State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 7, 2012		Name of Building	Owner/Ope Bob F	erator (2) rizell Builders	ED CL		44.	an	
1 2	eation al Notification ended Notification	Street Address	2820	D	M 8: 56	. <i>3.1</i>	<i>)</i> }	10	
[x] DOL Ame	endment #ergency (including	City, State, Zip Co		er Lake, New Jerse	ey 08731				
I DCA	fication) cellation	Name of Contact Bob I	rizell	& LICERS	elephone Number				
	FA	CILITY INFORM	IATION				-0		
Name of Facility Where Abatement is Takir Residence		ione in the contract of the co		Type of Facility (4)	School (k-12)				
Street Address 21 Driftwood Lan	ne	***		[x]	Subchapter 8 (or Other (i.e., privathomes, etc.)			cial bui	ldings,
City	County (6)	County Code (7) (STATE USE ONL	Y)	Square feet 2500 sf	# of Floors 2	Bldg	g. Age 1	00	
Colts Neck	Monmouth	d		Current Use (Prior if Resider)			
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of	Abatement Contractor		Inc.			
Street Address	*	L	Street Ac	ldress	TU - 4-756 D. CHO - 2-757-200-200-200-200-200-200-200-200-200-20				
1889 Rte. 9, Unit City, State, Zip Code	61		City Sto	1889 Rete, Zip Code	oute 9, Unit 61				
Toms River, NJ 0	8755		City, Sta		iver, New Jers	ev 08	755-1	271	
Project Manager for Monitoring Firm	Telephone Numb			ne Number	License N				į.
Nicholas Fernicola Scheduled Start Date(10)	732-349-9932 Scheduled Compl		732-34 Name of	9-9932 OSHA Monitor	00624				
6/8/12	6/11/12	enon Bute (11)	I mane or		Analytical				
Occupancy Status During Abatement (Check X Facility Closed/Vacate	k only one) ed During Entire Period of A	Abatement	Street Ad		elton Road				
[] Abatement Performed	Outside of NormalFacility		City Stat	le, Zip Code					
[] Other – Describe		***************************************	City, out		way, New Jerse	ey 088	54		
Scope of Work (Check all that apply)			[]	Full Containment Mini-Enclosure	with Negative Pre	essure			
[x] >3 sf or ≥3 lf	[x] Reno	vation	[x]	Glovebag Procedu	ire				
[] ≥160 sf or ≥260 lf		olition	[]	Non-Exempted (*		Procedu	ire		
						Abat	ement	Туре	
f	Is Location		Description			R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		estos-Con Iaterial (A		Amount (Specify SF	Е	E P	N C	N C
TO BE ABATED	Maintenance/Custodia	l (i.e.	, thermal s	ystems	or LF)	M O	A	A	L
in facility (13)	Staff (12)	inst	lation, sur VAT, o			v	I R	P S	O S
(13)	(12)	oth	er miscella			A		U	U
	YES NO N/A			· ·		L		L E	R E
Basement & crawlspace	X	Asbestos pipe	insulatior	1	225 lf	X			
				The second secon					
							_		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	er ID No. Cubic Ya	rds of Wast	Name of Register	ed Landfill				
City, State Toms River, New Jersey		osal Date	City, Sta	te					
Completed by (Print or Type)	Title 0/12	Signature Signature	Tullyto	wn, Pennsylvania		Date		-	
Nicholas Fernicola	Project Manager	1 7/10	Lill	127		6/7/2	2012		10.2

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



CH# 3824.

