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

Date of Notification (1)	3		1		Building Owner		(2) REALTY	INC.				W	IS.
Agencies Notified  EPA DEP DOL DOL DOH DOCA	Type Notification  Initial Amended Amendment Emergency ( justification) Cancellation	(including		City State	ddress RT17	NO.ETT	ot Suite	900	OC	<u> </u>	7	2013	- 4
					LITY INFORMAT								+
Name of Facility Where I PRINT SHOP Street Address 5 CORNERS K	+ CAMP	इंडिंग जर ड		57 woo	OP AUE		Other (i.e. etc.)	-12) er 8 (Oth private	er than K-12 & commercia	l build			)S,
City (5) WESTWOOD							Square Feet		f Floors	В	ldg. A	(E)	
County (6) BERGEN		***********			Code (7) JSE ONLY)		Current Use (P	rior if be	ing demolish	ed)	<u> </u>	_	
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	1 No.		of Abatement C lac Contraction		r (9)		35 - 7A 52		
Street Address				L			Address Lowell Road						
City, State, Zip Code							State, Zip Code n Rock, N.J. (	7452					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		none No. -262-5841		License No 00156	).		2-313-311-31	
Start Date (10) / / / / / / / / / / / / / / / / / / /		Schedule		pletion (	Date (11)		of OSHA Monito		Services In	c.	-		
Occupancy Status Durin  Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire	Period of A	batem			280 City, S	Address Huyler Stree State, Zip Code kensack, NJ						
Scope of Work (Check A  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	il That Apply)		enovai emoliti				Full Contain Mini-Enclose Glovebag Po	ment with	h Negative P			e	
		4	Locati									ement pe	:
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Mai	lormall d Solel intenar odial S (12)	y by ace/	Asbestos Co (i.e. therm sur		Material (ACM) s insulation, AT, or	0	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
BASSABAT		+		2000	0,	PE		+	130 EF	X	-		
BASEMENT BASEMENT				X		isa			150 SF	×			
Name of Registered Wa Rovic Transport	ste Hauler	1 1	Н	JDEP W auler ID 0785	No. of W	ic Yards /aste	IESI		ered Landfill hlehem La	ındfil	l Cor	р.	
City, State Riverdale, New Jers	sey 07457					osal Date	City, S Betto	ehem,	PA 18015		,		
Completed by R. McDonald		Title Pres	ident			Signatur	My Jan	/1	Da /	te o/3	3/1	3	

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

Date of Notification (1)				uilding Own						<u>(C. 11 m. 1</u>		, ·	15.	
Agencies Notified Type Notification			eet Addr					AUE		OCT	7	20	13	'
EPA Initial DEP Amended DOL Amendment #_		City	y, State,	Zip Code	2, .	NJ	07	1631	***				0_8	_lj
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding	Na	me of Co	ontact				·	Tolo	-b \$1 21		A.		$\exists$
				TY INFORM	OTTAI	AI .							THE PARTY.	1
Name of Facility Where Abatement is Taking I  ORBACH  Street Address	Place (3)		AOILI	T IN ON			s	f Facility (4) chool (K-12) ubchapter 8	)	r than K-12)				
140 EAST LINDEN	AUE.					Ē	<b>刻</b> 0			commercial	build	ings,	home	s,
City (5) ENGLEWOOD							Square 6 0	Feet CO	# of	Floors 2	Bli	dg. A		
County (6) BENGEN	***		unty Cod	de (7) E ONLY)		_ (	Curren R	t Use (Prior	if bein	g demolishe Pn O	d)			
Name of Monitoring Firm Hired by Building Ov NETALL ASSOCIATES / NO		7	ASCM N	7.77.2				ement Contr ntracting		(9)		29		
Street Address 300 GAMM ANN	-					Street A 105 L		Road						
City, State, Zip Code  ENGLEWOOD NT 0763	j				7	City, Sta Glen		Code , N.J. 074	-52					
Project Manager for Monitoring Firm  STEPHEN TARACZEWSK	·/		lephone			Telepho 201-2				License No 00156				
Start Date (10)   S	Scheduled i	Comple	etion Da	te (11)	7			A Monitor vironmen	tal Se	ervices Inc	 ).			
Occupancy Status During Abatement (Check	Only One)	<u>_</u>			1	Street A	ddress	<u> </u>						$\neg$
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe:			ıt		-	City, Sta	ate, Zip	Street Code ck, NJ 076						
Scope of Work (Check All That Apply)						Hack	511500	CK, 143 076					-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition					Mini Glov	-Enclosure vebag Proce	dure	Negative Pr			9	
	Is Lo	cation							. /			Abate	ment	
Location of	1,000	mally				ription o					1	Ту	pe	-
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)	Mainte Custod (*	enance lial Stat 12)	ei	Asbestos (i.e. the s oti	rmal s surfacio		insulat , or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
ON GREWED			x	ENTIR	26	STR	ucTi	URE	100	20 cu 485	X			
									-1		,			
V		1 1115	-					N(D		11 150				
Name of Registered Waste Hauter Rovic Transport			EP Was ler ID No 85	0. 01	ubic Y f Wast	e				red Landfill Iehem Lai	ndfill	Cor	p.	
City, State Riverdale, New Jersey 07457		٠			isposa	Date	0.2	City, State Bethlehe		PA 18015				
Completed by	Title				Sig		-			Dat		· i		

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 0 # 2503 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1)					Building	Owner / Operato	or (2)	FIN		71			
Agencies Notified Type Not					dress	alik	Des Mil		- CE 1 1	- 1-1			-
⊠ EPA	iodilon	1300				ad Street				1			
1 ACC-22	tial			-	& Zip	Commission of the state of the	0C7	7 20	3	3		-	
	nended				AND DESCRIPTION OF THE PROPERTY OF	A 19107	UC	/ 20		~ [			
	nergency				Contact				ΙŢ	elepho	ne N	lumb	er
DCA C	ncellation	S	Steve	e Co	olton				1.0				
			FA	CILI	TY INI	FORMATION		¥*	1	· · · · · · · · · · · · ·		-	7
Name of Facility Where Abate	ment is Taking Pl	ace (3)	)			Type of Facil	lity (4)					0.000000	
Wells Fargo NBOC						School (	K-12)						
Street Address							oter 8 (Other						
100 Fidelity Plaza						Other (i.						etc.)	
011 (5)		1.				Square Feet	100000	Floors	BI	dg. Ag	е		
City (5)	County (6)	Cou	inty (	Code	<del>)</del> (7)	75,000		2			45+	•	
North Brunswick	Middlesex					Current Use	Year Year	g demolishe	ed)				
						Banking O				1 12	Th.		
Name of Monitoring Firm Hire	d by Building Own	er (8)		AS	SCM No								
Environmental Connection Street Address	n					Bristol Env		I, Inc.					
120 North Warren Street						Street Addre							
City, State & Zip Code						City, State &				-		-	
Trenton, NJ 08010						Bristol, PA							
Project Manager for Monitorin	Firm	Teleph	none	Nun	nber	Telephone N		Lic	ense Nu	ımber	17.51		
Rick Beach	**** DEFATE	609-3				(215)788-60			509				
Scheduled Start Date (10)	Scheduled Com	pletion	n Dat	te (1	1)	Name of OSI							
10/18/13		10/20	/13	- 57		Bristol Env	ironmenta	l Inc.					
Occupancy Status During Aba				767	110	Street Addres							
Facility Closed/Vacate						1123 Beave							
Abatement Performed					to 3pm	The state of the s							
	11:30 PM; 9AM	to 10	PM			Bristol, PA	19007						
Facility Occupied Duri Scope of Work (Check all that				-									
Scope of Work (Check all that	арріу)						☐ Full 0	Containmen	t with Ne	gative	Pres	SSUFE	بد
≥3 sf or ≥3 lf		$\boxtimes$	Ren	ovat	ion			Enclosure		3			523
≥160 sf ≥260 lf		Ħ	Den	noliti	on			e Bag Proce	dures				
							☐ Non-	Exempted a	nd Non-	Friable	Pro	cedu	ıre
Location of			ocati			Description		Am		Aba	atem	ent T	ype
Asbestos-Contain		Norma				Asbestos-Con			ecify	= 200		_	
Material (ACM TO BE ABATE		Mainte	lely b		r	Material (A (i.e., thermal s		55.0	or LF)	Z.	70	l ic	E
in Facility		Custo				insulation, surface				Remova	Repair	aps	Enclsoure
(13)			(12)			or other miscell	aneous)			<u>a</u>	=	Encapsulate	ure
		Yes	No	N/A	4							Ф	
Cafeteria						Pipe insula	ition	300	) LF				
Corridor			$\boxtimes$			Pipe Insula	ition	150	) LF				
		Ш	Ш										
		니	Ц	Щ						1 <u></u>	Ц	Ц	Ш
										14	Ц	Ц	Щ
Nome of Desisters 1947 1 11			<del>     </del>		10/	To the Victorian	IN-		- 1511				
Name of Registered Waste Ha	uler				Waste ID No.	Cubic Yards of Waste	Name of R	egistered La	andfill				
Service Transport Inc.			V-10000	990	ID NO.	5 CU YD	Minerva	andfill					
City, State			20.	550	-	Disposal Date	City, State						
New Castle, DE						10/21/13	C-0.75 (C-0.75)	urg, Ohio					
Completed By (Print or Type)			Title	<u> </u>		Signature	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,	-	Date		- 4 %	
Gino Pizzigoni			1,0,15,5555	ojec	t	Commence of the commence of th	*	1:8		10/3	/13		
	- E		0.655743355	nag		Dine 1eg	jegone	11					

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

Ck #2504

Data - 611-115 - 11 - (4)	1				5v	ुत स		7		
Date of Notification (1) 10/3/13		ne of Building <b>Is Fargo B</b>	Owner / Operate	or (2)	7 15 1	() E	1 4	1		
Agencies Notified Type Notification		et Address	diik	·			1.6	1		
Ĭ EPA	1	South Bro	oad Street	0	ict 7	2013				
☐ DEP ☐ Initial	City,	State & Zip	Code		161 /	7013	-	4		
☐ Amended	Phil	adelphia, I	PA 19107				1			
DOH Emergency		e of Contact			5 1 1		lenho	ne N	Jumh	er
☐ DCA ☐ Cancellation	Stev	e Colton			N	·				
	FA	ACILITY IN	FORMATION							-
Name of Facility Where Abatement is Takir	ng Place (3)		Type of Faci						35 - 27 -	
Wells Fargo Redbank Main			School (	8 100						
Street Address				pter 8 (Other th						
303 Broad Street				e. private & co					etc.)	
City (5) County (6	County	Code (7)	Square Feet	or Department of the		Bldg	g. Ag			
North Brunswick Monmou	•	Code (7)	40,000		3+			45+		
North Brunswick INONIMOL	ith			(Prior if being		)				
Name of Monitoring Firm Hired by Building	Owner (8)	ASCM No		ffices/Bankin			_		15.	
Environmental Connection	Owner (b)	ASCIVITIV		rironmental,						
Street Address			Street Addre					-		
120 North Warren Street			1123 Beave	er Street						
City, State & Zip Code			City, State &							
Trenton, NJ 08010			Bristol, PA							
Project Manager for Monitoring Firm Rick Beach	609-392-	e Number	Telephone N			nse Num	nber			
	Completion Da		(215)788-60 Name of OSI	make a second se	0050	19				
10/21/13	10/25/13	Section of the sectio		rironmental I	nc					
Occupancy Status During Abatement (Chec	k only one)		Street Addres		1101					
Facility Closed/Vacated During Enti	re Period of Al		1123 Beave	er Street						
Abatement Performed Outside of N		7am to 3pm	City, State &	Zip Code						
Describe: 5:00 PM to 1:30 AM			Bristol, PA	19007						
Facility Occupied During Abatemen Scope of Work (Check all that apply)	t	70-01-01-01-01-01-01-01-01-01-01-01-01-01								
Cope of Work (Check all that apply)				M Full Co	ntainment w	with Nea	ativo	Droc	cure	
≥3 sf or ≥3 lf	⊠ Re	novation			nclosure	nui Neg	auve	ries	Suic	ž.
≥160 sf ≥260 If		molition			Bag Procedu	ures				
		entre version al proper execusor			empted and		riable	Pro	cedu	ire
Location of	Is Loca		Description	n of	Amou	unt			ent T	
Asbestos-Containing Material (ACM)	Normally Solely		Asbestos-Con Material (A		(Spec					
TO BE ABATED	Maintena		(i.e., thermal s		SF or I	ر ا	R	æ	nc	E
in Facility	Custodial		insulation, surface	cing, VAT			Remova	Repair	squ	Enclsoure
(13)	Yes No	N/A	or other miscell	aneous)			<u>a</u>	=	Encapsulate	ure
Machanical Deam		IN/A					52			
Mechanical Room Mechanical Room		+H-	Boiler Insul	0.000,000,000	140 S			닖	H	H
INECHAINCAI ROOM		+H+-	Floor til	е	30 S	F	X	井	믬	H
	$\neg H H$	+++-			-		붜	井	H	H
		+H+-		-			붜	H	뮈	H
	러님님	H					ㅐ	붜	뷤	H
Name of Registered Waste Hauler	N.	JDEP Waste	Cubic Yards	Name of Reg	istered Land	dfill	ш			
	Ha	auler ID No.	of Waste							
Service Transport Inc.	20	990	4 CU YD	Minerva La	ndfill					
City, State			Disposal Date	City, State						
New Castle, DE		. — —	10/25/13	Waynesbur	g, Ohio					
Completed By (Print or Type)	Tit		Signature	٠,	1	1 -	ate	140		
Gino Pizzigoni		oject anager	Gine Per	zigoni	1-1	1	0/3/	13		
	1441		1/	11/ /	1 //					

B & G proj. #: 2013-198

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

										Che	ck#	6164				
Date of Notification	(1)		Name o	f Buil	ding Own	er/Operator (2)			(-1)	15 1	W			Ī		
110/1012	1/1/3		No. of Contract of		rsenis	erroperator (2)		1 1	, U	40	. 42	Ξ.	Ji j			
Agencies Notified	Type Notifica	tion	Street A											:1		
EPA  DEP	Initial		380	Clare	emont F	Roàd		M. H	OCT	7	201	3 ,		-		
<b>☑</b> DOL	Amend	ment			ip Code sville, N	J 07924						- 4		-		
<b>☑</b> DOH	_		Name o	Cont	tact					Teleph	hone	Numbe	C	.1		M. Assess
☐ DCA	☐ Cancell	lation	Geo	rge .	Arsenis								_			
					FACI	LITY INFORMA	ATIO	N								
Name of facility who	ere abatement	is taking	place (3)						Туре	of Facili						
George Arseni	is											K - 12)		· 1		
Street Address												ter 8 (C ivate/C			-12)	
380 Claremon	t Road									Bldg	gs./Ho	mes, e	CONTRACTOR OF STREET			
City (5)		T Co	unty (6)				_		Squa	re Feet	#	of Floo	rs	В	ldg. A	\ge
Bernardsville,	N I 07924	"	unity (0)					unty Code (7) ate use only)			_ <u>_</u>	. 16 1		-		
			merset				,0	.,	resi	ent Use dential		r it bein	g aen	iolisn	ea)	
Name of Monitoring	Firm Hired by N/A	Bldg. Ow	ner (8)			ASCM No.		Name of Abatement (		tor (9)						
Street Address	IN/A						_	B & G Restoratio	n, Inc.							
Street Address					•				J							
City, State, Zip Code				-			-	105 Ryerson Roa City, State, Zip Code	q		<u> </u>		-			
<b>/</b> ,, <b>/</b>	54 							Lincoln Park, NJ	07035							
Project Manager for	Monitoring Firm	1		Pho	ne Numb	er		Telephone Number	07033		TL	icense	Numi	er		
								973-696-6869				0378				
Scheduled Start Date	e (10)	Sch	ed. Comp	letior	Date (11	)	-	Name of OSHA Monit	or							
10/14/2013		1	1/08/20	13				B & G Restoration	n, Inc.							
Occupancy Status D	uring Abatemer	nt (Check	only one	e)	-		-		A							
Facility closed/ Abatement per		entire pe	riod of a	oatem				105 Ryerson Roa City, State, Zip Code	u							
Describe: Other-Describe	e:	•					-	Lincoln Park, NJ	07035							5
Scope of Work (che		v)										wrap	& cu	+		
Demolition		Renovat	ion				₽ F	Full Containment w/neg	ative or	essure	H	Glovek			ıre	
$\square > 3 \text{ sf or } > 3 \text{ if}$		≥160 sf c	r >260 lf					Mini-enclosure			$\Box$	Non-fr				
Location of					sed solely				1			-	R	R	E	Т
asbestos-conta	aining		tenance	custo	dial	Description	n of a	sbestos-containing		Amount	t		e m	e	n	l E
material to be abated in facili	tv (13)	staff(12				material (A				(Specify LF)	y SF	or	0	a	a	c
abated in racin	ty (10)	Yes	l No	'	N/A					L1 )	•		v e	j	р	-
basement					X	pipe insulation/	/duct	insulation/breeching in:	sul 1,25	Olf / 520	Osf / 1	40 sf				
1st & 2nd floors					X			underlayment	8,4	15 sf						
1st floor kitchen					Χ	pipe insulat			30				W			
throughout the h	nouse				X	heat shield	insu	I from 18 radiators	fror	n 18 ra	adiat	ors				Ш
						1 V I CO		10 - 15		=						
Registered Waste Ha B & G Restoration			DEP Hau 0563	ier ID	#   Cl	ibic Yards of W 60	aste	Name of Registered Tullytown Resour		Recove	rv Ce	enter				
City, State				D	isposal Da			City, State			,					
Lincoln Park, NJ	07035			_	10/14	/13 - 11/8/13	3	Tullytown, PA								
Completed by (Print of Gordana Luna	or Type)	Title .	rv/Trea	riirer		Signature		Gordana Luna				Date 10/02	201	3		

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

Date of Notification (1)	0/4/13		T	Name	of Building	g Ow	ner/Operator	(2) Ken Hugh	nes		Ŀ.	-	1.	
Agencies Notified	Type Notifica	ation		Street	Address			08 Lincoln		0	CT	7	20.	12
EPA DEP  DOL	Initial Amended Amendme	ent#	_	City, S	tate, Zip C	ode		almyra, NJ		1			20	<del>-0-</del>
DOH DCA	☐ Emergend justificati	on)	9	Name	of Contac		Hughes	11117100, 110		one Numb	er .			
				FAC	CILITY INF									
Name of Facility Where	Abatement is T	aking Place	(3)	-				Type of Facili	ty (4)		*			
	F	Residenti	al					School (K-		than K-12	`			
Street Address	608	Lincoln	Ave.					Other (i.e., homes, et	private & c	commercia	al build			
City (5)			``					Square Feet	# of F		Blo	dg. A		
	Had	ldonfield	, NJ		nty Code (	7) /9	TATE	1500 Current Use (	Prior if bein	2 demolis	hed)		0	
County (6)	amden			USE	ONLY)	1) (3	TATE	Current Ose (		dential	ilica)			_
Name of Monitoring Firm	n Hired by Build	ding Owner		ASCM	No.	Nar		ent Contractor	5935 O.C.					
(8)	MECS					_		ens Enviro	nmental	Service	s, In	c.		_
Street Address	PO Box	341				Stre	eet Address	PO	Box 322	2				
City, State, Zip Code			_			City	, State, Zip C		NII O	0501		2		
	rosswicks,	NJ 0851	-					Allento	wn, NJ 0	se No.				=
Project Manager for Mo	onitoring Firm Veisgarber J	-		phone	No. 8-4070	Tel	ephone No. (609) 25	59-9688	Licen		0493	3		
Start Date (10)		Scheduled C				Nar	ne of OSHA			+=			900 D.	
10/14/13			0/16					1	MECS					
Occupancy Status Duri						Str	eet Address	DO.	Doy 2/1	1				
☐ Facility Closed/Vaca						Cit	, State, Zip C		Box 341					_
Other - Describe:			ty 1100			City	, State, Zip C	Crosswi	cks, NJ (	08515				
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)		enovat emolitio				☐ Mini-En	ntainment with N closure ag Procedure empted (*) and			re			
	-		Location								A	bater Typ		
Location		Use	d Solei ntenar	ly by	Ashaa		Description of ontaining Mar		Amo	wint				
Asbestos-Containing TO BE ABA IN Facili (13)	TED	C	ustodia Staff? (12)	al		then su	mal systems in rfacing, VAT er miscellane	insulation, , or	(Spe	ecify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A									te	
Basem	ent			×		Во	iler Insula	ition	30	sf	×			
									-			_		
		_ _		-					-				-	-
Name of Registered W	aste Hauler			NJDEP '	Waste	Cu	bic Yards	Name of Re	gistered La	ındfill				
AND THE STATE OF T	Environmen	tal		Hauler II		(910)	Naste 2 CU		ī.	R.F., I	ıc.			
City, State			1				posal Date	City, State	Tylls	ytown,	DΛ			
Completed By	llentown, l	NJ 0850 Title	1			1 —	0/11/13/ Signature//	17/	/ Tull	Date	I A		333	
Mahlon E. St	evens	U. 100 (100 to 100 to 1	rojec	t Mar	nager		7/1				10/4	1/13		

10/03/2013 09:38 ALL PRO MANAGEMENT

(FAX)

