

Date of Notification (1)				TI	lame of	Building C)wner/Operator (2)	· 17.4	Jr.			4
Date of Notification (1)	24 /	13			5070 Patrick Charles	Realty 7				129	4.		
Agencies Notified	Type Notifica	ation		-	Street Ac	ddress		100	4		147	.2.	
⊠ EPA	□ Initial	20011				Trindle R	Rd.		5/2	8 4		. 6	6
☑ DOLWD	⊠ Amended	i		1	City Sta	te, Zip Coo	de			7			
☑ DHSS	Amendme					Hill, PA				1	3	4	
☑ DCA	☐ Emergen	cy (inclu	ıding	1	Action and are	Contact			Telephone Number	er			
(NJAC 5:23-8)	justificati			- 1		rt Mastai	ndrea						
	L Caricella	11011					ORMATION		_				
		Caldes F	Ness /	2)	FACI	LITTINE	OKWATION	Type of Facility ((4)		100 10		
Name of Facility Where	Abatement is	i aking r	riace (3)				☐ School (K-12)				
Shore Mall								Subchapter 8	(Other than K-12)	بانبيط لمن	dinac		
Street Address	D!! -							M Other (i.e., pr homes, etc.)	ivate and commerc	iai buiic	ungs	•	
6725 Black Horse	Pike							Square Feet	# of Floors	Bldg	g. Age	9	
City (5)								260,000	2	42			
Egg Harbor Town	ship				Carrate	Codo (7)/	STATE USE ONLY)	100	or if being demolish	ned)			
County (6)					County	/ Code (/)(STATE OSE ONET	Retail Store		,			
Atlantic			- 10		ASCM N		Name of Abatem					-	
Name of Monitoring Fire			vner (8) /		0.		ironmental Sys					
Connell-Green Co	nsulting, Inc	C. 			NA		Street Address	nonnental Oy	, como				
Street Address							550 East Uni	on Street					
904 Kings Arms D)rive						City, State, Zip C				_		m plant
City, State, Zip Code							West Cheste						
Downingtown, PA								II, PA 19302	License No.		1000000		_
Project Manager for Mo					phone N	van seranan	Telephone No. 610-701-900	n	00508				
Richard Pellissie	r	4		(15)7	4-432-		Name of OSHA		00000		_		
Start Date (10)					tion Date	10000		en Consulting,	Inc				
01 / _28_					_	13_		en consumy,				_	_
Occupancy Status Dur	ing Abatement	(Check	only o	ne)	10040-98648		Street Address	Delive					
□ Facility Closed/Vac	ated During En	tire Per	iod of A	Abate	ment	wih o	904 Kings A					_	
Abatement Perform	ed Outside of	Normal	Facility	Hou	's - Desc AM	cribe	City, State, Zip C						
Time of Abatement	<u>/</u> Aivi	101/3.00					Downingtow	n, PA 19355					
Scope of Work (Check	all that apply)						⊠ Full Co	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf			⊠ Re	novat	ion		Mini-En	closure					
≥160 sf or ≥260 lf			□ De				☐ Gloveb	ag Procedure	on-Friable Procedu	re			
				1			M Noil-LX	empted () and it	T Transfer Teacher		atem	ent T	vpe
I VENERALE.			(2007)	Loca Norma			Description	of		-			-
Locat Asbestos-Containi	ion of ng Material (A0	CM)	Use	d Sol	ely by	Asbe	stos Containing M	laterial (ACM)	Amount	Removal	Repair	Encapsulate	ncio
TO BE A	BATED	160		intena	ance/ Staff?	(i.e	., thermal systems		(Specify SF or LF)	ova	=	psu	Enclosure
IN Fa			Ous	(12)			other miscellar		,			late	0
,	0,		Yes	No	N/A								_
Throughout Buildi	ing					Floor T	ile		17,807 SF	\boxtimes			
Throughout Buildi					\boxtimes	Floor M	lastic		16,684 SF				
Common Area / S						Texture	ed Ceiling		500 SF	\boxtimes			
Space #2						Vibratio	on Cloth		12 LF	\boxtimes			
Name of Registered V	Vaste Hauler				NJDEP \		Cubic Yards of	Name of Reg	istered Landfill				900.00
N.E.T.S.				1	Hauler II 18947		Waste 30		I Imperial				
City, State					.0041		Disposal Date	City, State	TAC				
Hazelton, PA							TBD	Imperial,	PA				,
Completed By (Print of	or Type)	Title	е				Signature	11.66	D	ate	1		
Mark Griffin	, , , , ,		stima	tor				1/11/		5/	24	f /	13
ASB-41										/	- (/	
MAY 11		*	Do no	t use	this form	for asbes	tos licensure exe	riptep activities.		1997		-	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	YES	NO	N/A	Decription of Asbestos-Containing Material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Ençapsulate	Enclosûre
Space #4					1920 SF	\overline{X}			
Roof			X	Flashing	9600 SF	X			
Exterior Wall			15.71	Transite Sheets	2200 SF	X			
			X			X			
			X			X			
			X			X			
			X	2		X			
			X			X			
			X			X			
			X			X			
)			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X	=		X			
			X			X			
			X			X			
			\boxtimes			X			
			X			X			
			X			X			
			X			X			
			X			X			
			X			X	П	П	П

Page 2 - Notification - 1/4/13

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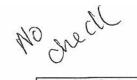
Dato of Neillagation (1) September 1 September 2 September 2 September 3 S	43		(Pu	rsuant	to NJAC 8:6	0 and	12:120))	2012	,					
DOP Cannot be considered Cannot be consid			1	Name of	_	_	perator	(2)	 	4729	3				
DOP Cannot be considered Cannot be consid	Agencies Notified Type Notification		5	Street A	ddress P	AP	K	Ð	LAZ	2 A	- 14 C:	40		10-11-12	
DOH	DEP Amended		0		te, Zip Code		3			1	AV 19 10 11	7		11011	
DOA	Emergency (ir		-	\ \) EWA	RI	K,	N	J			nhor			_
Name of Facility (Horex Abatement is Taking Place (3) School (K-12) Scho				SAI	UDA	Ŀ		MA	RU	<u> </u>	anone ivoi	noci			
Street Address Subchalper 6 (Other than K.12) Subchalper 6 (Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORI	MATIC	ON	Туре	of Facility	(4)	N-W				
City (5) City (6) County (7) County (7) County (8) County (8) County (8) County (9) County (19) County	Street Address										er than K-12	2)			
County (6)	344 NORFOL	K S	\$7	<u> </u>					Other (i.e. etc.)	private 8	commerci	al build	2000		es,
Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Street Address 64 BROAD STREET Gity, State, Zip Code MATAWAN, NJ 07747 Project Manager for Monitoring Firm Tom GEIGER Scheduled Compilation Date (11) Cocupancy Status During Abatement (Check Only One) Pacility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: @Celegater Land Procedure Abatement Performed Outside of Normal Facility Hours Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) In Facility (13) Renovation Demolition B Location Normally Location of Abatement (Check Only One) Abestos-Containing Material (ACM) In Facility (13) Name of Registered Waste Hauler NADEP Waste Name of Registered Landfill Renoval Custodial Staff? Custodial Staff?			2000 110 40 1-1-					24,0	000	١.	3	A	0.000	-	yrs
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Ou45	County (6)							Curre	nt Use (Pr	ior if bein			· ~ "	5	,
ENVIRONMENTAL TACTICS Street Address SOUTH RIVER, NJ 08882 Project Manager for Monitoring Firm TOM GEIGER TOM GEIGER Street Address TOM GEIGER Street Address South River, NJ 08882 Street Address South River, NJ 08882 Street Address Street Address Street Address Street Address South River, NJ 08882 Street Address		wner (8)	L.	ASCM	No.	\neg	Name	of Abat	ement Co	ntractor		1 /	Or	<u> </u>	
396 WHITEHEAD AVE. City, State, Zip Code MATAWAN, NJ 07747 Froject Manager for Monitoring Firm TOM GEIGER Start Date (10) Start Date (10) Coupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Coupen of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler WASTE MANAGEMENT In June 19 June		• •		0045								A INC			
MATAWAN, NJ 07747 SOUTH RIVER, NJ 08882										AVE.					
TOM GEIGER 732-290-2217 732-432-8350 01111										J 0888	2				
Start Date (10) Scheduled Completion Date (11) Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: Occupied by New York (Check All That Apply) 33 st or ≥3 if ≥160 st or ≥260 if Renovation Location of Asbestos-Containing Material (ACM) IO BE ABATED In Facility (13) Yes No N/A A N D F O O R X TRANSITE AN E S O C.K. 80 L F X Name of Registered Waste Hauler NJDEP Waste Hauler ID No. Name of Registered Waste Hauler WASTE MANAGEMENT Lize Disposal Date City, State City, State Zip Code SOUTH RIVER, NJ 08882 Scope of Work (Check All That Apply) Street Address 396 WHITEHEAD AVE. City, State, Zip Code SOUTH RIVER, NJ 08882 South River Address South River Address South River All			10.2									0.			
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Proceedings of Normal Facility Hours Other Describe: Occupated by Management (Check All That Apply) Scope of Work (Check All That Apply) Saf or ≥3 If ≥160 sf or ≥260 If Renovation Demolition Rescription of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Renovation Demolition Rescription of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Renovation Demolition Renovation Demolition Renovation Demolition Renovation Demolition Rescription of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Type Abatement Type Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Renovation Type Abatement Type Abat	Start Date (10)	//		pletion	Date (11)		Name	of OSH	A Monitor		NO. 4 (1-2)				
Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf		/	71	// 3	3					5 OF 1	AIVIERIU	4			
Abatement Performed Outside of Normal Facility Hours Other – Describe: **Describe: **Describe: **Ly **Net restarty or purious study** Scope of Work (Check All That Apply) ≥ 3 sf or ≥3 if	l <u> </u>	8 4		ent						AVE.					
Sacion 23 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) and Non-Exempted (*) an	Abatement Performed Outside of Norma	I Facility H	Hours		eperators.	only				J 0888	2				
Demolition Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type	Scope of Work (Check All That Apply)							_							
Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A N/A N/A N/A N/A N/A		P						Min Glo	i-Enclosur vebag Pro	re cedure	-				
Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Per No N/A		le l	oootie			3.77E-C-3	Par.	9 Nor	1-Exempte	a (*) and	i Non-Friad		A CONTRACT		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Name of Registered Waste Hauler WASTE MANAGEMENT Name of Registered Waste Hauler City, State ELIZABETH, NJ Maintenance/ Custodial Staff? (12) Maintenance/ City, Hammal systems insulation, Surfacing, VAT, or other miscellaneous) Maintenance/ (12) Maintenance/ Cite, thermal systems insulation, Surfacing, VAT, or other miscellaneous) Maintenance/ (12) Maintenance/ Cite, Hamiler in India (Specify SF or LF) Popular Name of Registered Landfill GROWS NORTH City, State ELIZABETH, NJ Maintenance/ Custodial Staff? (12) Maintenance/ Cite, Hamiler in India (Specify SF or LF) NAME of Registered Landfill GROWS NORTH City, State City, State City, State MORRISVILE, PA	Location of	No	ormally	y									Ту	ре	
Name of Registered Waste Hauler WASTE MANAGEMENT Name of Registered Waste Hauler WASTE MANAGEMENT Name of Registered Waste Hauler WASTE MANAGEMENT NAME of Registered Landfill GROWS NORTH Disposal Date City, State ELIZABETH, NJ NAME of Registered Landfill GROWS NORTH Disposal Date City, State MORRISVILE, PA		Main	tenan	ice/	Asbestos (i.e. the	Conta	aining M systems	faterial s insula	(ACM) tion.	85.0		ZD Z		Enc	m l
Name of Registered Waste Hauler WASTE MANAGEMENT Name of Registered Waste Hauler WASTE MANAGEMENT Name of Registered Waste Hauler WASTE MANAGEMENT NAME of Registered Landfill GROWS NORTH Disposal Date City, State ELIZABETH, NJ NAME of Registered Landfill GROWS NORTH Disposal Date City, State MORRISVILE, PA	In Facility			tatt?		surfac	ing, VA	T, or				vome	(epai	apsu	closu
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NORTH City, State Disposal Date G/1//3 MORRISVILE, PA	(14)	Yes	No	N/A								8	7	late	ire
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NORTH City, State Disposal Date G/1//3 MORRISVILE, PA	2ND Floor		X		TRAN	15/1	E	PANO	E/S	24	SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT City, State ELIZABETH, NJ NJDEP Waste Hauler ID No. 1125 Cubic Yards of Waste GROWS NORTH City, State Disposal Date G/1//3 MORRISVILE, PA			Sillo See		WiRe	5	Soc	CK				X			
WASTE MANAGEMENT Hauler ID No. 1125 GROWS NORTH City, State ELIZABETH, NJ GROWS NORTH Disposal Date City, State MORRISVILE, PA															
WASTE MANAGEMENT Hauler ID No. 1125 GROWS NORTH City, State ELIZABETH, NJ GROWS NORTH Disposal Date City, State MORRISVILE, PA															
City, State Disposal Date ELIZABETH, NJ Disposal Date Of 1/13 MORRISVILE, PA			Ha	auler ID											
ELIZABETH, NJ 6/1//3 MORRISVILE, PA			1	125											
CAROL RAIMO Title OFFICE MGR. Signature Aug. Raimo Date 1/24/13	ELIZABETH, NJ					61	1/1	3	MORR	ISVILE			,		
		The state of the s	EM	GR.		S	ignature	ist	2 Ka	in	Da Da	te /	41	//3	3



Date of Notification (1) 05/24/2013					Building (Halsey				<i>207</i>	3 MAY	0-				
Agencies Notified	Type Notification		\dashv	Street A		Olban		di, LLO	0 :-		<u>-29</u>		-		
⊠ EPA	Initial			112 W	. 34th S	treet Ste	e.2106		ا الراج					40	
EPA DEP DOL	Amended Amendment				te, Zip Co ork, NY					44.		. ,	1	,	
	Emergency (various co	Contact	10120			Tole	ephone i	hl. mba			ζ	
DOH DCA	justification) Cancellation			Bob KI					1 icit	ephone i	Numbe				
	1			FACI	LITY INFO	ORMATIO						-	_		
Name of Facility Where Market Halsey Buil		g Place (3))					ype of Facility	(4)						
Street Address	<u> </u>							School (K-1 Subchapter		er than k	(-12)		33		
165 Halsey Street								বি Other (i.e.।				uild	lings,	home	es,
City (5)							- 8	detc.) Square Feet	# of	Floors		Bi	dg. A	ge	
Newark								80000 Per FI				8()		
County (6) Essex				County ((STATE L	Code (7) <i>ISE ONLY</i>)	·		Current Use (Pri Office Buildin		ng demo	olished)				
Name of Monitoring Firm		Owner (8)		ASCN				Abatement Co							
Street Address	IIIC.		- Comme	0090			Street A	Construction	& Res	iorauo	n, inc				
403 St. James Ave	nue							Route 46 Sui	te 3D						
City, State, Zip Code Phillipsburg, NJ 08	865							te, Zip Code a, NJ 07512							
Project Manager for Moi Jon Gilbert	nitoring Firm			Telephor 908 45	ne No. 4-6316		Telephoi 973-25	ne No. 56-7010		License 0666	e No.				
Start Date (10) 06/10/2013		Schedule 06/19/2		npletion l	Date (11)	1		OSHA Monitor Construction		toratio	n Inc				
Occupancy Status Durin	ng Abatement (Chec						Street Ac		u 1100	101010	,	·/			
	cated During Entire I		c	nent			265A F	Route 46 Sui	te 3D						
Abatement Perform	ned Outside of Norm Mon-Sat 3pm-11:30p	nal Facility						te, Zip Code							-
Scope of Work (Check /						1	I otowa	a, NJ 07512			enchana aran				80/1800 2 004 2
Scope of Work (Check 7	· · · · · · · · · · · · · · · · · · ·	X R	enova	tion			×	Full Containm	ant with	Manath	.a D-110		_		
≥160 sf or ≥260 lf			emolit				×	Mini-Enclosure Glovebag Pro	e `						
		Т.						Non-Exempte	d (*) and	Non-Fi	riable F	-		e ement	+
Locatio	n of	100	Locat Iormal			Dage	cription o				L			pe	* /2
Asbestos-Containing	Material (ACM)		d Sole			tos Contai	ining Mat	terial (ACM)		mount		_		Ш	+
TO BE AB			odial S		(1.0.		iystems ii ng, VAT,	nsulation, or		pecify or LF)	Contood		Repair	ncap	nclo
(13)		ļ,	(12)	т		other mi	scellane	ous)			9		ä;	Encapsulate	Enclosure
		Yes	No	N/A								-		(0)	
10th Floor			Х					sulation		0 LF	×				
Baseme		1 1	X					sulation		IO LF	x	-			
Pump R			X					sulation		50 LF	X				
Pump R			X					Insulation		00 SF	X				
Name of Registered Wa			200	IJDEP W lauler ID		Cubic Y of Wast		Name of			dfill				
Bako Construction 8	x restoration, in	iG.	2	0889		15	100	G.R.O.		ric.					
City, State Totowa, NJ						Disposa 06/19/2		City, Stat Morrisv		4					
Completed by		Title				Sig	nature	//-		T	Date			<u></u>	$\neg \neg$
Damir Valjevac		Proje	ct Ma	anager		1	Mun	Julyer	uc_		05/24	1/2	013		



Date of Notification (1)	-			Nam	e of Buildir	ng Owner/Operator ((2)	201711	,		-	179
5/24	_ / _	13		Pr	inceton A	Academy of the S	Sacred Heart	2013 M	1120	7	7 4	
	e Notifica	ition		Stre	et Address			144		**	72	: 60
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Initial			11	28 The G	reat Road		₹ / I				. 0
	Amended			City,	State, Zip	Code					1.	No.
	Amendme Emergend	_	2	Pr	inceton,	NJ 08540				$I \in I$		11.
	ustificatio		ng	Nam	e of Conta	ct		Telephone Num	ber			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cancellati			A	sley Cox			1	į.			
			100	F/	ACILITY II	NFORMATION			_	*		
Name of Facility Where Abate	ment is Ta	aking Pla	ce (3)				Type of Facility	(4)	-			
Princeton Academy of	he Sacr	ed Hear	t				School (K-12	2)				
Street Address						-		8 (Other than K-12			1.086	
1128 The Great Road							homes, etc.)	rivate and comme	ercial bi	ılldıng	js,	
City (5)							Square Feet	# of Floors	RI	dg. A	ne .	
Princeton	48						50,000	3		50+	90	
County (6)				Col	inty Code (7)(STATE USE ONLY)	8 2	ior if being demoli	1		-	_
Mercer					and code (THOTALE OOL ONET	School	ioi ii being demoii	Sileu)			
Name of Monitoring Firm Hired	hy Buildi	ina Owno	r /Q\	ASCN	A No.	Name of Abateme					200	
Horizon Environmental	by Dulla	ing Owne	(0)	NA NA		SI ANNOUNCE MANY						
Street Address				INA			ironmental Sys	stems				SAME.
301 9 th St						Street Address	.					
						550 East Uni						
City, State, Zip Code	•					City, State, Zip C						
West Deptford, NJ 0808						West Cheste	r, PA 19382					
Project Manager for Monitoring	Firm		- 1	elephone		Telephone No.		License No.				0.000
Steve Flanigan		221777777			8-0800	610-701-9000		00508				
Start Date (10)		cheduled			100	Name of OSHA M	lonitor					
6 / _11_ / _13	_		/ _:	31 /	13	Vertex, Inc.						
Occupancy Status During Aba	tement (C	heck only	one)			Street Address					.// 84E-0	
□ Facility Closed/Vacated Du	ring Entire	e Period o	f Aba	tement		700 Turner W	/av					
☐ Abatement Performed Outs					scribe	City, State, Zip Co			7 - 135			
Time of Abatement: 7AM	PM/	/ <u>3:30</u> PM		_AM		Aston, PA 19						
Scope of Work (Check all that	apply)											
	FF-37					☐ Full Cont	tainment with Neg	gative Pressure				
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf			enova emoli			☐ Mini-End						
<u>⊠</u> ≥100 si 0i ≥200 li		ш	emon	lion			g Procedure mpted (*) and No	n-Friable Procedu	ıre			
			ls Loc	ation	1		The transfer of the transfer o			atem	ent T	vne
Location of			Norm			Description of	f		-		-	T
Asbestos-Containing Mater	ial (ACM)			olely by nance/		estos Containing Ma	terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
TO BE ABATED IN Facility				I Staff?	(i.€	e., thermal systems surfacing, VAT.		(Specify	SVOL	air	aps	losu
(13)			(12	2)		other miscellane		SF or LF)	<u>m</u>		ulat	Гe
		Yes	N	N/A							œ.	
Exterior Windows					Windo	w Caulk		870 LF	\boxtimes	П		П
3 rd Floor Bathroom						ile / Mastic						1
o 11001 Datili00III			-		FIOOF	He / IVIASUC		224 SF		Ш		Ш
										П	П	П
Name of Registered Waste Ha	uler			NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill		_	1	
All Jersey Express	control of			Hauler	D No.	Waste	Allied BFI I					
				1894	7	2 Disposal Data		poriai	10			
City, State						Disposal Date	City, State					
Hazelton, PA						TBD	Imperial, P	Α				0
Completed By (Print or Type)		Title	202	3-13-1HE	V V	Signature M	1111	Da	ate /	200 0	1	/
Mark Griffin	-	Estim	ator						5/2	ZL	1/	13
ASB-41			100000				/				1	_
/AY 11		* Do no	t use	this forn	for asbesi	tos licensure exemp	ted activities.		/	-	"	



