Date of Notification (1)	3/5/13			Name o	of Building	Owner/Operator	(2) M. Arshad Af	redi	3	,	111	
Agencies Notified	Type Notification		-	Street	Address		2 D I o	- V3	2	1/2		
EPA	Initial	3			. 7: 0	- i	2 Benson La	ne 🤫	-		<u> </u>	_
☐ DEP  DOL	Amended Amendment #_			City, St	ate, Zip C	ode Hone	ewell Twp, N.	J 08552	63	)	1	3
<b>⊠</b> DOH	Emergency (inc justification)	cluding	-	Name (	of Contact		Well I White	Telephone Number	r	, 63		۲.
DCA	Cancellation			, valino		Mr. Afredi				7/	-	_
				FAC	ILITY INF	ORMATION				Ó.	10	2
Name of Facility Where	e Abatement is Taking	Place	(3)				Type of Facility	(4)				
		dence					School (K-1	2) 8 (Other than K-12)				
Street Address	25 Lei	gh Av	/e.			7	Other (i.e., p	rivate & commercia )	build			
City (5)							Square Feet	# of Floors	BIG	lg. Ag		
	Princeton	, NJ (	)854	2	. 0. 1. 7	OTATE	1600	rior if being demolish	ed)	0.	)	=
County (6)	Margar		7. (10)		ty Code (7 ONLY)	7) (STATE	Current Ose (F	Residence	icu)			
Name of Monitoring Fi	Mercer	)wner	=	ASCM I	No.	Name of Abater	ment Contractor (9					_
(8)	MECS	, WIII (C)						mental Service	s, In	c.		
Street Address	1,11100		=1.			Street Address						
101.Temperature 1001.W. 10. Con 1001.	PO Box 341							Box 322				_
City, State, Zip Code	~	20515				City, State, Zip	Code Allenton	n, NJ 08501				
	Crosswicks, NJ (	18515		phone I	VIO.	Telephone No.	Anchiow	License No.		_		=
Project Manager for M	lonitoring Firm Weisgarber Jr.				3-4070		59-9688		)493	3		
Start Date (10)		duled C		tion Da		Name of OSHA						
3/15/13	75,150		/18/		, ,		N	IECS				
Occupancy Status Du	iring Abatement (Che					Street Address		D 241				
☐ Facility Closed/Vac	cated During Entire Pe	riod of	Abate	ment		07 07 1 7		Box 341	_	_		_
☐ Abatement Perform ☑ Other - Describe:			y Hou	City, State, Zip Code Crosswicks, NJ 08515								
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	k all that apply)		novat			☐ Mini-E	ontainment with No nclosure bag Procedure xempted (*) and N	egative Pressure	e			
		ls l	ocatio	on				and the transfer		bate		70000
100-00			ormally Sole			Description	of			Тур	e	
Location Asbestos-Containing	ng Material (ACM)	Mair	ntenar	nce/		tos Containing M	aterial (ACM)	Amount (Specify	Re	Re	町	En
TO BE A			ustodi: Staff?		(i.e.	, thermal systems surfacing, VA	T, or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13			(12)			other miscellan	eous)		<u>m</u>		ulat	ā
	Yes										(D	
Baser	ment			×	Th	Thermal Pipe Insulation 1201f X						
								E E   1 E   Day	-			1
				-						7.		
Name of Registered	Naste Hauler		L	NJDEP	Waste	Cubic Yards	Name of Reg	gistered Landfill	1		_	
1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	onmental Service	es Inc	- 11	Hauler II		of Waste 2 CU		T.R.R.F., It	ıc.		Jan	40
City, State	Allantovim	NII	90	1	10	Disposal Date 3/18/13/	City State	Tullytown,	PA			
Completed By	Allentown,					Signature	<del></del>	Date				
Mahlon E.			rojec	et Mai	nager	////			3/5	/13		

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

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

B & G proj. #: 2013-43

Check # 5794

22.15 - 12.14	1131	of Buildin	a Owner/O	perator (2)			- 1.5 (R)					
Date of Notification (1)		m Pock		po ( . )		2013 MAR	7 PM 2: 56	\				
0 3 / 0 4 / 1 3 Agencies Notifical Type Notifical		Address					4					
EPA Initial			n Street			# 35 <u>j-570</u>	S CONTRAL ENDING					
DEP Initial	7 11	tate, Zip				a LIUI	INSING					
DOL Amend	ment   Gle	en Ridge	e, NJ 070	028		and the second s	Telephor	ne Number			-	
DOH	4.1	of Contac	t				Telephor	O TTURNS				
☐ DCA ☐ Cancel	lation Ad	lam Poo	ckriss						=			=
			FACILIT	Y INFORMA	TION	F						
iii kara ahatamant	is taking place (	3)					Type of Facility	(4) ol (K - 12)				
Name of facility where abatement	13 taking piace (	-,		600				napter 8 (O	ther tha	n K-12	2)	
Adam Pockriss							Til Other	(Private/C	ommerc	ial		
Street Address							Square Feet	# of Floor		Bldg	. Age	
36 Madison Street					Count	y Code (7)						
City (5)	County (6	6)				use only)	Current Use (	Prior if bein	ng demo	ished	)	
Glen Ridge, NJ 07028	Essex						residential					
Name of Monitoring Firm Hired b	y Bldg. Owner (8	)	1	ASCM No.	-	Name of Abatement		20 15				
N/A					_  ,	B & G Restora Street Address	tion, Inc.					
Street Address						105 Ryerson	Road			4.		
						City, State, Zip Code			18 1		-0.5-244741	
City, State, Zip Code					.	Lincoln Park	NJ 07035					
for Monitoring E	irm	Pho	ne Numbe	r		Telephone Number (973)696-68	60		e Numbe 0378	<b>3</b> Γ		
Project Manager for Monitoring F						Name of OSHA Mo						
Scheduled Start Date (10)	Sched. C	ompletion	Date (11)			B & G Restora	ation, Inc.					× 10
03/15/2013	03/15/		27		11	Street Address						
Occupancy Status During Abater						105 Ryerson				_		
1971 - With alacadhyacated dur	ing entire period	of abater	nent.			City, State, Zip Cod	e					
Abatement performed outs	ide of normal fac	ility hours	S		-11	LincolnPark,	NJ 07035		98.			
Describe:					<del>-</del> -11						- 1	
Scope of Work (check all that a					ПЕ	ull Containment w/r	negative pressure	₩ Glov	ebag pr	ocedu	ıre	
Demolition	Renovation					Mini-enclosure	- A	☐ Nor	-friable	proce	dure	
<b>✗</b> >3 sf or >3 lf	≥160 sf or ≥2		- d salahi		<u> </u>	- 1	-		R	R	E	E
Location of	Is location r	normally t ance/cust	ised solely todial	Descrip	tion of a	sbestos-containing	Amou	nt ify SF or	m	p	n c	n
asbestos-containing material to be	staff(12)			materia	(ACM)		LF)	ly Or Or	V	i	a p	L
abated in facility (13)	Yes	No	N/A	100		F. E. 1987	75.16		e	h	П	tin
basement			X	pipe ins	ulation	)	75 lf		一	盲	百	
Dagomon				<u> </u>					d			
												口
	INIDE	P Hauler	ID# C	ubic Yards o	f Waste	Name of Registe	red Landfill vn Resource 8	Recove	rv Cer	nter		
Registered Waste Hauler B & G Restoration, Inc.	19	9563		1 yard		City, State	WII RESOUICE O	. 1100040	, 001			
City State			Disposal Dis	Date 3/18/2013		Tullytow	n, PA					`
Lincoln Park, NJ	Title		I	Signature		Gordana Lun		Dat	e 03/4/2	013	**	7
Completed by (Print or Type) Gordana Luna	Secretar	y/Treas	urer			goraana Lun						

