Paragon Job#

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

Paragon Job#	_	(F	Notifica Pursuant	to NJAC 8:	:60-7	and 12:120-7)		Tr.					
							71	772.		m 60%	9		
Date of Notification (1) 0 5 / 2 8 / 1 3	11			Operator (2) University ((FDU)			713 MAY 31	AH 2		71 Hill - Co.		
Agencies Notified Type Notification		eet Addres								40			
EPA Initial	,	0 Woodł	oridge Ave					& LICH	i producery	n.			Lucino de Maria
DEP Amendm	1	y, State, Z						×11.	1/46	~ 1.			
DOL Amendment # _		25	ick, NJ 07	601					70				
DOH Emergency (i		ne of Con		001				Telephone	Number			-	
☐ justification) ☐ Cancellat		Dick Fric						-		. =			
			FACIL	ITY INFORM	ATION								
Name of facility where abatement is	taking plac	e (3)					Тур	e of Facility (4)	(K 12)				
FDU - Madison Campus School			ices					Subchar	oter 8 (Otl			12)	
Street Address								Other (P Bldgs./H	rivate/Co omes, etc		cial		
145 Park Ave.						25= 0	Sq		of Floors		Bld	g. Ag	e
	Count	v (6)			Cou	nty Code (7)	35,	000 sf 04	4		90		
City (5)		, (-)			1 200000	te use only)	Ci	rrent Use (Pri	or if being	demo	lishe	d)	
Florham Park	Morr	ris						brary					
Name of Monitoring Firm Hired by E	3ldg. Owner	r (8)		ASCM No.		Name of Abatemer	nt Contr	actor (9)					
Environmental Design, Inc.				0095		Paragon Contra	acting,	Inc.					
Street Address						Street Address							
5434 King Ave. Suite 101						590 River Rd.							
City, State, Zip Code						City, State, Zip Cod	de						
Pennsauken, NJ 08109				770		Clifton, NJ 07							
Project Manager for Monitoring Firm		Pt	none Numbe	er		Telephone Number			License	Numb	er		
		8	56-616-95	16		(973) 614-160			00748				
Jay Murray Scheduled Start Date (10)	Sched	1 2000	on Date (11			Name of OSHA Mo		Lore					
06/10/2013		0/2013				Paragon Contra Street Address	acting,	inc.					
Occupancy Status During Abatemer		**				590 River Rd.							
Facility closed/vacated during	entire perio	od of abate	ement.			City, State, Zip Coo	de						
Abatement performed outside	of normal f	facility hou	rs-										
Describe: Facility Occ	upied. Abate	ement perfo	ormed in desi	gnated area	_	Clifton, NJ 07	7014						
Scope of Work (check all that appl							V. 1195740						
Demolition	Renovatio	ın			\boxtimes	Full Containment w/	negative	e pressure	Gloveb	ag pr	ocedu	ıre	
	≥160 sf or					Mini-enclosure	D	Non-Exem	pted (")	Non-fr	iable	proce	dure
>3 sf or >3 lf			used solely	,			 -			R	R	Е	T_
Location of		enance/cus		1	tion of	asbestos-containing	.	Amount		e m	e	n	E n
asbestos-containing material to be	staff(12)	_		materia				(Specify S	F or	0	p a	c a	С
abated in facility (13)	Yes	No	N/A	10.000.00000000000000000000000000000000				LF)		V	i	p	L
	-			1 Cailing Di	laster			1,300 SF		e	ń	П	t
Offices		LX	4	Ceiling Pl	asici			540 SF			$\overline{\Box}$	H	市
Offices		LX	#		New!	~	-	8 Ea			H	H	Ħ
Offices		LX	_	Window (Jiazin	9		o La			H	H	H
	-			-						片	H	H	H
			10# 12	Lubic Yards o	f\\/\acti	Name of Registe	red Lan	dfill		1	<u></u>	Ш	1
Registered Waste Hauler Paragon Contracting, Inc.	NJD 22	EP Hauler 161		obic vards o 30 cyds	, vvastt	Tullytown/GR		w.m.					<u> </u>
			Disposal I			City, State					1		
City. State Clifton, NJ 07014			TBD	AND 3-10		Tullytown, P.	Α						
Completed by (Print or Type)	Title		-1	Signature	//	//.			Date	.000		- 23	89
Goran Lazevski	Presider	at			1	h			05/28/	2013	}	227	

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5919

B & G proj. #: 2013-99

							781211						
Date of Notification		- 11			r/Operator (2)	4	2013 MAY 31 A	M 2.1.					
10 15 1/12 18			ill Jacksoi	n		- 1	Th.	1, 5.40				_	
Agencies Notified	Type Notification	11-	eet Address				2. 1 in C	421					
☐ EPA	✗ Initial	2	21 Warren	Road			& LICENSII	υ _Ω -υ					
☐ DEP			y, State, Zip					1.					
X DOL	Amendm	- 11	Maplewoo		7040			LTalanha	ne Numbe		-		
X DOH			ne of Conta	ct				relepho	ne Numbe	21			
☐ DCA	Cancella	tion	Jill Jacks	on									
	<u> </u>			FACIL	ITY INFORMA	TION	,	and the same of th					
Name of facility w	here abatement is	taking plac	e (3)					Type of Facility	(4) ol (K - 12)			
Jill Jackson								1 =	hapter 8 (an K-	12)	
									(Private/			,	
Street Address						12.		Bldgs	./Homes,	etc.	No.	α Λο	
21 Warren R	.oad							Square Feet	# of Flo	ors	DIC	lg. Ag	Е
City (5)		Count	y (6)				nty Code (7) e use only)	Current Use (I	Prior if he	ing dem	olishe	d)	
Maplewood,	NJ 07040	Ess	ex			(Stat	e dae only)	residential	1101 11 00	ing doin	0	-,	
Name of Monitori		Sida Owner	(8)	7	ASCM No.		Name of Abatement						
Name of Monton	N/A	olog. O III.o.	(-)		,		B & G Restorat	ion, Inc.					
Street Address						-11	Street Address						
Street Address							105 Ryerson R	Road					
City, State, Zip Co	de		-				City, State, Zip Code						
			1847			_	Lincoln Park,	NJ 07035		- North			
Project Manager fo	or Monitoring Firm		Pho	ne Numb	er		Telephone Number (973)696-686	39	100000000000000000000000000000000000000	e Numb 0378	er		
							Name of OSHA Mon		`	700.0			
Scheduled Start D	ate (10)	Sched.	Completion	Date (11)		B & G Restorat						
06/07/2013		06/0	8/2013				Street Address						
Occupancy Status	During Abatemer	t (Check or	nly one)				105 Ryerson R	Road					
Facility close	ed/vacated during	entire perio	d of abatem	ent.			City, State, Zip Code				7111000000		
Abatement p	performed outside	of normal f	acility hours	•		_	LincolnPark, N	11.07035					
Other-Desc	ribe:					-	LINCOINF ark, IV	07000				_	=
Scope of Work (c	check all that apply	()				_	55.70000 m	112	E7 &	40		52	
☐ Demolition	X	Renovation	n				'ull Containment w/ne	gative pressure	 Glov				
	ıf 🔲	≥160 sf or	≥260 If			X N	Mini-enclosure		∐ Non	-friable			
Location of		Is location	normally us nance/custo	sed solely	1			Amount		R	R	E n	E
asbestos-co	ontaining	staff(12)	nance/custo	ulai	Description material (sbestos-containing	(Specify		m	p a	C	n c
material to l abated in fa		Yes	No	N/A	material (ACIVITY		LF)		v	Ĭ	a p	L
				X	pipe insula	ation		30 lf		e X	6	П	
behind wall are		X	pipe insula			57 lf	LULE BOOK	X			同		
boiler room				X	pipe insula			9 If		X			
storage room ceiling hatch				X	pipe insula			6 lf		X			
selling hatch) pipo modic								
Registered Waste	Registered Waste Hauler NJDEP Hauler ID#					Vaste	Name of Registered	d Landfill	· · · · · · · · · · · · · · · · · · ·		tor		
B' & G Restor	B'& G Restoration, Inc. 19563					-		Resource & F	recover	y Cen	(ei	-	
City, State	City, State Disposa						City, State Tullytown,	PA				*	7-3- W
	Lincoln Park, NJ						_ 		Date				
Gordana Lun	ompleted by (Print or Type) Gordana Luna Title Secretary/Treasurer						Gordana Luna		05/	28/20	13		

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

Date of Nortification (1) 0	B & G proj. #:	2013-98		(Purs	uant to	NJAC 8:6	0-7 an 20	d 12:120-7) 3 _{MAU}		Check #	5920				_
Street Address				of Building	Owner/O ert	perator (2)	\$ 3 g	~ // 3/ ~ //	AH 2:	48			_		<u>-</u>
Dot	Agencies Notified EPA	Type Notification	Street 20	Address 18 New Yo	ork Ave	enue		LICENST	VG 18	<u> </u>					_
Cannellation Walter Mockert Steek Address School (N-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other 8 (O	_	☐ Amendment	U	nion City, I	ode NJ 070	87				Telephone	Number		V _I = V		_
Watter Mockert Street Address 2018 New York Avenue City (9) Union City, NJ 07087 Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number (973)696-6869 Scheduled Start Date (10) O6/08/13 Coupancy Status During Abatement (Check only one) Project Manager for Monitoring Firm Phone Number (973)696-6869 Name of Obstatus During Abatement Check only one) Project Manager for Monitoring Firm Phone Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Ostration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoin Park, NJ 07035 Telegations Number (973)696-6869 Name of Registered Landfill Tullytown Resource & Recovery Center City, State Tullytown, PA Lincoin Park, NJ Date Ostration of State State Address 105 Ryerson Road City, State Name of Registered Landfill Tullytown, PA Date Ostration of State State Address 105 Ryerson Road City, State Name of Registered Landfill Tullytown, PA Date Ostration of State State Address Squarter Foreit Haddres Squarter Foreit Haddres Squarter Foreit Haddres Foreit Haddres		Cancellation									_	-			=
Name of facility where abatement is taking place (3) Walter Mockert Subchapter 8 (Other than K-12) Subchapter 8 (Other than					FACILIT	Y INFORMA	TION		1 170	ne of Facility (4	(1)				_
Street Address Stdgs./Homes, etc. Stquare Feet # of Floors Bidgs. Age Square Feet # of Floors Bidgs. Ag			king place	(3)					= ''	School Subcha	(K - 12) apter 8 (Oth Private/Co	nmerci	n K-12 al	:)	
City (5) Union City, NJ 07087 Name of Monitoring Firm Hired by Bidg. Owner (8) NI/A Street Address City, State, Zip Code City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State Lincoln Park, NJ 07035 Telephone Number (973)696-8869 City, State Lincoln Park, NJ 07035 Telephone Number (107)696-8869 City, State Lincoln Park, NJ Completed by (Print or Type) Telephone Number (107)696-8869 Telephone Number (107)696-8869 Telephone Number (107)696-8869 Telephone Number		ork Avenue							_ -	Bldgs./	Homes, etc	;		Age	_
Name of Monitoring Firm Hired by Bidg. Owner (8) N/A Street Address City, State, Zip Code City, State Completed by (Print or Type) City, State City		N I 07087					(State	use only)		residential	rior if being	demol	ished		_
Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Gr3/) Sep6-6869 Name of OSHA Monitor Scheduled Start Date (10) O6/08/13 O	Name of Monitori	ng Firm Hired by Blo				ASCM No.		B & G Rest							
Project Manager for Monitoring Firm	Street Address							105 Ryers		ad					
Scheduled Start Date (10)	City, State, Zip Co	ode						Lincoln P	ark, N.	J 07035	License	Numbe	г		
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.	Project Manager	for Monitoring Firm						(973)696 Name of OSHA	-6869 Monito		00	378			_
Occupancy Status During Abatement (Check only only Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe:	06/08/13		06/08	3/13	Date (11)			Street Address							
Scope of Work (check all that apply) Demolition X Renovation Mini-enclosure Non-friable procedure Non-friable pro	Facility closed Abatement Describe:	sed/vacated during e performed outside o	ntire perior	d of abateme	ent.		_	City, State, Zip	Code						
Location of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material to be abated in facility (13) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing (Specify SF or LF) LF) Amount (Specify SF or LF) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) N/A Description of asbestos-containing (Specify SF or LF) N/A Description of asbestos-containing (Specify SF or LF) N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A N/A N/A N/A Description of asbestos-containing (Specify SF or LF) N/A N/A N/A N/A N/A N/A N/A N/	Scope of Work Demolition	(check all that apply)	Renovation				747.57		it w/nega	ative pressure	-	friable p	roce	dure	
abated in facility (13) Yes No N/A Pipe insulation 27 If Pipe insulation 27 If Pipe insulation 27 If Pipe insulation NJDEP Hauler ID# 1/2 Pipe insulation Disposal Figure Signature Date 05/28/13	Location of asbestos-	of containing to be	Is location by mainte	normally us	dial ———	Descrip	otion of a	sbestos-contai	ning	(Specify	SF or	e m o v	e p	n c a	n
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill Tullytown Resource & Recovery Center	abated in	facility (13)	Yes	No	2011	l pipe insu	ulation			27 lf				P	早
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 1/2 Tullytown Resource & Recovery Center	basement (b	oiler area)										世	블	世	占
Registered Waste Hauler B & G Restoration, Inc. NJDEP Hauler ID# 19563 1/2 Tullytown Resource & Recovery Center												믐	H	出	出
B & G Restoration, Inc. Disposal Date O6/10/2013 City, State Tullytown, PA Completed by (Print or Type) Title Completed by (Print or Type)	Registered Was	ite Hauler	NJD	EP Hauler ID)# (C		of Waste	Name of Re	gistered ytown	Landfill Resource &	Recover	y Cer	ter		
Lincoln Park, NJ Completed by (Print or Type) Title Signature Gordana Luna Date 05/28/13	B & G Resto	oration, Inc.			Disposal 06/10/	Date		City State							
	Completed by	(Print or Type)	Title	ny/Treasu							0.0000000000000000000000000000000000000		-		