Date of Notification (1) 6-8-2012			-		Building Co	wner/Ope	erator	(2)	Ų.	A 7 .				
Agencies Notified T	voe Notification		- 5	Street Ad	dress									
				100 Mc	Clellan	Street		363	9 111	11 1		36		
EPA 2	Initial				e, Zip Coo				1 40	, , , , ,		-2-2-		
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X DOL			1		od, NJ 7	648		35 N 5 3 5	5 T F		, k , i t 1	10r		
DOH DCA	justification) Cancellation	incuting	1	Name of O					Tel	ephone Num	ber			
		-		FACIL	ITY INFO	RMATIO	N							
Name of Facility Where Ab	atement is Taking	Place (3)						Type of Facility (4)		XVIIV E AS		1000	
Former Hill Top Cent							- 1	Cabani /V 4	2)					
Street Address							-	School (K-1		er than K-12	١			
	Y#8							Other (i.e. p	rivate 8	3 commercia	, I build	ings,	home	es,
43 Hook Mountain Re	oad							etc.)			031130			
City (5)							. 1	Square Feet	#0	Floors	B	dg. A	ge	1
Pinebrook									5		5	0+		
County (6)			T	County C	nde (7)		-	Current Use (Pric	nr if hei	na demolish	ed)			
					SE ONLY)		enen	Fire damage			· · ·			
Morris						900000							9-1	
Name of Monitoring Firm H	lired by Building (Owner (8)		ASCM	No.			of Abatement Cor		(9)				34
n/a				n/a			Jada	r Contracting,	LLC					
Street Address			-				Street	Address						
n/a							22 T	roy Lane						
								tate, Zip Code						
		5%				1			7005					
n/a								oln Park, NJ 0	/035					
Project Manager for Monito	oring Firm		1	Telephon	e No.		Teleph	one No.		License No).			
n/a				n/a		1	973-	706-7950		01088				
Start Date (10)		Scheduled	Com	nletion D	ate (11)		Name	of OSHA Monitor						
6-18-2012	1	7-18-20		.p.10.1.1.1	(,		.lada	r Contracting,	LLC	8				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12000					Address						_
Occupancy Status During A	Abatement (Cnec	k Only One)											
								roy Lane	30				mge ni	
		al Facility F	lours				City, S	tate, Zip Code						
Other – Describe: 9-	- 5 pm					-	Linc	oln Park, NJ 0	7035					
Scope of Work (Check All	That Apply)						9		02/09/10/00					
I				2000				1						
≥3 sf or ≥3 lf		10000	nova				and the same	Full Containm Mini-Enclosure		Negative P	ressu	re		
≥160 sf or ≥260 lf		X De	moliti	on				Glovebag Pro						
14								Non-Exempte		d Non-Friab	e Pro	cedur	е	
		1											ement	t T
20 20			ocati rmali					- "					ре	
		Used					ription							
			tenar					Material (ACM)		unount	-		ᄪ	m
		Custo		E1000000000000000000000000000000000000	(1.e.	tnermai s surfaci		s insulation,		Specify F or LF)	l ĝ	₽ B	<u>a</u>	nci
	<u>C</u>		(12)			other mi			٥	G Li)	Remova	Repair	Encapsulate	Enclosure
(10)						02.0.	000				20	-	ate	ē
		Yes	No	N/A					400					
Entire Build	dina				To be	e dispos	sed o	f asbestos			1			
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Name of Registered Waste	e Hauler			JDEP W	200	Cubic Y		Name of	Regist	ered Landfill				
Yannuzzi and Sons D	Demolition		8 505	auler ID	NO.	of Wast	e	IESI						
			17	7497		TBD								
City, State						Disposa	al Date							
Hillsborough, NJ						TBD		Bethle	hem,	EA_				
Completed by	Type Notification A Initial Armended Armended Armended Armended Initial Initial Initial Initial Armended Armended Armended Armended Information Initial Init					Sig	gnatur		/	De				
Lillie Lazarevich		Secre	tary				KO)io Leon	en	6	-8-20	12		III.

CHECK # 17930

Date of Notification (1)	7	Т	Name o	f Building	Owner/C	perator	r (2)				- 5.	,11 2011 - 201		
06-07-12				nergy C								gran ji Maran ka		
Agencies Notified Type Notification			Street A 265 M	ddress ain Stre	et			11	ZJU	H 11 7	() :	"THE "TW		
DEP Amended Amendment #		_		ate, Zip Co , OH 44				ú		13.5	in.	RS.	-	
	ncluding			f Contact hn Gred					Те	lephone Nu	***************************************			
East -			FACI	LITY INF	ORMATI	ON								
Name of Facility Where Abatement is Taking	Place (3)					Тур	e of Facility (School (K-1	305					
Street Address Hibernia/Green Pond Road, Morris	Avenue	& F	ord Ro	ad			×	Subchapter Other (i.e. p etc.)				dings	, hom	es,
City (5) Rockaway Township							Squ N/A	are Feet	# c	of Floors A		3ldg. / N/A	\ge	
County (6) Morris				Code (7) USE ONLY	,	-		rent Use (Pri nhole	or if be	ing demolisl	ned)			
Name of Monitoring Firm Hired by Building O One Source Safety & Health Inc.	wner (8)		ASCN	/ No.				atement Cor Environm						
Street Address 140 South Village Avenue, Suite 13	0		1			Street 200		ess d Street			0		n,	
City, State, Zip Code Exton, PA 19341			-30					Zip Code , NJ 07072	2	300-0-30-30	1	ocone-		
Project Manager for Monitoring Firm Brian Hoverdon			Telepho 908-30	ne No. 09-1021		Teleph 201-				License N 00756	0.			
	Schedule 07-11-1		npletion	Date (11)		Name Even		SHA Monitor Inc.	i i					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe	105.00	23				Street 10-59		ess ckson Ave	nue)g
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:						200000000000000000000000000000000000000		Zip Code and City, N	Y 111	101		-		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					M G	ull Containme ini-Enclosure lovebag Prod	edure					
						×	i N	on-Exempted	l (*) an	d Non-Friab	le Pro	Abate		t
Location of	N	Locati ormal d Sole	ly	-		cription							ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/				s insu T, or	lation,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
(1-7)	Yes	No	N/A								a]	ate	ıre
Underground Conduit: Elect. Cable			х		Cab	ole Wra	ар		1,0	000LF	x			
		- N			X	-			-				+111	
													1 1	ar s
Name of Registered Waste Hauler ATC, Inc. / TriState Transfer (50071)		Н	JDEP W auler ID 1310		of Was			Minerva		ered Landfill erprises				
City, State Shirley, NY / Bronx, NY			2 # 1			al Date		City, State		OH 4468	88	24		
Completed by Joe Patrick	Title Projec	ct Ma	nager	71 . Zana	Si	gnature	1	A	>	Da 06	te -07-	12		
ASB-41 (R-06-08)					-	* Do no	se	this form for	asbest	os licensure	exen	npted	activi	ties.