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

B & G proj. #: 2013-46

Check # 5793

						- 1							
Date of Notification		1.1			Operator (2)								
0 3 1/10 14	_ /1 <u>113</u>		cquie Stiv	vala		20131	IAP . 7 PH Z:	118	<del></del>		-		
Agencies Notified	Type Notification	100000000000000000000000000000000000000	t Address										
☐ EPA	✗ Initial		Della Av		â	1335	CTOC CONTR	THE STATE OF THE S					
☐ DEP	Amendme	City,	State, Zip (	Code	1107444	Č	LICENSING	, OL					
X DOL	Manufacture Amendmen	11			NJ 07444			Telep	none Number	er	and the state of t		
X DOH	O	11	e of Contac										
☐ DCA	☐ Cancellation	""    <u>J</u>	acquie S	tivala									_
	= 0			FACILI	ITY INFORMA	ATION							
S. S	rhere abatement is t	aking place	(3)					Type of Facil	ity (4) hool (K - 12	2)			
		aning proces							bchapter 8		an K-1	2)	
Jacquie Stiva	ala 								ner (Private/			-/	
Street Address	6 1							Blo	gs./Homes,	etc.		Λα.	
23 Della Ave	enue							Square Fee	t # of Flo	oors	Blag	g. Age	2
City (5)		County	(6)				ity Code (7) e use only)	Current Us	Prior if he	ing demo	olished	1)	
22 U.S.	aina N.I.07444	Morri	9			(State	e use only)	residentia		, g			
- 5	ains, NJ 07444				ASCM No.	—П	Name of Abatement						
Name of Monitor	ing Firm Hired by Bl N/A	ag. Owner (	,0)		Accidente.		B & G Restora	tion, Inc.			-100000-1		
	DVA						Street Address						
Street Address							105 Ryerson I	Road					
City, State, Zip Co	ode						City, State, Zip Code						
City, State, Zip Ot		3			0.5185		Lincoln Park,		Ti isan	se Numb	or	_	
Project Manager	for Monitoring Firm		Phor	ne Numbe	er		Telephone Number (973)696-68	69		00378	01		
							Name of OSHA Mo						_
Scheduled Start I	Date (10)	Sched.	Completion	Date (11	)		B & G Restora						Ä.,
03/14/2013		03/15	5/2013				Street Address						
	s During Abatement	(Check on	ly one)				105 Ryerson	Road					
TE Facility clos	sed/vacated during	entire period	d of abatem	nent.			City, State, Zip Cod	e .					
Abatement	t performed outside	of normal fa	cility hours	-	Y		LincolnPark, I	N.I.07035		*			
Describe:	cribe:					_ 1	Ellicolli ark, i				==	- 10	-
Scope of Work	(check all that apply	)	1.	10 102 - 00		521		tive process	ra Cla	ovebag p	rocedi	ıre	
☐ Demolition	n 🗶	Renovation					Full Containment w/n	legative pressu		on-friable			
<b>※</b> >3 sf or >3	3 If 🔲 :	≥160 sf or ≥				Ш	Mini-enclosure			R	TR	E	Τ_
Location o	of	Is location by mainter	normally u	sed solely	У			Amo	unt	e m	e	n	E n
asbestos-	containing	staff(12)	iance/cusio	Julai	Descrip materia		asbestos-containing		ecify SF or	0	p a	a	C
material to abated in	facility (13)	Yes	No	N/A	l lideone			LF)		v e	ľ	р	
A-F70-01110-00-0-0-0111-0				X	7 pipe ins	ulation	1	90 lf		X			
basement				X	boiler in			32 s		X	口		10
basement					T DONE II	Julian					早	띧	1
	70 × + 12 /27 -				1						门	닏	岩
										$-\Box$		Ш	
Registered Was	te Hauler		P Hauler I	D# (	Cubic Yards		Name of Register	red Landfill vn Resource	& Recov	erv Cei	nter		
B & G Resto	oration, Inc.		9563	Diegoga	1 1/2 ya	ira	City, State	VIII (C30GIOC		W - 1 - 1			1.10
City, State	de NII			Disposal 03	3/15/2013	- 2	Tullytow	n, PA	Trans.				v
Lincoln Par		Title		_	Signature	141	00,00		Da	ate	042		1
Completed by ( Gordana Lu	una	Title Secreta	ry/Treasu	ırer			Gordana Lun	<i>a</i>		03/4/2	013		

CE# 2411

Date of Notification	(1) arch 4, 201	12		1	Vam	e of	Вι	uilding	g Own	ner / Opera	ator	(2)	013 Mar	`	- 46	i				
Agencies Notified	Type Notific			1	tes	S Co	orl	porat	tion			F	18/1	7	Di.					
EPA	Type Notific	ation		0	Inc	Ha	JUI	Plaz	72			# 5	area.		M 2: 2.	4				
☐ DEP		ı ı		1	City	Stat	te d	& Zip	Code				87/6	700	~ < 68	<u>'</u>	7.00			1
⊠ DOL		nded						lge, N					- 4/01	CALL.	Albon.					
□ DOH	☐ Eme	rgency						ontact		000		-		14.5/	4G. 41//	Telep	ho	na N	umh	or
☐ DCA		cellation		- 1		n Pl			-						1	ГСІСР	1101	10.13	ditte	ليد
		-			FA	ACIL	.IT	Y INI	FORI	MATION				-						
Name of Facility Wh		ent is Taking F	Place	(3	)					ype of Fac	cility	v (4)	-							
Hess Corporation	1		1 8							School										
Street Address						121771321				Subcha	apte	er 8 (	Other th	an K-	12)					
123 Derousse Av	e.									Other (						gs, ho	me	es, e	tc.)	
									S	quare Fee	et		# of Flo	ors	E	ildg. A	\ge			u Nese
City (5)		County (6)	7	Cou	inty	Cod	le (	(7)					U				•			
Pennsauken		Camden							C	Current Use	e (F	rior i	if being o	demoli	shed)					
5 7/C										xterior										
Name of Monitoring	Firm Hired b	y Building Ow	ner (	8)		Α	SC	CM No	o. N	lame of Ab	bate	men	t Contra	ctor (9	))					
AET, Inc.			33							Bristol En					,					
Street Address	12	ya 10				14	**			treet Addr								5235VV		
28 N. Pennell Roa					- 5					123 Beav										
City, State & Zip Coo										ity, State 8										
Media, PA 19063			1							Bristol, PA								20		
Project Manager for Dave Turotsy	ivionitoring F	·irm				e Nu		oer		elephone I					License N	umbe	r			
Scheduled Start Dat	0 (10)	Cobodulad Co	_			6AE			_	215)788-6					00509					
3/18/2013		Scheduled Co	3/2				11)	)		lame of OS Bristol En										
Occupancy Status D							-			treet Addre			iemai ii	ic.				UI SS		
Facility Close	ed/Vacated [	During Entire F	erio	d o	, f Ab	aten	nei	nt	1833	123 Beav			et					4		
		utside of Norm								ity, State 8		SAN DOMESTICAL STATE	20 (0000000)							
Describe:		ACTION CONTROL OF							16 (15.50)	ristol, PA		The second second								
		Abatement: 7	am -	3:	30p	m				an i an										
Scope of Work (Che	ck all that ap	ply)					350					_								1/
≥3 sf or ≥3 lf			N7		_						Ļ	_			ent with N	egativ	e l	res	sure	Į.
≥3 sf or ≥3 lf ≥160 sf ≥260				1		nova		(2.0)					Mini-En							
	, 11		L	l	Del	molit	loi	1				4			ocedures	F-1-1		D		
10	cation of			e I	oca	ion	-	I		Description		<del>,</del>		110000000000000000000000000000000000000	d and Non Amount					
	os-Containing	a				Use	d		As	bestos-Co					Specify	^	Dai	eme	ent i	ype
	rial (ACM)				lely		-			Material (A					F or LF)				ш	
	E ABATED					ice c		1305		., thermal						1		R	ıca	nc
in	Facility (13)		Cus			Staff	r?			ation, surfa						Kelliova		Repair	Encapsula	Enclosure
	(13)		Yes		(12) No	N/	A	8 "	OI O	ther misce	ellar	ieous	s)			2	-	_	ate	9
Tank Area 2097				+	$\Box$	N		Pipe I	lneula	tion	_	-			EQ.   E	- N	+	-	$\overline{}$	
Tank Area 2094			H	+	片		-	Pipe I							52 LF	N N	-	뮈	Η	Η
Tulik Alca 2004			H	+	H	+	+	i ipe i	IIIouia	ition	-	-			91 LF		-	4	H	Η
			H	+	H	+	+	VII			1125	47.8					Н	=	님	H
		-	님	+	H	十十	╣									ᆉ	Н	4	H	H
			뉘	+	H	+	+			<del></del>	-					ᆉ	Н	╡┤	H	님
Name of Registered	Waste Haule	er	ليا		N.	DEF	N C	Vaste	Cubi	ic Yards	IN	Jame	of Regi	steren	Landfill	ᆚᄂ	Ш		الا	ш
		0.04			- Donat			No.		/aste	1		or ragi	010100	Landini					30
<b>Bristol Environme</b>	ental, Inc.					20	99	0		10	0	GRO	WS La	ndfill	.77					
City, State			tr (9)	5.0	V 1				Disp	osal Date	C	City, S	State				-		7. 7.7	
Bristol, PA 19007	ii 17 49	54		1				1198		22/2013			isville,	PA						
Completed By (Print	or Type)	20 Eg 0 C		T.J	Tit		7.2	-	Sign	ature	1	- 0	•	. 1		Date	,			
Gino Pizzigoni					1000	ojec			18	lino 8	w	32	egoin	_ /	R	3/4	/1	3		
		15			Ma	anag	ge	r	1	. 05	0	10	0	ı,	1					

