ct 805/67

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

			<u>5)</u>									
Name of Facility Where Ab Sunoco Partners Marketin			<u>3)</u>		Type of Facility () School (K-1							
					() Subchapter							
Street Address US Route 130 & I-295					(X) Other (i.e.	private & c	ommerciai bid	gs., non	nes, etc	•		
US Roule 130 & 1-293					Sq. Feet N/A		# of Floor	sN/A	4			
City (5)	County (6)		County C]	• (0 1-11-						
Westville	Gloucester		(State Us	e Only)	Bldg. Age N/ Current Use (p	A_(Outside	piping) demolished)	Oil Re	finery			
Name of Monitoring Firm H	lired by Blda	Owner (8)	ASCM No	2	Todirent oce (p	nor ii boing	Name of Co					
KA Industrial services, LLC		O MILOT 107	7.00 m. 11.	<u>. </u>			K A Industria					
Street Address					Street Address							
26 Colonial Ave					800 Billingspor							
<u>City, State, Zip</u> Woodbury Nj 08096					Paulsboro, NJ							
Project Manager for Monito	oring Firm	Telephone			Telephone Nur	mber			e Numb	er		
Scott Dechant		856-224-43	85		856-224-4392			00857				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor						
5/282013		6/21/2013			Same							
Occupancy Status During	Abatement (C	Check only or	<u>ne)</u>		Street Address	<u>i</u>						
() Facility Closed/Vacated () Abatement Performed (
		20			City, State, Zip	Code	III. COSTON					
(X) Other – Describe – Ext		ent/renovatio	ns within re	stricted work								
area, no other contractors Source of Work (Check all					J				-			
Source of Work (Check all	triat apply)											
() Demolition (X) Renov	ation			0.05 - 10 -00	2015 4010 0	M: D!	/ +DE OF	101E A	CNA			
(X) Large Proj. (>160 SF of the containment ()	or >260 LF A	CM)()SMPr	oj. (>25<16 lovebag Pro		() ()	Minor Proj	(<25 SF or <	10 LF A	CIVI)			
Location of Asbestos-		ation Normall		Description of	ACM (i.e.	Amount (Specify SF or	LF)	Abate	ment Ty	ре	
Containing Material (ACM)	in Solely	by Maint./Cu	stodial	thermal system			25 2572 248					
Facility (13)	Staff? YES	(12) NO	NA	surfacing, VAT miscell.)	, or other	(Estimate	a)		Rem.	Rep.	Encap	Enclose
r domey (10)	- 120	X	I	Transite		300 LF			X	Γ	1	
AND AND AND THE PARTY OF THE PA				5: 1 10	TOL	~750 LF			X			
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2	6	X	1	Pipe Insulation	1-151							
Roof of Bldg – 26 Tank	6			Pipe Insulation	1-151					<u> </u>	-	
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2		X	eta Haular I					Name	of Reg	Landfill		
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2 Name of Reg. Waste Haule		X NJDEP Wa	ste Hauler I		Cubic Yards of	f Waste			of Reg.			
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2		X	ste Hauler I			f Waste			ester Co	ounty La	ndfill	
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2 Name of Reg. Waste Haul Waste Management, Inc. City, State		X NJDEP Wa	ste Hauler I		Cubic Yards of	f Waste	Disp. Date		ester Co	ounty La	ndfill ite	
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2 Name of Reg. Waste Haul Waste Management, Inc.		X NJDEP Wa	ste Hauler I		Cubic Yards of	f Waste	Disp. Date Various		ester Co	ounty La	ndfill	41
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2 Name of Reg. Waste Hauli Waste Management, Inc. City, State South Harrison, NJ	ər	X NJDEP Wa	ste Hauler I		Cubic Yards of	f Waste			ester Co	ounty La	ndfill ite	11
Roof of Bldg – 26 Tank Various Pipe:Tanks 9,16,2 Name of Reg. Waste Hauli Waste Management, Inc. City, State South Harrison, NJ Completed by (Print or Type)	ər	NJDEP Wa 17273			Cubic Yards of 20 (estimated)	f Waste		Glouce	ester Co	ounty La	ndfill ite	1J
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Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) Kennedy's Steak House, Inc. 5-23-13 Type Notification Street Address Agencies Notified P.O. Box 196 **EPA** Initial City, State, Zip Code DEP Amended X DOL Amendment # Pomona, NJ 08240 Emergency (including Name of Contact Telephone Number DOH justification) Alyce Bishop Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Vacant Restaurant School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 275 West White Horse Pike Square Feet # of Floors Bldg. Age 3,000 Galloway Township 3 72yrs. County Code (7) County (6) Current Use (Prior if being demolished) (STATE USE ONLY) Atlantic Restaurant Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) EHS Environmental, Inc. Plymouth Environmental Co., Inc. Street Address Street Address 411 Southgate Court, Suite E 923 Haws Avenue City, State, Zip Code City, State, Zip Code Norristown, PA 19401 Mickleton, NJ 08056 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Jack Carney 610-239-9920 00398 856-224-0080 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Plymouth Environmental Co., Inc. 6-5-13 6-14-13 Occupancy Status During Abatement (Check Only One) Street Address 923 Haws Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Norristown, PA 19401 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 If Demolition Mini-Enclosure Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate TO BE ABATED (i.e. thermal systems insulation, (Specify Enclosure Remova Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes No N/A basement pipe insulation X 50 LF X NJDEP Waste Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill Hauler ID No. of Waste Robinson Waste Atlantic County Landfill 17304 2 City, State Disposal Date City, State Bellmawr, NJ 6-14-13 Egg Harbor Township, NJ

Signature

Vice-President

Date

5-23-13

Completed by

Timothy E. Bryan

CK2, 4463

Date of Notification (1)		Na			Owner/Operator			4/2		8	
5/22/13			MI	e.,	ASTHON	BOWE		14) ₂₈			*
Agency Notified Type Notification		Str	reet Add	dress	HR'STIE		42.7	700	4/3	,2	. ,
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DEP Amended Amendment#					.a. 45.	07605		1937	1		
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		r	ACILIT	Y INTO	RMATION	Trans of Francis	- (0				
Name of Facility Where Abatement is Taking Place	(3)					Type of Facility	(4)				
MR BOWE						School (K-1:	2) 8 (Other than K-12)				
Street Address	1323				:	Other (i.e. p	o (Conerman N-12) rivate & commercial	buildings,			
230 CHRSTIE	H	516	THE	S		homes, etc.	· ·				
City (5)	8					Square Feet	# of Floors	Bldg. Age	9.	_	٠,
LEONIA						2000	2	1.9	دد	>	
County (6)				ode (7)	(STATE USE		vior if being demolis	hed)			
BERGEN		0	NLY)				es100nt	•••			
Name of Monitoring Firm Hired by Building Owner	ASC	CM N	0.		Name of Abatem	ent Contractor (9)				
(8)					Best R	emoval I	nc				
Street Address				$\neg \uparrow$	Street Address						
,			•	1	450 S.1	River St					
City, State, Zip Code		3			City, State, Zip C						
					Hacken	sack, N.	J. 07601	8			
Project Manager for Monitoring Firm	Telep	hone	No.	· 1	Telephone No.		License No.				
72					201-329-	7444 -	00388				
Start Date (10) Scheduled Com					Name of OSHA				CV		
6/4/13 61	5/	13			Omega En	vironmer	ital inc				
Occupancy Status During Abatement (Check only of	one)				Street Address 280 Huy	lar St					
Q Facility Closed/Vacated During Entire Period of A	Abatem	ent		L							
☐ Abatement Performed Outside of Normal Facility	Hours		11 %		City, State, Zip C		1 N T O	7606			
Differ - Describe: 7AM TO JPM				<u> l</u>	South H	ackensac	k, N.J. 0	7000			
Scope of Work (Check all that apply)			,		D Full C	ontainment with	Negative Pressure				
超23年0123年			Renova Demolit			Enclosure ebag Procedure		2 55			
□ ≥ 160 sf or ≥ 260 lf		_	Denom	uori			d Non-Friable Proce	dure			3 2000-01
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	Non	nally							Ty	pe	
Location of Asbestos-Containing Material (ACM)	Used S Mainte			Asbesi	Description of tos Containing Ma		Amount	_	1	m	m
TO BE ABATED	Çusi	odial		(i.e.,	thermal systems		(Specify SF or LF)	Removal	Repair	Encapsulate	no
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(19)		2)	_					-		ě	•
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BASEMENT			T	HERM	the inso par	1010	75 CE	- 7			
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Name of Registered Waste Haufer			ste Hau	der	Cubic Yards of	Name of Regi	stered Landilli				
Best Removal Inc	ID No.	Tomeron an			1/2 c7	Minerv	a Enterpri	ses			
	171	109			1 1						
Hackensack, N.J. 0	7601	l			Disposal Date	Waynes	ourg , Oh				
	7001	-			G/S//3 Signature	1		Date	,	_	
Completed by Title I.I. Majorano Estima	tor				- Amende	Paiore		5/2	2/	13	
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MO#20613926968

Date of Notification (1)				Non						0.000 17.5			
05	21	12		Ivai	ne of Buildii	ng Owner/Operator	(2)				00)	
	21 /			Jody	Suden		2813 _M	<u>'AY 20 A</u>		-			
Agencies Notified EPA	Type Notification	on		Stre	et Address			3 G A	W A				
Ø DOLWD				7 Ec	lgemont R	oad	3.5	4	7 34	L^{γ}			
☑ DHSS	Amendmen	t #			, State, Zip		. 87	Telepho					
☐ DCA	☐ Emergency		na na	Mor	tclair, NJ	07042	L	$a_{E_{N-1}}$	Allan				
(NJAC 5:23-8)	justification)	9	Nan	ne of Conta	ct		Telepho	ne Numb	er			
	☐ Cancellation	n		Jody	Suden			1	Hanib				
						NFORMATION			·		_		-
Name of Facility Where A	batement is Tak	ing Plac	ce (3)			Ordina i i ort	Type of Facilit	(4)					
Private house			, , , ,				School (K-	5000 00					
Street Address							Subchapter	8 (Other tha	an K-1 2)				
7 Edgemont Road City (5)							Other (i.e., homes, etc	private and	commerc	ial b	uildin	gs,	
							Square Feet	# of Flo	ors	B	ldg. A	Age	
Montclair, NJ 07042 County (6)													
				Cor	inty Code (7)	(STATE USE ONLY)	Current Use (F	Prior if being	demolish	ned)			_
Essex Name of Monitoring Firm	Hired by Buildia	a Ower	- (0)										
	med by Buildin	y Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (S	9)					
Street Address						Gr Tech LLC							
orieer variess				Street Address							—,		
City State 7in Code						576 Valley Rd #	283						
City, State, Zip Code						City, State, Zip Co	ode			-			-
5 :		£				Wayne, NJ 0747	0						
Project Manager for Monit	oring Firm		Tel	ephone	No.	Telephone No.		License	No.				
						973-638-1777		01127					
Start Date (10)	101	1 - 1 -											
55 105 175	Sch				ate (11)	Name of OSHA M	onitor	01127		-	-		
_05 / _31 /	13 Scn					Name of OSHA M		01127					-
05 / 31 / Occupancy Status During	13 Abatement (Che	06 eck only	/0 one)	4		Envirovision Cor		01127					
	13Abatement (Che	06 eck only Period of	one)	4/ ement	13	Envirovision Cor Street Address	nsultants,Inc						
05 / 31 / Occupancy Status During ☐ Facility Closed/Vacated ☐ Abatement Performed (Abatement (Che During Entire F	ock only Period of	one) f Abate	ement	13	Envirovision Con Street Address 20-21 Wagaraw	nsultants,Inc						
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) May 21, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type ☐ EPA ☑ Initial Notification ENVIRONMENTAL HEALTH & SAFETY DEPT D DCA ☐ Amended Notification 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS X DOL ■ Emergency (including) City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Telephone Number Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TILLET HALL, BLDG# 4146 School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) LIVINGSTON CAMPUS Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY MIDDLESEX** (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode **BURLINGTON, NJ 08016 BUTLER, NJ 07405** Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 00840 973-492-0477 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 05/31/13 06/03/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD ■ Abatement Performed Outside of Normal Facility Hours -Describe City, State, Zip Code ☑Other - Describe: Shift Hours: 4:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) ■ Full Containment with Negative Pressure ≥ 3 sf or ≥ 3 lf □ Renovation Mini-Enclosure ≥ 160 sf or ≥ 260 ■ Demolition X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Abatement Type Amount Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 108 X TSI <9 LF X 108 2000 SF X VAT X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill 30 CY Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 06/03/13 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa 19067 NJ DEP# 22612 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO May 21, 2013 Raymand C. Pedalino MANAGER



6

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

GAC Project # 060-13 Date of Notification (1) Name of Building Owner/Operator (2) May 21, 2013 RUTGERS, THE STATE UNIVERSITY OF NJ Agencies Notified Notification Type Street Address ☐ EPA ENVIRONMENTAL HEALTH & SAFETY DEPT. ☑ Initial Notification ☐ DCA 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS ☐ Amended Notification X DOL ■ Emergency (including City, State, Zip Code ☑ DEP- No Longer REQUIRED PISCATAWAY, NJ 08854 justification) X DOH Name of Contact Telephone Number Cancelled MICHAEL SMITH, ENV. **HEALTH & SAFETY** FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PHARMACY, BLDG# 3750 School (K-12) ■ Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) **BUSCH CAMPUS** Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years City (5) County (6) County Code (7) **PISCATAWAY** MIDDLESEX (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ATC ASSOCIATES 0098 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 3 TERRI LANE **268 MAIN STREET** City, State, Zip Code City State, ZipCode BURLINGTON, NJ 08016 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number **BRIAN KEARNY** 609-386-8800 973-492-0477 00840 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/07/13 06/10/13 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe ☑Other - Describe: Shift Hours: 5:00 PM - 5:00 AM FAIRLAWN, NJ Scope of Work (Check all that apply) Full Containment with Negative Pressure $\ge 3 \text{ sf or } \ge 3 \text{ lf}$ **⊠**Renovation Mini-Enclosure > 160 sf or > 260 ■ Demolition Glovebag Procedure X Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Solely by Maint./Custodial Material (ACM) in Facility (13) (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO NA 407 X TSI X <9 LF 407 X TRANSITE 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # 15 CY Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below G.R.O.W.S. North Landfill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State NJDEP # 12561 06/10/13 100 New Ford Mill Hauler #2) Horizon Disposal Services, Inc., Trenton, NJ 08611 Rd. Morrisville, Pa 19067 NJ DEP# 22612 215-736-1700 Completed by (Print or Type) Date SENIOR PROJECT RAYMOND C. PEDALINO Raymand C. Pedalino May 21, 2013 MANAGER

Ch# 0162

Date of Notification (1)			Т		f Building	Owner/	Operator	(2)		1 1 4		100	۵		
5-22-2013				Jerry	Belmon	te 2/	17		Kang	tant.					
Agencies Notified EPA	Type Notification				Address erson St	reet	HAL	20	9 411 2:	La					
DEP DOL	Initial Amended Amendment Emergency		-	100	ate, Zip Co nfield, N	ode J	de Lic	03	1016	90		100		11 15 17 10 1	
DOH DCA	justification) Cancellation	including		Name of Jerry	f Contact				-11110	Tel	ephone N	Number			
Name of Facility Where	Abatament is Takin	p Diago (2)		FAC	ILITY INF	ORMAT	ION	-	7F 117						
House	Abatement is Taking	y Place (3)						l y	pe of Facility						
Street Address								H	School (K- Subchapte		er than K	-12)			
29 Pierson Street									Other (i.e.				ilding	s, hom	ies,
City (5)							-	Squ	etc.) uare Feet	# 0	f Floors	Т	Bldg.	Age	
Bloomfield								1000000		2			50		
County (6)					Code (7)			Cui	rrent Use (Pr	ior if bei	ng demol	lished)			-
Essex					USE ONLY				ouse			N.C		. E	
Name of Monitoring Firm n/a	Hired by Building (Owner (8)		ASC	A No.		1		batement Co				10	1100=3///	
Street Address	Will the state of			n/a			Street		Managem	ent Co	orporati	on			
n/a							Lane								
City, State, Zip Code					0.00		Zip Code			-			-		
n/a					(27.7)		Park, NJ 0	7035							
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph	none	No.		License	No.			
n/a				n/a			973-	706	-7950		01193	3			
Start Date (10)		Scheduled		pletion	Date (11)				SHA Monitor						
5-31-2013 Occupancy Status During	a Abatamant (Charl	6-1-2013	5						Managem	ent Co	prporation	on			
							Street	- Committee	ress Lane						
Facility Closed/Vaca Abatement Perform	ated During Entire F ed Outside of Norm	eriod of Aba al Facility H	atem	ent					Zip Code			-785			
Other – Describe: _							The second second		Park, NJ 0	7035					
Scope of Work (Check A	II That Apply)			»••••					. 411, 110 0	.000					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovat				×	N G	full Containm fini-Enclosure Glovebag Pro- Ion-Exempte	e cedure					
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Name of Registered Was	te Hauler		10,2000	JDEP W		Cubic	Yards		Name of	Registe	red Landf	5U			
Loznica Management Corporation				auler ID 033137	11	of Was	ste		GROW	S Lan	dfill				
City, State							al Date		City, State				-	View in a	
Lincoln Park, NJ 07035					TBD			Morrisv	rille, P	A 19067	7				
Completed by E. Cirovic		Title	· ·			S	ignature	1	novi		1 1 1 1 1 1 1 1 1	Date	040		
L. OIIOVIC		Secreta	ar y	-		((1	WUUL	C		5-22-2	:013		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

						100	13.			
Date of Notification (1) May 22, 201		Name of Buildi		erator (2) winds Builders, L	LC U	٦ <u>/ ا</u>	SOL	1		
	al Notif	ication Iotification	Street Address		augh Avenue	°()			65- €-	4
[x] DOL Am	endmen ergency	t # (including	City, State, Zip		d River, New Jers	ey 08731	4	161		'V'
IX I DOD	fication cellation		Name of Conta Tra	t vis Lepley		Telephone Number		- (
		FA	CILITY INFO	MATION						
Name of Facility Where Abatement is Takin Residence	ng Place	: (3)			Type of Facility (4)	School (k-12)	******			11
Street Address 21 West 20 th Stre	et				[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				ldings,
City	Cou	nty (6)	County Code (7) (STATE USE O		Square feet 1800 sf	# of Floors	Bldg	g. Age	50	
Long Beach	Oce	1.0		50:	Current Use (Prior i Reside	nce)			
Name of Monitoring Firm Hired by Buildin N/A	ASCM No.			or (9) ian Contracting,	Inc.					
Street Address		Street A	1889 R	Route 9, Unit 61						
City, State, Zip Code				River, New Jers			271			
Project Manager for Monitoring Firm		Telephone Numb		732-34	ne Number -9-9932	License N 00624	lumber			
Scheduled Start Date (10) 5/23/13		Scheduled Comp 5/24/13	letion Date (11)			L. Analytical				
Occupancy Status During Abatement (Chec [x] Facility Closed/Vacat	97	50	Abatement	Street A		telton Road				
Abatement Performed Other – Describe	Outsid	e of Normal Facility	Hours	City, Sta	ate, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)			F8000000000000000000000000000000000000	[]		t with Negative Pre	ssure			
F 1 00 000		f 1 -		[]	Mini-Enclosure	24				
[] >3 sf or ≥3 lf [X] ≥160 sf or ≥260 lf		5 5	vation olition	[x]	Glovebag Proced		Droadi	150		
[X] 2100 St 01 2200 H		[X] Delli	ontion	[^]	Non-Exempled (*) and Non-Friable	rioceat	116		
					_		Abat	ement	Туре	
Location of		Is Location Normally used		Descriptionsbestos-Con		Amount	R	R	E	E
Asbestos-Containing Material (ACM)		Solely by		Material (A		(Specify SF	E	E P	N C	N C
TO BE ABATED	Mai	ntenance/Custodia		.e., thermal	systems	or LF)	M	A	A	L
in facility		Staff	i	sulation, su			0 V	I	P	0
(13)		(12)		VAT, of ther miscell			A	R	S	S
	YES	S NO N/A		mer miscen	aneous)		L		L E	R E
Exterior		X	Asbestos sic	ling		1600 sf	X			
Name of Registered Waste Hauler	L.,	NJDEP Waste Hau	er ID No. Cubic	Yards of Was	te Name of Registe	ared Landfill	L			
Guardian Contracting, Inc.		20223	er ID No. Cubic	iaius Ut WaS	T.R.R.F.	orea Danatiii				
City, State Toms River, New Jersey	osal Date 7/13	City, St		a						
Completed by (Print or Type)	Title		Signature	, Tullyt	, I chilisylvania		Date			
Nicholas Fernicola	YY	host	+1/1		5/22	2/2013	3			