Check No. N/A - PA Project

no check

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Date of Notification (1) June 08, 2012					Name	of Buildir	ng Owner/Operator	r (2)	115					
Agency Notified	Tyne N	lotification	-			Address		10 Th						
/ rigonoy rrotined	1,500	otinication			One	Dath D	laza, 2nd Floo	12 IIIN 1 1	DW A F-					
EPA Miletanish per Sale Reg. 1930A	Initia □ Ame	7. S.	# E		City S	tate, Zip	Code	DE OCH II	rn 31 38		_			
DOL MURITARIA SERRE INTA		endment #		1		March Street	, NJ 07306	1						
57 DOIL		ergency (includ	ing	. 1		of Conta			Telephone Nur	mher	_			0-000
DOH □ DCA		ification) cellation					Rahman	- 6 1 12左 (数 -	Trefebriorie ivan	11001				
							ORMATION		1		_			
Name of Facility Where	Ahateme	nt is Taking Di	ace (3)		FACI	LIITINE	ORMATION	Type of Facility	. (4)			_		-
Buildings A, B &		iit is rakiiiy Fie	ace (3)					Type of Facility	(4)					
Street Address	<u> </u>					-75		School (K-1)		2)				
71	m Davil								8 (Other than K-1 : rivate & commerci		ıgs,			
1000 Frank Roge	rs Bould	evard						homes, etc.						
City (5)	100							Square Feet	# of Floors	Bldg.	_			
Harrison, NJ 0702	29 _							54,512	3 - 4	65 y	/rs	+/-		DINIE
County (6)	9 98 2			1	County ONLY)) (STATE USE	Current Use (P	rlor if being demo	lished)				
Hudson County								Manufactu						
Name of Monitoring Fire	m Hired by	y Building Own	er	ASCN	1 No.		Particular and control of the contro	nent Contractor (88					
PA of NY & NJ							B&N&K Res	storation Co.	, Inc.					
Street Address							Street Address							1
	loom 23	6					The second second		lifton, NJ 070)11				1500000
							City, State, Zip							
							Clifton, NJ	07012						
] - [] : [] : [] : [] : [] : [] : [] : [nitoring Fi	rm	1	V-081400-000	ne No.		Telephone No.	2-00/100	License No.					
					95-488	81	973-478-468		00120					
		1 2000					Name of OSHA			_				
Section of the second to the second section of the second section of the second section sectio	Ab-I							vironmental	Services, L.L.	C.				
Occupancy Status Duri	ng Abaten	nent (Check on	iy one)				Street Address							
					t		City, State, Zip (Brook Avenu	е			-		
☐ Other - Describe:	a Outside	of Normal Fac	ility Ho	urs				ode NJ 07071-199	98					
Scope of Work (Check a	all that app	ply)		50000	71				******				-	-
≥ 3 sf or ≥ 3 lf					☐ Ren	ovation		Containment with -Enclosure	n Negative Pressu	re				
≥ 160 sf or ≥ 260 If					⊠ Dem	nolition	Glov	ebag Procedure		78				
- 1 1 - 11 - 11 - 1							⊠ Non	-Exempted (*) an	d Non-Friable Pro	cedure	1 4	hat		
			1000	Loca	W.A				¥2		1		eme ype	int
	cope of Work (Check all that apply)] ≥ 3 sf or ≥ 3 lf			Norma d Sol			Description							
		al (ACM)	Ma	intena	ince/		stos Containing M ., thermal systems		Amount (Specify		R		Enc	щ
-	NAME AND ADDRESS OF TAXABLE PARTY.			Staff		(1.0	surfacing, VA	T, or	SF or LF)		Removal	Repair	Encapsulate	Enclosure
(1	3)			(12)			other miscellan	eous)			ova	air	ulat	sure
				Ι	T			_			-		Ф	
Various throughout	t Buildir	ng A, B & C	Yes	Ņo	N/A	VAT				2500	X	1		T
Various Building			X		ļ		Tar Patch, Roofing Materia	ls, Roof Membrane		65061	-	1		<u> </u>
Various throughout			X			Window (Caulking, Window Caulking	, Crane Controller		84	X		П	-
Buildings B roof	support	s	X			Pain	t			1310				
Name of Registered Wa			1073683		Waste F	lauler	Cubic Yards of	Name of Regis	stered Landfill			1	1	_
Jimmy Byrne Tru				No.	1400) E	Waste	BAT		20				
B&N&K Restorati	on Co.,	Inc.	50	00/1	/ 1269	10	3800		nterprises, In	c.				
City, State							Disposal Date	City, State						
Bronx, NY / Clifto	n, NJ	r					07/02/12 - 12/11/12	Waynesbu	ırg, OH					
Completed by		Title					Signature	71-		Date				
G. Roger Woodm	an	Project M	lanag	er			00/			6/8/2	01:	2		

