CK # 25091

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

Date of Notification (1)	/4/13			Name	of Buildin	g Owner/Operator	Peter Eovi	no 20/3 MA	P.			
Agencies Notified	Type Notific	ation		Stree	t Address		70 Broad Str	ant JASA	- 	Â,	12.	== : 20
EPA DEP DOL	Initial ☐ Amender ☐ Amendm ☐ Emerger	ent #	_	City, S	State, Zip C		atawan, NJ	07747	EMS	UN	TRU	<u>-:-8</u> 77
DOH DCA	justificat Cancella	tion)	9	Name	of Contac			Telephone Num		(_
	-			FA	CILITY INF	ORMATION						
Name of Facility Where Street Address		Taking Place Residenc					Type of Facility School (K-1	AMPEGEZ 115	2)	1		
Officet Address	70	Broad S	treet				Other (i.e., p	orivate & commerc	ial buil	dings	1	
City (5)	88.000 P	wan, NJ	244	17			Square Feet 1800	# of Floors	В	ldg. A	ige	
County (6)	onmouth	wan, 13	077-	Cou	nty Code (7) (STATE		rior if being demoli Residence			0	_
Name of Monitoring Firm		ding Owner		ASCM	No.	Name of Abaten	nent Contractor (9					_
	MECS	ang Owner		, 100m	110.			mental Servic	es, Iı	1C.		
Street Address		- 6				Street Address						=
	PO Box	341		72		-		Box 322				_
City, State, Zip Code		NII 0051				City, State, Zip C		n, NJ 08501				
	rosswicks,	NJ 0851			Ma	Talanhana Na	Allellow		10			=
Project Manager for Mo William W		r	1 37	phone	8-4070	Telephone No.	59-9688	License No.	0049	3	ē	
Start Date (10)		Scheduled (_			Name of OSHA			70 17.		_	_
3/18/13	1		3/21/				· M	IECS	a	÷		
Occupancy Status Durin	ng Abatement	(Check only	one)			Street Address			7.		-	
☐ Facility Closed/Vacat						N		30x 341				
Abatement Performe Other - Describe:			ty Hou	rs		City, State, Zip C		ks, NJ 08515				
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		enovat			Mini-En	ag Procedure	gative Pressure	re			
		N	Location or ally	1		150			F	Abate Typ	ment be	
Location Asbestos-Containing I TO BE ABA IN Facility (13)	Material (ACM) TED	Mai C	d Solel ntenar ustodia Staff? (12)	ice/		Description of tos Containing Mar thermal systems is surfacing, VAT other miscellaneous	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
48		Yes	No	N/A	25						ate	
Baseme	ent .			×	The	ermal Pipe In	sulation	340 lf	×			1.5
		_										
Name of Registered Wa	ste Hauler			JDEP \	Vaste I	Cubic Yards	Name of Regi	stered Landfill .				
Stevens Environ		vices Inc	1 4	lauler ID		of Waste 5 CU		T.R.R.F., I	nc.		1.	24) - 84
City, State	Allentow		-1-	102	1130	Disposal Date 3/21/13, 2	City, State	Tullytown,				4
Completed By	7 IIICIIIO W	Title				Signature	7 //	Date	111			=
Mahlon E. Ste	evens	P1	rojec	t Man	ager	1/1/			3/4	/13		

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

				N OF ASE t to NJAC					Rep	Pro J	11.		
Date of Notification (1) 03/5/2013				of Building Heller	Owner/C	Operator	(2)	2013	MAR .			Ŷ?	-
Agencies Notified Type Notificatio	n		215 N	Address Iill Road				\$ 333	MAR -6	AH	2:	ଚ୍ଚ	
DEP Amended Amendmen Emergency				ate, Zip Con, NJ, 0				- &	LICEN	CON Star	TRO)L	
DOH justification Cancellation	1)	,		of Contact teven Po				L	SILLIUM NO		3		
			FAC	ILITY INF	ORMATI	ION							
Name of Facility Where Abatement is Tak Heller Construction Company	ing Place ((3)					Type of Facility School (K						
Street Address 205 Mill Road						7			er than K-1 & commerc		ldings	, hom	es,
City (5) Edison,NJ, 08837		1		X			Square Feet 15,000	# o	f Floors		3ldg. 25 yr		
County (6) Middlesex				Code (7) USE ONLY	,		Current Use (F Offices	Prior if be	ng demolis	hed)	V		
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.	N.	\$600 PM \$1000 PM	of Abatement C ervices, LLC		(9)		WV		
Street Address				1000			Address V Lincoln Hiç	ghway		7.32			
City, State, Zip Code							ate, Zip Code , PA 19341		-				2
Project Manager for Monitoring Firm	×		Telepho	ne No.	4.7		one No. 72-8884		License N 01161	No.	3		9.41
Start Date (10) 3/18/2013	Schedu 3/20/2		npletion	Date (11)		Name of EMSL	of OSHA Monito	or			<u> </u>		
Occupancy Status During Abatement (Che	ck Only O	ne)				Street A	Address				-		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:						City, St	Route 130 N ate, Zip Code		197				
The same of the sa						Cinna	aminson, NJ	08077	5 1				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	Renova Demolit		S A		×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				e	26
Location of		Locati								9		ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintena todial S (12)	nce/		tos Conta thermal surfac		aterial (ACM) insulation, , or	(5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
Roof	Yes	No X	N/A		Roof	f Flashi	na	50	00 LF	x	-	0	
						T labrii		00	,	1			
	3 .												
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Name of Registered Waste Hauler ecoservices, LLC		Н	JDEP W auler ID JE-13-		Cubic of Was		1.0000000000000000000000000000000000000	f Registe /a Land	red Landfill				ŧ
City, State Exton, PA 19341			. V	li i	Dispos	al Date	City, Sta Wayne		Ohio, 44	688	N.		
Completed by Linda DeNenno	Title Mana	ager		3.0	Si	grature LUL	hach	(4)	Da	3/	5/	12	3

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

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Marine ,		NO.	MFICA	MORE	OF ASBE	v Jersey ESTOS ABATEM 3:60 and 12:120	HENT'	ر ان ان	2013	MAR	'ه`	dis.
ite of Notification (1)	2-28-13	LATERATOR PR				THE PARTY OF THE P	COMMENSATION CONTRACTOR CONTRACTO	All Schou	10	00) Ojoj	7 e.
gencies Notified FPA DEP DOL DOH DCA	Type Notification Initial Amended Amendment # Emergency (inc justification) Cancellation	luding	-	Street 34 City, St B Name	Address L C ate, Zip C ALLC of Contac Cub	Hambers	BRING	RA Telephone Numbe	Estate of the Control	Va dana sa kata dana dana dana dana dana dana dana d	=	201
reet Address 346 CHAW	iship lil	117	ንረ	hov	LANGUAGE CONTRACTOR	ORMATION	Other (i.e., homes, etc Square Feet	2) r 8 (Other than K-12) private & commercial	Bldg	igs,		
SRIGK SRIGK County (6) DCBAN		e speciel deposits		USE	ÓNLY)	7) (STATE	(Prior if being demolish		2		
Name of Monitoring Fim 8) Street Address	n Hired by Building O	wner		ASCM	Vo.	Ack Street Address	ment Contractor	Tion Cu	E	<u> </u>		
Sity, State, Zip Code				h e ca sa fa ha ca e ca ca gara pica da mara aya pad gara asaginan h pada da ca		COLTS	NTROVE Code NECL N	I License No.			and the second	enganifer enganifer
Project Manager for Mo Start Date (10) 3 - 1 - 1 3 Decupancy Status Duri 1 Facility Closed/Vaca 1 Abatement Performe 1 Other - Describe:	Sched 3 ng Abatement (Chected During Entire Per	- 2 k only iod of Facilit	omple - / one) Abater y Hour	3 ment	te (11)	Street Address	Monitor ENSULATION ONTRONE Corde	Oco In				Appendix
Scope of Work (Check	all that apply)		, movati molitio			Mini-E	nclosure	Negative Pressure	re T	balet	ment	
Location Asbestos-Containing TO BE AB/ IN Facili (13)	Material (ACM) TED	Used Mair Cr	ocationally Solet ntenan ustodia Staff?	y by ce/	Asbe (i.e	Description stos Containing M , thermal system surfacing, VA other miscellar	taterial (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Typ		Enclosure
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Name of Registered W	aste Hauler	v.tn	1000	UDEP tauler II		Cubic Yards of Waste Disposal Date	IC	egistered Landfill	^		o managina managina Managina managina ma	
COLTS NO	CIL N'S	0	ツ リ	28/m	· · · · · · · · · · · · · · · · · · ·	1 Signature	1 KEI	Hem E'	1	81	3	

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

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Date of Notification (1)		N:	lo ema	MIN THE C	/)	-NACTING	`6		1
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Amendment #_	ludio		7.32	1.20 COOP LNCENI-15	LD, N, J.	08230	1/10	10	<u>_</u>
OOH justification)		N	ame of	confact	2.	Telephone Number			
Cancellation	d ^{ia} sa	_		WE BREUM	16		OF THE SAME		_
			FACIL	THE ORMATION	Type of Facility	(4)			_
iame of Facility Where Abatement is Taking	Place (3)				C SCHOOL K-12	1			
RESIDENCE					Other (I.e., P	(Other than K-12)	ulangs		
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O CEAN CITY		1,44			10.00	1-2	_40		=
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County (6) CAS MAY		. 1	USE ON		meni Convegor (9			_	
came of Monitoring Firm Hired by Building O	h-ner	AS	CM No	Name of Addition	100 IN	ici			==
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Street Aggress									
State Zip Code			1,0,00	Ciry. State, Zip	PLZ SHA	DE "NJ.00	805		=
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Project Manager for Monitoring Firm	1.	_		836-7	79-047	2 _00 1			_
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Other - Describe.		_				THE CASE OF THE PARTY OF THE PA			
Scope of Work (Check all that apply)				C Mini	Containment with h	le danne biezzoie			
	Ren NA Den	ovation notition	xn -			Non-Friable Procedu	re		
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	No	maly		Description	n of	Incoma			7
Location of	Used	COLON	ce/	Asbesios Containing	Malena (ACM)	(Specify SF & LF)	Hen	Rapus	
Aspesios - Containing Material (ACM) TO BE ABATED		siodia ian?	1	sudaang. V	A1. 01	37 4 5.7	Hemoval	É	
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:(13)	-	но	X	Waste Cubic Yard	<u>C,</u>	Registered Landfill M, C, M, C			+++-=
Name of Registered Waste Hauler Kiemco Inc.	Yes	No	NOEP Hauter I	Wase Cubic Yard O'No. of Waste O'Y Osposal O	ate City. Star	Registered Landfill M, C, M, C e a D B / NE,	とご	, , , ,	+++ = = :
SIDING SIDING Name of Registered Waste Hauler KEEMCO INC. CIT State MAPLE SHADE, N	7 m	No.	NUCEP Hauter 1 179	Wase Cubic Yard	ale City. Star	Registered Landfill M, C, M, C e a D B / NE,		1	3
Name of Registered Waste Hauler KEEMCO INC. Cin State MAPLE SHADE, N Competed By	Tes Tes	80 NN	NUCEP Hauter 1 (79)	Wase Cubic Yard O'No. of Waste O'Y Osposal O	ale City. Star	Registered Landfill M, C, M, C e D B / NE, Date Z	とご	1	3

State of New Jersey - NOTE-CATION OF ASPESTOS ADATEMENT (Pursuant to PEAC 8:60 and 12:120)

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Agencies Notified Agencies Notified Application Amended Amendment # Lineagency (in justification) DON Cancellation		Street Address Street Address Street Address Street Address Street Address Mills Mil	TAYlor Opcode ANASQUA Maci	AUS	08736			L
Name of Lacility Where Abatament is Takin 3ACUBS NGMOLITIE Street Address 3210 RTE 35 City (5) OCSAN BOACH I	g Place (3)		INFORMATION	Type of Facilit	12) r 8 (Other than K-12 private & commerci	ы (жиен	196. 11. Ago 7.5	
County (6) OCGAN		and the second second second second	and the second second second second	Current Use (Prior if being demoli SUS & 9)	shèd)		
Name of Monitoring Firm Hired by Duilding ((8) Street Address	Owner	an an ar awar	Ac &	INSULA	Tran Co	In	ra	
City, State, Zip Code	And the second s	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Cily, State, Zip	Code Nack M	S ONLL			
Project Manager for Monitoring Pirm Start Date (10) Sche 3-12-13 2- Scuppincy Status During Abelement (Che	dated Complete 19 - 1	ion Date (11)	Name of OSHA ALL Street Address	Monitor M.Swile The	License No. (I) CO A			, in
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other - Describe: 74m -	siod of Abater I Facility Hour		City, State, Zip 9	NTRUSE A Sodo KVISCA		12:22		
Scope of Work (Check all that apply) 	Renovalid		[] Mini-Er	iclosure aa Procedure	egalive Pressure Ion-Friable Procedu	ro r		
The second of th	ts tocatio Florially		25				alcinei Type	ni T
Location of Asbestos-Containing Material (ACM) TO BE ADATED IN Facility (13)	Used Solely Maintenand Custodial Staff? (12)	ce/ Asi	Description of bestos Containing Ma i.e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	30 80 00 80	Repair Repair	Enclosure
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Name of Registered Waste Hauter ACG INSULATION City, State		IDI3 Waste rater IDAI 208 (c	Cubic Yards of Waste Disposal Date	Name of Reg	istered Landfill		AN -	
COLTS NEUK NJ Completed by SACK STALL 100 100 100 100 100 100 100 100 100 1	oda bes n	27- a 6/0	3-19-13 Signing Yank	1. Tul	1371,	/13	/ 1 1	

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State of Now Jersey NOTE-CATION OF ASSESTEDS ASSESTED (Pursuant to MAC 8:60 and 12:120)

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Agencies Notified Type Notification TPA I Initial Amended Amendaged Amendaged: Limergency (justification) Licencellation	ncluding -	~~		AVE	- First	3	3	, γ
JEAN TELEVISION			FORMATION	en e	A COLUMN TO THE PARTY OF THE PA			
announce of the state of the control of the state of the	na Dhaca (N	CACHILLAN	R Olding City	Type of Facility (4)			
Name of Facility Where Abatement is Tald SACUBS DEMOLIT! Street Address 3651 WEST CONTR	· · ·	6		Other (i.e., pri) (Other than K-12 ivate & commercia [# of Floors	H DHREE	ngs, g. Ag	3
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The state of the s	10M)	County Code	77 76 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Current Use (Pri	or if being demolis	hed)	-9.3114-1	
County (6)		USE ONLY)	(i) lamii.	Hol				
OCGAN TENDER	Owner T A	SCM No.	Name of Abaten	nent Contractor (9)	Consider Contract			
slame of Monitoring Firm Flired by Duilding 8)	Owner	CAN ING	Ace	INSULAT	jord Co	122	Vil	
Street Address	A CAMP OF THE PROPERTY OF THE PARTY OF THE P	F. Ar Marine Marine Service .	Street Address	025		-,		
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City, State, Zip Code	en e	encomment of the second of the	The second second and second s	A STATE OF THE PARTY OF THE PAR	omer	and an execution	8 - July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Project Manager for Monitoring Pirm	Telepi	ione No.	Telephone No.	11757	License No.			
S 1 (8)	eduled Completic	on Date (11)	I Mamo of OSHA	Monitor				
Start Date (10) Sch 2 - 141 - 13	3-23-	13	ACE I	NEWLATION	CO JANK	<u> </u>		
Decupancy Status During Abatement (Ch		A Comment of the Comment	Street Address					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nom	Period of Abatem	ent	City, State, Zip (NTROSE R				*** 1.14
Volher - Describe: 1.Mh = 1		- 24	CAVITS	wede r	V3 077	122	ا۔ انداز	, any
Scope of Work (Check all that apply) >2'st or ≥3 If 160 sf or ≥260 II		N	[] Full Co	ontainment with Neg nelosure		iro		a a a
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Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Normally Used Solely Maintenance Custodial Staff? (12)	e/ Asbo	Description of estos Containing Mec., thermal systems surfacing, VA7 other miscellane	iterial (ACM) insulation,	Amount (Specify SF or LF)	Remove	Recent	ETCBC&Lists
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As the second of			and the second of the second o		stered Landfill	J l	1	!
Name of Registered Waste Hauler		DEP Waste	Cubic Yards of Waste			4		
ACE INSULATION		ular 10 No. 208 (c	1 2	GRO	W »	/ ////		
City, State	a company and L. J. S. S.	inganika dipadak Pi	Disposal Date	City, State	1	P	A	
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State of New Jersey NOTE/CATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

