NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) Jess Melanson 11/23/11 Agencies Notified Street Address 2 9 2011 Type Notification 4 Kenneth Road [X] EPA [X] Initial Notification City, State, Zip Code []DEP ASBESTOS CONTROL & []Amended Montclair, NJ 07043 LICENSING [X]DOL Notification Name of Contact Telephone Number [X] DOH [X] EMERGENCY Jess Melanson []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Private []School (K-12) []Subchapter 8 (Other than K-12) Street Address [x]Other (i.e., private & commercial buildings, homes, etc.) 4 Kenneth Road Square Feet # of Floors Bldg. Age County Code (7) 75 County (6) 2100 City (5) (STATE USE ONLY) Essex Montclair Current Use (Prior if being demolished) Residence ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building AZTECH MANAGEMENT, Inc. Owner (8) 67 N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00371 (973) 744-8800 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) N/A 12/7/11 12/4/11 Month Month Day Year Day Year Occupancy Status During Abatement (Check only one) Street Address [X]Facility Closed/Vacated During Entire Period []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X]Full Containment with Negative Pressure []Mini-Enclosure []>3 sf or >3 lf [X]Renovation []Glovebag Procedure []Demolition $[X] \ge 160$ sf or ≥ 260 lf []Non-Friable Procedure Abatement Type Location Description of Location of Normally N NCAPSUL Asbestos-Containing Amount Asbestos-Containing Used E M O V CHOSU Material (ACM) (Specify Material (ACM) Solely SF or (i.e., thermal systems By Main-tenance/ TO BE ABATED insulation, surfacing, VAT, LF) In Facility Custodial A or other miscellaneous) R (13)Staff (12) N/A Yes No 350 VAT X Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste 3.0 G.R.O.W.S. AZTECH MANAGEMENT, INC. 17040 Disposal Date City, State City, State Morrisville, PA 19067 12/8/11 Montclair, NJ 07042 Date Title Completed By (Print or Type) 11/23/11 President Constantine Vivian

STATE OF NEW JERSEY

NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7 ANNUAL NOTIFICATION Name of Building Owner / Operator(2)	
ANNUAL NOTIFICATION Date of Notification (1) 11	
11	
Agencies Notified Type of Notification 176 Park Avenue NOV 2 9 2011	
EPA DEP Amended Amendment # DOL DCA DCA City, State, Zip Code Rutherford, NJ 07070 Name of Contact Sharon DelVecchio Cancellation City, State, Zip Code Rutherford, NJ 07070 Name of Contact Sharon DelVecchio	
DEP Amended Rutherford, NJ 07070 DOH Amendment # Name of Contact DOL Emergency w/ justification Cancellation DCA Cancellation EACH LIX INFORMATION	
DOH Amendment # Name of Contact Tolephone Number DOL	
DCA Cancellation Sharon DelVecchio	
FACILITY INFORMATION	the contract of
	Million Mills
Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)	
Memorial Park Field House School (K-12)	
Street Address Subchapter 8 (Other than K-12) Other (I.e., private & cmmercial	
City (5) County (6) County Code (7) Square Feet # Of Floors Building Age	
Remain 3,000 2	
Current Use (Prior if being demolished) 50+	
Parks & Rec Field House Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Consulting Services of America (CSA) ASCM NO Name of Abatement Contractor (9) 50485 Slavco Construction Inc.	
Street Address Street Address	
26 Lorenzo Court 164 Getty Avenue	
City, State, Zip Gode	
Matawan, NJ 07747 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Clifton, NJ 07011	
Micahel Chain 732-921-9223	
Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number	
$\frac{11}{28} / \frac{11}{12} / \frac{31}{11} = 973-478-4848 = 00724$	
Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor	
Facility Closed/Vacated During Entire Period of Slavco Construction Inc.	
Abatement Street Address Abatement Performed Outside of Normanl Facility 164 Cette Avenue	
Abatement Performed Outside of Normani Facility Hours - Describe: 164 Getty Avenue	
Other - Describe:8:00am to 4:30pm City, State, Zip Code	
ROOM/AREA VACANT DURING REMOVAL Clifton, NJ 07011 Scope of Work (Check All That Apply)	
D. Branchine G. Branchine G. Sull Containment with Magative Procesure	
 Demolition ✓ Renovation ✓ Full Containment with Negative Pressure Mini - Enclosure 	
✓ >160 sf or >260 lf ☐ Glovebag Procedure	
Non-Exempted (*) and Non-Friable Procedure	
Location of Is Description of Abatement Type	
Asbestos Containing Location Asbestos - Containing R	E
Material (ACM) Normally Material (ACM) Amount E R N	N
TO BE ABATED Used (I.e., thermal systems (Specify M E C in Facility Solely insulation, surfacing, VAT, SF or LF) O P A	C
in radiaty Solely institution, surfacing, 771,	0
(13) by Main- or other miscellaneous) V A P S tenance/	s
Custodial	Ū
Staff (12)	R
YES NO N/A	
Basement Boiler Room	
Basement Boiler Room	1
	+ +
Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill	
Slaves Construction Inc. 18508 Yards GROWS Landfill	
of Waste	
Clifton, NJ Date TBD Morrisville, PA	
Completed by (Print or Type) Title Signature Date	
(4/ 3/)	1/23/11
Openion & Account	

