State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 13, 201	3	Name of Building	Owner/Ope Doug	erator (2) glas McDowell /3	Man (1 2	13	51			
	ation Il Notification Inded Notification	Street Address	30 Sli	ngerland Avenue	18 PM	1	1 112			
[x] DOL Ame	ndment # gency (including	City, State, Zip C		nnock, NJ 07440	CENSULARO	*0	1 -			
	ication) ellation		las McDo		Telephone Number		_		15	
		CILITY INFORM	MATION							
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (or	her the	ın k12)			
Street Address 106 West Channel	Way			[x]	Other (i.e., priva				ldings,	
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 800 sf	# of Floors		g. Age	60		
Ocean Beach I	Ocean			Current Use (Prior Reside	nce	1)	185		0.4.7	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.			r (9) an Contracting,	Inc.			7 45 7	
Street Address			Street A		Loute 9, Unit 61					
City, State, Zip Code			City, Sta	ite, Zip Code Toms I						
Project Manager for Monitoring Firm	Telephone Number		The second second second	one Number License Number 49-9932 00624 of OSHA Monitor						
Scheduled Start Date (10) 3/14/13	Scheduled Comple 3/15/13	tion Date (11)	L. Analytical							
	only one) d During Entire Period of Al Outside of Normal Facility I		Street Ac	1056 S te, Zip Code	telton Road					
Scope of Work (Check all that apply)			[]	*	way, New Jerse t with Negative Pre	-	554			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[] Renov		[] [x]	Mini-Enclosure Glovebag Proced			ure			
			-			Abat	ement	Туре		
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	(i.e	Description bestos-Con Material (A, thermal sulation, sur VAT, o ner miscella	ntaining .CM) 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	X	Asbestos sidir	ng		720 sf	X				
									-	
	**************************************					1		4-010		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler 20223	r ID No. Cubic Y	ards of Wast	e Name of Registe T.R.R.F.	red Landfill					
City, State Toms River, New Jersey	Dispo 3/18/	sal Date 13	City, Sta							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hot	400	1	Date 3/13	3/2013			
	*Do not use this form	n for asbestos licer	sure exem	pted activities.		10				

NOTIFICATION OF ASBESTOS ABATEMENT Pursuant to NJAC 8:60-7 and 12:120-7)

		(Pursu	hrane of Pari	14170	Owner/Operator	(2)					51X = 53X 52
Date of Notification 3-13-13	(1)		Victor Umansky								
Agencies Notified	Type Notifica [X]Initial	tion	Street Address 104 Oak		ne	2013 MAR 18	PM 51 00)			
[X]DOL	Notifica []Amended Notifica		City, State Cranfor		Code J,07016	# US LICER	CONTROL				= 1
[X]DOH	[]EMERGENC		Name of Con- Victor		nsky	Telephon	e Number		2 +		** 1
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			FACI	LITY I	NFORMATION						
Name of Facility Whe	re Abatement	is Taki	ing Place (3)			Type of Facil	ity (4)			11114	
Same as above						[]School []Subchap [X]Other ((K-12) ter 8 (Other i.e., priva	r than te & co	K-12)) - :- - :-	
104 OAK LANE				H. 1514 14			uildings, h	omes, e			1.0
City (5		County	(6) Essex	Cou	nty Code (7)	1760	2		1937		
CRANFORD		UNIC	ON	(ST.	ATE USE ONLY)	Current Use (Prior if be	ing dem	olis	hed)	- 17
Name of Monitoring F Owner (8) N/A	irm hired by	Buildir	ng ASCM No.			ment Contracto				3.87	
Street Address					Street Addres 86 Chris	s stopher St	•				1
City, State, Zip Cod	a		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		City, State, Montclai	zip Code Lr, NJ 070	42		, T.	9	
Project Manager for	Monitoring Fi		elephone Numb	oer	Telephone Num (973)744	The state of the s		icense 0037		er	er i
Scheduled Start Date 3-22-2013	3	3-25-	pletion Date		Name of OSHA	Monitor					
Month Day You Occupancy Status Dur [X]Facility Close of Abatemen	ing Abatement sed/Vacated D	(Chec	k only one)		Street Addres	ss				. 2	
[]Abatement Pe	rformed Outsic	s Descr	ript»	ty	City, State,	Zip Code					1
Scope of Work (Check						La Tay Ash as S		i sail		=27	72 -
[X]>3 sf or []>160 sf or	≥3 lf		[X]Renovation		[]Mini- [X]Glove	Containment wi -Enclosure abag Procedure Friable Procedu		Pressu	ıre		
			Is					Aba	teme		
Location Asbestos-Cor Material TO BE AB In Facil (13)	taining (ACM) ATED	5	Location Normally Used Solely By Maintenance/ Custodial Staff (12) No N/A	in	Description Asbestos-Con Material (i.e., thermanisulation, surf or other misce	ntaining (ACM) 1 systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSUL	ENCLOSURE
Basement		Yes	X	PI	PE INSULAT	TION	75 LF	X			14.1
4. 4. 4.		7 177		2	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -					- 7	-11
		11 11 12		1 7 1		h	stored Tar	fill		di di	
Name of Registered V AZTECH MANAG		IC	NJDEP Waste Hauler ID No 17040		bic Yards Waste 1.5	Name of Regi					
City, State Montclair, NJ	07042			1000	sposal Date 3-26-2013	City, State Morrisvi	lle, PA	1906	57		
Completed By (Print		tle			Signatur	1	11	Dato		FIG.	

10/40

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

Date of Notification			Name of Building Owner / Operator (2) Kennedy University Hospital Street Address Name of Building Owner / Operator (2) Kennedy University Hospital											
	03-12-201		2 10				ersity Hospital	2013 MAR	18 PH 5.0			E HIII		
Agencies Notified EPA	Type Notifi			220		pel H	ill Campus						1.9	
☐ DEP DOL	│ │ │ │ │ │ Ame	al ended (2 nd)			State		Os002	*30131	US CUNTRO CENSING	L			Y.	
☑ DOH		ergency		_	e of C				U - 18.7/19 L	elepho	one N	lumb	per	
☐ DCA	☐ Can	cellation		Ms.	Amar	ıda C	astellanos		4					
11 11 11	re men	F. 1911 - 8-7	f	FA	ACILIT	TY INI	FORMATION		-					
Name of Facility Will Kennedy University			Place ((3)	1000	- "	Type of Faci							
Street Address	nty 1100pii	·						pter 8 (Other th	an K-12)					
2201 Chapel Hill	Campus		8 8						mmercial building	s, hon	nes, e	etc.)		
							Square Feet	# of Flo	ors B	dg. Ag	e			
City (5)		County (6)	C	ounty	Code	(7)	250,00		2	47.1	52	11		
Cherry Hill		Camden	27 1/2		ta Ar		Hospital	(Prior if being o	lemolished)					
Name of Monitoring Health & Safety S			ner (8)	AS0	CM No	Name of Aba	atement Contra Management						
Street Address 318 12 th Street							Street Addre	:SS						
City, State & Zip Co Hammonton, NJ			Tests Inches				City, State &	2115 Hamilton Ave, Ste 202 City, State & Zip Code Trenton, NJ 08619						
Project Manager for		Firm	Tele	phon	e Num	ber	Telephone N	e Number License Number						
Mr. Jim Proctor	Control of		609	-704-	8850		609-977-61	977-6159 01185						
	cheduled Start Date (10) Scheduled Completion Da 03-25-2013 03-27-2012							Name of OSHA Monitor J&S Environmental Laboratories Inc						
Occupancy Status I	During Abate	ment (Check o	nly on	ie)	10010		Street Addre	Control Married Co.			15		4	
		During Entire F					2333 Route am City, State &					_		
Describe:	enonneu C	diside of North	ai no	urs 4.	.uupm-	12:00	Union, NJ							
	upied During	Abatement					Ollion, No	07003						
Scope of Work (Che	ck all that a	pply)					1 10 15 15 14 15 1	POT 500 (200)						
≥3 sf or ≥3 li			[2]	Do	navati.				ntainment with Ne	egative	Pres	ssure	9	
23 \$1 01 ≥3 10 ≥160 sf ≥260					novatio molitio		☐ Mini-Enclosure ☐ Glove Bag Procedures							
			ш	De	montio				empted and Non-	Friable	e Pro	cedi	ıre	
	cation of	The state of the s	100000000000000000000000000000000000000	Loca		[Descriptio	The state of the s	Amount	Aba	and a			
	os-Containir erial (ACM)	ng			Used	1.1.2	Asbestos-Cor		(Specify				T	
	E ABATED			olely ntena	nce or		Material (A (i.e., thermal s		SF or LF)	교	70	nc	g	
in	Facility		Cust		Staff?		insulation, surfa-	cing, VAT		Remova	Repair	Encapsulate	Encisoure	
	(13)		Yes	(12) No	N/A		or other miscel	laneous)		à	-5	ılate	l Tre	
Same Day Surger	у					Spr	ay on insulati	on (on wall)	4 SF					
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Name of Registered	1000000	IJDEP Waste Cubic Yards Name of Registered Landfill lauler ID No. of Waste					ш							
Robinson Waste Disposal Service, Inc.						J 140.	TBD	Grows Land	lfill .					
City, State Voorhees, NJ						140.11	Disposal Date	City, State Morrisville,	PA		- 1		101	
Completed By (Print	or Type)	1 1 1 1 1 1	0 1	Tit	tle		Signatule			Date				
Mr. Brian Hane				100000	reside	nt	KAV	1/2 1		03/1	2/2	013		
			1				1///	1/11/						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Nome of Duilding	0	(2)		() 					
March 13, 20	13		Name of Building		ne Papeo 20/3	MAR 18 PM	13	35	3			
	cation ial Notification ended Notification		Street Address		g Court ్ చేస్త్రి	HAN 18 PH	10.00	F 4.3		ti ti		
[x] DOL [x] Em	endment #ergency (including		City, State, Zip C	ode Toms	River, NJ 08753	The state of the s	ROL					
	ification) ncellation		Name of Contact Luan	ne Papeo		Telephone Numb	-			-		
		FAC	ILITY INFORM	ATION						POS.		
Name of Facility Where Abatement is Taki Residence	ng Place (3)				Type of Facility (4)	School (k-12)						
Street Address 1809 Capstan Dr	ive				[x]	Subchapter 8 (c Other (i.e., priv- homes, etc.)				ildings,		
City	County (6)		County Code (7)	V 0	Square feet	# of Floors	Blo	lg. Age				
Toms River	Ocean	n = 1	(STATE USE ONL	Α)	1200 sf Current Use (Prior i	f heing demolishe	1	-	60	-		
Sales	La Salara Cara				Resider	dence						
Name of Monitoring Firm Hired by Buildin	g Owner (8)	All III	ASCM No.	Name of	Abatement Contractor	ctor (9)						
N/A Street Address		1		Street A	ddress	dian Contracting, Inc. Route 9, Unit 61						
City, State, Zip Code	No. of the Second			City, Sta	te, Zip Code							
Project Manager for Monitoring Firm	Telephone N	lumber			ne Number	River, New Jersey 08755-1271 License Number 00624						
Scheduled Start Date (10) 3/14/13	Scheduled C 3/15/13		on Date (11)	732-34 Name of	OSHA Monitor	L. Analytical						
Occupancy Status During Abatement (Chec			tement	telton Road	+							
	Outside of Normal Fa			City, Sta	te, Zip Code	way, New Jerse	ev 08	854				
Scope of Work (Check all that apply)			A service and the service and	ГЭ			•	-				
beepe of Work (cheek an that apply)				[]	Full Containment Mini-Enclosure	with Negative Pre	essure			1		
[] >3 sf or ≥3 lf	[]	Renovati	ion	į į	Glovebag Procedu	ıre			0.00			
[x] ≥160 sf or ≥260 lf	[x]	Demoliti	on	[x]	Non-Exempted (*) and Non-Friable	Proced	ure				
							Aba	tement	Type			
	Is Location			Description	n of	He was prain		l	T			
Location of	Normally use	d	Ast	estos-Con	taining	Amount	R	R	E	E N		
Asbestos-Containing Material (ACM) TO BE ABATED	Solely by Maintenance/Cust	a dial	N	Interial (A	CM)	(Specify SF	M	P	C	C		
in facility	Staff	odiai		, thermal s		or LF)	0	A	A P	L		
(13)	(12)	-, -, -	ili se	VAT, o			v	R	S	S		
		3	othe	er miscella		The second	A		U	U		
	YES NO	N/A					L		L E	R		
Exterior	X		Asbestos sidin	Q	. 400 X 191.10	1200 sf	X			-		
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		0.476			Transition in				5.			
The state of the s				DO DESCRIPTION			1111 %					
Name of Registered Waste Hauler	NJDEP Waste I	Hauler II	D No. Cubic Yar	ds of Waste	Name of Register	ed Landfill		L	7.7	7.3		
Guardian Contracting, Inc.	202		3		T.R.R.F.		A.					
City, State Toms River, New Jersey		Disposal $3/18/13$		City, Sta	te wp, Pennsylvania,	1		30 s				
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager		Signature	D'	In I		Date 3/13	3/2013				