ate of Notification (1)	2-21-1	3	Name of	of Building S∆£R, Address	AL BUS	SINESS	CENTERS	10 VO	
gencies Notified	Type Notification		3	60 1	PARITAN	, PARK	way Es	and 47	
1959 1991.	Amended Amendment #	en armoni de l'illiani de Mal	City, S	Inte, Zip Co	W NI	5,088	31		~~
	[_] Emergency (i justification)	nchiding	Alama	of Contact	en ekan kirakenan untuk erina era kantan pener akan ak-al-an banar. Banaran era eraken erakenan erakenan eraken erak	NOVE CONTRACTOR OF PROPERTY AND EXPLORATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION ADMINISTRATION AND ADMINISTRATION ADMINISTRATION AND ADMINISTRATION A	Telephone Numbe	YOU	
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lame of Facility When	re Abatement is Takir	ng Place (3)			and accompanies and any state of the street	Type of Facility			
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roject Manager for N	Annitoring Pirm	Te	lephone:	190.	731 794	11757	License No. OOOAC	<u> </u>	
log Data (40)	Seh	eduled Comp	letion Da	de (11)	Name of OSHA	Monitor		4	
tart Date (10) 3 - 13 - 1		~ 7 2 ~			ALC T	NIVLATION	J Co In	markanian - 1850 - 1950	
	iring Abatement (Che	With the Real Property of the Party of	and property and the same of	out the transfer of the contract of the contra	Street Address				
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Facility Closed/Vac	calculation of the control of			1			Contract to the second	Charles of the contract of the	
1 Abatement Perford	ned Outside of Norm	al Facility Ho	uis		Charles Vin (Soria		17:7.	
Abatement Perford Other - Describe:	ned Outside of Norm 7 Am -	al Facility Ho	AHS		Charles Vin (Soria	VS 227	17:7	
Abatement Perform Other - Describe: cope of Work (Check)	ned Outside of Norm 7 Am -	al Facility Ho	ation	eneggi anni einas d'arina de	City, State, Zip (Code NCCL Intainment with Ne closure	$\frac{\sqrt{S}}{\rho}$ 2.7		er en general
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Abatement Perform Other - Describe: cope of Work (Check)	ned Outside of Norm 7 Am -	al Facility Ho	ation tion		City, State, Zip (C'o U 7) [Full Co [Ministen] Gloveb [Non-E)	Nationment with Ne closure ag Procedure rempted (*) and No	$\frac{\sqrt{S}}{\rho}$ 2.7	e Abate	emont po
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 1, 2013		=		Name of Building		erator (2) m Creations	E GLES		BE	m	
[] DEP [] Amen [x] DOL Amen	notifica ded Notided Motided Motified M	fiçation		Street Address City, State, Zip Co	de	Bay Avenue River, NJ 08753	MAR 6	201	3		
I X I DOD	cation) Ilation			Name of Contact Joe Si	lvey	Te	ABBESTORE	TINC	OI &		
	F1 0	I	FACI	LITY INFORM	ATION	Carlo C		6.1	1.00	100	
Name of Facility Where Abatement is Taking Residence	Place (3			(+ 182 + 193) (5)		Type of Facility (4)	School (k-12) Subchapter 8 (oth	ner than	n k12)	50	200
Street Address 12 Surf Road	(85	4	1			[x]	Other (i.e., privat homes, etc.)	e & co	mmerc	ial buil	dings,
City	County	(6)		County Code (7) STATE USE ONL	Y)	Square feet 1200 sf	# of Floors 1	Ģ.	. Age 6	0	U 00 31
Ortley	Ocean	1 -		- VII	95 B. Ser	Current Use (Prior if Residen					
Name of Monitoring Firm Hired by Building N/A	Owner (8	3)	1	ASCM No.	Name of	Abatement Contractor		Inc.	6		
Street Address		VII 2		1	Street A	ddress	oute 9, Unit 61	ller er			
City, State, Zip Code					City, Sta	te, Zip Code	iver, New Jerse		755-12	271	
Project Manager for Monitoring Firm		Telephone Nun	nber		CV11/1-0-0-03/2 Ex	ne Number 9-9932	License N 00624		16.78	- 44	# 1
Scheduled Start Date (10) 3/2/13		Scheduled Con 3/04/13	pletio	n Date (11)		OSHA Monitor	. Analytical				*
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated	During	Entire Period o		The state of the s	Street A	1056 Sto	elton Road	y 088	54		
Scope of Work (Check all that apply) $[] >3 \text{ sf or } \ge 3 \text{ lf}$ $[x] \ge 160 \text{ sf or } \ge 260 \text{ lf}$			novati moliti		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu	with Negative Pre	ssure	= 102 W	4	
Algeria de la companya della companya della companya de la companya de la companya della company	arjus s			and the second				Abate	ement '	Гуре	+3
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	No	Is Location formally used Solely by enance/Custon Staff (12)	dial /A	Ash N (i.e. inst	Description Descri	ntaining ACM) systems rfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Exterior	La Javas	X		Asbestos sidin	g	Tard No. Carallegy (C.)	1200 sf	X			
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							# # # N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
and statings after the same			1.0		1,13	g de la collection de la			. =	*	
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJ	IDEP Waste Ha	3	3	rds of Was	T.R.R.F.	ed Landfill	2			1.5
City, State Toms River, New Jersey			isposa /5/13	I Date	City, St	ate own Pennsylvania,	/				
Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manager		Signature	hot	tel		Date 3/1/2	2013		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 1, 2013	3			Name of	Building Ov	vner/Oper Chap C		ction	E G E L	20	强4		
[] DEP [] Ame Ame [x] Eme	ation al Notificanded Note and Modern the second se	ification (Street Ad City, Sta	ite, Zip Code			ew Jersey (į.	2013	å		•
I I X I DON	cellation			. 1	Chap Co		ion		LIGHT		_		
			FAC	LITY	NFORMA	TION							
Name of Facility Where Abatement is Takir Residence	ig Place (3)			4-1-1-1		Type of	f Facility (4)	School (k-12) Subchapter 8 (ot	her tha	n k12)		3
Street Address 103 Bryn Maur A	venue	6 3	tav si		x = x		8	[x]	Other (i.e., priva homes, etc.)			ial buil	dings,
City	Count	y (6)		County C	ode (7) USE ONLY)	1	Square	feet 200 sf	# of Floors	Bldg	g. Age	0	
Lavallette	Ocea	n		(SIAIE)	USE ONL I)	4.74			I being denolished ce)	6	U	
Name of Monitoring Firm Hired by Building	g Owner ((8)		ASCM N	0.	Name of	Abateme	nt Contractor	(9)				
N/A	- 1				1		•	Guardia	n Contracting,	Inc.		9.00	
Street Address						Street Ad	dress	1889 Ro	ute 9, Unit 61				
City, State, Zip Code	10.00	n e	115			City, State	e, Zip Co	ode	ver, New Jers		755-12	271	
Project Manager for Monitoring Firm		Telephone 1				Telephone 732-349	9-9932		License N 00624	lumber			
Scheduled Start Date (10)		Scheduled (· II	Name of (OSHA M		Analytical				
3/2/13 Occupancy Status During Abatement (Check	conly on	3/101/1	3 31	04/13		Street Ad	dress	E.M.S.L	. Analytical				
[x] Facility Closed/Vacat			od of Aba	itement				1056 Ste	lton Road				
Abatement Performed					-	City, State	e Zin Co	nde.			-		
Other – Describe						Oity, out	o, 251p oc		ay, New Jerse	y 088	54		
				77		r 1	T II			28		-	
Scope of Work (Check all that apply)						L J		Containment v i-Enclosure	with Negative Pre	ssure		5	
[] >3 sf or ≥3 lf		r 1	Renovat	ion		i i		ebag Procedu	re				
[x] ≥160 sf or ≥260 lf		[x]	Demolit	. 00 4%		[x]		_	and Non-Friable	Procedi	ıre		
	r			T						Ι.,			
		2 2 2		ter et ki				* 2 5		Abat	ement	Type	
Location of		Is Location formally us		100		escription stos-Cont			Amount	R	R	E	E
Asbestos-Containing Material (ACM)	l N	Solely by				terial (A		- 1255	(Specify SF	E	E P	N C	N C
TO BE ABATED	Maint	tenance/Cu				hermal s		1 200	or LF)	M	A	A	L
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(13)		(12)				VAT, or miscella				A	R	S U	S
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										Ten a			
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Wast	e Hauler 0223	ID No.	Cubic Yard	s of Waste		ne of Register Γ.R.R.F.	ed Landfill	Æ,			
City, State			Dispos	al Date		City, Sta	te 1	Vacci		7.00.73			
Toms River, New Jersey	I mi i		3/5/13			Tullyto	wn, Pe	nnsylvania	1000	I D			
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage	er	Signatu		hit	+	.1		3/1/	2013		
				for asbe	stos licensu	ire exemp	oted acti	ivities.					

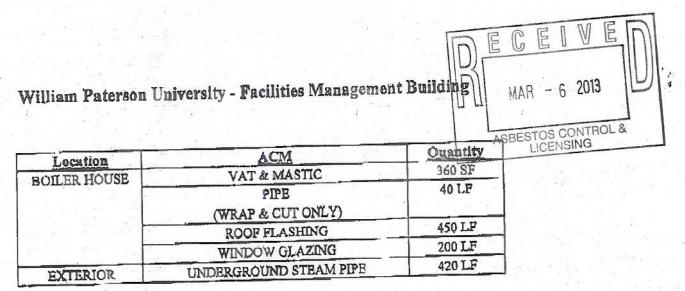
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

D . CM .:C .: (1)					Lar	CD TI	0 10	-1- (2)					
Date of Notification (1)	3/1/2013				Name o	or Building	Owner/Ope JAS Ju	inior, LLC	EQE	W/R	多個	STA	1
Agencies Notified [x] EPA [] DEP [x] DOL	[] Ame	al Notific nded No ndment	tification (Address ate, Zip Co		ox 50	MAR: 6	201	3		
[x] DOH [] DCA	justii	fication) cellation	nerdung		Name o	of Contact Joe		T	ASBES NOSHO	ONTR	OL &		
				FAC	ILITY	INFORM	IATION		3 12				
Name of Facility Where	Abatement is Takin esidence	g Place ((3)					Type of Facility (4)	School (k-12) Subchapter 8 (of	her tha	n k12)		
Street Address	22 Brielle Road				6		ř	[x]	Other (i.e., priva homes, etc.)			cial bui	ldings,
City		Count	ty (6)		County (Code (7) USE ONL	V)	Square feet	# of Floors	Bldg	g. Age		
Manasquan	ı	Mon	mouth		(atvir	OSE ONL	-	2000 sf Current Use (Prior if Resider)	(50	
Name of Monitoring Firm		g Owner	(8)	7 7 1	ASCM N	No.	Name of	Abatement Contractor	(9)	T	- 4		
Street Address	A	77 74.					Street Ac	ldress	oute 9, Unit 61				
City, State, Zip Code	5 00	***************************************					City, Sta	te, Zip Code					
Project Manager for Mor	nitoring Firm		Telephone	Number	- 100 mm	2.1 ×	Telephor	ne Number	Liver, New Jers License N 00624			271	E I
Scheduled Start Date (10 3/2/13			Scheduled 0		ion Date ((11)	Name of	OSHA Monitor E.M.S.I	. Analytical				
[] Ab	g Abatement (Check cility Closed/Vacate patement Performed ther – Describe	ed Durin	g Entire Peri				Street Ac	1056 St te, Zip Code	elton Road	ev 088	54		
Scope of Work (Check a	Il that apply)				4		[]	Full Containment		73			
	sf or ≥3 lf 60 sf or ≥260 lf		[] [x]	Renova Demoli			[] [x]	Mini-Enclosure Glovebag Procedu Non-Exempted (*		Procedu	ıre		
= 4	A Same	Γ						n i	T	Abat	ement	Туре	
Location Asbestos-Containing TO BE AB, in facili (13)	Material (ACM) ATED		Is Location Normally us Solely by tenance/Cu Staff (12)	ed		Ash N (i.e. inst	Description pestos-Conflaterial (A., thermal sulation, sur VAT, of the miscella	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Exterior			X		Asbe	stos sidin	g		1800 sf	X			
	4												
									L	لــــا			
	te Hauler ontracting, Inc.	. 1	NJDEP Waste 20)223	- 1	Cubic Ya	rds of Wast	T.R.R.F.	red Landfill				
City, State Toms River	, New Jersey			Dispos 3/5/13	sal Date	15 S	City, Sta	nte own, Pennsylvania					
Completed by (Print or T Nicholas Fe	ype)	Title Proje	ct Manage		Signat	ure	20/	tel		Date 3/1/2	2013		

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

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Date of Notification (1 2/28/2013) · · · · · · · · · · · · · · · · · · ·		V	ame of B	A PATERS	ON UNI	(2) VERS		U MAH	1 - 6	1	013	-
Agencies Notified	Typo Notification		3	neat Add	ress VIPTON R	OAD			FEB. 218 ASBES	2013 TOS C	ONT	RO	
EPA DEP DDL	Initial Amended Amendment #	19	c	ity, Otate	, Zip Çodo , NJ 0747				WER AR	ICENS	SING	<u> </u>	
☑ DOH □ DCA	Emergency (and justification) Cancallation	duding			MAKHL			WAI	PERIOR N. P.		LU		
Name of Facility What WILLIAM PATER	re Abatement is Taking P RSON UNIVERSITY	Place (3) - FACIL	.ITIE		NTENANO			of Factility (4) School (K-12) Subchapter 8 (Other (Le, privi	Other than K-12 ata & commatal	2) 2) Bulldli	ngs, h	omer	3
300 POMPTON	ROAD							e Fest	# of I loors	Bld	g. Ag	0	
WAYNE County (6)			0	county Co	ode (7)	<u> </u>	Curre	nt Ves (Prior)	f heirg domolis	had)	•		
Name of Monitoring F TTI ENVIRONM	Firm Hired by Building Ov	vnor (8)	1	ASCM		Nom	of Aba	toment Contro	clor (9) ONTRACTIN	NG.			_
Street Address	HURCH STREET					250		HERFORD	BLVD.				
City, State, Zip Code MOORESTOWN	J, NJ 08057			7.5		CL		to Code NJ 07014	Licuito	No			8
Project Manager for JAMES A. GUIL	ARDI		1		0-8800	97	3-956-		00494	<u> </u>		_	
Start Date (10) 3/4/2013		Scheduled 4/4/2013	3	plotten D	lato (11)	SA	ME AS	(9) ABOV	E	_			
C . Whe Clawsoff	uring Abatoment (Check Vacated During Entire Pe formed Outcide of Norms ne: VACANT	Ale bone	nalam	ent				ip Code			_		
8cope of Work (Cha ≥3 of or ≥3 if ≥180 at or ≥280	ok All That Apply)		nové smolit				HM	F-Englosure	nt with Nogative dure (*) and Non-Fri	blo Proc		3	
Asbestos-Conta TO Re In	cation of ining Material (ACM) and Material (ACM) and a second se	Vest Mai	Lucati ormal d Solo ntensi odlal d	lly by by nce/ Staff?	(1.0. th	Descript a Containin armal syste surfacing, ther misce	Mutoria mainsu VAT. or	ilation,	Amount (Specify 3F or LF)	Removal		encapsulate	
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Name of Registered	Wasta Hauler R8 CONTRACTING		11	NUDEP V Hauter 10 18743		Cublo Yard of Waste 60	s	WASTE	MANAGEN	MENT (3.R.0	y.c	.5
City, State CLIFTON, NJ						Obspossi 5 4/4/2013	6th	MORR	SVILLE, PA				
Completed by	S	Title		ARY		Blank	المام المستام ال	na X	ann	Date 2/28/2	013		



DOL - 10 DAY

FEB 2 8/ 2013

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WAIVER APPROVED

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) WILLIAM PATERSON UNIVERSITY 2/28/2013 Agencies Notified Type Notification Street Address 6 300 POMPTON ROAD **EPA** Initial City, State, Zip Code Amended DEP ASBESTOS CONTROL & **WAYNE, NJ 07470** × Amendment # DOL Telephone Number Emergency (including Name of Contact justification) DOH KHALED MAKHLOUF Cancellation DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) WILLIAM PATERSON UNIVERSITY - FACILITIES MAINTENANCE BLG School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 300 POMPTON ROAD etc.) Bldg. Age # of Floors Square Feet City (5) WAYNE County Code (7) Current Use (Prior if being demolished) County (6) (STATE USE ONLY) **PASSAIC** ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) TWO BROTHERS CONTRACTING TTI ENVIRONMENTAL, INC. Street Address Street Address 250 RUTHERFORD BLVD. 1253 NORTH CHURCH STREET City, State, Zip Code City, State, Zip Code MOORESTOWN, NJ 08057 CLIFTON, NJ 07014 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00494 856-840-8800 973-956-8700 JAMES A. GUILARDI Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 4/4/2013 SAME AS (9) ABOVE 3/4/2013 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: VACANT Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A SEE ATTACHED Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste WASTE MANAGEMENT G.R.O.W.S. TWO BROTHERS CONTRACTING 60 18743 Disposal Date City, State

4/4/2013

Title

SECRETARY

Signature

Date

2/28/2013

MORRISVILLE, PA

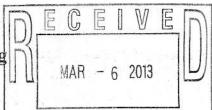
CLIFTON, NJ

VIVECA RAMOS

Completed by

City, State

William Paterson University - Facilities Management Building



Location	ACM	Quantity	ASBESTOS CONTROL & LICENSING
BOILER HOUSE	VAT & MASTIC	360 SF	
	PIPE	40 LF	A CARLON A CAR
	(WRAP & CUT ONLY)		
	ROOF FLASHING	450 LF	
	WINDOW GLAZING	200 LF	
EXTERIOR	UNDERGROUND STEAM PIPE	420 LF	

-VICELT IVI -1

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 372-12 Date of Notification (1)				Name of Building O		ator (2E	CEI	<u> </u>	SIF	H		
February	27, 2013			THE LINDE GF	ROUP	1/1				111		
Agencies Notified	Notification	n Type Notification	*	Street Address 1224 SOUTH M	IAIN STE	REET :	MAR = 6	2013]]		
□ EPA		ded Notifica	tion	City, State, Zip Cod		H	MAD 0	2010	-	1		
□DCA		gency (incl		PHILLIPSBURG		865				- 1		
☑ DOL		cation)	ading	Name of Contact		ACE	Telephone	dumba OI	. &			
■ DEP- No Longer REQUIRE!	Cance			MR. PAUL LOG	SIUDICE	Adm						
ĭ DOH	- Curico	nea		PROJ. MGR. E	NG. DEP	4.		_				
			FACILITY IN	FORMATION								
Name of Facility Where Abatemer)		Type of Facility (4)								
LINDE INDUSTRIAL GASE	5			School (K-12)								
Street Address				Subchapter 8 (oth								
80 INDUSTRIAL DRIVE				Sq. Feet: N/A					oore			
City (E)	ounty (6)	County Cod	le (7)	Sq. reet. N/A	# 01 1100)IS. 1-Z	blug. Age.	ou∓ ye	3015			
City (5) ALPHA	WARREN	(State Use		Current Use (prior if	being dem	nolished):	INDUSTRI	AL GAS	SUPPL	Υ.		
Name of Monitoring Firm Hired by	Bldg, Owner (8)	ASCM No.		Name of Contractor (9)							
RK OCCUPATIONAL & ENVIRONMENTAL ANAL		0090		GREENWOOD A		ENT CO	NSULTAN	ITS, INC	3.			
Street Address	1010, 1110.			Street Address								
401 ST. JAMES AVENUE		49		268 MAIN STRE	ET							
City, State, Zip Code				City State, ZipCode				-	-			
PHILLIPSBURG, NJ 0886	5			BUTLER, NJ 07	405							
Project Manager for Monitoring Fi	rm Telephone	CONTRACTOR OF THE PARTY OF THE		Telephone Number License Number								
PAT MCGUINESS	908-454	4-6316		973-492-0477 00840								
Scheduled Start Date (10)		Completion Da	ate (11)	Name of OSHA Moni	tor							
03/01/13	03/02/13	•		ENVIROVISION	INC.				15	e -		
Occupancy Status During Abate	ement (Check only	one)		Street Address					- 3			
☐ Facility Closed/Vacated Duri				00 04 WARCAR	AMI DO A		18					
X Abatement Performed Outsi				20-21 WARGAR City, State, Zip Code		AD .						
Describe: (NOT SUB 8) Area V				City, State, Zip Code	(4) A				5.00			
☐ Facility Occupied During Ent												
Hours FRI 12 NOON – S	AT 12 MID (as	needed)		FAIRLAWN, NJ								
Source of Work (Check all that ap	ply)		199		. 12 5	z						
			end to the				ent with Neg	jative Pre	ssure			
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$		- C	Renovation	1.6		i-Enclosur						
\ge 160 sf or \ge 260			Demolition		22322	vebag Pro						
	TT:			1 - 1 - 0 - 11-1- 11-1-		-Exempted Amount	(*) and Nor			ure		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Norm Solely by Maint./0			sbestos Containing Mate mal systems insulation, s		(Specify	SF	ment Type				
material (New) III I domity (10)	Staff? (12)	VA	T, or other mi		31	or LF)	Remov	e Repair	Encap	Enclose		
	YES NO	NA						-				
Medical Gas Filling		V	AT			220 SF			190			
Area			10 10 100	The Control of the Co								
									16			
Name of Reg. Waste Hauler	The state of the s	aste Hauler ID #	<u>#</u>	Cubic Yards of Was	te: 10 0		Name of Reg G.R.O.W.S			:11		
Newark Carting, Inc.	NJ DEP	# 4509		*1			G.IV.O.W.5	. 1401 (11	Lanun			
Newark, NJ 04509				1	Dier	oosal Date		City, Stat	e			
Notes: None			1751			02/13	1- 19	100 New		lili Rd.		
rotes: Rolle					03/	Jan 10	. 30	Morrisville	e, Pa 19			
0 1/ 11 /0:	1 70			Cianature	<u> </u>		Date	215-736-	1700			
Completed by (Print or Type) RAYMOND C. PEDALIN	O SENIOR I	PROJECT		Signature	11/		February	27 201	3			
INA I MICHO C. PEDALIN	MANAGE			7/4	ne-li	4	. Joi dai y		•			

