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

D&S Proj. #: 2013

							00.	CALL THE					
Date of Notification			JOAN D		er/Operator	(2)	2013 MAR 22	PH 9:50					#
Agencies Notified	Type Notificati	ion	Street Addr				10.500	2.10					
L EPA	Initial C		11 AND	ERSON S	TREET		e LICE	CONTRAL					
DEP		11	City, State,		TREET		- LI(, P. A.	2/1/13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
DOL	Amendment #:	`			311.05070			•					
☑ DOH	Emergency (including		MORR lame of Co		NJ 07960			Tolonhon	e Number			-	
	justification)		ame of Co	ontact				relephone	e Number				
☐ DCA	Cancellation	.	JOAN	DAVIS	444		81						
				FAC	ILITY INFO	RMATION							
Name of facility when	nere abatement i	s taking pl	ace (3)				(4)	Type of Facility (4) I (K - 12)				
JOAN DAVIS									apter 8 (Of	ther th	an K	-12)	
Street Address								Other (Private/Co	mme			
11 ANDERSO	N STREET								Homes, et # of Floors		Bl	dg. A	ge
City (5)	NOTREET	I Cou	nty (6)			Cour	nty Code (7)	Square reet	# 01 1 10013	1	٥,	ag. 7 .	90
City (5)		000	, (0)				e use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
MORRISTOW	VΝ	MO	ORRIS										
Name of Monitorin	g Firm Hired by I	Bldg. Own	er (8)		ASCM No).	Name of Abatement	Contractor (9)					
							D & S RESTOR	ATION, INC.					4
Street Address							Street Address	1 2/2					
							20 California A	ve.					10
City, State, Zip Coo	le						City, State, Zip Code						
	3			4			Paterson, NJ 0	7503					
Project Manager fo	r Monitoring Firm	1	TF	hone Numb	per -		Telephone Number		License		er		
38 1 1 1							973-345-8020		0	1169			
Start Date (10)		Sche	d. Comple	tion Date (1	1)		Name of OSHA Mor D & S Restorat						
04/02/13		04/1	6/13				Street Address	ion, me.				_	
Occupancy Status	During Abatemer					_	20 California A	venue					
	d/vacated during						City, State, Zip Code						
Abatement p	erformed outside	of normal	facility ho	urs-									
Describe: Other-Descri	be: NORMAL H	IOURS					Paterson, NJ 0'	7503					
Scope of Work (ch								Full Containment w	/negative	press	ure		
>3 sf or >3 lf		Renovati	on					Mini-enclosure					
		Demolitic						Glovebag procedur				. J	
≥160 sf or ≥2	20011			aad aalal				Non-Exempted (*)	and Non-t	T R	R	E	1
Location of asbestos-co	ntoining		enance/cu	y used solel istodial		intion of o	sbestos-containing	Amount		e	е	n	E n
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abated in fac	cility (13)	Yes	No	N/A				LF)		v e	i	p	L
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Registered Waste F D & S RESTOR	ATION, INC.		506		1 YD		TULLYTOWN,	RESOURCE RE	COVER	Υ .			
City, State				Disposal I			City, State				9		32
PATERSON, N	IJ 07503	1,000		04/03/	*	-	TULLYTOWN	, PA					
Completed by (Prin		Title			Signature	•		74 12 1	Date				
BOGDAN JOL		PRESII							03/18/	13			
ASB-41		Do not us	se this form	n for asbest	os licensure	exempted	activities.						

Fax:

D&S Proj. #: MS 13-90

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

* CHECK # 004817

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Date of Notification (1) O 13 / 11 15 / 11 13 Agencies Notified Type Not	Name of E	uilding Owner/Ope	rator (2) 22 PM	9: 30	The	AFPROVI Luckealth & S		rvices		avancias i	arnelir i gara
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Name of Monitoring Firm Hired	Morris Com by Eldg. Owner (8)	The second secon	yi No.	Name of Abatem	erit Co	ontractor (9)		- 1 ED -	COLUM	arrenen a	econium unic
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Street Address				Street Address				marene let		armiteniti 1	(milwenana) Mila
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				Paterson, N.)3		-			#
Project Manager for Monitoring	Firm	hone Number		Telephone Numb 973-345-80		ED BAN KAMA A MA CASTA A LA ASSESSION O	License	Num 011/i9			the Line is a second
Start Cate (10)	Sched. Comple	on Date (11)		Name of OSHA	Acumbo		4_===		HARRIE .	Ministra M	interes e ma
3/18/13	3/19/13			D & S Resto Street Address	ration	, Inc.		maner tek	11 10 60 005	RICTION O	tennesse cuis
Occupancy Status During Abate	ment (Check only one)			20 California	Arves	me .					
Facility closed/vacated du Abasement performed out Describe:	side of normal facility hou	ement.		City, State, Zip C	200	mercan in teacher & dell Terrain of the supersonate of	AND A THE STREET HAS A STREET	PERSONAL MARK	1110.2377	Pillage of the	STATE STATE OF STATE OF
Other-Describe; NORM				Paterson, N.	-						
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City State PATERSON, NJ 07503		1 sposal Date 3/21/13		City, State TULLYTOW						INVESTOR N	Edition-w
Completed by (Print or Type) BOGDAN JOLDZIC	PRESIDENT	Signa	T 180 t	7784	om : ini e ha	much and the exot water in a	Date:	15/ 3	DECEMBE.		Photos an
ASB-41	" Do not use this for	in Rebestos Roans	expripto	d activities.				1			

D&S Proj. #: MS 13-90

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

* CHECK # 004817

						20	13:11AR 22 P	de.	·-					
Date of Notification		, N	Name of Buildin	g Own	er/Operator (2))	MARZO	,F 11	4.					
Agencies Notified			Margaret Kid	cak		1	~ P	Ma.						
EPA	Type Notificati	on S	Street Address			c.	7/108	£.	O .		-			
☐ DEP	Amended		1031 Route	10 Ea	st		410ENSUA	100		1				
□ DOL	Amendment #:	[]	City, State, Zip (Code			11/16	3 .71			12-00			
_	Emergency		Whippany,		981				n 90			0.00		
M DOH	(including justification)	N	lame of Contac	t	1	accession of the	7.		Telephon	e Numbe	r			-
DCA	☐ Cancellation		Margaret K	icak		8 8 8 8	7	8 1			7_	9	10	
	4		1.5	FAC	ILITY INFORM	ATIO	١							
Name of facility wh	here abatement is	taking pla	ace (3)		7.7	2		T	ype of Facility (1) (K - 12)				
Private Residen	nce								=	MENTE PRESE		han k	12)	
Street Address								-	222	apter 8 (C Private/C			-12)	
1021 Danta 10	174								Bldgs./l	Homes, e	tc.			
1031 Route 10 City (5)	East	I Cour	nty (6)					= '	Square Feet	# of Floo	rs	В	ldg. A	\ge
City (5)		Cour	ity (O)				unty Code (7) ate use only)	-	Current Use (Pr	or if boin	a don		-d/	
Whippany	e ^r	Mo	rris County			(0.0	ato doo only y		Current Use (FI	ior ii beiii	g den	ionsn	eu)	
Name of Monitorin	g Firm Hired by E	-			ASCM No.		Name of Abater	ment Cor	ntractor (9)					
							D & S REST	TORAT	ION, INC.					
Street Address			100			-	Street Address							
= 4							20 Californ	ia Ave.						
City, State, Zip Cod	le			100		_	City, State, Zip C	Code					H	U
				4.8	14 a 1,2		Paterson, N	J 0750	3					i i
Project Manager for	r Monitoring Firm		Phone	Numb	er		Telephone Num			License		er		
							973-345-8			0	1169			
Start Date (10)		Sched	l. Completion D	ate (1	1)	_	Name of OSHA		-					
3/18/13		3	/19/13				D & S Rest	oration,	, Inc.					
Occupancy Status I	During Abatemen						20 Californi	a Aven	110					
	d/vacated during			ıt.		- 1	City, State, Zip C		uc					_
Abatement pe	erformed outside						Oity, Otato, Elp o							
Describe: Other-Descri	be: NORMAL H	OURS				_	Paterson, N	IJ 0750	3					
Scope of Work (ch								☐ Full	Containment w	negative	press	ure		
≥ 3 sf or >3 If		, Renovatio	n						i-enclosure					
≥160 sf or ≥2	-	Demolition	1						vebag procedure					
			n normally used	solely	,			Nor	n-Exempted (*) a	and inon-	R	R	E	, T
Location of asbestos-con	ntaining	by mainte	enance/custodia		1 No. 10	on of a	sbestos-containir	na	Amount		e	е	n	l E
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abated in fac	ility (13)	Yes	No	N/A	t ditange		ere Pari		Li		v e	i	р	L
Basement		1 1	X		PIPE INSU	LATI	ON		55 LF		×			
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THE TYPE														
Registered Waste H D & S RESTOR		NJDE 135	P Hauler ID#		ubic Yards of V	Vaste	Name of Regist		ndfill SOURCE RE	COVER	Y		412	11.5
City, State	rition, inc.			osal D			City, State	.11, 100	JOURNAL TELE	J. LA	-			
PATERSON, N.	J. 07503			3/21			TULLYTO	WN, PA	i T					(E)
Completed by (Print		Title			Signature		1		180	Date			-	
BOGDAN JOLI	DZIC	PRESIDI								3/	15/13			
ASB-41	*	Do not use	e this form for a	sbesto	s licensure exe	empted	activities.							



