$O_{\ell} \supset O_{\ell}O_{\ell}$			NOT	IFIC			ew Jersey BESTOS ABAT	EMENT	P. 18.				
99			14011				C 8:60 and 5:16		2		e .		,
Date of Notification (1)					Name	of Building	g Owner/Operator (2	2)	- 43/3/3/2 1.				- 1
	17 /	13			Во	rough of	Wanaque		2915 1/47 21	Ē.	,		
Agencies Notified	Type Notifica	ation			Street	Address		1.0			۷	4/1	
□ EPA	☑ Initial				579	Ringwo	od Ave	/ **	4 1/1/2/1				
☑ DOLWD	Amended Amendm				City, S	State, Zip C	Code		-16 E/1,	(e)			
☑ DHSS ☐ DCA	Emergen				Wa	naque, N	J 07465			.0		~	
(NJAC 5:23-8)	justification		oluumg	1	Name	of Contac	t		Telephone Numb	er	Ţ,		
100 100 100 100 100	☐ Cancellat	tion			Mik	ce Reef							
					FA	CILITY IN	IFORMATION				16-015		
Name of Facility Where	Abatement is 7	Γaking	Place	(3)		SCENIUS COMPANIA		Type of Facility	(4)				
565 Ringwood Ave	nue - House	•						School (K-12					
Street Address								Other (i.e., p	8 (Other than K-12) rivate and commer	cial bu	uilding	ıs.	
565 Ringwood Ave	nue							homes, etc.)				\$.26 	
City (5)				8				Square Feet	# of Floors		dg. A	ge	
Wanaque									2		100		
County (6)					Cour	nty Code (7)(STATE USE ONLY)		ior if being demolis	ned)			
Passaic							1	Vacant					
Name of Monitoring Firm		ding C	Owner ((8)	ASCM	2003	Name of Abateme						
Health & Safety Ser	rvices inc				001	17	Superior Aba	tement Inc					
Street Address							Street Address	Delice					
318 12th Street							2 Henderson						
City, State, Zip Code Hammonton NJ 080	037						City, State, Zip Co West Caldwe						
Project Manager for Mon			-	Tal	phone	No	Telephone No.	11, 143 07000	License No.				-
Jim Proctor	itoring i iiiii					4-8850	(973) 808-161	6	00411				
Start Date (10)		Sched	luled C			ite (11)	Name of OSHA M				112016	-	
05 / 28 /	0000000				<u>/</u>		Superior Aba	tement Inc					
Occupancy Status During	Abatement (Check	c only c	one)			Street Address						
☐ Facility Closed/Vacate	ed During Entir	re Pe	riod of	Abate	ment		2 Henderson	Drive					
☐ Abatement Performed							City, State, Zip Co	ode					
Time of Abatement: _	AM	P	νι/	PM		AM	West Caldwe	II, NJ 07006					
Scope of Work (Check al	I that apply)						P- " - "		. <u>2</u>				
☐ ≥3 sf or ≥3 lf			⊠ Re	novat	ion		⊠ Full Cont ☐ Mini-Enc	ainment with Neg losure	gative Pressure				
⊠ ≥160 sf or ≥260 lf				moliti			Glovebag	Procedure	20000 20 0				
			l lo	1000	lan .	1	☐ Non-Exe	mpted (*) and No	n-Friable Procedur	_			
Location	of			Loca			Description of	f			atem		1
Asbestos-Containing	Material (ACN	1)			ely by		stos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABA				intena todial	Staff?	(i.e	 thermal systems i surfacing, VAT, 		(Specify SF or LF)	3VOL	air	aps	losu
(13)	ity		27-31-51	(12)			other miscellane		SF OI LF)	=		ulat	Гe
			Yes	No	N/A		2000 00 00 00 00 00 00 00 00 00 00 00 00					Ф	
Basement						VAT			470 SF				
Basement					\boxtimes	Pipe Co	overing, Fittings	& Debris	120 LF				
Basement Laundry A	rea	22/2			\boxtimes	Vinyl FI	ooring		210 SF				
Basement Boiler Are	a				\boxtimes	Flue Pi	pe Cement		3 SF				
Name of Registered Was	te Hauler			100	JDEP '		Cubic Yards of	Name of Regis	stered Landfill	-			
Service Transport (Group, Inc				lauler II SW21		Waste 30	Minerva La	andfill				
City, State							Disposal Date	City, State		845			
New Castle, DE							5/31/13	Waynesbu					
Completed By (Print or T	ype)	Title	,	-			Signature	1 .1	Dat			*****	
Nick Petrovski		P	reside	ent			1/1/1	11/1	111111	5-	-17	-/3	}

										17781.					300
Date of Notification (1)					Name	of Building	Ow	ner/Operator (2	2)	77.27	7		- 57	122415	July 1
	16 /	13			Bor	ough of	Wan	naque	15	4 C/0 : 2/	4%	٫۵,	,		
Agencies Notified	Type Notifica	tion			Street	Address				* 4/A-10			10		
☐ EPA	☑ Initial				579	Ringwoo	od A	lve		*4.7			150		
☑ DOLWD	Amended			Ī	City, S	tate, Zip C	ode			· · · · · · · · · · · · · · · · · · ·	6.1				
☑ DHSS ☐ DCA	Amendme		ludina		Wai	naque, N	J 07	465				100			
(NJAC 5:23-8)	justificatio		iuunig	ı	Name	of Contact	ı		***************************************	Telephone Nu	mber	1			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Cancellati				Mik	e Reef									-
					FAC	CILITY IN	FOF	RMATION							
Name of Facility Where			Place	(3)					Type of Facility						
569 Ringwood Ave	nue - House								School (K-12) 3 (Other than K-1	12)				
Street Address	38.00								Other (i.e., p	rivate and comm	ercial	ouilo	dings	5,	
569 Ringwood Ave	nue								homes, etc.)						
City (5)									Square Feet	# of Floors		3ldg	. Ag	е	
Wanaque										2		10	00		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	lished	1			
Passaic									Vacant						
Name of Monitoring Firm	Hired by Build	ing O	wner (8)	ASCM	No.	Nai	me of Abateme	ent Contractor (9)						
Health & Safety Se	rvices Inc				0011	7	S	Superior Aba	tement Inc						
Street Address	****						Str	eet Address							
318 12th Street							2	2 Henderson	Drive						
City, State, Zip Code							City	y, State, Zip Co	ode						
Hammonton, NJ 08	3037						۷	West Caldwe	II, NJ 07006						
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tel	lephone No.		License No.					
Jim Proctor				(6	09) 70	4-8850	(973) 808-161	6	00411					
Start Date (10)	S	chedi	uled C	omple	tion Da	te (11)	Nai	me of OSHA M	lonitor						
05/28/	_13_	_ 0	5_/	31	_ / _	13_	S	Superior Aba	tement Inc						
Occupancy Status During	g Abatement (C	Check	only o	ne)			Str	eet Address							
☑ Facility Closed/Vacate					nent		2	2 Henderson	Drive						
☐ Abatement Performed	d Outside of No	rmal	Facility	Hour	s - Des	cribe	City	y, State, Zip Co	ode						
Time of Abatement: _	AM	PN	V	_PM-		AM	V	West Caldwe	II, NJ 07006						
Scope of Work (Check a	Il that apply)														
			⊠ p.						ainment with Neg	gative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			⊠ Re □ De					☐ Glovebag	Procedure						
24 - 100 or or - 200 m								☐ Non-Exe	mpted (*) and No	n-Friable Proced	dure				
				Locat							1	Abat	teme	nt Ty	/ре
Location		. 1		lormal d Sole		Acho	otoo	Description o Containing Ma		Amount	3	0	Re	Щ	E
Asbestos-Containing TO BE ABA		,	Ma	intena	nce/	(i.e	sios the	ermal systems	insulation,	(Specify	No.		Repair	Encapsulate	Enclosure
IN Facil			Cust	odial (12)	Staff?	• • • • • • • • • • • • • • • • • • • •		surfacing, VAT,		SF or LF)	2	1	.	sula	ure
(13)			Yes	No	N/A	1	ot	ther miscellane	ous)					te	
					-	Floor				144 SF	D	<u>a</u>			
Kitchen						Floor T	iie			144 31	- 2	-	-		
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Name of Registered Was	ste Hauler		11/4/2012	N	JDEP V	Waste	155524500	bic Yards of	Name of Regis	stered Landfill					
Service Transport				Н	auler II			aste 80	Minerva La	andfill					
City, State								sposal Date	City, State						-3-40-
New Castle, DE							5	5/31/13	Waynesbu	rgh, OH					
Completed By (Print or T	ype)	Title				11-20-01-0-0		Signature	1,11	11	Date			9400	
Nick Petrovski		Pr	eside	ent				//	Killle	kuni	5	-/	7-	13	3

ASB-41 MAY 11

			NC				ASBESTOS AB C 8:60-7 and 12:		ME	C E	II J	/eck	2-	France	
Date of Notification (1)				f Buildir Unive		r/Op	erator (2)			9 5	11 9	уесқ		15%	
Agencies Notified	Type of Notificati			ddress	isity					AY _	201	10	+	H	+
[] EPA					s Ave.				1 1		201	3	11		/
[] DEP	[x] Initial Notification								I L	- M	17-		1		\perp
[X] DOL	[] Emergency			ate, Zip					ASBE	STUS O	NTR	OL &	2		1
[X] DOH	[] Amended Notification		noinu	i, NJ (07083					Litte	NG		-		İ
****	Notification	N	lame o	f Conta	ct		***************************************		Telephone Nu		85-10-7/0				
[] DCA	[] Cancellation	8	Suzar	nne K	upiec					400					
					FACILI	TY IN	NFORMATION								_
Name of Facility Where	e Abatement is Tal	king Pla	ce (3)					Type of Facil	ity (4)	-/	500 m				
Kean University	Vaughn-Ea	mes E	3ldg.					[] Sch Sub	ool (K-12) chapter 8 (Othe er (i.e. private ar nes, etc.)	r than K-1	2)				
Street Address								[] Other	er (i.e. private ar nes, etc.)	nd comme	rcial b	uildin	gs,		
1000 Morris Ave															
City (5)		County	(6)		Co	untv	Code (7)	Square Feet 30000	# of Floo	ors	~ 60	. Age	:		
Union		Unior					E USE ONLY)		(Prior if being de	emolished)					
Name of Monitoring Fir	m Hired by Buildin	a Owne	r 0	SCM N		1	Name of Abatem	Office/lab/cla					-		
TTI Environment	ing the second second is the second s	ig Owne		0003	0.	Ι.			ronmental S	Services	. Inc	i.			
Street Address			`		$\overline{}$	1	Street Address	apito:			1				
9 East Stow Roa	d						, 3	Lynn Cour	rt						
City, State, Zip Code		8				(City, State, Zip Co	ode							
Marlton, NJ 0805									k, NJ 07035					_	
Project Manager for Mo	onitoring Firm			Numbe		7	Telephone Numb		00	Licen	se Nu		85	2	
Jim Gerardi Scheduled Start Date (10) Sched			-8800 Date (1		-	Name of OSHA N	973-709-02 Monitor	.00			- 00	000)	
5/29/13		12/	31/1	3	.,		·		onmental La	aborato	ries,	LLC	<u> </u>		
	Nacated During E	Intire P	eriod o	f Abate		8	Street Address 2	333 Route	22 West						
[] Abatement Per Descr	formed Outside of ibe:	Norma	I Facili	ty Hours	5-	(City, State, Zip Co								
[x] Other - Descri	ribe: partially vacat	ed					ι	Jnion, NJ 0	7083						
Scope of Work (Check	all that apply)												.5		
[] Demolition				[]	Renova	ation	(*) (*)		ull Containment Ilini – Enclosure		ative P	ressi	ire		
[x] ≥3 sf or ≥3 lf				1.1	TOHOVE	ation	L8	[x] (Glovebag Proce	dure					
[] ≥160 sf or ≥26	O If							[x] 1	Non – Friable Pr	ocedure					
			Locat				Danari	ntion of				Ab	aten	nen	t
Location	of		mally l Solely I					ption of - Containing		Amou	nt	R	R	E	E
Asbestos – Co		Main	tenanc	e/Cus			Materia	al (ACM)		(Spec		E	Е	N	N
Material (A TO BE ABA		todi	al Staf	f (12)				nal systems urfacing, VAT,		SF or I	_F)	M	P	C	C L
In Facili				T	1			scellaneous)				V	A	A	Ö
(13)	•	Yes	No	N/A					- 1			A	R	S	S
Mechanical room		-	x		TSI	-				10 LF		X	+	U	U
Various			x		TSI					150 LF			x	+	_
Various			х		VAT					2500 SF		Х	1		
													1		
Name of Registered Wa		DEP V		100	ubic f Wa	Yards		gistered Landfill							
	Jupiter Environmental Services Hauler ID No. 04782							Minerva	Landfill						
City, State							sal Date /13	City, State	ura OL						
Lincoln Park, NJ Completed By (Print or	Tyne)	Title			13/	131	Signature _	Waynest	July, On	Dat	e	_			
Pane Repic	1,100)	0.000	eral l	Mana	ger		R	(l	er	1000000	7/13	}			

ASB-411

Note: Phased project. First phase is scheduled for start 5/29/13 and anticipated completion on 5/31/13. 10LF of TSI is scheduled for removal from mechanical room. Amended notifications will be sent for other phases.

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358-NJ							SBESTOS A					Emer ation		eck			1
Date of Notification	(1)		Nan	ne o	f Bu	ilding	g Owner/	Operato	r	मो	30	1 3	<u>U</u> ₩	5	11		
0 5 /11				10000			chools			N.					Ш		
Agencies Notified T	ype Notifi	cation	Str	reet	Add	ress				$\ \ \ $	MA	Y 2	2013	3			
[]EPA	[X]Initia	ıı	120	Ceda	ar Si	treet			1,	-							
[X] DEP	Notifi	cation	CI	y.	Stat	e. Zi	p Code			- 1	ACRES	STOS C	ONTR	OL &	-		
(X) DOL	(]Amende	d cation	Ne	war	k, N	J 0710	02		1		AODL	LICEN	SING			١	
(X) DOH	[]Cancel		Nan	ne o	f Co	ntact					Tel	ephone	Numbe	r			
[]DCA	[]Cancer	Tation	Do	ouala	as B	land .	Bus. Adr	nin.			1						
			ш_				NFORMATI										
Name of Facility Whe	re Abateme	ent is Ta	iking						Тур	e of	Facil	ity (4	7				
Taabualaan Ilimb Cab								- 1		X	Schoo	1 (K-1	2)				
Technology High Scho	001										Other	apter (i.e.	, pri	vate	8 40	nmer	-
								1	Sau	are)	cial	buildi # of	ngs.	nome:	ida.	C.) Age	
187-223 Broadway		County	. 765			1/con	nty Code	- (3)	040	60,0			3		50		
City (5)		Codire	(0)				ATE USE		Cur	rent	Use (Prior		ing o	emol	ishe	d)
Newark, NJ 07104		Essex								escho		785					
Name of Monitoring E Owner (8)	irm Hired	by Bullo	iing	ASC	MN	۰. ا	Name of	Abate	ment	Con	tracto	r (9)					
Whitman Companies	-			001	110		Four St	rong B	uilde	ers, In	iC.						
						1	1		_								
116 Tices Lane, Unit I							180 Sa	rgeant.	Zip	nue Code							
Fast Brunswick N I 0	8816						Clifton,	NJ 070)13-1	1935							
East Brunswick, NJ 08 Project Manager for	Monitoring	g Firm	relep	hone	Nur	mber	Telepho	ne Num	ber				Lice	nse	lumbe	r .	
Kevin Lovely	(10) (50	ched.Com	732-3				973-61		Moni	tor			0080	7			<u> </u>
0 5 / 1 7 / 1 Month / Day / 3	and a supplementation of the state of					0 2000000	Four St	trong B	uilde		IC.			12			
	ring Abates	ment (Che	eck o	nly	one)	Street	Addres	S								
(X) Facility Closed of Abatement						1	180 Sa										
[]Abatement Perfo Hours - Describ	e:	ide of No	ormal	rac	:111	ry	City. S	state,	Zip	Lode							
[]Other - Descri	be:					-	Clifton,	NJ 070)13		(4)						
Scope of Work (Check []Demolition [X]>3 sf or	on >3 1f	apply)	(×)	Reno	ovat:	ion	1	[]Full [X]Mini []Glov	-Enc	losu Pro	re cedure		gativ	e Pr	essui	e	•
[]∑160 sf o	o r ≥260 lf							[]Non-	Frie	ble	Proced	lure					0
Location Asbestos-Communication Material TO BE All in Facil (13)	ontaining (ACM) BATED Lity		Loc Nor So So by ten Cus	Is ationall sed lely Mair ance todi	ly ' '- e/ ial	in	Asbesto	rial (A hermal h. surf	aini CM) syst acin	ing tems ng. V		(Spe	ount ecify f or LF)	R E M O V A L	R E P A I	ENCAPSUL	PENCI. OSUR
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3rd Floor Corridor				X		Wall I	Board					14 SI	-	X			
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Name of Registered	date daul					No.	of Wast		nan	e ot	veate	, .erea	Danar				
Four Strong Builders,	Inc.		12	609			Disposal	Date		R.O.V	V.S., I	nc.					
×								.c 50 0000000000000000000000000000000000		98 - 24							
Clifton, NJ	or Tuna)	Title					Tera	nature		llytow	n, PA			TK	ate		
Completed By (Print	or tabel						1216	1	-	4				ا	4.6		
Bilyana Kulakovska		Office A	dmini	stra	tor			1		Pr	_	_		5	/16/1	3	
ASB-41 JUN 95									-								