.___ Feb 27 2013 03:04pm P001/001 Fax:

chack# 10154

	State of I		Notification of Asbes		ent		7800-		_		
GAC Project #372-12		(2 my smarke co 74	.J.A.C. 8.00-7 and 12:12	0-1)	46	A .	APPE	ROVED	1		
Date of Notification (1) February	y 27, 2013	en e	Name of Building O		(2)	N Dept	1.61	NOC	ior Se		
Agencies Notified EPA		Notification	Street Address 1224 SOUTH M	AIN STREE		Detail	27 [13	Time	1:59		
DCA	El Eme	ided Notification rgency (including	City State Zip Code PHILLIPSBURG		In),	EG			ß		
図 DEP-No Longer REQUIRE 図 DOH	D Cance	**************************************	MR, PAUL LOG PROJ. MGR. EP		工物	ephone N		2013	}		
None of Facility sharps in the			LITY INFORMATION		24 64						
Name of Facility Where Abstrang LINDE INDUSTRIAL GASE	S Isking Place (3	1	Type of Facility (4) U School (K-12) USubchapter 8 (other	irthon K-121	L	ASBEST	TOS CO	ONTRO	DL &		
Street Address 80 INDUSTRIAL DRIVE			Sc. Feet: N/A	& commercial b	Midings,	nomes, etc	G.}				
ALPHA	WARREN	County Code (7) (State Use Only)	Current Use (prior if		Harris				Υ		
Name of Monitoring Firm Hirad by RK OCCUPATIONAL &	1 1 1 1 1 1 1	ASCM No. 0090	Name of Contractor (9								
ENVIRONMENTAL ANAL	1315, INC.		GREENWOOD A	DAIEMEN)	CONS	ULIAN	15, INC				
401 ST. JAMES AVENUE			Street Address 268 MAIN STREE	et.							
City, State, Zip Code	er to produce a second	7	City State, ZipCode						-		
PHILLIPSBURG, NJ 0886	5		BUTLER, NJ 074	05							
Project Manager for Monitoring Fi PAT MCGUINESS	m Telephone 908-454		Telephone Number								
	305-43	P0310	973-492-0477		008	40					
Schaduled Start Date (10) 03/01/13	Scheduled 03/02/13	Completion Date (11)	Name of OSHA Monito								
Common of State of Design About			ENVIROVISION,	INC.							
Occupancy Status During Abete Facility Closed/Vacated Duri	ment (Check only i	one)	Street Address								
Abatement Performed Outsi	de of Marmai Each	Adament Libert	20-21 WARGARA	WROAD							
Describe: (NOT SUB 8) Area V	acated for duratio	u ot more	City, State, Zip Code	THE PART OF THE PA							
☐ Facility Occupied During Ent Hours FRI 12 NOON — S	ire Period of Abater	ment	FAIRLAWN, NJ								
Source of Work (Check all that ap	ply)										
12≥3 sfor≥3 H		☑ Renova		☐ Full Conta ☐ Mini-Endo		vith Nega	tive Pres	Sure			
图≥ 160 sf or ≥ 260		□ Demo		Glovebag Non-Exemp			Tielle D				
(ocation of Achoese Sandarining Material (ACM) in Facility (13)	Is Location Norms Colory by Maint JC Staff? (12) YES NO	veterial (ACM) (i.e.	n of Asbestos Containing Materie . thermat systems insulation, sui ner miscell.)	d Amor	ant city SF	Abatem	Repair E		1 1		
Medical Gas Filling Area	E	VAT		220	SF	B	П	T			
	1000						+				
Name of Reg. Waste Hauler Newark Carting, Inc.	NJ DEP	# 4509	Cubic Yards of Waste	10 CY		of Registr O.W.S. N					
Newark, NJ 04509 Notes: None				Disposal D 03/02/13		10 M	lty, State 00 New F lomisville,	ord Mill Pa 190			
Completed by (Print or Type) RAYMOND C. PEDALING	SENIOR P		Signature	11/2	Date Febr	uary 27	1 <u>5-736-17</u> 7, 2013				
		and the second s	18 /-	angette filosophia (Citary)	1						

	2375
f Notification (1)	
2013	Check #237
es Notified	Type Notification
	[S]

State of New Jersey

2315	,			OF ASBESTOS o NJAC 8:60 an				C		W l	5	U)	
Date of Notification (1) 2/25/2013 Check #2375	Mar.	710		Building Owner/	Operator	(2)	M	MAF	1 - 6 2	013			
Agencies Notified Type Notification EPA Notification			Street Ad 1702 N	ldress levins Road			<u> </u>						
DEP Amended Amendment			34	e, Zip Code wn, NJ 07410	0.1		AS		IOS CON ICENSINO		. &		
□ DOH	including		Name of Albert					Tel	enhone Nun	ber		1 1	
Name of the second of the seco			FACIL	ITY INFORMAT	ION					· .			
Name of Facility Where Abatement is Taking Sandvik, Inc	Place (3)				☐ s	f Facility (4 chool (K-1)	2)				07	
Street Address 1702 Nevins Road			W			× O	ubchapter ther (i.e. p tc.)	8 (Oth rivate a	er than K-12 & commercia	!) al build	lings,	home	es,
City (5) Fair Lawn, NJ 07410						Square 160,0	Feet	# o	f Floors	1000	ldg. A	ge	
County (6) BERGEN COUNTY			County C	Code (7) ISE ONLY)			t Use (Pric	r if bei	ng demolish	ed)			
Name of Monitoring Firm Hired by Building (EnviroVision	Owner (8)		ASCM	No.	1221100		ement Con s Corpor		25.00				
Street Address 20-21 Wagaraw Road - Bldg 35-E					100000000000000000000000000000000000000	Address 69th St	treet- #1			A Delivery			
City, State, Zip Code Fair Lawn, NJ 07410						State, Zip enberg	Code , NJ 070	93					
Project Manager for Monitoring Firm Fred Larson			Telephon			hone No -295-17			License N 01074	0.			
Start Date (10) 3/1/2013	Schedule 3/4/20		mpletion E	Date (11)	0.55	of OSH	A Monitor			4			
Occupancy Status During Abatement (Chec	k Only Or	ne)			Street	t Address	3						
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: staring @ 5:00 PM					City, S	State, Zip	Code					17	
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				Mini Glov	-Enclosure rebag Prod	e edure	n Negative F			e	
Location of		Locat	100000000000000000000000000000000000000	D	escriptio	n of	<i>i</i> .,					pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	(12)	staff?	Asbestos Cor (i.e. therma surf	ntaining I	Material ns insulat AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen area	Yes	No X	N/A	Pip	e insula	ation			115	x			-
	-			·	1								
					- 4								
			LIDES										1_
Name of Registered Waste Hauler Freehold Carting		H	NJDEP W Hauler ID 5939		c Yards aste				ered Landfill gement				
City, State PO Box 5010	1			Dispo tbd	osal Date	е	City, State Tullytov		A				
Completed by Gina Salvador	Title Offic	e Ma	nager		Signatur	e B	Queas	1_	7233	ate 2/25/2	2013		10

* Enegency *

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

Date of Notification (1) 2/28/13	TE AND				Building (45 A	E	E		V	E	n	\parallel
	Notification nitial			Street Ad 20 Day					IKI			6 9	U13			
DEP A DOL	Amended Amendment				te, Zip Co awkin N		50 .		10 11	M	AR -	6 6	WW.			1
DOH j	Emergency (ustification) Cancellation			Name of Doug	Contact				100	Tele		TOTT	_	A1 1		1
Name of Facility Where Abatem Doug Czumbles / Private	ent is Takin	g Place (3)	FACIL	LITY INFO	DRMATI	ON	-	f Facility (4	10				9 1		
Street Address 20 David Dr							1	SI X O	chool (K-12 ubchapter (ther (i.e. pr c.)	8 (Othe			uild	ings,	home	es,
City (5) Manahawkin NJ 08050								Square 1000-	Feet	# of	Floors			dg. A 5+	ge	= 1
County (6) Ocean				County C	Code (7) ISE ONLY)		Curren	t Use (Prio	r if bei	ng demo	lished)			
Name of Monitoring Firm Hired I N/A	by Building (Owner (8)	-	ASCM	No.			of Abate	ement Cont	tractor	(9)					
Street Address								Address 3ox 329						7,000		
City, State, Zip Code			-					State, Zip t Berlin	Code NJ 0809	91			7			
Project Manager for Monitoring	Firm	T	Telephor	ne No.		N. C.	hone No. 753-98			License 00727			-	10		
Start Date (10) 3/2/13		Schedule 3/3/13	ed Con	pletion [Date (11)	7	Name		A Monitor	,						,
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe: week en	ring Entire I	Period of A	Abatem	nent				Address State, Zip								
Scope of Work (Check All That A	Apply)	popera .					-	-			4 .					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		-	tenova emolit				2	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure					e	
		ls 1	Locati	on .											ment	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Use Ma Cusi	d Sole intenar todial S (12)	ly by nce/ staff?		tos Cont thermal surfa		Material (is insulat AT, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior Siding		Yes	No	N/A		Exte	rior Si	dina		16	00 Sf	×				
												1				
Name of Registered Waste Hau	ler		IN	JDEP W	aste	Cubic	Yards	—т	Name of F	Registe	red I and	dfill				
United Containers	ř.		H	lauler ID 2459		of Was			G.R.O.V		. Su Lain	- 1111			,	
City, State Elm NJ							sal Date 3		City, State Morrisvi		1906	7		7		
Completed by Anthony T Perna		Title Presi	dent			S	Signatur	e				Date 2/28	/13			

Fax:

NJ Dept- of Healtin & Senior Sal	vices	NOTI (FICATIO	State of New 3 ON OF ASBES of to NJAC 8:6	TOS ABAT	250 EMENT 20)		CE		V		
Date of Notification (1) 02/28/13 Ck# 2500 \$200			Name	of Building Ow erville Board	mer/Operato	or (2)	INF	MAD	. 0		\exists	\parallel
Agencies Notified Type Notification EPA Initial Amended			51 W	Address /est Cliff Stre	eet			MAR -			#	ע
DOL Amendment	(Includir	g	Some	Hate, Zip Code Brville, New of Contact	Jersey 08	8876			VSING		&	
DCA Cancellation			Bryan	Boyce	JATION .			elenhone f	dumbér -			
Name of Facility Where Abatement is Takin Van Deerver School Street Address 51 Union Avenue	g Place	(3)		TEST IN OIL	ANION	X Sch	Facility (4) nool (K-12) ochapter 8 (O	ther then K	-12)		•	
City (5) Somerville, New Jersey 08876						Square I	eet #	of Floors		Bidg.		ies,
County (6) Somerset				Code (7) USE ONLY)			Jse (Prior if b		- 1	55+		-
Name of Monitoring Firm Hired by Building (Birdsall Services Group Street Address	Owner (8	3)	A5C	M No.	Name Lilici		ent Contracto	or (9)			ntriona.	
65 Jackson Drive City, State, Zip Code					606	Address McBride						
cranford, New Jersey 07016 Project Manager for Monitoring Firm			Telepho	one No.	Woo	state, Zip C dland Pa none No.	ark, New Je	rsey 074			-	
Kevin Burns Start Date (10) 03/02/13	Schedu 03/03/	led Cor	npletion	Date (11)	Name	225-840 of OSHA	Monitor	01104				_
Occupancy Status During Abatement (Checi Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8AM Start	only O	ne) Abaten	nent s		Street 2333 City, S	Address Route 2 tate, Zip C	ode					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolit			Sillo	Full Co Mini-Er Gloveb	ntainment wit cosure ag Procedure tempted (*) ar	h Negative	1 - 1			100
Location of		Locati Normal	ly		Description					Abat	ement /pe	ı
Asbestos-Containing Material (ACM) <u>IO BE ABATED</u> In Facility (13)	Ma	ed Sole iIntenal todjel S (12)	nce/	Asbestos C (i.e. then	containing M mal systems infecing, VA er miscellan	aterial (AC insulation T, or	. (Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
On the Ground of Construction Site	Yes	No X	N/A	2007 to America	Pipes No	11.09 14.09		60.15		=	ilate	- Te
				- Transite	ripes ive	on Friable	8 1	60 LF	X			
		_		-					-			
Name of Registered Waste Hauler Lilich Corporation		H	JDEP W suler to 3724		oic Yards Vaste	1	me of Registr	10	3)			
City, State Voodland Park, New Jersey 07424				Dis 03/	posal Date 03/13		y, State ornisville, P	ennsylva	ınla	-		
Completed by Fatiana Kalenikova	Title Vice	Presid	dent		Signature / a k	cana	Cale	4	ate 2/28/1	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 20636765436 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 2/28/13			Name The	of Buildin	g Owner/C Compar	perator ny	(2)	ECI		V	E	N	
	ype Notification		40 100 000 000 000 000	Address Market S	Street			MAR	- 6 20	013		IJ,	
× DEP × DOL	Amended Amendment #			State, Zip C rson, NJ	Code J 07513	1			0 2				
DOH DCA	Emergency (inclu justification) Cancellation	iding		of Contac Okonite	t			- VSRESTÖ	S. C. R. A.	RO BO	L & —		
Name of Facility Where Aba Okonite Company	tement is Taking Pla	ice (3)	FA	CILITY IN	FORMATI	ON	Type of Facility	(4)					
Street Address 959 Market Street			т у н 141				Other (i.e.	-12) er 8 (Other th private & co			 dings	, hom	nes,
City (5) Paterson				59			etc.) Square Feet N/A	# of Flo	oors		Bldg.	Age	
County (6) Passaic			County (STATE	Code (7)	n		Current Use (Pr Okonite Con		demolishe	ed)	_		
Name of Monitoring Firm Hir N/A	ed by Building Owne	er (8)	ASC	M No.			of Abatement Co Abatement, I						
Street Address							Address Osengren Ave	enue					
City, State, Zip Code							tate, Zip Code va, NJ 07512						8
Project Manager for Monitori	ng Firm		Teleph	one No.			one No. 345-8685	1	ense No 0675			-	
Start Date (10) 3/01/13		eduled C 3/13	Completion Date (11) Name of OSHA D&S Abatem								-		
Occupancy Status During Ab Facility Closed/Vacated Abatement Performed C Other – Describe: Occu	During Entire Period Outside of Normal Fa	d of Abat	ement urs			11 Ro City, St	Address osengren Ave ate, Zip Code va, NJ 07512						
Scope of Work (Check All Th	at Apply)		2 600			TOLOV	va, NJ 07512			DI.			-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			vation olition		•		Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				e	
Location of		ls Loc Norm	nally		Des	cription					Abat	emen pe	t
Asbestos-Containing Mat TO BE ABATE In Facility (13)	D	Used So Mainter Custodia (12	nance/ Il Staff? 2)		stos Conta . thermal s	ining Masystems ing, VAT	aterial (ACM) insulation, , or	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
mechanical ro	om Ye	es No			ta	nk #1		100 S	E ,	X		Ф	
mechanical ro		$\frac{1}{x}$				nk #2		100 S		X.		-	
mechanical ro	om	X				nk #3		100 S		K		-	
mechanical ro	om	x			ta	nk #4		100-S		<u> </u>			
Name of Registered Waste H D&S Abatement, Inc.	NJDEP V Hauler ID #20996		Cubic Y of Wast TBD	ards	1	Registered I Managem	Landfill			, .			
City, State Totowa, NJ			Disposa TBD	Date	City, Stat			1		×			
Completed by Deanna Brkusanin	le oject N	1anager		Sig	nature	1161 A. Mi	11115	Date 2/28					

	NO		MOITA		ESTOS ABA			67	62	2021	17/2	}		_
Date of Notification (1) 3/01/13				Building bara By	Owner/Oper	rator	(2)		E	CE		E		\parallel
Agencies Notified Type Notification EPA Initial		1	reet Ad 54 Ma	ddress ayhew [Orive				N	IAR - 6	201	3		丌
□				te, Zip Co Orange	de , NJ 0707	9					ONTE	01.8		1
□ DOH	icluding	11000		Contact bara By	yrd				<u> </u>	FRANCE NO.	mber			J
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFO	DRMATION		Type of	Facility ((4)	77 V 4 1	100		-	
Street Address 154 Mayhew Drive							Sul Sul Sul Sul etc	ner (i.e. p .)	r 8 (Othe private 8	er than K-1 & commerc	ial build			s,
City (5) South Orange							Square N/A	Feet	# of	Floors	11 0000	ldg. A /A	ge	
County (6) Essex				ode (7) ISE ONLY)	_	Current House		or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.	7.00		of Abater Abaten			(9)			- 19	
Street Address	t Address Street Address 11 Rosengren Avenue													
City, State, Zip Code	•						State, Zip (3.11					
Project Manager for Monitoring Firm		Te	elephor	ne No.		1120	none No. 345-868	35	,	License N #00675				
	Scheduled 3/19/13	Comp	letion [Date (11)			of OSHA Abaten			1			*	
Occupancy Status During Abatement (Check					S	treet	Address			-		- 770		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied			nt		C	ity, S	osengre State, Zip wa, NJ	Code	-					
Scope of Work (Check All That Apply)				- 1			,	0.0.2	-	2.61				1
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				×	Mini-E Glove	Enclosure bag Pro	e cedure	n Negative d Non-Fria				
* * * * * * * * * * * * * * * * * * *	ls Lo	ocation	1				⊒ INO⊓-E	zemple	u () an	g Non-Fila	ble Pro	Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	(12)	by e/ aff?	Asbes (i.e.	Descri stos Contain thermal sy surfacing other mise	ning N stem g, VA	Material (A is insulation AT, or	ACM) on,	(8	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
basement		No X	N/A	DIE	T. TAK	211	ibalo	N	1	29 LF	x			
basement		^		1711	E IN	002/11010								-
Name of Registered Waste Hauler		2555733	DEP W		Cubic Ya			Name of	f Registe	ered Landfi	11			
D&S Abatement, Inc.		10000000	uler ID 0996	IVO.	of Waste TBD					gement o	of PA			1
City, State Totowa, NJ	*				TBD	1		City, Sta Tullyto						
Completed by Deanna Brkusanin	Title Project	t Man	nager		Sign		ing B	lieu	uir	333	ate 3/01/13	3		11

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

					0 and 12:12		ME	CEI	W 1	5	\mathcal{I}	
Date of Notification (1) 3/01/13				Building Ow rs. Johnso	ner/Operator	r (2)	IKI					
Agencies Notified Type Notification EPA Initial		772	Street Ad 25 Balt	^{idress} rusol Way	,			MAR - 6	2013	1	2	
DEP Amended Amendment				e, Zip Code Hills, NJ 07			AS	BESTOS CO	NTROL	. &		
Emergency (justification) DCA Emergency (justification) Cancellation	including	(2)	Name of Mr. & N	Contact //rs. Johns	son	- f - b		LICENSII Tolephone N	mber	-		
			FACIL	ITY INFOR	MATION							
Name of Facility Where Abatement is Taking house	g Place (3)					of Facility (4 School (K-12	2)				
Street Address 25 Baltrusrol Way					7	×		3 (Other than K- ivate & commer		dings,	home	s,
City (5) Short Hills					2.37		re Feet	# of Floors N/A		ldg. A	ge	
County (6) Essex	3 1 E 1 1 T		County C	ode (7) ISE ONLY)		Curre		r if being demoli	shed)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)	e d	ASCM	No.			tement Cont ement, Inc					1, ² 43
Street Address		1/0			0.000000	t Addres	ss gren Aven	ue		-11-6-2		
City, State, Zip Code				*27	91330		ip Code J 07512					
Project Manager for Monitoring Firm			Telephor	ne No.	11 0 30	hone N -345-8		License #00675			74.7	
Start Date (10) 3/16/13	Schedule 3/17/13		pletion [Date (11)			HA Monitor ement, Inc	o				
Occupancy Status During Abatement (Chec	k Only Or	ie)			Stree	t Addres	ss			10 20		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe: Occupied					City,	State, Z	gren Aven ip Code IJ 07512	ue			100	1
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emoliti				Ful × Mir Glo	II Containme ni-Enclosure ovebag Proc				re .	
Location of		Locati Vorma!			Descriptio	n of					ement /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/	(i.e. th	s Containing ermal systen surfacing, Vo other miscella	Materia ns insula AT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								е —	
basement		X			pipe insul	ation		96 LF	X			10.22
					2.							i.
Name of Registered Waste Hauler D&S Abatement, Inc.	1	H	IJDEP W lauler ID 20996	No.	Cubic Yards of Waste FBD		Transcription of the second	Registered Land Management				
					Disposal Dat	е	City, State Tullytov		-			
Completed by Deanna Brkusanin	Title Proje	ect Ma	anager		Signatu	re	R. llen	100 21 42	Date 3/01/1	3		

