

Date of Notification (1) 6/6/13					Building O Avery (3		7/	5		
Agencies Notified	Type Notification			reet Ad	dress n Ann La	ane					4		1	Ŵ,		
EPA DEP DOL DOL	Initial Amended Amendment: Emergency (injustification)		Ci N	ity, State Ianaha	e, Zip Cod awkin No Contact	e	50			Tel	ephone N	umb	/ ₁₆	Š.	7	Ž?
DOH DCA	Cancellation		R	lich	27 10 27 11 11											
Name of Facility Where A Richard Avery (Priv Street Address		Place (3)		FACIL	ITY INFO	RMAT	ION		of Facility (4 school (K-12 subchapter 8	:) 3 (Oth	er than K-	-12)				
81 Lynn Ann Lane								e	other (i.e. pr tc.) e Feet		& commer	rcial		ngs, l		s,
City (5) Manahawkin NJ 08	050							1000		1			35	1000		
County (6) Ocean				ounty C	ode (7) SE ONLY)			Currer	nt Use (Prio e	r if be	ing demol	ished	i)			
Name of Monitoring Firm	Hired by Building (Owner (8)	1	ASCM	No.			of Abat aco In	ement Conf	ractor	(9)					
Street Address								Addres								
City, State, Zip Code							City, S	state, Zi	p Code							
Project Manager for Mor	nitoring Firm		T	elephon	e No.		1	t Berlin		-	License	No.			(************************************	
Start Date (10)		Scheduled	Comr	oletion F)ate (11)			753-98	800 A Monitor		00727	ii				_
6/6/13		6/7/13		JICUOIT E			sam	9								
Occupancy Status Durin							Street	Addres	S							3
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norn	Period of Aba nal Facility He	iteme ours	ent			City, S	State, Zi	p Code						22595	
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	All That Apply)		ovati	0.000				Min Glo	l Containme il-Enclosure vebag Proc n-Exempted	edure	,				9	
		In In	catiq					110						Abate	ment	
Locatio Asbestos-Containing TO BE AE In Fac (13)	Material (ACM) ATED lity	Nor Used 3 Maint Custod	mally Solely enan	by ce/		os Co therm sur	escription ntaining l al system facing, V/ miscella	Material as insula AT, or		(Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior	Siding			х		Ext	erior Si	ding		1	200 SF		x			
										_		\neg				
		++										\neg				
Name of Registered Wa	ste Hauler			JDEP W		577357	ic Yards		Name of	Regis	tered Land	dfill			l	
United Containers				auler ID 459	No.	2	/aste		G.R.O.\		3					
City, State Elm NJ							osal Date 0/13	9	City, State Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Preside	ent				Signatur	e				Date 6/6) /13			

04,86

Date of Notification (1) 06/04/2013					Building		perator	(2)	<#13 ₀	(1)						
Agencies Notified	Type Notification	- Aleman	- 1	Street A 532 Bl	ddress ROADW	'AY ST	REET		2813 2211		2 1/1	^>				
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co NNE,NJ		2		* Z-12	Z.,		30)			
DOH DCA	instification) Cancellation	D: 0.7%	- 1		f Contact H ATTIA	NSIA				Jele	phone N	lumber			********	
Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFO	ORMATI	ON	Type of	Facility (4))						
PRIVATE Street Address								Su	hool (K-12	(Othe			حالمان	'		
532 BROADWAY S City (5)	STREET							X Ott etc Square			Floors		Bidg			
BAYONNE, NJ County (6)				County (Code (7)			1400 Current	Use (Prior	1 if bein	ng demo		61	ΥE	ARS	
				(STATE I	JSE ONLY)											
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	f No.				ment Contr UALITY			CTIO	N LI	C		
Street Address							100000000000000000000000000000000000000	Address AN OR	DEN PL	ACE						1
City, State, Zip Code								State, Zip KENSA	Code CK,NJ,0	760	1					
Project Manager for Mon	itoring Firm			Telepho	ne No.			none No. 708-427	70		License 01135					
Start Date (10) 06/05/2013		Scheduled 06/05/20		pletion I	Date (11)			of OSHA -AIR TE	Monitor CHNOL	OGII	ES LAE	3				
Occupancy Status During	g Abatement (Chec	k Only One	:)	*				Address	RIDGE [אומר	E QLIIT	E D				-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of Al nal Facility	batem Hours	ent			City, S	State, Zip	Code							
Scope of Work (Check A	Il That Apply)						POV	VHAWI	'AN,VA,2	23139		na - na-a				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	- 2000 and 1800 mg • • • • • • • • • • • • • • • • • •		enova				×	Mini-I	Containmer Enclosure Ebag Proce	edure	ŭ			dura		
		ls l	ocati	on				1 NOTI-	Exempted	() and	1 11011-F1	lable PI			ment	
Location		No.	ormali	ly			scription			23		-	Т	Typ	e T	
Asbestos-Containing TO BE AB In Facil	ATED	Mair Custo	ntenar odial S	nce/		thermal		Material (A s insulation		(S	mount pecify or LF)	Remova	- Copen	0	Encapsulate	Enclosure
. (13)	*	Yes	(12) No	N/A			niscellar				, _ ,	loval		3	sulate	sure
ROOFING MA	ATERIAL	100	X	IVA	R	OOFIN	IG/FLA	ASHING		15	00SF	х	†	1		
		1-1										-	-	4		
		+-+										+	+	+		
Name of Registered Was			1,000	JDEP W		Cubic of Wa	Yards	T	Name of R	egiste	red Land	ifill				
SHARON QUALITY	CONSTRUCTI	ON LLC		33967		TBD			MINERV	A EN	ITERP	RISE	INC			
City, State HACKENSACK,NJ						Dispos TBD	sal Date	- 10	City, State WAYNES	SBUI	RG, OH	HIO				
Completed by XIOMARA GOMEZ		Title PRES	IDE	NT		9	ignature V ov	navo.	604	ستع		Date 06/04	/20	13		

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Date of Notification (1) 6 -6-13					f Building Jersey								3	0		14
Agencies Notified	Type Notification			Street A									ŽP.		· // 2)
EPA DEP DOL	Initial Amended Amendment			City, Sta	ite, Zip Co ank , NJ	ode	1	HE- 31					4			Wy.
DOH DCA	justification) Cancellation				f Contact L Sobel	, Esq				Iel	ephone	Numl	per	15	\(\frac{1}{2}\),	4,
				FACI	LITY INFO	ORMATI	ON									- (
Name of Facility Where Resident Street Address	Abatement is Takin	g Place (3	3)						of Facility (4) School (K-12) Subchapter 8	(Oth	er than I	K-12)				# 10
419 RT 9,North								e	other (i.e. priv tc.) e Feet		& comm	ercial		lings, ldg. A		es,
City (5) Middle Twp								3800		2			6		.ge	
County (6) Ocean					Code (7) USE ONLY	·		Currer resid	nt Use (Prior ent	if be	ing dem	olishe	ed)			g/C
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.			of Abat Joe I	ement Contr LC	actor	(9)					statilita (
Street Address								Addres Burlin	s ngton Ave			207				
City, State, Zip Code				***		City, S	State, Zij									
Project Manager for Mo	nitoring Firm	T	Telepho	ne No.		Teleph	none No 824-09			Licens 0701			- 622			
Start Date (10) 6-15-13		Schedule 6-25-1		npletion I	Date (11)		Name self	of OSH	A Monitor	×	l					
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street	Addres	S							
	cated During Entire I ned Outside of Norn Demo						City, S	State, Zij	o Code				-			0000000
Scope of Work (Check /	All That Apply)						L						W			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Min Glo	Containmenti-Enclosure vebag Proce	dure					e	
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Lagatio	n of		Locati			Do	scription	of						Ту	ре	
Locatio Asbestos-Containing TO BE AE In Fact (13)	g Material (ACM) BATED Ility	Ma	d Sole intena todial S (12)	nce/		tos Con thermal surfa	taining N systems cing, VA niscellar	Material s insula T, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Out S	ide	+		X		(AC	M) Sid	ling			3500		x			
- Out 0				x		(, ()	iii) Old	9					-			
	 	\perp		LIDEDIA		Lau	V1-		None of D			7611				L
Name of Registered Wa J Robinson Waste	sie nauler		Н	IJDEP W lauler ID 8687		of Wa	Yards ste		Name of Re Wm Of P	200	ereu Lan	iqiil				
City, State Bellmawr NJ		1-100//		***************************************		Dispo:	sal Date		City, State Tullytowr	n NJ	li					
Completed by Joseph T Hill		Title VP			To.	1 8	Signature	9	W			Date 4	e 25-1	3		

* Emergency *

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

CK 32936

Date of Notification (1)			Nama of	Duilding	Oumaric	\norato	(2)				-4	2			
6/6/13				Building Castiglia						- 12 12 13 pt		17	<i>(</i> >		
Agencies Notified Type Notificatio	n		Street A							``<.	5.8		4	1/2	
EPA Initial Amended			300000000000000000000000000000000000000	rton Driv										(c)	
DOL Amendme		_		te, Zip Co awkin N		50						1	4.2		(20
DOH justification				Contact					Tel	ephone N	lumbe	Γ		7	
DCA Cancellation	on		Rich	LITY INFO	DHAT	ON			1_	-		_			
Name of Facility Where Abatement is Tak	ing Place (3))	FACI	LITTINE	JRIVIATI	ON	Туре	of Facility (4)			_			
(Private Home)								School (K-1							
Street Address 70 Morton Drive							×	Subchapter Other (i.e. p etc.)	8 (Oth	er than K- & commer	-12) rcial b	uildi	ings,	home	es,
City (5)		-						re Feet	# 0	f Floors		Blo	dg. A	ge	
Manahawkin NJ 08050	-						1000	73.0	1			35	5		
County (6) Ocean			County (Code (7) JSE ONLY			Hon	ent Use (Prid 1e	or if bei	ng demol	ished)				
Name of Monitoring Firm Hired by Building	g Owner (8)		ASCM			W. 2-2-2-3-3		tement Con	tractor	(9)				- /-	
N/A	n seesile			1		24072260000	aco li								
Street Address	¥						Addre	3/2//							
City, State, Zip Code	State, Zip Code							ip Code				-	-		
Droingt Manager for Manitoring Firm							t Berl			1 11	N-				
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						hone N 753 - 9			License 00727					
Start Date (10) 6/6/13	Schedule 6/9/13	d Cor	npletion	Date (11)		Name		HA Monitor		iş			-		
Occupancy Status During Abatement (Ch	eck Only On	e)	-			Street	Addre	ss		- 1					
Facility Closed/Vacated During Entire															
Abatement Performed Outside of No Other – Describe:	rmal Facility	Hours	· · · · · · · · · · · · · · · · · · ·			City, S	State, Z	ip Code							
Scope of Work (Check All That Apply)															
23 sf or ≥3 lf		enova						II Containme		n Negative	e Pres	sure	е		
≥160 sf or ≥260 lf	× D	emolit	tion			Ŀ		ni-Enclosure ovebag Prod							
						<u> </u>		n-Exempted		d Non-Fri	able F				
·		Locat										A	Abate Ty	ment	t
Location of Asbestos-Containing Material (ACM)	Used	lormal d Sole	ly by	Ashes	De: tos Cont	scription		I (ACM)		mount		П	i		
TO BE ABATED		ntena			thermal	system	s insula		(Specify	7	D D	Z)	Enca	Enc
In Facility (13)	0401	(12)	J. Carri			cing, VA niscella			S	F or LF)			Repair	Encapsulate	Enclosure
, ,	Yes	No	N/A								į	<u>u</u>	7	late	ire
Exterior Siding			х		Exte	rior Si	ding		12	00 SF	x				
										=#					
Name of Registered Waste Hauler		10098	IJDEP W lauler ID		Cubic of Was	Yards ste		Name of		ered Land	Itill				
United Containers		13003	2459		2			G.R.O.	w.s.						
City, State Elm NJ		-		-	Dispos 6/10/	sal Date		City, State Morrisv		A 19067	,				
Completed by Anthony T Perna	Title Presid	dent				ignatur	e 1	1.		1	Date 6/6/1	3			
/ maiony i i onia	1 1031	Joint			(_ \				0/0/1	J			

C) 329 6

Date of Notification (1) 6/7/13		8		Name o	of Building	Owner/	Operator	r (2)		18/	3 M/2/			- 1		
Agencies Notified	Type Notification		\dashv	Street A	Address						- '	12	Os.		-	
EPA DEP DOL	Initial Amended Amendment			City, Sta	Crown F ate, Zip C Deptfor	ode				4/	<u>/ </u>		*/ 	?. V	•	
☑ DOH DCA	justification) Cancellation			Name o	f Contact Hall					Те	lephone	e Nur	nber/	Į		
Name of Facility Where west Deptford High Street Address 1600 Crown Point F	School	g Place (3)	FAC	ILITY INF	ORMAT	TION	Type	School (K-1 Subchapter Other (i.e. p etc.)	2) 8 (Oth	ner than & comr	K-12	2) al bui	dings	, hom	nes,
City (5) West Deptford NJ (8093							Squa 100	are Feet 0+	2	f Floors	5		31dg. / 35+	Age	
County (6) Gloucester					Code (7) USE ONLY	,		Curr	ent Use (Pric	or if be	ing den	nolish	ned)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	/ No.		Name Pern		atement Con nc.	tractor	(9)					
Street Address	SVA				V		Street PO E		3.7							
City, State, Zip Code								Zip Code in NJ 0809	91							
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph 856-				Licen 0072		0.				
Start Date (10) 6/24/13							Name		HA Monitor							
Occupancy Status During	g Abatement (Chec	k Only On	e) -				Street	Addre	SS				V			
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F ed Outside of Norm	Period of A al Facility	baten Hours	nent			City, S	tate, Z	ip Code		- 470	_				
Scope of Work (Check A	ll That Apply)			-						-						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova				×	Mir Glo	Il Containme ni-Enclosure ovebag Procon-Exempted	edure						
	47	Is	ocati	on					II Exempled	() un	u 14011-1	Парі	7	Abate	_	ı
Location		The transportation of the control of	ormal Sole	150 0 ccc	10		scription							Ту	ре	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED `	Maii	ntenai odial S (12)	nce/	Asbes (i.e.	thermal surfa	taining M I systems cing, VA miscellan	insula T, or	I (ACM) ation,	(5	mount Specify For LF)		Removal	Repair	Encapsulate	Enclosure
rooms 25	& 32		х			Floor	Tile & N	/lastic	;	16	00 SF		x			
Name of Registered Was United Containers	te Hauler	100000	JDEP Wauler ID		Cubic of Wa	Yards ste		Name of R		red Lar	ndfill					
			22	2459		3			G.R.O.W							
City, State Elm NJ						Dispos 7/1/1:	sal Date 3		City, State Morrisvil		1906	7				
Completed by Anthony T Perna		Title Presid	ent			S	Signature	1		د		Date 6/7	e //13			

Ck 3297

Date of Notification (1) 6/7/13					f Building Dechiar				<i>₹®13</i>	Mar.	,					
Agencies Notified	Type Notification			Street A	ddress lifton Ro	ad				. ,	2 1/3	· _				
EPA DEP X DOL	Initial Amended Amendment				ate, Zip Co				4/6	() () / (<u>c:</u>	₩C.			
DOH DCA	Emergency justification) Cancellation		Ī	Name o Libby	f Contact	200.00				Je 7	lephone	Nun	ber	¥ .		
Name of Facility Where	Ahatement is Takin	n Place (3	8)	FACI	LITY INF	ORMAT	ION	Type	of Facility (4	\						
Libby Dechiaro Priv		g i lace (c	•,						School (K-12							
Street Address 123 Clifton Road								×	Subchapter 8 Other (i.e. pr etc.)	3 (Oth				dings	, hom	es,
City (5) Barnegat NJ 08005	5							Squa 1000	re Feet 0+	2	f Floors	7		8ldg. <i>A</i> 5 +	Age	
County (6) Ocean					Code (7) USE ONLY) <u> </u>		Curre	ent Use (Prior ne	r if be	ing dem	olish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASCN	/I No.			of Aba	ntement Cont	racto	r (9)					
Street Address		2.5						Addre				-				
City, State, Zip Code		W.S T				515.00 mm. 21.00 mm.		ip Code in NJ 0809	91			-	-11-5			
Project Manager for Mor	nitoring Firm		Telepho	ne No.		E 200 V 200 T 200	none N 753-9			Licens 0072).				
Start Date (10) 6/20/13		Schedule 6/25/13		npletion	Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)	100			Street	Addre	ss				114.1001	4		
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent S			City, S	state, Z	ip Code						75	
Scope of Work (Check A				******					()							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Annual Control	Renova Demolit				×	Mir	Il Containmer ni-Enclosure ovebag Proce n-Exempted	edure					e	
			Locati							. /				Abate	ement	t
Location Asbestos-Containing			Normal d Sole		Achoe		scription taining N		L(ACM)	,	mount		-	1,	ре	Г
<u>TO BE AB</u> In Facil (13)	ATED		intena todial s (12) No			thermal surfa	systems cing, VA niscellar	s insula T, or		(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Bottom of	House			х		Tran	site Bo	pard		2	00 Sf		x			
Name of Desistered Mr.																
Name of Registered Was United Containers	ste Hauler		Н	JDEP W auler ID 2459		of Wa	Yards ste		Name of R G.R.O.W		ered Lan	ndfill				
City, State Elm NJ						Dispo: 6/25/	sal Date 13		City, State Morrisvill		A 1906	57				
Completed by Anthony T Perna		Title Presi	dent				ignature	R				Dat 6/7	e 7/13			



Care of Notification (1)	14/13		Nam		ng Owner/Operator		TING.	Y.	1	
Agencies Notified	Type Notification		Stree	et Address		202:70: 0		-	ر ې	- K-
∑ PA S S S S	inital Amended				Rr, 50	1.5.00				
2 00r 2 0eb 2 eby	Amendment #	_	City,	State. Zip	COSE REEN FIG	ELN NI	5 ·			
□ 00H □ 00A	Emergency (includ	ing		e of Conta			Talanhar a Ni imh	A)	77.	一元,
1 _ 00A	Cancellation			Bn	ULE BAFI	INIG	Ì			
			FA	СІЦТҮ ІМ	FORMATION	,				
Same of Facility Where	Abatement is Taking Pla イフモんにぎ	ce (3)				Type of Facility School (K-1				
						Subchapter	8 (Other than K-12 private & commercia		hone	
15	N. Coolid	CE	1v	Fr		homes, etc.)		0.000	
15. 15.	BRUSTE					Square Feet	# of Floors	Bk	ig Aç	K
	ORTIC		Cou	nty Code (7) (STATE	Current Use (P	nor if being demolis	hed,		
name of Monitoring Firm	Hired by Building Owne	1	ASCM	No	Name of Abatem	ment Contractor (9	9)			
<i>N</i>	/A					EMCO I	<u>υς,</u>			
Street Address					Street Address	S,SPRUC	EDUE.			
Cir. State Zip Code			-		Crv State Zip C	Code				
i						bre 240.	DE N.J.	000	7 5	=====
Project Manager for Mon	itoring Firm	Tele	phone	No	Telephone No.	9-0472	License No	74		
Stan Date (10)	Scheduled			ate (11)	Name of OSHA	Monitor	1			
6/12/	13 6%		13	1 113 		SEPH KL	EMM			
	g Abatement (Check on		man!		Street Address	S. Spn	LULT LUC.			
★ Facility Closed Vacate Abatement Performed					Can State Zin C	`ode				
Other - Describe					MA	APLE SI	10DE, N.	٠. ز.	<u>ر يا .</u>	. 5 .
Scope of Work (Check a	II (hat apply)				☐ Full Cor	ntainment with Ne	gative Pressure			
		lenovati Jemolito			☐ Mini-En	closure ag Procedure	on-Friable Procedu	ıc.		81
	175	Location							traten	
Location o	- Lives	Normally d Solet			Description of	r		-	7,,,	
Asbestos-Containing M TO BE ABAT	latenal (ACM) Ma	iintenan Custodia		Asbes (i.e.	tos Containing Mai thermal systems i	terial (ACM) insulation.	Amoun' (Specity	2	x	
IN Facility		Staff? (12)			surfacing, VAT	, or	SF or LF)	Removal	Repair	ta locate
(13)	Yes	No.	N/A					È		+ + =
		1.0	X	7	RANSITE		1800 \$	X		
SIDIN	/ Cs	+	_		ICANTIE			<u> </u>		
		+						1		
		+						1		
'same of Registered Was	te Hauler		JDEP \		Cubic Yards		istered Landfili			
K Lames	INC.	_ "	auler IC		of Waste		, U, A,			
On State	SHADE, N	,Σ			Disposal Date	City. State	SANTVILL	_ - -	W,	<u>J.</u>
Joseph K	I.Emm	V/1	0		Signature	en Kelm	m 6/	6/	13	
2078WV	10 F1 - 1	-/-			=-0=				120112-00	

