

70.		(Pur	suant to	NJAC 8:60	and 12:120)	ck.	2月2	har.				
Date of Notification (1) 10/17/12	W/42			Building Owner		(2)	201	200-	VE/	E)		
Agencies Notified Type Notification		1 1 2 3	treet Add					רטנן	22 AF	1 8: 1	Ĝ a		
EPA Initial Amended Amendment #	ı t	C	ity, State	e, Zip Code y NJ 0800	8		- ⁶ ত টু	EST LII	OS COM	TRO	1		
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	1000	ame of 0	Contact	10			Tele	phone Nuiv	nger	•		
			FACIL	ITY INFORM	IATION								
Name of Facility Where Abatement is Taking Jeff Seddon / Residence	Place (3)	,					of Facility (4 School (K-12	2)					
Street Address 266 10th ST		it		*		X C	Subchapter of the poster of th	rivate &	commercia	al buildi			3,
City (5) Surf City NJ 08008				-		1000		2	Floors	35	ig. Ag	е	
County (6) Ocean			County C	ode (7) SE ONLY)			nt Use (Prio dence	r if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building On N/A	wner (8)		ASCM	No.		of Abat	ement Con	tractor	(9)				
Street Address						t Addres Box 32			¥				
City, State, Zip Code						State, Zi st Berli	p Code n NJ 080	91	-11				
Project Manager for Monitoring Firm	a	T	Telephon	ne No.		hone No -753-9			License N 00727	lo.			
Ctail Date ()	Schedule		pletion [Date (11)	Name San		A Monitor						
Occupancy Status During Abatement (Check					Stree	t Addres	ss						
Facility Closed/Vacated During Entire Pond Abatement Performed Outside of Normal Other – Describe:	eriod of A	Abatem	ent		City,	State, Z	ip Code						
Scope of Work (Check All That Apply)													13. 15
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Exterior Siding						3	100 SF	x					
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	-	-	-			#=== =			=2709		Г		
Name of Registered Waste Hauler			I IJDEP V lauler ID	No.	Cubic Yards of Waste		Name of		ered Landf	ill	1		
United Containers		2	2459		1 Disposal Da	ito	City, Sta						
City, State Elm NJ					Disposal Da 11/6/12	ii.C			A 19067				
Completed by Anthony T Perna	Title President									Date 10/17/	12		

CK-995

Date of Notification (1) 08/02/2011		Name of	Building Own	ner/Operator	HOMES	LLC.	F	PE	0F	14
Agencies Notified Type Notification		Street A	idress 7	<i>Q</i>	204 / 6	US 57. 2	1120	200		
EPA Initial Amended Amendment #			te, Zip Code	Man	OFF TOU	NE ST. E	30	フラ	22	411 8
DOH justification)		Name of	Contact			Telephone Num				111
DCA Cancellation			LITY INFOR			- I there is not a				
lame of Facility Where Abatement is Taking	Place (3)				Type of Facility	(4)				
PRIVATE Street Address 270 LAMBERT	Deiv				Other (i.e.	12) r 8 (Other than K-12 private & commercia	!) al build	lings, l	home	s,
ity (5) PRINCETON	NJ	-			Square Feet 2500	# of Floors	1	dg. A		
County (6)		County (Code (7) USE ONLY)		Current Use (Pri	ior if being demolish	ed)			
lame of Monitoring Firm Hired by Building O	wner (8)	ASCN		1 2010 1700 30000	of Abatement Co					\neg
BIOTERRA SOLUT	iew				RON QUALIT	Y CO LLC				
Street Address 190-194 East Kinn	/		18	22-	VAN ORDEN	PL ·				
City, State, Zip Codes Newarfe. NJ. E	7/05	-			State, Zip Code CKENSACK					
Project Manager for Monitoring Firm		Telepho	ne No.		hone No. -708-4270	License N 01135	0.			
	Scheduled (Date (11) ・シ/フ _		of OSHA Monitor					
Occupancy Status During Abatement (Check	Only One)			Stree	Address her	ty Stre	0+			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba at Facility Ho	tement ours				n, N.J.C				\neg
Scope of Work (Check All That Apply)					CI O.COIC	.,,,,,		1)		\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		ovation edition			Mini-Endosur Glovebag Pro	cedure				
	τ				Non-Exempte	ed (*) and Non-Friab		Abate		\dashv
	100,000,000	cation mally	122	Description	- of				pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte & Custodi	iolely by enance/ al Staff? (2)	(i.e. the		Material (ACM) ns insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Dascment.	>	4			etile.		+			_
	-		9×9	<u> </u>			-			
Name of Registered Waste Hauler		NJDEP V Hauler ID		Cubic Yards		Registered Landfill				
Sharon quality co.		003	699)		- STATE.	S€	RU	CE	١. ک
city, State Hackensack N.J. C			Disposal Date 0-29	1 0	ote N.Y.	10	47	1		
Completed by	ine	Y MANA		Signatu		Olf De	ite ケー/	7-	20	2/2
CARLOS ESQUIVEL	SAFET	Y MANA	GER	*Dor	not use this form for	or asbestos licensum				



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Date of Notification (1) 10/17/12		э			Building Ov Peraria /			(2)	7812	00>	-1 V	ED			
Agencies Notified	Type Notification		1000	treet Ad West	dress 77th St				4	0012	22 AM	8: 6	1		
EPA DEP DOL	☐ Amended Amendment # Emergency (in	cluding	_ F	Harvey	e, Zip Code Cedars		3008		ি ১৪ ৪	STO	S CON	ROL			
DOH DCA	justification) Cancellation	cidding	1	Scott	Contact					Tele	phone Nu	hber			
None of Facility (Africa)	Ab stoment in Taking	Diago (2)		FACIL	ITY INFOR	MATI	ON	Type	of Facility (4	1					
Name of Facility Where Scott Peraria / Res		Place (3)			-				School (K-1: Subchapter	2)	or than K.11	2 \			
Street Address 9 West 77th St	W		10		-			×	Other (i.e. p etc.)	rivate 8	commerci	al build			s,
City (5) Harvey Cedars NJ	08008				-			Squa 1000	re Feet 0+	# of 2	Floors		dg. A 5+	ge	
County (6) Ocean				County C	ode (7) SE ONLY)				ent Use (Prid idence	or if bei	ng demolisi	ned)			
Name of Monitoring Firm	n Hired by Building Ov	wner (8)	1	ASCM	No.			of Aba	itement Con	tractor	(9)				
Street Address								Addres							
City, State, Zip Code							4.000		ip Code in NJ 080	91					
Project Manager for Mo	Project Manager for Monitoring Firm						\$200 BOOK 500	hone N 753-9			License N	lo.	100		
Start Date (10) 10/31/12		pletion [Date (11)			of OSI	HA Monitor								
Occupancy Status Durin		11/6/12						Addre	SS			-			
Facility Closed/Vac	cated During Entire Pened Outside of Norma	eriod of A	batem	ent		_	City, S	State, Z	ip Code	**					
Scope of Work (Check	All That Apply)														
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United Containers						of Wa			G.R.O.						
City, State Elm NJ						11/6	en i vanovasa		City, Sta Morris		A 19067				
Completed by Anthony T Perna	Completed by Title						Signatu	re				ate 0/17/	12		