D	ate of Notification (1)				N	lame of	Building C	Owner/Operator (2))	05 4750. Chl	424E	4			
	5 / _	01 / 13	3			Getty	Industri	es, LLC	/ Job # 13	05-1750: Chk	. #315	1			
A	Agencies Notified	Type Notification	-		5	Street A	ddress	-5/41/	1 31 AM 2:	46					
	⊠ EPA	☐ Initial					lain Stre	et A							
D	☑ DOLWD		.04		(City, Sta	te, Zip Co	de £ 1	ICENSING	3i.					
	☑ DHSS	Amendment #				Pater	son, NJ	07505	. IUENSING						
	☐ DCA (NJAC 5:23-8)	Emergency (in justification)	nciuai	ing	1	Name of	Contact			Telephone Num	ber				
	(NJAC 3.23-0)	☐ Cancellation				Mr. L	eo Likas								
-					-	FACI	LITY INF	ORMATION							
L	Name of Facility Where A	hatement is Takir	ng Pla	ace (3)				Type of Facility (4	1)		24 6			
r	Getty Plaza	Abatement is runn	19 . 10	ع) دد.	,				☐ School (K-12)	1 Vanconius de la companya de la comp					
1	Street Address								☐ Subchapter 8 ☐ Other (i.e., pri	(Other than K-12	2) ercial b	uildi	inas.		
1									homes, etc.)	vate and comme	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
1	297 Getty Avenue								Square Feet	# of Floors	В	ldg.	Age		
1	City (5)								750,000	3		100	0 ye	ars	
1	Paterson				-	County	Code (7)(STATE USE ONLY)	Current Use (Price	or if being demol	ished)			100	
1	County (6) Passaic								Warehouse						
1	Name of Monitoring Firm	Hired by Building	Own	er (8)	I	SCM N	0.	Name of Abateme	ent Contractor (9)						
1	Horizon Environme		, 0	(-,					Mold Service	s, Corp.					
	Street Address	ental Group				-		Street Address							
1	PO BOX 316							3859 Sylon B	oulevard						
-	City, State, Zip Code		_	70				City, State, Zip Co							
1	Thorofare, NJ 0808	26						Hainesport, I	11.202						
-	Project Manager for Mor		-		Teler	hone N	0.	Telephone No.		License No.				2002 - 13.11	
	Steve Flanigan	moning i min				6-848-0		609-702-0400)	00862					
-		Sch	edule	d Cor		ion Date		Name of OSHA N	Ionitor					10001111	
	Start Date (10) 5 / 16 /					_ / _		EMSL Analyt							
								Street Address							
	Occupancy Status Durin	ted During Entire F	Period	of A	hater	nent		200 U.S. Rou	te 130 North						
	☐ Abatement Performe	d Outside of Norm	nal Fa	cility	Hour	s - Desc	ribe	City, State, Zip C							
	Time of Abatement:	AM	PM/_		PM-		M	Cinnaminson							
-								J	.,						
	Scope of Work (Check a	all that apply)							tainment with Neg	ative Pressure					
	≥3 sf or ≥3 lf			Ren Den				☐ Mini-End	closure g Procedure						
	≥160 sf or ≥260 lf		_] Dell	Millio	и		⊠ Non-Exe	empted (*) and No	n-Friable Proced					
+			T	ls l	Locat	ion					F	bat	teme	nt Ty	уре
	Locatio	n of			orma			Description		Amazunt	2	9	Re	En	m
	Asbestos-Containing				i Sole ntena	ely by nce/	Asbe	stos Containing Ma ., thermal systems	aterial (ACM)	Amount (Specify	Namova	3	Repair	Encapsulate	Enclosure
	TO BE AE				odial	Staff?	(1.0	surfacing, VAT	, or	SF or LF)	ق ا	2		sula	ure
	(13)		-		(12)			other miscelland	eous)					e	
				Yes	No	N/A						7	П		
	Main Warehouse Ar	rea				\boxtimes	Pipe Ins	sulation		2,400 LF	D	9			
	Windows (8 rows)		Г			×	Windov	v Glazing		25,000 LF	D				
K	Main Warehouse A	rea	-	_		×	Residu	al Pipe INsulati	on	2,520 LF	2	4			
"	Main Warehouse A		Г		П	×	Pipe In:	sulation		5,920 LF		3			
*	Name of Registered W				N	NJDEP V	Vaste	Cubic Yards of	11.00	stered Landfill	***	1111107		-	Decrease in the
	Horizon Disposal				H	lauler II		Waste	GROWS L	andfill					
				-		22612	-	10 Disposal Date	City, State						
	City, State							6/20/13		e, PA 19067					
	Trenton, NJ	- ,	TiAl -	_				Signature			Date				
	Completed By (Print or	. , , ,	Title	<i>(</i>	`^~	dinato		1.0			5	-1	0-	13	
	Kimberly A. Trum	inetti	UTT	ice (Joor	unialo		TIXU)	/			_	_		0.00
	ASB-41 MAY 11		* D	o not	use t	his form	for asbes	tos licensure exen	npted activities.						

MAY 11

Date of Notification (1)				Name o	f Building	Owner/Operator (2)	1000				
5 / 28	/ 13			O'Bu	ick Estat	te 251	Job # 1205-1644	4 Chk. #3165				
Agencies Notified Type	Notification			Street A	Address		うつり#1205-1644 3 / 相行	2:60				
⊠ EPA ⊠ In				26 W	oodland	Avanua						
	mended		-	City St	ate, Zip Co	ode 6	ELICENSING	1.042.			-	
	mendment#_				s, NJ 08	863	" LICENSING	SHEL				
	mergency (in	cluding	-	(18. Violantie)				Telephone Num	her			
(110710 0.20 0)	ustification)				of Contact			Telephone Nun	ibei			
	ancellation				Dick Gas							
				FAC	ILITY INI	FORMATION						200
Name of Facility Where Abaten	nent is Taking	Place	(3)				Type of Facility (4)				
Residential Property							School (K-12)	(OI) II IC 41	2)			
Street Address							☐ Subchapter 8 (☐ Other (i.e., priv	Other than K-1.	z) ercial bui	Idina	3	
26 Woodland Avenue							homes, etc.)	ato and commi		3	7.10	
City (5)							Square Feet	# of Floors	Bld	g. Ag	е	
Fords							980	1	6	5		
County (6)				Count	v Code (7)	(STATE USE ONLY)	Current Use (Prio	r if being demol	ished)			
Middlesex					,, 0000 (.)	,,	Residential		•			
Name of Monitoring Firm Hired	l by Building (Dunar (8)	ASCM N	do	Name of Abateme	ent Contractor (9)	- Intro-				
	by Building (JWIICI (.0)	AGOIVI I	10.		d Mold Services	. Corp.				
Horizon Environmental						Street Address	a mora oci vioco	, согр.				0.55
Street Address							oulovard					
PO Box 316						3859 Sylon B						0.000
City, State, Zip Code						City, State, Zip Co						
Thorofare, NJ 08086			-			Hainesport, I	IJ 08036	T				
Project Manager for Monitoring	g Firm		10000000	phone N		Telephone No.		License No.				
Dave or Steve Flanigan			85	56-848-	0800	609-702-0400		00862				
Start Date (10)	Schee	duled C	omple	tion Dat	e (11)	Name of OSHA N						
6 / 6 / 13	3_ _	6/	_ 10	_ / _	13_	EMSL Analyt	ical, Inc.					
Occupancy Status During Aba	tement (Chec	k only	one)			Street Address		100 100				
☐ Facility Closed/Vacated Du				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performed Outs	side of Norma	I Facilit	y Hou	rs - Desc	cribe	City, State, Zip C	ode	-				
Time of Abatement:	_AMP	M/	PM-	/	AΜ	Cinnaminsor						
Scope of Work (Check all that	annly)								station in a			700
Scope of Work (Check all that	apply)					\boxtimes .		ative Pressure	Encles	irre		
≥3 sf or ≥3 lf			enovati			☐ Mini-End						
≥160 sf or ≥260 lf		∐ De	emolitio	on		☐ Gloveba	g Procedure mpted (*) and Non	-Friable Proced	lure			
		1	Loca	tion			Inplot () and i to it		-	ateme	ent Ty	vne
Lanation of			Norma			Description of	nf					
Location of Asbestos-Containing Mate	rial (ACM)	Use	ed Sole	ely by	Asbe	stos Containing Ma		Amount	em	Repair	inc	nc
TO BE ABATED		1,000,000	aintena	ance/ Staff?	(i.e	., thermal systems		(Specify	Removal	를.	aps	Enclosure
IN Facility		Cus	(12)			surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	9
(13)		Yes	No	N/A	1	Other misochane	.ous)				Ф	
			1000	10000000	FI T	lle and Mastic		600 SF			П	
Basement					Floor I	ne and Mastic		000 31	_		_	
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			-	12						<u></u>		
										Ш	Ш	ш
Name of Registered Waste Ha	auler			NJDEP \		Cubic Yards of Waste	Name of Regist					
Horizon Disposal, Inc.			1	22612		5	GROWS La	natill				
City, State						Disposal Date	City, State					
Trenton, NJ						6/10/13	Morrisville,	PA 19067				
Completed By (Print or Type)	Tit	le				Signature	1		Date	-		_
and the same of th	1000		Coor	dinato	r	12	, //		5-28	7-12	V.	
Kimberly A. Trumbetti		Jilice	0001	umato			2	_	0 00	11	8	
ASB-41 MAY 11				hio form	foranhoo	tos licensule exem	nted activities					

