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

B & G proj. #: 2013-217

Check #6224

Date of Notification (1)	HN	ame of Build	ling Owne	r/Operator (2)								
111/011/113		Leslie & N			Ť.		WER					
Agencies Notified Type Notifica	tion	reet Addres		`								_
DEP Initial		Fairway					2210					
DOL Amend		ity, State, Zi West Ora		1.07052		NO7 n	2010					
₽ DOH		ame of Cont		07002	-		Tolombono	Number-	To another the	-		ellegen.
☐ ☐ Cancel		Leslie &		llus		R**	V	X				
DCA Suites		Lesile &	Marc Na	illus		 	=					
			FACIL	LITY INFORMA	TION		- F = - 114 / /					
Name of facility where abatement	is taking pla	ice (3)				11"	pe of Facility (4	(K - 12)				
Leslie & Marc Kallus							=	pter 8 (O	ther th	an K-	12)	
Street Address					200		Other (F	Private/Co	mme		ACCO.	
5 Fairway Avenue								Homes, et		Die	la Ac	
#5000000000000000000000000000000000000	I Cour	ity (6)			0		Square Feet	# of Floor	s	DIC.	ig. Ag	je
City (5) West Orange	Cour	ity (o)				ty Code (7)	Current Use (Pr	or if being	n dem	olishe	d)	
vvest Orange	E:	ssex			Otal		residential	or it peri	y ucin	Ulione	uj	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)	T	ASCM No.	$\neg \Box$	Name of Abatement Cor	tractor (9)					
N/A		35.45.65			Ш	B & G Restoration,	Inc.					
Street Address					ᅱ	Street Address						
					Ш	105 Ryerson Road	69					
City, State, Zip Code	-				-	City, State, Zip Code						
00000					. 11	Lincoln Park, NJ 07	7035					
Project Manager for Monitoring Fire	n	Pho	ne Numbe	er		Telephone Number		License	Numb	er		
					- 11	973-696-6869		0378		_		
Scheduled Start Date (10)	Sched	. Completion	n Date (11)	-11	Name of OSHA Monitor	•					
11/13/13	11	/14/13				B & G Restoration, Street Address	Inc.					
Occupancy Status During Abateme						C-00 80						
Facility closed/vacated during			nent		- 11	105 Ryerson Road City, State, Zip Code				_		
Abatement performed outsid					- 11	City, State, Zip Code						
Describe:					-11	Lincoln Park, NJ 07	7035					36
Other-Describe: Scope of Work (check all that app	h/\				- II			wrap	& cu			
Demolition	Renovation	n .			ПЕ	ull Containment w/negati	i. Ve pressure - li	Glove			ire	
	Ni.					lini-enclosure	e procedio	Non-fr				
>3 sf or >3 lf					IV	iiiii-ericiosure		<u>Z</u> 14011-11	R	R	E	
Location of		n normally u enance/cust		1			Amount		е	е	n	E
asbestos-containing material to be	staff(12)			material (sbestos-containing	(Specify S	F or	m	p a	c a	C
abated in facility (13)	Yes	No	N/A	1	-5 (500 No.		LF)		v	i	p	L
boiler room			X	pipe insulat	tion		10 lf		e			
boiler room		-	X	VAT			75 sf					
water & gas meter closets			X	pipe insula	tion		18 lf		W			
laundry room			X	pipe insula			6 If		Ø			
soffit area			X	pipe insula			33 If		Ø			
Registered Waste Hauler	NJD	EP Hauler II		ubic Yards of V		Name of Registered La			-	-	·	
B & G Restoration, Inc.	19:	563		2		Tullytown Resource	e & Recovery	Center				
City, State			Disposal D	ate /15/2013		City, State						
Lincoln Park, NJ 07035	1			Signature		Tullytown, PA		Date	_		_	
Completed by (Print or Type) Gordana Luna	Title Secretar	y/Treasure	r	Oignature	(Gordana Luna		11/01	/201	3		
OULUMIN LIMIN	- Colour	J						1				



MAY 11

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

Date of Notification (1)			N	lame of	Building O	wner/Operator (2)	NOV (3 2013)		- \	
	13			St. Lu	ke's -W	arren Campus		140 t			.,		
Agencies Notified Type Notificati	on		5	Street Ac	idress	20					4		1
⊠ EPA ☐ Initial				185 R	oseberry	Street			n.	200		12.PE 25 1.30	à
☑ DOLWD ☑ Amended		T.	1	City, Stat	te, Zip Coo	le							
□ DHSS Amendmer			1		osburg, N								
□ DCA □ Emergency		ing	-		Contact								
(NJAC 5:23-8) justification			- ['	Ted R									
☐ Cancellation	n			100000000									
				FACI	LITY INFO	ORMATION	Type of Facility (4	0 >		_	-		ac .
Name of Facility Where Abatement is Ta		ace (3	3)				School (K-12)					, i	
St. Luke's Hospital - Warren Car	mpus						☐ Subchapter 8	(Other than K	-12)				
Street Address							Other (i.e., pri	vate and com	mercial l	build	ings,		
185 Roseberrt Street						The second secon	homes, etc.)	T		214-	100		_
City (5)							Square Feet	# of Floors			Age		
Phillipsburg, NJ						· · · · · · · · · · · · · · · · · · ·	150000	5		60		_	
County (6)				County	Code (7)(STATE USE ONLY)	Current Use (Price	or if being dem	nolished)			
Warren													_
Name of Monitoring Firm Hired by Build	ing Own	er (8) /	SCM N	0.		ent Contractor (9)						
AET	Ü			00021		Alliance Env	ironmental Sys	tems					
Street Address		-	-			Street Address							
						550 East Uni	on Street						
28 N. Pennell Road						City, State, Zip C			155 TON				
City, State, Zip Code						((310))	r, PA 129382						
Media, PA 19063			T-1-	-b N	10	Telephone No.	.,	License No	o.				-
Project Manager for Monitoring Firm				phone N	. 1	610-701-900	1	00508					
David Turotsy				00) 969	5 - 5 mm	Name of OSHA	No description of the second						
Start Date (10)				tion Date		AET	VIOTALOI						
Occupancy Status During Abatement (Check o	nly o	ne)			Street Address							
☐ Facility Closed/Vacated During Enti	re Perio	d of A	Abate	ment		28 N. Penne	II Road						
☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of No.	ormal Fa	acility	Hour	s - Desc	cribe	City, State, Zip C							
Time of Abatement:AM-4:0	0PM/	F	PM- <u>1</u> :	MA <u>00</u> :		Media, PA 1							
Scope of Work (Check all that apply)						П г.: II Са	ntainment with Ne	native Pressur	re				
	K	7 00	novoti	ion		☐ Full Col		gative i ressur					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			novati molitic			☐ Gloveb	ag Procedure		00.00 to 00.00 (00.00 to 00.00				
X ≥160 st or ≥260 ii	_					☐ Non-Ex	empted (*) and No	n-Friable Pro	cedure				
			Loca							Aba	teme	nt Ty	
Location of			Norma		82.32	Description		Amoun		Re	Repair	Ē	E
Asbestos-Containing Material (ACM	Л)			ely by ance/	Asbes	stos Containing M , thermal system	laterial (ACIVI)	(Specify	v	Removal	pair	cap	os
TO BE ABATED				Staff?	(i.e.	surfacing, VA	T, or	SF or LF	<u>-</u>)	val		Encapsulate	Enclosure
IN Facility (13)			(12)			other miscellar						ate	
		Yes	No	N/A								_	_
First Floor - Office/Hallway				\boxtimes	Floor T	ile		500 SI	F				L
First Floor - Office/Hallway					Floor T	ile Mastic		500 SI	F	\boxtimes			E
Thet floor - Chiedmannay		\Box	П	П									
	_		H	+=									
				NJDEP '	Waste	Cubic Yards of	Name of Reg	istered Landfil	1				-
Name of Registered Waste Hauler N.E.T.S.				Hauler II	D No.	Waste .25	BFI Imper	ial					
				18947		Disposal Date	City, State				5-1-4-C		- 0
City, State Hazelton, PA						TBD	Imperial,	PA					
Completed By (Print or Type)	Title	-		S-1-252		Signature	0//		Date	,	/	1.	
John Heemer	10000	tima	itor			7	THE	me	1	0/	31/	//-	5
ASB-41 MAY 11	* D	o no	t use	this form	n for asbes	tos licensure exe	mpted activities.						

Ch# 2520

Date of Notification (1)				Т	Name o	f Building (Owne	r/Operator (2	2)					7		
	31 /	13						eton Unive		у		77.		1		
Agencies Notified	Type Notificatio	on			Street A	ddress MacMillar	n Bui	ilding						1		
☑ DOLWD	☐ Amended			+		ate, Zip Co					W 6 2	013				
☑ DHSS	Amendment	t #				eton, NJ		44		MO	M B -	014		ì		
☑ DCA	☐ Emergency		ding	. 1		of Contact				т-						
(NJAC 5:23-8)	justification					ert Orteg										
	Cancellation	II 							-	.			-			1
					FAC	ILITY INF	ORN	MATION	-							_
Name of Facility Where										pe of Facility (4))					
Princeton Universi	ty- South Dink	ky Sta	ation	ĺ					K	School (K-12) Subchapter 8 (Other than K	-12)				
Street Address									Ö	Other (i.e., priv	rate and com	mercia	build	dings	,	
University Place										homes, etc.)						
City (5)									Sq	uare Feet	# of Floors			. Ag	е	
Princeton					32 3				100	5,000	1)+		
County (6)					Count	y Code (7)	STAT	E USE ONLY)	Cu	rrent Use (Prior	r if being den	nolishe	d)			
MERCER																
Name of Monitoring Firm	Hired by Buildir	ng Ow	ner (8	3)	ASCM N	No.	Nam	e of Abatem	ent (Contractor (9)						
Pennoni Assoicate					0010	2	BF	RISTOL EN	VIR	ONMENTAL,	, INC.					
Street Address	-,						Stree	et Address								
515 Grove St., Suit	to 1R						11	23 BEAVE	RS	TREET						
City, State, Zip Code			-					State, Zip C	Contract Contract							
The same and the same state of	1100025						100	RISTOL, PA								
Haddon Heights, N				Tole	phone I	No.	20.20	phone No.	• • •		License No).				
Project Manager for Mon	nitoring Firm				56-547			5-788-6040	n		00509	100				
Alan Lloyd	10	ار راد د دا	-40-		tion Dat			ne of OSHA		itor	1 00000			_		
Start Date (10)					5 /	1000				RONMENTAL	INC					
11 / _12_ /				100		10				COMMENTAL	.,					_
Occupancy Status Durin								et Address								
☐ Facility Closed/Vaca						- 24		23 BEAVE					-			
☐ Abatement Performe Time of Abatement:						cribe	1000000	, State, Zip C RISTOL, P								
Scope of Work (Check a	all that apply)			-												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	ы шасарруу		⊠ Rei						clos							
			- In	Loca	tion	Г	134-1						Aba	teme	ent T	vpe
Locatio	n of			Norma				Description	of			ŀ		_	53.50	1
Asbestos-Containing					ely by	Asbe	stos (Containing M	later	ial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure
TO BE AE		1	1100000		ance/ Staff?	(i.e		rmal systems urfacing, VA			(Specify SF or LF		ova	₹.	psu	Sur
IN Fac				(12				ner miscellan			0. 0. 2.	′			late	(D)
(6	Γ	Yes	No	N/A					Dt.		es/ 1453				
Rear portion of stat	ion				Pipe In:	sulat	tion			60 LF		\boxtimes				
Basemen pipe tunn	el				Pipe In:	sulat	tion Debris	•		1 SF						
Basement						Flue Pa	tch i	material			2 SF	•				므
Rear portion of stat	ion			\boxtimes		Reflect	ive li	ight pads			3 ea.		\boxtimes	Ш	Ш	
Name of Registered Wa	aste Hauler			10	NJDEP			oic Yards of		Name of Regis						
BRISTOL ENVIRO		IC.			Hauler I 1870		Was			G.R.O.W.S.	. NORTH L	ANDF	ILL			-10-15
City, State							Dis	posal Date		City, State	I I E DA 40	067				
BRISTOL, PA 190	07						1			MORRISVII	LLE, PA 19					
Completed By (Print or	Type)	Title						Signature		0 1.	1.0	Date	10/	121	1,2)
Brian Scafiro		Es	stima	tor				Drian	_	Scofiro	18		10/	21/		80

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CK.	17	

Date of Notification	THE STATE OF THE ILLUSTRATION IN THE							/ Operat	tor ((2)					•		
A	10/31/2013					orati	on	21		*******	NOW	Ć	2000		- ! }		
Agencies Notified EPA	Type Notifica	ation	1000		Addr	73.45.05.44					1887, 1	()	LU10	*			
□ DEP	☐ Initial					Plaza Zip C									-		
□ DOL	Amer		2000	○ - · · · · · · · ·			J 0709	5					2/		i		
☑ DOH		gency				ntact	0 0 1 0 3	,5					ч.	alanh	anna	Num	her
DCA		ellation	1000		Phill										A((0=3))		Jean
							ORM	ATION				÷				*	
Name of Facility Wh	nere Abateme	ent is Taking Pl						e of Fac	cility	(4)			***********				
Hess Corporatio	n							School									
Street Address			24			77.50	$\neg \Box$				Other than						
123 Derousse Av	e.									oriva	te & comm	ercial	building	s, hor	ıes,	etc.)	
							Squ	are Fee	et		# of Floors	3	BI	dg. Ag	е		
City (5)		County (6)	Cou	nty C	ode ((7)											52
Pennsauken		Camden							e (Pri	ior if	being den	nolish	ed)				
							_	terior									
Name of Monitoring AET, Inc.	Firm Hired b	y Building Own	er (8)		ASC	CM No.					Contracto ental, Inc						
Street Address					30 333-2-3		1.572.533	et Addr		200	E5						
28 N. Pennell Ro								23 Beav	-0. C. W. C. O. C.		NAME OF TAXABLE PARTY.						
City, State & Zip Co Media, PA 19063								, State &									
Project Manager for		irm	Teleph	one	Numb	or		stol, PA				II i	cense Ni	ımbor			
Dave Turotsy	Worldoning i		800-96			Je1		5)788-6				7,3,155	0509	annei			
	te (10)	Scheduled Con	150 MINE 75 NO.)	_	ne of OS			itor					-	
11/11/20			1/13/2			80					ental Inc.						
	eduled Start Date (10) Scheduled Control 11/11/2013 Scheduled Control 11/11/2013 Upancy Status During Abatement (Check of the Control 11/11/2013)					650	Stre	et Addre	ess								
		During Entire P			teme	nt		23 Beav									
	Performed Ou Exterior Rem	utside of Norma	al Hour	'S -			10.7	, State 8			de						
		Abatement: 7	NA 2.	20 D	8.6		Bu	stol, PA	A 19	007							
Scope of Work (Che			4181 - 3.	30 F	IAI												
	van an anat ap	P-37							Г	1	Full Conta	inmer	t with Ne	egative	Pre	essur	e
≥3 sf or ≥3 l			\boxtimes	Rend	ovatio	on				1	Mini-Enclo	sure		550			
≥160 sf ≥26	O If			Dem	olitio	n			\boxtimes		Glove Bag						
											Non-Exem						
NO. 10 TO 10	ocation of os-Containing	_		ocatio				escription						Ab	aten	nent	Туре
	erial (ACM)	9	Norma Sol	ely b				estos-Co aterial (/					oecify or LF)			П.	1 _
<u>TO E</u>	BE ABATED		Mainte					thermal				٠.	o ,	Re	ᇫ	Encapsulate	Enclosure
ir	n Facility		Custoo		taff?			on, surfa						Remova	Repair	psu	losi
	(13)			12) No	N/A		or oth	er misce	ellane	eous)			<u>a</u>	=	llate	i le
Deider Line			Tes			<u></u>							=	N	┢	-	-
Bridge Line			H	H	×	Pipe	Insul	ation				61) LF		屵	╂⊨	44
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			HH	H	H									++	片	누	ᆂ
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			ĦΗ	Ħ	Ħ					- 655				一一	H	十一	TH
Name of Registered	Waste Haule	er		NJE	DEP V	Vaste	Cubic	Yards	N	ame	of Registe	ered L	andfill				1
				20010404000	ıler II		of Wa		-								
Bristol Environm	ental Inc.				1870)6		5	1000		WS Land	till					
City, State Bristol, PA								sal Date			State						
Completed By (Print	or Time'			Tiat				3/2013	IV	iorr	sville, P	4		In-			
Gino Pizzigon				Pro	e oject		Signa		0	•		1 -	2	Date 10/3		12	
Cilio i izzigoli	•			100 mg	nage		Hi	a 1	un	21	goni /	11	/	10/	111	٦	
		attended to the second second second		1	9				1	1	1-1-1	1	_	Plant of			

B & G proj. #:	2000 ES		Name of Bui	Pursuar	nt to NJAC 8	estos 1:60-7 GEN	Abatement and 12:120-7)	NOV 1-ZUI3 UI	I	E of Health &	
111/011					School Dist	rict					
Agencies Notified EPA DEP	Type Notifical		Street Addre 509 Fore City, State, 2	est Hills		,	. №	V 6 2013		an annual and an annual and an annual and an an annual and an	
DOL DOL	☐ Amend	Ment	Bayville	NJ 087	21			No.		!	
DCA DCA	Cancell	14	Sam Pe					, Telaph	one Number		
				FAC	ILITY INFORM	ATION					
Name of facility who		1000	lace (3)			7.0		No.	ool (K-12)		
										ther than K-1;	Z)
Street Address	u - 15 3							Eldy	er (Private/Co ps/Homes, et	imenciciei C.	
509 Forest Hi	lis Parkway							Square Feet			. Age
City (5) Bayville			inty (6) Ocean		,		nly Code (7) te use only)	Current Use residential		demolished))
Name of Monitorin	g Firm Hired by	Blog, Own	ier (B)	7	ASCM No.		Name of Abatemen				
	N/A						B & G Restorat	ion. Inc.			
Street Address			. 7		1100	-	Street Address				
		•	•				105 Ryerson Re	oad		5 <u>, 100 - 100</u> - 100 - 100 - 1	
ity, State, Zip Cod	9		***************************************	TW A			City, State, Zip Code	2			
							Lincoln Park, 1		- N		
hoject Manager for	Monitoring Firm	1	Ph	one Numb	er		Telephono Number 973-696-6869		Ucenso 0378	Number	
Direction in		. 1624-	d Completion	- Nata /d	·	_	Name of OSHA Mo	nitor	<u> </u>		
icheduled Start Da 11/01/13	te (10)		d, Completio	I) Mara II	i)		B & G Restorat	tion, Inc.			
			1/02/13			_	Street Address				
Coupancy Status I	State of the second second second		The same of the same of the same	ment			105 Ryerson R			-	
Abstement po	ntormed outside	of nontial	facility hour	3×			City, State, Zip Code	₽			
Describe: Other-Describ	20'			<u>·</u>		-11	Lincoln Park, 1	VI 07035			
Scope of Work (ch		v)							□ wrap	& cust	
Demolition	P	Renovati	on.				uli Containment w/n	egative pressure		ag procedure	
□ >3 sf or >3 if		≥160 sf o	c>260 lf				fini-anclosure			able procedu	
Location of nabestos-con material to be	taining	Is location	n normally u	ised solely odial	Description	on of a	sbestos-containing	Amoun (Specif	. SE or	0 e	E E
abated in faci		Yes	No	N/A	material (AUNI)		LF)	, 🗤 🕠	n a	a C
					1 No1					0 1	
Room 157				X.	Linoleum			200 sf			414
			7	-72-						岩분	+++
								- in the second		 	計
	O Winnesse,	-		0.0 0.0 1990		<u></u>					計
egistered Waste H			EP Hauler (t 563		ubic Yards of V 1	Vaste .	Name of Registere Tullytown Reso		ry Center		
ity, State Lincoln Park, N.	1 0703£		1	Disposal D	ate /04/2013		City, State				
Completed by (Print) Gordana Luna		Title	y/Treasure		Signature		Tullytown, PA Gordana Lana	· ·	Date 11/01/	2013	
		2000	7/ A / VERSIEL C				<u>- </u>		1		

