-				_					
P	rii	n	t	-	$\cap$	r١	n	1	



4490		١			OF ASBE to NJAC 8				\$	AND ST	1					
Date of Notification (1) 06/25/2013					f Building ( ollege of		Operator	(2)	- 1		7 AM					
	Type Notification  X Initial		91.3	Street Ad 2000 F	ddress Penningt	lon Av	e		J. M.	STA.		₹:	- নিট			
X DEP X DOL	Amended Amendment				ate, Zip Co , NJ 086				ê.	LICE	Majil	G	4			
⊠ DOH ⊠ DCA	Emergency ( justification) Cancellation	1 171			f Contact ew J. Bo	nomo				Tel	ephone N	lumb	oer_			
Name of Facility Where At	patement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Туре	of Facility (	(4)						$\blacksquare$
Centennial Hall Street Address								×	School (K-1 Subchapter	8 (Oth						
2000 Pennington Ave	e								Other (i.e. petc.)	orivate 8	& comme		build	352.132		s,
City (5) Ewing									re Feet		Floors			ldg. A	ge	
County (6) Mercer				County C	Code (7) USE ONLY)	)		1 1300000000000000000000000000000000000	ent Use (Pri mitory	or if bei	ng demo	lishe	:d)			
Name of Monitoring Firm I Langan Engineering	lired by Building (	Owner (8)		ASCM 0009			200000000000000000000000000000000000000		itement Cor ipany, Inc		(9)					
Street Address River Drive Center 1							777777	Addres	ss t Ave.							
City, State, Zip Code Elmwood Park, NJ 0	7407		-						ip Code J 07011							
Project Manager for Monite Vijay Patel	oring Firm		- 1	Telephor 201-39	ne No. 98-4544		Telepi	hone No 253-8	0.		License 00704					
Start Date (10) 07/05/2013		Schedule 07/08/2			Date (11)			of OSH	HA Monitor							
Occupancy Status During	Abatement (Chec			2	(889)		180000000	Addres	17171750			7-7				
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire F d Outside of Norm	eriod of A	Abatem / Hours	ient			City, S	State, Z	ip Code						e	
Scope of Work (Check All	That Apply)						L			-72EII				ne si		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demoliti	CTUTO90			2	Mir Glo	ll Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	Ü				e	
	All		s Locati Normall				2552	2					9		ement pe	
Asbestos-Containing M TO BE ABA In Facility (13)	Material (ACM) TED	Use Ma	ed Sole aintenar stodial S (12)	ly by nce/		tos Cont thermal surfa		Material is insula AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A											ਰੇ	
Lower Level Ba	athroom	Х				TSI			5	00 LF		x				
Name of Registered Waste Freehold Cartage, Inc				IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of GROW	9 <del>7</del> 67	ered Land	dfill				
City, State Freehold, NJ	to a day to the least to the					Dispo: 07/08	sal Date		City, Stat Morrisv		A					
Completed by Voytek Roszkowski		Title Presi	ident			S	Signatur		eloc	sky		Date 06/		2013		



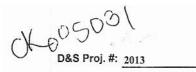
Date of Notification (1)		N	anne o	of Building Owner/0	Operator	(2)	2010	70.75					
Agencies Notified   Type Notification		S	treet A	Address ,			4013	Illing &	?7 AM 2				
EPA Initial		1	40	00 HA!	36	51	Do A	2 A	HIT 2	: 58	?		
DEP Amended			ity, Sta	ate. Zip Code		7		0.11			* *		
X DOL Amendment Emergency (		-   -	20	UTH PA	Air	Fi	ELD	LICE	MSTILL	Ji.			
DOH justification)  DCA Cancellation	•	1000000		of Contact				l <u>Te</u> l	enhone Niin	nher			
			FAC	S S G A	ON	81	10	1			-		
Name of Facility Where Abatement is Taking				in in Orania	O.C	Туре	of Facility (	4)					
PSE+6-1	ALDE	NE	=				School (K-1	2)			87		
Street Address							Subchapter Other (i.e. p				dinge	hom	00
778 SOUTH A	VE.						etc.)		residence a militar				cs,
City (5)	. )	7	~	mail.			are Feet	#0	f Floors		ldg. A		
COUNTY (6)	$, \sim$	7		7016 Code (7)			300 ent Use (Pric	or if boi	na domeliah	A	yr.	50	
UNION				USE ONLY)		Curre			TAT; O	7.5			
Name of Monitoring Firm Hired by Building (	Owner (8)	$\dashv_{T}$	ASC	M No.	Name	of Aba	atement Con	tractor	(9)				
ENVIRONMENTAL TACTICS			0045	5			SYSTEMS			INC	;		
Street Address						Addre							
64 BROAD STREET							EHEAD A	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							ip Code RIVER, NJ	0888	2				
Project Manager for Monitoring Firm TOM GEIGER				ne No. 90-2217	000000000000000000000000000000000000000	none N 432-8			License No 01111	).			
Start Date (10)	Scheduled	Comp	letion	Date (11)			HA Monitor		-				-
7/10/13	1//	101	1	3			SYSTEMS	S OF	AMERICA				
Occupancy Status During Abatement (Check					Street		ss EHEAD A	VE					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of Aba al Facility H	atemei ours	nt				ip Code					43.00000	_
Other - Describe: OCC 4 PIEN By	NECES	SARY	OBE	SRATORS ONLY			RIVER, NJ	0888	2				
Scope of Work (Check All That Apply)													-
≥3 sf or ≥3 lf	Ren	novatio	n			Ful	II Containme	nt with	Negative Pr	essur	e		
≥160 sf or ≥260 lf	Den	nolitio	1		F	Mir	ni-Enclosure		•				
					2		ovebag Proc n-Exempted		d Non-Friable	e Pro	cedur	е	
	Is Lo	cation	ı									ement	
Location of	Nor Used S	mally	hv	Des	scription	of					Ty	pe	-
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	enance	e/	Asbestos Cont (î.e. thermal	aining M	faterial	(ACM)		mount pecify	מג		Ē	m
In Facility	Custod	lial Sta 12)	ff?	surfac	cing, VA	T, or			or LF)	Remova	Repair	caps	Enclosure
(13)	-			other n	niscellan	neous)				val	air.	Encapsulate	sure
	Yes I	No	N/A									е	
CONTROL ROOM	X		TRANSITE	FI	OOR	PANGIS	1	445F	X				
					70.00			-1					
Name of Registered Waste Hauler		100000	EP W				Name of F	Registe	red Landfill		-		$\neg$
WASTE MANAGEMENT		112	ller ID 25	No. of Was	te 6		GROWS	S NOF	RTH				
City, State ELIZABETH, NJ			Dispos	al Date		City, State MORRIS		, PA					
Completed by	Title				ignature	16		11.		2	/	,	-
CAROL RAIMO	OFFICE	E MG	R.				20 X	an	na	6/0	14	1	3

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

CIL	ECV	4499	175
υп	IECK	1120	1/3
		10	
		4 41	60

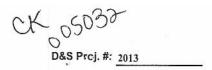
					1335				/			
Date of Notification (1)					Name of Build	ling Owne	r/Operator (2)	1320	A)	10	200	
6/24/2013	1000	53200			DAVID SILV	/A		<u> </u>		<u> &lt;:</u>	3/2	
Agencies Notified	Type Notificati	on			Street Addres	s		405 L	100		C	
□ EPA	y Initial				51 SPINNAK		VE	10	111	19		
☐ DEP	Amended	Amer	dment		City, State, Zi				. 0	٠.		
□ DOL	☐ Emergen	cy (inc	luding		LITTLE EG		OR, NJ					
□ DOH	justificati	on)			Name of Cont	act		لمر	lelep	hone	Numb	er
DCA	☐ Cancella	tion			DAVID J. D'					_		1
				F	ACILITY INF	ORMAT	ION	T 65 33 (A)				
Name of Facility Where Al	batement is Tal	king Pla	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE	E							School (K-12)	- 41	V 12	ě	
Street Address								Subchapter 8 (Other				dinas)
51 SPINNAKER DRIVI	E							Other (i.e., private &				
City (5)								Square Feet	# 01 F	10015	Bldg.	Age
LITTLE EGG HARBO	R, NJ		VI post-					O III /D-i if heir		maliah	-d\	
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if beir	ng aer	nousn	lea)	
OCEAN												
Name of Monitoring Firm I	Hired by Buildin	g Own	er (8)		ASCM No.		Abatement Contr					
								RONMENTAL INC.				
Street Address						Street Ac						
							CK FOREST R	DAD				
						L	te, Zip Code					
							TON, NJ 08691			N-		
Project Manager for Monit	toring Firm	Teleph	one No	).		Telephor				se No	<b>%</b>	
						609-890-			0067	6		
Start Date (10)		Sched	uled Co	ompleti	on Date (11)		OSHA Monitor					
6/25/2013		6/25/2				N/A						
Occupancy Status During						Street Ad	idress					
Facility Closed/Vaca				oateme	nt							
Abatement performed or	utside of workin	g hours	3			City, Sta	te, Zip Code					
Scope of Work (Check all	that annly)		-)				,	Full Containment w	ith Ne	gative	Press	sure
	triat apply/				Renovat	tion		☐ Mini-Enclosure				
$\geq$ 3 sf or $\geq$ 3 lf $\geq$ 160 sf or $\geq$ 260 lf					X Demoliti	3000		Glovebag Procedur	е			
☐ ≥ 160 Si di ≥ 200 ii						1750.117		☐ Non-Exempted (*) 8	& Non	-Friab	le Pro	cedure
		Is	Locati	on							Туре	
		1	mally L				stos Containing			Γ	Щ	m
Location of Asbestos- Material (ACM) TO BE			Solely b				hermal systems	Amount (Specify SF or	Remova	교	Encapsulate	Enclosure
Facility (13			enance			surfacing miscellane	, VAT, or other	LF)	δ	Repair	us.	uso
	•	Yes	Staff? No	N/A	- '	IIISCEIIAIIC	ous)		<u> </u>		ate	6
EXTERIOR			Х		TRANSITE	SIDING		1000 S.F.	X			
EATERIOR		-					411111111111111111111111111111111111111					
		$\vdash$			***************************************							
		_										
Name of Registered Was	te Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Lar	ndfill			
TIMSTER TRUCKING	G				21079		5 YD.	GROWS				
City, State							Disposal Date	City, State			7.0	
WEST CREEK, NJ							6/26/2013	MORRISVILLE, PA				
Completed By		Title				Signatur	27-Marc	()	Date			
DAVID D'ANDREA		PRES	SIDEN	T		IN A	vell A	/ Cludies	6/24	2013		
ASB-41		-				100	V		0			