Date of Notification (1) June 6, 2013					Building Owner Fregory the C			20%	heck	# 588 9				(6)
Agencies Notified	Type Notification			Street Ad 4620 N	dress ottingham V	/ay		1.00	- 1/1	12 AM	2. 5			48
EPA DEP DOL	Initial Amended Amendment				e, Zip Code on Square, N	IJ 0869	0	Œ.	4/02	*//:	tg2			
X DOH X DCA	Emergency justification) Cancellation		- 1	Name of Mauree					-	Nfm	mhas			
				FACIL	ITY INFORMA	TION					2.1		_	
Name of Facility Where A Saint Gregory's Sch		g Place (3)					X S	of Facility (School (K-1	2)					
Street Address 4620 Nottingham W	/ay				Y	2011-2011		Subchapter Other (i.e. p etc.)	8 (Oth	er than K-1 & commerc	2) ial build	lings,	home	s,
City (5) Hamilton Square, N	J 08690						10,00		2	f Floors	10	ldg. A	ge	
County (6) Mercer	403. 44.00			County C (STATE U	code (7) ISE ONLY)		Scho		or if be	ing demolis	hed)			
Name of Monitoring Firm Pars Environmental		Owner (8)		ASCM	No.	The Company		ement Con vironmen						
Street Address 500 Horizon Drive,	Suite 540					2000	t Addres Cutler							
City, State, Zip Code Robbinsville, NJ 08							State, Zi ole Sha	p Code ide, NJ (08052	2				
Project Manager for Mon Firoz Jan			Telephon			hone No			License N	No.			150	
Start Date (10) June 15, 2013	and the second	Schedule June 17	d Con	npletion E		Name		A Monitor			72			
Occupancy Status Durin		2015-0-000-00-0				15010000	t Addres		10.00		_			
	T. 1					100000000000000000000000000000000000000		on Ave						f.,
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr						State, Zi stmont	p Code , New Je	ersey	08108				
Scope of Work (Check A	II That Apply)	- C-2												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Inches	enova				Min Glo	i-Enclosure vebag Pro	e cedure	h Negative			e	
		1-	Locat						- 17				ement	t
Location Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED lity	Used Mai	ormal I Sole ntena	lly ely by	Asbestos Co (i.e. them		Material ns insula AT, or		(Amount Specify F or LF)	Remova	Repair	e Encapsulate	Enclosure
5.600.Co		Yes	No	N/A							_		ite	
Rooms KA, K	B and KC		X		Abest	os Wind	dow Sil	ls	4	15 SF	xxx			-
			oWest				_				+			
				-		Water Land	Towns .				1			
Name of Registered Wa	ste Hauler			NJDEP W		oic Yards Vaste	1-	Lance Co.	. A.	ered Landfi	II	-		
Freehold		Oz- jih		lauler ID 2253	1		44	Grows		fill				
City, State Mount Holly, New Je	ersey 08060					posal Dat 7/2013	е	City, Stat		A.				
Completed by Christina Lynch		Title Opera	ation	s Mana	iger	Signatu	Sinc	De	\	10.25	ate une 6	, 20	13	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building				D.			1
June 6, 2013			Asset	Management & A	Acquisitions	u	3 15	114	
	cation al Notification ended Notification	Street Address		Vest 54 th Street	16		7/2	رِج <u>.</u> رِج	
[]	endment #ergency (including	City, State, Zip C		York, NY 10019		14		,	Ī
[] DCA justi	fication)	Name of Contact			Telephone Number	r			
[] Can	cellation	Jacob	Eisenstei	in					
		CILITY INFORM	MATION				-		
Name of Facility Where Abatement is Takin Warehouse	ng Place (3)			Type of Facility (4	School (k-12)				
Street Address				וֹ זֹ וּ	Subchapter 8 (o	ther tha	n k12)		
480 Patterson Av	enue			[x]	Other (i.e., priv homes, etc.)	ate & co	mmer	ial bui	ldings,
City	County (6)	County Code (7) (STATE USE ONI	LY)	Square feet 10,000 sf	# of Floors	Bld	g. Age	50	
East Rutherford	Bergen			Current Use (Prior	-	d)		10	
Name of Monitoring Firm Hired by Buildin	g Owner (8)	ASCM No.	Name of	Warel Abatement Contracto			un see		
Guardian Contrac				Guard	ian Contracting	, Inc.			
Street Address 1889 Rte. 9, Unit	61		Street Ad		Route 9, Unit 61	E			
City, State, Zip Code	01		City, Sta	te, Zip Code	Koute 9, Ohn oh				
Toms River, NJ 0			71.1		River, New Jers			271	
Project Manager for Monitoring Firm Nicholas Fernicola	732-349-9932	er	732-34	ne Number 9-9932	00624	Number			
Scheduled Start Date (10)	Scheduled Compl	etion Date (11)		OSHA Monitor					
6/7/13 Occupancy Status During Abatement (Check	6/10/13 k only spe)		Street Ac		.L. Analytical				
[x] Facility Closed/Vacat	ed During Entire Period of				Stelton Road				
Abatement Performed Other – Describe	Outside of Normal Facility	Hours	City, Sta	te, Zip Code		2000000			
[] Other – Describe		-		Piscata	away, New Jerso	ey 088	54		
Scope of Work (Check all that apply)			[]		nt with Negative Pro	essure			
[x] >3 sf or ≥3 lf	[] Renov	vation	[x]	Mini-Enclosure Glovebag Proces	dura				
[] ≥160 sf or ≥260 lf		olition	[]		*) and Non-Friable	Procedi	ıre		
	T	T			1	Abat	ement	Tuna	
	Is Location		Descriptio	n of					Ι
Location of	Normally used		bestos-Con	taining	Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Custodia		Material (A		(Specify SF or LF)	М	P A	C A	C L
in facility	Staff		ulation, sur	facing,	0.2.7	0	I	P	0
(13)	(12)	o+h	VAT, o ner miscella			V	R	S U	S
	YES NO N/A	1	ier miscena	ineous)		A L		L E	R E
Boiler room -	X	Asbestos pipe	insulation	1	20 lf	X		Е	E
-									
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule 20223	2	ards of Wast	e Name of Regist T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey	Dispo 6/11	osal Date	City, Sta		a 1		+		
Completed by (Print or Type)	Title	Signature	, runyte	J. T		Date		e: 0/es	
Nicholas Fernicola	Project Manager	1 V/c	cho	1-ten		6/6/2	2013		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

47		- V.	No. of the last of					<#1.					
Date of Notification (1)	June 6, 2013				Name of Bu	uilding		erator (2)	JUN 12 9 6	215	813	3	
Agencies Notified [X] EPA		al Notific			Street Addr	ress	36 W	oodsview Drive		ìc			
[x] DOL	Ame	ndment	tification # including		City, State,	Zip Ca	le Garne	tt Valley, PA 19	9060 46 702				200 200
[x] DOH [] DCA		fication) ellation			Name of Co		es Berry		Telephone Number	ur	,		
				FAC	CILITY IN	FORM	ATION						
Name of Facility Where A	batement is Takin sidence	g Place	(3)					Type of Facility	School (k-12)	the set les	- l- 12\		
Street Address	Little Egg Harl	oor Blv	⁄d.	110				[x]	Subchapter 8 (or Other (i.e., priva homes, etc.)				ldings,
City		Coun	ty (6)		County Code (STATE US		Y)	Square feet 1500 sf	# of Floors	2.50	g. Age	50	
Tuckerton		Ocea	an						or if being demolished	l)			
Name of Monitoring Firm		g Owner	(8)		ASCM No.		Name of	Abatement Contra	dence ctor (9) rdian Contracting	Inc			
Street Address	Street Address						Street A	ddress	Route 9, Unit 61				
City, State, Zip Code	2 (1990)						City, Sta	te, ZipCode	is River, New Jers	×3.632	755.1	271	iā
Project Manager for Monit	Project Manager for Monitoring Firm Telephone Num							ne Number 9-9932	License N 00624			211	
Scheduled Start Date (10) 6/07/13	*************		Scheduled 6/10/		ion Date (11)			OSHA Monitor	.S.L. Analytical				
Occupancy Status During	Abatement (Check lity Closed/Vacate		ne)	74	patement		Street A	ddress	Stelton Road				
[] Aba	tement Performed er – Describe		-				City, Sta	ite, Zip Code Pisc	ataway, New Jerse	ey 088	354		
Scope of Work (Check all	that apply)		-				[]	Full Containn	nent with Negative Pro				
[] >3 s	f or ≥3 lf		[]	Renova	ation		[]	Mini-Enclosu Glovebag Pro					
[x] ≥160	0 sf or ≥260 lf		[x]	Demoli	ition		[x]	Non-Exempte	d (*) and Non-Friable	Proced	ure		
				The state of the s						Aba	tement	Туре	
,	- c	١,	Is Location				Description estos-Cor		Amount	R	R	E	E
Location of Asbestos-Containing M		1	Normally u Solely by				faterial (A		(Specify SF	E	E	N C	N C
TO BE ABA		Main	tenance/C		1	(i.e.	, thermal	systems	or LF)	М	A	A	L
in facility	y		Staff			insu	lation, su			V	I R	PS	O S
(13)			(12)			othe	VAT, o			A	"	U	U
		YES	NO	N/A		our	or miscen	anoous)		L		L E	R E
Exterior			X	I	Asbesto	s sidin	g		1250 sf	X			
											-		
				<u></u>	10.11			. Ly en	11 15 1611				
Name of Registered Waste Guardian Co	Hauler ntracting, Inc.	1	NJDEP Was 2	ste Hauler 20223	ID No. Ci	ubic Ya 3	rds of Was	T.R.R.F.	gistered Landfill				
City, State Toms River,			-		sal Date		City, St						
Completed by (Print or Typ	pe)	Title			Signature		12	1	1	Date			
Nicholas Feri								the		6/6/	/2013		

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



Date of Notification (1) 06/02/13			N	ame of E Richard	Building Ow and Jan	ner/Op e Bro	perator (2 ooks)		201	3. 4. 12.					
Agencies Notified	Type Notification			treet Add	iress erlook Dr	ive				J.	15				s	
EPA DEP DOL	Initial Amended Amendment		۱ ۱	Wickoff	, Zip Code ,NJ,0748					44/	105 Οχή Ως	1/4	?.	50		
DOH DCA	Emergency (i justification) Cancellation	nciuaing		lame of C Adam D						L Tala	nhana Miii	mhar				
	1=			FACIL	ITY INFOR	MATIC	ON	Funo of	Facility (4	`			-			-
Name of Facility Where Private Home 530 Street Address	Abatement is Taking Overlook	Place (3)				estile-core		So	chool (K-12 ubchapter ther (i.e. pr	2) B (Othe	er than K-1	2) ial buil	din	as. h	omes	s.
530 Overlook Dr.								et Square	c.)	# of	Floors	E	3ldg	g. Ag		
City (5) Wickoff				2	ada (7)		1	1930	t Use (Prio	2 or if bein	na demolis		77			_
County (6) Bergen				County C STATE U	SE ONLY)		-	Resid	dence							
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCM	No.	÷	Name o Indiar	f Abate n Arro	ment Con w Indust	tractor ries	(9)					
Street Address							Street A 730 B									
City, State, Zip Code							City, Sta	ate, Zip	Code IJ,07514							
Project Manager for Mo	onitoring Firm		7	Telephon	e No.		Telepho 973-6	ne No			License 1183	No.				
Start Date (10) 06/15/18		Scheduled 07/15/13		npletion [Date (11)		Name o	of OSH	A Monitor w Indust	ries						
Occupancy Status Dur	ing Abatement (Ched	k Only One)				Street A									
Facility Closed/Va Abatement Perfor Other – Describe:	med Outside of Norr Abatement takes plant	Period of Ab nal Facility I ace in the ba	atem lours seme	nent ent,reside	nts will be t	n	City, St	ate, Zi	0.0000-38 = 00	1						
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				<u> </u>	Min Glo	Containm i-Enclosure vebag Pro n-Exempte	e cedure						
								Noi	1-Exemple	u () ai	10 14011-1 116	able i		Abate	ment	
TO BE A	ng Material (ACM)	Used Mair Custo	itena idial ((12)	lly ely by nce/ Staff?	Asbesto (i.e. t	os Con herma surfa	escription ntaining M Il systems acing, VA miscellan	laterial insula T, or	(ACM)	(Amount Specify F or LF)	Kemovai		Repair	e Encapsulate	Enclosure
Dana		Yes	No	N/A	1	SI(P	ipe Insu	lator)	1		200 lf	x	+	-		_
Base	ment			-	-		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					+	+			
		-		-								+	-			
				-								+	+	-	-	-
Name of Registered V	Vaste Hauler		11	NJDEP V Hauler ID		of W					tered Land					1
Atlantic Carting City, State			2	26085		TBD	osal Date		City, Sta	ite	-					
Wayne,NJ						TBE			Tullyto	wn,P		Date				
Completed by Goran Igev		Title Secre	etary	,			Signature		If	1		06/0	2/1	13		

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

Check # 7162 Date of Notification (1) Name of Building Owner/Operator (2) 6/5/13 County College of Morris Agencies Notified Type of Notification Street Address 214 Center Grove Road [] EPA Initial [] DEP Notification City, State, Zip Code Emergency DOL Randolph, NJ 07869 Amended DOH Notification Name of Contact Telephone Number [] DCA [] Cancellation Joseph Ponturo **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) Sheffield Hall - CCM Street Address 214 Center Grove Road # of Floors Square Feet Bldg. Age 90000 City (5) County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Randolph Morris educational Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) 00110 Jupiter Environmental Services, Inc. Whitman Companies, Inc. Street Address Street Address 7 Pleasant Hill Road 3 Lynn Court City, State, Zip Code City, State, Zip Code Cranbury, NJ 08512 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number Kevin Lovely 732-390-5858 973-709-0200 00852 Sched. Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor J & S Environmental Laboratories, LLC 6/14/13 12/31/13 Occupancy Status During Abatement (Check only one) Street Address [] Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: evenings and weekends Union, NJ 07083 Other - Describe: partially vacated Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini - Enclosure Demolition Renovation [x] [] Glovebag Procedure ≥3 sf or ≥3 lf [x] [x] Non - Friable Procedure ≥160 sf or ≥260 lf Abatement Is Location Normally Used Description of Type Asbestos - Containing Amount R R Е Location of Solely by E E Asbestos - Containing Maintenance/Cus Material (ACM) (Specify E N N todial Staff (12) (i.e., thermal systems SF or LF) C Material (ACM) M C TO BE ABATED insulation, surfacing, VAT, 0 A A L 0 In Facility or other miscellaneous) ٧ Yes No N/A A R S S (13)X 8 LF Mechanical Room Pipe insulation X Pipe insulation 120 LF Various X 300 SF Various X Floor tile Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Of Waste Hauler ID No. Minerva Landfill Jupiter Environmental Services 04782 Disposal Date City, State City, State Waynesburg, OH Lincoln Park, NJ 6/28/13 Completed By (Print or Type) Title Signature Date Pane Repic General Manager 6/5/13

ASB-41

Note: Phased Project. First phase is scheduled to start on 6/14/13 and be completed on/by 6/18/13. It involves removal of 8LF of pipe insulation.

Amendments will be sent for other phases.

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

										1.50		Chec	k # 71	63		
Date of Notification (1) 6/5/13			of Buildi Inty Co		2.2	perator (2)		413	lta.				10. 2-3		
Agencies Notified	Type of Notifica	_	_	t Address	_	OIIV	101115	_		4/12						
[] EPA	[x] Initial			Cente		ve R	load				47	_ Chec				
[] DEP	Notification	57	City	State, Zip	Codo				- 4	7. 1		.0		0.5		
[X] DOL	[] Emergency [] Amended			dolph,			a			CENON		1801				
[X] DOH	Notification	ıL		350 33		,, 000										
[] DCA	[] Canadiatia			of Conta					Tele	phone Nu	ımbe	er				
	[] Cancellatio	n	Jose	eph Po	nturc)										
					FAC	ILITY I	NFORMATION							-		_
Name of Facility When		aking Pl	ace (3)					Type of Facility (4)							
HPE Building - 0	CCM								School (K-Subchapte Other (i.e.	12) r 8 (Othe	r tha	n K-12)				
Street Address								7	[] Other (i.e. homes, et	privàte ai c.)	nd c	ommerćia	buildi	ngs	•	
214 Center Grov	ve Road															
City (5)		County	v (6)	-		Count	y Code (7)	-	Square Feet 120000	# of Floo	ors		dg. Ag 50	е		
Randolph		Morr					E USE ONLY)	H	Current Use (Prior i	30 T	emol		50	- 17		
Demonstration of the second	Ui d b - D - Udi			400141					educational			V				
Name of Monitoring Fi Whitman Compa		ng Own	er	00110	0,000		Name of Abatem						2758			
Street Address	ariles, iric.			00110	,	4 1-	Street Address	Ju	piter Environm	ental	en	vices, ii	ıc.			
7 Pleasant Hill R	Road							3	_ynn Court							
City, State, Zip Code	touu				-	- -	City, State, Zip C					-	900	_		-
Cranbury, NJ 08	512			1928					ncoln Park, NJ	07035	5					
Project Manager for M	onitoring Firm			e Numbe		7	Telephone Numb	_			Т	License N	lumbe	r		
Kevin Lovely				0-5858					73-709-0200				0	08	52	
Scheduled Start Date				n Date (1	1)		Name of OSHA I					100.00				1,450-0
6/14/13			/31/			4 -		J	& S Environme	ental La	abo	ratories	, LL	<u> </u>		
Occupancy Status Dur [] Facility Closed	ing Abatement (Cl d/Vacated During				ment		Street Address	22	22 Davita 22 M	,						
[x] Abatement Pe	erformed Outside of	of Norm	al Fa	cility Hou	rs –				33 Route 22 W							
	ribe: <u>evenings an</u> ribe: partially vaca		<u>ends</u>				City, State, Zip C		nion, NJ 07083	3						
Scope of Work (Check	all that apply)					111			f1 F: # 0:				_			-
[] Demolition		-		[]	Rend	ovation	1			itainment Inclosure		Negative	Press	ure		
[x] ≥ 3 sf or ≥ 3 lf	2000								[x] Gloveba	ag Proced	dure					
[] ≥160 sf or ≥26	50 If								[] Non – F	riable Pr	oceo	dure				
			s Loca	ation / Used			Descr	rint	tion of						mer	ıt
Location			Solely				Asbestos -				- 23	Amount	R	pe R	Е	E
Asbestos – Co		100000000000000000000000000000000000000		nce/Cus					(ACM)			(Specify	E	E	N	N
Material (A TO BE ABA	18 (C.C.) 19 (C.C.)	100	iai Sta	aff (12)			(i.e., therr		acing, VAT,		5	SF or LF)	M	P	C	C
In Facili			Г		1		or other mi						V	î	P	0
(13)		Yes	No	N/A									Α	R	S	S
Mechanical Rooms		x	+		Pine	e insul	ation	17/7			8 L	F	L		U	U
Various			x		-	e insul					-) LF	1^			03/00/0
Various	***************************************		x		-	or tile						SF				-
Mechanical rooms		X			Pipe	e fitting	gs – wrap & cu	ıt			40	LF	x			-
Name of Registered Wa		10.000		Waste			Yards	T	Name of Registered	d Landfill						
Jupiter Environm	ental Service	0	auler 0478	ID No. 2		Of Wa	iste 2		Minerva Landi	fill						
City, State	4						sal Date		City, State		8					
Lincoln Park, NJ						6/28			Waynesburg,	OH						
Completed By (Print or	Type)	Title		NA			Signature	0	1 .			Date				
Pane Repic		Gen	eral	Mana	ger		K					6/5/13	5			

ASB-41

Note: Phased Project. First phase is scheduled to start on 6/14/13 and be completed on/by 6/18/13. It involves removal of pipe insulation. Amendments will be sent for other phases.