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2013-222

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

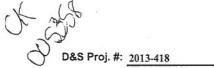
Check #6229

Date of Notification	(1)	.[] N	ame of Build	ing Owner	Operator (2)			14 11 1	7 港下	7			
111/011	1/13	- 11 -	Central Re	gional S	chool Distr	ict						en en en en en	
Agencies Notified	Type Notification	n . St	reet Address										
☐ EPA	Initial		509 Fores	t Hills P	arkway			NOV 6 20	13				
☐ DEP	100000000	l c	ity, State, Zip	Code									
☑ DOL	Amendm		Bayville, I		1					3			
DOH	500100	Na	ame of Conta	ct				Telepho	ne Number	1			
☐ DCA	☐ Cancellat	tion	Sam Pep	е			10.00 01 00 01 00						
					ITO INCODIM	TION							
				FACIL	ITY INFORMA	ATION		Type of Facility	(4)				
Name of facility wi	nere abatement is	taking pla	ice (3)						ol (K - 12)				
Central Region	nal Middle Sc	hool							hapter 8 (O			12)	
Street Address				-					(Private/Co		cial		
509 Forest H	ills Parkway						,	Square Feet	# of Floor		Blo	g. Ag	е
		Cour	nty (6)			Cou	nty Code (7)	040000					
City (5) Bayville							te use only)	Current Use (Prior if being	dem	olishe	d)	_
Dayville		0	cean					residential	A.				
Name of Monitorin	ng Firm Hired by E	ildg. Owne	er (8)	T	ASCM No.		Name of Abatement	Contractor (9)					
	N/A						B & G Restoration	on, Inc.					
Street Address							Street Address						
							105 Ryerson Ro						
ity, State, Zip Coo	de						City, State, Zip Code						
							Lincoln Park, N	J 07035	License	Numb	er		
roject Manager fo	r Monitoring Firm		Pho	ne Numbe	er		Telephone Number 973-696-6869		0378	Numb	Çi		
							Name of OSHA Mor	nitor					
Scheduled Start Da	ate (10)	Sched	. Completion	1 Date (11)		B & G Restorati						
11/01/13		11	/02/13				Street Address				-		-
Occupancy Status	During Abatemen	t (Check o	only one)				105 Ryerson Ro	ad					
Facility close	d/vacated during	entire peri	od of abaten	nent.		- 1	City, State, Zip Code		- 42- 1 - 30 T				
Abatement p Describe:	erformed outside	of normal	facility hours) -		_							
Other-Descr	ibe:					_	Lincoln Park, N	IJ 07035					
Scope of Work (c	heck all that apply	1)							wrap			_	
Demolition		Renovation	on				Full Containment w/ne	egative pressure	Glovel	- C- C - C - C - C - C - C - C - C - C			
3 sf or >3 l	f 🗹	≥160 sf or	≥260 If				Viini-enclosure		Non-fi	riable	oroce	dure	,
Location of		Is location	n normally u	sed solely						e	R	E n	E
asbestos-co		by maint staff(12)	enance/custo	odiai			sbestos-containing	, Amount (Specify		m	р	c	n
material to b abated in fa		Yes	No	N/A	material ((ACM)		LF)		v	i	a p	L
Louis III I	, (- /	163	140							e	-	-	\vdash
Room 157				X	Linoleum			200 sf			片	片	ዙ
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	Hauler	TALIE	EP Hauler II	J# 1 C	ubic Yards of	Waste	Name of Registere	d Landfill		-1-		_	
legistered Waste B & G Restorat	nauler ion, Inc.		563	,,	1		Tullytown Reso	urce & Recove	ry Center				
City, State				Disposal D			City, State						
Lincoln Park,	NJ 07035			11	/04/2013		Tullytown, PA		Date		_		
completed by (Pri	nt or Type)	Title	/T		Signature		Gordana Luna		11/01	/201	3		
Gordana Luna		Secreta	ry/Treasure	1			0			-			

D&S Proj. #: 2013-417

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

Date of Notification (1)	Name of	Building Owne	r/Operator (2)					-	Ţ.	7		
1 0 / 3 0 / 1 3	NANC	CY BOSS				, k	OV 6 201	2	* 1	•		
Agencies Notified Type Notificati	on Street Ad	ddress							-	1		
	135 Л	EFFERSON A	VENUE		i			7.2.	1	- 1		
Amendment #:	City, Sta	te, Zip Code						- 90		:	0	
DOL Emergency	WES	TFIELD, NJ	07090			ŧ	7.		* 10			
DOH (including justification)	Name of	Contact					- I Talanhana	Mumbor				
DCA Cancellation	NAN	CY BOSS										
		FACIL	ITY INFORMA	NOITA			_					
Name of facility where abatement i	s taking place (3)	-		-		П	Type of Facility (4	l)				
NAMON DOCC								(K - 12)	thar th	an K	10)	
NANCY BOSS Street Address						-		pter 8 (O Private/Co			12)	
Street Address						1 L	Bldgs./l	Homes, e	tc.			
135 JEFFERSON AVENUE						_ [Square Feet	# of Floor	s	Blo	g. Ag	ge
City (5)	County (6)				nty Code (7)			,, .		l'ala	-1\	
TO COPPIE D	UNION			(Sta	te use only)	Ш	Current Use (Pr	ior it bein	g aemo	olisne	a)	
WESTFIELD Name of Monitoring Firm Hired by			ASCM No.	-	Name of Abatem	ent Co	ontractor (9)					
rianic of Monitoring 1 min 1 mod by	olugi o III.o. (e)	1	71001111101		D & S REST	OR A'	TION INC					
Street Address					Street Address	Oldi	11011, 1110.			_		_
Officer Address					20 California	a Ave						
City, State, Zip Code				-	City, State, Zip Co	ode					377/	
					Paterson, N.	0750	03	Logic Land				
Project Manager for Monitoring Firm		Phone Number	er		Telephone Numb			License		er		
					973-345-80			0	1169			
Start Date (10)	Sched. Comp	oletion Date (11)		Name of OSHA							
11/11/13	11/26/13				D & S Resto	ratio	n, Inc.		ran Tura di	-	-	
Occupancy Status During Abateme		e)			20 California	Ave	nue					
Facility closed/vacated during					City, State, Zip C							
Abatement performed outside	of normal facility	hours-			1 050	-						
Describe: NORMAL F	IOURS			_	Paterson, N.	J 075	03					
Scope of Work (check all that appl						F	ull Containment w	/negative	press	ure		
\boxtimes >3 sf or >3 lf	Renovation						ini-enclosure					
≥160 sf or ≥260 lf	Demolition						lovebag procedur on-Exempted (*)		friable	proce	edure	•
Location of	Is location norm	ally used solely		-3	-				R e	R	Е	E
asbestos-containing	by maintenance staff(12)	/custodial			sbestos-containin	g	Amount (Specify S	Eor	m	e p	n	n
material (acm) to be abated in facility (13)	Yes N	o N/A	material (ACM)			LF)	1 01	o v	a i	a	L
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BASEMENT & CRAWL SPACE (13X)			DUCT INS	ULA'	ΓΙΟΝ		65 SQ FT			부	부	쁜
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Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hai 13506		ubic Yards of V YD	vasie	Name of Regist TULLYTOV	VN, F	andiii RESOURCE RE	COVE	RY			
City, State		Disposal D			City, State							9
PATERSON, NJ 07503		11/12/1			TULLYTO	WN, 1	PA	7-				
Completed by (Print or Type)	Title		Signature					Date 10/30	2012			
BOGDAN JOLDZIC	PRESIDENT	form for sales -1-	a liganoura av	ometo	d activities			10/30	2013			



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

Canal Control County Count	Date of Notification (1)		IIN	ame of E	Building Ov	vne	r/Operator (2)						-			
PAA				SARA	PINTO							91 ₇₂		İ	1	·
Debt Amandment #: City, State, Zip Code	☐ EPA ☑ Ir	nitial	on s			\circ	т				NOV	6 2013				
SOL Cancellation SARA PINTO STORE Address STORE ADDRESS SARA PINTO SARA P	I DEF I		11-			_	KI						-	- 1		
SARA PINTO Street Address 17 WALNUT COURT City (5) Son County (6) Servet Address 17 WALNUT COURT Street Address Son County (8) Son County (8) County Code (7) Salate use only) Sara Pinto Street Address 17 WALNUT COURT Street Address 18 Servet Address 19 Walnut County (8) Son County (8) Son County (9) Son County (8) Son County Code (7) Salate use only) Describer Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number Project Manager for Monitoring Firm Prone Number Proper Manager for Monitoring Firm Prone Number Proper Manager for Monitoring Firm Prone Number Prone Number 11/29/13 Scoope of Work (check all that apply) A Servet Address 20 California Avenue City, State, 2p Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OsPH Monitor City State, 2p Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OsPH Monitor Street Address 20 California Avenue City, State, 2p Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OsPH Monitor Street Address 20 California Avenue City, State, 2p Code Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OsPH Monitor Street Address 20 California Avenue City, State, 2p Code Paterson, NJ 07503 Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OsPH Monitor None-Pacerber Monitor None-Pacerber Monitor None-Pacerber Monitor None-Pacerber Monitor None-Pacerber Monitor None-Pacerber Monitor Street Address 20 California Avenue City, State, 2p Code Paterson, NJ 07503 Description of asbestos-containing material (accomb in granterial (accomb in	M DOI I	CO N N N N -	— ~				07070			-		141				
DCA			l N	_		NJ	0/0/9	_		_	Telephor		r			
Cancelested FACILITY INFORMATION Type of Facility (4) School (K-12) Subscience School (K-12) School (K-1	<u> </u>	ustification)	11								1					
Name of facility where abatement is taking place (3) SARA PINTO Sireet Address 17 WALNUT COURT City (5) So. ORANGE Sees Address Name of Monitoring Firm Hired by Bidg. Owner (6) Sees Address Sees Address City, State, Zip Code Sees Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number		Cancellation		SARA	PINTO					_				69		_
School (K-12) School (K-12) Subchapter 8 (Other than K-12) Square Feet # rici Floors Bidg. Age Current Use (Prior if being demolished)				_	FA	CII	LITY INFORM	ATION		_	T=	//				
Street Address 17 WALNUT COURT City (5)	Name of facility where a	abatement is	taking pla	ace (3)									í			
Street Address Street Address Square Feet \$2 of Floors Stage. Age	SARA PINTO										Subch	apter 8 (0	Other th	an K	-12)	
City (5) County (6) County Code (7) Current Use (Prior if being demolished)	Street Address									7				rcial		
So. ORANGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503	17 WALNUT COU	ЛТ								_				Blo	dg. A	ge
SO. ORANGE ESSEX Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Abatement Contractor (9)	City (5)	000.00	Cour	nty (6)						_						
Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) Sched. Completion Date (11) 11/20/13 Sched. Completion Date (11) 11/20/13 Sched. Completion Date (11) 11/20/13 Tolephone Number 973.345.8020 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Tolephone Number 973.345.8020 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Tolephone Number 973.345.8020 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Full Containment winegative pressure Mini-enclosure Mini-enclosure Mini-enclosure Mini-enclosure Mon-Exempted (') and Non-fitable procedure Non-Exempted (') and Non-fitable procedure Street Address Description of asbestos-containing material (ACM) Non-Exempted (') and Non-fitable procedure Non-Exempted (') and Non-fitable procedure Street Address Description of asbestos-containing material (ACM) Non-Exempted (') and Non-fitable procedure Street Address Description of asbestos-containing material (ACM) Non-Exempted (') and Non-fitable procedure Street Address Description of asbestos-containing material (ACM) Non-Exempted (') and Non-fitable procedure Street Address Description of asbestos-containing	50 OD 1310E		FOC	TEX				(Sta	te use only)		Current Use (F	rior if beir	ng dem	olishe	ed)	
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20 California Ave.	Street Address					_		-		UK	ATION, INC.				_	
City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 11/20/1313 Scorpancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement.	Officer Address									a A	ve					
Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 01169 Name of OSHA Monitor D & S Restoration, Inc. Start Date (10)	City, State, Zip Code															
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Name of OSHA Monitor D & S Restoration, Inc.	Project Manager for Mor	nitoring Firm			Phone Nu	mb		_				License	Numb	er		
Sched. Completion Date (TI) 11/20/1313												(1169			
11/20/1313	Start Date (10)		Sched	I. Compl	etion Date	(11)								-38	
Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS	11/20/1212		11/20	1/12						orat	ion, Inc.					
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) > 3 sf or >3 lf Demolition Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT BASEMENT DISPOSATION, INC. NJDEP Hauler ID# Disposation Disposation Normal facility hours- Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and No		ng Ahatemen					(- (())	-		_ ^-						
Abatement performed outside of normal facility hours- Describe: NORMAL HOURS Scope of Work (check all that apply) Scope of Work (check all that	and the second s													_		_
Other-Describe: NORMAL HOURS Scope of Work (check all that apply) Scope of Scope of Work (all that apply)	Abatement perform								only, orano, Esp (,,,,,						
Scope of Work (check all that apply)	Other-Describe:	NORMAL H	OURS					_	Paterson, N	J 07	7503				10-7	
Sample					-		120.00			П	Full Containment	w/negative	e press	ure		
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT DUCT INSULATION PATERSON, NJ 07503 Signature Description of asbestos-containing material (acm) to be abated by by maintenance/custodial staff(12) Yes No N/A Description of asbestos-containing material (ACM) Descriptio	≥ 3 sf or >3 If	×	Renovation	n						X	Mini-enclosure					
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material (acm) to be abated in facility (13) Pes No N/A BASEMENT DUCT INSULATION 90 L FT DUCT INSULATION PRESISTER OF LOW PRESIDENT Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 TULLYTOWN, PA Date 11/01/2013	asbestos-containi			enance/c	custodial		Description	on of a	sbestos-containir	ng	3/3/2		10000	1000	1000	
BASEMENT DUCT INSULATION 90 L FT			(Care 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		1	_	material (ACM)				SF or	- 20	17.50	0.00	C
Registered Waste Hauler D & S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Disposal Date 11/20/13 TULLYTOWN, PA	abatos III taointy (,	Yes	No	N/A	4							18	l r	р	_
D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 11/20/13 TULLYTOWN, PA Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Signature 11/01/2013	BASEMENT						DUCT INS	ULA.	ΓΙΟΝ		90 L FT					
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D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 11/20/13 TULLYTOWN, PA Completed by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT Signature 11/01/2013												2-1			Ш	닏
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Completed by (Print or Type) Title Signature Date 11/01/2013	City, State				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					-						
BOGDAN JOLDZIC PRESIDENT 11/01/2013					11/20	0/1:	to the second		TULLYTO	WN	, PA					
	- B 이 등을 열린 시리 개인 등등 경험을 보고 있다. 그런 그렇게 다른 경험을 받는 것이다. 그리고 있다.			T-3 1'T-			Signature			118	11100		/2012			A0015
PARTITION 1					rm for ashe	estr	s licensure ex	empte	d activities.			11/01	/2013	-	_	

1 of 2

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1305-4638 Check#

\sim										2000					
Date of Notification	(1) 10/31/13			Name			ding O	wner / Operator	(2)	M	显形				
Agencies Notified	Type Notifica	tion	_	Stree	_		SS		78;=	30					
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☐ DEP ☐ DOL	Initial			A			Zip Co		NOV 6	2013					
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□ DOH	Emer		- 1	Name							Tre	lephor	16 101		
☐ DCA	☐ Cance	ellation					Buncl		0.7	1					
				_	CIL	.ITY	INFO	RMATION							
Name of Facility W			ace (3	3)				Type of Facility							
NJ Training Sch	ool for Boys	<u> </u>			_	il too		School (K	-12) er 8 (Other tha	n V 10	N.		33		
Street Address									er o (Other tha . private & com			home	25 Pt	c)	
1 State Street								Square Feet	# of Floo			g. Age		0.,	
O:t. (5)		County (6)	TCc	unty	Cor	10 (7	7)	- Square reet	# 011100	013	l l	g. rige			
City (5)		County (6)	100	unity	COC	ie (1)	Current Use (F	Prior if being de	amolish	ned)		- 63		
Jamesburg		Middlesex						Training Scl		CITIONS	icu)				
NI	Firm Himself	. Duilding Our	05 (9)		1/	200	M No.	Name of Abate		tor (9)					
Name of Monitoring Environmental C			er (o)	10.	1	1301	VI INO.	AbateTech,		101 (3)					
Street Address	omection,	iiio.				•		Street Address							
	North Warren Street State & Zip Code							PO Box 25				-			
City, State & Zip Co	, State & Zip Code							City, State & Z							
Trenton, NJ 0860	nton, NJ 08608							Lumberton,							
	ect Manager for Monitoring Firm					ımb	er	Telephone Nu		L	icense Nu		^		
Jim Frisbee	ct Manager for Monitoring Firm Frisbee					00/		609-265-210				0052	9		
	Frisbee eduled Start Date (10) Scheduled 6 5/29/13					(11)		Name of OSH EMSL Analy							
Occupancy Status	During Abater	ment (Check or	ily on	e)				Street Addres							
		During Entire P			oate	mer	nt	108 Haddon			_		-		
	Performed Or	utside of Norma	al Ho	urs				City, State & Z							
Describe:	nunied During	Abatament						Westmont, I	47 00 100						
Scope of Work (Ch	cupied During					_					-				
Scope of Work (On	cok all that ap)Pi))							☐ Full Cor	ntainme	ent with Ne	gative	Pres	sure	
≥3 sf or ≥3	lf		\boxtimes	Re	nov	atio	n		Mini-En						
≥160 sf ≥26	60 If			De	mo	lition	1				cedures				
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	ocation of			Loca				Description		7500	mount	Aba	teme	ent T	ype
	tos-Containin	g		mally		ed		Asbestos-Cont Material (AC			Specify F or LF)			т	
	terial (ACM) BE ABATED			Solely ntena		or		(i.e., thermal sy		0.	Oi Li)	Re	Z.	nca	Enc
	in Facility			todial			i	nsulation, surfac				Removal	Repair	Encapsulate	Enclosure
8	(13)			(12				or other miscella	aneous)			a	-	late	ē
			Yes	No	1	I/A									
Building #9 Baser		ical Room	\boxtimes					Pipe Fittin			5 total		님	井	片
Building #9 1st 8	2 ^{na} Floor		Ц					Pipe Fittin			35 total		H	ዙ	H
Building #7			H			4		Plaster			10 SF		H	H	H
	uilding #7 Perimeter					=		Window Ca		-	12 LF 20 LF		H	H	H
	ilding #31 Basement Office					+		Pipe Insula			30 SF		H	H	H
	ilding #32 ne of Registered Waste Hauler							Window/Door Cubic Yards	Name of Reg				ш	Ш.	
Name of Registere	ne of Registered Waste Hauler						No.	of Waste	Name of reg	iotor ou	Landini				
AbateTech, Inc.				100	875			12	TRRF Land	fill					
City, State Lumberton, NJ								Disposal Date 12/31/13	City, State Tullytown,	PA					
Completed By (Prin	nt or Type)			Т	itle		- 120	Signature	1			Date			
Gwen Trumbetti	it or Type)					s. C	oord.	CW	T			10/3	31/1	3	

1305-4638 Check#5256

Date of Notification (1) 10/31/13			Nam NJ E			ilding	Owner / Operato	or (2)						
	ype Notifica	ation	-	Stree	_		200		110						
⊠ EPA	ypo rrounce	20011		PO							***				
☐ DEP	Initial					-	Zip C	ode				1			
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1					CI	LIT	Y INF	ORMATION	-		N:				
Name of Facility When			ace (3)				Type of Facil							
NJ Training Schoo	ol for Boys	\$						School (
Street Address										Other than					
1 State Street											ercial building			etc.)	
01. (5)			To		_			Square Feet		# of Floors	В	ldg. Ag	е		
City (5)		County (6)	Co	ounty	Co	de (()			<u> </u>					
Jamesburg		Middlesex	-					Current Use		if being dem	nolished)				
								Training So							
Name of Monitoring Fi Environmental Cor			er (8))	1	ASC	M No.	Name of Aba AbateTech		t Contracto	r (9)				
Street Address	inicotion,	iiio.						Street Addres							
120 North Warren S	Street							PO Box 25	00						
City, State & Zip Code								City, State &	Zip Co	ode					
Trenton, NJ 08608	enton, NJ 08608							Lumberton							
Project Manager for M Jim Frisbee	oject Manager for Monitoring Firm n Frisbee							Telephone N 609-265-21			License N	umber 0052	29		
Scheduled Start Date	(10)	Scheduled Cor				(11)		Name of OSI	НА Мо	nitor					
5/29/13	rin n Abatan		0.000	1/13				EMSL Anal					_		
Occupancy Status Du					oate	eme	nt	Street Addres	TV50	2					
Abatement Pe								City, State &							
Describe:								Westmont,	NJ 08	3108					
	ied During	Abatement													
Scope of Work (Check	k all that ap	ply)							_	1999Y (1991)1899 - 95 1			0700		
D >0-6>016				_							nment with Ne	egative	Pres	ssure)
≥3 sf or ≥3 lf			\bowtie	2000		/atio			\boxtimes	Mini-Enclo					
≥160 sf ≥260 l	T			De	mo	litior	า		\bowtie		Procedures	- · · · ·	_	¥	
Loo	ation of		- 1-	1	4:			D	<u>N</u>	Non-Exem	pted and Non-				
	ation of s-Containing	,		Loca mally				Description Asbestos-Con		,	Amount (Specify	Ab	atem	ent i	ype
	ial (ACM)	9		olely				Material (A		,	SF or LF)			ш	_
TO BE	ABATED			itena				(i.e., thermal s		s	,	Rer	20	nca	l nc
	acility		Cust	odial		aff?		insulation, surfac				Removal	Repair	Encapsulate	Enclosure
((13)		Voc	(12)		1/4		or other miscell	aneou	s)		<u>a</u>	_	late	l re
Building #8	<u> </u>		Yes	No 🖂	1	N/A		Plaster			40.05				\vdash
Power House			H		+	=	_	Pipe Insula			10 SF 9 LF		H	H	H
r ower riouse			H	H	+	+		ripe ilisula	ation		9 LF	⊣씀	Н	H	H
			H	H	+	+						ㅐ	H	H	H
												ᆛ片	H	H	H
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	H	H	+	+						H	H	H	H
Name of Registered W	Vaste Haule			I L	IDE	=P \/	Naste.	Cubic Yards	Nam	e of Registe	red Landfill			Ш	ш
Traine of registered vi	vasto i lauli	21					No.	of Waste	Ivaiii	e of registe	red Landilli				
AbateTech, Inc.				100000	375			2	TRR	F Landfill					
City, State		386						Disposal Date		State					
Lumberton, NJ	- ·	_						12/31/13	lull	ytown, PA		i -			
Completed By (Print or Gwen Trumbetti	r Type)				tle		a a r d	Signature	. A			Date		_	
owen mumbetti				0	hbs	s. U	oord.)		10/3	1/1	3	