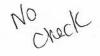
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Building	g Owner/Operator ((2)	201-	7/4			
3 / 18 /	13	-	Ма	rlton 70	g Owner/Operator (Corp. c/o Marx I	Realty & Improv	7/1 2-				
Agencies Notified Type Notifica	ation			Address		100	A	0/2			
☐ EPA ☐ Initial			708	3 rd Ave.,	, 21 st Floor		1 9/1 i	⁰ / ₉ ;	A		
☑ DOLWD ☐ Amended ☑ DHSS Amendme			City, S	State, Zip C	Code		4108.6		P.		3
DHSS Amendme			Nev	v York, N	IY 10017		KN3763	Tim	50		
(NJAC 5:23-8) justification			Name	of Contac	t -	its:	Telephone Num	ber 7	ant or		
☐ Cancellat	ion			ert Ryar		-					
			FAC	CILITY IN	FORMATION						
Name of Facility Where Abatement is T	aking Place	(3)				Type of Facility	3030				
460 Route 70				10	rpg_remack.compveEd	School (K-12) 3 (Other than K-12	1)			
Street Address							rivate and comme		ilding	s,	
460 Route 70			3			homes, etc.)				700	
City (5)						Square Feet	# of Floors		dg. A	ge	
Mariton			- 6	100		9000	1	1 "	12		
County (6)			Coun	ity Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Burlington						Vacant					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)	11 12 2	1			100
VERTEX			NA		Alliance Env	ironmental Sys	stems				
Street Address			Ya.	500	Street Address	Te gran				10	
700 Turner Way					550 East Uni	on Street					
City, State, Zip Code					City, State, Zip C	ode					
Aston, PA 19014					West Cheste	er, PA 19382					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Don Heim		61	0-558	-8902	610-701-9000	0	00508				
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA	Monitor					
4 / 1 / 13	_4_ /	8	_ / _	13	VERTEX						
Occupancy Status During Abatement (Check only	one)			Street Address	34.5					
☐ Facility Closed/Vacated During Enti					700 Turner V	Vay					
☐ Abatement Performed Outside of No.				cribe	City, State, Zip C	ode	14 10 10 10 10 10 10 10 10 10 10 10 10 10			,	
Time of Abatement: 7AMPN	// <u>3:30</u> PM		AM		Aston, PA 19	9014					
Scope of Work (Check all that apply)									15.5		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovati emolitio			☐ Mini-End ☐ Gloveba	ntainment with Neg closure ag Procedure empted (*) and No		ıre			. 6 -
	Is	Locat	ion	T					atem	ent T	vpe
Location of		Norma			Description				_		T
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(13)		(12)	T		other miscellane	eous)				ate	0
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Retail Area				Floor N	lastic		7730 SF				
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City, State		2 0	1		Disposal Date	City, State			1		
Hazelton, PA					TBD	Imperial, P	A	50			0 8
Completed By (Print or Type)	Title	24		- 14	Signature		. D	ate		11	
Mark Griffin	Estima	tor			M	M		3-1	8-1	3	

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



					Owner/Operator (2						,
3 /21 /	13		JC P	enney C	orporation Inc.		13 MAR 22 PM				1 2
Agencies Notified Type Notification	on	-	Street A	ddress			77	9:5	0		-
⊠ EPA ☐ Initial			6501	Legacy	Drive		27/Com	. 4,	U'		
☑ DOLWD ☑ Amended		·		ate, Zip C			SICENSON	ROL			
☑ DHSS Amendmen				10, TX 7			-1101NG	. TUL			
□ DCA			Name o	f Contact		1	Telephone Numb	er		1979.	
(NJAC 5.23-6) Justinication			Sov	Thomas							
					FORMATION						
Name of Facility Where Abatement is Ta	kina Dloso	(2)	FAC	ILITIN	FORMATION	Type of Facility	(4)			-	
31 (S. 163) 163 (S. 164) 164 (S.	King Place	(3)				School (K-12	guen au				
Monmouth Mall-JC Penney						☐ Subchapter 8	(Other than K-12)	in S			
Street Address				WI			rivate and commer	cial buil	dings	•	
State Highway 35 & 36						homes, etc.)	# of Floors	DIA	g. Ag		
City (5)						Square Feet		7	7	5	
Eatontown						150000	2		5 .		
County (6)			Count	y Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	nea)			
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Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASCM N	10.	Name of Abateme						
Hillmann Consulting LLC			6225	2	JVN Restora	tion Inc	2 2				
Street Address	1 11 1				Street Address				(*E) (I		
1600 Route 22 East					47 Foster Ro	ad					
City, State, Zip Code		4	-		City, State, Zip C	ode					
Union NJ 07083					Staten Island	1					
Project Manager for Monitoring Firm		Tele	phone N	No.	Telephone No.		License No.	1 35		10	- 1
Tom Rubino	127	90	8-956-	1222	718-605-6256		00774				100
			0000	1233	/ 10-003-0230	,	1867 (1767 (1767 (1767))				
Start Date (10) So	cheduled C				Name of OSHA N			-			
Start Date (10) So	cheduled C	omple		e (11)							
2 / 25 / 13	_ 5_ /	omple 25	tion Dat	e (11)	Name of OSHA N						
2 / 25 / 13 Occupancy Status During Abatement (C	5/ heck only of	omple 25 one)	tion Dat	e (11)	Name of OSHA N Testor Tech	Monitor				(1)	
2 / 25 / 13 Occupancy Status During Abatement (C ☐ Facility Closed/Vacated During Entire ☒ Abatement Performed Outside of No.	5 / heck only of Period of rmal Facilit	omple 25 one) Abater y Hour	tion Dat	e (11) 13	Name of OSHA M Testor Tech Street Address 10 59 Jackso	n Avenue				œē.	
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2		omple 25 one) Abatei y Hour	tion Dat	e (11) 13	Name of OSHA M Testor Tech Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110 Full Cor	on Avenue ode ode otainment with Ne	gative Pressure on-Friable Procedu	re			
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2 / 25 / 13 Occupancy Status During Abatement (C □ Facility Closed/Vacated During Entire ⊠ Abatement Performed Outside of Nor Time of Abatement:AM Scope of Work (Check all that apply) □ >3 sf or ≥3 lf	5 / heck only of Period of rmal Facilit PM/10:0	omple 25 one) Abatel y Hour 0PM-0 enovati emolitic s Local	tion Dat	e (11) 13 cribe	Name of OSHA M Testor Tech Street Address 10 59 Jackso City, State, Zip C LIC, NY 1110 Full Cor Mini-End Gloveba Non-Exc	on Avenue ode ode otainment with Ne closure ag Procedure empted (*) and No	on-Friable Procedu	Aba			
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MAY 11