*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)			Name of Building	Owner/On	erator (2)	2-				
May 22, 201				Ocear	Beach Property	Management	a	21	70	7
[] DEP [] Am	tial Notification nended Notification		Street Address City, State, ZipCo		Sox 474	43 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 × 3 ×	App.	ે દૃ)	
[x] Em	ergency (including				lette, NJ 08735	"CENCY	6/3	in,		
	tification) ncellation		Name of Contact Tom	Costello		Telephone Numbe	r	4		
		FA	CILITY INFORM	MATION						
Name of Facility Where Abatement is Taki Residence	ng Place (3)				Type of Facility (4)	School (k-12)				
Street Address 3350 Seaview Ro	oad				[x]	Subchapter 8 (o Other (i.e., priv homes, etc.)				ildings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 600 sf	# of Floors	Blo	dg. Age	60	
Ocean Beach III	Ocean				Current Use (Prior Reside	if being demolished	i)		00	
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8)		ASCM No.	Name of	Abatement Contracto	r (9)	·			
Street Address			Street Ac	idress	an Contracting					
City, State, Zip Code			City, Star	te, Zip Code	oute 9, Unit 61					
Project Manager for Monitoring Firm	e Number		Telephon 732-349	ne Number	License No. 00624			271		
Scheduled Start Date (10) 5/22/13	Scheduled 5/23/		tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Chec [X] Facility Closed/Vacat [] Abatement Performed	k only one) ed During Entire Per	riod of Al		Street Ad	ldress 1056 S	telton Road				
Other – Describe				City, Stat	e, Zip Code Piscata	way, New Jerse	ey 08	854		
Scope of Work (Check all that apply)				[]		with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf	[] [x]	Renova		[x]	Mini-Enclosure Glovebag Proced Non-Exempted (*	ure and Non-Friable	Proced	ure		
				1			Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodial Staff (12) YES NO N/A			Asb M (i.e. insu	Description estos-Continues (A) (A) (thermal solution, suring VAT, or miscellar	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	Asbestos sidin	g		400 sf	X					
		-								
Name of Registered Waste Hauler Guardian Contracting, Inc.	2	ds of Waste	T.R.R.F.	ed Landfill						
City, State Toms River, New Jersey	al Date	City, Stat	e wn, Pennsylvania							
			Signature	cho1	Te	1	Date 5/22	2/2013		

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

ch# 1430

Date of Notification (1)						ding O	wner / Operator	(2)	ر ر		i di	13			1
	5/20/2013	22			n Ho				- CE //	ENONG		6			
Agencies Notified	Type Notifica	ation	198		Addre					"LAW.	(AT ALL				
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DEP	☐ Initia					Zip Co	ode								
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					CILITY	INFO	PRMATION	(4)						-	
Name of Facility W	here Abatem	ent is Taking Pl	ace (3)			Type of Facilit								
Residence									Other than	K.12)					
Street Address	_						Other (i.e	nriva	to & comm	ercial huild	inas h	ome	s et	c)	
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City (5)		County (6)	Col	arity C	ode (7)	Current Use (I	Prior if	heing den	olished)			-		-
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Name of Monitoring	g Firm Hirea i	by Building Own	iei (o)		ASC	IVI INO.	Alpha Envir								
Street Address							Street Addres								
Street Address							2129 Route								
City, State & Zip Code							City, State & 2	Zip Co	de			U-1875			
							Hamilton, N		10						
Project Manager fo	r Monitoring	Firm	Telep	hone	Numb	er	Telephone Nu			License					
2002							609-847-295				- 0	109	1	-	_
Scheduled Start Da 5/29/210	C. S.	Scheduled Cor 5/30/2013	npletic	n Dat	e (11)		Name of OSH EMSL Analy		nitor						
Occupancy Status	During Abate	ment (Check or	nly one	e)			Street Addres								
Facility Clo	sed/Vacated	During Entire P	eriod	of Aba			107 Haddon								
	Performed C	outside of Norm	al Ho	urs –	7am to	3pm	City, State & Z								
Describe:	8	25 1/ 1/2					Westmont,	NJ 08	108						
	cupied During											-	STEP 15		-
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ALPHA ENVIRONMENTAL				00	0333	30	4		ws Landf	ill					
City, State						Disposal Date	City,	State							
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Completed By (Print or Type) Title					Signature	n				ate	120	42			
Rod Richardson Pr				roject		are	de			3	5/20	IZU	13		
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roject Manager for Mo	nitoring Pirm	To	ncerkpla	: NO	Telephone No.	1757	License No.	,9		
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Start Date (10)	- 1			ane (11)	A Face of	AN KIND A THOS	N' CO JA	المار	N 50	0)974
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1) May 22, 2013			Name of Build		perator (2) or Homes	Ch.	21-	ÍΦ,	2	•
	al Notif	ication lotification	Street Address		Giffordtown Lane	e C			\$ 2.	
[x] DOH [x] Eme		(including	City, State, Zip	Tucke	erton, NJ 08087		10			0
	fication cellation		Name of Conta	ct Miller		Telephone Number	r			
			ACILITY INFO	RMATION						
Name of Facility Where Abatement is Takin Residence	ng Place	: (3)			Type of Facility (School (k-12)				
Street Address 51 Pinehurst Driv	е				[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)				ildings,
City	Cour	nty (6)	County Code (7) (STATE USE O		Square feet 1000 sf	# of Floors	Bld	lg. Age	60	
Little Egg Harbor	Oce				Resid)		0	
Name of Monitoring Firm Hired by Building N/A	g Owner	r (8)	ASCM No.	Name of	f Abatement Contract					
Street Address		Street A	ddress	lian Contracting Route 9, Unit 61						
City, State, Zip Code	0.00		City, Sta	ate, Zip Code	River, New Jers	2000	755-1	271		
Project Manager for Monitoring Firm		Telephone Numb	er		ne Number 19-9932	License N 00624			2/1	
Scheduled Start Date (10) 5/23/13		Scheduled Compl 5/24/13	etion Date (11)	Name of	OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During Abatement (Check	ed Durin	ng Entire Period of		Street A		Stelton Road	2	Ď.		
Abatement Performed Other – Describe	Outside	of Normal Facility	Hours	City, Sta	ite, Zip Code Piscat	away, New Jerse	ey 088	354		
Scope of Work (Check all that apply)							150			
scope of work (check air that apply)				[]	Mini-Enclosure	nt with Negative Pre	ssure			
[] >3 sf or ≥3 lf		[] Reno	vation	į į	Glovebag Proce	dure				
[x] ≥160 sf or ≥260 lf		[x] Demo	olition	[x]	Non-Exempted	(*) and Non-Friable	Proced	ure		
		121120 00					Aba	tement	Туре	
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Exterior		X	Asbestos sid	ing		900 sf	X			
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Name of Registered Waste Hauler		NJDEP Waste Haule	er ID No. Cubic	Yards of Wast	e Name of Regist	ered Landfill				
Guardian Contracting, Inc.	3	i wiws or mast	T.R.R.F.	ored Landilli						
City, State			osal Date	City, Sta	nte					
Toms River, New Jersey Completed by (Print or Type)	Title	5/27	7/13 Signature	Tullyto	own, Pennsylvani	a /	Date			
Nicholas Fernicola	3.30.00	hal	11.1	1	5/22					

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Miller Homes Agencies Notified [x DPA	Date of Notification (1)		Name of Building	Owner/Ope	erator (2)				
Agencies Notified Type of Notification Type of Notification Tuckerton, NJ 08087	May 22, 2013	3		Miller	Homes	4 >	170	13	
DEP Amended Notification	[- T. H.		Street Address	112 G	iffordtown Lane	~ <i>A</i>	1 10		
Tuckerton, NJ 08087	[] DEP [] Ame		City State Zin C	ode					
Name of Facility Where Abstement is Taking Place (3)	1 1 2		City, State, Zip C		rton, NJ 08087		3	23	
	1		Name of Contact	3		Telephone Number	- 0.	11.7	
Name of Facility Where Abstement is Taking Place (3) Residence Street Address 28 West Potomac Drive County (6)	I I DCA I					Telephone Tumoe.			
Name of Facility Where Abstement is Taking Place (3) Residence Street Address 28 West Potomac Drive County (6)		EA	CILITY INFORM	/ A TION			7	5	
Street Address 28 West Potomac Drive County (6) County (7) Cote County (7) Cote County (8) Cote County (8) Cote County (8) Cote County (8) Cote C	Name of Facility Where Abatement is Takin		CILII I INFOR	MATION	Type of Facility (4) 5	i a	d.	V
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Little Egg Harbor Ocean						homes, etc.)			ldings,
Little Egg Harbor Ocean Current Use (Prior if being demolshed)	City	County (6)		.Y)		# of Floors	Bldg. A		
Name of Monitoring Firm Hired by Building Owner (8) Niame of Monitoring Firm Hired by Building Owner (8) Niame of Monitoring Firm Street Address City, State, Zip Code Toms River, New Jersey 08755-1271 Toms River, New Jersey 18785-1271 Toms River, New Jersey 18785	Little Egg Harbor	Ocean	(STATE OSE ON	,,,		if being demolshed)		00	
Street Address					Reside	ence			
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City, State, Zip Code			L	Street A		ian Contracting,	Inc.	-	
City, State, Zip Code	Succi Address			Succin		Route 9, Unit 61			
Project Manager for Monitoring Firm	City, State, Zip Code			City, Sta	te, Zip Code				
Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Start Date (11) Scheduled Start Date (10) Sch	6 24 11 12	T m t 1 31 1		T. 1				5-1271	
Scheduled Start Date (10) Scheduled Completion Date (11) S/24/13 Scheduled Completion Date (11)	Project Manager for Monitoring Firm	Telephone Numb	er				umber		
Street Address Street Address	Scheduled Start Date (10)	Scheduled Compl	etion Date (11)			, 0002.			
[x] Facility Closed/Vacated During Entire Period of Abatement				ļ.,		.L. Analytical			
City, State, Zip Code City, State, Zip Code			Abatement	Street Ad		Stelton Road			
City, State, Zip Code Piscataway, New Jersey 08854						Sterion Road			
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [X] Non-Exempted (*) and NonFriable Procedure R		0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	-10-10	City, Sta		away New Ierce	w 08854		
$ \begin{bmatrix}] > 3 \text{ sf or } \ge 3 \text{ lf } \\ [] X] \ge 160 \text{ sf or } \ge 260 \text{ lf } \\ [] X] Demolition \\ \end{bmatrix} \begin{bmatrix}] \text{ Mini-Enclosure} \\ [] Glovebag Procedure} \\ [] Glovebag Procedure \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] \text{ Non-Exempted (*) and Non-Friable Procedure} \\ \end{bmatrix} \\ \begin{bmatrix} [] X] Non-Exempted (*) and Non-F$					1 15040	away, INCW Jerse	y 0005+		
$ \begin{bmatrix}] & >3 \text{ sf or } \ge 1 \text{ If } & \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ If } & [x] & Demolition & [x] & Glovebag Procedure \\ [x] & Demolition & [x] & Non-Exempted (*) and Non-Friable Procedure \\ \hline \\ & & & & & & & & & & & & & & & & &$	Scope of Work (Check all that apply)			[]		nt with Negative Pre	ssure		
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Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) In BE ABATED In facility (13) YES NO N/A Normally used Asbestos-Containing Material (ACM) (13) Name of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Title Nicholas Fernicola Tobsectiption of Asbestos-Containing Amount (Specify SF or LF) Name of Registered Maste Hauler ID No. Cubic Yards of Waste Tullytown, Pennsylvania Amount (Specify SF or LF) NAME of Registered Specific Normally used Asbestos siding Name of Registered Landfill T.R.R.F. City, State Signature Toms River, New Jersey Title Project Manager Title Project Manager Title Project Manager Title Project Manager				[x]	_		Procedure		
Is Location Description of Asbestos-Containing Material (ACM) Asbestos-Contai	[1.]			,					
Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) X X X Asbestos-Containing Material (ACM) (i.e., thermal systems in facility, (12) YES NO N/A E E E N N N M P C C O A A A L O A A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A L O A A A A L O A A A A L O A A A A L O A A A A L O A A A A L O A A A A A L O A A A A A L O A A A A A A L O A A A A A A L O A A A A A A A A A A A A A A A A A A							Abateme	ent Type	_
Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) VAT, or other miscellaneous) Exterior Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Name of Registered Manager Maintenance/Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Naterial (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler O I P O O A A A L U U U U U U U U U U U U U U U U	Location of	The state of the s	Λ.			Amount		A 25 CONT.	
TO BE ABATED in facility (13) (13) Maintenance/Custodial Staff (12) VAT, or other miscellaneous) YES NO N/A Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Maintenance/Custodial insulation, surfacing, VAT, or other miscellaneous) VAT, or other miscellaneous) A L U U U U U U U U U U U U U U U U U U							n	1.1	
In facility (12) VAT, or other miscellaneous) YES NO N/A Exterior X Asbestos siding Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Tother miscellaneous) NA C U U U U U U U U U U U U U U U U U U	TO BE ABATED	Maintenance/Custodia	i (i.e	, thermal	systems		IVI A	A	L
YES NO N/A other miscellaneous) A U U L R E E Exterior X Asbestos siding 1150 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Texterior N/AT, of other miscellaneous) A U U L R E E E Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State Toms River, New Jersey Title Project Manager Title Project Manager Tother Signature Signature Date 5/22/13			ins				1	1000	300000
Exterior X Asbestos siding 1150 sf X	(13)	(12)	otl					20200	100000000000000000000000000000000000000
Exterior X Asbestos siding 1150 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola NAsbestos siding NJDEP Waste Hauler ID No. Cubic Yards of Waste Name of Registered Landfill T.R.R.F. City, State City, State Tullytown, Pennsylvania Date 5/22/13		YES NO N/A	50000	ici iiiiscciii	incous			-14 (1966.40)	100000000000000000000000000000000000000
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola NJDEP Waste Hauler ID No. 20223 3 T.R.R.F. City, State City, State Tullytown, Pennsylvania Date Signature Project Manager Date 5/22/13						1150 6	77	E	E
Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola NJDEP Waste Hauler ID No. 20223 3 T.R.R.F. City, State City, State Tullytown, Pennsylvania Date 5/22/13	The state of the s	X	Asbestos sidi	ng		1150 st	X		-
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Toms River, New Jersey Title Project Manager Signature Figure 1 Signature	*								-
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Toms River, New Jersey Title Project Manager Signature Figure 1 Signature						-			+
Guardian Contracting, Inc. 20223 3 T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Toms River, New Jersey Title Project Manager Signature Nicholas Fernicola T.R.R.F. City, State Tullytown, Pennsylvania Date 5/22/13		<u> </u>	1 0***	TN on :	land Landen				
City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Disposal Date 5/27/13 Tullytown, Pennsylvania Date 5/22/13		The state of the s	ards of Wast		tered Landfill				
Toms River, New Jersey 5/27/13 Tullytown, Pennsylvania Completed by (Print or Type) Title Nicholas Fernicola Project Manager 5/22/13					ate				
Nicholas Fernicola Project Manager 5/22/13	Toms River, New Jersey	5/27	7/13			ia			
1 1 1 1 1 1 1		Completed by (Print or Type) Title				1		3	
	Nicholas Pernicola		y ((110 (nted activities		312211.		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 22, 2013	Name of I	Building (Owner/Ope	rator (2) Building Contra	cting (- CO		21			
Agencies Notified Type of Notifica	ntion		Street Add	dress			Polin	. d	: <u>/</u> 7	01	
[] DEP [] Amer	l Notificanded Not nded Not ndment #	tification	City, State	e, Zip Coo	ie	A Grand Central	Avenue	3		1,0	
[x] DOH [x] Emer		ncluding	Name of 0	Contact	Lavall	ette, NJ 08735	Telephone Number		25.5	·.	6
II I DCA I	ellation			Sal Ma						·,	τ,
			CILITY IN	IFORM	ATION		,				
Name of Facility Where Abatement is Takin Residence	g Place (3)				Type of Facility (4	School (k-12) Subchapter 8 (ot	her har	ı k-12)		-
Street Address 4 8 th Avenue			8			[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City	County	y (6)	County Co (STATE U		0	Square feet 2000sf	# of Floors 2		g. Age	0	
Ortley Beach	Ocea	n				Current Use (Prior Reside	if being demolished ence)			
Name of Monitoring Firm Hired by Building N/A	Owner ((8)	ASCM No.				or (9) ian Contracting,	Inc.			
Street Address			Street Ac		Route 9, Unit 61	2002		-22			
City, State, Zip Code			City, Sta	te, Zip Code Toms	River, New Jers	ey 08'	755-1	271			
Project Manager for Monitoring Firm		Telephone Numb			Telephor 732-34	ne Number 9-9932	License N 00624	lumber			
Scheduled Start Date (10) 5/22/13		Scheduled Comp 5/23/13	letion Date (11)	Name of	OSHA Monitor E.M.S	L. Analytical				
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate			Abatement		Street Ac		Stelton Road				
Abatement Performed Other – Describe		70 시청원 10 10 10 10 10 10 10 10 10 10 10 10 10			City, Sta	te, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]		nt with Negative Pre	ssure			
>3 sf or ≥3 lf		Γ 1 Reno	vation		[]	Mini-Enclosure Glovebag Proce	dure				
[x] ≥160 sf or ≥260 lf			olition		[x]		(*) and Non-Friable	Procedi	ure		
								Abat	ement	Гуре	
Location of		Is Location Jormally used			Description estos-Cor		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	IN	Solely by			Stos-Con Saterial (A		(Specify SF	E M	E P	N C	N C
TO BE ABATED	Maint	tenance/Custodi	al		, thermal		or LF)	O	A	Α	L
in facility (13)		Staff (12)		insu	lation, su VAT, o			v	I R	P S	O S
(13)		(12)		othe	er miscella			A		U	U
	YES	NO N/A	i.					L		L E	R E
Exterior		X	Asbest	os sidin	g		1000 sf	X			
<u> </u>							_				
						-					
Name of Desistered Wests Houles	lar ID No. 1	Cubic Va	rds of Wast	e Name of Regis	tered I andfill	_					
Guardian Contracting, Inc.	Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler 20223					T.R.R.F.	tored Dandilli				
City, State Dispo Toms River, New Jersey 5/24/			oosal Date 4/13 Signature		City, St Tullyt	ate own,∦ennsylvan	ia ,				
Completed by (Print or Type) Nicholas Fernicola	Toms River, New Jersey 5/ Completed by (Print or Type) Title				hol	ter	1	5/22	2/2013	3	



CY 3252

Date of Notification (1) 5/23/13	13.	Na M	me of B ichelle	uilding Ow Concigl	ner/O	perator (rivate l	(2) Home)	2	9/3/1/2				0		
Agencies Notified	Type Notification			reet Add 32 7th					4.74	28	\$\hat{\psi}_{\psi}		V _{max} r	V-2	
EPA DEP DOL	Initial Amended Amendment				, Zip Code / NJ 080				¢	UCE,		C) j	۲)		
X DOH	Emergency (i justification)	ncluding		ame of C						Telenhone N	ımb	er			
DOH DCA	Cancellation		M	lichelle						1	22000				
Name of Facility Where	Abstament in Taking	Place (3)		FACILI	TY INFOR	MATI	ON	Type of	Facility (4	1)					\neg
Michelle Conciglio		riace (3)						-	hool (K-12						
Street Address	<u> </u>		-1-05-1-1-1	*****	Allerente			Su	bchapter	8 (Other than K-	12)				
282 7th St								Ot etc		rivate & commer	ciai	bullal	ngs, r	iomes	5,
City (5)								Square	Feet	# of Floors		12.52.38.5	lg. Ag	е	
Surf City NJ 08008					- 2 ²			1000+		2		35	+	08/07/7	
County (6) Ocean				ounty Co	ode (7) SE ONLY)			Current	Use (Pric	or if being demol	ishe	d)			
Name of Monitoring Firm	n Hired by Building (Owner (8)	1	ASCM	No.					tractor (9)					
N/A	en e								o In						
Street Address						ACCOUNTS OF THE		Address		~ 0					
¥.							17.0	Chate, Zip	Ox 3	27					_
City, State, Zip Code	ity, State, Zip Code						City, S	itate, Zip	Code	N.J. 08	209	1			
	Project Manager for Monitoring Firm						Telent	none No.	1111	License	No.		-		
Project Manager for Mo	nitoring Firm		1.	elephon	e 140.		CC1.	-753	-980	0 007	12	フ			
Start Date (10)		Scheduled	Comp	oletion D	ate (11)		Name	of OSHA	A Monitor		-				
6/4/13		6/12/13	i				50	me.		7					
Occupancy Status Duri	ng Abatement (Chec	k Only One)					Street	Address	1						
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire I med Outside of Norn	Period of Ab	ateme lours	ent			City, S	State, Zip	Code					11. 1781	
Scope of Work (Check	All That Apply)						1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic					Mini	-Enclosur	cedure					
								Non	-Exempte	d (*) and Non-Fr	riable				
	•		ocatiç									ĺ		ment pe	
Asbestos-Containir TO BE A In Fa	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					os Co therma	escriptio ntaining al systen facing, Va miscella	Material ns insula AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Futurion	Cidina	Yes	No	N/A X		Fyt	terior S	idina		2200 SF		x			
Exterior	Exterior Siding							- Idii ig				-	-	-	
	\perp									_	_	-		-	
Name of Registered Waste Hauler				JDEP Wauler ID		20000000	ic Yards Vaste		200000	f Registered Lan	dfill				
United Containers				2459	140.	3	. 4010		G.R.O	.w.s.					
City, State							oosal Dat 2/13	е	City, Sta Morris	ite ville PA 1906	7				
Completed by		Title					Signatu	re,	,		Da				
Anthony T Perna	pleted by Title						(_			5/2	23/1:	3	4	



