Job #: 1302-1725 Check #: 3031

Date of Notification (1) 2/26/13					ilding (Owner / Operator	r (2) 2013	MAR AM 2			-	
	pe Notification		Street	Addr	ess	uite 1C	#3AE	AM 2				
DEP D	Initial Amended Emergency Cancellation		City, S Morr Name	State 8 istow of Co	& Zip C n, NJ entact			TOP HOTEL HE	Alepho	ne N	lumb	er
							ent, Snaun n	ilekkawy				
Apartment Building Street Address	e Abatement is Taking P	ace (3		CILIT	Y INF		K-12) ter 8 (Other th	[256] [16 - 16 - 16 - 16 - 16 - 16 - 16 - 16				
41 Elm Street						Other (i.e Square Feet	# of Flo	mmercial building	dg. Ag	-	elC.)	
City (5) Morristown	County (6) Morris	Co	unty	Code	(7)	70,000 Current Use (Residential	Prior if being of		960			
Name of Monitoring Fir	m Hired by Building Owr	ner (8)		ASC	CM No.	Name of Aba	tement Contra	ctor (9)				
Street Address 3370 Progress Drive						Street Addres 3859 Sylon	SS	11000, 001,				
City, State & Zip Code Bensalem, PA 1902	0					City, State & Hainesport,	NJ 08036		200	12		
Project Manager for Mo Eric Wysocki	onitoring Firm		ohone 244 -	Numl	ber	Telephone No 609-702-040	00	License Nu	umber 0086	2		
Scheduled Start Date (3/12/13	3/12/13			te (11)	Name of OSH EMSL Analy				:		
Facility Closed	ing Abatement (Check or Wacated During Entire Frommed Outside of Norm all that apply)	eriod	of Ab	ateme	ent	Street Addres 107 Haddor City, State & Westmont,	1 Ave. Zip Code NJ 08108	ntainment with No	egative	Pre	ssure	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf			200	novatio molitio			Mini-En	nclosure Bag Procedures cempted and Non-				853
Asbestos- Materia	tion of -Containing al (ACM) ABATED	Non S	olely	Used		Description Asbestos-Con Material (Additional)	taining CM)	Amount (Specify SF or LF)			ent T	Ť
	acility 13)	Cust	odial (12) No	Staff?		or other miscell			Removal	Repair	Encapsulate	Enclsoure
Basement Boiler Ro	oom				Trans	ite Panels & asso	ciated debris	60 CF				
Basement Boiler Ro	oom			\boxtimes	Fittir	igs		4 ea	\boxtimes			
2.50											Ц	H
		H	H		-					H	H	ዙ
		H	님							H	H	H
Name of Registered W	/aste Hauler	IL.				Cubic Yards of Waste 5	Name of Reg	gistered Landfill	;			
City, State Trenton, NJ		- 4				Disposal Date 3/13/13	City, State Morrisville	, PA				
Completed By (Print or Kim Trumbetti	Type)	4	100	tle dmin	ı.	Storeature			Date 2/26	/13		

D&S Proj. #: MS 13-65

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

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Date of Notification (1)	. 1	Name of B	uilding Own	er/Operator (2))		,		47	<i></i>		18	
10 12 1/12 15 1/11 13		RALFS	TOLARC	ZUK					1/6	20),	Kg ²	17	
Agencies Notified Type Not	ification	Street Addr	ress				4			40	0,5		10
DEP Amende	ed	34 EAS	T CHURC	H STREET						14	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	80.	- N
Amendme	ent #:	City, State,	Zip Code					-,		_		4	
DOL ☐ Emerge		WASH	INGTON,	NJ									
DOH (includi	ng	Name of Co						Telepho	ne Numbe	er			
	200	RAIE	STOLARO	או זער						>			
Cancel	lation	<u>ICIDI</u>		ILITY INFORM	IATION			=			=		
Name of facility where abatem	ent is taking	place (3)					Т Тт	ype of Facility	(4)				
RALF STOLARCZUK	ioni io taking	place (o)		QR -		The state of the s		School	ol (K - 12	1			
Street Address							-	○ Other	napter 8 (0 (Private/0	Comme		(-12)	
34 EAST CHURCH STR	EET						-	Bldgs. Square Feet	/Homes, # of Floo		_ D	ldg. A	70
City (5)		ounty (6)			Cou	nty Code (7)	- `	iquale l'eet	# 01 F100	115		iug. A	ge
WASHINGTON		HUNTERD	ON		0.93200	te use only)		Current Use (F	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired			T	ASCM No.		Name of Abateme	ent Con	tractor (9)					
	, ,			7.00.00.00	- 11			Chai					
Street Address						D & S RESTO	JKAII	ON, INC.					
						20 California	Ave						
City, State, Zip Code						City, State, Zip Co							
	7.0			3		Paterson, NJ				1.			
Project Manager for Monitoring	Firm	ΙP	hone Numb	er		Telephone Number	7.54.00		License	Num	201		
,		1.50	riorio riarrib	0.		973-345-80				1169	Jei		
Start Date (10)	Isa	ned. Complet	ion Data /11	1)	_	Name of OSHA M							
100 0		57	ion Date (11	')		D & S Restor	ration,	Inc.					
03/11/13		/26/13				Street Address							
Occupancy Status During Abate			over the second			20 California	Avenu	ie	1	ij.			
Facility closed/vacated do Abatement performed ou Describe:						City, State, Zip Co	de						
Other-Describe: NORM	AL HOURS				-11	Paterson, NJ	07503						
Scope of Work (check all that	apply)						Full	Containment v	/negative	nress	ure		
>3 sf or >3 lf	Renov					į	Mini	enclosure ebag procedu	10 10 5	, ргоза	ure	37	
≥160 sf or ≥260 lf	Demoli				100200			-Exempted (*)		friable	proc	edure	
Location of		tion normally intenance/cus		8			475			R	R	Е	Е
asbestos-containing material (acm) to be	staff(1		stodiai			bestos-containing		Amount (Specify S	Eor	m	e p	n	n.
abated in facility (13)	Yes	No	N/A	material (/	ACIVI)		-	LF)	,, ()	O V	a	а	C
D.I. O.D.I. O.D.I.O.				DVDD 55.55				144,19	1 4	е	r	р	
BASEMENT		II X		PIPE INSU	LATI	ON		125 L FT					
							3. 1						
								1 141					
				-									
Poglistored Wests Usular				Lie Verdinger	M	150		Leni.	1701 84				
Registered Waste Hauler D & S RESTORATION, IN	VC.	JDEP Hauler 3506		ubic Yards of W YDS	vaste	Name of Register TULLYTOW			COVER	Y	7.		
City, State			Disposal D			City, State	- 1			7			
PATERSON, NJ 07503			03/12/13	3		TULLYTOW	N, PA	8					
Completed by (Print or Type)	Title			Signature			,		Date		-		
BOGDAN JOLDZIC		IDENT						<u> </u>	02/25/	13			
ASR-41	* Do not	use this form	for asbesto	s licensure exe	emnted	activities					25		

0 4424 D&S Proj. #: MS 13-64

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

			- (42.555 b)		100	74 00 0		-1				
Date of Notification (1) 0 2 / 2 5 / 1 3	- 11			ner/Operator (2 RONMENT)		JC	2013 MAR	~/ .				
Agencies Notified Type Notificat		treet Addr		(AL, II		7 100	- AR	7	^_		
EPA Initial		122 WE	STWOOI	DDOAD			0.70		- '	08	50	
DEP Amended	1	ity, State,		JKOAD	-		& 1100	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	((1)	,		
DOL Amendment #:								MOING	"IU	Ĺ	. 8	2
☐ Emergency (including		ame of Co	BRANCE	i, NJ								
justification)		ame or Co	ntact				Telephor	e Number				
☐ DCA ☐ Cancellation	1	MIKE I	LASKO									
			FAC	LILITY INFORM	MOITAN	ı		5 :	-			
Name of facility where abatement i	s taking pla	ice (3)	50 -	= 0		*	Type of Facility					
RESIDENTIAL BUILDING						0		I (K - 12)				
								apter 8 (O			-12)	
Street Address								(Private/C	omme tc.	rcial		
132 WESTWOOD ROAD	607							# of Floor		В	dg. A	.ge
City (5)	Cour	nty (6)			Cou	inty Code (7)						
					(Sta	te use only)	Current Use (P	rior if bein	g den	olish	ed)	
LONG BRANCH		NMOUT	TH		<u>. </u>						-8	
Name of Monitoring Firm Hired by	Blag. Owne	r (8)		ASCM No.		Name of Abatemen						
						D & S RESTOR	RATION, INC.					
Street Address						Street Address						
•						20 California A						
City, State, Zip Code	\$27			× 1		City, State, Zip Code				3		
						Paterson, NJ 0	7503					
Project Manager for Monitoring Firm	1	P	hone Numb	per		Telephone Number		License		er		
						973-345-8020		10	1169			
Start Date (10)	Sched	. Complet	ion Date (1	1)		Name of OSHA Mo						
03/12/13	03/26	5/13				D & S Restora	iion, inc.					
Occupancy Status During Abatemen						20 California A	venue					
Facility closed/vacated during	92	. 534	ement.			City, State, Zip Code					-	
Abatement performed outside						ony, onato, Esp ood.						
Describe: NORMAL F	IOURS		*		-	Paterson, NJ 0	7503					
Scope of Work (check all that appl							Full Containment w	/negative	nress	ure	-	
□ >3 sf or >3 lf	Renovatio	n.				፟	Mini-enclosure	nioga.ro	proce	uio	1	ř
							Glovebag procedu					
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)	and Non-f	1			
Location of		n normally enance/cus	used solel		P0111011111111111111111111111111111111		Amount		R e	R	E n	E
asbestos-containing material (acm) to be	staff(12)			Descripti material		sbestos-containing	(Specify S	For	m o	р	C,	n
abated in facility (13)	Yes	No	N/A	material	(, (0,,,)	100	LF)		v	i	a p	Ľ
Second Floor			-	UPPER ROOF-	ASPHA	LT ROOF SHINGLES	740 SQ FT		e	ń		П
Second Floor (EXTERIOR)			+	WINDOW			7 WINDOW	/S	M	$\overline{\Box}$	Ħ	Ħ
STAIR LANDING CLOSET-2ND FLOOR			#	VAT			6 SQ FT		X	F	Ħ	一
Second Floor BATHROOM		\Rightarrow	#		CEILI	NG PLASTER'	320 SQ FT		X	Ħ	Ħ	ī
BOOM FROM BATTIROOM				1					Ħ	Ħ	Ħ	T
Registered Waste Hauler		P Hauler	ID# C	Lubic Yards of V	Waste	Name of Registere						
D & S RESTORATION, INC.	135		1000	15 YDS		TULLYTOWN,	RESOURCE RE	COVER	Y			
City, State			Disposal [City, State	E 875-2		-			
PATERSON, NJ 07503			03/15/1			TULLYTOWN	, PA	T = .			-	
Completed by (Print or Type)	Title	TDN 100	14 12	Signature				Date 02/25/1	3			
BOGDAN JOLDZIC	PRESID	ENI	for achort	os licensure ev	empter	activities		1 -02/23/		-		

