Date of Notification ( June 13, 2013				Name o Towr	f Building n Of Ma	Owner/0 ntolok	Operator (2 K <b>ing</b>	2)			2	M.J.	4,	
Agencies Notified  XEPA	Type Notification		-	Street A 340 D	ddress rum Poi	int Ro	ad ( Yo	gi Plaza) 2 <sup>r</sup>	<sup>id</sup> Floo	or				4.
X DEP X DOL	Amended Amendment		_	City, Sta Brick,	nte, Zip Co New Je	de ersey				No.	(	× 4/6		B.
X DOH DCA	justification) Cancellation	· · · · · · · · · · · · · · · · · · ·			Contact Plevier				1	1	h			4-
				FAC	ILITY INFO	ORMAT	ION					_		
name of Facility Where 915 East A Street Address 915 East Avenue	Avenue	g Place (3)						Type of Facility School (K- Subchapte X Other (i.e.	12) er 8 (Oth			ildings,	home	s,
City (5) Mantoloking								etc.) Square Feet 2000	# 0	of Floors		Bldg. A	ige	
County (6) Ocean					Code (7) USE ONLY	)		Current Use (Pr Residential	ior if be	ing demol	ished)			
Name of Monitoring Fin Environmental Ta	m Hired by Building actics	Owner (8)		ASC	M No.	-		f Abatement Co n Enterprise						
Street Address 64 Broad street							Street A 322 B	ddress eers St						
City, State, Zip Code Matawan, NJ. 07	747						City, Sta	ate, Zip Code ort N.J. 077	35					
Project Manager for Mo Thomas P. Geige	onitoring Firm Br			Telepho (732) 29	ne No. 902217		Telepho 732-7	ne No. 39-1200		License 0109	No.			1000000
Start Date (10) 06/14/2013	Date (10) Schedul						Name of	f OSHA Monito	r					
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)				Street A	ddress			-			
X Facility Closed/Vac	cated During Entire F med Outside of Norn	Period of Al nal Facility	batem				100 41-101-101	ate, Zip Code						
Coope of Work (Charle	All That Apply									<u> </u>	Te Malan III			
Scope of Work (Check	Ан тпас Арріу)		enova emolit	7300000			2	Containment w Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure			ocedure	ē	
6		1.00	Locat				****						ement	t
Location Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Ma	Solely I intena todial ( (12)	by nce/		stos Cor therma surfa		aterial (ACM) insulation, , or	(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
Entire House		100	140	х	Miscella	aneou	S		2000	SF	х		TO .	
			III <del>eesses</del>	-							-			
Name of Registered Wa Atlantic Carting Inc.	aste Hauler		H	J JDEP V lauler ID 6085		Oubic of Wa 30	Yards este	IESE PA	A Bethle	ered Land ehem Lan		335 Ap	ole bu	ıtter
City, State 1141 Rte. 23 Wayne N	.J. 07470					Dispo 6/21/2	sal Date 2013	City, Sta Beth eh	ite em P.A	. 10815				
Completed by Edgar Bastidas		Title Projec	t man	ager			Signature	BA			Date 06/12/2	2013		

Agencies Notified   Type Notification   ASON Description   Ason Description of Pacific Completed by State Pacific Completed By	Date of Notification ( June 13, 2013				Name of Town	of Building n Of Ma	Owner/C antolok	Operator (Ing	(2)		~~~	'n, ;			
XDOL		12.0			Street A 340 D	Address rum Po	int Ro	ad ( Y	ogi Plaza) 2	<sup>nd</sup> Flo				*.	- '
Subman   December		Amendment			City, St Brick,	ate, Zip C New J	<sup>ode</sup> ersey				16		1	17	<i>(</i> )
Type of Facility Where Absternent is Taking Piace (3) 334 East Avenue  Street Address 334 East Avenue  Type of Facility (4) School (K-12) Subhables (8) (Other than K-12) Subhables (9) (Other than K-12) Subhables (10) (Other than K-12) S		justification)								Te	elenhone M.	ه د ما مس	V.,	6.41	
Type of Facility Where Abatement is Taking Place (3) 934 East Avenue   Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   Subchapter 8 (Other				-			OPMAT	ION					-6	74	
Street Address   Stre	934 East Av	Abatement is Takin 'enue	g Place (3	)	1 AC		ORMATI		School (K	-12)	her than K-1	12)			
Mante of Montkoring Firm Hired by Building Owner (8)	934 East Avenue	e 							etc.)						es,
Name of Monitoring Firm Hired by Building Owner (8)	City (5) Mantoloking								Square Feet 2000	10000	of Floors			\ge	
Environmental Tactics  Street Address  Street Address St  Street Address St  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Tricon Enterprises Inc  City, State, Zip Code Keyport N.J. 07735  Project Manager for Monitoring Firm Thomas P. Geiger  Tatelphone No. (732) 2902217  Start Date (10) O7/15/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  X≥3 sf or 23 if 2160 sf or 2260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Entire House  Renovation  Normally Used Solely by Maintenancy Custodial Staff? (12)  Yes No N/A  Niscellaneous  Niscellaneous  Niscellaneous  Niscellaneous  Name of Registered Waste Hauler Atlantic Carting Inc.  Ninger Street Address  License No. 01095  Name of OSHA Monitor Normally Used Solely by Maintenancy Custodial Staff? (12)  Yes No N/A  Niscellaneous  Ninger Street Address  City, State, Zip Code City, State, Zip Code  City, Stat	County (6) Ocean						o		Current Use (F Residentia	rior if be	eing demolis	shed)			
City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger Total Completion Date (11) Thomas P. Geiger Total Completi	Name of Monitoring Fir Environmental T	m Hired by Building actics	Owner (8)		ASCI	M No.		Name Trico	of Abatement Con Enterprise	ontracto es Inc	r (9)				
Matawan, NJ. 07747   Reyport NJ. 07735	Street Address 64 Broad street							Street 322	Address Beers St						
Thomas P. Geiger  Start Date (10) O01095  Start Date (10) O06/14/2013  Occupancy Status During Abatement (Check Only One)  X. Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe:  Scope of Work (Check All That Apply)  X≥3 sf or ≥3 if ≥150 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Renovation X. Demolition  Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Entire House  In Facility (13)  SF or LF)  SF or LF)  Solution  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Waste Hauler Atlantic Carting Inc.  Title  Name of OSHA Monitor  Name of Registered Landfill  Signature  Date	City, State, Zip Code Matawan, NJ. 07	747				<del>- Constant</del>		City, S Keyp	tate, Zip Code ort N.J. 077	735					
OCcupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) In Facility (13)  Entire House  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Waste Hauler Atlantic Carting Inc.  Street Address  Street Address  Street Address  Street Address  City, State, Zip Code  Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Exempted (X) and Non-Friable Procedure X Non-Exempted (X) and Non-Friable Procedure  Abatement Type  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  B D D D D D D D D D D D D D D D D D D	Project Manager for Mo Thomas P. Geige	onitoring Firm Or					Teleph 732-	one No. 739-1200				- 1965.55		37 - 53	
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  X Non-Exempted (X) and Non-Friable Procedure  X Non-Exempted (X) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify  SF or LF)  SF or LF)  SF or LF)  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify  SF or LF)  SF or LF)  Abatement  Type  Abatemen	Start Date (10) 06/14/2013		ed Co 2013	mpletion	Date (11)			of OSHA Monito	or						
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  X Non-Exempted (X) and Non-Friable Procedure  X Non-Exempted (X) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify  SF or LF)  SF or LF)  SF or LF)  Abatement  Type  Abatement  Type  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, Specify  SF or LF)  SF or LF)  Abatement  Type  Abatemen	Occupancy Status Duri	na Abatament (Che	k Only Or	20)				Ctroot	Address						
Scope of Work (Check All That Apply)  X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation x Demolition  Renovation x Mini-Enclosure Glovebag Procedure X Non-Exempted (X) and Non-Friable Procedure X No	X Facility Closed/Vac Abatement Perform	cated During Entire F med Outside of Norn	Period of A	batem					Concellente Following 18						
X≥3 sf or ≥3 if   X Demolition   X Non-Exempted (X) and Non-Friable Procedure   X Non-Exempted (X) and Non-Fr															
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Entire House  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Landfill Inc.  Name of Registered Landfill Inc.  Name of Registered Landfill Inc.  Disposal Date (6/21/2013)  Date Inc.  Disposal Date (6/21/2013)  Date Inc.  Date Inc.  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  No N/A  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Name of Registered Landfill Inc.  In I	<b>X</b> ≥3 sf or ≥3 lf	, , , , . , . , . , . , . ,							Mini-Enclosu Glovebag Pr	ire ocedure			ocedure	9	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Niscellaneous  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem P.A. 10815  Completed by  Title  Signature  Date		3102° in .	1000												t
Entire House x Miscellaneous 2000 SF x  Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Disposal Date 6/21/2013  Completed by  Niscellaneous 2000 SF x  Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rdl  City, State Bethlehem P.A. 10815	Asbestos-Containir TO BE A In Fac	ng Material (ACM) BATED cility	Ma Cus	Solely aintena stodial (12)	by ance/ Staff?		stos Con thermal surfa	taining M I systems icing, VA	faterial (ACM) s insulation, T, or		(Specify	Remova	Repair	Encapsula	Enclosur
Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rdl  City, State 1141 Rte. 23 Wayne N.J. 07470  Disposal Date 6/21/2013  Completed by  Title  Signature  Date	Entire House		res	NO		Missoll	200011			2000	CF	-F-1		हिं	Ф
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Disposal Date Bethlehem Landfill 2335 Apple butter RdI  City, State Bethlehem P.A. 10815	Entire House				×	IVIISCEII	aneous	-		2000	5F	X			
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  less PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date															
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  less PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date															
Completed by Title Signature Date		aste Hauler	1	Hauler ID		of Was		IESE P.				35 Ap <sub>l</sub>	ole bu	utter	
Completed by Edgar Bastidas  Title Project manager  Signature 06/12/2013		.J. 07470							City, Sta	ate nem P.A	. 10815				
	Completed by Edgar Bastidas		(0.000)	ct mar	nager		S	Signature		1			013		

Agencies Notified  X EPA X EPA X EPA X DOL X Emergency (including justification) Cancellation Canc	Date of Notification ( June 13, 2013				Name of Towr	Building of Ma	Owner/C ntolok	perator (ing	(2)	134	1.77	٧, _		es Est	
XDDP	501 5-4 A 11/1/55	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		,	Street A 340 Dr	<sup>ddress</sup> um Poi	int Roa	ad ( Yo	ogi Plaza) 2 <sup>n</sup>	d Floo	ot, <sup>7</sup>	£2			
Name of Facility Where Abatement is Taking Place (3)   FACILITY INFORMATION	X DEP	Amended			City, Sta	te, Zip Co	de				· (X)=			1971	
DCA  Cancellation  Larry Plevier  FACILITY INFORMATION  Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Su	70 TO			— L	A CONTRACTOR OF THE PARTY OF TH		ersey					٠,		-	
FACILITY INFORMATION  1 Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Street Address 990 East Avenue  2 Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K		justification)								4	terkana Nu	mher	-		
Name of Facility Where Abstement is Taking Place (3)   Specifically (4)   Street Address   Street Address   Street Address   South Place (6)   Street Address   South Place (7)   Subchapter 8 (1) Place (8)   Street Address   South Place (8)   Street Address	DOA	Cancellation		L						-		_	70		
School (K-12) Subchapter 8 (Other than K-12) Subchapter 9 (Oth	name of Facility Where	e Abatement is Taking	Place (3)		FAC	ILITY INFO	ORMATI	ION	Type of Facility	(4)			- 2		
Super Feet   Super   S	990 East Av	/enue							Subchapte	r 8 (Oth				• 04 5 7 1 1 5 5 6 7 0 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
County (6)   County (7)   County (7)   County (8)   Co		е								private	& commerc	iai bu	ilaings,	nome	s,
Residential	City (5) Mantoloking								2000	2				ge	
Street Address City, State, Zip Code Reyport N. J. 07735    Company State City Code   Completion Date (11)   Company State Street Address   Company State Street Address   Code   Company State Street Address   Code	County (6) Ocean	9					)		Current Use (Pr Residential	ior if be	ing demolis	shed)			
Gity, State, Zip Code Matawan, NJ. 07747    City, State, Zip Code Matawan, NJ. 07747   City State, Zip Code Matawan, NJ. 07747   City, State NJ. 077470   City, Stat	Name of Monitoring Fi Environmental T	rm Hired by Building ( actics	Owner (8)		ASC	ИNo.		Name Trico	of Abatement Co on Enterprise	ntracto s Inc	r (9)				
Mâtawan, NJ. 07747  Project Manager for Monitoring Firm Telephone No. (732) 2902217  Telephone No. (732) 739-1200  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply)  X 23 sf or 23 lf 2160 sf or 2260 lf  2160 sf or 2260 lf  Renovation															
Start Date (10)   Off 14/2013   Scheduled Completion Date (11)   Off 14/2013   Off 14/2013   Off 14/2013   Off 14/2013   Occupancy Status During Abatement (Check Only One)   Street Address   Street Address   City, State, Zip Code	City, State, Zip Code Matawan, NJ. 0	7747						City, S Keyp	tate, Zip Code oort N.J. 077	35	_				
Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM)	Project Manager for M Thomas P. Geig	onitoring Firm						Teleph 732-	none No. 739-1200						
Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other − Describe:  Scope of Work (Check All That Apply)  X23 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation x Demolition  Renovation x Demolition  Renovation x Demolition  Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Entire House  NUMBER ABATED In Facility (13)  In Facility (13)  Nume of Registered Waste Hauler Atlantic Carting Inc.  Nume of Registered Waste Hauler Atlantic Carting Inc.  Nume of Registered Waste Hauler Atlantic Carting Inc.  Nume of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Red City, State Signature  Date  Date  Signature  Date  Date	Start Date (10) 06/14/2013	·	Schedule 07/15/2	ed Cor 2013	npletion	Date (11)			of OSHA Monito	r					
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:    Scope of Work (Check All That Apply)   X≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf     Renovation   x Demolition     S Location of Asbestos-Containing Material (ACM)     In Facility     (13)     To Be ABATED     In Facility     (13)     Yes   No   N/A     Entire House   NJDEP Waste Hauler Atlantic Carting Inc.     Name of Registered Waste Hauler     Alauler ID No.   28085     Name of Registered Waste Hauler     Alauler ID No.   28085     S Location of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)     Name of Registered Waste Hauler     Alauler ID No.   28085     Name of Registered Landfill     IESE PA Bethlehem Landfill     IESE PA Bethlehem Landfill     Bethlehem PA. 10815     Date	Occupancy Status Dui	ring Abatement (Chec	k Only On	e)				Street	Address						
Scope of Work (Check All That Apply)  X ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation x Demolition  Relovation	X Facility Closed/Va Abatement Perfo	acated During Entire F rmed Outside of Norm	eriod of Al	batem				City, S	tate, Zip Code						
X≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Renovation   x Demolition   x Non-Exempted (X) and Non-Friable Procedure   x Non-Exempted (X) and Non-	Other – Describe	•												725	
Second procedure   Second pro	17 7 17 18	( All That Apply)													
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A  Entire House  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Waste Hauler Atlantic Carting Inc.  Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A  Miscellaneous  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Amount (Specify SF or LF)  Registered Waste Hauler ID No. 2000 SF  X  Name of Registered Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem Landfill IESE PA Bethlehem P.A. 10815  Completed by  Title  Signature  Date		f	8.8						Mini-Enclosu Glovebag Pro	re ocedure	í.		rocedure	<b>9</b>	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Miscellaneous  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  For LF)  Republic Maintenance/ Custodial Staff? (12)  Yes No N/A  Miscellaneous  2000 SF  X  Name of Registered Waste Hauler Atlantic Carting Inc.  NAME of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter  City, State 1141 Rte. 23 Wayne N.J. 07470  Completed by  Title  Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Republic Manual (Specify SF or LF)  Republic Manual			Is	Loca	tion								Abat	emen	ıt
Assestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A  Niscellaneous  Assestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Whise In Facility (12) Yes No N/A  Miscellaneous  Assestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  SF or LF)  Whise In Facility (Specify SF or LF)  White In Facility (Specify S	Locat	tion of											1)	he	T
Entire House x Miscellaneous 2000 SF x Niscellaneous 2												70		Ē	m
Entire House x Miscellaneous 2000 SF x Niscellaneous 2			Cus			(1.6	surfa	acing, VA	T, or			emo	Rep	caps	Clo
Entire House  X Miscellaneous  2000 SF X  Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Disposal Date 6/21/2013  Completed by  Title  Signature  Date  Date	(1	3)	Yes	Seu.	T SEVERT S		other	miscellar	neous)			oval	a-	sulat	sure
Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  City, State 1141 Rte. 23 Wayne N.J. 07470  Title  NJDEP Waste Hauler ID No. 26085  Cubic Yards of Waste 30  Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple butter Rdl  City, State Bethlehem P.A. 10815  Date	Entire House		100			Miscell	aneou			2000	SF	х		Ф	1
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  IESE PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date	Entire House				+	- IVIII GOON			14-1-12						-
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  IESE PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date						-						+			
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  IESE PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date												+		-	$\vdash$
Atlantic Carting Inc.  Hauler ID No. 26085  of Waste 30  IESE PA Bethlehem Landfill 2335 Apple butter RdI  City, State Disposal Date 6/21/2013  Completed by  Title  Signature  Date	Name of Desistant M	Insta Haular		- 1	I IDED V	Vacto	Cubic	Varde	Name o	f Renis	tered I andf	ill			
1141 Rte. 23 Wayne N.J. 07470 6/21/2013 Bethlehem P.A. 10815  Completed by Title Signature Date		vaste Flaulei		l i	Hauler ID		of Wa		IESE PA				335 Ap	ole bu	utter
Completed by Edgar Bastidas Title Project manager Signature Date 06/12/2013		N.J. 07470									A. 10815				
	Completed by Edgar Bastidas		1000000	ct mar	nager		1	Signature	MZ.	A			2013		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification ( June 13, 2013				Name of Town	f Building Of Ma	Owner/O ntolok	perator ( ing	2)		ζ			å.	
Agencies Notified XEPA	Type Notification Initial		3		rum Poi		ad ( Yo	ogi Plaza) 2 <sup>n</sup>	d Floo	or	1			Į,
X DEP X DOL	Amended Amendment #	<u> </u>	_	City, Sta Brick,	ite, Zip Co New Je	de ersey							4	
<b>X</b> DOH	★ Emergency ( justification)		N	ame of 0	Contact			10.00	Įe	lephone Nu	mber			15
DCA	Cancellation		L	arry P	levier				1		1		O	
				FACI	LITY INF	ORMATI	ON			Les Lives				
name of Facility Where 954 Ocean Street Address	e Abatement is Taking Avenue	Place (3)						Type of Facility School (K- Subchapte	12) r 8 (Oth	er than K-1	2)			
954 Ocean Aver	nue							X Other (i.e. etc.)	private	& commerc	ai buii	aings, i	iome	s,
City (5) Mantoloking								Square Feet 2000	# c	of Floors		3ldg. A 50	ge	
County (6) Ocean	10				Code (7) USE ONLY	)	_	Current Use (Pr Residential	ior if be	ing demolis	hed)			
Name of Monitoring Fi Environmental T	rm Hired by Building ( actics	Owner (8)		ASCN	ЛNo.		Name o Trico	of Abatement Co n Enterprise	ntracto s Inc	r (9)				
Street Address 64 Broad street							Street / 322 E	Address Beers St						
City, State, Zip Code Matawan, NJ. 0	7747	West States					City, St Keyp	tate, Zip Code ort N.J. 077	35					
Project Manager for M Thomas P. Geig	onitoring Firm			Telepho (732) 29			Teleph 732-7	one No. 739-1200		License I 01095	No.			
Start Date (10) 06/14/2013		Schedule 07/15/2	d Con 013	npletion	Date (11)		Name on/a	of OSHA Monitor	r					
Occupancy Status Dui	ring Abatement (Chec	k Only One	e)				Street	Address						
X Facility Closed/Va Abatement Perfo		eriod of Ab	atem				City, Si	tate, Zip Code						
Scope of Work (Check	( All That Apply)		- 10-						-			W-82		
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Containment w Mini-Enclosu Glove bag Pr X Non-Exempte	re ocedure	•		ocedure	e	
		le	Locat	ion					Π				emen	t
Locat	tion of	Norr	nally	Used		De	escription	of				1)	ре	_
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Entire House	11			x	Miscell	aneous	S		2000	SF	x			
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Name of Registered W Atlantic Carting Inc.	Vaste Hauler		H	JDEP V lauler ID 6085		Cubic of Wa	Yards iste			tered Landf ehem Land		35 Apı	ole bu	utter
City, State 1141 Rte. 23 Wayne I	N.J. 07470					Dispo 6/21/2	sal Date 2013	City, Sta	ate nem/P./	۸. 10815				
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Date of Notification ( June 13, 2013				Name of Town	of Building Of Ma	Owner/C antolok	Operator (ing	(2)			~	2,	1	
Agencies Notified	Type Notification Initial				rum Po		ad ( Yo	ogi Plaza) 2'	nd Floo	or, 🚉	162			
X DEP X DOL	Amended Amendment X Emergency		_	City, Sta Brick,	nte, Zip Co New J	ode ersey				1,5			ge urt.	
X DOH DCA	justification Cancellation	-	- 1		Contact Plevier				Te	lephone Nu	mber			
				FAC	ILITY INF	ORMATI	ION							€,
name of Facility Where 1014 Ocean	Avenue	g Place (3)							-12) er 8 (Oth	ner than K-1		::-:	? <u>.</u>	
1014 Ocean Ave	enue							X Other (i.e. etc.)  Square Feet	80	of Floors	iai bu	Bldg. A		5,
Mantoloking								2000	2	por tou gran traduction to the contract of the		50	.gc	
County (6) Ocean					Code (7) USE ONLY	)	_	Current Use (Pr Residential	rior if be	ing demolis	hed)			
Name of Monitoring Fir Environmental T	m Hired by Building actics	Owner (8)		ASCI	VI No.		Name Trico	of Abatement Co on Enterprise	ontracto es Inc	r (9)				
Street Address 64 Broad street							Street 322	<sup>Address</sup> Beers St						
City, State, Zip Code Matawan, NJ. 07	747						City, S Keyp	tate, Zip Code oort N.J. 077	35					
Project Manager for Mo Thomas P. Geig								one No. 739-1200		License 1 01095	No.			
Start Date (10) 06/14/2013	Date (10) Schedu						Name n/a	of OSHA Monito	r					
Occupancy Status Duri	ing Abatement (Che	k Only On	e)				Street	Address						
X Facility Closed/Vac	cated During Entire I med Outside of Norr	Period of A nal Facility	batem					tate, Zip Code						
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Scope of Work (Check			enova emoli					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure			ocedur	e	
		Is	Locat	tion									emen	t
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In Fa			(12)		4	other	miscellar	neous)		or O( Lr)	Removal	Repair	Encapsulate	Enclosure
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Entire House				х	Miscell	aneous	S		2000	SF	x			
								<del></del>						
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City, State 1141 Rte. 23 Wayne N	I.J. 07470					Dispo 6/21/2	sal Date 2013			A. 10815				
Completed by Edgar Bastidas		Title Projec	t mar	nager		1 8	Signature	61127		500	ate 6/12/:	2013		
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June 13, 2013				Towr	Of Ma	ntolok	operator (i ling	2)	4.	Ĉ	)			
Agencies Notified	Type Notification		;	Street A 340 Dr	<sup>ddress</sup> um Poi	nt Roa	ad ( Yo	gi Plaza) 2	nd Floo	or	7			
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X DOH DCA	X Emergency justification) Cancellation	- 500		lame of c					To	lanhana Ni	ımher			
					LITY INFO	DEMAT	ION		- 4					
name of Facility Where A	Abatement is Taking	Place (3)		1 AO	LITTINI	JI WIATI		Type of Facility						
Street Address 1099 Ocean Aver								School (K Subchapt X Other (i.e etc.)	er 8 (Oth	ner than K-1 & commerc		dings,	home	s,
City (5) Mantoloking						100		Square Feet 2000	2	of Floors		Bldg. A	ge	
County (6) Ocean					Code (7) USE ONLY			Current Use (F Residentia	Prior if be	ing demolis	shed)			
Name of Monitoring Firm Environmental Ta	Hired by Building octics	Owner (8)		ASC	/I No.		Name of Tricor	of Abatement C n Enterpris	ontracto es Inc	r (9)				
Street Address 64 Broad street				1				Address Beers St					1119	
City, State, Zip Code Matawan, NJ. 077	747						City, St Keyp	ate, Zip Code ort N.J. 07	735					
Project Manager for Mor Thomas P. Geige	nitoring Firm			Telepho (732) 29			Telepho 732-7	one No. '39-1200		License 01095				
Start Date (10) 06/14/2013		Schedule 07/15/2	d Cor	npletion	Date (11)		Name o	of OSHA Monito	or	<u></u>				
Occupancy Status Durin	a Abatement (Chec	k Only On	9)			-	Street A	Address						
X Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F	eriod of Al	oatem		\$ <b>1</b> 5		City, St	ate, Zip Code						
Cooperation (Charles	II That Analy													
Scope of Work (Check A	ы глат Арріу)		enova emolit				i	Containment Mini-Enclos Glovebag P X Non-Exempt	ure rocedure	ı		ocedure	e	
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Landin	1		Locat mally			Do	escription	of				Т	ре	
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) ATED lity	Ma Cus	(12)	ince/ Staff?		stos Con therma surfa	ntaining M	aterial (ACM) insulation, Γ, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Futius Haves		Yes	No	N/A	Miscella	2222	<u> </u>	11.67	2000	SE	×		te	-
Entire House	<u> </u>			X	iviisceii	aneou	<u> </u>		2000	31	1			
Name of Registered Wa Atlantic Carting Inc.	ste Hauler		ŀ	NJDEP V lauler ID 26085		of Wa	Yards aste			tered Landf ehem Land		35 Apı	ole bu	ıtter
City, State 1141 Rte. 23 Wayne N.	J. 07470					Dispo 6/21/2	sal Date 2013	City, S Bethle	tate hem/	10815			-	
Completed by Edgar Bastidas		Title Projec	t mar	nager			Signature	MAS	X	1000	Date 06/12/2	013		