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Date of Notification (1)		Mires de la		Namo of	Building Own	or / Deg	notor (2).		113	711	man.			
11 / 23 /	1			Borough	of Rutherford		Day	1-216	LAAY	/ - - -				
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] [] \$	chool (K	-12)							
Struct Address							er 8 (Other							
198 Monona Avenue							, private & rnes, etc.)	cmmore	iai					
City (5) Cour	nty (6)	Coi	nty Code	(7)	Square Feat		# Of Floor	rs	Buildle	ng Ago				
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Street Address	: Albania managan			-	Streat Addre	39		***************************************						
26 Lorenzo Court					164 Getty Ave	enue								
City, State, Zip Gode Matawan, NJ 07747														
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Date of Notification (1) 11/25/11				Building Own son / Res		(2)	M		*	U E			
Agencies Notified Type Notification			reet Add			1		NOV	292	011	11	77	
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□ Emergency (ir justification) □ DCA □ Cancellation	ncluding	1	ame of C en			L	With the tier	Tell 1	E BESSINGLIM	ber			
Name of Facility Where Abatement is Taking	Place (3)		FACILI	TY INFORM	ATION	Type of	Facility (4))	- Contract	and the same of th	Contract of the last of the la	Walnut .	_
Ken Nelson / Residence	(-/					☐ Sc	hool (K-12)	4h 1/ 40	,			
Street Address 43 Park Bld						Ot etc		ivate &	commercia	al buildir			i,
City (5) Clementon NJ 08021						Square 1000+		# of F	loors	35	g. Ag +	е	
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Camden		(S		SE ONLY) _		Resid		ractor (2)				
Name of Monitoring Firm Hired by Building C N/A	wner (8)		ASCM	No.	Per	ne of Abatement Contractor (9)							
Street Address						reet Address O Box 329							
City, State, Zip Code						State, Zip st Berlin	Code NJ 0809	91					
Project Manager for Monitoring Firm	V					phone No. 3-753-98		01	License N 00727	0.			-
Start Date (10) 12/7/11	Scheduled 12/12/1	iled Completion Date (1.)				ne of OSH naco In							
Occupancy Status During Abatement (Chec	k Only One	()	Stre										5
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Al nal Facility	bateme Hours	ours City,				Code NJ 080	91			-		
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enovat emoliti				Mini	Containme i-Enclosure vebag Prod i-Exempted	e cedure				e	
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai Cust	lormail d Solel ntenan odial S (12)	y v y by nce/ staff?	(i.e. th	s Containing nermal system surfacing,	escription of taining Material (ACM) I systems insulation, acing, VAT, or miscellaneous)		(S	mount specify or LF)	Removal	Repair	e Encapsulate	Enclosure
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United Containers			2459		3	ata					i e		
City, State Elm NJ	Disposal Da 12/12/11			Morrisville PA 19067									
Completed by Anthony T Perna	Title Pres	Title Sig President				ignature Date 11/25/11							