Ok 3253

Date of Notification (1) 5/23/13		Name of Building Owner/Operator (2) John Ostrowski (Private Home Owner) Street Address 15 Bahama ave City, State, Zip Code								V'c					
Agencies Notified Type Notification		1	reet Add	dress ama ave				-4	23.	~ / Z(3,		٥.,		
EPA Initial Amended Amendment #				e, Zip Code liver NJ		53			G L	16FN			7 (a'	
Emergency (inc	cluding		ame of 0	Contact					Tele	nhone N	lismh	er	27		
DOH justification) Cancellation		J	ohn										-,-		_
M. CE. W. M. Abstract in Toking I	Olego (2)		FACIL	ITY INFO	RMAT	ION	Type	f Facility (4	4)			No-illies (N	-		-
Name of Facility Where Abatement is Taking R John Ostrowski (Private Home Owne							-	chool (K-1							
Street Address 15 Bahama ave							X O	ubchapter ther (i.e. p tc.)	8 (Otherivate 8	er than K	-12) rcial	buildi	ngs, I	nome	s,
City (5) Toms River NJ 08753							Square 1000-	Feet	# of	Floors		35	lg. Ag	je	
County (6) Ocean	63	C (S	ounty C	ode (7) SE ONLY)			Currer	nt Use (Prid	or if bei	ng demol	lishe	d)			
Name of Monitoring Firm Hired by Building Ov	vner (8)	1	ASCM	No.				ement Con	tractor	(9)					
N/A						0.000.00	aco In						•		
Street Address							Address 30x 32					•			
City, State, Zip Code							state, Zip t Berlir	Code NJ 080	91						
Project Manager for Monitoring Firm	T	elephon	e No.			none No 753-98			License 00727		•				
	Scheduled	Comp	oletion D	Date (11)		Name		A Monitor							
Occupancy Status During Abatement (Check	Only One)				Street	Addres	S				113.555	-		
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	eriod of Al	ateme	ent			City, S	State, Zi	p Code			-				
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						е			
	l					Non-Exempted () and Non-Friad						le Procedure Abatement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Location of the control of the contr	y y by ce/	Asbest (i.e.	os Co therm sur	Description Intaining Ital system Italianing, Virus Italianing, Vi	Material ns insula AT, or	(ACM)	(Amount Specify F or LF)	94	Removal	Repair	e Encapsulate	Enclosure
Exterior Siding	165	NO	X		Fx	terior S	idina		1	200 Sf		x		-	
Exterior Siding	-	-				101101 0	idiiig				-	-	-		
	+-+														
Name of Registered Waste Hauler		JDEP W		Cubic Yards Name of Registered Landfill											
United Containers		auler ID 2459	No.	2	Vaste	G.R.O	.W.S.	9							
City, State Elm NJ	1				oosal Dat 0/13	е	City, Sta Morris		A 1906	57					
Completed by Anthony T Perna	dent				Signatū	re				Da:	te 23/13	3			

Date of Notification (1) 5/23/13	٧	N.	J Trans	ite Head	ner/Operat dquarters			28/3	1/4/Y 20 1		***	95	G.	2	
Agencies Notified Type Notification			eet Addr	ress in Plaza	East		÷	19-	· · · ·	M_{2}	: /				
EPA Initial Amended Amendment #		Cit	y, State,	Zip Code NJ 0710				47	$\kappa_{\mathcal{E}_{H,M}}$	1	•	<i>c</i>			
Emergency (inclujustification) DCA Cancellation	iding	1	me of C	ontact Samaroo))			Te	elephone Nu	mber			500		
L DCA Cancellation			FACILIT	TY INFOR	MATION									\exists	
Name of Facility Where Abatement is Taking Pla Lower Hack Bridge	ace (3)					-	of Facilit School (F	(-12)							
Street Address Enter at Broadway bottom of bridge	Jersey (City				×	Subchap Other (i.e etc.)	ter 8 (O) e. private	her than K-1 & commerc	ial build					
City (5) Jersey City NJ 07302						100	are Feet 0+	2		3	ldg 5 -	. Age			
County (6) Hudson			ounty Co	de (7) E ONLY)		Curr	ent Use (Prior if b	eing demolis	shed)					
Name of Monitoring Firm Hired by Building Own	ner (8)	1	ASCM N	No.	100000	Name of Abatement Contractor (9) Pernaco Inc.									
Street Address 1253 North Church St		L			1	Street Address PO Box 329									
City, State, Zip Code Moorestown NJ 08057		-				City, State, Zip Code West Berlin NJ 08091									
Project Manager for Monitoring Firm		500	elephone	e No. 0-8815		Telephone No. License No. 856-753-9800 00727									
Otali Bala (19)	cheduled				Na		SHA Moni	itor							
0///10	/30/13					Street Address								\dashv	
Occupancy Status During Abatement (Check C Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe: 10 pm to 5 am work is	iod of Aba	ateme	ent				Zip Code								
Scope of Work (Check All That Apply)					- Land			***************************************							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Mini-Enclo	sure Procedu	with Negative are and Non-Fri				ure		
			8.23			Non-Exempted (*) and Non-Friable						bater	ment		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	tenan	y by ce/	Asbest (i.e.	os Contain thermal sys	stems ins g, VAT, o	ulation, r		Amount (Specify SF or LF)	Kemovai	,	Repair	<u>Encapsulate</u>	Enclosure	
Exterior on bridge	103		X		pipe in	sulation	1		90 lf	x	1				
Extend on bridge	-+										1				
	-							_			1				
											1				
Name of Registered Waste Hauler		JDEP W		Cubic Yards Name of Registered Landfill											
United Containers		auler ID 2459	NO.	of Waste G.R.O.W.S.											
City, State Elm NJ				Disposal 6/30/13	3		State	PA 1906							
Completed by Anthony T Perna	lent			Sign (nature)	<u></u>			Date 5/23	/13					

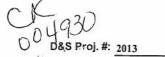


Date of Notification (1) 5-21-2013		I	Tommy	Building O Setiawa		perator (2)	eri Signa	1977				63	
Agencies Notified Type Notification			treet Ad		40			Q/	100	47	24			
EPA Initial Amended Amendment		C	city, State	ding Dr. e, Zip Cod on NJ. (le				CA.	and the	```\\			
	including	1 3	lame of 0	Contact Setiaw	an.				Tele	nhone Nu	imher			
			FACIL	ITY INFO	RMATI	ON	Time	Facility (4)						=
Name of Facility Where Abatement is Takin Residential.	g Place (3)						☐ Se	Facility (4) chool (K-12 ubchapter 8)	er than K-1	12)			
Street Address 13 Spalding Dr.							⊠ o et	ther (i.e. pr c.)	ivate 8	commerc	cial build	1034111		s,
City (5) Livingston NJ.							Square 8991		1	Floors	6	ldg. A 0+	ge	
County (6) Essex.			County C	ode (7) SE ONLY)		_ }	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			me of Abatement Contractor (9) reen Environmental Services.							
Street Address			1				eet Address 35 Virginia Ave.							
City, State, Zip Code	***************************************						y, State, Zip Code rsey City NJ. 07304							
Project Manager for Monitoring Firm	1	Telephone No. Teleph					ephone No. License No. 01174							
Start Date (10) 5-22-2013	Schedule 5-23-20		Completion Date (11) Name					A Monitor ronment	al Se	rvices.				
Occupancy Status During Abatement (Che								en entre sur franchische						
Facility Closed/Vacated During Entire	Period of A	batem	ent					a Ave.						
Abatement Performed Outside of Non Other – Describe:	nal Facility	Hours					tate, Zip ey City	Code NJ 0730)4					
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		enova emolit					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
		n			-	E	1 NOF	i-Exempled	() ai	iu Non-Fin	able Fit		emen	t
		Locati Iormal		-	De	escription	n of					T	/pe	т—
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/		tos Cor therma surfa	ntaining Mal system acing, VA miscellar	Aaterial s insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
1st Floor.	103	X	10/1		- T-	VAT			1.	200SF	×			-
TST FIOOT.		^				77(1								
				ŧs.							-	-		
Name of Registered Waste Hauler	IN	NJDEP V	/aste	Cubi	c Yards	: Yards Name of Registered Landfill								
Tri-State Transfer Associate.				of Waste 5 Minerva Enterprises.										
City, State Bronx New York.				Disposal Date City, State -22-2013 Wynesburg-Ohio.										
Completed by Tiffany Nunez	е Ма	nager.			Signatur	е				Date 5-21-2	2013			

Check # 1475

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

Date of Notification (1) 05/21/2013				Building Owner/ NDA GATTUS		(2)	0/3 MAV			V,	Ð				
Agencies Notified	Type Notification			Street Ad	ddress EST BROAD	STREE	ET 4 3	Olg _{May} &	े व	11 2:61	n				
DEP DOL	Initial Amended Amendment	<u> </u>	1	City, Sta	te, Zip Code SBORO NJ 08			& LICE	N.	775					
☑ DOH □ DCA	Emergency (in justification) Cancellation	ncluding	- 4 (Contact LES BROWN				Tele	ephone No	mher				
	L <u>—</u>			FACII	LITY INFORMAT	ION									
Name of Facility Where RESIDENTAL	Abatement is Taking	Place (3))					of Facility (4 School (K-12	2)						
Street Address 315 WEST BROAD	STREET						対(Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,	
City (5) PAULSBORO NJ (08066						Squar 1588	re Feet }	# of 2	Floors	100	Bldg. Age 100+			
County (6) GLOUCESTER	SCAMAL STATE OF THE STATE OF TH			County C	Code (7) ISE ONLY)			nt Use (Prio IDENTIAI		ng demolis	shed)				
Name of Monitoring Firm MDG ENVIRONME		wner (8)		ASCM	l No.			tement Cont ENVIRC			ERVI	CES	INC.	•	
Street Address 1000 MAPLEWOO	D DR.	V 10 20 2					Street Address 570 CLEMS RUN								
City, State, Zip Code MAPLE SHADE, N	J 08052				City, State, Zip Code MULLICA HILL NJ 08062					Shwift.	50				
Project Manager for Mo TONY ESPOSITO		Telephor	ne No. 60-1540	Telephone No. License No. 01145											
Start Date (10) 05/23/2013	Start Date (10) Scheduled					Name	HT: 10 영급성급 0	HA Monitor						12	
Occupancy Status Durin						10000000	Addres	ss 30 NORTI	Н						
Abatement Perform	cated During Entire P ned Outside of Norm RESIDENTIAL EMER	al Facility	Hours	ent		City, S	State, Z	ip Code NSON, NJ		77					
Scope of Work (Check /						Jones	W WILL	10011, 110	, 000						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			lenova emolit			2	Mir Glo	Il Containme ni-Enclosure ovebag Proc	edure				_		
		T					NO	n-Exempted	() and	u Non-Fna	DIE PIO		emeni	t	
			Locati Iormal		D.	escription	o of						/pe		
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Ma	d Sole intenar odial S (12)	ice/	Asbestos Cor (i.e. therma surfa	ntaining I	Material s insula AT, or		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure	
LIVING F	POOM	163	NO	X	CEILII	NG PLA	ASTE	R	14	14 SF	X	\vdash			
LIVING		-		X		L PLAS				2 SF	X	-			
									+	\vdash		 			
						100			+	\vdash					
Name of Registered Wa	770.9	JDEP W		c Yards	7	Name of F	Registe	red Landf	ill			-			
ASSURED ENVIRO		auler ID)34895	8			ALLIED		TE IMP	ERIAI	_ LA	NDF	ILL			
City, State MULLICA HILL NJ 08062 Completed by					05/2	sal Date 8/2013)	City, State							
Completed by RON SWANSON	JECT	COOF	RDINATOR	Signatur	ille	Du	IN)ate)5/21/:	2013					



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

							2010	167 28	V	***		00			
Date of Notification (1)		Name of	Building Ow	ner/Operator (2)			AY 2A			-				
10 5 //2 0 //1 3		RESID	ENTIAL E	BUILDING			1134	~ 0	A17	2.					
Agencies Notified Type Notific	ation	Street Add	dress				2.7	ICEM	-		C				
DEP Amended		200 RI	GGS AVE	NUE			CE T	ICEAL.	7						
Amendment	#:	City, State	, Zip Code						110						
☑ DOL ☐ Emergend	y	TEAN	ECK, NJ	7666											
DOH (including justificatio	_{n)}	Name of C	ontact				Telephoi	ne Numbe	er						
☐ DCA ☐ Cancellati		GEOF	FREY GII	CREST			_					*			
-			FAC	ILITY INFORM	IATIO	N			-		ales.				
Name of facility where abatemen	t is taking p	place (3)				11	Type of Facility	(4)							
DECIDENTELL DITTER		23.11 - 3.00 22 3 22 * 9						ol (K - 12))						
RESIDENTIAL BUILDING	1							napter 8 (C	Other t	han k	(-12)	2 8			
Street Address							Other Bldgs	(Private/C /Homes, e	comme	ercial					
200 RIGGS AVENUE								# of Floo		В	ldg. A	kge			
City (5)	Co	unty (6)			Co	unty Code (7)									
					(St	ate use only)	Current Use (P	rior if beir	ng den	nolish	ed)				
TEANECK		ERGEN			L,										
Name of Monitoring Firm Hired by	y Blag. Owi	ner (8)		ASCM No.		Name of Abatement Co									
Street Address				400		D & S RESTORA	ΓΙΟΝ, INC.								
Street Address						Street Address									
City, State, Zip Code					_	20 California Ave City, State, Zip Code	•								
ony, oute, hip oode						wer Surviv	12								
Project Manager for Monitoring Fin	m	I F	Phone Numb	er	-	Paterson, NJ 0750)3	License	Numl	205	_				
, , , , , , , , , , , , , , , , , , ,	***	ľ	none rame			973-345-8020			1169	Jei					
Start Date (10)	ISche	d Comple	tion Date (1	1	_	Name of OSHA Monitor									
S TO MANAGE STORES AND AND THE STORES OF STORE			tion Date (1	1)		D & S Restoration	, Inc.								
05/30/13	J-70-70-0-11-0-2	4/13				Street Address				0.000					
Occupancy Status During Abateme		75				20 California Aver	iue								
Facility closed/vacated during Abatement performed outsid						City, State, Zip Code									
Describe:					_	D . NI 0750	.2								
Other-Describe: NORMAL					-	Paterson, NJ 0750									
Scope of Work (check all that app		<u>(1823)</u>					I Containment w ni-enclosure	/negative	press	ure					
						Section 2	n-enciosure ovebag procedur	e							
≥160 sf or ≥260 lf	Demolitio					☐ No	n-Exempted (*)	and Non-f		-	dure				
Location of asbestos-containing		on normally tenance/cu	used solely stodial		oneter-		A		R	R	E n	E			
material (acm) to be	staff(12)			Description material (A		sbestos-containing	Amount (Specify S	For	m o	р	С	n			
abated in facility (13)	Yes	No	N/A				LF)		v	a i	a p	Ľ			
Basement				PIPE INSU	[AT	ION	140 L FT		e	\vdash	·	\vdash			
Basement					_	G PIPES(RECLEAN)	150 L FT	Constitution of the Consti	H	H	X	H			
						(H	금		H			
								H	Ħ	뉴	Ħ				
- OFFICE STREET									H	터	一	百			
Registered Waste Hauler		EP Hauler		bic Yards of W	aste	Name of Registered La									
D & S RESTORATION, INC.	13:	506		yds		TULLYTOWN, RE	SOURCE RE	COVER	Y						
City, State PATERSON, NJ 07503			Disposal Da 05/31/13			City, State TULLYTOWN, PA	V								
PATERSON, NJ 07303 03731713 Completed by (Print or Type) Title Signal						1 TOLL I TOWN, PA	1	Date		-	_				
BOGDAN JOLDZIC	PRESID	ENT						05/20/1	13						
AOD 44	***************************************		for ashesto	s licensure eye	ure exempted activities.										

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28/3 MAN	Ch#/056

	(Pursuant to NJAC			UI3MAN CVIE	
Date of Notification (1) 5 22 13	Name of Buildin	g Owner/Operator (HYER 6	13 MAY 28 AH 2	
Agency Notified Type Notification	Street Address		Eth A	& Florida	46
DEP Initial	City, State, Zip	Code	· C/C	WOLNE US	1
D Emergency (including	ng CANE	DI TE	,	Ī	
DOH justification	N-B	SAYER		,	1
	FACILITY INF	ORNATION .	Type of Facility (4		
Name of Facility Where Abatement is Taking Pla	ce (3)		CI School (K-12)		
Street Address	ord NA		Subchapter 8 (Cother (i.e. privathomes, etc.)	Other man K-12) the & commercial building	ps,
EPLEAR CRANF	oka IVI-	· ·	Square Feet	# of Floors Bldg.	Age
City (5)	County Code (7	O (STATE USE	Current Use (Prior	r if being demotished)	<u> </u>
County (6) UNION	ONLY)		ent Contractor (9)	(ESIDEN)	. — —
Name of Moratoring Firm Hired by Building Owne (8)	ASCM No.	NOVATE	ch In	<u> </u>	
Street Address		1100	× 814	<u>:</u>	22.5
City, State, Zip Code		City, State, Zip C	DODGE	NO.08	857
Project Manager for Monitoring Firm-	Telephone No.	Telephone No.	38x7500	00206 .	
SERT LEW CITY	ompletion Date (11)	Name of OSHA!	ECV 1	ŵc.	
Occupantly Status During Abatement (Check on	ly ane)	Street Address	ex 814	•	
P.Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other - Describe:	of Abatement By Hours	City, State, Zip C	BILINGE	-	8857
Scope of Work (Check all that apply)	Kenovation	A Mini-	Containment with t Enclosure	Negative Pressure	
01 ≥ 3 sf or ≥ 3 lf 12 ≥ 160 sf or ≥ 260 lf	O Demolitica		a decimal and a second	Non-Friable Procedure	Abatement
•	ts Location Normally	Description		•	Type
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/ Asb	estos Containing M e., thermal systems	laterial (ACM)	Amount (Specify	Encapsulate Repair
TO BE ABATED IN Facility	Staff?	surfacing, VAT other miscellan	i, or	SF or LF)	Encepsulate Repair Removal
(13)	Yes No NA	^ .		. 00 616	
ROSEMENT	XX	PE 1105	OLATION	4.804	
· Offsettes		•			\Box
			Name of Regist	bered I andfill	1111
Name of Registered Waste Hauter	NUDEP Waste Hauler	Cubic Yards of Waste	G.O.O	105.0.	
NOVATED INC	13501	Disposal Date	City State	The VA	
City, State BRIDGE NO	08857	Signature	SI TOWNS	Date	21/13
Completed by ALYCIDA Title	51 DENT	1 Val	activities.	C4 17	22/13
א אוויטוורוכייטווא א	A this form for ashestos	BCC115UIO-CAGITIFAG			

