

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	E/20	/2012			Name of Build	ing Owner/(	Operator (2)		2		£4	
	5/20/	2013		-	Borough of	f Union B	each		17.63		1	1.
Agencies Notified		Notification	Туре		Street Address	S			- 3	10,1		3,
X EPA		[ ] Initial			650 Poole	Avenue				14	. *.)	36
X DEP		Amende	ed #		City, State, Zip	Code					1/11	Pag.
X DOL			ency (includ	ding	Union Bead	h, NJ 07	735	i nederile de vez			(h)	Κ
X DOH		justifica	100 m		Name of Conta	act	7.50	Tel Mi	umbor			7.
DCA .		X Cancell	ation	E A OUT IT VIEW	Ms. Jennife	r Wensor	Maier					'rs'
Name of Facility Where Abate	ment is T	aking Place (3	3)	FACILITY IN	FORMATION Type of Facility	y (4)						
Private Dwelling			<del></del>		· School (F		43	45				
Street Address						60	4h 1/ 42\					
206 Ash Street						ter 8 (Other						
City (5)	ounty (6)		County (			1000000	commercial I	ouildings				
	onmout	ı .	(State U	se Only)	homes, e	elc.)						
Name of Monitoring Firm Hired			ASCM	lo.	Name of Contr	actor (9)						
Environmental Health Ir			00104		MTM Metro		ion	13				
Street Address					Street Address							
655 West Shore Trail				87	135-137 Mc	-	е		08.648Mm50==			
City, State, Zip Code					City State, Zip	Code						
Sparta, NJ 07871					Paterson, N	J 07501						
Project Manager for Monitoring	Firm	Telephone	Number		Telephone Nu			Licens	e Numb	er		
Jean-Paul von Doehrer		973-729-5			973 742 50			00809	9			
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH							-
5/21/13		5/28/13			MTM Metro	Corporat	tion					
Occupancy Status During Aba	tement (C	heck only on	e)		Street Address	3	10.2 E					
					135-137 Mo	-	•					
Facility Closed/Vacated I	During En	tire Period of	Abatement	t	City, State, Zip	Code						
Abatement Performed O	utside of I	Normal Facility	y Hours									
Other-Describe:					Paterson, N	J 07501						
Source of Work (Check all tha	t apply)				•							
> 3 sf or > 3 lf		Renovation	ı .	☐ Full	Containment wit	h Negative	Pressure	☐ Mi	ni-Enclo	sure		
> 160 sf or > 260 lf	×	Demolition			-Exempted(*) &	and the second		☐ Glo	vebag l	Procedu	re	
		J		E.J								
Location of Asbestos- Containing Material (ACM) in		ation Normally by Maint./Cus		Description of thermal system		Amount (	Specify SF or	LF)	Abate	ment Ty	pe	
Facility (13)	Staff?	(12)		surfacing, VAT						D		
-	YES	NO	N/A	miscell.)					Rem.	Rep.		Enclose
Exterior Kitchen, Landing/Hallway,Utility Rm	+		X	Transite Siding Shin VAT	gles	1,600 SF 325 SF			×		+×	+
Name of Reg. Waste Hauler	1	NJDEP Was	eta Hauler	ID#	Cubic Yards of	Maste		Name	of Reg	Landfill		
MTM Metro Corporation		26552	oto i laulei	15 IT	20	. 1000		Tullytov				
City, State							Disp. Date			City, Sta	te	
Paterson, NJ 07501							5/28/13			ullytown		1755415.50
Completed by (Print or Type)		Title			Signature			Date				
Elizabeth Maslarkov		Business Ada	ninistrator		Elizabeth	Masla	rkov	5/20/20	13			
LIIZADEUI IVIASIAI KUV		Business Adr	minsuator			JILAOIM		5/20/20	13			



#### . NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	<i></i>	/2042			Name of Build	ding Owner	Operator (2)	13 Ma				
*	5/20	/2013			Borough o	of Union E	Beach	· III	24	BA: -		
Agencies Notified		Notification	Туре		Street Addres	SS	-			111	₹ 6	
X EPA .		Initial			650 Poole	Avenue		E 11.			6	
X DEP		Amend	ed #	88	City, State, Zi	p Code			443	Bir	di,	
X DOL		100000000000000000000000000000000000000	ency (includ	ding	Union Bea	ch, NJ 07	7735		5553	.40		
X DOH		justifica  Cancell			Name of Con			I Tel. N	umber			
DCA		X Cancel	ation	FACILITY	Ms. Jennife	er Wenso	n Maier					
Name of Facility Where Abateme	ent is T	aking Place (	3)	TAGILITTI	Type of Facili	ty (4)	WAS 8 TO 11 TO 12 TO 12				×1	
Private Dwelling					School (	K-12)						
Street Address					12							
508 Edmunds Street			Q-	•17	Subchap	ter 8 (Othe	r than K-12)					
City (5) Cour	nty (6)			Code (7)			& commercial	buildings	6,			
Union Beach Mon	mouth	n	(State U	se Only)	homes,	eic.)						
Name of Monitoring Firm Hired b	y Bldg.	Owner (8)	ASCM N	lo.	Name of Contr	ractor (9)		-				
Environmental Health Inve	estiga	itors	00104		MTM Metro		tion					
Street Address					Street Addres	s						
.655 West Shore Trail					135-137 Mc	Bride Av	re		5			
City, State, Zip Code		0			City State, Zip	Code				W-88-		
Sparta, NJ 07871					Paterson, N	J 07501		0.2				
Project Manager for Monitoring F	irm	Telephone I	Number		Telephone Nu	mber		Licens	e Numb	er		
Jean-Paul von Doehren		973-729-5	649		973 742 50	30		0080	9			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH							
5/23/13 .		5/29/13			MTM Metro	Corpora	ition					
Occupancy Status During Abater	ment (C	heck only one	e)		Street Address	S			7/-	7		
					135-137 Mo	cBride Av	/					
X   Facility Closed/Vacated Dur					City, State, Zip	Code				32.150.153		
Abatement Performed Outs	ide of N	Normal Facility	Hours		Paterson N	107501						
Other-Describe:					Paterson, N	3 07 50 1						
Source of Work (Check all that ap	pply)						•					
> 3 sf or > 3 lf		Renovation	,	Full	Containment wit	h Negative	Pressure	Mi	ni-Enclo	sure		
× > 160 sf or > 260 lf	×	Demolition		X Nor	n-Exempted(*) &	Non-Friable	Procedure	Glo	vebag F	rocedu	re	
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.	Amount (	Specify SF or	(F)	Abate	ment Ty	ne	
Containing Material (ACM) in	Solely I	by Maint./Cus	todial	thermal systen	ns insulation,			/	1.000			
racinty (13)	Staff? ( YES	NO .	N/A	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Exterior			×	Transite Siding Shin	gles	1,600 SF			×		Ix	T
		+									-	
, , , , , , , , , , , , , , , , , , ,		·	•								-	
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		- CANTES CONT. T.	of Reg.	Landfill		
MTM Metro Corporation		26552			20			Tullytow				
City, State		20,772.41117.11					Disp. Date			City, Star	0.00000000	
Paterson, NJ 07501							5/29/13		T	ıllytown	, PA	
Completed by (Print or Type)		Title			Signature			Date				
Elizabeth Maslarkov		Business Adm	inistrator	,	Elizabeth	Masla	rkov	5/20/20	13			
		10/6/4					710-1					

ASB-41

Do not use this form for asbestos licensure exmpted activities.



#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	<i>E 1</i> 00	10040			Name of Build	ling Owner/	Operator (2)	- 17,	1/21			
20/	5/20	/2013			Borough o	f Union E	Beach 2	k =1	-4	11/1	÷€	
Agencies Notified		Notification	Туре		Street Addres	s		67.7.7	1721		40	
X EPA		Initial			650 Poole	Avenue		& L/G	1-11-		•	
X DEP		Amende	ed *#		City, State, Zi	p Code			7	WA.	4/	
X DOL			ncy (includ	ding	Union Bead	ch, NJ 07	735	19		24	Ca Si	
X DOH .		justifica	2000.7 00.000		Name of Cont			Tel Ni	imhor		14	
DCA		X Cancell	ation 	FACILITY	Ms. Jennife	r Wenso	n Maier ·					
Name of Facility Where Abater	nent is T	aking Place (3	3)	FACILITY	FORMATION Type of Facilit	v (4)						
Private Dwelling		-										
Street Address					School (I	K-12)						
212 Campbell Street					Subchap	ter 8 (Other	than K-12)					
	unty (6)		County (	Ode (7)	Other (i.	e., private 8	& commercial	buildings,				
	nmouth	2	(State U		homes,	etc.)						
Name of Monitoring Firm Hired			ASCMIN	lo .	Name of Contr	ractor (D)						
Environmental Health In	727		00104	10.	Name of Contr MTM Metro		tion .					
Street Address					Street Address							
655 West Shore Trail					135-137 Mo		е					
City, State, Zip Code					City State, Zip	Code						
Sparta, NJ 07871	S4				Paterson, N	J 07501						
Project Manager for Monitoring	Firm	Telephone I	Number		·Telephone Nu	mber		License	e Numb	er		
Jean-Paul von Doehren		973-729-5	649	4	973 742 50	30		00809	9			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor		1				
5/24/13		5/30/13			MTM Metro	Corpora	tion				-	
Occupancy Status During Abate	ement (C	heck only one	<u>)</u>		Street Address	3						
					135-137 Mo	Bride Av	,					
Facility Closed/Vacated D	uring En	tire Period of	Abatement		City, State, Zip	Code						
Abatement Performed Out	tside of N	Normal Facility	Hours				8.5					
Other-Describe:				150	Paterson, N	J 07501						
Source of Work (Check all that	apply)			The state of the s								
> 3 sf or > 3 lf		Renovation		Full	Containment wit	h Negative	Pressure	Mir	ni-Enclo	sure		
× > 160 sf or > 260 lf	×	Demolition		X Non	-Exempted(*) &	Non-Friable	Procedure	Glo	vebag f	rocedu	re	
Location of Asbestos-	Is Loca	tion Normally	Used	Description of	ACM (i.e.	I Amount (	Specify SF or	LF) [	Abate	ment Ty	pe	
Containing Material (ACM) in	Solely	by Maint./Cus	todial	thermal system	ns insulation,							
Facility (13)	Staff?	(12) NO	N/A	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Exterior			×	Transite Siding Shin	gles	1,400 SF .	•		×		I X	
											-	-
N - 75 - W - 1 H -												
Name of Reg. Waste Hauler		NJDEP Was	te Hauler I	U#	Cubic Yards of	Waste		Name o		Landfill		
MTM Metro Corporation		26552			20			Tullytow				
City, State					•		Disp. Date		-	City, Sta	-	
Paterson, NJ 07501		,					5/30/13		_	ullytown	, PA	
Completed by (Print or Type)		Title			Signature	33	1294	Date				
Elizabeth Maslarkov	E	Business Adm	inistrator		Elizabeth	Masla	rkov	5/20/201	13			
												~~

ASB-41

<sup>\*</sup> Do not use this form for asbestos licensure exmpted activities.



### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of Build	ding Owner	Operator (2)	77 24				
5/2	0/2013			Borough o	of Union E	Beach		914	2, ,	7200	
Agencies Notified .	Notification	Туре		Street Addres	S	4//	CNE		10		
▼ EPA	Initial			650 Poole	Avenue	~/,	16 N.				
DEP		ed #		City, State, Zi	p Code			75	7		
X DOL		ency (inclu	dina	Union Bear		735			27.60		
X DOH	justifica		3			700	I Tal No				
DCA	X Cancel	lation	70	Ms. Jennife	er Wenso	n Maier	I Tel. Nu	imber		7	
Name of Facility Where Abatement is	Taking Diago /	31	FACILITY IN	FORMATION	- 74						
	Taking Flace (	3)		Type of Facili	ty (4)						
Private Dwelling				School (	K-12)						
Street Address				Subchan	ter 8 (Othe	r than K-12)					
125 Herbert Street	<u> </u>						<b>2</b> 000 (42.002) (40.000)				
City (5) County (6	)		Code (7)	Other (i. homes,		& commercial	buildings,				
Union Beach Monmoi	ıth	(State U	se Only)	, a nomes,	eic.)						
Name of Monitoring Firm Hired by Blo	lg. Owner (8)	ASCM	No.	Name of Contr	ractor (9)						
Environmental Health Investig		00104		MTM Metro		tion					
Street Address				Street Addres	s	· · · · · · · · · · · · · · · · · · ·		100000000000000000000000000000000000000			
655 West Shore Trail		+		135-137 Mc	Bride Av	е					
City, State, Zip Code				City State, Zip	Code						
Sparta, NJ 07871				Paterson, N							
Project Manager for Monitoring Firm	Telephone	Number	,	Telephone Nu			License	Numb	er		
Jean-Paul von Doehren	973-729-5			973 742 50			00809				
Scheduled Start Date (10)	Scheduled	Completion	Date (11)	Name of OSH	A Monitor						
5/22/13	5/28/13			MTM Metro		tion					
Occupancy Status During Abatement	Check only on	e)	·	Street Address							
	·			135-137 M	-	,					
Facility Closed/Vacated During 8	Intire Period of	Abatement	t	City, State, Zip							
Abatement Performed Outside of	f Normal Facility	/ Hours									
Other-Describe:	0. 1999 (10. 10. 10. 10. 10. 10. 10. 10. 10. 10.			Paterson, N	J 07501 <sub>.</sub>						
Source of Work (Check all that apply)											
> 3 sf or > 3 lf	Renovation	i I	☐ Full	Containment wit	th Negative	Pressure	☐ Min	i-Enclo	sure		
	☐ Demolition								Procedu	70	
- 100 31 01 2 200 11	X Demolition		X  Non	-Exempted(*) &	Non-Friable	Procedure		repay r	Tocedu	е	
	cation Normally		Description of		Amount (	Specify SF or	LF)	Abater	ment Ty	pe	
	y by Maint./Cus ? (12)	todiai	thermal system surfacing, VAT			1.5					
YES		N/A	miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Crawl Space		×	Pipe Insulation		60LF			X		X	
-Rear Room		. ×	VAT		60SF			<u>×</u>		×	
				<del></del>							
Name of Reg. Waste Hauler	NJDEP Was	te Hauler I	D#	Cubic Yards of	Waste		Name o	f Reg.	Landfill		
MTM Metro Corporation	26552			5			Tullytowr	n			
City, State	-					Disp. Date			City, Stat	е	
Paterson, NJ 07501						5/28/13		Ti	ullytown	PA	
Completed by (Print or Type)	Title			Signature			Date			-121	
Elizabeth Maslarkov	Business Adm	inistrator	V	Elizabeth	Masla	rkov	5/20/201	3			