CK#25089

Date of Notification (1)				Nam	e of Buildin	ng Owner/Operato	or (2)	13	ب	<i>></i>		- T-
	/26/13			, tuin	o or Ballall	ig Omion operate	Greg Sco	tt		30		30
Agencies Notified	Type Notific	cation		Stree	et Address	2	19.78			-		7
EPA DEP	Initial (ed		City	State, Zip (03 Kenwood	Drive	3		20	
DOL.	Amenda		<u></u>	City,	State, Zip (orestown, NJ	08057	300	1	3)
DOH DOA	justifica	tion)	9	Nam	e of Contac	ot		Telephone Nun	nber (1/2	- (ത
□ DCA	Cancella	ation				Greg Scott						1
				FA	CILITY IN	FORMATION				0.00	10	
Name of Facility Where	Abatement is	Taking Place Residence					Type of Facility					
Street Address		Kesiden	-				School (K-1	8 (Other than K-1	2)			
	303]	Kenwood	l Dri	ve			Other (i.e., phomes, etc.	orivate & commerci.)	ial bui	ldings	i,	
City (5)	Moore	stown, N	11 08	057		4	Square Feet 2400	# of Floors	В	ldg. A	ige 50	
County (6)	WIOOTC	Stown, 1	13 00		inty Code (7) (STATE		rior if being demol	shed)	-	-	_
N	Mercer			USE	EÓNLY)	<u> </u>		Residence				
Name of Monitoring Firm (8)		lding Owner		ASCN	No.	P	ment Contractor (9	DURANTO ME	A .			
Street Address	MECS					Street Address	vens Environ	mental Servic	es, I	nc.		_
Street Address	PO Box	x 341				Street Address		30x 322				
City, State, Zip Code						City, State, Zip		301, 322				_
	rosswicks,	NJ 0851	5				Allentow	n, NJ 08501				=
Project Manager for Mo	-	•	10000000	ephone		Telephone No.	50.0600	License No.	20.40			-
William W		Scheduled (- Landson		98-4070	And the second second second	59-9688		0049	3		
Start Date (10) 3/8/13	1377	Scrieduled (3/8/1		ate (11)	Name of OSHA	W1 100 10	ECS		1		
Occupancy Status Duri	ng Abatement	(Check only				Street Address						
☐ Facility Closed/Vaca							PO E	30x 341				
☐ Abatement Performe Other - Describe:			ty Hou	rs		City, State, Zip 0		cs, NJ 08515				
Scope of Work (Check	all that apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			Mini-En Gloveb	ag Procedure					
			Location			Non-Ex	cempted (*) and No	on-Friable Procedu				.
		l N	lormally	/					1 '	Abate Typ		
Location Asbestos-Containing			d Solel ntenan		Asbest	Description of tos Containing Ma		Amount		Γ		Γ
TO BE ABA	TED	C	ustodia Staff?	al		thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	у		(12)			other miscellane		SF OI LF)	oval	=	psul	Sure
		Yes	No	N/A			-				ate	(D
Crawlsp	ace			×	The	ermal Duct In	sulation	15 sf	×			
2.2			48		<u> </u>							
S w energy and with												
N 75						6 II V I						
Name of Registered Wa			1.	IJDEP lauler II	O No.	Cubic Yards of Waste	Name of Regis	1				
Stevens Environ	mental Ser	vices Inc	<u>-L</u>	182	292	1 CU Disposal Date	City, State /	T.R.R.F., I	nc.			
Oity, State	Allentow	n. NI		. 114	A. V.	3/8/13	City State	Tullytown,	РА			
Completed By		Title			1	Signature/	n - 1///	Date				_
Mahlon E. Sto	evens	P1	rojec	t Mar	nager	_ ////			2/26	5/13	74	

Job #: 1302-1724 Check #: NA

Date of Notification (2/18/13	***			Nam Milte	e of B	uilding eisbe	Owner / Operatorg	or (2) 2013 MAR - 1	-011				
⊠ EPA □ DEP ☑ DOL		l f nded #1		City,	State dento	& Zip wn, N	Code IJ	& LICEN	CONTROL				
□ DCA		rgency cellation				ontact sberg				elepho	ne N	lumb	er
				F.A	CILIT	TY INI	FORMATION				-		_
Name of Facility Wh Ship Shop Buildin Street Address		ent is Taking P	lace (-			Type of Faci		nan K-12)				P. W.
50 1/2 Georgetown	Road							e. private & co	mmercial building	s, hom		etc.)	
City (5) Bordentown		County (6) Burlington	Co	unty	Code	(7)	1165 Current Use	1 (Prior if being	demolished)				
Name of Monitoring	Firm Hired b	y Building Owr	ner (8))	AS	CM No	. Name of Aba	atement Contra			- %		
Street Address City, State & Zip Coo	de			-			Street Addre 3859 Sylon City, State &	ss Blvd. Zip Code	4 17 19 1				
Project Manager for	Monitoring F	Firm	Tele	ohon	e Num	ber	Telephone N 609-702-04		License N	umber 0086			
Scheduled Start Date 2/27/13		Scheduled Cor 2/27/13	npleti	on Da	ate (11	1) .	Name of OS EMSL Ana	HA Monitor		-			
A CONTRACTOR OF THE PROPERTY O	ed/Vacated Performed O	ment (Check of During Entire P utside of Norm	eriod	of Ab	pateme	ent	Street Addre 107 Haddo City, State & Westmont,	n Ave. Zip Code		•			
Scope of Work (Che ≥3 sf or ≥3 lf ≥160 sf ≥260	2 30	oply)			novati		2 1	Mini-E	ontainment with No nclosure Bag Procedures xempted and Non-	ä	100		
	cation of			Loca			Descriptio	n of	Amount	Aba	atem	ent T	уре
Mate TO B	os-Containin erial (ACM) E ABATED Facility (13)	g	S Main	olely itena	nce or Staff?	1	Asbestos-Cor Material (A (i.e., thermal s insulation, surfa- or other miscel	CM) systems cing, VAT	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclsoure
			Yes	No	1000000	-						9	
Exterior			H	Н		Asb	estos Shingles	3	800 SF		H	H	ዙ
			H	H							H	H	ዙ
	-		ŏ										
121 + 3							11 20 100 100						
Name of Registered	Waste Haul	er	L	155.50	auler I	D No.	Cubic Yards of Waste	Name of Reg	jistered Landfill		Ш	Ш	Ш
Horizon Disposal					226	12	5	GROWS					
City, State Trenton, NJ			74	10.5			Disposal Date 2/27/13	City, State Morrisville	, PA				
Completed By (Print Kim Trumbetti		3	10		^{tle} dmir	n.	Signature			Date 2/27			

Job #: 1302-1723 Check #: 3030

Date of Notification	(1)		Name	of Bu	ilding	Owner / Operato	or (2)	MAR	1.5			
2/25/13					Anto	ni	-6.	·'/r \/	***			
Agencies Notified EPA	Type Notification	110		t Addr	ess Iy Lar	1e	0	The AM	2.00			
DEP	☐ Initial				Zip C		1	10×1,000	. 0,	į.		
⊠ DOL	Amended					lley, PA 19006	E 14	195/1/1/P	9,			
Ø DOH	Emergency	1		of Co		© 8		76. 1	Telepho	ne N	umbe	er
☐ DCA	Cancellation				Anto							•
Name of Equility \\/	nere Abatement is Taking F	Place /		CILIT	Y INF	ORMATION Type of Facil	lity (4)					(2) (E)
Residential Prop		riace (3	9)			School (
Street Address	city		-				oter 8 (Other th	nan K-12)			ř.	
9001 Freemont A	venue							mmercial building	gs, hom	es, e	tc.)	
00011100111011011						Square Feet			Bldg. Age			13.0
City (5)	County (6)	Co	unty	Code ((7)	2000	1		1946			
Ventnor	Atlantic		zassas ∗ ∭ II		· ·		(Prior if being					
V 01111101	7.1					Residentia						
Name of Monitoring	Firm Hired by Building Ow	ner (8)		ASC	M No		tement Contra	actor (9)		0.0	-	
Tiger Environme		and a section						rvices, Corp.				- 11
Street Address						Street Addre						
234 20 th Avenue			-			3859 Sylon						
City, State & Zip Co Brick, NJ 08724	de					City, State & Hainesport						
Project Manager for	Monitoring Firm	Telep	hone	Numl	oer	Telephone N		License N	Number			
Kelly Walton		908-	-			609-702-04			0086	2	1	
Scheduled Start Date 2/28/13	te (10) Scheduled Co 2/28/13	mpletio	n Da	te (11))	Name of OSI EMSL Anal			1			
	During Abatement (Check of sed/Vacated During Entire I			ateme	nt	Street Addre	SS ,	<i>II</i> 3	- 1			
	Performed Outside of Norm			G. G. T. T. G.		City, State &					-	-
Describe:						Westmont,						
Isolated Are	a							and the second of the second o				
Scope of Work (Che	eck all that apply)											
N	•		_		⁽⁰⁾ 5)			ve Pressure Enc	losure			
≥3 sf or ≥3 l		×		novatio				nclosure				- 5
≥160 sf ≥26	U IT		Der	nolitio	П			Bag Procedures kempted and Nor	. Eriable	Dro	rodu.	ro
10	ocation of	Isl	ocat	ion	Γ	Description	Lancard Control of the Control of th	Amount			ent Ty	
	os-Containing			Used		Asbestos-Con		(Specify	1			JPO
	erial (ACM)		olely		100	Material (A		SF or LF)	71		ᄪ	ш
	BE ABATED			ice or	19	(i.e., thermal s		E (%)	em	Repair	cap	ncis
ır	n Facility (13)	Custo	(12)	Staff?		insulation, surfactor or other miscell			Remova	air	Encapsulate	Enclsoure
	()	Yes	No	N/A					-		te	(D
Utility Room					Shee	t Goods & Ma	stic	50 SF				
+				\boxtimes			F. (2)					
et de de				\boxtimes			n d.11g. 17			Ш		
				\boxtimes								닏
			Ц.			I V	T. 75	11 100			Ш	Ш
Name of Registered	Waste Hauler			DEP V		Cubic Yards of Waste	Name of Reg	gistered Landfill			80	
Horizon Disposa			116	2261		3	GROWS				Till the second second	
City, State			0.7			Disposal Date	City, State		n 101		1	
Trenton, NJ		12	a Y			3/1/13	Morrisville	, PA	100			
Completed By (Print	11		Tit			Signature	1 1		Date	. The boson	out and	
Kim Trumbetti			A	dmin		DY/ L			2/25	/13		

