (Pr	rior if being der	molished	1)	
							University				
Name of Monitoring Firm Hired by	y Building	Owner	(8)		ASCM No.		of Abatement Cor	8/25			
Pennoni Associates Inc						Associ	iated Specialty Co	ntracting			
Street Address						100000000000000000000000000000000000000	Address				
515 Grove Street Suite 1B						98 La	Crue Avenue				
City, State, Zip Code							State, Zip Code				
Haddon Heights NJ	12400	21/2				Glen I	Mills, PA 19342				
Project Manager of Monitoring Fi	rm			Telephone			hone Number			ce Numb	er
Alan Lloyd				856-547-05	505	610-30	64-9622		110.		
Scheduled Start Date (10)		Sche	d. Co	npletion Date	: (11)	Name	of OSHA Monito	r			
07/15/13				08/30/13		Criter	rion Labs				
Month/Day/Year				fonth/Day/Ye	ar	1				-	
Occupancy Status During Abatemo				to wont			Address Progresive Drive				
Facility Closed/Vacated Du Abatement Performed Out				Datement			State, Zip Code				_
			cinty			11	lem PA 19020				
Hours - Describe: 7:0 Other - Describe:	U AIVI - /:	OU AIVI				Delisa	nem 1 A 17020				
	- \					Ш	Full Containme	nt with Negativ	e Pressi	ire	
Scope of work (Check all that apply	y)		x	Renovatio		x x	Mini - Enclosur		C 1 1 C331		
Demolition >3 sf or >3 if				Removatio	11.0	x	Glovebag Proce				
						x	Non-Friable Pr				
x >160 sf or >260 lf							Non-Friable Fi		batemer	t Tyne	
Location of		Is Location		Doc	cription of			A	Datemer	E	E
Asbestos - Containing		Normall		0 -2	os-Containing		Amour	nt R	1	N	N
Material (ACM)		Used	te.		erial (ACM)		(Specif	- L	R	C	C
TO BE ABATED		Solely		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ermal systems		SF or	M	E	A	L
In Facility		by Main	-	insulation	, surfacing, VA	Γ,	LF)	0	P	P	0
(13)		tenance		or other	miscellaneous)			l v	A	S	S
	- 1	Custodia						A	I	U	[
		Staff (12 es No		-				L	R	L	F
Electrical Room	N/A	fireproofi	ng		600 SF	x	+	1	r		
Doubles Squash Court and adj hal	x	+	fireproofi			1675 SF	x	+			
			-	pipe insula			26 LF	x	+	+	
Hallway adj to Doubles Squash Co	urt	x	-				60 SF	- x	-	+	-
telephone room		×	-	fireproofi							
Name of Registered Waste Hauler	10000000	EP Waste ler ID No.	Cubic Yards of Waste		Name of Regist	ered Landiili					
Horizon Disposal	пац	ier ID No.	of waste	0	GROWS						
City, State			Disposal Dat	e	City, State	-25%			78.5		
Trenton NJ							Morrisville PA				
Completed By (Print or Type)			Title	:		Signa	ture 01	1		Date	_
Mark Goshow			Proj	ect Manager		IN	Tark La	show		Date	50

Princeton University - Jadwin Gym electril room, telephone room and bathroom

Location of ACM	Description of ACM	Amount	Abatemen
Basement-bathroom	fireproofing	60 SF	Removal
Basement-bathroom	pipe fitting	20 ea.	Removal
			*450 m

X 005141

D&S Proj. #: 2013 273

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

												197						
Date of Notification (1)		П	Nam	ne of Build	ling Owne	er/	Operator (2)										-	
0 7 /12 4 //1 1	3_		do	nald kal	fus													
	Notification	n	_	et Addres			- 1. V.Mr								3,			
EPA Initial		- 11	13	WYCH	WOOD	R	OAD											
I DEP I	ment #:	11	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	State, Zi												- XX		
⊠ DOL □		-11	97	IVINGS		Т	07039											
DOH Eme	uding	- 11		e of Cont	_	J	07033					Telephor	ne Num	ber		-		_
justif	ication)											,						
☐ DCA ☐ Can	cellation		<u>d</u>	onald ka	lfus	_								_	_			
					FAC	ILI	TY INFORM	ATION	1									
Name of facility where abat	tement is	taking	place	(3)								Type of Facility	(4) ol (K -	12)				
donald kalfus													napter		er tha	an K-	12)	
Street Address									_		11		(Privat					
AND THE PROPERTY OF THE PROPER												Bldgs	./Home	s, etc				
13 WYCHWOOD RO	AD										- 1	Square Feet	# of F	loors		Bla	g. Ag	е
City (5)		1 00	ounty	(6)				1000000	100	Code (7) use only)	1	Current Use (F	Orior if I	haina	demo	licha	d)	
LIVINGSTON		F	ESSE	x				(Ota	ic	use only)		Current Ose (r	-1101 11 1	being	uemic	ilioi ic	u)	
Name of Monitoring Firm F	lired by B						ASCM No.		N	ame of Abateme	ent C	ontractor (9)						
										D & S RESTO	DRA	TION, INC.						
Street Address						_			s	treet Address			-857/	304575				
										20 California		e	-					
City, State, Zip Code								_	Ci	ty, State, Zip Co	de							
2										Paterson, NJ		03						
Project Manager for Monito	ring Firm			Ph	one Num	be	r		T	elephone Numbe			Lice	nse N	lumbi 169	er		
									L	973-345-80 lame of OSHA N				01	103		-	
Start Date (10)		Sch	ned. (Completio	n Date (1	11)			l'N	D & S Restor								
08/12/13		08	3/30/1	13					S	treet Address		.,						
Occupancy Status During A	batemen	t (Chec	k onl	y one)		-				20 California	Ave	enue						
Facility closed/vacate	d during	entire p	eriod	of abate	ment.				С	ity, State, Zip Co	ode		1					
Abatement performed Describe:			nal fa	cility hour	'S-													
Other-Describe: NO	RMAL H	OURS						_		Paterson, NJ	075	503						
Scope of Work (check all t	that apply)	7.7								=	ull Containment	w/neg	ative p	ress	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renov	ation									Mini-enclosure Blovebag proced	lure					
≥160 sf or ≥260 lf		Demoli	ition									Non-Exempted (Non-fr	iable	proce	edure	
Location of		Is loca	ation	normally	used sole	ly									R e	R	E	E
asbestos-containing		by ma staff(1		ance/cus	todial					oestos-containing	g	Amount (Specify			m	р	n C	n
material (acm) to be abated in facility (13)			Ť	Nie	NI/A	-	material	(ACM)			LF)	01 01		0 V	a i	a p	L
abated in identify (10)	<i>'</i>	Yes		No	N/A										e	ŗ	۲	_
BASEMENT /CRAWL SPA	CRAWL SPACE						PIPE INS					55 L FT			ᆜ	ᆜ	닏	붜
							PIPE INS	ULAT	ΓIC)N		_			닏		屵	님
															ᆜ	무	님	井
													4		닏		님	井
		100										1 15"			Ш	Ш	Ш	
Registered Waste Hauler D & S RESTORATIO	N INC		1350	P Hauler	ID#		ubic Yards of YD	Waste	e	Name of Registe		Landfill RESOURCE I	RECO	VER	Y			
City, State	IN, IINC.		1330	70	Disposal	_			-	City, State	۱,	LECO CICCE			_	_		
PATERSON, NJ 075	503				08/13/					TULLYTO	WN,	PA						
Completed by (Print or Type) Title Signat									- 1					ate				
BOGDAN JOLDZIC													0	7/24/	2013			
ASB-41	The state of the s								ted	activities.								

CK = 252.44

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

Date of Notification (1)	26/10		IN	lame of	Building	Owner	Operator (2)	VCA Woodb	urv	÷\$			1	
	26/13		1		aldro		1 11	011 11 00 00			7	_		\exists
Agencies Notified	Type Notification	1	S	treet A	ddress		235 E	ast Redbank	Ave.			6		_
EPA DEP	Initial		-	N. O.	to Zin Co	do		dot recons			-		1	\dashv
DEP DOL	Amended Amendment	#	10	ity, Sta	ite, Zip Co	Jue	V	Voodbury, N	J	0809	16			_
A CONTRACTOR OF THE CONTRACTOR	☐ Emergency (including	Ŀ		f Contact			, , , , , , , , , , , , , , , , , , , ,	Telephone	Number		1		\exists
DOH	justification) Cancellation		P				- Hutchir	ison						
☐ DCA								15011	_= -				,	\exists
			100	FACI	LITY INFO	ORMAT			(A)		-		V. C.	\dashv
Name of Facility Where	Abatement is Taki	ng Place (3)					Type of Facility (- 1
	Y	MCA						School (K-12 Subchapter 8	(Other tha	an K-12)				
Street Address								Other (i.e., pr	ivate & cor	nmercial b	ouildir	ıgs,		
	235 East	Redban	k Av	e				homes, etc.)	I # of Flo	ore	Blde	J. Ag		\dashv
City (5)		20950						Square Feet	# 01 F101	015	Diag	55		
	Wo	odbury						15,000	I	domoliche	\d\	33	_	=
County (6)				Count	y Code (7	') (STA	ATE	Current Use (Pri	or it being YM		u)			
	Mercer		_	USE (JINLY) _					CA	_	=	_	ᅴ
Name of Monitoring Fire	n Hired by Building	Owner	P	SCM N	lo.	Name	of Abateme	nt Contractor (9)) 		Inc			
(8)	MECS		_					ens Environn	nental S	er vices.	, IIIC		_	=
Street Address				50		Stree	t Address	DO D	222					
	PO Box 3	41							ox 322			_		=
City, State, Zip Code						City,	State, Zip Co	de Allentow	NIT OR	501				
C	Crosswicks, NJ 08515							Allentow				_	_	=-
Project Manager for Mo	Project Manager for Monitoring Firm Telephone							0.000	License		493			
William W	Jeisgarber Jr.				-4070	-	(609) 259			00	7/3	=	_	=
Start Date (10)	Sch	neduled Co	mplet	ion Dat	e (11)	Name	e of OSHA M		inonman	to1				
8/12/13			/16/1	.3				DB Env	Пошнен	ııaı	_	_	==	_
Occupancy Status Dur	ing Abatement (C	heck only	one)	12		Stree	et Address	1 Dark	eley Pla	ne.				
☐ Facility Closed/Vac	ated During Entire	Period of	Abater	nent					cicy I la		_	_		
Abatement Perform	ed Outside of Norr	nal Facility	/ Hour	S		City,	State, Zip Co	Freehold	NILO7	728				
Other - Describe:	5PM - 12 M ₁	dnight						Freenoic	i, NJ 07	120	_	_	==	
Scope of Work (Check	all that apply)						□ Full Conf	tainment with Ne	gative Pre	ssure				
1		₩ Re	novati	on			Mini-Enc	losure	3					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molitio				Gloveba	g Procedure empted (*) and No	on-Friable	Procedure	•			
L				- 1		_	NOII-EXE	impled () and 14	JIT Habie	1		bater	nent	
1			ocatio									Тур	e	
Locatio		Used	Solel	y by			escription of		Amou	int			_	m
Asbestos-Containing			ntenan ustodia		Asbes	therm	ntaining Mate al systems in	nsulation,	(Spec	cify	Ren	Repair	nca	ncl
TO BE AB	ATED lity	5	Staff?		(1.0.	sur	facing, VAT,	or	SF or	LF)	Removal	air	Encapsulate	Enclosure
(13)			(12)			othe	r miscellaneo	ous)			=		ılate	6
		Yes	No	N/A									w	
		×			ipe fitting	rs		8		×				
Boiler		=		-	-	-	ttings/ wr			30		×		
Boiler 1	Room			×	D.	ipe ii	unigs/ wi	арассит				, e		-
				×							-	-	-	
								T.N	intered ! =	ndfill			_	
Name of Registered V	Vaste Hauler			JDEP		100000000	ic Yards Vaste	Name of Reg						
Stevens Enviro		ices Inc	. '	lauler II	292		1 CU_		T.R.	R.F., In	c.	_		
City, State							oosal Date	City, State						
Allentown, NJ						_ 8	3/16/13//	11///	Tully	rtown, l	PΑ			
Completed By								7 /		Date	7/2	6/17		
Mahlon E. S	Stevens	P	rojec	t Ma	nager		////	1			7/2	0/13		_

ASB-41 MAR 00 * Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23304

Date of Notification (1)				Įì.	Name of Build	ing Owner	r/Operator (2)					
7/29/2013				- 1	PRIVATE R				6			
Agencies Notified	Type Notificati	on			Street Addres				r			
EPA	iyi Initial			- 1	7 SUSAN LA				V. 100 - 100			
□ DEP	Amended	Amen	dment		City, State, Zi				×			
DOL DOL	Emergen				MANAHAW							
DOH	justification				Name of Cont				Telepl	none l	Numbe	er
DCA DCA	Cancellat			- 1	DAVID J. D'		4	•	95		1	
DOA	L Carlochar		-		ACILITY INF				Š	15		
Name of Facility Where Ab	natement is Tak	ing Pla	ce (3)					Type of Facility (4)	000 E 100			
PRIVATE RESIDENCE			.00 (0)					School (K-12)				- 1
Street Address	-							Subchapter 8 (Other	r than	K-12)		- 1
								Other (i.e., private &	comr	nercia	al build	lings)
7 SUSAN LANE											Bldg.	
City (5)												
MANAHAWKIN, NJ					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if beir	ng den	nolish	ed)	
County						, , , ,		59				
OCEAN Name of Monitoring Firm I	dired by Buildin	a Own	er (8)		ASCM No.	Name of	Abatement Contr	ractor (9)				
Name of Monitoring Firm i	nired by Buildin	y Own	51 (0)	1	ACOM NO.			RONMENTAL INC.				
a						Street Ad		A TATAONA T BARRA BATTON				
Street Address						0	CK FOREST R	OAD				
							te, Zip Code	0.13				
							TON, NJ 08691	f.				
		Tolont	one M			Telephon			Licen	se No		
Project Manager for Monit	oring Firm	Teleph	ione No	J.		609-890-			0067		-	
		0-1	ulad C	omelet:	on Date (11)		OSHA Monitor		0007			
Start Date (10)				ompieti	on Date (11)	0.0000000000000000000000000000000000000	OSI IA MOITIO					196
7/30/2013		7/30/2				N/A	ddrees			_	-	
Occupancy Status During	Abatement (Ch	neck on	ily one)	 		Street Ac	uuiess					
Facility Closed/Vaca					nt	City Ch-	te, Zip Code					
Abatement performed ou		g hours	S SPM-	2 AM		City, Sta	ie, zip code					
ESSENTIAL PERSONN								Full Containment w	ith Ne	gative	Press	sure
Scope of Work (Check all	that apply)				D ~			Mini-Enclosure	140	300,00		
\geq 3 sf or \geq 3 lf					Renova			Glovebag Procedur	·e			
\(\sum_{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinit}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}}\\ \text{\text{\text{\text{\text{\text{\text{\text{\text{\te}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\texi}\text{\text{\texi}\text{\text{\text{\text{\text{\texi}\text{\texit{\text{\ti					Demolit	ion		☐ Non-Exempted (*) 8		_Frish	le Pro	cedur
1932								☐ Non-Exempled (*)			Туре	
			Locati		Dogorintio	n of Achor	stos Containing		Avale	Jineili		
Location of Asbestos-	-Containing	1,100010099	mally l Solely b				hermal systems	Amount (Specify SF or	교	D D	ing	En
Material (ACM) TO BE	ABATED In			/Custo	insulation.	surfacing	, VAT, or other	LF)	Removal	Repair	aps	Enclosure
Facility (13)		Staff?	(12)		miscellane			Val	₩	Encapsulate	ure
		Yes	No	N/A				11000 00		-	œ.	
EXTERIOR			X		TRANSITE	SIDING		1000 SQ. FT.	X	-	-	
									-	-		
									-	-		_
						105			15			
Name of Registered Was	te Hauler				NJDEP Waste		Cubic Yards of	Name of Registered La	ndfill			
Billiophologic retriction and consideration operations of the consideration of the considerat					Hauler ID No.		Waste	GROWS				
TIMSTER TRUCKING	3				21079		5 YD.					
City, State							Disposal Date	City, State				
WEST CREEK, NJ	98				8/1/2013	MORRISVILLE, PA	In :					
Completed By				Signatur	P-27-Mar	CV a	Date					
DAVID D'ANDREA		PRES	SIDEN	T		1 16	aur	. Elwher	7/29	/2013		
ASB-41							U					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23305