				(Pu	rsuan	to NJA	C 8:60 and 5:16		tree .				
Date of Notification (1)					Name	of Building	Owner/Operator (2	-)	1.50	,		*******	
	28 / _	13	-,		Anti	nony B. L	₋uciano, Jr.	2013 H/Job #	1305-1761: C	hk. #31	54		
Agencies Notified	Type Notifica	tion			Street	Address			AM 2:40				
☐ EPA					96 F	River Roa	ıd	*Ja	- 40.				
☑ DOLWD	Amended Amendme				City, S	tate, Zip C	ode	& Tick.	CONTROL SING				
☑ DHSS □ DCA	Emergence		ıdina		Mor	tville, N.	J 07045	- Not it	SING			5)	
(NJAC 5:23-8)	justification		ading		Name	of Contact			Telephone Num	ber			
,	☐ Cancellati				Mr.	Anthony	Luciano		1				
		7.00			FAC	ILITY IN	FORMATION				WII		
Name of Facility Where	Abatement is T	aking P	lace	(3)				Type of Facility (. 10				
Condurso's Garder	n Center							☐ School (K-12) ☐ Subchapter 8		2)			
Street Address								☐ Subcriapter 6			lding	s,	
96 River Road								homes, etc.)					
City (5)								Square Feet	# of Floors	Blo	g. Ag	ge .	
Montville								1400	2		930		
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Price	지않아 아이를 막게 되었다.				
Morris							4.55		Garden Cente	r			
Name of Monitoring Firm	Hired by Build	ling Ow	ner (8	3)	ASCM	No.	Name of Abateme						
Tiger Environment	al						Asbestos and	d Mold Services	s, Corp.				
Street Address			72.0				Street Address						
16 West Elizabeth	Avenue						3859 Sylon B	oulevard					
City, State, Zip Code							City, State, Zip Co	ode	1				
Linden, NJ 07036							Hainesport,	J 08036					
Project Manager for Mon	nitoring Firm			Tele	phone	No.	Telephone No.		License No.				
Kelly Walton				90	8-862	-4301	609-702-0400	li e	00862				
Start Date (10)	S	chedul	ed Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
<u>6</u> / <u>10</u> /	_13_	6	_ /	_ 12	<u> </u>	13_	EMSL Analyt	ical, Inc.					
Occupancy Status Durin	g Abatement (0	Check o	only o	ne)			Street Address						
☐ Facility Closed/Vacat	570)				ment		200 U.S. Rou	te 130 North					
☐ Abatement Performe							City, State, Zip Co	ode					
Time of Abatement:	AM	PM/		_PM		AM	Cinnaminsor	n, NJ 08077					
Scope of Work (Check a	II that apply)								2000 - 20				
		· K	7 .		KE125			tainment with Neg	ative Pressure				
$\boxtimes \ge 3$ sf or ≥ 3 If $\subseteq \ge 160$ sf or ≥ 260 If			☑ Rei □ Dei	novati molitic			☐ Mini-End ☑ Gloveba	g Procedure					
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Location				lorma	illy ely by		Description of			_R	Re	m	Ш
Asbestos-Containing TO BE AB		1)		ntena			stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	Enclosure
IN Facil			Cust		Staff?	(surfacing, VAT	, or	SF or LF)	<u> </u>	'	Encapsulate	ure
(13)		-	.,	(12)		1	other miscellane	eous)				te	100
			Yes	No	N/A						_	_	_
Basement					\boxtimes	Pipe In:	sulation		96 LF	\boxtimes		Ш	Ш
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		-		금							П	П	П
Name of Registered Wa	ete Hauler		Ш		JDEP '	Maste	Cubic Yards of	Name of Regis	tered Landfill		L		
Horizon Disposal,				12.5	lauler II		Waste	GROWS La					
					22612	2	5 Disposal Data						-
City, State							Disposal Date	City, State	DA 10067				
Trenton, NJ				15			6/12/13	Morrisville					
Completed By (Print or 1		Title					Signature)			Date	201	12	
Kimberly A. Trumb	etti	Off	ice (oor	dinato	r	LYW.			21.	40/	13	

Date of Notification (1) Name of Building Owner/Operator (2) 5 15 / Individualized Shirts 28/3 MAY 3/ ANJOD #1305-1753 Chk. #3171 Agencies Notified Type Notification Street Address **⊠** EPA ☐ Initial 581 Cortlandt Street ☑ DOLWD City, State, Zip Code **⊠** DHSS Amendment #01 Perth Amboy, NJ 08861 ☐ DCA ☐ Emergency (including) (NJAC 5:23-8) justification) Name of Contact Telephone Number ☐ Cancellation Mr. John Pappalardo, Frankoski Const. **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Individualized Shirts School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, 581 Cortlandt Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Perth Amboy 25,000 1 County (6) 100 + County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Middlesex Office & Factory Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Horizon Environmental Asbestos and Mold Services, Corp. Street Address Street Address PO Box 316 3859 Sylon Boulevard City, State, Zip Code City, State, Zip Code Thorofare, NJ 08086 Hainesport, NJ 08036 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Dave Flanigan 856-848-0800 609-702-0400 00862 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 6 / 3 / 13 6 / 7 / 13 EMSL Analytical, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 200 U.S. Route 130 North Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-___PM/___PM-__ City, State, Zip Code Cinnaminson, NJ 08077 Scope of Work (Check all that apply) Negative Pressure Enclosure ≥3 sf or ≥3 lf □ Renovation
 □ Demolition ☐ Mini-Enclosure ☐ Glovebag Proc ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Used Solely by Asbestos Containing Material (ACM) Removal Encapsulate TO BE ABATED Maintenance/ Amount nclosure (i.e., thermal systems insulation, IN Facility Custodial Staff? (Specify surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) No Yes N/A Lunch Room, Bathroom, Vestibules X Floor tile & Mastic 2,020 SF M (Seven Areas) П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Horizon Disposal, Inc. Hauler ID No. Waste **GROWS Landfill** 22612 5 City, State Disposal Date City, State Trenton, NJ 6/7/13 Morrisville, PA 19067 Completed By (Print or Type) Title aturé Kimberly A. Trumbetti Office Coordinator 5-28-13 ASB-41 **MAY 11** * Do not use this form for asbestos licensure exempted activities.



Oroca	90	ı		CATION	ate of Ne I OF ASB to NJAC	ESTOS	ABATE				ħ.		Ē,	u u		
Date of Notification (1) 05/30/13					f Building an Vors				npany, L	LC. 20/3	MAY 3	٠.		1		
Agencies Notified	Type Notification			Street A	ddress derson	Street				s sign		A	M.	2: ,	10	
EPA DEP DOL	Initial Amended Amendment				ite, Zip Co cen, NJ					Ġ.	LICE	CU.	17		,	
DOH DCA	Emergency (i justification) Cancellation	ncluding	- 1		f Contact lasters					l Tel	anhona N	lumba	-	~ (•	
				FACI	LITY INF	ORMAT	ION						=			
Name of Facility Where 207 Van Vorst Proj		Place (3	3)					Туре	of Facility School (K-	200200						
Street Address 203-207 Van Vorst	Street Lot 16, B	lock 14	205					×	Subchapte Other (i.e. etc.)	r 8 (Oth	er than K & comme	-12) rcial b	uildi	ngs,	home	es,
City (5) Jersey City					-			Squa 22,0	re Feet	# of 2+	f Floors		Blo	lg. A	ge	
County (6) Hudson	* <u>, , , , , , , , , , , , , , , , , , ,</u>				Code (7) USE ONLY)		Curre	ent Use (Pr	ior if bei	ng demo	lished)				
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCN	I No.				atement Co		(9)					
Street Address							Street 815		ss Street							
City, State, Zip Code								ip Code on, NJ 08	8037			1				
Project Manager for Mor	nitoring Firm		Telepho	ne No.	-	Teleph 609-	none N	lo.		License						
Start Date (10) 05/14/13		Schedule 06/15/		pletion	Date (11)		Name	of OS	HA Monitor						,	
Occupancy Status Durin	ig Abatement (Check	Only Or	ne)			-	Street	Addre	SS				i (Mercin			
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norm	eriod of all Facility	Abatem Hours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check A	All That Apply)															-
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf		Management .	Renova Demoliti					Mi Gl	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					9	
		Is	Locati	on									Α	10000	ment	
Location	To the beautiful to the second of the second		Normali d Sole			De	scription	of				-	-	Ту	pe	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Ma	intenar todial S (12)	ice/		thermal surfa	taining M systems cing, VA miscellar	s insul T, or	ation,	(8	mount Specify or LF)	Kellioval	,	Repair	Encapsulate	Enclosure
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Tile & M		Х							,000	Х						
Pipe Insulation				Х							00 LF	x				
Name of Registered Was Waste Management	700	JDEP W auler ID	(GREETER)	of Wa	Yards ste		Name of Grows				Lar	ndfil	ls			
City, State Camden, NJ						Dispo	sal Date US		City Stat	te ville, P	Α					
Completed by Kati DiNatale		Title Office	e Man	ager		8	Signature	(d	200)		Date 05/30	/13	3		
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State of New Jersey ENT

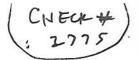
NOTIFICATION	OF ASBESTOS	ABATEME
(Pursuant to N.L.	AC 8:60-7 and 1	2:-120-7)

Date of Notification (1) 05/28/13				Building Owner/ University	Operato	r (2)			-28/ 5	MAY 3
Month/Day/Year Agency Notified EPA DEP DCA DOH	#1 Ame	al ification		2158 te, Zip Code NJ 08543			Telephone N	umber	ć,	LICEN
400000000	Cano	ellation	Robert O				Telephone			
Name of Facility Where Abatem Princeton University Jadwin Street Address Princeton University	Hall - B- Leve		FACILI	TY INFORMA		Subcha x Other	(4) (K12) opter 8 (Other (i. e. Private dings, homes, et	k comme	ercial	
Princeton	Coun	, (0)		(STATE USE ONL		Current Use (Pr			1)	
Name of Monitoring Firm Hired ATC Associates, Inc Street Address 3 Terri Lane	by Building O	wner (8)		ASCM No.	Assoc	University of Abatement Con iated Specialty Con Address Crue Avenue				
City, State, Zip Code					1 100 CONT. 1 100 CO	State, Zip Code	*****			
Burlington NJ 08016 Project Manager of Monitoring Mike Keehn	Firm		Telephone 609-386-8		Telep	Mills, PA 19342 hone Number 64-9622	1.0.1916	Liceno 1103	e Numi	ber
Scheduled Start Date (10) 06/12/13 Month/Day/Year			ompletion Date 08/12/13 Month/Day/Ye			of OSHA Monitor ion Labs				
Occupancy Status During Abate Facility Closed/Vacated I Abatement Performed O Hours - Describe: 4 Other - Describe:	Period of A al Facility			3370 I City, S	Address Progresive Drive State, Zip Code Iem PA 19020					
Scope of work (Check all that ap Demolition x >3 sf or >3 if >160 sf or >260 lf	ply)	x	Renovatio	n	x x	Full Containmen Mini - Enclosure Glovebag Proced Non-Friable Proc	lure	Pressu	re	
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Loc Nor Us Sol by ! ten: Cus	Is cation mally sed lely Main-ance/todial f (12)	Asbesto Mater (ie. The insulation, or other	cription of os-Containing rial (ACM) ermal systems , surfacing, VAT miscellaneous)	•	Amount (Specify SF or LF)	R	R E P A I	Type E N C A P S U L	E N C L O S U R
B- Level		х	pipe fitting	s		105 (ea.)	x			
						x x				
Name of Registered Waste Haule Horizon Disposal	100000000000000000000000000000000000000	DEP Waste tler ID No.	Cubic Yards of Waste		Name of Register	ed Landfill			<u> </u>	
City, State Trenton NJ				Disposal Date As needed	7	City, State Morrisville PA				
Completed By (Print or Type) Mark Goshow		Title Pro	e ject Manager	As accued	Signatu		un		Date	80-13