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Date of Notification (1)	nal		Name of P.S.E.0	Building O	wner/O	Operator (2)	EDENYE	j-,				
Agencies Notified Type Notification	8/12		Street Ac										
		1		daress Hadley Ro	oad		2012 J	UNII PM 3	. 57				
EPA Initial DEP Amended Amendment	# /			te, Zip Cod Plainfield		ารกลก	*	0011 1113	. 96				11
Emergency ((including		Name of		1, 140		¥	I Talanana Mi					
X DOH justification) X DCA Cancellation		1		MAS	Co.	ATES	, ·	Telephone Nu	mbei 		~~	E\$	
	D: (2)			LITY INFO	RMATI		5= .06.7	-		49	•		
Name of Facility Where Abatement is Taking P.S.E.G	g Place (3)						Type of Facility (School (K-1	2 73					
Street Address				- 12:18:19:			Subchapter	8 (Other than K-1					
13 Eisenhower Parkway			**				etc.)	orivate & commerc					s,
City (5)							Square Feet	# of Floors	- 1		. Age		
Roseland			Country	2-2- (7)			8500 APP	And the second s	/	911	17	84	R5
County (6) Essex			County C (STATE U	JSE ONLY)			Current Use (Pri Control Hous	or if being demolisi e	hea)		2/0	20	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM				f Abatement Cor	• •		-	0.000 NW 0		
Environmental Tactics Street Address			0045			Street A	e Systems of	America				-	
64 Broad St.							hitehead Ave	э.					
City, State, Zip Code Matawan, NJ 07747				A STATE OF THE STA			ate, Zip Code River, NJ 08	883		nnas.			
Project Manager for Monitoring Firm	·	T	Telephon	ne No.		Telepho		License N	No.				
Tom Geiger			732-29	90-2217		732-4	32-8350	01111					
Start Date (10) 6/4/2012	Scheduled	Com)ate (11)		Constitution of the contract	f OSHA Monitor e Systems of	America					
Occupancy Status During Abatement (Chec	/ /		,			Street A	ddress					1	-
Facility Closed/Vacated During Entire						STATES OF THE	/hitehead Ave	э.				150	e 2
Abatement Performed Outside of Norm Other – Describe:	nal Facility H	ours			_		ate, Zip Code River, NJ 08	882			34		
Scope of Work (Check All That Apply)						Ocu.,	1400, 140 00	002					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	and the same of	nova moliti				×	Mini-Enclosure Glovebag Pro-			11 - 11	lure		ş
	ls Lo	ocati	ion			20.0		, , dit	T	Ab	atem		•
Location of	Nor	rmall	lly			scription o				_	Туре	-	
Asbestos-Containing Material (ACM) TO BE ABATED	Used S Mainte			Asbesto	os Conta	aining Ma	iterial (ACM)	Amount (Specify	70		Ē	n s	Ш
In Facility	Custod	dial S (12)	Staff?		surfac	cing, VAT	, or	SF or LF)	Removal	Kepair	a la	200	nclos
(13)	,	12,			other m	niscellane	ous)		oval	H	Lincapoulate	1	Enclosure
		No	N/A	T.	•			202.05	 -	-	- "	4	
CONTROL ROOM	4	X	-	1 га		Floor F		338 SF 600 LF	X	+	+	+	
			-		AU	IVI SUCE		000 LF	X	+		+	
	+-+	-	-						+-	+	+	+	
Name of Registered Waste Hauler		N	J J JDEP Wa	aste	Cubic '	Yards	Name of	Registered Landfill				1	
WASTE MANAGEMENT		111111111111111111111111111111111111111	lauler ID I 125	No.	of Was	ste 5		S NORTH					
City, State		1			Dispos	al Date	City, State						
ELIZABETH, NJ	1				6/1			SVILLE, PA	to 5				
Completed by CAROL RAIMO	Title OFFICE	ΞM	IGR.		3	La	ral lac	ma)	te j	3/	12		