2012

Date of Notification (1)					Name of Buil	ding Own	er/Operator (2)	. '40				
7/29/2013	e5#*				PRIVATE F	RESIDEN	NCE					
Agencies Notified	Type Notificat	tion			Street Addres	ss		- W	100			
□ EPA	Initial				265 VARSIT	TY AVE	NUE	102	20	*		
☐ DEP	☐ Amende	d Ame	ndmen	t #	City, State, Z	ip Code				ď.		
□ DOL	☐ Emerger	ncy (in	cluding		WEST WIN	DSOR, N	ŊJ					
□ DOH	justificat	ion)			Name of Con	tact			Tele	hone	Numb	per
DCA	☐ Cancella	ation			DAVID J. D	'ANDRE	E A					
				F	ACILITY IN	FORMA"	TION					
Name of Facility Where Aba	atement is Ta	king P	lace (3))				Type of Facility (4)				
PRIVATE RESIDENCE								School (K-12)				
Street Address			- Vernan			mark.		Subchapter 8 (Other	er than	K-12	2)	
265 VARSITY AVENUE								Other (i.e., private	& com	merc	ial buil	ldings)
City (5)						2 7/		Square Feet			Bldg.	
WEST WINDSOR, NJ									DU 5636			
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	na de	molis	hed)	
MERCER						() (,		-		•	
Name of Monitoring Firm His	red by Buildir	na Owr	er (8)		ASCM No.	Name of	f Abatement Conf	tractor (9)				
Traine of monitoring (intrin	ica by ballall	ig Oiii	ici (0)		1.00	Park and a second second second		RONMENTAL INC.				
Street Address						Street A		RONNIENTAL INC.				
Olicel Address								OAD				
							CK FOREST R ite, Zip Code	UAD	_			
Desir et Manager for Manites		Talan	N			-	TON, NJ 0869	1	Lines	se No		
Project Manager for Monitor	ing riim	relep	hone N	0.		Telepho).	
01-4 D-1- (40)	- 31	0.1			- D-1- (44)	609-890			0067	6		
Start Date (10)		SANGELINA.		omplet	ion Date (11)	The second second	f OSHA Monitor					
8/14/2013		8/15/2	1,750,045X				TECH SERVIC	CES				
Occupancy Status During A					P20.	Street A						
Facility Closed/Vacated					ent		LAWRENCE A	VENUE .				
Abatement performed outs		g hour	s 5PM-	2 AM		According to	ite, Zip Code					
ESSENTIAL PERSONNEL						SEASII	DE HEIGHTS, N					
Scope of Work (Check all th	at apply)				W 351			Full Containment w	ith Ne	gative	Pres	sure
					Renovat			Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					□ Demoliti	ion		Glovebag Procedur				
				Logicalis				☐ Non-Exempted (*) 8	& Non	-Friab	le Pro	cedur
		0.00	Locati						Abate	ement	Туре	
Location of Asbestos-Co	ontaining		mally L				stos Containing hermal systems	Amount (Specify SF or	77		5	ш
Material (ACM) TO BE A	BATED In	and the second	Solely b	y /Custo			, VAT, or other	LF)	em	<u>В</u>	을	nck
Facility (13)		2507/03	Staff?			niscellane			Remova	Repair	Encapsulate	Enclosure
		Yes		N/A			,		=		ate	6
BASEMENT			X		PIPE INSUI	LATION		155 LIN. FT.	X			
Name of Registered Waste	Hauler				NJDEP Waste		Cubic Yards of	Name of Registered Lar	ndfill			
					Hauler ID No.		Waste	2760 (A)				
TIMSTER TRUCKING					21079		2 YD.	GROWS				
City, State	10 10070 10 10						Disposal Date	City, State				
WEST CREEK, NJ							8/16/2013	MORRISVILLE, PA				
Completed By				Signatur	27-Mar	2'0	Date					
DAVID D'ANDREA		PRES	IDEN	Т		May	nd () 10	l'endre.	7/29/	2013		
ASB-41						7000	7.0					

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

NOTIFICATION OF ASBESTOS ABATEMENT

Name of Registered Wast	NJDEP Wa	aste Haule	r ID No Cubic	Yards of Wa	ste Name of Registe	red Landfill						
Exterior X					Asbestos si	ding		900 sf	X			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A					(i	Description Asbestos-Co Material (Aside i.e., thermal insulation, su VAT, other miscell	ntaining ACM) systems urfacing, 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
	sfor≥3 lf		[x]	Renov: Demol		[x	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	ire	Procedu			
[] Ab	ility Closed/Vacate atement Performed er – Describe	ed Durin	g Entire Pe			Street A City, Sta	1056 St ate, Zip Code Piscatav	elton Road		54		,
7/26/13	Scheduled Start Date (10) Scheduled Con 7/26/13 7/30/13 7/30/13						OSHA Monitor E.M.S.I	. Analytical				
City, State, Zip Code Project Manager for Moni		Telephon	e Number		Telepho	Toms R ne Number	iver, New Jers License N 00624		55-12	271		
Street Address				O.E.		Street A		oute 9, Unit 61				
Name of Monitoring Firm		Owner ((8)		ASCM No.			(9) n Contracting,	Inc.			
City Waretown		Ocea			(STATE USE ON	ILY)	1000 sf Current Use (Prior if Residen	1 being demolished		6	0	
	Irvington Roa	d Count	v (6)		County Code (7)		[] [x]	Other (i.e., private homes, etc.) # of Floors	te & cor		al build	lings,
Name of Facility Where A	batement is Taking	g Place (3)	FAC	ILIT I WOL	MATION	Type of Facility (4)	School (k-12)				
[x] DOH [] DCA	No. 10	ellation		FAC	Name of Contact Joyc	e		1.				
[x] DEP	Amer	dment#	ification ncluding		City, State, Zip C	West (Creek, NJ 08092	lephone Number				
Agencies Notified [x] EPA	Type of Notifica	tion Notific	ation		Street Address	128 Ba	artlett Avenue		10.			
Date of Notification (1)	7/25/2013				Name of Buildin		ole Construction	- Toph	- 2	21	43	

NOTIFICATION OF ASBESTOS ABATEMENT

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

Name of Building Owner/Operator (2) Date of Notification (1) Eastern Contracting, LLC July 26, 2013 Street Address Type of Notification Agencies Notified PO Box 17 Initial Notification [X] EPA Amended Notification] DEP City, State, Zip Code Amendment # [x] DOL Bayville, NJ 08721 Emergency (including [x][x] DOH Telephone Number justification) Name of Contact DCA Cancellation Bill Santora FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (k-12) Residence Subchapter 8 (other than k12) Street Address Other (i.e., private & commercial buildings, [x] 93 Illinois Avenue homes, etc.) County Code (7) Square feet # of Floors Bldg. Age County (6) City (STATE USE ONLY) 60 1000 sf Current Use (Prior if being demolished) Ocean Waretown Residence Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 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 Telephone Number Project Manager for Monitoring Firm 00624 732-349-9932 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) E.M.S.L. Analytical 7/30/13 7/26/13 Street Address Occupancy Status During Abatement (Check only one) 1056 Stelton Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Piscataway, New Jersey 08854 Other - Describe Full Containment with Negative Pressure Scope of Work (Check all that apply) 1 Mini-Enclosure Glovebag Procedure 1 Renovation >3 sf or ≥3 lf Non-Exempted (*) and Non-Friable Procedure [x]Demolition [x]≥160 sf or ≥260 lf [x]Abatement Type Description of Is Location R Amount Asbestos-Containing Normally used Ε N N E Location of (Specify SF C C Material (ACM) Asbestos-Containing Material (ACM) Solely by M (i.e., thermal systems or LF) A L Maintenance/Custodial TO BE ABATED 0 P 0 insulation, surfacing, Staff in facility V S S R VAT, or (12)(13)U U A other miscellaneous) R L L NO N/A YES X 600 sf Asbestos siding X Exterior Name of Registered Landfill NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Waste Hauler T.R.R.F. 20223 Guardian Contracting, Inc. Disposal Date City, State Tullytown, Pennsylvania 7/31/13 ~ Toms River, New Jersey Date Title Signature Completed by (Print or Type) 7/26/13 Project Manager Nicholas Fernicola

NOTIFICATION OF ASBESTOS ABATEMENT

Day (Extinguism (1)				Name of Building	Owner/One	rator (2)					
Date of Notification (1) July 26, 2013				rame of Bunding		Construction Corp.		79	14	2	
L., 1 L. 1	ion Notificat ded Notif			Street Address		den Avenue		20	7		
[X] DOL Amend	dment #_ ency (inc			City, State, Zip Coo		a, NJ 08051		-0	12		2
[] DCA justific	cation)			Name of Contact Nick			Telephone Number		4	/ . (;	F. A.
			FAC	ILITY INFORM	IATION				1.6.		<u>دو ر</u>
Name of Facility Where Abatement is Taking Residence	Place (3))		18		Type of Facility (4)	School (k-12) Subchapter 8 (oth	ner than	k12)		
Street Address 85 Oregon Avenue						[x]	Other (i.e., privat homes, etc.)			al buil	dings,
City	County	(6)		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors 1		. Age 6	0	
Waretown	Ocean	ı				Reside)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)		ASCM No.	Name of	Abatement Contractor Guardi	or (9) ian Contracting,	Inc.			
Street Address					Street A	1889 F	Route 9, Unit 61				
City, State, Zip Code							River, New Jerse		55-12	271	
Project Manager for Monitoring Firm		Telephone N	Vumber		732-34	ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 7/26/13		7/30/13		tion Date (11)	Name o	FOSHA Monitor E.M.S	.L. Analytical		225.4		
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated	only one d During) Entire Perio	od of Ab	patement	Street A		Stelton Road				
Abatement Performed (Outside o	of Normal Fa	acility H	Hours	City, St	nte, Zip Code Piscata	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[nt with Negative Pre	ssure			
[] >3 sf or ≥3 lf		гэ	Renova	ation	ſ	Mini-Enclosure Glovebag Proce	dure				
[x] ≥160 sf or ≥260 lf		[x]	Demol		[x		(*) and Non-Friable	Procedi	ire		
								Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	n eed stodial N/A	(i.c	Descripti bestos-Co Material (.e., thermal sulation, so VAT, her miscel	ntaining ACM) systems urfacing, 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 N C L O S U R		
	NO	IN/A	1 1	2012		850 sf	X		Е	E	
Exterior		X		Asbestos sidi	ng		830 81	A	-	-	+
Name of Registered Waste Hauler	N	IJDEP Waste	L e Haule 0223	er ID No. Cubic Y	ards of Wa	ste Name of Regis	stered Landfill				1
Guardian Contracting, Inc.		20	Dispo	osal Date	City, S	tate					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title	ct Manage	7/31	/13 Signature	Tully	town, Pennsylvan	18	Date 7/2	5/13		

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

Date of Notification	on (1)	Na	ame of Buil	Lding	Owner/Operator	: (2)	pe -				
7-26-2013			Marc an	id J	essica Gio	~ 2	9/2				
Agencies Notified	Type Notifica	ation S	treet Addre	ess			" "				
[]EPA	[X]Initial		29 Rigg	js P	lace		913 <u>11</u> 1.				
[]DEP	Notific	ation C	ity, State	Zip	Code	G.	·				
[X]DOL	[]Amended Notific	ation	South C	ran	ge,NJ,		4.6.	37	5		
[X] DOH	ROCITIO		ame of Cont	tact		Teleph	one Number	7 9			
[]DCA	[]EMERGENC	Y	Mark ar	id J	essica Gio	dal	40	4.23			
ill -	[]Cancella	tion									
Name of Engility W	27-1	/ - M-1/		LITY	INFORMATION	1					
Name of Facility Who Same as above		is raking	Place (3)			Type of Fac					
				ASSESSED TO SECURITION OF THE PARTY OF THE P		[]School	l (K-12) apter 8 (Othe	er than	K-12	2)	
Street Addres						[X]Other	(i.e., priva	ate & c	ommei	-	
							buildings, l				
City (5		County (6) Essex	Cou	nty Code (7)	Square Feet	# of Flo		.dg. 115	Age	
				(ST	ATE USE ONLY)		(Prior if be			hed)
Name of Monitoring Owner (8)	Firm hired by	Building	ASCM No.		Name of Abate						
N/A					AZTECH M	ianagemen	T, Inc.				
Street Address					Street Addres	5일					
						topher S	t.				
City, State, Zip Co	ode				City, State,	AND THE STATE OF T	0.40				
						r, NJ 07					
Project Manager for	Monitoring Fi	rm Tele	phone Numb	er	Telephone Num (973)744			License		er	
Cohedeled Obert Det	(10) 0.1	753380000	7					0037	Τ		
Scheduled Start Dat 8-5-13	e (10) Sche	8-6-13	tion Date	(11)	Name of OSHA:	Monitor					
	Year Mo	nth Da	S. Arrow		N/A						
Occupancy Status Du [X] Facility Clo					Street Addres	s			-		
of Abatemen	nt										
[]Abatement Pe Hours - Desc	erformed Outsic cribe:«OffHour			·Y	City, State,	Zip Code					
[]other - Desc											
Scope of Work (Chec	k all that app	ly)			U						
[X]>3 sf or	>3 lf	[X]	Renovation			Containment v Enclosure	with Negative	e Press	ure		
[]≥160 sf		7,000	Demolition		[X]Glove	bag Procedure					
-			Is		[]Non-F	riable Proced	dure	Aba	teme	nt 1	rvne
Locatio			mally		Description			-		E	E
Asbestos-Co Material			Jsed olely		Asbestos-Con Material (Amount (Specify	E	R	C	C
TO BE A	No. of Concession of Concessio		Main- nance/	120	(i.e., thermal	systems	SF or	O	PA	A P	O
In Faci (13)	S = 27	Cus	todial f (12)		sulation, surface		LF)	V A	I R	S	S
	·		No N/A			•		L		L L	R E
Basement			X	Pip	e Insulat	ion	105	X			
*											
Viene of Deal				T-							
Name of Registered AZTECH MANAG			EP Waste Ler ID No.	1000	oic Yards Waste 1.5	Name of Reg	gistered Land	fill			
	- IN		040								
City, State Montclair, NJ	07042			1000	sposal Date	City, State		1007	7		
LOHCULALL, NU	07042			0	8-7-13	MOLLISA	ille, PA	TAOR) /		
Completed By (Print	2000 P				Signature	1/	_//	Date			
Constantine V	ivian Pr	esiden	t		/	ato To	1/	7-26	-2013	8	
					(200	Free	Tille				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

