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

Notification of Asbest (Pursuant to NJAC 8:60

B & G proj. #:

Check # 5938

					and the state of	7812	WX -7 AH 2:	50					
Date of Notification		1.1			Operator (2)	ecti e	on "I all a	4.C					
10 16 1/10 14]/ <u> 1 3 </u>		een Kays	er						_			
Agencies Notified	Type Notification	The state of the s			7	ë.	LIGLALIG	4.					
☐ EPA	X Initial		st Street		3			_@		-			
☐ DEP			ate, Zip Code		27440								
▼ DOL	☐ Amendme		uannock,	NJ (0/440			Telephone	Number	_			-
X DOH	П	1	Contact					relepitent					
☐ DCA	☐ Cancellati	on Kat	hleen Kay	ser						_	_		
			F	ACIL	ITY INFORM	ATION							-
Name of facility w	here abatement is	taking place (3)						Type of Facility (4) I (K - 12)				
Kathleen Kay	ser								apter 8 (Othe Private/Comr			2)	
Street Address							,	M Other (Bldgs./	Homes, etc.	1101			
35 1st Street					7			Square Feet	# of Floors	T	Bld	g. Ag	е
City (5)		County (6)					ty Code (7)	Current Use (P	is a if boing d		licho	4/	
0.4000-400080000		Morris				(State	use only)	residential	nor it being d	GITIC	Mone	-,	
Pequannock	ng Firm Hired by B	2000-00-00-00-00-00-00-00-00-00-00-00-00		7	ASCM No.	- П	Name of Abatement (The state of the s				
Name of Monitorii	ng Firm Hired by b N/A	lug. Owner (0)			/100mm		B & G Restorati	on, Inc.			10000		
Street Address						= ;	Street Address						
Street Address							105 Ryerson R	oad		-		- Vien	
City, State, Zip Co	de						City, State, Zip Code Lincoln Park,	N I 07035					
v						.	Telephone Number	140 07 000	License Nu	ımb	er		
Project Manager for	or Monitoring Firm		Phone N	umbe	er		(973)696-686	9	0037	78			
				- (11			Name of OSHA Moni						
Scheduled Start D	ate (10)	1	npletion Dat	e (11)		B & G Restorat	ion, Inc.		_			
06/15/2013		06/16/2				_ [Street Address	ood					
Occupancy Status	During Abatemen	t (Check only o	ne)				105 Ryerson R	oau		_	_		
Facility close	ed/vacated during performed outside	entire period of of normal facilit	abatement. y hours-			- 11	City, State, Zip Code						
Describe:						-11	LincolnPark, N	J 07035					
Other-Desc	ribe: check all that apply												
Demolition		Renovation				☐ F	ull Containment w/ne	gative pressure		g pro	ocedu	re	
>3 sf or >3		≥160 sf or ≥260	lf .			X M	lini-enclosure		☐ Non-friat	ole p	roce	lure	
		Is location nor	mally used s	solely	1					R e	R	E n	E
Location of asbestos-co		by maintenand staff(12)	ce/custodial		Descript	ion of as	sbestos-containing	Amount (Specify	SE or I	m o	р	С	n
material to abated in fa	be		No. I	U/A	material	(ACM)		LF)		v	i	a p	L
abated in it	actiney (10)	Yes						54 lf		e X	+	П	In
boiler rm/storage	rm/laundry rm			X	pipe insu	lation		54 11		Ŧ		一	盲
								_		5			
			==							J			
,			==		l l								
Registered Waste	Hauler	INJDEP H	lauler ID#	To	ubic Yards of	Waste	Name of Registered	Landfill	100011001	on	or		
B & G Restor	ation, Inc.	195	53		1		Tullytown City, State	Resource & R	ecovery C	en	er		
City, State	NII		Dispo	06/	Date 117/2013		Tullytown,	PA				v	
Lincoln Park		Title			Signature		Gordana Luna		Date	20	12		
Completed by (Pr		Secretary/1	reasurer				Gordana Zuna		06/14/	201	13		

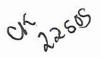
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23124

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

Date of Notification (1)					Name of Build	ing Owne	r/Operator (2)	VCU1-7 200				
6/5/2013				- 1	ZRODSKEY			1-1011-7 All 211	in.			
Agencies Notified	Type Notificat	ion	<u> </u>		Street Address		· · · · · · · · · · · · · · · · · · ·					
EPA	Initial			- 1	13 W. SCHU		DRIVE -	& Life Time				
□ DEP	Amended	d Amer	dment		City, State, Zip		JIII L					
□ DOL	Emergen			0.00	LITTLE EG		OR N.I		0			
	justificati		idding	+	Name of Cont		O1., 110		Telep	hone	Numb	er
□ DOH	Cancella				DAVID J. D'							_
DCA	Cancella	lion			ACILITY INF					1	-0	_
Name of Facility Where Ab	atomont is Tal	king Di	200 (3)		ACILITI IN	OKINA	1011	Type of Facility (4)				
		King Fie	acc (5)					School (K-12)				
PRIVATE RESIDENCE								☐ Subchapter 8 (Othe	r than	K-12	ì	
Street Address								Other (i.e., private &				dings)
13 W. SCHUYKILL DR	<u> </u>									_	Bldg.	
City (5)								oqua.o.			•	
LITLE EGG HARBOR,	NJ				County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if beir	na der	nolish	ed)	
County					County Code	(1) (31)	TE OOL ONET	000 (1 1101 11 2411	.5	70	11	
OCEAN	r de Dallar	- 0	(0)		ASCM No.	Name of	Abatement Contr	actor (9)				
Name of Monitoring Firm F	tired by Buildin	ig Own	er (8)					RONMENTAL INC.				
N/A						Street Ac		KONVIENTAL INC.		X300000		
Street Address					1			0.4.10				
							CK FOREST RO	JAD				-
							te, Zip Code					
		- ·					TON, NJ 08691		Licen	se No		
Project Manager for Monito	oring Firm	Teleph	one No	0.		Telephor			0067		•	
					51 (4)	609-890-			0007	0	-	
Start Date (10)		lance and		ompleti	on Date (11)		OSHA Monitor					
6/6/2013		6/6/20	177 (TO)			N/A	14					
Occupancy Status During						Street Ac	agress					
Facility Closed/Vacat					ent	011 01	7: 0-1-		_	-		
Abatement performed ou		g hours	5 5 PM-2	2 AM		City, Sta	te, Zip Code					
ESSENTIAL PERSONNE								☐ Full Containment w	ith No	aativo	Droce	cure
Scope of Work (Check all	that apply)					20		A Total Control of the Control of th	IUI IVO	yauve	1 163	Suic
≥ 3 sf or ≥ 3 lf					X Renovat			Mini-Enclosure	_			
≥ 160 sf or ≥ 260 lf					☐ Demoliti	on		☐ Glovebag Procedur ☐ Non-Exempted (*) {		Eriob	lo Dro	codur
											Type	
		9005	Locati		Description	of Asbor	stos Containing		Abate	mem	_	
Location of Asbestos-			mally t Solely b				hermal systems	Amount (Specify SF or	Z.	20	Encapsulate	Ē
Material (ACM) TO BE				/Custo			, VAT, or other	LF)	Removal	Repair	aps	Enclosure
Facility (13)			Staff?	(12)		niscellane			val	\	ulat	ure
		Yes		N/A						<u> </u>	(D)	
EXTERIOR			X		TRANSITE	SIDING		900 S.F.	X	-	-	_
										-	_	
										_	_	
									1611	<u> </u>		
Name of Registered Wast	e Hauler		200		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered La	natili			
TIMSTER TRUCKING	1				21079		5 YD.	GROWS				
City, State		-		-			Disposal Date	City, State			1537	
WEST CREEK, NJ							6/7/2013	MORRISVILLE, PA				
Completed By		Title	-	-	************	Signatur			Date			
			SIDEN	Т			red Q.	Kindua	6/5/2	013		- constant
DAVID D'ANDREA		LINE	11111	-		1 / Mary	77		^			