1310-4706 Check #5740

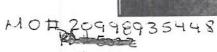
	(F	ursuan	t to <u>N</u>	.J.A.	C. 8:60 and	12:1	20)	g e	. T	· :>	П		
Date of Notification	(1) 10/29/13				Owner / Operate	or (2)					-	N. 18.7	====
Agencies Notified EPA	Type Notification	Stre	et Addr Greer	ess			NOV	s 2	013		- 1		
DEP	☐ Initial	City	, State	& Zip C	Code						1	A 10	
□ DOL	Amended #1				19046						1		
□ DOH □ DCA	EmergencyCancellation	-	ne of Co					· .	IT.	alanho	na N	lumh	er
<u> </u>	☐ Cancellation	Ale	x Baylo	or									
Name of Facility 100		F.	ACILIT	Y INF	ORMATION								
Verizon- Woodbr	nere Abatement is Taking I idge CO	Place (3)			Type of Faci								
Street Address							Other than K						
138 Main Street							te & comme	rcial bu				etc.)	
City (5)	County (6)	Tot		(7)	Square Feet		# of Floors		Bi	dg. Ag	е		
Woodbridge	County (6)	Description of the second	Code	(7)	Comment Hea	/Data at							
avoodbridge	Middlesex				Current Use Offices	(Prior i	r being demo	iisnea,)				
Name of Monitoring	Firm Hired by Building Ow	ner (8)	ASC	CM No.	. Name of Aba		Contractor ((9)					_
ESIS Street Address					AbateTech								
10 Exchange Pla					Street Addre								
City, State & Zip Co Jersey City, NJ-0					City, State &								
Project Manager for		Telephor	e Numl	ber	Lumberton Telephone N		0040	Licer	nse Nu	ımher			
Brian Kingsbury		201-356-	5166		609-265-21			2.00	100 110	0052	9		
Scheduled Start Dat 11/4/13		mpletion D 11/7/13	ate (11))	Name of OS		nitor						
Occupancy Status	ouring Abatement (Check of	only one)			Street Addre								-
Facility Clos	ed/Vacated During Entire I	Period of A	bateme	nt	108 Haddo	The state of the s							
Describe:	Performed Outside of Norm	nal Hours			City, State &								
1 2 2	pied During Abatement				Westmont,	NJ 08	108						
Scope of Work (Che				-									
N >2 of or >2 16							Full Contains		ith Ne	gative	Pres	sure	!
≥3 sf or ≥3 lf ≥160 sf ≥260		23	enovatio				Mini-Enclosu	150000					
) II		emolitio	n			Glove Bag P			Culabla	Dec	a a al.	
Lo	cation of	Is Loca	ation		Description		Non-Exempt	Amou		_		ent T	
Asbest	os-Containing	Normally			Asbestos-Con			(Spec			itemi	511L I	ype
	erial (ACM)	Solely			Material (A			SF or		Rer		Ш	ш
	E ABATED Facility	Maintena Custodia			(i.e., thermal sinsulation, surfa-	ystems cina V <i>l</i>	т			Removal	Repair	cap	nclo
	(13)	(12			or other miscell					<u>a</u>	oair	Encapsulate	Enclosure
		Yes No										ate	O)
Roof					Roof Seal	lant		20 S	F		П	П	
Roof					Coping Stone	e Caul	k	120 L					
Roof					Vent Caul	king		26 L	F	\boxtimes			
									20				
			+-							141	닏	닏	
Name of Registered	Waste Hauler		IDEP V	Naste	Cubic Yards	Name	of Registere	d Lan	HEII	Ш	Ш	Ш	Ш
		100	auler ID	No.	of Waste			u Lain	um				
AbateTech, Inc City, State			1875	00	6 Disposal Date	City, S	E Landfill						
Lumberton, NJ					11/7/13		town, PA						
Completed By (Print	or Type)	100	itle		Signature	1				Date			
Gwen Trumbetti		0	pps. C	oord.	SM	1	ACCURATE AND A			10/29	/13		
					0								



1310-4706 Check #5740

- 1 2 E

Date of Notification (1)		IN	lame	of	Build	ina C	Owner / Operator	(2)	1120				:		
10/31/13							nications	(-)					1		
Agencies Notified Type Notific	ation				dress				NOV	s 2013		٠,	1		
⊠ EPA		-	-	-			Ave.		NOA	h (1919		11-53	1		
DEP Initia		1.77	2.7 m 2.2 m 1		e & Z										
	nded #2						19046				alanh		A.		880
	rgency cellation	1.8			Cont	act							^ 1111	ımnı	ar «
LI DCA LI Cano	eliation	-	Alex	Ва	ylor				**						
				CIL	.ITY	INF	DRMATION								
Name of Facility Where Abatem	ent is Taking Pla	ce (3)				Type of Facility								
Verizon- Woodbridge CO							School (K		O/I 4I IZ	40)					
Street Address									Other than K- ite & commerc	92	se hor	ma	c 0	(c)	
138 Main Street							Square Feet		# of Floors		ldg. A	_	3, 6	(6.)	
City (5)	County (6)	Col	inty (Cod	le (7)		- Square reet		# 01110013	٦	iug. A	gc			
Woodbridge	Middlesex	100	arity .	oou	10 (1)		Current Use (F	Prior if	l f heina demoli	ished)					
VVOOdbridge	Middlesex						Offices	1101 11	being demon	iorica)					
Name of Monitoring Firm Hired b	y Building Owne	r (8)	-	TA	SCM	No		ement	Contractor (9	9)					
ESIS	y banang own	. (0)					AbateTech,			-,					
Street Address		110					Street Address	s	A CONTRACTOR OF THE CONTRACTOR						
10 Exchange Place, 13th Flo	or						PO Box 25	W							
City, State & Zip Code							City, State & Z	30 m							
Jersey City, NJ 07302	-i 1-			NI.			Lumberton,		8048	License N	umbo	_			
Project Manager for Monitoring F Brian Kingsbury			none 56-5		ımbeı		Telephone Nu 609-265-210			License N	005		í		
Scheduled Start Date (10)	Scheduled Comp	-	T.	-	- Charles		Name of OSH	-	nitor		000				
11/4/13		1122			,		EMSL Analy								
Occupancy Status During Abate				/			Street Address								
Facility Closed/Vacated				ater	ment		108 Haddon								
Abatement Performed O	utside of Normal	Ηοι	ırs				City, State & Z	100 m							
Describe:							Westmont, N	NJ 08	108						
Facility Occupied During												_			
Scope of Work (Check all that a	opiy)						ı		Full Containn	nent with N	egativ	e F	res	sure	e.
≥3 sf or ≥3 lf		M	Rer	nova	ation		i	Ħ	Mini-Enclosu		-3	70			
☐ ≥160 sf ≥260 lf		Ħ			ition		i	Ħ	Glove Bag Pi	rocedures					
								$\overline{\boxtimes}$	Non-Exempte	ed and Non	-Friab	le	Pro	cedu	re
Location of			ocat				Description			Amount	Al	oat	eme	ent T	ype
Asbestos-Containir	ig		nally		ed		Asbestos-Conta Material (AC			(Specify	7	, [
Material (ACM) TO BE ABATED			olely tenar		or		(i.e., thermal sy		- '	SF or LF)	Kemova		ת	inca	E
in Facility			odial		0.00	3	insulation, surfaci				l Val		Repair	sde	Enclosure
(13)	L		(12)				or other miscella	neous	5)				=	Encapsulate	ure
100		Yes	No		/A						-				
Roof		Щ	ᆜ		4		Roof Seala			20 SF			4	片	H
Roof		닏	⊢		4		Coping Stone		k	120 LF			닉	님	H
Roof		\mathbb{H}	\vdash	112	4		Vent Caulk	ing		26 LF		-	뮈	H	H
		H	H	┼	┽		7-1-2					₩	H	H	H
		H	H	╁	┽┼						ᅡ누	+	H	H	H
Name of Registered Waste Hau	ler l		N.	IDE	P Wa	aste	Cubic Yards	Name	e of Registere	ed Landfill		1			
Traine of registered vvasterial			5,000		r ID i	Oliver corner	of Waste	, vann	o or regiotore	o Lanami					
AbateTech, Inc				18	8750		6	TRR	F Landfill						
City, State Lumberton, NJ							Disposal Date 11/22/13		State /town, PA						
Completed By (Print or Type)		-	Tit	tle			Signature	0			Date	9			
Gwen Trumbetti					. Coc	ord.	m	*		N	10/3		13		2000 to 2000



Date of Notification (1) 10/31/2013	(Page 1 of	2)			Building O			2) : ASSOCI	ATES	LLC		· · · · ·	_	-		
11.40004.50000-0.300,040,404,404,0	Type Notification			treet Ad	Idress ORRIS T	LIRNI	DIKE			-			1.			
X DEP	Initial Amended		C	ity, Stat	te, Zip Cod	le			-	NUV	6	2013				
	Amendment # Emergency (iii				T HILLS Contact	MJ 0	1078	- N - 2		T = 1-	h	l. makar				
Ď DOH DCA	justification) Cancellation		1		Materes	e										
	-			FACIL	ITY INFO	RMAT	ION				÷					
Name of Facility Where Ab Private Commercial	atement is Taking	Place (3)						Type of Fac	ility (4)			1	4	¥	
Street Address				-				School Subch			r than K	(-12)				
225 Belleville Ave								Other etc.)	(i.e. pr	ivate &	comme	rcial bu	iildii	ngs, l	nome	s,
City (5)								Square Fee	t	W 80 200	Floors			g. Ag	e	
Bloomfield								18500		4			50	+		
County (6) Essex					Code (7) JSE ONLY)	_		Abandon			ng demo	lished)				
Name of Monitoring Firm I	lired by Building C	Owner (8)		ASCN	l No.			of Abatemen rica Enterp			(9)		Street-			
Street Address	***************************************							Address orthfield A	ve St	te 202	2					
City, State, Zip Code								tate, Zip Cod Orange		0705	52					
Project Manager for Monit	oring Firm			Telepho	ne No.		1	one No. 977-9516	131,000.0		License 01203					
Start Date (10)	1	Schedule	d Com	pletion	Date (11)			of OSHA Mo								
11/11/2013		12/11/2						rica Enterp	orise	Corp						
Occupancy Status During								Address orthfield A	ve Si	te 202)					
Facility Closed/Vacat Abatement Performe	ed During Entire F	Period of A	batem Hours	ent				tate, Zip Coo		201	-			-		-
Other - Describe: _							Confidence of the Confidence o	t Orange N		052						
Scope of Work (Check All	That Apply)	- 10 m - 12 m														
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			enoval emoliti				×××××××××××××××××××××××××××××××××××××××	Glovebag	losure g Proc	edure						
		le	Location	on.			-	_ NON EXC	T	() ()				Abate	men	t
Location	of	1	Vormali	У		De	escription	of				-	_	Ту	oe	_
Asbestos-Containing N TO BE ABA	Material (ACM)		d Solel intenar					Material (ACN s insulation,	A)		mount	,			Enc	m
In Facilit		Cust	odial S (12)	staff?	(1.0.	surfa	acing, VA	T, or			or LF)	200	9	Repair	Encapsulate	Enclosure
(13)		Ves	No	N/A		otner	miscellar	leous)				ق ا		=	llate	ure
2nd Flo	or	Yes	140	X		12	x 12 V	AT	-	120	000 SF	- X				-
2nd & 3rd	56	-		X) x 9 VA		+		00 SF	-	-			
2nd & 3rd		+		X	E			/ mastic	+		40 SF	1	-		-	\vdash
		+		X				/electric b	ove		00 SF	_	2		-	+
Various Loc Name of Registered Wast		1.	IN	JDEP V			c Yards				ered Lan		`	1	_	
America Enterprise			Н	auler ID 32980		of Wa	aste				landfill					
City, State West Orange, NJ			Louis			Dispo TBI	osal Date D		, State	e vn, P <i>i</i>	Α					
Completed by Eli Brito	>	Title Proj.	Mngr	•			Signature	Jy		~		Date 11/0	1/2	013		
ASB-41 (R-06-08)							Do no	ot use this fo	rm for	asbes	tos licen	isure ex	cem	pted	activ	ities.



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Date of Notification (1) 10/31/2013	(Page 1 of	2)			f Building C				CIATE	S LLC	;	7.5	;			,
Agencies Notified	Type Notification			Street A	ddress ORRIS 1	URNE	PIKE		+				i	-		
EPA DEP DOL	Initial Amended Amendment		-	City, Sta	ate, Zip Coo	de				NUV	6	2013		,		
DOH DCA	Emergency (justification) Cancellation	_			f Contact Materes	se										E
N		BI (0)		FACI	LITY INFO	RMATI			= 114 /	1						
Name of Facility Where Private Commercia		g Place (3)							nool (K-1	2)					9	
Street Address 225 Belleville Ave									ochapter ier (i.e. p .)				ouild	ings,	home	es,
City (5) Bloomfield								Square F 18500		# of	Floors			dg. A)+	ge	
County (6) Essex					Code (7) USE ONLY)			Current Aband			ng dem	olished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	/ No.		and discount and the	of Abaten			(9)					
Street Address	Max surface and a surface and						Street A				2	30 30				
City, State, Zip Code								ate, Zip (0705	2					
Project Manager for Mor	nitoring Firm		T	Telepho	ne No.		Telepho		500			se No.				
Start Date (10) 11/11/2013		Scheduled 12/11/2		pletion	Date (11)		100000000000000000000000000000000000000	of OSHA		Corp						
Occupancy Status Durin	g Abatement (Chec						Street A							-		
Facility Closed/Vac Abatement Perform								rthfield ate, Zip (Ste 202	2					
Other – Describe:		idi i dointy	Tours	ě		_	100 mm (400 mm m)	Orange		7052						
Scope of Work (Check A	II That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoliti				××××	Mini-E Glove	ontainm Inclosure bag Proe Exempte	e cedure						
	**************************************	T 10.1	ocati					NOTIFE	.xempte	u () ain	INOTH	Habie			ment	
Location	n of	N	ormal	У		De:	scription (of				L		Ту	ре	_
Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Mair Custo	Sole ntenar idial S (12)	ice/		os Cont thermal surfa	taining Ma systems cing, VAT niscellane	aterial (A insulatio 「, or		(8	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
2nd FI	oor	1.00		X		12	x 12 VA			120	000 SI	-	x			
2nd & 3				X			x 9 VA				00 SF		X			
2nd FI	oor			X	Fic	or Co	vering /	mastic	;	34	0 SF		X			
Various Lo	cations			X	Transite	pipe/	ceilina/e	electric	boxs	10	0 SF		X			
Name of Registered Wa			N	JDEP V			Yards	Section of the sectio	lame of	37760					-	
America Enterprise	Corp	***	999	auler ID 32980	No.	of Was)		G.R.O		andfill	İ				
City, State West Orange, NJ	Heat BConstant CHECKER					TBD			City, Stat							
Completed by Eli Brito		Title Proj. I	∕Ingr	i i		8	Signature	1	E	~		Date 11/0	1/2	013		

Ho woll

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

Data of Natification (1)				Nama of	Duilding (Dunar/On	orator	(2)		SURVE			-		\div
Date of Notification (1) 11/01/13					Building (ye Pipe					7	O		2		
Agencies Notified	Type Notification		1.35	Street Ad	ddress aurer Ro	oad				10	UV .	4 40	J	,	
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Co		:1				1 4			IJ (1
	Emergency justification)	Contract Con			Contact	143 0000	, 1			Tal	nhana Ni.	. '4(1-2-4-	الم
DOH DCA	Cancellation			John P		DMATIO	N								1
Name of Facility Where		g Place (3)		FACIL	LITY INFO	RMATIO	<u>N</u>	Type o	Facility (4))					
Buckeye Pipe Line Street Address	Right-of-Way				- HEND				chool (K-12 ubchapter 8		er than K-1	2)			
50 feet west of the	western edge o	f 112 Sta	te St	treet				⊠ or et	ther (i.e. pri c.)						es,
City (5) Sewaren								Square 84 sf	Feet	# 01	Floors	E	ldg. A	ge	
County (6) Middlesex				County C	Code (7) JSE ONLY)				t Use (Prior ne (out o			shed)			
Name of Monitoring Firm		Owner (8)		ASCM	l No.	100		of Abate	ment Cont	ractor	(9)		-		
The Napp-Grecco (Company						5 - 191-190	Napp-C	Grecco C	omp	any				
1500 McCarter High	hway						1500) McCa	rter High	way					
City, State, Zip Code Newark, NJ 07104								State, Zip ark, NJ	Code 07104						
Project Manager for Mor Anthony Russomar			1.0	Telephor 973-48	ne No. 32-3500			hone No. 482-35			License I 01182	No.			
Start Date (10) 11/18/13		Scheduled 11/29/13		pletion [Date (11)		BEET TO THE		A Monitor Grecco C	omp	any				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)					Address		way				100	
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hours				City, S	State, Zip		way					
Scope of Work (Check A							new	ark, ive	07104				-		
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		400000	enova emoliti					Mini- Glov	Containmer Enclosure ebag Proce	edure	-				
		le l	ocati	on			×	≦ Non-	Exempted	(*) an	d Non-Fria	ble Pro	Abate	ement	
Location		N	ormali Sole	ly			ription					-	Ту		
Asbestos-Containing TO BE AB	ATED	Mair	ntenar	nce/	Asbesi (i.e.	tos Contai thermal s surfacii	ystem	s insulat	ion,	(5	mount Specify F or LF)	Ren	Re	Enca	Encl
In Facil (13)			(12)			other mi				Si	· OI LF)	Removal	Repair	Encapsulate	Enclosure
Castina sutaria	s of pipolipo	Yes	No	N/A		Dina	cost	ina			34 sf	-			
Coating exterio	r of pipeline	+ +		X		Pipe	coat	ing			04 51	x		х	
Name of Registered Was	1 1.1	rices		JDEP W auler ID		of Waste 0.5			Name of R Waste M				Lan	dfill	
City, State			1-4	VV /	·	Disposa 12/06/			City, State Morrisvil		A				
Completed by John Phillips	,	Title Senio	r Pro	ject Ma	anager	Sig	nature	9			1	ate 1/01/	13		
ASB-41 (R-06-08)					(Đơ ni	ot use th	is form for a	asbes	tos licensu	re exer	npted	activi	ties.

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

Date of Notification (1) 11/4/13	24 00				Building O Hills Hea				1 1	10 E		13		1	
Agencies Notified	Type Notification		- 1	treet Add	dress mberton	Brown	s Mill	Road	1					1 1	
EPA DEP DOL DOH DCA	Initial Amended Amendment Emergency (justification)		_ F	Pember		08068				NOV Teler	6 ZÜ				
DCA	Cancellation		_ E		cobovits					_					
Name of Facility Where Aspen Hills Healtho		g Place (3)		FACIL	ITY INFO	RWIATIO			of Facility (School (K-1 Subchapter	2) 8 (Other	than K-12)			W.
600 Pemberton Bro	wns Mill Road							in e	other (i.e. p	2022			50 10		s,
City (5) Pemberton								100,0		3	Floors	6	ldg. A	je 	
County (6) Burlington				County C STATE U	ode (7) SE ONLY)		_		nt Use (Pridical / Nur			ed)		2	
Name of Monitoring Firm Environmental Mar				ASCM	No.				ement Cor	ntractor (9)				
Street Address		ational					Street	Addres	ss		0 11 1	-00			- 1*
34 E. Germantown City, State, Zip Code	Pike								Lincoln F p Code	lighwa	y, Suite t	000			
East Norriton, PA	19401		1000	-500			Exto	n, PA	19341						
Project Manager for Mor Ray Giordano	nitoring Firm			elephon 310-27	e No. 7-0405			none No 872-8			License N 01161	D.			
Start Date (10) 11/18/13		Scheduled 12/20/13		pletion D	Date (11)		Name EMS		IA Monitor						
Occupancy Status Durin								Addres Route	s 130 Nor	th					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr Work on unoccupied	nal Facility F		ent		_			ip Code son, NJ	08077					-
Scope of Work (Check A							01111		,						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		0.00	novat moliti				2	Mir	l Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				₽	
		ls L	ocatio	on					T Exempte	7			Abate		
Locatio Asbestos-Containing <u>TO BE AB</u> In Fac (13)	g Material (ACM) BATED ility	Used Main Custo	Solel Solel itenan dial S (12)	y by nce/		Desi tos Conta thermal s surfaci other m	system ing, VA	Material is insula AT, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Waw Waste Managemen		,	0.90	JDEP W auler ID		Cubic of Was 60 Dispos	te	•	Name of GROW City, Sta Morris	/S Lan					
Ewing, NJ Completed by Jack Bally		Title Sr. Pr	oject	Mana	ger		gnatur	e L	2011	6D	Di	ate 1/4/1	3		
ASB-41 (R-06-08)			18-60			- (* Do n	not use	this form fo	or asbest	os licensur	e exer	mpted	activ	ities.