D&S Proj. #: MS 13-65

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

30/3/1/19

									1.72			/	w.:	
Date of Notification	n (1) /		ame of Bui		er/Operator (2) ZUK					8/1		4	دران	
Agencies Notified	Type Notificat		reet Addre		7						· 6/2/3 V	7.5	7.	20
EPA	Initial Amended		34 EAST	CHIDO	H STREET						11/3	10	0,	0
DEP	Amendment #:		ity, State, Z		HOIKEEL							() ·	Q,	
□ DOL	_				NIT									
⋈ DOH	Emergency (including	N:	WASHIN ame of Con		NJ		·		Telepho	ne Numb	or			
	justification)								reteprio	ne rainb	CI			
DCA	Cancellation		RALF S'	TOLARC	ZUK		F. 1		_1				102 25-	
			111	FAC	LITY INFORM	ATION								
Name of facility w	here abatement i	s taking pla	ce (3)					Тур	e of Facility		,,			
RALF STOLA	RCZUK								=	ol (K - 12			40)	
Street Address	ROZOR					-		-	The state of the s	hapter 8 ((Private/			-12)	
										./Homes,		IGIAI		
34 EAST CHU	JRCH STREE		************	MANAGER STATE		il.	5.0 1	Sc	uare Feet	# of Flo	ors	BI	dg. Ag	ge
City (5)		Cour	ty (6)			C-425	nty Code (7)	_						
WASHINGTO	ONT	TITT	NTERDO	N		(Sta	te use only)	C	urrent Use (Prior if be	ing dem	olish	ed)	
Name of Monitoria				'IN	ASCM No.		Name of Abateme	ant Cont	ractor (0)					
rume of Monton	ig i iiii i iiica by	Diag. Owne	1 (0)		ASCIVI NO.	9.5	2 2		\$4,050					
Street Address				لـــــا		_	D & S RESTO	JKA I I	JN, INC.					
Street Address							PARAMETER STORY AND STORY	A						
City, State, Zip Coo	70					_	20 California City, State, Zip Coo							
City, State, Zip Cot	ie	4			14						*			
Desired Manager for	- Manitada - Fisa		To				Paterson, NJ	new meanths arrived at the second		Tri	N. I			
Project Manager for	or Monitoring Firm	1	Pn	one Numb	er		Telephone Number 973-345-802			111100000000000000000000000000000000000	e Numb 01169	er		
							Name of OSHA M				01109			
Start Date (10)		Sched	. Completio	n Date (11	1)		D & S Restor		nc					
03/11/13		03/26	5/13				Street Address	ation, i	iic.					
Occupancy Status	During Abatemen	nt (Check o	nly one)			-	20 California	Avenue						
Facility close	ed/vacated during	entire perio	od of abate	ment.			City, State, Zip Co							
Donoribos	erformed outside		acility hour	S-		-								
Other-Descr	ibe: NORMAL I	IOURS				_	Paterson, NJ	07503						
Scope of Work (c								TFull C	ontainment	w/negativ	e press	ure		
≥ 3 sf or >3 If	The same of the sa	Renovatio	n			ŭ.	Ī		enclosure					
☐ >160 sf or ≥		Demolition							ebag proced		100			
	20011			and noted				Non-	Exempted (*) and No	n-friable			
Location of asbestos-co	ntaining		normally ι nance/cust		1				Amount		e	R	E n	E
material (acr	m) to be	staff(12)			Description material (sbestos-containing		(Specify	SF or	m	p	С	n
abated in fac	cility (13)	Yes	No	N/A					LF)		v	i	a p	L.
DACEMENT					PIPE INSU	TATI	ON		125 L FT		e	r		
BASEMENT			LX		TIFE INSU	LAH	ON		123 L f I					H
									+		ᆛ		H	片
1	++										井			#
														H
Registered Waste	Hauler	INCIDE	P Hauler II	D# 10	ubic Yards of V	Maete	Name of Register	red Land	(fill		ᆜᆜ	Ш	Ш	Ш
D & S RESTOR		135	06	2	YDS	rasie	TULLYTOW			ECOVE	RY			
City, State	II 07502			Disposal D			City, State	DI DI			*			
PATERSON, N		T ====		03/12/1			TULLYTOW	N, PA		To				
Completed by (Prin		Title PRESID	ENT		Signature				. *	Date 02/2:	5/13			
DOGDAN JOL	DZIC	FKESID.	DIVI		L_,					02/2	113			



Date of Notification (1)				Na	me of Build	ling Owner/Opera	alor (2)	- 2013 MAK)	-		100	_
2-2	8-13 Type Notification			1	CRA	NFORD	HEALTH		~/	Az.			
MEPA	I spe Notification			Str	205	BIRCHE	wood A	02016)g ,	177	2;	GE	•
D DOL	Amended Amendment	,		City	y, State, Zip	Code	—	4167	HSA	11/	10	/	
™ DOH	☐ Emergency (in	cluding			me of Conti		N			6		•	
of DCA	justification) Cancellation			_		T GASPET		Telephone N	umber		-	9	
						FORMATION		- V			-	-	_
Name of Facility Where	Abatement is Takin	g Place	(3)			- CAMIATION	Type of Facil	ity (4)					_
CRANFO	DED HEAL	ra/											
Street Address						,	☐ School (K- ☐ Subchapte	er 8 (Other than K-	-12)				
205 B1	echood	Ave	5.				Cother (i.e. homes, et	private & commer	rcial build	dings			
City (5)	14 1 M	_					Square Feet		Bld	dg. Ag	je	-	
	FORD NJ		070	16			15000	2		30			
County (6)				Cou	nty Code (7) (STATE USE	Current Use (Prior if being dem			_		-
Name of Monitoring Firm	D / O / O		TAGG			T	RESIDE	NCE					
(9)			2000000	M No.			ement Contractor						
Street Address	UIRONKEWAS.	ISKV.				Strapt Address	RO, INC	•					
209 WE	STEAUS .	De.											
City, State, Zip Code						City, State, Zip	CODE	AVE.			_	_	
Project Manager for Mor	ERRY PA		838	CHECKS		MOOI	DBRIDGE	- NJ	07	ro	75	-	
NORMAN .				one No		relephone No.		License No.					_
Start Date (10)	Schedule	d Compl	etion D	ate (1:	17-1874	Name of OSHA	726-3111	000	015				
3/21/13	3	125		, • ·	.8	N/A	A MONITOR ;						
Occupancy Status Durin	g Abatement (Check	only on	e)			Street Address							
☐ Facility Closed/Vacate	ed During Entire Peri	od of Ab	atemer	nt									
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal F	acility H	ours			City, State, Zip	Code						
Scope of Work (Check al	Il that apply)												
#23 sf or ≥3 lf				® Re	novation	O Full	Containment with	Negative Pressu	ıre				
☐ ≥ 160 sf or ≥ 260 lf					molition	Ø Glov	i-Enclosure vebag Procedure	- x					
			s Loca	lion	T	☐ Non	-Exempted (*) an	d Non-Friable Pro	cedure	T 6	h		
Location	o of		Norma	lly						LA	bate Ty		nt
Asbestos-Containing	Material (ACM)	14 24 24 25	ed Sole aintena	, ,	Asbes	Description tos Containing M	of						
TO BE AB		1	Custod Staff	0.77077	(i.e.,	thermal systems	s insulation.	Amount (Specify		Re	23	Enc	E
(13)			(12)		1	surfacing, VA* other miscellan		SF or LF)	Removal	Repair	ncapsulate	Enclosure
		Yes	No	N/A						=		late	97
MECHANION !	Rosn	1	1.		TUTP	MAC -				H	-	4	-
					175,50	mac fitth	84 1NS 1	150	3.7	×	-	1	_
		1						+		H	1	-	
								***************************************		++	+	-	_
lame of Registered Waste	e Hauler	NJ ID	DEP V	aste F		Cubic Yards of Waste	Name of Regis	tered Landfill		لبا		_1	4
MEWARK CA	ARTING / NC	The state of	45	09		5	CRAISE						
ity, State	, _	10,000	- 1	-1		Disposal Date	City, State	INC.					_
MEWARK,	NU	-11		tales its	die de	3/25/13	MADRIE	11.15 D	1.				
completed by	Title			(E.)		Signatule	יייןבורו	VILLE PA	Date				4
DAVIDT. TOLC		- Committee of the Comm	ie lo-	10-	pesios licer	David	1. Total	-	2-2	28	-1	3	
TOTAL CONTRACTOR OF THE CONTRA		וו שכע ויי	-> IUIIII	IDE 3C	JESIOS licos	Lalamaya Guilar	a chin citica				_		- 1

CK#25089

Date of Notification (1			Т	Name	of Buildin	g Owner/Operato				120		75
	2/26/13						Greg Scot	it gri		20		
Agencies Notified	Type Notification	1		Street	Address	3(03 Kenwood	Drive &	50.			1
EPA DEP	Initial Amended			City. S	State, Zip C		OD IRONWOOD.		かく		-	
M DOL	Amendment : Emergency (-				orestown, NJ	08057	376	:	5	-
DOH	justification)	inola a in ig	1	Name	of Contac			Telephone Nun	nber ()	10	- C	O
□ DCA	Cancellation					Greg Scott						
				FAG	CILITY INF	ORMATION						
Name of Facility When					W		Type of Facility					
-	Res	sidenc	<u>e</u>				School (K-1	2) 8 (Other than K-1	12)			
Street Address	303 Ken	wood	Driv	re			Other (i.e., phomes, etc.	orivate & commerce.)	cial buil			
City (5)	Magragia	w. N	1 000	157			Square Feet 2400	# of Floors	В	dg. A	ge 0	
County (6)	Mooresto	WII, IN.	1 080		nty Code (7) (STATE		rior if being demo	ished)			=
	Mercer			USE	ONLY)	, (0		Residence				
Name of Monitoring Fi		Owner	$=_{T}$	ASCM	No.		ment Contractor (9					
(8)	MECS						vens Environ	mental Service	ces, Ir	ıc.		_
Street Address	- 222		-			Street Address		222				
the state of the s	PO Box 34	1				Oit Old Zin		Box 322				_
City, State, Zip Code	Crosswicks, NJ	08515	5			City, State, Zip		n, NJ 08501				
Project Manager for M	Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
William V	Weisgarber Jr.				8-4070		59-9688		0049	3		_
Start Date (10)	Sche	eduled C			ite (11)	Name of OSHA		IECS		1		
3/8/13			3/8/1	3		Street Address		IECS				
Occupancy Status Du Facility Closed/Vac				ment		Street Address		Box 341				
Abatement Perform						City, State, Zip						=
Other - Describe:								ks, NJ 08515				_
Scope of Work (Chec	k all that apply)					TIEWI C	ontainment with Ne	antivo Pressure				
≥3 sf or ≥3 lf >160 sf or ≥260 lf			novati			Mini-Er	nclosure pag Procedure					
						Non-E	xempted (*) and N	on-Friable Proced				
			ocation or ally						1	Abate Tyl	ment oe	
Locatio		Used	Sole	y by	A = b = = =	Description of tos Containing Ma		Amount			Г	
Asbestos-Containin TO BE AB		Ct	ntenan ustodia			thermal systems	insulation,	(Specify	Ren	Repair	Enc	Enclosure
IN Fac	ility		Staff? (12)			surfacing, VAT other miscellane	T, or	SF or LF)	Removal	B.	Encapsulate	USO
(13,		Yes	No	N/A		Other misositation	5000)				late	(D)
Crawls	enace	165	140	×	Th	ermal Duct In	nsulation	15 sf	×			
Clawis	space	-	-	^		Cimai Duct ii	iligatation		1			
		- 0							+			
Name of Registered V	Vaste Hauler	لــــــــــــــــــــــــــــــــــــــ	IN	JDEP '		Cubic Yards	Name of Reg	iştered Landfill		-		
Stevens Enviro		es Inc.	_ -	lauler II 182	0 No. 292	of Waste	/_	T.R.R.F.,	Inc.			
City, State	Allentown,	NI		· · · · · ·		Disposal Date 3/8/13	City, State	/ Tullytown	. PA			
Completed By	Tit					Signaturé	// 	Date	200		-	
Mahlon E. S	The second secon		ojec	t Mar	nager	1/1/			2/2	5/13	-	