O'		(Pt	ursuant f	to NJAC 8	3:60 an	d 12:120	0)		13 .					
Date of Notification (1) 7 -16-13				Building (Board o		Operator	(2)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		-			
Agencies Notified Type Notification			Street Ad P2099	ddress Penning	gton F	Rd		*	7 2	15-	2			
DEP Amended Amendment #		_		te, Zip Co , NJ 08							1	AY.		2
DOH justification) DCA Cancellation	cluding	Ī	Name of Bob	Contact				•	Telephone	Numi	ber			
			FACII	LITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taking Gusz Maintenance Building	Place (3))					Tyr X	School (K-1)	•	K-12\				
Street Address 220 Ewingville Rd							×	Other (i.e. p etc.)	rivate & comm	ercial	build			s,
City (5) Ewing							18	uare Feet 000	# of Floors 2		6	ldg. A 5	ge	
County (6) Trenton			County C (STATE L	Code (7) USE ONLY)			Cu	rrent Use (Pric	or if being dem	olishe	ed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.				batement Con be LLc	tractor (9)					
Street Address						Street 1212		ress Irlington Ave	9					
City, State, Zip Code								, Zip Code .NJ . 0807	5					
Project Manager for Monitoring Firm			Telephor	ne No.		Telepi 856-		No. -0971	Licens	se No	21	(S)		×
	Schedule B-25-13		npletion I	Date (11)		Name self	of C	SHA Monitor	,					,
Occupancy Status During Abatement (Check	Only On	e)				Street	Add	Iress						-
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:	eriod of A	Abaten	nent s		_	City, S	State	, Zip Code				- 14		-
Scope of Work (Check All That Apply)										-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	CHARLES .	tenova emolit					1	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				e	
	Γ.		•					Ton Example	(/ 4.10 1.10 1.1				ement	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Locati Normal d Sole intena odial s (12)	lly ely by nce/ Staff?	Asbes (i.e.	tos Cor therma surfa	escription ntaining N al system acing, VA miscellar	Mate is ins AT, o	r I	Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
	Yes								396lf			-		
outside			X			windo			39011		x			
											200			
Name of Decistored Wests Hautes		- 1 -	JDEP W	laste	Cubi	c Yards		Name of	Registered Lar	ndfill			L	
Name of Registered Waste Hauler J Robinson Waste		H	lauler ID 8687		of Wa	aste		Wm Of	Pa					
City, State Bellmawr NJ							;	City, State Tullytov						
Completed by Joseph T Hill	Title VP					Signatur	е			7-1	e 6-1:	3		



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

O		(P	ursuant (to NJAC	8:60 and	d 12:120))		•	er Son				
Date of Notification (1) 7 -16-13				Building (Board o		Operator	(2)		4	1	<i>:</i>	,		
Agencies Notified Type Notification			Street A	ddress Pennin	aton R	Rd				59	- (45)		
EPA Initial Amended Amendment	#		City, Sta	te, Zip Co	de						~			
DOH justification) DCA Cancellation	including		Name of Bob	Contact					Telephone	Numb	ner.			
			FACI	LITY INFO	DRMAT	ION								
Name of Facility Where Abatement is Taking Francis Lore Middle School	g Place (3	3)					Type	e of Facility (4 School (K-1)	2)					
Street Address 13 Westwood Drive							×	Subchapter Other (i.e. p etc.)	8 (Other than I	K-12) ercial	build	lings,	home	es,
City (5) Ewing							Squ 180	are Feet 000	# of Floors		6:	ldg. A 5	ge	
County (6) Trenton		П		Code (7) USE ONLY)		Cun	rent Use (Prid	or if being dem	olishe	d)	7.7-2-	Shell-S	
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.				atement Con	tractor (9)					
Street Address				***************************************		Street 1212		ess fington Av						
City, State, Zip Code						City, S	State,	Zip Code .NJ . 0807						
Project Manager for Monitoring Firm		П	Telepho	ne No.		Teleph	none l		Licens	se No.	7			K
	0-6-4-1		lation l	Data (44)			000000000000000000000000000000000000000	SHA Monitor			/			1
Start Date (10) 7-25-13	8-25-13	3	mpietion	Date (11)		self								
Occupancy Status During Abatement (Chec	k Only Or	ne)				Street	Addre	ess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, S	State,	Zip Code				2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		
Scope of Work (Check All That Apply)						L			2000 H 17 5 5 7 - 2 3					- 100
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Renov Demol				-	M	lini-Enclosure					e		
	100	Loca						on Exemple	7 4110 110111			Abat	emeni rpe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cus	intena todial (12)	ely by ance/ Staff?	Asbes (i.e.	tos Con therma surfa	escription taining N I system acing, VA miscellar	Materia s insu T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	-						006			-		-
classroom			X			k Boar	rd		96sqft		x			
Name of Registered Waste Hauler J Robinson Waste			NJDEP W Hauler ID 18687		of Wa 40cy			Wm Of	Registered Lar Pa	ndfill				
City, State Bellmawr NJ					Dispo	sal Date		City, State Tullytov						
Completed by Joseph T Hill	Title VP				<u> </u>	Signatur	е	<u> </u>		7-1	6-13	3		

Joseph T Hill



	N		ICATIO	N OF ASE to NJAC	BESTOS	ABATE) //		
Date of Notification (1) 7 -16-13				of Building Board		Operator	(2)		F.,		3		
Agencies Notified Type Notification	1		P2099	Address 9 Pennir		Rd					-		
DEP Amended Amendmer Emergency		-[Ewing	ate, Zip C	8618							10	
DOH justification Cancellatio)		Bob	of Contact					Telephone N	ımber	, ?		
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Joseph T Hill

Bellmawr NJ Completed by

Date

7-16-13

Signature

Title

VP



Date of Notification (1) 7 -16-13				uilding Ow oard of I		perator (2)					C			
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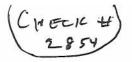
Check No. 1207

7/26/2013

Name of Building Owner/Operator (2) Date of Notification (1) The Estsate of Peter H.B. Frelinghuysen July 26, 2013 Agency Notified Street Address Type Notification 582 James Street ☑ Initial ☐ EPA City, State, Zip Code Not required per State Reg. 10:2004 ☐ Amended M DOL Amendment # Morristown, NJ 07960-6373 □ Emergency (including Telephone Number Name of Contact justification) **⊠** DOH ☐ DCA ☐ Cancellation Kevin O'Donnell, Esq. **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) N/A ☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) Street Address ☑ Other (i.e. private & commercial buildings, 582 James Street homes, etc.) Square Feet # of Floors Bldg. Age City (5) (1,500)45 +/-Morristown, NJ 07960-6373 Current Use (Prlor if being demolished) County (6) County Code (7) (STATE USE ONLY) Morris Residential Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner N/A B&N&K Restoration Co., Inc., 22-2674200 N/A Street Address Street Address 223 Randolph Avenue City, State, Zip Code City, State, Zip Code Clifton, N.J 07011 Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 00120 973-478-4681 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) McCabe Environmental Services, L.L.C. August 11, 2013 August 05, 2013 Occupancy Status During Abatement (Check only one) Street Address 464 Valley Brook Avenue ☑ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Lyndhurst, NJ 07071-1998 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation \bowtie 2 3 sf or 2 3 lf ☐ Mini-Enclosure **⊠** Demolition ☐ Glovebag Procedure A ≥ 160 sf or ≥ 260 lf ⋈ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulati Maintenance/ Enclosure Remova Repair TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial surfacing, VAT, or SF or LF) IN Facility Staff? other miscellaneous) (13)(12)Yes No 470 sq ft Roofing Roof 12 sq ft Flashing Material NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Waste ID No. B&N&K Restoration Co., Inc., 12695 Minerya Enterprises, Inc. 22-2674200 City, State Disposal Date City, State 8/08/13 -18/13/1 Waynesburg, OH Clifton, N.J 07011 Date Title Signature Completed by

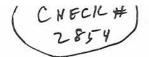
Aleksandar Kuridza

Vice-President



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Project Manager for Mo	nitoring Firm	,.Te	elephone	No.	Telephone No.	9-0472	License No	o. 44	4		_
71900					Name of OSHA		1				
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APPROVED: PAUL HORNER,
NJDOH

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

Cl#2472

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Project Manager for		irm	Telep	hone	e Nu	ımbe	er	Telephone Nu			Lic	ense Nu	mber	3.10			
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	5 PM to 1:	3.37.47						Bristol, PA	190	07							
	upied During																
Scope of Work (Ch							П	Full Con	tainmer	t with Ne	gative	Pre	ssur	е			
≥3 sf or ≥3	If		\boxtimes	Re	nova	ation	ř		Ħ	Mini-End							
□ ≥160 sf ≥26			H	200	E160.49 (011)	ition			\boxtimes	Glove B	ag Proc	edures					
			ш						Ħ			and Non-l	Friabl	e Pro	ced	ure	ŝ
L	ocation of		Is	Loca	tion			Description	n of		An	nount	Ab	atem	ent	Тур	e
	tos-Containin	ıg .		nally		ed		Asbestos-Con				ecify		T		T	
	terial (ACM)			olely				Material (AC			SF	or LF)	72	١_	1 2	1	щ
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. 1	n Facility		Cust	odiai (12)		π/		nsulation, surfactor or other miscella					Remova	<u>a</u>	Encapsulate		Enclsoure
	(13)		Yes	No		I/A		or other miscent	unc				-		6		CD
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Name of Registere	d Waste Hau	ler		N	JDF	PW	aste	Cubic Yards	Na	ame of Regi	stered L	andfill					
Traine of registere	a vvaolo i laa			2.1 2.453.		er ID		of Waste									
Bristol Environn	nental, Inc.			1	870	6		.25 cu yd	0.000	ROWS Lai	ndfill						
City, State						11		Disposal Date		ty, State							
Bristol, PA								7/26/13	M	orrisville,	PA						
Completed By (Prin	nt or Type)			0.000	tle			Signature	, -		,		Date				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification	(1)		1		(L ((((((((((((((((((wner/Operator	(2)	201-				
7-25-2013			Sal	bine V	on .	Aulock		2013/11,				
Agencies Notified	Type Notifica	tion	Stree	t Addres	s		· · · · · · · · · · · · · · · · · · ·		٥,			
[]EPA	[X]Initial		83	Maoli	Ls A	.ve.		CZ.	1.			
[]DEP	Notific	ation	City,	State,	Zip C	ode		76.	177	5		
[X]DOL	[]Amended		Bl	oomfie	eld,	NJ,07003				S,	ŕ	
[X] DOH	Notific	ation	Name	of Conta	ct		Telephon	e Number		-	-	
	[]EMERGENC	Y				Aulock				1		
[]DCA	[]Cancella	tion										
				20 00 00 00 00 00 00 00 00 00 00 00 00 0	TY IN	FORMATION						
Name of Facility Whe		is Taki	ng Pl	ace (3)			Type of Facil	ity (4)				
Same as above							[]School	(K-12) ter 8 (Othe	+b	₩1	21	
Street Addres		-					[X]Other (i.e., priva	ate & c	omme	r-	
								uildings, h				
:					I=		Square Feet	# of Floo		dg.	100	
City (5		County	(6) Es	sex		ty Code (7) TE USE ONLY)	1400 Current Use (2		110		
					0000		Current Use (PIIOI II De	erng de	шотт	snea	,
Name of Monitoring I	Firm hired by	Buildin	o As	CM No.		Name of Abate	ment Contracto	r (9)		- 7	100	
Owner (8)			3			AZTECH N	IANAGEMENT	, Inc.				
N/A Street Address						Street Addres	s		() () () () () () () () () ()			
Screet Address						86 Chris	stopher St					
City, State, Zip Coo	de		-			City, State,	Zip Code		-			
010 <u>1</u> , 00000,							r, NJ 070	42				
Project Manager for	Monitoring Fi	irm Te	lepho	ne Numbe	r	Telephone Num	ber		License		ber	
	5/		/A			(973) 744	1-8800		0037	1		
Scheduled Start Date	e (10) Sche	ed. Comp	letio	n Date (11)	Name of OSHA	Monitor					
8-3-13			5-13			N/A						
		onth	Day	Year		Street Addres						
Occupancy Status Du [X]Facility Clo	sed/Vacated D	uring E	ntire	Period	1	Street Addres	.					
of Abatemen []Abatement Pe		de of N	ormal	Facilit	·	City, State,	Zin Code					_
Hours - Desc	ribe: «OffHour	s Descr	ipt»		1	City, State,	arp code					
[]other - Desc			y Des	cript»					- Jane Berne			
Scope of Work (Chec	k all that app	ply)				וויפון	Containment wi	th Negativ	e Press	ure		
[X]>3 sf or	>3 lf		[X]Rer	novation			-Enclosure					
[] <u>></u> 160 sf			[]Der	molition			ebag Procedure Friable Procedu	ire				
_			İs		- 57	[]Non .			Ab	atem	ent	
Locatio			Locat Norma			Descripti		Amount	R	, p	E	E
Asbestos-Co Material	() T		Use			Asbestos-Cor Material		(Specif	E	R	CA	C
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In Faci	X₹70		Custo	lial		sulation, surf or other misce		LF)	A	I R	U	U
(13)		Yes	taff No	-		or other misce	erraneous,		L		L ·	R
Basement				x	Pip	e Insulat	cion	40 LF	X			
Name of Registered		L		Waste	1554165	oic Yards	Name of Reg		dfill		1	
AZTECH MANAG	SEMENT, IN		1704	ID No.	of	Waste 1.5	G.R.O.W.	S.				
City, State					137-55	sposal Date	City, State					
Montclair, No	07042				8	8-6-2013	Morrisvi	.11e, PA	190	67		
Completed Dr. (Dr.) - 1	or Time) m:	tle				Signatur	e 1 [/	Date			
Completed By (Print Constantine V	** *	resid	ent			17 7	11	his a		5 -1 3		
						(792	Med WALL	UN				



Agencies Notified Type Notification Street Address PALE DOL AME DOL Amendment # DOL Emergency (including justification) Cancellation Name of Contact Cancellation Name of Facility Where Abatement is Taking Place (3) Street Address AUE City. State. Zip Code Project Manager for Mouthing Firm Street Address City. State. Zip Code Name of Monitoring Firm Hird by Building Owner (8) Street Address
DEP Amended Am
Amendment # Emergency (Including Name of Contact Telephone Number
DOH DCA
DCA Cancellation
Name of Facility Where Abstement is Taking Place (3) Street Address City (5) Manasquan County (6) County (6) County (6) Name of Monitoring Firm Hired by Building Owner (8) Expected Address City, State, Zip Code Project Manager for Monitoring firm Project Manager for Monitoring firm Scheduled Completion Date (11) Aug 8, 2013 Occupane) Status During Abatement (Check Only One) Scheduled Completion Date (11) Aug 8, 2013 Occupane) Status During Abatement (Check Only One) Scheduled Completion Date (11) Aug 8, 2013 Occupane) Status During Abatement (Check Only One) Scheduled Completion Date (11) Aug 9, 2013 Occupane) Status During Abatement (Check Only One) Scheduled Completion Date (11) Aug 9, 2013 Occupane) Status During Abatement (Check Only One) Scheduled Completion Date (11) Aug 9, 2013 Occupane) Status During Abatement (Check Only One) Occupane) Status During A
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City (5) Manasquan County (6) County (6) County (7) (STATE USE ONLY) Name of Monitoring Firm Hirred by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. 609 758-3365 Street Address Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. 609 758-3365 Street Address Street Address Street Address Street Address Street Address Street Address Street Address City, State, Zip Code New Eyah Name of Osha Monitor Telephone No. 609 758-3365 Soft Telephone No. 609 758-3365 Street Address Street Address Street Address City, State, Zip Code Name of Osha Monitor For Technologies To Box 337 City, State, Zip Code Name of Osha Monitor For Technologies City, State, Zip Code Name of Osha Monitor For Technologies City, State, Zip Code Name of Osha Monitor For Technologies City, State, Zip Code Name of Osha Monitor For Technologies City, State, Zip Code New Egypt No Oss33
County (6) County (7) County (8) County (8) Name of Monitoring Firm Hired by Building Owner (8) EPC County (8) Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm City State, Zip Code City State, Zip Code City State, Zip Code City State, Zip Code County (8) City State, Zip Code
County (6) Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code New Eyo 1 City, State, Zip Code New Eyo 1 Start Date (10) Aug 9 2013 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Single Facility Share Home Name of Abatement Contractor (9) EPC Technologies Int. Name of Abatement Contractor (9) Facility State, Zip Code New Egy 1 Name of Osha Monitor EPC Technologies Inc. Street Address P.O. Box 337 City, State, Zip Code Name of Osha Monitor EPC Technologies Inc. Street Address P.O. Box 337 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Code New Egy 1 City, State, Zip Containment with Negative Pressure
Street Address City, State, Zip Code Project Manager for Month ril govirm Start Date (10) Aug 8, 2013 Occupane) Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Street Address P.O. Box 337 City, State, Zip Code New Egyph License No. 609 758-3365 Ogy Name of OSHA Monitor Epc Technologies Inc. Street Address P.O. Box 337 City, State, Zip Code New Egyph Ci
Street Address City, State, Zip Code New Esy No. 80833 Project Manager for Month rilgs irm Telephone No. 609 758-3365 Start Date (10) Aug 8, 3013 Occupaner Status During Abatement (Check Only One) Speciality Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Street Address P.O. Box 337 City, State, Zip Code Name of OSHA Monitor EPC Technologies Inc City, State, Zip Code New Egypt NJ 08533 Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533
City, State, Zip Code New Equation 108533 Project Manager for Month right Telephone No. Start Date (10) Aug 8, 2013 Occupaner Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) City, State, Zip Code New Equation 108533 Telephone No. Telephone No. G09 758-3365 Facility Closed/Normal Facility Hours Street Address P-0 Box 337 City, State, Zip Code New Egupt Normal Facility Pressure
Project Manager for Monitoria Grim State Services Congression Start Date (10) Aug 8, 3013 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Telephone No. Telephon
Start Date (10) Aug 8, 2013 Occupand Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Described Schemes (609 758-3365 609 758-3
Start Date (10) Aug 8, 2013 Occupane) Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Name of OSHA Monitor EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533
Aug 8, 3013 Occupane) Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) EPC Technologies Inc Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533
Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) City, State, Zip Code New Egypt NJ 08533
Other - Describe: Scope of Work (Check All That Apply) Rew Egypt NJ 08533
Scope of Work (Check All That Apply)
Renovation Full Containment with Negative Pressure
U 23 51 01 23 11
Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure Abatement
Is Location Type Normally Description of
Used Solely by Asbestos Containing Material (ACM) Amount
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (12) Maintenance/ (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) O D D D D D D D D D D D D D D D D D D
Asbestos-Containing Maierial (ACM) TO BE ABATED In Facility (13) Maintenance/ Custodial Staff? (1.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Specify SF or LF) On De De De De De De De De De De De De De
Yes No N/A .
Yes No N/A .
Yes No N/A .
exterior Walls & Siding Shingles 900 SF X
exterior Walls & Siding Shingles 900 SF X
Pame of Registered Waste Hauler Name of Registered Waste Hauler No N/A **Siding Shingles 900 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste / Wast
Pexterior Walls Residence Shingles Registered Waste Hauler EPC Technologies No N/A Registered Shingles Cubic Yards of Waste God Waste Waste Management of Ph
Pare of Registered Waste Hauler Registered Waste Hauler Registered Waste Hauler Registered Waste Hauler Registered Waste Hauler ID No. 17000 Name of Registered Landfill Waste Management of PM