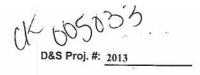
D&S Proj. #: 2013	<del>7.7</del>	(Pursi	uant to NJAC	8:60	and 12:120)		The same of	7				
		(5.11.	(0)			2.						
Date of Notification (1)		seph residenc	ner/Operator (2)			18	113 JUN 27	AN a	_			
Agencies Notified Type Notifica	tion Street A		,,,			9 1	-X.	711 2	<del></del>			
EPA Initial	140	shephard land					& LIDEN	Maria				
DEP Amended Amendment #		ate, Zip Code					90 1 10 p. 5	TMP	ŮL-		-	
DOL Emergency		wa, nj 0751	2					1.140				
DOH (including	100000000000000000000000000000000000000	f Contact					Telephone	Number				
justification									-			
Cancellatio	n   <u>mr.</u>	earl thompso										
			CILITY INFORM	ATIO	N	1 1-	of Facility (4	**				
Name of facility where abatement	is taking place (3)					'	pe of Facility (4	(K - 12)				
st. joseph residence							☐ Subcha	pter 8 (O	ther th	nan K	-12)	
Street Address							Other (F	Private/Co	omme			
140 shephard lane						s		Homes, e		Bl	dg. A	ge
City (5)	County (6)			Col	unty Code (7)	1 _	<u> </u>					
No.	PASSAI	G		(Sta	ate use only)		Current Use (Pri	ior if bein	g dem	olishe	ed)	
Name of Monitoring Firm Hired by	0.0000000000000000000000000000000000000		ASCM No.	L -	Name of Abateme	ent Con	tractor (9)					
					D & S RESTO	DRATI	ON, INC.					
Street Address		************	L=====	=	Street Address		3.,					
					20 California	Ave.						
City, State, Zip Code		(CONTRACTOR OF THE CONTRACTOR			City, State, Zip Co	de						W.
					Paterson, NJ	07503						
Project Manager for Monitoring Firm	n	Phone Num	ber		Telephone Number			License		er		
					973-345-80			0	1169			
Start Date (10)	Sched. Com	pletion Date (1	11)		Name of OSHA M D & S Restor		Inc					
07/08/13	07/26/13				Street Address	ation,	me.					
Occupancy Status During Abateme	nt (Check only on	e)			20 California	Avenu	ie					
Facility closed/vacated during					City, State, Zip Co	de						
Abatement performed outside Describe:		nours-		_								
Other-Describe: NORMAL				_	Paterson, NJ							
Scope of Work (check all that app	ly)	11,	30			_	Containment w	/negative	press	ure		
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation						-enclosure /ebag procedur	e				
≥160 sf or ≥260 lf	Demolition						-Exempted (*)			proc	edure	9
Location of	Is location norm	nally used sole	ly			1000-			R   e	R	E	E
asbestos-containing material (acm) to be	by maintenance staff(12)	e/custodiai			asbestos-containing	1	Amount (Specify S	F or	m	p	n c	n
abated in facility (13)	Yes N	lo N/A	- material	(ACIVI	)		LF)		0 V	i	a	L
BOILER ROOM		7	boiler bree	chino			1,050 sq ft		e	f	П	+
basement			PIPE INSU				80 l ft		X	H	片	ਜ
Dascincit			THEMOS		1011				Ħ	H	片	市
		-	-	1,00					Ħ	Ħ	Ħ	一
-		===	1	-					一		盲	to
Registered Waste Hauler	NJDEP Ha		Cubic Yards of	Waste		red Lar	ndfill	act m	- <u>1</u>			
D & S RESTORATION, INC	13506		12 yds		TULLYTOW	N, RE	SOURCE RE	COVER	CY			
City, State PATERSON, NJ 07503		Disposal 07/10/			City, State TULLYTOW	/N. PA						
Completed by (Print or Type)	Title	Signature		-   TOLLITOW	1, 11		Date				-	
BOGDAN JOLDZIC	PRESIDENT		-					06/20/	/13			
ASB-41	* Do not use this	form for asbes	tos licensure ex	empte	ed activities.							

D&S Proj. #: 2013

D&S Proj.	#: 2013		(Purs	uant to NJAC	) 8:6C	and 12:120)		*1.47 (*)					
Date of Notification			- F	ner/Operator (2)	)		29	13 JUN 27	AM 2:	50			
Agencies Notified	Type Notification	john Street A					-						
☐ EPA	Initial	Joliect					<b>6</b> 7	SMISHUS C & LICEN	Dali	.ØL			
☐ DEP	Amended		JMMIT ST	REET				& LICEN.	SING				
<b>⋈</b> DOL	Amendment #:_		ate, Zip Code										
☑ DOH	☐ Emergency (including		N RIDGE, I	NJ 07028				Telephone	Numbo			-	
	justification)							relephone	Numbe	_			
☐ DCA	Cancellation	<u>john</u>	king										
	***		FA	CILITY INFORM	ATION	·							
Name of facility wh	nere abatement is	taking place (3)						Type of Facility (4	1) (K - 12)				
john king								_	apter 8 (C		nan K	-12)	
Street Address		****					11	Other (I	Private/C	omme		1.53	
18 SUMMIT S	TREET						1 -		Homes, e	_	Bl	dg. A	ge
City (5)		County (6)		- w postubul	Cou	unty Code (7)	11	_	7 75515165	100			5
					(Sta	ate use only)		Current Use (Pr	ior if bein	ng dem	olishe	ed)	
GLEN RIDGE Name of Monitorin		essex		ASCM No.	<u></u>	Name of Abateme	nt Co	ntractor (9)					
Name of Montonin	ig i iiii i iiied by L	nag. Owner (o)		ASCIVI NO.		D & S RESTO							
Street Address					-	Street Address	/ICA I	ion, inc.					
Officer Address						20 California	Ave.						
City, State, Zip Coo	le				_	City, State, Zip Coo							
						Paterson, NJ	0750	3					
Project Manager fo	r Monitoring Firm		Phone Num	nber	_	Telephone Numbe		<del></del>	License	Numb	er		
						973-345-802	20		0	1169			
Start Date (10)		Sched. Com	pletion Date (	11)		Name of OSHA M							
07/02/13		07/18/13				D & S Restor	ation	, Inc.					
Occupancy Status	During Abatemen		e)			20 California	Aven	nie.					
	d/vacated during					City, State, Zip Co							
Describe:	erformed outside		hours-										
Other-Descri	be: NORMAL H	OURS			_	Paterson, NJ	0750	3					
Scope of Work (ch		')					_	I Containment w	/negative	press	ure	C-CU	
$\ge 3$ sf or $>3$ If	$\boxtimes$	Renovation				L	_	ni-enclosure ovebag procedur	Α.				
≥160 sf or ≥2	260 If	Demolition				Ĭ		n-Exempted (*)		-friable	proce	edure	)
Location of	= 0/40	Is location norm		ely						R	R	E	E
asbestos-coi material (acr		staff(12)	cusiodiai	Descripti material		asbestos-containing		Amount (Specify S	F or	m	р	n c	n
abated in fac		Yes N	lo N/A		(ACIVI)	V. 02		LF)		o v	i	a	Ľ
				PIPE INSU	HAT	ION		20 L FT		e	<u></u>	<u> </u>	+
basement				TIFE INSC	JLAI	ION		20 11 1		12	H	片	ㅐ
				+						ਜ	Ħ	H	情
	1									T		I	古
Registered Waste I		NJDEP Ha	uler ID#	Cubic Yards of	Waste				COVE	) V			-
D & S RESTOR	CATION, INC.	13506	1 YD		TULLYTOWI City, State	N, KI	ESOURCE RE	COVE	( Y		_		
City, State PATERSON, N	NJ 07503		Disposal 07/03			TULLYTOW	N, P	A					
Completed by (Prin		Title	<u>l</u>	Signature		1			Date				
BOGDAN JOL	.DZIC	PRESIDENT							06/20	)/13			
ASB-41		Do not use this	form for asbe	stos licensure ex	xempte	activities.							



Date of Notificati	ion (1)	TIN	Jame of	Building C	)wne	er/Operator (2)							-		
0 6 1/12	$\frac{0}{1} \frac{1}{3}$		nicole			oporator (2)			2	2013 JUN 27	AM 2:	50			
Agencies Notifie		ion S	treet Ad	dress									-	_	
	Initial	- 11	18 ride	gedale av	eni	10			7.3	SECTION OF C	I FOR THE	21			
☐ DEP	Amended	·   -		e, Zip Cod		ie			_	- & LICEN	71.91.				
DOL.	Amendment #:	11									- 11463				
	Emergency		SUM	MIT, NJ	079	901									When the control
□ DOH	(including justification)	N	lame of 0	Contact						Telephon	e Numbe	er			
☐ DCA	Cancellation	- 11	nicole	riley						1					
				F	ACI	LITY INFORM	ATION					-			
Name of facility	where abatement i	s taking pla	ace (3)				*****			Type of Facility (		,			
nicole riley										1 =	l (K - 12 apter 8 (0		han K	-12)	
Street Address									=	Other (	Private/0	Comme		-12)	
48 ridgedale	avenue										Homes,		В	dg. A	ae
City (5)		Cour	nty (6)				Cou	nty Code (7)	=						
CLUMBATT		ID	IIONI				(Sta	te use only)		Current Use (Pr	rior if bei	ng den	nolish	ed)	
SUMMIT Name of Monito	ring Firm Hired by		ION		_	ASCM No.	L	Name of Abatem	ent (	Contractor (9)	-				
	g , .	olug. Ollin	(0)		- 1	AGONINO.		D & S REST							
Street Address					<b>—</b> L	-	=	Street Address	Old	THON, INC.				*****	
								20 California	a Av	ve.					
City, State, Zip C	ode						_	City, State, Zip Co	ode					-	
								10 500		502					
Project Manager	for Monitoring Firm			Dhana Ni	umah		-	Paterson, N. Telephone Numb		303	11:	N.		1	
Project Manager	ioi wontoning rim	1		Phone Nu	ımb	er		973-345-80			License	9 Numi 1169			
				W		200000000000000000000000000000000000000					- '	71109			
Start Date (10)		Sched	I. Compl	etion Date	(11	)		Name of OSHA I D & S Resto							
07/02/13		07/1	8/13		325501110			Street Address		on, me.					
Occupancy Statu	s During Abatemer	nt (Check o	nly one)					20 California	Av	renue					
Facility clos	sed/vacated during	entire peri	od of aba	atement.				City, State, Zip C							
Abatement	t performed outside	of normal	facility h	ours-											
Describe:	cribe: NORMAL F	IOURS			-		-	Paterson, N.	1 07	503					
						- And April - And									
>3 sf or >3	(check all that appl									Full Containment w	/negative	press	ure		
☐ >3 st or >3	lf ⊠	Renovation	n							Mini-enclosure Glovebag procedur					
≥160 sf or	≥260 If	Demolition	า		10				_	Non-Exempted (*)		-friable	proc	edure	
Location o	f			ly used so	lely					13-2 (7)		R	R	E	T
asbestos-c		by mainte	enance/c	ustodial		Description	on of a	sbestos-containing	n	Amount		e	е	n	E n
material (a		staff(12)	г —		_	material (			9	(Specify S	For	m o	p a	C	C
abated in f	facility (13)	Yes	No	N/A	Α	h				LF)		v	ľ	a p	L
					_	ļ				1.000		e	r	_	<u> </u>
ATTIC			$\perp \times$			attic insulat	ion			1,090 sq ft			Ш		
												$\Box$			
										and a Newton Indiana and					
											***************************************	П	П	П	
													F	F	T
Registered Waste		EP Haule	er ID#	С	ubic Yards of \	Vaste	Name of Registe				-1	<u> </u>			
	DRATION, INC.	506	ID:	_	5 yds			N, 1	RESOURCE RE	COVE	RY				
City, State PATERSON,	NI 07502			Dispos 07/0				City, State	(/NT	DA					
					JII			TULLYTOV	VIN,	FA	I.s.			-	
Completed by (P BOGDAN JC		Title PRESID	ENT			Signature					Date 06/20	/13			
ASB-41				m for asb	esto	s licensure ex	empted	d activities.			1				



	PRESIDENT  Do not use this form	for ashesto	s licensure eyer	mnter	d activities			06/21/	1.5			
Completed by (Print or Type)	Title	1 =	Signature		TOLLETTOWN	ι, Γ		Date	1.2			_
City, State PATERSON, NJ 07503		Disposal D 07/05/13			City, State TULLYTOW	N D	Δ					
D & S RESTORATION, INC.	NJDEP Hauler 13506	3	YDS	asit	TULLYTOWN			COVER	Y			
Registered Waste Hauler	INIDED Havile	ID# I C	ubic Yards of W	acto	Name of Register	od I .	l					
Basement boiler room			transite pane	1			60 sq ft		X			
basement			PIPE INSUL	AT	ION		248 LF		X			
material (acm) to be abated in facility (13)	Yes No	N/A	material (A	(CM)			(Specify S LF)	SF or	o v e	a i r	c a p	c L
Location of asbestos-containing	Is location normally by maintenance/cu staff(12)		Description		asbestos-containing		Amount		R e m	R e p	E n	E n
	Demolition				į	<b>₫</b> GI	ovebag procedu on-Exempted (*)		riah!-	nro -	di	
M . 0 . f 0 If	Renovation				L	=	II Containment v ni-enclosure	wnegative	press	ure		
Scope of Work (check all that apply)					1 atcison, NJ							
Facility closed/vacated during e Abatement performed outside of Describe: Other-Describe: NORMAL HO	of normal facility ho			_	City, State, Zip Coo	de		XII.				
Occupancy Status During Abatement	t (Check only one)				20 California	Ave	nue					
07/03/13	07/30/13				D & S Restor: Street Address	atioi	ı, Inc.			-		
Start Date (10)	Sched. Comple	tion Date (11	1)	_	Name of OSHA M							
					973-345-802	20		A CONTRACTOR OF STREET	1169	0.67% A		
Project Manager for Monitoring Firm	TF.	Phone Numb	er	-	Telephone Numbe			License	Numb	er		
					Paterson, NJ		)3					
City, State, Zip Code				_	20 California City, State, Zip Coo					341	1	
Street Address					Street Address							
					D & S RESTO	RA	ΓΙΟΝ, INC.					
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		ASCM No.	$\neg$	Name of Abateme	nt Co	ontractor (9)					
WESTFIELD	UNION			(518	ate use only)		Current Use (F	rior if bein	g dem	olishe	ed)	
City (5)	County (6)				unty Code (7)							
917 WYANDOTTE TRAIL							Square Feet	# of Floor		BI	dg. Ag	ge
Street Address			711				Other Bldgs	(Private/C /Homes, e	omme	rcial		
BAUER RESIDENCE							=	napter 8 (O		nan K	-12)	
Name of facility where abatement is	s taking place (3)						Type of Facility School	(4) ol (K - 12)				
		FAC	ILITY INFORMA	OITA	N .							
DCA Cancellation	BAUE	R RESIDE	NCE						_=			
justification)	Name of C						Telepho	ne Number				
L_I Emergency		FIELD, NJ	07090									
Amendment #:	City, State	, Zip Code										
☐ EPA ☐ Initial ☐ Amended	917 W	YANDOTT	TE TRAIL		A	10 R. 1	jř Fyzikir	101				
Agencies Notified Type Notification	on Street Add		VCE			_				_		
10 16 1/12 11 1/11 13		RESIDEN			201.	3 JL	N 27 AM 2	2: 50				
Date of Notification (1)	I Name of E	Building Own	er/Operator (2)				STREET,					

