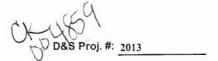
No check

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (	',					Building Ow		ator (2)					
$\frac{04}{22}$	/13	PRO	JECT ON	HOLD	Street Ad	AL DIOCES	E .			01-			
Agencies Notified	Type of N	10000000		TIOLD		ERRY STRE	ET		ζ,	9/3 <sub>MA3</sub>	,		14
☐ EPA		Initia				e, Zip Code					8.	,	
☐ DEP		Ame	nded		NEWARK	, NJ 07102			77 (6)	Å:		1/2	
☑ DOH	_		ndment #		Name of				Telenhor	e Numb	er		UD
☑ DOL			rgency w cellation	/ justification	DEBRA P	PERRY				U.	No	170.	_
		Cano	cenation	F	ACILITY IN	FORMATIO	N				11.3/14	5	1
					ACILITI III	II OKINA I IO	14					~	
Name of Facility Whe	ere Abaten	nent is	s Taking	Place (3)		Type of Fa	cility (4)						
ST. JOHN'S CHURCH	1					_							
							School (K						
Street Address 118 SUMMIT AVENUI	F							er 8 (Other , private &					
THE COMMENT AVEING							bldgs., ho		Ommor one				
City (5)	County (6	)		County Code	(7)	Square Fe		# Of Floor	'S	Building	g Age		
JERSEY CITY	HUDSON					2500			1/2				
				<u> </u>		Current Us			olished)		150	+	
				- (8)	Lacus	VACANT -	FORMER (	CHURCH					
Name of Monitoring	Firm Hired	by Bi	ldg. Own	er (8)	ASCM NO	1							
AET						LVI DEMOI	LITION SEI	RVICES IN	C.				
Street Address						Street Add							
907 Doolittle Drive							1 <u>2</u> 1 W						
City, State, Zip Code						32 Williams							
Bridgewater, NJ 0880				Telephone Nu	mbor	City, State	, Zip Code						
Project Mngr. For Mo Eric Houseknecth	mitoring F	Irm		908-218-1108	mper	EAST HAN	OVERR N	J 07936					
Sheduled Start Date	(10)	Sche	d. Comp	letetion Date (1	1)	Telephone	the state of the state of the state of	0.000	License	Number			
05//06	/13		05		13								
// /			/	/		973-77				0	0860		
Occupancy Status Di						Name of O			0				
Facility Cl		tea Di	uring Ent	ire Period of		Street Add		VICES IIV	<u>.                                    </u>				-
		d Out	side of N	ormal Facility		Oli col Add	1033						
Hours - De						32 Williams	Parkway						
Other - De	scribe:					City, State,							
			·			EAST HAN	OVERR, N	J 07936				-	
Scope of Work (Chec	K All Inat	Apply	()										
☐ Demolition	n		7	Renovation	П	Full Contai	inment wit	h Negative	Pressure				
	lf		-			Mini - Encl	osure						
	≥260 If					Glovebag I				e .			
					V	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure			
Location of			Is	Γ	Descript	ion of			Abateme	nt Type			
Asbestos Conta		Lo	cation	As	bestos - C				R		E	E	
	3003		ormally	1885	Material	•		Amount	E	R	N	N	
TO BE ABAT	ED		Jsed		e., thermal			(Specify	M	E	C	C	
in Facility (13)			olely Main-			facing, VAT ellaneous)	'	SF or LF)	O V	P A	A P	L	
(13)			nance/		outer misc	enaneous			Ă	lî -	s	s	
1		Cu	stodial	l					l î	R	Ü	U	
			aff (12)								L	R	
		YES	NO N/A							-	-	+	
ROOF		H	HH	ROOF FLASHI	NG			3000 SF			+ +	+	
REAR 1ST STORY		H		ROOF FELT				100 SF	7		1 7	+	T
		H											
Name of Registered \	Vaste Hau	ler		NJDEP Waste		Name of R							
LVI DEMOLITION				Hauler ID No.	Yards	GROWS / V	VASTE MO	TME					
City State					of Waste	City Ctat-						_	
City, State EAST HANOVER, NJ					Disposal Date	City. State MORRISVI	IIF PA						
C. O. FIANOVEIX, NO					5416		$\sim$						
Completed by (Print of	or Type)			Title			Signature	1			Date		
							Ila	1 10	lu			E 107	/42
JOHN FOLSOM				Project Manage	er		AVI	1 /10			1 0	5/07/	13
ASB-41							/ /						

## STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification (1				_			uilding Own	er / Opera	tor (2)					- 1
$\frac{04}{22}$	/13				12	Street Add	L DIOCESE ress		</td <td>3 MAY</td> <td>_</td> <td>V. Z</td> <td></td> <td>ヿ</td>	3 MAY	_	V. Z		ヿ
Agencies Notified	Type of Not	tificati	on				RRY STREE	Τ	45	147	0			_
☐ EPA		nitial				City, State,		-	-8	(12)	11/1			
☐ DEP		Ameno				NEWARK, Name of C			- e	Telenh-	ěr	Cin		ᅥ
☑ DOH ☑ DOL		Amend				Name of Co					-	.0		
☑ DOL		Cance								.,0	No Po			-
					FA	CILITY INF	ORMATION				Q -2			
Name of Facility Whe	re Ahateme	ent is	Takin	a PI	lace (3)		Type of Fac	ility (4)						
ST. JOHN'S CHURCH	Te Abateme	,,,,,,	· akiii	9		1								
								chool (K-	12) r 8 (Other 1	han K-12	١			ı
Street Address	-							other (l.e.,	private &	mmercia	Í			
118 SUMMIT AVENUE	-						b	ldgs., hor	nes, etc.)					$\dashv$
City (5)	County (6)			1	County Code (	7)	Square Fee	5	# Of Floors		Building	Age		
JERSEY CITY	HUDSON						25000 Current Use					150 +		
							VACANT - F	ORMER C	HURCH	,,,,,,,,		3,555		
Name of Monitoring	Firm Hired I	by Bld	lg. Ov	vnei	r (8)	ASCM NO								
3 - 3		36			5.50			ITION CET	VICES IN					
AET							LVI DEMOL Street Addr		VICES INC	<i>,</i> .				$\neg$
Street Address 907 Doolittle Drive							Juleet Addi	-00						
City, State, Zip Code							32 Williams							_
Bridgewater, NJ 0880	gewater, NJ 08807 ject Mngr. For Monitoring Firm Teleph						City, State,	Zip Code						
	ject Mngr. For Monitoring Firm Telepho Houseknecth 908-218						EAST HANG	VERR N.	1 07936					
	c Houseknecth 908-218 eduled Start Date (10) Sched. Completetion						Telephone		0,000	License I	Number			
//	CTIOUSCRICOUT										0.0	000		
I — // — /	/			/	/		973-772				00	860		-
Occupancy Status D	uring Abate	ement	(Che	ck C	Only 1)		Name of OS	ITION SE	OF RVICES IN	<b>C</b> .				
Facility Cl		ea Du	iring i	_1111	re Period of		Street Add							
Abatemen	t Performe	d Outs	side c	f No	ormal Facility									
Hours - Do	escribe:	M-F -	7:00a	M -	4:00pM		32 Williams City, State,							-
Other - De	escribe:						EAST HAN							
Scope of Work (Che	ck All That	Apply	)	_										
000000000000000000000000000000000000000			-				Full Contai	nmant wit	h Negative	Pressure				
☐ Demolitio			$\checkmark$		Renovation	H	Mini - Encl		ii wegauve	1 1000011				
<ul><li></li></ul>							Glovebag I	rocedure						
						7	Non-Exem	pted (*) an	d Non-Fria	ble Proce	dure			
						Descript	ion of			Abateme	nt Type			
Location o Asbestos Cont	45,01	Lo	ls catio	,	As	sbestos - C				R		E	E	
Aspestos com	ummg		rmall			Material			Amount	E	R	N C	N C	
TO BE ABAT		100	Jsed			e., therma			(Specify SF or LF)	M	P	A	Ľ	
in Facility	′	23.45	olely		insu	other misc	facing, VAT ellaneous)	,	01 01 21 /	l v	A	P	0	
(13)			Main nance			Other mise	onanooue,			A	1	S	s	
		Cu	stodi	al						L	R	ľ	U R	
			aff (12	-						-	-	-	+	
		YES	NO	I/A										
ROOF		H		1	ROOF FLASH	ING			3000 SF					
REAR 1ST STORY			-	7	ROOF FELT				100 SF	V				1
						10	Mana - 65	ogisto-od	l andfill					
Name of Registered	Waste Hau	ler			NJDEP Waste Hauler ID No.		Name of R							
LVI DEMOLITION					lauler ib No.	of Waste								
City, State				-		Disposal								
EAST HANOVER, N.	J					Date	MORRISV	LLE, PA						795
Completed by (Prin	t or Type)			-	Title			Signature	7	0		Date		
Completed by (Prin	ioi iype)							1	2 +	Un~	u	1	04/22/13	ł
JOHN FOLSOM					Project Manag	ger		1900	10	was:			1-1122113	
ASB-41								//						



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

D&S Proj. #: 2013			(Pursu	ant to NJAC	8:6	0 and 12:120)		Fig.					
•													
Date of Notification (1)	N	ame of Br	uilding Own	er/Operator (2)	)		2013	MAY-8	21 6	ř.			
$ \frac{0}{5} / \frac{0}{1} / \frac{1}{3} $	-	ГАММ	Y PIERSO	N				" 8- TH"	1.1.				
Agencies Notified Type Notificati	on St	reet Addr	ess	·			48.	37.	. 1810	Ω			
EPA Initial Amended		213 KA	RSEY ST	REET			de	LICENSIN	AU TE	•			
DEP Amendment #:	1		Zip Code					- LIESTA	BAUL				
		HIGHI	AND PAI	RK, NJ 089	04				C)				
DOH (including	Na	ame of Co					*	Telephone	Number				
justification)		TAMA	Y PIERSO	ONI									
Cancellation		1 AIVIIV.											
			FAC	ILITY INFORM	MATIO	N .							
Name of facility where abatement is	s taking pla	ce (3)					Тур	e of Facility (4	1) (K - 12)				
TAMMY PIERSON									apter 8 (O	ther th	an K	12)	
Street Address								Other (	Private/C	omme		,	
								Bldgs./	Homes, e				
213 KARSEY STREET		1(6)					Sc	uare Feet	# of Floor	s	BI	dg. Ag	ge
City (5)	Coun	ty (6)			1.0000	ounty Code (7) tate use only)	_	urrent Use (Pr	ior if boio		oliobe	4)	
HIGHLAND PARK	MII	DDLESE	EX		,,	iate use only)		urrent Use (Pr	ior ii beiii	g dem	Olistie	u)	
Name of Monitoring Firm Hired by	Bldg. Owne	r (8)		ASCM No.	-	Name of Abatemen	t Conti	actor (9)					
				a contract of the contract of		D & S RESTOR	RATIO	ON, INC.					
Street Address		guing				Street Address							
						20 California A	Ave.						
City, State, Zip Code						City, State, Zip Code	е						
						Paterson, NJ 0	7503						
Project Manager for Monitoring Firm	ı	F	Phone Numb	per		Telephone Number			License		er		
						973-345-8020			0	1169			
Start Date (10)	Sched	. Comple	tion Date (1	1)		Name of OSHA Mo D & S Restora		nc					
05/13/13	05/24	1/13				Street Address		no.					
Occupancy Status During Abatemen	nt (Check o	nly one)				20 California A	venu	e					
Facility closed/vacated during						City, State, Zip Code	е						
Abatement performed outside Describe:		acility ho	urs-		2000								
Other-Describe: NORMAL F	IOURS				_	Paterson, NJ 0	7503						
Scope of Work (check all that appl	y)							Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovatio	n				L		enclosure ebag procedu	re.				
≥160 sf or ≥260 lf	Demolition	1				Ë		Exempted (*)		friable	proc	edure	
Location of			y used solel	у				2.0		R	R	Ε	E
asbestos-containing	by mainte staff(12)	mance/cu	istodiai			asbestos-containing		Amount (Specify S	F or	m	p	n c	n
material (acm) to be abated in facility (13)	Yes	No	N/A	- material	(ACIV	1)		LF)		O V	a i	a	L
			1,111	T DIDE DIS		TION		10 L PT		e	r		-
Basement		LX.	4	PIPE INS				10 L FT 25 L FT			님		#
Basement		LX	_	DAKE HE	AIII	NG PIPES(RECLEA	MIN)	43 L F I		井	님		H
<u> </u>							-			ዙ	-	片	H
			-	1			-			1	片	片	H
Registered Waste Hauler		EP Haule	r ID# 1 (	Ubic Yards of	Wast	e Name of Registere	ed Land	dfill					1—
D & S RESTORATION, INC.	135			1 yd		TULLYTOWN			COVE	RY			
City, State			Disposal			City, State							
PATERSON, NJ 07503			05/14/			TULLYTOWN	N, PA		To:				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature					Date 2013				
			m for ashes	tos licensure e	xemp	ted activities.			2013			_	
ASB-41													

