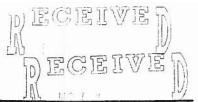


Date of Notice 11/8/13 Type Notification		Name of Building Owner / Operator (2) Albea Americas, Inc.								
Agencies Notified	cy Notification	Street Add			T, b					
	Notification		ton, NJ 078	882	MOV	1 5 2013	aphone Number			
DCA		Danielle	Emanuel-M	oore		7	27177.0000			
		FACIL	ITY INFORM	MATION		*jt				
Name of Facility Where Abatement is Albea Ar		(3)	Ty	pe of Facility (4 School (K-12)	)					
131 R	oute			Subchapter 8  Other (i.e., propure Feet	al buildings	, homes, etc.				
City (5) Cou	inty (6)	County Code		100,000	Pidé	60 60				
The state of the s	rren	oddiny code	Ci		1.5 r if being demolish	ed)	80			
Name of Monitoring Firm Hired by Bu	ilding Owner (	(8) AS	SCM No. No	ame of Abateme	ent Contractor (9) ent Services, Ll	_C				
Street Address			44	reet Address 13 Schoolhou						
City, State & Zip Code			M	ty, State & Zip ( onroe Towns	hip, NJ 08831					
Project Manager for Monitoring Firm		lephone Nur	73	elephone Numbe 32-605-9062		cense Nun	nber <b>00714</b>			
Scheduled Start Date (10) Sche 11/22/13	duled Comple 11	etion Date (1 /30/13		ame of OSHA M lobal Abatem	onitor e <mark>nt Services, Ll</mark>	_c				
Occupancy Status During Abatement Facility Closed/Vacated Durin	g Entire Perio	d of Abatem	ent 44	reet Address 13 Schoolhou	se Road					
X Abatement Performed Outside Describe: Area Isolated I Other - Describe:				ty, State & Zip 0 onroe Towns						
7.7	Renovation	11			ontainment with Ne	egative Pre	ssure			
Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF A  Quantity is ≥ 160 SF or ≥ 260				X Gloveb	nclosure pag Procedure Non-friable					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	No • Ma	Is Location ormally Used Solely by aintenance o istodial Staff (12)	r (i.e	Description of bestos-Containing Material (ACM) , thermal syster ation, surfacing, ther miscellaneo	ng (Spe Square ns or VAT Linear	cify (S Feet Re	Abatement Type Specify: Removal, pair, Encapsulation or Enclosure)			
Mezzanine		N/A	T	SI pipe fittings	80 1	LF	Removal			
Name of Registered Waste Hauler	NJI	DEP Waste I		Cu. Yds. of V		of Registere	ed Landfill			
Freehold Cartage City, State Freehold, NJ	7	186	593	10 TRRF Disposal Date City, Stat			*			
Completed By (Print or Type)  Dominick Tringali  ASB-41 JUN 95 G4667	Title Project Ma	Signature  **Dominick Tringali**					Date 11/8/13			

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Darb of Hydlestian (1)	J. FYTELS	ON .	
Animar Notified Type Notification	Charles Addresse		
	5 OAK PL	ACE	
DOSP DAmmind	1101 DUICK	NJ 07H63	
4 DOL C Emission (including	Menne or Consider		
G DCA G Cancellation	J. FYTELSON	Carrie Grande	May sily
	FACELITY INFORMATION	Type of Facility (4)	
Name of Facility Where Atamenat is Taking Floor (3)		Ti School (K-12)	na spirite
J FYTELSON		Il Subchapter & (Other time K-12) Ay Other (A., policile & communicial	eddas.
5 OAK PLACE.	7	fames, etc.)	Elds, Ago
CON 69		Square Feet Self Floors	72.425
WALDWICK.	County Codo (7) (STATE USE	Cussent Uso (Paier I' being demaile)	nod)
BERGEN	CHEA)	PESIDONCE	•
		mont Contractor (5)	22
6	Best I	Removal Inc	
Street Address		River St	
City, State, Zip Code	Cibr State Zio	Code	
	Hacker home No. Telephone No.	nsack, N.J. 07601	
Project Manager for Manager Film Telep	201-329-	-7444 - 00388	
Stint Date (19) Scheduled Completion		Monter nvironmental Inc	
11-22-13 11-23 Company Date (Contract)	-/3 Omega Ei		
Co Paintly Classed Vension During Entire Period of Abatom	280 Huy	yler St	
Chiatement Performed Culaido of Normal Facility Hours		Code Hackensack, N.J. 0	7606
Store of Week Check all that apply)			
desaces#	Afficencesion . Calife	Containment with Megative Pressure	-
G2 100 of or 2 200 f	☐ Demolition ☐ Glo ☐ Man	chap Procedure Employ (*) and Man-Printle Proces	fare .
ls Loc	adina .		700
· Location of Used O	alely by Description	of - Amount	_
TO BE ARATED COM	edal (i.e., thousand species	institution, Specify For LP	
(13)	die egen miseegen	0005)	
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		— <del>  .</del>	<del>-          </del>
	++		
	PWinste Hander   Cubic Yards of	Name of Registered Land	
Best Removal Inc 171		Minerva Enterpri	ses
Chr. Shah	Disposed Date	Waynesburg , Oh	
Hackensack, N.J. 07601	11-23-1		
R. VELDRAN Estimator	Q 1/000	1.0011	11-11-13





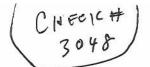
	Date of Notification (1)	, ,			Nam	e of Buildi	ng Owner/Operay	<del>كد (5)   .                                   </del>	1 101 1			1
	- 1	13/13	10					ONSTRUCT	1000			
	Agencies Notified	Type Notification	on		Stree	30 C		-14 ST, -			-	_
	∑ EPA ∑ DEP	initial Amended			City	State, Zip					==	_
	₩ DOF	Amendmen Emergency		-	, o.,		_ ()	ITY NIJ.	08243			
	□ рон	justification	)	9	Name	e of Conta	cı _		Telephone Numb	er		-
	□ DCA	Cancellation			_F	1000	- ヒカレタル	71	THE PERSON NAMED IN		7 1	
					FA	CILITY IN	FORMATION					
	Name of Facility Where			(3)				Type of Facility	,8±36			
		SIDERC	G					School (K-1) Subchapter	8 (Other than K-12	)		
	Street Address 341	95TH	PLA	CÉ				homes, etc.		1000000		
1	City (5)	EA ISLE	Cir	y				Square Feet	# of Floors	.   DK	lg. A	_
}	County (6) CAPE	MAY.				nly Code (	7) (STATE	Current Use (Pr	ior if being demotis	hed)		
-	Name of Monitoring Firm		Owner	=	ASCM	No.	Name of Abate	ment Contractor (9	)			
	(8) Warne of maritoring Film	A					- Ki	EMCO IN	JC,			_
+	Street Address			=-			Street Address		= 1=			
		*		_			City, State, Zip	S,SPRUL	E 2000.	_	==	_
	City, State, Zip Code							PLE SHOT	0 - 10 10	080	5. 5	<u>-</u>
ŀ	Project Manager for Mon	itoring Firm		Tele	phone	No.	Telephone No.	9-0472	License No.	14		
-	Start Date (10)	Sch	eduled Co	omple	tion Da	te (N)	Name of OSHA	Monitor				
-	12/9/13			6/	19	,			EMM		_	=
ŀ	Occupancy Status During	g Abatement (Ch	eck only	one)			Street Address	S S On	.vu= duz.			
	M Facility ClosedVacate	ed During Entire F	eriod of	Abate	ment		Cia. State 7in	Code				=
	Abatement Performed Other - Describe:	Outside of North	a rount)	1100				APLE SI	IDDE, N.	J . (	08	0 5
-	Scope of Work (Check a	il that apply)					☐ Full Co	ontainment with Ne	gative Pressure			
	>3 sf or ≥3 lf			novati				nclosure pag Procedure				
	≥160 st or ≥260 If		⊠ Der	molitic	n 		Non-E	xempted (*) and No	on-Friable Procedu	re	bater	
-			21700	ocalic	5873					^	Tyr	
t	Location o	r	Used		y by		Description	of	Amount			F
-	Aspestos-Containing M	atenal (ACM)		tenan stodia		Asbes (i.e.,	tos Containing Ma thermal systems	insulation.	(Specify	Ren	Re	2
	TO BE ABAT IN Facility	ED	100	taff? (12)			surfacing, VAT		SF or LF)	Removal	Repair	Encapsulate
	(13)	**************************************	-		T					=		6
	•		Yes	No	N/A					X		Γ
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F	Name of Registered Was	te Hauler			JDEP V auter ID	No.	of Waste	C. M	, c, M.v. A	١,		
	KLOMCO	INC,		سل	179	04	Disposal Date	City, State				=
	City. State	5 5 17 0 1	75,	N	, 5				7 BINE 1	J.J.	_	=
-	Completed By	Tid		, ,	0		Signature	a. 10	Date	13/	13	
1.	JOSEPH K	LEMY _		11	_		- John	n Jam				=

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Agencies Noulles 전문 전문 조리	Type Hollacatori		JOA MURS		2 G U V.	
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	Emergency (un		RIG ANTIN	E , R, S.	08203	
(2 cm) (2 cm)	Caucara sou	Hanse of Cor	Naci PUE	1 2	Telephone Numb	
	<del>1</del>	FACILITY	INFORMATION	. <del>د سبب د د بر</del>		
.are of facting Where	About and A Yabon			Type of Facility	0	
	1) FILL	LACE (1)		3 School (K-12)	100	*
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				Square Feet,	V of Floors	8100 Y 04
Bo	16 ABTINE	·		/ 000中		40T
7.77:6.1		County Cod USE ONLY	e (1)  STATE	Current Use (Pric	CDNT.	NeQ1
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Pint Sound for in the service	72			nco Inc		
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11/25/13	12	12/13	Sugel Addies		1	
Cance Status Dur	no Abalement (Che	r out out	369	S. 50000	- FAVE	
C Faran Cioscaryaca	ned Dunna Entre Pe	nod of Abblement	Cay. State. Up	o Cool		
	en Oviside of Noma	Pacelly ricols	باء بدرمير	5 5,1.0 DE	N. J. 15	7
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in the state of the state of	WII (VSI SIXIV)	2.2	THE.	Containation with New Enclosure	94046 1-1643-116	
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11.10-E	SHAPE,	N: 7,	/	PLEA	1 'S A MTY IL C	: NJ.

Date of Notification (1)	1083480		Name of Building Owner/Operator (2)									
/	13		GFI	Sitework	s, Inc.				-			
Agencies Notified Type Notificat	ion		Street /	Address				- 12		į.		
⊠ EPA		8	PO	Box 296								
☑ DOLWD ☐ Amended			City, St	tate, Zip C	ode		IOV 1.5 2013		1100	ì	alleye e.	
□ DHSS   Amendme     □ DCA   □ Emergence			Clar	ksboro,	NJ 08020	. 1/	(DL 12 ENIA			1		
DCA Emergenc (NJAC 5:23-8) Justification			Name	of Contact			Telephone Number	er				
☐ Cancellation			Joe	Russo			TIGUE LEGISLA			200		
			FAC	ILITY IN	FORMATION		4		40.00	111		
Name of Facility Where Abatement is Ta	king Place	(3)				Type of Facility (	4)					
Residence						School (K-12)						
Street Address					7.		(Other than K-12) ivate and commerce		ildina	e		
318 Market Street						homes, etc.)	ivate and commerc	iai bu	nanng	٥,	125	
City (5)		-	Square Feet # of Floors						lg. Ag	je		
Camden, NJ 08102						2,300	. 3		50			
County (6)		111-225	Coun	County Code (7)(STATE USE ONLY) Current Use (Prior if being demo								
Camden County			0.0000000000000000000000000000000000000	, ,	*	None						
Name of Monitoring Firm Hired by Build	na Owner (	3) [	ASCM I	No.	Name of Abateme	ent Contractor (9)				-		
, tame of monitoring , min times by Same		,			Luzon, Inc.	(-,						
Street Address					Street Address				-			
Officer Address					8451 Executi							
City, State, Zip Code					City, State, Zip Co						-	
City, State, Zip Code				- 23	Philadelphia							
Delet Manager for Manager Files		T-1-		NI-		, Fa. 13133	License No.					
Project Manager for Monitoring Firm		reie	phone I	NO.	•							
2 12 140		<u> </u>		(44)	267-284-1050		01109					
Start Date (10) S	cheduled C	50			Name of OSHA N Joseph Maro							
Occupancy Status During Abatement (C	heck only o	ne)			301 - V			_				
☐ Facility Closed/Vacated During Entire			ment		8451 Executi	ve Avenue						
☐ Abatement Performed Outside of No				cribe	City, State, Zip C	10						
Time of Abatement:AM	PM/	_PM-		AM	Philadelphia							
Scope of Work (Check all that apply)												
☐ >3 sf or >3 lf	□Re	novati	on.		☐ Full Con	tainment with Neg	gative Pressure					
≥ 160 sf or ≥260 lf	⊠ De				☐ Gloveba	g Procedure						
					☑ Non-Exe	empted (*) and No	n-Friable Procedur	е		1		
	100000	Locat						Ab	atem	ent T	ype	
Location of	11	lorma d Sole	lly ely by	Asha	Description of stos Containing Ma		Amount	Re	Re	ᄪ	Enclosure	
Asbestos-Containing Material (ACM TO BE ABATED	′ √ Ma	intena	ince/		., thermal systems		(Specify	Removal	Repair	cap	응	
IN Facility	Cus	odial (12)	Staff?		surfacing, VAT		SF or LF)	/ <u>a</u>		Encapsulate	ure e	
(13)	Yes	No.	N/A	1	other miscellane	eous)				ite		
Roof	les			Roofing	g Material		2,150 SF					
Kooi	- 18 - 28		J. States	Rooms	g inaterial				-	-	-	
*												
						ACC 30						
Name of Registered Waste Hauler		127	JDEP \	10000000	Cubic Yards of	Name of Regis	stered Landfill					
United Trucking, Inc.			lauler II 22843		Waste 30 CYS.	Conestoga	a Landfill					
City, State	0		44040		Disposal Date	City, State						
Mariton, NJ					11-29-13	Morgantov	wn, PA			50		
Completed By (Print or Type)	Title				Signature	1		te I				
Piyush Patel	Progra	m Ma	nager		Piyn	Wh le	~ \/ //		38	13	>	

Date of Notification (1)			Name of Building Owner/Operator (2)												
November 12, 2013	3				Developm	nent					-3	7	5]		
Agencies Notified	Type Notification		1,89	Street Ad 1 Indus	ldress strial Way	,		1.3			_ 15_				
EPA DEP DOL	Initial Amended				e, Zip Code		<i>x</i>						. 1		
X DOL	Amendment a		- [	Eatonto	own, NJ 0	07724	1		a 1	<b>5</b> 00	3		+0-		
DOH DCA	justification)	ricidaling	100	Name of		C C+	ove Ale		Tel	ephone N	Number				
DCA	Cancellation				hiting, LL			iazanos		THE LOCK		16		1	
Name of Facility Where	Ahatement is Taking	Place (3)		FACIL	ITY INFOR	RMATI		Type of Facility	(4)	•	1 (2) 13	4	-	ند	
Former Bank	todomon io raking	, 1 1000 (0)					la la	School (K	Constitution	-					
Street Address								Subchapt		er than K	(-12)				3
500 Highway 530								Other (i.e. etc.)	private	& comme	ercial bu	ildi	ngs,	home	s,
City (5)								Square Feet	# 0	f Floors		Blo	ig. A	ge	2770001167
Whiting, NJ 08759								5000	1			53			
County (6)				County C				Current Use (P	rior if be	ing demo	lished)				
Ocean					ISE ONLY)			Bank							
Name of Monitoring Firm Air Consulting Serv		Owner (8)		ASCM No. Name of Abatement Contractor (9) Finishing Touch Asbestos Aba							ement	Co	orp.		
Street Address						-	Address					•			
301 East Ward Stre	eet						17 Th	ompson Str	eet	20					
City, State, Zip Code	-					ity, State, Zip Code									
Hightstown, NJ 085		A SERVICE AND A				est Long Branch, NJ 07764  lephone No. License No.						7			
Project Manager for Mor David Kichula, CIH			1-2489			22-8372		00040		200					
Start Date (10) Nov. 25, 2013		Scheduled Nov. 26			Date (11)		Name o	of OSHA Monito	or						
Occupancy Status Durin	g Abatement (Chec	k Only One	<del>e)</del>	Street				Address							
Facility Closed/Vac	ated During Entire F	Period of Al	oatem	nent											
Abatement Perform Other – Describe:	ned Outside of Norm Standby during Load	al Facility I	Hours	i ontainers			City, St	ate, Zip Code		278					
						_						_			
Scope of Work (Check A	All That Apply)	- I		0							_				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1	enova emolit					Full Contain Mini-Enclose		h Negativ	e Pres	sure	9		
		<u> </u>		170.7			×	Glovebag Pr			.:-LI- D		مد بلد م	20.	
		1						Non-Exemp	ed (*) ar	na Non-Fi	riable P			ment	
		100000	_ocati ormal	17000									Ту		
Locatio Asbestos-Containing			Sole		Ashesto	28335	scription	of aterial (ACM)	١,	Amount				т	
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In Fac (13)		Ousie	(12)	Julii.			cing, VA7		S	F or LF)	Neillova		Repair	Encapsulate	Enclosure
(10)	<sup>1</sup> / <sub>2</sub>	Yes	No	N/A		ou ioi i					<u> 5</u>	-	7	late	le l
Exterior Pri	als Mortor	103	140				urfacing		15	300 SF	x	+			
Exterior Brid			X			unacing	3	10	300 31	^	+				
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Name of Registered Wa	0.00	IJDEP W lauler ID	Charles on an	of Wa			D.W.S.		uiii						
Future Sanitation, II	2	2051		40		000000000									
City, State 385 Cranberry Road	7			Dispo 11/27	sal Date 7/13	City, S Morris	ate sville, F	PA.							
Completed by		Title				1	Signature				Date				
Joseph P. Miller	dent 2001-2000 11/12/13							3							