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

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Date of Notification (1)		-		ilding Owner/Operato			A 17		I IV	
03 / 12	/ 13		Programme The Time	- 1	A.2050				VIV	C
Agencies Notified Type N	otification		John Finn Street Addre	NJ	Dog of Hoom	1744	-	Ш	UL	5
Ø EPA ⊠ Initia					-	di Service.	MAR	1 8	2013	2 /
DOLWD Ams	ended endment#		City, State.	On Avenue	(Sign	U MAF	8	20	13	1
	endency (inclusion	dina	Jersey City,	NI 07304	e Pal A	Sme: Sea				
(NJAC 5:23-8) [usti	fication)	ong [Name of Co			TASAGAST	OSTO	CO	NTR	의-
Can	cellation :		John Finn	- 4	The second	[1 a)strioner	NUMBEC.	H COM	COL 8	_
			FACILIT	Y INFORMATION						_
Name of Facility Where Abatemen	it la Taking Pla	ace (3)	11.0		Type of Fac	ility (4)				
Private house Street Address					School (K-12)				
Control of the second s			P - 1 - 2		- Subchap	ter 8 (Other than K	(-12)			
179 Harrison Avenue		-			homes, e	e., private and com	nmercial	build	ings.	
Jorsey City, NJ 07304	100	Fig. 12		Harris St. Trans.	Square Fee		1	Bldg.	Age	_
County (6)			Cause			1	1		.,,	
Hudson			county Code	(7) (STATE USE ONLY	Current Use	(Prior if being den	nolished)	W-1	
Name of Monitoring Firm Hired by	Building Owne	er (8) A	SCM No.	No.	2 19 50 0					
	West Control		wan NO.	Name of Abater	nent Contractor	(9)	7			_
Street Address	10.20			Gr Tech LLC Street Address					10000	111
				576 Valley Rd	4000		691			
City, State, Zip Code	100		·	City, State, Zip	7283 Code					
Project Manager for Monitoring Firm		L		Wayne, NJ 074		1				
. To lock manager for Monitoring Firm	11	Telept	ione No.	Telephone No.] , <u>, , , , , , , , , , , , , , , , , ,</u>				
VANCOUS CONTRACTOR OF THE STATE						I I ICPREA NA				
Star Date (10)		4 24				License No.				
	Scheduled	Completio	n Date (11)	973-638-1777 Name of OSHA	Monitor	01127				-
03 / 13 / 13	03	1' [4	n Date (11)	973-638-1777 Name of OSHA		01127		-		
03 / 13 / 13 Occupancy Status During Abetemen	03	1 14	1 13	973-638-1777		01127				-
03 / 13 / 13 Occupancy Status During Abetemer X Facility Closed/Vaceted During E Abatement Performed Outside of	03 Int (Check only Entire Period of	/ [4 / one) of Abateme	1 13	973-638-1777 Name of OSHA Envirovision Co Street Address 20-21 Wagaraw	onsultants, Inc	01127				_
03 / 13 / 13 Decupancy Status During Abetemer X Facility Closed/Vaceted During E	03 Int (Check only Entire Period of	/ [4 / one) of Abateme	1 13	973-638-1777 Name of OSHA Envirovision C. Street Addross 20-21 Wagaraw City, State, Zip C	Road, Bldg	01127				
03 / 13 / 13 Occupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement: AM-	03 Int (Check only Entire Period of f Normal Facil PM/	/ [4 / one) of Abateme	nt Describe	973-638-1777 Name of OSHA Envirovision Co Street Addross 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ Co	Road, Bldg	01127 # 34A				
Occupancy Status During Abetement Facility Closed/Vaceted During E Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply)	03 Int (Check only Entire Period of Normal Facil PM/	/ [4 / one) of Absterne lity Hours - PM	/ 13 ent Describe AM	973-638-1777 Name of OSHA Envirovision C. Street Addross 20-21 Wagaraw City, State, Zip C Fair Lawn, NJ C	Road, Bidg	01127 # 34A				_
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Occupancy Status During Abetement Facility Closed/Vaceted During E Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply)	03 Int (Check only Entire Period of Normal Facil PM/	of Abateme	/ 13 ent Describe AM	973-638-1777 Name of OSHA Envirovision Co Street Addross 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ Co Glean u Full Chest Gloveba	Road, Bidg - 17410 p and decontain tainment with Notice or 1970 per 1970 pe	# 34A				
Occupancy Status During Abetemer Facility Closed/Vaceted During E Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply) >3 of or >3 if > 160 of or >260 if	03 Int (Check only Entire Period of Normal Facil PM/	of Abateme lity Hours - PM lanovation Demolition	/ 13 Postribe AM	973-638-1777 Name of OSHA Envirovision Co Street Addross 20-21 Wagaraw City, State, Zip Co Fair Lawn, NJ Co Glean u Full Chest Gloveba	Road, Bidg - 17410 p and decontain tainment with Notice or 1970 per 1970 pe	01127 # 34A	dure			
Occupancy Status During Abetemer Facility Closed/Vaceted During E Abatement Performed Outside of Time of Abatement: Scope of Work (Check all that apply) 3 of or >3 if 160 of or >260 if Location of Asbestos-Containing Materia; (AC)	03 nt (Check only Entire Period of Normal Facil PM/) X R	of Absterned lity Hours - PM - P	/ 13 Pont Describe AM	973-638-1777 Name of OSHA Envirovision Control Street Address 20-21 Wagaraw City, State, Zip Control Fair Lawn, NJ Control Gloveba Non-Exe	Road, Bldg - ode 17410 p and decontant talnment with Nationard g Procedure mpted (*) and Nationard (*)	# 34A	dure At	7	ent T	YPA
Occupancy Status During Abetemer Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement: Coope of Work (Check all that apply) 3 of or >3 if 10 occupancy Status During AM- Location of Asbestos-Containing Materia; (AC TO BE ABATED	nt (Chack only Entire Period of FNormal Facil PM/ CM) US M	one) of Absterne flity Hours PM tenovation tenovation le Location Normally led Solely is	/ 13 Pent Describe AM	973-638-1777 Name of OSHA Envirovision Control Street Address 20-21 Wagaraw City, State, Zip Control Fair Lawn, NJ Colean under Control Control Mini-Encontrol Colean under Colean under Colean under Control Non-Exe	Road, Bidg - 17410 p and decontain tainment with N dosure g Procedure impted (*) and h	# 34A Illination legative Pressure Non-Friable Proces	dure At	7	T	TANK DE LA CONTRACTOR D
Docupancy Status During Abetemer Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement: Coope of Work (Check all that apply) 3 of or >3 if 5 160 of or >260 if Location of Asbestos-Containing Materia; (AC)	nt (Chack only Entire Period of FNormal Facil PM/ CM) US M	of Absterned lity Hours - PM - P	/ 13 Pent Describe AM	973-638-1777 Name of OSHA Envirovision Control Street Address 20-21 Wagaraw City, State, Zip Control Fair Lawn, NJ Colean u Full Control Mini-End Gloveba Non-Exe Description of estos Containing Ma e., thermal systems is surfacing, VAT.	Road, Bidg - rode 7410 p and decontant talnment with N dosure g Procedure mpted (*) and N detail (ACM) insulation.	# 34A Illination legative Pressure Non-Friable Proces Amount (Specify	dure At	Repair	T	No cuciosa
Decupancy Status During Abatement Facility Closed/Vacated During E Abatement Performed Outside of Time of Abatement: AM- Coope of Work (Check all that apply) >3 of or >3 if >160 of or >260 if Location of Asbestos-Containing Materia; (AC TO BE ABATED IN Facility	nt (Chack only Entire Period of FNormal Facil PM/ CM) US M	one) of Abateme lity Hours - PM demosition la Location Normally led Solely is aintenance stodial Stat	Describe AM Ash (1)	973-638-1777 Name of OSHA Envirovision Control Street Address 20-21 Wagaraw City, State, Zip Control Fair Lawn, NJ Colean under Control Control Non-Exe Description control c	Road, Bidg - rode 7410 p and decontant talnment with N dosure g Procedure mpted (*) and N detail (ACM) insulation.	# 34A Illination legative Pressure Non-Friable Proces	dure	7	T	enregional and
Decupancy Status During Abetemer Facility Closed/Vaceted During E Abatement Performed Outside of Time of Abatement: AM- Scope of Work (Check all that apply) >3 of or >3 if > 160 of or >260 if Location of Asbestos-Containing Materia: (AC TO BE ABATED IN Facility (13)	D3 Int (Check only Entire Period of Normal Facil PM/ D CM) Us M: Cus	of Abateme lity Hours - PM_ lianovation leacoation Normally led Solely is sintenance stodial State (12) No N	Describe AM by Ash	973-638-1777 Name of OSHA Envirovision Control Street Addross 20-21 Wagaraw City, State, Zip Control Fair Lawn, NJ Control Gloveba Non-Exe Description of the control of t	Road, Bidg - rode 7410 p and decontant talnment with N dosure g Procedure mpted (*) and N detail (ACM) insulation.	# 34A Illination legative Pressure Non-Friable Proces Amount (Specify	dure A Removal	7	e Encapsulate	zo coosure
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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	lephoron Daran 1 3 Locati Iornal d Sole International States (12)	County ONLY) ASCM No. lephone No. on Date (11) 1 3 ement irs Location comally d Solely by moleance/ ustodial Staff? (12) No N/A	ASCM No. Name of Abate Best I Street Address 450 S City, State, Zip Hacker Iephone No. 201-329- on Date (11) Name of OSHA Omega Er Street Address 280 Huy City, State, Zip South I City, State, Zip South I Demolition Demolition Description I Nor Location I Description I Nor Location I Street Address AST Street Address Containing Manager Surfaction I Nor Location I Nor Location I Nor Location I Nor Location I Street Address City, State, Zip South I City, State, Zip City, State	Type of Facility School (K-12 Subchapter Other (i.e. p. homes, etc.) Square Feet 2100 County Code (7) (STATE USE Current Use (FONLY) ASCM No. Name of Abatement Contractor (Inc.) Best Removal I Street Address 450 S. River St City, State, Zip Code Hackensack, N. Jephone No. 201-329-7444 on Date (11) Name of OSHA Monitor Omega Environment Street Address 280 Huyler St City, State, Zip Code South Hackensace South Hackensace South Hackensace Full Containment with City, State, Zip Code South Hackensace South Hackensace South Hackensace Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Type of Facility (4) Dischapter 8 (Other than K-12) Disponspier 9 (Prior if being demonstration of Address A Surfection of Asbestor Containing Material (ACM) (Specify Specify Specif	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) County Code (7) (STATE USE ONLY) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address 450 S.River St City, State, Zip Code Hackensack, N.J. 07601 Iephone No. 201-329-7444 On Date (11) Name of OSHA Monitor Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 Full Containment with Negative Pressure Mini-Enclosure Print Containment with Negative Pressure Mini-Enclosure Print Containment (*) and Non-Friable Procedure Location Commandly of Solely by minenancy Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) County Code (7) (STATE USE Stignars Feet Sof Floors Sof Floors Sof Floors Stignars Feet Sof Floors Floor F	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Cher (i.e. private 2 commercial buildings, homes, etc.) Square Feet	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Cher (i.e. private 2 commercial buildings, homes, etc.) Square Feet # of Floors Bidg. Age 75 YeVin County Code (7) (STATE USE Current Use (Prior if being demolished) Chily) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address 450 S.River St City, State, Zip Code Hackensack, N.J. 07601 Stephone No. 201-329-7444 00388 on Date (11) Name of OSHA Monitor Omega Environmental Inc Street Address 280 Huyler St City, State, Zip Code South Hackensack, N.J. 07606 Field Containment with Negative Pressure Omega Environment with Negative Pressure Omega Environment with Negative Pressure Nini-Enclosure City, State, Zip Code South Hackensack, N.J. 07606 Field Containment with Negative Pressure Nini-Enclosure Omega Environment with Negative Pressure Non-Exempted (*) and Non-Friable Procedure Location Abatement Type Asbestos Containing Manterial (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 3-12-13 Levin Management Corp. Agencies Notified Type Notification Street Address 975 US Highway 22 West MAR 1 8 2013 EPA Initial DEP City, State, Zip Code Amended X DOL Amendment # North Plainfield, NJ 07060 Emergency (including Name of Contact ASBESTOS CONTROL & DOH justification) DCA Gerry O'Brien Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Brunswick Shopping Center-Former ABC Nails School (K-12) Street Address Subchapter 8 (Other than K-12) 574 Milltown Road Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age North Brunswick 850 SF 1 41yrs. County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Nail Salon Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Avenue City, State, Zip Code City, State, Zip Code Mickleton, NJ 08056 Norristown, PA 19401 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Carney 856-224-0080 610-239-9920 00398 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 3/26/13 Plymouth Environmental Co., Inc. Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue □ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf X 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 Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Removal Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Utility room X VAT & mastic 20 SF X Throughout space mastics X 750 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Robinson Waste GROWS, Inc. 17304 City, State Disposal Date City, State Bellmawr, NJ 4/5/13 Morrisville, PA Completed by Signature Date Timothy E. Bryan Vice-President 3-12-13

