State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23037

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

Date of Notification (1)					Name of Buil	ding Ow	ner/Operator (2)	4-	7			
5/8/2013					ROBERT &	LIND	A LINDQUIST	K	44			-
Agencies Notified	Type Notifica	ation			Street Addre					-		
EPA EPA	, Initial				9 HILLCRE	ST DR	IVE				C.	
☐ DEP	Amend	ed Ame	endmer	nt#	City, State, Z							
□ DOL	Emerge				RANDOLP						(70
□ DOH	justifica			,	Name of Cor		77007		Tele	nhone	e Num	
DCA	☐ Cancell				DAVID J. D		IF A		1 1010	phone	rtain	
					FACILITY IN				-	_		100
Name of Facility Where Ab	atement is T	aking F	lace (3		AOILITTIN	OININ	ATION .	Type of Facility (4)	_			
PRIVATE RESIDENCE				,				School (K-12)				
Street Address								Subchapter 8 (Other	er the	n K-1	2)	
3 W. CAPE COD (W. 92	ND ST 11 AP	JE						Other (i.e., private				ildinas
City (5)	ND ST.JUAL	VE.	-					Square Feet				. Age
PEAHALA PARK, NJ								oquare i eet	1 01	1 1001	bidg	. Age
County					County Code	(7) (87	ATE USE ONLY)	Current Use (Prior if bei	ina de	molic	hod)	
OCEAN					County code	(1) (31	ATE OSE ONET	Current Ose (Frior ii bei	ing de	illons	neu)	
Name of Monitoring Firm H	ired by Ruildi	na Owa	nor (9)		ASCM No.	Nome	of Abatement Con	tractor (0)				
Traine or workoring raining	ned by buildi	ng Owi	iei (0)		ASCIVI NO.							
Street Address					<u> </u>		M KIDGE ENVI	RONMENTAL INC.				
Oliect Address								OLD				
						_	ACK FOREST R	UAD		_		
							ate, Zip Code	•				
Drainet Manager for Manite	ring Circo	Talan	hana N				LTON, NJ 0869	I	11:	NI		
Project Manager for Monito	ring Firm	reiep	hone N	10.			one No.			ise N	0.	
Ct-+ D-t- (10)		Caba	1		i D-t- (44)	609-89			0067	6		
Start Date (10)		100000000000000000000000000000000000000		omplet	ion Date (11)		of OSHA Monitor					
5/10/2013	L-41 /O	5/10/2				N/A						
Occupancy Status During A						Street A	Address					
Facility Closed/Vacate					ent	01 01	:					
Abatement performed outs		ig nour	s SPIVI-	2 AIVI		City, St	ate, Zip Code					
ESSENTIAL PERSONNE											-	**********
Scope of Work (Check all the	nat apply)				_	•		Full Containment w	ith Ne	gative	e Pres	sure
$\sum_{n=0}^{\infty} \ge 3 \text{ sf or } \ge 3 \text{ lf}$					Renovat			Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					M Demoliti	on		Glovebag Procedur				
								☐ Non-Exempted (*) 8				
		0.00	Locati mally (Description	of Ashe	estos Containing		Abate	emen	t Type	
Location of Asbestos-C			Solely b		1 2 2		thermal systems	Amount (Specify SF or	D	_	Encapsulate	ᄪ
Material (ACM) TO BE A	BATED In	10000000-00000	_	/Custo			g, VAT, or other	LF)	em	Repair	aps	당
Facility (13)			Staff?		n	niscellan	eous)		Removal	<u>≅</u> .	i ia	Enclosure
		Yes	No	N/A							te	w
EXTERIOR			Y		TRANSITE	SIDING	3	1000 SQ. FT.	X			
*												
							4		l.			
	1000						-					
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Lar	ndfill			
TIMSTER TRUCKING					Commence and the commence of t		The second second	CDOWS				
			21079									
City, State					Disposal Date	City, State						
WEST CREEK, NJ Completed By						0:	5/10/2013	MORRISVILLE, PA				
Completed By		vear.			7)27-Mar	NATA 1	Date					
DAVID D'ANDREA		PRES	IDEN'	Γ		100	wing.	Michelen	5/8/2	013		

CK# 25/66

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

Date of Notification (1)	/9/13			Name of Building Owner/Operator (2) Judith BeBout											
Agencies Notified	Type Notific	ation	1.1111	Stree	t Address			, A	111	1,7	4.	0			
EPA DEP	Initial Amende	d			Ctata 7ia /		Buttonwood	Street				<u> </u>			
⊠ DOL	Amendm Emerger	nent#	ina	City,	State, Zip (bertville, NJ	08530	4						
⊠ DOH	justifica	tion)	iiig	Name	e of Contac	ot .		Telephone Num	be <u>r</u>		7				
□ DCA	☐ Cancella	tion			Jı	udith BeBout					- Continue				
		- III	(0)	FA	CILITY INF	FORMATION	T (5 10)	-74							
Name of Facility Where		Resider					Type of Facility School (K-1)	0.500							
Street Address		ittonwo		eet			Subchapter	8 (Other than K-1) private & commerci		dings					
City (5)							Square Feet	# of Floors	В	dg. A					
	Lambe	rtville,	NJ 08	Control of the Control	1 0 1 7	7) (07/175	1500	rior if being demoli		9	0				
County (6)	nterdon				nty Code (7) (STATE	Current Use (Pr	Residential							
Name of Monitoring Firm		ding Own	er	ASCM	No.	Name of Abaten	nent Contractor (9					_			
(8)	MECS						ens Environi	mental Servic	es, Ir	ıc.					
Street Address	DO Dox	2/1				Street Address	PO F	3ox 322							
City, State, Zip Code	PO Box	341				City, State, Zip C		JOX 322			_	_			
	osswicks,	NJ 085	15					n, NJ 08501							
Project Manager for Mor	[[[전문] 2011 11 구경된] (1 11 11 11 11 11 11 11 11 11 11 11 11	r	0.000	ephone		Telephone No.	0.0600	License No.	0040	,					
William Wo		r. Scheduled			8-4070 ata (11)	(609) 25 Name of OSHA			049.)					
5/22/13		ocheduled	5/24		110 (11)	Name of Control		ECS							
Occupancy Status Durin	ng Abatement	(Check or				Street Address	BO 5	211							
Facility Closed/Vacat Abatement Performed															
Other - Describe: 8			anty rio	urs —		City, State, Zip C		cs, NJ 08515							
Scope of Work (Check a	all that apply)		Renova Demoliti			Mini-End Gloveba	ag Procedure	gative Pressure							
		1	s Locat						_	bate					
Location			Normal ed Sole	ly by		Description of				Тур	e	\vdash			
Asbestos-Containing N TO BE ABAT		M	aintena Custod	al		tos Containing Mat thermal systems i		Amount (Specify	Rer	Repair	Enc	Enc			
IN Facility (13)	,		Staff?	•	, ASSESS	surfacing, VAT, other miscellaneo		SF or LF)	Removal	air	Encapsulate	Enclosure			
		Yes	T	N/A							late	Ф			
Baseme	ent			×		Pipe Insulat	ion	170 lf	×						
Name of Registered Was	ste Hauler		Т,	NJDEP '	Maste 1	Cubic Yards	Name of Regis	stered Landfill		4					
Stevens Environr	vices In		Hauler II		of Waste	Traine of Negli	T.R.R.F., I	nc.							
City, State Allentown, NJ						Disposal Date 5/24/13	City, State	Tullytown,	рΔ	,					
Completed By Title						Signature /	17/	Date		17.6		-			
Mahlon E. Ste	evens		Projec	t Mar	nager	_ 41	/		5/9	/13					

CK 29927

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

Date of Notification (1)		Name of Building Owner/Operator (2) Sussex County Community College										
05 / 08 /	13	_		Sus	sex Cou	nty Community	College	147/12				
Agencies Notified Type Notifica	tion			Street	Address		-		112			
☑ EPA ☑ Initial				One	College	Hill Road	~ ~	6 / 1	***	50		
☑ DOLWD ☐ Amended			1	City, S	tate, Zip C	ode		SILEN'S				Alexander 1
☐ DCA ☐ Emergence		uding		New	rton, NJ	07860						
(NJAC 5:23-8) Emergence justification		uding	1	Name	of Contact			Telephone Number	er	40		
☐ Cancellati	on			Kev	in Evans	li .			7	(1)		
				FAC	ILITY IN	FORMATION		-				
Name of Facility Where Abatement is T	aking F	Place (3	3)				Type of Facility ((4)				
Sussex County Community Co	llege -	- Build	ling	E			School (K-12					
Street Address							Subchapter 8	3 (Other than K-12) rivate and commerc	ial hui	Idina	2	
One College Hill Road							homes, etc.)		ui bu	iuiiig	٥,	
City (5)							Square Feet	# of Floors	Blo	lg. Ag	e	
Newton							40,000	4	4	13		
County (6)			Jesille.	Coun	ty Code (7))(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Sussex							College					
Name of Monitoring Firm Hired by Build	ling Ow	vner (8		ASCM I	No.	Name of Abateme	ent Contractor (9)					
Environmental Health Investiga	ations			0010	4	Superior Aba	tement Inc					
Street Address						Street Address						
655 West Shore Trail						2 Henderson	Drive					
City, State, Zip Code						City, State, Zip Co	ode					
Sparta, NJ 07114						West Caldwe	II, NJ 07006					
Project Manager for Monitoring Firm				phone I		Telephone No.		License No.				
JP Von Dochren						(973) 808-161		00411				- Dies
						Name of OSHA N						
05 /21 /13	06	_ / -	04 / 13 Superior Abatemen				itement Inc					
Occupancy Status During Abatement (0						Street Address						
☐ Facility Closed/Vacated During Entir						2 Henderson	Drive					
Abatement Performed Outside of No Time of Abatement:AM				A AM								
						West Caldwe	II, NJ 07006					
Scope of Work (Check all that apply)						⊠ Full Con	tainment with Neg	native Pressure				
≥3 sf or ≥3 lf		⊠ Ren				☐ Mini-End	closure	Jan 10 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
≥160 sf or ≥260 lf	L] Dem	olitic	on			g Procedure	n-Friable Procedure	,			
		ls L	ocat	ion	l	L Non Exc	impled () did 140	in Thable Treeday.		atem	ent Ty	vpe
Location of			rma			Description of						
Asbestos-Containing Material (ACM)	Used Main			Asbe	stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	nca	ncic
TO BE ABATED IN Facility		Custo	dial		(1.6	surfacing, VAT		SF or LF)	oval	=	Encapsulate	Enclosure
(13)			(12)	LAUA		other miscellane	eous)				late	Ф
	-	Yes	No	N/A								
Boiler Room					Boiler F	Pack, Boiler,Tan	k⋒ Insul.	330 SF	\boxtimes			
Boiler Room	1				Cement	titious Elbows		50 EA				
Boiler Room	[Fire Br	ick		100 SF				
Boiler Room					Caulkin	g & Rope Gask		160 LF	\boxtimes			
Name of Registered Waste Hauler	1000	JDEP \		Cubic Yards of	Name of Regis							
Service Transport Group, Inc		lauler II SW21		Waste 30	Minerva La	andfill						
City, State			Disposal Date City, State									
New Castle, DE						6/04/13	Waynesbu	ırgh, OH				
Completed By (Print or Type)	Signature Date											
Nick Petrovski	Pre	esider	ıt				Ed Off	Bun &	<u> </u>	8-	/3	

dr 4504

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

Date of Notification (1)	Name	Name of Building Owner/Operator (2) PSE & G Street Address							
Agencies Notified Type Notification	Street	S E a	6		1981,	31-24	1 11/1		
	Sileet		HADE	1 EVOR	28	5.7	SI,	(j)	
EPA Maintial Amended	City, S	State, Zip Code	01	-C) - M	444	1	Ø4		
DOL Amendment Emergency (ouTH Y	LAI	NFIELD	NJ	0:	10	80)
DOH justification)	Name	of Contact	00		Telephone N	ımbası	ALC: N		
DCA Cancellation	1011	CILITY INFORMA		MARU					7
Name of Facility Where Abatement is Taking	g Place (3)	CILITY INFORMA	ATION	Type of Facility	(4)				
PSE4G-HOMES	SIEAD			School (K-					
Street Address	- 11				r 8 (Other than K- private & commer		ildinas	hom	ec.
3800 WEST SID	E AVE.			etc.)					CO,
NORTH BERGE	11 NIT	0704	7	Square Feet 180	# of Floors		Bldg.		-
County (6)	Count	y Code (7)			ior if being demol	ished)	PPX	9	3yr
HUDSON	(STATE	É USE ONLY)			STATIO				
Name of Monitoring Firm Hired by Building C		CM No.		of Abatement Co	ntractor (9)	-			
ENVIRONMENTAL TACTICS	004	ļ5 			S OF AMERIC	CA IN	C		
Street Address 64 BROAD STREET				Address WHITEHEAD	AVE.				
City, State, Zip Code	A. 1912 222-1-1-201-0-1	3		itate, Zip Code					
MATAWAN, NJ 07747				TH RIVER, N	NO. CHICAGO SA				
Project Manager for Monitoring Firm TOM GEIGER		one No. 290-2217	520 000 000 000	ione No. 432-8350	License 01111				D
/ - / - /	Scheduled Completion		10 879 700 700	of OSHA Monitor					
S / 23 / /3 Occupancy Status During Abatement (Check	9/23/	13		Address	S OF AMERIC	<i>-</i> A			
Facility Closed/Vacated During Entire P	15 050		1 2 555	NHITEHEAD	AVE.				
Abatement Performed Outside of Norma	al Facility Hours	1.	City, S	tate, Zip Code					
Other - Describe: Mcessary o	geralars of	ky	SOU	TH RIVER, N	J 08882				
Scope of Work (Check All That Apply)	_			,	1.000		1103900		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition			Full Containm Mini-Enclosur	ent with Negative	Pressu	ıre		
				Glovebag Pro	cedure	1010 122			
	Π	T	L	Non-Exempte	d (*) and Non-Fria	able Pro	-	e ement	
Location of	Is Location Normally	-	Description	of				ре	
Asbestos-Containing Material (ACM)	Used Solely by Maintenance/	Asbestos Co	ntaining M	laterial (ACM)	Amount			ш	_
TO BE ABATED In Facility	Custodial Staff?		al systems facing, VA	insulation, T, or	(Specify SF or LF)	Remova	Repair	псар	nck
(13)	(12)		r miscellan		•	oval	yair	Encapsulate	Enclosure
	Yes No N/A							te	u
CONTROL ROOM	X	TRANS,1	E Flo.	OR PANELS	88	X			
						'			
N- (5.11									
Name of Registered Waste Hauler	NJDEP \		ic Yards laste		Registered Landf	ill			
WASTE MANAGEMENT	1125	AM	x. 4		S NORTH				
City, State ELIZABETH, NJ			osal Date	City, Stat MORR	e SVILE, PA				
Completed by	Title					ate /	1		
CAROL RAIMO	OFFICE MGR.		_	aral X	aimo!	3/9	7/1	3	