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Date of Notification (1) 10/17/12	10/17/12					wner/esider	Operator nce		201	2 01	DT 22		Britis	IJ		
Agencies Notified EPA DEP DOL	Type Notification Initial Amended		2		idress st 83rd S e, Zip Cod				&5;		103 1CEM	AM	8	: 0()	
X DOL	Amendment				Beach N		08			& [-ICEN	SIN	S	KUL		
DOH DCA	Emergency (justification)	including			Contact					Tele	phone N	umber		0.		
☐ DCA	Cancellation			Leo	ITY INFO	DMAT	ION			-						
Name of Facility Where A		Place (3)°		FACIL	III INFO	KWIAI	ION	-	f Facility (4)		3-190		-			
Street Address					(te _i)			T S	chool (K-12) ubchapter 8 ther (i.e. priv	(Othe	er than K	-12) rcial bu	ildii	nas.	nome	s.
21 West 83rd St.									tc.)		Floors			lg. A		
City (5) Brant Beach NJ 080	008				(=).	·		1000-	+	1.5			35	200		
County (6) Ocean				STATE U	Code (7) ISE ONLY)	£			t Use (Prior dence	if beir	ng demol	ished)				
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.		10010	of Abate aco In	ement Contra C	actor	(9)					
Street Address								Address 30x 32	10	71 MH 11100	<u> </u>	84	-6.787			
City, State, Zip Code							100000	State, Zip t Berlir	Code NJ 0809	1						
Project Manager for Mon	roject Manager for Monitoring Firm							none No 753-98			License 00727					
Start Date (10) 10/31/12	Com	pletion [Date (11)		Name Sam		A Monitor									
Occupancy Status During	g Abatement (Chec	k Only One	:)				Street	Addres	S							
Facility Closed/Vaca Abatement Perform Other – Describe:							City, S	State, Zip	Code	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Scope of Work (Check A	II That Apply)						-									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enovat emoliti			*8		Mini Glo	Containmen i-Enclosure vebag Proce i-Exempted (dure	27				•	
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Location		N	ormall Solel	y			escription			820	A 69	-	Т	Ту	pe	
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Exterior S	Siding	100	110	10/4		Ext	erior Si	ding		17	00 SF	x	+			
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			11802													
Name of Registered Was	oto Univisa		LA	JDEP W	laste	Cul	c Yards		Name of Re	agista	red Land	1611				
United Containers Hauler 22459						of W			G.R.O.W		acu Lail	41111				
City, State Elm NJ						Disp 11/6	osal Date	•	City, State Morrisvill	le PA	A 19067	7				
Completed by	Title						Signatur					Date				
Anthony T Perna							(k	-	Planting Conf. 14			10/17	//1:	2		

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Agencies Notified Type Hotification		Svee	Address			22.12	AM 7:59
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DON Emergency (incl.	luding .		of Contact	A	1	electrona Number (AL OF
Cancellation		-		BREUN	10		= -}
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County (6) CAGE MAY	W081	I ASCH		Hame of Abater	meni Convedor (9)		
are of Marilang Firm Hired by Building O.	H1191			KLEM			
Street Address		1	-	Sueel Address	S. SPRUC	E AVE.	
				Ciry, State, Zip	Code	. ~	حد ما کان
City State, Up Code	_			MAI	OLE SHAD	License No	•
Project Hanager for Monitoring Firm	۲٫۱	nargele	No.	Yelephone No.	79-0472	0044	1
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2a Date (10)	110	1/2		JOSE	PKHLEM	7-1	
Occupancy Status During Abatement (Chec				Sueel Address	Spruce	:1 いき・	
- Addressed Dunne Engle Pe	HOO OF THE	• • • • • • • • • • • • • • • • • • • •		City, State, App	Code		
Tabalement Performed Outside of Normal	Facility h	Hours		M DA	Code SHADE	=, N, 3, 0	8052
Other - Describe:					containment with Ne		
Scope of Work (Check all that apply)		ioo	16	Mini-	Enclosure		
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	لسك	THO	EP Wasse	. Cubic Yards	Name of Re	gistered Landrill	1. A.
Name of Registered Waste Hauler	•	Hau	904	01 H 35			
KEEMCO INC.				0'500 50 0	City, State	DRINEL	ひ, シ・

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

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120)

Check# 7994
RECEIVED

Date of Notification (1)		-	Name	of Building Own	ari/Onomio	- (2)					Les &	<i>J</i>
8/7/12		1	7	AIMA	063	SEE SEE		BIZACT	23			
Agencies Notified Type Notification			Street /	Address	7 6 2	- 302		2 (001	22	AF.	1:	58
□ EPA □ Initial			20	DO DE	EVOK	I AVE E, IL	· · · · · · · · · · · · · · · · · · ·	513 er	00			,T.,
X DEP Amended	2	I	City, St	ate, Zip Code				811	10	اللا	HR	OL-
Amendment Emergency (BE	NSENI	ILL	E. 12	60	106"	CN	SIA	G	,
DOH justification)	n renemi (A	ſ		a maintainer			Tel	eahone Nun	nher			
DCA Cancellation				2. MIL		26						
Name of Facility Where Abatement is Taking	Diane /	23	FAC	ILITY INFORM	ATION	T =		-				-
TALMADGE SCE	1. 1000 (-7				Type of Facility	(4)					
Street Address						School (K-		er than K-12	0			
44 TALMADGE 1	ZOAD	7	E.			Other (i.e.	private i	er man K-12 Licommercia) al buil	dinas	. hom	es.
City (5)						etc.)						
EDISON						230, 000		Floors	18	aldg. /		
County (6)			County	Code (7)		Current Use (Pr		on domellab		<u>S</u>		
MIDDLESEX			(STATE	USE ONLY)		VACAN	ioi ii bei T	ng demoksn A P. F. Will	20) 25 F	10	FFI	CF
Name of Monitoring Firm Hired by Building C	wner (8)		ASCI	M No.	Name	of Abatement Co						
		\$33				fac Contractin		(0)				
Street Address					Street	Address		****				
				managarian a	105	Lowell Road						
City, State, Zip Code		10.000				itate, Zip Code						
					Gler	Rock, N.J. 0	7452					8
Project Manager for Monitoring Firm			Telepho	ne No.		none No.		License No).	-		
Start Date (10)	.					-262-5841		00156				
Statt Case (19/0/8/12	Scheduk	ed Cor	29/	Date (11)		of OSHA Monitor						100
Occupancy Status During Abatement (Check	Only On	0/0	7//	/ 04		ega Environm	ental S	ervices in	C.			<u> </u>
	-	•				Address	41933770					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	eriod of A	Abaten	nent			Huyler Street				200000000000000000000000000000000000000		
Other - Describe:	ar cacanty	Tious	•			tate, Zip Code kensack, NJ 0	7000				28732	
Scope of Work (Check All That Apply)					reac	Kerisack, NJ (1000					
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2160 sf or ≥260 lf		emolit		2	2	Full Containm Mini-Enclosur	ent with	Negative Pr	essu	re		
50 N					Ž.	Glovebag Pro	cedure					
	Τ.				<u> </u>	Non-Exempte	d (") and	Non-Friable		0.72		
Location of		Locati Iormali								Abate	ment pe	
Asbestos-Containing Material (ACM)	Use	d Sole	ly by	Ashastas C	Description	of laterial (ACM)	1		-	,,	he	\neg
TO BE ABATED		intenar odial S		(i.e. them	nuauung w ial systems	insulation.	170.00	nount pecify	20		gr	m
In Facility (13)	0000	(12)	JUGUII F	sui	facing, VA	T. or		or LF)	Remova	Repair	cap	nclo
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Name of Registered Weste Hauler	$\perp \perp$	TAI	JDEP W	nede la	- 52							
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		2	0785		50	IESI P	A Beth	lehem Lar	ndfill	Con	p.	
City, State Riverdale, New Jersey 07457				Disp	osal Date	City, Stat						\dashv
				δ	130/12	Bethlel	hem, P	A 18015			12	
Completed by R. McDoriald	Title	dors			Signature	mell	11	Date	}	1. 1		
I C INCOMINE	Presi	uent		34 1	IN	Miland	0	/	0/	17/	i2	-