Date of Notification ( June 13, 2013				Town	Of Ma	ntolok	ing	2)			4.	, ,		
Agencies Notified  X EPA	Type Notification		3	Street A 340 Dr	ddress um Poi	nt Roa	ad ( Yo	gi Plaza) 2 <sup>r</sup>	d Floo	or			·)	
X DEP X DOL	Amended Amendment #		_ [	City, Sta Brick,	te, Zip Co New Je	de ersey				,		Ż.	¥*.	
X DOH DCA	justification) Cancellation		100	ame of 0					LTo	lonkona Nii	mher		i i	i,
		12/04/20		FACI	LITY INFO	ORMATI	ON						+1	
name of Facility Where A	Abatement is Taking In Avenue	Place (3)						Type of Facility School (K- Subchapte	12)	ner than K-1	2)	Q	3	
Street Address 1112 Ocean Aver	nue							X Other (i.e. etc.)	private	& commerci	ial bui			s,
City (5) Mantoloking								Square Feet 2000	2	of Floors		Bldg. A <b>50</b>	ge 	
County (6) Ocean					Code (7) USE ONLY			Current Use (Pr Residential	rior if be	ing demolis	hed)			
Name of Monitoring Firm Environmental Ta	n Hired by Building ( actics	Owner (8)		ASCN	/I No.		Name o Trico	of Abatement Co n Enterprise	ntracto es Inc	r (9)				
Street Address 64 Broad street								Address Beers St						
City, State, Zip Code Matawan, NJ. 07	747	-					City, St Keyp	ate, Zip Code ort N.J. 077	35					
Project Manager for Mor Thomas P. Geige	nitoring Firm			Telepho ( <b>732)</b> 29			Teleph 732-7	one No. 739-1200		License 1 01095				
Start Date (10) 06/14/2013		Schedule 07/15/2	d Con	npletion	Date (11)		Name on/a	of OSHA Monito	r					
Occupancy Status Durin	ng Ahatement (Chec	k Only One	9)				Street	Address						
X Facility Closed/Vac	ated During Entire P ned Outside of Norm	eriod of At	oateme				City, St	ate, Zip Code		<u> </u>				
Scope of Work (Check A	All That Apply)		( - · · · · · · · · · · · · · · · · · ·	7. E. S. S.	Track.			197-5				112		
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		100	enova emolit					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure			ocedure	•	
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Locatio Asbestos-Containin <u>TO BE AB</u> In Fac (13	g Material (ACM) BATED illity	Ma Cust	olely l intena todial s (12)	by nce/ Staff?		stos Con . therma surfa		laterial (ACM) s insulation, T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Entire House		Yes	No	N/A	Miscell	aneous	s		2000	SF	×		ite	Ф
Little House					ivii300iii									
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Name of Registered Wa Atlantic Carting Inc.	ste Hauler		H	JDEP V lauler ID 6085		of Wa		IESE P	A Bethl	tered Landfi ehem Land		335 Apı	ole bu	utter
City, State 1141 Rte. 23 Wayne N.	J. 07470					Dispo 6/21/2	sal Date 2013	City, Sta Bethlet		A. 10815				
Completed by Edgar Bastidas		Title Projec	t man	nager			Signature	& Ba	9		ate 6/12/2	2013		

X DOH DCA Emergency (including justification) Cancellation Cancellation Cancellation EACILITY INFORMATION    Street Address 1409 Ocean Avenue   Street Addre																	
Amended Amendment # X Emergency (including justification)  Name of Contact Larry Plevier  FACILITY INFORMATION  Iname of Facility Where Abatement is Taking Place (3)  1409 Ocean Avenue  Street Address 1409 Ocean Avenue  City (5) Mantoloking  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 64 Broad street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Telephone No. (732) 2902217  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Hours City, State, Zip Code		- 0		or	za) 2 <sup>nd</sup> Floo	′ogi Plaza) 2	t Road ( Y	<sup>ddress</sup> um Poi	Street A 40 Dr	;		0.7013					
Name of Contact Larry Plevier   Telephone No.   Name of Contact Larry Plevier	s, homes.	12,				· · · · · · · · · · · · · · · · · · ·	sey	ite, Zip Co New Je	City, Sta Brick,	_		Amended Amendment #	XDEP				
Type of Facility (4)   School (K-12)   Subchapter 8 (Other than K-12)   X Other (i.e. private & commercial building etc.)   X Square Feet	, homes.		mher.	Numbana Num	To					100		justification)					
Street Address 1409 Ocean Avenue  Street Address 1409 Ocean Avenue  Street Address 1409 Ocean Avenue  City (5) Mantoloking  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 64 Broad street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm County Code (7) (732) 2902217  Start Date (10) O6/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Street Address (Other than K-12) X Other (i.e. private & commercial building etc.)  Square Feet 2000	, homes.					4	RMATION	LITY INFO	FACI								
City (5) Mantoloking  County (6) Ocean  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 64 Broad street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Start Date (10) O6/14/2013  Cocupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  City, State, Zip Code (City, State, Zip Code Keyport N. J. 07735)  Telephone No. (732) 2902217  Telephone No. (732-739-1200)  Start Date (10) Name of OSHA Monitor n/a  City, State, Zip Code (City, State, Zip Code Keyport N. J. 07735)  Start Date (10) Name of OSHA Monitor n/a  City, State, Zip Code (City, State, Zip Code Keyport N. J. 07705)  City, State, Zip Code (City, State, Zip Code Keyport N. J. 07705)  City, State, Zip Code (City, State,		dings, h			hool (K-12) bchapter 8 (Otl	School (I Subchap				); 	g Place (3)	ean Avenue	1409 Oce Street Address				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 64 Broad street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Name of Abatement Contractor (9) Tricon Enterprises Inc  Street Address 322 Beers St  City, State, Zip Code Keyport N.J. 07735  Telephone No. (732) 2902217  Telephone No. (732-739-1200  Name of OSHA Monitor n/a  Street Address  City, State, Zip Code  City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code	Age	Bldg. A		of Floors	Feet #	Square Feet							City (5)				
Street Address 64 Broad street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Street Address 322 Beers St  City, State, Zip Code Keyport N.J. 07735  Telephone No. (732) 2902217  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Tricon Enterprises Inc  Street Address  Telephone No. (732) 2902217  Telephone No. (732-739-1200  Name of OSHA Monitor n/a  Street Address  City, State, Zip Code  City, State, Zip Code			ned)	eing demolish	Use (Prior if be lential	Current Use ( Residentia							County (6) Ocean				
City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code Keyport N.J. 07735  Telephone No. (732) 2902217  Telephone No. (732-739-1200  Name of OSHA Monitor n/a  Street Address  City, State, Zip Code  City, State, Zip Code				or (9)	ment Contracto erprises Inc	of Abatement Con Enterpris	Name Trice	/I No.	ASCN		Owner (8)	Firm Hired by Building C Tactics	Name of Monitoring Fir Environmental T				
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Thomas P. Geiger (732) 2902217 732-739-1200 01095  Start Date (10)					Code J. 07735	State, Zip Code port N.J. 07	City, S Key					)7747	City, State, Zip Code Matawan, NJ. 07				
Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  City, State, Zip Code			lo.		200	hone No. -739-1200	Telep 732-					mas P. Geiger					
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Abatement Performed Outside of Normal Facility Hours Other – Describe:			-		<del></del>	t Address	Street			e)	k Only On	uring Abatement (Chec	Occupancy Status Duri				
					Code	State, Zip Code	City, S		ent			ormed Outside of Norm	Abatement Perfor				
Scope of Work (Check All That Apply)							-			-	-	e:	Other – Describe:				
				7394 YEE	6 0.000000	080 - 577						k All That Apply)	Scope of Work (Check				
X≥3 sf or ≥3 lf Renovation Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure			ıre	gative Pressu					2.532.55	1200 200	140	I.E					
≥160 sf or ≥260 lf				)					on	emoiii	χυ	IT	≥160 St of ≥260 if				
X Non-Exempted (X) and Non-Friable Proceed	ıre	ocedure	le Pro	nd Non-Friabl	xempted (X) ar	X Non-Exemp											
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Location of Solely by Ashesto Containing Meterial (ACM)	ÎП	Í	$\Box$	Amaunt	A CAA)							######################################					
Aspestos-Containing Material (ACM)	,   🖫   🖫	- 71	b						nce/	intena	Ma						
TO BE ABATED In Facility (13)  Maintenance/ Custodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	incapsulat	Repair	Bo			AT, or	surfacing, V		staff?		Cus	acility	In Fa				
(13) Ves No N/A other miscellaneous)	Encapsulate	₩.	val			aneous)	otner miscella		N/A		Yes	(13)	(1;				
Entire House x Miscellaneous 2000 SF x			x	SF	2000		neous	Miscella	х				Entire House				
Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Cubic Yards of Waste IESE PA Bethlehem Landfill 2335	pple butte	35 App			IESE PA Beth	IESE	of Waste		auler ID	F							
City, State 1141 Rte. 23 Wayne N.J. 07470  Disposal Date 6/21/2013  City, State Bethlehem P.A. 10815				A. 10815								N.J. 07470					
Completed by Edgar Bastidas Title Project manager Signature 06/12/2013		013	THE STORY OF THE PARTY.	1/2/2013	Total	S. T.	Signatur		ager	ct mar			Completed by Edgar Bastidas				

Date of Notification ( June 13, 2013				Name of Towr	f Building on Of Ma	Owner/C ntolok	operator (2 iing	2)		(c)				
Agencies Notified  XEPA	Type Notification Initial		3	Street A 340 Di	<sup>ddress</sup> rum Poi	nt Roa	ad ( Yo	gi Plaza) 2 <sup>r</sup>	d Flo	or	- 1			,
X DEP X DOL	Amended Amendment #		_ [	City, Sta Brick,	te, Zip Co New Je	<sub>de</sub> ersey				Gr.	7	i.e		
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name of Facility Where A 1517 Ocea Street Address	Abatement is Taking <b>n Avenue</b>	Place (3)						Type of Facility School (K- Subchapte	12) er 8 (Otl				•	100
1517 Ocean Aven	nue							X Other (i.e. etc.)	0	1217.122-2	ciai bu			s, 
City (5) Mantoloking								Square Feet 2000	2	of Floors		Bldg. <i>A</i> 50	ige	
County (6) Ocean					Code (7) USE ONLY			Current Use (Pr Residential	rior if be	ing demoli	shed)			
Name of Monitoring Firm Environmental Ta	Hired by Building C ctics	Owner (8)		ASC	/I No.		Name of Tricor	f Abatement Co n Enterprise	ntracto es Inc	r (9)				
Street Address 64 Broad street							Street A 322 B	ddress Beers St						
City, State, Zip Code Matawan, NJ. 077	747						City, Sta Keypo	ate, Zip Code ort N.J. 077	35					
Project Manager for Mon Thomas P. Geige							Telepho 732-7	one No. '39-1200		License 01095				
Start Date (10) 06/14/2013		Scheduled 07/15/20	Com 013	pletion	Date (11)		Name o n/a	f OSHA Monito	r					
Occupancy Status During	g Abatement (Check	Only One	)				Street A	Address						
X Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norm	eriod of Ab al Facility I	ateme lours	ent			City, Sta	ate, Zip Code		-				
Other - Describe	Ž.													
Scope of Work (Check A	II That Apply)		0000											
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re x De	enovat emoliti	100000			2	Containment w Mini-Enclosu Glovebag Pro K Non-Exempte	re ocedure	,		rocedur	Э	
727 024	8	200000	Locati			<u></u>							emen /pe	t
Location Asbestos-Containing TO BE AB In Faci	Material (ACM) ATED	So Mair	olely b ntenar	oy nce/		tos Con therma		aterial (ACM) insulation,		Amount (Specify SF or LF)	Ren	Re	Enca	Encl
(13)		Yes	(12) No	N/A			miscellane			), O. L. ,	Removal	Repair	Encapsulate	Enclosure
Entire House				х	Miscell	aneous	S		2000	SF	х			
Name of Registered Was Atlantic Carting Inc.	ste Hauler		Н	JDEP V lauler ID 6085		of Wa	Yards iste	Rdl	A Bethl	tered Land ehem Lan		335 Ap	ple bu	ıtter
City, State 1141 Rte. 23 Wayne N.	J. 07470					Dispo 6/21/2	sal Date 2013	City, Sta		A. 10815				
Completed by Edgar Bastidas		Title Project	t man	ager		1	Signature	1131	D		Date 06/12/	2013		