State of New Jersey

* Emergency *

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

		(F	ursuant	to NJAC 8	:60 and 12:12	0)			\mathbb{V}		U	
Date of Notification (1) 3/12/13			Name of	of Building C ela Iuliuco	wner/Operato i / Private H	r (2) Home		(AK 3058)	2012	#		· ·
Agencies Notified Type Notification EPA Initial			Street A	Address te Horse	Pike	1		MAII I O	2013	+	2	
DEP Amended Amendment				ate, Zip Cod ford NJ 0			ASE	ESTOS CO		. &		
□ DOH □ DCA □ DCA □ Emergency (injustification) □ Cancellation	ncluding		Name o	f Contact				Telephone	Number			
1.4 · A. · · · · · · · · · · · · · · · · ·	:		FACI	ILITY INFO	RMATION					2 <u>111</u>		
Name of Facility Where Abatement is Taking Carmela Iuliucci / Private Home	Place (3)				-	Facility (4) hool (K-12)	and the same				
Street Address 1 White Horse Pike						Su × Ot	bchapter 8	Other than h	(-12) ercial bui	ldings	, hom	es,
City (5) Waterford NJ 08089		A se				Square 1000 -	Feet	# of Floors 2	- 1	Bldg. /	Age	
County (6) Camden	- Harri			Code (7) USE ONLY)		Current	Use (Prior	if being demo	lished)			
Name of Monitoring Firm Hired by Building C N/A	wner (8)	ASCN	No.		of Abater	ment Contr	actor (9)		77	10	11
Street Address			1	-11		Address Box 329	F					
City, State, Zip Code					City, S	City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm	TELY.		Telepho	ne No.	Teleph	none No. 753-980		License 00727				
	Schedul 3/15/1		npletion I	Date (11)		of OSHA	100000 A	00727		_	-	
Occupancy Status During Abatement (Check	Only O	ne)				Address				-	-	
Facility Closed/Vacated During Entire P. Abatement Performed Outside of Norma Other – Describe:	eriod of al Facilit	Abaten y Hours	nent S		City, S	tate, Zip	Code					
Scope of Work (Check All That Apply)			-							-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	promotory.	Renova Demolit			×	Mini-E Glove	Enclosure bag Proce	t with Negativ dure *) and Non-Fr			re.	
Location of		Locati Normal	27.11		D					Abat	ement	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole intenar todial S (12)	nce/ Staff?	(i.e. th	Description s Containing National systems surfacing, VA other miscellar	faterial (A s insulatio T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
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Name of Registered Waste Hauler		. I NI	JDEP W	note I	0 LL V		+					
United Containers	- H	auler ID I 2459		Cubic Yards Name of Registered Landfill G.R.O.W.S.			,	,	1			
City, State Elm NJ		Disposal Date City, State 3/15/13 Morrisville PA 19067										
Completed by Anthony T Perna	dent	Signature						Date 3/12/13	3	- 10		

State of New Jersey

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Date of Notification (1) /13/13		Name	-	ng Owner/Operator	CONTRAC	en a Bril				
Agencies Notified Type Notification Type Notification Type Notification Type Notification Type Notification		-		Rr, 50	Top of the second	10		=		
∑ DOL Amendment #		1 11		REENFIC	FLD (1972	1 3	A.		—	
☐ DC4		Name	of Conta	uce Breu	INIG	Tretephone Number		///	<u> </u>	
Summe of Facility Where Abatement is Takin	n Divon (3)	FA	CILITY IN	FORMATION	Type of Facility	(4)	<u></u>			_
RESIDENCE.	g Place (3)				School (K-12	(Other than K-12)				
124 N. JEFF	reson	· Au	(E)		homes, etc.) Square Feet	# of Floors	2000	ngs g Ag	K	4
Cit, (5) MARGATE		The same	7: 0			la l				
County (6) ATLANTIC		USE	ONLY)	7) (STATE	V A	or if being demolish	red)		1 21	
Name of Monitoring Firm Hired by Building (Owner	ASCM	N6.	- Ku	ent Contractor (9)			<u>. </u>		
Street Address	4			Street Address 369	S,S PRUC	= duz.	-			
Dr. State Zip Code .	1 1			Cry. State. Zip Code MAPLE SHADE NJ. Odes Z						
Project Manager for Monitoring Firm	T,e	lephone	No.	Telephone No.	9-0472	License No	1.4			
3 /25/13 Scher	duled Comp	letion Da	le (11)	Name of OSHA	Monitor KL	EMM				-
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Scope of Work (Check all that apply)	Renova		t ve	Mini-En	an Procedure	gative Pressure on-Friable Procedur	c	2		
	Is Loca Norma					131 - 122 86 8		Later		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Sol Maintena Custox Staff (12)	ely by ance/ Asbestos Containing M dial (i.e., thermal system surfacing, VA other miscellar			terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapadide	Condorate
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name of Registered Waste Hauler	+	NUDEP I	O No.	Cubic Yards of Waste	Name of Reg	istered Landfill	-			
KILEMCO INC.	y	119	04_	Disposal Date	City, State	ISANTVIL	_ =	, W ,	7.	
Donnielen B, Tide		IP		Signature	an Kelin	m Date 3/		/13		
JOSEPH KLEMM _	/			-1-0	moted activities				-	

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



□ Emerger justificati □ Cancella	d ent#_01		1 Plai		venue			1			\exists	Ш	
DEP X Amende Amendm Emerger justificati Cancella	ent # 01		Street Address 1 Plainfield Avenue City, State, Zip Code					111	MAD 1 0 /	2012			Tel 1
X DOH justificati X DCA Cancella Cancella		1.		ate, Zip C n, NJ 08			U	Ш		2013	1		
				of Contact				ASI	BEdelephone M	imhor	_	-	
Alama of Capilla MA At					ORMATIO	N		-				*	_
Name of Facility Where Abatement is Ta	aking Place (3	3)			4-7-7	- 1	Type of	Facility (4)				
Rabbi Jacob Joseph School				1 W/V E.	(10)	etell.	☐ Sc	hool (K-1	2)				
Street Address 2060 Woodbridge Avenue	risa yil B							ner (i.e. p	8 (Other than K- rivate & commerc		dings	, hom	ies,
City (5) Edison						in d	Square 50,000	Feet	# of Floors		3ldg. <i>F</i> 50+	Age	
County (6) Middlesex				Code (7) USE ONLY	y)		Current		or if being demolis	shed)			
Name of Monitoring Firm Hired by Buildi EnviroVision Consultants, Inc.	ng Owner (8)		ASCI 0007	M No. 79			of Abater mid Cor		tractor (9) g Corp.			10	- 7
Street Address 20-21 Wagaraw Road – Bldg. 3	5E						Address Sargear	nt Aven	ue				
City, State, Zip Code Fair Lawn, NJ 07410							tate, Zip					1	
Project Manager for Monitoring Firm Frederick Larson		Telepho	one No. 36-9145		Telephone No. License No. 973-689-6281 01099								
Start Date (10) 03/18/13	ed Co	mpletion	Date (11)			of OSHA Environ		Laboratories	LLC		, i	1	
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent			ment				Address Route	22 Wes	st				
Abatement Performed Outside of N Other – Describe:	lormal Facility	Hour	rs				tate, Zip on, NJ 0						
Scope of Work (Check All That Apply)							÷						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		denova Demoli	027			×	Mini-E Glove	nclosure bag Proc	edure				
	la la	Local	fion	T	- 1	151 1	a INOII-L	zempteu	(*) and Non-Fria	DIE FIL		emen	nt
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena	Solely by enance/ (i.e. thermal surf			Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Eliciosura
	Yes	No	N/A			= 5						te	"
Boiler Room - 1st Floor	x			Boiler	Lagging a	& Mu	dded M	ateria	300 SF	х			
Boiler Room - 1st Floor	х	747			Breech	Insul	ation		150 SF	x			
Boiler Room - 1st Floor	x				Tank I	nsula	tion		120 SF	x			
Hallway - 1st Floor		х			Duct li	nsula	tion		60 SF	x			T
Name of Registered Waste Hauler Pyramid Contracting Corp.	1	NJDEP Waste Cubic Y			Cubic Yards of Waste 40 Name of Registered Landfill G.R.O.W.S., Inc.					-			
City, State Clifton, New Jersey		Dispos			Disposal Date City, State 04/09/13 Morrisville, Pennsylvania					-			
Completed by Dimo Golcev	ral N	al Manger			1/	M	<i>N</i>	ate 3/12/	13				