Check # 7994
RECEIVED

Date of Notification (1)		7	Name o	f Building Ov	vner/Operator	r (2)	255	21C # 35.	1200	Tan		1 7:
8 / 7 / 1 2 Agencies Notified Type Notification			Street A	4LM	ANGE	<u> </u>	SGE,	LLC		1 44	Al	17:
	t		20	00 D	EVOL	1	AVE	# 35.	BEST	Tos	$\Gamma \alpha$.	
DEP Amended	2,	ı	City, Sta	ate, Zip Code	1	_		· · · · · · ·	& LI	CER	SIN	TRE
DOL Amendment Emergency		- [VILL	E,	11	60106			u i il	6
DOH justification) Cancellation			Name o	T Contact	LLBER			Telephone N	lumber			
Cancellation				LITY INFOR						. WILLIAM		
Name of Facility Where Abatement is Takin	g Place (3	3)		LITT ME ON	WATTON	Туре	of Facility (4	-)				\neg
TALMADGE SGE Street Address							School (K-12	2)				1
44 TALMADEE 1	ROAD	,					Subchapter (Other (i.e. pr	8 (Other than K ivate & comme	-12) rcial bu	ildings	, home	es,
City (5)							etc.) re Feet	# of Floors		Bldg. A	100	\dashv
EDISON						200	0.000	/		ح کی		
County (6)		T	County	Code (7)		Curre	nt Use (Prior	r if being demol	ished)	,		-
MIDDLESEX				USE ONLY)				WAREA	tous	E/0	FFI	CE
Name of Monitoring Firm Hired by Building (Owner (8)		ASCI	/I No.			tement Cont ontracting					
Street Address						t Addres						\neg
City, State, Zip Code				•		AVAILABLE OF THE	Il Road					
only, outer, sup oute							ip Code K, N.J. 074	152				
Project Manager for Monitoring Firm							o. 5841	License 00156				\neg
Start Date (19)	ed Co	mpletjon,	Date (11)			A Monitor						
1/0/8/12	/	1	29/	12	Om	ega Eı	nvironmer	ntal Services	Inc.			.
Occupancy Status During Abatement (Chec	A	•				Addres	0.000			***************************************		
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	Period of	Abater	nent				r Street					
Other - Describe:	ear r acinty	rious					p Code ick, NJ 07	606				
Scope of Work (Check All That Apply)												-
23 sf or ≥3 lf	⊠ F	Renova	ation		2	S Ful	l Containme	nt with Negative	e Press	ure		
≥160 sf or ≥260 if		Demoli	tion		. 5	Min	il-Enclosure	_				
				,		No		(°) and Non-Fri	able Pr	ocedu	re	
	9	Local									emen	
Location of Asbestos-Containing Material (ACM)		Norma ed Sole			Description			- T	-	T 13	/pe	\vdash
TO BE ABATED		intena todial	ince/ Staff?	(i.e. th	Containing I ermal system	viatenai is insula	(ACM)	Amount (Specify	20	-	E	m
In Facility (13)	000	(12)			surfacing, VA ther miscella			SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	-		,			3	7	late	ure
OFFICE AREAS			×	VAT	+ M	ASTI	c	43.716	SF X	+		H
OFFICE / WAREHOUSE			X		PIPE			8,800	-	1	1	H
OFFICE WAREHOUSE		X	Ou	CT INS	sula	TION	200		1			
										1		
Name of Registered Waste Hauler			NJDEP W		Cubic Yards of Waste			legistered Land			-	
Rovic Transport	25 <u>2</u> 000		20785		50		IESI PA	Bethlehem	Landf	ill Co	p.	
City, State Riverdale, New Jersey 07457				ı	Sisposal Date		City, State Bethleh	em, PA 180°	15		-	\neg
Completed by	Title				Signatur				Date	7	i	\dashv
R. McDonald	ident	t	-	1	////	Jonal	1	10	5	12		

CK 1134

Date of Notification (1		042	-			ng Owner / 0	Operator		P	CE/I	100	Bras.		
Agencies Notified	Type Notific				Bank et Address				1120)0~)		1100
□EPA □DEP	EMERGE			1700	0 Horizon	ı Way		A	58ES	CT 22 AM	6:	38		
⊠DOL		al			State & Zi			-	& L	ICE CON	TPO			
⊠ рон		ended endment #	ŧ	Mt. L	aurel, NJ	08054				CHSING	3 110	L.		
DCA	19704000	ncellation		Name	e of Conta	ct				Te	lepho	ne N	umb	er
				Ron	Nardone					-			2	
				FA	CILITY	INFORM	ATION							
Name of Facility Whe TD Bank	re Abatemen	t is Taking	Place (3)			Тур	e of Fac Schoo	cility (4) ol (K-12)						
Street Address								apter 8 (Other than						
17000 Horizon Way							Other	(i.e., private & c					etc.))
City (5)					13	Sqt	uare ree 50,0		ors 2	Bid	g. Age	9 50		
Mt. Laurel							rent Use	e (Prior if being den	nolishe	d)				
County (6) Burlington			County Cod USE ONLY											
Name of Monitoring F	irm Hired by	Building O	wner (8)		ASCM			patement Contracto	r (9)	****				
EFI Global Street Address							et Addr							
187 Ballardvale Stre						829	Radio I	Road						
City, State & Zip Code Wilmington, MA 018								& Zip Code Harbor, NJ 08087						
Project Manager for M		m		elephone			ephone i			License Num	ber	5052		
Sean Cassidy Scheduled Start Date	(10)	Schodule	97 ed Complet	8-688-37			-296-69				0081	7		
October 27,		Scriedule		er 29 , 2			ne or Os natech, I	SHA Monitor nc.						
Occupancy Status Du Facility Close	ring Abateme ed/Vacated D	ent (Check uring Entir	only one) e Period of	Abateme	ent	Stre	et Addre Radio I	ess						
Abatement P	erformed Ou	tside of No	rmal Hour	s		City	, State 8	& Zip Code						
Other – Desc		Ahatement				Litt	le Egg H	larbor, NJ 08087						
Scope of Work (Check									-					
≥10 LF or ≥ 25 : ≥160 sf or ≥260) If			Renovat Demolition	on			Full Containment Mini-Enclosure Glovebag Procect Non-Exempted(*	dure			re		
Loca Asbestos-Contail	ation of ning Material	(ACM)			ally Used nance or		Descrip	otion of Containing	Ame	ount (Specify	Ab	atem	ent 7	Туре
TO BE	ABATED	,		dial Staf			Material	(ACM)		SF or LF)			****	
	acility 13)							al systems rfacing, VAT	1				ū	_
								cellaneous)			Rem	Repair	cap	Ö
			Yes	No	N/A						Removal	oair	Encapsulate	Enclosure
Exterior: Foundation	Х	-		Waterpr	roofing	<u> </u>	1800 SF	V			Ļ_			
							Trutorpi	coming		1000 3F	X			
Name of Registered W	aste Hauler		NJDEP V		Cubic Y	ards of Was	ste	Name of Registe	red La	ndfill				
Synatech, Inc. Hauler ID No. 27429					3			Grows Landfill						
City, State					Disposa	al Date		City, State				15-7-00-	200	
Little Egg Harbor, NJ	08087				Octobe	r 30, 2012		Morrisville, PA						
Completed By	14	Title		1	Signatu		() 1		ate	=			_	
John Mezzina		Vice Pre	esident	2	100	are C	llor	_	Octobe	r 18, 2012				

Date of Notification (1) October 17,2012				Building C				AM 6:	38	Check	# 50)74			
Agencies Notified Type Notification		S	Street Ac	idress											
EPA Initial Amended Amendment #		_ 0	city, Stat Atlantic	e, Zip Coo	de 4	ამES 01&	LICE	CONTI NSING	\UL.	\					
Emergency (in justification) DCA Emergency (in justification) Cancellation	cluding	N		Contact					Tele	ephone N	Numb	er	_		
	DI (0)		FACIL	ITY INFO	RMATI	ON	Tunn	of Facility (4)				-		100 55 1
Name of Facility Where Abatement is Taking New Jersey Ave School Street Address	Place (3)						X S	of Facility (School (K-1 Subchapter	2) 8 (Othe						
35 North New Jersey Ave								Other (i.e. p etc.)			ercial				s,
City (5) Atlantic City							25,00		3	f Floors		75	dg. A	ge	
County (6) Atlantic	a second	6	County C	ode (7) ISE ONLY)			Scho	nt Use (Prid ool	or if bei	ng demo	lishe	d)			
Name of Monitoring Firm Hired by Building Ov Epic Environmental	vner (8)		ASCM	No.				ement Cor							
Street Address 1930 Brown Road						Street	Addres								
City, State, Zip Code						City, S	tate, Zi	p Code							
Newfield, NJ 08344 Project Manager for Monitoring Firm		Т	elephor	ne No.			one No	ide, NJ (70032	License					
Jim Eberts				9-1736		20-20-00-00-00	755-0	099 IA Monitor		00842	2				
	Scheduled Novemb			Date (11)		EMS		IA IVIORIILOI							
Occupancy Status During Abatement (Check	Only One)					Addres	s 0 North							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal Other – Describe:	riod of Ab I Facility H	ateme Hours	ent		_	City, S	tate, Zi	p Code	18077						
Scope of Work (Check All That Apply)						Onni	- IIII	1011, 140							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novati molitic				×	Min Glo	Containme i-Enclosure vebag Prod -Exemptee	e Pat cedure	tch & F	Repa	air		<u>.</u>	
							1 1401	PLACINIPLE	4 () an	u IVOIT-I	labic	1		ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	No Used Main Custo	tenan dial St (12)	/ y by ce/ taff?		os Cont thermal surfa	scription taining M systems cing, VA niscellar	faterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	e Encapsulate	Enclosure
Hallway-by Phys Ed Rm D	Yes	No	N/A N/A		Pipe	Insula	ition			3 LF	\dashv	_	_	XX	
Gym			N/A		p.u	Riser				5 LF	1	70.0		хх	
Boiler Room	xxx				Pipe	Insula	ition		1	00 LF				XX	
								3.00							
Name of Registered Waste Hauler	1000	IDEP W	200		Yards		Name of	Registe	ered Lan	dfill					
Freehold Cartage		auler ID 253	NO.	of Wa			Grows		ill 						
City, State Freehold, NJ	9000			11-05	sal Date 5-2012		City, Stat	wn, P							
Completed by Title William Lynch Owner					L	Signature	و ا	9.00	SAC	ı	Oct		r 17	201	2