#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	₩ 6	(P	ursuant	to NJAC	8:60 and 12:120					
Care of Notification (1	112/13		Name	of Building	ng Owner/Operator	CONTRIC	TING			
Agencies Notified	Type Notification		Stree	Address	Rr. 50	<i>M</i> 07	1 5 20%			
2 00r 2 0e. 5 ex	Amended Amendment #		City, S	State. Zip	Code CEENFIE	ELD NI	5	×.		
□ 00H □ 00H	justification)  Cancellation	ciooning.	Name	of Conta	uce Breu	INIG	Telephone Numb	all distant	Ling.	
			FAC	CILITY IN	ORMATION					
Name of Facility When	e Abatement is Taking	y Place (3					2) 8 (Other than K-12			
2 4	, GLADSTE	ne de	rt-		27	homes, etc.	nvate & commercial	ar bundin	.42	
Tr. (5	ARVATE					Square Feet	# of Floors	Biaş	Agx	
County (6)	BATIC			ONLY)	7) (STATE	V. A	nor if being demolis	hed		
Name of Monitoring Fire		Owner	ASCM	No	1 1	ment Contractor (9				
Street Address			1		Sueel Address 369	S, S PRUC	= duz.			
State Zip Code					Ciry, State, Zip C	code	DE, N.J.	06:5	- 7	<u>:-</u> -
Project Manager for M	onitoring Firm	T	elephone	No.	Telephone No.	9-0472	License No	77		
Tian Date (10)		suled Com	pletion Da	ate (11)	Name of OSHA	Monitor SEPN KL	EMM			
Discupancy Status Dur A Fability Closed Vac	nng Abatement (Che	ck only on	e) atement		Street Address	S, Spi	iva Lui.			
Abatement Perform  Other - Describe	ed Outside of Norma	Facility H	lours		Cry. State. Zip C	Code APLES	10DE, N.	<u>.;                                    </u>	د. 	· <u>5 -</u>
Scope of Work (Check	all that apply)	☐ Reno			Mini-En	ntainment with No closure ag Procedure tempted (*) and N	egative Pressure	li t		
		Is Loc						As.	.4.60 .4.60	* 11. e
Location Aspestos-Containing TO BE AB IN Fact (13)	g Material (ACM) ATED Iny	Used So Mainter Custo Sta (1)	nance/ odial ff?	Asbe (i e	Description of slos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specity SF or LF)	Removal		e or allowater
		Yes 1	NO N/A	-	PANSITE		2000 #	*		
SID	INa		1		104 07/10					
				-				+-		
·ame of Registered↔	Vaste Hauler	Ш.	NJDEP Hauler II	D No.	Cubic Yards of Waste	Name of Re	gistered Landfill			
Ca State	J-NC ,	0/ 7	1	04	Disposal Date	City State	ASAUTVIL	LF	W:	7
Jampieren B.	FIRE		10		Signature	an Kelin	m Date 11/	112 /	13	
JOSEPH	KLEMM -	<i>/</i>	<u> </u>	(a) 3500	ios licensure exe	moted activities				

CHECK # 20590

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 11-08-13								ndustrial Park				1		
Agencies Notified	Type Notification		1 7	Street Ad Basin	dress Drive, Su	uite 120	7		1:	- MA19		71		
DEP DOL	Amended Amendment				e, Zip Code , NJ 0703	2		NU'	Ų Ì	n tana			70	
DOH DCA	Emergency ( justification) Cancellation	including		lame of Jay Zin	17 CHANGA MAR				Tele	phone Nur	nber	أسب		
Name of Facility Where A Building 89 Street Address	Abatement is Takin	g Place (3)		FACIL	ITY INFOR	MATION	T C	ype of Facility (4 School (K-12 Subchapter Other (i.e. p	2) 8 (Othe	er than K-12	2) al build	ings,	home	s,
9 Basin Drive  City (5)  Kearny				-			S	etc.) quare Feet 0,300		Floors		dg. A		
County (6) Hudson	<del></del>			County C	code (7)			urrent Use (Prio Commercial	r if beir	ng demolish	ned)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.	Pi	innac	Abatement Con le Environme			66			
Street Address						20	reet Address 00 Broad Street							
City, State, Zip Code					С	arlsta	e, Zip Code adt, NJ 07072	2						
Project Manager for Mor	nitoring Firm		Telephor		20		9-6565		License N 00756	lo.				
Start Date (10) 11-18-13		Schedule 12-31-1	3	pletion [	Date (11)	E	ven-A	OSHA Monitor Air Inc.						
Occupancy Status Durin Facility Closed/Vac				ent			reet Ad 0-59 、	<sup>ldress</sup> Jackson Ave	nue					
Abatement Perform  Other – Describe:	ned Outside of Norr							te, Zip Code sland City, N	Y 111	01				
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	All That Apply)		enoval emoliti				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				dure	
		A170	Locati	(60,000)					8				ement pe	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) SATED ility	Used Mai	ormali d Sole ntenar odial S (12) No	ly by nce/	(i.e. th	Descrip s Containi ermal sys surfacing other misc	ing Ma stems in , VAT,	terial (ACM) nsulation, or	(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Roo	of			х	E	Built Up	Roof	ing	10,	300SF	х			
				-	, K.				-					
Name of Registered Wa				JDEP W		Cubic Yar	rds			ered Landfi	11			
ATC, Inc. / JBT (500	1000	4310		ГBD	Date	Minerva Enterprises								
City, State Shirley, NY / Bronx,			1.20	Disposal I TBD	)			OH 446	88					
Completed by John Tancredi	Completed by Title					Date 11-08-13								

DIALE OF TACAL POLSES

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Name of Building Owner/Operator (2) Eastern Contracting, LLC											
November 6, 2013					lastern	Contracting, LLC	Ch	7	2-1	7/		
DEP [ ] Amend	Notification ed Notification		treet Addre		361	Eastern Boulevard		1011			_	
I A I DOL	ment #ency (including				Bayvill	le, NJ 08721	, - 201	٥		į.		
[x] DOH justific	ation) lation			Bill Santo	orania -	(a) 1	dephone Number	411		1		
		FACIL	ITY INF	ORMAT	ION	Type of Facility (4)	7.00	101.3	-			
Name of Facility Where Abatement is Taking Residence	Place (3)					Type of Facility (4)	School (k-12) Subchapter 8 (oth		k-12)			
Street Address 233 22 <sup>nd</sup> Avenue						[x]	Other (i.e., privat homes, etc.)			al build	ings,	
City	County (6)		ounty Code			Square feet 600 sf	# of Floors	Bldg. Age 60				
South Seaside Park	Ocean		a	7		Current Use (Prior if Residen	ice					
Name of Monitoring Firm Hired by Building N/A	Owner (8)	A	SCM No.	N	ame of	Abatement Contractor Guardia	(9) in Contracting,	Inc.				
Street Address				S	oute 9, Unit 61							
City, State, Zip Code				C	ity, Sta	te, Zip Ode						
	•			alanhor	Toms R	Liver, New Jers		755-12	271	_		
Project Manager for Monitoring Firm	umber	V-200	7	32-34	9-9932	00624						
Scheduled Start Date (10) 11/07/2013	Scheduled C 11/08/201		n Date (11)	N	Vame of	OSHA Monitor E.M.S.	L. Analytical					
Occupancy Status During Abatement (Check	only one)	23	menerones	S	treet A		telton Road					
[ X ] Facility Closed/Vacate							leiton Road		_			
Other – Describe	345140 07 71012121 7 2			-	ity, Sta		way, New Jerse		54			
Scope of Work (Check all that apply)					[ ]	Full Containment Mini-Enclosure	t with Negative Pre	essure				
[ ] >3 sf or ≥3 lf	r 1	Renovatio	on			Glovebag Proced	lure					
[x] ≥160 sf or ≥260 lf	L 3	Demolitic			[ x ]	Non-Exempted (*	*) and Non-Friable	Procedi	ure			
	10							Abat	ement	Туре		
	Is Location	100			scriptio	on of ntaining	Amount	R	R	E	E	
Location of Asbestos-Containing Material (ACM)	Normally use Solely by	ed			erial (A		(Specify SF	E M	E P	N C	N C	
TO BE ABATED	Maintenance/Cus	stodial				systems	or LF)	0	A	A P	L	
in facility	Staff (12)				tion, su VAT,	rfacing, or	V.	V	R	S	S	
(13)	(12)					aneous)	20	A		U	U R	
	YES NO	N/A						L	_	Е	Е	
Exterior		Asbesto	os siding			300 sf	X					
								-	-			
							+					
Name of Registered Waste Hauler	Hauler I	D No.	Cubic Yards	s of Wa		ered Landfill	-		1			
Guardian Contracting, Inc.	20	223	1 Deta	2	City, S	T.R.R.F.			-		_	
City, State Toms River, New Jersey		Disposa 11/09/				toyan, Pennsylvani	a					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manage		Signature	Vin	. 1	tw		Date 11/	6/201	3		

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

Guardian Contracting, Inc. 1889 Route 9 Suite 61 Toms River, New Jersey 08755

Date Received	
	- 8

### DEMOLITION / RENOVATION NOTIFICATION

		Postmar	Α.	Notificati	ication:				
I. TYPE OF	OTIFICATION (O- Original R-Revise	ed C-Cancelled	f): O	П.	IS ASBESTOS PRESENT? (	(Yes/No):	Y		
III. FACILITY	NFORMATION (identify owner, remove	al contractor and	other operator)						
OWNER 1	ME: Eastern Contrac	ting							
	ddress: 361 Eastern Bou	ılevard							
	ity: Bayville	State: Nev	v Jersey	Zip:	08721				
7 =	Contact: Bill Santora	33	±	Tel:	208-910-9315				
REMOVA	CONTRACTOR: Guardi	an Contractin	g, Inc.		NJ License: 0062	24			
	Address: 1889 R	oute 9, Unit 6	51			11			
	City: Toms River	State: Nev	v Jersey	Zip:	08755				
	Contact: Nichol	as Fernicola		Tel:	732-349-9932				
OTHER C	ERATOR (if different)				NJ License:				
	Address:								
	City:	State:		Zip:					
	Contact:			Tel:					
IV. TYPE OF	PERATION (D - Demo O - Ordered D	emo R-Renov	vation E-Emergency I	Renovation):	D				
V. FACILITY	DESCRIPTION (Including building name	, number and floo	or or room number)						
Building 1	me: Residence								
Address:	233 22 <sup>nd</sup> Avenue								
City:	South Seaside Park	State: Nev	w Jersey	County:	Ocean				
Site Locat	n: exterior								
Building S	ze; 600	# of Floors:	1	Age in Y	ears: 60				
Present U	Residence		Prior Use:	Residen	ce				
VI. PROCED	RE, INCLUDING ANALYTICAL MET	HOD, IF APPRO	PRIATE, USED TO DE	TECT THE PR	ESENCE OF ASBESTOS MA	TERIAL:			
	*								
	AL ASSUMED TO BE ASBESTOS?  MATE AMOUNT OF ASBESTOS INCLU	IDING:		6		Nonfi	riable		
		DDIIVO.	RACM			Asbestos	Material		
	d ACM to be removed I ACM not removed		То Ве		LOCATION		oved		
3. Catego	II ACM not removed		Removed			Cat I	Cat II		
Pipes (Lin	r feet):								
Surface A	a (Square feet): 300 sf	Ast	pestos siding		Exterior				
RACM O	Facility Component (Cubic feet):								
VIII. SCHEDULE	ATES ASBESTOS REMOVAL (MM/D	D/YY) St	art: 11/07/2013		Complete 11/08/2013				

NOTIFICATION OF DEMOLITION AND RENOVATION (continued) DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED X. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION xi. AND RENOVATION SITE: Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed to the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, zaled and labeled and placed in a locked container for disposal. Guardian Contracting, Inc. xii. WASTE TRANSPORTER #1 Name: 1889 Route 9, Unit 61 Address: 08755 Zip: New Jersey City: Toms River State Nicholas Fernicola Contact Person: WASTE TRANSPORTER #2 Name: Address Zip. City State: Contact Person: T.R.R.F. xiii. WASTE DISPOSAL SITE Name: Bordentown Road Location: City: Tullytown State: Pennsylvania Zip: 19007 Telephone:215-943-9732 Permit #: 101494 IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER xiv. Name: Authority: Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY): FOR EMERGENCY RENOVATIONS XV. Date and Hour of Emergency (MM/DD/YY): Description of the Sudden, Unexpected Event: Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden xvi. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THATUNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ONSITE DURIN xvii. THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991) Nicholas Fernicola / Project Manager November 6, 2013 (Printed Name/Title) (Signature of Owner/Operator) (Date) I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT. xviii.