E00/2003

EMEMBER - MAI	IN HARI	D CO	Pγ		98	nte of No	w Jaraey	200	10 DAV		_		
		P	NOTI	FICA	TION	OF ASE	SESTOS ABAT	EMENTUUL	- 10 DAY	- 1a	-	17	7.7
				(Pu	rouan	alm of 1	C 8:89 and 51	3)			3	77. 1.	$\mathbb{W}$
Date of Notification (1)					Name	of Building	Ownar/Operator(	2)		+-	+		
10 /	3 /		_		Tuo	ker Deve	dement Corp	001	7 - 3 2013 	het		7 5	2013
genales Natified	Type Notific	petion		-		Address	1			Li 🐪	T		
] EPA	InNIal Innial					Central		WAIVE	RAPPROVE	<u></u>			
E DOLWD	Amende			- 1		tata, Zip C			THEFT	- IL/		10.4	
S DOH DCA	Emerger		hudina	1	High	nland Pa	rk IL			. 1	a life	N.	25
(NJAC 5:23-8)	Justifical	(מסוו)	we do the		Name	of Contac	1		Telephone Num	ber			
	Cancella Cancella				Joh	n Donoh	IUO		(		3		
				765	FAC	ILITY IN	FORMATION	V	7.8			-5-4550-	$\dashv$
lame of Facility Where A		Taking	Place	(3)				Type of Fashly					
Block 4851.02 Lot 1								School (K-1	2) 8 (Other than K-12 private and comme	21			
street Address					O. M			Other (l.s.,	private and comme	ircial bu	liding	ß.	
172 Main Street		ē					24	homes, etc.	.)				
(5)	10.0							Square Feet	# of Floors	Bk	dg. Ap	30	
Fort Lee													
Jounty (6)					Coun	ly Code (7	)(STATE USE ONLY)	Current Use (P	rior il being demoli	ehed)		,	
Bergen													
ame of Monitoring Firm	Hired by Sul	Iding O	ו ופרושה	5)	ASCM	No.	Name of Abstern	ent Contractor (8	η ·				$\neg$
J&S Environment							ALL PRO MA	NAGEMENT	LLC				
Areel Address							Street Address						$\neg$
2333 Route 22 Wee	ž.						27 Outwater	Lane					
Tiy, State, Zip Code		33//6					City, State, Zip C						
Union NJ							Garfield NJ 6						
releat Manager for Mon	locked Firm			Tak	anona	Na.	Telephone No.		I Lipenso No.				-
Sherili	ising run	,			DS 208		973 928 4818	l	1188				
Start Date (10)		Barredi	uled Co		tion De		Name of OSHA						_
10 / 4 /					/ _			NAGEMENT	LLC				
soupancy Status During	Abatement	(Check	enly o	no)			Street Address						$\neg$
☑ Facility Closed\acate	d During En	the Per	10d 07/	Abeto			27 Outweter	Lane suite B					
Abetement Performed	Outside of P	Normal	Facility	Hou	rs - Des	edira	City, State, Zlp C	ade		-			$\neg$
Time of Abatement: _	AM•	PM	A/	_PM	·—	AM	Onfield NJ						
scope of Work (Check a)	that apply)												$\neg$
				0.01.400	lan		Full Con	tainment with No	egative Pressure				
] ≥3 of or ≥3 if 2 ≥160 of or ≥260 if			Re De	WOINIG MAASI	on on		Clovebs	6 Procedure					
+ P. AA AI AI PAGE II							⊠ Non-Ex	mpted (") and N	ion-Frieble Procedu				
				Loon						Ab	etem	em T	/pa
Location	of	10.01	Lisa	d Sali	iliy Biy by	Anha	Description of the Containing Miles		Amount	8	30		
Asbestos-Centeining TO BE ABA	material (AC IED	in(t)	Mel	Mone	ince/		., thermal eystems	insulation,	(Specify	Removal	Ropair	1	Enclosure
IN Paoli	9		Cuel	041ai (12)	Steff?		surisolog, VAT other miscelland	', ar	SF or LF)	1		Encapsulate	5
(13)			Yes	No	N/A	1	privat wisconsti					165	
Dutelde					120	Floor T	'lle		150 SF	Ø			
									<del>                                     </del>		一	后	
					-				<del> </del>		1	불	$\rightarrow$
·	-								-		1	빝	므
Sec									<u> </u>				
lame of Registered Was					NUDEP		Cubic Yards of		pletered Landilli				
ALL PRO MANAGE	Ment LLC	3			fauler II 00541		Waste As Needed	IEBI Land	ian				
28ty, 51010			-	•	_YY35H	- VIII	Disposal Dale	City, State					$\neg$
Carfield NJ							TED	Bethlebe	m, PA				
Completed By (Print or T	una)	Title	)		_		Signatura	7		Date .	-		-
(A)	1 1-1		, malda	MJ6			Lan	1. V	11/	inl	2/1	2	
Zvanko Vsekov			کا الحال جھیے ہ				200	11-0 11 111	101 0	CILII	214	-	

D&S Proj. #: 2013-361

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

5					1-10-			1.11 12.2 1				
Date of Notification (1)	Name of Build	ling Owner	r/Operator (2)			F- 11		H.				
1 0 / 0 1 / 1 3	GESTIE PO	ORTIS			37							
Agencies Notified Type Notific						0.0	T 7 2	013				
EPA Initial Amended	259 VASS	AR AVE	ENUE			0(	4 / ار	010 1	-			
DEP Amendment	SU SU - 51							٤				
DOL Emergend	-	J 07106				4-11	N.	Ca				
DOH (including justification	Name of Conta			******			Telepho	ne Numbe	er			
DCA Cancellat	CTCCTTTTT	PORTIS	5				_;					
		FACIL	ITY INFORM	ATION		i					20020	
Name of facility where abatemer	nt is taking place (3)					T	ype of Facility	/ (4) ool (K - 12	2)			
GIESTRE PORTIS							=	hapter 8 (		an K-	12)	
Street Address						11	Othe	r (Private/	Comme		/	
259 VASSAR AVENUE							Bldgs Square Feet	# of Floo		Blo	ig. A	ae
City (5)	County (6)			Cour	ity Code (7)	-  `	oquaio i oot					
Only (O)	, , ,				e use only)	-	Current Use (	Prior if bei	ing dem	olishe	d)	
Newark	ESSEX					Ш.						
Name of Monitoring Firm Hired b	by Bldg. Owner (8)		ASCM No.		Name of Abateme							
				_	D & S RESTO	DRAT	ION, INC.					
Street Address					Street Address							
				<u> </u>	20 California City, State, Zip Co							
City, State, Zip Code					500 8 8		,					
Project Manager for Monitoring F	irm Phor	ne Numbe	r		Paterson, NJ Telephone Number			Licens	e Numb	er	-	
r roject manager for monitoring r		ne radinbe	4	Ш	973-345-80				01169			
Start Date (10)	Sched. Completion	Date (11)	)	<del>-</del>	Name of OSHA N							
0.000.000.000.000.000.000.000.000	Citi				D & S Restor	ration,	Inc.					
10/03/13 Occupancy Status During Abaten	10/24/13				Street Address	A						
Facility closed/vacated duri		ent.		11	20 California City, State, Zip Co		ue		-			
Abatement performed outs				- 11	Oity, Otato, Zip Oc	Juc						
Describe: NORMAI	L HOURS			=11	Paterson, NJ	07503	3					
Scope of Work (check all that ap						Full	Containment	w/negativ	e press	ure		
	Renovation					_	i-enclosure					
≥160 sf or ≥260 lf	Demolition						vebag proced n-Exempted (		n-friable	proce	edure	)
Location of	Is location normally us								R	R	Ε	Е
asbestos-containing	by maintenance/custo staff(12)	odial			sbestos-containing	3	Amount (Specify		m	e p	n c	n
material (acm) to be abated in facility (13)	Yes No	N/A	material (	(ACM)			LF)	31 01	O V	a i	a	L
\$ \$ 300	100	IVA							e		р	<u> </u>
BASEMENT			PIPE INSU	LATI	ON		25 L FT		<u> </u>	부	부	붜
									ᆛ井	井	片	ዙ
									井	片	片	쓔
				Q			-		ᆛ	屵	片	묶
Registered Waste Hauler	NJDEP Hauler ID	)#   C	ubic Yards of	Vaste	Name of Registe	red La	ndfill		_	<u> </u>	ш	
D & S RESTORATION, IN			YD		TULLYTOW			RECOVE	ERY			
City, State		isposal Da			City, State							2012
PATERSON, NJ 07503		10/04/13			TULLYTON	VN, P	A				<i>8</i> 3	
Completed by (Print or Type)	Title		Signature					Date	1/2013			
BOGDAN JOLDZIC  ASB-41	* Do not use this form for	or asbesto	s licensure ex	empted	activities.			10/0	112013			

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

Date of Notification (1)	II Name o	1 Bullian Com			i		5 th (2000)				
1 0 / 0 11 / 1 13	11		ner/Operator (a	?)	i	No Dept of Heal	HOVED	ėnnd			
Agencies Notified Type Notifice	ation Street A	TE PORTIS	_		a (2) (22	No Dept of Heal	Kan	22)	ces	a'	
DEP Initial			7773 74 Vm			1 118	gnature)		-	1/3	<b>*</b>
DEP Amended	The state of the s	ASSAR AV	ENUE	11774	-	Date; 10/3 /	P. Timp:	ON	111/	$U_{\perp}$	<i>₹7:</i>
DOL Emergency					OCT	7 2013					, .
DOH   (including	Name of	ark, NJ 0710 Confect	16				;				Name of the last
DCA justification	)				State St	Telepho	ne Number				
Cancellatio	n GIR	TRE PORT	IS	.11 11/1		Nr.					
		FAC	ILITY INFORM	MATION	1-						
Name of facility where abatement	ls taking place (3)				1	Type of Facility	(4)			-	
GIESTRE PORTIS	V				1	Scho	ol (K - 12)				
Street Address	TO Manager than it was	<del></del>					hapter B (Ot)			-12)	
						Other Bldgs	(Private/Con ./Homes, etc.	mme	rcial		
259 VASSAR AVENUE	100 mm	i			1	Square Feet	# of Floors	-	A	dg. A	Age
City (5)	County (6)	,	· · · · · · · · · · · · · · · · · · ·	County Co		1			-		
Newark	ESSEX	; ;		(State use	only)	Current Use (F	Prior if being	dem	ollehe	ed)	
Name of Monitoring Firm Hired by		***************************************	ASCM No.	I Nom	a ac a libraria	nt Contractor (9)		a realizable		_	
	2. 2 Milet (2)	1	ASCIVI NO.			, ,	11.				
Street Address		· ·		THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	t Address	RATION, INC.		Stutene	en manage		Townson-In-
		i i		11	California.	Avia					
City, State, Zip Code	- Control of the Cont			-	State, Zip Coo	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COL					
500 (90)	97			11	iterson, NJ		S				
Project Manager for Monitoring Firm	n N	Phone Numb	er		hone Number		License	umb	er.	-	
		2			73-345-802	20.0	01		-,		
Start Date (10)	Sched, Comp	etion Date (1	1)	Name	of OSHA Mo	onltor		***************************************		/-3	
10/03/13					& S Restore	ation, Inc.				٠	
Occupancy Status During Abateme	10/24/13	<u> </u>	-		t Address:						
Facility closed/vacated during	entire period of at	atement.			California A						
Abatement performed outside	of normal facility	iours-		City, S	State, Zip Coc	ie					
Describe: NORMAL I	IOURS			Pa	iterson, NJ (	17503					
Scope of Work (check all that apply			***************************************		mornou, 143 C						-
⊠ >3 af or >3 lf ⊠	Renovation	.5				Full Containment	wnegative p	reset	are		
☐ ≥160 sf or ≥260 lf	Demolition	7			2	Glovebag procedu	ıre				
Location of	Is location norma	lly used solely	,			Non-Exempted (*)	and Non-fr	able	-	dure	3
asbastos-containing	by maintenance/		1	on of asbesto	~	Amount		9	R	E	E
material (acm) to be abated in facility (13)	staff(12)		material (	ACM)	a-containing	(Specify (	ו אר מר	m	p	C	n
	Yes No	N/A				LF)		٧	i	a	L
BASEMENT			PIPE INSU	LATION		25 L. FT	<del>- h</del>		Н	П	1
								카	Ħ	Ħ	T
									7	ī	后
										Ō	厅
Registered Waste Hauler					)					Ö	
D & S RESTORATION, INC.	NJDEP Haul 135 <b>06</b>		ubic yards of V YD		of Registere	d Landfill				_	
City, State		Disposal Di			State	, RESOURCE RI	COVERY				
PATERSON, NJ 07503		10/04/13			LLYTOWN	v. PA				20	
Completed by (Print or Type)	Title		Signature	1	la la		Date		a complete	-	
BOGDAN JOLDZIC	PRESIDENT	***		1 3			10/01/20	113			
ASR-41	Do not use this for			mpted activi		PAGE. 1	. L. Pringer			~	managed and the

#### D&S Proj. #: 2013-363

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

Slago,	2015-505		(Not the section			,	-					
Date of Notification				ner/Operator (2)			7),且6月	7 W	7	7	7	
Agencies Notified	Type Notification		HEL HALBI	ERT		11.					-	
EPA	✓ Initial	Outcot/		D ANTENDER			OCT	7 2013	1			
☐ DEP	Amended		ite, Zip Code	R AVENUE				/ 2013	<u> </u>	-		
☑ DOL	Amendment #:_  Emergency		NTCLAIR, N	JI 07042		1	ARBESTON					
<b>⊠</b> DOH	(including		Contact	13 07042		<del></del>	Telephon	e Number	-	1		
DCA	justification)	II DAG	CHEL HALE	EDT			<u> </u>	7	_			
	Cancellation	KAC			ATION							
				CILITY INFORM	ATION		Type of Facility (	4)				
Name of facility w	here abatement is	taking place (3)						I (K - 12)				
RACHEL HAI	LBERT						(2011)	apter 8 (Othe			12)	
Street Address								Private/Com Homes, etc.	mer	cial		
183 MONTCL	AIR AVENUE							# of Floors	Т	Blo	lg. A	ge
City (5)		County (6)			10.000.000	nty Code (7)			_			
MONTHOU		ESSEX			(Stat	te use only)	Current Use (P	rior if being d	emo	lishe	d)	
MONTCLAIR Name of Monitorin				ASCM No.	-	Name of Abatement	Contractor (9)		_			
0.000000	· · · · · · · · · · · · · · · · · · ·	. , ,				D & S RESTOR	ATION, INC.					
Street Address						Street Address		375.15				
						20 California A	ve.					
City, State, Zip Coo	de					City, State, Zip Code						
					_	Paterson, NJ 07	503	License Nu	mh	or.	_	
Project Manager fo	or Monitoring Firm		Phone Num	iber		Telephone Number 973-345-8020		011		51		
		10 1 1 0	1 1 - D - 1 - (1		_	Name of OSHA Mon	itor					
Start Date (10)		Sched. Com	pletion Date (	11)		D & S Restorati	on, Inc.		-			
10/11/13		10/24/13				Street Address	100 AR 700 Y					
Occupancy Status	During Abatemen ed/vacated during	- 10 H				20 California Av City, State, Zip Code			_	_		
Abatement p	performed outside	of normal facility										
The second secon	ribe: NORMAL H				_	Paterson, NJ 07						
Scope of Work (c >3 sf or >3 h	heck all that apply					<u></u>	Full Containment v Mini-enclosure	v/negative pr	essı	ıre		
		Renovation				☒	Glovebag procedu					
≥160 sf or ≥	∠00 II ∐	Demolition Is location norm	nally used sole	alvl		Ш	Non-Exempted (*)		ble	proce R	E	
Location of asbestos-co	ontaining	by maintenance			ion of a	sbestos-containing	Amount		e m	e	n	E n
material (ac abated in fa	m) to be	staff(12)		- material			(Specify S	SF or		a	a	C
abateu III la	Cinty (13)	Yes N	lo N/A					(	9	r	р	_
2ND FLOOR				PIPE INSU	and the last of th		8 L FT					무
1ST FLOOR				ELECTRI	C BOX	INSULATION	<3 SQ FT		<u> </u>	片	片	뷰
									╣	片	片	片
						6.			뉘	屵	片	卅
Registered Waste	Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registered				<u> </u>		
D & S RESTOR		13506		1 YD		TULLYTOWN,		ECOVERY		_		
City, State	NI 07502		Disposal 10/18/			City, State TULLYTOWN	DΔ					
PATERSON, 1 Completed by (Pri		Title	10/18/	Signature		TOLLITOWN	, I A	Date				
BOGDAN JOI	1000 00	PRESIDENT	8			40)		10/01/20	113			
ASB-41		Do not use this	form for asbe	stos licensure e	xempte	d activities.						

O D&S Proj. #: 2013-362

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

20							T	~ P 3	<b>3 - 53</b>	12.3		7	
Date of Notification	(1)	IIN	lame of Bu	ilding Own	er/Operator (2)	)	1	NEG	E i Y	E		-1	
1 0 / 0 1			Mashiyat	Ashraf					100			1	
Agencies Notified EPA	Type Notificati Initial	on S	treet Addre	ess				OCT	7 201	3	1.		
_	Amended		75 Norm	al Avenue	)				/ 201		21225		
☐ DEP	Amendment #:	□	ity, State,	Zip Code	***************************************		i	<b>L</b>			J.	T	
☑ DOL	☐ Emergency	_	Upper M	Iontclair,	NJ 07043		1_	ASSESIC	S CONTRA	ી હૈ			
☑ DOH	(including justification)	N	ame of Co	ntact				Telepho	ne Number	•	mean.		
☐ DCA	Cancellation		Mashiya	at Ashraf				1					
				FACI	LITY INFORM	IATION							
Name of facility w	here abatement i	s taking pla	ace (3)					Type of Facility					
Machinat Ache	o.f								ol (K - 12)	oor th	on K	10)	
Mashiyat Ashra Street Address	11							77.5 (197.1)	hapter 8 (Otl (Private/Co			12)	
Street Address								Bldgs	./Homes, etc				
75 Normal Ave	enue							Square Feet	# of Floors		Blo	lg. A	ge
City (5)		Cour	nty (6)			1 200	nty Code (7) e use only)				a liaba	دا/	
Upper Montcl	air	ESS	SEX			(Stat	e use only)	Current Use (F	Prior if being	aem	olisne	a)	
Name of Monitorin			and developing	T	ASCM No.	<del>'                                      </del>	Name of Abatement	Contractor (9)					
	,		***			- 11	D & S RESTOR	ATION, INC.					
Street Address							Street Address						
							20 California Av	ve.					
City, State, Zip Coo	ie						City, State, Zip Code						
							Paterson, NJ 07	503					
Project Manager fo	r Monitoring Firm	)	Pi	none Numb	er		Telephone Number		License N		er		
							973-345-8020		01	169			
Start Date (10)	u III. a de la descripción de	Sched	. Completi	on Date (1	1)		Name of OSHA Mon						
10/23/13		10/3	1/13				D & S Restorati	on, mc.			-		and the same of th
Occupancy Status	During Abatemer					-	20 California Av	enne.					
Facility close	d/vacated during	entire peri	od of abate				City, State, Zip Code						
Abatement p Describe:	erformed outside	of normal	facility hou	ırs-									
Other-Descri	ibe: NORMAL F	IOURS				=11	Paterson, NJ 07	503					
Scope of Work (ch	and the second second second second	The second second						Full Containment	w/negative	oress	ure		
$\boxtimes$ >3 sf or >3 lf		Renovation	on					Mini-enclosure					
≥160 sf or ≥2	260 If	Demolitio	n					Glovebag proced Non-Exempted ('		iable	proce	edure	ð
Location of		Is locatio	n normally	used solely	/					R e	R	Е	E
asbestos-co		by mainte staff(12)	enance/cus	stodial	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		sbestos-containing	Amount	SE or	m	e p	n c	n
material (acr abated in fac		Yes	No	N/A	material	(ACM)		(Specify LF)	SF 01	0 V	a i	a	L
	, , ,	165	INO	IV/A						е	ŗ	р	
BASEMENT			$\square X$		PIPE INSU		and the same of th	25 LF T		X	ᆜ	브	부
BASEMENT BO	OILER		X	BOILER I	NSUL	ATION (bricks)	50 SQ FT			屵	부	쓔	
										屵	부	片	₩
				-		-				井	屵	屵	#
Desistered Wests	Hauler	LAUD	ED Haules	ID# 1.0	ubic Yards of	Waste	Name of Registered	Landfill			Ш	Ш	
Registered Waste I D & S RESTOR			EP Hauler 506		2 YDS	* vasit	TULLYTOWN,		ECOVER	Y			
City, State				Disposal [	Date		City, State						
PATERSON, N				010/24			TULLYTOWN	, PA					
Completed by (Prin		Title			Signature				Date	0012			
BOGDAN JOL	DZIC	PRESID		for acho-	os licensure e	vomete	d activities		10/01/2	2013			
ASB-41		טט ווסנ עפ	e uns ion	i ioi aspest	os nocusure e	vembre	activities.						