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

10 check		N			OF ASBEST 0 NJAC 8:60						28/3/	YA,		8	47.
Date of Notification (1) 05/06/13					Building Ow Deconstr						9 (S.)	7.	8		
Agencies Notified  EPA	Type Notification			Street Ad 919 Mir	dress nlam St. S	Suite :	2300				1/0	03/	702.	10	G
EPA DEP DOL	Amended Amendment #				e, Zip Code , TX 7700							150%	NG	POL	6-
☑ DOH DCA	Emergency (in justification) Cancellation	cluding	M 8	Name of Malcolr	Contact n Carroll					Tole	onhone Numb	per			
		D. (0)		FACIL	ITY INFORI	MATIC	ON	Time	of Facility (4	4)				782	
Name of Facility Where Werner Generating		Place (3)						☐ s	School (K-1	2)					
Street Address 2 Lower Main Street	et							×	Subchapter Other (i.e. p etc.)	8 (Otherivate 8	er than K-12) commercial	build	ings,	nome	s,
City (5) South Amboy									e Feet	# of	Floors	8:	dg. Ag	je	
County (6) Middlesex			(	County C	code (7)			Currer	nt Use (Prid	or if bei	ng demolishe	ed)			
Name of Monitoring Firm Accredited Environ				ASCM	No.				ement Con orises, In		(9)				
Street Address 220 Church St.				L			Street 815 1	Mark Control							
City, State, Zip Code Bridgewater, NJ 08	3807								p Code on, NJ 08	037					
Project Manager for Mo Eric Houseknecht	nitoring Firm			Telephor 908-29	ne No. 6-1132		Teleph 609-5				License No 01172				
Start Date (10) 05/04/13		Schedule 12/31/1		pletion [	Date (11)		Name AET	of OSH	A Monitor						
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street 220 0								
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire P med Outside of Norma	eriod of A al Facility	Abatem Hours	ent			City, S	tate, Zi	p Code er, NJ 08	807					
Scope of Work (Check	All That Apply)						Dilug	jowas	01,110 00			**		V-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			lenova emolit				×	Mir Glo	ni-Enclosure ovebag Pro	e cedure	n Negative Pi				
		le le	Locati	ion			100	1 100	n-Exemple	u ( ) an	u Non-Filabi		Abate	ment	
Locatic Asbestos-Containin <u>TO BE Al</u> In Fac (13	g Material (ACM) BATED cility	Use Ma	Normal d Sole intenar todial S (12)	ly ly by nce/		s Cont nermal surfac	scription aining M systems cing, VA niscellar	Material s insula T, or	ation,	(5	rmount Specify F or LF)	Remova	Repair	e Encapsulate	בווכוסטמום
(10		Yes	No	N/A	`							<u>a</u>		ate	ā
					( 5	SFF	ATTAC	CHED	))						
				-	,,,				,						
<del> </del>															
Name of Registered W Weigle Trucking	aste Hauler		1	JDEP W lauler ID	No.	of Wa			SAMPLE S		ered Landfill erprises, L				
City, State			S	W2912		5,000 Dispo	sal Date	)	City, Sta	te	**		_		
Linden, PA Completed by		Title			11	05/04	1-12/31 Signatur	1/13	Wayne		, OH	te			_
Kati DiNatale			e Mai	nager				19			05	/02/	13		