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT (14 4465 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			N	ame of	Building Owner/Operator	(2)	48/3 MA	1	74	Į.	1
5/23/13					1R. LARRY	DEKOE	Y MAY 2	ہے۔۔۔۔۔	• •		
Agency Notified Type N	otification		S	treet A	ddress	- 14 0-	136	AM 2.	,		
D EPA Philip			_	2.0	408 NOWH	101. 21	\$7750	77	4.)	_
D DEP D Ame	nded endment#		٦	ay, Sta	hospect PA	RV. N	T 225	081/10			NEW STREET
D Eme	rgency (includin	g	M		f Contact		Telephone Num	her?	Ž.	100	
	fication) cellation		1		DEKOEK				=		
				-	ITY INFORMATION		1			5.22	
Name of Facility Where Abateme	nt is Taking Plac	≥ (3)			•	Type of Facility	(4)				
MR. DEKO		1550			• • •	School (K-12	2).				
Street Address				• ,		D Subchapter	6 (Other than K-12) ivate & commercia) . I buildings			
408 NORTH 10	TH ST .					homes, etc.)					
City (5)				•		Square Feet	# of Floors	Bidg. Age			S.
Proster (ARK					.2200	2	194T			
Coumby (6)				OUNTY	Code (7) (STATE USE		rior if being demoli				
PASSAIC					120	1	SIDENCE				_
Name of Monitoring Firm Hired b (8)	/ Building Owne	F A	SCM N	VO.		nent Contractor (
					Best R	emoval I	не				200
Street Address				+0	0	River St					
City, State, Zip Code					City, State, Zip						-
Ony, Caro, 2p Coo					Hacken	sack, N.	J. 07601				
Project Manager for Monitoring F	irm	Tel	ephone	e No.	, Telephone No.		License No.				
	2				201-329-		00388		0-0240		
Start Date (10)	Scheduled Co			(11)	Name of OSHA		tal Inc				
6/5/13		6/1	3		Street Address	vironmer	ital Inc				
Occupancy Status During Abates	. •			•	280 Huy	ler St					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	Entire Period o	Abate	ment		City, State, Zip						-
Pother - Describe: 704 7	O S PM	aty noc	13	S548	South H	lackensa	k, N.J.	07606			
Scope of Work (Check all that ap						100	Negative Pressure				
ÆSsior≥3F			1	2 Ren		-Enclosure	i riegaure riessur				
☐ ≥ 160 sf or ≥ 260 lf			C	2 Dem		vebag Procedure	d Non-Friable Proc	edure			
	•		Locatio	<u> </u>	C 1601	- monther () all	710.77		bate		t
= 1000000000000000000000000000000000000		· N	onnally	y	Description		0	-	Typ	E T	_
Location of Asbestos-Containing Mater	al (ACM)		d Solet ntenan		Asbestos Containing N	laterial (ACM)	Amount	_		9	m
TO SE ABATED IN Facility		Ç	ustodia	al	(i.e., thermal system surfacing, VA		(Specify SF or LF)	Removal	Rep.	Cap	5
(13)			State? (12)		other miscellar			lave	Repair	u la	e line
	•	Yes	No	N/A						•	
BASSMENT			140	7	THERMAL SPETEM	INSULTION!	65L	FK		+	_
BASE MENT				7	THERMAL SURVA		388			T	_
10 MSC / LEIVIL			I WORK SOK AN					7			
								1			
Name of Registered Waste Hau		/aste i		Name of Reg	istered Landfill						
Best Removal I	No. 710	9		/1	a Enterpr	ises					
City, State Hackensac	01		Disposal Date		burg , Oh						
Completed by			Signature	7)		Date /	_ 1	13			
J. Maiorano	Estin	ato	r		X	Maioro	ug	5/2	3/	13	_

Check \$610

Date of Notification (1)	Name of	Building Owner/C	perator (2)	_	ŗ	114	1		
5-24-13	T	he Este	te of Ma	Ry BRYS	00	<u> </u>	12	9	
Agencies Notified Type Notification.	Street A	ddress 804 Ct	nester Aug	Mark Ballet - Contract	47			4	
☐ EPA	City, Sta	ite, Zip Code	- Walter March		45.45	(2)	L'AL PA	7.	
DOL Amendment #	e	DelRan	SO. TN	075		.,	3/1	17	
DOH Emergency (including justification)	00			Tolonhaa			*	6	
□ DCA □ Cancellation	M.	ary Me	los Key					1	
	FACI	LITYINFORMATI	UN · · ·						
Name of Facility Where Abatement is Taking Place			Type of Facility	#200#00					
Street Address	,		□ School (K	-12) er 8 (Other than K-12	2)				
Street Address 220 New Jed	sey Au	٤	Other (i.e etc.)	private & commercia		ings, I	nome	s,	
City (5) Riverside NJ	- 08c	575	Square Feet	# of Floors	0.000	dg. Ag 90	1.000		
County (6)	County	Code (7) USE ONLY)	Current Use (F	rior if being demolish	ed)				
Name of Monitoring Firm Hired by Building Owner	(8) ASCI	M No.	Name of Abatement C						
EPC Technologic		MA	EPC TO	chnolog	ies	,	In	6	
Ro. Box 33	7		Street Address P.O. Box	337	,				
City, State, Zip Code	2 08	533	City, State, Zip Code	1	1953				
Project Manager for Monitori g Firm	Telepho	one No.	Telephone No.	License N	0. 9	0			
Steve Schenker	609	758-3365	609 758-33		20	M			
Start Date (10) Sched	duled Completion		Name of OSHA Monito	20 mars 19 mm			•		
	une 3	2013	EPC le	chnologies	T.	ic			
Occupancy Status During Abatement (Check Only			Street Address	227					
Facility Closed/Vacated During Entire Period	of Abatement		P.O. Bo	K JUT					
☐ Abatement Performed Outside of Normal Fac	ality Hours		New Egyp	117	2015	- 7	7		
Scope of Work (Check All That Apply)			1 reco = 34b	- NO (280	ردر	2_		
1 55 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Denovation		Eull Contain	mont with Nogative F	roccur	•			
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □	Renovation Demolition		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure						
			Glovebag P		In Deep				
		T	□ Non-Exemp		Abate				
	Is Location	1			1	Ty			
Location of	Normally Used Solely by		escription of	Amount					
Asbestos-Containing Material (ACM)	Maintenance/	0.551	taining Material (ACM)	(Specify	Z.	77	Enc	En	
In Facility	Custodial Staff? (12)		acing, VAT, or	SF or LF)	Remova	Repair	apsı	Enclosure	
(13)		other	miscellaneous)		val	=	Encapsulate	ure	
Ye									
Basement X	0	Pipe I	insulation	90 LF	X		_		
				01				201-20-00	
	3,60								
Name of Registered Waste Hauler	NJDEP Hauler II		acto -	of Registered Landfil					
EPC Technologies		000	2 Wa	ste Manage	nent	tu	Et	14	
City. State New Egypt No	7	1000	osal Date City, S	iate unisuille	PA				
Completed by Tit		Signature		ate	<u> </u>	p.::4	~		
Steve Schenker F	resident	Sleve) DO	ech	<u>5-</u>	91	-1	2		

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Date of Notification									wner / Operator	(2)		14	120		٠,		
	4/29/						argo		k				50	A. S.		-	
Agencies Notified EPA	Type N	otifica	ition	1000			dress		d Street			& 7:0		47	2.	,	
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☐ DEP ☑ DOL	-		ded R#3-5/23/1	1000				THE RESERVE OF THE PARTY OF THE	19107			`/	13/6	11			
☑ DOH	100000		gency	_		_	Cont		10101			Te	elepho	he l	Jiam	ber	
☐ DCA			ellation	1.00		100 m	3ish	CONTRACTOR OF THE PARTY OF THE				T. 1	_				
_					FA	CIL	.ITY	INFO	RMATION						300.000		
Name of Facility Wh			ent is Taking Plac	ce (3)				Type of Facility School (K								
Street Address											Other than K-						
100 Fidelity Plaza	а								Other (i.e.	. priva	te & commer				etc.)		
									Square Feet		# of Floors	Blo	dg. Ag	е			
City (5)			County (6)	Cou	inty (Coc	le (7))	30000 2 45+								
North Brunswick	(Middlesex						Current Use (Prior if being demolished)								
						_			Bank								
Name of Monitoring	Firm H	ired b	y Building Owne	r (8)		A	SCM	No.	o. Name of Abatement Contractor (9) Bristol Environmental, Inc.								
AET								ental, Inc.					_	_			
Street Address						Street Address											
28 North Pennell						1123 Beaver Street											
City, State & Zip Co Media, PA 19063						City, State & Zip Code Bristol, PA 19007											
Project Manager for		ring F	irm 1	elep	lephone Number				Telephone Number License Number								
Dave Turotsy		Ü		310-	0-891-0114				(215)788-604	40		00509					
Scheduled Start Da	70 50	!	Scheduled Comp		n Da		(11)		Name of OSH Bristol Envi								
5/22/201		\ batar	22122		-				Street Address		entai inc.						-
Occupancy Status	ouring A sed⊘ac	ated [During Entire Pe	riod (of Ab	ate	ment		1123 Beaver		et						
			utside of Normal						City, State & Z	Control of the Contro							
Describe:			2:00 AM	110	110	<i>,</i> ω,			Bristol, PA 1								
			Abatement														
Scope of Work (Ch									1	_	Full Contains	mant with No	a a tive	De			
<u></u>					_					片	Full Contains		gauve	PIE	ssui	re	
≥3 sf or ≥3				\boxtimes	10000000		ation			닏	Mini-Enclosu						
	30 If			Ш	Dei	mol	lition			\bowtie	Glove Bag P			_			
									D i-ti	<u> </u>	Non-Exempt				nent		
	ocation.				Loca				Description Asbestos-Cont			Amount (Specify	Au	alei	iem	ıу	be
	tos-Cor		g		nally olely		eu		Material (AC			SF or LF)				п	_
	terial (A BE ABA				tenai		or		(i.e., thermal sy			0. 0. 2. /	Re	2	, 5	3	Enclsoure
	in Facili				odial			i	nsulation, surfac				Remova	Kepaii	5	2	iso
,	(13)	.,		000.	(12)			200	or other miscella				<u>a</u>	=	Tircapa dia	5	ure
				Yes	No		I/A							<u> </u>		P	
Above Ceiling					X				Pipe insula			65 LF		上		#	4
Above Ceiling					\boxtimes	11			Pipe Insula	tion		60 LF	\boxtimes	上	<u> </u> _	#	님.
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													ᆛ닏	ᄔ	H	4	4
							1	.,,	- 4.1 260								
Name of Registered Waste Hauler					1925		EP W er ID		Cubic Yards of Waste	Nam	e of Register	ed Landfill					
Service Transport Inc.					- CASS -)99		140.	4	Min	erva Landfi	II .					
City, State						- 10 TO			Disposal Date		State				0	200	
New Castle, DE									5/13/2013	Way	nesburg, O	hio					
Completed By (Print or Type)					1197-517	tle			Signature	-	. 1	~ ^	Date	1.	, /.	2	
Gino Pizzigoni							ect ager		Giro Pez	zigo	mi / J	R	Date 5	12:	//)	

Date of Notification (1)		Name of Building		r (2)	- (20	GD			
Agencies Notified Type Notification		Wells Fargo Ba	nk		1 Apr				
Agencies Notified Type Notification	1/4/1	Street Address One South Bro	ad Stroot	4/	(X)	\$0			
☐ DEP ☐ Initial		City, State & Zip (Annual Least Wall Control of the Control		Chillian.	-61	-		
	The state of the s	Philadelphia, P			140 100	y			
		Name of Contact			Ť	Telenhone Number			
DCA Cancella	ition	Orville Bishcof	f						
		FACILITY INF					0.00		
Name of Facility Where Abatement	is Taking Place (3	3)	Type of Facili		355,000				
Wells Fargo Bank NBOC Street Address			School (I	50	- K 40)				
100 Fidelity Plaza				ter 8 (Other tha		gs, homes, etc.)			
100 Fidenty Flaza			Square Feet	# of Floo		Bldg. Age			
City (5)	ounty (6) Co	unty Code (7)	30000	100 mars -	2	45÷			
	iddlesex	60 Section 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Prior if being de	The state of the s	40.			
			Bank		80.				
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASCM No		tement Contrac					
AET				ironmental, l	nc.				
Street Address 28 North Pennell Road				Street Address 1123 Beaver Street					
City, State & Zip Code			City, State &				_		
Media, PA 19063				Bristol, PA 19007					
Project Manager for Monitoring Firm		phone Number		Telephone Number License Number (215)788-6040 00509					
Scheduled Start Date (10) Sch	eduled Completic	891-0114	(215)788-60 Name of OSI		_				
5/22/2013	5/23/2			ironmental In	C.				
Occupancy Status During Abatemer			Street Addres						
Facility Closed/Vacated Duri	· 마이트 (1000년 100년 대 100년 100년 100년 100년 100년 10		1123 Beave						
Abatement Performed Outsi Describe: 6:00 PM - 2:0		urs - 7am to 3pm							
Describe: 6:00 PM - 2:0 Facility Occupied During Abo	TO THE OWNER OF THE PARTY OF TH		Bristol, PA	19007					
Scope of Work (Check all that apply			_1						
	, 			Full Con	tainment with N	legative Pressure			
≥3 sf or ≥3 lf	⊠	Renovation		Mini-End					
☐ ≥160 sf ≥260 lf		Demolition			ag Procedures				
Location of	Is	Location	Description			-Friable Procedure Abatement Typ			
Asbestos-Containing	1 .0	nally Used	Asbestos-Con		(Specify	Abatement Typ)e		
Material (ACM)		olely by	Material (A		SF or LF)	7 5	ш		
TO BE ABATED in Facility	5.00	tenance or odial Staff?	i.e., thermal sy insulation, surfac			capsult Repair Remova	ncls		
(13)	Cusa	(12)	or other miscella			Encapsula Repair Removal	Enclsoure		
	Yes	No N/A	500 60000000000000000000000000000000000				w		
Above Ceiling			Pipe insula	tion	65 LF				
		님님					_		
							ᆗ		
							4		
Name of Registered Waste Hauler		NJDEP Waste	Cubic Yards	Name of Regis	stered Landfill		_		
		Hauler ID No.	of Waste						
Service Transport Inc.		20990	4	Minerva Lan	dfill				
City, State New Castle, DE			Disposal Date 5/13/2013	City, State Waynesburg	Ohio				
Completed By (Print or Type)		Title	Signature A	- vvayiicsburg	, 01110	Date			
Gino Pizzigoni		Project		، - بـ د . ص	12	Date 5/14/13			
3		Manager	Lino Py	Zigoxe	17	9/11/			

	2	- N.	
	(P)	7	
	JAs.	-	·
o red	741	Name	" · ~
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(1)	#24.	30	
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Date of Notification	(1) 4/29/13		Name of Building Owner / Operator (2) Wells Fargo Bank Street Address One South Broad Street City State & Zin Code														
Agencies Notified	Type Notifica	ation				dres						19/1	1/1	i.		4.00 14.7	
EPA	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Or	ne S	ou	ith I	Broad	Street					3,	1	_		_
DEP			Cit	y, Si	tate	e & Z	Zip Co	de									
DOL	☐ Initial ☐ Ame	nded R#1-5/10/13						19107									\dashv
	☐ Eme	rgency	Na	me	of (Conf	tact					Tale	pho	ne i	Nun	nber	
☐ DCA		ellation	Or	rville	e E	3ish	coff				IN INCOME.	<u> </u>					
				FAC	IL	ITY	INFO	RMATION						_			
Name of Facility V	/here Abatem	ent is Taking Pla	ce (3)					Type of Facility									
Wells Fargo Ba	nk NBOC							School (K-									
Street Address								Subchapte	er 8 (C	Other than	K-1	2)					
100 Fidelity Pla	za							Other (i.e.							etc	.)	Ne-co
100 1 100.15) 1 100								Square Feet		# of Floor	8	Bldg	J. Ag				
City (5)		County (6)	Cour	nty C	000	le (7)	30000			2			45	+		
North Brunswic	k	Middlesex							rior ii	being dei	demolished)						
					_			Bank		04	(0)				-		_
Name of Monitorin	ng Firm Hired I	by Building Owner	er (8)		IA	SCI	M No.	Name of Abate Bristol Envir)					
AET					1			Street Address		ental, III	٠.						-
Street Address	u Dead .							1123 Beaver		et							
28 North Penne				-			100	City, State & Z									
City, State & Zip C Media, PA 1906	3							Bristol, PA 1									
Project Manager 1	oject Manager for Monitoring Firm							Telephone Nu	License Nun	nber							
Dave Turotsy	oject Manager for Worldshifty 610-							(215)788-6040 00509									
	cheduled Start Date (10) Scheduled Completion							Name of OSH									
5/15/20	013		/16/20														
Occupancy Status	s During Abate	ement (Check on	ly one) 	-4-			Street Address		noé.							
Facility C	osed/Vacated	During Entire Pe	silou o	INU	ale	mei	2000	1123 Beaver Street									
		Outside of Norma	I Hou	Hours – 7am to 3pm City, State & Zip Code Bristol, PA 19007													
Describe:	6:00 PM	- 2:00 AM						Dilatoi, i A	1000								
Facility O	ccupied During	y Abatement												5510			
Scope of Work (C	neck all triat a	ibbià)								Full Conf	tainn	nent with Neg	gativ	e P	ress	sure	Ê
≥3 sf or ≥	2 If		\boxtimes	Rei	nov	ratio	n			Mini-Enc	losu	ге					
			Ē	Dei	mo	litior	1		Ø			rocedures					
☐ ≥160 sf≥	260 11		ш						Ō	Non-Exe	mpte	ed and Non-F					
	Location of			oca				Description				Amount	Al	oate	eme	nt T	ype
Ash	estos-Contain	ing	Norm					Asbestos-Conf		g		(Specify		T		m	
, N	faterial (ACM)			olely				Material (AC	SM)	_	,	SF or LF)	1 2		_	Encapsulate	Liciacon
	D BE ABATED		Maint					(i.e., thermal sy	ystem	IS			1 2		Repair	98	1 5
	in Facility		Custo			aπ?		insulation, surfactor or other miscella					Nemova		1	ᆵ	1 3
	(13)		Yes	(12) No		N/A		Of Other Historia	aricot	,,,			1	1	1	6	"
			100		+			Pipe insula	tion			65 LF		f		П	T
Above Ceiling			4	X	+	4	-	ripe ilisula	LIVII		-		厅	11	H	Ħ	1
			H	부	+	4							1	jti		Ħ	T
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	-	H	+	H							T	1			TE		
							-						T	1			T
	d Marta Ha	uler		IN	JD	EP	Waste	Cubic Yards	Nan	ne of Regi	ister	ed Landfill					
Name of Registe	Name of Registered Waste Hauler					Hauler ID No.				•							
Service Transport Inc.						90	15	4		erva La	ndfil	<u> </u>					-
City, State								Disposal Date		, State	_ ^	hie					
New Castle, DE							5/13/2013	wa	ynesbur	g, O	nio	D-4	_				
Completed By (F	rint or Type)			1,000	itle		Signature Date 5/10/13						13				
Completed By (Print or Type) Gino Pizzigoni Manage																	