Date of Notification (1)	12			Name o		Own	er/Operato	, ,	e 4)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
Agencies Notified	Type Notification	i		Street A		Road	4	94C						
EPA DEP DOL	Initial Amended Amendmen	t #		City, Sta	ate, Zip C	ode	J 07080	2012 JUN 1	1 P	H 3: 56				
⊠ DOH ⊠ DCA	Emergency justification Cancellatio	(including		Name o	of Contact		OATE			elephone Nu	ımber		_	5
	1=		1		ILITY INF			<u> </u>				-		11222
Name of Facility Where P.S.E.G	Abatement is Taki	ng Place (3)					Type of Facility School (K	NACOS	***************************************				
Street Address 13 Eisenhower Pa	arkway							Subchapt	er 8 (O	ther than K-1 & commerce	2) ial bu	ildings	, hon	nes,
City (5) Roseland								Square Feet 8500 AP		of Floors		Bldg. A	-	JPE
County (6) Essex					Code (7) USE ONLY	,		Current Use (P Control Hou	rior if b		hed)	///^	70	143
Name of Monitoring Fir Environmental Tac		Owner (8)		ASCN 0045				of Abatement Co						
Street Address 64 Broad St.							Street	Address Whitehead Av						7.
City, State, Zip Code Matawan, NJ 0774	47						City, S	State, Zip Code h River, NJ 0						-
Project Manager for Mo		4	T	Telepho	ne No. 90-2217		Teleph	none No.	J002	License N	lo.			
Start Date (10)					Date (11)		Name	432-8350 of OSHA Monito		01111			23	e e e e e e e e e e e e e e e e e e e
6/4/2012 Occupancy Status Duri	ng Abatement (Cha	6/13/20		-				ue Systems o	f Ame	erica			. ;	340
_	cated During Entire	_	20	mont				Address Whitehead Av	e.					
	med Outside of Non							tate, Zip Code h River, NJ 0	3882				-	
Scope of Work (Check	All That Apply)					10200							_	
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	9 *		enova emoli				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	•			·a	
		Is	Locat	ion							Ī	Abate	emen	t· ··
Locatio			orma I Sole	lly ely by			Description			20	-	T)	ре	Т
Asbestos-Containin <u>TO BE Al</u> In Fac (13	BATED	Mai	ntena			therm			(Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						30000T			ë	, O
CONTROL K	200 M		X		Т	rans	ite Floor	Panels	3	38 SF	Х			
							ACM Soc	k	6	00 LF	Х			
		-	-								-			
Name of Registered Wa	ste Hauler		N	JDEP Wa	aste	Cub	ic Yards	Name of	Registe	ered Landfill	<u> </u>			
WASTE MANAGEN	-,			lauler ID i 125	No.		laste 15	GROW	S NO					
City, State ELIZABETH, NJ		24 24. 35		1			osal Date 3/2012	City, Stat		E, PA				
Completed by CAROL RAIMO		Title OFFIC	EM	IGR.				eral Lac				8//	, 1	
A CONTRACTOR OF THE PROPERTY O							-a	iax xue	me	/	1	5//	Ø	

MO# 20247075066	VALUE OF STREET	(Pı	ursua	ant to	NJAC	8:60 and 12:1	(20)					100
Date of Notification (1)				Name o	of Buildin	g Owner/Operator	(2)					
06/08/2012				iovan	ni Lima	a						
Agency Notified	Type Notification		T	Street	Address		2013	JUN 11 PMI2	: 56			
	⊠ Initial		3	22 Ch	estnut S	Street			. 20			
☐ EPA ☐ DEP	☐ Amended		T	City, St	tate, Zip (Code	4.5		65.10			
⊠ DOL	Amendment #		N	lutley	, NJ 07	110	(3)4	* THE WELL	SU.		1722	a - 1
⊠ DOH	 Emergency (including justification) 	ing			of Contac			Telephone Number				
□ DCA	☐ Cancellation		C	iiovar	nni Lim	a -						
			12			ORMATION		1				
Name of Eacility When	e Abatement is Taking Pla	ace (3)					Type of Facility	y (4)				
	e Abatement is Taking 1 in	acc (c)										
Private home							☐ School (K-1 ☐ Subchapter	8 (Other than K-1 2)				
Street Address							☑ Other (i.e. p	orivate & commercial but	ldings,	375		
322 Chestnut Street							homes, etc		ldg. Ag			_
City (5)							Square Feet	# OI FIGOIS B	iug. Ag	9		
Nutley, NJ 07110												
County (6)				County ONLY)) (STATE USE	Current Use (I	Prior if being demolished	1)			
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	rm Hired by Building Own	er(8)	ASCM	No.		Name of Abate	ment Contractor	(9)				
Traine of Monitoring 1 in						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Ro	d #283					
City, State, Zip Code						City, State. Zip	Code				200000	
						Wayne, NJ 07	7470					
Project Manager for M	Ionitoring Firm	Te	lepho	ne No.		Telephone No.		License No.		×		
						973-638-1777	7	01127				
Start Date (10)	Scheduled (Completi	on Da	te (11)		Name of OSHA	Monitor	1				
06/17/2012	06/18/2012	2				Envirovision	Consultants,II	nc				
Occupancy Status Du	ring Abatement (Check or	nly one)			-0.00	Street Address						50000
M Facility Classed/Vac	ated During Entire Period	of Abat	ement			20-21 Wagara	aw Road, Bldg	g .# 34A				
	ed Outside of Normal Fac			68 58		City, State, Zip	Code			100000		
☐ Other - Describe:						Fair Lawn, N	J 07410					
Scope of Work (Check	(all that apply)					Пеш	. Containment wi	th Negative Deceause				
⊠ >3 sf or >3 lf				⊠ Rer	novation		i-Enclosure	th Negative Pressure				
☐ ≥160 sf or >260 lf				☐ Der	molition	Ŭ Glo	vebag Procedure					
		-				L Nor	n-Exempted (*) a	nd Non-Friable Procedu		Abat	eme	ent
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the same of the sa	ABATED Facility		Custod		(1.6	e., thermal system surfacing, VA		(Specify SF or LF)	em	Re	aps	Clo
100000	(13)		Staff?			other miscellar			Remova	Repair	Encapsulate	Enclosure
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Gr Tech LLC		003	3378:	5		TBD	T.R.R.F. Ir	ıc				
City, State						Disposal Date	City, State			All III		
Wayne, NJ 07470						TBD	Tullytown,	PA				
Completed by	Title					Signature	1	Da Da	te			
N.Jevtic	Owner					· //ew	tre New	06/	08/20	12		
ASB-41	* Do n	ot use th	nis for	m for a	sbestos li	censure exempte	d activities.					