Date of Notification (1)					Name	of Buildin	g Ov	vner/Operator (2)	2012.		_	5 110		
	4 /	13				rough of	-		~~ ,	2913 MAY 2	9 a.				
Agencies Notified Ty	ype Notifica	ation	7-24-1	- 100	Stree	t Address			8		- 257	1	36	13	
	Initial				579	Ringwo	od A	Ave							
Reference to the second	Amended				City,	State, Zip (Code			11/4	t o	+ /			
☑ DHSS	Amendm	1.7	777			naque, N				*		2	4,		
DCA (NJAC 5:23-8)	Emergen justification		cluding	3		e of Contac			-	Telephone N	umher				
] Cancellat					ke Reef				Telephone IV	umber	b			
					FA	CILITY IN	IFOI	RMATION							
Name of Facility Where Abar			Place	(3)					Type of Facility	(4)					
569 Ringwood Avenue	e - House	•							School (K-1:		40)				
Street Address						CONTRACTOR OF THE PARTY OF THE			Other (i.e., p	8 (Other than K	-12) mercia	l bu	ildin	IS.	
569 Ringwood Avenue	е								homes, etc.					,-,	
City (5)			3111-1						Square Feet	# of Floors		Ble	dg. A	ge	
Wanaque										2			100		
County (6)					Cou	nty Code (7)(STA	TE USE ONLY)	Current Use (Pr	rior if being dem	olishe	d)			
Passaic									Vacant						
Name of Monitoring Firm Hir	red by Build	ding C)wner	(8)	ASCM	No.	Na	me of Abateme	ent Contractor (9))					
Environmental Health	Investiga	ation	s, Inc		001	04	1	Superior Aba	tement Inc						
Street Address							Str	eet Address				_			
655 West Shore Trail							2	2 Henderson	Drive						
City, State, Zip Code				87			Cit	y, State, Zip Co	ode						
Sparta, NJ 07871							V	West Caldwe	II, NJ 07006						
Project Manager for Monitori	ing Firm			Te	lephone	No.	Tel	ephone No.		License No.					
Laura Wieczezak				(973)65	1-1040	(973) 808-161	6	00411					
Start Date (10)	5	Sched	uled C	ompl	etion Da	ate (11)	Na	me of OSHA M	lonitor						
05/28/			~ ×		1_ /	13	_	Superior Aba	tement Inc					- 1 650	
Occupancy Status During Ab								eet Address							
 ☐ Facility Closed/Vacated D ☐ Abatement Performed Out 							- 877	! Henderson			1-7				
Time of Abatement:							1	y, State, Zip Co							
Scope of Work (Check all that							V	Vest Caldwe	II, NJ 07006						
	11 27				22				ainment with Ne	gative Pressure					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			⊠ Re					☐ Mini-Enc	losure g Procedure						
23 - 100 St St - 250 tt				mont	1011			☐ Non-Exe	mpted (*) and No	n-Friable Proce	edure				
				Loca								Ab	atem	ent T	уре
Location of	torial (ACN			Norm	ally lely by	A		Description o	124			Ŋ	Z	m	ш
Asbestos-Containing Mat TO BE ABATE		1)	Ma	inten	ance/			Containing Ma ermal systems		Amount (Specify		Removal	Repair	മ	당
IN Facility			Cus	todia (12	Staff?		5	surfacing, VAT,	or	SF or LF)		val	-	Encapsulate	Enclosure
(13)			Yes	No		1	ot	her miscellane	ous)					ate	Ψ
Kitchen						Floor T	ile		10. 70.00 11	144 SF	-	\boxtimes			
													$\overline{\Box}$	$\overline{\Box}$	П
											-ti	=			
	***************************************											_	-		
Name of Registered Waste H	Hauler			1	NJDEP '	Masta	Cut	oic Yards of	Name of Regis	stered Landfill		_		ш	
Service Transport Gro					Hauler II	D No.	Wa	ste	Minerva La						
City, State		- SHEET			SW21	117	-	0 posal Date	City, State	vicustica (A.S.					
New Castle, DE								/31/13	Waynesbu	rah OH					
	·	T:41 -	i i				٦		Waynesbu	. g.i, Oii	D-t-			-000	
Completed By (Print or Type) Nick Petrovski)	Title		m4				Signature			Date	_ ,	111	1	,
INICK FELIOVSKI			eside	HIL				-1110	1-1/1	new	5		29	دا -	5

ASB-41 MAY 11

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



Mer		N	ITO					TOS ABAT :60 and 5:16	EMENT 6)	2013/100				
Date of Notification (1) 05 /	24 /	13				of Building		ner/Operator (2	2)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Te.	-	
Agencies Notified ☐ EPA ☑ DOLWD	Type Notifica ☐ Initial ☐ Amended				579	Address Ringwoo		ve		-13 _{May} , 29 -10 ₈₀	3.	0		
☑ DHSS	Amendme					tate, Zip C		222		11/2/20	19,			
☐ DCA	☐ Emergend	cy (incl	luding		S	naque, N		465		1= :	·+,			
(NJAC 5:23-8)	justification Cancellati					of Contact	t			Telephone Numb				
	L Cancellati	1011				e Reef				(973) 703-181				
			DI	(0)	FAG	CILITY IN	FOR	RMATION		<i>7</i> 5				
Name of Facility Where A 565 Ringwood Ave	¥		Place	(3)					Type of Facility ☐ School (K-12					
Street Address	nue - nouse			79:		101			☐ Subchapter	8 (Other than K-12)				
565 Ringwood Ave	nue								Other (i.e., p homes, etc.)	rivate and commerc	ial bu	ilding	js,	
City (5)								-	Square Feet	# of Floors	Blo	dg. A	ge	
Wanaque									34.0.0	2	10000	100	9-	
County (6)	<u> </u>				Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (Pr	ior if being demolish	73			
Passaic						•	.,	,	Vacant		16			
Name of Monitoring Firm	Hired by Build	ling Ov	wner (8)	ASCM	No.	Nar	me of Abateme	ent Contractor (9)		* *			
Environmental Hea	alth Investiga	ations	s, Inc		0010)4	S	Superior Aba	tement Inc					
Street Address							Stre	eet Address						
655 West Shore Tra	ail						2	Henderson	Drive					
City, State, Zip Code				- 1	-		City	, State, Zip Co	ode		144, 17-110			
Sparta, NJ 07871							V	Vest Caldwe	II, NJ 07006					
Project Manager for Mon	itoring Firm			0884	phone		Tel	ephone No.		License No.				
Laura Wieczezak						1-1040		973) 808-161	200	00411				
Start Date (10)05 /28 /						te (11) 13	(13.00)	me of OSHA M Superior Aba						
Occupancy Status Durin			- 5	- 30			Stre	eet Address						
☐ Facility Closed/Vacat						.,		Henderson						
☐ Abatement Performed Time of Abatement: _								, State, Zip Co						
							V	Vest Caldwe	II, NJ 07006					
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	Il that apply)		⊠ Rei □ Dei					☐ Mini-Encl	Procedure	gative Pressure on-Friable Procedure	9			
		Т		Locat							1	atem	ent T	уре
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (ACM ATED)	Use Mai	lorma d Sole intena odial (12)	ly by		., the	Description o Containing Ma rmal systems i surfacing, VAT, her miscellane	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
			Yes	No	N/A								Ō	
Basement	117-10					VAT				470 SF	\boxtimes			
Basement						Pipe Co	veri	ing, Fittings	& Debris	120 LF	\boxtimes			
Basement Laundry A	Area					Vinyl Fl	oori	ng		210 SF	\boxtimes			
Basement Boiler Are	a				\boxtimes	Flue Pip	oe C	ement		3 SF	\boxtimes			
Name of Registered Was				1000	JDEP \		100000000000000000000000000000000000000	oic Yards of	Name of Regis					
Service Transport	Group, Inc				auler II SW21	2010/00/01/00/01	Wa:	ste 0	Minerva La	andfill				
City, State New Castle, DE							Dis	posal Date /31/13	City, State Waynesbu	rgh, OH				
Completed By (Print or T	ype)	Title						Signature	111	/// Dat	e		121/22	
Nick Petrovski	et e	0.0200	eside	nt				-/	MIM	711	-0	24	-13	3



Date of Notification (1)	***				Name	of Building	Owr	ner/Operator (2)	2010				
	24 /	13	_		Sus	sex Cou	nty (Community	College	2013 KAY 29 4				
Agencies Notified	Type Notifica	ation			Street	Address			7		17 4	141	,	
⊠ EPA	☐ Initial				One	College	Hill	Road				, 0		
☑ DOLWD					City, S	tate, Zip C	ode					9.7		- 70
☑ DHSS	Amendme	77.5			Nev	vton, NJ	0786	30				1.		
□ DCA (NJAC 5:23-8)	☐ Emergene justification		cluaing	3	10.000	of Contact	X22.1.60.200 C			Telephone Numb	er			
(10/10 0.25-0)	☐ Cancellat				Ker	Evans					_			
					FAC	CILITY IN	FOR	RMATION						
Name of Facility Where A	batement is T	aking	Place	(3)					Type of Facility	(4)				
Sussex County Cor	nmunity Co	llege	- Bu	ilding	βВ				School (K-1					
Street Address										8 (Other than K-12) private and commerce	ial bu	ildino	ıs.	
One College Hill Ro	ad								homes, etc.				,-,	
City (5)			1000				E/04		Square Feet	# of Floors	BI	dg. A	ge	
Newton									40,000	4		43		
County (6)					Cour	ty Code (7)(STA	TE USE ONLY)	Current Use (P	rior if being demolish	ned)			
Sussex									College					
Name of Monitoring Firm	Hired by Build	ling O	wner	(8)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)				
Whitman Co					0011	0	S	uperior Aba	tement Inc					
Street Address		-84					Stre	eet Address						
7 Pleasant Way							2	Henderson	Drive					
City, State, Zip Code							City	, State, Zip Co	ode			W. S.		
Cranbury, NJ 08512	2				19		V	Vest Caldwe	II, NJ 07006					
Project Manager for Moni	toring Firm			Tele	phone	No.	Tele	ephone No.		License No.				
Kevin Lovely				(7	32) 39	0-5858	(9	973) 808-161	6	00411				
Start Date (10)	S	Sched	uled C	omple	tion Da	te (11)	Nar	ne of OSHA M	1onitor					
06 /10 /	_13_	_0	6_ /	_2	/ _	13	s	uperior Aba	itement Inc					
Occupancy Status During	N						Stre	eet Address						
☐ Facility Closed/Vacate							7480	Henderson			112/11/2017			
Abatement Performed Time of Abatement:								, State, Zip Co Vest Caldwe	ode II, NJ 07006					
Scope of Work (Check all	that apply)							52.52					_	
☐ >3 sf or >3 lf			⊠ Re	novat	ion			□ Full Conf □ Mini-Enc	tainment with Ne	gative Pressure				
≥3 \$1 61 ≥3 11 ≥160 sf or ≥260 lf			De						g Procedure					
								☐ Non-Exe	mpted (*) and N	on-Friable Procedure	9			
				Loca Norma				N2201 20132	_		Ab	atem	ent T	ype
Location Asbestos-Containing I	(T) (T)	₁₁		ed Sol		Ashe	stos (Description of Containing Ma		Amount	교	R	Ш	Ш
TO BE ABA	TED	'		intena			., the	rmal systems	insulation,	(Specify	Remova	Repair	сар	Enclosure
IN Facilit	ty		Cus	(12)	Staff?			urfacing, VAT ner miscellane		SF or LF)	<u>a</u>		Encapsulate	ure
(13)			Yes	No	N/A	1	Ott	iei miscenane	ous)				ate	
Boiler Room			\boxtimes			Boiler F	Pack	ing, Boiler I	nsulation	30 SF	×			
Boiler Room			\boxtimes			Fire Bri	ck			100 SF	×			
Boiler Room			\boxtimes			Caulkin	g &	Rope Gaske	et	160 LF	\boxtimes			
			\boxtimes				*							
Name of Registered Was	te Hauler			I	JDEP \	Vaste	Cub	oic Yards of	Name of Regi	stered Landfill	_			
Service Transport 0	Group, Inc			F	lauler II SW21	N. D. S.	Was		Minerva L	andfill				
City, State								oosal Date	City, State					
New Castle, DE							6/	/21/13	Waynesbi	urgh, OH				
Completed By (Print or Ty	/pe)	Title	9					Signature	111	/// Dat				
Nick Petrovski		Pr	eside	ent				-//	hull	Mui!	5-	2	4-1	13

Page 1 of 1

Check #1601

Date of Notification (1) 5-21-2013					F Building C E SCHO				2013 ₁₁	Mr ₂	0					
Agencies Notified	Type Notification	we allow	1.00	Street A	ddress -emoine	Aven	ue			•	AV)	20	;			
EPA DEP DOL	Initial Amended Amendment Emergency (_	Fort Le	ite, Zip Coo ee, NJ 0											
X DOH X DCA	justification) Cancellation	including	1.5		f Contact DeNichilo)				Tel	ephone N	Number				
				FACI	LITY INFO	RMAT	ION								Service Swift of	
Name of Facility Where A FORT LEE HIGH S Street Address		Place (3	3)						of Facility (School (K-1 Subchapter	2) 8 (Oth						£01
3000 LEMOINE AV	ENUE								Other (i.e. petc.)	orivate a	& comme	ercial bu	iildi	ngs,	home	es,
City (5) FORT LEE									e Feet	# o 2	f Floors		Blo 40	dg. A)+	ge	
County (6) Bergen					Code (7) USE ONLY)			Curre	nt Use (Pri	or if bei	ng demo	olished)				
Name of Monitoring Firm Westchester Enviro		Owner (8)		ASCN	No.			of Aba	tement Cor	ntractor	(9)				2.2	
Street Address 307 North Walnut S							Street	Addres								
City, State, Zip Code							City, S	state, Zi	p Code							
West Chester, PA 1 Project Manager for Mon			- 1	Telepho	ne No.			mingo none No	lale, NJ (7403	License	e No.				
Paul F. McCaa				610-43	31-7545		(201)	710-9	9725		01084	1				
Start Date (10) 5-24-2013 after 3:3	0pm	5-27-2		pletion	Date (11)		100000000000000000000000000000000000000	aroup,	IA Monitor Inc	*					E	
Occupancy Status During	g Abatement (Checl	Only Or	ne)					Addres								-
Facility Closed/Vaca									urg Tpke p Code							
Other – Describe:					- Na		Bloo	mingo	lale, NJ (07403						
Scope of Work (Check A	II That Apply)								50							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoliti				×	Mir	Containment-Enclosure	e cedure						
		1						i Noi	n-Exempted	d (*) an	a Non-Fi	nable P			ment	
	100 x		Locati	52.600		_								Ту		
Location Asbestos-Containing TO BE AB, In Facil (13)	Material (ACM) ATED	Use Ma	ed Sole intenar todial S (12)	y by nce/ staff?		os Con therma surfa	escription taining M I system: acing, VA miscellar	Material s insula T, or		(5	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
Phase I: ROOM	IS 232/234	Yes	No X	N/A	SHEET	ROCK	(WAI I	S S	OFFITS	1.0	000 SF	Х	+			
ROOMS 23		1	X		2000		LE & N	1000		5740	250 SF		+			
ROOMS 23			X				Sinks	.,			3	x	+		-	
ROOMS 23			X			AR R	ENCH	TOPS		1	10 SF	X	+			
Name of Registered Was				JDEP W			Yards	1010	Name of							
GL Group, Inc			Н	auler ID 033034	No.	of Wa			GROW							
City, State Bloomingdale, NJ						Dispo TBD	sal Date		City, Stat Morrisv		A					
Completed by Elena Solakov		Title Presi	dent			,	Signature	E	Zerm S	lullo		Date 5-21-	20	13		

201	ic.	25	>	· ·		
rminal, LI	ıC .			4/7	2	40
600	the En	(3)		N	/ije	
46				×		
Telephone Num	ber		-			
<u> </u>			7			-
ity (4)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-	-			
-12) er 8 (Other than K-12) private & commercial c.)	l building:					
# of Floors	Bldg. A	-	^			
1 (Prior if being demolis		10	-			
load rack		dr	i	ve	r	bldg
(9) ental Serv	ices	,	I	nc		
reet						
PA 19137			-			
License No.		265				
01166						
ental		y				
d, Suite 4-	-318					S
)55						
ith Negative Pressure)					
e and Non-Friable Proce	edure					
				pe pe	nt	
Amount (Specify SF or LF)	Compagn	Demovel	Repair	Encapsulate	Enclosure	
300lf	2	+	-		_	
1,600sf	3					
caulking						
2001f		Х		3.50		
gistered Landfill						
Caltrage					- 1	

Date of Notification (1)				Name	of Buildin	g Owner/Operator e Perth A	(2) mbov Tei	cminal I.	T.C			11/	
5-28-13	1 m - N - m				-								
Agency Notified	Type Notification			1 (way Plaza		600	<i>₹11.</i> 2	Y,		i In	A.
XDEP DOL	Amended Amendment # 2			City, S HO	tate, Zip (ustor	Code 1, TX 770	46	342				'w	
©KDOH □KDCA	☐ Emergency (included justification)☐ Cancellation	ding			of Contac	t ohnson		Telephone Nur	mber			-	
	1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -			FACI	I ITY INE	ORMATION				-wik	-	_	
lame of Facility Where	Abatement is Taking Pl	lace (3))	1 AOI		ORMATION	Type of Facility	v (4)		_	_		
	th Amboy Te				_		☐ School (K-1						
Breet Address 380 Maurer							☐ Subchapter	8 (Other than K-1)		gs,			
City (5)							Square Feet	# of Floors	Bldg.	Age	9		
Perth Amboy							7500	1	+/-	-1	00)	
County (6)						(STATE USE	Current Use (F	rior if being demo	lished)				
Middlesex				ONLY))		truck 1	oad rack	and	d:	ri	ve	r
lame of Monitoring Fir B) Finog Env	m Hired by Building Owr ironmental	ner	ASC	I No.		Name of Abatem Pepper E		ntal Ser	vices	3,	I	nc	٠.
Street Address 617 Stokes	Road, Suite	4-	318			Street Address 2251 Fr	aley Sti	reet					
City, State, Zip Code Medford, No	J 08055					City, State, Zip C Philadel		A 19137					
Project Manager for Mo	nitoring Firm	T	elepho	ne No.		Telephone No.		License No.					
Mark Rubin	etz	8	88-	715-	-2211	215-533-	5155	01166		200 - 200			
tart Date (10) 5 - 28 - 13	Scheduled 0 6 - 3 0 - 1		tion Da	ate (11)		Name of OSHA Finog En		ntal					
Occupancy Status Duri	ng Abatement (Check or	nly one)			Street Address							
Facility Closed/Vaca	ted During Entire Period	of Aba	temen	t				, Suite 4	-318				
Abatement Performe	d Outside of Normal Facutside remov	cility Ho	ours			City, State, Zip C Medford,	ode NJ 080!	55	1.77	20.30			
Scope of Work (Check	all that apply)		W			U Entre	Containment with	Negative Pressu	re				
⊒ ≥ 3 sfor ≥ 3 lf 3≿≥ 160 sfor ≥ 260 lf	\$27				ovation nolition	☐ Mini- ☐ Glove	Enclosure ebag Procedure	5					
		1 1	Loca	lion	Γ	22 14011	Exempled () at	d Norri Habie 1 10	ccdarc	A		eme	nt
1	ion of		Norma	lly		Description	of				T	ype	_
Locat Asbestos-Containi	ng Material (ACM)		ed Sole			Description of stos Containing Ma	aterial (ACM)	Amount				g	E
TO BE A	ABATED acility		Custod	lial	(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		Removal	Rep	Encapsulate	nclosure
(1			Staff* (12)			other miscellane		0. 0. 21)		oval	air	sula	Sure
		Yes	No	N/A								e	
truck load m	rack			х	roof	flashing		300lf		x			
truck load	rack			х	Contract States	nsite pan		1,600sf		x			
truck load	rack			x		dow, door		caulking					
					**se	e attach		2001f		X		10000	
lame of Registered Wa Service Tra		1000000	No.	Waste H	lauler	Cubic Yards of Waste	Name of Regi						
City, State						Disposal Date	City, State				-		
Morrisville	, PA				}		Libson,	OH					
Completed by Jennifer Ni	Title	f Or	pera	atio	ns (Signature	1		Date 5 - 28	3 -	13	3	
ASB-41	* Do no	t use t	his form	n for as	bestos lic	ensure exempted	activities.						