(Signature of Owner/Operator)

November 6, 2013

(Date)

Nicholas Fernicola / Project Manager

(Printed Name/Title)

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	2013	-20		5-6-5			Owner/Operator	300						7				
Agencies Notified	Type Notifi	cation		Stre	et Address				Nov	15	mys			+				
DEP DOL	Initial Amende	ment #		City	State, Zip Bridge,	Cod	de :	1 = 1	3 % ( )		- 40 10			Ť				
☑ DOH ☐ DCA	Emerge justifica   Cancella		ding	Nam	ne of Conta	ct			Telep	hone Num	ber	·		1				
						_				10000		-		<u></u>				
Name of Facility Where	Ahatement is	Taking Pl	200 /3		ACILITY IN	FOR	RMATION	Type of Facility	( (4)									
Apartments Bldg.  Street Address	Abatement is	Taking Fi		,				School (K-1 Subchapter	2)	than K-1	2)							
27-33 Spruce Lane								Other (i.e., phomes, etc.	orivate &									
Old Bridge,								Square Feet 2000 SF	2000 SF 2 60+									
County (6) Middlesex					unty Code E ONLY)	(7)	(STATE	Current Use (P Apartment B		ing demoli	shed)							
Name of Monitoring Firm	Hired by Bui	lding Own	er	ASCN	No.	N	lame of Abatem	ent Contractor (9	)									
(8) <u>N/A</u>						1	DIA General	Construction	n, Inc.									
Street Address							treet Address	s n, Avenue, PMB Suite 218										
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07012															
Project Manager for Mon	elephone	No.	Telephone No. License No.															
			_   _			973-389-0089 00693												
Start Date (10) 11/26/2013		Scheduled		pletion D	ate (11)	100	ame of OSHA M		Ina									
Occupancy Status Durin	a Abatement	11/29/2		9)		_	treet Address	Construction	, Inc.		-							
Facility Closed/Vacate				50		100		Avenue, PM	B Suite	e 218								
Abatement Performed							ity, State, Zip Co											
Other - Describe:						2	lifton, NJ 07	7012						_				
Scope of Work (Check a	ll that apply)	$\boxtimes$	Renov	ation olition	33 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		Mini-Enc Govebag	tainment with Ne losure g Procedure empted (*) and I			dura							
			s Loca	ation			Non-Ex	empted ( ) and i	NOII-FIIA	Die Proce		Abate	ment	1				
Location	of	Us	Norm	ally lely by			Description of					Ту	pe					
Asbestos-Containing M TO BE ABAT IN Facility (13)	aterial (ACM) <u>ED</u>			ance/ dial f?		the s	Containing Mate ermal systems in urfacing, VAT, oner miscellaneou	sulation, or	(Spe	ount ecify r LF)	Remova	Repair	Encapsulate	Enclosure				
(10)		Yes	Ť	Т	1				32	E S	val	air	ulate	ure				
# 27A-D Spruce Lane - Cra	awl Space			X	Pipe/El	bov	v Insulation		190 LF		190 LF		190 LF		X			
# 29 C&D Spruce Lane	Х	Pipe/El	bov	v Insulation		180 LI	7	X										
# 31 A-D Spruce Lane -	Х	Pipe/El	bov	w Insulation		200 L	F	X										
# 33 A-D Spruce Lane - Crawl Space					Pipe/El	bov	w Insulation		180 LI	7	X							
Name of Registered Waste Hauler					Waste		ubic Yards	Name of Regis	stered La	ındfill			•					
					D No.	_	Waste	Minerva La	ndfill				*	_				
City, State New Castle, DE							sposal Date 1/29/2013	City, State Waynesbur	OH 4	14688								
Completed By Title						<u>-</u>	Signature	11 47 1103041	5, 011	Date								
Krutarth Jagad Title President								\~\\.		11/12/2	2013							

#### MO#20613945442

MAY 11

Date of Notification (1)	11	3			of Building		perator (2			1		-	٦	
Agencies Notified	Type Notification	,			t Address	Κ			N 5 +-> 11					
□ EPA	▼ Initial													
⊠ DOLWD	Amended			1000	arrison A									
⊠ DHSS	Amendment :	#		City,	State, Zip (	Code			1 P	2013			4	
□ DCA	☐ Emergency (i		,	Teane	eck, NJ 07	7666								
(NJAC 5:23-8)	justification)	oraami	1		of Contac				Telephone I	Numbe	r	2	-	C SU
	Cancellation			Ianni	fer Cusacl	le.			The state of the s	Della.				
								57	Lu Esta	347				
				FA	CILITY IN	VFORMA	TION	,						
Name of Facility Where A	batement is Takir	ng Place	(3)					Type of Facility	/ (4)					
Private house								School (K-1						
Street Address	###							Subchapter	8 (Other than k	(-12)				
975 Garrison Avenue									private and con	nmercia	al bu	ilding	js,	
City (5)					10		20 100-0	homes, etc	Marie 57.					
.6 1012								Square Feet	# of Floors	E.	BI	dg. A	ge	
Teaneck, NJ 07666				- 225										
County (6)				Cour	nty Code (7)	(STATE US	SE ONLY)	Current Use (P	rior if being de	molishe	ed)			
Bergen														
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name o	f Abateme	ent Contractor (9	9)				-51	
225/0						to see ea		an Contractor (c	2)					
Street Address			-			Gr Tech								- Vicini
Street Address						Street A	ddress							
						576 Val	ley Rd#	283						
City, State, Zip Code		200					ate, Zip Co							
						Wayne	NJ 0747	70						
Project Manager for Monit	toring Firm		Tele	phone	No	Telepho		0	License No			-		
,			1010	priorie	140,	1			License No	3.				
Ot-1 D-1- (40)						973-638			01127					
Start Date (10)		eduled C				Name of	f OSHA M	lonitor						
	13 _	11 /	23	<u> </u>	13	Envirov	ision Co	nsultants,Inc						
Occupancy Status During	Abatement (Che	ck only	one)			Street A		nsuitants,me			107-5			-
▼ Facility Closed/Vacate				ment										
Abatement Performed	Outside of Norma	al Facilit	v Hou	s - Des	scribe			Road, Bldg .#	34A					
Time of Abatement:	AM-	>M/	PM	3 - D0.	AM	City, Sta	ite, Zip Co	ode						
					- ····	Fair Lav	vn, NJ 0	7410						
Scope of Work (Check all	that apply)						Clean up	and decontami	nation with neg	ative p	ress	ure		
▼ >3 sf or >3 If		⊠ n-		224		Н	Full Cont	ainment with Ne	egative Pressure	е				
>3 sf or >3 lf 2 160 sf or >260 lf			novati molitic			$\forall$	Mini-Encl	osure Procedure	Tent with Neg	ativo D				
			month	211		Ø	Non-Exer	mpted (*) and N	on-Friable Proc	edure	1633	uie		
		lo	Locat	ion					T Trable 1 100	T		1		
Location of	of	1,000	Vorma			D	scription o			1	Aba	atem	ent T	ype
Asbestos-Containing N		Use	d Sole	ly by	Ashe			terial (ACM)	Amount		Z.	Z.	四	m
TO BE ABA			intena			e., thermal			(Specify		me	Repair	ıca	100
N Facility	/	Cus	todial	Staff?	1		ing, VAT,		SIF or LF)		Remova	₩.	Encapsulate	Enclosure
(13)			(12)	_	-		iscellane				<u>m</u>		2	œ
		Yes	No	N/A									w	
Basement		П	П	$\boxtimes$	Pipe inst	ulation			75 1 5		X		П	
		+=	=		ripe ilist	папоп	_		75 LF	-		ш	ш	Ш
Basement				$\boxtimes$	VAT Flo	or tiles			20 SF		X			
Second floor			П	$\boxtimes$	MATERI						TX1			
200114 11001		+=-			VAT FI	oor tiles			30 SF		X	Ш	Ш	Ш
													П	
Name of Registered Waste	e Hauler		NJE	EP Waste	Hauler ID No.	Cubic Yar	ds of Waste	Name of Regi	stered Landfill					
Ca Task I I C									undili					-
Gr Tech LLC			0	03378	35	TBD		T.R.R.F. Inc				4		
City, State						Disposal	Date	City, State						
Wayne, NJ 07470						TBD	)	Tullytown, P	Δ					
Completed By (Print or Typ	oe) Titi	e	-				nature /	a uniyeown, r	А	Date				
NOV 15 10 1515	-,   '''	-				Sign	acure .	who was	1	Date				
N.Jevtic	Ow	ner					1/12	interver	rad	11/11	/20	13		
SB-41		14 The		in C	. 6		1			-				
1AY 11 .		Do no	use if	us Jorn	i jor asbesi	os licensu	re exempt	ed activities.						

Check#1765

## State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT	
(Pursuant to NJAC 8:60 and 5:16)	

Date of Notification (1)			1000	Nam	e of Buildi	na Owner	Operator	(2)			-		-
	/13	_			e Vanduse			( <del>-</del> )				•	1
☐ EPA 🔯 Initial		2000			et Address errace Av			* - 1					1.
	nded ndment #				State, Zip				NOV 1	5 201	3		
DCA Emer	gency (in	cludin	g		ey, NJ 07								
The state of the s	ication) ellation			A THE PARTY OF THE	e of Conta				Telephone	Number		-1	4
		10 TO		_	Vanduse							28	~ ~1
Name of Facility Where Abatement	is Taking	Plac	0 (3)	- F	ACILITY I	NFORM	ATION	IT.					
Private house	. is raking	i iac	3 (3)					Type of Facilit					
Street Address								School (K-	8 (Other than I	K-1 2)			
67 Terrace Avenue								Other (i.e., homes, etc	private and cor	mmercia	l bui	lding	3,
City (5)								Square Feet	# of Floors		Ric	g. Ag	16
Nutley, NJ 07110								1	" 01110010		Dic	9. 79	JC
County (6)				Cou	nty Code (7	) (STATE U	SE ONLY)	Current Use (F	Prior if being de	molishe	d)	00.00	
Essex											32		
Name of Monitoring Firm Hired by I	Building C	)wner	(8)	ASCN	No.	Name	of Abatem	nent Contractor (	9)				
Court All						Gr Tec	h LLC						
Street Address						Street .	Address						
City, State, Zip Code							lley Rd						
City, State, Zip Code							ate, Zip C				- 55		
Project Manager for Monitoring Firm	n		Tal	22422	No.		, NJ 074	70					
, and the second of the second of the			101	ephone	NO.	Telepho			License No	0.			
Start Date (10)	Sched	uled (	Comple	etion D	ate (11)	973-63	8-1777 of OSHA !	Monitor	01127				
11 /21 /13				2 /									
Occupancy Status During Abatement							Vision Co Address	onsultants,Inc					
□ Facility Closed/Vacated During B	Entire Per	iod of	Abate	ment				. D J. D.I. //	244				
Abatement Performed Outside o	f Normal	Facilit	y Hou	rs - De	scribe	City, St	ate, Zip C	Road, Bldg .#	34A		-		
Time of Abatement:AM-		W	PIVI_		_AM		wn, NJ 0						
Scope of Work (Check all that apply	)					ТП	Clean u	p and decontami	nation with neg	ative pr	essu	re	
		<b>X</b> R€	enovat	ion		Н	Full Con Mini-End	tainment with Ne	egative Pressure	е			
≥ 160 sf or ≥260 lf			moliti			$\bowtie$	Gloveba	g Procedure	Tent with Nega	ative Pr	essu	re	
		1.					Non-Exe	empted (*) and N	on-Friable Proc	edure		1	
Location of			Loca: Norma			Do					Abat	eme	nt Type
Asbestos-Containing Material (A	CM)	Use	d Sole intens	ely by	Asbe	stos Cont	scription of aining Ma	iterial (ACM)	Amount		ZD .	Re	g g
TO BE ABATED IN Facility				Staff?	(i. e	e., thermal	systems	insulation,	(Specify		Removal	Repair	Enclosure Encapsula
(13)	- 1		(12)	-		other n	cing, VAT niscellane	or ous)	SIF or LF)	)   }	2	٦	Enclosure Encapsulate
		Yes	No	N/A				10					no
Basement				$\boxtimes$	Pipe ins	ulation			105 LF	P			TIF
										1	7/1	=	計
		П	П			<del></del>					-	=	=  -
												ᆗ┞	_  -
	1		1.1					Г					
Name of Registered Waste Hauler			ALIF	ED Mont	Haular ID M.	Cubi. M							
Name of Registered Waste Hauler					e Hauler ID No.				stered Landfill				
Gr Tech LLC				EP Wast 03378		TBE	)	T.R.R.F. Inc	stered Landfill				
Gr Tech LLC City, State						TBI	) I Date	T.R.R.F. Inc	_				<del></del>
Gr Tech LLC City, State Wayne, NJ 07470	Title					TBI Disposa TBI	) I Date )	T.R.R.F. Inc	_			-	
Gr Tech LLC	Title Owne					TBI Disposa TBI	Date	T.R.R.F. Inc	A	Date		-	

Date of Notification (1) 11/06/13				ame of B Colby E		vner/Oper	rator (2	) .			1			\$ .		
Agencies Notified	Type Notification		1	treet Add 3 Lewi	s Drive		+	i.	NOV	15	2013					
EPA DEP DOL	Amended Amendment #		.   1	/laplew	, Zip Code ood, NJ			7.5			Tille					
DOH DCA	Emergency (in justification) Cancellation	icidang	200	lame of C Colby E		3				Tele	phone N	umber				
				FACILI	TY INFOR	RMATION		T	Facility (4)							_
Name of Facility Where A House Street Address 13 Lewis Drive	Abatement is Taking	Place (3)						Sci	Facility (4 nool (K-12 bchapter 8 ner (i.e. pr	) 3 (Othe	r than K- commer	12) cial bu	ildir	igs, h	omes	š,
City (5) Maplewood	<del></del>						100	Square N/A		# of N/A	Floors		Bld N/A	g. Ag A	е	
County (6) Essex				County CostATE US	ode (7) SE ONLY)		- 1	Current House	Use (Prio	r if beir	g demol	ished)		A 20, 200		
Name of Monitoring Firm	n Hired by Building C	wner (8)		ASCM	No.				ment Cont		(9)					
Street Address								ddress	en Aven	ue						
City, State, Zip Code								ate, Zip	Code 07512							
Project Manager for Mo	nitoring Firm	m===&C===		Γelephon	e No.	Т	elepho	one No. 45-86			License #0067		-	3		
Start Date (10)		Scheduled		pletion D	ate (11)	N	Name o	f OSHA	Monitor ment, Inc	n.						
11/20/13 Occupancy Status Durin	na Abatament (Chec			_				Address					7			
				ont					en Aver	iue						
Abatement Perform  Other – Describe:	cated During Entire F ned Outside of Norm Occupied	nal Facility h	Hours	en	#.			ate, Zip va, NJ	Code 07512							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	6		enova emolit	4			×	Mini- Glov	Containme Enclosure ebag Prod Exempted	e edure						
								I NOTI-	Exemple	1 ( ) all	u Non-i i	Table I			ment	
			ocati ormal			Donn	ription	of						Ту	pe	
Location Asbestos-Containin TO BE All In Fact (13)	g Material (ACM) BATED cility	Used	Sole	ly by nce/		os Contair thermal sy surfacir other mis	ning M ystems ng, VA	laterial ( insulat T, or		(5	mount Specify F or LF)	No.	Removal	Repair	Encapsulate	Enclosure
atti		163	X	1307		duct ir	nsulat	tion		- 2	20 LF	X				
alli	IC .	-				udot ii	- Iouiui						+			
				-								-	-	-		
												+	-			-
Name of Registered W	aste Hauler			JDEP W		Cubic Y		T	Name of	Regist	ered Lan	dfill				
D&S Abatement, Ir			1000	lauler ID 20996	No.	of Waste	1000 1000		Waste		gemen	t of P	A			
City, State Totowa, NJ						Disposa TBD	1		City, Star Tullyto		Α					
Completed by Deanna Brkusanin		Title Proje	ct M	anager		Sig	gnäture	Ille	Rell	uu	u_	Date 11/0	6/1	3		

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

Check # 8143

Date of Notification (1) 11/09/2013	1110		me of Building Own	er/Operato	r (2)	8					:
Agencies Notified Type Notification	ı	Str	eet Address Reservoir Ave	nue							
EPA Initial Amended Amendmen	t#	City	y, State, Zip Code rsey City, NJ 07					n			
Emergency justification Cancellation	)	Nai	me of Contact t Rastelli			Te	ephone N				
			FACILITY INFORM	ATION			e conf.	يان.	<u>.</u>	-	
Name of Facility Where Abatement is Takin Residence	ng Place (3)			2	Type of Facility  School (K						12.
Street Address 50 Reservoir Avenue					Subchapt Other (i.e etc.)	er 8 (Oth			ilding	s, hon	nes,
City (5) Jersey City					Square Feet 2400	#0	f Floors		Bldg. 50 +	Age - yrs.	
County (6) Hudson			inty Code (7)		Current Use (P Residential	rior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		SCM No.		of Abatement Coast Haz M			C.			
Street Address					Address E. 41 Street						ji
City, State, Zip Code					state, Zip Code rson, NJ 0750	 04					
Project Manager for Monitoring Firm		Tele	phone No.		one No. 345-0022		License I	No.			
Start Date (10) November 21, 2013	Scheduled November		ion Date (11) 2013		of OSHA Monito	D					
Occupancy Status During Abatement (Chec	k Only One)			Street	Address						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: Unoccupied Baseme	Period of Aba	atement ours			tate, Zip Code	*					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		novation nolition		×	Full Contains Mini-Enclosus Glovebag Pro Non-Exempte	re ocedure				re	
	ls Lo	cation		0200						emen	t
Location of	Nor	mally		Description	of				Ty	/pe .	,
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod	Solely by enance/ ial Staff? 12)	Asbestos Co (i.e. therm sur	ontaining M	aterial (ACM) insulation, F, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes 1	No N/	Α							6	
Basement		×	Pip	e Insulat	tion	13	5 LF	Х			
Name of Registered Waste Hauler		NIDE	Waste Cub	ic Yards	None	Posist-	od I == 45"				
East Coast Haz Mat Removal, Inc.			ID No. of W	aste		TO 100 TO	ed Landfill S, Inc \			Ē	
City, State Paterson, NJ 07504				osal Date 25/13	City, Stat  / Morrisv						
Completed by James Unger	Title Project	Manag	er	Signature	· 4 Ms	ten	Da 11	te /09/2	2013		
		-		//	4				_		

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

(Barrers to NIAC 9, 60 and 12, 120.)