^{*} 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)

			ursuant	to NJAC 8:	STOS ABATE 60 and 12:12	0)	ECEIV	J~				
Date of Notification (1) October 17,2012			Name o	of Building O	wner/Operator ard of Educ	r (2) ation 2012 OC	Chec	に k # 5	074	 I		
	e Notification		Street A	Address Atlantic Av	ve, 5th Floo	or ASREC	122 AM	6: 31	3			
EPA DEP DOL	Amended Amendment #			ate, Zip Code ic City, NJ		& L	CENSING	ROL				
DOH DCA	Emergency (includir justification) Cancellation	ng	Name o Kurt A	f Contact Justin			FOS CON I	e Numb	er		-	
Name of Facility 188	1: 7: 5	/O)	FACI	ILITY INFOR	RMATION							
Name of Facility Where Abate Texas Ave School	ment is Taking Place	(3)				Type of Facility School (K-	537					
Street Address 2525 Arctic Ave						Subchapte	er 8 (Other than private & comr		buil	dings	, hom	es,
City (5) Atlantic City				-9.00 1		Square Feet 20,000	# of Floors	5		Bldg.	Age	
County (6) Atlantic		I		Code (7) USE ONLY)		Current Use (Pr School	ior if being den	nolishe	d)			
Name of Monitoring Firm Hire Epic Environmental	d by Building Owner (8)	ASCN	/ No.		of Abatement Co de Environme						- 14
Street Address 1930 Brown Road						Address . Lippincott Av	/e					
City, State, Zip Code Newfield, NJ 08344				······································		tate, Zip Code le Shade, NJ	08052					
Project Manager for Monitoring Jim Eberts	g Firm		Telephor 856-88	ne No. 39-1736		none No. 755-0099	Licen 0084	se No.				
Start Date (10) November 9, 2012			mpletion I	Date (11) 2	Name EMS	of OSHA Monitor		1000,000				
Occupancy Status During Aba	tement (Check Only (One)				Address						
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: 4pm -	itside of Normal Facili	f Abater ity Hour	nent s		City, S	Rt. 130 North tate, Zip Code aminson, NJ	08077					- 1
Scope of Work (Check All That	Apply)											
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	×	Renova Demolii			×	Mini-Enclosur Glovebag Pro	nent with Negat re Patch & cedure rd (*) and Non-F	Repa	ir		ъ	
		ls Locat	ion				, , , , , , , , , , , , , , , , , , , ,		-	Abat	ement	t
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	Iai (ACIVI)	Normal sed Sole laintena stodial ((12)	ely by nce/	(i.e. the	Description Containing Nermal systems surfacing, VA ther miscellar	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Remova	Repair	e Encapsulate	Enclosure
Access to the second se	Yes	No	N/A								ē	Ф
Gym			N/A N/A		Pipe Insula		6 LF				XX	
Gym Storage R		Pipe Insula		5 LF				XX				
Boiler Room	XXX				Pipe Insula	tion	35 LF				XX	
Name of Registered Waste Har	ıler	I N	JDEP W	acto (Cubic Yards	Name of	Registered Lar	v4en				
Freehold Cartage		Н	lauler ID I 2253		of Waste	10.00	Landfill	iailli				
City, State Freehold, NJ					Disposal Date 1-11-2012		wn, PA.					
Completed by William Lynch	Title Owr	ner	-	-	Signature	eig. d	noce	Date Octo	be	r 17,	201	2

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Street Address Type Notification Agencies Notified Initial Amended City, State, Zip Code EPA. DEP Amended North Amendment # X DOL Emergency (including Name of Contact Rebmann justification) DOH DCA Helen Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than Single Other (i.e. private & commerce uildires, homes, Street Address AUE etc.) 257 # of Floors Bldg. Age Square Feet 65+-City (5) 07060 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Street Address 4.0. Street Address City State, Zip Code Telephone No Project Manager for Scheduled Completion Date (11) 10/29 29 Street Address Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥3 sf or ≥3 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure ≥160 sf or ≥260 lf 及 Abatement Type Is Location Description of Normally Amount Encapsulate Asbestos Containing Material (ACM) Used Solely by Location of (Specify Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, Maintenance/ SF or LF) surfacing, VAT, or TO BE ABATED Custodial Staff? other miscellaneous) (12)In Facility (13)N/A No Yes K

60 LF Pipe Insulation Basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Disposal Date 10/30/12 Date 10 Title President teuc

Noneck

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

0.790					Pr-					
Date of Notification (1) October 18, 20	12		Name of Building	Owner/Ope NJ DI	erator (2) EP	201200	E/J	E!)	
	ation I Notification nded Notification		Street Address	POB	ox 420	REC 2012 OCT 22 3 AL STUS & LICEN	AM	6: ;	5	
[x] DOL Ame	ndment #2 rgency (including		City, State, ZipCo		on, NJ 08625-0420	& LICEN	CON	ROI	0	
I I DCA I	fication) cellation		Name of Contact Al Pa	yne	T	elephone Number	1140		•	
		FAC	CILITY INFORM	IATION						diam'r.
Name of Facility Where Abatement is Takin NJ DEP Park Resi	7/ (0.00)				Type of Facility (4)	School (k-12)	, ,	1.10		
Street Address 3037 Daniel Bray	Highway				[x]	Subchapter 8 (of Other (i.e., privathomes, etc.)			cial bui	ldings,
City	County (6)	T	County Code (7) (STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bldg	g. Age	50	
Kingwood	Hunterdon	1 44				Park Residen				
Name of Monitoring Firm Hired by Building USA Environmen	(2005-0		ASCM No.			(9) in Contracting,	Inc.			
Street Address 344 West State St	reet			Street Ac	1889 R	oute 9, Unit 61				
City, State, Zip Code Trenton, NJ 08618	2			City, Sta	te, Zip Code	iver, New Jers	ev 08'	755_1	271	
Project Manager for Monitoring Firm	Telephone 1	Number		Telephor	ne Number	License N			2/1	
William Weisgarber, Jr.	609-656-			732-34		00624				
Scheduled Start Date (10) 10/30/12	Scheduled 0 10/31/1	3.55	ion Date (11)	Name of	OSHA Monitor E.M.S.I	. Analytical				
Occupancy Status During Abatement (Check	only one)			Street Ac	ldress					
[X] Facility Closed/Vacate					1056 St	elton Road				
Abatement Performed Other – Describe	Outside of Normal Fa	icility Fi	ours —	City, Sta	te, Zip Code Piscatav	vay, New Jerse	y 088	54		
Scope of Work (Check all that apply)				[]	Full Containment Mini-Enclosure	wih Negative Pres	sure			
$\begin{bmatrix} x \end{bmatrix}$ >3 sf or \geq 3 lf	[]	Renova	tion	וֹ זֹ	Glovebag Procedu	ire				
[x] ≥160 sf or ≥260 lf	[x]	Demoli	tion	[x]	Non-Exempted (*		Procedu	ire		
							Abat	ement	Туре	
Location of	Is Location Normally us			Descriptio estos-Con		Amount	R	R	Е	Е
Asbestos-Containing Material (ACM)	Solely by	cu		faterial (A		(Specify SF	E	E P	N C	N C
TO BE ABATED	Maintenance/Cus	stodial	(i.e.	, thermal s	systems	or LF)	M O	Α	Α	L
in facility (13)	Staff (12)		inst	lation, sur VAT, o			v	I R	P S	O S
(13)	(12)		oth	er miscella			Α	2.7.3	U	U
	YES NO	N/A			,		L		L E	R E
Exterior	X		Roofing			480 sf	X			
1st floor bathroom	Linoleum			54 sf	X					
1st floor living room/kitchen	X		Sink coating	,		6 sf	X			
Name of Registered Waste Hauler	NJDEP Waste	Unular	ID No. Cubic Va	rds of Wast	e Name of Register	ed Landfill				
Guardian Contracting, Inc.	The state of the s	223	3		T.R.R.F.	od Dailtilli				
City, State Toms River, New Jersey		Dispos 11/01		City, Sta	te own, Pennsylvania					
Completed by (Print or Type)	Signature	1	///	1	Date					
Nicholas Fernicola	Project Manage	r	1 Y 16	10	tu		10/1	8/201	2	