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***
window and door caulk	small storage closet	200	LF	REM
roof flashing	roof	400	SF	REM

DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***	1/20
window and door caulk	small storage closet	200	LF	REM	197
roof flashing	roof	400	SF	REM] <9 _{A)}
				K.	102
Warehouse ***				· · · · · · · · ·	で 1
Warehouse DESCRIPTION OF MATERIAL	LOCATION OF MATERIAL	Amount	Code**	Code***	1000 A



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				Name of R	uilding Owner/	Operato	r (2)	2			
05/28/13				Princeton		Орстато	1 (2)	<#/>	MAL		73.66
Month/Day/Year]				1/4	447	20	
Agency Notified	Type Notificat	tion		Street Add	lress			** .		- A/)
EPA	x Init	tial		P.O. box 2	158				- ,		861
DEP	N	otificat	ion	City, State	e, Zip Code			147	10.		
DCA	Am	ended		Princeton	NJ 08543				100	1	1200
DOH	No.	otificat	ion	Name of C	ontact			Telephone N	umber	1.7	-7
	Caı	ncellati	on	Robert Ot	ego	50000				1000	
				FACILIT	TY INFORMAT	ΓΙΟΝ		THE NAME OF THE OWNER,			
Name of Facility Where Abatem Princeton University Jadwin			(3)					(K12)			
Street Address								pter 8 (Other			
								(i. e. Private &		ercial	
Princeton University								ings, homes, et			
C:+: (5)	Ic.		7		C-+ C-1	(5)		# of Floors	Bldg.	Age	
City (5) Princeton	Col	unty (6)		County Code	1000	10000	6	50+	κ.	
Frinceton					(STATE USE ONL	Y)	Current Use (Pr	ior if being de	molished	1)	
N	L L. D. D. D.	0	(0)		Liconan	Hst	University	(0)			
Name of Monitoring Firm Hired ATC Associates, Inc	i by Building	Owner	(8)		ASCM No.		of Abatement Con iated Specialty Con	0.00			
Street Address						_		iti acting			
3 Terri Lane						WWW. WWW. 1975 Co.	t Address Crue Avenue				
		_				36 La	Crue Avenue				
City, State, Zip Code Burlington NJ 08016						11	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring	Firm			Telephone	Number	Telep	hone Number		Licen	ce Numb	per
Mike Keehn				609-386-88	800	610-30	64-9622		1103	3	
Scheduled Start Date (10)		Sche	d. Cor	npletion Date	(11)	Name	of OSHA Monitor				
06/12/13				08/12/13		Criter	rion Labs				
Month/Day/Year	11.00			onth/Day/Yea	ır	11					
Occupancy Status During Abate	ment (Check	only or	ie)			Street	Address		3.11.11.11.11.11.11.11.11.11.11.11.11.11		
Facility Closed/Vacated 1	During Entire	Perio	d of Ab	atement		3370 I	Progresive Drive				
x Abatement Performed O	utside of Nor	mal Fa	cility			City, S	State, Zip Code				
Hours - Describe: 8	:00 AM to 4:	30 PM				11	lem PA 19020				
Other - Describe:											
	nlu)					Ш	F-II C	. 141 NT	-		
Scope of work (Check all that ap Demolition	piy)		1221	D			Full Containmen		e Pressu	re	
			x	Renovation	1		Mini - Enclosure				
x > 3 sf or > 3 if						x	Glovebag Proced	lure			
>160 sf or >260 lf						x	Non-Friable Pro	cedure			
		Is						Al	atemen	t Type	
Location of	L	ocation	1	Desc	ription of		1		T	E	E
Asbestos - Containing	No.	ormally	y	A DATE OF THE PARTY OF THE PART	s-Containing		Amount	R		N	N
Material (ACM)	1	Used			ial (ACM)		(Specify		R	C	C
TO BE ABATED	s	olely		5.00 (E. 100 (ermal systems		SF or	M	E	A	L
In Facility	b	y Main	-		surfacing, VAT		LF)	0	P	P	0
(13)	11 2	nance/		160	miscellaneous)	,		v	A	s	s
(#HDD#0		ustodia						À	l î	U	U
		aff (12						L	R	L	R
		No	N/A						"		E
B- Level		x		pipe fittings	s	1	105 (ea.)	x			
								x	T		
		+	—					x	+-	-	
	_	+	+-						+-	-	
Name of Decisional Ways 17			NITE	ED W	low-v		Nome on	11 15"			L
Name of Registered Waste Haule	er		100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards		Name of Register	ed Landfill			
Horizon Disposal			riaule	er ID NO.	of Waste		GROWS				
City, State		•		10.	Disposal Date		City, State				
Trenton NJ				As needed		Morrisville PA					
Completed By (Print or Type)		Title		.	Signati	ure , //	,		Date		
Mark Goshow			Proje	ct Manager		m	Markety	Mi		51	8-13
		-						- 11		1	

ABS-41

JUN 95

U 30894

Date of Notification (1) 05/28/13					uilding Owner/C	Operator	r (2)	2010			
				Princeton 1	University		4	2013 MAY 2	io .	217.11	
Month/Day/Year	r Nr. 426 - 42			St		-			3 /4	7 211	7
	Type Notification			Street Add P.O. box 21			ĺ.			~ . si	U
EPA	xInitia		1000								
DEP		ificatio	on		, Zip Code			\$ LIG			i
DCA		nded		Princeton I						<i></i>	-
DOH	1.50%503	ificatio	3,770	Name of Co	menennovak		1	Telephone Nu	mber		
	Cano	cellatio	n	Robert Ote							
				FACILIT	TY INFORMAT	ION					
Name of Facility Where Abatem Princeton University Fine H			3)		TV		Type of Facility (School		than K	12)	
Street Address								i. e. Private &		200	
Princeton University								igs, homes, etc			
								# of Floors	Bldg.	Age	
City (5)	Cour	nty (6)			County Code	(7)	10000	6	50+		
Princeton					(STATE USE ONLY		Current Use (Pric	or if being der	nolished	1)	
						35.	University			553	
Name of Monitoring Firm Hired	d by Building C)wner	(8)		ASCM No.	Name	of Abatement Cont	ractor (9)			
ATC Associates, Inc						Assoc	iated Specialty Cont	tracting			
Street Address						11—	Address	958t			
3 Terri Lane						11	Crue Avenue				
City, State, Zip Code Burlington NJ 08016				Web (1997) (1997)			State, Zip Code Mills, PA 19342				11 11 - 12 - 14 - 14 - 14 - 14 - 14 - 14
Project Manager of Monitoring		Telephone			hone Number			ce Numb	er		
Mike Keehn		609-386-88	800	610-3	64-9622		1103	3			
Scheduled Start Date (10)		Scher	l. Con	pletion Date	(11)	Name	of OSHA Monitor				
06/12/13		Selice	ar con	07/12/13	()		rion Labs				
Month/Day/Year			M	onth/Day/Yea	r		TON LADS				
Occupancy Status During Abate	ment (Check o	nly one		onth/Day/Tea		Street	Address				
Facility Closed/Vacated				atement			Progresive Drive				
x Abatement Performed C							State, Zip Code				
Hours - Describe: 8			inty				lem PA 19020				
		O F IVI				Densa	iem FA 19020				
Other - Describe:											
Scope of work (Check all that ap	ply)						Full Containment	with Negative	Pressu	re	
Demolition			x	Renovation	1		Mini - Enclosure				
x > 3 sf or > 3 if						x	Glovebag Proced	ure			
>160 sf or >260 lf						x	Non-Friable Proc	edure			
		Is					T		atemen	t Type	
Location of	1.0	cation		Desc	ription of			AL	Temen	E	E
Asbestos - Containing		rmally			s-Containing		Amount	R		N	N
Material (ACM)		sed			rial (ACM)		(Specify	E	R	C	C
TO BE ABATED	100	olely			ermal systems		SF or	M	E	A	L
In Facility		Main-			surfacing, VAT		LF)	0	P	P	0
(13)		nance/			miscellaneous)	100	L.,	l v	A	s	s
(15)	1 3888	stodial		or other	miscenancous			A	l ï	Ü	Ü
	10000	ff (12)						L	R	L	R
	Yes		N/A							-	E
4th floor room 408		x		floor tile			30 SF	х			
10th floor room 1002	Oth floor room 1002 x				- Commission		30 SF	x	-	-	
			Sin.			x	-		_		
Name of Registered Waste Haul	er		NJDF	EP Waste	Cubic Yards		Name of Register	ed Landfill			
Horizon Disposal		er ID No.	of Waste		GROWS						
City, State Trenton NJ			Disposal Date As needed		City, State Morrisville PA						
Completed By (Print or Type)			Title			Signat	ture /	,		Date	
Mark Goshow			Proje	ct Manager		w	a h Har	hun		5	8-1
							- Co C Jack	run		100	V /

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

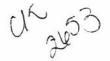
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)			II N. CD				<u> </u>			
May 24, 20	13		Name of B	uilding Owner/Op Al H	perator (2) mielewski	- Ch	31	7) (1,
[] DEP [] An	tial Notificat nended Notif		Street Adda	6 Tol	pago Avenue	8	0 1	3/		
[X] En	nendment #_ nergency (inc	luding			River, NJ 08753	3	1		7	30
[] DOM	tification) ncellation		Name of Co	ontact Al Hmielewsk	i	Telephone Numb	er	0	7A	
		F	ACILITY IN	FORMATION					11	
Name of Facility Where Abatement is Tak Residence	ing Place (3)				Type of Facility (School (k-12)				
Street Address 6 Tobago Avenu	e			•	[x]	Subchapter 8 (Other (i.e., prin homes, etc.)				iildings
City	County ((6)	County Code		Square feet	# of Floors	Bld	g. Ago	;	
Toms River	Ocean		(STATE USI	EONLY)	1500 sf	1 r if being denolishe	<u>d)</u>		60	
No. 6M is in the same					Resid	ence	u)			
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)		ASCM No.	Name of	Abatement Contract		Y.			
Street Address				Street A	ddress	lian Contracting	g, Inc.			
City, State, Zip Code			_	City Sta	te, Zip Code	Route 9, Unit 6	1			
•				City, Sta		River, New Jer	sev 08	755-1	271	
Project Manager for Monitoring Firm	Te	elephone Numb	er	Telephor 732-34	ne Number	License	Number			
Scheduled Start Date (10)	Sc		letion Date (11)		OSHA Monitor	00624				
5/24/13 Occupancy Status During Abatement (Chec	k only one)	5/24/13		Street Ac	E.M.S	S.L. Analytical				
[X] Facility Closed/Vacan	ted During Er			Succiac		Stelton Road				
Abatement Performed Other – Describe	d Outside of N	Normal Facility	Hours	City, Sta	te, Zip Code		-			
[] Other = Describe					Piscata	away, New Jers	ey 088	54		
Scope of Work (Check all that apply)				[]	Full Containmen	nt with Negative Pr	essure			
[] >3 sf or ≥3 lf	Г	1 Reno	vation	[]	Mini-Enclosure	1				
[x] ≥160 sf or ≥260 lf	į	4	olition	[x]	Glovebag Proce Non-Exempted (dure (*) and Non-Friable	Procedi	ıre		
			T							
	Is l	Location	Į.	Description	n of			ement	Γ.	T
Location of Asbestos-Containing Material (ACM)		nally used		Asbestos-Con	taining	Amount	R E	R E	E N	E N
TO BE ABATED		olely by ance/Custodia	,	Material (A (i.e., thermal s		(Specify SF	М	P	C	C
in facility		Staff	•	insulation, sur		or LF)	0	A I	A P	L
(13)		(12)		VAT, or	T		V	R	S	S
	YES	NO N/A		other miscella	neous)		A		U L	U R
Exterior	7		Ashasta	. 1.		1	L		Е	Е
2. Control		`	Asbestos	siding		1500 sf	X			
							+-			
							\vdash			
Name of Registered Waste Hauler	NJDE	EP Waste Haule		ic Yards of Waste		 ered Landfill	ш			
Guardian Contracting, Inc. City, State		20223		₹ 3	T.R.R.F.					
Toms River, New Jersey		5/28	osal Date /13	City, Star Tullyto	te wn, Pennsylvania	a /				
Completed by (Print or Type) Nicholas Fernicola	Title		Signature	, land	7/		Date		3	
Micholas Fernicola	Project N	ranager	\perp \vee \vee	(ill)	40	/	5/24/	/2013	k.	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

	(Pursi	iant to NJAC 6.0	o una 12		20,		+		_
Date of Notification (1)		Name of Buildin	ng Owner/Ope	rator (2)		~	1		
May 24, 2013			Mattia	Building Contr	acting 4	21	73	15	-
DEP [] Amen	Notification ded Notification	Street Address City, State, Zip	Code	A Grand Central	Avenue			<u>ء.</u> انځ	
X DOL X Emerg	dment # gency (including	Name of Conta	91101e3550-0	ette, NJ 08735	Telephone Number	- 18/	-		
1 DCA	cation) ellation	Sal	Mattia				- 3	1	
		ACILITY INFO	RMATION	Type of Facility	(4)				_
Name of Facility Where Abatement is Taking Residence	g Place (3)			[[x	School (k-12) Subchapter 8 (other	r than k-	·12) mercial	buildir	ıgs,
Street Address 36-38 North Beach	n Drive			T1	homes, etc.) # of Floors	Bldg. A			
City	County (6)	County Code (7 (STATE USE C) NLY)	Square feet 1600sf	1	Diag. I	60		
Ortley Beach	Ocean			Res	ior if being demolished)				
Name of Monitoring Firm Hired by Building	g Owner (8)	ASCM No.	Name o	f Abatement Contra Gua	actor (9) ardian Contracting, I	nc.			_
N/A Street Address			Street A	Address 188	9 Route 9, Unit 61				
City, State, Zip Code			City, St	tate, Zip Code Tor	ns River, New Jerse	y 0875	55-12	71	_
Project Manager for Monitoring Firm	Telephone Nu	mber		one Number 49-9932	License Nu 00624	umber			-
Scheduled Start Date (10)	Scheduled Cor 5/28/13	mpletion Date (11)		of OSHA Monitor	I.S.L. Analytical				
[] Abatement Performed		lity Hours		state, Zip Code Pis	56 Stelton Road cataway, New Jerse		54		_
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} $	L 1 -	enovation Demolition	[[[[x	Mini-Enclose Glovebag P			re		
[x]	1					Abate	ement '	Гуре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Maintenance/Cust Staff (12)		Descrip Asbestos-C Material (i.e., therm insulation, VAT other misc	Containing (ACM) al systems surfacing, , or	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
P. c. in	T X	Asbestos	siding		1400 sf	X			+
Exterior	+ 1					-	-	+-	+
						+	-		1
Name of Registered Waste Hauler Guardian Contracting, In	1000	223	ubic Yards of V	Waste Name of T.R.F	Registered Landfill				
City, State Toms River, New Jersey Completed by (Print or Type)	Title	Disposal Date 5/29/13 Signature	Tu	llytown, Pennsy	lvania	Dat 5/2	e 24/201		
Nicholas Fernicola	Project Manage	r \	1100	UI te					



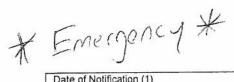
Date of Notification (1) 5 -23-13		Name	e of Buildir van Univ	ng Owner rersity	Operator (2)	0/3 cm	2.0				
Agencies Notified Type Not	tification	Stree	t Address Mullica				M.S.		2	: 42	;	
DOL Ame	al ended endment # ergency (including	City,	State, Zip Ssboro N	Code		3	4 L/CL	A.JA.		1	·	
DOH justi	fication) cellation	Name	of Contac y	ct				ne Numb	er	(1)		
Name of Facility Where Abatement	is Taking Place (3)	FA	CILITY IN	FORMAT		Type of Facility	(4)					
Gym Bathroom Street Address					E	School (K-	12)					
201 Mullica Hill Rd					in Head	Subchapte Other (i.e. etc.)	r 8 (Other that private & con	n K-12) nmercial	build	lings,	hom	ies,
City (5) Glassboro NJ		7004 Demontor de Carello			8	Square Feet	# of Floo	ors	BI	ldg. A	ge	
County (6) Gloster		Count (STAT)	y Code (7) E USE ONL) 	- 0	Current Use (Pri	or if being de	molished	i)			
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASC	CM No.			Abatement Co	ntractor (9)	*				
Street Address				-	Street Ac	ldress						-
City, State, Zip Code					City, Stat	Burlington Av e, Zip Code				-		
Project Manager for Monitoring Firm		Teleph	ione No.		Telephon	o .NJ . 0807 ie No.		nse No.			-	
Start Date (10)	Scheduled	Completion	n Date (11	,	856-82	4-0971 OSHA Monitor	070	10				
5-24-13	5-31-13	Completion	Date (11	,	self	OSHA MONITOR						
Occupancy Status During Abatemen					Street Ad	dress		***************************************				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Demo	Entire Period of Aba of Normal Facility Ho	itement ours			City, State	e, Zip Code						
Scope of Work (Check All That Apply	()											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(PERSON)	ovation polition			*	Full Containme Mini-Enclosure Glovebag Proc	edure					
	Is Lo	cation			<u> </u>	Non-Exempted	(*) and Non-	-Friable F		bater		
Location of Asbestos-Containing Material (A)	Norr	mally olely by			cription of			-	_	Тур		
TO BE ABATED In Facility (13)	iviainte	nance/ al Staff? 2)	(i.e	. thermal surfac	aining Mate systems ins sing, VAT, on siscellaneou	sulation, or	Amount (Specify SF or LF	. 2	Domous	Repair	Encapsulate	Enclosure
D-#	Yes N	o N/A									e l	to .
Bathroom		X		(AC	M) pipe		15 Lf	x	+	+	-	
									\dagger	\perp		
Name of Registered Waste Hauler		NJDEP V		Cubic Y	/ards	Name of R	egistered La	ndfill				
J Ro0binson Waste		Hauler ID 28280	No.	of Wast	te	WM of P						
City, State 3ellmawr NJ				Disposa TBD	al Date	City, State Tullytow						_
Completed by Joseph T Hill	Title VP			Sig	gnature	41		Date 4-25	-13			\dashv

