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

		(Pursi	uant to	NJAC 8:	60-7	and 12:120-7)						
Date of Notification	n (1)					wner/Operator			1/11 :	195			
11-22-13			Chi	ris Ru	ısse	11			11/2/1	1			
Agencies Notified	Type Notifica	tion	Stree	t Addres	s				77	8			
[]EPA	[X] Initial		202	2 Lexi	ngt	on Ave.			\$2°	** (-			
[]DEP	Notifica	tion	City.	State,	Zip C	ode		/	401		.5V		
	[]Amended		- 23(8)		117-01-5	J,07040			. 7	>			
[X] DOL	Notifica	tion		of Conta				lo l onhon	e Number	- 37			
[X] DOH	[]EMERGENCY	7		ris Ru		11	ľ		738-0	553	7		
[]DCA	[]Cancellat	ion	0	-10 110				(201	, ,50 0.				p. P.
			Ц	FACILI	TY IN	FORMATION			- <u>R</u>	1	v.	7	
Name of Facility Who	ere Abatement	is Tak	ing Pla	ice (3)			Туре о	f Facil:	ity (4)	`			
Same as above	i						[]	School	(K-12)				
Street Addres							50000000	3000000 77 40	ter 8 (Othe				
Street Addres							[X]		i.e., priva uildings, h				
							Square	The state of the s	# of Floo			. Age	-
City (5		County	(6) Ess	ex	N 1000000 000000	ty Code (7)	160		2		80	2.73	
	-				(STA	TE USE ONLY)	Curren	t Use (Prior if be	eing d	emo]	ished	1)
										×			
Name of Monitoring	Firm hired by	Buildi	ng Asc	M No.		Name of Abate			25				
Owner (8) N/A						AZTECH M	IANAGI	EMENT	, Inc.				
Street Address	- (1-m-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					Street Addres						⊕	13
						86 Chris	stophe	er St					
City, State, Zip Coo	de					City, State,			20.550				
						Montclai	ir, N	J 070	42				
Project Manager for	Monitoring Fi	rm T	elephon	e Number	-	Telephone Num				Licens	e N	mber	
		N	I/A			LOTTE STORY	and the	Can't		003	71		
Scheduled Start Date	e (10) Sche	d. Com	pletion	Date (1	L1)	Name of OSHA	Monitor						
12-3-13	12	-4-1	.3			N/A							
		nth (Choo	Day	Year		0							
Occupancy Status Du: [X]Facility Clo						Street Addres	s						
of Abatemen		e v	Ta-ma 1 1	Basilika	.						6-0-		
[]Abatement Pe Hours - Desc	ribe:«OffHours			racility		City, State,	Zip Cod	e					
[]other - Desc	ribe: «Other Oc	cupano	y Desc	ript»									
Scope of Work (Check	k all that app	ly)					100 W 100		ande damented at a	4 825 576			
[X]>3 sf or	>3 1f		[X]Reno	ovation		[]Full []Mini-			th Negative	e Pres	sure	3	
[]≥160 sf				olition		[X]Glove	bag Pro	cedure					
			Is			[]Non-F	riable	Procedu	re	12	h=+c	mont	Marson .
Location	n of		Location			Description	on of					ment	E
Asbestos-Cor			Used	- 1		Asbestos-Con			Amount			R C	C
Material TO BE AB			Solely By Mai		,	Material (i.e., thermal		na	(Specify	Y 1	M	E A P P	LO
In Facil			tenance Custodi	e/		ulation, surf	3375		LF)	1	7	A S	S
(13)		5	Staff (12)		r other misce			0000000			R L	U R
Basement		Yes	No	N/A X W	ach	& clean	DECT		100 lf		+	X ·	E
Dasement		-							TOO IT	-		_	-
L C - 111 - 		_	-	K		ved asb r	enair	12		_		+	
		1		<u> </u>	- In -			-6 5		46/37			
Name of Registered Name AZTECH MANAG			NJDEP W Hauler		100000	ic Yards Waste 1.5		.O.W.	stered Land	TITI			
AZTECH MANAG	MANUAL, IN		17040				2 2	RC.	7 i ,	<u> </u>			
City, State	07040					posal Date		State	41- 4	100			
Montclair, NJ	0/042				12	2-5-13	MOL	risvi	lle, PA	. I9(0/01		
Completed By (Print	or Type) Tit	le				Signature	1	; 	-1/	Dat	<u></u>	دد-	
Constantine "		للحت	reitr			1/	- ,	cull	11/1/len	را ا		15	
						1 1	TOUN	roger					
						//							

Date of Notification (1) 11/21/2013		1		f Building			(2) ENT OF TRAN	ICDODT	ATION	Y			
	Notification		Street A		J, DEFF	ATT I IVIE	ENT OF TRAI	NSPUR I	ATION	_			
	Initial		1035	PARKW	AY AVE	ENUE,	P.O. BOX 60	0					
DEP DOL	Amended Amendment # Emergency (include	ding		ate, Zip Co TON, N		5		No.	- P		3	,	
■ DOH	justification) Cancellation	ding		f Contact AEL DE	ANGEL	.0	·	Teleph 609-8	one Nun 847-216	ber 39			5
Name of Facility Where Abaten	nent is Taking Pla	re (3)	FAC	ILITY INF	ORMATIC	NC	Type of Facility	(4)	0/3	?		1	/
HANOVER MAINTENAN		ice (u)					School (K-					1	
Street Address 211 EDEN LANE	0.0					Har I	Subchapte Other (i.e.	8 (Other th	nan K-12 ommercia) al buil	dings	, hom	ies,
City (5) HANOVER TOWNSHIP	Court (S)	15.0	ne Cofe				Square Feet	# of Flo	oors	· VE	Bldg. /	Age	
County (6) MORRIS				Code (7) USE ONLY)	88 V.	Current Use (Pri	or if being o	demolish	ed)			
Name of Monitoring Firm Hired ENVIRONMENTAL CON			ASC	M No.	Bels		of Abatement Co		ACTING	3, IN	IC.	10-12-	
Street Address					1222	-	Address			•			
120 N. WARRENT STRE	ET						RUTHERFOR	D BLVD.					
City, State, Zip Code TRENTON, NJ 08608				-tune	Brin		tate, Zip Code TON, NJ 070	14					
Project Manager for Monitoring RICK BEECH	Firm	806 5	Telepho 609-39	ne No. 92-4200			one No.	1 1759	cense No 0494).			
Start Date (10) 12/5/2013		eduled Co 9/2013	mpletion	Date (11)	Enti		of OSHA Monitor E AS (9) ABC	VE					
Occupancy Status During Abate	ement (Check Onl	ly One)	Apullen	igni	1112	Street	Address						
Facility Closed/Vacated Do Abatement Performed Out Other – Describe:					Britis	City, St	ate, Zip Code						
Scope of Work (Check All That	Apply)						-46 (4)		-11151			/-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<u> </u>	Renov Demo				×	Full Containm Mini-Enclosure Glovebag Pro Non-Exempte	e cedure				e.	
cation of		Is Loca	ition				oral		1		Abate	emen	t
Location of	-1 (4 C) 4)	Norma Used Sol				cription		72.5			Ty	/pe	
Asbestos-Containing Materi. TO BE ABATED In Facility (13)	ai (ACM)	Mainten: Custodial (12)	ance/ Staff?		thermal s	systems ing, VA7		Amou (Spec SF or	ify	Removal	Repair	Encapsulate	Enclosure
EXTERIOR	10	es No	N/A	т	RANSI	TE DA	NELC	900.0	`F				
EXTERIOR		^		'	KANSI	TEPA	INELS	800 8	or	Х			
Name of Registered Waste Hau	ler		NJDEP W	aste	Cubic Y	arde.	Name of	Registered	Landfill				
TWO BROTHERS CONT			Hauler ID 18743		of Wast		100000000000000000000000000000000000000	E MANA		IT G	.R.C).W.S	S.
City, State CLIFTON, NJ		- 1-		11/0	Disposa 12/9/2		City, State	e ISVILLE,	PA				
Completed by VIVECA RAMOS	Tit Pi		T COOF	RDINATO		gnature	MAA X	Janes	Date	e 21/2	013		

To 1 11 11 11 11 11 11 11 11 11 11 11 11					CKII	(3/2
Date of Notification (1) 10/23/2013	Name	of Building	Owner / Operate	or (2)		
Agencies Notified Type Notification	Street	Address				
EPA			EVILLE ROA	.D	- 1	FE
DEP Initial Amended		State & Zip C				马门门
DOH 8/14 Emergence		of Contact	LE, NJ 08648			
DCA Cancellati		Arkuszew	vski		NOV 2/	Telephone Number 609-896-5080
	FA	CILITY INF	ORMATION			000-000-000
Name of Facility Where Abatement is	Taking Place (3)		Type of Faci	lity (4)		
Rider University - Olson Hall				(K-12) Non-Sul		
Street Address 2083 LAWRENCEVILLE ROAD				pter 8 (Other th		\$7.8KG
2000 LAWKENOLVILLE KOAD			Square Feet	# of Flo		ngs, homes, etc.)
City (5) Cou	nty (6) County (Code (7)	- Coducio i cel	# 01710	5015	Bldg. Age
LAWRENCEVILLE Mer			Current Use	(Prior if being	demolished)	
Name of Monitoring Firm Hired by Bui	Iding Owner (8)	ASCM No.	Nome of Ale			
Pennoni Associates Inc.	iding Owner (b)	ASCIVI NO.		atement Contra	ictor (9) Inc.	
Street Address			Street Addre	SS		
515 Grove St # 1B City, State & Zip Code			1123 Beave			
Haddon Heights, NJ 08035			City, State & Bristol, PA			
Project Manager for Monitoring Firm	Telephone		Telenhone N		License	Number
Tom Adams Scheduled Start Date (10) Sched	856 656-2				00509	
11/25/2013	duled Completion Dat 11/25/2013		Name of OSI	HA Monitor v ironmental l i		
Occupancy Status During Abatement	(Check only one)		Street Addre		IIC.	
Facility Closed/Vacated During			1123 Beave	er Street		
Abatement Performed Outside Describe:	of Normal Hours – 7	am to 3pm	City, State &			
Facility Occupied During Abate	ement 8:00 AM = 4:0	0 DM	Bristol, PA	19007		
Scope of Work (Check all that apply)	3.00 Am - 4.0	O F INI				
M >2 -6>2 K	F2	2700 		Full Cor	ntainment with I	Negative Pressure
≥3 sf or ≥3 lf≥160 sf ≥260 lf		ovation olition		Mini-En		29
	☐ peu	lolltion			ag Procedures	
Location of	Is Location	on	Description		Amount	n-Friable Procedure Abatement Type
Asbestos-Containing	Normally U	sed	Asbestos-Con	taining	(Specify	Abatement Type
Material (ACM)	Solely b		Material (A)	CM)	SF or LF)	
TO BE ABATED in Facility	Maintenand		(i.e., thermal s	ystems		Ren Re Cles inc
(13)	Custodial S (12)		nsulation, surfactor or other miscellation			Enclosure Clean Up Repair Removal
(1.5)		N/A	or other miscell	arieous)		
Olsen Hall Mailroom			Pipe Insula	ition	8 LF	
*						
lame of Decistored Wests Haules		<u> </u>		17.		
lame of Registered Waste Hauler	NJU	EP Waste (Subic Yards of Waste	Name of Regi	stered Landfill	
Bristol Environmental, Inc,		18706	1	GROWS Lai	ndfill	
City, State		[Disposal Date	City, State		
Bristol, PA			9/24/07	Morrisville,	PA	
Completed By (Print or Type) Sino Pizzigoni	Title	ject	Signature	0	. 1.0	Date
FILLIYUIII	Contract Con	nager	Gens 1	Peggegon	- 1 je	10/23/13

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	2 / 1 3			0.000	ne of Building Owner/Opera te of NJ Dept. of Environmen							
	of Notification			Str	eet Address D. Box 420							7
0.000000 0.000000000000000000000000000	T_14_1				y, State, Zip Code							
	Initial Amended		=		nton NJ 08625	i	NOV	27 %	02020			
	Amendment #			110	III 143 00023			2 / /6	173			
[X] DOH []	Emergency (including Justification)			Nai	ne of Contact	Ţ	Telepl	hone Number				
[] DCA []	Cancellation			Bol	Kunze	i.	609-2	73-4568				
Name of Facility Where Abatement is Taking Round Valley Recreation Area-Main Residence Address 863 South Brach River road City (5)					nty Code (7)	Type of Fa	School (K-12) Subchapter 8 Other (i.e., pri	(Other than livate & comm	ercia			
City (5)	county (o)			100000000000000000000000000000000000000	ATE USE ONLY)					ug. / 1		
Somerville	Somerset					Current Us	e (Prior if being dem	olished)				
Name of Monitoring Firm Hired by Buildi			ASC	M	Name of Abateme	ent Contractor	(9)					
USA Environmental Management Inc			1	-13:	J.R. Contracting Street Address	& Environment	al Consulting, Inc.					
Street Address					I Transcription of the second							
344 West State Street			-		City, State, Zip C	ode				-		
Trenton, NJ 08618					Wayne NJ 07470							
Project Manager for Monitoring Firm		Telep	hone	Numbe			Licen	se No.				
Willie Weisgarber		609-6	56-81	01	A STATE OF THE PARTY OF THE PAR		00408	ı				
Scheduled State Date (10)	Scheduled Comp	pletion D	ate (11)	Name of OSHA N	1onitor						
1 2 0 2 / 1 Month / Day / Ye	ar Month	1 Da	3	, Li	Enviro Vision Co	nsultants, Inc.						
Occupancy Status During Abatement (Che [X] Facility Closed/Vacated of Abatement [] Abatement Performed (During Entire Period	ility Hou	ırs		Street Address 20-21 Wagaraw F City, State, Zip C Fairlawn NJ 074	ode	1			7)	4750-25	
Scope of Work (Check all that apply)							80 _k					
[X] ≥ 3 sf or ≥ 3 If [] ≥ 160 sf or ≥ 260 If		[X]		vation olition	[[[[X	Mini-Enclo Glovebag F						
									A	batem	ent T	_
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)		Loc Nor U Sol Main Cus	cation rmally ised ely by tenane stodial ff (12)	ce /	Description of Asbestos-Containi Meterial (ACM (i.e., thermal syste insulation, surfacin or other miscellai	ms eg, VAT,	Amo (Spe SF or	cify	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Room 101, 102, 107, 201, 206				X	VAT		550 SF		x			
Exterior				х	Transite	Haran San	150 SF		х			
Exterior				X	Caulking		10 SF		X			
											-	
Name of Registered Waste Hauler	and the second		EP Wa		Cubic Yards of Waste	Nai	ne of Registered Lan	dfill				
J.R. Contracting & Environmental Consul	ting, Inc.	riante	17819				a.o.w.s					
City, State					Disposal Date	-7	y, State					
Wayne NJ 07470 Completed by (Print or Type)	Title		-		Signature	Mo	rrisville PA	Date				
Completed by (1 lint of 1 ype)	Title				Signature C			Date				
Jerry Bijelonic	Project Manage	r							_	2/2013		
ASB-41 Jun-95	* Do	not use t	his for	m tor a	sbestos licensure exempted act	uvities				G4667		