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

REMEMBER - MAIL		TIFIC !	ATION OI Superitor	of New Jersey ASBESTOS A AJAC 8:80 and	12:120)	28126	MA.	CE/1		Y		7
ale of Notification (1) October 12, 2012			Mary H		DETAILOR	(2) Check	5073	שיכ	Z AM	6: :	35/	-	4
gancies Notified Type Notification		1		rd Road			la V	10	ETG N	201	7	\perp	
DEP X Amondod	j 1	_ C	innamlı	zip Code nson, NJ 08	077			WAL.	VOL 1/2		4	<u>,</u> 1두1	7
Emergency (in justification) CA Emergency (in justification) Cancellation	nciuding		amo of G Aary Hill				M	7 1000	photo Nura	· .	10	A 1 - 1	_
name of Facility Where Abatement is aking	Place (3)		FACILI	Y INFORMATI	DN	Type of	Facility (4)	; 45¢.	2				ست
Residence	11.75-4-7					PR C.	trool (K-12)	mine	y than K-12)				
ikeel Address 119 Oxford Road						図 Cd	har (I c pth c.)	vate 8	L commorcia	DUNG!	ngs, li Ig. Ag		:
City (5)						Square 2400		3	Floors	.75		0	
County (5) Burlington	- 1/2		Dunly Co			Resid	ence		ng domolish	- (De			
Name of Monitoring Firm Hired by Building I	Dwner (8)		ASCM I	NO.	She	do Envi	ment Const	actor al. Li	.e) .c				
Sireer Address 1253 N Church Road			-		47 5		ncott Ave			,			
City, State Zip Code Moorestown, NJ 08057					City.	Stam, Zip le Shad	Code de, NJ 0	8052					
Project Manager for Monitoring Firm			66-840		856	155-00	99		00842	· 			
Start Date (10) October 16, 2012	Schedule			nie (11)	EMS	SL	A Monitor						
Occupancy Status During Abatement (Che						Haddo							
Fadility Glosed/Vacated Curring Entiro Abatement Performed Cutalde of Non Other - Doscribe	Period of A nai Facility	Hours	ant		City.	State, Zip		rsey	08108				
Scope of Work (Check All "hat Apply)					1					0. 216-70	20		
23 sfor ≥3 if ≥160) afor ≥260 if		ertoval emoliti				Mini	Enclosure	eduni	h Negalive P				
v			1			Non	-Exempled	C) er	nd Non-Filab			mont	
		Locati		D	escriptio	lan				-	Ту	pc.	
Location of Astrocompounting Material (ACM) TO BE ARATED In Facility (13)	Ma	d Sole intensi odial 5 (12)	nco/ Staff?	Asbaatos Co (l e therma	ntaining I system actng V	lehotaM slueni an	(ACM) lian.	-	Amount Specify For LF)	Removal	Repair	Encapsulate	Encosure
	Yes	No	N/A	Ashe	sios S	heeling	-		B SF	3000			-
Basement Coiling			XXX	400	ermicu				00 5F	3000			
Allic	+	•	1										L
Name of Registered Waste Hauler Freehold		+	JDEP W	00.0	c Yards asia		Nams of Grows		bered Landfil		L		
City. Stato			2253	Disp	osal Da 18-12	te	City. State Tullytov		A				
Mount Hotly. New Jersey 08060				1,00	Signati					ofin		12	

ASE-4 (:R-08-03)

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

			NOTI	FICATIO	tate of New N OF ASBES t to NJAC 8:	STOS AB	ATEME 2:120)	ENT		REC POCT 2	CFI	1.	277	
Date of Notification (1) October 12, 2012					of Building Ov ry Hill	wner/Ope	erator (2)	heck # 50	73 2012	20072	~ 1	6.5	D	
Agencies Notified	Type Notification			100000000000000000000000000000000000000	Address Oxford Roa	ıd		Ü	458	STO	< A	9 6.	5.5	
DEP X DOL	Initial Amended Amendmen				ate, Zip Code iminson, N		7		æ	SIDS LICEN	CUA	TR	71	
DOH DCA	Emergency justification) Cancellation		9	Name of Mary	of Contact Hill				Tel	ephone N	umber	3	ζ.	
Name of Facility When	Ab -1 - 1: 7 ::			FAC	ILITY INFOR	MATION					65.7		COM COME	
Name of Facility Where Residence	Abatement is Takir	ng Place	(3)				T:	ype of Facility	(4)				73 (O. E.)	
Street Address 119 Oxford Road	×					710	×	School (Konda) Subchapte Other (i.e.	er 8 (Oth	er than K-	12) cial bui	ldings	, hon	nes,
City (5) Cinnaminson	3.						(0.00	etc.) quare Feet 400	# or 3	f Floors		Bldg.	Age	
County (6)	'		1	County	Code (7) USE ONLY)		C	urrent Use (Pa		ng demolis		75		
Burlington Name of Monitoring Firm	Hired by Building	Owner (8)	ASC		Na		esidence Abatement Co	ontractor	(9)				
TTI Street Address					-	S		Environme						
1253 N. Church Ro	ad				74	4	7 S. Li	ppincott Av	/e					
City, State, Zip Code Moorestown, NJ 08	3057						e, Zip Code Shade, NJ	08052					0.00	
Project Manager for Mon Jim Guilardi	itoring Firm		Telepho 856-84	ne No. 40-8800		elephone 56-755	e No. 5-0099		License N 00842	No.				
Start Date (10) October 16, 2012		mpletion 2012	Date (11)		ame of C	OSHA Monitor								
Occupancy Status During	Abatement (Chec						reet Add	dress	-					
Facility Closed/Vaca Abatement Perform	ited During Entire I	Period of	Abater	nent		10000		ddon Ave						
Other – Describe: _							-	ont, New J	ersey	08108		*******		
Scope of Work (Check Al	I That Apply)						127							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	•			Δ.	
		Is	Locat	ion							T	Abat	ement	t
Location			Normal			Descrip			_		-	Ty	pe	-
Asbestos-Containing TO BE ABA In Facilii (13)	TED	4-7553-	intena todial ((12)		(i.e. the	containin ermal syste surfacing, her misce	ems ins	r	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Danama at 6	N=100==	Yes	No	N/A									te	
Basement (XXX	Asi	bestos 8 Vermio		ng		SF O SF	xxx					
7.11.10		222		Vermic	June		200	J 3F	xxx					
														\neg
Name of Registered Wast Freehold	e Hauler		Н	JDEP Wa auler ID I 2253		ubic Yard Waste	ls	Name of Grows I	. 8	ed Landfill				
City, State Mount Holly, New Jer	sev 08060				Di	isposal Da		City, State			-			\dashv
Completed by William Lynch		Title Owne				Signat	ture	Tullytov	//, PA.	Da	7577			\dashv
vviiilatti LyttCII) [-		wh	Kr	= 4.0	lyn	R 00	t. 12,	201	2			