MO#20613923831		NOT				BESTOS ABAT C 8:60 and 5:16		Eme	ergency No	tificat	ion
Date of Notification (1)				! Name	of Bulldin	Owner/Onerator	374 D. T.	AFPR	OWED		
J	24 / 13	3		Reign	Mertz	d Danellobsiator (	WI C. C. NIII	De <del>pt. of</del> Health	& Senior Se	rvices	
Agencies Notified	Type Notification				t Address	98.94 C 1 1 1 1 1 1 1 1 1		(8ignat	tura)		
	Initial			1		et & LICEN		>   _ 1/	_ 🔿		
	☐ Amended			City.	State, Zip	Code	Carraca Louis	- OMM	Jime: 74	P.	
⊠ DHSS	Amendment i		38								
☐ DCA (NJAC 5:23-8)	Emergency (I justification)	uoinatu	9		awn, NJ			Telephona N	imboc		
No occupantion of the second	Cancellation			Brian	Mertz	**		Temphona is	Minner		
					-	FORMATION					-
Name of Facility Where Al	ostement is Takir	ng Place	(E) 8		- / - / - / - / - / - / - / - / - / - /	Olimarion	Type of Facility	(4)			
Private house							School (K-1	2)			
Street Address					-		Subchapter	8 (Other than K-	-1 2)		
11-02 3rd Street							homes, etc.	orlyate and com	mercial build	ings.	
City (5)	*		-				Square Feet	# of Floors	Bida	Age	
Fair Lawn, NJ 07410									2.03	. rigu	
County (6)			Min ar more	Cou	nty Code (7)	(STATE USE ONLY)	Current Upe (P.	rior If being dem	nolished)		
Bergen		<b>≥</b> et velisoosiest See									
Name of Monitoring Firm I	lired by Building	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9	)			
			_ /			Gr Tech LLC	*****				
Street Address				Water and		Street Address					-
						576 Valley Rd #	283				
City, State, Zip Code	onto contract the contract of				1	City, State, Zip Co					
Maril 144 Commercial						Wayne, NJ 0747	70				
Project Manager for Monito	oring Firm		Tele	ephone	No.	Telephane No.		License No.			
Start Date (10)						973-638-1777		01127			
06 / 24 / _					ite (11)	Name of OSHA M	fonitor				
No. 177	-	06		5_ /	13	Envirovision Co	nsultants,Inc				
Occupancy Status During						1	- / there				
NO Encilled Classed March	Noatement (Chec	k only	one)			Street Address					-
□ Facility Closed Vaceted	During Entire Pe	eriod of	Abate	ment	oriloo	20-21 Wagaraw	Road, Bldg .#	35 E			
	l During Entire Pa Dutside of Norma	eriod of	Abate	re - Dos	scribe AM		Road, Bldg .#	35 E		****	
Facility Closed/Vaceted  Abatement Performed ( Time of Abatement;	During Entire Pe Dutside of Norma AMP	eriod of	Abate	re - Dos	scribe AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0	ode 7410			****	
☐ Abatement Performed (         Time of Abatement:          Scope of Work (Check all to	During Entire Pe Dutside of Norma AMP	eriod of	Abate	re - Dos	scribe AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0	ode 7410 and decontamic	ation		Table 1	
☐ Abatement Performed (	During Entire Pe Dutside of Norma AMP	eriod of	Abate y House PM_	rs - Des	scribe AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Engl	ode 7410 and decontamic aloment with Neg losure	iation Balive Pressure		***************************************	4414
Facility Closed/Vaceted  Abatement Performed ( Time of Abatement;	During Entire Pe Dutside of Norma AMP	eriod of	Abate y Hou PM_	rs - Des	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mint-Encl	7410 o and decontamination with New Josure	nation pative Pressure Tent with Negal	five Pressure	·····	
☐ Abatement Performed (	During Entire Pe Dutside of Norma AMP	eriod of	Abate y House PM enovati	ion	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Mint-Encl	ode 7410 and decontamic aloment with Neg losure	nation pative Pressure Tent with Negal	tive Pressure		
☐ Abatement Performed (	I During Entire Pe Dutside of Norma AMP hat apply)	eriod of all Facility M/	Abate y House PM PM enovati emolities s Locat Norma	ion ion ion ily	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Encl Glovebag Non-Exer	ode 7410 r and decontamir talnment with Neglosure 2 Procedure  antital (*) and No	nation pative Pressure Tent with Negal	tive Pressure	) Mant T	ype
☐ Abatement Performed (     ☐ Time of Abatement:      Scope of Work (Check all to the content of the cont	I During Entire Per Dutside of Norma AMP hat apply)	Re De	Abate y House PM PM emovati s Locat Normal	ion ion ion ily ely by	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Engl Rone-Exert Description of	7410 o and decontamic talnment with Neg losure g Procedure mpted (*) and No	nation pative Pressure Tent with Negal	tive Pressure	ment T	1
	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Record of Pacific PM/	Abate y House PM enovati emolitie s Locat Norma ed Sole intens	ion ion ion illy ely by	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Engl Glovebag Non-Exer  Description of stos Containing Mat thermal systems i	ode 7410 o and decontamic talnment with Neg losure g Procedure mpted (*) and No f terial (ACM) neulation	ation pative Pressure Tent with Negat n-Friable Proce Amount (Specify	tive Pressure	ment T	1
☐ Abatement Performed (     ☐ Time of Abatement:      Scope of Work (Check all to the content of the cont	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Record of Pacific PM/	Abate y House PM PM enovati emolities s Locat Normal ed Sole intene	ion ion ion illy ely by	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Engl Rone-Exert Description of	ode 7410 7410 7410 7410 7410 7410 7410 7410	nation gative Pressure Tent with Negal n-Friable Proce Amount	tive Pressure	ment T	ype Enclosure
☐ Abatement Performed (     ☐ Time of Abatement:      Scope of Work (Check all to the state of the stat	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	PM/  Recibit PM/  Decided of the Facility PM/  Recibit PM/  Vac Mac Cus Yes	Abate y House PM enovati emolitie s Locat Norma ed Sole intens	ion ion ion illy illy staff?	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Encl Glovebag Non-Exer  Description of elos Containing Mat thermal systems is surfacing, VAT,	ode 7410 7410 7410 7410 7410 7410 7410 7410	ation pative Pressure Tent with Negat n-Friable Proce Amount (Specify	tive Pressure	ment T	1
☐ Abatement Performed (     ☐ Time of Abatement:      Scope of Work (Check all to the state of the stat	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Recipied of the Facility of th	Abate y House PM PM stemolities s Locat Norma ed Sole intens intens (12)	ion ion ion illy ely by ince/ Staff?	Asbe: (I.e	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Enci Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaneous	ode 7410 and decontamir alnment with Ner losure g Procedura  mpted (*) and No f terial (ACM) nsulation, or	action gative Pressure Tent with Negat n-Friable Proce Amount (Specify SIF or LF)	Abate Abate Removal	ment T	1
☐ Facility Closed/Vacated     ☐ Abatement Performed (         Time of Abatement:      ☐ Scope of Work (Check all to the content of the	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Recibit PM/	Abate y Hour PM enovati s Locat Norma ed Sole intena (12) No	ion ion ition illy ince/ Staff?	AM	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Enci Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaneous	ode 7410 and decontamir alnment with Ner losure g Procedura  mpted (*) and No f terial (ACM) nsulation, or	ation pative Pressure Tent with Negat n-Friable Proce Amount (Specify	tive Pressure	ment T	1
☐ Facility Closed/Vacated     ☐ Abatement Performed (         Time of Abatement:      ☐ Scope of Work (Check all to the content of the	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Recibit PM/	Abate y House PM PM stemolities s Locat Norma ed Sole intens intens (12)	ion ion illy ely by ince/? N/A	Asbe: (I.e	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Enci Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaneous	ode 7410 and decontamir alnment with Ner losure g Procedura  mpted (*) and No f terial (ACM) nsulation, or	action gative Pressure Tent with Negat n-Friable Proce Amount (Specify SIF or LF)	Abate Abate Removal	ment T	1
☐ Facility Closed/Vacated     ☐ Abatement Performed (         Time of Abatement:      ☐ Scope of Work (Check all to the content of the	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM)	Region of the PM/	Abate y Hour PM enovati s Locat Norma ed Sole intena (12) No	tion by staff? N/A	Asbe: (I.e	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Enci Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaneous	ode 7410 and decontamir alnment with Ner losure g Procedura  mpted (*) and No f terial (ACM) nsulation, or	action gative Pressure Tent with Negat n-Friable Proce Amount (Specify SIF or LF)	Abate Abate Removal	ment T	1
	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM) ED	Recibit PM/	Abate y Hou PM PM enovati s Locat Norma ed Sole intena (12) No	tion ition illy ely by ince/ Staff?	Asbe (l.e	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Encl Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaned	ode 7410 o and decontamir calnment with Ner losure g Procedure mpted (*) and No f terial (ACM) neulation or	action gative Pressure Tent with Negat n-Friable Proce Amount (Specify SIF or LF)	Abate Abate Removal	ment T	1
	I During Entire Per Dutside of Norma AMP hat apply)  f aterial (ACM) ED	Region of the PM/	Abate y Hou PM PM enovati s Locat Norma ed Sole intena (12) No	tion ition illy ely by ince/ Staff?	Asbe: (I.e	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0' Clean up Full Cont Mini-Enci Glovebag Non-Exer  Description of clos Containing Mat thermal systems if surfacing, VAT, other miscellaneous	ode 7410 o and decontamir calnment with Ner losure g Procedure mpted (*) and No f terial (ACM) neulation or	action pative Pressure Tent with Negation-Friable Proce Amount (Specify SIF or LF)	Abate Abate Removal	ment T	1
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	I During Entire Per Dutside of Norma AMP hat apply)  faterial (ACM) ED	Region of a Facility of the Custon of the Cu	Abate y Hou PM PM enovati s Locat Norma d Sole intens (12) No	ion ion ition illy ely by ince/ Staff?  N/A	Ashe (I.e.	20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ 0 Clean up Full Cont Minl-Engl Mon-Exe  Description of stos Containing Mat thermal systems in surfacing, VAT, other miscellaned  cubic Yards of Waste TBD  Dicposal Date TBD	nde 7410 r and decontamir alnment with Neglosure 2 Procedura [Impled (*) and No ferrial (ACM) neulation, or pus) Name of Regis T.R.R.F. Inc	action gative Pressure Tent with Negat n-Friable Proce Amount (Specify SIF or LF) 30 LF	Abate Removal	ment T	1
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\* Emergency \*