Date Newton Name of Building Owner/operator (2) Name of Depth Name of Facility Where Abatement is Taking Place (3) Name of Contest Name of Facility Where Abatement is Taking Place (3) Name of Contest Name of Facility Where Abatement is Taking Place (3) Name of Contest Name of Facility Where Abatement is Taking Place (3) Name of Contest Name of Facility Where Abatement is Taking Place (3) Name of Contest Name of National Na	Date of Notification (1)				Name of	f Building	Owner/C	perator	(2)	1000	0% ng	٠,					
DEP DOL Amended Am	May	y 28, 2013			amadev	elopme	ent						fra.				
DEP DOL Amended Am	Agencies Notified	Type Notification			Street A	ddress			Ź	2919 800							
DOL Amendment # Parispany, NJ 07054 Name of Contact Howard L. Cohen Parispany (Including justification)	EPA	Initial			400 Inte	erpace F	Parkwa	У		THAT.	3/	AM 2.					
DOH			100		City, Sta	te, Zip Co	ode			Jane			* ()				
DOH	DOL.			— L						27/0	S ()	7117-14					
Name of Facility Where Abstement is Taking Place (3) Maywood Medical Street Address Street Address City (5) Maywood County (6) Bergen County (7) Street Address County (8) ASEM No Name of Monitoring Firm Hired by Building Owner (8) ASEM No Name of Monitoring Firm Hired by Building Owner (8) ASEM No OO21 The MACK Group, LLC Street Address OO21 The MACK Group, LLC Street Address OCUPY Hill, NJ, 0804 Project Manager for Monitoring Firm (Boles) 218-1108 Coupancy Status During Abstement (Check Only One) Aster Date (7) Facility Closed/Vacated During Entire Period of Abstement Outside of Normal Facility Hours Oner - December Outside O					Name of	Contact				- LIU	Tel	ephone	Num	ber			
Name of Facility Where Abstement is Taking Place (3) School Medical Street Address Subchapter 8 (Other than K-12) Subchapt	☐ DCA	Cancellation							5.11			ry trans					Lo
Maywood Medical Street Address City (3) Maywood County (6) Bergen Name of Monitoring Firm Hired by Building Owner (6) ASCM No. A	Name of Equility Where	Abatament in Table	- Dl (0		FACI	LITY INF	ORMATI	ON	T	-f = -1114 - 74	`						
Street Address Subchapter 8 (Other than K-12) Subchapter 8 (TO CONTROL OF THE PROPERTY OF	Abatement is Takin	ig Place (3)					Туре	of Facility (4)						
113 Essex St																	
Square Feet	77 - 525 - 525														dinas	hom	es
Maywood County (6) Bergen Name of Monitoring Firm Hired by Building Owner (8) AET Name of Monitoring Firm Hired by Building Owner (8) AET Street Address 907 Doolittle Drive City, State, Zip Code City, State City, Stat										etc.)	_						
County (6) Current Use (Prior if being demolished) Building	200 200 200 M								Squa	re Feet	# of	f Floors		В	ldg.	\ge	
Bergen STATE USE ONLY)																	
Sergen Sergen Suliding Su	0.538 78					200 CO)		Curre	nt Use (Prior	r if bei	ng demo	olishe	ed)			
AET Street Address 907 Doolittle Drive City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. Eric Houseknecht (908) 218-1108 (973) 759 - 5000 (90781 Name of OSHA Monitor The MACK Group, LLC. Start Date (10) Street Address Scheduled Completion Date (11) Name of OSHA Monitor The MACK Group, LLC. Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 23 sf or 23 if 24 sf or 23 if 25 sf or 22 sif 26 store and the street Address Scope of Work (Check All That Apply) Asbestos-Containing Material (ACM) TO BEA BATED In Facility (13) Ves No N/A Generator No N/A Stack insulation 140 sf City, State Name of Registered Landfill City, State Disposal Date City, State Disposal Date City, State Date Date Date													g				
Street Address 907 Doolittle Drive City, State, Zip Code Bridgewater, NJ 08807 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) Scheduled Completion Date (11) Schedul	A SAN THE SAN THE A	Hired by Building	Owner (8)			No.		Name	of Aba	tement Cont	ractor	(9)					
907 Doolittle Drive					0021			The M	IACK	Group, LL	.C						
City, State, Zip Code Bridgewater, NJ 08807 Project Manager for Monitoring Firm Eric Houseknecht Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Scheduled Completion Dat	Street Address							Street	Addres	ss							
Bridgewater, NJ 08807 Project Manager for Monitoring Firm Eric Houseknecht Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Start Date (10) Scheduled Completion Date (11) Street Address 1500 Kings HWY N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 23 sf or ≥3 if ≥180 sf or ≥260 if Renovation Demolition Bracility (13) Scope of Work (Check All That Apply) Scope of											STE 2	209					
Project Manager for Monitoring Firm	TO TO ORGANIZATE OF THE BUILDING SERVICE OF THE SER				3.			City, S	state, Z	ip Code							
Eric Houseknecht (908) 218-1108 (973) 759 - 5000 (973) 759 -							-			Contract of the Contract of th	8						
Start Date (10) Scheduled Completion Date (11) Scheduled Completion Date (11) S/29/13 Scheduled Completion Date (11) S/29/13 Scheduled Completion Date (11) Street Address Stree	1 man 1 mm											Licens	e No				
Scope of Work (Check All That Apply) Saster of Scope of Work (Check All That Appl												00781					A3-C-3
Scope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Name of Registered Waste Hauler Newark Carting / Rovic City, State Newark / Riverdale, NJ Completed by Title Street Address 1500 Kings HWW N, STE 209 Street Address 1500 Kings HWW N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Street Address 1500 Kings HWW N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Street Address 1500 Kings HWW N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Full Containment with Negative Pressure Mini-Enclosure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) SF or LF) The Completed by Name of Registered Landfill Cumberland County Landfill Cumberland County Landfill Cumberland County Landfill Newburg, PA Date	0.0000000000000000000000000000000000000		Schedule	ed Cor	mpletion I	Date (11)		Name	of OSF	A Monitor							
Facility Closed/Vacated During Entire Period of Abatement Abatement Period of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 23 st or 23 lf 2160 sf or 2260 lf Renovation Demolition Renovation Description of Asbestos-Containing Material (ACM) (Specify SF or LF) Renovation Demolition Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Abatement Type Asbestos-Containing Material (ACM) (Specify SF or LF) Renovation Non-Friable Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted		7//	- 4		6/1/13						C.						
Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) 2 3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A generator Normally Yes No N/A Name of Registered Waste Hauler Newark Carting / Rovic City, State City, State, Zip Code Cherry Hill, NJ 08034 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Abatement Type Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Surfacing, VAT. or other miscellaneous) Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. 4509 Name of Registered Landfill City, State Newark / Riverdale, NJ Disposal Date City, State Newark / Riverdale, NJ Date	Occupancy Status During	g Abatement (Chec	k Only On	e)				Street	Addres	SS							
Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf								1500 H	Kings	HWY N, S	STE 2	209					
Cherry Hill, NJ 08034		ed Outside of Norm	nal Facility	Hour	S			City, S	tate, Z	ip Code							
≥3 sf or ≥3 if ≥160 sf or ≥260 if Pull Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exe							_	Cherry	/ Hill,	NJ 08034	8						
Demolition Demolition Demolition Demolition Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Non-Exempted (*) and Non-Exempted (*) an	Scope of Work (Check A	II That Apply)	980000						_								
Slovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type								2			nt with	Negativ	e Pr	essur	е		
Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Ves No N/A Normally (13) Ves No N/A Stack insulation Normally (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Normally (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) For LF Repair Re				emoli	tion			-	1000000		dure						
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Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Yes No N/A Quench Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Stack insulation Name of Registered Waste Hauler Newark Carting / Rovic City, State Newark / Riverdale, NJ Completed by Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation) Asbestos Containing Material (ACM) (i.e. thermal systems insulation) Asbestos Containing Material (ACM) (i.e. thermal systems insulation) Asbestos Containing Material	Location	n of	1000				De	scription	of						Т	pe	_
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Stack insulation 140 sf Name of Registered Waste Hauler Name of Registered Waste Hauler Newark Carting / Rovic City, State Newark / Riverdale, NJ Completed by Stack insulation 140 sf Cubic Yards of Waste Cumberland County Landfill City, State Newburg, PA Signature Date				1071177										a	=	ate	6
Name of Registered Waste Hauler NJ DEP Waste Hauler ID No. Newark Carting / Rovic City, State Newark / Riverdale, NJ Completed by NJ DEP Waste Hauler ID No. 4509 1.4 Cumberland County Landfill City, State 6/1/13 Newburg, PA Date			Yes	No	N/A								-				
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Newark Carting / Rovic City, State Newark / Riverdale, NJ Completed by 1.4 Cumberland County Landfill City, State Newburg, PA Signature Date	Name of Registered was	ste Hauler		17.00						Name of R	egiste	red Land	itill				
City, State Newark / Riverdale, NJ Completed by Disposal Date City, State Newburg, PA Signature Date	Newark Carting / Rov	/ic								Cumberla	nd C	ountv	Lan	dfill			
Completed by Title Signature Date		1					Dispos	2000				-,			770-7		
Completed by Title Signature Date	Newark / Riverdale.	NJ						5/1/13		Company & Committee Committee	PA						
Mike Cooper President 5/28/13							101	0			Date						
	Mike Cooper		Presid	ent				Ment,	//-			5	5/28	/13			

ASB-41 (R-06-08)

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



Lare of Northeatton (1	/28/03:				Owner/Operator		555	
Agencies Notified	Type Notification				ICAM	ONTRACT	ons > cm	VICES
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			FAC	או צדעו	ORMATION			Why day
are of Facility When	re Abatement'is Taking	Place (3)				Type of Facility (4)	6
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	7-02-1-0-1-1-		1 Count	y Code (STATE	Current Use (Pri		tueo!
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State of New Jersey

MO#20613923065		NOT		B. T. 151 (TO)		BESTOS A AC 8:60 and			2717.2.3.				
Date of Notification (1)				Name	of Buildin	g Owner/Opera	ator (2	2)	111111111				
05 /	25 , 13	3		Laffra	y Francis	•		7912 WAY -					
Agencies Notified	Type Notification			-	t Address			7210 WHA 5	## 2: 4g		_	-	
☐ EPA	Initial				10 10 10	117	9						
□ DOLWD	Amended				npere Pk State, Zip		- 4	- 17 52 100	The state of the s				
☑ DHSS	Amendment #	111111111111111111111111111111111111111		7,0				a LIGE	YSING -				
DCA	Emergency (i	ncluding	3		of Contac	NJ 07017			Telephone Num	hor			
(NJAC 5:23-8)	justification) Cancellation			SERVICE SERVICE		70.0			Telephone Null	ibei			
	Cancellation				y Francis								
Ministry				FA	CILITY	NFORMATIO	N						
Name of Facility Where	Abatement is Takir	ng Place	(3)					Type of Facility					
Private house				- 38.172		Market Control		School (K-1		3)			
Street Address								M Other (i.e.	8 (Other than K-1 2 private and comme	1) ercial br	uildin	ns	
58 Ampere Pkw.								homes, etc		roidi bi	andin,	33.	
City (5)					***************************************			Square Feet	# of Floors	В	idg. A	\ge	
East Orange, NJ 0701	17												
County (6)				Coun	ty Code (7)	(STATE USE O	NLY)	Current Use (F	rior if being demoli	shed)			
Essex													
Name of Monitoring Fir	m Hired by Building	Owner	(8)	ASCM	No.	Name of Ab	ateme	ent Contractor (9	9)	-			
						Gr Tech LL		i in the medicine is	4.5				
Street Address						Street Addre						17/35	
						576 Valley	Rd#	1783					
City, State, Zip Code	30					City, State, 2			-1				
						Wayne, NJ							
Project Manager for Mo	nitorina Firm		Tele	phone	No	Telephone N		70	License No.				
	3		,	, , , , , , , ,		19							
Start Date (10)	Sche	duled C	omple	tion Da	ta (11)	973-638-17 Name of OS		Annitor	01127				
06 / 05		06				Name of OS	OTA IV	ionitor					
			0.00			The second secon		nsultants,Inc					
Occupancy Status Duri				WARWIII DA		Street Addre	ess						
Facility Closed/Vaca								Road, Bldg .#	35 E				
Abatement Performs Time of Abatement:		ai Facilit PM/		s - Des		City, State, 2	Zip Co	ode					
					7.1141	Fair Lawn,	NJ 0	7410					
Scope of Work (Check	all that apply)					_		and decontami					
▼ >3 sf or >3 If		M R	enovati	on		Full		tainment with Ne Iosure	gative Pressure				
>3 sf or >3 If = 160 sf or >260 If			emolitic						Tent with Negative	e Press	sure		
									on-Friable Procedu		1		
4.7745 40.32-00	to contract to when		s Locat							Ab	atem	ent T	уре
Locatio Asbestos-Containing			Norma ed Sole		Anha	Descrip				D	D	Ш	Ш
TO BE A		Ma	intena	nce/		estos Containin e., thermal syst			Amount (Specify	Removal	Repair	Encapsulate	Enclosure
IN Fac		Cus	todial	Staff?	, , ,	surfacing,	VAT,	or	SIF or LF)	ove	₩	psu	Sur
(13)		-	(12)	T	-	other misce	llane	ous)		=		late	O
		Yes	No	N/A	-								
Basement				\boxtimes	Pipe ins	ulation			175 LF	X			
Basement		П		×	Roiler in	nsulation			36 SF	X			
Dascinent		+=-	=	+	Doner II	iisuiatioii			30 SF		닏	닏	닏
			Ш										
										П	П		
Name of Registered Wa	ste Hauler		NJ	EP Waste	e Hauler ID No	Cubic Yards of	Waste	Name of Regi	stered Landfill			-	MANUAL YES
Gr Tech LLC			1	03378	25	TBD		T.R.R.F. Inc					
City, State				03310	,,,	Disposal Dat	e	City, State	Sin and the same of the same o	-		-902	_
							~						
Wayne, NJ 07470	Tuna	lo.				TBD		Tullytown, P					
Completed By (Print or	Type) Tit	ie				Signata	e		Da	ate			

