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

D&S Proj. #: 2013-315

						10 (0)									
Date of Notification		11			er/	Operator (2)									
Agencies Notified	Type Notification		EFF W		_										
	☐ Initial	1100	eet Add												
☐ DEP	Amended	11 -		K AVENU	JE	3									
Ø DOL	Amendment #:_			, Zip Code											
500000	Emergency	_		ORANGE	2, 1	NJ 07052				· · · · · · · · · · · · · · · · · · ·					
M DOH	(including justification)	Nar	me of C	ontact						Telephone	Numbe	_			
☐ DCA	Cancellation		JEFF V	WU				ž			CO. M. Facial				
				FAC	ILI	ITY INFORMA	AOITA	I							
Name of facility wh	nere abatement is	taking plac	e (3)						1	Type of Facility (4					
JEFF WU											(K - 12) pter 8 (C		an K	12)	
Street Address					-				1	Other (F	Private/C	omme		/	
											Homes, e		DI	1- A	
35 PARK AVE	ENUE	Count	- (C)		-	<del></del>		-t. Code (7)	-	Square Feet 3	# of Floo	rs	DIC	ig. A	ge
City (5)		Count	y (o)					inty Code (7) ite use only)		Current Use (Pri	ior if hair	a dem	olishe	d)	
WEST ORAN	GE	ESS	EX			1	(010	ne doe emy/		Current Ose (Fin	ioi ii beli	ig delli	UllSile	u)	
Name of Monitorin					Τ	ASCM No.		Name of Abateme	ent	Contractor (9)	10000				
								D & S RESTO	OR.	ATION, INC.					
Street Address					<u> </u>		_	Street Address							
	•									ve.					
City, State, Zip Coo	de					City, State, Zip Co	ode								
			9					Paterson, NJ	07	503					
Project Manager fo	Phone Num	be	г		Telephone Number	er		License		er					
								973-345-80				1169			
Start Date (10)		Sched.	Comple	etion Date (1	11)		_	Name of OSHA N							
09/06/13		09/20	/13					D & S Restor	Iau	on, mc.					
Occupancy Status	During Abatemer							20 California	Av	enue					
Facility close	d/vacated during	entire perio	d of aba	atement.				City, State, Zip Co							
Abatement p  Describe:	erformed outside	of normal fa	acility he	ours-											
Other-Descri	ibe: NORMAL H	OURS						Paterson, NJ	07	503					
Scope of Work (ch					-					Full Containment w	/negative	e press	ure		
$\ge 3$ sf or $>3$ If	f 🖂	Renovation	n						=	Mini-enclosure					
≥160 sf or ≥2	260 If $\Box$	Demolition	í					0	M	Glovebag procedur Non-Exempted (*)		-friable	proc	edure	e
Location of		Is location	normal	lly used sole	ely							R	R	E	E
asbestos-co	ntaining	by mainte	nance/c	ustodial		Description	on of a	asbestos-containing	g	Amount	<u></u>	e m	e p	n	n
material (acr		staff(12)		2000000	-	material (	ACM)			(Specify S LF)	F or	0	a	a	C
abated in fac	Cility (13)	Yes	No	N/A								v e	r	р	
BASEMENT			X			PIPE INSU	LAT	ION		250 L FT					
BASEMENT BARE HEA								G PIPES		20 L FT					1 <u>U</u>
															ᆜ
10													Ш		ᄖ
													Ш	Ш	
Registered Waste			P Haul	er ID#		ubic Yards of \	Naste	Name of Registe	erec	l Landfill RESOURCE RE	COVE	RY			
D & S RESTOR	CATION, INC.	135	00	Disposal	_	YDS		City, State	, 1N,	RESOURCE RE	JOO VE				
City, State PATERSON, N	VI 07503			09/06/				TULLYTOV	VN	, PA					
Completed by (Print or Type) Title Signature								1 - 1 - 1 - 1 - 1			Date				
BOGDAN JOLDZIC PRESIDENT											08/26	5/13			
ASB-41		* Do not use	e this fo	rm for asbes	sto	s licensure ex	empt	ed activities.				W.S			

EDS13-073

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

Check #1821 Page 1 of 1

Date of Notification (1) 8-30-2013			Building Owne range School											
Agencies Notified Type Notification	9		Street Ad 715 Pa											
EPA Initial Amended Amendment #				e, Zip Code range, NJ 0	7017									
Emergency (in justification)  DCA  Emergency (in justification)  Cancellation	cluding		Name of Dr. Mo					Tok	nphone N	Lumba				
			FACIL	ITY INFORMA	ATION									
Name of Facility Where Abatement is Taking Glenwood Campus School Complex Street Address	Place (3 ( - Whit	e Ho	use Bu	ilding			ype of Facility (4 School (K-12 Subchapter Other (i.e. pi	? 2) 8 (Othe	er than K	-12)	uildi	inge	home	ac .
139 Glenwood Avenue						L	etc.)	ivale	x comme	i Ciai Di	ullul	iigs,	HOITIC	٥,
City (5) East Orange		400				1000	quare Feet 84,000+	# of 3	Floors		BI6 40	dg. A )+	ge	
County (6) Essex			County C	Code (7) ISE ONLY)		С	urrent Use (Pric	r if bei	ng demol	lished)	)			
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM 0000		100000000000000000000000000000000000000		Abatement Con oup, Inc	tractor	(9)					
Street Address 1253 N Church Street	-		1				dress mburg Turnp	oike						
City, State, Zip Code Moorestown, NJ 08057		200 11-00					e, Zip Code ngdale, NJ 0	7403						
Project Manager for Monitoring Firm Michael Stocku			Telephor	ne No. 10-8800 x 23		1.000	e No. 0-9725		License 01084					
Start Date (10)	Schedule			Date (11)	Nan	35	OSHA Monitor			49007				
Occupancy Status During Abatement (Check		ne)					dress				II Delega			
Facility Closed/Vacated During Entire Po			nent		14	0 Ha	mburg Turn	oike						
Abatement Performed Outside of Normal  Other – Describe: Sub - 8 Occupied	al Facility	Hours	3				e, Zip Code ngdale, NJ 0	7403						
Scope of Work (Check All That Apply)								out white						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	e cedure					e	
	Τ.						Tron Examples	//		T		Abate	5.275.00	t
I continued	1.0	Locati Normal			Descript	ion of						Ту	ре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Ma	ed Sole intena todial S (12)	nce/	(i.e. then	Containin	g Mat ems ir VAT,	erial (ACM) nsulation, or	(5	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Boiler Room #1 & Boiler Room #2	X	140	1973		eiling F	Plact	or	3	50 SF	x				
Boiler Room #1 & Boiler Room #2				ipe Insi				50 LF	x	-				
Name of Daniel and Winds Hall		JJDEP W	Vasta C.	ibic Yard	e -	Name of	Regist	ered I and	dfill					
Name of Registered Waste Hauler GL Group, Inc	1	lauler ID 033034	No. of	Waste	J	Grows	, vogial	orou Lain	J.,,,					
City, State Bloomingdale, NJ			Di:	sposal Da	ate	City, Stat Morrisv		PA						
Completed by Elena Solakov	ident			Signat	ture	Elem Stulla	ز		Date 8-30	)-20	013		-00:00	

13-056-NJ

Date of Notification (1)			1	Name of E	Building Owr	ner/Operator			1 1		-				
08/29/2013			1 2	Jeff Mit			of 45								
Agencies Notified	Type Notification		831 83	Street Add											
	× Initial				ect Terra	ce									4
DEP  DOL	Amended			7000 h	e, Zip Code	240									
X DOL	Amendment i		2000		air, NJ 070	J42 			T-I-	ahana Ni	ımbor		Zegylo, co		$\dashv$
DOH DCA	justification)	noidaing	100	Name of (					Tele	phone Nu	Imber	•			
☐ DCA	Cancellation			Jeff Mit		MATION			Ш			-			$\dashv$
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	ITY INFORM	WATION	Type o	f Facility (4	)						$\exists$
Montclair Residence		, , , , , , , , , , , , , , , , , , , ,					□ s	chool (K-12	3						
Street Address							S S	ubchapter 8	(Othe	r than K-	12)	din	han		
9 Prospect Terrace	)							ther (i.e. pr	ivate &	commer	ciai bui	aings	, 1101	ies,	
City (5)							Square		# of	Floors	- E	Bldg.	Age		
Montclair, NJ 0704	2														
County (6)				County C			Curren	t Use (Prio	r if beir	ng demoli	shed)				
Essex				•	SE ONLY) _					(0)					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	1		ement Cont	ractor	(9)					
CA Environmental							PER, LI								
Street Address	. D. I. II 7						t Addres	264 K							
2200 Paterson Pla	nk Rd # /						State, Zip					-	_		<u></u>
City, State, Zip Code	7047							NJ 07652	2						
North Bergen, NJ ( Project Manager for Mor			—т	Telephon	e No		ohone No			License	No.				_
Carmelo Almonte	nitoring Film			The state of the s	64-6583	N 200 (200 (200 (200 (200 (200 (200 (200	1)336-0			01195					
Start Date (10)		Schedule	d Cor	10		Nam	e of OSH	A Monitor			-			90	
09/14/2013		09/24/2				Tes	stor Tec	:h							
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)			Stree	et Addres	s	-8						227
	cated During Entire			nent		10-	59 Jack	cson Ave							
Abatement Perform	ned Outside of Norn	nal Facility	Hours	s			State, Zi								
Other – Describe:						- LIC	), NY 1	1101							_
Scope of Work (Check A	All That Apply)					1									
≥3 sf or ≥3 lf			Renova					Containme i-Enclosure		Negative	e Press	ure			
2160 sf or ≥260 lf			emoli	tion			× Glo	vebag Proc	edure						
							L Nor	n-Exempted	(*) an	d Non-Fri	iable Pr		ure iteme	ont	
		1	Locat										Гуре		
Locatio			Norma		•	Descripti		(4 CAA)		mount		T	Τ.		
Asbestos-Containing TO BE AB		Ma	intena	ince/	Asbestos (i.e. th	s Containing ermal syste	ms insula	tion,	53	Specify	7	,		3   !	En
In Fac		Cus	todial (12)	Staff?	-	surfacing, \	/AT, or		SI	F or LF)	Remova	Kepair	Elicabonian		Enclosure
(13)	)		(,			other miscell	aneous)				la la	=	late	12	īe
		Yes	No	N/A								_	$\perp$	+	-
Basen	nent			X		Pipe Insu	lation			50 LF	Х		_		
					505.757-1151										
<u> </u>				1			·								
		-		+								1			
100	anto Unulca			NJDEF W	laste	Cubic Yards	:	Name of	Regist	ered Land	dfill				-
Name of Registered Wa		Hauler ID		of Waste		GROW			over 18						
SUPER, LLC	(	034893						ioiiii							
City, State			122	Disposal Da	ate	City, Stat		TR /							
Paramus, NJ				TBD		Morrisv	(1116), 1	^_	Date		_		_		
Completed by		Title		lanass	•	Signat	ure //	04	1	5	08/29	/20	13		
Tailor Dominguez		Proje	ect IV	lanager	T.	A	171	///		2000	00/20		_		_

Date of Notification (1) 08/14/2013			Building O n Area Y			(2)									
Agencies Notified Type Notification	n	"	Street Add	dress gs Road	i i					W2500-					
EPA Initial Amended Amendme				e, Zip Cod n, NJ 07					*	•					
DOH justificatio			Name of 0 Robert	Contact H.Conle	y.				ملمت	phone Ni	ımher	: 70	1		
			FACIL	ITY INFO	RMATI	ON									
Name of Facility Where Abatement is Tal Madison YMCA Street Address	king Place (3)	3						of Facility (4 School (K-12 Subchapter 8	!) 3 (Othe	er than K-	12)				
111 Kings Road							<u> </u>	Other (i.e. pretc.) re Feet		Floors			ngs, i		5,
City (5) Madison												Did	9.75		
County (6) Morris		(	County C STATE U	ode (7) SE ONLY)		_	Curre	nt Use (Prio	r if beir	ng demoli	shed)				
Name of Monitoring Firm Hired by Buildir	g Owner (8)		ASCM	No.				tement Cont ki Corpora		(9)	300				
Street Address						Street 235 \		ss nung Ave	<del>30.44.</del> 3						
City, State, Zip Code								ip Code nge, NJ 07	7052						
Project Manager for Monitoring Firm	Fi.		Telephon	e No.		Teleph		0.		License 01171	No.				
Start Date (10)	Scheduled		pletion D	ate (11)				HA Monitor							
08/31/2013	08/31/20					Ctroot	A delen						_		
Occupancy Status During Abatement (CI						Street	Addres	55							
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	re Period of Al ormal Facility I	atem Hours	ent			City, S	tate, Z	ip Code							
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Taxable 1	enovat emoliti				×	Min	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure					•	
							140	III Excimptod	7 / 4	211011111			bate	ment	
1		ocation or mall			De	scription	of					_	Ту	pe	
. Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Sole ntenar odial S (12)	nce/	Asbest (i.e.	tos Con therma surfa	taining N I system icing, VA miscellar	Nateria s insul T, or	ation,	(8	mount Specify or LF)	Zemovai	Domousi	Repair	Encapsulate	Enclosure
	res	NO	X		. !	lation	alovio.	boa		8lf	x	$\dashv$			
Basement area	Basement area					lation-g	jiove	bay	-	Oil					
												-			
Name of Registered Waste Hauler		- N	JDEP W	aste	Cubic	Yards		Name of	Registe	ered Land	ifill				
Kielczewski Corporation	100000	lauler ID		of Wa			Conesto	oga L							
City, State West Orange, NJ				Dispo	sal Date	11	City, State Morgan		PA						
Completed by Slawomir Kielczewski	dent				Signatur					Date 08/30	0/2	013			

### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT ISES CHECK # 10574

Date of Notification (1)					Name of Building Owner/Operator (2)	)				
08/29/2013	17412074		•		Mike and Marylin Ramir	ez				
Agencies Notified	Type of	Notificat	ion		Street Address	2010		L 7, .		
( ) EPA	(X) Ir	nitial No	otification		52 Hudson Place		rtander			
(X) NJDEP		mende			City, State, Zip Code					
(X) NJ DOL		mendr			Weehawken, NJ 07086					
(X) DOH			ncy (includi	ng	Name of Contact		Tel. Num	her		
( ) DCA		ustificat		8.75	Mike Ramirez	l f	TCI. TYGIT	001	-	
	( ) C	ancella						m		
		DI (		ACILITY	INFORMATION					
Name of Facility Where Abateme Residential Property	ent is Taking	Place (	3)		Type of Facility (4) ( ) School (K-12)					
Residential Froperty					( ) Subchapter 8 (other than K-1	2)				
Street Address					(X ) Other (i.e. private & commerce		mes, et	Э.		
52 Hudson Place					5 000	0			2	
City (5)	County (6)		County Code	e (7)	Sq. Feet: <u>5,000</u> # of Floor	s <u>3</u>	Bldg.	Age <u>6</u> (	<u>J</u>	
			(State Use C	only)	Current Use (if being demolished	):				
Weehawken	Hudson				Cancer of the series	<b>7</b> -2				
Name of Monitoring Firm Hired b	y Bldg. Owr	ner (8)	ASCM No.		Name of Contractor (9)					
N/A			N/A		Industrial Safety & Enviror	imental Sol	utions,	Inc.		
Street Address			X-100		Street Address	3/10/10/20/20/20/20/20/20/20/20/20/20/20/20/20	- constant			
N/A					3300 Hudson Avenue					
City, State, Zip Code					City State, ZipCode					
N/A					Union City, NJ 07087					
Project Manager for Monitoring F	irm Tele	phone Nu	umber		Telephone Number		100	ense N 1124	umber	
N/A	Caba	d. 1- d C	leties Dete	(44)	(201)325-0055		0	1124		T die
Scheduled Start Date (10) 08/30/2013	09/0	04/201		3 (11)	Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abater  ( ) Facility Closed/Vacated Du					Street Address 3300 Hudson Avenue					
( ) Abatement Performed Outs	side of Norn	nal Facili	ty Hours -							
( X ) Other - Describe: Work area in basement unoc	cunied dur	ing aha	tement		City, State, Zip Code					
		/	) Demolition		Union City, NJ 07087 (X) Renovation					
Source of Work (Check all that a	ppiy)	(	) Demonition		( X ) Keriovation					
( ) Minor Project (< 25 SF	or < 10 L	F ACM)			(X) Full Containment with	n Negative Pr	essure			
( ) Small Project (>25 <1	60 SF or >	10 < 260	LF ACM)		( , ) Mini-Enclosure					
(X) Large Project (>160 S	F or > 260	LF ACI	VI		( ) Glove-bag Procedure ( ) Non-Exempted (*) an	: d Non-Friable	Proced	ure		
Location of Asbestos-	Is Locat	ion Norn	nally Used		Description of ACM	Amount			nt Type	
Containing Material (ACM)			enance or	(i.e.	thermal systems insulation, surfacing,	(Specify SF				
To be Abated in Facility (13)	Cust	odial Sta	ff? (12)		VAT, or other miscellaneous.)	or LF)	ZD.		En	ш
							Remova	Repair	Encapsulate	Enclosure
	YES	NO	N/A				oval	a:	ulate	sure
	150	NO	IN/A						to.	
Basement Area			Х	TSIP	ipe Insulation Residue on elbows	10 LFT	X			
Basement Area			Х	Surfa	cing Insulation on ceiling	800 SFT	Х			
Name of Reg. Waste Hauler  NJDEP Waste Hauler ID :					Cubic Yards of Waste	Name of Reg			DEILI	
NEWARK CARTING 04509					15	City, State	انتا التنب	LEAT	J. 11.1	
					04/2013 / //	BETHLEH	EM. P.	4 180	15	
					ture (	Date		1 100		
					AVII AMAIN					
David Camacho	Proje	ct Sup	ervisor (	<u> </u>	WITO CATIFORD	08/28/20	13			

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

D&S Proj. #: 2013-320

ASB-41

Name of Building Owner/Operator (2) Date of Notification (1) 0 8 1/12 8 1/13 KAREN TURNER Agencies Notified Type Notification Street Address | Initial EPA 74 HIGHLAND AVENUE Amended DEP City, State, Zip Code Amendment #: X DOL MONTCLAIR, NJ 07042 Emergency Telephone Number (including Name of Contact □ DOH justification) ☐ DCA KAREN TURNER Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) KAREN TURNER Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bidgs./Homes, etc. # of Floors Bldg. Age Square Feet 74 HIGHLAND AVENUE County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) **ESSEX** MONTCLAIR Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 01169 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 09/26/13 09/10/13 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure  $\boxtimes$  >3 sf or >3 If □ Renovation Glovebag procedure Demolition ≥160 sf or ≥260 lf Non-Exempted (\*) and Non-friable procedure E Is location normally used solely E Location of е e n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m staff(12) C (Specify SF or material (ACM) material (acm) to be 0 a a LF) abated in facility (13) V Yes No N/A p M PIPE INSULATION 200 L FT BASEMENT, BOILER, CORRIDOR, STORAGE CRAWL SPACE X 60 L FT PIPE INSULATION GARAGE Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY 13506 3 YDS D & S RESTORATION, INC. City, State Disposal Date City, State 09/11/12 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 08/28/2013 PRESIDENT **BOGDAN JOLDZIC** 

Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: 2013-318

D&S Proj. #: 2013-318	-					(V)	# (	MOUN	4				
Date of Notification (1)	Name of	Building (	Owner/O	perator (2)			11 7	200	132				_
0  8   /  2  8   /  1  3	hildeg	ard bode	nstein							-			
Agencies Notified   Type Notification	Street Ad												
☐ EPA ☐ Initial ☐ Amended	169 h	arcourt a	venue									_	_
DEP Amendment #:	City, Sta	te, Zip Co	de										
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	GENFIE	LD, NJ					Telephone N	Jumber	_	_		_
DOH (including justification)	Name of	Contact						Telephone I	turnibe.				
DCA Cancellation	hilde	gard boo	lenstein	1						_			=
			FACILIT	Y INFORMA	TION								
Name of facility where abatement is to	aking place (3)						Тур	e of Facility (4)	K - 12)				
Name of facility where abatement is a									ter 8 (Othe	er thai	n K-12	2)	
hildegard bodenstein								Other (P	rivate/Com	merc		×.	
Street Address							_		omes, etc.		Blda	. Age	
169 harcourt avenue						Q: d: (7)	Sq	uare Feet #	01 Floors		Biog		
City (5)	County (6)	Vi				Code (7) use only)	Ci	urrent Use (Prid	or if being	demol	ished	)	
DED CENTER D	BERGE	Ň						oste: Wi					_
BERGENFIELD,  Name of Monitoring Firm Hired by Bl				ASCM No.	1.1	ame of Abateme							
Name of memory				240-0		D & S RESTO	RATIO	ON, INC.					_
Street Address					S	treet Address							
					_  -	20 California ity, State, Zip Coo	-				_	**	
City, State, Zip Code					١٢	Paterson, NJ							
		Dhone	Numbe	r		elephone Number			License N		r		
Project Manager for Monitoring Firm		Phone	Hambe			973-345-802	20		01	169			_
	Sched. Co	mpletion [	Date (11)		- 1	Name of OSHA M		T					
Start Date (10)		inplotion -	(/		1	D & S Restor	ation,	inc.		_			
09/09/13	09/26/13	200)			`	20 California	Avenu	ne					
Occupancy Status During Abatement Facility closed/vacated during	entire period o	f abateme	nt.		16	City, State, Zip Co							
Abatement performed outside	of normal facili	ty hours-											
Describe: NORMAL H					=11	Paterson, NJ							=
Scope of Work (check all that apply			-					Containment wi-enclosure	//negative	press	ure		
	Renovation						T Glo	vebag procedu	re				
>160 sf or >260 lf	Demolition						☐ No	n-Exempted (*)	and Non-	friable TR	proce	E	Γ
			ed solely	/						e m	е	n	E
Location of	Is location no	rmally us	dial				200	Amount			р	a	C
Location of asbestos-containing		rmally usince/custoo	dial	Descript	tion of a	sbestos-containin	9	Amount (Specify S	SF or	0	а		_
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location no by maintenar	nce/custoo	dial 		tion of a	sbestos-containin	g		SF or	1 100	a i r	р	
asbestos-containing material (acm) to be abated in facility (13)	Is location no by maintenar staff(12)	nce/custoo	dial 	Descript material	I (ACM)		g 	(Specify S	SF or	0 v e	a i r	P	
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asbestos-containing material (acm) to be abated in facility (13) BASEMENT	Is location no by maintenan staff(12) Yes	No X	N/A	Descripi material  DUCT IN FURNAC	SULA E INSU	TION JLATION		(Specify S LF) 80 SQ FT 60 SQ FT	SF or	0 v e	a : '		
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  Registered Waste Hauler	Is location no by maintenant staff(12)  Yes  NJDEP	No No Hauler ID	N/A N/A	Descripi material  DUCT IN FURNAC  Cubic Yards of	SULA E INSU	TION JLATION	tered L	(Specify S LF) 80 SQ FT 60 SQ FT		∘ v e ⊠ ⊠ □ □ □	a : -	P	
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  Registered Waste Hauler D & S RESTORATION, INC.	Is location no by maintenant staff(12)  Yes  NJDEP	No No Hauler ID	N/A N/A	Descripinaterial  DUCT IN FURNAC  Cubic Yards of 2 YDS	SULA E INSU	ION JLATION  Name of Regis TULLYTOV City, State	tered La	(Specify S LF)  80 SQ FT  60 SQ FT  andfill ESOURCE R		∘ v e ⊠ ⊠ □ □ □	a : -	P	
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  Registered Waste Hauler D & S RESTORATION, INC.	Is location no by maintenant staff(12)  Yes  NJDEP	No No Hauler ID	N/A N/A	Descript material  DUCT IN FURNAC  Cubic Yards of 2 YDS Date  13	SULA SULA SE INSU	IION JLATION Name of Regis TULLYTO	tered La	(Specify S LF)  80 SQ FT  60 SQ FT  andfill ESOURCE R	ECOVE	∘ v e ⊠ ⊠ □ □ □	a : '	P	
asbestos-containing material (acm) to be abated in facility (13)  BASEMENT  BASEMENT  Registered Waste Hauler D & S RESTORATION, INC.	Is location no by maintenant staff(12)  Yes  NJDEP	No No Hauler ID	M/A  # Consists of the consist of the consists	Descript material  DUCT IN FURNAC  Cubic Yards of 2 YDS Date	SULA SULA SE INSU	ION JLATION  Name of Regis TULLYTOV City, State	tered La	(Specify S LF)  80 SQ FT  60 SQ FT  andfill ESOURCE R		° v e M M M M M M M M M M M M M M M M M M		P	

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			FA	או צדשוטי	FORMATION	Type of Facility (4		
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UN	15 0 34600	Owner	ASO	J No.	Hame of Abate	meni Convegor (9)		
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Name of Registered	Wasie Hauler		Hai	Jer D No.	01 Waste		1, C, M.	
KiEM	co INC.		14	7904	0600000	ale City. State		とう
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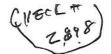
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)	* *.			ESTOS ABATEN 8:60 and 12:120			
Sate of Notification (	129/13	Name	of Buildin	g Owner/Operator TNTECN	CONTRICT	SEP 4	2013
Agencies Notified	Type Notification	Street	Address	Rr,50	- L	450051	
Ø oor Ø œ Æ æv	Amended : Amendment i Emergency (i	¥	tate. Zip C	Code LEEN FIE	= LD, N, D		
□ DOH .	justification)  Cancellation		of Contac	ULE BREL	INIG	Telephone Numb	er
		FAC	ILTY INF	ORMATION			
RE STEEL ADDRESS	re Abatement is Takir						
31.15	ELBERG				Square Feet	# of Floors	Bidg Age
County (6)	ELSEA NE	Coun	ty Code ( ONL Y)	7) (STATE	Current Use (Pr	ior if being demolis	shed.
	irm Hired by Building	Owner ASCM	Yo	1.1	ment Contractor (9		
Street Address					S,SPRUC	= 100.	
Cr. State Zip Code				Ciry, State, Zip (	Code PLT SIND-	2 10 12	5.50
Project Manager for N	Monitoring Firm	Telephone I	No	Telephone No.	9-0472	License No	44
Stan Date (10)	/17 Sche	eduled Completion Dal	te (11)	Name of OSHA	Monitor SEPN KL	EMM	
Jiscupano, Status Di	uring Abatement (Ch	eck only one)		Street Address	S, Spn	.va= 2 vã.	
Abatement Perform	cated During Entire P med Outside of Norm	al Facility Hours		Cry, State, Zip (	CODE APLE SI	10DE, N.	J-08-23
Other - Describe Scope of Work (Check 25 st or 25 th 21 50 st or 2260 th		Renovation Demolition		Full Co	ontainment with No		ue-
Location Containing	ng Material (ACM)	Is Location Normally Used Solely by Maintenance/ Custodial	Asbes	Description of the Containing Management of t	aterial (ACM)	Amoun' (Specity	Abarenkii Yoki

