

1. 01			(Pu	rsuant t	o NJAC 8	8:60 and	1 12:120))	201910.						
Date of Notification (1)	41.0004.0				Building (e Perth				, LLC	15	M. S. C	`.,			
	Notification nitial			Street Ac 1 Gree	ldress nway P	laza Sı	uite 60	(a)	W 477			U			
DEP DOL	Amended Amendment #				e, Zip Co n, TX 7					*	10				
M DOH ☐ ju	Emergency (in ustification) Cancellation	ncluding	1 8	Name of Clint Jo		-54 1600 00				Tel	ephone Nu	mber			
	Dancenation			FACIL	ITY INFO	ORMATI	ON			1					
Name of Facility Where Abatem Buckeye Perth Amboy Te								Туре	of Facility (4						
Street Address 380 Maurer Road					- Jesonth				Subchapter Other (i.e. pretc.)				dings,	home	es,
City (5) Perth Amboy				70				Squa	are Feet	# o	Floors	В	ldg. A	ge	
County (6) Middlesex		1 10		County C	ode (7) SE ONLY)				ent Use (Prio			hed)			
Name of Monitoring Firm Hired I Brandenburg	by Building C	wner (8)		ASCM	No.		10000	of Aba	atement Con	tractor	(9)				
Street Address							Street								
2217 Spillman Drive							2217	Spil	lman Drive	9		ō:			
City, State, Zip Code Bethlehem, PA 18015							Beth	leher	Zip Code n, PA 180	15					
Project Manager for Monitoring	Firm			Telephor	ie No.		Telepi 610-	none N 691-			License N	lo.			
Start Date (10)		Schedule	d Com	pletion [Date (11)		Name	of OS	HA Monitor	200					
Occupancy Status During Abate	ment (Check	Only One	e)				Street	Addre	ess						
Facility Closed/Vacated Du Abatement Performed Outs Other – Describe:	iring Entire P side of Norm	eriod of A al Facility	batem Hours	ent			City, S	State, 2	Zip Code		who was a second				
Scope of Work (Check All That A	Apply)														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enovat emoliti					M GI	ull Containme ini-Enclosure lovebag Proc	edure				20	
		T		1				J No	on-Exempted	i (^) an	d Non-Friat	Jie Pro	Abate		
79 Carl 1970 Car		100000	Location ormall	2374,2576			1.11	.,						ре	`
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	al (ACM)	Used Mair	d Solel ntenar odial S (12)	y by nce/		tos Cont thermal surfa		Materia s insu AT, or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		<i>.</i>				2.0	000 CE			ro —	
Fabrication shop of						roof tr		- 14 mar	21		000 SF	X			
Fabrication shop		-				100000	f flash				00 LF	X			-
Fabrication shop)					aspha	It root	debri	S		lebris	X			
Name of Registered Waste Hau Service Transport Group,			Н	JDEP W auler ID 0990		of Wa	50000		Minerva	Lan	ered Landfil dfill	1			
City, State New Castle, DE					/a		sal Date		City, State Waynes						
Completed by C. Wa	ppel	Title	010	ect	Man	ager s	Signatur	₽ IV	C-Ca	MI	10	ate 5	15	1	3
ASB-41 (R-06-08)	,		0				· Do n	ot use	this form for	asbes	tos licensur	e exer	npted	activi	ties.

No Hall

Date of Notification (1)	16-71			Owner/Ope			LC	2013					- 8
Agencies Notified Type Notification		Street A		laza Suit	e 60	0		-	- 0	Air j	2:	اً د	
EPA Initial Amended Amendment	Take 1977	City, Sta	ate, Zip Co on, TX 7	ode				Š.	4.4.5.5	Terr			
DOH justification) DCA Cancellatior	1 1		f Contact ohnson					Tele	ephone Nu	mber	١		
		FACI	I ITY INFO	ORMATION	ı					-	_		
Name of Facility Where Abatement is Takir Buckeye Perth Amboy Terminal	g Place (3) Truck Loa						Facility (
Street Address 380 Maurer Road						☐ Su	bchapter	8 (Othe	er than K-1 & commerc		dings,	home	es,
City (5)						Square		300000	Floors	B	ldg. A	.ge	
Perth Amboy County (6)		County	Code (7)			Current	LISA (Pri	1 or if bei	ng demolis	hed)			
Middlesex			USE ONLY)	-				driver b		g		
Name of Monitoring Firm Hired by Building Brandenburg	Owner (8)	ASC	ЛNo.	300		of Abater denbur		ntractor	(9)				
Street Address 2217 Spillman Drive						Address Spillma	an Driv	e					
City, State, Zip Code Bethlehem, PA 18015			*	C	City, S	state, Zip lehem,	Code			_			
Project Manager for Monitoring Firm		Telepho	ne No.	T	eleph	none No.			License N	10.			
Start Date (10)	Scheduled	Completion	Date (11)		26	691-180 of OSHA	-				-		
Occupancy Status During Abatement (Che	ok Oply Opp				treet	Address							
Facility Closed/Vacated During Entire		atement			ou eet	Address							
Abatement Performed Outside of Norr Other – Describe:	nal Facility Ho	ours	TO STANK		City, S	state, Zip	Code						
Scope of Work (Check All That Apply)					-0.06-3	_							
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		ovation nolition				Mini-l Glove	Enclosure bag Pro	e cedure	Negative			•	
	30 50		T		L_	1 Non-	xemple	u () and	d Non-Fria	DIE PIO		ement	
Location of	SEE SEE	cation mally		Descr	intion	of					Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED	Mainte	Solely by enance/ ial Staff?		tos Contain thermal sy	ning M stems	Aaterial (A s insulatio		(S	mount Specify For LF)	Rer	Re	Encapsulate	End
In Facility (13)		12)		surfacing other mis				Sr	OI LF)	Remova	Repair	sule	Enclosure
43.07	Yes 1	No N/A										ite	(D
Truck load rack				roof fl					00 LF	X			
Truck load rack				transite					00 SF	X			
Truck load rack driver building			winde	ow, door,	pan	nel cauli	king	20	00 LF	X			
Name of Registered Waste Hauler		NJDEP V		Cubic Ya			Name of	Registe	red Landfi	I.			
Service Transport Group, Inc.		20990	No.	of Waste	5)		Minerv	a Land	lfill				
City, State New Castle, DE				Disposal	Date		City, Stat Wayne		ОН				
Completed by C. Kappel	Title Prop	ed W	Janara	Sign	nature	in	1	Wani,	P D	ate 5	15	10	3
ASB-41 (R-06-08)	130	90 .	1		·		s form to	ashael	tos licensu	re exer	npted	activi	ties

yo way

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

Date of Notification (,	THE STATE OF THE S				Building Ov		rator (2)				
$\frac{04}{2} / \frac{22}{2}$	/13				Street A	PAL DIOCES	SE					
Agencies Notified	Type of N	otifica	tion			BERRY STRE	FT		261	7 -		
☐ EPA		Initia				te, Zip Code	-				15 1	
☐ DEP		Amer	nded		NEWAR	K, NJ 07102				10		1 2:00
☑ DOH			ndment #		Name of				Telenhor	e Numb	er	
☑ DOL			gency wellation	// justification	DEBRA I	PERRY			50			
		Canc	enation	F	ACILITY II	NFORMATIC)N					U
					AOILITTI	III OIIIIATTO	.					
Name of Facility Whe		nent is	Taking	Place (3)		Type of Fa	acility (4)					
ST. JOHN'S CHURCH	6						0-51/1/	40)				
Street Address						4 8	School (K	12) er 8 (Other	than K 12	Y.		
118 SUMMIT AVENUE	Ē							, private &				
								mes, etc.)				
	County (6)		County Code	(7)	Square Fe		# Of Floor		Buildin	g Age	
JERSEY CITY	HUDSON						00 +	being dem	1/2		150	1.4
l							FORMER	350	onsileu)		150	
Name of Monitoring F	irm Hired	by Blo	dg. Own	er (8)	ASCM NO		· Ormer	011011011			-	
				50000 (* 70. * 7)								
AET								RVICES IN	C			
Street Address 907 Doolittle Drive						Street Add	iress					
City, State, Zip Code						32 Williams	Parkway					
Bridgewater, NJ 0880	7					City, State						
Project Mngr. For Mo		irm		Telephone Nu	ımber	1	•					
Eric Houseknecth				908-218-1108		EAST HAN		J 07936				-
Sheduled Start Date (05 / 06	10) / 13			letetion Date (1		Telephone	Number		License N	lumber		
$\frac{05}{-06} / \frac{06}{-06}$	/	-	05 /	/ <u>30</u> /	13	973-77	2-3660			0	0860	
Occupancy Status Du	ring Abat	ement	(Check	Only 1)		Name of O		tor				
1000000		ted Du	ring Ent	ire Period of				RVICES IN	0.			
Abatement						Street Add	Iress					
Abatement Hours - De				lormal Facility		32 Williams	Parkway					
Other - Des						City, State						
						EAST HAN						
Scope of Work (Chec	k All That	Apply)		7.5							
☐ Demolition	rs.	1	7	Renovation		Full Conta	inment wit	h Nagatiya	Drossuro			
>3sf or >3lf		,	<u>C.</u> J	Renovation		Mini - Encl		ii wegative	ricasurc			
≥160 sf or	≥260 If					Glovebag l						
					V	Non-Exem	pted (*) an	d Non-Fria	ble Proced	lure		
Location of			ls		Descript	tion of			Abatemer	t Type		
Asbestos Contai		Loc	cation	As		Containing	165		R		E	E
		Nor	rmally		Material			Amount	E	R	N	N
TO BE ABATE	D	10	sed		e., therma		911	(Specify	M	E	C	C
in Facility (13)		0.00	olely Main-			facing, VAT	,	SF or LF)	°	P A	A P	L
(10)		1000	ance/		outer imac	enaneous _j			Ā	î	s	s
		100000000000000000000000000000000000000	todial						L	R	U	U
			ff (12)								L	R
		YES	NO N/A		1000					- [-]		+ -
ROOF		H		ROOF FLASHI	NG			3000 SF	7		++	+-
REAR 1ST STORY			1	ROOF FELT				100 SF	7			
Name of Registered W	Vaste Haul	er		NJDEP Waste		Name of Re						
LVI DEMOLITION				Hauler ID No.	Yards of Waste	GROWS / V	VASTE MG	iM I				
City, State					Disposal	City. State						
EAST HANOVER, NJ					Date	MORRISVII	LLE, PA					
							\angle					
Completed by (Print o	r Type)	White sections		Title			Signature	1	\ /	W. 100.	Date	
JOHN FOLSOM				Project Manage	er		A	In -	Joly	in	0	5/15/13
ASB-41							17					

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

Date of Notification	. ,				Building Own		ator (2)				
$\frac{04}{22}$	/	PROJECT ON	HOLD	Street Ad	AL DIOCESE	20.5					
Agencies Notified	Type of N	otification	HOLD		ERRY STREE	т ^{2/} ///	1.				
☐ EPA		Initial			e, Zip Code		176				
☐ DEP		Amended			NJ 07102						
☑ DOH		Amendment #			Contact . V			Telephor	ie Numbe	er	
☑ DOL		Emergency w	/ justification	DEBRA P	ERRY	* */					
		Cancellation	E	A CILITY IN	FORMATION	J	- No. 1770	<u> </u>			
				ACILITY	I OKMATIOI	•		2 4			
Name of Facility Wh	ere Abaten	nent is Taking I	Place (3)		Type of Fac	ility (4)					
ST. JOHN'S CHURC	Н										
					4 837000 CO	School (K		4h V 42			
Street Address 118 SUMMIT AVENU	IE						er 8 (Other , private &				
110 SOWINIT AVENC	<i>,</i> _						mes, etc.)	01111101010			
City (5)	County (6)	County Code	(7)	Square Fee	t	# Of Floor	s	Building	Age	
JERSEY CITY	HUDSON				2500		1 1	Market and the second			
					Current Use			olished)		150 -	•
	F: 10: 1	L BLL O	- (0)	ASCM NO	VACANT - F	ORMER	CHURCH				
Name of Monitoring	Firm Hired	by Blag. Own	er (8)	ASCW NO	1						
AET					LVI DEMOL	ITION SE	RVICES IN	C.			
Street Address	· · · · · · · · · · · · · · · · · · ·				Street Addr	ess					
907 Doolittle Drive						20.0			8		
City, State, Zip Code					32 Williams						32 W-5-C-1
Bridgewater, NJ 088 Project Mngr. For M		irm	Telephone Nu	mbor	City, State,	Zip Code					
Eric Houseknecth	onitoring r	irin	908-218-1108	iiibei	EAST HANG	OVERR, N	J 07936				
Sheduled Start Date	(10)	Sched. Comp	letetion Date (1	11)	Telephone			License I	Number		AMP TO STATE OF THE STATE OF TH
05//06	/13	_05/	//	13_					0.000		
//	/	/	/		973-772				00	0860	
Occupancy Status I					Name of OS						
Facility C		ted During Ent	ire Period of		Street Addr		TVICES IIV	<u>. </u>			
The state of the s		ed Outside of N	ormal Facility								
Hours - D	escribe: _	M-F - 7:00aM -	4:00pM		32 Williams						
Other - D	escribe:				City, State,						
5104 - 1,031	1 40 71 4				EAST HANG	JVERR, N	J 07936				
Scope of Work (Che	ck All I nat	Apply)									
☐ Demolition	n	7	Renovation		Full Contain	nment wit	h Negative	Pressure	ŕ		
	3If	2000 .X			Mini - Enclo	300000000000000000000000000000000000000					
≥160 sf o	r ≥260 If				Glovebag P			bla Draca	duro		
				V	Non-Exemp	ited () an	u Non-Fna	Die Proce	uure		
Location o	of	Is	1	Descript	ion of			Abateme	nt Type		
Asbestos Cont		Location	As	sbestos - C				R		E	E
	929	Normally		Material (Amount	E	R	N	N
TO BE ABA		Used		e., thermal			(Specify SF or LF)	M	E	C	C
in Facility (13)	/	Solely by Main-		other misc	facing, VAT,		SF OI LF)	v	A	P	0
(13)		tenance/		other mise	chanoodo			A	1	S	S
		Custodial						L	R	U	U
		Staff (12)								L	R
		YES NO N/A									
DOOF			ROOF FLASHI	NC			3000 SF			\vdash	+ =
ROOF REAR 1ST STORY			ROOF FEASH	ING			100 SF	7	H	1 7	
REAR 131 310KT			KOOF FEET				1000	Ti			1 5
Name of Registered	Waste Hau	ler	NJDEP Waste	Cubic	Name of Re						
LVI DEMOLITION			Hauler ID No.	Yards	GROWS / W						
				of Waste	-						
City, State	ı			Disposal	City. State MORRISVIL	IE DA					
EAST HANOVER, N.)			Date	INOKKISVIL	re- CM					
Completed by (Print	or Type)		Title		IS	ignature	()	1		Date	
,						no l		1011			107/10
JOHN FOLSOM			Project Manage	er		THE	X Ja	LAN		05	/07/13

ASB-41

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

Date of Notification (Building Ow		rator (2)				
$\frac{-04}{22}$	/13			Street Add				σ.			
Agencies Notified	Type of No	otification			RRY STRE	ET		<u> </u>	13.11		
☐ EPA	V	Initial			, Zip Code				N3 /	10 ,	· 2
☐ DEP		Amended	7	NEWARK, Name of C				Telephon	e Numbe	r	3.00
☑ DOH ☑ DOL		Amendment # Emergency w		DEBRA PI				- Telephon	250		# C
		Cancellation	F	ACILITY IN	FORMATIO	N			1151		1 A
	Carrier - Valley		92.10	1012111111							1
Name of Facility Who ST. JOHN'S CHURCH		ent is Taking F	Place (3)		Type of Fa		40)				
Ctoret Address						School (K	-12) er 8 (Other	than K-12)		
Street Address 118 SUMMIT AVENU	E					Other (I.e.	, private &				
C:h. (F)	County (6)		County Code ((7)	Square Fe	bldgs., ho	# Of Floor	s	Building	Age	
City (5) JERSEY CITY	County (6)	<i>'</i>	County Code ((1)	2500	00 +	1 1	/2		, 3 -	
				4			being dem	olished)		150	+
Name of Monitoring	Firm Hirad	by Bldg Own	er (8)	ASCM NO	VACANT -	FORMER (CHURCH				72-1
	i iiiii mired	by blug. Owill	(0)								
AET							RVICES IN	J			
Street Address 907 Doolittle Drive					Street Add	11622					
City, State, Zip Code)				32 Williams						
Bridgewater, NJ 0880			Talas bases N	mba-	City, State	, Zip Code					
Project Mngr. For Me Eric Houseknecth	onitoring Fi	ırm	Telephone Nu 908-218-1108	mper	EAST HAN	IOVERR, N	J 07936				eer to the title
Sheduled Start Date	(10)	Sched. Comp	etetion Date (1	1)	Telephone			License I	lumber		
05//06	/13	05/	/	13	973_77	2-3660			0	0860	
Occupancy Status D	uring Abat	ement (Check	Only 1)		Name of O		tor				
	losed/Vaca	ted During Ent	ire Period of				RVICES IN	0.			
Abatemer		d Outside of N	ormal Facility		Street Add	iress					
Abatemer Hours - D	escribe:	M-F - 7:00aM -	4:00pM		32 Williams						
					City, State	, Zip Code IOVERR, N					
Scope of Work (Che	ck All That	Apply)			LAST HAN	OVERNI, N	0, 300				
			Danes setting		Full Conta	inmont wit	th Negative	Pressure			
☐ Demolitio ✓ ≥3sf or ≥3		V	Renovation	님	Mini - Enc		ii Negative	riessure			
☐ ≥160 sf or					Glovebag	Procedure		hia D	al a -		
				✓	Non-Exem	pted (*) an	d Non-Fria	DIE Proce	uure		
Location o	of	İs		Descripti				Abateme	nt Type	le.	le.
Asbestos Cont	aining	Location	As	bestos - C Material (Amount	R E	R	E N	E N
TO BE ABAT	ΓED	Normally Used	a.	e., thermal			(Specify	M	E	c	c
in Facility		Solely	insu	lation, surf	acing, VAT	,	SF or LF)	0	Р	A	L
(13)		by Main-	or	other misc	ellaneous)			V A	A	P	o s
1		tenance/ Custodial						L	R	U	Ü
		Staff (12)								L	R
		YES NO N/A									
ROOF			ROOF FLASHI	NG			3000 SF	7		$+$ \forall	1 = =
REAR 1ST STORY			ROOF FELT				100 SF	V			
				In the			1 45"				
Name of Registered	Waste Hau	ler	NJDEP Waste Hauler ID No.		Name of R						
LVI DEMOLITION			naulei ID NO.	of Waste							
City, State					City. State				N. P. S.		
EAST HANOVER, N.	J.			Date	MORRISV	ILLE, PA					
Completed by (Print	or Type)		Title			Signature	_ \			Date	
			Draigat Mass	or.		14	11 -	()		0.	4/22/13
JOHN FOLSOM			Project Manage	CI.		MY	VE	VIII		1 0.	