Print Form

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	N.		ATION		STOS ABATE		T -		1//	2 [7	
					:60 and 12:12	Č.		661	\mathbb{V}	5	\mathbb{M}	
Date of Notification (1) 3/01/13				Building Cobs	Owner/Operato	r (2)		MAR - 6	2013			
Agencies Notified Type Notification		- 2	Street Ac	idress ingside	Pond	1		MAII - 0	2013	I	\neg	
× EPA × Initial		- 1 mil		te, Zip Cod		<u> </u>						
▼ EPA ▼ Initial ▼ Amended ▼ DOL ▼ Amendment ▼ Emergency (- '	Verona	a, NJ 070		150	Α:	SBESTOS CON LICENSIN	IG			
DOH justification) Cancellation		- 1 3		Contact Jacobs				Telephone Nu	mher			
Name of Facility 188	- DI (0)		FACIL	ITY INFO	RMATION	T	F 10k - / /					
Name of Facility Where Abatement is Takin house	g Place (3)					Тур	e of Facility (4					
Street Address						目	School (K-12 Subchapter	8 (Other than K-1	2)			
8 Morningside Road		60				×	Other (i.e. pretc.)	rivate & commerc	ial build	lings,	home	s,
City (5) Verona				om Terres s		Squ N/A	uare Feet A	# of Floors N/A	1 10000	ldg. A	ge .	
County (6) Essex	3.00		County C	Code (7) ISE ONLY)		1 200	rrent Use (Prio	r if being demolis	hed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.			batement Con atement, Inc	THE SECTION OF THE SE				9.
Street Address	et Address						ress ngren Aver	nue			17.	31
City, State, Zip Code		-					Zip Code	m to the second				-
	04						NJ 07512					
Project Manager for Monitoring Firm			Telephor		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	hone -345	No. -8685	#00675		- 84		28
Start Date (10) 3/18/13	Schedule 3/19/13		pletion [Date (11)			SHA Monitor atement, In	c.		1		
Occupancy Status During Abatement (Chec	k Only On	e)			0	t Add		1 10	724			
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Occupied					City,	State,	ngren Aver Zip Code NJ 07512	iue				
Scope of Work (Check All That Apply)					100	owa,	110 07012					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				× 1	Full Containme Mini-Enclosure Glovebag Prod		Pressu	re		
								d (*) and Non-Fria	ble Pro			
	1	Locati Iormal			.						ement rpe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by		Description tos Containing	Mater		Amount			Щ	m
TO BE ABATED In Facility		odial S		(i.e.	thermal system surfacing, V			(Specify SF or LF)	Remova	Repair	псар	Enclosure
(13)		(12)			other miscell	aneou	is)		oval	air	Encapsulate	sure
basement	Yes	No X	N/A	DIDE	TUSUL	AT	1411	120 LF	x	-		
basement				1110	(1000)	411	1010		-			
	-	-							-			
									+			
Name of Registered Waste Hauler		IN	JDEP W	Vaste	Cubic Yards		Name of	Registered Landf	fill .	1		
D&S Abatement, Inc.			lauler ID 20996	No.	of Waste TBD		Waste	Management	of PA	3 -	1	
City, State Totowa, NJ					Disposal Da	te	City, Stat					
Completed by Deanna Brkusanin	Title Proje	ct Ma	anager	¥	Signet	10111	in R.		Date 3/01/1	3		

Print Form

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification			THE RESERVE THE PROPERTY OF THE PERSONNEL PR	ding Owner/Operat	or (20	0 = 0 00	F-3 1	1		
3-1-2013			Douglas		ME	CEIV	E	U		
Agencies Notified	Type Notificati [X]Initial	on S	treet Addre 744 Cen		IN ,	IAR - 6 2013		JJ		
[X]DOL	Notificati []Amended Notificati	on C		dge,NJ,0766	L ASRI	ESTOS CONTRO				11 18
[X]DOH	[]EMERGENCY		ame of Cont Douglas		Telepho	one MENORING				
	-		A STATE OF THE STA	ITY INFORMATION				2.7		
Name of Facility Who Same as above Street Addres	ere Abatement is	Taking	Place (3)		Type of Faci []School []Subcha	A. Comment	than	K-12)	
744 CENTER AVE.					cial	(i.e., private buildings, hor	nes, e	etc.)		
City (5	Cou	inty (6) Essex	County Code (7)	Square Feet	# of Floors		dg. 1 75	Age	
RIVER EDGE	BE	RGEN		(STATE USE ONLY)	Current Use	(Prior if beir	ng den	olis	hed))
Name of Monitoring F Owner (8) N/A	'irm hired by Bu	ilding	ASCM No.		MANAGEMEN		,			*
Street Address				Street Address 86 Chri	stopher St	t.				
City, State, Zip Cod	le ·			City, State	zip Code	042				
Project Manager for	Monitoring Firm	Tele	phone Numbe		umber	Lic	cense		er	0
	3. Month	-12-2	y Year	Name of OSHA N/A	A Monitor					
Occupancy Status Dur [X] Facility Clos of Abatemen	sed/Vacated Duri	Check o	nly one) re Period	Street Addre	ess			-1		
Hours - Desc	rformed Outside ribe:«OffHours D ribe:«Other Occu	escript	:»	City, State	, Zip Code					
Scope of Work (Check [X]≥3 sf or []≥160 sf o	≥3 lf	[x]	Renovation Demolition	[]Min [X]Glo	l Containment w i-Enclosure vebag Procedure -Friable Proced		Pressu	ire		3
Location		Loc	Is cation				Aba	teme		
Asbestos-Con Material TO BE ABI In Facil (13)	taining (ACM) ATED	So By ter Cus Staf	mally Used Diely Main- nance/ todial ff (12) No N/A	Descript Asbestos-Co Material (i.e., therm insulation, sur or other miso	ontaining (ACM) al systems rfacing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSURE
Basement			х	PIPE INSULA	TION	75 LF	Х			
	* 6				1388	1				
Name of Registered W AZTECH MANAG		Hau.	EP Waste ler ID No.	Cubic Yards of Waste 1.5	Name of Reg	istered Landfi	111			
City, State Montclair, NJ	07042		,	Disposal Date 3-13-2013	City, State	/	1906	7	8	
Completed By (Print Constantine V:	지어진 - 하루큐큐(1587)	siden	t	Signatu	sextavius	live -	Date 3-1-2	2013	X	

NOTIFICATION OF ASBESTOS ABATEMENT

				60-7 and 12:120-7	The state of the s	A*				
Date of Notification	1 (1)			ing Owner/Operator				A		
3-1-2013			Alicia M	cCausland-C	arolin E	CEIV	F	0		
Agencies Notified	Type Notificat	ion	Street Addres	S. T. S.		9 19 0				
[]EPA	[X] Initial Notificat	ion	7 Ardsle			HAD 0010				
[X]DOL	[]Amended Notificat		Glen Rid	zip Code ge NJ, 0702	load lank I	MAR - 6 2013				
[X] DOH	[]EMERGENCY	1977.83	Name of Contac		Telago	DET NUMBER NIE	71 &	7.00		
[]DCA	[]Cancellati	.on	Alicia M	ccausland-c	AROLL					
			FACILI	TY INFORMATION	mi codo mese					
Name of Facility Whe	ere Abatement is	s Takin	ng Place (3)		Type of Faci	lity (4)	7.4	-		7
Same as above	- 1				[]School	(K-12)	than	K-121		1411
Street Addres	a fe				[X]Other	(i.e., private	& cc	mmer-		
7 ARDSLEY ROAD					Square Feet	buildings, hom		dg. A	qe	
City (5 GLEN RIDGE		unty ((6) Essex X	County Code (7) (STATE USE ONLY)	1400 Current Use	2 (Prior if bein		75	- 1	
Name of Monitoring E	Firm hired by Bu	ilding	ASCM No.	Name of Abate	ment Contract	or (9)				
N/A (8)		9		AZTECH N	ANAGEMEN'	r, Inc.			9 8]	2340
Street Address				Street Addres	stopher St	t.				
City, State, Zip Cod	le			City, State, Montclai	Zip Code Lr, NJ 070	042				
Project Manager for	Monitoring Firm		ephone Number	Telephone Num	ber	Lic		Numbe	r	-
		N/	A	(973) 744	1-8800	0	037	1		
Scheduled Start Date	(10) Sched	Compl	etion Date (1	1) Name of OSHA	Monitor					
3-13-2013 Month Day Y	ear Mont	3-14	-13 Pay Year	N/A						
Occupancy Status Dur [X]Facility Clo	ring Abatement sed/Vacated Dur	(Check	only one)	Street Addres	s				7	
	rformed Outside	Descrip	pt»	City, State,	Zip Code	4.				
[]other - Desc			Descript»		40					
Scope of Work (Check [X]>3 sf or []>160 sf or	≥3 lf	[3	K]Renovation		ed Enclosure ebag Procedure					
		1.50			Friable Proced		V - 2/1/20			
Location Asbestos-Con	taining	No	Is ocation ormally Used	Description Asbestos-Con	taining	Amount	Aba R E	temen R	E N	Ype N C
Material TO BE AB In Facil (13)	ATED	to Cu	Solely y Main- enance/ sstodial aff (12)	Material (i.e., thermal insulation, surf or other misce	l systems acing, VAT,	(Specify SF or LF)	M O V A	E P A I R	A P S U	L O S U
		Yes	No N/A			20. 7.77	L		·	R E
Basement			X 1	PIPE INSULAT	ION	30 LF	X		+	
							1		1	
Name of Registered W AZTECH MANAG		На	DEP Waste	Cubic Yards of Waste 0.5	Name of Reg	ristered Landfi.S.	11			
City, State		1	7040	Disposal Date	City, State	1 1				
Montclair, NJ	07042			3-15-2013	Morrisy	ille, PA 1	.906	7		
Completed By (Print Constantine V		side:	nt	Signature	totali	1/	ate 3-1-2	2013		
				10	Man h	VIVan				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT CK# 0035 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)		Name of Building Owner/Operator (2) Yannuzzi and Sons, Demolition																
3-1-2013						Sons, L	Jemoli	tion	15 W		M	5	Ш	***				
Agencies Notified	Type Notification			Street A	ddress t 206 S			In				- 11						
EPA	X Initial	1.18	.						MAF	7 = 6	2013	-#	Ш					
DEP DOL	Amended Amendment #				ite, Zip Co orough,			" "	11.11	0 4	2013	1	2					
and the sales of the sales of	Emergency (i		-		f Contact					to selection A.L.		_	-+					
☑ DOH	justification) Cancellation			John:	Contact				ASBES L	CENSING	TROL	&						
				FACI	LITY INF	ORMATIO								- September 1				
Name of Facility Where A House for Demo	Abatement is Taking	Place (3	3)					Type of Facili	ty (4)									
Street Address								School (40)							
1718 West 4th St				Subchapter 8 (Other than K-12) Other (i.e. private & commercial by									. hom	es.				
								etc.)										
City (5)								Square Feet	# 0	of Floors	1	Bldg. /	\ge					
Piscataway												50+						
County (6) Middlesex					Code (7) USE ONLY	n	Current Use (Prior if being demolished) House											
Name of Monitoring Firm	Hired by Building O	wner (8)		ASCN	SCM No. Name of Abatement Contractor (9)													
n/a		- 4		n/a	n/a Loznica Management Corporation													
Street Address	- 11		eging, bil	y Holy	Street A	Address												
n/a				Ė	22 Tr	2 Troy Lane												
City, State, Zip Code		7.0	-			ate, Zip Code												
n/a			Telepho				In Park, N.	07035										
Project Manager for Moni n/a	Project Manager for Monitoring Firm n/a							one No. 706-7950		License 01193	No.							
Start Date (10)		Schedul	ed Cor	npletion	Date (11)		Name o	of OSHA Moni	tor		-							
3-16-2013		3-18-2	013				Lozni	ica Manage	ement C	orporatio	n							
Occupancy Status During	Abatement (Check	Only Or	ne)	K T TO	2 500 300	9 7 6 6	Street A	Address										
Facility Closed/Vaca					1			oy Lane	6 18	-								
Abatement Performe Other – Describe:	ed Outside of Norma	ai Facility	Hour	5	n tapa			ate, Zip Code oln Park, N.	07035	9	A 11							
Scope of Work (Check All	That Apply)				Age of the	200	1915						1 -					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli				X	Full Contain Mini-Enclos Glovebag F	sure Procedure									
		Г		Non-Exempted (*) and Non									emen					
			Locat				4 2	120					ре					
Location Asbestos-Containing I		Use	d Sole	ly by	Asbes	0.310.000.000	cription of ining Ma	of aterial (ACM)		Amount			m					
TO BE ABA	TED		intena todial s	COLUMN TO SERVICE STATE OF THE		thermal s	ystems	insulation,		Specify	Removal	D.	Encapsulate	Enclosure				
(13)	У		(12)			other mis	ng, VAT scellane		9	For LF)	Vou	Repair	nsd	losu				
		Yes	No	N/A	1			*			8	,	ate	6				
Exterer	or			X		Transi	te Sidi	ing	13	350 SF	X		1					
Baseme	ent			X	As	bestos F	Pipe In	sulation		78 LF	X	1						
											_		-	_				
N						T												
Name of Registered Wast Loznica Managemen			H	NJDEP Waste Hauler ID No. of Waste TBD GROWS Landfill						ii .			1.					
City, State			3	0101		TBD Disposa	l Date	City, S	tate									
Lincoln Park, NJ 070	35					TBD				A 19067	5 20							
Completed by Title E. Cirovic Secretary						Sig	nature	0.	•		ate							
E. Cirovic				7	Lina	MA	3	3-1-20	13									

NOTIFICATION OF ASBESTOS ABATEMENT

Type Notification [X]Initial Notification	Dia	A CONTRACTOR OF THE PARTY OF TH	ding Owner/Operator				i.					
[X]Initial		t Addres		the state of the s								
Notification		26 Pehle Ave.										
[]Amended Notification	Sac		zip Code Brook,NJ,0766	53	MAR.	- 6	2013		\mathbb{H}			
[]EMERGENCY	Name o	of Conta		Telepho	one Number	-						
	-11	FACIL	ITY INFORMATION									
re Abatement is Ta	king Pla	ce (3)		[]School	(K-12)							
Count	y (6)Esse	ex	County Code (7) (STATE USE ONLY)	Square Feet 1800	3		65					
BEI	RGEN			Current Use	(Prior if bei	ng der	nolls	shed	.)			
	20122000	M No.					1	es Tr				
					L							
			City, State,	Zip Code								
		e Numbe:	r Telephone Numb	per	Li			oer				
ar Month	2-2013 Day	Year	N/A			÷						
formed Outside of ibe:«OffHours Desc	Normal F	acility	City, State, 2	Zip Code	e de servicio							
	oy Desci	<u> </u>						- 1				
≥3 lf ≥ ≥260 lf	장 보석 급하지 않아 하네 없다.		[]Mini-] [X]Glovel	Enclosure pag Procedure		Pressi	ire					
of aining	Normall		Descriptio	n of		R		E	E.			
	Solely By Main tenance Custodia Staff (1	/ al 2)	Material ((i.e., thermal insulation, surfa	ACM) systems acing, VAT,	(Specify SF or LF)	M O V A L	E P A I R	C A P S U L	CLOSUR			
			PIPE INSULAT:	ION	60 LF	ж	5. A		Е			
	-				1		124					
ste Hauler MENT, INC.	Hauler I		Cubic Yards of Waste 1.5	5		 ill			L .			
07042	1,040	7	Disposal Date 3-13-2013	그림 씨는 그 얼룩하면 그는 얼룩하면 보다.		1906	7	-				
r Type) Title vian Presid	lent	AMEN - S	Signature	1	1/		2013	in i				
	Count BEI Irm hired by Build fonitoring Firm (10) Sched. Co. 3-1 ar Month ang Abatement (Che ed/Vacated During formed Outside of ibe: «OffHours Desc ibe: «Other Occupar all that apply) 3 1f 5 >260 1f of aining ACM) FED ty Ye ste Hauler MENT, INC. 07042 r Type) Title	County (6) Ess BERGEN Irm hired by Building ASC Monitoring Firm Telephone N/A (10) Sched. Completion 3-12-2013 ar Month Day ng Abatement (Check only ed/Vacated During Entire F formed Outside of Normal F ibe: «OffHours Descript» ibe: «Other Occupancy Descript» ibe: «Other Occupancy Descript» ibe: «Other Occupancy Descript» ibe: ACM) Solely FED ISS ACM) Solely Type Ste Hauler NJDEP Water No Ste Hauler NJDEP Water No O7042 Type) Title	County (6) Essex BERGEN Irm hired by Building ASCM No. Monitoring Firm Telephone Number N/A (10) Sched. Completion Date (1) 3-12-2013 ar Month Day Year Ing Abatement (Check only one) ed/Vacated During Entire Period formed Outside of Normal Facility ibe: «Other Occupancy Descript» all that apply) 23 If [X] Renovation ibe: «Other Occupancy Descript» all that apply) 23 If [X] Renovation ibe: ACM) Solely By Main- tenance/ Custodial Staff (12) Yes No N/A Ste Hauler MENT, INC. Hauler ID No. 17040 07042 r Type) Title	County (6) Essex County Code (7) (STATE USE ONLY) BERGEN Street Address 86 Chris County (10) Sched. Completion Date (11) 3-12-2013 Am Month Day Year Telephone Number (10) Sched. Completion Date (11) 3-12-2013 Am Month Day Year Telephone Number (10) Sched. Completion Date (11) Street Address (12) Street Address (13) Street Address (14) Street Address (15) Street Addres	FACILITY INFORMATION FACILITY INFORMATION FACILITY INFORMATION Facing Place (3) Facing Place (1) Facing Place (1)	Type of Facility (4) School (K-12) Subchapter 8 (Other (X) (STATE USE ONLY)	The Abatement is Taking Place (3) FACILITY INFORMATION FACILITY INFORMATION PAGE PLACE (3) FACILITY INFORMATION PAGE PLACE (3) FACILITY INFORMATION PAGE PLACE (3) FYPe of Facility (4) [Type of Facility (4) [] School (K-12) [] Subchapter 8 (Other than K-12) [[] Subchapter 8 (Other than K-12)			

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Bennedetto Equipment and Rental 2-28-2013 Agencies Notified Type Notification Street Address 461 Commercial Ave. MAR 2013 **EPA** Initial City, State, Zip Code DEP Amended × DOL Amendment # Palisades Park, NJ 07650 Emergency (including Name of Contact × DOH justification) Cancellation John DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House for Demo School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 91 River View Ave. etc.) City (5) Square Feet # of Floors Bldg. Age 50+ New Milford County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Bergen House Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. n/a n/a Loznica Management Corporation Street Address Street Address 22 Troy Lane n/a City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-706-7950 01193 n/a Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3-11-2013 3-14-2013 Loznica Management Corporation Street Address Occupancy Status During Abatement (Check Only One) 22 Troy Lane Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ (i.e. thermal systems insulation, TO BE ABATED (Specify Removal Repair Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)(13)other miscellaneous) No Yes N/A 100 SF 2nd Fl. Bedroom Asbestos Containing Linoleum × Kitchen below luon floor Asbestos Tiles 100 SF X 100 LF Basement X Asbestos Pipe Insulation Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Loznica Management Corporation **GROWS Landfill** 33137 **TBD** City, State City, State Disposal Date Morrisville PA 19067 **TBD** Lincoln Park, NJ Completed by Title Date Signature E. Cirovic 2-28-2013 Secretary rovic