CK 4450

Date of Notification (1) 5-17-13 E. KING Sevent Address 742 AURCEY DRIVE DEP DAMENDED Amendment B. Caty, State, 2to Code PAHWAY NJ 07065 Tolorphone Mustber Lambded Amendment B. Caty, State, 2to Code PAHWAY NJ 07065 Tolorphone Mustber FACILITY INFORMATION Name of Facility Where Abstracts is Taking Flace (3) E. KING Street Address 742 AURCEY DRIVE Caty, State, 2to Code PAHWAY NJ 07065 Tolorphone Mustber FACILITY INFORMATION Type of Facility (4) D. School (6-12) D. School (
Agency Notified Type Notified Type Notified Type Notified Type Of State Address Type Of State Number Telephone Telephone Number Telephone Tel
County (a) County Code (7) (STATE USE Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) Current Use (Prior if being demokrated by Substance) County (a) County (a) Current Use (Prior if being demokrated by Substance) County (a) County (a) Current Use (Prior if being demokrated by Substance) County (a) County (a
Accordance of Engineering Graduating Section of Control Exhibit Appears of Facility Where Ababassast is Taking Place (3) FACILITY INFORMATION Name of Facility Where Ababassast is Taking Place (3) F. KING Street Address 742 YUREY DRIVE County Code (7) (STATE USE Control Use (Prior if both giornalization) County (6) UNION Name of Manifestage Flow Hited by Building Owner ASCM No. Name of Manifestage Flow Hited by Building Owner ASCM No. Name of Ababassant Contractor (6) Best Address 12 Street Address Street Address 13 Control To Code Street To Code Chr. State To Code Chr. State To Code
County (a) County Code (7) (STATE USE County Use (S) County (S
Name of Facility Whate Abalament is Taking Place (3) Type of Facility (4)
Name of Pacilly Where Abstract is Taking Place (S) E. I(ING Street Address 7 42 YAUDREY DRIVE Cay S) Cay S) County (S) UNION Name of Manifesing Flore Hired by Building Owner ASCM No. Street Address 450 S. River St Cay Since Facility (4) Subchapter & (Other than K-12) County George (County Code (7) (STATE USE Current Use (Prior II being demolished) CES INEUCE Street Address 450 S. River St
E. KING Street Address 742 YAUDREY DRIVE Cay 6). RAHWAY County Code (7) (STATE USE Current Use (Prior if being demolished) UNION Name of Manhoding Firm Hined by Building Owner ASCM No. Street Address 450 S. River St Chy, Sinh, Ze Code Chy, Sinh, Ze Code
Street Address 742 YUDREY DRIVE Cay (5) Cay (6) County (6) County (6) County (7) County (7) County (8) County (8) County (9) Cou
742 YFUDICE DICIVE Square Foot 1800 2 75 YRS County (6) County (6) County Code (7) (STATE USE Current Use (Prior if being domolished) Name of Meniloding From Hired by Building Owner ASCM No. Name of Abstractor (6) Best Removal Inc Street Address 17: 450 S. River St City, State Jip Code
County Code (7) (STATE USE 1800 2 75 Y/RS' County (6) County Code (7) (STATE USE Current Use (Prior II being demolished) VV(ON) CFS IVEV CF Name of Maniering From Hired by Building Current ASCM No. Name of Abstractor (6) Best Removal Inc Street Address 450 S. River St
County (S) County
CESIDEUCE
Name of Monitoring Firm Hired by Building Corner ASCM No. Name of Abelement Contractor (9) Best Removal Inc Street Address 450 S.River St City, State, Zip Code
Street Address 3 Street Address 450 S.River St City State Zip Code
450 S.River St
City State 7in Code
1 - 07(01
Hackensack, N.J. 07601
Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388
Schodoled Completion Date (11) Name of OSHA Monitor
5-31-13 6-1-13 Omega Environmental Inc
Occupancy Status During Abatement (Check only one) Street Address 280 Huyler St
City, State, Zip Code City, State, Zip Code
South Hackensack, N.J. 07606
Scope of Work (Check all that apply)
m≥Safar≥SF © Renovation Dilini-Enclosure
☐ ≥ 160 of or ≥ 260 If ☐ Demolition ☐ Demolition ☐ Non-Exampled (*) and Non-Frizible Procedure
Is Location Abatement Type
Normally Describes of
Asbestes-Containing Material (ACM) Asbestes Containing Material (ACM) Assestes Containing Material (ACM)
M Facility State S
(13) cites miscellaneous)
Yes No N/A
1ST FLOOR X THERMAL MUSULATION 30 LFX
BASEMENT X THERMAL INGULATION 90 LFX

Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landill
Best Removal Inc 17400 Whate
Best Removal Inc 17109 / / Minerva Enterprises
Best Removal Inc 17109 / YP Minerva Enterprises

CF 329	NO	24.000		OF ASBE to NJAC 8	0.7007.0				C	E	1 W	<u> </u>	5 1	7	1
Date of Notification (1) 5/16/13			Name of All Risl	Building (Owner/C	perator	(2)	M			1 17		7	\mathbb{N}	
	tification		Street Ad 501 Ke	ddress ennedy E	3lvd			U Uj	MAY	21	2013]	
X DOL Am	ended endment #			te, Zip Co dale NJ		3	1	ASE	BEST	OS CON CENSIN	ITRO	L &	1	7	
DOH jus	ergency (including tification) ncellation	100	Name of Lou	Contact					Tele	phone N	um bei	r			
B3000			FACIL	LITY INFO	RMATI	ON									
Name of Facility Where Abatemer Hoboken Housing Authority							☐ Sc	f Facility (4 chool (K-12	2)						
Street Address 501 Marshall Drive		N 1983						ubchapter 8 ther (i.e. pr c.)				uildi	ngs,	home	es,
City (5) Hoboken NJ 0703 O							Square 1000		# of 1+	Floors		Blo 35	lg. A	ge	
County (6) Hudson			County C	Code (7) JSE ONLY)			Curren	Use (Prio	r if bei	ng demol	ished)				
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM	1 No.			of Abate aco Ind	ment Cont	ractor	(9)					
Street Address							Address 30x 329								
City, State, Zip Code							tate, Zip t Berlin	Code NJ 0809	91						
Project Manager for Monitoring Fi	m	T	Telephor	ne No.			none No. 753-98			License 00727					
Start Date (10) 5/17/13	Scheduler 5/20/13		pletion I	Date (11)		Name Sam	ratio in descriptions and	A Monitor							
Occupancy Status During Abatem	ent (Check Only One	2)					Address		-						
Facility Closed/Vacated Durin Abatement Performed Outsic Other – Describe: Apt is Vac	le of Normal Facility					City, S	state, Zip	Code							-
Scope of Work (Check All That Ap						<u> </u>									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Re	enova emoliti				>	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure	2070				e'	
		_ocati										1		ment	Ĺ
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) Used	ormall I Sole ntenar odial S (12)	ly by nce/		tos Con therma surfa		Material (s insulat AT, or		(5	mount Specify or LF)	Vellioner	Removal	Ty Repair	Encapsulate	Enclosure
	Yes	No	N/A								\perp			ro .	
Apartment 1C			X			Mastic			50	00 SF	x	+			
					i)										
Name of Registered Waste Haule United Containers	r	Н	IJDEP W lauler ID 2459		of Wa	Yards iste		Name of F G.R.O.V		ered Land	ifili				
City, State Elm NJ					Dispo 5/20/	sal Date /13		City, State Morrisvi		19067	7			199	
Completed by Anthony T Perna	Title Presid	dent				Signatur					Date 5/16/	/13			

State of New Jersey

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) 17/13 ASBESTOS CONTRÓL & Street Address Type Notification Agency Notified LICENSING 336 Initial Amended City, State, Zip Code O EPA DEP Amendment# D Emergency (including justification) DOH ☐ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) GRIER AUE C School (K-12) D.Subchapter 8 (Other than K-12) 336 Other (i.e. private & commercial buildings, Street Address homes, etc.) Bidg. Age EL 2ABETT Square Feet 3,000 City (5) Current Use (Rrior if being demolished) County Code (7) (STATE USE ESIDENT UNPON County (6) ONLY Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. JOJATECH INC (8) Street Address 1.50X BRIDGE NO. City, State, Zip Code 100 806 Telephone No. Project Manager for Monitoring Firm-101 The Date (11) Scheduled Completion 5/27 incy Stitus During Abatement (Check only one) Di Facility Closed/Vacated During Entire Period of Abatement Di Abatement Performed Outside of Normal Facility Hours City, State, Zip Code BRIDGE NID. 088S7 A Full Containment with Negative Pressure Orkimi-Enclosure Other - Describe: Scope of Work (Check all that apply) Renovation Demotition A Glovebay Procedure

D Non-Exempted (*) and Non-Friable Procedure (≥3 sfor≥3 lf Abatement 160 st or 2 260 M Type Is Location Normally Encapsulate Description of Asbestos Containing Material (ACM) Amount Lised Solely by Removal Location of (i.e., thermal systems insulation, (Specify Asbestos-Containing Material (ACM) Maintenance SF or LF) Custodial TO BE ABATED surfacing, VAT, or Staff? other miscellaneous) IN Facility (12)(13) NIA No BASEMENT Cubic Yards of NJDEP Waste Hauler Name of Registered Waste Hauter Waste INC OID BRIDGE Do not use this form for asbestos licensure exempted activities

Data of Matification (1)		,,		f Duilding								E	Jn.	1
Date of Notification (1) 5/17/2013 Check#242	0			f Building leanor S			(2)	IK/						
Agencies Notified Type Notificati	on		Street A 225 La	ddress aurel Av	enue				MA	Y 21	201	3	P	/
EPA Initial Amended Amendment				ate, Zip Co y, NJ 07							ONITE	01.0	1	+
	cy (including	_		f Contact	1032	,		A		JS C				$oldsymbol{\perp}$
DCA Justification									1					
Name of Facility Where Abatement is Ta	king Place (3)	FACI	LITY INFO	ORMATI	ION	Type of	Facility (4	·)					λ.
Mrs. Eleanor Sadlowski								chool (K-12			40)			
Street Address 225 Laurel Avenue							⊠ Ot et		ivate 8	k comme		170		es,
City (5) Kearny, NJ 07032							Square 2,000	Feet	# of 2	Floors		Bldg. 60+	Age	
County (6) HUDSON			County (Code (7) USE ONLY			Current	Use (Prio ence	r if bei	ng demol	ished)			
Name of Monitoring Firm Hired by Buildin	g Owner (8)		ASCN	/I No.	111111111111111111111111111111111111111			ment Cont		(9)	, , , , , , , , , , , , , , , , , , ,			
Street Address						Street	Address 69th St							
City, State, Zip Code						City, S	State, Zip	Code						
Project Manager for Monitoring Firm			Telepho	no No			enberg, none No.	NJ 070	93	License	No			
Project Manager for Monitoring Firm			releprio	ne no.			295-17	00		01074				
Start Date (10) 6/1/2013	Schedul 6//3/20		mpletion	Date (11)			of OSHA e as ab	Monitor ove						
Occupancy Status During Abatement (Ch	eck Only O	ne)		10		Street	Address							
Facility Closed/Vacated During Entil Abatement Performed Outside of No Other – Describe: 8:00 am						City, S	State, Zip	Code						
Scope of Work (Check All That Apply)														-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli	3,500,000,00				Mini- Glove	Containme Enclosure ebag Proci Exempted	edure	_			re	
	Is	Locat	ion	<u> </u>			- Non-	Exclipica	() ain	11011-111	abic i	Aba	temen	t
Location of Asbestos-Containing Material (ACM)		Norma ed Sole	lly	Achoe		scription	n of Material (A	ACM)	Δ	mount		т'	уре	
TO BE ABATED In Facility (13)	11/10/10/20	intena todial (12)	Staff?		thermal surfa		s insulati T, or		(S	specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		- <u>-</u> -					20.15	-	-	- 6	
Basement		X			Pipe	Insula	ition		12	20 LF	x	-	-	-
			-								+		-	\vdash
Name of Registered Waste Hauler			NJDEP W		Cubic of Wa	Yards	100	Name of F	. 3					
Freehold Carting			5939		tbd			Waste M		gement				
City, State PO Box 5010					Dispos	sal Date		City, State Tullytow		ndfill				
Completed by Gina Salvador	Title Offic	e Mai	nager		S	Signature	Ph.	was.	_	11.55	Date 5/17/2	2013		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

	- 111												
Date of Notification (1)	May 16, 2013				Name of Building	Owner/Ope	erator (2	2)	ives u un		Zh	, ,	
						Matti	a Dung	g Entlect			91/	4_	
Agencies Notified [X] EPA	Type of Notific	ation al Notifi	cation		Street Address	1702	A Gra	nd Central A	venue		$\parallel \parallel$		
[] DEP		nded No ndment	otification		City, State, Zip C	ode	-10	MAY	2 1 2013	- [廾		
[x]DOL [x]DOH	1		including			Laval	lette, l	NJ 08735					
[] DCA	justii	fication)			Name of Contact			ASBEST	Hophope, Number	0_	٦,		
	[] Cano	ellation			Sal N	lattia (L		CEN	- 14	[)	
		- 2011 - 401 000		FAG	CILITY INFORM	MATION							
Name of Facility Where	Abatement is Takin sidence	g Place	(3)				Туре	of Facility (4)	0.51 (1.12)				
	sidelice		4					[]	School (k-12) Subchapter 8 (or	hertha	n k-12)		
Street Address	4 Albacore Driv	ve.					l	[x]	Other (i.e., priva				ldings,
	- Trioacore Bit	900	+ (0)		C				homes, etc.)	L DLI			A 2000 C
City		Coun	ty (6)		County Code (7) (STATE USE ON)	.Y)	Squa	re feet 900sf	# of Floors	Bla	g. Age	60	
Ortley Beac	:h	Ocea	an				Curre	ent Use (Prior if	being demolished)			
Name of Monitoring Firm	. Uired by Duilding	Owner	(8)		ASCM No.	Name of	f A boton	Residen nent Contractor		S-1-11-1			er no o o o o
Name of Monitoring Pin		When	(0)		ASCM No.	Name of	Abater		n Contracting,	Inc.			
Street Address						Street A	ddress						
City, State, Zip Code						City, Sta	te Zin		oute 9, Unit 61				
City, State, Zip code						City, Sta	, гар		iver, New Jers	ey 08	755-1	271	
Project Manager for Mon	itoring Firm		Telephone	e Number		Telephon			License N	lumber			
Scheduled Start Date (10)	<u> </u>	-	Scheduled	Complet	tion Date (11)	732-34 Name of		A-1	00624				
5/16/13	3		5/17/					E.M.S.L	. Analytical				
Occupancy Status During [x] Fac	Abatement (Check ility Closed/Vacate		(5)	riod of Al	natement	Street A	ddress	1056 Ste	elton Road				
	atement Performed		-			Gir Gr	. 7.				F8		
[] Oth	ner – Describe					City, Sta	ite, Zip		ay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)				***************************************	r 1	Fu	ıll Containment	with Negative Pre	esure			
Scope of Work (Check an	· mar appry)					[]		ini-Enclosure	William Nogali vo Tit	SSUIC			
	sfor≥3 lf		[]	Renova		[]		ovebag Procedu					
[x] ≥16	60 sf or ≥260 lf		[x]	Demol	ition	[x]	No	on-Exempted (*)	and Non-Friable	Procedi	ıre		
										Abat	ement	Туре	
	c	ļ ,	Is Location			Descriptio				R	R	E	E
Location Asbestos-Containing N		ı	Normally t Solely b			bestos-Cor Material (A		g	Amount (Specify SF	Е	E P	N C	N C
TO BE ABA		Main	tenance/C			., thermal		S	or LF)	M	A	A	L
in facilit	У	1	Staff		ins	ulation, su		5,		0	I	P	0
(13)			(12)			VAT, o				V	R	S	S
		YES	NO	N/A	ott	er miscella	aneous)		A L		L	R
		1110		т	1				000 6			Е	Е
Exterior			X	-	Asbestos sidi	ıg			800 sf	X			
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			-	+								-	
Name of Registered Waste	e Hauler		JDEP Was	te Hauler	ID No. Cubic V	ards of Wast	te N	ame of Register	ed Landfill	507 570		l	
Guardian Co	ontracting, Inc.			20223	2			T.R.R.F.					
City, State	Now Incar			Dispos 5/20/	sal Date	City, Sta		Dawfacultum:					
Completed by (Print or Ty	New Jersey	Title		3/20/	Signature \(\)	1 milyto	//	Pennsylvania	/	Date			
Nicholas Fer			ct Manag	er	Y \	Chr	1	ter	1	200000000000000000000000000000000000000	/2013	3	

Date of Notification (1)			1			@ Owner/Operator	2913 MA						
5-15-13	S. NetFeeter	<u> </u>	-	THE RESERVE AND ADDRESS.	PINA Address		J MA	121 MM 2	j _e			-	-
Agency Notified	Type Notification	•	- 1	129	117	XT FOO	EST AU	ENUE 2:	W				
DEPA DEP	I initial D Amended		- 1	City, St	ate, Zip	Code ·	- 200	District					
S DOL	Amendment #	204274		TEK	TWEC	K, NI	07666	$\omega_{t,\eta_{1},\eta_{2},\eta_{3}}$	<u>į</u> .			_	
III DOH	☐ Emergency (includi justification)	ng		SAMPER A	De Carriera	Market Control of the		Telephone Num	per				
III DCA	☐ Cancellation				PIN			<u> </u>				-	
				FACE	LITY INF	ORMATION	Type of Facilit	· (A)			-	V. 11.	-
Name of Facility Where	Abatement is Taking Pla	ice (3)				41	5.55						
P. PINA				· *			School (K-1	8 (Other than K-12	, .				
Street Address	DREST HOEM	.=			•		DOTHER (i.e. p	rivate & commercia	d buildh	195,			
Cay S)	OKESI HVEN	<u> عار</u>					Square Feet	# of Floors	Bidg	. Age	,	,	
TEAUECK							2000	12	66	·ya	5		
Couply (6)			1	County	Code (7	(STATE USE	Current Use (I	Prior if being demol	shed)	<i>′</i> .		-1-242	
BERGEN	•.:			ONLY)			RESIDE	VE	-				
Name of Monitoring Firm	n Hired by Building Own	er	ASCM	No.	,		ment Contractor						
						Best R	emoval :	THE					-
Street Address				3.5			River S	t					
City, State, Zip Code						City, State, Zip (Code						
	£						sack, N	.J. 07601					
Project Manager for Mor	niloting Firm	To	elephor	ne No.		Telephone No.	71.1.1	Uicense No. 00388					
	. Scheduled C		ion Bo	L (44)		201-329-		00388				_	
Start Date (10) 5-28-13	5-29			(11)		Omega En	vironme	ntal Inc	(8)				
Occupancy Staitus Durin				1000	-,	Street Address	-						-
Cl. Facility Closed/Vacat	.•					280 Huy							
Abatement Performer	d Outside of Normal Fac	dity Ho	us			City, State, Zip C		-1- NT T (750	6			
Cher - Describe: Scope of Work (Check a	8AM 5PM			· ·	<u> </u>	South H	ackensa	ck, N.J. (3700				
	m ame alshall			₩ Poo	ovation		Containment will -Enclosure	h Negative Pressur	ð				
23 sf or ≥ 3 ff 2 ≥ 160 sf or ≥ 260 ff				O Den		IR Glov	ebsa Procedure	444 - Minhle Man					
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	9.1 	· 1	Locati Ionnal	ion By						\vdash	TY	200	
	ng Material (ACM)		d Sole			Description stos Containing Mi	atorial (ACM)	- Amount				5	m
TO BE A	<u>BATED</u>		istodi Stat?	al	(Le	., thermal systems surfacing, VA7		(Specify SF or LF)		Removal	Repair		noto
(n:			(12)			other miscelland				100	=	Encapaulate	
		Yes	No	N/A									
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1									**	Ш	4	_	
							1	about I and the		Ш			_
Name of Registered Wa			No.	Vaste H	lauler	Cubic Yards of Waste		stered Landfill					
Best Remova	il Inc		710	9		5-29-13	•	a Enterpr	ises				
Cay, State		076	Λ1			Disposal Date	City, State	burg , Oh	W 5-W 10-75				
	sack, N.J.	0/6	ΩŢ			1/2 10	маушев	1	Date			-	\dashv
Completed by	Title) Estim	ato	r			R. Veldus	lad.		5-1	5-	13		
R. VELDRAL				- Con oc	bactes E	censure exempted				_	_		ئـ