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

Date of Notification (1)	21 / 13		7,			g Owner/Operator (Corporation Inc.	2)	2013 MAR 22				
Agencies Notified EPA	Type Notification		- 0		Address 1 Legac	v Drive	- A	185970	M 9	: 50)	
☑ DOLWD ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Amended Amendment #	-	í	City, S	tate, Zip (Code		& LICENSII	NTR	01		
☑ DCA (NJAC 5:23-8)	☐ Emergency (in justification) ☐ Cancellation	cidaling			of Contac		-	Telephone Numb				
				FAC	ILITY IN	IFORMATION		7.2				
Name of Facility Where A Ocean County Mall Street Address		g Place	(3)			7) (Other than K-12)		م دادان		
1201 Hooper Avenu	ue						homes, etc.)	ivate and commer	Ciai bu	liuling	5,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	je	
Toms River							150000	2	7	75		
County (6) Ocean		- 10-1		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)		-			
Hillmann Consultir				6225	2	JVN Restora	tion Inc					
Street Address		7.7	200			Street Address						, /-
1600 Route 22 East	t					47 Foster Ro	ad					
City, State, Zip Code		1				City, State, Zip Co	ode					
Union NJ 07083						Staten Island	E .					
Project Manager for Mon	itoring Firm		Tele	phone l	No.	Telephone No.		License No.	201111		-	100
Tom Rubino			90	8-956	-1233	718-605-6256	3	00774				
Start Date (10) 2 / 25 /	and the same of th	duled C		tion Da		Name of OSHA M Testor Tech	Monitor					
Occupancy Status Durin		k only o				Street Address				-	_	-
☐ Facility Closed/Vacat				nent		10 59 Jackso	n Avenue					
Abatement Performed Time of Abatement:	d Outside of Norma	I Facility	y Hour	s - Des		City, State, Zip Co	ode	3.			7	
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ll that apply)		novati			☐ Mini-End ☐ Gloveba	g Procedure	native Pressure	re			
			Locat				Un e		Ab	atem	ent T	уре
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACM) ATED	Use Ma	Norma d Sole intena todial (12)	ely by nce/	Asbe (i.	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscelland	nterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								
2 nd Level Home Stre	et Dept.		M		VAT/M	ASTIC		15,250SF				
1 st Level Joe Fresh I	Dept				VAT/M	ASTIC		1,800SF				
					Q-,					Ш	Ш	П
					41.5							
Name of Registered Wa Global Waste Indu				JDEP I lauler II NJ-22	D No.	Cubic Yards of Waste 80	Name of Regis					ì
City, State Hackettstown, NJ	+-1					Disposal Date 5/25/13	City, State Morrisville	PA .		1	Š.	
Completed By (Print or T	221 2	e Senior	Proje	ct Ma	nager	Signature	recly		ate 3 2	1/1	3	
ASB-41						1				1		

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



3 /						g Owner/Operator (4)					
	21 / 1	13		JC	Penney	Corporation Inc.	2	2013 MAR 22	N E	4		
Agencies Notified	Type Notificatio	n	-	Street	Address			- 118H 55	PM ~			
☑ EPA	☐ Initial		25,	650	1 Legac	v Drive	\$	& LICENS	1119	: 51)	
□ DOLWD				10.00	tate, Zip			103 N TO 8 14	A			
☑ DHSS	Amendment	# <u>3</u>			a committee en com			& LICELS	$UVII_{R}$	171		
☑ DCA	☐ Emergency		9	14	no, TX 7			5411	MG	VI.		
(NJAC 5:23-8)	justification)			Name	of Contac	t e		Telephone Nur	nber			
	☐ Cancellation	1		Soy	Thoma	S		1				
				FAC	CILITY IN	FORMATION			76			
Name of Facility Where		ing Place	(3)				Type of Facility	100				
Woodbridge Cente	er-JC Penney						School (K-12		0 \			
Street Address								8 (Other than K-1 rivate and comm		ildina	10	
428 Woodbridge Co	enter						homes, etc.)		siciai bi	munig	13,	
City (5)					:		Square Feet	# of Floors	R	dg. A	ne ·	
Woodbridge NJ							150000	2	- 1	75	gc	
				7						15		
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	ished)			
Middlesex												
Name of Monitoring Firm	Hired by Building	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Hillmann Consultin	ng LLC			6225	2	JVN Restorat	tion Inc					
Street Address						Street Address						-
1600 Route 22 East						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co						
Union NJ 07083						Staten Island	l					
Project Manager for Mon	nitoring Firm	-111	Tele	phone I	No.	Telephone No.		License No.		101		
Tom Rubino			90	8-956	-1233	718-605-6256		00774				
TOTTI KUDITIO							,					
	Sch	eduled C	omple	tion Da	te (11)	Name of OSHA M		* 91 / FILE 1995				
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Start Date (10) 2 / 28 /	13	5/	28		Property and a second							
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Start Date (10) 2	g Abatement (Che ed During Entire F d Outside of Norm AM- ill that apply) of Material (ACM) ATED ity Dept.	5 / eck only e Period of nal Facilit PM/10:0	28 one) Abaten y Hour OPM-6 enovati emolitic s Locat Norma ed Sole sintena todial (12) No	ment s - Des 6:00AM on ion illy lly by nce/ Staff?	Asbe (i.e. VAT/M.	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Cont Glovebay Non-Exe Description co estos Containing Ma e., thermal systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 40	In Avenue ode 1 tainment with Neclosure g Procedure mpted (*) and No of sterial (ACM) insulation, , or ous) Name of Regis G.R.O.W.S	Amount (Specify SF or LF) 4670 SF 1500 SF	A Removal			T .
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Start Date (10) 2	g Abatement (Che ed During Entire F d Outside of NormAM	5 / eck only e Period of nal Facilit PM/10:0	28 one) Abater y Hour OPM-G enovati emolitic s Locat Norma ed Sole sintena todial (12) No	ment s - Des 6:00AM on ion illy ly by nce/ Staff? N/A D JDEP V auler IE NJ-22	Asbe (i.e.	Testor Tech Street Address 10 59 Jackso City, State, Zip Co LIC, NY 1110 Full Conf Glovebag Non-Exe Description of estos Containing Mae, thermal systems surfacing, VAT other miscellane ASTIC Cubic Yards of Waste 40 Disposal Date	In Avenue In In Avenue In In Avenue In In Avenue In In Avenue In I	Amount (Specify SF or LF) 4670 SF 1500 SF	A Removal			T .

	N			OF ASBES to NJAC 8:6			INT C	lock	1-		7	
Date of Notification (1) 3/19/13		1		Building Ow		ator (2)	2013 MAD	22 PM 9:50				
Agencies Notified Type Notification EPA Initial			Street Ad 90 Chu	^{ddress} urch Stree	et		100 m	22 PM 9:5	n (4.5		
DEP Amended X DOL Amendment #				te, Zip Code way, NJ(& LICE	NSW IRD	,			
Emergency (ii DOH DCA Emergency (ii justification) Cancellation	ncluding	- 1	Name of Tanya	Contact				Télephone Nun	nber			
			FACI	LITY INFOR	RMATION	-	<i>y</i>					
Name of Facility Where Abatement is Taking house	Place (3)					_ F	ype of Facility (4) \			
Street Address 64 Church Street								ivate & commerci	al build			98,
City (5) Rockaway						100	Square Feet 500	# of Floors	5 S	ldg. A O	ge	
County (6) Morris				Code (7) USE ONLY)		C	Current Use (Prio	r if being demolish	ned)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	/ No.			Abatement Cont nvironmental	tractor (9) Services, LLC			10	
Street Address					5000		ddress ate Drive, PO	Box 483				
City, State, Zip Code					Cit	ty, Sta	te, Zip Code ood, NJ 074	2 20				
Project Manager for Monitoring Firm		T	Telepho	ne No.	Te	lepho	ne No. 33-8500	License N	0.	11/2		
Start Date (10) 3/27/13	Schedule	d Con	pletion	Date (11)			OSHA Monitor					-
Occupancy Status During Abatement (Check	Patrician Control	e)			Str	reet A	ddress	- 1				
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe:					Cit	ty, Sta	te, Zip Code					
Scope of Work (Check All That Apply)							71 75 71					-70.0077-2-2
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit	1107-1100				Mini-Enclosure Glovebag Proc				e	
		Locati								Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	lormal d Sole intenai odial S (12)	ly by nce/	(i.e. th	Description Descri	ng Ma tems i , VAT	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure	
1 2	Yes	No	N/A						-		Ф	
basement			X	enclose	plaster w	valls	with drywall	200 SF	-		-	X
					***	-						
				1					1			
Name of Registered Waste Hauler	A		IJDEP V lauler ID		Cubic Yard of Waste	ds	Name of F	Registered Landfil				
City, State			-		Disposal D	Date	City, State					
Completed by Andrew Scott Higgins	Title Presi	dent			Signa	ature	De		ate /19/13	3	1000	