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

05/25/2013

Owner

N.Jevtic

MAY 11

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

Date of Notification	n (1)		Manager and the second of the		wner/Operator	(2)	- 10 pt	3			
5-25-2013			Cory Fe	sta							
Agencies Notified	Type Notifica	ation	Street Addres	ss		2013	MAY a.				
[]EPA	[X]Initial	1	111 Upp	er M	ountain A	lve.	MAY 31 A	1 2:3	0		
[]DEP	Notific	ation	City, State,	Zip C	ode		10 mm		40		
[X]DOL	[]Amended		Montcla	ir,N	J,	di.	7125,00	Ly man	?		
[X] DOH	Notific	ation	Name of Conta	act	-32	Telephor	ne Number	3		-	
[]DCA	[]EMERGENC	Y	Cory Fe					-			
[]DGI	[]Cancella	tion				1					
			200000733000	ITY IN	FORMATION						
Name of Facility Wh		is Taki	ng Place (3)			Type of Facil	ity (4)				
Same as above	9					[]School					
Street Addres							ter 8 (Othe			10000	
							uildings, h				
						Square Feet	# of Floo	assume proce	ldg.		
City (5		County	(6) Essex		ty Code (7) TE USE ONLY)	4500	3		110		
						Current Use (Prior if be	eing de	mol1:	shed	1)
Name of Monitoring	Firm hired by	Buildin	g ASCM No.		Name of Abate	ment Contracto	r (9)				
Owner (8)			• [IANAGEMENT					
N/A Street Address					Street Addres			-			
Street Address						topher St	2				
City, State, Zip Co	de				City, State,				50 N.	-	
City, State, hip co	ac .					r, NJ 070	42				
Project Manager for	Monitoring Fi	rm Te	lephone Numbe	r	Telephone Num			icense	Num	her	
rroject manager ror	nonreoring ri		/A		(973) 744		ſ	0037			
Scheduled Start Dat	e (10) Sche		letion Date (11)	Name of OSHA				7283		
6-2-2013	c (10)	6-4-2		1000	N/A						
			Day Year		•						
Occupancy Status Du [X]Facility Clo				l	Street Addres	s					
of Abatemer	nt										
[]Abatement Pe	erformed Outsid cribe:«OffHour			Y	City, State,	Zip Code					
[]other - Desc			Participation of the control of the								
Scope of Work (Chec	k all that app	ly)		U	William Company of the Company of th						
[X]>3 sf or	- >3 1f	r	X]Renovation			Containment wi Enclosure	th Negative	Press	ure		
1570 F. T	or ≥260 lf]Demolition		[X]Glove	bag Procedure					
(4-1			Is		[]Non-F	riable Procedu	re	Ah:	ateme	nt '	Trans
Locatio	n of		location Normally		Description	on of	V2.00		T	E	E
Asbestos-Co	(100 전 10 전 15 전 15 전 15 - 1))		Used		Asbestos-Con Material		Amount (Specify	R	R	C	C
Material TO BE A		E	Solely By Main-		(i.e., thermal	749AMARA manazara	(Specify	MO	P	P	P
In Faci			tenance/ ustodial		ulation, surf		LF)	V	A	S	S
(13)			No N/A	0:	r other misce	llaneous)		Ĺ	R	L	R
Basement		165	X	Pipe	e Insulat	ion	50 lf	X	\vdash	Ė	-
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					22 22			_	+		_
Name of Registered	Waste Hauler	N.	JDEP Waste	Cubi	ic Yards	Name of Regi	stered Land	 fill	L		
AZTECH MANAG		C. H	auler ID No.	10/34/32-01/0	Waste 1	G.R.O.W.					
City, State			7040	Dier	posal Date	City, State					
Montclair, NJ	07042			- 22	-5-2013	Morrisvi	lle, PA	1906	57		
						\	/				
Completed By (Print			212		Signature	1	<i>t</i> /	Date			n-ullrussed-
Constantine V	uvian Pr	reside	ent		1 pts	a (Karling 1	lu	5-25	-201	3	
					100	· I brostore &	was -	-			

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

2013-112

May 28 2013 03:14pm P001/001 NJ Dept-of Health & Senior Services

Bac proj. #.				(1 4144	threat t	EMERG	EI	VCY***	D	ate Check	# 592	Time:		: 0	1	
Date of Notification	(1)	- 11	Name of	Building Ov		r/Operator (2)			1		e 11 . 0 p					_
0 15 1/12 18	1/1131			Paterso				2913 MAY 3	1 44	260		•				
Agencies Notified	Type Notifice	tion	Street Ad	dress				10 No C Co. 10		- ALCOHOL:						om),
☐ EPA	Inifial		154	larket Str		t		<u> </u>		145		17.00		,		
₩ DOL	☐ Amend	iment		a, Zìp Code son, NJ (605						40				_
M DOH	_		Name of C	Contact		****	H			Telephor	e Numbe	er er				-
☐ DCA	☐ Cancel	lation	Kathl	een East	orı								_		- 0.000	
				FA	CIL	ITY INFORMA	TIO	١		•						
Name of facility who	ero abatement	is taking p	ilaos (3)				Ì		Туре	of Facility						
Shooting Rang	je.								1	=	ol (K-12 apter8 (5	llana l	(40)		
Street Address							T			X Other	(Private/C	comm		V-1,6,	,	
42 Ryle Road									Squa		Homes, # of Floo		E	dg.	Age	_
City (5)	·	Co	unty (6)					inty Code (7)								
Paterson, NJ	07522	P	assaiç				(St	ite use only)		ent Use (Poting ran		ng der	nolist	ed)		_
Name of Monitoring	Firm Hired by	Bldg. Ow	ner (8)		1	ASCM No.	\vdash	Name of Abatemen			ge	_	laune			0.00
	N/A						\prod	B & G Restora	tion, In	c						
Street Address								Street Address 105 Ryerson	Road			,				
City, State, Zip Code						**************************************		City, State, Zip Code Lincoln Park,		135	,,,,,,		•	7	-	
Project Manager for I	Monitoring Fire	n	Ti-	Phone Nur	nbe	r	+	Telephone Number			License	Num	ber			=
								(973)696-686		·	0	0378				_
Scheduled Start Date	(10)	Sche	d. Comple	tion Date ((11)		T	Name of OSHA Mor B & G Restora		^						
05/29/13		05	/31/13					Street Address	AO11, 117	<u> </u>			_/55	-		-
Occupancy Status Di							T	105 Ryerson F	Road					- 550/5		
Facility closed/ Abatement peri								City, State, Zlp Code								
Other-Describe	;						1	LincolnPark, N	U 0703	5				To <u>b</u> s		
Scope of Work (che				Demolition	of	acm	Ī			-		-			4	
M Demolition		Renovati		wet method	iteo Ida i	under	-	ull Containment w/ne	gative pr		Glove					
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material to be abated in facilit	v (13)	staff(12)	No	1114	-	material (Al		TOTAL TOTAL TIME		(Specify S LF)	For	m	p	2	0,	
	abated in facility (13) Yes			N/A	_						_	V B	ŗ	P	, L	_
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					7	-	T			No. of Parties Property Proper	٠.	뉘	+	H	怡	_
							T									Г
Registered Waste Hauler NJDEP H Rovic Transport 2078				10#	Cub	40 cy	ste	Name of Registered	Landfill							_
City, State Riverdale, NJ	Olsposal 1 06/31/		ę	Ī	City, State Bethlehem	, PA							-			
Completed by (Print o Gordana Luna	гТуре)	Title Secreta	ry/Treas			Signature	<u> </u>	Gordona Suna			Date 05/28	3/13				Mis-

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 5921

B & G proj. #: 2013-112

	•				EWEK	2 E 14	CT						
Date of Notification	(1)	110	lame of E	Building Own	er/Operator (2)	281.	Marsi Na	Ser.					
10 15 1/12 18			City of	Paterson		4 .		-146					
Agencies Notified	Type Notificati	on S	treet Add	iress			77:100 6000						
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₩ DOL	☐ Amendn			e, Zip Code son, NJ 07	7505				P				
 ▼ DOH			ame of C	Contact				Telephor	ne Number				
☐ DCA	Cancella	tion	Kathl	een Easto	n					_			
				FAC	ILITY INFORM	ATION							
Name of facility wh	ere abatement is	taking pla	ace (3)					Type of Facility School	(4) ol (K - 12)				
Shooting Rang	ge								napter 8 (O	ther th	an K-	12)	
Street Address									(Private/Co		rcial		
42 Ryle Road								Square Feet	/Homes, et		Blo	ig. A	ge
City (5)		Cour	nty (6)			A 11 December 2015	nty Code (7)						
Paterson, NJ	07522	Pa	ssaic			(Stat	e use only)	Current Use (F shooting rar		g dem	olisne	ea)	
Name of Monitoring	g Firm Hired by I	Bldg. Own	er (8)		ASCM No.	' П	Name of Abatement						
	N/A			*			B & G Restorat	tion, Inc.					
Street Address							Street Address 105 Ryerson F	Road					
							City, State, Zip Code						
City, State, Zip Code	е						Lincoln Park,						
Project Manager for	Monitoring Firm			Phone Numi	ber		Telephone Number	•	License		er		
							(973)696-686 Name of OSHA Mon		00	378			
Scheduled Start Da	te (10)	Sched	d. Compl	etion Date (1	1)		B & G Restora						
05/29/13		05/	31/13				Street Address						
Occupancy Status I							105 Ryerson R						
Facility closed	d/vacated during erformed outside	entire peri	iod of ab	atement.			City, State, Zip Code						
Describe:		Of Horman				-	LincolnPark, N	J 07035					
Other-Describ			- G	do									1.7
Scope of Work (ch	eck all that apply	Renovation	-	Demolition contaminat	of acm ed debris using	ПЕ	ull Containment w/ne	gative pressure	Glove	oag pr	ocedu	ire	
				wet method	ds under		lini-enclosure	3-	☐ Non-fr				
>3 sf or >3 lf	X	≥160 sf or	77.00	controlled o						R	R	E	1_
Location of asbestos-con	taining	by maint	enance/c			ion of a	sbestos-containing	Amount		e m	e p	n c	E n
material to be	,	staff(12)	Г	-т	material			(Specify	SF or	0	a	a	C
abated in faci	inty (13)	Yes	No	N/A						e e	r	р	1
throughout the	structure			X	Assumed	asbe	stos debris	2,000 sf		X	片	片	쓔
					-					╬	片	片	壮片
								_		╬	屵	금	H
					-					ዙ	片	片	片
	10/1 1/	Cubic Yards of	Masta	Name of Registered	1 Landfill		<u> </u>	Ш	Ш.	ال			
Registered Waste H Rovic Transpor		40 cy	vasie	I.E.S.I.	a carrolli								
City, State Riverdale, NJ			80/4	Disposal 05/31/			City, State Bethlehen	n, PA					
	Completed by (Print or Type) Title Signature								Date	2/4.0			
Gordana Luna		Secreta	ary/Trea	asurer			Gordana Luna		05/28	3/13			





CK 3262

Date of Notification (1) 5/28/13					Building Beck (F							1	Čų,			
Agencies Notified	Type Notification			Street A	A Commence of the Commence of			''					*	<i>c</i> /	777.	
⊠ EPA				4908 L	ong Be	ach Bl	vd									4
DEP DOL	Initial Amended Amendment				te, Zip Co e NJ 08							3.7				
DOH DCA	Emergency justification) Cancellation		- 1	Name of Marge	Contact					Tel	ephone f	Numb	er			٠.
				1.5	LITY INFO	DRMATI	ON									
Name of Facility Where		g Place (3)			4			Туре	of Facility (4	4)	2510000000	AV/33				
Marge Beck (Privat	te Home)								School (K-1				15			
Street Address	DL								Subchapter Other (i.e. p					linas	home	26
4908 Long Beach I	SIVO							_ 6	etc.)			,, O.G.				
City (5) Holgate NJ 08008								Squar 1000	re Feet)+	2	f Floors		1	ldg. A 5+	ge	
County (6) Ocean				County (Code (7) JSE ONLY	,		Curre	nt Use (Prid	or if be	ing demo	lishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	1 No		Name		tement Con	tractor	(0)					
N/A	Trilled by Building	Owner (o)		Addiv	1			aco Ir		iliacioi	(5)					
Street Address								Address Box 32	2000							
City, State, Zip Code									p Code	04				100		
Project Manager for Mor	nitoring Firm			Telepho	ne No.			hone No	n NJ 080	91	License	e No.				
20 12 1 10					,		, commente	753-9	SHAVERAGE:		00727	7				
Start Date (10) 5/29/13					Date (11)		Sam		IA Monitor		•					
Occupancy Status Durin	ng Abatement (Che	k Only On	e)				Street	Addres	ss				MIN'S			
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norr	Period of A	batem Hours	nent			City, S	State, Zi	p Code							
Other – Describe:						_										
Scope of Work (Check A	All That Apply)	(lated)					-	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of th	enova emolit	2002					l Containme ni-Enclosure		n Negativ	re Pr	essui	re		
				10.11				Glo	vebag Prod	cedure			-			
	-						Ľ	No.	n-Exempted	1 (*) ar	d Non-F	riable		750	e ement	
	2005.		Locati ormal												pe	6
Locatio Asbestos-Containing			d Sole		Achae		scription		(ACM)	. ,	Mount					
TO BE AB	BATED		ntenai odial S			therma	l system	s insula		(Specify		Re	R	2	5
In Faci		Cust	(12)	otalir			cing, VA			S	F or LF)		Removal	Repair	Encapsulate	Enclosure
(13)	Me	1		Ι	-	outer	Ilisociia	neous)	1				<u>/a</u>	=	ılate	Te
		Yes	No	N/A												_
Exterior	Siding			X		Exte	erior Si	ding		10	000 SF		x			_
Name of Registered Wa	ste Hauler		30	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Regist	ered Lan	dfill				000
United Containers				auler ID 2459	INU.	of Wa			G.R.O.							
City, State Elm NJ					*	Dispo 5/30/	sal Date 13)	City, State Morrisv		A 1906	7				
Completed by	mpleted by Title					1	Signatur	e _			I	Date	e		, ,	,
Anthony T Perna		Presid	dent				(L			-	5/2	9/10	5/	28/	/3