5 -24-13					t Building y Home			(2)		12		1		it	
Agencies Notified EPA	Type Notification	***************************************		Street A 25 Co	ddress llage Co	ourt		0)	97		777	196			
DEP DOL	Amended Amendment				ate, Zip Co y Hill N					c _{iyey}	4617	7			
DOH DCA	instification) Cancellation	- (f Contact y Home		ment			Tele	ephone N	lumber			
				FAC	LITY INF	ORMAT	ION	ST 12. C-1							
Name of Facility Where A Resident	Abatement is Takin	g Place (3)					_	of Facility (4 School (K-1)	8					
Street Address 10-12 Decatur Ave									Subchapter Other (i.e. poetc.)	8 (Othe			ldings	, hom	es,
City (5) Margate									re Feet	# of	Floors		Bldg. i	Age	
County (6) Atlantic	4.6604				Code (7) USE ONLY	,		Curre	ent Use (Prio	or if bein	ng demol	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8))	ASCN	/ No.		Name Ani 8		tement Con	tractor	(9)				
Street Address							Street		(87.6%)						-
City Chata Zia Cada	-					****	1212	Burli	ngton Ave	9					
City, State, Zip Code							A 100 March 200		ip Code NJ . 08075	5					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 856-8				License 07010				
Start Date (10) 6-5-13		Schedul 6-15-1		npletion	Date (11)		Name self	of OSH	HA Monitor						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addres	SS						
Facility Closed/Vaca Abatement Perform	ed Outside of Nom	Period of a	Abatem Hours	nent			City, S	tate, Zi	ip Code						
Other – Describe:															
Scope of Work (Check A	II That Apply)						_	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(Administry)	Renova Demolit				×	Min Glo	I Containme ni-Enclosure ovebag Procon-Exempted	edure	Ü			re	
	2-12-1-120-1-120-1	le le	Locati	00			- Name	1101	LACINIPICA	() dire	111011111	abic 1 1		emen	t
Location	ı of	1	Normal	ly		De	scription	of					T	уре	
Asbestos-Containing	Material (ACM)		ed Sole iintenar			tos Conf	taining M	laterial			nount			ū	
TO BE ABA		1 200	todial S		(i.e.		systems cing, VA		ition,		pecify or LF)	Remova	Repair	ncap	inclo
(13)	8 .5 .0		(12)				niscellan			(175.R)		lova	pair	Encapsulate	Enclosure
		Yes	No	N/A										fe	Ф
Outsio	ie 			X		(AC	M) Sid	ing		20	000sf	х	_		
		-											-	-	
Name of Registered Was	sto Unidos		LA	JDEP W	(=====	Cubia	Vanda		Nama of F	2 = 1 = 4 =		EII			
J Ro0binson Waste	ste riaulei		Н	auler ID 3280		of Was	Yards ste	14 H A 2 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3 A 3	Name of F WM of F		red Land	1113			
City, State Bellmawr NJ	**************************************					Dispos	sal Date		City, State Tullytow						
Completed by Joseph T Hill		Title VP				S	ignature					Date 5-24-1	3		

5 -24-13					f Building asserma		Operator	r (2)			Ç.	1		3		
Agencies Notified EPA	Type Notification			Street A 426 N	ddress . Thurlo	w Aver	nue	- 193			Λ.	E.	1			
DEP DOL	Amended Amendmen		_	City, Sta Marga	ate, Zip Co ite,NJ	ode							5	, 3		5
DOH DCA	Emergency justification) Cancellation	10 10 No. 970			f Contact asserma	an			1	Tel	ephone	Num	den.	0	4	
				FACI	LITY INF	ORMAT	ION									
Name of Facility Where Resident	Abatement is Takir	ng Place (3)	'						of Facility (4 School (K-12							
Street Address 426 N. Thurlow Ave	enue								Subchapter of Other (i.e. pretc.)	8 (Oth				dings.	home	es,
City (5) Margate									re Feet	# 0	f Floors			ldg. A	\ge	
County (6) Atlantic					Code (7) USE ONLY	,		Curre	ent Use (Prio	r if bei	ing demo	olishe	ed)			
Name of Monitoring Firm	1 Hired by Building	Owner (8)		ASCN	/ No.			of Aba & Joe	tement Cont	tractor	(9)					
Street Address	(# (- #2-22-22-22-22-22-22-22-22-22-22-22-22-2						Street	Addre		·	·					
City, State, Zip Code							City, S	State, Z	ip Code NJ . 08075							
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Telepi	hone N	lo.		Licens 07010					
Start Date (10) 6-12-13	T1 T2 C C C C C C C C C C C C C C C C C C	Schedule 6-22-13		npletion	Date (11)				HA Monitor		0,01					
Occupancy Status Durin	a Abatament (Cha							Addre	00							
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire led Outside of Norr	Period of A	baten						ip Code		a 131.38 (-					
Scope of Work (Check A																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	enova emolit					Mir	II Containme ni-Enclosure ovebag Proce n-Exempted	edure					e	
		Is	ocati	ion						No. Co.				Abate	ement	
Locatior Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED ity	Used Mair	ormal I Sole ntena	ly ly by	Asbes (i.e.	tos Con thermal surfa	scription taining M system cing, VA niscellar	Material s insula T, or	I (ACM) ation,	(8	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Outsid	de	100		X		(AC	M) Sic	lina		2	000sf		x			
		+-+	*	+												-
	*************************************					•		-				\dashv				
Name of Registered Was	ste Hauler		100000	JDEP W		1 1000000	Yards		Name of R	Registe	red Lan	dfill				
J Ro0binson Waste				lauler ID 8280	No.	of Wa			WM of F							
City, State Bellmawr NJ						TBD	sal Date		City, State Tullytow							
Completed by Joseph T Hill		Title VP				S	Signature	9				Date 5-2	4-13	3		

Date of Notification (1)					vner/Operat	tor (2)		,		2.,			
5 -24-13 Agencies Notified Type Notification			treet Add				_3	, i		1	7 %		\dashv
				hurlow A	Avenue		27 (2) A	Q	4/00	•	- 1	ź,	4
DEP Initial Amended Amendment #_		1	ity, State Margate	, Zip Code e,NJ	•				C.	4			
DOH justification) DCA Cancellation	cluding	1 333	ame of C				1		ohone Numl	oer	60		
			FACIL	ITY INFO	MATION	T=	£ Facility (4)					-	\dashv
Name of Facility Where Abatement is Taking F Resident Street Address	Place (3)					S S	of Facility (4) school (K-12) subchapter 8 other (i.e. priv	(Othe	r than K-12) commercia	l buildir	ngs, h	omes	,
501 N.Union Avenue City (5)		-				е е	tc.) e Feet	# of	Floors	Bld 70	g. Ag	е	
Margate		10	County C	ode (7)			nt Use (Prior	1	g demolish	ed)			
County (6) Atlantic			STATÉ U	SE ONLY)									
Name of Monitoring Firm Hired by Building Ov	wner (8)		ASCM	No.	A	ni & Joe l		actor	(3)				
Street Address					100000000000000000000000000000000000000	reet Addres 212 Burlii	s ngton Ave		7				
City, State, Zip Code		-			Cit	ty, State, Zi elanco .N	p Code NJ . 08075	;					
Project Manager for Monitoring Firm		T	Telephor	ne No.		elephone No 56-824-0			License No.	0.			
Start Date (10)	Scheduled	Com	pletion [Date (11)		ame of OSH	HA Monitor						
6-10-13 Occupancy Status During Abatement (Check	6-20-13					elf reet Addres							-
Facility Closed/Vacated During Entire Postatement Performed Outside of Normal Other – Describe: Demo Scope of Work (Check All That Apply)	al Facility F	Hours			Ci	ity, State, Z	ip Code	ant with	Negative F	Pressur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Emproved	nova molit				H Mi	ni-Enclosure ovebag Proc on-Exempted	edure				e	
	Т			Ι		INC.	JI-Exempled	() an	d Holl I had	T	Abate	ement	
		ocat ormal			Dagori	iption of				-	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair	ntena	Staff?	Asbes (i.e.	tos Contain thermal sy surfacin	ning Materia stems insul g, VAT, or cellaneous)	lation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						2000-5	-	-	\vdash	\vdash
Outside			X		(ACM) Siding			2000sf	x			
			-										L
Name of Registered Waste Hauler			NJDEP V Hauler ID		Cubic Ya				tered Landf	111			
J Ro0binson Waste			Hauler IL 28280	J NO.	10		WM of City, Sta						
City, State Bellmawr NJ					Disposal TBD	Date	Tullyto						
Dellillawi 140						nature				ate			

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



Ch 3260

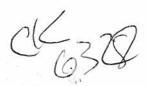
Date of Notification (1) 5/24/13	1.			Building Ow Weeks (I					ida -	129.				V.	
Agencies Notified Type Notification		100	Street Add	dress een Ridg	e Rd		Ý,) (71 <u>2</u> 3	46	5		
EPA Initial Amended Amendmer	t #			e, Zip Code es NJ 08					10.	14.0/4	1/ 5,				
)	1 0 2	Name of O	Contact					Tele	phone Nu	ımber .)			
DCA Carlocilatio			FACIL	ITY INFOR	MATI	ION									
Name of Facility Where Abatement is Taki Steven Weeks (Private Home) Street Address	ng Place (3)			-			Sc Sc	f Facility (4 chool (K-12 ubchapter	2) 8 (Othe	er than K-	12)		24		
207 Green Ridge Rd								ther (i.e. p	rivate 8	k commerc	cial buil	aing	s, no	omes	
City (5) Voorhees NJ 08043							Square 1000-		# of 2	Floors		3ldg 35+	. Age	е	
County (6) Camden			County C	ode (7) SE ONLY)			Curren	t Use (Pric	or if bei	ng demoli	shed)				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM	No.		The state of the s	of Abate aco In	ement Con	tractor	(9)			-		
Street Address		-	L				Address Box 32								
City, State, Zip Code							tate, Zip	Code NJ 080	91						
Project Manager for Monitoring Firm		T	Telephon	ne No.		100000000000000000000000000000000000000	none No 753-98			License 00727	No.				
Start Date (10) 5/25/13	Scheduled 5/29/13	d Com	pletion [Date (11)		Name Sam		A Monitor		19					
Occupancy Status During Abatement (Ch		9)				Street	Addres	s					-7.5		
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: Home Owner will	e Period of Al	batem	ent			City, S	state, Zip	Code							<u> </u>
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emolit					Min Glo	Containm i-Enclosure vebag Pro- i-Exempte	e cedure				dure		
				<u> </u>			1401	I-Exemple	4 () 41	id i toir i ii				ment	Ď.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Locati ormal d Sole ntena odial S (12)	ly by nce/ Staff?	Asbesto (i.e. t	es Co herma surf	escription ntaining M al system facing, VA miscella	Material is insula AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal		Repair	e Encapsulate	Enclosure
Basement	Yes	No	N/A X		Flo	or Tile	only		4	50 SF	x	+	7	7.5	T
Dasement		31977	<u> </u>				,					1			
									117			1			-
			NJDEP V	Vacto	Cub	ic Yards		Name of	Regis	tered Land	dfill				
Name of Registered Waste Hauler United Containers		F	Hauler ID 2459			/aste		G.R.O			59				
City, State Elm NJ						oosal Date 9/13	e	City, Sta Morris		A 1906	7				
Completed by Anthony T Perna	Title Presi	dent				Signatu	re				Date 5/24/	13			

of zeel

Date of Notification (1) 5/23/18 5/24//	?			Name of Robert	Building C Kuchins	wner/ski (P	Operator rivate h	(2) Hom	ne)					7.7.		
Agencies Notified	Type Notification		1	Street Ac	and the second second second second second					29	## 2:	4/1				
EPA DEP DOL	Initial Amended Amendment				te, Zip Coo			B	Ø 1/6		1			1021014		
DOH DCA	Emergency justification) Cancellation			Name of Robert							ephone N	Numbe	r			
D DCA	Cancellation					DBIAT	TON					169				\dashv
Name of Facility Where		g Place (3)		FACIL	LITY INFO	RIVIAI	ION	Ту	pe of Facility ((4)						
Robert Kuchinski (F Street Address	Private Home)	100							School (K-1 Subchapter		or than K	′-12\				
346 N 9th Street								×	Other (i.e. p				uildi	ngs,	home	s,
City (5)								Sq	etc.) uare Feet	#0	f Floors		Blo	dg. A	je	\dashv
Surf City NJ 08008									00 +	2			1000	i +		
County (6) Ocean				County C STATE U	Code (7) ISE ONLY)			100000	rrent Use (Pri ome	or if bei	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.				batement Cor	ntractor	(9)			-		
N/A							Pern							•		
Street Address							Street PO I									
City, State, Zip Code	On the state of th						D = 0.000 M < 0.000		, Zip Code erlin NJ 080	091						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Telepi 856-		No. 8-9800		License 00727					
Start Date (10) 6/5/13		Scheduled 6/14/13	Com	npletion [Date (11)		Name Sam		SHA Monitor							
Occupancy Status Durin	g Abatement (Che	ck Only One)				Street	Add	Iress							-0.000
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	State	, Zip Code						-	
Scope of Work (Check A	Il That Apply)					_										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	w macrippiy)	and the same of th	nova moliti					-	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					e	
												$\neg \top$			ment	1
Locatio	n of	No	ocati ormali	ly		D	escriptio	n of	2					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Custo	itenar	nce/	Asbes (i.e.	tos Cor therma surf	ntaining I	Matens in: AT, c		(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Sidina	+ - +		X		Ext	erior Si	idin	<u> </u>	17	700 SF	7				
Exterior	Jiunig	+		ļ								+				
		1										_				
Name of Registered Wa	ste Hauler		15.55	JDEP W		7.55-239-239	c Yards		Name of	Regist	ered Lan	dfill				
United Containers		100000	lauler ID 2459	NO.	of W	asie		G.R.O	.W.S.					202		
City, State Elm NJ	ity, State					Disp 6/14	osal Date	е	City, Sta Morris		A 1906					
Completed by Anthony T Perna		Title Presid	lent				Signatur	re L				Date 6/2	##	5/2	24/1	3

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

Date of Notification	on (1)				Owner/Operator	r (2)					
5-24-2013			Mark G	leas	on	2012			, 1		
Agencies Notified	Type Notific	ation	Street Addr	ess		- 44/J/My	20	1-			
[]EPA	[X]Initial		1669 B	road	l Street		29 _{Air 2} ,	,			
[]DEP	Notific	ation	City, State	, Zip	Code	74	5	70			
[X]DOL	[]Amended		Bloomf	ield	l,NJ, 0700	3) & Line					
[X]DOH	Notific	ation	Name of Cor				ne Number _				
[]DCA	[]EMERGENO	Y.	Mark G		ion	t	ie number _	7			
[]DCA	[]Cancella	tion			.011		•	77			
			FACI	LITY	INFORMATION						
Name of Facility Wh		is Taki	ng Place (3))		Type of Facil	ity (4)				
Same as above	€					[]School	(K-12)				
Street Addres							ter 8 (Othe				
							i.e., priva uildings, h				
						Square Feet	# of Floo	ors Bl	.dg. I	ıge	
City (5		County	(6) Essex	100000	inty Code (7)	2400	2		80	5	
				(S	TATE USE ONLY)	Current Use (Prior if be	eing der	molis	ned)	
		ESSEX	ζ					11357			
Name of Monitoring Owner (8)	Firm hired by	Buildin	ASCM No.		11	ment Contracto	5				
N/A					AZTECH N	<i>I</i> ANAGEMENT	, Inc.				
Street Address					Street Addres						
					86 Chris	stopher St	•				
City, State, Zip Co	de				City, State,	(1845년 - 보호다음(1855년 - 1820년 -					
					Montclai	r, NJ 070	42				
Project Manager for	Monitoring Fi		lephone Numb	er	Telephone Num	ber	þ	License	Numb	er	-
		N,	/A		(973)744	1-8800	1	0037	1		
Scheduled Start Date	e (10) Sche	d. Comp	letion Date	(11)	Name of OSHA	Monitor			-		
6-11-201	.3	6-12-	-2013		N/A						
	Action to the second se		Day Year								
Occupancy Status Du. [X]Facility Clo					Street Addres	S					
of Abatemen		e w									
[]Abatement Pe Hours - Desc	ribe: «OffHour			сy	City, State,	Zip Code					
[]other - Desc	ribe: «Other Od	cupancy	Descript»								
Scope of Work (Check	k all that app	ly)						ACT CONT			
[X]>3 sf or	>3 1f	г	X]Renovation	,	0.70	Containment wi Enclosure	th Negative	Pressu	ire		
[]≥160 sf]Demolition			bag Procedure					
VIII)	7000		Is	Г	[]Non-F	riable Procedu	re	Jaha	+	⊥ m	
Location	n of		Cocation		Description	on of		Aba	temen	E	YPe YPe
Asbestos-Con	: 성진 원급 11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	1	Tormally Used		Asbestos-Con	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amount	R	R	N	N C
Material TO BE AB			Solely By Main-		Material ((i.e., thermal	T	(Specify	M	P	A P	C
In Facil			cenance/ ustodial	in	sulation, surf	1 (1.5. 1.5. 1.5. 1.5. 1.5. 1.5. 1.5.	LF)	V	A	S	S
(13)		Yes	aff (12)		or other misce	llaneous)		A L	R	L	R
Basement		Tes	No N/A	Pir	e Insulat	ion	80 lf	x		•	_E_
	1.100									\dashv	_
5000000000		-			***************************************					-	_
Name of Registered V	Waste Hauler	NI.	JDEP Waste	Cui	bic Yards	Name of Regi	stered Land	 fill			
AZTECH MANAG		C Ha	auler ID No.	198	Waste 1	G.R.O.W.					
		1	7040				-				
^{City, State} Montclair, NJ	07042			10.00	sposal Date 5-13-2013	City, State Morrisvi	אם פון	1906	7		
LOMECTALL, NO	37032				13-2013	FOLLISAT	LIC, EM	1300	, ,		
Completed By (Print	or Type) Tit	le			Signature	11-1-	-1/	Date			
Constantine V	ivian Pr	eside	ent		/ 7	uch li	1/-		-2013		
					12	n) puin	1 /	-L		-	



Date of Notice 5/24/13			Manage verilians - concerna	ner /	Operator (2)	1172	9 700		
Type Notification		Vincent F			7.	e-/h-	347	7. 471	
	ency Notification		th Isemin		St /3	4 4 /2 /2			
	lotification ed Notification		& Zip Code hia, PA 19		3	-1;	4//10	18/	ace - 10 to - 0 to 500 to - 0
X DOH Cancell	lation	Name of C						Telephon	e Number
DCA		Vincent F	erraro						
		FACILI	TY INFOR	RMA	TION				•
Name of Facility Where Abatement Res	t is Taking Place	ce (3)			of Facility (4) School (K-12)				
					Subchapter 8 (Oth	er than K-	12)		
92 Gle	enn Drive			X	Other (i.e., private			dings, home Bldg. Age	
City (5)	County (6)	County Code		Squa	1,500	2		blug. Age	60
F	ounty (0) Ocean	County Code	10000	Curr	ent Use (Prior if be		chod)		00
	Joean			Hou		ng demon	oneu)		
Name of Monitoring Firm Hired by E Environmental Tactics, Inc	Building Owner	r (8) AS			e of Abatement Co				
Street Address					et Address	3. 7.1000,			
64 Broad Street					Schoolhouse R	oad			
City, State & Zip Code					State & Zip Code	(2)			
Matawan, NJ 07747					roe Township, I	NJ 08831			
Project Manager for Monitoring Firm Tom Geiger	7	elephone Num 732-290-2217		732-	phone Number 605-9062		License	Number 0071	1
Scheduled Start Date (10) Sci 6/5/13		oletion Date (11 6/6/13			e of OSHA Monitor oal Abatement S		LLC		
Occupancy Status During Abateme X Facility Closed/Vacated Dur					et Address Schoolhouse Re	nad .			
Abatement Performed Outs	1000		_		State & Zip Code	Jau	-		
Describe: Area Isolated Other - Describe:				Professional contra	roe Township, N	NJ 08831			
Scope of Work (Check all that apply	()								
X Demolition	Renovation	n			Full Contains	ment with	Negative	Pressure	
Large Project					Mini-Enclosu	ire	1070		
Quantity is ≥ 3 SF or ≥ 3 LF					Glovebag Pr	ocedure			
X Quantity is \geq 160 SF or \geq 2	60 LF ACM			37		n-Friable)		
Location of		Is Location			cription of	Amo			nent Type
Asbestos-Containing Material (ACM)	1	Normally Used Solely by			s-Containing rial (ACM)	(Spe Square			: Removal, ncapsulation
TO BE ABATED	l N	Maintenance or			rmal systems	Linear			ncapsulatior closure)
in Facility		Sustodial Staff?	insulat	tion,	surfacing, VAT		/		
(13)		(12)			niscellaneous)				
Exterior		N/A		S	iding	100	SF	Rai	noval
					9	100	J.	1,01	
Name of Registered Waste Hauler Freehold Cartage	N.	JDEP Waste H		1	Cu. Yds. of Waste	Name of TRRF	Register	ed Landfill	
City, State Freehold, NJ			eest sp		Disposal Date 6/6/13	City, Stat			
Completed By (Print or Type)	Title				Signature		, - u		Date
Dominick Tringali	Pres.				Dominick Tr	ingali			5/24/13
ASB-41 JUN 95 G4667									