Agencies Notified  X EPA  X DEP  X DOL  X ENOUL  X Emergency (including	3		ddress rum Point Ro	ad / V	osi Dlozo) 2º	d		(32)			
XDEP Amended XDOL Amendment #_ XEROUL XEROUL Emergency (including	_ E			au ( 1	ogi Piaza) z	Floo	or 🛬 -	10	.2 ( 1/2 )		
		City, Sta Brick,	te, Zip Code New Jersey				£.		C.		
DCA justification justification			Contact Plevier			' -	· Afun	mher	ı		
name of Facility Where Abatement is Taking Place (3)		FACI	LITY INFORMAT	ION	Type of Facility	(4)			ton p		(),
1211 Bay Avenue					School (K-	12)	ner than K-1	2)			
Street Address 1211 Bay Avenue					X Other (i.e. etc.)	private	& commerci	al bui	ldings,	home	s,
City (5) Mantoloking					Square Feet 2000	2	of Floors		Bldg. A 50	ge	
County (6) Ocean			Code (7) USE ONLY)		Current Use (Pr Residential	ior if be	eing demolis	hed)			
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCN	/I No.	Name	of Abatement Co on Enterprise	ntracto s Inc	r (9)				
Street Address 64 Broad street					Address Beers St						
City, State, Zip Code Matawan, NJ. 07747			,	City, S Key	State, Zip Code port N.J. 077	35		4.00			
Project Manager for Monitoring Firm Thomas P. Geiger		Telepho 732) 29		Telep 732-	hone No. -739-1200		License N 01095	No.			
Start Date (10) Scheduled 07/15/20	Com 013	pletion	Date (11)	Name n/a	of OSHA Monitor	•					
Occupancy Status During Abatement (Check Only One)	)		-	Street	Address						
X Facility Closed/Vacated During Entire Period of Aba Abatement Performed Outside of Normal Facility H Other – Describe:		nt		City, S	State, Zip Code						
Scope of Work (Check All That Apply)		***									
	novati molitio				Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure	1		ocedure	e	
ls L	ocatio	on							Abat	emen /pe	ıt
Location of	nally U			escriptio	n of Material (ACM)		Amount		1)	İ	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  Asbestos-Containing Material (ACM)  Main Custo	ntenan odial S		(i.e. therm		ns insulation,		(Specify SF or LF)	Ren	Re	Encar	Encl
(13) Yes	(12) No	N/A	othe	miscella	neous)		J. C. L. ,	Removal	Repair	Encapsulate	Enclosure
Entire House		×	Miscellaneou	ıs		2000	SF	x		TO.	
		IDEDV		c Yards	I Name a	f Dagie	tered Landfi				
Name of Registered Waste Hauler Atlantic Carting Inc.	Ha	JDEP V auler ID 3085		aste	IESE PA	A Beth	ehem Land	fill 23	335 Ap	ole bu	utter
City, State 1141 Rte. 23 Wayne N.J. 07470		7		osal Date /2013	Çity, Şta	en P.	A. 10815				
Completed by Edgar Bastidas Title Project	mana	ager		Signatur	·	*	773	ate 6/12/2	2013		

Date of Notification ( June 13, 2013			1	Name of Town	Building Of Ma	Owner/Ontolok	perator ( ing	2)			II indifferences		2,	1	
Agencies Notified	Type Notification		3	Street A 840 Dr	ddress um Poi	nt Roa	ad ( Yo	gi Plaz	a) 2 <sup>nd</sup>	Floo	r∂.				-
X EPA X DEP X DOL	Initial Amended Amendment	-	_	City, Sta Brick,	ite, Zip Co New Je	<sub>de</sub> ersey					9	J.*	ć	<b>5</b>	.1
X DOH DCA	X Emergency justification) Cancellation			ame of 0						Tel	enhone Ni	ımhar	B		y .
	Cancellation	l .	L	Committee of the	levier	DIEATI	ON			⊥ _				- 0	-
name of Facility Where 1008 Barneg Street Address	Abatement is Takin gat Avenue	g Place (3)		FACI	LITY INFO	JRIMATI	ON	Sub	ool (K-1 chapter	2) 8 (Oth	er than K-1		Ca		,
1008 Barnegat A	venue		II		70.5			etc.)			k commerc	cial bui	72 (8)		s,
City (5) Mantoloking								Square F		2	f Floors		Bldg. A <b>50</b>	ige	
County (6) Ocean					Code (7) USE ONLY			Current U Reside	lse (Prie ntial	or if be	ng demolis	shed)			
Name of Monitoring Fire Environmental Ta	m Hired by Building	Owner (8)		ASC	/I No.		Name Trico	of Abatem n Enter	ent Cor prises	tractor Inc	(9)				
Street Address 64 Broad street				1			Street 322 F	Address Beers S	t			7000			
City, State, Zip Code Matawan, NJ. 07	747						City, Si Keyp	tate, Zip C ort N.J.	ode 0773	35					
Project Manager for Mo Thomas P. Geige	nitoring Firm			Telepho (732) 29			Teleph 732-	one No. 739-120	00		License 01095	No.			
Start Date (10) 06/14/2013	55%	Scheduled 07/15/20	d Con 013	npletion	Date (11)		Name n/a	of OSHA N	Monitor						
Occupancy Status Duri	ng Ahatement (Che	ck Only One	)	-		-	Street	Address			<u> </u>				
X Facility Closed/Vac	cated During Entire med Outside of Nor	Period of Ab	atem				City, S	tate, Zip C	ode					100	
Scope of Work (Check	All That Apply)	D-						Contain	mont wi	th Nea	ative Press	euro.			
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								X Non-Ex	empted	(X) an	d Non-Fria	ible Pr			
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Locati	The state of the s		nally l olely l	Used by			escription				· ·			Ť	
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In Fac		Custo	odial ( (12)	Staff?	(1.0	surfa	acing, VA	T, or	"		F or LF)	Remova	Repair	aps	Clos
(13	3)	Yes	No.	N/A	1	other	miscellar	neous)				wal	ai-	Encapsulate	Enclosure
Entire House		163	140	X	Miscell	aneous	s			2000	SF	х		Ф	
Elitare riodde															
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City, State 1141 Rte. 23 Wayne N	I.J. 07470					Dispo 6/21/2	osal Date 2013	<u>C</u>	ity, State	te em/P.A	10815				
Completed by Edgar Bastidas		Title Projec	t mar	nager		1	Signature	AT	12		1.55	Date 06/12/	2013		
				-				1	N						

Date of Notification ( June13, 2013			N	lame of Town	Of Mai	Owner/Ontolok	perator ( ing	2)		)	ورً.	e,	3	
Agencies Notified  XEPA	Type Notification		34	treet A 40 Dr	ddress um Poi	nt Roa	ad ( Yo	gi Plaza) 2 <sup>n</sup>	d Floo	or 😜		6		i i
X DEP X DOL	Amended Amendment		E	ity, Sta Brick,	te, Zip Co New Je	de ersey				T.		:		
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					LITY INFO	RMATI	ION					-		
name of Facility Where A 1070 Barn Street Address 1070 Barnegat Av	egat Avenue	Place (3)						Type of Facility School (K- Subchapte X Other (i.e.	12) r 8 (Otl	ner than K-1 & commerc	2)	ी Idings,	home	es,
City (5) Mantoloking	venue							etc.) Square Feet 2000	# 0	of Floors		Bldg. A	ige	
County (6) Ocean					Code (7) USE ONLY)		_	Current Use (Pr Residential	ior if be	eing demolis	shed)		***	
Name of Monitoring Firm Environmental Ta	n Hired by Building	Owner (8)		ASCN	/I No.			of Abatement Co n Enterprise				9		
Street Address 64 Broad street								Address Beers St						
City, State, Zip Code Matawan, NJ. 07	747						City, St Keyp	ate, Zip Code ort N.J. 077	35					
Project Manager for Mor Thomas P. Geige							Teleph 732-7	one No. 739-1200		License 01095	No.			
Start Date (10) 06/14/2013		Scheduled 07/15/20	Comp 13	pletion	Date (11)		Name on/a	of OSHA Monitor		1	T.			
Occupancy Status Durin	ng Abatement (Chec	k Only One)					Street	Address						
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn			nt			City, St	ate, Zip Code	- Ive					
Coope of Mark (Charle)	All That Apply)													
Scope of Work (Check A	чі тпас Арріу)	Rer x Der	novati molitic					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure			ocedur	e	
		Is L Norm	ocatio										emen ype	t
Locatio Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED cility	So Main Custo	lely by tenan dial S (12)	y ice/ taff?		stos Con therma surfa		laterial (ACM) s insulation, T, or		Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Entire House				×	Miscella	aneous	S		2000	SF	X			
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Name of Registered Wa Atlantic Carting Inc.	aste Hauler		Ha	JDEP V auler ID 8085		Cubic of Wa	Yards aste	Name of IESE PARdI	f Regis A Beth	tered Landf lehem Land	ill dfill 2	335 Ap	ple b	utter
City, State 1141 Rte. 23 Wayne N	.J. 07470			-310		Dispo 6/21/2	osal Date 2013	City, Sta Bethler	ete nem/P.	A. 10815				
Completed by Edgar Bastidas		Title Project	mana	ager			Signature	MA	1	335 (E	Date 06/12/	2013		

Agencies Notified XEPA XDEP XODL XDEP XDOL XDEP XDEP XDEP XDEP XDEP XDEP XDEP XDEP	Date of Notification ( June 13, 2013				Name of Town	f Building of <b>M</b> a	Owner/C ntolok	operator (ing	(2)	Q.		, ,0			
X DOP   Amendment # X Emergency (including   Justification)   Cancellation   Ca				3	Street A 840 Di	ddress rum Poi	int Ro	ad ( Y	ogi Plaza) 2 <sup>r</sup>	d Floo	or				5.
Name of Facility Where Absternent is Taking Place (3)   FACILITY INFORMATION	XDEP	Amended Amendment			City, Sta Brick,	te, Zip Co New Je	ode ersey				The state of the s	. '=	5,		
Cancellation   Larry Plevier   FACILITY INFORMATION	XDOH			N	ame of	Contact				Te	lephone Nu	mber			
1973 Barnegat Avenue  Streat Address 1073 Barnegat Avenue  Cly (5) Mantoloking  County (6) Cocan  County (6) Cocan  County (6) Cocan  Residential  Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  ASCM No.  Name of Abatement Contractor (9) Fired Address 64 Broad Street  City, State, Zip Code Matawan, NJ. 07747  Project Manager for Monitoring Firm Fromas F. Geigler  Streat Address City, State, Zip Code Matawan, NJ. 07747  Residential  Name of Abatement Contractor (9) Fired Address City, State, Zip Code Keyport N.J. 07735  Street Address City, State, Zip Code Keyport N.J. 07735  Street Address  Telephone No. Cry (73) 2902217  Telephone No. Of 1732-739-1200  Cocupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Ofter Obestiche:  Scope of Work (Check All That Apply) X-23 of or 23 if 2160 of or 2200 if  Renovation X Demolition X Demolition X Demolition X Demolition X Miscellaneous  Containment with Negative Pressure Mini-Enclosure X Non-Exempted (X) and Non-Friable Procedure  Abatement Abatement (ACM) TO BE ABATED Unstate (10) In Facility (13)  Is Location of Asbestos-Containing Material (ACM) TO BE ABATED Unstate (12) Ves No N/A  Name of Registered Waste Hauler Alamitic Carring Inc.  City, State Disposal Date City, State	DCA			L	arry F	levier				I			3		
School (K-12) School (K-12) School (K-12) X Other (i.e. private & commercial buildings, home etc.)  City (5) Mantoloking  County (6) Ocean  Name of Monitoring Firm Hired by Building Owner (8)  Name of Monitoring Firm Hired by Building Owner (8)  Street Address 4 Broad street  City, State, Zip Code Matawan, N.J. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Telephone No. (732) 2902217  Start Date (10) Off-14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours Cher - Describe:  City, State, Zip Code  Matawan, N.J. 07745  Telephone No. (732) 2902217  Telephone No. (732) 2902					FAC	LITY INF	ORMATI	ION		7.5					
City, State, Zip Code Mantoloking  County (6) Cocan  County (70	1073 Bar Street Address	negat Avenue	g Place (3)						School (K- Subchapte	12) er 8 (Oth			ldinas	home	ıs.
County (6) Ocean    County (7)	1073 Barnegat /	Avenue							etc.)	pilitato					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics  Street Address 64 Broad street  City, State, Zip Code Matawan, N.J. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Start Date (10) 06/14/2013  Start Date (10) 07/15/2013  Start Date (10) 07/15	City (5) Mantoloking									2				ge	
Street Address 322 Beers St  City, State, Zip Code Matawan, N.J. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Street Address 322 Beers St  City, State, Zip Code Matawan, N.J. 07747  Project Manager for Monitoring Firm Thomas P. Geiger  Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:  Scope of Work (Check All That Apply) X 23 sf or 23 if 2160 sf or 2260 if X Demolition  Location of Asbestos-Containing Material (ACM) 10 BE ABATISP (13) N/A Solely by Maintenance/ Custodial Staff? (13)							)	_	Current Use (Pr Residential	rior if be	ing demolis	hed)			
Size	Name of Monitoring F Environmental T	irm Hired by Building Factics	Owner (8)		ASC	/I No.					r (9)				
Tolect Manager for Monitoring Firm Thomas P. Geiger    Telephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Talephone No. (732) 2902217   Talephone No. (732-739-1200   Disposal Date (10)   Disposal Date (1		<u> </u>	- 11.												
Telephone No. (732) 2902217 Telephone No. (732-739-1200 T	City, State, Zip Code Matawan, NJ, 0	7747			<del></del>			City, S Keyp	tate, Zip Code ort N.J. 077	35					
Start Date (10) 06/14/2013  Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  X ≥3 sf or ≥3 if ≥160 sf or ≥260 if  Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Exempted (X) and Non-Friable Procedure X Non-Exempted (X) and N			1000	100				Teleph	one No.						
Occupancy Status During Abatement (Check Only One)  X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:  Scope of Work (Check All That Apply)  X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf  Renovation X Demolition  Renovation X Demolition  Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  Name of Registered Waste Hauler Atlantic Carting Inc.  Name of Registered Landfill Location of Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Abatement Type  A	Start Date (10)		Scheduled	Com				Name	e same managemen	r					
X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours  City, State, Zip Code  City, State  City, State  Containment with Negative Pressure  Mini-Enclosure  Glovebag Procedure  X Non-Exempted (X) and Non-Friable Procedure  X Non-Exempted (X) and Non-Friable Procedure  Abatement  Type  Abatement  Type  Asbestos Containing Material (ACM)  (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Security Amount  (Specify Specify Spe	06/14/2013		07/15/20	)13				n/a					4)		
Abatement Performed Outside of Normal Facility Hours Other − Describe:    City, State, Zip Code	Occupancy Status Du	ring Abatement (Ched	k Only One)					Street	Address			7.000			
X≥3 sf or ≥3 lf	Abatement Perfo	rmed Outside of Norr						City, S	tate, Zip Code						
X≥3 sf or ≥3 If ≥160 sf or ≥260 If       Renovation x Demolition       Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Non-Exempted (X) and Non-Friable Procedure X Non-Exempted (X) and Non-Exemp	Scope of Work (Check	k All That Apply)		10					-						
Substitute   Location of   Asbestos-Containing Material (ACM)   TO BE ABATED   In Facility   (13)   Yes   No   N/A	¥≥3 sf or ≥3 lf				201310				Mini-Enclosu Glovebag Pro	re ocedure			ocedur	Э	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED   In Facility (13)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes   No   N/A    Normally Used Solely by Maintenance/ Custodial Staff? (12)  Normally Used Solely By Maintenance/ Custodial Staff? (12			lel	ocati	on	Г						T	Abat	emen	t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  Name of Registered Waste Hauler Atlantic Carting Inc.  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Whiscellaneous  Amount (Specify SF or LF)  Whiscellaneous  Amount (Specify SF or LF)  Whiscellaneous  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Whiscellaneous  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Whiscellaneous  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Whiscellaneous  Amount (Specify SF or LF)  Whiscellaneous  Amount (Specify SF or LF)  Whiscellaneous  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Whiscellaneous  Amoun	Loca	tion of	Norm	ally l	Jsed		De	escription	of				T	/pe	Т
Entire House x Miscellaneous 2000 SF x  Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Disposal Date Disposal Date City, State	Asbestos-Contain TO BE	ning Material (ACM) ABATED acility	Main Custo	tenai dial S	nce/		. therma surfa	l system acing, VA	s insulation, T, or	(	Specify	Remov	Repa	Encapsu	Enclosure
Name of Registered Waste Hauler Atlantic Carting Inc.  NJDEP Waste Hauler ID No. 26085  Disposal Date  City, State  Name of Registered Landfill IESE PA Bethlehem Landfill 2335 Apple buth City, State		,	Yes	No	N/A				, , ,	1112		a	_	late	Гe
Atlantic Carting Inc.  Hauler ID No. 26085  Of Waste 30  IESE PA Bethlehem Landfill 2335 Apple but Rdl  City, State  Disposal Date City, State	Entire House				х	Miscell	aneous	S		2000	SF	х			
Atlantic Carting Inc.  Hauler ID No. 26085  Of Waste 30  IESE PA Bethlehem Landfill 2335 Apple but Rdl  City, State  Disposal Date City, State						-									-
Atlantic Carting Inc.  Hauler ID No. 26085  Of Waste 30  IESE PA Bethlehem Landfill 2335 Apple but Rdl  City, State  Disposal Date City, State										-		+			-
				Н	auler IC		of Wa		IESE PA				335 Ap	ple bu	utter
		N.J. 07470		7					City, Sta Bethyer	ate nem P.A	+10815	-			
Completed by Edgar Bastidas Title Signature Date 06/12/2013	Completed by Edgar Bastidas		S. 477 - 477	man	ager		\$	Signatur	MATE	)			2013		

Date of Notification ( June 13, 2013					f Building 1 Of Ma			(2)	•				1	
Agencies Notified	Type Notification		:	Street A 340 D	ddress rum Po	int Ro	ad ( Y	ogi Plaza) 2 <sup>r</sup>	nd Floo	or 🔊	1	3	À	
X DEP X DOL	Amended Amendment		_	City, Sta Brick,	nte, Zip Co New Je	ode ersey				ć.		6		
X DOH DCA	X Emergency justification Cancellation				Contact Plevier				ī	- KK	mher	<b>M</b>	2	
				FAC	ILITY INF	ORMATI	ON						1.0	
Street Address	egat Avenue	g Place (3)						Type of Facility School (K- Subchapte X Other (i.e.	·12) er 8 (Oth	er than K-1		Idinas	- C	
1111 Barnegat A	venue							etc.) Square Feet		f Floors	***************************************	Bldg. A		J,
Mantoloking								2000	2			50	.90	
County (6) Ocean					Code (7) USE ONLY			Current Use (Pr Residential	rior if be	ing demolis	inea)			
Name of Monitoring Firm Environmental Ta	n Hired by Building actics	Owner (8)		ASCI	M No.		Name Trico	of Abatement Co on Enterprise	es Inc	(9)				
Street Address 64 Broad street	10010					8		Address Beers St						
City, State, Zip Code Matawan, NJ. 07	747						City, S Keyp	state, Zip Code port N.J. 077	35					
Project Manager for Mor Thomas P. Geige	nitoring Firm			Telepho (732) 29			Teleph 732-	none No. 739-1200		License 01095				
Start Date (10) 06/14/2013		Schedule 07/15/2	ed Con 2013	npletion	Date (11)		Name n/a	of OSHA Monito	r					
Occupancy Status Durin	ng Abatement (Che	k Only On	e)				Street	Address			-			
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	nal Facility					City, S	itate, Zip Code		-				
Scope of Work (Check A	All That Apply)	700												
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure			ocedure	e <del>9</del>	
	an and the control of	1	Locat						T		1		emen	t
Locatio	a of	1000	mally l	3.50		Do	scription	of			L	Ty	ре	
Asbestos-Containing TO BE AB In Fac	g Material (ACM) BATED ility	Ma	Solely I intena todial S (12)	nce/		stos Con therma surfa	taining N I system acing, VA	Material (ACM) s insulation, T, or	(	Amount Specify F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	)	Yes	No	N/A		otner	miscellar	neous)			val	#	ulate	ure
Entire House				x	Miscell	aneous	5		2000	SF	x			
							Variable (Soci				+			
			****											
Name of Registered Wa Atlantic Carting Inc.	ste Hauler		H	IJDEP V lauler IE 6085		Cubic of Wa 30	Yards ste			ered Landfi ehem Land		35 Ap <sub>l</sub>	ple bu	utter
City, State 1141 Rte. 23 Wayne N.	J. 07470	F-3-2.05				Dispo 6/21/2	sal Date 2013	City, Ste	ete lem A	. 10815				
Completed by Edgar Bastidas		Title Projec	et man	ager		\$	Signature	151	1)	1777	ate 6/12/2	2013		