0/22/03

Date of Notification (1) 5/28/13				uilding Ow City Pu				25	15 p. 18	V	3 4	w	-		
Agencies Notified Type Notification			reet Add 01 n Fr	ress ont Stre	et			13.	~ a.	· s.		2:	(g		
EPA Initial Amended Amendment a				, Zip Code NJ 081		24		(* L/	Live;	1/7		,		
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding	1 200	ame of C teve	ontact					Tele	nhone Nu	imbe	r 			
			FACILI	TY INFOR	MAT	ON									-
Name of Facility Where Abatement is Taking Camden High Vocational Tecnical	Place (3) School						× Sc	Facility (4 hool (K-12 bchapter	2)	or than K-1	12)				
Street Address 1700 Park Boulevard							Ot etc	her (i.e. pr c.)	rivate 8	commerc	cial b				
City (5) Camden NJ							Square 1000+	•	2	Floors		35	g. Ag +	e	
County (6) Camden			ounty Co	ode (7) SE ONLY)			Current	Use (Prio	or if beir	ng demolis	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.		7.0000000000000000000000000000000000000	of Abate aco Inc	ment Con	tractor	(9)					
Street Address							Address 3ox 329								
City, State, Zip Code							state, Zip t Berlin	Code NJ 080	91						
Project Manager for Monitoring Firm		T	elephon	e No.		THE REPORT OF THE PARTY OF	none No. 753-98			License 00727					
Start Date (10)	Scheduled 6/14/10		pletion D	ate (11)		10000	of OSH	A Monitor							
6/10/13 Occupancy Status During Abatement (Chec		- Message					Address								-
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of A	bateme	ent		_		State, Zip								
Scope of Work (Check All That Apply)															500 S
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Daniel Street	enovati emolitio					Mini Glov	Containm -Enclosur vebag Pro -Exempte	e cedure					9	
	Т.				9.5	_					T		Abate	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Location lormally disorder lormally disorder lording l	y y by ice/		os Co therm sur	escription entaining all systen facing, V r miscella	Material ns insula AT, or		(Amount Specify F or LF)		Removal	Ty Repair	e Encapsulate	Enclosure
Rms D-142, D-142B D-112	163	140	X		Floo	r Tile /	Mastic			Total		x			
including storage rooms resource								2	300 Sf						
center and hallways 117 &128															
Name of Registered Waste Hauler			JDEP W		10000000	oic Yards Vaste				tered Land	dfill				
United Containers			2459		4			G.R.O							
City, State Elm NJ	2.70				C C 17 (13 (14)	posal Dat 0/13		City, Sta Morris		A 1906					
Completed by Anthony T Perna							re			,	5/2	e 8/1:	3		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Agencies Notified Agencies Notified
[X] EPA [] DEP [X] DOL. [] Amended Notification Amendent Number 549 East 3"d Street [X] DOL. [] Amended Notification Amendment # [X] Emergency (including justification) Telephone Number FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residence Street Address 28 Rona Lane Type of Facility (4) [STATE USE ONLY) City County (6) Coean County Code (7) (STATE USE ONLY) Square feet for # of Floors homes, etc.) Bidg. Age 1200 sf 1 60 Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc. Street Address City, State, Zip Code Telephone Number City, State, Zip Code Telephone Number City, State, Zip Code Telephone Number City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Scheduled Start Date (10) 5/29/13 Scheduled Completion Date (11) 5/30/13 Scheduled Start Date (10) 5/29/13 Scheduled Completion Date (11) 5/30/13 Occupancy Status During Abatement Check only one) [] Abatement Performed Outside of Normal Facility Hours
Telephone Number Telephone
Cancellation
Type of Facility Where Abatement is Taking Place (3) Residence Type of Facility (4) [] School (k-12) [] Subchapter 8 (other than k12) [] Subchapter 8 (other t
Name of Facility Where Abatement is Taking Place (3) Residence Residence Residence Street Address 28 Rona Lane School (k-12)
Residence
Street Address 28 Rona Lane County (6)
Secope of Work (Check all that apply) Second S
Street Address Street Address Street Address Scheduled Start Date (10) Scheduled Completion Date (11) Street Address Street Address Street Address Scheduled Start Date (10) Scheduled Completion Date (11) Street Address Street Address Scheduled Start Date (10) Scheduled Completion Date (11) Scheduled Start Date (10) Scheduled Start
Beach Haven West Ocean
Residence
Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number 732-349-9932 Scheduled Start Date (10) 5/29/13 Cocupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [x] ≥ 3 s f or ≥3 lf [] Renovation [x] Demolition [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
Street Address City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number 732-349-9932 Scheduled Start Date (10) 5/29/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other - Describe Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [] Non-Exempted (*) and Non-Friable Procedure Abatement Type
City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number 732-349-9932 Scheduled Start Date (10) 5/29/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Street Address City, State, Zip Code City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
Toms River, New Jersey 08755-1271 Project Manager for Monitoring Firm Telephone Number Telephone Number Telephone Number 732-349-9932 Scheduled Start Date (10) 5/29/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition Toms River, New Jersey 08755-1271 Telephone Number 732-349-9932 Name of OSHA Monitor E.M.S.L. Analytical Street Address City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure
Project Manager for Monitoring Firm
Scheduled Start Date (10) 5/29/13 Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other – Describe Scope of Work (Check all that apply) Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Street Address City, State, Zip Code Piscataway, New Jersey 08854 [] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition Abatement Type
Occupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other – Describe Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition Street Address 1056 Stelton Road City, State, Zip Code Piscataway, New Jersey 08854 City, State, Zip Code [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
[] Abatement Performed Outside of Normal Facility Hours City, State, Zip Code [] Other - Describe
City, state, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure [X] ≥160 sf or ≥260 lf [X] Demolition [X] Non-Exempted (*) and Non-Friable Procedure Abatement Type
[] Mini-Enclosure [] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure [X] ≥160 sf or ≥260 lf [X] Demolition [X] Non-Exempted (*) and Non-Friable Procedure Abatement Type
[] >3 sf or ≥3 lf [] Renovation [] Glovebag Procedure [x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
[x] ≥160 sf or ≥260 lf [x] Demolition [x] Non-Exempted (*) and Non-Friable Procedure Abatement Type
Abatement Type
Is Location Description of Location of Normally used Asbestos-Containing Amount R E E E N N
Asbestos-Containing Material (ACM) Solely by Material (ACM) (Specify SF M P C C
TO BE ABATED Maintenance/Custodial (i.e., thermal systems or LF) A A L O I P O
(13) Start institution, surfacing, $V = R = S = S$
other miscellaneous) A U U D
YES NO N/A
Exterior X Asbestos siding 1000 sf X
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Hauler ID No. Cubic Yards of Waste T.R.R.F.
City, State Disposal Date City, State Toms River, New Jersey 5/31/13 Tullytown, Pennsylvania
Completed by (Print or Type) Title Signature Date
Nicholas Fernicola Project Manager 5/28/2013 *Do not use this form for ashestos licensure exempted activities