Date of Notification (1) 06 / 03 /	13			Name	of Buildin	g Owi	ner/Operator (2) velopment Corp	Check # 2	668	\$2	200	
Agencies Notified Type Notific			-		Address				2 All 2: 5c		Ψ2		
☐ EPA ☐ Initial	20			On	e Cragwo	ood F	Road, Suite	205					
☑ DOLWD ☐ Amended				City, S	State, Zip (Code		y 07080	Santa Commence			-	
☑ DHSS Amendm ☐ DCA ☐ Emergen	_	luding		So	uth Plain	field,	New Jerse	y 07080	$\langle i \mu_0 \rangle^{r} M_{\odot}$				
(NJAC 5:23-8) justificati		iddiiig		Name	of Contac	et			Telephone Numb	er			
☐ Cancella	ion			Gre	eg Maron	ne .				-	إحادا		
				FA	CILITY IN	VFOR	MATION				-		
Name of Facility Where Abatement is 1	Taking	Place	(3)					Type of Facility (4)		S-34-00		
Ingredion Incorporated								School (K-12	(45)				
Street Address								☐ Subchapter 8	(Other than K-12)	20020000			
10 Finderne Avenue								homes, etc.)	ivate and commerc	ial bu	ildin	js,	
City (5)								Square Feet	# of Floors	BI	dg. A	de	
Bridgewater, New Jersey 0990	7							25,000	2		55+	90	
County (6)	70			Cour	nty Code (7	7)(STA	TE USE ONLY)		or if being demolish				
Somerset				0	5) 8		00 EEE 50000	The state of the s	ng Company	/			
Name of Monitoring Firm Hired by Build	ding Ov	wner (8	3)	ASCM	No.	Nan	ne of Abateme	ent Contractor (9)					
Accredited Environemntal Tec	h., Inc	c. `	: S	002	1		ilich Corpoi						
Street Address						Stre	et Address						
220 Church Street						6	06 McBride	Avenue					
City, State, Zip Code						City	, State, Zip Co	ode					
Bridgewater, New Jersey 0880	7							ark, New Jersey	07424				
Project Manager for Monitoring Firm			Tel	ephone	No.		phone No.		License No.				
Eric Houseknecht			9	08-296	-1132	7 5340	73-225-8400	lis	01104				
Start Date (10)	Schedu	led Co	mpl	etion Da	te (11)	Nan	ne of OSHA M	lonitor	.1		01-20-0		
06 /14 /13	_ 06	3_ /	1	7 /	13	J	&S Environ	mental					
Occupancy Status During Abatement (Check	only o	ne)			Stre	et Address						
☐ Facility Closed/Vacated During Entit	re Peri	od of A	bate	ement		2	333 Route 2	2 West					
Abatement Performed Outside of No					cribe	City	, State, Zip Co	ode			1000	30 7 19	
Time of Abatement:AM-4PN	۸/	PM-	<u>12</u> A	M			10 m	lersey 07083					
Scope of Work (Check all that apply)	-			-		1	•			-			
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Ren					☐ Mini-Enc ☐ Glovebag	Procedure					
			No.				Non-Exe	mpted (*) and Nor	-Friable Procedure) /			
Location of				ation ally			Description			Ab	atem	ent T	T
Asbestos-Containing Material (ACM)	Used	So	lely by	Asbe	estos (Description o Containing Ma		Amount	Re	Repair	E	Enclosure
TO BE ABATED				ance/	(i.e	e., the	rmal systems	insulation,	(Specify	Removal	air	Encapsulate	Sol
IN Facility (13)		0	(12				urfacing, VAT, er miscellane		SF or LF)	a		ulat	a.
		Yes	No	N/A								TO.	
Labs2151,2153,2155,2157,2159,2	161			\boxtimes	VAT &	Mast	ic		2240 SF	Ø			
Labs2151,2153,2155,2157,2159,2	161			Ø	Transit	e Wa	II Panels		5760 SF	Ø			
Labs2151,2153,2155,2157,2159,2	161				Transit	e Tal	ole Tops		696 SF	\boxtimes			
Labs2151,2153,2155,2157,2159,2	161				Fume H	dood	S		4 ea	\boxtimes			
Name of Registered Waste Hauler				NJDEP I		3000-000	ic Yards of	Name of Regist	ered Landfill				-
Lilich Corporation				Hauler II 18724		Was		G.R.O.W.S.					
City, State				10124			osal Date	City, State					
Woodland Park, New Jersey							6/18/13	The state of the s	Pennsylvania				
Completed By (Print or Type)	Title				-	1	Signature		Date	, /	-		
Tatiana Kalenikova	Control of the Contro	e Pre	sid	ent			Talia	na/Cal		13	//3	•	

ASB-41 MAY 11

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

Date of Notification (1) 06/05/13				of Building			(2) (5/3)	WH 12	Atr -					
Agencies Notified Type Notification EPA Initial					oad	W	20)		148/	· to				
DEP Amended Amendment		Name of Contact Craig Gorsozya FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) County Code (7) (STATE USE ONLY) County Code (7) (STATE USE ONLY) College Col												
□ DOH □ DCA □ Emergency (i justification) □ Cancellation	ncluding	'						Tel	ephone I	Numbe	r			
Name of Facility Where Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Type of Facili	y (4)			_		- 100	
FDU, Becton Hall Street Address 1000 River Road	clully Where Abstement is Taking Place (3) cton Hall ess er Road School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.) Other (i.e. private & commercial buildings etc.) Other (i.e. pri	es,												
City (5) Teaneck, New Jersey								1000000	f Floors					
County (6) Bergen		T	Name of Contact Craig Gorsczya FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subc											
Name of Monitoring Firm Hired by Building O Environmental Design Inc.	wner (8)	ASC	M No.					(9)					
Street Address 5434 King Avenue, Suite 101								nue						
City, State, Zip Code Pennsauken, New Jersey 08109								New Jer	sey 07	424		-5 335 -5		
Project Manager for Monitoring Firm Tom Pruno						Teleph	one No.		License	e No.				
			pletion	Date (11)		and the second			Inc.					
Occupancy Status During Abatement (Check	1/255	497		-		Street	Address							
Abatement Performed Outside of Normal Other – Describe: 5 PM Start	eriod of	Abatem y Hours	ent	at Address 10 River Road State, Zip Code aneck, New Jersey 07666 at of Contact ig Gorsczya ACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 40,000 Augure Feet 40,000 Square Feet 40,000 Current Use (Prior if being demolished) College SCM No. Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Absets Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A VAT & Mastic (Non Friable) Bescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) A VAT & Mastic (Non Friable) CeilingTile&GlueDots(NonFriable 1810 SF x Fittings (Glovebag) Pear Fittings (Glovebag) Pear School (K-12) School (K										
Scope of Work (Check All That Apply)	School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 40,000 4 55+ County Code (7) (STATE USE ONLY) College Milited by Building Owner (8) Sign Inc. Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Incomposition Scheduled Completion Date (11) 06/28/13 Ing Abatement (Check Only One) Street Address 2333 Route 22 West Scheduled of Normal Facility Hours Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 In Intal Apply) Renovation Demolition Renovation Demolition Is Location Normally Used Solely by Maintenance/ Custodial Staff? (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) X VAT & Mastic (Non Friable) 8496 SF X VAT & Mastic (Non Friable) 8496 SF X VAT & Mastic (Non Friable) 8496 SF X Vor Classrooms X VAT & Mastic (Non Friable) 8496 SF X Vor Classrooms X CeilingTile&GlueDots(NonFriable) 1810 SF X													
≥3 sf or ≥3 lf 区 ≥160 sf or ≥260 lf	Division and					×	Mini-Enclos Glovebag P	ure ocedure	_				a	
							TVOIT EXOME	T / GIR	41101111	labic i		Abate	men	t
Asbestos-Containing Material (ACM)	Use	d Sole	y by		tos Cont	aining M	aterial (ACM)	A	mount	-		',		
In Facility	Cus	todial S (12)	itaff?	(i.e.	surfac	cing, VA	Γ, or			Zaliova	0	Repair	ncapsulate	Enclosure
1st, 2nd, 3rd & 4th FloorClassrooms	103	0.27	IN/A	VAT	& Mas	tic (No	n Friable)	849	96 SF	×	+	-		
2nd, 3rd & 4th Floor Classrooms							1 10			-	+	-		
1st Floor Classroom		Х			Fittings	(Glove	ebag)	9	ea	x	1			
New of Decision 199														
Lilich Corporation		Ha	auler ID		of Was	600 E. 600 E. 600 E.				lfill				
City, State Woodland Park, New Jersey 07424									ew Jers	sey				
Completed by Tatiana Kalenikova	Title Vice	Presid	lent		Si	gnature	me Ko	Pals			/1:	3		

Date of Notification (1) 06/03/13	7 \$200				of Building Arlingto					MAY.	10			
	Type Notification			Street A	Address Ridge Ro			15		Arra	- <u> </u>	Aif .	2.5	Δ
EPA DEP DOL	Initial Amended Amendment		_	City, St	ate, Zip Co Arlingto	ode	v Jersey	07031	- - 4 /	LEN		777	•••	<u>G*</u>
X DOH X DCA	Emergency justification) Cancellation				of Contact Zukatu	s	•		Telephon	e Num	ber	4	<u>~/,</u>	
				FAC	ILITY INF	ORMAT	ION				_			
Name of Facility Where Ab North Arlington High		g Place (3)					Type of Facility School (K-	10.50					
Street Address 222 Ridge Road									er 8 (Other than private & com			dings	, hom	es,
City (5) North Arlington, New	Jersey 0703	1						Square Feet 20,000	# of Floors	s		3ldg. /	\ge	
County (6) Bergen						,		Current Use (Pr School	ior if being der	nolish	ed)			
Name of Monitoring Firm H T&M Associates	lired by Building	Owner (8)							entractor (9)					
Street Address 11 Tindall Road									ue					
City, State, Zip Code Middletown, New Jer	sev 07748						City, St	ate, Zip Code		7424				
Project Manager for Monito							Telepho	one No.	Licer	ise No				
Start Date (10) 06/24/13			d Con				Name o	of OSHA Monitor						
Occupancy Status During A	Abatement (Chec								Labs					
FRANCE		2 5	350						est			- 60		
Abatement Performed Other – Describe: 4P	Outside of Norn	nal Facility	Hours	ient		_	100-20-00-00-00-00-00-00-00-00-00-00-00-0	and the first the state of the	, 07083					
Scope of Work (Check All	That Apply)	County Code (?) (STATE USE ONLY) Owner (8) ASCM No. 0145 Name of Abatement Contractor (9) Lilich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 732-767-4000 Scheduled Completion Date (11) O6/25/13 Ck Only One) Period of Abatement mal Facility Hours Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Street Address 2333 Route 22 West City, State, Zip Code Woodland Park, New Jersey 07424 Name of OSHA Monitor J&S Environmental Labs Street Address 2333 Route 22 West City, State, Zip Code Union, New Jersey 07083 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Custodial Staff? (i.e. thermal systems insulation, Specify SF or LF) SF or LF) Abatement Type Aba												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-					×	Mini-Enclosur Glovebag Pro	re ocedure				e.	
		Is	Locati	on										t
Location o						De	scription	of					pe	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	ED	Mai Custo	ntenar odial S (12)	taff?	(i.e.	thermal surfa	I systems icing, VAT	insulation, , or	(Specify		Removal	Repair	Encapsulate	Enclosure
Athletic Director	e Office	res		N/A	Crov C	orritao	tod AirC	Politica de ute	2015				-	
Athletic Director	s Office				Grey C	orruga	ited Airc	eliPipeisu	20 LF	-	<u> </u>			
Name of Registered Waste	Hauler	11	I N	JDEP W	/aste	Cubic	Yards	Name of	Registered I a	ndfill				
Lilich Corporation			Н	auler ID		of Wa		2012/2015						
City, State Woodland Park, NJ 07	424									/lvani	а			
Completed by		100000000		d = 4		S	ignature			100000000000000000000000000000000000000				
Tatiana Kalenikova		Vice F	resid	ent		/	alu	on tal	Thu	06/	03/1	3		

MO#20613923381

MAY 11

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

Date of Notification (1)				Name	of Building	Owner/Operator	(2)	70.	-		_	
06	06 / 1	13		Dohor	t L.Gome	7		2013 JUH 12				
Agencies Notified	Type Notificatio			-	Address	:2		- 12	4/1). r		
☐ EPA	Initial Initial				ummit Av	/enue		& LICENCIA	ζ.	1 107	C	
□ DOLWD	☐ Amended				State, Zip C			4/11/2				
□ DHSS	Amendment			P47605	Orange, 1			7000		-1		
☐ DCA (NJAC 5:23-8)	Emergency (9		of Contac			Telephone Numb	er		-	
(110110 0.20 0)	Cancellation			Rober	t L.Gome	7			-			
						IFORMATION						-
Name of Facility Where A	shatement is Taki	ing Place	(3)	I A	OILIT III	IFORMATION	Type of Facilit	. (A)				
Sec. 110.0 - 40.0	toatement is Tak	ing riace	(3)				School (K-					
Private house Street Address							Subchapter	8 (Other than K-1 2)				
433 Summit Avenue							Other (i.e., homes, etc	private and commerce.)	cial bu	uildin	gs,	
City (5)							Square Feet	# of Floors	В	ldg. A	ge	-
South Orange, NJ 0707	79										-	
County (6)				Cour	ity Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)	1		
Essex												
Name of Monitoring Firm	Hired by Building	9 Owner	(8)	ASCM	No.	Name of Abatem	nent Contractor (9)				
						Gr Tech LLC						
Street Address						Street Address			-1,500			
						576 Valley Rd						
City, State, Zip Code						City, State, Zip C	Code					
						Wayne, NJ 074	70					
Project Manager for Mon	toring Firm		Tele	phone	No.	Telephone No.		License No.				
			ř F			973-638-1777		01127				
Start Date (10)		eduled (Name of OSHA	Monitor					
06 /15 /		06		_ / .	13	Envirovision Co	onsultants,Inc					
Occupancy Status During						Street Address				-		
Facility Closed/Vacate					0.00	20-21 Wagaraw	Road, Bldg .#	35 E				
Abatement Performed Time of Abatement: _	Outside of Norm	nal Facilit PM/	y Hour PM	s - Des	cribe ΔM	City, State, Zip C						
					VINI	Fair Lawn, NJ (
Scope of Work (Check all	that apply)						ip and decontam				Valence CL.	C'mmm
>3 sf or >3 If = 160 sf or >260 If		⊠ Re	enovati	on		Mini-En	ntainment with Ne closure					
≥ 160 sf or ≥260 lf		□ De	emolitio	n		Gloveba	g Procedure	Tent with Negative	Press	sure		
			s Locat	inn	1	☐ Non-Exe	empted (*) and N	on-Friable Procedure	-	1		
Location	of		Norma	CT C		Description	of		Ab	atem	ent T	
Asbestos-Containing I	Material (ACM)		ed Sole		Asbes	stos Containing Ma		Amount	Re	Repair	E	Enclosure
TO BE ABA		100	intena todial		(i.e	., thermal systems		(Specify	Removal	pai	cap	clos
(13)	ry		(12)			surfacing, VAT other miscellane		SIF or LF)	<u>a</u>	7	Encapsulate	ure
		Yes	No	N/A							Te	
Basement				\boxtimes	Pipe insu	ılation		85 LF	X	П	П	П
		П	lп									
		+=-	H	-					분			
		_ Ц_		\Box					Ш	Ш	Ш	Ш
Name of Registered Was	te Hauler		NJI	EP Waste	Hauler ID No.	Cubic Yards of Was	te Name of Reg	stered Landfill				
Gr Tech LLC	1990 - 131D W 45 100			03378	35	TBD	T.R.R.F. Inc			0.000		
City, State		- a-one university in				Disposal Date	City, State	- Aller - Alle		ACCEPTE	Tanaha Tanah	
Wayne, NJ 07470						TBD	Tullytown, F	PA .				
Completed By (Print or Ty	rpe) Ti	tle				Signature	A 1	Dat	е			
N.Jevtic	O	wner				1%.	who we	na 1 06/1	06/20	113		
ASB-41						//		100/0	. 0, 20			

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

No wad
Paragon Job#

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

-							201						
Date of Notification (Name of Bu	ilding Own	er/Operator (2)	4013	1 1/1/12 /1/1					
Agencies Notified	Type Notificat	<u></u>	NJTA						2:50				
Ø EPA □	7	ion S	treet Addre	ss			, Č.	LIGEN WILL					
⊠ DEP	Initial	L	581 Mair				·.	LICENTY.	Rm				
100000	Amend		ity, State, 2	Zip Code				173.0					
1	Amendment #	e		dge, NJ ()7095					***************************************			
☑ DOH L	justification)		ame of Cor	ntact				Telepho	ne Numbe	r			
☐ DCA	Cancell	ation	James H	anson									-127.002
				FAC	ILITY INFORM	IATION							
Name of facility whe	re abatement i	s taking pla	ace (3)					Type of Facility					
NJ State Police B	Barracks Troc	n "D"	GSP Mi	lepost 42					ol (K - 12)				
Street Address	diracks froc	рр	GSI WII	1cp03t 42				The second secon	hapter 8 (C (Private/C			(-12)	
									./Homes, e	etc.	licial		
Garden State Par	kway							Square Feet	# of Floo	rs		dg. A	\ge
City (5)		Cour	nty (6)				nty Code (7) te use only)	N/A	N/A		N/A		
Galloway Twp.		Atl	antic			(Sta	te use only)	Current Use (F N/A	Prior if bein	ig den	nolish	ed)	
Name of Monitoring	Firm Hired by	Bldg. Owne	er (8)		ASCM No.	<u>' </u>	Name of Abatement						
N/A		,					Paragon Contract	ting, Inc.					
Street Address	2.10						Street Address						
		4		91 3W			590 River Rd.						
City, State, Zip Code							City, State, Zip Code						
	1 1						Clifton, NJ 0701	4					
Project Manager for N	Monitoring Firm	1	Ph	one Numb	er		Telephone Number	i.	License		per		
							(973) 614-1600		00748				
Scheduled Start Date	(10)	Sched	I. Completion	on Date (1	1)		Name of OSHA Moni Paragon Contrac						
05/31/2013		06/28	3/2013	94			Street Address	ung, mc.	==				
Occupancy Status Du	iring Abatemer	nt (Check o	nly one)	Walter Co.			590 River Rd.						
Facility closed/v							City, State, Zip Code						
Abatement perf Describe:	ormed outside	of normal	facility hour	S-									
Other-Describe	:					_	Clifton, NJ 0701	4					
Scope of Work (chec		()											
□ Demolition		Renovation	n			F	ull Containment w/neg	gative pressure	Glovel	oag pr	ocedu	ıre	
≥ 3 sf or >3 If		≥160 sf or	>260 If			\square N	lini-enclosure	Non-Exer	500 000	2000			edure
Location of			n normally i	used solely	/					R	R	E	Т
asbestos-conta	ining		enance/cust	odial	Description	on of a	sbestos-containing	Amount		e m	е	n	l E
material to be abated in facilit	v (13)	staff(12)	l	Т	material			(Specify :	SF or	0	p a	c a	С
abated in facility	y (13)	Yes	No	N/A				",		v e	i	р	L
Underground					Transite Pi	pe		185 LF	Y	×			
Registered Waste Hau Paragon Contracting		NJDE 221	P Hauler I	1000	ubic Yards of \	Vaste	Name of Registered						
City, State	ig. Inc.			Disposal D	8 cyds		Tullytown/GRO\ City, State	w S			_		
Clifton, NJ 07014				TBD		2	Tullytown, PA						
Completed by (Print o		Title			Signature	//			Date				
Goran Lazevski	195041.02152	Presiden	t		1	1			06/07/	2013			



Ch 3294.