State of New Jersey Notification of Asbestos Abatement Continuation Sheet

					Page 2 of 2			*	117
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Location of	1.1	Locat lorma d Sole	lly	Description of	MAR 1 8	2013	Abati Ty	ement pe	
sbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intena todial (12)	nce/ Staff:	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	(Specify SF or LF) SBESTOS GOI			Encapsulate	
	Yes	No	N/A			1.1.		1	
Boiler Room, Hallway Areas, Storage Rooms and Dormitory Rooms - 1st Floor		x		Pipe Insulation	750 LF	X			
Gym		Х		Vibration Cloth	4 SF	X			
Shower / Bath Room - 3rd Floor		X	100	Black Slate Cove Base	10 SF	Х			
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Print Form

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) 03/08/13 Rabbi Jacob Joseph School Agencies Notified Type Notification Street Address 1 Plainfield Avenue × EPA Initial City, State, Zip Code DEP Amended ASBESTOS CONTROL & × DOL Amendment # Edison, NJ 08817 LICENSING Emergency (including Name of Contact Telephone Number X DOH Justification) X DCA Cancellation Chaim Sabel **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Rabbi Jacob Joseph School School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Plainfield Avenue Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age Edison 50,000+ 3 50+ County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Courthouse Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EnviroVision Consultants, Inc. 00079 Pyramid Contracting Corp. Street Address Street Address 20-21 Wagaraw Road - Bldg. 35E 163 Sargeant Avenue City, State, Zip Code City, State, Zip Code Fair Lawn, NJ 07410 Clifton, NJ 07013 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Frederick Larson 973-636-9145 973-689-6281 01099 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 03/18/13 04/09/13 J&S Environmental Laboratories LLC Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Union, NJ 07081 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 Normally Type Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, ncapsulate (Specify Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) N/A Yes No Boiler Room - 1st Floor x Boiler Lagging & Mudded Materia 300 SF X Boiler Room - 1st Floor X Breech Insulation 150 SF Boiler Room - 1st Floor X Tank Insulation 120 SF x Hallway - 1st Floor **Duct Insulation** 60 SF x Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Pyramid Contracting Corp. G.R.O.W.S., Inc. 32613 40 City, State Disposal Date City, State Clifton, New Jersey 04/09/13 Morrisyille, Pennsylvania Completed by nature Date Dimo Golcev General Manger 03/08/13 ASB-41 (R-05-08)

Do not use this form for asbestos licensure exempted activities.

State of New Jersey **Notification of Asbestos Abatement Continuation Sheet** ge 2 of 2 MAR 18 2013 Abatement Is Location Type Normally TOS CONTRO ICENSING ASBES Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (Specify SF or LF) (i.e. thermal systems insulation, Enclosure Custodial Staff: Removal In Facility surfacing, VAT, or (12)(13)other miscellaneous) No N/A Boiler Room, Hallway Areas, Storage Rooms and Dormitory Rooms - 1st Floor X Pipe Insulation 750 LF X Gym X Vibration Cloth 4 SF X Shower / Bath Room - 3rd Floor X Black Slate Cove Base 10 SF X

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1 Owney sup COME						City, St.	ale, Zip Code					
ject Manager for Monitoring Firm						Glen F	lock, NJ 07452				-11	1
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nt Date (10) 3/13/13	School	thad Co	mpletion	D-1- 11			62-5841	00156				_
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	13 /	13		1 7500		ng Owner/Operato		GEIV	Check	700 E	5	
Agencies Notified EPA DOLWD DHSS DCA	Type Notifica Initial Amended Amendme	tion	9	Street 178 City, S	t Address Barrac State, Zip rth Amb	ks Street Code oy, New Jersey	M,	G E I V				
(NJAC 5:23-8)	justificatio	n)			of Conta	ct ker Coffrey	ASBE	STORINARIPAY	ngel '	1		
						NFORMATION			-		-	
Name of Facility Where A Anthony Ceres Sch		1 0		t web			Type of Facil School (K		2)			
Street Address 445 State Street							Other (i.e.	, private and comme	ercial bu	uilding	js,	
City (5) Perth Amboy, New	Jersey 0886	1					Square Feet 20,000	# of Floors		dg. A 55 +	ge	
County (6) Middlesex		1.00		Coul	nty Code (7)(STATE USE ONL)	Current Use (Prior if being demo	ished)			
Name of Monitoring Firm	Hired by Build	ing Owner	(8)	ASCM	No.	Name of Abate	ment Contractor	(9)				
Street Address		1	23.0			Street Address 606 McBrid	le Avenue	3 S 1,770 sG				
City, State, Zip Code						City, State, Zip Woodland	Code Park, New Jer	sey 07424		9		
Project Manager for Moni	toring Firm		Tel	ephone	No.	Telephone No. 973-225-84	00	License No.			0	di.
Start Date (10)03		cheduled C		etion Da		Name of OSHA J&S Enviro						
Occupancy Status During Facility Closed/Vacate	d During Entire	Period of	Abate		antini di Salamania di Salamani	Street Address 2333 Route	22 West					
						City, State, Zip Union, New	Code Jersey 07083					
Scope of Work (Check all	that apply)				70.0		entainment with N	legative Pressure				100
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Name of Registered Wast Lilich Corporation	18 100	NJDEP N Hauler II 18724	O No.	Cubic Yards of Waste	Name of Re G.R.O.W	gistered Landfill			L			
City, State Woodland Park, Nev	w Jersey					Disposal Date 04/02/12	City, State Morrisvi	lle, Pennsylvania	3			
Completed By (Print or Type) Tatiana Kalenikova Title Vice President					1 1 1 1 1	Signature Toyla	na Kalle		ate 3//	3)1	3	

State of New Jersey

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Date of Notification (10-				g Owner/Operator		M	MAR	1820	113		\prod	J
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

NT (2516)

A				Street Address 2333 Route 22 West									
Date of Notification (1) 03 /	13 /	13					A CONTRACTOR OF THE PROPERTY O		Check # 26	16			13,55
Agencies Notified Type Notification Street Address Street Address Street Address DOLWD Amended Amendment # Emergency (notuding justification) Justification Justificati		1											
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				Cour	ty Code (7)(STAT	E USE ONLY)		r if being demo	lished)			
Name of Monitoring Firm	Hired by Build	ling Owner (8)	ASCM	No.	Nam	e of Abateme	ent Contractor (9)		Y			
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PO Box 385	***					60	6 McBride	Avenue					
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Lilich Corporation			Н	18724		Was		G.R.O.W.S.			101		
City, State Woodland Park, Ne	ew Jersev				3	Disp	osal Date 1/13/12	City, State Morrisville,	Pennsvlvan	ia			
Completed By (Print or T		Title		-			Signature			Date		10-12-2	
Tatiana Kalenikova		Vice Pr	eside	ent				n Kalerni	1	3//3	113	3	

Hauler ID No. of Waste ALLIED WASTE IMPERIAL LANDFILL **NETS** TBD City, State Disposal Date City, State HAZLETON, PA 03/18/2013 IMPERIAL, PA Completed by Date Title Signature RON SWANSON PROJECT COORDINATOR O 03/12/2013 * Do not use this form for asbestos licensure exempted activities. ASB-41 (R-06-08)

Cubic Yards

NJDEP Waste

Name of Registered Waste Hauler

Name of Registered Landfill

* Emergency *

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

Completed by Anthony T Perna		Pres	ident			Sign	natur	e				ate /14/1:	3		
City, State Elm NJ			**			3/19/13	3	41	City, State Morrisvi						
Name of Registered W United Containers	aste Hauler	,	F	NJDEP W Hauler ID 2459		Cubic Ya of Waste	;		G.R.O.\	N.S,	ered Landfi				
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Scope of Work (Check ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)	Commonwell .	Renova				E	Min Glo	Containme i-Enclosure vebag Proc	edure				23.5	ea i
Facility Closed/Va	cated During Entire F med Outside of Norm	Period of A	Abaten	nent	4 50			State, Zij							
3/15/13 Occupancy Status Duri	ng Abstement (Cheel	3/19/13					troot	Addres		-					
Start Date (10)				npletion D) Date (11)			753-98 of OSH	A Monitor		00727		-	(2)	_
Project Manager for Mc	onitoring Firm			Telephon	ne No.	T	eleph	none No		-1	License N	0.		_	
City, State, Zip Code		- 20 - 10		· .		С	ity, S	30x 32 State, Zip	Code			-			2
Street Address					•	S	treet	Address	S	-					
Name of Monitoring Fire	m Hired by Building C	owner (8)		ASCM	No.			of Abate	ement Cont		(9)			+	
County (6) Ocean	7 (1.0%)			County C	ode (7) SE ONLY)				t Use (Prior		g demolish	ned)			
City (5) Brant Beach NJ 08	3008		m +				15.	Square 1000-		# of	Floors	100	dg. A	ge	
Street Address 42 West 130 St								S	ubchapter 8 ther (i.e. pri	(Othe	r than K-12 commercia	?) al build	ings,	home	s,
Name of Facility Where Rich Closs/ Private		Place (3)					_	of Facility (4) chool (K-12						4
☐ DCA	Cancellation			11	ITY INFO	RMATION					7	Jajan .			1
X DOH	Emergency (in justification)				Contact				-	Lipie	pagne Nus	iber C)L &		\dagger
EPA DEP DOL	Amended Amendment	.			e, Zip Coo leach N	de J 08008	- 1-	3. 5	100	MA	R 18	2013	11.00	13	1
Agencies Notified EPA	Type Notification			Street Ad 42 Wes	oress at 130 S	t					n 10	0010			
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						wner/Oper		(2)		E M		\mathbb{N}	E	E	1