Date of Notification	(1)	,	Name	of Bui	lding	Owner/Operator	(2)					
11-22-13			Jo	an M	uell	er						
Agencies Notified	Type Notific	ation	Stree	et Addr	ess		* * * * * * * * * * * * * * * * * * * *					
[]EPA	[X]Initial	1	89	Cli	nton	Avenue						7
[]DEP	Notifi	cation	City	, State	, Zip	Code	The I	- Company				
[X] DOL	[]Amended Notifi		Мо	ntcla	air,	NJ,07042	7. 4.4				į	
[X] DOH			Name	of Con	tact		Telepho	ne Number	2013		;	
[]DCA	[]EMERGEN	1995	Jo	an M	uell	er	(973	8) 865-1	826	OFT.	1	
				FACI	LITY	INFORMATION					-	
Name of Facility Whe	re Abatement	is Taki	ng Pl	ace (3)	1		Type of Facil	Lity (4)			i	
Same as above							[]School	(K-12)				
Street Addres								oter 8 (Othe (i.e., priva				
								ouildings, h				
SECTION CONTRACTOR OF THE SECTION OF							Square Feet	# of Floo	ors B	ldg.	Age	
City (5		County	(6) Es	sex	10000000	inty Code (7)	5000	3		88		
*					(51	AIR OSE OREI)	Current Use	(Prior if be	eing de	moli	shed	1)
Name of Monitoring F	irm hired by	Buildir	or 20	CM No.		Name of Abatem	lent Controcto	~ (0)				
Owner (8) N/A	TIM HITEG DY	Barran	ig his	CH NO.		11	ANAGEMENT					
Street Address						Street Address	1					11 3 5 5 5 5 5
						86 Chris	topher St	÷.				
City, State, Zip Cod	е					City, State, Z	ip Code r, NJ 070	42				
Project Manager for	Monitoring F	irm To	lepho	ne Numb	er	Telephone Numb			License	Man	hor	
			/A		,61				003		Der	
Scheduled Start Date	(10) Sch	ed. Comp	letio	n Date	(11)	Name of OSHA M	fonitor					
12-6-13	1	2-9-1	3			N/A						
Month Day Ye			Day	Year	:	101						
[X] Facility Clos	sed/Vacated I					Street Address						
[]Abatement Per				Facili	ty	City, State, Z	ip Code	2,5 Wh 152		- 1000		
Hours - Descr []other - Descr				ript»								
Scope of Work (Check						Ш						
F#73 0 - 6						[]Full (Containment wi	th Negative	Press	ure		
[X]≥3 sf or []≥160 sf o				ovation olition			inclosure pag Procedure		50			
			-		·		ciable Procedu	ıre				
Location	of		Is Locati			Description	F		Ab	ateme		
Asbestos-Con	taining	l i	Vormal Used			Asbestos-Cont		Amount	R	R	E	E
Material (TO BE ABA		I I	Solcl Sy Mai			Material (A		(Specify	7.1	E	C A	C
In Facil		·t	enanc	e/	in	(i.e., thermal sulation, surfa		SF or LF)	0	A	P	0
(13)		St	aff (12)		or other miscel			A	I R	Ū	U R
Basement		Yes	No	N/A	D:-					-	-	E
Dasement			-	X	Pip	e Insulati	lon	160 lf	X	-		
			-				-			1		
Name of Registered Wa	aste Hauler	h.r.	JDEP W	laste		oic Yards	N					
AZTECH MANAGE		IC. E		ID No.		Waste 1.5	Name of Regi G.R.O.W.		fill			
City, State			, 5 2 (Dis	sposal Date	City, State				-	
Montclair, NJ	07042						Morrisvi	lļe, PA	1,906	57		
Completed By (Print o	on themal has	-1-]) ,	1	/			
Constantine Vi	(2002)	_{tle} reside	nt			Signature	and I	- 17	Date			2-0
						10	wychis	un fre				

GIECK #) 3060

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Date of Noufication (1)	21/13 .	1		ding Owner/Opera		7 70 -1	LACTING		
Agencies Nouhed	Type Notification	5	Veel Addres	u .	-3	16 B			
□ PA	⊠juea .	L.		5 AT,	٥٥		72	-	 -
	Amended Amended		RY. State. Zi	1664 1-11	ELD NA	v., T. C	8230	7	•
	Emergency (in	oniwis	Lame of Cont		- 2 7	77	elephone Mumber	/	
□ 00 h	☐ Cancellation			E BREU	MIG	[B09 39,4	-21	77
	L			NF OR MATION	+	50.40			
Name of Facility Where	Abalement is Takino	Place (3)	-		Type	of Facility (4)		
LES,	DENCE				- F Su	hool (K-12) bohapter 8 (Other than K-12)		
Siree Address 3.7/4	PEMBRO	DEE LA	INE		. no	ner (l.e., pny mes, etc.) e Feel	# of Floors	Bido	
City (5)	FOW CITY				100	0	. 2_	_	2 -
		===	County Code	(1) (STATE	Coule		H being demoushe	ব)	
County (6) . C.	ARE MAY		USE ONLY)	Name of Aba			DUT		
Name of Marioning Firm	Hired by Building C	wner A	SCM Ho.	Name of Ada	~ C O	"ZX			
(8)	/A						,		
Street Appress						PROC	E Ave.	_	
City State Zp Code				City. State, Z	ip C∞o	CHDD	EINJO	305	L ==
			none No	Telemone Ne		-11-11-1	Lanse No		
Pract Hanager la Mo	mionry Firm	. 1 61652	DIR IN			The books and the books are th	0044	<u> </u>	====
	TScheo	ued Completion	on Date (11)	Hame of OSI	HA MONING	1/60	M		
S:an Date (10)	13 /2	-/12/1	3	Sue el Addre		1/5 M			
Size of Disc	on Abatement (Che	大 only cool		369	3,51	PILUCE	105.		<u>. </u>
TTO . I. CLARAGAINCE	IER DUMO Entre PE	1100 01 700 1011	nent		- A - I -				
Dalement beyond	ed Outside of Norma	Facility nous		MA	ن ت م م آه	SANDE	E, N, J, 0	005	<u> </u>
One Describe	ii bay apply)				Containm	eni wih Nec	pagye Pressure		
Scape of Work (Check	all (var appri)	Renovation	n	. Dwr	. Endocuit	1			
1 23 51 01 23 11		☑ Oemaison	1		rebag Pro	9 (.) pus Ho	n-Friable Procedur	e l Ac	atemer
		Is Location			***				Tree
·	**	Normally Used Solely		Descript	ion of	*CH)	Amount		: = .
Location	ol	Maintenan	∞/ A	besios Containin	ews ivana	ion.	(Specity	Ĭ,	in openhala Rapsu
Aspesios - Coniaining	4169	Custodia Start?	'	sudadno.	VA1. 01		SF & LF:	Herrowal	TE SHE
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	(*)	TES NO	HIA				14004	K	
			X_	TRANS	5175		1700-	+~	
517	AN G	+						+-	
		+						+	1.
		+				Jama of Day	pistered Landfill		
Name of Registered Y	Vasie Hauler		JOEP Was	Cubic Ya	os i	M	, C , M . U	. 1	
Hame of Registered Y	o Inc.	`	17907	5	Date (
Cin State	<u> </u>	- 000	<7	06881		Woo	DBINE, 1	ن,ن	
MAPLE SI	IDDE, NI	5,080		Signa	ilure	1100	Date	121	113
Compeled By	I	~ 0 W N	ER		Loan	1150			
JOSEPH C	EMM				J	a activities	*()		
4 5.8 × 1		Do not use in	us form for a	spesios licensur	e exemple	O 80 27711103			

* Energency *

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

79653

150300		SERVICE	25,652	STORMAGE	2500
20000	Diri	B. F.		-	290
BRODEN.	Fallst	3 K GE	жом	11.10	SENS.
48063214	and a	المشتركات		(3/2) 39	5500

Date of Notification (1) 11/25/13		-		Name of Willian	Building Nest	Owner Priva	/Operator te Home	(2)					22			
Agencies Notified	Type Notification			Street A	ddress st 33rd S	St									_	
EPA DEP DOL	Initial Amended Amendment				te, Zip Co Beach N		008									
DOH DCA	Emergency justification) Cancellation			Name of Bill	Contact		/**	N		Tel 61	ephone 1 0-534-	Nomb	per 07			-
				FACI	LITY INFO	ORMA	TION			122	7.77	1.	_			
Name of Facility Where William West Priva		g Place (3))			4.		personal contract of the contr	of Facility		14.	4			2	
Street Address 12 East 33rd St								×	School (K-1 Subchapter Other (i.e. petc.)	8 (Oth				lings,	home	es,
City (5) Brant Beach NJ 08	3008								re Feet	#0	f Floors			ldg. A 5 +	ge	
County (6) Ocean					Code (7) USE ONLY)		Curre	ent Use (Pri	or if be	ing demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.				tement Co	ntractor	(9)			200		
Street Address					•			Addre		nu-sae					•	
01.01.1								30x 3								
City, State, Zip Code		2.7562772-710	5000						ip Code in NJ 080	091						
Project Manager for Mo	nitoring Firm			Telephor	ne No.			none N			License 00727					
Start Date (10) 11/26/13		Schedule 12/2/13		pletion I	Date (11)		Name Sam		HA Monitor							
Occupancy Status Durin	ng Abatement (Che	k Only On	e)					Addre	ss	-		-				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	batem Hours	ent `			City, S	State, Z	ip Code		,					
Scope of Work (Check /							1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,,,,		enova emoliti	50000000			`	Min	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure					e	
		Is	Locati	οη											ement	Ł
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Used Mai	lormali d Solei ntenar odial S (12)	ly by nce/	Asbes (i.e.	tos Co therm sur	Description Intaining Nal system facing, VA	Materia s insula AT, or	ation,	(Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Exterior	Siding			х		Ex	terior Si	ding	¥	19	000 SF	_	x			
										• :		\dashv				
														-	_	
										Here - Bit			-			
Name of Registered Wa	ste Hauler			JDEP Wauler ID		10-2008000	ic Yards		Name of	Registe	ered Lan	dfill				-
United Containers			2459	140.	3	/aste		G.R.O.								
City, State Elm NJ						100000000000000000000000000000000000000	osal Date 2/13		City, Star Morrisv		A 1906	7				
Completed by		Title	_	0.51		1	Signature	e				Date				_
Anthony T Perna		Presid	dent					<		-00-73-3		11/	25/1	13		