Date of Notification (1) 6/7/13			70	Name West	of Buildin Deptfo	g Owner	r/Operator (2 rd of Ed)	2013 1113.				- 10	
Agencies Notified EPA	Type Notification	n		Street	Address Crown			ć	2013 JUN 147 170	12 A	i ¿	2:5	1)	
DEP DOL	Initial Amended Amendmer			City, S	tate, Zip (Code			& LICE	N	77	Y	G.	
☑ DOH DCA	Emergency justification Cancellation)	3		of Contac n Hall	t						<u></u>		
Name of Facility Where A	batement is Taki	ng Place (3)	FAC	ILITY IN	FORMA								
Greenfields Elm Sch	1001	ng r lace (J			Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor same Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Description of stos Containing Material (ACM) Amount								
Street Address 15 Hill Ln							Ë	Subchapte Other (i.e.	r 8 (Other tha	an K-12) nmercial	build	dings	, hom	nes,
City (5) West Deptford NJ 08	3096						Tion Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor same Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous) Tile & Mastic Name of Registered Landfill G.R.O.W.S. al Date Name of Registered Landfill G.R.O.W.S. al Date City, State Morrisville PA 19067 Ignature Date							
County (6)				County	Code (7)				1.	maliaha		5+		
Gloucester				(STATÉ	USE ONL	Y)	_ `	arrent 036 (1 11	of it being de	monsnec	1)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8))	ASC	M No.		Name of A	Abatement Cor o Inc.	ntractor (9)					
Street Address														
City, State, Zip Code							City, State West B	e, Zip Code erlin NJ 080	91					
Project Manager for Monit	oring Firm			Telepho	one No.		Telephon	e No.	Lice	맛있었다. 스타리 프라이				
Start Date (10) 6/24/13		Schedule 6/29/13	ed Cor	mpletion	Date (11)		Name of 0							
Occupancy Status During	Abatement (Cher	ck Only Or	ne)	(100000000000000000000000000000000000000	dress	*			-		
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire d Outside of Norr	Period of A	Abater Hour	ment s			City, State	, Zip Code						
Scope of Work (Check All	That Apply)							Telephone Number ON Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 35+ Current Use (Prior if being demolished) Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Pemolii					Mini-Enclosure Glovebag Proc	e edure					
		Is	Locati	O.R.		2000		Non-Exempled	(") and Non	-Friable F				
Location o Asbestos-Containing M	f		lormal d Sole							_	_			·
TO BE ABAT In Facility (13)	ED	Mai	ntenai odial S (12)	nce/	Asbes (i.e.	thermal surfa	systems ins cing, VAT, o	ulation, r	(Specify		Domois	Repair	Encapsula	Enclosur
- 10		Yes	No	N/A						-			te	a)
rooms 12	9	-	Х			Floor	Tile & Mas	tic	860 SF	x				
						- 10 to 12					+	-		
Name of Registered Waste	Haulor										1			
United Containers	raulei		H	JDEP Wauler ID 2459		of Was		0.000.000.0000.0000.0000		ndfill				
City, State Elm NJ						Dispos				 67				\dashv
Completed by Anthony T Perna		Title Presid	lent					1.1.01110411	10 1 A 190	Date				\dashv
						School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ 1 35+ Code (7) SE ONLY) No. Name of Abatement Contractor (9) Pernaco Inc. Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 e No. Telephone No. 856-753-9800 00727 Same Street Address City, State, Zip Code Wist Edward Monitor same Street Address City, State, Zip Code Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Abatement Type Find Containment with Negative Procedure Abatement Type Full Containment with Negative Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Find Containment with Negative Procedure Abatement Type Abatement Type Find Containment With Negative Procedure Abatement Type Abatement Type Find Could Waster Secret								



CK 3295

Date of Notification (1) 6/7/13				Name West	of Building	Owr	ner/Operato pard of Ec	r (2)	20	113 _{Jl}	111 10					
Agencies Notified	Type Notification	n		Street	Address Crown	da centr			4.3	ris -	M 12	, <u>E</u>	12	150		
EPA DEP DOL	Initial Amended Amendmen			City, St	tate, Zip C	ode	08093			& L	CER.	0 - 200 1/17	174	7/	-	
	Emergency justification Cancellation	1)	ı	Name of Myror	of Contact					T	elephon	e Nur	mber			-
				FAC	ILITY INF	ORN	IATION			_J =	0 /4 E/E/E/			4		
Name of Facility Where Red Bank Elm Sch	Abatement is Taki	ng Place (3)					Тур	e of Facility	(4)			200		-	
Street Address	1001							×	School (K-							
192 Philadelphia A									Subchapte	r 8 (Ot	her than	K-12	2)	t arr		00000
City (5)	···							Ш	Other (i.e. etc.)	private	& COIIII	nerci	ai bui	iaings	, non	ies,
Thorofare NJ 0808	36							0.000	are Feet	100	of Floor	s	1000	Bldg.	Age	
County (6)								100			1		- 1	35+		
Gloucester		0)			Code (7) USE ONL	n _		Curr	ent Use (Pri	or if be	eing der	nolish	ned)			
Name of Monitoring Fire	m Hired by Building	Owner (8))	ASCI	M No.	-	Name	of Ab	atement Cor	ntracto	r (9)				-	
N/A								aco		muoto	. (0)				•	
Street Address							Street	Addre								
City, State, Zip Code						-			Zip Code							
Decised Manager 6							100000000000000000000000000000000000000		in NJ 080	91						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		Teleph 856-				Licen		0.			
Start Date (10)				mpletion	Date (11)				HA Monitor	-	0072					- 16-15-
6/24/13		6/29/1					same	Э			58					
Occupancy Status Durin		100	1.0				Street	Addre	ss						e Se	
Facility Closed/Vac Abatement Perforn Other – Describe:	cated During Entire ned Outside of Nor	Period of an all Facility	Abater Hour	nent s			City, S	tate, Z	ip Code							
Scope of Work (Check A	All That Annha					_										
□ ≥3 sf or ≥3 lf	н ттак Арріу)	N -					-	1								
≥160 sf or ≥260 lf		Property	Renova Demoli					Fu Mi	II Containme	ent wit	n Negat	ive P	ressu	re		
							. ×	Gle	vebag Prod	edure						
		Т.				-	<u> </u>	l No	n-Exempted	d (*) ar	d Non-l	riabl	e Pro	100		
Location	n of		Locati Iormal					2							emeni pe	t
Asbestos-Containing	Material (ACM)	Use	d Sole	ly by	Asbes	tos C	Description ontaining M	of ateria	(ACM)	,	mount		\vdash	Ι		Г
<u>TO BE AB</u> In Faci		10 15 97 270	intena odial S	100000000000000000000000000000000000000	(i.e.	therr	nal systems	insula	ation,	(Specify		R	70	Enc	m
(13)			(12)				rfacing, VA ⁻ er miscellan			S	or LF)		Remova	Repair	aps	Enclosure
		Yes	No	N/A		oure	or miscellan	cous					val	Ŧ	Encapsulate	ure
rooms 12	2 & 6		х			Floo	r Tile & M	lastic	; -	16	00 SF	-	x			
			7.75													
						-										
Name of Registered Was	ste Hauler		100000	JDEP W auler ID	E000.500	48m(81555)	oic Yards Vaste		Name of F	Registe	red Lar	ndfill				
United Containers			100000	2459	NO.	3	vaste		G.R.O.V	V.S.						
City, State Elm NJ							oosal Date		City, State							\dashv
Completed by		Title				7/1			Morrisvi	ile PA	1906					
Anthony T Perna		Presid	dent				Signature	1				Date 6/7				
								-				OI I	.10			

)

Date of Notification (1)					Name	of Buildin	ng Owner/Operato	r (2)		7.111			-	
June 07, 2013					Prop	erty S	olutions, Inc.			SUN 18	2			
Agency Notified	Type N	Notification				Address					4	f.s.		
⊠ EPA	N Initi	-1	(6)		323	New Al	bany Road		4/	100	. 39	1	3	50
EL DEP Not required per Sales Req. 10.2004	☑ Initia			- 1	500000000000000000000000000000000000000	tate, Zip				457,5			- 3	0
⊠ DOL	2/2/2003/0	endment #			Moo	restow	n, NJ 08057			10/	Win'	1		
⊠ DOH		ergency (including ification)	g	İ		of Conta		K	Telephone Nu	ımber	0	-	4	
□ DCA		cellation			Mich	ael Be	rnstein			-				
					FACI	LITVINE	ORMATION		18	-			9,500	
Name of Facility Where	Ahatama	nt is Taking Plac	0 (3)		1 701	LITT IN	ORMATION	Type of Facility	(4)				_	_
N/A	Abateme	int is raking riac	e (5)					Type of Facility	(4)					
								School (K-12		0)				
Street Address									(Other than K-1 ivate & commerce		nas			
301 Blair Road		Charles and Advances and Advances						homes, etc.)			.5-,			and West
City (5)								Square Feet	# of Floors	Bldg.	Age	•		
Avenel, New Jerse	ey, 070	01						200,000	3	35 -	+/-			
County (6)	2						7) (STATE USE	Current Use (Pr	or if being demo	olished)	W-1 -5			
Middlesex					ONLY)			Warehouse	/Office					
Name of Monitoring Firm	Hired b	y Building Owner	1	ASCN	No.		Name of Abater	ment Contractor (9						
ALC Environment	al			N/A			B&N&K Res	storation Co.,	Inc., 22-267	4200				
Street Address							Street Address		, , , , , , , , , , , , , , , , , , , ,				- (4)	21001
121 West 27th Str	eet. Su	ite 405					223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip					-		_
New York, NY 100	01						Clifton, N.J							
Project Manager for Mon		irm	Te	lepho	ne No.		Telephone No.	07011	License No.				-	_
Robert M. Gardne		MANUS.			75-554	14	973-478-468	21	00120					
Start Date (10)		Scheduled Cor		4.00		-	Name of OSHA		00120			-	-	_
June 18, 2013	- 5	July 03, 20		011 00	(,			vironmental S	Services I I	C				
Occupancy Status Durin	a Abaten						Street Address	vii Oiliileiliai C	Jei vices, L.L	.0.	9		_	
		18	0.50				50000000000000000000000000000000000000	Brook Avenue						
☑ Facility Closed/Vacate ☐ Abatement Performed							City, State, Zip (
☐ Other - Describe:	Outside	OI NOTHIAI FACILI	у пос	115				NJ 07071-199	Q					
Scope of Work (Check al	I that ap	ply)		-			Lynanaist,	10 07 07 1-100			31 (S. S. S			_
GIT (SE	•				₩ Don	ovetion		Containment with	Negative Pressu	ıre				
≥ 3 sf or ≥ 3 If ≥ 160 sf or ≥ 260 If					□ Dem	ovation		-Enclosure rebag Procedure						
□ = 100 01 01 = 200 11				9.000			□ Non-	-Exempted (*) and	Non-Friable Pro	cedure				
			ls	Locat	ion						Α	bate		nt
1				ormal			D					Ту	pe	
Location Asbestos-Containing		al (ACM)		d Sole ntena		Asbe	Description stos Containing M		Amount				ш	
TO BE A				ustod			., thermal systems	insulation,	(Specify	,	Re	70	nca	Enc
IN Fac (13				Staff?)		surfacing, VAT other miscelland		SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10	1			(12)			other iniscending	cous			/al	=	late	re
			Yes	No	N/A									
First Floor Front C	Office A				X	Ther	mal Systems I	Insulation	3	elbows	X			
First Floor Front C	Office A	rea			X		k Wall Mastic		-	179 sf		\neg		
First Floor Front C					\forall	- 200	roofing			236 sf	F 3	-		
Fireproofing					\Diamond		r leveling com	nound		1050 sf		-		
Name of Registered Was	ste Haule	r	NJI	DEP V	Vaste H		Cubic Yards of	Name of Regist		1000 31				
B&N&K Restoration			ID				Waste							
22-2674200		(· · · · · · · · · · · · · · · · · · ·	12	695			40	Minerva En	terprises, In	c.				
City, State							Disposal Date	Gity, State						
Clifton, N.J 07011							6/21/13 //	Waynesbur	rg, OH					
Completed by		Title					Signature		,	Date			-	_
Aleksandar Kuridz	a	Project Mai	nage	er			1 1/10/1			6/7/20	013			

06/07/2013

State of NJ Notification of Asbestos Abatement

2013-20 (Pursuant to NJAC 8:60-7 and 12:120-7) B& G proj. #: 5948 ***EMERGENCY*** Chock # Name of Building Owner/Operator (2) 2013 JUN Date of Notification (1) 0 6 / 0 7 / 1 3 Scotch Plains-Fanwood Public Schools MixDept. of Health & Sonjor Services Agencies Notified Type Notification Street Address ☐ EPA Evergreen Avenue & Cedar Street Initial ☐ DEP City, State, Zip Code 1-11:16 DOL Amendment Scotch Plains, NJ 07076 DOH 📆 Name of Contact Telephone Number Cancellation Deborah S Saradaki DCA FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Scotch Plains-Fanwood High School (non sub-8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 667 Westfield Road Bldgs./Momes, etc. Square Feet | # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demalished) Scotch Plains, NJ 07076 Union school (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zlp Code Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Phone Number l'elephone Number License Number 973-696-6869 0378 Name of OSHA Monitor Scheduled Start Date (10) School, Completion Date (11) B & G Restoration, Inc. 6/8/2013 6/9/2013 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: Lincoln Park, NJ 07035 Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Glovebag procedure _ >3 st or >3 If 2150 sf or ≥250 lf Mini-enclosure Non-friable procedure Is location normally used sololy Location of E by maintenance/custodial £ asbastos-containing n Description of asbestos-containing Amount staff(12) material to be m р n (Specity SF or LF) C material (ACM) D C abated in facility (13) Yes a No N/A ¥ boys locker room floor tile & mastic 225 sf Registered Waste Hauler NJDEP Hauler ID: Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 4 yards Tullytown Resource & Recovery Center City, State Disposal Date City, State

06/10/2013

Signature

Tullytown, PA

Geordana Luna

Lincoln Park, NJ 07035

Completed by (Print or Type)

Treasurer

Gordana Luna

State of NJ

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

B & G proj. #:	2013-20)	(F	Pursuar	t to NJAC 8	3:60-7 GEN	7 and 12:120-7) 2 CY***	May Check	#	59	48	***************************************	
Date of Notification	1/1_3		lame of Build	ling Own	er/Operator (2) nwood Publ)	1.3	12 4	e Number 4) I (K-12) apter 8 (Other than K-12 Private/Commercial Homes, etc. # of Floors Bldg. rior if being demolished) aool (non sub 8) License Number 9378 Glovebag procedure Non-friable procedure R R R R R R R R R R R R R R R R R R R				
Agencies Notified EPA DEP	Type Notifical			Avenu	ıe & Cedar	Stree	t	KICENSING!	· C'				
☑ DOL	Amend		Scotch Pl		J 07076				19				
DOH DCA	Cancell	60907	Deborah		daki			Telephon	e Numbe	r 			
				FACI	LITY INFORM	IATIO	1				er than K-nmercial Bld demolished sub 8) umber		
Name of facility wh								Type of Facility (
Scotch Plains-	Fanwood Hi	gh Schoo	ol (non sub	-8)				☐ Subch	apter 8 (C)ther t		(-12)	
Street Address 667 Westfield	Road							Bldgs./	Homes, e	tc.		lda. A	Nae -
City (5)		Cour	nty (6)			Cou	inty Code (7)					-	3
Scotch Plair	ns, NJ 07076	3	L	Jnion		(Sta	ate use only)			T		ed)	
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No.	Н	Name of Abatement		1001 (110	n sur	3 8)		
	n/a	а					B & G Restoration	on, Inc.					
Street Address							Street Address				-	any constitution of	
City, State, Zip Code	9					_	105 Ryerson Roa City, State, Zip Code	ad				_	
51.y, 51.01.0, 2.p 500.	-						Lincoln Park, N.	J 07035					
Project Manager for	Monitoring Firm	ı	Pho	ne Numb	er	_	Telephone Number 973-696-6869			Numi	ber		
Scheduled Start Dat	te (10)	Sched	I. Completion	Date (11	1)		Name of OSHA Mon	itor					
6/8/2				/9/2013			B & G Restoration Street Address	on, Inc.			procedure le proce		
Occupancy Status D							105 Ryerson Ro	ad					
Facility closed Abatement pe Describe:	I/vacated during erformed outside	1					City, State, Zip Code						
Other-Describ							Lincoln Park, N.	J 07035					
Scope of Work (che		Renovation				umino.	full Containment w/neg	gative pressure [
>3 sf or >3 lf		≥160 sf or	≥260 If n normally us	ed solely	,	<u>_</u> '	Mini-enclosure		Non-II	TR			т
Location of asbestos-con material to be abated in faci			enance/custo				sbestos-containing	Amount (Specify S LF)	For	m o	e p	n c a	EncL
			-		<u> </u>			225.0	£	е	r	Р	
boys locker	room			V _	I TI	oor ti	le & mastic	225 s	il .			H	+=
										計			
						Maria							
Registered Waste H B & G Restoration		NJDI 195	EP Hauler ID 663	# C	ubic Yards of V 4 yards	rvaste	Name of Registered Tullytown Resou		Center				
City, State			P	isposal D			City, State						
Lincoln Park, N.				06	5/10/2013		Tullytown, PA		Data				
Completed by (Print Gordana Luna	or Type)	Title Treasure	er		Signature		Gordana Luna			06/0	7/20	13	

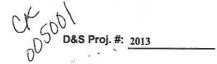
Gordana Luna

Treasurer

Date of Notification (1) 06/07/13 CK# 2679 \$200						r/Operator (2	2) lucation	H JON ,	12 /			-		
Agencies Notified Type Notification EPA Initial				Address Old Geo	ges F	Road		(3)/0 & 1 //0/	9 (2n	ar.	•	U		-
DEP Amended DOL Amendmen	t #					lew Jersey	v 08902		Roll	16	· i.			
DOH justification Cancellation		g	Name	of Contact				Teler	nhone l	Numbe	ar"			- -
Name of Facility May 2011			FAC	CILITY INF	Id Georges Road Ite, Zip Code Brunswick, New Jersey 08902 Contact									
Name of Facility Where Abatement is Takin North Brunswick High School Street Address 98 Raider Road	ng Place	(3)				_	School (K	-12) er 8 (Other	than K	(-12)				
City (5)			City, State, Zip Code North Brunswick, New Jersey 08902 Name of Contact William O'Connor FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 20,000 County Code (7) (STATE USE ONLY) High School ASCM No. Name of Abatement Contractor (9) Lillich Corporation Street Address 606 McBride Avenue City, State, Zip Code Woodland Park, New Jersey 07109 Telephone No. 609-298-5520 Street Address Office Avenue City, State, Zip Code Woodland Park, New Jersey 07109 Telephone No. 1 Elephone No. 1 Street Address Street Address City, State, Zip Code Union, New Jersey 07083 Street Address City, State, Zip Code Union, New Jersey 07083 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Fr											
North Brunswick, New Jersey 089	02								loors				ge	
County (6) Middlesex			County (STATE	Code (7))				demo	lished)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8	3)	ASC	M No.		Name of Lilich C	Abatement Co Corporation	ontractor (9	9)					
Street Address 3 Crosswicks Street						10 201140 19		ue						
City, State, Zip Code												-	_	i
Bordentown, New Jersey 08505								ew Jerse	ey 07	109				
Project Manager for Monitoring Firm Michael Hoodak								10.00			- 55			
Start Date (10) 06/26/13	Schedu 07/03/		npletion	Date (11)		FOR THE RESERVE THE PROPERTY OF THE PROPERTY O								
Occupancy Status During Abatement (Chec	k Only O	ne)				Street Ad	dress				- 77			
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: 7AM-11PM	eriod of al Facilit	Abaten y Hours	nent			The second second second second		est	-					<u></u> -
Scope of Work (Check All That Apply)						Union,	New Jersey	07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Mini-Enclosur Glovebag Pro	e cedure						
	Is	Locati	on				.vo.r =xompto	4 () 4 () 4	1011-111	abic i	_			
Location of Asbestos-Containing Material (ACM)		Normal ed Sole							100	-	Т	Typ	е	<u> </u>
TO BE ABATED In Facility (13)	Cus	(12)	Staff?		therma surfa	I systems in acing, VAT, o	sulation,	(Spe	ecify	Kemovai		Repair	Encapsulat	cncosure
Room 815	Yes	No X	N/A	VAT	0 140	atia (NIan I	Calabla)	4.400		-	+	1	Ф	
Room 815		X	-							_	+	-		
Connecting to Storage Room		X					,			_	+	\dashv	-	,_
Connecting to Storage Room		X								-	+	-	-	
Name of Registered Waste Hauler	1		JDEP W							74 - 1900	L			
Lilich Corporation		H	auler ID			iste	The same of the sa							
City, State Woodland Park, NJ 07424	XI E - I W - E I						525 S (S (nsylva	ania				
Completed by Tatiana Kalenikova	Title Vice	Presid	dent	Ties.	3	Signature	nalal	elen	1:	Date 06/07	/13			

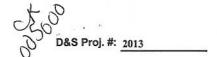
Location of	1	Locati Normal	ly	Description of			Abat	emer /pe
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate
	Yes	No	N/A			<u>a</u>	7	late
Room 802		X		VAT & Mastic (Non Friable)	300 SF	x		
Room 800		X		VAT & Mastic (Non Friable)	300 SF	x		
Room 800		X		TransiteCountertops(NonFriable)	80 SF	x		

2113 JUN 12 III 2: 50



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

			I Name of F	Villalia a Ou		-/0		2010			-				
Date of Notification (1)			100000000000000000000000000000000000000			er/Operator (2)		Lajj	$M_{H_{J_1}}$	2 840	2: 50				
	Type Notificat	tion		WOODI	BU	RY		4		- 417	2:50				
	I ppe Notifical	uon	Street Add	ress		W-7 (1-2-7			10 10 -						
	Amended	- 1	90 BAI	LDWIN S	STE	REET		Će –	LICE	v571	1 1				
<u> </u>	mendment #:		City, State	, Zip Code	•					1110					
_	Emergency		GLEN	RIDGE,	NJ	07028									
M DOH	(including justification)	1	Name of C	ontact				1		Telepho	ne Numb	er			
☐ DCA	Cancellation		LINDA	A WOOD	BI	URY				-					
- J				FA	CIL	LITY INFORMA	AOITA	I		-					
Name of facility where	e abatement i	is taking	place (3)						Type	of Facility	(4)		-	_	
LINDA WOODBI									" [Scho	ool (K - 12	unacese a			
Street Address		No.							L		hapter 8 (r (Private/			-12)	
											:/Homes,		iciai		
90 BALDWIN ST	IREET	T 0	1 (0)		_				Squa	re Feet	# of Flo	ors	В	ldg. A	Age
City (5)		0	ounty (6)					nty Code (7)							
GLEN RIDGE		F	SSEX				(Sta	te use only)	Curre	ent Use (Prior if bei	ng den	olish	ed)	
Name of Monitoring F	irm Hired by	and the second second	WWW.NYTOCVERNEY		Т	ASCM No.	-	Name of Abatement	Contract	or (9)					
	1.250 Ha 2.100		*******			, 1001111101		D & S RESTOR.							
Street Address				-	_L		-	Street Address	ATION	, IIVC.				_	
								20 California A	ve.						
City, State, Zip Code		-	-		_		-	City, State, Zip Code						_	
								Paterson, NJ 07	503						
Project Manager for Mo	onitoring Firm	1	F	hone Num	nbe	er	-	Telephone Number			Licens	e Numi	er		
								973-345-8020				01169	3		
Start Date (10)		Sch	ed. Comple	tion Date ((11))	-	Name of OSHA Moni	0.8200		3/1/85				
06/25/13		07	/10/13					D & S Restorati	on, Inc.		-				
Occupancy Status Duri	ing Abatemer						-	Street Address							
Facility closed/va	100	50	150	ement.				20 California Av City, State, Zip Code	enue					_	
Abatement perfo								City, State, Zip Code							
Describe:	NORMAL H	IOURS					-	Paterson, NJ 07	503						
Scope of Work (check	All and the second seco									ainment	w/negativ	nrees	uro		
>3 sf or >3 lf	×	Renova	ation	(8)			12		Mini-enc		winegauv	o prose	uic		
☐ ≥160 sf or ≥260		Demolit								proced		280 500		00	
			tion normally	used sole	alvel			<u>U</u>	Non-Exe	mpted (*) and Non	-friable	Proc		1
Location of asbestos-contair	nina	by mair	ntenance/cu		,,	Description	n of a	sbestos-containing		Amount		е	e	E n	E
material (acm) to	be	staff(12	2)	-	-	material (A		sbestos-comaning		(Specify	SF or	l m	p a	c	n
abated in facility	(13)	Yes	No	N/A						LF)		V	i	p	L
Basement					7	PIPE INSUI	ATI	ON	200	LFT		e	m	П	T
					╡			1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	_			Ħ	Ħ	Ħ	뒴
					T							TH	ī	Ħ	一
			i i	T	T							1		一	一
					Ħ										
Registered Waste Haul	er		DEP Hauler	ID#		bic Yards of W	aste	Name of Registered							
D & S RESTORAT	ION, INC.		3506	Diagonal	-	YDS		TULLYTOWN,	KESOU	RCE R	ECOVE	KY			
City, State PATERSON, NJ	07503		V%	Disposal 06/26/				City, State TULLYTOWN,	DΛ						
Completed by (Print or		Title		00/20/	T	Signature	_	TOLLI TOWN,	IA		Date				
BOGDAN JOLDZ		PRESI	DENT								06/07	/13			
ASB-41		Do not u	use this form	for asbes	stos	licensure exe	mpted	activities.		_					