OK 60852

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

Date of Notification (1) 04/13/2013			1	Name of THE PF	Building C	wner/Op AL INS	perator SURANC	(2) CE COMP.	201 3di	AME	RICAS	2.	, ,	v:		
Agencies Notified	Type Notification		- 1	Street Ac				A				-	: 6			
☐ DEP ☐ DOL	Initial ☐ Amended Amendment #		- 14 3		te, Zip Coo		7 0710	02	Œ	LILL	hojN	G The	l.			
☑ DOH ☑ DCA	□ Emergency (ir justification) □ Cancellation	ncluding	- 1		Contact CHARD	HUMMEI	RS			Tele	phone N	umber				
				FACIL	ITY INFO	RMATIC	NC	T ( )	- ailib . //							
Name of Facility Where Street Address	Abatement is Taking	Place (3)						☐ Sub	ool (K-1	2) 8 (Othe	er than K-	12)	ildi	nac l	nomo	
102-106 HALSEY S	STREET							Square F 8,100	)		Floors	Ciai bi		dg. Ag		-
NEWARK County (6)	· · · · · · · · · · · · · · · · · · ·	T		County C			-320	Current U	2000	or if beir	OTT STATE			,		
ESSEX					JSE ONLY)				5 355-40000		SE COMM	IERC.	LAL	.)		
Name of Monitoring Firm ENVIRONMENTAL HE	n Hired by Building O EALTH INVESTIGE	wner (8) ATIONS	INC.	ASCN 0010				of Abatem ENVIRON								
Street Address 655 WEST SHORE	TRAIL							Address 2 QUEEN	NS PLA	ZA SC	UTH					
City, State, Zip Code SPARTA, NJ 0787	1							tate, Zip C		, NY	11101					
Project Manager for Mo BILL KERBEL	nitoring Firm			Telephor 973-7	ne No. 29-5649	,		one No. 349-090	00		License 00853					
Start Date (10) 04/29/2013		Schedule 07/29/		npletion	Date (11)			of OSHA IN MCRE		ii.						
Occupancy Status Duri	ng Abatement (Check	Only On	e)					Address KENNEDS	Y BLVD							
□ Abatement Perford  Ö Other – Describe:	cated During Entire P med Outside of Norma BUILDING IS VA DEMOLITION	al Facility	Hours		FOR	_		tate, Zip C		2		-		_		
Scope of Work (Check										-025 A						
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			enova emolit				Ž 2	Mini-E Glove	enclosure bag Pro	e cedure	Negative					
					l	_	0	NON-E	xemple	u ( ) an	d Non-Fri	able r		5.50	ment	
			Locat Iormal			Dog	scription	of					_	Ту	ре	
Asbestos-Containin TO BE A In Fac (13	g Material (ACM) BATED	Ma	d Sole intena todial ( (12)	nce/ Staff?		tos Cont thermal surfa	taining N	Material (A s insulatio \T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED AC	M TABLE FOR	165	140	IVA	SEE AT	TACHE	D ACM	TABLE	FOR	SEE A	ATTACHI	ED 2	ζ.			
DETAILS					DETAIL	JS				ACM 7	TABLE					
							JA.			FOR I	DETAILS	3	8			
						10.11	Varia-	- 1	Nome of	Dociet	arad Land	4611				
Name of Registered W	aste Hauler		H	NJDEP V Hauler ID 24310/	No.	of Wa	Yards ste				ered Land		0.022			
City, State SHIRLEY, NY 119	67/BRONX, NY	0464				Dispo 05/0	sal Date 7/201		City, Sta WAYNE:		, OH 4	4688				
Completed by ANN ALI		Title ADMII	NIST	RATIVE		5	Signatur	e	_			Date 04/1	3/2	2013		

### 6...102 Halsey Street (Includes 102;104; 106; 108; 110; 112; 114; and 116 Halsey Street)

Provided below is a summary of the asbestos materials identified at the building located at 102 Halsey Street:

Location/Room	Type of Asbestos Material	Approximate Quantity
102 Halsey – Common Basement – Large Central Room	12"x12" Off White Floor Tile - Bottom Layer of Tile Under Other Tile - May be Less Present	1,950 Square Feet
02 Halsey – Common Basement – Large Central Room	12"x12" Green Floor Tile - Bottom Layer of Tile Under Other Tile - Long Narrow Strip	60 Square Feet
102 Halsey – Common Basement – Large Central Room	Pipe Insulation – Above Several Layers of Ceilings	520 Linear Feet
102 Halsey – Common Basement – West End Corridor	Pipe Insulation – Above Several Ceilings	300 Linear Feet
102 Halsey – Common Basement – West End Corridor	Pipe Insulation Debris – Entire Floor of Corridor	1,080 Square Feet
102 Halsey – Common Basement – Room at South End of West Corridor	Pipe Insulation — Several Pipe Diameters — Some Pipe Above Plaster Ceiling	150 Linear Feet
102 Halsey – Common Basement – Electric Room – Running Parallel with West Corridor	Pipe Insulation — Several Pipe Diameters	335 Linear Feet
102 Halsey – Common Basement – Storage Room – Under Sidewalk	Pipe Insulation Debris – Some Pipe Insulation in Plastic Bags	225 Square Feet
102 Halsey – Common Basement - Boiler Room	Boiler Insulation – Two Boilers	360 Square Feet
102 Halsey – Common Basement - Boiler Room	Boiler Breaching Insulation – Associated with Two Boilers	180 Square Feet
102 Halsey – Common Basement - Boiler Room	Pipe Insulation Debris – On Floor Throughout Boiler Room	1,250 Square Feet
102 Halsey – Common Basement - Boiler Room	Pipe Insulation - Throughout Boiler Room	200 Linear Feet

MO#20613927363

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

Date of Notification (1)			1	Name of Buildi	ng Owner/Operator (	2)					
05/21	/ 13					2813 HAY 2	1				
	otification			my Ciauro Street Address		1011112	4 44 2.4	-0			
☐ EPA ☐ Initia	al		4	08 Demarest	Avenue			FG			
	ended endment #		(	City, State, Zip	Code	sa I. J. j.	Trans.	7.			-
Extract 1	ergency (inclu	ıdina	O	radell, NJ 0	7649		in the state of				
(NJAC 5:23-8) justi	ification)	9		Name of Conta			Telephone	Number		-	
☐ Can	cellation		Α	my Ciauro				_			
			1		NFORMATION				-		
Name of Facility Where Abatemen	nt is Taking P	lace (3	)		THE OTTIMATION	Type of Facilit	v (A)				
Private house						School (K-					
Street Address						Subchapter	r 8 (Other than	K-1 2)			
408 Demarest Avenue						Other (i.e., homes, etc	i.)		l bui	dings,	
(A 17) C29						Square Feet	# of Floor	s	Bld	g. Age	
Oradell, NJ 07649 County (6)											
0.22			į	County Code (7	(STATE USE ONLY)	Current Use (F	Prior if being de	emolished	d)		
Bergen Name of Monitoring Firm Hired by	Buildle 7 A	787	$\perp$				West of the Control o				
Name of Monitoring Firm Hired by	building Owl	ner (8)	AS	SCM No.	Name of Abateme	ent Contractor (	9)				
Ch. I All					Gr Tech LLC						
Street Address					Street Address						
			_		576 Valley Rd #	283					
City, State, Zip Code				· · · · · · · · · · · · · · · · · · ·	City, State, Zip Co	ode					•
			01500		Wayne, NJ 0747	0					
Project Manager for Monitoring Fir	m	Ť	eleph	one No.	Telephone No.		License N	lo. –			
		1			973-638-1777		01127				
Start Date (10)				n Date (11)	Name of OSHA M	onitor	101127				
05 / 30 / 13	05	_ /	31	/13	Environicion Con						
Occupancy Status During Abateme					Envirovision Con Street Address	isultants,Inc					
□ Facility Closed/Vacated During				nt							
Abatement Performed Outside	of Normal Fa	cility H	ours -	Describe	20-21 Wagaraw City, State, Zip Co	Road, Bidg .#	35 E				
Time of Abatement:AM-	PM/_	P	M	AM	TO SECURE AND DESCRIPTION OF THE PARTY OF THE						
Scope of Work (Check all that appli	V)				Fair Lawn, NJ 07	410 and decontami	notice	-			3.5
	**					and decontami sinment with Ne		re			
	$\boxtimes$	Renov Demoi	ration lition		X Mini-Encl	osure Procedure			essu	re	
		Is Lo	cation		☐ Non-Exen	npted (*) and No	on-Friable Prod	cedure			-
	i		mally		Description of			L*		ement 7	Гуре
Location of									0	E E	ū
Asbestos-Containing Material (A	ACM)	Jsed S		ASUC	stos Containing Mate	erial (ACM)	Amount	a	) (	5 2	Enclosure
Asbestos Containing Material (A			nance	/ ASDE	stos Containing Mate e., thermal systems in	sulation,	(Specify	e la	2	0 0	2
Asbestos-Containing Material (A		Jsed S Mainte	nance al Stat	/ ASDE	stos Containing Mate e., thermal systems in surfacing, VAT,	sulation, or	9000000000		Domous	apsula	0
Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility		Jsed S Mainte Sustodia (1	nance al Stat 2)	e/ (i.e	stos Containing Mate e., thermal systems in	sulation, or	(Specify	() and ()	open	Encapsulate	l e
Asbestos Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	Y	Used S Mainte Custodia (1	inance al Stat 2)	e/ (i.e	stos Containing Mate t, thermal systems in surfacing, VAT, other miscellaneo	sulation, or	(Specify SIF or LF		2	apsulate [	9
Asbestos Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	Y	Jsed S Mainte Custodia (1 es N	inance al Stat 2)	e/ ff? (i.e	stos Containing Mate e., thermal systems in surfacing, VAT,	sulation, or	(Specify	(X	2	apsulate	10
Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	Y	Jsed S Mainte Custodia (1 es N	inance al Stat 2)	e/ ff? (i.e	stos Containing Mate t, thermal systems in surfacing, VAT, other miscellaneo	sulation, or	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility	Y	Jsed S Mainte Custodia (1	inance al Star 2) lo N	M/A  Vermicu	stos Containing Mate t, thermal systems in surfacing, VAT, other miscellaneo	sulation, or	(Specify SIF or LF		2	apsulate	
Asbestos Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	Y,	Used S Mainte Custodia (1 es N	inance al Stat 2)	M/A  Vermicu	stos Containing Mate t, thermal systems in surfacing, VAT, other miscellaneo	sulation, or	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13) Attic	Y	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A Vermicu	stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo	isulation, or us)	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  Attic  Name of Registered Waste Hauler	Y,	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A Vermicu	stos Containing Mate t, thermal systems in surfacing, VAT, other miscellaneo	isulation, or us)	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  Attic  Name of Registered Waste Hauler for Tech LLC	Y,	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A Vermicu	stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo dite insulation  Cubic Yards of Waste TBD	isulation, or us)	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  Attic  Name of Registered Waste Hauler for Tech LLC	Y,	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A  Vermicu  Waste Hauler ID No.	stos Containing Mate , thermal systems in     surfacing, VAT,     other miscellaneo  lite insulation  Cubic Yards of Waste	sulation, or us) Name of Regis	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  Attic  Name of Registered Waste Hauler for Tech LLC City, State  Vayne, NJ 07470	Y,	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A  Vermicu  Waste Hauler ID No.	stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo the insulation  Cubic Yards of Waste TBD Disposal Date	Name of Regis T.R.R.F. Inc City, State	(Specify SIF or LF		2	apsulate	
Asbestos-Containing Material (A TO BE ABATED IN Facility (13)  Attic  Name of Registered Waste Hauler for Tech LLC City, State  Vayne, NJ 07470	Y,	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A  Vermicu  Waste Hauler ID No.	stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo the insulation  Cubic Yards of Waste TBD Disposal Date	Name of Regis	(Specify SIF or LF		2	apsulate	
Asbestos Containing Material (A <u>TO BE ABATED</u> IN Facility (13)	Y.	Used S Mainte Custodia (1 Custodia Cust	In ance	M/A  Vermicu  Waste Hauler ID No.	stos Containing Mate thermal systems in surfacing, VAT, other miscellaneo  lite insulation  Cubic Yards of Waste TBD  Disposal Date TBD	Name of Regis T.R.R.F. Inc City, State	(Specify SIF or LF			luate	

### Ch 23234

#### State of New Jersey

N 0300030 6 20		(Pur		NJAC 8: 60 and 12: 120-)	_ m 2	9/2.					
Date of Notification (1)	اد ا، ا		0.000	me of Building Owner/Operat	or (2)	MAY					
0 5 / 2 0 /	1 3			kanack Cooperative Nursery	School		4				
Agencies Notified Type of Notifica  [X] EPA	tion			eet Address Lake Drive East	- A (1)	13 MAY 2	W/ 2	161	)		
[ ] DEP [X] Initial			Cit	y, State, Zip Code		4/15	L.	. (2			
[X] DOL [] Amended			Wa	yne NJ 07470		LICEN	146	1/			
Amendme	(including		Nai	me of Contact		Tele	phone Numb	er			
Justificatio	1980		Kel	lly Schmitz							
	_		FACIL	ITY INFORMATION			***				
Name of Facility Where Abatement is Taking Place	(3)				Type of Facility	(4)					
Packanack Cooperative Nursery					[ ]	School (K-12		10000000	ė.		
Street Address				3	[X]	Subchapter : Other (i.e., p					
120 Lake Drive West						buildings, ho		imercia			
City (5) County (6	5)		0.50	nty Code (7)	Square Feet	1	Floors		ldg. A	ge	
			(STA	ATE USE ONLY)	300 Sf Current Use (Pr		2 molished)	30			
Wayne Passaic	(9)	ASC	M	Name of Abatemer	School						
Name of Monitoring Firm Hired by Building Owner	(8)	ASC	IVI	Name of Abatemen	it Contractor (9)						
Enviro Vision Consultants, Inc.					Environmental Co	onsulting, Inc.					
Street Address				Street Address							
20-21 Wagaraw Road, Bldg. #34A				City, State, Zip Co	de			_			
Fairley NI 07410				Wayne NJ 07470	uc						
Fairlawn NJ 07410 Project Manager for Monitoring Firm	Tele	ephone	Numbe		r	Lice	nse No.			_	
Willie Morales		-636-91		973 628-9500		0040	8				
	eduled Completion	Date (	11)	Name of OSHA Me	onitor	3 3345					85
0 6 1 1 5 / 1 3 Month / Day / Year	0 6 1 Month / 1	8 Day	, L1	Enviro Vision Con	sultants, Inc.	E					and a party
Occupancy Status During Abatement (Check only on				Street Address	V.						
[X] Facility Closed/Vacated During En of Abatement	ntire Period			20-21 Wagaraw Ro	oad, Bldg. #34A						
[ ] Abatement Performed Outside of	Normal Facility Ho	ours		City, State, Zip Co	de						
[ ] Other - Describe:				Fairlawn NJ 0741	0						
Scope of Work (Check all that apply)				11	Full Containme	nt With Negati	ve Pressure				
	[X]	Reno	vation	17 18	Mini-Enclosure	nt with regati	ve i ressure				
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$	[ ]	Dem	olition	[X]	Glovebag Proce			31175			
≥ 160 sf or ≥ 260 lf		-		[ ]	Non-Exemted (*	and Non-Fr	lable Procedi	_	baten	ent T	ype
	١.	Is								E	E
Location of	1.00	ocation ormally		Description of Asbestos-Containing	g	Am	ount	R	R	N C	N C
Asbestos - Containing		Used		Material (ACM)		(Sp	ecify	M	E	A	L
Material (ACM) TO BE ABATED		olely by intenan		(i.e., thermal system insulation, surfacing		SFo	r LF)	O V	P	P	o s
in Facility (13)	C	ustodia	l	or other miscellane		1		A	I	U	U
	Yes	aff (12	N/A	-				L	R	L E	R E
1st Floor - Storage Closet		110	X	Pipe Insulation		60 LF	***************************************	x			
Boiler Room			X	Pipe Insulation		60 LF		x			
Basement - Stairwell / Hallway			X	Pipe Insulation		70 LF		X			
					Salar - C						
						1			П		
								$\top$	П		
								T			
Name of Registered Waste Hauler	0.0000	DEP Wa		Cubic Yards of Waste	Name of	Registered La	ndfill	1		_	
J.R. Contracting & Environmental Consulting, Inc.	Няз	iler ID 1 1781			G.R.O.V	v.s					
City, State		2701		Disposal Date	City, Sta		***				
Wayne NJ 07470					Morrisv	lle PA					
Completed by (Print or Type) Title				Signature			Date				
Jerry Bijelonic Pro	ject Manager	W-Schille						5/20	)/2013		