Paragon Job#

							Sept Section 1					
Date of Notification (1)				ner/Operator (2					Colub	200 (2.23)	51,000,000	25-3120
Agencies Notified Type Notific	ation	Mercer C Street Addre		rk Commissi	on							
⊠ EPA 🔽												
DEP Initial	L		kwell Rd				2/4	3				
Men Amen		City, State,	Zip Code				VED	ربي اک	-		1	
_ Anendment			ton, NJ 0	8534				en i				
DOH Emergenc		Name of Co	ntact				Telepho	ne Number				
☐ DCA ☐ Cance		Frank Z	abawa						د			
			FAC	ILITY INFORM	IATION	J.		The state of the s				
Name of facility where abatement	is taking pi	ace (3)					Type of Facility	(4)	-	2	_	-
Residential							Scho	ol (K - 12)	a" .			
Street Address							Other	hapter 8 (Oth (Private/Con	nme		-12)	
80 Cedarville Rd.								./Homes, etc.				
	T Cou	nty (6)					Square Feet	# of Floors			dg. A	ge
City (5)	1000	nty (O)				inty Code (7) ite use only)	1,500 sf	02		80		-
East Windsor	Me	rcer			(Sta	ite use only)	Current Use (F Vacant	rior if being o	met	olishe	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatement						-
·		J. (J)		AGGIVITIO.								
N/A Street Address					_	Paragon Contract Street Address	ing, Inc.					
Street Address												
City State Zip Code						590 River Rd.						_
City State Zip Code						City. State, Zip Code						
					_	Clifton, NJ 0701	4					
Project Manager for Monitoring Fire	n	Ph	one Numb	er		Telephone Number		License No	umb	er		
						(973) 614-1600		00748				
Scheduled Start Date (10)	Sched	. Completio	on Date (1	1)		Name of OSHA Moni						
05/22/2012	05/2	4/2012				Paragon Contract Street Address	ting, Inc.					
Occupancy Status During Abateme					-							
Facility closed/vacated during			ment			590 River Rd.						
Abatement performed outsid						City, State, Zip Code						
Describe:					-	Cliffon NI 0701	я.					
Other-Describe:						Clifton, NJ 0701	4		_			
Scope of Work (check all that app	Para .											
	Renovation	on			∐ F	ull Containment w/neg	ative pressure	☐ Glovebag	g pro	cedu	ire	
	≥160 sf or	≥260 If				fini-enclosure	Non-Exer	npted (") No	n-fri	able	proce	edure
Location of		n normally i		/				1000	RT	R	E	T
asbestos-containing	staff(12)	enance/cust	odial	Description	on of a	sbestos-containing	Amount	1 7	e m	e p	n	E n
material to be abated in facility (13)			Г	material (ACM)		(Specify S	SF or I	5	a	a	C
, , , , , , , , , , , , , , , , , , , ,	Yes	No	N/A	1				13	1	1	р	L
House Exterior		X		Transite Sic	ding		2,000 SF					I
Shed Exterior		X		Transite Sic			500 SF		X	H	一	H
									==	러	금	H
							_		+	=	十	H
							_		#	-		
Registered Waste Hauler	INIDI	L EP Hauler II) L)# T C	ubic Yards of V	Vaste	Name of Registered	l andfil!				Ц	
Paragon Contracting, Inc.	221		1	5 cyds		Tullytown/GROV						
City. State		T	Disposal D			City, State						
Clifton, NJ 07014			TBD			Tullytown, PA						
Completed by (Print or Type)	Title			Signature	77			Date				
Goran Lazevski	Presiden	t		11	V /	2		05/09/20	13			

CHECK#: 8157.

Date of Notification (1)			Name	of Building	Owner	Operator ((2)	JA.					
5/08/13				Mary	ann	E P	ICKETT		<i>b</i>				
Agencies Notified Type Notification □ EPA ☑ Initial	2:40		Street /	Address 722	ß	aldwn	. 55	ł.	T.			gill'e	
DEP DEP Amended	7.00			ate, Zip C	ode			850		7.			
☑ DOL Amendment ☐ Emergency (N	EW M	licfor	O, N	.5 0	7646		15			
	Total Control			of Contact				Tel	lephone N	ımber			
□ DCA □ Cancellation			/	Mary	ANN		CKETT	1_			ereni		
Name of Facility Where Abatement is Taking	Place (3)		FAC	ILITY INF	ORMA	TION	Type of Facility	(A)	<u> </u>			-	
Pickett	i lace (5)	,					g memberakan dan merupakan. Berang menalah menalah	>-70050 (
Street Address		-					☐ School (K-☐ Subchapte		r than K-1	2)			
222 Bardwin	4UE						☑ Other (i.e. etc.)				dings,	home	es,
City (5)							Square Feet	# 0	f Floors	T	Bldg. /	Age	
NEW MILFOLD						- 1	1,550		2		S	04	
County (6)				Code (7) USE ONLY	,		Current Use (Pr	rior if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	CM No.			of Abatement Co C Contracting In		(9)				
Street Address							Address owell Road					-	
City, State, Zip Code		-					ate, Zip Code Rock, NJ 07452						
Project Manager for Monitoring Firm		Telep	hone No.			one No. 262-5841		License N 00156	lo.				
Start Date (10) 5 20 13	Schedul	ed Con	npletion 0/13	Date (11)			of OSHA Monitor		es Inc.		-		
Occupancy Status During Abatement (Chec	eriod of A	ne) batem	Street 280 H				Address uyer Street				***		
☐ Abatement Performed Outside of Norma☐ Other - Describe:	I Facility	Hours	City, State, Zip Code Hackensack, NJ 07606										
Scope of Work (Check All That Apply)													
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emoliti				1 27	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure						
	le	Locati	on				Non Exempted	() and .	NON-1 Habi	T 100	-	ement	t
Location of	ı	Normal	ly		D	escription	nf.				Ty	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	nce/		tos Con therma surfa	ntaining M	laterial (ACM) insulation, , or	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A							-		8	
Busomowt			/		PIPE	INSUL	atton	85	SCF	1			
									+				
Name of Registered Waste Hauler	JDEP W		Cubic	Yards	Name of	Register	ed Landfill	and the second	ALCO VIENO				
Rovic Transport	Hauler ID No. 20785 Cubic Yards of Waste J IESI PA Bethlehem Landfill Corp.												
City, State, Zip Code Riverdale, NJ 07457			Disposal Date 5 / 20/13										
Completed by Joseph Vocaturo				Signature Date 5/07/13									

Ch nog	•	(Pu	ırsuan	t to NJA	C 8:60 and 12	:120)						\neg	
Date of Notification (1)			Name o	of Buildi co Inc	ng Owner/Ope .(R&M)- Mai	rator (2 rcus l	²⁾ Hook Ref	inery				\dashv	
5/9/13 Agencies Notified Type	Notification		Street	Address									
	Initial	-	City S	tate. Zir	Code								
DEP	Amended Amendment #1		Marc	us Ho	ok, PA 1906	51		T	elephone Number		E		
	Emergency (including justification)	, [of Cont						15		-	\downarrow
DCA L	Cancellation		(500)		INFORMATIO	N	Type of Fa	acility (4)				13	1
Name of Facility Where Abater Sunoco Eagle Point Ref	ment is Taking Place inery	(3)					Scho	ol (K-12)	Other than K-12) te & commercial b	-51 th	, hom	ies,	
Street Address US Highway 130 South							etc.)		# of Floors	Bldg.		-	٠,٠
City (5)							Square F)	outside work	60	E)		()
Westville			Cour	nty Code	€ (7)		Current L	Ise (Prior if	being demolished)			
County (6) Gloucester					ONLY)	Name	Refiner of Abatem	ent Contra	ctor (9)				
Name of Monitoring Firm Hire	ed by Building Owner	(8)	A	SCM No).	Allia	ance Envi	ronmenta	al Systems, Inc). 			-
AET Inc. Street Address						Stree	et Address East Un	ion St.					
28 Pennell Rd.						City	State, Zip (Code	000				
City, State, Zip Code Media,PA 19063						1	st Cheste	er, PA 19	License No				\dashv
Project Manager for Monitor	ing Firm		Tele 61	ephone 0-891	No. -0114	610	phone No.)-701-90(00	00508				_
Tony Keir		duled Completion Date (11)					ne of OSHA	Monitor					
Start Date (10) 5/20/13	10/3	30/13				AE	et Address						
Occupancy Status During A	batement (Check Onl	y One)	atomer	nt		28	Pennell	Rd.					\dashv
Facility Closed/Vacate Abatement Performed	d During Entire Period Outside of Normal Fa	acility H	lours			City	, State, Zip edia, PA	19063					_
Other - Describe:				* * WIC	DESC	RIP	TION C	N ATT	ACHED SHE	ET			
Scope of Work (Check All 7 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	L	Re X De	novatio	n	, (CL)		H Full	-Enclosure	ill war rogan			:	
210001012							☐ Nor	i-Exempted	() and North Ha	1	Abate Ty	HOIL	
			_ocatio		1	Descri	otion of				1 9		
Location of Asbestos-Containing Machine To BE ABA In Facilit (13)	Material (ACM) TED	Used	Solely ntenan odial Si (12)	by ce/	Asbestos C (i.e. therr	ontaini nal sys	ng Material stems insula g, VAT, or cellaneous)	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	D	ine In	sulation		16,308 LF	Х			
Crude U	Init			X	I		nt Insulati	on	3,200 SF	Х			
Crude U	Jnit			X	35.55		te Board		14,925	Х		_	-
Crude L	Jnit			1^	-								
	eto Hauler			JDEP \	Vasio	ubic Y			of Registered Land	ITIII			
Name of Registered Was Waste Management	t Of Camden			Hauler II 7273	40	Waste 00 isposa	al Date	City, St	s Landfill				
City, State Camden, NJ		Title				BD	grature,	Tullyt	own, PA	Date - 05/09	9/13		
Completed by Robert M. Casciato			sident	i				U	the				

Q# 2429

			suarre to		(2)		A .	•					
e of Notification	(1)		Name o	f Building Ow n Board of	ner / Operator (2)	7400							
	5/9/13		Street A	ddress	Ludoution	11/1/13	₹÷.						
encies Notified	Type Notifica	tion	1400 D	rospect Str	eet		M 2. 20		_				
] EPA	Marian Maringana		City St	ate & Zip Cod	e 🐃	30 0 117	7 €						
DEP	☐ Initial		Tronto	n, NJ 08638	e 🤼	11/12	- I - I	ohone N	lumb	or			
DOL	☐ Amen		Nome	of Contact			Lielel	onone iv	unib	21			
DOH	☐ Emer	gency	Name C	erett O. Co	llins		10						
DCA	☐ Canc	ellation	100000000000000000000000000000000000000				- GP						
			FAC	ILITY INFO	RMATION								
ame of Facility W	Iboro Abateme	ent is Taking Pla	ce (3)		Type of Facility (4 ⊠ School (K-12) NON SUBCI	HAPTER						
me of Facility VV	mere Abatem	Site to Tanang			School (K-12	(Other then h	(-12)						
adwalader ES					Subchapter 8	(Other than h	ercial buildings,	homes,	etc.)				
reet Address					Other (i.e. pr	vate & comme	Blda	. Age					
1 Ridgewood	Avenue				Square Feet	# of Floors		60	_				
=		To (C)	County C	ode (7)	70,000		3	- 00	_				
ity (5)		County (6)	County	,000 (.)	Current Use (Price	r if being dem	iolished)						
renton		Mercer			School								
				Troom No.	Name of Abatem	ent Contracto	r (9)						
ame of Monitorin	na Firm Hired	by Building Own	er (8)	ASCM No.	Bristol Environ	mental, Inc							
nvironmental	Connection				Street Address								
treet Address					1123 Beaver S	treet							
20 North Warr	en Street				City, State & Zip	Code							
city, State & Zip (Code				Bristol, PA 19	007							
renton, NJ 08	010				Telephone Num	per	License Nur	nber					
roject Manager	for Monitoring	Firm	Telephone	Number	(215)788-6040		00509						
RICK BEACH			609-392-		Name of OSHA Monitor								
Scheduled Start I	Date (10)	Scheduled Cor	npletion Da	ite (11)	Bristol Environmental Inc.								
E1201	42		5/31/13		Street Address								
		ement (Check o	nly one)		1123 Beaver	Street	12 200						
				atement		Code							
	ent Performed	Outside of Norm	al Hours -	7am to 3pm	Bristol, PA 19	007							
Abateme	: 3:30 PM	- 12:00 AM			Bristoi, PA 13	1001		100					
Describe	Occupied Durit	ng Abatement											
Scope of Work (Check all that	apply)			Г	7 Full Cont	ainment with Ne	gative F	ress	ure			
Scope of Work (Official all trials	-11.27			F	Mini-Enc	losure						
☐ ≥3 sf or	>3 If			enovation	F	T Clave Be	a Procedures						
			□ De	emolition	L	Non-Exe	mpted and Non-	Friable	Proc	edure			
⊠ ≥160 sf					Description		Amount	Abat	eme	nt Typ			
	Location of		Is Loca	ation	Asbestos-Conta	inina	(Specify			_			
Δς	bestos-Contai	ning	Normally	y Used	Material (ACI	M)	SF or LF)	מ	77	S			
73	Material (ACM	1)	Solel	y by	(i.e. thermal sys	stems		e e	Repair	apg			
4		:D	Mainten	Staff?	insulation, surfacil	na VAT		Remova	air	Encapsulate			
	TO BE ABATE	<u>.U</u>	Cuntodis		Illouiditori, our	.91			- 1	6			
	in Facility	<u>.D</u>	Custodia		or other miscella	neous)		1 1					
	TO BE ABATE in Facility (13)	υ :D	(12	2)	or other miscella	neous)		M		\Box			
5	in Facility	: <u>U</u>	Yes N	2) o N/A	or other miscella	neous)	2,137 LF		밁	밁			
	in Facility		Yes N	2) o N/A	or other miscella Window Ca	neous)	2,137 LF			밁			
Throughout	in Facility		Yes N	2) o N/A	or other miscella	neous)	2,137 LF			日日日			
	in Facility		Yes N	2) o N/A	or other miscella	neous)	2,137 LF						
	in Facility	:0	Yes N	2) o N/A	or other miscella	ulk	2,137 LF						
	in Facility	- - -	Yes N	2) o N/A	or other miscella	neous)	2,137 LF						
	in Facility		Yes N	2)	or other miscella Window Ca	ulk	NICHEOTE						
Throughout	in Facility (13)		Yes N	2)	or other miscella Window Ca	ulk	2,137 LF						
	in Facility (13)		Yes N	2) 0 N/A 0 N/A 0 D 0 D 0 N/A 0 D 0 N/A 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D	or other miscella Window Ca	ulk Name of Reg	jistered Landfill						
Throughout Name of Regis	in Facility (13)	-lauler	Yes N	2)	window Ca Window Ca te Cubic Yards of Waste	Name of Reg	NICHEOTE						
Throughout Name of Regis Bristol Envir	in Facility (13)	-lauler	Yes N	2) 0 N/A 0 N/A 0 D 0 D 0 N/A 0 D 0 N/A 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D	or other miscella Window Ca	Name of Reg	gistered Landfill						
Throughout Name of Regis Bristol Envir	in Facility (13) stered Waste Fronmental, I	-lauler	Yes N	2) 0 N/A 0 N/A 0 D 0 D 0 N/A 0 D 0 N/A 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D	window Ca Window Ca te Cubic Yards of Waste	Name of Reg	gistered Landfill						
Throughout Name of Regis Bristol Envir City, State Bristol , PA	in Facility (13) stered Waste H	-lauler	Yes N	O N/A	window Ca Window Ca te Cubic Yards of Waste Disposal Date	Name of Reg GROWS La City, State Morrisville	gistered Landfill	Date					
Throughout Name of Regis Bristol Envir	in Facility (13) stered Waste H ronmental, II 19007	-lauler	Yes N	2) 0 N/A 0 N/A 0 D 0 D 0 N/A 0 D 0 N/A 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D 0 D	window Ca Window Ca te Cubic Yards of Waste Disposal Date	Name of Reg GROWS La City, State Morrisville	gistered Landfill						