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

Date of Notification	(1)		Name of E	Building O	wne	er/Operator (2)			#13 Jt	1112	K o .				
10 16 1/10 16	1 1 3			KAMDA		p (_/				112 ;	117 2: 5	i U			
Agencies Notified	Type Notificat	ion	Street Add	HARRING WINEST SERVICE	1IC					100				_	
☐ EPA	Initial			110707070	OΒ	DRIVE			& L	$I \mathcal{C}_{EN,j}^{ij}$, ,			
☐ DEP	Amended	11	City, State	ITEWO		DRIVE				7.1.1	1417			_	
⊠ DOL	Amendment #:	—11													
□ DOH	Emergency (including	11	Name of C		IINS	, NJ 07950				I Telenho	one Numb	nor.	-		
	justification)									Telephi	one rading				
☐ DCA	☐ Cancellation	1	REHA	KAMD	AR										
				F	ACI	LITY INFORM	ATION								
Name of facility w	here abatement i	s taking p	lace (3)						Туре	e of Facility	/ (4) ool (K - 1)	2)			
REHA KAMD	AR									=	chapter 8	35	nan K	-12)	
Street Address						-				Othe	r (Private	/Comme		,	
24 DITTIMEN	DIACE									1.577.53	s./Homes		DI	J = A	
24 RUTHVEN City (5)	PLACE	I Cou	unty (6)				Cou	nty Code (7)	Squ	uare Feet	# of Flo	oors	В	dg. A	ge
City (5)		000	unity (O)					te use only)	CII	rrent Use (Prior if he	eina dem	olishe	ed)	-
SUMMIT		បា	NION				,	,	00	110111 030 (1 1101 11 00	ing don	Olionic	,	
Name of Monitorin	ng Firm Hired by	Bldg. Owr	ner (8)		T	ASCM No.		Name of Abatement	t Contra	actor (9)				17.00	
								D & S RESTOR	RATIO	N, INC.					
Street Address								Street Address							
								20 California A							
City, State, Zip Coo	le							City, State, Zip Code	9						
								Paterson, NJ 0	7503					0	
Project Manager fo	r Monitoring Firm	1		Phone Nu	ımbe	er		Telephone Number	2		Licen	se Numb	er		
					10000		41	973-345-8020				01169			
Start Date (10)		Sche	ed. Comple	etion Date	(11)		Name of OSHA Mon D & S Restorat		10					
07/30/13		08/	12/13					Street Address	tion, in					-	
Occupancy Status	During Abateme							20 California A	venue						
	d/vacated during							City, State, Zip Code							W-
Describe:	erformed outside		I facility ho	ours-											
Other-Descri	ibe: NORMAL F	IOURS					-11	Paterson, NJ 0	7503						
Scope of Work (cl	heck all that appl	y)		-W					Full Co	ontainment	w/negati	ve press	ure		
$\times 3$ sf or >3 lf		Renovat	tion							nclosure					
≥160 sf or ≥2	260 If	Demolitie	on					×		bag proced Exempted (n_friable	nroce	adure	
		Is locati	on normal	ly used so	olely				1 14011-2	-xempted () and 140	R	R	E	
Location of asbestos-co	ntaining	by main	tenance/c		•	1	on of a	sbestos-containing		Amount		e m	e p	n	l E n
material (acr abated in fac		staff(12			_	material ((Specify LF)	SF or	0	a	a	C L
abateu III lat	siity (15)	Yes	No	N/	A					/		v e	ľ	р	-
Basement			X			PIPE INSU	LATI	ON	1	20 L FT					
Registered Waste I D & S RESTOR	Hauler	NJI 13	DEP Haule 3506	er ID#		ibic Yards of V YDS	Vaste	Name of Registere TULLYTOWN			RECOVE	ERY			
City, State	CATION, INC.		,,,,,,,	Dispos				City, State	, 1000	JORCE I	ELCO VI				-
PATERSON, N	J 07503			07/3				TULLYTOWN	I, PA						
Completed by (Prin		Title				Signature					Date			-	
BOGDAN JOL	.DZIC	PRESI			_						06/0	07/13			
ASB-41		* Do not u	se this for	m for asb	esto	s licensure ex	empted	activities.							



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

	<i>-</i>	Nam	ne of Build	ing Owner/	Operator (2)			in to			-			
Date of Notification	(1) / <u>1 3 </u>			AWELCZ			7	#13 J	UN 12 AH	2:50				
Agencies Notified	Type Notificatio		et Address			-	-	100	F-FA COR A L					
	Initial				E AVENUE	3		20	1100					
☐ DEP	Amended	11	, State, Zip		D II Y DIVOI			50		W.				
⊠ DOL	Amendment #:_													
	Emergency (including		AIRVIE'					-	Telephone	Number		****		
□ DOH	justification)													
DCA	☐ Cancellation	<u> </u>	OSEPH	PAWELC	ZYK								_	_
				FACIL	ITY INFORMA	ATION		T-	F III. / A	·				
Name of facility w	here abatement is	taking place	(3)					'y	pe of Facility (4 School					
JOSEPH PAW	ELCZYK								=	pter 8 (Otl	ner th	an K-	12)	
Street Address										Private/Co lomes, etc		cial		
379 MORNIN	GSIDE AVENU	JE		- 10				S		of Floors		Bld	g. Ag	е
City (5)		County	(6)	35		Count	y Code (7)							
o.∓39 4 v h 0.€./						(State	use only)	C	Current Use (Pri	or if being	demo	olishe	d)	
FAIRVIEW		BERG												
Name of Monitori	ng Firm Hired by B	ldg. Owner	(8)		ASCM No.	- 11	lame of Abateme							
							D & S RESTO	RATI	ON, INC.					
Street Address						S	Street Address							
							20 California							
City, State, Zip Co	de					c	ity, State, Zip Coo	de						
E.							Paterson, NJ	07503						
Project Manager fo	or Monitoring Firm		Pho	ne Numbe	r	— 	elephone Numbe			License		er		
							973-345-802			01	169			
Start Date (10)		Sched	Completio	n Date (11)			Name of OSHA M							
Start Date (10)				4.0 (11)			D & S Restor	ation,	Inc.					-
06-24-13		07-10-				[5	Street Address	1040						
Occupancy Status							20 California		ie					_
Facility clos	ed/vacated during	entire period	d of abater	nent.		C	City, State, Zip Co	de					7/	
Describes	performed outside		cility nours	5-		_								
☑ Other-Desc	ribe: NORMAL H	OURS				_	Paterson, NJ							~
	check all that apply			4				400000000000000000000000000000000000000	Containment w	/negative	press	ure		
> 3 sf or > 3	If 🖂	Renovation	1				Į	_	i-enclosure	_				
≥160 sf or ≥		Demolition							vebag procedur n-Exempted (*)		riable	proce	edure	
<u> </u>		Is location	normally	ised solely					- Exomptod ()		R	R	E	
Location of	Control of the Contro	by mainter	nance/cust	odial	1	on of ac	bestos-containing		Amount		e m	e	n	E n
asbestos-co material (ad		staff(12)			material		503t03-00maming	'	(Specify S	For	0	p a	a	С
abated in fa		Yes	No	N/A					LF)		٧	i	p	L
					PIPE INSU	II A TI)NI		425 L FT		e	h	П	\vdash
Basement			_X_		PIPE INSC	LATIC	JN	_	423 LT1		H	片	片	片
											片	片	牌	ዙ
			1_								片	片	片	#
1 000 - 30 000 1 0 000 000 000 000 000 000 000								-			Щ	닏	님	붜
<u> </u>													Ш	
Registered Waste	Hauler		P Hauler I		ubic Yards of	Waste	Name of Registe	red La	ndfill	COVED	v			
D & S RESTO	RATION, INC.	1350	1000		YDS		TULLYTOW	N, KE	SOURCE RE	COVER	. 1			
City, State	0====	1.		Disposal D 06/26/1			City, State	INI D	4					
PATERSON,				00/20/1			TULLYTOW	IN, PF	1	Date	-		_	_
Completed by (Pr		Title	C) ITC		Signature					2013				
BOGDAN JO	LDZIC	PRESIDI		, , , , ,			activities			1_2013		-		
ASB-41		* Do not use	this form	for asbesto	s licensure e	kempted	activities.							

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lept of Sealth & Senior Services			Q4n	ite of New .	lamou			<	Che	ck, #	<u> </u>	81	7.
(signature)	P		CATTON	OF ASBES	TOS ABAT			C.		7/	ر ک	M.	
Date of Notification (1)	•				vner/Operato				476%	20		~~	15
Agencies Notified Type Notification	n	1	Street A	ddress	CHWO		20.90				Vo'	At a	<u>, </u>
EPA intital DEP Amended Amended Amended		_	Clty Ste	te Zio Code	<u> </u>	-	074	:52				38,	-
Emergence justification Cancellation			Name of	Contact ACO			*	Telephon	e Numt	der			
Name of Facility Where Abatement is Tak	ing Place (21	FACI	LITYINFOR	MATION	Tymp	of Facility (4	<u> </u>					
MR ALBERTS Street Address 45 BIRCH WOON							School (K-12 Subchapter		n K-12) mercial	bulldi	ngs,	home	15,
GLEN ROCK						Squa	re Feet 450	# of Floar	7	Blo	ig. A		
County (B)	· · · · · · ·		County (Code (7) USE ONLY)			nt Use (Prio	r if being der		(d)	-		
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCN	Na.			lement Con ontracting	tractor (9)	-,-				
Street Address		70.00	 			et Addre 5 Lowe	ss II Road				***		
City, State, Zip Code	*******						ip Code k, N.J. 074	452			**************************************		
Project Manager for Monitoring Firm		T	Telepha	ne No.		phone N 1-262-		Lice D01	nse No.				
Start Date (10) / 6 / 63	Schedul		noletion I	Date (11)			HA Monitor nvironme	ntal Servic	es Ind	J.			
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of	Abaten	nent	44. 4	28 City,	State, Z	ss er Street ip Code ack, NJ 07	rene				,	
Scope of Work (Check All That Apply)					- ne	CKUTS	ack, No U/	606					
☑ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		Renova Demotil	tion ion			Z G	ni-Endosum ovebag Prod					a	
, , , , , , , , , , , , , , , , , , , ,		Locati									Abate	emeni	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (19)	Usa Ma	Normal ed Sole sintena dodiel 5 (12)	lý by nce/	(i.e, ti	Descripti s Containing tennal syste surfacing. \ other miscell	Materia ms insul VAT, or	ation,	Amount (Specify SF or LF	y I	Remosal	Repair	Encapsulate	Enclosure
BASEMENS	Yes	No	NA		PIPI			· ·				ক	
Ultubrioss			*		1777			60	7.A.	X	-	_	
												-	
Name of Registered Waste Hauler Rovic Transport		1 14	JDEP W laufer ID 10785		Cubic Yards of Waste	-	1	Registered L Bethlehe		ndfill	Cor	p.	
City, State Riverdale, New Jersey 07457	*				Disposal Da	ite Joe	City, State Bothleh	em, PA 1	8015				
Completed by R. McDonald	Tille Pres	sident		1	Signati		Jall.		Detr	16	1/	3	-

- 1		•			
Ch	1/	11	aL	162	
(n)	OCK	#	- 9 -	TW	7

Date of Notification (1) 6-7 -1 3			T		of Building erset H					tion	<u> </u>	1	1 4 20.	(
	e Notification				Address Dlcott	Aven	ue						0	Ų,	
BI EPA BI DEP □ BI DOL	Initial Amended Amendment	#	_		ate, Zip Co nardsvi		NJ 0	7924				œ,	2.5	1	<i>5</i>
M DOH M DCA -	Emergency (i justification) Cancellation	ncluding			of Contact	ter				Telenho	ne Nu <u>n</u>	nber			7
				FAC	ILITY INFO	ORMATI	ION							19.	
Name of Facility Where Abate Bernards High Sch Street Address		Place (3	3)					ĽX Sc	Facility (1010	on I/ 10			60	15.
25 Olcott Avenue	10							□ Ot etc	her (i.e. p c.)	orivate & cor	mmercia	al buil			es,
City (5) Bernardsville	Was							Square 310,		# of Floo	ors 3	19 59	3ldg. A 5yr		
County (6) Somerset					Code (7) USE ONLY)		_	Current		or if being d	emolish	ed)	ė		
Name of Monitoring Firm Hired Envirovision	d by Building C	wner (8)		2.000	M No. 0079					ntractor (9) ronment	al C	0.,	Inc	•	
Street Address 20-21 Wagaraw Roa	ad, Bldg.	34A	31					Address Haws	Aven	ue					
City, State, Zip Code Fair Lawn, NJ 0								tate, Zip risto		A 19401					
Project Manager for Monitoring Willie MOrales	g Firm	1	Telepho	one No.			one No. -239-	9920	49.3550	ense No					
Start Date (10) 6/27/13		Schedule	ed Con		Date (11)	5		of OSHA		ronment	al C		Tnc	_	
Occupancy Status During Aba	tement (Check						Street	Address						-	
Facility Closed/Vacated D Abatement Performed Out	Ouring Entire Poutside of Norma	eriod of A	Abatem Hours	ent				Haws		iue		ALC: A		- 2	
Other – Describe:							Nor	risto	wn, P	A 19401					
Scope of Work (Check All Tha	t Apply)														
□ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		7000	lenova emoliti				% 	Mini-E Glove	Enclosure bag Prod					e	
		ls	Locati	on								_	Abate	ement	
Location of Asbestos-Containing Mater	rial (ACM)	Use	Iormall d Solel intenar	y by		os Cont		aterial (A		Amour	nt		1 1 1	ре п	
TO BE ABATED In Facility (13)		Cust	odial S (12)	taff?	(i.e.	surfac	systems cing, VAT niscelland		n,	(Speci SF or L		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						5 000				· (U	
gym	Х		gym f	loor	vapor	r barr	rier	6,000	SF	х					
												_			
Name of Registered Waste Ha	uler		N.	JDEP W	/aste	Cubic '		N	lame of F	Registered L	.andfill				
Newark Carting			100	auler ID 509	No.	of Was			IESI						
City, State Newark, NJ						7/5/	-		Bethl	ehem, I					
Completed by Timothy E. Bryan		Title Vice	-Pre	side	nt (S	ignature		111	5	Date 6-	-1	3		

UK juste

T		(P	ursuant	to NJAC	8:60 an	d 12:12	0)		2	912					
Date of Notification (1) 6/6/2013 Check#2	426		9024	of Building ory A. Ko		Operato	r (2)		7	9/3 5/1/, E 1/6	N/	2	fa .		
Agencies Notified Type Notifica	tion			Address Taurus	Drive			3991		£ 7 //	03	71		· 5	-
DEP Amende DOL Amende	nent #	_		ate, Zip C orough,		344	-			4/6	4.77	11/14	G	81	
DOH justificat			Name o	of Contact Celly					Te	lephone	Nur	nber	n		
			FAC	ILITY INF	ORMAT	ION	relle.				-				
Name of Facility Where Abatement is T Gregory A Kopia	aking Place (3)						Ту	pe of Facility School (K-	12)				-		
Street Address 261 Brooklake Road					10000		×	Subchapter Other (i.e. petc.)					dings	, hom	es,
City (5) Florham Park, NJ 07932							27223	uare Feet 000	# 0	f Floors			3ldg. / 50+	Age	
County (6) MORRIS				Code (7) USE ONLY)			rrent Use (Pri esidence	or if be	ing dem	olish	ied)			
Name of Monitoring Firm Hired by Build Omega Environmenal	ng Owner (8)		ASC	M No.	22-11-15			batement Corpo							
Street Address 280 Huyler Street	12.				100,000	Street 426		ress Street							
City, State, Zip Code South Hackensack, NJ								, Zip Code erg, NJ 070	093			- 920	3		
Project Manager for Monitoring Firm		T	Telepho	ne No.		Teleph				Licens	se N	0.			
Start Date (10)	Scheduled			39-8700		201-	195	-1700 SHA Monitor		01074					
6/18/2013	6/19/201	3	ipicuoii	Date (11)		same	e as	above							
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 7:00 AM to 3:00	ire Period of Abo	atem	ent			Street City, S		Zip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Property Co.	novat noliti				×	N	Full Containmondini-Enclosure Glovebag Prod Non-Exempted	e cedure	838					
	Is Lo	catio	on						. , ,				Abate		
Location of	Nor	mall	у		De:	scription	of							ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custod (enan lial S 12)	ice/ taff?		tos Cont thermal surfac	aining M	Mater s insu T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Vo	N/A											w	
Basement	X			Pi,	PeI	NS	_		54	4 LF	:	x			
N		T													
Name of Registered Waste Hauler Freehold Carting		Ha	JDEP W auler ID 939		of Was			Name of F	20 C 20 C C C C C C C C C C C C C C C C						
City, State PO Box 5010		1			Dispos	al Date		City, State		ndfill					
Completed by Gina Salvador	Title Office N	/lan	ager		S	ignature	B	Qual.		T	Date 6/6	e /201	3		



Check # 8628

Date of Notification (1)	0 12	Name o	f Building Owner/	Operator (2)		, ,				
	8-13		TONY	Sist	07					ji.
	Notification	Street A	ddress 7 7	Tainter	St	ree+	1	2	41	F _S ESS.
D DEP D A	nitial kmended	City, Sta	ite, ZID Code					1/1		1
DOL A	mendment # mergency (including		Peo	pack	. N -	T 07	97	7	S.	
DOH ji	ustification)	1	f Contact	a. Harris	dir pi	Telephone M.	AL 3.			
D DCA	Cancellation	FAC	LITY INFORMAT				17.	_	_2	13
Name of Facility Where Abatem	ent is Taking Place (3)	1 40	ILIT IN ORMA		of Facility (4	1)		77		4
Single fa	mily Dwe	lling		1 1000	School (K-12	•		0		
Street Address)			Subchapter	8 (Other than K-	12)		4	6
/ la:	nter St	ree t		ومعرا	otner (i.e. pi etc.)	rivate & commerc	cial build	lings,	home	s,
City (6)			377	Squar	e Feet	# of Floors		ldg. A		-
reapac	K, NJ	079			-111 (51		and the second	60	4-	
County (6) Somerse			Code (7) USE ONLY)	Curre	nt Use (Prio	r if being demoli	shed)			
Name of Monitoring Firm Hired I	by Building Owner (8)	ASC	M No.	Name of Aba	tement Con	tractor (9)				
EPC Tech	nologies		NA	EPC	J Tee	-hnole	aie s	,	In	16
Street Address Bo	× 337			Street Addres	Box		3			
City, State, Zip Code	o+ NJ	08	533	City State, Z	P Code	CLA ta	0	85	13	3
Project Manager for Monifori g	Firm	Telepho		Telephone N		License	No.	10	U	
Steve Sche	Scheduled		758-3365	609 758 Name of OSI	3 - 3 360	5 0	O		7	
Start Date (10) 6 - 30 - 13		30-1	(1215) B 171			mologies				
Occupancy Status During Abate		<u> </u>		Street Addres		110.00	3 L.	IC		
Facility Closed/Vacated Du	ring Entire Period of Aba	tement		P-0.	BOX	337				
☐ Abatement Performed Outs ☐ Other – Describe:	side of Normal Facility H	ours		City, State, Z		. 15				
Scope of Work (Check All That	Apply)			IVEW I	-gyp+	TU	083	5.3	3_	
≥3 sf or ≥3 if		ovation		□ Ful	I Containme	ent with Negative	Process			
□ ≥160 sf or ≥260 lf		nolition		☐ Mir	ni-Enclosure		riessu	е		
					vebag Proc	edure I (*) and Non-Fria	able Pro	cedur	6	
	10.1	nation	1		LXCIIIPICC	() and ivoir inc	1010 1 10		ement	
1		cation mally		escription of				Ту	ре	
Location of Asbestos-Containing Materi	al (ACM)	Solely by	Asbestos Co	ntaining Materia	(ACM)	Amount			m	
TO BE ABATED	Iviaiii	enance/ lial Staff?		al systems insula	ation,	(Specify	Ren	R	nca	Enc
In Facility (13)		12)		acing, VAT, or miscellaneous)		SF or LF)	Removal	Repair	Encapsulate	Enclosure
1	Yes	No N/A	1.				B.	'	ate	9
2.0.1			D	Insula	4	100 L	Ex			
Basement	X		Pipe	A) DOCIAL	1107	100 6	-	+		
							-	-		
		_						-	-	
		NJDEP	Masta Cub	ic Yards	Name of	Registered Land	611			
Name of Registered Waste Hau	ıler	Hauler II		laste 🗷	2000000	250		,		2.1
EPC Techno	ologies	170	000	<u> </u>		e Manage	enen	tu	FT	1
City, State New Egyp			6	osal Date - 21-13	Morzn	isville.	PA			
Completed by	Title	.0 +		Signature	250		Date (8	~ 2	5
Steve Schenke	a nics	ident		July 1	سعالت العدن	ar	~	•	~	1