ASB-41



Date of Notification (1)					Name	of Buildin	g Owner/Operator (2)				10.	É
	_	71	_		So	vereign E	Bank, N.A.		2813 Ju	, -,			
Agencies Notified Type	Notifica	ation	22.00		Street	Address			- V. 21.	/	417	2.	20
☑ EPA ☑ In					113	0 Berksl	hire Boulevard						
	nended				City. S	State, Zip (Code			40.0	-		
	nendme	- 1868		i		omissing			3 & []	SEA	The S	+ 15.	FI.
☑ DCA	nergen stification	cy (in	cluding	3		of Contac			Telephone Num	205	****	3	12
10 000 0000	ancellat					san Peck			releasione Num	Del			C.
	arroonat		_		13.23		NFORMATION	<u> </u>		_			
Name of Facility Where Abatem	ent is T	aking	Place	(3)	170	OILIT II	ALOKINY LIOIA	Type of Facility	(4)				
Sovereign Bank								School (K-1					
Street Address									8 (Other than K-12)				
236 West St. Georges Av	enue							homes, etc.	private and commer	cial bu	iilding	S,	
City (5)	100000							Square Feet	# of Floors	TRI	dg. Ag	10	
Linden								5,000	2	1	30. A	je.	
County (6)		_			Cour	ty Codo /	7)(STATE USE ONLY)		rior if being demolis	- 1	30		
Rahway					Cour	ity Code (/	I J(STATE USE UNLT)	Current Use (P	nor ir being demoils	nea)			
Name of Monitoring Firm Hired	hy Puils	line C	hunor	/Q\	ASCM	No	Nome of Abet		×				
Hillmann Consulting	by Duile	ing C	WILEL	(0)			Name of Abateme	5.0	7				
					622	52	JVN Restora	tion Inc					
Street Address							Street Address	•					
1600 Route 22 East							47 Foster Ro						
City, State, Zip Code							City, State, Zip Co	ode					
Union NJ 07083							Staten Island	NY 10309					
Project Manager for Monitoring	Firm			Tel	ephone	No.	Telephone No.		License No.				
Brian Nemetz	724			7	32-616	-4092	718-605-6256	i	00774				
Start Date (10)		Sched	uled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
06 /18 /13_	_	_0	<u>6</u> /	_ 2:	3_/	13_	Testor Tech						
Occupancy Status During Abate	ment (0	Check	only	one)			Street Address					- arang	
☐ Facility Closed/Vacated Duris	ng Entir	e Per	iod of	Abate	ment		10 59 Jackso	n Avenue					
☐ Abatement Performed Outside							City, State, Zip Co	ode					17.70
Time of Abatement:A	M	PN	Λ/	_PM		AM	LIC NY 11101						
Scope of Work (Check all that a	pply)									II.(555			
			_					ainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Re				☐ Mini-Enc						
			Пре	HIOIILI	OII			g Procedure mpted (*) and No	on-Friable Procedu	e e			
	-		22.77	Loca		l	_			_	ateme	ent T	vne
Location of				Norma			Description o						_
Asbestos-Containing Materia	al (ACM)		inten	ely by	Asbe	stos Containing Ma	terial (ACM)	Amount	em	Repair	nc	<u> </u>
TO BE ABATED IN Facility					Staff?	(1.6	e., thermal systems surfacing, VAT,		(Specify SF or LF)	Remova	¥	sde	Enclosure
(13)				(12)		-	other miscellane		0. 0. 2. /	=		Encapsulate	<u>a</u>
			Yes	No	N/A							Ф	
Teller Work Station				\boxtimes		VAT/Ma	astic		100SF	\boxtimes			
												П	
	-			I asarae		-				+=			H
											Ш	Ц	Ш
Name of Registered Waste Hau	ler			11000	JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Global Waste Industries,	Inc.			F	lauler II		Waste	G.R.O.W.S	S., Inc.				
City, State					NJ-22	14/	2 Disposal Date	City, State					
Hackettstown, NJ							6/22/13 /	Morrisville	e.PA		ı		
Completed By (Print or Type)		Title					l - n /	/		1	_		
				D!	-4.84	4	Signature	· / 1	Da	te/	1,0		
John Tardy		56	TOINS	rroje	ect Mai	ager	IKIC	LICIL		0/6/	13)	
ASB-41 MAY 11		* [Do not	use ti	nis form	for asbest	tos licensule exemp	ted activities.		17			



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

Date of Notification (1)	Na	me of Build	ding Owne	r/Operator (2)		2813 JUN	~7 . **						
10 6 / 0 4 / 1 3		own of N					7 A	12:5	<u> </u>				
Agencies Notified Type Notification	Str	eet Addres	s										
□ NEP Initial		Kennedy				P1 6 111	E a l'						
Amendm		y, State, Zi	p Code			1120		10	?.		90		
DOL Amendment# -		Nutley, N	-										
DOH Emergency (i	nclud Na	me of Cont	act					Telepho	ne Numb	er			
☐ DCA ☐ Cancellat	tion	Sal Ferra	ro										
			FACI	LITY INFORM	ATION								
Name of facility where abatement is	taking place	ce (3)	9//43/1				Туре	of Facility	(4) ol (K - 1	2)			
Residential								=	hapter 8		an K.	.12)	
Street Address									(Private			12)	
Street Address						2		Bldgs	./Homes				w.
43 Donna Ct.								re Feet	# of Flo	oors		dg. Ag	ge
City (5)	Count	ty (6)				nty Code (7)	1,000		2		70		
50.00	Face				(Star	e use only)	0.0000000000000000000000000000000000000	ent Use (I ndoned	Prior if be	eing dem	iolishe	d)	
Nutley Name of Monitoring Firm Hired by B	Esse Ida Owne		 7	ASCM No.	 	Name of Abatement							
	aug. Owne	(0)	1	7100111110.									
N/A						Paragon Contrac Street Address	anig, m	u.					
Street Address						590 River Rd.							
City, State, Zip Code		100				City, State, Zip Code							
City, State, Zip Code						Clifton, NJ 070							
Project Manager for Monitoring Firm		I Pho	one Numb	er		Telephone Number	17		Licen	se Numb	er		
r rojock manager for mornes mg t am			***************			(973) 614-1600)		007	48			
Scheduled Start Date (10)	ISchad	Completio	n Date (11	1)		Name of OSHA Mor	nitor						
Scheduled Start Date (10)	Joured.	Completio	ii Date (i	' /		Paragon Contrac	cting, In	c.			-		
06/14/2013	06/21					Street Address							
Occupancy Status During Abatemen						590 River Rd.							
Facility closed/vacated during Abatement performed outside						City, State, Zip Code	9						
Describe:	or nonnar.	domey noun				C!:0 NI 070	1.4						
Other-Describe:						Clifton, NJ 070	14						
Scope of Work (check all that apply)												
□ Demolition □	Renovatio	n				ull Containment w/ne	in the contract of the contrac		Glo				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	≥160 sf or	≥260 If				Mini-enclosure	\boxtimes	Non-Exe	empted (riable	proce	dure
Location of		normally unance/cust		/						R e	R	E n	E
asbestos-containing	staff(12)	nance/cust	oulai			sbestos-containing		Amount (Specify		m	р	c	n
material to be abated in facility (13)	Yes	No	N/A	material	(ACIVI)			LF)		O V	a	a	L
			1407							e	r	р	<u> </u>
Exterior				Transite Si	iding		1,1	00 SF			H	ᆜ	H
				ļ						ᆜᆜ	片	ᆜ	井
											부	부	님
										ᆜᆜ	님	부	무
					Ma-4	The second	110775					Ц	111
Registered Waste Hauler Paragon Contracting, Inc.	NJDE 221	P Hauler II		ubic Yards of 8 cyds	vvaste	Name of Registered Tullytown/GRC							
City. State			Disposal D			City, State							
Clifton, NJ 07014			TBD	100 A		Tullytown, PA							
Completed by (Print or Type)	Title			Signature	1				Date				
Goran Lazevski	Presiden	t		//	-11				06/0	04/2013			

Paragon Job#

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

								. 50						
Date of Notification			Name of Bui	lding Own	er/Operator (2)	nn()	13 JUN -7 HIN 2							
10 16 1/10 14			Town of I			L	12	- 18 (s).			107			
Agencies Notified EPA	Type Notificat	tion	Street Addre	ss			e at a stak with	is <i>(</i> .						
□ DEP	✓ Initial		1 Kenned	y Dr.			& LIVETTO	•						
	Amend	ment (City, State, Z	ip Code		3								
□ DOF	Amendment #		Nutley, N	NJ 07110		Caper								
□ DOH	Emergency justification)		lame of Con	tact				Te	lephon	e Numbe	r			
☐ DCA	Cancell	Same III	Sal Ferra	iro				1						
*****		Ц.			LITY INFORM	ATION	J			-				
Name of facility wi	here abatement	is taking pl	ace (3)				T	Type of F	acility (4)				
Residential		*	RS 731						School	(K - 12)		han k	(10)	
Street Address										apter 8 (C Private/C			-12)	
							X			Homes, e		Jiciai		
47 Donna Ct.								Square F	eet	# of Floo	rs	В	ldg. A	ge
City (5)		Cou	nty (6)			10000000	inty Code (7)	1,000		2		70		
Nutley		Ess	ov			(Sta	te use only)	Current Abando	1000	ior if beir	g den	nolish	ed)	
Name of Monitorin	a Firm Hired by	100000		T	ASCM No.	L_{T}	Name of Abatement (
N/A	· · · · · · · · · · · · · · · · · · ·		(/	1	7.0011110.				(0)					
Street Address						_	Paragon Contract Street Address	ing, inc.						
Olicet Address							590 River Rd.							
City, State, Zip Cod	le					-	City, State, Zip Code		-			-		
							Clifton, NJ 0701	4					7.00	
Project Manager fo	r Monitoring Firm	n	Ph	one Numb	er		Telephone Number			License	Numi	oer		
							(973) 614-1600			00748				
Scheduled Start Da	ate (10)	ISched	d. Completio	n Date (1	<u> </u>	-	Name of OSHA Monit	tor						
	()						Paragon Contract	ing, Inc.						
06/14/2013			1/2013		*******		Street Address							
Occupancy Status I							590 River Rd.							
☐ Abatement pe	o/vacated during erformed outside						City, State, Zip Code							
Describe:							CUG 311.070.1							
Other-Descri							Clifton, NJ 0701	4						
Scope of Work (ch	neck all that appli	eur.												
Demolition		Renovation					ull Containment w/neg	***************************************		Glovel				
>3 sf or >3 lf	M	≥160 sf or					/lini-enclosure	⊠ Nor	n-Exem	pted (")	Non-f	riable	proce	edure
Location of			n normally u enance/cust		1						R	R	E	E
asbestos-cor material to be		staff(12)	enancercust	odiai			sbestos-containing		ount ecify SI	F or	m	e p	n	n
abated in fac		Yes	No	N/A	material (ACM)		LF)		01	0	a	а	C
											е	r	р	
Exterior			X		Transite Sid	ding		1,000	SF		M	Ш		
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							THE RESERVE THE PROPERTY OF THE PARTY OF THE					Ш	Ш	
														1
Begistered Wests 1	laular	L			hie Wester EV	Maria	IN (5)							
Registered Waste F Paragon Contrac		NJD 22	EP Hauler II I 6 I		ubic Yards of V 8 cyds	vaste	Name of Registered Tullytown/GROV							
City. State				Disposal D			City, State	, 5					-	
Clifton, NJ 070	14			TBD			Ballytown, PA							
Completed by (Prin		Title			Signature	7	1//			Date				
Goran Lazevski		Presiden	ıt			1				06/04/	2013			