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) Bennedetto Equipment and Rent 2-28-2013 Street Address Agencies Notified Type Notification 461 Commercial Ave. **EPA** Initial City, State, Zip Code DEP Amended Amendment # × DOL Palisades Park, NJ 07650 ASBESTION OF THE STATE OF THE S **Emergency (including** Name of Contact X DOH justification) LICENSING John DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House for Demo School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 113 Old New Bridge Road Square Feet # of Floors Bldg. Age City (5) 50+ New Milford County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Bergen House Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Loznica Management Corporation n/a n/a Street Address Street Address 22 Troy Lane n/a City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 n/a Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 973-706-7950 01193 n/a n/a Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Loznica Management Corporation 3-11-2013 3-14-2013 Occupancy Status During Abatement (Check Only One) Street Address 22 Troy Lane Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Lincoln Park, NJ 07035 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure × ≥160 sf or ≥260 lf Demolition Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Repair ncapsulate Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 2500 SF Transite Shingles & Alum. Siding Exterior Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste GROWS Landfill Loznica Management Corporation TBD 33137 City, State Disposal Date City, State Morrisville PA 19067 Lincoln Park, NJ TBD Signature Date Completed by Title 2-28-2013 E. Cirovic Secretary Durce

State of New Jersey

	NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)											E		\mathbb{V}	E	7
Date of Notification (1)	1000				Owner/Op			11	X						\exists	H
2/28/2013			STATE	E OF N	J DEPAR	RTME	NT OF E	NV	IFÌΦ			AL PE	ROT	ECT	ION	Ш
Agencies Notified Type Notification. EPA Initial			Street A P.O. B	ddress OX 420)			1	П		MAR	- () 21	113-	1	9
DEP Amended Amendment #				te, Zip Co TON, N	ode J 08625					ASE	BEST	OS C	ONT	ROL	&	+0 04
□ Emergency (ii justification) □ DCA □ Cancellation	ncluding		Name of BOB K	Contact		Teri, e		- Comme		Tele	phone			-		3
			FACI	LITY INFO	ORMATIO	N		N.F.	-				<u>u</u>			
Name of Facility Where Abatement is Taking PIGEON SWAMP STATE PARK - M			ENCE				Type of Fa	4 115								
Street Address 251 DEANS RHODE HALL ROAD	T.					la d	Subc	hapt	er 8	(Othe	comn			lings,	home	es,
City (5) SOUTH BRUNSWICK							Square Fe	et		# of	Floors	3	В	ldg. A	ge	
County (6) MIDDLESEX			County (Code (7) JSE ONLY)		Current Us	se (P	rior i	if beir	ng dem	nolishe	d)			24. Y. S
Name of Monitoring Firm Hired by Building O USA ENVIRONMENTAL MANAGE			ASCM	No.			of Abateme					TING	3		2	1
Street Address 344 WEST STATE STREET			1				Address RUTHER	FO	RD	BLV	D.					
City, State, Zip Code TRENTON, NJ 08618							tate, Zip Co		014		1	9		F±11	41.5	
Project Manager for Monitoring Firm WILLIAM WEISGARBER			Telephor	ne No. 56-8101	1	Геlерһ	one No. 956-8700				Licen 004	se No				
	Schedul 3/18/2		npletion I	Date (11)			of OSHA M IE AS (9)			 E		38			- 1	
Occupancy Status During Abatement (Check	Only Or	ne)					Address					- 1				
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma Other – Describe: DEMO	eriod of a	Abater / Hour	nent		-	City, S	tate, Zip Co	de	1	1 20		===	-1"	100		
					- 4		**									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Cor Mini-End Gloveba Non-Exc	closu ag Pr	ocec	dure	as ·		- 1		e	
Location of		Locat Vorma	lly		Desci	ription	of	,					9	Abate Ty		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial ((12)	nce/		tos Contair	ning M stems ig, VA	laterial (AC insulation, T, or			(S	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A										_		te	Ф
1ST FL FOYER & KITCHEN		Х		- V	FLOC	R TI	LE .			19	0 SF		Х			
ROOM # 101 & 103				7.												
									-				-	-		
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic Ya	ards	Na	me c	of Re	gister	red La	ndfill				
TWO BROTHERS CONTRACTING		H	lauler ID 8743		of Waste		4				IAGE		IT G	.R.C	.W.S	5.
City, State CLIFTON, NJ	2				Disposal 3/14/20			y, Sta		VILL	E, P.	A			4	
Completed by	Title	DET	A DV		Sign	nature	7.	. K			×	Date	8/20	13		

Print Form

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13											65			
Date of Notification (1)					Name of Building Owner RUTGERS, THE \$	Operator (2	5 E	n n	7 6	, p	7			
February	27, 201	13	1	31 35 TH 37	RUTGERS, THE \$	TATEUN	VERS	SITY (/F N	3 1	7)			
Agencies Notified EPA DCA DOL DEP- No Longer REQUIRED DOH	D []	justifi	Notific led Noti gency (cation)	fication including	ENVIRONMENTAL 27 ROAD 1, BLDG City, State, Zip Code PISCATAWAY, NJ	WEALTH 4086, LIM 08854	& SA	FETY TONG	DEF	7		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
E DOIT		□ Cance	elled		MICHAEL SMITH, I HEALTH & SAFET	ENV.ASBE	STASS							
				FACILITY IN	IFORMATION			113	1					
Name of Facility Where Abatemer LIBRARY OF SCIENCE	AND MI	Place (3) EDICINE	E, BLD	G# 3749	Type of Facility (4) School (K-12)						4	7		
Street Address BUSCH CAMPUS					Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years									
	unty (6) MIDDLE	ESEX		y Code (7) Use Only)	Current Use (prior if being demolished): ACADEMIC									
Name of Monitoring Firm Hired by ATC ASSOCIATES	Bldg. Owr	ner (8)	ASCM 0098		Name of Contractor (9)						1			
Street Address	treet Address TERRI LANE					TEMENT C	ONSU	JLTAN	ITS,	INC	-			
					Street Address 268 MAIN STREET									
City, State, Zip Code BURLINGTON, NJ 08016					City State, ZipCode BUTLER, NJ 07405		-11	-						
Project Manager for Monitoring Fire BRIAN KEARNY		elephone 1 609-386			<u>Telephone Number</u> 973-492-0477	+	Licer 008	nse Num	nber					
Scheduled Start Date (10) 03/08/13		3/11/13		on Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC		1 000							
Occupancy Status During Abates	ment (Chr	eck only o	ne)		Street Address	·			_					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	g Entire P	eriod of A	batemer	nt	20-21 WARGARAW	ROAD								
Describe Other – Describe: Shift Ho	urs: 3:0	00 PM -	5:00 A	M	City, State, Zip Code									
		0			FAIRLAWN, NJ									
Scope of Work (Check all that appl	(v)		11.3	1		1.50	-							
\geq 3 sf or \geq 3 lf \geq 160 sf or \geq 26	iO			■ Renovation ■ Demolition		Full Contain Mini-Enclo Glovebag Non-Exempt	sure Procedu	ure ·				ıre		
Location of Asbestos-Containing Material (ACM) in Facility (13)		ion Normal y Maint./Ci 12) NO			sbestos Containing Material mal systems insulation, surfaci	Amou	nt ify SF	Abate	ment	Type		Enclose		
001 MER	TES	X	INA	TSI		<9 L	F	X	Ť					
		-				_			1					
Name of Reg. Waste Hauler See Hauler Below #1 & 2	715.00	JDEP Was ee Below		r ID #	Cubic Yards of Waste:	10 CY		of Regi				1U		
Hauler #1) Greenwood Abatement NJDEP # 12561 Hauler #2) Horizon Disposal Servi NJ DEP # 22612						Disposal Da 03/11/13			100 l Rd. l 1906	Morri	ord N sville,			
Completed by (Print or Type) RAYMOND C. PEDALING		NIOR PI		т	Signature Raymand C. Ped	lalino	Date	Februa						

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification	n (1)	(Purs			Owner/Operator									
2-27-2013			Alberto Comini DECEIVED											
Agencies Notified	Type Notifica	tion	Street Addre	988						H	\parallel			
[]EPA	[X]Initial		181 Chr	rist	opher St			1000	- 1					
[]DEP	Notifica	tion	City, State,	Zip	Code		MAR - 6	2013	-	4	4			
[X] DOL	[]Amended				NJ,07042									
	Notifica	tion	10.00				100507000	SALTING						
[X] DOH	[]EMERGENCY		Name of Cont			Telepho	AS BELLES CO	DIVINC	JLa					
[]DCA	[]Cancellat	ion	Alberto	,	mini	1_		-			_			
	44 - 54		FACI	LITY	INFORMATION		100 100							
Name of Facility Whe		s Tak	ing Place (3)			Type of Faci	lity (4)							
Same as above						[]School	(K-12)							
Street Addres	3 344 2 3 3 3 4						pter 8 (Other							
Dollow Indian					[X]Other (i.e., private & commercial buildings, homes, etc.)									
181 CHRISTOPHER STRE	CET		lan e			Square Feet	# of Floor		dg.	-				
City (5	ļc	ounty	(6)Essex		unty Code (7)	2200	2	1	85	-90				
MONTCLAIR				(S:	TATE USE ONLY)		(Prior if bei	ng der	nolis	hed)			
MONTGINIA		ES	SEX											
Name of Monitoring F	Firm hired by B	uildir	ng ASCM No.		Name of Abater	ment Contract	or (9)	7.0	- 62					
Owner (8) N/A					AZTECH M	ianagemen'	f, Inc.							
Street Address			7 - 2		Street Address	3			-17		10.00			
					86 Chris	topher St	.							
City, State, Zip Cod	le				City, State, 2	Zip Code	2				- 11 -			
					Montclai	r, NJ 070	142							
Project Manager for	Monitoring Fir	m Te	elephone Numbe	er	Telephone Numb	ber	Li	cense	Numb	er	-			
		N	/A		(973)744		-	0037						
Scheduled Start Date	(10) Sched	. Comp	oletion Date	(11)	Name of OSHA N	Monitor					-			
		_		,,	N/A									
Month 3 Day 8 Ye		th 3	Day // Year	13										
Occupancy Status Dur [X]Facility Clos	ing Abatement	(Check	only one)		Street Address	3		719		710	(1) F(†			
of Abatement	t													
[]Abatement Per	rformed Outside ribe: Color:blue;	of N	ormal Facilit	У	City, State, 2	Zip Code					78			
[]other - Desci	ribe: «Other Occ	upanc	y Descript»						67					
Scope of Work (Check	444			-	Ш									
		., 			[]Full (Containment w	ith Negative	Pressu	ıre					
[X]>3 sf or []>160 sf o			[X] Renovation		[X]Mini	-Enclosure								
	7 2200 11		[]Demolition	10-15		bag Procedure riable Proced	ure							
Y ===1.7	-6		Is Location			144		Aba	teme	THE RESERVE AND ADDRESS.				
Location Asbestos-Con			Normally		Description Asbestos-Cont		Amount	R		E	E			
Material	(ACM)		Used Solely		Material (O	(Specify	E	R E	CA	C			
TO BE ABA			By Main- tenance/		(i.e., thermal		SF or	0	PA	P	0			
In Facil	ıty	C	custodial taff (12)	in	sulation, surfa or other miscel		LF)	VA	A I R	S	S U			
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Basement			x	PI	PE INSULAT:	ION	175 LF	X			10			
	B 8 5 5 5					. 9. 5								
	11 ES C 11		-					74.						
Name of Registered W			JDEP Waste	10000	bic Yards	Name of Reg	istered Landf	ill						
AZTECH MANAGI	EMENT, INC		auler ID No.	of	Waste 1.5	G.R.O.W.	S.							
City, State	1. 2			Di	sposal Date	City, State								
Montclair, NJ	07042				2 12 2		lle / PA	1906	7					
					2-14-12)	-//							
Completed By (Print					Signature	1	//	Date						
Constantine Vi	rvian Pre	side	ent		ions	call 110	livius	2-27-	-2013					
		- 147 117 117		No.	1	, jurque	HILL			-				

no check State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MENDE Check# 1579 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 13 1 Charlene Medina Type Notification Agencies Notified Street Address 2013 ☐ EPA ☐ Initial 1314 79th Street **⋈** DOLWD City, State, Zip Code Amendment #1 X DHSS ASBESTOS CONTROL & North Bergen, NJ 07047 Emergency (including LICENSING DCA (NJAC 5:23-8) justification) Name of Contact Cancellation Charlene Medina **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private house Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1314 79th Street homes, etc.) City (5) Square Feet # of Floors Bidg. Age North Bergen, NJ 07047 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03 / 16 / 13 03 / 17 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM-Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination >3 sf or >3 lf Full Containment with Negative Pressure Renovation Mini-Enclosure] > 160 sf or >260 if Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Used Solely by Asbestos-Containing Material (ACM). Removal Encapsulate Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Pipe insulation 100 LF П Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC T.R.R.F. Inc 0033785 **TBD** City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner 02/27/2013 ASB-41

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

	-1.			OF ASB to NJAC		ABATE		4 1	002	46							
Date of Notification (1) 02/28/2013				f Building GIS L.		Operator	(2)	In.	E C	E	<i>[</i>	7	E	M			
Agencies Notified Type Notified ☐ Initial				EADOWLA		LAZA S	SUITE		MAI	3 - 6	201	3					
Ď DOL Ame	ended endment #1_		EAST	ite, Zip Co RUTHERI	ode FORD,	NJ 07	073		. 4		7		1	7			
☑ DOH justif	rgency (including fication) cellation			Contact	DT .			7	SBE	TOBOR O	ALTE	ØL	&		siji-		
Name of Facility Where Abatement	ie Taking Place (2)	FACI	LITY INFO	ORMATI	ON	Type of	F Engility /	(4)								
Name of Facility Where Abatement	is raking Place ()		1 10 to 1				Facility (0.50.5								
Street Address 228 NORTH AVENUE							☐ St ☐ Ot	ibchapter ther (i.e. p	8 (Othe			ouilo	lings,	home	es,		
City (5) ELIZABETH							Square 300,0	Feet	# of 1	Floors		В	ldg. A	ge			
County (6) UNION	* 1 mg = 12*		County (Code (7) USE ONLY)			Use (Pri		•		350	L)				
Name of Monitoring Firm Hired by B ENVIRONMENTAL HEALTH INV	Building Owner (8) ESTIGATIONS	INC	ASCM 0010					ment Co									
Street Address 655 WEST SHORE TRAIL	n 9	117				Address 2 QUE	dress QUEENS PLAZA SOUTH						e de	TP N			
City, State, Zip Code SPARTA, NJ 07871		115				tate, Zip	Code ND CITY	Y, NY	11101								
Project Manager for Monitoring Firm BILL KERBEL		Telephor 973-7	ne No. 29-564	9		none No. 349-09			License 00853	533							
Start Date (10) 03/02/2013	Schedul 3/18/		npletion l	Date (11)			of OSHA	Monitor REA									
Occupancy Status During Abatemen	nt (Check Only Or	ne)			. 5		Address			-				984410	SCHOOL 20		
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	of Normal Facility						KENNEL tate, Zip	OY BLVI Code)			-	-				
Ö Other – Describe: BUILDING		- 11-				BAYO	NNE, N	J 0700	2	11							
Scope of Work (Check All That Appl	ly)																
□ ≥3 sf or ≥3 lf ঐ ≥160 sf or ≥260 lf		Renova Demolit					Mini-	Containm Enclosur ebag Pro Exempte	e cedure					e	. 7		
	Is	Locati	ion		14. 4								Abate	ement	- 100		
Location of	Her	Normal		Ashaa		scription		A C.N.A.\		mount	F	-	1)	ре	Г		
Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	IVIa	intena todial ((12)			thermal surfa				(S	pecify or LF)		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A		11						_			0			
GROUND FLOOR		Х		100000000000000000000000000000000000000	INSUL					00 LF	-	X					
GROUND FLOOR	min j	Х	-	VAT 8	MAST	IC			2	00 SF	-	X	- 1				
							-1				-						
Name of Registered Waste Hauler			JDEP W	laste	Cubic	Yards		Name of	Registe	red Land	Hill						
ATC/TST		F	lauler ID 4310/:	No.	of Wa			1		rerpri			Y		9		
City, State SHIRLEY, NY 11967/BRONX	, NY 10464		g I s			sal Date		City, Stat		OH 4	4688	3					
Completed by ANN ALI	Title ADMI	NISTE	RATIVE		8	Signature					Date 02/28/2013						

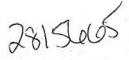
* Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 20613901588 (Pursuant to NJAC 8:60 and 5:16)

MO#20613901588		NOTI				BESTOS AB AC 8:60 and 5			00171					
Date of Notification (1)				Name	of Buildin	g Owner/Operat	or (2)		<u> </u>				
02	28 /	13		- 9		perties LLC	È		FIVE					
Agencies Notified	Type Notificati	on			t Address	perties LLC		156		HAH	-2.45	7.00		
⊠ EPA	✓ Initial			347 B	Belleville .	Avenue				IIIIIII				
DOLWD	Amended				State, Zip (MAR	6 2013	HUII		-		
☑ DHSS	Amendmen Emergency			Bloor	nfield, N.	J 07003	п .	3000 (52.1)	() Z010					
(NJAC 5:23-8)	justification				of Contac				Telephone Nu	mber	-	1910		
	. Cancellatio	n		Al Sta	abile	-01176		ASBESTC:						
The property	*			FA	CILITY IN	NFORMATION								
Name of Facility Where A	Abatement is Tai	king Place	(3)					Type of Facility	(4)					
Apartment building				11000	3 F = 1			School (K-1	2) 8 (Other than K-1	1 2)			7.	
Street Address									private and comm		uilding]S,		
347 Belleville Avenue				10, N				homes, etc				172574 T		
City (5)	NA E			\$) ====================================				Square Feet	# of Floors	Bi	dg. A	ge		
Bloomfield, NJ 07003 County (6)				Cour	nty Code (7)	(STATE USE ONL	VI	Current Hee (F	rior if being demo	oliob od)	1 01			
Essex				Cour	ity code (1)	(STATE OSE ONE	-"/	Current Use (F	nor it being demo	Jiishea)				
Name of Monitoring Firm	Hired by Buildir	ng Owner	(8)	ASCM	No.	Name of Abat	eme	nt Contractor (9	9)	100			10,15	
Envirovision Consultar	nts.Inc			00079		Gr Tech LLC		ii oomii dotor (c	2					
Street Address	,		7	00017		Street Addres		2-1						
20-21 Wagaraw Road,	Bldg .# 34A	2				576 Valley R			N 44	alte a				
City, State, Zip Code	1 1 2 11 1					City, State, Zi	-	***************************************						
Fair Lawn, NJ 07410	16.	100		1		Wayne, NJ 0	747)						
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No).		License No.					
Guillermo Morales				-636-9		973-638-177		,	01127	1				
Start Date (10) 03 / 09 /	13	heduled C 03 /				Name of OSH	IA M	onitor						
				5/		Envirovision		sultants,Inc	***					
Occupancy Status During Kacility Closed/Vacate						Street Addres								
☐ Abatement Performed					scribe	20-21 Wagar	aw l	Road, Bldg .#	34A					
Time of Abatement:	AM-	_PM/	PM		_AM	City, State, Zi	•	**************************************						
Scope of Work (Check all	that apply)				-	Fair Lawn, N		410 and decontami	nation					
	that apply)	F							egative Pressure					
>3 sf or >3 lf > 160 sf or >260 lf		X Re	novat			Towns of the last		osure Dragadura						
			O.IEN	211	A.E	Non-	Exen	Procedure pted (*) and N	on-Friable Proced	dure				
			Loca				-			Ab	atem	ent T	уре	
Location Asbestos-Containing I		100	Norma ed Sole		Asha	Description Descri				R	R	ш	Щ.	
TO BE ABA	TED	0.0000000000000000000000000000000000000	intena	1000 C 10 C 1000 C 100 44		e., thermal syste			Amount (Specify	Remova	Repair	псар	Enclosure	
IN Facili	ty	Cus	(12)	Staff?		surfacing, \ other miscell			SIF or LF)	oval	=	Encapsulate	sure	
v = V ()	* *	Yes	No	N/A		outer miscen	aneo	us			İ	te		
Boiler room-basement		10	П	×		latian mina i			220 55 : 20 1	F X			\vdash	
				+		sulation, pipe i	insui	ation	220 SF +30 LI		닏	H	본	
Supply room and hallw		ᆜᆜ	<u>L.</u>	X	Pipe ins	ulation			210 LF	X	LJ	Ш	Ш	
Garbage room and storage-basement					Pipe ins	ulation			130 LF	X				
Boiler room-meter roon				×	Pipe ins		.5		90 LF	X				
Name of Registered Was	te Hauler		, NJ	DEP Wast	e Hauler ID No.	Cubic Yards of V	Naste	Name of Regi	stered Landfill	A State of the Sta	-		the spenis	
Gr Tech LLC			(003378	85	TBD		T.R.R.F. Inc	78					
City, State		- 1	on the second			Disposal Date		City, State		Marin Control	WHOLE AND	a.combined	RPS No. 1	
Wayne, NJ 07470						TBD		Tullytown, F	PA				- "	
Completed By (Print or Type) Title						Signature	1		- T	Date				
N.Jevtic Owner						fle	W	e Ver	02/28/2013					
ASB-41			100			//					-			