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) Check # 5751 March 14, 2013 Eagle Point Power Generation, LLC Agencies Notified Type Notification Street Address MAR 7 8 2013 1250 Crown Point Road Initial City, State, Zip Code Amended DEP ASBESTOS CONTROL & DOL Amendment # Westville, NJ 08093 Emergency (including Talanchar Name of Contact iustification) DOH Jeff Zelik Cancellation DCA FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Eagle Point Power Generation, LLC - Carpentry Shop School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 1250 Crown Point Road etc.) # of Floors Bldg. Age Square Feet City (5) 30,000 100 Westville County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Business Gloucester Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Management and Env. Consulting Services Shade Environmental, LLC Street Address Street Address 623 Cutler Ave. P.O. Box 341 City, State, Zip Code City, State, Zip Code Maple Shade, NJ 08052 Chesterfield, NJ 08515 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 00842 Bill Weisgarber (609) 915-1140 (856)755-0099 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) **EMSL** April 1, 2013 April 6, 2013 Occupancy Status During Abatement (Check Only One) Street Address 107 Haddon Ave Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: Abatement will take place in vacated area City, State, Zip Code Westmont, New Jersey 08108 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	-Use Ma	ed Solel intenar todial S (12)	ly by nce/		Description of stos Containing Mater thermal systems ins surfacing, VAT, o other miscellaneou	ulation, r	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							Ф	
Carpentry Shop			XXX	Asbe	stos Containing L	inoleum	280 SF	Х			
		-			4 -			+	-		
2.32 2.32 2.32		100									
Name of Registered Waste Hauler Freehold		Н	JDEP W lauler ID 2253		Cubic Yards of Waste	Name of Grows	Registered Landf Landfill	ill '		1100000	,
City, State Mount Holly, New Jersey 08060	1955				Disposal Date 4-6-13	City, Stat Tullytov					
Completed by Christina Lynch	Title Offic	e Mar	nager		Signature ·	Well	/ 1	oate March	14, 2	2013	



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

Date of Notification (1) 3/13/13				Building C)					\mathbb{V}	E	n
Agencies Notified Type Notification EPA Initial Amended		(dress ria Lane e, Zip Coo						EVG	图8	2018	E	
DOL Amendment				awkin N					1/					//)[
DOH justification) Cancellation	including	1.5	lame of Joe	Contact					Télé	phene N	umber)	TRO	L 8/	
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATION		Type of	Facility (4)	ASB	ESTOS LICEN	CONT		1	\dashv
Joe Mancini / Private Home								hool (K-12)		-	HOL	3	
Street Address 64 Sylvia Lane							Su Ot etc	bchapter 8 her (i.e. pri	vate 8	comme	-12) rcial buil	dings,	home	s,
City (5) Manahawkin NJ 08050						1 19	Square 1000+	Feet	# of	Floors		8ldg. <i>A</i> 85+	ge	
County (6) Ocean		(County C STATE U	ode (7) SE ONLY)			Current House	Use (Prior	if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		Name of Pernace		ment Conti	ractor	(9)			4	
Street Address						Street A		20	1					
City, State, Zip Code	E		Wasan San			City, Sta West B		Code NJ 0809)1				11	
Project Manager for Monitoring Firm		17	Γelephor	ne No.	- 4	Felephor		00		License				
Start Date (10) 3/14/13	Scheduled 3/15/13	i Com	pletion [Date (11)	1		f OSHA	Monitor						
Occupancy Status During Abatement (Chec	k Only One)		-	.	Street A	ddress							\neg
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					_	City, Sta	ate, Zip	Code						
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				×	Mini- Glov	Containment Enclosure ebag Proce Exempted	edure				re .	
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntenar odial S (12)	ice/		thermal sy surfacir other mis	ystems i	insulati , or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior Siding	100		×		Exteri	or sidi	ng		12	00 SF	×	1	-	
												T	\vdash	
	=	7												
Name of Registered Waste Hauler		IN	JDEP W	/aste	Cubic Y	ards		Name of F	Registe	ered Land	dfill			
United Containers		Н	auler ID 2459		of Waste		-	G.R.O.V			,			
City, State Elm NJ			-		Disposa 3/15/13			City, State Morrisvi		A 1906		•	2	
Completed by Anthony T Perna	Title Presid	dent			Sig	nature					Date 3/13/1	3		

Date

3/13/13

*	Emerge	ny X	State	e of New Jersey OF ASBESTOS A NJAC 8:60 and	ABATE		CA	<u> 20</u>	6	Print For
Date of Notification (1) 3/13/13	Sangal .		Name of E	Building Owner/Coelgunn / Priv), E C	EIV	ER
Agencies Notified	Type Notification		Street Add					MAD MAD	Second sec	
EPA DEP DOL	Initial Amended Amendment			e, Zip Code ttom NJ 0800	08			L. MAR	1 8 2013	14
DOH DCA	justification) Cancellation	DANIEL CO.	Name of O	Contact		7		Telephone N	lumber OL 8	
		1000	FACIL	TY INFORMATI	ON			4275200000	Color Transfer	
Name of Facility Where A John Mcelgunn / Pri Street Address		g Place (3)		(Sch	acility (4)		-12)	
123 4Th Street						Oth etc.	er (i.e. pr	ivate & comme	rcial buildings, ho	mes,
City (5) Ship Bottom NJ 080	008				1	Square F 1000+	eet	# of Floors	Bldg. Age 35+	
County (6) Ocean			County Co			Current House	Use (Prior	if being demo	lished)	
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASCM	No.	A	of Abaten aco Inc	nent Cont	ractor (9)		
Street Address						Address Box 329				
City, State, Zip Code						State, Zip (st Berlin		91		
Project Manager for Mon	itoring Firm		Telephon	e No.		hone No. -752-980	00	License 00727		
Start Date (10) 3/14/13		Scheduled Co 3/15/13	ompletion D	Pate (11)	Name	of OSHA	Monitor			
Occupancy Status Durin	a Abatement (Che	ck Only One)		**************************************	Stree	t Address				-
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of Abate				State, Zip	Code			
Scope of Work (Check A	II That Apply)				1			-		+-(+ -++1-)
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renor Demo	vation lition			Mini-l Glove	Enclosure bag Proc	edure	ve Pressure	
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Location of		Locatio		 Description of					ement pe	i .
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	ice/	estos Containing Materi e. thermal systems insu- surfacing, VAT, or other miscellaneous	ulation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						te	Ф
Exterior Siding			X	Exterior siding	1	1400 SF	x			- 1
					*				iis.	
									20	
Name of Registered Waste Hauler United Containers		Н	JDEP Wauler ID 2459	Cubic Yards of Waste 2	Name of G.R.O	Registered Landfi .W.S.	ill		,	
City, State Elm NJ				Disposal Date 3/15/13	City, Sta Morris	te ville PA 19067				

Signature

Title

President

Completed by Anthony T Perna

of Notification (1)	7	Namo	of Bul	Ilding Owner/Operato		١,	- Lilium on	4.07%	1		
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105 Last	HUC	<u> </u>			Square		Floors	T	13 65		-
Little Egg He	arbu			78080	Carrend	Use (Prior	if baing domolishe	1	به	-	
niv (6) Ocean		COUR (STA	nty Co TE US	E ONLY)	Sin	sle t	donally 1)w <u>e</u>	lh.	15.	
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PC Technolo	Vies		-	N/A Str	ori Address	IEG	hnaleg	AR CO		eg u v	B
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Total (10) 3-14-13 Expancy Status During Abotement (Check S Facility Closed/Vagated During Entire P Abotement Performed Outside of Norm Other - Describe Dipo of Work (Check All That Apply) 33 of or ≥3 if ≥160 of ut ≥260 if Location of Ashestos-Containing Metartal (ACM) 10 of ABATED In Facility (13)	S-Conty One And Facility On R D D D D D D D D D D D D D D D D D D	d Complete 150 de la constitución de la constitució	N/A	Descrit Asbectos Containi (I e. thermal sync other miss Siding Vaste No. Of Waste	TO SHAP TO SHA	Manno of Wasser, Stay Stay	Anount (Specify SF or LF) Rogistered Landing Manage	la Pro	Codure Abato Ty	ment pe Encapadate	:

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

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Date of Notification (1)	12 / 1	3	10.00	the survey of		g Owner/Operator (Avenue, LLC c/	(2)		W			11
Agencies Notified EPA	Type Notification	1			t Address 2 Third A	venue		MAR 18	2013			
⊠ DOLWD □ DCA	Amended Amendment			1000	State, Zip (ooklyn, N		ASE	BESTOS CON	TROL &		1	
(NJAC 5:23-8)	justification) Cancellation	moduli		100000000000000000000000000000000000000	of Contac	Manager and Company of the Company o		LICENSING Telephone N	mber		1	
		W	HO 5.	FA	CILITY IN	IFORMATION		14.35 - 16	- 1			
Name of Facility Where	Abatement is Taki	ng Place	(3)				Type of Facility (School (K-12) Subchapter 8) 3 (Other than K-	12)			
891 Newark Avenu	ie						Other (i.e., pr homes, etc.)		nercial bu	ilding	js,	
City (5) Elizabeth				1		·	Square Feet 800.000	# of Floors		dg. A	7	
County (6)	NE FREE CONTRACTOR	C (Cont.)		Cour	nty Code (7	()(STATE USE ONLY)	Current Use (Pri			JZ 1	Cars	-
Union	11 11 B 11		(a) I	145		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vacant for D					
Name of Monitoring Firm	h Hired by Building	Owner	(8)	ASCM	No.	Incinia Contr	ent Contractor (9) racting, Inc.					
Street Address					1 44 44 44 4 4 4	Street Address 1360 Clifton	Avenue, Unit 3	65		8		29
City, State, Zip Code		2.				City, State, Zip C	ode		9 15	- 1		
Project Manager for Mor	nitoring Firm		Tele	ephone	No.	Telephone No. 973-450-9500	Version of the same	License No.				
Start Date (10)3 /18 /	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eduled C		etion Da		Name of OSHA M						
Occupancy Status Durin Facility Closed/Vacat	ed During Entire P	eriod of	Abate			Street Address 1360 Clifton	Avenue, Unit 3	65				
Abatement Performed Time of Abatement:					AM	City, State, Zip Co		in the state of th				
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ll that apply)	□ Re	enovat emoliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		dure			
			Loca Norma						Ab	atem	ent T	ype
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED	Use Ma Cus	ed Sol	ely by ance/ Staff?		Description of stos Containing Ma t, thermal systems surfacing, VAT other miscellane	insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Front Bldg. East Elev	vation Facade	Yes	No	N/A	Tar Wa	terproofing		200 SF		\vdash		
Front Bldg. East Elev	v. Setback Roof				Tar Me	mbrane		180 SF				
Front Bldg. East Elev	v. Canopy Roof		\boxtimes		Roofing	g Membrane		540 SF	\boxtimes			
Rear Building Parape	et Wall				Tar Wa	terpoofing		3,080 SF				
Name of Registered Was Atlantic Carting, LI				JDEP I	D.No.	Cubic Yards of Waste	Name of Regis	tered Landfill thlehem Lan	dfill Co	rp.	1	
City, State Wayne, NJ				NJ-64	+1	Disposal Date TBD	City, State Bethlehem	PA		12		
Completed By (Print or T	ype) Tit	le .				Signature	Detinement	,,,	Date			
Sean Zoric	410 M	reside	ent			Signature	Re	>	3/12	2/1	3	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification (1)		IN	ame o	of Buildi	na Own	er/Operator (2)				Che	ck #	# 70
	3/11/13					velopmental Ce	nter [NECE		10		
Agencies Notified [] EPA [] DEP	Type of Notifica	1		Address Vinnis	ink R	oad		XI	1 0 0010			
[X] DOL	Notification [x] Emergency [] Amended Notification	T		ate, Zip va, N.		11		- L	1 8 2013		1	
[] DCA		N		of Conta				Telephone (N	PINGNITROI,	3.	1	
	[] Cancellation	n S	teve	en Sla	ughte	r					٢	. 1
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Name of Facility Where Health Care Cen Street Address		iking Plac	ce (3)				Type of Fa	acility (4) chool (K-12) ubchapter 8 (Othe other (i.e. private a	er than K-12)	buildir	าตร	
169 Minnisink Ro	oad						Square Fe	nomes, etc.)		dg. Ag		
City (5)		County	7. 74.	3.74		County Code (7)	20000	2		70 Ag	_	
Totowa	evo ilive	Passa	ic		(5	STATE USE ONLY)	Office/med	se (Prior if being d	lemolished)	1.5		
Name of Monitoring Fire	m Hired by Buildin	ng Owne	r /	ASCM N	0.	Name of Abatem				-		-
Whitman Compa	nies, Inc.					J	lupiter En	vironmental	Services, I	nc.		
Street Address 7 Pleasant Hill R	ood			Total a		Street Address	Lunn Co					
City, State, Zip Code	uau				-	City, State, Zip C	S Lynn Co	ourt			-	
Cranford, NJ 085								ark, NJ 0703	5			
Project Manager for Mo	nitoring Firm			Numbe		Telephone Numb	per	4 6	License I			
Kevin Lovely Scheduled Start Date (*	10))-5858	Contract of the Contract of th		973-709-0	0200		. 0	380	52
3/12/13		d. Compl	etion 8/13)	Name of OSHA		vironmental L	aboratories	: 110	2	
[x] Abatement Per Descri	Nacated During I formed Outside of	Entire Pe	riod o	of Abate	ment s –	City, State, Zip C	333 Rout ode Union, No					
Scope of Work (Check	all that apply)		- X								-	
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥260	D If			[]	Renov	vation	[] [X] [X]	Full Containmer Mini – Enclosur Glovebag Proce Non – Friable P	re edure	e Press	sure	
8 /-			Locat			Deser	iption of					men
Location Asbestos – Co Material (A TO BE ABA In Facilit (13)	ntaining CM) TED	Mainte	olely l			Asbestos - Materia (i.e., thern insulation, s	- Containing al (ACM) nal systems urfacing, VA' scellaneous)		Amount (Specify SF or LF)	R E M O V A L	REPAIR	N C A P
2 nd floor			x		TSI -	pipe "wrap & cut"			8 LF	X		9
2 nd floor			x		TSI				2 LF	x		
					M.				3.0	1		
Name of Registered Wa Jupiter Environme		s Hau	DEP V uler ID 4782		- 1	Cubic Yards Of Waste 1/4		Registered Landfil a Landfill			- 1	
ity, State incoln Park, NJ	,				100	Disposal Date 3/18/13	City, State	sburg, OH	¥, 3,	7		
Completed By (Print or	Timel	Title				Signature	1	550ig, 011	Date	-		

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03/11/2013 MON	3/11/13 Type of Notification I EPA I DEP XI DOL XI DOL XI DOH I DCA II Amended Notification I Cancellation I Cancellation	7.5 020 4045 008	PARTY BILLY CHILDS	IN E	GEI	VE
		147	State of New Jersey			
		NOTIFICATION	ON OF ASBESTOS AB	NATEMENT IN		
			11 to NJAC 8 60-7 and 12		MAR 18	2013
Date of Notification (1)		Name of Building O	wner/Operator (2)	D	0L = 10 n	ΔV
		North Jersey I	Developmental Cer	nter T	BESTOS GON	LIROD &
Agencies Notified	Type of Notification	n Street Address		AS	LICENSIN	ig _
[] EPA	[1] Initial	169 Minnisink	Road	I M	AH 201	9
[] DEP	Notification	City, State, Zip Cod	ic .	- ++ <	Trial / nort	
[X] DOL		Totowa, NJ 07		MANA	POLIVERINA	
	Notification	Name of Contact		LINVELV2	-R. APPRO	VED
[] DCA	[] Cancellation	Steven Slaugh	nter	(1 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to		
* ***	F 2 11	FA	CILITY INFORMATION			1100
Name of Facility Where	Abatement is Taki	and the control of th	And Spine	Type of Facility (4)		
		在 。我不是一套的		School (K-12) Subchapter 8 (Oth Other (i.e. private	er than K-12)	ulldhas
Street Address				homes, etc.)	KON TOLINITALINISI O	- LANGE
169 Minnisink Ro	oad	4		Square Feet # of FI	oors Bid	Age
City (5)	- c	county (6)	County Code (7)	20000 2	- 10	
Totowa	F	Passaic	(STATE USE ONLY)	Current Use (Prior if being of Office/modical	pomousned)	
		Owner ASCM No		ant Contractor (9)	Complete In-	
	nies, Inc		Street Address	upiter Environmental	Services, inc	J
Street Address 7. Pleasant Hill R	ned			Lynn Court		
City State, Zip Code	uau		City State Zip C	ode		
Cranford, NJ 085				Lincoln Park, NJ 0703	35 License Nu	mher
	onitoring Firm	Telephone Number	Telephone Numb	er 973-709-0200	License Nu	00852
Kevin Lovely	10) School	732-390-5858 Completion Date (11)	Namo of OSHA N	Monitor		
		3/18/13		J & S Environmental I	_aboratories	LLC
Occupancy Status Duri			Street Address	2333 Route 22 W		
[x] Abatement Po	rformed Outside of	ntire Period of Abatemen Normal Facility Hours -	City State Zlp C			
Descri	ibo ibe <u>: partially vacate</u> c	d	34,000 2100	Union, NJ 07083		
		Name of the Control	The state of the s			
Comma of More IChase	DU COST DEDICE			[] Full Containme	ent with Nagative	Prossure
Scope of Work (Check	ali (nat apply)	25 SW		IVI Mini Castani	IFA	
[] Demolition	DII (NAT APPIY)	[] R	onovation	[X] Mini – Enclosu (x) Glovobag Prod	cadeto .	
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[] Demolition [x] ≥3 sf or ≥3 if		Is Location		[X] Mini – Enclosi (X) Glovobag Prod () Non – Friable	cadeto .	Abatemo
[] Demoition [x] ≥3 sf or :-3 if [] ≥160 of or ≥26	0 H	Is Location Normally Used Solely by	Descr Appostos	[X] Mini - Enclose (x) Glovebag Proc () Non - Friable appropriate of Containing	edura Procedura Amount	Typa R R E
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(CNECK #)

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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M BPA	ed ment #		City, S Name	155 tale Zip C - A of Contac	code LEEN FIE ILE BREV		SBESTOS CONT	ROL	& &	2
Amending Emerge Substitute of Facility Where Abatement is RESIDENCE Street Address 226 871	ment #_ency (including auon) altion Taking Place		Name	of Contac	code LEEN FIE ILE BREV				&	\dashv
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DOH Justifice Cancella Cancella	Taking Place			Bri	LE BREV		Talantata Krithix			
The control of Facility Where Abatement is ### ESTATION Treet Address ### 226 871 ###################################	Taking Place	(3)	FAC				, CICK KAR: MUINDS			
RESIDENC STEEL AGORESS 226 871 Cit, (5). BRIG	F.	(3)	FAC	II ITY INF		NIG	1	-	-	-
RESIDENC Proces Address 226 871 BRIG	F. , ST.	(3)			ORMATION	Type of Facility	(4)			-
226 871 21, (5). BRIG	, 57.					School (K-12			27	
226 8T1 BR10						Subchapter 8	Other than K-12) nvate & commercial	buildir	านร	
15 210		500	TH		gora e	homes, etc.)	A Company of the Company			
	DATIN	6				Square Feet	# of Floors	BIG	g Age	
				ty Code (7 ONLY)	7) (STATE	Current Use (Pr	ior if being demolish	ied)		
same of Monitoring Firm Hired by Bui	ilding Owner	- I	SCMA	Vo.		ent Contractor (9				a i
c)					Circuit Address	EMCO IN			<u>}</u>	
Street Address					369	S, S Pruc	E DUE.			
Pr. State Zip Code				1	City, State, Zip C	ode SILD-	JE, N.J.	०४ ५	5- 5	
Project Manager for Monitoring Firm		Telec	phone h	V O	Telephone No.	9-0472	License No	14		
3 /25/13	Scheduled C		on Dai	e (11)	Name of OSHA	Monitor EPN KL	EMM		•	-
Jude During Abatemen	(Check only		_		Street Address	C .C	- 1 -			
Facility Closed/Vacated Dunng En	bre Penod of	Abaten	nent	2000	369		.vi= 2 vi.			
Abatement Performed Outside of I	Normal Facilit	y Hours	i heili	(*e%)	Cry, State, Zip C	ODE SI	IDDE N.	J .	١.	ر د
cope of Work (Check all that apply)	107-0	17. 11.			L	ntainment with Ne		110		
1 ≥ 3 ≤ 1 or ≥ 3 H × ≥ 1 60 ≤ 1 or ≥ 260 H	Re	novation			Mini-En	closure	on-Friable Procedur	n		
8,2100 std.// 2200 ft		ocation			Non-Ex	empled () and N	APTIBOLE 1 TOX.OS	A	Laten	
	N	ocation ormally			Description 0			-	1,70	e
Location of Asbestos-Containing Material (ACM	Mair	Solely ntenand	æ/	Asbes	tos Containing Ma	iterial (ACM)	Amount (Specify	7		, E
TO BE ABATED		ustodial Staff?		(ı.e.	thermal systems surfacing, VAT	, or	SF or LF)	Removal	Repair	нармай
IN Facility (13)		(12)			other miscellane	ous)		hou	Ę	List.
	Yes	No	N/A							
SIDING			X	T	PANSITE		20001	×		-
317170		11.	-				<u> </u>	1	_	
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					2 00 ' '					
.ame of Registered Waste Hauler		I.N	JDEP V	Waste	Cubic Yards of Waste		gistered Landfill			
KLEMOU! INC.		_ H	auler IC	04		1	2, U, A,		====	
	- 41	T			Disposal Date	City, State	OSAUTVILL	LE	W.	J.
MAPLE SHAT	>=,10,	ر ر ===			Signature	n Ken			/	
Completed B,	Title		0		CIGO COLOR C	1/ -	m 3/	13/	1	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