CK 4447

Date of Medication (1)			T	Name (Rid	g Owner/Operator	(2)	2013 1100				
5-16-13 Aspecy Modiled Typ	Notification		+	Street	Address.		_	2013 MAY 2.	l E	2: 3	13	
DEPA DI	ultini secoded		-		-	CHURO ST					Ú_	-
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DON .	ustification) cancellation	-		Name (ot Colars	NCO		I (Character) street		275		2
				Marie West	-	ORMATION	,					
Name of Facility Whose Abote		(S)				10	Type of Facility School (K-1)					
& BIANCO		•		· 2-	. ,	:	D Subebooler	8 (Other than K-1) rivate & commerci	z) - al buildir	195.		
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ELMWOOD PH	HEIC						1900	2	60	ye:	5	٠.
BERGEN			-	Count	Code (7	(STATE USE	Current Veo (F	Her If being dome	ished)	.!		
Name of Monitoring Firm Hire	d by Building Out	ior	ASCH	No.			ment Contractor (3)				
Sheet Address						Best R	emoval 1	Inc				
7 37				.	-12-2-201	450 S.	River St	:				
City, State, Zip Code						Cay, State, Zip C	sack. N.	J. 07601				
Project Manager for Manibals) Firm	Te	elepho	ne No.		Telephone No.		License No.				
Start Date (19)	. Scheduled C	omoles	ion Do	(11)	-	201-329- Name of OSHA	Monitor	00388				
5-29-13	5-30	-1	3	- (**)		Omega En	vironmer	tal Inc				
Occupancy Status During Abo	.•				•	Street Address 280 Huy	ler St					
C Facility Closed/Vacated Du Abatement Performed Outs	ing Enlire Period ide of Normal Fed	of Abou	ement urs			City, State, Zip C	code		0760	;		
Scope of Work (Check all that				• • •	<u></u>			k, N.J.		0		-
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12 ≥ 160 af er ≥ 260 F				D Des	nolition	Q Non-	obag Procedure Exempted (*) an	d Non-Friable Proc	enduro			
		ls.	Local	ion N				•		About T	922 422	
Location of Aubestos-Containing Mai		Use . Me	d Sale	ly by		Description of stee Containing Ma	sterial (ACM)	- Associat		_	2	
TO BE ABATE	2	ç	astodi Stud?		(LO	thermal systems surfacing, VAT	, or	(Specify SF or LF)		Removal	Encapaulate	Enclosure
(13)		-	(12)			other miscelland	ious)					9
BASEMBLET		Yes	No	N/A ½	Tito	ROMAL INS	ulation)	40	LF	X	H	H
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Name of Registered Waste Ha	uler .	NJ	DEPV	deste H	auler	Cubic Yards of	Name of Regis	abred Landill				Н
Best Removal		ID	Ne 710	79-10-07-10-07-0		1/2 10	Minerva	Enterpr	ises			
Cay, State Hackensac	k, N.J.	076	01			Disposal Date 5-30-13	City, State Waynesh	ourg , Oh				
R. VELDRAN	Table Estim	ato	r			R. Veldra	in		Date 5-1	64	3	



Date of Natilication (1)			Nen	e of Buildin	d Owner/Oberstor						
5-16-13			T.	MORRO	رع	2012	Mirzi en				
Agency Notified	Type Notification	•	Stre	et Address	1		118 IN	2: 31	`		
			15	-0) 6	EarlbE STA	2587		(
O EPA O DEP	-Grinital D Amended		City	, State, Zo	Code .	39					
-8-897	Amendment#		FX	LIRLAU	N, NJ.	07410	LH(1, n)	•			
	☐ Emergency (includi	ng	Nat	ne of Conta	d		Telephone Nu	aper .	5.4		4 4
☐ DCA	justification) Cancellation		-	MARRA	W/BONNIE						
BUCA			11.	ANT THE SALE	FORMATION						
			P		- Other sam	Type of Facility	(4)				
Name of Facility Where	Abatement is Taking Pla	(3)									
T. MORROW	•			ga 17		☐ School (K-1)	& Arthor than K-1	21 .			
Street Address		•			1	B Other S.c. B	rivate & commerc	al buildir	gs,		
15-01 GEORGE	STREET .				77 	homes, etc.)				
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County (5)			ON	LY)		RESIDEN		•0			
BFREEN	IEMAN DATE OF	- TA	SCM No		Name of Abates	ment Contractor	9)				
Name of Monitoring Firm	I rates by summing Chill	- /	SUM NO	***							
					Street Address	emoval 1	шс				
Street Address						Di 04	_				
7.77						River St					
City, State, Zip Code				•	City, State, Zip	Code	J. 07601				
	¥						License No.			-	
Project Manager for Man	aloing Firm	Teli	phone k	io ·	Telephone No.		00388				
			Na CAMBRO DE LA MARCA DE L		201-329-		00300				
Start Date (10)	Scheduled C	ompletie	n Date (1	11)	Name of OSHA	Mondor LVironmer	stal Inc	19			
6-3-13	6-4-13					Altonmer	ital inc				
Occupancy Status Duris	g Abatement (Check on	dy one)	9.000	102	Street Address	-1 - m C+					
Pi Cristine Classed Morest	 ad Dunina Enlisa Parind	of Ehatas	toeor		280 Huy						
C) Facility Closed/Vacati C) Abatement Performer	Outside of Normal Fac	illy Hou	S .		City, State, Zip	Code		.=	;		
- Coner - Describe:	gam/spm	7.	• • •		South B	lackensac	k, N.J.	0/60	6		
Sciege of Work (Check a	il that apply)						Negative Pressu				
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□≥ 160 af or ≥ 260 F			00	lemolition	- B Glov	ebag Procedure	d Main Grinble Bro				
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	g Material (ACM)	· Main	lanance/	Asb	stos Containing M		Amount (Specify		3	_ 5	9
TOBEA	-100% · *		stodiał	- 6r	e., thousand systems systems, VAT		SF or LF	}	Removal	Emploratio	Enclosure
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Name of Registered Wa	ste Hauter	NJD	EP Was	e Hauler	Cubic Yards of	Name of Regi	stored Landill			W. Common	
Best Remova		DN	O		Waste	W.	Patara	iese	100		
Rear Kemons	TITIC	17	109		3/4 40		Enterpr	TSES			
City, State	ly says a		_		Disposal Date	City, State	burg Ol				
Hacken	sack, N.J.	0760	1		6-4-13	waynesi	ourg, Oh	-			
Completed by	Talle				Sionature			Date	15 1002		
R. VELDRAN) Estim	ator			RVoldian			5-16	5-13	5	
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Date of Notification (1)	* (*)			W	0 0	16RIARTY	2	BIJHAY.					
5-16-13 Agency Modified	Type Notification			Street	Address	SHLAND	132	BIO MAY	(Ail	2: 5	ic		
D EPA D DEP	Elipitini Amended			City, S	State, Zin	Code .			2012		_		
A BOL	Amondment# Emergency (incluse)	ing		So	Of Cont	IT, N=	1.01	90 Telephon	AND DESCRIPTION OF THE PERSON NAMED IN	•	_		_
E DOH	justification) Cancellation			Memore		CELLER		11					
				FAC		PORMATION .							
Name of Facility Where A		lace (3)		•		Type of Facili	5 335					
MR. MORIA	24y ·			· · · · · · ·	-		School (K-	8 (Other the	n K-12)				
172 AS	HCAND 1	20				**************************************	Cother (i.e.)	private & com :.)	morcial bu	lding	S.,		
Cay (5)							Square Feet	# of Floor		30		_	1
SUMMIT				Coun	N Code (7) (STATE USE	2250 Current Use (Prior if boing		· /	yk.		
WNIOW				ONLY	Ď .	.,,	RESID		•	•			S::
Name of Manifesing Firm	Hirod by Building Our	DOC	ASC	M No.	•		ment Contractor	***					
Street Address						Street Address	lemoval .	ine					
2.37							River S	t					
Cay, State, Zip Code	(40)		30			City, State, Zip G	sack, N	.J. 076	501				
Project Manager for Mont	being Fletta	1	elepho	ne No.		Telephone No.		License N	io.		-		
Start Date (10)	. Scheduled (comple	tion Da	(11)	· · · ·	201-329- Name of OSHA	Monitor	0038					
5-30-13	5-30	0-1	13	(,		Omega En	vironme	ntal In	ic ·				
Occupancy Status During	.•		50			Street Address 280 Huy	ler St	•					
© Pacifity Closed/Vacated © Abstement Performed (Justicle of Normal Fac	of Abo	ienen USS	t «		City, State, Zip C	Code			;			_
Scope of Work (Check all	ntacom			• •		South H	ackensa	ck, N.	7. 076	06		-	
23 of or 2 3 ff 2 2 160 of or 2 260 ff			,	Ren Den	novation notition	Zi dini	Containment will Englosus abop Procedure Exempted (*) as	•		_			
		ls	Locat	ion		. C NOR			1 Language		Abot		et
. Location		F	Normal ed Seio	-		Description (-		F	T		П
TO BE ARM	Material (ACM) TED	- Ma	ininini Testodi	nce/ ial	Asbe (Le	stes Containing Ma ., thornual systems	insulation,	· (Sp	ount exity	KON	3	leou.	ano
(13)			(12)	-		surfacing, VAT other miscellane	, eg	عتو	rLF)	Inchis	Repair	ncapaulate	Enclosure
		Yes	No	N/A						\bot			Ц
BASEMENT			<u> </u>	X	THE	emai insu	CATION	11	5 LF	X	+	Ц	Н
			-							十	Н		H
						•				工			
Name of Registered Waste Best Removal		ID	DEPV No 710	Vaste H 9	lauter	Cubic Yards of Waste 3/4 (//)	Name of Region	53		s			-
Caly, State Hackens	ack, N.J.	'-			•	Disposal Date 5-30-13	City. State Waynest						
R. VELDRAN	Tale Estim			7		RVoldran			5-/	6-	13		

State of New Jersey APPROVED: PAUL HORNER, NJDOH
NOTIFICATION OF ASBESTOS ABATEMENT

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

Ck# 2435

Date of Notification	(1) 5/15/13						Owner / Operato		2012			22	,	
Agencies Notified	Type Notific	pation		Street			artment of Cor	rections	5 (#1.j.,	1647 21 E				
EPA	Type Nounc	Jation	1.0			11401				-1 A	1 2:	30		
DEP		al				& Zip (Code	1		7-4-				
□ DOL		ended		10 TO		, NJ 08		9	Š.	Line .		1.32		
☑ DOH	⊠ Eme	ergency				ontact	7020			ST. IT	elepho	ne N	lumb	er
☐ DCA		cellation	- 1			E. May			;					
				05.00000-101/8	e construct		ORMATION					Y Long		
Name of Facility Wh	nere Abatem	ent is Taking P	lace (3				Type of Facili	itv (4)						
Garden State Co		J		,			School (I							
Street Address		MILE STORMS					Subchap	ter 8 (Oth	ner than K-	12)				
Highbridge Rd. (d	off RT 130)					Other (i.e	e. private	& commer	cial building	s, hom	ies, e	etc.)	
900							Square Feet	#	of Floors	BI	dg. Ag	е		
City (5)		County (6)	Co	unty C	Code	(7)	100000)	1			30+		
Yardville, NJ		Mercer	1				Current Use (Prior if be	eing demo	lished)				
							Correctiona	al						
Name of Monitoring	Firm Hired	by Building Owr	ner (8)		AS	CM No	. Name of Aba	tement C	ontractor (9)				
Environmental C	onnection						Bristol Env	ironmer	ntal, Inc.					
Street Address							Street Addres							
120 N. Warren St							1123 Beave							
City, State & Zip Co							City, State &							
Trenton, NJ 0860		r:	ITalaa		Nicon		Bristol, PA			License Nu	ımbor			
Project Manager for JimFrisbee	Worldoring	Firm	Telep				Telephone No (215)788-60			00509	inbei			
Scheduled Start Dat	to (10)	Scheduled Cor					Name of OSH	10000	or.	100000				
5/15/13		ocheduled Col	5/16		(1	.,	Bristol Env							
Occupancy Status D		ement (Check o					Street Addres							
		During Entire P			atem	ent	1123 Beave	r Street						
Abatement I	Performed C	outside of Norm	al Hou	ırs – 7	7am	to 3pm	City, State & 2	Zip Code						
Describe:	4:00 PM to	1:30 AM					Bristol, PA	19007						
Facility Occu	upied During	Abatement												
Scope of Work (Che	ck all that a	pply)										_		
					172	2				ment with Ne	egative	Pres	ssure	
≥3 sf or ≥3 lf			\bowtie	Ren					ni-Enclosu					
≥160 sf ≥260) If		\Box	Den	noliti	on		<u> </u>		rocedures	Erioble	o Dro	codu	ıro
				4		_	Description			ed and Non- Amount				
	ocation of os-Containing	na		_ocati nally L			Asbestos-Con			(Specify	70	T	T	T
	erial (ACM)	'9		olely b			Material (A			SF or LF)			g.	m
TO E	BE ABATED		Maint	enan	ce o		(i.e., thermal sy				Remova	Repair	Encapsula	Enclsoure
ir	Facility		Custo		Staff	?	insulation, surfactor or other miscella				lova	air	sula	Š
	(13)		Yes	(12) No	N/A	\forall	or other miscen	aneous)			=		ate	0
Electrical Educat	ion Class		103	×			Pipe fittin	ne		9 ea		П	П	П
Electrical Educat	ion Classi	oom	H	#	片	-	ripe iittiii	iys		Jea	냼	H	H	H
			H	H	H	-					ᅢ	H	H	H
			H	井	H						ᅢ	H	H	H
			H	屵	片						ᅥᆏ	H	H	H
			H	님	H						一一	Ħ	Ħ	Ħ
Name of Registered	Waste Hau	ler		N.II	DEP	Waste	Cubic Yards	Name o	f Registere	ed Landfill				
Tanic of Registered	. , , , , , , , , , , , , , , , , , , ,			1200000		ID No.	of Waste							
Bristol Environm	ental, Inc.			187	706		1/4 Cu yd	GROW	S Landfil	II	20			
City, State							Disposal Date	City, Sta				7.5		
Bristol, PA							5/16/13	Morris	ville, PA					
Completed By (Print	or Type)			Title			Signature	1.		1 .	Date			
Gino Pizzigoni	i			27.75.75.77	ojec		Hino to	ma	one 1	N	5/15	/13		
No.				Ma	nag	jer	/ //	00 1	/	1				



6				(•,				, ST	
Date of Notification (1)							_	er/Operator (2)	121	in the same	1	67.	
		13	_		Sus	sex Cou	inty C	Community	College 28/	g_{MY2}				
Agencies Notified	Type Notifica	ation			Street	Address			9	3 MAY 21 AM	20			
⊠ EPA					One	College	Hill	Road		of the same	*	U		
☑ DOLWD	☐ Amended				City, S	state, Zip C	Code		1.9 x.	4 / 1/2	£ 3			
☑ DHSS	Amendme				Nev	vton, NJ	0786	0		714516	,			
□ DCA (NJAC 5:23-8)	☐ Emergeno justificatio		uaing			of Contact				Telephone Num	ber /	700		
(140/10/03.20-0)	☐ Cancellati				Ker	Evans								
							IEOD	MATION						
Name of Facility Where A	hotomost is T	'akina [Diago	(2)	FAC	CILITY IN	IFUR	MATION	Time of English	(4)				
Sussex County Co				5105	D				Type of Facility (☐ School (K-12					
	minumity Co	nege .	- Dui	laing	Ь) 3 (Other than K-12)			
Street Address	•								Other (i.e., pr	rivate and commer		ilding	js,	
One College Hill Ro	oad								homes, etc.)		1 = -			
City (5)									Square Feet	# of Floors		dg. A	ge	
Newton									40,000	4		43		
County (6)					Cour	ity Code (7	')(STAT	TE USE ONLY)		or if being demolis	shed)			
Sussex									College					
Name of Monitoring Firm	15.		972	8)	ASCM				ent Contractor (9)					
Environmental Hea	Ith Investiga	ations	.		0010)4	Sı	uperior Aba	tement Inc		20.00			
Street Address							Stre	et Address						
655 West Shore Tra	ail						2	Henderson	Drive					
City, State, Zip Code							City,	, State, Zip Co	ode					
Sparta, NJ 07114							W	est Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm			Tele	phone	No.	Tele	phone No.		License No.				
Laura Wieczezak				(9	73) 72	9-5649	(9	73) 808-161	6	00411				
Start Date (10)	S	Schedu	led Co	omple	tion Da	te (11)	Nam	ne of OSHA M	lonitor	1				
05 /28 /	13	06	_ /	11	_ / _	13	Sı	uperior Aba	tement Inc					
Occupancy Status During	Abatement (C	Check of	only o	ne)			Stre	et Address						-
☐ Facility Closed/Vacate					nent		2	Henderson	Drive					
							City.	State, Zip Co	ode					_
Time of Abatement: _	AM	PM/		_PM-		AM	0.55		II, NJ 07006					
Scope of Work (Check al	I that apply)													
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	,	_		4					tainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf				novati molitic				☐ Mini-Enc						
☑ ≥100 St 01 ≥200 II			_ De	Hondo	1111					n-Friable Procedu	re			
18 to 1 - 4 to 20				Locat				- AG - MIS-TALL PARKET	I		Ab	atem	ent T	ype
Location				lorma d Sole				Description of		W21100000000000000000000000000000000000	_			T _
Asbestos-Containing TO BE ABA)		intena		Asbe	stos C	Containing Ma mal systems	iterial (ACM)	Amount (Specify	Removal	Repair	22	Enclosure
IN Facili			Cust	odial	Staff?	(1.6		urfacing, VAT		SF or LF)	oval	₹	psu	Sur
(13)	77.			(12)	F	-		er miscellane		\$			Encapsulate	ď
			Yes	No	N/A									
Boiler Room			\boxtimes			Boiler F	Packi	ng, Boiler I	nsulation	30 SF				
Boiler Room			\boxtimes			Fire Bri	ick			100 SF				
Boiler Room		I				Caulkin	ng & I	Rope Gaske	et	160 LF				
		1	\boxtimes											
Name of Registered Was	te Hauler			N	JDEP \	Vaste	Cubi	ic Yards of	Name of Regis	tered Landfill			a feeting.	
Service Transport					auler II		Was		Minerva La	ındfill				
City, State					34421	11		osal Date	City, State					
New Castle, DE								04/13	Waynesbu	rgh, OH				
Completed By (Print or T	vpe)	Title						Signature	///		ate	-		
Nick Petrovski	/F-/		eside	nt				11/	11/1		ste 5-7	15.	-1'	3
		1						110	1-1/12	Trust 1	, ,	0	1 -	-