ASB-41

tack 1045

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

CY# 22407

Date of Notification (1)				Nam	ne of Build	ling Owner/Operator	(2)		-11 0		IVI	
	13	_			PGS,LLC		(-)	15 ,				
Agencies Notified Type Noti	ification			Stre	et Addres	7.		10				
☐ Initial						Center Drive, Su	ito 100	A Page				
☑ DOLWD ☐ Amend					State, Zip		nte 190	7.4	,			
	dment #_			1000		Ranch, Colorado		feet and				
□ DCA	ency (incl	luding			e of Conta)	14° 1			243	
☐ Cance				All cores	ennis Qu			Telephone Nu	mber		350 35	
				1								
Name of Facility Where Abatement i	s Taking	Place	(3)	FA	ACILITY	INFORMATION	Tunn of Frankli					55500
Building #2, Building #3,Buil				ina #2	20 A B&C	•	Type of Facilit	•				
Street Address				g #2	-0 A,Da	,	School (K-	r 8 (Other than K-	12)			
1050 State Street							Other (i.e.,	private and comm	ercial	buildi	ngs,	
City (5)			_		J775 - 1775		homes, etc				2 2 000	5/10/2009
Perth Amboy NJ							Square Feet	# of Floors		Bldg.	Age	
County (6)			_	Cou	nt. Cada	(7) (OTATE 110E 011111	30,000	1		100		
Middlesex				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (F	Prior if being demo	lished)			
Name of Monitoring Firm Hired by Bu	ildina O.	/0	× 1	1001								
Cardno ATC	maing Ow	mer (8)	ASCM		Name of Abateme		9)	1200			
Street Address		-	\perp	000	98	JVN Restorat	tion Inc					
104 East 25 th Street						Street Address						
Control of the contro						47 Foster Ro						
City, State, Zip Code New York NY 10010						City, State, Zip Co	ode					
						Staten Island						
Project Manager for Monitoring Firm				phone		Telephone No.		License No.				
Fred Burkhardt					3-8280	718-605-6256		00774				
Start Date (10)	Schedule					Name of OSHA M	onitor				_	
//				_ / .	13	Testor Tech						
Occupancy Status During Abatement						Street Address						
Facility Closed/Vacated During En	tire Period	d of At	aten	nent		10 59 Jackson	1 Avenue					
Abatement Performed Outside of N	Normal Fa	cility F	Hours	s - Des	cribe	City, State, Zip Co						
Time of Abatement: 7:00AM-4:00	PIMPM/_		PM		AM	LIC, NY 11101						
Scope of Work (Check all that apply)												
≥3 sf or ≥3 If	_	l n				☐ Full Conta	ainment with Ne	gative Pressure				
\(\simeg \geq 160 \) sf or \(\geq 260 \) If	\bowtie	Reno Demo					osure					
Return No. 100	-	, 00,,,,	ontio				Procedure	n-Friable Procedu	ıra			
			ocatio				7 (/ 4.15 / 1.15	ar riddio r roccat	_		T	
Location of	.	Noi Used :	rmali			Description of	9		300	atem		T-
Asbestos-Containing Material (ACN TO BE ABATED	VI)	Maint	enan	ice/	Asbe	stos Containing Mate	erial (ACM)	Amount	Removal	Repair	Enc	Enclosure
IN Facility	(Custod		taff?	(1.6	thermal systems in surfacing, VAT,		(Specify SF or LF)	VOL	a:	aps	losi
(13)	-		12)			other miscellaneo	us)	Of Of LF)	<u> </u>		Encapsulate	ле
Window & Doors			No	N/A							6	
Various Locations		-	-		Caulkin			94 SF	\boxtimes			
		-	-		VAT/Ma	stic .		7,800 SF	\boxtimes			
Various Locations			-		Glue Do	ots		800 SF	\boxtimes			
Various Locations						und/Plaster		4,400 SF	\boxtimes			
Name of Registered Waste Hauler			1000000	DEP W		Cubic Yards of	Name of Regis	tered Landfill	1			
Global Waste Industries, Inc.			10.55	uler ID IJ-22 1		Waste 300	G.R.O.W.S.	,Inc				
City, State					. 71	Disposal Date	City, State	-		-5		
Hackettstown, NJ						7/15/13	Morrisville,	PA		i		
Completed By (Print or Type)	Title					Signature	1			1		
John Tardy	Senio	or Pro	oiec	t Man	ager	1341	a och n	Da	te l	1	7	
SB-41			,,,,,	· waii	-gui	T X	MI		717	113		
XY 11	* Do r	not use	this	form f	or asbesto	os licensure)exempte	d activities.		1	1		
							The State of the S					

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MAY 11

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

N#27407

Date of Notification (1)			-2015	Nam	e of Buildir	ng Owner/Operator (2) 0	<u> </u>	IIC.	- 1	wc	
5 / 15	/	3		- Contract C	GS,LLC	ig Owner/Operator (2) (I) ₁					
Agencies Notified Type N ⊠ EPA □ Initi	otification al				t Address	Center Drive, Sui	te 190		\$72			
☑ DOLWD ☐ Ame	ended				State, Zip		10,300	0.000	4.11			
	endment #		-	. A.33		Ranch, Colorado	~ ,	*4				
	ergency (in	ncludin	g		e of Conta			Tolophora Num	_			
	ification) cellation			90900	nnis Que			Telephone Num	nber	f		
	Cellation					NFORMATION		1				
Name of Facility Where Abateme	nt is Takin	g Plac	e (3)		OILIT I	WI OKWATION	Type of Facility	(4)				
Building #2, Building #3,B	uilding #	16 &	Build	ing #2	0 A,B&C		School (K-1	. 10.0				
Street Address							Subchapter	8 (Other than K-12	2)			
1050 State Street							homes, etc.	orivate and comme	rcial b	uildin	gs,	
City (5)		11. 0.0000					Square Feet	# of Floors	TE	Ildg. A	ige.	
Perth Amboy NJ							30,000	1		100	3-	
County (6)				Cou	nty Code (7)(STATE USE ONLY)		rior if being demoli	shed)			
Middlesex						,,		and a congression	,			
Name of Monitoring Firm Hired by	Building (Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	100000			
Cardno ATC				000	98	JVN Restorat	tion Inc					
Street Address						Street Address					901-00	
104 East 25 th Street						47 Foster Ro	ad					
City, State, Zip Code						City, State, Zip Co	ode					
New York NY 10010						Staten Island						
Project Manager for Monitoring Fin	m		Tele	ephone	No.	Telephone No.		License No.		- 100		
Fred Burkhardt			2	12-353	8-8280	718-605-6256		00774				
Start Date (10)					ite (11)	Name of OSHA M	onitor					
5/16/13		7/	1	5_/	13	Testor Tech						
Occupancy Status During Abatem	•				×	Street Address					- 45	
☐ Facility Closed/Vacated During					E	10 59 Jackso						
Abatement Performed Outside Time of Abatement: 7:00AM-4	:00PMPI	гасіііі И/	y Hou PM-	rs - Des	SCRIDE AM	City, State, Zip Co						-
N- and the second secon						LIC, NY 1110	1					
Scope of Work (Check all that app	ly)					☐ Full Cont	ainment with Ne	native Pressure				
≥3 sf or ≥3 If			novat			Mini-Encl	osure	gative Fressure				
≥160 sf or ≥260 lf		⊠ De	moliti	on		☐ Glovebag	Procedure	n-Friable Procedu				
		Is	Loca	tion	T	⊠ Non-Exer	ripled () and No	n-Friable Procedu	-			
Location of		1	Norma	lly		Description of	f		-	atem		
Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Asbe	stos Containing Mat	terial (ACM)	Amount	Ren	Repair	Enc	Enc
TO BE ABATED IN Facility				Staff?	(i.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Removal	a i	aps	Enclosure
(13)			(12)			other miscellaned		Si di Li')	<u>=</u>		Encapsulate	le l
		Yes	No	N/A							,,,	
Various Locations					Transit	e 		19,539 SF				
Exterior					Paint			14,432 SF				
Various Locations					Pipe In:	sulation		846 LF	\boxtimes			
Roof						ofing Material/Fla	10000000000000000000000000000000000000	3,810 SF	\boxtimes			
Name of Registered Waste Hauler			1000	JDEP \		Cubic Yards of Waste	Name of Regis					
Global Waste Industries, In	C.		1	NJ-22		300	G.R.O.W.S	.,Inc				
City, State						Disposal Date	City, State					
Hackettstown, NJ						7/15/13	Morrisville	, PA	F	1		
Completed By (Print or Type)	Title					Signature	// i	Da	te	-	Section 1	
John Tardy	S	enior	Proje	ct Mai	nager	424	arch		5/1	51	13	
SB-41					-	1	<u> </u>		1	4	')	
MAY 11	* 1	Do not	use th	is form	for asbest	os licensure exempl	ted activities.		S.	E		

					to NJAC				2015				dina sa			
Date of Notification (1) 05/08/13 Check #26	24		- 1	Name of PSE&	f Building G	Owner	Operator	(2)	~ .	13,17	15 /	ii i				
	Type Notification			Street A 4000 h	ddress Hadley F	Road							. 6	9		
DEP DOL	Initial Amended Amendment #				te, Zip Co Plainfiel		w Jerse	ey 070	080	10.	14, 14,	G.	i,			
⊠ DOH DCA	Emergency (ir justification) Cancellation	ncluding	- 1		f Contact cGuire					Tel	ephone	Numb	er			
				FACI	LITY INFO	ORMA	TION						-		-	266 - 250 9 140
Name of Facility Where At Residence Street Address	patement is Taking	Place (3	3)						of Facility (4 School (K-1) Subchapter	2)	er than I	K-12)	•			8 %
84 Runyon Road									Other (i.e. p etc.)	rivate (& comm	ercial	build	lings,	home	es,
City (5) Clifton, New Jersey (7013								re Feet	# o	f Floors		350	ldg. A 5+	ge	
County (6) Passaic					Code (7) USE ONLY				nt Use (Pric	or if bei	ng dem	olishe	d)			
Name of Monitoring Firm H N/A	Hired by Building O	wner (8)		ASCN	No.				tement Con	tractor	(9)					
Street Address			3.					Addres McBri	ss de Avenu	e						
City, State, Zip Code	***************************************		-	~					ip Code Park, Ne	w Jer	sey 07	7424				
Project Manager for Monito	oring Firm		T	Telepho	ne No.		Teleph	none No 225-8	0.	,	Licens 0110	e No.				
Start Date (10)	,	Schedul	ed Com	pletion	Date (11)				HA Monitor Fronmenta	ıl Lab	oratori	ies Ir	ıc.			
Occupancy Status During	Abatement (Check	Only Or	ne)			- Vision		Addres								
Facility Closed/Vacate Abatement Performed	ed During Entire Pe d Outside of Norma	eriod of	Abatem / Hours	ent					e 22 Wes	st						
Other – Describe:									w Jersey	0708	3					
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)	-	Renova Demoliti				I I X	Mir Glo	I Containme ni-Enclosure ovebag Proc n-Exempted	edure					9	
			Locati											Abate Ty	ment	
Location of Asbestos-Containing N TO BE ABAT In Facility (13)	Naterial (ACM)	Use Ma	Normalled Sole intenar todial S	ly by nce/		tos Cor therma surf	escription ntaining N al system: acing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Endosure
House Exte	erior			X		Tra	nsite Si	dina		12	50 SF		ζ.			
Kitchen&BasemntSta		X	Brov		oleum8	_	sive		50 SF	-	ζ.	-				
Basemer				X			Tile & N	NE 1010 1 1157			80 SF	-14	(
Basemer				X			e Exhau				1 LF		ζ.			
Name of Registered Waste		I	N	JDEP W			c Yards		Name of F							
Lilich Corporation			2000	auler ID 3724	No.	of W	aste		G.R.O.V	V.S L						
City, State Woodland Park, New	Jersey					Dispo 05/2	osal Date 8/13		City, State Morrisvi		ennsyl	vania	3			
Completed by Tatiana Kalenikova		Title Vice	Presid	dent			Signature		wollen	les	an	Date 05/0		3		

	Is	Locat	ion			Aba	ateme	ent T	/pe
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Normal d Sole intena todial S (12)	ly by nce/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A			ļ			
Basement			X	Gray Exterior Window Glaze	72 SF	X	Œ	D	
Garage			X	Gray Interior WIndow Glaze	50 LF	X		0.	
									Ų
	To						П		미
. Asset									
All Control of the Co									
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	1		\Box						
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And the second of the second o	TE								
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14/64

Date of Notification (1) 05/13/13					f Building ah Boar					20	13 ₁₂₋₁		X-11-11-11-11-11-11-11-11-11-11-11-11-11		
Agencies Notified	Type Notification			Street A	ddress Ige Roa	d			198		7/5	0			
EPA DEP X DOL	Initial Amended Amendment	#	_		ate, Zip Co ah NJ 0				1)	4.	4.71.31.3	16.7	÷,	Şu	
X DOH	justification) Cancellation				f Contact /an De l	Mark				Те	lephone Nur	nber	8		
	1=			FACI	LITY INF	ORMATI	ON								
Name of Facility Where Mahwah High Scho		g Place (3)					<u> </u>	of Facility (4) School (K-12)						
Street Address 50 Ridge Road								T	Subchapter 8 Other (i.e. pri etc.)				dings	, hom	es,
City (5) Mahwah								Squa 100	ire Feet 00	# o	f Floors		8ldg. /	Age	
County (6) Bergen					Code (7) USE ONLY	,	_		ent Use (Prior n School Fi			ed)			
Name of Monitoring Firm RKO Environmenta		Owner (8)		ASCN 090	/ No.	1			struction &			Inc.			
Street Address 403 St. James Ave	nue						Street 265 l		ss e 46 Suite 3	3D					
City, State, Zip Code Phillipsburg, NJ 08	865		·** - 31 ¹¹		51121112111211				ip Code J 07512						
Project Manager for Mor			T	Telepho 908 45	ne No. 54 6316		Teleph 973 2				License N 00666	0.			
Start Date (10) 06/05/13		Schedule 06/08/1			Date (11)		Name	of OS	HA Monitor struction &	Res	l	Inc			-
Occupancy Status Durin	og Ahatement (Chec						Street								
		455		nont					46 Suite 3	BD.					
	cated During Entire Fined Outside of Norm								ip Code J 07512						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoli				×	Mi	II Containmen ni-Enclosure ovebag Proce n-Exempted (dure				re	
		Т.						3 140	II-Exempled	7 011	a Non-i nab	T		emen	t
Landin		4	Locat Iorma			Do	scription	of					Ty	ре	,
Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) <u>ATED</u> lity	Mai	d Sole ntena odial : (12)			tos Cont thermal surfa	laining N	fateria s insula T, or	ation,	(5	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ਰਿ	
Bldg.#5 Mechan	ical Room#1	x			P	ipe Fitt	ting Ins	sulation	on	3	5 SF	X			
Bldg.#5 Mechan	ical Room#2			P	ipe Fitt	ting Ins	sulation	on	3	35 SF	Х		_		
			-								-	-	-	-	
None of Desistent d We	ata Haulaa		1.6	JDEP W	lanta	Cubia	Yards		Name of Pe	agiet	ered Landfill		L		
Name of Registered War Bako Construction &		IC.		fauler ID 0889		of Was			G.R.O.W						
City, State Totowa NJ						Dispos 06/10	sal Date 1/13		City, State Morrisviil	e P	4				
Completed by Goran Kojic		Title Projec	ct Ma	anager		S	Signature	×2	ath	<u> </u>	Da 05	te /13/	13		
		1 .					<	} —		+				-	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