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Location of Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)	Mair	solet ntenan ustode Staff? (12)	ice/	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amoun' (Specity SF or LF)	Removal	Нер.ш	appropriate
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rame of Registered Waste Hauler			WDEP V		gistered Landfill		J	

Disposal Date

Signature



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Date of Notification (1)	116/13		Name o		Owner/Operator		NICTINE		9-1	
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Agencies Nouned	Type Notification		Street	rodress	5 RT, 5	<u></u>	SEP :4 2	013	. / [	
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□ ∞r	Emergency (in			(inc	-en 1-15	-0,0,0,0		A A	4_	_
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Name of Facility Where	Abatement is Taking	Place (3)			8.55	Type of Facility (4	1			i
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	E MAY		2.5.2		Name of Abateo	contractor (9)				i
Name oi Marionno Fin	n Hired by Building	Dune!	ASCH N	0.	Name of Addition	CO TNO	: /			i
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Street Aggress										
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City State Zp Code					MAR	SHAD	E 1 10 10 00			=
			lephone h	h	Talantona No.		License No			
Project Manager for M	oritioning Firm		. مانع تراقا	~	856-7	79-0472	0044			
AND AND THE STREET OF THE STRE				77.13	Name of OSHA	Manitos .				
Sup Date (10)	Sche	dued Comp	le Don Dal	e (11)	TOCE	PKALEM	M			
S:an Date (10)	13 -9	110								
Occupancy Status Du	one Anatement (Che	ck only one	)		Sueel Address	SPILUCE	ころしき			
Demosity Closed/ac	ing Addition Entre P	erical of Aba	iemeni		3642	2/2/10000				
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Other - Describe:							S-20			
Scope of Work (Chec	k all that apply)				□ Full C	ontainment with Ne	gative Pressure			
		Renov				nclosure bag Procedure				
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Name of Registered	Wasie Hauler		Hauter	DNO.	01 Waste	1 0, ~	1, C, M.U	<u> </u>		
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Date of Noufication (1)	131/13.				Owner/Operator		MICTINE	
Agencies Notified	Type Notification		SUPPLAG	dre ss		7.07	<b>9</b> ,	74 11
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□ 00n	justification) Cancellation		Name of C		BREUR		Telephone Humber	-1-4-
	O Ca Zooto.				ORMATION			
	· · · · · · · · · · · · · · · · · · ·	Place (1)	FACILI	I I INC	OTOXATION	Type of Facility	(4)	
Name of Facility Where	IDE IUCIE					School (K-12	) (Other (han K-12)	
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140	, 16036	. 9.044				Square Feel	# of Floors	100 A 0 €
Ciry (5) STA	LAITHMER	<u> </u>		2-12-12	VETATE	Current Use (Pr	for it being demokshi	
County (6)	AG MAY		USE ON	2006 (1 (LY)	) (STATE	VA	CANT	
Name orthonioning Fin		>wner	ASCAL No.	Ī	Name of Abatem	reni Convegor (9	i.	
Paus ordinariound Lin	///							
Street Appress					369 5	S. SPRU	CE AVE.	
City State Zp Code					City. State. Zip C	ONO CHA	DE ? NJO	805 -
STATE OF THE PARTY		1 901	ephone No		Telephone No.		License No	4
Project Hanager for M		\·\ _				79-047	2 _0044	
Sian Daie (10)	Sche	ou ex Comp	letion Date	(11)	HATTE OF OSHA	PKALEN	M	
1.0/0 /1	3 -9	/16		==	Sueet Address		=1,05,	
Deanshor Status Di	ALAS BUILDED PROTE FO	1100 01 100			3695			
Abatement Perform	red Outside of Norma	y Facility Ho	iurs		Ciry. State, Xip	THE SHAD	E, N. J.	08052
One Describe				=_		ontainment with h		
Scape of Work (Chec	r all (var abbil)	☐ Renov	alion .		☐ Mun·E	ncloeure		
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Name of Registered	Wasie Hauler		Hauter D	NO.	01 Waste			
	co INC.				0eps 10a	Ciry State	DBINE	$\mathcal{N}$ $\mathcal{N}$ $\mathcal{N}$
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458 41		· Do not us	e this form	101 830	76 2103 HEBITSOLE	erempled acumi		

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### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)		Name of Building				$\sim$						
8/30/2013					Messe	rcola E	nterprises		45	A	/	
	l Notificatio			Street Address	549 Ea	ıst 3 <sup>rd</sup> S	Street					
[x] DOL Ame	nded Notific ndment # gency (inclu			City, State, Zip Co		eld, NJ	07060 S	EP 4 201	3	9		*1
[x ] DOH justif	ication) ellation	_		Name of Contact Fernar	ndo		. T	elepho <u>ne Number</u>			7	
			FACI	LITY INFORM	ATION	\$1100000000						· 1/2
Name of Facility Where Abatement is Takin Residence	g Place (3)					Туре	of Facility (4)	School (k-12)	Log the	- 1-12\		
Street Address 102 Delmonte Av	enue	10.00					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,
Toms River Township	County (6	5)		County Code (7) (STATE USE ONL	Y)		000 sf	# of Floors 1 being demolished)		g. Age	0	
	Ocean					Curren	Resider		(i)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)			ASCM No.	Name of	Abateme	ent Contractor		Inc.			
Street Address					Street Ac	ldress	1000 7	0 77 1 61				
City State 7in Code	City, State, Zip Code					te, Zip C		oute 9, Unit 61				
City, State, Zip Code			City, Sta	ie, zip C		liver, New Jers	ev 087	755-1	271			
Project Manager for Monitoring Firm	umber		Telephor 732-34		er	License N 00624						
Scheduled Start Date (10) 08/31/2013	ompletic 3	on Date (11)	Name of			L. Analytical						
Occupancy Status During Abatement (Check	ed During Er				Street Ac	ldress	1056 St	elton Road				
Abatement Performed Other – Describe	Outside of N	Normal Fac	ility Ho	ours	City, Sta	te, Zip C		way, New Jerse	y 088	54		
Scope of Work (Check all that apply)	100,500				[ ]		l Containment	with Negative Pre	essure			
[ ] >3 sf or ≥3 lf [ X ] ≥160 sf or ≥260 lf	] [	<u> </u>	Renovat Demoliti		[ ] [x]		vebag Proced n-Exempted (*	ure ) and Non-Friable	Procedi	ıre		
								T	Abat	ement	Tyne	
	Te	Location			Descriptio	n of						
Location of	10001	mally used	d	Ast	estos-Cor	taining		Amount	R E	R E	E N	E N
Asbestos-Containing Material (ACM)		olely by			Material (A			(Specify SF	M	P	C	C
TO BE ABATED in facility	Mainten	ance/Cust Staff	odial		, thermal :			or LF)	0	A I	A P	LO
(13)		(12)		11150	VAT, c				V	R	S	S
(25)		()		oth	er miscella				A		U	U
	YES	NO :	N/A						L		L E	R E
Exterior		Asbestos sidir	ıg			800sf	X					
29 8												
Name of Registered Waste Hauler NJDEP Waste Hauler				D.V.   0	1 0	. 157	CD					
Name of Registered Waste Hauler Guardian Contracting, Inc.	223	3	ards of Wast		me of Registe T.R.R.F.	red Landilli		-20132				
City, State Toms River New Jersey	Disposa 09/04/		City, St	ate own A	ennsylvania	h						
Toms River, New Jersey 09/0 Completed by (Print or Type) Title Nicholas Fernicola Project Manager				Signature	-la -l	77			Date 8/30	0/2013	3	
* 101011011 * 700017701	1 3			1 1, 6	1001						_	

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	August 30, 2013				Name o	f Building	Owner/Ope Ron St		66	¥ -			
Agencies Notified  [X] EPA  DEP		l Notific	eation tification		Street A			Hampton St	SEP 4 2	2013		业	
[x] DOL	Amer [x] Emer	ndment i gency (i			City, St	ate, Zip Co		rd, NJ 07016	seasana och		&		
[x] DOH [] DCA		ication) ellation			Name o	f Contact Ron S	tarner	Τ	elepho <u>ne Number</u>	,			
				FAC	LITY	NFORM	ATION						
Name of Facility Where Ab	oatement is Takin idence	g Place (	(3)					Type of Facility (4)	School (k-12) Subchapter 8 (ct	her tha	n k-12)		
Street Address	11 <sup>th</sup> Ave.							[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City		Coun	ty (6)		County ( (STATE	Code (7) USE ONL	Y)	Square feet 1000 sf	# of Floors		g. Age	0	
Seaside Park		Ocea	n			11.0000, 10.0000		Current Use (Prior if Residen	(CONTRACTOR OF STATE	)			
Name of Monitoring Firm I		Owner	(8)		ASCM N	lo.	Name of	Abatement Contractor Guardi	(9) an Contracting,	Inc.			
Street Address						HI.	Street Ad		oute 9, Unit 61				
City, State, Zip Code							City, Stat	e, ZipCode	River, New Jers		755-1	271	
Project Manager for Monitoring Firm Telephone Nur							Telephon 732-349	e Number	License N 00624				
Scheduled Start Date (10) 8/31/13			Scheduled 9/3/1		on Date (	[11]	Name of	OSHA Monitor E.M.S.	L. Analytical				
[ ] Abat	Abatement (Check ity Closed/Vacate ement Performed r – Describe	d Durin	g Entire Per				Street Ad	1056 Stee, Zip Code	telton Road way, New Jerse	ev 088	854		
Scope of Work (Check all t	that apply)						[ ]		t with Negative Pre				
	for≥3 lf sfor≥260 lf		[ ] [x]	Renovat Demolit			[ ] [ x ]	Mini-Enclosure Glovebag Proced Non-Exempted (*	ure s) and Non-Friable	Proced	ure		
									I	Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodi Staff (12)				ised y		Ast N (i.e. inst	Description Destos-Con Material (A , thermal sulation, sur VAT, o er miscella	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	E N C L O S U R E
Exterior X					Asbe	stos sidin	g		800 sf	X			
-													
	Name of Registered Waste Hauler NJDEP Waste Hau							Tiv en ::	17 1511				
Guardian Contracting, Inc. 20223						Cubic Ya	rds of Wast	T.R.R.F.	red Landiiii				
				Dispos 9/4/13			City, Sta	<sub>own,</sub> Pemnsylvania	1				
Completed by (Print or Typ				0-2-1-2	Signat	ure	61	1/	1	Date 8/30	0/2013	3	

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

Date of Notification (1) August 30, 2013	Name of Building	Frick J	oint	Ventures, LEC	e is is	PB	33	7	
Agencies Notified  [ X ] EPA	Street Address  City, State, Zip Co								
[ X ] DOH [ X ] Emergency (Including justification)  [ ] DCA [ ] Cancellation	Name of Contact Enzo			Tele	phone Number				
• •	CILITY INFORM	AATION		V-F 1				1,	
Name of Facility Where Abatement is Taking Place (3)	ICILIT INFORM	INTION	Тур	oe of Facility (4)	1 (1 10)				
Proposed Shop Rite				E 2	chool (k-12) ubchapter 8 (oth	er than	k12)		
Street Address 2401 Route 22 west				h	other (i.e., private omes, etc.)			al build	ings,
City County (6)	County Code (7) (STATE USE ONI	_Y)		are feet 30,000 sf	# of Floors	Bldg.	Age 60	)	
Union	(511112 000 011			rrent Use (Prior if be Building	eing demolished)				
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of	f Abat	ement Contractor (9	) Contracting,	Inc			
N/A Street Address		Street A	ddress	3	2000 1900 1000 1000				
400000000000000000000000000000000000000		City, Sta	ate, Zi	p Code	te 9, Unit 61				
City, State, Zip Code		Telepho		Toms Riv	er, New Jerse License N		55-12	271	-
Project Manager for Monitoring Firm Telephone Numb		732-34	19-99	932	00624		_		
Scheduled Start Date (10)         Scheduled Comp           8/30/13         9/3/13	oletion Date (11)	Name of	f OSH	IA Monitor E.M.S.L.	Analytical				9
Occupancy Status During Abatement (Check only one)  [ x ] Facility Closed/Vacated During Entire Period of  [ ] Abatement PerformedOutside of Normal Facility  [ ] Other – Describe	Abatement Hours	Street A		1056 Stellip Code	ton Road	y 088	54		
			1	Full Containment v					
[X] >3 SI OI 25 II [X]	ovation nolition	[ x [	j ]	Mini-Enclosure Glovebag Procedur Non-Exempted (*)	e		ıre		
[ ] 2100 \$1 01 2200 11 [ ]						Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custod Staff (12)  YES NO N/	ial (i	Descripti sbestos-Co Material ( .e., therma sulation, s VAT, ther miscel	ACM ACM I system or	ing () ems ing,	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
Interior X	fittings				150	X	_		
		_					-	-	-
			_		-		-		1
Name of Registered Waste Hauler  Guardian Contracting, Inc.  NJDEP Waste Hauler  2022.	5000	Yards of W		Name of Register T.R.R.F.	ed Lardfill				
City, State Di	isposal Date /4/13	City, Tully	State	n, Pénnsylvania		75 to 840			
Toms River, New Jersey 9/ Completed by (Print or Type) Title Nicholas Fernicola Project Manager	Signature	Last	P.	Fel		Date 8/3	e 0/201	3	