MAY 11

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



Date of Notification (1) 2/26/13	Territoria.				of Buildin	g Owner/Ope eiler	erator (2)	E (GE	IVED								
Agencies Notified X EPA	Type Notification	n			Address Ount Pl	easant Par	kway		4. 3				╫	#					
DEP X DOL	Amended Amendmer Emergency			Living	tate, Zip (jston, N	IJ		1111	M)	4R - 6	20	13		4					
DOH DCA	justification Cancellatio	1)	14.	Harve	of Contac y Anwe	eiler			ALA	epppie Al	MRPPE	ROL	1						
Name of Facility Where	Ahatement is Taki	ing Diago (2)		FAC	ILITY IN	FORMATION					7	-							
House	Todicinent is Taki	ing Place (3)				11.0		Type of Facility	(4)	45	0	13.0	t.						
Street Address 36 Mount Pleasant	Parkway	1 1 2 Pro						School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K-1	12) cial bu	ildings	s, hon	nes,					
City (5) Livingston		193		- 1				Square Feet N/A	# of N/A	Floors		Bldg.	Age						
County (6) Essex					Code (7) USE ONL			Current Use (Pri House	or if beir	ng demolis									
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCI	M No.	Na D	ame of	Abatement Cor batement, In	ntractor	(9)									
Street Address			1		St	reet A	ddress sengren Aver												
City, State, Zip Code					Cit	ty, Sta	te, Zip Code a, NJ 07512												
Project Manager for Moni	Project Manager for Monitoring Firm						lephor			License N									
Start Date (10) 3/12/13		Scheduled	Cor	mpletion	Date (11)	Na	ame of	OSHA Monitor batement, In											
Occupancy Status During	Abatement (Che	ck Only One)				reet Ac		·					111					
Facility Closed/Vaca	ted During Entire	Period of Ah	aton	nent				engren Aver	nue										
Other – Describe: O	ed Outside of Norr occupied	mal Facility F	lour	S		Cit	y, Stat	e, Zip Code a, NJ 07512				-							
Scope of Work (Check All	That Apply)	THE STATE	100		7			.,			-								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure										
		ls Le	ocati	Non-Exempted (*) and Non-F							T		emen	t					
Location	of	No Used	rmal			Descrip	tion of						ре						
Asbestos-Containing M TO BE ABA In Facility (13)	TED	Maint Custoo	ena	nce/	Asbes (i.e.	stos Containin thermal syst surfacing, other misce	ng Mate ems in VAT,	erial (ACM) sulation, or	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure						
		Yes	No	N/A							=		ate	e					
basement & cra	sement & crawl space					pipe insu	ulatio	n	81	LF	х								
					-							-							
Name of Registered Waste	Haulor										-								
D&S Abatement, Inc.	, riduidi		Н	JDEP Wauler ID 20996		of Waste TBD	S	Name of R	100				100						
City, State Totowa, NJ	s1					Disposal Da	ate	City, State Tullytow					-						
Completed by		Title				Şigyişt	ure	7 A	11, 1-(1	- 15-	to								
Deanna Brkusanin		ma	nager	7. E		ÖWU	100 Billu	elle	Da 2/2	te 26/13	3								

Date of Notification (1) 2/26/13			•	Name of		owner/Ope man	- Inne	EG	EIVE		\parallel		
Agencies Notified EPA	Type Notification		138	Street Ad 177 Gl	idress enwood	Road		MAF	7 - 6 2013	TL	打		-
X DEP	Amended Amendment #				te, Zip Coo vood, NJ			ASRES	TOS CONTROL	. &			
DOH DCA	Emergency (in justification) Cancellation	ncluding	1.0	Name of Scott S	Contact Smedres	man		1	CESIEPHORE Num	nhor			
		1-4-		FACIL	LITY INFO	RMATION		A CONTRACTOR					
Name of Facility Where House Street Address 177 Glenwood Roa		Place (3)		* :		3					lings,	home	es,
City (5) Englewood	iu .	1						etc.) re Feet	# of Floors N/A		dg. A	ge	
County (6)				County C			Curre	· · · · · · · · · · · · · · · · · · ·	or if being demolish	1000		+	
Bergen		S 10 15 1-		•	JSE ONLY)		– Hou						
Name of Monitoring Firm N/A	n Hired by Building C	Owner (8)		ASCN	l No.	1	D&S Abat	tement Con ement, In					52.0
Street Address								gren Aver	nue				
City, State, Zip Code							ity, State, Z Totowa, N						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		elephone N 973-345-8		License N #00675	lo.			
Start Date (10) 3/13/13		Schedule		npletion	Date (11)	1 - 30		HA Monitor tement, In	с.				
Occupancy Status Durin		- 5			H-1 0	7.5	Street Addre	ess gren Aver	nue			-	
	cated During Entire F ned Outside of Norm Occupied						City, State, 2						
Scope of Work (Check /	All That Apply)		7	34					eroan		- W-	1.0	7///
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- Annual Control	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			e.			
			Loca				-	on Exemple	, , and , , , , ,	T	Abat	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility Custo						tos Contai thermal sy surfacir	Description of ontaining Material (ACM) nal systems insulation, rfacing, VAT, or er miscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
gara	go.	Yes	No X	18/7		nine ir	nsulation		75 LF	x	-	-	-
gara	ge		_^	51		pipe ii	isdiation		702				
												-	
Name of Registered Wa	aste Hauler			NJDEP V	Vaste	Cubic Y	ards	Name of	Registered Landf	ill		Ц.	1
D&S Abatement, In				Hauler ID	No.	of Waste	е ;	Waste	Management				
City, State Totowa, NJ			Disposal Date TBD			al Date City, State Tullytown, PA					The same		
Completed by Deanna Brkusanin		Title Proje	ect m	anagei		Sig	mature Militari	Date 2/26/13					

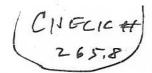
		ž,		ICATION	OF ASE	ew Jersey BESTOS A 8:60 and	ABATE		2	376	3 5 6			_
Date of Notification (1) 2/27/2013	Check #	2376				Owner/O					W	E	1	计
Agencies Notified EPA	Type Notification			Street A 555 7t	ddress th Stree	et] M	AR - 6	2013	}		肼
DEP DOL	Amended Amendment Emergency justification)			Hobok	ate, Zip C ken, NJ f Contact	07030			ASBE	STOS CO	NTRO	DL &		1
DCA	Cancellation			Ron Z		- VI 3								_
Name of Facility Where A Hoboken Catholic A		g Place (3)	FACI	LITY INF	ORMATIO	ON	Type of Fac	(K-12)					
Street Address 555 7th Street								Subch Other etc.)	apter 8 (Ot i.e. private	her than K-1 & commerc	2) ial buil	dings	, hom	ies,
City (5) Hoboken, NJ 07030)	i	0					Square Fee 20,000	t #	of Floors	- 1	3ldg. /	Age	
County (6) HUDSON					Code (7) USE ONLY	n	_	Current Use School	(Prior if be	eing demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	/ No.			of Abatemen Services Co						
Street Address		1		-	r			Address 69th Street						-
City, State, Zip Code								tate, Zip Cod enberg, NJ						
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none No. 295-1700		License N	10.			
Start Date (10) 3/2/2013		Schedul 3/4/20		npletion I	Date (11)		Name	of OSHA Mo	nitor			2200		1
Occupancy Status During	Abatement (Chec	k Only Or	ne)					Address				14		
Facility Closed/Vaca Abatement Performe Other – Describe: 8	ed Outside of Norm	eriod of all Facility	Abaten / Hours	nent	1 prog 1 2 1		City, S	tate, Zip Cod	е		-	0 1		
Scope of Work (Check Al	I That Apply)	-							-					
≥3 sf or ≥3 if ≥160 sf or ≥260 if		and the same of	Renova Demolit			5	×	Mini-Enclo	sure Procedure	h Negative I			e	
Location	of		Locati			-		n nes				Abat	emen pe	t
Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Ma Cus	d Sole intenar todial S (12)	nce/	Asbes (i.e.	tos Conta thermal s	systems ing, VA	laterial (ACM s insulation, T, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Crawl sp		Yes	No	N/A							_		б	L
Clawi sp	ace			X		El	lbows			16 LF	х			-
		,												
Name of Registered Wast	e Hauler		TN	JDEP W	aste	Cubic Y	'ards	Nam	of Regist	ered Landfil				
Freehold Carting	Y	1	Н	auler ID	50555	of Wast		The cases	ste Mana					
City, State PO Box 5010				Disposal Date			Oate City, State Tullytown Landfill							
O Box 5010 Completed by Title Vina Salvador Office M				Si				gnature Date 2/27/2013						



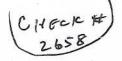
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Date of Notification (1) 12-28-2013				f Building Owner		NTER-	可是	E	n	W	E.	5
Agencies Notified Type Notification		\dashv	Street A	ddress	1	NIEE	N.		-	<u>U</u> 1	7	HH
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EPA Initial Amended Amendment		ľ	City, Sta	= .Su an o	,	7	H MA	H (2	313	71	U
DOL Amendment :		- [Mo	untain	Sid	ei - 017	092					
DOH justification)	nauumy	Γ	Name o	f Contact			T.P.LEDROE	中四四中	PINT	ROL	_	
DCA Cancellation				TONIO P		Des L					_ ;	
Name of Facility Where Abatement is Taking	Place (3	3)	PAG	LITT INFORMA	INS	Type of Facility	(4)					
PRIVATE						School (K-						
Street Address				•			r 8 (Other the private & com		huildi	nge h	ome	se.
2. HIGH POINT - D	R.			200		etc.)						
City (5)		Gi	51.0			Square Feet	# of Floo	rs	Bi	ig. Ag	е	
MOUNTAIN-SIDE	- N.	7.1	200	12		Compatition (Da	innii balan da	- liebe		-		
County (6)			(STATE	Code (7) USE ONLY)	on addression	Current Use (Pr	ior ir being de	molishe	3)			
Name of Monitoring Firm Hired by Building C	Wner (8)		ASCI	A No.		of Abatement Co		LC				
Street Address			<u> </u>			Address	1100 1					
Suber Address					100000000000000000000000000000000000000	VAN ORDEN	PL .					
City, State, Zip Code						State, Zip Code KENSACK	N J. 0760)1		25		100
Project Manager for Monitóring Firm			Telepho	ne No.		none No. 708-4270		nse No. 135				
Start Date (10)				Date (11)	Name	of OSHA Monitor			NA PROPERTY A	-		
				2613	1 SA	NAID - T	<i>TECHNO</i>	LOGI	65	. <u>1</u>	AD	4
Occupancy Status During Abatement (Check	c Only Or	ne)			Street	Address	عر	~			~	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of	Abaten	nent		155	State, Zip Code	BIDEE	<u>U</u> E		TIVIC	(5 ,
Other - Describe:	ar racing	y rious	•			whatay	111	7	21	39		
Scope of Work (Check All That Apply)					1.0	WNGIGI	7 AH	3 EX	<u> </u>		•	
⊠ ≥3 sf or ≥3 lf		Renova	ition .			Full Contains	nant with Neg	ative Pre	ssun	3		
2160 sf or ≥260 lf		Demoli			. 5	Mini-Enclosur	re					
					ia E	Glovebag Pro Non-Exempte	ocedure ed (°) and Nor	-Friable	Proc	edure		
	,'	Cocat	ion				1	1	,	ا المحادث	ent	
Location of		Vormail ed Sole		D	escription	of		L		Тур	B	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intena	nce/	Asbestos Cor	ntaining A	Material (ACM) s insulation.	Amoun (Specifi	70	_		g	m
In Facility (13)	Cus	todial 8 (12)	Staff?	, surfa	acing, VA	T, or	SF or LI	5	Remova	Repair	Cap	nclo
(10)	Yes	No	N/A	other	miscellar	recus)			oval		Encapsulate	Enclosure
Bascment		×	1	NAT -	Eliza	r- Tile	163	11	7	+	+	-
A++10		· X	1					7	4	+	\dashv	\dashv
F-11(C			Ì	ハヤエ-	1100	217-116	11000	+	X	+	\dashv	\dashv
								\dashv	\dashv	+	+	\dashv
Name of Registered Waste Hauter	-		JDEP W		Yards	Name of	Registered La	andfill.				\dashv
Sharon Quality	CO		auler ID 1033	967 of Wa	iste / L)				Se	20	i C	0
Hackensack NJ.	07	601	65	Dispo	sal Date	City, Stat	1-S7777 e ronx-	Ny	-/	04	74	
Completed by .	Title	*********		18	Signature	1/1/	VAN 1	Date	<u> </u>	_ /		- 1
CARLOS ESQUIVEL	SAFE	IV A	MANAC	3ER		genffref	CY/	102-	2)	Y/	201	之

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Date of Notification (1))	Job a	#: 9393	.1	1 2	of Building Own	2	2)		9 B	<u>U</u> \	<u> </u>	4
March 1, 2013	11 05 0					are Rover Port	Authority			1111			Щ
Agencies Notified	Notification	n Type	40.0		Street	Address			III MA	AR - 6	20	12	111
□EPA	☐ Initial N	lotification	on		2 Rive	rside Drive	16.83			(, 20	10	
DEP					City, S	tate, Zip Code	20000000						
⊠ DOL	Contract of the contract of th	ndment#			Camde	en, NJ 08101			ASBES	TOS C	ONTE	OL 8	₹ .
☑ DOH	Emerge justification		cluding		-	of Contact		L	Teler	HOEVE	Hoer		_
M DCA	☐ Cance												
					Mark (Green							
					FACIL	ITY INFORMAT	TION						
Name of Facility When	e Abateme	nt is Tak	ing Pla	ce (3)				Type of Facili	ty (4)				
Administrative Bldg.	, Commod	ore Barı	y Brid	ge				School (K-		17.40			
Street Address								☐ Subchapte ☐ Other (i.e.				linge	
Route 322			100					homes, etc		ATTITICI CIC	ii buiic	iii igo,	
City (5)			Ties	1-12-20		4 1 1 1		Square Feet	# of Floo	rs		. Age	
Bridgeport		15.6	- VE					10,000	2		40 y	ears	
County (6)		,				Code (7) (ST	ATE	Current Use (prior if being	demolis	hed)	3	2
Camden County					USE C	DNLY)		Commercial					
Name of Monitoring Fi	rm Hired by	/ Buildin	g Owne	er (8)	ASCM N	No. Name	of Contractor	(9)				3	-
Pennoni					00102	Prime	Group Reme	diation, Inc.					2
Street Address	8						Address					2 1	
515 Grove Street						4343 '0	S' Street						
City, State, Zip Code					17/1	City, St	ate, Zip Code						10
Hadden Heights						Philad	elphia, PA 19	9124					
Project Manager for M	onitorina Fi	rm T	Teleph	one Nu	mber		one Number		icense Numb	per			
Alan Lloyd				7-0505		215-53			x=.=x.1=.=				
Scheduled Start Date	(10)	Schedu				100000000000000000000000000000000000000	of OSHA Mon		0858				
	(10)				11 (11)			itor					
January 31, 2013 Occupancy Status Dur	ring Abatom	March				Penno	ni Address						
						1,000,000,000							
Facility Closed/Vac	ated During	Entire	Period (of Abate	ement	and the same of th	ove Street	A +0					
☐ Abatement Perform ☐ Other – Describe: V				ility Hot	ırs -	100000000000000000000000000000000000000	ate, Zip Code n Heights, N.						
Source of Work (Chec	k all that an	nlv)	T										
□ >3 sf or >3 lf		7,6.97		⊠ Da	navation		□ Full Cond	lainen ant with I	Nanativa Des				
					enovation emolition		☐ Mini-Enc	tainment with I	Negative Pre	ssure			#5
							⊠ Glovebag	g Procedure					
		-					☐ Non-Exe	mpted (*) and	Non-Friable	Procedu	re		
		le	Location	nn -							Ahat	emen	+
		100000000000000000000000000000000000000	mally L	-15.5							201	/pe	· ·
Location of Asbe			Solely b		1	Description		and the same of th	Amount		_		T .
Containing Material			intenar Custodia			tos Containing I			(Specify .			т	_
TO BE ABATE IN Facility	<u>.U</u>		Staff?	di .	(i.e.,	, thermal system surfacing, VA		"	SF or LF)	Removal	ZD.	S	Enclosure
(13)			(12)			other miscella				l m	Repair	ısqı	los
					1					<u>a</u>	=	Encapsulate	ure
V4		Yes	No	N/A	0							æ	
Emergency Generato		х				tor Exhaust	Bts.	100 SF		Х		13	
Emergency Generato	r Room	X			Pipe Ins	sulation		40 LF		X			-
											-		+
Name of Reg. Waste H	Hauler		I N	JDEP V	Vaste	Cubic Yards	Name of	Reg. Landfill	4		1		
1.7			0.000	auler ID	2,237	of Waste	1						
The Prime Group Ren	mediation	1				3 /		(DEP #15-12	92)				
City, State						Disposal Date	City, Stat	е					
Philadelphia, PA			13-			03/25/13	Waynest	ourg_OH					
Completed by	Title	9				Signati	ire	> `		Date			
Vincent Primavera	Pro	ject Ma	nager			4				March 1	, 2013		



	(Pursu	iant to	NJAC 8:60 and 12:12	(0)	VIJAAA	1.15	1.00
Date of Notification (1) /28/13		1	dame o	Bullding Owner/Operato	× (2)			
				TARTY TES	14 LOBY	MICTIBE	9/4	
Agencies Nouthed Type Notificati	on	S	iree!	ddress - A	C 0	& 7/00.	, 5:	a.
PA SUNIE .	C	L		155 RT.		100		<u> </u>
∑ OOL	. B	0	city. Su	10. Zip Code June-en 1=15		08238/1	TRO:	
☐ Emergency	(including	L			LD , W , J ,	Telephone Numbe	- 4/	
₹ DOR justification		1		Contact		sephone numbe		
☐ Cancella to	H		R	NUCE BREUN	110			
· · · · · · · · · · · · · · · · · · ·			FACI	MY INFORMATION		ts. I	536	100
Name of Facility Where Abatement is Tal	uno Place (3)			Type of Facility	4)		
RESIDENCE					School (K-12)		
					Osner (I.e., pr	(Other than K-12) nvate & commercial	pulang	1 \$
Z316 Wo	3+ AU	-			homes, etc.)		Bidg	
5-16)	- 107-27			* .	Square Feel	# of Floors		0 -
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		T	County	Code (1) (STATE				
COUNTY (6) COME MAY	100	_	USE C			CONT		
Name of Maritoring Firm Hired by Buildin	g Owner	TAS	SCM N	Name of Abate	meni Convector (9)	Col		
181 Navioning Fill Tilled by								
				Sveet Address	S. SPRU	= Ave.		
Sireer Aggress) · · · · · · · · · · · · · · · · · · ·		
				Ciry. State, Zip	COSPLE SHOT	E'W. JO	805	۲
City State Zp-Code	Same and				PLE SHA	License No		
Project Manager for Monitoring Firm	T.	Teleph	none N	Telephone No.	79-0472		4	
	<u> </u>							
Sc.	neouled Con	mpleix	on Date	(11) Name of OSH	PKALEM	M		
Stan Date (10)	3/18	1.1	3_		Q-,v			
Occupancy Status During Abatement (C				Sueel Addres	SPILUC	=105,		
Stacking Closed Vacated During Entire	Penod of A	batem	ent	369	2/2/1000			
Abatement Performed Outside of Nor	mal Facility	Hours		Ciry, State, Xio	COME SHAD	= NJ	იგივ	52
One · Describe.				_ MAR	LE DAND	-11-15-		
Scope of Work (Check all that apply)				□ Full C	ontainment with Ne	gatve Pressure		
Scope of Work (Check all VE. Spent	— 2200	ovation	^	- Mini-B	nciosure			
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2160 51 01 2260 11				11:00			~	oa:eme
	Is Lo	musty	'	l la la			-	
	Used	Solely	by	Descriptor Asbesios Containing I	n oi Material (ACM)	Amount	-	
Location of Aspessos - Containing Material (ACM)	Main	enano	25/	is inermal system	ns insulation.	(Specify SF or LF)	Removal	Racu
TO BE ABATED		iaus.		suda ang. Y.	A1. 01	3, 4 5 7	9	É
IN Facility	(12)		other wascours	116000/			1
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			DEP	Maste Cubic Yards	Hame of Re	ossered Landfill	, 1	
Name of Registered Waste Hauler		H	lauter [No. 01 Waste	C, ~	1, C, M.		
Kiémco INC.	11 13 14	_ 1	79	05000 Da	Ciry State		77-34	\$07.00 above
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	Tide			Signatu	osiph Se	~ Z	100	112
Compreted By	4777770707		5 R		man			