Date of Notification (1)			T	Name o	f Building	Owner/0	Operator	(2)			00					
11-22-2013				Benja	min H. I	Realty	Corp.	0.000	70.0	*	8 4	6				
Agencies Notified	Type Notification		7	Street A	ddress				1 , 21	-						
□ EPA	X Initial			7 Gle	nwood A	lve. Su	uite 30	8								
DEP	Initial Amended			City, Sta	ate, Zip Co	ode	C/52.911		4					- 1000	2000	
▼ DOL	Amendment		- 1	East (Orange,	NJ 07	017			VOV.	27					
DOH DCA	Emergency justification)			Name o	f Contact						ephone		er		ì	
DCA	Cancellation			David											1	
				FAC	LITY INF	ORMATI	ION			_					1	
Name of Facility Where	Abatement is Takir	ig Place (3)						Typ	e of Facility (4	1)						
House			20.00						School (K-1:					1000	ĺ	
Street Address							SAMERON SEATI		Subchapter Other (i.e. p					di	L	
46 North Arlington	Ave.							Ш	etc.)	iivale (& COITIIII	erciai	Julik	iings,	nom	es,
City (5)	A	2077			2015-045-0		W. = = -	Squ	uare Feet	# 0	f Floors		В	ldg. A	ge	
East Orange					V Attendance of the con-								5	60+		
County (6)					Code (7)			11	rent Use (Pric	r if bei	ng demo	olished)			
Essex					USE ONLY		_		ouse							
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	ΛNo.		(batement Con						3	
n/a				n/a			Lozr	nica	Manageme	ent Co	orproat	ion				
Street Address							Street									
n/a			-2.650				22 T	roy	Lane							
City, State, Zip Code			. California	77.0			U		Zip Code							
n/a									Park, NJ 07	035						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	none	No.		Licens	e No.				
n/a				n/a			ATT.		11256		0119	3				
Start Date (10)		Scheduled		npletion	Date (11)				SHA Monitor		V					
12-3-2013		12-5-20					Lozr	nica	Manageme	ent Co	orporat	ion				
Occupancy Status Durin	g Abatement (Chec	k Only One)				Street	2000							Wies	
Facility Closed/Vac	ated During Entire	Period of Al	baten	nent			22 T	roy	Lane							1
Abatement Perform Other – Describe:		nal Facility I	Hours	3			100000000000000000000000000000000000000		Zip Code				10000	estable of		
						_	Linc	oln	Park, NJ 07	7035						
Scope of Work (Check A	II That Apply)						925	2.								
≥3 sf or ≥3 lf			enova				×	F	ull Containme	nt with	Negativ	e Pres	ssul	e		
2160 sf or ≥260 lf		☐ De	emolit	ion			-		fini-Enclosure Slovebag Proc							
									lon-Exempted		d Non-Fr	riable l	Proc	cedur	е	- 1
		ls l	ocati	on						. /				Abate		
Location	of	1/2/17/5/5	ormal		11	Dog	scription	of							pe	
Asbestos-Containing		Used	Sole		Asbes				al (ACM)	Α	mount				m	
TO BE AB/		Custo				thermal	systems	s inst	ulation,		pecify		ZJ P	æ	ince	Enc
(13)	ity		(12)				cing, VA niscellar			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
3 5	ke.	Yes	No	N/A					'			- 11	<u>8</u>	=	llate	ure
		res	INO	N/A											•	
Basement Bo	iler Room			X	Insulat	ion fro	m Old	Wai	er Tank	30	00 SF		4			
												+	-			
		+										+	-	_		
Name of Desistered Mea	to Hauler		1 4.	IDED												
Name of Registered Was			100000	JDEP W auler ID		Cubic of Was			Name of R	Registe	red Land	dfill				1
Loznica Manageme	nt Corp.		100000	033137		TBD			GROWS	S Lan	dfill					
City, State	003313						al Date		City, State						-	
Lincoln Park, NJ 070	035					TBD			Morrisvi		1906	7				
Completed by		Title					ignature	<u> </u>				Date	-			
E. Cirovic		Secre	tary			1	5/1	:רל,				11-2	2-2	2013		

MO#201382878521

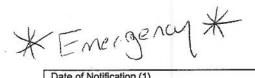
MAY 11

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

Date of Natification (1)				Name	of Building	Owner/Ope	rator (2)						
Date of Notification (1) 11 /	21 / 13				Lobb	owner/ope		FA IN TO S	7 12 F				
Agencies Notified	Type Notification				Address				-				
	✓ Initial			561 T	othron Ax	(onue			(A) (1)				
	Amended		-		athrop Av State, Zip C		Mi	OV 2 7 20	n			_	
☑ DHSS	Amendment #_		i	2000 000 000			146	JV Z ' ZU	J.				
□ DCA	Emergency (inc	cluding			on, NJ 07				1=				
(NJAC 5:23-8)	justification)			Name	of Contact			100	Telephone Numb	er			
	Cancellation			Glenn	Lobb		200	ų.	973-263-0514				
	33			FA	CILITY IN	FORMATIC	NC			100			
Name of Facility Where At	patement is Taking	Place	(3)		New York Control of the Control of t		F	Type of Facility	(4)				_
10 m								School (K-12					
Private house Street Address								Subchapter ((Other than K-1 2)				
									rivate and commerc	ial bu	ilding	s,	
564 Lathrop Avenue								homes, etc.)		15			
City (5)								Square Feet	# of Floors	BI	dg. A	ge	
Boonton, NJ 07005													
County (6)				Coun	ty Code (7)	(STATE USE (ONLY)	Current Use (Pr	ior if being demolis	ned)			
Morris													
Name of Monitoring Firm I	Hired by Building C	wner (8)	ASCM	No.	Name of A	batemer	nt Contractor (9)					
						Gr Tech L	LC						
Street Address						Street Add	ress			Mac-Art			77
						576 Valley	v Rd #2	283					
City, State, Zip Code						City, State,							_
N 0						Wayne, N.							
Project Manager for Monit	orina Firm		Tele	phone	No	Telephone		,	License No.				_
			1010	prioric	, 10.	Totophono	110.		Secondary and the second				
Start Date (10)	Cohoo	ulad C		tion Do	te (11)				01127				
11 /30 / _	Manager Property Company (1)					name of O	SHA MC	nitor					
		1000	450	/ .		Envirovisi	on Con	sultants,Inc					
Occupancy Status During						Street Add	ress					100	
▼ Facility Closed/Vacated						20-21 Was	garaw F	Road, Bldg .#	34A				
Abatement Performed	Outside of Normal	Facility	Hour	s - Des	cribe	City, State,							
Time of Abatement:	PI	vl/	PIVI_		AM	Fair Lawn	NI 07	410					
Scope of Work (Check all	that apply)		-					THE RESERVE THE PARTY OF THE PA	nation with negative	press	ure	-	
	75 S. S. W.					☐ Fu	ull Conta	inment with Ne	gative Pressure				
		X Re	novati	on		M M	ini-Enclo	osure _	Tont with Nogotive	Droop			
2 100 SI 01 2200 II		□ ре	molitic	М		A GI	iovebag on-Exem	Procedure	Tent with Negative on-Friable Procedur	Piess	ure		
		T is	Locat	ion	Т		OII EXOII	ipida () dila ita	THE HADIC ! TOCCOU	1			
Location of	of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lorma			Donori	iption of			AD	1	ent Ty	
Asbestos-Containing M		23,033,535,535	d Sole		Asbe	stos Contain			Amount	Re	Repair	E	Enclosure
TO BE ABAT		F (2000) 5	intena			., thermal sy			(Specify	Ä	pa	cap	000
IN Facility	y	Cust	odial (12)	Staff?		surfacing			SIF or LF)	Removal	=	Encapsulate	Sur
(13)			(12)	Т	-	other misc	cellaneo	us)		_		ate	œ
		Yes	No	N/A	ļ								
Basement-				X	Pipe inst	ulation			200 LF	X		П	
	3000	П	П					********					
		Ш	Ц_	Ψ_						\perp	닏	Ш	Ш
									1000				
		П	П	П							In	П	
Name of Registered Waste	e Hauler	Ц.	N.II	EP Wast	Hauler ID No	Cubic Yarde	of Wests	Name of Regi	stered Landfill		ا ا	Ш	
	o Hadiei						UI VVASIO	-	Stered Latidiii				
Gr Tech LLC			(003378	35	TBD	2552 25	T.R.R.F. Inc					
City, State						Disposal D	ațe	City, State					
Wayne, NJ 07470						TBD		Tullytown, P	A				
Completed By (Print or Ty	pe) Title	9	•			Signat	ture /		l Da	te			
	1 10						V1/	which was			112		
N.Jevtic	Owi	ier				L	-//2	ADYC VV ON	11/	21/20	113		

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

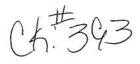




CR 3735

Date of Notification (1) 11/21/13				Building O M McC				•)						
Agencies Notified Type Notifica	tion	1,000	treet Add	dress kshade	Road									
EPA Initial Amende	ment #	1000		e, Zip Cod				*** ** ** ** *** ***						
□ DOH justifica □ DCA □ Cancell		1000	lame of (Krisden			η.		11.7.2		phone Nur 9-605-460				
Name of Facility Where Abatement is Krisden M McCrink (Private Ho Street Address 504 Oakshade Road			FACIL	ITY INFO	RMATI		S S		2) 8 (Othe	013 er than K-12 commerci		lings	home	es,
City (5) Shamong NJ 08088				-35,000			Square	c.) Feet	# of	Floors		ldg. /		
County (6) Burlington	-		County C	ode (7) SE ONLY)					or if bei	ng demolisi				
Name of Monitoring Firm Hired by Buil N/A	ding Owner (8)	-	ASCM	No.			of Abate	ement Cor		(9)				
Street Address						Street	Address	ox 36	-					
City, State, Zip Code						City, S	tate, Zip	Code	0740000	- 080	79			
Project Manager for Monitoring Firm		Ī	elephon	e No.		Teleph	one No		7073	License N	lo.			e.
Start Date (10) 11/22/13	Scheduled 11/25/13		pletion D	Date (11)	-		of OSH	A Monitor		007.		****		•
Occupancy Status During Abatement	Check Only One)					Addres							
Facility Closed/Vacated During E Abatement Performed Outside of Other – Describe:						City, S	tate, Zij	o Code						
Scope of Work (Check All That Apply)		-	k		0	<u> </u>								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti		12.			Min Glo	i-Enclosur vebag Pro	e cedure	n Negative			re	
	ls l	ocatio	nn									Aba	temen	it
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used Mair	ormall Solel ntenan odial S (12)	y y by nce/	Asbesi (i.e.	tos Cor therma surf	escription ntaining N al system acing, VA miscellar	/laterial s insula T, or	(ACM) tion,	(3	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
Kitchen			x		F	loor Til	е	2	35	0 5/=	X	Т		
							192	•			T			
Name of Registered Waste Hauler United Containers	Н	JDEP W auler ID 2459		Cubi of W 2	c Yards aste		Name of G.R.O		ered Landfi	11	11000000		333 - S.	
City, State	1			Disp	osal Date		City, Sta Morris		A 19067			-		
Completed by Anthony T Perna	Title Presid	dent				Signatur	ę /			10	ate 1/21	13		

			2 5		to NJAC	=			e Heck	No	121	5	4-		
Date of Notification (1) 11/19/13				Name of Joe Ro	Building (osati	Owner/C	Operator	(2)						Da r	77
Agencies Notified	Type Notification			Street Ad 108 W	ddress oodward	d Aven	nue			NO		e]17		11.	Ú
EPA DEP DOL	Initial Amended Amendment				te, Zip Co ford, NJ		0		1 4			<u>/</u> 3	. ,		1
DOH DCA	Emergency (justification) Cancellation	100		Name of Jim Un	Contact					Telephone 973-868-	Numb -3323	ei;	- j		T
				FACII	LITY INFO	ORMAT	ON					-		Strage J	
Name of Facility Where A	Abatement is Takin	g Place (3	3)						of Facility (4) School (K-12)					
Street Address 709 Hill Street							6		Subchapter 8 Other (i.e. pri etc.)			build	lings,	home	es,
City (5) Carlstadt, NJ	16						14	Squa 240	are Feet 0	# of Floors 2		B 8	ldg. A	ge	
County (6) Bergen				County (Code (7) JSE ONLY			Curr	ent Use (Prior	if being dem	olished	d)			
Name of Monitoring Firm	Hired by Building	Owner (8)	i i	ASCM	1 No.				atement Contr ronmental		LC				
Street Address							Street 4 E 0		ess Drive, PO I	3ox 483	8				
City, State, Zip Code									Zip Code d, NJ 0741	8					
Project Manager for Mor	itoring Firm			Telephor	ne No.		Teleph		lo.	Licens 703	se No.				
Start Date (10) 12/2/13		Schedule 1/2/14	ed Con	npletion [Date (11)		Ivame		HA Monitor		1/	14			-
Occupancy Status Durin	g Abatement (Chec	k Only Or	ne)				Street	Addre	ess		Section 1	_			
Facility Closed/Vac Abatement Perform Other – Describe:							City, S	state, 2	Zip Code		-				
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit					Mi Gl	ull Containmer ini-Enclosure lovebag Proce on-Exempted	edure				Θ.	
		le le	Locat	ion					ZXOIIIPLOU	() dild itoli i	Habic	111111111111111111111111111111111111111		ement	t
Locatior Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Use Ma	Normal ed Sole sintena todial s	lly ly by nce/		tos Con therma surfa	escription taining N I system icing, VA miscellar	Materia s insul T, or	.	Amount (Specify SF or LF)		Remova	Ty Repair	e Encapsulate	Enclosure
		Yes	No	N/A								=		ate	'e
exteri	exterior						ite shir	ngles		2200		x			
							35.5			2022					
Name of Registered Was Freehold Cartage	ste Hauler	20	H	IJDEP W lauler ID 5939		Cubic of Wa 10	Yards		Name of R	egistered Lar	ndfill		14		
City, State Freehold NJ					sal Date		City, State Morrisvil	le, PA							
Completed by Andrew Scott Higgin	S	Title Pres	ident/	Owner			Signature				Date		3		



Date of Notification (1)						Owner/Operator (2		t =		7		
	21 / _	13		The	Haddon	Township hous	ing Authority	器 + W 1				
Agencies Notified ⊠ EPA	Type Notifica	tion			Address	. d A				i		
☑ DOLWD	☐ Amended				Vynewoo		NOV	2 7 2017		1		
☐ DHSS	Amendme				tate, Zip C							
□ DCA	☐ Emergend					nship, NJ 08108	3	T=				
(NJAC 5:23-8)	justificatio			Name	of Contact			Telephone Number				
	☐ Cancellati	on						856-854-3700		1		
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is T	aking Place	(3)				Type of Facility					
Roher Towers							School (K-12) 3 (Other than K-12)				
Street Address								rivate and commerc	ial bu	ilding	S,	
25 Wynewood Ave							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	lg. A	ge	
Haddon Township	204						5625Sf	11 Floors		50 yr	s.	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	ior if being demolish	ed)			
Canden							Apartments					
Name of Monitoring Firm	Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Raymond Giordan	0.					Graham-Tecl	h Environment	al Service, LLC.				
Street Address						Street Address						
204 E. Germantow	n Pike					14 Read Driv	e					
City, State, Zip Code						City, State, Zip C	ode					
Norrition, P.A. 194	01					Sicklerville, I	NJ 08081					
Project Manager for Mor	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Raymond J. Gioda	no		8	56-229	-5369	10 10 10 10 10 10 10 10 10 10 10 10 10 1	la constant	01158				
Start Date (10)	18	Scheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor					
_12 / _02 /	13	_1_/	_ 02	/ _	14	Graham-Tec	h Environment	al Services, LLC				
Occupancy Status Durin	g Abatement (Check only	one)			Street Address						
☐ Facility Closed/Vacat		[14] [[1] [1] [1] [1] [1] [1] [1]		ment		14 Read Driv	re .					
					cribe	City, State, Zip C	ode					
Time of Abatement:	7AM- <u>11:30</u> PM	/PM-		_AM		Sicklerville,						
Scope of Work (Check a	all that apply)											
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure on-Friable Procedure	e			
		Is	Loca	tion					7-	atem	ent T	vpe
Location	n of	2.555	Norma		-	Description (of			_	_	T
Asbestos-Containing	경험 1일		ed Sol	ely by		estos Containing Ma		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE AB IN Faci		10000000		Staff?	(1.6	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	₹	psu	Sur
(13)	,		(12)			other miscellane			-		late	(D)
		Yes	No	N/A					_			
Boiler Room					Asbest	tos Tank Insulat	ion	150Sf				
Boiler Room					60-70 E	Elbows		60-70LF	\boxtimes			
Name of Registered Wa				NJDEP		Cubic Yards of	Name of Regi					
Graham-Tech Env	ironmental S	ervice, LL	.c '	dauler I 00340		Waste		North Landfill &	Tully	tow	n	
City, State 14 Read Drive Sick	klerville, NJ (08081				Disposal Date	City, State 1513 Brod	entown Rd. Mor	risvil	lle,P	A	
Completed By (Print or	Туре)	Title				Signature	11-	Da	te ,	01	-1	3
Willis Graham		Owner	•			100			(()	or	1.	