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



Date of Notice 8/27/13 Type Notification	Name of Building O Mark Roshanski	wner /	Operator (2)	CE IV		7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Agencies Notified  X EPA X Emergency Notification X DEP X DOL X DOH Cancellation	City, State & Zip Co Edison, NJ 0883 Name of Contact	ode 7	and be-	EP 4 20'		Telephono Number
DCA	Mark Roshanski			FREEZENSING		
	FACILITY INF	ORMA	TION			
Name of Facility Where Abatement is Taking Place Residence	e (3)	] " {	of Facility (4) School (K-12) Subchapter 8 (	Other than K-	12)	
783 Old Raritan Road					cial build	lings, homes, etc.
City (5) County (6)	County Code (7)	Squa	re Feet 2000	# of Floors		Bldg. Age 60
Edison Middlesex	County Code (7)			if being demol	shed)	00
Name of Monitoring Firm Hired by Building Owner Environmental Tactics, Inc	(8) ASCM No.			nt Contractor (9		
Street Address 64 Broad Street		1000	et Address Schoolhous	e Road		
City, State & Zip Code Matawan, NJ 07747		City,	State & Zip Co			
	elephone Number 32-290-2217		ohone Number 605-9062		License	Number 00714
Scheduled Start Date (10) Scheduled Compl		Name	e of OSHA Mo	nitor nt Services,	LLC	
Occupancy Status During Abatement (Check only X Facility Closed/Vacated During Entire Perion		100000000000000000000000000000000000000	et Address Schoolhous	e Road		
Abatement Performed Outside of Normal F Describe: <b>Area Isolated During Aba</b> Other - Describe:			State & Zip Co roe Townsh	ode ip, NJ 08831		
Scope of Work (Check all that apply)  X Demolition Renovation  Large Project  X Quantity is ≥ 3 SF or ≥ 3 LF ACM  Quantity is ≥ 160 SF or ≥ 260 LF ACM			Mini-En Gloveba	ntainment with closure ag Procedure Non-friable	Negative	e Pressure
Location of Asbestos-Containing Material (ACM) TO BE ABATED  N		Asbes Ma (i.e., th rsulatio	escription of stos-Containing terial (ACM) nermal system n, surfacing, V r miscellaneou	g (S Squ s 'AT Line	mount pecify are Feet or ear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation o Enclosure)
Shed	N/A	•	Transite	20	00 SF	Removal
2 <sup>nd</sup> floor	N/A		et flooring		0 SF	Removal
1 <sup>st</sup> floor kitchen, laundry/mudroom Mother/daughter section roof	N/A N/A	She	eet flooring Roof	11 11 17 17000	66 SF 00 Sf	Removal Removal
Name of Registered Waste Hauler N.	JDEP Waste Hauler ID 18693	#	Cu. Yds. of W	aste Nam		istered Landfill
Freehold Cartage City, State Freehold, NJ	10033		Disposal Date 8/29/1	City,	State ytown,	Pa
Completed By (Print or Type)  Dominick Tringali  Title  Project M	anager		Signature	ick Trings		Date 8/27/13

CHECK # 1076

Date of Notification (1) 8-28-13						Owner / Operato		E		i In	1		
Agencies Notified Type Notific	ation			Addr		Liability Trans	Sier 6 0		<u> </u>		-		
⊠ EPA		1	650	Des	Peres	Rd., Suite 30	6						
DEP Initia					& Zip C		LI LI SE	P	4 2013	12			
DOL Ame DOH □ Eme					MO 6	3131			Т.	T 41 - 1 -	١.		
	rgency cellation				ntact ELT		ASSES	5057	CONTRO	Telepha	MA. N	li.imh	25-
	- Condition	115				ORMATION	HOL		20120		J		==
Name of Facility Where Abatem	ent is Taking P	lace (3)				Type of Facil	lity (4)		1.				
Building #15, former ASARO	CO facility	107 (0)				School (	1.63						
Street Address							oter 8 (Other th						
1160 State Street							e. private & co					etc.)	
City (5)	County (6)	Cou	nty C	ode (	77\	Square Feet	# of Fl		1	Bldg. Ag	le		
Perth Amboy	Middlesex	NA	iity C	oue (	(1)	Current Use	(Prior if being	NA		IA_			
I erui Amboy	IAIIGGIESEX	INA.				None	(i flor ii beilig	demoi	isried)				
Name of Monitoring Firm Hired b	y Building Owr	ner (8)		ASC	M No.	아이트 그 내가 있었다면 사람이 되었다면 없으면 하고 있다.	tement Contra						
Street Address						Street Addre		,					0.000
		200001120				PO Box 13							
City, State & Zip Code						City, State &							
Project Manager for Monitoring F	per	Cherry Hill, Telephone N			License N	lumber		-					
					£25M	609-567-09	50		Liodrido	0118	37		
Scheduled Start Date (10) 9-6-13	Scheduled Cor 10-4-13	npletior	n Date	e (11)	)	Name of OSI EMSL Anal							
Occupancy Status During Abater						Street Addres							
Facility Closed/Vacated I Abatement Performed O						107 Haddo				-			
Abatement Performed O	utside of North	ai noui	S - 1	am to	) Spiii	City, State & Westmont,							
Facility Occupied During	Abatement					westillollt,	143 00 100						
Scope of Work (Check all that an													
		_	0.00				4		nent with N	egative	Pres	ssure	
≥3 sf or ≥3 lf ≥160 sf ≥260 lf				ovatio			Mini-Er		2000				
≥160 \$1 ≥260 II	**	$\boxtimes$	Dem	olition	1				rocedures ed and Nor	-Friahle	Pro	cedu	ro
Location of		ls Lo	ocatio	n		Description		<del></del>	Amount			ent T	
Asbestos-Containin	g	Norma				Asbestos-Con	taining		(Specify	- 1.5			,,,,
Material (ACM) TO BE ABATED		Mainte	ely by			Material (A (i.e., thermal s		5	SF or LF)	₽,	70	Enc	9
in Facility	* -	Custo		taff?	i	nsulation, surface				Remova	Repair	apsı	Enclsoure
(13)			12) No	N/A		or other miscell	aneous)			/ <u>a</u>	=	Encapsulate	ure
Roof			$\neg$	$\boxtimes$	Poof	ing material		26.0	00 s.f.				
Roof		+	H	X		flashing mate	rial		5 s.f.		片	H	H
1.00.		H	Ħ	H	11001	naoning mate	, riai	1,,,,,	0 3.1.		H	H	H
										T	Ħ	Ħ	Ħ
							T						
Name of Registered Waste Haule				DEP V iler ID		Cubic Yards of Waste	Name of Reg	jistere	d Landfill				
Bull Waste & Recycling, LLC						400	G.R.O.W.S.						
City, State						Disposal Date	City, State	DA					
Berlin, NJ Completed By (Print or Type)			T:41 -			10-4-13	Morrisville,	PA		Deta			
Completed By (Print or Type)  Theodore S. Budzynski  Title  Gen. Mgr.						Signature	$\overline{}$	100		Date 08-28	1-12		
Julia	Theodore S. Budzyński Gen. Ingr.									00-20	-10		
			-							_			

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

Date of Notification	n (1)			ding Owner/Operato	r (2)				
8-29-13		1	Kristen	Gates	1-1-1-1-1	@ ₽ I	D // (23)	7	
Agencies Notified	Type Notifica	ation	Street Addres	2 <sup>1</sup> - 12 - 12 - 12 - 12 - 12 - 12 - 12 -			VE	m	
[ ]EPA	[X]Initial		15 Mitch	hell Ave.	1 7		1		
[ ]DEP	Notific	ation	City, State,	77	0	EP 4 2	012		75
[X]DOL	[ ]Amended Notific	ation	Roselan	d,NJ,07068	2 - 0	EP 4 2	013	0	
[X] DOH	1002220		Name of Conta	act	Telephon	e Number			
[ ]DCA	[ ]EMERGENC		Kristen	Gates				7	
21-200-00-0	[ ]Cancella	tion			i.v.	# A17 A01 LO			
Name of Facility Whe	are Abatement	is Taki		ITY INFORMATION	Type of Facil	ity (4)			
Same as above		ID IONI	ng 11000 (0)		[ ]School	77			
					[ ]Subchap	ter 8 (Othe			
Street Addres						i.e., priva uildings, h			
					Square Feet	# of Floo		dg. Ag	
City (5		County	(6)Essex	County Code (7)	1550	2		65	
				(STATE USE ONLY)	Current Use (	Prior if be		70.77	ed)
Name of Monitoring P Owner (8) N/A	Firm hired by	Buildin	g ASCM No.		MANAGEMENT				
Street Address				Street Addres	38				
				86 Chri	stopher St	•			
City, State, Zip Coo	de			City, State,	Zip Code		×		
				Montcla	ir, NJ 070	42			
Project Manager for	Monitoring Fi	rm Te	lephone Numbe	r Telephone Nur	mber		License	Number	<u>-</u>
		N	/A	(973) 74	4-8800		0037	1	
Scheduled Start Date	e (10) Sche		letion Date (		Monitor				
9-10-13 Month Day Y	ear Mo	9-11-		N/A					
Month Day Y Occupancy Status Dur			Day Year only one)	Street Addres	ss				
[X]Facility Clo of Abatemen		uring Er	tire Period						
[ ]Abatement Pe	rformed Outsi		Mattheway in a recommendation of the con-	City, State,	Zip Code				
Hours - Desc [ ]other - Desc	ribe: «OffHour				≅				
Scope of Work (Check			Descripe#						
boope of work (onec	carr that app	,11,		[ ]Full	Containment wi	th Negative	Pressu	ire	
[X]≥3 sf or []>160 sf of		70	X]Renovation ]Demolition		-Enclosure ebag Procedure				
[ 12100 31 (	01 2200 11		]Demoiltion		Friable Procedu	re			
Location	. of	1	Is Location	Dogovinti	<del>-</del>		Aba	tement	
Asbestos-Cor		N	Vormally Used	Descripti Asbestos-Con		Amount	R	D N	N
Material		,	Solely By Main-	Material		(Specify	-	E	L
TO BE AR		t	enance/	(i.e., therma insulation, sur	THE RESERVE THE PROPERTY OF TH	SF or LF)	0	A S	SS
(13)		St	ustodial caff (12)	or other misce			A L	RI	
Basement		Yes	No N/A	Dino Inculat	-i on	30 LF	x	-	E
Dasement		-	A .	Pipe Insulat	21011	30 HF			
Name of Registered V	Jacto Hauler	hst.	JDEP Waste	Cubic Yards	Name of Regi	stored Land	efill		
AZTECH MANAG		C H	auler ID No.	of Waste 1.5	G.R.O.W.		****		
City, State				Disposal Date	City, State		,	7.00	
Montclair, NJ	07042			9-12-13	Morrisvi	lle, PA	1906	7	
Completed By (Print	or Type) Tit	-10		lo idea a true	1	- //	D-1		
Constantine V	St	eside	ent	Signatur	1	1/11/10	Date 8-29-	-13	
				(0)	ns fm/h	u floor	_		