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1	·					IAC 8:60 and 12:		A JAA	-			
03/04	1/2013				Name of Bu	ilding Owner/Opera Water Street Ne	etor (2) ew Jersey Prop	perties, Inc.	ZP		1	
Agencies Notified  EPA DEP	Type No		Į.		Street Addr 80 Park P	ess laza		108,0	)	₹:	 ିନ	=
☑ DOH	Amen	ndment #_ gency (incl	uding	1 -	City, State, I Newark, I			10%	161	01		
DCA		ication) ellation			lame of Co ouis Hahi			Telephone N	umber	_		=
					FACILITY	INFORMATION						
Name of Facility Where Residence	Abatement	is Taking I	Place	(3)			Type of Fac					_
Street Address 35 Water Street							Subchap	ter 8 (Other than K e., private & comme	-1 2) ∍rcial b	uildin	gs,	
City (5) Hackensack		1					Square Feet 2,000 SF		Т	Bldg. 70+		3
County (6) Bergen					County Coo USE ONLY)	de (7) (STATE	Current Use Vacant Res	(Prior if being dem	olished		===	=
Name of Monitoring Fire (8) N/A	m Hired by B	uilding Ow	ner	AS	CM No.		ement Contractor sociates, LLC	(9)	-			=
Street Address				=L-		Street Address						_
E		L.C.	44			145 Mill Str	•					
City, State, Zip Code				4		City, State, Zip Paterson,	Code					
Project Manager for Mo	nitoring Firm		T	Telepho	one No.	Telephone No. 973-553-53		License No.				_
Start Date (10)		Schedule	d Cor	mnletion	Date (11)	Name of OSHA		01108				
03/14/2013		03/15/			Date (11)		ociates, LLC					
Occupancy Status Durir	g Abatemen					Street Address						
Facility Closed/Vacat	ed During Er	ntire Period	of Al	batemer	nt	145 Mill Str						
Abatement Performed Other - Describe:	d Outside of	Normal Fa	cility I	Hours		City, State, Zip Paterson, N	Code					_
Scope of Work (Check a	Il that apply)					<u>1 aterson, 19</u>	07301					_
>3 sf or >3 lf ≥160 sf or ≥260 lf				ovation nolition	1	Mini-Er Goveb	nclosure ag Procedure	legative Pressure				
			Is Loc		T	INON-E	xempted (*) and	Non-Friable Pro				_
Location	of	100	Norn 2 hea	nally olely by					-   '	Abate Ty	men pe	ı
Asbestos-Containing M	aterial (ACM	1)   N	lainte	nance/		Description o stos Containing Ma	terial (ACM)	Amount	-	T		T
TO BE ABAT IN Facility (13)			Custo sta (1)		(i.€	e., thermal systems surfacing, VAT other miscellane	insulation, , or	(Specify SF or LF)	Remova	Repair	Encapsulate	
4 ·		Ye	s N	lo N/		2			val	air	ilate	
xterior - Front Eleva	ition		+	X	Transi	te siding		80 SF	X			Ŧ
												1
ame of Registered Was	te Hauler		1	NJDE	P Waste	Cubic Yards	Name of Roa	stered Landell		<u></u>		
ervice Transport Gr					ID No.	of Waste	Name of Registered Landfill Minerva Landfill					
ty, State lew Castle, DE						Disposal Date 03/15/2013	City, State Waynesburgh, OH					
ompleted By	-	Title		Signature				Date				
iodrag Stamenovic		Project				Signature	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Date				

		0.000	
Page	1	of	
1 450	•	OI	

		(P		to NJAC			200	ch	eck#	457					
Date of Notification (1) 2-28-2013				f Building olph Tow				ucation	eck#	19)	P.	>		6	
Agencies Notified Type Notification			Street A	ddress noolhou:	so Pos	4			ري و	507	12 %	-/	11/2		-
EPA Initial Amended		t		ite, Zip Co		u		*		4/0	A A	A-	/	1.8	)
DOL Amendment		_		lph, NJ							170	Wi	140	1	
Emergency ( justification)  DCA  Cancellation	including			f Contact W. Wre	de					phone				٠.	
DOA Cartosilation			The commence of the commence o	LITY INFO		ON								-22	
Name of Facility Where Abatement is Taking Fernbrook Elementary School	g Place (3	3)			-	11	_	of Facility (		13					
Street Address 206 Quaker Church Road								Subchapter Other (i.e. p	8 (Othe				dings,	hom	es,
City (5) Randolph						70.		e Feet	# of 2	Floors			ldg. A	ge	
County (6) Morris			County (	Code (7) USE ONLY	)		Curre	nt Use (Prid	or if bein	g dem	olish	ed)	II.		
Name of Monitoring Firm Hired by Building C Ahera Consultants Inc	Owner (8)		ASCN 0057				of Abat	ement Con	tractor (	9)	3				
Street Address PO Box 385		4					Addres	s urg Turni	oike		-		1 19		
City, State, Zip Code Oceanville, NJ 08231-0385					City, S	State, Zi					11				
Project Manager for Monitoring Firm		Telepho	ne No.			none No			Licens	se No	).				
John Smoyer				552-183	3		710-9			0108					
Start Date (10) 10-12-2012	Schedul 04-30-	ed Cor 2013	on the first of the original				of OSH Group,	A Monitor Inc					N		
Occupancy Status During Abatement (Chec	k Only O	ne)	Street A								-				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:															
Scope of Work (Check All That Apply)						Dioo	iiiiiga	410, 140 0	77 100		<del></del>		-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolif				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	Is	Locati	ion			100	5	W. 1 4 4 1					Abate		l
Location of		Normal ed Sole				scription		/A OLA					1 9	ре	Ι
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intena todial ( (12)	nce/ Staff?		thermal surface	ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			(Sp	nount becify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					50		015					
North Wing/Front Entrance	X				dow Ca				6 LF		Х	- 6			
North Wing/Front Entrance										80 LF		Х			
East Wing		Х			Т	ransite	9		35	2 SF		X			
											1611				
Name of Registered Waste Hauler GL Group, Inc			NJDEP Waste Hauler ID No. 0033034  Cubic Yards of Waste TBD												
City, State Bloomingdale, NJ		11.00			Dispos	sal Date		City, State Morrisvi		(A) #					
Completed by Elena Solakov	ident	775	S	ignature Elem Sullar 2-28-2013											