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name	of Building	Owner/Ope	erator (2)	1	20.		_		
bate of Notification (1)	May 28, 2013	3			Name	or Building		scienc		a 2	()	32		
Agencies Notified [X] EPA	Type of Notific	ation al Notif	ication		Street	Address	РОВ	ox 497	8	d V	45			
[] DEP			otification		City, S	tate, Zip Co	nde			14/2		17.		
[x] DOL		endment rgency	including			* *		River,	NJ 08754	1945.	6 7.	6	20	
[x] DOH	justi	fication)		Name	of Contact			1	elephone Number		7		
[] DCA	[] Can	cellation	l .			Gary	Yedman					-		
				FA	CILITY	INFORM	MATION							
Name of Facility Where A		ng Place	(3)					Туре	of Facility (4)					
	idence				31				[]	School (k-12) Subchapter 8 (of	her tha	n k12)		
Street Address	Millers Camp	Iane							[x]	Other (i.e., priva			ial buil	dings,
			- (5)					-		homes, etc.)	T ==:			
City		Cour	nty (6)			Code (7) USE ONL	(Y)	Squar	e feet 500 sf	# of Floors	Bld	g. Age	60	
Seaside Park		Oce	an		,					f being denolished)		,,,	
Nome of Monitoring Firm	Him d has Davildin	0	- (0)		A C(C) ()	. T.	II xr	A1	Resider					
Name of Monitoring Firm N/A		g Owner	(8)		ASCM 1	NO.	Name of	Abatem	ent Contractor Guardi	(9) an Contracting,	Inc.			
Street Address							Street A	ddress	XX. (2.3.2000)					7.1
City, State, Zip Code							City, Sta	te 7in (oute 9, Unit 61			_	
City, State, Zip Code							City, Sta	ic, zip c		liver, New Jers	ey 08	755-1	271	
Project Manager for Monit	e Number			Telephor		er	License N							
Scheduled Start Date (10)	d Comple	tion Date	(11)	732-34 Name of			00624							
5/28/13			5/29/	0.7000 E. C.		· · · · ·				L. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacate		70	ried of A	hatamant		Street Ac	ldress	1056 \$4	elton Road				
(5) (5)	ement Performed						Gi. G.							
	r – Describe						City, Sta	te, Zip C		way, New Jerse	v 088	54		00
C. CW. L (CL. L III							r 1							
Scope of Work (Check all	tnat apply)						L J		i Containment ni-Enclosure	with Negative Pre	ssure			
[] >3 st	for≥3 lf		[]	Renov	ation		ii		vebag Proced	ure				
[x] ≥160	sf or ≥260 lf		[x]	Demol	ition		[x]	Noi	n-Exempted (*) and Non-Friable	Procedi	ıre		
***					T					1	Abat	ement	Туре	
			Is Locati				Descriptio				R	R	Е	Е
Location o			Normally 1		1		estos-Con			Amount	E	Е	N	N
Asbestos-Containing M TO BE ABA		Mair	Solely batenance/C				Material (A ., thermal s			(Specify SF or LF)	M	P	C	C
in facility		Ivian	Staff	ustodiai			lation, su			OI LI')	0	A I	A P	L
(13)			(12)				VAT, o				V	R	S	S
						oth	er miscella	ineous)			A		U L	U R
YES NO N/A											L		E	E
Exterior X					Asbe	stos sidin	g			700 sf	X			
							Total San Control of the Control of							
Name of Registered Waste Guardian Cor		1	NJDEP Was	ste Hauler 20223	ID No.	Cubic Ya	rds of Wast		me of Registe T.R.R.F.	red Landfill				
City, State	inacing, inc.			Dispo	sal Date	3	City, Sta	ite				_		
Toms River, New Jersey 5/30							Tullyto	wn, Pe	nnsylvania					
그런 아이나의 아르륵이는 아이와 아이를 잃었다. 그렇게 하는데 있는데 어어나 없었다. 프라플레	Toms River, New Jersey 5/3 ompleted by (Print or Type) Title Nicholas Fernicola Project Manager					ure (ho	14	en	1	Date 5/28	3/2013		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	Date of Notification (1) May 28, 2013						rator (2) Novello	~ // ₋	3	ر ا-را	3/	
Agencies Notified [X] EPA [] DEP	Type of Notifica	ation Il Notific	tification		Street Address City, State, Zip Co	335 W	estfield Road			9 <u>7</u> 9 1	\$ (d.	,,
[x] DOL [x] DOH [] DCA	[x] Emer		ncluding		Name of Contact	Scotch	Plains, NJ 07076	'elephone Number		69	٠ <u>,</u>	74
[] ben	[] Canc	ellation			300000000	Novello						
Name of Facility Where At	vatament is Takin	a Diage (3)	FAC	ILITY INFORM	ATION	Type of Facility (4)					
	idence	g riace (.3)				[]	School (k-12)				
Street Address 402	8 th Avenue						[] [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 1000 sf	# of Floors	Bldg	, Age	60	
Ortley Beach	L.	Ocea	ın				Current Use (Prior in Resider)		,,,	
Name of Monitoring Firm I		Owner	(8)		ASCM No.	Name of	Abatement Contractor		Inc			
Street Address			-			Street Ad	dress	- 12	1110.			
City, State, Zip Code						City, Stat	e, Zip Code	oute 9, Unit 61				
Project Manager for Monito	oring Firm	- 1	Telephone N	Number		Telephon	Toms F	License N		755-1	271	
Scheduled Start Date (10)					on Date (11)	732-349		00624	1000000			
5/28/13	3 1		5/29/13		on Date (11)	74,495,524,000	E.M.S.	L. Analytical				
[] Abate	batement (Check ity Closed/Vacate ement Performed r – Describe	d During	g Entire Perio			Street Ad	1056 St e, Zip Code	elton Road way, New Jerse	y 088	54	-	
Scope of Work (Check all t	hat apply)					[]		with Negative Pre	ssure			
1 5 5	or≥3 lf sf or≥260 lf		[] [x]	Renovat Demolit		[] [x]	Mini-Enclosure Glovebag Proced Non-Exempted (*	ure) and Non-Friable l	Procedu	ıre		
	-									ement	Type	
Location o Asbestos-Containing Ma TO BE ABAT in facility (13)	aterial (ACM)		Is Location Normally use Solely by tenance/Cus Staff (12)	ed	Ash N (i.e. inst	Description estos-Con faterial (A , thermal s alation, sur VAT, or er miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sidin	g		850 sf	X			
			-									
Name of Registered Waste I Guardian Cor		N	JDEP Waste 20	223	2	rds of Waste	T.R.R.F.	red Landfill				
City, State Toms River, 1	New Jersev			Disposa 5/30/1		City, Sta	te wn, P e nnsylvania					
Completed by (Print or Type Nicholas Fern	e)	Title Proje	ct Manage		Signature	hol	ten		Date 5/28	/13		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Agencies Notified [x] EPA	Date of Notification (1)	of Notification (1)						wner/Ope				BA.			
September Sept	, ,	5/28/2013						Messer	rcola	Enterprises	02 2	1	130	e	
September Plainfield, NJ 07060 Superscript (and unity justification) Plainfield, NJ 07060 Plainfield, NJ	Agencies Notified [x] EPA	[] Initial	Notificati		St	reet Ado	dress	549 Ea	ıst 3 ^r	d Street	47			¢ ,	
Name of Fenting	[] DEP [x] DOL	Amen	dment #		C	ity, State	e, Zip Cod	le Plainfi	eld,	NJ 07060		945 76			147
Name of Facility Where Abstement is Taking Place (3) Residence Street Address 1403 Mill Creek Road County (6) County (6) County Code (7) State USE ONLY) Street Address Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address Street Address Street Address Street Address Name of Abstenent Contractic (9) Guardian Contracting, Inc. Street Address	[x] DOH	justifi	cation)	luumg	N	ame of		do		T	elephone Number			6.	
Type of Facility Where Abdement is Taking Place (3) County (6) C	[] DCA				EACIL	ITV IN	IEORM	ATION							
School (k12) School (k12) School (k12) School (k12) Subchapter 8 (other than k12)	N. CF-vilia Whee A	hatamant is Taking	Place (3)		FACIL	11111	VIORIVI	ATION	Тур	oe of Facility (4)	N.				
City County Code (?) County Code (?) CyTATE USE ONLY) Square feet 1200 sf 1			1 1400 (3)							[]	Subchapter 8 (oth				
December County (b) County (c) Coun	Street Address	3 Mill Creek R	oad								homes, etc.)	- 5		al build	ings,
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.	City		County	(6)				^	Squ		The second of the second secon	Bldg.)	
Street Address Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code City, State, Zip Code City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number 732-349-9932 Coupancy States During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Street Address Street Address 1889 Route 9, Unit 61 City, State, Zip Code Toms River, New Jersey 08755-1271 Telephone Number 732-349-9932 Coupancy States During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period of Abatement [] Abatement Performed Outside of Normal Facility Hours [] Other − Describe Street Address Street Address 1056 Stelton Road City, State, Zip Code City, State, Zip Code City, State, Zip Code City, State, Zip Code Piscataway, New Jersey 08854 Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Glovebag Procedure Normally used Asbestos-Containing Material (ACM) Normally used Solely by Maintenance/Custodial Staff (13) Staff (13) YES NO N/A Staff (12) VAT, or other miscellaneous) Nome of Registered Waste Hauler Guardian Contracting, Inc. Name of Registered Waste Hauler Guardian Contracting, Inc. Disposal Date City, State Tullytowy: Penns Vania Staff Tullytowy: Penns Vania Date Staff Tullytowy: Penns Vania Date Staff Staf	Beach Have	n West	Ocean		(S	IAIE	ISE ONL		2.200	rrent Use (Prior i Reside	f being demolished)			,	
Street Address City, State, Zip Code Toms River, New Jersey 08755-1271	Name of Monitoring Firm	Hired by Building	Owner (8)	AS	SCM No).	Name of	Abat			Y			
1889 Route 9, Unit 61								Ctaret 1	ddeca		an Contracting,	inc.			
City, State, Zip Code City, State, Zip Code	Street Address							Street A	aaress		Coute 9, Unit 61				
Project Manager for Monitoring Firm Telephone Number Table	City, State, Zip Code									p Code Toms l	River, New Jerse		55-12	:71	
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Scope of Work (Check all that apply) Scope of Work (5/29/13	5/29/13 5/30/13					1)			E.M.S.	L. Analytical				
Scope of Work (Check all that apply) [] Full Containment with Negative Pressure [] Mini-Enclosure [] Mini-Enclosure [] Mini-Enclosure [] Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure R	[x] Fac [] Ab	Cocupancy Status During Abatement (Check only one) [x] Facility Closed/Vacated During Entire Period [] Abatement Performed Outside of Normal Facility								1056 S		y 088	54		
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Exterior X Asbestos siding 1000 sf X Name of Registered Waste Hauler Guardian Contracting, Inc. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola YES NO N/A Asbestos siding L E K E	Asbestos-Containing TO BE ABA	Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility Is Location Normally used Solely by Maintenance/Custo					Asi (i.e ins	bestos-Co Material (., thermal ulation, s VAT,	ntain ACM syste urfaci or	ing () ems ing,	(Specify SF	E M O V	E P A I	N C A P S U	N C L O S U
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Name of Registered Waste Hailer Guardian Contracting, Inc. 20223 T.R.R.F. City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager Toms River, New Jersey Title Project Manager Title Project Manager Title Project Manager Title Project Manager	Exterior	Exterior					stos sidi	ng			1000 sf	X	-	_	
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City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola Title Project Manager Tullytowp; Penns Ivania Date 5/28/2013	Guardian C	Guardian Contracting, Inc. 2022					1.1.1000 1.000 1.000 1.000	3_			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T				_
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	INICIIOIAS F	Nicholas Fernicola Project Manage					estos lice	nsure exe	mpte	d activities.		-			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1) 5/28/2013		Name of Building		erator (2) ercola Enterprises	U.	21	7	35	-
[] DEP [] Amer	ntion I Notification Inded Notification Inded Motification	Street Address City, State, Zip Co	ode	ast 3 rd Street	55.	35- 2001 2005		Ø,	1/2)
[X] Emer	gency (including		Plainf	ield, NJ 07060		i (s	14/2	Ż,	*
	ication) ellation	Name of Contact Ferna	indo	T	elephone Number		,	1.	
	FA	ACILITY INFORM	MATION						
Name of Facility Where Abatement is Taking Residence	g Place (3)			Type of Facility (4)	School (k-12)	*	1.10\		
Street Address 1120 Mill Creek R	toad			[x]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buil	dings,
City	County (6)	County Code (7) (STATE USE ONI	V)	Square feet 1200 sf	# of Floors	Bldg	. Age	50	
Beach Haven West	Ocean	(STATE USE ON	.1)	Current Use (Prior in Resider		1)		0	
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASCM No.	Name of	f Abatement Contractor		Inc			
Street Address		1	Street A	ddress					
City, State, Zip Code			City, Sta	ite, Zip Code	oute 9, Unit 61	10.00			10000120
Project Manager for Monitoring Firm	Telephone Numb	per	Telepho	Toms F	River, New Jerse License N		55-12	271	-
Scheduled Start Date (10)	Scheduled Comp	aletion Date (11)		9-9932 FOSHA Monitor	00624				
5/29/13	5/30/13	metion Date (11)		E.M.S.	L. Analytical		-		
Occupancy Status During Abatement (Check X Facility Closed/Vacate	only one) ad During Entire Period of	Abatement	Street A		telton Road				
Abatement Performed Other – Describe	Outside of Normal Facility	y Hours	City, Sta	nte, Zip Code Piscata	way, New Jerse	y 088:	54		
Scope of Work (Check all that apply)			[]	4	with Negative Pre	essure			
[] >3 sf or ≥3 lf	[] Rend	ovation	[]	Mini-Enclosure Glovebag Proced	ure				
[x] ≥160 sf or ≥260 lf	L 3 500000	nolition	[x]) and Non-Friable	Procedu	re		
		T			1	Abate	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A	ial (i.d	Description bestos-Con Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems irfacing, 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
Exterior	X	Asbestos sidi	ng		1000 sf	X			
Name of Registered Waste Hauler					red Landfill				
Guardian Contracting, Inc.	20223	posal Date	City, St	T.R.R.F.					
Toms River, New Jersey	5/3	31/13		own Pennsylvania	1 1	Tn:		W Selection	
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	cho	1 te		Date 5/28	/2013	3	
		form for asbestos lice	nsure exen	npted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of B	uilding Owner/Op			1/20:			
5/28/2013			Lara I	Kensey	a 21	7	37		-4
1	ation al Notification anded Notification	Street Add		ona Lane	Ÿ			Wed.	
[x] DOL Ame	ndment # rgency (including	City, State		n Haven West, NJ	08008	1/20			ζ,'
[x] DOH justif	fication)	Name of C			Telephone Number			- 4	
[] DCA			Lara Kensey					90	
CE CE VIII ALL CE		FACILITY IN	FORMATION	Type of Facility (4	1)				
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of Facility (School (k-12)				
Street Address				[]	Subchapter 8 (of				
36 Rona Lane				[x]	Other (i.e., priva homes, etc.)	ite & coi	mmerc	ial buil	dings,
City	County (6)	County Coc (STATE US		Square feet 1200 sf	# of Floors	Bldg	. Age	60	
Beach Haven West	Ocean				if being demolished	1)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name o	f Abatement Contract		Inc			
Street Address			Street A	ddress					
City, State, Zip Code			City St	ate, Zip Code	Route 9, Unit 61				
City, State, Zip Code				Toms	River, New Jers		55-12	271	
Project Manager for Monitoring Firm	Telephone Nu	mber		ne Number 19-9932	License N 00624	Vumber			
Scheduled Start Date (10) 5/29/13	Scheduled Cor 5/30/13	mpletion Date (11)	Name of	f OSHA Monitor E.M.S	S.L. Analytical				
Occupancy Status During Abatement (Check		- C A L	Street A		Stelton Road				
	ed During Entire Period Outside of Normal Faci		G': G	5020000	Stelloll Road				
Other – Describe		•	— City, Sta	ate, Zip Code Piscat	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					nt with Negative Pre	ssure			
[] >3 sf or ≥3 lf	[] R	enovation	L :	Mini-Enclosure Glovebag Proce					
[x] ≥160 sf or ≥260 lf		emolition	[x]		(*) and Non-Friable	Procedu	ire		
						Abate	ement	Туре	20000
	Is Location		Description			R	R	Е	Е
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TO BE ABATED	Maintenance/Custo	dial	(i.e., thermal	systems	or LF)	M O	A	Α	L
in facility	Staff (12)		insulation, su VAT,			v	I R	P S	OS
(13)	(12)		other miscell			A	10.0	U	U
	YES NO N	/A				L		L E	R E
Exterior	Asbesto	s siding		600 sf	X				
Name of Desistant West Header	NJDEP Waste H	auler ID No. C	ubic Yards of Was	te Name of Regis	tered Landfill				
Name of Registered Waste Hauler Guardian Contracting, Inc.	2022	23	8 2	T.R.R.F.					
City, State Toms River, New Jersey		isposal Date /31/13	City, St	ate own, Pennsylvan	ia				
Completed by (Print or Type)	Title	Signature	1	J. J. Ivan	1)	Date	10.5 -		
Nicholas Fernicola	Project Manager		1 Cho	1 te	N	5/28	/2013	3	