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Date of Notification (1)					Name of Buildin Kennedy Health	g Owner/O	perator	- W Es	U W	圳			
11-23-11 Agencies Notified (x) EPA () DEP (x) DOL (x) DOH () DCA		Notification (X) Initial N () Amende () Cancelle	lotification d Certificatio	n _	Street Address 18 East Laurel City, State, Zip Stratford, NJ 08 Name of Contac Doug Ducat	Code 084		NOV 2	ONTROL &				
				FACILITY INF	ORMATION		The property	The or I worken it	٠ ١.		- 44		
Name of Facility Where Kennedy Memorial Hos	Abatement is T	aking Place (3)		Type of Facility () School (K-1) () Subchapter (x) Other (i.e. p	2) 8 (other tha	an K-12) mmercial bldg:	s., homes, e	tc.	· · · · · · · · · · · · · · · · · · ·	e shi gjere		
18 East Laurel Road					Sq. Feet 40000	SF	# of	Floors 4					
City (5) Stratford	County (6) Camden		County Co (State Use	Only)	Bldg. Age: +/- Current Use (pr	40 years		tractor (0)					
Name of Monitoring Fire	m Hired by Bldg	. Owner (8)	ASCM No.	•			Name of Contractor (9) USA Environmental Management, Inc.						
<u>Street Address</u> 3370 Progress Drive / S	Suite J				Street Address 8436 Enterpris		ue						
City, State, Zip Bensalem, Pa. 19020					City State, Zip Philadelphia, I								
Project Manager for Mo Mike Panepresso	onitoring Firm	Telephone 215-244-13	800		Telephone Nur (215) 365-5810]		License Nui 00702	<u>mber</u>				
12-12-11 Occupancy Status Dur () Facility Closed/Vac	Scheduled Start Date (10) 12-12-11 Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abat (X) Abatement Performed Outside of Normal Facility Ho Describe_Area in question Work will be performed durin hours in the 1st, 2nd and 3nd floor mechanical				Name of OSH/ USA Environn Street Address 8436 Enterpris City, State, Zip Philadelphia,	nental Man se Avenue Code	agement, Inc.						
Other - Describe Source of Work (Chec	k all that apply)												
	Renovation SF or >260 LF A ith Negative Pre	cation Normal by by Maint./Co (12)	ly Used	60 SF or >10 <2 ure (X) Glo Description of thermal systen surfacing, VAT miscell.)	vebag Procedure ACM (i.e. ns insulation,	e()Non E	roj. (<25 SF or exempted or no Specify SF or	on friable wo	rk atement T		Enclose		
Removal of Asbesto		1									-		
Containing Pipe Insu								-		-	-		
Fittings			-			-					100		
Blood Draw Room		Fire Proofing		300 SF		X							
Name of Reg. Waste	Hauler	NJDEP W 32610	aste Hauler	ID#	Cubic Yards of 20 yds	of Waste		Name of R Minerva L	eq. Landfi andfill	<u> </u>			
City, State								Disp. Date City. State 10-31-09 Waynesbur) <u>H</u>		
Completed by (Print of	Philadelphia, PA 19153 Completed by (Print or Type) Dilip Kumar Program Manager							Date 11-23-11					
Dilip Kumar		rogram	manayer				1						

Set Special

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Date of Notification (1) 11/22/2011				Name Youn	of Building g Jin Ma	Owne	r/Operator ment	(2)) NO	V 0 -					
Agencies Notified	Type Notification	1			Address				7	V 29	2011		IT,	1	
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Name of Facility Where Commercial	Abatement is Taki	ng Place	(3)			OIMA	HON	Type of F	acility (4)		142	100	- 25	Ä.	
Street Address								☐ Scho	ool (K-12)						
129 Market Street								Subo	chapter 8 (
								Othe etc.)	r (i.e. priva	ate & com	mercia	l buil	dings	, hom	es.
City (5) Paterson								Square Fe 10,000	330	# of Floor 6	S	172	oo.	Age	
County (6) Passaic					Code (7) USE ONLY)		Current U	se (Prior if	being der	nolishe	 ed)			
Name of Monitoring Firm TBD	Hired by Building	Owner (8)	ASC	M No.			Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address							Street	eet Address							
City, State, Zip Code								385 Valley Road, Suite K ity, State, Zip Code							
Project Manager (c. 14							Wayr	ne, New .	Jersey 0	7470					
Project Manager for Mon	nitoring Firm			Telepho	ne No.		2/20/20/20/20/20	one No. 928-504	n	Licer 008	nse No				
Start Date (10)		Schedu	led Cor	noletion	Date (11)			of OSHA M							
12/02/2011		12/18/	2011					Contractin							
Occupancy Status During				St				Address							
Facility Closed/Vaca Abatement Perform	ated During Entire	Period of	Abater	anone				Valley R		te K					
Abatement Perform Other – Describe:		nai racilit	y Hour	·		_		y, State, Zip Code /ayne, New Jersey 07470							
Scope of Work (Check A	II That Apply)						110)								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		- morrows	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				е			
		Is	Locati	on									Abate	ement	t
Location			Normal ed Sole			De	escription	of			-		Ty	pe T	
Asbestos-Containing TO BE ABA		Ma	intena	nce/				aterial (ACI insulation,		Amount (Specify		ות		m	m
In Facili		Cus	todial S (12)	Staff?	(1.6.	surfa	acing, VAT	r, or		SF or LF		Remova	Repair	caps	nclo
(13)		Yes	No.	N/A		other	miscellane	eous)				oval	air	Encapsulate	Enclosure
Basement - Bo	iler Room	Tes .	X	IN/A		Pipe	e Insulat	ion		770 LF		x			
Basement - Bo	iler Room	×		Boi		Tank Ins			350 SF		x				
Basement - Bo	iler Room		x					Insulation	1	380 SF		x			
Basement - Bo	iler Room		×				ebris or			100 SF	-	x			
Name of Registered Was	te Hauler			JDEP W			Yards		ne of Regi						
Service Transport Gr			Н	auler ID 1990		of Wa									
City, State New Castle, Delawar	е			Disposal Date TBD			Date City, State Waynesburg, Ohio								
Completed by			Signature							-					
Predrag Sarcev		Vice	Presid	esident				11/22/2011							