Date of Notification (1) 11-21-2013			283	lame of l tzia Arr		wner/C	Operator (2	2)								
Agencies Notified	Type Notification		- 1	Street Add	dress tnam Ro	i.			A is	F1			-	-	7	
DEP DOL	Initial Amended Amendment				e, Zip Coo NJ 0708			1.0	1 1						1	
☑ DOH DCA	Emergency (justification) Cancellation	including	1 2	lame of t tzia Arı					N		éphone N 5-726-0				1	
			-	FACIL	ITY INFO	RMAT		p.	** * 1							
Name of Facility Where Residential	Abatement is Takin	g Place (3)	8					Sc	Facility (4 chool (K-12	2)		42)				
Street Address 315 Putnam Rd.						4		× Ot		ivate 8	& comme			0.70 W		s,
City (5) Union , NJ								Square 4900+	-	1	f Floors		77	dg. A	ge	
County (6) Union			(County C	ode (7) SE ONLY)			Current	t Use (Prio	r if bei	ng demol	ished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.				ment Con ronment			LLC				
Street Address	***						Street A									
City, State, Zip Code							City, Sta		Code , NJ 073	04						
Project Manager for Mo	nitoring Firm		1	Telephon	ie No.		Telling				License 01174					
Start Date (10) 11-22-2013		Scheduled 11-22-20		pletion D	Date (11)		Name o		A Monitor		1					
Occupancy Status Durin	og Ahatement (Cher	k Only One)		######################################		-	Street A	Address		-						
Facility Closed/Vac	cated During Entire ned Outside of Norn	Period of Ab	atem				City, Sta									_
Scope of Work (Check /	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		manage .	nova moliti				×	Mini- Glov	Containme -Enclosure /ebag Prod -Exempted	e edure					e	
		T	4.												ment	t
Locatio Asbestos-Containing	g Material (ACM)			ly ly by		tos Cor	escription Italning Mal systems	aterial (Amount Specify	-	n	Ту		Б
TO BE AB In Fac (13)	ility		(12)		(1.6.	surf	acing, VAI	T, or			F or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		735300	191								2.75	
Basen	nent	-	X			Pip	e insulat	tion		1	10 LF	x				
Name of Registered Wa Waste Managemen			Н	JDEP W	No.	of W	c Yards aste		Name of G.R.O.				11			
City, State	en e		100	034889			osal Date		City, Stat	е			2.5			
Coraopolis, PA		1 +				L	22-2013		Morrisv	ille, F	A	Dete				
Completed by Liliana Serrano		Title Office	Mar	nager			Signature					Date 11-2	1-2	2013		

Date of Newtonarco (1)							(0)	12	-	7-	-	
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Chook # 8149

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

Date of Notification (1)		,			Name	of Building	Owner/C	norator	(2)		-			-	1.6	1 K
11/21/2013						Valience		perator	(2)	1				1		
Agencies Notified		lotification			THE PROPERTY OF PARTY	Address Frake Av	enue		-						7	
EPA DEP DOL	X A	itial mended mendment		h .	City, St	ate, Zip Co	ode	,		NOV		A10	•			
DOH DCA	ju	mergency stification) ancellation	Ø 99 8 3	1	100000000000000000000000000000000000000	of Contact rt Rastel		ers Re	p.)			lephone		r		
Name of Facility Where	Abateme	ent is Takin	g Place (3)	FAC	ILITY INF	ORMATI	ON	Тур	e of Facility	(4)					
Residence										School (K-						
Street Address 222 Drake Avenue)								×	Subchapte Other (i.e. petc.)	r 8 (Oth private	er than h & comme	(-12) ercial b	uilding	ıs, hon	nes,
City (5) Roselle									Squ 2,0	are Feet	# 0	f Floors		Bldg	. Age	
County (6) Union					County (STATE	Code (7) USE ONLY)	_		rent Use (Pri sidence	ior if be	ing demo	olished)			1
Name of Monitoring Firm	m Hired b	y Building	Owner (8)	ASCN N/A	M No.				atement Con			nc			
Street Address	ode							Street	Addr							
City, State, Zip Code							1. 1. 1	City, S	tate,	Zip Code , NJ 0750						
Project Manager for Mon	ect Manager for Monitoring Firm				Telepho	ne No.		Teleph				License 00507				
Start Date (10) November 22, 201	t Date (10) Sche				mpletion 25, 201	Date (11)				SHA Monitor above		00507				
Occupancy Status Durin		nent (Chec					-	Street		A DESCRIPTION OF THE PROPERTY						
Facility Closed/Vac Abatement Perform Other – Describe:	cated Duri	ng Entire F	Period of a	Abater	ment 's					Zip Code						
Scope of Work (Check A	All That A	oply)											_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf				Renova Demoli	305 E-C			×	M G	ull Containmoni-Enclosure ovebag Prodon-Exempted	e cedure				ıra	
			Is	Locat	tion						. ()	3 1101111	Table !		temen	nt
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Asbestos-Containing TO BE AB. In Facil (13)	ATED lity	(ACM)	Ma	intena	ince/ Staff?		tos Conta thermal s surfaci other m	systems ing, VA1	insul r, or	ation,	(5	mount specify or LF)	Kemova	Repair	Encapsulate	Enclosure
			Yes	No	N/A						12				te	0
Basem	Basement						Pipe I	Insulat	ion		28	L.F.	Х		\perp	
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Name of Registered Was	eto Haule			1.	JDEP W											П
A	Coast Haz Mat Removal, Inc.					aste No.	Cubic Y of Wast			Name of F	255				1	
City, State Paterson, NJ 07504							Disposa 11/25/2			City, State Morrisvi		Δ				\dashv
Completed by James E. Unger			Title	ot 1.4				nature	-		7		Date			
Janies L. Origer			Proje	Ct IVI	anager			hu	_ 6	i W	1	-	11/21	201	3	

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

Check #

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Over 10

Print Form

Date of Notification (1) 10/24/2013					of Building Valien	g Owner/ ce	Operator	(2)							
Agencies Notified	Type Notification			Street A	oddress rake Av	venue			1				**	198-2-L	_
DEP X DOL	Initial Amended Amendment				ate, Zip C						NOV	·····			-
DOH DCA	Emergency justification) Cancellation				f Contact	t elli (Owr	ner Ren	o.)	$\overline{}$		ephone No 1-896-94		ij		
<u> </u>	- Cariociiatioi					ORMAT								-	
Name of Facility Where Residence	Abatement is Takir	g Place (3	3)	1 40		Ortinari	ION	Туре	e of Facility School (K-						ş N ^E 1
Street Address 222 Drake Avenue								×	Subchapte Other (i.e. etc.)	r 8 (Oth			ldings	, hom	ies,
City (5) Roselle								Squa 2,00	are Feet	# o	f Floors		31dg. /	Age	
County (6) Union					Code (7) USE ONL		_		ent Use (Pr sidence	ior if bei	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	/ No.				atement Co st Haz Ma			c.			
Street Address							Street 494 l		ess st Street						
City, State, Zip Code									Zip Code NJ 0750	4					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Telent	one N	lo .		License I	No.			
Start Date (10) November 5, 2013				mpletion 7, 2013			-		HA Monitor above						
Occupancy Status During	g Abatement (Chec	k Only Or	ne)				Street	Addre	ess						
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility			a		City, S	tate, Z	Zip Code						
Scope of Work (Check A	II That Apply)													-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	,		Renova Demoli				×	Mi Gl	III Containm ni-Enclosuro ovebag Pro on-Exempte	e cedure	-000			-A	
			Locat					140	AT-EXCHIPTE	a () and	a Non-i iia		Abat	emen /pe	t
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Use Ma	lorma d Sole intena odial ((12)	ely by nce/		stos Cont thermal surfac		lateria insula T, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Baseme	ont.	Yes	No	N/A		Dino	Insulat	fion		20	L.F.	X		Ф	
Daseille	311L		^			ripe	Ilibula	uon			L.F.			-	\vdash
Name of Registered Was East Coast Haz Mat			Н	JDEP Walauler ID	70707.4	Cubic of Was			Presidents pers		ed Landfil				Н
	. torrovar, iric.		N	J 419		1					iorar inc.	• 17			
City, State Paterson, NJ 07504						11/07	al Date /2013		City, State Morrisvi						
Completed by James E. Unger		Title Proje	ct Ma	anager		S	ignature	_	1 1	ha	1000	ate 0/24/2	2013		
ASB-41 (R-06-08)						0	* Do not	t use t	his form for	asbesto	s licensur	e exem	pted	activit	ies.

Check # 9152

	110							Officer	\ #F J	102		
Date of Notification (1) ovember 22, 2	013			of Building	Owner / Operator (2	2)					
Agencies Notified	Type Notifica		-	_	Address			*****				\neg
□EPA				28 Bro	ad Street							
DEP				0								-
⊠DOL	Initia				tate & Zip C							- 1
⊠DOH	Ame Ame	nded ndment	#	Freeh	old, NJ 072	228		- 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10				- 1
DCA		ellation	1000000	Name	of Contact		15	Tele	ephon	e Nur	nber	
				Jim K	alafsky			908	-526-	1000		
				FA	CILITY IN	IFORMATION						
Name of Facility Wh	ere Abatement	is Takin	g Place (3)			Type of Facilit						
Bank of America						School (I		V 40)				
Street Address							ter 8 (Other tha	53	l		- \	
28 Broad Street						Consul		commercial buildings			C.)	
City (E)		200				Square Feet 1,600	# of Fl	oors Blog	, Age	50		
City (5) Freehold							Prior if being de	molished)		30		
i reciloid						Bank						
County (6)		1	County Co									
Monmouth			USE ONLY		Tecoreti			(0)				
Name of Monitoring Environmental Tes					ASCM N	Synatech, Inc	ement Contract	or (9)				
Street Address	ting Consultar	its, LLC	-			Street Addres						
One Mall Drive, Su	ite 404					829 Radio Ro						
City, State & Zip Co						City, State & Z		_				
Cherry Hill, NJ 080			IT.	elephone l	Mumbor	Telephone Nu	rbor, NJ 08087	License Numl	201		_	
Project Manager for Howard Zenobi	wonitoring Firm	1	555	56-482-13		Trefeblione is	in: Dei	Licetise (4dilli	0081	7		
Scheduled Start Dat	e (10)	Schedu	uled Comple			Name of OSH	Monitor					\neg
December 4	4, 2013	actimized the class	Jan	uary 2, 20°		Synatech, Inc						
	sed∕Vacated Du	uring Ent	tire Period o		nt	Street Addres 829 Radio Ro						
	Performed Out	side of N	Normal Hou	rs		City, State & 2	TOTAL TENENTY OF MANAGEMENT					
Other – De						Little Egg Ha	rbor, NJ 08087	7				
Facility Occ	cupied During A	bateme	nt									
Scope of Work (Che	eck all that apply	y)				_						
_			_	7				ent with Negative Press	ure			
≥3 sf or ≥ 50 l			\succeq	Renovati		\boxtimes	Mini-Enclosure					
≥160 sf or ≥2	160 If		_	Demolition	on		Glovebag Proc					
						\boxtimes		d(*) and Non-Friable Pr	-			
	cation of aining Material	(ACB#)		tion Norm by Mainte		Descripti Asbestos-Co		Amount (Specify	Ab	ateme	ent I	ype
	BE ABATED	(ACIVI)		todial Staff		Material (SF or LF)				
	N Facility					(i.e., thermal			П		ш	
	(13)		- 1			insulation, surf or other misce	acing, vA i ellaneous)		Re	Z.	nca	Enclosure
							,		Removal	Repair	psu	losi
			Yes	No	N/A				<u>a</u>	=	Encapsulate	ē
Main Bank Area			_	+	×	Floor Tile an	nd Mastic	1,600 SF	Х	_		-
Main Bank Area					X	Ceiling	2.20 (0.20 (0.00 (0.00)	1,600 SF	x			
Main Bank Area			_	_	X	Wallpa		500 SF	x			
Name of Registered	Waste Hauler		_			ards of Waste		stered Landfill	Λ.		_	
	vaste i laulel					do or France						
Synatech, Inc.					30 Disposal	Date	Grows Landf City, State	111				
City, State												
Little Egg Harbor,	NJ 08087	I=			January		Morrisville, P					
Completed By		Title			Signatur	• \ //		Date				
Diane Aloia		Exec	utive Admi	nistrator	11.	Das (8VII)	November 22, 2013				