Page 1 of 1	
<01	
check # 1457	0

Date of Notification (1)			Name of Building Owner/Operator (2)  Randolph Township Board of Education												
2-28-2013			Randolph Township Board of Education  Street Address												
Agencies Notified	Type Notification  Initial	Ì			ddress noolhouse	Road	12		75 II	~ <	1000	D.	€.	ික	
DEP DOL	Amended Amendment				ate, Zip Code olph, NJ 07						10/	164	0,		
▼ DOH	Emergency justification)			Name of	f Contact					Te	enhone Ni	ımhar	<u>,                                     </u>		
DCA	Cancellation			Frank	W. Wrede	•			1				1		
				FACI	LITY INFOR	RMATION									
Name of Facility Where		ng Place (3	3)					Type o	of Facility (4)	)			98		
Ironia Elementary S							[		chool (K-12			4.0\			
Street Address 303 Dover-Chester	Poad						I L		Subchapter 8 Other (i.e. pri				ldina	s. hon	nes.
	Tioau							е	tc.)	All I Chronic					
City (5) Randolph								50,00	e Feet ∩∩⊥	2	f Floors	100	Bldg. 30+	Age	
County (6)				County	Codo (7)						na domolio				
Morris				County (	USE ONLY)		-   `	Currer	nt Use (Prior	ii be	ng demons	snea)			
Name of Monitoring Firm Ahera Consultants		Owner (8)		ASCN 0057		1	ame of		ement Conti	ractor	(9)		-		
Street Address							reet A								
PO Box 385				0 11.5		1	40 H	ambı	urg Turnp	ike					
City, State, Zip Code Oceanville, NJ 0823	31-0385								Code ale, NJ 07	7403					
Project Manager for Mon John Smoyer	itoring Firm	4.5		Telephoi (609) 6	ne No. 352-1833	5/700	elepho 01-71				License 1 01084	Vo.			
Start Date (10) 10-12-2012		Schedule 04-30-2			Date (11) to Hurric	11	ame of		A Monitor Inc				- 12		
Occupancy Status During	Abatement (Che	ck Only On	ne)	Str				ddress			30				
Facility Closed/Vaca			500 <b>0</b> 0	ment		14	40 Ha	ambu	ırg Turnpi	ike					
Abatement Performe Other – Describe:															
Scope of Work (Check Al	I That Apply)			Bloomingdale, No						-					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Pemoli			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure									
	97/	le	Locat	ion						7		T	171000	temen	it
Location	of	l N	Norma	lly		Descrip	ntion o	f					T	уре	
Asbestos-Containing	Material (ACM)		d Sole intena			Containi	ng Mai	terial (			rnount			m	
TO BE ABA		1,000 00	odial	Staff?		ermal syst surfacing			ion,		pecify or LF)	Remova	Re	Encapsulate	Enclosure
(13)	*	11 11	(12)		o	ther misce	ellane	ous)		-	o,	lova	Repair	Sula	osur
10 10 10 10 10 10 10 10 10 10 10 10 10 1	H 1,8 Oa s	Yes	No	N/A	=									ate	O O
East Wi		X			Window	Glaz	ze		49	60 LF	X		11		
East Wi	ng		X			Transite	Pane	els		99	92 SF	X			_
								1 1	-	18	1 .		-	-	
Name of Registered Was	te Hauler		IN	JDÉP W	laste (	Cubic Yard	ds		Name of Re	egiste	red I andfil	1	<u></u>	L.,	
GL Group, Inc			- F	Hauler ID No. of Waste TBD				Vaste							
City, State Bloomingdale, NJ			1. 48	Disposal Date City, State TBD Morrisville, PA					. 7						
Completed by Elena Solakov		Title													
LIOTIA COIAROV		QUIII.	Citi Oshugi						20-2	010					

Pag	e l of	1	3
che	eck#	145	7

Date of Notification (1) 2-28-2013		- ii	I F	lame of Bu Randolph	uilding Own h Townsh	er/Ope	erator (2 oard o	:) f Educ	ation *	1925 - Car	*** > /	٥	- 8		
<del></del>	Notification			Street Addr 25 School	ress olhouse l	Road		i.	C	\$ 1/C	20.	<i>"?</i> :	Ĉo.		
DEP DOL	Initial Amended Amendment #2		. 1	City, State, Randolpl	Zip Code h, NJ 078	369					MONNO	1201			
X DOH	Emergency (inc justification) Cancellation	cluding		Name of Co Frank W	. Wrede					Telep	hone Numb	er 	N <sub>S</sub>		
				FACILIT	TY INFORM	ATIO	N	- ,	(F 11th - /4)					-	_
Name of Facility Where Abater Center Grove School Street Address	nent is Taking F	Place (3)			-			× Sc	Facility (4) chool (K-12) ubchapter 8	) (Other	than K-12)	buildii	oge h	ome	
25 School House Road	8 11 1			-	l.			et et			San Language				,
City (5) Randolph	ESSE E	112		7. 2		7.	- 1	Square 50,00	0+	2	loors	30	ig. Ag +	е	
County (6) Morris				County Co (STATE US			-		t Use (Prior	e g	s 9 k	ea)			
Name of Monitoring Firm Hired Ahera Consultants Inc	d by Building Ov	wner (8)	1	ASCM 1 0057	No.			of Abate roup,	ement Cont Inc	ractor (	9)				
Street Address		0 51		1			Street /		irg Turnp	ike	Track* 10		5	27	201
PO Box 385 City, State, Zip Code	005				-		City, St	ate, Zip							
Oceanville, NJ 08231-0			$\exists$	Telephone			Teleph	one No			License No	).			
John Smoyer	1	Scheduler	Cor	mpletion D	52-1833 ate (11)				A Monitor		01004				
Start Date (10) 10-12-2012		04-30-2	013	due t	o Hurric	ane		roup,			Ä.				
Occupancy Status During Aba								Addres Hambi	s urg Turnp	oike					
Facility Closed/Vacated  Abatement Performed O Other – Describe:	During Entire Poutside of Norma	eriod of At al Facility I	Hour	ment 's		-			p Code lale, NJ 0	7403					
Scope of Work (Check All The	at Apply)			<del></del>			-	,	111						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Destroyment		ation ition			×	Min	Containme i-Enclosure vebag Prod n-Exempted	edure				e	
		T	-	Т			<u> </u>	1101	I-EXCHIPICO	a ( ) and	21101111102		Abate		t
D)		1.5		10000000		Do	scription	of					Ту	ре	_
Location of Asbestos-Containing Mat TO BE ABATE In Facility (13)		Used Mai Cust	sed Solely by //Aaintenance/ ustodial Staff?  Asbestos Conf (i.e. thermal surfa					<b>Material</b>	(ACM) ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
1054115		Yes	No	_		Win	dow C	aulk		9:	52 LF	Х		-	-
1954 Wing 1954 Wing		$\frac{\lambda}{X}$				dow G			27	60 LF	X	3		-	
1954 VVIIIg											18 1		-22 1		
			1		F - 1 - 1	2.71					<u>L</u>				
	Name of Registered Waste Hauler GL Group, Inc					of Wa			Name of Grows		ered Landfil				
City, State	City, State					0033034 TBD  Disposal Dat  TBD				te ville, F	A.				
Completed by Elena Solakov	pomingdale, NJ					tle Signature Elem Stolker 2-28-2013									

9&S Proj. #: MS 13-75

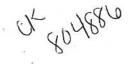
#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