ASB-41 MAY 11

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

Here of

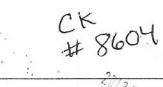
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Check # 7710

Date of Notification (1	Amended M		13		of Buildi		er / O		A 50		01100	JI			
Agencies Notified	Type Notifica		31100	_	Address			- 21	MANN OF						-5-100
□EPA □DEP				560 V	alley Roa	ad		A ·	113 MAY 21	48 Z:	10				
DOL	│	ı		City S	State & Zi	n Code	-		WELLER,		17			-	
⊠DOH	Ame		2		r Montcla			3	SIDE II.	H/G					
DCA		ellation	-	Name	of Conta	ct	Messall Vo.					lepho	ne Nu	ımbe	er
				Dino	Nappi						-				-
	W.			FA	CILITY	INFO	RMA	TION							
Name of Facility When Bank of America	e Abatement	is Taking	Place (3)				Туре	e of Faci School							
Street Address					-	-	낾		pter 8 (Other tha	n K-12)					
560 Valley Road								Other	(i.e., private & d	comme		Alexander and a second		tc.)	
City (5)				30			Squa	are Feet 6.50		oors 2	Bld	g. Age	50		
Upper Montclair							Curr	ent Use	(Prior if being de		d)		50		
County (6) Essex			ounty Cod												
Name of Monitoring Fin	rm Hired by B	uilding Ov			ASCM	No.			atement Contract	or (9)					
Street Address	ig Consultan	is, LLC						atech, Ir et Addre							
One Mall Drive, Suite							829	Radio R	load						
City, State & Zip Code Cherry Hill, NJ 08002									Zip Code arbor, NJ 08087	,					
	roject Manager for Monitoring Firm						Tele	phone N 296-691	umber		License Num	ber 0081	7		-
Scheduled Start Date (May 18, 201		Schedule	d Completi	on Date (Nam		HA Monitor				-		
Occupancy Status Dur	ing Abatemen	t (Check	only one)				Stree	et Addre	ss						
Abatement Pe									Zip Code						
Other – Descr	ibe:								arbor, NJ 08087	,					
Scope of Work (Check				<u> </u>	W-11-11-11-11-11-11-11-11-11-11-11-11-11		<u> </u>					2019	_		
			_						Full Containme	nt with N	legative Press	ure			
≥3 sf or ≥ 50 lf					on (Re-Ro	oof)			Mini-Enclosure						
≥160 sf or ≥260	lf			Demolitio	n				Glovebag Proce						
Loca	tion of		le Locati	on Norma	lly Head			The same of the same of	Non-Exempted	(*) and I	Non-Friable Pr	_	-		
Asbestos-Contain		ACM)		y Mainten				Descript estos-C	ontaining	Amo	ount (Specify	Ab	atem	enti	ype
	ABATED acility		Custo	dial Staff	? (12)			Material ((ACM) I systems	1	SF or LF)	Щ			
	3)					i			facing, VAT	1		ا ہا		m	m
							or oth	ner misc	ellaneous)			en e	Repair	cap	nclo
			Yes	No	N/A							Removal	air	Encapsulate	Enclosure
Rooftop Perimeter					Х		R	Rooftop F	lashing	+	600 LF	Х		H	\vdash
Roof Parapet			х	F			n Joint Caulk		80 LF	$\hat{\mathbf{x}}$					
Name of Registered Wa	Vaste No.	Cubic Y	ards of	Wast	te	Name of Regis	tered La	ındfill							
Synatech, Inc.	Synatech, Inc. 27								Grows Landfil	II					
City, State					Disposa	al Date			City, State						
Little Egg Harbor, NJ	08087				June 3,	5-2-5-6-1L2-16-9-5			Morrisville, PA	1					_ 1
Completed By		Title			Signatu	re		01		Date M	ay 16, 2013				
Diane Aloia		Executiv	e Adminis	strator	I de	Mul	2 (llo	2	April 24	, 201 3				



Date of Notification (1) 05/16/13 Ck#2637 \$200		T	Name of Larry F	Building	Owner/0	Operator	(2)		€67	JAA.	γ,) ,		113
Agencies Notified Type Notification		-	Street A								-5	1_	777	3.7
☐ EPA ☒ Initial				rview A	venue			Ser	-			1,500		
DEP Amended		Ī		te, Zip Co						AU.		C		
DOL Amendment Emergency		-		on, New	/ Jerse	y 0794	10					1.	13	4,
DOH justification) DCA Cancellation			Larry F	Contact					Telenhor	C 5 C 5 C	-			
				LITY INF	ORMAT	ION	-							-
Name of Facility Where Abatement is Takin Residence	g Place (3)						Туре	of Facility (4)					
Street Address								School (K-12) 3 (Other than k	(-12)				
53 Fairview Avenue							×	Other (i.e. pr	ivate & comme		uild	lings,	hom	es,
City (5)								etc.) re Feet	# of Floors		В	dg. A	ge	
Madison, New Jersey 07940							2,50	0	2		5	5+		
County (6) Morris			County (Code (7) JSE ONLY)		Curre		if being demo	olished)			
Name of Monitoring Firm Hired by Building	Owner (8)	_	ASCM	No.				tement Cont	ractor (9)					
Street Address							Addres	oration				VI CONST		
- Cubatridaesa						200000000000000000000000000000000000000		de Avenue	Э					
City, State, Zip Code								ip Code Park, Nev	v Jersey 07	424	2.5			
Project Manager for Monitoring Firm			Telepho	ne No.			hone No 225-8		. Licenso 01104					
Start Date (10) 05/31/13	Scheduled 06/01/13		npletion (Date (11)				HA Monitor Onmental l	Labs LLC					
Occupancy Status During Abatement (Chec	k Only One	2)				1072 E 1072	Addres	107						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm								e 22 West						
Other – Describe: 8:30 AM Start	iai Facility	Hour	s 		2000			ip Code w Jersey (07083					
Scope of Work (Check All That Apply)				-				,			0 3//			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova				×	Mir Glo	ni-Enclosure evebag Proce	nt with Negativedure (*) and Non-Fr				e	
	Is I	ocat	ion							T		Abate	ement	i
Location of	No Used	orma				scription				-	_	Ту	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Mair	ntena	nce/	Asbes (i.e.	tos Con therma	taining N I system	√aterial s insula	(ACM)	Amount (Specify		,	71	Enc	m
In Facility (13)	Cusio	(12)	Staff?	28	surfa	cing, VA	T, or		SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		0.000		,			1 5	<u> </u>	7	late	ıге
Basement		X			Duct A	Air Insu	ulation		8 SF	x	-			
									+	-				
			1					-			\dashv			
						-				+	1			
Name of Registered Waste Hauler		- 10	JDEP W	Contract Con		Yards		Name of R	egistered Land	dfill			reener	L
Lilich Corporation			lauler ID 8724	No.	of Wa	ste		G.R.O.W	/.S Landfill					
City, State Woodland Park, NJ 07424					Dispo 06/03	sal Date 3/13		City, State Morrisvil	le, Pennsylv	vania				
Completed by Tatiana Kalenikova	Title Vice F	resi	dent		7	Signature	m	Mal	elan	Date 05/16	3/1	3		



Date of Notification (1) 5-18-13	Name of	Building Owner/O	mond	K.	m 40/3/6/	52			
Agencies Notified Type Notification	Street Ac		- 4 1		- The second		1		
☐ EPA DEP Initial ☐ Amended ☐ Amendment #	City, Stal	te, Zip Code	9 Cente field	erbe NT	ery Lar	91	<u> </u>	4.7.	,i c
DOH Emergency (including justification)	Name of			.,, ۷0	Tolonhana Num	hor	_	7.5	_
□ DCA □ Cancellation		mond	Kim						
Name of Facility Where Abatement is Taking Place (3)		LITY INFORMATION		of Facility (4	4)				
	elling			chool (K-1					
Street Address 39 Canterberr	y L	ene	AC 0		8 (Other than K-12 rivate & commercia		lings,	home	s,
City (5) Westfield N	www.	7090		e Feet	# of Floors	В	dg. A	je + -	
County (6) Union	County C	Code (7) USE ONLY)			or if being demolish		se l	line	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM	1 No.	Name of Abat	ement Con	tractor (9)				}
Erc lechnologies		MA	Street Address		chnolog	ies	,	In	6
P.O. Box 337			P.O.	Box	337				
New Equat NJ	80	533	New	Equ	EU ta	0	85	3	3
Project Manager for Monthrill 9 Firm	Telephon	ne No. 758- 3365	Telephone No. 609 758		License N	33	39	4	
Start Date (10) Scheduled 0	Completion	Date (11)	Name of OSH	A Monitor	1			-	
5-30-13 5- Occupancy Status During Abatement (Check Only One)	31-13	3	Street Addres		hnologies		nc		
Facility Closed/Vacated During Entire Period of Aba	tement			BOK	337				
Abatement Performed Outside of Normal Facility Ho	ours		City, State, Zi	p Code	UT	n Cl C	= <u>-</u>	~	
Scope of Work (Check All That Apply)		*	7400 1	TAYE	NO C	10-	5.3		
	ovation polition		☐ Min	il-Enclosure				e	
Islo	cation				- 17	Г	Abate	ement	
Location of Used S Asbestos-Containing Material (ACM) TO BE ARATED Mainte	mally solely by enance/ ial Staff?	Asbestos Con (i.e. therma	scription of taining Material I systems insula cing, VAT, or		Amount (Specify SF or LF)	Remova	Repair	e Encapsulate	Enclosure
(13)	12)		miscellaneous)			oval	pair	sulat	sure
Yes 1	NO N/A							Ф	
Basement X		Floor	Tile		800 SE	X	-		_
						-	-	-	-
						-	-		
Name of Registered Waste Hauler	NJDEP V	Vaste Cubic	Yards	Name of	Registered Landfil		1		
EPC Technologies	Hauler ID	No. of Wa	iste 3	Was	te Manage		t u	e f	4
City, State		Dispo	31-13	City, Sta	te	PΑ			
Completed by Title	ident		Signature	Sch.	n Da	ste 5	18	-13	3

Emergency

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

Check 8597 6/2

	,		- 110/10 V. 40 CE 10			BAL IAA	51/			1/1
Date of Notification (1) 5-13-	13	Name of	Building Owner/O	, , -	. , ,	DUL = 10 to	ÄΪ			\Box
Agencies Notified Type Notification	<u> </u>	Street Ad		<u> TT</u> ,	DIMI	wous				
EPA E Initial DEP Amended Amendiment Emergency (in	M A	ALC: Y	e, Zip Code	7 TR	ento leasa	LOUBLINE L	W	200	87	42
ZE DOH Justification □ DCA □ Cancellation		1	Hoview H		* forest NA	\ \Telgobolio Nim	624 /			12
Name of Facility Where Abatement is Taking	Place (3)	FACIL	ITY INFORMATI		of Facility (41				
Single family Dw				1	School (K-1					
Street Address 307 TRento		-			Subchapter	8 (Other than K-12) rivate & commercia	l bulic	lings,	home	ks,
Point Pleasant Be			8742	Squ	are Feet	# of Floors	B	ldg, A	ge +e ~	
County (8) Ocean		County C	ode (7)			or if being demolished		ling		
Name of Monitoring Firm Hired by Building O	wner (8)	ASCM	No.	Name of Ab	atement Cor				In	. 0
P.O. Box 3	37			Street Addre			4.654	<u> </u>	Wa di a	· 6
City, State, 2lp Code	NZ	08	533	City, State, 2	Zip Code	. 119	0	9.5	13	3
Project Manager for Monagering Firm	<u> </u>	Telephon	ne No. 7.58-3365	Telephone h	Vo.	License No	5.7	19	4	
Start Date (10) 5-14-13	Scheduled C		Date (11)	Name of OS	HA Monitor	hnologies	T	00	-9-	-
Occupancy Status During Abatement (Check	Only One)			Street Addre	Box	~	-	-		
Facility Closed/Vecated During Entire P Abatement Performed Outside of Norma Other – Describe:				City, State,			172 5			
Scope of Work (Check All That Apply)				1,400	-JAbr	N-) C	10-	5.3		
23 sf or 23 ff 2180 sf or 2280 ff	The state of the s	vation		☐ Mi ☐ Gl	ini-Enclosum lovebag Prod				9	
	Is Loc	ation						Abate	ment	1
Location of	Norm Used Sc			scription of				Ty		I
Asbestos-Conteining Material (ACM) TO BE ABATED In Facility (13)	Mainter Custodia (12	nance/ N Statt?	surfa	taining Material I systems insu- cing, VAT, or miscellaneous	lation,	Amount (Specify SF or LF)	Removel	Repair	Encapsulate	Enclosure
	100 11		·	CI . I		110056	~			
exterior Walls		*	Siding	Duval	د٤	1100 SF	X			
								-		
Name of Registered Waste Hauler		NJDEP W Hauler ID	No. of Wa	Yards iste		Registered Landfill		<i>t</i>	c 8	PIA
EPC Technologies	NJ.	1700	Dispo	sel Date 15-13	City, Stat	te	A	. 0		
New Egypt	(V.)		10	- 1	1 -10121	LI JULIEL I				

of Emergency

<u> </u>					<u> </u>	· DOL10(1	TAY			╄.
Date of Notification (1) 5-15-1	3	ame of E	Building Owner Ope	-	STATE	ction L	16			
gencies Notified : Type Notification	, , , , , , S	treet Add	iross	liver	Ross		0/2		ak 1977 100 a	
EPA Initial	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ity State	e, Zip Cade		100,43	100	of it		pd 7	
DEP Amendment #		,, •	Mont	ville.	· N	TIMBUTON	4	ارد		
DCH Emergency (fr	ncluding N	lame of (-		W.	A Welshofte Num	ver 1	7F.D		
DCA Cancellation		Ball	b Reese	<u>_</u>		<u> </u>				
lane of Facility Where Abatement is Taking	Place (3)	10010	AT INCOMMENTO		of Facility ((4)				
Vacant Lot					School (K-1	12) : 8 (Other than K-12)				
Greet Address 2701 Rous	te 130	3	Sac. th	X	Other (i.e.)	private & commercia	i build	lings.	home:	š.
City (5)	100	<u> </u>			etc.) e Feet	# of Floors	BI	ldg. A	ge	
Cinnamins		N.	<u> </u>			11				
CAMden		County C STATE U	ode (7) SE ONLY)	_ Curre	ni Use (Pr	or if being demolished				
Name of Monitonna Firm Hired by Bullding C	wner (8)	ASCM	No. a	Name of Aba		THE RESERVE OF THE PARTY OF THE	2110	11		
EPC Technolo	gies		MA	EP	Je.	chnolog	ie s		In	1
P.O. Box 3	37			Street Addres	Box	337				
New E 9 4 8 +	NJ	80	533	City, State, Z	ip Code	TUA +a	0	95	13:	3
Project Manager for Month ril gr Firm		Telephon	1000	Telephone N	with A	License No	7	19	4	=
tan Dale (10)	Scheduled Com	noteign I	Date (11)	Name of OSI				d B		
5-20-13	5-6	15-				hnologies	I	nc		-
Occupancy Status During Absternant (Check Facility Closed/Vacated During Entire P		cal.		Street Addres		337				
Abalement Parformed Outside of Norm Other - Describe	at Facility Hours	ent	-	City, State, 2	ic Code					
Scape of Work (Check All That Apply)				New 1	Egypt	O TLA	180	53	3_	
☐ ≥3 sf cr ≥3 lf	☐ Renova	tion		CI Ful	i Containm	nent with Negative Pr	ressu	re		
≥ 160 sf or ≥260 H	Demoils	ion		☐ Mir	ni-Endosur webag Pro	'B				
				No No	n-Exempte	d (*) and Non-Frieble	e Pro		1000	
	Is Location	0.377						S-0. S-0. S-1	ment pe	
Location of Asbestos-Containing Material (ACM)	Used Sole	ly by	Desc Asbestos Conta	cription of ining Material	(ACM)	Amount			m	
TO BE ABATED	Maintenar Custodial S		(l.e. thermal s			(Specify SF or LF)	Ren	Re	Encapsula	End
(13)	(12)			scellaneous)		J. J. C. 7	Remove	Repair	sula	Enclosure
	Yes No	N/A	٠.				Ľ		क	
on the Geound		K	Booking	Mater	ial	2500 SF	X			
AND			J				-			, and the second
							<u> </u>	-	<u> </u>	
		17			.,]	<u></u>	<u> </u>		
Name of Registered Weste Hauler		JDEP W			Name 0	f Registered Landfill				
American Disp	4 1			90						
City, State				-5/23/1	City, St	ate				
Lumberton	NJ		The second contract of the second	Ignature 4	23	1 1 108	ile _			
Steve Schenker	Presi	den	4	510	Sch	el	5	-15	-1	5
Steve Schenken	I KES	aca	.1							