Ch# 6940

Date of Notification (1) June 5th, 2013			T		of Building			(2) 20/	3 1115					//	
Agencies Notified	Type Notification			Street A	Address South Ra	-		oad ⁴	3 JUN	12	ijj	2:5	<i>1</i>)		
X EPA X DEP X DOL	Initial Amended Amendment	t#		City, St	ate, Zip C taway, N	ode		्र 3854	Lici		Πì	ve.	<u>. </u>		
DOH DCA	i Emergency justification) Cancellation	_			of Contact k Bolge				Te	lenhone	Nur	nber	_		
				FAC	ILITY INF	ORMATI	ON						_		
Name of Facility Where A Digital Union Data	Abatement is Takir Campus	ig Place (3)						Type of Facility	(4)						
Street Address								School (K Subchapte		ner than	K-12) \			
.701 Union Blvd.								Other (i.e.	private	& comn	nercia	al bui	dings	, hom	ies,
City (5) Totowa								Square Feet 275,000	1	of Floors	\$		3ldg. /	Age	
County (6) Passaic		100			Code (7) USE ONLY	n	_	Current Use (P Warehouse	rior if be	ing den	nolish	ed)			
Name of Monitoring Firm EMTEQUE LLC	Hired by Building	Owner (8)		ASCI	M No.			of Abatement Co							
Street Address			-	L	100			Address	011 1110.	13					
1350 Broadway Sui City, State, Zip Code	te 1901							Getty Ave.							
New York, NY 1001								tate, Zip Code n, New Jerse	y 070	11-180	2				
Project Manager for Mon Mr. Michael Garami	itoring Firm Done			Telepho 212-63	ne No. 31-9000			one No. 478-4848		Licen 0072).		-28000-	
Start Date (10) June 17, 2013		Scheduled August 3			Date (11)			of OSHA Monito	55						
Occupancy Status During	Abatement (Chec	k Only One)					Address							
Facility Closed/Vaca Abatement Performe	ted During Entire I	Period of Ab	atem	ent				Getty Ave.							
Other – Describe: M	londay-Friday 7:00	am-3:30pm	iours					tate, Zip Code n, New Jerse	y 070	11-180	2				
Scope of Work (Check Al	l That Apply)						F	1							
≥3 \$1 or ≥3 fr ≥160 \$f or ≥260 lf		-	nova moliti				×	Glovebag Pro	re ocedure	- 75					
		le L	ocatio					Non-Exempte	ed (*) an	ia Non-F	-riabi	e Pro	Abate		
Location		No	rmall	у		Des	cription	of						ре	
Asbestos-Containing TO BE ABA		Used Maint			Asbes	tos Conta	aining M	aterial (ACM) insulation,		mount Specify				g	ш
In Facilit		Custo	dial S (12)	taff?	(1.6.	surfac	ing, VA	Γ, or		or LF)		Remova	Repair	caps	Enclosure
(13)			No	N/A	2.	otner m	iscellan	eous)				va	a∺	Encapsulate	sure
Boiler Ro	om	Tes	INO	X		F	lbows			30LF		x			
First Floor Office				x			Vat			000SF		x			
	•	lui						****							
N 75															
Name of Registered Wast Slavco Construction I			Ha	JDEP W auler ID		Cubic Y of Wast		Name of							
City, State			18	508		TBD	15:	G.R.O.	POLICE STORY	andill					
Clifton, New Jersey 0	7011-1802					Disposa	ai Date	City, Sta Morris		а					
Completed by		Title				Sig	gnature				Date	F/6			\dashv
Vivian D. Jurcevic		Office I	Man	ager		2	hul	en Danie	uni	ا ر	Jur	ne 5t	h,20	13	



NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1))	A CONTRACTOR AND ADDRESS.	N	ame of Build	ding Owner/Operat	tor (2)	Brigantine	Public Sch	nools	nde seggrego, sussidori, come	
Agencies Notified (x) EPA	Notificatio	n Type Notification	S	treet Addres						A THE PARTY OF THE	
() DEP (x) DOL (x) DOH	() Amendo () Cancell	ed Certifica	tion	ity, State, Zi	o Code Brigantin	ie, Nev	Jersey 082	03		ے۔	-41
() DCA	(X) Emerg	ency	N	ame of Cont	act Mr. William G	Sussie	Tel. N	lumber:			1/2
				FACILI	TY INFORMATION	N		٨		c: 1	72 C
Name of Facility Where Brigantine Middle Scho	e Abatemen ool / Elemen	t is Taking tary School	Place (3)	The second registration has been been a second	Type of Facility (X) School (K-1	2)			***************************************	· V	
Street Address 301 E	ast Evans B	lvd.			() Subchapter 8 () Other (i.e. pri Sq. Feet_90,000	vate & d	commercial bi	ldgs., home	es, etc.	٠.	8.
	County (6 Atlantic	Co (St	unty Code ate Use On	(7) lly)	Current Use (pri	or if bei	ng demolishe	d)_office			
Name of Monitoring Fir Bldg. Owner (8) Horizon Environmen	-		CM No. (00073		Name Acad	of Contracto emy Constr	<u>r (9)</u> uction, Inc	.		
Street Address: 301	9 th Street					l	Street Add	ress: 205 F	Rt 46W, Su	ite 14	
City, State, Zip Code	Thorofare	, New Jers	sey 08086				City State,	ZipCode To	otowa, NJ	07512	
Project Manager for Mo Steve Flanagan	nitoring Firn	1	<u>Telephon</u> 856-848-	e Number 0800		***************************************	<u>Telephone</u> 973-832-42			cense Num	<u>ber</u>
Scheduled Start Date (1	10) June	8, 2013	Schedule 2013	d Completio	n Date (11) June	15,	Name of OS	SHA Monito	or: Academy	Constuction	1
Occupancy Status Durin (x) Facility Closed/Vaca () Abatement Performe Describe	ated During	Entire Perio	nd of Ahate	ment							
Source of Work (Check () Demolition (x) Renov () Large Proj. (>160 SF () Minor Proj. (<25 SF o () Full Containment with	vation or >260 LF or <10 LF AC	ACM) (X			F or >10 <260 LF Wrap & Cut	ACM)					
Location of Asbestos- Containing Material (ACI Facility (13)	M) in Us	Location No ed Solely b int./Custod	ormally y	Descrip thermal insulation	tion of ACM (i.e. systems on, surfacing, other miscell.)	Amo	ount (Specify	SF or LF)	Abate	ement Type	
	YE	S NO	NA					Rem.	Rep.	Encap	Enclose
Crawlspace		×		Pipe Ins	ulation & fittings	Wrap	& Cut	150 LF			
Name of Reg. Waste Ha Academy Construction	uler n, Inc	NJ	DEP Waste	Hauler ID #	± 0034422	Cubi	c Yards of Wa		me of Reg.	Landfill	
City, State: Totowa, Ne	w Jersey	1			THE SECTION OF THE SE	Disp.	Date: 6/17/2	!		tate:Morrisv	ille, PA
Completed by (Print or Trank Marino	ype)	Titl	e: VP Op	erations		Signa	iture	1	Date: J	une 5, 2013	3

COPY

NOTIFICATION OF ASSESTOS ASATEMENT (Furthers to N.J.A.C. 7:20-2.12)

Date of Notification (1)			Man		ng Owner/Openi	or (2)	Brigantine	ا واشاع	Schools	بعثيمة	- Commenter of	. ا
(R) EPA	igtification Two x) Initial Notific) Amended Ce	eton		al Aldre		**********	3-13-44-15-14	_De	11.1	0 D	ΔV	4
) Canapiled	n un outliert	CIN	Ship 71	Code Brigantin	ia, New	Jeusty 0828	9-DC	L - I	סט	Al .	12
	K) Emergency	المساوم المساور	Maa	te of Cont.	ast Mr. William G	Pussie	Inte					
manifesta				FACILIS	Y INFORMATION	٧ .	1 4	7	1011	2	7.0	1
Name of Facility Whate A	/Elementary E	ikina Placa Johool	(5)		Type of Facility (X) School (K-1 () Subshaper 8	21	W	ĄVĖ	RAP	PR	VED	
Strat Address 301 Ear	t Evans Blvd.	4			50. Feet 90.00	valo 6 c	ommercial bk		F			_
City (5) Brigantine Atta	indic (6	County (State)	Code (7)		Current Use (pri	ar If bol	device possible	TOWC:				
Name of Monitoring Firm Bldg. Owner (8) Horizon Environmenta		ASCMI	No. 00	073		Name	of Contracto	(1) action,	Inc			
Street Addresse: 301 9	Street				The state of the s	<u></u>	Street Addr	nn: 20	5 Rt 481	N, Bu	ha 14	
Clifr State. Zlo Code T	horofara, Ne	W Jersey	08088				City State.	ZipCode	Totowe	LN,	07612	
Breisel Managerfor Mon Stave Flanagen		Ter 85	8-848-08	Number 00			Introhone 673-632-42	Number 44	من من المنظمة الأساء المنظمة المنظمة		Conse Num	ber
Schaduled Star Date 190	June 8, 20)13 <u>3d</u>	haduled (Completo	n Dete (11) June	15,	Name of OS	на ма	Mor. Ac	الله Id em y	Constuction	
Coupancy Status During x) Facility Closed/Vacata) Abstanted Performed Describe	Manual Manual Per	Bladed of		ont	**************************************				ر رب د العرب ال	ارتنگان اداما در بدارهای	مورناهاندان الديا المريد و الاهام الديا	
Dura of Work (Chack M Damp Mich (1) Renoval Large Proj. (>180 8F or Minor Proj. (<28 8F or Full Containment with N	on >260 LF ACM		f Proj. (>	26<160 B	F or >10 <260 LF Wrap & Cut	ACM)			- 3 <u></u>		e de la companya de l	
portion of Anbeston- until ning Almestal (ACM) noticy (13)	In Used Se	ion Normal lety by untodial St		insulate	tion of ACM (i.e. systems in, surfacing, other miscoil.)	Атто	mi (Specify E	IF or LF)	Akalı	ement Tree	
V	YES	NO	NA		<u> </u>	<u> </u>	<u>ستحد</u> بدر در ۱۵ د ده د.	Ren		Ben.	Enoso	Enclose
SWISPECE .	-0 <	×		Pipa Ina	uletion & Rilinge	Wrap	& Cut	150				
	1											
me of Rec. Waste Heuk ademy Construction,	no	HIDEP	Waste H	inuler 10 e	0084422	Cubic 3	Yarda of Wa		Name of	Rep.		
y State: Totowa, New	Jersey				, , ,	Diso	Date: 6/17/2	013	2	TV. S	ale: Morriev	fe, PA
Michigal by (Print or Type and Marino	<u>)</u>	Ikk: \	/P Opera	diens	<u> </u>	Signer	all			hate; J	une 5, 2013	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building		erator (2)	28/3 UL, 2) -		
June 7, 2013			Tom '	Vernier	UL, 2	18	13		
[] DEP [] Ame	ation al Notification ended Notification endment # ergency (including	City, State, Zip C	ode	2 th Avenue Ç	Liebonia A	7 2. 3°C	<i>(</i>)		
[] DCA justi	fication)	Name of Contact			Telephone Number	1 4			
[] Can		M- CANAC	Vernier				-		
Name of Facility Where Abatement is Takir		CILITY INFORM	MATION	Type of Facility (4	<u> </u>				
Residence	ig i iace (3)			Type of Facility (4	School (k-12)				
Street Address 416 12 th Avenue				[] [x]	Subchapter 8 (o Other (i.e., prival homes, etc.)			al bui	ildings
City	County (6)	County Code (7)	V) ·	Square feet	# of Floors	Bldg	. Age		
Belmar	Monmouth	(STATE USE ONI	.1)	1500 Current Use (Prior	if being demolished	<u> </u> d)	6)	
Name of Monitoring Firm Hired by Building Guardian Contrac		ASCM No.	Name of	Reside Abatement Contracto	ence or (9)				
Street Address			Street Ac		ian Contracting	, IIIC.			
1889 Rte. 9, Unit City, State, Zip Code	61		City Sta	1889 I te, Zip Code	Route 9, Unit 61				
Toms River, NJ 0				Toms	River, New Jers	ey 087	55-12	71	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone Number 732-349-9932	er	Telephor 732-34	ne Number	License 1 00624	Number			
Scheduled Start Date (10) 6/10/13	Scheduled Compl 6/11/13	etion Date (11)		OSHA Monitor	.L. Analytical				
	conly me) ed During Entire Period of A Outside of Normal Facility		Street Ad	Idress 1056 S	Stelton Road				
Other – Describe			City, Stat	te, Zip Code Piscata	way, New Jerse	y 0885	54		
Scope of Work (Check all that apply)			[]		t with Negative Pre	ssure			
$[X] >3 \text{ sf or } \ge 3 \text{ lf}$	[X] Renov	vation	[] [x]	Mini-Enclosure Glovebag Proced	lure				
[] ≥160 sf or ≥260 lf	[] Demo	lition	[]		*) and Non-Friable	Procedu	re		
					T	Abate	ment T	ype	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)	Ast M (i.e inst	Description Destos-Con Material (A I, thermal s Ilation, sur VAT, or er miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V	R	E N C A P S	E N C L O S U
	YES NO N/A					L		L E	R E
Basement & garage	X	Asbestos pipe	insulation	1	125 lf	X			
		-					+		_
					1				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haule	r ID No. Cubic Ya	rds of Waste	Name of Registe T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey		osal Date	City, Sta		1 /				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	ichi	1 de	1	Date 6/7/2	013		
	*Do not use this for	m for asbestos licen	sure exemp	oted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) June 7, 2013		Name of Buildin		erator (2) Ca/3	vis a	2	18	316	
[] DEP [] Ame	ation al Notification ended Notification endment # rgency (including	Street Address City, State, Zip C	ade	tch Close	(4.2) 5:	Ŷ			
[x] DOH justin	fication)	Name of Contact Louis	Streisgut	T	Felephone Numbe				
	F	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Takin Residence Street Address	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (o	ther tha	ın k12)		
107 5 th Avenue				[x]	Other (i.e., priva				ildings,
City	County (6)	County Code (7) (STATE USE ONI	χ)	Square feet 2000 sf	# of Floors	Bld	g. Age	60	285
Normandy Beach	Ocean	(0,2 0.2 0	,	Current Use (Prior i	f being denolished)		50	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contracto		Inc			
Street Address			Street Ac	ldress	788 88				
City, State, Zip Code			City, Sta	te, Zip Code	oute 9, Unit 61				
Project Manager for Monitoring Firm	Telephone Numb	er	120 CT 100 CT 10	e Number	License N			271	
Scheduled Start Date (10) 6/10/13	Scheduled Comp 6/11/13	letion Date (11)	732-34 Name of	00624 L. Analytical			-		
			Street Ad	dress 1056 Si e, Zip Code	telton Road	ev 088	54	- VA	
Scope of Work (Check all that apply)	***		[]		with Negative Pre				
$\begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	2 2	vation olition	[] [x]	Glovebag Proced	ure) and Non-Friable	Procedu	ıre		
			100-20			Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	insulation, surfacing, VAT, or other miscellaneous)					R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X	Asbestos sidin	g	7	2000 sf	X			
		-			-				
Name of Registered Waste Hauler	NJDEP Waste Haule	and among the parties of the control	rds of Waste		red Landfill				
Guardian Contracting, Inc. City, State	20223 Disp	osal Date	City, Star						
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola		Signature C		wa, Pennsylyania		Date 6/7/2	2013		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

,								6/3		#1		
, Date of Notification (1)	June 7, 2013				Name of Building		erator (2) ann Devine	an 21	81	8		1
Agencies Notified [X] EPA [DEP		l Notifi	ication otification		Street Address	20023174012750	ajestic Avenue	& C/C		519 1	2.50	
[x] DOL [x] DOH	Amer [x] Emer	ndment gency	# (including		City, State, Zip Q		oft, NJ 07738		". V.	G A	Ų	
[] DCA		ication) ellation			Name of Contact Mary	ann Devi	ne	Telephone Number			7	
				FA	CILITY INFORM	IATION						-
	oatement is Takin idence	g Place	(3)				Type of Facility (School (k-12) Subchapter 8 (o	ther the	n k12		
Street Address 26 V	Woodhaven Ro	ad					[x]	Other (i.e., priva homes, etc.)				ildings,
City		Cour	nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1800 sf	# of Floors		g. Age	60	
Toms River		Oce			ň		Resid)	4		
Name of Monitoring Firm I N/A		Owner	(8)		ASCM No.			tor (9) dian Contracting,	Inc.			
Street Address						Street A		Route 9, Unit 61				4 100
City, State, Zip Code							te, Zip Code	River, New Jers		755-1	271	
20	roject Manager for Monitoring Firm Telephone Num						Telephone Number 732-349-9932					
Scheduled Start Date (10) 6/10/13						Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During A	Abatement (Check ity Closed/Vacate			riod of A	batement	Stelton Road		Ŋ				
[] Abate	ement Performed					City, Sta	te, Zip Code					
						<u> </u>		taway, New Jerse		354		
Scope of Work (Check all t	nat apply)					[]	Full Containme Mini-Enclosure	ent with Negative Pre	ssure			
2 2	or≥3 lf sf or≥260 lf		[] [x]	Renov Demol		[] [x]	Glovebag Proce	edure (*) and Non-Friable	Proced	ure		
[,,] =,,,	01 01 2200 11		[1	Demoi	1	[1	Non-Exempted	() and Noiri Habie	rioccu	uic		
			Is Location			D!!-	.		Aba	tement	Туре	_
Location of	f	1	Normally i			Description bestos-Con		Amount	R	R	E	E
Asbestos-Containing Ma	aterial (ACM)		Solely b		N	Iaterial (A	CM)	(Specify SF	E M	E P	N C	N C
TO BE ABAT		Mair	ntenance/C	ustodial		, thermal s		or LF)	О	A	A	L
in facility			Staff		inst	lation, sur	•		V	I R	P	0
(13)			(12)		oth	VAT, o er miscella			A	K	S	SU
		YES	NO	N/A		or imisceria	aicousy		L		L E	R E
Exterior X					Asbestos sidin	g		1500 sf	Х			
		*****	-	-	_							
			-	+	_			+			_	-
Name of Registered Waste F	Hauler	1	J NJDEP Was	te Hauler	ID No. Cubic Ya	rds of Waste	e Name of Regis	tered Landfill		L		
Guardian Con				20223	3		T.R.R.F.					
City, State Toms River, N	New Jersev			Dispo:	sal Date	City, Sta	ite awn, ₽ennsylvan	ian				
					Signature	1201	Lend		Date 6/7/	2013	1 1 2 2 20	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Nome of Duilding	- Oumar/On	aratar (2)	20/3		-		
June 7, 2013			Name of Building		er General Works	a	21	581	7	
[] DEP [] Ame [X] DOL Ame	al Notification nded Notifica ndment #	ation	Street Address City, State, Zip Co	ode	Pennington Road	& 1/g		144 1900	≥. \$\cdot{\delta}_{\text{\text{\$\delta}_{\t	?
inatif	rgency (inclu	ding					11	6	1/	
I I DCA	ication) ellation		Name of Contact Ron	Meier		Telephone Numbe				
		FAC	CILITY INFORM	MATION						
Name of Facility Where Abatement is Takin Residence	g Place (3)				Type of Facility (4	School (k-12)	4141-	1-12)		
Street Address 3329 Moon Rise	Lane				[x]	Subchapter 8 (c Other (i.e., priv homes, etc.)				ldings
City	County (6))	County Code (7) (STATE USE ONI	LY)	Square feet 800 sf	# of Floors	Bld	g. Age	60	
Toms River Twp.	Ocean				Current Use (Prior	기계 아이를 하는데 요구 없어요요요요요요요요요요요요요	i)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Resider		Tuo			
Street Address				Street A		ian Contracting	, mc.			
City State 7in Code				Gir Gr		Route 9, Unit 61	l			
City, State, Zip Code				City, Sta	ate, Zip Code	River, New Jers	sev 08	755-1	271	
Project Manager for Monitoring Firm	Tele	ephone Number			ne Number 19-9932	License 1 00624			2/1	
Scheduled Start Date (10) 6/10/13		eduled Complet 6/11/13	tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During Ent			City, Sta	1056 S tte, Zip Code	telton Road	ey 088	354		
Scope of Work (Check all that apply) [] >3 sf or ≥3 lf]] Renova	ation	[] []	Mini-Enclosure Glovebag Proces					
[X] ≥160 sf or ≥260 lf	()	[Demoli	ition	[x]	Non-Exempted (*) and Non-Friable	Proced	ure		
							Abat	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ocation hally used lely by hoce/Custodial Staff (12) NO N/A	As I (i.e ins	Description bestos-Cor Material (A ., thermal ulation, su VAT, co er miscella	ntaining LCM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	Asbestos sidir	ng		600 sf	X					
Name of Registered Waste Hauler Guardian Contracting, Inc.	P Waste Hauler 20223	2	ards of Wast	T.R.R.F.	ered Landfill					
City, State Toms River, New Jersey	6/12/	sal Date 13	City, Sta	ate awn, Bennsylvania	ı					
Completed by (Print or Type) Nicholas Fernicola	Title Project M		Signature	hol	fer	,	Date 6/7/	2013		