Paragon Job#

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

D 1 (N-95 - 1) (4		TIN	ame of Ru	Idina Own	er/Operator (2)		<u> </u>	tree					
Date of Notification (1		11.	Town of		enoperator (2,			100 -7 AM	2. ~				
	Type Notificat	ion S	treet Addre				÷ €/						
EPA D	Initial		1 Kenned	ly Dr			$=$ $=$ $=$ \downarrow ,	$U_{B_{1}, \dots, M_{d}}$					
⊠ DEP	Amendr	nent C	ity, State, 2	<u> </u>				-12 -12					
☑ DOL A	mendment #	-							60				
⊠ рон [Emergency		ame of Cor	NJ 07110				I Telenho	one Number	-	e-mile-dii	-	
	justification)							Tolopho	ne ivallibei	5			
☐ DCA	Cancella	ation	Sal Ferra	aro			***			_			
				FAC	ILITY INFORM	ATION	I						
Name of facility when	re abatement i	s taking pla	ice (3)					Type of Facility					
Residential									ool (K - 12) hapter 8 (C	ther t	han K	-12)	
Street Address								Othe	r (Private/C	omme			
10 Danna Ct									s./Homes, e				
49 Donna Ct.		I Cour	nty (6)		~			Square Feet	Carriera Contractor	S		dg. A	ge
City (5)		Cour	ity (o)				nty Code (7) te use only)	1,000	2		70	- 15	
Nutley		Ess	ex			(Ola	te use only)	Current Use (Abandoned	Prior if bein	g den	nolish	ed)	
Name of Monitoring I	Firm Hired by I		7.000		ASCM No.	-	Name of Abatement C						
N/A		ă.					Paragon Contracti	na Inc					
Street Address						=	Street Address	ng, me.					
							590 River Rd.						
City, State, Zip Code						-	City, State, Zip Code						
							Clifton, NJ 07014	S 14					
Project Manager for M	Monitoring Firm		Ph	one Numb	er	-	Telephone Number		License	Numb	per		
							(973) 614-1600		00748		TATE OF		
Scheduled Start Date	(10)	TSchool	. Completio	on Data /1:	1\	_	Name of OSHA Monito	or					
Scheduled Start Date	(10)	Journed	. Completit	on Date (1	1)		Paragon Contracti	ng, Inc.					
06/14/2013			/2013				Street Address						
Occupancy Status Du							590 River Rd.						
Facility closed/v							City, State, Zip Code						
Describe:	ormed outside	ornormal	acility floui	5-		_	Notice that we are the second						
Other-Describe	:					-	Clifton, NJ 07014						
Scope of Work (chec	k all that apply	()											
□ Demolition		Renovatio	n			□F	ull Containment w/nega	tive pressure	Gloveb	ag pr	ocedi	ıre	
$\square > 3 \text{ sf or } > 3 \text{ lf}$	\boxtimes	≥160 sf or	>260 If			\square N	/lini-enclosure	Non-Exe	mpted (")	Non-fi	riable	proce	dure
Location of			n normally	used solely	/			T		R	R	Е	Γ-
asbestos-conta	ining		nance/cus	todial	Description	on of a	sbestos-containing	Amount		e m	е	n	E n
material to be abated in facility	v (13)	staff(12)	po Marianeses	T	material (.	(Specify LF)	SF or	0	a	c a	C
avated in racint	y (13)	Yes	No	N/A				[-]		v e	i	p	L
Exterior			X		Transite Sid	ding		1,100 SF		×	$\dot{\Box}$	П	m
										Ħ	$\overline{\Box}$	Ħ	ī
										Ħ	F	Ħ	Ħ
				i	1					Ħ	Ħ	Ħ	H
										Ħ	금	H	Ħ
Registered Waste Hau		NJDE	P Hauler I	D# C	ubic Yards of V	Vaste	Name of Registered L	andfill					
Paragon Contractin	ng, Inc.	221	61		8 cyds		Tullytown/GROW						
City, State				Disposal D	ate		City, State					Selve -	
Clifton, NJ 07014				TBD	I cir.		Tullytown, PA		1				
Completed by (Print o Goran Lazevski	r Type)	Title Presiden			Signature		1///		Date 06/04/	0012			
GOTAII LAZEVSKI		Presiden	l .		L			*******	06/04/2	2013			

Date of Notification (1)	2 ,	42				of Building	Owner/Operator (2		# 1305-1764,	Chk #	3166		
	3 / _	13	¥		IVIT.	Steve Na				Clik. #	- 100	<u> </u>	
Agencies Notified EPA	Type Notificat	ion				Address 4 Compa	ਟੋਡੀ∄ ਹੈ ss Court	UN -7 AM 2	: គំបូ				
⊠ DOLWD	Amended Amendmen	nt #			City, S	tate, Zip C	ode						
☑ DHSS ☐ DCA	☐ Emergence				Ton	s River,	NJ 08753	lina di la					
(NJAC 5:23-8)	justification		anig	Ī	Name	of Contact	-5.2		Telephone Nur	nber			
	☐ Cancellation	on			Mr.	John Cat	fiero			_		5	
					FAC	ILITY IN	FORMATION						
Name of Facility Where A	batement is Ta	aking Pla	ace (3)				Type of Facility ((4)	1			
Residential Propert	y	(1) <u>1</u> 23	12.					School (K-12)					
Street Address								☐ Subchapter 8 ☑ Other (i.e., pr	(Other than K-1	2) ercial bu	ildina	c	
1834 Compass Cou	rt							homes, etc.)	- 1				
City (5)								Square Feet	# of Floors	100000	dg. Aq	ge	
Toms River								1800	2		55	y	
County (6)					Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Ocean								Residential					
Name of Monitoring Firm	Hired by Buildi	ing Own	ner (8)	1	ASCM	No.	Name of Abateme						
NA					100		Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address						
							3859 Sylon B						
City, State, Zip Code							City, State, Zip Co						
							Hainesport, I	NJ 08036					
Project Manager for Moni	toring Firm			Tele	phone I	No.	Telephone No.		License No.				
					22		609-702-0400		00862				
Start Date (10)6 /12 /	0.499-01	chedule 6			tion Dat		Name of OSHA N EMSL Analyt						
Occupancy Status During							Street Address			-			_
☐ Facility Closed/Vacate	en a su parabase en marco de antico.				ment		200 U.S. Rou	to 130 North					
☐ Abatement Performed						cribe	City, State, Zip Co			-			
Time of Abatement: _							Cinnaminsor						
Scope of Work (Check al	that apply)				-								
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Rend Dem				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		lure			
			ls L	ocat	ion					Ab	atem	ent T	ype
Location			No Used	rma		2.5	Description of			Z	R	ш	ш
Asbestos-Containing TO BE ABA)	Main				stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		(Custo		Staff?	(surfacing, VAT	, or	SF or LF)	\\ \alpha	7	Sul	sure
(13)		Y		(12) No	N/A	-	other miscellane	eous)				ate	"
Futarian						Trancit	e Shingles		2100 SF				
Exterior		-	-		-	ITAIISIU	e Shirigles		2100 31		-		
] []_									
			ם כ										
			7 1	7									
Name of Registered Was	te Hauler			N	JDEP \	Naste	Cubic Yards of	Name of Regis	tered Landfill				
Horizon Disposal, I				0.00	auler II	No.	Waste 5	GROWS La					
City, State					22612		Disposal Date	City, State					
Trenton, NJ							6/13/13		, PA 19067				
Completed By (Print or T	vne)	Title	1152				Signat@re			Date			
Kimberly A. Trumb			ce Co	oro	linato	5	DV. 1			6-3-	-12		
		07005015151					MON	\sim		US	10		