CHECK#23041

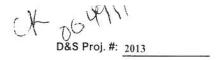
				(Purs	uant to NJAC	C 8:60 an	d 12:120)	29/3 (GEY)				
Date of Notification (1)					Name of Buil	ding Own	er/Operator (2)	4 /	ő ,			
5/13/2013					CONGOLE	UM COI	RPORATION	_ iN	- 4	4.0		
Agencies Notified	Type Notifica	tion			Street Addre	ss		ar a fine			60	
☐ EPA	Initial				1945 E. STA	TE STR	REET	~164jr	4			
☐ DEP	Amende	ed Ame	ndmen	t #	City, State, Z	ip Code					ć.	
□ DOL	☐ Emerge	ncy (in	cluding		TRENTON							- 00-00-0
□ DOH	justificat	tion)			Name of Cor	ntact			Tele	phone	Num	ber
DCA	☐ Cancella	ation			DAVID J. D	'ANDRE	E A				- II	
				F	ACILITY IN	FORMA	TION				_	
Name of Facility Where Ab	atement is Ta	king P	lace (3)	(Type of Facility (4)	-1333			
CONGOLEUM CORPO	RATION				we are the same and			School (K-12)				
Street Address								Subchapter 8 (Other				
1945 E. STATE STREET	Γ							Other (i.e., private				
City (5)								Square Feet	# of	Floors	Bldg	Age
TRENTON									L		1	
County					County Code	(7) (STA	ATE USE ONLY)	Current Use (Prior if bei	ing de	molis	hed)	
NEW JERSEY									productions	0.00001.5500		
Name of Monitoring Firm H	lired by Buildin	ng Owr	ner (8)		ASCM No.	Proposition of	f Abatement Cont					
					<u> </u>			RONMENTAL INC.				
Street Address						Street A						
							CK FOREST R	OAD				
						100030000000	ate, Zip Code					
	· -	[_ _	NI				TON, NJ 0869	<u> </u>	Licor	ise N		
Project Manager for Monito	oring Firm	relepi	hone N	0.		Telepho			0067		J.	
Charl Data (10)		Coboo	lulad C	omplot	ion Date (11)	609-890	f OSHA Monitor		000	0		-
Start Date (10)		and the same of		omplet	ion Date (11)	N/A	1 OSTIA WIOTIKOT					
5/14/2013 Occupancy Status During	Abatement (C	5/15/2		`		Street A	ddress					
Facility Closed/Vacate					ent	Ou oct /						
Abatement performed out						City, Sta	ate, Zip Code					
Scope of Work (Check all t	hat apply)					1		Full Containment w	ith Ne	gative	e Pres	sure
	at app.j/				Renova	tion		☐ Mini-Enclosure		T. 2000		
□ ≥ 160 sf or ≥ 260 lf					☐ Demolit			☐ Glovebag Procedur	e			
					_			Non-Exempted (*)	& Non	-Friat	le Pro	cedur
		Is	Locati	on	I			T	Abat	emen	Type	
Location of Asbestos-C	Containing		mally (stos Containing		7		En	Е
Material (ACM) TO BE A			Solely be enance		NO. 184 CO. 18		thermal systems g, VAT, or other	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
Facility (13)			Staff?			niscellan		.,	OVE	pair	Sula	Jusur
		Yes	No	N/A					_		ate	(D)
MANUFACTURING PL	ANT		X		TRANSITE	PANEL	S	640 SQ. FT.	X			
COOLING TUNNEL AF	REA							(20 4X8 PANELS)	X			
						S-000000000000000000000000000000000000			L			
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Lar	ndfill			
JACK ROBINSON WAS	TE DISPOS	AI.			2000 (CHARASTO)		10 YD	GROWS				
	71 E DIST OS	****			17304		Disposal Date	City, State				
City, State								MORRISVILLE, PA				
BELLMAWR, NJ 08031	l	Title				Sign	5/16/2013 (27-May)		Date			
Completed By		100000000000000000000000000000000000000	IDEN	т		11/0	ind I	Virdren		2013		
DAVID D'ANDREA ASB-41		FRES	IDEN	1		New	J. J.	W. West	5, 15,	2010		

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

D&S Proj. #: 2013

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

Date of Notification (1)	П	Name of	Building Ov	vner/Operator (2)				10				
10 5 //0 7 //1 3		ALAN	SHAIME	EN				,	73.77	16	Ž.		
Agencies Notified Type Notific	ation	Street Ad	dress								147		C
DEP Amended		111 Y	ANTAKA	W ROAD				Ð.					
→ Amendment	#:	City, Stat	e, Zip Code										
LI Emergend		Upper	Montclai	r, NJ 07043							Û		
DOH (including justification		lame of (Contact		in the same			Telepho	ne Numb	er		-	-
DCA Cancellati		ALA	N SHAIM	EN				1					
			FA	CILITY INFOR	MATIO	N							
Name of facility where abatemen	t is taking pl	ace (3)					Ту	pe of Facility	(4)	-		-	
ALAN SHAIMEN									ol (K - 12	65			
Street Address									hapter 8 (Private/				
111 YANTAKAW ROAD							Sc	Bldgs quare Feet	./Homes,	etc.		ldg. A	100
City (5)	Cou	nty (6)			Co	unty Code (7)		quare r cor	# 01110	013	-	nug. r	nge
						ate use only)	C	urrent Use (F	Prior if be	ing der	nolish	ed)	
Upper Montclair Name of Monitoring Firm Hired by		SEX			<u>l</u> .								
Marile of Monitoring Firm Hired by	y Blag. Own	er (8)		ASCM No.		Name of Abatemen	t Contr	ractor (9)					
Ctt Add						D & S RESTOR	RATIO	ON, INC.					
Street Address						Street Address				53207			
City, State, Zip Code						20 California A					file sales		
ony, orato, zip oode						City, State, Zip Code							
Project Manager for Monitoring Fin	m	— т	Phone Num	hor		Paterson, NJ 0							
. reject manager for monitoring [in	u.		rione Num	ibei		Telephone Number 973-345-8020			Licens	e Numi 01169			
Start Date (10)	ICabac	Comple	etion Date (Name of OSHA Mor			4	01109		_	
TOTAL ALTO CONTROL OF THE TOTAL	Scried	i. Comple	etion Date (11)		D & S Restorat		nc.					
05/22/13	06/10					Street Address						_	
Occupancy Status During Abateme						20 California A	venue						
Facility closed/vacated during Abatement performed outsid	g entire perion	od of aba facility bo	itement.			City, State, Zip Code	9						
Describe:		- dollity fic	,u13-										
Other-Describe: NORMAL					_	Paterson, NJ 0	7503						
Scope of Work (check all that app	no service i sinot						•	ontainment v	v/negativ	e press	ure	-	
	Renovatio	n						enclosure bag procedu					
≥160 sf or ≥260 lf	Demolition	1						Exempted (*)		-friable	proc	edure	
Location of	Is location by mainte		y used solel	ly						R	R	E	T
asbestos-containing material (acm) to be	staff(12)	:nance/ct	isioulai			sbestos-containing		Amount		e m	e	n	E n
abated in facility (13)	Yes	No	N/A	material	(ACM)			(Specify S LF)	or or	0	a	a	C
CARAGE			1303							e e	r	р	_
GARAGE		LX		DUCT INS	ULA'	TION		7 SQ FT		X			
		_	_	4									
			-										
							_ _			101			
Registered Waste Hauler	IN IDE	P Haule		Lubic Yards of V	Maste	Name of Besister		GII .					
D & S RESTORATION, INC.	135		DOSCIEDADES NO.	1 YD	vasie	Name of Registered TULLYTOWN,			COVE	RY			
City, State	1.5		Disposal [Date		City, State		- LIOD ICI	JO TEAL	-1			
PATERSON, NJ 07503			05/23/1	13		TULLYTOWN,	, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title	E) IT		Signature					Date				
	PRESIDI		for achast	os licensure exe	2022	Lactivities			05/07/	2013			
ASB-41	Do not use	10111	i ioi aspesti	os nochsule ext	Surbrec	activities.							



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

											- (6/2)					
Date of Notification						er/Operator (2)						/ ₂₇ .				
Agencies Notified	Type Notificat	ion		MAGGI	_					-		<u> </u>				
EPA	Initial		Street Ad	dress					No.	N			- C P	,		
☐ DEP	Amended	1	5 ALS	TON CO	UI	RT					9.67	6				
□ DOL	Amendment #:		City, Stat	e, Zip Code	е							1/16	· .			
57.5. <u>14.5.0</u> - 17.5.453	Emergency		RED	BANK, N	IJ											
□ DOH	(including justification)		Name of (Contact			6-1-1-1				Telepho	ne Numl	ber			
☐ DCA	Cancellation		MAR	K MAGC	ìΙ											
				FA	AC	LITY INFORM	ATIO	N								
Name of facility wh	nere abatement i	s taking	place (3)							T	Type of Facility	(4)				
MARK MAGG	βI											ol (K - 1 napter 8	0.50	han K	-12)	
Street Address										1	1000000	(Private			- (2)	
5 ALSTON CO	MIDT										Bldgs	./Homes	, etc.		-1 A	
City (5)	JUKI	I Co	ounty (6)		_		Co	unty Coc	do (7)	-	Square Feet	# of Flo	oors	Bi	dg. A	\ge
City (5)			Juney (0)					ate use	500.50		Current Use (F	Prior if he	aina den		ad)	
RED BANK		N	ONMOU	JTH							Odirent Ose (i	1101 11 00	Jing den	10113111	cu)	
Name of Monitorin	ig Firm Hired by I	Bldg. Ov	vner (8)			ASCM No.		Name	of Abateme	nt C	ontractor (9)					
										RA	TION, INC.					
Street Address								Street	Address							
4									California		e					
City, State, Zip Cod	e							City, St	tate, Zip Coo	de						
									terson, NJ		03					
Project Manager for	r Monitoring Firm	ľ		Phone Nu	mb	er		1	one Numbe			Licen	se Numl			
								_	73-345-802			J	01169			
Start Date (10)		Sch	ned. Compl	etion Date	(11)		9 00 100 00000 110000 200	of OSHA M & S Restor							
05/20/13		06	/06/13						Address	atio	ii, iiic.					
Occupancy Status I	During Abatemer	nt (Check	k only one)		-		_	1	California .	Αve	nue					
	d/vacated during								tate, Zip Co					-		
	erformed outside	of norm	al facility h	ours-												
Describe: Other-Descri	be: NORMAL H	OURS			_		-	Pat	terson, NJ	075	03					
Scope of Work (ch									Г	7 F	ull Containment v	w/negati	ve press	ure		
> 3 sf or > 3 If		Renova	ation						Ī	=	lini-enclosure	J	**			
>160 sf or ≥2		Demolit									lovebag procedu					
	.0011			U	la li						lon-Exempted (*)	and No	n-friable	Proce	1	-
Location of asbestos-con	ataining		tion normal ntenance/c		ely						Amount		е	e	E n	E
material (acm		staff(12	2)		_	Description material (/			s-containing		(Specify S	SF or	m	p a	С	n
abated in fac		Yes	No	N/A			,	3			LF)		v	i	a p	L
			7	_		PIPE INSU	T A T	ION			24-60 l ft		e	r	<u> </u>	
Basement					4	FIFE INSU.	LAI	ION			24-00 111			H	H	H
				4						-			ᆉ	H	님	ዙ
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			4							_			᠆;;		片	H
Danista - 1147 + 1	laulas	L	IDED II	ID# 1		ubic Yards of V	lacto	Mama	of Register	l ha	andfill			Ш		1—
Registered Waste H D & S RESTOR			IDEP Haule 3506	er ID#		YD	vasic	TUI	LYTOW	V, R	ESOURCE RI	ECOVI	ERY			
City, State				Disposa	-				State							
PATERSON, N	J 07503		011750000000000000000	05/21				TU:	LLYTOW	N, I	PA					
Completed by (Print	t or Type)	Title				Signature						Date				
BOGDAN JOL	DZIC		IDENT		_							05/0	8/13			
ASB-41		Do not	use this for	rm for asbe	sto	s licensure exe	mpte	ed activiti	ies.							

Date of Notification (1) 05/10/13 #2626 \$200		-		of Building				bilitation			100	(5)	6	
Agencies Notified Type Notification	1		Street	Address South El				4-		14			6	
□ EPA □ Initial □ Amended □ Amendmer	t # <u>1</u>		City, S	tate, Zip C beth, Ne	Code		202				-	Q.		
■ Emergency justification □ DCA □ Cancellation)	g	Name	of Contac Detail As	t				Tele	ephone I	Numbe	r	7,7	√.
N. C. M. C.				ILITY IN										
Name of Facility Where Abatement is Taki Elmora Hills Healthcare Rehabilita Street Address	ng Place ation	(3)						of Facility School (K-	12)		(40)		U.S.O. H	995%
225 South Elmora Street							×	Subchapte Other (i.e. etc.)	private &	comme	ercial bu	uilding	s, hor	nes,
City (5) Elizabeth, New Jersey 07202	*							re Feet	# of 5	Floors		Bldg 55+	Age	
County (6) Union				Code (7) USE ONL	n		Curre	nt Use (Pri abilitation	ior if bein	ng demo	lished)			
Name of Monitoring Firm Hired by Building Detail Associates	Owner (8)	ASC	M No.				tement Co	ntractor ((9)				
Street Address 300 Grand Avenue			- 				Addres McBri	ss de Aveni	ue					
City, State, Zip Code Englewood, New Jersey 07202								ip Code Park, Ne	aw lare	ev 07/	121			
Project Manager for Monitoring Firm Stephen Jaraczewski			Telepho	one No. 69-6708	1	Teleph	none No 225-8	o.	- 1	License 01104	No.	- 1975		
Start Date (10) 05/28/13	Schedu 08/21/			Date (11)		Name	of OSH	A Monitor		01104	<u> </u>			
Occupancy Status During Abatement (Cher		V101/12/0					Addres	onmental	Labs	Barrer				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr	Period of	Abaten	:			2333	Rout	e 22 We	st					
Other – Describe: 7AM Start(24/7 for 1	week, bro	eak eve	ry othr w	rk, 5 phase	es_			w Jersey	07083					
Scope of Work (Check All That Apply)	_					_	,						P	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	process	Renova Demolit				Ě	Min Glo	Containme i-Enclosure vebag Prod	e cedure					
	10	Locati	on	Γ		E	I INOI	i-Exempted	(and	Non-Fria	able Pr		ire temen	ıt
Location of		Normal ed Sole	ly		De	scription	of						уре	T
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intenar todial S (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	aining M	laterial insulat T, or	(ACM) tion,	(Sp	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
Up Ramp & Hallway	Yes	No X	N/A	Λ	sbesto	c Coilir	a Tile	-	2.25	0.05		_	-	
Room #237		X			sbesto		_			6 SF	X	+	-	-
Medical Examination Room		X			sbesto					SF	X	+	-	\vdash
Room #234	1	X			sbesto					SF	X	+	-	
Name of Registered Waste Hauler		N	JDEP W		Cubic		- J	Name of F				1		Щ
Lilich Corporation			auler ID 3724	No.	of Was	ste		G.R.O.V						
City, State Woodland Park, New Jersey 07424					Dispos 08/22	al Date /13		City, State Morrisvi		nsylva	ania			
Completed by Tatiana Kalenikova	Title Vice	Presid	dent		S	ignature 700	Dan	-	11	10	ate 05/10/	13		

1 · · · · · · · · · · · · · · · · · · ·				18 10 10					
Location of	1	Locati Normall	y	Description of			Abat Ty	emer /pe	nt
sbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Solel intenar todial S (12)	nce/	Asbestos Containing Material (ACM) (I.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	Yes	No	N/A			<u>a</u>		ate	
Room #236		X	1	Asbestos Ceiling Tiles	400 SF	X			+
Front of Elevator		X		Asbestos Ceiling Tiles	160 SF	X		-	+