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

Date of Notification (1)		N	Name of B	uilding Owner/O	perator	(2)	20/3 MAY ~ 8				
5-7-13	T Natification		士(VD) Street Add	7 [10Di]			- 4 7 9 2	7	1/2		
Agencies Notified	Type Notification			DACHAM	St	ret	\$ S700_	*	18:	(D	
□ EPA	M Initial ☐ Amended			, Zip Code	01		LICE	70N	T 500		
DEP DOL	Amendment #_		Ever	ett mA	. 0	2149	1/4/	MAG	170		_
10200	☐ Emergency (inc justification)	luding 1	Name of C	Contact	/		Telephone Numb	er 🔍	-		
DOH DCA	☐ Cancellation		Eri	c W.		100	1				$\dashv$
		(0)	FACILI	TY INFORMATION	ON	Type of Facility	(4)				
Name of Facility Where	Abatement is Taking P	lace (3)	Mani	facturi	n						
	onne Lupri	(allor)	Maria	plant	1	☐ Subchante	r 8 (Other than K-12)		Tonos Na		
Street Address	T			Mani		Other (i.e. etc.)	private & commercial	bullain	igs, n	omes,	
1 Abenne	J					Square Feet	# of Floors	Bldg	g. Ag	Э	
City (5)						NA	NA	N	N		
BAHONNE County (B)			County Co	ode (7)			rior if being demolishe	(d)			
Hudson			(STATE US	SE ONLY)		Abador	red				
Name of Monitoring Fire	m Hired by Building Ow	ner (8)	ASCM	No.	Name	of Abatement Co	ontractor (9)	•	. 1	, ,	
-	uronmente	_	001	20	Te	rea Heald	ment 210	11612	1,4	L	-
Street Address	1.					t Address	Dina		•		
280 Hinler	St.		ATHERON I				in Drive				$\dashv$
City, State, Zip Code	17/1	1			City,	State, Zip Code	M1. 49089				
S. Hacken Sac	KNJ 0760	6	<b>=</b> 1 1 1	- Na	Tolor	phone No.	License No	).			
Project Manager, for Mo	niforing Firm	9	Telephon	9 870D	1/9	375 9595					
Gelser 79 1910	20	Scheduled Cor			Name	of OSHA Monito	or A	,		-	
Start Date (10)	12	5-21		/uto (11)	ANK	ALUTIVADI	Testing + Cons	uffi	n	Jeri	114
Occupancy Status Duri	ing Ahatement (Check	Only One)	10		Stree	et Address	0.0	84	1		
The second section of the second section is a second section of the second section is a second section of the second section is a second section of the section of th			ment		146	25 Dister	Kd.				
Facility Closed/Va	cated During Entire Pe med Outside of Norma	Facility Hour	s		City	State, Zip Code					
☐ Other – Describe:					Pla	inwed, m.	1.71080				_
Scope of Work (Check	All That Apply)				- 5	2.	v. volus Januari austranos de L				
≥3 sf or ≥3 lf		Renov				☐ Full Contain ☐ Mini-Enclos	ment with Negative P	ressure	е		
□ ≥160 sf or ≥260 lf		Demoli	ition			Glovehan P	rocedure			27	
						□ Non-Exemp	ted (*) and Non-Friab			ment	
		Is Loca	tion						Ту		
Locati	ion of	Norma Used Sol		D	escripti	on of	Amount			m	
Asbestos-Containi		Maintena	ance/	Asbestos Co	ntaining al syste	Material (ACM) ms insulation,	(Specify	Re	R	Encapsulate	Enclosure
TO BE A		Custodial (12)		surf	acing, \	/AT, or	SF or LF)	Remova	Repair	psu	losu
(1	3)	(12)	,	otner	miscei	laneous)		<u>a</u>	_	ate	ē
	,	Yes No	N/A								
Diperack le	n hister	//		pipe ins	nla	tion of					
Front may	7	1		model	101	hins	60 LF	X			
Tought 1167	1		-	Managasa	1	0000					
		-									
			NJDEP V	Vaste Cub	ic Yard	s Name	of Registered Landfil	1	· ,		
Name of Registered V			Hauler ID	No. of W	/aste	H10	th Acres Lan	dfi	11		
HAZMATE nuira	inmental Gr	orte	145		2						_
City, State	1.1	V		Disp	osal Da	ate City,	FAIRMIT N	W			
Buffala	A				Cianci	ture	A. D	ate,	,		
Completed by	X Mylet	Title Bo	TELT /	MGR	Signat	Child Will	West 1	5/7/	13		
July	ay pay	IKC	1601	· c/1-		- Frey	1	/_/			
( )	Ariel Monter	R			* Do	not use this form	n for asbestos licensu	re exer	npted	activ	ities.
ASB-41 (R-06-08)	11.00.1	1									

CR 1423

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)/3/4/2

Date of Notification	(1)		1	Vame	of Bui	ilding	Owner / Operator	r (2)	- R	I QQ			
ε.	05/03/2013			Servi	icema	ster	of Cherry Hill	8.1	1/28 doz.				8
Agencies Notified EPA	Type Notifica	ation	5	Street 2005	Addre	ess 70 Ea	Owner / Operator of Cherry Hill		ICENSING	θĮ			20
☐ DEP ☐ DOL	☐ Initial		(	City, S	State 8	Zip C					· · ·		
⊠ DOH		rgency	- Lon		of Co	-	The state of the s			Telepho	ne N	umb	er
DCA		ellation		Kath	y Scia	an						_	
		*******		FA	CILIT	Y INF	ORMATION						
Name of Facility W Residence	here Abateme	ent is Taking Pl	ace (3	3)			Type of Facili School (						
Street Address			AND THE					ter 8 (Other th				4-1	
819 Meeting Hou	ise Lane						Manual .		mmercial buildin	gs, nom 3ldg. Ag		etc.)	
O:L. (E)		County (6)	Too		Codo (	7)	Square Feet	# of Flo	oors	siag. Ag	e 50		
City (5)		County (6)	100	unity	Code (	1)	1500 Current Use (	Prior if being	demolished)		50		
Cinnaminson		Burlington					Residential		demonstred)				
Name of Monitoring	g Firm Hired b	y Building Owr	ner (8)		ASC	M No.		tement Contra		113		2	
Street Address	Street of Art					1 15	Street Addres	SS		avi .			
City, State & Zip Co	ode		1441141				City, State & :	Zip Code					
Project Manager fo	r Monitoring F	irm	Telep	hone	Numb	oer	Telephone No.	umber :	License	Number 0109	91		-
Scheduled Start Da 5/13/20		Scheduled Cor 5/18/2013	npletic	on Da	te (11)	)	Name of OSH EMSL Analy	A Monitor					1 16
Occupancy Status	During Abate				ateme	nt	Street Addres	SS					
		utside of Norm						Zip Code	grands pograda				
	cupied During										1112	r	
Scope of Work (Ch	eck all that ap	oply)							ontainment with I	logotivo	Dro	cur	
≥3 sf or ≥3 ⊠ ≥160 sf ≥26					novatio			Mini-E	nclosure Bag Procedures	vegative	FIE	ssure	
☐ ≥100 SI =20				DCI	HOIILIO				xempted and No	n_Friable	e Pro	redi	ire
	ocation of		le	Locat	ion		Description	Name of the last o	Amount		atem		
	tos-Containin	ng			Used		Asbestos-Con		(Specify		T	T	T
Ma	terial (ACM)			olely			Material (A		SF or LF)	70		E	m
	BE ABATED				nce or Staff?	-/	(i.e., thermal sinsulation, surface		The second second	em	Repair	aps	Cls
	in Facility (13)		Custo	(12)	Stall?	0.00	or other miscell			Removal	a-	Encapsulate	Enclsoure
All and the second	i i jest		Yes	No	N/A	100						e	
Basement		The second second					VAT	tighter a training	600sf				
Name of Registere	d Waste Haul	ler	3	8,775	IDEP \		Cubic Yards of Waste	Name of Re	gistered Landfill				
ALPHA ENVIRO	NMENTAL			00	00333	30	2	Grows Lar	ndfill		0.5		10
City, State	Strain.		el (0.5				Disposal Date	City, State		10-14-			
Trenton, NJ							5/21/2013	Morrisville	, PA				
Completed By (Prir	nt or Type)		1.50	Tit	le	To said	Signature	the health is		Date			7.5
Rod Richardson		and the			oject anage		Rod Richa	irdson		5/03	3/20	13	5 11