								1		4	;		OR PERSONAL PROPERTY.	A PART COMPA	Print
				FICATIO	State of N ON OF AS nt to NJA	BESTOS	ABATE		17D/	ECE	1 V	7		n	1
Date of Notification (1) 11/23/2011	Ch#:	204	4		of Buildin		Operator	r (2)		NOV a	0.00		\exists		
Agencies Notified	Type Notification			Street	Address Collinson				In III	NOV 2	9 201	11	1	رد	
EPA DEP	X Initial Amended				State, Zip C			70	-	ASBESTOS (OUTDO	0	1		
DOL	Amendmer Emergency		20		t Orange		052	-		LICEN	SING	6	_		
DOH DCA	justification Cancellatio	1)	ig	100000	of Contact Calabri		i	-	A STATE OF THE STA	671	ana Num	ber	distra	en vi	- 1
Name of Facility Where	Abatament in Taki	as Diass	(0)	FA	CILITY IN	FORMAT	ION					- no	No. Ne.	1 6 cress	-sed
Residential	Abatement is Taki	ng Place	(3)					Тур	e of Facility	V. (1510) \$1 (1)					
treet Address								H	School (K Subchapte	er 8 (Other th	an K-12)	ř		-	
39 Rollinson Street		7.						×	Other (i.e. etc.)	private & co	mmercial	l bu	ilding	s, hor	nes,
ity (5) Vest Orange, NJ 0	7052							Squ 2,2	uare Feet	# of Flo	ors	100	Bldg. 50+	Age	
ounty (6) Essex				(STATE	Code (7) USE ONL			Cur	rent Use (Pi sidential	rior if being d	emolishe	d)			
lame of Monitoring Firm Omega Environmet		Owner (8)	ASC	CM No.		Name EA S	of Ab ervi	ces Corpo	ontractor (9) oration					
treet Address 280 Hyuler Street	*						Street 426 6		ess Street						
ity, State, Zip Code South Hackensack					3				Zip Code erg, NJ 07	093					
roject Manager for Mon	itoring Firm			Telepho	one No.		Telepho 201-2				ense No.				
tart Date (10) 2/3/2011 (Che	eck# 2044)Att	Schedu 12/5/2		mpletion	Date (11)				SHA Monitor alytical						
ccupancy Status During		3.5	2				Street A								
Facility Closed/Vaca Abatement Perform Other – Describe: S	ed Outside of Norn	nal Facilit	Abater ty Hour	nent s		-	City, Sta	ate, Z	28th Stre						
cope of Work (Check Al	I That Apply)						New	York	k, NY 100	18					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Parameter St.	Renova Demoli				×	Glo	ni-Enclosure ovebag Pro						
4 8 8 8 8 8			s Locat Normal	050522							1		Abat	emen pe	
Location Asbestos-Containing TO BE ABA In Facilit (13)	Material (ACM)	Us Ma	ed Sole aintena stodial S (12)	ly by nce/	Asbesi (i.e.	tos Conta thermal s	ystems ing, VAT	iteria insula , or	ation,	Amoun (Specifi SF or LF	S	Remova	Repair	Encapsulate	Enclosure
W241288		Yes	No	N/A				200)				val	=	ulate	ure
Baseme	ent		х			Pipe I	nsulati	on		10 LF	x				
41.04 VA. 07.			-						-						
mo of Bosisters 3 W	a Haute														\dashv
me of Registered Wast antic Carting	e riauier		H	JDEP W auler ID 8085		of Waste TBD				Registered La thlehem La		Cor	pora	tion	
y, State lyne, NJ						Disposa TBD	Date		City, State Bethlehe						-
mpleted by z Guzman		Title Off M	lanage	er		Sig	nature	7-1	Thus	20.00	Date 11/23	2/2	011		\dashv