Date of Notification (1)			NI	amo of Buildi	ng Owner/Operator	(2)	201.		
May /_	15 , 20	13	l i	Abby	9chi FF	(2)	**************************************	20	
Agencies Notified EPA DOLWD	Type Notification Initial Amended			reet Address	11 OSb	orn Au	e	4.7	2
☐ DHSS	Amendment #		Ci	ty, State, Zip	1 1 0 0 1 -	١ +	~ ~~~~	5.4	
DCA	Emergency (in	cluding	NI	ame of Conta	largate	<u> </u>	Telephone Numb	100	
(NJAC 5:23-8)	justification) Cancellation		INC	Anni	an W. a		J Jaiannona Kirimi	Nar	4
	L			FACILITY	NFORMATION		<u> </u>		
Name of Eacility Where A	batement is Taking	g Place (AOILITT	III OIUMATION	Type of Facility	(4)		
Megic	lence	5 (3				☐ School (K-1	2)		
Street Address	Usburn	A	e.				8 (Other than K-12) private and commerce.)		gs,
City (5)	010	10				Square Feet	# of Floors	Bldg. A	ge
County (6)	are A	7).	C	ounty Code	(7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)	YIS
Name of Monitoring Firm	Hired by Building (Numer (8)	IAS	CM No.	Name of Abatem	L Me	Bickence		
ENVIRONMENT	1 0/1	agem		Tubeal.	Jan Mon		zuvironme	2616	Bervice
Street Address	alliar	A Gari	UPF.	LARGIU.	Street Address	TULL	SUMOTHIE	niai -	ervu
204 G. Germ	antown -	rthe)		14 Rea	of Dr.			
City, State, Zip Code	\sum_{i}	Cila	1		City, State, Zip C	1 1	1 (500		
Project Manager for Monit		940		as No		ville.	77. 0808	1	
Ryman)	11 5010	arresta la	Telepho	- BH-5	Telephone No. 318	1201	Ecense No.	0	
Start Date (10) a In	 Sched 	uled Cor	npletion	Date (11)	Name of OSHA N	Monitor	1 0110	3	
05/82/	8013 W	01	09	18013	Gramor	1-tech	Survivonm	ental	Priving
Occupancy Status During	Charles and the second of the				Street Address	, , ,	20111017111	Crice	Sivide
☐ Facility Closed/Vacated ☐ Abatement Performed	d During Entire Per	riod of Ab	atemen	t Događba	14 0	eacl Dr	~ %		
Time of Abatement:	100AM-3.30 PM	N	PM	AM	City, State, Zip Co	ode	II. 0808	1	
Scope of Work (Check all	that apply)				Dichler	VILLE , 1	4. 0008	/	
≥3 sf or ≥3 lf		П D				tainment with Ne	gative Pressure		
160 sf or ≥260 lf		☐ Rend				g Procedure			
					☐ Non-Exe	mpted (*) and No	on-Friable Procedure		
Location of	of	No	ocation rmally		Description of	ıř		-	ent Type
Asbestos-Containing N TO BE ABA			Solely be enance.	, ASU	estos Containing Ma	terial (ACM)	Amount	Repair	Enclosure
IN Facility		Custoo	dial Staff		e., thermal systems surfacing, VAT		(Specify SF or LF)	oval	nsdr
(13)		1	12) No N	/A	other miscellane	ous)			late e
1 may Son	CP			1 70	0 119.10	Lr.o	200 LF	10	
Citati spa				1 A	e manus	TIUI	200 CF		
				-					
Name of Registered Waste	e Hauler] [P Waste	Cubic Yards of	Name of Regi	stared Landfill		
American 1	Lanani	a al		r ID No.	Waste	1 Mo)	Nage	Cons
City State	1 Dealer	47	UI)	JU	Disposal Date	City, State	JUIO-TIC	neer	Crossi.
10 DOX 34	18 Lum	oe/tc	\cap			1	ed Lane	217	rdebr
Completed By (Print or Type					Signature	///		e /	/ Dh
Willis Grance	im	Uw	ner		M	BL	Dat	1/5/	13
SB-41						7			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	May 24, 2013	Č			Name of	f Building	Owner/Ope Debbi	erator (2) e Convery	- 47	u.	2(7.0	18	
Agencies Notified [X] EPA		al Notifi			Street A	ddress	118 N	orth 4th Avenue) ₄	`/^	47.			
[] DEP [x] DOL [x] DOH	Ame	ndment	(including		City, Sta	ate, Zip Co		and Park, NJ 08	3904	44011		2.6		
[] DCA		fication cellation			Name of	f Contact Debbi	e Conver	у	Telepho	ne Number	ψ - τ	_		
				FA	CILITY I	NFORM	IATION							
Name of Facility Where Al	batement is Takin idence	g Place	(3)					Type of Facility] Scho	ool (k-12)		1.10		
Street Address	North 4 th Ave	nue				521.53		[x]	Othe	chapter 8 (o er (i.e., priva es, etc.)				ldings,
City		Cour	nty (6)		County C (STATE I	ode (7) USE ONL	Y)	Square feet 1500 sf	# o	f Floors		g. Age	50	
Highland Par			ldlesex						dence	demolished	i)			
Name of Monitoring Firm	Hired by Building Irdian Contrac				ASCM N	0.	Name of	Abatement Contra		ntracting,	Inc			
Street Address	9 Rte. 9, Unit	iic.				Street Ac	ldress	coreen en	9, Unit 61					
City, State, Zip Code						City, Sta	te, Zip Code							
	ns River, NJ 0	T-1-1	- XT - 1			T 1 1		s River,	New Jers			271		
Project Manager for Monit Nicholas Fern		Telephon 732-349		r		732-34	e Number 9-9932		License N 00624	Number				
Scheduled Start Date (10) 6/6/13	10014		d Comple	tion Date (1	11)		OSHA Monitor	.S.L. An	L					
Occupancy Status During A				62.101 YAYA			Street Ac	ldress		LLA I C.		H		
	ity Closed/Vacate							1056	Stelton	Road				
	ement Performed r – Describe	Outside	or Normai	racility i	Hours		City, Star	e, Zip Code Pisca	ataway, l	New Jerse	y 088	54		
Scope of Work (Check all t	that apply)						[]	Full Containn	ent with N	Negative Pre	ssure			
			121 121				[]	Mini-Enclosus						
	or≥3 lf		[x]	Renov			[x]	Glovebag Pro		. r: 11	D 1	0000		
[] 2100	sf or ≥260 lf		_ L _ I	Demol	ition		L J	Non-Exempte	d (*) and N	Non-Friable	Proced	ure		
											Abat	ement	Туре	
•			Is Location				Descriptio				R	R	Е	E
Location o Asbestos-Containing M			Normally t Solely b				estos-Con laterial (A		100	amount secify SF	Е	E	N	N
TO BE ABAT		Mair	ntenance/C				, thermal s		102 12	or LF)	М	P A	C	C L
in facility		111	Staff				lation, sur	facing,		,	0	I	P	0
(13)			(12)				VAT, o				V	R	S	SU
		YES	NO	N/A		otne	er miscella	neous)			A L		L	R
		1100		1071		np 2000 100% P 2							Е	Е
Basement			X		Asbest	tos pipe	insulation	1	80	lf	X			
						1112-20016								
Name of Registered Waste Guardian Cor			NJDEP Was	ste Hauler 20223	r ID No.		rds of Wast	e Name of Reg T.R.R.F.		rdfill				
City, State	macing, mc.				sal Date	3	City, Sta			- 930/37		94 H		
Toms River, 1				6/10/	/13			wn, Bennsylva	nia 🕖					
Completed by (Print or Typ Nicholas Fern		Title Proje	ect Manag	ger	Signatu	9/1/	hat	ter	1		Date 5/24	1/201	3	



Date of Notification (1)	410		T	Name of	Building O	wner/Operat	or (2)		N.	14/2.	`		1		
Ma	y 24, 2013			Johnson	Control	s, Inc		3	1810	<u> </u>	9		1	29	15
Agencies Notified	Type Notification			Street Ad	Idress				4		10	73			4.
⊠ EPA	Initial		1	1000 Rd	oute 202				57	0-1		57	1		
DEP	Amended			City, Stat	te, Zip Cod	е				140)			6		
DOL	Amendment #		F	Raritan,	NJ 0886	69					16	4			
₩ рон	justification)	icidality		Name of	Contact				Tele	ephone N	Number	•			ļ
DCA	Cancellation		ı	Michael	Petrozzi	ello			1						
				FACIL	LITY INFO	RMATION	T = -	-6 F111a //	-						
Name of Facility Where	Abatement is Taking	Place (3))				Туре	of Facility (4	+)						
Farm Office							$-\square$	School (K-1) Subchapter		or than K	(12)				
Street Address								Other (i.e. p	rivate 8	& comme	ercial bu	ildi	ngs, h	ome	s,
670 Rt 513			11000					etc.)							
City (5)							Squa	re Feet	# of	Floors		Blo	lg. Ag	е	
Pittstown NJ															
County (6)				County C			Curre	ent Use (Pric	or if bei	ng demo	lished)				
Hunterdon				(SIAIE C	ISE ONLY)		111			Farm					
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	No.	Nan	ne of Aba	atement Con	tractor	(9)					
EHS Innovators						The	MACK	Group, LI	LC.						
Street Address			-00			Stre	et Addre	ss							
260 U.S. 202						150	0 Kings	HWY N,	STE 2	209					
City, State, Zip Code	1000					City	, State, Z	Zip Code							
Flemington, NJ 0882	22					Che	rry Hill,	NJ 08034	4 .						
Project Manager for Mo	The second secon			Telephor	ne No.	Tele	ephone N	lo.		Licens	e No.				
Bob Kretvix			9	908-397	-7506	(973	3) 759 -	5000		00781					
Start Date (10)		Schedule		mpletion [-	HA Monitor		-					
5/6/13	3			5/6/14		The	MACK	Group, L	LC.						
Occupancy Status Durin		Only On	e)	D		and the same of th	et Addre			1					
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	ned Outside of Norma	al Facility	Hour	S		-		Zip Code			- 2	- 27			
Other - Describe:						— Che	rrv Hill	NJ 08034	4						
Scope of Work (Check /	All That Apply)					10110	,								
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≥160 sf or ≥260 lf			emol					ini-Enclosure		i itogani					
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City, State						Disposal D		City, Stat							
Freehold / Newark,	NJ	,				5/6/		Imperial	, PA 1	15126		_			
Completed by		Title				Signa	ture	19/_			Date				
Michael Cooper		Presid	dent			-		/			5/24/	13			

Date of Notification (1)				Name of	f Building	Owner/C	perator	(2)	W	(Pro	0,			
May				Johnso	n Contr	ols, Inc		2812		The Same	ý)			
Agencies Notified	Type Notification			Street A	ddress			2013 11 77	29 54	0. 7				
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Name of Facility Where	Abatement is Takin	g Place (3)	FACI	LITY INF	ORMATI	ON	Type of Fa	cility (4)					
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City (5)								etc.) Square Fe	et #	of Floors	Т	Bldg.	Age	
Pittstown NJ								oquare r c		0. 1.00.0		5.49.	.50	
County (6)				County (Code (7)			Current Us	se (Prior if b	eina dema	olished)			
Hunterdon					ISE ONLY	o		ourrain or	se (1 1101 11 0	Farm				
	Hired by Building	Owner (8)		ASCM	1 No		Name	of Abateme	nt Contracto			-		
EHS Innovators	,						- Y2 (0.5)	ACK Gro						
Street Address	May 03, 2013 ites Notified Type Notification PA							Address	ир, ссо.					-
260 U.S. 202	May 03, 2013 les Notified Type Notification PA						1500 I	Kinas HW	Y N, STE	209				
City, State, Zip Code	May 03, 2013 Is Notified Type Notification If A Initial Amended Amendment # Emergency (including justification) If Facility Where Abatement is Taking Play Office didress 513 In NJ (6) Idon If Monitoring Firm Hired by Building Owner Inovators							tate, Zip Co		200				
Flemington, NJ 0882	May 03, 2013 Dies Notified Type Notification EPA							Hill, NJ			8			
E. HOLD STREET STREET, SHE SHOW THE STREET, ST				Telepho	ne No.			one No.		Licens	e No.			
Bob Kretvix			ç	08-397	7-7506		(973)	759 - 500	0	00781				
Start Date (10)		Schedul	ed Con	npletion	Date (11)	N.	Name	of OSHA M	onitor	ii ii				
5/6/13				5/31/13	3		The M	ACK Gro	up, LLC.					
Occupancy Status During	DOH DCA justification Cancellation cancellati						Street	Address						
							1500 H	Kings HW	Y N, STE	209				
	ed Outside of Norm	al Facility	/ Hours	3			City, S	tate, Zip Co	de					
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Scope of Work (Check A	I That Apply)	50000												
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Location	of		Normal			De	scription	of					уре	Т
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		10000	todial 5		(1.6		systems cing, VA	s insulation, T, or		(Specify SF or LF)	Rem	Re	cap	nclo
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City, State	ewark Carting			222	33	Diene	0.9 sal Date		Imperial y, State	Lanatiii				_
- 101 - 102 - 104	or.						5/31/13			15126				
Completed by	J	Title					ignature		erial, PA	13120	Date			
Michael Cooper		Presid	lent					191			5/3/13			
Michael Coopel		1 10010	CILL			1-10000					010110			

NOTIFICATION OF ASSESTES ABATEMENT (Pursuent to NJAC 8:00 and 12:120)

Date of Notification (1) 3/12/13		Name	of Build	ing Owners	perator (SITIE	NS .	LLC/HAN	OU	巨尺		
Agencies Notified Type Notification	_			FORT				RIGHE	JAL	E	Ш	1
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DOH justification)		1	e of Con	SCHLU SCHLU	LSSE		1					
				BILORINAT					_	-	American	4
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110 EAST HANDUER AU	E.					etc.)		a Commercial but	Birty.			+
CEDAR KNOLLS						Square Fe		2		0		
County (5)		Cou	nly Cod	e (7)		Cruspant II	an /Shine IF	eing demolshed) EMOLITIO	שפ			1
MORRIS Name of Monitoring Firm Hired by Building Corner	700		SCM N		[Name	of Abelem						-
Name of Montgring Plan Filled by School of Contract	fel	ľ	athena say	•	A.N	Aac Contr	acting In	2		-		_
Street Address	- 00				Street 105	Lowell R	cad					
City, State, Zip Code	- independent				City, Gle	State, Zip C in Rock, i	ode I.J. 0745					
Project Manager for Monitoring Firm		Te	isphone	No.		phone No. 1-282-584	1	License No. 00156				
Start Date (10) /2-6/13 Sohr	6/3	Como	elion Da	in (11)	Nam	e of CSHA nega Envi	Monitor ronmenti	al Services Inc.				
Occupancy Status During Absternant (Check On				-		et Address	Mana A	A CONTRACTOR OF THE CONTRACTOR				
ER Court, Classell Insolad Project Entire Perio	d of Ab		nt			State, Zip					-	\dashv
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Scope of Work (Check All That Apply)						STEPS						
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Location of Asbeston-Containing Material (ACM)	User	omaily 1 Solet	y by	Asbestos	Descripi Contaînin	g Meterial (ACM)	Amount			9	m
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TILOMICUMIT	Yes	1403	X	PIPE	E	BOW		2740 (90	X			
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	and the second second	restation.		THE RESERVE OF THE PERSON NAMED IN	FING	Name and Address of the Owner, where the Owner, which is the Own		698200	Chargesta		1	
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City, State Riverdale, New Jersey 07457					3/24	713 ow	City, State Bethlet	nem, PA 18015	- Contraction			
Completed by	Title	siden	}		Sign	2M	· Helo	1	5	123	11	3
R. McDonald	1.10	AL ADAL S				4/1.	1		NAME OF TAXABLE PARTY.	-		

NOTIFICATION OF ASSESSION ANATISMENT (Pursuint to NIAC 8:00 and 12:120)

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Date of Notifice	iion (1)	3/12/	13	1	HAI	JOVE	R HC	Qu.	4.0			RIGGEL	ALE.	24	8	
Agencies Nos		Type No	dicaton	1	153	3 10	RT LE	ER	OAU	-			To.			j.
E EPA		D M	nended 4				ode K, N,						\$		-	٦,
DEP DOL		James Born	nergency (including	-	TE	Contac	1, 10,	-			T	S-ar-a Subject Brook		-		4
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	e, Zip Cod				T Tal	sphone i	in.	70	anhona l	No.		License N 00156	D.			
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l Book	her - Deer		Timit Appliy)	-		NAME OF TAXABLE PARTY.			FER.			t with Magallet	Piessi	FB		
T 26	a of oras I	F				gn vn			5.	Mini-E	ACADISTACE.					
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PAGE 1 of 2