Sério of New Joseph Notification of assestos abatement (Perducke wijac best car (2:128)

			and makes	to NJAC	SESTUS A	1 (2:126)	\cdot \cdot \cdot	米	400	31			
Data of Notification (1) 2-27-2013	-		Orang	je Hous	Ownado sing Aut	horfty	MA		APPROM	ED)	Servi	rec	
Agencies Notified Type Notification			Street A 340 T	ddress homas	Bouleva	13 44	,	- 1	Health & S) ,	4		9
DEP Amended DOL Antendment			Chy, Sh	oto, Zip C 30, NJ (lade :	./	· A/ Dai	1151		lme: /	175		1
Entergency justification DCA Cancellation			Name o	f Confect	1	Lici	MSMARC	Te	lephona Nu	mber	-		
Name of Facility Where Absternant is Yokin	o Place C	1	FACI	TLLA INI	POPPLATIO	DN	Type of Facility			nerina de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la c		MILLS.	
Property for Demo	B 1 1000 (-,					School (K-	5050					
Street Address							Subchapas	F 8 (OU	er than K-1	2)	1/2		
211 Oskwood Ave.			125 1030	23.000.4.000		Į.	Other (i.e. etc.)	Dura:	& commenc	ial bui	ជាវាជូន	, hon	195,
City (5) Orange							Square Fest	#0	i Floors		3(dg., 504	Age	
County (6) Essex			County (STATE)	Code (7) USE ONL	7)	_	Current Use (Fr House	ior if be	ing demolls	had)			
Name of Monitoring Florn Hand by Building n/a	Owner (5)) '	ASCA n/a	4 No.			of Abatement Co ca Managetr)			7.
Street Address							Voidress			ikinin - s	-	-	
n/a							by Lene		180				
City, State, Zip Code n/a				otrodonest v v		Linco	ate, Zip Code In Park, NJ 0	7035		10.00			
Project Wanager for Monteoring Firm n/a			Telepho rva			973-7	ona No. 706-7950		01193	la.		1.2000	50
Start Date (10) 3/4/2013	3/6/20		mpletton	Data (11))		OSHA Manita						
Occupancy Status During Abatement (Char						Land to the same of	ca Managem Eddress	ent C	orporation	1			
Facility Closed/Vacated During Entire		100 100 1 00 100	ment				by Lane	*:	38				
Aberement Performed Outside of Non Other - Describe: Demotion					_		ste, Zip Code In Perk, NJ 0	7035					
Scope of Work (Check All That Apply) 23 sfor 23 if 2160 sfor 2280 if	1200	Renova					"Since Gotter : Full Containm Mint-Endocut Glovebeg Pro Nors-Exempte	Steed ent will a cedure	Negsive (ressv	re		
		Locat	200,000									amen Me	t
Location of Asbestos-Containing Material (ACM) YO BE ARATED In Facility (13)	Use	Norma ed Sole intens todial (12)	ely by moe/ Staff?		stos Conta thermal : surfac		oterial (ACM) freulation, , or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enplosure
	Yes	Na	NJA		-							8	
Entire House			X	. 1	Viii be di	ispose	i of es					-	
				non-f	rlable as	sbestos	materials.	-2000					
	1					-				<u> </u>			
Name of Registered Waste Heuler	1	18	TIDES M	aste	Cuble \	fords	Name of	Registe	red Landill	ــــــــــــــــــــــــــــــــــــــ	L		
Yannuzzi and Sons			iauler ID 7497	No,	of Was	te .	IESI				4		
City, State Hillsborough, NJ					TBD	ul Date	City, Stat Bethlel		A		-		
Completed by	Title		*****			aumphilis			Da	te			
E. Cirovic	Secr	etary		24 . F.	12	ili	nonce		2-	27-2	013		

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	N	(De	wenner P	n NJAC	estos abati 1:60 and 12:12	(0.5	$A_{i,j}^{n}$	CH	5#0	23	0		
Date of Notification (1) 2-27-2013		\neg	Name of Orange	Building (Owner/Operato	or (2)2013	148 100	ept.Af	APPROVE Health &/Se) nior S	ervic	38	
Agencies Notified Type Notificat	ion		Street Ad 340 Th	idress romas I	Boulevard	1 4152	Ya	all M	(Highature)	We	51	000	
DEP Amende		[Orang	e, Xip Co e, NJ O	Thirtier or the second	4/	Date /C/	344			~/ 1	=4"1	
DOH justificati	on)		Nume of Joe					Tell	aprione Nun	Der 			
	. Line (3) (5)	X	FACI	MY INFO	DRMATION	1 Time :	f Facility (Ó					
Name of Facility Where Abatement is To Property for Demo	ajting Piaca (a					D s	chool (K-1	2)					
Street Address 209 Oakwood Ave,					10		ubonapter Wher (i.e. p to.)	fivate i	er than K-12 Licommerck) il build	lings,	hoine	19,
City (5) Organge	,						Feet	# 0	Floors		idg. A O+	ge	
County (6)		\neg	County C	Code (7) PSE ONLY)	Currer		or if bei	demolish	ed)			
Essex Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCM	No,		e of Abat	ement Con						
n/a			n/a				-	ent Co	orporation				_
Street Address n/a						et Azkilres Troy Le	34 ·						
City, State, Zip Code						State, Zi							
n/a							rk, NJ 0	7035					
Project Manager for Monitoring Firm			Telephot n/a	ne No.	97	phone No 3-706-7	950		License N 01193	D.		,	
Start Date (10)			npletion i	Öøte (11)			A Monitor		-				
3/4/2013	3/5/20							ent Co	noberedion	<u> </u>			
Occupancy Status During Abatement (C					1	et Addres Troy La			4 0				
Facility Closed/Vacated During En Abatement Performed Outside of I	tire Period of A	Abaten v Hom	nent s		- 10.000	State, Zi		-					
W Other - Describe: Demolition							rk, NJ 0	7035					
Scope of Work (Check All That Apply)									For Wark !	PHINCH	edhuers	10	
[] ≥3 대 or ≥3 lf [절 ≥160 대 or ≥260 lf	AND DESCRIPTION OF THE PERSON	Renova Demoli				Full Min Glo	Containme Enclosure Vebag Production	ent with edure	Negative F	LEBAN	L e		
		Local	100000						13			emen Ipo	t
Location of Asbestos-Containing Material (ACN <u>TO BE ABATED</u> in Facility (13)	I) Use	Norme ed Sok sintena todial (12)	ely by ncel Staff?	Asbes (I.e.	Description Containing to the murinoing, the surfacing, to other miscell	Material ms insula /AT, or	(ACM) tion,	(5	mount Specify or LF)	Removal	Repair	Encapsuale	Enclosure
	Yes	No	N/A								_		1
Entire House		×		Vill be dispo					-	-	_	-	
			-	non-f	riable ashes	aos mai	enais.	-		+-	-	-	-
			-	<u> </u>						\vdash	-	-	\vdash
Name of Registered Waste Hauler Yannuzzi and Sons			WIDER W lauler ID 17497	300 200 400 400 400	Cubic Yards of Waste TBD		Name of IESI	Region	ared Landfill	.7.1	•	٠	
City, State Hillsborough, NJ			1171		Disposal Da	ihe	Chy, State Bethle		PA	-		,	
Completed by	Title	-				uro/1	16 16		De				
E. Cirovic	Sec	retary	1		12	Cin	ovie		2	27-2	013		

	80	N	OTIFK (Po	MOTTAL Manager	of ASBE a Nuac 8	3703 A	12:120)	CI	H-002	6			
Date of Notification (1) 2-27-2013		-			Building C a Housi		perator (2) hority		APPROVE Lealth & So	D nior Se	vices		
Agencies Notified	Type Notification				omas B		ard ,	MAN Jan	A. (signature)	<u> 1907</u>		1	-(4)
DEP DEP S DOL	Amended Amendment			Orange	e, 2ip Co e, NJ 07		(''') () &	Date:			211	111	
DCA DOH	justification) Cencellation	- tolorativit		Name of Jos				一つたけら	Telephone Nu	mber	J		
Name of Facility Where Property for Demo		Place (3)	FACE	ITY INFO	RMATH	ON Tyr	e of Facility (2)		-		
Street Address 207 Oakwood Ave	e.			-,				Subchapter Other (i.e. p etc.)	8 (Other than K-1 rivate & commerc	i2) ziel build	ings,	home	æ,
City (5) Orange				•			Squ	rare Feet	# af Floors	1	dg. A	90	
County (6) Essex	·			County C	ode (7) ISE OHLY)		100	rent Use (Prio DUSO	or if being demola	shed)			
Name of Monitoring Fir	rm Hired by Building (owner (8)		ASCM n/a	No.			batement Cor Managem	tractor (9) ent Corporatio	ott .			
Street Address			17				Street Add 22 Troy					1955-5-5	
City, State, Zip Code							City, State. Lincoln	Zip Code Park, NJ 0	7035				
Project Manager for M n/a	anitoring Firm	## ### ###############################		Telepho: n/a	ne No.		Telephone 973-706	3-7950	01193	2000000			
Start Date (10) 3/1/2013		3/4/20	13	nplation f	Data (11)		Loznica		ent Corporatio	n			
Occupancy Status Dur	ring Abatement (Chec acated During Entire F		4.	nent			Street Add 22 Troy	Lane					
Abatement Performance Other – Describe	rmed Outside of Norm	tel Pacifit	/ Hours				City, State Lincoln	Zip Code Park, NJ 0	7035				
Scope of Work (Check 23 sfor 23 if 23 sfor 23 if 2100 of or 2260 is			Renova					Full Containm Vini-Endosur Slovebad Pro	Parameter and the second	Pressu	re		
-			Locat Norma								Abat	pe pe	t
Ashestos-Conteini TO BE / In Fa		Ues Ma Cus	ed Sole sintens stodial ((12)	ely by ncel Staif?		tos Coni thermal surfe	scription of taining Mete systems ins cing, VAT, o niscellancou	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulata	Enclosure
Entira	House	Yes	No	N/A X	- VA	Vill he	disposed o	of as		+		-	+
Little	1 10055		1			sbestos n							
		-							-	-	-		-
Name of Registered V Yannuzzi and Son				LIDEP W Inuler ID		Cubic of Wra TBD		Name of IESI	Registered Land	fill .			
City, State Hillsborough, NJ						Dispo	sal Date	City, Star Bethle	ь hem, PA			area a	
Completed by E. Cirovic		Ykla	retary	,			E.C.	rone		0ate 2-27-2	013		