Date of Notification (1) 05/09/13 CK# 262	5 \$200						Operator (ilitation	16					
Agencies Notified	Type Notification	n			Address	Tealur	care & R	éi lan	mation		W/ 5)			
☐ EPA					South Elr	nora S	Street		414	Ć.		50			
DEP	Amended				tate, Zip C					1777	, ,				
X DOL	Amendmen Emergency		g				sey 0720	2		,					
DOH DCA	justification Cancellatio			F 4500 40	of Contact Detail Ass		es Stephe	en J.		Telent	nna N	ımber			
		CONTRACTOR AND ADDRESS OF THE PARTY.			ILITY INF										
Name of Facility Where A Elmora Hills Health			(3)					-	of Facility (4	554					
Street Address 225 South Elmora S	Street							S × O	ubchapter ther (i.e. p	8 (Other t			ldings	s, hon	nes,
City (5) Elizabeth, New Jers	ey 07202							Square 40,00	Feet	# of Fl	oors		Bldg. 55+	Age	
County (6) Union					Code (7) USE ONLY)		Curren Reha	t Use (Prio bilitation	r if being Center	demoli	shed)			
Name of Monitoring Firm Detail Associates	Hired by Building	Owner (8	3)	ASCI	M No.		Name of Lilich (ement Cont oration	tractor (9)					
Street Address 300 Grand Avenue							Street A		e Avenu	е е	<i>M</i>				
City, State, Zip Code Englewood, New Je	rsey 07631						City, Sta Woodl		Code Park, Nev	w Jerse	v 074	24			
Project Manager for Moni Stephen Jaraczewsk							Telephor 973-22	ne No.		Li	cense				
Start Date (10) 05/21/13	tart Date (10) Schedule								Monitor nmental	labs					
Occupancy Status During	Abatement (Che	ck Only O	ne)				Street Ad								-
Facility Closed/Vaca Abatement Performe	d Outside of Norr	nal Facilit	v Hour	s			2333 F City, Star		22 Wes	t					
Other – Describe: 7/		ne week,	огеак е	very othr	wk,5 phas	es)	Union,	New	Jersey (07083					
Scope of Work (Check All	That Apply)	[c]					lol				////				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		CONTRACT.	Renova Demoli				Ê	Mini-l Glove	Containmer Enclosure ebag Proce Exempted	edure	70				
		19	Locat	ion				14011-1	Lxempted	() and isc	ni-riid	Jie Fio	Daniel St.	emen	t
Location			Norma	ly		De	scription of	f				_	Ty	/pe	
Asbestos-Containing M TO BE ABA' In Facilit (13)	TED `	Ma	ed Sole aintena todial ((12)	nce/		therma surfa	taining Mat I systems in cing, VAT, miscellaned	nsulatio or		Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ē	
Up Ramp & F			X	-			s Ceiling			3,356	SF	Х			
Room #2			X				s Ceiling			400 5	SF	Х			
Medical Examina	tion Room		X		As	besto	s Ceiling	Tiles		156 5	SF	Х			
	Room #234						s Ceiling			225 5		Х			
Name of Registered Waste Lilich Corporation	e Hauler		Н	JDEP W auler ID 3724	57576	of Wa	Yards ste	1	Name of Ro G.R.O.W	estation and the contract		I	1		
City, State Woodland Park, New	Jersey 07424					Dispos 08/22	sal Date 2/13	100	City, State Morrisvill	e, Penn	sylva	nia			
Completed by Tatiana Kalenikova		Title Vice	Presi	dent		S	Signature				1 7196	ate 5/09/1	3		

Location of		Locati Normali		Departation of		£3.	Abate	emen /pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole iintenar todial S (12)	ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	111000
	Yes	No	N/A			=		ate	α
Room #236		X		Asbestos Ceiling Tiles	400 SF	Х			
Front of Elevator		X		Asbestos Ceiling Tiles	160 SF	Х			
	1 1								

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Date of Notification (1) 05/09/13 CK# 2625 \$200				of Building ra Hills F				bilitation	W/3/15	ty.					
Agencies Notified Type Notification			Street	Address South Elr						1/6	9-7/	110	: 87		
EPA X Initial Amended Amendmen	#		City, St	ate, Zip C	ode		02	<u> 3D </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.16			. O.C.	<u> </u>	
☐ DOH ☐ Emergency justification) ☐ DCA ☐ Cancellation		9		of Contact etail Ass		es Step	hen J	J.	Tele	ephone	Nun	hher	-		
N	DI	(0)	FAC	ILITY INF	ORMAT	ION									
Name of Facility Where Abatement is Takir Elmora Hills Healthcare & Rehabil		(3)	1)				-	of Facility (School (K-1							
Street Address 225 South Elmora Street							×	Subchapter Other (i.e. p etc.)	8 (Othe	comn	K-12 nercia	i) al buil	dings	, hom	ies,
City (5) Elizabeth, New Jersey 07202							Squa 40,0	re Feet 100	# of 5	Floors		1000	3ldg. /	Age	
County (6) Union				Code (7) USE ONLY)			ent Use (Prid abilitation			olish	ed)			
Name of Monitoring Firm Hired by Building Detail Associates	Owner (8)	ASC	M No.				atement Con poration	tractor ((9)					
Street Address 300 Grand Avenue				10-55-10-		Street 606 I		ss ide Avenu	e						
City, State, Zip Code Englewood, New Jersey 07631			1 14					ip Code Park, Ne	w Jers	sey 0	7424	1			
Project Manager for Monitoring Firm Stephen Jaraczewski		Telepho 201-56	ne No. 69-6708		Teleph 973-2	one N	0.	T	Licen:	se No				-	
Start Date (10) 05/21/13	tart Date (10) Schedu							HA Monitor onmental	Labs						
Occupancy Status During Abatement (Chec	k Only O	ne)				Street					-				
Facility Closed/Vacated During Entire						2333	Rout	te 22 Wes	it						
Abatement Performed Outside of Norm Other – Describe: 7AM Start(24/7 for o	nal Facilit ne week,t	y Hours break e	very othr	wk,5 phas	ses)	Programme and the second second		ip Code w Jersey	07083						
Scope of Work (Check All That Apply)	- Committee				83	· ·	,								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(Manual)	Renova Demolit	7507/dub			Ě	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure					0	
	I	Locati	on				110	Lxempted	1) and	14011-1	Habit		William William	ement	
Location of		Normal	ly		De	scription	of	1					Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole aintenar stodial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellan	insula T, or		(Sp	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Up Ramp & Hallway		X	1	A:	sbesto	s Ceilir	na Tile	es	3 35	66 SF		Х			
Room #237		X				s Ceilir				SF	-	X		-	
Medical Examination Room	1	X				s Ceilin				SF		X			
Room #234	1	X		As	sbesto	s Ceilin	a Tile	es		5 SF		х			
Name of Registered Waste Hauler		N	JDEP W		Cubic			Name of F					-		
Lilich Corporation	ilich Corporation							G.R.O.V		ndfill					
City, State Wcodland Park, New Jersey 07424					Dispos 08/22	sal Date 2/13		City, State Morrisvil		nnsyl	vani	а			
Completed by Tatiana Kalenikova	Title Vice	Presid	dent		S	ignature					Date 05/	9 09/1	3		

Location of	1	Locati	у	Description of		1/2		Abat Ty	emen /pe	it
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	K,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
60	Yes	No	N/A				2		ate	1
Room #236		X		Asbestos Ceiling Tiles		400 SF	X			-
Front of Elevator		X		Asbestos Ceiling Tiles		160 SF	Х			T

Am

CHK# 1850

Date of Notification (1) 5/13/2013					of Building			or (2)							
Agencies Notified	Type Notification			Street A	Address New Yo				7813 ₁₁₆₇	16		-			
EPA DEP	Initial Amended		1		ate, Zip C						2.	<u>. 13.</u>			
DOL	Amendment				City N.			117							
П дон	Emergency justification)				of Contact			41)	410	Tel	ephone N	umber	-		
DCA DCA	Cancellation			Jorge	Perez					1					
					ILITY INF	ORMAT	ION			16			4		
Name of Facility Where A Private Property	Abatement is Takir	ng Place (3	3)					Туре	of Facility (School (K-1						
Street Address									Subchapter	8 (Oth					
1905 New York Ave									Other (i.e. p etc.)	rivate 8	& commer	cial bu	ilding	s, hon	nes,
City (5)								Squa	are Feet	# of	Floors		Bldg.	Age	
Union City NJ								150		1			+50		
County (6)			- T	County	Code (7)			Curr	ent Use (Prid	or if bei	ng demol	ished)			
Hudson					USE ONLY)			age		0	31174 (CHO) • 1			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	VI No.		Name		atement Con	tractor	(9)				
N/A				N/A			Firs	t Phas	se Group I	Inc	• •				
Street Address							Stree	t Addre	ss						
N/A							567	-52nd	Street Su	ite#16	3				
City, State, Zip Code							City,	State, 2	ip Code					W-1-V-1-	
N/A							135		York NJ	07093	3				
Project Manager for Moni	toring Firm		T	Telepho	ne No.		Telep	hone N	lo.		License	No.			
N/A			1	N/A			100000000000000000000000000000000000000	-758-7			001144	4			
Start Date (10)		Schedule	ed Cor	mpletion	Date (11)		Name	of OS	HA Monitor						
5/14/2013		5/16/20	013				J&S	Envir	onmental	Corp					
Occupancy Status During	Abatement (Chec	k Only Or	ie)				Street	Addre	SS						
Facility Closed/Vaca	ted During Entire	Period of A	Abater	nent			2333	3 Rou	te 22 Wes	st					
Abatement Performe	ed Outside of Norm	nal Facility	Hour	s			City, S	State, Z	ip Code			-			
Other – Describe: 8	hours						Unio	n NJ	07083						
Scope of Work (Check Al	That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	Renova Demoli					_ Mi	II Containme		Negative	Press	ure		
Notice 1-10							ŀ	Glo	ovebag Proc	edure	(N) 5 -:-				
		1			Γ			<u> </u>	n-Exempted	() and	Non-Fri	able Pr	-	temen	•
	121	11	Locat Iorma											уре	ıt
Location Asbestos-Containing I		Use	d Sole	ly by	Ashes	Des tos Cont	scription		LIACM	٨٠	nount		T	T	Π
TO BE ABA	TED	0.000,000	intena odial S			thermal	system	s insula		(0, 17)	pecify	Z,	70	Enc	Ē
In Facilit (13)	У	Cust	(12)	Stail!			cing, VA			SF	or LF)	Removal	Repair	aps	Enclosure
(13)		-				otner n	niscella	neous)				val	=	Encapsulate	enus
		Yes	No	N/A										0	
Exterior R	oof			x		Roo	f Flash	ning		15	0SF	Х			
							52000								
												1	T		
Name of Registered Wast			10.00	JDEP W auler ID		Cubic of Was			Name of F	Register	ed Landfi	H			
Asbestos Transportat	ion Company			4310	140.	O Was	ole.		Minerva	Enter	prises				
City, State Shirley NY 11967						Dispos	al Date		City, State		NI 4400				
Completed by		Tiel							waynest						
Edwin Precilla		Title Project	ct Ma	nager		Si	ignature ESU	·	Mel	C		ate /13/2	013		

er#4443

Date of Notification (1)	1	Name o	SPENO	(2)	2313 Killy 18 0			772	
5-13-2013 Agency Notified Type Notification			Address		70 [4) gh		
D EPA Windiel		03.00	BEDFORD RO	5.1/			11		\dashv
D DEP DOL Amended Amendment #	ľ	Su	MMIT, NJ.	07901	14 14 14 17 17 11 11 11 11 11 11 11 11 11 11 11	17			\dashv
E DOH justification) Concellation			5PEWO		Jakores	160		_	
D DCA D Cancestation		1	LITY INFORMATION	,					
Name of Facility Where Abatement is Taking Place	(3)		•	Type of Facility	(4)				
K. SPENO		**	<u>, </u>	School (K-12	c) 3 (Other than K-12)				
50 BEOFORD ROAD		•	· · ·	Other (i.e. pr homes, etc.)	wate & commercial bu	iding			
City (5)				Square Feet	2.0110000		YR	5	• •
SUMMIT		Court	Code (7) (STATE USE	Current Use (P	rior if being demolished		110		-
UNION		ONLY)		GARAG			•		
Name of Monitoring Firm Hired by Building Owner	ASCM	No.		nent Contractor (9)		-0-1-17-50	-	
(8)	<u> </u>			emoval I	nc				\dashv
Street Address			Street Address	River St					
City, State, Zip Code			City, State, Zip C	Code			J - 10 - 12 - 1		
-				sack, N.	J. 07601				
Project Manager for Maniforing Firm	Telephor	ne No.	Telephone No. 201-329-	7444 -	00388				
Start Date (10) Scheduled Com	pletion Dat	to (11)	Name of OSHA	Monitor					
5-23-13 5-24-	13	a de la constante		vironmen	tal Inc				
Occupancy Status During Abatement (Check only o			Street Address 280 Huy	ler St					
□ Facility Closed/Vacated During Entire Period of A □ Abatement Performed Outside of Normal Facility ■ Other – Describe: 8AM 5PM	(batement Hours		City, State, Zip (Code	k, N.J. 07	606	5		
Scope of Work (Check all that apply) 10 ≥ 3 sf or ≥ 3 if 10 ≥ 160 sf or ≥ 260 if		Ren	C Full (cvation & Mini- colifion & Glov	Containment with Enclosure where Procedure	Negative Pressure				
	Is Locati	4.00	3.1		•	l	Aba	iena: Vpe	and
	Normail Used Sole	ly by	Description Asbestes Containing M		Amount	ſ		m	
TO BE ABATED	Maintena: Custodi		(i.e., thormal systems	insulation,	(Specify SF or LF)		Removal	Encapsulate	Enclosure
DN Facility (13)	(12)		surfacing, VA1 other miscellan		a-u u,	1	OVO N	Sulfag	ouro
Ye	es No	N/A							
GARAGE BASEMENT -			THERMAL NOSULATION	DEBRIS	40 51		X		
GARAGE CRAWL SPACE		X	THERMAL ING	CATION	40 L		X	L	П
						\dashv	_	-	H
	N IDED	frat 1	auler Cubic Yards of	Name of Regis	fored Landilli			_	Ш
Name of Registered Waste Haufer Best Removal Inc	ID No.		Waste		Enterpris	es			
City, State			Disposal Date	City State	ourg , Oh				
Hackensack, N.J. 07	/601		5-24-13	Waynest	Date , on				\dashv
Comp'sted by Title Estimat	tor		R. Vollra	d			-13	3	
IV. VELDIVINO		for as	bestos licensure exempted						

J 30

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

Date of Notification (1) 04/15/2013				of Buildin Motel L		er/Operator	(2)	21/	7.117	1-					
Agencies Notified Type Notification EPA Initial Amended	n		4 Ga	Address teway D	-			(i)	1:17	76	i _t	2.	; c		
DOL Amendmer Emergency justification	(including	_	Colts	of Contac	Vew J	ersey 07	722		Tel	ephone	e Nur	nber		ø	
DCA Cancellatio	n			o DeGio		TION	_								
Name of Facility Where Abatement is Taki GEM Motel	ng Place (3)		TAC	VICTO I IIV	UNIMA	ATION	- Desired	of Facility (0 1 10					
Street Address 930 US-1					111		×	Subchapter Other (i.e. p etc.)	8 (Oth	er than & comr	K-12 nercia	?) a! bui	ldings	, hon	nes,
City (5) Avanel								re Feet	# of 2	f Floors	S		Bldg. 70	Age	
County (6) Middlesex				Code (7) USE ONL	n			ent Use (Prio nmercial	or if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.				tement Con acting, LL		(9)					
Street Address						Street 1385		ss ey Road, S	Suite I	K					
City, State, Zip Code								ip Code ew Jersey	0747	70					
Project Manager for Monitoring Firm			Telepho	one No.	ii ii	Teleph (973)				Licens 0087).			
Start Date (10) ASAP	Scheduled TBD		npletion	Date (11)				HA Monitor acting, LL	С						
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire					Hering	Street A	77277	ss y Road, S	Suita k	·			_		
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	period of Ab	lours	ent			City, St	ate, Zi						-		
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	AND PARTY.	nova moliti					Full Min Glo	Containme i-Enclosure vebag Proce i-Exempted	nt with	Negati				e	
Logation of		ocatio											Abate Ty	emen pe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	Solel enar	y by ice/	Asbes (i.e.	tos Co therma surf	escription on ntaining Ma al systems acing, VAT miscellane	aterial insula , or	(ACM) tion,	(Sp	nount pecify or LF)		Remova	Repair	Encapsulate	Enclosure
Exterior	Yes	No	N/A											te	ф
Exterior				Trai	nsite I	Panels (c	elean	up)	100) SF	-	Х	-		
Name of Registered Waste Hauler N.E.T.S., Inc.	113575	JDEP W auler ID		Cubic of Wa	Yards aste		Name of Re BFI Impe				1				
City, State Hazleton, PA		L				sal Date		City, State Imperial,	PA						
Completed by Predrag Sarcev	Title Vice Pr	esid	lent		T	Signature			~~		Date 04/		013		