Check# 1647

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

Amended notification

Date of Notification (1)  05 /					a of Rulldin	a Owner/Operate	- (2)						
The second secon	21 / 1	13				g Owner/Operato	(4) (3)	3 MAY 24 A					
Agencies Notified					s Foran			19 24 /	*.				
EPA	Type Notificatio	n			et Address		12.	Α,	7 2:6	/1			
☑ DOLWD				_	ountain R		<u> </u>	Location		6			
☑ DHSS	Amendment		_	0.000	State, Zip			~16KAS//2	11701				
DCA (NJAC 5:23-8)	Emergency (	(includin	g		na, NJ 07				j "L				
(NJAC 5.23-6)	Cancellation			The second		J		Telephone	Numbe	٢			
					s Foran								
Name of Facility Where A	hatement is Taki	ing Plac	2 (2)	F <i>F</i>	CILITY	NFORMATION	T - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -						
	Datement is Taki	ing Plac	e (3)				Type of Facil						
Private house Street Address							School (K	(-12) er 8 (Other than	K-1 2)				
							Other (i.e	, private and co	mmerci	al bi	uildin	gs,	
30 Mountain Road City (5)							homes, e		1.50-50				
							Square Feet	# of Floor	S	В	ldg. A	Age	
Verona, NJ 07044 County (6)				Cou	nty Codo (7)	(STATE USE CNL)	1 0	10.1.1.1		L			
Essex				000	nty Code (1)	(STATE USE CIVE)	)   Current Use.	(Prior if being d	emolishe	ed)			
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No	Nome of Abete		(0)					
	,	,	101	AGGIV	NO.	Manager owner or wasterness.	ment Contractor	(9)					
Street Address						Gr Tech LLC Street Address							
							112.02						
City, State, Zip Code						576 Valley Rd City, State, Zip							
134.0													
Project Manager for Monit	oring Firm		Tele	ephone	No	Wayne, NJ 07-	470	License N	-				
			1.0.	-poo	110.	973-638-1777			10.				
Start Date (10)	T Sche	eduled (	Comple	etion Da	ate (11)	9/3-638-17// Name of OSHA	Manitos	01127		_			
05/20/		05			Pro 1801 (1808)								
Occupancy Status During						Envirovision C Street Address	consultants,Inc					_	
□ Facility Closed/Vacate				ment		Service service and the	0.00	6					
Abatement Performed	Outside of Norma	al Facilit	y Hou	rs - De	scribe	20-21 Wagaray	w Road, Bldg.	# 35 E					
Time of Abatement:	AM	PM/	_ PM_		_AM	City, State, Zip							
Scope of Work (Check all	that apply)		-	-		Fair Lawn, NJ							_
	ac appiyy					H Full Co	up and decontar ntainment with N	nination Jegative Pressu	re				
>3 sf or >3 If = 160 sf or >260 If			enovati			Mini-Er	ıclosure	rogative i ressu					
			emolitio	on		Gloveb Non-Ex	ag Procedure empted (*) and	Non-Friable Pro	cedure				
		Is	Locat	ion			iomptou ( ) unu	Tion Thable 110	Cedure	Λ L			
Location o	of		Norma			Description	of					ent T	T .
Asbestos-Containing M TO BE ABAT		Ma	ed Sole iintena	nce/	Asbes	stos Containing M	aterial (ACM)	Amount	:	Remova	Repair	Enc	Enclosure
IN Facility			todial		(1.6	., thermal systems surfacing, VA		(Specify SIF or LF		Von	air	aps	losu
(13)		-	(12)			other miscellan		011 01 21	'	<u>n</u>		Encapsulate	l e
		Yes	No	N/A								Ф	
Itility room-basement				$\boxtimes$	Pipe insu	ılation		25 LF	[	X	П	П	П
Itility room-basement				$\boxtimes$	Boiler in			36 SF		X			
Basement		Tim		×					-	-	] [		
racontont		1			Pipe insu	liation		50 LF		X	Ш	Ш	Ш
Name of Davids			Ц						[				
Name of Registered Waste	Hauler		NJD	EP Waste	Hauler ID No.	Cubic Yards of Was	ste Name of Reg	gistered Landfill				- Table Property	
ir Tech LLC			0	03378	5	TBD	T.R.R.F. Inc	2					
City, State						Disposal Date	City, State	//					
						TBD	Tullytown,	ΡΔ					
/ayne, NJ 07470						LDD	I CLIT A CO AA II						
Vayne, NJ 07470	e) Titi	е				Signaty	1 dilytowii,		Date		-		
Vayne, NJ 07470 Completed By (Print or Typ I.Jevtic SB-41	e) Titl Ow						Le ske	na d	Date 05/21/	20	13		

16 had

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

Or.			3500				- 70		1		7 1	/-			. 19	
Date of Notification (1)				- 001000				Operator (2	:)			124	,			
5/	16 /1	3			Viridia	an Partne	ers, in	IG.			20° -		-47	Ý _		-
Agencies Notified  EPA	Type Notification	n		-	1745		nter D	rive, Suit	te 1	190	1400			<.	40	
☑ DOLWD	⊠ Amended					te, Zip Coo	-	•				* 1/4	14.	S.,		
☑ DHSS	Amendment	# <u>2</u>						O 80129					O	1		
DCA	☐ Emergency (		1	1	11 1 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contact	1011,			T	elephone Num	her				
(NJAC 5:23-8)	justification)			1		is Quere	IIY			ii Na		_				
	☐ Cancellation							TION								
					FACII	LITY INFO	ORMA	ATION	Tv	ype of Facility (4)		7.2				$\dashv$
Name of Facility Where	e Abatement is Taki	ing Place	(3)						F	School (K-12)	Other than K-12	2)		•		
Street Address									×	Other (i.e., priva	ate and comme	rcial	build	ings,		
1050 State Street			255						_	homes, etc.)	# of Floors		Bldg.	Age		
City (5)									33323	quare Feet	# 01 F1001S		10			8
Perth Amboy										150,000		abad		•		
County (6)					County	Code (7)(	STATE	USE ONLY)		urrent Use (Prior	if being demoi	sneu	,			
Middlesex				. 1						Warehouse						
Name of Monitoring Fi	rm Hired by Building	g Owner	(8)	AS	SCM N	0.				Contractor (9)						
CArdno ATC			30.10				USA	Environ	ıme	ental Manager	nent, Inc.					
Street Address			-				Street	Address								
104 E. 25 <sup>th</sup> Street	10 <sup>th</sup> Floor						843	6 Enterpr	rise	e Avenue						
	, 10 F1001				- All			tate, Zip C								
City, State, Zip Code	040							ladelphia								
New York, NY 10			TT	oloni	hone N	lo l		none No.			License No.					
Project Manager for M	lonitoring Firm		- 1		2-353-			-365-581	0		1156					
Fred Burkhardt								of OSHA		nitor	L			214		
Start Date (10) 5 / 20		heduled 8			on Date					iental Manage	ment, Inc					
								Address						e		
Occupancy Status Du	ring Abatement (Cr	neck only	one	) 	ont				ris	e Avenue						
☐ Facility Closed/Vac	cated During Entire	Period o	T ADS	atem	- Desc	rihe		State, Zip C								
Abatement Perform	ned Outside of North nt: 7:30 AM-3:30Pf	mai Facii M/	PM-	ours	AM	,,,,,,	The state of the s			PA 19153						
			0)"""				PIII	laueipilie	2, 1	A 10100		-				-
Scope of Work (Chec	k all that apply)							⊠ Full Co	nta	inment with Nega	ative Pressure					
		ПЕ	Reno	vatio	n			Mini-En	iclo	sure						
≥ 160 sf or ≥260 lf		-	emo					Gloveb	ag	Procedure opted (*) and Nor	-Friable Proce	dure				
						<u> </u>		M MOII-EX	Cen	ipted ( ) and itel	11111111111111	T	Aba	teme	nt Ty	pe
			Is Lo	cation mall				Description	of			-				
	tion of	U			ly by	Ashes	stos Co	ontaining N	/late	erial (ACM)	Amount	- 1	Removal	Repair	Encapsulate	ncl
	ning Material (ACM) ABATED	1	/laint			(i.e.	., thern	nal system	s in	nsulation,	(Specify		SVO	Hi-	ısqı	Enclosure
	acility	C		lial S 12)	Staff?	N900	SUI	rfacing, VA er miscellar	T, (	or	SF or LF)		-		ılatı	O,
(	13)	1	-		NI/A	1	otne	i miscenai	160	,us)					Ü	
		Ye	-	No	N/A							1		П	П	
SEE ATTACHED	SHEET													]	-	-
				]										Ц	Ц	
			-					X-3-2			The second secon					
			+		-										П	
			][							I Name of David	torod Landfill		_			
Name of Registered	Waste Hauler			25000	JDEP \		Cubic	c Yards of		Name of Regis						
Service Transp				H	auler II 20990		1.074-0713-035-0	0 cv	1100	Minerva La						_
City, State					20000			osal Date		City, State						
New Castle, DE	:						7/3	31/2013		Waynesbu	rg, OH	200-0-10				
		Title					1	Signature	1	. 12		Date	9			
Completed By (Print	or type)	120000000	ram	Ma	nager			6 11	1	lepoleras	1.	5	-11	6-	13	
Dilip Kumar	*	Prog	ıdill	itid	nagei			MIL	D	your	' '	0	. (			_

ASB-41 MAY 11

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

Location of Asbestos- Containing Material (ACM) in	aterial (ACM) in Solely by Maint./Custodial thermal systems insulation, surfacing, VAT, or other		Amount (Specify SF or LF)	Abateme	47	3			
Facility (13)			***	surfacing, VA1, or other miscell.)		Rem. F	Rep. È	ncap Er	nclose
	YES	NO	NA	Flashing Top and Bottom	400 SF	X	7	157	
Building 10			X	Pipe INsulation	200 LF	X Q	1 6		7222
Building 21			X	Window Caulking	60 LF	x	4		
Building 21			X	Roofing, Tar Roofing	7000 SF	x			
Building 21			X		800 SF	X			
Building 22			X	Wall Plaster (top)	20 LF	x			
Building 22			X	Pipe INsulation	3000 SF	x			
Building 22			X	Transite Roof	400 SF	X			
Building 23			X	Exterior Wall Coat	200 SF	X			
Building 23			Х	Tar on Wall	400 SF	X			
Building 23			Х	Roofing Debris on floor	700 SF	X			
Building 23			Х	Pipe Insulation		x			
Building 23			X	Pipe Elbow	20 LF 340 LF	x	_		
Building 23			Х	Pipe Insulation	- Anna Edward Control	x			
Building 23			Х	Roofing Tar	11000 SF	x			
Building 30			X	Floor tiles	1350 SF	T x	-		
Building 30			Х	Mastic	2000 SF	x			
Building 30			X	Window Putty	2000 LF	×	-		
Building 30			Х	Radiator Shield	80 SF				
Building 30			Х	Oven Insulation	2000 SF	X		_	
Building 30			X	Panel Insulation	4 SF	X			
Building 30			X	Pipe Insulation	820 LF	X			y salin a s
Building 30			Х	Circuit Breaker Board	30 SF	X	-		
Building 30			X	Caulking (metal shed)	100 LF	X			
Building 30			X	Tar Debris (middle section)	800 SF	X			
Building 30			X	Transite board on ground	20 SF	X			
Building 30			X	Transite board	320 SF	X			
Building 30			Х	Back boards in panel	20 SF	X			
Building 30			X	Break pads	2 SF	X			
Building 30			X	Window Putty	300 LF	X		70000	
Building 30			X	Roofing/flashing	20000 SF	X			-
Building 33			X	Transite panels	1000 SF	X			
	-	1	X	Flashing	2000 SF	X			
Building 33		+	X	Cap Flashing	500 Sf	X			
Building 33		-	X	Transite pipes	250 LF	x			
Building 33	-	1	X	Exterior Coating	1000 SF	x			
Building 33			X	Elbow Insulation	20 LF	x			
Building 33		_	X	Paper under fuses	2 SF	x			
Building 33	-	-	X	Pipe Insulation	200 LF	x			
Building 33	-	-	x	Roofing/flashing	18500 SF	×	10 10 10		
Building 33		-	$\frac{\lambda}{X}$	Tar under wood frame	300 SF	x			
Building 33			X	Window caulking	1000 LF	×			
Building 33				Floor tile	600 SF	x			
Building 33A			X	Cap flashing	400 LF	х			
Building 33A			X	Caulking around metal tank	20 LF	x			
Building 33A	-		X	Exterior Coating	2000 SF	X			
Building 33A			X	Elbow Insulation	2 LF	x	20.00		
Building 33A			X	Mortar of oven bricks	800 SF	x			
Building 33A		-	X		12 LF	x			
Building 33A			X	Door putty	7400 SF	X			
Building 33A			Х	Roof Membrane	60 SF	x			
Building 33A			Х	Transite	300 LF	X			
Building 33A			Х	Window caulking	600 LF	X	72.		l.s
Building 33A			X	Window Putty	1500 SF	x	-		
Building 34			Х	Flashing & transite roof	1000 SF	X	-	1	
Building 34			Х	Window Putty		x		1	
Building 38			Х	Back board (electric box)	5 SF	x			1
Building 38			Х	Window caulking	200 LF	X			1
Building 38			X	Tar on wall	20 SF	X		_	1000000
Building 38			Х	Transite debris	100 SF				-
Building 38			Х	Transite tars	21200 SF	X	-	+	-
Building 38			X	Window putty	200 LF	X			-
Building 40	100		X	Roofing	2700 SF	X			1

	0	2			
4	1	9/	_		
	C	/	7		
		t.	2 1	22	4

Building 41	X	Electric breaker board	6 SF 2/	X	
Building 41	X	Caulking (@roof beam)	1200 LF ¥ &.	X	
Building 41	X	Exterior coating	-3000 SF 1/7 3	x	
Building 41	X	Mastic on wall	300 SF	x	
Building 41	X	Skylight putty	4000 SF	x	
Building 41	Х	Window putty	900 LF	x	
Building 41	X	Roof	45000 SF	x	
Building 41	X	Transite panels debris	3000 SF	x	
Building 41	X	Window caulking	300 LF	x	
Building 41	X	Floor tile and mastic	80 SF	x	
Building 42	X	Floor tiles	5000 SF	X	
Building 42	X	Block pipe insulation	400 LF	x	
Building 42	X	Breaker panel board	5 SF	x	
Building 42	X	Caulking with transite siding	1000 LF	x	
Building 42	X	Caulking @ beam	1000 LF	x	
Building 42	X	Exterior coating	800 SF	x	
Building 42	X	Door caulking	16 LF	x	
Building 42	X	Panel backboard	1 SF	х	
Building 42	X	Skylight putty	2400 LF	x	
Building 42	X	Tar over exhaust duct	100 SF	x	
Building 42	X	Transite siding	7000 SF	x	
Building 42	X	Paper insulation	310 LF	x	
Building 42	X	Flashing	1000 SF	x	
Building 46	X	Exterior coating	4000 SF	х	
Building 46	X	Door caulking	60 LF	х	
Building 46	X	Debris (transite)	200 SF	x	
Building 46	X	Mastic on metal windows	8 EA	_ x	
Building 46	X	Transite siding	4000 SF	x	
Building 46	X	Window glazing	20 SF	X	
Building 46	X	Flashing (North high roof)	8000 SF	X	
Tank shed	X	Flashing	20 SF	x	
Shed next to gate	X	Flashing	40 SF	X	
Shed next to gate	X	Floor tile and mastic	40 SF	X	
Building 9	X	Transite roofing and siding	14500 SF	X	
Building 9A	X	Tar on wall	20 SF	x	
Building 9A	X	Transite roof and siding	11000 SF	x	
Building 9A	X	Wall caulking	10 LF	X	
	X			X	
	X		F. Carlotte	X	

# CK 3249 Emergency

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

Date of Notification (1) 5/22/13					Building Ov Lack So			(2)	MAY	21.	17.	- N				
Agencies Notified	Type Notification		100	Street Ad	dress orecastle	e Driv	ve		* GAY		M 2: 6	(I)				
EPA DEP DOL	Initial Amended Amendment Emergency (		_ [[	_ittle Eq	e, Zip Code gg Harbo		08087		# \/\C <sub>C1</sub>	1.11	ophone Nu					
DOH DCA	justification) Cancellation		100	lame of Jack						TOR	priorie Ne	arribo.	_			
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFOR	RMATI	ON	Type of	f Facility (4	)	1		-			-
Claire & Jack Schn								☐ Sc	chool (K-12	2)	45 16 1	40)				
Street Address 136 S Forecastle D	Prive							X O	ubchapter ther (i.e. pi c.)	rivate 8	commer	cial b	uildir	ngs, h	omes	3,
City (5) Little Egg Harbor N	IJ 08087							Square 1000-		# of	Floors		Bld 35	lg. Ag +	e	
County (6) Ocean				County C	ode (7) ISE ONLY)			Curren	t Use (Pric	r if bei	ng demoli	shed)				
Name of Monitoring Fire	n Hired by Building	Owner (8)	i_	ASCM	No.	-			ement Con	tractor	(9)					
N/A								Address					-	•		
Street Address								30x 329				*		-3675600		
City, State, Zip Code	-		-					tate, Zip Berlin	Code NJ 080	91						
Project Manager for Mo	nitoring Firm			Telephor	ne No.	20		one No. 753-98			License 00727					
Start Date (10) 5/22/13	72	Schedule 5/22/13		npletion [	Date (11)		Name Same		A Monitor							
Occupancy Status Duri	ng Abatement (Chec	k Only On	e)				Street	Address	S <sub>.</sub>							
Facility Closed/Val Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of A nal Facility	batem Hours	nent			City, S	itate, Zip	Code							
Scope of Work (Check	All That Apply)			-												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit	3000000		16)		Mini	Containmoni-Enclosure vebag Pro-	e cedure	_					
		T 10	Loopti	on.		-		NON	i-Exemple	u ( ) ai	IU NOITE	lable		Abate	ment	
Location Asbestos-Containing TO BE A In Fac (13	ng Material (ACM) BATED cility	Use Ma	Locati lormal d Sole intenai odial S (12)	lly ely by nce/		os Cor therma surfa	escription ntaining M al system acing, VA miscellai	Material s insula AT, or		(	Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
on expos	sed slab			x		F	loor Ti	le		1	60 SF	,	c			
														ann Sill		
				NJDEP V								1611				
Name of Registered W United Containers	lame of Registered Waste Hauler Inited Containers					of W	c Yards aste		G.R.O.		tered Land	uiill				115442
City, State						Disp. 5/23	osal Date	9	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna		Title Pres	ident			-	Signatur	2				Date 5/22		3		