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

CIL ADIO

te of Notification (1)	1.01		Name	of Buildi	ng Owner/Operator N. SCHIE	GAL					_
	18/12			Address			% S 3 E S	9			
ency Notified	Type Notification		30000	0	PEARL S	7	25 E	5 2	U Ti	_	_
EPA	a hitial						80 (T) 6	3			
DEP	Amended Amendment#		3	1001	TING DAU	E . NJ			0		_
DOL	D Emergency (including	g.	N	of Com	and and		Telephone Numbel	2_	111		
бон .	iustification)	_	Name	10 6	Pornison	1					
DCA	☐ Cancellation					1	550	T	11	·	
			FAC	ILITY IN	FORMATION			o:	Shirt	1	_
CE Tibe (Miles)	e Abatement is Taking Place	ce (3)		,		Type of Facility (5		Car		
IUUS OI LEICHTA AAIIGI	0 00115	A (School (K-12)	ã	الي			
	R. SCHIEG	-				☐ Subchapter 8	(Other than K-12) rate & commercial b	wildings.			
reet Address						homes, etc.)	Valle or collimiter and				_
30	PEARL S	T_				Square Feet	# of Floors	Bldg. Ag			
(hy (5)						2100	2	70	7	24	4
3	LOOMINGOA	re				.210	ior if being demolish			_	_
					(7) (STATE USE	Current USS (F)	SIDENCE				
ounty (6)	SSAIC		ONL	.Y)	4	A Committee of the Comm					-
		er As	CM No.		Name of Abate	ment Contractor (9)				
	ism Hired by Building Owner				Rest.	Removal I	nc				_
3)					Street Address						
treet Address				(4)		.River St					
						O-da					
City, State, Zip Code					Unolso	nsack, N.	J. 07601				
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Project Manager for	Monitoring Firm	Tele	phone N	lo.	Telephone No		00388				
-tolect mension in					201-329	-/444	00300				-
	Scheduled C	ompletio	n Date (11)	Name of OSH	A Monitor	stal Inc				
Start Date (10)		0/31			Omega E	nvironmer	ital Inc				-
10/30	ouring Abatement (Check or	14	11-		Street Addres	s a					
						yler St					-
☐ Facility Closed/Va	acated During Entire Period	of Abate	ment		City, State, Zi	p Code		7606			
P Abelement Perin	med Outside of Normal Fac 70M TO SP	CHILD LICE	i o		South	Hackensa	ck, N.J. (77000			_
							h Negative Pressure				
Scope of Work (Che	ick all that apply)		5 <u>212</u> 8	<u> </u>		A Contamment wa Ini-Enclosure	Il Medante i idea				
D≥3sfor≥3lf				Renoval Demoliti		I Drocoderre					
A ≥ 160 sf or ≥ 260	W .		-	Denions		on-Exempted (*) a	nd Non-Friable Proc	edure	Ab	aten	ne
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		0.550	Location ormally			100 NE				T	
	ocation of	Use	d Solely	ьу	Descripti Asbestos Containing	on of Motorial (ACM)	Amount		_	Repair	9
Achestos-Con	taining Material (ACM)		ntenanc	=	a thermal system	ems insulation,	(Specify		Removal		90
TO	BE ABATED		ustodial Staff?		surfacing.	VAT, or	SF or LF)		8		E.
	N Facility (13)	1	(12)		other misce	Haneous)			-		ē
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6)		-	++	-							_
3),,,					ler Cubic Yards	of Name of Re	gistered Landfill				
			IDED 100	note Her	Her Cames				35		
Name of Register	nd Waste Hauler		JDEP W	aste Hau	Masta		- D-+				
Name of Register		ID	No.		Waste 3 c	7 Miner	va Enterpi	TSC.	· 		-
Name of Register	ed Waste Hauler loval Inc	ID			Waste 3	/					_
Name of Registere	oval Inc	1	7109		Waste 3 C	ite City, State	sburg , Ol	h			_
Name of Registere	ekensack, N.J.	1	7109		Disposal Dis	ite City, State		n T Date		, 0	1
Name of Registere	ekensack, N.J.	1	7109 7109		Waste 3 C	ite City, State	sburg , 01	n T Date	0/	18/	1

Date of Notification (1)	<u> </u>				Owner/Operator							
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Agency Notified	Type Notification		Street A	waress リロクフ	AND	ERSON	AUE			1		
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прон	 Emergency (including justification) 	9	Name o	n Çomacı			Telephone Mumi	DOM:	2		*	
□ DCA	☐ Cancellation				SALEM		L	12	-	-	_	-
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Name of Facility Where	Abatement is Taking Place	æ (3)					inc	量		£ 1	7	
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County (6)	2GEN		County ONLY)		(STATE USE	R	rior if being demolis ららりらい (i	shed)				
	n Hired by Building Owner	ASC	M No.			nent Contractor (S						
(3)						emoval I	nc					_
Street Address			94 94		Street Address	Dinas C+						
City, State, Zip Code					City State 7in (River St		-		_		
City, State, Zip Code					Hacken	sack, N.	J. 07601					
Project Manager for Mo	natoring Firm	Telepi	none No.		Telephone No.		License No.					_
•	*				201-329-		00388					_
Start Date (10) /0/29)	Scheduled Co	mpletion I			Name of OSHA Omega En	Monitor vironmen	tal Inc					
Occupancy Status Durin	ng Abatement (Check only				Street Address	10- 0-		1162		5	ci)=K	
C Facility Closed/Vacal	ed During Entire Period o	f Abateme	ent		280 Huy City, State, Zip C							-
C Abelement Performe	d Outside of Normal Facili PM TO SPM	ity Hours	٠,		South H	ackensac	k, N.J. (07606	6		_	
Scope of Work (Check	all that apply)						Negative Pressure	100				
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□ ≥ 160 sf or ≥ 260 lf	¥7		Q Den	notition	₽ Glov	ebag Procedure -Exempted (") an	d Non-Friable Proc	edure				
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Local	ion of	Non	nally ciely by		Description	of			П	П	П	
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Name of Registered W		ID No.		naurer	Macto			iccc				
Best Remov	al inc	171	109			The state of the s	a Enterpr	rses			_	_
City, State	1- NT T	07601			Disposal Date	City, State Waynes	burg , Oh					
	nsack, N.J.	07001			10/30/12 Signature	1		Date	1		1	-
J. Maiorano	Title Estim	ator	- 5		1 /	Towaran	ھ ا	10	11	8/	12	Z
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Project Manager

New Castle, DB

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Disposal Dato

11/30/2012

Signature

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Hamerlean's

Date

10/09/2012

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

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Date of Notification (1)		Na	me of Bu	of Carte	ner/Operator	(2)	2012		- 1 19	itou	D			
10/9/2012 Agencies Notified Type Notification		Str	eet Addi	ress			_ call [UT 2	2 AM	6:	ŝ)	d	
EPA Initial Amended Amendment # Amendment)	Cit		Zip Code			2012 (4 Sage	STO	S CON	TR	OL			
DOH justification)	ding		me of C	ontact Ericke:	sen		•	Tele:	ohone Nu	abe	r 			
DCA Cancellation			FACILI	TY INFOR	MATION									-
Name of Facility Where Abatement is Taking Pla Historical Society Building Street Address	ce (3)					☐ Se	f Facility (4) chool (K-12 ubchapter 8 ther (i.e. pri) R (Othe	r than K-1	2)	uildin	as. h	omes	i.
61 Carteret Ave							c.)		Floors		Bld	g. Ag		
City (5) Carteret		T C	ounty Co	nda (7)		2500 Curren	t Use (Prior	2 r if beir	ng demolis	shed	+50			_
County (6) Middlesex			TATÉ US	E ONLY)										
Name of Monitoring Firm Hired by Building Own N/A	er (8)		ASCM I	No.	Name Firs	e of Abate t Phase	ement Cont e Group I	nc nc	(9)					
Street Address N/A						t Addres 52nd S	s St. Suite#	#16						
City, State, Zip Code					City, We:	State, Zi	o Code York, NJ	0704	7					
N/A Project Manager for Monitoring Firm		10 20	elephono	e No.	Telej	ohone No -758-7).		License 001144					
		Comp		ate (11)	Nam	e of OSH	IA Monitor	Corn						
Occupancy Status During Abatement (Check O	nly One		-		Stree	et Addres					-			
Facility Closed/Vacated During Entire Perio	od of Al	pateme	ent			3 Rout State, Zi	e 22 Wes	st			11 10			
Abatement Performed Outside of Normal F Other – Describe:	acinty	100:5				ion, NJ								
Scope of Work (Check All That Apply)						X =	I Containme	ent wit	n Negative	e Pre	essur	e		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati ernolitio				H Mir	ni-Enclosure ovebag Prod n-Exempte	e cedure)	
						140	IT EXCITIPIO	2 () 4.				Abate	ment	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	N Used Mai	Location formally d Solely ntenan odial S (12)	y by ice/	Asbest (i.e.	Description Containing thermal system surfacing, other miscel	Materia ms insula VAT, or	ation,	(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
1 at floor	Yes	No	N/A X	1	floor tile an	d masti	c	2	000 SF		x			
1st floor			^											
1														Γ
Name of Registered Waste Hauler		JDEP W		Cubic Yard of Waste	s	The second section is a second second		tered Land						
Asbestos Transportation Company			4310		Disposal D	ate	City, Sta			-	,			
City, State Shirley NJ 11967					Dispusai D		Wayne	sburg	g OH 44					
Completed by Edwin Precilla	Title Proje	ct Ma	anager		Signa	ture	- //	1/2		Dat 10	e /9/20	012		