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

Date of Notification (1)			-	Name	of Buildin	g Owner/Operator (2	2)			3 77	7	
10/	02 / 13	3			ly Conne	•			W E	1,11		
Agencies Notified	Type Notification			Street	Address						7 4	
□ EPA	☑ Initial				Kathay D	rive		- O.T. 7	2012	. 1		
☑ DOLWD	☐ Amended				State, Zip (			OCT 7	2013	1 p	-	
☑ DOH	Amendment #			1 3590.		NJ 07039						
☐ DCA	☐ Emergency (in	ncluding			of Contac	ALCO AND		T		dir.		
(NJAC 5:23-8)	justification)						"	Telephone Nur	nber			
	Cancellation			Kei	ly Conne	) I						
N 65 10 M			(0)	FAG	CILITY IN	IFORMATION			7			
Name of Facility Where A	batement is Takin	ig Place	(3)				Type of Facility (4  ☐ School (K-12)					
Street Address							Subchapter 8		2)			
15 Kathay Drive							Other (i.e., pri homes, etc.)			ilding	js,	
City (5)							Square Feet	# of Floors	RI	dg. A	ne .	
Livingston							0444.01.001	01 1 10010		<b>.</b> 9. 7 (	90	
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Price	or if being demo	ished)			
Essex							,	•				
Name of Monitoring Firm I	Hired by Building	Owner (	3)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Bio Terra Solutions	, ,						NAGEMENT LL	.c				
Street Address						Street Address		-				
P O Box 1224						27 Outwater	ane					
City, State, Zip Code						City, State, Zip Co						
Union NJ						Garfield NJ 0						
Project Manager for Monit	oring Firm		Tele	phone	No	Telephone No.	7020	License No.				
Rick Eustaquio	oning i iiiii			73 494		973 928 4888		1188				
Start Date (10)	Scho	duled Co	20			Name of OSHA M		1100				
	G175	10 /				I resource service and the service of the service of the	NAGEMENT LL	.c				
Occupancy Status During	Abatement (Chec	k only o	ne)			Street Address						///
☐ Facility Closed/Vacated	17.		300	ment		27 Outwater	ane suite B					
☐ Abatement Performed	1570				cribe	City, State, Zip Co						06-810
Time of Abatement:	AMP	M/	_PM-		AM	Garfield NJ 0						
Scope of Work (Check all	that apply)											
☐ ≥3 sf or ≥3 lf		⊠ Rei	ovati	on		☐ Full Cont	ainment with Nega	ative Pressure				
⊠ ≥160 sf or ≥260 lf		☐ Dei				☐ Glovebag	Procedure					
						Non-Exe	mpted (*) and Non	-Friable Proced	ure			
			Locat						Ab	atem	ent T	ype
Location of Asbestos-Containing N			orma d Sole	ely by	Acho	Description o		A ma a comt	20	Re	ш	m
TO BE ABA		Mai	ntena	nce/		stos Containing Ma ., thermal systems		Amount (Specify	Removal	Repair	cap	clo
IN Facility		Cust		Staff?		surfacing, VAT	or	SF or LF)	Val	-	Encapsulate	Enclosure
(13)		Yes	(12) No	N/A		other miscellane	ous)				ate	
Basement					VAT FI	oor Tile		300 SF				$\Box$
										_		
		-		-	-						브	닏
								*				
	16											
Name of Registered Waste	e Hauler		IN	JDEP \	Vaste	Cubic Yards of	Name of Regist	ered Landfill				-
ALL PRO MANAGEN			H	auler II		Waste	IESI Landfil					
City, State				00348	56U	As Needed Disposal Date	City, State			2.00		-
Garfield NJ						TBD	Bethlehem,	ΡΔ				
	>								\_A_		7.	
Completed By (Print or Ty						Signature	1/1		Date	12	1,-	7
Zvonko Veskov		Preside	110			7-11	Isl		10/	2	1-	

ASB-41 JAN 13

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

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification (1) Name of Building Owner/Operator (2) 101/1012/11 Hen Agencies Notified | Type Notification Street Address [VEPA K eNSON [ Initial DEP Notification - 6 [NDOL [ ]Amended Leb Notification [ NDOH [ ]Cancellation FACILITY INFORMATION Name of Facility Where Abatement Type of Facility (4) or Poration |School (K-12) |Subchapter 8 (Other than K-12) Street Address 000 County Code (7) (STATE USE ONLY) City (5) County Chemical Process Process Name of Abatement Contractor Name of Monitoring Owner (8) Vew States Street Address Main City, State, Zip Code City, State, Zip Code Sayrevi Telephone Number Project Manager for Monitoring Firm | Telephone Number 32 525 of OSHA Monitor Scheduled Start Date (10) Sched.Completion Date (11) / | 0 | / | 4 | 8 | / | 4 | 3 | Month / Day / Year [ ]Facility Closed/Vacated During Entire Period of Abatement ]Abatement Performed Outside of Normal Facility Hours - Describe: Rape off 08724 Scope of Work (Check all that apply) [ Full Containment with Negative Pressure [ Demolition [ ]Renovation ]Mini-Enclosure [ ]Glovebag Procedure [ ]Non-Friable Procedure [ ]>8 sf or >3 lf [v]>160 sf or >260 lf Abatement Type Is Location Location of Asbestos-Containing Material (ACM) Normally Description of NC Asbestos-Containing
Material (ACM)
(i.e., thermal systems
insulation, surfacing, VAT,
or other miscellaneous) E Used Amount R Solely (Specify M E TO BE ABATED in Facility by Main-0 P õ SF or S V tenance/ AIR (13)Custodial Staff(12) Yes No N/A L L ransition 100 NJDEP Waste Hauler ID No. Name of Registered Waste Hauler Cubic Yards Name of Registered Landfill of Waste GROWS 15939 30 Disposal Date ee hold Signature ASB. JUN 95 G4667

ASB-41

D&S Proj. #: 2013-359

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

						Ē.						
Date of Notification		Name	of Building Ow	ner/Operator (2)				5   W	in	1-3	T	
10 19 1/12 17			BERT HORN						-2-			
Agencies Notified EPA	Type Notificat	ion Street	Address			1	OCT	7 2013		; ;		
☐ DEP	Amended		DEMOREST	AVENUE			. 001	/ 2013	1			
☑ DOL	Amendment #:	City, 8	State, Zip Code				L					
	Emergency (including		ENEL, NJ 07	001			And Con-		&		-	
DOH      DOH      DOH      DOH      DOH      DOH      DOH	justification)	Name	of Contact				Telephone	e Number		- <del>-</del>	J	
☐ DCA	☐ Cancellation	RC	DBERT HORN	1			2	-	L			
			FAC	CILITY INFORM	ATION							
Name of facility w	here abatement i	s taking place (	3)				Type of Facility (	4) I (K - 12)				
ROBERT HOR	NS.						1 = 1	apter 8 (Othe	r tha	ın K-	12)	
Street Address							Other (	Private/Com			,	
136 DEMORE	ST AVENUE							# of Floors	_	Blo	g. A	ge
City (5)	STAVENCE	County (6	3)		Cou	nty Code (7)	Square reet	# 011 10013		<b>D</b> .0	9.71	90
(/						te use only)	Current Use (Pr	rior if being d	emo	lishe	d)	
AVENEL		MIDDI	person personal disease and pe		L.,						_	
Name of Monitorin	ng Firm Hired by	Bldg. Owner (8)		ASCM No.		Name of Abatement						
Charat Address					_	D & S RESTOR. Street Address	ATION, INC.					
Street Address						20 California A	ve					
City, State, Zip Coo	le				-	City, State, Zip Code				W-1	- Canada	-
****						Paterson, NJ 07	503					
Project Manager fo	r Monitoring Firm	)	Phone Num	ber		Telephone Number		License Nu		r		
						973-345-8020		0110	59			
Start Date (10)		Sched. Co	mpletion Date (	11)		Name of OSHA Mon D & S Restorati						
10/01/13		10/18/13				Street Address	on, mo.					
Occupancy Status						20 California Av	renue					
	d/vacated during erformed outside					City, State, Zip Code						
Describe:	be: NORMAL H		.,		-1	Paterson, NJ 07	503					
Scope of Work (ch					<u>- L</u>		Full Containment w	/negative pro	20011	re		
>3 sf or >3 lf		Renovation					Mini-enclosure	megative pro	,55u	10		
≥160 sf or ≥2		Demolition					Glovebag procedur Non-Exempted (*)		<b>L</b> la -		al a	_
Location of			rmally used sole	ly			Non-Exempled ( )	T F	1	R	E	
asbestos-cor		by maintenan staff(12)	ce/custodial		on of a	sbestos-containing	Amount	_   e	8 .	e p	n c	E n
material (acr abated in fac		Yes	No N/A	material	(ACM)		(Specify S LF)	or o		a	a	C
		res						e		<u>r</u>	р	
BASEMENT				PIPE INSU	JLATI	ON	25 L FT			뷔	片	뷰
			#=	-					╬	뷔	片	╁┼
				-	-				╬	╡┤	片	╁
				-					╬	뉘	片	計
Registered Waste F			łauler ID#	Cubic Yards of	Waste	Name of Registered			- 15			1-
D & S RESTOR	ATION, INC.	13506		1 YD		TULLYTOWN,	RESOURCE RE	ECOVERY				
City, State PATERSON, N	II 07503		Disposal 10/02/			City, State TULLYTOWN,	ΡΔ					
Completed by (Prin		Title		Signature		TOLLITOWN		Date				
BOGDAN JOL		PRESIDEN	Т		30-36-30			10/02/20	)13			
ASB-41		* Do not use thi	s form for asbes	tos licensure ex	empte	d activities.						

page 1

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PAGE. 2/4

DAS Proj. #: 2013-359

BEP. 27. 2013 (FRI) 09:14 BRISAR-DELVCO

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

			.1	- 37			OL - 10 D	ΙAΥ	-
Date of Notification (1)  0  9   /2  7   /1    Agencies Notified   Type N	3   Votification	ROBER	THORN	er/Operator (?)	NEGH		A	1.	
EPA   Initial	hded	136 DBI City, State,	MORES I	AVENUE	'00T - 7	2013	The Voll		
DOL Amend			21, NJ 070	100		I WAI	VER APPE	ROVE	)
DOH (Included)	iding loation)	Name of Co			ASSECTOR C	ONCHOL & Telepho			and the second
DÇA Can	nellation	ROBEI	rt horn	<u> </u>	100 410				
No. of the sun.	7		3 FAC	ILITY INFORM	ATION		/ N		
Name of facility where abat	ement is taking	piace (3)			2	Type of Facility Soho	(4) ol (K - 12)		
ROBERT HORN		<del>-</del>					hapter 8 (Other to (Private/Commo		.)
136 DEMOREST AVE	ENTE		1				./Homas, etc.	Bldg.	0.00
City (6)	The same of the sa	ounty (6)			County Code (7)	edicate Leer	# of Floors	mrug.	- No
AVENEL	. 18	IDDLESE	, X		(State use only)	Current Use (I	Prior if being den	nollahad)	
Name of Monitoring Him H	red by Bldg. Ov	mar (B)	;	ASCM No.		ment Contractor (8)			
Street Address			+		D&S REST	TORATION, INC.		CVL CS DO	
					20 Californ	ia Ave.			
City, State, Zip Code			;		Olty, State, Zip C				
Project Manager for Menitori	ng Firm	P	i Norie Numb		Paterson, N		License Num	ber	
					973-345-8 Name of OSHA	AND DESCRIPTION OF THE PERSON	01169		-
Start Date (10)	21	ed. Camplel	iou mate (1)	1)	D & S Rest	oration, Inc.			
Occupancy Status During Ab		(18/13 (only one)	No.		Street Address 20 Californi	a A venue			to
Pacifity closed/vacated Abatement performed	during antire processing	eriod of abate	ement. Ire-		Olty, State, Zip C				
Describs: NOR		•	1		Paterson, N	J 07503			
Scope of Work (check all the						Full Contistriment	w/negetive press	ure	
≥160 af or ≥260 ff	☐ Demoilt		1			Mini-enclosure  Glovebag procedu  Non-Exempted (*)	re and Non-friable	procedu	re
Location of material (acm) to be	by mair	Terence/out	rioglal uniog solely	Descriptio	n of asbestos-containing	Amount	e	A E	4 15
abated in facility (19)	Yes	No	N/A	material (/	i	(Specify (	SF or o	PEP	10
BASEMENT		X		PIPE INSUI	LATION	25 L FT			
									H
									一
regimered Watto Hauler	INJ	DEP Hauler	D# TG	Dio Yarde of W	Marie of Regist	Ared Landill			
D&S RESTORATION, City, State	INC. 1:	3506		AD .	TULLYTON	YN. RESOURCE RI	COVERY		
PATERSON, NJ 07503	The supplementary of the same		10/02/13	3	City, State TULLYTON	WN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESI	DENT	: -	Signature		14,	Date		
ASD-11	THE RESERVE TO SHARE THE PARTY OF THE PARTY	num this traces	PRI HERMAN	S Madanay and			10/02/2013		

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

Name of Building Owner / Operator (2) Date of Notification (1) 13 First Energy 10 04 Street Address Agencies Notified Type of Notification 76 South Street **EPA** Initial City, State, Zip Code Akron, Ohio 44308 DEP Amended 4 DOH Amendment # Name of Contact 4 DOL Emergency w/ justification Jim Halsey Cancellation FACILITY INFORMATION V Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) Ocean Avenue & Bath Avenue [] Other (I.e., private & commercial bldgs., homes, etc.) City (5) # Of Floors **Building Age** County (6) County Code (7) Square Feet Ocean Grove Ocean Current Use (Prior if being demolished) Telephone Pole Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Environmental Health Investigations LVI Demolition Services Inc. Street Address Street Address 655 West Shore Trail City, State, Zip Code 32 Williams Parkway Sparta, NJ 07871 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number Dino Nappi 212-682-9271 East Hanover, NJ 07036 Sheduled Start Date (10) Sched. Completetion Date (11) Telephone Number License Number 07 10 13 10 13 973-884-8682 00860 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of LVI Demolition Services Inc.  $\Box$ Street Address Abatement Abatement Performed Outside of Normal Facility Hours - Describe: \_\_ Monday 9:00 am to 5;00 pm 32 Williams Parkway 1 Other - Describe: City, State, Zip Code East Hanover, NJ 07036 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure >160 sf or >260 lf 1 Glovebag Procedure 1 Non-Exempted (\*) and Non-Friable Procedure Location of Description of Abatement Type Asbestos Containing Location Asbestos - Containing R N C Normally Material (ACM) Amount Е TO BE ABATED Used M E C (l.e., thermal systems (Specify L in Facility Solely insulation, surfacing, VAT, SF or LF) 0 P A 0 by Mainor other miscellaneous) ٧ (13)A s s tenance/ A U Custodial R hı Staff (12) R YES NO N/A ☐ ☑ ☐ Transite Pipe Exterior Telephone Pole 40 LF Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill NEWARK CARTING Hauler ID No. I.E.S.I. Yards 4509 of Waste City, State Disposal City. State NEWARK, NJ Date BETHLEHEM, PA 18105 Completed by (Print or Type) Title Signature Date 09/27/13 Ralph Barnhadt Operation Manager

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

Date of Notification (1)			Na	ame of Building	Owner/Oper	ator (2) cola Enterpris	ses	7	£4	44	()	
9/6/2013  Agencies Notified Type of Notification	on		St	reet Address				TO OCT.	-7 A	H >	0.3	-
H	Notification	on			538 R	oute 9	Λ	r:		11 4	cu	_
[x] DOL Amend	led Notifi Iment # ency (incl		C	ity, State, Zip C	ode Waret	own, NJ 0875	8 %	1.410	\$ CD	MTE	POL	
[x] DOH justific	ation)	aug	N	ame of Contact Fern	ando		Telepho	ne Number	410)		47	
[ ] DCA			FACIL	ITY INFOR	MATION							
Name of Facility Where Abatement is Taking I Residence	Place (3)					Type of Facility	] Scho	ool (k-12) chapter 8 (other	er than k	-12)		
Street Address 1095 Mill Creek R	oad					[x		er (i.e., private es, etc.)			buildir	igs,
Manahawkin	County	(6)		ounty Code (7) TATE USE ON	ILY)	Square feet 1500 sf		of Floors	Bldg.	Age 60	)	
Mananawkin	Ocean	l.					sidence	demolished)				_
Name of Monitoring Firm Hired by Building O	Owner (8)		A	SCM No.	Name of	Abatement Cont Gu		ontracting,	Inc.			_
Street Address					Street A		89 Route	9, Unit 61				
City, State, Zip Code					City, Sta	ite, Zip Code To	ms River	, New Jerse	ey 087:	55-12	71	
Project Manager for Monitoring Firm		Telephone Nu	ımber			ne Number 19-9932		License N 00624				
Scheduled Start Date (10)		Scheduled Co	and the property of the second	Date (11)		f OSHA Monitor	M.S.L. A					
Occupancy Status During Abatement (Check	9/7/13 9/10/13 Occupancy Status During Abatement (Check only one)						)56 Stelto					
Abatement Performed Other – Describe	Outside o	f Normal Fac	ility Hour	S	City, St	ate, Zip Code Pi	scataway	New Jerse	y 0885	54		
Scope of Work (Check all that apply)					[	Full Contain		Negative Pres	ssure			
[ ] >3 sf or ≥3 lf		L 1	Renovatio		[ [x	] Glovebag I	Procedure	l Non-Friable	Procedu	re		
[ X ] ≥160 sf or ≥260 lf	_	[ x ]	Demolitio	on	[ ^	j Non-Exem	- T		T	ement	Гуре	==
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	ed stodial N/A		Descript Asbestos-C Material (i.e., therma insulation, s VAT other misce	ontaining (ACM) Il systems surfacing, or		Amount Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X		Asbestos s	iding		1	250sf	X			
Exterior		71										
									-	-	+-	-
		VIEWER III	77-1-7	D.No. I Colo	c Yards of W	acte Name of	Registered	Landfill		1		
Name of Registered Waste Hauler Guardian Contracting, Inc	- 1	NJDEP Wasto 20	0223		3	T.R.						
City, State			Disposa 9/11/1		City,	State ytown, Pennsy	ylvania					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title	ect Manage		Signature	$\gamma = 1$	19/1	-or	1	'9/6	e /2013	3	

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

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

									CCOCH	-4			
Date of Netification (1)	9/6/2013		W.		Name of B	Building C		ator (2) rd Mendola	2	24	40	+	
Agencies Notified  [ X ] EPA  [ ] DEP	1 5 5	Notific	ation tification		Street Add		70.754550 0	West 5 <sup>th</sup> Street	HAUGITTAN	M 2	19		
[x] DOL	Amer	idment i gency (i			City, State			lyn, NY 11223	E LICERO	iNG	TUL.	7	
[x] DOH [] DCA	1 37 35 G	cation) ellation		<u>ido Charlesia de Paris</u>	Name of C	Lec	onard Me		Telephone Number				
				FAG	CILITY IN	FORM	ATION						
Name of Facility Where Al	batement is Taking sidence	Place (3	3)					Type of Facility (4)	School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address 40	Budd Drive							[x]	Other (i.e., privat homes, etc.)			al build	ings,
City		Coun	ty (6)		County Cod (STATE US		n	Square feet 1200 sf	# of Floors		. Age	0	
Manahawkii		Oce						Current Use (Prior in Reside:	nce				
Name of Monitoring Firm		Owner (	8)		ASCM No.		Name of	Abatement Contractor Guardi	(9) an Contracting,	Inc.			
Street Address							Street Ac		Loute 9, Unit 61				
City, State, Zip Code							City, Stat	te, Zip Code Toms I	River, New Jers	ev 087	755-1	271	
Project Manager for Monit	toring Firm		Telephone 1	Number			Telephon 732-34	e Number	License N 00624				
Scheduled Start Date (10) 9/7/13	9/7/13 9/10/13							OSHA Monitor	L. Analytical				
Occupancy Status During	Abatement (Check ility Closed/Vacated		=)		atement		Street Ac	ldress	telton Road				
	atement Performed						City, Sta	te, Zip Code					
[ ] Oth	er – Describe		T WATER TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE				,,		way, New Jerse	y 088	54		
Scope of Work (Check all	that apply)						[ ]		t with Negative Pres	sure			
[ ] N	sf or ≥3 lf		r 1	Renov	ation		L 1	Glovebag Proced	ure				
	0 sf or ≥260 lf		[x]	Demo			[x]	1 7	*) and Non-Friable l	Procedu	re		
									T	Abat	ement	Гуре	
			Is Locatio	n		]	Descriptio	on of		R	R	Е	Е
Location	of		Normally us	sed			estos-Cor		Amount	E	E	N	N
Asbestos-Containing N			Solely by				faterial (A		(Specify SF	M	P	C	C
TO BE ABA		Mai	ntenance/Cu	istodia			, thermal		or LF)	0	A	A	L
in facilit	У		Staff			inst	lation, su			v	I R	P	O S
(13)			(12)			oth	VAT, o			A	1	U	U
		YES	S NO	N/A		our	er miscen	ancous)		L		L E	R E
Exterior			X	T	Asbest	os sidin	g		1100 sf	Х			
	-												
	- printer												
Name of Registered Waste Guardian Co	Hauler ontracting, Inc.		NJDEP Wast	te Haule	r ID No.	Cubic Ya	rds of Was	te Name of Registe T.R.R.F.	ered Landfill				
City, State	2018/100 DO			Dispo	osal Date		City, St	ate					
Toms River, Completed by (Print or Type	, New Jersey	Title		9/11	/13 Signature	·e	Tullyt	own, Pennsylvani	a /	Date			
Nicholas Fer			ect Manag	er	Signatur	Λ.	11	11/			2013		

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

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

		(Pursu	ant to	NJA(	C 8:60 aı	nd 12:12	.0)		RECE	M.	- 13		
Date of Notification (1) 9/6/2013			Na	ame of I	Building O	wner/Opera John K			M2007-7	YL	13.		
Las I mayor   F 3	Notifica	ation ification		reet Add	dress e, Zip Code		oretto	Street 4	POTE C	<del>)0H1</del>	er i ( Rol	<i>,</i>	
[X] Emerg		ncluding				Staten	Islar	nd, NY 10307	一人的人的	MG	f		
[ X ] DOH justific			N	ame of (		nard Me	endol		ephone Number				
		FA	ACILI	ITY IN	<b>IFORM</b>	ATION							
Name of Facility Where Abatement is Taking P Residence	Place (3	)					Тур		School (k-12) Subchapter 8 (oth	er than	k-12)		
Street Address  8 Glenn Drive								[x]	Other (i.e., private homes, etc.)			ıl build	ings,
City	Count	y (6)		unty Co FATE U	de (7) ISE ONLY	)		iare feet 1200 sf	# of Floors	Bldg	Age 6	0	
Manahawkin	Ocea	an-					Cui	rrent Use (Prior if b				89	
Name of Monitoring Firm Hired by Building O	wner (	8)	AS	CM No		Name of	Abate	Residence Residence Rement Contractor (9					-
N/A	wher (		1	,01,1110					Contracting,	Inc.			
Street Address						Street Ad		1889 Ro	ute 9, Unit 61				
City, State, Zip Code						City, Stat	_	Toms Ri	ver, New Jerse		55-12	271	
Project Manager for Monitoring Firm		Telephone Numb				Telephon 732-34	9-99	32	00624	umber			
Scheduled Start Date (10) 9/7/13	Scheduled Comp 9/10/13	oletion I	Date (11	)	Name of	OSH	A Monitor E.M.S.L	. Analytical					
Occupancy Status During Abatement (Check o			Abatem	ent		Street Ac	ddress		elton Road				
Abatement Performed C	Outside	of Normal Facility	Hours			City, Sta	te, Zip		ay, New Jerse	y 088	54		
Scope of Work (Check all that apply)						[ ]		Full Containment v Mini-Enclosure	vith Negative Press	sure			
[ ] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf			novatior molition			[ ] [x]		Glovebag Procedur Non-Exempted (*)		Procedu	re		
[X] 2100 St of 2200 II		[X] Del	Homition			[ ]		rion Exemples ( )		_			
										Abat	ement '	Гуре	
T	- 34	Is Location Normally used				Description estos-Con			Amount	R	R	Е	E
Location of Asbestos-Containing Material (ACM)	93	Solely by				faterial (A			(Specify SF	E	E P	N C	N C
TO BE ABATED	Mair	ntenance/Custod	lial		(i.e.	, thermal	syste	ms	or LF)	M O	Α	A	L
in facility		Staff			insı	lation, su VAT, o		ng,		v	I R	PS	O S
(13)		(12)			oth	vA1, o er miscell		115)		A	1	U	Ŭ
	YES	S NO N/	Ά		our	or miscon		-0)		L		L E	R E
Exterior		X	_	Asbes	tos sidin	g			10000 sf	X			
											-		
					2.414011								
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Ha 2022		No.	Cubic Ya	rds of Was	ste	Name of Register T.R.R.F.	ed Landfill				
City, State		Di	isposal			City, St	tate	1					
Toms River, New Jersey Completed by (Print or Type)	Title	9/	/11/13	Signatu	ite	Lully	town	, Pennsylvania	1	Date		0.5	
Nicholas Fernicola	11.0	ect Manager		~-B	$\sim$	rid	121	- de	/	100000000000000000000000000000000000000	2013		