Date of Notification (1)	-		FD-3245		P		711	<u> </u>	0	10	1		
8-28-2013	v.		Borou	r Building igh of Kr	Owner/Ope Sansburg	abor	W I		APPRO	WED		-	ı
Agencies Notified Type Notification	1		Street A	ddrees			Non-				r Ser	vices	-
☐ EPA ☑ Initial			29 Ch	urch St	ser th	1	2013	epe of	1	100	200		1
DEP Amendad		Ī		ate, Zip Co			2010	Ma	C (alumit		~	- 4	uma
DOL Arriendmen		[	Kean	sburg N	J 017734	Į.	Date	. <u>NJ</u>	<u> XIB</u>	_Time:	DN	37	n
DOH justification	)		Name o	f Contact	SBESTO	G 00	NTROL &	Telso	pen al				-
DDA Cancettatio	п		106 E	izonem	ORMATION	ENS.	NG	سلل		UU V			
Name of Facility Where Abatement is Tald	ng Place (3	3)	II-below	ILII I MAIL	ALCHINA I HOL	-	Type of Facility (4	)					
House for Demo							School (K-1)	( A.C.					
Stroot Address		***	-			$\neg$	Subchanter	6 (Other	than K-	12)			
57-Lawrence Ave.							Other (i.e. p	rivate &	compa	dal bu	idinge	, hon	185,
City (5)				_		-	Square Feet	# of F	Toors		Bldg.	Arre	
Keansburg						- 1					50+	94	
County (6)	The same		County	Code (7)			Current Use (Prio	r if being	damos				
Monmouth		_		use only		-	House			•			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	vi No.			of Abatement Con						
Street Address			n/a				ica Manageme	nt Con	poratio	חל			
n/a							Address						
City, State, Zip Code		_					roy Lane						
n/a							bana, Zip Code oln Park, NJ 07	205					
Project Manager for Monitoring Firm	7	Takapho	na Nn			one No.							
r/a		n/a	.,,,			706-795D	1.7	icense 01193	NO.				
Start Date (10)	Schedule	ed Cor	nplation !	Date (11)	1		of OSHA Monitor		71100		*		<u> </u>
8-29-2013	8-30-2				ı	ozn	ica Managmen	t Corpo	oration				ŧ.
Occupancy Status During Abatement (Che	1.7	22					Vddress					•	
Facility Closed/Vacated During Entire	Period of A	bater	nent		12	22 Tr	oy Lane						
Abatement Performed Outside of Non Other – Describe:	nal Facility	Hour	8		100		ate, Zip Code			-	~~~		-
Scope of Work (Check All That Apply)						Linco	in Park, NJ 07	035					
				35		Trans.	1					V. 2.	
조 3 5 6 0 23 N 조 3 160 3 1 0 1 22 50 N		enova emolit				H	Full Containmen	nt with M	egative	Pressu	n'a		
		CONCIN	JALIE S				Mini-Enclosure Glovebay Proce	dure					
	<del> </del>					X	Non-Exempted	(") and N	lon-Fria	ble Pro	cedur	ę	
		Locati						(3)				ment	
Location of Asbestos-Containing Material (ACM)	User	iormal i Sole	ly by		Descrip	olion d	of .				13	pe	
TO BE ABATED	Wal	ntena	hoe/	Asbest (i.e.	os Containi thermal sys	ng Ma	sterial (ACM)	Amo		-		T.	
In Facility (13)	Cusp	(12)	Platt?	(	surfacing	VAT	.07	(Spe SF or		en	Repair	deb	로
(10)	-				other misc	ollane	юць)		•	Removal	1 =	Encepsulate	Enclosure
	Yes	No	N/A			-				1		8	4
	Concrete Slab below floor in				9)(9)	VAT		300	SF	×			
Garage			(enti	re concre	te sla	ab to be							
			remo	ved and o	dispo	sed of as			1	_			
					asbestos	Was	ste).			+	-	-	-
Name of Registered Waste Hauler			JDEP W	elate	Cuble Yan		Name of R	egistere c	l Landill	T T		_	
Loznica Management Corp		2755	033137	0.00	of Waste TBD		GROWS	Landi	in				
City, State					Disposal C	Dalle	City, State			-			
Lincoln Park, NJ 07035		-	TBD	saturality.	Morrisvil	le PA 1	9067						
Completed by			Sign	pure	7-			Aba					
E. Cirovic	otary	,			(	Luci	_)	8	-28-2	013			

CL # 46 AO

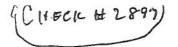
			- 1-			- 0	P20	TE TO		1 1	V/	T	1
Date of Notification (1)	13		1		f Buildin (S.	C Roo		ال ال					7
Agency Notified	Type Notification		18	Street A	ddress						140		
D EPA	D'Initial					BURMA	KGO	95	4	20	113		1
D DEP	☐ Amended Amendment #		1	City, St	ate, Zip (	and Par	aic At	T 074	32				-
AT DOL	☐ Emergency (including	g	ļ.	Name *	f Contac	TUD CHA	c10 . 10	Telephone Nur	nber /		110	- 6	×
EDCA	justification)  Cancellation		1			2005T							
= 500						ORMATION			-		-		
Name of Facility Where	Abatement is Taking Place	æ (3)					Type of Facility	1 (4)				.00.	
	. L Roos			1224 a	3 E	34	☐ School (K-1	2)					
Street Address	BURMA 1	.5		, <del>, ,</del>	<del></del>	4	☐ Subchapter	8 (Other than K-1) rivate & commerci	2) ial buildin	gs,			
							Square Feet	Company Company	Bidg.			,	
MIDL	AND PAR	216			83		.2700		1	9.6	60	)	
		T			Code (7	(STATE USE	Current Use (F	rior if being demo	lished)				
	GEN			ONLY)				01				_	_
Name of Monitoring Firm (5)	Hired by Building Owne	F	NSCM	No.		Name of Abaten							
Street Address		Т.	-			Street Address	emoval l	шс	~				
	4			65			River St						
City, State, Zip Code		+				City, State, Zip C	code						_
			4.				sack, N.	J. 07601	B (1996)				_
Project Manager for Mon	itoring Firm	Tel	ephon	e No.		Telephone No.	71.1.1	License No. 00388	10				
	101.41.12		- 8-1	1441		201-329-		00300					_
Start Date (10)	Scheduled Co	mpletic	13	(FF) <del>G</del>		Omega En	vironmer	ntal Inc	120				
Occupancy Staitus During	g Abatement (Check only	1 - 1	1-0			Street Address							
Cl. Facility Closed/Vacate	d During Entire Period o	f Abate	ment			280 Huy							
Abatement Performed     Cother - Describe: 7.	Outside of Normal Facili	ity Hou	rs			City, State, Zip C		k, N.J.	0760	6			
Scope of Work (Check a	ll that apply)			50.70				Negative Pressu					
023sfor23ff				Rend Dem		O Mini-	Enclosure ebag Procedure		25 25				
D∕2 160 af or ≥ 260 lf	1		·	- Jeill		☐ Non-	Exempted (*) an	d Non-Friable Pro	cedure	I AA		_	-
* *	. :		Locatio			ð:		,			Typ		P.E.
. Locatio			onnali I Solei			Description							
Asbestos-Containin TO BE A		· Mair	ntenar uslodi:	ice/	Asbe	stes Containing Ma thermal systems	insulation,	Amount (Specify		Rep	R	non	Eno
. ' IN Fac	ally		S=#?			surfacing, VAT	, or	SF or LF	)	Removal	Repair	lueo	Enclosure
(13	"		(12)			QUINT DISCERNA				=		8	•
· ·		Yes	No	N/A						Ļ	+	4	_
LAUNDRY	7200 M				V	ATH MA	ISTIC	200	SF	Ă	+	-	_
/									·	Н	+	$\dashv$	-
										Н	+	-	-
Name of Registered Was	· I	N H	)ED 14	Vaste H	auter	Cubic Yards of	Name of Reci	stered Landfill		Ш		_	H
Best Remova		DI	No		<b></b>	Waste,			ieer				
Rest Kemova	T THE	1	710	9	y 3	11/2	4	a Enterpr	TSES			_	
City, State	sack, N.J.	0760	01			Disposal Date 9/10/1/3	City, State Waynes	burg , Oh	1				
	Title	0700				Signature /	/1		Date	1	1		-
Completed by J. Maiorano	Estim	ato	r			M	ممدونان	بع	8,	/3	2/	12	3
ASB-41				a for as	bestes li	censure exempted						200,000	

	(P	ursuant	to NJAC 8	8:60 and	12:120	0)	F		ECK #	2022	2/20	272		
Date of Notification (1) 08-29-13				of Building Ondler Elev				15 (	9 3	UV	E	Ī	1	<del>1-11-11-1</del>
Agencies Notified Type Notification  EPA Initial			Street A 20 Wh	Address nippany F	Road		144	SE	P 4	4 2013	1	IU,		
X DEP X Amended Amendment	#_1		City, Sta Morris	ate, Zip Coo stown	ode			ASBES	Tos o		i			
☐ Emergency ( justification) ☐ DCA ☐ Cancellation	ncluding			of Contact	у	10		L	Telen	hone Mi	mild.r		<u> </u>	
Name of Facility Where Abatement is Taking	Diago //	2)	FAC	ILITY INFO	ORMATIC	ON	- 7-							
Name of Facility where Abatement is Taking	J Place (3	3)					Type of F		9					
Street Address 20 Whippany Road						1.	Sub	ool (K-12) chapter 8 er (i.e. pri	(Other	than K-1 commerc	2) ial buil	dings	, hom	es,
City (5) Morristown							Square F	eet	# of F	loors		Bldg. /		
County (6) Morris				Code (7) USE ONLY)	4	_	Current U Comme		if being	demolis	hed)			
Name of Monitoring Firm Hired by Building C Detail Associates	wner (8)		ASCN 0001				of Abateme acle Envi				٠			
Street Address 300 Grand Avenue							Address Broad Str	eet						
City, State, Zip Code Englewood, NJ 07631-4355							tate, Zip Co stadt, NJ							
Project Manager for Monitoring Firm Stephen A. Jaraczewski		Telepho (201) 5	ne No. 569-6708	3		one No. 939-6565	j	1,350,00	icense N 0756	lo.				
Start Date (10) (1) 09-03-13	Schedule 09-20-		npletion	Date (11)			of OSHA M -Air Inc.	lonitor						
Occupancy Status During Abatement (Check	Only Or	ne)					Address							
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Area is vacant	eriod of A al Facility	Abatem Hours	nent		-	City, S	9 Jacksor tate, Zip Co	ode						
<del>-</del>						Long	Island C	ity, NY	11101	1				
Scope of Work (Check All That Apply)   ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	_	Renova Demoliti				×	Mini-En Gloveba	ntainmen closure ag Proced empted (	dure Inta	ct Wrap &	Repair		e	
	1000	Locati	300				M. Caralles						ement pe	i
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	Use Mai	Normali d Solei intenar todial S (12)	ly by nce/	(i.e. t	os Conta	ystems ng, VA	laterial (AC insulation, T, or		Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
(1) Upper Level	1		х			Fittin			26L	-F	x			
(1) Main Level		х		Pipe	Fittin	gs		75L	_F	x				
(1) Lower Level		x		Pipe	Fitting	gs		25L	.F	x				
None of Desident West Hall		- 1												
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)	Ha	JDEP Wauler ID 1310	No.	of Waste TBD		4,550-20	me of Re nerva E	·						
City, State Shirley, NY / Bronx, NY				Disposa TBD	I Date		y, State aynesb	urg, O	H 4468	38				
Completed by John Tancredi	ct Ma	nager		Sig	nature	A	Jan	1	Da 08	ite 3-29-1	13		$\neg$	

hall		NOTII	FICATIO Pursuan	N OF AS t to NJA	SBESTOS A C 8:60 and	ABATEN 1 12:120	TENT	Daal	0 1-	· O	011		
Date of Notification (1) 8/29/13	13		Name John	of Buildir Polloci	ng Owner/C	perator	(2)	AU)		7.0.K	54	, 	-
Agencies Notified Type Notification	1			Address			1 2		7 30±3	<u> </u>		-	
EPA Initial Amended					an Court								
DOL Amendmen	t #			tate, Zip vell, No	J 07006			\$ 2013	Eb	S			
Emergency justification	1	g	Name	of Conta	ct			Te	elephone	Number	(-	1	
DCA Cancellation	1			ollock			1111	- FI				•	
Name of Facility Where Abatement is Takin house	ng Place	(3)	FAC	ILITY IN	NFORMATI	ON	Type of Faci	11ty (4)	킬 링				
Street Address					-		School Subcha	(K-12) pter 8 (Ot	hor than t	V 101			1
21 Welshman Court					J.		Other (	i.e. private	& comm	ercial bu	ildings	s, hom	es,
City (5) Caldwell				The same of the sa	V		etc.) Square Feet 2200	2 # 0	of Floors		Bldg. 65	Age	- ward
County (6) Essex			County (STATE	Code (7	Ln _	Æ	Current Use	A	ing demo				11 1120
Name of Monitoring Firm Hired by Building	Owner (8	3) 6	ASC	MiNo.	1	Name o	if Abatement Environme	Contracto	r (9)				
Street Address			1	1/1/		Street A		ntar Ser	vices, L				
City State 71 O		We.		April 1	Dist Statement of		ate Drive,	РО Вох	483				
City, State, Zip Code	1/4	No. of Street,	Chilliphical backers	Oleman and some			ate, Zip Code /ood, NJ (		•				
Project Manager for Monitoring Firm	The state of	1	Telepho	ne No.		Telepho	ne No. 83-8500		License	e No.			
Start Date (10) 9/13/13	Schedu 9/30/1	led Coi	mpletion	Date (11	1)		f OSHA Mon	itor	703				
Occupancy Status During Abatement (Chec	k Obly O	ne)	A. A.			Chart							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn	Pariodas	Abotos	ment s	\$ 5		Street A	19 00 190	1					
Other - Describe:			-			City, Sta	ite, Zip Code	1					
Scope of Work (Check All That Apply)	À											-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Contai Mini-Enclos Glovebag F	sure Procedure					
	Is	s Locat	ion				Non-Exem	oted (*) an	a Non-Fr	iable Pro		ement	
Location of Asbestos-Containing Material (ACM)		Normal			Desc	cription o	f					/ре	
TO BE ABATED In Facility (13)	Ma	aintena stodial (12)	nce/	Asbe (i.e	e. thermal s surfaci	ining Ma systems ing, VAT, iscellane	or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
litalian	Yes	No	N/A									ate	CO'
kitchen	-		X		pipe i	nsulatio	on	1	75 LF	х			
					i			-	···········	-	_		-
Name of Registered Waste Hauler		Ц.											
Tri State Transfer		H	JDEP W auler ID 2325		Oubic Y of Waste 10		1	of Registe rva Ente		fill			
City, State Bronx, NY					Disposa TBD	I Date	City, S Wavr	tate nesburg	OH				
Completed by Andrew Scott Higgins	Title Presi	dent			Sig	nature	/	Jobary		Date.	11,-	i i i i i i i i i i i i i i i i i i i	1 630