		1				ESTOS ÁE 8:60 and 1	ATEMENT	(WILL OF	7.2	2		
Date of Noticetion (1) 2-27-2013			T			Owner/Opn		<u>حـــــ</u>	APPROVE			7	
Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment	#	·	Street A 340 TI Cay, Sta	doress [] homas f te, Zip Co	3/1/AD Boulever	d/ . A.	2: Ga Date	opt. of Health & Si Gada (signature)	me:	20 Vic	em	
DOH DCA	Emergency (justification) Cancellation			Name of	Contact	LICE	MSTAG	KOL	Telephone Nur	nber			
П 1/2	La Concomion					ORMATIO			т —		-		
Name of Facility Whete Property for Demo Street Address 213 Oakwood Ave)	Piace (3	3)					Other (i.e. p			lings,	home	8£,
City (5) Orange				-			\$q.	elo.) Isra Feet	# of Floors		dg. A	ga	
County (6)	No.			County i	Code (7) USE ONLY)		rent Usa (Prio	or if being demods	red)			
Name of Monitoring Fin	m Hired by Building (Owner (8))	ASCA n/a	I No.		Name of A	salement Cor	otractor (6) ent Corporation	1			
Street Address	· · · · · · · · · · · · · · · · · · ·		-				Street Add				-		
n/a					94.		22 Troy	Lane					
Cky, State, Zip Code r√a	ky, State, Zip Code Va				#1 BL. 184		City, State, Lincoln	Zip Code Park, NJ 0	7035				
Project Menager for Mo n/a	roject Menager for Monitoring Firm				ne No.		Telephone 973-706	-7950	License N 01193	lo.	, 4		
Start Dete (10) 3/5/2013		Schedul 3/7/20		3 Lc				SHA Monitor Marragem	ent Corporation	1			
Occupancy Status Durt	ing Absternent (Chec	k Only O	na)				Sheet Add	1	1			į.	
	cated During Entire I med Outside of Norm Demolition					-	22 Troy City, State,		7025	-0	2. T. A.		
Scope of Work (Check 23 sf or ≥3 if ≥160 sf or ≥260 if		-	Renove Demoli					idee Cover S ull Containm dini-Enclosur Slovebag Pro-	Shoot for Worlt ant with Negative I	Pressu	re		
Lanas			Locat			Ores	ription of					Abus Abus	t
Asbestne-Containin TO BE A In Fac	Location of Used S Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					tos Contai thermal s surfacir	ning Maner ystema insi ng, VAT, or scelleneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	equiredeous	Enclosura
		Yes	No	NVA	-					-	⊢	-	\vdash
Entire I	louse	1	-	X	-		sposed o	-		\vdash	-	╁╴	-
Name of Registered Wa	aste Hauter		1	UDEP W	Jauste	Cubic Y	arde	Name of	Registered Landfil				1_
Yannuzzi and Sons			1	lauler ID 7497		of Wask		IESI				Ť.	
City, State Hillsborough, NJ			-			Dispose TBD	Dete	City, State Bethlet	hem, PA				
Completed by E. Cirovic	and the state of	Title	retary		7 HV		name	ירושא	Di. 2	-27-2	013		
E. CHOVIC		Joeca	endi y			_16	<u>u</u>	עעטעע	- 14	A15 A		-	

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Date of Notification (1) 2-27-2013		T	Name of	Building Je Hous	Owner/O	perator	(2)	T		APPRON	MED)	(0)	7	
Agencies Notified Type Notifica	ndon		Street A			ard .	M-1		W of	tealth &		Service	æs -	
DEP Amenda		_	Property	nte. Zip Co je, NJ 0	1371	& Z/1	Carro	Date	2	JU3.	rime:	50	<u>F</u>	7
☐ DOH justifica	ສິດກ)		Name of Joe	f Contact	n n		<11.5/	NG TE	()/Tel	ephone N	umber	=		
			FACI	LITY INFO	ORMATH	ON				-		-		
Name of Fadility Where Absterion: is 1 Property for Demo Street Address 205 Oakwood Ave.	aking Place (3)						☐ Sut	nool (K-1 ochapter ner (Le. p	2) 8 (Oth	er than K-	12) ciel buil	dings	, hom	d5,
City (5) Orange				BI - MIN 54 1 65			Square f		# 01	Hoors		idg. /	ge	
County (6) Essex			County (Code (7)	,		Current	2.0	or if bel	ng demoil	shed)			
Name of Monitoring Firm Hired by Built	žing Owner (8)		ASCA	l No.			of Abaten	nent Cor					2 7 E	
Street Address			n/a	100000				agem	ent Co	orporatio	ж1			
n/a						22 T	Address roy Lan	27.5 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1						
City, State, Zip Code n/a				11 10			ate, Zîp (iln Park		7035					
Project Manager for Monitoring Firm			Telephoi n/a	ne No.			one No. 706-795	50	-	License 01193				
Start Data (10)	Schedule		pletton l	Date (11)	* 1000	Name	A OSHA	Morutor			-		<u> </u>	
3/1/2013	3/4/201	22.8						agem	ent Co	rporatio	m			
Occupancy Status During Abatement (Facility Closed/Vscated During Er			ent				Address oy Lan	9		i				
Abatement Performed Outside of Other - Describe: Demolition					_		ate, Zip C		7035					1
Scope of Work (Chack All That Apply)									-	for Work	- Donne	adlanw.	·	
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		Locati	7.77		_								emen Po	1
Location of Asbestos-Containing Material (ACA TO BE ABATED In Facility (13)	Solei Noner	maily Solely by Asbestos Containin (i.e. thermel syst surfacing, other misce				atertal (A ínsuletio [, or		(S	mount pecify or LF)	Ramoval	Repair	Encapedate	Enolosuna	
	Yes	No	N/A					$-\downarrow$			┿-	_	•	
Entire House	\dashv		X.	-	vill be d			ials			+	-	-	\vdash
				120171	MUNC ON	200010	3 II KALES	icuo.			+		-	
											1			
Name of Registered Waste Hauler Yannuzzi and Sons		Н	JDEP W auter ID 7497	0.710 = 0.71	Cubic Yof Was		- 1	ESI	Registe	red Landt	in .			
City, State Hillsborough, NJ					Dispos TBD	al Dane	- 1	ity, Stati Bethlet		PA				•
Completed by E. Cirovic	Title	tanv			Si	gnamire		· ·	,	Ī	alia 2-27-2	013		

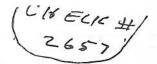
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Date of Notification (1) 02/26/13		Name of Building Owner/Operator (2) County of Union Department of Engineering, Public Works & Facilities											
Agencies Notified Type Not		Street A 2 Broa	ddress ad Stree	t		1	24	э <u>.</u>	-				
DOL Ame	ended endment #		ate, Zip Co eth, Nev	ode w Jersey 07	207		10/1/20	E) ·				
DOH justi	ergency (including fication) cellation	Name of Niel Pa	f Contact almeri			,	Telephone Núi	nber					
		FACI	LITY INF	ORMATION	7				_				
Name of Facility Where Abatement Union County Motor Vehicle					-	Facility (4)				•			
Street Address	- Dunding					hool (K-12)) I (Other than K-1:	2)					
79 West Grand Street					X Oth	her (i.e. pri	vate & commerci		ldings	, hom	es,		
City (5)	7			***************************************	Square	Feet	# of Floors	5.00	3ldg.	Age			
Elizabeth, New Jersey 0720 County (6)	<u> </u>	I County	Cada (7)		10,000		2	120	55+				
Union		(STATE	USE ONLY)		Vehicle	if being demolish Building	iea)					
Name of Monitoring Firm Hired by E Birdsall Services Group	Building Owner (8)	ASCN	/ No.		ne of Abater		actor (9)		u liuo				
Street Address					ch Corpor	auon							
65 Jackson Drive		19			6 McBride	Avenue)						
City, State, Zip Code Cranford, New Jersey 07016	3	2			State, Zip odland P		v Jersey 0742	4					
Project Manager for Monitoring Firm Kevin Burns	1 = 1	Telephor 908-49	ne No. 97-8900		phone No. 3-225-840	00	License N 01104	0.			+		
Start Date (10) . 02/28/13	Scheduled 0 03/01/13	Completion	Date (11)		e of OSHA S Environ		abs			68-303112-			
Occupancy Status During Abateme		-,			et Address								
Facility Closed/Vacated During	Entire Period of Aba	tement		233	33 Route	22 West							
Abatement Performed Outside Other – Describe: 3PM Start	of Normal Facility Ho	ours			State, Zip (ion, New		7083						
Scope of Work (Check All That App	ly)			5 5					-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	ovation olition			Mini-E × Glove	Enclosure bag Proce				-			
	la la la	cation			INOII-E	xempled	(*) and Non-Friab	Pic	4000 00	ement	t		
Location of	Norr	mally		Description	on of		4 4.5			ре			
Asbestos-Containing Material (A		olely by nance/		tos Containing	Material (A		Amount	_		Щ	m		
TO BE ABATED In Facility	Custodi	al Staff?	(I.e.	thermal system surfacing, V		on,	(Specify SF or LF)	Removal	Repair	cap	nclo		
(13)	-	2)		other miscella	aneous)			oval	air	Encapsulate	Enclosure		
		lo N/A				-		ļ		6			
Garage Bay	X		O&N	Air cell Pip	e Insulat	ion	9 LF		-				
			lat.	isi ta					-				
							* 1 1 2 2 2 2 2	-	-				
Name of Registered Waste Hauler		NJDEP W		Cubic Yards	1	Name of Re	egistered Landfill	-					
Lilich Corporation	and the second	Hauler ID 18724	No.	of Waste	(G.R.O.W	S Landfill						
City, State Woodland Park, New Jersey	07424 .			Disposal Dat 03/02/13		City, State	, Pennsylvar	ia	i k				
Completed by	Title			Signatu	[是一	-/-	n/ Da	te	-				
Tatiana Kalenikova	Vice Pre	esident		Tal	lan	1 Car	Me 02	/26/	13				

	APPROVED	
NJ OF pt.	of Health & Senior	Ser Tas Tables
Date: A	(signature)	HADEN

Date of Notification (1) 02/25/13 CK# 2498 \$200			Name	of Building	Owner	/Operato	r (2)		rime;	=			
Agencies Notified Type Notification			Street	Address Dad Street		haume	nt of Engineer			S Fa	cilitie	3	
DEP Amended Amendment			City, S	itate, Zip C beth, Ne	ode	sev 072	07	· 100	5	5			
☑ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation]	Name	of Contact Palmeri		7		Telephone N	. 3	T.		281 7 5	
Name of Facility Where Abatement is Takin Union County Motor Vehicle Buildi	g Place (ng	3}	FAC	CILITY INF	ORMAT	TON	Type of Facility		1/101	<u></u>			
Street Address 79 West Grand Street City (5)							Other (i.e. etc.)	r 8 (Other than K- private & commer	·12) cial bu	ilding	s, hor	nes,	
Elizabeth, New Jersey 07207 County (6)					<i>ii</i>		Square Feet 10,000	≠ of Floors 2	1	Bldg. 55 +	Age		
Union Name of Manitoring Firm Hired by Building C			STATE	Code (7) USE ONLY	<i></i>		Current Use (Pri Motor Vehicle	Building	shed)			700 20	
Birdsall Services Group Street Address	Owner (8)		ASC	M No.		Name Lilich	of Abatement Cor Corporation	ntractor (9)			•		
65 Jackson Drive City, State, Zip Code					-		Address AcBride Avent	18					
Cranford, New Jersey 07016						City, S	late, Zip Code Iland Park, Ne	w Jersev 074	 24				
Project Manager for Monitoring Firm Kevin Burns				97-8900		Teleph	one No. 25-8400	, License 01104					
	03/01/	13	Displaying Date (11) Name of OSHA Moning J&S Environment					•	į.				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P	ariant of t		ment			Street	ddress Route 22 Wes		-			_	
Abatement Performed Outside of Normal Other - Describe: BAM Start Scope of Work (Check All That Apply)	al Facility	Hour	\$		_		ate, Zip Code I, New Jersey	07083					
≥3 sf or ≥3 ff		enova				×	Mini-Enclosure Glovebag Proc	int with Negative adure					
Location of	l N	Locat	lly		Des	scription (of .	· ·	JIG F J.C.	Abate	e men pe	Ī	
TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility Used Sole Maintena Custodial (Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)						
Garage Bay	Yes X	No	N/A	ORM	Airon	It Dia - I					ate	Enclosure	
	-			OGIVI	All Ce	II Pipe I	nsulation	9 LF	-				
									-		- 17.7		
Name of Registered Waste Hauler Lillch Corporation		H	JDEP W. auler ID I 3724	No.	Cubic 1 of Was			egistered Landfill /.S Landfill) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
City, State Voodland Park, New Jersey 07424						posal Date City, State							
completed by atiana Kalenikova	Title Vice P	resid	dent		Sig	nature	Morrisville, Pennsylvania Date 02/25/13					1	