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Date of Notification (1) 06/05/12 Ck: 210	2 \$200				Building O gh of Gir		Operator	(2)	4		2012_11	1	_	21	(in	
Agencies Notified	Type Notification			Street Ad								-11-1	1	TI	116	र १
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DOH DCA	Emergency justification) Cancellation	3 ×		Name of Brian D	Contact Dougher	ty				Tele	phone N	umber				
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City (5) Sea Girt, New Jers	sey 08807					1		Squar 30,00	e Feet 000	# of 2	Floors	- 1	Bld 50	g. Aç	je	
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Street Address PO Box 385	:-		OHINGS HE		7			Addres McBri	s de Avenu		***************************************					
City, State, Zip Code Oceanville, New Je	ersev 08231								p Code Park, Ne	w Jers	sev 074	24				
Project Manager for Mo John Smoyer				Telephor	ne No. 52-1833		Telepi	hone No 225-8	D		License 01104				=	
Start Date (10) 06/18/12		Schedule		mpletion [Name	of OSF	A Monitor	lahs			000.00			
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Other – Describe:				- ·			100000000000000000000000000000000000000		w Jersey	07083	3					
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City, State Woodland Park, Ne	ew Jersey 0742	1					osal Date 22/12	3	City, State Morrisv		ennsylv	ania	8			
Completed by Tatiana Kalenikova		Title Vice	Pres	sident			Signatur	e	ea la	left		Date 06/05	5/12	2		

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Check #: 4737

Initial Notification - Friable

Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room Boiler Room Name of Registered Waste Hauler Four Strong Builders, Inc. Ciffon, NJ Completed By (Frint or Type) Raterial (ACM) Solely Material (ACM) Solely Material (ACM) (1.e., thermal systems insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems Insulation, surfacing, VAT. (1.e., thermal systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete Systems SF or O P P O C To Complete			8.5						GHECK	17.4/3/				
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Name of Facility Where Abatement is Taking Piscs (3) For Lee School No. 1 Street Address Substance of (1) Street Address Substance of (1) Caunty Code (7) Cavary Code (7)	(X) DOH			Na	me of C	ontac	ct		& LIULIA Jeh	ephone Numb	er			
Page of Facility Where Abatement is Taking Place (3) Page of Facility (4)	[X]DCA	55 (55)		CI	heryl Ba	lletto				/	7			,
Fort Lee School No. 1 Street Address 250 Hoym Street 2							INFORM	MOITA						
Suchester 8 (Other than K-12) Other (1.e., private & commer-	Name of Facility Who	ere Abateme	ent is T	aking	Place	(3)				178 B W	3			25
250 Hoym Street Caunty (6) County (5) County (6) County (5) County (6) C									[]Subch []Other	apter 8 (Ot (i.e., pri	her t	han & co	K-12	2) :-
For Lee, NJ 07024 Sergen School	250 Hoym Street								Square Feet	# of Floor	s B	ldg.	Age	
Name of Monitoring Firm Hired by Building ASCM No.	City (5)		Count	y (6)						Prior if be	ing			ed)
Westchester Environmental O00127 Street Address 307 North Walnut Street City. State. Zip Code West Chester, PA 19380 West Chester, PA 19380 Matt Abraham Scheduled Start Date (10) Sched. Completion Date (11) O 6 / 2 2 / 1 2 Month / Day / Year Occupancy Status During Abatement (Check only one) (All Abatement Performed Outside of Normal Facility (Bound Check all that apply) (Four Strong Builders, Inc. Street Address 180 Sargeant Avenue City. State. Zip Code Cliffon, NJ 07013-1935 Felephone Number Many of OSRA Monitor Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Felephone Number Cliffon, NJ 07013-1935 Felephone Number Cliffon, NJ 07013-1935 Felephone Number Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Felephone Number Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address 180 Sargeant Avenue Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four Strong Builders, Inc. Street Address Cliffon, NJ 07013-1935 Four	Name of Monitoring	Firm Hired	Berge	n	ASCM N				School					
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Scheduled Start Date (10) O 6 / 2 2 / 1 2 Month / Day / Year Month / Day / Year Occupancy Status During Abstement (Check only one) (Check only one) (Abstement 1 (X) Facility Closed/Vacated During Entire Period of Abatement 1 (Abatement Performed Outside of Normal Facility (Bours - Describe: 1 (Bou	West Chester, PA 193	80 Monitoring	; Firm [Telep	hone Nu	mber	Clifto	on, NJ 070)13-1935 Ser	Lice	nse l	Vumbe	er -	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Boiler Room Boiler Room Name of Registered Waste Hauler Nothing Waste Hauler ID No. City. State Cliffton, NJ Completed By (Print or Type) Rivana Kulckovsko	[]Demolitic []>3 sf or	on >3 1f		[X]	Renovat	ion		[]Mini []Glov	-Enclosure ebag Procedure		e Pr	essu	re	
Boiler Room Pipe and Fitting Insulation Pipe and Fitting Insulation Boiler Room Boiler Breeching Insulation Pipe and Fitting Insulation 250 SF Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste G.R.O.W.S., Inc. City. State Clifton, NJ Completed By (Print or Type) Title Billyana Kulakovska	Asbestos-Co Material TO BE AB in Facil	ontaining (ACM) BATED		Loc Nor So by ten Cus Sta	ation mally sed lely Main- ance/ todial ff(12)		Asbe: Ma (i.e., insulat:	stos-Cont terial (A thermal ion. surf	aining CM) systems acing. VAT.	(Specify SF or	R E M O V A	R E P A	NCAPSU	E N C I O S U R
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Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Four Strong Builders, Inc. City. State Clifton, NJ Completed By (Print or Type) Title City. Administrator Disposal Date Signature Date		•			+	_					\Diamond		-	
Four Strong Builders, Inc. City. State Clifton, NJ Completed By (Print or Type) Title					+							-		-
Completed By (Print or Type) Title Signature Date	Four Strong Builders,		r	На	uler ID		of Was	ste	G.R.O.W.S., Ir		111			
Completed By (Print or Type) Title Signature Date	Clifton, NJ								Tullytown PA					
Rilyana Kulakovska Office Administrator		or Type)	Title		-		1	ignature			Da	ite		
Bilyana Kulakovska Office Administrator 5/24/12 ASB-41 JUN 95			Office A	dmini	strator			Ba	Die		5.	/24/1	2	7