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

Check # 7849

Date of Notification (1)		110000	Name	of Building C	Owner / Operator (2	2012	7,74	OTICOR	# 70	75	-
Agencies Notified	May 22, 2013 Type Notification			ollege of Ne Address	ew Jersey	- COLS MAY	2/.				
□EPA □DEP			2000 F	Pennington	Road	43	P4 My 2: 40				
⊠DOL			City, S	tate & Zip C	ode		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
⊠DOH	Amended Amendment	#	Ewing	, NJ 08628		371	10 10146 131				
DCA	Cancellation	'-	Name	of Contact				Telepho	ne N	umbei	r
			Joe A	nderson (No	ortheast Roof Maint	tenance Co., Inc	.)			_	
			FA	CILITY IN	FORMATION						
Name of Facility When Brower Center Buildi	e Abatement is Taking F ng	Place (3)	4		Type of Facili						
Street Address		100				oter 8 (Other than	n K-12)				
2000 Pennington Roa	ıd				Other (	i.e., private & c	ommercial buildi	ngs, hom	e, etc	:.)	
City (5)					Square Feet 6.00	# of F	loors 2	Bldg. Ag	e 6		
Ewing					Current Use (	Prior if being den					
County (6)		County Code	(7)		Student Cent	ter Building					
Mercer		USE ONLY_	· (.)			4.00					
Name of Monitoring Fit N/A	rm Hired by Building Ow	ner (8)		ASCM No	<ul> <li>Name of Abat</li> <li>Synatech, Inc.</li> </ul>	ement Contracto	r (9)				
Street Address					Street Addres 829 Radio Ro	s					
City, State & Zip Code				1000	City, State & 2	Zip Code			-		
Project Manager for Me	onitoring Firm	ITe	lephone N	lumber	Little Egg Ha Telephone Nu	rbor, NJ 08087	License	Number			
					609-296-6916	<b>.</b>	License	008	17		
Scheduled Start Date ( June 3, 20	13		n Date (1 <sup>2</sup> e <b>17, 201</b> 3		Name of OSH Synatech, Inc					,	
Facility Close	ing Abatement (Check of d/Vacated During Entire	Period of Ab	atement		Street Addres 829 Radio Ro	77					
Other – Desc	erformed Outside of Nor ribe: School not in sessi pied During Abatement		building is	not closed	City, State & Z Little Egg Ha	Zip Code rbor, NJ 08087					
Scope of Work (Check											
≥3 sf or ≥ 50 lf	er anderske kontroller fra de Frijke	$\boxtimes$	Renovatio	n		Full Containmer Mini-Enclosure	nt with Negative Pr	essure			
≥160 sf or ≥260	If	=	Demolition		H	Glovebag Proce	edure				
					$\boxtimes$		(*) and Non-Friable	Procedure	Э		
Asbestos-Contai	ation of ining Material (ACM) EABATED	Solely b	on Norma y Mainten odial Staff	ance or	Descript Asbestos-Co Material (	ontaining (ACM)	Amount (Spec		Abate	ment 7	Гуре
27.77	Facility (13)				(i.e., thermal insulation, surf					Eng	_
-	***********				or other miso					Encapsulate Renair	Enclosure
		Yes	No	N/A				,		T de	ъ
Roof - Skylight				х	Black C	aulk	560 LF	Х	$\top$	$\top$	Т
Roof – Skylight				x	Grey Caulk	/ Glazing	3,000 LF	X	1		
Name of Registered W	aste Hauler	NJDEP W	Vaste	Cubic Yar	ds of Waste	Name of Regis	tered Landfill				
Synatech, Inc.		Hauler ID	No. 429	10		Grows Landfil					
City, State			743	Disposal D	Date	City, State					
Little Egg Harbor, NJ	08087			June 18,		Morrisville, PA					
Completed By	Title			Signature	5 / 1	Into Hisville, PA	Date	•			-
Diane Aloia	Evecu	tive Adminis	trator	Alin	ne alor		May 22 2013				



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

Date of Notification (1) 05/22/13					Building Ow MENDL			2)	*3		<sup>लि</sup> १ २५	<i>P</i> : , .	48	-3-	
Agencies Notified	Type Notification			reet Add 29 HO	fress PE CHAI	PEL F	RD		(	EZA		577	2. 9	)	
DEP  DOL	Amended Amendment				e, Zip Code OOD NJ		)1				10011		7/		
DOH DCA	Emergency (i justification) Cancellation	ncluding		ame of 0						Tele	phone Nu	ımber			
		Diago (2)		FACIL	ITY INFOR	MATIC	ON	Type of	Facility (4	)					
Name of Facility Where Street Address	- 12 S	Place (3)					_	Sci	hool (K-12 bchapter 8 her (i.e. pr	) 3 (Othe	r than K-	12) cial buil	dinas	hom	es.
629 HOPE CHAPE	L RD							etc	:.)				Bldg.		
City (5) LAKEWOOD		U 85-886	2					Square		1	Floors		olug. /		
County (6) OCEAN		11 11		ounty C	ode (7) SE ONLY)			HOME				snea)		Ŋ,	
Name of Monitoring Fin	m Hired by Building	Owner (8)		ASCM	No.				ment Cont PROFE						
Street Address								Address	OVE CT						
City, State, Zip Code				÷				tate, Zip	Code OD NJ (	8701					
Project Manager for Mo	onitoring Firm		T	elephor	ne No.			one No. 668-90			License 1200	No.			
Start Date (10) 06/03/13		Scheduled 06/05/13		pletion [	Date (11)		Name	of OSHA	\ Monitor	-2:30:00:01					
Occupancy Status Dur	ing Abatement (Chec						Street	Address	i						
Facility Closed/Va	cated During Entire med Outside of Non	Period of Al	oateme	ent			City, S	tate, Zip	Code			-			
Other – Describe:															
Scope of Work (Check	All That Apply)	-					Г	1	Containme	ant with	Monative	o Proce	ıre		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Elitabeth	enovat emoliti		1			Mini-	-Enclosure	•	i ivegauve	G 1 1000	uic		
		No. of Contract					×	Glov Non-	ebag Prod Exempted	ædure i (*) an	d Non-Fri	iable Pr	oced	ıre ·	
		Is	Locatio	on				-50800000			(0)(02)		5355300	teme	nt
Locati	on of	N	ormall	y			scription					-	Т	Ť	Т
Asbestos-Containii TO BE A		Maii	i Solel ntenan	ice/			taining N I system				mount Specify	7	_	Enc	l m
In Fa	cility	Custo	odial S (12)	Staff?	(	surfa	icing, VA miscellar	T, or		S	F or LF)	Kemova	Repair	Encapsulate	Enclosure
(1	3)	Yes T		N/A		Outer	mocna	ilcodo)				20	"	ate	9
		Yes	No	N/A	E	XTEF	RIORS	SIDING	i		1000	х	+	$\dagger$	
													T		
Name of Registered V	Vaste Hauler			JDEP V lauler ID		Cubic of Wa	Yards aste		Name of	Regist	ered Land	dfill			
City, State						Dispo	sal Date	•	City, Sta	te				-	
Completed by		Title				T	Signatur		M			Date	120	113	,
1								/	,, ,	2					

Emergency

Completed by Schen Kee	Title	esid	Rent		Signatura	750	Da	5	121	1:	3
City, State  Akw Equot	NJ	<del>- \-</del>		Disp	-24-13	Mon	arsville t	A			
Name of Registered Weste Hauter -	s	F	IDEP V Iouier ID	Vante Cubi	lo Yarda	Was	r Registered Landfill He Manager	201	t o	<u>E</u>	M
	+-		1								
CKIGAOK (CC.)						)		-		-	
exterior Walls	1		"Ye	Siding	Shine	les	900 SF	×			
1,-4	Yes	No	N/A		20100120000			L		H	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Une Mu	Locationall d Solet interes lodisi S (12)	lý lý by 198/	Ashestos Cor (I.e. therms surfi	escription of visining Meterical il systems incu- scring, VAT, or miscellangous	lation,	Amount (Specify SF or LF)	Remova		e Encapsulat	Enclosure
23 stor 23 if 2180 stor 2280 if		enovat emoliti				ini-Enclosur Isvebas Fro		l Pro	edun	erne nt	
Scope of Work (Check All That Apply)											
Occupancy Status During Absternant (Check  Facility Closed/Vensted During Entire P  Absternant Performed Outside of Name  Other - Describe:	eriad of A	beised.	ent <sub>.</sub>	-	P.O	Box	337 NJ 0	85	3.3	3	
5-23-13	5	23	-1:	3	F124 (115 X7)	C TRC	hnologies	Z	ις		
Steve Schenker	Schodule	d Com	-09 7	758-3365	609 75 E		5 00	1	II.	7	
Project Manager for Monthly of Time	N 7	11	elephon	3-3-3 19 NO.	Telephore N	ia. 3Y	Licenne No.	Y		9,	2
City, State, Zip Code	<u> </u>	-	201	F93	City State, 2	ip Code	1 117	<u>a</u>	36	2 20	-
Stroot Address		لـــا	لصد		Street Addre	CORP.	333 - Nuoragi	137	الأحسا	DA A	-
Name of Monitorino Firm Hirad by Building C	wner (8)		ABCM	No.	Name of Aba		treator (9)	20	4		
County (6) Ocean		00	CURTY C	ode (7)			ar if being demolished	1) Du	عدا	inc	-
City (0) Berkeley 1	17	۵	87	31		re Feet	p of Floors		7.	54	~
GO3 Birch	Str	દિલ	4		) TO	Other (I.e. pi MO.)	rivete & commercial i		3500		
Single family	Du	lle	19_	-	ln s	School (K-1)					
DGA Candshaton  Name of Fadility Where Absterness is Taking	CID config		PACILI	TY INFORMATIO	IN CO	of Facility (4		-	-	<del>(,,</del>	$\exists$
DOH Emergency (km	duding		me of C	iontect	ediiK	MAHAE	T PITTOLIVE	ساحي		-	4
D EPA Initial D Amended		CH	ty, State,	Zip Code		MOGE	A CONTROL	3			
Agendes Nollflod Type Nollflostlon	**************************************	84	reet Add	"P.o.	Box	292	1 20 1999			<u>s</u>	
Date of Notification (1) 5-21-13	<b>)</b>	Na	ine or Bi	Virib		عصو		1		j	35
	<u> </u>	(Pure	ramnt to	MJAC 8:80 and	12:120)	: DO	L - 10 DAY		C3	2	_
	NO	TIFICA	TION O	F ABBESTOS A	BATERIEN	· 18/9	10041	-	-	3	

Ch 3245

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

Date of Notification (1) 5/20/13					f Building C & Flora S				Home)			4.5	- 4	43 <sub>11</sub>	42.	
Agencies Notified	Type Notification			Street A 39 Pat	ddress trick Driv	е							¢°)		5	4
DEP DOL	Amended Amendment				ate, Zip Coo nawkin N		50			- 30,000			-	100		-4
⊠ DOH □ DCA	Emergency justification) Cancellation		- 1	Name of Mario	f Contact					Tel	ephone f	Numb	er		74	gia.
				FACI	LITY INFO	RMAT	ION									
Name of Facility Where A Mario & Flora Salie			3)						of Facility (4 School (K-1)	75	200000000000000000000000000000000000000					
Street Address 39 Patrick Drive								×	Subchapter Other (i.e. p etc.)				build	lings,	home	es,
City (5) Manahawkin NJ 08	050						***************************************		re Feet	# o	f Floors			ldg. A 5+	ge	
County (6) Ocean					Code (7) USE ONLY)			Curre	ent Use (Pric	or if bei	ing demo	olished	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/ No.			of Aba	tement Con	tractor	(9)					
Street Address	2							Addres							*	
City, State, Zip Code							City, S	State, Z	ip Code in NJ 080	Q1						
Project Manager for Mor	Project Manager for Monitoring Firm						Teleph	none N 753-9	0.	J.	License					
Start Date (10) 5/29/13	ed Con	npletion	Date (11)		0.0000000	of OSI	HA Monitor	- 1070 s - 1070 s	00727							
Occupancy Status Durin	n Abatement (Che	6/5/13	10)					Addres				-				
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire	Period of A	Abatem	ent					ip Code							
Scope of Work (Check A	II That Apply)						L									
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		- Contract	Renova Demolit				,	Mir	l Containme ni-Enclosure ovebag Proc n-Exempted	e edure	-				2	
		le	Locati	on					Lxcinpted	( ) ui.	4 1101111	Tuble		14,001 100	ment	
Location	of	1	Normal	y		De	scription	of				-		Ту	ре	
Asbestos-Containing <u>TO BE AB</u> , In Facil (13)	Material (ACM) ATED	Ma	intenar todial S (12)	nce/		os Con therma surfa	taining N I system icing, VA miscellar	Material s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
through	a	165	NO				lass Til				20.05					3
through inside Ga		X			loor Til				20 SF 50 SF	-	ς .					
1110100 00		<u> </u>	<u> </u>			unig				┥.						
												+			-	
Name of Registered Was	te Hauler		N	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Land	dfill				
United Containers			2007	auler ID 2459	No.	of Wa 2	ste	David III (1900)	G.R.O.V							
City, State Elm NJ				Dispo 6/5/1	sal Date 3		City, State Morrisvi		19067	7						
Completed by Anthony T Perna		Title Presi	dent				Signature	•		_		Date 5/20				

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Adele Stulpin 5-20-2013 Type Notification Street Address Agencies Notified 2471 Vauxfall Road [X] Initial [ ]EPA Notification City, State, Zip Code [ ]DEP [ ]Amended Union, NJ, 07083 [X] DOL Notification Telephone Number Name of Contact [X]DOH [ ]EMERGENCY Adele Stulpin [ ]DCA [ ]Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) [ ]School (K-12) Same as above [ ]Subchapter 8 (Other than K-12) [X]Other (i.e., private & commer-Street Addres cial buildings, homes, etc.) # of Floors Bldg. Age Square Feet County Code (7) 1800 SF 2 100 County (6) Essex City (5 (STATE USE ONLY) Current Use (Prior if being demolished) UNION Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) N/AStreet Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 6-7-2013 6-6-2013 Day Year Year Month Month Day Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement [ ]Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» [ ]other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X ]Full Containment with Negative Pressure [ ]Mini-Enclosure [X] Renovation [X]>3 sf or >3 lf [X]Glovebag Procedure [ ]Demolition [ ]≥160 sf or ≥260 lf [ ]Non-Friable Procedure Abatement Type Is Location Normally Description of Location of NCLOSU NCAPSUL Amount Asbestos-Containing REPAIR Asbestos-Containing Used. E (Specify Material (ACM) Solely Material (ACM) By Main SF or OV (i.e., thermal systems TO BE ABATED tenance/ LF) insulation, surfacing, VAT, In Facility A Custodial or other miscellaneous) R (13)Staff (12) Yes No N/A 145 lf X Pipe Insulation Basement 20 SF Boiler Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste of Waste 1.5 G.R.O.W.S. Hauler ID No. AZTECH MANAGEMENT, INC. 17040 City, State Disposal Date City, State Morrisville, PA 19067 Montclair, NJ 07042 Signature Date Title Completed By (Print or Type) 5-20-2013 President Constantine Vivian