Date of Notification ( June 13, 2013			Town	f Building ( Of Ma	ntolok	operator (2 (ing	2)		1.0	-20		4	
Agencies Notified Type No	tification ial	3	Street A 840 Dr	<sup>ddress</sup> um Poi	nt Roa	ad ( Yo	gi Plaza) 2 <sup>n</sup>	d Floo	or ç		143		7
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	ergency (including tification)	N	ame of (	Contact	50			TTA	Janhana N	umber		+	
	ncellation			levier									
			75	LITY INFO	ORMATI					7,		72	
name of Facility Where Abatement 1112 Barnegat Avenue  Street Address	t is Taking Place (3)						Type of Facility School (K- Subchapte	12) er 8 (Oth	ner than K-	12)	3		
1112 Barnegat Avenue							etc.)	private	& commen	cial bu	iluliigs,		s,
City (5) Mantoloking							Square Feet 2000	2	of Floors		Bldg. A 50	.ge	
County (6) Ocean	14			Code (7) USE ONLY			Current Use (Pr Residential	ior if be	eing demoli	shed)			,
Name of Monitoring Firm Hired by Environmental Tactics	Building Owner (8)		ASCN	/I No.		Name of Tricor	of Abatement Co n Enterprise	ntracto s Inc	r (9)				
Street Address 64 Broad street	W. Hell J. Co.					Street A	Address Beers St						
City, State, Zip Code Matawan, NJ. 07747						City, St.	ate, Zip Code ort N.J. 077	35					
Project Manager for Monitoring Fir Thomas P. Geiger	m		Telepho ( <b>732) 2</b> 9			Telepho 732-7	one No. '39-1200		License 01095		7		
Start Date (10) 06/14/2013	Schedule 07/15/2	d Com 013	pletion	Date (11)		Name o	f OSHA Monitor	-					
Occupancy Status During Abatem	ent (Check Only One	2)				Street A	Address						
X Facility Closed/Vacated During Abatement Performed Outside	g Entire Period of Ab e of Normal Facility	ateme Hours					ate, Zip Code						
Scope of Work (Check All That Ap	5.0		inn				Containment	rith Noc	ativo Pres	curo			
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure	)		ocedure	Э	
	0.50	Locati										emen /pe	t
Location of Asbestos-Containing Material TO BE ABATED	(ACM) S	olely b	у	Asbes	tos Con	escription taining M	of aterial (ACM) insulation,		Amount (Specify	70		En	_
In Facility	Cust	odial S (12)	Staff?	(1.6	surfa	acing, VA7	Γ, or		SF or LF)	Removal	Repair	caps	Enclosure
(13)	Yes	No	N/A	1	other	miscellane	eous)	ŀ		wal	ai-	Encapsulate	sure
Entire House			1,011,000	Miscella	aneous	s		2000	SF	x		Ф	
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			Per se communication						***				
Name of Registered Waste Hauler Atlantic Carting Inc.		Н	JDEP W auler ID 6085		Cubic of Wa	Yards aste			tered Land ehem Lan		335 App	ple bu	utter
City, State 1141 Rte. 23 Wayne N.J. 07470					Dispo 6/21/2	sal Date 2013	City, Sta	ate nem/b./	A. 10815				
Completed by Edgar Bastidas	Title Projec	t man	ager			Signature		X		Date 06/12/	2013		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification ( June 13, 2013				Name of Town	Building Of Ma	Owner/O ntoloki	perator ing	(2)	4	. S	3			
Agencies Notified  XEPA	Type Notification			Street A 340 Dr	<sup>ddress</sup> um Poi	int Roa	ad ( Yo	ogi Plaza) 2 <sup>n</sup>	d Flo	or		. 78		
XDEP	Amended Amendment #			City, Sta	te, Zip Co New Je	de				100		6		
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X DOH DCA	justification) Cancellation		1	lame of 0					13.22	slanhane Nu	mber_	1		
	Cancellation			arry P	LITY INFO	ORMATI	ON					<del>-</del>	-	
name of Facility Where Ab	atement is Taking gat Avenue	Place (3)		1 40		OTOMATO		Type of Facility School (K-	12)	her than K-1	2)			
Street Address 1116 Barnegat Ave	enue							X Other (i.e. etc.)	private	& commerci	al buil	205000		s,
City (5) Mantoloking								Square Feet 2000	2	of Floors		Bldg. A 50	ge	
County (6) Ocean					Code (7) USE ONLY,	)		Current Use (Pr Residential	ior if be	eing demolis	hed)			
Name of Monitoring Firm F Environmental Tac	lired by Building ( tics	Owner (8)		ASC	/I No.			of Abatement Co n Enterprise						
Street Address 64 Broad street							Street 322	Address Beers St				Tana		
City, State, Zip Code Matawan, NJ. 0774	ļ7					-	City, S Keyp	tate, Zip Code ort N.J. 077	35					
Project Manager for Monitor Thomas P. Geiger	oring Firm			Telepho (732) 29			Teleph 732-	one No. 739-1200		License N 01095	No.			
Start Date (10) 06/14/2013	T	Schedule 07/15/2	d Con	npletion	Date (11)		Name n/a	of OSHA Monito	r				·	
Occupancy Status During	Abatement (Chec	k Only One	e)				Street	Address						
X Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P	eriod of Al	atem				City, S	tate, Zip Code					-	
Scope of Work (Check All	That Apply)											-		
X≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					Containment w Mini-Enclosu Glovebag Pro X Non-Exempte	re ocedure	Э		ocedure	e	
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Location	of	Non	mally	Used		De	scription	of				Ту	ре	
Asbestos-Containing N TO BE ABA In Facility (13)	TED	Ma Cust	(12)	ince/ Staff?	Asbes (i.e	thermal surfa	taining N system cing, VA niscellar			Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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Entire House		Х	Miscell	aneous	5		2000	) SF	х					
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City, State 1141 Rte. 23 Wayne N.J.				Dispos 6/21/2	sal Date 1013	City, Sta Bethleh	ate /	A 10815						
Completed by Edgar Bastidas	ompleted by Title						Signature	\$ 15	X		ate 6/12/2	013		

CK 27875

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

Date of Notification (							Building Owr	ner / Oper	ator (2)				
$\frac{6}{17}$	/13					Verizon Street Add	l						
Aganaian Natified	Type of Ne	tifical	lion				wood Avenue	Δ.		2313	Mar.		
Agencies Notified EPA	Type of No  ✓	Initial				-	, Zip Code			1.0	<sup>//</sup> //////////////////////////////////	100	7. 6
DEP		Amen					n, PA. 19046			N. L.		457	
		Amen		nt#		Name of C	The second second second		-	Telephon	e Numbe	or	
☑ DOL		Emer	geno	y w/	justification	Alex Baylo	or				- Townson Company	7	
DCA_		Canc	ellati	on				41400				12. 35.17	
					FA	ACILITY IN	FORMATION						QD
Name of Facility Who	ere Abatem	ent is	Taki	ng P	lace (3)		Type of Fac	ility (4)					
Verizon Atlantic City C	Central Offic	е											
							100000000000000000000000000000000000000	School (K		4b 1/ 40			
Street Address 1609 Pacific Avenue									er 8 (Other , private &				
1009 Facilic Avellue									mes, etc.)	011111101010			
City (5)	County (6)	)			County Code (	7)	Square Fee		# Of Floor	s	Building	Age	
Atlantic City	Atlantic			- 1	amenda da kata bara da kata da		N/A	4	2	2		50-	٢
							Current Use	(Prior if	being dem	olished)			
Name of Monitoring	Firm Hired	by Blo	dg. C	)wne	er (8)	ASCM NO	Name of Ab	atement	Contractor	(9)			
USA Estimated							LVI Environr	mental Ca	nices Inc				
USA Environmental Street Address							Street Addr	-	WICES IIIC.				
8436 Enterprise Aven	ue						Judet Addr						
City, State, Zip Code							462 Getty A	venue					
Philadelphia, PA. 191							City, State,						
Project Mngr. For Mo	V. State Communication of the	irm			Telephone Nu	mber		35 1					
Mark Jenkins					215-365-5810		Clifton, NJ (	07011					
<b>Sheduled Start Date</b>	(10)	Sche	d. Co	ompl	etetion Date (1	1)	Telephone	Number		License I	Number		
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/ /		L .	(0)	/	/		973-772 Name of OS	The state of the s			00	0117	
Occupancy Status D					ire Period of		LVI Environ		0.00				
✓ Facility Cl		teu Di	ıııııg	Liiu	ile Fellou oi		Street Addr		VICCS IIIC.				
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Hours - D							462 Getty A	venue					
☑ Other - De	escribe:						City, State,						
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Scope of Work (Che	ck All That	Apply	)										
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Name of Registered		ier			NJDEP Waste Hauler ID No.		Minerva Lar		Landill				
Service Transport Gro 58 Pyles Lane	oup				SW2117	of Waste	IVIIII CI VA LAI	Mill					
City, State				-		Disposal	City. State		- 1				
New Castle, DE.						Date	8955 Minery	a Poad					
						7/25/2013	Waynesburg						
	ompleted by (Print or Type) Title							Signature		7	-	Date	
Marc Heim					Project Manage	er		/10e1	(1/	/			06/17/13
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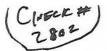
#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

Name of Building Owner/Operator (2): Date of Notification (1): MRS. CARMELA STEFANO 6/13/13 Type Notification Agencies Street Address: Notified 81 HARBOR KEY ROAD ( ) Initial Notification City, State, Zip Code: ( ) EPA ( ) Amendment UNION CITY, NJ 07087 (X) DEP Notification (X) DOL Name of Contact: Telephone Number (X) Emergency CARMELA ( ) Cancellation (X) DOH ()DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3): RESIDENTAL Type of Facility (4): ( ) School (K-12) ( ) Subchapter 8 (Other than K-12) Street Address: 911 17TH, STREET (X) Other (i.e., private & commercial buildings, homes, etc.) Square Feet: NA # of Floors: 1 Bldg. Age: NA City & State (5): UNION CITY, NJ Current Use (Prior if being demolished): County Code (7) County (6): HUDSON (STATE USE ONLY) VACANT ASCM No.: Name of Abatement Contractor (9): Name of Monitoring Firm Hired by Building Owner:(8) NA S/M Enterprise of NJ, Inc. ENVIRONMENTAL CONSULING GROUP, LLC Street Address: Street Address: 339 North 6th Street PO BOX 8466 City, State, Zip Code: City, State, Zip Code: Prospect Park, NJ 07508 HALEDON, NJ 07538 Telephone No.: License No.: Project Manager for Monitoring Firm: Telephone No.: 973-418-4036 FERNANDO VILLA (973) 595-6955 00641 Scheduled Completion Date (11): Name of OSHA Monitor: Start Date (10): 6/13/13 S/M Enterprise of New Jersey, Inc. Occupancy Status During Abatement (Check only one) Street Address: 339 N. 6<sup>TH</sup>. STREET (X) Facility Closed/vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours City, State Zip Code: ( ) Other - Describe: PROSPE T NJ 07508 Scope of Work (Check all that apply): Full Containment with Negative Pressure (X) Renovation ( ) Demolition Wrapping Glovebag Procedure Non-Friable Procedure  $(X) \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ()  $\ge 160 \text{ sf or } \ge 260 \text{ lf}$ Abatement Is Location Description of Type Normally Location of Asbestos Containing Material (ACM) Used Solely by Asbestos-Containing Material (i.e., thermal systems insulation, surfacing, VAT, or Encapsulat Enclosure Maintenance/ Cleaning (ACM) Remova Amount Custodial/ TO BE ABATED other miscellaneous) (Specify Staff? IN Facility SF or LF) (12)(13)Yes N/A No 100 LF X BASEMENT PIPE INSULATION X NJDEP Waste Cubic Yards Name of Registered landfill: Name of Registered Waste Hauler: Hauler ID No .: of Waste: NEWARK CARTING, INC. IESI 18693 City, State: Disposal Date: City, State: PO BOX 5670, NEWARK NJ 07105 IMPE. L, PA 15126 6/20/13 Date: Completed By: Title: Signature: MIKE ALTADOUKA PRESIDENT 6/13/13

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City (5)					. \ _4	000			7	==
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County (6) CAPE MAY		1	ISE ONLY	γ	-	VAC	ANT			
		140	CM No.	Name of Aba	lement	Courago (a)				
Name of Morrioning Firm Hired by Building	Cwu ei	~	₩ 110.	KLG	mc	IN	C/			
(8)		<u>_</u>		Sveet Addre	5.5		1.			
Street Acoress	*.			369	9.	SPRUC	E AVE.			
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City, State, Zip C∞e				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PLI	, CHDD	EINJO	805		$\vec{=}$
Cay, July of				Telephone N	0.		License No			
Project Manager for Monitoring Firm	.1	(eleby	one No.	856:	779	-0472	0046	19_		
	<u> </u>									
Sian Date (10)	dued Con	pleip	n Date (1)	) Name of Os	E PIL	HIEM	M			
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Con Anglement (Ch	ock only on	10)		Sueet Addre	23	Spruce	=1 UE.			
S Facility Closed Vacaled During Entire F	enod of Ab	atem	ent							
Abatement Performed Outside of Norm	al Facility h	Hours		City. State,	go coo	CHAR	E, N, J,	0805	7-	
Abatement Performed Codice of the				_ MA	PLE	JAND	-10-0-			
Other - Describe.					0	amani with Ne	gative Pressure			
Scope of Work (Check all that apply)				☐ Mir	.Fnclo	sure	,,,,,,			
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Name of Registered Waste Hauler		1	Guler D N	o.   01 Waste			1,0,			
Kiémco INC.			7900	0spsal (	Date	Ciry. State	_	11.	Ī.,	
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ON OF ASBESTOS ABATEMENT		
ant to NJAC 8:60 and 5:16)	2	

Date of Notification (1)				Name	of Buildin	g Owner/Operator (	2)					
	14 /13	-			y Gerard		2013 11					
Agencies Notified ☐ EPA ☑ DOLWD ☑ DHSS	Type Notification  ☑ Initial ☐ Amended Amendment #			20 Lo	t Address ongacre D State, Zip (		3 2 1	78 M 2 50	,			
DCA (NJAC 5:23-8)	Emergency (in justification)	~~-		Name	gston, NJ of Contac		* 4/6	Telephone Numb	oer			
	Cancellation			Kenn	y Gerard					-		
ļ				FA	CILITY IN	FORMATION						
Name of Facility Where A Private house Street Address 20 Longacre Drive	batement is Takin	g Place	(3)		Anne 1		Other (i.e.,	2) 8 (Other than K-1 2) private and commerc		ıilding	js,	
City (5) Livingston, NJ 07039							homes, etc Square Feet	# of Floors	ВІ	dg. A	ge	
County (6) Essex				Cour	ty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	9)				
Street Address					14: 	Gr Tech LLC Street Address	4.40		-			
						576 Valley Rd #	283					
City. State, Zip Code						City, State, Zip Co Wayne, NJ 0747						
Project Manager for Monit	toring Firm		11000000	phone	No.	Telephone No. 973-638-1777		License No.				
Start Date (10)		duled C	omple	tion Da	ite (11)	Name of OSHA M Envirovision Co	lonitor	01127				d1
Occupancy Status During					-	Street Address						
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Scope of Work (Check all >3 sf or >3 If	that apply)	'□ Dé	novati	on .		Full Cont Mini-Enc Glovebac	losure g Procedure	nation egative Pressure Tent with Negative on-Friable Procedur	Press	ure		
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Asbestos-Containing N <u>TO BE ABA</u> IN Facilit (13)	Material (ACM) TED	Ma	ed Sole intena todial ( (12)	nce/		Description of stos Containing Mar thermal systems in surfacing, VAT, other miscellane	terial (ACM) nsulation, or	Amount (Specify SIF or LF)	Removal	Repair	Encapsulate	Enclosure
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Completed By (Print or Ty						Signatur	1 A	Dat				$\neg$
N.Jevtic	Ow	ner				/RW	re we	06/	14/20	13		



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Asbestos-Conteining N YO BE ABAT In Facility (13)	faterial (ACM)	Mi	ed Sole Lintena tocial ( (12)	nce/ Staff?	Asbes (I.e.	toa Co therm Suri	nteining M al systems scing, VA miscellen	lalera Insui T, or	etion,	15	mount pecity or LF)	EAGUESM		Repair	spens de sue	Enclosure
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ampleted by utlana Kalenikova		Vice	Pres	dent			Sanature	Tu	nate	lole		Date 06/12	/13	3		

Do not use this form for asbestos licensure exempted activities.

ct 023763

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

O			(Pm	renant	to NIAC	8: 60 and 12: 120	0-7			20			0		
Date of Notification (1)			(14			ilding Owner/Op		r (2)		2013 M					
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Agencies Notified Type	of Notification		$\dashv$	St	reet Addr	ess			2		173	20.1	,		
[X] EPA				1		Valley Road		1	J.	di)			2		
[ ] DEP [X]	Initial			Ci	ty, State,	Zip Code				16/2	5, 1				_
[X] DOL []	Amended			M	ahwah NJ	07430				S.,	$\alpha_{ij_{i}}$				
	Amendment #			_							11/1	7	134		
	Emergency (including Justification)			N:	ame of Co	ntact			200	Telephone	Number		0		
[X ] DCA [ ]	Cancellation			Da	an Connel	ly							<b>C</b> 3	7	
				FACI	LITY INF	ORMATION					-				
Name of Facility Where Abatement is Taki	ng Place (3)							Type of Facility	. (4)						
Ramapo College of New Jersey								1 1	School	(K-12)					
Street Address							$\neg$	[ X ]	Subcha	pter 8 (Oth	er than k	(-12)	lu,		
505 Ramapo Valley Road						35		- 11		i.e., private d gs, homes, e		ercia	l		
	County (6)	-		Cor	anty Code	(7)	$\dashv$	Square Feet	bullulli	# of Floor		BI	dg. A	ge	
				(ST	ATE USE	ONLY)				l			3 1		
Mahwah	Bergen							Current Use (Pr	ior it bei	ng aemolishe	ea)				
Name of Monitoring Firm Hired by Buildin			ASC	M		Name of Abat	tement	Contractor (9)			==:575==25				
USA Environmental Management Inc						IR Contract	in <i>e 2</i> . 1	Environmental Co	nsultine	Inc					
Street Address					-	Street Address		environmental Co	mounting,	IIIC.					
344 West State Street	No. of the state o					1141 Route 23									
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Trenton, NJ 08618						Wayne NJ 07- Telephone Nu									
Project Manager for Monitoring Firm										License No.	•				
Willie Weisgarber Scheduled State Date (10)		-656-81 Date (	-		973 628-9500 Name of OSH	A Mor	nitor		00408			_	-		
	Scheduled Comp		8	, 	1 3	Enviro Vision									
Month / Day / Ye			Day	, 🗀	Year										
Occupancy Status During Abatement (Che						Street Address	s								
[X] Facility Closed/Vacated of Abatement	During Entire Period					20-21 Wagara	w Roa	d, Bldg. #34A							
[ ] Abatement Performed C	Outside of Normal Faci	ility Ho	urs			City, State, Zij	p Code	e							
[ ] Other - Describe:						Fairlawn NJ (	07410								
Scope of Work (Check all that apply)							[]	Full Containmen	nt With N	egative Pres	ssure				
1 1 > 3 of on > 3 lf		[X]		ovation			[ ]	Mini-Enclosure							
$[] \geq 3 \text{ sf or } \geq 3 \text{ if}$ $[X] \geq 160 \text{ sf or } \geq 260 \text{ if}$		1 1	Dem	olition			[X]	Glovebag Procee Non-Exemted (*		n-Friable Pi	rocedure				
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J.R. Contracting & Environmental Consult City, State	ing, Inc.		1781	У	Disposal	Date		G.R.O.W City, Sta						_	
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Jerry Bijelonic	Project Manager					/						6/5/2	2013		