					ECE	-NA 15	(m)				
Date of Notification (1) March 12, 2013		Name of Buildin		rator (2) higliotty		4	213	30			
	otification	Street Address	POB	ox 246		MAR 1 8	2013	الا	11.7		
[x] DOL Amenda [x] DOH [x] Emerge	ncy (including	City, State, Zip C	Ship B	sottom, NJ	08008 A	ASBESTOS CO	NTROL NG	&			
[] DCA justifica [] Cancella		Name of Contact	Ghigliotty		Te	elephone Numb					
	FA	CILITY INFOR	MATION		Taranta da	en Charles					
Name of Facility Where Abatement is Taking P Residence	lace (3)		Type of Facility (4) School (k-12) Subchapter 8 (other than k-12)								
Street Address 229 East 12 th Street				[X] Other (i.e., private & commercial building homes, etc.)							
	County (6)	County Code (7) (STATE USE ON	LY)	Square feet 1000	sf	# of Floors	Bldg. A	ge 60			
	Ocean				Residen)		5		
Name of Monitoring Firm Hired by Building O N/A	wner (8)	ASCM No.	Name of	Abatement C		(9) n Contracting,	Inc.		45,175		
Street Address		Street Ad		1889 Ro	oute 9, Unit 61						
City, State, Zip Code			City, Stat	te, Zip Code		iver, New Jers	ev 08755	-1271	= 10		
Project Manager for Monitoring Firm	er	Telephon 732-349	e Number	- "pt	License N 00624	-					
Scheduled Start Date (10) 3/13/13	Scheduled Complete 3/15/13	etion Date (11)		OSHA Moni		Analytical					
Occupancy Status During Abatement (Check on [x]] Facility Closed/Vacated I	ly one)	Abatement	Street Ad	dress		elton Road		2			
[] Abatement Performed Ou			City Stat	e, Zip Code	1000 00	- Touc					
Other – Describe			City, Stat		Piscataw	vay, New Jerse	y 08854		-		
Scope of Work (Check all that apply)			[]	Full Cor Mini-En		with Negative Pre	ssure		(IE)		
[>3 sf or ≥3 lf	[] Renov	vation	[]		g Procedu	re			-8		
[X] ≥160 sf or ≥260 lf	[x] Demo	olition	[x]	Non-Exe	mpted (*)	and NonFriable I	Procedure				
		2.3	1				Abateme	nt Type			
	Is Location	The state of	Description				R R	Е	É		
Location of Asbestos-Containing Material (ACM)	Normally used Solely by		sbestos-Con Material (A			Amount (Specify SF	E E	N.	N		
	Maintenance/Custodia		e., thermal s		SECTION AND	or LF)	M P A	CA	C		
in facility	Staff		sulation, sur	facing,			OI	P	0		
(13)	(12)		VAT, o				VR	S	S		
	YES NO N/A	ot	her miscella	neous)			A L	LE	R		
Exterior	X	Asbestos sidi	ng		1	1000 sf	X	E	E		
					9/4						
			Y E								
Name of Registered Waste Hauler Guardian Contracting, Inc.		ards of Waste			ed Landfill	18	1				
City, State	osal Date	City, Sta		R.F.							
Toms River, New Jersey	3/18	3/13		wn, Ponrs	ylvania				2		
Completed by (Print or Type) T Nicholas Fernicola	Signature	chot	1	e	1	Date 3/12/20)13				

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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/		12	16	1
	X	15	44	/
_	10,700			

					(01)		_					
Date of Notification (1) 3/12/2013		Name of Buildin	Ame of Building Owner/Operator (2) MCH Developing DLOE C EA WEST 9									
DEP Ame	ation al Notification unded Notification undment #	Street Address City, State, Zip	10.11	ast County One Re	oad, Suite 12	2013			10 to			
[x] Eme	rgency (including	11 12 12 12 12 12 12 12 12 12 12 12 12 1	Lakev	vood, NJ 08701			100		14			
I A I DOIL	fication) cellation	Name of Contac Mar	t tin Slutsky	A\$	NOW LOTEDS	TROL	&					
		FACILITY INFOR	MATION	e y Palinenaga ka								
Name of Facility Where Abatement is Takin Residence	g Place (3)		Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12)									
Street Address 56 Amherst Drive				[X] Other (i.e., private & commercial build homes, etc.)								
City	County (6)	County Code (7) (STATE USE ON	ILY)	Square feet 2500 sf	# of Floors	Bld	g. Age	50				
Bayville	Ocean		25 3-1	Current Use (Prior if Marina		1)			*. *			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	Abatement Contractor	(9) an Contracting,	Inc	· -		2-11-4			
Street Address			Street A	ddress			Africa.					
City, State, Zip Code			City, Sta	1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-1271								
Project Manager for Monitoring Firm	Telephone Nu	imber		Telephone Number License Number								
Scheduled Start Date (10) 3/13/13	Scheduled Co 3/15/13	mpletion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical							
	only one) ed During Entire Period Outside of Normal Faci		Street A	ddress 1056 St .te, Zip Code	elton Road	0.00	.54					
Scope of Work (Check all that apply)					way, New Jerse		554					
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		enovation .	[] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*	ire		ure					
			1 1 1			Abat	ement	Туре				
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custo Staff (12) YES NO N	odial (i	Description Sbestos-Cor Material (A.e., thermal Isulation, su VAT, of ther miscella	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	E N C L O S U R E			
Exterior	X	Asbestos sid	ing		2100 sf	X	ig +		V			
								- 12				
					1 m			1.4				
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State	NJDEP Waste H	STATE AND ADDRESS OF THE CONTRACTOR OF THE PROPERTY OF THE PRO	Yards of Wast	T.R.R.F.	ed Landfill							
Toms River, New Jersey	3/15/13		own Pennsylvania	1								
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	Tho Date 3/12/2013									

			FICATI	ON OF AS	OF ASBESTOS ABATEMENT O NJAC 8:60 and 12:120)								
Date of Notification (1)	1,2/13		Nan		ing Owner/Operato		TING:	(- () () () ()					
Agencies Notified Department	Type Notification		Stre	eel Addres	s Rr. 50	10-6	MAH 1 8	2013					
∑ 00r ∑ 0€ ∑ 8v	Amended Amendment # Emergency (included)	iding	City	, State, Zip	Code REENFIC	ELD NI	ASBESTOS CON LICENSIA	VTRO	L&				
☐ 00n	Justification) Cancellation		Nan	ne of Conta	oci BREU		Telephone Num	ber	7				
		-	F	ACILITY IN	INFORMATION								
: twe! Address	Abatement is Taking P		An	rč.	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings homes, etc.)								
Dr. (5	IRG OITE				Square Feet # of Ficors Bidg								
Juni, 16) ATLJ	NTIC		Col	ONLY)	(7) (STATE	Current Use (F	Prior if being demoli	shed					
Name of Monitoring Firm	Hired by Building Own	er	ASCN	1'No	Name of Abatem	nent Contractor (9)		- 7				
VC.	/A					EMCO I	NC.						
Street Address						S, S Pruc	E 100.						
Cit., State Zip Code	4			Cry. State. Zip Code MAPLE SHADE N.J. 08052									
Project Manager for Monitoring Firm Telephone No.					Telephone No.	9-0472	License No	44					
Start Date : 10:	Scheduler 4/	Compl		ate (11)	Name of OSHA N	Vonitor Ku	EMM						
Occupancy Status During		- (3 a) (5)			Street Address	5 501	204= Luc.		*				
∑ Facility Closed Vacate ☐ Abatement Performed ☐ Other - Describe					City State Zin C	ode	The street was tobe						
a spe of Work (Check all	that and it				1012	10 1 5	LODE, N.	٠	U 15				
∑5 stor 25 ll ▼ 2160 stor 2260 ll		Renoval Demoliti			Mini-End Gloveba	closure g Procedure	gative Pressure	ı C					
		s Location	y					/	Cater 1 ₇ p				
Asbestos-Containing Ma TO BE ABATE IN Facility (13)	itenal (ACM) M	ed Sole aintenar Custodi Staff? (12)	ice/		Description of tos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	Amount (Specity SF or LF)	Removal	Repuir	Emappulate			
	Yes	No	N/A							<u> </u>			
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Din State	HADE, NI	<u>-</u> L-	1 / 10	94_	Disposal Date	City, State	SAUTVILL	- F ,	W,	7.			
JOSEPH KLEMM Title V/P					Signature	n Kelin	Date y	12/	13				

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1796 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) Street Address Type Notification Agencies Notified Minitial ASBESTOS CONTROL & Amended Amendment # | Emergency (including Name of Contact justification) A DOH Cancellation [DCA UNIC FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) | | School (K-12) Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Bldg. Age Square Feet City (5) 10000 MOUNTAIN SING Current Use (Prior if being demolished) County Code (7) (STATE CHURCH USE ONLY) UNION Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. ACK (8) Street Address Street Address 95 MONTRUSE City, State, Zip Code City, State, Zip Code NECLC l'elephone No. Telephone No. Project Manager for Monitoring Pirm 0001 737 294 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) ALE INSULATION Street Address Occupancy Status During Abatement (Check only one) 45 MONTROVE Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Colil Other - Describe: 1 Am -Scope of Work (Check all that apply)] Full Containment with Negative Pressure Mint Enclosure Renovation 1/3 stor≥3 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 ll Abatement ts Location Type Nonnally Description of Used Solely by Location of Amount Asbestos Containing Material (ACM) Maintenance/ Asbestos-Containing Material (ACM) (Specify (i.e., thermal systems insulation, Custodial TO BE ABATED SF or LF) surfacing, VAT, or other miscellaneous) Staff? IN Facility (12)(13)NIA FITTINGI Name of Registered Landfill Cubic Yards of Waste NSULATION COTNE City, State COLTS Sidnature Completed By Park