		1			to HJAC 8:6				CKH	03	39	4		•
Date of Notification (1)					Building Own	ner/Operator	(2)		APPROV				1	
Agencies Notified	Typo Notification		-	Street A	ddress			Q Dept	of Health &		Sei	vices	+	
□ BPA	Initial Amended				nnery Roa	d		Tan	(glgnathr	DIA	20/		1_	
DEP DOL	Amendment				te, Zip Cade hiburg, NJ	08876		Date:	11/1/47	Time:,	1:5	3/P	M	
	Emergency (including		1	Contact		*		Telephone				1	-
DOH DCA	Concellation			Топу					908-534	-865	5			_
Name of Facility Where	Abatement is Taking	Place (3)	FACE	LITY INFOR	EATION	Туре	of Facility (4	4)	-			_	
House for Demo							3	ichool (IK-1)	2)	7				
Street Address 409-144 Warren S	Stroat					The N			S (Other than rivate & comm			ings.	, hom	0S.
Cây (5)	,						e e	(c.) o Feet	# of Fluors	1		idg. /		
Harrison						10		.,	2	8	1	iO+	espec.	
County (6) Hudson				County (Code (7) USE ONLY)		Curren		ar if being dere	rolishe	d)			
Name of Monitoring Fir	m Hired by Building (Owner (8		ASCN	I No.	Name		nment Con	tractor (9)	-				
Ola				LN	IA	and the second s		State and second second	ent Corpora	dion		92		
Street Address YI A	*						Addres	W (2)						
City, State, Zip Code							State, Zh							-
nla	*							rk, NJ 07	7035	060000				
Project Menager for Mc	anllating Firm			Telephon N		Teiksto	hone Mo		Licens 0119	Se No.				
Start Date (10)		Schedul	ed Cor		Date (11)	I water		A Monitor	0118	13				
11-20-20	13	11-	21-	2013		10 23 7/17		100	ent Corpora	tion				
Occupancy Status Duri		k Only O	nė)	7367			Address							-
Abatement Perfor	ceted During Entire F med Outside of Norm	eriod of a	Abaten y Hous	nont s			iroy La	4			_		. , ,	
Othor - Describe:								rk, NJ 07	7035					
Scope of Work (Check	All That Apply)						٦.							,
23 sfor 23 if □ ≥160 sfor ≥260 if			Rénova Demois				Full	Containere Enclosure	ani with Negeti	vo Pr	155LII	re)		
		19 7-1 9/				8	Glov	ebag Proc Exempted	adure (°) and Non-F	rlahle	Proc	serio	Þ	
		la	Locat	ion		. 90						Abata	ement	
Location Asbestos-Containin			Normal Sole		A . A I	Description				ŀ		13	pe	-1
TO BE A	BATED		entena todiel :		(i.e. the	Containing N must system	ineuleri e		Amount (Specify	- 1	Re	20	Eng	g
in Fac (13			(12)		ı Qi	zurfacing, VA her misceller	it, ar neous)		SF or LF)	- 1	Removal	Repair	Encapaulab	Endosure
		Yes	No	N/A							2		2	3
Roof at E	ntrance	-		X	B	uilt up Ro	ofing		90 SF	7	<		-	
Around the Chi)	ney (Outside)		X	Ç	himney M	astic		10 SF		Z				
											Ť			
								1						
Name of Registered Wa				LIDEP W RAUGET ID		ubi¢ Yards Weste		700000000000000000000000000000000000000	Registered Lan	对图				
Loznica Manageme	PAUL CONDUCTION		0	033137		BD			S Landiill			_		
City, State Lincoln Park, NJ 07	7035			×	1	isposal Date BO		City, State	ille PA 1900	87				
Completed by		Trille	_			Signature	- 1	MAGISA	N 190	Darko		_		
E. Cirovic		Secr	etary							11-	19-	2013	3	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (5)	ovember 22, 2	2013			Name of Buildin		erator (2) Mark Contracting,	Inc. ()	-			
Agencies Notified [X] EPA [] DEP [X] DOL [X] DOH [] DCA	Am Am Em just	ial Notificated Notification (in the contract of the contract	otification #including		Street Address City, State, Zip C	POB	River, NJ 08754	Inc. ()		129	7	2/
	[] Car	cellation				Tucker		732-3		71		/
Name of Facility Where Ab	natement is Takin	g Place (3)	FAC	CILITY INFOR	MATION	T 00 111 (0)				¥.	
	idence	6 (.	-)				Type of Facility (4)	School (k-12)		1	1	
V901754	6 Summit Av	enue	0				[] [x]	Subchapter 8 (of Other (i.e., privathomes, etc.)				ldings,
City		Coun	ty (6)		County Code (7) (STATE USE ON	(Y)	Square feet 2000 sf	# of Floors	Blo	lg. Age		
Toms River		Oce	an			/	Current Use (Prior in)		60	*
Name of Monitoring Firm I	Owner (8)		ASCM No.	Name of	Resider Abatement Contractor	(9)					
N/A Street Address					Street Ac	Guardi Idress	an Contracting.	Inc.				
City, State, Zip Code						City St.	1889 R	oute 9, Unit 61				
						20020000000	te, Zip Code Toms F	River, New Jers	ey 08	755-1	271	
Project Manager for Monito	ring Firm		Telephone	Number		Telephon	e Number	License N 00624				
Scheduled Start Date (10) 11/25/13			Scheduled		on Date (11)	Name of	OSHA Monitor	L. Analytical				
[] Abate	ity Closed/Vacate ement Performed - Describe	d During	Entire Peri			Street Ad	1056 Stee, Zip Code	elton Road	ey 088	354		
	or ≥3 If sf or ≥260 If		[] [x]	Renovat Demolit		[] [] [x]	Full Containment Mini-Enclosure Glovebag Procedu Non-Exempted (*			ıre		
			T . T						Aba	tement	Туре	
Location of Asbestos-Containing Ma TO BE ABAT in facility (13)	aterial (ACM)		Is Location Normally used Solely by tenance/Constaff (12)	sed y	(i.e	Description bestos-Con Material (A. ., thermal s ulation, sur VAT, on ter miscella	taining CM) ystems facing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
Exterior -			X	T -	Asbestos sidir	ng		1800 sf	X	_	Е	Е
						11				-		\vdash
												\Box
Name of Registered Waste H Guardian Con		N	JDEP Wast			rds of Waste	and an acceptance	ed Landfill				
City, State			2	0223 Disposa		City, Stat	T.R.R.F.					
Toms River, N Completed by (Print or Type) Nicholas Ferni		Title	ct Manag	11/29	Signature /		wn, Pennsylvania		Date			_
		110]6	or ivialiage	-1	I Ylea	no 1	11		11/2	2/201	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)

1 4 0 *												
Date of Notification (1)	ovember 22, 20	013			Name of Building	Owner/Ope DENJ	Y	n is ru	7	= 3	RA S	8
Agencies Notified [X] EPA [DEP	1: :	ation al Notifica anded Not			Street Address		ox 669	5	14 6	1.]		
[x] DOL	Ame [x] Eme	ndment #	#		City, State, Zip Co		sburg, NJ 08510	NOV 2 7 20)13			
[x] DOH [] DCA		fication) cellation				Baldachi		elephone Number 732-27	8-157	77		
				FAC	CILITY INFORM	MATION						
	sidence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (of	har tha	. I. 12)	100	
Street Address	West Penguin	ı Way					[x]	Other (i.e., priva homes, etc.)		0.016 0.0053		lings,
City	3	Count			County Code (7) (STATE USE ONI	Y)	Square feet 800 sf	# of Floors		g. Age	50	
Toms River		Ocea	5000			-	Current Use (Prior if Residen	ce				
Name of Monitoring Firm N/A		Owner (8	3)		ASCM No.			(9) in Contracting,	Inc.			
Street Address						Street Ac		oute 9, Unit 61				-
City, State, Zip Code						City, Sta	te, Zip Code Toms R	iver, New Jers	ey 08	755-1	271	
Project Manager for Monit	oring Firm		Telephone N	Number			and an interest	License N 00624				
Scheduled Start Date (10) 11/25/13			Scheduled C 11/27/1		ion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical				
Occupancy Status During A	Abatement (Check lity Closed/Vacate			of Aba	tement	Street Ac	idress	elton Road		Ç.		
[] Aba	tement Performed					City, Sta	te, Zip Code	onon reduc				
	er – Describe							vay, New Jerse	•	54		
Scope of Work (Check all t	hat apply)					[]		with Negative Pres	sure			
[] >3 s	f or ≥3 lf		[]	Renova	ation	[]	Glovebag Procedu	re				
[x] ≥160) sf or ≥260 lf		[x]	Demoli	ition	[x]	Non-Exempted (*)	and Non-Friable	Procedu	ıre		
									Abat	ement	Гуре	
Υ	c	١,	Is Location			Description			R	R	Е	Е
Location a Asbestos-Containing M		1	Normally use Solely by	ed		bestos-Cor Material (A		Amount (Specify SF	Е	E	N	N
TO BE ABA		Main	tenance/Cu	stodial		., thermal		or LF)	M	P A	CA	C
in facility			Staff			ulation, su			0	I	P	ō
(13)			(12)			VAT, o			V	R	S	S
		YES	NO	N/A	oti	ner miscella	aneous)		A		U	U R
Estados		163		IN/A	1 1 1 1 11			700 0	L		Е	Е
Exterior			X		Asbestos sidi	ng		700 sf	X	_		
									_	_		
		-							_			
Name of Registered Waste	Hauler		JDEP Waste	Llaule-	ID No. Cubic V	ards of Wast	te Name of Register	ad Landfii		L		
Guardian Co	ntracting, Inc.			223	3		T.R.R.F.	ed Paudilli				1
City, State Toms River,	New Jersev			Dispos 11/29	sal Date 9/13	City, Sta	ate own, Pennsylvania					
Completed by (Print or Typ	e)	Title			Signature	1	///	1	Date			
Nicholas Ferr	nicola	Proie	ct Manage	r		1/1/2	+ 1	//	11/	22/20	13	

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

Date of Notification (1)	7 17	Name of 8	Building Owner/Ope	erator (2)					AVE ST	
: : : : : : : : : : : : : : : : : : :			Lind	a Li	cat	(a		х		
Agencies Notified Type Notifica	ation	Street Ad		1		D .				
☐ EPA Initial ☐ Amend	od	City, State	e, Zip Code	adou	vieu	J DRIVE	- 2		. Ar	-
DOL Amend	ment #		East	Wind	San	NT	185	517		-
DOH justifica	ency (including ation)	Name of	Contact	77. 5377	- C - ()	Telephone Numb	er			
□ DCA □ Cancel				a Ka	<u> </u>	303 963	~ 7	120	O	
Name of Facility Where Abatement is	Taking Place (3)	FACIL	ITY INFORMATIO		Facility (4	·	_		_	\dashv
	Dwe 1/1	16		. 1	hool (K-12	· ·				
Street Address	pacin	7		□ St	bchapter	8 (Other than K-12)	0 FLESS			
5 Meadow	View DA	live .	· · · · · · · · · · · · · · · · · · ·	etc		rivate & commercial	buildi	ngs, h	omes	š,
City (5)		1	_ 	Square	Feet	# of Floors		lg. Ag		
East Windso	a, NJ	085				2	_	e ()	<i>t</i> -	_
County (6) Mercen		County C		- Current	Use (Pric	r if being demolishe	a)			
Name of Monitoring Firm Hired by Bui		ASCM	No.	Name of Abate	ment Con	A ' '				
	o logics		MA	Street Address	166	hnologi	ies	_	in	C
Street Address Box	337			P.O.	Sox	337				
City, State, Zip Code	TW	09	522	City, State, Zip	Code	711 40	1	36	29	2
Project Manager for Movit rigg Firm	, NO	Telephor	ne No	Telephone No.	Bgy	License No	U	$\tilde{\sim}$	9,	2
Steve Schen	Kea		758-3365	2		OC	3	9	4	
Start Date (10)	Scheduled C	ompletion [Date (11)	Name of OSHA					-	
12-4-13		-4-1		EPC	. Tec	hnologies	T	1C		
Occupancy Status During Abatement				Street Address		727				
Facility Closed/Vacated During B Abatement Performed Outside o	Entire Period of Abat	ement	-	P-O . City, State, Zip		33 F				-
Other – Describe:				New E		ALT C	83	3	3	
Scope of Work (Check All That Apply)			•	JIP.	750 0				
≥3 sf or ≥3 lf	1000000	vation				ent with Negative Pr	essur	е		
☐ ≥160 sf or ≥260 lf	□ Dem	olition		☐ Mini- Æ Glov	Enclosure ebag Prod					
						d (*) and Non-Friable	e Prod	edure		
	Is Loc							Abate Ty	ment oe	ĺ
Location of	2 hazti	nally olely by	Des Asbestos Conta	cription of	(0.000)	Amount		- í		
Asbestos-Containing Material (AC TO BE ABATED	Mainte	nance/	(i.e. thermal s	ystems insulat		(Specify	Re	R	Encapsulate	Enc
In Facility	Custodi (1	2)		ng, VAT, or iscellaneous)		SF or LF)	Remova	Repair	psu	Enclosure
(13)		lo N/A	outer in	ociiane cas)			<u>a</u>	7	late	ле
		lo N/A	.0	7.1		//: / 5	1.			
Basement	X		Pipe In	sulatio	つ	40 LF	ķ			-
										-
		· ·				D				
Name of Registered Waste Hauler		NJDEP V Hauler ID		Action and a second		Registered Landfill			_	۸.۸
EPC Technolo	gies	170	00	1	Was	te Manager	nen	F 0	E K	M
City, State New Egypt Completed by Charles Schen Kein	N2	5000	1 (5,00)	1 Date 5-13	City, Sta	te Lisuille F	A			
Completed by	Title	4		gnature	C 10	/ Da	te		7	_
Steve Schenker	Pres	ident		Sleep)	Sch	ohn !	11-	23	- 1	3