CK 023744

ASB-41

Jun-95

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) Jersey City Public School District Agencies Notified Street Address [X] EPA 346 Clairmont Avenue City, State, Zip Code [X] Initial Notification [X] DOL [ ] Amended Notification Jersey City, NJ 07305 Amendment Telephone Number [X] DOH Cancellation Name of Contact [X] DCA [ ] Emergency Dianne Petolino FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) William Dickinson High School 11 Subchapter 8 (Other than K-12) Street Address 1 1 Other (i.e., private & commercial [X] 2 Palisades Avenue buildings, homes, etc.) # of Floors County Code (7) Square Feet Bldg. Age City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Jersey City Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) USA Environmental Management Inc. J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 344 West State Street 1141 Route 23 City, State, Zip Trenton, NJ 08618 Wayne NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-656-8101 973 628-9500 00408 Willie Weisgarber Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) 2 2 / 0 6 0 7 3 0 Enviro Vision Consultants, Inc. / Year Month Month Day Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code **Abatement Performed Outside of Normal Facility** [X] Hours - Describe: 7:00a.m. - 3:30p.m. Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Demolition Full Containment With Negative Pressure Mini-Enclosure [X] Renovation [ ] ≥3 sf or ≥3 lf 11 Glovebag Procedure | | ≥ 160 sf or ≥ 260 lf Non Exempted (\*) and Non-Friable Procedure [X] Abatement Type Is E E Location Description of N N Location of Normally Asbestos-Containing Amount E R C C Material (ACM) M L Asbestos - Containing Used (Specify A P (i.e., thermal systems 0 P 0 Material (ACM) Solely by SF or LF) V S TO BE ABATED Maintenance / insulation, surfacing, VAT, A in Facility (13) Custodial or other miscellaneous) I U A L R L Staff (12) Yes No N/A Rooms 331-333-335-336-337-338 X VAT 4254 SF X Rooms 331-333-335-336-337-338 150 SF X X Lab Tops Rooms 331-333-335-336-337-338 Glue Daubs 50 SF X X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. 17819 G.R.O.W.S J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Date Completed by (Print or Type) Title Signature Jerry Bijelonic Project Manager

G4667

Date of Notificati

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

Date of Notification (1)	_							ner/Operator (			Willy,			
	12 / _	13			Gai	net Flen	ning	Project Dev	elopment Cor	<b>p</b> 3	1	2		
Agencies Notified	Type Notifica	tion			Street	Address		,		4/)		7	5	
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DHSS ☐ DCA	☐ Emergend	_	ludina		Sou	th Plain	field,	New Jerse	y 07080			Q.	1	
(NJAC 5:23-8)	justification				Name	of Contac	t			Telephone Nun	nber		_	
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		***************************************			FAG	CILITY IN	IFOF	RMATION						
Name of Facility Where A	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
Ingredion Incorpora	ated								School (K-12	2) 8 (Other than K-1	2)			
Street Address									Other (i.e., p	rivate and comme	د) ercial bu	ilding	s,	
10 Finderne Avenu	e								homes, etc.)					
City (5)		_							Square Feet	# of Floors		lg. Aq	je	
Bridgewater, New J	Jersey 09907	<i></i>			1.5		1/074	TE 110E 011111	25,000	2		55+		
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Street Address			<i>.</i>		002			et Address	ation					
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City, State, Zip Code								, State, Zip Co					-	
Bridgewater, New J	Jersev 08807	7						•	ark, New Jerse	y 07424				
Project Manager for Moni				Tele	phone	No.		ephone No.		License No.				-
Eric Houseknecht				9	08-296	-1132	1	73-225-8400		01104				
Start Date (10)	S	chedu	led Co	omple	tion Da	te (11)	Nar	ne of OSHA M	tonitor					-
06/14/	_13_	06	3_/	_1	7_ / _	13	J	&S Environ	mental					
Occupancy Status During	Abatement (0	Check	only o	ne)			Stre	et Address	w-11					
☐ Facility Closed/Vacate							2	333 Route 2	2 West					
☑ Abatement Performed						cribe	City	, State, Zip Co	ode					
Time of Abatement:	AIVI-44PIV	''	FIVI-	<u>12</u> Al	VI		U	nion, New J	lersey 07083					week and the
Scope of Work (Check all	I that apply)							□ Eull Conf	ainment with Ne	gative Pressure				
☐ >3 sf or ≥3 lf			⊠ Rer	novat	ion			☐ Mini-Enc	losure	gative Fressure				
⊠ ≥160 sf or ≥260 lf			☐ Dei	moliti	on				g Procedure	n-Friable Proced	uro			
			le	Loca	tion	T		M NON-Exe	inplea ( ) and Ne	Triable Froced		atem	nt T	me
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Asbestos-Containing	Material (ACM	)			ely by ance/			Containing Ma		Amount	Remova	Repair	nca	inclo
TO BE ABA				odial	Staff?	(1.6		rmal systems urfacing, VAT		(Specify SF or LF)	oval	=	Encapsulate	Enclosure
(13)		-		(12)		-		ner miscellane		850.			ate	0
			Yes	No	N/A									
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Labs2151,2153,2155,	2157				$\boxtimes$	Transit	e Wa	ıll Panels		5760 SF	$\boxtimes$			
Labs2151,2153,2155,	2157				$\boxtimes$	Transit	е Та	ble Tops		696 SF	$\boxtimes$			
Labs2151,2153,2155,	2157					Fume h	lood	s		4 ea				
Name of Registered Was	te Hauler				NJDEP N		Cub	oic Yards of	Name of Regis					
Lilich Corporation				_   '	lauler II 1872		1	5	G.R.O.W.S	5.				
City, State							10000000	oosal Date	City, State		201			
Woodland Park, Ne	w Jersey						0	6/18/13	Morrisville	e, Pennsylvania	а	50		
Completed By (Print or Ty	ype)	Title			-2-2-1-2-1-10-1		0.11-0.1	Signature	5-74	/	Date	/	1	
Tatiana Kalenikova		Vie	ce Pr	esid	ent			Tale	ana /	abelm	6/	12	113	

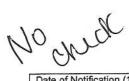
ASB-41 MAY 11

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

Date of Notification (1)	13				ning Project Dev	S.E.	p 🤄 Check i	# 2668	. \$20	00	
Agencies Notified Type Notification □ EPA □ Initial	on			Address Cragwo	ood Road, Suite	205	- <del>'</del>		ı,	, (1	
☑ DOLWD ☐ Amended				tate, Zip C				100	7		
□ DHSS Amendmen			253.70		field, New Jerse	v 07080					
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Cancellation	n ————			g Maron			<u> </u>		-	-	-
			FAC	ILITY IN	FORMATION						_
Name of Facility Where Abatement is Tal	king Place	(3)				Type of Facility					
Ingredion Incorporated						School (K-12		• • • •			
Street Address			a			Subchapter	8 (Other than K- rivate and comm	12) nercial bu	ildina	s.	
10 Finderne Avenue						homes, etc.)		101014104			
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County (6)			Coun	tv Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demo	olished)			-
Somerset			1000	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ing Company				
	a Owner	(0)	ASCM	No	Name of Abateme						
Name of Monitoring Firm Hired by Buildin		(0)			The state of the s						
Accredited Environemntal Tech.	, inc.		0021	1	Lilich Corpo						. —
Street Address					Street Address	12					
220 Church Street					606 McBride						
City, State, Zip Code					City, State, Zip C						
Bridgewater, New Jersey 08807					Woodland Pa	ark, New Jerse	y 07424		***************************************		
Project Manager for Monitoring Firm		Tel	ephone l	No.	Telephone No.		License No.				
Eric Houseknecht		9	08-296	-1132	973-225-8400	)	01104				
Start Date (10) Sc	heduled C	omple	etion Dat	te (11)	Name of OSHA N	Monitor					
06 /14 /13		-	7_/_	356 13.56	J&S Environ	mental					
Occupancy Status During Abatement (Ch	neck only	one)			Street Address						-
☐ Facility Closed/Vacated During Entire			ment		2333 Route 2	22 West					
☐ Abatement Performed Outside of Nor	mal Facilit	y Hou	rs - Des	cribe	City, State, Zip C				91 <del>18</del> 8 = 3		-
Time of Abatement:AM-4PM/	PN	- <u>12</u> A	M			Jersey 07083					
wanted the control of					Omon, new						
Scope of Work (Check all that apply)  ☐ ≥3 sf or ≥3 lf  ☐ ≥160 sf or ≥260 lf		enova emolit			☐ Mini-End	tainment with Ne closure g Procedure empted (*) and No		dure			1
	1	s Loca	ition	1				Ab	atem	ent T	) pe
Location of		Norm			Description			70	Z	ū	ū
Asbestos-Containing Material (ACM)			ely by ance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			Staff?	(1.6	surfacing, VAT		SF or LF)	oval	=	usc	sur
(13)		(12	)	1	other miscellane					ate	100
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Labs2151,2153,2155,2157,2159,21	61 🗆		$\boxtimes$	Transit	te Wall Panels		5760 SF				
Labs2151,2153,2155,2157,2159,21		$\boxtimes$	Transit	te Table Tops		696 SF					
Labs2151,2153,2155,2157,2159,21	61 🗆			Fume I	Hoods		4 ea	×			
Name of Registered Waste Hauler			NJDEP '		Cubic Yards of	Name of Reg	stered Landfill				
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City, State Woodland Park, New Jersey					Disposal Date 06/18/13	City, State Morrisvill	e, Pennsylvar	nia			
	Title				Signature	/	·	Date ,	11		
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Tatiana Kalenikova	VICE P	16216	GIIL		MINI	enelles	erm	01.5	11	5	

CK 4806

Date of Notification (1)			T	Name	of Buildi	ng Owner/Operator	(2)	- Z 9	~ </th <th></th> <th>-</th> <th></th> <th></th>		-		
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(a) .	¥6					Best R	emoval_	Inc					
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	a 2-						sack, N	.J. 07601					
Project Manager for Monitoring F	im	Te	lepho	ne No.		Telephone No.		License No.					
				MATERIA DE LA CONTRACTOR DE LA CONTRACTO		201-329-		00388					the Street
Start Date (10)	Scheduled Co			te (11)		Name of OSHA I		T					
	7/	.,.	3		•	Omega En	VITORME	ntal inc					
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C Facility Closed/Vacated During	Entire Period or	f Abat	ement										
Abatement Performed Outside     Other - Describer - Address	of Normal Facili	ity Ho	25	*?		City, State, Zip C		-1- N T	0760	6			
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. Location of	1		lormali			Description o	٠				m		
Asbestos-Containing Materia	N (ACM)		d Sole			stos Containing Ma	sterial (ACM)	Amount		-		9	m
TO BE ABATED			usbdi		(Le	., thermal systems surfacing, VAT		(Specify SF or LF	,	em	20	8	nolo
(13)		•	(12)			other miscellane				Removal	Ropair	-	Enclosure
										-		8	-
		Yes	No	N/A		<del></del>		86.		Ø	$\dashv$	Н	-
BASEMENT					THER	MAL IN SUL	TION	906	<u>r</u>	7	_	Н	_
													_
			S.W.=2937.							Н	$\Box$		
Name of Registered Waste Haule	ſ		DEP V No.	laste H	lauler	Cubic Yards of Waste	Name of Reg	istered Landfill					
Best Removal In	DOH DESCRIPTION OF RESIDENCE OF ACCORDANCE OF PARTIES OF ACCORDANCE OF A			a		14/29	Minerv	a Enterpr	ises				
Ciby Shebs		1 -	710		x '	Disposal Date	City, State				_		-
	, Ņ.J. (	76	01			7/9/13	Waynes	burg , Oh					
Completed by	100000000000000000000000000000000000000					Signature (	1	Ω	Date	113	1	12	
J. Maiorano	ESTIMA	10	Ľ			1 MM	سمدنه	<b></b>	6	112	1	ر ،	



Date of Notification (1) 6/3/2013 Check#				Building O seph Por		erator	(2)		j	C <sup>2</sup>		18	1/3	*	
Agencies Notified Type Notificat	ion	1 27	Street Ad 402 Ke	ldress arny Ave	enue					.44			7.	ς;	7
EPA Initial Amende				e, Zip Cod , NJ 070		- Heavella							) / E		
■ Emerger  DOH justificati  DCA Cancella				Contact Porcile					Tel	onhand	i gazatika		6	3	e e e
			FACIL	ITY INFO	RMATIO	N									3
Name of Facility Where Abatement is To Department of Health @ Town							☐ Sc	Facility (4)	)		. 40)				
Street Address 645 Kearny Avenue								bchapter 8 her (i.e. pri :.)				uild	ings,	home	s,
City (5) Kearny , NJ 07032							Square 10,000	Feet	# o	f Floors		BI 60	dg. A	ge	
County (6) Hudson			County C	ode (7) SE ONLY)		_		Use (Prior tment of			lished	)			
Name of Monitoring Firm Hired by Build Omega Environment Services	ing Owner (8)		ASCM	No.	T			ment Cont		(9)					
Street Address 280 Hyuler Street						Street	Address 69th St					1000			
City, State, Zip Code	CONTRACTOR OF THE PROPERTY OF		-		-+	City, S	state, Zip	Code	2						
South Hackensack, NJ 07606  Project Manager for Monitoring Firm		- 1 -	Telephor	ne No			onberg,	NJ 0709		License	- No				
		2	201-48	9-8700		201-2	295-17	31.50		01074					
Start Date (10) 6/14/13	Scheduled 6/17/20		pletion [	Date (11)			of OSHA e as ab								
Occupancy Status During Abatement (C	heck Only One	:)				Street	Address								
Facility Closed/Vacated During En Abatement Performed Outside of Nother – Describe:					_	City, S	State, Zip	Code	+						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Mini- Glove	Containment Enclosure ebag Proce Exempted	edure					9	
	1-1	ocatio							1 / 4.				7.0	ment	
Location of		ormall			Des	cription	n of				_	-	Ту	ре	
Asbestos-Containing Material (ACM TO BE ABATED In Facility (13)	) Mair Custo	Solel ntenan odial S (12)	ice/ staff?		os Conta thermal s	aining M systems ing, VA	Material (A s insulati NT, or		(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	Yes	No	N/A		Pipe	Fittin	nas	-	1	20 LF	×				
Basement Boiler Room	×	-		Insulat			ut bread	ching		20 LF	×				
		- 1 4:	IDED W	looto T	Cubic \	/ords		Name of R	ogist	ored I an	dfill				
Name of Registered Waste Hauler Freehold Carting		Hauler ID No. of 15939 the						Waste N							
City, State PO Box 5010		Di				al Date		City, State Tullytow		ndfills					
Completed by Gina Salvador	Title Office	Man	iger	1	Si	gnature	BI	Queas	0_		Date 6/12	/20	13		

Date of Notification (1)	113/13					ng Owner/Operator			1	S)		-	
	Type Notification		_	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	ACCTES		rhicisia.	वर उ००ड	<u> </u>				
Agency Notified	-			Street			= ~ 011	Λ 6/A				2,	6
D EPA	E Initial  D Amended		1	City S	State 7in	SS ESS			-			-	(1)
E DEP ErDOL	Amendment #		1	Ony, c	33	HUIT,	UJ. O	7901					
ZÍDOH · ·	<ul> <li>Emergency (including justification)</li> </ul>	ling	1	Name	of Conta	æ	•	Telephone Numb	er				
E DCA	D Cancellation			MS	. D.	LUPTON	1	•					
				FAC	ILITY IN	FORMATION							
Name of Facility Where					•	· · · · · · · · · · · · · · · · · · ·	Type of Facilit	y (4)					-
ESTATE OF MA	RY PHILBRI	CK.	7	010	7.5	1876	C School (K-1	2)					
Street Address	<del></del>	-				<del></del>	☐ Subchapter	8 (Other than K-12)					
5	5 ESSEX	(	20				2 Other (i.e. p	rivate & commercial	buildin	ngs,			
City (5)			_=				Square Feet	# of Floors	Bidg	. Ag	В	0.2000	
· SU	TIME						4500	2	1	1.10	3	5	-
O			-1			) (STATE USE		rior if being demolis				_	_
041	οN.		-	ONLY	) .		R	ESIDENC	E				
Name of Monitoring Firm	Hired by Building Own	er	ASCI	No.		Name of Abaten	nent Contractor	(9)					
(8)						Best R	emoval 1	[nc					
Street Address	N		1000			Street Address			8	8 10	1623		
1 17							River St						
City, State, Zip Code						City, State, Zip C		7 07601					
D :							sack, N.	J. 07601					
Project Manager for Mon	ading rim	Te	elepho	ne No.		Telephone No.	7111	00388					
Start Date (10) /	Scheduled C		E D-	4 (44)		201-329- Name of OSHA		00300					
7/1/13	. Screening (	7/2	//			Omega En		ntal Inc					
Occupancy Status During	Abatement (Check or	ty one)				Street Address							
D Facility Closed/Vacate	 d During Entire Period	of Ebot	hamoni			280 Huy	ler St						
D Abatement Performed	Outside of Normal Fac	ility Ho	us			City, State, Zip C					11.57		
A Other - Describe: 7				• • •		South H	ackensac	k, N.J. 0	760	6			
Scope of Work (Check al	(that apply)			1,000		D Full C	Containment will	Negative Pressure				.60-,	
₩23##23#					ovation	-810mi	Enclosure	11090010 11000000					
© ≥ 160 sf or ≥ 260 lf	10			☐ Den	NOMBON		ebag Procedure Exempted (*) an	d Non-Friable Proces	dure				
		k	Locati	ion	<u> </u>					A	bate		nt
Locatio	- ef	- B	lomai	ly	1		-			-	Ty.	<u>pe</u>	_
Asbestos-Containing	Material (ACM)	Use Mai	d Sole intens	ly by	Asbe	Description of stos Containing Ma		· Amount				m	
TO BE AB		Ç	boteux	ial		., thermal systems	insulation,	(Specify		Ren	B	POOL	no
(13)		· ·	Stat?	<b>-</b>		surfacing, VAT other miscellane		SF or LF)		Removal	Repair	New Year	Enclosure
	• • •			T						-		8	•
0 40-44 51-4	<del></del>	Yes	No	N/A				-10			-	_	_
BASENENT					THE4	1AL SYSTEM 1	NSOLATION	245 L	F	9	_	_	_
											_	_	
				_						Ц	4	_	_
Name of Registered Wast	ha Maridae		050	1		TOTE WITH							_
			DEP V No	Vaste H	auter	Cubic Yards of Waste	Name of Regis	Refec Lancell					
Best Removal	1 Inc	1000000	710	9		2./24	Minerva	Enterpri	ses				
City, State		^				Disposal Date	City, State						
	sack, N.J.	0760	01			7/2/13	Waynesh	ourg , Oh					_
Completed by	Title	0 + 0	_			Signature	/ ,		ate	1,-	1	2	1
J. Maiorano	Estim					VM	سام	~	6/	13	<u> </u>	2	
ASB-41	* Do no	use thi	is form	for as	bestos lic	ensure exempted	clivities.						