Date of Notification (1)			(Pur			8: 60 and 12: 120-) ilding Owner/Oper		2)		1				
1 1 / 0 7	/ 1 3			Wi	lliam Lov	we			4					
Agencies Notified Type of N	otification			3300	eet Addr Sheffield					i				
[] DEP [X] Initia	al					Zip Code	NOV	1.5 20	13	1	22.00.0-1			
[X] DOL [] Ame	nded			10000	ayne NJ 0	Contract of the second	NOV	. 5		NAME OF TAXABLE PARTY.				
[X] DOH [] Eme	ndment # rgency (including			Na	me of Co	ntact			Telepho	ne Numb	er		C17007-80	
Justi	fication) cellation			Wi	lliam Lov	we			CONTRACTO					
				FACII	JTY INF	ORMATION								
Name of Facility Where Abatement is Taking P	lace (3)						T	ype of Facility	(4)					
Residence				- 156			41	[ ]	School (K-12)		Y/ 10			
Street Address								[ ] [X]	Subchapter 8 (C Other (i.e., priva					
47 Sheffield Road				1.0		( <del>7</del> )	4	T	buildings, home		T 8			
City (5)	nty (6)			0.000	inty Code	E ONLY)		quare Feet	ior if being demol		В	ldg. A	ge	
Wayne Pass	Avjoido								or it being armor					
Name of Monitoring Firm Hired by Building O	wner (8)		ASC	М		Name of Abater	nent Co	ntractor (9)						
Enviro Vision Consultants, Inc.						J.R. Contracting	g & Env	ironmental Co	nsulting, Inc.					
Street Address						Street Address								
20-21 Wagaraw Road, Bldg. #34A			-			City, State, Zip	Code							
Fairlawn NJ 07410						Wayne NJ 0747								
Project Manager for Monitoring Firm		Tele	phone	Numb	er	Telephone Num	ber		License	No.				
Willie Morales	101 1110		636-91	-		973 628-9500			00408					
Scheduled State Date (10)    1	Scheduled Com	2	6	L	Year	Name of OSHA Enviro Vision C								
Occupancy Status During Abatement (Check or						Street Address								
[X] Facility Closed/Vacated Dur of Abatement	ing Entire Period					20-21 Wagaraw	Road, I	Bldg. #34A						
[ ] Abatement Performed Outsi	de of Normal Fac	ility Ho	urs	_		City, State, Zip								
[ ] Other - Describe: Scope of Work (Check all that apply)						Fairlawn NJ 07	410							
[X] ≥3 sf or ≥3 lf		[X]		ovation olition		ĵ	] M	ull Containmer Iini-Enclosure Iovebag Procec	it With Negative I lure	Pressure				
[ ] ≥ 160 sf or ≥ 260 lf						Ī		7	and Non-Friabl	e Procedi	_			
			Is									baten	E E	E
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	¥.,	No So Mair Cu Sta	Used lely by ntenan stodial	ce /		Description of Asbestos-Contain Material (ACN (i.e., thermal syst insulation, surfac or other miscell	vI) tems ing, VA'		Amour (Specif SF or L	y	R E M O V A L	R E P A I R	N C A P S U L E	N C L O S U R E
Garage				х	Pipe In	sulation			35 LF		x			
Kitchen		-		X	VAT				90 SF		x			
Attic				Х	Wall T	ar Mastic			700 SF		X			
	0						80							
S <del></del>												Ш		
Name of Registered Waste Hauler	-10tm	7 PAGE 1800	EP Wa	Nn.	Cubic Y	ards of Waste			Registered Landf	ill				
J.R. Contracting & Environmental Consulting, City, State	Inc.		1781	y	Disposa	l Date		G.R.O.W City, Sta		-				
Wayne NJ 07470	7							Morrisvi						
Completed by (Print or Type)	Title				S	ignature				Date				
Jerry Bijelonic	Project Manage	r				CV					11/	7/2013		

# Check #

Date of Notification (1) 11/11/2013					f Building		Operator	(2)						- 1
Agencies Notified	Type Notification			Street A	ddress	Place			. М	)V 15	2013	3	. 10	T
DEP DOL	Initial Amended Amendment			City, Sta	ate, Zip C wood, N	ode	10		1			31.3	i i	- Annual Contract
DOH DCA	Emergency ( justification) Cancellation	including		Name of	f Contact Cortell			- L	Tek	enhone Nu			arm	_
				FACI	LITY INF	ORMATI	ON			_				
Name of Facility Where A Residence	batement is Taking	Place (3	3)					Type of Facility  School (K	-12)	45 16				
8 Evergreen Place								Subchapte Other (i.e. etc.)				dings	, hom	es,
City (5) Maplewood, NJ		\$1000						Square Feet 2300	# 01	f Floors		3ldg. / 50 +		
County (6) Essex					Code (7) USE ONLY	0		Current Use (P Residential	rior if bei	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building (	Owner (8)		ASCN N/A	A No.			of Abatement Co Coast Haz M						
Street Address					<del></del>		Street	Address E. 41 Street		iovai, iii			-	
City, State, Zip Code			-200				City, S	State, Zip Code						1886
Project Manager for Moni	toring Firm		1	Telepho	ne No.		Teleph	rson, NJ 0750 none No.	J4 	License I	No.			-
Start Date (10)		Schedule	ed Con	npletion I	Date (11)	year.		345-0022 of OSHA Monito	r	00507		-70000		
November 23, 2013 Occupancy Status During		Novem		6, 201	3		2000000000	same as abov	/e					
Facility Closed/Vaca Abatement Performe Other – Describe: U	ted During Entire P	eriod of A	Abaten Hours	nent				tate, Zip Code						
Scope of Work (Check All	That Apply)	-										-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure	-			e.	
		10000	Locati	40.00								Abate	emen pe	t
Location Asbestos-Containing I TO BE ABA In Facilit (13)	Material (ACM) TED	Use Ma	Normal od Sole intenar todial S (12)	ly by nce/		tos Cont thermal surfac		faterial (ACM) s insulation, T, or	(S	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
Baseme		1 120	-	X	7.3	Pipe	Insula	tion	6	5 LF	X			
7/8														
Name of Registered Wast	e Hauler.		4,32,23	JDEP W	100000 707000	Cubic		Name of	f Registe	red Landfil	1			
East Coast Haz Mat I	Removal, Inc.	N T 2***		auler ID 3602	140.	of Was				S, Inc	WM			
City, State Paterson, NJ 07504	23					Dispos 11/26	al Date /13	City, Sta	ite ville, P	4		4	Popul I	14°
Completed by James Unger		Title Proje	ct Ma	nager		S	ignature	/_ //	27.		ate 1/11/2	2013	1/4	
ASB-41 (R-06-08)							* Do no	t use this form fo	or asbest	os licensur	e exen	npted	activi	ties.

Date of Notification (1)			N	ame of E	Building Ow	ner/O	perator (2	2)				55220			
11-07-13			E	3ernad	ette And	ersor	า				5 1				
Agencies Notified	Type Notification		1	treet Ad						5	1				
EPA	Initial		1.	162 Gr	ant Ave.	2000			1 100		7	n)	12	8	
	Amended		- 0		e, Zip Code		200	391,50	1750		1 1/04	3 -			
DEP DOL	Amendment		,	Jersey	City NJ 0	730	5	(*)							
DOH	Emergency ( justification)	including	N	lame of	Contact				10	Tele	phone Nu	mber		. 500	
DOH DCA	Cancellation			Bernad	lette And	ersor	n			1	- Elig. J.		•.	-	
				FACIL	ITY INFOR	MATI				- 1					
Name of Facility Where	Abatement is Taking	Place (3)						Type o	f Facility (4	)					
Bernadette Ander	rson								chool (K-12						
Street Address									ubchapter 8 ther (i.e. pr	3 (Othe	commerc	12) cial build	dinas	home	es.
162 Grant Ave.	0.								c.)	ivate e	Common				2
City (5)								Square	Feet	# of	Floors	В	ldg. A	\ge	
Jersey City NJ 07	305														
County (6)				County C				Curren	t Use (Prio	r if beir	ng demolis	shed)		500	-5307
Hudson			(	STATE U	SE ONLY)		-								
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM	No.		Name o	of Abate	ement Cont	tractor	(9)				
N/A							Delfa	Cont	racting L	LC					
Street Address							Street A	Address	3						
Oli Cot / tudi Cos							522 7	7th Str	reet						
City, State, Zip Code							City, St	ate, Zip	Code						
Oily, Olate, 21p oode							Unior	n City	NJ 0708	7					
Project Manager for M	onitoring Firm		Ti	elephon	e No.	-	Telepho	one No			License	No.			
Project Manager for W	ormoring ram						201 2	216-96	503		01206				
Start Date (10)		Scheduled	Com	pletion F	Date (11)		Name o	of OSH	A Monitor						
11-08-13		11-09-13					Delfa	Cont	racting L	LC					
Occupancy Status Dur	ing Abatement (Cher		-	at.			Street A	Address	5						
							522 7	7th St	reet						
Facility Closed/Va Abatement Perform	acated During Entire rmed Outside of Norm	Period of Aba nal Facility H	ours	ent			City, St	tate, Zip	Code						
Other – Describe						_			NJ 0708	37					
Scope of Work (Check	All That Apply)														
Market Committee	() III () IIII () III ()	П рег	ovat	ion				Full	Containme	ent with	Negative	Pressu	ire		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	noliti				DXDXI	Mini	-Enclosure		, rogali ro				
2100 01 01 2200 11							×	Glo	vebag Proc -Exempted		d Non Eric	oblo Pro	codu	ro	
						-		Non	-Exempted	( ) an	d Non-File	able Fit	(Social - 18)	emen	t
		THE THE PROPERTY OF THE PARTY O	catio						- 1					уре	
Locati		Used :	mail Solel				escription							T	74,
Asbestos-Containi		Maint					itaining M I systems				mount Specify	Z	J	Enc	l m
TO BE A		Custoo		taff?		surfa	cing, VA	T, or			or LF)	Remova	Repair	aps	응
(1:	3)	,	12)			other i	miscellan	eous)	1			Va.	1	Encapsulate	Enclosure
		Yes	No	N/A										, a	1000
Page	ment	<del>                                     </del>	x			nine	insulat	tion		1	30 LF	x			Π
Dase	ment	-	_			pipe	, intodicio						+	1	$\vdash$
													-	-	-
								7							
Name of Registered W	/aste Hauler		N	JDEP W	aste T	Cubic	Yards		Name of I	Registe	ered Land	fill	_		
			Н	auler ID		of Wa				2000	esource		verv	Facil	itv
Delfa Contracting	LLC		3	5240		1	. 11 OK						/		-,
City, State	800-00	. 3					sal Date		City, State		٨				
Union City NJ 070	)87					23.72 E	2-13		Tullyto	wn, P		<u> </u>			
Completed by		Title				1	Signature		1	D	_	Date		2.	
Leonardo Ramirez	Z	Proj. N	lana	ager			1	010	200 8	12011	3	11-07	-1	3	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	56				Name of Buildir			0	-	14.		
N	ovember 7, 20	13				Stones	gate Realty	Cle# )	29	51		
Agencies Notified  [X] EPA	[x] Initia	Notifica			Street Address	386	Rt. 59, Suite 20			•		
[ ] DEP [x] DOL	Amer	ndment # gency (ii			City, State, Zip		ont, NY 10952	1.5 0019	1			
[x] DOH [] DCA								.50	50900	T		
				FACI	LITY INFOR	MATION	<del></del>	24 1 1				
			3)			1	Type of Facility (	School (k-12)		1.10		
Street Address	2 West St.	1000000			747		[x]	Other (i.e., priva			ial buil	dings,
City	0	Count	y (6)			JLY)	Square feet 50,000 sf	# of Floors 5			0	
Union City		Huds	son						)			
		Owner (	(8)	1	ASCM No.	Name of	Abatement Contract	tor (9)	Inc.			
Street Address	1					Street A	ddress					
City Ctyty 7i- Code		<del></del>				City Sto		Route 9, Unit 61		-		
City, State, Zip Code						City, Sta		River, New Jers	ey 087	755-12	271	
Project Manager for Moni	toring Firm		Telephone N	lumber			ne Number					
Scheduled Start Date (10) 11/20/20					on Date (11)	Name of		S.L. Analytical				
Occupancy Status During  [ X ] Fac  [ ] Aba	Abatement (Check ility Closed/Vacate stement Performed	d During	g Entire Perio				1056 ate, Zip Code	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ey 088	54		
Scope of Work (Check all	that apply)					[]						
			[ v ]	Penovat	ion	[ ]						
						[ ]			Procedu	ıre		
									Abat	ement '	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	November 7, 2013   Stonegate Realty   State   State											
Basement			X		Pipe insulat	ion		100 lf	Х			
		Street Address Initial Notification Amended Notification Amended Notification Amended Notification Amended Notification Amended Notification Amended Notification  FACILITY INFORMATION  Street Gelbtuch  FACILITY INFORMATION  Street Address Streve Gelbtuch  Type of Facility (4)  [ ] School (k-12)  [ ] Subchapter 8 (other than k-12)  [ ] Subchapter 8 (oth										
		l l		223	2		T.R.R.F.	stered Landfill				
City, State	Now Incom							nia				
Completed by (Print or Ty Nicholas Fer	pe)		ct Manage			Milla	H J		ACC 127775 (SE		3	
					1	1 1 1 1 1		_		-		