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

										62.7			
Date of Notification (1) 6 /	3 /	13			5-100000	of Building	g Owner/Operator (narr	/ lab	# 1305-1766, C	े hk. #	3183		
			_		319193			2817 11111 -					
Agencies Notified EPA	Type Notifica ☑ Initial	ation			/s/wac/san	Address /ren Terra	ace	2813 JUN -7	AM 2:50				
☑ DOLWD	☐ Amended	1				State, Zip C		1 2 3 4 7 8 2					
☑ DHSS	Amendme	ALCOHOLD STATE OF THE PARTY OF	20 May 100			riboro, N	ATT.	& Thee					
☐ DCA	Emergen		cluding	3		of Contact	The state of the s	A LIVEL	Telephone Num	hor			
(NJAC 5:23-8)	justification Cancellat				0.505 750 4.05	Kevin Kı	7/2		relegnane puri	oer			
			-		EA	CII ITV IN	EODMATION				-	7	-
Name of Facility Where	Abatament in T	Takina	Diago	(2)	FA	SILITY IN	FORMATION	Tune of Equility (4)				
Name of Facility Where A Residential Proper		aking	Place	(3)				Type of Facility (School (K-12))				
Street Address									(Other than K-12		مانامان		
23 Jeffrey Drive								homes, etc.)	ivate and commer	Ciai Di	maing	15,	
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Manahawkin								1200	2		53		
County (6)					Cour	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)		100 000 000	
Ocean								Residential					
Name of Monitoring Firm	Hired by Build	ding O	wner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				143	
NA							Asbestos an	d Mold Service	s, Corp.				
Street Address							Street Address				4 114		ne Alves
							3859 Sylon E	oulevard					
City, State, Zip Code							City, State, Zip C	ode		100			
W AF							Hainesport, I	NJ 08036					
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Telephone No.		License No.				
N 57							609-702-0400)	00862				
Start Date (10)	8	Sched	uled C	omple	etion Da	te (11)	Name of OSHA N	lonitor		1/22/27			
6 / _14_ /	13	6	/	_1	4_/.	13	EMSL Analyt	ical, Inc.					
Occupancy Status During	g Abatement (0	Check	only o	one)			Street Address						
☐ Facility Closed/Vacate							200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement: _							City, State, Zip C						
Scope of Work (Check al				-		• 1100,000	Cinnaminsor	n, NJ 08077			_		
	ii tiiat appiy)						☐ Full Con	tainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re				☐ Mini-End						
△ ≥100 St of ≥200 If			☐ De	monu	on			g Procedure mpted (*) and Nor	n-Friable Procedu	re			
and made a section of the section of			Is	Loca	tion						atem	ent T	ype
Location				Norma			Description of			D	R	m	m
Asbestos-Containing		1)		inten	ely by ance/		stos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABA IN Facili					Staff?	(1.6	., thermal systems surfacing, VAT		(Specify SF or LF)	ova	=	nsd	Sur
(13)				(12)			other miscellane		SPECIFICATION FO			late	Ф
			Yes	No	N/A								
Exterior					\boxtimes	Transit	e Shingles		1000 SF	\boxtimes			
							-1:1:		7.57.00.000.000				
				П	П		***************************************						
Name of Registered Was	te Hauler				JDEP I		Cubic Yards of	Name of Regist	tered Landfill				-11.
Horizon Disposal, I				100	lauler II	O No.	Waste	GROWS La					
City, State					22612	<u> </u>	5 Disposal Date	City, State					
Trenton, NJ							6/14/13	Morrisville,	PA 19067				
Completed By (Print or T	ype)	Title					Signature		Da	ate	-11-11	5 - 6-	
Kimberly A. Trumbo	*********	Of	fice (Coor	dinato	r	Janl			1-3-	13		

House

Date of Notification (1) 5/14/13				Name of	f Building (Owner/C	Operator (2	2)	. 3.		''()	7 ,		-		2
Agencies Notified T	ype Notification			Street A	ddress	ITCOL	AEDV D	1.40	E, LOWE			4.	7 <	: SU	,	-
EPA DEP DOL	Amended Amendment		_	City, Sta	ite, Zip Co BURGH	de	-	LAC	E, LOWE	K KĘ	VEL.	10	11	**6		
DOH DCA	Emergency (i justification) Cancellation	ncluding		ALEX	Contact					Tele	onbone.	Numb	er ,	S)s		
Name of Facility Where Aba	tement is Taking	Place (3)	FACI	LITY INFO	RMATI		Type o	of Facility (4	1)				V-00-000		
VERIZON ELIZABETI			S.					s	School (K-12	2)						
Street Address 1196 GRAND STREE	Т							x c	Subchapter (other (i.e. pr tc.)				build	dings,	home	es,
City (5) ELIZABETH, NJ					7215-00		,	Square	e Feet	# of	Floors		В	ldg. A	ge	
County (6) UNION				County (Code (7) USE ONLY)				nt Use (Prio IMUNICA			olished	1)			3, 34
Name of Monitoring Firm His TTI ENVIRONMENTA		wner (8)		ASCM	1 No.				ement Cont ENVIRON		. ,	NC.				
Street Address 1253 NORTH CHURC	H STREET	417					Street A		s /ER STR	EET						
City, State, Zip Code MOORESTOWN, NJ (08057	2000-200-200					City, Sta BRIST		Code PA 1900	7						
Project Manager for Monitor HAROLD BALDWIN	ing Firm		- 1	Telephor 856-84	ne No. IO-8800		Telepho 215-78				License 00509					
Start Date (10) 5/28/13 - ON SITE 6/4		Schedule 6/6/13	d Con	npletion (Date (11)				A Monitor ENVIRON	I IMEN	TAL, I	NC.				
Occupancy Status During Al	batement (Check	Only On	e)				Street A	ddress	S							
Facility Closed/Vacated Abatement Performed Other – Describe: 7:00	Outside of Norma						1123 E City, Sta	September 1	/ER STR	EET		11120			****	
					H-L		BRIST	OL,	PA 1900	7						
Scope of Work (Check All Ti ≥3 sf or ≥3 If ≥160 sf or ≥260 If	пат Арріу)		enova emolit	Z/12/01/01			X	Mini Glov	Containme -Enclosure /ebag Proce -Exempted	edure					e	
		Is	Locati	on						1				Abate	ment	
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	terial (ACM)	Used Mai	ormali d Sole ntenar odial S (12)	ly by nce/		os Cont thermal surfac	scription o aining Ma systems i cing, VAT, niscellane	terial (nsulat or		(S	nount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure
1ST FL. DMS CONTE	ROL ROOM	X	140	IWA	FL	OOR	TILE/MA	ASTI	c	48	8 SF	х		-		
ROOF PENTH			Х				/MASTI		-		3 SF	- X	-	\dashv		
							•	100				1				
													\exists			
Name of Registered Waste H	lauler	<u> </u>		JDEP W	20.00	Cubic			Name of R	egister	ed Land	Ifill	-			
SERVICE TRANSPOR	T GROUP, IN	IC.		auler ID 0990	NO.	of Was	ste		MINERV	'A LA	NDFIL	L				
City, State NEW CASTLE, DE 197	20		4			Dispos	al Date		City, State WAYNE		RG, OH	1 446	886			
Completed by PATRICK T. DeCARO		Title ESTIN	MATC	DR		S	ignature	ek,	1. DU	aro/	il	Date 5/14	/13			

Date of Notification (1)				Nam	e of Buildir	ng Owner/	Operator	(2)				2.		23)
5/14/13					RIZON	J =	- p-010101	(-)				69	3	
	ype Notification			0.000	t Address						1	(31)	4,	
EPA E	Initial			_			MERY	PLACE, LOW	ER L	EVEL	6		,	1
DEP X DOL	Amendment				State, Zip TSBURG		5212				<	6		3/
IX DOH	justification)		g	75500 (0)	e of Conta				T	elephone N	umbe			
DCA _	Cancellation	1			X BAYL							}	1	14
Name of Facility Where Aba	tement is Takin	g Place	(3)	FA	CILITY IN	FORMAT	ION	Type of Facility	(4)					
VERIZON ELIZABETH	1 CO							School (K-1						60
Street Address 1196 GRAND STREE	т							Subchapter	8 (Ot	her than K-	12)			1000
City (5)	·							Other (i.e. petc.)			cial bu	illding	s, hon	nes,
ELIZABETH, NJ								Square Feet	# (of Floors		Bldg.	Age	
County (6)				Count	ty Code (7))		Current Use (Pri	or if be	ina demoli	shod)	_		_
UNION					É USE ONL	·n —		COMMUNICA	ATIO	NS	oncuj			
Name of Monitoring Firm Hir TTI ENVIRONMENTAL	ed by Building (L, INC.	Owner (8	3)	AS	CM No.		Name BRIS	of Abatement Cor TOL ENVIRO	ntracto	r (9) NTAL IN	IC.			
Street Address								Address			-			
1253 NORTH CHURC City, State, Zip Code	HSTREET							BEAVER STE	REET					
MOORESTOWN, NJ 0								ate, Zip Code TOL, PA 1900	7			3.00		
Project Manager for Monitoria HAROLD BALDWIN	ng Firm				none No. 840-880	0		one No. '88-6040		License 00509	No.			
Start Date (10) 5/28/13 (ON HOLD)		Schedu	led Co	mpletio	n Date (11)	Name o	of OSHA Monitor						
Occupancy Status During Ab	atement (Check	Only O	ne)			-		TOL ENVIROR	MEI	NTAL, IN	C			
Facility Closed/Vacated			00.00	ment		1		BEAVER STR	EET					
Abatement Performed C	outside of Norma	al Facilit	y Hour	S			City, St	ate, Zip Code				- 4		
Scope of Work (Check All The							BRIS	TOL, PA 1900	7					
≥3 sf or ≥3 lf	at Apply)	IVI .	20000				ΙVI							
≥160 sf or ≥260 lf		Character	Renova Demoli				Ê	Full Containme Mini-Enclosure		Negative	"esst	ıre		
							Н	Glovebag Proc Non-Exempted	edure	d Non-Friat	alo Pre	cedin	ro	
		Is	Locat	ion					1 / 41.	a Iton-i na	1		emeni	t
Location of			Normal			Des	cription o	of			_	Ty	уре	_
Asbestos-Containing Mate TO BE ABATED	erial (ACM)	Ma	intena	nce/	Asbe	stos Conta	ining Ma	iterial (ACM)		mount	_		m m	m
In Facility (13)		Cus	todial ((12)	Staff?	(surfaci	ng, VAT	, or		pecify or LF)	Remova	Repair	cap	inclo
(10)		Yes	No	N/A	-	other mi	iscellane	ous)			oval	air	Encapsulate	Enclosure
1ST FL. DMS CONTRO	OL ROOM	X	140	INA		LOOR T		ASTIC	40	0.05	ļ	-	(D	
ROOF PENTHOL			X	-	+		MASTI			8 SF	<u>x</u>	_		
				-		VAII	WIAGTI	-	-10	3 SF	X			
											i			
Name of Registered Waste Ha		_	20.70	JDEP V auler ID	100000	Cubic Y of Waste		Name of R						
SERVICE TRANSPORT	GROUP, IN	C.		990	7 140.	Oi vvasii	е	MINERV	A LA	NDFILL				
City, State IEW CASTLE, DE 1972	0			200000		Disposa	Date	City, State WAYNES	SRIIE	SG OH A	1699			
Completed by		Title				Sia	mature			Di				
ATRICK T. DeCARO		ESTI	MATC	R		1	atric	& A. Plac	1	/	 ⊡/13			
0		A010-20-2018						2. , 000	17			-		