#### MO#20613932695

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT	•		 
(Pursuant to NJAC 8:60 and 5:16)	- 55	P	

Date of Notification (1)	8.00			Name	e of Buildir	ng Owner/Operator (	2)				1 .	
	_ / _ 13	3		Arne	Olsen		221	3 JUN 18		1118		
Agencies Notified Type	Notification				t Address		*		7.10	-		
☐ EPA 🛛 Ir	nitial			286 5	South Invi	ng Street	6.3		3/2 24	3/1		
☑ DOLWD ☐ A	mended				State, Zip		(S)	<del></del>				-
☑ DHSS A	mendment #	<u> </u>						LILLE				
	mergency (i	ncludin	g		ewood, N				14/1			
I	ustification)			Name	e of Contac	ct		Telephone	Number .	<u> </u>		-
	ancellation			Arne	Olsen					7		
				FA	CILITY	NFORMATION				-00.0		
Name of Facility Where Abaten	nent is Takir	g Place	(3)				Type of Facility	(4)				
Private house							School (K-1	2)				
Street Address				-			Subchapter	8 (Other than	K-1 2)	4		
286 South Iming Street							Other (i.e.,		mmercial	buildir	igs.	
286 South Irving Street City (5)							homes, etc.	·				1
							Square Feet	# of Floor:	5	Bldg.	Age	
Ridgewood, NJ 07450				-								
County (6)				Cour	nty Code (7)	(STATE USE ONLY)	Current Use (P	rior if being de	molished			
Bergen												
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9	))				
						Gr Tech LLC						
Street Address						Street Address						
							202					
City, State, Zip Code						576 Valley Rd #						
ony, otato, zip oode						City, State, Zip Co						
		102				Wayne, NJ 0747	70					
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephonė No.		License N	0.			
						973-638-1777		01127				
Start Date (10)	Sche	duled C	omple	tion Da	ate (11)	Name of OSHA M	Ionitor	101127				
06 / 22 / 13		06	23	3 /	13							
Occupancy Status During Abate				_		Envirovision Co Street Address	nsultants, Inc					
□ Facility Closed/Vacated Dur						Street Address						
Abatement Performed Outsi					a a alla a	20-21 Wagaraw	Road, Bldg .#	35 E				
Time of Abatement:	AM-	M/	y mou	s - Des	SCRIDE ΔM	City, State, Zip Co	ode				********	
			-		-CINI	Fair Lawn, NJ 0	7410					
Scope of Work (Check all that a	ipply)						and decontami			+0.00		-
≥3 sf or >3 If		₩ Re	enovati	on		Full Cont	ainment with Ne	gative Pressur	re			
☐ ≥ 160 sf or ≥260 lf			emolitic			Glovebad	Procedure	Tent with Neg	ative Pre	ssure		
		tali-ik VVoc				☐ Non-Exe	mpted (*) and No	on-Friable Pro	cedure	i.		
			Locat						A	baten	nent T	vpe
Location of			Norma ed Sole			Description o	f			T	T	Ť
Asbestos-Containing Materia TO BE ABATED	al (ACM)		intena		Asbe	stos Containing Ma	terial (ACM)	Amount	2	Repair	inc	Enclosure
IN Facility		1723	todial		(1.6	<ul> <li>thermal systems i surfacing, VAT,</li> </ul>		(Specify	(   0	a:	aps	los
(13)			(12)			other miscellane		SIF or LF	) <u>a</u>		Encapsulate	Lice .
		Yes	No	N/A			,				ē	
Dasamant				×	p: .	1			LA	1	1	1
Basement		닏	<del>-</del>		Pipe ins	ulation		165 LF	X			
			Ш									
		П	П	10	1				TIF	ī		To
				<del> </del>	<del> </del>				-  -		분	분
Name of Registered Waste Hau				<u> </u>	II. II. ID N	Tall Will die	,		L	لالا		Ш,
	iei				e Hauler ID No.	Cubic Yards of Waste		stered Landfill				i
Gr Tech LLC			(	03378	35	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470						TBD	Tullytown, P.	A				
Completed By (Print or Type)	Title	e				Signature		·	Date			
N.Jevtic	0	nar				H	1.	1		012		
N.JEVUC ASB-41	Ow	HEL				//20	AC NO	Maa	06/13/2	013		
MAY 11		Do no	use ti	nis form	for asbes	tos licensur Vexempi	ed activities.					

CK# 4505

Date of Notification (1)	3		$\Box$	Name	of Building Owner/Operato	(2)	A GEDOR	N			
4/15/	Notification	<del></del>	-		Address	/G // 1/	7,00 0.010			2	
			1		03 IRVING	87					
D EPA Z Inii	ial unded		1	03.0	Mate To Oak						-
Z DOL An	nendment #			H	IDLAND PAG	2K. NJ	. 07432	2 %			
BLOOH · · jus	rergency (includ :tification) ncellation	###J		Name	of Contact S. HAGEDOR		Telephone Mus	nhor .		7	
				FAC	LITY INFORMATION	1	1		0		Ver. 1148
Name of Facility Where Abatem	ent is Taking Pl	ace (3)	,		•	Type of Facility	(4)			4	A Alexander
Street Address	LRVING			<u>G</u> E	DORN	School (K-1: Subchapter Other (i.e. p homes, etc.	8 (Other than K-12 rivate & commerci	2) iel buildin	ıgs,	( )	Ž,
Cây (5)	32					Square Feet	# of Floors	Bldg.	Age		٠,٠
. MIDLAN	O PA	RK			56	Z000	2	8	30	ء م	MAG
County (6)			-1	Count	y Code (7) (STATE USE		rior if being demoi			•	
BERGEN	COUNT	14	Ī	ONLY		Res	SI WENCE	•	• •		
Name of Monitoring Firm Hired I	by Building Own	er	ASCM	No.	Name of Abates	ment Contractor (	9)				
(8) ·						emoval I	nc				
Street Address				#2	Street Address						
7 77						River St	:		-		
City, State, Zip Code					City, State, Zip (		J. 07601				
Project Manager for Monitoring I		1 =				isack, N.					
subject westerant of memorals i	1000	1 14	elepnol	ne No.	Telephone No. 201-329-	7444	00388				
Start Date (10)	Scheduled C	omnie	inh Do	to (11)		ACTION OF THE PARTY OF THE PART	00300				
7/3/13	7	14	/12			vironmen	tal Inc				
Occupancy Staitus During Abate	ment (Check on	ly one			Street Address						
G Facility Closed/Vacated Durin	. • n Enlisa Bariad :	of Klass	Inmad		280 Huy	ler St					
Abatement Performed Outside	of Normal Fac	lily Ho	urs urs		City, State, Zip C						
Other - Describe: 7AM		,			South B	ackensac	k, N.J.	0760	6		
Scope of Work (Check all that ap 22 2 3 sf er 2 3 if 12 2 160 sf er 2 260 if	iply)				ovation 2 Mini- notition 2 Glov	Enclosure ebag Procedure	Negative Pressur	*			
	•	ks	Locati	ion.					10000	den Two	nent
Location of Asbestos-Containing Materi TO BE ABATED IN Facility (1S)	al (ACM)	Use - Ma	lormali d Sole intenar Justodi Staff? (12)	ly by nce/ al	Description Asbestos Containing M (i.e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, f, or	Amount (Specify SF or LF)		T	T.	Enclosure:
i Luci		Yes	No	N/A		8 8					
BASENENT				7	THERMAL SYSTEM	MOITH COM	iss L	F	A		
									I	Ţ	
									4	+	$\downarrow \downarrow$
Name of Registered Waste Haule	<u>.                                    </u>	1				TN 63			$\perp$		
Best Removal In		ID	No	Vaste H	Waste	Name of Regis		4 n			
	 	1	710	9	2 = 1	1	Enterpr	ıses		37/4	
City. State Hackensack	, Ņ.J.	076	01		Disposal Date	City, State Waynesb	ourg , Oh				
Completed by J. Maiorano	Table Estim		-		Signature	, -	0 1	Dato /	, /	,-	$\dashv$
J. Maiorano	ESCIII	alu	T		1//	منصم	7 1	6/1	3//	13	

Date of Notification (1) 06/12/13 CK#2688 \$200				Building Ogh Dickir					q <sup>e</sup> ,	70	9 60		\	35	
Agencies Notified Type Notification			Street A	ddress River Ro	ad				17	4	1	2	Ž,		
EPA Initial  DEP Amended  DOL Amendment #				te, Zip Coc ck, New		y 07666	3			146		,	-		
■ Emergency (in justification) ■ DCA Cancellation	cluding			Contact Gorsczya	a				Tele	enhone N	Viinahei				
			FACI	LITY INFO	RMATI										
Name of Facility Where Abatement is Taking FDU, Becton Hall Street Address	Place (3)	)					S	of Facility ( school (K-1 subchapter	2) 8 (Oth						
1000 River Road								other (i.e. p tc.)	rivate 8	& comme	ercial bu	ildi	ngs,	home	es,
City (5) Teaneck, New Jersey 07666							Square 40,00	e Feet	# of	Floors		Blo 55		je ş	
County (6) Bergen							Currer	nt Use (Prid	or if bei	ng demo	lished)				
Name of Monitoring Firm Hired by Building Ov Environmental Design Inc.	vner (8)		ASCM	No.				ement Cor oration	tractor	(9)					
Street Address 5434 King Avenue, Suite 101			L			Street A		s de Avenu	ie		11,770		-2000		
City, State, Zip Code Pennsauken, New Jersey 08109						City, Sta Wood		Code Park, Ne	w Jer	sey 07	424				
Project Manager for Monitoring Firm Tom Pruno			951 3 <b>9</b> 70 551			Telepho 973-2				License 01104					
			pletion (	Date (11)				A Monitor nmental	Labs	LLC			- 30.00		
Occupancy Status During Abatement (Check	Only On	e)				Street A	ddres	s							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent			2333 City, Sta		22 Wes	st						
Other – Describe: 5PM Start					_			v Jersey	0708	3					
Scope of Work (Check All That Apply)						5.33									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-					×	Mini	Containme i-Enclosure vebag Prod -Exempted	e cedure						
		•					NOI	-Exemple	1 ( ) and	u NOII-FI	lable F			ment	
Location of					Do	scription (	of						Ту	е	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mai Cust	ntenan odial S (12)	ce/ taff?		os Con thermal surfa	taining Ma I systems icing, VAT miscellane	aterial insulat , or		(5	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
1st,2nd,3rd & 4th Floor Classrooms	res		N/A	\/AT	P Mar	stic (No	n Erio	blo)	9.4	96 SF	X	+		-	
2nd, 3rd & 4th Floor Classrooms				100 000				30. 33.0		10 SF	X	+	-		
1st Floor Classroom					200000000000000000000000000000000000000	s (Glove				9 ea	X	+	-		
1st,2nd,3rd & 4th Floor Hallways						stic (No	-			1080	X	+	-		
Name of Registered Waste Hauler			IDEP W			Yards	1	Name of			5.50			-	
Lilich Corporation		Ha	auler ID		of Wa			G.R.O.							
City, State Woodland Park, New Jersey		Telephone No. 856-616-951 heduled Completion Date (116/30/13 nly One) od of Abatement Facility Hours  Renovation Demolition  Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)  Yes No N/A  X Ceilin X  NJDEP Waste Hauler ID No. 18724				sal Date 1/13		City, State Morrisv		ennsylv	vania				
Completed by Tatiana Kalenikova	Title Vice I	Presid	lent		- 5	Signature	aro	Me	al	Ze_	Date 06/12	2/13	3		

Date of Notification (1) 06/05/13 Ck#	2670 \$200			Name Fairle	of Building ( eigh Dicki	Owner/Or nson Ur	perator (2) niversity		4//		ŧ,	3	×.	£.
-  -	Type Notification				Address River Ro	ad	·	18.18	- <del>CA</del>	1		17	j	
DEP X DOL	Amended Amendment				tate, Zip Co eck, New		07666			1,				
DOH DCA	Emergency ( justification) Cancellation	including			of Contact Gorsczya	a	·		Telephon	e Nun	ber	89		
Non- of E-William AV				FAC	ILITY INFO	RMATIO	N							
Name of Facility Where Ab FDU, Becton Hall	atement is Taking	g Place (	3)				T	pe of Facility	(4)					
Street Address									12)					
1000 River Road							×	Subchapte	er 8 (Other that private & com	n K-12	) I bui	dinas	hor	100
City (5)								etc.)				unga	, 11011	165,
Teaneck, New Jersey	,							quare Feet	# of Floor	S		3ldg.	Age	
County (6)				Country	Code (7)		500000	0,000	4			55+	···,	
Bergen					Code (7) USE ONLY)		- C	urrent Use (Pr <b>ollege</b>	ior if being der	nolish	ed)			
Name of Monitoring Firm H Environmental Design	ired by Building C 1 Inc.	Owner (8)	)	ASC	M No.		Name of A	Abatement Co orporation	ntractor (9)					
Street Address							Street Add							
5434 King Avenue, S City, State, Zip Code	uite 101							Bride Aven	ue					
Pennsauken, New Je								, Zip Code nd Park, N	ew Jersey 0	7424	ļ			
Project Manager for Monito Tom Pruno	ring Firm			Telepho 856-6	ne No. 16-9516		Telephone 973-225		. Licer	ise No				
Start Date (10) 06/17/13		Schedul	ed Cor		Date (11)	-	Name of C	OSHA Monitor		J- <del>4</del>	_	-	-	
	and the second second second	06/28/						vironmenta	I Labs Inc.					
Occupancy Status During A			2.200				Street Add							
Facility Closed/Vacate Abatement Performed	d During Entire P Outside of Norm:	eriod of A	Abaten	nent				oute 22 We	st		S Streets			
Other - Describe: 5 P	M Start		- Tioure					, Zip Code Vew Jersey	07083					
Scope of Work (Check All T	hat Apply)												100,000	
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			Renova Demolit				×	Mini-Enclosur Glovebag Pro					°9.	
		· Is	Locati	on						T	-		ement	t
Location of		lise	vormal d Sole	ly ly by		Descr	ription of					Ту	ре	
Asbestos-Containing Ma TO BE ABATE	iterial (ACM)	Ma	intenar	nce/	Asbesto	s Contair	ning Mater stems ins	rial (ACM)	Amount		_	0	m	m
In Facility	_	Cust	todial S (12)	staff?		surfacin	g, VAT, o	r l	(Specify SF or LF)		₹em	Repair	Cap	indi
(13)						other mis	cellaneou	s)			Removal	oair	Encapsulate	Enclosure
1st, 2nd, 3rd & 4th Floo	wClasses	Yes	No	N/A									ਰ	,,,
2nd, 3rd & 4th Floor (			X	<u> </u>			(Non F		8496 SF		X			
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<sup>\*</sup> Do not use this form for exhance standard activities.

A. Mac Asbestos

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City, State, Zip Codo								tete, Zij Rock	Code , N.J. 07	452				-	
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ASS-41 (R-06-08)

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

Jun 11 2013 07:53am P001/001
Check # 8177

#### State of New Jersey

Date: 6 LU L3-Time: Liso				of Assesto b NJAC 8:60 :					Ç.		- /	0	
Date of Modification (1) G/10/3			Name o	FBuilding Owne	A Ow	(Z) P.E	ALTY	200	<u></u>	C.			
Agencies Notified Type Notification				ddress 6 BRON				7.7					
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DOH justification)	Emergency (including justification) Cancellation			f Contact				bi			700000		
				LITY INFORMA	TION								
Name of Facility Where Abatement is Takir	ig Place (	3)		:		Type of F	ecility (4)						
Street Address							tit (K-12)	ither than K-15	٠,				
316 BRUADWAY			207		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
CITY (5) KEY POILT				i	7.00	Square Fe		of Floors	E	lldg. /			
Provenou Ty				Code (7)		Carrent Use (Pytor If being demolished) REU   Para 0							
Name of Monitoring Firm Hired by Building Owner (8)				A No.	Name	of Abatement Contractor (9)							
Street Address	<u> </u>		Street	A. Mac Contracting Inc. Street Address									
City, State, ZIp Code							5 Lowell Road						
		City, Slate, Zip Code Glen Rock, N.J. 0745											
Project Menager for Monitoring Firm				Telephone No. Telephone No. 201-262-5			ı	License N 00156	0.				
Start Date (10) Scheduled Co				repletion Date (11) Name			e of OSHA Monitor						
Occupancy Status During Abatement (Chec	<u></u>		Omega Environmental Services Inc.										
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Abatement Performed Outside of Normal Facility Hours Other - Describe:				:		State, Zip Code ckensack, NJ 07606							
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	Is Location									Abetement			
Location of Monn Asbestos-Containing Material (ACM) Used So			ly by		Description			Amount		13	pe	Γ	
TO BE ABATED In Facility (13)		Intena fodial 5 (12)		(i.e. them su	ial system: facing, VA	ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)		(Specify SF or LF)		Repair	Encepsulate	Enclosure	
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Check# \$116 8146

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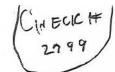
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	Yes	100	NIIA	<u> </u>							8	F
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	$\dagger \dagger \dagger$	NAME AND ADDRESS OF THE PARTY O	X	FLO	OR TI	STREET, SQUARE, SQUARE		93,906 SI	the latest designation of	-		1
			X	100	4577C			14.750 8		***		74
Name of Registered Whole Healer Revie Trunsport	and the second s	110	250 VI min 10 1700		240	2	IESI PA	Jahred Landi Jelhighern L		Cor	p.	
City, Bins Riverdale, New Jersey 07457	//2 21				3/26/1		City, State Destribution	n, PA 1891	}			
Completed by P. McDonald	Prog	dent			1/	700	12.11	0	5/	3/	3	



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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:130)

Date of Notification (1)	13/13		1	lame o	1 Building SEV	Owner/Operator	(2) ,57	ous Hon	at 5	9• • 20•			_
Agencies Notified	Type Nouscation	(4)	3	treet A		O. BOX 9	185		Way r	•	They	1	-
別 EPA 別 OEP 通 OOL	Amended  Amendment #	-1 -1 -	1	City, Sta	STO	one Han	130	יע, אכ	J. 082	47			
□ 00H	Emergency (in justification) Cancellation	awing	Ti.		Contact Chan			12	elephone N	umber	7	sciate	_
	<u> </u>			FACU	או אדנ	RHATION							
St A Belende	DENCE		3)				R	se of Facility (4 School (K-12) Subchapter 8 ( Other (I.e., priv	Other than I	K-12) ercial b	ومعاني	<b>s</b> .	
274	64711.5	r						homes, ets.)	V of Floors		Bido:		
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AVAL	E MAY		T	County USE 0	Code (7	STATE	Cu	reni Use (Prior	M being der	nolishe	d)		
tame of Monitoring Fire	n Hired by Building	Swuer.	- 1	SCM N		Name of Abatem	nent (	Convegor (9)	.,				
Street Address	<u>//</u>		_ -		-			SPRUC	-	•			
			_			Ciry State, Zip C	Ç∞de		., -		<	,	
ity. State. Zip Code					1	MAR	ارز	SHAD	License N		05	=	=
oldect Manadet lot Mo	onitoring Firm		, Telep	hone N	0.			-0472		44	4_		
Sian Date (10)	Sche	duled Co			(11)	Name of OSHA	Mon	41.619	M				. :
6.1271	1)	/ 3		13								.,	
Occupancy Status Dur	ing Abatament (Che	eriod of A	ubaten	nent		3695	2/5	PRUCE	71 00 1			_	
Abatement Perform	ed Outside of Noma	d Facility	Houn	5		City, State, Zip	Code	SHADE	. N.	5:0	805	12	
Other . Describe:			_		==_				= 300000				
Scope of Work (Check	all that apply)			2020		Minis F	nclos	nment with Ned	Sand biezz	OLG			
□ ≥3 \$1 or ≥3 II		☐ Red	novation mailton	an . n ,				Procedure pled (*) and No	n-Friable Pr	ocedur	8 .		
2160 sl or ≥260 ll		1 101	ocatio	n 1							1	Type	
		l No	Sole			Description	ol		Amour	ni.			m
Location Aspessos Containin	n of Malerial (ACM)	Mair	rienan Sibola	cs/	Asbe	sios Containing h	12 112	Ulation, (	(Special	Ŋ	Reg	Ropar	Encupsulate
TO BE AF	MIED	1 5	Staff?		,	surfacing. VA	41,0		3, 0, 0	• •	Removal	E	chus
.(13	) <u>.</u> .	_	(12)	1							-		2
SIDING		Yes	Но	N/A		TRANS19			1500	2 45	×		
\$17/A				×		TMANSIT	8				1		24.
21911	/ 6	-					_				+		
<del></del>							_			7	1		
		_ ·		NOEP	VAIDOR D	Cubic Yards		Name of Rec	istered Lan	Q(III	Í.	-	,
Name of Registered	Waste Hauler		_	Hauter 1	O No.	01 Waste	-		, C , ^				_
City. State MAPLE SI	- (	5,0	80	52		Deposal Dai		Woo	0312	Date	برر	-	==
Completed By		iKe		ER	-	Signatur	ومم	yel Se	<u></u>	6	13	1	3
	1 1 10 10 1	-											