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

Date of Notification (					of Bui	ilding Owner	/Op	erator (2)	1		9/	2	
Agency Notified	05/20/13 Type Notification				Addres					80 / /	-	× L	7
x EPA	xx Initial				Main St					. 56 G		14	20
X DEP	Amended				State, 2					10	4.74	5 F	9
X DOL X DOH	Amended # Emergency (in	cluding	,		am, NJ						4	1/	
DCA	Justification)	0.002	•		of Co			Tel	ephone Numb	er	ζ,	3 (4	1
2010/12/08/	Cancellation				Cirkut			3250					
			100000000000000000000000000000000000000		TY IN	FORMATION							
Name of Facility Wher	e Abatement is	Γaking	g Plac	e (3)				pe of Facili					
Chatham Court								School (K-		(T. 10)			
Street Addresses									8 (Other than		D:1	d:	
380 Main Street						- Committee of the Comm			. private & con			inigs	,
City(5)							Squ	uare Feet	# of Floors	Bldg. A	Age		
Chatham, NJ					(=) (==				D : :C1 :	1 1:1	- 1\		
County (6)					(7) (81)	ATE USE			Prior if being	aemonsn	ea)		
Morris			ONLY	/	MANIA	Tax CA	Ye	W.5	tt (O)				
Name of Monitoring Fi	rm Hired by Build	ling C	)wner	ASC	M No.	Name of A	bate	ement Con	tractor (9)				
(8)\- J&S Environmen	tal Laboratories,	LLC				Pezo Inc							
Street Address						Street Addre		DJ #150					
2333 Route 22 West						4 Beaverbro					2000		
City, State, Zip Code						City, State,							
Union NJ 07083		m 1	1	NI.		Lincoln Par			License 1	No			
Project Manager for Mo	onitoring Firm		ephone -206-0			Telephone 973-628-782		•	01141	NO			
Sherryl	Calcadale				(11)	Name of O	-	A Monitor					-
Start Date (10)	Schedule 09/29/13		приси	JII Dau	4(11)				oratories, LLC				
06/03/13 Occupancy Status Duri			nly o	ne)	70.70	Street Addre		ionai isaoc	ratories, EEC				
Facility Closed/Vacat	ed During Entire Pe	riod o	f Abate	ment		2333 Route		2. West					
Abatement Perform	ed Outside of No	rmal	Facilit	v Hou	'S	City, State,							
x Other -Describe	<b></b>			•		Union NJ							
Scope of Work (Check a	ll apply)						xx F	Full Contains	nent with Negati	ve Pressur	e		
				100 9	_			Mini-Enclosu					
> 3 sf or > 3 lf					Renovatio			Glovebag Pi	rocedure ted (*) and Non-	Eriable pr	scedi	ire	
xx > 160  sf or > 260  lf		To	Locati		Demolitic	on		Non-Exemp	led (*) and Non-		atem		
T 4!	- C		Normal			Description	of			110		ype	
Location	337.00				Achasta	os Containing M		ial (ACM)	Amount		T -	T	T
Asbestos-Containing r	naterial (ACM)		ed Sole aintena			thermal system			(Specify	Removal	Repair	Enc	Enc
TO BE ABA			Custodi		(,	Surfacing, VA			SF or LF)	JOV	air	aps	nclosure
(13)	iity		Staff?			Other miscella	aneo	us)		2		ncapsulate	ıге
(13)			(12)							100		6	
				1									
		Yes	No	N/A	n. 1				2000 00 1 E		-	-	
Crawlspace			X		-	Insulation			2900.00 LF	X	+	-	-
Storage Rooms	X		Asbest	tos Recidue			1400.00LF	X	-	-	_		
											-		
		2.7	IDED.		(T. 1	Cubic Yards	-6	Nama of I	Registered Land	dfield			
Name of registered W	aste Hauler	1200		Waste	Huler		or	Waste M	anagement of F	unciu Pennsylva	nia		
Pezo Inc.		CS	6224			Waste		waste ivi	anagement of f	Cillisy i va			
City State		_				Disposal Date	e	City, Stat	·е			MOSERU.	-
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8: 60 and 12: 120-) Name of Building Owner/Operator (2) **Eval Shuster** Street Address Agencies Notified 360 Ninth Street LLC [X] EPA City, State, Zip Code [ ] Initial DEP [] Jersey City, NJ [X] Amended [X] DOL Amendment # \_ Name of Contact Telephone Number Emergency (including [X] DOH Justification) Eyal Shuster [ ] Cancellation [ ] DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) 1 1 Warehouse Subchapter 8 (Other than K-12) [ ] Street Address Other (i.e., private & commercial [X] buildings, homes, etc.) 360 Ninth Street of Floors Square Feet Bldg. Age County Code (7) County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Hudson Jersey City Name of Abatement Contractor (9) ASCM Name of Monitoring Firm Hired by Building Owner (8) J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 1141 Route 23 City, State, Zip Code Wayne NJ 07470 License No. Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 Scheduled Completion Date (11) Name of OSHA Monitor Scheduled State Date (10) 3 Enviro Vision Consultants, Inc. Year Year Month Day Month Day Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Mini-Enclosure Renovation Glovebag Procedure Demolition  $[ ] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ 11 Non-Exemted (\*) and Non-Friable Procedure  $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Abatement Type E E Is N N Description of Location C C Asbestos-Containing Amount E Normally Location of M E A L (Specify Material (ACM) Asbestos - Containing Used P 0 P 0 SF or LF) Material (ACM) Solely by (i.e., thermal systems V S S insulation, surfacing, VAT, Maintenance / TO BE ABATED U U 1 or other miscellaneous) A Custodial in Facility (13) L R R L Staff (12) N/A Yes No 4000 SF X VAT 2nd Floor Offices X 600 SF X Roofing 800 LF Pipe Insulation X 1st Floor - Warehouse Name of Registered Landfill NJDEP Waste Cubic Yards of Waste Name of Registered Waste Hauler Hauler ID No. G.R.O.W.S 17819 J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Morrisville PA Wayne NJ 07470 Date Signature Completed by (Print or Type) Title 5/20/2013

Project Manager

Jerry Bijelonic

Date of Notification (1)	6 / 1 1 3	î.	(Purs	Nai		: 60 and 12: 120-) Iding Owner/Operat	or (2)				4	٠ پ		4
	f Notification		-		eet Addre					<del>- 1</del> 755		( )	,	
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Name of Monitoring Firm Hired by Building	Owner (8)		ASC	М		Name of Abatemen	nt Contrac	ctor (9)						
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Street Address							Subchapter 8 (Other t		350		
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[ ] Other - Describe: Scope of Work (Check all that apply)					Fairlawn NJ 074	10					
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Jerry Bijelonic	Project Manager							4/1	5/2013		
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Jerry Bijelonic	Project Manager				1/0				4/1	/2013 G4667		- 107

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC \$160 and 12:121)

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

Date of Notification (1) 5/20/13					Building O				281	3 MA	У о.		18.	Š		
Agencies Notified	Type Notification	1		Street Add					* 31		Y 24 /	19	2.6	0		
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DOH DCA	Emergency ( justification) Cancellation	including	723	Name of O	Contact / Trautz					Tele	ephoné N	umbe	er 4.			
				FACIL	ITY INFO	RMATIC	N									
Name of Facility Where Dorothy Trautz ( Pr		g Place (3)						☐ So	f Facility (4 chool (K-12 ubchapter 8	2)	er than K-	-12)				
48 Judy								⊠ O et	ther (i.e. pr	ivate 8	& commer	rcial b				5,
City (5) Manahawkin NJ 08	8050							Square 1000-	F	2	f Floors		35	dg. Aq i+	ge	
County (6) Ocean				County C STATE U	ode (7) SE ONLY)		_	Curren	t Use (Prio	r if bei	ng demol	ished	)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			of Abate	ement Cont	ractor	(9)					
Street Address			20013					Address Sox 32								
City, State, Zip Code							City, S	tate, Zip	Code	34						
Project Manager for Mo	nitoring Firm		- -	Геlерhon	ne No.		Teleph	one No			License	Same and				-
Start Date (10)		Schedule	d Com	nletion F	)ate (11)			753-98	A Monitor		00727					
5/29/13		6/5/13		piction	oute (11)		Same	е							.,	
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#### NOTIFICATION OF ASBESTOS ABATEMENT

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	5/1/	72013			Borough o	f Union E	Beach	Thr.		AM	2.,	
Agencies Notified		Notification	Туре		Street Addres	s		6° /	45	7	16	
⋉ EPA		Initial			650 Poole	Avenue		4/	CEN	1477		
DEP DOL			ed #		City, State, Zij	p Code				146	12/,	
X DOL		Emerge justificat	ncy (includ	ling	Union Bead	ch, NJ 07	7735					
★ DOH   DCA		X Cancella			Name of Cont Ms. Jennife		n Maier	Tel_N	umber			
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Name of Facility Where Aba	atement is T	aking Place (3	)_		Type of Facilit	y (4)						
Private Dwelling					School (I	K-12)						
Street Address					Subchap	ter 8 (Othe	er than K-12)					
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Name of Monitoring Firm Hi			ASCM N 00104	10.	Name of Contractor (9)							
Environmental Health	investiga	itors	00104		MTM Metro Corporation							
Street Address 655 West Shore Trail					Street Address	-						
					135-137 Mc		/e			7. 1134/50.00		
City, State, Zip Code Sparta, NJ 07871					City State, Zip							
	- F				Paterson, N							
Project Manager for Monitor	THE REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN	Telephone N 973-729-5			Telephone Nu	_			e Numb	er		
Jean-Paul von Doehr Scheduled Start Date (10)	en			D-4-744)	973 742 5030 00809  Name of OSHA Monitor							
5/20/13		Scheduled 0 5/25/13	completion	Date (11)	MTM Metro		ation					
Occupancy Status During A	hatement (C	- <u>1</u> -1.01-11/10-01/11/11/11/11	,,	The state of the s	Street Address		ation -					
Occupancy otatas burns / (	batement (c	one only one	2		135-137 McBride Av							
Facility Closed/Vacate	d During En	tire Period of A	Abatement		City, State, Zip							
Abatement Performed	Outside of I	Normal Facility	Hours									
Other-Describe:					Paterson, N	J 07501						
Source of Work (Check all the	nat apply)											
> 3 sf or > 3 lf		Renovation		Full	Containment wit	h Negative	Pressure	Mi	ni-Enclo	sure		
× > 160 sf or > 260 lf	×			L-1	n-Exempted(*) &				ovebag i	Procedur	е	
Location of Asbestos- Containing Material (ACM) in		ation Normally by Maint./Cus		Description of thermal system		Amount	(Specify SF or	LF)	Abate	ment Typ	е	
Facility (13)	Staff?	(12)		surfacing, VAT					D	Don	F	
Exterior	YES	NO	N/A X	miscell.) Transite Siding Shin	also.				Rem.	Rep.	Encap I	Enclose
Kitchen,Bathroom		· .	. X	VAT	gies	1,000 SF 130 SF			×		×	
Basement		_	X	Black floor mastic		130 SF			×		X	
Name of Reg, Waste Hauler		NJDEP Was	te Hauler I	D#	Cubic Yards of Waste Name of Reg. Landfill							
MTM Metro Corporation	#**	26552			15			Tullytow	vn			
City, State							Disp. Date			City, Stat	е	
Paterson, NJ 07501					5/25/13 Tullytown, PA							
Completed by (Print or Type	<u>)</u>	Title	- Printer		Signature Date							
Elizabeth Maslarkov		Business Adm	inistrator		Elizabeth Maslarkov 5/17/2013							

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

Check# 1476

Date of Notification (1) 05/21/2013	Name of Building Owner/Operator (2) BETTY LAZEVNICK  Street Address 401 LINCOLN AVE														
Agencies Notified	Type Notification			treet Ad					781J h	AY2	4 AM o				
☐ EPA	× Initial				ICOLN A				8-3-			. 40			
DEP X DOL	Amended Amendment				e, Zip Cod BORO I		066		62	LIGE	Nond!				
∑ DOH DCA	Emergency ( justification)	including	1000	lame of 0		FANI				Tele					
☐ DCA	Cancellation			Acetional and	BETH D		ON								
Name of Facility Where	e Abatement is Taking	g Place (3)		TAGIL	11111111	TOWN TH		Type o	f Facility (	4)	į.				
RESIDENTIAL									chool (K-1		er than K-12	1			
Street Address 401 LINCOLN AV	E							X O			commercia		ings,	home	es,
City (5)					- St. 25 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			Square		# of	Floors	BI 40	dg. A	ge	
PAULSBORO NJ	08066			County C	ode (7)			1600	t Use (Pri	1.	ng demolish		,		
County (6) GLOUCESTER			6	STATE U	SE ONLY)				DENTIA		ng aciliens	,			
Name of Monitoring Fir CONNELL GREE		Owner (8)		ASCM	No.				ement Cor ENVIRO		<sup>(9)</sup> NTAL SE	RVIC	ES	INC.	•00
Street Address 904 KINGS ARMS	S DRIVE						1733707070	Address CLEMS	s S RUN						
City, State, Zip Code DOWNINGTOWN	I PA 19335	<del></del>						State, Zip LICA I	Code HILL NJ	08062	2				
Project Manager for Mo	onitoring Firm	1 1 2 -		elephon 484-43	e No. 2-9363			none No 304-46			License N 01145	0.			
Start Date (10) 05/30/2013		Scheduled 05/31/20		pletion D	)ate (11)		Name EMS		A Monitor						
Occupancy Status Dur	ing Abatement (Ched	k Only One	<del>)</del>					Address							
Facility Closed/Va	acated During Entire	Period of Al	batem	ent					0 NORT	н					
Abatement Perfor	med Outside of Nom RESIDENTIAL	nai raciily	nouis	urs City, State, Zip Code CINNAMINSON NJ 08077											
Scope of Work (Check	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		enovat emoliti				2	Mini	i-Enclosur vebag Pro	e cedure	Negative F				
								_ Nor	n-Exempte	d (*) an	d Non-Friat		cedur Abate		t
Loopti	ion of	N	Location ormall	y		De	scription	n of					Ту	pe	т—
Locati Asbestos-Containii	ng Material (ACM)	(# (ET)0E)(G)(S)	l Solel	, , ,	Asbest	tos Con	taining h	Vaterial is insula	(ACM)	10.00	mount Specify	<sub>Z</sub>	_	En	<u>ш</u>
TO BE A	cility	Custo	odial S (12)	itaff?	(i.e.	surfa	cing, VA	AT, or	uori,		or LF)	Remova	Repair	Encapsulate	Enclosure
(1:	3)	Yes	No	N/A		otner	miscella	neous)				/al	=	ilate	l le
BASE	MENT	165	NO	X		PIF	PE WR	AP		8	0 LF	x			
BAGE	IVICIVI	+													
		-				0.14/6-712-									
Name of Registered V	Vaste Hauler		4.7	JDEP W		Cubic of Wa	Yards			_	ered Landfil				
ASSURED ENVIR	ASSURED ENVIRONMENTAL SERVICES					4	isie		ALLIE	O WAS	STE IMPE	ERIAL	. LAi	NDF	ILL
City, State MULLICA HILL NJ			2		sal Date 3/2013		City, Sta		Α						
Completed by RON SWANSON	JECT	COOF	RDINAT		Signatur	e 0,	019	SIL	~	ate 5/21/2	2013				
				-	1100			- U·I	1		00-040-00-		3 (C) (C) (C)		
ASB-41 (R-06-08)							* Do n	ot use t	his form fo	r asbes	tos licensur	e exer	npted	activ	ities.