Date of Notincation (1)		Na	me of Bui	Iding Owner LC	Incretor (01		2	23		
Agencies Notified Type No	13 Otification	Name of Building Owner / Operator (2) Wells Fargo Bank Street Address									
EPA	uncation	Str	eet Addre	88			- 40 C	-3			
□ DEP □ I	nitial	On	e South	Broad Stree	t		1/0	O		,3	
DOL6800 D	mended	City	/, State &	Zip Code			- 3	- 3/2		-	
DOH #11	mergency	Na	me of Cor	a, PA 19107				٠ ،			
DCA C	ancellation	On	ville Bisi	iaci Icoff			100	Teleph	one Nu	ımbei	
								1 5			
Name of Facility Where Abat	ement is Taking Pla	ace (3)	ACILITY	INFORMATI	ON						
AAGII2 LAIGO BAUK MROC		(-)		l ype o	of Facility (4)					
Street Address											
100 Fidelity Plaza				N O	her (i.e. n	8 (Other the	an K-12)	name w			
0.4 (5)					Feet	# of Flo	nmercial build	lings, hon	nes, etc	C.)	
City (5)	County (6)	County	Code (7		30000	W 01 F10		Bldg. Ag	je		
North Brunswick	Middlesex		3.520			r if hains d	2 emolished)		45+		
				Bank	. 000 (1 110	in nemig d	emolished)		Therefore the		
Name of Monitoring Firm Hire AET	d by Building Owne	er (8)	ASCM		of Ahatem	ent Contrac	40- (0)				
AE I Street Address				Bristo	Environ	mental, l	aur (a)			E-44-00-00-00-00-00-00-00-00-00-00-00-00-	
28 North Pennell Road				Street A	Address	ittellul, l	iic.				
City, State & Zip Code				1123 B	eaver St	reet					
Media, PA 19063				City, Sta	ate & Zip (ode					
Project Manager for Monitoring	Firm Tr	elephon	e Number	Bristol	, PA 190	07					
Dave Turotsy		10-891-	e Numbei N44 <i>a</i>		ne Numbe	er	License	Number			
Scheduled Start Date (10)	Scheduled Comp	letion Da	te (11)		38-6040		00509				
5/11/2013	5/	12/2013	(11)	Related	OSHA M	onitor					
Occupancy Status During Abat	tement (Check only	one)		Street A	EUAILOUI	mental in	c			i#	
Facility Closed/Vacated	d During Entire Per	ind of Ah	atement		ooress eaver Str						
Abatement Performed	Outside of Normal	Hours -	7am to 3	om City Sta	te & Zip C	199 Odo					
Describe: 28f. 12:00	9 PM - Sunday R	AM			PA 1900	7					
Facility Occupied Durin	g Abatement					4.0					
cope of work (Check all that t	appiy)										
≥3 sf or ≥3 lf	6	71 5.	220			Full Conta	ainment with I	Menativa	Draaa		
☐ ≥160 sf ≥260 lf	į.	The second secon	ovation			Mini-Encl	osure .	AcAdriae I	riessui	re	
	L	_ Den	nolition		\boxtimes		Procedures				
Location of		Is Locati				Non-Exen	npted and No	n-Frieble	Draced	4	
Asbestos-Containing	ng N	ormally (Descri	ption of		Amount	Abat	ement	Type	
Material (ACM)		Solely b)V	Asbestos-	Containing I (ACM)		(Specify	1		- ype	
TO BE ABATED in Facility		aintenan	ce or	(i.e., therm	al system	.	SF or LF)	20		n m	
(13)	Cı	stodial S	itaff?	insulation, su	urfacina. V	AT		9	Repair	1 2	
(1.5)	Ye	(12) s No	N/A	or other mis	cellaneou	s)		Remova	Repair	Enclsoure	
ove Ceiling			IVA					-	8	3	
JOVE CEIIIIIg				Pipe ins	ulation		65 LF	Ø	7		
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me of Registered Waste Haul	er L		<u> </u>	12				╌┼╞═┽┼┾	╬	+++	
THE OF TABILITIES THE OF THE OF	CI .	NJU	EP Waste ler ID No.	Cubic Yards	Name	of Registe	red Landfill				
rvice Transport Inc.		209	80 80 10 100.								
, State		203		4		rva Landi	711				
w Castle, DE		Disposal Date City, State 5/13/2013 Wayneshum Ohio							-		
npleted By (Print or Type)		Title			wayn	esburg, (Ohio				
no Pizzigoni		Proj		Signature	o	. /		Date /		$\overline{}$	
		1	-06	1. 14 + 1	/	. /	7	1	,	,	

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<u> </u>		TA	ame of	Building Ox	vner/Or	nerator	(2)	9/7 M.				12		
Date of Notification (1) 5/6/13		Name of Building Owner/Operator (2) PENN COLOR, INC. Street Address 400 OLD DUBLIN PIKE City, State, Zip Code												
Agencies Notified Type Notification			treet Ad	dress D DUBL	IN PIK	ΚE	· · ·	2 3/1/2 2 3/1/2	, A	1/ 2: in				
EPA Initial Amended Amendment #	1-5/23/13			e, Zip Code STOWN		18901		LICEN	(5/1)	phone Numb				
Emergency (in justification) DCA Emergency (in justification) Cancellation		N		Contact PUTMAI	N				Tele	phone Numb	ner			
			FACIL	ITY INFOR	RMATIC	ON			-					
Name of Facility Where Abatement is Taking 101 WESTON ROAD	Place (3)						☐ S	f Facility (4 chool (K-12 ubchapter	2) 8 (Othe	er than K-12)				
Street Address 101 WESTON ROAD							el	c.)		commercial		ings, dg. A		s,
City (5) HILLSBOROUGH TOWNSHIP, NJ							Square 15000	0	2		70			4
County (6) SOMERSET		(STATE U	Code (7) ISE ONLY)			Unoc	cupied		ng demolishe	ea)			
Name of Monitoring Firm Hired by Building O EHS	wner (8)		ASCM	No.				ement Con ENVIRON		⁽⁹⁾ ITAL, INC				
Street Address 411 SOUTH GATE COURT, SUITE	E						Address BEA\	s /ER STP	REET			88.00		
City, State, Zip Code MICKLETON, NJ 08056							State, Zip STOL,	Code PA 1900	7					
Project Manager for Monitoring Firm JACK CARNEY			Telephor	ne No. 24-0080		10.00	none No 788-60			License No 00509).			
Start Date (10)	Schedule		pletion I	Date (11)				A Monitor ENVIROI	NMEN	NTAL, INC				
Occupancy Status During Abatement (Check						Street	Addres	S		***				-109
Facility Closed/Vacated During Entire P	eriod of A	batem	ent					/ER STF	REET					
Abatement Performed Outside of Norm Other – Describe: 7:00 AM - 4:00 PM	al Facility	Hours	City, State, Zip Code BRISTOL, PA 19007								4			
Scope of Work (Check All That Apply)						-	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit				2	Min Glo	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
	Τ .			Ι			i NOI	I-Exemple	u () ai	u IVOII-I IIUDI			ement	
	31023	Locati Normal			Dο	scription	n of				_	Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial S (12)	nce/ Staff?		os Con therma surfa	taining I	Material ns insula AT, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	FL	200		MAS	TIC	2	01 SF	x	-	-	
Warehouse Office, Office, Men's Rm	X	-				ATION			22 LF	x	-	-		
Maintenance & Compressor Rm.		-					-		09 SF	x				
Q.C.Lab Rm & Color Computer Rm	-	X	-	FLOOR TILE 709 SF x Dispose of Boxes of Floor tiles 5 SF x										
Attic Name of Registered Waste Hauler		1	JUEP V			Yards	011100			ered Landfill	<u> </u>	L		
SERVICE TRANPSORT GROUP		110021 110010					NERVA LANDFILL							
City, State NEW CASTLE, DE 19720					Dispo	sal Dat	е	City, Star WAYN		JRG, OH 4	468	8		
Completed by PATRICK T. DeCARO	TIMATOR Signature J. DeCars / Date 5/6/13													

Date of Notification (1) 5/6/13			Name of Building Owner/Operator (2) PENN COLOR, INC. Street Address 400 OLD DUBLIN PIKE														
Agencies Notified	Typé Notification	-		Street	Address OLD DUI	2/2		-42	LICER	600	2.	40					
DEP DOL 5650	Initial Amended Amendment			City, St	ate, Zip C ESTOV	ode	-		1/2	SING	TOU.	5000 5000 1	-				
DOH6673	Emergency (justification) Cancellation	including		Name o	of Contact					Te	lephone	Num	ber				
Name of Facility Where	Ahatement is Takin	Diago (3/	FAC	ILITY INF	ORMAT	ION			-							
101 WESTON ROA		y riace (3)					FF01	of Facility								
Street Address 101 WESTON ROA	AD							x C	chool (K- abchapte other (i.e. p tc.)	8 (Oth	er than & comm	K-12) nercia	l bui	dings	, hom	es,	
City (5) HILLSBOROUGH	TOWNSHIP, NJ							Square 1500	Feet	# 0	f Floors		100	3ldg. <i>i</i> 70	Age		
County (6) SOMERSET					Code (7) USE ONLY)		Currer	t Use (Pri cupied	or if be	ing dem	nolishe	ed)				
Name of Monitoring Firm EHS	Hired by Building (Owner (8)		ASCI	M No.				ement Cor			INC					
Street Address 411 SOUTH GATE	COURT, SUITE	E					Street A		ER ST	REET							
City, State, Zip Code MICKLETON, NJ 0	8056						City, St BRIS		Code PA 1900)7						-	
Project Manager for Mon JACK CARNEY	nitoring Firm			Telepho 856-22	ne No. 24-0080		Telepho 215-7	one No.			Licens 0050		6			70.	
Start Date (10) 5/16/13		Schedule 5/23/13		ompletion Date (11) Name of OSHA Monito BRISTOL ENVIRO							NTAL.	INC.					
Occupancy Status During	g Abatement (Check	Only Or	ne)	Street Address							· ·						
Facility Closed/Vaca Abatement Perform Other – Describe: 7	ed Outside of Norm	eriod of A al Facility	Abater Hour	rs City, State, Zip Code													
Scope of Work (Check A				BRISTOL, PA 1900													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Constant	enova emolii	tion Mini-Enclosure													
			Locat											Abate	ement		
Location Asbestos-Containing			Iormal d Sole		Anhan		scription o			2	7	ŀ	-	Ту	ре		
TO BE ABA	ATED	Mai	intena	nce/	Asbes (i.e.	thermal	aining Ma systems i	insulation	on,	(S	mount specify		R	71	Enc	m	
In Facili (13)	ty	000	(12)	Julian .			ing, VAT niscellane			SF	or LF)		Removal	Repair	Encapsulate	Enclosure	
		Yes	No	N/A				4500					<u>81</u>	-	late	ле	
Warehouse Office,O	ffice,Men's Rm		X		FLO	OOR T	ILE & N	MASTI	С	30	1 SF	7	ζ.				
Maintenance & Cor		I	PIPE IN	SULAT	TION		2	2 LF	,	۲							
Q.C.Lab Rm & Color	Computer Rm.		X		Name and the same	FLO	OR TIL	E		70	9 SF	,	2				
Attic			X		77	se of B	oxes of	Floor	tiles	5	SF	,	2				
Name of Registered Was			1.0	JDEP W auler ID	70.70	Cubic of Was			Name of F								
SERVICE TRANPSO	ORT GROUP		1 1 1 1 1 1 1 1	990	I MAINIED VA LANDELLI												
City, State NEW CASTLE, DE 1	19720					Dispos	al Date		City, State WAYNE		RG, OF	H 44	688				
Completed by PATRICK T. DeCAR		Si	anature atric	k 9	! Del	aro /	il	Date 5/6/	13								

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	rech	(H	141	1
	1	\ <i>11</i>	1 50	-

Date of Notification (1)				Name o	of Building	Owner/	Operator	(2) 20/12 e	Smiles	77/3		D			
5-23-13	Type Notification			Street /	Address	DILL I	Metrio	HSC/Crey	Sillies						
Agencies Notified	Type Notification			15 S	- Broa	ad Sta	reet.	A 325	- My 2). , <u>.</u>					
M EPA	X Initial ☐ Amended		}	City. St	ate, Zip C	Code		27	<i>(1)</i>	.40	-				
□ DEP ☑ DOL	Amendment	#		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ton, I			~ LI	Telephone	46-	20				
	☐ Emergency	including	-		of Contac				Telephone	Númbe	-				
DOH DCA	justification) Cancellation			Milt.	Eiser	1									
				The State of the S	ILITY INF		ION								
Name of Facility Where	Abatement is Takin	g Place (3)	93		7.5			Type of Facility	(4)						
Turning Point 1	Methodist/C	ity Smi	les	5				☐ School (K	-12)						
Street Address									er 8 (Other than I private & comme		ildina	s hom	165		
15 S. Broad St	reet							etc.)		or clair be					
City (5) Trenton								Square Feet	# of Floors		Bldg.	1000			
								40,000	4		10	0+			
County (6)			1		Code (7) USE ONL	(1)		252	rior if being demo	lished)					
Mercer								— church & offices Name of Abatement Contractor (9)							
Name of Monitoring Firm Environmental (Owner (8)		ASCN	ЛNo.					~	_				
	Connections							Plymouth Environmental Co., Inc.							
Street Address 120 S. Warren	Street							Haws Aver	nie						
City, State, Zip Code						e. 05.		ate, Zip Code							
Trenton, NJ 08	8608							ristown, E	A 19401						
Project Manager for Mon	itoring Firm			Telepho	ne No.			one No.	License	No.					
Dominick Derco.			16	509-39	92-420	00	610-	-239-9920	00:	398					
Start Date (10)		Scheduled		npletion I	Date (11)			of OSHA Monitor		200					
6/6/13		6/14/	13				Plyn	outh Envi	ronmental	Co.,	Inc	•			
Occupancy Status During	Abatement (Check	Only One)	-				Address Haws Aven	nue						
☐ Facility Closed/Vaca							City, St	ue							
☐ Abatement Performe CX Other – Describe:				i			19401								
		DOIGE		Norristown, PA 19401											
Scope of Work (Check Al	i i nat Appiy)														
 ⊇3 sf or ≥3 lf ⊇x ≥160 sf or ≥260 lf 			nova molit					 ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure 							
LX 2100 SI 01 2200 II		П ре	HOHE	1011			☐ Glovebag Procedure								
							× ×	Non-Exempte	d (*) and Non-Fr	able Pr					
			ocati									emen ype	t		
Location		Used	rmali				scription		The second second		T	T	Г		
Asbestos-Containing TO BE ABA		Main						aterial (ACM) insulation,	Amount (Specify	R	_	Enc	m m		
In Facilit		Custo	dial S (12)	staff?	(1.0.	surfac	cing, VAT	, or	SF or LF)	Remova	Repair	aps	Enclosure		
(13)			(12)			other n	niscellane	eous)		val	air air	Encapsulate	sure		
		Yes	No	N/A								е			
office		х		VAT	& Mas	stic		175 SF	x						
											1				
			-	-				1			1	1			
											-	-	-		
	5														
Name of Registered Wast	e Hauler		NJDEP Waste Cubic Yards Hauler ID No. of Waste					Name of	Registered Land	till					
Robinson Waste			17304 2 GROWS, Inc.												
City, State		-	Dispos	al Date	City, Stat	e									
Bellmawr, NJ						6/14	/13	Morr	wille, PA	L		200			
Completed by			Si	ignature	1/1		Date								
Timothy E. Brya	e-President 5-23-13														

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	,	t disdant to No	JAC 8:60-7 and 1	12:-120-7		History Constitution							
				Operator	(2) ZB13H2	17 28	M 2	10					
Notification		Street Ad	duese				, ,	40					
						162							
	43				<u>© [</u>	Gr. J.	1111	37					
(5)						~	146	4.					
					Im .								
040000000000000000000000000000000000000			7) 2000 - 100 - 100		Tele	phone Nu	mber						
Cancel	ation	Robert O	tego										
		FACILI	TY INFORMAT	ΓΙΟΝ									
						8.5	than V	12)					
	-			-									
					The second secon			ıcıaı					
								Age					
County	(6)	-	County Code	(7)				·gc					
County	(0))					
Building Own	ner (8)		ASCM No.										
				City 9	State Zin Code		ili		_				
		Table	N I	Glen M	Mills, PA 19342		Ir to	- N					
		609-386-8	800	610-36	64-9622				er				
s		09/10/13	3										
	one)	***************************************											
***************************************				Ш	Full Containment with	h Magatina	Dwassen						
	-	Danawatia	<u> </u>	-		n Negative	rressui	re					
	х	Kenovatio	n	x	A CONTRACT TO THE CONTRACT OF								
				x	Glovebag Procedure								
		307		x	Non-Friable Procedu	re							
Is						Ab	atement	Туре					
Loca	tion	Des	cription of					E	E				
Norm	ally	Asbest	os-Containing		Amount	R		N	N				
Used	i	Mate	erial (ACM)		(Specify	E	R	C	C				
Solel	y	(ie. Th	nermal systems		SF or	M	E	A	L				
by M	ain-	insulation	, surfacing, VAT	۲,	LF)	0	P	P	0				
tenan	ce/	or other	miscellaneous)		8	V	A	S	S				
Custo	dial					A	I	U	U				
Staff (12)					L	R	L	R				
Yes N	o N/A								E				
x		vat			55 SF	х							
x		pipe fitting	gs		55 (ea.) x								
x		pipe insua	ltion		20 (LF) x								
	B171	DEB W	Cubb V		Nome of Death and	anden.		L					
			of Waste			anuillí							
						-	-		1000				
			As needed	: 15	Morrisville PA								
		Reserved		Signati	Vilk Hohe	~		Date 5	3-/				
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Date of Notification (1) 5 - 26 - 13	***					g Owner/Operator Atlantic		& LIC	200	γ_{I}	_	-	U	
Agency Notified	Type Notification				Address 1 Bac	charach E	lvd.		175/	NG	(7)	0	SOUR	
CKEPA CKDEP CDOL	☐ Initial ☐ Amended Amendment #		-	City, S	tate, Zip					3.00			1	
©¥DOH □¥DCA	☐ Emergency (including justification) ☐ Cancellation	ng			of Contac nda V	x Villiams		Telephone Num	her					
	1.7.40.00			FACI	LITY INF	ORMATION								
Name of Facility Where A	Abatement is Taking Pla	ce (3)	100				Type of Facility	y (4)		10-2			_	
vacant bldg					- 20		☐ School (K-1	2)						
Street Address							☐ Subchapter	8 (Other than K-12)						
3825 and 382	7 Boardwalk	9				-	Other (l.e. p	rivate & commercia	l buildin	ıgs,				
City (5)			H-105-				Square Feet	# of Floors	Bldg.	Age	,			
Atlantic Cit	V					7.	8,000	1	+	/-	50)		
County (6)	-		T	County	Code (7) (STATE USE		Prior if being demoli						
Atlantic				ONLY)		vacant								
Name of Monitoring Firm	Hired by Building Owne	r	ASCM	No.		Name of Abatement Contractor (9)								
(8) Health & S				100		Pepper Environmental Services, I								
Street Address 318 12th Str						Street Address	aley Sti	<u>~</u>						
City, State, Zip Code Hammonton, I	N.T 08037				City, State, Zip (Code Lphia, PA	A 19137							
Project Manager for Moni		elepho	ne No.	-	Telephone No.	<u> </u>	License No.					00:17		
Jim Proctor		09-	704		215-533-	-5155	01166					li per con i		
Start Date (10) 5 - 28 - 13	Scheduled Co	omplei		te (11)		Name of OSHA Health &		Services						
Occupancy Status During	Abatement (Check onli	y one)				Street Address 318 12th	C+							
☐ Facility Closed/Vacate ☐ Abatement Performed ☐ Other – Describe:				City, State, Zip Code Hammonton, NJ 08037										
	I that apply) * a hat e	mer	ıt r	rio	r to		Full Containment with Negative Pressure							
 □ ≥ 3 sf or ≥ 3 lf □≥ 160 sf or ≥ 260 lf 				u ken	novation	☑ Full Containment with Negative Pressure ☑ Mini-Enclosure ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure								
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Asbestos-Containing TO BE AB IN Fac	Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)					Description stos Containing M., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, r, or	Amount (Specify SF or LF)		Removal	Ty Repair	m	Enclosure	
		Yes	No	N/A	1									
3825 Boardwalk - kito	hen			x	floori	ng, multiple la	ayers	2625 sf		х				
3825 Boardwa	3825 Boardwalk-throughout					ter-base	coat	80,000sf		x				
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Name of Registered Waste Hauler Service Transport NJDEF ID No.					lauler	Cubic Yards of Waste	Name of Regi			لمسحا	لـــــ			
City, State Morrisville, PA						Disposal Date	City, State Libson,	ОН						
Completed by Jennifer Niven Dir. of Opera					ns	Signature	h		Date 5 - 2	4 -	13			
ASB-41					ensure exempted	activities.								