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

CK 3205

Date of Notification (1) 5/3/13			Name of E Seaside						2012			51		
Agencies Notified Type Notification			Street Add					A.	13/	14Y -8			= 1	
EPA Initial Amended Amendmen			City, State Seaside			08752			25	14Y -8	12	100	0/	
DOH justification Cancellation	1		Name of 0	Contact			8.1		Tele	aruu ma turi	mher.	1		
			FACIL	ITY INFO	RMAT	ION								
Name of Facility Where Abatement is Taki Seaside BOE Boyed School	ng Place (3)						× s	f Facility (4 chool (K-12 ubchapter	2)	er than K-1	2)			
Street Address 1200 Bay Blvd							0	ther (i.e. pr	ivate 8	& commerc	ial build	lings,	home	s,
City (5) Seaside Heights NJ 08752					120 1		Square 1000	and the second second	# 0	f Floors	10000	ldg. A 5+	ge	
County (6) Ocean			County C				Curren	t Use (Prio	r if bei	ng demolis	hed)	١.,		
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.	114.6	A CONTRACTOR OF THE PARTY	of Abate aco In	ement Con	tractor	(9)			3 9	48
Street Address	Tarana.	9					Address 3ox 32							9,47
City, State, Zip Code			Street Kill	944			tate, Zip	Code NJ 080	91	- 27				
Project Manager for Monitoring Firm			Telephon	e No.	11.5	1 1 1 1 1 1 1 1 1 1 1	one No 753-98			License I	No.	W.		
Start Date (10) 5/6/13	Schedule 5/7/13	ed Cor	mpletion D	Date (11)			of OSH	A Monitor				-		
Occupancy Status During Abatement (Che		101					Addres	9	19.71					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe:	Period of A	Abater	ment s		_		itate, Zij							
Scope of Work (Check All That Apply)			J. J. Y			-		- 1			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Security .	Renova Demoli					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure				e	
	Is	Local	tion				,,,,,					Abat	emen	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Norma ed Sole intena	ely by ance/ Staff?		tos Con therma	escription ntaining I al system acing, VA miscella	Material s insula AT, or		(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A										Ō	ļ.
Rooms 201,202,203,204,205		Х			Floor	Tile &	Mastic			40 sf	x			_
found under heating units				4				4 - 7				in.	-	
		18. 75			-									
Name of Registered Waste Hauler United Containers			NJDEP W Hauler ID 22459		of W			G.R.O.	W.S.	tered Land	fill			
City, State Elm NJ					Disp 5/7/	osal Date	•	City, Stat Morrisv		A 19067				
Completed by Anthony T Perna	Title Pres	ident	\$ 10 Y			Signatur	e ,	7		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Date 5/3/13			

CF 3208

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

Date of Notification (1) 5/6/13						erator (2) Home	20,	1360	1.6	-,7				
Agencies Notified Type Notification		0.000	reet Add 4 East				1	TIMY -	9/2.	_				
EPA Initial Amended Amendment				, Zip Cod each No		1	e.	LICE	CONT.	•				- 3
□ Emergency     justification)     □ DCA     □ Cancellation		1000	ame of C lobert	Contact				17.	Nowhood Nu	mber		W	-	
Name of Facility Where Abatement is Takin	a Place (3)		FACILI	TY INFO	RMATIO		ype of Fa	cility (4)				_		
Robert Auston Private Home	ig Flace (5)							ol (K-12)						
Street Address 24 East 72St						×	Subcl Other etc.)	hapter 8 (Ot	her than K-1 & commerce	ial buil				s,
City (5) Brant Beach NJ 08091						1	quare Fe 000 +	1	of Floors	3	3ldg 35+	. Ag	е	
County (6) Ocean		C	ounty Co	ode (7) SE ONLY)			urrent Us Iome	se (Prior if b	eing demolis	shed)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	4 1	Name of Pernac		ent Contract	or (9)					
N/A Street Address				*		Street Ad					V	_	-	-
Street Address						PO Box						48		
City, State, Zip Code	a - 2,5%			erakli i		City, Stat West E		ode J 08091	J. 7 (6) 4 (5)					
Project Manager for Monitoring Firm		T	elephon	e No.	My-14	Telephor 856-75			License 00727	No.				
Start Date (10) 5/17/13	Scheduled 5/24/13	Comp	oletion D	ate (11)		Name of Same	OSHA M	lonitor	100					
Occupancy Status During Abatement (Che	ck Only One	)				Street Ac	ddress	3.						
Facility Closed/Vacated During Entire Abatement Performed Outside of No. Other – Describe:	Period of Ab mal Facility F	ateme lours	ent			City, Sta	te, Zip Co	ode			-			
Scope of Work (Check All That Apply)							-		fact it.					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Mini-Er Gloveb	nclosure ag Procedu	vith Negative					
	T						Non-Ex	cempted (*)	and Non-Fri	able Pi		bate	ment	1
Location of	No	ocatio	y		Des	scription o	ıf				_	Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenan	ce/		tos Cont thermal surfac	aining Ma systems i cing, VAT niscellane	terial (AC insulation , or		Amount (Specify SF or LF)	Removal		Repair	Encapsulate	Enclosure
	Yes	No	N/A	3.	- 11					_	1		Ф	
Exterior Siding			х		Exte	rior Sidi	ng		800 Sf	x	+			
			15.00		-					-	+			
					-						1			
Name of Registered Waste Hauler	10.10		JDEP W		Cubic of Wa	Yards		A de la constante de la consta	istered Land	fill	1 6		- 1	
United Containers			auler ID 2459	NO.	2			a.R.O.W.S	3.					
City, State Elm NJ			117-25		Dispo 5/24/	sal Date		ity, State Norrisville	PA 19067	,				
Completed by Anthony T Perna	Title Presio	lent			3	Signature	2			Date 5/6/1	3			