Q# 2433

5/14/13				Name	e of Buildi	ing Owner	/Operato	or (2)	- CO 1.	- 3	3		15)
	Type Notification	n		Stree	t Address				¥ 5 15		3		Å
EPA 6019 DEP DOLS643	Initial Amended Amendmen	nt #		City,	State, Zip	Code GH, PA		PLACE, LOW	ER LEVEL	· (6)		<u>ン</u>	· ·
DOH 6060	justification Cancellatio)	ng	Name	of Conta	ct	15212		Telephone	Numbe	or o	, (2),	~ ?
						FORMAT	ION					1 7 2 12	2.
Name of Facility Where At VERIZON ELIZABET	patement is Taki	ng Place	(3)			II OKMA	ION	Type of Facility (4)			CIA	
Street Address	In CO							School (K-1				(1/4	
1196 GRAND STREE	ET							Subchapter Other (i.e. p	8 (Other than I	(-12) ercial b	uildine	ıs, ho	mes
City (5) ELIZABETH, NJ				1				etc.) Square Feet	# of Floors			Age	
County (6) UNION				Count	y Code (7))	-	Current Use (Pric	or if being demo	lished)	_		
Name of Monitoring Firm H	ired by Building	Owner (R)		CM No.			COMMUNICA					
TTI ENVIRONMENTA				1	JIVI NO.		BRIS	of Abatement Con TOL ENVIROR	tractor (9) VMENTAL, I	NC.			
1253 NORTH CHURC	CH STREET							Address BEAVER STR	EET				
City, State, Zip Code MOORESTOWN, NJ	08057						City, S	tate, Zip Code TOL, PA 1900				-	
Project Manager for Monitor HAROLD BALDWIN	ring Firm				one No.	^	Teleph	one No.	License	No.			
Start Date (10)		Schedu	led Co		Date (11	200		788-6040	00509				
5/28/13		6/4/13	}	···piotion	Date (11	,		of OSHA Monitor TOL ENVIRON	IMENTAL, IN	VC.			222.22
Occupancy Status During A			111111-01				Street /	Address					
Facility Closed/Vacated Abatement Performed Other – Describe: 7:00	Outside of Norm	Period of nal Facilit	Abate y Hou	ment s				BEAVER STR	EET				
Scope of Work (Check All Tr								TOL, PA 19007	7				
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demoli				X =	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	dure				
		Is	Locat	ion					/ drid HOII-LIIS	T SIGN	_	e emen	
Location of		Use	Norma ed Sole	lly No by		Des	cription o	of				pe	`
Asbestos-Containing Mat TO BE ABATE	eriai (ACM) D	Ma	intena	nce/	Asbes	itos Conta	ining Ma	iterial (ACM)	Amount			m	
In Facility (13)		Cust	todial (12)	Staff?	(1.6.	surfaci	ng, VAT,	or	(Specify SF or LF)	Ren	R	nca	E
(13)		Yes	No	N/A		other mi	scellane	ous)		Removal	Repair	Encapsulate	Enclosure
1ST FL. DMS CONTR	OL ROOM	Х			FI	LOOR T	ILE/MA	ASTIC	488 SF	x	-		
ROOF PENTHO	USE		Х			VAT/	MASTI	С	163 SF	X	-		\vdash
										+			
Name of Registered Waste Ha	auler		1 41	IDED:									\dashv
SERVICE TRANSPORT		C.	H	JDEP Wa Buler ID I 1990	aste No.	Oubic Your of Waste			gistered Landfil LANDFILL				\exists
city, State IEW CASTLE, DE 1972	0					Disposa	Date	City, State		14000	X10-0-100		\dashv
completed by		Title				Sign	nature		BURG, OH 4				
ATRICK T. DeCARO		ESTIN	/ATC	R		P	turk	1.196	Da 5/	18 14/12			

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12	Ours	

Amended notification

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2	2)								
06/		13					13 JUN -7	iti o. e.a							
Agencies Notified	Type Notific		_		Suden t Address	4.0	:0 DUE -/	111 K 21 211			-				
⊠ EPA	Initial				emont Re	and									
□ DOLWD					State, Zip		e LILER	100				-			
□ DHSS □	Amendm	_	-		clair, NJ	5355 (STATE OF STATE	See Indicate	ATTAL OF							
DCA (NJAC 5:23-8)	Emerger justificat	ncy (includin ion)	g		of Contac			Telephone	Numbe	r					
	Cancella			Jody :	Suden		1								
				-		NFORMATION									
Name of Facility Where	Abatement is	Taking Plac	e (3)	_ '^		TORMATION	Type of Facility (4)								
Private house			0 (0)				School (K-1								
Street Address							Subchapter	8 (Other than I							
7 Edgemont Road	1						Other (i.e., private and commercial buildings, homes, etc.)								
City (5)							Square Feet	# of Floors	3	BI	dg. A	ge			
Montclair, NJ 07042				16								120			
County (6)				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (P	rior if being de	molishe	ed)					
Essex Name of Monitoring Fire	m Hisad by Dui	Idina Own	(0)			1									
Name of Monitoring Fin	ii niied by bui	laing Owner	(0)	ASCM	No.	Name of Abateme	ent Contractor (9)							
Street Address						Gr Tech LLC									
Street Address						Street Address									
0:4 0:4 7: 0 1						576 Valley Rd #									
City, State, Zip Code						City, State, Zip Co									
Decised Manager for Ma	- (h) Fi					Wayne, NJ 0747									
Project Manager for Mo	nitoring rirm		lele	ephone	No.	Telephone No.		License N	0.						
Start Date (10)		0-1-1-1-1		·	1. (4.4)	973-638-1777		01127							
	, 13	Scheduled 06				Name of OSHA M	lonitor								
		06		<u>+</u> /		Envirovision Co	nsultants,Inc								
Occupancy Status Durin	강규. 그 강인지 보이 많아 보고 있었어요?					Street Address									
					ceribo	20-21 Wagaraw		35 E							
Time of Abatement:	AM-	PM/	PM	- De:	AM	City, State, Zip Co									
					-	Fair Lawn, NJ 0									
Scope of Work (Check a	ill that apply)						and decontaming and decontaminate								
≥3 sf or >3 If ≥ 160 sf or ≥260 If		⊠ R	enovat	ion		Mini-Enc	losure								
≥ 160 sf or ≥260 lf			emoliti	on		Gloveba	g Procedure X mpted (*) and No	Tent with Neg	ative P	ress	ure				
			s Loca	tion	_	☐ Non-Exe	impled () and No	Ti-Filable Pio	cedure	•			HT-002		
Locatio	n of		Norma			Description of	of.		-	Ab		ent T	ype		
Asbestos-Containing	Material (ACN		ed Sol	10.00	Asbe	estos Containing Ma		Amount		Rei	Repair	Enc	Enc		
TO BE AB			aintena stodial		(i. e	e., thermal systems i		(Specify		Remova	oair	aps	Enclosure		
(13)			(12)			surfacing, VAT, other miscellane		SIF or LF	')	<u>a</u>		Encapsulate	J.E		
		Yes	No	N/A								Ö			
Third floor-rooms and	hallway			×	Wall an	d ceiling plaster		28 SF		X					
Second floor-bathroon	n			×	Wall an	d ceiling plaster		130 SF		X					
Second floor-rooms				×	Wall an	d ceiling plaster		4 SF		X					
First floor-kitchen				×	Wall pla	aster		10 SF		X					
Name of Registered Wa	ste Hauler		NJ	DEP Wast	e Hauler ID No		e Name of Regi		-	State of			-		
Gr Tech LLC				003378	85	TBD	T.R.R.F. Inc						İ		
City, State				00001		Disposal Date	City, State						more und		
						A	39.00								
Wayne, NJ 07470 Completed By (Print or	[vne)	Title				TBD Signature	Tullytown, P	A	Date		-				
	,,,,,	1000				Signatura	1 1	1	1,000,000,000						
N.Jevtic ASB-41		Owner				1/20	the Wen	nad	06/04	1/20	13_		\Box		
MAY 11		* Do no	oi use i	his form	n for asbes	tos licensule exemp	ted activities.								