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) 05/08/2013 Agencies Notified Agencies Notification					Name of Building Owner/Operator (2) Heights Real Estate										it.
⊠ EPA						et Address East 62r		St		ζ.			7 c.		
DEP DOL	Amend Amend	ment #_		ıg		State, Zip , NY 100							6,	<u></u>	
DCA DCA	justifica Cancell			5		e of Conta Wong	ct			Telep	hone Num	ber	9		
					FA	CILITY IN	FOF	RMATION			***************************************			-	
Name of Facility Where Apartment/Commerc		Taking	Plac	e (3)					Type of Facility School (K-Subchapte	12)	thon K 1	21		\$12.00 Post	
Street Address 250 Fairmount Ave									Other (i.e., homes, etc	private &			ding	3,	
City (5) Jersey City									Square Feet 2,500 SF	# of 1	Floors	10.00	idg. 0+	Age	
County (6) Hudson					USE	inty Code ((7)	(STATE	Current Use (F Apartment/C						
Name of Monitoring Firm (8) Saban Engineerin		ilding O	wner		ASCM N/A	No.		ame of Abatem Valiant Asso	경기 - 경기를 하면 하는 사람들은 함께 되었다 1	9)					
Street Address 171 Windsor Street,	Suite 210			1	-		S	treet Address 45 Mill Stree							_
City, State, Zip Code	Kearny, NJ 07032						С	ity, State, Zip Co	ode						
Project Manager for Moni	roject Manager for Monitoring Firm							elephone No.			nse No.				
		0 1 1			2-372		_	973-553-537		_ <u>01</u>	108				
Start Date (10) 05/22/2013		Schedu 06/0			etion Da	ite (11)	V	ame of OSHA M aliant Assoc							
Occupancy Status During	Abatement								olates, ELO				_		
Facility Closed/Vacate	d During Ent	ire Peri	od of	Abate	ement 145 Mill Street										
Abatement Performed Other - Describe:	Outside of N	lormal F	acilit	у Нос	ırs			ity, State, Zip Co aterson, NJ							
Scope of Work (Check all	that apply)						_								=
>3 sf or >3 lf >160 sf or >260 lf				enovat				Mini-Enc Govebag	tainment with No losure g Procedure empted (*) and	25		dura			
				ocati				IV NOII-LA	simpled () and	INOII-I III	DIC FIOCE	1		ment	
Location o				Sole				Description of					Ту	oe -	
Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)			Cu	ntenar ustodia staff? (12)			the	Containing Mate rmal systems in urfacing, VAT, o ner miscellaneou	sulation, or	Amo (Spe SF or	ecify	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A										
Throughout the Buildi	ing				X	Plaster				7,500	-	X			
Roof X						Roofing	/Fl	ashing		2,500	SF	X			
									muasur						
Name of Registered West	Name of Registered Waste Hauler					N	0	ibia Varda	Name of Dea	atored La	- dell				
					NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. 20990 80 CY Minerva Landfill						5000000	`			
City, State New Castle DE					Disposal Date 06/07/2013										
					1.6/==-										
Completed By Miodrag Stamenovic Title Project Mana					nager M.J.K				Date 05/08/2013						

ASB41

[•] Do not use this form for ashestos licensure exempted activities.

Ot you

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

J.													
Date of Notification (1) 05/10/13		Name of Bu Princeton U	uilding Owner/O University	perator	(2)	F		63					
Month/Day/Year	T	Control of the Contro		0						77.59			
Agency Notified	Type Notification			P.O. box 21						īş.			
EPA DEP		ai ificatio	n		, Zip Code				d	25			
DCA	2020	nded	.	Princeton !				(7)		()			
DOH	Not	ificatio	n	Name of Co	ontact		Tel	ephone Nu	mber	4	4		
	Can	cellatio	n	Robert Ote	ego		La						
				FACILIT	Y INFORMAT	ION	-						
Name of Facility Where Abate Princeton University — Eno I		Place (3)				Type of Facility (4) School (K x Subchapter Other (i. e.	8 (Other	comme				
Main Campus - Eno Hall								f Floors	Bldg.	\ge			
City (5)	Cou	nty (6)			County Code (7)	25000	3	70+				
Princeton					(STATE USE ONLY)	Current Use (Prior	f being den	nolished)			
			(0)		ASCM No.	Nama	University of Abatement Contrac	tor (0)					
Name of Monitoring Firm His Pennoni Associates Inc	red by Building ()wner	(8)		ASCM No.		ated Specialty Contrac						
Street Address 515 Grove Street Suite 1B						170000000000000000000000000000000000000	Address Crue Avenue						
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342						
Project Manager of Monitori Alan Lloyd	ng Firm			Telephone 856-547-05			one Number 64-9622	355-07/113	Liceno 1103	e Numb	er		
Scheduled Start Date (10)		Scheo	l. Con	pletion Date	(11)	Name	of OSHA Monitor						
06/05/13				08/05/13		Criter	ion Labs						
Month/Day/Year		<u> </u>		onth/Day/Yea	ar	Street	Address						
Occupancy Status During Abs Facility Closed/Vacate	atement (Cneck o	Period	of Ab	atement			Progresive Drive						
Abatement Performed							State, Zip Code						
Hours - Describe:			ē										
Other - Describe:		-2222		and the second second	_								
Scope of work (Check all that	apply)					x	Full Containment w	ith Negativ	e Pressu	re			
Demolition				Renovation	n	x							
>3 sf or >3 if						x	Glovebag Procedure	•					
x > 160 sf or > 260 lf						x	Non-Friable Proced						
		Is		700000				Al	oatemen	_	F -		
Location of	1	ocation			cription of		Amount	R		E N	E N		
Asbestos - Containing Material (ACM)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ormally Used			os-Containing rial (ACM)		(Specify	E	R	C	C		
TO BE ABATED		olely		1	ermal systems		SF or	M	E	A	L		
In Facility	by	Main-		insulation	, surfacing, VAT	•	LF)	0	P	P	0		
(13)	1	nance/		or other	miscellaneous)			l V	A	S	S		
	1 57.67	ıstodial						A L	R	L	U R		
	Yes	No	N/A	-				1 "	K	"	E		
Throughout Basement	Tes	x	14/24	floor tile &	k mastic		2150 SF	х					
Basement room 8 and B 18		x		floor tile &	k mastic		410 SF	x					
Throughout Basement	x		pipe insula	ation		209 LF x							
Throughout Basement	x		plaster		0.000	2980 SF	x						
Name of Registered Waste H			EP Waste er ID No.	Cubic Yards of Waste		Name of Registered	Landfill						
Horizon Disposal				40		GROWS							
City, State Trenton NJ			A Britain Landing Control of the Con				City, State Morrisville PA						
Completed By (Print or Type	Title				Signature Date				1/2				
Mark Goshow			Proje	ect Manager		Man Felina 5-10-1							

Princeton University - Eno Hall Basement through 2nd floor Additional ACM Sections

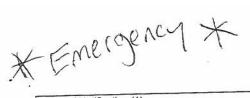
Location of ACM Description of ACM Amount Abates	neni
Basement copy room and hallway pipe insulation & fittings and seement Exterior pipe insulation & fittings and pipe insulatio	1913 MAY 13

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

										19-15			
Date of Notification (1)	May 8, 2013	X151111			Name of Buildi		perator (2) n & Country Dea	lership	4	29	61	9	Desire
Agencies Notified [X] EPA	2 2	l Notific			Street Address	701 I	Rte. 202			5			
[x] DEP [x] DOL	Amer	ndment	tification # including		City, State, Zip		gewater, NJ 0880)7					
[x] DOH [] DCA	justif	ication) ellation			Name of Conta Dar	et Quinn		Telepho	one Number				
				FAC	CILITY INFOR	RMATION							
Name of Facility Where Ab	oatement is Takin n & Country l						Type of Facility	Scho	ool (k-12) chapter 8 (ot	herthar	k-12)		
Street Address 701	Rte. 202						[x]	Othe	er (i.e., priva es, etc.)			ial buil	ldings,
City	900 SWC/III	Coun	ty (6)		County Code (7) (STATE USE O		Square feet 10,000 sf	# 0	f Floors 1	Bldg	g. Age	50	
Bridgewater		Som	erset				Current Use (Pri	1000 per na sa	demolished)			
Name of Monitoring Firm I N/A		Owner	(8)		ASCM No.	Name o	f Abatement Contra Gua		ntracting,	Inc.			
Street Address						Street A		Route 9	9, Unit 61			7500	
City, State, Zip Code						City, St	ate, Zip Code		New Jers	ey 08	755-1	271	
Project Manager for Monito	roject Manager for Monitoring Firm Telephone Nu						one Number 49-9932		License N 00624				
Scheduled Start Date (10) 5/8/13			Scheduled 5/10/		tion Date (11)		f OSHA Monitor	.S.L. An	alvtical				
Occupancy Status During A	Abatement (Check ity Closed/Vacate		ne)		f Abatement Street Address 105			Stelton					
5 5	ement Performed r – Describe	Outside	of Normal	Facility F	1 TO					54			
										_	J-1		
Scope of Work (Check all t	hat apply)					[Full Containn		Negative Pre	ssure			
[]			г 1			Ĺ	Mini-Enclosu						
[]	or≥3 If sf or≥260 If		[x]	Renova		[x	Glovebag Pro Non-Exempte		Von Frighte	Proced	ire		
[X] ≥100	SI 01 2200 II		[^]	Demon	ition		1 Non-Exempte	a () una i					
										Abat	ement	Туре	,
Herri Walla			Is Locati			Descripti				R	R	E	E
Location o		1	Normally 1		4	Asbestos-Co Material (100	Amount pecify SF	Е	Е	N	N
Asbestos-Containing M TO BE ABAT		Mair	Solely b ntenance/C	•		i.e., therma		Fig. 22 - 5	or LF)	M	P A	C A	C
in facility		1770011	Staff	dotodiai		nsulation, s			/	O	I	P	0
(13)			(12)			VAT,				V	R	S	S
		YES	NO		1	other miscel	laneous)			A		L	R
	N/A						L		Е	Е			
Exterior		Roof flashi	ng		750	0 lf	X						
Interior office #2		Asbestos flo	oor tile and	l mastic	140	0 sf	X						
Name of Registered Waste			NJDEP Wa	ste Hauler 20223		Yards of Wa			ındfill		n - 14 - 14	L. C.	
Guardian Cor City, State	sal Date	City, S	T.R.R.F	•									
Toms River,	5/13/	/13		town, Pennsylva	nia								
Completed by (Print or Typ		Title Proje	ect Manas	per	Signature	1	11.	1	/	Date 5/8/	2013		



CK 3226

ate of Notification (1)		H	Nar An	me of Bu	ilding Owner/Card (Private	Operator ((2)				50			
gencies Notified	Type Notification			eet Addre	ess rd Road					GV -	ا			
EPA DEP	Initial Amended Amendment #_		City	y, State, edford	Zip Code NJ 08055					(D)				
DOL DOH	Emergency (inc justification)	cluding	5230	me of Co	ontact				Teler	phone Numb	er D			
] DCA	Cancellation				YINFORMAT	ION								
Anna Blisard (Priva	Abatement is Taking F ate home)	Place (3)					Sub Sub	ool (K-12) chapter 8 er (i.e. pri	(Othe	r than K-12) commercial	building	gs, ho	mes,	
53 Hartford Road City (5)						<u>y-</u> 1	Square F		# of 2	Floors	Bldg 35+	. Age		Jinos
Medford NJ 08055 County (6)				ounty Co	de (7) E ONLY)			Jse (Prior	if beir	ng demolishe	d)			
Burlington		(0)	1,-	ASCM N	Jo.	Name	of Abatem	nent Cont	ractor	(9)			JUNE 194	
Name of Monitoring Fire N/A	m Hired by Building O	wner (8)		ASCIVIT	1	Perr	naco Inc. t Address					•		
Street Address						PO	Box 329							
City, State, Zip Code							State, Zip (st Berlin		91					
Project Manager for Me	onitoring Firm		T	elephone	e No.	Telep 856	ohone No. 3-753-980	00		License No 00727).			
Start Date (10)		Scheduled 5/12/13	Comp	pletion D	ate (11)	Nam Sar	e of OSHA ne	Monitor						
5/11/13	ing Abatement (Check)			Stree	et Address							
Facility Closed/V	acated During Entire F rmed Outside of Norm weekend home owne	eriod of Ab	ateme	ent		City,	State, Zip	Code						
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260			enovat				Mini-	Enclosur	e cedure	th Negative F e nd Non-Friat	ole Proc	edure)	
		Is	Locati	.on								Abate Ty	ment	
Asbestos-Contain TO BE In F	tion of ing Material (ACM) <u>ABATED</u> acility 13)	Used Mai Cust	ormal d Sole ntenar odial S (12)	ly by nce/ Staff?	(i.e. the	rmal syste	g Material (ems insulat	(ACM) ion,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
Ded		Yes	No	N/A X		Floor	Tile			300 SF	x			
Red	rooms			<u> </u>								_		+
									+		+	-	-	-
			L	NUDED !	Norto C	Cubic Yar	ds	Name o	of Regi	istered Landi	fill	1		1
Name of Registered United Container			- 11	NJDEP V Hauler IC 22459	10010	of Waste		G.R.C						
City, State					1	Disposal [5/13/13	Date	City, St Morris	ate sville	PA 19067				
Elm NJ Completed by		Title					ature O				Date 5/9/13	3		
Anthony T Perna	1	Pres	siden	t ———		1		_				(-

* Energency *

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

CK 3223

Date of Notification (1) 5/8/13					Building (Kemp((1)		23			
Agencies Notified	Type Notification			Street Ad	ddress st 92 St						7		()		1	
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Co Beach Tv		J 08008									
DOH DCA	Emergency justification) Cancellation	A 450		Name of Steven	Contact			// 		Tel	ephone l	Numbe	er_			
		10		FACII	LITY INFO	RMAT	ION						T)		
Name of Facility Where Steven Kemp Priva		g Place (3)	, ,,,,,,,,					-	of Facility (4			3				1.7%
Street Address 11 West 92 St						-			Subchapter Other (i.e. p	8 (Oth			uild	ings,	home	s,
City (5) Long Beach Twp N	J 08008								e Feet	2	Floors			dg. A	ge	
County (6) Ocean				County C	Code (7) ISE ONLY)			Curre	nt Use (Prid	or if bei	ng demo	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.			of Abai	tement Con	tractor	(9)					
Street Address							100000000000000000000000000000000000000	Addres	\$52			9				
City, State, Zip Code			- H-K				City, S	tate, Zi	p Code n NJ 080	01					-	
Project Manager for Mor	nitoring Firm		-	Telephor	ne No.		Teleph	one No 753-9	o.	-	License 00727					
Start Date (10) 5/9/13		Scheduler 5/13/13		pletion [Date (11)	ń		of OSH	A Monitor							
Occupancy Status Durin	a Abatament (Char							Addres	-							
	ated During Entire ned Outside of Norr	Period of A	batem						p Code							
Scope of Work (Check A	All That Apply)												-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		green controls	enova emoliti				 	Mir	I Containme ni-Enclosure vebag Prod n-Exempted	e edure	ă				9	
		le l	ocati	on			-	- 110		7					ment	
Location	n of	N	ormall	ly		П	escription	of				L		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) <u>ATED</u> lity		Soleintenar odial S (12)	nce/		tos Co therma surf	ntaining Nal system facing, VA	Material s insula T, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				Name of							(D	
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City, State Elm NJ						Disp 5/8/	osal Date 13		City, Stat Morrisv		A 1906	7				
Completed by Anthony T Perna		Title Presid	dent		-		Signature	e e				Date 5/8/				