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

#### State of thew Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)  November 7, 20	13			Name o	f Building (	Owner/Oper	ator (2)	ting -I	ne : 1/5	7			À
Agencies Notified Type of Notificat		ation		Street A	Address			ting, i	inc.	7	? (	166	χ
[x] DOL Amer	ndment # gency (in	tification # ncluding		City, St	ate, Zip Coo	le Toms	River, NJ\08	754 <sup>1</sup> 5	5 2013				-11020
[ ] DCA justifi	cation) ellation			Name o	f Contact Mark	1	1				-		
			FAC	CILITY	INFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3	)		20		· · ·	Type of Facili	ty (4)	School (k-12)	er than	ı k-12)		
Street Address 1834 Starboard Co	ourt	12						( ]	CONTRACTOR OF CHARLES OF COMPANY			al build	lings,
City	Count	ty (6)		County (STATE	Code (7) USE ONLY	r)	1000 st		# of Floors 1	5-C-50X4	0.00	50	
Toms River	Ocea												
Name of Monitoring Firm Hired by Building ( N/A	Owner (8	3)		ASCM N	No.	Name of				Inc.			- 20
Street Address						Street Ad	dress		122				
City, State, Zip Code						City, Stat	e, Zip Code	500.199		ev 08'	755-1	271	
Project Manager for Monitoring Firm		Telephone 1	Number				e Number		License N	-			
Scheduled Start Date (10) 11/8/13		Scheduled (		ion Date (1	11)		OSHA Monitor	MSI					
Occupancy Status During Abatement (Check of X ] Facility Closed/Vacated		)		tement		Street Ad	dress					19	
Abatement Performed (						City, Stat							
Other – Describe							Pi	scatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]			with Negative Pres.	sure			
[ X ] >3 sf or ≥3 lf [ ] ≥160 sf or ≥260 lf		[ ] [x]	Renova	1100.00		[ ] [x]				rocedu	ire		
				T						Abat	ement	Гуре	
**		Is Location								R	R	E	E
Location of Asbestos-Containing Material (ACM)	1	Normally us Solely by							School (k-12) Subchapter 8 (other than k-12) Other (i.e., private & commercial build homes, etc.)  # of Floors Bldg. Age 1 60 being demolished) ce 9) In Contracting, Inc.  Pute 9, Unit 61  License Number 00624  Analytical elton Road  vay, New Jersey 08854  with Negative Pressure  e and Non-Friable Procedure  Amount (Specify SF or LF)  Amount (Specify SF or LF)  A U L E  950 sf X	N			
TO BE ABATED	Main	tenance/Cu				Rich-Mark Contracting, Inc.  P O Box 124  ode  Toms River, NAV88754  Telephone Number  Tucker  MATION  Type of Facility (4)  [ ] School (k-12)  [ x ] Other (i.e., private & commercial buildings, homes, etc.)  Square feet # of Floors Bldg. Age 1000 sf 1 60  Current Use (Prior if being demolished) Residence  Name of Abatement Contractor (9) Guardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code Toms River, New Jersey 08755-1271  Telephone Number 732-349-9932 00624  Name of OSHA Monitor E.M.S.L. Analytical  Street Address  1056 Stelton Road  City, State, Zip Code Piscataway, New Jersey 08854  [ ] Full Containment with Negative Pressure [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure  Description of sheetso-Containing Amount E E N N N N N N N N N N N N N N N N N	5354						
in facility		Staff				ılation, sur	facing,		,	00000	I	P	0
(13)		(12)			oth					555260	R		30,90
	YES	NO	N/A		ощ	er miscema	Rich-Mark Contracting, Inc.  P O Box 124  Toms River, N1/08/754 5 20/3  Telephone Number  Cker	R					
Exterior		X		Asbe	stos sidin	Toms River, NIVER 54 5 2003  ct trix Tucker  Telephone Number  RMATION  Type of Facility (4)  [ ] School (k-12)  [ x ] Other (i.e., private & commercial buildings, homes, etc.)  NLY)  Square feet # of Floors Bldg, Age 1000 sf 1 60  Current Use (Prior if being demolished)  Residence  Name of Abatement Contractor (9)  Guardian Contracting, Inc.  Street Address  1889 Route 9, Unit 61  City, State, Zip Code  Toms River, New Jersey 08755-1271  Telephone Number 732-349-9932  Name of OSHA Monitor  E.M.S.L. Analytical  Street Address  1056 Stelton Road  City, State, Zip Code  Piscataway, New Jersey 08854  [ ] Full Containment with Negative Pressure  [ ] Mini-Enclosure [ ] Glovebag Procedure [ x ] Non-Exempted (*) and Non-Friable Procedure  Description of Asbestos-Containing  Material (ACM)  (i.e., thermal systems or Lie.  Amount E E N N N Material (ACM)  (i.e., thermal systems or Lie.  Amount E E N N N A A L L L L E E E M M M A A L L L L L E E E E E E E E E E E E E							
							A 65						
		1					//						
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	NJDEP Waste 20	e Hauler 0223	ID No.	Cubic Ya	rds of Wast			ed Landfill				
City, State Toms River, New Jersey				sal Date 2/13			te						
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage		Signat	ure	cho	1/1	<u> </u>	1	100000000000000000000000000000000000000		3	

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

### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	ovember 7, 201	13			Name of Building			المتاح		00	50	
Agencies Notified  [ x ] EPA  [ ] DEP  [ x ] DOL  [ x ] DOH  [ ] DCA	[ X ] Initial [ ] Amer Amer [ ] Emer justifi	Notificanded Not adment # gency (in cation)	ification	-	Name of Contact	ode Airmo	ont, NY 10952	1 5 2013 elephone Number	à à			
[ ] 20.1				FACI	TITY INFORM	MATION	- lame		-	7.0	-	
Apa			3)	TACI	EITT IN OR	VIATION	Type of Facility (4)	School (k-12) Subchapter 8 (oth	ner than	k-12)		
Street Address	62 <sup>nd</sup> St						[x]	Other (i.e., privat homes, etc.)	te & co	mmerc	ial build	dings,
City		Count	y (6)			LY)	Square feet 50,000 sf	# of Floors 5	Vinc		0	
West New Y	ork	Huds	son		ti.	100			)			
		Owner (	(8)		ASCM No.	Name of	Abatement Contractor	(9)	Inc.			
Street Address	1					Street A	ddress	Va 87.1				
City, State, Zip Code						City, Sta	ite, Zip Code				tueren	
70 T.	toring Cirm		Telephone N	Jumber		Telepho				755-12	271	
. 50 1/30						732-34	9-9932	00624				
Scheduled Start Date (10) 11/20/201					on Date (11)	Name of		L. Analytical				
[ X ] Faci [ ] Aba	lity Closed/Vacate tement Performed	d During	g Entire Perio				1056 St		y 088	54		
Scope of Work (Check all	that apply)					[ ]		with Negative Pre	ssure			
L 3			[x]			[ x ]	Glovebag Proced		Procedu	ire		
					1				Abat	ement	Туре	
Location Asbestos-Containing N TO BE ABA in facilit (13)	November 7, 2013  Type of Notification  [ x] Initial Notification  [ x] Initial Notification  Amended Notification  FACILITY INFORMATION  Type of Facility (196  [ ] Subchapter & commercial buildings, homes, etc.  [ ] Subchapter feet & feet feet feet feet feet feet fe											
basement			X		Pipe insulati	on		45 lf	X			
Name of Registered Waste Guardian Co		1			and the same of th	Yards of Was		ered Landfill				
City, State								1				
Completed by (Print or Ty Nicholas Fer	pe)		ect Manage			hol	( 1		200000000000000000000000000000000000000		3	

		(Pu	CATIC irsua	ON OF A	New Jersey SBESTOS A AC 8:60 and	12.120	,	<u>8</u>	<u> </u>		33.43	A		
e of Notification (1) /11/13			JK (	CONST	ing Owner/O RUCTION	perator I SER	(2) VICES		2013	91	VON			-
encies Notified	Type Notification		Stree 257	t Addres	s ER AVE						0	l	11	
EPA DEP	Initial Amended Amendment #_		City	State, Zi		, NJ 0	8751		elephone	Number		e:1 	<u> </u>	-
DOL DOH DCA	Emergency (inclinity justification) Cancellation	uding	KEI		WINSKI	ION			elephone	1188	HUS. 14	1/20	· ·	-
	the tracking P	lace (3)	F	ACILITY	INFORMAT	ION	Type of Fa	cility (4)						
me of Facility Where reet Address	Abatement is Taking P	1400 (0)					Insured	ol (K-12) napter 8 (0 (i.e. priva	Other than	K-12) nercial b	ouildings	s, hom	nes,	
57 FIELDER AVE	Ξ					_	etc.) Square Fe		# of Floor		Bldg.			
ity (5) SEASIDE HEIGH	TS			t. Cad	2 (7)		Current Us	se (Prior if	being de	molished	1)			
ounty (6)			(ST	unty Cod ATE USE	ONLY)				200					
OCEAN lame of Monitoring Fi	rm Hired by Building O	wner (8)	1	ASCM N	0.	AA	ne of Abateme	ent Contra ROFES	SIONAL	s				
Street Address						Stre	eet Address WHITE DO	VE COL	JRT					
City, State, Zip Code						City	y, State, Zip C AKEWOOD	ode						
Project Manager for M	Monitoring Firm		Te	elephone	No.	Te	lephone No. 32-668-907		Lic 12	ense No 00				
Start Date (10)		Scheduled		oletion Da	ate (11)	Nic	ame of OSHA AA LEAD F	Monitor	SSIONA	LS				
11-21-13		11-22-13				St	reet Address							
Occupancy Status D	uring Abatement (Chec	R Only One)	ateme	ent		27.00	WHITE DO		URI				_	en S
Facility Closed/ Abatement Per Other – Describ	Vacated During Entire I formed Outside of Normoe:	nal Facility H	lours			L	ity, State, Zip _AKEWOOI	D, NJ 08	3701					
Scope of Work (Che	eck All That Apply)		novat				Mini-	Enclosure						
≥160 sf or ≥26	O II						× Non-	Exempted	edure d (*) and N	Ion-Friat	ole Proc	Abate	ment	
			ocati			-	t-ti-s of				-	Ту	pe	V
Asbestos-Conta	cation of aining Material (ACM) IE ABATED I Facility (13)	Used	ormal Sole ntena odial (12)	ely by nce/ Staff?	(i.e. the	Containermal sy surfacir	ription of ning Material ( ystems insulating, VAT, or scellaneous)	(ACM) tion,	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A	EX	KTERI	OR SIDING	3	100	0 SF	Х			-
				1							+-	-	-	+
									-		+	-	-	+
					late to	Cubic `	Yards	Name o	of Register	ed Land	Ifill			1
Name of Register				NJDEP 1 Hauler II 04509	D No.	of Was	ste	IESI City, Si						_
City, State NEWARK, NJ						an Samuel	sal Date	BETH	ILEHEN	PA	Date			_
Completed by JOSEPH PER		Title	NER	<b>!</b>		S	Signature				11/11	/13		_

Print Form

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

							-30-24-27%						
Date of Notification (1)  November 12, 20	)13			Name of	Building C			Dermott	-	23	01	1	
[ ] DEP [ ] Ame	l Notific nded No ndment	tification #		Street A	ddress ite, Zip Cod	e	tons R			W	12		
[x] DOH justi	rgency (i fication) cellation	including		Name of	Contact Richar	d Mc De			elephone Number	0010			
			FAC	II ITV I	NFORM	ATION							
Name of Facility Where Abatement is Taking Residence	Place (3				IN OIU	MION	Туре	of Facility (4)	School (k-12) Subchapter 8 (oth	•:	k-12)		ti
Street Address 103 Princeton Av	enue							[x]	Other (i.e., privat homes, etc.)			al build	ings,
City	Coun	ty (6)		County C (STATE	ode (7) USE ONLY	7)		1500 sf	# of Floors 1		. Age 6	0	
Lavallette	Oce							Residen					
Name of Monitoring Firm Hired by Building N/A	Owner (	(8)		ASCM N	lo.			ent Contractor ( Guardia	9) n Contracting,	Inc.			
Street Address						Street A			oute 9, Unit 61				
City, State, Zip Code				City, Sta	te, Zip C		iver, New Jers	ey 087	755-12	271			
Project Manager for Monitoring Firm	mber			Telephor 732-34			License N 00624	lumber					
Scheduled Start Date (10) 11/25/13	1	Scheduled Co 11/26/13		on Date (1	1)	Name of	OSHA 1		. Analytical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate			of Abat	ement		Street A	ddress	1056 St	elton Road				
Abatement Performed Other - Describe	Outside	of Normal Facil	lity Ho	urs		City, Sta	te, Zip C		vay, New Jerse	y 088	54	111	
Scope of Work (Check all that apply)		3				[ ]			with Negative Pres	sure			
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf			Renovat Demolit			[ ] [x]	Glo	ni-Enclosure ovebag Procedur	re and Non-Friable	Drocadu	ra		
[ X ] ≥160 sf or ≥260 lf	т	[x] [	emoni	ion		[ X ]	No	n-Exempted (*)	and Non-Friable				
		* *			,	D!-4:				Abat	ement 1	Гуре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodi Staff (12)  YES NO N/A					Asb N (i.e. insu	Description Descri	ntaining ACM) systems arfacing	5	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	ENCAPSULE	E N C L O S U R E
Exterior		Asbe	stos sidin	g	1506	44.0	1200 sf	X					
							uinin						
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Haule 20223					Cubic Ya	rds of Was		ame of Register T.R.R.F.	ed Landfill				
City, State Disp						City, St		ennsylvania					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	11/27	Signat	bre (	Ar	//	Calisyivania	/	Date 11/1	12/20	13			

283 Proj. #: 2013-426

				-										- 1	
Date of Notification	n (1)	II N	ame of Bu	ilding Own	er/Oper	rator (2)		2	11	HOL	, , ,			1	
1 1 / 0 6			KEN ZA	ROSKI		· ·			1 10	NUV	15	3		Ţ	
Agencies Notified EPA	Type Notificati	ion S	treet Addre	ess				11		-				1	
	Amended		743 6TH	STREET	•					f				1	
DEP	Amendment #:	10	ity, State,	Zip Code					THE PART OF	***					
☑ DOL	Emergency	- 11	LYNDE	IURST, N	IJ									•	
☑ DOH	(including	N.	ame of Co							Telepho	ne Numbe	er	to the latest the late		
☐ DCA	justification)		VEN 7	AROSKI						4					
	☐ Cancellation		KENZA												
				FAC	ILITY IN	NFORMA	TION								
Name of facility w	here abatement i	s taking pla	ice (3)						Туре	of Facility	/ (4) ool (K - 12	2)			
KEN ZAROSI	ΧI									=	chapter 8 (		an K	-12)	
Street Address								7 -		☑ Othe	r (Private/	Comme		. – /	
										Bldg	s./Homes,	etc.			
743 6TH STR	EET						_		Squ	are Feet	# of Floo	ors	Bio	dg. A	ge
City (5)		Cour	nty (6)					nty Code (7)	_					-0	
LVADIUDE	T	DE	RGEN				(Stat	e use only)	Cur	rent Use (	Prior if be	ing dem	olishe	ea)	
LYNDHURS' Name of Monitoria					ASCN	M No	-	Name of Abatemen	t Contra	ctor (9)					
Name of Worthon	ng i iiii i iiica by	Diag. Own	,ı (O)		AGO	VI IVO.	- 11								
Ot and Address			5000					D & S RESTOR	KATIO.	N, INC.			_	_	
Street Address									1 110						
City, State, Zip Coo	do							20 California A City, State, Zip Code	The same of the sa					_	
City, State, Zip Co	ue														
Project Manager fo	r Monitoring Firm		T D	hone Numb	or		-	Paterson, NJ 0 Telephone Number			Hicens	e Numb	er	-3-	
Project Manager ic	or Morntoning Film	1		HOHE MUHIL	Jei		- 11	973-345-8020				01169			
							_	Name of OSHA Mo							
Start Date (10)		Sched	i. Completi	ion Date (1	1)		- 11	D & S Restora		c.					
11/19/2013		11/28	8/2013					Street Address		A/L					
Occupancy Status	During Abateme	nt (Check c	nly one)					20 California A	venue						
	ed/vacated during							City, State, Zip Cod	е						
Describe	performed outside		facility hou	ırs-											
Other-Descr	ribe: NORMAL F	IOURS		- 1			-11	Paterson, NJ 0	7503						
Scope of Work (c		The state of the s							Full Co	ontainmen	t w/negativ	e press	ure		5765
>3 sf or >3 l	f 🖂	Renovation	on							nclosure					
≥160 sf or ≥	260 If	Demolitio	n					¥		pag proce	dure (*) and No	n-friable	nroc	odure	2
The second secon		Is locatio	n normally	used solel	vl		-		INOIPE	.xempted	) and red	R	R	E	
Location of asbestos-co	ontaining	by mainte	enance/cus			escriptio	n of a	sbestos-containing		Amount		e m	e	n	E n
material (ac	m) to be	staff(12)	т			naterial (		bootoo oontaming		(Specify	SF or	0	a	a	c
abated in fa	cility (13)	Yes	No	N/A						LF)		v e	į	р	-
BASEMENT			X		PIPE	E INSU	LATI	ON	3	4 L FT		×			$\Box$
DASENERI				+	1							一一	П	〒	愩
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					-							一一	П	f	T
Registered Waste	Hauler	INJD	EP Hauler	ID# I	Cubic Ya	ards of V	Vaste	Name of Registere	ed Landf	ill					
D & S RESTO		193933909	506	AND THE REAL PROPERTY.	1 YD			TULLYTOWN			RECOVE	ERY			
City, State				Disposal				City, State		14					
PATERSON, 1		-4-22-22		11/20/				TULLYTOW	N, PA						
Completed by (Pri		Title			Sign	ature					Date		,		
BOGDAN JOI	LDZIC	PRESIL		o for!	las list	201122	om nt	d activities			11/0	06/2013	)	-	
ASB-41		Do not us	se this form	for asbes	ios licer	isure exe	empte	activities.							

NOV. 15 2.