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

Date of Notification (1) 9/6/2013	Na	me of Buildi	ng Owner/Oper Shawn			5	如气	1/	7				
Agencies Notified Type of Notific [X] EPA [] Ini	tial Notification			reet Audress		aterso	n Avenue, A	The same and the same and the	M 2:	7			
[x] DOL An	nended Notifi nendment # nergency (incl		Ci	ity, State, Zip	Code Midla	nd Pai	rk, 10 0743	20 to 10 10 10 10	HTR(	DL.			
[x ] DOH jus	tification)	300000000	N	ame of Conta	ict Leonard Mi	endels	1.0	Telephone Numb	er d				
			FACIL	ITY INFO	RMATION	11	an III. (1)				_		
Name of Facility Where Abatement is Taking Residence Street Address	ng Place (3)					Тур	e of Facility (4)	School (k-12) Subchapter 8 Other (i.e., pr				buildin	øs.
905 Jane Drive							[x]	homes, etc.)					50,
City	County			ounty Code (7 TATE USE (			are feet 800 sf	# of Floors 1 if being demolish		dg. A	60 60		$\dashv$
Manahawkin	Ocean			act ( ) I	Nama		Resid	ence					$\dashv$
Name of Monitoring Firm Hired by Buildin N/A	ng Owner (8)		A	SCM No.			Guard	lian Contraction	ng, Inc.				_
Street Address					Street A	ddress	1889	Route 9, Unit	61				_
City, State, Zip Code					City, St	877. 87	Toms	River, New J	ersey 0	8755	5-12	71	
Project Manager for Monitoring Firm		Telephone Nu	ımber		Telepho 732-3	49-99	32	0062	se Numb 24	er ——			_
Scheduled Start Date (10) 9/7/13		Scheduled Co 9/10/13	mpletion	Date (11)	Name o	of OSH	A Monitor E.M.	S.L. Analytica	ıl				
Occupancy Status During Abatement (Che [ x ] Facility Closed/Vac [ ] Abatement Perform [ ] Other – Describe			City, S		1056	Stelton Road staway, New J	ersey 0	8854					
Scope of Work (Check all that apply)  [ ] >3 sf or ≥3 lf			Renovatio		[ [ [ [x	j ]	Mini-Enclosur Glovebag Proc						
[ X ] ≥160 sf or ≥260 lf		[x]	Demolitic	on	[ X	]	Non-Exemples	T( ) and Troil 11.			nent T	`vne	
Location of Asbestos-Containing Material (ACM TO BE ABATED in facility (13)	ed stodial N/A		Descrip Asbestos-C Material (i.e., therminsulation, VAT other misco	contain (ACM) al syste surfac , or	ing () ems ing,	Amour (Specify or LF)	at F	T	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior		X		Asbestos	siding			650 sf		X			
									-	-		-	-
	+	+-											
Name of Registered Waste Hauler Guardian Contracting, I		NJDEP Waste	)223		ubic Yards of W		Name of Re T.R.R.F	gistered Landfill					
City, State Toms River, New Jerse	у		Disposa 9/11/1	13	Tul	State	n, Pennsylv	ania		Date			
Completed by (Print or Type) Nicholas Fernicola	-	ect Manage		Signature	Nick	01		el	- 1		2013		
	*	Do not use t	his form	for asbest	os licensure e	xempte	d activities.						

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

RECEIVED

NOTIF	Pursu	ant to	NJA	C 8:60	) and 5:16)			San Barre & Co.	Charles of the State of the Sta		
	Na	me of F	Building	Owne	er/Operator (2)		2977	0CT -7 A			
e of Notification (1)	ING	Mr. Ste	ephen	Dona	ahue			- CC   - / A	12:17	>	-
09 / 25 /	1	reet Ad	100				AS=	ESTOC OF		-	
Type Notification	St	23 Au	burn	Drive			<del></del>	ESTOS CO	TROI		$\neg$
Initial	-	ity, Sta	te Zip	Code				LICENSIN	VG	Con.	
EPA DEP Amended Amendment #		Delra	n. NJ	08075	i		Telen	hone Number	1	ch <sub>la</sub> (	-
DCA (NJAC 5:16)    Fmergency (including	N	ame of	Conta	ct			Telep	1000			
DCA justification)	1,	Stepl	hen D	onahı	ue						
(NJAC 5:23-8)		FAC	LITY	INFOF	RMATION		naility (4)			N. Carlot	
Dl-so	(3)	170				122	acility (4)				1
ame of Facility Where Abatement is Taking Place	(3)					School	hapter 8 (Othe	er than K-12)	ildinas.		
23 Auburn Drive						□ Othe	r (i.e., private	Q 0011111			
treet Address						Square	es, etc.)	of Floors	Bldg. Age		
23 Auburn Drive						4 500		2	50+		
City (5)							Use (Prior if I	being demolished	1)		
Delran		Cour	nty Coo	de (7)(S	TATE USE ONLY	Resi	dential				
County (6)							tor (0)				
	(8)	ASCN	No.	1	Name of Abatel	unthach	Constructi	on Corporation	n		
Name of Monitoring Firm Hired by Building Owner	, ,				Diamonu n	untbuon					
Finog Environmental Hazarde,				1	Street Address 500 East L	uzerne S	treet				
A Address					City, State, Zip	Code					
617 Stokes Road-Suite 4-318					Philadelph	nia. PA 1	9124				-
City, State, Zip Code					Telephone No			License No.			
Medford, NJ 08055	Te	elephor	ie No.		215-739-8	166		00646			
Project Manager for Monitoring Firm		888-7			Name of OSH	A Monitor					
Rebecca Rubnitz Schedule	d Com	pletion	Date (	11)	SAME AS	ABOVE					
Start Date (10) 13 10	_	07_	<u> </u>	<u></u>	Street Address						
	nly one	:)				5500-100-2002					
Occupancy Status During Abatement (Orlect States)  Facility Closed/Vacated During Entire Perio	d of Ab	atemei	ıı Descri	be	City, State, Z	Zip Code					
	acility	AM									
Time of Abatement. 17 2							nent with Neg	ative Pressure			
Scope of Work (Check all that apply)					T Min	ni-Enclosu	16				
P	⊠ Ren	ovation	1		□G	ovebag Pr	ocedure	n-Friable Proced	ure		
≥3 sf or ≥3 lf     ≥160 sf or ≥260 lf	☐ Den	nolition			□ No	on-Exempl	eu ( ) unu		Abat	eme	nt Ty
☐ ≥160 St Ot =250 m	Is	Locatio	n		Descr	iption of	3	Amount	70	R	ш
	N	ormally d Solely	v bv	Δς			ial (ACM)	(Specify	Removal	Repair	Encapsulate
Location of Asbestos-Containing Material (ACM)	Mai	ntenan	ice/	(i.e., t	thormal system	ns insulation AT, or	n, surfacing,	SF or LF)	<u>a</u>	7	sul
TO BE ADAILE	Cust	odial S (12)	itaff?			scellaneou					ate
IN Facility (13)	1	No	N/A	1				1,200 SF	$\boxtimes$	П	
(10)	Yes		-	Vern	miculite Insu	lation		1,200 51			-
		M		VC1.					-	<u> </u>	1
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A 1000 (100 (100 (100 (100 (100 (100 (10	-										
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	무		111			ards of	Name of Re	9.0			
			NJDEF	Waste	e Cubic Ya	alus o.					
1 Devictored Waste Hauler		1	NJDEF Hauler	Waste ID No.	Waste 1 C.Y	·	Minerva				
1 Devictored Waste Hauler		1	NJDEF	ID No.	Waste 1 C.Y Disposa	/. al Date	Minerva City State	1	88		
Name of Registered Waste Hauler Diamond Huntbach Construction		1	NJDEF Hauler	ID No.	Waste 1 C.Y Disposa 10/3	/. al Date 31/13	Minerva City State		B8		
Name of Registered Waste Hauler Diamond Huntbach Construction City, State Philadelphia, Pa		1	NJDEF Hauler	ID No.	Waste 1 C.Y Disposa 10/3	/. al Date	Minerva City State	1	88 Date Q . 3	 	13
Name of Registered Waste Hauler Diamond Huntbach Construction City, State Philadelphia, Pa	[]	1	NJDEF Hauler 196	ID No. 89	Waste 1 C.Y Disposa 10/3	/. al Date 31/13	Minerva City State	1	Date	٦	13

ASB-41 JUL 01

<sup>\*</sup> 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)

age 2		100
REA	SE# 9.5	15
1134	FIVER	

Date of Notification (1) 9/24/13	9/24/13						perator	(2)	201	300	T - 7	AM		<u>۔ نی</u>		
Agencies Notified	Type Notification			Street Ad 15 EAS	Idress ST MON	TGON	MERY	PLACE	453	)Ec.		Al7	<i>:</i>	99		
EPA DEP DOL	<ul> <li>✓ Initial</li> <li>✓ Amended</li> <li>Amendment #</li> </ul>				te, Zip Coo BURGH,		5212		35	£ L	CEA	CON	ITR	OL.		
DOH DCA	Emergency (in justification) Cancellation	ncluaing			Contact DNY PO	RTA				Tele	anhone	Nim	ner_	1		
			_	FACIL	ITY INFO	RMATI	ON									
Name of Facility Where A	Abatement is Taking	Place (3)						□ s	f Facility (4) chool (K-12 ubchapter 8	)	or than	K 12)				
Street Address 100 S. 6TH STREE	T							X O	ther (i.e. pri	ivate 8	comr	nercia	build	ings,	home	s,
City (5) VINELAND, NJ								Square 43000	)	4	Floors		7	dg. A	ge	*
County (6) CUMBERLAND		8		County C	ode (7) ISE ONLY)				t Use (Prior MUNICA			nolishe	ed)			
Name of Monitoring Firm USA ENVIRONME		wner (8)		ASCM	No.				ement Cont NVIRON			, INC				
Street Address 8436 ENTERPRISE	E AVENUE							Address BEAV	ER STR	EET						
City, State, Zip Code PHILADELPHIA, PA	A 19153							State, Zip	Code PA 19007	 7						
Project Manager for Mor			1.00	Telephor	ne No. 55-5810		Teleph	none No 788-60	•		Licer 0050	nse No	ů.			
Start Date (10) 10/8/13		Schedule 10/11/1		npletion [	Date (11)		ATTO DAY OF TODOS		A Monitor ENVIRON	IMEN	ITAL	, INC				
Occupancy Status Durin	g Abatement (Check	Only One	e)				Street	Address	3							
Abatement Perform	ated During Entire P						City, S	State, Zip		100	-					
	Service Co.			257.5			BRIS	STOL,	PA 1900	7						
Scope of Work (Check A	III That Apply)						E	71								
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf			enova emolit				2	Glov	Containmer -Enclosure rebag Proce -Exempted	edure					a .	
		Т.		1000					-Lxempted	( ) air	4 14011	THADI		Abate		
Location	n of	N	Locati ormal	ly		De	scription	n of	- 1					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Sole ntenar odial S (12)	nce/		os Con thermal surfa	taining M	Material s insula AT, or		(5	mount Specify or LF	,	Removal	Repair	Encapsulate	Enclosure
Basement Die	esel Room	X	NO	IWA		Muffle	er Insu	lation	-+	4	0 LF		x			
Dasement Die	53611100111	$+^{\uparrow}$				ividino	JI 11100				<u> </u>					
			1	ווחבט יי	/	0.41	Varda		Name of F	)ogist-	rod I	andell				
Name of Registered War SERVICE TRANSPO		NC.	H	IJDEP W lauler ID 0990	1000	of Wa	Yards ste		MINER							
City, State NEW CASTLE, DE	19720						sal Date		City, State WAYNE	SBU			4688	3		
Completed by PATRICK T. DeCAF	RO	Title ESTII	MAT	OR		5	Signatur	e ck	P.194	ild	12	Dat 9/2	e 24/13	3		

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

RECEIVED Page 1

Date of Notification (1) 9/24/13	10.71			Name o	f Building	Owner/0	Operator	5345	TO 007	751 ES		- 10				
Agencies Notified	Type Notification			Street A		ITOO	AEDV		MOCT -		AFT C	- 10				
EPA DEP DOL	Initial Amended Amendment		3_	City, Sta	ST MON ate, Zip Co BURGH	ode		PLAC	53E3T0 & LIC	OS C	ONT	ROL	, C3			
DOH DCA	Emergency ( justification) Cancellation	including			f Contact ONY PC	DRTA		77		ام٦	enhone	Numh	er			
Nome of Facility Manager	Ab - 4 4 T - 1 -	DI (		FACI	LITY INFO	ORMAT	ION							775		
Name of Facility Where VERIZON  Street Address 100 S. 6TH STREE		) Place (3	3)						of Facility (4) School (K-12 Subchapter 8 Other (i.e. pri	) 3 (Othe			build	dings,	hom	es,
City (5) VINELAND, NJ		-						_ 6	etc.) re Feet 00	# of	Floors	<i>2</i>	B 7	ldg. A	ge	
County (6) CUMBERLAND	17				Code (7) USE ONLY	)			nt Use (Prior			olished	i)			*(
Name of Monitoring Firm USA ENVIRONME		Owner (8)		ASCN	/ No.				tement Contr			INC.				
Street Address 8436 ENTERPRIS	E AVENUE	SINCE			-		Street	Addres					10 p. m.			
City, State, Zip Code PHILADELPHIA, P	NAC - CONTRACTOR	****					City, S	State, Zi	p Code PA 19007		_					
Project Manager for Mor				Telepho	ne No. 35-5810		Teleph	none No 788-6	).		Licens					
Start Date (10)			ed Con		Date (11)		Name	of OSH	IA Monitor				-			
10/8/13	a Abatamant (Charl	10/11/	200						ENVIRON	MEN	ITAL,	INC.				
Occupancy Status Durin		-	Ö:					Addres BEA	s VER STRE	EET						
Abatement Perform Other – Describe:	ated During Entire P ned Outside of Norm 5:00 PM -1:00 AM	al Facility	Hours	ient			City, S	tate, Zi			-				1114-2	
Scope of Work (Check A	III That Apply)						DITIO	JIOL,	FA 19007							
≥3 sf or ≥3 If × ≥160 sf or ≥260 If		-	Renova Demolit				×	Min Glo	Containmen i-Enclosure vebag Proce n-Exempted (	dure					Α	
		Is	Locati	on						7				Abate	ement	
Location			Normal d Sole				scription					-		Ту	ре	-
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	ATED lity	Ma	intenar todial S (12)	nce/		thermal surfa	taining M systems cing, VA niscellar	s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Basement Stor	rage Room	х				VA	T/Mas	tic		20	0 SF	×				
Basement Stor	age Room	х				Pipe	Insula	tion		2	) LF		x			
Basement Stor	age Room	х				Gaske	et Insul	ation		4	SF	×				_
Basement Die				Gaske	et Insul	ation		6	SF	×						
Name of Registered Was	ste Hauler		31 3133	JDEP W	State of the state	Cubic	Sales and the sales and the sales are		Name of Re	egiste	red Lan	dfill				
SERVICE TRANSPO	ORT GROUP, IN	IC.		auler ID 0990	No.	of Was 2	ste		MINERV	A LA	NDFII	LL			.5	
City, State NEW CASTLE, DE	19720					0	sal Date		City, State WAYNES		30	H 446	888			
Completed by PATRICK T. DeCAR	10	Title ESTI	MATO	DR		S	Patr	ick	D. D	Coc	fel	Date 9/24	/13			

#### MO#20613942696

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

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Date of Notification (1)				Name o	of Building (	Owner/Operator (2	)		- Las à		1	
	02 / 1			Phil Ca	ruso			2913 OCT	-7 A	M 2	: 6.	7_
Agencies Notified	Type Notification	n		Street /	Address							
<b>⊠</b> EPA	Initial		4		nser Road			ASSEST	OS CO	THE	RAI	
⊠ DOLWD	Amended Amendment	#	Ī	City, St	ate, Zip Co	ode		3 611	CENS	NG		200
□ DHSS     □ DGA	Emergency (		]	Baskin	g Ridge, 1	NJ 07920		T*	_			1
DCA (NJAC 5:23-8)	justification)				of Contact			Telephone Nun	nber			500
(110110-0120-07	Cancellation		lı	Phil Ca	aruso				B-35,			
						FORMATION						
Name of Facility Where	Abatement is Taki	ing Place	(3)	170	12111 1111	- Constitution	Type of Facility	(4)		-		
	Apatement is Taki	ing i lacc	(0)				School (K-12					
Private house							Subchapter 8	(Other than K-1				
Street Address							Other (i.e., p homes, etc.)	rivate and comme	ercial bui	dings	,	
50 Spenser Road							Square Feet	# of Floors	Bio	g. Ag	<u> </u>	
City (5)						9	Square reet	# 01 1 10013	0.0	9. 7.9	_	
Basking Ridge, NJ 079	920		3		0-4-77	DTATE LICE ONLY	Current Hee (Pr	ior if being demo	lichad\		~	
County (6)				Count	y Code (7) (	STATE USE ONLY)	Current use (P)	io: ii being deilio	listieu)			
Somerset												-
Name of Monitoring Firm	n Hired by Buildin	g Owner (	8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd #	283					
City, State, Zip Code						City, State, Zip C						
						Wayne, NJ 0747	70					
Project Manager for Mon	nitoring Firm		Tele	phone	No.	Telephone No.		License No.		-9011		
				•		973-638-1777		01127				
Start Date (10)	I Sci	heduled C	omnie	tion Da		Name of OSHA	Appitor	01127				
	1,4-20000	10 /	ON HARMAN		13							
						Envirovision Co	onsultants,Inc					
Occupancy Status Durin						Street Address						
▼ Facility Closed/Vaca						20-21 Wagaraw		35 E				
Abatement Performe Time of Abatement:	d Outside of Norr AM-	nai Facilit	y Hou	rs - Des	ΔM	City, State, Zip C	ode					
Time of Abatement.					7.1141	Fair Lawn, NJ 0						
Scope of Work (Check a	all that apply)			27/12/2			p and decontami		ive press	ure		
		V P	enovat	ion		☐ Mini-End	itainment with Ne closure					
≥ 160 sf or ≥260 lf			emoliti			Gloveba	g Procedure	Tent with Negat	ive Press	ure		
		7.00				Non-Exe	empted (*) and N	on-Friable Proce	dure	ı		
			s Loca						Ab	ateme	ent Ty	уре
Locatio		100000	Norma	0.00		Description			Z.	Z.	щ	Ш
Asbestos-Containing TO BE AB		Ma	aintena	ance/		stos Containing Ma ., thermal systems		Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Fac	All and the second seco	Cus		Staff?	(	surfacing, VAT		SIF or LF)	ova	=	lu S(	Sure
(13)			(12)		-	other miscellane	eous)		_		ate	(0)
		Yes	No	N/A								
Attic				X	Vermicu	lite residual clea	in up	350 SF	X			
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		$ \parallel$	1	-								닏
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		П	In	П								
Name of Registered Wa	este Hauler		N N	DEP-Wast	e Hauler ID No	Cubic Yards of Was	ste Name of Reg	istered Landfill		-	-	-
State and the committee	AUG HAUIGI					The second secon						
Gr Tech LLC				00337	85	TBD	T.R.R.F. Inc					
City, State						Disposal Date	City, State					
Wayne, NJ 07470		and the second				TBD	Tullytown, I	PA				
Completed By (Print or	Type)	Title				Signature		7.20	Date			
N.Jevtic		Owner				18	L	001	10/02/20	)13		
ASB-41			-			1/20	A.C DAO					
MAY 11		* Do no	ot use	this for	n for ashes	tos licensule exem	pted activities.					