			(F	ursuant to	O NJAC	0.00 and	12.120)	8		20	12.		٠		R.
Date of Notification (1) 05/24/2013				Name of IMTT -			perator (2	2)		ě.	3HAY	28	an.	,	
Agencies Notified EPA	Type Notification	7		Street Ad 250 Ea		Street				હ	400	5 00	**/ -	46	,
X DEP	Initial Amended	4005		City, State			. 07000	,			2166	MSIA	1/1	47	
	Amendment Emergency		-		SCHOOL SC	/ Jersey	y 07002			Talan	hana Ni.		Ų		
DOH DCA	justification) Cancellation			Name of Aubrey		i				reien	hone Nu	mper			
	Ab - 1 1 - T-1 -	DI (2)		FACIL	ITY INFO	ORMATIC		T	of Facility (4						
Name of Facility Where IMTT - Bayonne	Abatement is Takir	ng Place (3))					(COMP)	of Facility (4 School (K-12	1500					
Street Address									Subchapter 8 Other (i.e. pr	8 (Other			linas	home	96
250 East 22nd Stre	et							<u> </u>	etc.)						
City (5) Bayonne, New Jers	sey 07002							Squa	are Feet	# of F	loors		ldg. A	ge	
County (6) Hudson				County C (STATE U		,	_ '	Curre	ent Use (Prio	r if being	demolis	hed)			
Name of Monitoring Firm		Owner (8)		ASCM					atement Cont	ractor (9)				حبيت
EnviroVision Consu	ultants, Inc.			00079	9		Insula		Water and the same						
Street Address 20 - 21 Wagaraw R	Road, Bldg. 34A						Street A		ss ards Aven	iue					
City, State, Zip Code Fair Lawn, New Jer	rsey 07410	X X					City, Sta Harah		Zip Code		<u> </u>				
Project Manager for Mor			T	Telephon			Telepho			100	icense N	lo.			
Guillermo Morales Start Date (10)		Schedule	ed Cor	973-63		margae central	504-7		HA Monitor		11120				
05/29/2013		06/12/2		iipicaoii b	/dio (11)				ion Consul	Itants, I	nc.				
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Facility Closed/Vac Abatement Perform						-			zip Code	Jau, Di	ug. 547	`			
Other – Describe:	area unoccupied			Fair Lawn, New Jers							110				
Scope of Work (Check A	All That Apply)						[27]								
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City, State						Dispos	al Date	la	City, State						
D DA						6/30/2	///		Bethlehe	em, PA					
Dunmore, PA										13 · 12	10.	ate			
Completed by Aubrey Hotard		Corpo	orato	Safety	Direct		ignature	/	1	1	1	24/20	13		

Date of Notification (1) 05/24/2013	The restaurable for the second				Building Bayon	Owner/Op	perator	,	Telephone Number							
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X DOH X DCA	Emergency justification) Cancellation				Contact Hotard				Те	lephone Nu	imber	<u>, </u>				
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City (5) Bayonne, New Jer	sey 07002							Square Feet	# 0	f Floors		30+	Age			
County (6) Hudson				County (Code (7) JSE ONLY	,	_	Current Use (Pr	rior if be	ing demolis	hed)					
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City, State, Zip Code Fair Lawn, New Je	rsey 07410			***************************************			City, S Hara	tate, Zip Code han								
Project Manager for Mo Guillermo Morales				Telephor 973-63	ne No. 6-9145			none No. 733-5033		License N 01120	No.					
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Scope of Work (Check	All That Apply)							-	,,,,,,,	7410						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		COMMENTS.	nova moli	ation tion			×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
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City, State Dunmore, PA			10	2200		Disposal 6/30/20		City, Stat		Aı						
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No heck

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

(Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 5 24 JC Penney Corporation Inc. 1 13 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 6501 Legacy Drive ☑ DOLWD City, State, Zip Code Amendment #1 ☑ DHSS PLano, TX 75024 □ DCA Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) ☐ Cancellation Soy Thomas FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Garden State Plaza ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 502 Garden State Plaza homes, etc.) City (5) Square Feet # of Floors Bldg. Age Paramus NJ 150000 75 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting LLC 62252 JVN Restoration Inc. Street Address Street Address 1600 Route 22 East 47 Foster Road City, State, Zip Code City, State, Zip Code Union NJ 07083 Staten Island Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Tom Rubino 908-956-1233 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 5/ / 13 / 13 5 / 24 / 13 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____ AM-PM/10:00PM-6:00AMAM LIC, NY 11101 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥3 sf or ≥3 lf ☐ Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Remova Encapsulate Enclosure Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify **Custodial Staff?** IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes N/A No 2nd Level Home Streets Dept. X П MASTIC 4500 SF \boxtimes X П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste Global Waste Industries, Inc. G.R.O.W.S., Inc. NJ-22147 40 City, State Disposal Date City, State Hackettstown, NJ 5/24/13 Morriseville, PA Completed By (Print or Type) Title Signature Date

ASB-41 MAY 11

John Tardy

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

Senior Project Manager

Agencies Notifie: 국가 Notific 전 EPA 그 Inhibit				C C CUILLICE LIVERTON CONTRACTOR	~		4	-	Y CA	10
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	ation.			ot Adaress						
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(NUAC 5:23 €) justification) ☐ Cancellation			1	o of Contact Thomas	WAI	VEI TOPHONE TO		D	7	
-				CILITY INFORMATION		<u> </u>		-	<u>.</u>	
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City (5)					homes, em	i.)	1	2	,	_
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Paramus KJ					150000	2		75		
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Bergen								C		
Name of Monitoring Firm Hired by Building Owner (8)				No. Name of Abate	9)	r			-	
Hillmann Consulting LLC				52 JVN Resto	The second secon					
Street Address				Street Address					-	
1600 Roule 22 East	47 Footor F									
City, State, Zip Codo										
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Project Manager for Monitoring Firm	No. Telephone No.		Licansa No	n 1						
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	te (11) Nama of OSHA 13 Teator Toc						20210			
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ASB-41 MAY 11

* Do not use this form for asbesion licensula exempted activities.

D&S Proj. #: 2013

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

	S-11											6/4	22.50	
Date of Notification			Name of E	Building Own	ner/	Operator (2)		2	OI3 MAY 28	***	ue:			
10 15 1/11 10			CAROI	LINE MCC	CAI	RUS			74 28	Ale -				
Agencies Notified EPA	Type Notificat	tion	Street Add	ress				4.1	A Consultation	14.4	/ '			
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☐ DEP	Amendment #	.	City, State	, Zip Code	_				- 11-17	W.				
DOL DOL	Emergency		MONT	CLAIR, N	NI C	7042				10 .				
□ DOH	(including	11	Name of C		13 0	77042			l Telepho	ne Numbe	r			
☐ DCA	justification)								Tolophic	ino rrambo	•			
	☐ Cancellation	n	CARO	LINE MC	CCA	ARUS				- 2				
				FAC	CILIT	TY INFORMA	TION	I						
Name of facility wh	nere abatement i	is taking pl	lace (3)						Type of Facility		:			
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Street Address										r (Private/C			-12)	
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Street Address					1_		-	Street Address	ATION, INC.		_	-		
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								Paterson, NJ 07	503					
Project Manager for	Monitoring Firm	1	Tr	Phone Numb	her		-	Telephone Number	303	License	Numi	ner .	_	
·	intermeding i mi		1.	HOHE HUILL	DCI			973-345-8020			1169			
0. 15 . (10)		- 10 :					_	Name of OSHA Moni	tor				-	
Start Date (10)		Sche	d. Comple	tion Date (1	11)			D & S Restoration						
06/20/13		07/0	2/13					Street Address						
Occupancy Status D	During Abatemer	nt (Check	only one)					20 California Av	enue					
	d/vacated during							City, State, Zip Code						
Describe:	erformed outside		facility ho	urs-										
○ Other-Describ	be: NORMAL H	IOURS					-	Paterson, NJ 07	503					
Scope of Work (ch									ull Containment	w/negative	press	ure		
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BOGDAN JOLI		PRESID	and the same of th							05/10/	13			
ASB-41		Do not us	se this form	n for asbesto	tos li	icensure exer	npted	d activities.						



STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT

1. Ohac				STATE OF	NEW JERSEY			***				1000
O,		50	NOT	IFICATION OF A	SBESTOS ABAT			179	7.7	513		10
			(F	Pursuant to N.J.A	.C. 8:60 AND 12	120)				¥	الله الله	
Date of Notification (1)	E/1 E	5/2013			Name of Build Borough	ding Owner	r/Operator (2)	28/3 F	AVOC		-	
	5/10	0/2013			Borough o	of Union I	Beach		20	AM	2:6	1)
Agencies Notified		Notification	Туре		Street Addres	SS	p-	Ø 6 € €	iros			Ú
⋉ EPA		Initial			650 Poole	Avenue		8 L	Inc	CO19	Thises	
X DEP		Amend	ea #	-	City, State, Zi	p Code		•	1617	12/11	G T	
X DOL		Emerge	ency (inclu	ding	Union Bea	ch, NJ 07					,XX	
X DOH	120	justifica			Name of Con			TALK	umbor			
DCA	-	X Cancel	lation	EACHTEVI	Ms. Jennife	er Wenso	n Maier					
Name of Facility Where Al	patement is	Taking Place (3)	FACILITY	NFORMATION Type of Facili	tv (4)						
Private Dwelling			<u></u>		2 2							
Street Address					_ School (K-12)						
710 Fourth Street-Re	ear House				Subchap	oter 8 (Othe	er than K-12)					
City (5)	County (6)		T County	Code (7)	Other (i.	e., private	& commercial	buildings	,			
Union Beach	Monmout	h		Jse Only)	homes,	etc.)						
Name of Monitoring Firm F			ASCM	Vo.	Name of Contr	ractor (0)						
Environmental Healtl			00104	10.	MTM Metro		tion					
Street Address			00101		Street Addres		illon					
655 West Shore Trai	ì				135-137 Mo	-	/e					
City, State, Zip Code					City State, Zip							
Sparta, NJ 07871												
Project Manager for Monito	oring Eirm	Telephone	Number		Paterson, N			T ()				
Jean-Paul von Doeh		973-729-5			973 742 50				e Numb	er		
Scheduled Start Date (10)	Tell	Scheduled		Deta (11)	-			0080	9			
5/28/13		5/31/2013		Date (11)	Name of OSH MTM Metro		ation					
Occupancy Status During	Abatament //					No. of the last of	111011					
Occupancy otates burning /	voatement (c	SHECK OTHY OTH	<u>=)</u> .		Street Address	-						
▼ Facility Closed/Vacate	ed During En	tire Period of	Ahatemen				V					
Abatement Performed				•	City, State, Zip	Code						
	d Outside Of I	Normal Facility	Hours		Paterson, N	J 07501						
Other-Describe:												
Source of Work (Check all	that apply)	7 -										
> 3 sf or > 3 lf	L	Renovation		Full	Containment wit	h Negative	Pressure	Mi	ni-Enclos	sure		
× > 160 sf or > 260 lf	×	Demolition		× Nor	n-Exempted(*) &	Non-Friable	e Procedure	Glo	vebag F	rocedu	re	
Location of Asbestos-		ation Normally		Description of	ACM (i.e.	Amount	(Specify SF or	LF)	Abater	nent Ty	ре	
Containing Material (ACM) Facility (13)	in Solely Staff?	by Maint./Cus	todial	thermal system surfacing, VAT								1
3,1,-7	YES	NO	N/A	miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Exterior Siding			×	Transite shingles		1200SF			X		X	
		-		-	•							\vdash
N												
Name of Reg. Waste Haule	<u>er</u>	NJDEP Was	te Hauler	ID#	Cubic Yards of	Waste		***************************************	of Reg. l	andfill		
MTM Metro Corporation		26552			20			Tullytow	n			
City, State		Confidence (All Inches	77:				Disp. Date		100	ity, Stat	-	
Paterson, NJ 07501							5/31/2013		Tu	illytown	, PA	
Completed by (Print or Type	<u>e)</u>	<u>Title</u>	93		Signature			Date				
Elizabeth Maslarkov		Business Adm	inistrator		Elizabeth	Masla	rkov	5/15/20	13			

ASB-41

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

D&S Proj. #: 2013

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

D&S Proj. #: 2013						os Abatement 0 and 12:120)			,b.				
									201			1	Ţ2.
Date of Notification (1)			uilding Own	ner/Operator (2	2)				2013 _{77,0}	1/28	ű.		144
Agencies Notified Type Notifica	ation	Street Addi		INO				<i>\(\int_{\int} \)</i>			4/7	2.	4 7:
☐ EPA ☐ Initial ☐ Amended		21 MOF	RNINGSII	DE AVENUI	E				& LA			5	
Amendment	#:	City, State,								of All	1177.	1 y 6 0 0	i
DOL Emergency		UPPER	MONTC	LAIR, NJ 07	043						4.9	ě	55
DOH (including justification		Name of Co	ontact					Telepho	ne Numb	er	_		
DCA Cancellation	on	RUDY	D'AGOS	TINO									
			FAC	ILITY INFORM	MOITAN	N							
Name of facility where abatement	is taking p	ace (3)					Туре о	f Facility					
RUDY D'AGOSTINO									ol (K - 1:	100			
Street Address	Control of the Contro						1 5		hapter 8 (Private/				
21 MORNINGSIDE AVEN	UE						Squar	Bldgs	./Homes, # of Flo	etc.			N ===
City (5)	Cou	inty (6)			Cou	inty Code (7)	- Oquan	s reel	# 01 110	ors	"	ldg. A	\ge
Upper Montclair	FS	SEX			(Sta	ate use only)	Curre	nt Use (F	Prior if be	ing der	nolish	ed)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abateme	ent Contracto	or (9)					
						D & S RESTO		3000					
Street Address					-	Street Address	74111011,	HVC.				_	
						20 California	Ave.						
City, State, Zip Code						City, State, Zip Co	de					=	
Project Manager for Monitoring Firm	<u> </u>	In	hone Numb		_	Paterson, NJ	A STATE OF THE STA						0
1 Toject Manager for Monitoring Fire	11		hone Numb	er		Telephone Number 973-345-802			Licens	e Num 01169			
Start Date (10)	ISche	d. Completi	on Date (11	1)	_	Name of OSHA M	072505			01107			
06/10/13	06/2			.,		D & S Restor	ation, Inc.						
Occupancy Status During Abateme					-	Street Address							
Facility closed/vacated during	g entire peri	od of abate	ement.			20 California . City, State, Zip Coo					-	_	
Abatement performed outside Describe:	e of normal	facility hou	rs-										
Other-Describe: NORMAL 1	-0101					Paterson, NJ	07503						
Scope of Work (check all that app							Full Conta	inment v	v/negativ	e press	ure		
	Renovation	on					Mini-enclo						
≥160 sf or ≥260 lf	Demolitio						Non-Exer	npted (*)	and Non	-friable	proc	edure	ı
Location of asbestos-containing		n normally enance/cus	used solely todial					A01570 27		R	R	Е	E
material (acm) to be	staff(12)	T		Description material (on of as	sbestos-containing		mount Specify S	F or	m	p	n c	n
abated in facility (13)	Yes	No	N/A					F)		v	i	a p	L
Basement				PIPE INSU	LATI	ON	120	LFT		e		П	\vdash
BOILER RM, CLOSET, OUTSIDE OF BATHROOM)													盲
Registered Waste Hauler	INJD	EP Hauler I	D# C	ubic Yards of W	Vaste	Name of Registere	ad Londfill						旦
D & S RESTORATION, INC.	135		100	YDS		TULLYTOWN		CE RE	COVE	RY			
City, State			Disposal Da			City, State							
PATERSON, NJ 07503 Completed by (Print or Type)	Title		06/11/13	Signature		TULLYTOW	V, PA		Is:				
BOGDAN JOLDZIC	PRESID	ENT		Signature					Date 05/20/	/13			
ASR-41			for asbesto	s licensure exe	mnted	activities			1_00,20	-	_	-	

D&S Proj. #: 2013

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

					-			₹ €	1.3 2000			" Law	
Date of Notification	(1)	Name o	of Building Own	er/Operator (2)					ELICE	28	Ene		
10 15 1/12 10	Type Notificati	0.0	K TIEMAN	N		71-77		43	i		177	2: 6	7
Agencies Notified EPA	I ype Notificati	Street A	Address						& 11H				
☐ DEP	Amended	39 E	ASTERN PA	RKWAY					4/6と	1634	1-1	107	
v—s	Amendment #:	City, St	ate, Zip Code								W	8.	
⊠ DOL	Emergency	NEV	WARK, NJ 0	7104									
M DOH	(including justification)	Name o	f Contact					Telepho	ne Numbe	er			
☐ DCA	Cancellation	MA	RK TIEMAN	IN									
		J.J 	FAC	ILITY INFORM	ATIO	N							
Name of facility who	ere abatement is	s taking place (3)					П	Type of Facility	(4)				
MARK TIEMA	NN								ol (K - 12 hapter 8 (han K	-12)	
Street Address		COLUMN TO THE COLUMN TWO COLUMNS TO THE COLU		A CONTRACTOR OF THE PARTY OF TH			7	<u> </u>	(Private/0				
39 EASTERN F	DADEWAY						11		./Homes,			-l- A	
City (5)	AKKWAI	County (6)			Cou	unty Code (7)	-	Square Feet	# of Floo	ors	В	dg. A	ge
City (5)		County (o)			(60) (160)	unty Code (7) ate use only)	1	Current Use (F	Prior if hei	na den		od)	
NEWARK,		ESSEX			18 Y 25 Y 25	,		Ourient Ose (i	nor ir ber	ng den	IOIISII	eu)	
Name of Monitoring	Firm Hired by E	Bldg. Owner (8)		ASCM No.		Name of Abatem	ent C	ontractor (9)					
						D & S REST	ORA'	TION, INC.					
Street Address					=	Street Address							
						20 California	a Ave						
City, State, Zip Code)	-				City, State, Zip Co	ode						
						Paterson, N.		03					
Project Manager for	Monitoring Firm		Phone Numb	per		Telephone Numb			License				
						973-345-80		100		01169			
Start Date (10)		Sched. Com	pletion Date (1	1)		Name of OSHA N D & S Resto							
05/31/13		06/10/13				Street Address	Tauoi	i, iiic.			-	-	_
Occupancy Status D	uring Abatemen	it (Check only on	e)	of the second		20 California	Ave	nue					
		entire period of a				City, State, Zip Co	ode	Control of the Contro	-	U			
Abatement per Describe:	rformed outside	of normal facility	hours-										
Other-Describ	e: NORMAL H	OURS				Paterson, NJ	0750	03					
Scope of Work (che	eck all that apply	<i>(</i>)					Fu	II Containment	w/negative	e press	sure		
≥ 3 sf or ≥ 3 If		Renovation					=	ini-enclosure					
☐ ≥160 sf or ≥26	50 If	Demolition						ovebag procedon- on-Exempted (*		-friable	proc	edure	
Location of		Is location norm	nally used solely	у			<u></u>	1		R	R	E	E
asbestos-cont		by maintenance staff(12)	e/custodial			sbestos-containing	g	Amount	0.	e m	e p	n	n
material (acm) abated in facil				material (ACM)			(Specify LF)	SF or	o v	a	а	C
abated in iden	.9 (10)	Yes N	lo N/A							ě	r	р	Ĺ
Basement, boiler, rec rm., lau	ndry rm, closet			PIPE INSU	LAT	ION	-	65 L FT			X		
										ᄪ	닏	Ц.	븯
										부	닏	ᆜ	片
						100				1		H	片
					(I-cl	In the state of		- Jeil				Ш	Ш
Registered Waste Ha	auler	NJDEP Ha 13506		cubic Yards of V n/a	vaste	Name of Registe n/a	rea La	andtill					
City, State	111011, 1110.		Disposal D			City, State	-						
PATERSON, NJ	07503		n/a			n/a							
Completed by (Print		Title		Signature					Date				
BOGDAN JOLI	DZIC	PRESIDENT							05/20	/13			
ASB-41	*	Do not use this	form for asbest	os licensure exe	empte	d activities.							