ASB-41



Date of Motification (1)	Name of Buildin	g OmeriOperator (	UTIONS, L	LC.	
111/	Connect Calaborator				1 .
y X	1 7	PARITAN	AUE :50		
EPA Dinital DEP	City State Zip	and Pr	FRK, NID:	.08904	
DOL D Emergency (m		cit	Teleni	nes Number	
LOOH justification) DCA Cancellation	IHR SAH	+ HILROT	1		
	FACILITY IN	PORMATION	Type of Facility (4)		
ame of Facility Where Abatement is Takin	1 Blda		C) School (K-12) C) Subchapter 8 (Other	(han K-12)	
Treet Address			El Other (i.e. private & context)	commercial building	<b>S</b> ,
122 Sc. 11th	51.		Square Feet # of F		- A'
ay (5)	ok ND.		Quirent Use (Prior if be		10
County (6)	County Code (	7) (STATE USE	Scilladou).	and designation,	
H- Illecex.			ent Contractor (9)		
lame of Monitoring Firm Hired by Building 8)	Omia	NOVALEC	D.INC		•
treet Address		PO BO	x 814		
· · · · · · · · · · · · · · · · · · ·	•	City, State, Zip C	2066	0889	5f · _
City, State, Zip Code	Telephone No.	Telephone No.	2000 Line	S NO. 06	
Project Manager for Moritoring Firm-	Jeichums vor	732/123	X+500 1 C	0 800 .	<del></del>
Colonel Checks (Cit III)	sed Completion Date (11)	Name of OSHA	CO INC		
1117117	12/16/13	Street Address	~ QIU -		
Occupancy Status During Abatement (Chr	erind of Abatement	City, State, Zip	Code	. r.0000	
Di Facility Closed/Vacated During Entire P O Abelement Performed Outside of Norm	al Facility Hours	OID B	SIDGE NIC	0880	<u>!</u>
O Other - Describe: Scope of Work (Check all that apply)		Full	Containment with Nega Enclosure	ive Pressure	•
Scope of work (Cara-	n Renovation		vebag Procedure Exampled (*) and Non-	Friable Procedure	Abatemen
© ≥ 160 st or ≥ 260 lf		- La recor		•	Type
	ls Location Normally	Description	of (aCM)	Acceptal	29 _ 8
Location of Asbestos-Containing Material (ACM)	Used Solely by Maintenance/ Custodial	bestus Comining I Le., thinmal system		(Specify SF or LF)	Repair Removal
TO BE ABATED IN Facility	Staff?	suifacing. V/ other miscalla	71. UL		al rate
(13)		•	-		+++
<u> </u>	165 1-		9×9 CON 8	M SF	X
· QUELYCINI	XH	GOR life.	9×9 CON X		
1345-17EN1				15 46II	
	NJDEP Waste Hauter	Cubic Yards of Waste	Name of Registerer	0.S	
Name of Registered Waste Hauter	18501	20	0 10	0.J.	<u>·</u> _
10001/166	0 00053	Disposed Date	HORRESON	(E) YA	<del>}                                    </del>
Cay, State BRIDGE N	5.2. 08857	Signature	TIME	- Date	17/13
Completed by	PRESIDENT	100	N Home	C. 11	+++
VANIOS HYEIDA.	* On mot use this form for asbesto	is licensure extempt	Bri siritames-		

D&S Proj. #: 2013-429

Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT			o.g. id.di o					/2013			
PATERSON, NJ 07503	Title	11/19	9/13	3 Signature		TULLYTOWN	I, PA	Date			-	
D & S RESTORATION, INC. City, State	13506	Disposa	al D		_	City, State		ECOVE	IV 1			
Registered Waste Hauler	NJDEP Ha	auler ID#	100000	bic Yards of V	Vaste	Name of Registere TULLYTOWN		ECOVE	RV			
						torra A. va. — et a militar de securit		ALUEN ST				
			=									
			-									
DAODIVIDATI			=			To Constitution of the Con						
BASEMENT		X L	_	PIPE INSU	LATI	ON	120 l ft		e			
asbestos-containing material (acm) to be abated in facility (13)	by maintenance staff(12)  Yes	e/custodial	_	Description material (		sbestos-containing	Amount (Specify LF)	SF or	m o v	p a i	n c a p	n c L
≥160 sf or ≥260 lf	Demolition Is location norr	nally used sol	lely				Non-Exempted (	) and Non	-friable R e	Proce R e	Е	E
<b>⊠</b> > <u>3</u> sf or > <u>3</u> lf	Renovation						Mini-enclosure Glovebag proced	ure				
Scope of Work (check all that apply							Full Containment	w/negative	press	ure		
Abatement performed outside Describe:  Other-Describe: NORMAL H	of normal facility	hours-			_	Paterson, NJ 0						
Occupancy Status During Abatemen  Facility closed/vacated during						20 California A City, State, Zip Code						
11/19/13	11/28/13				_	Street Address		A STATE OF THE STA				
Start Date (10)	Sched. Com	pletion Date	(11)			D & S Restorat						
						973-345-8020 Name of OSHA Mor			1109		_	
Project Manager for Monitoring Firm		Phone Nur	nbe	er	_	Telephone Number		License	Numb 1169	er		
AND A TRACTACTION OF THE TAXABLE	is a second					Paterson, NJ 07	7503					
City, State, Zip Code			_		-	City, State, Zip Code						
Street Address						20 California A	ve.					
			_ _		_	D & S RESTOR	ATION, INC.				_	
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		T	ASCM No.		Name of Abatement						
RIDGEWOOD	BERGEN	J .			,				J			
City (5)	County (6)					nty Code (7) e use only)	Current Use (I	Prior if bein	g dem	olishe	d)	
179 lincoln avenue	1.6	-341	_	<del></del>			Square Feet	# of Floor	rs	Bld	g. Ag	je
Street Address				-			Bldgs	./Homes, e	tc.			
mary wynn seiter							Contraction of the Contraction o	napter 8 (C (Private/C			12)	
attributed to the decision of the control of the co	taking piace (b)						Scho	ol (K - 12)			4.61	
Name of facility where abatement is	taking place (3)		J.L				Type of Facility					
Cancellation				ITY INFORMA	TION			- B) - ST				
justification)  DCA  Cancellation	mar	wynn seite	er				GLUX-M					
DOH (including		Contact	113	0,150	- Opening	-	Telepho	ne Number				
Amendment #:_ ☐ Emergency	''	GEWOOD,		07450			7					
DEP Amended		incoln avenuate, Zip Code			-			-510				
EPA Initial	110000						NOV 1	5 2013				
1 1 / 0 7 / 1 3 Agencies Notified Type Notification		wynn seiter									_	_
Date of Notification (1)		f Building Ow		/Operator (2)			il lia to	11 7				
								8 -				

D&S Proj. #: 2013-428

ASB-41

Date of Notification $1111/017$	$\frac{1}{1}$		ame of B		er/Operator (2)		î		15 to 15	1 11				
Agencies Notified	Type Notificati	ion St	reet Add	ess					Lie.			7		
	Initial Amended		115 pas	cack road					NOV 15	2010				
☐ DEP	Amendment #:	<del> </del>		Zip Code						EIELS	-	- 1	-	
DOL	Emergency	-11	3					14.				1		
<b>⊠</b> DOH	(including	I Na	park ric	ALCOHOL: THE REAL PROPERTY OF THE PERTY OF T				-	Telephon	e Number			_	
	justification)	11							, alapinan			i.		
DCA	Cancellation		john fe	rrara								-		
				FAC	ILITY INFORM	OITA	١							
Name of facility wh	ere abatement is	s taking pla	ce (3)					TT	ype of Facility (					
john ferrara									=	I (K - 12)	thor th	on V	10\	
Street Address						_		1		apter 8 (C Private/C			-12)	
									Bldgs./	Homes, e	tc.			
115 pascack roa	ıd	Coun	h. (C)			_		- 1	Square Feet	# of Floor	S	BI	dg. A	ge
City (5)		Court	ty (0)			10 35/5 Exp.	unty Code (7) ate use only)	-	Current Use (P	rior if bein	n dem	olishe	ad)	
park ridge		BEF	RGEN			,	,,		Ourient Ose (i i	nor ii beiii	g dein	Olidire	,u)	
Name of Monitoring	Firm Hired by B	Bldg. Owne	r (8)		ASCM No.		Name of Abateme	ent Co	ntractor (9)					
						_	D & S RESTO	DRAT	ION, INC.					17 E E. 103
Street Address							Street Address							
							20 California							
City, State, Zip Code	9				,		City, State, Zip Co							
	***************************************						Paterson, NJ		3					
Project Manager for	Monitoring Firm		P	hone Numb	er		Telephone Number			License	Numb 1169	er		
							973-345-80			1	1109			
Start Date (10)		Sched	Comple	tion Date (1	1)		Name of OSHA M D & S Restor							
11/25/13		12/16	/13				Street Address	anon	, IIIC.		*****		i Tille To	
Occupancy Status D	uring Abatemer	nt (Check or	nly one)				20 California	Aven	ue					
	/vacated during						City, State, Zip Co							
Abatement pe Describe:	rformed outside	of normal f	acility ho	urs-										
☑ Other-Describ	e: NORMAL H	OURS				_	Paterson, NJ	0750	3					
Scope of Work (che	eck all that apply	/)						Ful	Containment w	//negative	press	ure		
$\times$ >3 sf or >3 lf	$\boxtimes$	Renovation	า					_	ni-enclosure					
≥160 sf or ≥26	30 If	Demolition							vebag procedu n-Exempted (*)		friahlo	proc	adura	
Location of	<del></del> -	Is location	normally	used solely	/				II-Exempled ( )	and Non-	R	R	E	
asbestos-cont	taining	by mainte				on of a	asbestos-containing	1	Amount		e m	e	n	E n
material (acm		staff(12)			material (			,	(Specify S	SF or	0	p a	c a	c
abated in facil	iity (13)	Yes	No	N/A							v e	i	р	-
garage			X		BOILER IN	ISUL	ATION		60 sq ft		×			
garage			X		chimney pa	cking			2 sq ft		X			
Registered Waste Ha			P Hauler		ubic Yards of \	Vaste				2001	. 3.7			
D & S RESTORA	ATION, INC.	135	06		YD		TULLYTOW	N, RI	SOURCE RE	COVER	Y			
City, State PATERSON, NJ	07503			Disposal D 11/26/1			City, State TULLYTOW	/N. P	A					
Completed by (Print		Title		1	Signature			- ', - '		Date				
BOGDAN JOLI		PRESID	ENT							11/07	/2013	}		

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

D&S Proj. #: 2013-427

							- 1	11-1	- 11 - 11 - 11 - 11 - 11 - 11 - 11 - 1	11 11		-	
Date of Notification (1)	Nai	ne of Buildi	ng Owner/	Operator (2)									
1 1 / 0 6 / 1 3		HOMAS I						11011	1 5 /	Ula T			_
Agencies Notified   Type Notification		eet Address						MOM	15 4	7114		į	
DEP Amended	0.00	4 LANCA		VENUE							-	_	_
Amendment #:_	— II .	, State, Zip							82				
Emergency		MAPLEW ne of Conta		0740				Telephor	ne Number	7			_
DOH (including justification)	IINar	ne of Conta	Ci						and the Control of th	>			
☐ DCA ☐ Cancellation		THOMAS	BROWN	1						_		_	_
			FACIL	TY INFORMA	TION							,	
Name of facility where abatement is	taking plac	e (3)					Typ	e of Facility	(4) ol (K - 12)				
TITO MAC DE OUTS									napter 8 (C		an K-	12)	
THOMAS BROWN Street Address							11	Other	(Private/C	commerc			
		20							./Homes, e		Bld	g. Age	<del></del>
34 LANCASTER AVENUE		- (8)			0	· Codo (7)	-     50	quare Feet	# 01 1100	15	Dio	9. 7.9	
City (5)	Count	y (6)				y Code (7) use only)	1 =	urrent Use (I	Prior if beir	ng demo	olishe	d)	
MAPLEWOOD	ESS	EX			0.400000000000							**************************************	
Name of Monitoring Firm Hired by B	200 00000000000000000000000000000000000			ASCM No.	11	Name of Abateme	ent Cont	ractor (9)					
					_	D & S RESTO	DRATIO	ON, INC.					
Street Address						Street Address							
					_  _	20 California							
City, State, Zip Code						ity, State, Zip Co							
	-				_	Paterson, NJ elephone Number			TLicense	e Numb	er		
Project Manager for Monitoring Firm		Pho	ne Numbe	er		973-345-80				01169			
					_	Name of OSHA N							
Start Date (10)	Sched.	Completion	Date (11	)		D & S Resto	ration,	Inc.					
11/07/13	11/28					Street Address							
Occupancy Status During Abatemen						20 California		ie			_		
Facility closed/vacated during Abatement performed outside	entire perio	od of abaten acility hours	nent. s-		-	City, State, Zip Co	oae						
		domity from			-11	Paterson, NJ	r 07503	,					
Describe:NORMAL H					$=$ $\square$	T decisor, 1 to		Containmen	t w/negativ	e press	ure		
Scope of Work (check all that apply 3 sf or > 3 lf								i-enclosure		8.0			
_ =	Renovatio						Glov	vebag proced n-Exempted	dure	n friable	nroc	odure	
≥160 sf or ≥260 lf	Demolition	n normally u	read solely				Nor	1-Exempled	( ) and No	R	R	E	E
Location of	by mainte	nance/cust	odial		on of as	sbestos-containin	a	Amoun		e m	e p	n	n
asbestos-containing material (acm) to be	staff(12)			material		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	(Specify	y SF or	0	a	a	C
abated in facility (13)	Yes	No	N/A							v e	<u> </u>	р	
BASEMENT BOILER		X		BOILER I	NSUL.	ATION		35 SQ FT					口
BASEMENT BOLLER										40	닏	ᆜ	부
										ᆜᆜ	닏	빆	부
										ᆜᆜ	붜	H	ዙ
					11/			n dfill					
Registered Waste Hauler		EP Hauler I 506		cubic Yards of YD	Waste	Name of Regist	tered La VN. RF	SOURCE	RECOVI	ERY			
D & S RESTORATION, INC.			Disposal D			City, State	- 1, 202						
City, State PATERSON, NJ 07503			11/08/1			TULLYTO	WN, P	Α					
Completed by (Print or Type)	Title			Signature					Date		2		
BOGDAN JOLDZIC	PRESII	ENT		. liconcura e		d activities			11/	06/201	3	-	
		- Il-!- famor	tor achout	OR HOODELING O	VAMOTA	and the second second							

11/06/2013

Do not use this form for asbestos lipensure exempled activities,

PRESIDENT

BOODAN JOLDZIC

448-41

CK#25342

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

Date of Notification (1)		Name	of Building	g Own	er/Operator (	y Township	Public S	Schools		*	. 1			
Agencies Notified	/13/13 Type Notifica	ation	+	Street	Address	111				-		_	8	
<b>⊠</b> EPA	Initial						3	31 Levis Di	ive	7 2 30 5	_			_
DEP  DOL	Amended Amendme	ent #	. [	City, S	tate, Zip C	Code	Mou	nt Holly, N.	J 08060	J 201	J			
<b>⊠</b> DOH	Emergeno justificati	on)	-	Name	of Contac	t	111000	1		ne Numb	er, .		1	_
□ DCA	Cancellati	ion			J	lack	Soltesz	100		we by T		, E	A .	_
			•	FAC	ILITY INF	ORMA	ATION							
Name of Facility Where								Type of Facility						
Street Address	Mainte	enance B	111011	ng				<ul><li>☐ School (K-1</li><li>☐ Subchapter</li></ul>	8 (Other t	han K-12	)			
Street Address	331	Levis D	rive					Other (i.e., phomes, etc		ommercia	l build	lings,		
City (5)								Square Feet	# of F	loors	Ble	dg. A		
	M	ount Ho	ly					1200		1	1_	6	0	_
County (6)	rlington			Coun USE	ty Code (7 ONLY)	81 81		Current Use (P	Ga	g demolis irage	hed)			
Name of Monitoring Firm		ding Owner		ASCM	No.	Nam		ent Contractor (9		a .	т.			8
(8)	MECS							ens Environ	mental	Service	s, In	c.		_
Street Address	P.O Box	3/1				Stre	et Address	PO I	Box 322	)				
City, State, Zip Code	1.0 D0	371				City,	State, Zip Ci		2011 022					_
	rosswicks,	NJ 08515	5					Allentow	n, NJ 0	8501				_
Project Manager for Mo				phone	100000000000000000000000000000000000000	Tele	phone No.	0.0600	Licen	se No.	0401	,		
William We			-		8-4070	<u> </u>	(609) 25 ne of OSHA N			0	0493			_
Start Date (10) 12/2/13	1	Scheduled C	ompie 2/16/		te (11)	INam	ie of OSHA iv	DB Env	rironme	ntal				
Occupancy Status Duri	ng Abatement			13		Stre	et Address		-					=
									dey Pla	ce				_
☐ Abatement Performe☐ Other - Describe:	ed Outside of N	ormal Facilit	y Hou	rs		City,	State, Zip C	ode Freehol	d, NJ 07	7728				_
Scope of Work (Check	all that apply)						Full Con	tainment with Ne	anative Pro	ATUSS				
≥3 sf or ≥3 lf   <b>X</b>  ≥160 sf or ≥260 lf			novati molitio				Mini-End		sgative i it	SSSUIC				
<u> </u>		1254	47				Non-Exe	empted (*) and N	on-Friable I	Procedur		bate	nont	
		N	_ocatio	!							′	Typ		
Location Asbestos-Containing			Solel		Asbes		escription of intaining Mat		Amo	ount		77	ш	Ш
TO BE ABA	TED	l C	ustodia Staff?	al		, therm	nal systems in facing, VAT,	nsulation,	(Spe		Removal	Repair	Encapsulate	Enclosure
(13)	ıy		(12)				r miscellaneo			/	val	-	sula	sure
		Yes	No	N/A									te	
Boiler R	loom			×	Rot	oe / I	acking Ir	sulation	60	sf	×			
Lavato	ory			×			Mastic		96		×			
Garage 1	Bays			×	T		nal Pipe F		23		×			
Exterior Wind			×				alk/ Glaz		814		×			
Name of Registered Waste Hauler NJDEP Waste Hauler ID No.					No.	of V	ic Yards /aste	Name of Reg	$\overline{}$		57210			
Stevens Environmental Services Inc. 1829					292	_	4 CU osal Date	City, State	V.R.	R.F., Ir	ıc.	_		_
City, State Allentown, NJ							2/17/13 <b>"</b> (	City, State	Tully	ytown,	PA			
Completed By	1 III OII O	Title				1	Signature	4 <del>1//</del>	/	Date				_
Mahlon E. St	evens	P1	rojec	t Mar	nager		1/1/				11/1	3/13	3	_