Date of Notification (1) 2/27/13				f Building					<u>UU3</u> Vol.	MAP.	- 141		, n
Agencies Notified Type Notification		1	Street A			.0 1 1011			4/10		-9,		(j)
EPA Initial Amended Amendment	#		City, Sta	ate, Zip Co nawkin N	de	50		i		100 A	<u></u> (2.	<u>્ર</u> જુ)
Emergency (justification) DCA Cancellation	including			f Contact				Te	elephone	Numbe	- 6)	
Name of Facility Where Abatement is Taking	g Place (3	3)	FACI	LITY INFO	ORMATIC	ON	Type of Fac	ility (4)			-		
James Hemm / Private Home Street Address 1040 Milcreek Road							X Other ((K-12) apter 8 (Ot i.e. private	her than h & comme	(-12) ercial b	uilding	ıs, hon	nes,
City (5) Manahawkin NJ 08050							etc.) Square Fee 1000+	t #	of Floors		Bldg 35+	. Age	
County (6) Ocean			County (Code (7) USE ONLY)			Current Use Home	(Prior if be	eing demo	olished)	1		-
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	l No.			of Abatement aco Inc	t Contracto	r (9)				
Street Address							Address ox 329						
City, State, Zip Code	- 16					ate, Zip Cod Berlin NJ							
Project Manager for Monitoring Firm		Telepho	ne No.			one No. '53-9800		License 00727					
Start Date (10) 3/11/13	Schedule 3/15/13		Completion Date (11) Name of OSHA M Same					nitor					
Occupancy Status During Abatement (Check	CONIY Or	ne)		9		Street A	Address			-		•	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	eriod of A	Abaten Hours	nent s			City, St	ate, Zip Code	Э				1	
Scope of Work (Check All That Apply)						_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit	100 C			×	Mini-Enclo Glovebag	ninment wit osure Procedure opted (*) ar				ure	
Location of	ls	Locati	ion,,	3 3	Des						Ab	atemer Type	nt
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intena	nally Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)					(Amount Specify F or LF)	Kemoval	Kepair	Encapsulate	Enclosure	
Exterior Siding		X		Exteri	or Sidi	ing	12	200 SF	x				
							-						
									2				
		The state of the s											
Name of Registered Waste Hauter United Containers		. H	IJDEP W lauler ID 2459	905.0.50	Cubic Y of Waste 2		The same of	e of Regist .O.W.S.	ered Land	lfill			01.8
City, State Elm NJ						posal Date City, State 5/13 Morrisville PA 19067							
Completed by Anthony T Perna	dent	Signature Date											



Date of Notification (1) /27/13 .		Nar	_		Owner/Oper		CORT	RICTI	Na			
Agencies Notified Type Notification		Str	el Addr	0 \$-5	- A+,			3	10	r 27		
☐ COD Amended Amendment # □ Emergency (in	auding		State,	Zip Co			٥٠٠٠ مر	0 8 2 3 0 Telephone N	umber	•	;;; ;)	
□ CA · □ Cancellation	2) CE	BREU	MIC				-77		
		F	ACIUTY	INFO	RMATION		pe of Facility (n 1750		<u> </u>	*	1
Name of Facility Where Abatement is Taking LESIDED Street Address	_;	-				_ R	School (K-12) Subchapter 8 Other (I.e., pri	(Other than	K-12)	2: 6800	s .	
3306. WEST	ALLE					- '	homes, etc.)	# of Floors		Bidg	Age	
Ciry (5) OCEAR CITY					X 9 . Y 6	- 1	urrent Use (Pric	- L	noksheo		7	_
County (6) CARE MAY		US	ounly Co SE OWL)	7	(STATE		VAC	DUT				
Name of Movitoring Firm Hired by Building ()-vner	ASC	M No.		KLO	m 0	Convagor (9)	ė,				
Street Aggress				=	Sveel Address 369	5.	SPRUC	E AVE				
City State. Zp Code				=+		0 1	5 SHAD			05	L	
Project Manager for Monitoring Firm	[.Ye	elepho	ne No.	=		1-	-0472	License	10			
	ouled Comy	Nalino	Date (1	=	Name of OS	HA MO	inot .					
Stan Dale (10) 1/3	119	13					HIEM				=	
Status Diving Abatement (Che	ck only one	e) atemer	nt		369	SU	Spruce	=103		•	<u>:</u>	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Normal Other - Describe:	y Facility H	ours			City, State,	Xip Cod OP-E	SHAD	€, N.	5,0	805	2	_
Scope of Work (Check all that apply)	Renov	vation Notice			□ ™	n-Endo	bled (,) and He snie bloceans bloceans					
2160 st or 2260 H	I Is Loc	alion	\neg							. Ac	1 rse	
Location of Aspesios-Containing Material (ACM) TO BE ABATED IN Facility	Sta	oleh b	у	Asbesi (i.e.,	Description Containing thermal sys surfacing other myson	ng Maler lems ins VAT. c	of	Amour (Specil	ry	Removal	Angew	Enchosidate
(13)	Yes	но	NIA	22.				2000	·h	x	-+	-
SIDING			X	TRA	NSITE			2000	<u>=</u> _	-		
		4		_				,			4	
	+	+			Cubic Ya		T Name of Re	gistered Lan	iofill	ا		_
Name of Registered Waste Hauler Kiemco Inc.		Ha	UNER ID N	0.	01 Waste		C,M	1, C, A	1.0			
	7 110				Deposal	Oate	Woo	DBINE	= 1	ر,ر		
MODE SHODE, 10), 08			=	Sign	alure	ya I Se		Date	127	13	3
Compeled By KEMM	10 W	NE	. 1	_	= $=$	(Territoria		1-11

Check # 1456

02/26/2013					Building (E JO P			(2)						× V	١.
Agencies Notified	Type Notification		-	treet Ad 53 BE	dress LLEVU	E AVE						<	2013	,	
EPA DEP DOL	Initial Amended Amendment	<u>{</u>			e, Zip Co		3037			· ·				P.	
DOH DCA	Emergency (in justification) Cancellation		1000		Contact E JO P	ITERA			5	Telep	hone Nun	nber/	10		4
	- Cunconation			FACIL	ITY INFO	RMATIC	ON	- 1		l	***		1	15	
Name of Facility Where RESIDENTIAL	Abatement is Taking	g Place (3)						Type of Fac	(K-12)		than K-12)\		19.5	14
Street Address 553 BELLEVUE A	VE.			ما المالية				Other etc.)	(i.e. pri	vate & c	commercia	al build	<u>.</u>		es,
City (5) HAMMONTON								Square Fee 3,292		# of F 2		8	ldg. A	ige	
County (6) ATLANTIC				ounty C	ode (7) SE ONLY)		_	Current Use RESIDE			demolish	ed)			
Name of Monitoring Fin		Owner (8)		ASCM	No.			of Abatemer JRED EN				RVI	CES	INC	
Street Address 904 KINGS ARMS								Address CLEMS RI	JN						
City, State, Zip Code DOWNINGTOWN					1		Concession of the Control of the Con	tate, Zip Coo LICA HILL		08062					
Project Manager for Mo	roject Manager for Monitoring Firm RICK PELLISSIER							one No. 304-4676		100	icense N 1145	0.			
Start Date (10)	rart Date (10) Schedule 03/25/2013 03/30/2													XIII I	
	03/30/2 occupancy Status During Abatement (Check Only Or					Stre									
								Address	DRTH						
☐ Facility Closed/Va	cated During Entire F med Outside of Norm	Period of Ab	ateme	ent			200 F	Address RT 130 NO tate, Zip Coo NAMINSO	le	08077	7				
Facility Closed/Va Abatement Perfor	cated During Entire F med Outside of Norm RESIDENTIAL	Period of Abnal Facility H	novation molitio	on on			200 F	AT 130 NO tate, Zip Coo NAMINSO Full Cont Mini-Enc Glovebag	ainmer	nt with N	7 legative F Non-Friab		cedur Abate	emen	ıt
Facility Closed/Va Abatement Perfor Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	cated During Entire F med Outside of Norm RESIDENTIAL All That Apply)	Period of Abnal Facility F	lours	on on		Dec	200 I	RT 130 NC tate, Zip Coc NAMINSO Full Cont Mini-Enc Glovebag Non-Exe	ainmer	nt with N	legative F		cedur Abate		ıt
Facility Closed/Va Abatement Perfon Other – Describe: Scope of Work (Check 3 sf or ≥3 lf	cated During Entire F med Outside of Norm RESIDENTIAL. All That Apply) on of g Material (ACM) BATED	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation ormally Solely tenano dial St. (12)	on on / / by ce/ taff?		tos Cont thermal surfac	200 I City, S CINN	RT 130 NC tate, Zip Coc NAMINSO Full Cont Mini-Enc Glovebag Non-Exe of faterial (ACM s insulation, T, or	ainmer losure g Proce	of with North American	legative F		cedur Abate	emen	Г
Facility Closed/Va Abatement Perfon Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatin Asbestos-Containin TO BE A In Fac (13	cated During Entire F med Outside of Norm RESIDENTIAL. All That Apply) on of g Material (ACM) BATED cility 8)	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation mally Solely tenano	on on / / by ce/ laff?	(i.e.	tos Cont thermal surfac	200 I City, S CINN scription aining M system cing, VA niscellar	RT 130 NC tate, Zip Coc NAMINSO Full Cont Mini-Enc Glovebay Non-Exe of faterial (ACM is insulation, it, or neous)	ainmer losure g Proce	Am (Sp SF c	Non-Friab	le Pro	cedur Abate Ty	emen /pe	Г
Facility Closed/Va Abatement Perfon Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatin Asbestos-Containin TO BE A In Fac	cated During Entire F med Outside of Norm RESIDENTIAL All That Apply) on of g Material (ACM) BATED cility))	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation ormally Solely tenano dial St. (12)	on on / / by ce/ taff?	(i.e.	tos Cont thermal surfac other n	200 I City, S CINN scription aining M systems cing, VA niscellar	RT 130 NC tate, Zip Coc NAMINSO Full Cont Mini-Enc Glovebay Non-Exe of faterial (ACM is insulation, it, or neous)	ainmer losure g Proce	Am (Sp SF c	legative F Non-Friab ount ecify or LF)	le Pro	cedur Abate Ty	emen /pe	Enclosure
Facility Closed/Va Abatement Perfor Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatic Asbestos-Containir TO BE A In Fac (13	cated During Entire F med Outside of Norm RESIDENTIAL All That Apply) on of g Material (ACM) BATED cility))	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation ormally Solely tenano dial St. (12)	on on / / by ce/ taff?	(i.e.	tos Cont thermal surfac other n	200 I City, S CINN scription aining M systems cing, VA niscellar	TION	ainmer losure g Proce	Am (Sp SF c	legative F Non-Friab ount ecify or LF)	Removal	cedur Abate Ty	emen /pe	Г
Facility Closed/Va Abatement Perfor Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatic Asbestos-Containir TO BE A In Fac (13	cated During Entire F med Outside of Norm RESIDENTIAL. All That Apply) on of g Material (ACM) BATED cility MENT MENT	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation ormally Solely tenancidial St. (12)	on on / / by ce/ taff?	(i.e.	tos Cont thermal surfac other n PIPE II OILER	City, S CINN Scription Laining M systems cing, VA niscellar NSULA INSULA Yards ste	RT 130 NO tate, Zip Coo NAMINSO Full Conf Mini-Enc Glovebag Non-Exe of fatenal (ACM s insulation, T, or neous) ATION NaTION NaTION	ainmer losure procempted	Am (Sp SF c	legative F Non-Friab ount ecify or LF)	Removal X	Cedur Abate Ty	rpe Encapsulate	Enclosure
Facility Closed/Va Abatement Perfor Other – Describe: Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Locatic Asbestos-Containin TO BE A In Fac (13 BASEM BASEM	cated During Entire F med Outside of Norm RESIDENTIAL. All That Apply) on of g Material (ACM) BATED cility MENT MENT	Period of Ab nal Facility F Rei Dei Is L No Used Main Custor	novation ocation ormally Solely tenancidial St. (12)	on on / by ce/ laff?	(i.e.	tos Cont thermal surfac other in PIPE II OILER Cubic of Was 2 Dispos	City, S CINN Scription Laining M systems cing, VA niscellar NSULA INSULA	TION ATION Nar AL City Itale, Zip Coc NAMINSOI Full Cont Mini-Enc Glovebag Non-Exe Of Material (ACM s insulation, T, or neous) Nar AL City	ainmer losure procempted in the of R	Am (Sp SF c	Non-Friab ount ecify or LF) D LF SF	Removal X	Cedur Abate Ty	rpe Encapsulate	Enclosure