MO#20613926970		NOTIF	CAT	ION	OF ASB to NJAC	EST	S AB	ATI	EMENT.					_	
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Date of Notification (1)			1	vame o	n Bunding			11 (4	N.I	opt. of Heal	th & 50	anior	261 0	100	
05/	17 / 13	_	J	ames l	Foran	199		1 12)	innaturo				
Agencies Notified	Type Notification		1	Street /	Address		G :	11		==1 - 'i	agama, o	. 6	P4 .		-
☐ EPA	Initial Amended				untain Ro			e le sur	ziloliki <mark>de</mark>	ie 5 1/7 1	13 TI	me:			
⊠ DHSS	Amendment #		- 1	. 8		erceon II									
DCA	Emergency (in justification)	cluding			of Contact					Telephone	Number	r · ··			
(NJAC 5:23-8)	Cancellation			ames							_				
			þ	-	ILITY IN	FORM	ATION					-		_	
Name of Facility Where	Abatamant is Taking	Place !	ai		/IE11 1 1N	TORI	ATION	-	Type of Facility (4)					
	Appreniation (a))	-,						School (K-12	0.0					
Private house Street Address									Subchapter 8	(Other than	K-1 2)				
									Other (i.e., property of the homes, etc.)	rivate and co	mmercia	al buil	dings	5,	
30 Mountain Road City (5)				•					Square Faet	# of Floor	3	Bld	g. Ag	e	-
									- 1,7				.		
Verona, NJ 07044 County (6)				Count	y Code (7) (STATE	USE ON	LYI	Current Use (Pri	or if being de	emalishe	5년)			
20				1 ***	,	(4 11 11 4		,				/			
Essex Name of Monitoring Fir	m Hired by Building	Owner (8) [ASCMI	No.	Name	of Aba	teme	ent Contractor (9)		and the same				
	•						ech LLC		20						
Street Address							Addres		- / J					-	
							/alley F		283						
City, State, Zip Code							State, Z								
						Wavi	ie, NJ 0	747	70						
Project Manager for Me	onitoring Firm		Tele	phone l	No.		hone No			License N	10.				
						973-6	38-177	7		01127					
Start Date (10)	Sche	duled Co	mplet	lon Da	te (11)		e of OSI		fonitor	17.77	•	*****			
05 / 20	/ 13	05 /	21	1	13	Favir	ovision		nsultants,Inc						
Occupancy Status Dur						I	t Addres		ilisultario, ilic						
▼ Facility Closed/Vac				nent		20-21	Warra	ערופי	Road, Bldg #	35 E					
Abatement Perform	ed Outside of Norma	I Facility	Hours	s - Des	cribe	City,	State, Z	p C	ode	37.0				*******	
Time of Abatement	:AMF	M/	_PM_		AM		Lawn, 1								
Scope of Work (Check	all that apply)	-	-			1			p and decontemin	ation			U 178		
		-							tainment with Neg	gativa Pressı	ıre				
>3 sf or >3 if = 2 160 sf or >260 if		⊠ Rer	novatio nolitio				-		deure g Procedure						
			none.				Non		empted (*) and No	n-Friable Pro	ocedure				
	****		Locat					0.00/10.000				Abi	teme	ant Ty	/pe
Locati Asbestos-Containir			lormal d Sole		n-h-		Descript		of Iterial (ACM)	Amour		Z	Ŗ	E	T.
TO BE A		Mai	ntena	nce/					insulation,	(Speci		Remova	Repair	des	500
IN Fa		Cust	odial : (12)	Staff?	1	ธน	rfacing,	VAT	, or	SIForL		N/a	=	Encapsulate	Enclosure
(13	5)	Ven	-	NI/A	1	oth	er misce	nane	(auos)					te	
		Yes	No	N/A	. .	- †	-					ושו			
Utility room-baseme	nt			×	Pipe ins	ulatio	<u> </u>			25 LF		X		1	브
Utility room-basome	ent			×	Boiler in	nsulat	OR			36 SF		X			
		П													
		+=-			-										F
- 3 W	Ma-1- U				le Hauler ID No	T Post	Yards of	Into-	ste Name of Regi	Stared Lands	11	ال	Ш	닏	<u></u>
Name of Registered V	vaste mauler					1 1		AAH		TOTAL PRINT					
Gr Tech LLC			لل	00337	85		TBD_		T.R.R.F. Inc						
City, State							රුවේ විදුර	te	City, State						
Wayne, NJ 07470	Neupronau Neupro						(BD		Tullytown, P	À					
Completed By (Print of	ог Туре)	tie					Signatu	T)	whe se) /	Dat	te			
N.Jevtic	0	wner				30.54	/	1	whe Me	ma d	05/	17/20)13		
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May 17 2013 08:19am

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Date of Notification (1)				Name	of Building	Owner	/Operator /	35	21	/_/	SOF	30,5		~
5/16/13	}				Jersen		CENTIL			OF STATE	T	TEAL	's TON	1
Agencies Notified	Type Notification	1			t Address	} '	CONTAC	L Mano	COUNTY ON	OL TO		-	<u> </u>	64.
D EPA	□ Initial			1		711	F. C	PONTY	0.	1	53	OTATO.	S	Vict a
DEP	☐ Initial ☐ Amended			City, 5	State, Zip Co	rde'	0.00	10019	Roap	19 17	1/2) '	Z	1,5
ED DOL	Amendmer	せ#	42-100	-				070	9 1			Time	`	11
I⊠ DOH	Z Emergency	(includin	g	Name	AKEWO	ΔD.	N.2	0 70.					>	11
D DCA	Justification) n			on course	0	A. 1 1A. A	•	Te	lephone N	umber			3
	- Carrothado,						ch war	10A-	-				-	3/
Name of Facility Where A	batoment is Takin	o Place /	3/	FA	CILITY INF	ORMA	TION							V
<u> </u>			-,					Type of Facility	(4)					
Street Address	WID WE	aght			PH			□ School (K-	12)					
	*** **						1	Subchapte	r & (Othe	er than K-1	(2)		12	
	issaic S	1						Other (i.e. etc.)	private (s commen	dal bui	ldings	, hom	165,
City (5)								Square Feet	# 0	f Floors		Bldg.	Age	
WOODL	1066							160,000		,		6	200	
County (6)		-		County	y Code (7)	<u> </u>		Current Use (P)	ior If bel	no demolis	hed)	6	0	
BELGO	ω			(STATE	USE ONLY	1								
Name of Monitoring Firm	Hired by Building (Owner (8)		TAS	CM No.		1 Name o	f Abatement Co	COLL	MONEIR	<u> </u>			
							A. MAG	Contracting in	C IIII HC(Q)	(9)				
Street Address	**************************************						Street A	***********					-	***************************************
								well Road						
City, State, Zip Code		-		****			City, Sto	ite, Zip Code						
BAT 188							Glen R	ock, NJ 07452						
Project Manager for Monit	oring Firm			Tele	phone No.	T	Telepho			Liconse N	Vo.			
							201-20	52-5841		00166				
Start Date (10), 5/17/13		Schedu	led Co	mpletion 113	Date (11)		Name of Omeg	OSHA Monitor a Environmenta	ıl Servic	es Inc.				
Occupancy Status During Facility Closed/Vecat Abatement Performed Other - Describe;	ed During Entire F	eriori of	Ahatan	nent			City, Stat	ddress yer Street le, Zlp Gode sack, NJ 07606						
Scope of Work (Check All	That Apply)						<u> </u>							
☐ ≥3 sf or ≥3 if ≥160 sf or ≥260 if	.,,,		Renova Demolii				E /	Full Containme Mini-Enclosure Glovebap "roc		legative P	ressur	à		
			-		Marie - Marie	_ '		Non-Exemple:		Von-Friabl	e Proc	edure		
		1 6	· at	ion							T	Abat	emen	
Location o	of	1		lly	1	De	scription				1		pe	`
Asbestos-Containing M TO BE ABAT	latoris.		ed Suie Votena		Asbesio	os Con	daining ivia	terial (AGN)	Ar	nount		1		П
In Facility				Staff?	(l.e, t	hermal	systems in cing, VAT,	sulation,	(S	pecify	12	1 2	Encapsulate	eurs d'artif
(13)		1	(۔.۰)		1	other	niscellaneo	US)	SF	or LF)	Removal	Repair	sde	6
		Yes	No	N/A	1			/			1 5	5	댦	5 1
1.3 4 0 0 - 3 1 1 1 1 1 1		165	NQ	NVA	<u> </u>	. .					<u>L</u>		ъ.	
Walthouse		+	_	1	<u>P1</u>	_	NSULAT	MOT		OUF	_	1		
TO WILL TOUSE		-	-	H-	RIP	£ 1	NSU Ca	200	16	oce	1			
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lame of Registered Waste	Hauler	لــــــــــــــــــــــــــــــــــــــ	N	JDEP W	aste	Cubic '	Vorde							
	consider.		H	auler ID	No.	of Was	te 🛶	Name of R	ogistere	d Landfill	0.00			
Rovic Transport				20785			3	IESI PA B	ethleher	n Landfill C	mo			
ity, State, Zip Code Riverdale, NJ 07457						Dispos	al Date	Clty, State	Zip Coo	le	у.р.			\dashv
Abaniatas bu						91	17/13	Bethichen	1, PA 18	015				1
Completed by aseph Vocaturo		Title Operat	ions	•		Si	gnature	1	-	Dat		,		-
						1	اءلا	bratino		1	5/17	112		1

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	5/17/2013				Name of Buildin		rator (2) tis Brothers	s Disposa	u 28/3/W	21	69	3	
Agencies Notified [x] EPA [] DEP	[] Amer	l Notifica ided Noti			Street Address City, State, Zip (P O B	ox 84			<i>- 1</i>	Ail.	2: 36	?
[x] DOL	1	ndment #_ gency (in	cluding	1	Oity, State, Sip		Neck, NJ 0	7722		44.	1.13	1.	
[x] DOH [] DCA	justifi	ication) ellation			Name of Contact John	Sakoutis		Tel	ephone Number				
				FAC	LITY INFOR	MATION	T 65	-114 (4)					
Name of Facility Where A Res	batement is Taking sidence	g Place (3)				Type of Fac	[]	School (k-12) Subchapter 8 (ot	har tha	n k12)		
Street Address 489	Ellison Drive							[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City		County	(6)		County Code (7) (STATE USE ON	LY)	Square feet 2000	92	# of Floors	Bldg	g. Age	0	
Brick.		Ocean	1				Current Use	e (Prior if b Residenc)			
Name of Monitoring Firm		Owner (8	3)		ASCM No.	Name of	Abatement C		9) Contracting,	Inc.			
Street Address	1		***************************************			Street A	ldress		ute 9, Unit 61	11.01			
City, State, Zip Code	1							Toms Riv	ver, New Jers			271	
Project Manager for Moni	toring Firm	Telephone			732-34	ne Number 9-9932	m-	License N 00624	lumber				
Scheduled Start Date (10) 5/20/13			5/21/1	Contract of the Contract of the	on Date (11)				Analytical				
	ility Closed/Vacate	d During	Entire Peri			Street A		1056 Ste	lton Road				
	tement Performed er – Describe	Outside o	f Normal F	acility Ho	ours	City, Sta	te, Zip Code	Piscataw	ay, New Jerse	y 088	54		
Scope of Work (Check all	that apply)					[]			vith Negative Pre	ssure		110000	
[] >3 s	sfor≥3 lf		[]	Renovat	ion	[]	Mini-En Gloveba	closure ig Procedur	e				
	0 sf or ≥260 lf		[x]	Demolit	ion	[x]	Non-Exe	empted (*)	and Non-Friable	Proced	ure		
							***************************************			Abat	tement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	Material (ACM) TED	N	Is Locatio ormally us Solely by enance/Cu Staff (12)	sed /	(i	Description sbestos-Con Material (A .e., thermal isulation, su VAT, o	ntaining ACM) systems rfacing, or		Amount (Specify SF or LF)	R E M O V	R E P A I R	E N C A P S U	E N C L O S U
		YES	NO	N/A	0	ther miscell	aneous)			L		L E	R E
Exterior		Asbestos sid	ing			2000 sf	X						
	-	-											
	Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste 202						T.R	of Registere R.F.	ed Landfill				
City, State Toms River,	New Jersev	Dispose 5/22/1		City, St Tullyt	ate own, Péhns	sylvania				and the con-			
Completed by (Print or Ty Nicholas Fer	rpe)	Title Projec	t Manag		Signature	ich	of !	te-	1	Date 5/1'	7/201	3	
					for ashestos lic	ensure exen	nted activiti	ies		-	-		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

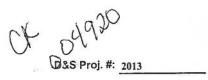
									Pro	ie,				
Date of Notification (1)	May 17, 2013				Name o	f Building	Owner/Op Micha		/idal	a	21	67	7	
Agencies Notified [X] EPA [] DEP		l Notific	ation ification		Street A			asan	t Way	Y 21 AM 2	: 30			
[x] DOL	Ame	ndment#			City, St	ate, Zip Co	^{de} Mana	lapa	n, NJ 07726		1 01			
[x] DOH	70 55	ication) ellation			Name o	f Contact Micha	el Vidal		Te	elephone Number				
				FAC	II VTI II'	NFORM	ATION					C		
Name of Facility Where A	batement is Takin sidence	g Place (3)	TAC		ivi Oldv			ype of Facility (4)	School (k-12)	1 41	1.10		
Street Address	Bay Point Driv	е							[x]	Subchapter 8 (or Other (i.e., priva homes, etc.)				ldings,
City		Count	y (6)		County C (STATE	Code (7) USE ONL	Y)		quare feet 1500 sf	# of Floors		g. Age	60	
Toms River		Ocea	324					l	urrent Use (Prior if Residen	ce)			
Name of Monitoring Firm N/A		(Owner	(8)		ASCM N	lo.				(9) n Contracting,	Inc.			
Street Address							Street A		1889 Ro	oute 9, Unit 61				
City, State, Zip Code						City, Sta		Toms R	iver, New Jers			271		
Project Manager for Moni	toring Firm	Telephone N				Telepho 732-34	19-99	932	License N 00624	lumbe				
Scheduled Start Date (10) 5/17/13			Scheduled 0 5/20/13	The second second	ion Date (11)	Name of	f OSF	HA Monitor E.M.S.L	Analytical				
Occupancy Status During [X] Faci	Abatement (Check lity Closed/Vacate			od of Ab	atement		Street A	ddres		elton Road				
	tement Performed er – Describe			10510		-	City, Sta	ate, Z		var. Nov. Iora	000	251	V 3.75 U.V	
										vay, New Jerse		534		
Scope of Work (Check all	that apply)						[]	2 00	Full Containment	with Negative Pre	ssure			
[] >3 s	for≥3 lf		[]	Renova	ation		[]	•	Glovebag Procedu	re				
[x] ≥16	0 sf or ≥260 lf		[x]	Demoli	ition		[x]]	Non-Exempted (*)	and Non-Friable	Proced	ure		
					T						Aba	tement	Туре	
			Is Location				Descriptio				R	R	Е	Е
Location		N	lormally use	ed			estos-Co			Amount	E	E	N	N
Asbestos-Containing M		Mala	Solely by tenance/Cus	ata dia l			faterial (A , thermal			(Specify SF	M	P	C	C
TO BE ABA in facility		Main	Staff	stodiai			, merman lation, su			or LF)	0	A I	A P	L
(13)	,		(12)			11150	VAT, o		5,		V	R	S	S
(13)			(12)			othe	er miscell		ous)		Α		U	U
	YES NO N/								***************************************		L		L E	R E
Exterior		Asbes	stos sidin	g			1350 sf	X						
	S-1													
	ame of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 2022							te	Name of Register T.R.R.F.	ed Landfill				
City, State				Dispos	sal Date	3	City, St							
Toms River,		ant.		5/21/			Tullyt	town	, Pennsylvania	,	Date			
Completed by (Print or Ty Nicholas Ferr		Title Project	ct Manage	r	Signati	, \\\	dro	1	10.1	1		7/201	3	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

									1		
Date of Notification (1) May 16, 2013				Name of Building	Owner/Ope Aggre	essive Contracting	E VE		1		
	al Notifi	ication otification		Street Address	763 S	out Drive MAY	2 1 2013	U			
[x] DOL Ame	ndment			City, State, Zp Co		New Jersey 08723	SCONTHUL	<u> </u>			
[x] DOH justif	fication) cellation		G.	Name of Contact Jim		ASSEST	Edulione Wumber				
			FAC	ILITY INFORM	IATION						
Name of Facility Where Abatement is Takin Residence	g Place	(3)				Type of Facility (4)	School (k-12)	than tha	- I-10\		
Street Address 2405 Mallow Stre	et					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				ldings,
City	Cour	nty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 1000 sf	# of Floors		g. Age	50	
Point Pleasant	Oce	CONTRACTOR				Current Use (Prior if Residen	ce)			
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM No.			(9) n Contracting,	Inc.			
Street Address					Street A	1889 Ro	oute 9, Unit 61		ii.		
City, State, Zip Code							iver, New Jers	ey 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone	e Number			ne Number 9-9932	License N 00624	Jumber			
Scheduled Start Date (10) 5/16/13		5/17/		tion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
Occupancy Status During Abatement (Check			riod of Al	patement	Street A		elton Road				
Abatement Performed Other - Describe			- 9	Iours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	ev 088	54		
Scope of Work (Check all that apply)			-		Г 1	Full Containment		<u> </u>		200	
scope of work (check air that apply)					į į	Mini-Enclosure	with regulate ric	55410			
[] >3 sf or ≥3 lf		[]	Renova	04	[]	Glovebag Procedu					
[X] ≥160 sf or ≥260 lf		[x]	Demoli	ition	[x]	Non-Exempted (*)	and Non-Friable	Procedu	ire		
								Abat	ement	Туре	
Y		Is Location			Descriptio		Amount	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)		Normally ι Solely b			estos-Cor Material (A		(Specify SF	Е	E P	N C	N C
TO BE ABATED	Mair	ntenance/C			, thermal		or LF)	M	A	A	L
in facility		Staff		ins	ılation, su			0	I	P	0
(13)		(12)			VAT, o			V	R	S	S
	NO	N/A	oth	er miscella	aneous)		A L		L E	R E	
exterior		T _x	T	Asbestos sidir	g		900 sf	х			
		1	+								
		1									
Name of Registered Waste Hauler		NJDEP Was	te Hauler	ID No. Cubic Ya	rds of Wast	A	ed Landfill		-		-
Guardian Contracting, Inc.		2	20223	2	T at :	T.R.R.F.					
City, State Toms River, New Jersey			Dispos 5/20/	sal Date	City, Sta	ate own, Pennsylvania					
Completed by (Print or Type)	Title			Signature	/	1 F		Date		-	
Nicholas Fernicola	Proje	ect Manag	er	I VIII	Int	The		5/16	/201	3	