D&S Proj.	#: MS 13-75		(Purs	uant to NJAC	8.00	and 12.120)			P -9	Ť ž .	77. 1	
Date of Notification			f Building Ow	ner/Operator (2)	12		2	013 MAR				
Agencies Notified			ddress				. A	Y. 12		111	<del>(</del> :	6
☐ EPA	Initial Amended	300 1	KINGSLAN	D AVENUE				35010 8 110	15 (	rid/re	Tipe	(°a)
DEP	Amendment #:	City, Sta	ate, Zip Code			At-		-10	CH;	114	3	71.
<b>⊠</b> DOL	Emergency	LYN	DHURST,	NJ 07071						165.5	×	
□ DOH	(including justification)	Name o	f Contact			÷	Telephon	e Number				
☐ DCA	Cancellation	CO	NNIE BRUI	DAGE								
	- Caricellation			CILITY INFORMA	ATION							
Name of facility wi	hara shatamant is	taking place (3)		OILITT II OI W			Type of Facility (	4)				
Name of facility wi	nere abatement is	taking place (5)						(K - 12)				
CONNIE BRU	DAGE							apter 8 (Ot			12)	
Street Address		101211111111111111111111111111111111111						Private/Co Homes, et		rcial		
300 KINGSLA	ND AVENUE					140		# of Floors		Blo	dg. A	ge
City (5)		County (6)				ty Code (7)						
		n en cen			(State	e use only)	Current Use (P	rior if being	dem	olishe	ed)	
LYNDHURS' Name of Monitorir		BERGEN	<u> </u>	ASCM No.	-11	Name of Abatemer	at Contractor (9)				·	
Name of Monitorii	ig i iiii i iiied by L	ing. Owner (o)		AGGIVI NO.		D & S RESTO						
Street Address				-1		Street Address	idilion, inc.					
Street Address						20 California	Ave.					
City, State, Zip Coo	de				-	City, State, Zip Cod	е					
			ī			Paterson, NJ (	07503		n komo o o s			
Project Manager fo	or Monitoring Firm		Phone Nun	nber	_	Telephone Number		License		er		
						973-345-802		0	1169		_	
Start Date (10)		Sched. Com	pletion Date (	(11)		Name of OSHA Mo D & S Restora						
03/14/13		03/28/13			-  -	Street Address	ition, me.					
Occupancy Status	During Abatemen		e)			20 California A	Avenue					
	ed/vacated during					City, State, Zip Coo	de					
Describe:	erformed outside		hours-		_	2 10						
☑ Other-Descr	ibe: NORMAL H	OURS			_	Paterson, NJ						
Scope of Work (c		1)					Full Containment v	v/negative	press	ure		
$\ge 3$ sf or $>3$	f 🖂	Renovation					Glovebag procedu	re				
≥160 sf or ≥	260 If	Demolition	×A				Non-Exempted (*)	and Non-				,
Location of		Is location norr by maintenanc					Amount		R	R	E n	E
asbestos-co material (ac		staff(12)	- T	<ul><li>Descripti</li><li>material</li></ul>		sbestos-containing	(Specify	SF or	m o	p a	C	n
abated in fa		Yes 1	N/A		,,		LF)		V	i	a p	L
DACEMENT				PIPE INSU	II.ATI	ON	85 L FT		e			$\Box$
BASEMENT Basement CRA	WI SPACE			PIPE INSU			12 L FT	72.50	X			10
Dascillent CRA	HUSINOL											
					1, 1, 1							
Registered Waste	Hauler	NJDEP Ha	auler ID#	Cubic Yards of	Waste	Name of Register	ed Landfill N, RESOURCE R	ECOVER	Y			
D & S RESTOR	KATION, INC.	13506	Disposa	1 YD		City, State	, RESOURCE R	CO V DIV	_		-	
City, State PATERSON, 1	NJ 07503		03/15			TULLYTOW	N, PA					
Completed by (Prin		Title		Signature			368 12	Date				
BOGDAN JOI	LDZIC	PRESIDENT				I - Alivibi		03/04/	13			
ASB-41		Do not use this	form for asbe	stos licensure ex	empted	activities.						

# Das Proj. #: MS 13-74

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

									JAM		- 1	* - 5	
Date of Notification (1)	Name	of Building (	Owner	r/Operator (2)	. 4				CONTRACTOR LICEN	1			
0 3 / 0 4 / 1 3		ET TERH	UNE						200 x		% .		
Agencies Notified Type Notification  EPA Initial	n Street	Address				(			* 410%	r Zirr	<	06	1
DEP Amended	113	BECKER	AVE	ENUE					-C14	574	4		
Amendment #:	City, S	tate, Zip Co	de							10	10		
DOL Emergency	RO	CHELLE I	PARI	K, NJ 07662	2								
DOH (including justification)	Name o	of Contact						Telepho	ne Number				
☐ DCA ☐ Cancellation	JAI	NET TERI	IUN	E		1.5 <u>V</u>							
		F	ACIL	ITY INFORMA	ATION								
Name of facility where abatement is	taking place (3	3)					Туре	of Facility	(4) ol (K - 12)				
TANIET TEDITINE								=	hapter 8 (O	thar th	an K	12)	
JANET TERHUNE								the second second	(Private/C			12)	
Street Address		306 68						Bldgs	./Homes, e	tc.			
113 BECKER AVENUE							Squa	are Feet	# of Floor	S	Blo	g. Aç	je
City (5)	County (6	)				nty Code (7) e use only)		ont Line (	Prior if bein	a dom	oliebo	4)	
ROCHELLE PARK	BERGE	N			(Stat	c use only j	Curi	ent Use (	non ii belli	y uenik	Mone	۵,	
Name of Monitoring Firm Hired by B		T	ASCM No.	П	Name of Abatemen	nt Contrac	ctor (9)						
					- 11	D & S RESTO	RATION	I, INC.					
Street Address					=	Street Address							
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Cod	de						
		V.				Paterson, NJ							
Project Manager for Monitoring Firm		Phone N	lumbe	er		Telephone Numbe			License	Numb 1169	er		
						973-345-802 Name of OSHA M				1109			
Start Date (10)	Sched. Co	mpletion Da	te (11	)		D & S Restor		C.					
03/14/13	03/28/13					Street Address			100				
Occupancy Status During Abatement	t (Check only c	ne)				20 California	Avenue				73.		
Facility closed/vacated during	entire period of	f abatement.				City, State, Zip Co	de	- 17			)	(4)	
Abatement performed outside of Describe:		ty hours-			_								
Other-Describe: NORMAL Ho	OURS				_	Paterson, NJ						_	
Scope of Work (check all that apply	)								t w/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation					L D		nclosure ag proced	dure				
≥160 sf or ≥260 lf	Demolition					į			(*) and Non			edure	
Location of	Is location no			/						R	R	E	E
asbestos-containing	by maintenan staff(12)	ce/custogiai				sbestos-containing		Amount (Specify		m	р	C	n
material (acm) to be abated in facility (13)	Yes	No 1	V/A	material	(ACIVI)			LF)		V.	i	a p	L
		,	and the second	DIDE DICE	II A T	ON	10	) L FT		e	-		1
Basement BOILER ROOM		$X \parallel$		PIPE INSU				5 L FT			H	片	卄
Basement LAUNDRY & TANK ROOM				FIFE INSC	LAI	ON .	- 3				H	片	甘
				-	-					T	盲	6	一
Registered Waste Hauler	NJDEP I	Hauler ID#		ubic Yards of	Waste	Name of Registe	red Landf		nnco: :-	017			
D & S RESTORATION, INC.	13506	7 1.		1 YD		TULLYTOW	N, RESC	OURCE I	RECOVE	KY			
City, State	3	3.0	osal D /15/1			City, State TULLYTOW	/N DA	34					1
PATERSON, NJ 07503	Title		13/1	Signature		TOLLTION	IN, IA		Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDEN	T		J.g.iaiaio					03/04	/13			
	Do not use th		chest	os licensure ex	emnte	d activities.							