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

Paragon Job#

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

Paragon Job#		-9	(1 4	i oddine e	0								
		Name	e of Buildin	g Owner/0	Operator (2)		probability in the adult of a register		II I	In i		1	_
Date of Notification	(1) 1/11  3		omfield S				1.1	ار در از	4711				_
Agencies Notified	Type Notification		t Address	storage, i	CDC.			P. C.		t !			
⊠ EPA	☐ Initial						N	OV <b>1 5</b> 2013	, i	1			
☑ DEP	Amendmen		Maple St State, Zip										
☑ DOL	Amendment # —		orristown		60			-1					
	Emergency (inc		e of Contac		00			* \\-Telephor	e Number				
	justification)						2	1	Distance of	1	8.5		
☐ DCA	Cancellatio	n   D	ean Conr					<u>—-!-—</u>				+(1)	_
				FACILI	TY INFORMA	TION		1= 2= 20	74)			_	_
Name of facility w	here abatement is ta	aking place	(3)						ol (K - 12)	ar tha	. V 11	٥١	
Former Scherir	ng Building								napter 8 (Otl (Private/Co			.)	
Street Address								Bldgs	./Homes, etc	).			
104 Orange St								Square Feet	# of Floors			. Age	
City (5)	<u>.                                      </u>	County	(6)				y Code (7)	15,000 sf	02		0		_
City (5)						(State	use only)	Current Use ( Abandoned		demol	isnea	l	
Bloomfield		Essex				118	Name of Abatement		Building				_
Name of Monitori	ng Firm Hired by Blo	dg. Owner	(8)		ASCM No.	11"							
EWMA	2-4-					<b>-</b>  -	Paragon Contrac	ting, inc.					
Street Address						11	590 River Rd.						
	ne PO Box 5430					-	City, State, Zip Code						
City, State, Zip Co							Clifton, NJ 070						
Parsippany, N			Inho	ne Numbe	or.		Telephone Number		License	Numbe	r		
Project Manager f	for Monitoring Firm		1				(973) 614-1600	)	00748				_
Paul Schatz					00 X 151		Name of OSHA Mo						
Scheduled Start D	Date (10)	Sched.	Completion	Date (11	)		Paragon Contra	cting, Inc.					
11/25/2013	-	12/20/				[	Street Address						
Occupancy Status	s During Abatement	(Check or	ily one)				590 River Rd.						_
Facility clos	sed/vacated during e	entire perio	d of abaten	nent. k-			City, State, Zip Cod	е					
Abatement Describe: _	performed outside	of florifiar is	acility flours			-11	Clifton, NJ 070	014					
Other-Desc	cribe:					-1	Chiton, 100 or						1
- CONTROL	(check all that apply					M =	ull Containment w/r	enative pressure	Glove	bag pro	ocedu	re	
Demolition		Renovation					/lini-enclosure	Non-E	cempted ( " )				dure
$\square > 3 \text{ sf or } > 3$	g If	≥160 sf or 3					Willin-enclosure			R	R	E	
Location o	of	Is location	normally unance/cust	ised solel odial		··	shootee containing	Amour	nt	e m	e p	n c	E n
asbestos-o		staff(12)			- Descrip materia	tion of a I (ACM)	sbestos-containing	(Speci	fy SF or	0	a	а	C
abated in t	facility (13)	Yes	No	N/A		3.50		[)		v e	i r	р	-
				1	I VAT/Mas	stic and	or Adhesive	16,910 S	F				
1st & 2nd Floo							and/or Glazing	54 E	A				
1st & 2nd Floo	ors			1			Lab Top Table	80 S	F				旦
2nd Floor					Roofing/I			14,900 S	F				빋
Roof					Brake Pa	~		6 E	Α				
Elevator Registered Was	te Hauler	NJD	EP Hauler	ID#	Cubic Yards o								
Paragon Cont	tracting, Inc.		161		180 cyds		Tullytown/GR	COMP			_		
City, State				Disposal	Date		City, State Tullytown, P.	A					
Clifton, NJ 0				TBD	Signature		- Tunyuswii, J.		Date				
Completed by (I		Title Presider	nt		_ Signature		d /h		11/1	2/2013	3		

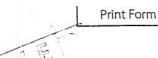
Date of Notification (1)		Name o		)wner/Opera	ator (2)						
Agencies Notified Type Notification			Address HADLEY	ROAD					00	10-394	
EPA   X Initial   Amended   Amendment #_	9	City, St	ate, Zip Coo	de IFIELD, N	J. 0708	0 1					
Emergency (inc	cluding	Name o	of Contact	2 Qui	LLEI	ıU	Telephone Num	ber			2
		FAC	ILITY INFO			TE KE	T , 16	17.67			•
Name of Facility Where Abatement is Taking F	Place (3)				Туре	School (K-12					
Street Address HAMMON	, R	Δ			×	Other (i.e. pretc.)	ivate & commercia	l build	ings,		s, \
City (5) CHERRY H.	L'LL					are Feet	# of Floors  D/A	/	dg. A	ge P	
County (6) AMDEN			Code (7) USE ONLY)		- Curr	ent Use (Prio	r if being demolish	ed)	Ti	ON	,
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	mer (8)	10000000	M No. )45			atement Cont					
Street Address 64 BROAD STREET					reet Addre	ess TEHEAD A	VE.				
City, State, Zip Code MATAWAN, NJ 07747					ty, State, OUTH F	Zip Code RIVER, NJ	08882				
Project Manager for Monitoring Firm TOM GEIGER			one No. 292-2217	7 VOAS	elephone I 32-432-		License No 01111				
Start Date (10) 20/13	Scheduled C	ompletion 20/		-		SHA Monitor SYSTEMS	OF AMERICA				
Occupancy Status During Abatement (Check	Only One)	<b>-</b>		100	reet Addre	ess TEHEAD A	VE.				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe: OUT DOOR	Facility Ho				ty, State,	Zip Code RIVER, NJ	08882				
Scope of Work (Check All That Apply)					7-17						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		vation olition			₩ G	lini-Enclosure llovebag Proc	edure				
					EN N	on-Exempted	(*) and Non-Friab		7.3	ment	
	ls Loc Norn			Danadi	_#:F				Ту		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used So Mainter Custodia (1:	olely by nance/ al Staff? 2)	(i.e.	tos Containi thermal sys	stems insu g, VAT, or	lation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes N	o N/A			^			-			
OUTSIDE OF SUBSTATION	<del> </del>	4	Son	1AST, C	. Pipe	COATING	20 LF	X			
Name of Registered Waste Hauler		NJDEP	Waste	Cubic Ya	rds	Name of F	Registered Landfill				
WASTE MANAGEMENT		Hauler I 1125	D No.	of Waste	4		SNORTH				
City, State ELIZABETH, NJ			Disposal TB.	Δ	City, State MORRI	SVILLE, PA					
Completed by CAROL RAIMO	Title OFFICE	MGR.		Sign	ature alexa	e La	ima la	te /8	1/	13	

	NOTIF	ICATION	ate of New Jen OF ASBESTO to NJAC 8:60 a	SABATE	MENT	14	488	6	-	Print Fo
Date of Notification (1)	(1		Building Owne		REAL PROPERTY OF THE PROPERTY					
Agencies Notified Type Notificati	on	Street Ad 4000 H	ddress HADLEY RO	AD						:\
DEP Amended Amended Amended	ent #		te, Zip Code H PLAINFIE	LD, NJ.	07080		-		22	1.
Emergen justificati DCA Cancella		Name of	Contact < IMC B	PuiLa	LEN	Teleph	none Num	ber	ŘPŽ	4.9
	7: - Bi (0)	FACI	LITY INFORMA	ATION	T 5 F 10h - /	*/	-1: 1.	) -		
Name of Facility Where Abatement is Ta	iking Place (3)				Type of Facility (					1,34
Street Address  708 HAMDI	IN R	λ.	.950		School (K-1 Subchapter Other (i.e. p	8 (Other t	han K-12) ommercia	) I build	lings, l	homes,
City (5) CHERRY	HILL				Square Feet	# of FJ	4	,	Idg. A	ge <del>4</del>
County (6) CAMDEN		County (	Code (7) USE ONLY)		Current Use (Pri	or if being	demolishe	ed)	AT.	ON
Name of Monitoring Firm Hired by Buildi ENVIRONMENTAL TACTICS	ng Owner (8)	ASCN 004			of Abatement Cor QUE SYSTEM					
Street Address 64 BROAD STREET			*		Address WHITEHEAD	AVE.				
City, State, Zip Code MATAWAN, NJ 07747					State, Zip Code JTH RIVER, No	08882				
Project Manager for Monitoring Firm TOM GEIGER		Telepho 732-29	ne No. 92-2217		hone No. 432-8350	L	icense No 01111			
Start Date (10)	Scheduled Co	ompletion	Date (11)		of OSHA Monitor QUE SYSTEM	S OF AN	/IERICA	·		
Occupancy Status During Abatement (C	heck Only One)				Address		<del></del>			
Facility Closed/Vacated During En					WHITEHEAD	AVE.				
Abatement Performed Outside of N Other – Describe: 047 Do.	lormal Facility Hou	irs		1	State, Zip Code JTH RIVER, N	J 08882				
Scope of Work (Check All That Apply)				<u>-</u>						
23 sf or ≥3 lf	Renov Demo				Full Containm Mini-Enclosum Glovebag Pro Non-Exempte	e cedure				
Location of Asbestos-Containing Material (ACM	Is Loca Norm Used So Mainten	ally lely by	Asbestos C		Material (ACM)	Amo			Abate Typ	
TO BE ABATED	Custodial	Staff?	yi.e. men	nai system	is insulation,	(Spe	City	Re	고	8 3

	100	S Locati Normal								ement rpe	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole aintena stodial S (12)	ely by nce/		Description estos Containing M e. thermal systems surfacing, VA other miscellan	aterial (ACM) insulation, T, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		ite	Ф
OUTSIDE OF SUBSTATION		×		So	MASTIC F	PE COATIUM	30 UF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		H	J JDEP W lauler ID 1125		Cubic Yards of Waste	1 2000000000000000000000000000000000000	Registered Landfill S NORTH		1		
City, State ELIZABETH, NJ					Disposal Date プB人	City, Stat MORRI	e SVILLE, PA				
Completed by CAROL RAIMO		ICE N	/IGR.		Signature	1 11/	Da in	te	2/	12	

Date //

Completed by CAROL RAIMO



Date of Notification (1)	100	Name of P.S.E.	Building C G.	wner/O	perator (	2)	W.	00	13				
Agencies Notified Type Notification		1000	Street A	ddress HADLEY	ROAD	)		V10,	1 1 2 50				
EPA   X Initial   Amended   Amendment #		(	City, Sta	te, Zip Coo H PLAIN	ie		7080	100		4.5			
☐ DOH ☐ Emergency (i justification) ☐ Cancellation	ncidaling	ı	GE	Contact CORC		V;	LARO	Tel	lephone Num	ber			
Name of Facility Where Abatement is Taking	Place (3)		FACI	LIT INFO	RINATIO	JN	Type of Facility (						
Street Address RT. 1 + PERSO City (5) METUCHEN	N /	Av	E.				Subchapter	8 (Oth orivate	er than K-12) & commercia	l build			es,
METUCHEN							Square Feet	CONC. 2017	of Floors	B	ldg. A	ge 14	URS
MIDDLESEX		(	County (	Code (7) USE ONLY)			Current Use (Pri			ed)	97	101	U
Name of Monitoring Firm Hired by Building C ENVIRONMENTAL TACTICS	wner (8)		ASCN 004				of Abatement Con UE SYSTEM	ntractor	(9)				
Street Address 64 BROAD STREET			200	,.			Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							ate, Zip Code TH RIVER, N.	0888	32				
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-29	ne No. 92-2217			one No. 32-8350		License No 01111				
Start Date (10)	Scheduled / &	0 /	pletion				of OSHA Monitor UE SYSTEM	S OF	AMERICA				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire P		-	ent			Street A	Address VHITEHEAD	AVE.					
Abatement Performed Outside of Norm Other – Describe:	al Facility I				_		ate, Zip Code TH RIVER, N.	J 0888	32				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	<b>⋈</b> 00	navet	ion			П	Full Containm	oot väti	n Nogotivo Dr		·		
≥160 sf or ≥260 lf		enovat emoliti					Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure	J			e	
	10000	ocatio			76-75						Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel	y by ice/		os Conta thermal surfac		aterial (ACM) insulation, , or	(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
outside	165	X	INIA	Wins	Dow	Cauli	King	1	1604F	X			
							/						
Name of Registered Waste Hauler WASTE MANAGEMENT		Ha	JDEP Wauler ID		Cubic of Was	ste	Name of GROW		ered Landfill				
City, State ELIZABETH, NJ		<u> </u>	120	-1	Dispos	al Date	City, Stat		LE, PA				
Completed by CAROL RAIMO	by   Title					ignature			Dat	no /	8/	13	3