Date of Notification (1)			T			. 6	26100	X 10	CX)()		
3/19/13			Name Engl	of Building ewood H	Owner/Opera	tor (2)	ZUI3 MAR 2	22 PM					
Agencies Notified Type Notificatio	n		Street 350 I	Address Engle Sti	reet	ð	abtistin	17.0	1.00)			
DEP Amended Amendmen	nt #			state, Zip C	ode NJ 07631		- LICE	NSING	10L				
□ Emergence)	g	Name	of Contact			17	Telepho	ne Nu	mber		<u> </u>	
Cancellation	·11				ORMATION	-							
Name of Facility Where Abatement is Tak Room 256	ng Place	(3)	170	SILITI HAT	ORMATION	Ty	/pe of Facility	(4)				7	
Street Address 350 Engle Stret	10		(8)		1 1/05 2 1/05	×	Other (i.e. p	12) r 8 (Other the private & cor	an K-1 nmerc	2) ial bui	ldings	s, hon	nes,
City (5) Englewood			721 311			So	etc.) quare Feet	# of Floo	ors		Bldg.	Age	
County (6) Bergen				Code (7)	0	Ct	urrent Use (Pri	or if being de	emolis	hed)		7	*****
Name of Monitoring Firm Hired by Building Hillmann Environmental Group	3)	622	M No. 52			Abatement Cor		, LLC)	*			
Street Address 1600 Route 22 E			3 - 7		Stre	et Add							
City, State, Zip Code Union, NJ 07083					City,	State	, Zip Code od, NJ 074						- 77
Project Manager for Monitoring Firm Mike Nehlsen	Union, NJ 07083 Project Manager for Monitoring Firm						No. 3-8500		ense N	lo.			
Start Date (10) 3/20/13	Schedu 4/30/1			588-7800 Date (11)			SHA Monitor	1700		.1		-	
Occupancy Status During Abatement (Che	ck Only O	ne)			Stree	et Add	Iross	uda y					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of	Ahater	nent s				, Zip Code		17				
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				X C	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				0	
Location of		Locat Normal					Ton Exempted	() and (40)	I-i Hab	1	Abate	ement pe	:
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intena todial S (12)	nce/	Asbest (i.e.	Description tos Containing thermal system surfacing, V. other miscella	Materns ins	ulation,	Amoun (Specifi SF or LF	y	Removal	Repair	Encapsulate	Enclosure
Room 256	Yes	No	N/A									te	(D)
Room 256		X		pipe fittir	75.0		30		x				
NOOHI 200	9711	X	- 5 M	floor til	e 		1500 S	F	x				
				100	-								
Name of Registered Waste Hauler	N	JDEP W	/aste	Cubic Yards		Name of R	legistered La	andfill					
reehold Cartage		auler ID 5939	No.	of Waste			N Landfi						
City, State Freehold NJ							City, State Morrisvil						
Completed by Andrew Scott Higgins	pleted by Title								Dat 3/1	e 9/13			

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550144	,		ICATION ursuant	to NJAC	ew Jersey BESTOS ABA 8:60 and 12	2:120)		2012			Ve	· Sha
Date of Notification (1) 3/14/13	14				Owner/Oper Transit Co			2013 H	AR 22	P	1 9.	E.
Agencies Notified Type Notification EPA Initial			Street A Çarlto		t, PO Box	4262	2 .	\$ L	100	COM	7.72	V.
DEP Amended Amendment				ate, Zip C nwold, N	ode NJ 08084				CLIN,	TINO	1110	1[
DOH justification) DCA Cancellation			Name o	f Contact inder				Telephone N	Viimher			
Name of English Whore Abstament is Takin	a Place (2	2/	FAC	ILITY INF	ORMATION		Type of Escility (4)				
Name of Facility Where Abatement is Takir Ferry Avenue Substation Street Address	ig Place (3	·) ——					Type of Facility (School (K-1	sato de	12)			
PATCO Ferry Station, Colts Avenue	ie					Ī		rivate & comme	rcial bui			es,
City (5) Camden						- 1	Square Feet N/A	# of Floors N/A	- 1	Bldg. / +20yl	-	
County (6) Camden	e _w			Code (7) USE ONL	n	-	Current Use (Prid	or if being demo	lished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	M No.			f Abatement Cor la Services, L					
Street Address							ddress B Lucon Road	1				
City, State, Zip Code	-				200		ate, Zip Code ack, PA 1947	4				
Project Manager for Monitoring Firm		T	Telepho	ne No.	Те	elepho	one No. 39.5634	License				
Start Date (10)	Schedule		- 4	Date (11)) Na	ame o	f OSHA Monitor la Services, L	1				-
03/28/73 Occupancy Status During Abatement (Chec	ck Only Or		8/13		Str	reet A	ddress					
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:					Cit	ty, Sta	B Lucon Road ate, Zip Code ack, PA 1947					
Scope of Work (Check All That Apply)						kippe	ack, FA 1547	•	-			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Mini-Enclosure Glovebag Prod				re	
	10.000	Locat									emen /pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial (12)	ely by nce/		Descrip stos Containir thermal syst surfacing other misce	ng Ma tems i	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
NA L. L. A	Yes	No	N/A					0415		-	Ф	
Manhole A Manhole B	X						ectric cable ectric cable	24 LF 24 LF	X	-		-
Marinole B	1^	-		wiapi	insulation c	JII GI	ectric cable	24 L1	^A	+		-
	1/1/1/1	7. 11.52							9			
Name of Registered Waste Hauler American Disposal Systems, Inc.	(Seed	F	JDEP W lauler ID W2069	No.	Cubic Yard of Waste	ds		Registered Land caro - Pione		sing		
City, State Lumberton, NJ					Disposal D	Date	City, State					
Completed by Caroline M. Harper	Title Proje	ct Ma	anager		Signa	ature	0/11/1		Date 3/13/1	3		
					100	-	1/100	4		-	-	_

	N	OTIFICAT (Pursua	nt to <u>N.J.A.</u>	3ESTOS ABA C. 8:60 and 1	2:120) <i>2(</i>	MI3 HAR 22 PM				
Date of Notification		4	ame of Building	Owner / Operator	(2) 🐇 🤌	\$53108 pm	9: 5	0		
Agencies Notified EPA DEP	3/15/2013 Type Notification Initial	S 2	treet Address 9 Lynn Lane ity, State & Zip C	Code		SESTOS CON ELICENSINO	RO	<u> </u>		
□ DOL □ DOH □ DCA	Amended Emergency Cancellation	N	lanahawkin, N ame of Contact aul Dengler	J 08505	20	Tele	ephon	e Nu	mbe	r
	7.		FACILITY INF			E. FOR 1008 178				
Name of Facility W Residence Street Address 29 Lynn Lane	here Abatement is Ta	king Place (3)		Type of Facility School (K Subchapte Other (i.e. Square Feet	-12) er 8 (Other tha	mercial buildings,	home		c.)	
City (5) Manahawkin	County		inty Code (7)	1000 Current Use (F Residential	Prior if being de	emolished)		50		•
Name of Monitorin	g Firm Hired by Buildi	ng Owner (8)	ASCM No		ement Contraction	tor (9) rvices				
Street Address			i de la companya de l	Street Address 2129 Route	33					
	ity, State & Zip Code roject Manager for Monitoring Firm			City, State & Z Hamilton, N Telephone Nu 609-847-295	J 08610 imber	License Nur	nber 0109	1		7,
Scheduled Start D		led Completio	n Date (11)	Name of OSH EMSL Analy	A Monitor					
Occupancy Status Facility CI Abatemer Describe: Facility Oc	S During Abatement (Coosed/Vacated During of the Performed Outside of the Coupled During Abater	Check only one Entire Period of of Normal Hor	of Abatement	Street Addres 107 Haddon City, State & 2 Westmont,	Ave. Zip Code					
Scope of Work (C			Renovation Demolition		Mini-En	ntainment with Ne closure Bag Procedures rempted and Non-l				
	Location of		Location	Description	n of	Amount (Specify		ateme		
N N	estos-Containing laterial (ACM) O BE ABATED in Facility (13)	Mair	nally Used colely by stenance or odial Staff? (12) No N/A	Asbestos-Con Material (A (i.e., thermal s insulation, surfac or other miscell	CM) ystems cing, VAT	SF or LF)	Removal	Repair	Encapsulate	Encisoure
Exterior	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			siding		1000sf				F
Name of Registe	red Waste Hauler		NJDEP Was Hauler ID No 00033330	te Cubic Yards of Waste	Name of Reg	gistered Landfill				114
City, State	OIGINEIGIAL			Disposal Date	City, State					
Trenton, NJ			T.1	4/3/2013	Morrisville	, PA	Date			
Completed By (F Rod Richards	Print or Type)		Title Project Manager	Signature Rock /	Richard	lson	- 100	5/20	13	