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Tall the second										
Date of Notification (1) 5/3/2013			Name of Building	Owner/Ope Messe	rator (2) rcola Enterprises 3	you Ch	2	161	1	
	tion Notification ided Notification		Street Address		ast 3 <sup>rd</sup> Street	8	٥, _			
[x] DOL Amer	ndment # gency (including		City, State, Zip Co		eld, NJ 07060	CENSTATA		)		1
	cation) ellation		Name of Contact Fernar	ndo	Te	elephone Númber		_		
1		FAC	ILITY INFORM	ATION			////			
Name of Facility Where Abatement is Taking Residence	g Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (ot	har tha	n k12)		
Street Address 133 Jeteemeal Driv	ve	i, v	42.1		[x]	Other (i.e., prival homes, etc.)			ial buil	dings,
City	County (6)		County Code (7) (STATE USE ONL	Y) -	Square feet 1500 sf	# of Floors 1		g. Age 6	0	44
Manahawkin	Ocean			1	Current Use (Prior if Residen	ce	)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.			(9) n Contracting,	Inc.			
Street Address				Street Ac		oute 9, Unit 61	ell Silverit			
City, State, Zip Code				City, Sta	te, Zip Code Toms R	iver, New Jerse	ey 08'	755-12	271	
Project Manager for Monitoring Firm	Telephone 1	Number		Telephor 732-34	ne Number 9-9932	License N 00624	umber		16.7	
Scheduled Start Date (10) 5/03/13	Scheduled 0 5/06/13		on Date (11)	Name of	OSHA Monitor E.M.S.I.	. Analytical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate  [ ] Abatement Performed 0	d During Entire Perio			Street Ad	ldress 1056 Ste	elton Road		- 49		
Other – Describe	Outside of Normal Fa	actiffy Th		City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088	354		
Scope of Work (Check all that apply)				[ ]	Full Containment Mini-Enclosure	with Negative Pre	ssure		7077	
[ ] $>3 \text{ sf or } \ge 3 \text{ If}$ [ x ] $\ge 160 \text{ sf or } \ge 260 \text{ If}$	[ ] [x]	Renovat Demolit		[x]	Glovebag Procedu Non-Exempted (*)		Proced	ure		
		X THE STATE OF					Abat	tement	Гуре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally us Solely by Maintenance/Cus Staff (12)	ed	Ast N (i.e. inst	Description Destoratorial (A partial (A part	itaining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U
and the second s	YES NO	N/A	. otn	er miscella	ineous)		A L	o lessi.	L E	R E
Exterior	X		Asbestos sidin	g	Same of the first	1100 sf	X	11 11 7		
and the second s				801 - 1 - 10 -		A Section 1				
State of the state	open to the second second	-100 2 0			The state of the s	10 1/2 1/2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		21.5	21 2	
The second of the second of the second			a talent establish			3 (1722)				
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste	Hauler 223 Dispos	3	City, Sta	T.R.R.F.	ed Landfill				-
City, State Toms River, New Jersey		5/07/1			own, P¢nnsylvania	e contribute above	15. 97			
Completed by (Print or Type) Nicholas Fernicola	Title Project Manage		Signature	hol	tel		Date 5/3/	2013		

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

										201	53			
Date of Notification (1)	May 3, 2013				Name o	of Building	Owner/Ope Tom J		(2)	2013 May 6	h	216	12	_
Agencies Notified  [ X ] EPA	L	l Notific			Street A	Address	455 W	/illiai	ms Street	& 2/20 s		P. C.		
[ ] DEP [x ] DOL [x ] DOH	Amer	ndment #	tification # ncluding		City, St	tate, Zip Co		away	, NJ 08854	CHON	3/16	~		
[ ] DCA		ication) ellation			Name o	of Contact Tom J	ohn		Te	elephone Number		-		
1 1				FAC	ILITY	INFORM	ATION							
Name of Facility Where A	Abatement is Taking sidence	g Place (	(3)	10				Тур	e of Facility (4)	School (k-12) Subchapter 8 (ot	her tha	n k12)		
Street Address 455	5 Williams Stree	et							[x]	Other (i.e., priva homes, etc.)			cial buil	dings,
City		Count	ty (6)		County (STATE	Code (7) USE ONL	Y)		are feet 1500 sf	# of Floors 2		g. Age	50	
Piscataway		Mide	dlesex					Cur	rent Use (Prior if Residen		)			
Name of Monitoring Firm	Hired by Building ardian Contract	Owner	(8)		ASCM N	No.	Name of	Abate	ementContractor (		Inc.		10	
Street Address	89 Rte. 9, Unit (	J.J					Street Ad	ddress		oute 9, Unit 61				
City, State, Zip Code	City, State, Zip Code Toms River, NJ 08755						City, Stat	te, Zip		iver New York	ov. 00	755 1	271	
Project Manager for Moni		Telephone	Number	Carlotte S	0.77	Telephon	ne Nur		License N			2/1		
Nicholas Ferr	nicola		732-349	-9932			732-34	9-99	32	00624				1 -1
Scheduled Start Date (10) 5/03/13			Scheduled 5/06/		ion Date	(11)	Name of	OSHA	A Monitor E.M.S.L	. Analytical				
Occupancy Status During			)		atement		Street Ad	ddress		elton Road	4 10			
Aba	er – Describe						City, Stat	te, Zip		vay, New Jerse	y 088	54	2	
Scope of Work (Check all	that apply)						[ ]		Full Containment	with Negative Pre	ssure			
	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Renova			[x]	. (	olimi-Enclosure Glovebag Procedu Non-Exempted (*)		Proced	ure		
3 4 50 C					T	1 10					Aba	tement	Type	
Location	of	,	Is Location				Description estos-Con		nσ	Amount	R	R	Е	Е
Asbestos-Containing N	Material (ACM)		Solely b	y	19 4-21	N	Iaterial (A	CM)	elej majoracjus,	(Specify SF	E M	E P	N C	N C
TO BE ABA		Main	tenance/C Staff	ustodial	Sec.		, thermal s lation, sur			or LF)	0	A	A P	L
(13)	y	2 1	(12)	7		Hist	VAT, o		ig,		V	R	S	S
		YES	NO	N/A		othe	er miscella	aneou	ıs)		A L	š.,	L E	U R E
Basement -			X	T	Asbe	stos pipe	insulatio	n		90 lf	X			
**************************************		77.5				E TO		9.50						
			l breeze	Burr					45- 111					
Name of Registered Waste		NJDEP Wa		ID No.	INVESTMENT OF THE PARTY OF THE	rds of Wast	te	Name of Register	ed Landfill					
Guardian Co City, State	ontracting, Inc.		2	20223 Dispos	sal Date	3	City, Sta	ate	T.R.R.F.	The second second	-	-	****	
Toms River,	, New Jersey	ul o		5/07/	13				Pennsylvania	ator terestas				
Completed by (Print or Ty Nicholas Fer			ct Manag		Signat	Vlic	hot	P	ten	Januaria.	5/3/	2013		4 55.7
The second secon		* 1	D	Alia Com	. C L	actor lican		Later	antimitian					