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1 00H	justification) Cancellation		Na	me of C	Contact	1.0	, ,,			TA .	The Party	
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			F	YCITL	TY INFOR	HOLLY		CP - Silve 14	101	-	Co	
ma of Earlin Where	Abatement is Taking	Place (3)		-			y maker brose	of Facility (4	,	10,		
075	1751000						m e.	chool (K-12)	Other than K-12)			
		5-	t 7 - 3 - 1				20	her (i.e., priv	ata & commetcia	balany		
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Date of Notification (1) 3/1/2013			T	Name of E	Building C	wner/Operat HUMANIT	or (2) 'Y OF I	HUDSON (COUN	1943 _{MAI}	þ _			1/3
Agencies Notified	Type Notification			Street Add	dress OX 319	7.		Elan V	€.	ades n	. 6	41	' <i>2:</i>	00
EPA DEP DOL	Initial Amended Amendment #		-	City, State	RT, N.	owner/Operat HUMANIT de J 07735			Tele	€ L/C/ phone Num	S C	ON	RO	. 0
DOH DCA	justification) Cancellation		- 1	Name of 0 DAVID					100	priorio Ivairi		·Q		
				FACIL	ITY INFO	RMATION				-				
Name of Facility Where VACANT BUILDIN		g Place (3)						of Facility (4 School (K-12	2)	- th 1/ 12	.			
Street Address 41 KEARNY AVEN	NUE					6	×	Subchapter 8 Other (i.e. pr etc.)	ivate &	commercia	l build			s,
City (5) KEARNY						A 85		are Feet	11857 2026	Floors		dg. A	ge ———	
County (6) HUDSON				County C (STATE U				ent Use (Prio	G G		ed)			
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCM	No.	Nar	ne of Aba	OTHERS	tractor (⁽⁹⁾ RACTIN	G			-
Street Address						Stre	TWO BROTHERS CONTRACTING Street Address							
Substitudios				4			250 RUTHERFORD BLVD.							
City, State, Zip Code				+ 1		330		Zip Code N, NJ 0701	4		109 111			*
Project Manager for Mo	roject Manager for Monitoring Firm						Telephone No. License No. 973-956-8700 00494							
Start Date (10) 3/13/2013		Schedule 3/27/20		npletion D	ate (11)		Name of OSHA Monitor SAME AS (9) ABOVE						- 1	
Occupancy Status Duri	ing Abatement (Chec	k Only One	e)		3	Stre	eet Addre	ess :	-				-	
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire I med Outside of Norm VACANT	Period of A nal Facility	bater Hour	tement City, State, Zip Code										
Scope of Work (Check	All That Apply)							10 10	,					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enov: emoli				H M	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	i			· 0	
		1		- 1	-		IN IN	on-Exempled	ı () and	I NOTI-I HAD			ement	
			Loca lorma			Deserio	tion of					Ty	ре	
Locati Asbestos-Containii <u>TO BE A</u> In Fa (1:	ng Material (ACM) ABATED Icility	Use Mai	d Solontena odial	ormally Solely by Intenance/ Idial Staff? (12) Asbestos C (i.e. therm su other			Description of Containing Material (ACM mal systems insulation, urfacing, VAT, or ler miscellaneous)		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
EDONT DECE	PTION ROOM	100	X	N/A		VAT & N	1ASTIC		40	00 SF	X		-	
	R WALLS		$\frac{\lambda}{X}$	-		DRYW			1,1	00 SF	X			140
	the control of the co				B	OILER INS		ON		6 SF	Х	1		
ВОП	BOILER				7 50	0 0 1 1		1 11 11	:					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING				INODE: ITOOLO			Cubic Yards Name of Registered Landfill f Waste WASTE MANAGEMENT G.R.O.V		D.W.	S.				
City, State				Disposal Date City, State 3/27/2013/\text{ORRISVILLE, PA}					- 3 - 7					
CLIFTON, NJ Completed by Title				CRETARY Signature					Date 3/1/2013					

Noneck

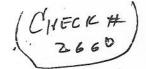
()							MPa_{n}	heck # 7394 (alre	ady p	oaid))	
Date of Notification (1	1) Amended Ma ebruary 5, 201		13		of Buildir Sylvan As:	ng Owner / Operator	(2)	79 Y	2, 1 Cerry (C.)			6.1
Agencies Notified EPA DEP	Type Notificati	ion		Stree	t Address	enue, Suite M-E	H3MAR -6 A	^{1M} 2: 68		8		
DOL	Initial		i		State & Zij	Code	SESTOS CO LICENSIA	NTROI				-
⊠рон Про∧		dment #_2	2			ffs, NJ 07632	···		- 2			
□DCA	Cance	ellation		Name	of Contac	ct		Te	elepho	ne No	ımbe	er
				FA	CILITY	INFORMATION						
Name of Facility Whe US Post Office	re Abatement is	Taking F	Place (3)			Type of Fac						
Street Address							apter 8 (Other tha	n K-12)				
360 Sylvan Avenue		eta eg						commercial building	s, hor	ne, e	etc.)	
City (5)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					Square Feet 30,00	00	1	g. Age	50		- 1
Englewood Cliffs						Current Use Post Office	(Prior if being de	molished)			7	
County (6) Bergen			ounty Cod			- * * * * * * * * * * * * * * * * * * *			4.			
Name of Monitoring F Tiger Environmental	irm Hired by Bu , Inc.	ilding Ow	ner (8)		ASCM	No. Name of Aba Synatech, Ir	atement Contract	or (9)				8
Street Address 16 West Elizabeth A	vonuo					Street Addre	0.0		140			
City, State & Zip Code						829 Radio R City, State &	Zip Code					-
Linden, NJ 07036 Project Manager for N	Ionitoring Firm			elephone		Telephone N		License Num	ber		10 Sastana	
Kelly Walton Scheduled Start Date	(10) Is	cheduled	Completi	8-862-43		609-296-691			0081	7		
February 15,	2013		Apr	il 1, 2013	· · · · · · · · · · · · · · · · · · ·	Name of OS Synatech, Ir	ment increasing			i.		
Occupancy Status Du Facility Close	ring Abatement ed/Vacated Duri	(Check o	nly one) Period of	Abateme	nt	Street Addre 829 Radio R	ss		No.			
Abatement P Other – Desc	erformed Outsic	de of Norn	nal Hours	S		City, State &	Zip Code arbor, NJ 08087					
	pied During Aba	tement										
Scope of Work (Check	k all that apply)						l Euli Containus	A SHE NEW YORK				
$\ge 3 \text{ sf or } \ge 50 \text{ lf}$ $\ge 160 \text{ sf or } \ge 260 \text{ sf}$) If			Renovati Demolitio	777		Mini-Enclosure Glovebag Proce					13
Loca	ation of		Is Locati	on Norma	ally Used	Descript		(*) and Non-Friable Pro		re ateme	- T	
	ABATED	CM)	Solely b	y Mainter dial Staff	nance or	Asbestos-C Material	ontaining - (ACM)	Amount (Specify SF or LF)	Au	aterrie	311L 1	ype
	Facility (13)				-	(i.e., therma insulation, sur	l systems facing, VAT			-	m m	ш
				-		or other misc			Remova	Repair	cap	nclo
			Yes	No	N/A				oval	air	Encapsulate	Enclosure
irst Floor					x	Floor	iles	4.5 SF	X			
									= (403) 40 (40 60)			
lame of Registered W	Vaste Hauler		NJDEP V	AND THE PROPERTY OF THE PARTY.	Cubic Y	ards of Waste	Name of Regis	tered Landfill				
Synatech, Inc.		11950	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	429	<1		Grows Landfil	l	Land.	1	1	
City, State		100	to a File		Disposa	l Date	City, State					
ittle Egg Harbor, NJ		32			April 2,		Morrisville, PA		-	-		-54
Completed By		Title			Signatu	re . 11	1 5 5 7 3 4	Date	14			
Diane Aloia		Executive	e Adminis	strator	I AU	Une Ulo		March 1 2013			.,	



(prev. paid on Check # 7396)

	1) Amended March 1, 20	013		of Building	Owner / Opera	701-					
Agencies Notified	Type Notification			Address		COTTIA	2.0		-		
EPA DEP	Type Notification			111	ding Road	#38757E	R-6 AH 2: 68 DENSING ROL		, f		
⊠DOL .	Initial		City, S	tate & Zip	Code	- L/C	ENSTAIRDE				
⊠DOH 1	Amended Amendment #	1	Laure!	Springs,	NJ 08021		"STNG" OF				
DCA	Cancellation	_	Name	of Contact	91, a		lTele	enhon	e Nu	mbe	r
			Dino N	lappi		2.7	1	TOTAL SAME			
			FA	CILITY II	NFORMATIO	NC					
Name of Facility Whe	ere Abatement is Taking	Place (3)		1.5		Facility (4) hool (K-12)			=		
Street Address					── ☐ Sul	bchapter 8 (Other tha	an K-12)				
1345 Chews Landin	g Road				⊠ Otl	her (i.e., private &	commercial buildings	, hon	ne, e	tc.)	
	* * *				Square		loors Bldg	. Age			
City (5) Laurel Springs	12 E - March Cons					6,000 Use (Prior if being de	1 emolished)	-	58		
					Bank	- Coc (i noi ii boing di	sinolionou)	. 9.			
County (6) Camden		County Code	€ (7)								
	Firm Hired by Building Oving Consultants, LLC	wner (8)	18 1	ASCM N	lo. Name of Synated	f Abatement Contrac	tor (9)		•		*
Street Address					Street A			/ I was y			
One Mall Drive, Suit		- 2 1		<u> </u>		dio Road ate & Zip Code					
City, State & Zip Cod Cherry Hill, NJ 0800						gg Harbor, NJ 0808	7				
Project Manager for I Howard Zenobi			lephone I 6-482-13			ne Number	License Numb	oer 0081	7		
Scheduled Start Date	e (10) Schedule	ed Completi	on Date (11):		f OSHA Monitor					
February 16			il 1, 2013		Synated Street A					-	
	uring Abatement (Check sed/Vacated During Entire		Abateme	nt	829 Rac	dio Road					- 7
	Performed Outside of No	rmal Hours	3			ate & Zip Code					
Other – Des	scribe: upied During Abatement				Little E	gg Harbor, NJ 0808	3 7				
Scope of Work (Che	ck all that apply)					100		. 100			
≥3 sf or ≥ 50 lf ∑ ≥160 sf or ≥26			Renovati Demolitio	200		Full Containm Mini-Enclosure Glovebag Pro		ure			
2 2 100 31 01 <u>2</u> 20	50 II						d(*) and Non-Friable Pro	ocedu	re		
Lo	cation of	Is Locat	on Norma	ally Used		scription of			atem	ent 7	Гуре
	aining Material (ACM)			nance or		tos-Containing	Amount (Specify SF or LF)				
	E ABATED Facility	Cusic	dial Staff	(12)		erial (ACM) ermal systems	or or Ery			_	
	(13)		120			n, surfacing, VAT		교	ת	l iii	E
100					or otner	miscellaneous)		Removal	Repair	sde	Enclosure
		Yes	No	N/A				val	Ŧ	Encapsulate	ure
Tollo	r Line Area	-		X	Vinyl Flo	oring and Mastic	250 SF	X		7	-
Teller	Lille Alea			<u> </u>	· injii io	ornig and mades		1 ^			
4						- 1 1					
Name of Registered	Waste Hauler	NJDEP Hauler II		Cubic Y	ards of Waste	Name of Reg	istered Landfill				
Synatech, Inc.			429	3		Grows Land	fill				
City, State			La le	Disposa	I Date	City, State					g even
Little Egg Harbor, N	J 08087	10000		April 2,	2013	Morrisville,	PA	3 1			
Completed By	Title			Signatur		0	Date		4		3 (244)
Diane Aloia	Execut	ive Admin	strator	1(1/	ane al	ne	March 1, 2013				
Dialic Aloia	LACOU			10		/				_	

6/1/17		Name of	Building Owner/Operat	. /1	MICFINE	P
ate of Notification (1) / 1 / 12 Denges Notified Type Notifi		Street A		L. C. K. M. J.	30 C U .	-
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100	i (A	ie. Zip Code			
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Cancell Cancell	lation	13	RUCE BREU	ria -		
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me of Facility Where Abatement is	s Taking Place (3)			C School (K-12	1	
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eet Acoress				S. SPRU	CE AVC.	
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, State Zip Code			M	PLZ SHA	DE NO	067
			Y Nachona N	0.	Loanse No	
gest Manager for Monitoring Firm	1.1	elephone No	876	779-042	2 0044	7
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an Date 1107	3 / 19	113	7113	7.17		
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Date of Notification (1) 3-/1/13			Name 	of Buildi	ng Owner/Operator	(2) - 50 m In	c,		<u></u>		9
Agencies Notified Type Notific	ation	100	Stree	Address				20.			4,
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DOH justificat	ion)	29	Name	ol Conta			Telephone Numbe	101		<u> </u>	7
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vame of Facility Where Abatement is	aking Plac	e (3)			····	Type of Facility	(4)		···/	10	9
RESIDENCE		•				School (K-1	2) 8 (Other than K-12)			V	
ireer Address	Ywoo	>A	vê,			Done (l.e., p	onvate & commercial				
Wichmood (CRES	-				10 0 0	of Places.		101		
ouncy (6) CAPE MAS			Coun	y Code (1) (STATE	VA	nor II being demolish	ed)			
ame of Monitoring Firm Hired by Build		T	ASCALI	No.	Name of Abatem	eni Convedor (S	Pe,				
treel Address					Sueel Address	S. SPRU	ce Ave.	10 27 = 270 			
ity, State, Zip Code		_			Ciry. State. Zip C	ode		100	,		
ny, sale. Dp cool	- · · · .					LE SHA	DE NO.	805	=	_	=
roject Manager for Monitoring Firm		. Yele	phone h	4 0.		19-047		4			_
	cheduled C			e (11)	Hame of OSHA	Monkay LEM	M				
ccupancy Status During Abatement (Check only	one)			Sueel Address 3695	- G					
Facility Closed/Vacated During Entire Abatement Performed Outside of No	e Penod of omal Facili	y Hou	L2		Chi Cinia Via C	ode	E, N, 5;0	60	5 Z		
Other - Describe: cope of Work (Check all that apply)		==		==-							=
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Location of Asbesios-Containing Material (ACM)	Used	ismali d Sole nienar usiodii	y by	Asbe:	Description of the containing Manual systems	terial (ACM)	Amount (Specify	Re	R	Encin	
TO BE ABATED IN Faciny (13):		Staff? (12)			surfacing, VAT other miscellane	.01 ous)	SF & LF)	Removal	Repair	Encapsulate	
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ame of Registered Waste Hauler			UDEP V		Cubic Yards of Waste	Name of Re	gistered Landfill	1	-	1	
KiEMCO INC.			1790	24_	Ospsal Date	The second secon				_	=
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MAPLE SHADE, N	,J,0	80:	52	_	Signature	ent Se	DBINE, A	_	1.		+-

State of New Jersey

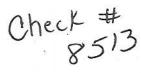
THICATION OF ASSESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 12:120)	20.
	 2017
	and the second s

Date of Notification (1) D2-23-3-3013 Agencies Notification		NAME OF THE PERSON NAME OF THE P	No	Building Owner/O	TMER	eial. F	lova uff	.6	Ak.		ĝ.		
EPA initial Amended		C	Market Street	03 WOOD le, Zip Code ORO N			onos. Chos	90)	770.	2.08	} —		
DOL Amendment 8 Emergency (i justification) Canosilation	And in case of the last of the		dame of	Contact ≠ W =		8 8 6 5	Telephone Num		-	!	-		
Name of Facility Where Abatement is Taking	Diese /9\		FACH	Lity information		pe of Facility (4	The state of the s		******				
Street Address 256 - Screen? +						School (K-1)	107	l build	lings,	home	75 ,		
New - Hil fold-			7641	6	-	quare Fast 2,700	8 of Floors	1 9	dg. A	77.			
County (6)		10	County C	Code (7) USE OWLY)	C	ument Usa (Pric	r if being demoliate	id)	ALEXEN PROPERTY.				
Name of Monitoring Firm Hired by Building C		Abatement Con DN QUALIT			7	***************************************	20-10-7000-1-1-10						
Street Address					Street Ad 22-VA	dress N ORDEN I	PL .						
City, State, Zip Code					City, State, Zip Code HACKENSACK N.J. 07601								
Project Manager for Monitóring Firm	Telephone No. License No. 201-708-4270 01135												
03-09-2013	Scheduler	00			SAN		CHMO10 (.1C	ال ا	<u> V13</u>			
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:	ericd of Al	batem	ent	en e	CHY, SHE	- CAK É e, Zip Code	A VA. S				<u> </u>		
Scope of Work (Check All That Apply)					1 6. Com	70 704 8 424	1 8 41 1-4	- ALC.	-				
23 of or ≥3 to ≥160 of or ≥260 to	Printer.	enovat smoliti			· 88 1.	Wini-Enclosure Glovebag Proc			1				
	T				- Francis	8.00M 8.45Th 02016 300Th 0	T J GARGE FROM PI FEBRUAR		-	memi	į.		
Location of Asbestos-Conteining Meterial (ACM) TO BE ABATED In Facility (13)	Uesc Mai	Location connair sole of the connair sole of t	ly by roal	Asbastos Cont (i.e. thermal surfac	scription of airling Mat systems in cing, VAT, niscallance	erial (ACM) saulation, or	Amount (Specify SF or LF)	Removal	Rapair	Encapsulate	Enclosure		
	Yes	No	N/A						_	8			
Basonerif:	+-1	<u>\X</u>		VAT Floe	NETTIC	ξ	1300 SQ	X			-		
			7										
Name of Registered Waste Hauter	- The state of the		JDEP W		Yards	Name of	Registered Landfill		<u> </u>				
Sharonavality	60		lauter ID 10 3.3	1967 2,	1/4		STATE -	50	Pi	16	€7		
City, State Hackensack N.J.	076	01		Te		Cay, Gran	X N. Y.	101	17	4			
Completed by CARLOS ESQUIVEL	SAFE	ETY I	MANA		ilgnaiure (26)	mothers		2-4	25.	13			