Date of Notification (1) 3/12/13		Nam	e of Bui	ding Owner/Op	erator (2	ISITI	ons	LLC/H	ANO	VE	R	
Agencies Notified Type Notification		Sina	et Addite	FORT L			140	RID	FEDA	LE,	U	9
EPA Initial Amended Amendment # 3	3	City	Stota 1	7in Coria			11	The Co				7
DOL Amendment # Emergency (Inclu	ding			ECK, K	7.0.	0 76	66	Telenhone Num	har			\dashv
IX DOH justification)		71777	ne of Co		CCEI		1	I Servitoria Marti	JGI		4	
DCA Cancellation		1.		SCHLUS			- 5	15				\dashv
Name of Facility Where Abatement is Taking Pla	ce (3)		PALLILI	T INPOPULATIO	100	Type of F	acility (4)					
FORMALLY BERLEX LA	B.5					Scho	noi (K-12)					
Street Address 110 EAST HANDUER A						Othe	r (i.e. priva	Other than K-12) ite & commercia) I buildin	gs, ho	mes,	
City (5)						Square Fr	eet	# of Floors	120000000000000000000000000000000000000	. Age		\dashv
CEDAR KNOLLS						84,0		2	1	60		\dashv
County (8) MORRIS		Co (S7	unity Coo	de (7) EONLY)	_	Current U	B / L	being demolish DEMOLI7	102	,		
Name of Monitoring Firm Hired by Building Own	er (8)	T	ASCM N	io.		of Abatem lac Confi						
Street Address					Street	Address						7
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Lowell R						\dashv
City, State, Zip Code					Gler	Rock, N		10.00				\dashv
Project Manager for Monitoring Firm		Te	lephone	No.		hone No. -262-584	11	License N 00156	0.			
Start Date (10) /2-6/13	heduled 5			te (11)	Name	of OSHA	Monitor ronment	tal Services I	nc.			
Occupancy Status During Abatement (Check C					Street	Address	1200 107					\neg
FFI South Closed Manager Diving Entire Per	ind of Ab	ateme	nt			Huyler 8						_
Abatement Performed Outside of Normal Other - Describe:	Facility H	lours			Hac	State, Zip (ckensack	c, NJ 076	306				
Scope of Work (Check All That Apply)						en .			_			1
23 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				Mini-i	Enclosure abag Proce	nt with Negative			. 20	
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Asbestos-Containing Material (ACM) TO BE ABATED		ntenan Idial S		(Le. them	al system	ns insulati	on,	(Specify SF or LF)	Removal	Répair	ocal	3
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PAGE 2 OF	2		(Mismu	HEL CO.		- Transit	r (2)	P.	11	- HANO	IER	-		
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Signatur - Communication	justifical Cancell	DON	1	AR	c 50	HLUSS							7	
DCA	E19			FACIL	MY INF	or Anen	Type o	Facility (4}	190				
Name of Facility When	e Abetement is	Taking Place (3)					chool (K-	2) - 2 (Other)	ghan K-12) commarcial buildin	he	mes.		
FARMALLY	DEKLE	74 2	CONTRACTOR OF STREET			CO CONTRACTOR OF THE PARTY OF T		Aper (re-	private &	then K-12) commercial building	ga, no		4	
Street Address //O EAS		ISR AUE	Ē.								g. pg=	}	-	
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							Cume	rit Use (P	rior if bein	g demolished)	0		1	
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MORRIS	s				CM No.		At an of Alex	stement C	OTHER	(a)	V - V - 1022			
Morking Name of Monitoring	Firm Hired by E	Building Owner ((8)	ASI	PIN LIA.		A. Mac C		IIG IIIO					
Name of Mormons			-		-		Street Adds	ess all Ross	4		-			
Street Address								The Code						1
Sucor			-				City, State, Glen Ro	ck, N.J.	07452					1
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Project Manager f	OL MOLMOranA				- Pala	M4)	Name of C	SHA Mo	nitor	Services Inc.				
		Sch	eduted (omple	tion Date	(11)			Titles ites	001				
Start Date (10)	3/26/1.	3		-6/			Street Ad	dress	not.					_
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Couperby City	adVacated Du	ring Entire Perk side of Normal F	od of Abs	demen ours	K.		City, Sta	e. Zip Co	NJ 0760	6				-
Absisment Other – De	PASSET BETTER STORMER	ring Entire Pent side of Normal F					Figure							
		Anoiv)	Name of Street, or other Desired					Pull Co	ntainment	with Negative Pre	95UT 9			
Scope of Work		46-21	☐ Re	novatio	on.		\$2 \$2	Mini-Er	COSUIS					1
23 af ar ≥3 ≥160 af or	if ≥260 if	프	De De	molitic	ព			Non-E	cempted (Jure) and Non-Frieble	Proce	bale	nerii	-
Ed 2100 31 01							- Gard				,	Tyr		
			Is	ocatio	m		0.19	al.				-1		
	Location of		N	ormaliy Soleh	y by	Achaelas	Description Containing M	isistal (A	CM)	Amount (Specify	R	70	Encapsulate	Enclosure
A charing-	Containing Male	rial (ACM)	R.Essi	rdener	nce/				n,	SF or LF)	Removal	Repth	nada	nso
700000	IN Facility	2	Cust	odiai S (12)	AMIL!		surfacing, VA ther miscellar	neous)	1		3		100	8
	(13)		Yes	No	N/A						-	-		
			169	140	+		DOW CAL	ille		306\$		-	-	-
THO	OUGHU	DUT			X	WIN				38748	X	1	-	+
1111		I			X		PIPI			16,64651		T		
			1	1	X.		OR TIL	<u> </u>		7,490 51	X		T	T
			+		X	MI	4577 C			Dealelsport Landi	ıı	-	F	
		Harder		1	NIDEPV	Neste	Cubic Yards of Wasts		Name of	A Bethlehem I	andi	III Ç	orp.	
Name of Re	gistared Waste	UGNIGE			Hauter II 20785	No.	240				-			
Rovic Tra	nspon				20100		Disposal Da	the	City, Sta	te shem, PA 1801	5	2000		
City, State	, New Jerse	v 07457					3/26/13			1/	Date	1.0	/12	
Riverdale	HOM DOLDO	, , , , ,	Tible				77	7/11	Lord	1	4/	1/3	/13	N.
Completed	uy		Pr	eside	nt		1/6	. /						100
R. McDo	naid									or asbestos licens				

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Date of Notification (1) 5/20/13					of Building			r (2)				71		1		· ·
Agencies Notified	Type Notification		-		n Ashby	-Kuriii	IIaii		40	1311	172	1 ,	_			
⊠ EPA	× Initial			60-62	Essex A	Avenue	Э				5-1. -		M Z	: 41	,	
DEP DOL	Amended Amendment		_		ate, Zip Co wood, N		40		10	de L	TITE ICFA		177	i si		
DOH DCA	Emergency justification) Cancellation				of Contact in Ashby	-Kuhlr	man			Tel	ephone	Nun	ber		Ž	
Name of Facility Where	Abatament is Takin	a Diago (2)		FAC	ILITY INFO	ORMAT	ION	-								
House	Abatement is Takin	g Place (3)						Туре	of Facility (4	18. 20.00						
Street Address			_					H	School (K-12 Subchapter		er than	K-12)			
60-62 Essex Avenu	ne							×	Other (i.e. pretc.)	rivate	& comn	nercia	ıl buil	dings	hom	es,
City (5) Maplewood		***************************************						200000000000000000000000000000000000000	are Feet	100000000000000000000000000000000000000	f Floors	3		Bldg. A	Age	
County (6)				County	Codo (7)			N/A	:	N//	1.5.	l' . l.		I/A		
Essex					Code (7) USE ONLY			Hou	ent Use (Prio JSE	r it bei	ng aen	nolisn	ea)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	M No.	NAU.			atement Cont		(9)					
N/A Street Address									tement, Ind	C.						
Street Address							Street 11 R		ess gren Aven	ue						
City, State, Zip Code									Zip Code NJ 07512							
Project Manager for Mor	nitoring Firm			Telepho	ne No.	15	Teleph 973-				Licen #006).			
Start Date (10) 6/06/13		Scheduled	Con	npletion	Date (11)				HA Monitor tement, Inc							
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Facility Closed/Vac	ated During Entire F	Period of Al	aten	nent					gren Aven	ue						00000
Abatement Perform Other – Describe:	Occupied	al Facility I	Hours						ip Code NJ 07512		* !					
Scope of Work (Check A	II That Apply)				1			_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×	Mi Gl	II Containment ni-Enclosure ovebag Proce	edure	Total Total				2	
		le I	ocati	on.				ı NC	n-Exempted	(*) and	1 NON-1	-riabi	e Pro		ement	
Location	ı of	No	rmal	ly		De	scription	of						Ту	ре	
Asbestos-Containing TO BE AB		Used Main	tenar	nce/		os Cont		1ateria	I (ACM)	200	mount specify		70		Ē	ш
In Facil (13)		Custo	dial 5 (12)	Staff?	(1.0.	surfa	cing, VA	T, or			or LF)		Remova	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		other i	niscenar	ieous)					val	 	ulate	ure
baseme	ent		X			pipe	insula	tion		11	10 LF		X	-		
	<u> </u>															
	71															
Name of Registered Was			71075	JDEP W		Cubic of Was			Name of R	egiste	red Lar	ndfill				
D&S Abatement, Inc			0.000	20996	INO.	TBD	sie		Waste M	lanaç	gemer	ntof I	PA			
City, State Totowa, NJ						Dispos	sal Date	7	City, State Tullytow,							
Completed by		Title				s	ignature	/	2/1	/	N	Dat				
Deanna Brkusanin		Projec	t ma	nager			11/	70111	10 KM	Ulle	u	5/2	0/13	3		

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Date of Notification (1) 5/20/13					of Building / Holste		perator	(2)		41/	My or			h. Kr.	Yang.
Agencies Notified	Type Notification)		Street A	Address edmond	d Road			70	14	- / < 9	4//	2:	* 1	
EPA DEP DOL	Amended Amendmen		_		ate, Zip C Orange		7079			£ţ.	LICEN	y e		6	
ĭ DOH	Emergency justification		İ		f Contact					Te	lephone Nu	mber		-	
☐ DCA	Cancellation				/ Holste						-		0)	
Name of Facility Where	Abatement is Takir	no Place (3	1	FAC	ILITY INF	ORMATI	ON	Tv	pe of Facility ((4)					
House	Abdicine to Taki	ig i lace (o						, yi		2006					
Street Address								H	School (K-1 Subchapter	12) · 8 (Oth	er than K-1	2)			
332 Redmond Roa	ıd ຸ							×	Other (i.e. p				dings	hom	es,
City (5)						-		Sq	etc.) uare Feet	# 0	f Floors	E	Bldg. /	Age	
South Orange								N/	A	N/	A	N	I/A		
County (6) Essex					Code (7) USE ONLY)	_	17/2/1/20	rrent Use (Pri ouse	or if be	ing demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	/ No.		Name	of A	batement Cor	ntracto	(9)				
N/A					il source		D&S	Aba	atement, Ir	ic.					
Street Address							Street 11 R		ress ngren Avei	nue					
City, State, Zip Code									Zip Code NJ 07512						
Project Manager for Mor	nitoring Firm		Т	Telepho	ne No.		Teleph				License N	No.			
				53					-8685		#00675				
Start Date (10) 6/05/13		Schedule 6/06/13		npletion	Date (11)				SHA Monitor atement, In	C					
Occupancy Status Durin	g Abatement (Che						Street	5000000							
Facility Closed/Vac				nent .					ngren Aver	nue					
Abatement Perform	ned Outside of Norr	nal Facility	Hours	3		İ	City, S	tate,	Zip Code					-	
X Other – Describe:						_	Toto	wa,	NJ 07512						
Scope of Work (Check A	VII That Apply)						_	_							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit				×		ull Containme		Negative I	Pressu	re		
			31110111	1011				1 6	Slovebag Prod	cedure					
								1 1	lon-Exempted	d (*) an	d Non-Frial	ole Pro			
		100 000000	Locati ormal	77.000					1					ement rpe	
Location Asbestos-Containing		Used	Sole	ly by	Asbes		cription		ial (ACM)	Δ.	mount				
TO BE AB	ATED	Custo	ntena			thermal	systems	s insi	ulation,	(Specify	Re	, D	nca	En
In Facil (13)			(12)				ing, VA			Si	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u>a</u>	"	late	lre
basem	ent	+	X			pipe	insula	tion	7	1	59 LF	X			
****										(310		+			
		1-1													
		+				-		-				+-	-		
Name of Registered Was	ste Hauler		N	JDEP W	/aste	Cubic `	Yards		Name of	Registe	ered Landfil		L		
D&S Abatement, Inc			Н	auler ID 20996		of Was					gemento				
City, State				-	****	1771	al Date	- 1	City, State						
Totowa, NJ						TBD	1	_	Tullytoy	vn, P					
Completed by Deanna Brkusanin		Title Projec	t ma	nager		Si	gnature	Mel	W K. Mi	ren \	P 1000	ate /20/13	3		
							02		- yuu	2110				-	

Date of Name

Date of Notification (1) 5/20/13					f Building		Operator	(2)	4/3//		*	64	1.3.		
				P2-10-711-00-00-00-00-00-00-00-00-00-00-00-00-0	Moshent	erg			7.1/4	129					
Agencies Notified	Type Notification Initial		80	Street A	ddress oriell Av	enue		7a			4/4 2:	64			
	Amended Amendment	#	Ī		ite, Zip Co			7	0 L/1	DEN.	D-17-18				
	☐ Emergency	(including	-	HEL CHESTERSON CO.	f Contact	01020				LTol	ephone Nu	mhor			
☑ DOH DCA	justification) Cancellation				Mosheni	pera				Jean	entione M	ilinei			
	- Cariccilation				LITY INFO		ON					-			
Name of Facility Where House	Abatement is Takir	g Place (3)	March 1	1 401	LITT HAT C	ZINIATI	<u> </u>	Туре	of Facility	(4)					
Street Address									School (K-		th 1/ 1	۵۱			
103 Coriell Avenue	r.							×	Subchapte Other (i.e.)				dings,	home	es,
City (5)								_	etc.) re Feet	1#0	f Floors	T P	ldg. A	ne.	
Fanwood								N/A	ic i cct	N/A	Commerce of the control of the contr	576	I/A	ge	
County (6) Essex				County (Code (7) USE ONLY)			Curre	ent Use (Pri se	or if be	ng demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		Name	of Aba	tement Co	ntractor	(9)				
N/A									ement, Ir	ıc.					
Street Address								Addre	ss gren Ave	nue					
City, State, Zip Code	A11.0	111100							ip Code J 07512						
Project Manager for Mor	nitoring Firm			Telepho	ne No.	~	Telepi	hone N 345-8	0.		License N	10.			
Start Date (10)		Schedule	d Cor	mpletion I	Date (11)			2 144 5	HA Monitor		#00073				
6/15/13		6/16/13							ement, Ir	ic.					
Occupancy Status Durin	55.00 VI		40					Addres	ss gren Ave	nuo					
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr	Period of Al nal Facility	baten Hours	nent s			City, S	State, Z	ip Code	nue	-11-22				-
Scope of Work (Check A							1000	wa, N	IJ 07512						
≥3 sf or ≥3 lf	ai macAppiy)		enova				Ę		II Containm		Negative	Pressu	re		
2160 sf or ≥260 lf		D∈	emoli	tion			2	Glo	ni-Enclosur ovebag Pro	cedure					
		1						□ NO	n-Exempte	d (*) an	d Non-Fria	ole Pro	V 30 50 50 80	e ement	
1			_ocat											pe	
Location Asbestos-Containing		Used	Sole	ely by	Asbest		scriptior taining N		(ACM)	Δ.	mount			m	i and
TO BE AB	ATED	E 25000 100		nce/ Staff?		thermal	system	s insula		(5	Specify	Re	Z.	nca	Enc
In Faci (13)			(12)				cing, VA			Si	or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A				,				<u>a</u>	_	late	ē
garaç	je		Х		3-38/5	duct	insula	ition		2	0 SF	Х			
												<u> </u>			
Name of Registered Wa	ste Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registe	ered Landfil				
D&S Abatement, Inc			H	lauler ID 20996		of Wa			100000 00	1000	gemento				
City, State Totowa, NJ		5000 - 1140 - 1000			V. 1964		sal Date		City, Stat		Α				
Completed by		Title			-		Signatur	9		1	· · · · · · · · · · · · · · · · · · ·	ate		-	
Deanna Brkusanin	10		et ma	anager			YIU	Mill	o Kill	lein	2000	/20/13	3		

Date of Notice

Date of Notification (1) 5/20/13		Name of Building Owner/Operator (2) Stacie Bender Street Address								(La-								
Agencies Notified	Type Notification			Street Address 81 Cypress Street					-	to x	1. J	41/	2	11/	1			
× EPA × DEP × DOL	Initial Amended Amendment			City, State, Zip Code Millburn, NJ 07041 Name of Contact Stacie Bender					& LIGEN TO									
	Emergency (justification)	including	1						Telephone Number									
DOH DCA	Cancellation		5						(1)									
Name of Facility Where		FACILITY INFORMATION					of Facility (4)				10:						
House						School (K-12)												
Street Address								Subchapter 8 (Other than K-12)										
81 Cypress Street							Other (i.e. private & commercial buildings, homes, etc.)											
City (5)							Square Feet # of Floors Bldg. Age											
Millburn, NJ 07041					N/A N/A N/A						4							
County (6) Essex		County Code (7) (STATE USE ONLY)					Current Use (Prior if being demolished) House											
Name of Monitoring Firm		1.000					me of Abatement Contractor (9) &S Abatement, Inc.											
Street Address	-						et Address											
0.10017.100.000		11 F					Rosengren Avenue											
								City, State, Zip Code Totowa, NJ 07512										
Project Manager for Mo		Telephone No.				Telephone No. License No. 973-345-8685 #00675												
Start Date (10)	Com	Completion Date (11)				Name of OSHA Monitor												
6/04/13		D&S					S Abatement, Inc.											
Occupancy Status Durir							et Address Rosengren Avenue											
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours						City, State, Zip Code								-				
Abatement Perform Other – Describe:	iours					otowa, NJ 07512												
Scope of Work (Check	All That Apply)	(100 to 100 to 1					-	-				6200						
≥3 sf or ≥3 lf		ovation polition				Full Containment with Negative Pressure Mini-Enclosure												
2160 sf or ≥260 lf	HOIL	Ollidori					Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	-					_I No	on-Exempted	1 (*) ar	ia Non-Fii	Abatem								
		cation mally				- ariation of						Туре						
Location Asbestos-Containin	Sole	ly by	Asbest		escription of ntaining Material (ACM)			Amount					R	_				
TO BE ABATED In Facility Mainte					(i.e.		al systems insulation, acing, VAT, or			(Specify SF or LF)		Zaliova		Repair	henegosume	Enclosure		
In Fac	(12)				miscellaneous)			01 01 21 7		2		pair	BUR	Sure				
		Yes	No	N/A	22										ed	to		
basement					contam	inated	pipes	s & pipe fitting 12			120 LF				Х			
		+-+	-		1													
		-	-	1														
Name of Registered W		NJDEP Waste Cubi			Yards		Name of Registered Landfill											
D&S Abatement, In		Hauler ID No. of Waste #20996 TBD				Waste Managementof PA												
City, State Totowa, NJ		Disposal Da TBD				ate City, State Tullytown, PA												
Completed by		Signatu				ture Date												
Deanna Brkusanin	t ma	anager			VII	Callo Kellelles 5/20/13												



Date of Notification (1)				Name of Building Owner/Operator (2)											
05/24/2013					Rich Nadler 2013 H. V. 29 AH 2: UN										
Agency Notified	Type Notification			Street	Address			111	C- 41						
⊠ EPA	Initial		Ŀ		ngwood		1113	MATAA							
□ DEP	☐ Amended		- 1	City, S	tate, Zip	Code	2)	KLILEMIN	100						
⊠ DOL	Amendment # Emergency (includin	п	ľ		ue, NJ				-	-		-			
⊠ DOH	justification)	9	ı	Name	of Contac	at .		Telephone Nur	nber (1					
⊠ DCA	☐ Cancellation			Rich N	ladler			4			9577				
				FACI	LITY INF	ORMAT10N									
Name of Facility Where A	Abatement is Taking Plac			Type of Facility (4)											
A. A. A. A. A. A. A. A. A. A. A. A. A. A		☐ School (K-12)													
Street Address	☐ Subchapter 8 (Other than K-1 2)														
00 85	☑ Other (i.e. private & commercial buildings, homes, etc.)														
444 Ringwood Avenue City (5)			-				Square Feet								
							50+								
Wanaque, NJ County (6)				County	Code (7) (STATE USE									
1500 16				ONLY)		/ (01///12 002	Secretary and the secretary of the control of the c								
Passaic	Hisad by Building Owner		ASCM	l Na		Name of Abates	ement Contractor (9)								
Name of Monitoring Firm	Hirea by Building Owner		ASCIV	1110.			ment contractor (9)								
(8) Environision Street Address			RICI CORP				-								
				Street Address											
20 - 21 Wago City, State, Zip Code J	Iraw Road		41 LIBERTY S				_	-		-					
			City, State, Zip Code												
Fairlaun,	NJ 01410	-				PASSAIC, NJ									
Project Managerfor Monitoring Firm Teleph					<i>c</i> :	Telephone No.									
			9145	973-614-1266		00838					-				
Start Date (10)	Scheduled Cor		Name of OSHA Monitor												
June 3rd, 2013 June 6th, 2013						RICI CORP							-		
Occupancy Status During		Street Address													
☐ Facility ClosecNacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☑ Other - Describe						41 LIBERTY S City, State, Zip (_			-		
						PASSAIC, NJ									
Scope of Work (Check all	that apply)						AND 24.00 AT 120								
SE ST				M Dan	ovation	☐ Full	Containment with -Enclosure	Negative Pressur	re						
□ ~: 3 sf or ~: 3 lf ☑ ~: 1 60 sf or ~: 260 lf					nolition	☐ Glov	lovelbag Procedure								
						□ Non-	-Exempted (*) an	d Non-Friable Pro	cedure	Τ Λ	hate		n+		
	Locat									Abatement Type					
Location of Used So Asbestos-Containing Material (ACM) Mainten						Description	of								
						stos Containing M	aterial (ACM)	Amount				En	ш		
TO BE ABATED Custo				10000	(i.e	., thermal systems surfacing, VAT		(Specify SF or LF)			Re	aps	Clo		
IN Facility Staf (13) (12						other miscelland				Removal	Repair	Encapsulate	Enclosure		
(12)										=		e			
		Yes	No	N/A						╀	\vdash	-			
Basement			x		Pipe In	sulation		150 LF		X	-	-			
										_	_				
										1	_				
Name of Registered Waste Hauler NJDEP				Naste F	lauler	stered Landfill			was and	wrest T					
ID No.															
RICI CORP 29051					TBD G.R.O.W.S. LANDFILL										
City, State						Disposal Date City, State									
PASSAIC, NJ						TBD	MORRISVILLE, PA								
Completed by Title						Signature	7		Date		2				
RISTO TRAJKOV	PRESIDENT	uso II	in to	n for ==	hactas II-	encure evennted	activities		05/24/2	.01.)				
ASB-41	* Do not	use th	IIS TOFF	II TOF as	nestos IIC	ensure exempted	activities.								