			Man	ne of	Building	Own	er / Operator (2) " 5点Cc	., 3.	DB				1
ate of Notification (. 1		ssman		· (8110	S CONTRO					_
	3/15/2013	<u> </u>			Idress	_			MSIMORC	IL.				
9	Type Notifica	ition	360	18B L	ona Be	ach	Boulevard	1	1784				_	
⊠ EPA			City	. Stat	te & Zip C	Code								
☐ DEP			Bra	ant B	each, N	J 08	8008	3 1 5 1 5 1		Talanh		Alum	ahor	\dashv
⊠ DOL		gency	Nai	me of	Contact		1		1	Telepho	one	Nun	ibei	- 1
DOH DOH		ellation			engler				1					
☐ DCA	Ц ошно	O.I.L.	A STANKE		- 00 - 00	EOD.	MATION		1 - 11 1				ah.	
				ACI	LITTIME	TOK	Type of Facility	(4)				3.		
lame of Facility Wh	ere Abateme	ent is Taking Pl	lace (3)				School (K-1							
Residence				-		-	Cubchanter	8 (Other than	K-12)					- 6
Street Address							Other (i.e.	orivate & comr	nercial buildir	ngs, hor	nes	, etc	:.)	
608B Long Bead	ch Bouleva	ırd				-	Square Feet	# of Floor	s	Bldg. A	ge			
			d= (7)		2000		1		5	0				
City (5)	Coun	ty Co	de (7)	1	Current Use (Pr	ior if being de	molished)		-12	771.		-11-3		
	ame of Monitoring Firm Hired by Building Own							ioi ii being de						1
					Residential		or (9)			7				
Name of Monitoring	ner (8)		ASCM N	0.	Name of Abate	ment Contract	vices							
Vallie of Worldoning	10 No. 100				Alpha Enviro	nmental Sei	AICCS							
Street Address					Street Address 2129 Route 3									
Oli CCL / Idai GG				-	City, State & Zi					9-16-1				
City State & Zip Co					Hamilton, NJ	08610								
-0.8 0000	ity, State & Zip Code					_	Telephone Nur	nher	License	Numbe	er		9/10	
Project Manager fo	r Monitoring	Firm	Teleph	one l	Number		609-847-2956			01	091			
						_	Name of OSHA						* 3	00
Scheduled Start Da	ate (10)	Scheduled Co	mpletion	Date	(11)		EMSL Analy							
3/26/210	13	3/29/2013				-	Street Address				-	1-30		
	During Abot	ement (Check	only one)			107 Haddon							
Encility Clo	Sed/Vacated	During Citure	r enou o	1,100	tement		City, State & Z		14.					
Abatement	Performed	Outside of Norr	mal Hou	rs – 7	am to 3p	m	Westmont,	1108408						
Describe:							westmont, r	40 00 100						
☐ Facility Oc	cupied Durin	g Abatement									-			
Scope of Work (C	neck all that	apply)						T Full Cor	ntainment with	n Negat	ive	Pres	sure	
Coope or				_				Mini-En						
≥3 sf or ≥3	lf .		Ц		ovation				ag Procedure	es				
≥160 sf ≥2	60 If		\boxtimes	Den	nolition				empted and I		able	Proc	cedu	re
									Amoun	t I	Aba	teme	ent T	vp
	Location of			ocati			Description Asbestos-Cont	•	(Specify				I	
	stos-Contair	ning		nally l			Material (AC		SF or LF		_		m	
	aterial (ACM			olely l	ce or		(i.e., thermal sy	/stems			en en	Re	Cap	
TO	BE ABATE	D			Staff?	in	sulation, surfac	ing, VAT			Remova	Repair	Encapsulate	
	in Facility		Cusio	(12)	Julii.		or other miscella	aneous)			<u>a</u>		ate	
F. F. C.	(13)		Yes	No	N/A				De se					-
and a world of the control			1	X	\Box		siding		1800sf		\boxtimes	Ш		L
Exterior														L
	De 18/1 LT			N	IDEP Wa	aste	Cubic Yards	Name of Reg	gistered Land	fill			j.	
Name of Register	red Waste H	auler		P-1 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	auler ID N		of Waste							
					033330		4	Grows Lan	dfill					_
ALPHA ENVIR	ONMENIA	<u> </u>		100			Disposal Date	City, State						
City, State									D4					
- 4 - 511			17				4/3/2013	Morrisville	, PA	- 1=		-	-	
Trenton, NJ		12 P-12		Ti	tle	-	Signature	The second	4		ate		142	4
	Completed By (Print or Type)						CONTRACTOR OF THE PARTY.			- 13	113	DIZU	13	
Completed By (P	ompleted By (Print or Type) od Richardson						0 1	Richard	1100					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120) 2013 MAR 22

Ch+ 1396

te of Notification (1)	(Name of Building Owner / Operator (2) Keith Wacker Street Address 20 Claudia Lane									4		
3/15/201	3			dress			Q.	LICEUSUN	IRm					
encies Notified Type Noti	fication							PINIONIA	3.01			-		
0110.00		39 C	laud	lia La	ne l	·	-							
[7] Ini	tial	City,	State	e & Zip	Code									
	nended	Man	aha	wkin,	NJ 0	8505		Te	lephone !	Numb	per			
	nergency	Nam	e of	Contac	t			1						
				ngler				-				_		
DCA C	ancellation				11.0									
			ACIL	ITY IN	IFOR	RMATION	0							
a Abat	ement is Taking Pla	ace (3)				Type of Facility (4) School (K-12)								
ame of Facility Where Abate	entent is raking				1	School (K-12	2)	K 12)						
esidence						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
treet Address						Other (i.e. pr	s, nomes,	Cio.,		_				
9 Claudia Lane					13	Square Feet	# of Floors Bldg. Ag							
9 Claudia Luiio						Marine and the second of the College		1 50						
	County (6)	Count	y Co	de (7)		1000	1	aliahad)						
city (5)				X		Current Use (Price	or it being dei	molistieu)						
Manahawkin	Ocean					Residential	W. J. S. L.					-		
	4 - 4 - 5	4 - M	-		NI	Name of Abatem	ent Contract	or (9)						
- Manitaring Firm Hir	ner (8)	1	ASCM	No.	Alpha Enviror	mental Ser	vices			10.71	_			
lame of Monitoring Firm Fill	me of Monitoring Firm Hired by Building Owne					Alpha Enviror	intental oci							
						Street Address	- 1							
Street Address						2129 Route 33	3							
			-		7. 7.	City, State & Zip	Code							
City, State & Zip Code						Hamilton, NJ	08610							
4	11 11 11 11	1-		la melle e s		Telephone Num	ber	License N						
Project Manager for Monitor	ring Firm	Telepho	one N	umbei	in the	609-847-2956			01091					
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(40)	Scheduled Co	mpletion	Date	(11)		Name of OSHA	INIOUILOI							
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Name of Facility Where	Abatement is Takir	ig Place (3)	FAC	LITY INFOR	HOITAN	Type of Lacidly	(V) ANDVI	- Partier		-15	3		
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Project Manager for Men Fony Espirito	toring First		Telcoho (856)/	ne No 55-9300		755-0099	00842	dy	1				
Star Date 10) March 20 2013		Schoduled Co March 27,	Programme and the second	Date (11)	Name :	of OSHA Murdice							
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