Date of Notification (1)		T 1	Jama at	Duilding O			•				
//-23-	-13		vame of	Building Own		(2) 20 V C					
Agencies Notified Type Notification			Street A	ddress				17 17	7-3	· · ·	7
☐ EPA Initial ☐ Amended	scale in	-	City Sta	te, Zip Code	J W	lahnetah	DRIVE	1	te:		
DOL Amendment #		2 1	ony, ora		nd E	BROOK, A	17 080	55	-		. i
DOH Emergency (in justification)	cluding			Contact		2.50 1.7	Telephone Nur	nber			1
□ DCA □ Cancellation	4			Gove LITY INFORM	ATION		732-46	7	24	52	ě
Name of Facility Where Abatement is Taking-	700			LITT HEF ORIE	ATION	Type of Facility (4)	•			
Single family D	اسرد ا	lino)			☐ School (K-1	(2)				
553 Wahneta	4	Da	ive			Subchapter Other (i.e. p	8 (Other than K-12 private & commerci	2) al buil	dings,	home	∋s,
City (5)	25000 Events			^		Square Feet	# of Floors	E	Ildg. A		
Bound Brook,	<u>N</u>	5		8055 Code (7)			12		80-	t-	==-yw
Somerset			STATE	USE ONLY)		Current Use (Pri	or if being demolish	ied)			
Name of Monitoring Firm Hired by Building On		L.	ASCN	No.		e of Abatement Cor		201	2	7.	
Street Address	3-7	2		1-1-	Stree	EPC TO		16.	3 ,	LIN	16
P.O. SOX 33	27				City	CO. BOX State, Zip Code	35 7				
New Equat.	NS		80	533		ew Equ	of NJ	0	85	53	3
Project Manager for Monitoring Firm Steve Schenker		- 1	Telepho	ne No. 758- 33		phone No.	Lipense N	0.	19	y	
Start Date (10)	***	ed Com	pletion	Date (11)		e of OSHA Monitor		20		-1-	
12-5-13 Occupancy Status During Abatement (Check	17 -	13	-13		Ctro	EPC Tec	hnologies	I	nc		
Facility Closed/Vacated During Entire Pe			ent	. 34-4	100000000000000000000000000000000000000	P.O. Box	337				
Abatement Performed Outside of Norma	I Facility	Hours	GIIL		City,	State, Zip Code				-	
Other – Describe: Scope of Work (Check All That Apply)					^	lew Egypt	J TU	28	53	3	
≥3 sf or ≥3 If		Renova	tion			∇ Full Containm	ent with Negative F	roccu	ro.		
□ ≥160 sf or ≥260 lf		emoliti				☐ Mini-Enclosur	е	16880	re		
	,					 ☐ Glovebag Pro ☐ Non-Exempte 	cedure d (*) and Non-Friat	le Pro	cedur	e	
	1 3333	Locati								ement pe	1
Location of Asbestos-Containing Matérial (ACM)	1	Normall d Solel	•	Ashestos	Descriptio	on of Material (ACM)	Amount		Τ'		
TO BE ABATED	3375-050	intenar todial S		(i.e. the	rmal syster	ns insulation,	(Specify	Re	Z Z	Enca	Enc
In Facility (13)		(12)			urfacing, V her miscell		SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					<u>a</u>		ate	Гē
Basement	አ			TSI P	apen o	n Aire Duct	150 LF	X			

		- 15	IDED II			I Nome of	D1-1				
Name of Registered Waste Hauler		1000	JDEP Wauler ID	No. of	ubic Yards f Waste		Registered Landfil		,		1,0
EPC Technologies City, State			170		isposal Dat		te Manage		t 0	F	V*
New Egypt /	UJ				12-13	-13 Morn	visuille 1	PA			
Completed by	Title				Signatu		Da	4-			1.55

CHECK # 20590/20597/20637

Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 11-21-13					Building Own rvices, Ke			trial Park							
Agencies Notified	Type Notification		1000	treet Ade	dress Drive, Sui	te 120						2 :	_	7	
EPA DEP DOL	Initial Amended Amendment	# 3			e, Zip Code NJ 07032			, 1				1			
DOH DCA	Emergency (justification) Cancellation	including	N	lame of 0	Contact				Tele	phone Nu 3 842 26	mber			:	
L DCA	Caricollation				ITY INFORM	ATION			1						
Name of Facility Where A Building 89 Street Address	Abatement is Takin	g Place (3)					S S	f Facility (4 chool (K-12 ubchapter	2) 8 (Othe						200
9 Basin Drive								ther (i.e. pr tc.)	ivate &	commerc					۵,
City (5) Kearny							Square 10,30		# of 1	Floors	E	lldg.	Age	9	
County (6) Hudson				County C STATE U	ode (7) SE ONLY) _			nt Use (Prio mercial	r if bei	ng demolis	shed)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			ement Con nvironme				***			
Street Address							et Addres 0 Broad								
City, State, Zip Code							, State, Zi	o Code NJ 07072	2						
Project Manager for Mon	itoring Firm		T	Γelephon	e No.		phone Na			License 00756	No.				
Start Date (10) (3)11-26-13		Scheduled 12-31-13		pletion D	Date (11)		ne of OSH en-Air Ir	A Monitor					1		
Occupancy Status During	g Abatement (Che	ck Only One)	West - Is a second		Stre	et Addres	S			_				
Facility Closed/Vaca	ated During Entire	Period of Ab	atem	ent		20,000	-59 Jack , State, Zi	son Ave	nue			- <u>- 10</u>	-700.0		
Other – Describe:	Area is vacant					Lo	ng Islan	d City, N	Y 111	01					
Scope of Work (Check A	II That Apply)	100000					part								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e edure				ure		
							E NOI	I-Exemple:	1 () ai	u Non-i ne	I I	Ab	aten	nent	
Location	n of	No	ocati rmall	ly		Descript	tion of					_	Тур	е	
Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) <u>ATED</u> lity	Used Main Custo	tenar	nce/	(i.e. the	Containin rmal systematics surfacing,	g Material ems insula	(ACM) ition,	(Amount Specify F or LF)	Removal	Kepair		Encapsulate	Enclosure
Roo	f			х	В	uilt Up l	Roofing		10	,300SF	x				
													+		
Name of Desistered Mis-	ete Houle-		N	JDEP W	aste I C	Subic Yard	Is	Name of	Regiet	ered Land	fill				
Name of Registered War (3)Weigle Trucking	ate Flaulei		Н	lauler ID W2912	No.	f Waste BD		9.765	0570	erprises					
City, State 274 Reynolds Road	, Linden, PA 17	7744			10000	Disposal D	ate	City, Stat		, OH 44	688				
Completed by John Tancredi		Title	t Ma	anager		Signa	ture	11			Date 11-21	-13			



0098

Date of Notification (1) 11/24/13						Name of Building Owner/Operator (2) Steven Guiffreda Private Home										
Agencies Notified	Type Notification			reet Add	dress t Sand D	une	Lane						-1-127		3.4	
EPA DEP DOL	Initial Amended Amendment #				e, Zip Code each Tov		ip NJ 0	8008								
DOH DCA	Emergency (in justification) Cancellation	cluding	1 60	ame of C Steven	Contact						ephone Nu 5-794-26					
Editor.		51 (0)		FACIL	ITY INFOR	MAT	ION	Time of	Facility (4)						-	_
Name of Facility Where A Steven Guiffreda P Street Address		Place (3)			- T			Sc Su	chool (K-12 ubchapter 8) 3 (Othe	er than K-	12)	\ \			
20 West Sand Dun	e Lane							et		~~~	- '	ciai di				•
City (5) Long Beach Towns	ship NJ 08008							Square 1000+	•	2	f Floors		35	g. Ag +	e 	
County (6) Ocean	# €			ounty C	ode (7) SE ONLY)			Current Use (Prior if being demolished) - Home								
Name of Monitoring Firm	n Hired by Building C	wner (8)		ĂSCM		- 7.77	N 1000000000000000000000000000000000000	ame of Abatement Contractor (9)								
N/A Street Address					1.			ernaco Inc.								
Street Address						V 1		30x 329								
City, State, Zip Code							City, State, Zip Code West Berlin NJ 08091									
Project Manager for Mo	T	elephon	e No.		Telephons No. 00727											
Start Date (10) 11/25/13		Scheduled 11/30/13		pletion D	Date (11)		Name Sam		A Monitor							
Occupancy Status Durin Facility Closed/Vac Abatement Perforr Other – Describe:	cated During Entire F med Outside of Norm	eriod of Ab	atem	Street Address ment cs City, State, Zip Code										100 TO		
Scope of Work (Check	All That Apply)		14	k		•										
≥3 sf or ≥3 if ≥160 sf or ≥260 if			novat moliti					Mini Glov	Containme i-Enclosure vebag Prod i-Exempted	edure	i					
		le l	ocati	on		-		INOI	-LXempted	() ai	id Non-i	Table		Abate	ment	
Location Asbestos-Containing TO BE AI In Fact (13	ng Material (ACM) BATED cility	Used	ormali Solei ntenar	y ly by nce/		os Co therm sur	Description Intaining Ital system Ifacing, Var Ir miscella	Material ns insula AT, or		(Amount (Specify SF or LF)		Removal	Repair	e Encapsulate	Enclosure
Exterior	Siding	1		x		Ext	terior S	iding	7	1	600SF	2	ς .			
				+												
												-			_	-
Name of Registered W	111111111111111111111111111111111111111	JDEP V lauler ID		0.733	ic Yards		Name of	Regis	tered Lan	dfill		-				
United Containers						3	Vaste	G.R.O.W.S.								
City, State Elm NJ	11		Disposal Da 11/29/13													
Completed by Anthony T Perna		dent					gnature, Date 11/24/13				13		0.000			

	State of New .	Jersey		101-	(signaturs)
EMERGENCY . HOTHE	THOU OF ASSE	THE ABATE		HECK:	4777
REQUEST FOR WAIVER P	Name of Bridge			-176-16	
Probability (1)	D. REM	PELL		141 -1 14	
11-20-2013	Statement Buildings		POAD		
DEN DEN	CD4, Stree, Zp Co	COOD			
No. of the last of	SUMMIT		1997	Principles (Cont.)	7
	D. REM	Omat I		412 849	1812
G DON D Camadaga	SACRETY MADE		,		
And the Part (5)			type of Facility (•	. 1
D. REMPELL .			(2-12) Carboni (7-12) D Sabdanian S	Company Free	
desirate and district to the	• • •	, 1	TO COME (A. PÓ TOMBE, (SE)	nie Sommund	Carlein Car,
22 EDGEWOOD ROAD			Sprane Fact	Staffices .	BIS.ASS
SUMMIT			3800	3	108 YRS
Giral/(G)n	County Codo (7)	SEPTIFUSE	RESIDE		- ' ' '
UNION	SCH No.	Name of Abstra	Memoria 6) .	
High of Manholy From theel by Salating Count		Best Re	HOVAL I	nc	
SURFACE STATE OF THE STATE OF T		450 S.1	River St		
57.7°		And the Park		J. 07601	
	roboto Mo.	HACKEN	SHCK, N.	Liminary Min.	
Payer Stranger for Montaday Pinn				00388	
11-22-13	100000	Omega En	ioner Vironmen	tal Inc	
11-22-13 11-23-	10 .	Street Address			
Correctly Character County Entire Period of About	maris.	280 Huy			<u> </u>
SAM '5PM	1 8	South E	ackensac	k, N.J.	07606
Support (Cardial Strategy)				Nagario Preser	
12:36:425 T	Recognite	電視が	Badwille July Plantalism	I A PARTY PRO	-
	Landing			,	Abstracts: Type
- Househoute the titles	interest of the state of the st	Description a	.	_	
Aughantino Contenting Statement (ACM) - Mail 173/05-A00/0592	Acher Go.	ore Contains blo Opening they		- Egbergy.	385
(3)	63	diameter. Vita	os)	Ş a L P	
	NO 1 NO.				
ST PLOOR RENOVATION FIRMA	~ THE	REMINE IN SC	LATION	28	LF X
					
		•			
	DEF Victor Render	Cubic Yards of	plane of lines	337 (2)	
	7109	MYD		Enterpr	
Hackensack, N.J. 076		11-23-13	Waynesi	wirg , Oh	
Complied by The		Signature .			11-20-13
R VELDRAN Estimato		R. Veldry	M		11 20 10