CK 3225

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

Date of Notification (1) 5/9/13					f Building t Shacke)		\$		5	55. 39	-	3
Agencies Notified	Type Notification			Street A	ddress						(5)		-	-<-		-
EPA DEP DOL	Initial Amended Amendment	#		City, Sta	Beach ate, Zip Co Beach T	ode	08008		TO NAME OF THE OWNER, O				=======================================	J J	-	4
☑ DOH DCA	Emergency justification) Cancellation		F		f Contact				¥	Tel	ephone l	Numb		: :		
Name of Facility Where	Abatement is Takin	g Place (3)	FACI	LITY INFO	ORMATI	ON	Tyne	of Facility (4)	C)					
Forest Shackelton Street Address 12300 Beach Ave	(private Home)		<u> </u>		ale a como d				School (K-1 Subchapter Other (i.e. p	2) 8 (Oth			huild	linas	home	ac.
City (5)								e	etc.) re Feet		f Floors			dg. A		,
Long Beach Twp N County (6)	J 08008			County	Code (7)			1000		2		U-L	3	5 +		
Ocean	2000			(STATE	USE ONLY			Hous	nt Use (Prio se & Gara	age	ing demo	lished	1)			
Name of Monitoring Firm N/A	Hired by Building (Owner (8)		ASCN	l No.			of Abat aco In	ement Con	tractor	(9)					
Street Address							100000000000000000000000000000000000000	Addres Box 32				12				
City, State, Zip Code									p Code n NJ 080	91						-
Project Manager for Mon	itoring Firm			Telepho	ne No.		1	none No 753-98			License 00727					
Start Date (10) 5/22/13		Schedule 5/29/13		pletion	Date (11)		Name Sam		IA Monitor							
Occupancy Status During			00.87				Street	Addres	S							
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Project Manager for Mor	nitoring Firm			Telephor	ne No. 4-3762	Te	elepho	ne No.			Licens 0113					
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Township of Union Name of Building Owner/Operator (2) Agencies Notified Notification Type Street Address 1976 Morris Ave (x) EPA (x) Initial Notification (x) DOL () Amended Certification City, State, Zip Code Union, New Jersey (x) DOH () Cancelled (x) DCA Name of Contact Anthony Pedro, PE Tel. Number **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Municipal Building () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 1976 Morris Avenue Sq. Feet 30,000 # of Floors 3 Bldg.Age 70 Current Use (prior if being demolished)_ Municipal office City (5) County (6) County Code (7) Union (State Use Only) Union Name of Monitoring Firm Hired by Bldg. Name of Contractor (9) ASCM No. 00140 Academy Construction, Inc. Owner (8) Hatch Mott MacDonald Street Address: 205 Rt 46W, Suite 14 Street Address 27 Bleeker Street City State, ZipCode City, State, Zip Code Millburn, NJ 07041 Totowa, NJ 07512 Project Manager for Monitoring Firm Telephone Number 973 379 3400 Telephone Number: License Number Kevin Herrighty 973-832-4244 01155 Scheduled Completion Date May 28, 2013 Name of OSHA Monitor: none Scheduled Start Date May 24, 2013 Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours - weekend Source of Work (Check all that apply) () Demolition () Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure Description of ACM (i.e. Location of Asbestos-Is Location Normally Used Amount (Specify SF or Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems LF) insulation, surfacing, Facility (13) Staff? (12) VAT, or other miscell.) YES NO NA Rep. Enclose Rem. Encap Basement Boiler Room X Pipe fittings & Pipe 425 LF Insulation Basement Boiler Room TSI on Boiler 1,640 SF X 25 Sf TSI Flue 175 SF **Duct Breeching** Name of Reg. Landfill Name of Reg. Waste Hauler Cubic Yards of NJDEP Waste Hauler ID #: 0034422 Waste 3 **GROVES** Academy Construction, Inc. Disp. Date: \$728/2013 City, State: Totowa, New Jersey City, State: Morrisville, PA Completed by (Print or Type) Title: VP Operations Date: May 6, 2013 Signature Frank Marino aulli

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dert Date (10) 05 / 08 / ccupancy Status During A Facility Closed/Vacated Abstement Performed Or Time of Abatement cope of Work (Check all the 3 sf or >3 if 160 sf or >260 if Location of Asbestos-Containing Mate TO BE ABATET IN Facility (13)	13 Soft During Entire Pouside of Norm AM. at apply)	O5 eck only Period of all Facility PM/ Da ls User Mai Custo	Compi Cone) Abate PM PM Cone) Cone) Cone) Cone) Cone) Cone Co	etion [9 / Perment on	Pate (11) 13 escribe AM Asbe	Telsphone No. 973-638-177' Name of OSH/ Envirovision Street Address 20-21 Wagara City, State, Zip Fair Lawn, NJ Clean Fair Lawn, NJ Clean Mini-E Glovet Non-Es Description stos Containing Ma, thermal systems surfacing, VA other miscellan	Consultation of the control of the c	ltants, Inc. ad, Bldg . decontainment with Necessary de(*) and N	# 35 E	Pressure able Proces Amount (Specify SIF or LF)	lure A Removal	_	1	
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District Date (10) OS / 08 / Occupancy Status During A Facility Closed/Vacated of Indian Abatement Performed Or Time of Abatement: Soope of Work (Check all the Page of State of Indian Ind	13 Sch 13 Sch During Entire F Putside of Norm AM. at apply) Prial (ACM)	O5 eck only Period of all Facility PM/ Da ls User Mai Custo	Compi / 0 one) Abake y Hou PM Inovatitle Cocat Sormal odial S (12) No	etion [9 / / Perment on	Pipe insi	Telephone No. 973-638-177' Name of OSH, Envirovision of Street Address 20-21 Wagara City, State, Zip Fair Lawn, NJ Clean Full Co Mini-El Glovet Non-Es Description stos Containing Ma, thermal systems surfacing, VA other miscellan	Consultation of aterials insular T, or eous)	ltants, Inc. ad, Bldg . decontainment with Ne codure d (*) and N	# 35 E	Pressure able Proced Amount (Specify SIF or LF)	lure A Removal	_	1	
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MO#20613926430

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

Date of Notification (1)				Nam	e of Buildin	ng Owner/Oper	ator (2)					
05	08	13		1		.g =e,epe	aroi (<i>~</i>)					
Agencies Notified					Pirnat et Address				4.)				
EPA	Notified Notified Type Notification Initial D Amended Amendment # Emergency (including justification) Cancellation Accility Where Abatement is Taking Planuse ress C Avenue Avenue Avenue To provide the provided pro			-							201		
⋈ DOLWD	3 (42)			Marie Co.	tlantic Av				28		40		51.4
☑ DHSS					State, Zip				y (E.		
☐ DCA	☐ Emergency	(includir	ng			NJ 07740					T-1047		
(NJAC 5:23-8)				Nam	e of Conta	ct			Telephone Nui	nber	w		
	Cancellation	1		Rich	Pirnat				1		**=		
				F	CILITY	NFORMATIO	N		41.			_	
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facility	(4)	,	NJ.		
Private house								School (K-1					
Street Address							_	Subchapter	8 (Other than K-1	Z;	7		17.
80 Atlantic Avenue								homes, etc.	private and commo	ercial I	buildin	gs,	1,3
City (5)			-					Square Feet	# of Floors		Bldg. A	ne	
Long Branch, NJ 0774	0										D. U.S. 7	.gc	
County (6)				Cou	nty Code (7)	(STATE USE ON	VLY)	Current Use (P	I rior if being demol	ished			
Monmouth							- 1	No. of the contract of the con	sering dollion	.0.100)			
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCN	No.	Name of Aba	steme	ent Contractor (9	1	_			-
						Gr Tech LL		00111120101 (0	,				
Street Address						Street Addre						_	
						576 Valley I	-B.470	202					
City, State, Zip Code						City, State, Z							
						Wayne, NJ							
Project Manager for Moni	toring Firm		Tel	ephone	No	Telephone N			License No.				
					32.04 0 .2	973-638-177							
Start Date (10)	Sch	eduled (Comple	etion Da	ate (11)	Name of OSI		onitor	01127				
_05 / 18 /	13	05	/ 1	9 /	13								
	_							nsultants,Inc					
				mant		Street Addres							
Abatement Performed	Outside of Norm	al Facilit	v Hou	rs - De	scribe	20-21 Waga	raw l	Road, Bldg .#	35 E				
Time of Abatement:	AM	PM/	PM	_	AM	City, State, Z							
Scope of Work (Check all	that apply)		10100			Fair Lawn, N							
	triat apply)							and decontaming ainment with New					
>3 sf or >3 lf		⊠ Re	enovat	ion		Mini-	-Encl	osure	gative Pressure				
≥ 160 sf or ≥260 lf		∐ D∈	emoliti	on		Glov	ebag	Procedure					
		1 1	Loca	tion	I	Non-	-Exen	npted (*) and No	n-Friable Procedu	ire	- 1		
			Norma	lly		Descripti	on of			A	batem	ent T	ype
			d Sole		Asbe	stos Containing	Mate	erial (ACM)	Amount	Re	Re	四	四
		1.0000000000000000000000000000000000000	intena todial	ince/ Staff?	(i.e	., thermal syste	ems in	nsulation,	(Specify	Remova	Repair	cap	Enclosure
	Y		(12)			surfacing, \ other miscell			SIF or LF)	val	-	Encapsulate	sure
		Yes	No	N/A		outer miscen	laneu	(43)				ë	
Basement				X	D:- ·	.t.ata							
/ascillent					Pipe insu	liation			90 LF	X		Ш	Ш
					ì								
	-			П							To	П	
		1	П	+=-						+=			닏
Name of Registered Waste	a Haulor			10	lle de de	0.17.17					Ш		
	= i idulei		NJL	JEM VVSSTE	Haufer ID No.	Cubic Yards of V	Naste	Name of Regis	tered Landfill				
or Tech LLC			_ 0	03378	5	TBD		T.R.R.F. Inc					
City, State						Disposal Date		City, State				- Nowar	
Vayne, NJ 07470						TBD		Tullytown, PA	A.				
Completed By (Print or Typ	pe) Tit	le				Signatu		•		ite			
.Jevtic	Ow	/ner				18	L	e	_ 1 05	08/20	013		
SB-41						1/	-4.	- 2100	03/	00/20	11.7		

CHECK. / 0355 STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				Name of B	uilding Owner/Operat	tor (2)	Cale?	1 /81	2		
05/07/2013				Chucl	k Thompson		ev.	Z	> -	111	
Agencies Notified	Type of Notificat	ion	-	Street Add	Iress		r	, =	4		
(X)EPA	(X) Initial No	otification		200000000000000000000000000000000000000	Park Ave				0		
(X) NJDEP	() Amende	d		City, State	, Zip Code		1,45		50 1		
(X) NJ DOL	Amendr	Accessed the second sec			ken,NJ07030		ale a	-			
(X)DOH	() Emerger justificat		ng	Name of C				Tel. Num	ber		
() DCA	() Cancella			Chuc	k Thompson					- 18	5
		FA	ACILITY	INFORMA			C)				1
Name of Facility Where Abatemen	nt is Taking Place (<u>3)</u>		Type of Fa () Scho							
D - : Jankial Duamantus				() Subc	hapter 8 (other than	n K-12)					-
Residential Property Street Address				(X) Othe	r (i.e. private & com	nmercial l	oldgs., ho	mes, etc) .		
	V 07020			Sa Feet	20,000 #	of Floors	3	Blda	. Age	0	
1035 Park Ave, Hoboken N	County (6)	County Code	- (7)						. 9		
<u>City (5)</u>	County (O)	(State Use O		Current U	Jse (prior if being d	emolishe	d):				
Hoboken	Hudson										
Name of Monitoring Firm Hired by	/ Bldg. Owner (8)	ASCM No.		-	Contractor (9)						
N/A		N/A		ISES, In							
Street Address N/A				and the second s	udson Avenue						
City, State, Zip Code				City State	PARTY 10-10-10-10-10-10-10-10-10-10-10-10-10-1					50 New	
N/A					City, NJ	<u> </u>		Llie	ense N	umber	
Project Manager for Monitoring F N/A	im Telephone N	umber		Telephone (201)32					1124	unibei	
Scheduled Start Date (10)	Scheduled Co	ompletion Date	(11)	\ /	OSHA Monitor	-					
05/16/2013	05/20/201			ISES, Inc							
Occupancy Status During Abatem (X) Facility Closed/Vacated Du	nent (Check only or ring Entire Period o	<u>ie)</u> f Abatement		Street Add	udson Avenue						
() Abatement Performed Outs	ide of Normal Facil	ity Hours -	1.								_
() Other - Describe: Unoccu	pied during abatem	ent.Exterior jo	D.		e, Zip Code City, NJ 07087						
Source of Work (Check all that an	(vlac) Demolition) Renovation						
		(/ v) Full Containmen	t with No	native Pre	esure			
() Minor Project (< 25 SF () Small Project (>25 <16	0 SF or >10 CF ACM)) LF ACM)		(^) Mini-Enclosure	WILL INC	gative i ic	.50010			
(X) Large Project (>160 SF	or > 260 LF AC	M)		(X) Glovebag Proce	dure	[Dragon	luro		
Location of Asbestos-	Is Location Norr	nally Used	-) Non-Exempted ription of ACM		Amount	A	bateme	nt Type	
Containing Material (ACM)	Solely by Maint	enance or	(i.e.	thermal syst	tems insulation, surfa-	cing, (S	Specify SF or LF)				
To be Abated in Facility (13)	Custodial Sta	aff? (12)		VAI, or ot	her miscellaneous.)		OI LF)	Re	R	Enc	E
								Remova	Repair	Encapsulate	Enclosure
	YES NO	N/A						<u> </u>	1	ate	lre
Boiler Room		T X	Boil	er Surfac	ing Material		50 SF	X			
Boiler Room		-			ne Insulation		20 Lf	X			
Basement		1		(12" X 1			50 Sf	Х			
2 nd Floor(Kitchen)		+		en Linole			125 Sf	X			
3 rd Floor (Kitchen)		-		nge linole			140 Sf	X			
o Floor (Ritorien)			5.0				on annual complete	1000			
Name of Reg. Waste Hauler		Waste Haule	r ID#		Cubic Yards of Was		ame of Red			1. 10	-11
NEWARK CARTING	2239	3	T E:		5		umberla	and Co	unty	Landt	111
City, State 369 Raymond Blvd, New	vark NI 07105		Disp. 05/2	<u>Date</u> 20/2013			ity, State Vewburg	. PA 1	7242		
Completed by (Print or Type)	Title		Signa		A		ate	,,			
		•		bra	01		5/07/20	12			
Jorge Delgado	Project Sup	ervisor		17	37	10	5/07/20	13			

Clark 12111

Date of Notification (1) 5/8/13	-			Building Owomena C					,	0.0					
Agencies Notified Type Notification		- 73	treet Add	dress uth Living	ston	Avenue				<u> </u>	3.5	2.3	3		
EPA X Initial Amended Amendment #	ŧ		ity, State	e, Zip Code						- 8				1	
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	1	lame of 0					4	Tele	ephone Nu	umber	5.3		v	8
DCA Cancellation			FACIL	ITY INFOR	MATI	ON						ot ot			
Name of Facility Where Abatement is Taking St. Philomena Church Street Address 386 South Livingston Avenue	Place (3)				- 10	T	Sc Su N	Facility (4 hool (K-12 bchapter 8 her (i.e. pr	2) 8 (Oth	er than K- 3 commer	12) a) íldir	ıgs, h	omes	3,
City (5)	_		0				eto Square 2200		# 01	Floors	100	Bld 50	g. Ag	е	
Livingston		Τ.	County C	odo (7)		11000		Use (Prio	r if bei	na demoli	ished)				-);
County (6) Essex				SE ONLY)				M.		450					
Name of Monitoring Firm Hired by Building C	Owner (8)		ASCM	No.		Name of ABS E	Abate nviro	ment Cont nmental	tractor Serv	(9) rices, LL	.C				
Street Address			l			Street A		ive, PO	Box	483					
City, State, Zip Code						City, Sta	te, Zip								
Project Manager for Monitoring Firm			Telephon	ne No.	-	Telepho	ne No.			License	No.	10			
						973-58				703					
Start Date (10) 5/18/13	Schedule 5/25/13		pletion [Date (11)		Name of	t OSHA	Monitor							
Occupancy Status During Abatement (Chec	k Only On	e)				Street A	ddress	,							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of <i>A</i> nal Facility	Hours	ent		_	City, Sta	ate, Zip	Code							
Scope of Work (Check All That Apply)		-													
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	-	lenova emolit				×	Mini	Containme -Enclosure rebag Prod -Exempted	e cedure	1				9	
			12121				11011						Abate	ment	i
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Locati Normal d Sole intena todial S (12)	ly ly by nce/		os Cor herma surfa	escription on taining Ma al systems acing, VAT miscelland	aterial insulat Г, or			Amount (Specify SF or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
basement boiler room	100	,,,,	×		pi	pe fitting	js			18	x				
second floor MER			х		pi	pe fitting	gs			8	×				
												20.0			1
								N	D	tored !	dell				
Name of Registered Waste Hauler Tri State Transfer	45.0	H	NJDEP V Hauler ID 12325	275.17	of W	ic Yards /aste		Minerv	a En	tered Lan					
City, State Bronx NY					Disp TBD	osal Date		City, Sta Wayne	te esbur	д ОН					
Completed by Andrew Scott Higgins	Title Pres	ident				Signature					Date 5/8/				