		(Pur	suam to	NJAC 8:60	and 12.12	-,	29/2						
Date of Notification (1) 7/26/13				Building Own Manager		(2)	<u> 2813</u> -	13/	Pro 1				
Agencies Notified Type Notification	on .	1886	treet Add	dress caucus Ro	oad,		4//		***/(2: 5	1			
EPA Initial DEP Amended Amendment				e, Zip Code us, NJ 07	094		* 1 = 3	· /	11.				
DOH justification DCA Cancellat			ame of 0	Contact Gurnani				Tele	phone Num	oer			
_ BOA _ BOA			FACIL	ITY INFORM	MATION			1					
Name of Facility Where Abatement is Ta Private Property Street Address	king Place (3)					☐ S	of Facility (4 school (K-12 subchapter (?) 3 (Othe	r than K-12)				
854 Newark Avenue						e e	tc.)		commercia				5,
City (5) Jersey City NJ				1953		Square 2500	SF	3	Floors	+5	dg. Aq	je 	
County (6) Hudson			ounty C	ode (7) SE ONLY) _					g demolishe	ed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)	-	ASCM N/A	No.	Firs	t Phase	ement Con e Group I		(9)				
Street Address N/A					567		Street Su	ite#16			5580		
City, State, Zip Code N/A						State, Zi st New	p Code York, NJ	0709	3				
Project Manager for Monitoring Firm N/A			elephon	e No.		ohone No -758-7			License No 001144).			
Start Date (10) 8/9/13	Schedule 8/19/13		pletion [Date (11)			A Monitor onmental	Corp	200 20				
Occupancy Status During Abatement (C	heck Only One	e)				t Addres	s e 22 Wes				10000		
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: S Hours	tire Period of A Normal Facility	batem Hours	ent		City,	State, Zi	ip Code						
Scope of Work (Check All That Apply)	÷	_	-										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				Mir Glo	ni-Enclosure ovebag Prod	e cedure	Negative P			e .	
		Locatio	2012					/			Abate	ement	
Location of Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	Use Mai	Normall d Solel intenar odial S (12)	y y by nce/	(i.e. th	Descriptions Containing sermal syste surfacing, \ other miscell	Material ms insula /AT, or	ation,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
Exterior		1000	×		Roofin	ng		28	800SF	x			
Exterior			х	S	Shingles T	ransite		30	000SF	x			
		13.	IDEE !	lacto	Cubic Yards		Name of	Registr	ered Landfill				
Name of Registered Waste Hauler Tri State Transfer Assoc Inc		Н	JDEP W auler ID 4310		of Waste	•	1		erprises				
City, State 1199 Randall Ave, Bronx NY					Disposal Da	ite	City, Stat Wayne		OH 4466	8			
Completed by Edwin Precilla	Title Proje	ect Ma	anager		Signati	ure (recillo	_	100	ate 26/1	3		



Date of Notification (1) 7/25/2013				Name of JEFFE	Building (Owner/O TOWN	perator SHIP I	(2) 30AR	D OF ED	UCA	TION J	tr.			
Agencies Notified	Type Notification			Street Ad								·	7	**.	
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	te, Zip Co HOPAT	de	. NJ 07	7849	1999		* (A)			1.	5/
☑ DOH DCA	Emergency (justification) Cancellation	including		Name of						Tel	ephone Nun	nber			
DCA .	Cancellation				LITY INFO		ON								
Name of Facility Where	Abatement is Takin	g Place (3)		1 701		J. (11)		Туре	of Facility (4	4) -					
ELLEN T. BRIGGS	ELEMENTARY	SCHOO	DL					× s	School (K-1	2)					
Street Address			1000			- 1			Subchapter	8 (Oth	er than K-12			PROCESS OF STREET	
1 JEFFERSON DR	RIVE								Other (i.e. p etc.)	rivate	& commercia	al build	dings,	home	es,
City (5)			7000						e Feet	#0	f Floors	В	ldg. A	ge	
LAKE HOPATCON	IG														
County (6) SUSSEX				County C	Code (7) USE ONLY)		Curre	nt Use (Prid	or if bei	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	tement Con	tractor	(9)			-	
KARL & ASSOCIA	TES INC.						TWO	BRC	THERS	CON	TRACTIN	G			
Street Address				-				Addres							
P.O. BOX 645							250	RUTH	ERFOR	D BL	/D.				
City, State, Zip Code	1000								p Code				The state of the s		
SHILLINGTON, PA	19607						CLIF	-TON	NJ 0701	14					
Project Manager for Mon	nitoring Firm			Telephor				none No			License N	0.			
MIKE KRISHER					6-7700			956-8	10.000000		00494				
Start Date (10) 8/5/2013		Schedule 8/23/20		npletion [Date (11)				IA Monitor (9) ABO	VE					
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)			*	Street	Addres	ss						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norn	Period of A nal Facility	baten Hours	nent s			City, S	state, Zi	p Code						
Scope of Work (Check A						- CTAHING					-61		-		
p===	чі тпас Арріу)	(C) _					Г	٦			Nie en Die e				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli						i-Enclosure		n Negative P	ressu	re		
2100 01 01 2200 11		tani -					E		vebag Prod						
			-				<u> </u>	⊍ Noi	n-Exempted	d (*) an	d Non-Friab	le Pro	193.07	e ement	
		10.0	Locat	63.63.570										pe	6
Locatio Asbestos-Containing		100000	lorma d Sole	Contraction of	Aches	Des tos Cont	scription		(ACM)	_	mount				
TO BE AB	BATED	100	ntena odial :			thermal	system	s insula		(Specify	Re	_Z	Encapsulate	Enc
In Faci		Cust	(12)	Juli:	15		cing, VA niscellar			S	F or LF)	Remova	Repair	psu	Enclosure
(13)		V		N1/0		Ou ici i	moodiidi	10040)				a	_	late	ē
		Yes	No	N/A								-	_		-
EXTER	RIOR		X		V	VINDO)	W CAL	JLKIN	G	1,8	300 SF	X			
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							_								
		1									-				
Name of Registered Wa	ste Hauler		1	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Landfill	_			1
TWO BROTHERS		3	H	lauler ID 8743		of Wa			10	89.70	NAGEME		6.R.0).W.	S.
City, State CLIFTON, NJ	200					0.0000000000000000000000000000000000000	sal Date		City, Stat		LE, PA	350			
Completed by		Title	-			5	Signature	Э)	Da	ite			
VIVECA RAMOS		PRO	JECT	COOF	RDINAT	A STATE OF THE PARTY OF THE PAR	11/	ve	ant	lar	m 71	25/20	013		

Check #8156

Date of Notification (1)				A STATE OF THE PARTY OF THE PAR	(c) [2] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	wner / Operator (2)						
	July 26, 2013			Joe Czu Street A			2012					\neg
Agencies Notified	Type Notification	n		Succin	luuress		Cold JUL on					- 1
□EPA □DEP				220 Del	aware Trai	l j	2013 JUL 31	M10:31				
DOL	Initial			City, Sta	ate & Zip C	ode	811.					
100 - 100 -	Amende	ed		200000000000000000000000000000000000000	n, NJ 0852		& 1/0/2017	4 1 1				
⊠ DOH	Amendr							(.	ephone	Mun	hor	
∐DCA	Cancell	ation			f Contact			1161	ephone	Null	IDEI	
				Joe Cz	ubak			1			•	
			71	FAC	ILITY IN	FORMATION						
Name of Facility Whe Residence	re Abatement is	Taking P	lace (3)			Type of Facility School (K						
Street Address			W			Subchapt	er 8 (Other than h	(-12)				
220 Delaware Trail						Other (i.	e., private & cor	nmercial buildings	s, hom	e, et	c.)	
						Square Feet	# of Floo	rs Bldg	g. Age			
City (5)					0.5	1,990		2	40	yea	rs	
Jackson						Current Use (F Residence	Prior if being demo	olished)				
County (6) Ocean			ounty Code	(7)								
Name of Monitoring F	irm Hired by Buil	ding Ow	ner (8)		ASCM No	70 BANGS BANGS TO SEE TO SEE SEE	ement Contractor	(9)				
N/A		100	27 W			Synatech, Inc			-			
Street Address						829 Radio Ro	57					
City, State & Zip Cod	e					City, State & Z						
Project Manager for M	Monitoring Firm		Tel	ephone N	lumber	Telephone Nu 609-296-6916	mber	License Num	ber 00817	7		
Scheduled Start Date	(10) IS	cheduled	Completic	n Date (1	11)	Name of OSH	A Monitor					
August 5, 2	2013		Augus	t 12, 201		Synatech, Inc					_	
Occupancy Status Du Facility Clos	uring Abatement ed/Vacated Durir	(Check on ng Entire	only one) Period of A	Abatemer	nt	Street Address 829 Radio Ro						
	Performed Outsid					City, State & 2	Zip Code					
Other – Des						Little Egg Ha	rbor, NJ 08087					
	upied During Aba	tement								-	_	
Scope of Work (Chec					Full Containment	with Negative Press	SUITA					
				Renovation	. n		Mini-Enclosure	with Negative Fres	Suic			
≥3 sf or ≥ 50 lf			=	Demolitio		H	Glovebag Proced	ure				
≥160 sf or ≥26	OU IT			Demonitio		X) and Non-Friable P	rocedu	re		
1.00	tion of		Le Location	on Norma	lly Head	Descripti		, and real ranges		atem	ent T	ype
	cation of aining Material (A	CM)		y Mainter		Asbestos-Co		Amount (Specify				.7.0
TO B	E ABATED	,		dial Staff		Material (SF or LF)		_		
IN	Facility					(i.e., thermal insulation, surf			1 71		밁	ш
	(13)					or other misce			l em	Rep	cap	IS IS
									Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A				=		te	Œ.
Basement				Х		Floor Tile ar	nd Mastic	516 SF	X			T
											l	
					lo ti- Ya	uda af Masta	Name of Regist	ared Landfill				
Name of Registered	Waste Hauler		NJDEP \	No.	(T. 7.77)	ards of Waste						
Synatech, Inc			27	429	5 Disposal	Date	Grows Landfill City, State			- 1 - 4		
City, State					2.5							
Little Egg Harbor, N	J .				August		Morrisville, PA					
Completed By		Title			Signatur	e . // //		Date				
Diane Aloia		Executi	ive Assista	int	NU	ane ale	w	July 26, 2013				

* Emergency *

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

CK 3441

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Date of Notification (1) 7/26/13		4	Name of Willian	Building (Machri	Owner/ ides (Operator Privațê	home)							
Agencies Notified Type Notified Type Notified Initial	ation	1.0	Street A 29 My				* <i>UU</i>	3/ 1	17 Jest						
DEP Amend	iment #			ite, Zip Co nawkin N)50	ž /	- 2 (31					
DOH justific			Name of Willian	Contact				× 7,	Tel	ephone	Num	ber			
Name of Facility Where Abatement is		(3)	FACI	LITY INFO	RMAT	TON	Туре	of Facility (4)			_			
William Machrides (Private ho Street Address	me)						R	School (K-1 Subchapter	2) 8 (Oth	er than l	K-12)	r			
29 Myrtle City (5)							×	Other (i.e. petc.)	orivate 8	& comm	ercia	l build	90101. 1 01.04		es,
Manahawkin NJ 08050							1000	2000	2	f Floors		3	ldg. A 5+	ge	
County (6) Ocean				Code (7) USE ONLY)			Curre	nt Use (Pri	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Bu N/A	lding Owner (8	3)	ASCM	1 No.		A CHARGO CONTRACTOR	of Abat aco Ir	tement Cor	ntractor	(9)				•	
Street Address							Addres			***					
City, State, Zip Code								p Code n NJ 080	91	-10		- Wellbridge			
Project Manager for Monitoring Firm			Telepho	ne No.			one No 753-9			Licens					
Start Date (10) 7/26/13	Schedu 7/27/1		pletion l	Date (11)		Name Same		A Monitor				-			
Occupancy Status During Abatement	(Check Only C	ne)				Street	Addres	S					76550		-+
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe:	ntire Period of f Normal Facili	Abatem ty Hours	ent		_	City, S	tate, Zi	p Code							
Scope of Work (Check All That Apply															\dashv
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova Demolit				×	Min Glo	Containmoni-Enclosure vebag Produces	e cedure					a.	
		s Locati	on						. ()		TIGE!			ment	
Location of		Normal	y '		De	escription	of						Ту	ре	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	IVI) M	ed Sole aintenar stodial S (12)	nce/	Asbesi (i.e.	therma surfa	ntaining M al systems acing, VA miscellan	s insula T, or	(ACM)	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st Floor living room and bedr	ooms		х		Flo	or tile o	nly		70	00 SF		x			
													*		
		-													
Name of Registered Waste Hauler		10000	JDEP W		579.000.000.000	Yards		Name of	Registe	red Lan	dfill				
United Containers		14 100000	auler ID 2459	No.	of Wa			G.R.O.							
City, State Eim NJ					7/29			City, Stat Morrisv		1906	7				
Completed by Anthony T Perna	Title Pres	sident				Signature	7				Date 7/2	e 26/13	}		