Data of Natification (1)			Nama of	Building ()	naratar			E	1 W	F	F	7		
Date of Notification (1) 5/08/13			Dianna		Jwner/O	perator	TIN			0 0		\parallel	$\parallel \parallel$		
	otification tial		Street Ac 272 Ma	ddress aplehill [Orive		100	MAY	2	2013		L	$/\!\!/$		
☑ DEP ☐ Ar	nended nendment #			te, Zip Consack, N		01		ASREST	20.00	-			T		
DOH jus	nergency (including stification)		Name of	Contact				ASBEST(EMB	DNTRO None N	L & lumbe	Ľ	+	C30 W	
☐ DCA ☐ Ca	ancellation		Dianna	I VIIA	RMATI	ON							_	-	
Name of Facility Where Abateme	nt is Taking Place (3)	1,701		TAIL THE			of Facility (4	500 W		100				
Street Address					32		☐ S	chool (K-12 ubchapter (other (i.e. pr	B (Othe			uild	inae	home	ae.
272 Maplehill Drive	****						e e	tc.)			iciai b		-		,5,
City (5) Hackensack			##				Square N/A		N/A			N	dg. A /A	ge 	
County (6) Bergen			County C	Code (7) ISE ONLY)			Currer Hous	it Use (Prio e	r if bei	ng demo	lished)			
Name of Monitoring Firm Hired by	Building Owner (8))	ASCM	l No.				ement Cont ment, Inc		(9)					
Street Address		35					Address	s ren Aven	ue		100				
City, State, Zip Code							State, Zip	Code J 07512							
Project Manager for Monitoring F	irm		Telephor	ne No.		Telepl	none No 345-86			License #0067		guera v		100	
Start Date (10) 5/30/13	Schedul 5/31/1		mpletion [Date (11)				A Monitor ment, Inc	 o.						
Occupancy Status During Abaten	nent (Check Only O	ne)	,			Street	Addres	s							
Facility Closed/Vacated Duri Abatement Performed Outsi	de of Normal Facilit	Abater y Hour	nent s				oseng State, Zip	ren Aven Code	ue						
Other – Describe: Occupied						Toto	wa, N	J 07512							
Scope of Work (Check All That A ≥3 sf or ≥3 lf		Renova	ation			Г	7 5.01	Containme	nt with	Mogativ	o Dros	cur	•		
≥160 sf or ≥260 lf	ATTEMPT	Demoli	20-11-11-11			2	Mini	-Enclosure vebag Proc	edure	\$ 7 8				_	
	1	s Locat	tion	V—————————————————————————————————————		L	⊒ Non	-Exempted	(*) an	a Non-Fr	Table I			e ement	t
Location of		Norma ed Sole	lly			scription					-		Ту	ре	
Asbestos-Containing Material TO BE ABATED	(ACM) Ma	aintena	ince/		tos Cont thermal					mount Specify		20	70	Enc	g
In Facility (13)	Cus	todial (12)				cing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A				7.22.00.05. 6 1.					<u>a.</u>		ate	re
garage		Х			pipe	insula	ation		6	6 LF	Х				
basement		X			pipe	insula	ation		8	9 LF	X				
		-									+				
Name of Registered Waste Haule	er '	7.10	NJDEP W		Cubic of Was	Yards		Name of F							-
D&S Abatement, Inc.			20996	140.	TBD			Waste N		gement	t of P	Α			
City, State Totowa, NJ					Dispos TBD	sal Date		City, State		A					
Completed by Deanna Brkusanin	Title	ect M	anager		S	ignatur		PM.	٠,-		Date 5/08	/13			
Dealina Dikusanin	FIO	COL IVI	anayer			NID	Velle	Lille	illes	1	0,00	, 10	<u> </u>		



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

Date of Notification		N	ame of Bui	Iding Owne	r/Operator (2)			2017 1111					
0 5 / 1 6			DAVID F	ROCHER				2013 Hay 21	4所 2	. 31	١		
Agencies Notified	Type Notification	on Si	reet Addre	SS				K KAYPELAYILE					
	Initial Amended		2 STONE	ERIDGE F	ROAD			211					
☐ DEP	Amendment #:	C	ity, State, Z	Zip Code				7-27	Trade				
☑ DOL	Emergency	-11	MONTO	LAIR, NJ	07042			*;	1		i L		
☑ DOH	(including	N	ame of Cor					Telephone	Number				
DCA	justification)	- 11	DAMD	ROCHER									
	☐ Cancellation		DAVID										
				FACI	LITY INFORM	IATION		Type of Facility (4	1)				
Name of facility wh	nere abatement is	taking pla	ce (3)						(K - 12)				
DAVID ROCH	ER								pter 8 (Ot			12)	
Street Address									Private/Co Homes, etc		rcial		
2 STONERIDO	GE ROAD				**			Square Feet	# of Floors		Blo	lg. Ag	je
City (5)		Cour	ity (6)			100000000000000000000000000000000000000	ty Code (7) e use only)	Current Use (Pr	or if hoing	dom	oliobo	d)	
MONTCLAIR		ESS	SEX			(State	e use only)	Current Use (Pri	or ii being	uem	Olishe	a)	
Name of Monitorin					ASCM No.	'	Name of Abatement Co	ntractor (9)					
							D & S RESTORAT	TION, INC.					
Street Address						-	Street Address						
							20 California Ave						
City, State, Zip Coo	le						City, State, Zip Code						
32/							Paterson, NJ 0750)3					
Project Manager fo	r Monitoring Firm	***	Ph	none Numb	er		Telephone Number		License I		er		
							973-345-8020		01	169			
Start Date (10)		ISched	. Completi	on Date (11)		Name of OSHA Monito						
							D & S Restoration Street Address	i, Inc.				_	
05/28/13	5 - 1 - 1 - 1	06/20											
Occupancy Status	During Abatement d/vacated during			ment			20 California Aver City, State, Zip Code	iue			_	_	
Abatement p	erformed outside	of normal	facility hou	rs-			City, State, Zip Code				1		
	ibe: NORMAL H						Paterson, NJ 0750)3					
								Il Containment w	/negative i	ress	ure		_
Scope of Work (cl								ni-enclosure	megauve	31000	uio		
		Renovation					⊠ GI	ovebag procedur					
≥160 sf or ≥2	260 If	Demolitio	State - Carrier				□ No	on-Exempted (*)	and Non-fi	riable R	proce		т—
Location of	and the second of the second o	Is locatio	n normally enance/cus	used solely	1		10 01 02 properties	Amount		e	e	E n	E
. asbestos-co		staff(12)	silalico/cuc	, water	Descript material	ion of as	sbestos-containing	(Specify S	F or	m o	p	С	n c
material (acr abated in fac	m) to be cility (13)	Yes	No	N/A	material	(ACIVI)	25	ĹF)		v	a i	a p	L
1 2 12 2 2 A 12 CON 10 CON		103	110	10/3				720 I FT		e N/I	-	_	
Basement					PIPE INSU			730 L FT		N N	부	片	片
basement crawl:	space		$\square X$		PIPE INSU			100 L FT			屵	片	片
ATTIC					PIPE INSU			480 L FT			片	片	片
GARAGE			X		PIPE INSU	JLATI	ON	160 L FT			부	부	片
								150		Ш	\sqcup	Ш	Ш
Registered Waste I	Hauler	NJD	EP Hauler		ubic Yards of	Waste	Name of Registered La TULLYTOWN, R	andfill ESOURCE RE	COVER	Υ			
D& S RESTOR	RATION, INC.	13:	506		2 YDS		City, State	ESOURCE ICE	COTE	_			
City, State	11 07502			Disposal D 06/03/1			TULLYTOWN, P	A					- 58
PATERSON, N		T=::		00/03/1	Signature		TOLLITONIA		Date				
Completed by (Print BOGDAN JOI		Title PRESID	ENT						05/15/1	3			
	JULIC	* Do not us	e this form	for asbest	s licensure e	xempted	l activities.					9	
ASR-41		50 .iot ac			normalisa permitakan periodokan	puritary 2 hard							

Page 1 of 1

Check #1580

Date of Notification (1) 5-13-2013			Name of	F Building (E SCHO	Owner	Operator	(2) T <i>2§</i> /	3 MAY 21	,							
Agencies Notified	Type Notification			Street A	ddress	۸۷۰	0110		· / 《 .	Af	12.3	in				
EPA DEP X DOL	Initial Amended Amendment	#			ite, Zip Co				* 1/102)			C				
X DOH X DCA	Emergency (justification) Cancellation			Name of	Contact OeNichilo)				Tel	ephone	Num	ber			
				FACI	LITY INFO	RMA	TION								=	
Name of Facility Where A FORT LEE HIGH S Street Address		Place (3	3)						of Facility (School (K-1 Subchapter	2)	or than	V 12				
3000 LEMOINE AV	ENUE								Other (i.e. p etc.)	rivate	& comm	ercia	l build	90-91 17 9. =		es,
City (5) FORT LEE								60,0	re Feet 00 +	2	f Floors		4	ldg. A	ige	
County (6) Bergen					Code (7) USE ONLY)			Curre	ent Use (Prid	or if bei	ng dem	olish	ed)			
Name of Monitoring Firm Westchester Enviro	•	Owner (8)		ASCN	No.			of Aba Proup	tement Con , Inc	tractor	(9)					
Street Address 307 North Walnut S	street							Addre: Hamb	ss ourg Tpke							
City, State, Zip Code West Chester, PA 1	9380								ip Code dale, NJ 0	7403						
Project Manager for Mon Paul F. McCaa	itoring Firm			Telephor 610-43	ne No. 31-7545		125000000000000000000000000000000000000	none N)710-			Licens 0108		•			
Start Date (10) 5-24-2013 after 3:3	0pm	Schedul 5-27-2		npletion	Date (11)			of OSI Froup	HA Monitor , Inc							
Occupancy Status During	g Abatement (Chec	c Only Or	ne)	- 37			Street								V	
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, S	tate, Z	ourg Tpke							
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	II That Apply						Bloo	mingo	dale, NJ 0	17403						
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	іі Тпас Арріу)	-	Renova Demolit				×	Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					0	
		T .	Locati					2 140	II-L.xempled	() air	u NOII-I	Habit		Abate		:
Location	of	1	Vormal	ly		Г	escription	of						Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (12)				nce/		os Co therm sur	ntaining M al systems facing, VA miscellar	faterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Phase I: ROOM	15 232/231	Yes	No X	N/A	SHEET	BOC	K WALL	9 9	OFFITS	1.0	00 SF	_	Х		(D	
ROOMS 23		-	X				ILE & M				50 SF		X			
ROOMS 23		-	X		•	/ \ 1	Sinks	7.011		,_	3		X			
ROOMS 23		-	X		1	ARI	BENCH	TOPS	= +	11	0 SF	-	X			
Name of Registered Was			- 577	JDEP W	Barrier III		c Yards	101	Name of F		Service Country		••			
GL Group, Inc			Н	auler ID 033034	No.	of W	aste)		GROW	S						
City, State Bloomingdale, NJ						Disp			City, State Morrisvi		Ą					
Completed by Title Elena Solakov President							Signature	E	lem St	ullo	از	Date 5/1	e 4/20	13		

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
5/16/	13	_			Route 38		m E	CEIV	E	10	Γ	
Agencies Notified Type Notifica	tion			Street	Address		114			Ш	11	
☑ EPA ☑ Initial				10 0	Swen Str	eet	11[]]]			$\parallel \parallel \parallel$	11	
☑ DOLWD ☐ Amended				City, S	tate, Zip C	ode		MAY 2 1 2013		10		
☑ DHSS Amendme ☐ DCA ☐ Emergence		uding		Che	rry Hill N	IJ. 08003						
(NJAC 5:23-8) justification		uunig		Name	of Contact		ASI	Telephone Number	1 0		Т	
☐ Cancellati	on			Ton	Hesser	<u></u>	701	DENOING	La		┖	
				FAC	ILITY IN	FORMATION					551A	
Name of Facility Where Abatement is T	aking F	Place (3)				Type of Facility					
Classic Chevrolet				W. C. C.			School (K-12	2) 8 (Other than K-12)				
Street Address							Other (i.e., p	rivate and commerc	ial bu	ilding	S,	
600 Route 38							homes, etc.		1 = 7			
City (5)							Square Feet	# of Floors	10000000	lg. Ag	le	
Maple Shade							10,000	2	25	50		
County (6)				Coun	ty Code (7))(STATE USE ONLY)	1 B	rior if being demolish	ied)			
Burlington County							Former Car	Dealership				
Name of Monitoring Firm Hired by Build	ing Ow	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9))				
Health & Safety Services Inc.						Luzon Inc.						
Street Address						Street Address			ál			
318 12 th St.						8451 Executi	ve Ave.					
City, State, Zip Code						City, State, Zip Co	ode					
Hammonton NJ. 08037						Philadelphia	, Pa. 19153					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Jim Proctor			60	9-704	-8850	267-284-1050		01109				
Start Date (10)	chedul	led Co	mple	tion Da	te (11)	Name of OSHA N	lonitor					
<u>5</u> / <u>27</u> / <u>13</u>	5	_ /	28	_ / _	13_	Joseph Marc	nski					
Occupancy Status During Abatement (0	Check o	only or	ne)	120000000000000000000000000000000000000		Street Address		<u> </u>				
☐ Facility Closed/Vacated During Entire						8451 Executi	ve Avenue					
☐ Abatement Performed Outside of No Time of Abatement: <u>7:00</u> AM- <u>5:00</u> F					cribe	City, State, Zip Co						
Scope of Work (Check all that apply)						•						
☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if		☐ Ren ☑ Den				☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	e			
		ls l	oca	tion					Ab	ateme	ent T	уре
Location of			orma		200.00	Description of			Z	Z	Ш	ш
Asbestos-Containing Material (ACM)			ely by ance/		stos Containing Ma		Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility			dial	Staff?	(1.6	surfacing, VAT		SF or LF)	Va	=	nsc	sur
(13)	-		(12)	_		other miscellane	ous)				ate	, CD
		Yes	No	N/A								_
Basement	-				Asbest	os Heat Shield	+	400 SF				
+,												
Name of Registered Waste Hauler			1000	JDEP I		Cubic Yards of	Name of Regi	stered Landfill	-	-		
Service Transport Inc.			F	lauler II	O No.	Waste 2 CYS.	Minerva L	andfill				
City, State						Disposal Date	City, State					
New Castle, DE.						5/29/13	Waynesb	urg, OH				
Completed By (Print or Type)	Title				A	Signature	-	Da	te,	_,	R25	
Piush Patel		ogran	n Ma	nager	Yali ya	Piyu	Jh C	atel 5	11	6	13	

ASB-41 MAY 11

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

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

CB : 211 115 11 111		1000			T	A 17 6		1 N/ E
Date of Notification (1) May 15, 2013					Name of Building Owner SIKA Corp.	Operator (E		
Agencies Notified	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Notification		fication	Street Address 875 Valleybrook A City, State, Zip Code		7	
X EPA		□Amende			City, State, Zip Code	MA	Y 2	2013
DCA		The state of the s			Lyndhurst, NJ 0'	tank.	88	
x DOL		□ Emerg		including		/041	1 = 14	
X DEP			cation)		Name of Contact Don Weatherbee	ASBES	TI	erone vulluser
x DOH		☐ Cance	llea	5100 (5)			LL	JINIO JINIO
Name of Facility Where Abate	ment is Ta	king Place (3)		FACILITY IN	FORMATION Type of Facility (4)	COFOTOC	CCN :	300
SIKA Corp.	ment is ra	King Flace (5)			☐ School (K-12)	SBESTOS LICE	C. P.	.4.14
Street Address					Subchapter 8 (other that			
875 Valleybrook Ave	nue				Sq. Feet: Unknown			
City (5)	County (6)	County	y Code (7)				
Lyndhurst	Berger	1	(State	Use Only)	Manufacturing and adn	ninistration	offices:	
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No.	Name of Contractor (9)		WIE STREET	
EnviroVision Const			0007		GREENWOOD ABA	TEMENT	IPMOS	II TANTS INC
Street Address					Street Address	I CIAICIAI	ONOC	DETARTS, INC.
20-21 Wagaraw Road	, Bldg#	35E			268 MAIN STREET			
City, State, Zip Code			000000000000000000000000000000000000000		City State, ZipCode			
Fairlawn, NJ 07410					Butler, NJ 07405			
Project Manager for Monitorin	g Firm	Telephone N	-		Telephone Number		Licer	nse Number
Fred Larson		973-636	-9145		973-492-0477		008	40
Scheduled Start Date (10)		Scheduled C	Completic	on Date (11)	Name of OSHA Monitor			
May 25, 2013		May 28, 2			EMSL inc.			
Occupancy Status During Al	natement (Check only or	ne)		Street Address			
x Facility Closed/Vaca				tement				
Abatement Performed	Outside o	f Normal Faci	ility Hour	rs -	1056 Stelton Road			
Describe					City, State, Zip Code			
Other – Describe:					Piscataway, NJ 08	854		
Source of Work (Check all tha	t apply)					- " 0 ' '		
				Б				vith Negative Pressure
≥ 3 sf or ≥ 3 lf	••			Renovation		Mini-Encl		
□ ≥ 160 sf or ≥ 2	60			Demolition		x Gloveba		aure and Non-Friable Procedure
Location of Asbestos-Containi	na Ista	cation Normal	ly Used	Description of As	bestos Containing Material	Non-Exen		Abatement Type
Material (ACM) in Facility (13)	9	ly by Maint./Cu			nal systems insulation, surfac		ify SF	
	Staff YES	? (12) NO	NA	VAT, or other mis	scell.)	or LF)	Remove Repair Encap Enclose
MU20 Tank Room			X	TSI		34 11		X
Mech Rm B2-5			X	TSI		16 11		
Warehouse # 2			X	TSI	F	40 11		
Central Cooridor			(XI	TSI		15 11		
를 보면하다면 한국가를 하시고, 전기에 가는 사람들이 있다면 5억 다른			X	TSI		<201		
Warehouse # 2			100	131			5/4	
Name of Reg. Waste Hauler	•	NJDEP Was		rID#	Cubic Yards of Waste:			e of Registered Landfill
See Hauler Below # 1 & 2	2	See Below	1		10			dowfill Landfill
								O.W.S erva Ent. Ohio
Hauler #1) Greenwood	Ahatama	nt Concult	nte le	c - Butler N L	07405	Disposal D		City, State
NJ DEP # 12			anto, m	o. – Dudel, NJ (01700	May 28,		Route 2, Box 68
Hauler #2) Newark Cartin			04509	N.I DEP # 19551		, 20,	•	Bridgeport, WVA
Hauler #3) Tri State-Bron								304-842-2784
20000111 070010.TO/01 T TOX 111 TO								9000 Minerva Road Waynesburg, OH
Completed by (Print or Type)		Title			Signature		Date	rvaynesburg, Orr
Marin Graure		SENIOR PI	ROJEC	T	Marin Graure			15,2013
	1	MANAGER	2		1-141111 GIAGIC			