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

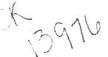
\ ¹)				(Pursuan	t to N.J.A.C. 8	Mame	of Building Ow	ner/Operato	r (2)					
of Notification (1) 78	10 1510010	042				Dare	ough of Unio	n Beach						_
Of Notification (17	3 5/09/2	013 J AH)				A CONTRACTOR OF THE PARTY OF TH	T Board						
Netfod		Notification					t Address							_
ncies Notified	1 31	× Initial	1.63				Poole Avenu							7
EPA 👊	& LIU	Amend			1	City,	State, Zip Code	. 07705						_
DEP 1		- Emerg	ency (in	Cluding			on Beach, N.	0//35		. Numbe				
DOL		justifica	ation)	7 h		Nam	ne of Contact Jennifer We	ncon Mai		, INGILIDO				
DOH		Cance	llation			Ms.	Jenniiei vve	113011 14101						_
DCA				F	ACILITY INF	Type	e of Facility (4)							
ne of Facility Where Aba	tement is Ta	aking Place	(3)			32.6								
ivate Dwelling							School (K-12)							
eet Address						П	Subchapter 8	(Other than	K-12)					
4 West Street			223				Other (i.e., pr	ivate & com	mercial build	ings,				
	County (6)		Co	unty Code	(7)	X	homes, etc.)							
y (5)	Monmout	h	(S	tate Use C	7(11 y)			(0)						
nion Beach ame of Monitoring Firm F			AS	SCM No.			me of Contractor							_
nvironmental Health	Investig	ators	00	104			M Metro Co	rporation						
	Tillvestig					Str	reet Address						Died or Quality and an	
reet Address	1				September 1990	-	5-137 McBri							
55 West Shore Trai						Cit	ty State, ZipCod	le						
ity, State, Zip Code		50	Θ,			Pa	aterson, NJ (7501			T			
parta, NJ 07871			Nicon	abor			elephone Numb		1 -	icense N	dumper			
roject Manager for Moni	oring Firm	Telepho					73 742 5030			0809				_
Jean-Paul von Doe	hren	973-72			nto (11)	N	ame of OSHA N	Monitor						
Scheduled Start Date (10				mpletion D	ale (11)		MTM Metro C		n					_
5/20/13		5/25/1					treet Address							
Occupancy Status During	Abatement	(Check onl	y one)				135-137 McB	ride Av	530					
						-	City, State, Zip C							
X Facility Closed/Vac	ated During	Entire Perio	d of Ab	atement		1	Jily, Glate, 2-p							
Abatement Perform	ned Outside	of Normal F	acility H	Hours		F	aterson, NJ	07501						_
Other-Describe:						=1					i-Enclo	CHE		
Source of Work (Check	all that apply	<u>')</u>	uction		□ F	Full C	ontainment with	Negative P	ressure				20	
> 3 sf or > 3 lf			vation				Exempted(*) & N			Glo	vebag F	rocedur	3	
× > 160 sf or > 260 l	f	Deme	olition					Amount (S	pecify SF or	LF)	Abate	ment Typ	e	
Location of Asbestos-	T le	Location No	rmally	Used	Description thermal sys	of A	CM (i.e.	Amount (o	poons					
Containing Material (AC	(M) in So	lely by Mair	nt./Cust	todial	surfacing, \	VAT,	or other				Rem.	Rep.	Encap E	Enc
Facility (13)	01	aff? (12) ES	NO _	N/A	miscell.)			1,000 SF			X	-	X	+
Exterior				×	Transite Siding	Shingl	les	130 SF			×	+	×	1
Kitchen, Bathroom				- x	Black floor mas	stic		130 SF			-	1		1
Basement				te Herde	10.#		Cubic Yards o	f Waste		-	-	. Landfill		
Name of Reg. Waste h	lauler			ste Hauler	10#		15			Tullyto	wn			
MTM Metro Corporation		2655	2						Disp. Date			City, Sta		
City, State					10				5/25/13			Tullytow	1, PA	
Paterson, NJ 07501							I Cianatura			Date				
Completed by (Print o	r Type)	Title					Signature	c c			0.40			
I Completed of							Esizabeti	Maslo	urrov	5/09/2	2013			
Elizabeth Maslarkov		1	A -	ministrato	r		T. ILLUICO			~				_

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	ng ng ng		Nan	ne of B	uilding Owner/Operator	(2)						
Date of Notification (1)	3		1	d	R ERIC WI	THAM						4
Agency Notified	Type Notification	-11-11-	Stre	et Add	ress	40 - 100						
1/2				15	SMITH A	UE						4
O EPA	☐ Initial ☐ Amended		City		Tim Codo		40					l
E DOL	Amendment#		1 0	FAI	RLAUN. N	3. 079	1.0				_	\dashv
в-тоон .	☐ Emergency (including iustification)		Nar	me of (Contact		Telenhone Numb	er		3	č	1
EDCH .	☐ Cancellation			Mo	R. WITHAM			-			_	4
		r	F	ACILIT	Y INFORMATION		*				_	1
Name of Eaclify Where	Abatement is Taking Place	(3)				Type of Facility	(4)					1
	MAHTIW	• • •		A		School (K-12)						1
	W (I) MIN			 -		D Cubehantar 8	(Other than K-12)	Naidina				-
Street Address	CA HTIM &	_			- 5	homes, etc.)	vate & commercial	Pressure (A-	••			
12	SKITH AC					Square Feet	# of Floors	Bldg. A				٦
City (5)		12		45		1850	2.	19	3	5	5	1
· tall	r Winn		- 1 -		- CO COTATE LIGE	Current Use (Pr	ior if being demolis					٦
County (6)	ercen			unty C	ode (7) (STATE USE		25100N	CE	3			
	프로이를 하는 아이라면 하면 살이 없었다. 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그				Name of Abreton	ment Contractor (9						7
H. 그 프로그램 (1987년 - 1987년 - 1987	n Hired by Building Owner	AS	SCM No	0.	1							
(8)					Best k	Removal I	11.0				_	٦
Street Address												
,						River St						\neg
City, State, Zip Code					City, State, Zip	nsack, N.	.t. 07601					-
							License No.				_	ᅥ
Project Manager for Mo	onitoring Firm	Tele	phone	No.	Telephone No.	-7444 -						
					Name of OSHA		00300		-			ㅓ
Start Date (10)	Scheduled Co	mpletion	n Date	(11)	Name of OSMA	nvironmen	tal Inc					
5/20/1.	3 5/	21	<u>ر 11</u>	1	Street Address							\neg
Occupancy Status Duri	ing Abatement (Check only	(one)			280 Hu	yler St						
D. Facility Closed/Vaca	ted During Entire Period o	f Abater	ment		City State 7in	Code						
Ahatement Performs	ed Outside of Normal Fact	ity Hour	S		South	Hackensa	k, N.J.	07606	5			
	PAM TO SPA	1		·								II Carrie
Scope of Work (Check	att triat apply)			_	E Ful	l Containment with ni-Enclosure	Negative Pressur	e				
□≥3 sf or ≥3 F			100	Reno Demo	Elian D Cla	weber Proceduse		1020				
160 sf or ≥ 260 lf					□ No	n-Exempted (*) an	d Non-Friable Pro	cedure	Δh	aten	nei	rit
		le l	ocatio	n				8	~	Typ		
		- No	omally		Descriptio	n of						
Loca	ntion of ning Material (ACM)		Solely		Achestes Containing	Material (ACM)	Amount (Specify		73	_	Eno	5
TO BE	ABATED		ustodia	9000	(i.e., thermal system surfacing, V.	ns insulation,	SF or LF)	1	Removal	Repair	808	Clos
	Facility		Staff?		other miscella	neous)			Val	=	Encapsulate	Enclosure
,	(13)		(12)								•	
		Yes	No	N/A			10	OSE	x	1	-	
BASEL	TURN			\sim	VAT		7.3		1	+	_	-
									H	+	_	-
					4				\vdash	+	_	-
					· ·							_
Name of Registered V	Naste Hauler	LNJ	DEP W	aste H		of Name of Reg	istered Landfill					
		ID	No.		Waste	Minery	a Enterp	cises	3			
Best Remov	Val Inc	1	710	9	1 2	/					-	-
City, State		07/	01		Disposal Date	a Waynes	burg , 01	n				
Hacke	ensack, N.J.	0/6	UΙ		5/21/1.			Date	1	7		_
Completed by	Title		~		Signature	Maiono	we	5	17	/	1.	3
J. Maioran	o Estin				X					-k		
ASB-41	* Do no	ot use th	nis form	n for as	bestos licensure exemp	ted acumiles.						

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Date of Notification (1)						G Owner/Operator	(2)	(in		200		
5-8-13	T N. ATT. ATT.				اسی سا Address	USON						
Agency Notified	Type Notification	53	1	IDI	A).	WOODLA	NO STR	EET ?			•	100
D EPA D DEP	■ Initial □ Amended			PA 0	doden Tim	Cada						- \
E DOL	Amendment#	in a	1	FNO	ôLEW	OD N	J 070	231 8	100			
■ DOH	☐ Emergency (included justification)	mr9		Name	of Contac	at .	•	Tolonhone Nu	mber	-		
□ DCA	☐ Cancellation			_	PEN					_		
				FACI	LITY INF	ORMATION	, T=			10	_	1
Name of Facility Where	Abatement is Taking Pl	ace (3)				23	Type of Facilit		1.11	E		
E PENSON	· · · · · · · · · · · · · · · · · · ·			·	*		School (K-1	2) (Other than K-1	2)			
Street Address	DOLAND ST	REE	7			:	Cother (i.e. ;	anvate & commerc	iel buildi	ngs,		
CBy (5)							Square Feet			. Age		-1
ENGLEW00	0						4200	3		7.	IR	>
BERGEN				Count		(STATE USE	RESIDEN	Prior if being demo	idished)	• •		
Name of Monitoring Firm	Hired by Building Own	ec	ASCM	No.		Name of Abaten	ment Contractor	(9)				
(8) Street Address						Best R	emoval :	Inc				
7 77				7.3			River S	t				
City, State, Zip Code			-			City, State, Zip C	Code					
1	3						sack, N	.J. 07601	e si			
Project Manager for Mor	alloring Firm	Te	elephon	e No.		Telephone No.	7111	00388				
Start Date (10)	Scheduled C	'a meloi	ion Dad	- (44)		201-329-		00300				
5-22-13	5- 24			W (11)		Omega En	vironme	ntal Inc				
Occupancy Status Durin		-				Street Address						
☐ Facility Closed/Vacate	 ad During Entire Period	of Abat	ement			280 Huy						
Abatement Performed Other – Describe:			urs			City, State, Zip C		-1- N T	0760	6		
Scope of Work (Check a				-		South H	ackensa	ck, N.J.	0700	-		
M23sfor23F	- am approx		i	III Pan	ovation		Containment will Enclosure	h Negative Pressu	re			
© ≥ 160 af or ≥ 260 F	\$				notition	E Glove	ebag Procedure					
_		Ι.		*	T	U Non-	Exembined () st	d Non-Friable Pro	COCUE	A	pater	
		- 9	Location Location	У			_			\vdash	Тур	e_
. Location	g Material (ACM)		d Solel			Description of stos Containing Ma	atorial (ACM)	- Amount				, m
TO BE AL		9	usbdi: St=#2	al	i.e.	., thermal systems surfacing, VAT		(Specify SF or LF	,	Removal	8	Enclosure
(13		ļ. ·	(12)			other miscellane				Val	=	Sure
·		Yes	No	N/A		· ·					1	
BAS-EMENT				X	THE	in AC INSUC	LATION	165	SF	X		
BASEMOUT				The Real Property lies		MAC 10 SU			LF	1.4		
	-											
Name of Registered Was			DEP W	laste H	lauler	Cubic Yards of Waste	Name of Regi	stered Landfill				
Best Remova	1 Inc		7109	9	V 5	21/2 405	1	a Enterpr	ises			
City. State Hacken	sack, N.J.	076	01			Disposal Date 5-24-/3	Waynes	burg , Oh	L		odki ode	
Completed by	Title					Signature	1		Date		_	
R. VELDRAN	Estin	ato	r			R. Veldra	n		5-8	-/:	5	



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 AND 12:120)

· ·			(Pulsu		Name of Building	Owner/Opera	ator (2)			20			
ite of Notification (1)	5/09/2	2013			Borough of U					2813	7		
•					Street Address			94.º		1.70	10.1		
gencies Notified		Notification	ype		650 Poole Ave	enue		<u></u>		-1105			
EPA .	.		50000 000		City, State, Zip Co			====		CO			
▼ DEP			d #		Union Beach,			54		04,0004			
X DOL		Emerger justificat	ncy (including			110 07700		Tal Numh	er				
X DOH		Cancella			Name of Contact Ms. Jennifer V	Venson M	aier				1.7		
DCA		Caricent		FACILITY INF	ORMATION				The same	00	-	7. +0	
ame of Facility Where Aba	tement is Ta	aking Place (3)		Type of Facility (4	<u>+)</u>		60					
Private Dwelling					School (K-1	2)		13					
treet Address			£1		Subchapter	8 (Other tha	n K-12)						
206 Ash Street					Other (i.e.,	private & co	mmercial bu	ildings,					
	County (6)		County Co		X homes, etc								
	Monmout	h	(State Ose	Othy)									
Name of Monitoring Firm Hi	red by Bldg	. Owner (8)	ASCM No.		Name of Contractor (9)								
Environmental Health	Investiga	ators	00104		MTM Metro Corporation								
Street Address					Street Address								
655 West Shore Trail				135-137 McBride Ave							_		
City, State, Zip Code					City State, ZipCode								
Sparta, NJ 07871			*		Paterson, NJ 07501								
Project Manager for Monito	ring Firm	Telephone	Number		Telephone Number License Number								
Jean-Paul von Doeh		973-729-			973 742 503	0		00809					
	1611		Completion	Date (11)	Name of OSHA								
Scheduled Start Date (10)		5/28/13		AND DESCRIPTION OF THE PARTY OF	MTM Metro Corporation								
5/21/13	A h atomost		ne)		Street Address								
Occupancy Status During	Apatement	Check only o			135-137 McBride Av								
▼ Facility Closed/Vacat	ed During E	Entire Period o	f Abatement		City, State, Zip Code								
Abatement Performe					Paterson, N.	07501							
Other-Describe:													
Source of Work (Check all	that apply)					Negativo E	roccura	☐ Mini	-Enclo	sure			
> 3 sf or > 3 lf		Renovati	on .		II Containment wit				ehan l	Procedu	e		
> 160 sf or > 260 lf		Demolition	on .	X No	on-Exempted(*) &	Non-Friable I	Procedure						
<u>• • • • • • • • • • • • • • • • • • • </u>	1 10 17	ocation Norma	ally Used	Description o	f ACM (i.e.	Amount (S	pecify SF or	LF)	Abate	ment Ty	pe		
Location of Asbestos- Containing Material (ACM	in Sole	ely by Maint./C	Custodial	thermal syste surfacing, VA	ems insulation,				_	D	Encap	Enclo	
Facility (13)	Staf YE	f? (12) S NO	N/A	miscell.)	(1, or date)				Rem.	Rep.	-	T	
Eutopor	115	1 110	X	Transite Siding Sh	ningles	1,600 SF			X		X	1	
Kitchen, Landing/Hallway, Utility R	Extenor					325 SF						1	
	-				LNeme	of Dog	andfill		1_				
Name of Reg. Waste Hau	ıler	NJOEP V	Vaste Hauler	ID#	Cubic Yards of Waste Name of Reg. Landfill Tullytown								
MTM Metro Corporation		26552			20					to			
		Disp. Date											
City, State Paterson, NJ 07501		J. Date											
Completed by (Print or T		Signature											
		Elizabeth Maslarkov 5/09/2013											
Elizabeth Maslarkov		In	Administrator					5/03/2013					

ASB-41

^{*} Do not use this form for asbestos licensure exmpted activities.