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Date of Notification (1) 10/9/2012	19			f Building gh of Ca		Operator	(2)	2012 OCT	22	AM 6	5: 3	1		7		
Agencies Notified	Type Notification			Street A	ddress oke Ave	t		Ø	SBEST	08	CONT	ΓRÓ	L			
DEP DOL	Initial Amended Amendment			City, Sta Carter	ate, Zip Co et, NJ	ode			- & Ll	CEI	VSINC	3				
DOH DCA	Emergency justification) Cancellation		Ī		f Contact ne Ericl	kesen			4.	Tel	ephone I	Numb	er			
				FACI	LITY INF	ORMATI	ON			-			-			
Name of Facility Where A Historical Society B		g Place (3)						of Facility (4 School (K-12	?)						
61 Carteret Ave								×	Subchapter 8 Other (i.e. pr etc.)	ivate 8	& comme	ercial	build	dings,	home	es,
City (5) Carteret								Square 2500	e Feet	2	Floors			ldg. <i>A</i> 50	ge	
County (6) Middlesex					Code (7) USE ONLY)		Currer	nt Use (Prior	r if bei	ng demo	lished	1)	1		-
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN N/A	I No.				ement Cont Group Ir		(9)					
Street Address N/A								Addres 52nd S	s St. Suite#	16						
City, State, Zip Code N/A								State, Zij t New	p Code York, NJ	0704	.7					
Project Manager for Mon	itoring Firm		Telepho	ne No.	THE RESERVE	Teleph	none No 758-7).	-	License 00114						
Start Date (10) 10/17/2012		ed Con 2012		Date (11)		Name	of OSH	A Monitor	Corn	00114		1888				
Occupancy Status During	Abatement (Chec							Addres		Corp			_			
Facility Closed/Vaca	ited During Entire I	Period of	Abaten	nent		101	2333	Route	e 22 West	t						
Abatement Performe Other – Describe:		nai Facility	Hours			<u></u>	1	itate, Zip n, NJ	07083							
Scope of Work (Check Al	I That Apply)						E	7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				2	Mini	Containmer i-Enclosure vebag Proce i-Exempted	edure	iā.				۵	
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Location			Normal ed Sole				scription					-		Ту	pe	
Asbestos-Containing TO BE ABA In Facili (13)	TED	Ma	intenar todial S (12)	nce/				s insulat T, or		(8	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
1st floo	Nr.	168	NO			floor tile	o and	mantin		20	00.05					
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Name of Registered Was	te Hauler		N	JDEP W	lasto	Cubic	Varde		Name of R	anista	red I are	1611				
Asbestos Transporta			Н	lauler ID 4310		of Was			Minerva							
City, State Shirley NJ 11967	3					Dispos	sal Date		City, State Waynesh	ourg	OH 44	688				
Completed by Edwin Precilla		ct Ma	nager		S	ignature			16		Date 10/9	/20	12			

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Date of Notification (1) 9/28/2012	112		Nam	e of Build	ing Owne	r/Operator	(2)						
			Bor	ough of	Cartere	et	3.5	201	2 OCT	22	AM	6.	31
Agencies Notified Type Notific	6			et Address Cooke A					1				
EPA Initial Amend Amend	ment #		City,	State, Zip	Code			63	& LI	OS CEN	CON	ITR	OL
DOH Emerge		ng	Name	e of Conta				, Tel	enhone N	Numb	er		200 L
Name of Equilibrate All 1			FA	CILITY II	NFORMA	TION		1-					
Name of Facility Where Abatement is 7 Private Property	aking Place	(3)					Type of Facilit	y (4)					
Street Address 63 Cooke Ave					-		School (F Subchape Other (i.e	<-12) ter 8 (Other) . private 8	er than K	-12) rcial b	uildin	as ho	nmae
City (5) Carteret							etc.) Square Feet 2500	# of	Floors		Bldg	. Age	
County (6) Middlesex			County (STATE	y Code (7 E USE ON	() LN		Current Use (P	rior if bein	ng demoli	shed)	+50		
Name of Monitoring Firm Hired by Build	ing Owner (8	1		CM No.		$-\bot$							
n/a Street Address			n/a	200		First F	of Abatement C Phase Group	ontractor ((9)				
n/a						Street A 567-5	oddress 2nd Street s	uite #16	·				
City, State, Zip Code n/a						City, Sta	ate, Zip Code New York N						
Project Manager for Monitoring Firm n/a			Telepho	one No.		Telepho	ne No.		License I				
Start Date (10)	Schedule			Date (11	`		58-7158		001144				
10-10-2012	10-17-2	2012	ipietion	Date (11)		OSHA Monitor nvironmenta						
Occupancy Status During Abatement (CI	re Period of A	\ bata				Street A	ddress Route 22 We	ot.					
Abatement Performed Outside of No. Other – Describe: 8 Hours	omal Facility	Hours	ent			City, Sta	te, Zip Code						
Scope of Work (Check All That Apply)						Union	NJ 07083						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Distriction .	enovat emolitio				×	Full Containm Mini-Enclosur Glovebag Pro- Non-Exempte	e cedure					8
	ls I	Locatio	n					a () and i	von-r nau	T		emen	nt
Location of Asbestos-Containing Material (ACM)	Used	ormally i Solely	by		Des	cription of						/ре	
TO BE ABATED In Facility (13)	Mair Custo	ntenand odial St (12)	ce/	Asbes (i.e.	thermal s. surfaci	ining Mate systems in ing, VAT, o iscellaneo	or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A							a	1	late	le le
1st floor			х	1	floor tile	and ma	stic	200	00	x			
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Name of Registered Waste Hauler												\dashv	
Asbestos Transportation Company	Hau 243	EP Wa iler ID N 10	iste No.	Cubic Ya of Waste		Name of R Minerva					1		
City, State Shirley NJ 11967					Disposal	Date	City, State					- 132	
Completed by	Title				Sign	nature	Waynes	-/-					
Edwin Precilla	vin Precilla Project Ma						~ Re	lle	9-2	9 8-20	12		

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Date of Notification (1) 10/17/2012 Check #	‡2319	Nai St	me of Bu Mary	uilding Owner Church Ro	/Operator (man Cat	(2) holic C	MAOCT 2	2 AM 6:	34			
Agencies Notified Type Notificati		Str 28	eet Addr 80 Was	ress shington Av	/enue	۵	SBESTOS	CONTE	0			
EPA Initial Amended Amended Amended Amended		Cit	y, State, umont,	Zip Code NJ 07628			SBESTOS & LICE	NSING	TUL.			
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DCA Cancellat	ion	0.095,005		TY INFORMA	TION			022	30.30			
Name of Facility Where Abatement is Ta St Mary Church Street Address	iking Place (3)		PACILI	T I III OI III		Sch Sul X Oth	Facility (4) nool (K-12) ochapter 8 (Oth ner (i.e. private	er than K-12 & commercia) Il buildin	gs, h	omes	,
280 Washington City (5)						Square 10,000	Feet # 0	f Floors	Bld	g. Age	3	•
Dumont, NJ County (6)		Co	ounty Co	ode (7)		Current	Use (Prior if be	ing demolish	ed)	-		\exists
BERGEN	ine Owner (8)	(S	ASCM I	No.	Name	Churc of Abate	n ment Contracto	r (9)			-1	-
Name of Monitoring Firm Hired by Build None	ing Owner (6)		AGOINT		EA S	Services	Corporation	1				_
Street Address	2.25					t Address 69th St	reet					
City, State, Zip Code					City, S Gutt	State, Zip tenberg,	Code NJ 07093					
Project Manager for Monitoring Firm		T	elephon	e No.	Telep	hone No. -295-17		License N 01074	lo.			
	Scheduled	Comr	oletion D	ate (11)	Name	e of OSHA	Monitor					
Start Date (10) 10/29/2012	11/2/12					ne as ab						
Occupancy Status During Abatement (Facility Closed/Vacated During El Abatement Performed Outside of Other – Describe: Starting after 5	ntire Period of Ab Normal Facility H	ateme	ent			State, Zip	2.2					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				Mini	Containment w -Enclosure rebag Procedur -Exempted (*)	re.	ble Prod	cedur	e	
	1-1	- anti-									ement pe	ľ.
Location of Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) No Used Mair Custo	(12)	y ly by nce/ staff?	(i.e. the	Description Containing Dermal syste Surfacing, Note the miscell	Material ms insula VAT, or	(ACM) tion,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No X	N/A	P	op Corn	Ceiling		25 sf	x			
Chapel					ор оси							
											_	_
					Cubic Yard		Name of Reg	istered Land	fill	<u></u>		
Name of Registered Waste Hauler Atlantic Carting		H	JDEP V lauler ID 6085	No.	of Waste bd		IESI-Bethle			rp		
City, State Wayne, NJ					Disposal Da bd	ate	City, State Bethlehem					
Completed by Gina Salvador	Title Office	е Ма	nager		Signat	ture	Bluas -		Date 10/17/	2012	2	