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

ANNUAL NOTIFICATION

Ch# 6939 Date of Notification (1) Name of Building Owner / Operator (2) 06 03 13 Verzion Street Address Agencies Notified Type of Notification 27-02 Fairlawn Avenue **EPA** V 1 Initial City, State, Zip Code DEP 1 Amended Fairlawn, NJ 07410 V DOH Amendment # Name of Contact Telephone Number V DOL Emergency w/ justification Alex Baylor DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Other (I.e., private & cmmercial 27-02 Fairlawn Avenue bldgs., homes, etc.) City (5) County (6) County Code (7) Square Feet # Of Floors **Building Age** 22,500 Fairlawn Bergen Current Use (Prior if being demolished) 60+ Telecommunications Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) TTI Environmental, Inc. Slavco Construction Inc. Street Address Street Address 1253 North Church Street 164 Getty Avenue City, State, Zip Code Moorestown, NJ 08057 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Clifton, NJ 07011 Harold Baldwin 856-840-8800 Sched. Completetion Date (11) Sheduled Start Date (10) Telephone Number License Number 973-478-4848 00724 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of Slavco Construction Inc. Abatement Street Address Abatement Performed Outside of Normani Facility 164 Getty Avenue Hours - Describe: _ V Other - Describe: 8:00 am to 4:30pm City, State, Zip Code Clifton, NJ 07011 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf V Mini - Enclosure 7 ≥160 sf or ≥260 If 7 Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Location of Is Description of Abatement Type Asbestos Containing Location Asbestos - Containing Material (ACM) Normally Material (ACM) E N C Amount R TO BE ABATED Used (I.e., thermal systems (Specify M E C in Facility Solely L insulation, surfacing, VAT, SF or LF) 0 P P (13)by Mainor other miscellaneous) V A tenance/ s s A 1 Custodial U U Staff (12) YES NO N/A Basement, Boiler Room ☐ ☑ Pipe Insulation 7 LF 1 Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill Yards Slavco Construction Inc. S18508 G.R.O.W.S Landill of Waste City, State Disposal City, State Date Clifton, NJ Morrisville, PA TBD Completed by (Print or Type) Title Date Viman & Queric Vivian Jurcevic Administrative Assistant June 3, 2013

ASB-41

Check# 9454

Date of Notification (1)				Name of Building Owner/Operator (2) Camden County Technical School												
6-3-13				Camo	den Co	ounty 7	rechn:	ical School	ol.	7						
Agencies Notified	Type Notification				Address Cross	Keys	Road			F 1/11 21	30					
Ď EPA □ DEP Œ DOL		t#			tate, Zip (Code lle, N	30 U	3081			51.					
X DOH X DCA	☐ Emergency justification) ☐ Cancellation		3	Name	of Contac	:t				elephone N	umber	_				
2001				FAC	ILITY IN	FORMATI	ON				-					
Name of Facility Where		ng Place ((3)					Type of Facility (4)								
Building 4 & 1	1							School (K			(0)					
Street Address 343 Cross Keys	Road	~							private	ther than K- e & commer		ilding	s, hon	nes,		
City (5)								Square Feet	#	of Floors	Bldg. Age					
Sicklerville				Carrati	0-1- (7)			12,000 2 40yrs Current Use (Prior if being demolished)					rs.	-		
County (6) Camden			.		Code (7)			school	rior ii o	eing demoiis	neu)					
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC	M No.		Name o	of Abatement Co	ontracto	or (9)						
West Chester En	nvironmenta	1	5	00	127		Plym	outh Envi	iron	mental (œ.,	Inc				
Street Address			- 300 - 11 - 12					Address								
307 North Walnu	it Street							Haws Aver	nue							
City, State, Zip Code West Chester, I							City, State, Zip Code Norristown, PA 19401									
Project Manager for Moni Matthew Abraham				Telepho	431-75	545	Telepho 610-	ne No. -239–9920		License 1						
Start Date (10) 6-14-13			ed Cor -23–1	npletion	Date (11)		Name o	f OSHA Monito Outh Envi	ronn	mental (.,	Inc				
Occupancy Status During	Abatement (Chec				****		Street A	ddress Haws Aver					-5711312			
☐ Facility Closed/Vaca																
	ed Outside of Norm	nal Facility	y Hours	City, State, Zip Code Norristown, PA 19401												
Scope of Work (Check Al	That Apply)			W												
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			Renova Demolit				 ☑ Full Containment with Negative Pressure ☑ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure 									
		le	Locati	ion					l			Abat	emen	t		
Location	of	1	Vormal	ly		Des	cription o	ıf				T)	/pe			
Asbestos-Containing I		100000000000000000000000000000000000000	ed Sole intenar					terial (ACM) insulation,		Amount Specify	ת		Ē	m		
<u>TO BE ABA</u> In Facilit		Cus	todial S (12)	Staff?	(1.6	surfac	ing, VAT,	, or		F or LF)	Remova	Repair	caps	Enclosure		
(13)		NY-227		т	-	other m	iscellane	ous)			val	air	Encapsulate	sure		
DI2- 434 1 1		Yes	No	N/A		44					-	_				
Bldg. 4 Mechanic	cal room	х			pipe	fitti	ngs		75	77	Х		_			
Bldg. 11 Mechani	cal room	x			pipe	fitti	ngs		75	LF	X					
Bldg. 11 Mechani	cal room	х					_	insulatio	n 32	SF	х					
Name of Registered Wast				NJDEP Waste						ered Landfill	red Landfill					
Robinson Waste D	isposal		1000	17304 5 GROWS, Inc.												
City, State			-			Disposa	al Date	City, Stat		20.20						
Bellmawr, NJ				6-23-		Morr	svi.	lle,PA	1.							
Completed by Timothy E. Brya	sider		Sig	gnature	1/1/)	Da	te -3-1	3							
Drya	-116	staer	10 /				/	0-	J-1							

(CHECK # 2788/

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

Date of Notification (1)	4/13		Name of Building Owner/Operator (2) MEN + MICHINES 28/2												
	Type Notification ☑ Jinitial		S	Veel A	225 F1	160	MORT	Acti	7 900						
	Amended Amendment #_ Emergency (inc	gnibut	_		le. Zip Code	INE	, ,, ,,		950						
□ 00H	justification) Cancellation				Contact LISA FISHE	-A		Talanhooa Num	Del						
	. 1. 1.			FACIL	JY INFORMATION			Y	() () () () () () () () () ()						
Name of Facility Where At	patement is Taking PENÇE	Place (3)	_			-18) (Other than K-1 rate & commerc							
312	8-11.5%		===			_ _	homes, etc.)	Bido A∞							
CITY (5) AUALO	or				A 1 15 164146	- 1	000	r If being demok	40 T						
County (6) CAPE N	714			iounly USE O		_	VAC	ANT							
Name of Monitoring Firm		₩ne/	AS	CM No	Name of Ab	element C	Coursan (8)	٠,	•						
Street Aggress	4		L==		Sveel Addr) S .	SPRIVE	E Ave.							
City, State, Zip Code	\		_		City, State,	Zip C∞e		~	0805 -						
		- 7	elech	one N	Yelephone I	Yelephone No. License No									
Project Manager for Mont					836.	856-779-0472 00449									
S:an Date (10)	,	Jed Com			JOS	E PK	HIEM	M							
Oce Asper Status Dunne	Abatement (Che	k only on	6)	an!	Sueel Add	S, Spruce 1 vE.									
Facility Closed/Vacale Abatement Performed Other - Describe:	Outside of Normal	Facility H	lours		-A: A	MAPLE SHADE, N.J. 0805Z									
Scope of Work (Check all	I that apply)	Reno	vation	١.	□ M	ni-Endo	Sure sod its	gative Pressure	rdul e						
2160-51 01 2260 11		Is Loc				mex3 nc	pled () and it	APTIBOR	ADB. errer						
Location of Locati	(ACM)	Used S Mainte Cust Sta	nally	by s/	Descrip Asbestos Containi (i.e., thermal \$73 surlacing other mysc	ng Malar lems ins VAT, o	uation.	Amount (Specify SF or LF)	Ent. apsorbate Angew Aerroral						
٧.		Yes	но	NIA				8004	X						
GARAGE				Х	5151	ac									
		-	-												
		++			Waste · Cubic Ya	ids.	T Name of Re	gistered Landfill	- 						
Name of Registered Wa	sie Hauler		l H	JOEP autor (7 9	ONO. OI Waste		C,M	, C , M .	U, %,						
KEEMCO Cin State		- A			Disposal	Date	City. State	DBINE	, N.J.						
MAPLEDIA		J,08			(3.7.3	alure	, 10 0	0:	6/4/13						
Compresed By KL	EMM	~ 0 W	120	× R		700	7								