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

CK 3330

Date of Notification (1) 6/21/13				Name of Charlie	Building (	Owner/	Operator	(2) ome	LIB JUM ;			1				
Agencies Notified	Type Notification		-	Street A	ddress			2	HI JUM	27	111 2:	50				
EPA DEP	Initial			64 Phy	/IIIS											
DEP DOL	Amended Amendment Emergency				te, Zip Co awkin N		50	******	& LIČ	ENS	JHTE INC	OL.				
☑ DOH DCA	justification)  Cancellation	10.000 = 0.000 × 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10	1112	Name of Charlie	Contact					To	la-L					
_ box	Caricellation				LITY INFO	RMAT	ION			-				-		
Name of Facility Where		g Place (3)	)					Туре	of Facility (	(4)						
Charlie Giuliano (Pr Street Address	ivate Home)				X2-000HL4V91				School (K-1 Subchapter		or than	V 121				
64 Phyllis								×	Other (i.e. p					lings,	home	es,
City (5)	<del></del>	************							etc.) re Feet	# 0	f Floors	_	Тв	ldg. A	ge	
Manahawkin NJ 08	050							1000		1				5+		
County (6) ocean					Code (7) JSE ONLY)			Curre	nt Use (Pri 10	or if be	ing dem	olishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				tement Cor	ntracto	(9)		V.C. 1 C.C.			
Street Address	**************************************				•			Addres				100.00			•	
3								30x 32					٥			
City, State, Zip Code									ip Code n NJ 080	91	-					
Project Manager for Mon	itoring Firm		Telephor	ne No.	777	0.0000000000000000000000000000000000000	none N 753-9			Licens 0072						
Start Date (10) 6/24/13		Schedule 6/28/13		pletion [	Date (11)	182-15	Name		HA Monitor							
Occupancy Status During	Abatement (Chec			ne sexe				Addres	ss							
				ent			0001	,								8
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours				City, S	State, Z	ip Code							
Scope of Work (Check A	ll That Apply)	19					4						0.22			
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enoval emoliti					Mir Glo	l Containm ni-Enclosur ovebag Pro	e cedure						
		la	Loooti	-n			-	i NO	n-Exempte	u () ai	iu Nori-r	Habit			ement	
Location	of	l N	Location Income	y		De	escription	n of						Ту	ре	
Asbestos-Containing TO BE AB			d Solel ntenar			os Cor	ntaining N	/laterial			Amount Specify		70		Ē.	m
In Facil	ity	Cust	odial S (12)	itaff?	(1.0.	surfa	acing, VA	T, or			F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		otner	miscellar	neous)					val	=	ulate	ure
Exterior S	Siding	res	INO	X		Fyte	erior Si	dina		12	200 SF		x			
Exterior	Exterior Siding														-	
							h-31000									
															_	
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic	Yards		Name of	Regist	ered Lar	ndfill				
United Containers	1	auler ID 2459	No.	of Wa	aste		G.R.O.	W.S.								
City, State Elm NJ					Dispo 6/28	osal Date /13	le l	City, Stat Morrisv		A 1906	57					
Completed by		Title	dent				Signature	0	-			Date	7.0	,	and ke	
Anthony T Perna		Presi	uent			(		_				6/2	1/13			

\* Emergency \*

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

CK 333 1

Date of Notification (1) 6/21/13					Building (				-	S - Z						
Agencies Notified	Type Notification			Street A	ddress oral Stre	et			BL3 JUN	21	桁 2.	5	1			
EPA DEP DOL	Initial Amended Amendment				te, Zip Co Haven l		3008		& LI	CO (	.UNTI	ال.			0	
☑ DOH DCA	Emergency ( justification) Cancellation	57.00	1.55	Name of Tim	Contact		-				ephone I	Numl	per			
Name of Facility Ass	AL 1 - 1 - 11			FACI	LITY INFO	RMA	TION									
Name of Facility Where a Tim Connor (Private		g Place (3)						(mm)	of Facility (4	000						
Street Address 224 Coral Street		25						I S	School (K-1; Subchapter Other (i.e. p	8 (Oth				lings,	home	es,
City (5) Beach Haven NJ 0	8008								etc.) re Feet	# 0	f Floors		20,000	ldg. A 5+	ge	
County (6) ocean	-1,				Code (7) USE ONLY)			Curre	nt Use (Pric	r if be	ing demo	olishe	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM				of Abat	tement Con	tractor	(9)					
Street Address								Addres								
							PO E	30x 32	29				10			
City, State, Zip Code								state, Zi t Berli	p Code n NJ 080	91						
Project Manager for Mor	Project Manager for Monitoring Firm						114 790373331723530	753-9		0.0000000000000000000000000000000000000	Licens 00727					
Start Date (10) 6/24/13		Scheduled 6/28/13		pletion I	Date (11)		Name Sam		A Monitor		.i					
Occupancy Status Durin	g Abatement (Chec	k Only One	e)				Street	Addres	s			-3				
Abatement Perform	ated During Entire I ned Outside of Norn						City, S	State, Zi	p Code							
Other – Describe:  Scope of Work (Check A																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ы тпас Арріу)		enova emoliti					Min Glo	Containme i-Enclosure vebag Proc -Exempted	edure					P	
		ls I	_ocati	on				1101	LXCIII	1 / 41			21.10	THE STREET	ment	
Location		l N	ormall	v			escription							Ту	pe	
Asbestos-Containing TO BE AB		Mair	Solel otenar	nce/			ntaining I al system				Amount Specify		ZJ	_	Enc	щ
In Faci	lity	Custo	dial S (12)	staff?	(,,,,,	sur	facing, VA	T, or			F or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A		ome	miscella	neous)					val	Ŧ	ulate	ure
Exterior S	Siding			x		Ext	erior Si	ding		12	200 SF		x			
Living Roo					Floor Ti	le		6	00 SF		100000000000000000000000000000000000000					
			9.													
Name of Registered Was		JDEP Wauler ID			c Yards aste		Name of I	Regist	ered Lan	dfill						
United Containers		2459	NO.	3	asic		G.R.O.\									
City, State Elm NJ						Disp 6/28	osal Date 3/13		City, State Morrisvi		A 1906	7				
Completed by Anthony T Perna		Title Presid	lent				Signatur	e /_				Date 6/2	e 1/13	3		

		N				00 and 12:12			100						
Date of Notification (1) 6/21/13	Check# 2438	3		lame of St. Nich	Building Ow nolas Cat	ner/Operato	or (	2) YUN 27 AA		St Nicl Ny St, J					07
Agencies Notified	Type Notification		8	Street Ad	dress rry Street					AS	BES				
EPA DEP DOL	Initial Amended Amendment #			City, Stat	e, Zip Code City, NJ (		· ·	LICENSII	IG	11.					
DOH DCA	Emergency (ir justification) Cancellation	cluding	1	Name of	Contact uce Harg			3	Tele	enhone N	umber	71			
	1=			FACIL	ITY INFOR	MATION	_					_			
Name of Facility Where St Nicholas Church								Type of Facility (4  School (K-12	(T)						
Street Address							7	Subchapter	8 (Othe			ildin	ins h	ome	S
118 Ferry Street	87.00° (1.00° ) - 20° (1.00° ) - 20° (1.00° )						1	etc.)			CIAI DO				J,
City (5) Jersey City, NJ 07:	307							Square Feet 60,000	3	Floors		100	g. Ag )+	je	
County (6) HUDSON				County C STATE U	Code (7) ISE ONLY)			Current Use (Prior Rectory Base	ment		ished)				
Name of Monitoring Firr	m Hired by Building O	wner (8)		ASCM	No.	EA	S	of Abatement Con ervices Corpor		(9)					
Street Address						1000000	(50)	Address 9th Street #1							
City, State, Zip Code								tate, Zip Code enberg, NJ 070	93						
Project Manager for Mo	nitoring Firm			Telephor	ne No.	10000	•	one No. 295-1700		License 01074	No.				
Start Date (10) - 7-2-2013	and the same of th	Schedule			Date (11)	1.100000		of OSHA Monitor as above							
Occupancy Status Duri						Stre	et.	Address				- //			
Abatement Perform	cated During Entire P med Outsida of Norm Starting @ \$200 AM	eriod of <i>F</i> al Facility	Nours Hours	ent		City	, S	tate, Zip Code		*					
Scope of Work (Check	All That Apply)							_		SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure					•	
		Is	Locati	on										ment	i i
Location Asbestos-Containin TO BE A In Fac (13	ng Material (ACM) BATED cility	Use Ma	Normal d Sole intenar todial S (12)	ly by nce/	(i.e. th	Description Containing the containin	g N em: VA	faterial (ACM) s insulation, T, or	(8	mount Specify or LF)	Zelloval	Domousi	Repair	Encapsulate	Enclosure
		Yes	No	N/A					_			+		æ	_
Electrical closet;	_ 1/4		Х			Pipe insu				0 LF	х	+			
Food P	Pantry		Х		Pipe In	nsulation-p	pa	tch & repair	6	57 LF	+	<b>-</b>	(		
Name of Registered W Freehold Carting	aste Hauler		H	IJDEP W lauler ID 5939	No.	Cubic Yard of Waste tbd	s	Name of Waste							
City, State PO Box 5010						Disposal Date	ate	City, Stat Tully To		PA					
Completed by Gina Salvador		Title Offic	e Mai	nager		Signat	ture	Bluas	-		Date 6/.	21/	/13		



Date of Notification (1)			1			ing Owner/Operator			~			-
6 / 24 /	13	<u></u> )		DP	MC	,	Job # 1304-4	1634 Check#	540	1		
Agencies Notified Type Notifi			5	Stree 33	t Address West St	tate Street 9 <sup>th</sup> Flo	or PO Box 03	27 AM 2:	50			
□ DOLWD	ed ment #4		C	City,	State, Zip	Code	美元素化化		e carre	-		
☑ DCA ☐ Emerge		udina		Tre	enton, N	J 08625	* 40.0	US COMIT	:ØL			
(NJAC 5:23-8) justifica	ation)	3	V	lame	of Conta	ıct	et E	Telephone N	lumber	_		
☐ Cancel	lation			Ge	orgette	Bunch						
				FA	CILITY	NFORMATION						
Name of Facility Where Abatement is		Place (	3)				Type of Facilit	5. 3.45				
Hunterdon Developmental Co	enter						School (K-	12)	(40)			
Street Address							Other (i.e.,	r 8 (Other than K private and com	12) mercial ł	uildin	qs,	
40 Pittstown Rd.							homes, etc				· ·	
City (5)							Square Feet	# of Floors	E	3ldg. A	\ge	
Clinton			1									
County (6)			1	Cour	nty Code	(7)(STATE USE ONLY)		Prior if being dem	iolished)			
Hunterdon								ental Center				
Name of Monitoring Firm Hired by Bu	ilding Ow	ner (8)	AS	SCM	No.	Name of Abateme		9)		F1-10		
TTI Environmental						AbateTech, I	nc.					
Street Address						Street Address						
1253 North Church Street						30 Maple Ave			0405311100			
City, State, Zip Code						City, State, Zip Co						
Moorestown, NJ 08057						Lumberton, N	4J 08048					
Project Manager for Monitoring Firm			Teleph			Telephone No.		License No.	es.			
Jim Guilardi					-1683	609-265-2107		00529				
Start Date (10)5 /8 /13	Schedule				5.0	Name of OSHA M						
	6_				13	EMSL Analyti	icai					
Occupancy Status During Abatement	[10] [기교(()] (전보기, 10) [기교(		50.00 C			Street Address	•					
☐ Facility Closed/Vacated During En☐ Abatement Performed Outside of N					oribo	108 Haddon A		TOTAL CONTRACTOR OF THE PARTY O				
Time of Abatement:AM						City, State, Zip Co Westmont, N.						
Scope of Work (Check all that apply)								egative Pressure				
$\boxtimes \ge 3$ sf or $\ge 3$ lf $\square \ge 160$ sf or $\ge 260$ lf		Reno Demo	vation olition			☐ Mini-Encl ☐ Glovebag	losure J Procedure	on-Friable Proce	dure			
			ocation						At	ateme	ent T	уре
Location of			mally Solely b	nv	12.12	Description of		1	고	Z	Ш	ш
Asbestos-Containing Material (ACI TO BE ABATED			enance		Asbe (i.e	estos Containing Mat e., thermal systems in	terial (ACM)	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facility			lial Stat 12)	ff?	(	surfacing, VAT,	or	SF or LF)	Val	·	lusc	sure
(13)	Y			I/A		other miscellaned	ous)				ate	U
Chiller Room	$\boxtimes$			] [	20" to 2	24" Fitting Insulat	tion	( 50 LF				
				]								
					- 10 100 1000							
			1	1					$\exists \Box$	П	П	П
Name of Registered Waste Hauler			NJDE	EP W	/aste	Cubic Yards of	Name of Regi	stered Landfill				-
AbateTech, Inc.			Haule	er ID		Waste	T.R.R.F La					1
City, State			187	750		6 Disposal Date	City, State					
Lumberton, NJ						6/28/13	Tullytown	ΡΔ				
Completed By (Print or Type)	Title						- anytown,		Dotat /			
Gwendolyn Trumbetti		ation	s Coo	rdin	ator	Signature	1		Date /	24/	13	,
CD 44	Ohei	atiOH	3 000	n all	iatUI		nit				100 E	