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) VERIZON C/O ESIS Date of Notification (1) Street Address 11 /13 Type Notification PO BOX 430 Agencies Notified Initial Notification City, State, Zip Code EPA DEP Amended Notification N. VERSAILLES, PA 15137 Cancellation DOL Name of Contact DOH On Hold Telephone Number DCA **EMERGENCY NOTIFICATION** DAN PETROVAY **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) VERIZON Other (ie. private & commcl. bldgs., homes, etc.) Street Address Square Feet # of Floors Bldg. Age 621 WILLIAM STREET 20,000 40 4 County Code (7) Current Use (Prior if being demolished) City (5) County (6) EAST ORANGE (STATE USE ONLY) TELECOMMUNICATION **ESSEX** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION 17 **ESIS** Street Address Street Address 10 EXCHANGE PLACE 313 SPOOK ROCK ROAD City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 JERSEY CITY, NEW JERSEY 07302 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number BRIAN KINGSBURY 201-356-5166 845-369-7500 Expected State Date (10) Sched. Completion Date (11) Name of OSHA Monitor QUALITY ENVIRONMENTAL 10 / 31 /14 11/ /13 Year Day Month Month Year Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 1376 ROUTE 9 Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM Other - Describe: WAPPINGERS FALLS, NEW YORK 12590 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini Enclos H Demolition Renovation >3SF OR LF Glovebag Procedure >160 SF OR Non-Friable Procedure 260 LF Location of Is Location Description of Asbestos-Abatement Type Containing Material (ACM) Amount Asbestos-containing normally used REPAIR REMOVAL ENCAPSULE ENCLOSURE Material (ACM) solely by (ie. Thermal systems (Specify insulation, surfacing, VAT, Maint/Custodial SF or LF) TO BE ABATED in Facility (13) Staff (12) or other miscellaneous) Yes No N/A PARAPET MASTIC ROOF 2,900 SF 1,160 SF X ROOF WALL MASTIC BLOCK PIPE SEALANT 10 SF ROOF 3RD FLOOR PIPE FITTINGS 5 LF NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Name of Registered Waste Hauler DJM TRANSPORT, LLC Hauler ID No. **GROWS LANDFILL** 10 26981 Disposal Date City, State City, State MORBISVILLE, PA

11/13-13-10/15/2014

DIRECTOR OF OPERATIONS

Signature

Date

KEARNEY, NEW JERSEY

BENJAMIN SANCHEZ

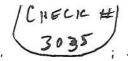
Completed by (Print or Type)

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Cherk # 1574 ANNUAL NOTIFICATION

Date of Notification	The state of the s					Building Ov						
$\frac{06}{26}$	/13			541	Street Ad	LUCENT T	ECHNOLO	GIES INC.				<u> </u>
Agencies Notified	Type of N	otifica	tion			NTAIN AVE	NUE	1.5			E L	ì
✓ EPA		Initia				e, Zip Code	A description of the second			_		
		Ame	nded		MURRAY	HILL, NJ 0						
☑ DOH			ndment #		Name of C		7	Į.	Telepho	ne Numb	er	
☑ DOL			rgency wa cellation	justification	JOEY SO	USA	•					
		Canc	enation	F/	ACILITY IN	FORMATIC	N					:
							5146				·	
Name of Facility Wi	nere Abaten	ent is	Taking F	Place (3)		Type of Fa	cility (4)		1.0	*		
ALCATEL/LUCENT						П	School (K	12)				
Street Address						1		er 8 (Other	than K-1	2)		
600 MOUNTAIN AVE	ENUE							, private &				
								mes, etc.)				
City (5)	County (6			County Code ((7)	Square Fe		# Of Floor	7700	Buildin		
MURRAY HILL	SOMERSI	= 1					,000	being dem	Contract Con	+	20-5	00
-						OFFICE /F			olistieuj			
Name of Monitoring	Firm Hired	by B	ldg. Owne	er (8)	ASCM NO			Contractor	(9)			
WCD			•		111				13.00			
			Nogi			LVI Demoi		es Inc.				
Street Address 23 ROUTE 31 NORT	-⊔					Street Add	iress					
City, State, Zip Cod						32 William	s Parkway					
PENNINGTON, NJ						City, State)				
Project Mngr. For N		irm		Telephone Nu	mber	1						
MIKE GARAMBONE				212-631-9000			ver, NJ 079	936				
Sheduled Start Date	. , .	Sche		letetion Date (1	/	Telephone	Number		License	Number		
07 / 16	/13		01 /	/ <u>31</u> /	14	973-77	2-3660				00860	
Occupancy Status	/ During Ahat	emen	t (Check	Only 1)		Name of C		itor			00000	
				ire Period of			ition Servic		1,000			
Abateme	nt					Street Add	dress					
		ed Out	tside of N	ormanl Facility	1	20 14505	- DI					
	Describe: Describe:	ME	7AM 11	-30DM		32 William City, State						
Other - E	escribe		- 7AM - 3:				ver, NJ 079					
Scope of Work (Ch	eck All That	Apply	y)									
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☐ ≥3sf or≥ ✓ ≥160 sf o					V		Procedure)				
					7			nd Non-Fria	ble Proce	edure		
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			aff (12)						_	"	Ľ	R
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BLDG 1				PIPE FITTING	S			325 LF	V			
BLDG 1			Q D	PIPE				10620 LF	V			
BLDG 1		III-		HEAT SHIELD				2848 SF	✓	+	1-4	
BLDG 1 Name of Registered	Manta Use	lor.		WINDOW GLA NJDEP Waste		Name of F	Penistered	31710 LF				
Name of Registered	i waste ugt	ilei			Yards	I.E.S.I	(cgistered	Landill				
- Carting					of Waste							
City, State					Disposal	City. State						
NEWARK, NJ					Date	BETHLEH	EM, PA					
Completed by (Prin	t or Tunal			Title			Signature		/ 0		Date	
STEVE STILES	tor type)			PROJECT MAI	NAGER		1 1		1/		1	
							toe	M X	Sel .			11/04/13

Date of Notification (1)				Name	of Buildin	g Owi	ner/Operator (2	2)		11			
11 / 4	_ /	13		Jou	ırnal Squ	are .	Associates,	LLC	B PATE	na na	æ	-	7
Agencies Notified Type	e Notification	on	•	Street	Address		***************************************			T W		1	
⊠ EPA ⊠ I	nitial			520	US High	ıway	22PO B	ox 6872					
	Amended			City, S	State, Zip (Code			NOV.	0.011			
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	mergency		3		of Contac				Telephone Nur	nher		-	+
	ustification Cancellation			100000	a Bartik				Telephone Nu	ibei	-		- 1
L.	Jancenation												
				FA	CILITY IN	IFOR	RMATION					*****	ned.
Name of Facility Where Abater	ment is Tal	king Place	(3)			- 1		Type of Facility					
Block 9501 Lot 8								School (K-12		av.			
Street Address	1.					174			8 (Other than K-1 rivate and comm		ildina	S.	
605 Pavonia Ave	40 4				V = 23-00		0 (20)	homes, etc.)		-		-1	
City (5)	×					7	-5-4	Square Feet	# of Floors	Bl	dg. Ag	je	
Jersey City								20,000	5	100000	50+	AVCCO.	
County (6)				Cour	nty Code (7	7)/STA	TE USE ONLY)		ior if being demo	lished)			
Hudson				Joodi	ny oode (Monn	TE GOE GIVE I	Apartment	2000 Day 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1011007			
Name of Monitoring Firm Hired	I by Dyddia	- 0	(0)	ACCM	N-	LNI-		2010/04/04/02/02/02/04/04/04/04/04/04/04/04/04/04/04/04/04/					
	by Buildin	ig Owner	(8)	ASCM				ent Contractor (9)					
Health & Safety	- E	0.64		117	727			nvironmental	Systems				
Street Address	*					0.5000	eet Address	F1 18					
318 12th Street						1	121 N. Beth	lehem Pike - S	uite 60				
City, State, Zip Code						City	, State, Zip Co	ode					
Hammonton, NJ 08037						S	pring House	e, PA 19477					
Project Manager for Monitoring	Firm		Tele	phone	No.		ephone No.		License No.	•		- 10	
Jim Proctor	5		10000	İmmeridi.	-8850	1 333	15 542 7000		00847				
Start Date (10)	Sch	heduled C	1 200			1000	ne of OSHA M						
	- 1	12 /	170				ES	ionitoi	20				
Occupancy Status During Abat						- 22	eet Address					- 27	
☐ Facility Closed/Vacated Du				mont				aham Dilea C	tm CO	· · ·			
☐ Abatement Performed Outs					cribe			ehem Pike - S	uite 60	9,212			
Time of Abatement: 7:00A					SCHOOL		, State, Zip Co		, "		٠,		
86				•		S	pring House	e, PA 19477					
Scope of Work (Check all that	apply)					.,	□ FII Co.	nainen ant with Na	nativa Dragaves				
☐ >3 sf or >3 lf		□Re	novati	ion			☐ Full Cont	ainment with Neg	gative Pressure		10	8	
≥160 sf or ≥260 lf			molitic					g Procedure	100				
							Non-Exe □ Non	mpted (*) and No	n-Friable Proced	ure -			
±s Autobatos		E 2000	Locat						·	Ab	ateme	ent T	ype
Location of			Vorma				Description o			R	R	ш	Е
Asbestos-Containing Mater TO BE ABATED			d Sole intena				Containing Ma		Amount	Removal	Repair	nca	Enclosure
IN Facility	8			Staff?	(1.6		rmal systems i urfacing, VAT,		(Specify SF or LF)	ova	=	psu	nsc
(13)	1.		(12)				ner miscellane		0, 0, 1,	-		Encapsulate	œ.
5000 MB		Yes	No	N/A					•			w	
Basement-SW corner				\boxtimes	Pipe Fi	tting	Insulation		16 LF			П	
Basement-SW corner			П		1	- 37	n insulation		150 SF			П	П
Boiler Room		$\frac{1}{1}$			Boiler (- 1 unit				
Thru-out building		15			Tile	Jask			310SF				
<u> </u>	20				Roofing	~			4800.Sq				
Roof							oio Varda of	Name of Book	stered Landfill			_	_
Name of Registered Waste Ha	uler		1.0	IJDEP lauler I		Wa	oic Yards of			- مايشن	-de:::		
Geppert Recycling			1	iauici I	D 110.	100000000	0 yards	western E	Berks Commun	iity ∟ar	iailli		
City, State				1877			posal Date	City, State					
Hatfield PA 19440						1	2/13/13	Birdsboro	, PA				
Completed By (Print or Type)		Title					Signature		1	Date		•	
	2.0		Mono				10-1	11		1	, Í		
Patricia Visco		Office	wana	ger			rati	icia V	ca	11/1	4/1	3	



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

Date of Noufication (1)		Name of	Shipping Owner (Obeca)			
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		E L C II C	TY INFORMATION			
•		FACIU	I IN OIGNATION	Type of Facility (4\	
Name of Facility Where Abatement is	Taking Place (3)					
PESITENCE	.			School (K-12)	(Other (Man K-12)	
				Suppression of	Asia g commercial	pulanes
Siree: Address	as A late			homes, etc.)	, "	
-3101 SIMPSO	NY			Square Feel	# of Floors	Bldg Age
City (5)				1000	1. 2	40+
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County (6)		USE ON				
LAGE MADY	7 . 0 . 0 . 1	ASCH NO.	Name of Abai	ement Contractor (9)		
Name of Marvioring Firm Hired by Built	olud Owner	,	KLE	mco IN	01	
(8)			Sueet Addre	u	1	F6 (17)
			7/-0	S. SPRU	E AVE.	
Street Adoress	365					
			Cry. Suite, Zi		· 7 11 T 1	805 -
City State Zip Code			M	PLZ SHOI	1	000
		110	Telephone No).	Lasase No	/1
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	Scheduled Comp	sied neisk	11) Name of OSH	TA MONTO	M	
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Scope of Work (Check all that apply)			☐ Ful	Containment with Ne	dathe biezzoic	
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Location of Aspessos Containing Material (AC)	ال Mainte	Mial	Ca INATTAL SYST	BUT IUZOMIO	SF a LF.	Herroval
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1885	50 1101 0					

State of New Jersey

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

		(C 8:60 and 12:12	L CAN	} :		
Date of Notification (1)	14/13		Nai	A	ng Owner/Operato	N(2). ONSTRUCT	100	•	
Agencies Notified Agencies Notified Agencies Notified DEP DEP DOL DOH CA	Type Notificatio	#including	City	ne of Conta	77 7 Code Tylf C 1	FY , N , J ,	US 2 43 Telephone Num	ber	=
	00.20.200			FIBUR		71			
				ACILITY IN	FORMATION	(F - 10)			
Name of Facility Where	Abatement is Taki	ng Place (3)			Type of Facility School (K-12 Subchapter 6		2)	inas
15/	3051 BTA	EET				homes, etc.)			
City (5) A VA	1 LOM					Square Feet	# of Floors		ig Ag
County (6) CAPE	MAY		US	unity Code SE ONLY)	(7) (STATE	VA	or if being demoti	shed)	
Name of Monitoring Firm	n Hired by Building	Owner	ASC	M No.	1 1	ment Contractor (9)			
Street Address	*	1				S,SPRUCE	- duz.		
City, State, Zip Code					City, State, Zip (Code PLT SHAT		080	5-5
Project Manager for Mo			Telephon			9-0472	License No.	44	
Start Date (10)	1		/13	Date (11)		Monitor SEPW KL	Enn	i e e	
Occupancy Status Duri Facility Closed/Vaca Abatement Performs Other - Describe:	ted During Entire P	eriod of Ab	atement	*	Street Address 3 6 9 City, State, Zip 9		100 = 100.	J.(080
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)	Reno	ovation ofition		Full Co	entainment with New nclosure pag Procedure empted (*) and No	gative Pressure	ure	
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Matenal (ACM)	Is Loc Norm Used S Mainte Cust Sta (1	nally olety by nance/ odial off?	Asbe (i.e	Description of stos Containing Mi thermal systems surfacing, VAI other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Typ Repair
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51D1	Na	-	X	1-7	RANSITE			<u> </u>	
		-	-						
					T Cubic Yards	Name of Regi	stered Landfill		
Name of Registered Wa	INC,		Hauter	Waste D No. 904	of Waste	C.M	, c, M.v.	4.	
	E SHAT	56,1	N, J	•	Disposal Date	City, State	7 BING	NJ	<u>-</u>
Completed By Joseph K	Tit		19		Signature	en Kolm	n 41	4/	13

Check # 9044

Date of Notification (1)) ovember 1, 2013	1			of Building		r / Operator	(2)		,	· -					
Agencies Notified	Type Notification			_	Address										-	
□EPA	9			46 Pars	sonage R	load							7	5	122	
□DEP ☑DOL				City. St	ate & Zip	Code	-	-			140	īv ,	` .	particle in		-
⊠DOH	Amende				, NJ 08				1	2		: Ć	5 20	13		
DCA	Amendi Cancell	ment # lation	5	Name o	of Contact	t			14.		11	Tele	phone	e Nun	nber	1
		1711.50070.5151.64		Ryan S	chnupp				D. No.	**		r				
				FAC	CILITY I	NFO	RMATION							518		J.
Name of Facility Whe Bank of America	re Abatement is	Taking P	Place (3)				Type of Faci									
Street Address									(Other than							
46 Parsonage Road									private & co		cial bu			e, et	c.)	
							Square Feet 12.0		# of Floo	ors 2		Bldg	Age	70		
City (5) Edison									r if being dem)			70		
County (6)			ounty Code													
Middlesex Name of Monitoring F New York Environment		1,000	ner (8)		ASCM I	No.	Name of Ab Synatech, I		ent Contracto	r (9)						
Street Address	eritai						- J									
88 Harbor Road										300						-
City, State & Zip Code Port Washington, N						- 2001										
Project Manager for N Michael Baudo	Nonitoring Firm		516	ephone N 5-944-950	00		Telephone 1 609-296-69	16			Licens	se Numb	er 0081	7		
Scheduled Start Date		cheduled	Completion	on Date (* ber 12, 20			Name of OS Synatech, I		lonitor							
Occupancy Status Du		(Check o	only one)				Street Address	ess								
	Performed Outsid	1.7					City, State 8	& Zip (Code							
Other – Desc	cribe: ipied During Aba	itement					Little Egg H	Harbo	r, NJ 08087							
Scope of Work (Chec		tomont									_					
Coope of Fronk (Once	an trac apply)							Full	l Containmen	t with N	egativ	e Pressi	ıre			
≥3 sf or ≥ 50 lf			=	Renovation				=	i-Enclosure							
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	cation of ining Material (A	CM)		on Norma y Mainter			Asbestos-	Conta	ining			Specify	"			,,,,
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	Facility (13)						insulation, su	urfacin	ig, VAT				اي	71	Enc	Ē
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Agencies Notified / Type Notification	\$	Street Ad	dress 440	mer	(10A	lane	ļ(·	+-		
EPA Initial Amended Amendment #	170	City, Stat	e, Zip Code	0/0	hand	0 15	- /	78	15	12
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DCA Cancellation		FACIL	ITY INFORMATI	ON	.0	1/		-		
Name of Facility Where Abatement is Taking	Place (3)			Туре	of Facility (School (K-1					
Street Address	: 1	1 0			Subchapter	8 (Other than K-12 rivate & commercia	!) al buildi	ngs, h	ome	s,
City (5) 100 / CI	on La	ine		Squ	etc.) are Feet	# of Floors	Blo	dg. Ag	e	47
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Name of Monitoring Firm Hired by Building On	wner (8)	ASCM	No.	RICC	atement Cor	nstructic	n(OV	0	
Street Address				Street Addre	ess Avo	OK Rd				
City, State, Zip Code				City, State,	Zip Code	10 1K	501	1.2]	
Project Manager for Monitoring Firm	T	Telephor	ne No.	Telephone	No.	License N	0.	11 L		
Start Date (10)	Scheduled Con	pletion	Date (11)	850 - 2 Name of OS	HOU U	1454 O	120	7		
Occupancy Status During Abatement (Check		15/	13	Street Addr	nolveu) KICCI)			
Facility Closed/Vacated During Entire Po	eriod of Abatem	nent		28	2 Cre	ek Koad	<u>k</u>			
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Scope of Work (Check All That Apply)	Renova	tion			ull Containm	ent with Negative f	Pressur	e		
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Ricco Construction	Corpl	289	109	osal Date	City, Sta	em Cor	nt	y_		
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KitcHEN Yes No		і т.		148	SF		Н	H
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DNo.		Cubic Yards of Wante	Name of Regit	0.00-000-000-000-000-00-00-				
Best Removal Inc 171	09	11440		Enterpr				_
Hackensack, N.J. 07601		11-13-13	Waynesh	urg , Oh				
R. VELDRAN Estimator		R Voler	fin 4		Date 1 -	1-13	3	
- ih a de le constant		1) 10000	W V(_	ئے

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

Date of Notification (1)	Name of Building	g Owner/Operator ((2)	More		
Agencies Notified Type Notification	Street Address	136 WE	FLDRO	NRE	Ŝ ^{IJ}	
□ EPA [V] Initial □ Amended	City, State, Zip C	ode		A/1		
DOL Amendment # Energency (including	04,022,4	TOMS	KIVE		087	7.3
DOH justification)	Name of Contac	t 0. 1.	(416	Telephone Number	/	1
☐ DCA ☐ Cancellation	ERIC		1815	7 - 7	10/	7 7 9/0
	FACILITY INF	ORMATION	To a Frankline	/		
Name of Facility Where Abatement is Taking Place (3)		,	Type of Facility (4		-	
Street Address WALDRON R	Ď		Subchapter 8 Other (i.e., pri homes, etc.)	(Other than K-12) vate & commercial b	ouildings,	
City (5)	6/1		Square Feet	# of Floors	Bldg. A	ge .
10MS RIVER.	. // /		1,600	or if being demolishe	20	0_
County (6) OCEAN	County Code (USE ONLY)		VAC	ANT	, 	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatem	nent Contractor (9)	USTRIE	Σ.	/NC
Street Address		Street Address	ATICK:	TR.		
City, State, Zip Code		City State 7m C				
		Telephone No.	19,140,	License No.		
Project Manager for Monitoring Firm	Telephone No.	132-89	9-7-199	0119	6_	
Start Date (10) Scheduled Con	npletion Date (11)	Name of OSHA	Manitor			
Occupancy Status During Abatement (Check only or		Street Address				
Facility Closed/Vacated During Entire Period of Al	patement	<u> </u>				
Abatement Performed Outside of Normal Facility I	lours	City, State, Zip C	Jode			
Scope of Work (Check all that apply)		☐ Full Co	ntainment with Neg	pative Pressure		
11 12351012311	ovation olition	Gloveb	nclosure nag Procedure			4,
≥160 sf or ≥260 lfDem		Non-Ex	cempted (*) and No	n-Friable Procedure		ement.
	cation mally	21 PI				ре ре
Location of Used S	tolek by	Description of stos Containing Ma	of stories (ACM)	Amount	\top	m
ASDESIOS-CONTRACTOR (FORT)	todial (i.e	thermal systems	insulation,	(Specify	20 20	nea Enc
IN Facility St	aff?	surfacing, VAT other miscellane		SF or LF)	Removal	Enclosure
()	No N/A	- 12	2		-	ate e
SIDING	V 77	PANSIT	2=	160050	V .	
				**	_	++
					\dashv	++
		Cubic Yards	L Name of Boo	stered Landfill	Щ	
Name of Registered Waste Hauler BRICK IND USTRIES INC	NUDEP Waste Hauter ID No.	of Waste 5		5.R.O, W	.5	
City. State	1 = 1 = -	Disposal Date // - 2 /_ 13	City, State	PA		
BRICK. NJ-		Signature	- /	6 Date M-	-1-	13
Completed By FLACKIS Title PRE	-3,		willer	17		