Date of Notification (1) 4-30-13		N	ame of E he Ok	Building O	wner/O mpan	perator ((288/)3/	MAY 14,	To a	23				
Agencies Notified Type Notification		S	treet Add	dress rkat stra	et				Ally .	2.20				
➤ EPA ➤ Initial		_ F	ity, State Paterso	e, Zip Cod in NJ 07	е		1	TENS,	40	W.				
▼ DOH justification ▼ DCA □ Cancellation	icidanig	320	lame of 0 Richard	Contact I <mark>Masla</mark> n	ka				Tele	phone Num	ber 			
			FACIL	ITY INFO	RMATI	ON	-	: III. //	61					
Name of Facility Where Abatement is Taking The Okonite Company	Place (3)						П sa	Facility (4 shool (K-12	2)	er than K-12)				
Street Address 955 Market Street							⊠ or et	ther (i.e. p c.)	rivate 8	k commercia	l buildi			s,
City (5) Paterson 07513							Square 36000)	1	Floors	52	dg. Ag	je 	
County (6) Passaic			County C	ode (7) SE ONLY)		_	Curren	t Use (Prid	or if bei	ng demolishe	ed)			
Name of Monitoring Firm Hired by Building C Sky Environmental Services	wner (8)		ASCM	No.				ment Con orises LL		(9)				
Street Address 140 Boulevar ave				-			Address		nd					
City, State, Zip Code Mountain Lakes	· · · · · · · · · · · · · · · · · · ·					City, State, Zip Code Paterson NJ 07502								
Project Manager for Monitoring Firm		Telephone No. Te					Telephone No. License No. 973-9426924 01129							
Leonid Shereshvsky Start Date (10)	Scheduled	d Completion Date (11) Name of OSHA Monitor												
5-14-13	5-31-13									-				
Occupancy Status During Abatement (Chec			554			Street	Address	•						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: outside storage oil ta	al Facility I	Hours	ent			City, S	State, Zip	Code						
Scope of Work (Check All That Apply)						-	7							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			rovation nolition Full Containment with Negative Pre Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable											
	le l	ocativ	n				97.97					Abate	ment	Ĺ
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solel Solel itenar idial S (12)	ocation formally Solely by tenance/ dial Staff? (12) Descri Asbestos Contain (i.e. thermal sys surfacing other misc				Material s insula AT, or	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure	
	Yes	No	N/A	TI		etom	inquia	tion	1	500 sf	x	-		
outside storage oil tank		X		The	rmais	system	IriSula	LIOIT	- '	300 31	<u> </u>			
											-			
	1										-	-		-
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic	c Yards		Name of	Regist	ered Landfill	1			
DYV Enterprises LLC	Hauler ID No. of Waste 09975 Clean Earth Of North Jersey													
City, State 254 Cumberland ave Paterson NJ (Dispo 6-01	-13	Э	City, Sta Kearny							
Completed by Dorian Carpio	Title Mana	ger				Signatur	bila			100700	ate -30-1	3		

Date of Notification (1) 05/10/13					Owner/Op ealty, L.		(2)						
Agencies Notified Type Notification IN EPA IN DEP IN DOL Amended Amendment			City, Stat	oles Stre te, Zip Co	de	•	Charles Charles	ZIII	3 MAY 13) Ap	2:	20	
DOL Amendment Emergency justification) DCA Cancellatior	(including		Name of Yaniv E	Contact Balinco	J 07310			Te	lephone Nu	mber		0	^
Name of Facility Where Abatement is Takin Disney Room Street Address	g Place (3)	,	FACIL	ITY INFO	ORMATIO	N		12) r 8 (Ot	ner than K-1		alt		
888 Newark Avenue City (5) Jersey City, NJ							Other (i.e. etc.) Square Feet		& commerc		Bldg. A		es,
County (6) Hudson County			County C	ode (7) ISE ONLY)		_	Current Use (Pri	or if be	eing demolis	hed)			
Name of Monitoring Firm Hired by Building Colden Corp	Owner (8)		ASCM	No.			of Abatement Co Interprises, In		r (9)	unida ya d			
Street Address 28 Washington Street			-				Address 2th Street						
City, State, Zip Code Baliston Spa, NY 12020		7.					State, Zip Code mmonton, NJ 08037						
Project Manager for Monitoring Firm		518-490-2261 609-					hone No. License No. -567-1250 01172						
Start Date (10) 05/24/13	Scheduled 06/07/13	I Completion Date (11) Name of OSHA Mo					of OSHA Monitor	-	1		- 100		
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: 8PM - 4AM	Period of Ab	atem	ent				Address ate, Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		nova				×	Full Containm Mini-Enclosun Glovebag Pro Non-Exempte	e cedure				e	
Location of		ocati					48 L X L		2 31-1		Abate	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo	rmally Solely by tenance/ dial Staff? (12) Descr Asbestos Contair (i.e. thermal sy surfacin				escription of ntaining Material (ACM) al systems insulation, acing, VAT, or miscellaneous)			Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Disney Room	Yes	No	N/A		10"	' Pipe		2	10 LF	X	Since S	0	
Disney Room		6,11		2-4	" Pipe)		30 LF	х				
Name of Registered Waste Hauler Newark Carting, Inc.	NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 4509												
City, State Newark, NJ				Disposal Various		City, Stat	е						
Completed by Kati DiNatale	Title Office I	Man	ager		Sig	nature	ROD		A STATE OF THE STA	ate 5/10/	13		201

Check#22440

Date of Notification (1) 5 /	9 /	13					Owner/Operator (CK 2000 0					
Agencies Notified EPA	Type Notificati	ion		6	504	idress Legacy	Drive	#N 23 80		ſ			
☑ DOLWD ☑ DHSS	Amended Amendmer	nt#		City	y, Stat	te, Zip C	ode & LIUCIA	701					
☑ DCA			ng	_				- HELD					
(NJAC 5:23-8)	justification			1,000,000		Contact			Telephone Numb	er			
	☐ Cancellatio	n		S	Soy T	homas	22.130/6-2002						
				F	ACIL	LITY IN	FORMATION						
Name of Facility Where	Abatement is Ta	king Pla	ce (3)					Type of Facility	(4)				
Garden State Plaz	za							School (K-12) 3 (Other than K-12)				
Street Address				-				Other (i.e., p	rivate and commercial	cial bui	lding	S,	
502 Garden State	Plaza							homes, etc.)					
City (5)			900			132.00		Square Feet	# of Floors		g. Ag	e	
Paramus NJ							Terror Control	150000	2		'5		
County (6)				C	ounty	Code (7	(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Bergen													
Name of Monitoring Fir	m Hired by Buildi	ng Owne	er (8)	ASC	CM No).	Name of Abatem	ent Contractor (9)					
Hillmann Consult	ing LLC			6:	2252		JVN Restora	tion Inc					
Street Address				S SPE		135	Street Address				m 2 (kg		
1600 Route 22 Ea	st						47 Foster Ro	ad					
City, State, Zip Code						1	City, State, Zip C	ode					
Union NJ 07083							Staten Island	1					
Project Manager for Mo	onitoring Firm		Te	elepho	ne No).	Telephone No.		License No.	7.11			
Tom Rubino				908-9	956-1	233	718-605-6256	3	00774				
Start Date (10)	Sc	cheduled	Com	oletion	Date	(11)	Name of OSHA 1	Monitor	1	Serve ce	er copie		
5/ /13	/ _13	6	1_	13_	1	13	Testor Tech						
Occupancy Status Dur	ing Abatement (C	heck onl	y one)				Street Address						LIEVE C
☐ Facility Closed/Vac	1850				nt		10 59 Jackso	on Avenue					
Abatement Perform Time of Abatement							City, State, Zip C						
Scope of Work (Check							LIC, NY 1110						
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Renov Demo				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedu	re			
		- 1	Is Lo	cation	T					Ab	atem	ent T	ype
Locati Asbestos-Containir <u>TO BE A</u> IN Fa	ng Material (ACM) BATED cility	'	Jsed S Mainte Justodi	mally solely benance ial Star (2)	e/	Asbe (i.e	Description estos Containing Ma e., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13	3)	Ye			N/A		Other miscelland	=0us)				te	
2nd Level Home St	treets Dept.	Ī				MASTI	C	- La La La	4500 SF				
] [
	A. I.] [
			1	7 1	1		as the first term						
Name of Registered W	/aste Hauler		- -		EP W	aste	Cubic Yards of	Name of Regi	stered Landfill				
Global Waste Ind				Haul	ler ID	No.	Waste	G.R.O.W.S					
		Folgra S		N.	J-221	47	Disposal Date	City, State	***************************************				-
City, State							6/13/13	Morrisevil	le PA	1	Ì		
Hackettstown, N.						B. W.		/ Morrisevii		oto	1		
Completed By (Print o John Tardy	r Type)	Title Seni	or Pr	oject	Mana	ager	Signature	auch	P 1	5/0	1/1	3	7
						WHICH			<u> </u>	~	+	\sim	

ASB-41 MAY 11

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

						r/Operator (2) ration inc.	DO	JT - IN MAY		1		1
5 /	9 / 13				and the same of	eguoti ilite.						1
oncies Notified	Type Notification		1000	pet Addr			1 1	AV 4 C 8810		-		1
EPA	I toltical		100000		gocy Drive	0	IN IN	AY 1 0 2013		-		
DOFMO	Amended		Cit	y, State.	Zip Code			Spring		Ö		
DHSS	Amendment a		Jak.	PLano,	TX 75024			12111		1		
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Hillmann Consult	ing LLC			34432		et Address	COLUMN					
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Project Manager for M	onitoring Firm		Of occupanting the	ione No.	Section 1	ephone No.	•	00774				
Tom Rubino				-956-12		18-505-628		100774			w-~	
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NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Date of Notification 05 / 10	(1)				Name of Weeks Ma	Building Owner / C	perator (2)	100	F. 5.		
/	/—				Street Ad		.)	1/3			
Agencies Notified EPA	Type of N	otification	on		4 Comme City, Stat	e, Zip Code		or or or	9,50	er en	V 2-10
☐ DEP		Amend			Cranford,	NJ 07016	1		(2)	6	
☑ DOH ☑ DOL	l c	Amend Emerge Cancel	ency w	justification	Name of Pradush	Contact Chakraborty	(lelepho	ne Numl	per :	
				F	ACILITY IN	IFORMATION					
Name of Facility Wh	ere Abatem	ent is T	aking F	Place (3)		Type of Facility (4	4)		(: 7		
Weeks Marine						☐ Schoo	I (K-12)				
Street Address						☐ Subch	apter 8 (Other				
Pier B foot of Colony		114	35			bldgs.	(I.e., private & homes, etc.)				100
City (5) Jersey City	County (6 Hudson)		County Code	(7) 7305			/A	Buildir	ng Age 40+	
						Current Use (Price	or if being dem	olished)			
Name of Monitoring	Firm Hired	by Bldc	Owne	er (8)	IASCM NO	Berge Name of Abateme	ent Contractor	(9)			
EHI	T IIIII TIII Cu	by blug	j. Own.	(0)				(-,			
0					<u> </u>	LVI Demolition Se	rvices Inc.				
Street Address 470 7TH AVE, 12TH	FLOOR					Street Address					
City, State, Zip Code						32 Williams Parkw					
NEW YORK, NY				(45)		City, State, Zip C	ode				7960 Sp. W. W. C. C. C.
Project Mngr. For M William Kerbel	onitoring F	irm		Telephone Nu 973-610-2634	mber	East Hanover, NJ	07936				
Villiam (Cibe)		Sched.	Compl	etetion Date (1	1)	Telephone Numb		License	Number		
05 / 13	/13	_0	5 /	14/	13	070 004 0000			W. T.	00000	
Occupancy Status I	/	ement (Chack	2nlv 1)		973-884-8682 Name of OSHA M	lonitor			00860	
Facility C	losed/Vaca	ted Duri	ng Ent	ire Period of		LVI Demolition Se			4		
Abateme	nt					Street Address					
· · · · · · · · · · · · · · · · · · ·	nt Performe escribe:	d Outsi	de of N	ormal Facility		32 Williams Parkw	ay				
☑ Other - D	escribe: _					City, State, Zip C					
Scope of Work (Che	ck All That	7:00AM Apply)	I-3:30PI	VI		East Hanover, NJ	07936		-		
☐ Demolitic	n.	2	1	Renovation	П	Full Containment	with Negative	Pressur	e		
		-		Nonovation		Mini - Enclosure					
☐ ≥160 sf o	r ≥260 lf					Glovebag Proced		ble Dree	adura		
					Ц	Non-Exempted (*	and Non-Fria	ible Proc	edure		
Location of		ls	3		Descript				ent Type		1_
Asbestos Cont		Loca		As	bestos - C Material	Containing	Amount	R	R	E N	E N
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in Facility		Sol		insu	lation, sur	facing, VAT,	SF or LF)	13872	Р	Α	L
(13)		by N		or	other misc	ellaneous)		V	A	P	o s
		tena					- E.S. S.	A L	R	U	Ü
		Staff	(12)							L	R
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Generator Room			##	Pipe Insualtion	and fittings	3	70 LF	V	$+$ \dashv	+ +	+ $ -$
										1 1	
Name of Registered NEWARK CARTING	Waste Hau	ler		THE RESERVE THE PROPERTY OF STREET	Yards	Name of Register	ed Landfill				
City, State				4509	of Waste Disposal	City. State	100	TOP OF		-	
NEWARK, NJ					Date	BETHLEHAM, PA					
Completed by (Print	or Type)			Title .	-	Signat	ure /	1.	1	Date	
Ralph Barnhardt				Operation Man	ager	Fral	ple Den	hlt		1	05/10/13