Date of Notification (1) 05/22/2013				Name of David	f Building	Owner/0	Operator	(2)	48/3	WY.	29 ₄₁₁				
Agencies Notified	Type Notification			Street A	3.00.00.00				700		- 44	0.1	13		
□ EPA	× Initial				antiago	Avenu	е	Ī	30 15	1	7° 10		•		
DEP	Amended	ш			ate, Zip Co		^			LIUE	NOWA	114			
11-3-3-0	Amendment : Emergency (to the contract of	rford, No	0/0/1	0			Tol	anhana Nu	mbor			
DOH DCA	justification) Cancellation				avid Too	le				4	ephone Nu	Tibel			
				FACI	LITY INF	ORMATI	ION						-		
Name of Facility Where A	Abatement is Taking	Place (3)					Туре	of Facility (
Street Address								H	School (K-1 Subchapter		er than K-1	2)			
252 Santiago Aven	ue							×	Other (i.e. p etc.)	rivate 8	& commerc	ial build	dings,	home	es,
City (5) Rutherford								Squa 2,30	are Feet	# of	Floors	- 1	ldg. A 0 +	ge	
County (6)					Code (7)	`			ent Use (Prid	or if bei	ng demolis	hed)			
Bergen Name of Monitoring Firm	Uland by Duilding C	2			USE ONLY			100.00	idence		(0)				
N/A	Hirea by Building C	owner (8)		N/A	/I No.		East	Coa	atement Con st Haz Ma		4				
Street Address							Street 494 E		st Street						
City, State, Zip Code									Zip Code NJ 07504						
Project Manager for Mon	itoring Firm		T	Telepho	ne No.		Teleph 973-3				License N 00507	lo.			
Start Date (10) June 1, 2013		Schedule June 5,			Date (11)				HA Monitor above						
Occupancy Status During	Abatement (Check						Street								
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P	eriod of A	bater	nent s			City, S	tate, Z	Zip Code	<u> </u>					
Scope of Work (Check A							L		2922						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,,		enova emoli				×	Mi Gl	III Containme ni-Enclosure ovebag Proc	edure					
		le le	Locat	ion				1 INC	n-Exempted	() and	I NON-FIIAL	le Pio	The second	ement	t
Location	of	N	lorma	lly		De	scription	of					Ту	ре	
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mai	d Sole ntena odial ((12)			tos Cont thermal surfa	taining M systems cing, VA niscellan	lateria s insul T, or	ation,	(S	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ē	
Near Boiler in	Basement		X			Pipe	Insula	tion		3	0 LF	Х			
										Laza					
Name of Registered Was	te Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of I	Registe	red Landfil	1			
East Coast Haz Mat			H	lauler ID J 419		of Was	ste				North Inc				
City, State Paterson, NJ 07504							sal Date 5/2013	1	City, State Morrisvi		Α				
Completed by James E. Unger	**	Title Proje	ct Ma	anager		S	Signature	en	1 the	·	100	ate 5/22/2	2013	N 10075	
ASB-41 (R-06-08)						1	* Do no	ot use	this form for	asbest	os licensur	e exen	npted	activi	ties.

		1		CATION	OF ASBE	STOS	ABATEN		*	C	(#	011	2	}	
Date of Notification (1) 5-24-2013	***************************************		T		Building C						"AIT	TOME	ŋ		一
Agencies Notified D EPA	Type Notification			Street A	ddress ouldtowr	Woo	druff R	load	4.9 0	NJ Dep	t, pf Heal	in a di	arior 2	Servi	
DEP DOL	Amended Amendment				ton, Xip Coo			^ -		Date:	"Person" I	1/1%	ne: 1	11,	-4.
☑ DOH DCA	Emergency (justification) Concellation	mendrið		Name of John 1	Contact M			S.M.	ING	Tele	ephone Nu	mber			20
	*			FAC	LITY IN C	CMAT	ION			V.A.					
Name of Pacility Where Former Fairfield To Struct Address				*					of Facility (School (K-1 Subchapter	2)	or singer M.	170			
375 Gouldtown Wo	oodruff Road								Other (i.e., p vic.)	vivate A	g commen	dal bull			es,
City (5) Bridgton, NJ		30. 200 200 200 200 200 200		ŧ		*			n Foot		Floors	1	8dg. / 50+	Age	
County (6) Cumberland					Codo (7) USE OMLY)			Currer sch	nt Use (Prid XXI	or if besi	ng damoñ	shed)			
Name of Monitoring Firm	Hired by Suilding (Owner (8)	ASCN n/a	A No.				ement Cor anageme		* *	ın			-
Stroot Address						1		Addres							
n/a			-		,			roy La							
City, State, Zip Code								inte, Zi				•			5.000
n/a							1		irk, NJ 07	7035					
Project Manager for Mor	storing Firm		1	Telepha n/a			973-	706-7	950		Doense 01193	No.			
Start Date (10)	,			ripleffon I	Date (11)		100000000000000000000000000000000000000		A Monitor						
5-28-2013		6-4-20					1		anageme	ent oc	rporatio	n			
Occupancy Status Durin			2000			ľ		Addres Yoy La							
	aled Duding Entire F led Outside of Norm					6	City, S	itate, Zi	p Code						
Scope of Work (Check A	II The Analy		_				Linc	oin Pa	irk, NJ 0	7035			-	^	***************************************
조 3 로 이 23 H 조 2160 sf or 2260 H	ш пенэрду		Romeve Stomet			A Version of the Control of the Cont	XI XI	Min Glo	Containmont Enclosure vebag Prod Esempted	edura				0	
			Locati Normal		Automorphism of the Control									enneni jua	t
Asbestor-Caritaining TO BE AB In Faci (13)	Material (ACM) ATED ity	Una Me	od Sole International India (12)	fy by		cs Cor hema surfi	scription faining to I system ichig, VA Miscallar	faterial s insulai T, or		(8	mount pecify or LF)	Removal	Repair	Encepsulate	Enclosure
		Yes	No	N/A								-	1_	0	
· Insid	8			X.	Tra	-	Panels		ffit	~	00 SF	~	-	-	-
		+		+			er lock					X	-	-	-
Under Build	ing Slab	-		_X_	Ast	estos	Pipe I	nsulat	on	10	80 LF	X	-	+	-
N				LIDEP V	Votet-	- Frank	: Yards		None	D.	red Land	50		<u></u>	<u></u>
Yannuzzi & Sons D			F	lauter ID 13137		of Wi	este		GROW			in the second			
City, State Hillsborough NJ						Dispa YBI	osal Dako))	City, State Morrise		A 19067				
Completed by E. Cirovic		Title Sec	retary	1			Signatur	/ .	oric		TI	Date 5-24-2	2013		

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

		3			0.00 / 0.10 /2				*	Check	# 715	4		
Date of Notification (1)		me of Build			erator (2)									
5/22/13		prough c		aison		201								
Agencies Notified Type of Notificat		eet Addres Kings f					/	477 2	to the					
[x] EPA [x] Initial		Rings	Tuau			*			7.6					
[] DEP Notification	1 (7.4)	y, State, Zi	p Code			3								
[x] DOL [] Emergency	Ma	adison, l	NJ 07	7940		3	· LICE!	WING						
[x] DOH Notification		ne of Cont							(7)					
[x] DCA [1] Cancellation		bert Vo						ephone N	umber					
	1100	boeit vo												
			FAC	ILITY II	VFORMATION									
Name of Facility Where Abatement is Ta	king Place	3 (3)				Type o	Facility (4 School (k							
Madison Borough Hall						Į į	Subchap	ter 8 (Oth	er than Kand comm	-12)	L			
Street Address						[]	homes, e	. private a etc.)	and Comm	ierciai i	Dullali	195,		
50 Kings Road							F4	4 - 8 8"		1 61-1				
City (5)	County (6	i)		County	Code (7)	Square 20000	reet	# of Fk	oors	⇒ 7	g. Ag 0	Đ		
	Morris	×			USE ONLY)	Current	Use (Prior	if being o	demolishe					(Concessor)
Name of Monitoring Firm Hired by Buildir	o Ounor	ASCM	No		Name of Abaten	Office b								
TTI Environmental, Inc	ig Owner	0000					actor (9) Environr	nontal	Sanina	c In	^			
Street Address		0000	J		Street Address	upitei	_HVIIOHI	Helitai	OEI VICE	r5, III	<u> </u>			·····
1253 North Church St.				3 Lynn (Court									
City, State, Zip Code					City, State, Zip C		Jour							toonom
Moorestown, NJ 08057						Lincoln	Park, N	J 0703	5					
Project Manager for Monitoring Firm	3	one Numb		7	elephone Numl			***************************************	Lice	nse N				
James Guilardi		985-880				973-70	9-0200				0	085	52	
		tion Date (11)	1	Name of OSHA		•					_		
6/10/13	6/30			_		J&SE	nvironm	iental L	.aborate	ories,	, LL(ز		
Occupancy Status During Abatement (Ch [] Facility Closed/Vacated During E			ement	. 3	Street Address	222 D	oute 22 \	٨١						
[] Abatement Performed Outside of				1 -	ے Sity, State, Zip C		Jule 22 V	/ Y						
Describe: [x] Other – Describe: partially vac	ant						NJ 0708	3						
Scope of Work (Check all that apply)				1 -										
									nt with Ne	gative	Press	ure		
[] Demolition [] ≥3 sf or ≥3 If		[X]	Ren	novation	1	[-	Enclosur bag Proce						
[x] ≥160 sf or ≥260 lf						E E		Friable P						
	ls L	ocation		***************************************			110				Ab	ater	nen	
	\$1 DESCRIPTIONS	ally Used				ription of				70	Ту			
Location of Asbestos – Containing	E CONTRACTOR CONTRACTOR	lely by nance/Cus	Si canaga ang		Asbestos Materi	– Contain al (ACM)	ng		Amo (Spe		R	RE	444.00	E
Material (ACM)		Staff (12)				nal syster	ns		SF or		M	P	C	C
TO BE ABATED		-			insulation, s						0	Α	100,000	L
In Facility (13)	Yes I	No N/A			or other m	iscellaneo	us)				V	l R	PS	S
] ""										L	* 1	U	U
Boiler room	X		····é·······	*****	eching, water	tank insu	ılation		950 SF		X			
Boiler room	X		Pipe	e insula	ation				130 LF		X			
									-		-			_
Name of Registered Waste Hauler	LILL	P Waste	1	Cubic '		Name	of Register	ad Landfi	1					_
Jupiter Environmental Services	Of Was			or Register rva Land		88								
	04	782		40										
City, State					al Date	City, S		011					out the sale	ACC. 1
Lincoln Park, NJ	Tatie		- Control of the Cont	6/28		vvayı	nesburg	, UH						
Completed By (Print or Type) Pane Repic	Title	ol Mana	oor	or any operation	Signature	/	1.			ate /22/1	2			
r arie izebio	Gener	al Mana	iger	1	F	(3/	2211	3			

ASB-41



Date of Notification (1) 5/23/2013		***************************************				Owner/O		(2) F EDUCATION	אכ	14:-		mula e		
Agencies Notified	Type Notification			Street /	Address				N		-25	2		
EPA DEP	Initial Amended				VILLOW ate, Zip C	DRIVE						7. —	<u> </u>	
⊠ DOL	Amendmen Emergency	**********************				ER, NJ (07739			KA			16	*
DOH DCA	justification Cancellation)	100000000000000000000000000000000000000		of Contact IAM MU				Te	lephone Nu	ımber	9,		
						ORMATIC	NC		- 1		-	-0		
Name of Facility Where MARKHAM PLAC		ng Place (3))					Type of Facility	100	***************************************				
Street Address									er 8 (Otl	ner than K-1				
95 MARKHAM PL	ACE							etc.)		& commerc				ies,
City (5) LITTLE SILVER								Square Feet	# (of Floors		Bldg.	Age	
County (6) MONMOUTH					Code (7) USE ONLY	n		Current Use (P	rior if be	ing demolis	hed)	iren italiano		
Name of Monitoring Fir				ASC	VI No.			of Abatement Co						
ENVIRONMENTA Street Address	L CONNECTIO	N, INC.						D BROTHER:	S COV	TRACTI	VG_			
120 NORTH WAR	REN STREET							RUTHERFOI	RD BL	VD.				
City, State, Zip Code TRENTON, NJ 08	608	***************************************			***************************************			tate, Zip Code TON, NJ 070	111				***************************************	**
Project Manager for Mo			-	Telepho			Teleph	one No.	/14	License 1	lo.	***************************************		
RICK BEECH Start Date (10)		Scheduled	1.00		92-4200			956-8700 of OSHA Monito		00494				
3/26/2013		6/30/20		iipionon	Date (11)	on continuents		IE AS (9) AB						
Occupancy Status Duri	ng Abatement (Che	k Only One)				Street	Address						
	cated During Entire med Outside of Norr						City, St	tate, Zip Code	-		***************************************			
Scope of Work (Check	All That Apply)												***	
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if		40000000	inova imolit					Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re ocedure				·e	
		\$ 0.500 m	ocat									Abat	emen /pe	t
Locatio Asbestos-Containing		Used		ly by	Ashas		ription	of aterial (ACM)		mount			Ī	
TO BE AE In Fac (13)	BATED ility	Main Custo					ystems ng, VA1	insulation, r, or	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							=		ate	ē
EXTER	RIOR		Χ		W	/INDOW	CAU	LKING	2,6	10 LF	X			
									•••••					
Name of Registered Wa	eto Haulor		1 81	JDEP W		I Continue		k5		3 2				
TWO BROTHERS		i	Н	auler ID 8743		of Waste 50		20.000.000.0000.0000		red Landfill NAGEME		i.R.C	.W.S	S.
City, State CLIFTON, NJ			1	J. 10		Disposal 6/30/20		City, Stal		F PA	*****************			
Completed by		Title	***************************************				nature		VILI	-E, PA Da	te			111111111111111111111111111111111111111
VIVECA RAMOS		SECR	ETA	RY		M	XI a	In No	~	5/	23/20	113		

Date of Notification (1) 4/17/2013			-			vner/Operator BOARD O		ATION		2.5			
Agencies Notified	Type Notification			Street A	ddress	RIVE		Q-		-	2.7.4		
DEP DOL	Initial Amended Amendment	AMERICANA		City, Sta	ate, Zip Code				100			ζ	
⊠ DOH □ DCA	justification) Cancellation		-		f Contact AM MULL	INS		Te	eleghone Nu	ımber	/"A		
				FACI	ILITY INFOR	MATION					-		
Name of Facility Where MARKHAM PLAC Street Address		g Place (3	3)				Subo	ool (K-12) chapter 8 (Ot					
95 MARKHAM PL	ACE						Othe etc.)	r (i.e. private	& commerc	cial buil	dings	, homi	es.
City (5) LITTLE SILVER							Square Fe	eet # e	of Floors	£	3ldg. /	\ge	
County (6) MONMOUTH					Code (7) USE ONLY)		Current U	se (Prior if be	ing demolis	ihed)			***************************************
Name of Monitoring Fir ENVIRONMENTA				ASCN	A No.	1		ent Contracto	DIAMES .	VG			
Street Address 120 NORTH WAR	REN STREET						Address RUTHEF	RFORD BL	VD.				
City, State, Zip Code TRENTON, NJ 08	608		***************************************				tate, Zip Co TON, N.				***************************************		
Project Manager for Mo RICK BEECH	onitoring Firm			Telepho 609-39	ne No. 92-4200	1	one No. 956-870()	License I 00494	Vo.			
Start Date (10) 3/26/2013		Schedule 5/31/20		npletion	Date (11)		of OSHA M 1E AS (9)					***************************************	
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Address						
	cated During Entire F med Outside of Norm					City, S	tate, Zip Co	ode					
Scope of Work (Check	All That Apply)	•••••											
≥3 sf or ≥3 if ≥160 sf or ≥260 if			Renova Demolif			×	Mini-En Gloveba	ntainment wit closure ag Procedure empted (*) ar					
			Locat Vorma								Abat	ement /pe	;
Location Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	Use Ma Cus	d Sole intena todial S (12)	ly by nce/ Staff?	(i.e. the	Description Containing Normal systems surfacing, VA ther miscellar	faterial (AC s insulation, T, or	. (Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
EXTER	RIOR	Yes	No X	N/A	WIN	IDOW CAL	JI KING	2	610 LF	T _X			
EXICE	NOIN				VVII	DON ONC	LIMIG		O TO LI	1			1
Name of Registered Wa TWO BROTHERS			H	JDEP W lauler ID 8743	No. o	Oubic Yards of Waste 50		me of Regist /ASTE MA			S.R.(.W.C	S.
City, State CLIFTON, NJ					8	isposal Date /31/2013	1	y, State ORRISVIL	LE, PA				
Completed by VIVECA RAMOS		Title SEC	RET/	ARY		Signature	4. / 4. 4	Pen		ate /17/20	013		

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Date of Notification (1) 4/5/2013						Owner/Ope ER BOAR			CATION)		-0-	54		-
Agencies Notified	Type Notification	1			Address VILLOW	DRIVE					14		-	· .	1
DEP DOL	Initial Amended Amendmen				ate, Zip Ci E SILVE	ode ER, NJ 07	7739					140			
☑ DOH ☐ DCA	Emergency justification Cancellation		1		of Contact AM MU					~	hone Nu	mber	G	9	
Name of Egglit Where	Abstament in Table	Dlana /	21	FAC	ILITY INF	ORMATION	N ,	T	f Facility (4	* 5					
Name of Facility Where A MARKHAM PLACE		ig riace (3)				1000		r racility (4 chool (K-1)	14					
Street Address 95 MARKHAM PLA	CE		***************************************					Ro	ubchapter	8 (Oth	er than K-1 & commerc		dings	, hom	es,
City (5) LITTLE SILVER			***************************************					Square		#0	Floors	E	3ldg.	\ge	
County (6) MONMOUTH					Code (7) USE ONLY)	***************************************	Curren	t Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm ENVIRONMENTAL)	ASCA	и No.				ment Con THERS		(9) TRACTIN	IG			
Street Address 120 NORTH WARR	REN STREET	7 11			***************************************			Address RUTH	; ERFORI	O BL\	/D.				
City, State, Zip Code TRENTON, NJ 086	08		***************************************	***************************************				tate, Zip	Code NJ 0701	4					
Project Manager for Mon RICK BEECH	itoring Firm			Telepho 609-39	ne No. 92-4200	3 ***		one No. 956-87			License N 00494	lo.	***************************************		
Start Date (10) 3/26/2013		Schedul 4/30/2		mpletion	Date (11)	1			A Monitor (9) ABO	VE				-	-
Occupancy Status During	Abatement (Ched	ck Only O	ne)			S	Street	Address							
Facility Closed/Vaca Abatement Perform Other – Describe:						C	City, SI	tate, Zip	Code						
Scope of Work (Check A)	That Apply)					<u>l</u>				W					
23 sf or ≥3 lf ≥ 160 sf or ≥260 lf		20000000	Renova Demoli				×	Mini- Glov	Enclosure ebag Proc	edure	Negative f			e	
		16	Local	ion									Abat	emen!	
Location			Norma ed Sole		01/23/4/147	Descri			***************************************			-	1	/pe	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	todial (12)	nce/		thermal sy: surfacing other misc	stems g, VA	insulati T, or		(5	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERI	∩P	ies	X	19/75	۱۸	/INDOW	CAL	II KINIC		2.6	10 LF	X		ļ	
EATER						MUOV	0.00	LINING	2	2,5	TO LI				
											İ				
Name of Registered Wast TWO BROTHERS C		}	8-	IJDEP W lauler ID 8743		of Waste 50	1 44 40	overeles constitues and a second			red Landfill NAGEME		S.R.().W.	S.
City, State CLIFTON, NJ				70.50		Disposal 4/30/20			City, State MORRI		E, PA				
Completed by VIVECA RAMOS		Title SEC	RET	ARY	AAAA.000000000000000000000000000000000	Sign	atere	l ns ë	A K	len	Da 4/	te 5/201	13	***************************************	