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		Name of Building Owner/Operator (2) ICCI Concrete A 21 \ 96												
	ebruary 26, 20				Street A	ddress				cha	10	L /:	<u>{</u>	
Agencies Notified [X] EPA	[] Initia	l Notificat						sher Blvd.		15	13/		- 4	
[] DEP	Amer	ndment #_			City, St	ate, Zip Coo		River, NJ (08753			グン		7
[x]DOH		gency (indication)	cluding	-	Name o	f Contact			To	elephone Number	190		S. Page	
[] DCA	[] Canc	ellation		3		Ed Ara	ango						<u></u>	•
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Street Address					- 19					Subchapter 8 (oth				41000
	over Avenue								[x]	Other (i.e., privat homes, etc.)	-		iai buil	dings,
City		County	(6)			Code (7) USE ONL	٧)	Square feet 1200		# of Floors	Bldg	. Age	0	
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Name of Monitoring Firm	Hired by Building	Owner (8	3)		ASCM N	No.	Name of	Abatement C	Contractor	(9)	T			2 800 10
N/A Street Address	1						Street Ad		Guardia	in Contracting,	mc.	-		
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City, State, Zip Code	ty, State, Zip Code oject Manager for Monitoring Firm Telephone Nu								Toms R	liver, New Jerse		755-12	271	+
Project Manager for Moni	roject Manager for Monitoring Firm Telephone Nur Scheduled Con						Telephon 732-349	e Number 9-9932		License N 00624	umber			
Scheduled Start Date (10)						(11)	Name of	OSHA Moni		L. Analytical				
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[x] ≥16	0 sf or ≥260 lf	-	[x]	Demolit	ion		[X]	Non-Exc	empted () and Norri Hable 1			T.	
							D	6			Abat	ement	Type	
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Exterior-garage			X		Asbe	stos sidin	g			600 sf	·X			
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City, State Toms River,	New Jersey			Dispose 01/23/			City, Sta	ite xwn, Pen∕ns	sylvania					
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Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9)				
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1 Dest Kemoval IIIC				
Street Address Street Address				
450 S.River St				
City, State, Zip Code City, State, Zip Code				-
Hackensack, N.J. 07601				
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.				_
201-329-7444 00388				
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor				
3/15/13 3/16/13 Omega Environmental Inc			i.	
Occupancy Status During Abatement (Check only one) Street Address			-	
G. Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St				
D Abatement Performed Outside of Normal Facility Hours City, State, Zip Code				
South Hackensack, N.J. 07	606			
Scope of Work (Check all that apply)			-	
☐ Full Containment with Negative Pressure ☐ Full Containment with Negative Pressure ☐ Full Containment with Negative Pressure				
□ ≥ 160 sf or ≥ 260 lf □ Demolition □ Glovebag Procedure				
□ Non-Exempted (*) and Non-Friable Procedu	-	Aha	tem	
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Best Removal Inc 17109 Ze Minerva Enterpris	es			
City, State Disposal Date City, State				
Hackensack, N.J. 07601 3/16/13 Waynesburg, Oh				
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J. Maiorano Estimator / Maiorona	2/2	6	/13	λ

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Date of Notification (1) 02 /	26 / 13			-	000s 20	g Owner/C	perator (2	.,	MAR		/:		
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☑ DHSS	Amendment #			Monto	lair, NJ (7042			713 NAVO	40	/		×
DCA (NJAC 5:23-8)	Emergency (in justification)	cluding			of Contac				Telephone Numb	er			
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			-	FA	CILITY IN	FORMA	TION				33 10		
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Street Address									private and commerc	ial bu	ilding	s,	
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City (5)							100	Square Feet	# 01 F10015	BI	uy. A	ge	
Montclair, NJ 07042				_,									
County (6)				Coun	ty Code (7)	(STATE U	SE ONLY)	Current Use (Pr	rior if being demolis	ned)			
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Name of Monitoring Fir	m Hired by Building	Owner	(8)	ASCM	No.	Name o	f Abateme	ent Contractor (9)				11.11
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Street Address						Street A	ddress	4 1 4 5 5					
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City, State, Zip Code			1000				ate, Zip Co						
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Project Manager for Me	onitoring Firm		Tel	ephone	No	Telepho	The second second second second	0	License No.				
Project Manager for Mi	omtoring rain		1.0	opiione		1 35							
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Start Date (10)						Name C	I USHA IV	ionitor	31.				
03 /07				8 /				nsultants,Inc					
Occupancy Status Dur						Street A	ddress						İ
Facility Closed/Vac					3117440			Road, Bldg .#	34A				
Abatement Perform		il Facilit M/				City, Sta	ate, Zip Co	ode			100-100,000		
Time of Abatement		'IVII			AM	Fair La	wn, NJ 0	7410					
Scope of Work (Check	all that apply)	\$7 n				H	Clean up	and decontaming and tainment with Ne					
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City, State						Disposa	I Date	City, State			-		
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Wayne, NJ 07470 Completed By (Print or	Type) Tit	le .					natur	anytown, r	Da	te			-i
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DCA	☐ Cancellation				SEEGURGE	FR		-			
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Name of Facility Where	Abatement is Taking Pk	ce (3)				Type of Facility	y (4)				
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Street Address				*	:		8 (Other than K-12 rivate & commercia		ne.		
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City (5)						Square Feet	# of Floors	Bldg.			4
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County (6)	*		Cot	inty Code (7) (STATE USE		rior if being demoli	shed)			
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	m Hired by Building Own	er A	SCM No.		Name of Abates	ment Contractor ((9)				
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Street Address		0			Street Address						
ess wes	7 SHOWE TO	wie		•	450 S.	River St					
City, State, Zip Code			-		City, State, Zip		115.00				
SPARTA.	NJ. 0787	1			Hacken	sack, N.	J. 07601				
Project Manager for Mo			phone N	o. · ,	Telephone No.	17 - 11	License No.				_
Bill KERB	e e	197	3-72	95649	201-329-	-7444 -	00388				
Start Date (10)	Scheduled C	ompletio	n Date (1	1)	Name of OSHA						
3/11/13	3/1	S/	13		Omega En	nvironmen	ntal Inc	r			
Occupancy Status Duri	ng Abatement (Check on	y one)			Street Address					- 9.00	
☐ Facility Closed/Vacar	ted During Entire Period	of Abater	nent		280 Huy	ler St					
	d Outside of Normal Fac			9	City, State, Zip C		ck, N.J. (7606	5		0.55
Scope of Work (Check	all that apply)				1 Bouth 1	lackensac		,,,,,,			-
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Date of Notification (1)			UR WIL	PRED W	18GAND	Ern of	7000
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Name of Monitoring Flan Hired	by Building Owner	ASC	M No.	Rogt	Removal I	nc	
(8).				Street Address	3		
Street Address				450 S	River St		
City, State, Zip Code				City, State, Zig	Code	т. 07601	
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Start Date (10)	Scheduled Cott	26/	/3	Omega E	A Monitor Invironmen	ntal inc	
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D. Facility Closed/Vacated Du D. Abetement Performed Outs & Other - Describe: 7 A.M.	ide of Normal Facility	y Hours		City, State, Zi	Hackensa	ck, N.J.	07606
Al Other - Describe: 744	20374			1 South	Hackbur-	Name Proces	209
Scope of Work (Check all that	apply)		12/Renovati		ull Containment with	II MESSIAN COAST	
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City, State	ack, N.J.	0760	11	2/26/	13 Wayne	anare i	Date

		(P	ursuant	to NJAC 8:	60 and 12:1	400000	CHEC	nc.	1.10	210	\hat{O}						
Date of Notification (1) 2/24/13							Name of Building Owner/Operator (2) 2013 MAR Street Address										
Agencies Notified Type Notified	cation		Street Address 350 Engle Street														
	dment #	_	City, State, Zip Code Englewood, NJ 07631														
DOH justific				f Contact Id McFarl	ane		28 20	Tele	phone	Numb	er						
		1	FACI	LITY INFOR	RMATION												
Name of Facility Where Abatement is Room 1216	Taking Place (3)					of Facility (School (K-1										
Street Address 350 Engle Street				1/2	3,	Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)											
City (5) Englewood		10.			27		re Feet	# of	Floors		В	ldg. A	ge				
County (6) Bergen			Code (7) USE ONLY)		Curre	ent Use (Prid	or if bein	g demo	olishad	1)			60				
Name of Monitoring Firm Hired by Bui Hillmann Environmental Grou)	ASCN 6225			Name of Abatement Contractor (9) ABS Environmental Services, LLC												
Street Address 1600 Route 22 E							treet Address E Gate Drive, PO Box 483										
City, State, Zip Code Union NJ 07083	4				City, State, Zip Code Glenwood, NJ 07418												
Project Manager for Monitoring Firm Mike Nehlsen		Telepho 908-68	- C.	Telephone No. License No. 973-583-8500 703													
Start Date (10) 3/8/13	Schedul 4/30/1	Date (11)	Nam	Name of OSHA Monitor													
Occupancy Status During Abatement	(Check Only O	ne)			Stree	et Addre	SS		<u> </u>								
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:	ntire Period of f Normal Facility	Abaten y Hours	nent		City,	State, Z	ip Code	200									
Scope of Work (Check All That Apply)	-						-				- 200						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				Mir Glo	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure	-				e				
	(58)	Locati	27/617						V 100			Abatement Type					
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Norm Used So Mainter Custodia				s Containing termal system surfacing, V	escription of taining Material (ACM) I systems insulation, icing, VAT, or miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
Room 1216	Yes	No	N/A		pipe fitti	nge			20	,	_			1 -			
Room 1216			X		pipe insul			-) LF	,	-						
Room 1216	***		-		floor ti				0 SF	,							
K00III 1210		-	X		11001 (1	iG.		J41	0 01		•						
Name of Registered Waste Hauler Freehold Cartage		Н	JDEP W auler ID 5939	No.	Cubic Yards of Waste 10		Name of I	S N La		dfill							
City, State Freehold NJ			- Fr (a)		Disposal Dat TBD	e	City, State Morrisvi										
Completed by Andrew Scott Higgins	Title Presi	Title S President					nature Date 2/24/13										