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

Page 1

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

1306-4658 Check #5408

Date of Notification	on (1) 6/19/13						Owner / Operator ship BOE	(2)	2013 J	UN 27 .				
Agencies Notified  EPA  DEP	Type Notific	ıl	Str 1 E	reet A E <b>gbe</b> ty, St	Addres rt Stre ate & 2	s eet Zip C	ode		8 335 S	UN 27 AM	2:56	?		
□ DOL     □ DCA	Eme	nded # rgency cellation	Na	ame c	rton, I of Con Barth	tact				ICENSING	elephor	ne Nu	ımbe	er
				FAC	ILITY	INF	ORMATION							
Name of Facility Pemberton Tow		ent is Taking P	ace (3)				Type of Facilit School (K	(-12)						
Street Address									(Other than K rate & comme		e home	) C (A)	c)	
148 Arney's Mt.	Road	205 00000000000000000000000000000000000					Square Feet	. priv	# of Floors		dg. Age		.0.)	
City (5)		County (6)	Cour	nty Co	ode (7	)			1					
Pemberton		Burlington					Current Use (I	Prior	if being demo	lished)				
		1					School		10 1-1-	(0)				
Name of Monitor Cardno ATC	ng Firm Hired I	by Building Owr	ier (8)		ASCN	/I No.	AbateTech,	Inc.		(9) <b>00529</b>				
Street Address							Street Addres	S						
3 Terri Lane City, State & Zip	Code						City, State & Z	Zip C	ode					
Burlington, NJ							Lumberton,							
Project Manager John Lutz		Firm	Teleph 609-38			er	Telephone Nu 609-265-210		er	License Nu	umber 0052	9		
Scheduled Start 7/8/		Scheduled Cor	npletion 7/19/1		e (11)		Name of OSH EMSL Analy				(100)			
Occupancy Statu		ement (Check o					Street Addres		•					
Facility C	losed/Vacated	During Entire F	eriod of	Abat	temen	t	108 Haddon		е					
Abateme Describe		Outside of Norm	al Hour	s			City, State & Z Westmont,							
	ccupied During	g Abatement					1							
Scope of Work (	Check all that a	pply)				100/200		_				D		
			53	_				님	Full Contain Mini-Enclos	ment with Ne	egative	Pres	sure	
≥3 sf or ≥					ovation olition	1		H	Glove Bag F					
≥160 sf ≥	200 11		Ш	Dem	Olition			Ħ	1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ted and Non-	-Friable	Pro	cedu	re
	Location of	****	ls Lo	ocatio	on	201000	Description	-		Amount				
Anne segg	estos-Containi	ng	Norma				Asbestos-Cont		ng	(Specify			m	
	Material (ACM)		Sol Mainte	ely b			Material (AC (i.e., thermal sy		ns	SF or LF)	₽ Pe	R	Encapsulate	E
1	O BE ABATED in Facility		Custoo			i	nsulation, surfac				Remova	Repair	psu	Enclosure
	(13)		(	12)	*********		or other miscella	aneo	us)		/al	=	ilate	l le
					N/A						F 2			
Room 100							Floor tile & N	-		1,375 SF		무	H	H
Break Room					H		Floor tile & N			169 SF		H	님	H
Bathroom					H		Floor tile & N			28 SF 112 SF		片	片	H
Storage Room		<u> </u>			H	-8	Floor tile & N			1,375 SF		H	H	H
Rooms 110 St		Rooms			井		Floor tile & N	-		180 SF	X	H	Ħ	Ħ
Name of Registe		ıler		NJE	DEP W				ne of Register	Control State Co				
AbateTech, In	•			liac	1875		12	TR	RF Landfill					
City, State	-						Disposal Date		, State					
Lumberton, N	J						7/19/13		llytown, PA					
Completed By (F				Title	е		Signature	,	1		Date	STANDARD V		
Gwen Trum					fice		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	Л		6/19	/13		
				Co	ord.		1	~ (	<i>,</i> .					

1306-4658 Check #5408

Date of Notification (1)						Owner / Operator	(2) 28/3.11/2	27 AM 2:	Thur.		
6/19/13						ship BOE	* **	27 60.			
Agencies Notified Type Noti	ncation	1000		Addre ert St			si yay	MM 2:	e		
	tial				Zip C	ode	de / /2	YSTATA BA			
	nended#				NJ 08		-10.F	Not I has	2 22		
☑ DOH   ☐ Er	nergency	1000		of Co			2000000	WG T	elephone	Mumb	100
☐ DCA ☐ Ca	ncellation	P	eggy	Bartl	holom	ew		_			
			F 8 /	NI 177	V 1815	ODSTATION				-	
Name of Facility Where Abate	mont is Taking DI	200 (3)		الااا	YINF	ORMATION Type of Facilit	v (4)				
Pemberton Township HS	ment is raking Fi	ace (3)				School (K					
Street Address	- Water and the same and the sa	177	00 2800			- Common	er 8 (Other than	K-12)			
148 Arney's Mt. Road							. private & comn		gs, homes	s, etc.)	
						Square Feet	# of Floor		ldg. Age		
City (5)	County (6)	Cou	nty C	ode (	7)	1					
Pemberton	Burlington		Ű.		55:	Current Use (F	Prior if being der	nolished)			
Sea managamana a managaman managaman 1	3					School					
Name of Monitoring Firm Hire	by Building Own	er (8)		ASC	M No.	Name of Abate	ement Contracto	or (9)			
Cardno ATC	12.501 20.503	27. 50				AbateTech,	Inc.	00529			
Street Address						Street Address	S				
3 Terri Lane						PO Box 25					
City, State & Zip Code						City, State & Z	57.프레이크 ^ ^ HT HT HT ()				
Burlington, NJ 08016	- Flore	Talaab		Niconsk		Lumberton, Telephone Nu		License N	umbor		
Project Manager for Monitorin  John Lutz	d Litti	Teleph 609-38			е	609-265-210		License iv	00529		
Scheduled Start Date (10)	Scheduled Con					Name of OSH					
7/8/13	Ochicadica Con	7/19/		(11)	100	EMSL Analy					
Occupancy Status During Aba	tement (Check or	nly one	)			Street Address					
Facility Closed/Vacate	d During Entire P	eriod o	f Aba	ateme	nt	108 Haddon	Ave.				
Abatement Performed	Outside of Norma	al Hou	rs			City, State & Z	Zip Code				
Describe:						Westmont, I	VJ 08108				
Facility Occupied Duri								- 200		-	
Scope of Work (Check all that	apply)					i	□ Eull Conte	inment with N	ogativo E	roccur	_
☐ ≥3 sf or ≥3 lf			Don	ovatio	n		Mini-Enclo		egative	103341	C
≥3 \$1 61 ≥3 11 ≥160 sf ≥260 lf		H		ovalion				Procedures			
2100 31 2200 11			Don	iontion	•			pted and Non	-Friable l	Proced	ure
Location of		ls L	ocati	on		Description		Amount	Control of the Contro		and the same of
Asbestos-Contai	ning	Norm				Asbestos-Cont		(Specify			Ť
Material (ACM			lely b			Material (AC		SF or LF)	2	- En	' m
TO BE ABATE in Facility	D	Mainte				(i.e., thermal sy nsulation, surfact			Remova	Repair	000
(13)			(12)	Jian :		or other miscella			) va	Repair	Enclosure
(/			No	N/A						6	
Kitchen Office		П	M	П	Doul	ble Layer Floor t	ile & Mastic	65 SF			
Kitchen Storage #1					Doul	ble Layer Floor t	ile & Mastic	180 SF			
Kitchen Storage #2		$\boxtimes$			Doul	ble Layer Floor t	ile & Mastic	100 SF			
Kitchen Storage #3						Floor tile & N	lastic	65 SF			
Name of Registered Waste H	auler					Cubic Yards	Name of Regist	ered Landfill			
AbetaTook Inc			На	uler IE 1875		of Waste	TRRF Landfil				
AbateTech, Inc. City, State		-	1	1073	,,,	Disposal Date	City, State				
Lumberton, NJ						7/19/13	Tullytown, PA	Α			
Completed By (Print or Type)			Titl	е		Signature			Date		- 2000
Gwen Trumbetti				fice			+		6/19/	13	
			Co	ord.		~m	N .				

Date of Notification (1)			Name	of Buildir	ng Owner/Operator (	2)					-
6 /24 /	13		Co	unty of (	Cape May 2	913 JUN 27	/ Job # 1306-46 - ሕ州 2: 5በ	56 Ch	eck:	#	
Agencies Notified Type Notifie	cation		Stree	t Address			मा ८ इस				
☐ EPA ☐ Initial			4 N	loore Ro	oad 🌯	10107 DA					
☐ DOLWD ☐ Amende			City,	State, Zip	Code	21100	KSING TO BE				
□ DHSS Amendr	W1000000000000000000000000000000000000		Ca	pe May (	Courthouse, NJ 0	8210	191116				
DCA Emerge (NJAC 5:23-8) ustifica	ncy (including tion)	g	Name	of Conta	ct		Telephone Nur	mber			
☐ Cancella			Dal	le Fostei	r						
			FA	CILITY II	NFORMATION						
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)				
Former John's Tire & Auto						School (K-1		. 27			
Street Address							8 (Other than K-1 private and comm		ildin	10	
503 West Rio Grande Ave.					1	homes, etc.		erciai bi	muni	<b>j</b> 5,	
City (5)	SQ-14(1)(4), SQ-15(1)(4)		-128110			Square Feet	# of Floors	BI	dg. A	ae	
Wildwood									3	J	
County (6)			Cour	ntv Code (	(7)(STATE USE ONLY)	Current Use (P	rior if being demo	lished)			-
Cape May					(· ///	Building					
Name of Monitoring Firm Hired by Bu	lding Owner	(8)	ASCM	No	Name of Abateme		n				_
Traine of Monitoring Firm Fined by Bu	iding Owner	(0)	ACCIVI	NO.	AbateTech, In	- 2	"				
Street Address				ilian in	Street Address	10.					
Street Address						DO Doy 25					
City State Zin Code					30 Maple Ave						
City, State, Zip Code					City, State, Zip Co						
5		I 1			Lumberton, N	IJ 08048					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
0. 15.1 (10)	01 11 16	<u>.                                    </u>			609-265-2107		00529				
	Scheduled C	750		3 10	Name of OSHA M						
	/			13_	EMSL Analyti	cal					
Occupancy Status During Abatement					Street Address						
Facility Closed/Vacated During En					108 Haddon A	Ave.					
Abatement Performed Outside of N Time of Abatement:AM					City, State, Zip Co	ode					
	FIVI/	PIVI	_	AIVI	Westmont, N.	J 08108	00.70=0.0W0				
Scope of Work (Check all that apply)					□ Eull Cont	ainment with No	gative Pressure				
≥3 sf or ≥3 lf	□Re	enovat	ion		☐ Mini-Encl		gative Flessure				
≥160 sf or ≥260 If	⊠ De	emoliti	on		Glovebag	Procedure					
				_		mpted (*) and Ne	on-Friable Proced			2000000	
	11.00	s Loca Norma				_		Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACI	1.1		ely by	Ash	Description of estos Containing Mat		Amount	Re	Repair	5	四四
TO BE ABATED	· Ma	inten		(i.e	e., thermal systems i	nsulation,	(Specify	Removal	pair	cap	Enclosure
IN Facility	Cus	todiai (12)	Staff?		surfacing, VAT,		SF or LF)	<u>a</u>	20	Encapsulate	ure
(13)	Yes	No	N/A	1	other miscellaned	ous)				ate	8888
Exterior of Building				Transit	te shingles	115 ( ) ( )	400 SF			П	
Interior of Building					te shingles		300 SF			П	
interior of Building			-	Transi	te simigies		300 01			믐	H
								ᆜᆜ	П		
					Tradition and an array					Ш	
Name of Registered Waste Hauler		1 1 (3)	NJDEP N Hauler II		Cubic Yards of Waste		stered Landfill				
AbateTech, Inc.			18750		12	G.R.O.W.S	6. Landfill				
City, State			.0,00		Disposal Date	City, State					
Lumberton, NJ					7/9/13	Tullytown	,PA		11.		
Completed By (Print or Type)	Title				Signature			Date ,	_ `.	٠.	
Gwendolyn Trumbetti	Operat	ions	Coordi	inator		+		10/	141	17	
	Sperat		- Joi u		$ \perp$ $\backslash$ $M$			01	1)	13	l homeon