Date of Notification (1) 08/27/2013			Na P	ame of B amela	Building Ov Geisind	vner/Operat er Privet I	or (2) Hous	e c	IS N W	E I	-		
Agencies Notified	Type Notification		St	reet Ado				0,44	1 (1)				
EPA DEP DOL	Initial Amended Amendment				e, Zip Code ourg, NJ			SE!	P 4 2013				
≥ DOH DCA	Emergency ( justification) Cancellation		35.77	ame of C	Contact Geisind	er		1005	Telephone Nur	nber i	_		
				FACIL	TY INFOR	RMATION		Abus	I IT ENEINS			1	
Name of Facility Where Pamela Geisinder F	Abatement is Taking Privet House	g Place (3)						School (K-12	2) 8 (Other than K-12	2)			
Street Address 421 Murray Street							×	Other (i.e. pr etc.)	rivate & commerci	al build			s,
City (5) Elizabeth				-			1	quare Feet 000+	# of Floors 2	35	dg. A	je	
County (6) Union				ounty C	ode (7) SE ONLY)		С	urrent Use (Prio	r if being demolis	ned)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	1	ASCM	No.			Abatement Con Construction					
N/A Street Address			1			Stre	eet Ad	Idress	**************************************				
City, State, Zip Code								oute 46 Suite e, Zip Code	15				_
				elephon	a No		otowa	a, NJ 07512	License N	No.			
Project Manager for Mo	roject Manager for Monitoring Firm					97	73-33	9-9735	01034				
Start Date (10) 08/31/2013						1,000		OSHA Monitor Construction	Corp				
Occupancy Status Durin	ng Abatement (Che	ck Only One)						ddress oute 46 Suite	15				
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire med Outside of Non	Period of Ab mal Facility H	ateme lours	ent		Cit	y, Stat	te, Zip Code a, NJ 07512					
Scope of Work (Check								4,110 070 12					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati molitic				×	Mini-Enclosure Glovebag Prod				e	
			144				Emil	TVOIT-EXCHIPTE	a ( ) and then	T	Abate	ement	t
Location Asbestos-Containin TO BE AI In Fac (13	g Material (ACM) BATED cility	No Used Main Custo	tenan dial S (12)	y y by ice/ itaff?		Descrip os Containion thermal sys surfacing other miso	ng Ma tems i , VAT,	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Secret State	Yes	No	N/A X		TOL	nino		74 LF	x	-	X	-
Baser	Basement					TSI	hihe		74-61	-		<u> </u>	
Name of Registered W	aste Hauler		100000	JDEP W		Cubic Yar	rds	Name of	Registered Landt	fill	_		
Savic Construction				auler ID 32253	No.	of Waste		GROW					
City, State Totowa, NJ						Disposal I		City, Sta Morrise	te eville, PA			a special control	
Completed by Milos Savic	ompleted by Title					Sign	ature	ls S		Date 08/27/	2013	3	



Sale of Notification (1)	189/13		Name	of Buildin	g Owner/Operator	CONTRIC	FINE 32			
Agencies Notified	Type Notification	************	Stree	Address	Rr, 50					
200r 200c 200a 200a 200c	Amended:		City	State, Zip (						
Ž DOΓ	Amendment #		Chy.		LEEN FIE	LD. NI	5.			
_ рон .	Emergency (inclusion)	uding	Name	of Contac			Telenhoon	- 1	-	
_ DC4	Cancellation		, idino		ULE BREU	NIG_S	270		24	Ľ
	<u> </u>		FAC	CILITY INF	ORMATION					
	Abatement is Taking F	Place (3)				Type of Facility	(4)			
RES	DENCE					School (K-1	2) 8 (Other than K-12			
Sirge: Address	ELBERON	i AVE					nvate & commercia		ings	
	LSEA NEIG					Square Feet	# of Floors	Bio	ig Ag	K
Jounty (6)	ARTIC			ONLY)	7) (STATE	Current Use (P	nor if being demolis	hed		
	n Hjred by Building Ow	ner	ASCM	No	Name of Abatem					
٨.	I/A					-MCO I	UC.			
Street Address						S, S Pruc	= dut.			
State Zip Code					Cry, State, Zip C	ode LE 5/10.	DE NIJ.	ύđ :	2-5	
Project Manager for Mo	nutoring Firm	T,e	lephone	No .	Telephone No.	9-0472	License No	<b>4</b> 4		
Can Date (10)	Schedul	ed Comp	letion Da	te (11)	Name of OSHA N	donitor				
9/10/	13	17	-			EPH KL	EMM	====		
Discupanci, Status Dun	ng Abatement (Check	only one	)		Street Address	S. Spi	10c= 200.			
Facility Closed Vaca	ted Dunng Entire Peno d Outside of Normal F	acility Ho	urs		Cry State Zin C	ode				
Abatemant Performe 	- Outside of Norman				MA	OLE S	LODE, N.		00	- 2.
scape of Work (Check	all that apply)						antina Brossina			
		∃ Renova	alion.		☐ Full Con	itainment with No closure	gative Pressure			
T ≥5 51 01 ≥ 511 = 150 51 01 ≥260 11		] Demoii			Gloveba	a Procedure	on-Friable Proceds	n.c.		
		121.002	1100		Non-Exe	impled ( ) and it	047112011.11001.11		water	
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Location	UI I	Jsed Sol- Maintena		·Aches	Description of tos Containing Mat	erial (ACM)	Amoun'			
Asbestos-Containing TO BE ABA	Material (ACM)	Custoo		(i.e.	thermal systems in	nsulation,	(Specify	2	ī	Ξ.
IN Facilit		Staff			surfacing, VAT, other miscellaned	01	SF or LF)	Removal	Repair	italpsulait
(13)	_	(12)			Ogiel Huscendile	,,		=		ŧ
		res No	N/A					-		
· 51D1	Na		X	I	RANSITE		15000	*	-	-
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								+	-	
			NUDEP !	Waste	Cubic Yards	Name of Reg	pistered Landfill		1	-
ame of Registered Wa	este Hauter		Hauler IC	No.	of Waste	A .(	1, U, A,			
K Lame	J-NC )		179	04_	Disposal Date	City, State			a) I	
MAPLE	SHADE,1	T, v				OLE A	1 SANTVIL	<u>_</u>	W;	٦.
Completed By	Tide	VI	P		Signature	en Keles	m Date	29	13	
JOSEPH K	Lom M								5005	

Date of Notification (1)			of Building			(2)	NII OX	110	ر						
Agencies Notified Type Notification			Street /	Address		// I		e e L	12-5-	·	- 12	112	<u> </u>		
EPA Initial Amended Amendmen	+-#		City, St	plish Lan tate, Zip C Harbor N	ode	00004							- 1		
DOH Emergency justification	(including	_	7.70.70	of Contact		00234			Te	lephon	e Nu	mber			
DCA Cancellation			Bena										-		τ,
Name of Facility Where Abatement is Takin House Street Address	ng Place (3	3)	PAU	ILITY INF	ORMAI	ION	×	School (K- Subchapte	12) er 8 (Oth						
228 Wissahickon Ave							Squ	Other (i.e. etc.) uare Feet		f Floor			lings,		es,
Ventor County (6)		- T	County	Code (7)			1000-100	000 rent Use (Pr	2 for if be	ina der	nolisl	6			
Ocean			(STATE	USE ONLY	2										
Name of Monitoring Firm Hired by Building	Owner (8)		ASCI	M No.				patement Co e LLc	ntractor	(9)					
Street Address						Street 1212		ess lington A	ve		o central				
City, State, Zip Code			·					Zip Code .NJ . 0807	 75						
Project Manager for Monitoring Firm		Telepho	ne No.		Teleph 856-8				Licer 070		0.				
Start Date (10) 9-9-13							of OS	SHA Monitor							
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A	Abater	nent s			Street .		ess Zip Code							
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if	greenenge	enova			***************************************	×	M	ull Containm ini-Enclosur lovebag Pro on-Exempte	e cedure						*
	Is	Locati	ion				1 140	on-Exemple	u ( ) and	INOIP	riiau	1	Abate	ment	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Use Mai	lormal d Sole ntena odial S (12)	ely by nce/		tos Cont thermal surfac	scription raining M systems cing, VAT niscelland	ateria insul T, or	lation,	(S	mount pecify or LF)		Removal	Repair	e Encapsulate	Enclosure
outside	1.00		x		(AC	M)sidir	ng		34	400lf		x		-	
				•											
Name of Registered Waste Hauler		1 81	JDEP W	lants	C. I.	Vari			D		,			CHINN I	
J Robinson Waste		H	auler ID 3687		of Was 40cy			Name of Wm Of		red Lar	ndfill				
City, State Bellmawr NJ						al Date		City, Stat							
Completed by Joseph T Hill					ignature	4	/			Dat Z	e <del>6-1</del> 3	8.	-30	-13	

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

Date of Notification (1)	-		Name	of Buildin	ng Owner	Operate	- (2)	40	190	<u>)                                    </u>				
<del>7 16-13</del> 8-30-1	3		Anth	ony De	molition	Operato	or (2)	7913	357 -1	4	11	- 12	•	
Agencies Notified Type Notification	n			Address				-						
EPA X Initial				nglish L							N			
DEP Amended Amendme	nt#			State, Zip Harbor	Code NJ, N.	1 0823	4							
Emergenc	y (includir	ng		of Conta			*		T-11-					
DOH justification			Stev		GL .			1	Telepho	ne Nu	ımber			
			FA	CILITY IN	FORMAT	TION		,,,,				20 A 46	_	
Name of Facility Where Abatement is Tak	ing Place	(3)					Type of Fac	cility (4)						
110000							⊠ Schoo	l (K-12)						
Street Address 11 Weymouth Ave							Subch	apter 8	Other tha	an K-1	2)	12520	727	
							Other etc.)	(i.e. priv	ate & con	nmerc	ial bu	ilding	s, hor	nes,
City (5) Ventor							Square Fee	t	# of Floo	rs		Bldg.	Age	
County (6)							18000		2		- 1	65		
Ocean			(STATE	Code (7	) .n		Current Use	(Prior if	being de	emolis	hed)			
Name of Monitoring Firm Hired by Building	Owner (	8)	TASC	M No.		Namo	of Abatemen	0	(0)					
	,	-,	7.00	NW 140.			3 Joe LLc	Contra	ctor (9)					
Street Address						Street	Address							
							Burlington	Ave						
City, State, Zip Code							State, Zip Cod			_				
B						Dela	nco .NJ . 0	8075						
Project Manager for Monitoring Firm			Teleph	one No.			none No.			nse N	o.			
Start Date (10)	Cabadi	lod Co		Date (11			824-0971		070	10				
9-9-13	9-25-	13	mpletion	Date (11	)	self	of OSHA Mor	nitor						
Occupancy Status During Abatement (Che	ck Only C	ne)					Address							-
➤ Facility Closed/Vacated During Entire	Period of	Ahater	ment			0001	. 1.001.000							
Abatement Performed Outside of Non Other – Describe:	mal Facili	ty Hour	S			City, S	tate, Zip Code	)						
Scope of Work (Check All That Apply)	7 <u>2020</u> 7													
≥3 sf or ≥3 lf  ≥ 160 sf or ≥260 lf	TOTAL PROPERTY.	Renova	7/70/2001				Full Conta	inment v	vith Nega	tive P	ressu	re		
E 100 St 01 2200 II		Demoli	tion			-	Mini-Enclo Glovebag	sure						
				,		×	Non-Exem			Friab	le Pro	cedu	e	
	1	s Locat	1000000										emen	t
Location of Asbestos-Containing Material (ACM)		Normal ed Sole				scription						T	pe	
TO BE ABATED	10000	aintena					aterial (ACM) insulation,		Amount (Specify		77		B	ш
In Facility (13)	Cus	todial ( (12)	otan?		surfac	ing, VA7	r, or		SF or LF		Remova	Repair	caps	nclo
(1-7)	Vos	T	T		ower m	niscellane	eous)				oval	빰	Encapsulate	Enclosure
outoide.	Yes	No	N/A										O	
outside	-		X		(AC	M)sidir	ng		2800lf		x		1000000	
							- 1930 ili	1						
Name of Registered Waste Hauler			JDEP W		Cubic \	0.0000000000000000000000000000000000000	Name	of Regis	tered La	ndfill				-
J Robinson Waste			auler ID 8687	140.	of Wast	te	Wm	Of Pa						
City, State		-			Disposa	al Date	City, S	tate		-				
Bellmawr NJ					TBD			town N	J					
Completed by Joseph T Hill	Title				Sig	gnature	TIT			Date	•			
	VP						4			7-1	<del>6</del> -13	8.	30.	-13