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	N	OTIFICATION	tate of Now Jeros ROYERBEA TO N to SEE SALV or	ARATEMENT		DOL - 1			riu	ptro m
Dale of Notitiontion (1) 3/19/2013			of Building Owner E SILVER BO		JCATION	MAR 1	# 2 ,	© ©	*	3
☑ DOH ☑ Emer		124 W City, St LITTL Name o WILLI	Addross VILLOW DRIVI ALA, ZIP CODA F SILVER, NJ of Contact AM MULLINS ILITY INFORMAT	07739		VAIVER A		30V	ED	
Name of Facility Whore Abatement is MARKHAM PLACE SCHOOL Stroot Address 95 MARKHAM PLACE City (6) LITTLE SILVER			and the Grand	Type X			el bujic	Jinge, I		
County (6) MONMOUTH		(STATE	Gode (7) USE ONLY)			if boing demolish	● d)			•
Name of Monitoring Firm Hired by Bu ENVIRONMENTAL CONNEC Street Address 120 NORTH WARREN STRE	TION, INC.	ASC	A NO	YWO BRO Stroot Address 250 RUTH	THERS (CONTRACTIN	G_			
City, State, Zip Code TRENTON, NJ 08608	Lee 1			Cliy, State, Zi	Code					
Project Munager for Monitoring Firm RICK BEECH		Telepho 609-39	no No. 92-4200	Yolophone No 973-958-8		Ucanto No 00494	3.			
Start Date (10) 3/26/2013	Scheduled 4/9/2013	Completion I	Dale (11)	Name of DEH SAME A8		E				
Occupancy Status During Absternant Facility Closed/Vecated During E Absternant Performed Outside of Other - Describe:	Intro Period of Ab	atament		Street Addres					***************************************	
Boope of Work (Check All That Apply) >3 of or 23 if 2160 of or £200 if	. 🗵 Roi	novation motion		Mini Glos	-Enclosuro	it with Negative Pi dure ") and Non Friabl				
Location of	No	ecation rmally Solely by		scription of				Abator Typ		_
Achestos Containing Material (ACI TO SE ABATED In Facility (13)	Mgint Cuctor	phonocy (12)	(i a. thormal surfa	taining Materies byetome insufat cing, VAT, or nicocopaneous)		(Specify SF or LF)	Removal	Repeu	Encapsula's	Enchaus
EXTERIOR		No N/A X	WINDO	W CAULKIN	3	2,610 LF	x			
										Millionness on the second
Name of Registered Waste Hauler TWO BROTHERS CONTRACT	TING	Houler ID	10 7 7 7	Yards •lo		oglotorod Landfill MANAGEME!	VT G	R.O.	WS	i

Disposal Date

Title

SECRETARY

Date

3/19/2013

MORRISVILLE, PA

City, State

CLIFTON, NJ Completed by

VIVECA RAMOS

City, State

Date of Notification (1) 3/19/2013	•				Owner/O		(2) F EDUCATIO	Ń	120		***************************************		
Agencies Notified Type Notification			Street A	Address				G-	~	277	3		
EPA Initial					DRIVE			- S 4			1/2	1	
DEP Amended DOL Amendment				ate, Zip C E SILVI	ede ER, NJ (07739			14374				
 ✓ Emergency justification) 				of Contact AM MU				Te	lephone Nu	mber	7 ^		
DCA Cancellation					ORMATI	ON		į.		- U	<u> </u>		
Name of Facility Where Abatement is Takin MARKHAM PLACE SCHOOL	g Place (3)	.,,,				Type of Facility	(4)					
Street Address				·····			School (K Subchapt		ner than K-1	2)			
95 MARKHAM PLACE						***************************************	Other (i.e.	private	& commerci	al buil	dings	, hom	es.
City (5) LITTLE SILVER							Square Feet	# 0	f Floors	E	lldg. /	\ge	
County (6)			County	Code (7)			Current Use (P	rior if be	ina demolisi	ned)			
MONMOUTH				USE ONLY	n		<i>y</i>						
Name of Monitoring Firm Hired by Building 6 ENVIRONMENTAL CONNECTION)	ASCI	vi No.			of Abatement Co BROTHER:		10.00	IG			
Street Address	.,						Address	J 0011			***************************************		
120 NORTH WARREN STREET							RUTHERFO	RD BL	VD.				
City, State, Zip Code TRENTON, NJ 08608							ate, Zip Code TON, NJ 070)14					
Project Manager for Monitoring Firm		- Indiana	Telepho			Teleph	one No.		License N	lo.			
RICK BEECH Start Date (10)	Cobodul	ad Co		92-4200 Date (11)			956-8700 of OSHA Monito		00494		····		
3/26/2013	4/9/20		npieuon	Date (11)			E AS (9) AB						
Occupancy Status During Abatement (Chec	k Only Or	ne)		***************************************	•	Street	Address	***************************************					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:						City, St	ate, Zip Code	***************************************					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 If ≥ 160 sf or ≥260 If	#T000000	Renova Demolii					Full Contains Mini-Enclosu Glovebag Pri Non-Exempt	re ocedure				e	
	Is	Locat	ion			**************************************	C C C C C C C C C C C C C C C C C C C		100 3 T 50 T 5 T 7 T 7 T 7 T 7 T 7 T 7 T 7 T 7 T 7	Ĭ	Abat	emen	
Location of	3	Normal id Sole	20 4 0.			cription			kmount		1)	rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	100000000000000000000000000000000000000	intena todial ((12)			thermal : surfac		7.55		Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A									Ф	
EXTERIOR		X		V	VINDOV	V CAU	LKING	2,	610 LF	X			
Name of Registered Waste Hauler		l N	JDEP W	oeto.	Cubic	/arde	Name o	f Registe	ered Landfill				
TWO BROTHERS CONTRACTING		H	lauler ID 8743		of Was			-	NAGEME		6.R.C).W.	S.
City, State CLIFTON, NJ		·····			Disposa 4/9/20		City, Sta MORI		LE, PA				
Completed by VIVECA RAMOS	Title SEC	RETA	\RY		Si	gnature 1 XV	verul	Jan		te 19/20	013		

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

Date of Notification	n (1)		Name	e of Bui	lding	Owner/Operator	(2)					
5-23-13		1	L	arry :	Rose	enshine				15		
Agencies Notified	Type Notifica	ation	Stre	eet Addr	ess		2.4		- الموا			
[]EPA	[X]Initial		1:	17 Go:	rdor	hurst Ave	· (6/3.7	7 39 44				
[]DEP	Notific	ation	City	, State	. Zir	Code		2 11	3.67			
[X] DOL	[]Amended		09.55		2000 July 2000 2000	NJ,07043	3-41-4		٠.(٠			
5 (5)	Notific	ation					3					
[X]DOH	[]EMERGENC	Y	_	of Con			Telepho	one Number	-			
[]DCA	[]Cancella	tion	110	arry .	KOSE	enshine			VBV			
	t journette	CLOIL		FACI	LITY	INFORMATION						
Name of Facility Who	ere Abatement	is Taki	ng P			ZAL ORBITZON	Type of Faci	lity (4)		37 az - s -		
Same as above	Ŷ.						[]School					
							() () () () () () () () () ()	pter 8 (Othe	r than	K-1	2)	
Street Addres								(i.e., priva				
								buildings, h			20	
City (5		County 1	Esse	ĸ	Co	unty Code (7)	Square Feet 2100	# of Floo	rs B.	1dg. 90	Age	Ű.
		-				TATE USE ONLY)	Current Use		ing de	-	ehod	1)
					1		Carrent ose	(FIIOI II De	ing de	MOTT	Silec	.,
Name of Monitoring I	Firm hired by	Buildin	g A	SCM No.		Name of Abate	ment Contracto	or (9)				
Owner (8) N/A							anagement					
Street Address	· · · · · · · · · · · · · · · · · · ·					Street Address	9					
							topher St	:.				
City, State, Zip Coo	ie					City, State,						-
							r, NJ 070	142				
Project Manager for	Monitoring Fi	rm me	lenho	one Numb	02	Telephone Numl				NT		
zzojece izmagez zoz	romitoring ri	N/		Me Numb	er	(973) 744		ľ	icense		per	
Scheduled Start Date	(10)			P-1	(11)				003	_		
6-1-13		a. Comp. 5-3-13		on Date	(11)	Name of OSHA I	Monitor					
			Day	Year		N/A						
Occupancy Status Dur	ing Abatement	(Check	only	one)		Street Address	3	···				
[X] Facility Clo of Abatemen		ring En	tire	Period								
[]Abatement Pe	rformed Outsid	le of No	rmal	Facili	y	City, State, 2	Zip Code					
Hours - Desc []other - Desc	ribe: «OffHours	Descri	pt»	anint.								
Scope of Work (Check			Des	CLIPUS		Ш						
scope or work (check	arr that app	rĀ)				[]Full (Containment wi	th Negative	Press	ure		
[X]>3 sf or				novation		[]Mini-]	Enclosure					
[]≥160 sf o	or <u>≥</u> 260 11	L	Der	nolition	ř.		oag Procedure riable Procedu	ıre				
		T .	Is				·	Ī	Aba	teme	nt 1	Гуре
Location Asbestos-Con			orma	lly		Description			R		E	E
Material			Use Sole			Asbestos-Cont Material (Amount (Specify	E	R	C	C
TO BE AR		В	y Ma: enan	in-		(i.e., thermal	3.52 (5)	SF or	M	PA	P	O L
In Facil (13)	ity	Cu	istod	lial		sulation, surfa		LF)	VA	I	S	S
(13)		Yes	aff No	N/A		or other miscel	.laneous)		L	R	L	R
Basement				X	Cle	an pipe		18 LF	X		·	
									Ŧ			-
									-	-		
Name of Registered W	aste Hauler	NJ	DEP	Waste	Cui	bic Yards	Name of Regi	stered Landf	111			
AZTECH MANAG		T Ha	uler	ID No.	1	Waste 0.5	G.R.O.W.					
City, State			704	<u> </u>	Di	enogal Dato						
Montclair, NJ	07042				1	sposal Date 5-4-13	City, State Morrisvi	lle DA	1906	7		
\$450					Ι,		/	, FR	2500	•		
Completed By (Print	States Characterists I Bibbers					Signature	1	1/	Date	-		
Constantine V	ivian Pro	eside	nt			1 / 50	walnu line	16.	5-23-	-13		
		_				1	- Hours on	11/1				

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

Date of Notification	n (1)			ing Owner/Operator	(2)					
5-22-2013			Lisa Mar	nolis				ž,	11)
Agencies Notified	Type Notifica	tion	Street Addres		76,	13 111 29 6	- hay	Capp		
[]EPA	[X]Initial		4 Cheste	er Road		1 29 _{fi}	f 15			
[]DEP	Notific	ation	City, State,		100	1 34	-27	(1)		
[X]DOL	[]Amended Notific	ation	Upper Mo	ontclair,NJ,	07043					
[X]DOH	Notific		Name of Conta	ct	Telephon	e Number		i	0.00000	
[]DCA	[]EMERGENC	Y	Lisa Mar	nolis	_		10.	di.		
	[]Cancella	tion	1					G.	5,45	- 7
		i a Malai		TY INFORMATION	Type of Facil	ity (4)			-	
Name of Facility Wh Same as above		IS TAKE	ng Place (3)		[]School		than	K-12	!)	
Street Addres		100000			[X]Other (i.e., private	& CC	mmer	-	
			9			uildings, hom	THE ST.			
City (5		County	(6) Essex	County Code (7)	Square Feet 1700	# of Floors		dg. 30	age	
CILY (3		-		(STATE USE ONLY)	Current Use (hed)
		ESSEX			(•
Name of Monitoring	Firm hired by	Buildin	g ASCM No.	Name of Abate	ement Contracto	r (9)		-		
Owner (8) N/A				AZTECH N	MANAGEMENT	, Inc.				
Street Address				Street Addres	ıs		5 E S S	-		
				86 Chris	stopher St	•				
City, State, Zip Co	ode			City, State,	Zip Code					
				Montcla	ir, NJ 070	42				
Project Manager for	Monitoring Fi	rm Te	lephone Number				ense		er	
		M	/A	(973) 744	4-8800	0	037	1		
Scheduled Start Dat	ce (10) Sche	d. Comp	letion Date (Monitor					
6-10-13		6-11	-13	N/A						
Month Day Occupancy Status Du			Day Year	Street Addres	19	Tiba ii				
[X]Facility Cl of Abateme	osed/Vacated D nt	uring Er	ntire Period							-
[]Abatement P Hours - Des	erformed Outsi cribe:«OffHour			City, State,	Zip Code					
	cribe: «Other O									
Scope of Work (Chec	ck all that app	oly)				AL Wanting D				
[X]≥3 sf o []≥160 sf	r ≥3 lf or ≥260 lf		[X]Renovation []Demolition	[]Mini- [X]Glove	Containment wi -Enclosure ebag Procedure Friable Procedu		ressi	II.e		
		1	Is	[]NOII-)	FILADIC FLOCEGO		Aba	teme	nt :	Type
Locatio			Location Normally	Descripti		Amount	R	Ī.,	E	E
Asbestos-Co Material			Used Solely	Asbestos-Cor Material		(Specify	E	R	CA	C
TO BE A	BATED		By Main- tenance/	(i.e., therma		SF or	0	PA	PS	0
In Fac:		0	custodial taff (12)	insulation, surf		LF)	A	R	Ŭ	UR
	•	Yes	No N/A					<u> </u>	-	E
Basement			X	Pipe Insulat	cion	70 lf	X	1		
N N										
Name of Registered AZTECH MANA		IC H	JDEP Waste auler ID No. L7040	Cubic Yards of Waste 1	Name of Regi G.R.O.W.	stered Landfi S.	11			
City, State				Disposal Date	City, State					
Montclair, No	J 07042			6-12-13	Morrisvi	lle, PA 1	.906	7		
Completed to (Date)	h on the other	+10	SET .	Signature	1/1	-//	ate			
Completed By (Print Constantine		^{tle} reside	ent.	Juguatur	1	//	5-22		3	
- Comp can cane				10	ns/cm/me	Hou	<u> </u>			
				(10	//	1				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

				27 02 111	0 10		- 1/2				
Date of Notification (1) 5/24/2013	tified Type of Notification			Name of Building		Disclafani	Ü	202	217	27	_ \(\)
[X] EPA [] Initia	l Notific			Street Address		Exeter Place	& (//···	4,7	⁾	(,,	
[x] DOL Amer	ndment #	#	l	City, State, Zip Co		awn, NJ 07410	44.	146	1. 14	`	
[x] DOH justif	ication)		Ì	Name of Contact Peter	Disclafan		elephone Number		1 P.		
			FACI	ILITY INFORM	IATION						
Name of Facility Where Abatement is Taking Residence	g Place ((3)				Type of Facility (4)	School (k-12)		1-12)		
Street Address 109 Dolphin Drive	e					[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buil	dings,
City	Count	ty (6)		County Code (7) (STATE USE ONL	Y)	Square feet 800 sf	# of Floors	57	g. Age	50	
Ortley Beach	Ocea	ın				Current Use (Prior if Residen)			
Name of Monitoring Firm Hired by Building N/A	Owner	(8)		ASCM No.	Name of	Abatement Contractor		Inc.			
Street Address					Street Ac	ldress	oute 9, Unit 61				
City, State, Zip Code					City, Sta	te, Zip Code	iver, New Jers	ev 08	755-1	271	
Project Manager for Monitoring Firm		Telephone N	lumber		Telephor 732-34	ne Number	License N 00624				
Scheduled Start Date (10) 5/28/13				on Date (11)	Name of	OSHA Monitor E.M.S.I	Analytical				
	d During	g Entire Perio			Street Ac		elton Road				
	Outside	of Normal Fa	cility Ho	ours	City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
			Renovat Demoliti		[x]	Glovebag Procedo Non-Exempted (*		Procedi	ıre		
								Abat	ement	Туре	
	15:000				Descriptio		71, 1 30 SHOWNER	R	R	Е	Е
	N		d		oestos-Cor Material (A		Amount (Specify SF	Е	E	N	N
	Main		todial		, thermal		or LF)	M	P A	C A	C L
in facility				ins	ulation, su			O V	I	P	0
(13)		(12)		oth	VAT, o			A	R	S U	S U
\$	YES	NO	N/A	Ou.	Ci illiscon	ilicous)		L		L E	R E
Exterior		X		Asbestos sidir	ng		700 sf	X			
Exterior		X		Asbestos sidir	ıg		250 sf	X			
	40										
Name of Registered Waste Hauler Guardian Contracting, Inc.	N	JDEP Waste 20	223	3	ards of Wast	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey			Disposa 5/30/1		City, St.	ate Nyn, Aennsylvania	Ω				
Completed by (Print or Type)				Signature	1 7						-

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



Date of Notification (1) 05/22/2013					FBuilding			(2)		287	, , ,					A ^T S
Agencies Notified	Type Notification			Street A 577 V	ddress AN BEU	REN F	RD		7	P#	777	9	97			***
DEP DOL	Initial Amended Amendment		_		ite, Zip Co RISTOW		7960		-0	d L	100	0,0	· / · · ·	166	1	
DOH DCA	Emergency justification) Cancellation				Contact	NNES	SY			Tel	ephone	Num	ber	Ŷ.		
	E Carloonation				LITY INFO					1-			_	40		
Name of Facility Where PRIVATE RESIDE		g Place (3)	1 701	LIII IIII	DINIMATI	Oit		of Facility (4		W. II					
Street Address 577 VAN BEUREN	RD								Subchapter 8 Other (i.e. pretc.)	(Oth				lings,	home	es,
City (5) MORRISTOWN								Squar	re Feet 0 sg ft	# 0	Floors		8:	ldg. A 5	ge	
County (6) MORRISTOWN				County (Code (7) JSE ONLY,)			nt Use (Prior		ng demo	olish	ed)			
Name of Monitoring Firm ENVIROVISION	Hired by Building	Owner (8)		ASCN	l No.				tement Cont			N				
Street Address 20-21 WAGARAW	RD							Addres	ss CHUNG A	VE						
City, State, Zip Code FAIRLAWN NJ 074	100.700						City, S	state, Z	ip Code RANGE NJ		52					
Project Manager for Mor WILLIAM MORALE	nitoring Firm		Telephone No. Telephone No. License No. 973-636-9145 973-243-9872 01171													
Start Date (10)	.5				Date (11)				HA Monitor		0117	_				2-11-2
05/31/2013		06/03/2												1000		75 m
Occupancy Status Durin	g Abatement (Chec	k Only On	e)				Street	Addres	SS							
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norm	al Facility	Hours	5			City, S	state, Zi	ip Code							
Scope of Work (Check A	II That Apply)													_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit				×	Mir Glo	I Containme ni-Enclosure ovebag Proce n-Exempted	edure					e	
		ls	Locati	ion								53			ment	
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai Cust	lormal d Sole intena odial S (12)	ly by nce/ Staff?		tos Con thermal surfa		/laterial s insula T, or		(5	mount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
BOILER F	ROOM	Yes	No X	N/A		PIPE I	NSULA	ATION	N I	1	70LF		X			
CRAWL S			X				PIPE			-	70LF		X			
Name of Registered War			F	IJDEP W lauler ID 034721	No.	of Wa	Yards ste		Name of F				LL			
City, State WEST ORANGE NJ							sal Date		City, State	NTC	WN P	Α,				
Completed by SLAWOMIR KIELCZ	ZEWSKI	Title PRES	SIDE	NT			Signature	ill	ransle	•		Dat 05	e /22/2	2013		