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

Date of Notification (1) 10/2/13	N	lame of B Mary B.	uilding Owner/O DeLorenzo	perator	POCT	- T A	M 2: 8					
Agencies Notified Type Notification  EPA Initial	1	A -08/10 (E.O.) -0-00 (EOO)	ntain Avenue	۵	\$3E\$ ££	TOS C	ONTR	OL.				
DEP Amended Amendment #_ Emergency (including	_   [	Dover, N	, Zip Code NJ 07801	3	\ •·							
DOH justification justification	17.00	Name of C Joseph	Contact Nazzaro			i	Telepho	one Numb	oer	-		
		FACILI	TY INFORMATI	ON	_ ,							
Name of Facility Where Abatement is Taking Place (3 house  Street Address	)	11. Feb. 150 750111			Sub	ool (K-12 chapter 8	) (Other th	nan K-12)				
16 Mountain Avenue					Othe etc.)	er (i.e. pri	vate & co	mmercial	build			s,
City (5) Dover					Square F 2000		# of Flo		50	dg. A(	je 	
County (6) Morris		County Co	ode (7) SE ONLY)		Current L	Jse (Prior	if being o	iemolishe	ed)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM	No.		of Abatem Environ			s, LLC				
Street Address				100000000000000000000000000000000000000	Address Box 483,	4 E Ga	ite Drive	9				
City, State, Zip Code				City, S	State, Zip C	ode						
Project Manager for Monitoring Firm	- [	Telephon	e No.	Telepl	hone No. 583-850		Li	cense No	).			
		pletion D			of OSHA							
0 1/73 Occupancy Status During Abatement (Check Only O		- 71	1-13	Street	Address		1.					
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility Other – Describe:	Abatem	nent		City, S	State, Zip 0	Code	-			200		
Scope of Work (Check All That Apply)					_				-		-	
	Renova Demolit			lone.	Mini-E Glove	nclosure		ā			0	
				E	→ Non-E	xempted	( ) and is	ion-riiabi	T	1777	ement	
	s Locati Normal		_							Ту		
Asbestos-Containing Material (ACM)  ASSESTING MATERIAL (ACM)  M	ed Sole aintena stodial S (12)	nce/	Asbestos Cor (i.e. therma surfa		Material (A ns insulatio AT, or		Amo (Spe SF o	cify	Removal	Repair	Encapsulate	Enclosure
basement	140	X	pipe	e insul	ation		140	LF	-	х		
- Dassinism			•									
							il.					
				707								
Name of Registered Waste Hauler	1000	NJDEP W Hauler ID	TOTAL	c Yards aste		Name of	Registere	d Landfill				
City, State			Disp	osal Dat	e (	City, Stat	е					
Completed by Title Andrew Scott Higgins Pre-	sident			Signatu	re	<u> </u>		Da 10	ite 0/2/1	3		

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BEST

RECEIVED 84/84

MERGENCY REQUEST	State of Nov	Jersey STOP ABATE				ř.
END WAIVER OF		all and 12:12		- 42/01/19	- MAPANE	б
10 DAY NOTICE		Common (	20	ARRES	TOS CONTRO	7,
10-1-2013	MRS SC				FCEN PONS	11-
and the same of	20 A21	IOLD AV	ENUE	1 0C	1611	47
2 CPA E DEP IN DOL	Com. Simin. 200 G	2 ルゴ			/i/ol/v	Į.
; I will design the second	Charge of Charge				בייוטסטטאיב	n 
D DCA Commission	MRG. S					1
The second secon	PAGE TY INFO	Walter Comments	Typo at Partly	(4)		1
MRS SCOTT .			12 Septem (15-12)	) :/Gm-r than 16-120		
The Address		:	State (A. P.	(Cober than K-12) John & Historia	indiffere	
20 ARNOLD AVENUE				(Pat Passes	1 Puns	.]
Almst FR			1600		63.4RS	1
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SERGEN	ACCESS (III)	Notes of About		5		1
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			River St			1
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Pales Marie for Marie 19	elghena No	Polegonido Hip.		Circumster life.		1
	- AN	201-329-	Vican Eng	00388		┥・
10-4-13 10-5-		Onega Er	TATIONNEL	tel Inc		4
Company States Design /Substance (Shi it only day)		280 Huy	rler St		413	
G. Painter, Changel Vancourie During Radio Protect of Facility For		City District	Sinda.		2000	1
Ban-Ban 5 PM	<u> </u>			k. M.J.		-
Compt of Villa (Charle of Tank opply)	il America	10 Peril 12 dis-	Contributed will Higher	Magadas Process	•	
2 - 100 4 45 300 A	© Caracillos		1-1-1	1 HALL PARK PRO	TO THE REAL PROPERTY.	1
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DA-LAR DOCK						4
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Name of Registered Votes Harder	State Vision Hauter	000 Table 01	liges of the	اللبي البحد	المراسلين	1
Bost Removal Inc	7109	344 40	Minerv	a Enterpr	ises	
Eschensack, N.J. 076		Dispusation in the	Waynes	burg , Oh		] ;
		10-5-13			10-1-13	1
R. VELORAN Butinato		Rheldre	m	_	10-1-13	٦

MU井井川	11151880	11215	(Pu	rsuant to	o NJAC 8	:60 and	12:120	0)			IX Z	CE	W	ED	)
Date of Notification (1)					Building C		perator	(2)							188
9/26/13	T ==				ealty LP	)				Z	B3 OCT	-7	AM	2: 1	GE.
Agencies Notified	Type Notification			Street Ad 366 Ce	idress intral Av	e									
EPA DEP DOL	Initial Amended		1000		e, Zip Coo					- 41	अनुसरू हो	03	CON	TRI	OL
X DOL	Amendment				City, NJ		7				à Ĺ	ICEN	SIN	G	4 18
DOH DCA	Emergency justification)		100	Name of						Tele	ohone Nu	mber	1		1
DCA .	Cancellation	1		Michae		DMATI	ON								
Name of Facility Where	Abatement is Takir	g Place (3)		FACIL	ITY INFO	KMAII	ON	Туре	of Facility (4	4)	-	-			300
House						-			School (K-1	2)					
Street Address 346 Central Avenu	Je							×	Subchapter Other (i.e. p etc.)				lings,	home	s,
City (5)								Squa	re Feet		Floors	1333	ldg. A	ge	
Jersey City								N/A		N/A			/A		
County (6) Hudson				County C (STATE U	ode (7) ISE ONLY)		_	Hou	ent Use (Prid Se	or if bein	g demolis	hed)			
Name of Monitoring Fin N/A	m Hired by Building	Owner (8)		ASCM	No.		100000000000000000000000000000000000000		tement Con ement, In		9)				
Street Address				L				Addre	ss gren Aver	nue			77-12		
City, State, Zip Code				10					ip Code						-
							Toto	wa, N	J 07512						
Project Manager for Mo	onitoring Firm			Telephor	ne No.		52653300000	hone N -345-8			License 1 #00675				
Start Date (10) 10/15/13		Schedule 10/16/1		npletion [	Date (11)				HA Monitor ement, In	ıc.					
Occupancy Status Duri	ing Abatement (Che	ck Only On	e)					t Addre							
	cated During Entire								gren Aver	nue		8			
Abatement Perfor Other – Describe:	med Outside of Nor Occupied	mal Facility	Hours				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tip Code NJ 07512						
Scope of Work (Check	All That Apply)						_								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit					× Mi	II Containme	е	Negative	Pressu	re		
	52								ovebag Pro on-Exempte		l Non-Fria	ble Pro	cedu	е	
			Locati											ement rpe	
Locati			lormal d Sole		A-b		scriptio		L(ACM)	۸۰	nount		Γ.,	İ	
Asbestos-Containir TO BE A	BATED	Mai	ntena	nce/		thermal	system	ns insul	il (ACM) ation,	(S	pecify	Re	Z.	Encapsulate	Enc
In Fa		Ousi	(12)	otan:		surfa other	cing, Va miscella	AT, or ineous)		SF	or LF)	Removal	Repair	psul	Enclosure
		Yes	No	N/A								<u>n</u>		ate	Гe
baser	ment		X			pipe	insula	ation		15	0 LF	X			
	375-580He s + -		187												
								W-1 5337							
Name of Registered W	aste Hauler		233	JDEP W			Yards		Name of	Registe	red Landf	ill			
D&S Abatement, Ir	nc.			lauler ID 20996	No.	of Wa			Waste	Manag	gement	of PA			
City, State Totowa, NJ	· · · · · · · · · · · · · · · · · · ·					Dispo	sal Dat	e h	City, Star					8	
Completed by		Title					Signally	rename.	7/1	1	. [	Date		-	
Deanna Brkusanin		Proje	ct Ma	anager		(	///	lille	1 Dull	Ille	1   9	9/26/1	3		

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

1 L#107104	1760376	N			OF ASBESTOS to NJAC 8:60 an			į	RECI	EIV	E/	0	
Date of Notification (1) 9/26/13					Building Owner/G	Operator	(2)	2213	OCT -7	7	4 -		
Agencies Notified	Type Notification	7		Street Ad	ddress arthstone Terr	ace		,3 E 4:	Coros	—AF	1 2:	है।	
EPA DEP DOL	Initial Amended Amendment	ŧ	-	City, Stat	te, Zip Code ston, NJ 07039		Ŷ	\$ G	ESTOS	COI VSIA	VTR	UL.	
ĭ DOH	Emergency (i		-	Name of					phone Nun			1	7
DCA	Cancellation				Swenson								
Name of Facility When House	e Abatement is Taking	Place (3	)	FACII	LITY INFORMAT	ION	Type of Facilit		w.				
Street Address 17 Hearthstone T	errace							ter 8 (Other . private &			lings,	home	∍s,
City (5) Livingston							Square Feet N/A	# of N/A	Floors		ldg. A /A	ge	
County (6) Essex				County C	Code (7) JSE ONLY)		Current Use (F House	Prior if bein	g demolish	ed)			
Name of Monitoring Fi N/A	rm Hired by Building C	wner (8)		ASCM	l No.		of Abatement C Abatement,		9)				
Street Address							Address Rosengren Av	enue					
City, State, Zip Code						City, S	State, Zip Code wa, NJ 0751						
Project Manager for M	onitoring Firm	-	П	Telephor	ne No.	Telep	hone No. 345-8685		License N #00675	0.			
Start Date (10) 10/09/13		Schedule		mpletion I	Date (11)	100000000000000000000000000000000000000	of OSHA Monit						50.
Occupancy Status Du	ring Abatement (Chec	Only Or	ne)	<i>2</i>			Address	0.000	***				
	acated During Entire F rmed Outside of Norm					City, S	Rosengren Av State, Zip Code						
Scope of Work (Check	9/10					Toto	wa, NJ 0751	2					
≥3 sf or ≥3 lf ≥160 sf or ≥260 li			Renova Demoli				Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				e	
		, Is	Locat	tion								ement	t
Asbestos-Containi TO BE A In Fa	ion of ng Material (ACM) ABATED acility 3)	Use Ma	(12)	ely by ince/ Staff?	Asbestos Cor (i.e. therma surf		Material (ACM) as insulation, AT, or	(S	nount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A						-			_
gar	age		Х		duc	t insula	ation	40	) SF	Х			
Name of Registered V	Vaste Hauler		11 13	NJDEP W		c Yards	Name	of Register	red Landfill		L		
D&S Abatement, I	nc.			Hauler ID 20996	TBD	)		e Manag	ement o	f PA			
City, State Totowa, NJ				= 4	TDD	osal Date	T. die	tate town, PA					
Completed by Deanna Brkusanir	1	Title Proje	ect M	anager		Signatur	Iauo K	Muca	10000	ate 26/1:	3		

11 H 1033	30 <del>x</del>		(Purs	suant to	NJAC 8:60 and	1 12:12	20)	KE	CEIV	E	)	412-47 C			
Date of Notification (1) 9/26/13	210				uilding Owner/O osmarin	perato		S#3 DCT	-7 A	á 2.	SI				
Agencies Notified T	Type Notification			reet Add 0 Deer	ress Trail Road										
EPA DEP DOL	Initial Amended Amendment #		C	ity, State Iorth Ca	, Zip Code aldwell, NJ 0	7006		e L	ios co Icensi	NG	OL.			2000	
☑ DOH DCA	Emergency (ir justification) Cancellation	cluding	N	ame of C					<del></del>	-					
				FACILI	TY INFORMAT	ION		75	Et . (A)						$\dashv$
Name of Facility Where Ab House	patement is Taking	Place (3)						ype of Faci		er tha	n K-12)				
Street Address 40 Deer Trail Road					_		×	Other ( etc.)	i.e. private	& con	nmercial				,
City (5) North Caldwell							N	quare Feet I/A	N/			N/	ig. Ag A	9	
County (6) Essex				County Co	ode (7) SE ONLY)	_	5.00	urrent Use louse	(Prior if be	ing de	emolishe	d)			
Name of Monitoring Firm H	Hired by Building O	wner (8)		ASCM	No.	960,9000		Abatemen batemen	t Contracto	r (9)					
Street Address						2.700220		ddress sengren	Avenue						
City, State, Zip Code								te, Zip Cod							
Project Manager for Monit	toring Firm		1	Telephon	e No.	Tel	ephor	ne No. 15-8685		255,759	ense No				
Start Date (10)		Scheduled		pletion D	Date (11)	Nai	me of	OSHA Mo		1					
10/16/13 Occupancy Status During	Abatement (Chec	10/17/13 c Only One				Str	eet A	ddress							
Facility Closed/Vaca Abatement Performe	ed Outside of Norm	eriod of Ab	oatem Hours	ent		Cit	y, Sta	sengren ite, Zip Coo	de						
Other – Describe: O	occupied					To	otow	a, NJ 07	512						
Scope of Work (Check All  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	l That Apply)		enova emoliti				×	Mini-End Gloveba	tainment wi losure g Procedur empted (*) a	е				9	
		T led	Locati	on				NOTIFICAC	mpted ( ) c	2110 14	on made		Abate	ment	
Location	of	N	ormal	ly	ı	Descrip	otion o	of	- 25			-	I y	ре	
Asbestos-Containing TO BE AB/ In Facili (13)	Material (ACM) ATED	Mair	d Sole ntenar odial S (12)	nce/	su		tems , VAT	insulation, , or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
garag	e	165	X	IWA	pir	e ins	sulat	ion	_	75 l	F	х			
guidg															
							-					-	-	-	-
Name of Registered Was	ste Hauler			JDEP V	100 miles	oic Yar	rds	Na	me of Regi	stere	d Landfill				
D&S Abatement, Inc				lauler ID 20996	ТВ		<b>D</b> .		aste Mar	nage	ment o	f PA			
City, State Totowa, NJ					TB	posal I	1	Τι	y, State ullytown),	PA	, , , ,				
Completed by Deanna Brkusanin		Title Proje	ct M	anager		Sign	ature	Ille ,	Belle	MU		ate 126/1	3		

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

RECEIVED

JV # KON	1	(P	ursu	ant to NJ	JAC 8:	:60 and 12:120	,	ILLEIV	ED			-
111/3			IN	lame of Bu	uilding (	Owner/Operator	(2)					
Date of Notification (1	52013			74/77		H BL	4 V.W. 13 3	OCT -7 AM	21 01			4
Agencies Notified	Type Notification		S	treet Addi	ress		T - T	r C	E. 6	3		
A	initial		-	101	7	32074	118 184	STUS CIN	Ten	-		4
	FT Amended		C	ity, State.			4× 83 ~	LICENSIN	L KU	•. •		
☑ DOL	Amendment #	ncluding	_	YRT	Dr	E4 7	H 4-70-	Telephone Numb	er	1	T	긤
☑ DOH	justification)		N	lame of Co	12						/1	
□ DCA	Cancellation		1_	WIB	1					-		-
	<del></del>			FACILIT	YINFO	RMATION	<del></del>	-		-1114.	745	$\dashv$
Name of Facility When	re Abatement is Takin	g Place (3)					Public Cont		pe of Fa	ICHILLY	(4)	-
255							School (K-12	R (Other than K-12	2)			
Street Address		227					Other (i.e., p	rivate & commercia	al buildin	ngs,		- 1
158 DE	PSAWAL.	AUE-	_				homes, etc.	# of Floors	Bld	g. Ag	e	$\dashv$
City (5)							13.20	1.3	1	0	vy n	3
Beach	14085 P	555	70	٤	- 3- 77	CTATE		ior if being demolis	shed)		1	$\neg$
County (6)				USE ONL	Joae (7) LY)	(STATE						_
5432 <u>0</u>		Dimer	-	SCM No.		Name of Abatem	nent Contractor (9	)				
Name of Monitoring F	irm Hired by Building	wher	1~	DOM IND.		6,65050	2.5		1		_	_
(8)			ــــــــــــــــــــــــــــــــــــــ			Street Address	^					
Street Address						909W	None A	30/				_
			=		=	City, State, Zip C		~	-13	/		
City, State, Zip Code					_	Phillip.	s buch	17 02	<u>₹ (</u>	57_		=
Project Manager for M	Appitoring Firm	-	elep	hone No.		Telephone No.	1/2	License No.	015	0		-
Project Manager for it	Notificing					र्वेप्टर-नाउ		Contract No.				-
Start Date (10)	Sche	duled Con	pletic	on Date (1	11)	Name of OSHA	Monitor					
130E 20	/ - /	1001	_	0/3							_	=
Occupancy Status Di	uring Abatement (Che	ck only on	ie)			Street Address						00.007
C Eacility Closed/Va	cated During Entire P	eriod of Ab	atem	ent	-	City Chata Tip (	`oda					_
Abatement Perform	med Outside of Norma	al Facility F	lours	6		City, State, Zip C	200e		*			
Other - Describe:												_
Scope of Work (Chec	ck all that apply)			112			ntainment with Ne	egative Pressure				
	**	Reno	vatio	n		☐ Mini-En	closure ag Procedure					
≥160 sf or ≥260 lf		Demo	olition			₩ .~\?~	- Coloble		7			
<u></u>		Is Loc	cation	1.					· ^	bater Typ		
		Nom		by		Description of	of				$\neg$	
Location Asbestos-Containing	on of	Used S Mainte			Asbest	os Containing Ma	iterial (ACM)	Amount (Specify	20	_	Enc	9
TO BE A	BATED	Cust	odial		(i.e.,	thermal systems surfacing, VAT	insulation, . or	SF or LF)	Remova	Repair	aps	Enclosure
IN Fac	cility		2)			other miscellane	eous)		Va.	확	Encapsulate	ure
(13	·)	Van	No T	N/A							0	
		Yes	-	$\rightarrow$	4.2	5		19:50	X			
5xteriar			X	5		10 Buch	er so	7	+	П		
									+	$\vdash$		
									+-	H	_	
							1.10	jistered Landfill				
Name of Registered	Waste Hauler			IDEP Was		Cubic Yards of Waste	Name of Reg	Jistered Laridiii		11		
A G-200	05- Tens	cline	Ha	uler ID No.	1		1 G KOU	E7 [4/11]	1.4	111		_
City, State	<u> </u>	- 0	) .			Disposal Date	City, State	11-	2	V		
HAINSEPS	ET MI						More	Date .	11			_
Completed By	.   Tit				N To	Signature	150	30	لمكندكا	- 2	16	3
Fred Gib	E(3)	2000	_			- True	777		+			
				100								

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

# CKEL

Date of Notification (1)		IN	lame of E	Building C	wner/Operate	or (2	)	20:	49 00 5	_	*******		
Agencies Notified Type Notification	3				9/10	CR		LE	的 OCT -	.7	AH	1:5	7
		S	Street Add	dress	2 30	20	1 ail						
EPA Initial			ity State	, Zip Coo	de ///	170	EIGHT	NO S	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SC	OM.	<b>RO</b>	1.
DEP Amended Amendment		.   `	nij, otali	,	SEA	B	RICHT	10 1	W	LM.	11/1		自動
DOH Emergency (	including	N	lame of (	Contact	. ,	9	-	Tele	nhone Num	ha-			100
DCA Cancellation				V	PhN				1001		1/2		
Name of Facility Where Abatement is Takin	g Place (3)		FACIL	ITY INFO	RMATION	Т	vpe of Facility (4	4)					
KellNER		9.00	CP_			Г	School (K-1	2)					
							Subchapter Other (i.e. p etc.)				dings,	home	es,
City (5)  SEA BRIG.	15					S	Journal Feet		Floors		Bldg. A		
County (6) Man houth		(	County C	ode (7) SE ONLY)		C	Current Use (Price		ng demolish exce				
Name of Monitoring Firm Hired by Building			ASCM	No.			Abatement Consulation Co.,		(9)				
Street Address					Stre	et A	ddress ntrose Road						
City, State, Zip Code					City	, Sta	te, Zip Code Neck, N.J. 07				-		
Project Manager for Monitoring Firm		17	elephon	e No.			ne No.		License N	D.			
1 Toject Manager for Morntelling 1 mm							94-1757		00029				
Start Date (10)	Scheduled		Š	ate (11)	Nan	ne of	OSHA Monitor						
10-12-73 Occupancy Status During Abatement (Chec	k Only One)	-//	/-/		Stre	et A	ddress						
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	Period of Aba	atem			City	, Sta	te, Zip Code	7					
										_			
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novat noliti					Full Containme Mini-Enclosure Glovebag Prod	edure				_	
	T		Т			LT	Non-Exempte	d (*) and	non-Friab	le Pro	Abate		t
t was the set		ocation rmali			Descript	ion o	,f				Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used : Maint Custoo	enar	ice/		os Containing thermal system surfacing, other misce	g Ma ems i VAT	terial (ACM) nsulation, , or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								/	6	
outomes				ن	31010	6		26	00 \$	i	1		
		-		-						+			
		1 6	IDED W	anto	Cubic Yard		Name of	Pagisto	ered Landfill				
Name of Registered Waste Hauler Ace Insulation Co., Inc.		Н	JDEP Wa auler ID I 2086		of Waste	_	Chrins	registe	Jou Cariulli				
City, State Colts Neck, New Jersey					Disposal D	-	City, Stat		4				
Completed by	Title				Signat			11	a_ Da				
George Wuest	Presid	ent				Ge	meg l	Le3/	/	0-	3-1	3	
ASB-41 (R-06-08)					* 60	not	use this form for	r asbes	tos licensur	e exe	mpted	activ	ities.