Nov 21 2013 08:55am

P001/001

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

Date of Notification (1)					Name of Building Owner/Operator (2) Exxon-Mobil Technology Corp											
11/26/2013		T			Charact Address											
Agencies Notified		Notification	n Type		Street Address											
(X)EPA			Notification		600 Billingsport											
(X) DOL			nded Certific	ation	City, State, Zip	Code										
(X) DOH		() Cance	elled		Davishara N.I.	00066										
() DCA					Paulsboro, NJ Name of Conta	the same of the sa		Tel. Nun	nher			-				
					Bill Nelson	i Ct		856-224								
				FACILITY IN	FORMATION											
Name of Facility Where Al	patement is 7	aking Plac	(3)		Type of Facility											
2002 1000 10000000 100 10000 100					() School (K-1	2)	K 10\									
Exxon-Mobil Technology					() Subchapter (X) Other (i.e. p	orivate & co	an K-12)	s home	s etc							
Street Address					(X) Other (i.e.)	Jilvate a co	Milliorolal blug	3., 1101110	,	7						
600 Billingsport Road					Sq. Feet 8,660 # of Floors 1											
City (5)	County (6)		County (Code (7)	Mov /											
Paulsboro	Gloucester		(State U		Bldg. Age 89											
	***************************************				Current Use (prior if being demolished) R&D, Admin. Name of Contractor (9)											
Name of Monitoring Firm	Hired by Bldg	g. Owner (8	ASCM N	lo.		350				liation I	P	19				
=	at Internatio	nol		NCM Demolition and Remediation, LP												
Environmental Managemental Street Address	ent internatio	Ilai		Street Address	3		1712									
Street Address					395 Turner Industrial Way											
34 East Germantown Pike)				4											
City, State, Zip Code			City State, ZipCode													
					Aston, PA 19014											
East Norriton, Pa 19401 Project Manager for Monit	torina Eirm	Talanhai	e Number		Telephone Nu	mher		License	Numb	er		-				
Ray Giordano	toring Firm	610-277			450			01066								
ixay Giordano		0.02.														
Scheduled Start Date (10))		ed Completio	n Date (11)	Name of OSHA Monitor											
12/19/2013		12/24/20			EMSL Analytical											
Occupancy Status During	Abatement	Check only	one)		Street Address											
() Facility Closed/Vacate (X)Abatement Performed	Outside of N	lormal Facil	tv Hours -		107 Haddon Ave											
(X)Abatement renormed	Outside of It	oman aon	., 1100.0		City, State, Zip	Code										
Describe_segregated are	a, no other tr	ades			Westmont, NJ											
Other - Describe -	II that analys									1000						
Source of Work (Check a	ii that apply)															
() Demolition (X) Ren	ovation															
(X) Large Proj. >160 SF	or >260 LF /	ACM) ()M	Proj. (>25<1	60 SF or >10 <26			oj. (<25 SF or	<10 LF A	CM)							
(X) Full Containment wit	h Negative F	ressure	() Mini-Enc		ovebag Procedu	Amount	(Specify SF or	IE)	Ahate	ment Ty	ne					
Location of Asbestos-		cation Norm		Description of	ms insulation,	Amount	(Specify St. of	.,	Abaic	ment ry	<u>pc</u>					
Containing Material (ACN Facility (13)		y by Mainc./ ? (12)	Custoulai	surfacing, VA	T, or other											
Facility (13)	YES		O NA				2010		Rem.	Rep.	Encap	Enclose				
Guard Shack Bldg. 30		X		VAT/Mastic -	Linoleum	670 SF		0000	Χ							
										-		-				
								-		+						
		LAUDED	Naste Haule		Cubic Yards o	f Waste		Name of Reg. Landfill								
Name of Reg. Waste Hau	10#	1 cyds	vvasie		Imperia											
Service Transport Group		20990			Toyus							7				
City, State							Disp. Date			City, Sta						
							12/27/2013			Imperial	PA					
New Castle, DE		1 ==:			Cimat		1	Data	_	-						
Completed by (Print or Ty	ype)	<u>Title</u>	Jonages		Signature		_	Date 11/26/2	2013							
Puecell King		Project	Manager		10.	/		11/20/2	.5.5							
Russell King		Luss CO	Dre	3 (F)/			1)									
7				/												

Date of Notification (1) / 8 / 1 ?	Name of Buildi	ng Owner/Operator	othuson	×.							
Agencies Notified Type Motification	Street Address	101	ROAD	TRA	7	-					
□ PA □ DP □ Amended □ Amendment is	City, State, Zip	Code Ar	MI T	= +	***						
DOH Emergency (I		is Plains	1. 107	Telephone Num	bor						
Cancellation	Antiton	14FARU		Telephone Num	78	5-2703					
Name of Facility Where Abatement is Takir		FORMATION 2	Type of Facility	745							
JOHN TON + JOH	NSON .		School (K-12	2)							
201 1Abor ROAD	-		Other (l.e., pr homes, etc.)	Other than K-1: ivate & commerci	2) Ial buil	dings,					
Monnis Plains		-	Square Feet	# of Floors	В	ldg. Ace					
County (6)	County Code	(7) (STATE	Current Use (Pri	or if being demoli	shed)	411					
Name of Monitoring Firm Hired by Building	USE ÓNLY) Owner ASCM No.	Name of Abateme	al Contractor (9)		_						
Street Address		JW H	entras	Const.	\perp	envius]					
6.55 West SHOW	Insil	Street Address A	ox 37	12		•					
City, State, Zip Code	es .	City, State, Zip Coo	11-1-	(A) (A)	T	ADDIC					
Project Manager for Manitoring Firm	Telephone No.	Felechana No.	110700	License No.	<u>v</u>	<u>12.71</u> 90					
Start Date (10), Scher	duled Completion Date (11)	Name of OSHA Mo	onilor	000	68						
Occupancy Status During Abatement (Cher	16/17	1-	141	,							
Facility Closed/Vacated During Entire Pe	riod of Abatement	Street Address									
Abatement Performed Outside of Norma Other - Describe: Regula	Facility Hours	S Cha State Zio Code									
Scope of Work (Check all that apply)	-/	☐ Full Conta	inment with Neg	- U D							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renovation Demolition	Mini-Enclo	sure Procedure	Friable Procedu	••						
	Is Location Normally		,p.155 () G.115 (10)	FI TEDIS FIOCEGUI		batemen					
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Used Solely by Maintenance/ Asbes	Description of los Containing Materi	al (ACM)	Amount		Type					
IN Facility (13)	Custodial (i.e., Staff? (12)	thermal systems insi- surfacing, VAT, or	ulation,	(Specify SF or LF)	Removal	Repair					
	Yes No N/A	other miscellaneous	, .	•	oval	vale:					
2ND HOON CONFERENCE	1 7	SI		TOLF	1						
DCH File Room	1										
	75			1501-	1						
Name of Registered Waste Hauter	NJDEP Waste	Cubic Yards of Waste	Name of Registr	ered Landfill		:					
City, State Building OW	NCR		City, State								
Completed By	=======		City, State								
JOHN WASITAM SR	DRESIDEAT	Signature .	Washe	Date / Date	18	//2					
S8-41 " Co	not use this form for a sheete	· lleadaura aura		7							

Date of Notification (1)		Name of Building Owner/Operator (2)														
	ber 13, 2013				vironme											
Agencies Notified	Type Notification		1000	Street Ad		, ital										
			- 1		dlesex A	venue	9									
EPA DEB	Initial Amended		_		te, Zip Cod							_				
DEP DOL	Amendment ?		100	arteret		177.6										
	Emergency (i			Name of				-	Tele	phone Nur	mber			-		
DOH	justification) Cancellation									705-888						
DCA	L Cancenation				Manager LITY INFO		ON	-	100-	700-000						
Name of Facility Where	Abatement is Taking	Place (3))	TAGIL	-1111111110	1017111		ype of Facility (4)	1000						
Rhodia Inc				School (K-12)												
Street Address		- 1						Subchapter		er than K-1	2)					
	, DIVE							Other (i.e.)	orivate 8	k commerci	al build	ings,	home	s,		
8 CEDAR BROOK D	DRIVE						9	etc.) quare Feet	# of	Floors	B	ldg. A	ne			
City (5)							3	quare i eet	H 01	110013	"	ug. A	gc			
CRANBURY. NJ			-	0 1 6	1. (7)	_		II (D-	an if hai	na domolio	had)					
County (6)				County C	ISE ONLY)			urrent Use (Pri			neaj					
Middlesex			1	****	0 138					factory						
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	No.		SHOWING SHE	Abatement Co		(9)						
AET, Inc.				The MACK Group, LLC.												
Street Address				Street Address												
907 Doolittle Drive				1500 Kings HWY N, STE 209												
City, State, Zip Code				City, State, Zip Code												
Bridgewater, NJ 088	307						Cherry H	Hill, NJ 0803	4							
Project Manager for Mor				Telepho	ne No.		Telephone No. License No.									
Eric Houseknecht			g	08-296	5-1132		SECTION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I	POST PROPERTY.		00781						
Start Date (10)		Schedule	ed Con	npletion I	Date (11)		Name of	OSHA Monitor								
11-27-	13			3-31-1			The MA	CK Group, L	LC.							
Occupancy Status Durin		k Only On		0011			Street Ac									
							1500 Kir	ngs HWY N,	STF :	209						
Abatement Perform	cated During Entire I ned Outside of Norm	renod or / nal Facility	Hours	neni S				te, Zip Code	0,2,							
Other - Describe:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 			III TANKSANSANSANSAN	Hill, NJ 0803	./							
Scope of Work (Check	All That Apply)						Cherry	III, 145 000C	-							
l—'	All Illat Apply)						×	1			_					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				Full Containment with Negative Pressure Mini-Enclosure									
2100 \$1 01 2200 11		ш	Jemon	uon			Glovebag Procedure									
			7.40				\boxtimes	Non-Exempte	(*) and	Non-Friabl	e Proce	0/0/-7				
		Is	Locat	ion									emen	t		
Locatio	on of		Norma	lly		De	escription o	f			-	T (ype T			
Asbestos-Containin	g Material (ACM)		ed Sole iintena			os Cor	ntaining Ma	terial (ACM)		mount			四	m		
TO BE A	BATED		intena todial		(i.e.		al systems in acing, VAT,			Specify F or LF)	Rei	Z.	ıca	ncl		
In Fac			(12)				miscellane		3	UI LF)	Remova	Repair	Encapsulate	Enclosure		
(10	,										<u>a</u>	=	ate	re		
		Yes	No	N/A									1000			
see atta	ached		X			se	e attache	ed	see	attached	IX					
			Γ,										27			
	+							-			-					
									-		-	-	-	-		
Name of Registered Wa	aste Hauler		11.00	NJ DEP V		12.512.533555.0	c Yards	Name o	f Regist	ered Landf	ill			65		
22/12/22/22	1	Hauler ID		of W				O- 10E			/ TC	D.E.				
Freehold / Newark Carting / Rovic										Cumberland Co./ BFI / GROWS / TRRF						
City, State						Disposal Date City, State 3-31-14 Newburg / Imperial / Morrisville, PA						. .				
Freehold / Newark / Riverdale, NJ							3-31-14		rg / Im			/ille,	PA			
Completed by Title					89/1//					Date						
Mike Cooper President						11/13/13					3	3				

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

						_								
Date of Notification (1)		Name of Building Owner/Operator (2) Code Environmental												
	mber 26, 2013		(ental								
Agencies Notified	Type Notification			Street Ad										
■ EPA	Initial		12	200 Mid		may be a second of the second	¥			- 4	-			-
DEP	Amended Amendment	#1 ·			e, Zip Co	de			H 44 HT					
☑ DOL	Emergency (- [Carteret	-				T+11 N	552.				
□ DOH	justification)			Name of					Telephone N					
DCA	Cancellation			Project I				107 2	7 760-705-88	88	_		-	
Name of Facility Where	Abatement is Takin	n Place (3	1	FACIL	ITY INFO	DRMATIC		Type of Facility (4)	_	-	-		_
No. 10 No	Abatement is Takin	g i lace (o	,				-	300000						
Solvay USA, Inc. Street Address			20.00.11					School (K-1 Subchapter	8 (Other than K-	12)				
									rivate & commer		ildi	ngs,	home	s,
298 Jersey Ave.								etc.)	T # 75		DI-	I - A	22	
City (5)							1	Square Feet	# of Floors		RIO	ig. A	ge	
New Brunswick		_ ×		2.	31 1	- 48 -	- I		<u> </u>		73			
County (6)				County C	Code (7) ISE ONLY))		Current Use (Prid	or if being demoli	shed)				
Middlesex				1000					factory					
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASCM No. Name of Abatement Contractor (9)										
AET, Inc.				The MACK Group, LLC.										
Street Address			Street Address											
907 Doolittle Drive			1500 Kings HWY N, STE 209											
City, State, Zip Code						City, Sta	ate, Zip Code							
Bridgewater, NJ 088					Cherry Hill, NJ 08034									
Project Manager for Mo	nitoring Firm			Telephor	ne No.	**	Telephone No. License No.							
Eric Houseknecht				908-296	-1132				00781				ā	
Start Date (10)		Schedul	ed Co	mpletion [Date (11)		Name o	f OSHA Monitor						
11-27-	13			3-31-14	4		The MA	ACK Group, L	LC.					
Occupancy Status Duri	ng Abatement (Chec	k Only Or	ne)				Street A	ddress						62
Facility Closed/Va	cated During Entire	Period of	Abate	ment		1	1500 K	ings HWY N,	STE 209					
Abatement Perfor	med Outside of Norn						City, Sta	ate, Zip Code	1000					
Other - Describe:						-	Cherry	Hill, NJ 0803	4					
Scope of Work (Check	All That Apply)													
>3 sf or ≥3 lf		X F	Renov	ation			\geq	Full Containm	ent with Negative	Press	ure	9		
≥160 sf or ≥260 lf			Demol				\geq	Mini-Enclosure	е					
							K	Glovebag Pro	cedure I (*) and Non-Friat	ale Pro	han	lire		
			30	607				1 Non-Exemples	() and Non-i had	10		70 Tu	emen	t
		2.7	S Loca Norma		. 77							50.000	ре	
Locati Asbestos-Containir				ely by	Aches		scription (of aterial (ACM)	Amount					
TO BE A	5-10-100 50 10-100 C			ance/				insulation,	(Specify	2	5	т	Enc	E
In Fac		Cus	(12)	Staff?	- Att		cing, VAT		SF or LF)	1 5		Repair	aps	Enclosure
(13	3)	1	1	, 		otner m	niscellane	eous)		Kellioval		air	Encapsulate	ure
		Yes	No	N/A						"			e	5.00
see att	ached		X			200	attache	ed	see attache	4 >	7			
See all	see attached					300	attaorit	ou .	SCC attache	~/				\vdash
										\perp	-			1
							==							
											1			
Name of Registered W	aste Hauler		\vdash	NJ DEP W	/aste	Cubic	Yards	Name of	Registered Land	fill.	_			_
				Hauler ID	No.	of Was	ste	0.202001.50330						
Freehold / Newark	Carting / Rovic			45	09	-	TBD		land Co./ BFI	/ GR	O۷	NS	/TR	RF
City, State						Name of Street	sal Date	City, Sta						
Freehold / Newark / Riverdale, NJ						_	-31-14		g / Imperial / I	Morris	svil	lle,	PA	
Completed by Title						8	ignature	11/1		Date				
Mike Cooper	dent				yel,			1/26	13					