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

Date of Notification (1) 3/4/2013					Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.P.								
		I NI CE C	<b>-</b>				ng & Terminal	s, L.P.			1		
Agencies Notified	143	Notification	Type		Street Addres					2			
00.554					US Route 130	) & I-295				9/3		te:	
(X) EPA		(X) Initial I							25	P			
() DEP		() Amended	Certificati	on a	City, State, Zi	p Code	(	1000	\$7.5	1-7	2 (		
(X) DOL		( ) Cancelle	ed		Westville, NJ		n		0	A 7	N 870		
(X) DOH		1 /			VVCStville, 140	00000 100	•		O'P	. 3	, 7	S. Santille	
() DCA									1,	1	_	70.5	
() BOA					Name of Cont Dorothy Rural			Tel. N	umbér		2		
Name of Facility Where Ab	patement is T	aking Place (	3)	FACILITY IN	Type of Facilit	ty (4)				7	?	?.	
Sunoco Partners Marketin			<u> </u>		( ) School (K- ( ) Subchapte	12)	nan K-12)			6	140,	S	
Street Address	100000000000000000000000000000000000000				(X) Other (i.e.	private & d	commercial blo	las hor	nes et	C	<		
US Route 130 & I-295					Sq. Feet N/A		# of Floor	200000					
City (5)	County (6)		Country	2-d- (7)	- Oq. 1 CCC_TG//		# 011 1001	3	1	_			
	County (6)		County C		Dide Ass N	10 10 1111							
Westville	Gloucester		(State U	se Only)	Bldg. Age_N	/A_(Outside	e piping)						
					Current Use (	prior if being	g demolished)	Oil Re	efinery			<u></u>	
Name of Monitoring Firm F KA Industrial services, LLC	lired by Bldg	. Owner (8)	ASCM N	<u>o.</u>			Name of Co Kenny Atlan			ervices LI	C		
Street Address					Street Address	S							
26 Colonial Ave City, State, Zip					800 Billingspo	rt Rd							
Woodbury Nj 08096					City State, Zip Paulsboro, NJ	08066							
Project Manager for Monito	oring Firm	Telephone I			Telephone Nu			Licens	e Num	ber			
Scott Dechant		856-224-43	85	* 40%	856-224-4392			00857	0				
Scheduled Start Date (10) 3/18/2013		Scheduled ( 3/22/2013	Completion	Date (11)	Name of OSH	A Monitor							
	Ab atama ant //				Same						-//		
Occupancy Status During A  ( ) Facility Closed/Vacated ( ) Abatement Performed C	During Entir	re Period of Al	batement		Street Address	<u>s</u>							
(X) Other - Describe - Exte	erior abatem	ent/renovatior	ns within re	stricted work	City, State, Zip	o Code		1815-978	New Year	4			
area, no other contractors	present												
Source of Work (Check all	tnat apply)												
() Demolition (X) Renova (X) Large Proj. (>160 SF of () Full Containment ()			oj. (>25<16 ovebag Pro		00 LF ACM) ()	Minor Proj	. (<25 SF or <	10 LF A	CM)				
Location of Asbestos-		ation Normally		Description of	ACM (i.e.	Amount /	Specify SF or	I E\	Abot	ment Ty			
Containing Material (ACM)	in Coloby					Amount (	Specify SF of	LF)	Abate	ement Ty	<u>be</u>		
		by Maint./Cus	todiai	thermal system									
Facility (13)	Staff?	The state of the s		surfacing, VAT	, or other	(Estimate	ed)				ALLERO AND AND AND AND		
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap I	Enclose	
Roof of Old Lab Bldg		X		TSI on Outside	e Piping	300 LF			Х				
											200		
						<del>                                     </del>			-		<del></del>	-	
Name of Day Wests Hards		NUDEDIN	4-11-1	L	01:12				L				
Name of Reg. Waste Haule	<u>er</u>	NJDEP Was	te Hauler	<u>D#</u>	Cubic Yards of					Landfill			
Waste Management, Inc.		17273			20 (estimated)		4	Glouce	ester Co	ounty Lar	dfill		
44-75					A CONTRACTOR OF THE PROPERTY O								
<u>City, State</u> South Harrison, NJ		1				*	<u>Disp. Date</u> Various			City, Stat South Ha		11	
Completed by (Print or Type	e)	<u>Title</u>			Signature			Date					
ANDDEM OFFE			144.5		1 1	,							
ANDREW GREEN		MANAGER -	- KAIS		//. //.	11	7	3/4/20	13				
					(1 male	1/1/	eer						
	- 3				Site	perations S	unervisor						
					Jil Jo	porunons c	per						
	3				//		1					14	
					/		1						
					L								

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

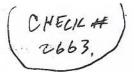
Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

CX 14178

Date of Notification (1)		vemely	of Building Jersev Sc	Owner / Operator	(2) ent Au <u>thorit</u>	I HAR	2013	1	_	
Agencies Notified Type Notification		Street	Address	- 20		N	جن	ل	1	
T EPA			at State 5		<del>- i - ≀/d</del>	AIVER AP	PRAVI	31)	1	
DFP   Initial			Itale & Zip		44	MIVENTAL	CITO M		لــــا	- 1
DFP M Initial  DOL Mended			on, NJ 08			<del></del>	Telephor	S Ali	mha	г
DOH Emergency	- 10	200000000000000000000000000000000000000	of Contact			-	Telebiloi	ID INC	IIIDO	-
□ DOH     □ Emergency     □ Cancellation		lorge	Alfonzo							
		EAG	MITY IN	FORMATION		7	The second		-	3
Name of Facility Where Abatement is Takin	o Diaco (2		OIL I I III	Type of Facilit	v (4)		$\mathcal{O}^{1}(\mathbb{R}^{3})$	-		
Warmingter Building	ig r iace (c	7		School (K	-12)				.?	
Street Address				Subchapt	ar 8 (Other th	an K-12)	6,2		S	
				Olher (Le	. private & cor	mmercial bulld!	nge, home	18, ef	č.)	
6400 Broadway				Square Feet	# of Flo	pore	Bldg. Age	-		
	- IA		A- 4- CD			4	~100 Y		3	
City (5) County (8)	)     Co	unly (	Code (7)	-128,00	Original Stations	demoliched)	100	Guii		
West New York Hudson				Current Use (		Tellionenen)				
				Manufactor	ing			_		_
Name of Monlioring Firm Hired by Building	Owner (B)		ASCM N							
Matrix New World			1000000	Tricon Ente	rprises, Inc.					,
Street Address				Street Addres						
25 Columbia Turnpike				322 Beers S						
City, State & Zip Code				City. State &		34				
Floram Park, New Jersey				Keyport, NJ	07735					
Project Menager for Monitoring Firm	Teler	hone	Number	Telephone Nu		License	Number			
Eric Gibcon	973			732 739-120			0109	5		
				Name of OSH	A Monitor					
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Scheduled Start Date (10) Scheduled		113		Tricon Ente	erprises, inc	,				
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- Cancellatio	711	,	Alfonzo		-	V		_			
Name of Facility \Albana Abstract	- 111	FAC	ILITY IN	FORMATION	<u> </u>						
Name of Facility Where Abatement is Warminster Building	Taking Place (	(3)		Type of Fac							
Street Address	-			School							
						Other than K-				22 0220	
6400 Broadway			- 5			te & commer				etc.)	
0.4.(5)	. (6)			Square Fee		# of Floors		ldg. Ag			
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West New York Huds	son				froget for seasons and	being demol	ished)				
A CONTRACTOR OF THE CONTRACTOR				Manufact				1			
Name of Monitoring Firm Hired by Build	ding Owner (8)	)	ASCM No			Contractor (	9)				
Matrix New World Street Address				Tricon Ent		s, Inc.					
25 Columbia Turnpike				Street Addre							
City, State & Zip Code	<del></del>			322 Beers							
Floram Park, New Jersey	- 1			City, State 8							
Project Manager for Monitoring Firm	Teler	ohone N	lumber	Keyport, N Telephone N		)	I iconoc Ni	b			
Eric Gibson		204-83		732 739-12			License N	0109	5		
Scheduled Start Date (10) Scheduled	uled Completic		50.00000	Name of OS	The state of the s	tor		0103	<u> </u>		
3/06/13	3/15		()	Tricon En							
Occupancy Status During Abatement (	Check only one	e)		Street Addre		-,		-			
Facility Closed/Vacated During	Entire Period	of Abate	ement	322 Beers	Street						
Abatement Performed Outside	of Normal Hou	urs – 7a	am to 3pm	City, State &	Zip Cod	е	-				- 7
Describe:				Keyport, N	J 07735	;					
Facility Occupied During Abater	ment		2								
Scope of Work (Check all that apply)						en entre sent a conservation	- 1 W	W	*****		
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2 41 10		411					- 1				
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Jame of Decistant J Mary											
Name of Registered Waste Hauler				Cubic Yards	Name o	of Registered	Landfill		**	250.05	
Samboney Enterprises, LLC		Haule	er ID No.	of Waste ~ 60 Cu Yds	Canla	. 0					
City, State						Quarry	<u> </u>				
Villiamstown, NJ				Disposal Date	City, St						
	<u> </u>			03/2013	Whitel	nall, PA	e Dell			7.	f.
Completed By (Print or Type)		Title		Signature	1	>		Date			
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Name of Facility Where A	Dalement is Takin	g Place (3	3)				1 msc	nool (K-12)			100	
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Date of Notification (1) 03-05-2013							Owner / Operat			<i>d</i> .	13/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	P.			
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Name of Facility Wh	nere Abatem	ent is Taking F	Place (	3)	CILII	1 1141	Type of Fac	sility /	(A)						
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Name of Monitoring	Firm Hired b	v Building Ow	ner (8)		IASC	CM No				ctor (9)		_	-	_	-
Health & Safety S					117					Group, LLC					
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Project Manager for Mr. Jim Proctor	Monitoring F	irm	100000000000000000000000000000000000000		e Numi	ber	Telephone N		per	License		4			
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Describe:							Union, NJ			1					
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Scope of Work (Che	ck all that ap	pply)												-	-
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Mr. Brian Hane	У			Pr	eside	nt 🦎	31/	10	1		3/0	05/	201	3	-
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Oralass Maria					-	Wayne, N	J 0747	70					
Project Manager for Monitori	uā kirm		Tel	ephone	No.	Telephone	No.		License No				
Start Date (10)						973-638-			01127.				
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Abatement Performed Out	iside of Norma	al Facili	r Abace	meni rs - Da	scribe	20-21 Wa	garaw	Road, Bldg .f	34A				
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Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 150 sf or 2 260 if  Lecation of Asbestos-Containing Mai TO BE ABATE IN Facility (13)	ostoment (Checuring Entire Per bide of Normal it apply)	is Location Normally Used Solely Maintenam Custodia Staff? (12)	CI Renovation Difference on y y by ce/ Asbe-	Street Address City, State, Zip Cod City, State, Zi	de d	Amount (Specify SF or LF)	A Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Repovation D Demolition on y y by ce/ Asbe-	Name of OSHA M Street Address City, State, Zip Cod	de d	egative Pressure On-Frable Procedu  Amount (Specify SF or LF)	A Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Repovation C Dernolition On y y by cel (i.e. N/A A	Street Address  Street Address  City, State, Zip Con  City, State,	de d	egative Pressure On-Frable Procedu  Amount (Specify SF or LF)	A Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Repovation C Dernolition On y y by cel (i.e. N/A A	Name of OSHA M Street Address City, State, Zip Cod	de d	Amount (Specify SF or LF)	Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Repovation C Dernolition On y y by cel (i.e. N/A A	Street Address  Street Address  City, State, Zip Con  City, State,	de d	Amount (Specify SF or LF)	Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	CI Repovation Con Vy by Cel Asber (i.e.	Street Address  City, State, Zip Con  City,	de d	Amount (Specify SF or LF)	Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	erial (ACM)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	CI Repovation Con Vy by Cel Asber (i.e.	Street Address  City, State, Zip Con  City,	de d	Amount (Specify SF or LF)	Removal	Type
Facility Closed/Vacated D Abatement Performed Cur Other — Describe;  ope of Work (Check all that 2 sf or 2 st if 2 160 sf or 2 260 if  Lecation of Asbestos Containing Man TO BE ABATE IN Facility (13)  Out Style  of Registered Waste Hattle  J Rohmson tate 13 e	oatement (Checuning Entire Per iside of Normal it apply)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Removation C Dermolition On y y by cel Asber (i.e.	Street Address  City, State, Zip Con  City,	de d	Amount (Specify SF or LF)	Removal	Type
Facility Closed/Vacated D Abatement Performed Out Other - Describe; ope of Work (Check sil the 23 sf or 2 3 if 2 160 sf or 2 260 if  Location of Asbestos-Containing Mai TO BE ABATE IN Facility (13)  Out 51// c	erial (ACM)	is Location Normally Used Soleh Maintenanc Custodia Staff? (12)	C Removation C Dermolition On y y by cel Asber (i.e.	Street Address  City, State, Zip Con  City,	de d	Amount (Specify SF or LF)	Removal	Type