Ck#2528

Date of Notification (1)							Owner/Operator (2	2)		3 3	7	0				
	11 / _	13			Veri	zon										
⊠ EPA [	Γype Notificat ☑ Initial	tion			Street Address 15 East Montgomery Place, Lower Level											
	Amended															
☐ DHSS	Amename    Emergence		Pittshurgh PA 15212													
(NJAC 5:23-8)	justificatio		Name of Contact Telephone Number													
	☐ Cancellation	on			Anti	hony Por	rta				200					
					FAC	FACILITY INFORMATION										
Name of Facility Where Ab	atement is Ta	aking	Place	(3)			and experience and the second	Type of Facility (4	)				-			
Verizon Paterson CO	)							School (K-12)								
Street Address						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,										
114 Paterson St								homes, etc.)	rate and commerci	ai bu	naing	5,				
City (5)		e liy						Square Feet	# of Floors	Blo	lg. Ag	je				
Paterson																
County (6)					Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Prior	r if being demolish	ed)						
Passaic								Office								
Name of Monitoring Firm H		ing O	wner (8	3)	ASCM	No.	Name of Abateme									
TTI Environmental, Ir	nc.						BRISTOL EN	NVIRONMENTAL, INC.								
Street Address							Street Address									
1253 N. Church St							1123 BEAVE									
City, State, Zip Code							City, State, Zip Co									
Moorestown, NJ 080						BRISTOL, PA 19007										
Project Manager for Monito	oring Firm				ephone I		Telephone No.		License No.							
Harold Baldwin					56-840		215-788-6040		00509							
Start Date (10)12 /2 /						ion Date (11) Name of OSHA Monitor  / 13 BRISTOL ENVIRONMENTAL, INC.										
Occupancy Status During A	Abatement (C	Check	only o	ne)			Street Address									
☐ Facility Closed/Vacated	During Entire	e Peri	iod of A	bate	ment		1123 BEAVE	/ER STREET								
Abatement Performed C Time of Abatement: 7:0						cribe	City, State, Zip Co									
Scope of Work (Check all to	hat apply)						2.40.02,.7									
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	• • • • •		⊠ Rer □ Der				☐ Mini-End ☐ Gloveba	tainment with Nega losure g Procedure mpted (*) and Non-								
17		1		Loca						Ab	atem	ent T	уре			
Location of Asbestos-Containing M TO BE ABAT	aterial (ACM)	)	Use Mai	nten	ely by ance/		Description of stos Containing Ma ., thermal systems	iterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure			
IN Facility		- 1	Cust	odial (12)	Staff?	,	surfacing, VAT	, or	SF or LF)	val	~	Sula	sure			
(13)			Yes	No	N/A		other miscellane	ous)				ate				
Basement Basment co	oridor		$\boxtimes$			Floor ti	le and mastic		700 SF							
Basement Water meter room						Floor ti	le and mastic		800 SF	×						
Name of Registered Waste Hauler						Vaste	Cubic Yards of	Name of Registe	ered Landfill							
					lauler II 20990		Waste	MINERVA L	ANDFILL							
City, State NEW CASTLE, DE 19720					20330		Disposal Date	City, State WAYNESBURG, OH 44688								
Completed By (Print or Typ		Title					Signature		Date	a /	1	-				
Brian Scafiro	,	200000	stimat	or				Serfino /		1/1	1/13	3				

CHECK # 20591

Data of Natification (4)		L	lame of f	Quilding O	wner/Opera	ator (2	2)			L N		1 -	1		
Date of Notification (1) 11-08-13		F	RTL Se	rvices, l	Kearny Po	oint I	ndustria	l Park	i i						
Agencies Notified Type Notification  EPA Initial	Street Address 9 Basin Drive, Suite 120														
DEP Amended Amendment		City, State, Zip Code Kearny, NJ 07032													
Emergency ( justification)  DCA  Cancellation	including	10000	lame of o					1	Tele	phone Nu	mber	- 1		ì	
			FACIL	ITY INFO	RMATION										
Name of Facility Where Abatement is Taking Building 160 Street Address	Place (3)						Subch	ol (K-12) hapter 8		er than K-1					
9 Basin Drive						Ī	Other etc.)	(i.e. priv	ate &	commerc	ial build	ings,	home	s,	
City (5) Kearny							Square Fe 54,000	et	# of 1	Floors	BI	dg. A	ge		
County (6) Hudson			County C STATE U	ode (7) SE ONLY)		- 1	Current Us Commer	557	f beir	ng demolis	shed)				
Name of Monitoring Firm Hired by Building 6	Owner (8)		ASCM	No.		Name of Abatement Contractor (9) Pinnacle Environmental Cor									
Street Address					1.532	treet Address 200 Broad Street						- 1			
City, State, Zip Code					1 2 7 1 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	City, State, Zip Code Carlstadt, NJ 07072									
Project Manager for Monitoring Firm		Ti	Γelephon	e No.		Telephone No. 201-939-6565					No.				
Start Date (10) 11-18-13	Scheduled		pletion D	)ate (11)		f OSHA M Air Inc.	onitor								
Occupancy Status During Abatement (Chec	188				eet Address										
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm					170	10-59 Jackson Avenue City, State, Zip Code									
Other – Describe: Area is vacant					ong Island City, NY 11101										
Scope of Work (Check All That Apply)	-					-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure										
	14.1						NON-EX	empted (	) and	u INOII-I IId	Abatement				
Location of	No	ocation or mall	у		Descrip	cription of					Туре				
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Solel ntenar odial S (12)	ice/			stems g, VAT	g Material (ACM) ems insulation, VAT, or			mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
Roof			x		Built Up	Roo	fing		54,	000SF	x				
				-											
Name of Registered Waste Hauler		N	JDEP W	aste /	Cubic Yar	rds	Na	ame of Re	egiste	ered Land	fill				
ATC, Inc. / JBT (50071)			auler ID 4310	No.	of Waste TBD	ř			Ente	erprises			<u></u>		
City, State Shirley, NY / Bronx, NY			Disposal Date City, State Waynesburg, OH 446						688						
Completed by John Tancredi		Sign	ature	1/		L		Date 11 <b>-</b> 08-	13						

Nov 8 2013 06:55am P001/001

	Þ	10111F1 (Pt	CATION	de of New Jers OF ASBESTOS to NJAC 8:50 at	ABATE	APPROVED								
Date of Notification (1)		7	Name of	Building Owner	Operator	(2) N	N. Dept. of Health & Senior Services							
11/07/13				MR. F	EDAK	Senior Services								
Agencies Notified Type Notification		1	Street A	idress		1		चागक)		-1				
D EPA D Initial		1_		142	SULVA	N AVE.LO	oto: U/8/	7	1-5					
CIDEP CIAmended		1		ie. Zin Code				77116			1			
☑ Emergency (in		-		EONIA . L	٠.১	07605		- Contract C			-			
IN DOH justification)  ID DCA ID Campellation	70.5407a005##.t0	1	Name of	1. 0			Telephone Number.							
□ DCA □ Cancellation			rya.Asi	MR. FE	DAKOU	72K1	1750	THE STATE OF			- 1			
Name of Facility Where Abatement is Teleber F	face (4)	AND THE RESERVE	PAUL	LTTY INFORMA	TEM	Type of Facility	(4)	+4		1	-			
RESIDENCE						D Sangel (K.	1 <b>2)</b> NO	1/ 1 -						
Street Address	A-M					D Subchapter	8 (Other than K	12)	- T- 14		. 1			
142 SULVAN AVE						M Offier (i.e. p	invale & comme	acial bui	dings,	nome	5,			
City (5)		(M)	China Communication of the Com			Square Feet	# of Floors	(and	. Bldg. Age					
LEONIA						1650	2		+5	0	I			
County (6)			County C	Code (7) ISE ONLY)		Current Use (Pr	ior if being demo	lished)						
BEKW.		1_			-	RESI	PONTIAC .	<del></del> ,,						
Name of Moreoning From Hired by Building Ow	ner (8)		ASC	M No.		of Abatement Co AC Contracting In								
Sheet Address	weg optimizacją je	cernique).	حرمصا	during the control of	1	The second secon	~		******	-				
Wind Training						Address Lowell Road	ard .							
City, State, Zip Code			<del></del>	***************************************	_									
··					Cily, S	Slate, Zip Code Rock, NJ 07452					Printed			
Project Manager for Monitoring Firm		T	Talant	574	<del></del>		Licens	. N.						
		1	( aichi	ione No.		none No. -262-5841	uo'ts				9 5			
Start Date (10)	Schedul	ed Con	ipletion I	Date (11)	Name	e of OSHA Monitor mega Environmental Services Inc.								
Occupancy Status During Absternant (Check	Charles Che				i ca-	Address								
III Facility Closed/Vacated During Entire Pe	riod of A	batem	ार्व		1 200 1	20 Huyer Street								
Abatement Performed Cutside of Normal     Other - Describe:	Facility 1	Hours			City, S	Zate, Zip Code ensack, NJ 07600	•							
			tion and the same of the same		1				-					
Scope of Work (Check All That Apply)	1										affilia			
[전 23 sf or 22 16 [D 2160 sf or 2260 16		enoveti Mone			E	ant with Negative	- Guesan	120		1				
		-140001000	en *		_ E	Mini-Enclosure Glovenen Prod	edune	82			1			
	T		-	· · · · · · · · · · · · · · · · · · ·		I Non-Exempled	(") and Non-Fri	Friable Procedure						
		Locati			•1			Abatement Type						
Location of Asbestos-Containing Material (ACN)	Use	Normal d Sole	ly by	Animoleo C	Description	of Material (ACM)	Somet	-	1	1				
TO BE ABATED		inlenar bodlet 6		Ca fian	onedang Bisystem	sinsulation. CT, cr	Amount (Specify SF or LF)	B	1 2	Enzupiulate	Enabatria			
In Facility (12)		(12)		care	facing, VA r miscellar	CT, car NeoUS)	SForLF	PACITION	dade.	E I	bau			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	No	N/A					1 =	17	8	0			
2	-		1	~		MITTER TO SERVICE AND ADDRESS OF THE SERVICE AND	04 4		4-	-	$\vdash \vdash$			
Businer	177 - ABR		PIPE	150	CUTION	90LF 485F	- 1	_	1					
BUSEMONT		1	SUPE	acing										
											Li			
Name of Registered Waste Hauter	ALC: YOU WANTED		JDEP W		le Yarda	1 Name of	Registered Land	ina		Total Control				
Royle Transport		20785	va of W	otzeš										
City, State, Zip Code				T Die	noal Date		te, Zip Code	THE COLUMN						
Riverdale, NJ 07-407					1/1/13		en, PA 16015			100	ale ale			
Completed by	Title	-1:		· · · · · · · · · · · · · · · · · · ·	Signature	1	7	Date						
Joseph Vacaturo	tions			A	Voratino		11/07/13							

# State of NJ Notification of Asbestos Abatement

B & G proj. #:	2013-228	-		(Pursuar	nt to NJAC 8							- 2					
Date of Notification	(1)	.     N	ame of B	uilding Own	er/Operator (2)			NOV	15								
111/112	1/113								· J 20	3							
Agencies Notified	Type Notificati	on St	reet Add	ress			1		194		3						
	Initial		977 M	ain Street		W200=11100=		4.1									
☑ DOL	☐ Amendr				503			1			- 4						
<b>₽</b> DOH	_		me of C	ontact			Telephone Number										
☐ DCA	☐ Cancella	ition	Edmo	nd Fattal													
				FAC	ILITY INFORM	ATION											
Name of facility wh	Name of Building Owner (8)																
Edmond Fatta	ıl							ᅵᅵ片		-70 CONSTR	thar th	an K	12\				
Street Address				5002									12)				
977 Main Stre	eet							Sauare	-			Blo	la. Ac	je			
City (5)		Coun	ty (6)			Cou	nty Code (7)	Square	1 001   #	011 1001			3				
Paterson			51.000		Ø	M. 1 16 0 16 0 16 16 16 16 16 16 16 16 16 16 16 16 16				or if being	dem	olishe	d)				
				<u> </u>		<u></u>	Name of Objects										
Name of Monitoring Firm Hired by Bldg. Owner N/A  Street Address					ASCM No.				(9)								
Street Address	19/5					-											
Agencies Notified							105 Ryerson R	oad									
Name of Monitoring Firm Hired by Bldg. Owner (8)  N/A  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Phone Scheduled Start Date (10)  11/13/13  Sched. Completion 1  11/14/13							City, State, Zip Cod	е									
				- Charles	***							-					
N/A  Street Address  City, State, Zip Code  Project Manager for Monitoring Firm  Scheduled Start Date (10)  11/13/13  Decupancy Status During Abatement (6)  Facility closed/vacated during ent		1		Phone Numi	ber		1				Numb	er					
					-	_					_						
	te (10)			etion Date (1	1)			tion, Inc.				-					
Occupancy Status I	During Abateme	nt (Check o	nly one)				105 Ryerson R	load						9			
Abatement pe							City, State, Zip Coo	ie						34			
	be:					_	Lincoln Park,	NJ 07035				_	_	_			
	eck all that appl			V		_			Lin								
_	استا							negative pres		_							
>3 sf or >3 lf		The same and the same				<u> </u>	Viini-enclosure			Nou-II				_			
	tainina	by mainte	n normal enance/c	ly used sole ustodial		ion of c	schootes containing	A	mount		е	е	n				
		staff(12)	1						The state of the s	or	1	550	0.000	С			
abated in fac	ility (13)	Yes	No	N/A					Γ)		1 0	i r	р	-			
basement				X					lf								
	use			Х	window ca	aulk (	from 2 windows)	2 sf			M			무			
											쓔	片	片	ዙ			
											ዙ	H	片	쓔			
Designational Information	Jaular	L	ED Haut	ar ID# 1 0	Cubic Yards of	Waste	Name of Register	ed Landfill			بال			1			
Registered Waste F B & G Restorati				3110#					ecovery	Center							
City, State							The state of the s										
Lincoln Park, N		T ====			1/15/2013   Signature					Date							
Completed by (Print or Type)  Title  Signature							Gordana Luna			11/12	/201	3					

Secretary/Treasurer

Gordana Luna

11/12/2013

B & G proj. #: 2013-228

				. 443	" EMER	SEN	3A ***		Check #	6253	-				
Date of Notification	1(1)	. I I Nam	e of Build	ing Owner	Operator (2)		,			111	AV.	5	201	3	
11/11/11/2	,				APPROVI	755									
Agencies Notified	Type Notification		mond F					1374	N C Health		*Weet	-	200		
☐ EPA	loitial	97	7 Main	Street	` .	J'a	r (Signature		-			:			
DOIL	Amendo	and the second s	Stam, Zip aterson,	Code , NJ 075	03	Date:	Date: 4 2 3 Time: 10:57 FM								
DOH DCA	Cancella		of Conte				Telephone Number								
				FACIL	ITY INFORM	ATION									
Name of facility w	here shalement is	taking place	(3)					T	Type of Facility (4	)		10		_	
Edmond Fatte			<b>,</b> -,							(K - 12) pter 8 (O	ther th	an K-	12)		
Street Address 977 Main Str	eet						N.			rivalo/Co lomes, e	tc,		g. Agi		
City (5)	<del>~~~</del>	County	(6)			Cour	ty Code (7)	=	adnate Lear 1	rui Fiooi	•		31,13		
Paterson		Ess	5.00	***			use only)	Current Use (Prior if being demollshed) residential							
Name of Monkoria	ng Firm Hired by B	Bidg. Owner (	8)	- 1	ASCM No.	TI	Name of Abatom	ent Co				* ~			
	N/A						B & G Restor	ration	, Inc.						
Street Address				,l.			Street Address		The state of the s	<del></del>			-		
	•						105 Ryerson								
City, State, Zip Cor	de		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				City, State, Zip C	ode	• •						
					the Control of the Co		Lincoln Park		07035	- minally					
Project Manager fo	or Monitoring Firm		Pho	ne Numba	<b>3</b> F		Telephone Numb 973-696-686			License 0378	Numb	er			
				*		-	Name of OSHA	-		0374		-		_	
Scheduled Start D	ate (10)	Sched. C	ompletion	Date (11	)		B & G Resto								
11/13/13		11/1	4/13				Street Address	444	17 AACO-			-III.		-	
Occupancy Status	During Abatemer	t (Check only	one)		W 1 1 11 11 11 11 11 11 11 11 11 11 11 1		105 Ryerson	Road	Į.						
Abatement p	ed/vacated during performed outside	entire period of normal for	of abolen dity hours	nent. 5-			City, State, Zip C								
Describe:Other-Descri	ribe:					=11	Lincoln Parl	k, NJ	07035						
	heck all that apply	)								wrap	& cu				
☐ Demolition	<b>2</b>	Renovation					ull Containment v	w/negt		Glove					
2 >3 sf or >3 l	и  —	≥160 sf or ≥2	so if			$\square$ M	lini-enclosure		. 6	Non-f	riable p	)roça	dure	18	
Location of		ts location r									R	R	E	E	
asbestos-co	ontaining	by muintens staff(12)	ance/custo	2018(			spestos-containir	ng	Amount (Specify S	For	m	P	c c	n	
material to be aboled in fa		Yes	No	N/A	material	(ACNI)			LF)		0 4	i	R P	L	
basement			-	X	pipe (wrap	& cut	)		180 If		Ž				
back of the ho	ouse		7	X	window ca	ulk (fi	am 2 window	/s)	2 sf	-	M				
										1.20					
Registered Waste B & G Restorat		NJDEF 1956			ubic Yards of 2	Waste			andfill ce & Recovery	Center					
City, State	ATT ADAD D			Disposal D	ate /16/2013	- X X	City, State	DA							
Lincoln Park,	1000	THE			Signature		Tullytown,	-		Date	-	·		-	
Completed by (Pri Gordana Luna		Titio Secretary/	Treasure	ť		•	Gerdana Lo	polyticki polyticki	11/12/2013						