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Date of Notification (1) 7/26/13	12	*			Building O Itoni (Pri							-				
Agencies Notified	Type Notification Initial		- 1	treet Add	dress rris Blvd	Estate and the second		19/3	10/3/	,						
DEP DOL	Amended Amendment	The second secon			e, Zip Cod awkin No		50	4.7	-	477	h 3/					
DOH DCA	Emergency (justification) Cancellation	including	1 22	lame of (Neil	Contact				14.7°	Tele	phone N	umber			3	
Name of Facility Where	Abatament is Takin	a Diago (2)		FACIL	ITY INFO	RMATI	ON	Type o	f Facility (4	1						
Name of Facility Where Neil Battoni (Privat		g Place (3)						☐ s	chool (K-12	2)	41 14	40)				
Street Address 316 Morris Blvd								× o	ubchapter (ther (i.e. pr tc.)				ildi	ngs, I	nome	s,
City (5) Manahawkin NJ 08	050							Square 1000-		# of 1+	Floors		Blo 35	lg. Ag +	je	
County (6) Ocean				County C	ode (7) SE ONLY)			Curren	it Use (Prio	r if bei	ng demol	ished)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Con	tractor	(9)					
Street Address							17,533,737	Address				-				
City, State, Zip Code								30x 32 tate, Zip							,,	
Oity, State, Zip Gode									NJ 080	91						
Project Manager for Mo	nitoring Firm		1	elephon	e No.		10000	one No 753-98			License 00727					
Start Date (10) 8/5/13		Scheduled 8/14/13	Com	pletion D	ate (11)		Name Sam		A Monitor							
Occupancy Status Durir	ng Abatement (Che	k Only One)				Street	Addres	s							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Ab nal Facility H	atem	ent		_	City, S	state, Zip	o Code							
Scope of Work (Check	All That Apply)		-				J						3110			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		the same of the sa	novat moliti					Min Glo	Containme i-Enclosure vebag Prod	e edure						
			76	- Т			2	⊴ Nor	n-Exempted	i (*) an	d Non-Fr	riable P		N 53.02 Inter	ment	
Locatio	un of	ls L No	ocation of the control of the contro	ρη y		De	escription	n of		1			_	Ту		
Asbestos-Containin TO BE AS In Fac (13	g Material (ACM) BATED illity	Custo	tenar	ice/		os Con therma surfa	ntaining f al system acing, VA miscella	Material s insula AT, or		(amount Specify F or LF)	Nonloyed	Domouol	Repair	Encapsulate	Enclosure
Exterior	Sidina	100	110	x		Exte	erior Si	ding		12	200.00	x	1			
			-										1			
										D '- 4						
Name of Registered Water United Containers	aste Hauler		H	JDEP W auler ID		of Wa	c Yards aste		Name of G.R.O.		erea Lan	uiill				
City, State	,		22	2459		3 Dispo	osal Date)	City, Stat							-
Elm NJ						8/14	/13		Morrisv		A 1906					
Completed by Anthony T Perna		Title Presio	lent	Ø.			Signatur		2		اد	Date 7/26/	13	1		

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Date of Notification (1) 7/25/13					uilding Ow Lee Payt			2)	Jeg Jeg	2/					
	Type Notification		1	3. B	coln Roa			ζ	72		40.5,				
DEP DOL	Amended Amendment #				e, Zip Code ah NJ 08				******	4,					
DOH DCA	Emergency (in justification) Cancellation	ncluding		ame of C	Contact					Tele	phone Numb	er			
Name of Facility Where Al	batement is Taking	Place (3)		FACILI	TY INFOR	MATIO	ON	Type of	Facility (4)					-
Renee Lee Payton P	rivate Home								hool (K-12		er than K-12)				
Street Address 109 Lincoln Road						-		Ot etc	her (i.e. pr c.)	ivate 8	& commercial				3,
City (5) Wenonah, NJ 08090		***			34 325			Square 1000 -		# of	Floors	35	dg. Ag	je	
County (6) Gloucester			(County Co	ode (7) SE ONLY)			Current	95	r if bei	ng demolishe	d)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.			of Abate	ment Conf	ractor	(9)		•		
N/A Street Address					-		Street	Address		_		n			
City, State, Zip Code								ox 329 tate, Zip				-			
							West	t Berlin	NJ 080	91	License No				
Project Manager for Moni	toring Firm			Felephon	x		856-	none No. 753-98	00		00727	•			
Start Date (10) 7/26/13		Scheduled 7/30/13	Com	pletion D	Date (11)		Name Sam		A Monitor						55-3/6-1
Occupancy Status During							Street	Address	3						
Facility Closed/Vaca Abatement Performe Other – Describe:	ated During Entire ed Outside of Norm	Period of Al nal Facility	batem Hours	ent			City, S	State, Zip	Code						
Scope of Work (Check A	ll That Apply)						r	٦ - "	01-1		h Nogativo D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Mini	-Enclosure	e cedure	h Negative Pi d nd Non-Friabl			e	
		ls	Locati	ion						1			Abate	ement	
Locatior Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Mai Cust	ormal d Sole ntena odial s (12)	ly ly by nce/		os Con thermal surfa		Material ns insula AT, or			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
living room and	dinning room	Yes	No	X		Flo	or tile	only		5	500 SF	×			
living room and	diffilling room														
				LIDED :	Vanta	Conti	Varde		Name of	Regis	tered Landfill				
Name of Registered Wa United Containers	ste Hauler		İ	NJDEP V Hauler ID 2459		of Wa	c Yards aste		G.R.O.		LOIGG EBRUIN				
City, State Elm NJ							osal Dat	е	City, Sta Morris		PA 19067				
Completed by Anthony T Perna		Title Presi	ident				Signatu	FB.	~		1776.85	ite 25/1	3		

Ch 3442

Date of Notification (1) 7/26/13	is and the second				Building C Nihan (I			(2) e)	2813.1111						
Agencies Notified	Type Notification		1 1	Street Ac 27 W D	idress Delaware)		í,	2813,1111	31	Alim.	ŝı			
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Coo Haven 7		J 0800		& L/C						
☑ DOH DCA	Emergency (justification) Cancellation			Name of Gerald	Contact					Tole	enhone Nur	nber			
	. =			FACIL	ITY INFO	RMATI	ON	Kersey.		1					
Name of Facility Where A Gerald Nihan (Priv		g Place (3)						of Facility (4 School (K-12	2)		2204			
Street Address 27 W Delaware								×	Subchapter 8 Other (i.e. pr etc.)				lings,	home	₃s,
City (5) Beach Haven Ter.	NJ 08008								re Feet	# of	Floors	1000	ldg. A 5+	ge	
County (6) Ocean	1 12			County C	Code (7) ISE ONLY)			Curre	ent Use (Prio	r if bei	ng demolisl	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Aba	tement Cont	ractor	(9)				
Street Address	- X							Addre							
City, State, Zip Code							City, S	tate, Z	ip Code in NJ 0809	01					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	none N	0.	71	License N	lo.			\neg
Start Date (10)				pletion [Date (11)		Name		HA Monitor		00727				
8/5/13		8/14/13					Sam	e							
Occupancy Status Durin Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A	Abatem					Addre	ip Code						
Scope of Work (Check A	All That Apply)		-				1	77.1						A. C.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7.77	-	Renova Demoliti				>	Mi	II Containme ni-Enclosure ovebag Proc on-Exempted	edure				e	
		le	Locati	on								T	Abat	ement	t
Locatio	n of	1	Normal	ly .	12	De	escription	of					Т	ре	
Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Ma	ed Sole intenar todial S (12)	nce/	Asbest (i.e.	tos Con therma surfa	ntaining N Il system acing, VA miscella	Materia s insul AT, or	ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	-		x		Fyto	erior Si	dina		17	00 SF	x			
Exterior	Sidiriy			^			91101 31	dirig			00 01	^			
					- 222 - 276 - 276 - 276 - 276										
Name of Registered Wa United Containers	iste Hauler		Н	JDEP W lauler ID 2459		Oubic of Wa	c Yards aste		Name of F		ered Landfi	ı			
City, State Elm NJ					2000020000		sal Date	9	City, State		A 19067				
Completed by Anthony T Perna		Title Pres	ident				Signatur		<u> </u>		D	ate /26/1	3		

Ch 3439

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Date of Notification (1) 7/25/13			B	ame of E	Building Ov ans Priv	vner/0 /ate	Operator (Home	² VU.	ο,							
Agencies Notified	Type Notification			reet Add			J. 191		" Min	′)	30000-300					
EPA DEP DOL	Initial Amended Amendment	#	С	ity, State	e, Zip Code on NJ 08		- 4 C		1	37						\dashv
DOH DCA	Emergency (justification) Cancellation	(including	N	ame of 0					5.2	Tele	ephone N	lumber				
				FACIL	TY INFOR	RMAT	ION			_						
Name of Facility Where a Buck Evans Private		g Place (3)						☐ s	of Facility (4 chool (K-12	2)	6 	400			8	
Street Address 66 Tarpon Rd	18				i i			× c	ubchapter (other (i.e. pr tc.)	ivate 8	& comme	rcial bu				s,
City (5) Tuckerton NJ 0808	7							Square 1000		1.5	Floors	•	35	lg. Ag +	je	
County (6) Ocean				ounty C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if bei	ng demol	lished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abate aco In	ement Con	tractor	(9)					
Street Address							Street A	Address ox 32							- 300570	
City, State, Zip Code									Code NJ 080	91						
Project Manager for Mo	nitoring Firm		Т	elephon	e No.			one No			License 00727					
Start Date (10) 7/26/13		Scheduled 7/30/13	3.5	oletion D	ate (11)		Name Same	en pui en i en pui	A Monitor		l					
Occupancy Status Durir	ng Abatement (Che	ck Only One	2)				Street	Addres	s	2000						\neg
Facility Closed/Vac	cated During Entire ned Outside of Non	Period of A	bateme	ent		_	City, S	tate, Zi	p Code							
Scope of Work (Check /	All That Apply)									-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	1		enovat emoliti				×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	e cedure	Ī				9	
Fil	<u>.</u>	le le	Locatio											Abate	ment	
Locatio Asbestos-Containin <u>TO BE AF</u> In Fac (13	g Material (ACM) BATED illity	Used Mai	ormally d Solely ntenan odial S (12)	y y by ce/		os Co therm surf	Description Intaining Nal system: facing, VA	faterial s insula T, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior	Siding	103	110	x		Ext	terior Si	ding		12	200 SF	×				
		-						92#130 - <u></u>			- 3000	+	_		-	
Name of Registered W	aste Hauler		N	JDEP W	/aste	Cub	ic Yards		Name of	Regist	tered Lan	ndfill				
United Containers	2010 1144101		Н	auler ID 2459		of W	Vaste		G.R.O.	-,						
City, State Elm NJ	7		Alle Comments			Line Contract	oosal Date 0/13	1	City, Stat Morrisv		A 1906	57				
Completed by Anthony T Perna		Title Presi	dent				Signatur	e)	e			Date 7/25		3		
													_			

Uia U.S. Hail Ch#/063

Date of Notification (1)	2/12/12		1	lame of	Building	Owner/Operat	or (2)	Bolt	GNES	E '	To	٥,	
ti de d	Type Notification		- 3	Itreet A						10	1	٠.	0
Agency Notified	Divinitial				4 =		_)E :			_		* 7
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erbor	Amendment # Emergency (includit	ng	-	7	Contac	1.					and the	1	
DOH .	justification) Cancellation		1	ns .	130	DGNE	5	E ·					_[
1 DCA	-			FACIL	TY INFO	PRMATION		_					_
Name of Facility Where	Abatement is Taking Pla	ce (3)		,				ype of Facility (
1074 SE	ib AUE						-1 r	3 School (K-12) 3 Subchapter 8	(Other than K-12)				
Street Address						1	Ì	Other (i.e. priv	rate & commercial	buildings	•		
							5	Square Feet	# of Floors	Bldg. A	je		
ELI 2ABE	.C.U dt							2200	2	7	<u> </u>		
					Code (7)	(STATE USE	1	Current Use (Pri	of it being demotis	hed)			
Commitation	SON.	i	19	ONLY)				1.Combandor (O	. —	<u> </u>	_		
Name of Monitoring Firm	Hired by Building Own	ar A	SCM	No.	,	Name of Abat		nt Contractor (9)	,				
(8)						Street Arkless	S		•				
Street Address	·				×	P.O. B	04	814			_		-
City, State, Zip Code						City, State, Z	p Cp	DOE 1	DIO: 08	857	_	i di C	
	•								I MARRON NO				
Project Manager for Mor	nitoring Firm	Tele	phon	e No.	5	732	23	8×7506	0080	<u>6 .</u>			
2 (2 ((0))	Scheduled C	ompletio	n Dat	e (11)		Name of OSI	IA M	onitor			100		
Start Date (10) 2.05.13	9.0	55.1	3			NOVAL		70 1h				_	
Occupancy Status Durin	g Abatement (Check on	ly one)				Street Addres		418 XC	•	14			
DFacility Closed/Vacati Cl Abatement Performed	ed During Entire Period I Outside of Normal Fac	of Abate ility Hou	ment IS	•		City, State, Z	ip Co	vla	80 CC	257			
Other - Describe:						000							
Scope of Work (Check a	all that apply)	•*	,	ME Ren	- mation	- □ F	ull Co	ontainment with nclosure	Negative Pressur	e	ň		
23 sf or ≥3 if	4.EX			D Dem		Contract of		December	d Non-Friable Pro	cedure .	8		
□ ≥ 160 sf or ≥ 260 lf						· UN	000-12	xempled () are	- Cock : The cock is the cock		Ab	ater Typ	men œ
	*-		_ocati ormat		2.7	Decrint	ion o	,	•		T	T	T
Local	ion of		Sole		Asbe	Description Containing	Mal	ierial (ACM)	Amount (Specify		2	70	Encapsulate
Asbestos-Containi TO BE A	BATED	a	ıstodi	ial	(i.e	., thermal systems surfacing,	ene TAV,	OF	SF or LF))	Removal	Repair	Deu
IN Fa	cility		Staff? (12)			other miscel					=	٦	8
	,	Yes	No	I N/A		*****		× -			-	4	\dashv
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GARAGE				X	Pi	PE IN	<u>3</u>	MOTAJO	40	71	\vdash	\dashv	+
GARAGE											H	7	
<u> </u>				Waste H	lauks:	Cubic Yards	of	Name of Regi	stered Landfill				
Name of Registered Wa		ID I	No.	1 12		Waste	450		.o.w.s,				
NOVATEDO	inc		18	50	1	1 5	_	Con State		71		-	
		\	25	385	2	Disposal Pa	13	1 00200	VILLE) Y	イノ	•		
OID POUL	SE RE		_		7	Signature	7	1 10	()	Date i	0	21.	12
Completed by	. a latte	510	EÑ	10		1 90	Y	DATON	ele/c	17	2	7	10
CANOS A 16	*Don	ot use th	is for	m for as	bestos	icensure exem	pted	activities.					