NO 20423356556

Date of Notification (1) 2/22/13			Name of	of Building urphy	Owner/C	perator	(2) 6 3	- 17 / 17 / 17 / 17 / 17 / 17 / 17 / 17	ip./	€.				
Agencies Notified Type Notification	on		Street A	Address arch Av	enue		é	1/6	S 1/2	2.	`.o			
X DEP Amended X DOL Amended	ent #			ate, Zip C a, NJ 0			MS/No,							
DOH justification Cancellati			Name of	of Contact urphy	72			Те	lephone Nu	mhar				
Name of Facility Where Abatement is Ta	king Place (S	,	FAC	ILITY INF	ORMATI	ON	Town of Facility	/4)						
House	King Flace (S)					Type of Facility							
Street Address 241 Larch Avenue			17				Other (i.e.	r 8 (Otl	ner than K-12 & commerci		ldings	, hom	ies,	
City (5) Bogota				14.1			Square Feet N/A	# of Floors N/A		Bldg. Age N/A		Age		
County (6) Bergen	- [Code (7) USE ONLY	,		Current Use (Prior if being demolished) House								
Name of Monitoring Firm Hired by Buildin N/A						ne of Abatement Contractor (9)								
Street Address	-					et Address Rosengren Avenue								
City, State, Zip Code							tate, Zip Code wa, NJ 07512							
Project Manager for Monitoring Firm		Telepho	ne No.			one No. 345-8685		License N #00675	0.					
Start Date (10) 3/13/13	3/14/13		1917-01-10 100 124-01 110 - Sec. 1016 100 110 110 100 100 100 100 100 10				me of OSHA Monitor &S Abatement, Inc.							
Occupancy Status During Abatement (Ch	eck Only Or	ie)				Street	Address				-			
Facility Closed/Vacated During Entir	e Period of A	Abaten	nent				osengren Ave	nue						
Abatement Performed Outside of No Other – Describe: Occupied	ormal Facility	Hours	3		_		ate, Zip Code va, NJ 07512		40					
Scope of Work (Check All That Apply)	-					_	1							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Arriganing.	enova emolit				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure						
	T 1	1 6					Non-Exempte	u (*) ar	id Non-Friad	Abatement				
Location of	1	Locat Iormal	ly		Des	cription	of		7 4 5	Туре				
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena odial S (12)	nce/ Staff?		tos Conta thermal surfac	aining M	aterial (ACM) insulation, Γ, or	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A									Ф		
basement		X			duct	insulat	ion	100 SF		Х				
	A12 1 (I)	12							2 2 21					
				,110										
Name of Registered Waste Hauler D&S Abatement, Inc.		Н	JDEP W auler ID 20996		of Was	Yards Name of Registered Landfill te Waste Management of PA							ve s	
City, State Totowa, NJ		_1_		v. Car		al Date	City, Stat		Α				\$ P.	
Completed by Deanna Brkusanin	Title Proje						Date 2/22/13							

112		# 671	FICATION	OF ASDE	3708 ABATO 60 and 12:12	MERT (of gray			712	!		
Date of Notification (1)			Name of	Building Ö	wner/Operato	120)		V> -> . \					
					ing & Cons	Printing !	Seat - Property of the seat of						
Agencies Notified	uary 26, 2013 Type Nethication		Street Ac	dress	III G G DO IO	THE AM	2:00L-10	100	V		-		
Agencies Notified	Type Mothicagon		PO Box		1975	S/n=1.	- TART - TI	JUA	11		- 1		
Ø EPA	Initial			4 120 0, Zip Code	<u>. 4</u>	Live: 10 04	r. 15	1		7			
DEP	Amended Amendment #		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			CASINA	ROI FEB 2/6	/		1	1		
Σ υσι	Emergency (In	ciudina		NJ 0747	1		- F	(2013	-	ł —	\dashv		
DOH DOH	Justification)		Name of	Contact		1 1	A MANAGERIA	-		1			
DCA	Cancellation		Manage	<u>r</u>			,			_	+		
			FACI	LITY INFO	RMATION	TYPA OF FACILITY	MIVER APP	וחקי	/FT	7	+		
Name of Facility Where	Abatoment is Taking F	(1g çe (3)				1	1	NO	V LL				
Building						School (K-	12) r 8 (Other than K-12	4					
Street Address						Other (I o	private & commercia	al bulld	ings,	home	9		
750 Water street						etc.)					2		
City (5)						Square Faul	# of Floors	81	ldg A	ge			
					**								
Gloucester City, NJ County (6)			County	ode (7)		Current Use (Pr	or if being demotish	ica)					
Line Recognition 11			(STATE L	ist (CNLY)		1 to 1	Building						
Gloucester	an allega has banding A	/man/6\	ASCN	No	- Nam	o of Abatement Co			-				
Name of Monitoring Fi	um Hilled by Ranging Or	Attac (o)	. Petago ayaga	1 H V-									
AET, inc.			0021			The MACK Group, LLC Street Address							
Stroot Address					1000								
907 Doolittle Drive					1500	500 Kings HWY N STE 209							
City State Zip Code		985-000 L	10-1007-1-0			City, State. Zip Code							
Budgewater, NJ 08	807					ry Hill, NJ 0803			,				
Project Monager for M	enitoring Firm		Telepho	ne No	Tole	phone No.	Lioenso N	0					
Eric Houseknecht	7.1.		(908) 21	8011-61		(973) 759 - 5000 00/81							
Start Date (10)		Scheduled C			Nam	e of OSHA Monito	r —						
			3/31/13		The	MACK Group, I	_LC						
2/27/	Ing Abstornagt (Chark	Only One)				t Address			-				
				100	1500	Kings HWY N	STE 209						
Tacility ClosedN	acated During Entire Pe	nod of Abai	ement		CIN	State, Zip Code							
Other Describe	med Outside in Norma	- Ability 110	41.5			TY HIII, NJ 080	34						
						19 1111, 140 000				_			
Scope of Work (Check	All That Apply)					—	. 10	D 0 DVI					
			ovation			Full Contains	ment with Nogative I	+LG38m	G.				
≥160 af or ≥260 lf		⊠ D9W	oliton			Claveban Pr	noedilfe						
					- A	X Non-Exemple	o (") and Non-Frieble						
		1								em en	t		
			pation mally	İ	Descripti	nt	1		17	/P0	. —		
Local	ion of		olely by	Achast	Descopu os Castálnino	Material (ACM)	Amount			m	1_		
Aspestos Containi			nance/	(Lo	thermal system	ma insulation.	(Specify	Re	Z	Encapsulate	E COSCIE		
			al Staff?	1,000	surfacing.	AT or	SF or LF)	Remova	Repair	PE	1 2		
	3)		[2]		other miscel	(encous)		100	1	1	1 6		
			- NIVA						1	1,0	i		
		Yes N	lo N/A	+ -		1	1/100 s/f	Δ			T		
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	2	42 17 5 7			-		 		1		T		
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Part Service Property	4.00	and a day				1	14		<u> </u>			
Name of Registered V	Vaste Hauler		NA DEP /	Waste	Cubic Yards	Name	of Registered Lands	4					
			Hauleric		of Waste	0	erland Co / BFI /	GPA	N/Q	TR	RF		
Freehold / Newark	Carting / Rovic		45	09	14		stand CO / DP1/	ONO	110	111	1.71		
City State					Disposal De	*			مالله	134			
Freehold / Newark	/ Riverdale, NJ	4			3/31/		rg / Imperial / M		me,	M			
Completed by	1.21.1	Thie			Bland	169/11 2	10)atc					



Date of Notification (1)			Na	me of Build	ling Owner/Operator	(2)	2012		/ /	17. 1	-		
	13			Cearny Al		(2)	2013 MAR _	,	4				
Agencies Notified Type Notifi	ication	3	Str	eet Addres	S		- ()	1 /	The .	7			
□ EPA □ Initial	OT MENT				III Street		£77,55		. <	· Q	9		
☐ DOLWD ☐ Amenda	ed ment # 2		City	, State, Zip	Code		- 1/05/	1571	VII.	0			
□ DCA □ Emerge		dina	K	earny, N	J 07032			9/4	G"	$U_{i_{-}}$			
(NJAC 5:23-8) justifica	tion)	9	Nar	ne of Cont	act .		Telephone Nun	nber					
☐ Cancell	ation		· R	obert Ba	nkston	E_ 2		4					
	1		F	ACILITY	INFORMATION		A 301 720			1			
Name of Facility Where Abatement is	Taking Pla	ace (3))			Type of Facility	The state of the s		-				
Former American Extrusion						School (K-1)							
Street Address 40 Marshall Street					Action of the sci	Other (i.e., p	8 (Other than K-12 private and comme	2) ercial	buildi	nas			
City (5)	_			0		homes, etc.)			90,			
Kearney						Square Feet	# of Floors		3ldg.	Age			
County (6)			-		. W	72,000	1		80				
Hudson		4.4	Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr Extrusion	ior if being demoli	shed)					
Name of Monitoring Firm Hired by Buil	lding Owne	er (8)	ASC	Л No.	Name of Abatem	ent Contractor (9)		-			_		
DVD Environmental			28	585	Classic Envi	ronmental Inc.							
Street Address		11.5	1.4.	11.1	Street Address								
PO Box 2152					112 Wade Ro								
City, State, Zip Code					City, State, Zip Code								
Cliffside Park, NJ 07010		92			Latham, NY 12110								
Project Manager for Monitoring Firm			elephone		Telephone No.		License No.						
Tim Donohoe		100		0-9818	518-591-0234								
Start Date (10) 5 02 / 04 / 13	Scheduled 09		letion D 01 /		Name of OSHA M	Ionitor	* * *		10				
Occupancy Status During Abatement (Check only	one)			Street Address								
☐ Facility Closed/Vacated During Entire	re Period o	f Abat	ement										
Abatement Performed Outside of No Time of Abatement:AM	ormal Faci	ity Ho	urs - De //-	scribe _AM	City, State, Zip Co	ode	*						
Scope of Work (Check all that apply)													
≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		enova emolit			☐ Mini-Encl	Procedure	ative Pressure n-Friable Procedur	e					
		s Loca						Ab	atem	ent T	vpe		
Location of Asbestos-Containing Material (ACM)	Us	Norma ed So	ally lely by	Ash	Description of			-	T-		_		
TO BE ABATED	M	ainten	ance/		stos Containing Mat		Amount (Specify	Removal	Repair	Encapsulate	Enclosure		
IN Facility (13)	Cu	stodiai (12)	Staff?		surfacing, VAT,	or	SF or LF)	<u>×a</u>	=	lusd	Sur		
	Yes		1		other miscellaneo	us)				ate	- 0		
oof				Built Up	Roofing		70,000 SF		П	П			
actory Offices					oor Tile		2,400 SF			П			
urniture Building				Vinyl FI	oor Tile		800 SF	×					
indows		×	П	Window	/ Caulk/Glazing			-					
ame of Registered Waste Hauler	17		JDEP V		Cubic Yards of Name of Registered Landfill								
Classic Environmental Inc.		40 30	lauler IE	No.	Waste	Hakes C&D							
ity, State			11467		Disposal Date	City, State							
Latham, NY					3/1/13	Painted Pos	t. NY				d.		
ompleted By (Print or Type)	Title .	ξ.	er. 1		Signature				-				
Gregory Streeter	Directo	ector of Operations											