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Date of Notification (1)	10/18/12	11			Ala	Owner/Operator MAKUT	(2) [#12 OCT 22	AM 6:	20	0		
Agency Notified	Type Notification	•	1	Street /	Address	2.14144	=0= 4	ESTOS CA LICENS	Ditto	-	,		
□ EPA	25 Fritial		1	27	ate, Zip	CONNIM	E 0 C 1	LICENS	JA I H	Ot		-	
D DEP	☐ Amended Amendment #		1	Cay, St	ate, Zip	Code .	T14	77928	ING		8		
A DOL	D Emergency (includ	ling	Į		HA	Code :	N3. (Telephone More				_	
☑ DOH ·	justification) Cancellation			Name o	or Contac	DILLON		Telephone Num	Det		i.		
	- L					ORMATION							
	Abatement is Taking Pl						Type of Facility	(4)					
MA	2. MAKUT	TA				• •	☐ School (K-1						
Street Address							☐ Subchapter	8 (Other than K-12)	المتاملات				
44 R	UNNYMED	= 10	رك.				homes, etc.	rivate & commercia	i Dunceri	gs,			
City (5)								# of Floors	Bldg.	Age			
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the state of the s			1	County	Code (7) (STATE USE		vior if being demoli	shed)		-/-		_
County (6)	115		i	ONLY)		,,		SIDEN CE		\$3			
	m Hired by Building Own	NOT 1 A	801	A No.		Name of Abaten							_
(8)	III Ulled by pasiently Own			a No.		and the second s	emoval 1						
Street Address						Street Address	ещочат 1	.nc		_			
7 %						450 S.	River St						
City, State, Zip Code						City, State, Zip C	Code	J. 07601					
Project Manager for M	a nita rina Erma	I Tol	anho	one No.		Telephone No.	sack, N.	License No.					
Project manager for m	Oldrothen Latt	161	chic	ARE NO.		201-329-	7444 -	00388					
Start Date (10)	Scheduled C	4				Name of OSHA	Monitor	1-1: T-0		C=46.50	5.000		
11/4/13	2 / I	/2/	1'	2_		Omega En	vironme	ital inc					
	i: .*					280 Huy	ler St						
Abatement Perform	sted During Entire Period ed Outside of Normal Fac 7 AM TO CV	citity Hou		IL .		City, State, Zip C		1 N T (760				
Scope of Work (Check		1		•		South H	ackensa	ck, N.J. (7700	0			_
2006s of Avoir (Clied)	an encappy)							Negative Pressure	•				
□≥3sfor≥3ff				.⊒Ren □ Den	ovation		Enclosure		*				
J2 160 sf or ≥ 260 lf	3			u Den	TOTAL STATE OF THE	☐ Non-	ebag Procedure Exempted (*) an	d Non-Friable Proc	edure				
		le l	Loca		Π.					A	bate		nt
20,000			onna		1	=				Н	Ty	pe_	
	ntion of ning Material (ACM)	(2)	200	lely by	Acho	Description stos Containing M		Amount				m	_
	ABATED	0.0000000000000000000000000000000000000	neene ustoo	ance/ dial		., thermal systems		(Specify		Removal	2	200	no
	acilly	1		?	1	surfacing, VAT		SF or LF)		NO.	Repair	ned	180
	(13)		(12))		other miscellan	eous)			=		Encapsulate	3
:		Yes	No	N/A	1								3
BASEL	znz.	+			1	LAT		700 8	5=	×			
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		ليل			<u> </u>	121111	I Name of D	whered I and St		لـــا			_
Name of Registered V			DEP No.	Waste I	tauter	Cubic Yards of Waste	Name of Reg	stered Landfill					
Best Remov	al Inc	1.0± (-)	71(3 CY	Minerv	a Enterpr	ises				
Ch. Ch.			, 1,			Disposal Date	City State						
City, State	ensack, N.J.	0760	01			11/2/12	TT	burg , Oh					
		3,0				Signature	1		Date		-		-
Completed by	Table Esti	mato	r			Signature	Paionon	ا م	10	11	8/	S	:
J. Maiorano						$V^{()}$					1		_
ASB-41	* Do n	at use thi	is for	rm for as	spestos i	icensure exempted	acevies.						

Check# 1503			(Pu	rsuant	to NJAC	8:60 and 5:16	5)	<u> </u>	-		-	
Date of Notification (1)				Name o	of Building	Owner/Operator (2	RECE	IVED				-
10 /	18 /	12	1	F11			the state of	e w ten sije				
				Ed Lar	Address		7812 DCT OO					-
Agencies Notified	Type Notification)[]	1				2012 OCT 22	AM 6: 29				
☑ EPA : ☑ DOLWD	Amended	<i>1</i> 2.	1		ilton Blvc	1.				-		
☑ DHSS	Amendmen	t #		- 35.00	tate, Zip C	**	SBESTOS.	CONTROL				
DCA (NJAC 5:23-8)	Emergency justification		3		y, NJ 070 of Contact	200	& LICEN	Telephone Num	nber			
(1107.10 01.20 07	Cancellatio			Ed Lar	rino	<u> </u>						
				FAC	CILITY IN	FORMATION						
Name of Facility When	e Abatement is Ta	king Place	(3)				Type of Facility					
Private home							School (K-12	?) 3 (Other than K-1	2)			
Street Address								rivate and comme		ilding	s,	
934 Milton Blvd.							homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	g. Ag	ge	
Rahway, NJ 07065				(4								
County (6)				Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	ior if being demol	ished)			
Union												
Name of Monitoring Fi	irm Hired by Buildi	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9))				
						Gr Tech LLC						
Street Address						Street Address						
						576 Valley Rd	#283					
City, State, Zip Code						City, State, Zip 0	Code					
						Wayne, NJ 074	70					202
Project Manager for M	Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
						973-638-1777		01127				
Start Date (10)	S	cheduled	Comple	etion Da	ite (11)	Name of OSHA	Monitor				Fifts	
	, 12	10	/ 2	9 /	12	Envirovision C	onsultants Inc					
Occupancy Status Du	ring Abatement (C	heck only	one)			Street Address	onsurtaines, inc					
				ement		20-21 Wagaray	v Road, Bldg .#	34A				
Abatement Perform	ned Outside of No	rmal Facil	ity Hou	ırs - Des	scribe	City, State, Zip (-
Time of Abatemen	t:AM	PM/	PM	l	_AM	Fair Lawn, NJ	07410					
Scope of Work (Check	k all that apply)						***************************************					
	5.00-000 10-0-000 10-000 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 10-00 1	57 -					ntainment with Ne closure	gative Pressure				
>3 sf or >3 lf > 160 sf or >260 lf		X.	Renova Demolit	tion ion			ag Procedure					
Z 100 31 01 2200 11			, 0, 1, 10, 11,				cempted (*) and N	on-Friable Proced	lure	1		
			Is Loca						Ab	atem	ent T	уре
	tion of	. 1	Norm	ally lely by		Description			Z)	D.	ū	Щ
Asbestos-Contain	ing Materiai (ACM) ABATED	6.0	lainter			estos Containing N e., thermal system		Amount (Specify	Removal	Repair	Encapsulate	ICIO
	acility	Ci		I Staff?	,,,,	surfacing, VA		SIF or LF)	ova	=	lusc	Enclosure
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		Ye	s No		4					_		
Attic				\boxtimes	Vermic	ulite insulation		600 SF	X			
			10	$\exists \neg$	1					ТП	П	T
L					-				一言	TE		tE
					1000			internal Landfill				1-
Name of Registered	Waste Hauler		ļ	NJUEP Was	te Hauler ID No	Cubic Yards of Wa	aste Name of Reg					
Gr Tech LLC			i	00337	85	TBD	T.R.R.F. Inc	anu tanuar is anno theodorica	Challenger II Was a		-	
City, State						Disposal Date	City. State					
Wayne, NJ 07470						TBD	Tullytown, I	PA				
Completed By (Print or Type) Title						Signature	1 1		Date		-	
N.Jevtic	4	Owner				T/e.	who Ner	200	10/18/20	012		
1												_