Check#1759			(Pu	suan	t to NJA	C 8:60 a	nd 5:16)	لمناح المناح			د	::
Date of Notification (1)				Name	of Building	Owner/Or	perator (2	2)	1 187 11 0	-	-	11-	•
	01 / 13				ne Cheese				** Y				
Agencies Notified	Type Notification		-		Address	e-Jones			NOV	1 6	-01	3	
☐ EPA	Initial		ĺ		illiam Str	-eet							
☑ DOLWD	☐ Amended		ì		State, Zip C								
DHSS	Amendment #_	-11!			Amboy, N						Nit		· C
DCA (NJAC 5:23-8)	Emergency (in justification)	cluaing			of Contact		-		Telephone Nur	mber	1000		
	Cancellation			Darle	ne Cheese	e-Jones				_			
	<u> </u>			FA	CILITY IN	FORMAT	TION	2				-1100	
Name of Facility Where	Abatement is Taking	Place	(3)		2			Type of Facility	(4)			- XI.O	
Private house								School (K-12					
Street Address						-12			(Other than K-1 rivate and comm		ildina	9	
161 William Street								homes, etc.)		0.0,0,0		- 1	
City (5)								Square Feet	# of Floors	Bi	dg. A	ge	
Perth Amboy, NJ 0886	51												
County (6)				Coun	ty Code (7)	STATE US	E ONLY)	Current Use (Pr	or if being demo	lished)	111-		
Middlesex Name of Monitoring Firm	Hirad by Ruilding (\unnar	701	10011		T.:							
Name of Workoning Firm	Thired by Building C	Jwner	(0)	ASCM	No.	met announced		ent Contractor (9)					
Street Address						Gr Tech Street A							
0.0007,501000								202					
City, State, Zip Code			-	-		576 Val	te, Zip Co					9-38-38	
A COLOR MENOCONE DISERVATORIO DE SERVE ENCOLOCIO CONTRACTORIO						Wayne,							
Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephor		0	License No.				_
						973-638	-1777		01127				
Start Date (10)		duled C	omple	ion Da	te (11)		OSHA M	lonitor	102121				
11 /10 /	13	1 /	11	_ /	13	Envirov	ision Co	nsultants,Inc					
Occupancy Status During	g Abatement (Check	conly o	one)			Street A							
∑ Facility Closed/Vacate						20-21 W	agaraw	Road, Bldg .# 3	34A				
Abatement Performed Time of Abatement: _	l Outside of Normal AM-	Facilit	y Hour PM	s - Des	cribe		te, Zip Co						
100					VIVI	Fair Lav							
Scope of Work (Check al	I that apply)					H		and decontamin		ive press	ure		
≥3 sf or >3 lf		⊠ Re	enovati	on		Н	Mini-Enc	tainment with Neg losure					
≥ 160 sf or ≥260 lf		☐ De	emolitic	n		×	Glovebag	g Procedure mpted (*) and No	Tent with Negati	ve Press	ure		
		Is	Locat	on			NOTIFICAC	Impled () and No	IPP Hable Proced		atom	T	
Location	of		Norma			Des	cription o	of			_	ent Ty	
Asbestos-Containing TO BE ABA			ed Sole intena					terial (ACM)	Amount	Remova	Repair	Encapsulate	Enclosure
IN Facili		Cus	todial	Staff?	(1.6		ina. VAT.	nsulation, or	(Specify SIF or LF)	VOL	air	ısdı	uso
(13)		_	(12)		-	other m	iscellane	ous)		1 70		ilate	œ
land the second		Yes	No	N/A		S-2							
Basement			Ш	X	Pipe insu	ılation			115 LF	X			
200													
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Name of Registered Was	te Hauler	Ш_		EP Waste	Hauler ID No.	Cuhic Yes	ds of Wast	e Name of Regis	tered Landfill		Ш		
Gr Tech LLC			10.00						toreu Latiullii				
City, State	101-21-21-21-21-21-21-21-21-21-21-21-21-21			03378	33	TBD Disposal		T.R.R.F. Inc	···		-		
500 Tax 0 4 5 5 7 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5						42		13500					3
Wayne, NJ 07470 Completed By (Print or Ty	vpe) Title					TBD		Tullytown, PA	A	Data	201.775	51175	
						Sigi	william with	who Wen	-1	Date			
N.Jevtic ASB-41	Owi	ner					1/4	whe vien	90 1	1/01/20	13		

MAY 11

Date of Notification							vner / Operator	(2	2)						
	11/1/2013						al Center								
Agencies Notified	Type Notifica	ation	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		dres	s n Ave	nuo								- 1
☐ EPA	□ 1'4'=1			-		Zip Coo			P	-					
☐ DEP	☐ Initial ☐ Amer					0862				344					
⊠ DOL	1 —				Conf		3	in a			Tel	ephon	e Nu	mbe	r
⊠ DOH		gency				Laws	on					•			
☐ DCA	L Cano	eliation	100				RMATION								
N	hara Abatama	ent in Taking Di	71.17	AUI	LIIT	INFO	Type of Facilit	tv ()V	s 201	3		-	
Name of Facility W St. Francis Medi	nere Abatem	ent is raking rid	ace (3)				School (K				201	,			
Street Address	cai center								8 (Other than K	-12)	10				
4 맛있다. 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-1						Other (i.e	e. p	rivate & comme	rcial b	ouildings	, home	s, et	c.)	
601 Hamilton Av	e.						Square Feet		# of Floors	1.5	Bld	g. Age		8	
City (5)		County (6)	County	v Co	de (7)	1 '				-		70.700		
City (5)		Mercer	Journ.	,		(Current Use ((Pri	ior if being demo	lishe	d)				
Trenton		Mercer					Hospital	,							
	- Firm I limed b	Duilding Own	or (8)	Т	ASCI	√l No.		ten	nent Contractor	(9)	2				
Name of Monitoring	onnection	by Building Own	ei (o)	ľ	AOO!	VI 140.			nmental, Inc.	. ,					
Street Address	Johneodon						Street Addres								
120 North Warre	en Street						1123 Beave	32.6							
City, State & Zip C							City, State &								
Trenton, NJ 080							Bristol, PA			T					
Project Manager fo		Firm	Telepho	ne N	lumb	er	Telephone No			7.55	ense Nu	mber			
Jim Frisbee			609-392				(215)788-60	-		00	509				_
Scheduled Start Da	ate (10)	Scheduled Con			(11)		Name of OSI								
11/4/20		Name of the Control o	11/4/201	13					onmental Inc.				_		
Occupancy Status	During Abate	ment (Check or	nly one)	A I4			Street Addres		Ctroot						
Facility Clo	sed/Vacated	During Entire P	eriod of /	Abati	emer	2	1123 Beave City, State &								
	t Performed C	outside of Norm	al Hours	- /8	am to	3pm	Bristol, PA								
Describe:			M += 2DI				Bristoi, PA	13	001						
		Abatement: 7/	AIVI to 3PI	IVI						_					
Scope of Work (CI	heck all that a	ippiy)						Г	Full Contain	men	t with Ne	gative	Pres	sure)
N >2 of or >2	15		⊠ F	Reno	vatio	n		F	Mini-Enclos						
≥3 sf or ≥3 □ ≥160 sf ≥2			K-A		olition			$\overline{\triangleright}$	Glove Bag	Proce	edures				
≥100 SI ≥2	.00 11			50111				Γ	Non-Exemp	ted a	nd Non-	Friable	Pro	cedu	ıre
	Location of		Is Lo	catio	n		Descriptio	on c	of	Am	ount	Aba	tem	ent 7	ype
	stos-Containi	ng	Norma		291		Asbestos-Cor				ecify			_	
	aterial (ACM)			ely by			Material (A			SF	or LF)	Z.	- 70	S	1 5
TO	BE ABATED	<u>.</u>	Mainter		02 - 50 (50)		i.e., thermal s nsulation, surfa					Remova	Repair	aps	Encisoure
	in Facility		Custodi	iai 51 12)	taπ?	1	or other miscel					Va	ai-	Encapsulate) in
	(13)				N/A		or other misses	.,	.0000)			1 200		9	"
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Basement				#	H		ripe iliaui	ICILI	1011						T
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		1		IN IF	AED.	Monto	Cubic Yards		Name of Registe	ered I	andfill			1	
Name of Register	ed Waste Ha	uier				No.	of Waste	- 1							
Bristol Environ	mental Inc			, , , , ,	1870		2 Cu yd		GROWS Land	fill					
	micrital, IIIC					200	Disposal Date		City, State						
City, State Bristol, PA							11/5/2013		Waynesburg,	ОН					
	rint or Tuno			Title	ρ		Signature					Date			
Completed By (Pr				550 1000	ject		100)	/	:0		11/	1/13	3	
Gino Pizzigo	7111				nage	r	Dence To	13	zegoni/1	1					
	0.00						/	110	1						

State of New Jersey APPROVED TOM VOORHEES, NOOL NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N. 1.4.0.000)

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

Cl# 2521

Date of Notification	(1) 11/1/2	013					uilding (/ Operato	or (2)	r	***					
Agencies Notified	Type N		tion		Street			IIX				-}-	<u>į,</u>			-	5
EPA	Type i	Ounce	ition	113			th Broa	d C4=	206			1,-	(23		n *	1	: :-
☐ DEP	M	Initial							Jei			- 1					-
□ DOL							& Zip C		_								
		Amen					hia, PA	1910)7				NON		201		
□ DOH	\boxtimes		gency	199			ontact						Te	elepho	né ⁴ N	ımbe	er
☐ DCA		Canc	ellation	C			ishcoff										
Name of Facility VA/I	Ab		atia Talia - Di	(0		CILI	TY INFO										
Name of Facility Wh		ateme	ent is Taking Pi	ace (3)			I ур	e of Facil								
Wells Fargo Ban	K							$ \square$	School (
Street Address									Subchap	oter 8 (Other than K	-12)					- 1
650 Anderson Av	e.							\boxtimes	Other (i.e	e. priva	ate & comme	rcial l	buildings	s, hom	es, e	tc.)	
								Squ	are Feet		# of Floors		Blo	dg. Age	9		
City (5)			County (6)	Cou	unty C	Code	(7)	7									
Cliffside Park			Bergen	- 1				Cur	rent Use	(Prior i	f being demo	lishe	d)				
				1				Bar			•		-,				- 1
Name of Monitoring	Eirm L	ired b	, Building Own	or (9)		IAC	CM No.		5000000	tomon	t Contractor ('(0)					
Environmental C				lei (0)		AS	CIVI INU.				nental, inc.	(9)					
Street Address							1.00		et Addres		,						
120 North Warre	n Stree	et						10000000	3 Beave		ef						
City, State & Zip Co				- 10.00.00		- 63170	303000000000000000000000000000000000000		, State &		100 100						
Trenton, NJ 086								1000300000	stol, PA								
Project Manager for		ring E	irm	Telep	hono	Nium	abor		phone N			Lio	ense Nu	mhor			
Jim Frisbee	WOULD	ing i	1111	609-3					5)788-60			008		mbei			
	L- (40)	Te	21.11.10									UU	509		_		-
Scheduled Start Da 11/1/201		١	Scheduled Con	npletio 11/2/2		e (1	1)	1.0000000000000000000000000000000000000	ne of OSH		nitor nental Inc.						
Occupancy Status I		haten							et Addres		ientai inc.	_	-		- 1000	- 00	\dashv
			During Entire P			tom	ent	R 255 V. LV	3 Beave		not						
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The state of the s			utside of Norma	ai Hot	ırs				, State &								
Describe:			3:00 PM					Bris	stol, PA	19007	7						
Facility Occ		_															
Scope of Work (Che	eck all t	hat ap	ply)											100			
											Full Contain		with Ne	gative	Pres	sure	
≥3 sf or ≥3 l	f			\bowtie	Ren	ovati	ion				Mini-Enclosu	ıre					
≥160 sf ≥26	O If				Den	nolitio	on			\boxtimes	Glove Bag P	roce	dures				
											Non-Exempt	ed ar	nd Non-	Friable	Pro	edu	re
Lo	cation	of		ls L	ocati	on		D	escription	n of		Amo	ount	Aba	teme	nt Ty	ype
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	BE ABA			Maint					thermal s					eg	Re	cal	nc
ir	n Facilit	y	i	Custo	10000000	Staff			on, surfac					Remova	Repair	usc	Enclsoure
§	(13)				(12)			or oth	er miscell	aneou	s)			<u>a</u>	7	Encapsulate	re
				Yes	No	N/A	١										
Boiler Room					\boxtimes				Fittings	S		19	EA				
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Name of Docisters	1 \\/\	Harris			INI I	닏	Masta	Cultic	Vorda	Nimm	o of Posister	041	ndell			Ш	Ш
Name of Registered	vvaste	naule	ei.		2000		Waste			Ivam	e of Register	ed La	mann				
Comico Transses	et Inc						ID No.	of Wa		B#:	onto I andel	0.0					
Service Transpor	it inc.				20	990			1		erva Landfi	11					
City, State									sal Date		State						
New Castle, DE								11/4/2	2013	Way	nesburg, O	hio					
Completed By (Print	t or Typ	e)			Titl	е		Signat	ure	70				Date			\neg
Gino Pizzigon	272.7	50			Pro	ojec			_	* *		,		11/1	/13		
						nag		Gen	o Thy	zigo	oni / j						

Date of Notification (1) 10/25/2013			Name	e of Build	ling Owner	/Operator	r (2)		- 1	(1)	- 11-	•	11.07 Li
Agencies Notified Type Notification	on				MOLITIC	DN							
EPA Initial Amended			294		E ROAD)				NOV	í	s 20)13
DOL Amendme	ent#_ cy (includia	ng	HOL		N.J. 07	601		, i				(4	
DOH justification Cancellati				of Conta	act		6.222	TT	elenhone l		-	9-1	
Name of Facility Where Abatement is Tal	din e Dia	201	FA	CILITY	NFORMAT	TION							
PRIVATE	king Place	(3)					Type of Facilit	y (4)					
Street Address 15 ATLANTIC WAY.							School (F Subchapt Other (i.e	er 8 (Ot	ther than K	(-12)	uildina		2000
City (5) SEA BRIGHT N.J.				-			Square Feet		of Floors	i Gai D	Bldg	. Age	
County (6)			County	y Code (7	() (LY)		1400 SF Current Use (F	rior if be	1 eing demoi	lished)		76	
Name of Monitoring Firm Hired by Building	g Owner (8	8)	1	CM No.		Name	YE of Abatement C		vr (0)				
N/A Street Address						SHAF	RON QUALIT	TY CO	NSTRU	СТІО	N LL	C.	
City, State, Zip Code			*				Address AN ORDEN F	PLACE					-
Project Manager for Monitoring Firm						City, St.	ate, Zip Code KENSACK N.	.J.					
				one No.		Telepho 201 -7	one No. 708- 4270		License 01135	No.			
Start Date (10) 11/04/2013] 1	1/05/	mpletion 2013	Date (1	1)	Name o	f OSHA Monitor	r AL INC					
Occupancy Status During Abatement (Che	Dariad of	A b				Street A							
Abatement Performed Outside of Non Other – Describe:	mal Facilit	y Hour	ment 's			City, Sta	ite, Zip Code						
Scope of Work (Check All That Apply)						NEW	YORK N.Y.	10018					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli					Full Containm Mini-Enclosur Glovebag Pro	e cedure					
	le	Locat	ion			×	Non-Exempte	d (*) and	d Non-Fria	ble Pro		Control of the Control	
Location of Asbestos-Containing Material (ACM)	1	Normal ed Sole	lly		Des	cription of	f					emen /pe	t
TO BE ABATED In Facility (13)	Cust	intenar todial S (12)	nce/	Asbe (i.e	stos Conta thermal s surfaci	ining Mat	erial (ACM) nsulation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING	Yes	No	N/A							=		ate	9
DATE NOT OIDING		X			SHINGL	ES SID	ING	1,35	52 SF.	х			
	+												
Name of Registered Waste Hauler			JDEP Wa	CONTROL OF THE PARTY.	Cubic Ya	ards	Name of F	Penister	ed Landfill				
SHARON QUALITY CONSTRUCTION City, State	ON LLC.	Ha O	uler ID 1 033967		of Waste	9			TERPRI		IC.		
HACKENSACK N.J.			NGS		Disposal TBD		City, State WAYNE		G OH	10			
Completed by	Title				I Śiai	nature	100	20					-
CARLOS ÉSQUIVEL	SAFE	TY M	ANAGI	ER		Die	Kull	Ú1)	Dat 10	e /25/2	012		- 1

1 \ 1							1.4				
Date of Notification (1)		Na	ne of Buildin	ng Owner/Ope	rator (2)			2 (7 2)	Ė		W
10-29-2013 Agencies Notified Type Notification		H	illsid	Je Dt	C. (C.)	2					
Agencies Notified Type Notification	on	Stre	et Address	<u> </u>	+166 -	rar	K				
EPA Initial		1	DEEN.	- Libe	. l. A			NOV	5	20	12
DEP		City	550	- TIPS 6	TTY A	tro				20	U
- Antenunte	ent#	L	State Sip (Code						-	
M DOH ☐ Emergend	cy (including	Promote and a	111219	R N	J. 07:	105	91				
justificatio	nn)	14011	A OL COURSE	t				**************************************	7	ton o	
Cancellati	OH	, ,	124	Jano	NO		Telepho	ne Num	ber		
Name of Facility Where Abatement is Tak		F	ACILITY IN	FORMATION	10				4		
Private	(ing Place (3)		The state of the s	TO COMPANY AND INCOME.	Type of I	acido /	A)		M-12 WIL		
Street Address					-						
					Sch	001 (K-1	2)				
1350 - Liberty	Aue.		02		Sub Sub	cnapter	8 (Other tha	n K-12)			
City (5)			The state of the s		etc	ortie p	rivate & com	mercial	buildi	ngs h	ome
Hillside N.J					Square F	eet ea	# of Floor	rs	Ric	lg. Ag	
County (6)					29,000	9	4	-	Dic	76	
		Coun	ty Code (7)				or if being der			10	
lame of Monitoring Even U	Secure of the second Secure of the second	[SIA]	E USE ONLY	0		Y 25	u u nelliñ del	noushe	a)		O.E.
lame of Monitoring Firm Hired by Building	Owner (8)	AS	CM No	Nar	ne of Abotor	1		Christian Congress			
treet Address		f f		a	ne of Abatemo	-III Loni	ractor (8)		^	4	Transition of
ricat Audi 622				<u> </u>	MACOU	7	valit	4	Cor	+21	no
		*		Sire	et Address	-	- 10 miles	1			
ly, State Zip Code				يل	1-1/an	U	rolly	4	L	e e	
				City	State, Zip Co	de					
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Date of Notification 10-29-13	1 (1)	1	Name of Bui Richard		Owner/Operator	(2)			15	^	!
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Agencies Notified	Type Notification	1	Street Addr				NOV	0 1010			
[]EPA	[X]Initial Notificatio		37 Ogde	en E	tace		*UY	s 2013			
[]DEP		" [City, State				. "				
[X] DOL	[]Amended Notificatio	.	Morris	LOWI	NJ, 07960)					
[X] DOH	Nocificació	72	Name of Con	tact		Teleph	- כלשייול פתס		-		
[]DCA	[]EMERGENCY		Richard	d C	Simon		5 3				
	[]Cancellation										
					INFORMATION						
Name of Facility Whe		akin	g Place (3)			Type of Fac:	ility (4)				
Same as above						[]School	l (K-12)				
Street Addres							apter 8 (Ot				
							(i.e., pribuildings,				
						Square Feet			Bldg.		
City (5	Coun	ty (6) Essex	Cot	inty Code (7)	5000	3	OOLS	118		
				(8:	TATE USE ONLY)	Current Use		being d	100000000000000000000000000000000000000	33)
								-			•
Name of Monitoring F	Firm hired by Buil	ding	ASCM No.		Name of Abate	ment Contract	tor (9)				- 0%
Owner (8) N/A					AZTECH M	ANAGEMEN	T, Inc.				
Street Address				=!***	Street Address	8					_
			(4			topher S	t.				
City, State, Zip Cod	le .				City, State,						-
						r, NJ 07	042				
Project Manager for	Monitoring Firm	Tol.	ephone Numb	^=	Telephone Numl	or to an account of the con-		L .			
,	manufacture rem	N/		er	(973) 744			Licens 003		ber	
Scheduled Start Date	(10) 0 1 1 5							003	, / т		
11-8-13		-9-	etion Date	(11)	Name of OSHA	Monitor					
	ear Month		av Year		N/A						
Occupancy Status Dur	ing Abatement (Ch	eck o	only one)		Street Address	3					
[X]Facility Clos of Abatement	sed/Vacated During	Ent	ire Period								
[]Abatement Per	rformed Outside of	Nor	mal Facilit	У	City, State, 2	in Code					
Hours - Descr	ribe: «OffHours Des	crip	ot»			arp oods					
		псу	Descript»								
Scope of Work (Check	arr tuat appra)				[] [5:1] /		-:+1 N+:				
[X]≥3 sf or		[X]]Renovation			Containment v Enclosure	vith Negativ	ve Pres	sure		
[] <u>≥</u> 160 sf o	or ≥260 lf	[]]Demolition			pag Procedure					
		8 8 -	Is		[]NOD-F	riable Proced	ture	121	oatem	n+ f	l-ma
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	Y	es	ff (12) No N/A		or other miscel	laneous)		Í		L	R
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Name of Registered Wa	aste Hauler	M.TD	EP Waste	Civil	oic Yards	Name of n	1	46:33			
AZTECH MANAGE		Hau	ler ID No.		Waste 1.	Name of Reg G.R.O.W		GIIII			
City, State	,	17	040				1000				
Montclair, NJ	07042			100	sposal Date	City, State				11-10-10	
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Completed By (Print o	or Type) Title				Signature		1/	Date			
Constantine Vi	vian Presi	den	ıt		1	VE II	1//		≘ 29-13		
					1 /010	Muller	Men			100000	