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Date of Notification (1) 04/12/13					Building C Redevl			2)	3/	C.,		-3 -3		
Agencies Notified	Type Notification	15		Street Add	dress on Way,	, Suite	16	64/	w :	840. 31				
EPA DEP DOL	Initial Amended	4 01		City, State	e, Zip Coo City, NJ	de	****		9,	. ,				
	Amendment : Emergency (Name of		07304	•		Tele	phone Num	ber			19
DOH DCA	justification) Cancellation			Thomas	s Wilk, F				1.					1,
Name of Facility Where	Abatement is Taking	g Place (3)		FACIL	ITY INFO	RMATIO	ON _	Type of Facility (4)					
Hague Building								School (K-1		r than K-12)			
Street Address 88 Clifton Place								Other (i.e. p				ings, l	nome	s,
City (5)								Square Feet 190,000 +	# of 16	Floors	1000	dg. Aq D+	je	
Jersey City County (6)			-	County C				Current Use (Pri		ng demolish				
Hudson		2 (0)			SE ONLY)		Nome	of Abstamant Car	atractor	(0)				
Name of Monitoring Firm J&S Environmental				ASCM	No.			of Abatement Cor nid Contractin						
Street Address 2333 Route 22 We	st	1000		•				Address Sargeant Aver	nue					
City, State, Zip Code Union, NJ 07081								tate, Zip Code n, NJ 07013						
Project Manager for Mor Sherill Gelsomino	nitoring Firm			Telephon				one No. 689-6281		License No 01099	0.			
Start Date (10) 04/23/13		Schedule 11/30/1		mpletion [Date (11)			of OSHA Monitor Environmenta		ratories L	LC			
Occupancy Status Durin	ng Abatement (Ched							Address						
Facility Closed/Vac Abatement Perform	cated During Entire	Period of A	bater	ment s		-		Route 22 We tate, Zip Code	St					
Other – Describe:						_		n, NJ 07081						
Scope of Work (Check /	All That Apply)	- I					×	1 = "04		Nonetius D				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Summer 1	enova emoli				××××	Full Containm Mini-Enclosur Glovebag Pro	e cedure				ž.	
		T 10	Locat	tion				Non-Exempte	a (*) an	non-Friad	le Pro	Abate	ment	t
Locatio	n of	1	lorma	lly			scription				-	Ту	ре	_
Asbestos-Containing		Ma	intena	0.0000000000000000000000000000000000000				Material (ACM) s insulation,		mount Specify	R	70	Enc	m m
In Fac (13	ility	Cust	(12)	Staff?		surfac	cing, VA niscellar	T, or	SF	or LF)	Remova	Repair	Encapsulate	Enclosure
1.5.7		Yes	No	N/A							<u> </u>		ate	e e
" SEE PA	GE 2 "					" SEE	PAG	E2"						
							-10-				-		Y	
Name of Registered Wa		- 4	1	NJDEP W Hauler ID		Cubic of Was		Minery		ered Landfill Hfill				
Service Transport (aroup, mc.		2	20990		Dienos	sal Date							
City, State New Castle, Delaw	are					Dispus	sai Date	Wayne		Opio /				
Completed by		Title	re! h	Jonass		S	Signatur	Wind o	1		ate 7/25/	13		
Dimo Golcev		Gene	erai N	Manger			K	The state of	P	/10	1231			
ASB-41 (R-06-08)							* Do n	ot use this form	or asbes	tos licensur	e exer	npted	activ	ities.

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

Page 2 of 2

		Locati						ement rpe	É
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntenal codial ((12)	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair		Enclosure
	Yes	No	N/A						L
Boiler Room-Bottom Level			X	Pipe Insulation Debris	930 SF	X			\perp
3rd Level			X	Pipe Insulation Debris	1,080 SF	X			
3rd Level			X	Pipe Insulation	300 LF	Χ			
4th Level - Next to Stairwell-Sm Rm			X	Pipe Insulation Debris	20 SF	X			
4th Level			X	Pipe Insulation Debris	1,400 SF	X			
4th Level			X	Pipe Insulation	300 LF	X			┖
4th Level - Room Across Elevator			X	Black Wall Tar	150 SF	Χ			
4th Level - Room Across Elevator			Х	Window Caulk	1,980 LF	Χ			
Ground Floor, Exterior			Х	Window Caulk	2,332 LF	Х			
1st Floor - Throughout Hallway			X	Brown Glue Dabs	4,000 SF	Х			
1st Floor			X	Window Caulk	2,332 LF	Х			1
1st Floor			X	Pipe Chase Insulation	280 LF	Х			Г
1st Floor			X	Pipe Insulation Debris	1,500 SF	Х			T
2nd Floor-Throughout Hallway	\vdash		X	Brown Glue Dabs	14,000 SF	Х			
2nd Floor			X	Pipe Chase Insulation	280 LF	Х			
2nd Floor	\vdash		X	Pipe Insulation Debris	1,600 SF	Х			T
3rd Floor-Throughout Hallway	\vdash	1	X	Brown Glue Dabs	14,000 SF	Х			\top
3rd Floor	1	1	X	Pipe Chase Insulation	280 LF	X			\vdash
3rd Floor	+	-	X	Pipe Insulation Debris	1,600 SF	X	\vdash	1	T
4th Floor	1		X	Window Glazing	1,980 LF	X	\vdash		T
4th Floor	+	\vdash	X	Pipe Chase Insulation	300 LF	X		\vdash	T
4th Floor	\vdash	-	X	Pipe Insulation Debris	1,480 SF	X	\vdash		\top
5th Floor	\vdash	\vdash	X	Pipe Chase Insulation	250 LF	X			T
5th Floor	+	-	X	Pipe Insulation Debris	1,700 SF	X	\vdash		$^{+}$
6th Floor	+-	-	X	Pipe Chase Insulation	270 LF	_		\vdash	+
6th Floor	+-		X	Pipe Insulation Debris	1,650 SF	_	-		+
7th Floor	+	-	x	Pipe Chase Insulation	300 LF	_	\vdash	+	+
7th Floor	+	-	x	Pipe Insulation Debris	2,000 SF	_	_	+	+
8th Floor	+	-	X	Window Glazing	1,430 LF	_	-	1	+
		-	x	Pipe Chase Insulation	10 LF	-	\vdash	-	+
8th Floor	+	-	^	Pipe Insulation Debris	380 SF		\vdash	1	+
8th Floor	+		^	Window Caulk	1,430 LF		1		+
9th Floor 9th Floor	+	-	X	Black Roof Flashing	70 SF		1	1	+
	-	-	X	Pipe Chase Insulation	18 LF	_			+
9th Floor	+-	-	\rightarrow	Pipe Insulation Debris	300 SF	_	\vdash	+	+
9th Floor	+	-	X		280 SF	-	-	-	+
10th Floor	-	-	X	Black Roof Flashing			-		+
10th Floor	-	-	X	Pipe Chase Insulation	15 LF	-	+-	+-	+
10th Floor	+	-	X	Pipe Insulation Debris Black Wall Tar	360 SF 640 SF	_	-	+	+
11th Floor - Machine Room									

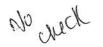
CK#2562

Date of Notification (1) 04/12/13					of Building				۶,			-11		W.
Agencies Notified	Type Notification	i			Address acon Wa	ay, Suit	e 16	¢.,	1	10.				
EPA DEP DOL	Initial Amended Amendmen	t #		City, S	tate, Zip C	Code		***		- 1				
DOH DCA	Emergency justification Cancellation)		Name	of Contac	t			Te	elephone Nu	mber		_	-
				FAC	ILITY INF	FORMAT	ION	**************************************			77			-300-
Name of Facility Where Hague Building	Abatement is Taki	ng Place (3	3)					Type of Facility School (K	1305					
Street Address 88 Clifton Place					-					her than K-1 & commerc		ldings	, hom	es,
City (5) Jersey City								Square Feet 190,000 +	16	of Floors	21 2	3ldg. /	Age	
County (6) Hudson					Code (7) USE ONL			Current Use (Pi	rior if be	eing demolis	hed)			
Name of Monitoring Firm J&S Environmental				ASC	M No.			of Abatement Co mid Contracti						
Street Address 2333 Route 22 Wes	st						100000000000000000000000000000000000000	Address Sargeant Ave	nue					
City, State, Zip Code Union, NJ 07081	2400						City, S	tate, Zip Code on, NJ 07013						
Project Manager for Mon Sherill Gelsomino	itoring Firm		T		one No. 06-0073	3	Teleph	none No. 689-6281		License N	10.			-
Start Date (10) 04/23/13		Schedule			Date (11)		Name	of OSHA Monitor Environmenta			LC		-	
Occupancy Status During	Abatement (Chec							Address						-
		650 V		nent			2333	Route 22 We	est					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Nom	nal Facility	Hour	s			000000000000000000000000000000000000000	tate, Zip Code n, NJ 07081						
Scope of Work (Check Al	ll That Apply)	Mile and the second												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Possesse	enova emoli				××××	Mini-Enclosur	e cedure				9	
		ls	Locat	ion					74.	io mon mas	1		ement	
Location	of	N	orma	lly		Des	scription	of			_	Т	ре	
Asbestos-Containing TO BE ABA In Facilii (13)	TED	Mai	d Sole ntena odial ((12)	nce/ Staff?	Asbes (i.e.	stos Cont thermal surfac	aining M	laterial (ACM) insulation, T, or	(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
105551		Yes	No	N/A									te	(D
" SEE PAG	iE 2 "	-		-		" SEE	PAGE	E 2 "						
		+		<u> </u>			defendence				-			
Name of Registered Wast Service Transport Gr			Н	JDEP Wauler ID 1990		of Was		Name of Minerva		ered Landfill dfill				
City, State New Castle, Delawar	e					Dispos	al Date	City-Stat	e sbura	Ohib 1	/			
Completed by Dimo Golcev		Title Gener	al M	anger		S	ignature	Muy	12	, 660	/12/1	3		
			- CONT 5125			200		AU	_1					

Notification of Asbestos Abatement Continuation Sheet

Page 2 of 2

		Locat						ement /pe	t
Location of sbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lorma d Sole intena codial (12)	ely by nce/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			,			
Boiler Room-Bottom Level			X	Pipe Insulation Debris	930 SF	Х			
3rd Level			X	Pipe Insulation Debris	1,080 SF	Х			
3rd Level			X.	Pipe Insulation	300 LF	X			
h Level - Next to Stairwell-Sm Rm			X	Pipe Insulation Debris	20 SF	Х			
4th Level			X.	Pipe Insulation Debris	1,400 SF	Х			
4th Level			X	Pipe Insulation	300 LF	X.			
th Level - Room Across Elevator			X	Black Wall Tar	150 SF	Х			
th Level - Room Across Elevator			X	Window Caulk	1,980 LF	Χ	J. J.		
Ground Floor, Exterior			X	Window Caulk	2,332 LF	Χ			
st Floor - Throughout Hallway		191511127	X	Brown Glue Dabs	4,000 SF	X			
1st Floor			X	Window Caulk	2,332 LF	Х			
1st Floor			X	Pipe Chase Insulation	280 LF	Х			
1st Floor			X	Pipe Insulation Debris	1,500 SF	Х			
d Floor-Throughout Hallway			X	Brown Glue Dabs	14,000 SF	Х	- 3		
2nd Floor			X	Pipe Chase Insulation	280 LF	X			
2nd Floor			X	Pipe Insulation Debris	1,600 SF	X			
Floor-Throughout Hallway			X	Brown Glue Dabs	14,000 SF	X		-7	
3rd Floor			X	Pipe Chase Insulation	280 LF	X			
3rd Floor			X	Pipe Insulation Debris	1,600 SF	X			
4th Floor			X	Window Glazing	1,980 LF	X			
4th Floor			X	Pipe Chase Insulation	300 LF	X		\neg	
4th Floor			X	Pipe Insulation Debris	1,480 SF	Х			
5th Floor			X	Pipe Chase Insulation	250 LF	Х			
5th Floor			X	Pipe Insulation Debris	1,700 SF		\neg	\neg	
6th Floor			X	Pipe Chase Insulation	270 LF	Х		\neg	
6th Floor			X	Pipe Insulation Debris	1,650 SF	Х			
7th Floor			X	Pipe Chase Insulation	300 LF	X			
7th Floor			X	Pipe Insulation Debris	2,000 SF	Х			_
8th Floor			X	Window Glazing	1,430 LF	X		_	-
8th Floor			X	Pipe Chase Insulation	10 LF	X			-
8th Floor			X	Pipe Insulation Debris	380 SF	X	-		_
9th Floor			X	Window Caulk	1,430 LF	X		-	
9th Floor			X	Black Roof Flashing	70 SF	X		+	
9th Floor		\neg	X	Pipe Chase Insulation	18 LF	$\frac{x}{x}$	+	\dashv	-
9th Floor			X	Pipe Insulation Debris	300 SF	$\frac{x}{x}$	+	\dashv	
10th Floor		\neg	X	Black Roof Flashing	280 SF	X	_	+	_
10th Floor		\neg	X	Pipe Chase Insulation	15 LF	$\frac{x}{x}$	-	\dashv	-
10th Floor	\neg		X	Pipe Insulation Debris	360 SF	$\frac{x}{x}$	-	\dashv	-
		_					-	-	
th Floor - Machine Room	- 1		X	Black Wall Tar	640 SF	X			



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

7813

GAC Project # 060-13 Name of Building Owner/Operator (2) Date of Notification (1) RUTGERS, THE STATE UNIVERSITY OF NJ July 18, 2013 Street Address Agencies Notified Notification Type ENVIRONMENTAL HEALTH & SAFETY DEPT. Initial Notification ☐ EPA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS DCA ☐ Amended Notification City, State, Zip Code X DOL ■ Emergency (including PISCATAWAY, NJ 08854 X DEP- No Longer REQUIRED justification) Name of Contact Telephone Number X DOH **⊠**Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) WILLETS HEALTH CENTER, BLDG# 8394 ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) DOUGLASS CAMPUS Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years County (6) County Code (7) City (5) (State Use Only) Current Use (prior if being demolished): ACADEMIC **NEW BRUNSWICK** MIDDLESEX Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Cardno ATC 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE 268 MAIN STREET City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 BURLINGTON, NJ 08016 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) 07/19/13 07/20/13 ENVIROVISION, INC. Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe MOther - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ▼Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 lf Demolition Glovebag Procedure ■ ≥ 160 sf or ≥ 260 ■ Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Is Location Normally Used Description of Asbestos Containing Material Location of Asbestos-Containing (Specify SF Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, Material (ACM) in Facility (13) Remove Repair Encap Enclose Staff? (12) or LF) VAT, or other miscell.) NO NA YES X Room 211 X VAT 40SF Name of Registered Landfill NJDEP Waste Hauler ID # 5 CY Name of Reg. Waste Hauler Cubic Yards of Waste: G.R.O.W.S. North Landfill See Hauler Below #1 & 2 See Below Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 100 New Ford Mill 07/20/13 NJDEP # 12561 Rd. Morrisville, Pa Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 19067 NJ DEP# 22612 215-736-1700 Date Completed by (Print or Type) Signature July 18, 2013 SENIOR PROJECT Raymand C. Pedalins RAYMOND C. PEDALINO MANAGER

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) July 8, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☐ EPA Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT. DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH □ Cancelled Name of Contact Telephone Number MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) WILLETS HEALTH CENTER, BLDG# 8394 ☐ School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **DOUGLASS CAMPUS** Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years County (6) County Code (7) (State Use Only) NEW BRUNSWICK MIDDLESEX Current Use (prior if being demolished): ACADEMIC 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 BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 07/19/13 07/20/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 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 ≥ 160 sf or ≥ 260 Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Staff? (12) Remove Repair Encap Enclose VAT, or other miscell.) or LF) YES NO NA Room 211 X VAT **40SF** X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 5 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 07/20/13 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa NJ DEP # 22612 19067 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino July 8, 2013 MANAGER