Date of Notification (1)	5-28-13		N	ame of	Building NAi	Owner/Operator	(2)	IMER	- `	13 Ma.			1	
	Type Notification		<u>-</u>	reet Ag	dress			\sim	u'i		3/			1
Agencies Notified BPA DBP DOL DOH	I Initial ☐ Amended Amendment # ☐ Emergency (inclining justification) ☐ Cancellation	uding	- C	ity, Stat	5 Sine Zip Co		.0	872	3. Talanhona I	Mumhae		*	5. 5	To T
☐ DCA	L Carpenation					ORMATION								F
Name of Facility Where	Abatement is Taking I	Place (3)	FACIL	311 110			e of Facility (4 School (K-12) Subchapter 8 Other (i.e., pri	(Other than	K-12)	uilding	js,		-
Street Address	GOINGRD							homes, etc.)	# of Floor		Bldg.			+
GRY (5) BRICH	K. NJ	, (28	72	13		12	140	2	molishe	41	52	2	=
County (6) O Co	- PN		7	County USE O	Code (7 NLY)) (STATE	_	rent Use (Prio		emousie	<u> </u>			_
Name of Monitoring Firm (8)		wner	T A	SCM N	0.	Name of Abate			PIES	10	<u>C 1</u>			=
Street Address						Street Address	4 77	ck 7	RALL	<u></u>		_		_
City, State, Zip Code						City State, Zip		ŊJ	.087	24		_		=
Project Manager for Mo	onitoring Firm	T	Telep	hone N	lo.	Telephone No.	19-	7499	Lićense	No. 190	<u></u>			_
Start Date (10)	Sched	uled Co	mpleti	on Date	e (11) /	Name of OSHA	A Monit	ior		,				
Occupancy Status Dur	ing Abatement (Chec	k only o	ne)			Street Address	s							_
Facility Closed/Vaca Abatement Perform Other - Describe:	ated During Entire Per	riod of A	L baten	nent s		City, State, Zip	Code						_	
Scope of Work (Check	(all that apply)		novatio	20		☐ Mini-	Enclose	ment with Ne ure	gative Pres	sure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Der	nolitic	n .		Glove	ebag P Exemp	rocedure ited (*) and No	on-Friable P	rocedure				\dashv
			ocatio								AL	Typ		
Asbestos-Containing TO BE AB IN Fac						Description stos Containing I , thermal system surfacing, V other miscella	Materia ns insu AT, or	lation,	Amou (Speci SF or L	ify	Removal	Repair	Encapsulate	Enclosure
Yes				N/A		finale	5		210	05Q.	V			
siding						(1)191-2								
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Name of Registered	Waste Hauler			UDEP tauler		Cubic Yards of Waste	T	Name of Rec	istered Lar					
City, State BRICK	W / / / / /			418	02	Disposal Date	0/3	City, State	3					
Completed By	, /Y J ·	e P1	e	===		Signatur	9			Date 5	a	8/	13	3
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Date of Notification (1)	8-13		Nan	ne of Bu	idling O	wner/Operato	or (2)		Plana.			8	_	
Agencies Notified T	ype Notification		Stre	et Add	ress /	HER	IDA	NS	7	Als:		-	_	
] BPA I	/ Initial Amended Amendment #		City, State, Zip Code WARETOWN NJ.											
DOH 5	Emergency (included justification) Cancellation	ing				ACK	15		Talankanak				7	
DCA L	_ Caricelladon		<u>=</u>	101	V INIEOE	RMATION								T
	•	(0)	F	ACILII	A MALOI	GIBATION	Тур	e of Facility (4)					L
Name of Facility Where Ab	atement is Taking P	ace (3)					- == ,	School (K-12) Subchapter 8 Other (i.e., pri	(Other than K-1 vate & commerce	aai bu	lding	s,		
Street Address SHEK	RIDAN	51					Squ	homes, etc.) pare Feet	# of Floors	•	3ldg.			4
City (5) ARETO	WH FOC	EAI	N.	TWE	P,	CTATE	- // Cui	rent Use (Pri	or if being demo	_ lished)	20	<u></u>	1
County (6) OCEA	1/		, l	JSE ON	ILY)	(STATE		PRIVE	TIE HO	27/1	<u> </u>			+
Name of Monitoring Firm (8)	lired by Building Ow	ner	AS	CM No.		BRIC	KI	NDUS	TRIES	_//	V C	_		-
Street Address			_				NA	TICK	TR.			_		-
City, State, Zip Code						City, State, Z BR / C	Tip Code	<u> </u>		72,	4	_	_	_
Project Manager for Mon	itoring Firm	T	eleph	one No).	Telephone N	10. 199 =	74 99	License No.	96	,			_
Start Date (10)	Schedu	led Com	pletio	h Date	(11)	Name of OS	HA Moni	itor	,					_
Occupancy Status Durin		k only or		1)	-	Street Addr	ess							
☐ Facility Closed/Vacat	ad During Entire Per	100 DOI PAL	Michie	ent		City, State,	Zip Code)						_
Other - Describe: Scope of Work (Check a	all that apply)						ıli Contai	nment with N	egative Pressure	•				
□>3 ef or >3 lf		Ren	ovatio notition	n			ni-Enclos lovebag l	~	Ion-Friable Proc	edure				
≥160 sf or ≥260 lf		Is Lo	cation			I IN	UPEACIT	pico () and			Abatement Type			y
		Nor Used 9	mally Solely	by		Descrip	tion of	LI (ACM)	Amount	Ī			m	
Location Asbestos-Containing TO BE AB/ IN Facili	Material (ACM) NTED ty	Maint Cus S	enand stodia taff? (12)	ce/	Asbes (i.e.	stos Containir , thermal sys surfacing other misc	tems ins	ulation, r	(Specify SF or LF)		Removal	Repair	Encapsulate	-
(13)		Yes	No	N/A		r			1300	50		4		-
Siding					_5	hingle	25		1300	17	V			
7					=									1
		+										<u> </u>		L
Name of Registered V	/aste Hauler		T	UDEP Lauter II	Waste O-No.	Cubic Ya		Name of R	egistered Landfi					
BRICK /		<u> </u>	_L	<u>a/8</u>	yer a	Disposal	Date (3	City, State						_
Completed By	NJ	tle.	_				ature	1	V	ate 5	1/2	78	11	3
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Name of Contact DOH	nan K-12)	4) 1), 1) ##:		\$ c	
Agencies Notified Type Notification BPA	nan K-12)	4) 		₹ c	
□ PPA DBP	nan K-12)	1/2/2 1/1	3.1	¥€	1
Amendment #	nan K-12)	77.	*** ,	_	1
DOH Justification Name of Contact Facility Name of Facility	nan K-12)				4
Name of Facility Where Abatement is Taking Place (3) Street Address S / 3 Mc ★ / N LEY AVE City (5) City (5) FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other the Money, etc.) Ho / Normal Square Feet # of Floring Square Feet # of Florin	ommercial bu	-			1
Name of Facility Where Abatement is Taking Place (3) Street Address Street A	ommercial bu				1
Name of Facility Where Abatement is Taking Place (3) Street Address Street A	ommercial bu				1
Street Address 8/3 Mc X/N LEY AVE City (5) City (5) City (5) City (5) City (6) City (6) City (7) C	ommercial bu				
8/3 $1/CP/NZEY AVE Square Feet # of Fig. City (5) Square Feet # of Fig.$		ilding	S,		
	oors	Bldg.			7
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County Code (7) (STATE Current Use (Prior if being	j demolisned	1)			
USE ONE!)		,			7
Name of Monitoring Firm Hired by Building Owner 3/1/2/	ES	<u> </u>	c		-
(8) Street, Address	2.				
Street Address US WH 1 CK 1K City, State, Zip Code	07) (/	7		٦
City, State, Zip Code	58/2	<u> </u>	_		-
Telephone No. Telephone No. 1 / 0 0 m	ise No.	6			
Project Manager for Motificing 1 miles	11/				-
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor					_
Street Address					
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code			=		_
Abatement Performed Outside of Normal Pacifity Floats					_
Other - Describe:	ressure				
Pencyation Mini-Enclosure	1.77.77.77.12.5				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Glovebag Procedure Non-Exempted (*) and Non-Friable	le Procedure				_
Is Location		At	Typ		
Normally Used Solely by Description of Used Solely by Outside Material (ACM) Am	nount	\sqcap	T	Ш	
Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Asbestos Containing Material (ACM) (Sp. 1) (Sp. 2)	pecify or LF)	Ren	Repair	ncap	ncic
TO BE ABATED Staff? surfacing, VAT, or	OILI)	Removal	pair	Encapsulate	Enclosure
(13)				6	
Yes No N/A Shihales 171	105a.f	TV			L
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Name of Registered Waste Hauler Name of Registered Waste Hauler Name of Registered Waste Cubic Yards of Waste of Waste	U5.				
BRICK (NDUSTRIES INC 17160d 5 City State Co					
City, State CK. N.J. Disposal Date City, State CA				+	_
Signature	Date 5	12	81	11	3
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State of Now Jersey PREFECATION OF ASSESSOS AUNTEMBENT (2 result to PGAC 8:60 and 12:120)

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6-8-13		6-15	イ 3	rtat, «u »	Street Address	AA 7005 8-7 4		a 1. 18 12 11	
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[] Other - Describe:						-0.00-00 NO.			
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Date of Notification (1)	5-29-13)	1		g Owner/Operator	101 1.401	, lk		?/ :/	9.8		
Agencies Notified	Type Notification		Stree	Address	401 2/1	11-04	N AND	100		77		
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lame of Monitoring Firm		a Owner	ASCM	No.	Name of Abaten	nent Contractor (9	})	**************************************		, . , , , , , , , , , , , , , , , , , ,		
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State of New Jersey

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

	otification (1):		Nam	ne of B	uilding (Owner/Operator (2	2)		20/3 MAY		*		
05/28/201 Agencies	Type Notifica	tion			blic Sch	ool			18/3 Me				
Notified		uon	Street Address: 2 Cedar Lane						14)	,2,	310000	3800 2	
EPA	tionitial ☐ Amended	1	City, State, Zip Code:							0/	Roy		
□ DÉP	Amendment#:				21p Coo 07102	ic.			ر نیج		477	· .	
DOL DOL	□ Emergency	1		e of Co				Talanha	ne Number:	Virin		10	
-/-	(including		Benjamin Olagadeyo					Leiebno	ne Number:	Visit 1	1/		
DOH	justification		J							111	0 14	3/	
□ DCA	☐ Cancellation	1											
						FACILITY IN		IATION					
Name of Elementar	Facility When	re Abat	emen	t is Ta	aking Pl	ace (3): South 1	7 th T	ype of Facility (4):					
	lress 619 South	h 17 th St	reet					School (K-12) Subchapter 8 (Other than	V.12)		12		
City/(5).		0	(6)		1.0			Other (i.e., private & com	mercial buildings 1	omes	etc.)		
City/ (5): Newark		County	/ (6):			ty Code (7):	74				cic.j		
Newark		Essex			07103)	S	quare Feet:	# of Floo	ors:			
							В	ldg. Age					
								urrent Use : School					
Name of N	Monitoring Firm	n Hired	by B	uilding	Owner:	ASCM No.:		ame of Abatement Con	tractor (9):				
WHITMA	N.								` '				
Street Add	ress:							nvirocare Enterpris	ses, inc				
	t Hill Road						51	reet Address:					
							2	50 Duna January Co	202				
City. State	Zin Code:						3.	58 Broadway, St	lite 202				
Cranbury,	Zip Code: NJ 08512						Ci	ty, State, Zip Code:					
							N	ewark, NJ 07104					
	mager for Mon	itoring	Firm:		4	Telephone No.:	Te	elephone No.:	License No.:				
Kevin T.	Lovely			732-390-5858			(0)	73) 732-6225	01017				
Start Date	(10):	Sc	hedul	led Cor	nnletion	Date (11):		ame of OSHA Monitor					
06/07/13			5/09/1		piction	Date (11).		neriSci	5				
Occupancy :	Status During Al	batement	(Chec	ck only	one)		St	reet Address:					
	losed/vacated Di			_		nt		7 East 30th Street					
□ Abatemen	t Performed Out	side of N	Vormal	Facility	y Hours	E4		ty, State, Zip Code:					
Describe:								w York, New York, 1	0016				
□ Other													
Describe:													
Scope of Wo	ork (Check all th	at apply)	:										
$\square \ge 3$ sf or					G.D.	(I)		□ Full	Containment with	Nega	tive P	ressure	e
$\square \ge 160 \text{ sf}$	or > 260 lf				□ Reno □ Demo	vation		⊔ Mini	-Enclosure	_			
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2 nd floor l	nallway			X		Damaged pipe	insula	ntion	35 LF	X	1		
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Samuel Ilou	ınoh ,				Presid	ent	~ · · · ·	A V	05/23/13				
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