Date of Notification (1	)		Name of Build	ing Owner/Operato	r (2)		9			
5-20-2013			David Ch	in	2610					
Agencies Notified Typ	e Notific	ation	Street Addres	s	—— <del>2813 Мдү</del>	24 AM 2:	,			
[ ]EPA []	[]Initial		243 Fero	nia Way		- , HU S:	40			
[ ]DEP	Notific	cation	City, State,	Zip Code	*	J. 1.2 . 1.5	- 40.			
[X]DOL [	]Amended		[200] - [200]	rd,NJ,07070	4 L16	ENTHAL !	34			
[X]DOH	Notific		Name of Conta	ct		ne Number				
	]EMERGENO		David Ch		- Carepino	No Mande				
0.10	]Cancella	ation								
				TY INFORMATION		N = 20 20 20	14 15 25 2			
Name of Facility Where I	Abatement	is Takir	g Place (3)		Type of Facil	lity (4)				
same as above					[ ]School			** 10		
Street Addres						pter 8 (Othe (i.e., priva				
				•	cial h	ouildings, h	omes,	etc.)		
City (5		County (	6) Facor	Country Code (7)	Square Feet	# of Floo		dg.	Age	
CICA (2		country (	O) ESSEX	County Code (7) (STATE USE ONLY)	1200	2	100000000000000000000000000000000000000	90		
		BERG	EN		Current Use	(Prior if be	ing der	nolis	shed)	
Name of Monitoring Firm	hired by			Name of Abate	ement Contracto	or (9)				
Owner (8) N/A		enedalistical section of		AZTECH 1	MANAGEMENT	, Inc.				
Street Address				Street Addres	ss	***				
				86 Chris	stopher St					
City, State, Zip Code		-		City, State,	Zip Code					
				Montcla:	ar, NJ 070	42				
Project Manager for Moni	toring Fi	rm Tel	ephone Number	Telephone Num	ber	<u> </u>	icense	Numb	per	
		N/	Α .	(973) 744	1-8800	80	0037	1		
Scheduled Start Date (10	) Sche	d. Compl	etion Date (1	1) Name of OSHA	Monitor					
6-7-2013		6-10-	2013	N/A	1 g					
Month Day Year Occupancy Status During			ay Year	Street Addres						
[X]Facility Closed/	Vacated D	uring Ent	ire Period	Street Addres						
of Abatement [ ]Abatement Perform	med Outsi	de of Nor	mal Facility	City, State,	Zip Code					
Hours - Describe				proj, seaso,	alp dode					
[ ]other - Describe			Descript»							
Scope of Work (Check all	that app	νΤĀ)		[ ]Full	Containment wi	th Negative	Pressi	ıre		
[X] >3 sf or >3 ]			]Renovation	[ ]Mini-	-Enclosure					
[ ]≥160 sf or ≥2	60 lf	Ĺ	]Demolition		ebag Procedure Friable Procedu	ıre				
\$000\$300 P		Tic	Is cation				Aba	teme		
Location of Asbestos-Contain	ing		rmally Used	Description Asbestos-Con		Amount	R	R	E N	E N
Material (ACM)	<u>-</u>		Solely Main-	Material	(ACM)	(Specify	1 11	E	C A	C
TO BE ABATED		te	nance/	(i.e., thermainsulation, surf		SF or LF)	. 0	A	PS	os
		l cu	stodial	or other misce			A L	R	T T	U R
In Facility (13)			ff (12)					1 1		E
In Facility (13)	arithme.	Yes Yes	No N/A	Ding Trant-	tion	00 77	707			
In Facility (13)				Pipe Insula	tion	90 LF	х			
In Facility (13)			No N/A	Pipe Insula	tion	90 LF	х			
In Facility (13)  Basement	Hauler	Yes	No N/A							
In Facility (13)  Basement		Yes NJI	No N/A X DEP Waste	Pipe Insula	Name of Regi	stered Land				
In Facility (13)  Basement  Name of Registered Waste  AZTECH MANAGEME		Yes NJI	No N/A X DEP Waste	Cubic Yards of Waste 1	Name of Regi	stered Land				
In Facility (13)  Basement  Name of Registered Waste  AZTECH MANAGEME  City, State	NT, IN	Yes NJI	No N/A X DEP Waste	Cubic Yards of Waste 1 Disposal Date	Name of Regi G.R.O.W.	stered Land	fill	7		
In Facility (13)  Basement  Name of Registered Waste  AZTECH MANAGEME  City, State	NT, IN	Yes NJI	No N/A X DEP Waste	Cubic Yards of Waste 1	Name of Regi	stered Land	fill	7		
In Facility (13)  Basement  Name of Registered Waste	NT, IN 042  ype) Tit	Yes	No N/A X DEP Waste ller ID No. 7040	Cubic Yards of Waste 1 Disposal Date	Name of Regi G.R.O.W. City, State Morrisvi	stered Land	fill			

Date of Notification	(1)	N	ame of Build	ling Owner/Operato:	r (2)	THE ASSESSMENT				
5-20-2013			Dan Zeno	owich	2013 1	1724 My 2				
Agencies Notified	Type Notific	ation S	treet Addres	ıs		721.				
[ ]EPA	[X]Initial		16 Oakla	and Road		17 A.	)			
[ ]DEP	Notific	ation	ity, State,	Zip Code	2/1		40		11000	
[X]DOL	[ ]Amended Notific		Maplewoo	d,NJ,07040	~14.	ENRELEVA	•			
[X]DOH	NOCITIC	Self-respond to the state.	ame of Conta	et	Telepho	ne Number	7.			
[ ]DCA	[ ]EMERGENO	Y	Dan Zeno	owich	, -				8	
	[ ]Cancella	tion								
Name of Facility Whe	ro Abstament	io Maleina		TY INFORMATION		144 (4)				
Same as above		is Taking	J Place (3)		Type of Faci					
					[ ]School [ ]Subchar	(K-12) pter 8 (Othe	r than	K-12	)	
Street Addres					[X]Other	(i,e., priva	ate & co	ommer		
						buildings, h	***************************************			
City (5		County (6	) Essex	County Code (7)	Square Feet 2200	# of Floo		dg. 1 80	age	
		-		(STATE USE ONLY)	Current Use				hed	)
		ESSE	X			A	-			
Name of Monitoring F	irm hired by	Building	ASCM No.		ment Contracto	100		¥57-		
Owner (8) N/A				AZTECH N	<i>i</i> anagement	f, Inc.				
Street Address				Street Address	_					
				86 Chris	stopher St	•				
City, State, Zip Cod	e			City, State,						
				Montclai	Lr, NJ 070	142				
Project Manager for	Monitoring Fi		phone Number				License		er	
		N/A	850	(973) 744			0037	<u> </u>		
Scheduled Start Date 6-3-2013	(10) Sche	d. Comple 6-4-2	tion Date (1	[20] [대] - [대]	Monitor					
	ear Mo	0-4-2 nth Da		N/A			85			
Occupancy Status Dur	ing Abatement	(Check o	nly one)	Street Addres	s					
[X]Facility Clos of Abatement		uring Ent	ire Period	11						
[ ]Abatement Per				City, State,	Zip Code					
[ ]other - Descr	ribe: <u>«OffHour:</u> ribe: <u>«Other O</u>		Character and the second state of the second s							
Scope of Work (Check	all that app	ly)					7.7			
[X]>3 sf or	>3 1f	(V)	Renovation		Containment w	ith Negative	Pressu	ire		
[]≥160 sf o		J. 17	Demolition	177074501102	Enclosure bag Procedure					
		-T	Is	[ ]Non-E	riable Procedu	ire	Aba	temer	- m	
Location	of		cation	Description	on of			Cemer	E	E
Asbestos-Con Material	하는 것이 되는 경험이 되었다.	τ	Jsed	Asbestos-Con Material		Amount	RE	R	C	C
TO BE ABA		Ву	Main-	(i.e., thermal		(Specify	o	PA	A P	O
In Facil (13)	ity	Cus	todial	insulation, surf or other misce	50000000000000000000000000000000000000	LF)	V	I	S	S
(13)			No N/A	or other misce	raneous)		L		L	R E
Basement			X :	PIPE INSULAT	ION	80 LF	X			
									8-1	
Name of Registered W		L	EP Waste ler ID No.	Cubic Yards of Waste 1	Name of Regi		fill			
AZTECH MANAGI	PARENT, IN		040	or waste 1	G.R.O.W.	<b>5</b> .				
City, State	07040			Disposal Date	City, State	11. /==	1000	7		
Montclair, NJ	0/042				Morrisvi	TIE / PA	TA06	1		
Completed By (Print	or Type) Tit	le		Signature		1/	Date			
Constantine Vi	lvian Pr	esiden	t	/ /	1	1/1.	5-201	L3		
				(1911	) purpury	yun_		_		

Date of Notification	on (1)		A CONTRACTOR OF THE PARTY OF TH			Owner/Operator	r (2)	A. 10				
5-16-2013		La	ng S	taff			7812		1.0			
Agencies Notified	Type Notificat	tion	Stree	t Addı	cess		- 2	017 110.		10.7	7	
[ ]EPA	[X]Initial		6	Prin	ceto	on Place		BI3 MAY 21	1 7s.			
[ ]DEP	Notifica	tion	City,	State	e, Zip	Code			11/11	2:6	n	
[X]DOL	[ ]Amended		Mo	ntcl	air,	NJ,		277		3	C.	
[X]DOH	Notifica	cion	Name	of Cor	ntact		Telepho	ne Number	3/0	1.44		
[ ]DCA	[ ]EMERGENCY		La	ng S	taff	:	1	1,		- I.		
	[ ]Cancellat	ion					for 1					<u></u>
				200000000000000000000000000000000000000		INFORMATION						_
Name of Facility Wh		s Taki	ng Pla	ace (3	)		Type of Facil	ity (4)				
Same as above	3						[ ]School	(K-12) ter 8 (Oth	or the	n K-	12)	
Street Addres							- 1070 PERUNALAH MANAKATAN	i.e., priv				
								ouildings,		etc	.)	
City (E	h	ounty	/6\ Pa/	70Y	ko	unter Codo (7)	Square Feet	# of Flo	ors	7-3-5	Age	
City (5	ſ	ounty	(O) ES	sex	100	unty Code (7) TATE USE ONLY)	1900 SF	3		95		
							Current Use	Prior ii b	eing a	ешот	rsuec	1)
Name of Monitoring	Firm hired by E	uildin	g AS	CM No.		Name of Abate	ment Contracto	r (9)				
Owner (8)	-					AZTECH N	<b>MANAGEMENT</b>	, Inc.				
N/A Street Address						Street Addres	is					
						86 Chris	stopher St					
City, State, Zip Co	ode					City, State,	Zip Code					
						Montclai	ir, NJ 070	42				
Project Manager for	Monitoring Fir	m Te	Lephor	ne Numl	oer	Telephone Num	ber		Licens	e Nu	mber	
		N	'A			(973) 744	1-8800		003	71		
Scheduled Start Dat	ce (10) Sched	. Comp	letion	Date	(11)	Name of OSHA	Monitor					
5-28-201	L3	5-29	-20	13		N/A						
Month Day Cocupancy Status Du	Year Mon		Day	Year	<b>c</b>	Street Addres						
[X] Facility Cl	osed/Vacated Du				ı	Street Addres	S					
of Abatement Pe	nt erformed Outside	e of No	rmal	Facili	tv	City, State,	Tin Code	2 72				
Hours - Desc	cribe: «OffHours	Descri	pt»		-1	city, state,	Zip Code					
	cribe: «Other Oc	1000 Miles - 500	Desc	ript»								
Scope of Work (Chec	k all that appl	A)				[ ]Full	Containment wi	th Negativ	e Pres	SIITA		
[X]≥3 sf or		[:	X]Ren	ovatio	n		Enclosure	on negacit				
[ ] <u>≥</u> 160 sf	or ≥260 lf	[	]Demo	olitio	n		ebag Procedure Triable Procedu	TO.				
		T .	Is			1 1 2			Al	oater	ent	Туре
Locatio Asbestos-Co			ocati	ly		Description Asbestos-Con		Amount	. 1		E	E
Material			Used Solel	У		Material	888388888888888	(Specif		4 1	C	C
TO BE A		t	y Mai enanc	e/		(i.e., thermal		SF or		, A	P	0
In Faci (13)			ıstodi aff (		1	nsulation, surf or other misce		LF)	2	7   5	TT	UR
		Yes	No	N/A							<b>↓</b> ÷	E
Basement		1		X	Prp	e Insulati	on	65 LI	X	_	1_	<u> </u>
										1	-	_
		<u></u>	<u></u>									
Name of Registered			DEP W	Maste ID No.	1 2 2 5 5	bic Yards Waste 1	Name of Regi		dfill			
AZTECH MANAG	SERVENI, INC		7040				G.R.O.W.	J.				
City, State	T 07042					sposal Date	City, State	110 03	100	67		
Montclair, No	0/042					5-30-2013	Morrisvi	TIE, PA	TAC	0/		
Completed By (Print	or Type) Titl	.e				Signature	-	7	Dat	е		
Constantine V	/ivian Pre	eside	nt			1 1200	Tarel 1	die	100000000000000000000000000000000000000	6-20	13	
						( WW)	injure!	vian				

Date of Notification	n (1)		Name of Building Owner/Operator (2)								
5-21-2013			Jim Sheelan								
Agencies Notified	Type Notifica	ation	Street Address	3		JANY 2		Projection of the Control of the Con			
[ ]EPA	[X]Initial	ation	52 Hills		4.3.7	43 MAY 24	Apr.				
[ ]DEP		aczon	City, State,		S.	115	1	46			
[X]DOL	[ ]Amended Notific	ation	Verona, N	J,07044		4 CENTO	17.4%	88			
[X] DOH	[ ]EMERGENC	·v	Name of Contac		Telephor	ne Number//	151131				
[ ]DCA	[ ]Cancella	500	Jim Shee	lan							
V	[ ]Cancerra	1011	FACILI'	TY INFORMATION							
Name of Facility Wh	ere Abatement	is Takir			Type of Facil	ity (4)					
Same as above	<b>)</b>				[ ]School	(K-12)					
Street Addres		****				ter 8 (Othe			-		
Diller Marco						uildings, h			_		
				900	Square Feet	# of Floo	ors Bl	dg. 2	lge		
City (5		County	(6) Essex	County Code (7) (STATE USE ONLY)	1850	3		107			
				(SIRIE USE UNII)	Current Use (	Prior if be	eing der	molis	hed)	)	
Ware of Manitonian	mine biend be-	Posi I dian	ASCM No.	None of Abote		- (O)					
Name of Monitoring Owner (8) N/A	riim nired by	Bullain	g ASCM NO.		ment Contracto MANAGEMENT	2 1					
Street Address				Street Addres	_	-					
				86 Chris	stopher St	•					
City, State, Zip Co	de			City, State,							
				Montclai	Lr, NJ 070	42					
Project Manager for	Monitoring Fi	rm Tel	lephone Number	Telephone Num (973) 744		ļ	icense		er		
Scheduled Start Date 6-4-2013		6-5-2		Name of OSHA	Monitor						
Month Day Y Occupancy Status Du			only one)	Street Addres	s						
[X]Facility Clo	it										
[ ]Abatement Pe Hours - Desc	rformed Outsideribe:«OffHour			City, State,	Zip Code						
[ ]other - Desc	The state of the s		The second secon								
Scope of Work (Chec	k all that app	oly)	***************************************	II							
[X]>3 sf or []>160 sf			X]Renovation ]Demolition	[ ]Mini- [X]Glove	Containment wi Enclosure abag Procedure Priable Procedu		Press	ıre			
_	300 W.C.	T.	Is ocation		H000 5000		Aba	temer			
Location Asbestos-Con			ormally Used	Description Asbestos-Con		Amount	R	R	N	E	
Material			Solely y Main-	Material		(Specify		E	A	L	
TO BE AF		t	enance/ ustodial	(i.e., thermal insulation, surf		SF or LF)	A O	A	PS	S	
(13)	_	st	aff (12)	or other misce			L	R	L	U R	
Basement		Yes	No N/A	Pipe Insulat	ion	80 LF	X		•	E	
			1250	Crawl Space		3 SF					
Name of Registered NANAG		С на	DDEP Waste auler ID No.	Cubic Yards of Waste 1.	Name of Regi G.R.O.W.		fill				
City, State				Disposal Date	City, State	3					
Montclair, NJ	07042			6-6-2013	Morrisyi	lle, ÞA	1906	7			
Completed By (Print	or Type) Tit	tle		Signature	1,	-	Date				
Constantine V		reside	ent	(192	skylan /	6	100000000000000000000000000000000000000	-2013			
				1.	1						