Date of Notification (1)			T		Building	Owner/	Operator	(2)								
8/30/2013				Barry	Jeckell						r	52				
Agencies Notified	Type Notification			Street A					Ligit		1.24					
EPA	X Initial		-		orest Av	3500				_						
DEP X DOL	Amended Amendment #	ŧ			ite, Zip Co ield, NJ		1		\$ &							
(COCC)	Emergency (i		-  -		Contact	0703	J		62	Tol	ephone	Numb	or	- 172		-
DOH DCA	justification) Cancellation				Jeckell					Ten	epriorie	Num	ei			
DCA	Cancellation				LITY INFO	DMAT	TION							4,		-
Name of Facility Where	Abatement is Taking	Place (3)		FACI	LITTINE	JAMA	IOI4	Ту	pe of Facility (4	)						_
House	on a sun calle a carrier de la varieta de la company 🕶								School (K-12	,						
Street Address				15-15-50		2011 10 101		H	Subchapter 8	(Oth						
526 Forest Ave.									Other (i.e. pr etc.)	ivate 8	& comme	ercial	build	lings,	home	es,
City (5)								Sc	uare Feet	# of	Floors		Тв	ldg. A	ge	
Westfield								1 .	200	1			7.1	0+	_	
County (6)			Т	County (	Code (7)			Cı	rrent Use (Prior	if bei	ng demo	olishe	d)	SE033		
Union					USE ONLY			1000	louse							
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	1 No.		Name	of A	Abatement Cont	ractor	(9)					
n/a				n/a			Lozi	nica	Manageme	nt Co	orporat	ion				
Street Address	***************************************					-	Street	Add	iress				-			
n/a							22 T	Γroy	Lane							
City, State, Zip Code							City, S	State	, Zip Code							
n/a							Linc	oln	Park, NJ 07	035						
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	hone	No.		Licens	e No.		3.00		
n/a				n/a			973-	-70	6-7950		0119	3				
Start Date (10)		Scheduled		npletion	Date (11)				SHA Monitor						-//	
9-9-2013		9-12-20	0.00		5		Lozr	nica	Manageme	nt Co	rporat	ion				
Occupancy Status Durin	g Abatement (Check	Only One	)				Street									
	ated During Entire P								Lane							
Abatement Perform  Other – Describe:	ned Outside of Norma 9 am - 5 pm	al Facility F	lours	•			M		, Zip Code							
	Management						Linc	oln	Park, NJ 07	035			_			
Scope of Work (Check A	ii That Apply)	CON.					-	-1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			nova molit				×		Full Containmer Mini-Enclosure	nt with	Negativ	e Pre	ssur	e		
= 100 Si 0i =200 ii			mone	ion					Glovebag Proce	dure						
									Non-Exempted	(*) and	Non-F	riable	Proc	cedur	е	
		10000000	ocati	37333											ement	
Location		Used	rmal Sole	Maria Company of the	Law order treatment		escription					H		Ту	pe	
Asbestos-Containing TO BE AB		Main					ntaining N al system:		rial (ACM)		mount specify		п		Ē	т
In Facil	ity	Custo		Staff?	(1.0.		acing, VA				or LF)	- 1	Remova	Repair	cap	nclo
(13)			(12)			other	miscellar	neou	ıs)				ova	air.	Encapsulate	Enclosure
		Yes	No	N/A											te	w
Basem	ent			X	Ash	estos	Pipe Ir	nsu	lation	5	OLF		Y			
	-2.5000										-	-	,			
					-							-				
Name of Registered Was	ste Hauler		1.57.5	JDEP W			Yards		Name of R	egiste	red Land	dfill	-			
Loznica Manageme	nt Corporation		0.000	auler ID 01137	INO.	of Wa			GROWS	SLAN	NDFILL	-				
City, State			1				sal Date		City, State							
Lincoln Park, NJ 07	035					TBD	r.		Morrisvi	le, P	A 1906	67				
Completed by		Title					Signature	3		1 50 100	T	Date	- 1			
E. Cirovic		Secre	tary				24	A	2001)			8-3	0-20	013		

Date of Notification (1)				Name	of Building	Owner/Operator (2	2)					
7 / 30	/13	<u> </u>		Will	ingboro	Broad of Educat	tion 2813 S	ipal line	3.7			
	e Notification			Street	Address				-			
	Initial			440	Beverly-	Rancocas Rd						
	Amended	4 0/00	40	City, S	tate, Zip C	ode			٠.		81=85117	
	Amendment #			Will	ingboro,	NJ 08046						
	Emergency (ir justification)	cluaing	1		of Contact	- 11 - 12 - 12 - 12 - 12 - 12 - 12 - 12		Telephone Number	er	75		
A DESCRIPTION OF THE PROPERTY	Cancellation			50000 -0	vin Smith					1		
				FAC	CILITY IN	FORMATION						
Name of Facility Where Abate	ement is Takin	g Place	(3)		Market State Control		Type of Facility	(4)				
Willingboro Memorial I	Middle Scho	ol					School (K-12					
Street Address							Other (i.e., pr	(Other than K-12) rivate and commerc	ial bu	ildino	s.	
451 Van Sciver Parkwa	у						homes, etc.)					
City (5)					-0.0		Square Feet	# of Floors	Ble	lg. A	ge	
Willingboro							75,000	2		40+		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			0.001
Burlington							School					
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
TTI Environmental Inc.				0003	3	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 N. Church St						1123 BEAVER	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					- 000
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitorin	g Firm		Tele	ephone	No.	Telephone No.		License No.				
Jim Guilardi	.52		8	56-840	-8800	215-788-6040		00509				
Start Date (10)	Sche	duled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					
8 / 23 / 1	3_   _	9_/	_2	3_/_	13	BRISTOL EN	VIRONMENTAI	L, INC.				
Occupancy Status During Ab	atement (Chec	k only	one)	2.		Street Address						
☐ Facility Closed/Vacated D						1123 BEAVER	RSTREET					
Abatement Performed Out					cribe	City, State, Zip Co	ode					
Time of Abatement: 7:00/ 9/3 - 9/6/15 - 74	AM- <u>3:00</u> PM/_	<u></u> Р	M	AM		BRISTOL, PA	19007					
Scope of Work (Check all tha	t apply)			-								
□ >2 of o > 2 f		₩ D.					ainment with Neg	ative Pressure				
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti			Mini-Enc     Glovebage     Glovebag						
						☐ Non-Exe	mpted (*) and No	n-Friable Procedure	•			
			Loca						Ab	atem	ent T	ype
Location of			Norma	ally ely by		Description o			70	Z)	ш	m
Asbestos-Containing Mate TO BE ABATED			inten			stos Containing Ma ., thermal systems i		Amount (Specify	l mg	Repair	าса	S
IN Facility		Cus		Staff?	(	surfacing, VAT,		SF or LF)	Removal	=	Encapsulate	Enclosure
(13)		Vaa	(12)		1	other miscellane	ous)				late	Ф
Boiler Room		Yes	No	N/A	Tank in	sulation		250 SF				
		-		-								-
Throughout					Pipe Fit	tting Insulation		450 LF				
			$\boxtimes$									
Name of Registered Waste H	auler		123	VJDEP V		Cubic Yards of	Name of Regis	tered Landfill				
SERVICE TRANSPORT	GROUP, IN	C.	1	lauler II 20990		Waste	MINERVA	LANDFILL				
City, State				20330		Disposal Date	City, State					
NEW CASTLE, DE 1972	20						WAYNESB	URG, OH 44688				
Completed By (Print or Type)	Titi	е				Signature		Dat	е,	12		
Brian Scafiro		Stima	tor				Scolin	1 8	1/3	0/1	3	
ASB-41						Juan	surger .		1	11		
MAY 11 B5/2/24A	•	Do not	use t	his form	for asbest	tos licensure exemp	ted activities.					

Cl# 1477

Date of Notification (1)	100 (						-,	Consti			
7 / 30	, .	13				ng Owner/Operator					
						o Broad of Educa	ation 7813	\$77-1 ÅH	1	2	
13 co. 0601	Notificatio	n		Stre	et Address		2010	· · · · · · · · · · · · · · · · · · ·			
☐ DOLWD 8558 ☐ Am	9755			4	40 Beverl	y-Rancocas Rd	9				
	ended endment	#		City	, State, Zip	Code					
	ergency		 na	W	illingbord	o, NJ 08046					
(NJAC 5:23-8) just	tification)	(	'9		ne of Conta			Telephone Nun	nhor		
☐ Car	ncellation			K	elvin Smi	th		1 Cicprone Num	ibei		
				F	ACILITY I	NFORMATION				7	
Name of Facility Where Abateme	nt is Taki	ng Plac	æ (3)	-			Type of Facility	v (A)			
Willingboro Memorial Mid	dle Sch	ool					School (K-1	7500,500			
Street Address					7		☐ Subchapter	8 (Other than K-12	2)		
451 Van Sciver Parkway							Other (i.e.,	private and comme	ercial bu	uildings,	
City (5)							homes, etc Square Feet			_	
Willingboro								# of Floors	0.000	ldg. Age	
County (6)		-		Co	inty Code /	7)(STATE USE ONLY)	75,000	2		40+	
Burlington					anty Odde (	THOTATE USE UNLT)	School School	rior if being demoli	shed)		
Name of Monitoring Firm Hired by	Buildina	Owner	(8)	ASCN	A No.	Nome of Abet					
TTI Environmental Inc.			(0)	000		Name of Abateme		53			
Street Address			1000	- 000			VIRONMENTA	AL, INC.			
1253 N. Church St						Street Address					
City, State, Zip Code						1123 BEAVE					
Moorestown, NJ 08057						City, State, Zip Co					
Project Manager for Monitoring Fir	-m		170	lank		BRISTOL, PA	19007				
Jim Guilardi	111		1	lephone		Telephone No.		License No.	142		
Start Date (10)	Coho	dulad C		356-84		215-788-6040		00509			
8 / 23 / 13					ate (11) 13	Name of OSHA M					
Occupancy Status During Abateme						BRISTOL EN	VIRONMENTA	L, INC.			
☐ Facility Closed/Vacated During	ent (Chec	k only	one)			Street Address					
Abatement Performed Outside	of Norma	Facilit	Abate	ement		1123 BEAVER					
Time of Abatement: 7:00AM-3	:00PM/	P	у пос М-	irs - De: AM	scribe	City, State, Zip Co				-	
Scope of Work (Check all that appl						BRISTOL, PA	19007				
	у)					M Full Conta					
≥3 sf or ≥3 if     ≥160 sf or ≥260 if		⊠ Re	nova	tion		Mini-Enclo	ainment with Neg	gative Pressure			
≥160 sf or ≥260 lf		☐ De	moliti	ion			Procedure				
		le le	Loca	tion		☐ Non-Exen	npted (*) and No	n-Friable Procedur	е		
Location of		100	Norma	177		D			Aba	tement	Туре
Asbestos-Containing Material (A	ACM)	Use	d Sol	ely by	Asbes	Description of stos Containing Mate	arial (ACM)	A	R	Z m	m
TO BE ABATED IN Facility		Cust	intena	ance/ Staff?	(i.e.	, thermal systems in	sulation,	Amount (Specify	Remova	Encaps	읎
(13)		Ousi	(12)			surfacing, VAT, o	or	SF or LF)	Val	Encapsulate Repair	Enclosure
· · · · · · · · · · · · · · · · · · ·		Yes	No	N/A	1	other miscellaneo	us)			late	Q.
Boiler Room					Tank Ins	sulation		250 SF			
Throughout					Pine Fitt	ting Insulation			-	밀밀	12
				1		ang madiadon		450 LF			
				-							
lame of Registered Waste Hauler					V						
SERVICE TRANSPORT GRO	UD INC		100000	IJDEP V lauler ID		Cubic Yards of Waste	Name of Regist				
	UP, INC	·.		20990		• • • • • • • • • • • • • • • • • • • •	MINERVA L	ANDFILL			
ity, State						Disposal Date	City, State				
NEW CASTLE, DE 19720							WAYNESBI	URG, OH 44688			
ompleted By (Print or Type)	Title	-				Signature		, Date			
Brian Scafiro	Es	timate	or			Brian	Cafiro,	Isl. Date	7/2	0/13	, 1
B-41			-			pour &	cagero 1	7	1/2		4

Date of Notification (1)					Name	of Building	Owr	ner/Operator (2	2)						
8/	5 / _	13			Will	ingboro E	3roa	d of Educa	tion 2013 CED_3						
Agencies Notified	Type Notifica	tion			Street	Address			4412021	e alithu Si	_				
⊠ EPA	Initial				440	Beverly-F	Ran	cocas Rd							
⊠ DOLWD			01001		City, S	tate, Zip Co	ode		Y		VV				
☑ DHSS	Amendme	0 - 500 E		3	Will	ingboro,	NJ (	08046							
☐ DCA (NJAC 5:23-8)	☐ Emergence justification		luding	1	Name	of Contact				Telephone Nu	mber				_
(10.10.010.0)	Cancellati				Kelv	in Smith						-	1		
				1	FAC	ILITY INF	OR	MATION					_	113-210-20	
Name of Facility Where A	batement is Ta	aking	Place	3)					Type of Facility	(4)					
Willingboro Memori	al Middle So	choo	I						School (K-12		0.50				
Street Address									Subchapter 8			ruile	dina		
451 Van Sciver Park	way								homes, etc.)		ioroiar i	Juli	umg.	-, 	
City (5)	0.00								Square Feet	# of Floors	E	3ldg	J. Ag	e	
Willingboro									75,000	2		4	)+		
County (6)				1	Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pr	ior if being dem	olished)		7/010 = 1		
Burlington									School						
Name of Monitoring Firm	Hired by Build	ling O	wner (8	)	ASCM	No.	Nar	ne of Abateme	ent Contractor (9)						
TTI Environmental I	nc.						В	RISTOL EN	VIRONMENTA	L, INC.					
Street Address				Т			Stre	eet Address							
1253 N. Church St							1	123 BEAVE	R STREET						
City, State, Zip Code								, State, Zip Co							
Moorestown, NJ 080					8			RISTOL, PA	19007						
Project Manager for Monit	toring Firm				phone	-0.000		ephone No.		License No.					
Jim Guilardi	- 10	V - 1	1-10	1.04.00	6-840		_	15-788-6040	1000	00509					- 1
Start Date (10) 8 / 19 /	2000000				tion Da			ne of OSHA M RISTOL EN	ionitor VIRONMENTA	L, INC.					
Occupancy Status During					1000			eet Address					-		
☐ Facility Closed/Vacate					ment		0.0000000	123 BEAVE	R STREET						
	Outside of No	ormal I				cribe		, State, Zip Co							
Time of Abatement: 7:	00AM-3:00P	M/			AM			RISTOL, PA							
Scope of Work (Check all	that apply)	1.50	7//						12260 W M2011000	AWA 455					
П.О.бО.И			⊠ Rer					☐ Full Con	tainment with Neg	gative Pressure					
<ul> <li>⊇3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Der						g Procedure						
								Non-Exe	empted (*) and No	n-Friable Proce	dure				
				Locat orma							1	ba	teme	ent T	ype
Location Asbestos-Containing		,			ely by	Ashes	tos (	Description of Containing Ma	1270	Amount	3	7	Re	En	E
TO BE ABA		'			nce/		, the	rmal systems	insulation,	(Specify	Nellova		Repair	cap	Enclosure
IN Facilit	у	- 1	Cust	(12)	Staff?			surfacing, VAT		SF or LF)	1 2	-		Encapsulate	ure
(13)			Yes	No	N/A	1	OU	her miscellane	eous)					ate	
Throughout				$\boxtimes$		Floor til	e ar	nd mastic		6800 SF	D	3			
Throughout				$\boxtimes$		Pipe Fit	ting	Insulation-	Wrap & Cut	450 LF	D	3			
Rooms 318 and 319				$\boxtimes$		Counter	top	s		600 SF	D	1			
Room 510				$\boxtimes$		Linoleu	m			720 SF	D	1			
Name of Registered Wast	e Hauler			100	JDEP \			oic Yards of	Name of Regis	stered Landfill					
SERVICE TRANSPO	RT GROUP	, INC	<b>:</b> .		lauler II 20990		Wa	ste	MINERVA	LANDFILL					
City, State					20000		Dis	posal Date	City, State						
NEW CASTLE, DE 1	9720								WAYNESE	BURG, OH 440	888				
Completed By (Print or Ty	rpe)	Title						Signature			Date		,		
Brian Scafiro		Es	stimat	or				Brian	U		8/3	30	113	5	
						100 Det 2000		WG 55555				_/	100		