CK# 25177

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

			,					0	12.			
Date of Notification (1)	(24/12			Name	e of Buildin	g Owner/Operato			**/ ? 6)		
	/24/13						The Heller G	toup		A) A	,	
Agencies Notified EPA DEP	Type Notification Initial			Stree	t Address		PO Box 70	0 34/6		• /	3	1
	Amended Amendment #	e	ı	City,	State, Zip 0				120//			
⊠ DOL	Emergency (ii	_	g			N.	Iadison, NJ C	7940	- 4	5		_
DOH	justification) Cancellation			Name	e of Contac			Telephone Nu	mber		_	
□ DCA	Cancellation					Joe Forty						_
				FA	CILITY INF	ORMATION						
Name of Facility Where				78	7/85		Type of Facility	(4)				
US	. Postal Service	e Iro	<u>nbou</u>	nd St	ation		School (K-1	2)	12)			
Street Address	275 Fe	rrv S	treet				Other (i.e., p	8 (Other than K private & comme	rcial bui	ldings	i.	
City (5)	2/310	11,0	treet	==			homes, etc. Square Feet	# of Floors	TB	ldg. A	ge	
	Newark	, NJ (07105			-	10500	1	_ _		0	_
County (6)	Essex				nty Code (7) (STATE	Current Use (P	rior if being dem Post Offi				
Name of Monitoring Firm		Owner		ASCM	No.	Name of Abater	nent Contractor (9					
(8)	MECS			41-32			vens Environ		ces, I	nc.		
Street Address						Street Address						
	PO Box 34	1					PO I	30x 322				_
City, State, Zip Code		0051	_			City, State, Zip 0		211.00501				
	rosswicks, NJ	0851					Allentow	n, NJ 08501				
Project Manager for Mo	Control of the Contro		10000000	phone		Telephone No.	50.0600	License No.	0040	2		
	eisgarber Jr.				8-4070		59-9688		0049	3		
Start Date (10)	Sche				ate (11)	Name of OSHA		ECS				
6/10/13			7/26/	13		Ctro-t Address	IVI	ECS			-	_
Occupancy Status Durin				mont		Street Address	PO F	341 Box				
☐ Facility Closed/Vacat ★ Abatement Performe						City, State, Zip (70N 3 11			_	_
Other - Describe:			•	1951: - 1 (5) (1) (1)		Oity, Otato, Esp (ks, NJ 08515	5			
Scope of Work (Check a	all that apply)			-								
≥3 sf or ≥3 if ≥160 sf or ≥260 if			enovati emolitio			☐ Mini-En ☐ Gloveb	ntainment with Ne closure ag Procedure empted (*) and No		dure			
		Is	Locatio	n		THOIL EX	omptod () dild ()	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Abate	ment	
201 101	8	2000000	ormally			- '"				Ту	ое	
Location Asbestos-Containing I			l Solely		Asbes	Description o tos Containing Ma		Amount			Ш	m
TO BE ABA	TED	7.00	ustodia Staff?	ıl	(i.e.,	thermal systems		(Specify	Remova	Repair	Encapsulate	nck
IN Facility (13)	у	,	(12)			surfacing, VAT other miscellane		SF or LF)	ova	≒	psu	Enclosure
(1.5)		Yes	No	N/A					-		late	Œ
Warehouse/ So	rting Area			×		VAT/ Mas	tic	5200 sf	×			
Name of Registered Wa	ste Hauler		2.03	JDEP \	510000000000000000000000000000000000000	Cubic Yards	Name of Regi	stered Landfill				
	le Disposal		Н	auler II	0 No. 297	of Waste 30 CU		T.R.R.F.,	Inc.			
City, State	III DIOPOUII		- 1-	1/2	271	Disposal Date	City, State					
5555	familton, NJ 0	8610				7/31/12	-0//	Tullytown	, PA			
Completed By	Title	-				Signeture	17/	Date	10-000			
Mahlon E. Ste	100		oiect	Mar	nager	1///			5/2	4/13		

ASB-41 MAR 00

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

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Ck# 2442

						10/5				-			
Date of Notification (1)							Owner/Operator					(Z)	
	/	13			Prin	ceton Un	liversity-Office	of Design an	d Construction	**	41.	VD	
Agencies Notified EPA	Type Notificat	tion				Address		***	Con the Air	2:			
⊠ DOLWD	☐ Amended					Elm Dr.	- 4 -	Ć.	7/0/3	14	1		
☑ DHSS	Amendme	nt #			(E)	tate, Zip C			-1064 May				
☑ DCA	☐ Emergenc		ng			ceton, N		-way - 1000 - 1000	Telephone Nur	nhor			
(NJAC 5:23-8)	justificatio					of Contact			relephone Nur	iibei			
	☐ Cancellation	on		\perp	Rob	ert Orteg	ja		1		_		
					FAC	ILITY IN	FORMATION	TT	. (4)				
Name of Facility Where				3)				Type of Facilit ☐ School (K-					
Princeton Universi	ty-Firestone	Library						Subchapte	r 8 (Other than K-1	2)			
Street Address									private and comm	ercial b	uilding	js,	
Washington Rd								homes, etc	# of Floors	ГВ	ldg. A	ne	
City (5)								Square r eet	# 011 10013		ug. /	go	
Princeton					Coun	by Codo (7)	(STATE USE ONLY)	Current Use (Prior if being demo	lished)			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Library	Tion in being demo	iioriou			
MERCER	III IL D.III		- /01		ASCM I	No	Name of Abater		9)	- 1000			
Name of Monitoring Firm		ing Owne	er (0)	' '	0009	and the same of th		VIRONMENT					
ATC Associates In	C			as l	0003	0	Street Address	***************************************	7.2,				
Street Address Three Terri Center							1123 BEAV	R STREET					
							City, State, Zip						
City, State, Zip Code	y, State, Zip Gode Burlington, NJ 08016						BRISTOL, P						
Project Manager for Mor			-	Tolo	phone I	No.	Telephone No.		License No.			TELECONIE.	
Michael Keehn	illoring Film				9-386-		215-788-604	.0	00509				
Start Date (10)	Te	cheduled	Cor				Name of OSHA						
6 / 6 /		8			1			NVIRONMENT	AL, INC.				
Occupancy Status Durin							Street Address						
☐ Facility Closed/Vacat					ment		1123 BEAV	R STREET					
☐ Abatement Performe	d Outside of No	rmal Fac	ility	Hour	s - Des	cribe	City, State, Zip		1/2				
Time of Abatement:							BRISTOL, F						
Scope of Work (Check a	II that annly)										150 No. 10	1-0//	
Scope of Work (Officer a	iii tilat appiy)								legative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		×	Ren	ovati olitic	on		☐ Mini-E	ag Procedure					
△ ≥100 SI 01 ≥200 II			DOM	ionic	"		☐ Non-E	cempted (*) and	Non-Friable Proced	dure			
				ocat						Α	baten	nent T	ype
Location				orma	lly ely by		Description		Amount	7.0	Re	E E	Ē
Asbestos-Containing TO BE AB		' 1	Mair	tena	nce/		stos Containing N ., thermal system		(Specify	Kemova	Repair	caps	Enclosure
IN Faci	lity	C			Staff?		surfacing, VA	T, or	SF or LF)	<u>a</u>		Encapsulate	l re
(13)		Ye		(12) No	N/A	1	other miscella	ieous)	7			6	
Throughout Levels (C thru 2					Floortil	e and mastic	-	15,675 SF				
	Throughout Levels C thru 2 Throughout Levels 1 and 2								2,235 SF	×			
	Throughout Levels 1 and 2						sulation		1,655 LF	×			
Level 2 - workarea #			-			• • • • • • • • • • • • • • • • • • • •	t flooring and	mastic	860 SF	×			
Name of Registered Wa				_	JDEP V	874. 15	Cubic Yards of		gistered Landfill				-
	BRISTOL ENVIRONMENTAL, INC.						Waste		.S. NORTH LAN	IDFILI	•		
City, State	.7				18706		Disposal Date	City, State	VILLE, PA 1906	7			
BRISTOL, PA 1900	372							MONING			,	,	
Completed By (Print or Brian Scafiro	Гуре)	Title Estir	nat	or			Signature	n Scoler	12	Date 5/2	23	13	
Ditail Juailly							will	- Durie	17	150			

Ck# 2441

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Lage 1 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)			Name	of Building	Owner/O	perator (2	2)	13000		Č.		(%)
5/23/	13		Prir	ceton U	niversity	-Office	of Design and	Construction)	***		VZ
Agencies Notified Type Notifica	tion		Street	Address				100 m	777	· ,		
⊠ EPA ⊠ Initial			200	Elm Dr.				4 (10 0)	,	96	1	
☑ DOLWD ☐ Amended			City, S	tate, Zip C	Code			- 1627	1000			- 2
□ DHSS Amendme	V-		Prir	nceton, N	IJ 08544			100	40	W.		
☑ DCA		g	Name	of Contact	t			Telephone Nu	umber			
☐ Cancellat	on		Rob	ert Orte	ga			A.				
			FAC	CILITY IN	FORMAT	TION						
Name of Facility Where Abatement is T	aking Plac	e (3)			1		Type of Facility	(4)	20200			
Princeton University-Firestone	Library						School (K-12		40)			
Street Address	***************************************						☐ Subchapter 8 ☐ Other (i.e., p			ıildina	s.	
Washington Rd			23				homes, etc.)					
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Princeton												
County (6)			Cour	ty Code (7)(STATE US	SE ONLY)	Current Use (Pr	ior if being dem	olished)			1
MERCER							Library					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of	Abateme	ent Contractor (9)					
ATC Associates Inc.			0009	8	BRIST	TOL EN	VIRONMENTA	L, INC.				
Street Address			A.C. 1888-1994		Street A	ddress						
Three Terri Center					1123	BEAVE	R STREET					
City, State, Zip Code							ode					
Burlington, NJ 08016					BRIST	TOL, PA	19007					
Project Manager for Monitoring Firm		Te	lephone	No.	Telephor	ne No.		License No.				
Michael Keehn		1	09-386	-8800	215-7	88-6040	É.	00509				
Start Date (10)	cheduled (Comp	letion Da	te (11)	Name of	OSHA N	lonitor					
<u>6</u> / <u>5</u> / <u>13</u>	8	/ _3	<u> 1 </u>	13	BRIST	TOL EN	VIRONMENTA	L, INC.				
Occupancy Status During Abatement (Check only	one)			Street Ad	ddress						
☐ Facility Closed/Vacated During Entir			ement		1123	BEAVE	R STREET					1
☐ Abatement Performed Outside of No				cribe	City, Sta	te, Zip Co	ode					
Time of Abatement: 7:00AM-3:30F	PM/F	PM	AM		BRIST	TOL, PA	19007					
Scope of Work (Check all that apply)				RETURN THE	<u> </u>							
☐ >3 sf or >3 lf	Μp	enova	tion			Full Cont Mini-Enc	tainment with Neg	gative Pressure				
\(\simeg \geq 160 \) sf or ≥260 lf		emoli			. 🗖	Glovebag	g Procedure					- 1
					⊠	Non-Exe	mpted (*) and No	n-Friable Proce				
		s Loc Norm			_				At	atem	ent T	уре
Location of Asbestos-Containing Material (ACN	ı Us		lely by	Ashe		scription o	of iterial (ACM)	Amount	Re	Re	Ē	Ē
TO BE ABATED	M		ance/		e., thermal	systems	insulation,	(Specify	Removal	Repair	ap	Enclosure
IN Facility	Cu	stodia (12	I Staff?			cing, VAT niscellane		SF or LF)	<u> 80</u>		Encapsulate	ure
(13)	Yes	_		1	Other III	liscellarie	ous				e	
Various locations on level 1				pipe in	sulation			59 LF	⊠		П	
Exterior			+-	windov				5,000 LF				
Above ceiling level 1 main lobby	10		200000000000000000000000000000000000000		e debris	(2600SF	100 SF		一		$\overline{\Box}$	
Level A	10	믐	Areal	demo of o	120		8,220 SF		ī			
		14	NJDEP '	Masta	Cubic Ya	ards of	Name of Regis			1_		-
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, II		Hauler II	D No.	Waste	alus oi		. NORTH LAI	NDFILL				
City, State			1870	5	Disposal	Date	City, State					
BRISTOL, PA 19007	(2000) The Color (1900) Color (1900) The Color (1900) Col							LLE, PA 1906	67			
Completed By (Print or Type)	Title				Sig	nature		1	Date /		·	
Brian Scafiro	Estim	ator			B	rear	Scafero	/2l	5/2	3/	13	

ASB-41 MAY 11

⁶⁵¹³⁰⁵⁵⁻A *Do not use this form for asbestos licensure exempted activities.

Cl# 2441 Page 2

									50			
Date of Notification (1) 5 /	23 /	13				Owner/Operator (2 niversity-Office		Construction	(C)			
Agencies Notified EPA	Type Notificati	on			Address Elm Dr.			ę		5)	
⊠ DOLWD	☐ Amended								7			- 30
☑ DHSS	Amendmer	nt#			ate, Zip C				4	1	1,3	.
☑ DCA	☐ Emergency				ceton, N				1/2			
(NJAC 5:23-8)	justification			Name of	of Contact			Telephone Numb	er 🦙	1.4		6,
	☐ Cancellation	n		Rob	ert Orteg	ja		_		0.0	Š.	
				FAC	ILITY IN	FORMATION				¢ .		
Name of Facility Where	Ahatement is Ta	king Place	(3)				Type of Facility (4)				
Princeton Universi			(5)				School (K-12)	2018-11				
The state of the s	ity-rifestorie i	Library					☐ Subchapter 8	(Other than K-12)	i (massassa - m	7077750		
Street Address Washington Rd							homes, etc.)	ivate and commer				
City (5)	***************************************						Square Feet	# of Floors	Blo	g. Ag	je	
Princeton												
County (6)				Count	ty Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolis	hed)			
MERCER							Library					
Name of Monitoring Firm	n Hired by Ruildi	na Owner (3)	ASCM I	No.	Name of Abateme	ent Contractor (9)					S-200-00-0
ATC Associates In		ng Omnor ("	0009		-	VIRONMENTAL	INC.				
• • • • • • • • • • • • • • • • • • • •	ic.					Street Address						
Street Address						1123 BEAVE	D STREET					
Three Terri Center	S 1											_
City, State, Zip Code						City, State, Zip Co						
Burlington, NJ 080						BRISTOL, PA	19007					
Project Manager for Mon	nitoring Firm		Tele	phone I	No.	Telephone No.		License No.				
Michael Keehn			60	9-386	-8800	215-788-6040)	00509				
Start Date (10)	S	cheduled C	omple	tion Dat	e (11)	Name of OSHA N	Monitor					
6 / 5 /	13	_8_/	_ 31	/ _	13	BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status Durir		heck only o	ne)			Street Address						
☐ Facility Closed/Vaca				ment		1123 BEAVE	R STREET					
☐ Abatement Performe	ed Outside of No	rmal Facility	Hou	s - Des	cribe	City, State, Zip C			-			*
Time of Abatement:	7:00AM-3:30P	M/PI	Λ- <u> </u>	AM		BRISTOL, PA						
Scope of Work (Check a	all that apply)					⊠ Full Con	tainment with Neg	native Pressure				
□ >2 of or >2 If		⊠ Re	novat	ion		☐ Mini-End		Jalive Flessure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		De				☐ Gloveba	g Procedure	4				
		85-87				☐ Non-Exe	empted (*) and No	n-Friable Procedu				
		1 2 2	Loca	3325000					Ab	atem	ent T	ype
Locatio		Lloc	d Sol	illy ely by		Description (Amount	Re	Re	m	Ē
Asbestos-Containing		5,750700		ance/		stos Containing Ma		(Specify	Removal	Repair	cap	ငါဝွ
TO BE AE		Cus		Staff?	(1.0	surfacing, VAT	, or	SF or LF)	<u>a</u>	-8	Encapsulate	Enclosure
(13)		\	(12)		1	other miscellane	eous)				ite	1151
Level 1 work area #	NE4 A	Yes	No	N/A	Plaster			4 SF			П	
Level 1 Work area #	NEIA			旹	1 laster				10			
				-					1			
				12	-				 			
					<u> </u>		Tales of Deci	tored Landell		Ш		
Name of Registered Wa	aste Hauler		128	NJDEP !		Cubic Yards of	Name of Regis		-11.1			
BRISTOL ENVIRO	NMENTAL, IN	IC.	1	18706		Waste	G.R.O.W.S	. NORTH LAND	TILL			
City, State				.5100		Disposal Date	City, State					
BRISTOL, PA 190	07						MORRISVI	ILLE, PA 19067				
Completed By (Print or		Title				Signature	1 -	Da	ate	1	1.	
	(ype)	Estima	tor			Rei	Scolero	1:0.	51	23	13	
Brian Scafiro		Louilla	.01			Juan	profeso	1	_/_	/	-	
ASR-41								U				

CK # 25/78

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

Date of Notification (1)	/24/13	2		Name	of Building	Owner/Operator	(2) Jim Peeble	is the	7 .	Α.	·	<u> </u>
Agencies Notified	Type Notification			Street	Address	. 2	24 Markham	ap the Pt.	-ii,	€.	(1)	
EPA DEP DOL	Initial Amended Amendment #_		-	City, S	tate, Zip C	ode	inceton, NJ 0	KN,	W. 13		· _	
M DOH □ DCA	☐ Emergency (including justification) ☐ Cancellation	cluding	-	Name	of Contact	A STATE OF THE STA		Telephone Numb	per		_	
				FAC		ORMATION		l -				
Name of Facility Where	Abatement is Taking	Place	(3)	1710			Type of Facility	(4)				\neg
	Resid	dentia	1				School (K-1	2) 8 (Other than K-12	ο \			
Street Address	24 Marl	kham	Rd.				Other (i.e., phomes, etc.	orivate & commerci)	al build			
City (5)	Prince	eton, l	٧J				Square Feet 2000	# of Floors	. _	dg. A	ge 0	
	Mercer				ty Code (7 ONLY)	7) (STATE		rior if being demolis Residence	shed)			_
Name of Monitoring Fire		Owner	1	ASCM	No.		nent Contractor (9	9) mental Service	es In	С		
(8)	MECS	_	_1-	_		Street Address	CHS EUVITOR	montal Scrvic	00, 111			\dashv
Street Address	PO Box 341	1					PO I	322 Box 322				
City, State, Zip Code						City, State, Zip C	Code	NI 00501				
	Crosswicks, NJ (08515				Telephone No.	Allentow	n, NJ 08501 License No.	_			=
Project Manager for Mo	onitoring Firm Veisgarber Jr.		2000000	phone 9) 29	No. 8-4070		59-9688		00493	3		
Start Date (10)		duled C				Name of OSHA	Monitor					
6/5/13		6	5/7/1				M	IECS				_
Occupancy Status Dur				**************************************		Street Address	PO I	341 Box 341				
☐ Facility Closed/Vaca	ated During Entire Pe	riod of	Abateı √ Hour	ment 's		City, State, Zip C		JOX 3-1		_		_
Other - Describe:			,			Oily, Oldio, 2.19 C		ks, NJ 08515				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novati molitio		=	Mini-En	ag Procedure	egative Pressure on-Friable Procedu	ıre			
			ocatio						A	bate Ty	ment	
Location	n of	Used	Solel	y by		Description o			-			
Asbestos-Containing TO BE AB IN Faci (13)	ATED lity	Cı	ntenan ustodia Staff? (12)			tos Containing Ma thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							Ф	
Basen	nent			×		Thermal Pip		240 lf	×			
Baser	nent				A	Asbestos Heat	Shield	24 sf	×			
									-			
			1.	JDEP '		Cubic Yards	I Name of Rec	istered Landfill				
Name of Registered W	Environmental			lauler II		of Waste		T.R.R.F., I	nc.			
City, State	Allantorum NII	10501				Disposal Date	City, State	/ Tullytown,	PA			
Completed By	Allentown, NJ (_		Signature	71//	Date				_
Mahlon E. S	2,510,000	50	rojec	t Mar	nager	_///	/		5/2	4/13		_

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



Date of Notification (1)		N	ame of Bu	ilding Ow	ner/Opera	tor (2)						
5/17713		1	/irid:	ian P	artne	ers,	LLC					
Agencies Notified Type Notification		S	treet Addr					00 0040000000		20		
		i				ter	Drive Su	ite 190		9/3		
□ EPA □ Initial □ DEP □ Amended		C	ity. State.					. 1		12	2.	- 1
Amendment :-		i	High	lands	Rand	ch,	CO 80129					لـــ
Emergency (inc	duuing	N	lame of Co	ontact				Telephone Number	1	- 34	.0	
DCA Justification		:	Denn	is Qu	ereu:	X	į					149
7 500	-		FACILIT	YINFOR	MATION				- 0	~		
Name of Facility Where Abatement is Taking F	Place (3)					Ty	pe of Facility (4)			1	1	ъŀ
						□					40	
Street Address				on annecession de la				(Other than K-12) rate & commercial b	uldir	nes h	ames	Y
1050 State St.						1	etc)	rate a commercial b		853 Mariana		17
03. (5)						S	quare Feet	# of Floors		g. Ag		-
Perth Amboy							30,000	1	1	01	У	T.
County (6)			County Co			0	urrent Use (Prior	if being demolished)		0.0000000000000000000000000000000000000	
		. (STATE US	E ONLY)			Warehou	ses				1
Middlesex Name of Monitoring Firm Hired by Building On	wner (8)	i_	ASCM N	No	Na	ame of	Abatement Contr	actor (9)	-50			
			1		E	MLO	Corp					i
Cardno ATC			1		St	reet Ac	dress					
Street Address	10 0	1			5	0 B	arnes St	•				
104 E 25th St.	10 F	Ι			a	ty. Stat	te. Zip Code					
City, State, Zip Code					F	ate	rson, NJ	07501		-		
NY, NY 10010			Telephone	No.		elephor		License No.				
Project Manager for Monitoring Firm			West of the second seco	53828	0 0	735	236651	01117				
Fred Burkhardt	Schodula	d Con	npletion Da		Manager or annual historican beautiful		OSHA Monitor					
Stall Date (10)				ute ()			O Corp					
5/6/13	6/7	/ 1	3		S	treet A						-
Occupancy Status During Abatement (Check							Barnes S	St.				
Facility Closed/Vacated During Entire P	enod of A	bater	nent				te. Zip Code					
Abatement Performed Outside of Norm Other – Describe:	al raciily	i ioui.	•			- T-1	- 2					
The state of the s						Pate	erson, N.	07501	-	-		
Scope of Work (Check All That Apply)						_	F # 0	es with North Dr		•		
□ ≥3 st or ≥3 #	1000	enova emoli					100 Page 100 100	ent with Negative Pre	255UI	6		
Z ≥160 st or ≥260 lf		emon	uon				Glovebag Proc	edure	_			
							Non-Exempted	(*) and Non-Friable				
	ls	Loca	tion							Abate Tv	ement pe	
Location of	3	Iorma			Descr	ription o	ot			,		
Aspestos-Containing Material (ACM)		a Soi intena	ely by I	Ashest	os Contair	ning Ma	aterial (ACM) insulation	Amount (Specify	73	l _	Ē	m
TO BE ABATED		todial	Staff?	(i e	surfacin			SF or LF)	Removal	Repair	ap	clo
In Facility (13)	4	(12)			other mis	scellane	eous)		le Ac	일	Encapsulate	Erclosure
(1.5)	Yes	No	N/A								ਜ	
	+		+	m~~	nsite			25,500 SF	Х	T		
Roof		X	1	TIA	1151 6					-	-	
	1	X		Tar				20 SF	X	-	-	-
Wall				Cau	lking	3		10 LF	X			1
Wall	+	X	1					400 LF	Х			1
Windows		X	NJDEP W		lking Cubic Y		Name of	Registered Landfill	11	4		_
Name of Registered Waste Hauler			Hauler ID		of Wast	e) Sand Co.				
Atlantic Carti	ng		26085		80)	i					
		_			Disposa	al Date	City Sta	te	SA JALO		375	Water
City State	1.7	n 1	т		5/	28	A Me	lville, NY				
· · · · · · · · · · · · · · · · · · ·	Wayne	= 1	J				//	// Da	te 5	/17	/11	2
Completed by	100000000000000000000000000000000000000	D	:	nt	i	.1	nace	116	ر ـ	, ı <i>'</i>	/ I .	,
Marjan Kasapi	nov	Pre	strae	111				(Christian Late)				