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

Oneck # 1332

Date of Notification						Building Owner / Ope		ATION			
	<u> 13 </u>				Street Ad		3 CORPOR	OATION			
Agencies Notified	Type of No	otifica	ation	MAY TO US	1 HEALTI	H PLAZA				n North	
☐ EPA	V	Initia				te, Zip Code				9	
		Ame				NOVER, NJ 07936		T-1b-	M	3	<u> </u>
☑ DOH DOL		Emer	ndment # rgency w cellation	/ // justification	Name of KEN PIR			ı eiebuo	ne Numb	per J	£ .
		Cario	enation	F.	ACILITY IN	NFORMATION					G
								•			
Name of Facility Wh NOVARTIS	ere Abatem	ent is	Taking	Place (3)		Type of Facility (4)	(40)			40,	3
Street Address						School (F	ter 8 (Other	than K-1	2)		
1 HEALTH PLAZA						☑ Other (I.e.)	., private & omes, etc.)		10 10 10 10 10 10 10 10 10 10 10 10 10 1		2
City (5) EAST HANOVER	County (6))		County Code	(7)	Square Feet 100,000	# Of Floor	S	Buildin	g Age	
LAGITIANOVER	MORRIO				2 5 7 5	Current Use (Prior if			1		
	F: 11: 1	. 51		(0)	TACOUR NO	Office	0 - 1 - 1	(0)			
Name of Monitoring HILLMAN ENVIRON		by Bi	ag. Own	er (8)	ASCM NO	Name of Abatement LVI Demolition Service		(9)			
Street Address		-				Street Address	es inc.				
1600 ROUTE 22 EAS	ST .										
City, State, Zip Code						32 Williams Parkway					
UNION, NJ 07083						City, State, Zip Code	•				
Project Mngr. For M MIKE NEHLSEN	onitoring Fi			Telephone Nu 908-688-7800		East Hanover, NJ 079	936				
Sheduled Start Date		Sche		letetion Date (1	1	Telephone Number		License	Number		
$\frac{05}{31}$	/13	-	06/	03/	13	973-772-3660				00860	
Occupancy Status D	Ouring Abate	ement	t (Check	Only 1)		Name of OSHA Mon	itor		H Con		
				tire Period of	4	LVI Demolition Service	es Inc.		Market State	and o	20 2 - 11
Abateme			100			Street Address	7				
Abatemer		d Out	side of N	lormal Facility		32 Williams Parkway					
	escribe:	5:00F	PM - 5:00	PM		City, State, Zip Code		-			
			y - Sunda			East Hanover, NJ 079					100 - 1 - 1 - 1
Scope of Work (Che	ck All That	Apply	()		57.27	EV TO THE TOTAL TOTAL TO THE TH		-		Nest in	10/1/2
☐ Demolition	n		v	Renovation	V	Full Containment wi	th Negative	Pressur	e		
≥3sf or_≥3						Mini - Enclosure					
	r ≥260 lf					Glovebag Procedure			. 2		
						Non-Exempted (*) ar	nd Non-Fria	ble Proc	edure		
Location of	of		ls		Descript	tion of		Abatem	ent Type		
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(13)		100	Main-			cellaneous)	J. J. L. /	v	A	P	ō
3:37	(4)	100	nance/			A-165-A-1-12		Α	1	S	S
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415 FIRST FLOOR C	ORRIDOR		NO N/A	FIRE PROOFI	NG DEBRIS	S	735 SF	V			
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Name of Registered NEWARK CARTING	Waste Hau	ier		NJDEP Waste Hauler ID No.	Yards	Name of Registered GROWS	Landfill				
City, State				4509	of Waste Disposal	City. State				Q-2	
NEWARK, NJ					Date	MORRISVILLE, PA	Λ	1			
	130 110		6,13892				4	1			
Completed by (Print	or Type)		~	Title		Signature	RD)	Date	*
STEVEN STILES				PROJECT MAI	NAGER		146	X			05/10/13
ASB-41							1	0			55/10/10

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

		#		
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Date of Notification	/			, , , ,	Name of RUTGER Street Ac		erator (2)	V.,			
Agencies Notified EPA DEP DOH	Type of N	Initial Amend Amend	ed ment#	The second secon	City, Stat PISCATA Name of		I CAMPUS 2	70	one Numb	per ,	
☑ DOL		Emerge Cancel		/ justification	MIKE SM	ITH NFORMATION	1	*****/	70		
				•	ACILITY						
Name of Facility Wh WOODBURY HALL Street Address 49 DUDLEY ROAD	ere Abaten	nent is T	aking I	Place (3)		Other (I.	K-12) oter 8 (Other e., private & nomes, etc.)				
City (5) NEW BRUNSWICK	County (6 MIDDLES	· Comment		County Code	(7)	Square Feet 45,000 Current Use (Prior	# Of Floor 4 if being dem		Buildin	g Age 40+	
Name of Monitoring	Firm Hired	by Bldo	Owne	er (8)	IASCM NO	RESIDENCE HOUS Name of Abatemen		(9)			
		a, Diag	,. 5.0110	(5)				,-,			
CARDNO ATC						LVI Demolition Servi	ces Inc.				
Street Address 3 TERRI LANE						Street Address					
City, State, Zip Code	e					32 Williams Parkway		3174.7	7,19,1,		
BURLINGTON, NJ 0		100		and a second		City, State, Zip Coo	е			1	2-1-
Project Mngr. For M BRIAN KEARNEY	onitoring F	irm		Telephone Nu 609-386-8800	mber	East Hanover, NJ 0	7036				
DRIAN REARNET		Sched.		etetion Date (1	1)	Telephone Number	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN	License	Number	175 A.T.	7-1-17-
05_/24	/13	_0		30 /	13				-2 51	20000	
Occupancy Status I	/		Chank	Only 4)		973-884-8682 Name of OSHA Mor	ritor			00860	
				ire Period of		LVI Demolition Servi					
Abateme	nt					Street Address					
Hours - D	escribe:	Lie SUL		ormal Facility		32 Williams Parkway					
Other - D	escribe:	7:00AM		М		East Hanover, NJ 0					
Scope of Work (Che	ck All That	Apply)			10, 18, 18,		W. Santa			65.5	
☐ Demolitio ☐ ≥3sf or ≥ ☑ ≥160 sf o	3lf r ≥260 lf	Z		Renovation		Full Containment w Mini - Enclosure Glovebag Procedur Non-Exempted (*) a	e	ble Proc	edure		
		Land Land Land Land Land Land Land Land	Michigan III	Λο	Descript	tion of Containing		Abateme R	ent Type	ĮΕ	ĮΕ
Location of Is Asbestos Containing Location Material (ACM) Normally TO BE ABATED Used in Facility Solely (13) by Maintenance/ Custodial Staff (12)					Material e., therma lation, sur	17:00 (COLOR 160 COC)	Amount (Specify SF or LF)	E M O V A L	R E P A I R	N C A P S U	N C L O S U R
		YES N							-	+	1
WOODBURY HALL FLE				PIPE INSULAT			1200 LF	V			
WOODBURY HALL FLE			THE PERSON NAMED IN	VAPOR BARR			4200 SF	7			
WOODBURY HALL FLE WOODBURY HALL FLE				CEILING PLAS MASTIC	IEK		12200 SF 37450 SF	7	1 4	1 1	
Name of Registered	Waste Hau	ler		NJDEP Waste Hauler ID No.	The state of the s	Name of Registered GROWS			Ten S'Asse	in an	
City, State EAST HANOVER, N.	Larges (1)				Disposal Date	City. State TULLYTOWN, PA	1.4				170
Completed by (Print STEVE STILES	or Type)			Title PROJECT MAI	NAGER	Signatur	AX			Date	05/10/13

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

Date of Notification (1)	3 RM 2 80					g Owner/Operator Properti							
Agency Notified	Type Notification				Address	g Street							
DXEPA CXDEP CYDOL	Amended Amendment #			City, St	ate, Zip	Code ter City,	NJ 0803	0					
DXDOH DXDCA	☐ Emergency (includin justification) ☐ Cancellation	9		Name (of Contac	ct		Telephone Nun	nber				
				EACH	ITV INE	ORMATION		. N					700
Name of Escility Where	Abatement is Taking Place	A (3)		FACIL	LITT IN	OKINATION	Type of Facility	(4)		-			
vacant bldg	gNorth and St and Essex	Sout			g.		☐ School (K-12 ☐ Subchapter	2) 8 (Other than K-12 rivate & commerci		ngs,			
City (5)		Y I I I					Square Feet		Bldg.	Age	•		
Gloucester	City						8,000	1	+	1-	50)	
County (6) Camden				County ONLY)) (STATE USE	Current Use (P	rior if being demol					
the state of the s	m Uland hu Dullding Ouma	- 1 ^	SCM No. Name of Abatement Contractor (9)										
(8) Pennoni A	m Hired by Building Owner ssociates	A	SCIVI	140.				ntal Serv	vices	з,	I	nc	•
Street Address 515 Grove S	t., Suite 1B				A TELEVISION	Street Address 2251 Fr	aley Str	reet	rad s				
City, State, Zip Code Haddon Hei	ghts, NJ 0803	5				City, State, Zip C Philadel		A 19137					5,000
Project Manager for Mo R. Alan Lloy			elephone No. Telephone No. License No. 56-547-0505 215-533-5155 01166										
Start Date (10) 5 - 2 0 - 1 3	Scheduled Co	mpletio 2 - 1		te (11)		Name of OSHA Pennoni		tes		1.			
	ing Abatement (Check only	one)				Street Address	C+ (nite 1D			N.		7
☐ Abatement Performs	ited During Entire Period of ed Outside of Normal Facili	Abate ty Hou	ment rs			515 Grov	Code	NJ 08035		2 1		-	
☐ Other – Describe: Scope of Work (Check ☐ ≥ 3 sf or ≥ 3 lf ☐≥ 160 sf or ≥ 260 lf	all that apply) * abate	ment		LI Ren	r to ovation nolition	demoĕfull demo o Mini-	Containment with Enclosure rebag Procedure		re				
	T	le I	.ocati	on	1					A		eme	nt
Asbestos-Contain TO BE IN F	tion of ing Material (ACM) ABATED acility 13)	Used Main Cu	ormal Sole	ly ly by nce/ al		Description stos Containing M ., thermal systems surfacing, VA other miscelland	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)		Removal		e Encapsulate	Enclosure
		Yes	No	N/A		() () () () () ()		000af		-			
North Bldg-entry ha				Х		flooring and a	ssoc. mastic	900sf		X			
North Bldg-l	poiler room	111		x	tra	nsite		900sf		x			
Name of Registered W		NJD ID N		Vaste F	lauler	Cubic Yards of Waste	Name of Regi				1	- 11	
City, State Morrisville	e. PA	du s				Disposal Date	City, State Libson,	ОН		į.			
Completed by Jennifer N:	Charles and the Charles of the Charl	Ope	era	tio	ns /	Signature]		Date 5-1	0 -	13	}	d
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D				T								alice of
Date of Notification (1) 5 /	10 /	13		200	e of Buildin B WHP, L	ng Owner/Operator (_LC		# 1305-1752: CI	1k. #3	3132		
Agencies Notified EPA	Type Notific		18	7	t Address 60 North	Kings Highway,	Suite 250	r - c -	-	5		
⊠ DOLWD	☐ Amende Amendm			City,	State, Zip	Code	market mental and		*	e=158		7%
☑ DHSS □ DCA	☐ Emerger		-	Ch	erry Hill,	, NJ 08034					. 1	
(NJAC 5:23-8)	justificati		g	Name	of Conta	ct		Telephone Numi	per	15:		
and the same	☐ Cancella	tion .		Mr.	David C	Cohen				2.7		
	-			FA	CILITY	NFORMATION			500			
Name of Facility Where	Abatement is	Taking Plac	e (3)		O.L.	· · · · · · · · · · · · · · · · · · ·	Type of Facility	(4)				100
318 WHP - Comme			· (0)				School (K-12					
Street Address	. о.ш. т. тере.	-,	-		<u> </u>		☐ Subchapter 8	Other than K-12)			
318 South White H	orse Pike						Other (i.e., property homes, etc.)	rivate and commer	cial bu	uilding	js,	
City (5) Audubon							Square Feet 2900	# of Floors		dg. A		
County (6)				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Camden					10.4.4	Status (Table)		mercial Space				
Name of Monitoring Firm	Hired by Buil	ding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	g trait into	-	-		
Horizon Environme	The Bank of the Land of the La			1			d Mold Service					
Street Address			_	1		Street Address		-,p.				
PO Box 316		18 (1916)				3859 Sylon B	loulevard	THE RESERVE				
City, State, Zip Code						City, State, Zip Co	The second secon					
Thorofare, NJ 0808	6					Hainesport, I						
Project Manager for Mon			Te	lephone	No	Telephone No.		License No.	- 1	-	-	-
Dave Flanigan			3 2000	856-848		609-702-0400		00862				
Start Date (10)		Scheduled				Name of OSHA M		10002				-
5//	CONTRACTOR OF THE PARTY OF THE			27 /	Same and the second	EMSL Analyt						
Occupancy Status During	g Abatement (Check only	one)	7.7		Street Address	THE TOUR THE T	TAMES OF THE RESERVE				
☐ Facility Closed/Vacate						200 U.S. Rou	te 130 North					
Abatement Performed Time of Abatement: _					cribe AM	City, State, Zip Co						
Scope of Work (Check al	Il that apply)	194			100				7000			-
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ R □ D	enova emoli			☐ Mini-Enc	g Procedure		re			53
		1	s Loc						Ab	atem	ent T	ype
Location		. He	Norm	ally lely by		Description of			70	D	Ш	Ш
Asbestos-Containing TO BE ABA				nance/		estos Containing Ma e., thermal systems		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Facili		Cus		I Staff?	,	surfacing, VAT	, or	SF or LF)	ova	=	nsd	Sur
(13)		-	(12	1		other miscellane	ous)				ate	O
		Yes	No				an many and					
Basement Floor	12				Mastic			2700 SF	\boxtimes			
							and the second					
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			-		V-				17			
Name of Designation	to Haulas		ᄖ	NIDEDI	Masta	louble Variation	IN-	15		Ш	Ц	
Name of Registered Was				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis		111			
Horizon Disposal, I	IIC.	200		22612		5	GROWS La	inatili	i.			16 14. – e
City, State						Disposal Date	City, State			7. 3.15		
Trenton, NJ		5				5/27/13	Morrisville,	PA 19067			Denie .	
Completed By (Print or Ty	ype)	Title	N.	177 1147	HEIGHAN	Signature 1	V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Da		6.3	100	
Kimberly A. Trumbe	etti	Office	Cool	rdinato	r	YXIV		Visit Park (Vital March	5-1	0-1	3	1-1- 1-1-

ASB-41 MAY 11

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

Job Number: 1211-1689

Check: #NA

Date of Notification 1/28/13	(1)			Name of Building Owner / Operator (2) Johns Manville														
Agencies Notified	Type Notifi	cation		-		Addi				- A Committee	Village			1-6				
Ĭ EPA				71	7 1	7 th S	treet			472								
☐ DEP	Initi		-		-		& Zip Co	7 1117		- 6								
☑ DOL	T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ended #9 ON H	DLD				O 8020)2	5400	AVIEW	410000	15.5		-				
Ø DOH		ergency					ontact				Telepho	one Number						
☐ DCA	☐ Car	ncellation		Ja	ne	t Wa	ring, S	ourcing Mai	nager	0		100		-				
	*	The File of the state of the st		, T	FA	CILIT	Y INFO	RMATION	And the state of	. 🔀								
Name of Facility WI	nere Abater	nent is Taking P	ace	(3)			-0.51	Type of Fac	cility (4)	or trainer of			Total C					
Johns Manville-	Penbryn F	Plant					1 20	Schoo	I (K-12)									
Street Address									apter 8 (Other th					1.5				
437 North Grove	Street								(i.e. private & co				tc.)	1.7				
								Square Fee	et # of Fl	oors	Bldg. Ag	е						
City (5)	- 100000	County (6)		OH	the	Codo.	(7)	LNA		The state of	- Falle	. + 1,400	Lang	12)119				
Berlin		DUE T	O	W	E	AT]	HER	PROJEC	CT HAS	molished)								
20,7										1 1 2 2 2 2 2 2 2 2 2		14.7	19					
Name of Monitoring		DEEN.	PU	1	D	AC.	K Or	HOLD	2/12/13	pr (9)		VIII.						
One Source Safe	ty & Heal	I	EN	D	D	AT	EEX	TENDE	D	s, Corp.			1					
Street Address		and the second				100	(4-101)							e grid				
140 South Village					_		7-1	Tour out				20.00	-11.0					
City, State & Zip Co Exton, PA 19341	de								& Zip Code									
Project Manager for	Monitorina	Cirm	Tolo	nh	200	Num	hor	Telephone	rt, NJ 08036	License	Niumbar	101	12	100				
Brian Hovendon	Morntoning	FILIII ;	Part Porce			525	bei	609-702-0		License Number 00862								
Scheduled Start Da	te (10)	Scheduled Con					V	Name of O	3700,0	e								
11/19/12	ic (10)	5/18/13	ipiei	1101	Dai	e (11	,	EMSL Ana										
Occupancy Status [During Abat		alv or	ne)				Street Addr			Real Property	7.7						
		During Entire P			Aba	ateme	ent	107 Hadd										
		Outside of Norma					78		& Zip Code	Time Charles	J 1(1/ 5) -		- 11					
Describe:								A STATE OF THE PARTY OF THE PAR	t, NJ 08108									
	upied Durin	g Abatement																
Scope of Work (Che	eck all that a	apply)	6.16				444		10.00		Magazini.	X / Y		11.2				
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≥160 sf ≥26	O If		Ш		Den	nolitio	n		The second secon	Bag Procedures		_		-				
and the latest		The state of the s	= + %		ave:	1000		Date of the		cempted and No								
	ocation of os-Containi	na			cati	on Jsed	24.	Descripti Asbestos-Co		Amount				/pe				
	erial (ACM)	119			ely b			Material ((Specify SF or LF)			m					
	BE ABATED					ce or	-5.45	(i.e., thermal			Re	Z.	nca	Enclosure				
i guira me ir	n Facility		Cus			Staff?		sulation, surf		· 一种 在 第二次 图	Remova	Repair	psu	los				
	(13)	1000		_	12)	A1/A		or other misce	ellaneous)		<u>a</u>	7	Encapsulate	-F				
	700000		Yes		VO.	N/A												
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"H" Roof			닏	1			Roof	Field		17,400 SF				Ц				
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			님	L														
Name of Desister 1	Mant- II	la-			N		M	2.11.17	The second				Ш					
Name of Registered Waste Hauler							10.00	Cubic Yards of Waste	Name of Reg	gistered Landfill								
Horizon Disposal			11	131	ııd	226	ACCOUNT OF THE PARTY OF THE PAR	30	GROWS La	ndfill								
City, State		And Manager of the San	1	1,40	875			Disposal Date City, State										
Trenton, NJ		100 F 17 F 18 S				10 10	442-74	3/28/13	Morrisville	PA	J			10/2				
Completed By (Print	or Type)				Titl	9							Date					
Kim Trumbetti						min.							/1/13					
Hallbott	4 H	_		/ = -	er anne	OX In			3111									
				4				TVVI	/			8.111	y +4.5+					