# Ct 226

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

								-		
Date of Notification (1)		Name of	Building Owne	r/Operator (2)	Bor	dinger			2	
Agencies Notified Type Notification		Street A	ddress	Shire	c	ALD O	4/1	Š.		
EPA Initial Amended		City, Sta	ite, Zip Code	Sind	3 h	-anc	heyt.		7	_
DOL Amendment #	cluding		, ,	Philad	elph	ua PA		9	12	1
DOH justification)	cidang	Name of	Contact	Ricco	5.	Telephone Nun	nber			1
		FACI	LITY INFORMA	ATION		<del></del>	<u>~</u>	ar among	peti more	
Name of Facility Where Abatement is Taking	Place (3)				of Facility ( School (K-1					
Street Address				The s	Subchapter	8 (Other than K-12 private & commercia	l) al build	linas	home	s
22 Penn J	treet				tc.) e Feet	# of Floors		ldg. A		
City (5) 11/00/bily 1	7			105	510	2.5			Š	
County (6)	<u> </u>		Code (7) USE ONLY)	Curre	nt Use (Pri	or if being demolish	ed)			
Name of Monitoring Firm Hired by Building Ov	wner (8)	ASC		Name of Abat	ement Cor	ntractor (9)	^			
NA.	(0)			Ricco	Cons	truction	(P)	MP.		
Street Address				Street Addres	CXL	ok Rocid				
City, State, Zip Code				City, State, Zi	V	CN NOW	06	2 (		
		T #-1	na Na	Telephone No	haw	License N	<u>)8C</u>	100		
Project Manager for Monitoring Firm		Telepho	ne No.	18704LCI	2-64	52 0	20	)4		
Start Date (10)	Scheduled (		~	Name of OSH	IA Monitor	Diana				
Occupancy Status During Abatement (Check	Only One)	28/1	<u> </u>	Street Addres	ulus is a	· CICCO				
Facility Closed/Vacated During Entire Pe	eriod of Aba	tement		282	Cree	k Koolo	<u> </u>			
Abatement Performed Outside of Norma Other – Describe:	I Facility Ho	ours		City, State, Zi	WUID D Coole	1 771	380	31		
Scope of Work (Check All That Apply)					11000	,,,,,	,,,,			
23 sf or ≥3 lf		ovation nolition	80	# CONTRACTOR   CON	Containm	ent with Negative F	ressu	re		
≥160 sf or ≥260 lf	Don	ionaon		Glo	vebag Pro		le Pro	cedur	В	
	ls Lo	cation						Abate	ment pe	
Location of		mally Solely by		Description of ontaining Material	(ACM)	Amount		Γ,		
Asbestos-Containing Material (ACM)  TO BE ABATED		enance/ lal Staff?	(i.e. therr	nal systems insula infacing, VAT, or		(Specify SF or LF)	Remova	Repair	ncap	Enclosure
In Facility (13)	(1	12)		er miscellaneous)		0, 0, 2, 7	loval	pair	Encapsulate	sure
1.	Yes N	No N/A				1000-6			Ф	
exterior		X	Side	na		1000sf	X	-		
			-				-	-		
	-						+-			
Name of Registered Waste Hauler		NJDEP V		bic Yards	Name of	Registered Landfill	٠.			-
Ricco Construction	Coro.	Hauler III	No.	Waste (O	Sal	LEH COW	Itu			
City, State				sposal Date	City, Sta		77	)		
Completed by	Title			TBD.		onan 1	ite	1		
Andrew Ricco		uner		Unde	wy	un	0	11	20	13



4 7/2 4 1

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

		(1.1	irsuan	I IO NJAC	8:60 and 12:12	0)	· · · ·	119,		4. 0
Case of Notification (1) 6/13/13			Nam		ng Owner/Operator		TN	18	dir.	
Agencies Notified Type Notificati				et Address	Rr. 50		*14		_	
DOL Amendmen ☐ Emergency ☐ DOH ☐ DOA ☐ CAA ☐ CAA ☐ Cancellation	(includir	ng		ا حرا e of Contac	LEEN FIE		Telephone Ni	imber	J'	<del>&gt;</del> .
		-	FA		ORMATION					
Name of Facility Where Abatement is Tak RESIDENCE Street Address 438 / 44CK M		·• ===							dings	
Brianni						Square Feet	# of Floors	B	ag A	<del>)</del>
Jounty (6) ATLANTIC			Cou 63	nty Code (	7) (STATE	Current Use (P	nor if being dem	olished.		
Name of Monitoring Firm Hired by Building	) Owner		ASCM	No.		nent Contractor (				
Street Address			.;			S, S Pruc	. = duz.			
ि State Zip Code .		1 7.1			Cry, State, Zip C	CE SIAD	DE NO	, 08	c 5_ 3	
Froject Manager for Monitoring Firm	eduled C	_	ephone			9-0472		144		
Start Date (10) Sch  6/ /24 /13  Sch  Sch  Sch  Sch  Sch  Sch  Sch  Sc	7/	3	//3		J d S	JPH KI				
Facility Closed Vacated During Entire F  Abatement Performed Outside of Norm  Other - Describe	enod of	Abate			3 6 9 Crry State Zip C	S, Spi			 د د د	
Scope of Work (Check all that apply)  23 \$1 00 25 II 2160 \$1 or 2260 II		enovat			Full Con	ntainment with No	gative Pressure			
	N	_ocatio	i.		10				kuarer 'yo	1 m² ( n²
As be stos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Mair	Solei ntenan ustodu Staff? (12)	ice/	Asbest (i.e.,	Description of os Containing Mat thermal systems if surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amoun' (Specity SF or LF)	Removal	Repair	t mapsakate
SIDING	Yes	No	N/A X	TI	2ANSITE		1300 d	×		
311/1/4			/:_							
K LEMC V INC.			UDEP V lauler ID	No	Cubic Yards of Waste	_A.(	istered Landfill			
MAPLE SHADE	, N .	5			Disposal Date	City. State	SANTVIO		W,	7
Toseph KLEMM		///	0		Signature	n Kelm	m Date	/13/	13	

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

Date of Notification (1)			Na	me of I	Bullding	Owner/Operator		0/2:			100
6/	113 713					FK YES	14 COR	TRACTIN	<u> </u>		
Agencies Nouned	Type Notification		Su	reel Ad		- R+, S	-o	> 10 A	И. ф		
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□ ∞′	Amendment #		\ \			EN 1=15	LD. N. J.	08230			
Поон	Emergency (in justification)	awing	Na		onlact			Telephone Numb	01		A.
□ & ·	Cancellation			BA	تحدي ريد	BREUR	16		The state of the s		
			1=			RMATION			L'A		
		61 /51		ACID	11100	100011	Type of Facility	(4)			
Name of Facility Where	Abatement is Taking	Place (3)					School (K-1	2)			
1.65	DENCE		==				Subchapter	8 (Other than K-12	)		
Street Address &	ARFIELD	PLAC	6				homes, etc	y of Floors	Bido		
Ciry(5) OCE	AN CITY						1000	nor I being demois	-	0 +	_
County (5)			C	ounly C	2000 (7) LY)	STATE		CANT			
	OF MAY	Sumar.	TASI	N No.	<del>-</del> T	Name of Abaten	neni Convegor I	9) -			
Name of Monitoring Firm	Hired by Building	>₩1161	1		5	KLEM	co In	101		_=	==
(8)	//	==	L=		=+	Sveet Address	- < 00	cë Ave.	5.0		
Street Acoress								CE 7701	====	==	
- 0 - 1 - C-d-						City. State. Zip	0.3 (	DE ? NJ.	2805	۲	<del>-</del> >
City State Zp Code						Telephone No.	CC SAD	License No			
Project Manager for Mo	onitoring Firm	· · ·	elepho	ine No.		856-7	79-047		14		
		duled Com	Nalin	Date	11)	Name of OSHA	Monitor .				
Sian Daie (10)		/ 3	11	7		JOSE	PKHIEL	9 101			
6/24/1	3	ck oblu ~	0)		-	Sueel Address	0	,			
Occupancy Status Dur	ing Abatement (Che	end of An	ateme	nı		3695	PILUC	E1 VE.		==	==
Facility Closed Vac	aled-Dunng Entire Pi	y Facility H	iours	Sont.	ŀ	City. State, Tip	Code €.	- 117	A& > 4		
Abatement Perform	eo Ougloe of Rome	_ , , _ , _ , _ ,	- Anesta A			MAP	LE >HAY	>E, N.J.	000		=
Other - Describe.							setsisment with I	Negative Pressure			
Scape of Work (Check	( all (var abbit)					MIN.E	nclosure	yuuri			
7 23 51 Or 23 II		Reno Reno	valion dison	8 3.			0	Non-Friable Proces	lure	<u>.</u>	
2160 st or 2260 II		<del></del>				- I NOTE			\ A	aieri I por	
			cation naily			_ 2			-		
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Aspesios Containing	g Malenal (ACM)	Mainte	inance lodial	1	(i.e.	IDATED SYSTEM	is insulation.	(Specify	Removal	Hapu	approprint
TO BE AS	AIEU	St	aff?			sudading. VA	11.01		F. 00	Ĕ.	1.4.
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Name of Registered	Waste Hauler		N.	DEP W	No.	of Waste	1 0	M, C, M.	0,13		
K, Emo	O INC.		- 12	790	7	0500 PSI 031	City Stat	ę	., -	•	
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Cin State	LADE, N.	5,08	503	-		Signatur		09	! /: >	1.	>
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						sins licensure e	) exempled activit	103			-
458-4 ·	(S	Do not u	se this	form f	01 9206	3103 1100113019 0					

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

Date of Netification (1)		1	Name of Building	Owner/Ope	rator (2)	Legional School	District	(i	218	4
June 12, 2013				Diluge	water-Karitan r	Egional School	71311101	Vh	310	
[ ] DEP [ ] Amen	ion Notification ded Notification dment #	200	Street Address  City, State, Zip Co	de	ewmans Lane water, NJ 0880	166 16 16 16 16 16 16 16 16 16 16 16 16	- 5 <i>C</i>			
[x ] DOH [ ] Emerg	gency (including			Dridge	water, 143 0000	Telephone Number	.0			
1 V 1 11 A	cation) ellation		Name of Contact Raym	ond Ruth		Telephona Kilmaa			=	
		FACII	LITY INFORM	ATION			- 22			
Name of Facility Where Abatement is Taking Crim School	Place (3)				Type of Facility	School (k-12)	8 8			102.00
Street Address 1300 Crimm Road					[ ]	Subchapter 8 (of Other (i.e., prive homes, etc.)			ial build	dings,
City	County (6)		County Code (7) STATE USE ONL	Y)	Square feet 240,000 sf	# of Floors	Bldg	. Age	3	
Bridgewater	Somerset		STATE OSE ONE	• /		or if being demolishe	d)			
Name of Monitoring Firm Hired by Building Briggs Associates	Owner (8)	T A	ASCM No. 00004	Name of	Abatement Contra		, Inc.			
Street Address				Street Ac		Doute O. Unit 6	1			
3 Crosswicks Stree	et			City, Sta	te, Zip Code	Route 9, Unit 6	1			
City, State, Zip Code Bordentown, New	Jersey 08505				Tom	s River, New Jer		755-1	271	
Project Manager for Monitoring Firm Mike Hoodak	Telephone N 609-298-5			Telephor 732-34	ne Number 9-9932	License 00624				
Scheduled Start Date (10) 7/1/13	Scheduled C		n Date (11)	Name of	OSHA Monitor E.M	S.L. Analytical				
Occupancy Status During Abatement (Check X Facility ClosedNacated		of Abat	ement	Street A		Stelton Road				
Abatement Performed Other - Describe				City, Sta	te, Zip Code Pisca	ataway, New Jer	sey 088	354		
Scope of Work (Check all that apply)			_	[ ] [x]		nent with Negative P	ressure			
[x] >3 sf or ≥3 lf	L - 3	Renovati Demoliti		[ ]	Glovebag Pro		e Proced	ure		+11
[ ] ≥160 sf or ≥260 lf		Demonti	OII		Tion Exempte				T.	
	Is Location			Description	m of		-	tement	I	Ι.
Location of	Normally use	3 H		bestos-Co	ntaining	Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely by			Material (A		(Specify SF or LF)	М	P A	C	C L
TO BE ABATED in facility	Maintenance/Cus Staff	todial		., thermal ulation, su		Of Eli)	0	I	P	0
(13)	(12)		1200000	VAT,	or		V	R	S	S
		NT/ 4	otl	er miscell	aneous)		A L	1	L	R
		N/A						_	Е	Е
Boiler room	X		Asbestos bree	ching ins	ulation	30 sf	X	-	-	
Boiler room	X		8 fittings			8	X	-		-
							+-	-		-
Name of Registered Waste Hauler	NJDEP Waste			ards of Was		gistered Landfill				L
Guardian Contracting, Inc.		Disposa		City, S	T.R.R.F					
Toms River, New Jersey Completed by (Print or Type)	7/9/13	Signature	Tully	own, Pennsylva	1//	Date	:			
Nicholas Fernicola	Title Project Manage		for ashestos lice	cho	inted activities.	1	6/1	2/201	3	

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  June 13, 2013				Name of Building	Owner/Ope South	rator (2) Brunswick Boar	rd of Education	Ch	2	185	Sun
Agencies Notified Type of Notifica			-	Street Address				8 ,			\\$1
	ll Notificatio				4 Exec	cutive Drive	V STATE OF	4/	ρ.		
	nded Notific ndment #	cation		City, State, Zip Co			1 - 1 - 1/000E	2	۲.	'Z'	
[x] DOH [] Emer	gency (incl	uding	L		Monm	outh Junction, I	New Jersey 0885	1, 10, 5			
I I X I DCA	ication)			Name of Contact	Bennett		Telephone Numbe	r */·			
[ ] 0											
Name of Facility Where Abatement is Takin	a Dlace (3)		FACI	LITY INFORM	IATION	Type of Facility (	4)				
Crossroads South						[x]	School (k-12)				
Street Address						[ ]	Subchapter 8 (c				
195 Major Road							Other (i.e., priv homes, etc.)	ate & co	mmer	cial buil	ldings,
City	County (	6)		County Code (7) STATE USE ONL	v)	Square feet 150,000 sf	# of Floors	Bldg	g. Age	50	
Monmouth Junction	Middle	sex	1	31A1E 03E 0ME			r if being demolishe	d)			
						Scho	ol				
Name of Monitoring Firm Hired by Building Briggs Associates			1	ASCM No. 00004	Name of	Abatement Contrac	tor (9) dian Contracting	Inc			
Street Address				00001	Street Ac	ldress					
3 Crosswicks Stre	et				City Sto	1889 te, Zip Code	Route 9, Unit 6	<u> </u>			
City, State, Zip Code Bordentown, New	Jersey 08	8505			City, Sta		River, New Jer	sey 08	755-1	271	
Project Manager for Monitoring Firm	Te	elephone Nu				ne Number	License 1	Number			
Rod Richardson Scheduled Start Date (10)		09-298-55 cheduled Co		n Date (11)	732-34 Name of	OSHA Monitor	00624				
6/26/13		7/1/13				E.M.	S.L. Analytical				
Occupancy Status During Abatement (Check [ X ] Facility Closed/Vacate		ntire Period	l of Aba	tement	Street Ac		Stelton Road				
Abatement Performed					City Sto	te, Zip Code					
Other – Describe					City, Sta		taway, New Jers	ey 088	54		
Scope of Work (Check all that apply)			-		l	Full Containme	ent with Negative Pr	essure			
Scope of work (Cheek all that apply)					i i	Mini-Enclosure		obbaro			
[ x ] >3 sf or ≥3 lf	[		Renovati		[x]	Glovebag Proc					
[ ] ≥160 sf or ≥260 lf		] [	Demoliti	on		Non-Exempted	(*) and Non-Friable	Procedi	ıre		
								Abat	ement	Туре	
Location of		Location	a .		Description oestos-Con		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)		mally used solely by	u		Material (A		(Specify SF	E M	E P	N C	N C
TO BE ABATED	Mainten	ance/Cust	odial		, thermal		or LF)	O	A	A	L
in facility (13)		Staff (12)		insi	ulation, sur VAT, o			V	I R	PS	O S
(13)		(12)		oth	er miscella		1	A		U	U R
	YES	NO 1	N/A					L		L E	E
Boiler Room		X		Asbestos fitti	ngs		8 fittings	Х			
Stage area		Asbestos fitti	ngs		6 fittings	X					
Theater crawlspace		Asbestos fitti	ngs		4 fittings	X					
	Name of Registered Waste Hauler NJDEP Waste Ha					Tay	17 100				
Name of Registered Waste Hauler Guardian Contracting, Inc.	223	3	ards of Was	T.R.R.F.	stered Landfill						
City, State Toms River, New Jersey	Disposa 7/2/13		City, Sta	ate ∂wn ⊅ennsylvar	nia						
Completed by (Print or Type)		114113	Signature	1 of	/ Cinisyival	/	Date				
Nicholas Fernicola		Manager		for arberton lines	not	'fle	1	6/13	3/201	3	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification'(1)	I 12 2012				Name of	Building	Owner/Ope	rator (2) ewater-Raritan	Dagional	School T	Vietrie	6	218	51
	June 12, 2013						Bridge	ewater-Karitan	Regiotiai		)ISU IC	. 4	-1,0	
Agencies Notified  [ X ] EPA	1 5 5	ition I Notificanded Not			Street Ac			ewmans Lane		-10-7	8 / <sub>1</sub>	/ 2:	5/1	
[ ] DEP [x ] DOL [x ] DOH	Ame	ndment # gency (ir			City, Sta	te, Zip Co		ewater, NJ 088	<i>∵∂</i>	4/6/24			,	
[x] DCA	justif	ication) ellation			Name of		ond Ruth		Telepho	ne Number			· 6	
				FAC	II ITY D	115.50 341.50							2	
Name of Facility Where A	hatement is Takin	g Place (	3)	FAC	ILITY II	NFORM	IATION	Type of Facility	(4)		_			
	milton School	g I lace (.	,,					[x		ol (k-12)				
Street Address Har	milton Lane							[ [	] Other	hapter 8 (ot r (i.e., priva es, etc.)			ial buil	idings,
City		Count	y (6)		County Co		γ)	Square feet 240,000 sf	# of	Floors	Bldg	g. Age	13	
Bridgewater		Some	erset		(0		-/	Current Use (Pr	ior if being		)			
Name of Monitoring Firm		Owner (	(8)		ASCM No	3.0	Name of	Abatement Contra			Inc			
Street Address	ggs Associates		- interior	a constant of the	000	04	Street Ac		rdian Coi	ntracting,	, IIIC.	i la mar	<del>00-11-15-</del>	
	rosswicks Stre	et							9 Route 9	, Unit 61				
City, State, Zip Code Box	rdentown, New								ns River,				271	
Project Manager for Monit Mike Hood			Telephone				Telephor 732-34	ne Number 9-9932		License N 00624	Number			
Scheduled Start Date (10) 6/25/13			Scheduled 7/1/1	Completi	on Date (1	1)	( <del></del>	OSHA Monitor	I.S.L. An	alvtical				
Occupancy Status During			e)				Street Ac	ldress	6 Stelton			37/0-7		
1.000	lity Closed/Vacate tement Performed						City Sta	3,5.5	o Stelloll	Roau				
	er – Describe						City, Sta	te, Zip Code Pisc	ataway, 1	New Jerse	ey 088	54		
Scope of Work (Check all	that apply)						[ ]	Full Contains		legative Pro	essure			
. [w] >2-	£> 2 1£		[ v ]	Renova	lian		[ x ]	Mini-Enclose Glovebag Pro						
1 1	for≥3 lf 0 sfor≥260 lf		[ x ]	Demolit			[ ]	Non-Exempte		lon-Friable	Proced	ıre		State Control
										<u> </u>	Abat	ement	Туре	
			Is Location				Descriptio				R	R	Е	Е
Location of Asbestos-Containing M		N	ormally ι Solely b				bestos-Con Material (A		1	mount ecify SF	E	E P	N C	N C
TO BE ABA		Maint	enance/C			(i.e	., thermal	systems		or LF)	M O	Α	Α	L
in facility	y		Staff			insi	ulation, sur				v	I R	PS	S
(13)			(12)			oth	VAT, o er miscella				A	1	U	U
		YES	NO	N/A		0					L		LE	R
Boiler room	Boiler room X						ching ins	ulation	30	sf	X			
Boiler room	Boiler room X								8		X			
	Name of Registered Waste Hauler Guardian Contracting, Inc.  NJDEP Waste Haule 20223					Cubic Ya	ards of Was	T.R.R.F		ndfill				
City, State Toms River,					al Date		City, Sta	ate Own, Pennsylv	ania					
Completed by (Print or Ty	pe)	Title	C-6746		Signatu	re		The state of the s	1	-	Date			
Nicholas Ferr	nicola		ct Manag		'بيا	V/cC	no (	+10	<i>U</i>		6/12	2/2011	3	
		*D	o not use	this form	for asbe.	stos licer	ısure exem	pted adtivities.						