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

Date of Notification (1) 11/26/13		Name of Building Owner/Operator (2) Poole Ave Realty, LLC													
Agencies Notified	Type Notification			Street Ac 555 US	ddress B Highwa	ay 1 S	, Suite	400		4	7				
DEP DOL	Initial Amended Amendment	#			te, Zip Coo										
DOH DCA	Emergency (justification) Cancellation	including	10.6	Name of Wayne	Contact Neis				NOV 2		phone Num 5-200-724				
	I			FACIL	ITY INFO	RMATI	ON							l lies	760
Name of Facility Where Foodtown	Abatement is Taking	g Place (3)						Тур	e of Facility (4 School (K-12 Subchapter 8	2)	ar than K-12	}			
Street Address 1105 Highway 36								×	Other (i.e. pretc.)	ivate 8	k commercia	l build	200 2040 (2042)		es,
City (5) Hazlet									are Feet 000	# of 2	Floors		ldg. A)+	ge	
County (6) Middlesex					Code (7) ISE ONLY)				rent Use (Prio cant / retail	r if bei	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASCM	l No.				es, LLC	tractor	(9)				
Street Address		10)						et Address 7 W. Lincoln Highway, Suite 500							
City, State, Zip Code							City, State, Zip Code Exton, PA 19341								
Project Manager for Mo		T	Telephor	ne No.		Telephone No. License No. 01161									
Start Date (10) 12/9/13	Scheduled 12/14/13		pletion [Date (11)		Name EMS		SHA Monitor		National States					
Occupancy Status Durin	ng Ahatement (Chec						Street	602-007	ess	=====				10.00	
	cated During Entire I			ent			200	Rout	te 130 N						
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norn	nal Facility I	Hours			_	1000		Zip Code nson, NJ						
Scope of Work (Check	All That Apply)												-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		NAME OF TAXABLE PARTY.	enova emoliti				>	N G	ull Containme lini-Enclosure Blovebag Proc Ion-Exempted	edure				e	
		1000000	ocati							7		1	Abate	in The many	i
Locatio Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED illity	Used Mair Custo	ormali Sole ntenar odial S (12)	ly by nce/		tos Con thermal surfa	scription taining N I system icing, VA miscella	Mater is insi AT, or		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ro .	
Southside	awning	1-1		X		Red	d roof t	tiles		2,5	500 SF	х			
Name of Registered Waste Managemen			2.33	JDEP W auler ID		Cubic of Wa	Yards iste		Name of F	**************************************	ered Landfill				
City, State Ewing, NJ						Dispo TBD	sal Date	•	City, State Morrisvi		A				
Completed by Jack Bally		Title Sr. Pr	oject	t Mana	ger		Signatur		Ball	41	10 Da	ite /26/	13	ial .	
ASB-41 (R-06-08)							7)		e this form for	asbes	tos licensure	e exen	npted	activ	ities.

MO#21382878532

MAY 11

Date of Notification (1)				Name of Building Owner/Operator (2)													
11 /	22 / _	13		Static	Power								7				
Agencies Notified	Type Notifica	ition		Street	Address												
⊠ EPA				1375 9	Strykers R	oad		liti,									
⊠ DOLWD	Amended Amendme			City, S	State, Zip Co	ode		(11) 1	NUV 2 / 20	13							
☑ DHSS ☐ DCA	Emergend		- n	Phillip	sburg, NJ	0886	55	1									
(NJAC 5:23-8)	justification		3		of Contact			1 7.	Telephone Nu	umber							
	☐ Cancellat	ion		Carl H	lintz		8.5	1	908-213-224	5 .		-					
				FA	CILITY IN	FOR	MATION				19.19.1						
Name of Facility Where A	batement is T	aking Place	(3)			-		Type of Facility (4)									
Private house								School (K-1									
Street Address		7.							8 (Other than K- orivate and comr		hui	ldina	~				
1375 Strykers Road								homes, etc.		nerciai	Dui	aing	5,				
City (5)			-			-	0.1112	Square Feet	# of Floors	T	Bid	g. A	je	_			
Phillipsburg, NJ 08865																	
County (6)				Coun	ty Code (7) (STATE	USE ONLY)	Current Use (P	rior if being dem	olished)	7/1 ¹ -					
Warren	2				•		verseco.till ecoconitente (* 11 °)										
Name of Monitoring Firm	Hired by Build	ding Owner	(8)	ASCM	No.	Nam	e of Abateme	Datement Contractor (9)									
						Gr Tech LLC											
Street Address							et Address										
						576	Valley Rd#	#783									
City, State, Zip Code	-	-	-				State, Zip Co										
						Wav	ne, NJ 0747	70									
Project Manager for Monit	toring Firm		Tel	ephone	No.		phone No.		License No.			-					
						0-1-	200-000		01127								
Start Date (10)	15	Scheduled	Compl	etion Da	ite (11)	155711	e or osha Ñ	lonitor	01121		_	5.5					
12 / 02 /	13	_12_	/_0	3_/	13	Envi	rovision Co	nsultants,Inc									
Occupancy Status During					-		et Address	iisuitaiits,iiic			_	_		-			
		THE TOTAL PROPERTY.		ement				Pood Plda #	211								
Abatement Performed	Outside of No	ormal Facil	ty Hou	rs - Des	scribe		State, Zip Co	Road, Bldg .#	34A		-	0 555					
Time of Abatement:	AM	PM/	PM		_AM		Lawn, NJ 0										
Scope of Work (Check all	that apply)	-				1 an 1			nation with nega	ative pre	ess	ure					
								ontainment with Negative Pressure									
>3 sf or >3 if > 160 sf or >260 if			enova emolit			H	Mini-Enc	losure a Brocedure F	Tent with Nega	tive Pre	255	ure					
_		~	0	011		5	Non-Exe	mpted (*) and N	on-Friable Proce	edure							
			ls Loca					-	1		Aba	item	ent T	vpe			
Location		. 116	Norm	ally elv bv	1-900040		Description of							T			
Asbestos-Containing N TO BE ABA		94 200 C	ainten	4			ontaining Ma mal systems		Amount		Removal	Repair	nca	Enclosure			
IN Facilit	CONTRACTOR	Cu		Staff?	(1.6.		rfacing, VAT		(Specify SIF or LF)		200	≅.	psu	nsc			
(13)		-	(12)	-	oth	er miscellane	ous)			_		Encapsulate	ró i			
		Yes	No	N/A													
Outside siding				X	Siding re	mova	al		1,500 SF	[X						
		П								Г	7	П	П				
	-		-								_						
			Ш					april 12		L		Ш	Ш	Ш			
Name of Registered Wast	e Hauler		N	JDEP Wast	e Hauler ID No.	Cubic	Yards of Wast	Name of Reg	istered Landfill				-				
Gr Tech LLC			- 1	00337	85	т	BD	T.R.R.F. Inc									
City, State				00227			osal Date	City, State			miroties.	~					
Wayne, NJ 07470	(na)	Title				I	BD	Tullytown, F		Б.							
Completed By (Print or Ty	pe)						Signature 1	1.1	1	Date							
N.Jevtic		Owner		77	10,000		Meri	There venad 11/22/2013									

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-) Date of Notification Name of Building Owner/Operator (2) 1 0 / Chatham United Methodist Church Agencies Notified Street Address [X] EPA 460 Main Street [] DEP [X] Initial City, State, Zip Code [X] DOL [] Amended Chatham NJ 07924 Amendment # [X] DOH **Emergency (including** Name of Contact Telephone Number Justification) [X] DCA [] Cancellation Gerald Elgentowics 973-508-5757 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Chatham United Methodist Church 11 School (K-12) Street Address [X] Subchapter 8 (Other than K-12) [] Other (i.e., private & commercial 460 Main Street buildings, homes, etc.) City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Jersey City Hudson Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) USA Environmental J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 344 West State Street 1141 Route 23 City, State, Zip Code Trenton NJ 08618 Wayne NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License No. 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 1 1 1 / 1 1 2 6 Enviro Vision Consultants, Inc. Day Month Year Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fairlawn NJ 07410 Scope of Work (Check all that apply) Full Containment With Negative Pressure [X] Renovation Mini-Enclosure [] ≥3 sf or ≥3 lf [] Demolition Glovebag Procedure [X] \geq 160 sf or \geq 260 lf Non-Exemted (*) and Non-Friable Procedure Abatement Type Is Location Description of N N Location of Normally Asbestos-Containing Amount E R C C Asbestos - Containing Used Material (ACM) M (Specify E L Material (ACM) Solely by (i.e., thermal systems SF or LF) 0 P P 0 TO BE ABATED Maintenance / insulation, surfacing, VAT, V S A S in Facility (13) Custodial or other miscellaneous) 1 U A U Staff (12) L R L R Yes No N/A Rooms 26, 27, 28, 30 X Fireproofing 1555 SF Rooms 26, 27, 28, 30 X Fitings 70 ea. Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. J.R. Contracting & Environmental Consulting, Inc. 17819 G.R.O.W.S City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature Date Jerry Bijelonic Project Manager 10/16/2013 ASB-41

Unipro, Inc.

173 Karkus Avenue Woodbridge, NJ 07095

Tel. 732-726-1100 Fax 732-726-1556

Via Fax & USPS

Environmental Contractor N.J. Asbestos Lic. #00615 N.Y. Asbestos Lic. #AC-97-1039

November 22, 2013

Mr. Thomas Voohres

New Jersey Department of Labor & Workforce Development Asbestos Control & Licensing

1 John Fitch Plaza 3rd Floor

P.O. Box 949

Trenton, NJ 08625-0949

Re: Asbestos Project Notification

Dear Sirs:

Enclosed is our notification of an asbestos abatement project to be performed at:

Christian Brothers Academy of Lincroft 850 Newman Springs Road Lincroft, NJ 07738,

and presently scheduled to commence on December 10th.

Very truly yours,

David T. Tolchin,

President

enc. Notification

Check # 2119/\$200.00

cc: Mr. Joe Eldridge

N.J. Department of Health/Senior Citizens

3635 Quaker Bridge Road

Hamilton, NJ 08619

Date of Notification (1)		Name of Building Owner/Operator (2) Lourdes Martinez														
11-20-13				ourdes treet Add	A STATE OF THE STA					-			-		\neg	
Agencies Notified	Type Notification			treet Add 169 Ced										/		
☐ EPA	Initial		4 8		, Zip Code											
DEP DOL	Amended Amendment				eld Park		660			-00-000		7				
	Emergency (i	ncluding	100	ame of C				1		100000000000000000000000000000000000000	phone Num			10000	V	
DOH DCA	justification) Cancellation		1		s Martine					20	1 641-431	9	-			
			_	FACILI	TY INFOR	MATIO	N .	Type of	Facility (4	1		-	-	_	_	
Name of Facility Where	Abatement is Taking	Place (3)														
Lourdes Martinez			_					Su	hool (K-12 bchapter 8	(Othe	er than K-12)				
Street Address								Oti	her (i.e. pr	ivate 8	commercia	ıl buildi	ngs, I	ome	s,	
169 Cedar St.			_				- +	etc Square		# of	Floors	Blo	ig. Ag	je		
City (5)	1 07660															
Ridgefield Park N.	0/000		To	County Co	ode (7)			Current	Use (Prio	r if bei	ng demolish	ed)				
County (6) Bergen					SE ONLY)		-								(d) [[] (d)	
Name of Monitoring Firm	m Hired by Building	Owner (8)	1	ASCM	No.			ame of Abatement Contractor (9)								
N/A		A-00-2000000000000000000000000000000000							acting L	LC.					_	
Street Address								Street Address								
**************************************	3							th Str							_	
City, State, Zip Code								City, State, Zip Code Union City NJ 07087								
			-	Telephon	e No		Telephone 1 License No.									
Project Manager for Mo			elebuou	e NO.		01206										
0: 10: (40)		Scheduled (Com	noletion D	ate (11)	-+	Name o	of OSHA	A Monitor							
Start Date (10) 11-21-13		11-22-13		تا ۱۱۰۵۵۰۱۰ م	()				racting L	LC						
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Facility Closed//a	cated During Entire	Period of Aba	tem	ent				7th Str								
Abatement Perfor	med Outside of Norr	nal Facility H	ours				Marine Williams	ate, Zip		0.7						
Other – Describe:							Unio	n City	NJ 0708	5/			-		-	
Scope of Work (Check	All That Apply)							1			- Nametice !)roco:				
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Delfa Contracting			3	5240		1 Diamon	al Date		City, Stat						_	
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Union City NJ 070	101	Title					ignature		2, 10	0		ate				
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