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

Date of Notification (1)			Т	Name of	Building	Owner/	Operator (2)	<i>≺#;</i>				
	y 13, 2013			Jade Ha	ckettsto	own A	ssociates	, LLC		11.1	5	W -	
Agencies Notified	Type Notification			Street Ad	-							£,	100
X 504	The second			1200 Su	ınnyviev	w Ova	ıl		10 e				
EPA DEP	Initial Amended		İ		te, Zip Co					1502	1.7/	111	1
DOL	Amendment			Keasbe	90 LN ,v	3832						, O	
□ DOH	Emergency (i	including	Ì	Name of					Telephone	Number			
DCA	Cancellation			Eric Har	√itt								
	1				LITY INF	ORMAT							
Name of Facility Where	Abatement is Taking	Place (3)				T	ype of Facility (4	·)				
demolition site		110175 0 01						School (K-12					
Street Address	•								8 (Other than h rivate & comme	(-12) ercial bui	Idinas	hom	ies
91 Main Street							12	Other (i.e. pi etc.)	Trate a commi				10001
City (5)					1 4 414		S	Square Feet	# of Floors		Bldg.	Age	
Hackettstown, NJ													
County (6)				County C			(Current Use (Prio	r if being demo	olished)			
Warren				(STATE U	ISE ONLY)			demolition	site		- 400	
Name of Monitoring Fire	m Hired by Building (Owner (8)	- 1	ASCM	No.		Name of	Abatement Cont	ractor (9)				
AET, Inc.							The MA	CK Group, Ll	_C				
Street Address	•					-	Street A	ddress				111.5000	
28 North Pennell Ro	oad						1500 Ki	ngs HWY N,	STE 209				
City, State, Zip Code	327.75	****					City, Sta	te, Zip Code					
Media, PA 19063							Cherry I	Hill, NJ 08034	i				
Project Manager for Mo	onitoring Firm	**		Telephor	ne No.		Telephor		Licens	e No.			
Eric	55.3.			1-800-9	696-AE	Т	(973) 75	59 - 5000	00781				
Start Date (10)		Schedul	ed Co	mpletion I	The second secon			OSHA Monitor					
5/14/1	13			8/1/13			The MA	CK Group, Ll	_C.				
Occupancy Status Duri		k Only Or	ne)				Street A						
tioning.	cated During Entire F			ment			1500 Ki	ngs HWY N,	STE 209				
Abatement Perform	med Outside of Norm	al Facility	y Hou	rs				te, Zip Code	1,=110			- 80 = -	-
Other - Describe:							Cherry	Hill, NJ 08034	Ĺ				
Scope of Work (Check	All That Apply)	-	-		-		1				-	J. 141.57	
>3 sf or >3 lf	50 50	П	Renov	ation			\boxtimes	Full Containme	ent with Negativ	ve Press	ure		
≥160 sf or ≥260 lf			Demol				X	Mini-Enclosure					
								Glovebag Proc Non-Exempted		able Proc	edure		
								14011-Exempted	() and Non-in	able i roc		temer	nt
			s Loca Norma									ype	
Location Asbestos-Containin				ely by	Achos		escription o	f terial (ACM)	Amount				
TO BE A		(C)		ance/			al systems i		(Specify	R	70	nc	E
In Fac	cility	Cus	todial (12	Staff?			facing, VAT		SF or LF)	Remova	Repair	sde	Enclosure
(13	3)		T	,		otner	r miscellane	ous)		ova	air	Encapsulate	ure
		Yes	No	N/A							1	(0	
1 &	10	X		1			roofing		7000 s/f	\times			
		$+ \langle \rangle$	-	+							-	+	+
"	-			4			Transite		100 s/f	-	> -	+	
2 &	3	X					pipe		470 l/f		>		ļ
	-	X				Fi	re blanke	ts	20 s/f	\times			
Name of Registered W			1	NJ DEP V Hauler ID	3.5	Cub	ic Yards		Registered Lan	dfill			-
	me of Registered Waste Hauler					of W	/aste		1611				
Newark Carting				45	09		75.9	IESI Lan					
City, State				13		Disp	osal Date	City, State					
Newark, NJ		12				<u> </u>	8/1/13	Bethlehe	m, PA	Data			
Completed by		Title					Signature	7/1-2		Date	,		
Mike Cooper		Presid	dent							5/13/13	3	4-10	-

Location of	1	Location Normall	у	Description of				ement pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	ice/	Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			ļ=		te	0
2 & 3	X			fire doors	2	X			
3	X			Floor Tile	470 s/f	X			
5	X			Fire Proofing	5535 s/f	X			
11	X			TSI	150 s/f	X			
13	X			TSI	2 s/f	X			
rest of site	X			Roofing	85300 s/f	X			
	X			flashing	10900 s/f	X			
_"-	X			windows caulk & glazings	225	X			
_"-	X			Exterior masonry & boiler brick	6000 s/f	X			
					(j')				
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					To the second	57.			
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	1			16.0-30.001					
					31-4				
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State of New Jersey MOTH-ICATION OF ASMESTOS AUATEMENT (Europaul to PEAC 8:60 and 12:120)

1810

Date of Molification (i)	5-15-13	Main	I.T.	of A	330/Lu	Parle	1777	e h
April	rype Flotilication -1 Initial		1 1	INNIFIDA			din d	
1/100	Amended Amendacid # 		State, Zip	BURG PA	all N	3 07711	L	1111
1 10011	Linesgerey (ii justification)	Nam	c of Conta	ct '		Telephone Mun	iber	-
[Locy	Cancellation		MM					
			CHIVE	FORMATION	L'Eyne of Facility	r (d)	G = 13	
Name of Lacility Where Al	batement is Talon	g Place (3) 2001			T A School (K-1	2)	521	
Street Addies					Other (i.e.,) homes, etc	S (Other than K-1 nivate 3, commune .)	aal Double)	
606 Cm	uny 3			40	Square Feet	# of Floors	Helg	1/100
ASBURY &	MARIC		e e e e e e e e e e e e e e e e e e e	And more street	2200	.) .	ished)	
County (6)	-1		miy Gode∃ E ÖMLY)	(7) (STATT	, ,	NV C		
MON MOVI Name of Monitoring Firm I	fired by Building	Owner ASCN	l No.	Name of Abaten	nent Contractor (0)		
(8)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			111	INSULA	Trant Co	I N	a -
Street Address	17,000	and the second s		Street Address	NIROSE	A G		
					A CONTRACTOR OF THE PARTY OF TH			
City, State, Zip Code				COLUTS	veck N	I OYYLL		
Project Manager for Monit	aring Firm	Telephone	: No .	731 2914	1757	License No.	9	
5-25-/3	100	duted Completion D ~ / ~ / 3	ale (11)	Name of OSIA	Marilor National Tro	N' CO IN	L.	re nas fo
Occupancy Status During			A. 44(1) (10) (Street Address	***			
	During Entire Po	eriod of Abatement L'acility Hours		City, State, Zip C	WIRONE A			
Other - Describe	CHEMIC OF CHAPTER			Cours	wisch.	NS. 072	7/2/24	
Scope of Work (Check all	that apply)					egalive Pressure		
		Demovation		[] Ministène	closure aa Procedure	on-Friable Proced	11132	
		ls Cocation	1	V.1			Ahi	dement Lyne
Lawy han at		idomally Used Solely by		Description o	1		1 1	1 1
Location of Asbestos Containing Ma	neual (ACiVI)	(Maintenance/ Custodial	Asbes	dos Containing Mai , themat systems i	terial (ACM)	Amount (Specify	jai .	2 10 1
TO BL ABATE	()	23ta/ff2	(1.1.	sarfacing, VAT, other miscollance	()1	(31- or LE)	(1) (0) (1) (2)	
(13)		(12)		OHRA HUSCOMOTOS	ittiny		151	1 10 1
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			S	1DING		31.00		
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Name of Registered Waste	S S S S S S S S S S S S S S S S S S S	. Hauter II	D,No.	Cubic Yards	Mame of Reg	istered Landidl		The second secon
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CK# 1869

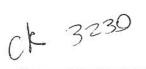
State of May Jersey NOTE CATOMOF ASSESTOS AUASTIMENT (Pursuant to PDAC 8:60 and 12:120)

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5-13-1:	7	SCHN	200	
Agencies Motified Type Motification	Street Address			6
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1/(1001) justification)	I httpure of Court	nel	(Laboritus	ne Mumber
L FTX'A L Cancellation	CAR	4 BRAN	UIN	. 0
		MEORMATION		
Character Lengthy Whose Abatement is Taking		AR CHERRY FROM	Type of Eacility (4)	
TIM SCHNOOL	7			
Street Address		and the state of	Gularimpter if (Other th	
655 MAIN S	5	Ī	Other (i.e., private 8, co	numercial buildings, 🦂 🐒
[City (9) _			Nomes, etc.) Squye Feet # of Flo	ors Hildg. Age
BOLFORD		1		
County (6)	County Code	(7) (9) (4)	Current Use (Paor it heing	demodistrati
Monmonth	USE ONEY)	11, 1,,,,,,	House	riementary)
Name of Monitoring Firm Hired by Building Ow	ner [ASCM No.	I Name of Abatem		
(6)	7.55.777.733		NSWLATION .	28 - 198 L. L. V
Direct Address	and Larry Carriers	Street Address	IA 3 SALVE TOWN	Carl Ball Co.
		1	ITIROS PLA	
City, State, Zip Gode	20 - " (1.2° - 1)	City, State, Zip Co		
		Collect W	IECHE NIS ON	1.1.
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	Theorem	No
8		732 354	1757 Liconso	0/A/9
Start Date (10) Schedule	d Completion Date (11)	Mame of OSHA ivid		
15-23-13 5	d Completion Date (11)		SWLATION LU	Va di
Occupancy Status During Abatement (Check o	nly one)	Street Address	Table 4	LINE
I I Facility Closed/Vacated During Entire Period	of Abatement	A PROPERTY OF CASES AND ADDRESS OF THE	TROJE RA	
Abatement Performed Outside of Normal Fac	sility Hours	City, State, Zip Coc	175(73)64 767/A	
11 Tother Describe: 1mm-7PA	1		tech NS. 1	577777 L
Scope of Work (Check all that apply)	_	DULAY W	Females 1 1 1 1 1 1	at the term box
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	The state of the state of the state of	Mon-Exom	upted (*) and Mon Friable Pro	icochne
	s Cocation islomally			Abatement
Lucation of Us	ed Sofely by	Description of		1916
		s Containing Wateria		1 1 111
18 Facility	Staff? (i.e., I	bermal systems inst -surfacing, VAT, or	lation, (Specify (Month)	
(1.1)	(12)	other miscellaneous)		7 P. S.
me	ino MA			
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Plante of Registered Waste Hanler			Name of Registered Landfill	
ACE INSULATION CO	1 thanker 10,140.	of Waste	B Las 10. 13 cm)	
Caly, State		Pisposid Date C	Nty, State	
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5-14-13	1 311-	WEAV	1 TO PC		
Agencies Mahmed Type Mahinealian	Street Address	NERV BALTI	WIDES	ANG	(G)
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Americke at #	LAV	ALLETI	B N	S COR	
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Luncalinium	B111		and the second	10 mg	
	(WOLLDAN)	ORMA GOM	Type of Facility	(d)	
elanoc of Landity Where Abatement is Taking Place	r (31)		1 - Continued (ICC)	91	
BILL WEAVER			Bubiliaple	в (Сипон или К. 12 имае в сонинесь	/ M Exculcitaters.
2206 BALTIMORE	NVE		homes, etc.		1 10dq 2550
			Square Feet	9	7.0
LAVALLETTS		at work to	Greent Use, (1)	.) / nor it being demols	(had)
County (6)	County Codo (o cana	H	0052	
Stance of Monitoring Firm Flired by Building Owner	ASCM No.	Name of Abaten	ient Contractor (S))	41 1 1
(E)		[Ace]	ENSWEA'	front Ca	J. White
Street Addicase		Street Address	350	A di	
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čity, Glate, Zin Cork		P Albert B	MARKE ME	S cultivation	
and the second s	Гејериние Мо	Telephone No.		Tikama Mo	1
Troject Manager for Monitoring Pirm		731 294	1 175, 1	Tikzensa; ido (6) (5 (5 \$.)	
Start Pate (40) Scheduled C	Completion Dale (11)	I Manne of Child A	MOUNTAI		
5-20-13 3-3	4-13	Bucet Address	M. Mich. C. 1 (193)	V Ell Ball	
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Scope of Work (Check all that apply)		l Huli Cor	atainment with isle	epitore Crossino	
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Asibestos Containing Material (ACM) blat	ntonement Ashres	ios Coninining Nint Thermal systems i	terial (ACM) Institution,	Amount	10 21 10 1
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Stance of Registered Waste Hauler	MJOEF Waste Unided IO No.	of Which		y VJ S	
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A CONTRACTOR OF THE PROPERTY O	H B	Shipping	i irei	14 FORK N	14-13
SACK SPALL OF	S MALLOND			1 2	79
ASB 11 ** Tho not s	eas this form for astroid	os licensaner exten	ipied admini.		



Date of Notification (1) 5/13/13 Agencies Notified Type Notification Street Address 56 Nancy Dr.																
Agencies Notified	Type Notification			Street Ad 56 Nan							110	$\mathcal{E}_{i,j}$	1 3		٥	
EPA DEP DOL	Initial Amended Amendment			City, Stat	e, Zip Cod awkin N		50		5)	1	Liver			:		
DOH DCA	Emergency (justification) Cancellation	including	11 (2)	Name of Dwaine						Tel	ephone N	lumbe	r			
				FACIL	ITY INFO	RMATI	ON	-	- 4 F 194 - 74	,				W/C		_
Name of Facility Where Dwaine Tutrone (Postreet Address		g Place (3)						Туре	of Facility (4 School (K-12 Subchapter 8	?)	er than K-	-12)				
56 Nancy Dr.					0.9 80000			×	Other (i.e. pr etc.)	ivate	& commer	rcial b				s,
City (5) Manahawkin NJ 08	8050							100		1	f Floors		35	dg. Ag	je 	
County (6) Ocean				County C STATE U	ode (7) ISE ONLY)			Current Use (Prior if being demolished) Home								
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM No. Name of Abatement Con Pernaco Inc.						racto	(9)					
Street Address	819-1-1-1			Street Address PO Box 329												
City, State, Zip Code				City					Zip Code din NJ 0809	21						
Project Manager for Mo	nitoring Firm		Τ.	Telephor	ne No.	-	Telepi	hone f	No.		License					
Start Date (10)	Start Date (10) Scheduled								9800 SHA Monitor		00/2/					
5/24/13		5/30/13		San												
Occupancy Status Durin	ng Abatement (Che	ck Only One)	Stree					ess							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of Atmal Facility I	atem	ement urs City, State, Zip Code												
Scope of Work (Check /	All That Apply)						L									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		100	nova					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				۵				
		T						<u> </u>	ion-Exempled	() a	10 14011-1 1	labic			ment	
Location		11370230	ocati ormal			De	escription	n of				_		Ту	pe	
Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED illity	Mair Custo	itena	ly by nce/ Staff?		os Cor therma surfa		Materi ns insu AT, or			Amount (Specify SF or LF)	THE CONTRACTOR OF	Removal	Repair	Encapsulate	Enclosure
Exterior	Siding	163	140	X		Exte	erior Si	idina		1	200 SF	×				
Exterior	Siding		A Extend daily													
	10 10/10/20					0.11	V. d.		Name of	Dagio	torod Lan	4611				
Name of Registered Wa United Containers	aste Hauler		+	NJDEP W Hauler ID 2459		of Wa	c Yards aste		G.R.O.	8.1		uiili				
City, State Elm NJ			_1_	Disposal Date 5/30/13				ate City, State Morrisville PA 19067								
Completed by Anthony T Perna Preside				T				Signature Date 5/13/13								