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

CK 5887

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

Date of Notification (1) June 6, 2013					Building (perator		c # 5887		43	My	,		
Agencies Notified	Type Notification		1	Street A	ddress addon A	venue					ď,		2	ly .	
EPA DEP DOL	Initial Amended Amendment	#	_		te, Zip Co swood,		108		11000		16	64	3,	- <: >-	ڼ د
DOH DCA	Emergency (justification) Cancellation	**************************************		Name of Pat Cie	Contact					Talanh	na Nur	mher	1475	11	,
		-		FACI	LITY INFO	RMATIC	ON								
Name of Facility Where A Residence	Abatement is Takin	g Place (3)						☐ s	f Facility (4 chool (K-1	2)					
Street Address 243 Crestmont Terr	race							X O		8 (Other th rivate & co			dings,	home	es,
City (5) Collingswood		5t						Square 1,500		# of Flo		1	ldg. A 00	ge	
County (6) Camden		-		County (Code (7) JSE ONLY)			Curren		or if being o	emolis!	ned)			
Name of Monitoring Firm Management and E			ces	ASCN	1 No.				ement Con ironmen	tractor (9) tal, LLC					
Street Address P.O. Box 341								Address Cutler							
City, State, Zip Code Chesterfield, NJ 08	Chesterfield, NJ 08515 roject Manager for Monitoring Firm							State, Zip le Shad	Code de, NJ C	8052					
Project Manager for Mon	roject Manager for Monitoring Firm bill Weisgarber							none No 755-00			ense N 1842	lo.			
Start Date (10)	Bill Weisgarber				Completion Date (11) Name					- 0					
Occupancy Status During	a Abatement (Chec			Street Address							17006				- 7
Facility Closed/Vac	Too pane of the second			atement 107 Haddon Ave											
Abatement Perform Other – Describe:						_		State, Zip tmont,		ersey 08	3108				
Scope of Work (Check A	ll That Apply)		_												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renovation Demolition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
								I NOII	-Exemple	() and iv	JII-I Hat	1		ement	
Location	of a		Locat Iorma			Des	scription	of.	1.5				Ту	ре	
Asbestes-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Mai	d Sole ntena odial ((12) No	nce/ Staff?	Asbestos Cont (i.e. thermal surface other n		aining N	Material (s insulat AT, or	(ACM) lion,	Amor (Spec SF or	cify	Removal	Repair	Encapsulate	Enclosure
Basem	ent	1	Х			Asbe	stos P	aper		8 S	F	XXX			
		+	9780823					•					<u> </u>		
						275							 		
											-				
Name of Registered Waste Hauler				JDEP W	/aste	Cubic	Yards	fards Name of Registered Landfill							
Freehold				Hauler ID No. of V			Grows Landilli								
City, State Mount Holly, New Jersey 08060				Disposal Date 6/15/2013											
Completed by Christina Lynch	Mount Holly, New Jersey 08060 Completed by Title				iger	(8	igpatus ////								

State of Now Jersey MOTERCATION OF ASSESTEDS AGATEMENT (Pursuant to MJAC 8:68 and 12:120)

			1907
	state of Now ENER AFMONTO STREET RIAGO of Innucuty	Jersey BTOS AUATHAWENT 6ft and 12:120)	344/2 Av.
), its ac statification (1) 6-7-/3	Maine of Building CARIO.	MANETTO	2.50 2.50
Agencies Notified Type Mollikeshon Type Mollikeshon Type Mollikeshon Amendiash	City, State, Zip Co	ISTAVE IPSQUAN NJ	Telephone Number
DOH Lineagency (inclusion) Cancellation	Pamic of Conjuct	<u> </u>	
Figure of Lacility Where Abatement is Taking P		1" School (K-1)	7) 8 (Other than K-12) nivate 8, commercial buildings,)
City (5) MANASQUAN	County Code (Square Frei / 532 Convenition (1)	g of Floors 72
County (6) Mon mooth Hame of Monitoring Firm Hired by Hailding Ow	USE ONLY)	Name of Abatement Contractor (ence North Cu Intic
(8) Street Address City, State, Zip Code		Sirani Address G.S. M. W. J.R. O.S. S. City, State, Zip Code C. C. W. J. R. R. N.	K ONDEL
Project Mensager for Monitoring Pirm	Telephone No.	131 194 175)	100007
Start Date (10) Schraft 6-7-13 6 Occupancy Status During Abatement (Chec	-25-/3 (only one)	ALL EMSIELATION Street Address 95 Man 18056	BA
[] Facility Closed/Vaching Children [] Abatement Performed Outside of Normal [] Other - Describe: 790 Scope of Work (Check all that apply)	Facility Hous 7 Pm	CBYTS WEST	NS 07111212
Scope of work (and a line)	[Ronovation Demolition	[] Mini-Enclosure	Mon-Friable Procedure Abalement
Location of Asbestos-Containing Material (ACM) TO M: ABATED IN Facility (13)	is Location iskinnally Used Sofely by Maintenance/ Custodial Stat? (12)	Description of estos Containing Material (ACM) e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
	Yes No M/A	7,006	1200 th V
OUTDOORS	N.IDIET Waste	T Cubic Yards	kogisterad Landfill
Name of Registered Waste Hauter A C & LAN SULATION City, State	Ce Hauter (2)90.	of Waste City, State 6 25-7.3	LLY TOWN PA
COLTS NECK NS	OPS MIGHT	isignatures (Dalla)	6-7-13

State of Now Jorsey NOTESCATION OF ASSESTOR AUA (CIMEN) NOTESCATION OF ASSESTOR AUA (CIMEN)

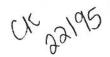
	,		1A4: 8:68 and 12:120)		69.	~
		l'Maine of D	uilding Owner/Operator (2)	1	3 .
Output indifficulties (1)		m	ARIA HEREE	PF		13
Agencies Motified	t Type Molitication	Street Add	hross ,	Duen	100. E.	127
	14 Tanian	3,	ross 16 ANG/ESE, Zip Code EAN GAT	D MOER		
LITTINA LITTINA	11 Amendud	City, State	, Zip Code	10 25	S CONTRACTOR OF THE	٤
11111	Amendment# 4 4 Languagency (inche	100 OC	EAN GAT		elephone Number	
FLOOR	instilication)	Manie of (annata			-
LIBON	[] Cancellation		MIKE			
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Plante of Lacility Where	Atestanord is Takinu P	100 and 100 an		Type of Facility (4	,	
Street Address	T De	CARRE		[7] School (K-12) L. L. Subchapter 8 (Other than K-12)	
HER 6	er ne	?		Lither (i.e., priv	ate & commercial	entantili.
Stroot Address	eel No ANG/ESE! CAIR	9 AUEN	20	homes CC.)	Wol Floors	Ludg Age
City (5)	7/00/23	a parameter and a second fire		(Millian)	. 2	20
OCEAN	6212			Committee Prio	r it being demolist	
County (6)	- 11		Code (7) (STATE	Resi-	DENCES	7 (17)(4)
DCE!	gn	USE OF	and the same of th	(9)	267.1522.	
Islame of Monitoring Fil	m Hired by Duilding Own	ner ASCM No.	Name of Abatem	PACUMAT	and Cu	I Nice
(8)			Street Address	Man	(
Street Address	And the state of t		El C Maria	ITIROSE P	Ä.	
	5'20'00 West 120'0 Control 120'0		and the state of the Co.	cycles		
City, State, Zip Code	The second of the second	inaction of the second	1 12 11 10 1	Trefit Me S	07726	and the second
	and the second section of the section of	and the second second second second		8 18 CI X	License No. (O) O D A	
Project Manager for M	Sonitoring Pirm	Telephone No	721 3 814	1757	(O) O O A	
Start Date (10)	1000000	ed Completion Date	((1) Marie Lo	W SWLATION	CO FAVE	÷., .
6-18-	13 6-	26-13	Street Address	30.5,100.30.3	The second state of the second	
Occupancy Status Dr	ring Abatement (Check	only one)	GE MO	NTRENTA PRI	\	
C. Lingillar Chagodf Wat	roted During Entire Penc	d of Abatemen	City, Sinto, Zip C	odo		20.20)
Abatement Perfor	ned Outside of Mormal F	7 PM	COUTS	mically A	13, 0777	the later
(*TOther - Describe:			the state of the s	THE RESERVE OF THE PARTY.		
Scope of Work (Chec	ik all that apply)	4	[] Fidl Cor	ntainment with Meg	Range (Account	
They stored if	Ç.	Ronovation	∫ Mini-Etr F) Glovebi		L. Lagaryacht	re
100 st or ≥260 H	Į.	Demolition	Pon-La	compled (*) and Mo	n Friable Procedu	Abatemen
a exposition t		Is Location		}		type
		idomally	Description 0	or I	40	
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Asbestos-Containii TO BE A	ig wateral (7 cav)	Custodial	(i.e., thermal systems surfacing, VAT	. Dt 1	Brockf)	Regard a
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Mame of Registered	women and	Hauler ID	No. of Waste	() RO	M >	# 1
ACE IN	SULATION !	(C) 1,203	Disposal Dalo	City, State	· · · · · · · · · · · · · · · · · · ·	OM
City, State	CALL AIR	mann 1	6-26-6	3 Tive	Jy POW N	A V.
COLTS N	ETK VY Z	U / // D	[Sidpound]		" Dale -	7-13
Completed by		JOS WALL	a lad	E. COMP.	1.9	
Lange Co	(1) L.L.	N-3 180 811	0			

State of Now Jersey RETERCATION OF ASSESTEDS AUATEMENT (Pursuant to MAAC 8:60 and IX:120)

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lai			State	oj Nav	Jersey	anti e	12	
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Date or Modification (1)		. (Maune of l	toilding	Owner/Operator (2) Reof	sey	Ď.
6-7-1	3 Type Molitication		Street Ad	dress	BRISTINE	Olmpy	Pane	Ç,7
Agericles Notified	Initial Amended		City, Stat	نص c. Zip Co	odo	210-7	21	0 00000
I I I I I	Ankardnant# Ankardnant# Energency (inc	kubingi	4. 199077	0	CEAN K	Besch	Telephone Num	itroi
I DON	justification)		Name of	Contact KP		e e su constitución de la consti		0.00
1 1162		, _]	FAGIL	ITA IME	DEMACION	Type of Facility	(e!)	
Plante of Lacility Where	Abatement is Taking	Place (3)	0.4			School (K-1)	2) a watas fiya Kal	12)
Street Address.	RISTINE	1500	beg			Other (Le.,)	MASIG o' extranger	sial buildings.
D15 ME	low lane				and the second s	Square Feet	I of Floors	Iddg. Aga
OCEAN 6	BEACK		"L" Occupied	Code	y) (STATE	Current Use (F	rior if being demo	alished)
County (6)	,		USEO	M.Y)		1525	PRACE	
Name of Monitoring Fit	the state of the second	wner	ASCM NO	0.	Name of Abater	nent Contractor (Gard Cu	2 Nic
(8) Street Address	9 mm 2 1 mm 2 1 mm 2 mm 2 mm 2 mm 2 mm 2	n, in and all		1	Street Address		AÅ.	
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City, State, Zip Code	ak-marraman kan akkaragan ana 1 /ak - mb	and the second section of	e		Coluts	Neck N	L George No.	Company Services
Project Manager for M	* *		lephone N		732 296	/ / 75 7. Monitor	0000	Apple 99
Start Date (10)		nited Comp - 28-		. (,	ACE I	W.Sulatto	N CU IN	vi.
Occupancy Status Du	ring Abatement (Ched	k only one)		Street Address	WIRESE 1	RA.	and the second section is
[] Facility Closed/Vac [] Abatement Perforn []+Tifner - Describe;	alad Dutaide of Norma		"		City, Sinto, Zip	Code NASCA		かない
Scope of Work (Check		1 4 4 TH	82	- 12	[] Full Co	ontainment with 6	legative Pressure	
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	or was in the first	Yes N	n M/A	. ,	311111		1500	\$ ct
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	ar a Waday	l l.,	N.EIDIJA J	Vaste	T Cubic Yards	1	egistered Landfill	
Stame of Registered	SULATION	(Elb)	Hauter 10	,ί\n.	of Waste		OWD	A. A.
City, State	CIP AIR	(illineathan) Pion	n o	oparasi Lauri	Disposal Date	City, State	LLY TOWN	NPA
Coupleted By	scik N.S		H ES.		Signature	In anall	// Date	5-7-13
JACK CH	aut l	Pris.	PALL G	(Å.	- Lysic	农、唯一的人		

State of Now Jersey MOTERICATION OF ASSESTOS AUATEMENT (Pursuant to MJAC 8:68 and 12:120)

					19	07		
		STREET, WHITE AS THE A	Now Jersey SEESTOS ABATEM AC 8:68 and 12:120	anr 20/3	1/1/12			
774			lding Owner/Operator ((2)	AN			
Date of Motification (i) Agencies Motified HTPA HTDOI LYDOH LTDOA	3 Type Motilication Limital Tamended Amendment # Hamergency (it justification) Cancellation	Street Address City, State, 1 Cluding Name of Co	MODEN 305 L Ap Code AB	9K	SR NG 03	747	\$14 m	
24.04	.1	FACILITY	MODAMATION	Type of Facility (ار		(- * *	
Street Address 3 05 L City (5) 7 BLR	DWARD BEACH DA) County Co	ode (/) (STATE	School (K-12 Subchaptor 8 Wilher (i.e., pro- homes, etc.) Square Faet 	(Other than K-12) (vale & commercial (# of Floors	Endo	j. Age	
٠ بم	A STATE OF THE PARTY OF THE PAR	USE ÓNL	properties and appropriate to the properties	Landragias (1)	1		3,455 11	100-
Name of Monitoring F (8)	im Fired by Duilding	Owner ASCM No.	ACE	INSULAT	JOHN CU	Z x	ric	in ou
Street Address			95 00	WTROSE 1	40	F 10 0	27	
City, State, Zip Code	The state of the s	The control of the co	City, State, Zip	NECK N.	CONTLL License No.			
Project Monager for I		Telephone No.			(0000年)		<u>15</u> 5000	Á.,
Start Date (10)	/3 6	eduled Completion Date (1 - 3 あー/ 3	ACE I	A Siela Tion	o' co Tav	<u>بط</u>	elia a	
Occupancy Status D [] Facility Closed/Va [] Abatement Perfor [] Other - Describe:	colod During Entire P med Outside of Norm	eriod of Abatement	COLTS	WIRDSE R		1/2/1	**************************************	
Scope of Work (Che		and the second s		ontainment with Ne				
[≥3 st or ≥3 lf 1≥160 st or ≥260 t			[] Mini-E	nclosure	on Friable Proced	ure f	(met)	
Locat Asbestos-Containi TO IM Fa	ng Material (ACM) (BATED)	Is Location Flormally Used Solely by Maintenance/ Custodial Staff? (12)	Description Asbestos Contrining M (i.e., thermal system surfacing, VA other missettan	laterial (ACM) s insulation, T. or	Amount (Specify SF or LF)	a a constant	30	
(1	3)	Yes No M/A			2500\$	-	-	15,
	+ Doors		SIPING	A CONTRACTOR OF THE STATE OF TH				
			The second second second second second		Marie Comment			1.
Mame of Registered	Waste Hauler	NJDEP Was Hauler ID/N		Name of Re	gistered Landfill	100-00 100-00		
ACE IN	SULATION	Co 1,2080	Disposal Date	City, State	J. V. J.	imerani I	M	
City, State LOLTS N Completed By	EUK N.	5 07727	6-26-	13 TUL	Ly 10W N	フーノ	3	E
I Jack C	ALL	ofs mino	- I Jack	No. 100		200		



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

Date of Notification (1)				Name	of Buildir	g Owner/Operator (2)	7 ,,				
6 /	03 /	13		E. I	l. Dupon	t	***	WAY 12 AM				
Agencies Notified	Type Notifica	ation	100 41 4	Stree	t Address			279				
⊠ EPA	☐ Initial			302	25 S. Wo	od Avenue	€/		8.50			
☑ DOLWD ✓	Amended			City,	State, Zip	Code		Q	.00			
☑ DHSS □ DCA	Amendm		-	Lin	den, NJ	07036		" White	as,			
(NJAC 5:23-8)	justificati		9	Name	of Contac	ct		Telephone Nu	umber			
(☐ Cancellat	tion		We	s Morris	on		f				
				FA	CILITY II	NFORMATION						×
Name of Facility Where A	batement is 1	raking Plac	e (3)				Type of Facility					
Building 1							School (K-12		40)			
Street Address								8 (Other than K-12) rivate and commercial buildings,				
3025 S. Wood Aven	ue						homes, etc.)					
City (5)							Square Feet	# of Floors	В	ldg. A	ge	
Linden							1200	2		+/- 5	0	
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being dem	olished)			
Union							Vacant					
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Harvard Environme	ntal, Inc.					USA Environ	mental Manag	ement, Inc.				
Street Address						Street Address						
760 Pulaski Avenue						8436 Enterpr	ise Avenue					
City, State, Zip Code				color and	******************	City, State, Zip Co			*			-
Bear, DE 19701						Philadelphia,	PA 19153					
Project Manager for Monit	toring Firm		Tel	ephone	No.	Telephone No.		License No.	7			
Wes Morrison			3	02-326	-2333	215-365-5810		1156				
Start Date (10)		Scheduled (Compl	etion Da	ite (11)	Name of OSHA M	of OSHA Monitor					
6 / 18 /	13	6	/ _2	5 /	13	USA Environ	mental Manago	ement, Inc				
Occupancy Status During	Abatement (Check only	one)			Street Address	4114	100000000000000000000000000000000000000				
□ Facility Closed/Vacate	하면 하면 맛있었다. 나는 하는데 없었다.					8436 Enterpri	ise Avenue					
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: 7:	30 AM-3:30	РМ/	PM	AN	1	Philadelphia,	PA 19153					
Scope of Work (Check all	that apply)					☐ Full Cont	ainment with Neg	native Pressure				
≥3 sf or ≥3 If			enova			Mini-Enc	losure	,				
⊠ ≥160 sf or ≥260 lf		☐ D	emolit	ion		☐ Gloveba	g Procedure mpted (*) and No	n_Friable Proce	dura			
			s Loca	ation	1	⊠ Noii-Exe	impled () and 140	11-1 Hable 1 100e		atem	ant T	vne
Location	nf		Norma			Description o	f			-	T	
Asbestos-Containing N		U 12 3333		lely by		estos Containing Ma	terial (ACM)	Amount	l den	Repair	l iii	nc
TO BE ABA				ance/ Staff?	(i.e	e., thermal systems		(Specify SF or LF)	Removal	a-	aps	Enclosure
IN Facility (13)	у		(12			surfacing, VAT, other miscellane	ous)	SF OI LF)	=		Encapsulate	8
(3.5)		Yes	No	N/A							Ф	
First and second floo	r			\boxtimes	Floor t	ile and mastic		810 SF	\boxtimes			
Roof				\boxtimes	Roof F	lashing		120 LF	\boxtimes			
Name of Registered Wast	e Hauler		1	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill	- 1			
USA Environmental		ent, Inc.	1	Hauler II		Waste	Minerva La	ındfill				
City, State			32610	,	2 Disposal Date	City, State						
Philadelphia, PA						6/30/2013	Waynesbu	ra. OH				
	no)	Title							Date			
Completed By (Print or Ty	pe)	1,500,000	m B#	m Manager Signature			1. 1200			, 2		
Dilip Kumar		Frogra	III IVI	Signature Date 6-3-13						>		