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

Initial Notification Check #: 4761

								Oncor	\ m. 7/01				
Date of Notificati	Allegania E. Carania		IIN	ame of E	uil	ding Own	er/Operat	or (2)					
10161/10			E	BOE of th	ne V	ocationa	School in	the County of S	Sussex	(+-			
Agencies Notified	Type Notif	ication	3	treet Ad	dre	ss							
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Sparta, NJ 07871		Susse	ex					School					100
Name of Monitoring Owner (8)	Firm Hired	by Buil	ding	ASCM N	lo.	Name	of Abate	ment Contracto	r (9)			17	
N/A						Four	Strong B	uilders, Inc.					
Street Address						Stre	et Addres	S					
						180	Sargeant	Avenue					
City, State, Zip Co	ode	1335				City	. State,	Zip Code					
Project Manager Fa	- W	- PrT	M-1-			Clifte	on, NJ 070	013-1935					
Project Manager for	. MOUTCOLIU	g arem	rere	buore wo	imbe		phone Num	A. (58/3480)	Lice	nse	Numb	er	533718/19/
Scheduled Start Da	e (10) 15	ched.Com	nlet	ion Date	. /1	973	614-0377		0080)7			
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Hours - Descri	ibe:				_			V-50Z33 - 10					
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								31 (1 = 2				-	
										 	-	-	
Name of Registered		r	Ha	DEP Was			Yards ste	Name of Regis		111		L	
Four Strong Builders	, INC.		112	2609		Dispo	sal Date	G.R.O.W.S., In	ic.				
-						22000							
Clifton, NJ Completed By (Print	Or Tune	Title					83.AZEL	Tullytown, PA					
	or Tabel						Signature	TO -		Da	ite		
Bilyana Kulakovska		Office A	dmin	istrator			1	W.		6/	7/12	2	
JUN 95		8.5											J. 10 10 10 10 10 10 10 10 10 10 10 10 10