Check # 7671

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

GAC Project # 400-13		175							20						
Date of Notification (1)				Name of Building Owner				20/3							
July 1	7, 2013				FAIRLEIGH DICKINSON UNVERSITY										
Agencies Notified		Notification Initial N		ion	Street Address 10 WOODBRIDGE	AVEN	IUE	e si	A	3					
□ EPA		☐ Amend	ed Noti	fication	City, State, Zip Code				1	,	0,				
⊠DCA		☐ Emerg	ency (i	ncluding	HACKENSACK, N.	J 0760)1		100	4.1	1/2				
⊠ DOL		justific		.o.com	Name of Contact			Telepho	ne Num	ber	4.	_			
DEP- No Longer REQUI	RED	Cancell			MR. DICK FRICK		1					<i>"</i> /			
X DOH		Cancen	cu						~	77 -		_			
				FACILITY INF	ORMATION						7				
Name of Facility Where Abate FAIRLEIGH DICKINSON	ment is Tal	king Place (3) RSITY - ME	TRO CA	MPUS -	Type of Facility (4) School (K-12)										
BECTON HALL					Subchapter 8 (other th	an K-12)								
Street Address					Other (i.e. private & co			as, home	es, etc.)						
1000 RIVER ROAD					Sq. Feet: 120,000 ap					Age: 5	0+ ve	ars			
014.75	O		Count	0-4-77								Kancero			
City (5) TEANECK	County (6	RGEN		Code (7) Jse Only)	Current Use (prior if bein	ng demo	olished):		EMIC C NISTRA						
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Name of Contractor (9)										
ENVIRONMENTAL DE			0095												
					GREENWOOD ABA	TEME	NT CO	NSUL	TANTS	, INC.					
Street Address		274			Street Address										
5434 KING AVENUE -	SUITE 1	01			268 MAIN STREET										
										- 44/455					
City, State, Zip Code	400				City State, ZipCode BUTLER, NJ 07405										
PENNSAUKEN, NJ 08	ACCUSED AND ADDRESS OF THE PARTY OF THE PART	Telephone N	lumbor		Telephone Number			Liconco	Number	7					
Project Manager for Monitorin JAY MURRAY	<u>g riiii</u>	609-221			relephone Number			Licerise	INGITIDEI						
JAT WORKAT		003-221	-0073		973-492-0477			00840							
Scheduled Start Date (10)		Scheduled C	Completio	n Date (11) .	Name of OSHA Monitor		-								
08/02/13		08/04/13			ENVIROVISION, IN	C.									
Occupancy Status During A	batement	(Check only o	ne)		Street Address										
▼ Facility Closed/Vacated	During En	tire Period of	Abateme	nt			_								
☐ Abatement Performed O	utside of N	lormal Facility	Hours		20-21 WARGARAW	ROA	<u> </u>								
Describe:					City, State, Zip Code										
☐ Facility Occupied During	Entire Per	riod of Abatem	ent												
Hours MON 7AM - SA	AT 12 MI	ID (24 Hrs	as nee	ded)	FAIRLAWN, NJ										
Source of Work (Check all tha	at apply)														
						Full (Containn	nent with	n Negativ	ve Pres	sure				
区 ≥3 sf or ≥3 l	f			▼ Renovation		500 05577555	i-Enclos								
□> 160 sf or > 2	260 If			Demolition	X	Glove	ebag Pro	ocedure							
					<u></u>		xempted		Non-Fri	able Pr	rocedu	re			
Location of Asbestos-Contain	ing Is Lo	ocation Norma	lly Used		estos Containing Material	. 1	Amount		Abateme	nt Type					
Material (ACM) in Facility (13)		ely by Maint./Co	ustodial		al systems insulation, surfa	cing,	(Specify	SF	Remove F	Renair F	ncan F	Enclose			
	Staf YES	f? (12) S NO	NA	VAT, or other mise	cell.)		or LF)	1.	tomovo i	topan L	поцр с	ITIOIOGO			
ord ElII-II	1 1 5	IXI	INA	TOL DIDE EL	TTING INSULATION	. +	38 LF		X						
3 rd Floor Hallway				131-PIPE FI	I TING INSULATION	4	30 LF								
		Lugesu		<u> </u>					(D- · ·		יומג				
Name of Reg. Waste Hauler		NJDEP Was		· ID #	Cubic Yards of Waste:	5 CY			Registe						
Newark Carting, Inc.		NJ DEP	# 4509					G.R.U.	.vv.3. N	OI III L	.aiiuii				
Newark, NJ 04509		L			<u> </u>	15:				C					
							osal Date	<u>e</u>		ty, State		ill Rd			
Notes: None						08/0)4/13			orrisville					
										5-736-1		2000786			
Completed by (Print or Type)		Title			Signature			Date	Street Name						
RAYMOND C. PEDAL	INO	SENIOR P	ROJEC	T	Raymand C. F.	adal.		July 1	7, 201	3					
	1000 CO. 100	MANAGER		~	raginana C. 12	easter.	10	11752							

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

₹Денеск # 20204

Date of Notification (1) 07-24-13				Name of PSE&C	Building (Owner/O	perator	(2)		JU 31		<u> </u>				
Agencies Notified	Type Notification	\$4	10.00	Street Ac 270 Ma	dress arin Bou	levard		400	¢ ().	- 1	⁶⁴ 10.					
DEP DOL	Initial Amended Amendment	#		City, Stat	te, Zip Co	de						31				
DOH DCA	Emergency justification) Cancellation			Name of Jim Bla	Contact				Tel	ephone Nu	mbęr					
				FACIL	ITY INFO	RMATI	ON					-				
Name of Facility Where	Abatement is Takin	g Place (3)					Type of Facility School (K	(-12)	2)						
Street Address 270 Marin Boulevar	rd									er than K-1 & commerc		dings,	home	es,		
City (5) Jersey City								Square Feet	# 0	f Floors	E	Bldg. A	ge			
County (6) Hudson				County C	ode (7) ISE ONLY)			Current Use (F Commerica		ng demolis	hed)					
Name of Monitoring Firm GZA Environmenta		Owner (8)		ASCM	l No.			of Abatement C								
Street Address 55 Lane Road, Suit	te 407							Address Broad Street			14 11.		- 30031			
City, State, Zip Code Fairfield, NJ 07004								tate, Zip Code stadt, NJ 070	72							
Project Manager for Mor Benjamin Sallemi	nitoring Firm			Telephor	ne No. '4-3311		Teleph	one No. 939-6565		License 1	No.					
Start Date (10) 07-27-13		Schedule	ed Con	TOTAL NO.	Date (11)		Name of OSHA Monitor Even-Air Inc.									
Occupancy Status Durin	g Abatement (Chec	Christian Christ					0.0000000000000000000000000000000000000	Address			- 200					
Facility Closed/Vac	ated During Entire	Period of A	Abatem				10-59 Jackson Avenue									
Abatement Perform Other – Describe:		nal Facility	Hours			_		tate, Zip Code Island City,	NY 11	101						
Scope of Work (Check A	II That Apply)	9 <u>4-444</u> 0					Pos	OSHA Cla	ss II							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		terminal to the same of the sa	Renova Demolit				×	Glovebag P	ure rocedure	ä			L275.			
		Т.		82024				Non-Exemp	ted (*) ar	d Non-Fria	ble Pro		emen	t		
Location	o of		Locati Normal	ly		De	scription	of				T	/ре			
Asbestos-Containing	Material (ACM)		ed Sole		Asbes	tos Con	taining N	faterial (ACM)	100	Amount	_		m	т		
TO BE AB			todial S		(i.e.	thermal surfa	system: cing, VA	s insulation, T, or		Specify F or LF)	Remova	Repair	cap	Enclosure		
(13)		-	(12)	_		other r	niscellar	neous)			oval	air	Encapsulate	sure		
		Yes	No	N/A		7/2			 _	001 5	-	_	"			
Exterior: Du	ıct Bank			X		1	ransite)	3	20LF	x	-	-			
											_					
				-					+		+	-				
Name of Registered Wa	ste Hauler		IN	JDEP W	aste	Cubic	Yards	Name	of Regist	ered Landfi	1			ļ		
ATC, Inc. / JBT (500			H	lauler ID 4310		of Wa				erprises						
City, State Shirley, NY / Bronx,	NY					Dispo TBD	sal Date			, OH 446	888					
Completed by Joseph Patrick Project Manager Signature 07-24-13																

OK 10445

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/Operator (2) Rutgers The State University of NJ						
July 23, 2	013	N-65 C	T		Rutgers The State	university	OI NJ	Softe Dance	tmont.		
Agencies Notified		Notification	Type ial Notifi	ication	Street Address Environ	nmetal He	aith & S	Saπy Depar	tment		
EPA		□Amend			27 Road 1, Bldg 4	086 Livin	gston (campus			
DCA					City, State, Zip Code			·	-7.		
x DOL		☐ Emerg		ncluding	Piscataway, NJ 03	8854		No.	<u> </u>		
X DEP			cation)		Name of Contact		Telepho	ne Number	94		
x DOH		□ Cance	elled	FACILITY INFO	_Mike Smith -Env Health	& Safety		1	. 3		
Name of Facility Where Abate	ment is Tal	king Place (3)		FACILITY INF	Type of Facility (4)				7		
Rutgers University-					School (K-12)	14.40					
Street Address					Subchapter 8 (other than		marasa E				
Cook Campus					Other (i.e. private & Sq. Feet: NA # of F				s		
<u>City (5)</u>	County (6	5)		Code (7)							
New Brunswick	Middle	sex	(State I	Jse Only)	Current Use (prior if being	demolished)	:				
Name of Monitoring Firm Hire	d by Bldg. (Owner (8)	ASCM		Name of Contractor (9)						
ATC Associates			0009	0	GREENWOOD ABAT	EMENT CO	ONSUL"	TANTS, INC.			
Street Address					Street Address						
3 Terri Lane											
City, State, Zip Code			- 1524		268 MAIN STREET City State, ZipCode						
Burlington, New Jers	sey 080	16			Butler, NJ 07405						
Project Manager for Monitorin	ng Firm	Telephone			Telephone Number		License	Number			
Brian Kearny		609.386	-8800		973-492-0477		00840				
Scheduled Start Date (10)		Scheduled	Completio	n Date (11)	Name of OSHA Monitor		00040				
August 2, 2013		August									
-					EMSL inc.						
Occupancy Status During A				20	Street Address						
Facility Closed/Vacat					1056 Stelton Road						
Abatement Performer Describe	d Outside (or Normal Fa	cility Hour	8-	City, State, Zip Code						
Other – Describe: 5:	pm to 5	am									
					Piscataway, NJ 08	854					
Source of Work (Check all the	at apply)	AMERICAN III									
								h Negative Pre	ssure		
≥ 3 sf or ≥ 3					ion		nclosure				
	260			Demolition		Glovebag F	rocedure	e nd Non-Friable	Procedure		
Location of Asbestos-Contain	ning Is I	ocation Norma	ally Used	Description of Ast	pestos Containing Material	Amour		Abatement Type			
Material (ACM) in Facility (13		ely by Maint./0		(ACM) (i.e. therm	nal systems insulation, surfact	ing, (Speci		Remove Repair B	Encan Enclose		
	Stat	ff? (12)		VAT, or other mis	cell.)	or LF)	1	Remove Repair_	Encap Enclose		
	YE		NA	1/0=		900 -	e 1	X			
101 Suite		X		VAT		800 s	•	۵			
125B,125C		NJDEP Wa	oto Houlo	ID#	Cubic Yards of Waste:		Name o	f Registered Lar	l I I I		
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	See Belo		110#		40 CYDS	Meado	wfill Landfil	I		
Hauler #1) Greenwoo	od Abate	ement Cor	sultan	ts, Inc Butle	er, NJ 07405	Disposal Da		City, State Route 2,			
NJ DEP #	12561					August 5	, ∠013	Bridgepor			
Hauler #2) Horizon D	isposal S	ervices, Inc	. Trento	on NJ 08611- N	JDEP # 22612			304-842-2			
		and a second control of the second of the se									
Completed by (Print or Type)		Title			Signature		Date				
Raymond C. Pedalin		SENIOR I	PROJEC	CT	Raymond C Per	dalian	July	23, 2013			
MANAGER				Landanous C. Los	,,,,,,,,,						

State of New Jersey - Notification of Asbestos Abatement

Date of Notification (1)	042	95			Name of Building Owner/Operator (2) Rutgers The State University of NJ								
July 23, 2	013	Tar ee-e-	_		Rutgers The State	University	OI NO	Cash Divantuant					
Agencies Notified		Notification	<u>rype</u> ial Notif	inction	Street Address Environ								
EPA				THE CONTRACTOR OF THE CONTRACT	27 Road 1, Bldg 4	086 Livin	gston	cCampus _o					
DCA		□Amend		Control of the Contro	City, State, Zip Code			()					
x DOL		☐ Emerg	jency (i	ncluding	Piscataway, NJ 0	8854		C					
X DEP		justific	cation)	1	Name of Contact	000.	Telenh	none Number	-				
x DOH		☐ Cance	elled		Mike Smith -Env Health	& Safety	1600						
				FACILITY INFO		i di Galety							
Name of Facility Where Abate				FACILITY INFO	Type of Facility (4)								
Rutgers University-	Hill Hall	Building '	7225		☐ School (K-12) ☐ Subchapter 8 (other than	K-12\		24					
Street Address		2			Other (i.e. private &		ildinge	homos etc.)					
Newark Campus					Sq. Feet: NA # of F								
City (E)	County (6	2)	County	Code (7)	Sq. Feet. NA #OFF	10013. 7 1010	ig. Age	s. oo pius years					
<u>City (5)</u>				Use Only)	Current Lies (prior if being	demolished)							
Newark	Middle	esex	Totale	OSC OTHY)	Current Use (prior if being demolished):								
Name of Monitoring Firm Hire	ed by Bidg.	Owner (8)	ASCM	No.	Name of Contractor (9)								
ATC Associates			0009	8	GREENWOOD ABAT	TEMENT C	ONSU	LTANTS. INC.					
Street Address					Street Address				-				
3 Terri Lane					268 MAIN STREET								
<u> </u>													
City, State, Zip Code					City State, ZipCode		3377						
Burlington, New Jersey 08016					Butler, NJ 07405								
Project Manager for Monitoria	Project Manager for Monitoring Firm Telephone Number				Telephone Number		Licens	e Number					
Brian Kearny		609.386	-8800		973-492-0477		0084	0					
Sahadulad Start Data (10)		Schodulad	Completic	n Date (11)	Name of OSHA Monitor								
Scheduled Start Date (10)		August			Name of OSHA Monitor								
August 2, 2013		August	3, 2013		EMSL inc.								
Occupancy Status During A	Abatement	(Check only	one)		Street Address		-						
Facility Closed/Vacat				ment									
Abatement Performe					1056 Stelton Road								
Describe					City, State, Zip Code								
Other – Describe: 5	:pm to 5	iam			Piscataway, NJ 08	25/							
					riscataway, 140 00	004							
Source of Work (Check all th	at apply)												
						Full Contain	ment w	rith Negative Pressure					
> 3 sf or > 3	lf			■ Renovati	on	Mini-Er	nclosure	1					
区> 160 sf or >	260			Demolition		Glovebag I	Procedu	ire					
					×	Non-Exemp	ted (*) a	and Non-Friable Procedu	ure				
Location of Asbestos-Contain	ning Is L	ocation Norma	ally Used		estos Containing Material	Amour		Abatement Type					
Material (ACM) in Facility (13		lely by Maint./C	Custodial		al systems insulation, surfaci			Remove Repair Encap Enc	close				
1	77.20.75.05	iff? (12)		VAT, or other miss	cell.)	or LF)		Kellove Kepali Elloup Elle	21000				
	YE		NA	1/47		400	.5	X					
305	305 X VAT					400 s	51	ш					
I NOSDW + H + ID#				10#	Cubia Varda of Master		Namo	of Registered Landfill					
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 NJDEP Waste Hauler ID # See Below					Cubic Yards of Waste: 40 CYDS Name of Registered Lan Meadowfill Landfill								
			Leg le	4a Ina Dutia		Disposal Da	1010011	City, State					
Hauler #1) Greenwo		ement Cor	isultan	ts, inc. – Butie	r, NJ U/405	August &							
NJ DEP #						August	, 2010	Bridgeport, WVA					
Hauler #2) Horizon Disposal Services, Inc. Trenton NJ 08611-				on NJ 08611- N	JDEP # 22612			304-842-2784					
Occasional de (Distantes Toro)				Cignoture				_					
Completed by (Print or Type) Title				Signature Paymend O Dedaline July 23, 2013									
Raymond C. Pedalino SENIOR PROJECT			61	Raymond C Pedalino July 23, 2013									
MANAGER				1,500 (3)									