ASB-41 MAY 11

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

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



Date of Notification (1)	05 , 20,	13		Name	of Building	Owner/Operator (1	1.500	/			
Agencies Notified	Type Notification		-	Street	CTC Address	GUTE	Condo	1/550Ci	Ut	10)	_
EPA	Initial			1	15	Fost k	hings	Highly	Cil			
DHSS	Amended Amendment #			City, S	tate, Zip C	ode		J	1	211	1.71	1
DCA	☐ Emergency (inc	cluding		111	chie	. Shade	2 , N-1	. 08056	\ - E	24	30	f
(NJAC 5:23-8)	justification) Cancellation			Name	of Contact	RUMA		Te				A
	LI Cancellation				1014	FORMATION		1			7.	=-
Name of,Facility Where	Abatement is Taking	Place (3)	FAC	LITTIN	FORMATION	Type of Facility	(4)	-	-	16	iov
Linternoite	Cardo			SCIC	Hick	1	School (K-1	2)		120		
Street Address	1 11 -		T		2110			8 (Other than K-12) private and commerce	ial bu	ildino	ıs.	
115 Ec.	st King	5 1	+1	Ghu	ucey		homes, etc.)	N.	EUT		
City (5)	shade			J	,		Square Feet	# of Floors	Blo	1g: A	ge (415) <u> </u>
County (6)	1		1	Coun	ty Code (7)(STATE USE ONLY)	1 -	rior if being demolish	ned)		1	
purlingto		N		A COM	N-	I Name of Abotom	Bale					
Name of Monitoring Firm	h Hired by Building C	wner (8)	' '	ASCM	NO.	Name of Abatem		auvionmen	dol	50	.61	70
Street Address	VI IUL					Street Address	1 LECT C	AUVIONITIO)	TUI	JC	N VI	CC
1879-T C	old Cuthl	Dect	7	7		14 7 P.B.	d Dr.					
City, State, Zip Code	11					City, State, Zip C	CARCATTON CO. C.	, 4 , 5,5	-,			
Cherryhil							erville,	NJ. 0808	1_			
Project Manager for Mor		11	Tele	phone I		Telephone No.	1711	Libense No.	C			
Start Date (10)	109 Nig P	リール uled Cor	nplei		te (11)	Name of OSHA		0110	0			
06/17/	203 0	7 1	Ül		2013	Grahan		ENVIRONM	ent	cil	50	COMP
Occupancy Status Durin	ng Abatement (Check	only on	e)			Street Address	100	10/30/10/1/11	u n	<u> </u>	<i>J</i> C	11100
Facility Closed/Vacat						14 hea	cl Pr.					
☐ Abatement Performe Time of Abatement:			Hour PM-		cribe AM	City, State, Zip C		15. (808	Ç /		
Scope of Work (Check a						Jich	lerville	114.	100) /		
	ili tilat apply)						tainment with Ne	gative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Ren					g Procedure					
						☐ Non-Exe	empted (*) and No	on-Friable Procedure	1			
Location	n of		ocat ormal			Description of	of		-	_	ent T	
Asbestos-Containing	Material (ACM)	Used	Sole tena			stos Containing Ma	aterial (ACM)	Amount	Remova	Repair	nca	incl
TO BE AB IN Faci		Custo	dial S		(I.E	., thermal systems surfacing, VAT	, or	(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	eous)				ate	
Boiler room	-#1	/			PIDE	· NGUIC	ition	100 LF				
Boiler run	L#0				12:0	e inou	lation	100 LF.				
	n.#3	Ø			13	_	dation.	100 LF				
3-1,0					1	1						
Name of Registered Wa	ste Hauler			JDEP \		Cubic Yards of	Name of Regi	stered Landfill				
Graham-	TECH EUVI	ronn	e H	ayler II	345X	Waste)	bra	North L	000	16	110	Tullyt
City, State	\wedge			<u></u>		Disposal Date	City, State	7 - []	,			Marisa
14 head i	or Sickler		1	14.0	18081	10:2	1513	<u>Orodentu</u>		1	<u>a 1</u>	11cm50
Completed By (Print or	Type) Title)	×1	001		Signature	i Ha		re) - E	ñ-1	2	-
yemile Or	cham	TES	IU	ent	_	Nuc	Leve	urs. 10) [<u>ノ</u>	

NO 1228076260

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

71278016240	N			to NJAC 8:6			ENI	<	2013 "					
Date of Notification (1) 06/7/2013				Building Ow ment of C			2) y Well-Being	1	2013 M	1/2	B	R.	* (F)	
Agencies Notified Type Notification	n		Street A	ddress liam Stree				€,	1/10		.1	13	50	
EPA Initial Amended				te, Zip Code					-10g	re di	99.	2	e.	
DOL Amendme				k, New Je		102				10%	10	113	1	
DOH justification	y (including n)	1,77		Contact				Tel	ephone N	lumbe	r			
DCA Cancellation	on		A CONTRACTOR OF THE PARTY OF TH	th Gibson										::t
Name of Facility Where Abatement is Tak	ing Place (3)			LITY INFOR	7	17	Type of Facility (4	4)						
Wanda Jackson (Homeowner)				• • • • • • • • • • • • • • • • • • • •		È	School (K-1							
Street Address							Subchapter Other (i.e. p				uild	inas.	home	es.
33 St Paul Avenue						-	etc.)		f Floors			dg. A		
City (5) Newark, NJ 07106							Square Feet				20000	ug. A	ge	
County (6) Essex				Code (7) USE ONLY)		.	Current Use (Price	or if be	ng demo	lished)	2000		
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCM	l No.			f Abatement Con care Enterpri							
Street Address					1000		ddress roadway							
City, State, Zip Code					Cit	y, Sta	nte, Zip Code rk, NJ 07104	-						
Project Manager for Monitoring Firm		- 11	Telephor	ne No.			ne No.	-	License	e No.				
Troject manager to memoring time			3710		7.050	1.11	54-6359		01017	•				
Start Date (10)	Schedule	d Com	pletion (A-1003							
Occupancy Status During Abatement (Ch	eck Only One	e)			Str	reet A	ddress		-					
Facility Closed/Vacated During Entire Abatement Performed Outside of Noted Other – Describe:					Cit	y, Sta	ate, Zip Code							
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Demolition Mini-Enclosure Glovebag Prod									200			
							Non-Exempted	1 (*) ar	a Non-Fr	lable			ment	
Location of	N	Location or mall	у		Descrip	otion o	of			1		Ту	ре	
Asbestos-Containing Material (ACM)		d Solel ntenan			s Containii	ng Ma	aterial (ACM) insulation,		Amount Specify		,	100	En	ш
TO BE ABATED In Facility	Custo	odial S (12)	taff?		surfacing	, VAT	, or		F or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	- T		L		other misc	ellane	eous)				Ya	₹	ılate	ure
Boomer	Yes	No	N/A		Pip				40LF	×				<u> </u>
Basement		Х			FI	Je		+-	+ULI	^	-	_		_
	-	- 40_								+		_		
									-	+				
Name of Registered Waste Hauler		l N	JDEP W	/aste	Cubic Yar	ds	Name of	Regist	ered Land	dfill	-			
Newark Carting, Inc		H	auler ID 506	30700 DET //	of Waste		Tullytov							
City, State					Disposal C	Date	City, State		a					
Completed by	Title Mana				Stigna	ature	2001	4.0	PI	Date	7/0	042		
Emmanuel Chiobi	40	, u	in	06/0	112	UIS								

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

CHECK # 1037

Date of Notification	(1) 6- 4-1 3		- 200	Nai	me	of B	uilding	Owner / Operation	tor (28/3 //		1/2/20		· · · · · · · ·		
Agencies Notified	Type Notific	ation		Str	ntec	A dd	rocc		00/	1/2	91				
⊠ EPA	. ypo rround	ation		15	Δd	afre	Avai	1110	Y 18	- Al	1 2				
☐ DEP		ıl		City	/. St	ate	& Zin	Code	« Lice		550				
□ DOL		nded		To	ms	Riv	er. N.	J 08754	- L/CH	4.400					
□ DOH	☐ Eme	rgency		Nar	me o	of C	ontact	3 00704		10/10	(E. S/I - I	Tolont	_		
☐ DCA		cellation		120000000			enma			· · · · · · · · · · · · · · · · · · ·	-4.				
		*		_				ORMATION		T	1	-		- 1	
Name of Facility Wh	nere Abatem	ent is Taking Pl	ace	(3)				Type of Fac	ility (4)						
Green Island Roa	ıd							School							
Street Address									pter 8 (Other	than K-	12)				
Green Island Roa	ıd								i.e. private &			as hor	nes	etc)	
								Square Fee		Floors		Idg. A		0.0.,	
City (5)		County (6)	C	ount	v Co	ode	(7)	NA NA	- 5	NA	100		ge.		
Toms River		Ocean	N		,	000	(,)	19870	(Prior if bein			<u>IA</u>			
		Occan	1.4	^				Buried pip		g demon	sneu)				
Name of Monitoring	Firm Hired h	v Building Own	or /9	`		ACC	CM No			1 10					
ramo or mormoring	i iiiii i iiica b	y building Own	ei (0	,		ASI	CIVI INC		atement Con						
Street Address			-			-		Street Addre	ic Abateme	nt, LLC					
								PO Box 13							
City, State & Zip Coo	de			- 22	+	-		City, State &							
									, NJ 08003						
Project Manager for	Monitoring F	irm I	Tele	phor	ne N	lum	ber	Telephone N			License N	umher			_
				• 0.000	. N. T. C. J. A. V.	50755700		609-567-09			LICCIISC 14	011			
Scheduled Start Date	e (10)	Scheduled Com	pleti	on D	ate	(11)	Name of OS							
6-18-13			7-1	-13		•	•	EMSL Ana							
Occupancy Status D	uring Abater	nent (Check onl	ly on	e)				Street Addre							
	ed/Vacated [During Entire Pe	eriod	of A				107 Haddo				94			
☐ Abatement P	erformed Ou	itside of Normal	l Ho	urs -	- 7a	ım to	o 3pm	City, State &			- ISANI				
Describe:							- 0	Westmont,							
Facility Occu															
Scope of Work (Chee	ck all that ap	ply)			T				M24	-					
									☐ Full C	ontainm	ent with Ne	egative	Pre	ssure	
≥3 sf or ≥3 lf						atic				Enclosure					3
≥160 sf ≥260	It		\bowtie	De	emo	litio	n		Glove	Bag Pro	cedures				
										Exempted	d and Non-	Friable	Pro	cedu	re
	cation of			Loca				Description	n of		Mount	Aba	atem	ent T	ype
Aspesto	s-Containing rial (ACM)			mally lolely		ea		Asbestos-Containing (Specify							
TO RE	E ABATED		Main			or		Material (A		S	F or LF)	Z,	-71	E	ᇑ
	Facility		Cust			ff?	l i	i.e., thermal s) nsulation, surfac				Remova	Repair	aps	CIS
	(13)	-	Yes	(12) No		I/A	,	or other miscell				Va	≅.	Encapsulate	Enclsoure
			165	NO										6	W.
Buried pipe under	road					X	Trans	sit pipe – 12 ir	nches	Up to	1200 LF				
												I	П		
							San Level						П		
					1		-03-0				- A		Ħ	T	П
													Ħ	H	Ħ
Name of Registered V	Vaste Haule	r						Cubic Yards	Name of Re	gistered	Landfill	1			-
2II Me-4- 0 D				Ha	aule	r ID	No.	of Waste							
Bull Waste & Recy	cling, LLC								G.R.O.W.S	3.					
City, State								Disposal Date	City, State						
Berlin, NJ								7-10-13	Morrisville	, PA					
Completed By (Print or Type)								Signature				Date			
heodore S. Budzy	nski			G	en.	Mg						6-4-1	3		
						<	†				_	percent TX	Special Control		
	100						_				0.000000				

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

Date of Notification (1)				Name	of Building	Owner/	Operator	(2)				1	· ·			
	e 10, 2013			Macy's						2012	JUN 12					
Agencies Notified	Type Notification			Street	Address					,,	JUNI) .				
	Initial			7th We	est Seve	nth Str	eet				100	CAM	2.			
DEP .	Amended			and the second	tate, Zip Co					, , , , ,	100			U		
DOL	Amendment : Emergency (i				nati, OH	45202				:	-11.75 W	:41.7	9 6.			
DOH .	justification)	· · · · · · · · · · · · · · · · · · ·			of Contact					Te	lephone	lumber'	1			
☐ DCA	Cancellation			Tia Lid										-		
Name of Facility Where	Abatement is Taking	Place (3)	FAC	ILITY INF	ORMAT	ION	Typ	e of Facility ((4)	-			-		
Macy's Inc.	, to atomort to Taking		-,					, ,,,,	× 240×250000000000000000000000000000000000	\$10.50		26				
Street Address		-						Н	School (K-1 Subchapter		er than K	-12)				
								X	Other (i.e.				dings	, hom	es,	
275 Parsonage Rd City (5)								Sau	etc.) are Feet	1 # 6	f Floors	-	Olda	A = 0		
Edison, NJ 08837							1	Squ	die Feet	# 0	11 110015		Bldg.	Age		
County (6)				County	Code (7)			Cur	ent Use (Pri	or if he	ing demol	ichad)				
Middlesex					USE ONLY			Curi	ent ose (r n	or ii be		isileu)				
Name of Monitoring Firm	Hired by Building (wner (8)		ASC	M No.		Name	of Ab	atement Cor	tracto	store					
Pennoni Associates		, ,					1000000 00000		Group, L		(0)					
Street Address	1110.						Street			LU.						
515 Grove Street							1500 k	Kina	s HWY N,	STE	209					
City, State, Zip Code			25000 p. 1						Zip Code	OIL	200					
Haddon Heights, NJ	08035								NJ 0803	4						
Project Manager for Mon									phone No. License No.						-10-30	
R. Alan Lloyd, CIH, CSP				856-547-0505 x2875 (973)) 759 - 5000 00781							
Start Date (10)	The second secon	Schedul		mpletion Date (11) Name of OSHA Monitor												
6-21-13				6-30-13 The MACK Group, LLC.												
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street Address									
Facility Closed/Vac	ated During Entire P	eriod of	Abater	nent			1500 Kings HWY N, STE 209									
Abatement Perform Other - Describe:	ed Outside of Norma	al Facility	Hour	S			City, S	tate,	Zip Code							
					emerce.		Cherry	/ Hill	NJ 0803	4						
Scope of Work (Check A	II That Apply)	_					_	_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf .			Renova				-	22339	ull Containme		n Negative	e Pressu	re			
Demo			Demoli					23/25/2	ini-Enclosure lovebag Prod			86				
		_						X N	on-Exempted	(*) and	Non-Friat	ole Proce	dure			
(5)		758	Locat	3017-047-05.									Abatement			
Location			Norma ed Sole				scription of						Type			
Asbestos-Containing Material (ACM) TO BE ABATED Mainten				Aspestos Con			taining Material (ACM) I systems insulation,			Amount (Specify		771		E	m	
In Facility Custodial				Staff? surf			acing, VAT, or		SF or LF)		em	Re	cap	Enclosure		
(13)			(12)		other	miscellan	niscellaneous)				Remova	Repair	Encapsulate	Sur		
		Yes	No	N/A								=		ē		
Store Ro	nom		X	1	Δ	°M flo	or tile 8	. ma	etic	2	00 s/f	X	Ť	1		
Otole IX			\angle		1	OIVI IIO	or the o	x IIIa	3110		00 3/1		\vdash	+	+-	
					-								-	-		
	the state of the s											ľ				
				5 THE STREET STATE OF						f Registered Landfill						
Freehold / Rovic				lauler ID No. of Waste			ste 2	G.R.O.W.S / T.R.R.F Landfill								
City, State	<u> </u>		-1	13:	/37	Dispo	sal Date		City, State		JAJAA	Lanuil				
Freehold / Riverdale,	NJ					5.55	5-30 - 13		Morrisvil		/ Tullyt	own E	Д		.	
Completed by		Title					Signature		/ 1	J, 17	-	Date	* 1			
Mike Cooper		Presid	ent			-	Head,	1/		-	6	/10/13				
		1							1-					-		

 $[\]ensuremath{^\star}$ Do not use this form for asbestos licensure exempted activities.

CK 520522

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

CK 520522			NOTIF		SBESTOS ABAT .J.A.C. 7:26-2.12			2812	1.	A. 2.		
Date of Notification (1) 06/10/2013					Name of Build Exxon-Mobil		Operator (2) Corp	7,5	UN 13)_	A.	
Agencies Notified		Notification	Туре		Street Addres	SS	,	# 77		AN 3		-
(X)EPA		(X) Initial No	otification		600 Billingspo	ort Road		410	800	<:·	Sc	
(X) DOL		() Amende	d Certificat	tion	City, State, Zi				180%	1/2		
(X) DOH () DCA		() Cancelle	ed		Paulsboro, N.	1.00066			118	5 10%		
() DOA					Name of Con			Talk	lumbar	200		
					Bill Nelson							
Name of Facility Where Abate	ment is T	aking Place (3)	FACILITY	NFORMATION Type of Facili	h. (4)						
Ivallie of Facility Where Abate	inent is i	aking i lace (-	<u>51</u>		() School (K							
Exxon-Mobil Technology					() Subchapte	er 8 (other th						
Street Address					(X) Other (i.e.	. private & c	ommercial blo	igs., hor	nes, etc			
600 Billingsport Road					Sq. Feet	22,000	# of Floors_	3				
Control Contro	ounty (6)		County C		Bldg. Age 1	00+						
Paulsboro Gl	oucester		(State Us	se Only)	Current Use (demolished)	R&E), Admir	n.		
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM N	0.			Name of Co					
Environmental Management I	ntornation	al					NCM Demo	lition an	d Reme	ediation, l	_P	
Street Address	nemadon	aı			Street Addres	SS	1					
			•		395 Turner In	dustrial Wa	ý					
34 East Germantown Pike City, State, Zip Code					City State, Zip	Code.						
etric Statemen Massa Been Franciscoppedition					Aston, PA 19							
East Norriton, Pa 19401	- Fi	Talanhana										
Project Manager for Monitorin Ray Giordano	griim	Telephone 1 610-277-04			Telephone Nu 484-480-8931			01066	se Numi	<u>ber</u>		
Scheduled Start Date (10) 07/17/2013		Scheduled 0 07/19/2013		Date (11)	Name of OSH EMSL Analyti	cal						
Occupancy Status During Aba () Facility Closed/Vacated During Aba	tement (C	heck only on	e)	F	Street Addres	<u>s</u> -						
(X)Abatement Performed Outs					107 Haddon A	Ave						
D	- 44 4				City, State, Zi							
Describe_segregated area, no	otner tra	des			Westmont, NJ	J 08108						
Other - Describe -					(
Source of Work (Check all that	t apply)											
() Demolition (X) Renovat (X) Large Proj. >160 SF or > (X) Full Containment with Ne	260 LF A				60 LF ACM) (ovebag Procedu		ij. (<25 SF or	<10 LF /	ACM)			
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.	-	Specify SF or	LF)	Abate	ment Ty	oe .	
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodial	thermal syster surfacing, VA								
radility (13)	YES	NO NO	NA	miscell.)	i, or other				Rem.	Rep.	Encap	Enclose
Lab 9249 Building 9		X		VAT/Mastic		1090			Х			L
	-					-						
				-		-			-	-		
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards o	f Waste				Landfill		
Service Transport Group		20990			1 cyds			Imperi	al Land	fill		
City, State							Disp. Date			City, Stat	e	
177 - 60-727							07/21/2013			Imperial,		
New Castle, DE Completed by (Print or Type)		Title	***		Signature	-		Date				
		Project Man	ager		Digitature	1		06/10/	2013			
Russell King					1	(

Notification of Demolition or Renovation(co	ntinued)
X. Description of Planned Demolition or Renovation Work	and M

				Paraval and Dispersal of 100
				28/2
				May
Notification of Demolitie	on or Renovation(cor	ntinued)		6 7
	molition or Renovation Work		e Used:	Removal and Disposal of 10
				1600
				50/
XI. Description of Engineering Demolition or Renovation Sit material, and double bag.	g Controls and Work Practice: e: Regulate work area, nega			
XII. Waste Transporter#1 Ser	vice Transport Group			
Address: 58 Pyles Lane	ranoport oroup			
City: New Castle	County: New Castle		State: DE	Zip: 19720
Contact: Randy Bridges	1		Telephone: 30	
Waste Transporter#2 Sam	e as #1			
Address				
City Imperial	County	a management and a second	State	Zip
Contact		2000	Telephone	
XIII. Waste Disposal Site Imp	perial Landfill		EPA Certificat	tion Number: PAD987285624
Address: 11 Boggs Road				
City: Imperial	County: Allegheny		State: PA	Zip: 15126
Contact: Brent Bowker			Telephone: 72	24-695-0900
XIV. If the Demolition was Ord	dered by a Government Agend	y, Please Identify	the Agenc	y Below:
Name		Title		
Authority				
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DD	/YY)
XV. For Emergency Renovation	ons:			
DATE and HOUR of Emergency: (MM/DI		(HH:MM)		
Description of SUDDEN, UNEXPECTED	EVENT			
Explanation of how the Event caused u	nsafe conditions, or a serious disruptio	n of industrial operatio	ons	
	es to Be Followed in the Event omes Crumbled, Pulverized of			
Site During the Demolition or	al, Trained in the Provisions o Renovation, and that Evidenc for Inspection During Normal I	e that the Requir Business Hours	ed Training	has Been Accomplished by year after promulgation).
VVIII I Contife that if the		ure of Owner/Operator)		(Date) 06/10/13
XVIII. I Certify that the Above	information is Correct			
		/		

(Signature of Owner/Operator)

(Date) 06/10/13