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	May 3, 2013				Name of	f Building (	Owner/Open New Jo	rator (2) ersey Easter	n Star	Home 20/3/	î c	211	01	3
Agencies Notified  [ X ] EPA  [ ] DEP		ation al Notifica nded Not			Street A			nderne Avei	nue		/ <u>`</u> `&	٠.,	, CK Sanda	
[x] DOL	Ame [x] Emer	ndment # rgency (ir			City, Sta	ate, Zip Coo		water, NJ 0	8807	CICE,		المراك	· Co	
[ ] DCA		fication) cellation			Name of	f Contact Yvonn	e Klock		T	elephone Number		040	2	
				FAC	CILITY I	NFORM	ATION							
Name of Facility Where A	batement is Takin w Jersey Easter						Ð 0	Type of Faci	lity (4)	School (k-12) Subchapter 8 (ot	her tha	n k12)		
Street Address	Finderne Ave	nue	D a - 5'					[	x ]	Other (i.e., priva homes, etc.)			ial bui	ldings,
City		County	y (6)		County C (STATE	Code (7) USE ONL	Y)	Square feet 12,000		# of Floors		g. Age	50	
Bridgewater		Some	erset							being demolished Home	)			
Name of Monitoring Firm					ASCM N	lo.	Name of	Abatement Co	ntractor	(9)	Inc			
Street Address	ardian Contrac	L.	0,				Street Ad	dress		n Contracting,	mc.			-
City, State, Zip Code	39 Rte. 9, Unit	61			10 10 10		City Stat	e, Zip Code	889 R	oute 9, Unit 61				
	Toms River, NJ 08755						City, Stat		oms R	iver, New Jers	ey 08	755-1	271	
	oject Manager for Monitoring Firm Telephone Nu Nicholas Fernicola 732-349-99						Telephon 732-349	e Number 9-9932		License N 00624	umber			
Scheduled Start Date (10) 5/03/13	A 1073-1	o Parada	Scheduled 5/17/1		ion Date (	11)	Name of	OSHA Monito E		. Analytical		* 4	i Mar	464 /
Occupancy Status During  [ x ] Faci	Abatement (Check ility Closed/Vacate tement Performed er – Describe	ed During	e) ; Entire Per	iod of Ab		er frankr	Street Ad	dress 1 e, Zip Code	056 St	elton Road vay, New Jerse	w 088	254		
Scope of Work (Check all						ur de de	[x]		19000	with Negative Pre	* 4 4	134		
[ ] >3 s	of or ≥3 lf 0 sf or ≥260 lf		[ ] [x ]	Renova Demoli			[ ] [ ]	Mini-Encl Glovebag Non-Exen	Procedu	ire ) and Non-Friable	Proced	ure		
			<u>u 10 </u>					122			Abat	ement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM)	N	Is Location formally under Solely by tenance/Cun Staff (12)	sed /		Asb N (i.e. insu	Description Descri	taining CM) systems facing,		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
1 <sup>st</sup> floor rooms		1 1 1 1	X		Black	tar mast	ic			1500 sf	X		7	
								1 1					1111	
	1		Access on the				******	Assett of the second		Alberta State		j		
	** •		UDED W		IDAL I	Colinar	uda e CW	a Name of	Danista	rad Landell				
	Hauler entracting, Inc.	N	JDEP Was	0223		Cubic Ya	rds of Wast	T.R.F		red Landfill	1.0			3.
City, State Toms River,	New Jersey			Dispos -5/20/	sal Date	Agrin 1	City, Sta	ite wa, Pennsy	lvania					
Completed by (Print or Ty Nicholas Fer	pe)	Title Projec	ct Manag		Signati	ure	1,01	14e		1	Date 5/3/	2013	2141	i National