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Date of Notification (1) 06/04/13 CK# 266	Name of Building Owner/Operator (2) IFF Inc.							ф. Д								
Agencies Notified	Type Notification		100	treet Ad		50		208 20	13		* C/ _C		1.0	*	50%	,
DEP DOL	Initial Amended Amendment #	1			e, Zip Cod New Je		07730						Ġ	71		
	Emergency (ir justification)	cluding	N	ame of	Contact					Tele	nhone	Numbe	r	¥.	્રે.	
DOH DCA	Cancellation			3ary S	tapperfe	nne	WIA									
		DI (0)		FACIL	ITY INFO	RMAT		Tunn	f Facility (4	4)					_	
Name of Facility Where A International Flavor		Place (3))					☐ so	chool (K-1: ubchapter	2)	er than b	√ -12\				
Street Address 1515 State Route 3	6							× O et	ther (i.e. p	rivate 8	comme					s,
City (5) Union Beach, New	Jersey 08231							Square 10,00	0	3	Floors		55	ig. A	je	
County (6) . Union					ode (7) ISE ONLY)		Current Use (Prior if being demolished) Manufacturing Company									
Name of Monitoring Firm Garden State Envir		wner (8)		ASCM	No.				ement Con oration	tractor	(9)					
Street Address 555 Broad Street, S	Suite K					Street A		le Avenu	ie				- U/2-3-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-			
City, State, Zip Code		**			-	City, St	ate, Zip	Code		1					\neg	
Glen Rock, New Je Project Manager for Mor		elephor			Woodland Park, NJ 07424 Telephone No. Licens 973-225-8400 01104						SEH-0					
Bruce Wolf					2-1119			The second	A Monitor		0110	4				
Start Date (10) 06/07/13		06/10/1		pletion i	Date (11)				nmental	Labs						
Occupancy Status Durin	g Abatement (Check	Only On	e)				Street /		s e 22 Wes	nt.						200
	ated During Entire P ned Outside of Norma 4PM Start			atement City,					Code v Jersey		3					
Scope of Work (Check A							Office	1, 1404	Vociscy	0700						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	a +	-	tenovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedur						•			
		1 10	Locatio		<u> </u>										ment	
Location	n of	1.5	Normall			D	escription	of						Ту	pe	
Asbéstos-Containing TO BE AB In Faci (13)	n Material (ACM) <u>ATED</u> lity	Ma Cus	intenan todial S (12)	ce/ taff?		os Co therma surf	ntaining M al systems acing, VA miscellan	laterial insulat T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
R&D Lai	p 117	Yes	No X	N/A	VAT	& M	astic(No	n Fria	ble)	60	00 SF	×				
R&D Lal			X				ntertops			20	00 SF	X				
R&D Lal	b 117		X		Trans	site L	ining (N	on Fri	able)	1	hood	Х				
R&D Lal	Х		T I	Elbov	vs(Glove	e bag)		2	20 ea	X						
Name of Registered Wa	15/10/2005	JDEP W			ic Yards	i	Name of	Registe	ered Lar	ndfill						
Lilich Corporation																
City, State Woodland Park, NJ					Disposal Date City, State Morrisville, Pennsylvania											
Completed by Tatiana Kalenikova	Presid	dent			Tabuna Kaliku Date 06/04/13											

10.70		7.00	Description of				Abatement Type						
Use Ma	d Solel intenar	ly by nce/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)		Remova	Repair	Encapsula	Endosure				
Yes	No	N/A				-		Te .	e,				
	X		Metal Pipe (Wrap & Cut)	22 LF		Х							
				-		+-	-						
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						Ar.							
	Use Ma Cus	Normall Used Sole Maintenar Custodial S (12) Yes No	Yes No N/A	Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Pes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Output Ty	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Per No N/A Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Type Type Type Type				



Date of Notification (1) 05/29/13 Ck# 2658	\$200			Name of Building Owner/Operator (2) IFF Inc.											
	ype Notification			Street / Box 8	Address			7,5	4/1/2		<u> </u>	₹1;	ng)		
DEP DOL	Amendmen				ate, Zip C t, New c					146	1	17			
DOH DCA	Emergency justification Cancellation	i -		Gary	of Contact Stapper	fenne			Telephone	e Numb	er				
Name of Facility Mises Abo		- 51 - 7		FAC	ILITY INF	ORMAT						_			
Name of Facility Where Aba International Flavors 8			3)				Ty	ype of Facility	(4)						
Street Address 1515 State Route 36	Tragranoo		· · · · · · · · · · · · · · · · · · ·					Other (i.e.	12) r 8 (Other than private & comr		ouil	dings	, hom	ies,	
City (5) Union Beach, New Jer	rsey 08231							etc.) quare Feet 0,000	# of Floors	S		ldg. /			
County (6) Union		-			Code (7) USE ONLY	o	— Ci	Current Use (Prior if being demolished) Manufacturing Company							
Name of Monitoring Firm Hir Garden State Environn	ed by Building nental	Owner (8))	ASCI	M No.		Name of A	Abatement Co							
Street Address 555 Broad Street, Suit	 е К						Street Add	ilich Corporation							
City, State, Zip Code Glen Rock, New Jerse			-				City, State	06 McBride Avenue ity, State, Zip Code Voodland Park, New Jersey 07424							
Project Manager for Monitori Bruce Wolf	77			Telepho	ne No. 52-1119		Telephone	Felephone No. License No. 01104							
Start Date (10)		Schedul	ed Cor		Date (11)			OSHA Monitor)4					
06/07/13		06/10/			54.0 (11)			vironmenta							
Occupancy Status During At	patement (Che	k Only Or	ne)			~~~~	Street Add		,						
Facility Closed/Vacated Abatement Performed (Other – Describe: 4PM	Outside of Norr	Period of a	Abater y Hour	nent s				oute 22 We	st						
Scope of Work (Check All Tr							[1] - 이번에 12한 10.00 (10 He He)	New Jersey	07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	10.01000		Renova Demoli				×	Mini-Enclosur Glovebag Pro					e		
(3)			Locat				Aba					Abate	emen	t	
Location of Asbestos-Containing Mat	torial (ACM)		Norma ed Sole			Des	scription of					1)	/pe		
TO BE ABATE In Facility (13)	<u>D</u>	Ma	intena todial ((12)	nce/	Asbes (i.e.	thermal surface	taining Mate systems ins cing, VAT, on niscellaneou	sulation, or	Amount (Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure	
		Yes	No	N/A									te		
R&D Lab 11			X		VAT	& Mas	stic(Non F	Friable)	600 SF	х					
R&D Lab 11			X					onFriable)	200 SF	×					
R&D Lab 11			X		Tran	site Lin	ing (Non	Friable)	1 hood	Х					
R&D Lab 11			X				(Glove b		20 ea	X					
Name of Registered Waste F Lilich Corporation	iauler		H	IJDEP W lauler ID 8 72 4		Cubic Yards of Waste									
City, State Woodland Park, NJ 074	24						sal Date /13	City, Stat Morrisv	e ille, Pennsyl	Ivania					
Completed by Tatiana Kalenikova	Presi	resident Signature Tal coru kelush.						Date 05/29	9/1	3					