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

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Date of Notification (1) 7/24/2013 Check #2466		N H	ame of I	Building Ow	ner/O	perator ((2) OCHIA	AL SCHO	OL	Ç.		U		
Agencies Notified Type Notification		- 1	reet Ad								704	7 ,		10.
		1 -		st Street				2-11/17/77		182-100	1	-1-	-	
DEP Amended				e, Zip Code Id, NJ 07									10	, [
Emergency (ir		-		Contact		-			Tel	ephone Num	nber			
DOH justification) Cancellation		- 1		ibbons										
	DI (0)		FACIL	ITY INFOR	MATI	ON	Type	f Facility (4)			_		2025 -	
Name of Facility Where Abatement is Taking Holy Trinity Interparochial School	Place (3)							chool (K-12						
Street Address							x S	ubchapter 8	(Oth	er than K-12				
336 First Street							□ e	tc.)		& commercia				5,
City (5)							Square 60,00		2	f Floors	60 60	dg. Aq)+	ge	
Westfield, NJ 07090		To	ounty C	ode (7)						ng demolish				-
County (6) UNION				SE ONLY)				te Schoo			•			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM			HOUSE STREET		ement Cont					4/1	
McCabe Environmental Services			00118	B 		A	Addres	s Corpor	ation					
Street Address 464 Valley Brook Avenue							69th S						2	
City, State, Zip Code							tate, Zij					A HELD		
Lyndhurst, NJ 07071								g, NJ 070	93	,	9			
Project Manager for Monitoring Firm			elephor	ne No. 34-2746		1 50 GH200 N	none No 295-17			License N 01074	10.			
Jim Ruff Start Date (10)	Schedule				-10-27			A Monitor	-					
8/5/13	8/12/13					EA S	Service	es Corpor	ation	ı				
Occupancy Status During Abatement (Check	Only One	e)					Addres	500 am						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	batem	ent				e as al State, Zi		_			-		\dashv
Other – Describe: Starting 7 AM	ai i aciiity	riours		-	-	Oity, C	, L.	p 0000						
Scope of Work (Check All That Apply)		15					_			101				12
≥3 sf or ≥3 lf		enovat				>	i un	Containme		h Negative F	Pressui	re		
≥160 sf or ≥260 lf	Пр	emoliti	on				Glo	vebag Proc	edure	IN. Fall	-I- D		_	
							_l Nor	n-Exempted	(*) ai	nd Non-Friat		ANTEN YEAR	ement	
		Location Iormali			De	escription	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	d Solel	y by		os Cor	ntaining !	Material			Amount	7		En	ш
TO BE ABATED In Facility		odial S		(i.e. t		al system acing, VA		ition,		Specify F or LF)	Removal	Repair	caps	Enclosure
(13)		(12)			other	miscella	neous)				val	ąir	Encapsulate	sure
	Yes	No	N/A											
Gym Flr-3 separate containment ag	1	×		Mastic a	SSOC	iate w/	wood	flooring	4	50 SF	x			
											Ç1			
				ļ.,	_			l No.	Desi	torod I s = Je				
Name of Registered Waste Hauler			JDEP Wauler ID		of Wa			10 (1990) The Company of the Company	(SLC) 7 (SS)	tered Landfi agement				
Freehold Carting		15	939		TBD					gernent				
City, State PO Box 5010					Dispo	osal Date)	Э	City, State Tullytov		andfill				
Completed by	Title		-1029			Signatur	e //-	5//	/	D	ate	90000000		
Gina Salvador Office Manager T/24/2013														

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

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	* 7.	Q* = c	<i>ij</i>		_
Tele	ephone Numb	er 			
y (4)					\dashv
(-12)	er than K-12) & commercial	buildin	as ha	mes.	
	f Floors	Bldg	g. Age		\dashv
2 Prior if hei	ing demolishe	90+	+		-
Contractor poration	r (9) 1				
07093					
	License No.	0.			
nitor		37			
osure Procedur	vith Negative re and Non-Fria			e	
mpted (*)	and Non-i na	DIC 1 10	Abate	ement	
1)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
-	15 LF	x			
			-	+	+
me of Rec	gistered Land	Ifill	1		
aste Ma					
ty, State ullyTown	/	Date			4
eas		7/25/2	2013	E	»
N Ci Ti	Waste Ma City, State Fully Town	Naste Management City, State FullyTown Landfill	TullyTown Landfill Date 7/25/	Naste Management City, State FullyTown Landfill Date 7/25/2013	Naste Management City, State FullyTown Landfill



* Emergency *

Type Notification

Initial

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Denise Deserable (Private home)

Amended

Amendment #

justification)

Cancellation

Emergency (including

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

Franklinville NJ 08322

37 Paul St

City (5)

County (6)

Gloucester

Street Address

Start Date (10)

7/29/13

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

≥3 sf or ≥3 lf

≥160 sf or ≥260 If

Scope of Work (Check All That Apply)

×

7/26/13

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

Scheduled Completion Date (11)

Renovation

Demolition

8/1/13

Title

President

					Print Form
State of New Jerse CATION OF ASBESTOS ursuant to NJAC 8:60 ar	ABATEN nd 12:120) 26/5/	K:	3444	,
Name of Building Owner Denise Deserable ((a)		
Street Address 37 Paul St		4/10		Airto SI	
City, State, Zip Code Franklinville NJ 083	22	14		31	
Name of Contact Denise			Teler	hone Numbe	r
FACILITY INFORMA	TION				
2		Type of Facility (4) School (K-12) Subchapter 8 Other (i.e. prietc.)) (Other	than K-12) commercial b	uildings, homes,
		Square Feet 1000+	# of I	Floors	Bldg. Age 35+
County Code (7) (STATE USE ONLY)		Current Use (Prior	if bein	g demolished)
ASCM No.	100	of Abatement Continaco Inc.	ractor (9)	•
	100000000000000000000000000000000000000	Address Box 329			
		State, Zip Code et Berlin NJ 0809	91		-
Telephone No.	9,550,000	hone No. -753-9800		License No. 00727	
empletion Date (11)	Name	of OSHA Monitor ne			
ement	Stree	t Address			
rs	City,	State, Zip Code			
vation lition		Full Containme Mini-Enclosure Glovebag Proc	edure		

					lon-Exempte	d (*) and Non-Friat	ole Pro	cedur	е		
*	1000	Location	1.75	December of			Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel intenar todial S (12)	y by nce/	Description of stos Containing Mater e. thermal systems ins surfacing, VAT, or other miscellaneou	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
0:	Yes	No	N/A						æ		
Garage Area			×	floor Tile		700 SF	x				
Name of Registered Waste Hauler United Containers		H	JDEP W	Cubic Yards of Waste	Name of	Registered Landfi .W.S.	11	<u>.</u>		L	
City, State		2	2459	 Disposal Date	City, Sta						

8/1/13

Signature

Date

7/26/13

Anthony T Perna

Completed by

Elm NJ

Due in at #		NO.	TIFIC	Stat ATION	te of New Jersey OF ASBESTOS A	BATEM	ENT	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Che	eçk # 2083	3			
Project #		1,000	(Pur	suant to	NJAC 8:60 and	12:120)			1-6	13 11.				
Date of Notification (1)			TN	ame of	Building Owner/O	perator (2)		ď.	eck # 2083		280.00		
07/25/2013			1000		Regional Me			er	~	0/	11			
Agencies Notified	Type Notification		100	treet Ad					6	7 / 1	. 10	11%	_	
		i.	23	30 Eas	st Ridgewood	Avenu	ue			168 C		10:	3/	
EPA DEP	Initial Amended		C	ity, Stat	e, Zip Code					17.	3.			
DOL	Amendment		- P	aramu	is NJ 07652			0			G^{-}	-1		
■ DOH	Emergency justification)		N	lame of	Contact				Tele	phone Numb	er 🤻			
DCA	Cancellation		Jo	ohn La	Rocca				<u> </u>					_
				FACIL	ITY INFORMATI	ON	T	- of Facility (1)					_
Name of Facility Where						2	1 yp	e of Facility (4	+)					
Bergen Regional M	ledical Center							School (K-1)	2) 8 (Oth	er than K-12)				
Street Address						1	H	Other (i.e. p	rivate 8	commercial	buildi	ings,	home	s,
230 East Ridgewood	od Avenue						_	etc.)	1 # 0	Floors	T RI	dg. A	70	_
City (5) Paramus, N	J 07652						Squ	are Feet	# 01	rioois	J. Div	ug. A	Je	
County (6)					Code (7)		Cur	rent Use (Prid	or if bei	ng demolishe	d)			
Bergen			1	STATE	ISE ONLY)									
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	Name	of At	atement Cor	tractor	(9)				
AHERA						Nick F	Res	toration Ll	_C					
Street Address						Street								
						1		side Rd						
City, State, Zip Code								Zip Code						
								NJ 078	69	- N				
Project Manager for Mo	nitoring Firm			Telepho		Teleph				License No	•			
John Smoyer			- 1		52-1833	973-9				01133				_
Start Date (10)		Scheduled		pletion I	Date (11)			SHA Monitor	e					
08/07/2013		08/08/20	Property of			Street		ronmenta				80		_
Occupancy Status Durin						2333								
Facility Closed/Vac	ated During Entire	Period of Al	oatem	ent				Zip Code						_
Abatement Perform Other – Describe:		mai Facility i	Hours			100000000000000000000000000000000000000								
						JUHIOI	i, iv	J 07083				_		_
Scope of Work (Check	All That Apply)	-				г	7.	ull Containm	ant with	Nogotivo Pr	rocei ir	ro.		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					/lini-Enclosur		i Negative Fi	CSSUI			
								Slovebag Pro	cedure	J Nina Prinkl	o Droi	aadur	_	
			_	_			<u> </u>	Non-Exempte	d (*) ar	id Non-Friable			ement	15
		20	Locati										ре	100
Location	0.81(7)69		ormal I Sole			escription		int (ACM)	,	Amount				
Asbestos-Containin TO BE AB		Mair	ntenar	nce/	Asbestos Cor (i.e. therma					Specify	20	æ	Encapsulate	Enc
In Fac	ility	Custo	odiai 8 (12)	staff?		acing, VA miscella			s	F or LF)	Removal	Repair	Sde	Enclosure
(13)		,	_	otner	miscella	neou	5))al	=	late	Ire
		Yes	No	N/A									-	_
Boiler Room 2nd	floor		×		TSI- wrap &	cut			15 el	bows				L
			-0.0											
		+	_	+										
				-					-		-	-	-	\vdash

NJDEP Waste Hauler ID No.

33782

Title

President

Name of Registered Waste Hauler

City, State Randolph, NJ 07869

Nick Restoration LLC

Completed by

Elvira Mrda

Cubic Yards of Waste

Disposal Date

Signature

TBD

TBD

Name of Registered Landfill

Date

07/25/2013

G.R.O.W.S

Tullytown, PA

City, State

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

177

Date of Notification (1)	29-13	Name of	Building Owner/Operato	LBAMS		4			<u></u> -
Agency Notified Type 1	· · · · · · · · · · · · · · · · · · ·	Street A	ddress 57 COLU	mbia	AVE	- O			1
GOOL Am	andment # organcy (including ification) cellston		LONG BRA Contact SHARA	inch 1	V 5 07	746	<u>6.</u>	-	
a bon	- A-(-)	FACIL	ITY INFORMATION						-
Name of Facility Where Abateme SHARA Street Address	m is Taking Place (3) ALBAMS MBIA AV				2) 8 (Other than K-12) rivate & commercia		s.	70.0	
LONG BRA		<u>U</u>		Square Feet	# of Floors	Blag. A	4		
County (6) MUN MOUT		County ONLY)	Code (7) (STATE USE	Ho	Prior if being demolt USE:	shed)			
Name of Monitoring Firm Hired L (8)	y Building Owner A	SCM No.	Ace.	ment Contractor	ition Co.	In	٠.		
Street Address City, State, Zip Code			Street Address City, State, Zip	ontros	e Rd	was 1 0 - 10 -			
Project Manager for Monitoring	Firm Tel	ephone No.			License No.	199			_
Start Date (10)	. Scheduled Completic	on Date (11)	Name of OSH						_
9-1-13 Occupancy Status During Abate	S-14/- 1 ment (Check only one)	3	Street Address	The first of the second second	24	امر			
☐ Facility Closed/Vacated Durin ☐ Abatement Performed Outsid ☐ Other – Describe;	g Entire Period of Abate of Normal Facility Hou	ment rs	City. State, Zip	ontross leck N.	J 0778	a			
Scope of Work (Check all that a □ ≥ 3 st or ≥ 3 if □ ≥ 160 st or ≥ 260 ft	oply)	☐ Rend ② Dem	olition D Mir	ii-Enclosure yobag Procedure	h Negative Pressur				
Accomplete to the distribution of the control of th	N	Location					Abet	ype	nt
Location of Asbestos-Containing Mate TO BE ABATED IN Facility (13)	lel (ACM) Mel	i Solely by ntenance/ ustodial Staff? (12)	Description Asbestos Containing if (i.e., thermal system surfacing, Violente in the contact of the contact in t	Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)		Repair	Encapsulate	an interest the
	Yes	No N/A	SIDIN	15	1500	Se	4	1	
							1		-
Name of Registered Waste Hav		DEP Waste H		Name of Reg	istered Landfill		1.	1	L.,
Ace Insulad	ion Co Ind"	208	6 Supposal Date	City, State	0W5				_
Colts Neck	M'2:		Signature	Tully	Town, P	Date			
Sack GALL	OPS MO	n R	In C	rull.		7-27	1-1-	3	

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

ETS JOB # 3915/13 CPT AMENDMENT # 4								
Date of Notification (1) 7/25/2013	Name of Building O Port Authority of	wner / Operator (2) New York & New Jersey	, At 2: 31					
Agencies Notified EPA DEP Notification Initial Notification Amended Notification DOH Cancellation	Name of Contact	ode 07310	I -	Sleebone Number				
DCA DCA	Mr. Ralph Campi		E10-	para to the transfer of the tr				
	FACILITY INFO							
Name of Facility Where Abatement is Taking Pl Terminal B, B-2 Connector Departures L		Type of Facility (4) School (K-12)						
Street Address		Subchapter 8 (Other to	10.7					
Newark International Airport, Newark, N	J	Other (i.e., private & c						
City (5) County (6)	County Code (7)	Square Feet # of FI	2	ldg. Age 50+				
Newark Essex	County Code (1)	Current Use (Prior if being	demolished)					
11011111		Airport						
Name of Monitoring Firm Hired by Building Owr THE PORT AUTHORITY OF NY & NJ	ner (8) ASCM No.	Name of Abatement Contra ETS Contracting, Inc.	actor (9)					
Street Address		Street Address						
241 ERIE STREET, ROOM 236 City, State & Zip Code		160 Clay Street City, State & Zip Code						
JERSEY CITY, NJ 073100		Brooklyn, NY 11222						
Project Manager for Monitoring Firm MR. RALPH CAMPIONE	Telephone Number 973-624-6898	Telephone Number 718-706-6300	License N	umber 00511				
	npletion Date (11) 12/31/2013	Name of OSHA Monitor TESTOR TECH, INC.						
Occupancy Status During Abatement (Check of Facility Closed/Vacated During Entire P	nly one) Period of Abatement	Street Address 10 59 JACKSON AVEN	UE					
Abatement Performed Outside of Norm Describe: MONDAY - FRIDAY 3:3		City, State & Zip Code L.I.C., NY 11101						
Other - Describe:								
Scope of Work (Check all that apply) ☐ Demolition ☐ Renovat ☐ Large Project ☐ Quantity is ≥ 3 SF or ≥ 3 LF ACM ☐ Quantity is ≥ 160 SF or ≥ 260 LF ACM	ion	Full Containme Mini-Enclosure Glovebag Proce	nt with Negative P	Pressure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)				
Terminal B- B-2 Connector, Dept. Level	NO	FIREPROOFING	5,800 SF	Removal				
Terminal B- B-2 Connector, Dept. Level	NO	PIPE	1,200 LF	Removal				
Name of Desistered Wests Harden	N IDEB Wasta Haules ID)# Cu. Yds. of Waste	Name of Regist	ered Landfill				
Name of Registered Waste Hauler TRI-STATE TRANSFER	NJDEP Waste Hauler ID 2A-456	120	Minerva Ente					
City, State		Disposal Date	City, State					
Bronx , NY		TBD)	W/aynesburg,	OH Date				
Completed By (Print or Type) Richie Smith Title Project Executive								