04/103

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

Date of Notification (1)			Name o	f Building	Owner/O	perator	(2)	219 1 -	- 1						
5/09/2013 7813 MAY 13 AM	2:20			KG Bu				rd / J	N 2:	.,	,				
Agencies Notified Type Notification IX EPA DEP I Initial Amended				Wilson			3 6	Iller	(if h)	75					
DEP Amended Amendment Emergency		0	Spart	ate, Zip Co a, NJ 0				- 11 - 11	V.	11	}				
DOH justification)				f Contact		EFE	Telephone Number								
DCA Cancellation	Land Harris			Gewec		ON									
Name of Facility Where Abatement is Takin Commercial Building	ig Place (3	3)	FAC	LITINE	ORMATIC	OIA	Type of Facility (Marin St. 19 10 1							
Street Address 19 Woodside Avenue							Subchapter	8 (Other that private & com		buil	dings	, home	es,		
Newton, NJ 07860			Tei	T.			Square Feet				\ge				
County (6) Sussex			County (STATE	Code (7) USE ONLY)		Current Use (Pri	or if being der	molishe	d)					
Name of Monitoring Firm Hired by Building Bio Terra Solution	Owner (8)		ASC	/ No.	O/		of Abatement Cor Pro Manager								
Street Address P.O. Box 1224						Address Outwater Lar	ie, Ste., B								
City, State, Zip Code Union, NJ 07083					City, State, Zip Code Garfield, NJ 07026										
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. (973) 494-3763			Telephone No. License No. 01188										
Start Date (10) 5/23/2013	ed Cor 2013	ompletion Date (11)				of OSHA Monitor I Pro Manage	ment LLC								
Occupancy Status During Abatement (Chec	k Only On	ie)				Street Address									
Facility Closed/Vacated During Entire	Period of A	Abaten	nent				Outwater La	ne, Ste., E	3		2 83		F		
Abatement Performed Outside of Norm Other – Describe:	nal Facility	Hour	S				tate, Zip Code rfield, NJ 07	026							
Scope of Work (Check All That Apply)	poor!					Γ₹									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoli				<u> </u>	Mini-Enclosure Glovebag Proc	edure							
		Locat		It				() and (von	T TIGOR	Abatement Type					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	d Sole intena odial ((12)	ely by nce/ Staff?		tos Conta thermal s	systems ing, VA	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A	71	T 11	-76						-			
Entrance Foyer, Bathroom, Office & Hallway	S march		X	Floor		112 2 . 4		600SF		X		X	1		
Main Area	B		X	Boile	er Flue			2SF		X	V. (A)-	X	-		
			-		William A				-		1 1 1		1 3		
Name of Registered Waste Hauler		TA	JDEP W	/aste	Cubic Y	Yards	Name of	Registered La	indfill						
All Pro Management LLC		1	Hauler ID No. of V			te eeded	IESI L	andfill				4.14.2			
City, State Garfield NJ			Dispos TBI				posal Date City, State BD Bethlehem, PA								
Completed by Zvonko Veskov	Title Gene	eral	Manag	ger	Date 5/09/2013										

OK D&S Proj. #: 2013

	Second State	SPARATE FAR	150	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100	a martine of the				\$ - 100 A		De la	100	1
Date of Notification (1) 0 5 / 0 6 / 1 3		ne of Building HRIS BRAN		Operator (2)					A .				i iza	
Agencies Notified Type Notificati	on Stre	et Address		4				r ·		(2)		0.5	,	
☐ DEP ☐ Amended		0 RIDGE RC	200000000000000000000000000000000000000						J		_			
✓ Amendment #:		, State, Zip Co											7	
L Emergency		GLEN ROCK	c, NJ 0	7452					evelor"	1.7	1	1		
DOH (including justification)	Nan	ne of Contact		10%				Telepho	ne Nun	nber			-11	
☐ DCA ☐ Cancellation		CHRIS BRAI	NDE				13,75						1,7	4 8
			FACILI	TY INFORMA	TION								: 1	
Name of facility where abatement is	s taking place	€ (3)					Ту	pe of Facility	(4) ool (K -	12)				
CHRIS BRANDE	Tions .			0.00						8 (Othe	r th	an K-	12)	
Street Address				1000					r (Priva s./Home	te/Comr es, etc.	mer	cial		
90 RIDGE ROAD	Carrier 1 - 10				Sec. 1		S	quare Feet	# of F	loors	T	Ble	dg. Ag	е
City (5)	County	/ (6)	190			nty Code (7)						il ne	Unit of	
GLEN ROCK	BERG	GEN			(Stat	e use only)		Current Use (Prior if	being d	emo	olishe	d)	
Name of Monitoring Firm Hired by			ASCM No.		Name of Abateme	nt Con	tractor (9)							
				4	D & S RESTO	RATI	ON INC							
Street Address					-	Street Address		011, 21101					201	
						20 California	Ave.							
City, State, Zip Code						City, State, Zip Coo	de	190119			100	- 000		
				1027		Paterson, NJ	07503				:			
Project Manager for Monitoring Firm	1	Phone N	Number			Telephone Numbe		The latest	Lice	ense Nu	mb	er		1.00
and the second second					-	973-345-802	20		1	0110	59	245		
Start Date (10)	Sched.	Completion Da	ite (11)			Name of OSHA M D & S Restor		Inc		1 2				
05/17/13	05/30/	13	100	e against consulta-	##Z	Street Address	ation,	me.				417 + 1 14		
Occupancy Status During Abatemen						20 California	Avenu	ie.	11166					
Facility closed/vacated during Abatement performed outside	entire period	d of abatement.				City, State, Zip Co					100			ia ia
Describe: NORMAL I	IOURS				-	Paterson, NJ	07503							
Scope of Work (check all that appl			2 1 1 1 1	7		31 7.7 - 7.70	Full	Containment	w/nega	ative pre	essi	ıre		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation						Mini	enclosure		Pio		7.0		
≥160 sf or ≥260 lf	Demolition			Estate to the			Non	-Exempted (*) and 1	Non-fria	ble		dure	
Location of		normally used ance/custodial						5,5		e		R	E	E
asbestos-containing material (acm) to be	staff(12)	a.ioo.odolodial		Description material (/		sbestos-containing	esterii.	Amount (Specify		n	n	р	С	n
abated in facility (13)	Yes	No 1	N/A	material (/	Civij	e serie chieria da la	14	ĹF)		V		i	a	L
Company of the second				CEILING B	OAD	DDANEI	STEEL ST	30 SQ FT	Vois .	e		r		
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					90 Ke #		134		Proj. (Paru		+		H	H
Registered Waste Hauler	NUDE	P Hauler ID#		bic Yards of V	Vaste	Name of Registe	red l an	dfill					Ш	1
Programme Registered Waste Hauler D & S RESTORATION, INC.	1350		_ 1	YD	- 4316	TULLYTOW	N, RE	SOURCE F	RECO	VERY	T.	(1) (1) (1)	1000	
City, State PATERSON, NJ 07503			osal Da /18/13	CALL STREET, SALES AND ADDRESS OF THE SALES AN	e e e e e e e e e e e e e e e e e e e	City, State TULLYTOW	N, PA	10.00	75-548 3 - 24-5			,	100	11/15/20 11/15/20 11/15/20
Completed by (Print or Type) BOGDAN JOLDZIC	Signature		Contractor sector language			Da 05	ite /06/13				100			
BOODAN JOLDZIC	emotec	activities.												

O D&S Proj. #: 2013

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Date of Notification (1)	E	ame of Build Elaine Whi		er/Operator (2)		(i)	1	3						
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DEP Amendment #		ty, State, Zip		on do				11.00	-						
DOL Emergency				7102				C	> -	. 1					
DOH (including		NEWARK me of Conta		7/102			TT L L								
justification) INdi	ne or Conta	act				Telepho	ne Numbe							
DCA Cancellation	n .	Elaine Wh	nite				(3.14)	mwmP\	L	i Y					
		F 127	FAC	ILITY INFORM	IATION		(3)	e e			(75)				
Name of facility where abatement	is taking plac	e (3)		1030	151	Field special to be	Type of Facility	(4)	- 412						
Elaine White								ol (K - 12) hapter 8 (C		han I	(-12)				
Street Address		P. M. N.		Section of the			☐ Other	(Private/C	omme						
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	County	. /C\					Square Feet	# of Floo	rs	В	lldg. A	\ge			
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Name of Monitoring Firm Hired by	11	V 100 100 100 100 100 100 100 100 100 10		ASCM No.		Name of Abatement (
rune of Montoring 1 mm 1 mod by	Diag. Owner	(0)		ASCIVI NO.	-		batement Contractor (9)								
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Ot 864 7 0 1		2.42.2	8.50		1. 12	20 California Av	e.								
City, State, Zip Code						City, State, Zip Code									
<u> </u>				201		Paterson, NJ 07:	503				1 1-81				
Project Manager for Monitoring Firm	n	Phor	ne Numb	er		Telephone Number		License			11	Y (1)			
						973-345-8020		0	1169						
Start Date (10)	Sched. (Completion	Date (1	1)		Name of OSHA Monit			1117						
05/21/13	05/30/3	12				D & S Restoration	on, Inc.					1			
Occupancy Status During Abateme					_		digital and					97.1			
Facility closed/vacated during			ont			20 California Ave	enue								
Abatement performed outside						City, State, Zip Code									
Describe:			10.000		_	D									
Other-Describe: NORMAL I		<u> </u>	187 E.		-	Paterson, NJ 075	003		L sale		ALLES				
Scope of Work (check all that app	y)					□F	ull Containment v	v/negative	press	ure					
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≥160 sf or ≥260 lf	Demolition						Glovebag procedu Non-Exempted (*)		riable	proc	oduro				
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asbestos-containing	by maintena	ance/custoo	dial	Description	n of a	sbestos-containing	Amount		е	е	n	E n			
material (acm) to be abated in facility (13)	staff(12)		-	material ((Specify S	SF or	m o	p a	c a	C			
abated in facility (13)	Yes	No	N/A				LF)	7-41-1	V.	i	p	L			
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Registered Waste Hauler D & S RESTORATION, INC.		Hauler ID#		ubic Yards of V YD		Name of Registered L TULLYTOWN, R		COVED	V						
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PATERSON, NJ 07503		The second second second	05/22/1			TULLYTOWN, I	DA LINE LINE								
Completed by (Print or Type)			Signature		Date										
BOGDAN JOLDZIC	Title PRESIDEN	NT	**	3.10.1010		THE STREET		05/06/	2013						
	empted	activities.		1 -22.00/			-								

D&S Proj. #: 2013

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Date of Notification (1)				er/Operator (2)		1 May 1.	3. 41.									
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Emer		No. of Contrast of	TCLAIR, N	IJ 07042						(1)						
	cation)	Name of	Contact	Fall				Telepho	ne Numb	er						
D DCA	ellation	KAT	HRYN MC	GUIRE						•						
			FAC	ILITY INFORM	ATION		1.11	3.195	1 1							
Name of facility where abate	ement is takir	ng place (3)	Tay I A F			,	Туре	of Facility	(4)				100			
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Name of Monitoring Firm Hir	red by Bldg.	Owner (8)		ASCM No.		Name of Abateme	nt Contra	Contractor (9)								
			at and the sale	1212		D & S RESTORATION, INC.										
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						973-345-802	20			01169						
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Abatement performed					400	Oity, Otate, Zip Co.	uc .									
Describe:	MAL HOUDS				-	Paterson, NJ	07502									
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Scope of Work (check all the	at apply)							ntainment	w/negativ	e press	ure					
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≥160 sf or ≥260 lf	□ Dem	olition						ag proced xempted (n friable	proo	oduro				
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PATERSON, NJ 0750			05/16/			TULLYTOW	IV, PA		T D-1		Mary No.	46.35	F - 190 - 190 C			
Completed by (Print or Type)				Signature			in and I	05/0	3/13							
BOGDAN JOLDZIC		ESIDENT							03/0	2113		1.11				
ACD 44	* Do n	ot use this fo	rm for asbest	os licensure ex	empted	activities.										

Notification (Pursuant

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Date of Notification (1)		Name of B		ner/Operator (2)		-413 ₇₇₎	17/3	5 st	2		Control of the second
Agencies Notified Type Notified Initial Amended		Street Add		ive	4	3	4 4	CLU-			0	200
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	la, and the		FAC	CILITY INFORM	ATION							
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Project Manager for Monitoring Fi	rm	PI	hone Numb	per	Paterson, Telephone Nur 973-345-	mber		License	Num 1169			* - 11
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Other-Describe: NORMAL					Paterson, 1	NJ 07503			L		-	
Scope of Work (check all that app 						Mini-encl	osure procedu	/negative re and Non-f			edure	
Location of asbestos-containing material (acm) to be	Is location by mainten staff(12)	n normally on enance/cus	used solely todial		of asbestos-containi	ng /	Amount Specify S		R e m	Rep	E n	E
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City, State PATERSON, NJ 07503	1000	7	Disposal Da n/a	ate	City, State							
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDI	ENT	III d	Signature	<u>n</u> /a			Date 05/03/1	3		4.	
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DOL	Emergency		Cedar Gro	ove, NJ (7009			69									
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	1, 1			FACIL	ITY INFORMA	ATION											
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Name of Monitori	ing Firm Hired by Bi	ug. Owner	(0)		ASCM No.		,	ont Conta	actor (c)								
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City, State, Zip Co	ode						Paterson, NJ			*							
Project Manager f	or Monitoring Firm		Pho	one Numbe	or	-	Telephone Number		en in de la companya di salah	License	Numb	er	1.20				
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	check all that apply)						Į		ontainment enclosure	w/negative	press	ure					
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Committee of Committee	74.						7	11 pre 42 s	05/3 20 HL (24 H)	10 0012/00/00/10	H						
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Registered Waste	Hauler RATION, INC.	NJDE 135	P Hauler II		ubic Yards of V YD	vaste	TULLYTOW	N, RES	OURCE R	ECOVER	RY	13/27 P					
City, State	idition, inc.			Disposal D		100	City, State	5.7E348+2		BAY KEPARTE	101.40	+ 15	+ 102 440	MONTH OF THE			
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BOGDAN JO	LDZIC	PRESIDI	ENT				1 11 20-			05/03	2013						
ASR-41	*	Do not use	this form	for asbesto	s licensure ex	empte	activities.							60			