	Name of Building			100						
Date of Notification (1) March 19, 2013	March 19, 2013				20 anyan	213	37	lon.		
r 1	l Notification	Street Address	186 N	Mantoloking Road	ZORHAR LICEL	55 4	7/10			
[x] DOL Amer	nded Notification ndment # gency (including	City, State, Zip Co	ode (Brick	, New Jersey 08723	LICEN	CON). Do	Sc		
[] DCA justifi	ication) ellation	Name of Contact Rich	Zarrilli	Те	lephone Number	"Mn	*177	,		
	FA	ACILITY INFORM	MATION							
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12) Subchapter 8 (ot	her than	ı k12)			
Street Address 538 West Shore D	rive			[x]	Other (i.e., priva- homes, etc.)	te & coi	mmerc	ial buil	ldings	
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 1800 sf	# of Floors Bldg. Age 1 60					
Brigantine	Atlantic		Current Use (Prior if being demdished) Residence Name of Abatement Contractor (9)							
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of		9) 1 Contracting,	Inc				
Street Address			Street A	ddress	ute 9, Unit 61					
City, State, Zip Code			City, Sta	ate, Zip Code	ver, New Jerse	ey 087	55-1	271		
Project Manager for Monitoring Firm	Telephone Numb	per		one Number 19-9932	License Number 00624					
Scheduled Start Date (10) 3/20/13	Scheduled Comp 3/21/13	letion Date (11)	Name o	f OSHA Monitor E.M.S.L	. Analytical					
Occupancy Status During Abatement (Check	conly one) ed During Entire Period of	Abatement	Street A		elton Road					
Abatement Performed Other - Describe	Outside of Normal Facility	y Hours	City, St.	ate, Zip Code Piscataw	ay, New Jerse	y 088	54			
Scope of Work (Check all that apply)			Ę	Full Containment v	with Negative Pre	ssure				
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		ovation	[[x	Glovebag Procedu		Procedu	ire			
						Abate	ement	Type		
Location of Asbestos-Containing Material (ACM)	Is Location Normally used Solely by		Description Descri	ntaining ACM)	Amount (Specify SF or LF)	R E M	R E P	E N ·C	E N C L	
TO BE ABATED in facility (13)	Maintenance/Custodi Staff (12) YES NO N/A	ins	sulation, su VAT, her miscel	urfacing, or	of LI')	O V A	A I R	A P S U L	O S U R	
Paramina	YES NO N/A	Asbestos sidi	nα		1750 sf	X		Е	Е	
Exterior	A	Asoestos sidi	ng			1			-	
					17 - 1011					
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hat 20223		ards of Wa	ste Name of Register T.R.R.F.	ed Landfill	13	3	- top to		
City, State	Dis	posal Date 22/13	City, S		1 1 1 V	2		ALC: Y		
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	. A s	VIII, i cinisyivania		Date	0/201:	3		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) March 18, 2013		Name of Building		erator (2) as Seidel 2013	yen Ur	2	13	75	_			
r., 1	ion Notification ded Notification		Street Address	e neen	uth 2 nd Avenue	MAR 22 PM	9: 5L)				
[x] DOL Amend	dment #ency (including		City, State, Zip Co	de Highla	and Park, NJ 08904	ICEMSING	ROL					
[] DCA justific			Name of Contact Doug	as Seidel	1400	elephone Number		_				
- Par I - I - I - I - I - I - I - I - I - I		FACI	LITY INFORM	IATION								
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4) []	School (k-12) Subchapter 8 (oth	ner than	ı k12)				
Street Address 24 South 2 nd Avenu	ie				[x]	Other (i.e., privat homes, etc.)	te & co	mmerc	ial buil	dings,		
City	County (6)		County Code (7) (STATE USE ONL	Y) -	Square feet 2000	# of Floors	-	. Age	0			
Highland Park	Middlesex	- 4	a 12 14 14 14 14 14 14 14 14 14 14 14 14 14	i, maj gr	Current Use (Prior if Residen	ce)					
Name of Monitoring Firm Hired by Building Guardian Contracti			ASCM No.			(9) in Contracting,	Inc.					
Street Address 1889 Rte. 9, Unit 6	1			Street A	1889 R	oute 9, Unit 61						
City, State, Zip Code Toms River, NJ 08	755	111-4				iver, New Jerse		755-12	271			
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone N 732-349-9				elephone Number License Number 32-349-9932 00624							
Scheduled Start Date (10) 4/3/13	Scheduled C 4/5/13	ompletio	on Date (11)	16.0		Analytical						
Occupancy Status During Abatement (Check [x] Facility Closed/Vacated Abatement Performed O	During Entire Perio			Street A	1056 St	elton Road		12 12 12				
Other – Describe				City, Sta	ate, Zip Code Piscatav	way, New Jerse	y 088	54				
Scope of Work (Check all that apply)				[]	Full Containment Mini-Enclosure	with Negative Pre	ssure	14				
$ [x] >3 sfor \ge 3 lf \ge 160 sfor \ge 260 lf $		Renovat Demolit		[x]		are) and Non-Friable	Procedi	ire				
(* 1 miles) 1 miles 1							Abat	ement	Туре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED in facility Solely by Maintenance/Custodia Staff					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		
Basement	X	1 1 1	Asbestos pipe	insulatio	on .	20 lf	X					
	4 - 2 - 4 - 1 - 1				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1							
				professor		Springer to a				1 -1		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	223	2	ards of Was	T.R.R.F.	red Lardfill						
City, State Toms River, New Jersey	Dispos 4/8/13		City, St Tullyt	tate town, Pennsylvania		LD						
Completed by (Print or Type) Nicholas Fernicola	Signature	chol	ten	/	3/18	3/201	3	9				

CK2014

Nate of Notification (1) 3 /19/13					Name of Building Owner/Operator (2) Dave Kirk/ Private Home Street Address 34 South Burgee										
Agencies Notified	Type Notification			Street A	ddress	nee	Å,	1, 5.	HHK SS	PMS	: 5 _B				- 54
EPA DEP DOL	Initial Amended Amendment Emergency		<i>'</i>	City, Sta	te, Zip C		- (8	LICEN	SINC	ROL				
DOH DCA	justification) Cancellation			Name of Dave	Contact					Telep	hone Nu	mber			
Name of Facility Where	hatement is Takin	n Place (3)	_	FACI	LITY INF	ORMATIO		Time	-6 Fillh - /	4	- A -				
Dave Kirk / Private	Home	y Place (3)							of Facility (4	A 19 1					
Street Address 34 South Burgee	8							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Other			dings	hom	es,
City (5) Tuckerton NJ 0808	7								e Feet	# of F	loors	1000	ldg. <i>A</i> 5+	ge	
County (6) Ocean				County C		0	1	Currei Hous	nt Use (Prid Se	or if being	demolis	hed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	11	ASCM	l No.		Name o Perna		ement Con	tractor (9)			. 11.5	
Street Address						Street PO E						ole I		. 7	
City, State, Zip Code	city, State, Zip Code						City, Sta West		p Code n NJ 080	91					
Project Manager for Mon	Project Manager for Monitoring Firm							Felephone No. License No. 856-753-9800 00727							
Start Date (10) 3/28/13		Schedule 4/5/13	d Cor						A Monitor						
Occupancy Status During	Abatement (Chec	k Only One	e)				Street A	ddres	s		Ŷ.		-		
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire led Outside of Norn	Period of A nal Facility	bater Hour	nent s			City, Sta	ate, Zi _l	p Code						
Scope of Work (Check A	I That Apply)											-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emoli				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure				e	
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Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	Material (ACM)	Used Mair Custo	d Sole ntena odial ((12)	ely by nce/ Staff?		stos Conta . thermal s surfaci		aterial insula , or		(Spe	ount ecify r LF)	Removal	Repair	Encapsulate	Enclosure
Exterior S	iding	Yes	No	N/A		Evtori	or Sidi			100	0.04	-		6	-
Exterior o	iding			X		Exten	ior Siai	ng		120	0 Sf	x			+ -
									100						
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United Containers	te riadici		H	IJDEP W lauler ID 2459			Cubic Yards Name of Registered Landfill G.R.O.W.S								
City, State Elm NJ						Disposa 4/5/13		2	City, State Morrisvi		19067			1.4	
Completed by Title Anthony T Perna President				5-5 1 30		Sig	gnature		*(i		Da	ite 19/13	3	- 1	