Date of Notification	1 (1)		Name of Building Owner/Operator (2)								
5-21-2013			Bernice	Wil	son		28/2.		- 2ª		
Agencies Notified	Type Notifica	tion	Street Addres	ss	***************************************		1 17	17 <sub>24</sub>		77	9
[ ]EPA	[X]Initial		149 Nom	man :	Rd.			<4	830		
[ ]DEP	Notific	ation	City, State,	Zip C	ode		g. , /		177	: 6	**
[X]DOL	[ ]Amended		Newark,	NJ,			~ 4/6)	67,6		46	2
[X]DOH	Notific		Name of Conta	act		Telepho	ne Number	1/4	7	17	
[ ]DCA	[ ]EMERGENC	Y	Bernice	Wil	son			266	•	4	
(25) Z)	[ ]Cancella	tion									
				ITY IN	FORMATION		MANUAL CONTRACTOR				
Name of Facility Who Same as above		is Takir	ng Place (3)		2	Type of Facil	8 <del>3</del> 74				
Street Addres							oter 8 (Othe				
							(i.e., priva ouildings, h				
				-		Square Feet	# of Floo	ors Bl	.dg.	Age	
City (5		County (	(6) Essex	111111111111111111111111111111111111111	TY Code (7)	1500	2		69		
		0710	4	(SIA)	LE USE ORLI)	Current Use	(Prior if be	ing de	molis	hed	)
Name of Monitoring E	11 bi b	0710	2700		V 15 33-1-	l Carter at	- (0)				
Owner (8) N/A	rirm hired by	Building	J ASCM No.			ment Contracto ANAGEMENT					
Street Address				5	Street Address				* - *		
					86 Chris	topher St					
City, State, Zip Cod	le				ity, State, S Montclai	Zip Code r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Tel	ephone Numbe	r	Telephone Numb (973) 744		I	icense		er	
Scheduled Start Date	(10) Sche	d. Compl	etion Date (	11)	lame of OSHA N	Monitor					
6-5-2013	-	6-6-	2013	1	A/A						
Month Day Ye Occupancy Status Dur			only one)		treet Address						
[X]Facility Clos	sed/Vacated Di	J (7 10) 17 (17 (17 (17 (17 (17 (17 (17 (17 (17			creet Address	•					
of Abatement []Abatement Per		le of No	rmal Facility	,	ity, State, 2	Zin Code				1000000	
Hours - Descr	ribe: «OffHours	Descri	pt»		rey, beace, r	arp code					
[ ]other - Descri			Descript»					-			
Scope of Work (Check	all that app	ly)			[ ]Full (	Containment wi	th Negative	Press	ure		
[X]>3 sf or [ ]>160 sf or		17.0	K]Renovation ]Demolition		[X]Glove	Enclosure bag Procedure					
		T	Is		[]Non-F	riable Procedu	ire	Aba	teme	nt: 7	ľvne
Location		L	ocation ormally		Descriptio				T	E	E
Asbestos-Con Material	(1.1.3.1.3.1.1.3.1.1.3.1.3.1.3.1.3.1.3.1	1	Used Solely		Asbestos-Cont Material (		Amount (Specify	REM	RE	C	C
TO BE ABA	ATED	B	y Main- enance/		i.e., thermal	systems	SF or	O V	PA	P	0
In Facil (13)	ity	Cu	stodial aff (12)		lation, surfa other miscel		LF)	A	I R	S U	S U
·	1 - 16	Yes	No N/A					L		L	R
Basement		-	X	Pipe	Insulat	ion	100 LF	X			
		1				1000 000 000 000		_	-		-
Name of Registered W	aste Hauler	NJ	DEP Waste	Cubi	c Yards	Name of Regi	stered Land	fill	1		
AZTECH MANAGI			uler ID No. 7040	of W	aste 1	G.R.O.W.					
City, State	07040				osal Date	City, State	11-/ 2	1000			
Montclair, NJ	0/042			6-	7-2013	Morrisvi	TIE, PA	TA06	1		
Completed By (Print	or Type) Tit	le			Signature	<b>'</b>	-/	Date		e tem	
Constantine V		eside	nt		1 1	T1. 11		5-21	-2013		
					( ons	the will					

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#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of No 05/21/201	otification (1):			lding O	wner/Operator (2)				13 A	Ar,		
Agencies Notified	Type Notification	Street	Addre ar Land	ss:					ارايات	57	4/	् टो (
EPA	☐ Amended			ip Code	<del>:</del>				46	Port		516
□ DEP	Amendment#:  □ Emergency		rk, NJ of Cor				Telephone	e Number:		747.T 1917	111	1
B-DOI/	(including	100000000000000000000000000000000000000		naci: agadeyo	)		1 elephone	t Number.	10		61	21
□ DCA	justification)  □ Cancellation	Jounga							· ·			
	- th				FACILITY INFO							
	Facility 14th Avenue	Element	ary Sch	iool		1	of Facility (4):					
186 14 <sup>th</sup> A	Avenue						hool (K-12) bchapter 8 (Other than K	-12)				
City/ (5):	Cou	nty (6):			ty Code (7):	Ot	her (i.e., private & comm	ercial buildings, ho	omes, e	tc.)		
Newark	Esse	x		07103		Squa	are Feet:	# of Floor	rs:			
							g. Age					
Name of N	Monitoring Firm His	ed by Ru	ilding	Owner:	ASCM No.:		ent Use : School ne of Abatement Contr	ractor (9):				
WHITM		ou oy Du	wining,	J WHOI.	7100M 130		irocare Enterprise	(3)				
Street Add	drace:				1		et Address:	s, Inc	-		80000	-
I The state of the property of the state of	nt Hill Road					Jour	ot Hadross.					
						358	Broadway, Sui	ite 202				
City, State	e, Zip Code: NJ 08512		1012			City	, State, Zip Code:					
Clanoury,	, 143 00512				W 7 W 2	Nev	vark, NJ 07104					
	anager for Monitori	ng Firm:		-	Telephone No.:	Tele	phone No.:	License No.:				
Kevin T.	Lovely				732-390-5858	-	) 485-4000	01017				
Start Date 05/31/13	:(10):	Schedul 06/02/1		npletion	Date (11):		ne of OSHA Monitor: eriSci					
	Status During Abaten						et Address: East 30 <sup>th</sup> Street					
	Closed/vacated During ant Performed Outside				ıt		, State, Zip Code:					
Describe:			•				York, New York, 10	0016				
□ Other												
Describe:												
	For example of the contract o	ply):		□ Reno			M Mini- Glove	Containment with Enclosure bag Procedure xempted (*) and N	_			
		Is	Locat	ion				The state of the s	T	Abat	emen	
	Location of	l N	<b>Jormal</b>	lly	A sheetes Cont	escripti	on of Material (ACM)	İ		T	ype	
Asbestos-	Containing Materia	Use	d Sole intena	ly by	(i.e., therma	al syste	ems insulation,		-		田	н
то	(ACM) BE ABATED		ustodi		surfa	cing, \	/AT, or	Amount	Removal	Repair	Encapsulat	ncl
55370	IN Facility		Staff?		other	ther miscellaneous) (Specify of a specify of a specific of a specify of a specific of						Enclosure
	(13)	Yes	(12) No	N/A	-			SF or LF)	a	•	lat	re
Basemer	nt	165	X	IN/A	Pipe Insulation	ion 165 LF *						
				-				ļ	-			
Name of l	Registered Waste H	auler:		NJDI	P Waste Hauler ID	No.:	Cubic Yards	Name of Regis	stered	landfi	  1:	
Newark C	Carting			4506		of Waste: 30 Tullytown Re. Facility						
City, State			Disp	osal Dat	e:		City, State: Tullytown, PA					
Complete				Title:		Signa	ture: AAA	Date: 05/21/20	13			
Samuel II	ounon			Presid	uent	(2	na vall Vagnas	X 1 03/21/20	13			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) NV #21.39

Data of Matification (4)			No.	f D. Julia	0	21	102 11			(	iK	H	$\mathcal{A}$	05%
Date of Notification (1) 05/20/13		The C	ollege o	f New	Jersey	(2) ///	1724	M 2.						
Agencies Notified Type Notification  EPA Initial	on		Street A 2000 F	ddress Penning	ton Ro	ad	31			4 <i>0</i>				
EPA Initial Amended Amendment				ite, Zip Co , NJ 086				UEW.		in L				
			Name or	f Contact e Horod					Tel	ephone Nu	mber			
			FACI	LITY INFO	ORMATI	ON								
Name of Facility Where Abatement is Ta Norsworthy Hall	king Place (3	3)						of Facility						
Street Address 2000 Pennington Road							×	Subchapte Other (i.e. <sub>l</sub>	8 (Oth	er than K-1 & commerc		dings,	home	es,
City (5) Ewing							Squa	etc.) re Feet 000 +	# of	Floors		Bldg. A	ge	
County (6)			County	Code (7)						ng demolis				
Mercer			(STATE	USE ONLY,	)						ieu)	- 1		
Name of Monitoring Firm Hired by Buildir USA Environmental Managemer			0011					tement Co Contractin						0.000-114-4000-
Street Address 344 West State Street							Addres Sarge	ss ant Aver	nue					
City, State, Zip Code Trenton, NJ 08618								ip Code 07013	In the second					
Project Manager for Monitoring Firm Mr. William Weisgarber, Jr.		T	Telepho	ne No. 56-8101		Teleph	one N	0.		License N 01099	lo.			
Start Date (10) 05/30/13	Schedule 07/31/			Date (11)		Name	of OSI	HA Monitor		ratories L	10			
Occupancy Status During Abatement (Ch			-				Addres		Labo	ratories L	LU	_		-
Facility Closed/Vacated During Entir	e Period of	Abater				2333	Rout	e 22 We	st					
Abatement Performed Outside of No Other – Describe:	ormal Facility	Hour	3					ip Code 07081						
Scope of Work (Check All That Apply)						_	-							
≥3 sf or ≥3 if ≥160 sf or ≥260 if	<b>PRODUCTION</b>	Renova Demoli				×	Mir Glo	ni-Enclosur vebag Pro	e cedure	Negative F				
							I NO	n-Exempte	d (*) an	d Non-Friat	le Pro		ement	
Location of	1	Locat Norma	lly		De	scription	of						ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma Cus	ed Sole intena todial ( (12)	nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	taining M systems cing, VA niscellar	faterial s insula T, or	(ACM) ation,	(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
T	Yes	No	N/A		1400						-			
Through-Out Entire Building		x	-			ow Cau				955 LF 400 LF	x			
Name of Registered Waste Hauler		I	IJDEP W	/aste	Cubic	Yards		Name of	Registe	red Landfill				
Pyramid Contracting Corp.		1000	lauler ID 2613	No.	of Was 20	ste		G.R.O.	W.S. I	_andfill				
City, State Clifton, New Jersey					Dispos	sal Date	7	City, Stat Morrisv		enfhsylva	nia			
Completed by	Title	50000			S	igrature		1	ll	/	ite			
Dimo Golcev	Gene	eral M	langer			1/1	N	y	/	0.5	5/20/	13		
ASB-41 (R-06-08)					0	* Do no	ot use t	his form for	r asbest	os licensur	e exen	npted	activi	ties.

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  May 21, 2013		Name of Buildin		erator (2) a Building Contra	acting 20136	Ĺ	2	169	19	
[ [ ]	tion l Notifica		Street Address		A Grand Central	Avenue	17-24	11.		
[x] DOL Amer	ndment # gency (ir	-	City, State, Zip (		lette, NJ 08735	**	), (),(),	11/	2.40	41
I I I DCA I	ication) ellation		Name of Contac Sal I	t Mattia		Telephone Number	18.	1/2	ζ	
			CILITY INFOR	MATION						
Name of Facility Where Abatement is Taking Residence	g Place (3	3)			Type of Facility (4	School (k-12) Subchapter 8 (ot	her har	ı k-12)		
Street Address 40 Harding Avenu	е				[x]	Other (i.e., priva homes, etc.)	ite & co	mmer		dings,
City	County	y (6)	County Code (7) (STATE USE ON	LY)	Square feet 1800sf	# of Floors		g. Age	50	
Ortley Beach	Ocean	n			Current Use (Prior Resid	if being demolished ence	)			
Name of Monitoring Firm Hired by Building N/A	Owner (	8)	ASCM No.	Name of	Abatement Contract		Inc.			
Street Address			<del> </del>	Street A	ddress					
City, State, Zip Code			City, Sta	ite, Zip Code	Route 9, Unit 61 River, New Jers		755-1	271		
Project Manager for Monitoring Firm	Telephone Number	er		ne Number -9-9932	License N 00624			271		
Scheduled Start Date (10) 5/22/13		Scheduled Comple 5/23/13	etion Date (11)		OSHA Monitor	S.L. Analytical				
Occupancy Status During Abatement (Check [ x ] Facility Closed/Vacate			Street Address Abatement 1056 Stelton Road							
Abatement Performed Other – Describe	Outside o	of Normal Facility	Hours	City, Sta	te, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)				[ ]		nt with Negative Pre	essure			
[ ] >3 sfor≥3 lf			vation	[ ] [x]	Mini-Enclosure Glovebag Proce		Drood	180		
[ X ] ≥160 sf or ≥260 lf		[x] Demo	illion	[ X ]	Non-Exempted	(*) and Non-Friable				
					2000 a		Abat	ement	Гуре	
Location of		Is Location ormally used	A	Descriptionsbestos-Cor		Amount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely by		Material (A	(CM)	(Specify SF	E M	E P	C	N C
TO BE ABATED	Maint	enance/Custodia		e., thermal		or LF)	O	A	A	L
in facility (13)		Staff (12)	in	sulation, su VAT, o			V	R	P	O S
(13)		(12)	of	her miscell			A		U	U
	YES	NO N/A					L		L E	R E
Exterior	X	Asbestos sid	ing		1600 sf	X				
				Ly co	17 1611					
Name of Registered Waste Hauler Guardian Contracting, Inc.	JDEP Waste Haule 20223	er ID No.   Cubic Y	ards of Wast	Name of Regis T.R.R.F.	tered Landiiii					
City, State Toms River, New Jersey	osal Date	City, St Tullyt		ia /						
Completed by (Print or Type) Nicholas Fernicola	Signature	chil	ten		5/21	/2013	3			

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

July 20

\* Emergen cy

No.Litica Liam #

2013 HAY 24	NOTIFICATION OF	New Jefrey MESESTOS ABAT	EMENT		<del></del>
Agons Notified L Tirgs Notification	Name of Su	de siso and 12.1	20)	DOL - 10 DA	Y
C EPA C Install	CAY States	500	V /2	MAY W	
O DCA Sementarion	The same of the sa	L BENT	기	AN ER APPEC	
basin of Feeting Where distinguists in Feeting	PAGE (3) C A	MPCREATION	Type of Facility	11-415 1	li laneza
436 first	Ave	1	3 School (K. )	2) 8 (Other man K-12)	ල ukangs සි
COMP (6) 12ABE4	Course Com		50 Mario Feet	i a of Floors	lidg Age
Warned of patential to have being by Drengting Co.	-CMF43	Name of Absterney		nor if being apmoished	d)
BOCH ASSOCIA		Breef Approve		50~	
Englavord 1	17	15 13 E	<u>32.</u>	+ Z. L.	
And best (10)   Concourted Lives	73kg/km No 201 564 6707 Cumpation Lies (11)	Telephone No 1973: 345 Name of CENA Mor		I Lucana de Si	04
Onder's gree mad watered (cycle o	9 1 (3	Street Aggress		ع ١٠٠	
Effective Classed/Vacional During Enters Pencer El Abritaniant Performes Outside of Normal For El Ottor - Describe	Ø Abatoment Göl∤-Hours	City State Zip Code	0		
Scare of Work (Check all that about)	-		<del></del> -		· · · · · · · · · · · · ·
1 C25 1 00 1 00 1 00 1 00 1 00 1 00 1 00 1	A Renovation 2 Demokton	CONTRACTOR OF TAXABLE PARTY.	of Contract	Negative Pressure	i
Londen of	Is Location Normally Used Solety by	Doscoption of		HISTORIA PRINCIPALITY	Abatamani
Asbosos-Corcumus (Acm) 10 10 AGATOS (N FORE) (13)	Maintenany Adba	security of the security of the security Continues and the security security security of the security	ukatupen	SE OF FELL (STATE OF	Endbaurs Ercapaulate Repor
Boys Locka Rom		ipe ins	<u> </u>	20 LF	
					<del></del>
Restor Verste	NIDEN WESTE NEWS	Cubic Yorks of Ni Waste 2	amo of Regist	<del></del>	<u> </u>
	7.2	5/25/13 =	ay. State	ر بر الحرار الم	A
ASS-41 Do no	CALLACT	Signature	72	5	Part in the control of the control o
6	i mad nink sterin met missel 3r02 HC	emetro exempled adia	ALIMPS .		1