CK 4301

Date of Notification (1)	1		T	10 100 20 100	f Building Owner/Operator								
3/4	/13			MS. ALFREDA FORCZEK									
Agency Notified	Type Notification			Street A	ddress P VAN BJILE	11 0-	2						
O EPA	2 Initial		-	City St	ate, Zip Code	,5,1		3		2 .	_		
D DEP	☐ Amended Amendment #			\).	EWARK . NO	1, 071	0) %	Sep.					
E DOH :	U Emergency (includi justification)	ng	-		f Contact		Telephone Numb	er			13		
D DCA	☐ Cancellation			MS	. KEUIN AMA	LTT	***		_	•			
				FACIL	ITY INFORMATION		S.	ich.	<	بر			
Name of Facility Where	Abatement is Taking Pla	ce (3)				Type of Facility	(4)	1/2/		0	0		
Ms.	FORCZE	C		27	:	School (K-12	2)	01	2.	-			
Street Address					:	☐ Subchapter	8 (Other than K-12) wate & commercial	huildine					
9 UAN	BUREN ST					homes, etc.	•						
City (5) :					13	Square Feet	# of Floors	Bldg. Ag		j	4		
. NE	WARIC					.1800	2	65	7	=Y	M		
County (6)	e e			County ONLY)	Code (7) (STATE USE		rior if being demolish	ned)					
ESSE							SO NEO						
Name of Monitoring Pin (8)	m Hired by Building Own	er /	ASCM	No.		nent Contractor (	\$ <sup>2</sup> 4						
Street Address					Best R	emoval I	nc						
Select Address				82		River St							
City, State, Zip Code					City, State, Zip C						-		
o.y, o, _p o							J. 07601						
Project Manager for Mo	miloring Firm	Te	lephor	ne No.			License No.						
					201-329-	7444 -	00388						
Start Date (10)	Scheduled C				Name of OSHA		1.1 T-0						
3/18/13		19	/13			vironmen	tal inc						
Occupancy Status Dun	ng Abatement (Check on	ly one)			Street Address 280 Huy	ler St							
☐ Facility Closed/Vaca	ted During Entire Period ad Outside of Normal Fac	of Abate	ement		City, State, Zip C					-			
2 Other - Describe:	7A4 50 58	M	#9				k, N.J. 0	7606					
Scope of Work (Check	all that apply)		***************************************		-			-					
D≥3sfor≥3ff				.⊒ Ken		Containment with Enclosure	Negative Pressure						
2 ≥ 160 sf or ≥ 260 lf				☐ Dem		ebag Procedure							
		Γ.			U Non-	-Exempted (-) an	I Non-Friable Proce		bate	me	nt		
		177.79	Locati Iomnali	100000		2 2 1		_	Ту	pe	_		
. Locat	tion of ing Material (ACM)		d Sole		Description Asbestos Containing M		Amount			m	_		
TOBE	ABATED	C	ustodi	ial	(i.e., thermal systems	insulation,	(Specify	Removal	Repair	noak	Encl		
	13)	.	Staff? (12)		surfacing, VAT other miscellan		SF or LF)	lova	Dair	alus	Jus		
		· V		1				-		6	•		
KATCHE	• • • • • • • • • • • • • • • • • • • •	Yes	No	N/A	VAT		3601	* ×	Н	Н	$\vdash$		
MICHE				X	<u> </u>			<del>-  </del> -	$\vdash$	Н			
		-		-					H	Н	-		
				-				$\dashv$	H	Н	-		
Name of Registered W	aste Hauler	NJ	DEP V	Vaste H	auler Cubic Yards of	Name of Regis	stered Landfill				-		
Best Remov		ID	No. 710		Waste 2 c x		Enterpri	ses					
City, State Hacke	nsack, N.J.	076	01		Disposal Date 3/19/13	City. State Waynesh	ourg , Oh						
Completed by	Title				Signature /		, a d	Date	,				
J. Maiorano	Estin	nato	r		111	سممن	2	3/4	1).	3			
155 11		A AL	- 4-	-6		مختنفهم				-			