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VV I		Street	Addres	s & /	ICENS,	VILTO.	1 3/1	(signature)	+1 74	1		
ST leibel		128 Pe	ennypa	cker Drive	CENSI	Min MI	Date: 5/6	SI/4 Time		10		
CrA Standed	1	City, S	State, Z	ip Code			-6					
Amendment #		Willie	oporo	NJ 08046			TT	lephone Number				
DHSS DCA Emergency (In interiffication)	ncluding	Name	of Cor	ntact					386 1			
12.1.1.0 E.77 B1			ie Smi		200							
(NJAC 3.23-0) Cancellation		VALE	CHIT	Y INFORMA	TION			1 11			-	
			CILII				Facility (4)					
ame of Facility Where Abatement is Taking	ng Place (3)						ool (K-12)	other than K-1-2)				
ivate house						Sub Oth	er (i.e., priv	ate and commercial	building	5,		1
lreet Address						hor	nes, etc.)		Bldg. A			1
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28 Pennypacker Ditt								15.15.4	af:			4
Villingboro, NJ 08046		10	usans Ca	de (7) (STAYE	USE ONLY)	Currer	nt Use (Prior	rif being demolishe	a)			-
County (6)	0.551.4	Co	HIERY DO	00 (1) (0.11.4							-	_
		1		Name	e of Abaten	nent Con	tractor (9)	100000				
Burlington Name of Monitoring Firm Hired by Buildin	ng Owner (8)	ASC	M No.	1				The same of the same				
Italia vi ilia ila ila ila ila ila ila ila ila i	FW 845			Gr 1	ech LLC at Address							
412-00				1000								_
Street Address				576	Valley Ro	Code						
Tin Code				and the second second					11 12			
City, State, Zip Code					ne. NJ 07	410		License No.	45.200			
Project Manager for Monitoring Firm	1	eleph	one No		phone No.			01127				
				A CONTRACTOR OF THE PARTY OF TH	-638-1777	7		101(2)		;	1111	
7.8	cheduled Cor	npletio	n Date	1	ne of OSH							
Start Date (10)	03 /	18	1	Env	Hovision	Consult	ants, Inc	,			V	=
03 / 17 / 13				LSfr	eet Address	9						
	Check only of	e)										-
Occupancy Status During Abatement (C			ent	20-	21 Wagar	aw Roa	d, Bldg .#	34A				
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Check# 1579

Date of Notification (1)			Name	of Building	Owner/Operator (2)	y 12 /2					
03/17/13			Charlene Medina Street Address 1314 79th Street									
Agencies Notified Type Notification				Address		Pi	10. A		3. ATAMAN			
□ EPA □ Initial			13147	9th Street	444	farmin.	Telephone Numb					
☑ DOLWD	,		City, S	tate, Zip Co	ode ' 🖧	TIME CUR	70.		1			
☑ DHSS Amendment #2 ☐ DCA ☐ Emergency (including the property)			North	Bergen, N	IJ 07047	TICK NOIM	7401					
DCA Emergency (inc justification)	Juding			of Contact			Telephone Numb	er				
Cancellation	- 4		Charle	ne Medin	a			_				
			FAC	ILITY IN	FORMATION						100000	
Name of Facility Where Abatement is Taking	Place	(3)	-	7 40		Type of Facility	4)	1				
Private house						School (K-12					×	
Street Address					Assembly Tolor of the second		(Other than K-1 2) rivate and commerc		Idina	3		
1314 79th Street						homes, etc.)						
City (5)	, and the same			Square Feet # of Floors Bldg.						je		
North Bergen, NJ 07047												
County (6)			Count	y Code (7) (STATE USE ONLY)	Current Use (Pr	or if being demolis	hed)				
Hudson						8.0	and the second of the			- 13		
Name of Monitoring Firm Hired by Building (wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)						
		1			Gr Tech LLC							
Street Address		40			Street Address	in the second						
			-		576 Valley Rd #							
City. State, Zip Code					City, State, Zip C	ode						
					Wayne, NJ 0747	70						
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No.		License No.					
					973-638-1777		01127					
	duled C				Name of OSHA N	Monitor						
04' / 13 / 13)4/	14		13	Envirovision Co	ensultants,Inc		1				
Occupancy Status During Abatement (Chec					Street Address	+ 1						
☐ Facility Closed/Vacated During Entire Pe					20-21 Wagaraw		34A					
Abatement Performed Outside of Norma Time of Abatement:P	Facility	y Hour PM	s - Des	Cribe AM	City, State, Zip C	ode						
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TO BE ABATED IN Facility	5.500000		Staff?	(i.e	e., thermal systems surfacing, VAT		(Specify SIF or LF)	VOL	a r	psu	nso	
(13)		(12)			other miscellane		0 0. 2. 7	1 10		late	6	
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		نا						14	Ш		1	
Name of Registered Waste Hauler		NJ	DEP Wast	e Hauler ID No	Cubic Yards of Was	te Name of Regi	stered Landfill	1.15			and of	
Gr Tech LLC			00337	85	TBD	T.R.R.F. Inc						
City. State				78" - 1 T	Disposal Date	City, State		100				
Wayne, NJ 07470		4			TBD	Tullytown, F	Α -					
Completed By (Print or Type) Tit	e				Signature	11		ate				
	ner				1	leure v	enad 03	/17/20	013			
ASB-41	1101	_									-	

Date of Notice 3/13/13	otification	Name of Buildi GenOn REM		Sperator (2)	200 g	PH 10FX SUNT	9:50			
Agencies Notified X EPA	Emergency Notification	Street Address tion Sayreville St	ation, Rive	er Road		CENSING	801			
X DEP	Initial Notification	City, State & Z				Ç				
X DOL X	Amended Notification				F		Telephone Number			
X DOH	Cancellation	Name of Conta					Telephone Number			
DCA		Frank Skom								
		FACILITY								
Name of Facility Where	Abatement is Taking Playreville Power Pla	lace (3)		of Facility (4 School (K-12 Subchapter 8)	an K-12)				
	River Road			Other (i.e., pr	ivate & co	mmercial build	ings, homes, etc.			
	River Roau			re Feet	# of Flo		Bldg. Age			
/5\	County (6)	County Code (7)		50000	- H- N-	7	60			
City (5) Sayreville	Middlesex	County Code (1)	Curre	Current Use (Prior if being demolished) Power Plant						
Name of Monitoring Firm	n Hired by Building Ow		(0)							
Environmental Tacti Street Address	CS, IIIC	The state of the s	Stree	et Address Schoolhou						
64 Broad Street City, State & Zip Code			City,	State & Zip	Code					
Matawan, NJ 07747				roe Towns		08831				
Project Manager for Mo Tom Geiger	nitoring Firm	Telephone Numbe 732-290-2217	732	phone Numb - 605-9062		License	Number 00714			
Scheduled Start Date (1	0) Scheduled Co	mpletion Date (11) 4/20/13	Nam Glo	e of OSHA N bal Abatem	lonitor ent Serv	rices, LLC				
Occupancy Status Durin	ng Abatement (Check o	only one)		et Address Schoolhou	ise Road		421 %			
Abatement Perf	Vacated During Entire I ormed Outside of Norn	nal Facility Hours -	City	State & Zip	Code					
Describe: Arc Other - Describe	ea Isolated During A	Abatement	IAIOI	IIOE TOWIN	, , , , , , , , , , , , , , , , , , ,					
Scope of Work (Check Demolition Large Project Quantity is ≥ 3	X Renova SF or ≥ 3 LF ACM			X Mini-E	ontainmer Enclosure bag Proce		e Pressure			
	60 SF or ≥ 260 LF ACN ion of	Is Location	D	escription of		Amount	Abatement Type			
Asbestos- Materia TO BE / in Fa	Containing I (ACM) ABATED acility 3)	Normally Used Solely by Maintenance or Custodial Staff? (12)	M (i.e., insulati	stos-Contain aterial (ACM) thermal syste on, surfacing er miscellane	ems , VAT	(Specify Square Fee or Linear Feet	or Enclosure)			
		N/A		e Insulatio		1500 LF	Removal			
Exterior Groun		N/A	1.4	Transite	-,, -, -, -, -, -, -, -, -, -, -, -, -,	560 SF	Removal			
	ds/storage shed n- 4 units	N/A	Pipe/	Wire insula	ition	60/100 LF/ea	Removal			
Name of Registered W		NJDEP Waste Ha		Cu. Yds. of	Waste 0	Name of Re	gistered Landfill			
Freehold Cartag City, State Freehold, NJ		1000	And Special	Disposal D		City, State Tullytown				
Completed By (Print or Dominick Trings				Signature <i>Domin</i>	ick Trin	rgali	Date 3/13/1			