11/23/2011

	N			to NJAC			CONCINCTOR OF THE	She	K	# 33	310)	* P = P	
Date of Notification (1) 11-23-11				f Building gh of F		200.200.000.0000.0000	(2)	KI	6			Tr	17	
Agencies Notified Type Notification			A # 10#10 # 0 10 10 10	derson	0.000.0000			ILI M	0V	2 9 201	1			
DEP Amended Amendmen		_		ate, Zip C ew, NJ (STOS				1	
DOH justification Cancellation)		Name o Marc I	f Contact Fresci		4	-mais	GANGE CONTRACTOR		SOARARIN	mber		1	
0 10			6 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4 (4	LITY INF	ORMAT	ION	THE PARTY NAMED IN		14-15-16	and the same	A Jakana			
Name of Facility Where Abatement is Takin Abandoned Building Scheduled for								of Facility (4 School (K-12				94.84.17.	. نار	
Street Address 723 Fairview Ave (Main Building)							Ti '	Subchapter 8 Other (i.e. pretc.)				ildings	s, hon	nes,
City (5) Fairview							Squa 1,00	re Feet 0	1 1	f Floors		Bldg. 50 +	Age	
County (6) Bergen				Code (7) USE ONLY	n			ent Use (Prio ndoned Bu				on		
Name of Monitoring Firm Hired by Building n/a	Owner (8)		ASCN n/a	l No.				tement Cont tracting LI		(9)				
Street Address n/a					•	Street 22 Tr								
City, State, Zip Code n/a	J., J. J. W.			A. 11.	*****		State, Zip Code coln Park, NJ 07035							
Project Manager for Monitoring Firm n/a		n/a				one No 706-7			License N 01088	No.				
Start Date (10) 12-03-11	Scheduled 12-10-1							tA Monitor tracting LL	.c					
Occupancy Status During Abatement (Che			22 T				Addres	M28						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe: Scheduled for Demo	nal Facility I		urs City,				ate, Zi	p Code irk, NJ 070)35					
Scope of Work (Check All That Apply)	P-000						Full Containment with Negative Pressure							
≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova emoliti	F0(F)(F)(F)			×	Min Glo	Containmer i-Enclosure vebag Proce n-Exempted	dure				ne e	
	Is L	.ocati	on				140	Lacimpico	7 4	3 14011 1 1101	T	Abat	emen	t
Location of Asbestos-Containing Material (ACM)	No Used	Sole!		Δchoc		scription aining M		(ACM)	Δ	mount	-	T '	/pe	Г
TO BE ABATED In Facility (13)	Custo	itenar dial S (12)			thermal surface	systems cing, VA niscellan	insula T, or		(S	pecify or LF)	Removal	Repair	Encapsulate	Enclosure
F. A. Jan	Yes	No	N/A	۸۵	hootoo	Doof F	lochi		22	5 SF	-	-	-	-
Exterior Exterior	++		X	As		Roof F		ng		indows	x			
Name of Registered Waste Hauler		1 1992	JDEP W		Cubic			Name of Re	egiste	red Landfill	<u></u>		L	
Yannuzzi Demolition Inc	H	auler ID	NO.	of Was	sie		GROWS	Lan	dfille					
City, State Hillsborough, NJ				Dispos TBD	al Date		City, State Morrisvill	e, P	A					
Completed by Lillie Lazarevich	ary	, -10%		S	ignature Lillie	Lun	neil		Da 11	te -23-	11			