State of New Jersey - Notification of Asbestos Abatement

			(Purs	uant to <u>N.J.A.C</u>	2. 8:60-7 and 12:120-7)		I	1	EC	F	N N/	FI
Date of Notification (1)					Name of Building Owner	r/Onerator	(2)	HH	5 6	_15_	11 17	5
May 17, 2013					Durling Realty	горогасог	7	15				- 111
Agencies Notified		Notification	Type		Street Address		\dashv	11 11	MAV	2 1	0010	-H
				fication	3 Old Highway 28,	PO Box	6	لا هر	MAI	2 1	2013	
X EPA		□Amende			City, State, Zip Code		7					
DCA		□ Emerg			Whitehouse Stati	ion. N.I	08	889				
x DOL		justific		inolading	Name of Contact	1011, 110	7		ASBEST phone Nu	DS C	ONTRO	L&
X DEP		□ Cance			C/O Scott Higgins		L	1 1010	phone Hai	introdic.	IIVG	
x DOH		La Carice	ileu	EAGUITY IN				_				
Name of Facility Where Abate	mont is Te	oking Place (2)		FACILITY IN	Type of Facility (4)		+					1015
Vacant Building	ment is re	aking Place (5)			School (K-12)							
vacant building					Subchapter 8 (other tha	n K 12\						4
Street Address					Other (i.e. private 8	450	al h	uildina	e homoe e	atc \		
45 Main Street					Sq. Feet: Unknown						veare	
City (5)	County (6)	County	/ Code (7)	Sq. r eet. Olikilowii	# 0111	<u> </u>	<u>s.</u> 2	Diag. Age	<u>.</u> 00	years	1
South Bound	County	91		Use Only)	Current Use (prior if bein	na demolist	ned):				1
Brook					Current des (prior il dell'	.5						1
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	No	Name of Contractor (9)							
ABS Environmenta			AGGIVI	140.	Ivanie or Contractor (5)							
ADS Environmenta	i servi	ces,LLC			GREENWOOD ABA	TEMENT	C	ONS	JLTANT	S, INC) .	- 1
Street Address					Street Address							
PO Box 483												- 1
					268 MAIN STREET							
City, State, Zip Code					City State, ZipCode							
Glenwood, NJ 07418					Butler, NJ 07405		_					
Project Manager for Monitorin	g Firm	Telephone N			Telephone Number			Licer	nse Number	į.		
Scott Higgins		973-764-	22/6		973-492-0477			008	40			
Scheduled Start Date (10)		Scheduled C	ompletio	n Date (11)	Name of OSHA Monitor			000	70			
June 3, 2013		June 7, 2		ar Duto (11)	Traine of Got is thiomest							
04110 0, 2010		04.10 1, 2			EMSL inc.							
Occupancy Status During Al	batement	(Check only or	ne)		Street Address	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		0516120010000				
Facility Closed/Vacate	ed During	Entire Period of	of Abater	ment								
Abatement Performed	Outside	of Normal Faci	lity Hour	'S -	1056 Stelton Road							
Describe					City, State, Zip Code							
Other – Describe: Va	cant to	Re Demoiis	sned		Piscataway, NJ 08	8854						
					1 looutuway, 110 oo	.004						
Course of Made (Charle all the	4 analys						-					
Source of Work (Check all tha	(apply)					Full Con	tair	ment	with Negat	ive Pre	ecura	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Er			with Negat	VCTT	33u10	
				Demolition		Gloveba			Ire			
<u> </u>	.00			Demonitori					*) and Nor	-Friab	le Proce	dure
Location of Asbestos-Containi	ng Is L	ocation Normal	y Used	Description of Asl	bestos Containing Material	Am	our	nt	Abateme			
Material (ACM) in Facility (13)	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ely by Maint./Cu	stodial	(ACM) (i.e. therm	nal systems insulation, surfac			fy SF	Remove	Danair	Encan E	nclose
		ff? (12)	NIA	VAT, or other mis	scell.)	orl	-F)		Kelliove	Керап	Lileap L	liciose
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House			X	Built up Roo	oning				[X]		1 1	
Flat Building			X	Flashing		80			X		1 1	
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Name of Reg. Waste Hauler		NJDEP Was		- ID #	Cubic Yards of Waste:				e of Registe dowfill La		natill	
See Hauler Below # 1 & 2	2	See Below			30			100000000000000000000000000000000000000	O.W.S	Hulli		
									erva Ent.	Ohio		
Hauler #1) Greenwood	Abatam	ont Concults	méo In	o Butler N.I.	7405	Disposal	Da			ty, Stat	te	
NJ DEP # 12			iiitə, iii	c. – Duder, No (07403	June 7					Box 68	
Hauler #2) Newark Carti			0.4500	NI DEP # 10551		ouno.	, -				rt, WVA	1
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Completed by (Print or Type)		<u>Title</u>			Signature	•		Date				
Marin Graure			ROJEC	T	Marin Graure			Ma	y 17, 20°	13		
Marin Graure SENIOR PROJECT MANAGER									9950			

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Date of Notification (1) 4 -25-13	100	ame of Building arry Hiershor		ator (2)							
Agencies Notified Type Notification		treet Address				Ш	H M	ΑY		201	}—	- 4
☐ EPA ☐ Initial		861 West Av										
DEP Amended Amendment #		ity, State, Zip Co Ocean City , I					ASBE	STO		NTR NG	OL.	&
Emergency (including	Track I	ame of Contact				Те	lephone I					
DOH justification) DCA Cancellation	p	hil Greseler				-				P.		
Name of Facility Marca Abstances in Taking Place (2)		FACILITY INFO	ORMATION	-	Type of Facility (4	1						
Name of Facility Where Abatement is Taking Place (3) Resident				١,	School (K-12							
Street Address				ᅦ	Subchapter 8	3 (Oth						
4861 West Ave				- 1	Other (i.e. pr etc.)	ivate	& comme	ercial b	ullain	gs, no	mes	
City (5)					Square Feet 3800	# 0	of Floors	11001110	Bldg 65	g. Age		
Ocean City	TC	ounty Code (7)			Current Use (Prio		ing demo	lished				
County (6) Atlandic		STATE USE ONLY			resident	111 00	ing dome	,iioi iou,				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.			f Abatement Cont Joe LLc	racto	r (9)					
Street Address		The second secon	100		ddress Burlington Ave)	*					
City, State, Zip Code		40			ate, Zip Code co .NJ . 08075							
Project Manager for Monitoring Firm	T Te	elephone No.			one No.	,	Licens	e No.				
Project Manager for Monitoring Film	1	elephone No.	100		24-0971		07010					
Start Date (10) Scheduled 5-14-13 6-20-13		eletion Date (11)	f OSHA Monitor					3.10.7				
Occupancy Status During Abatement (Check Only One)		Str	eet A	ddress							
Facility Closed/Vacated During Entire Period of Ab Abatement Performed Outside of Normal Facility F Other – Describe: Demo	bateme Hours	nt	Cit	y, Sta	ate, Zip Code	010		-E. SKI				
Scope of Work (Check All That Apply)												
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lel	ocation	n			110111111111111111111111111111111111111	1/-			-1400	batem		
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		X					<u> </u>	-	+	+	+	\dashv
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City, State Ocean View.NJ			Disposal D TBD	ate	City, State Egg Har		, NJ					- 10
Completed by Title Joseph T Hill VP	****	Signa	ature				Date 425	5-13				

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Data of Nationalism (4)			Name -	(Duilding Owner	10	10	5 6 5 1	-W	15	1	16
Date of Notification (1) 5-17-13	3			f Building Owner		MERT		Ú		1 '	
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Name of Facility Where Abatement is Taking						ype of Facility (94.5 3.4				
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City (5)	,				5	etc.) Square Feet	# of Floors	E	Bldg. A	\ge	
Haddonfield	N	I	08	033			2		8	0 +	,
County (6) Canalon				Code (7) USE ONLY)		Current Use (Prid	or if being demolish	ed)			
Name of Monitoring Firm Hired by Building (. 0		ASCN	A No.	Name of	Abatement Con		°	 £	T .	
Street Address	37	<u> </u>	1	1.100	Street Ad	dress	thnolog	16.	9	Ir	16
City, State, Zip Code	7	_	10	522		te, Zip Code	- 1 NT	<u></u>	06	- 9	9
Project Manager for Monitoring Firm	N		08 Telepho		Telephor	ne No.	P License No	U	8)5	5
Steve Schenker	2	10	609	758-3365	609 7	58-336	5 00	3	39	4	
Start Date (10)			2.5	Date (11)	F	OSHA Monitor	(-	
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Other - Describe:		•			Neu	U Egypt	NJC	18:	53	3	
Scope of Work (Check All That Apply)											
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	т		-			Non-Exempted	(*) and Non-Friable	e Pro			
	1-1200	Locati Normal								emen /pe	t
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Asbestos Co	escription of entaining Mat		Amount			m	
TO BE ABATED	() () () () () () () () () ()	intenar todial S		(i.e. therm	al systems ir	nsulation,	(Specify	Rer	R	Encapsulate	Enc
In Facility (13)		(12)			facing, VAT, r miscellaned		SF or LF)	Remova	Repair	psul	Enclosure
UV speeds	Yes	No	N/A					<u>a</u>		ate	Fe
Basement		Х		Pipe I	nsula	tion	140 LF	Κ			
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Name of Registered Waste Hauler		1	JDEP W auler ID		ic Yards /aste	P 25576 E2	Registered Landfill				
EPC Technologie	5		170	00	L	Wast	e Munager	100	to	E f	N
City, State					osal Date	L City, State					
Completed by Compl	NJ Title			15	-30~L	3 MORIL	isville P	e .			
Steve Schenker	Pize	< :0	ent		Signature	Sek.		5.	17	1-1	3

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B & Q biob to		_		***	EMERG	EN	3 Y		4	L			112-1		4	₩	_
Date of Nothication	(1)	I Nan	ne of Buildia	ng Owner/C	Operator (2)											\mathbf{III}	18
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☐ DEP	[<u>F</u>]	City	State, Zip	Code			manda ma			A	SBES)	OS C	SING	HUL	č.	-	
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	Cancollati	on	Geraldine	Patters	on									_		==	
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		Count	(6)			Coul	ty Coc	ie (7)	71			_ _					
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Project Manager fo	or Monitoring Firm		Fnc	ine numbe	1			73)696-),			00	378			
					-			of OSHA									
Scheduled Start D	ate (10)		Completio	n Date (11)		1	G Rest	toratio	an, I	nc.						-
05/21/2013			2/2013					Address E Ducom	n Po	her							
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Describe:_							Lir	ncoinPar	k, NJ	070	35						
Other-Desc																	
	theck all that apply					П	Full Co	ntainment	wheg	ative	pressur	e 🗷	Glove	pag pr	ocedu	en	
Demolition	<u>M</u>	Renovatio						dosure	-				Non-fi	riable i	proced	lure	
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Registered Waste B & G Restor	Hauter ation, Inc.	NJD	EP Haulor I 19 5 63		1			Tullyt	own	Res	ource	& Rec	overy	Cen	ter		
City, State				Disposal D			Cit	y, State Tullyto	מאני	PA						10	ě.
Lincoln Park				-05	/22/2013 Signature	-	حــــ		- Burney		-		Data		_		-
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COLOGUE LA	I Ca			7,567.0					_	-	_					10.77	

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5912 2013-101 B & G proj. #: *** EMERGENCY *** Name of Building Owner/Operator (2) MAY Date of Notification (1) 2**013** Geraldine Patterson 0 15 1/1 17 1/11 13 Type Notification Agencies Notified Street Address ASBEST CONTROL ☐ EPA 608 Lincoln Avenue X Initial ☐ DEP City, State, Zip Code Orange, NJ 07050 Amendment X DOL Telephone Number Name of Contact DOH Cancellation Geraldine Patterson ☐ DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Geraldine Patterson Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 608 Lincoln Avenue County Code (7) County (6) Current Use (Prior if being demolished) City (5) (State use only) residential Essex Orange Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. N/A Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00378 (973)696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 05/22/2013 05/21/2013 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation ☐ Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 if >3 sf or >3 If E Ε Is location normally used solely e п n Amount by maintenance/custodial m Location of C Description of asbestos-containing (Specify SF or C asbestos-containing 0 a a staff(12) material (ACM) LF) material to be abated in facility (13) N/A No Yes X 45 lf X pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Tullytown Resource & Recovery Center Registered Waste Hauler 19563 B & G Restoration, Inc. Disposal Date Tullytown, PA City, State 05/22/2013 Lincoln Park, NJ Date Signature Gordana Luna 05/17/2013 Completed by (Print or Type) Secretary/Treasurer Gordana Luna

State of NJ

				NC			OF ASBESTOS AB o NJAC 8:60-7 and 12:							
Date of Notification (<u></u>		Nan	ne o			ner/Operator (2)		10/6	CE	Ch	gk#	<u>E</u> 14	9
Date of Notification (5/15/13						Jersey State Pris	son	1151				7	1
Agencies Notified [] EPA	Type of N	Notification al	12/2/15/22		Address Bag R					MAY 2	1 22	13		
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[X] DOH	Noti	fication	Nam	ne o	f Contac	ct			Telephone Nu	mher	* ****			
[] DCA	[] Cano	cellation	Joh	nn	Kocse	erha								
			4			FACI	LITY INFORMATION							
Name of Facility Whe East Jersey Sta			Place	(3)				Type of Facilit Scho Subc Other	y (4) ol (K-12) hapter 8 (Other (i.e. private an	than K-12)	ial bui	ding	5,	
Street Address 1100 Woodbrid	ge Road							home	es, etc.)					10000
City (5)		- T Co.	inty (6)	·			County Code (7)	Square Feet	# of Floo		Bldg. / ~50	Age		
Avenel		Mid	ddles	sex		((STATE USE ONLY)	Offices, training						
Name of Monitoring F Whitman				1	00110	0.	Name of Abatem	ent Contractor (9 upiter Envir	0.00	Services	Inc			
Street Address	Compai	1103, 1110.			70110		Street Address	upitor Envir	oriinoritar o	0111000,				
7 Pleasant Hill I	Road	rancommunity of the	H 88	-00-			City, State, Zip C	Lynn Court	<u> </u>					
City, State, Zip Code Cranbury, NJ 08	3512							Lincoln Park	, NJ 07035	i				
Project Manager for N		25.0			Numbe		Telephone Numb		20	License				
Kevin Lovely Scheduled Start Date	(10)	Sched. Co		-)-5858		Name of OSHA N	973-709-020 Monitor	00			300	352	
5/15/1			5/20/			',		J & S Enviro	nmental La	aboratori	es, L	LC		
Occupancy Status Du	ed/Vacated I	During Entir	e Perio	od o	of Abater		Street Address 2	333 Route 2	22W					
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Scope of Work (Chec	k all that app	oly)								711 NI - 17				-0111-1-011-01
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥2					[]	Ren	ovation	[] Mi [x] G	ull Containment ini – Enclosure lovebag Proced on – Friable Pro	dure	ve Pre	ssur	Э	
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City, State Lincoln Park, No	1						Disposal Date 5/24/13	City, State Waynesb	ura OH					
Completed By (Print of Pane Repic		100	^{tle}	al	Mana		Signature	/ vayriesb	7	Date 5/15	5/13			
ASB-41							J. M	-						

State of New Jersey

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-				Check #	7149

			NO			F ASBESTO JAC 8:60-7		ATEMENT 120-7)	J [N	MAY 2	20 Ch		¢ 71	49	J			
Date of Notification (1)) 5/15/13					Operator (2)	e Pris	son	ABB		ONT	RO		1				
Agencies Notified [] EPA [] DEP	Type of Notificat [] Initial Notification	ion St	reet A ock I	ddress Bag R				NA TO	1 (sig	alth standing services								
[X] DOF	[x] Emergency [] Amended Notification			ate, zip (ay, NJ	ode 07065	5		Date: \$15 LR Time: 9:11A0										
[] DCA	[] Cancellation			f Contac Kocse	5,,,			Te	lephone Nur	mber			k # 71 49 O & SS Ings, Ings, P O S					
	<u> </u>				FACILITY	Y INFORMA	rion											
Name of Facility When East Jersey State Street Address 1100 Woodbridge	te Prison		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings homes, etc.)															
Truo Woodbind	y (5) County (6) County Code (7) # of Floors											Age						
City (5) Avenel		County Middle				nty Code (7) ATE USE O		Current Use (Prior if being demolished) Officee, training center										
Name of Monitoring Fi	rm Hired by Buildin Companies, I			SCM No.	o.	Name of		ent Contractor (9) Jupiter Environ		ervices,	Inc.							
Street Address						Street Add												
7 Pleasant Hill F	₹oad							3 Lynn Court			******	- 44			-			
City, State, Zip Code Cranbury, NJ 08	512					City, State		ode Lincoln Park, N	JJ 07035									
Project Manager for M		Teler	hone	Number		Telephone			10 01 000	Licens	e Nun	nber			_			
Kevin Lovely				-5858				973-709-0200				00	85	2				
Scheduled Start Date		d. Comp)	Name of					: 1	10						
5/15/13			0/13	- 28.21.00013		0. (4)		J & S Environr	nental La	porator	ies, i	LLC	<u>, </u>					
Occupancy Status Dur	ring Abatement (C) d/Vacated During	neck only Entire Pe	one) riod o	f Abater	nent	Street Add		333 Route 22	W									
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Desc [x] Other - Desc	nbe: xiba: <u>partially vaca</u>	ted						Union, NJ 070	83		una	_						
Scope of Work (Check	all that apply)						[] Full Containment with Negative Pres											
[] Demolition [X] ≥3 sf or ≥3 lf [] ≥160 sf or ≥26	60 If			[]	Renova	ition.		[] Mini - [x] Glov	- Enclosure ebag Proced - Priable Pro	dure		0000						
		100 000 000	Locat	C12000000000000000000000000000000000000		i								ient				
Location Asbestos – C Material (<i>i</i> <u>TO BE AB</u> In Faci	ontaining ACM) ATED	Maint	mally loiely onand al Staf	by co/Cus		(i.je Insul	oestos Materi e., there ation, s	ription of - Containing ial (ACM) mal systems surfacing, VAT, iscellaneous)		Amour (Speci SF or L	fy	REMOV	REP	N C A P	NCLO			
(13)		Yes	No	N/A								A	R					
Inmate Commissary	area		х		Plpe in	sulation				9 LF		×	-	_	•			
														_	100000			
		-		-									-	+				
Name of Registered W	/aste Haufer	NJ	DEP	Vaste	Cu	bic Yards		Name of Registe		A. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					_			
Jupiter Environm	nental Service		uler 10 4782) No.		Waste 1/2		Minerva Lar	ndfill									
City, State Lincoln Park, NJ					44 03898	eposal Date 24/13		City, State Waynesbur	g, QH									
Completed By (Print or		Title				Signati	ire /	/	-1	Date								
Pane Replo General Manager						1	h	- (~		5/1	5/13	}						