13 14:57 From:ASBESTOS				6096330664 To:973 956 8811							. 1		
1168			NOTIFI (P	ICATION	nto of Now Jo 1 OF ABBEST 10 NJAC 8:00	DE ARATE	MENT	1.	ETVEN	10[r	T) I
Dale of Molitication (1 3/19/2013	1 ,			Name of	Building Own	or/Operate	r (2)	THIRD	0 11	P	: U13		
Agongioe Notified	Typs Natification			Stroot A			- دارد در در دو		WAIVER A	PPI	30/	/FI)
EPA DEP DOL	Initial Amonded			City, Sta	te, Zip Code F SILVER, I	,		- (CE)	GING TOL	<u>u </u>	101		_
⊠ вон	Amendment Emergency (justification)		-	Name of	Contact			<u> </u>	Telephone Nu	mbor	n n		
	Cancellation	1			AM MULLIN					_	<u> </u>		*2 ***
MARKHAM PLA	5 MARKHAM PLACE IV (6) ITTLE SILVER							Other (I.e. p	2) B (Other than K-1 dvate & commerc	ial buil			00,
City (6) LITTLE SILVER		County Godé (7)					ro Feet	# of Floors		3ldg. A	180		
County (6) MONMOUTH	ouny (6) (ONMOUTH						Curro	ont Yee (Pric	if boing demalls	hed)		33	3. 60
Name of Monitoring	MONMOUTH Tame of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION, INC.				i Na			otement Con	iracior (9) CONTRACTIN	VG.			
Strept Address 120 NORTH WA	RREN STREET		1			250		HERFOR	D BLVD.				
City: State: Zip Code TRENTON, NJ 0	8608		58"53				Sity, State, Zip Codo CLIFTON, NJ 07014						
Project Manager for N RICK BEECH	lonitoring Firm			Telephor 609-38	10 No.		Tolophone No. Licenso No. 973-956-8700 00494						
Start Date (10) 3/26/2013		Schedule 4/9/20		mplotion t	Dalo (11)			HA Monitor			ZH T		
Facility Closed/V Abalament Perfo Other - Describe		orlod of	Aboton	mant 8			Street Address City, State Zip Cude						
Eaope of Work (Ghee) ≥3 6f or ≥3 ff ≥160 af or ≥260			lenova Jamoli			0.	Mit	ni-Enclosure				•	
			Local								Abat		t
Acbestos Contain 10 BE / In Fa	tion of Ing Material (ACM) ABATED Icility 3)	Use	Vormal of Sole intend intendal (12)	non/ smitt		Description containing mai ayeten infacing. Your miscone or miscon	Matoriol na Insula AT, or	ation; -	Amount (Spealy SF or LF)	Removal	Regur	Encapsulate	chcosurs
HERE WAS		Yes	No	N/A	14/14/2	OW CA	HUNK		2,610 LF	x	-	105	L
EXTE	RIOR		X		WINL	JOW CA	ULKIN	(\$	2,610 LF	 *		-	-
Name of Registered V	A CONTROL OF THE CONT	· [1	JDEF W louler ID 18743	dia ia	bic Yards Waste O		WASTE	Registored Lendfl MANAGEME		RC). W	s
Cliy, State CLIFTON, NJ			Disposal Date City, Siste 4/9/2013 MORRISVILLE, PA							Nº Vi			
Completed by VIVECA RAMOS		THIO	RET	ARY		Signatur	AM I			ana /19/2	013		93

MAR-19-2013 14:57 From: ASBESTOS

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Check # 10267

Date of Notification (1) 03/18/13					Name of Building Owner/Operator (2)											
	TŦ	(1)			Greg Scimeca											
Agencies Notified	(X)I		otification		Street Address 245 Country Club Dr? 2	PM				-						
() EPA	1 1	mende	THE COUNTY OF		City, State, Zip Code	PH 9: \$0			11,000							
(X) NJDEP		Amend			871837	* C	80									
(X) NJ DOL			ncy (includi	ing	Morristown, NJ 08057	MIRON										
(X)DOH		ustifica			Name of Contact	MG VL Tel	. Numl	per	T. H.							
() DCA	() (Cancella			Gregory Scimeca					<i>=</i> :						
		DI (0)			NFORMATION			-								
Name of Facility Where Abatemen	nt is Taking	Place (3)			Type of Facility (4) () School (K-12)			+								
Residential property					() Subchapter 8 (other than		4									
Street Address	1 5		Van va	100	(X) Other (i.e. private & com	nmercial bldgs.,	home	es, et	С.							
1018 Bloomfield, Hobo	ken NJ	07030)	0.5.4.0000-2												
City (5)	County (6		County Cod	e (7)	7) Sq. Feet: 2,820 sqft											
Hoboken	Hudso	-	(State Use 0		# of Floors: 4 Bldg. Age:	126 years										
Hoboken	114450		47													
					Current Use (if being demolished):											
Name of Monitoring Firm Hired			ASCM No.		Name of Contractor (9)											
Bldg. Owner (8) N/A			N/A	A series	Industrial Safety & Environmental Solutions, Inc.											
Street Address N/A				2.0	Street Address 3300 Hudson Avenue											
City, State, Zip Code					City State, Zip Code											
N/A	V 14		12	- 4	Union City, NJ 07087				4 11							
Project Manager for Monitoring Fi N/A	rm Tele	phone N	umber		Telephone Number (201)-325-0055			ense N 124	umber							
Scheduled Start Date (10)	Sche	eduled Co	ompletion Date	e (11)	Name of OSHA Monitor			-5%								
03/20/13	- 10	29/13			ISES, Inc.											
Occupancy Status During Abatem () Facility Closed/Vacated Dur () Abatement Performed Outsi	ing Entire P	eriod of	Abatement		3300 Hudson Avenue											
(X) Other - Describe:	de of North	ai Facility	riouis -	-	City, State, Zip Code	The state of the s				_						
Work area will be unoccupied	during ab	atement			Union City, NJ 07087											
Source of Work (Check all				Demolitic												
						and with Nonet	ive D									
() Minor Project (< 25 S				•	(X) Full Containm	And the second of the Parliament of The second of -	ive P	ressu	re							
() Small Project (>25 <				/I)	() Mini-Enclosur											
(X) Large Project (>160 S	SF or > 26	60 LF A	CM		(X) Glove-bag Pro											
	2 114				(X) Non-Exempted											
Location of Asbestos- Containing Material (ACM)			nally Used enance or	/i.	Description of ACM e. thermal systems insulation,	Amount (Specify SF or	1	Abatem	ent Typ	е						
To be Abated in Facility (13)		odial Sta			ng, VAT, or other miscellaneous.)	LF)			т	m						
10 20 / 12 alou iii 20 iii (10 /			()				Removal	Repair	Encapsulat e	Enclosure						
	1						No.	pai	e	l Sc						
	YES	NO	N/A				<u>=</u>		a	<u>a</u>						
Basement	123	X	I NA	Pipe Ir	nsulation	150 LFT	X									
Basement	1. 1917	X		Boiler	Insulation	83 SQFT	Х	10.7	-							
Exterior Windows		X	17.3	Caulki	ng glazing materials	120 LFT	X									
Third and Fourth Floor	1.12	X	A CONTRACTOR	Floor	Γile	580 SQFT	X									
Basement	3 7 7 7 7 7 7	X		A PROCESSOR OF THE PERSON OF T	Surfaces	130 SQFT	X	7.0								
Name of Reg. Waste Hauler			Waste Haule	-												
NEWARK CARTING		0450		IF Fig.	5	IESI BETHLE		LANI	OFILL							
City, State				Disp. Da		City, State	ъ.	4004								
369 Raymond Blvd., N	ewark,	NJ 07	105		03/29/13/ BETHLEHEM, PA 18015											
Completed by (Print or Type) Title Sign					<u>ire</u> / /// ()	<u>Date</u>										
David Camacho Project Supervisor					1/AVILIANIA	03/18/13	je.									
David Carriacilo 1 Tojest Supervisor					Tennin Minn	L										