ASB-41 MAY 11

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

Date of Notification (1)					Name	e of Buildin	g Owner/Operator	(2)	Carrie			
6/	24 /	13			Thursday.	der Unive	ersity 20/3	///// / Job	# 1306-4657	Check#	5363	
Agencies Notified  ☑ EPA ☑ DOLWD	Type Notific  ☑ Initial ☐ Amended				208	t Address 33 Lawre State, Zip	nceville Road	1 Job 1 Jun 27 AM 2	: 5 <sub>0</sub>			
□ DHSS	Amendm	ent#_		2	2000	30 B.	Lo N I nocae	ICENSTING	31			
☑ DCA	⊠ Emergen		cludin	g	-	of Contac	lle, NJ 08648		Triantana N			
(NJAC 5:23-8)	justificati					. Jim Zal			Telephone Num	ber		
	LI Cancella	tion					A STATE OF THE STA					
				150	FA	CILITY I	NFORMATION	-	5#			
Name of Facility Where	Abatement is	Γaking	g Place	e (3)				Type of Facility ( ☐ School (K-12	)			
Street Address								Other (i.e., pr	(Other than K-12 ivate and comme	?) rcial build	linas	
2083 Lawrenceville	e Rd.							homes, etc.)	mate and comme	rolar balle	migo,	
City (5)						-		Square Feet	# of Floors	Bldg	. Age	
Lawrenceville								30,000	3	50	+	
County (6)	Parameter State Communication of the Communication				Cou	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)		
Mercer								Classrooms				
Name of Monitoring Firm	Hired by Buil	ding C	Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)				
Pennoni Associate	es				001	02	AbateTech, I	nc.				
Street Address							Street Address					
515 Grove Street, S	Suite 1B						30 Maple Ave	e. PO Box 25				
City, State, Zip Code			250 (6)				City, State, Zip C	Alexander and the second and the sec				
Haddon Heights, N	J 08035						Lumberton, I					
Project Manager for Mon				Tel	ephone	No.	Telephone No.		License No.			
Alan Lloyd	373			8	56-547	-0505	609-265-2107	•	00529			
Start Date (10)		Sched	luled C	ompl	etion Da	ate (11)	Name of OSHA N	Monitor				
6 /25 /	13	- 8	8_ /		2/	13	EMSL Analyt	ical				
Occupancy Status During	q Abatement (	Check	conly	one)			Street Address					
☐ Facility Closed/Vacate			150		ement		108 Haddon	Ave.				
☐ Abatement Performed						scribe	City, State, Zip Co	ode				
Time of Abatement: _	AM	PN	Λ/	_PN		AM	Westmont, N					
Scope of Work (Check al	II that apply)					***		0 00100				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf			⊠ Re				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure mpted (*) and Nor		re		
			Is	Loca	tion	1	- A PAN NO.			Abate	ment 7	Гуре
Location				Norm	ally ely by	9720973	Description of					T
Asbestos-Containing TO BE ABA		1)			ance/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Encapsulate	Enclosure
IN Facili			Cus		Staff?	(	surfacing, VAT	or	SF or LF)	val	lusc	Sure
(13)			V	(12		-	other miscellane	ous)			ate	1
			Yes	No	N/A					-		1_
Individual Classroom						Spray-	on Ceiling Insul	ation	1,000 SF			
(25 SF per classroom	1 x 40 rooms	3)										
Name of Registered Was	te Hauler			1	NJDEP I	Waste	Cubic Yards of	Name of Regist	ered Landfill			
AbateTech, Inc.				l	18750		Waste 2	G.R.O.W.S.				
City, State					10/0(		Disposal Date	City, State				-
Lumberton, NJ							8/2/13	Tullytown,F	PA			
Completed By (Print or Ty	ype)	Title					Signature	1	Da	teı	1	
Gwendolyn Trumbe		257752000		ions	Coord	inator		met	-7	te   24	113	

ASB-41 MAY 11

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

### State of New Jersey 1305-464 NOTIFICATION OF ASBESTOS ABATEMENT Check #5305 (Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4646

Date of Notification	(1) 6/19/13						Owner / Operat	or (2)		300000				
Agencies Notified	Type Notific	ation			t Addr		versity	2013	IIM 27 BI	1 2.50				
⊠ EPA	Type Houne	ation	3.5				nge Ave.	E010 (	UN 27 AI	1 5.08				
☐ DEP	☐ Initia	ſ				& Zip		• Hings		11 12 12 12				
Ĭ DOL	⊠ Ame	nded #2					NJ 07079	377	SION OF LICENS					
□ DOH	☐ Eme	rgency				ontact		Ė	LIGHT	HG I-	Telepho	one N	Jumb	er
☐ DCA		cellation	100				eleubroeke		10 to		The Section of Passess			10.
										4				-
Name of Facility Wh	nere Ahatem	ent is Taking Pla	ace (3	)	CILII	1 IIVI	Type of Faci	lity (A)						
Seton Hall Unive	rsity- A&S	Hall Steam Li	ne	,			School							
Street Address		. idi. Otodiii Ei						7 60	(Other than	K-12)				
400 South Orang	e Ave.									ercial building	as. hon	nes.	etc.)	
							Square Feet		# of Floors		ldg. Ag			
City (5)		County (6)	Cou	inty (	Code	(7)	10,00		ECONOMICS CONTRACTOR	2	9	90		
South Orange		Essex	FR. 023000			. ,	Current Use					- 00		
		-555%					University	(	ii baiiig daii	ionoriou)				
Name of Monitoring	Firm Hired b	v Building Owne	er (8)		ASC	CM No		atemer	nt Contractor	(9)				
Omega Environm		,g ~	J. (J)		,	J.W. 140	AbateTech			00529				
Street Address							Street Addre							10.0
280 Huyler Street							PO Box 25							
City, State & Zip Co							City, State &	Zip Co	ode					
South Hackensac					_		Lumberton							
Project Manager for	Monitoring F				Numpt	ber	Telephone N			License N				
Geiser Fajardo	- (40)		201-4				609-265-21	2000			0052	29		
Scheduled Start Dat 6/5/13	e (10)	Scheduled Com	6/28/		te (1/1)	)	Name of OS							
Occupancy Status D	Juring Abates				/—		Street Addre	-						-
Facility Clos	ed/Vacated I	During Entire Pe	riod o	f Aba	ateme	nt	108 Haddo							
		utside of Normal				5550	City, State &							
Describe:							Westmont,							
Facility Occu	pied During	Abatement					Trodunom,		3100					
Scope of Work (Che					-									
										nment with N	egative	Pres	ssure	)
≥3 sf or ≥3 lf			$\boxtimes$		ovatio			$\boxtimes$	Mini-Enclos					
≥160 sf ≥2,60	) It		$\Box$	Den	nolition	n		$\boxtimes$		Procedures				
								Ц	Non-Exemp	ted and Non				
	cation of os-Containin	,	IS L	ocati			Description	n of		Amount	Aba	atem	ent T	ype
	erial (ACM)	9		lely b			Asbestos-Con Material (A		3	(Specify SF or LF)		1	m	
<u>TO B</u>	E ABATED	1	Mainte				(i.e., thermal s		s	0. 0. 1.	Re	Z	Encapsulate	Enclosure
in	Facility		Custo		Staff?		insulation, surfac	cing, V	AT		Remova	Repair	psu	losi
	(13)	-		(12) No	N/A		or other miscell	aneou	s)		<u> 20</u>	7	late	<u>=</u>
Evéculou Cécous I :			165											
Exterior Steam Li	ne		$\mathbb{H}^+$	님			Steam Line	Pipe		280 LF		님	닏	H
			井	님	뮈						$ \parallel$	H	님	님
			HH	뉘	H						ᆛH	H	님	H
			H	님	H							H	H	H
			H	뭐	H		The Delayer of the Control of the Co				$\dashv \vdash$	H	H	H
Name of Registered	Waste Haule	ar .		NIE	DEB M	Vacto	Cubic Yards	Name	e of Register	rod Landfill			Ш	Ш
	rradio riadio				uler ID		of Waste	Ivailie	c or register	ed Landilli				
AbateTech, Inc.					1875		12	TRR	F Landfill					
City, State		West of the Control o					Disposal Date		State					
Lumberton, NJ							6/28/13		town, PA					
Completed By (Print				Title	е		Signature	11		W	Date			
<b>Gwen Trumbet</b>	ti			Off	fice		Xh	No			6/19	/13		
				Co	ord.		0.	* 354500			1			

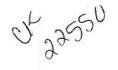
1306-4654 Check #5362

Date of Notification (1)	•						wner / Operato	r (2)	2013	JUN 27				
Agencies Notified Type No				~	all Un	iivei	rsity			010 21	1/2 2.	R		_
EPA	uncauon					ana	e Ave.	Ť.	Jijir.	D	., 2:	20		
	nitial				e & Zip				Ex /	ICENSII				
	mended #						J 07079		- 1	-10EN311	JA A	1		
	mergency				Contac				-	T	elepho	ne N	umb	er
	ancellation	1	Patr	ick I	DeCle	sis				<u></u>				
			FA	CIL	ITY IN	NFO	RMATION							
Name of Facility Where Abat	ement is Taking P	lace (3			20,000 - 11 2000		Type of Facili							
Seton Hall University- Ba	yley Hall						School (F							
Street Address								ter 8 (Other th						
400 South Orange Ave.								e. private & cor					etc.)	
							Square Feet	# of Flo	ors	Bl	dg. Ag	е		
City (5)	County (6)	Co	unty	Cod	e (7)		10,000	The state of the s	2			90		
South Orange	Essex						A STATE OF THE PROPERTY OF THE PARTY OF THE	Prior if being o	lemolis	shed)				
N	11 0 11 0	(0)		I A	00141		University		1 (0)					
Name of Monitoring Firm Hire Omega Environmental	ea by Building Ow	ner (8)		A	SCM N	10.	AbateTech,	tement Contra		) )529				
Street Address							Street Addres		- 00	323				
280 Huyler Street							PO Box 25							
City, State & Zip Code							City, State & 2	Zip Code						
South Hackensack, NJ 0							Lumberton,							
Project Manager for Monitorin	ng Firm	Telep					Telephone Nu			License Nu				
Geiser Fajardo	10-1-1-10-	201-					609-265-210				0052	9		
Scheduled Start Date (10) 6/21/13	Scheduled Co	mpletic 6/22		ate (	11)		Name of OSH EMSL Analy							
Occupancy Status During Ab	atement (Check o	nly one	e)				Street Addres							
Facility Closed/Vacat	ed During Entire F	Period	of Ab	aten	nent		108 Haddon				USAGO LA CONTRACTOR			
Abatement Performe		al Hou	urs				City, State & 2							
Describe: 5 PM Start							Westmont,	NJ 08108						
Scope of Work (Check all that							1							
Scope of Work (Check all tha	п арріу)							☐ Full Cor	ntainm	ent with Ne	gative	Pres	sure	ą.
≥3 sf or ≥3 lf		$\boxtimes$	Re	nova	ation			Mini-En			<b>3</b>			J1
≥160 sf ≥260 lf		Ħ	De	molit	tion			Glove B	ag Pro	ocedures				
								Non-Exe	empte	d and Non-	Friable	Pro	cedu	ıre
Location of		0.0146.039	Loca				Description			Amount	Aba	teme	ent T	ype
Asbestos-Conta Material (ACN		Norn	nally		d		Asbestos-Cont Material (AC			Specify F or LF)			m	
TO BE ABATE		Main			or	(	(i.e., thermal sy		3	r or Lr)	Re	Z	nca	E
in Facility		Custo				ins	sulation, surfac	ing, VAT			Remova	Repair	Encapsulate	Enclosure
(13)		V	(12)			O	r other miscella	aneous)			/al	7	ilate	9
		Yes	No	N/								$\overline{}$		
First Floor Bathroom		H	H	X	-		Floor tile & N			180 SF		井	무	H
First Floor Bathroom		H	H				Floor tile & N	lastic	- 1	180 SF		井	Η	H
		H	H	十	-						+H	Η	Η	H
		H	H	+	+	_		100.00			H	H	片	H
		H	H	忙	it						H	Ħ	Ħ	Ħ
Name of Registered Waste H	lauler		N.	JDEF	P Wast	te C	ubic Yards	Name of Regi	stered	Landfill	1		_	
			Ha		ID No	. of	f Waste							
AbateTech, Inc.			L	18	750	4	6	TRRF Land	IIII					
City, State Lumberton, NJ						D	isposal Date 6/22/13	City, State Tullytown, I	Δ					
Completed By (Print or Type)	7.		Tit	le		Si	ignature	· anytown, i			Date			
Gwen Trumbetti				ffic	е			L			6/19	/13		
			10000	oor			S	W						