NOTIFICATION OF ASBESTOS ABATEMENT

Market and the second s				:60-7 and 12:120-7						
Date of Notification 10-31-13	n (1)	N:	ame of Build Sharon \	ing Owner/Operator	r (2)	LE G	1 1 1			-
Agencies Notified []EPA	Type Notificat		treet Addres	s throp Terrac	e	NOV	6 20	13		
[]DEP	Notifica	tion c	ity, State,	Zip Code	16					1
[X]DOL	[]Amended Notifica	tion	South On	ange, NJ, 070	79	1	1			•
[X] DOH		N	ame of Conta	et	Telepho	ne Number	¥t.	-	#162	.,
[]DCA	[X]EMERGENC		Sharon V	/ictor						
1.5941 - 144-144			FACILI	TY INFORMATION					s-entra	
Name of Facility Who	ere Abatement i	s Taking	Place (3)		Type of Facil	lity (4)				
Same as above					[]School	(K-12)				
Street Addres					[X]Other	oter 8 (Other (i.e., priva- ouildings, h	te & co	mmer		
City (5	r	ounty (6	() Essay	County Code (7)	Square Feet	# of Floo		dg. I	Age	
0.201 (0		Quity (0	,,10302	(STATE USE ONLY)	1600 Current Use	2 (Prior if be		30 molis	hed)	
Name of Monitoring Nowner (8)	Firm hired by B	uilding	ASCM No.	11	 ement Contracto MANAGEMENT			-		
Street Address	1997-1997-1997-1997-1997-1997-1997-1997			Street Addres	ss				_	
1				86 Chris	stopher St	:.				
City, State, Zip Coo	ie			City, State, Montcla:	Zip Code ir, NJ 070	142				
Project Manager for	Monitoring Fir	m Tele	ephone Number	Telephone Num		T.	icense 0037		er	
Scheduled Start Date 11-1-13		. Comple	tion Date (Name of OSHA	Monitor		· ·			
	ear Mon				25.275 (doi:10.225.27					
Occupancy Status Dur [X]Facility Clo of Abatemen []Abatement Pe	sed/Vacated Du t	ring Ent	ire Period	Street Addres						
	ribe: «OffHours	Descrip	<u>t»</u>	City, State,	Zip Code					
Scope of Work (Chec)	all that appl	у)		II and the second second						
[X]>3 sf or []>160 sf or		5777	Renovation Demolition	[x]Min: [X]Glove	Containment ward of the containment was in- Enclosure abag Procedure abag Procedure about the containment of the containment was a second of the containment w		Pressu	ire		
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TO BE AB In Facil		ter	Main- nance/	<pre>(i.e., therma insulation, surf</pre>		SF or LF)	8	A	PS	os
(13)	-	Sta	ff (12)	or other misce			A	R	U	U R
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Name of Registered WAZTECH MANAG		Hau	EP Waste	Cubic Yards of Waste 1.5	Name of Reg:	istered Land	fill			
City, State		1 /	040	Disposal Date	City, State				to	
Montclair, NJ	07042			11-5-13	7.0	lle/ PA	1906	7		
Completed By (Print	or Type) Titl	.e		Signature		1/	Date			
Constantine V		esiden	it	16	Martin	Vilen	10-31	L-13		

NOTIFICATION OF ASBESTOS ABATEMENT

			nt to NJAC										
Date of Notification 10-29-13	n (1)	IN IN	Tame of Buil Charles				(2) st Presbyt	erian C	huro	:h		-3	:
	Type Notificat		Street Addre	15				7 14			144	-	
Agencies Notified []EPA	[X]Initial		10 Fair		w Ave								
[]DEP	Notificat	ion c	City, State,	Zip	Code		- 10-1	40.	V F	1 /	"Jid		
[X]DOL	[]Amended	.	Verona,	NJ,									
[X]DOH	Notificat		Name of Cont	act			Telepho	ne Number			_		
[]DCA	[]EMERGENCY		Charles		yer		rerepho	ie name				1.	
	[]Cancellati	on											
Name of Booility Who	3betement :	- Makis	ANTENNA DE	LITY	INFORMA!	LION	Type of Facil	i (4)					
Name of Facility Who Same as above		s Takin	g Place (3)										
Street Addres) 						[X]Other	(K-12) ter 8 (Otherical Action (Control of the Control of the Cont	ate &	COI	mer-		
							Square Feet	# of Flo		200000	g. Ac	10	
City (5	Co	ounty (6) Essex		nty Cod		3200	3		8	100	,-	
				(51	LAIL OOL	ORLLI	Current Use	Prior if b	eing d	emo	lish	ed)	
Name of Monitoring H	Firm hired by B	uilding	ASCM No.	E E	Name o	f Abate	ment Contracto	r (9)	W. L.				
N/A (8)					AZT	ECH M	IANAGEMENT	, Inc.					
Street Address						Addres Chris	s stopher St						
City, State, Zip Coo	ie						Zip Code r, NJ 070	42					
Project Manager for	Monitoring Fire	n Tel	ephone Numb	er		one Num	ber 1-8800		Licens			r	
Scheduled Start Date	(10) Sched		etion Date	(11)			Monitor				12 1011-111-1		
10-11-13		0-12		(11)	N/A	I OBIA	MOIII COI						
	ear Mon		ay Year		11,								
Occupancy Status Dur [X]Facility Clo of Abatemen	sed/Vacated Dur				Street	Addres	s						
[]Abatement Pe Hours - Desc	rformed Outside ribe:«OffHours ribe:«Other Occ	Descrip	ot»	- Y	City,	State,	Zip Code		1100				
Scope of Work (Check	c all that apply	v)			Н					-			
[X]>3 sf or []>160 sf	≥3 lf	[X	[]Renovation]Demolition		1]Mini- X]Glove	Containment wi Enclosure bag Procedure Triable Procedu		e Pres	sui	re		
	of the backets	÷.	Is					0	A	bat	emen		
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AZTECH MANAG	EURNT, INC		7040				G.R.O.W.	J.	-2-2000, 20-0				10
City, State Montclair, NJ	07042	22	11	1	sposal 1 11-13		City, State Morrisvi	lle, PA	190	6.	7		
Completed By (Print	or Type) Titl				le :	gnature) /	/	D-4	_		-	
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Date of Notification	1 (1)	1		ling	Owner/Operator			•			777	;	. 7
10-31-13	h								11	413	1.1.		2 15
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[]DEP	Se province to even	CIOI	City, State,				11			IVUV		7 -	UTQ
[X]DOL	[]Amended Notifica	tion	West Or	ang	e,NJ,								
[X] DOH			Name of Conta	act		Te	lephone N	umber	4 4				- 4
[]DCA	[]EMERGENCY		Daniell	e B	arnett	-						141	
			FACIL	ITY :	INFORMATION								
Name of Facility Whe		is Taki	ng Place (3)	0.000	N. Committee of the com	Type of	Facility	(4)		1000000			
Same as above						[]So	chool (K-	L2)					
Street Addres						[X]Ot	ubchapter ther (i.e. cial build	, priv	ate	& co	mmer		
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City (5	K	County	(6) Essex		inty Code (7)	290	0	2		8	35		
				(SI	TATE USE ONLY)	Current	Use (Pric	or if b	eing	dem	olis	hed)	
<u> </u>				1_									
Name of Monitoring F Owner (8) N/A	Firm hired by 1	Buildin	g ASCM No.		Name of Abater AZTECH M								
Street Address					Street Address	3							
					86 Chris	topher	r St.						
City, State, Zip Cod	ie				City, State, 2	Zip Code							
					Montclai	r, NJ	07042						
Project Manager for	Monitoring Fi		lephone Numbe	r	Telephone Numb (973)744				Lice	nse)37		er	
Scheduled Start Date	e (10) Sched	i. Comp.	letion Date (11)	Name of OSHA 1	Monitor							
11-12-13		-15-1			N/A								
A S C A C T D C A C A C A C A C A C A C A C A C A C			Day Year					2					
Occupancy Status Dur [X]Facility Clo of Abatemen	sed/Vacated Du				Street Address	s							
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[]other - Desc													
Scope of Work (Check	c all that app	ly)			Ш	-			_				
1000F							ent with	Negativ	re Pr	essu	re		
[X]≥3 sf or []≥160 sf o		17	X]Renovation]Demolition		[X]Glove	Enclosure bag Proce riable Pr	edure	*					
		т	Is Location			-				Aba	teme		
Location Asbestos-Con			Tormally Used		Description Asbestos-Con			Amount	=	R	R	E N	E
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TO BE AR In Facil		-t	enance/	ir	i.e., thermal sulation, surfa			SF or LF)		V	A	PS	o s
(13)	_		ustodial aff (12)	-	or other miscel					A	I R	U	U R
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Basement S. C	- 100 000 000 000 000 000 000 000 000 00	e	X	Du	ct Insulat			0 SF				X	
Name of Registered V		C H	UDEP Waste auler ID No. 7040		bic Yards Waste 2.5		f Registe: O.W.S.	red Lan	dfil	1			
City, State				Di	sposal Date	City, S	State						
Montclair, NJ					11-18-13	Morr	isvill	e/ PF	1 19	906	7		
Completed By (Print	255				Signature	,_/	11/		15.5	ate			
Constantine V	ivian Pr	eside	ent		1 de	Arula	1/1/sh		1	.0-31	-13		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check#1760 Emergency Notification (Pursuant to NJAC 8:80 and 5:16) Date of Notification (1) Name of Bullding Owner/Operator (2) AFFROMED 11 1 Martin Hoeffner Health & Senior Services Type Notification Agencies Notified Street Address ☐ EPA M Initial 5 Sherman Place DOLWD ☐ Amended City, State, Zip Code DHSS Amendment # Morris Plains, NJ 07950 DOCA Emergency (including (NJAC 5:23-8) Justification) Name of Contact Talephone Number ☐ Cancellation Erio Vitale FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house Sahool (K-12) Subchapter B (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 5 Sherman Place homes, etc.) City (5) Square Feet # of Floors Bldg, Age Morris Plains, NJ 07950 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Name of Abatement Contractor (9) ASCM No. Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City. State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 11 / 01 / 13 11 / 02 / 13 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address A Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Absternent Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: _____ AM-____PM/___PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination with negative pressure Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or 2260 if Renovation Demolition Mini-Endosure Glovebag Procedure Tont with Negative Pressure Non-Exampted (*) and Non-Friable Procedure Is Location Abatement Type Location of Normally Description of Asbestos-Containing Material (ACM) Deed Solety by Asbestos Containing Material (ACM) Encapsulate Removal Repair Amount TO BE ABATED Maintenance/ (i.e., thermal systems Insulation, Custodial Staff? (Specify IN Facility surfacing, VAT, or SIF or LF) (12) (13)other miscellaneous) Yes No N/A Basement X Boiler insulation X 20 SF Name of Registered Waste Hauler NIDEP Waste Hauter ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 T.R.R.F. Inc TBD City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date Owner A5B-41 11/01/2013

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

MAY 11

Date of Notification (1)	/28/13						Owner / Operato							0:
	e Notifica	ation		Street	OI N	ew Je	rsey Departm	ent	or Human Ser	VICES		1010	7.	
EPA	oc Inolinos	ation					22 South Warr	en S	Street	.,				
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□ DOL □	Amer	nded R#2-10/3	1/13	Trent	ton. I	NJ 086	25							
☑ DOH ☑		gency				ontact			R=2 5	IT	elepho	ne N	umb	er
☐ DCA ☐		ellation	1	Pam	Harla	an				1.4				
				EA	CILIT	VINE	ORMATION				-			
Name of Facility Where	Ahateme	ent is Taking Pl	ace (CILII	TIME	Type of Facili	ity (A	1	·				
Woodbridge Develo							School (I							
Street Address									(Other than K-1	2)				
1289 Rahway Avenu	ie						Other (i.e	e. pri	vate & commerc	ial building	s, hom	es, e	tc.)	
•							Square Feet		# of Floors		dg. Ag			
City (5)		County (6)	Co	unty (Code	(7)	N/A		N/A	1		N/A		
Avenel		Middlesex					Current Use ((Prior	if being demoli	shed)				
							Various Sei	5.		750				
Name of Monitoring Firm	n Hired b	y Building Own	ner (8)		ASC	CM No.	Name of Aba	teme	nt Contractor (9)				
Environmental Conr	nection l	nc.							mental, Inc.					
Street Address							Street Addres	SS						
	0 North Warren Street y, State & Zip Code						1123 Beave		TOWN TO COMPANY THE PARTY OF TH	2502				
	y, State & Zip Code enton, NJ 08608						City, State &							
			ı . .				Bristol, PA							
Project Manager for Mod Brian Holbig	nitoring F	ırm	609-	hone		ber	Telephone Nu		er	License Nu	ımber			
Scheduled Start Date (1	10) [Scheduled Con			A CONTRACTOR OF THE PARTY OF TH		(215)788-60			00509		_	_	
10/29/13 (Rev #1-10/			ON H		te (11)	Name of OSH Bristol Env							
Occupancy Status Durin					_	-	Street Address		illelital IIIC.					
Facility Closed/					ateme	ent	1123 Beave	3.55	reet					
Abatement Perf		1970					City, State & 2		3.75, 0.40,000					-
Describe: 8:0							Bristol, PA							
			0 – 3:	30										
Scope of Work (Check a	all that ap	ply)												
				200					Full Containm		gative	Pres	sure	1
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☐ ≥160 sf ≥260 lf			\sqcup	Den	nolitio	n		\boxtimes	Glove Bag Pr			3227		
ļ								Ц_	Non-Exempte					
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in Fa			Custo	odial S	Staff?	i	nsulation, surfac				Remova	Repair	Encapsulate	Enclsoure
(13	3)		Yes	(12) No	N/A	-	or other miscella	aneo	us)		<u>a</u>	_	late	5
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Name of Registered Wa	ste Haule	er l		IN.I	DEP V	Waste	Cubic Yards	Nar	ne of Registered	d Landfill				
						O No.	of Waste	1.40	no or registerer	a Lanami				
Service Transport In	c.			20	990		1 Cu YD	Mir	nerva Landfill					
City, State							Disposal Date	City	, State					
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Completed By (Print or 1	Гуре)			Titl			Signature	_	,		Date			
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				Ma	nage	er	Hear ly	ze.	gove / 1	1				

State of New Jersey APPROVED: VAUL HORNER NOTIFICATION OF ASBESTOS ABATEMENT NJOH

(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification							ner / Operato		1 123	14.6			1		
Agencies Notified	10/30/13					part	ment of Co	rrect	tions						
EPA	Type Notifica	ation	1,200		Address				1.5	NOV	6 201	3 .		i	
DEP		í			x 11401 ate & Zip (Code				1101	- 1 5			-	
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DCA		ellation	10000	d We				22			No.	elepho	ne iv	umb	е
W 100 200	7,000,000			FACI	II ITY INF	FOR	RMATION								_
Name of Facility Wh	nere Abateme	ent is Taking P		1 701	L		Type of Facil	lity (4)							
Mountainview Co				3lda		- 1	School (
Street Address						\neg			(Other tha	an K-12	2)				
31 Petticoat Land	•								ate & con			s, hom	ies, e	etc.)	
	5						Square Feet		# of Flo	ors	BI	ldg. Ag	е		
City (5)		County (6)	Cour	nty Co	ode (7)		20000)		2			30+		
Annadale		Hunderton				[Current Use	(Prior	if being d	emolis	hed)				
						_	Correction	al	44.5						
Name of Monitoring Environmental C		y Building Owr	er (8)	-	ASCM No	9200	Name of Aba							M	
Street Address	onnection	<u> </u>				\rightarrow	Bristol Env Street Addre		nentai, i	nc.				7	
120 N. Warren St							1123 Beave	N. 107(1)	eef						
City, State & Zip Co	de						City, State &					D. 10100110-1-0			-
Trenton, NJ 0860							Bristol, PA								
Project Manager for	Monitoring F	irm	Teleph				Telephone N		г	1000	icense N	umber			
Jim Frisbee			609-39		ALCO COLOR		(215)788-60	-			00509				
Scheduled Start Date 10/30/13	and the second s	Scheduled Cor	npletion 10/30/		(11)		Name of OSI								
Occupancy Status I		mont (Chock or				_	Bristol Env Street Addre		nentai ir	IC.					
		During Entire P			ement		1123 Beave		eet						
		utside of Norma				J	City, State &								
Describe:	4:00 PM -	8:00 PM					Bristol, PA								
Facility Occ	upied During	Abatement					,								
Scope of Work (Che	eck all that ap	pply)											125		
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≥3 sf or ≥3 li					vation			Ц	Mini-End						
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Name of Registered	Waste Haule	 er		NJD	EP Waste	Cu	bic Yards	Nam	ne of Regi	stered	Landfill				
				Haul	er ID No.	100000000000000000000000000000000000000	Waste		=						
Service Transpor	t Inc.			2099	90	1		27.5	erva Lar	ndfill					
City, State							sposal Date		State	_ ^··	_				
New Castle, DE				T-11			/31/13	vvay	nesburg	g, Oni	0	In .			
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Check # 82 # 829

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Agencies Notification Type Notification		1	Street Arts	PLAZA	DRIVE	1.	Pa Box	15	1		(sign	atura)	16
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Emergency (if DOH justification) DCA Cancellation	neluding	- 	Name of C					Tele	phone Numb	~		- 52	-
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lame of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.			stement Cor contracting		(9)				
Street Address						Addre	ss ell Road				dillo-		
City, State, Zip Code							zip Code k. N.J. 07	452					\dashv
roject Manager for Monitoring Firm		T	Telephon	e No.	Telep	hone N	lo_		License No.	_			\neg
Nart Date (10) /0/25//3	Scheduled	Con	ppletion D	ate (11)			HA Monitor	ntal S	ervices inc	 L			一
Occupancy Status During Abatement (Check			15			Addre							ᅱ
Facility Classd/Vecated During Entire P Abatement Performed Outside of Norm	eriod of At	naten	nent		1		er Street Zip Codo	<u> </u>					-
Other - Describe:		-			Hax	kens	ack, NJ 0	7606				732	
Scope of Work (Chock All That Apply)				7						50000071		200	
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	Т.					DI IN	OU-EXCUIDIB	q (*) an	d Non-Friable	-	-	meni	\neg
Location of	1000	.ocal			Descriptio	n of					Ty	pe	
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1 0 1	+		X		7C +		E		8,0325	-	-	-	
ROOF ELEVATOR SHAFT	+		X		1 ASTI	<u>C</u>		-	3055	X			
ROOF MECHANICAL RUCK		-14	NJDEP W		عرز رسا bic Yards		Morros ed	-	760 S.F. ared Landilli	X	ـــــا	١	
Name of Registered Waste Hauter Rovic Transport		i	130er ID 120785		Marste Marste				nlehem La	ndfil	Cor	ъ.	•
City, State Riverdale, New Jersey 07457				Die	sposel Da	e /3	City, Sta	te hem.	PA 18015	-	2 m (2 . s d		
Completed by R. McDonald	Title	deni			Signatu		20171	/) Dat	e /	30	1/13	
I ME STREET STATE STATE	1.00				1//5	1///	James 1	<u> </u>		- 1	-		