CK 2518

518							S ABATEMEN	Γ		-)								
			(Pur	suant to	NJAC 8:60 and	12:20/1	N.J.A.C. 7:26-2.12)	MEG	E			M						
Date of N 11/23/11	otification (1):		me of Bu wark Pub		wner/Operator (2)		1											
Agencies Notified	Type Notification		eet Addre					WOV	2 9	201	11	الا						
EPA	☐ Amended Amendment#:		y, State, 2 wark, NJ		:													
D DEP	☐ Emergency	Na	me of Co	ntact:			Telephon	Number: ASBSS	TOS CO	HTRO	. &							
DOH DCA	(including justification) □ Cancellation	Be	njamin T.	Olagade	:			- Company of the Comp	AND DESCRIPTION OF THE PERSON NAMED IN	erio de	han distribution of	fan e						
UDCA _					FACILITY INFO	ORMA	TION				AND SECTION	ব্যালয়ত্যাক						
	Facility Where A	batement	is Taking	Place (3	3):		of Facility (4):											
Avon Ave	enue School						hool (K-12) bchapter 8 (Other than K	·-12)										
19 Avon	Avenue	ary and a second recognition					her (i.e., private & comn		mes, e	tc.)								
City/ (5): Newark		County (6) Essex):	Count 07108	y Code (7):	Squ	are Feet:	# of Floor	rs:									
							g. Age rent Use : School											
Name of I	Monitoring Firm	Hired by	Building	Owner:	ASCM No.:		ne of Abatement Cont	ractor (9):										
	onmental Incorp					Env	virocare Enterprise	es, Inc										
Street Add	dress:	V. 335-E-1				Street Address:												
1253 No	rth Church Stre	eet				358 Broadway												
City, State	e, Zip Code:		ACTIVE VIEW				, State, Zip Code:											
Mooresto	own, NJ 08057					Newark, NJ 07104												
Project M	anager for Moni		m:		Telephone No.:	Telephone No.: License No.:												
James A.	Guilardi				856-840-8800	(973) 485-4000 01017												
Start Date 11/25/11	(10):	Sched 12/02		npletion	Date (11):	9-30-500	ne of OSHA Monitor: eriSci											
Occupancy	Status During Ab	atement (C	heck only	one)			et Address:				-							
☐ Abateme Describe:	Closed/vacated Du nt Performed Outs				t	City	East 30 th Street r, State, Zip Code: v York, New York, 10	0016										
Other Describe:																		
251100 Best (251-25)	For example of the control of the c	at apply):		☑ Reno	vation olition		☐ Mini-	Containment with Enclosure bag Procedure Exempted (*) and N	_									
1	ocation of		Is Locat Norma		D	escript	ion of				emen /pe	t						
	Containing Mate		Ised Sole	ly by	Asbestos Con	taining	Material (ACM) ems insulation,			Τ	E	T _m						
то	(ACM) BE ABATED	1	Maintena Custod		surfa	acing,	VAT, or	Amount	Removal	Rej	Encapsulat	Enclosure						
1000000	IN Facility		Staff		other	misce	llaneous)	(Specify SF or LF)	1078	Repair	lusq	osur						
	(13)	Ye	(12) s No	N/A				Si oi Er)	-		at	ri ri						
Basemen	t Hallway		X		Pipe Insulation			8 LF	X									
Name of I Newark C	Registered Waste Carting	e Hauler:		4506	P Waste Hauler ID	No.:	Cubic Yards of Waste:	Name of Regis Tullytown Re.			11:							
City, State Newark N	e: IJ 07102 / Enviro	ocare	Disp	osal Dat	e:		City, State: Tullytown, PA											
Complete Uju Obior	d By:			Title: Presid		Sign	ature:	Date: 11/23/11										

		N			of ASBE				Che	d	(#	3	30	8	
Date of Notification (1) 11-22-11					Building Co o Develo			111)EC	E	I V E		77		
	pe Notification			Street Ac 251 W	ddress estfield	Ave			Nov	20	2011				
EPA DEP DOL	Amended Amendment #_	1 1	_ [te, Zip Cod NJ 0706			- 15				P	1		
☑ DOH ☐ DCA	Emergency (in justification) Cancellation	cluaing		Name of Brando			L		LICE	IS (ITAII IEN	Pohone No	hber			
Name of Facility Where Abar Abandoned Residentia		Place (3)	FACIL	LITY INFO	RMATI	ON	Гуре	of Facility (1)		and a part of			
Street Address									School (K-1 Subchapter		er than K-1	12)	Papel Son		
1123 Peach Tree Lane	Э							10.01	Other (i.e. petc.)	rivate 8	& commerc	ial buil	dings	, hom	es,
City (5) Mountainside	22.							3,00	***	2	f Floors	5	8ldg. / 60	Age	
County (6) Union				County C (STATE U	Code (7) ISE ONLY)) 			nt Use (Prid idential P				or D	emo	
Name of Monitoring Firm Hir n/a	ed by Building Ov	vner (8)		ASCM n/a	No.		10000000		tement Con tracting l		(9)				
Street Address							Street 22 T	Addres							
City, State, Zip Code n/a								ip Code ark, NJ 07	035						
Project Manager for Monitor			Telephor	ne No.		Teleph 973-	one N 706-7			License 01088	No.				
Start Date (10) 12-2-11		Schedule		npletion [HA Monitor	LC							
Occupancy Status During Al							Street	Addres	ss		Wellings Steel				
Facility Closed/Vacated Abatement Performed Other – Describe: Sch	Outside of Norma	riod of A	Abaten / Hours	nent s			City, S		n ip Code ark, NJ 07	7035					
Scope of Work (Check All Ti	hat Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demolit				×	Mir	ll Containme ni-Enclosure ovebag Prod	e cedure					
			Locat	•00000				No No	n-Exempted	(*) an	d Non-Fria	ible Pro	100000	emen	t
Location of Asbestos-Containing Ma TO BE ABATE In Facility (13)	iterial (ACM)	Use Ma	Normal ed Sole sintena todial (12)	lly ely by nce/ Staff?	Asbest (i.e.	tos Cont thermal surfa	Description of ontaining Mate al systems ins facing, VAT, or r miscellaneou		I (ACM) ation,	(5	mount Specify or LF)	Removal	Repair	e Encapsulate	Enclosure
Basemen		103	140	×		9	x 9 VA	T			350	×	1		1
Dasemen		1			X 0 17										
Name of Registered Waste Jadar Contracting LLC			H	NJDEP W Hauler ID 1033137	No.	of Wa			Name of GROW		ered Landf ndfill	ill			
City, State Lincoln Park, New Jers	sey					sal Date			City, State Morrisville, PA						
Completed by Lillie Lazarevich	retary				Signature Date Lilie Lugarani 11-22-1				2-11						