CK 4486

Date of Notification (1	113		N	ame of	f Building Owner/Operator	(2) GAL	10 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1-7	κ.		2			
Agency Notified	Type Notification	•	s	treet A	ddress		v E		:17	2: 4	50			
□ EPA	2 Initial		-	The Ste	8 LIVINGST		516	6770	λ. F.		-			
DEP DOL	☐ Amended Amendment#		1	Unn.	DBRIDGE. N	5. 070	01	$u_{i} y_{i}$	$k_0^{\prime\prime}$	3.				
дон ·	☐ Emergency (including justification)	19	N	ame o	f Contact		Telephone Manual							
D DCA	☐ Cancellation				Ms. GALL	>			_					
				FACIL	JTY INFORMATION									
Name of Facility Whe	re Abatement is Taking Pla	ce (3)			•	Type of Facility	(4)							
1	18. GALL	2			<u>* </u>	School (K-12)							
Street Address	11065200		16		÷	U Subchapter 8 (Other than K-12) Cither (i.e. private & commercial buildings, homes, etc.)								
City (5)						Square Feet # of Floors								
· Wo	ODBRIDGE					1800 2								
County (6)					Code (7) (STATE USE	7) (STATE USE Current Use (Prior if being demolished								
MIDDUE	SEX		19	ONLY)			SIDENCE	<u> </u>						
Name of Monitoring F	inn Hired by Building Own	er /	SCM I	No.		nent Contractor (
(8)					Best R	emoval I	nc							
Street Address				27,000	Street Address									
,		7		10.50		River St								
City, State, Zip Code					City, State, Zip	Code	T 07601							
_						isack, N.	J. 07601							
Project Manager for I	Monitoring Firm	Te	lephon	e No.		Telephone No. License No. 201-329-7444 - 00388								
				(4.4)	Name of OSHA									
Start Date (10)	Scheduled C		// 3		Omega Er	wormer nvironmer	tal Inc							
6/17/	uring Abatement (Check on		// =)	Street Address									
	:*				280 Huy	ler St								
	cated During Entire Period med Outside of Normal Fac				City, State, Zip	Code								
-E Other - Describe:	704-10 JPM	y		7.5	South H	Hackensac	k, N.J. C	7606	5					
Scope of Work (Che	ck all that apply)		V-10-2			and the contract was required	Negative Pressure							
Design ≥ 3 li			_	a Ren	ovation _219lin	-Enclosure		,						
□ ≥ 160 sf or ≥ 260 l	f		1	□ Den	notition 2 Glo	rebag Procedure	d Non-Friable Proc	edure						
					- C NO.	PEXCHAPACT () a.				tem				
			Location lornality	ESENTA A				1	т	уре	T			
	cation of aining Material (ACM)	Use	d Solel Intenar	y by	Description Asbestos Containing N		Amount			g				
. TO.8	E ABATED		ustodi		(i.e., thermal system	s insulation,	(Specify SF or LF)	1	Removal	Encapsulate	Enclosure			
l . ′	Facility (13)	. '	Staff? (12)		surfacing, VA other miscellar		3, 42,	1	8	-	- In			
	(10)	·	(12)		1					8				
· <u>.</u> .		Yes	No	N/A			0-	TE	×	+	+			
BASEL	LENT			7	THERMAL SYSTOM	1 INSULATION	95		1	+	+			
		1							+	+	+			
		ļ							+	+	+			
					Hauler Cubic Yards of	Name of Dan	istered Landfill							
Name of Registered			IDEP V No.	Vaste i	Westa									
Best Remo	oval Inc	1000	710	9			a Enterpr	ises		57 10				
City, State		074	01		Disposal Date	City, State	burg , Oh							
	ensack, N.J.	6/18/13	Waynes	7	Date		_	-						
Completed by	Title	Signature	Pina	ا م	6	4/	12							
J. Maioran	o Estir	шасо	T			Janon L		9/	7]	<u>ی</u>				

		N	OTIFIC	CATION	te of New Je OF ASBEST o NJAC 8:60	OS ABATE	MENT 0)	P	77.77		Č 11			
Date of Notification (1) 6/3/2013	Check#2424				Building Own		(2) 2	\$13 JUN	~7 p	Na.	Value			
Agencies Notified	Type Notification	************		Street Ad	idress arny Aven	nue	A				. 6	0		
EPA DEP X DOL	Initial Amended Amendment		_ [City, Stat Kearny	te, Zip Code , NJ 0703				EH3//	_	****!	D*.		
DOH DCA	justification) Cancellation	•		Name of Joseph	Porcile			i Le	ennone N		3			
				FACIL	ITY INFOR	MATION								
Name of Facility Where A Department of Heal)				Type of Faci	5052 5355						-
Street Address 402 Kearny Avenue							X Subcha	pter 8 (Oth i.e. private	er than K- & comme	-12) rcial	build	ings,	home	es,
City (5) Kearny, NJ 07032							Square Feet # of Floors Bldg. 10,000 1 60+					-	ge	
County (6)				County C	Code (7)		Current Use (Prior if being demolished) Department of Health							
HUDSON Name of Monitoring Firm	Hired by Building C	Owner (8)		ASCM		Name					100 73	100.00		
Omega Environmer						Name of Abatement Contractor (9) EA Services Corporation								
Street Address 280 Hyuler Street					1217.000	t Address 69th Street								
City, State, Zip Code South Hackensack,	NJ 07606					City, State, Zip Code Guttenberg, NJ 07093								
Project Manager for Mon	litoring Firm	1	Telephor 201-48	ne No. 19-8700	0.00010000	hone No. -295-1700		License 01074		0.				
Start Date (10) 6/14/13		Schedule 6/17/20		npletion [Date (11)		e of OSHA Moi ne as above							
Occupancy Status Durin	g Abatement (Check	c Only On	e)			Stree	t Address							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F led Outside of Norm	eriod of A al Facility	Hours	nent	-	City,	State, Zip Cod	e						
Scope of Work (Check A	II That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				Mini-Encl	ainment wit osure Procedure npted (*) a	1				e	
*		0.000	Locati	001000								1000	ement pe	t
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Use Ma	Normal d-Sole intenal todial S (12)	ly by nce/	(i.e. the		Material (ACM ns insulation, AT, or	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									æ	
Basement Boiler				x	Li	noleum F			16 SF	-	x			<u> </u>
Basement Bo		X				Pipe Fitti			20 LF	-	x		_	
Basement Bo	iler Room	х			Insulatio	n on exha	ut breachin	g	20 LF	-	x			-
Name of Registered War Freehold Carting	ste Hauler		H	JDEP W lauler ID 5939	No. ti	Cubic Yards of Waste bd	Wa	ne of Regist ste Mana						
City, State PO Box 5010					1.33	Disposal Dat bd		State ytown La	andfills					
Completed by Gina Salvador		Title Office	e Mar	nger)	Signature Flicus - Date 6/3/2013								

Date of Notification (1)	-				Name	e of Buildin	ng Ov	ر کا ا wner/Operator (7.1/11. 2) 7 fin	544 5						
5/	29 /	13			Monmouth University / Job # 1305-1765: Chk. #3182											
Agencies Notified EPA	Type Notific					t Address O Cedar A	Aver	nue	ELICERLING	A AL						
☑ DOLWD ☑ DHSS	Amende Amendm	C23			City,	State, Zip	Code	9								
☑ DCA	⊠ Emerger			- a	We	est Long	Bra	nch, NJ 0776	4	Q^						
(NJAC 5:23-8)	justificat			9	Name	of Contac	ct			Telenhone Nii	mher					
	☐ Cancella	ition			Mr	. Robert	L. C	ornero								
					FA	CILITY II	NFO				1000000					
Name of Facility Where		Takin	Place	e (3)					4)							
Edison Science Bu	ilding								School (K-12)		10)					
Street Address 400 Cedar Avenue										(Other than K-12) wate and commercial buildings,						
City (5)									# of Floors	I D	M- A					
West Long Branch									Square Feet 71,894	# of Floors Bldg. Age 3 43 years						
County (6)				14.75	Cou	nty Code (7)(ST	ATE USE ONLY)	Current Use (Prio	r if being demo	olished)					
Monmouth									Offices/Class	rooms						
Name of Monitoring Firm	Hired by Buil	ding (Owner	(8)	ASCM	No.	Name of Abatement Contractor (9)									
Ahera Consultants	, Inc.				005	7	Asbestos and Mold Services, Corp.									
Street Address					St	reet Address	2002-00-00-00-00-00-00-00-00-00-00-00-00									
PO Box 385					;	3859 Sylon B	n Boulevard									
City, State, Zip Code					Cit	ty, State, Zip Co										
Oceanville, NJ 0823	31						1	Hainesport, I	NJ 08036							
Project Manager for Mon	itoring Firm			Tel	ephone	No.	Те	lephone No.		License No.						
Donna D'Errico				6	09-652	2-1833	6	609-702-0400	Ľ	00862						
Start Date (10)		Sched	uled C	omple	etion Da	ate (11)	Na	me of OSHA N	lonitor				1			
<u>6</u> / <u>10</u> /	_13_	(3_/	_2	1_ /	13_	E	EMSL Analyt	ical, Inc.							
Occupancy Status During	Abatement (Check	only	one)			Str	reet Address								
☐ Facility Closed/Vacate							2	200 U.S. Rou	te 130 North							
☐ Abatement Performed							Cit	y, State, Zip Co	ode							
Time of Abatement: _	AM	P	///	_PM		_AM		Cinnaminson								
Scope of Work (Check al	that apply)															
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De	novat moliti				☐ Mini-Enc ☐ Glovebag			lure					
			Is	Loca	tion	T						atem	ent T	vne		
Location	NAME OF A PARTY OF THE PARTY OF			Norma				Description o	f			_	T	T		
Asbestos-Containing I TO BE ABA		1)		intena	ely by ance/			Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure		
IN Facilit				todial	Staff?	(i.e		ermal systems i surfacing, VAT,		(Specify SF or LF)	ova	#	ıpsu	uso		
(13)	45.			(12)				her miscellane		/	-		late	, q		
1 st Floor			Yes	No	N/A	T	- D:			0.7.1.7		-				
1 st F- 126, 127, 128, 13	37 1372 13	82				Transit				25 LF						
1 1-120, 121, 120, 1				Texture	u F	aiiii		5,112 SF								
												屵				
							Cul	nia Vanda af	Nome of Design				Ш			
						No.	Wa		Name of Registe							
City, State						2		0 posal Date	City, State				-			
Trenton, NJ								/21/13	Morrisville, I	PA 19067						
Completed By (Print or Type) Title								Signature	0		Date	1				
Kimberly A. Trumbe	fice (coord	linato			OKU	U		5/2°	1/1	3					

ASB-41 MAY 11