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

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	5/3/2013				Name of Building	Owner/Ope Armar	rator (2) nd Benattaty	, ch	2((	614	/	
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL	Amer	tion I Notificanded Notindent# gency (ir	ification		Street Address  City, State, Zip Co	da	th Street	"'IRI GO			-1	
[x] DOH [] DCA	justif	gency (ir ication) ellation	icidding		Name of Contact Arma	nd Benatt		Telephone Number			***	
				FAC	ILITY INFORM	IATION						
	batement is Taking sidence	g Place (3	3)				Type of Facility (4)	School (k-12) Subchapter 8 (ot	her than	n k-12)		
Street Address 216	East 7 <sup>th</sup> Street						[x]	Other (i.e., priva homes, etc.)				ldings,
City		County	y (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1300 sf	# of Floors		g. Age	70	
Lakewood		Ocean					Current Use (Prior Reside	nce	1)			
Name of Monitoring Firm N/A		Owner (	8)		ASCM No.			r (9) an Contracting,	Inc.			
Street Address						Street Ac		Loute 9, Unit 61				
City, State, Zip Code					21.	City, Stat	e, Zip Code	River, New Jers	ey 08	755-1	271	
Project Manager for Monit	toring Firm		Telephone	Number	7.0	Telephor 732-34	e Number 9-9932	License N 00624	Number			1000
Scheduled Start Date (10) 5/03/13			Scheduled 5/03/		on Date (11)	Name of	OSHA Monitor E.M.S.	L. Analytical	3742			
[ ] Aba	Abatement (Check lity Closed/Vacate tement Performed er – Describe	d During	Entire Per			Street Ac	1056 S te, Zip Code	telton Road	w 088	254		
Scope of Work (Check all	<u> </u>		[ ] [ x ]	Renova Demolit		[ ] [ ] [x ]	Full Containmen Mini-Enclosure Glovebag Proced	t with Negative Pre	essure			
									Abat	tement	Туре	
Location of Asbestos-Containing No. TO BE ABA in facility (13)	faterial (ACM) TED	N	Is Location ormally used Solely by enance/C Staff (12)	sed y	As ! (i.e ins	Description obestos-Con Material (A ., thermal sulation, sur VAT, of the miscellar miscellar miscellar description of the miscellar miscellar description of the miscellar description obestos description obestos description obes	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior -		.000	X		Asbestos sidir	ıg		250 sf	X			
							5 · · · · · · · · · · · · · · · · · · ·		-			
				1		V				-	1	
Name of Registered Waste Guardian Co	Hauler intracting, Inc.	N	JDEP Was	te Hauler	ID No. Cubic Y	ards of Wast	e Name of Regist	ered Landfill		100		
City, State Toms River,	till sterilige til			4. 1	al Date	City, Sta Tullyto		a ,			-	
Completed by (Print or Tyr Nicholas Ferr	pe)	Title Projec	ct Manag	1.52.7	Signature	chol	Le	1	Date 5/3/	2013	e 4. 8.	
	and the same	*D	o not use	this form	for asbestos licer	isure exem	pted activities.				P. en	2 7 7

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

Date of Notification (1)			Name of Building Owner/Operator (2)  MORGAN HUDSON  Street Address  218 FELLS ROAD  City, State, Zip Code  ESSEX FELLS.NJ.07021										
4-23-2013			MOF	KGAN	HUD	SON Z	17.		1500	No.			
Agencies Notified	on S		Addre		2020	1/47							
[ ]EPA	[ ]EPA [X]Initial Notification					ROAD	0 13	17829 P	1 2:1	11,			
[ ]DEP			State,		Code	1/20 000	200		2 1				
[X]DOL	S,NJ,07021	· Condiction	· <i>U</i>	1.17	1 .	E .							
[X]DOH		Telephon	e Number	_1SEH	V.V	¥+							
[ ]DCA	[ ]EMERGENCY	SON	-			,							
				FACIL	ITY I	NFORMATION					10:64		
Name of Facility Wh Same as above		Takin	g Pla	ce (3)			Type of Facil	(K-12)	inger and				
Street Addres			-1					ter 8 (Othe i.e., priva					
								uildings, h				×	
			Selfiel	1000	1	e should be	Square Feet	# of Floo	rs B		. Ag	9	
			(ST			nty Code (7) ATE USE ONLY)	2200 2 70 Current Use (Prior if being demolished)						
												d)	
Name of Monitoring		ssex	ASC	M No.	110,400	Name of Abate	ment Contracto	r (9)	·	1	9.016.6		
Name of Monitoring Firm hired by Building ASCM No Owner (8) N/A							ECH MANAGEMENT, Inc.						
Street Address						Street Address 86 Christopher St.							
City, State, Zip Code						City, State, Zip Code Montclair, NJ 07042							
Project Manager for Monitoring Firm Tele				e Numbe	r	Telephone Num (973)744	이 생기에게 가는 사람들이 하는데 이번 시간 사람들이 되었다.						
Scheduled Start Date (10) Sched. Comp				Date (	(11)	Name of OSHA Monitor							
5-1-2013	5-2-	2-2013			N/A								
Month Day Occupancy Status Du		Day Year			Street Addres	ж.			140				
[X]Facility Cl of Abateme	osed/Vacated Dur	ing Ent	ire 1	Period	У	City, State,							
	cribe: «OffHours occibe: «Other Occ			ript»									
Scope of Work (Chec [X]>3 sf or []>160 sf		[x		ovation olition		[x ]Mini [X]Glove	Containment wi -Enclosure abag Procedure Friable Procedu						
Locatio	n of		Is cati			Description	on of		Ab	ate	ment	Type	
Asbestos-Containing			Normally Used			Asbestos-Con	taining	Amount	P		R		
Material (ACM) TO BE ABATED			Solely By Main-			Material (i.e., therma		(Specify	M C	1	E P		
In Facility			Custourar			sulation, surf	LF)	V A		I			
(13) Y		Yes	Staff (12)			or other misce	llaneous)		I		R	RE	
Basement		100		X	Pip	e Insulat	ion	90 lf	X				
eric con a car			al v	13.3		A MENT		1-75 kg 6/6		3 1.			
							1230						
			DEP W	aste		oic Yards	Name of Regi		fill	-			
Name of Registered AZTECH MANAGE		На	uler	ID No.	of	Waste 1.5	G.R.O.W.	S.	411		17.7		
AZTECH MANA		На						S.					
	GEMENT, INC	На	uler		Dis	sposal Date	City, State Morrisvi	1	190	67			
AZTECH MANA	GEMENT, INC	· Hay	uler		Dis	sposal Date	City, State Morrisvi	1	190		31.6		