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2 9 2011 NOV 11/23/11 MS. B. ZIMMERMA Type Notification Agencies Notified Street Address WARHUNG 233 FORK ASBESTOS CONTROL & Initial **EPA** City, State, Zip Code LICENSING DEP Amended DOL. Amendment # WESTFIELD NJ 07090. **Emergency (including** Name of Contact Telephone Number B DOH justification) Cancellation MS. ZI MMERMAN DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ZIMMERMAN MS.B. School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 233 WATCHUNG FORK # of Floors Square Feet Bidg. Age City (5) 1940 2500 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) RESIDEN CE () N10N Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code 07601 Hackensack , N.J. Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Omega Environmental Services 12/5/11 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
Other – Describe: City, State, Zip Code South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure □ ≥3 sf or ≥3 lf Renovation Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)N/A Yes No 900 SF VAT BASELLENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Cumberland County Landfill Transport , Inc DJM 4 22393 Disposal Date City, State City, State 1211 South Kearny N.J. 07032 Newburgh PA, 17242 Signature Completed by 23 Estimator J. MAIORANO

Do not use this form for asbestos licensure exempted activities.

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1231 MR. J. SCHICK Agencies Notified Type Notification Street Address 2 9 2011 254 STANLE ☐ EPA Initial City, State, Zip Code Amended DEP DOL Amendment #_ LUASBEST 95-DONTHON HASBROU CIC HEIGHTS. Emergency (including Telephobe Number Name of Contact justification) Cancellation DOH MR. □ DCA SCHICK **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) 4R- SCHICK School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) # of Floors City (5) Square Feet Bldg. Age 1940 2000 HASBROUCK HEIGTHS Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) BERGEN (65105N CO Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. 07601 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Omega Environmental Services 12/8/// / 2 Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Cutside of Normal Facility Hours
Other – Describe: City, State, Zip Code Other - Describe: South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) 23 sf or ≥3 lf Full Containment with Negative Pressure Renovation Mini-Enclosure ☐ ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulat Maintenance/ TO BE ABATED (i.e. thermal systems insulation. (Specify Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No: N/A 40 UE 30 BASEMENT THERMAL SPEEKS INSULATION Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste of Waste Hauler ID No. DJM Transport , Inc Cumberland County Landfill 22393 Disposal Date City, State City, State N.J. 07032 South Kearny 12/9 Newburgh PA, 17242 Completed by Signature Estimator 23 · MAIORANO