State of New Jersey

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

			(Fuisu	ant to Nor	C 0.00-7 and 12.	120-1)			Ci	heck t	# 7.3	13
Date of Notification (1)	Na	ame of	Building	Owner/O	perator (2)		1,250			4	i	- 6
11/1/13	M	onto	lair Sta	ite Univ	ersity		N				11	
Agencies Notified Type of Notificati	on St	reet A	ddress			186	NOV	6 30)13		. 1	
[] EPA [] [] []	N	orma	al Aver	ue			NOV	1	0.1.5		-	
[] DEP Initial Notification						.75				1 63	1	
[x] Emergency			te, Zip C		07040			01	164	*	ì	
[] Amended	U	pper	Monto	lair, NJ	07043		4.			> en	ال ا	
[X] DOH Notification	Na	ame of	Contact				Telephone Nur	mber				
[] DCA [] Cancellation	A	mv F	erdina	nd								
		, .										
			F	ACILITY	INFORMATION	1- 7-	745				-	
Name of Facility Where Abatement is Ta	(C. 65435)					Type of Fa	cility (4) chool (K-12)					
Morehead Hall, Montclair Stat	e Univ	ersit	:y			Si Si	chool (K-12) ubchapter 8 (Other ther (i.e. private an	than K-12)	ial buil	dinas		
Street Address						11. h	omes, etc.)	ia comminer	nai bali	umgo		
1 Normal Avenue						O F	-4 4 of Elec		Dida /	۸۵۵	_	
City (F)	County	(e)		Count	ty Code (7)	Square Fee	et # of Floo	ors	Bldg. A	age		
7 1 7	Essex				TE USE ONLY)		e (Prior if being de	molished)				
1000 N. U. P. B. C. S. S. S. S. S. S. S. S. S. S. S. S. S.				(Vertical Company of the Company of t	educationa	1					
Name of Monitoring Firm Hired by Buildir	g Owne	r A	SCM No		Name of Abatem				•			
Whitman Companies, Inc.						lupiter En	vironmental S	Services,	Inc.			
Street Address					Street Address		•					
7 Pleasant Hill Road						Lynn Co	urt					
City, State, Zip Code					City, State, Zip C		NII 07025					
Cranford, NJ 08512							ark, NJ 07035		- Monet	h = =		
Project Manager for Monitoring Firm			Number		Telephone Numb	oer 973-709-(200	Licens	e Numi	008	52	
Kevin Lovely	The particular	\$2000 AND AND THE RES	-5858		Name of OSHA		1200			000	JZ	
Scheduled Start Date (10) Sched		11/1	Date (11)				rironmental La	aborator	ies I	I.C.		
	1000				Street Address	J & O LIIV	IIOIIIIICIItai Le	abolator	100, L	LO		
Occupancy Status During Abatement (Ch [] Facility Closed/Vacated During				ent		2333 Rout	e 22 W					
[] Abatement Performed Outside of	Normal	Facili	ty Hours	-	City, State, Zip C		CZZVV					-
Describe:						Union, NJ	07083					
[X] Other – Describe: partially vaca	ted			1.1		Officit, 140	07000					
Scope of Work (Check all that apply)							Full Cantainman	t with Noas	tivo Dr	00011	_	
[] Demolition	20		[X]	Renovati	ion	[X]	Full Containmen Mini – Enclosure		ilive Pi	essui	е	
[] Demolition [x] ≥3 sf or ≥3 lf			[^]	Renovati		[]	Glovebag Proce					
[] ≥160 sf or ≥260 lf						[x]	Non - Friable Pr	ocedure				
	Is	Locat	ion							Abate	emer	nt
9	100	mally				ription of		Amour		Type R F	J E	T-
Location of Asbestos – Containing		olely l	ce/Cus			 Containing ial (ACM) 		(Specif		R F		55900
Material (ACM)		al Staf				mal systems		SF or L	ŕ)	MF	C	C
TO BE ABATED	10000000					urfacing, VA				0 4		
In Facility	V	NI-	N//		or other m	iscellaneous)				V I	100	O S
(13)	Yes	No	N/A	20		0	4		-	î l	Ŭ	Ŭ
Main floor		X		VAT				70 SF		X		
								LISTA CIO				
Name of Registered Waste Hauler			Vaste	15000000	ic Yards		Registered Landfill	I				
Jupiter Environmental Service	0	uler IE		Of V	Vaste	Minerv	a Landfill					
City State		04782		Dien	1 osal Date	City, Stat	Δ		2000			
City, State					/22/13		sburg, OH					
Lincoln Park, NJ Completed By (Print or Type)	Title			11		4 vayile	obuig, Oil	Date	9			
Pane Repic		eral	Manag	er	oignature .	6	11	0.000000	1/13			
Talle Replo	0011	J. a.	, , i ca i ca g	٥.	h			- 11				

	Pursua	ant to h	JAC 8	60 and 12:1	20)	1000000						1 7	-	1!	
	T 31	o of Ri	ildina C	wner/Opera	tor (2)	2011/AD (2020)	: } ;							li	
e of Notification (1)	Kel	tler M	anage	ement, Inc	13000				MOV		2013				
01-2013	1-	-A Add	2201				5		NOV	6	7010			41	
encies Notified Type Notification	17	51 Pir	nacle	Dr # 700							V DA			1	
	City	, State	, Zip Co	de 0400								_		4:	
EPA DEP Initial Amended Amendment #	M	cLean	, VA 2	2102				Teleni	none l	lumber				1	
DOL Fmergency (including	Na	me of (Contact	-				ı				_	-	\dashv	
DOH justification) Cancellation	S	even	Webe	ORMATION								_		\neg	
DCA		FACIL	II Y INT	OKINA			Facility (4)				123				
ame of Facility Where Abatement is Taking Place (3)					!	Sc	hool (K-12 bchapter {	:) 3 (Other	than	K-12)	:ldings	ho	mes.	.	
Pavilion apartments						ə Ot	her (i.e. pr	ivate &	comm	nercial D	ullulings			-	
itreet Address						Square	Feet	# of	Floors		Bldg. 60+	Age			
108-136 Martin Luther King					1	200 0	nn	23			1			\dashv	
City (5)						Curren	t Use (Pri	or if beir	ng der	nolished	1)				
Newark, NJ 07104	1	County	Code (7	() ILY)		į.								\neg	
County (6)			M No.		Name	of Abat	ement Co vironmer	ntractor	(9)	s. LLC	;		ű.		
Essex Name of Monitoring Firm Hired by Building Owner (8)	1	ASC	W NO.					llai oc							1
Name of Moritoning Care					Stree	t Addres	ia Aveni	ıe				19			
Street Address															1
Suection					City,	State, 2	ip Code ty, NJ 07	7304							4
City, State, Zip Code						phone N				ense No	0.				1
		Telep	hone N	0.	20	1-333-	8855		01	174		_			4
Project Manager for Monitoring Firm				(44)	Nan	ne of OS	SHA Monit	or							
Sched	luled C	ompleti	on Date	(11)	Sa	me as	above								7
	2-201	<u> </u>			Stre	eet Addr	ess								111
n ing Abatement (Check Only	One)						Ti- Codo								
Occupancy Status During Abatement Facility Closed/Vacated During Entire Period Facility Closed/Vacated During Entire Period Occupancy Status During Abatement Facility Closed/Vacated During Entire Period Occupancy Status During Abatement Facility Closed/Vacated During Entire Period	of Aba	tement ours			Cit	y, State	Zip Code								
Abatement Ferrorme															
Other - Describe.						П	Full Conta	ainment	with N	Negative	Pressu	ıre			
Scope of Work (Check All That Apply)	Rer	novation	1			IXI	Mini-Fnch	osuie					W 757		
23 sf or ≥3 lf	Der	nolition				×	Glovebag Non-Exer	npted (*) and	Non-Fri	iable Pr	oceo	dure	nent	-
≥ ≥160 sf or ≥260 lf	55	9					1100					AL	Typ		
1								- 1							
	Is L	ocation	1		120000	-intion O	F	1	1000			T	- 1	m l	2
	No	ocation ormally	- 1	Achestos		ription of		M)	Ai (S	mount specify	3	0	Re	Encar	
Location of	No Used Mair	ormally Solely otenano	by ce/	Asbestos (i.e. the	Contai	ning Ma vstems i	nsulation,	(I)	(9	mount specify or LF)	Zenice	Domov	Repair	Encapsula	0
Location of Asbestos-Containing Material (ACM) TO BE ABATED	No Used Mair	ormally Solely ntenand odiai St	by ce/	(i.e. the	Contai		nsulation, or	(I)	(9	pecify	Young	Domoval	Repair	Encapsulate	0001
Location of	No Used Mair	ormally Solely ntenand odial St (12)	by ce/ añ?	(i.e. the	Contai	ning Ma ystems i ng. VAT	nsulation, or	M)	(S	specify or LF)		1	Repair	Encapsulate	0000
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	No Used Mair	Solely Solely ntenand odial St (12)	by ce/	(i.e. the	Contai ermal s surfaci ther mi	ning Ma ystems i ng, VAT scellane	nsulation, or	M)	(S	pecify		1	Repair	Encapsulate	Eucioanic
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	ormally Solely ntenand odial St (12)	by ce/ añ?	(i.e. the	Contai ermal s surfaci ther mi	ning Ma ystems i ng. VAT	nsulation, or	M)	(S	specify or LF)		1	Repair	Encapsulate	Cource
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Mair Custo	Solely Solely ntenand odial St (12)	by ce/ añ?	(i.e. the	Contai ermal s surfaci ther mi	ning Ma ystems i ng, VAT scellane	nsulation, or	M)	(S	specify or LF)		1	Repair	Encapsulate	1
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solely Solely ntenand odial St (12)	by ce/ añ?	(i.e. the	Contai ermal s surfaci ther mi	ning Ma ystems i ng, VAT scellane	nsulation, or	VI)	(S	specify or LF)		1	Repair	Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Solely Solely ntenand odial St (12)	by ce/ añ?	(i.e. the	Contai ermal s surfacii ther mi	ning Ma ystems i ng, VAT scellane	nsulation, , or eous)		(S	specify or LF)	Х	1	Repair	Encapsulate	900
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14	Used Mair Custo	ormally Solely International St (12) No	by cel aii?	(i.e. the	Contai ermal s surfaci ther mi	ning Ma ystems i ng, VAT scellane	nsulation, , or ; ous)	Name of	(SF)	specify for LF)	andfill	1	Repair	Encapsulate	9000
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14 Name of Registered Waste Hauler	Used Mair Custo	ormally Solely Interior (12) No	by cel air?	(i.e. the	Contai ermal s surfacii ther mi	ning Ma ystems i ng, VAT scellane	nsulation, , or :ous)	Name of	8 8 Registra Erra	specify or LF)	andfill	1	Repair	Encapsulate	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14 Name of Registered Waste Hauler	Used Mair Custo	ormally Solely Interior (12) No	by cel aii?	(i.e. the	Contai ermal s' surfacir ther mi	ning Ma ystems i ng, VAT scellane VAT	e e	Name of	SF 88	50 SF	andfill	1	Repair	Encapsulate	989
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14 Name of Registered Waste Hauler Tri-State Transfer Assoc.	Used Mair Custo	ormally Solely Interior (12) No	by cel air?	(i.e. the	Cubic of Wa	variance VAT VAT Yards aste 2-2013	e a	Name of	SF 88	specify for LF)	andfill se	te			-
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14 Name of Registered Waste Hauler Tri-State Transfer Assoc. City, State	Ves No	ormally Solely solely intenance of the solely intenanc	by cel air?	(i.e. the	Cubic of Wa	ning Ma ystems i ng, VAT scellane VAT	e a	Name of Minery City, Sta Wyne	8 Registra Errate	50 SF	andfill se	te	Repair -20		00017
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Hallway B-14 Name of Registered Waste Hauler Tri-State Transfer Assoc.	Ves Title	ormally Solely solely itenanodial St (12)	by cel air?	(i.e. the	Cubic of Wa	variante var	e a	Name of Minery City, Sta Wyne	8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	50 SF stered Laterpris	andfill se	tte -01	-20	13	

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NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of Building	0			17,11	that i		
Agencies Notified	ovember 1, 2					Mille.	erator (2) r Homes		2	20	13.	2
[X] EPA [] DEP	[] Am	ial Notifi ended N	otification		Street Address		iffordtown Lane	NON E	201		i î	
[x] DOL [x] DOH [] DCA	[x] Eme	endment ergency (ification)	(including		City, State, Zip C		erton, NJ 08087					***
[] DCA	r ,	cellation			Name of Contact Jim N	Miller		Telephone Numbe	r			-
NT 0= 00				FA	CILITY INFORM	MATION						
	atement is Taking idence	g Place (3)				Type of Facility (4)	School (k-12)				
	1 Mill Creek 1	1000000					[x]	Subchapter 8 (o Other (i.e., priv homes, etc.)				ildings,
City			ity (6)		County Code (7) (STATE USE ONL	.Y)	Square feet 1000 sf	# of Floors	Bi	ldg. Age	e 60	
Beach Haven		Oce					Current Use (Prior Reside	ence	i)		00	
Name of Monitoring Firm F N/A		Owner (8)		ASCM No.	Name of	Abatement Contractor	r (9)				
Street Address							Guard	ian Contracting	, Inc.			
City, State, Zip Code						Street Ad	dress 1889 F	Route 9, Unit 61				
						City, Stat	e, Zip Code	NAME NAME NAME				
Project Manager for Monitor	ring Firm		Telephone	Number			e Number	River, New Jers License			1271	
Scheduled Start Date (10)		-	Scheduled	Completi	on Date (11)	732-349		00624			- 100	
11/01/13			11/04/	13	on Date (11)	Name of	OSHA Monitor	L. Analytical				
[] Abate	ty Closed/Vacated ment Performed (- Describe	d During	Entire Perio	od of Abat acility Ho	ement	Street Add	dress 1056 S e, Zip Code	telton Road	ov 08	854		
	at apply) or ≥3 If of or ≥260 If		[] [x]	Renovat Demolit		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu	with Negative Pres	ssure			
			91.— 190e25					T	_ AL.			=
Location of Asbestos-Containing Ma TO BE ABATI in facility (13)	terial (ACM)	N	Is Location formally us Solely by tenance/Cu Staff (12)	sed	Asb M (i.e., insu	Description estos-Cont faterial (AC , thermal sy lation, surf VAT, or er miscellan	aining CM) vstems acing,	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior			X		Asbestos siding	,		1000 6		<u> </u>	Е	Е
					Sotos Bidili			1000 sf	X			
									_			
lame of Registered Waste Ha	uler	N.	JDEP Waste	Hauler II	No. Cubic Var	ds of Waste	Nama cfp	11 15"				
Guardian Contr	racting, Inc.			223	3	as or waste	Name of Registere T.R.R.F.	ed Landfill				
ity, State				Disposa	Date	City, State	I I.K.K.I'.					
Toms River, No completed by (Print or Type)		Tial		11/05/			vn, Pennsylvania					
Nicholas Fernic	12	Title Projec	t Manage	r	Signature	hol	tel		Date 11/1			

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of Building	Owner/One	erator (2)		.5.1			-
11/1/2013			Name of Building		nole Construction					
[] DEP [] Ame	ition I Notification Ided Notification Idment #	1	Street Address City, State, Zip Co	ode	artlett Avenue	NOV	F		Ĭ.	,
	gency (including	5		West	Creek, NJ 08092		K,			
I A I DOII	ication) ellation		Name of Contact Joyce	Corliss]	Telephone Number				
		FA	CILITY INFORM	IATION						
Name of Facility Where Abatement is Takin Residence	g Place (3)		A		Type of Facility (4)	School (k-12)				
Street Address 20 W. 24 th St					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				ldings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 300 sf	# of Floors	Bldg	g. Age	60	+
Barnegat Light.	Ocean			***************************************	Current Use (Prior i Resider	and a contract of the contract)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Abatement Contractor	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLU	Inc.			
Street Address				Street A	ddress	oute 9, Unit 61				
City, State, Zip Code			10.000	City, Sta	te, Zip Code	Giver, New Jers		755_1	271	
Project Manager for Monitoring Firm	Telepho	one Number	r	Telephor	ne Number	License N 00624			2/1	11. 13.11.11
Scheduled Start Date (10) 11/05/2013		led Comple 7/2013	tion Date (11)		OSHA Monitor	L. Analytical				3.
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate	only one)		batement	Street Ad	ldress	telton Road				
Abatement Performed Other – Describe				City, Sta	te, Zip Code			5.4		
Scope of Work (Check all that apply)				[]		way, New Jerse with Negative Pre				
(-mon an app-))	11.48			[]	Mini-Enclosure	With Freguero Fre	Boure			
$\begin{bmatrix} \end{bmatrix}$ >3 sf or \ge 3 lf $\begin{bmatrix} X \end{bmatrix}$ \ge 160 sf or \ge 260 lf	[] [x]	Renov Demol		[] [x]	Glovebag Proced	ure) and Non-Friable	Procedi	ire		
[] 2.00 0.0 2.00	[,,]		1	[~]	Troit Exempted (T T T T T T T T T T T T T T T T T T T				
	Is Loca	tion	9	Descriptio	n of		Abat	ement	Туре	
Location of	Normally			estos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)	Solely			Material (A		(Specify SF	M	P	С	C
TO BE ABATED in facility	Maintenance Staf			, thermal salution, sur		or LF)	0	A I	A P	L
(13)	(12))		VAT, o			V	R	S	S
		2200	oth	er miscella	ineous)		A		U	U R
	YES NO	N/A					L		E	E
Exterior garage	X		Asbestos sidin	g		300 sf	X			
			-							
		-								
Name of Registered Waste Hauler	NIDED	aste Haule	ID No Cubic Vo	rds of Wast	e Name of Registe	red Landfill				L
Guardian Contracting, Inc.	1,000	20223	3	Las or Wast	T.R.R.F.	iva Danaini				
City, State Toms Piver New Jorgan			sal Date	City, Sta	ate					
Toms River, New Jersey Completed by (Print or Type)	Title	1 11/0	8/2013 Signature	1 Tullyto	own/Pennsylvania		Date			
Nicholas Fernicola	Project Man	ager	Y	hel	tel			/2013	3	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	11/1/2013				Name of Building		rator (2) Site Contractors, I	nc. Cirk	h 7	20	2.1	
Agencies Notified [X] EPA	Type of Notifica	l Notific			Street Address		ark Avenue	CRY	2013	21	<u> ज्</u>	
[x] DOL	Amer	ndment gency (tification # including		City, State, Zip C		vood, New Jersey 0		ખ્			
[x] DOH [] DCA		ication) ellation			Name of Contact Irving	g Perlstein		lephone Number		•		
			*	FAC	CILITY INFORM	MATION						
Name of Facility Where Ab Resi	atement is Takin dence	g Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 2052	W. County I	Line Ro	i .				[x]	Other (i.e., private homes, etc.)	e & con	nmerc	al buil	dings,
City		Coun	ty (6)		County Code (7) (STATE USE ON)	.Y)	Square feet 2050 sf	# of Floors 2	Bldg.	Age 5	5	
Jackson		Oce	an ·	1			Current Use (Prior if		~			
Name of Monitoring Firm F	lired by Building	Owner	(8)		ASCM No.	Name of	Abatement Contractor	ce-garage (9) n Contracting,	Inc			
N/A Street Address						Street A	ddress	oute 9, Unit 61	me.		77	
City, State, Zip Code						City, Sta	te, Zip Code	iver, New Jerse	y 087	55-12	271	
Project Manager for Monito	ring Firm		Telephone	Number			ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 11/15/2013			11/19/20		tion Date (11)	Name of	OSHA Monitor E.M.S.L	. Analytical				
[] Abate	batement (Check ty Closed/Vacate ment Performed - Describe	ed Durir	g Entire Peri			Street A	1056 Steate, Zip Code	elton Road	0004		-	
Scope of Work (Check all t						[]	Full Containment	vay, New Jerse			_	
12 2			г 1	Renova	ation							
	or ≥3 lf sf or ≥260 lf		[x]	Demol		[x]			rocedu	re		
									Abate	ment '	Гуре	
Asbestos-Containing Ma TO BE ABAT in facility (13)	aterial (ACM)		Is Location Normally used Solely by the staff (12) NO	sed	(i.	Description bestos-Con Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems urfacing, 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 sid	ng		2000 sf	X			
										- 5-00		
		-	+									
Name of Registered Waste I Guardian Cor		Т	NJDEP Was	te Haule 0223	r ID No. Cubic Y	ards of Was	te Name of Register	red Landfill				
City, State	indomis, inc.			Dispo	sal Date	City, St	tate				77	
Toms River, 1 Completed by (Print or Typ	e)	Title	10000v-	11/2	0/2013 Signature	Tullyt	town, Pennsylvania		Date	10.5.1.		
Nicholas Fern	icola	Proj	ect Manag	er	I VIs	r hot	121		11/1	/2013	5	

Check \$765

Date of Notification (1)		Name o	of Building Owne	r/Onérator (2)		- +	7 1	7 7	1 -	1
1/-2-13	3		D. V.	العمو	Con	Structi			$\mathbb{E}c$	
Agencies Notified Type Notification	,	Street A	Address	0	2.		20	<u> </u>	. 11	
□ EPA □ Initial □ Amended	1.1.2%	City, St	ate, Zip Code	Dout	h A	UE NOV	S 20	13	ı	-/
DOL Amendment	#		Scotch	Plai	0.5	NT	17/	57	(- 1
DOH justification)	ricidaling	1	of Contact		,,,,	Telephone	Ninet	20,	0	;
		Do	ILITY INFORMA	ne TION	: : : : : : : : : : : : : : : : : :			*	ATY.	
Name of Facility Where Abatement is Taking		150/150			e of Facility	(4)		-	1000	
Street Address	Dwelli-	15			School (K	-12)		10		
633 Cumberla	15	Frec	+	-5×	Other (i.e.	er 8 (Other than h private & comme	(-12) ercial bui	ldings	, hom	es.
City (5)		TRCC	•		etc.) are Feet	# of Floors		Bldg. A		
Westfield N	J	070	90			2	Ι,	ر الح الح	51	_
County (6)			Code (7) USE ONLY)			rior if being demo	lished)			-
Name of Monitoring Firm Hired by Building O	wner (8)	ASC	/ No. a	Name of Ab	INSIC T	ontractor (9)	Du	: 1/1	-5	
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Project Manager for Mobil ri g Firm		Telepho		Telephone I	_ •	License	No.	20	11	
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Other – Describe:					Egypt	4) T	(2)	53	~>	85
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Completed by	Title	n ,	——————————————————————————————————————	Signature			Date			-
Steve Schenker	Presid	knt		Steers	DOCK	oka	11-2	2-	13	,