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

on (1)	1	1											
		Richard Denby											
Type Notificati	ion	Street	Addres	s		7.77	· · · · · · · · /	/_					
[X]Initial		89 E	lills	side Ave			(c	6					
Notificat	ion	City, S	tate,	Zip Code									
[]Amended		Verd	na,N	IJ,07044			1. To 1.	c. ".	S				
Notificat	2000	Name of	Conta	ct		Telephor	ne Number	- 	0				
[]EMERGENCY	on	Rich	ard	Denby			-	_1					
-1			FACILI	TY INFORMATION					d'i				
nere Abatement is	Takin	g Place	∌ (3)] []School	(K-12)	er than	-K-1	2)			
						[]Other (i.e., priva	ate & c	omme	r-			
							N			Age			
Co	unty (6) Essex	£	- Programme (1997) - 1996 - 19	7)								
				(0.1.1.1	Curre	Current Use (Prior if being demolished)							
Firm hired by Bu	ilding									initial services			
				Street Addr	ess					-			
				86 Chr	istoph	ner St							
ode			-	City, State	, Zip Co	de					-		
				Montcl	air, N	IJ 070	42						
Monitoring Firm			Number			00				ber			
L3	5-13	-2013		Name of OSH	A Monito	r	I						
osed/Vacated Duri nt	ing Ent	ire Pe	riod						No. 1X. 1XX				
			SITICY	City, State	, Zip Co	de							
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k all that apply)			(lp.1	1 01			_					
: ≥3 lf or ≥260 lf	175 27			[]Min [X]Glo	i-Enclos vebag Pr	ure ocedure		Press	ure				
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ntaining (ACM) BATED lity	S By te Cus Sta	Used olely Main- nance/ stodial ff (12)		Asbestos-C Material (i.e., therm insulation, su	ontaining (ACM) mal syste rfacing,	ems VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	NCAPSUL	N C L O S U R		
	163		-	Pipe Insula	tion		70 lf	x			E		
									-				
Waste Hauler EMENT, INC.	Hau	ler ID		Cubic Yards of Waste 1.5	1			lfill					
		76Y/c=	Disposal Date	(377)									
	Montclair, NJ 07042						And the second s						
07042				5-14-2013	Mor	risvi.	lle,/PA	1906	7				
	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation Area Abatement is second with the second with	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation Rere Abatement is Taking Accounty (County (Time hired by Building County (The state of the stat	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation Rich Rich City, S Vero Name of Rich Rich Name of Rich Rich City, S Vero Name of Rich Rich Name of Rich Rich Name of Rich Name of Rich Rich Name of Rich Name of Rich Street Solution Name of Rich Nomal Place Solution Normal Factoribe: Wother Occupancy Descript Rich all that apply) Solution Normally Used Solely Solely By Maintenance/ Custodial Staff (12) Yes No Name of Name of Rich Name of Rich	Type Notification [X]Initial Notification []Amended Notification []EMERGENCY []Cancellation County (6)Essex Firm hired by Building FACILI FACILI Sole (10) Sched. Completion Date (1) Sole (10) County (6)Essex Firm hired by Building FACILI FACILI FACILI Sole (10) Sole (10) FACILI County (6)Essex Firm hired by Building FACILI FACILI Sole (10) FACILI Sole (10) FACILI FACILI Sole (10) FACILI Sole (10) FACILI Sole (10) FACILI FACILI FACILI Sole (10) FACILI FACILI FACILI Sole (10) FACILI FACILI Sole (10) FACILI FACILI FACILI Sole (10) FACILI FACILI FACILI FACILI FACILI FACILI FACILI Sole (10) FACILI FACIL	Richard Denby	Richard Denby Street Address 89 Hillside Ave City, State, Zip Code Verona, NJ, 07044 Name of Contact Richard Denby FACILITY INFORMATION Type County (6) Essex County Code (7) (STATE USE ONLY) Firm hired by Building ASCM No. Name of Abatement Carrier AZTECH MANACA Street Address 86 Christoph City, State, Zip Code City, State, Zip Code Montclair, Name of Abatement Carrier Montloring Firm Telephone Number N/A Face (10) Sched. Completion Date (11) L3 5-13-2013 Month Day Year Fing Abatement (Check only one) Sosed/Vacated During Entire Period attrices and Abatement (Check only one) Sosed/Vacated During Entire Period attrices and Abatement (Check only one) Sored/Fours Descripts k all that apply) Find Contain Normal Facility Sched. Completion Date (11) Name of OSHA Monito N/A Street Address 86 Christoph City, State, Zip Co Montclair, NAME Telephone Number (973) 744-880 City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME Telephone Number (973) 744-880 City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME Telephone Number (973) 744-880 City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME City, State, Zip Co Montclair, NAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME City, State, Zip Co Montclair, NAME (it, Chernical Address Staff (12) Yes No N/A Pipe Insulation Boiler Waste Hauler MAME Street Address 86 Christoph City, State, Zip Co Montclair, NAME City, State, Zip Co Montclair, NAME Street Address	Richard Denby Street Address 89 Hillside Ave City, State, Zip Code Verona, NJ, 07044 Name of Contact Richard Denby Felephon Felephon Fere Abatement is Taking Place (3) County (6) Essex County Code (7) (STATE USE ONLY) Firm hired by Building ASCM No. Name of Abatement Contractor AZTECH MANAGEMENT Street Address 86 Christopher St City, State, Zip Code Montclair, NJ 070 Telephone Number N/A Mont Day Year Fing Abatement (Check only one) Soed/Vacated During Entire Period its Astronado Outside of Normal Facility or the off-flours Descripts Tale of County Code (7) (STATE USE ONLY) Name of Abatement Contractor AZTECH MANAGEMENT Street Address 86 Christopher St City, State, Zip Code Montclair, NJ 070 Telephone Number (973) 744-8800 Name of OSHA Monitor N/A Street Address Square Feet 1600 Sf City, State, Zip Code City, State, Zip Code City, State, Zip Code Street Address Street	Street Address Spanned Notification EMBERGENCY I Cancellation Facility Information Embergency I County Embedding I Street Address Spanned I Street Address I	Richard Denby Street Address 89 Hillside Ave City, State, Zip Code Verona, NJ, 07044 Name of Contact Richard Denby FACILITY INFORMATION FACILITY INFOR	Richard Denby Street Address 89 Hillside Ave city, State, Zip Code Verona, NJ, 07044 Name of Contact Firm hired by Building ASCM No. County (6) Essex County Code (7) Calbudings, homes, etc. County Code (7) County Code (7) County Code (7) County Code (7) Calbudings, homes, etc. County Code (7) County Code (7) Calbudings, homes, etc. County Code (7) County Code (7) County Code (7) Calbudings, homes, etc. County Code (7) County Code (7) County Code (7) Count	Richard Denby Street Address 89 Hillside Ave City, State, Zip Code Verona, NJ, 07044 Name of Contact Richard Denby PACILITY IMPORMATION Prope of Facility (4) [] School (K-12) [] Subdrapter 8 (Other than K-12) [(X)Other (i.e., private & Commercial buildings, homes, etc.) Pacinity (6) Essex County Code (7) (STATE USE ONLY) AZTECH MANAGEMENT, Inc. Strone Address 86 Christopher St. Lity, State, Zip Code Montclair, NJ 07042 Relephone Number (N/A) Month Day Year Ring Abatement (check only one) Pacinity State, Zip Code Montclair, NJ 07042 Relephone Number (973) 744-8800 N/A Name of SMA Monitor N/A Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. Street Address		

STORY AND SEPTEMBERS

CK_3231

Date of Notification (1) 5/14/13			Name of Building Owner/Operator (2) 2003 John Lally (Private Home) Street Address 68 Weaver Dr.													
Agencies Notified	Type Notification		S 6	treet Add	dress ver Dr.		47.	<i>*</i>		47	2: EU					
EPA DEP DOL	Initial Amended Amendment		C	ity, State Manaha	e, Zip Code wkin NJ	0805	- ヘル 50	7 4		7	-, 1					
☑ DOH DCA	Emergency (i justification) Cancellation	ncluding	1	lame of C	Contact			3	•	Tel	ephone Nu	mber			_	
				FACILI	ITY INFOR	RMATI	ON	-	E-alliba /4	`						
Name of Facility Where A John Lally (Private Street Address		Place (3)						Sc St	Facility (4 chool (K-12 ubchapter	2) 8 (Oth	er than K-1	l2) Sal buil	dine	ıs h	omes	
68 Weaver Dr.								et	c.)	e. private & commercial buildings, h						
City (5) Manahawkin NJ 08	050							Square 1000+	+	1	f Floors	3	Bldg B5+	. Ag	e 	
County (6) Ocean			(County Co	ode (7) SE ONLY)			Curren Home		r if be	ing demolis	shed)				
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				ement Con	tracto	(9)				8 - S-24 s	
N/A	, , , , , , , , , , , , , , , , , , , ,		. Pernaco Inc.													
Street Address			Street Address PO Box 329								20					
City, State, Zip Code			City, State West Be						Code NJ 080	91						
Project Manager for Mor	nitoring Firm	197.	T	Telephon	ie No.		(C) (C) (C) (C) (C) (C) (C) (C) (C) (C)	Felephone No. License No. 00727								
Start Date (10)		Scheduled 5/31/13	Completion Bate (1.)					of OSH.	A Monitor							
5/27/13 Occupancy Status Durin	- Abstamant (Char							t Address	S	_						
Facility Closed/Vac	cated During Entire ned Outside of Norr	Period of Ab	patement										Addition.			
Scope of Work (Check /	All That Apply)											-				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		-	nova moliti					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
				rosto.			Non-Exempted () and Non-Friable F						Abatement			
Location Asbestos-Containin TO BE Aff In Fac (13	g Material (ACM) BATED cility	No Used Main Custo	itenai	ly ly by nce/		tos Cor therma surf	al syster acing, V	Material ns insula			Amount (Specify SF or LF)	Removal		Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A							15075				е	
Exterior	Siding			х		Ext	erior S	Siding		1	100 SF	х	+	_		_
				-								+	1			
										10-	tored! -	1611				
Name of Registered W United Containers	F	NJDEP V Hauler ID 2459		14.80 (GO)	ic Yards /aste		G.R.O	epecel nime.	stered Land	atiti						
City, State Elm NJ	22459 3 Disposal Da 5/31/13															
Completed by	dent			12.0	Signatu	re/			_ [Date 5/14/	13					
Anthony T Perna	dent					0/14/10										

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

Emergeny

May	IJ	ZU 13	I I : UJam	MODEL OF THE PROPERTY OF THE P	
			MDept. 19	1 Health & Senior Services	-
	Ki.		Jan	(signature)	
	!	٠.	Dote: 5/	13/13 - 10:00 AM	0

		,	io mano o.			. 5/	13/	10	10	00
Date of Notification (1) 5-13-1	J.	Name of	_	vner/Operato		Dete:		77 1	me:_	
Agencies Natified Typo Notification	<u> </u>	Street A	100P	Whei	<u>ch</u>	· ·	jų.			100
D EPA E Initial DEP			11 5	B'	row (Circle NY 106	05			7
DOH justification) DCA Cancellation		Bo	Contact	rich		Tolaphona Nur				
Name of Facility Where Abatement is Takin	d Place (3)	FACI	LITY INFO	RMATION	Type of Facility	(4)	_			_
Single family	Dwell	ing	-		School (K		2) al bull	ldings.	u Sub)	23 .
Manahaw Kin	NJ	- 08	3050		Square Feet	# of Floors	8	Sldg. A		
County (6) Ocean	***************************************	County				rior If being demolish	red)			
lame of Menitoring Firm Hired by Building	Owner(8)	ASCA	No.	Nam	e of Abatement C	ontractor (9)		-,-		
Street Address	37		14/14	Stree	Address_	chnolee 337	lie		In	36
City, State, Zip Gode	TIM	08	533	City	State, Zip Code	019	<u>^</u>	04	2	7
rolect Manager for Movid in guritim	740	Telepho	필리 경기 위치하다. 그 그 나를		phone No.	License N	0.	20	U	<u></u>
Start Date (10) 5-16-13	Scheduled C	completion /7-		765 604 Nam	758-33 e of OSHA Monito	or c	ے د	בכ	1	
Occupancy Status During Abatement (Cher		1/-		Stree	Address	chnologies	1	nc		-
Facility Closed/Veceted During Entire Abatement Performed Outside of Norr Other - Describe:	nal Facility Ho	ement ure		City,	P-O . Bor State, Zip Code					102
cope of Work (Check All That Apply)					kw Egypt	ZLA -	<u> 28.</u>	<u>53</u>	3	-
⊇ ≈3 sf or ≥3 lf ₹ ≥160 sf or ≥260 lf		vation olition			 ☐ Mini-Enclosu ☐ Glovebag Pr 					
Location of	ls Lac			Decadant		The state of the s		Abate	ement /pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Maintar Custodia (1:	nanceľ al Staff? 2)	(1.0, 1)		Material (ACM) ns insulation, 'AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
. 1	168	×	0-1	- CL		2	 	+-	-	-
exterior Walls			Sidi	ng Shi	nsks	2.000 SF	K			
										_
EPC Technologie	\$	NJDEP W Hauler ID	No.	Cubic Yards of Waste		I of Registered Landfil ote Manage		t .	e f	1
ompleted by	NJ.		1	Disposel Dat	te City, St	ate	PA			
ompleted by Schen Kee	Presi	dec+		Signatu			ite 5~	13.	-13	,

NOTIFICATION OF ASBESTOS ABATEMENT

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

		11-2-3/42						-					
Date of Notification (1)	5/13/2013				Name o	of Building	Owner/Ope Shlom	erator (2) no Horowitz	EGEJI	V, J	4		
Agencies Notified [X] EPA		al Notif			Street A	Address	130 V	entura Drive	MAY 1 6 20	013			
[] DEP [x] DOL	Ame	endment	otification # (including		City, St	tate, Zip Co		vood, New Jet	sev 08701			1	
[x] DOH	justi	fication cellation)		Name o	of Contact Shlon	no Horow		ASBESTOS CONT Telapito ma Nimina	ROL 8		1	
				FAI	CILITY	INFORM	IATION						
Name of Facility Where A Res	batement is Takir idence	g Place	(3)					Type of Facility] School (k-12)				
Street Address	Spruce Street							[x	Subchapter 8 (c Other (i.e., priv homes, etc.)				ldings,
City		Cour	nty (6)		County ((STATE	Code (7) USE ONL	Y)	Square feet 1500 sf	# of Floors	Bld	g. Age	50	
Lakewood		Oce	an						ior if being denolished idence	i)			
Name of Monitoring Firm N/A	15 25	g Owner	(8)		ASCM N	A No. Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address							Street Ac	188	9 Route 9, Unit 61				
City, State, Zip Code					City, Sta	ns River, New Jers	sey 08	755-1	271				
Project Manager for Monitoring Firm Telephone Number							Telephor 732-34	ne Number 9-9932	License 1 00624	Number			
Scheduled Start Date (10) 5/13/13			5/14/		tion Date (11)	Name of	OSHA Monitor E.N	I.S.L. Analytical		ewilet sea		
Occupancy Status During A	Abatement (Check ity Closed/Vacate			ried of A	hatamant		Street Ac		6 Stelton Road				
	ement Performed						City Sta	te, Zip Code	o Sterion Road				
[] Othe	r – Describe						City, sta		cataway, New Jers	ey 088	54		
Scope of Work (Check all t	that apply)						[]	Full Contains Mini-Enclosu	ment with Negative Pro	essure			
[] >3 sf	or ≥3 If		[]	Renov	ation		[]	Glovebag Pro					
[x] ≥160	sf or≥260 lf		[x]	Demol	ition		[x]	Non-Exempte	ed (*) and Non-Friable	Procedi	ure		
The second secon					T					Abat	ement	Туре	
T T	c		Is Location				Descriptio		A	R	R	Е	E
Location o Asbestos-Containing M			Normally t Solely b				estos-Con Iaterial (A		Amount (Specify SF	E	E P	N C	N C
TO BE ABAT	TED	Maii	ntenance/C			(i.e.	, thermal s	systems	or LF)	M	Α	Α	L
in facility (13)			Staff (12)			inst	ılation, sur VAT, o			v	I R	P S	O S
(13)			(12)			oth	er miscella			A		U	U
		YES	NO	N/A				350		L		L E	R E
Exterior			X	T	Asbes	stos sidin	g		1500 sf	X			
					10.11			Τ,					
Name of Registered Waste I Guardian Cor			NJDEP Was 2	ite Haulei 20223	ID No.	Cubic Ya	rds of Wast	e Name of Reg	gistered Landfill				
City, State				Dispo	sal Date		City, Sta	ite					
Toms River, I Completed by (Print or Typ		Title		5/15/	Stgnatu	ire o	1 Tullyto	own, Penulsylva	alyid //	Date			
Completed by (Print or Type) Nicholas Fernicola Title Project Manager						VI	Chr	H 1	tal	5/13	/2013	3	

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

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Buildir	a Owner/On	erator (2)			- 1	,			
May 9, 2013				George Ogden									
[] DEP	ial Notifi ended No endment ergency (otification # (including		Street Address City, State, Zip	Code	Vorstall Alley	MAY 16	201	3				
I Dea	ification) icellation			Name of Contac Geo	t rge Ogden		SBEOTE Number	VC					
			FAG	CILITY INFOR	MATION				-				
Name of Facility Where Abatement is Taki Residence	ng Place	(3)				Type of Facility (4)	School (k-12)	72 53					
Street Address 34 Ocean Avenu	e					[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)				ildings,		
City	Coun	ty (6)		County Code (7) (STATE USE ON	LY)	Square feet 1500 sf	# of Floors	Blo	ig. Ago	60			
Manasquan	Mon	mouth				Current Use (Prior in Resider		ġ.		-			
Name of Monitoring Firm Hired by Buildin	g Owner	(8)		ASCM No.	Name of Abatement Contractor (9)								
N/A Street Address					Street Ac	ldress	an Contracting.						
City, State, Zip Code				*	oute 9, Unit 61	61							
Project Manager for Monitoring Firm		Telephon	e Number		Telephor	Toms R	River, New Jersey 08755-1271 License Number						
		-75.100.0000000		732-34	9-9932	00624		•					
Scheduled Start Date (10) 05/10/13		05/13		tion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical						
Occupancy Status During Abatement (Chec [X] Facility Closed/Vacat			riod of Al	patement	Street Ac		elton Road						
[] Abatement Performed					City, Sta	te, Zip Code							
Other – Describe							vay, New Jerse	ey 088	354		9		
Scope of Work (Check all that apply)					[]	Full Containment Mini-Enclosure	with Negative Pre	ssure					
[] >3 sf or ≥3 lf		[]	Renova	ation	[]	Glovebag Procedu	ire						
[X] ≥160 sf or ≥260 lf		[x]	Demol	tion	[x]	Non-Exempted (*	and Non-Friable	Proced	ure				
								Aba	tement	Туре			
Location of	N	Is Location Normally to		As	Description bestos-Con		Amount	R E	R E	E N	E N		
Asbestos-Containing Material (ACM)		Solely b			Material (A		(Specify SF	M	P	C	C		
TO BE ABATED in facility	Main	tenance/C Staff	ustodiai		e., thermal s sulation, sur		or LF)	0	A	A P	L		
(13)		(12)			VAT, o	ſ		V	R	S	S		
	Mee	NO	NT/A	ot	her miscella	neous)		A		L	U R		
	YES	NO	N/A					L		Е	Е		
Exterior		X	-	Asbestos sidi	ng		1300 sf	X					
		-	-										
		1											
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Was	te Hauler 20223	ID No. Cubic Y	ards of Waste	Name of Register	ed Landfill						
City, State Toms River, New Jersey	1	-		al Date	City, Sta		1						
Completed by (Print or Type)		1 00/14	Signature Date 5/9/2013										

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JOE ZARINKO 05/10/2013 Street Address Agencies Notified Type Notification 7 NORTH 10TH STREET Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & DEP Amended LICENSING MILLVILLE NJ 08332 Amendment # × DOL X **Emergency (including** Name of Contact justification) DOH SCOTT SHEPPARD Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 7 NORTH 10TH STREET etc.) Square Feet # of Floors Bldg. Age City (5) 50+ 2000 MILLVILLE Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) RESIDENTIAL **CUMBERLAND** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASSUREDENVIRONMENTAL SERVICES INC. CONNELL GREENE Street Address Street Address 570 CLEMS RUN 904 KINGS ARMS DRIVE City, State, Zip Code City, State, Zip Code MULLICA HILL NJ 08062 **DOWNINGTOWN PA 19335** Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 610-304-4676 01145 484-432-9363 RICK PELLISSIER Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 05/14/2013 **EMSL** 05/13/2013 Street Address Occupancy Status During Abatement (Check Only One) 200 RT 130 NORTH Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: RESIDENTIAL City, State, Zip Code **CINNAMINSON NJ 08077** × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Enclosure Maintenance/ (Specify (i.e. thermal systems insulation, Remova Repair TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A 14 LF X PAPER DUCT INSULATION X BASEMENT Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. of Waste ALLIED WASTE IMPERIAL LANDFILL ASSURED ENVIRONMENTAL SERVICES 0034895

Disposal Date

05/18/2013

PROJECT COORDINATOR &

Signature

Date

05/10/2013

City, State

IMPERIAL PA

Completed by

MULLICA HILL NJ

RON SWANSON

City, State

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) JOE ZARINKO 05/10/2013 Street Address Type Notification Agencies Notified 7 NORTH 10TH STREET Initial **EPA** City, State, Zip Code ASBESTOS CONTROL & Amended DEP MILLVILLE NJ 08332 LICENSING × Amendment # DOL Emergency (including × Name of Contact DOH justification) SCOTT SHEPPARD Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X 7 NORTH 10TH STREET etc.) # of Floors Bldg. Age Square Feet City (5) 50+ 2000 MILLVILLE Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) RESIDENTIAL **CUMBERLAND** Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) ASSUREDENVIRONMENTAL SERVICES INC. CONNELL GREENE Street Address Street Address 570 CLEMS RUN 904 KINGS ARMS DRIVE City, State, Zip Code City, State, Zip Code MULLICA HILL NJ 08062 **DOWNINGTOWN PA 19335** License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01145 610-304-4676 484-432-9363 RICK PELLISSIER Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) **EMSL** 05/14/2013 05/13/2013 Occupancy Status During Abatement (Check Only One) Street Address 200 RT 130 NORTH Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: RESIDENTIAL City, State, Zip Code CINNAMINSON NJ 08077 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Endosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A PAPER DUCT INSULATION 14 LF X X BASEMENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste ALLIED WASTE IMPERIAL LANDFILL ASSURED ENVIRONMENTAL SERVICES 0034895 City. State Disposal Date City, State IMPERIAL PA 05/18/2013 MULLICA HILL NJ Date Signature Completed by 05/10/2013

PROJECT COORDINATOR &

State of New Jersey

RON SWANSON

CHECK .