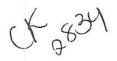
1306-4652 Check #

Date of Notification								Owner / Operat	or (2)	2913 JUN	27	2012			-
Agencies Notified	6/24/13	ation						unications		- 911	CI All	2:50			
EPA	Type Notific	ation				ddre		A Acces		2 379 to 5	Tive				
DEP	☐ Initia	i		-				d Ave.		277	<u> </u>				
⊠ DOL		nded #		0.77			7.54	Code		ex 1/(	LHSING	- L.			
☑ DOH	100000000000000000000000000000000000000	rgency				f Con		A 19046						1 1	
DCA		cellation				aylo						Telepho	one r	<u>vum</u> t	er
				F	ACI	LITY	' INF	ORMATION			Т			-	
Name of Facility Wi	nere Abatem	ent is Taking F	Place (	3)				Type of Faci	ility (4)						
Verizon		_						School							
Street Address								☐ Subcha	pter 8 (	Other than K-	12)				
95 William Street								Other (i	.e. priva	ate & commer	cial buildin	gs, hon	nes,	etc.)	
		·						Square Feet	:	# of Floors	E	Bldg. Ag	je		
City (5)		County (6)	Co	ounty	/ Co	de (7	<b>'</b> )								
Newark		Essex						Current Use	(Prior i	f being demo	lished)				
								Offices			(%)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)	)	1	ASCI	M No	원시 - [] [[[[[[[[]]]]]]]] [[[[[]]]]] [[[[]]]] [[[]]] [[[]]]		t Contractor (	9)				11/1/4
USA Environmen	ital	**************************************		211-245				AbateTech				21. —			
Street Address 8436 Enterprise A	Ava							Street Addre							
City, State & Zip Co								PO Box 25							
Philadelphia, PA								City, State & Lumberton							
Project Manager for		irm	Tala	hon	ρN	umbe	ar .	Telephone N		0040	I ioonoo N	lumbar			
Mark Jenkins			215-	365-	581	0	21	609-265-21	07		License N	0052	29		
Scheduled Start Dat 7/3/13	e (10)	Scheduled Co	mpletion 7/4		ate	(11)		Name of OS EMSL Anal		nitor					
Occupancy Status D		ment (Check o During Entire F			hate	ment	ŀ	Street Addre	SS		202				
		utside of Norm					•:-:	City, State &							
Describe:	5 PM start							Westmont,							
Facility Occu	pied During	Abatement						I Tootimoni,		100					
Scope of Work (Che	ck all that ap	ply)		-1100										-	
_									$\boxtimes$	Full Containn	nent with N	egative	Pres	ssure	<b>;</b>
≥3 sf or ≥3 lf			$\boxtimes$	Re	nov	ation				Mini-Enclosu	re				
≥160 sf ≥260	) If			De	emol	ition				Glove Bag Pr	ocedures				
										Non-Exempte	ed and Non				
	cation of	_	22753	Loca		22		Description			Amount	Aba	atem	ent T	ype
Asbesio	os-Containin erial (ACM)	9	Norr	nally olely		ea		Asbestos-Con Material (A			(Specify	Z		_	
	E ABATED		Main			or		(i.e., thermal s		1 '	SF or LF)	em	71	nc	g
	Facility		Custo					insulation, surfa				Removal	Repai	aps	Enclosure
	(13)			(12)				or other miscell	laneous	)			Ħ.	Encapsulate	ure
6th El Tolombono	F	D	Yes	No	N	/A						F-3		0	
6 <sup>th</sup> Fl. Telephone	Equipment	Room		뷰	+	$\dashv +$		Floor tile & I	Mastic		30 SF		님	Щ	H
			井	님	++	$\dashv +$						ᆜ님	님	님	
		-	H	님	+ -	┽┼			-			-H	님	H	
			H	Η	+-	$\dashv \vdash$							부	Ц	
			H	H	+	+						ᆜᅛᅴ	님	느	H
Name of Registered	Waste Haule	ar .			IDE	D W	acto	Cubic Yards	Nome	of Docistors	al I amaléii		Ш	Ш	
rame of registered	vvaste i laule					r ID I		of Waste	ivame	of Registere	a Langiiii				
AbateTech, Inc						8750		2	TRR	Landfill					
City, State Lumberton, NJ		11,544						Disposal Date 7/4/13	City, S	State town, PA					
Completed By (Print	or Type\			Т:	tle				lully	IOWII, PA		In :			
Gwen Trumbetti	or rype)			9002		. Coc	ord.	Signature	M			Date <b>6/24/</b>	13		i

Date of Notification (1)				Name	of Building	Owner/Operator (2	2) 20.					
6 /26 /	13	_		JC I	Penney C	corporation Inc.	<0/3	M127 M12				
Agencies Notified Type Notif	fication			Street	Address		8 .	- 4/ BN				
				650	1 Legacy	Drive	43	, - <i>"' &lt;</i>	\$50			
☑ DOLWD ☑ Amend				City, S	tate, Zip C	ode	W/	17.20 5				
Participation and Company of the Com	ment #1				no, TX 7			TO SHEET THE FILL STEET	91			
□ DCA	ency (inclu	iding		Marine and a second	of Contact			Telephone Numb	er		- (25%)	
(NSAC 5.23-6)	50				Thomas							
						FORMATION						
Name of Facility Where Abatement is	s Taking P	lace	(3)	FAC	JILIT IN	FORWATION	Type of Facility	(4)				-
Ocean County Mall	s raking r	lace	(3)				School (K-12					
Street Address							☐ Subchapter 8	(Other than K-12)				
AND THE STATE OF T					*			rivate and commer	cial bui	lding	s,	
1201 Hooper Avenue					<u> </u>		homes, etc.)	# of Floors	BId	g. Ag	10	
City (5)							Square Feet 150000	2	100000	9. Ay 5	je.	
Toms River				10	. O 1 17	VOTATE LIGE ONLY				_	34100	
County (6)				Coun	ty Code (/	)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	neu)			
Ocean												_
Name of Monitoring Firm Hired by B	uilding Ow	ner (8	3)	ASCM		Name of Abateme						
Hillmann Consulting LLC				6225	52	JVN Restorat	tion Inc					
Street Address						Street Address						
1600 Route 22 East						47 Foster Ro						
City, State, Zip Code	38 9					City, State, Zip Co	ode					
Union NJ 07083						Staten Island	l					
Project Manager for Monitoring Firm			Tele	phone l	No.	Telephone No.		License No.				
Tom Rubino			90	8-956	-1233	718-605-6256	i	00774				
Start Date (10)	Schedule	ed Co	mple	tion Da	te (11)	Name of OSHA M	fonitor					
_ 7 / _ 01 / _ 13 _	8	_ /	01	/ _	13_	Testor Tech						
Occupancy Status During Abatemen	t (Check o	nly o	ne)			Street Address						7.000
☐ Facility Closed/Vacated During E	ntire Perio	d of A	Abate	ment		10 59 Jackso	n Avenue					
Abatement Performed Outside of						City, State, Zip Co	ode					
Time of Abatement:AM	PM/	10:00	DPM-	6:00A	<u>M</u> AM	LIC, NY 1110						
Scope of Work (Check all that apply	)	-	_				# E					
							tainment with Ne	gative Pressure				
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			novati molitic			☐ Mini-End	g Procedure					
⊠ ≥100 31 01 ≥200 II	_	_ DC	Tiona	<b>,</b>		⊠ Non-Exe	empted (*) and No	n-Friable Procedu	re			
			Locat						Aba	atem	ent T	уре
Location of			lorma	illy ely by		Description of			Z,	R	щ	Щ
Asbestos-Containing Material (A TO BE ABATED	CM)		ntena			stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cust		Staff?	(,	surfacing, VAT	, or	SF or LF)	val	7	usc	Sure
(13)	-		(12)	1000000	-	other miscellane	eous)	1520			ate	U
		Yes	No	N/A	-				-			
1 <sup>st</sup> Level Furniture Dept.	] [		$\boxtimes$		VAT/MA	ASTIC		10,000SF		Ц	Ш	Ш
	1											
		1							П	П	П	
					-				-	_		_
	[				<u> </u>			11 100		Ц		
Name of Registered Waste Hauler	3		100	IJDEP \ lauler II		Cubic Yards of Waste		stered Landfill				
Global Waste Industries, Inc	•			NJ-22		80	G.R.O.W.S	s., Inc.				
City, State						Disposal Date	City, State					
Hackettstown, NJ						8/1/13	Morrisville	PA	1	i		
Completed By (Print or Type)	Title					Signature ,	1)	D	ate	1		-
John Tardy	1.33	nior	Proie	ect Ma	nager	190	Tanc	10 1	0/2	(	12	2
ASB-41		1000				1	Coc-a	·	4/2	-	1 ~	
MAY 11	* Do	o not	use tl	his form	for asbesi	tos licen ure exem	pted activities.	1	42200			