#### State of New Jersey

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

W # 22053		(Pursi	uant '	to NJAC 8:0	0 and 12:1	20,	,			- July		
Date of Notification (1)	- 110.00		1	Name of Buildi	ng Owner/Op	erat	tor (2) ark Contracting,		-	- t <sub>-1</sub> /		
October 2, 2013  Agencies Notified Type of Notification	on		5	Street Address					784	- 5.	}	
[X] EPA [] Initial I		ition ification			POE	30x	124		F 14			
[X] DOL Amend	ment #_			City, State, Zip		s R	iver, NJ 08754			*	r.	
[x] DOH [x] Emerge justific		cluding		Name of Conta	ct			Telephone Number		_		
[ ] Cancel	lation			Ma	rk Tucker					j m		
			ACII	LITY INFOR	RMATION		m					
Name of Facility Where Abatement is Taking Residence	Place (3	3)					Type of Facility (4)	School (k-12)				
Street Address			134215			-	[ ]	Subchapter 8 (oth			ial built	dinas
120 San Fernando I	Or.						[x]	Other (i.e., private homes, etc.)			iai buili	migs,
City	County	y (6)		County Code (7) STATE USE O		T	Square feet 900 sf	# of Floors	Bldg		0	
Lavallette	Ocea	n		JIIII 002 0		r	Current Use (Prior i					
Name of Monitoring Firm Hired by Building (	Jumar (	(2)		SCM No.	Name (	of A	Reside					
Name of Monitoring Firm Hired by Building C	JWIICI (	(0)	Ĺ	ISCM 140.			Guardi	an Contracting,	Inc.			
Street Address					Street A	Add		Route 9, Unit 61				
City, State, Zip Code					City, S	tate	, Zip Code		007	55 1	271	
Project Manager for Monitoring Firm	_	Telephone Num	ber		Teleph	one	Number	River, New Jerse License N		33-1.	2/1	
					732-3	49-	-9932	00624				
Scheduled Start Date (10) 10/03/2013		Scheduled Com 10/07/2013	pletio	n Date (11)	Name	31 C	OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check of	only one	e)	C 41 -4		Street A	Add		Stelton Road				
[ X ] Facility Closed/Vacated					City 6		84	notion road	- 2	-	-	
Other – Describe					- City, S	tate	e, Zip Code Piscata	away, New Jerse	y 088	54		
Scope of Work (Check all that apply)					[	]		nt with Negative Pre	ssure			
[x] >3 sf or ≥3 lf		[ ] Re	ńovati	on	L [	]	Mini-Enclosure Glovebag Procee	dure				
[ ] ≥160 sf or ≥260 lf			moliti		[ x	ĺ	Non-Exempted (	(*) and Non-Friable I	Procedu	ire		
									Abat	ement	Туре	
		Is Location			Descript			Amount	R	R	Е	Е
Location of Asbestos-Containing Material (ACM)	Ŋ	Normally used Solely by		-	Asbestos-C Material			(Specify SF	E M	E P	N C	C
TO BE ABATED	Main	tenance/Custoo	dial		(i.e., therma			or LF)	0	A	A P	L
in facility (13)		Staff (12)			insulation, s VAT				V	R	S	S
(10)	*****				other misce	llar	neous)		A L		U L	U R
	YES	5,000,00 	/A					1050 -6			Е	Е
Exterior		X		Asbestos s	iding			1050 sf	X		-	-
						_		+				
		1										
Name of Registered Waste Hauler	1	NJDEP Waste Ha			c Yards of W	aste		tered Landfill				
Guardian Contracting, Inc. City, State		2022 D		l Date	City,	Sta	T.R.R.F.					
Toms River, New Jersey				2013			wn, Pennsylvan	ia	Date	-		
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manager		Signature	lichi	31	tel	31		)2/20	13	

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

Date of Notification (1)					Name of Building (			= 1 Page		100	v –	0.00	
(	October 2, 2013			1		Gosya	ne Sechaud	~-	E	1 -6).	65	2	
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL	Amen Amen	Notificat ded Notifi dment #_ gency (inc	fication		Street Address City, State, Zip Coc	le	rth Union Stre	et (C)		1 1:5			
[x] DOH		cation)	nuaing	-	Name of Contact		-15	Telepho	ne Number				$\dashv$
[ ] DCA	(b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	llation		1		ne Secha	ud						
	l			FACI	LITY INFORM	ATION							
Name of Facility Where Al	batement is Taking	Place (3)		11101	01111110101		Type of Facility	(4)					
Res	sidence						[	1를 했다면	ool (k-12)				
Street Address							[		hapter 8 (oth			11	
	North Union St	reet					[x		r (i.e., privat es, etc.)	e & con	nmerci	al buildi	ngs,
City		County	(6)		County Code (7)		Square feet		f Floors	Bldg	Age	201	
			•		STATE USE ONL	Y)	2000 sf	is-iflains	2-	<u> </u>	6	0	
Lambertville	е	Hunte	erdon				Current Use (Pr	sidence	demonshed)				
Name of Monitoring Firm	Hired by Building (	Owner (8)			ASCM No.	Name of	Abatement Contra						
	ardian Contract							ardian Co	ntracting,	Inc.			
Street Address	20 20	-1				Street A		O D auta (	0 II=:+ 61				
City, State, Zip Code	89 Rte. 9, Unit 6	01			-	City Sta	ite, Zip Code	sy Route	9, Unit 61				
	ms River, NJ 08	3755				City, Sta		ms River,	New Jers	ey 087	55-12	271	
Project Manager for Monit	toring Firm		Telephone Nu	ımber		0.0000000000000000000000000000000000000	ne Number		License N	lumber			
Nicholas Fer	nicola		732-349-99		-5. 41		19-9932		00624		-		
Scheduled Start Date (10) 10/23/13	3		Scheduled Co 10/24/13		n Date (11)	Name of	FOSHA Monitor E.N	M.S.L. An	alvtical				
Occupancy Status During		only one)	A CONTRACTOR OF THE PARTY OF TH		*****	Street A	ddress						
5 7	ility Closed/Vacated						103	56 Stelton	Road				
1 5 5	atement Performed	Outside o	f Normal Faci	lity Hou	rs	City, Sta	ite, Zip Code		4194	0.000			200
[ ] Oth	er – Describe			10,000			Pis	cataway,	New Jerse	y 088	54		
Scope of Work (Check all	that apply)				The second second	[ ]	Full Contain	ment with N	Negative Pres	sure			
	11.77					[ ]	] Mini-Enclos	ure					
	sf or ≥3 lf			Renovati		[x]				9			
[ ] ≥16	60 sf or ≥260 lf		[ ] [	Demoliti	on	<u> </u>	Non-Exemp	ted (*) and l	Non-Friable	Procedu	re		
										Abat	ement '	Гуре	
Access to the second se			Is Location			Description				R	R	Е	Е
Location		N	lormally use	d	500000	bestos-Co		1	Amount pecify SF	E	E	N	N
Asbestos-Containing N TO BE ABA		Maint	Solely by tenance/Cus	todial		Material (A		(5	or LF)	М	P A	C A	C L
in facilit		IVIGIII	Staff	iodiai		ulation, su				0	I	P	0
(13)	ā		(12)			VAT,				V	R	S	S
			210	NT/4	oth	ner miscell	laneous)			A		L	R
		YES	NO	N/A						L		Е	Е
Basement			X		Asbestos pipe	insulation	on	17	0 lf	X			
	77-7				20000-0-11								
	1012												
22-02-0-0													
Name of Registered Waste		1	NJDEP Waste		The second secon	ards of Was		egistered La	ındfill				-
Guardian Co	ontracting, Inc.		20:	223 Disposa	al Date	City, S	T.R.R.	.r.				-	-
	, New Jersey			10/25			town, Hennsylv	vania					
Completed by (Print or Ty	pe)	Title			Signature	1 1	VI.	1		Date		,	
Nicholas Fe	rnicola	Proje	ct Manager	r	$M_{c}$	chol	11			10/	2/201	3	

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

01 #201050		(Pursua	nt to NJAC 8:60	and 12:12		ا الم	favr bye			
Date of Notification (1) October 2, 2013			Name of Building		rator (2) est Demolition	<u>COEN</u>				
100 1 000	ion Notification ded Notificati	ion	Street Address  City, State, Zp C		Herbertsville Road	GGT AT AM	िः	1		
[x] DOH [x] Emerg	dment # gency (includi cation)	ing	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Point 1	Pleasant, NJ 08742	elephone Number	\$5 000-000-000-000-000-000-000-000-000-00	176		
I IIKA I	llation		Name of Contact Dane		16	elephone Number		_		
		FAC	CILITY INFOR	MATION	- on 111 (4)					
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility (4)	School (k-12) Subchapter 8 (oth	her than	k12)		
Street Address 1961 E. Railway A					[x]	Other (i.e., privat homes, etc.)	te & com	nmerci	al buil	dings,
City	-County (6)	-	-County Code (7) (STATE USE ON	LY)	Square feet 1400 sf Current Use (Prior if	# of Floors	Bldg.	Age 6	0	
Ortley Beach	Ocean				Residen	0.7				
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Abatement Contractor		Inc.			
Street Address				Street A	1889 Ro	oute 9, Unit 61				
City, State, Zip Code	1					iver, New Jerse		55-12	71	
Project Manager for Monitoring Firm		phone Number		732-34	ne Number 9-9932	00624	umber			
Scheduled Start Date (10) 10/03/2013	10/	duled Comple /07/2013	tion Date (11)	53550,001/2 (0.02)		Analytical				
Occupancy Status During Abatement (Check  [ x ] Facility Closed/Vacate	d During Enti			Street A		elton Road				
Abatement Performed (	Outside of No	rmal Facility i	Hours	City, Sta	te, Zip Code Piscatav	way, New Jerse	y 0885	4		
Scope of Work (Check all that apply)				[ ]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[ ] >3 sf or ≥3 lf [ x ] ≥160 sf or ≥260 lf	[ [ x	Renov		[ ] [x]	Glovebag Procedu		Procedur	e		
							Abate	ment "	Cyne	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Norma Sol Maintenan	ocation ally used ely by ace/Custodial Staff	(i	Description sbestos-Con Material (A e., thermal sulation, su	ntaining ACM) systems	Amount (Specify SF or LF)	R E M O	R E P A I	E N C A	E N C L
(13)		(12) NO N/A	0	VAT, o			V A L	R	S U L E	S U R E
Exterior	X		Asbestos sid	ing		1150 sf	Х			
Name of Registered Waste Hauler	NJDE	P Waste Haule 20223	er ID No.   Cubic 3	Yards of Was	te Name of Registe	red Landfill				
Guardian Contracting, Inc.		Dispo	sal Date	City, St	ate					
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project M		Signature	hel	own, Pennsylvania		Date 10/02	2/201	3	

下井のつんろ	L		(Purs	uant to	o NJAC 8:60 a	nd 12:12	.0)			- []/	p garage para		
Date of Notification (1)	10/2/2013			N	ame of Building (	Owner/Oper RED E	rator ( Excav	2) vation	3643 307	7 74	4 1.	<u>=n</u>	
Agencies Notified   T   [ x ] EPA   [   ] DEP   [ [ x ] DOL	ype of Notification Initial N Amende	lotificati ed Notifi			treet Address Lity, State, Zip Co	PO Bo		1 rbor, NJ 08734		- 7	1 10	50	
[x] DOH [] DCA	X ] Emerge justifica ] Cancell	ation)	luding	N	Vame of Contact Rich	Dullok			ephone Number			A.	
[ ] DCA			F	ACIL	ITY INFORM	ATION							
Name of Facility Where Abat Resid	ence						Тур	ίί	School (k-12) Subchapter 8 (oth Other (i.e., private			l build	ings,
City 1501	Baltimore Ave	County	(6)	C	ounty Code (7) STATE USE ONL	Y)		uare feet 1200 sf	# of Floors	Bldg.	Age 60	)	
Lavallette		Ocean						rrent Use (Prior if Residence Residence Rement Contractor (	ce				
Name of Monitoring Firm Hi N/A	red by Building (	)wner (8	3)	A	SCM No.	Name of	I Auai	Guardia	n Contracting,	Inc.			
Street Address						Street A		1889 Ro	oute 9, Unit 61				
City, State, Zip Code			T. I. Jana Nive	nhor.		City, Sta		Toms R	iver, New Jerse License N	y 087 umber	55-12	71	
Project Manager for Monitor Scheduled Start Date (10)	ing Firm		Telephone Nur Scheduled Con		n Date (11)	732-34	49-99		00624				
10/03/2013 Occupancy Status During Al	patement (Checko	nly one)	10/07/2013			Street A	ddres	S	Analytical elton Road				
[ ] Abate	y Closed/Vacated ment Performed C – Describe	Outside o	of Normal Facil	lity Ho	urs	City, St	ate, Z	ip Code Piscatav	way, New Jerse	y 088	54		
F 3	or≥3 lf		L 1	enovati emoliti		[ [ [ [ x	]	Mini-Enclosure Glovebag Procedu	with Negative Pre are and Non-Friable		ıre		
[., ]										Abat	ement	Туре	
Asbestos-Containing Ma	Location of Solely by  Asbestos-Containing Material (ACM)  TO BE ABATED in facility  Is Location Normally used Solely by Maintenance/Custaff					Descripti sbestos-Co Material ( e., therma sulation, s VAT, ther misce	ontair (ACM Il syst surfac , or	ning (1) eems cing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sid	ing			1900 sf	Х			
					IDAL CAL	Yards of W	acta	Name of Registe	ered Landfill				
Name of Registered Waste I Guardian Cor		1	NJDEP Waste I 202	223	3	City,		T.R.R.F.					
City, State Toms River, Completed by (Print or Typ	New Jersey	Title		10/08	al Date /2013 Signature	Tulk	ytow	n, Pennsylvani	a	Date 10/	02/20	13	
Nicholas Fern		Proje	ect Manager		1 // (	Chil		tou		10/	02120	10	

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

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Date of Notification (1)			Name of Build	ing Owner/Ope	rator (2	2)		Lotter	14		
October 2, 2013				John N	Moran	4	Francis .	14	: 1.0		$\dashv$
[ ] DEP [ ] Amende	otification d Notification nent #		Street Address City, State, Zip	Code		ore Dr wp.,NJ 07005	4 4 - 2 <u>2</u>				-
[ x ] Emerger	ncy (including		Name of Cont				elephone Number				
[ X ] DOH [ ] Cancella				n Moran							
[ ] BCA		FAC	LILITY INFO	RMATION							
Name of Facility Where Abatement is Taking P Residence	Place (3)				Тур	e of Facility (4)	School (k-12)	1050 III			
Street Address 249 Newark Ave.						[ ] [x]	Subchapter 8 (other Other (i.e., private homes, etc.)	& con	nmercia	ıl buildi	ngs,
City	County (6)		County Code ( (STATE USE			nare feet 1300 sf	# of Floors	Bldg.	Age 58	}	
Lavallette	Ocean	8 55			Cui	rrent Use (Priori Reside	f being demolished) nce				
Name of Monitoring Firm Hired by Building C	owner (8)		ASCM No.	Name o	f Abat	ement Contracto		Inc.		11	
N/A Street Address				Street A	Address		Route 9, Unit 61				
City, State, Zip Code				City, S	tate, Zi	p Code Toms 1	River, New Jerse	ey 087	55-12	.71	
Project Manager for Monitoring Firm	Telepho	one Numbe	r	Teleph 732-3		ımber	License N 00624				
Scheduled Start Date (10) 10/03/2013		led Comple 7/2013	etion Date (11)			IA Monitor	.L. Analytical				
Occupancy Status During Abatement (Check of [x]] Facility Closed/Vacated [] Abatement Performed Company Other – Describe	During Entire	nal Facility	batement Hours	City, S	state, Z	in Code	Stelton Road away, New Jerse	y 088	54		
Scope of Work (Check all that apply)				[	200	Full Containment	nt with Negative Pre	ssure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	[	1	vation olition	[ [ x	j	Glovebag Proce	dure (*) and Non-Friable	Proced	ure		
[]								Abat	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	cation ly used ly by e/Custodia aff 2)  N/A		Descrip Asbestos-C Material (i.e., therm insulation, VAT other misc	Contair (ACM al syst surfac , or	ning f) tems ting,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X		Asbestos	siding			900 sf	X			
DAGGIOI									-	+	-
			_								
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP	Waste Hau 20223	AGENTAL STATE OF THE STATE OF T	ubic Yards of V 2		T.R.R.F.	stered Landfill				
City, State Toms River, New Jersey		Dis	posal Date /08/2013	City	, State lytow	n, Pennsylva	nia /	Dat	te		
Completed by (Print or Type) Nicholas Fernicola	Title Project Ma		Signature	richo	1	ten	1	10.	/2/201	3	
	*Do not	t use this f	orm for asbeste	os licensure e	xempte	ed activities.					

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

ハギがから			(r urs	uune				Sec. 1. E. s.	CE	197	The gara	
Date of Notification (1)					Name of Building C	wner/Ope	rator (2)				and it	
	10/2/2013					Baysic	le Marine Cons	truction 🥞 🖂 🚉	, , ,	0.04		
[X] EPA	r 3	Notificat			Street Address	5300 530000	dsall St.		,	АЙ <b></b>	1:49	3
[ ] DEP [x ] DOL	Amend	ded Notif dment #_ ency (inc			City, State, Zip Coo		own, NJ 08758		Ξŧ		, .	
[x] DOH	justific	cation)			Name of Contact	SON DUT		Telephone Number				.27
[ ] DCA	[ ] Cance	llation			Adam	Risden						
			F	ACI	LITY INFORM	ATION						
Name of Facility Where Ab Resi	atement is Taking dence	Place (3)	)				Type of Facility	(4) School (k-12) Subchapter 8 (oth	er than	k12)		
Street Address 28 T	raveler Way						[x]		e & coi	nmerci	al build	lings,
City		County	(6)		County Code (7) STATE USE ONLY	7)	Square feet 1300 sf	# of Floors		Age 60	)	
Bayville	27	Ocean			ACCIVANT-	Nama		or if being demolished idence	)			
Name of Monitoring Firm I N/A		Owner (8	S)	1	ASCM No.	Name of		rdian Contracting,	Inc.			
Street Address						Street A	1889	9 Route 9, Unit 61				
City, State, Zip Code	2.1							ns River, New Jerse		55-12	71	
Project Manager for Monito	oring Firm		Telephone Nun			732-34	ne Number 19 <b>-</b> 9932	License N 00624	umber			
Scheduled Start Date (10) 10/02/2013			Scheduled Con 10/03/2013	pletic	on Date (11)	10 110 110 110 110 110 110 110 110 110		I.S.L. Analytical				
	ity Closed/Vacate	d During	Entire Period			Street A		6 Stelton Road				
	ement Performed ( r – Describe	Outside o	of Normal Facil	ity Ho	ours	City, St	ate, Zip Code Pisc	cataway, New Jerse	y 088	54		
Scope of Work (Check all t	that apply)					[	Full Contains Mini-Enclose	ment with Negative Pre	ssure			
[ ] >3 sf [ x ] ≥160	or≥3 lf sfor≥260 lf		[ ] Re [ x ] De	novat molit		[ [ x	Glovebag Pro Non-Exempt	ocedure ed (*) and Non-Friable	Procedi	ıre		
									Abat	ement '	Гуре	
Location of Asbestos-Containing M TO BE ABA in facility (13)	aterial (ACM) FED	N	Is Location formally used Solely by tenance/Custo Staff (12)	dial	Asi N (i.e ins	Description of the control of the co	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A	R E P A I R	E N C A P S U L	E N C L O S U R
		YES		/A				500 sf	L X	_	Е	Е
Exterior			X		Asbestos sidir	ıg		300 81	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
							10.0		-			
Name of Registered Waste		N	JDEP Waste H		ID No. Cubic Y	ards of Wa	ste Name of Re	egistered Landfill	1			
Guardian Co	ntracting, Inc.		I	Dispos	al Date	City, S	State					
Toms River, Completed by (Print or Typ	oe)	Title		0/04	/2013 Signature	_ Tully	town, Pennsylv	vania /	Date	02/20	13	
Nicholas Ferr	ncola	Proje	ct Manager		$V I_i$	Mo	1-12	Total St.	1.07			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

JA TH DONGL	)		(1 44		.O 14311C O.			(2) E 10	ENED		7,50		
Date of Notification (1)				1	Vame of Build			tor (2)	h-17 6-6/				
Octo	ber 2, 2013						Jone		-7 AM 1: E8				
[x] EPA [	pe of Notification	otificati			Street Address	200	)8 Pi	eris Ct.	- An 1. 40				
[ ] DEP [ [ X ] DOL	Amende Amendn	nent#			City, State, Zi	p Code Vie	nna,	VA 22182				150	
[x] DOH [	justifica ] Cancella	tion)		1	Name of Cont Pa	act t Jones			Telephone Number		27		
[ ] bea				FACII	LITY INFO	RMATIC							
Name of Facility Where Abates Resider		lace (3)						Type of Facility	(4) School (k-12) Subchapter 8 (oth	ner than	k12)		
Street Address 1874 S	kiff Ct.							[x]	Other (i.e., privat homes, etc.)	e & con	nmercia	ıl build	ings,
City		County	(6)		County Code ( STATE USE			Square feet 1700 sf	# of Floors 2	Bldg.	Age 60	)	
Toms River	-	Ocean							or if being demolished dence	) -			
Name of Monitoring Firm Hire N/A	ed by Building O	wner (8	)	A	ASCM No.			Abatement Contra Guar		Inc.			
Street Address	eet Address						et Add		Route 9, Unit 61				
City, State, Zip Code						City	, State	, Zip Code	s River, New Jers	ey 087	55-12	71	
Project Manager for Monitorin	oject Manager for Monitoring Firm Telephone N						2-349	-9932	License N 00624	lumber			
Scheduled Start Date (10) 10/02/2013			Scheduled Co 10/03/201		n Date (11)				.S.L. Analytical			a de la companya della companya della companya de la companya della companya dell	
Occupancy Status DuringAbat	ement (Check or Closed/Vacated	nly one) During	Entire Period	of Aba	tement	Stre	et Ado		6 Stelton Road				
[ ] Abatem	ent Performed O	utside o	f Normal Fac	ility Ho	urs	City	, State	e, Zip Code Pisc	ataway, New Jerse	ey 088	54		
Scope of Work (Check all that	t apply)					[	]	Full Contains Mini-Enclosu	ment with Negative Pre	essure			
[ ] >3 sf or [ x ] ≥160 sf			[ ] F [ x ] I	Renovat Demoliti		] ] ]	x ]	Glovebag Pro		Procedi	ıre		
[7]										Abat	ement	Гуре	
Location of Asbestos-Containing Mate TO BE ABATE in facility (13)		N	Is Location ormally use Solely by enance/Cust Staff (12) NO			Descri Asbestos Materi (i.e., ther insulatio VA	s-Contial (Atmal son, sur AT, or	taining CM) systems facing, r	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	ENCLOSURE
Exterior			X		Asbestos	siding			1400 sf	X			
										_	-	-	
												-	-
					ID VI I G	bic Yards of	e we	Mama of D	egistered Landfill				
Name of Registered Waste Ha Guardian Contr	uler racting, Inc.	N	IJDEP Waste 20:	223		2	ity, Sta	T.R.R.I				-	
City, State Toms River, N	ew Jersev				al Date /2013			own, Pennsylv	rania ,				
Completed by (Print or Type) Nicholas Fernic			ct Manager	r	Signature	lich	ol	ter	1	Date 10/	02/20	13	
		*1	o not use th	is form	for asbesto	s licensure	exem	pted activities.	170				