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  March 4, 2013				Name of Building	Owner/Ope Terry	erator (2) Gianatapo 2/1/2	(1	· ) (	2	70	
[ ] DEP [ ] Amer	l Notifica	ification,		Street Address  City, State, Zip Co	134 W	erator (2) Gianatapo 2013 /aldron Road	19-7 PM 2	68			,
[x] Emer	gency (in ication) ellation			Name of Contact Terry	Toms ———Gianatap		relephone Number	<u> </u>	_		
t 1 box			EAC	LILITY INFORM				-			
Name of Facility Where Abatement is Taking Residence	g Place (	3)	TAC	LITT INFORM	ATION	Type of Facility (4)	School (k-12)				= 0
Street Address 134 Waldron Road	i			-		[ ] [x]	Other (i.e., priva homes, etc.)			ial bui	ldings,
City	County	y (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors		g. Age	50	
Toms River	Ocean	n				Current Use (Prior i Reside		i)			<i>y</i> 1
Name of Monitoring Firm Hired by Building N/A						Abatement Contracto		Inc.			
Street Address			Street Address								
City, State, Zip Code		4	City, Sta	te, Zip Code	oute 9, Unit 61 River, New Jers	ev 08	755_1	271			
Project Manager for Monitoring Firm	The second secon					ter Telephone Number Lie 732-349-9932 00					(0
Scheduled Start Date (10) 3/04/13		3/05/13	mpleti	oletion Date (11)  Name of OSHA Monitor  E.M.S.L. Analytical							
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated Abatement Performed Of Check of Check of X   Abatement Performed Of Check of Check of X   Abatement Performed Of Check of X   Abatement (Check of X   Abatement (C	d During	Entire Period		3/0/2/2001/2001/201	Street Ac	1056 Stee, Zip Code	telton Road way, New Jerse	w 088	54		
Scope of Work (Check all that apply)				7, 1	[ ]		t with Negative Pre	70			
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			enova emoli		[ ] [ ] [x ]	Mini-Enclosure Glovebag Proced Non-Exempted (*	ure () and Non-Friable	Procedi	ıre		
16								Abat	ement	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A			odial	Asb M (i.e. insu	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	ENCLOSURE		
Exterior	47	X	7	Asbestos sidin	g	equipment of the state	2000 sf	X	2 40		
	Mary 1		n y	200 100 100 100		:				-34	
	1284		8.			1			32		
Name of Registered Waste Hauler Guardian Contracting, Inc.	N.	JDEP Waste I 202	23	3	rds of Waste	T.R.R.F.	red Landfill	1000			
City, State Toms River, New Jersey			01spos 1/06/1	al Date	City, Sta	ite owp₅)Penp≰ylvania	e virginia de				
Toms River, New Jersey 3/06 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	ho	1 te	1	Date 3/4/2	2013		1 5

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

## Nonck

Date of Notification (1) 3/1/13					of Building o						ELICE	> >			er. Sen
	Type Notification				Address rie St. Ro	oom 23	6				2 jezn	^	PH	2:0	n
EPA DEP DOL	Initial Amended Amendment		_		ate, Zip Co y City, N.		)		(		- CE	10/	114	80 07	
DOH DCA	Emergency ( justification) Cancellation	including			of Contact Campio	ne	2 +1 2	u de	4.5	Tel	ephone Nu		6'	07	
				FAC	ILITY INFO	ORMATIC	N			7.					-
Name of Facility Where Al Newark Liberty Inter	patement is Taking national Airpor	Place (3 t	)						of Facility (4 School (K-12	2)		146			
Street Address Newark Liberty Inter	national Airpor	t .					3 11	×	Subchapter ( Other (i.e. pretc.)				dings	home	es,
City (5) Newark				W Or	224 22			Squa 2400	re Feet 000	6	Floors	100	3ldg. <i>F</i> 50+	(g <b>e</b>	
County (6) Essex	a de estab				Code (7) USE ONLY)				nt Use (Prio senger Te			hed).			
Name of Monitoring Firm F The Port Authority of		Owner (8)		ASC	M No.				tement Cont struction C			). ·			
Street Address 241 Erie Street, Roo	m 236						Street 36-16		ss n Avenue		7/4 at a 1				
City, State, Zip Code Jersey City, NJ 0731		* 00					ip Code Y 11105				SEARCH STATE	-			
Project Manager for Monitor Ralph Campione	oring Firm			Telephone No. 973-8622-0800			Teleph 718-7			5 9 44	License 1	No.		- 1	
Start Date (10) 3/17/13		Schedule 12/1/13		Completion Date (11) Name					HA Monitor Environme	ental		- 64			
Occupancy Status During	Abatement (Check	Only On	e)				Street .		rd Street		- 1			-	-
Facility Closed/Vacate Abatement Performed Other – Describe:	ed During Entire P d Outside of Norm	eriod of A al Facility	Nours Hours	ent		+	City, S	tate, Z	ip Code		0.5				
Scope of Work (Check All	That Applied		*****				Long	Islan	d City, NY	111	05				
≥3 sf or ≥3 if ≥160 sf or ≥260 if	тпат Арріу)		enova emolit	555.000			×	Mir	I Containmenti-Enclosurenvebag Procented	edure				·e	
			Locati					110	Lacinpled	( ) u.i.	211011111111		Abate	ement /pe	:
Location of Asbestos-Containing M		Used	d Sole	ly by	Asheet	Desc tos Conta	cription ining M		(ACM)	Λ	mount		Γ	İ	
TO BE ABAT In Facility (13)	<u>ED</u>	1.474.00000	ntenar odial S (12)			thermal s surfaci other mi	ystems ng, VA	insula T, or		(8	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Term. B Lvl 2 Between	en Col. 27-29	1.00		X		Fire	oroofir	ng		25	91 SF	X			
	coor issue					ger e						(4.5)			17.46
			- 7		1,5	•	4				3.0		- 4		
	S. S. Herring				1911 C	- 1		- 077 0					-		
Name of Registered Waste	Hauler	1177	100000	JDEP W		Cubic Y		· · ·	Name of R	egiste	red Landfil	1	-		3.7
ABC Construction Cor	ntracting Inc.			auler ID 2280	NO.	of Wast	e		G.R.O.W	1.S.V	North Lar	ndfill	# 10		
City, State Astoria, NY	#					Disposa 12/20/		4	City, State Morrisvil		4			5,111	. %
Completed by Stanko Koronsovac	dent	Signature Date 3/1/13						20							



Date of Notification (1) 3/1/13				Name of Building Owner/Operator (2) The Port Authority of NY & NJ  Street Address 241 Erie St. Room 236													
Agencies Notified	Initial Amended			Street Address 241 Erie St. Room 236									2: :				
DEP DOL				City, State, Zip Coo Jersey City, NJ				ode									
DOH DCA		Name of Contact Ralph Campione															
				FAC	ILITY INF	ORMATIC	ON						-				
Name of Facility Where Newark Liberty Into Street Address Newark Liberty Into	ernational Airpo	rt	3)	-				×	School (K-1 Subchapter Other (i.e. p	2) 8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hom	ies,		
City (5) Newark								Square Feet 50000		# 0	# of Floors		Bldg. Age 50+				
County (6) Essex				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hangar									
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ								ne of Abatement Contractor (9) 3C Construction Contracting Inc.									
Street Address 241 Erie Street, Room 236				the same of the sa				eet Address 6-16 19th Avenue									
City, State, Zip Code Jersey City, NJ 07310								State, Zip Code oria, NY 11105									
Project Manager for Monitoring Firm Ralph Campione				Telepho 973-86	ne No. 322-080	0	Telephone No. 718-729-2501				License 01159						
Start Date (10) Scheduled Co 3/18/13 12/1/13				empletion Date (11)			Name of OSHA Monitor Precision Environmental										
Occupancy Status Durin	ng Abatement (Chec	k Only On	ie)				Street	Addre	ss								
Facility Closed/Vacated During Entire Period of Abatem Abatement Performed Outside of Normal Facility Hours Other – Describe:				nent	-	26-15A 23rd Street  City, State, Zip Code  Long Island City, NY 11105											
Scope of Work (Check A	All That Apply)			-			Long	isiar	ia City, N	Y 111	05		700				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	21,44,57		enova				×	Mir Glo	ll Containme ni-Enclosure ovebag Proc n-Exempted	edure	- 77			ro			
ls Loca														Abatement			
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Used Si Mainte Custodia (1			lormal d Sole				cription					-	Type				
			odial 9 (12)	Staff?	thermal s surfaci	bs Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Repair	Encapsulate	Enclosure			
Hangar 14 2nd F	1 Office Area	Yes	No	N/A			/AT			61	35 SF		+-	~			
Hangar 14 2nd F				X			TSI				5 LF	X	-	-	-		
											- LI	- ^	+-	-	-		
								-		-		+-	+	+			
				JDEP W	Cubic Y	ards	Name of Registered Landfill										
ABC Construction Contracting inc.				auler ID 2280	No.	of Waste 100	е	G.R.O.W.S. North Landfill									
City, State Astoria, NY					Disposal Date 12/20/13			City, State Morrisville, PA									
Completed by Title Stanko Koronsovac President						Sig	nature	L			-	Date 3/1/13					