4675

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13						-		-							
<u>Nate of Notification (1)</u> May 10,	2013				Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NU										
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRE ☒ DOH	ED .		Notificed Notigency (cation)	ification (including	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMBUS City, State, Zip Code PISCATAWAY, NJ 08854 Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY										
				FACILITY IN	FORMATION	- 110)	#	0.770000	XC Follows		HHH				
Name of Facility Where Abateme BUSCH CENTRAL HEA			540		Type of Facility (4) School (K-12)	70-0	M	AY 1	6 2013	3	TUT				
Street Address BUSCH CAMPUS					Subchapter 8 (other Other (i.e. private & o	than K 12) commercial bu # of Eloors:	ildisset 2 Bldo	Botios et	ONTRO)L&					
City (5) PISCATAWAY	MIDDI	LESEX		y Code (7) Use Only)	Current Use (prior if being demolished): HEATING PLANT										
Name of Monitoring Firm Hired by ATC ASSOCIATES	y Bldg. O	wner (8)	009		Name of Contractor (9)										
Street Address				*	GREENWOOD ABA Street Address	TEMENT	CONSU	JLTANI	rs, inc	<u>; </u>					
3 TERRI LANE				valle (see	268 MAIN STREET										
City, State, Zip Code BURLINGTON, NJ 080					City State, ZipCode BUTLER, NJ 07405										
Project Manager for Monitoring Fi	m	Telephone N			Telephone Number		Licen	se Numb	er						
Scheduled Start Date (10)		Scheduled 0	Completio	on Date (11)	973-492-0477 Name of OSHA Monitor		0084	40							
05/20/13		05/28/13			ENVIROVISION, IN	C									
Occupancy Status During Abate					Street Address	<u>. </u>									
□ Facility Closed/Vacated Durir □ Abatement Performed Outsid				nt	20-21 WARGARAW ROAD City, State, Zip Code										
Describe Other – Describe: Shift Ho	urs: 9	:00 PM -	5:00 A	M	City, State, Zip Code										
00000					FAIRLAWN, NJ										
Scope of Work (Check all that app	oly)					F. II O									
≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 26 Location of Asbestos-Containing		ation Normal	v l lood	Renovation Demolition	□ ⊠ □	Non-Exempte	sure Procedi ed (*) an	ure nd Non-Fr	riable Pr	ocedu	re				
Material (ACM) in Facility (13)		by Maint./Cu			pestos Containing Material nal systems insulation, surfac cell.)	ing, (Spec or LF)	ify SF	-	ent Type Repair E		Enclose				
Pump Room	X			TSI		<9 L	F	X							
		-													
Name of Reg. Waste Hauler See Hauler Below #1 & 2	100	NJDEP Wast		ID#	Cubic Yards of Waste:	10 CY		of Regist			:				
Hauler #1) Greenwood Abatemen				NJ 07405		Disposal Da			ity, State						
NJDEP # 12561 Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 NJ DEP # 22612						05/28/13		1 R 1	00 New d. Morri 9067 15-736-1	Ford N sville,	5,100,530				
Completed by (Print or Type) RAYMOND C. PEDALING	Signature Raymand C. Pe	dalino	Date N	/lay 10,	2013										

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO#20613926441			(F	ursu	ant to NJ	AC 8:60 and 5:1	6)	ME C		7	// f	2	
Date of Notification (1)				Nan	ne of Buildi	ng Owner/Operator	(2)		<u> </u>	U (<u> </u>	5	
05	0 /	13		Ros	emary Wi	eczorek		IIU)I					
	ype Notificatio	n	-		et Address			TU LI MA	Y-1 6	20	13		
	☑ Initial			310	Kennedy	Blvd.							
☑ DOLWD L	Amended Amendment	#		City	, State, Zip	Code	110000	ASBES	TOS C	ONTE	301	2	
DCA [] Emergency		ng		onne, NJ				LICENS		IOL	α	
(NJAC 5:23-8)	justification)			Nan	ne of Conta	act		Telephone N	lumber				
	Cancellation	1		Rose	emary Wi	eczorek			_				
				F	ACILITY	INFORMATION							
Name of Facility Where Aba	itement is Tak	ing Plac	ce (3)				Type of Facili	ity (4)					
Private house							School (K		27022				
Street Address				•			Other (i.e.	er 8 (Other than K- ., private and com	·1 2) mercial	huildir	nas		
310 Kennedy Blvd.							homes, et		o.o.u.	Dungn	195.		
City (5)							Square Feet	eet # of Floors Bldg. A					
Bayonne, NJ 07002 County (6)													
Del 10				Col	unty Code (7) (STATE USE ONLY)	Current Use ((Prior if being dem	olished)				
Hudson Name of Monitoring Firm Hii	ed by Building	Owner	(8)	TASC	M NI -								
,	g Owner	(0)	ASCI	VI INO.	Name of Abatem	ent Contractor	(9)						
Street Address				Gr Tech LLC Street Address									
							1/2.02						
City, State, Zip Code						576 Valley Rd a							
						The same and the s							
Project Manager for Monitori	ng Firm		Tel	lephone	e No	Wayne, NJ 074							
								License No.					
Start Date (10)	Sch	eduled	Compl	etion D	ate (11)	973-638-1777 01127 Name of OSHA Monitor							
_ 05 / _22 / _		05											
Occupancy Status During Ab						Envirovision Co Street Address	onsultants,Inc						
X Facility Closed/Vacated D	uring Entire P	eriod o	f Abate	ement		and the presentation of the second of the second	Dand Dide	11.25 E					
Abatement Performed Ou	tside of Norm	al Facili	tv Hou	rs - De	escribe	20-21 Wagaraw City, State, Zip Co	Road, Bidg .	7 33 E					
Time of Abatement:		PM/	PM		_AM	Fair Lawn, NJ 0							
Scope of Work (Check all tha	t apply)					The second secon	and decontam	nination					
X >3 sf or >3 If		MR	enovat	ion		Full Con	tainment with N	egative Pressure					
>3 sf or >3 If ≥ 160 sf or ≥260 If			emoliti			Mini-Enc Gloveba	2 Procedure						
		·				☐ Non-Exe	mpted (*) and N	Non-Friable Proce	dure				
Location of		1	s Loca Norma						At	atem	ent T	y	
Asbestos-Containing Mate		Us	ed Sol	ely by	Asbe	Description o stos Containing Mai	f terial (ACM)	Amount	R	R	Щ	T	
TO BE ABATED IN Facility)		aintena stodial	snce/ Staff?	(i.e	e., thermal systems i	nsulation,	(Specify	Remova	Repair	cap		
(13)			(12)			surfacing, VAT, other miscellaned		SIF or LF)	val	=	Encapsulate		
		Yes	No	N/A		2.10.20.010.20.20.00.00.00.00.00.00.00.00.00.00.00					te		
asement				\bowtie	Pipe inst	ulation		65 1 5	TX1	-		1,	
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ame of Registered Waste Ha	auler		NUE	DEP Wasti	e Hauler ID No.	Cubic Yards of Waste	Name of Regi	t istered Landfill			- Sact	L	
Tech LLC			11	003378		TBD	T.R.R.F. Inc	7000					
ity. State						Disposal Date	City, State	**************************************	-		74	-	
ayne, NJ 07470						TBD	Tullytown, P						
ompleted By (Print or Type)	Title	e				Signature	runytown, P		Date	-			
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Date of Notification		- Children	2.7			~	ner / Operato	or (2)	11D),E	GE		[3	1		
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☐ DEP					ate & Zip								1	7		
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□ DOH		gency	Nar	ne o	f Contac	:t			ASBE	STOS CO LICENSIN	Meteon	her	ie N	unhb	er	
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				ACI	LITY IN	IFOF	RMATION				L				12	-
Name of Facility Wh	ere Abateme	ent is Taking Pla	ce (3)				Type of Facil	ity (4)								
Wells Fargo Banl	k NBOC						School (K-12)								
Street Address							☐ Subchar	oter 8 (0	Other than K-	12)						
100 Fidelity Plaza	1					- 1	Other (i.e	e. priva	te & commer	cial building	ngs, ho	ome	es, e	etc.)		
\$1 5 00.						- 1	Square Feet		# of Floors		Bldg. A	Age	,			-
City (5)		County (6)	Count	v Co	de (7)	\dashv	30000		2			-	45+			
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North Brunswick		Middlesex				- 1		(1101 11	being demoi	isileu)						
		l					Bank									_
	Firm Hired b	y Building Owne	er (8)	1	ASCM N	200000	Name of Aba			9)						
AET							Bristol Env		ental, Inc.							
Street Address							Street Addres									
							1123 Beave									
City, State & Zip Coo	rth Pennell Road ate & Zip Code , PA 19063 Manager for Monitoring Firm Furotsy					- 1	City, State &	Zip Coo	de							
Media, PA 19063				-			Bristol, PA	19007								
Project Manager for	Monitoring F	irm 1	Telepho:	ne N	umber		Telephone N	umber		License	Numbe	er				
Dave Turotsy		6	310-891	1-01	14		(215)788-60	140		00509						
Scheduled Start Dat	e (10)	Scheduled Comp	oletion [Date	(11)		Name of OSH	HA Mon	itor							
5/15/2013	3	5.	/16/201	3			Bristol Env	ironm	ental Inc.							
Occupancy Status D	uring Abater	nent (Check only	y one)				Street Addres	ss								
		During Entire Pe		Abate	ement	- 1	1123 Beave	r Stre	et							
Abatement F	Performed Ou	utside of Normal	Hours	– 7a	m to 3pr		City, State &					7			-0.2925	
Describe:	6:00 PM -		* RISCENTION.	0.00			Bristol, PA									
☐ Facility Occu	pied During					- 1	,									
Scope of Work (Che										E/				-		-
coope or train (one	on an triat ap	P-37							Full Containn	nent with I	Negati	ve I	2res	sure	9	
≥3 sf or ≥3 lf			⊠ R	enov	ation				Mini-Enclosu		3	ANTON				
☐ ≥160 sf ≥260					lition				Glove Bag Pi							
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	cation of		Is Loc	ation	, , ,		Description			Amount				ent T		-
	os-Containin		Normall		St. Company	Δ	Asbestos-Con			(Specify	1	T			,,,,	_
	erial (ACM)	,	Solel		04	357	Material (A			SF or LF)				Ш	-	1
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	(13)		(12	2)		or	other miscella	aneous)		1	2	=	ılat	ure	
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Name of Registered	Waste Haule	er				1 197	ibic Yards	Name	of Registere	d Landfill						
					er ID No.	11 11 15 15 1	Waste									
Service Transpor	t Inc.		2	2099	00	4			rva Landfill							
City, State							sposal Date	City, S								
New Castle, DE						5/1	13/2013	Wayr	esburg, Ol	nio						
Completed By (Print	or Type)		T	Γitle		Sic	gnature				Dat	e,	1	529		0
Gino Pizzigoni	7000		F	Proje	ect	1	Hime Pez	~	-/:/		15	7/10	1/1	3		
or izzigoiii					ager	1	Dine fly	regor	u/f		1		1			

State of New Jersey
NOTIFICATION OF ASBESTOS ABA

(Pursuant to N.J.A.C. 8:60 and 12:12

Date of Notification (1) Name of Building Owner / Operator 4/29/13 MAY Wells Fargo Bank 1 6 2013 Agencies Notified Type Notification Street Address EPA One South Broad Street DEP ASBESTOS CONTROL & Initial City, State & Zip Code DOL 6800 Amended LICENSING Philadelphia, PA 19107 DOH 417 Emergency Name of Contact DCA Telephone Number Cancellation Orville Bishcoff **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Wells Fargo Bank NBOC School (K-12) Street Address Subchapter 8 (Other than K-12) 100 Fidelity Plaza Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 30000 45+ North Brunswick Middlesex Current Use (Prior if being demolished) Bank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET Bristol Environmental, Inc. Street Address Street Address 28 North Pennell Road 1123 Beaver Street City, State & Zip Code City, State & Zip Code Media, PA 19063 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **Dave Turotsy** 610-891-0114 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/11/2013 5/12/2013 Bristol Environmental Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 Beaver Street Abatement Performed Outside of Normal Hours - 7am to 3pm X City, State & Zip Code Describe: Sat. 12:00 PM - Sunday 8 AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation Mini-Enclosure ≥160 sf ≥260 If Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) TO BE ABATED Encapsulate Maintenance or (i.e., thermal systems Remova in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) No N/A Above Ceiling X Pipe insulation 65 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Service Transport Inc. 20990 Minerva Landfill City, State Disposal Date City, State New Castle, DE 5/13/2013 Waynesburg, Ohio Completed By (Print or Type) Title Signature Gino Pizzigoni Project 4/29/13 Manager

		(Pu	rsuant	to NJAC 8:	60 and	12:120)	Ī	5	F	P [5 1	W	[5	F	2
Date of Notification (1) 5/03/13		10000		Building O		perator	(2)		N.	45	<u> </u>	<u> </u>	_\			
Agencies Notified Type Notification			Street A	ddress deu Aven					Ш	1	MAY	16	201	3	TL	丌
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DOL Amendment #				it, NJ 079					L	ASE	ESTO	s co	NTR	OL 8	<u> </u>	
Emergency (in justification)	cluaing			Contact Compton	7			L		Tele	ephone	AN AH	7 <u>1</u> 2			
DCA Cancellation				LITY INFO		ON			I	-		- — ′				
Name of Facility Where Abatement is Taking	Place (3)	94.594.5e.s					Тур	oe of Faci								
House Street Address							H	School Subcha	pter 8	(Oth	er than	K-12)				
19 Badeau Avenue							×	Other (i	.e. priv	ate &	& comm	ercial	buildi	ngs,	nome	S,
City (5)							Sq!	uare Feet		# of	f Floors		Blo N/	dg. Α	ge	
Summit County (6)			County (Code (7)				rrent Use		olished		_				
Union				JSE ONLY)	177	_		ouse								
Name of Monitoring Firm Hired by Building On N/A	wner (8)	•	ASCM	1 No.				batement atemen			(9)					
Street Address					Street 11 R			n Avenue								
City, State, Zip Code					City, S	tate	, Zip Code NJ 075									
Project Manager for Monitoring Firm		-	Telepho	ne No.		Teleph				License No.						
						973-345-8685					#006	75				
	Schedule 5/18/13		pletion	Date (11)		Name of OSHA Monitor D&S Abatement, Inc.										
Occupancy Status During Abatement (Check	Only One	e)				Street		ress engren <i>F</i>	Venu	IA.						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: Occupied	eriod of A Il Facility	batem Hours	ent	u		City, S	State	, Zip Code NJ 075	е							
Scope of Work (Check All That Apply)					1											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti	53(59)3			Full Containment with Negative Pre- Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable										
	Is	Location	on						T				7. 7. 1		ment	
Location of	N	ormall d Solel	y	l		scription		-:-! /A CM			mount	1		ıy		
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntenar odial S	nce/		thermal	system	s ins	rial (ACM sulation,	,	(5	Amount Specify		Rer	R	Encapsulate	Enc
In Facility (13)	Cusi	(12)	itan:			cing, VA niscella				Si	F or LF)		Remova	Repair	psula	Enclosure
2000	Yes	No	N/A												te	(D
CRAWL SPACE		X		PIPE	INS	SULP	TI	CNO.			10 LF		X			
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		JDEP V	Vanta	Cubic	Varde	Nome of P			Registered Landfill							
Name of Registered Waste Hauler D&S Abatement, Inc.	Н	lauler ID 20996		of Was			10000000		31.520	geme		PA				
City, State Totowa. NJ				Dispos	sal Date	7		State	n, P	A						
Completed by Deanna Brkusanin	ct Ma	anager		S	Signatur		uw f	Min	W.	2	Date 5/0	3/13	3			