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

00 112692

Date of Notification (1)				Nama a	f Duilding	O	2	(0)				上土	*	0	12
05/30/13				Rama	f Building po Colle	ege of I	New Je	ersey	2013 JUN	1/8	flata y				
	Notification			Street A	ddress amapo	encode vaca	090 98	***	Çası e		77 J	) []			
X DOL	Initial Amended Amendment #			City, Sta	ate, Zip Co ah, NJ (	ode		Î	& L /	UEN.	i i	+1			
ĭ DOH	Emergency (ir justification) Cancellation	cluding			f Contact Mayer-C					Tel	enhone *	<i>?</i> .			y
		117000	Literary Co.	FACI	LITY INF	ORMAT	ION						-		
Name of Facility Where Abater Academic Building-Core		Place (3	3)						of Facility (						
Street Address 505 Ramapo Valley Roa	, ,				5 = 1 = 1 mH = 1 = 1			×	School (K-1 Subchapter Other (i.e. p	8 (Oth			dinas.	hom	es.
City (5)	<u> </u>								etc.) re Feet		Floors		- 80 S	().	
Mahwah									000 +	4	rioors		ildg. A 3	\ge	
County (6) Bergen					Code (7) USE ONLY	)			nt Use (Pri cation Bu		ng demolis	hed)			
Name of Monitoring Firm Hired USA Environmental Man				ASCN 0011					tement Cor contractin						
Street Address			-	- (- (- (- (- (- (- (- (- (- (- (- (- (-				Addres		9			-		
344 West State Street								•	ant Aver	iue					
City, State, Zip Code Trenton, NJ 08618									p Code 07013						
Project Manager for Monitoring Mr. William Weisgarber,				Telepho 609-65	ne No. 56-8101			none No 689-6			License N 01099	lo.			
Start Date (10) 06/17/13		Schedule 07/19/1		npletion	Date (11)				A Monitor	Labo	ratories I	LC			
Occupancy Status During Abate	ement (Check	Only On	ie)		6.			Addres						W. W.	
Facility Closed/Vacated Di Abatement Performed Out	uring Entire Pe	riod of A	Abater	nent			7.50		e 22 We	st					
Other – Describe: OCCU	PIED	racility	Hour	s 			1. The Control of the Control		p Code 07081						
Scope of Work (Check All That	Apply)				301			_							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		ACCURATION NAMED IN COLUMN 1	lenova Jemoli				×	Min	Containme	e cedure				7)	
		la.	Locat	ion				a NOI	n-Exempted	ı (") and	Non-Friat	ne Pro	Abate		t
Location of	10		Locat lorma	lly		De	scription	of						ре	_
Asbestos-Containing Materi <u>TO BE ABATED</u> In Facility (13)	al (ACM)	Mai	d Sole intena odial ( (12)	nce/	Asbes (i.e.	tos Cont thermal surfa	aining M	faterial s insula T, or	(ACM) tion,	(8	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										fe	\U
1st Floor between A-Wing			X			rayed-(		-			5 SF	Х			
2nd Floor between A-Win	,		Х			rayed-(		•			5 SF	Х			
Mech. Penthouse, Lower-		X				rayed-(					0 SF	X			
Core 1-A Wing and Mech.	-	X				(Wrap		Proce			00 SF	X			
Name of Registered Waste Hau Pyramid Contracting Corp			H	IJDEP W lauler ID 2613		Cubic of Was			G.R.O.\		red Landfill .andfill				
City, State Clifton, New Jersey							al Date		City, State		nsylva	 a∕ia			
Completed by		Title			-		ignature	1	1	/		ite			
Dimo Golcev		V., 93335500	ral M	langer			1	H	W (	1		6/12/1	3	0.00	
ASB-41 (R-06-08)							* Do no	ot use th	nis form/for	asbesto	os licensure	e exem	pted	activi	ties.

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

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CK	#	~	10	. )	X
	11	5	W	0	)

Date of Notification (1)			Name o	of Building	Owner/	Operator	(2)	ĵ /:			K	H	$\alpha_{i}$	0	
05/30/13	Rama	apo Coll	ege of	New Je	erse	JUN 16	9 61	77. 14							
Agencies Notified Type Notification  X EPA Initial			Street Address 505 Ramapo Valley Road												
DEP Amended  DOL Amendment				City, State, Zip Code Mahwah, NJ 07430										Janeilla est	
DOH Emergency (in justification)  Cancellation	nciuaing		3333333333333	of Contact Mayer-C			Telephone Number								
Name of Francisco			FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Taking Academic Building-Core 1 (A Wing)		3)					Тур	e of Facility	2000						
Street Address			×				×	School (K- Subchapte		er than K-	12)				
505 Ramapo Valley Road			×	Other (i.e. etc.)	private 8	& commerc	cial bui	dings	, hom	ies,					
City (5) Mahwah				1.500	are Feet	100000000000000000000000000000000000000	f Floors		Bldg.	Age					
County (6)			County	Code (7)				),000 + ent Use (Pr	4	na demolis		3			
Bergen				USE ONLY	n			ucation B		ng demons	ileu)				
Name of Monitoring Firm Hired by Building O USA Environmental Management, I		)	ASC 0011					atement Co Contractin							
Street Address		-				Street									
344 West State Street City, State, Zip Code							-	eant Ave	nue						
Trenton, NJ 08618						City, State, Zip Code Clifton, NJ 07013									
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.			Telepho 609-65		Teleph 973-6			License No. 01099							
S	ompletion				me of OSHA Monitor										
06/12/13				J&S	Environmental Laboratories LLC										
Occupancy Status During Abatement (Check					t Address 3 Route 22 West										
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	ement irs				State, Zip Code										
Other - Describe: OCCUPIED			_			J 07081									
Scope of Work (Check All That Apply)						-									
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renov Demo	ation lition			×	Mi	ill Containm ini-Enclosur ovebag Pro	e cedure	83.0					
	Γ.						l No	on-Exempte	d (*) and	Non-Frial	ble Pro			-	
Location of	1	Loca Norma	ally		Des	scription	of				Abatement Type				
Asbestos-Containing Material (ACM) TO BE ABATED			lely by ance/		tos Cont	aining M	laterial (ACM)			Amount			g	ш	
In Facility	Cust	odial (12	Staff?	surfacing, VA			T, or	(0) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		pecify or LF)	Remova	Repair	caps	Enclosure	
(13)	Vac	-			otner m	niscellan	eous)	8			)va	≌	Encapsulate	sure	
1st Floor between A-Wing & Library	Yes	No	N/A	Sn	rayed-0	n Fire	nroc	fina	21	SF	x				
2nd Floor between A-Wing & Library		×			rayed-C					SF	X				
Mechanical Penthouse, Lower Level	х		-		rayed-C					SF	X				
Mechanical Penthouse, Upper Level	х	- 10000			rayed-C					SF	X			$\vdash$	
Name of Registered Waste Hauler			NJDEP W	aste	Cubic '	Yards				ed Landfill			-		
Pyramid Contracting Corp.			Hauler ID 32613	No.	of Was	te		G.R.O.	W.S. L	andfill					
City, State Clifton, New Jersey					Dispos 06/28/	al Date		City, State		nnsylva	nia			$\neg$	
Completed by	Title					ggrature	Λ	1194	1;		ite				
Dimo Golcev	Gene	ral N	/langer			/11		4	4		5/30/1	3			
ASB-41 (R-06-08)			W.		d	* Do not	use	has form for	asbesto	s licensure	exem	pted	activit	ies.	

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

F						0 10			19 1				_		`	
Date of Notification (1) 04/08/2013					f Building RUDENT	Owner/O	perator SURANO	(2) CE COMPANY (	OF AM	ERIÇAS	Esta		5,0			
Agencies Notified	Type Notification			Street Address 751 BROAD STREET FIFTH FLOOR												
□ DEP □ DOL	☐ Initial ☐ Amended Amendment #	ŧ	Ī	City, Sta	44.7	May "St										
☑ DOH	☐ Emergency (i justification)		-	NEWARK, NEW JERSEY 07102  Name of Contact MR. RICHARD HUMMERS  Telephone Number											ž	
□ DCA	☐ Cancellation			FACILITY INFORMATION												
Name of Facility Where	Abatement is Taking	Place (3	)	FAC	LITTINE	JKWATI	ON	Type of Facility	(4)				12.56			
Street Address 19-31 CEDAR STRE			<u>.</u>					□ School (K-□ Subchapte □ Other (i.e.	r 8 (Oth				dings,	home	es,	
City (5) NEWARK	1							etc.) Square Feet 7,500	of Floors	oors			Bldg. Age			
County (6) ESSEX	T		Code (7)	)		Current Use (Pr				L)						
Name of Monitoring Firm	Hirad by Building C	wper (8)		ASC	4 No		Name	of Abatement Co					-			
ENVIRONMENTAL HE	ALTH INVESTIGA	ATIONS	INC				PAL E	NVIRONMENTA								
Street Address 655 WEST SHORE T	TRAIL							et Address 02 QUEENS PLAZA SOUTH								
City, State, Zip Code SPARTA, NJ 07871								State, Zip Code NG ISLAND CITY, NY 11101								
Project Manager for Mon		Telepho 973-7	ne No. 29-564	9		bhone No. License No. 00853										
Start Date (10) 04/22/2013	d Cor 2013		Date (11)			e of OSHA Monitor TIN MCREA										
Occupancy Status During	e)					et Address KENNEDY BLVD										
☐ Facility Closed/Vacated During Entire Period of Abate ☐ Abatement Performed Outside of Normal Facility Hou ☐ Other – Describe: BUILDING IS VACANT & SO					urs City, State, Zip Code						26	<u></u>				
Scope of Work (Check A	EMOLITION II That Apply)										-		-			
□ ≥3 sf or ≥3 if □ ≥160 sf or ≥260 if	enova emoli	100700000000000000000000000000000000000	3		凶	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	- The second sec	T		-	I		La	Non-Exemple	u () ar	IG NOTI-F	TIADIC	Abatement				
Location Asbestos-Containing TO BE AB	Material (ACM)_	Use Mai	Locat lorma d Sole ntena	lly ely by nce/	Asbes	tos Conta	scription aining M systems	of aterial (ACM) insulation,	,		ZD.	T)	ре	Ι.		
In Facil	ity	Cust	odial ( (12)	Staff?		surfac	ing, VA	Γ, or		F or LF)		Remova	Repair	aps	clos	
(13)		Yes	No	N/A		other m	niscellan	eous)				val	j ij	Encapsulate	Enclosure	
				+									0110000			
SEE ATTACHED ACM TAI	BLE FOR DETAILS		-		SEE ATTO	AHED A	CM TAB	LE FOR DETAILS								
Rt.				F		•										
	•.7						CONTROL TO									
Name of Registered Was	ste Hauler		1000	JDEP W		Cubic of Was		s Name of Registered Landfill								
ATC/TST			0.00	4310/		50		MINERVA ENTERPRISES								
City, State SHIRLEY, NY 1196	7/BRONX, NY 1	0464				Dispos 4/25/	al Date '2013	WAYNESBURG, OH 44688								
Completed by ANN ALI		Title ADMINISTRATIVE				S	ignature									
							-	-								

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) Carteret Board of Education 13 6 11 / Type Notification Street Address Agencies Notified **⊠** EPA ☑ Initial 599 Roosevelt Blvd **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment # **⊠** DHSS Carteret, NJ 07008 ☐ Emergency (including ☐ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) Mr. N. Patel □ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Carteret High School Stadium Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 199 Washington Avenue homes, etc.) Bldg. Age # of Floors Square Feet City (5) 50 60.000 1 Carteret Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) **High School** Middlesex County Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) 00090 Luzon Inc. R K Occupational & Environmental Analy. Street Address Street Address 8451 Executive Ave. 403 St. James Avenue City, State, Zip Code City, State, Zip Code Philadelphia, Pa. 19153 Phillipsburg, NJ 08865 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 01109 Jonathan S Gilbert 908 454 6316 267-284-1050 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 27 / 13 \_\_7\_\_ / \_\_09\_\_ / \_\_13\_\_ Joseph Maronski Street Address Occupancy Status During Abatement (Check only one) 8451 Executive Avenue ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/\_\_\_\_PM-\_\_\_AM Philadelphia, Pa. 19153 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation
 □ Demolition ☐ Mini-Enclosure ☐ Glovebag Proc ≥3 sf or ≥3 lf Glovebag Procedure ≥ 160 sf or ≥260 lf Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Enclosure Encapsulate Remova Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (Specify TO BE ABATED (i.e., thermal systems insulation, Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)N/A Yes No 9,000 SF X M **Exterior Transite Roof** Football Stadium П П П Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Hauler ID No. Waste Minerva Landfill Service Transport Group SW2117 40 CYS Disposal Date City, State City, State Waynesburg, PH 7-26-13 58 Pyles Lane, New Castle, DE 19720

ASB-41 **MAY 11** 

Completed By (Print or Type)

Piyush Patel

Title

**Program Manager** 

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

Signature

ush

Catel

6/11/13

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

Ck # 22053

Date of Notification (1)	12					Owner/Operator (		f Transportation	n						
	13	20-10		The State of New Jersey-The Department of Transportation											
Agencies Notified Type Notificat  ☑ EPA ☑ Initial	ion			Street Address 1035 Parkway Ave-CN600											
DEP Amended			1	City, S	tate, Zip C	ode		1400	8.		. 6	i e e e e e e e e e e e e e e e e e e e			
<ul><li>☑ DCA (NJAC 5:16)</li><li>☑ DHSS</li><li>☑ Emergence</li></ul>		ina		Trer	nton, NJ	08625		~7;	37 -		,				
☑ DCA justification	n)	3	Ì	Name	of Contact		Telephone Number								
(NJAC 5:23-8)	on			Jam	es Britte	on		L		(	70				
				FAC	ILITY IN	FORMATION									
Name of Facility Where Abatement is Ta	aking Pla	ice (	3)				Type of Facility (	4)							
Bridge No. 11-Bell Road (CR658	3) over	1-29	5				School (K-12)	)							
Street Address			e 11.5			Subchapter 8	(Other than K-12) ivate & commercia	l build	inas.						
Bridge No. 11-Bell Road (CR658		homes, etc.)	Tale a commercial												
City (5)							Square Feet	# of Floors		dg. Ag	je				
Mount Ephraim							10,000			50+					
County (6)				Coun	ty Code (7	)(STATE USE ONLY)		or if being demolish	ned)						
Camden							Bridge Struc	ture							
Name of Monitoring Firm Hired by Build	ing Own	er (8	)	ASCM	No.	Name of Abateme									
ATC Associates Inc. Bromley C	orp Ce	nte	r			Diamond Huntbach Construction Corporation									
Street Address			50111			Street Address									
Three Terri Lane						500 East Luz	erne Street								
City, State, Zip Code						City, State, Zip Code									
Burlington, NJ 08016						Philadelphia, PA 19124									
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.							
John R Lutz			60	9-386	-8800	215-739-8166	3	00646	.02			-			
Start Date (10) S	chedule	d Co	mple	tion Da	te (11)	Name of OSHA N	/lonitor								
06 /27 /13	07	_ /	31	_ / _	13	SAME AS ABOVE									
Occupancy Status During Abatement (C	heck on	ly or	ne)		Street Address										
☐ Abatement Performed Outside of No Time of Abatement: <u>7AM-4PM/4PM</u>		cility	Hour	s - Des											
Scope of Work (Check all that apply)															
	_	_					tainment with Neg	ative Pressure							
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati	ition Solovebag Procedure											
⊠ ≥100 si di ≥200 ii	23					☑ Non-Exe	on-Friable Procedure								
			Locat orma								Abatement Typ				
Location of	.   1			ely by	Ashe	Description of estos Containing Ma		Amount	Z	Z.	Щ	Щ			
Asbestos-Containing Material (ACM) TO BE ABATED				ince/		ermal systems insul		(Specify	Removal	Repair	cap	G			
IN Facility		Justo	(12)	Staff?		VAT, or	2012)	SF or LF)	Val	-	Encapsulate	Enclosure			
(13)	Y	es	No	N/A		other miscellane	sous)				ate				
6" X 12" mounting plates		]			Caulkii	ng		288 LF	$\boxtimes$						
8" Gas Main		]	$\boxtimes$		Tar Dip	ped Pipe Wrap		255 LF							
		1													
		-	$\overline{\Box}$												
Name of Registered Waste Hauler			_	JDEP V	Waste	Cubic Yards of	Name of Regis	stered Landfill							
Diamond Huntbach Construction	on			lauler II	D No.	Waste 10	Minerva	***************************************							
City, State				19003		Disposal Date	City, State								
Philadelphia, PA 19124						8/1/13	Waynesbu	rg, OH 44688							
Completed By (Print or Type)	Title		-			Signature	201	A 100	ite	j	_ /				
Charles F. Imbimbo	Proj	ect	Man	ager		In	6/10	you !	06	1	3/	13			

\* Emergency\*

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

CK 3309

Date of Notification (1) 6/12/13				Name of	Building	Owner/	Operator	(2)	2912	<u>. پ</u> ماند		•							
Agencies Notified Type Notification					Name of Building Owner/Operator (2) Cape May County Technical School District														
	-			ounty H	ighwa	609		45.				: 1							
EPA DEP DOL	Initial Amended Amendment		City, State, Zip Code Cape May Ct House NJ 08210																
☑ DOH DCA	justification)  Cancellation		Ī	Name of Contact James Owens							Telephone Number								
N				FACI	LITY INFO	ORMAT	ION								_				
Name of Facility Where Cape May County					-				of Facility (4										
Street Address									School (K-12 Subchapter 8		er than I	K-12)							
188 County Highway 609									Other (i.e. pr etc.)	ivate	& comm	ercial	build	lings,	home	es,			
City (5) Cape May Ct House NJ 08210									re Feet	# c	f Floors			ldg. A 5+	ge				
County (6) Cape May				County (	Code (7) USE ONLY	,		Curre	nt Use (Prio	r if be	ing demo	olishe	d)						
Name of Monitoring Firm Pennoni Associate		Owner (8)		ASCM	l No.				of Abatement Contractor (9)										
Street Address 515 Grove Street				L				Addres	Address						-				
City, State, Zip Code Haddon Heights N.	J 08035							State, Zip Code st Berlin NJ 08091											
Project Manager for Mor		Telephone No. Telephone No. 856-656-2875 856-					0.		Licens										
Start Date (10)	d Cor	ompletion Date (11) Name					ne of OSHA Monitor												
6/19/13				Sam		Section 1	***************************************												
Occupancy Status Durin  Facility Closed/Vac							Street	eet Address											
Abatement Perform Other – Describe:	ated During Entire I ned Outside of Norn	nal Facility	Hours	nent 3			City, S	State, Zip Code											
Scope of Work (Check A	All That Apply)									-				-	····				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		DOMESTIC:	enova	2000				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	2	T 1-1						NO.	n-Exempted	(*) an	a Non-F	riable		1000	e ement				
Location	n of	N-	ocat orma	lly		De	scription	n of					Туре						
Asbestos-Containing TO BE AB	Material (ACM)	Used Mair	Sole			tos Cor	taining N	Material (ACM) ns insulation,			mount		т.		g	ш			
In Faci	lity	Custo	dial (12)	Staff?	(1.6.	surfa	cing, VA	T, or	uon,		Specify F or LF)		Remova	Repair	caps	Enclosure			
(13)		V		T		other	miscellar	neous)					val	air	Encapsulate	sure			
Rooms 13	1 0 1 2 0	Yes	No	N/A		- Flor	Til (	<b>7</b> -1		- 0	700.06								
Hooms 13	1 0 1 3 0	+	Х			FIOC	or Tile (	July	-		3500 Sf		<u> </u>						
		++		-							total		_						
		1		-									_						
Name of Registered Waste Hauler					JDEP Waste   Cubic Yards				Name of P	tered Landfill									
EarthTeck			H	Hauler ID No. of Waste 15429				Name of Registered Landfill CMCMUA											
City, State Ocean View				Disposal Date 6/24/13					e City, State Woodbine NJ 08270										
Completed by		Title	0=4				Signature	17				Date		637 B325 54					
Anthony T Perna President							6/12/13												