Project #	NO	State of New Jersey NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 12:120)							Check#	199	7	\mathbb{V}	E	h	
Date of Notification (1)		T	Name of	Building (Owner/Ope	erator	(2)	$\Pi\Pi$	MAY	2	1 2	Λ12		I	
05/14/2013		V	Voodb	ridge B	OE			ע ע	MAI	_	١	UIJ			
Agencies Notified Type Notifi	cation		Street A												
T so.		4	128 Sc	hool St					ASBEST	os c	ON	TRO	&		
EPA Initial DEP Amen	ded	-	City, Sta	te, Zip Co	de	SINC	3								
DOL Amen	dment #	_	(easby	, NJ 07	095							200			
	gency (including cation)		Name of	Contact					Telephone	Numb	er				
	ellation	F	Anthon	y D'Ors	i				l ,						
			FACI	LITY INFO	ORMATION	N									
Name of Facility Where Abatement is	Taking Place (3)						Type of Fac	ality (4)	,						
Trasportation Building		2		NO SOLIS SEGUE LE				(K-12							
Street Address								apter 8	(Other than vate & comm	K-12) percial	build	inas	home	es.	
60 Crows Mill Rd							Other etc.)	(i.e. pri	vale & comm	iciciai	Dulla	migo,	1101110	٠,	
City (5) Keasby, NJ							Square Fee	t	# of Floors		Bldg. Age				
County (6)		\neg	County (Code (7)		_	Current Use	(Prior	if being dem	olishe	d)				
Middlesex			(STATE I	JSE ONLY)		-									
Name of Monitoring Firm Hired by Bu	uilding Owner (8)		ASCN	No.	1	Name	of Abatemer	t Contr	actor (9)						
,	•				l N	Nick Restoration LLC									
Street Address					- 1	Street	Address								
Success address				7	2 Br	rookside Rd									
City, State, Zip Code	City State 7in Code						tate, Zip Coo	275							
Ony, Guille, Elip Godo				15	l _R	Rand	olph NJ	07869	9						
Project Manager for Monitoring Firm		Т	Telepho	ne No.			one No.			se No.		-		7000	
, roject manager tar mena-ing r		- 1	7-500000 * 0000 CS	52-1833	3 9	73-9	33-2550		0113	3					
Start Date (10)	Scheduled					Name	of OSHA Mo	nitor					-3000000		
05/28/2013	05/29/20					&S E	Environme	ntal							
Occupancy Status During Abatemen							Address								
					2	333	RT 22								
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:					1		tate, Zip Coo								
Scope of Work (Check All That Apply	/)	_				7111011	1, 140 07 00								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	■ Re	enova emolit					Mini-Enc Glovebac	losure Proce	edure (1) and Non-I	_	\		9		
	ls I	ocat	ion							_	/	100000000000000000000000000000000000000	ment		
Location of	No	ormal	ly		Desc	ription	of					Ту	pe		
Asbestos-Containing Material (Ar <u>TO BE ABATED</u> In Facility (13)	Custo	tena	nce/		tos Contai	ning M ystem: na. VA	faterial (ACNs insulation, T, or	1)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
	Yes	No	N/A										a		
Change Room		×		Linoleu	ım			6	0 LF		×				
			-		1000	-		+							
			2.00												
Name of Registered Waste Hauler Nick Restoration LLC		F	IJDEP W lauler ID 3782		Cubic Yaste TBD			ne of R	egistered La /.S	ndfill					
City, State Randolph, NJ 0786	9	10	J. 02			sposal Date City, State									
Completed by	Title					nature			Date	9					
Elvira Mrda	Presid	ent				el	Wice I	Lic	Mar	05/	14/2	013			

			(Pu	irsuant 1	to NJAC 8	3:60 an	d 12:120	"	V E C	F		E	[F				
Date of Notification (1) 5/15/2013	Check#2	417			Building (en Cath					_==							
Agencies Notified	Type Notification			Street Ad	ddress h Street				MA'	1 2	1 201	3	世				
EPA DEP X DOL	Initial Amended Amendment #		.	City, Sta	te, Zip Co en, NJ 0				ASBES	TOS	CONTR	ROL &		\dagger			
	 Emergency (in justification) Cancellation 	ncluding		Name of Ron Ze	Contact erino				ASDES	ICH	ephone Nu	umber					
				FACIL	LITY INFO	RMAT	ION										
Name of Facility Where Ab Hoboken Catholic Ac		Place (3)					×	of Facility (4) School (K-12)								
Street Address 555 7th Street								Ħ	Subchapter 8 Other (i.e. privetc.)				ldings	, home	es,		
City (5) Hoboken, NJ 07080								Squa 20,0	re Feet 00	# o 2	f Floors		3ldg 50+	Bldg. Age 50+			
County (6) Hudson				County C	Code (7) JSE ONLY)			Curre	ent Use (Prior ool	if bei	ng demoli:	shed)					
Name of Monitoring Firm H		ASCM	1 No.		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		itement Contra es Corpora										
Street Address				1			Street Address 426 69th Street										
City, State, Zip Code							ip Code g,NJ 07093	3									
Project Manager for Monito	T	Telephor	ne No.	-	Teleph		0.		License 01074	No.							
Start Date (10)		Schedule	d Com	pletion [Date (11)				HA Monitor	T							
5/15/2013		5/16/20							above								
Occupancy Status During							Street	Addre	SS								
Facility Closed/Vacate Abatement Performed Other – Describe: Sta	d Outside of Norma	eriod of A al Facility	Hours	ent	-	_	City, S	State, Z	ip Code								
Scope of Work (Check All	That Apply)	(2.5)					-		- New York		II. Annual Control						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti				×	Min	Il Containmen ni-Enclosure ovebag Proce	dure	ō.						
		Τ .			100000			_1 NO	n-Exempted () an	d Non-Fria	able Pr		emen			
Location of	nf.	1	Location Normall	y		De	escription	of				_	Туре				
Asbestos-Containing N TO BE ABAT In Facility (13)	faterial (ACM)	Ma	d Solel intenar odial S (12)	nce/		tos Cor therma surfa	ntaining Mal systems acing, VA miscellar	Materia s insula T, or	ation,	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A	570.								-	-			
Boiler Room-cra	wl space	X				Elb	ows fitti	ings		+	9	+					
						20											
Name of Registered Waste	e Hauler		7,000	JDEP W		75555	Yards		Name of Re	giste	ered Landf	fill	.1		\vdash		
Freehold Carting	No.	of Wa			Waste M	ana	gement										
City, State PO Box 5010	700000					Disposal Date City, State tbd Tullytown Landfills											
Completed by Gina Salvador	Title Office Manager							nature (3) Date 5/15/2013									

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

Check # 7152

														Chec	K#	715	2
Date of Notification (1) 5/17			uilding nivers		perator (2)												
Agencies Notified	Type of Notif	fication	Stree			J.1. J											7
[] EPA	[x] Initial	ication			orris	Ave.				M.	E	C _S		7 [<u>_</u>	D	
[] DEP	Notificat [] Emergence	0000000			Zip Co					M					II	П	
[X] DOL	[] Amende	ed	Unio	on, N	۷J 07	083			1		M	AY :	2 1 201	3		U	
[X] DOH	Notifica	tion	Name	e of C	ontact					Telen	hone N	lumbe	er		T		
[] DCA	[] Cancella	ation	Suz	anne	e Kup	oiec			ACRESTOS CONTROL S								
					F	ACILITY	INFORMATION	ASBESTOS CONTROL & LICENSING									
Name of Facility When	re Abatement is	Taking F	Place (3)				T	Type of Facilit	ty (4)	0)						-
Kean University	- Maintena	ance B	ldg.					10	[] Subc	chapter	8 (Oth	er tha	n K-12)	1 to !! o	•	2	
Street Address												and c	ommercia	Dulla	ings	S,	
1000 Morris Ave) .							-	Square Feet	— Т	# of Flo	oors	В	da. A	ae	-	-
City (5)		Cour	nty (6)				nty Code (7)		12000		1		~				
Union		Uni	on			(STA	TE USE ONLY)					demo	lished)				
Name of Monitoring Fi	irm Hired by Bu	uilding Ov	vner	ASC	CM No.		Name of Abaten										
TTI Environmen	tal			000	03			Jup	piter Envir	ronme	ental	Ser	vices, l	nc.			
Street Address							Street Address		_								
9 East Stow Roa	ad									<u>t</u>							
City, State, Zip Code Marlton, NJ 080	53						City, State, Zip t			k NJ	0703	35					
Project Manager for M		Te	elepho	ne Nu	ımber	-	Telephone Num			.,		T	License I	Numb	er		
Jim Gerardi		56-9							00				(300	352	<u> </u>	
Scheduled Start Date		ched. Co			te (11)		Name of OSHA				-4-11				_		
5/28/13	2	2/31	No. or Carrier			Street Address	J	& S Enviro	onme	ntai t	abc	ratorie	S, LL				
Occupancy Status Du	d/Vacated Dur	ing Entire	Perio	d of A	batem	ent		233	33 Route	22 W	est						
[] Abatement Pe	erformed Outsic	de of Nor	mal Fa	cility I	Hours -	-	City, State, Zip 0	Cod	le								
	cribe: <u>partially v</u>	/acated						Ur	nion, NJ 0	7083							
Scope of Work (Check	(all that apply)			====						ull Con	lainma	ntit	h Mogativ	Dros		_	
[] Demolition					[]	Renovati	on						ii ivegative	. i ies	Suit	C	
[x] ≥3 sf or ≥3 lf									115101								
[] ≥160 sf or ≥2	60 If								[] [N	011-11	lable I	10000	uie		hat	ome	ont.
		1	is Lo Norma	cation			Desc	cript	tion of							-	
Locatio				ly by										F	R		
Asbestos – C Material (1	ainteni odial S														
TO BE AB	BATED		v. (1.00.000.000.000.000														
In Faci (13)		Ye	s N	o N	N/A		or other n	HISC	ellarieous)					01 85	22.1		SS
												10	N.E.	- F	+	1	ח ה
Lunch room			×	_	-	TSI TSI								+	-	+	+
Various X TSI											38			+	+	+	+
	77.																1
Name of Registered W	Vaste Hauler	1	NJDE				oic Yards	T				fill					
Jupiter Environn	rices	Haule 047		lo.	Of V	Waste 1		Minerva I	Land	III							
City, State					-		posal Date		City, State		011						
Lincoln Park, NJ					5/3	31/13	Ţ	Waynesb	ourg,	OH_		T D-4					
Completed By (Print o	r Type)	Tit	10.7	ol 8.4	oner	or	Signature	9	1	-				13			
Pane Repic		G	ener	ai IVI	anag	eı	A	Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age ~70 Private and commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age ~70 Current Use (Prior if being demolished) Office/lab/classroom f Abatement Contractor (9) Jupiter Environmental Services, Inc. dddress 3 Lynn Court tet, Zip Code Lincoln Park, NJ 07035 Ine Number 973-709-0200 f OSHA Monitor J & S Environmental Laboratories, LLC dddress 2333 Route 22 West ste, Zip Code Union, NJ 07083 [] Full Containment with Negative Pressure [x] Mini – Enclosure [x] Glovebag Procedure [] Non – Friable Procedure Description of sbestos – Containing Amount Type Material (ACM) (Specify E E N A R S Lation, surfacing, VAT, on A R S Lation, surfacing, VAT, other miscellaneous) Name of Registered Landfill Minerva Landfill Name of Registered Landfill Minerva Landfill City, State Waynesburg, OH									

ASB-411

Note: Phased project. First phase is scheduled for start 5/28/13 and anticipated completion on 5/31/13. 10LF of TSI is scheduled for removal from lunch room. Amended notifications will be sent for other phases.

No West

Date of Notification (1) 05/20/13		of Building				mpany, L	LC	201	3////	٥.		1.0					
Agencies Notified	Type Notification			Street A	Address	Stroot					* 40)	-	11	rir.	2:1		
EPA DEP DOL	Initial X Amended Amendment		_	City, Sta	ate, Zip C ken, NJ	ode			-	is the things to							
DOH DCA	Emergency justification) Cancellation	ľ.			of Contact			•		Telephone Number							
	Cancellation				ILITY INF	ODMAT	ION										
Name of Facility Where 207 Van Vorst Proj	Abatement is Takir	ng Place (3	3)	IAU	LIII III	ORMAT	ION	Туре	of Facility	(4)							
Street Address 203-207 Van Vorst	Street Lot 16, I	Block 14	205					×	School (K- Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial bu	ilding	s, hon	nes,		
City (5) Jersey City									are Feet	# of Floors 2+		T	Bldg. Age				
County (6) Hudson					Code (7) USE ONLY)		Curr	ent Use (Pr	ior if be	ing demo	lished)					
Name of Monitoring Firm		ASC	M No.			e of Abatement Contractor (9)											
Street Address							Street	et Address									
City, State, Zip Code			eliterale		**********		City, S	5 12th Street 7, State, Zip Code									
Project Manager for Mon	itoring Firm			Telepho	ne No.		Ham Teleph		on, NJ 08	8037	License	No.					
Start Date (10)		Cabadal		1-4	5. (4)		609-				01172						
05/14/13		06/01/	13	ompletion Date (11) Name					HA Monitor								
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addre	SS				-		-		
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	Period of Anal Facility	Abaten Hours	nent 3		-102ds	City, S	state, Z	ip Code				-				
Scope of Work (Check A	Il That Apply)																
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if			Renova Demolif			1		Mi	II Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	a attorior - 1 0.00200920			ıre			
		ls	Locati	ion		1937-1932			Exompto	4 () 411	4 (40)1-1 11	abie i i	Abatement				
Location		1	Vormal	ly		Des	scription	of						ype			
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Ma Cust	d Sole intena todial s (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	aining M	Materia s insula T, or	iterial (ACM) insulation, , or		mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
Counter	Ton	Yes	No	N/A										0	,"		
Roofin				X							00 SF 000 SF	X	-	-	\vdash		
Tile & Ma		X									-	-	\vdash				
Pipe Insulation				X		-					00 SF	X	\vdash	-	\vdash		
Name of Registered Was			IN		/aste	Cubic	Varde		Nome of		00 LF	X		-			
Waste Management		NJDEP Waste Hauler ID No. Cubic Ya of Waste					1		gistered Landfill orth & Tullytown Landfills								
City, State Camden, NJ				Disposal Da Various					City, State Morrisv		Α						
Completed by Kati DiNatale		e Mar	nager		S	ignature	H	\overline{C}			Date 05/20/	13	-				

State of New Jersey - Notification of Asbestos Abatement

1031

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)				Name of Building Owner/Operator (2) 20/2										
May 16, 2013														
Agencies Notified	Notification	Type		Street Address 581 Main Street. PO Box 5042 City, State, Zip Code										
X EPA		al Notific		City, State, Zip Code	X 5042			-1-2						
DCA x DOL			tification		05	使力力			5- 47 -5255					
X DEP	□ Emerg		icluding	Woodbridge, NJ 070	93	Tolonk	none Nu	mhor						
x DOH	justific Cance			Name of Contact Mark Connors/ C/O AECOM		Telepi	IOHE NO	imber	•.					
	L Cance	ilea	FACILITY INFO						1.7.					
Name of Facility Where Abatement is	s Taking Place (3)		7710/2/77	Type of Facility (4)		-			46					
NJTPK Exit 7A Toll Plaza	Structure			School (K-12)										
Street Address				Subchapter 8 (other than K-12)										
NJTPK Interchange 7A				Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60 years										
City (5) Cour	ty (6)		Code (7)		/507 Nan T 1142									
Hightstown NJ Mer	cer	(State U	Ise Only)	Current Use (prior if being demolished):										
Name of Monitoring Firm Hired by B		ASCM N	No.	Name of Contractor (9)										
USA Environmental Ma	anagement			GREENWOOD ABATEM	ENT C	USNC	LTANT	rs, INC	:					
Street Address				Street Address										
344 West State Street				200 MAIN STREET										
Oits Clate 7in Code				268 MAIN STREET City State, ZipCode		-	- 1							
City, State, Zip Code Trenton, NJ 08618				Butler, NJ 07405										
Project Manager for Monitoring Firm	Telephone I	Number		Telephone Number		Licens	e Numb	er						
Bill Weisgarber	609-656-	8101		072 402 0477										
Scheduled Start Date (10)	Scheduled (Completion	Date (11)	973-492-0477 Name of OSHA Monitor		0084								
May 28, 2013	June 7, 2		T Date (11)	THE ST CO. II THOMAS										
				EMSL inc.										
Occupancy Status During Abatem	ent (Check only o	ne)	0.000 •	Street Address										
Facility Closed/Vacated Du Abatement Performed Outs				1056 Stelton Road						% L				
Describe		ancy Floure		City, State, Zip Code										
Other - Describe: 2 nd / 3 ^r	^d Shift Work			Piscataway, NJ 08854										
				Piscalaway, NJ 00034										
Source of Work (Check all that apply	χ)								The second concern					
			220 39		Contain		ith Nega	itive Pre	ssure					
≥ 3 sf or ≥ 3 lf	%		Renovation		ini-Enclo vebag F		ro							
□ ≥ 160 sf or ≥ 260			Demolition	x W	Irap & C	ut								
				x N	on-Exen	npted (*				edure				
Location of Asbestos-Containing	Is Location Norma		Description of Ash	pestos Containing Material al systems insulation, surfacing,	Amour (Speci		Abaten	nent Typ	<u>e</u>					
Material (ACM) in Facility (13)	Solely by Maint./C Staff? (12)	ustodiai	VAT, or other mise		or LF)		Remove	Repair	Encap	Enclose				
	YES NO	NA							_	т—				
Toll Plaza Roof		X	Built up Roo	fing	6,000	st	X		1					
Canopy	1		0											
	LAUDEDING	ato Hauler	ID#	O bis Vends of Waster Of		Name	of Regis	stered La	ndfill					
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Wa See Belov		<u>10#</u>	Cubic Yards of Waste: 80		GRO	WS L	andfill						
Hauler #1) Greenwood Abat	ement Consult	ants, Inc	Butler, NJ 0		posal Da			City, Sta Route 2,		ė				
NJ DEP # 12561				Ju	ne 7, 2	:013	1.0	Bridgepo						
Hauler #2) Maumee Express	Inc/ MXI Envi	ronment	al Services LLC	, 297 Zimmerman				304-842	2784					
Lane, Langhorne, PA 19047	NJDEP # 50059			e										
Completed by (Print or Type)	Title		Signature		<u>Date</u>									
Marin Graure	SENIOR P	T	Marin Graure May 16, 2013											
(F)	MANAGE	/												