Date of Notification (1)		Na	me of B	uilding Owner	Operato	r (2)	,,, , , , , , , , , , , , , , , , , ,	₹\$		V. 1		7.
Agencies Notified Type Notification		Ct	1 2	641	5		*//	<u>, 4</u>	7		Ç	0
		Sil	reet Add	/	14A	160 R	085		5.	/,		
EPA Initial Amended		Cit		, Zip Code	1100	<u>-C y / (</u>	· 0,	1421	(00000	
Mendment:		_ •	Sou	IH \$	LAi	NFIELL	5. 1	UJ ®	01	10	80	0.0000000000000000000000000000000000000
Emergency (in justification)		Na	ime of C	contact	20.		Te	lenhone Nuc	nher		4	
DCA Cancellation			AN		PRUI	MARU	' \					
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFORMA	TION	Type of Facility	(4)					
PSE&G-HOME:		٨				School (K	5000000					
Street Address	505 CO VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_				Subchapt	er 8 (Oth	ner than K-12				
3800 WEST SID	EL	116	<u> </u>			Other (i.e. etc.)	. private	& commerci	ai ouii	aings,	nome	es,
City (5)	. 1 .		٠ - ١	st all	n	Square Feet	# (of Floors	T	31dg. /	_	_
NORTH BERGE	<u>N, 1</u>	UN		704	/	180	1		A	PX	5.	ByR.
County (6)			unty Co	de (7) E ONLY)		Current Use (F						
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM N	lo	Name	of Abatement C	ontractor	ATIO	10			-
ENVIRONMENTAL TACTICS	(0)		0045			QUE SYSTEM			A INC	;		
Street Address						Address					91/2	
64 BROAD STREET				- Hallonia - Heliando		WHITEHEAD	AVE.		2712 - 304			
City, State, Zip Code MATAWAN, NJ 07747			~		- 1000 CONT.	State, Zip Code	11000	20				
Project Manager for Monitoring Firm	·	Tol	lanhana	No		ITH RIVER, N	1J U000					
TOM GEIGER			lephone 32-290		25.00.000000000000000000000000000000000	hone No. 432-8350		License N 01111	0.			
Start Date (10)	Scheduled	Comple	etion Da	te (11)		of OSHA Monito	r	1	S .			-
5/23/13	5	23	/13	3	UNK	QUE SYSTEM	AS OF	AMERICA	4			
Occupancy Status During Abatement (Chec	c Only One)				Address	A) //-					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Ab	atemen	t			WHITEHEAD	AVE.					
Other - Describe: Messalu a	Aunta	10UIS	alle	<i>f</i>		State, Zip Code ITH RIVER, N	110888	32				
Scope of Work (Check All That Apply)	/		/		1 000	/ I I I I I I I I I I I I I I I I I I I						_
≥3 sf or ≥3 lf	Rei	novation	1			Full Contains	nent with	Negative P	ressu	re		- 1
≥160 sf or ≥260 lf		molition			F	Mini-Enclosu	ire		10000			
N	000000000000000000000000000000000000000	Manager en			2	Glovebag Pri			le Pro	cedur	е	
	Is L	ocation									ement	
Location of		rmally Solely b	.		escription				-	I I	pe	
Asbestos-Containing Material (ACM) TO BE ABATED	Maint	enance	i			faterial (ACM) s insulation,	1	mount Specify	R	_	Enc	ш
In Facility	The second second	tial Stafi (12)	15	surf	acing, VA	T, or		or LF)	Remova	Repair	aps	Enclosure
(13)				otner	miscellar	neous)			val	=	Encapsulate	re
2 - 1 2			N/A						_	_		
CONTROL ROOM		X	1	RANS, 1	E Flo	OR PANGLS	3	38 SF	X			_
						-						
Name of Registered Waste Hauler			EP Was		c Yards	1		ered Landfill				
WASTE MANAGEMENT		112		Aff	A A	GROV	VS NO	RTH				
City, State		-		Dispo	sal Date				-			\neg
ELIZABETH, NJ	T TAKE				14/	13 MORE	USVILE					
Completed by CAROL RAIMO	OFFIC	E MGF	₹.		Signature	anal &	2:	Dat	e 5	12	11:	3

Date of Notification (1)	2		Name o	f Building Owner	r/Operator	(2)	fi ⁰ ⊶', ₁₀		1 2	}	
Agencies Notified	3 Type Notification		Street A		<u> </u>		, e	$\frac{s_{ij}^{(i)} j_{i}}{I(I)}$	/ ₃ x	42)	रे:
□ EPA	☒ Initial		14	000 K	ABL	164 R	δ,	10%		2.	1
DEP	Amended			ate, Zip Code	01.	. 6 -1 5	AIT		,94	Q's	
⊠ DOL	Amendment # Emergency (in			wIH Y	LAI	NFIELD	/ Tolophono Nu	07	0	50	
DOH DCA	justification) Cancellation		SAI	f Contact	SPIL	MARU	/ Telephone Nu	moer	-	_	
	_			ILITY INFORMA		ITALL	~				
Name of Facility Where			a de Alexande		201800	Type of Facility	(4)			- 23.00	
PSE4G Street Address	- HOMES	SICAD				School (K-	12) r 8 (Other than K-	12)			
3800 WE	COTSINA	= 1	IE.			Other (i.e.	orivate & commerc		dings,	home	es,
City (5)	2010100	- 4	16.			etc.) Square Feet	# of Floors	E	Bldg. A	ge	
NORTH .	BERGEI	U. N	J	0704	7	180	/	A	BBX	-	BYRS
County (6)	127			Code (7) USE ONLY)		Current Use (Pri	or if being demolis		// ``		//-
	SON .					SUB	STATIO	N			
Name of Monitoring Firm ENVIRONMENTAL		wner (8)	0045			of Abatement Co	ntractor (9) S OF AMERIC	A INC	;		
Street Address						Address					-
64 BROAD STREE	T				396	WHITEHEAD	AVE.				
City, State, Zip Code	747			95		State, Zip Code	1 00000				
MATAWAN, NJ 077			Talaaha	no No		TH RIVER, N.					
Project Manager for Mon TOM GEIGER	illoring Firm		732-29	90-2217		none No. 432-8350	License I	NO.			
Start Date (10) 5 / 2 3 /	13	Scheduled Co	empletion	Date (11)		of OSHA Monitor	S OF AMERIC	A			
Occupancy Status During	g Abatement (Check		23/1	2		Address			-		
Facility Closed/Vac	ated During Entire Pe	eriod of Abate	ment		396	WHITEHEAD .	AVE.				
Abatement Perform Other – Describe:	ed Outside of Norma Mccessaw a	al Facility Hou	rs	016	100000000000000000000000000000000000000	tate, Zip Code					
Scope of Work (Check A	//	fer accord		7	SOU	TH RIVER, N.	J 08882				_
	іі тпас Арріу)	N			F	1		_	228		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renov				Mini-Enclosur	ent with Negative e	Pressu	re		
					5	Glovebag Pro Non-Exempte	cedure d (*) and Non-Fria	ble Pro	cedur	е	
		Is Loca	ntion					T	Abate	ment	
Location		Norm Used So	ally		Description			-	Ty	pe	\dashv
Asbestos-Containing TO BE ABA		Mainten	ance/			faterial (ACM) s insulation,	Amount (Specify	ھ	_	Enc	Ψ.
în Facili		Custodial (12		sui	facing, VA r miscellar	T, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Van I Na	N/A	Otrie	i illistellal	leous)		<u> </u>	=	ulate	ure
1 4.1		Yes No	,	60 . 1		0 ,	6.0				
CONTROL	ROOM	X	-	TRANS,1	E Flo	OR PANGLS	88 sf	X			
			-					-			
Name of Daniels and Mark	to Unidea		NIDEDII	lasta I a :	1. W	1	B				
Name of Registered Was WASTE MANAGEM			NJDEP W Hauler ID		ic Yards /aste		Registered Landfi S NORTH	п			
	LIVI		1125	AH	x. 4						
City, State ELIZABETH, NJ				S Disp	osal Date		e ISVILE, PA				
Completed by		Title			Signature		1. 0	ate /	1	30.00	\neg
CAROL RAIMO		OFFICE	MGR.			aral L	aimo 1	ate /	1/	3	

State of NJ Notification of Asbestos Abatement

B & G proj. #:	2013-95		No (Purs	tification uant to	n of Asbesto NJAC 8:60-	os Ab -7 and	2013/1/1	Check #	591	6			-				
	<u></u>		f Building (Owner/Or	perator (2)			8	50' 50	*****	(
Date of Notification		mir Karb			(87/L	10 77	?. ,				-					
0101/1=1-1/1				and to the			5	TAKON YO									
Agencies Notified			5 Roose	velt Pla	ice		" Mark Bar										
☐ DEP	✗ Initial	11	ate, Zip Co														
	☐ Amendment	Fair	Lawn, N	NJ 0741	0												
X DOL		11	f Contact				Telephone Number										
X DOH	Cancellation	11												_			
☐ DCA	- Summer	She	ella Rede														
				FACILIT	Y INFORMATI	ON		Tyne	of Facility (4)			_		_			
Name of facility W	here abatement is ta	king place (3)					1,300	School (
									Subchap	ter 8 (Othe	r than	K-12)				
Vladimir Kart	OHIOVSKIY							Other (Private/Commercial Bldgs./Homes, etc.									
Street Address								Sau		of Floors	T	Bldg.	Age				
12-15 Roose	evelt Place					Count	y Code (7)										
City (5)		County (6	5)			(State	use only)	demolished)									
Fair Lawn, I	N.I 07410	1						idential									
			F	SCM No.	TIN	Name of Abatement Contractor (9)											
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A ASCI						_	B & G Restor	ration, li	nc.			_					
Street Address	7 5	Street Address 105 Ryerson Road															
Stieet Address						_ =	City, State, Zip Code										
City, State, Zip Code							Lincoln Par	k, NJ 0	7035		10						
		- -	Telephone Number	er License Number													
Project Manager	Phone	Phone Number			(973)696-6869 00378							_					
			5-1- /11\		-1	Name of OSHA Monitor											
Scheduled Start	Date (10)	ompletion	Date (11)		11	B & G Restoration, Inc. Street Address											
06/06/201		06/07/				-1	Street Address 105 Ryerson Road										
Occupancy Statu	us During Abatement	(Check only	one)				City, State, Zip C										
1971 111 In	and hacated during e	ntire period	of abateme	ent.		- 11											
Abatemen Describe:	t performed outside o				-11	LincolnPark	, NJ 07	035				- 1					
Other-Des	scribe:					- 11											
	(check all that apply)					□F	ull Containment v	v/negative	e pressure	✗ Gloveb							
☐ Demolitio		Renovation	00 lt			X	/lini-enclosure			Non-fri							
	3.lf	160 sf or ≥2		ed solely						92	R e	R	E n	E			
Location	of	by maintena	ance/custo	dial	Description	on of a	sbestos-containir	ng	Amount (Specify 5	SF or	m o	p a	C	n			
asbestos material t	-containing to be	staff(12)			material ((ACM)		LF)		V	i	a p	L				
abated in	facility (13)	Yes	No	N/A					75.16		e X	ń					
basement boiler room				x pipe ir					75 lf 40 lf		X						
finished bas				X	pipe insul	ation			4011	同							
III iis rica bac																	
•			P Hauler II	D# 10	ubic Yards of	Waste	Name of Regis	stered La	ndfill	occupa.	Cen	ter					
Registered Wa	ste Hauler oration, Inc.	NJDEI 19	9563		1 1/2		Tullyt	own Re	source & F	ecovery	OGII			-			
	oradori, ino.		T I	Disposal	Date		City, State Tullyto	V:	V V								
City, State Lincoln Park, NJ				06/	/07/2013 Signature					Date							
Completed by (Print or Type) Title				rer	Jognature		Gordana Luna05/2					24/2013					
Gordana L	una	Occiden	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ــــــــــــــــــــــــــــــــــــــ												

State of NJ

2013-103 B & G proj. #:

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

Check #5915

	7						2010										
Date of Notification		11			Operator (2)		2913 MAY	28 AF	2.10								
0 15 1/12 11]/ <u> 1 3 </u>	Je	an Woj	OWICZ									-	-			
Agencies Notified	Type Notification	Stree	et Addres	S													
X EPA	X Initial	2	4 Arrow	head Roa	nd	The state of the s	& LICENSTING										
☐ DEP		City	City, State, Zip Code														
X DOL	☐ Amendme	nt C	Convent	Station, I	NJ 07960			Telephone Number									
M DOH	_		Name of Contact														
☐ DCA	☐ Cancellation	on	Jean Wo	ojtowicz							=			=			
				FACIL	TY INFORMA	MOITA	- Million Company			(1)				_			
Name of facility w	here abatement is t	aking place	e (3)					Тур	e of Facility	(4) ol (K - 12)							
Jean Wojtow										apter 8 (C			2)				
	102						X Other (Private/Commercial										
Street Address 24 Arrowhea	d Street						Bldgs./Homes, etc. Square Feet # of Floors Bldg. Age										
24 Arrownea	id Street					Cour	ty Code (7)	= "			-						
City (5)		County	/ (6)				State use only) Current Use (Prior if being demolished)										
Convent Sta	ation	Morr	ris					re	sidential								
	ing Firm Hired by Bl	dg. Owner	(8)		ASCM No.	П	Name of Abater	ment Contr	actor (9)	0							
Name of Monte.	N/A						B & G Restoration, Inc.										
Street Address				Street Address 105 Ryerson Road													
						_	City, State, Zip (-			
City, State, Zip Co		Lincoln Park, NJ 07035															
Phone Number						-	Telephone Num	nber			cense Number 00378						
Project Manager for Monitoring Firm Phone Number							(973)696				0376						
Scheduled Start Date (10) Sched. Completion Date (11)						_	Name of OSHA B & G Res		Inc								
		1	5/2013				Street Address		,								
06/04/2013						_	105 Ryerson Road										
Occupancy Statu	s During Abatement sed/vacated during	ontire perio	nd of abate	ement.			City, State, Zip	Code									
Facility clos	performed outside	of normal f	acility hou	rs-													
Describe:_						_	LincolnPa	irk, NJ 07	7035				-				
Other-Des																	
1.0	check all that apply		_			X	Full Containmen	t w/negativ	e pressure	Glov	rebag pr	ocedu	ire				
☐ Demolition	_	Renovatio					Mini-enclosure Non-friable procedure										
> 3 sf or > 3	g If 🗶	≥160 sf or									R	R	E	E			
Location o	of	Is location by mainte	normally	used solel	/				e m	e p	n	n					
asbestos-	containing	staff(12)	ilailoc/oo		Descript	tion of a	asbestos-contair	iiiig	(Specify	SF or	0	a	a	C			
material to	be facility (13)	Yes	No	N/A	matorial	(, 1011)	6 .		LF)		v e	į.	р	-			
		100			1	:·I	-tion		214 sf		X						
Basement				X	thin duct	insuia	ation		21451								
					<u> </u>												
						-					一百						
								100			一	lo					
				10# 17	Cubic Yards of	f Waste	Name of Reg	istered La	ndfill				-				
Registered Was	te Hauler		EP Haule 19563	riD#	2 1/2	, vvasu	Tully	ytown Re	source &	Recove	ry Cen	ter					
					Date		City, State Tullytown, PA										
Lincoln Park, NJ					/06/2013 Signature	===		100000000000000000000000000000000000000	Date								
Completed by (I	ry/Trea	surer	- Signature		Gordana S	05	05/21/2013										

Date of Notification (1)				Name of Building Owner/Operator (2) P.S.E.G Street Address									10.00				
5/23/2013			P.S.E.G							1997	12						
Agencies Notified	Type Notification			Street Address 4000 HADLEY RD. City, State, Zip Code SOUTH PLAINFIELD, NJ 0					**************************************								
DEP DOL	Initial Amended Amendment	#	-						4/0								
▼ DOH	Emergency (justification)	-	-	Name of	f Contact					Tel	ephone	Num	ber		- 134		
DCA	Cancellation		SANDA BRUMARU FACILITY INFORMATION														
Name of Facility Where Abatement is Taking Place (3)					LITY INFO	ORMAT	ION	Type of Facility (4)									
P.S.E.G HOMES						CONTRACT CON											
Street Address	8.05					School (K-12) Subchapter 8 (Other than K-12)											
3800 WEST SIDE						×	Other (i.e. p					dings,	home	es,			
City (5)							etc.) Square Feet # of Floors Bidg						. Age				
NORTH BERGEN,	NJ 07047								180 1			APPX 53			53	YRS	
County (6) HUDSON				County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) SUBSTATION								
Name of Monitoring Firm		Owner (8)							e of Abatement Contractor (9)								
ENVIRONMENTAL Street Address	TACTICS								IQUE SYSTEMS OF AMERICA INC.								
64 BROAD STREE	T								et Address 6 WHITEHEAD AVE.								
City, State, Zip Code MATAWAN, NJ 07						, State, Zip Code UTH RIVER, NJ 08882											
Project Manager for Monitoring Firm TOM GEIGER					Telephone No. 732-290-2217			Telephone No. License No. 732-432-8350 01111									
Start Date (10) 6/4/2013	I Con					ime of OSHA Monitor											
						QUE SYSTEMS OF AMERICA											
Occupancy Status During Abatement (Check Only One)					306				et Address S WHITEHEAD AVE.								
	ated During Entire F ned Outside of Norm			city.				State, Zip Code									
	occupied by necessa							JTH RIVER, NJ. 08882									
Scope of Work (Check A	All That Apply)																
≥3 sf or ≥3 lf		ovation					Full Containment with Negative Pressure										
≥160 sf or ≥260 lf	emolit	ion			H	27.00	ni-Enclosure ovebag Prod	2									
							Non-Exempted (*) and Non-Friable Procedu							ıre			
			.ocati										Abatement Type				
Location		Used	ormal Sole				escription							Type			
Asbestos-Containing TO BE AB		Main	tena	nce/			itaining N I systems			Amount (Specify			ZJ	_	Enc	щ	
In Faci	lity	Custo	dial 5 (12)	Staff?	(surfa	cing, VA	T, or		SF or LF)			Remova	Repair	aps	Enclosure	
(13)				_		other	miscellaneous)						val	ai.	Encapsulate	sure	
		Yes	No	N/A											æ		
CONTROL ROOM			X	TRANSITE FLOO				OR PANELS 88 SF					X				
						TOTAL TIME SCHOOL											
						010410885578-											
Landon de la companya					NJDEP Waste Cubic Yards												
WASTE MANAGEMENT					Hauler ID No. of Waste 1125 APPX 4				GROWS NORTH								
City, State ELIZABETH, NJ		Disposal Date 6/5/13					e City, State MORRISVILLE, PA										
Completed by						ature Date											
CAROL RAIMO	EM	AG.			Carol Jamo 5/23/2013						113						