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

Date of Notification (1)	13	_				g Owner/Operator (2 alty Investment T	1 1 11 11 11 11			1		
Agencies Notified	fication			100000000000000000000000000000000000000	Address 6 East J	efferson St.	MA)	2 4 2013		川		,
☑ DOLWD ☐ Amend	ded				tate, Zip (		1 12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	1		
☑ DHSS Amend	iment # <u>0</u>			Company of		1D 20852		OONTROL	<u> </u>			
DCA Emerg		uding		8 9 9 9	of Contac		ASBES	TOS CONTROL TOENTSINGUIUM	er			
(NJAC 5:23-8) justific					Woodie			IOLIVOITO _	<i>i</i> <b>a</b>			
	nacion -	_		1117		FORMATION				_		
		DI	(0)	PAC	JILIT IN	FORMATION	Type of Facility (4	1		_		
Name of Facility Where Abatement i			(3)				School (K-12)	,				
Troy Hills Shopping Center (	Space 7	(A)					Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., priv	ate and commercial	cial bui	lding	s,	
1115 Route 46 East							homes, etc.)	# of Floors	DIA	α Λ	70	
City (5)							Square Feet	# of Floors		ig. Ag 1	je	
Parsippany, NJ 07054							207,000			-		
County (6)				Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Prio	r ir being demoils	neu)			
Morris												
Name of Monitoring Firm Hired by B	uilding Ov	vner (	8)	ASCM	No.	Name of Abateme						
VERTEX				NA		Alliance Envi	ronmental Syst	ems				
Street Address						Street Address	NAME OF THE OWNER OWNER OWNER OWNER OWNER OWNER OWNER OWNE					
700 Turner Way						550 East Unio	The state of the s					
City, State, Zip Code	2000 to 1.110	30				City, State, Zip Co						
Aston, PA 19014						West Cheste	r, PA 19382					
Project Manager for Monitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Dave Brown			6	10-558	-8902	610-701-9000 00508						
Start Date (10) 6 / 5 / 13	Schedu 6			etion Da		Name of OSHA N	lonitor					
		- S				Street Address						
Occupancy Status During Abatemen  Facility Closed/Vacated During E	ntire Peri	od of	Abate	ment		700 Turner W	/ay					
☐ Abatement Performed Outside of Time of Abatement: 7AM-	Normal F	acilit	y Hou	rs - Des	cribe	City, State, Zip Co Aston, PA 19						
						Acton, 17110	• • • • • • • • • • • • • • • • • • • •	***************************************				_
Scope of Work (Check all that apply ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		⊠ Re □ De	novat molitic	ion on		☐ Mini-End	tainment with Nega losure g Procedure mpted (*) and Non		re			
		Is	Loca	tion					Aba	atem	ent Ty	уре
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> IN Facility  (13)	CM)	Use Ma	Norma d Sole intena	ally ely by ance/ Staff?		Description of estos Containing Material (ACM) e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)					Encapsulate	Enclosure
		Yes	No	N/A								-
Space #7A			$\boxtimes$		VAT /	<b>Mastic</b>		1475				
									П	П		
					-				+=		_	
								-	ᆛᆜ	ш	Ц	-
Name of Registered Waste Hauler			1.00	JDEP V		Cubic Yards of Waste	Name of Regist Allied BFI II					
N.E.T.S.				18947	7	30 Disposal Date	City, State	•				
City, State Hazelton, PA						TBD	Imperial, PA	4			,	
Completed By (Print or Type)	Title		_			Signature	alla	Da	ite /		1	2
Mark Griffin	- 0.00	tima	tor				[[]]	2	5/2	1/	13	<u> </u>
ASB-41 MAY 11	* [	o not	use ti	his form	for asbes	stos licensure exemp	oted activities.	/	′	/		

CK #25173

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

Date of Notification (1)			$\top$	Name of Building Owner/Operator (2)  Ray Magnifico										
5/21/13 Agencies Notified   Type Notification			-+	Street Address										
EPA	Initial						2212 Rogers	Rd.		-11	$\mathbb{H}$			
DEP DOL	Amended Amendment #		- [	City, S	tate, Zip C	Pt. Pleasant Boro, NMAN87321 2013								
DOH DCA	☐ Emergency (in justification)☐ Cancellation	n) Name of				No. of the last of		Telephone Numb			1	-		
				FACILITY INFORMATION ASSESTOS CONTROL &										
Name of Facility Where		g Place denc					Type of Facility	y ( <del>4</del> )			J			
Street Address				Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings,										
	2212 R	ogers	Rd.	homes, etc.)  Square Feet # of Floors Bldg. Age								_		
City (5)	Pt. Pleasant E	Boro,	NJ (									_		
County (6)	Ocean			County Code (7) (STATE USE (Prior if being demolish USE ONLY)  Residential								Ŋ		
Name of Monitoring Firm		Owner	_	ASCM No. Name of Abatement Contractor (9)										
(8)	MECS						ens Environ	mental Service	s, In	c.		_		
Street Address	PO Box 34	1				Street Address	PO	Box 322						
City, State, Zip Code	1 O DOX 34					City, State, Zip C	Code					=		
C	rosswicks, NJ	08515	5	Allentown, NJ 08501										
Project Manager for Mo			1420401203	lephone No. Telephone No. (609) 298-4070			License No. 00493							
					Della mineral	Name of OSHA			0175			=		
Start Date (10) Scheduled Completion Date 6/3/13 6/5/13						MECS								
Occupancy Status Duri		Street Address	DO:	D 241										
Facility Closed/Vacated During Entire Period of Abate						City, State, Zip C		Box 341				_		
☐ Abatement Performed Outside of Normal Facility Hours  ☑ Other - Describe: 8AM - 4:30PM						City, State, Zip C		ks, NJ 08515				_		
Scope of Work (Check all that apply)   ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf  Demolition						☐ Full Containment with Negative Pressure  ☑ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure								
			ocatio						Abatement Type					
Location		Used	ormally Solel	y by		Description o	Amount							
Asbestos-Containing TO BE ABA		C	ntenan ustodia			tos Containing Ma thermal systems	insulation,	(Specify	Removal	Repair	Enca	Encl		
IN Facility (13)	ty	'	Staff? (12)			surfacing, VAT other miscellane		SF or LF)	loval	ai	Encapsulate	Enclosure		
Yes			No	N/A							ate	L		
Basement				×		Traniste Fl		<u>9 lf</u>	×					
1st floor						Transite F		9 lf						
Attic						Transite Flue 6 lf				-		L		
Name of Registered Waste Hauler NJDEP Waste						Cubic Yards	Name of Rec	gistered Landfill						
Name of Registered Waste Hauler  Stevens Environmental Services Inc.  NJDEP Waster ID No. 18292					No.	of Waste		T.R.R.F., Ir	ıc.					
City, State						Disposal Date	City, State	T-11. +	D 4					
Allentown, NJ Completed By Title						6/6/13   Signature	H-W-	Tullytown,	A			_		
Mahlon E. Stevens Project Mana					ager	111	1/		5/2	1/13	_	_		

ASB-41 MAR 00 \* Do not use this form for asbestos licensure exempted activities.

CK#25/74

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

Date of Notification (1) 5/21/13				Name of Building Owner/Operator (2) Preston Brooks MAY 2 4 2013												
Agencies Notified Type Notification				Street Address												
EPA	☑ Initial			917 Newton Average Ave												
DEP DOL	Amended Amendment #		-	City, State, Zip Code Oakland, NJ 08107												
<b>⊠</b> DOH	Emergency (in justification)	iciuaing	-	Name	of Contac											
□ DCA	☐ Cancellation				Pr	eston Brooks										
				FAC	ILITY INF	ORMATION			*							
Name of Facility Where				Type of Facility (4)												
	Res	idenc	e				School (K-12) Subchapter 8 (Other than K-12)									
Street Address	917 Ne	wton	Ave		Other (i.e., private & commercial buildings homes, etc.)											
City (5)	Oakland,	NJ (	0810	7			Square Feet 1400	1400 1				Bldg. Age				
County (6)						7) (STATE	Current Use (Prior if being demolished)									
	amden			0.5000.5	ONLY)			Residential								
Name of Monitoring Firm (8)		Owner		ASCM	No.	No. Name of Abatement Contractor (9) Stevens Environmental Service						ag Ino				
	MECS					Street Address	ens Environ	mental Service	5, 11	ic.		-				
Street Address	PO Box 34	1				Sileet Address	PO I	Box 322								
City, State, Zip Code	TO BOX 3 T		==			City, State, Zip C					_	=				
Crosswicks, NJ 08515							Allentow	n, NJ 08501								
Project Manager for Monitoring Firm Tel					No.	Telephone No.	License No.									
					8-4070		259-9688 00493									
Start Date (10) Scheduled Comple					) (F) (G)											
Occupancy Status During Abatement (Check only one)						Street Address	14.	iLCS		111		=				
Facility Closed/Vacated During Entire Period of Abate					70 7 244											
Abatement Performed Outside of Normal Facility Hou						City, State, Zip C	ode									
Other - Describe: 8AM - 4:30PM					Crosswicks, NJ 08515											
Scope of Work (Check a  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	novati molitio			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
Is Locati												Abatement				
Location	of		ormally   Solel			Description of		1.0	Туре							
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility  Maintena Custor Staff						tos Containing Mat thermal systems i		Amount (Specify	及	Re	回	m				
			Staff?	"	(1.6.,	surfacing, VAT,	or	SF or LF)	Remova	Repair	caps	Enclosure				
(13)			(12)			other miscellaned	ous)		<u>a</u>		Encapsulate	Тe				
	J	Yes	No	N/A						- 1	(D					
Baseme	ent			X		Duct Insulat	ion	80 lf	×							
					W	rap and Cut N	Method									
						- 10 10 10 10 10 10 10 10 10 10 10 10 10										
Name of Registered Waste Hauler NJDEP Wast Hauler ID No						Cubic Yards of Waste	Name of Reg	istered Landfill								
Stevens Environmental Services Inc. 182					292	2 CU	(	T.R.R.F., Ir	ic.							
City, State Allentown, NJ						Disposal Date	City, State	Tullytown	DΛ							
Completed By				6/10/13, Signators	4 <del>//</del>	Tullytown, I	A		_	-						
Completed By Mahlon E. Stevens Title Project Manage						17/1/	1/		5/2	1/13						

ASB-41 MAR 00

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

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

Date of Notification (1) 05/23/2013				Name of Building Owner/Operator (2)  R. Baker & Son										
Agencies Notified  EPA DEP DOL	Type Notification  Initial Amended Amendment # Emergency (ir	_ [	City, Stat	e Court e, Zip Code nk, Nj 0770	)1			MAY	2 4	201	3			
DOH DCA	justification) Cancellation	Robert		<u> </u>	100	one Nur	THE CO	MTR	DL <sub>2</sub> 8	Í.				
Name of Facility Where Abatement is Taking Place (3) B-4 Enterprises, LLC (The Clam Hut) Street Address 1 Atlantic Street					ITY INFORM	ty (4) K-12) ter 8 (Other than K-12) e. private & commercial buildings, homes,								
City (5) Highlands, NJ 0773	32		-				Square Feet	# 01	Bldg. Age					
County (6) Monmouth	name de la caración d			County C	ode (7) SE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm GNPATP, LLC Env				ASCM	No.		e of Abatement Contractor (9) Enterprises, Inc.							
Street Address 34 Southview Terra	ce South			Street Address 815 12th Street										
City, State, Zip Code Middletown, NJ 077	748						State, Zip Code monton, NJ 0	8037						
Project Manager for Mor Matthew Bianchi		Telephone No. Te			hone No. License No. -567-1250 01172									
Start Date (10) 06/06/2013	d Con	npletion [	Date (11)	Name	of OSHA Monitor	·								
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatemee Abatement Performed Outside of Normal Facility Hours Other – Describe:							Address State, Zip Code							
Scope of Work (Check A	II That Apply)		Catalan .	es-messaria.			-						$\neg$	
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf     Renovati     Demolition												ıre		
	Locat	ion					Abatement Type							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  Norm Used So Mainter Custodia (12)				ely by nce/	(i.e. ther s	Description Containing I mal system urfacing, VA ner miscella	Material (ACM) as insulation, AT, or	aterial (ACM) Amou insulation, (Spec , or SF or		Removal	Repair	Encapsulate	Enclosure	
Between Kitche	n and Porch	103	No	IN/A	Br	own Line	leum	1	80 SF	x	-			
In Kitchen adjac				Brown Wal						х				
-	n Kitchen & Soda Gun Room				Transite Panels			17-4X8 Panels						
Above Kitchen					Exterior & Interior Roofing 5,000 SF x									
Name of Registered Waste Hauler Newark Carting, Inc.				JDEP W lauler ID 509	120 (20 (20 (20 (20 (20 (20 (20 (20 (20 (	[2] [2] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4								
City, State Newark, NJ					10000000	sposal Date	City, Sta	ate	18000-	X 165				
Completed by Kati DiNatale  Title Office Manager						Signatur	ROD	Date 05/23/2013						

K#2448 ASBESTOS CONTROL & LICENSING Bldg. Age 42

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HESS CORPORATION 5 /13 Street Address Type Notification Agencies Notified 1 HESS PLAZA Initial Notification City, State, Zip Code **EPA** DEP Amended Notification WOODBRIDGE, NEW JERSEY 07095 DOL Cancellation DOH On Hold Name of Contact DCA EMERGENCY N DAVID CERUI O FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) HESS PLAZA Subchapter 8 (Other than K-12) Other (ie. private & commol. bldgs., homes, etc.) Street Address Square Feet # of Floors 1 HESS PLAZA 187,000 13 Current Use (Prior if being demolished) City (5) County (6) County Code (7) COMMERCIAL OFFICE WOODBRIDGE MIDDLESEX (STATE USE ONLY) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) HILLMANN ENVIRONMENTAL 17 PAR ENVIRONMENTAL CORPORATION Street Address Street Address 1600 ROUTE 22 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSEN 908-377-5644 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor QUALITY ENVIRONMENTAL /13 6/ 3 / 12 / 30 /13 Day Month Year Year Month Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday - Friday 6pm - 2:30 am City, State, Zip Code WAPPINGERS FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Demolition Renovation Mini-Enclo:, >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Is Location Description of Asbestos-Abatement Type Containing Material (ACM) Asbestos-containing normally used Amount ENCAPSUL **ENCLOSUR** REPAIR REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT, SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st floor mailroom 3,200 SF Floor tile and mastic 1st floor mailroom 50 LF Pipe fittings X 1st floor MER 30 LF Pipe fittings Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill EXPRESS WASTE LLC GROWS LANDFILL Hauler ID No. 26981 City, State MORRISVILLE, PA City, State Disposal Date KEARNEY, NEW JERSEY 06/03/13-12/30/13 Completed by (Print or Type) Title Signature BENJAMIN SANCHEZ DIRECTOR OF OPERATIONS

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) HESS CORPORATION /13 Street Address Agencies Notified Type Notification 1 HESS PLAZA City, State, Zip Code Initial Notification DEP Amended Notification MAY 2 4 2013 WOODBRIDGE, NEW JERSEY 07095 DOL Cancellation DOH On Hold Name of Contact Telephone Number DCA **EMERGENCY N** DAVID CERULO ASBESTOS CONTROL & FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) LICENSING Type of Facility (4) School (K-12) HESS PLAZA Subchapter 8 (Other than K-12) Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 1 HESS PLAZA 187,000 City (5) County (6) County Code (7) Current Use (Prior if being demolished) WOODBRIDGE MIDDLESEX (STATE USE ONLY) COMMERCIAL OFFICE Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION ASCM No. HILLMANN ENVIRONMENTAL 17 Street Address Street Address 1600 ROUTE 22 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code UNION, NEW JERSEY 07083 SUFFERN, NEW YORK 10901 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE NEHLSEN 908-377-5644 845-369-7500 460 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor 5/ 28 / 12/ 30 /13 QUALITY ENVIRONMENTAL Month Year Day Month Day Year Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 W Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: Monday - Friday 6pm - 2:30 am City, State, Zip Code WAPPINGERS FALLS, NY 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Demolition X Renovation Mini-Enclo:, >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure Location of Description of Asbestos-Containing Material (ACM) Is Location Abatement Type Asbestos-containing normally used Amount ENCLOSUR ENCAPSUL REMOVAL Material (ACM) solely by (ie. Thermal systems (Specify TO BE ABATED Maint/Custodial insulation, surfacing, VAT. SF or LF) in Facility (13) Staff (12) or other miscellaneous) Yes No N/A 1st floor mailroom Floor tile and mastic 3,200 SF 1st floor mailroom Pipe fittings X 50 LF 1st floor MER Pipe fittings 30 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill EXPRESS WASTE LLC Hauler ID No. 30 **GROWS LANDFILL** 26981 City, State Disposal Date KEARNEY, NEW JERSEY VILLE, PA 5/28/13-12/30/13 Completed by (Print or Type) BENJAMIN SANCHEZ Signature Date DIRECTOR OF OPERATIONS