Date of Notification (1)					of Building				115) [@ I	= n				
5/03/13				Josep	h & Mar	yann E	Bennin	g	- 111),	1,5	C [1	1 1	3 1.	-1
Agencies Notified	Type Notification				Address owan Roa	ad				1					7//	
EPA DEP DOL	Initial Amended		-		ate, Zip Co				<u> </u>	1	AY 1	6	2013)	111	111
▼ DOL	Amendmen				nit, NJ 07				1 1			0 2	UI)	11	21
⊠ DOH	Emergency justification)			Name o	of Contact				+	Adole	Tephone	Numl	per		\vdash	+
DCA	Cancellation			Josep	h & Mar	yann E	Benning	g		79.			iC.	L&	•	1
	L-		_	FAC	ILITY INFO	DRMAT	ION				LIV	SHYG	_	_		+
Name of Facility Where House	Abatement is Takir	ng Place (3)				59038 - 1142 - 1	Туре	of Facility	(4)						
Street Address									School (K-							
45 Rowan Road									Subchapte Other (i.e.				buil	dinas	hom	ies
									etc.)							100,
City (5) Summit								Squar N/A	e Feet	# c	of Floors			Bldg. / N/A	Age	
County (6)				County	Code (7)	-			ot Lloo /Dr	1		aliaha	June.	W/A		
Union					USE ONLY)			Hous	nt Use (Pri se	ior it be	ing aem	iolishe	a)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASC	M No.		Name of Abatement Contractor (9) D&S Abatement, Inc.									
Street Address								J&S Abatement, Inc. treet Address								
							ren Ave	nue								
City, State, Zip Code	City, State, Zip Code							state, Zij wa, N.	Code J 07512							
Project Manager for Mon	nitoring Firm		T	Telepho	ne No.		Teleph	none No).		Licens	se No.	-			
Ct-1 Data (40)							973-345-8685 #00675									
Start Date (10) 5/23/13		Schedule 5/24/13	d Cor	npletion	Date (11)			lame of OSHA Monitor D&S Abatement, Inc.								
Occupancy Status During	g Abatement (Ched	k Only One	e)				Street	eet Address								
Facility Closed/Vaca	ated During Entire	Period of A	baten	nent				_	ren Avei	nue						
Abatement Perform Other – Describe:	ed Outside of Norn Occupied	nal Facility	Hours	3		_	7.00	tate, Zip	Code J 07512							
Scope of Work (Check A	Il That Apply)						10101	wa, ive	0/5/2					-		
≥3 sf or ≥3 lf		Пв	enova	ition			Full Containment with Nagative Prossure									
2160 sf or ≥260 lf		(Carleson)	emolit				Full Containment with Negative Pressure Mini-Enclosure					е				
	377								ebag Prod Exempted		d Non-F	riable	Pro	radur	۵	
		le l	ocati	on				11011	Exemple	<u> </u>	u mon-i	Table			emen	t
Location	of		ormal			Dos	scription	of							ре	
Asbestos-Containing	Material (ACM)	Used	Sole		Asbest		aining M		(ACM)	А	mount				m	
<u>TO BE ABA</u> In Facili		Custo			(i.e. 1	thermal	systems	insulat	ion,		Specify		Rei	Re	nca	Enc
(13)	ity		(12)				cing, VA			51	or LF)		Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									<u>a</u>	_	late	ire
crawl sp	ace		X			pipe	insulat	tion		4	0 LF	X				
baseme	ent		X			pipe	insulat	tion		8	2 LF	Х				
garag	е		Χ			pipe	insulat	tion		1	8 LF	Х				
						11-1										
Name of Registered Was			100	JDEP W auler ID	STATE CONTRACTOR	Cubic of Was			Name of I							
				20996		TBD			Waste I	Manag	gemen	t of P	A			
City, State						7.0	al Date		City, State							
Totowa, NJ						TBD			Tullytov	Vn PA	١.					
Completed by	0.0000000000000000000000000000000000000	Title				S	ignature	1000.	2	₩.		Date	140			
Deanna Brkusanin Project M								VIII	W do	Mu	u	5/03	/13	Ñ		

(LNECK#)

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

-		(P	ursuar	t to NJAC	8:60 and 12:120	"IN F.C	FIW		J		_
Date of Notification (1)	/13 /13		Nan	ne of Buildin	g Owner/Operator		000		Щ_		
Agencies Notified	Type Notification		Stre	el Address	77 71	WH, MAY	1 6 2013		4		
∑ BPA □ DEP	☐ Amended		City	State, Zip (Code		(10) 42	T			
Ø ∞r	Amendment #_ Emergency (in	dudino		SEA	TYLF CI	Y NSBEST	OS CONTROL	=	+=		4
Поон	justification)		0.0000000	ne of Contac		The second secon	Orelephone Number		_	_	
□ ∞A	Cancellation			-1001							\dashv
	L .			ACILITY INF	ORMATION	Type of Facility	(4)				\dashv
Name of Facility Where	Abatement is Taking	Place (3)				C School (K-12)				
	SIDENCE					C Subchanter 8	(Other than K-12) ivate & commercia) I buildin	igs,		
Street Address	273 3	8714	57.			homes, etc.)	# of Floors		, Age		\dashv
City (5)	ANDLON	,						1=		=	=
County (6)	77 0		Co	unty Code (SE ONLY)	7) (STATE	Current Use (Pri	or if being demolis	hea)	1420		_
LAPE	MAY 15 Duilding C	WD91	-	M No.		nent Contractor (9)					
Name of Monitoring Firm (8)	n Hired by Building C					EMCO IN)C,		===	_	ᅱ
Street Address	1	1.	1		Street Address	SSPRUC	= 100.				
	*			===	City State Zin C	ode		080			
City, State, Zip Code						PLE SHAT	License No.				=
Project Manager for Mo	onitoring Firm	7.7	elephor	ne No.	Telephone No.	9-0472	004	14			
	T Cohor	uled Com	oletion	Date (11)	Name of OSHA	Monitor					
Start Date (10)	3 6		11:	3		SEPH KL	EMM			=	=
Occupancy Status Dur	ing Abatement (Chec	k only on	e)		Street Address	S, SPA	164 JUE-				_
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Abatement Perform	ed Outside of Norma				M	APLE SI	LODE, N.	3 . 0		_	=
Scope of Work (Check	all that apply)				☐ Full Co	ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf			vation		L	nclosure pag Procedure	Sad				
≥160 sf or ≥260 lf		☑ Demk	otition		Non-E	xempted (*) and N	on-Friable Procedu	A	batem	rent	1150
			cation		(2				Type	е	_
		Used S	nally olely by		Description	of	Amount			<u>m</u>	
Asbestos-Containing	Material (ACM)	Mainte	nance/	Asbe	stos Containing Ma	insulation.	(Specify	Rer	R	TE TE	1 KCIC
TO BE AB	ATED		aff?	(surfacing, VA	r, or	SF or LF)	Removal	Repair	Encapsulate	Enclosura
IN Faci	PO-PO	(1	2)	_	other miscellane	5005)		2		ale	ď
		Yes	No N	/A			1 1/2	+,	\vdash		
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318	170 0							-			-
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Check #7811 Date of Notification (1) Name of Building Owner / Operator (2) May 13, 2013 Bank of America Agencies Notified Type Notification Street Address EPA 2100 New Jersey Avenue MAY DEP 2013 ⊠DOL Initial City, State & Zip Code Amended North Wildwood, NJ 08260 ASBESTOS CONTROL & ⊠рон Amendment # DCA Cancellation Name of Contact Telephone Number Jim Kalafsky **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Bank of America School (K-12) Street Address Subchapter 8 (Other than K-12) 2100 New Jersey Avenue Other (i.e., private & commercial buildings, home, etc.) Square Feet # of Floors Bldg. Age City (5) 4,000 43 North Wildwood Current Use (Prior if being demolished) County (6) County Code (7) Cape May USE ONLY Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Testing Consultants, LLC Synatech, Inc. Street Address Street Address One Mall Drive, Suite 404 829 Radio Road City, State & Zip Code City, State & Zip Code Cherry Hill, NJ 08002 Little Egg Harbor, NJ 08087 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Howard Zenobi 856-482-1311 609-296-6916 00817 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor May 23, 2013 June 3, 2013 Synatech, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 829 Radio Road Abatement Performed Outside of Normal Hours City, State & Zip Code Other - Describe: Little Egg Harbor, NJ 08087 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure \ge 3 sf or > 50 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted(*) and Non-Friable Procedure Is Location Normally Used Location of Description of Abatement Type Asbestos-Containing Material (ACM) Solely by Maintenance or Asbestos-Containing Amount (Specify TO BE ABATED Custodial Staff? (12) Material (ACM) SF or LF) IN Facility (i.e., thermal systems Encapsulate (13)insulation, surfacing, VAT Enclosure Remova Repair or other miscellaneous) N/A Yes No ATM Room X Floor Tile and Mastic 75 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. Synatech, Inc. 27429 Grows Landfill City, State Disposal Date City, State Little Egg Harbor, NJ 08087 June 4, 2013 Morrisville, PA Completed By Signature Title Date ake Diane Aloia Executive Administrator May 13, 2013

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President

Disposal Date

Signature

5/30/13

City, State Morrisville PA 19067

Date

5/13/13

United Containers

City, State Elm NJ

Completed by Anthony T Perna

Name of Registered Waste Hauler

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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Name of Monitoring Firm Hired by Building C			ASC	M		Name of Abateme	nt Contra	ctor (9)							
						J.R. Contracting &	& Environ	mental Co	nsulting.	Inc.					
Street Address						Street Address									
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						Wayne NJ 07470	de								
Project Manager for Monitoring Firm		Tele	phone	Numb	er	Telephone Numbe	r			License	No.				
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Jerry Bijelonic	Project Manager			- //	1	Υ							/2013 G4667		

Name of Building Owner / Operator (2). Date of Notice 5/6/13 MAY 1 6 2013 Type Notification Hartz Meadow Plaza Inc. Street Address Agencies Notified **Emergency Notification** 400 Plaza Drive X **EPA** ASBESTOS CONTROL & X City, State & Zip Code DEP Initial Notification LICENSING X DOL Amended Notification Secaucus, NJ 07096 Name of Contact Telephone Number X Cancellation DOH DCA John COmer **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Commercial Building School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc. 600 Plaza Drive Square Feet # of Floors Bldg. Age County Code (7) 28 City (5) County (6) 20.000 Current Use (Prior if being demolished) Secaucus Hudson ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Service Global Abatement Services, LLC Street Address Street Address 280 Huyler Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Monroe Township, NJ 08831 S. Hackensack, NJ 07606 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number 732-605-9062 00714 Geiser Fajardo 201-489-8700 Scheduled Completion Date (11) Scheduled Start Date (10) Name of OSHA Monitor Global Abatement Services, LLC 5/8/13 5/10/13 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road City, State & Zip Code Abatement Performed Outside of Normal Facility Hours -Monroe Township, NJ 08831 Describe: Area Isolated During Abatement Other - Describe: Scope of Work (Check all that apply) Demolition Full Containment with Negative Pressure X Renovation Х Large Project Mini-Enclosure Quantity is \geq 3 SF or \geq 3 LF ACM Glovebag Procedure X Other: Non-Friable Quantity is ≥ 160 SF or ≥ 260 LF ACM Is Location Description of Amount Abatement Type Location of (Specify: Removal, Asbestos-Containing Normally Used Asbestos-Containing (Specify Square Feet or Repair, Encapsulation Material (ACM) Solely by Material (ACM) or Enclosure) Maintenance or (i.e., thermal systems Linear Feet) TO BE ABATED insulation, surfacing, VAT in Facility Custodial Staff? or other miscellaneous) (13)(12)Roof Flashing/Debris 1.000 LF Clean up **Exterior Site** N/A Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste 500 CY TRRF Freehold Cartage 18693 Disposal Date City, State City, State 5/10/13 Tullytown, Pa Freehold, NJ Signature Completed By (Print or Type) Title Date Dominick Tringali 5/6/13 Pres. Dominick Tringali

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Estate of Dorothea Huber 5-10-2013 Agencies Notified Type Notification Street Address 31 Overlook Terrace []EPA [X] Initial Notification City, State, Zip Code []DEP []Amended Maplewood, NJ, 07040 [X]DOL Notification ephon ASBESTOS CONTROL & Name of Contact [X] DOH LICENSING [] EMERGENCY Estate of Dorothea []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Same as above []School (K-12) []Subchapter 8 (Other than K-12) Street Addres [X]Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5 County (6) Essex County Code (7) 1700 2 75 (STATE USE ONLY) Current Use (Prior if being demolished) ESSEX Name of Monitoring Firm hired by Building ASCM No. Name of Abatement Contractor (9) Owner (8) AZTECH MANAGEMENT, Inc. N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number Project Manager for Monitoring Firm Telephone Number License Number N/A (973) 744-8800 00371 Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) 5-20-2013 5-22-2013 N/A Month Day Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [x]Full Containment with Negative Pressure [X]>3 sf or >3 lf [X] Renovation []Mini-Enclosure []>160 sf or >260 lf []Demolition [X]Glovebag Procedure []Non-Friable Procedure Abatement Type Location Location of Description of Normally NCLOSUR Asbestos-Containing Asbestos-Containing Amount Used R E MOV Material (ACM) Solely Material (ACM) (Specify By Main-tenance/ TO BE ABATED (i.e., thermal systems SF or In Facility insulation, surfacing, VAT, LF) Custodial (13)or other miscellaneous) Staff (12) Yes No N/A 100 lf Basement X Pipe Insulation VAT Tiles 530 sf Name of Registered Landfill Name of Registered Waste Hauler Cubic Yards NJDEP Waste Hauler ID No. of Waste 1.5 AZTECH MANAGEMENT, INC. G.R.O.W.S. 17040 City, State City, State Disposal Date PA 19067 Montclair, NJ 07042 Morrisville, Title Completed By (Print or Type) Date Constantine Vivian President 5-10-2013

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		(Pursuan	it to NJA	C 8:60 ar	nd 12:12	20)		2	/>					
Date of Notification (1) 4 -25-13				of Buildin Hiersh		Operato	r (2)	7.5	2		15				
Agencies Notified Type Notification	1		200000000000000000000000000000000000000	Address				49	el.			47,	2,		
EPA X Initial DEP Amended				West A				· · · · · · · · · · · · · · · · · · ·	` (.7			•	()	
DOL Amendmer				in City,		622				1	14	V			
DOH Emergency justification	(including	9		of Contac					Te	lenhone	e Nii	mber			
DCA Cancellatio				Greseler		22.10							-		
Name of Facility Where Abatement is Taki	ng Place ((3)	FAC	ILITY IN	FORMAT	TON	Type	e of Facility	(4)						.8
Resident								School (K-	-12)						
Street Address 4861 West Ave							×	Subchapte Other (i.e. etc.)	er 8 (Oth				ldings	s, hon	nes,
City (5) Ocean City							380	are Feet 0	1	of Floors	S	¥	Bldg. 35	Age	
County (6) Atlandic				Code (7) USE ONL	n			ent Use (Pr dent	nior if be	ing den	nolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)	ASCI	M No.		Name Ani &		atement Co	ontracto	r (9)		41 444			
Street Address							Street Address 1212 Burlington Ave								
City, State, Zip Code						ip Code NJ . 0807	075						-		
Project Manager for Monitoring Firm			Telepho		Telephone No. Licens 856-824-0971 07010										
Start Date (10) 5-14-13	Schedul 5-20-1		mpletion	Date (11)		Name of OSHA Monitor self						-			
Occupancy Status During Abatement (Chec	k Only Or	ne)		E PAY		Street Address									
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Demo	Period of a	Abater y Hour	nent s			City, S	tate, Z	ip Code				7			er, et aus
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	programmy.	Renova Demoli				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedu						ure			
		Locat												emen	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma Cust	Normal of Sole intena todial S (12)	ly by nce/ Staff?		tos Cont thermal surfac		laterial insula T, or		Amount (Specify SF or LF			Removal	Repair	e Encapsulate	Enclosure
Complete Herre	Yes	No	N/A												
Complete House			X		(AC	M) Dal	on		160)yards	;	х			
	1		X												
Name of Registered Waste Hauler	$\perp \perp$	LA	IDEDIA	lasta	[O. Li- V										
Earth Tec	H	Hauler ID No. of Was 16429 120													
City, State Ocean View.NJ				Disposal Date City, State TBD Egg Harbor , NJ											
Completed by Joseph T Hill				Si	gnature					Date 4-2	e 25-1	3			