RECEIVED

Date of Notification (1) October 2, 2013		Na A	ame of B	uilding Ow County [	ner/Ope Div. Fa	erator (2 acilities	2) s Maná	igement		Check #					
Agencies Notified Type Notification			treet Add 227 Dre	ress exel Ave	nue			· *- ~,		FER E	: 6,7				
EPA Initial Amended Amendmen	t #	Ci	ity, State Mantic	, Zip Code City, NJ	08401	1	· • ½,					·			
▼ DOH     DCA     □ Emergency justification Cancellation	)		ame of Co						Tele	ohone Nu	imber .	, \ 	•		
			FACILI	TY INFOR	MATIO	N	T6	Facility (4)							
Name of Facility Where Abatement is Tak Atlantic County Div. Facilities Man	ng Place (3) nagement				121		Sc Su	hool (K-12	) (Othe	r than K-1	12)				
Street Address 1227 Drexel Avenue							X Ott	her (i.e. pri c.)	ivate &	Floors	cial build		s, ho		•
City (5) Atlantic City				C.			5,000		2		1	00			
County (6) Atlantic		(3	County Co STATE US	ode (7) SE ONLY)			Office				Siled)				
Name of Monitoring Firm Hired by Buildin Management and Env. Consultin	g Owner (8) g Services		ASCM	No.		Shad	e Envi	ment Cont ronment							
Street Address PO 341							Address Cutler /								
City, State, Zip Code Chesterfield, NJ 08515						City, S Mapl	tate, Zip e Shac	Code de, NJ 0	8052						
Project Manager for Monitoring Firm			Telephon				none No. 755-00			License 00842					
Start Date (10)	Scheduled	Com	npletion D			Name EMS		A Monitor							
October 14, 2013 Occupancy Status During Abatement (Cl	I CONTRACTOR STREET					Street	Address	3	100	1				1 10 10 10 10 10	
			ont			107	Haddo	n Ave		- 02					
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	ormal Facility h	Hours	3		_	City, S Wes	State, Zip stmont,	Code New Je	ersey	08108	3				
Scope of Work (Check All That Apply)							_								
<ul> <li>≥3 sf or ≥3 if</li> <li>≥160 sf or ≥260 if</li> </ul>	housed.	enova emolit					Min	Containmoni-Enclosure vebag Pro-	e cedure					<b>:</b>	
		-		T			Nor	1-Exemple	u () ai	10 14011-1 1	Table 1			ment	t
		_ocat			1							_	Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole Sole	ely by ince/ Staff?	Asbes (i.e.	tos Cen therma surfa	escription ntaining al system acing, V miscella	Material ns insula AT, or	(ACM) ition,	. (	Amount Specify F or LF)	Kemoval	7	Repair	Encapsulate	Enclosure
	Yes	No	N/A							86 SF	XX	v	-		-
2 Rooms		X	+-		Cer	ment B	oard			00 01	72.				İ
											_				+
		<del></del>	NJDEP V	Maste	Cubi	c Yards		Name of	Regis	tered Lar	ndfill		18	L	
Name of Registered Waste Hauler Freehold			Hauler ID 22253		of W	aste /		Grows	Land						
City, State Mount Holly, New Jersey 08060	)					osal Da 16/201		City, Sta Tullyto		PA.	_				
Completed by Christina Lynch	Title	ation	ns Man	ager		Signatu	"SHA	De	$\triangle$		10/0	2/2	2013	}	

#### State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Emergency Friable Initial

6386-NJ	1	(Pui	rsuan	t to	NJA(	8:6	0-7 an	d 12:120	0-7	) Notificat	tion /	Chec	k #:	55	88	
Date of Notification	8 n (1)		Name	of	Buil	ding	Owner/	Operato	r (	2) ((=0)	<b>- I</b> ¥					*
0 9 1/12	7 /1 1 3	_1	Mon	tville	Tov	vnshi	p Publi	c Schoo	ols				_			-
Agencies Notified	Type Notifica	tion	Stre	et A	ddre	35					-7 AP	1 1:6	6			
(X)EPA	[X] Initial				Roa											-
(X) DEP	Notifica	tion	City	. St	ate,	Zip	Code	_								
(X) DOL	[ ]Amended Notifica	tion				0704	45			Telep			٠. ١			-
(X) DOH	[ ]Cancella	1	Name	of	Cont	act				Teleb	tione n	dinacr	d			
[X]DCA	[ ]Cancerra		Ste	ve To	oth, I	acilit	ties Ma	anager								
							FORMAT	ION			- (A)					
Name of Facility W	here Abatement	is Tal	king l	Place	e (3	7			Ty	pe of Facilit	/# 12°					
Montville Township	High School									[X]School []Subchar []Other ( cial bu	i.e.,	priva	mes.	etc	)	_
	٦.							- 1	50	uare Feet	of F	DOES	Bldg	90 90	je	
100 Horseneck Roa	<u>a</u>	County	(6)			Cour (STA	TE USE	Ge (7) E ONLY)		10,000   Irrent Use (Pr	fior i	bein	g der		shed	5
Montville, NJ 07045		Morris		XC/N	No		Name o	of Abate	\ V	acant of Contractor	(9)					-
Name of Monitoring Owner (8)	Firm Hired D	A RAILG	iing	ASU	. 110.											
AERO Environment	RO Environmental Services, Inc.					_	Four Stree	Strong B	ss	ders, Inc.						-
	reet Address 5 State Route 10 E Ste 220-306						180 S	argeant	Av	enue						
City, State, Zip	75 State Route 10 E Ste 220-306							State.								
Succasunna, NJ 07	876	Firm []	Teleph	one	Numi	er	Clifton	n, NJ 07	mbe	3-1935 r	-	Licens	se Nu	mber		
	or wontenand		973-2				973-6	314-0377	7			00807				
Mike Berta Scheduled Start D	ate (10)   Sch	red.Com	pletic	on Da	ate	(11)	Name	of OSHA	Мо	nitor						
0 8 / 1 9 / Day /	1 -	9 1/1.	0   6	1/11	13	1	Four	Strong E	Buil	ders, Inc.						
Occupancy Status	During Abateme	ent (Che	eck o	nly	one)			t Addre								
(X) Facility Clo	sed/Vacated D	aring E	ntire	Per	100		180 8	Sargeant State.	t A	/enue						
of Abatement []Abatement Pe Hours - Desc	rformed Outsi	de of N	ormal	Fac	1111	Y	City.	, State,	- 63	LP COUL						
[ ]Other - Desc	ribe:				<u> </u>	_	Clifto	n, NJ 07								
Scope of Work (Ch [ ]Demoli [X]>3 sf	tion	apply)	(X)	Reno	vati	on		[X]Min	ıi-l	Containment w Enclosure Dag Procedure riable Proced		gative	Pre	ssur	e	
1 72100 3				Is									Abat	emer	t Ty	rpe E
Asbestos Materi TO BE in Fa	ation of -Containing (al (ACM) E ABATED CILITY (13)		Nor Sc by ter Cus	mall sed lely Mair ance todi	Y n- e/ ial	i	Asbe Ma (i.e., nsulat	escripti stos-Con terial ( thermal ion. sun ther mis	nta (AC 1 s	ining M)	(Spe	unt cify or F)	REMOVAL	R E P A I R	NCAPSUL	N C I O S U R
			Yes	No	N/A		Diag	Inquilatio	on		8 LF		X		·	E
Girls Locker Roon	<u> </u>		-	X	-	EIDO	w Pipe	Insulation	On		1011					$\vdash$
						-			-		+					
			-	-		-			_		-		1			
Name of Register	ed Waste Haule	er	N.	JDEP aule	Was r ID	te No.	Cubic of Wa	Yards este		Name of Regis	tered	Landf	111			_
Four Strong Build	ers, Inc.		1	2609	9			N	_	G.R.O.W.S., I	nc.					
City. State							nrspo	sal Dat								
Clifton, NJ					9-2-1					Tullytown, PA			75	ate		
Completed By (Pr	int or Type)	Title			***			Signatu	rre	1						
Bilyana Kulakovs	ka	Office	Admir	nistra	ator			0	(	Jun	-/		19	/27/	13	

#### State of New Jersey

			NOT	TFICATI (Pursua	ION OF ant to NJ	ASBESTOS AB AC 8:60-7 and 12:1	ATEMENT 120-7)	To the	CEIM	neck #	72	95		
Date of Notification (1)	10/1/13	Nar Mo	ne of	Building of air Sta	Owner/O	operator (2) versity		77. gg	AM	L-1995	-202			
Agencies Notified [ ] EPA	Type of Notifica	No		ldress Il Aven	ue					1:6	5			_
[ ] DEP [X] DOL [X] DOH	Notification [] Emergency [] Amended Notification	y Up	per			J 07043		1						
[] DCA	A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A 150 A	Na		Contact	80			Telephone Num	1					
[] 55/	[] Cancellation	on Ar	ny F	erdina	nd				The state of					_
				F	ACILITY	INFORMATION								_
Name of Facility Where	e Abatement is T	aking Place	e (3)				Type of Fac	cility (4) chool (K-12)	X 22 5 21					
Stone Hall, Mont	tclair State U	Jniversit	y				Si	chool (K-12) abchapter 8 (Other ther (i.e. private and	than K-12) d commercia	al build	ling	s,		
Street Address								omes, etc.)			Ŭ			
1 Normal Avenu	е						Square Fee	et # of Floor		Bldg. A	ge			_
City (5)		County (	5)			nty Code (7)	20000	2		50				
Upper Montclair		Essex	ATE USE ONLY)	Current Us educationa	e (Prior if being der	molishea)								
Name of Monitoring Fi	rm Hired by Build	or (9)						_						
		lupiter En	vironmental S	ervices, l	nc.									
Street Address	reet Address Street Address													
7 Pleasant Hill R	Road						Lynn Co	urt			_			_
City, State, Zip Code						City, State, Zip C		ark, NJ 07035						
Cranford, NJ 08		T = 1		Miranhar		Telephone Numb		ark, 140 07 000	License	Numt	er		_	
Project Manager for M	onitoring Firm			Number -5858			973-709-0	0200			00	85	2	
Kevin Lovely Scheduled Start Date	(10) Sch	ned. Comple				Name of OSHA	Monitor							_
10/11/	1		15/1				J & S Env	rironmental La	boratorie	es, L	LC			
Occupancy Status Dur	ring Abatement (	g Entire Pe	riod o	f Abatem	ent	The state of the s	2333 Rout	e 22 W						
[x] Abatement P Desc [] Other – Desc		e oi Noima	Гасі	iity Flours		City, State, Zip C	<sup>Code</sup> Union, NJ	07083						
Scope of Work (Check	( all that apply)							Full Containment	with Negati	iva Dr	2001	ıra		
[] Demolition [x] ≥3 sf or ≥3 lf	CO 16			[X]	Renova	ation	[ ] [ ] [x]	Mini – Enclosure Glovebag Proced Non – Friable Pr	dure		5550			
[] ≥160 sf or ≥2	00 11	le le	Locat	ion						T	Aba	ten	nent	
		5200	nally l	2000 St. 100 B			ription of		A		Тур		E	E
Locatio			olely I	by ce/Cus			<ul> <li>Containing</li> <li>ial (ACM)</li> </ul>		Amount (Specify					N
Asbestos – C Material (	NO. 100. 100. 100. 100. 100. 100. 100. 10		I Staf			(i.e., ther	mal systems		SF or LF	)	M	P		C
TO BE AB	BATED						surfacing, VA				0	A	A P	L
In Faci (13)		Yes	No	N/A		or other in	iisociiaricous	<i>'</i>			Α	R	S	S
33. 7.							-		150 SF		X	+	U	U
Rooms 208 and 210	0		X		VAT				130 01		^	+		_
									T					
		-			-									
Name of Registered V	Vaste Hauler	NJ	DEP \	Naste 1	Cu	ibic Yards		Registered Landfil		300-20-374				
Jupiter Environn			uler II		Of	Waste 2	Minery	a Landfill						
74			04782		Die	sposal Date	City, Stat	te	1					
City, State Lincoln Park, No.						0/18/13		esburg, OH						
Completed By (Print o		Title				Signature /	1	/	Date					
Pane Renic		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	eral	Manac	ger	0/		e	10/	1/13				

General Manager

Pane Repic

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

NOCY.		(P	ursuan	nt to NJAC 8:60	and 12:12	20)	PENIC	****			
Date of Notification (1) October 3, 2013	3			Name of Building	g Owner/Ope John I	/ <b>^</b>	grat check	 	) ス	650	4
[ ] DEP [ x ] Amer	l Notifi	otification		Street Address  City, State, Zip C		Vetmore Dr	AM 1:	i, t,			
[x] DOH [] Emer		including		Name of Contact John		on Twp.,NJ 07005	elephone Number	573	-		
		WIELE CONTRACTOR	FAC	L CILITY INFORI	MATION	- :-		}			
Name of Facility Where Abatement is Taking Residence	g Place	(3)				Type of Facility (4)	School (k-12) Subchapter 8 (ctl	ner than	k-12)		
Street Address 246 Newark Ave.		ゴックイン ナシアション	たより	19 instead		[x]	Other (i.e., priva homes, etc.)	te & coi	nmerc	ial buil	dings,
City Lavallette	Cour	ity (6)		County Code (7) (STATE USE ON	LY)	Square feet 1300 sf Current Use (Prior if	# of Floors  1 heing demolished		. Age	8	
Lavanette	Oce	all				Residen	and the second section of the second section of the second section sec	,			
N/A	reet Address						(9) n Contracting,	Inc.			
Street Address					Street A		oute 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	iver, New Jers		755-12	271	
Project Manager for Monitoring Firm		Telephone l	Number	53		ne Number 9-9932	License N 00624				
Scheduled Start Date (10) 10/03/2013		10/07/20		ion Date (11)			. Analytical				
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate	d Durir	ng Entire Perio			Street A		elton Road				
Abatement Performed Other – Describe	Outside	of Normal Fa	acility H	lours	City, Sta	ate, Zip Code Piscatav	vay, New Jerse	ey 088	54		
Scope of Work (Check all that apply)					[ ]	Full Containment Mini-Enclosure	with Negative Pre	essure			
[ ] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[ ] [x]	Renova		[ ; [x]	Glovebag Procedu		Procedu	ıre		
			-	T				Ahatı	ement	Tyne	=
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)		Is Location Normally us Solely by htenance/Cus Staff (12)	ed	(i.	Description Shestos-Con Material (A e., thermal sulation, su VAT, o her miscell	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sid	ng		900 sf	X			
		1		110000000000000000000000000000000000000			7 7 7 7				
Name of Registered Waste Hauler		NJDEP Waste			ards of Was		red Landfill				
Guardian Contracting, Inc. City, State		20		sal Date	City, St					V	
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manage		Signature (	I lullyt	own Pennsylvania	1	Date 10/3	3/201:	3	

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

ic it init	)	NOTE	HCATH ursuai	ON OF at to N	ASBES JAC 8:	60 and 12	2:120)	17	ECEIVE	:0			
Date of Notification (1)	10-2-13			ne of B		Owner/Ope	erator (2)	/ C. 00 12 0	CE Z QM	1:LL			
gencies Notified	Type Notification		Str	eet Ado		2 CH	1017	ON P	0				1
EPA .	Initial Amended		- Cit	v. State	, Zip Co				NJ DY	1021	/		1
DEP DOL	Amendment #_	cluding				FLA	TND	EDS 9	Talan's	000	2	·,	-
DOH DCA	justification)  Cancellation		Na	me of (	Contact 2R10	2 PL	ACK	15				1	
				FACILI	TY INFO	RMATION	1	1/					_
ame of Facility Where	Abatement is Takin	g Place (3	3)				1 _	ype of Facility (4					
and divident							=	Subchapter 8	(Other than K-12)	2) Iai buildin	qs.		
treet Address	LIDGE F	IVE						homes, etc.)	HOWE		. Age		_
ity (5)			20	HE	,		1	Square Feet	# of Floors	Diag	5	2	_
ORTLEY	BEACH	NV.	08			) (STATE		Cumont Lies (Prin	or if being demol	ished)			
ounty (6)	DN .		r	USE Of	VLY)				ANT		-	=	=
V	m Hired by Building	Owner	AS	CM No	1	Name of	Abateme	nt Contractor (9)	S-BRICK	(/ND	./1	Ci	
B)					-	Street Ac	idress .	1 7	nail				
Street Address								TICK T	RAIL			===	=
City, State, Zip Code						City, Stat	e, Zip Co	WJ.	08724				=
Project Manager for N	Appitoring Firm	=	Telepl	none No	0.	Telephor		0 4.100	License No.	96			
Project Manager for to	•				(04)		-894 OSHAM		1000				_
Start Date (10) /O_	92 /2 Sch	eduled Co	ompletic	on Date 3	(11)	Mairie u	COISTIN					_	=
Occupancy Status D	ZJ -/J					Street A	ddress		•				
T = The Classific	cated During Entire I	Penod of	<b>ADSIGN</b>	ent		Chi Cha	ite, Zip Co	nde					=
Abstament Perfor	med Outside of Norn	USI Lacini	y Hours			City, Sta	16, 2p C						_
Other - Describe: Scope of Work (Che							TENE CON	esignment with Ne	egative Pressure				
	CK all that alphy)	□Re	novatio	an.			Mini-End	closure					
≥3 sf or ≥3 lf ≥160 sf or ≥260 l	f	₩ De	molition	1		-	Gloveba Non-Ex	ig Procedure empted (*) and N	on-Friable Proce	dure	bate		_
		İsl	ocatio	n						1	Ту		
	ion of	Used	ormaliy i Solely	by		Des	cription of	f terial (ACM)	Amount			m	
Ashestos-Contain	ing Material (ACM)		ntenani ustodia		ASDE (i.e	thornal	systems i	insulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Principle Supplements
IN Fa	ABATED actify		Staff? (12)			other m	ing, VAT iiscellane	ous)		oval	1	Walte	-
(1	3)	Yes	No	N/A		76						1 0	1
		+-	-	/	46	CANS	SITE		1.000	729/	1	_	4
SIDIN	6	-	-	-							-	-	4
		-	1							=+	+	╀	+
		=	1					) Name of De	egistered Landfill		بــ		_
Name of Registere	d Waste Hauler	1110		UDEP lauler, li	Waste O No.	of Wa	Yards ste	6	ROWS				
BRICK	MOUSTRIES			lauler II 216	02	Dieno	sal Date	City, State	200				=
City, State	k. New	LER	SET	/		10.	- 31 - h	3/0	i A	ha	-		=
Completed By	1	6 KUC				S	ignature	Mach		10 -	4.	_/.	_
Completed By	LACKIS		PRE	7			54	Ja Circ -					_



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						JU:-> 00-	TAMLE	2			
Date of Notification (1)					ling Owner/Operator		ENTER P	215	55		
Agencies Notified	Type Notification	n	$\dashv$	Street Addres							-
E EPA	[5] Initial	100			W. CLAN	100 1 pa	\$ 1400 Re	10			
	Amended		-	City, State, Zip						-	=
DOL	Amendment	#		City, State, 21	code ! !		- 00-	4			
	Emergency (		9 L		sa Horrs	02,10	1, 08212		_	. 1	
DOH	justification)		Г	Name of Cont	act		Telephone Num	ber	Was In	-	
□ DCA	☐ Cancellation			13	DRBARA					1	
			=	FACILITY II	NFORMATION						
Name of Facility Where	Abatement is Taki	ng Place	(3)			Type of Facility	(4)				
RF5	DENCE					School (K-1	2)				
Street Address							8 (Other than K-1)		<u></u>		
	- TH STA	ORT	1-1			Other (i.e., p homes, etc.	orivate & commerci )	200000	1700		
City (5)	ALTINE					Square Feet	# of Floors		dg. A とくく		
	761/05		=-	County Code	(7) (STATE		rior if being demoli			3.4	=-
Cotinty (6)	-ANTIC			USE ONLY)	(7) (STATE	01 20 30	ON +	sileu)			
Name of Monitoring Firm		Owner		SCM No.	Name of Ahatem	ent Contractor (9	CONTRACTOR AND AND AND AND AND AND AND AND AND AND				=
		Owner	1	WON HU.							
(8)	<u> </u>					FMCO I	w c .	_=		_	=
Street Address					Street Address	95,50	Pruce Au	•-			
					City, State, Zip C				_		=
City, State, Zip Code				2000			ADE, NIJ.	08	057		
Project Manager for Mon	itorina Firm		Telep	hone No.	Telephone No.		License No.				
N/	4		4		856-7	79-0473	2 0000	14			
Start Date (10)	I Sche	duled C	omoleti	on Date (11)	Name of OSHA N	Monitor					
10/21/13		10/2			^	//A					
Occupancy Status Durin	g Abatement (Che	ck only	one)		Street Address						2003
☐ Facility Closed/Vacate				ent							
Abatement Performed	Outside of Norma	al Facility	Hours	9	City, State, Zip C	ode					
Other - Describe:											
Scope of Work (Check a	I that apply)				C Full Con	tainment with Ne	gative Procesure				
	•	ПР	novatio		Mini-End		gauve riessure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			molition			g Procedure					
		123					on-Friable Procedu	re,			
· ·		ls L	ocation					F	bate		
* .			mally						Typ	e	
Location o			Solely		Description of	SC					
Asbestos-Containing M			tenano: stodial		stos Containing Mat		Amount (Specify	1		Ē	Ш
TO BE ABAT	ED ·	1 2000	taff?	(i.e	<ul> <li>thermal systems in surfacing, VAT,</li> </ul>		SF or LF)	en	Re	Sa l	JC/C
IN Facility (13)			(12)	1	other miscellaneo		Or Gr Er /	Remova	Repair	Encapsulate	Enclosure
(13)		<u> </u>		_				a	-	ate	e
SIDING		Yes	No	N/A				_		_	_
SIDING				<u> </u>	TRANSITE	·	17000	X			_
								7			
		$\vdash$	-	_				+-			
						TN= 45	atanad Landell				
Name of Registered Wast	te Hauler		2.000	DEP Waste	Cubic Yards	The second of the contract of the second of	stered Landfill				
KLEMCO	INC		- Hat	nter ID No. 7904	of Waste	1	UA -				_
City, State					Disposal Date	City, State			41	7.	
MARCE SHI	ODE NITI	OFO	50			1000	131 NTVIL	ريد	,00	~ :	
Completed By	Title	P. 258			Signature	1 10 .	Date	,, ,	12		
JOSEPHIL.	FRAN	O wir	YFR		- Josep	h Kuca	10/	4 /	/3		_



### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Purple of the NIAC 8-50 and 12:120)

1 # 2/20a	(	Pursi	uant to	NJAC 8:60	and 12	2:120)				RE	CFI	VE		
Date of Notification (1)				uilding Owne Private He		rator (2	)		201	 	7	\$ to	قرا	
Agencies Notified Type Notification	-	100000000000000000000000000000000000000	eet Addi	ress 52nd St.							7	AM I	: 4	3
EPA Initial Amended Amendment #				Zip Code each NJ 0	8008				Za.	=	EA.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	" j:	
DOH justification)  DCA Cancellation	uding	Na Bi	me of C	ontact					Teleph	none Nur	nbor			
			FACILI	TY INFORM	ATION	V				2				_
lame of Facility Where Abatement is Taking Pl Bill Rick Private Home	lace (3)					[	Sch	acility (4) nool (K-12 ochapter 8	) (Other	than K-1	2)			
Street Address 12 East 52nd St.				* <sub>N</sub>		I	Oth etc	er (i.e. pr	wate & c	commerci	ial buildi	ngs, h		1
City (5) Brant Beach NJ 08008							Square 1000 +		2		35			
County (6) Ocean		Co	ounty Co	ode (7) SE ONLY)		-	Home	Use (Prio			hed)			- 5
Name of Monitoring Firm Hired by Building Ow N/A	ner (8)		ASCM I	No.			f Abater	nent Cont	ractor (9	9)				
Street Address					- 1	T. 100 (17)	Address ox 329							
City, State, Zip Code							ate, Zip Berlin	Code NJ 080	91		200			277
Project Manager for Monitoring Firm		Te	elephon	e No.		Teleph	one No.		-1	License	No.			
	cheduled		oletion D	ate (11)	-+	Name o	of OSHA	Monitor						
10/10/10	0/18/13	LA CONTRACTO			_	Same	Address							_
Occupancy Status During Abatement (Check ( Facility Closed/Vacated During Entire Pe			ent											
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	Facility H	ours			- [	City, S	tate, Zip	Code	8					
Scope of Work (Check All That Apply)							1			<b>.</b> 41	D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic					Mini	Containm Enclosure ebag Pro	e cedure					
						×	Non	-Exempte	d (*) and	Non-Fri	able Pro	Abate		_
	Is L	ocatio	ខ្លុព		_								ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenan dial S (12)	y by nce/ staff?	,	s Conta nermal surface	scription aining N system cing, VA niscellar	Material of sinsulated and sinsulate	(ACM) ion,	(S	mount specify or LF)	Removal	Repair	Encapsulate	I de de de
Exterior Siding	Yes	No	N/A X		Exte	rior Si	ding		16	00 Sf	x	+		1
Exterior Siding														
						it.				-	-	-	-	+
Name of Registered Waste Hauler			JDEP V			Yards		SUMMORPH CONTRACTOR		ered Land	dfill			1
United Containers			lauler ID 2459		of Wa		- <b></b>	G.R.O						
City, State Elm NJ					10/18			City, Sta Morris		A 1906				
Completed by Anthony T Perna	Title Presid	dent				Signatu		2			10/4/	13		