Control of Street Address County Road 683	Date of Notification (1)		-	T	Name of	Building	Owner/Op	erator	(2)				Wi	(E)		1
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Completed by Title Signature Date	AND THE RESERVE THE PARTY OF TH	e NI										orial / I	\./	. ,;11 -	DA	
			itle							newburg	/ impe			viile,	PA	
	Mike Cooper			nt			2	11	1/-					3		

ASB-41 (R-06-08)

 $^{^{\}star}$ Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 10/28/13 \$200 Chk#2873				uilding Ov Indian				District	1101		0012			.]	
Agencies Notified Type Notification			treet Add	ress vpo Ave	nue			* }	NO	6	7 - 10			-3/	The state of the s
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Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		lame of C		Panoi	ramic '	Windo	w Doors	Tele	phone N	umhor				
			FACILI	TY INFO	RMATIC	N	Tunna	f Facility (4						- XX-XX-	
Name of Facility Where Abatement is Taking Ramapo High School, Wing 200 Street Address	Place (3)						× Sc	chool (K-12 ubchapter & ther (i.e. pr) 3 (Othe	er than K-	·12)	ildir	ac l	oma	
331 George Street							et et	c.)							٥,
City (5) Franklin Lakes, New Jersey 07417				ri .			Square 30,00	0	2	Floors		Bld 55	g. Ag	je 	
County (6) Bergen				SE ONLY)	-	_	High	t Use (Prio School			ished)	345 	2000-0		
Name of Monitoring Firm Hired by Building (Rk Occupational & Environmental		Inc.	ASCM	No.				ement Cont oration	ractor	(9)					
Street Address 401 Saint James Avenue							Address McBrid	s le Avenu	e						
City, State, Zip Code Phillipsburg, New Jersey 08865							state, Zip dland l	Code Park, Ne	w Jer	sey 07	424				
Project Manager for Monitoring Firm John Gilbert			Telephon 856-62				none No 225-84			License 01104					
Start Date (10) 11/06/13	Schedule 12/30/1		pletion D	ate (11)				A Monitor nmental	Labs					± 0,480 5	
Occupancy Status During Abatement (Chec	k Only One	∍)					Addres				-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe: Wed 3PM Start, rest	nal Facility	Hours				City, S	State, Zip			•					
	Or GOTTOGG					Unic	on, Nev	v Jersey	0708	3					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	-	enova emolit	20020				Min Glo	Containme i-Enclosure vebag Proc i-Exempted	edure					e	
	ls.	Locati	00		25			Lacinpto	1/2				Abate	ment	l
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntenar odial S (12)	ly ly by nce/		tos Con thermal surfa		Material ns insula AT, or		(Amount Specify F or LF)	. Como en	Domovo	Repair	e Encapsulate	Enclosure
Exterior	+	X	1	Wind	lows i	ncludi	ng Tra	nsite		50	х				
Exterior		X	1			ıble D				3	X				
Room 219, 220 & 222B		X			VAT(Non F	riable)		4	05 SF	х				
							THE CONTRACT CONTRACT								
Name of Registered Waste Hauler Lilich Corporation	•	H	JDEP W lauler ID 8724		of Wa	Yards iste		Name of G.R.O.			dfill				
City, State Woodland Park, NJ 07424						sal Dat 2/13	e	City, Stat		Pennsy	Ivania	1			
Completed by Tatiana Kalenikova	Title Vice	Presi	ident			Signatu		Ma		_ 1	Date 10/2		3		

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Date of Notification (1)	10.112		T			g Owner/Operator	46	1 11 7 73				
Agency Notified	3 13 Type Notification		4.		S. Address	K. TU	Training to	W B	10)			
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	Amendment # U Emergency (includi	na		. 7	381	KELFY	HEIG	= HT5 . N	3.	0	17	ZZ
DOH .	justification) D Cancellation	5		Name o	of Contac	ES SOS		Telephone Num	mber j			. 4 .
u box	G Canocadon					ORMATION		1 .41.	i			U
Name of Facility Where /	Abatement is Taking Pla	ice (3)		FAGI		UNIIATION	Type of Facility	(4)	1007-10			
MS	·TULLY			_ ـ	٠.	to:	☐ School (K-1)	2)				
Street Address	•			•		:	Subchapter	8 (Other than K-12 rivate & commercia	el buildina	s.		
75 COUN	TY SIDE	0	wi	Je			homes, etc.) .	.,			
CRY (5)		5.7		10			Square Feet 2800	Service and Arthresis Control	Bidg. A		45	• • •
	icevely the	10	445	S County	Code (7) (STATE USE		Z Tior if being demoli		3,	7	7
UN	102			ONLY)) (SIAIE OSE		Sidence		•		
Name of Monitoring Firm	Hired by Building Own	er .	ASCM	No.	20	Name of Abaten	nent Contractor (9)				
(8)							emoval I	nc				
Street Address				2		Street Address	River St					
City, State, Zip Code		-				City, State, Zip C						
								J. 07601				
Project Manager for Mon	aloring Firm	Te	lephor	ne No.	2:	Telephone No.		License No.				
Start Date (10)	Scheduled C		an Da	A /44\		201-329-		00388				
11/11/12			2/			Omega En		ntal Inc				
Occupancy Status Durin			-/			Street Address						
Q-Facility Closed/Vacate						280 Huy						
☐ Abatement Performed ☐ Other — Describe:	Outside of Normal Fac	lity Ho	uts		**	City, State, Zip C		ck, N.J.	07606		×	
Scope of Work (Check a	Il that apply)			<u> </u>								
Ø≥3sfor≥3f				☑ Ren	ovation		Containment with Enclosure	Negative Pressur	e			
D ≥ 160 sf or ≥ 260 lf				□ Den	nolition		ebag Procedure Exempted (*) an	d Non-Friable Prod	cedure			
		ls	Locati	ion						-	ntem Type	
Locatio	on of		ionnali d Sole		,	Description of	of	= 8# 	h		1	T
Asbestos-Containin TO BE Al	g Material (ACM) BATED	Ma	intena: Lustodi	nce/		stos Containing Ma thermal systems	aterial (ACM)	Amount (Specify		R.	Encapsulate	9
IN Fas	ally	1 7	Staff?	100 C	1	surfacing, VAT	, or	SF or LF)		Removal		Enclosure
(15	,	·	(12)			other miscelland	eous)			₽	. 5	. 8
20544	14	Yes	No	N/A	-11			1 405	2	1	+	+-
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-			-	-	-					+	+	+
	*	-		1	-					+	+	+
Name of Registered Was	ste Hauler			Waste H	lauler	Cubic Yards of	Name of Regi	stered Landfill				-
Best Remova	1 Inc	1	No. 710	9		Waste 2 1/2	Minerva	a Enterpr	ises		2	
City, State					-	Disposal Date	City, State					
	sack, N.J.	076	01			11/12/13	waynes	burg , Oh			_	
J. Maiorano	Table Estin	ato	r			Signature	Power	اصره	Date (0)	13	1)	3
100 11	20011		-			I VC	10000		. ()	٢	//	_

Date of Notification (1) 11/01/2013		Name	of Building Own	er/Operator	(2)	4	11/1/ 	- 15-							
Agencies Notified Type Notification EPA Initial	***************************************	Stree	Street Address 57 BRANT AVE. City, State, Zip Code												
DEP Amended Amendment Emergency (State, Zip Code RK N.J. 0706	6		100 miles (mark)									
DOH justification) DCA Cancellation		RA	of Contact Y BUTTER			Tel	ephone N	umber	,i						
Name of Facility Where Abatement is Takin PRIVATE	g Place (3)	FA	CILITY INFORM	ATION	Type of Facility				10000-0000						
Street Address 714 - 716THOMAS ST. ELIZABI	ETH N.J.				School (K Subchapt Other (i.e. etc.)	er 8 (Oth	er than K- & commer	12) cial buil	dings	, hom	ies,				
City (5)		2			Square Feet 2,300		f Floors	F							
County (6)		ry Code (7) E USE ONLY)		Current Use (P N/A		_	shed)	are Decedure Abatement Type Encapsulate Repair							
Name of Monitoring Firm Hired by Building (Owner (8)	CM No.	SHA	of Abatement Co RON QUALIT	ontractor TY COI	(9) NSTRUC	TION	LLC).						
Street Address City, State, Zip Code		22 V	Address AN ORDEN I	PLACE		TION LLC.									
Project Manager for Monitoring Firm		Telepi	hone No.	HAC	State, Zip Code KENSACK N none No.	.J. 076	01 License	No							
N/A Start Date (10)	Scheduled		n Date (11)	201.	708.4270 of OSHA Monito	r	01135	NO.							
11/ /2013 Occupancy Status During Abatement (Chec	11/12/20	13		EMS	L ANALYTIC) .								
➤ Facility Closed/Vacated During Entire F	eriod of Ab	atement		307	WEST. 38TH ST.										
Abatement Performed Outside of Norm Other – Describe: Scope of Work (Check All That Apply)	al Facility H	ours			tate, Zip Code / YORK, NEV	V YORI	< 10018								
≥3 sf or ≥3 if ≥160 sf or ≥260 if	Section 2011	ovation nolition		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempto	re V	w			e					
		cation mally	ation								Abatement				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Maint Custod	Solely by enance/ ial Staff? 12)	Asbestos C (i.e. then su	Description containing N mal systems rfacing, VA er miscellan	laterial (ACM) s insulation, T, or	(8	mount specify or LF)	Removal	Repair	Encapsula	Enclosure				
BASEMENT		No N/A		E INSULA	ATION	115	L.F	x		ਰ					
						(1)		A							
Name of Registered Waste Hauler SHARON QUALITY CONSTRUCTION	ON LLC.	NJDEP Hauler I	D No. of \	bic Yards Waste TBD	1 Constant and a second		red Landfi		NC.						
City, State HACKENSACK N.J. 07601		_ 00338	Dis	posal Date BD	City, Sta	te	RG, OH								
Completed by CARLOS ESQUIVEL	Title SAFET	Y MANA	GER	Signature	1	mf U	D	ate 1/01/2	013						

Date of Notification (1) 11/01/2013				Nameo	f Building	Owner/C	1	(2)		****					
Agencies Notified	Type Notification			Street A	ddress	7/1/					10\\	-6 20	13		4
□ EPA	IST 1-41-1		1	330	<u> </u>	Pros	00-	1	ANE.						-
DEP	Initial Amended		1	City, Sta	ate, Zip C	ode	pec	1	MINE.					-	-1
X DEP X DOL	Amendment		_		ENSAC		07601			7 4		NO		. 4	1
₩ DOH	Emergency (justification)	including	1		f Contact					T Te	lephone	Number			44-104
DOH DCA	Cancellation		- 1		HOBB					1 10	iepriorie	Number			
				FACI	LITY INF	ORMATI	ON			-,-	•		-		
Name of Facility Where	Abatement is Takin	g Place (3	3)					Туре	e of Facility (4)					
PRIVATE								П	School (K-1	2)					
Street Address								Ħ	Subchapter	8 (Oth	er than I	K-12)			
329 PROSPECT	AVE.			100				×	Other (i.e. p	orivate	& comm	ercial bui	ldings	, hom	es,
City (5)								Sau	etc.) are Feet	T#0	of Floors		Bldg.	Ane	
HACKENSACK N,	J,								000	"	2	- 1	86		
County (6)			T	County (Code (7)			Curr	ent Use (Prid	or if he	ina dema	nlished)			
	- 2	(STATE USE ONLY) YES								olionica					
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		Name	of Ab	atement Con	tractor	(9)				
	-			The state of the s					QUALITY			CTION	1110	:	
Street Address							Street								
				(is					ORDEN PL	ACE					
City, State, Zip Code									Zip Code						
									SACK N.J	. 076	01				
Project Manager for Mor	itoring Firm			Telephor	ne No.						Licens	e No			
N/A		.5 P. (Telephone No. 201.708.4270				0113	Approximation with the second					
Start Date (10)	ed Cor	mpletion [Date (11)				HA Monitor		1						
11/11/2013	2013			- 1			IALYTICA	L INC) .						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street								
200.000		- 5	14	nent					T. 38TH. S	STR.					
Abatement Perform	ed Outside of Norm	al Facility	Hour	S		ł	City S	tate 2	Zip Code		*		-		
Other - Describe:						_			RK N.Y.	1001	В				
Scope of Work (Check A	Il That Apply)														
23 sf or ≥3 lf		П	Renova	ation			Г	1	II Cantaiana	4	. A ! 45		2000		
× ≥160 sf or ≥260 lf		(Minuse)	emoli				×	J Mi	III Containme	ent with	Negativ	re Pressu	ire		
		1000					×	GI	ovebag Proc	edure					
		T						J No	on-Exempted	(*) an	d Non-F	riable Pro			
20 10060		10.00	s Location Normally										Abatement Type		
Location Asbestos-Containing			d Sole		y by Asbestos Containi					Amount (Specify		-	Τ	I	Г
TO BE ABA		Ma	intena	nce/				ateria	ation			70		四	m
In Facil	ity	Cust	odial (12)	Starr?		surfac	ing, VA	T, or			or LF)	Remova	Repair	cap	nclo
(13)			(/			other m	iscellan	eous)				ova	ar	Encapsulate	Enclosure
		Yes	No	N/A								_		te	0
BASEM	ENT		X		FLC	OR TIL	E 9X9	(BE	IGE)	400 SQ.		x			\vdash
BASEME	=NT	+ - 1	X	+-+				ATION (GREY)			50 LF.		-	-	\vdash
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						-00-00									
		1					Vice-10.			,					
Name of Registered Was	te Hauler			JDEP W		Cubic \	Yards		Name of F	Registe	red Land	dfill			
SHARON QUALITY	CONSTRUCTIO	ON LLC		lauler ID I		of Was	te		MINER				VC.		
City, State				033967		TBD	15						, o.		
HACKENSACK N.J.						Dispos			City, State		00.01				
		T'al -							WAYNE	SBU	KG OH				
Completed by CARLOS ESQUIVEL		Title	TV A	//ANAG	ED	/Si	gnature)	umha	De	20 1	Date 44	2040		
O, II LOO LOQUIVEL	•	SAFE	-111	DANAN	EK	λ.,	1 8	Sin	Enthern	4		11/01/2	2013		
ASB-41 (R-06-08)						/	* Do not	t use t	this form for	/ asbest	os licens	sure exen	npted	activit	ies.

			NOII	Pursuant	to NJAC	BESTOS C 8:60 ar	ABATE nd 12:12	MENT 0)	·			- T	7 [7		
Date of Notification (1) 11/01/2013				Name o	of Building						35-7 835			:	1		
Agencies Notified	Type Notification				vin	<u> </u>	10k	20	5	•			-40-				
EPA DEP DOL	Initial Amended Amendmen	t #		330 City, St	Address - (ate, Zip C ENSA (ENSA	code	١.	21/1/2	Avo		NOV	6 2)13		-		
Ď DOH DCA	Emergency justification Cancellation		1	Name of Contact KEVIN HOBBS													
Name of Facility Where A	Abatement is Takii	ng Place (3)	FAC	ILITY INF	ORMAT	ION	Тур	e of Facility (4)	-						
Street Address 316 SUMMIT AVE			-					×	School (K-1 Subchapter Other (i.e. p	8 (Oth	er than K-	12)	ldingo	hom			
City (5) HACKENSACK N,J								Squ	etc.) are Feet		f Floors	П	3ldg.		es,		
County (6)					Code (7)	y)			ent Use (Pri	or if bei	. 455	- 1	92				
Name of Monitoring Firm	Hired by Building	Owner (8)	ASC			Name	of Ab	atement Cor	tractor	(9)	TION					
Street Address					-		Street	Addre	ess			TION	LLC				
City, State, Zip Code							City, S	tate, 2	Zip Code		Carlo Maria						
Project Manager for Monitoring Firm N/A					ne No.	Teleph	one N	lo.	License								
Project Manager for Monitoring Firm N/A Start Date (10) 11/11/2013 Schee 11/1			eduled Completion Date (11) Name of OSHA Monitor EMSL ANALYTICAL INC								<u> </u>						
Occupancy Status During	Abatement (Ched	k Only Or	ne)							- 1140	•						
Abatement Performe	ted During Entire ed Outside of Norr	Period of a	Abate / Hou	ment rs	V		City, S	tate, Z	Zip Code		·						
Scope of Work (Check Al	That Apply)		W				INEV	1 101	RK N.Y.	10018	3						
≥3 sf or ≥3 if ≥160 sf or ≥260 if		Contraction of the last of the	Renov				×	Mi Gl	ni-Enclosure ovebag Proc	edure							
		Is	Loca	tion				- 140		/ Jane	i Non-i na	DIE FIO	Abate				
Location		1	Vorma	illy		De	scription	of	1					ре			
Asbestos-Containing I <u>TO BE ABA</u> In Facilit (13)	TED	Ma	intena	ince/ Staff?	Asbestos Containing Material (ACM) Amount							Remova	Repair	Encapsulate	Enclosure		
BASEME	NT	Yes	No	N/A		DIDE II	VICI II A	TION	2,800 2 Current Use (Prior if being demolished) YES of Abatement Contractor (9) RON QUALITY CONSTRUCTION Address AN ORDEN PLACE. ate, Zip Code (ENSACK N.J. 07601 one No. 08.4270 of OSHA Monitor ANALYTICAL INC. Address VEST. 38TH. STR. ate, Zip Code YORK N.Y. 10018 Full Containment with Negative Press Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Press of sterial (ACM) insulation, (Specify Server) of Servery Reserved			L		ate	d)		
BEDROOM#1-2		-	$\frac{\lambda}{X}$	+													
BEDROOM # 1 - 2	The state of the state of the state of	+	<u>X</u>	+					RED								
DEDITOON # 1-2		+		+		IV	ASTIC			538	S SQ.	X			Щ		
Name of Registered Wast SHARON QUALITY (City, State HACKENSACK N.J.		ON LLC		JUDEP WAREHOUSE ID 10033967	No.		ste al Date		MINER\	/A EN	TERPR	ISE IN	IC.				
Completed by		Title				TB	ignature	1	WAYNE	SBUF					_		
CARLOS ÉSQUIVEL			TY	MANAG	ER			100	Jemp	ne	10		013				
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Date of Notification (1) 11/01/2013				of Building	The state of the s	The state of the s	0.00000				,			. ++ +		
Agencies Notified Type Notificat	encies Notified Type Notification						Kevin Hobbs Street Address									
EPA Initial Amende	d		33 City, St	◯ – ate, Zip C	٠.	111	DV -		2013	<u></u>						
			HACK	CENSAC			11.	1		! (
DOH justificat		1	Name of Contact KEVIN HOBBS							Telephone Number						
Name of Facility WA Ab T	. 5		FAC	ILITY INF	ORMATI	ION										
Name of Facility Where Abatement is To PRIVATE	aking Place (3)					Туре	of Facility ((4)							
Street Address 324 - SUMMIT AVE.							×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Oth	ner than K- & commer	12) cial bui	ldings	, hom	es,		
City (5) HACKENSACK N,J,			Squa 2,80	are Feet	# 0	of Floors	Bldg. Age 86									
County (6)	County Code (7) Current Use (Prior STATE USE ONLY) YES							ing demolis	shed)							
Name of Monitoring Firm Hired by Build		ASCI	M No.		Name SHA	of Aba	atement Cor	ntractor (9) Y CONSTRUCTION LLC.								
Street Address			à			Street	Addre		•							
City, State, Zip Code			 					Zip Code SACK N.	J. 076	01						
Project Manager for Monitoring Firm N/A	Telepho	elephone No. Telephone No. 201.708.4270						License I	Plosperium.							
Start Date (10) 11/11/2013	2013	mpletion Date (11) Name of OSHA Monitor).							
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N	ire Period of	Abater	ment			Street .		ss T. 38TH. 9	STR.							
Abatement Performed Outside of N Other – Describe:	5		_			ip Code RK N.Y.	1001	`		-						
Scope of Work (Check All That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	posteriore.	Renova Demoli				×	Mir Glo	II Containme	edure				_			
Location of	Locat	743		r-Exempled	<u>() all</u>	u Non-Fila	Friable Procedure Abatement Type									
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Sole intena todial s (12)	Asbestos Containing Material				ulation, (Specify SF or LF		Specify	Removal	Repair	Encapsulate	Enclosure			
CCOOMD ELOOD (ATTIO)	Yes	No	N/A										ite	œ		
SECOND FLOOR (ATTIC)		X	-	TA	AN FLO	OR TI	LE 9	X9	42	21 SQ.	X					
Name of Registered Waste Hauler SHARON QUALITY CONSTRUC	TION LLC	H	IJDEP W lauler ID 033967	No.	Cubic Yof Was	1.00		Careverstan Carecian		red Landfil		NC.				
City, State HACKENSACK N.J.					Disposa			City, State WAYNE		RG OHIO)					
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