Date of Notification (1)		- 1	Name	ot Brillaine	Owner/Operator (	2)	2	2		
06/26/	13		Sov	ereign B	ank N.A.		20	913 <sub>JUA</sub>	4) %	
Agencies Notified Type Notification	n		Street	Address			20		-1 A	M.
			Rou	te 1 and	Texas Avenue					11 5
☑ DOLWD ☐ Amended		1	City. S	tate, Zip C	ode			G L in		
□ DHSS Amendment			1000	rencevil				- 416g	34.	13/10
□ DCA    □ Emergency			Line William				Talashana Nive	-6	17,	<u> </u>
(NJAC 5:23-8) justification)				of Contac			Telephone Nun	nber		
☐ Cancellation	1		Sus	an Peck			12			
			FAC	ILITY IN	FORMATION					
Name of Facility Where Abatement is Tak	ing Place	(3)				Type of Facility				
Sovereign Bank						School (K-12		<u></u>		
Street Address						Subchapter	8 (Other than K-1 private and comme	2) ercial build	dinge	
Route 1 and texas Avenue						homes, etc.		erciai buik	ulligs,	
City (5)						Square Feet	# of Floors	Bldd	g. Age	
Lawrenceville						3000	1	40	5 4674	
T AMERICAN AND AND AND AND AND AND AND AND AND A			Coup	by Codo /7	)(STATE USE ONLY)		rior if being demol			
County (6)			Coun	ty Code (/	MOTATE OSE ONLT)	Current Ose (F)	nor it being demo	iisiicu)		
Mercer					40000					
Name of Monitoring Firm Hired by Building	g Owner (	8)	ASCM I	No.	Name of Abateme		)			
Hillmann Consulting			6225	2	JVN Restora	tion Inc				
Street Address					Street Address			5.55 km, niki - 14		
1600 Route 22 East					47 Foster Ro	ad				
City, State, Zip Code					City, State, Zip Co	ode				
Union NJ 07083					Staten Island	NY 10309				
Project Manager for Monitoring Firm		Tele	phone I	Vo.	Telephone No.		License No.			
Brian Nemetz		251400	32-616		718-605-6256		00774			
The second control of		100				hi-rosson and a second	00774			
	neduled C				Name of OSHA M	ionitor			25	
0/ / 06 / 13				13						
_07_ / _06_ / _13_	07 /		<u> </u>	10	Testor Tech	100000				
Occupancy Status During Abatement (Ch		Marie A		10	Street Address					
	eck only o	one)				n Avenue				
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm	eck only of Period of nal Facility	one) Abatei y Hour	ment		Street Address 10 59 Jackso					
Occupancy Status During Abatement (Ch	eck only of Period of nal Facility	one) Abatei y Hour	ment		Street Address	ode				
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement:AM	eck only of Period of nal Facility	one) Abatei y Hour	ment		Street Address 10 59 Jackso City, State, Zip Co	ode				
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement:  AM-  Scope of Work (Check all that apply)	eck only of Period of nal Facilit PM/4PM	one) Abater y Hour - <u>2</u> AM	ment rs - Des		Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101	ode I tainment with Ne	gative Pressure	T.		
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply)  >3 sf or >3 lf	Period of nal Facilit	Abatery Hour-2AM	ment rs - Des		Street Address 10 59 Jackso City, State, Zip Co LIC NY 11101  Full Con Mini-End	ode I tainment with Ne losure	gative Pressure	an an		
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement:  AM-  Scope of Work (Check all that apply)	Period of nal Facilit	one) Abater y Hour - <u>2</u> AM	ment rs - Des		Street Address  10 59 Jackso City, State, Zip Co LIC NY 11101  Full Con Mini-End Gloveba	tainment with Ne losure g Procedure		lure		
Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire  Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply)  >3 sf or >3 lf	eck only of Period of nal Facilit PM/4PM	Abaten y Hour -2AM	ment rs - Desi		Street Address  10 59 Jackso City, State, Zip Co LIC NY 11101  Full Con Mini-End Gloveba	tainment with Ne losure g Procedure	gative Pressure on-Friable Proced		fement T	Type
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Occupancy Status During Abatement (Ch  Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement:AM  Scope of Work (Check all that apply)    >3 sf or >3 lf   >160 sf or >260 lf    Location of Asbestos-Containing Material (ACM)   TO BE ABATED   IN Facility (13)    Ist FI. Vault Room/Managers Office     Name of Registered Waste Hauler   Global Waste Industries, Inc.   City, State   Hackettstown, NJ	eck only of Period of nal Facility PM/4PM	Abately Hour-2AM Inovation Mormal (12) No	on on lly ely by ince/ Staff?	Asbe (i.e	Street Address  10 59 Jackso City, State, Zip Co LIC NY 11101  Full Con Mini-Enc Gloveba Non-Exe Description of stos Containing Mass surfacing, VAT other miscellane astic  Cubic Yards of Waste 5 Disposal Date	tainment with Ne closure g Procedure mpted (*) and No of iterial (ACM) insulation, , or oous)  Name of Regi G.R.O.W.S	Amount (Specify SF or LF)  360SF  istered Landfill S., Inc.	Aba Removal	Encapsulate	Enclosure
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Date of Notification (1)				Name	of Building	g Owner/Operator (	2010	*************			
06/2	25 / 13			Pe	pool	toldings.	Inc 2013 J	UN 27 AN ,	O. F		
Agencies Notified	Type Notification			Street	Address	J	\$	**** 1	A.D.		
□ ĘPA	Initial			PC	Box	9239	A1 312				
DOLWD □	Amended			City, S	State, Zip C	Code	É	Licenthis	11		
DOH	Amendment #			No	i so set	Code L. DE 19	PICE	- (44 m.////3	* *,		
DCA	Emergency (ir justification)	cluding	3	Name	of Contac	L, DU 1	. ,, ,	Tolophone Nur	mbor		
(NJAC 5:23-8)	Cancellation			10		Reed		- The state of the	HOLD	Control Post	B:
						FORMATION					
Name of Facility Where A	hatement is Takin	n Place	(3)	I A	GILIT III	TORMATION	Type of Facility	(4)			
		g i lace	(0)				School (K-1				
Substation	`							8 (Other than K-1	2)		
Street Address Vine Road Deta	Sault	Con	اماد	2.1.	arala	A	Other (i.e., p	orivate and comm		dings,	
	ween July	, ca	111.07	- a -	100111	wante	homes, etc.				
City (5)							Square Feet	# of Floors		. Age	
Minotola							800	1		) yea	J'Š
County (6)				Cour	nty Code (7	)(STATE USE ONLY)					770000
Atlantic								Equipme	ut 150	cm	
Name of Monitoring Firm		Owner	(8)	ASCM	No.	Name of Abateme					
Environmental	Ngt. inc.					ecoser	vices. LL	C			
Street Address		`				Street Address		1			
34 E. Germ	iantown l	Tille	# 7	204		407 West	Lincoln 1	twy. Sui	He 50	0	
City, State, Zip Code			,	•		City, State, Zip Co					
E-Norriton	PA 191	101				Exton. F	DA 1934	()			
Project Manager for Monit		101	Tele	phone	No.	Telephone No.	1, ,,-	License No.			
Ray Giorda					0405	484.872	17888		10		
Start Date (10)		duled C	182 20	tion Da	50 3-2-2-2-2	Name of OSHA M	WORK TO A PARTY OF THE PARTY OF				
07/09/				2/		EMSL	•				
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address					
Facility Closed/Vacate	d During Entire Pe	riod of	Abate	ment		200 US	Route	120			
☐ Abatement Performed	Outside of Normal	Facilit	y Hou	rs - Des	cribe	City, State, Zip Co	ode	150			
Time of Abatement:	AMPI	W/	_PM		AM	Cirram	inson A	IT non	$\sim$		
Scope of Work (Check all	that apply)		-			Crown	11 1301, 1	00 080	2 1 1		
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☐ ≥3 sf or ≥3 lf ☐ >160 sf or >260 lf			novati molitic			☐ Mini-Enc	losure g Procedure				
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		Is	Loca	tion						ement 7	Type
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TO BE ABA			intena todial	Staff?	(i.e	., thermal systems i		(Specify	Removal	ar aps	Enclosure
IN Facilit (13)	у		(12)			surfacing, VAT, other miscellane		SF or LF)	<u>w</u>	Encapsulate Repair	Te
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			П							710	ᆏ
Name of Registered Wast	e Hauler	Г		JDEP /	Naste I	Cubic Yards of	Name of Regis	stered Landfill	الالا		
	agement		600	lauler IC	No.	Waste 4	Atlantic	County Util	ities A	tutho	rity
11000	yerred_			732	-3					100 F. 100 F.	
City, State	~ —					Disposal Date	City, State	1-01-		1-	
Lamden 1	N					7/12/13	109 H	arbor Tou		IW	
Completed By (Print or Ty	pe) Title	, (		~		Signature	0 44		ate		
Jack Ball	i Di	C. +	0,00	7 11,	lanage	1 Sack	- Dall	1 WA	1012101	12	
ASB-41	1		J	SAY 65	)		tod oath die	70			
JAN 13		זטוו טע	use II	no rorm	ioi aspesti	os licensure exemp	tou activities.	_			

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

				(PURSUAI	NT TO NJ		ABATEMEN ND 12:120-	7 0	heck	64	13	99	
Date of Notification		-	-	Ailitor	Name of	Building C	wner / Ope	rator (2)	nuc	-	10		
$\frac{06}{26} / \frac{26}{13}$					ALCATEL/LUCENT TECHNOLOGIES INC.								
Agencies Notified	Type of N	otificat	ion		Street Address 600 MOUNTAIN AVENUE						图27 //		
✓ EPA	✓ EPA ✓ Initial					City, State, Zip Code							
		Amen			MURRAY HILL, NJ 07974								
✓ DOH Amendment #  ✓ DOL ☐ Emergency w/ justific ☐ Cancellation				w/ justification	Name of Contact  JOEY SOUSA  Telephone Number							Garage	
		Ourion	nauci.		ACILITY I	NFORMATI	ION					74	
Name of Facility WI ALCATEL/LUCENT	nere Abaten	nent is 1	Taking	Place (3)		Type of F	Facility (4)	′-12\					
Street Address 600 MOUNTAIN AVE	ENUE						Subchapt Other (I.e. bldgs., ho	er 8 (Other , private &	cmmerci				
City (5)	County (6			County Code	(7)	Square F				Buildir	ng Age		
MURRAY HILL	SOMERSI	ET				50	0,000		T. ()	20-50			
							Other (I.e., private & cmmercial bldgs., homes, etc.)  quare Feet # Of Floors Building Age						
Name of Monitoring	Firm Hired	hv Bld	a Own	or (8)	TASCM N				(0)		,		
WCD	/ Fillin Fillion	Dy Dia	g. Own.	er (o)	ASCIVI N		Abatement	Contractor	(9)				
					-	(1)	olition Servic	es Inc.					
Street Address	612/E					Street Ad	Idress			300			
23 ROUTE 31 NORT						J							
City, State, Zip Cod PENNINGTON, NJ 0													
Project Mngr. For M		irm		Telephone Nu	mber								
MIKE GARAMBONE	_			212-631-9000	IIIIDEI	East Hand	over. NJ 079	36					
Sheduled Start Date	(10)	Sched.	. Comp	letetion Date (1	11)				License	Number	TOTAL SHIP TO		
_07_/_16_	13		10_/		13_	072.7	70.0000						
Occupancy Status I	Ouring Abat	ement (	Check	Only 1)				40.0			00860		
Facility C	losed/Vaca	ted Dur	ing Ent	tire Period of									
Abateme	nt					-							
		d Outsi	de of N	lormanl Facility	/								
The state of the s	escribe:												
Other - Describe:M-F 7AM - 11:30PM SAT - 7AM - 3:30PM													
Scope of Work (Che	ck All That		AIVI C.	.301 W		Lastrians	)VCI, 143 073	36					
<ul> <li>Demolitio</li> <li>≥3sf or ≥3</li> <li>≥160 sf or</li> </ul>	3lf	V	]	Renovation		Mini - End	ainment wit	h Negative	Pressure	•			
					Ī		npted (*) an	d Non-Fria	ble Proce	dure			
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			ls Location As			Description of bestos - Containing			Abateme R	nt Type	ĮΕ	ΙE	
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TO BE ABATED		Used			l.e., thermal systems			(Specify SF or LF)	M	E	С	С	
in Facility						ation, surfacing, VAT, other miscellaneous)			0	P	A	L	
(13)		by M tenai	07	Or C	otner misc	ellaneous			V A	A	P S	o s	
		Custo	odial						Ĺ	R	Ü	U	
		Staff									Ĺ	R	
21.00.4		YES N		SISE EITTING									
BLDG 1				PIPE FITTINGS	3			325 LF	<u> </u>				
BLDG 1				HEAT SHIELD				7530 LF 4672 SF	7			<del></del>	
BLDG 1		AND DESCRIPTION OF THE PERSON NAMED IN		WINDOW GLAZ	ZING			31710 LF	$\overline{Q}$	H	╁┼	<del>                                     </del>	
Name of Registered	Waste Haul			NJDEP Waste		Name of F	Registered L						
Newark Carting					Yards of Waste	I.E.S.I							
City, State NEWARK, NJ				Disposal Date	City. State BETHLEH								
Completed by (Print STEVE STILES	or Type)			Title PROJECT MAN	AGER		Signature	. (	1	1	Date		

BLDG 1	□ ☑ □ WINDOW (		11762 LF	<b>'</b>		_Ц_	
BLDG 1	□ □ VAT & MAS	STIC	22520 SF	<b>V</b>			
BLDG 1	☐ ☑ ☐ LINOLEUM		5300 SF	V			
BLDG 1	DUCT INSU	JLATION	1800 SF	4			
BLDG 1	☐ ☐ ☐ JOINT COM	/POUND	3400 SF	7			
BLDG 1	□ ☑ □ SPANDRE	TAR FLASHING	4285 SF	Image: Control of the			
BLDG 1	☐ ☑ ☐ CEILING T	LE MASTIC	600 SF	7			
BLDG 2	□ ☑ □ FITTINGS		140 LF	V			
BLDG 2	PIPE INSU	ATION	3780 LF	$\sqrt{2}$	-	一十一	$\neg \exists \neg$
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