Date of Notification (1) 03/01/2013							Name of Building Owner/Operator (2) PROLOGIS L.P.									
Agencies Notified Type Notification	Ī	Street Ac ONE ME	ldress ADOWLA	NDS PL	AZA SI	JITE	100	MAR	-6	AM	2					
☐ EPA ☐ Initial ☐ DEP ☐ Amended ☐ Amendment # ☐ Emergency (in justification) ☐ DCA ☐ Cancellation		-	Name of	RÚTHERF	FORD, N	NJ 070	Telephone Number ROL									
M DOA L Odirection			FACILITY INFORMATION													
Name of Facility Where Abatement is Taking	Place (3)						Туре о	f Facility	(4)			2.5				
Street Address 228 NORTH AVENUE								□ School (K-12) □ Subchapter 8 (Other than K-12) □ Other (i.e. private & commercial buildings, homes,								
City (5) ELIZABETH		etc.) Square Feet # of Floors Bldg. Age 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2														
County (6) UNION								· · · · · · · · · · · · · · · · · · ·	ior if being de IOR USE C			L)		91		
Name of Monitoring Firm Hired by Building Ov ENVIRONMENTAL HEALTH INVESTIGA	wner (8)	INC	ASCM 00104						ntractor (9)	SS						
Street Address			1			Street A	Address	S			-					
655 WEST SHORE TRAIL		e 1	+	7					AZA SOUTH							
City, State, Zip Code SPARTA, NJ 07871						LONG	ty, State, Zip Code ONG ISLAND CITY, NY 11101									
Project Manager for Monitoring Firm BILL KERBEL						elephone No. License No. 00853										
	Cor	MADE				ne of OSHA Monitor RTIN MCREA										
Occupancy Status During Abatement (Check	1			Street A	et Address											
□ Facility Closed/Vacated During Entire Per Abatement Performed Outside of Norma Other – Describe: BUILDING IS VAC	eriod of Ab	aten	ement urs 714 KENNEDY BL City, State, Zip Code BAYONNE, NJ 070					Code						•		
Scope of Work (Check All That Apply)							1.5									
□ ≥3 sf or ≥3 lf ঐ ≥160 sf or ≥260 lf		nova	ation tion		<u> </u>	Mini- Glov	-Enclosur ebag Pro					e				
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		.ocat orma			Doo	scription of					Туре					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Main Custo	tena	ely by ance/ Staff?	Asbes (i.e.	tos Conta thermal: surfac	aining M	aterial (insulat r, or	(ACM) ion,	Amoun (Specif SF or Li	y	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A			-			2. 10.1				0			
GROUND FLOOR		X		PIPE	INSULA	MOITA	E.	(1,000 I		Х			"		
GROUND FLOOR		X		VAT 8	MAST]	IC			200 8	SF	Х	-				

Name of Registered Waste Hauler	1		NJDEP W		Cubic '		77	Name of	Registered L	andfill	10	-	(A) 19	1 7 9		
ATC/TST			Hauler ID 24310/3		of Was	ste		MINER	VA ENTERP	RISE	S			339		
City, State SHIRLEY, NY 11967/BRONX, NY 1	0464	100				sal Date /2013						14				
Completed by ANN ALI	Title ADMIN	IST	RATIVE		S	ignature	A		7. U.S.M. (1)	Da 03,	te /01/:	2013				



Date of Notification (1)	2 1 1	_	1	Name of	Building Owner/Opera	itor (2)		ŗ	39	104	Abrahi a	
	3-1-1	3			Sieck	Brothe	as In	ر	ت		24 24	
Agencies Notified	Type Notification	n		Street Ac	50 E		7. 04	Ko	HAR			
□ EPA □ DEP	Initial Amended		1	City, Sta	te Zip Code	and the second second	marin,	2	0	1		
> DOL	Amendmer □ Emergency		-		Bankin	gton No	2 080		equi-ty.			
Σά DOH	justification	1)	1		Contact	٥.	Telephone Nun	nber	-		15	
□ DCA	☐ Cancellatio	on			K Franchi		L. Company				_ 3	
Name of Facility Where	Abatement is Taki	ing Place (3)	FACII	LITY INFORMATION	Type of Facility ((4)	30	-	0		
	7					☐ School (K-1		-	-	150 N		
Street Address				-		☐ Subchapter	8 (Other than K-12					
241	East G	louc	est	-~	Pike	etc.)	orivate & commercia	al Dull	ings,	nome	3 S,	
City (3)						Square Feet	# of Floors	- 1	ldg. A			
Barnin	ston	N2		3007			12		5C	74-		
County (6)	3				Code (7) USE ONLY)		or if being demolish					
Name of Monitoring Firm	O Dellate	- 0			A trade of the same of the sam	me of Abatement Con	anily Du	elk	15			
				ASCM	NO.	EPC TE		in		7-	. 0	
Street Address	chnol	9716	<u> </u>	L	Str	reet Address	SHITTE	161	9 '	100	16	
20.	Sax 3	37				P.O. Box	337					
City, State, Zip Code		147	-	00		v State Zin Code	000	A	04	59	9	
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Project Manager for Mo	ri g Firm			Telephor		lephone No.	License N	0.	10	u		
Steve 3	shen ke	2			758-3365 60	9 758-334 me of OSHA Monitor	S O	70		ユ		
Start Date (10)	2/12					me of USHA Monitor EPC Techn	alogies					
March 11, Occupancy Status Durin			nch	23		eet Address	0107163	-				
Accessed to the control of the contr							377					
Facility Closed/Vac	ed Outside of No	rmal Facility	Hours	ent	Cit	y, State, Zip Code			-		,	
☐ Other - Describe:		-//	•		4 00	Vew Egypt		35	33		3'	
Scope of Work (Check A	II That Apply)			1								
≥3 sf or ≥3 lf			Renova	tion		☐ Full Containm	ent with Negative P	ressu	re			
≥160 sf or ≥260 lf		784 1)emoliti	on		 ☐ Mini-Enclosur ☐ Glovebag Pro 						
	V 47						d (*) and Non-Friab	le Pro	cedur	е		
		Is	Locati	on				Abatement				
Location	n of		Normall		Descrip	tion of		-	, ',	Туре		
Asbestos-Containing			d Solel intenar		Asbestos Containir (i.e. thermal syst		Amount (Specify	D		Enc	m	
TO BE AB		Cus	todial S	itaff?	surfacing,	VAT, or	SF or LF)	Remova	Repair	aps	Enclosure	
(13)			(12)		other misc	ellaneous)		val	air	Encapsulate	sure	
		Yes	No	N/A						Ф		
Exterior Bas	V Parel			×	Siding 5	hrasles	200 SF	X				
	C PORCH		X	–	Floor Tile		150 SF	*				
Kitchen				-	7 1002- 111-	3					100	
	-1 -11		1	-				-	-			
			LNI	JDEP W	/aste Cubic Yard	ts Name of	Registered Landfill				L.,	
Name of Registered Was	ste Hauler		1000	auler ID		and Country to the second				- 2	M	
EPC Tec	hnologi	es		1700			te Manage	me	17		/1	
City, State	3				Disposal D	Date City, Sta	ni suille	PA	4			
New Eg Completed by Steve Sche	jypt	NJ			3-25- Signa		Da	/ -	•			
Completed by	- Kee	Title	e: 1	ent	Signa	Sal		3-	1-1	3		
DRUE SCITE	LILIEN	rike	2 iC	CAI		Market Contraction of the Contra	-		•	_		

State of NJ

	Additional fee	Э
	for Footage	0.00
eck #	E700	

B & G proj. #:

2013-28

Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)
Proj. resumes Monday, 3/4/13

		(7.10).100			19121	- A	5			V Colore (I			
Date of Notification (1)	Name of	Building Own	er/Operator (2))	2013 MAR.	6							
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Agencies Notified Type Notification	Street A	idress			350 FO	100	0	C					
EPA Initial	514	Ridgewood .	Avenue		& LICE	CUNTROL							
DEP -	City, Sta	te, Zip Code				WING OF							
M DOL M Amendme		Ridge, NJ	07028							1			
₩ DOH	Name of	Contact				Telepho	ne Number						
☐ DCA ☐ Cancellation	n Alar	Berner			2.				7. 1		-		
			ILITY INFORM	MATION				**********					
	aking place (3)	1710				Type of Facility	(4)		1004/00				
Name of facility where abatement is to	aking place (3)						ol (K - 12)						
Alan Berner							hapter 8 (Oth			2)			
Street Address							(Private/Con ./Homes, etc	nmero :	Jai				
514 Ridgewood Avenue						Square Feet	# of Floors		Bldg	g. Age	е		
City (5)	County (6)			County C	ode (7)								
		(State use only) Current Use (Prior							lished	1)			
Glen Ridge, NJ 07028	Essex			1 181-	ne of Abatement C	residential				-	_		
Name of Monitoring Firm Hired by Blo	dg. Owner (8)		ASCM No.										
N/A				1 Page 19 19 19 19 19 19 19 19 19 19 19 19 19	& G Restoration	on, Inc.				-			
Street Address				Street Address 105 Ryerson Road									
					State, Zip Code						1		
City, State, Zip Code					Lincoln Park, N	NJ 07035							
Project Manager for Monitoring Firm	ber	Tele	phone Number		License		er						
Project Manager for Monitoring 1 min					(973)696-6869		00:	378	70				
1 1 1 1 1 Date (40)	Isched Com	pletion Date (11)	Name of OSHA Monitor B & G Restoration, Inc.									
Scheduled Start Date (10)			5 (d)			on, inc.				_	_		
02/14/2013	03/06/13				et Address 05 Ryerson Ro	nad							
Occupancy Status During Abatement	(Check only or	ie)		93 5 3	, State, Zip Code						_		
Facility closed/vacated during e	ntire period of of normal facility	hours-		City	, State, Zip Code				4				
Describe:				— L	incolnPark, N.	J 07035				1 6			
Other-Describe:				= 11=							-1		
Scope of Work (check all that apply)				X Full C	containment w/neg	ative pressure	Gloveb	ag pr	ocedu	re			
	Renovation				enclosure		☐ Non-fr	iable p	огосе	dure			
>3 sf or >3 lf	160 sf or ≥260	The state of the s				T		R	R	Е	Tè		
Location of	Is location non	mally used sole e/custodial		tion of colors	tee containing	Amoun	t .	e m	e p	n	n.		
asbestos-containing material to be	staff(12)			otion of aspet al (ACM)	stos-containing	(Specif	y SF or	0	a	a	C		
abated in facility (13)	Yes	No N/A				LF)		v e	i	р	_		
main room, boiler room, laundry		×	pipe ins	ulation		170	f	X					
room, storage room, & bathroom				V		665 8	The same of the last of the la	X			IC		
main rm, boiler rm, 2 closets	<u> </u>	X	VAT 2	T		a diament					TC		
			=			=1.00000000	era art e vi						
			-								JE		
Registered Waste Hauler	NJDEP H	auler ID#	Cubic Yards o	of Waste N	ame of Registered	Landfill	Description	Car	tor				
B & G Restoration, Inc.	1956	33	10			Resource &	Recovery	Cen	ICI	7 1127			
City, State		Disposa	Date 03/06/2013		City, State Tullytown,	PA		. 75			ė.		
Lincoln Park, NJ	THE		Signature				Date		74 T.	an i			
Completed by (Print or Type) Gordana Luna	Title Secretary/T	reasurer		G	ndana Luna		03	/1/20	13		_		

State of NJ

2013-28 B & G proj. #:

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

Check # N/A

					ONT	IOLD	2010							-			
Date of Notification	n (1)	- 118	lame of Bu	ilding Own	er/Operator (2)	2)	2913 MAR -6	6									
0 12 1/11 13	1/[1]3		Alan Bei				4.10	AM 2: 6	3								
Agencies Notified	Type Notificat	ion S	treet Addre	SS			8 91 USIG		-	-	i						
☐ EPA	☐ Initial		Alan Berner Street Address 514 Ridgewood Avenue City, State, Zip Code														
☐ DEP		110	City, State, Zip Code														
X DOL	Amenda		Glen Ridge, NJ 07028														
₩ DOH		N	Name of Contact Telephone Number											KONES			
☐ DCA	Cancell	ation	Alan Berner														
				FAC	ILITY INFORM	MOITAN											
Name of facility w	here abatement i	s taking pla	ace (3)	, .				Type of Fa									
Alan Berner										(K - 12) pter 8 (0		nan K	-12\				
Street Address								- 70		Private/C			-12)				
514 Ridgewo	od Avenue							Square F		of Floo		BI	dg. Ag	ge			
City (5)		Cour	nty (6)			Cou	inty Code (7)	Square r	7	FULLIOC	115		ug. 7 iş	,0			
	N.I. 07000						te use only)	Current U	lse (Pri	Prior if being demolished)							
Glen Ridge,			sex				ware in the second	residen									
Name of Monitorin		Bldg. Own	er (8)		ASCM No.		Name of Abatement		9)								
	N/A						B & G Restora	tion, Inc.									
Street Address		Road															
City, State, Zip Coo	de					-	City, State, Zip Code	1					-				
Only, State, Elp 3333							Lincoln Park,										
Project Manager for Monitoring Firm Phone Numb					per		Telephone Number (973)696-686	39		License 0	Numb 0378	er					
Scheduled Start Da	ate (10)	ISched	. Completic	on Date (1	1)	_	Name of OSHA Mor										
02/14/2013	,		06/13***	•			B & G Restora	tion, Inc.	·			_		-			
Occupancy Status	During Ahateme					-	Street Address 105 Ryerson F	Road									
Facility close				ment.			City, State, Zip Code					_					
Abatement p	erformed outside																
Describe: Other-Descri	ibe:						LincolnPark, N	J 07035									
Scope of Work (ch	neck all that apply	y)		grand and a second			L										
☐ Demolition	X	Renovation	on			☐ F	ull Containment w/ne	gative pressu	ire 🛚	Glove	bag pr	oced	ure				
※ >3 sf or >3 lf		≥160 sf or	≥260 lf			X	Mini-enclosure		×	Non-	friable	ргосе	dure				
Location of			n normally		у						R	R	E	E			
asbestos-cor		by mainte staff(12)	enance/cus	todial			sbestos-containing		ount		m	e p	n	n			
material to be abated in fac	Filtra and the same of the sam			Т	material	(ACM)		(Sp	ecify SF	- or	O V	a	а	C			
main room, boiler ro		Yes	No	N/A	Tarana 115	Laigh -					е	r	p .				
room, storage roon				X	pipe insu	ılation			0 If		X						
around boiler o	nly			X	VAT & m	astic		75	sf		X			빝			
a sugar page						its in	September 1				#	닏	出	붜			
											井		片	H			
	Jerries	L L	DU- 1	D# 12	Subje Varde of	Maste	Name of Registered	I Landfill				Ш	Щ.	ال			
Registered Waste F B & G Restora	tion, Inc.		EP Hauler I 19563	D#	4	TVASIC	Tullytown	Resource	& Re	covery	Cent	ter	-				
City, State Lincoln Park, I	NJ			Disposal Dis	Date - 03/06/1 3		City, State Tullytown,	PA ·					v				
Completed by (Prin	nt or Type)	Title			Signature		Gordana Luna		1,1	Date	11212	012					
Gordana Luna	1	Secreta	ry/Treasu	ırer	la l	-	ziriuma szana	E . 170 1-20	W. C.	U2	/13/2	013	-				

CHECK# 10117

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)			Name of Building Owner/Operator (2)												
02/28/2013				2077 Tenants Corp.											
Agencies Notified	Type of Noti	ication		Street Address	9320	6 6									
/ \FDA	/ V \ Initia	Metification		2077 Center Avenue	~ 500 r.	7/7	2.		1						
() EPA		Notification	1	2077 Tenants Corp. Street Address 2077 Center Avenue City, State, Zip Code											
(X) NJDEP	() Amer			E 1 1 NI 07024	CAN	50N7	Da								
(X) NJ DOL	A STATE OF THE STA	ndment #	ing	Forth Lee, NJ 07024		MO	101								
(X)DOH ()DCA		gency (includ cation)	ing	Name of Contact		el Num	ber	_							
() DCA		ellation		Renee Wolfe											
	() Caric		ACILITY	Y INFORMATION			-								
Name of Facility Where Abateme	ent is Taking Plac		AOILIT	Type of Facility (4)	- 35		17.7	1							
Residential Property				() School (K-12)											
Residential Property				() Subchapter 8 (other than K-12)											
Street Address			-	(X) Other (i.e. private & commercial bldgs., homes, etc.											
2077 Center Avenue				Sq. Feet: 2,000 SFT (Basement mechanical room)											
A STATE OF THE STA		100	# of Floors: 22 Bldg. Age: 45	nanicai room)			- **								
<u>City (5)</u>	County (6)	County Cod (State Use 0		# 011 10013. 22 Bldg. Age. 40											
Fort Lee	Dancon	(State Ose t	Offig)	Current Use (if being demolished)):										
Fort Lee	Bergen	and the state of the	4.4				B	0.9							
Name of Monitoring Firm Hired b	y Bldg. Owner (8			Name of Contractor (9)											
N/A		N/A		Industrial Safety & Environmental Solutions, Inc.											
Street Address				Street Address			2000000	7/1							
N/A		rai da ar.		3300 Hudson Avenue											
City, State, Zip Code			-	City State, Zip Code											
N/A				Union City, NJ 07087											
Project Manager for Monitoring F	irm Telephone	Number		Telephone Number		Lic	ense Nu	ımber							
N/A	1000			(201)325-0055		-	1124								
Scheduled Start Date (10)	Scheduler	Completion Dat	a (11)	Name of OSHA Monitor											
03/04/13	03/06/1		6(11)	ISES, Inc.											
Occupancy Status During Abate				Street Address		- 1	-								
() Facility Closed/Vacated Du				3300 Hudson Avenue											
() Abatement Performed Out															
(X) Other - Describe:				City, State, Zip Code											
Work area in basement unoc	cupied during a	batement		Union City, NJ 07087											
Source of Work (Check all that a	pply) () Demolition	1	(X)Renovation											
() Minor Project (< 25				() Full Containment wit	h Negative Pr	essure									
(X) Small Project (>25 <		[[[] [[] [[] [[] [] [] [[] [] [] [] [] [(X) Mini-Enclosure											
() Large Project (>160	SF or > 260 LF	ACM		(X) Glove-bag Procedu () Non-Exempted (*) a		e Proce	dure								
Location of Asbestos-	le Location N	ormally Used		Description of ACM	Amount		batemer	nt Type	-						
Containing Material (ACM)		intenance or	(i.e.	thermal systems insulation, surfacing,	(Specify SF	-		,,,,							
To be Abated in Facility (13)		Staff? (12)	1	VAT, or other miscellaneous.)	or LF)	_ 3		т	т						
						Remova	Repair	Encapsulate	Enclosure						
						l o	pa	nsq	SO						
19	YES N	O N/A				<u>a</u>	7	ate	Гe						
Basement Area	X	The life	TSI	Pipe Insulation	30LFT	X	- 1								
(Mechanical room)					Approx	1	1								
	44						- 1								
Name of Reg. Waste Hauler	N.II	DEP Waste Haule	er ID #	Cubic Yards of Waste	Name of Reg	Landfil		1							
NEWARK CARTING		509	. 10 11	1	IESI BETH			DFILI	,						
	104	309	Disp.	Date	City, State										
City, State 369 Raymond Blvd., New	ork NI 0710)7/13	BETHLEHI	EM. PA	18015								
Completed by (Print or Type)			Signa		Date	, - 1		-	-						
Completed by (Print or Type)	<u>Title</u>		Signa	The Maria	Date										
David Camacho	Project S	upervisor	-	HOVIN IMIYMIN	02/27/201	3	100								
David Camacilo	Trojects	aper (1501	(1 - V DIVIN											

NJDEP Waste Hauler

BRIGH

ID No.

Cubic Yarda of

Disposal Date

Signature

Do not use this form for asbestos licensure exampled activities.

Namo of Registered Landfill

City, State

G