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

Date of Notification (1) 3/07/13		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Building Owner/	Operator	(2)	1181		AR 18	2013					
Agencies Notified Type Notification			eet Add 24 Par	dress ker Avenue			ПП	. W	AR 1.8	- ŁV IJ					
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□ Emergency (including			Contact meron				Tel	ephone Num	ber					
		100	FACIL	TY INFORMAT	TION		Type of Facility (4)								
Name of Facility Where Abatement is Taking House Street Address	Place (3)		40.00.6.	Combined and		☐ s	chool (K-12	2)	er than K-12	,					
124 Parker Avenue				0 - F - F		Other (i.e. private & commercial buildings, hetc.)							s,		
City (5) Maplewood						Square Feet # of Floors Bldg. Age N/A N/A N/A						ge			
County (6) Essex			unty Co	ode (7) SE ONLY)		Currer		r if bei	ng demolish	ed)					
Name of Monitoring Firm Hired by Building (N/A)	Owner (8)	. 11 .	ASCM	No.	100000000000000000000000000000000000000		ement Con ement, In		(9)						
Street Address	Street Address						s ren Aver	iue							
City, State, Zip Code					State, Zip Code owa, NJ 07512										
Project Manager for Monitoring Firm	Те	lephon	e No.	10.37333474	hone No -345-86			License N #00675	0.						
Start Date (10) 3/22/13	Scheduled 3/23/13	Compl	etion D	ate (11)			A Monitor ment, Inc	D.		,					
Occupancy Status During Abatement (Chec	k Only One)		2-1-1-1	10 17 17 17 17 17 17 17 17 17 17 17 17 17		t Addres	s ren Aver	nue							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Occupied			nt		City,	State, Zi		iue			any.				
Scope of Work (Check All That Apply)				- TA 19-15.	1 100		0 07012								
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo (rmally Solely tenance dial Sta (12)	e/	Asbestos Co (i.e. therm sur	Description Intaining I al system facing, V Ir miscella	Material ns insula AT, or	(ACM)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
basement		X	1077	pip	e insul	ation		9	92 LF	x					
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Name of Registered Waste Hauler		127/35	DEP W		ic Yards		Name of	Regist	ered Landfil	1			1		
				No. of V	Vaste D				gement o	f PA					
City, State Totowa, NJ			# //	Disp TBI	oosal Dat	е	City, Stat		A						
Completed by Deanna Brkusanin	Title Project	Title Project Manager				Se OUL	Relle	is		ate /07/1:	3				

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

Date of Notification (1)						Owner/Oper	ator (2)	HD)	岸	<u>U</u>	<u>IS II</u>	W L	7	#	3+
3/07/13 Agencies Notified	Type Notification	-1.15		Ann & Street A		Bukawyn		$\ D$	1	MAD	100	กรา	-#		
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☐ DCA	Cancellation					Bukawyn							+		
Name of Facility Where House	Abatement is Taking	Place (3)	FACI	LITTINFO	RWATION	Тур		acility (1		11.0
Street Address 43 Woodland Road	100			1		-ye - ye -	×	Subc	hapter	8 (Oth	er than K- & comme		ilding	s, hor	nes,
City (5) Short Hills							Squ N/A	are Fe	eet	# o	f Floors A		Bldg. N/A	Age	
County (6) Essex					Code (7) USE ONLY)			Current Use (Prior if being demolished) House							
Name of Monitoring Firm	n Hired by Building C	Owner (8)		ASCM	I No.	100000	ame of Al				(9)				184
Street Address					-, -	100	reet Addr 1 Rosei		n Ave	nue	1				-
City, State, Zip Code		1 -		*****				State, Zip Code wa, NJ 07512							- 1
Project Manager for Mon	T	Telepho	ne No.	Te	lephone 73-345-	No.			License			A ,			
Start Date (10) 3/26/13	ed Con	npletion I	Date (11)	70.775	me of Os					147					
Occupancy Status Durin		(G) 31	0		74	Sti	reet Addr 1 Rosei	ess				144.7		1	
Abatement Perform Other – Describe:	cated During Entire F ned Outside of Norm Occupied	Period of A nal Facility	Abatem Hours	ent		Cit	ty, State,	State, Zip Code towa, NJ 07512							
Scope of Work (Check A	All That Apply)						Otowa,	140 0	7012						
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Name of Registered Waste Hauler D&S Abatement, Inc.				IJDEP W lauler, ID 20996		Cubic Yar of Waste TBD	ds				ered Land gement		,		
City, State Totowa, NJ						Disposal (Date		ty, Star ullyto	te wŋ, P.	Α			-	
Completed by Deanna Brkusanin Title Project Manager					Signa	aturé 1	WOI	Ruh	lue		Date 3/07/	13			

NOTIFICATION OF ASBESTOS ABATEMENT 20486149863
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 3/07/13			Building O		er/Operator (2)										
Agencies Notified Type Notification EPA Initial DEP Amended				ddress Heaton F te, Zip Cod	25				MAR	1 8	201	13		圳	
DOL Amendment #		-		NJ 0708 Contact					SBESTO Telephor	OS CO	NTF bet	OL 8			
Cancellation				LITY INFO	RMATION			 -	.,				-		
Name of Facility Where Abatement is Taking House. Street Address 423 Wheaton Road	Place (3)					Sub	ool (k chapt er (i.e	<-12) ter 8 (Other thate & com	n K-12 mercia) Il build	dings,	ings, homes,		
City (5) Union						Square Feet # of Floors Bldg. Ag N/A N/A N/A						ge			
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Name of Monitoring Firm Hired by Building O N/A	wner (8)		ASCM	No.		of Abatem Abatem			ctor (9)						
Street Address		2				t Address Rosengre	Address osengren Avenue								
City, State, Zip Code	City, State, Zip Code						City, State, Zip Code Fotowa, NJ 07512								
Project Manager for Monitoring Firm		Telephor	ne No.	2000 P. 100 P. 1	hone No. -345-868	5			nse No 1675).					
	d Cor	npletion I	Date (11)	A 0.0000000	e of OSHA			į.							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Po	eriod of A	baten	nent	4	11 F	t Address Rosengre		/enue	9						
Abatement Performed Outside of Normal Other – Describe: Occupied	al Facility	Hours		100	65,77134	City, State, Zip Code Totowa, NJ 07512									
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				Mini-E Glovel	nclos bag P	ure roced					e		
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	d Sole intena odial s (12)	ely by nce/	Asbesto (i.e. t	Description os Containing thermal system surfacing, V other miscella	Material (Anns insulation AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
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Name of David and Market			l DESCRIPTION OF THE PROPERTY			1	•								
Name of Registered Waste Hauler D&S Abatement, Inc. NJDEP Hauler #2099					Cubic Yards of Waste TBD	1 0			gistered L anagem					,	
City, State Totowa, NJ					Disposal Dat		City, S F ully 1	tate town	, PA				÷		
Completed by Deanna Brkusanin	Title S Project Manager				Signatu	Date 3/07/13						10			

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Date of Notificat	tion (1)	
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State of New Jersey NOTIFICATION OF ASBESTOS A

1170		(Pi	ursuant	to NJAC	8:60 and 12	120)		小	ا ک	ט ב	<u> </u>		ال دُ	
Date of Notification (1) 03/12/13				f Building g Realty	Owner/Opera	ator (2)			MAR	18	20	13		J
Agencies Notified Type Notification EPA DEP Amended Amendment			City, Sta	Highway	ode			AS	BESTO	S CO		IOL (
	(including		Name of	f Contact	tation, NJ			Tel	ephone N	200		V 1,58		-3
DCA Cancellation				2.00.000	Phil Sabat	ino						2		3
Name of Facility Where Abatement is Takin Vacant Building	g Place (3)	FAGI	LITTINE	ORMATION	Тур	e of Facility (1				-
Street Address 450 Pompton Road				Mary	War in the	×	Subchapter Other (i.e. p	8 (Oth			ildin	gs, ho	mes,	
City (5) Wayne						10000	are Feet	# o	f Floors			. Age + yrs		
County (6) Passaic				Code (7) USE ONLY)		ent Use (Pric	or if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building ABS Environmental Services LLC	Owner (8)		ASCN N/A	No.			atement Cor st Haz Ma			c.				
Street Address P.O. Box 483			7		200	eet Address 4 E. 41 Street								
City, State, Zip Code Glenwood, NJ 07418							Zip Code , NJ 07504	1					-	
Project Manager for Monitoring Firm Scott Higgins		Telephor 973-76	ne No. 64-2276		lephone 1 73-345-			License 00507	No.		0-10-		100	
Start Date (10) March 25, 2013	Schedule April 25	5, 201		Date (11)			SHA Monitor e as above)					2.5	
Occupancy Status During Abatement (Chec					Str	eet Addre	ess					- 1		32
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent		Cit	y, State,	Zip Code							76
Scope of Work (Check All That Apply)	100										_			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoliti				M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	***			dure		
Location of	. N	Locati Iormall	у -		Descrip						2430.00	ateme Type		ā t
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	Yes	No	N/A				- 1			318-1		ā	5 ,	
Roof			X		Roofing/f				000 SF	X		2		
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									_		_	_		
				/aste No.	Cubic Yard of Waste ,40	is	Name of North G							- "
City, State Paterson, NJ 07504				201	Disposal D 4/5/13	ate	City, State Morrisv	e ille/	A		T.		ķ	
Completed by Title lames Unger Project Ma				r	Signa	tufe	6/	15	34	Date 3/1 <i>2/</i> *	13			2 11

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

03/18/2013 MUM 10:44 FMA

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10267 Name of Building Owner/Operator (2) Date of Notification (1) Grea Scimeca - 10 DAY וחח 03/18/13 Street Address Type of Notification Agencies Notified 245 Country Club Dr. (X) Initial Notification) Amended City, State, Zip Code) EPA Amendment # (X) NJDEP Morristown, NJ 0B057 (X) Emergency (including (X) NJ DOL iustification) Name of Contact (X) DOH P608-220-3915 Cancellation Gregory Scimeca () DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Absternant is Taking Place (3)) School (K-12) Subchapter 8 (other than K-12) Residential property (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 1018 Bloomfield, Hoboken NJ 07030 Sq. Feet: 2,820 sqft County Code (7) County (6) Bldg. Age: 126 years City (5) # of Floors: 4 (State Use Only) Hudson Hoboken Current Use (if being demolished): Name of Contractor (9) ASCM No. Name of Monitoring Firm Hired Industrial Safety & Environmental Solutions, Inc. Bldg. Owner (8) Street Address Street Address 3300 Hudson Avenue City State, Zip Code City, State, Zip Code Union City, NJ 07087 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 01124 (201)-325-0055 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) ISES, Inc. 03/29/13 03/20/13 Street Address Occupancy Status During Absternent (Check only one) 3300 Hudson Avenue) Facility Closed/Vacated During Entire Period of Abatement) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code (X) Other - Describe: Union City, NJ 07087 Work area will be unoccupied during abatement (X) Renovation) Demolition Source of Work (Check all that apply) (X) Full Containment with Negative Pressure) Minor Project (< 25 SF or < 10 LF ACM)) Mini-Enclosure) Small Project (>25 <160 SF or >10 <260 LF ACM) (X) Glove-bag Procedure (X) Large Project (>160 SF or > 260 LF ACM (X) Non-Exempted (*) and Non-Friable Procedure Abatement Type Amount Description of ACM Is Location Normally Used Location of Asbestos-(Specify SF or (i.e. thermal systems insulation, Solely by Maintenance or Containing Material (ACM) surfacing, VAT, or other miscellaneous.) LF) Encapsusan Custodial Staff? (12) To be Abated in Facility (13) Removal N/A YES NO X 150 LFT Pipe Insulation X Basement X 83 SQFT Boiler Insulation X Basement X 120 LFT Caulking glazing materials X Exterior Windows X 580 SQFT Floor Tile X Third and Fourth Floor X 130 SQFT Ceiling Surfaces Basement Name of Reg. Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # Name of Reg. Weste Hauler IESI BETHLEHEM LANDFILL **NEWARK CARTING** Disp. Date City, State BETHLEHEM, PA 18015 03/29/13/ 369 Raymond Blvd., Newark, NJ 07105 Signature Completed by (Print or Type) 03/18/13 Project Supervisor David Camacho