V # 3/2	)	NOTII	Pursu	ant to N	JAC 8:60 an	d 12:120	)	REC	E	YED				٦
ate of Notification (1) 0/4/13	Type Notification  Initial Initial Amended Amendment # Emergency (incluing justification)  CA  Of Facility Where Abatement is Taking Place Address Outh Burgee Dr  Degg Harbor NJ 08087  (6) An Of Monitoring Firm Hired by Building Own Address State, Zip Code  Ct Manager for Monitoring Firm  Date (10)  S				ding Owner/0 es Private	Operator Home	(2)	roer -	-7_	AM 1: 6	<del>)</del>			4
gencies Notified	Type Notification			et Addre	ss Burgee Dr						٤.		A	
EPA DEP	Amended		City	State, 2	Zip Code Harbor NJ		- PA	á Lit	Ĕ¥.		-	11		
DOL DOH DCA	Emergency (inclination)	uding	Nar	ne of Co arie				14	-1					
DCA	Cancellation				Y INFORMAT	TION	T=	-115 (4)				-	_	-
Name of Facility Where A	Abatement is Taking P e Home	lace (3)						ool (K-12)	Other	than K-12)				
Street Address 13 South Burgee D	r						Othe etc.)	er (i.e. priva	# of F	commercial		s, ho		4
City (5)	11.08087						Square F 1000 +	.	1		35+			
County (6)			Co	unty Co	de (7) E ONLY)		Current U Home	Jse (Prior if	fbeing	demolished	d)			
	n Hired by Building Ov	vner (8)	1	ASCM N	lo.		ne of Abatem rnaco Inc	nent Contra	ctor (9	9)				
N/A Street Address							et Address Box 329					II II		
City, State, Zip Code						City	, State, Zip ( est Berlin	Code NJ 08091	1		V 5002			
Project Manager for Me	onitoring Firm		Te	elephone	No.	Tele 85	ephone No. 6-753-980	00		License No 00727				
Start Date (10)		Scheduled		oletion D	ate (11)	Nai	me of OSHA							
10/14/13		10/18/13					eet Address							
Facility Closed/V Abatement Perfo	acated During Entire P rmed Outside of Norm	eriod of Al	bateme	ent		Cit	y, State, Zip	Code						
Scope of Work (Check	All That Apply)	Garagement	enovat emoliti				Mini-	-Enclosure	edure	n Negative F			•	
	-						Non-	-Exempled	) ai	a rion rius		Abate	ment	
Asbestos-Contair TO BE In F	ing Material (ACM) ABATED acility	Use Ma	Location of the Location of Sole internal states of the Location of the Locati	ly by nce/	(i.e. the	Contain ermal sys	ption of ing Material stems insulat g, VAT, or cellaneous)	(ACM)	(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A		Extorio	r Siding		1	200 Sf	x			$\vdash$
Exteri	or Siding		-	×		Exterio	Julia							
											-	-		+
1				NJDEP V Hauler II 22459	No.	Cubic Ya of Waste		Name of G.R.O.		stered Landf	ill			
City, State						Disposa 10/18/		City, Sta Morris	ite ville l	PA 19067				
Completed by	es Private Home  ss Burgee Dr  Harbor NJ 08087  hitoring Firm Hired by Building Owner  ess  Zip Code  ager for Monitoring Firm  10) Sche 10/ Status During Abatement (Check Only Closed/Vacated During Entire Period ment Performed Outside of Normal Farence Containing Material (ACM)  TO BE ABATED In Facility (13)  Exterior Siding  Registered Waste Hauler  Containers  e			t		Sig	nature				Date 10/4/1	13		

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(1)C# (3)028				NJAC 8:60						FCI					
Date of Notification (1) 10/4/13		Na D	me of B or Haig	uilding Own Garjian F	er/Op Priva	perator ate Ho	(2) <i>]</i> me	E OKT	-7	AM 1:	61				
Agencies Notified Type Notification	<i>y</i>	1000000	reet Add	ress antic Ave	)		6860			O serving					
EPA   Initial   Amended   Amendment #		Cit	ty, State orth Be	, Zip Code each Hav	en N	1J 080	08	w	- 14.	4					
Emergency (ir justification)	cluding	1000	ame of C						Telep	hone Nu	mber				
DCA Cancellation		1	CONTRACTOR OF THE PARTY OF THE	TY INFORM	NATIO	ON						-			
Name of Facility Where Abatement is Taking Dr Haig Garjian Private Home	Place (3)						☐ Sch	Facility (4) nool (K-12)	ĺ		10)				
Street Address 1301 Atlantic Ave							Oth etc		vate &	commerc	cial build				
City (5) North Beach Haven NJ 08008							Square 1000 +	•	# of F		3	Sidg 5+	. Age		
County (6) Ocean			ounty C	ode (7) SE ONLY)		_	Home	Use (Prior	1		shed)				
Name of Monitoring Firm Hired by Building C	wner (8)		ASCM	No.		100000000000000000000000000000000000000	of Abater naco Inc	ment Cont	ractor (	9)					
Street Address						45.000000	t Address Box 329								
City, State, Zip Code		-			73,-10		State, Zip	Code NJ 0809	91						
Project Manager for Monitoring Firm		T	elephon	ne No.		21/0/11/09/20	hone No.	00		License 00727	No.				
Start Date (10)	Scheduled		pletion [	Date (11)			e of OSHA								
10/14/13	10/18/1				402		t Address								
Occupancy Status During Abatement (Check  Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	ent				State, Zip	: 	N.				*		
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		enovat emoliti					Mini	Containme -Enclosure rebag Prod -Exempted	edure			000	edure	ment	
	l N	Locati Iormall	ly		D	escripti	on of					, T	Ту		
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Mai	d Sole intenar todial S (12)	nce/	(i.e. t	os Co herma surf	ntaining al syste facing, \	Material ms insulat /AT, or laneous)	(ACM) tion,	(8	mount Specify or LF)	Kemoval		Repair	Encapsulate	Enclosure
E de la Continue	res	NO	X		Fyt	erior S	Siding		14	100 Sf	x	1			
Exterior Siding			<u>  ^</u>												
		0								775					
Name of Registered Waste Hauler United Containers		H	NJDEP V Hauler ID 2459			ic Yard Vaste	S	Name of G.R.O.		ered Lan	idtill				
City, State Elm NJ						oosal Da 18/13	ate	City, Sta Morris	te ville P	A 1906	57				
Completed by Anthony T Perna	Title Pres	ident	<u></u>			Signa	ture (				Date 10/4	/13	3		

RECEIVED State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) PINELANDS Street Address Type Notification Agencies Notified 300 M DOL Sinital 🔯 City, State, Zip Code Amended 08243 Amendment #\_ SEA Emergency (including elepholie Number justification)

Cancellation Name of Contact DOH DOA DUDITOI FIDUR FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) RESIDENCE Other (i.e., private & commercial buildings, Street Address homes, etc.) Bldg. Age Square Feet # of Floors City (5) Current Use (Prior if being demolished) County Code (7) (STATE County (6) USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hjred by Building Owner ASCM No. LEMED (8) Sueel Address Street Address 3695 SPRUCE DUE City, State, Zip Code 10805 City, State, Zip Code MOPLE icense No. Telephone No. Telephone No. Project Manager for Monitoring Firm

Scheduled Completion Date (11)

10/22

004

Date

10

PRULE AUG.

□ Status During Action     □ Facility Closed/Vacated During Entire     □ Abatement Performed Outside of Nom     □ Other - Describe:	Period of mail Facilit	Abates y Hour	ment rs	City, State, Zip Code  MAPLE, S		J. (	) 80	o 5
Scope of Work (Check all that apply)  ≥3 sf or ≥3 If ≥160 sf or ≥260 if	₩ 🔀 🗠	enovati emolitio	n	Full Containment with N Mini-Enclosure Glovebag Procedure Non-Exempted (*) and I		e A	balen	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mai	Location Loc	y by cæ/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Typ Repair	Encapsulate
SIDING	Yes	No	N/A X	TRANSITE	18000	×		
Name of Registered Waste Hauler  KLEMCO INC.			UDEP V	No. of Waste	egistered Landfill			<u></u>
City. State MARKE SIAA	DE	, N	, 5	PLEA	SANTUILE	<u>ر، ب</u>	<u>-</u>	=

856-779-0 Name of OSHA Monitor

369

Street Address

JOSEPH

Completed By

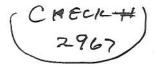
JOSEP

Start Date (10)

10/15/13

Occupancy Status During Abatement (Check only one)

Signature



						/图 - 〇〇つ -			_			
Date of Notification (1)	/3/13		Na		ng Owner/Operator		題1:40	•				
		The Carry of Congress of the										
Agencies Notified	Type Notification		St	Street Address								
D BPA	[X] Initial		-									
DEP DEP DEP DOL	Amended		Ci	ty. State, Zip	Code							
Ø DOF	Amendment a			SEA								
Поон	iustification)	COUITY .	N	ame of Conta	cl		Telephone Number	Telephone Number				
	Cancellation		, .	FRANK	100	) (				L		
	·			THE RESERVE OF THE PARTY OF THE								
				FACILITY IN	FORMATION	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	7.5					
Name of Facility Where	Abatement is Takir	g Place (3	)			Type of Facility						
RE	SIDERCO	<u> </u>				School (K-12	?) 8 (Other than K-12)					
Street Address >						Other (i.e. p	rivate & commercial	buildii	ngs,			
3	2 6075	570				homes, etc.)						
						Square Feet	# of Floors	BIO	g. Ag	e		
City (5) 5	GO ILLE	-178	-					1_		_		
	-		To	County Code	7) (STATE	Current Use (Pr	for if being demolish	ed)				
County (6) CAPE	MAY			ISE ONLY)		VA	CANT					
		O. mer	- I	CM No.	Name of Abater	ment Contractor (9	)		49.50	870		
Name of Monitoring Firm	Hired by Building	Owner	1	On 110.	1.1	FMCO IN						
(8)	//A		1-		Street Address	OM CO +-N	·NCI					
Street Address					Sueel Address	S,SPRUC	= 100.					
	W						- 2000					
City, State, Zip Code				- Control of the Cont	City, State, Zip	Code	- 11 7.	000	5-2	100		
CRY, State. 2p code					Mo	CC SHODE N.J. 08052						
Project Manager for Mo-	eilering Eirm		elepho	one No.	Telephone No. License No. 8-56-779-0472 00444							
Project Manager for Mo	istang i			71 -1 -00 CE VO	856-77	9-0472	007	7		=		
	I Cobo	duled Corr	odetion	Date (11)	Name of OSHA	Monitor SEPN KL						
Start Date (10)	//		EMM			_						
10/15/13		0/27			Street Address		1	V6.0		•		
Occupancy Status Durin	ng Abatement (Che	ck only on	ie)		369		LULE AUGA					
M Facility ClosedWara	ted During Entire P	eriod of AD	ateme	nı								
Abatement Performe	d Outside of Norma	al Facility h	tours		City, State, Zip	- C	IDDE N.	J. (	080	25		
Other - Describe:					1012	AVEC 3	4000	==				
Scope of Work (Check	all that apply)				The state of	ontainment with Ne	cative Pressure					
Scope of Work (Circon	GII G					nclosure	, 94414					
≥3 sf or ≥3 lf		vation		Clove	han Procedure							
≥3 st or ≥3 it ≥160 st or ≥260 if Demolit					Mon-E	xempted (*) and N	on-Friable Procedu		Abatement			
Is Local							1	Туре				
	5.	Nom	nally	nom I	Description	of		-				
Location	of	Used S Mainte	olely b	y Ache	stos Containing M	aterial (ACM)	Amount	_		En		
Asbestos-Containing	Material (ACM)	odial ·	lie	thermal systems	s insulation.	(Specify	Removal	Repair	3			
TO BE ABATED Staff?					surfacing, VA	T, or	SF or LF)	l ou	pai	USC		
IN Facilit	Ŋ	(1	2)		other miscellan	eous)		a l	7	Encapsulate		
(13)				N/A						1.50		
		Yes	No 1	3//			190016	X				
	10			X	PANSITE		18004	1	_	-		
51D1	NU	+							_	_		
							1					
								1				
							internal and dell					
	esta Hautler			EP Waste	Cubic Yards	Name of Reg	gistered Landfill					
Name of Registered Wa		120		ter ID No.	of Waste	C. N	1, C, M.V. A	1 ,				
KLOMCO	INC,			7904	Disposal Date	City, State		_				
City, State	C C	-	NI.	J	0.550.05.05.0	1 100	OF BINE	(, )	:	_		
MAPE	E SHA	1	10 '		1		Date	1	1			
Completed By	Tit		10		Signature	1. 160	m 101	3/	13	?		
JOSEPN )	( FAS M	V	15			7 1 7 - 2001						
JULETNI	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		7									

Check# 22305 RECEIVED

Date of Notification (1)							wner/Operator (2	) 700	90 ana	-8.	تميرو				
					Name of Building Owner/Operator (2)  New Jersey Turnpike Authority  New Jersey Turnpike Authority										
	Initial   Amended   Amendment #					Street Address 581 Main Street									
⊠ DEP						City, State, Zip Code									
□ DCA (NJAC 5:16)						Woodbridge N.I 08863									
☐ DHSS	DCA justification)						Name of Contact Telephone Number								
(NJAC 5:23-8)									1						
					FACI	LITY INF	ORMATION			49					
Name of Facility Where A	batement is Taki	ing Plac	e (3)	1000				Type of Facility	(4)						
Bridge Str. 55.10 ov						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)									
Street Address								<ul><li>☐ Subchapter</li><li>☑ Other (i.e., p.</li></ul>	8 (Other than K rivate & comm	(-12) ercial bu	ilding	gs,			
Bordentown-Cheste	Bordentown-Chesterfield Road (CR 528)								)						
City (5)								Square Feet	# of Floors	1		. Age			
Chesterfield								20,000		- Paland	50	+		$\dashv$	
County (6)	1909 <u> </u>			County Code (7)(5			7)(STATE USE ONLY) Current Use (Prior if being demolished				)				
Burlington								Road	· · · · · · · · · · · · · · · · · · ·	-,	-			-	
Name of Monitoring Firm		g Owne	r (8)	A	SCM N	2000	Name of Abatement Contractor (9)								
Envirovision Consu	ıltants, Inc				0079	55.10	Diamond Huntbach Construction Corporation								
Street Address							Street Address								
20-21 Wagaraw Rd.	Bldg. 34 A						500 East Luzerne Street								
City, State, Zip Code							City, State, Zip Code Philadelphia, PA 19124								
Fairlawn, NJ 07410			1+	1	N	_	Telephone No.	, FA 13124	License No	0.					
Project Manager for Mon	itoring Firm				hone N		215-739-8166 00646								
Mark Stern 973-636-9145 Start Date (10) Scheduled Completion Date (11							Name of OSHA		1			-			
Start Date (10) 10 / 03 /		10			/ /	- ()	SAME AS A								
					= ^=		Street Address								
Occupancy Status During			ent		Street Address										
☐ Facility Closed/Vacated During Entire Period of Aba ☐ Abatement Performed Outside of Normal Facility H					- Desc	cribe	City, State, Zip C	ode							
Time of Abatement: 7	AM-4PM/6PM-9	<u>6</u> AM													
Scope of Work (Check a	Il that apply)		-				D= #6		anetivo Procesu	ra					
28 (6		П	Renov	☐ Full Containment with Negative Pressure  vation ☐ Mini-Enclosure											
≥3 sf or ≥3 lf       ☐ Renov         ≥ 160 sf or ≥260 lf       ☑ Demo							☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure								
					on		⊠ Non-Ex	empted (*) and r	Non-Friable Pio	Cedule	Aha	teme	ent Ty	/pe	
Location of Location					ly		Description	of		-					
Asbestos-Containing			Jsed S			Asbes	stos Containing M	laterial (ACM)	Amoun	ıt .	Rem	Repair	nc	ncl	
TO BE ABATED Custod						(i.e., ther	rmal systems insu VAT, or	llation, surfacing	(Specif SF or LI	F)	Removal	a:	apsu	Enclosure	
IN Faci		-		12)			other miscellan	eous)	383 111		=		Encapsulate	9	
		Ye	es N	40	N/A						_	_	_		
Underground by brid	dge abutment	:   🗆				Transite	e Conduit Pipe		250 LI	F	$\boxtimes$		Ц		
				]											
				7	$\Box$										
					12.							П	П	П	
	1		Masta	Cubic Yards of	Name of Po	gistered Landfi	10 pag - 10 pag 10								
Name of Registered Waste Hauler						Waste D No.	Waste	Grows L							
Freehold Cartage		02265 3 cy									-				
City, State				Disposal Date	City, State	ıllytown, Pa									
Freehold, NJ							10/30/13	NORTH 1	inytown, ra	7 Data					
Completed By (Print or	Type)	Title					Signature	111.	1 ATA	Date	1	100	1/	12	
Charles F. Imbimb	0	Proj	ect M	lan	ager		In	US 10	1 191	/	4	0 2	7	$\underline{\mathcal{L}}$	

### State of New Jersey - Notification of Asbestos Abatement

(V#105	Flo		(Pursu	ant to <u>N.J.A.C</u> .	8:60-7 and 12:120-7)		REC	EIVE	D				
Date of Notification (1) October 3			Name of Building Owner/Operator (2)  Andrea Kelly  Street Address										
Agencies Notified	, 2013	Notification Initia	Type al Notifi	ication	Street Address 137 Washington Avenue								
X EPA	Amende			City, State, Zip Code	Olius -	face to		Ş. 4.					
DCA	□ Emerge			Morristown, NJ									
x DOL	justific		lorading	Name of Contact		Telephone	Number						
X DEP x DOH	☐ Cancel			Andrea Kelly									
X DON			1100000000	FACILITY INF	ORMATION			*					
Name of Facility Where Abate	ment is Tak	ting Place (3)			Type of Facility (4)								
Residence				7	School (K-12)								
Street Address					☐ Subchapter 8 (other than K-12)  ☐ Other (i.e. private & commercial buildings, homes, etc.)								
137 Washington Aver	nue				Sq. Feet: Unknown				years				
City (5)	County (6)		County	Code (7)	Sq. reet. Officiowii	# 011 1001	5. 2 <u>Diag.</u>	<u>/ igo.</u>	, 04.0				
Morristown	Morris		(State Use Only)		Current Use (prior if being demolished):								
Name of Monitoring Firm Hire	d by Bldg. C	Owner (8)	ASCM	No.	Name of Contractor (9)								
<b>EnviroVision Cons</b>	inc.	0007	9	CREENINGOD A PATEMENT CONSULTANTS INC									
Street Address			GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address										
20-21 Wagaraw Road	. Blda #	34A											
					268 MAIN STREET								
City, State, Zip Code			City State, ZipCode										
Fairlawn, NJ 07410 Project Manager for Monitorin	a Eirm	Telephone N	lumber		Butler, NJ 07405  Telephone Number License Number								
Fred Larson	973-636-	2007		973-492-0477		00840							
Scheduled Start Date (10) Sche			Completio	n Date (11)	Name of OSHA Monitor								
October 16, 2013		October			F3401 1								
And the second s					EMSL inc.								
Occupancy Status During A Facility Closed/Vacate			mont	Street Address									
Abatement Performed					1056 Stelton Road								
Describe			,		City, State, Zip Code								
Other - Describe: Day Shift					Piscataway, NJ 08854								
0 (11/1/0) 1 11/1													
Source of Work (Check all that	it apply)					Full Contain	ment with N	egative Pres	sure				
≥ 3 sf or ≥ 3 l	f			Renovation									
□≥ 160 sf or ≥ 2				Demolition		xGlovebag							
			Garage Control					Non-Friable F		dure			
Location of Asbestos-Containing Is Location Normally Used Description of Asmaterial (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. then					pestos Containing Material nal systems insulation, surfaci	ng, (Specif		tement Type					
Material (ACM) in Facility (13)	f? (12)	ustouiai	VAT, or other mis		or LF)	or LF) Remove Repair E			Enclose				
YE			NA	VI. VI. VI. VI. VI. VI. VI. VI. VI. VI.	NATURAL STATES					Indiddo			
Basement			X	TSI		180 L	.F 🛛 🗵						
Name of Reg. Waste Hauler		NJDEP Was		rID#	Cubic Yards of Waste:			egistered Lan	dfill				
See Hauler Below # 1 &	2	See Belov	V		3		Meadowfill Landfill						
							G.R.O.W Minerva						
Hauler #1) Greenwood	Abatama	nt Concult	ante In	c - Butler N I	7405	Disposal Da		City, State	2				
NJ DEP # 12			anto, ili	c. – Duller, NJ	October 19, 2013 Route 2,			Route 2, E	3ox 68				
Hauler #2) Newark Cart			04509.	NJ DEP # 19551				Bridgeport 304-842-2		ě.			
Hauler # 3) Tri State-Bro			00,012-2										

Signature Maria Graure 9000 Minerva Road Waynesburg, OH

October 3,2013

Marin Graure

Completed by (Print or Type)

Title
SENIOR PROJECT

MANAGER