Check # 6528

Date of Notification (1) June 8, 2012			of Building	Owner / Operator	(2)	RECEN	VE	D		
Agencies Notified	Type Notification		Stree	t Address							5
□EPA □DEP			211 0	old Tappan i	Road		2012 JUN 11	PM	5: 5	6	
⊠DOL	☐ Initial		City,	State & Zip C	Code		ASBESTOS	CON	TRI		
⊠рон	Amended Amendment	#	Old 1	appan, NJ	07675		& LICEN				
DCA	Cancellation	"	Name	of Contact			Te	lepho	ne Ni	ımbe	er
-			Ryan	Schnupp				R W.		7	
	•		FA	CILITY IN	FORMATION						
Name of Facility Whe Bank of America	re Abatement is Takin	g Place (3)	-		Type of Faci				-		
Street Address			-1111		School Subcha	pter 8 (Other th	an K-12)				
211 Old Tappan Roa	d						commercial building:	s, hor	ne, e	etc.)	
		10			Square Feet			g. Age			
City (5) Old Tappan					4,00 Current Use Bank	0 (Prior if being d	1 emolished)		49		
County (6)	- 0.C.	County Cod	le (7)		Dalik						
Bergen	ione I line d has Daileline d	USE ONLY		LACOMAN	No.		1 (0)				
New York Environm	irm Hired by Building (ental	Owner (8)	*-	ASCM No	Synatech, In	itement Contrac	tor (9)				
Street Address				200000000000000000000000000000000000000	Street Addre	SS					
88 Harbor Road City, State & Zip Code	9				829 Radio R City, State &						-
Port Washington, N' Project Manager for N	Y 11050				Little Egg H	arbor, NJ 0808					
Michael Baudo		51	elephone 16-944-95	00	Telephone N 609-296-691	6	License Num	ber 0081	7		
Scheduled Start Date June 18, 20		led Complet Jun	ion Date e 19, 201		Name of OSI Synatech, In						
Occupancy Status Du	ring Abatement (Chec ed/Vacated During Ent	k only one)			Street Addre	ss					
Abatement P	erformed Outside of N	lormal Hour	s		City, State &	Zip Code					
Other - Desc	cribe: pied During Abatemen	ıt			Little Egg Ha	arbor, NJ 0808	7				
Scope of Work (Chec			-								-
						Full Containme	ent with Negative Press	ure			
≥3 sf or ≥ 50 lf		\bowtie	Renovat	PEWAN.		Mini-Enclosure					
≥160 sf or ≥260) If		Demolitie	on .		Glovebag Prod					
Loc	ation of	Is Locat	ion Norm	ally Used	Descript		d(*) and Non-Friable Pr	_		ent	Туре
	ning Material (ACM)	Solely b	y Mainte	nance or	Asbestos-C	ontaining	Amount (Specify				. , , , ,
	ABATED Facility	Custo	odial Staf	(12)	Material (i.e., therma		SF or LF)			Т	_
	(13)				insulation, sur	facing, VAT		2	-71	Enc	m
		1			or other misc	ellaneous)		Removal	Repair	aps	Enclosure
		Yes	No	N/A				val	¥.	Encapsulate	ure
Coupon	Booth Area	+		x	Wallcoverin	a Mastic	400 SF	X			
Name of Registered W	/aste Hauler	NJDEP \		Cubic Yar	ds of Waste	Name of Regi	stered Landfill			_	_
Synatech, Inc.		Hauler II	No. 429	2		Grows Landf					
City, State			723	Disposal D	Date	City, State					
l ittle Eco Harbar N.	09097										
Little Egg Harbor, NJ Completed By	Title			June 20, 2 Signature		Morrisville, P	Date		***		
Diana Alaia	-	thro Admir-1-1	nbuc4	()/1	eni Alora	•	100 - 100 -				
Diane Aloia	Execu	tive Admini	strator	1 .000	- Count	_	June 8, 2012				

Date of Notification (1) 6/8/12			Name of Building Owner/Operator (2) Jennie Cassin / resident												
Agencies Notified Type Notification			Street Address 20 Howard Drive 2012 JUNE 1 PM 3: 56												
X DEP Amended Amendment			City, State, Zip Code Manahawkin NJ 08050												
□ Emergency justification) □ DCA □ Cancellation			Name of Contact Jennie				Telephone Number								
			FACIL	ITY INFO	ORMATI	ON						_			
Name of Facility Where Abatement is Takin Jennie Cassin / resident						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)									
Street Address 20 Howard Drive		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1													
City (5) Manahawkin NJ 08050	***************************************				Squar 1000	e Feet	# o	f Floors	Bldg. Age 35+		ge				
County (6) Ocean	(3	County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) House									
Name of Monitoring Firm Hired by Building N/A	0					ne of Abatement Contractor (9)									
Street Address								t Address Box 329							
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm	Т	Telephone No.			Telephone No. License No. 856-753-9800 00727										
Start Date (10) 6/20/12	Com	ompletion Date (11)			Name of OSHA Monitor Pernaco Inc										
Occupancy Status During Abatement (Chec					Street Address										
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe: Scope of Work (Check All That Apply)				nent			PO Box 329 City, State, Zip Code								
								West Berlin NJ 08091							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	tion ion				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
		ocation.			Service Servic	E .						Abatement Type			
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Used S Mainte Custodi: (1			y by ce/		tos Cont thermal surfac	Description of os Containing Material (/ thermal systems insulation surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			х		Exte	rior Si	ding	-	15	500SF	\neg	x	1117		
											+				
Name of Registered Waste Hauler United Containers			IDEP Wauler ID 459		Cubic Yards of Waste 2			Name of Registered Landfill G.R.O.W.S.							
City, State Elm NJ					Disposal Date 6/25/12			City, State Morrisville PA 19067							
Completed by Anthony T Perna	Title Preside				Signature				Date 6/8/12						