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 23, 20	011	Name of Building Owner/Operator (2) Trinity Construction, Inc. E C W TS (5)									
Agencies Notified [X] EPA		Street Address City, State, Zip C Name of Contact David	2290 ode	West County Line on, NJ 08527	Road, Suite 20 NOV 2	2 9 20	OII				
		ACILITY INFORM	MATION	4	M. S. Lieberson and Laboratoria.	in instruction	ر زیوندیشندود.	illine s			
Name of Facility Where Abatement is Takin New Lisbon Deve	g Place (3) lopment Center-Vine	Cottage	12 -	Type of Facility (4)	School (k-12)	ed in the second	of the same	m M. Jemes ye	النشاها		
Street Address					Subchapter 8 (or	ther tha	n k12)				
130 Route 72				[x]	Other (i.e., priva	ite & co	mmer	cial bui	ldings,		
City	County (6)	County Code (7)	10	Square feet	# of Floors	Bldg	g. Age				
New Lisbon	Durlington	(STATE USE ONI	_Y)	6000 sf Current Use (Prior if	l fheing demolished	1)		50			
New Lisbon	Burlington			Cottage	그렇게 하시아 () [1] 전기가 있는데 보다가 되었다.						
Name of Monitoring Firm Hired by Building Whitman	Owner (8)	ASCM No.	Name of	Abatement Contractor Guardia	(9) an Contracting,	acting, Inc.					
Street Address			Street A	Address							
116 Tices Lane, U	nit B1		City Sta	1889 Route 9, Unit 61							
East Brunswick, N	IJ 08816		City, Sta	Toms River, New Jersey 08755-1271							
Project Manager for Monitoring Firm	Telephone Numb 732-390-5858			ne Number 9-9932	License N 00624	Number					
Scheduled Start Date (10) 12/07/11	Scheduled Comp 12/30/11			OSHA Monitor	L. Analytical	XV-SX-E-E-E					
[only one) d During Entire Period of Outside of Normal Facility										
Scope of Work (Check all that apply)			[]	Full Containment	with Negative Pres	ssure					
[x] >3 sf or ≥3 lf [] ≥160 sf or ≥260 lf		ovation	[x]	Encapsulation Glovebag Procedu Non-Exempted (*		Procedi	ıre				
[] 2100 31 01 2200 11	[] Bein	- I		Troil Exempted (T T T T T T T T T T T T T T T T T T T						
						Abat	ement	Туре	_		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) V A A					R E P A I R	E N C A P S U L E	E N C L O S U R E		
Attic	X	Asbestos elbo	ws & join	nts	110 lf			X			
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Haul 20223	1	ards of Wast	T.R.R.F.	red Landfill						
City, State Toms River, New Jersey		oosal Date 04/12	City, Sta Tullyto	nte own, Pennsylvania							
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chi	Hul		Date 11/2	23/201	1			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 23, 2011					Name of Building Owner/Operator (2)									.:	
No				Trinity	/ Co	onstruction Inc	CEI	哪一	5/17	31					
Agencies Notified [x] EPA [] DEP [x] DOL	[] Amen	ion Notificat ded Notif dment #_			Street A	ddress ate, Zip Cod	le		t County Line R	NOV 2 9	2011		.川 少、		
[x] DOH		gency (income	cluding	-	Name o	f Contact	Jackso			ephone Aurabar	TDOL 8	1	1		
[] DCA		llation			Name of		Kiessling	g		W2RE21		. p		1	
				FACI	LITY I	NFORM	ATION			en et et et et et et et	nedia.	ers -		A	
Name of Facility Where A	batement is Taking w Lisbon Devel	Place (3) opment	Center-7	Teaberry	Cottag	ge		Ту	pe of Facility (4	School (k-12)		خدنشۇرىيد رىي	come markinds h	SH.	
Street Address		-			-				[]	Subchapter 8 (ot Other (i.e., priva			ial buil	dinge	
2000	Route 72								[x]	homes, etc.)			iai buii	umgs,	
City		County	(6)		County C	Code (7) USE ONLY	0	Sq	quare feet 6000 sf	# of Floors	Bldg	g. Age 5	0		
New Lisbon		Burlin	gton	1				Cı	urrent Use (Prior if		1)				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM N	lo.	Name of	Aba	Cottages tement Contractor (9)					
Wł	nitman						Street Ad	ldres		n Contracting,	Inc.				
Street Address	116 Tices Lane, Unit B1							250000000	1889 Ro	ute 9, Unit 61	: 61				
City, State, Zip Code Eas		City, State, Zip Code					River, New Jersey 08755-1271								
Project Manager for Mon	Number			Telephon		umber	License N								
Scheduled Start Date (10)			732-390- Scheduled		732-349-9932 letion Date (11) Name of OSHA Monitor					00624					
12/07/1	1		12/30/		E.M.S.L. Analytic										
Occupancy Status During [X] Fac	Abatement (Check ility Closed/Vacate	only one d During) Entire Peri	od of Aba	Street Address Abatement 1056 Stelton Road										
	atement Performed					-	City, Star	te, Z	ip Code					-	
[] Oth	er – Describe		-		-					ay, New Jerse	ey 088	354			
Scope of Work (Check all	I that apply)						[]		Full Containment	wih Negative Pre	ssure				
r 1	6>216		[v]	Renovat	ion		[x]		Encapsulation Glovebag Procedu	re					
	sf or ≥3 lf 60 sf or ≥260 lf		[x]	Demoliti			[]		Non-Exempted (*)		Proced	ure			
											Aba	tement	Туре		
		. 1	s Locatio	n			Descriptio				R	R	Е	Е	
Location		N	ormally us Solely by				estos-Con laterial (A			Amount (Specify SF	E	E P	N C	N C	
Asbestos-Containing 1 TO BE ABA		Maint	enance/Cu			(i.e.,	, thermal :	syste	ems	or LF)	М	A	Α	L	
in facilit			Staff			insu	lation, sur		ing,		V	I R	P S	O S	
(13)			(12)			othe	VAT, or er miscella		ous)		A	"	U	U	
		YES	NO	N/A		Our			/		L		L E	R E	
Attic						stos elbov	ws & joir	nts		110 lf			X		
						1000									
AUDED Wests Houle						01: 7	rds of Was		Name of Register	ad Landfill				L	
Name of Registered Waste Hauler Guardian Contracting, Inc. NJDEP Waste Haule 20223				0223		1			T.R.R.F.	ed Landiiii					
City, State				Disposa 01/04			City, St.		n, Pennsylvanja						
Completed by (Print or T	, New Jersey ype)	Title		Signature Date											
Nicholas Fernicola Nicholas Fernicola Project Manager					11/23/2011										

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