CD# 2482 (Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)	NULL	•		Manage	(0.00			CKT. XT		- 22		
	5 / 13			Wil	of Building	Owner/Operator (2 Broad of Educat	2) <sup>tion</sup> 2813 SF1	9-4 AMAY 5				
Agencies Notified  ⊠ EPA 423 H	Type Notification Initial					-Rancocas Rd			2			
☑ DOLWD 9258	☐ Amended			City, S	State, Zip C	Code			100		_	
☑ DHSS 924/ □ DCA	Amendment #					NJ 08046						
(NJAC 5:23-8)	Emergency (in justification)	Ciuaing	3		of Contac			Telephone Numb	er _			
**************************************	☐ Cancellation			Kel	vin Smitl	1				1		
				FA	CILITY IN	FORMATION		.1		4		
Name of Facility Where A	Abatement is Taking	Place	(3)				Type of Facility	(4)				
Willingboro Memor	ial Middle School	ol					School (K-1					
Street Address								8 (Other than K-12) private and commerc	ial b	مناطنه		
451 Van Sciver Par	kway						homes, etc.		iai Di	mamę	<b>j</b> S,	
City (5)							Square Feet	# of Floors	BI	dg. A	ge	
Willingboro							75,000	2	1 .	40÷		
County (6)				Cour	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demolish	ned)			
Burlington						7	School					
Name of Monitoring Firm		Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)	)		)		
TTI Environmental	Inc.	~~~		-51-5900		BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 N. Church St						1123 BEAVER	RSTREET					
City, State, Zip Code	The same same same same same same same sam					City, State, Zip Co	ode					
Moorestown, NJ 08						BRISTOL, PA	19007					
Project Manager for Moni	toring Firm			phone		Telephone No.		License No.			100	
Jim Guilardi				6-840		215-788-6040		00509				
Start Date (10)				tion Da		Name of OSHA M		·				
<u>8</u> / <u>19</u> /				_ / -	13	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate					and the	1123 BEAVER						
Abatement Performed Time of Abatement: 7					cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check all	that apply)							anti Danasan				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			novati molitic			☐ Mini-Encl ☐ Glovebag	Procedure					
						Non-Exer	mpted (*) and No	n-Friable Procedure				
Location	of.	1000	Locat			Di-ti			Ab	atem	ent T	ype
Location Asbestos-Containing !		Use	d Sole	ly by	Asbe	Description of stos Containing Mat		Amount	Re	Re	En	Ē
TO BE ABA		- 0.0	intena todial S	5-03-100-03-0-0		, thermal systems i	nsulation,	(Specify	Remova	Repair	cap	Enclosure
IN Facilit (13)	У		(12)			surfacing, VAT, other miscellaned	or ous)	SF or LF)	<u>a</u>		Encapsulate	튭
		Yes	No	N/A			,					
Throughout			Ø		Floor til	e and mastic		6800 SF	M			
Throughout					Pipe Fit	ting Insulation-V	Vrap & Cut	450 LF	Ø			
Rooms 318 and 319					Counter	rtops		600 SF	$\boxtimes$			
Room 510			$\boxtimes$		Linoleu			720 SF	$\boxtimes$			
Name of Registered Wast			100000	JDEP V auler ID		Cubic Yards of Waste	Name of Regis		50000		3	
SERVICE TRANSPO	TI GROUP, INC	•	100000	20990	5000 D 2000 F		The state of the s	LANDFILL				
City, State NEW CASTLE, DE 1	9720					Disposal Date	City, State WAYNESE	URG, OH 44688				
Completed By (Print or Ty						Signature	1	Det				
Brian Scafiro	20 (2)	stimat	tor			Brian	Safero	I'll "	1/5	1/13	3	
SR-41 0 = / 4	1211 0	10.5					1000	11				_

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JUL 01

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

0								RAP	תם ת	
Date of Notification (1)	3 / 13			1		Owner/Operator (2	2)	1565	VE	M
	3 / 13			Cou	nity Cone	ege of Morris	1117)		11	Ш
Agencies Notified  EPA	Type Notification  Initial				Address Center G	Frove Road	144	SEP 4	2013	
□ DEP				City, S	tate, Zip C	ode			1	
☐ DCA (NJAC 5:16) ☐ DHSS	Amendment #1			Ran	dolph, N	J 07869	1	ASBESTOS OC	NITE OF D	1
DCA	justification)	cidaling		Name	of Contact		L	Telephone Num	ber ,	-
(NJAC 5:23-8)	☐ Cancellation			Joe	Ponturo					W. 1 march
				FAC	II ITY IN	FORMATION				
Name of Facility Where A	Abatement is Taking	Place	(3)		,,_,, , , , , , , , , , , , , , , , , ,	CHINATION	Type of Facility	(4)		
Sheffield Hall - Cou	7		(0)			11	School (K-12			
Street Address	,		+				Subchapter	8 (Other than K-12		
214 Center Grove F	Road						Other (i.e., p	rivate & commerci	al buildings,	
City (5)				*************			Square Feet	# of Floors	Bldg. Age	
Randolph							10,000	2	50+	
County (6)			+	Coun	tv Code (7	)(STATE USE ONLY)		ior if being demolis	shed)	
Morris				0.0000000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Classroom		•	
Name of Monitoring Firm	Hired by Building (	Owner (	3)	ASCM	No.	Name of Abateme	ent Contractor (9)	) .	3/	
Whitman Environm		•	35	0011	0		nvironmental			
Street Address						Street Address		•		
7 Pleasant Hill Rd						1121 N. Beth	lehem Pike - S	uite 60		
City, State, Zip Code			_			City, State, Zip Co	ode	****		
Cranbury, NJ 0851	2					Spring House				
Project Manager for Mon	itoring Firm		Tel	ephone l	No.	Telephone No.		License No.		
Kevin Lovely			7	32 644	5418	215-542-7000	)	00847		
Start Date (10)	Sched	luled Co	mpl	etion Da	te (11)	Name of OSHA N	Monitor			
9 / 11 /	13	9_/	_2	0_ / _	13	CES				
Occupancy Status During	Abatement (Check	k only o	ne)			Street Address				
☐ Facility Closed/Vacate	ed During Entire Pe	riod of A	Abate	ement		1121 N. Beth	lehem Pike - S	uite 60		
☐ Abatement Performed						City, State, Zip Co	ode			
Time of Abatement: _	AM- <u>10:00</u> PN	Λ/	_PM	<u>6:00</u> AN	1	Spring House	e, PA 19477			
Scope of Work (Check a	II that apply)			-			V 10 0000 FBFE 4004			
		⊠ Re	ova	tion		☐ Mini Enc	tainment with Ne			
□ ≥160 sf or ≥260 lf		☐ De				⊠ Gloveba	g Procedure '	FAR Y CUS	7.	
					F	☐ Non-Exe	empted (*) and No	on-Friable Procedu	ire	
	- Norm	110000	Loca						Abatemen	t Type
Location Asbestos-Containing				lely by	Ashe	Description of stos Containing Ma		Amount	R R !	m m
TO BE ABA				ance/ Staff?		rmal systems insula		(Specify	Repair	Enclosure
IN Facil	ity	Cust	(12			VAT, or other miscellane		SF or LF)	Yal T	Enclosure Encapsulate
(13)		Yes	No			Other miscellane	ous)			<b>D</b>
Classrooms				$\boxtimes$	Fittings	- Elbows & Joir	nts	20 LF		
	1100000				-		- 153			10
		-				W				
								<u> </u>		
Name of Registered Was	ste Hauler			NJDEP \ Hauler II		Cubic Yards of Waste	_	stered Landfill		
Allied Waste				iaulei IL	J 140.	1	Conestog	a Landfill	0.000	5470
City, State						Disposal Date	City, State	*1000-0		
Telford, PA						9/20/13	Morganto	wn, PA		
Completed By (Print or T	ype) Title	3				Signature /	- 11	1. D	ate/ /	
Patricia Visco	C	office N	/lana	ager		Inc	uca U	ues c	1/3/13	
ASB-41						1,0-			1-11	

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

Or Exter

Date of Notification (1)				Name	of Building	Owner/Operator (	2)	-	Til			
9 / 3 /	13			CRI	DA		S	EP 4 2013		IJ		
Agencies Notified Type Notifica	ation			Street	Address				1			
⊠ EPA ⊠ Initial				101	4 Atlanti	c Ave	ASRC	STOS CONTROL		- 1		
□ Amended     □ Amended				City. S	tate, Zip C	ode	1112 2010	LICENSUM O	8	-	_	
DCA (NJAC 5:16) Amendme						, NJ 08404		- Table Care Care Care Care Care Care Care Car				
☐ DCA ☐ Emergen justification		aing			of Contact	Š		Telephone Numb	er	-		
(NJAC 5:23-8)						Knight/Christin	a Fuentes	1 CICBII III				
							a i delites			asci		
Name of Facility Where Abatement is T	aking P	lace (	3)	FAC	JILIT IN	FORMATION	Type of Facility	(A)		<u> </u>		-
Block 126 Lot 4	uning i	,, 202	-,				School (K-12	3 5				
Street Address			+			(2-12		8 (Other than K-12)				
7 Lawn Place							Other (i.e., p	rivate & commercia	build	lings,		
			4				homes, etc.)		101		B0700	
City (5)							Square Feet	# of Floors		dg. A		
Atlantic Clty			Ш.	т-			1,500	2		100+	·	
County (6) Atlantic				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	ior if being demolish	ned)			
200000000000000000000000000000000000000	dia a O	(0)	S 18	A C C A A	N1 -	This						
Name of Monitoring Firm Hired by Build	aing Owi	ner (8)		ASCM	No.	Name of Abateme						
Health & Safety Services, Inc	200			117			nvironmental	Systems				
Street Address						Street Address						
318 12th Street							lehem Pike - S	uite 60				
City, State, Zip Code						City, State, Zip Co						
Hammonton, NJ 08037			<del>-</del> -			Spring House	e, PA 19477	1				
Project Manager for Monitoring Firm  Jim Proctor				phone I 9-704		Telephone No.		License No.				
	Sala adoda	7.0				215-542-7000		00847				
9/16/13	Schedule 9					Name of OSHA M	ionitor					
Occupancy Status During Abatement (						Street Address						
□ Facility Closed/Vacated During Entire     □ Facility Closed		7000 <u>8</u> 0000000000		nent			lehem Pike - S	uite 60				
☐ Abatement Performed Outside of No					cribe	City, State, Zip Co		anc oo				
Time of Abatement: 7:00AM-7:00F						Spring House						
Scope of Work (Check all that apply)						0-000 2000 0						
☐ >3 sf or >3 lf		Reno	vati	on		☐ Full Con	tainment with Neg losure	gative Pressure				
≥160 sf or ≥260 lf		Dem				☐ Gloveba	Procedure					
						Non-Exe	mpted (*) and No	n-Friable Procedure				
			ocat rma	31-71-71 (F)					Ab	atem	ent T	ype
Location of Asbestos-Containing Material (ACM	n	Used			Acho	Description o stos Containing Ma		Amount	Z.	Z.	ū	ш
TO BE ABATED		Main	3532 50			rmal systems insula		(Specify	Remova	Repair	cap	lclo
IN Facility		Custo	12)	stan?		VAT, or		SF or LF)	val	-	Encapsulate	Enclosure
(13)			No	NI/A		other miscellane	ous)				ate	
				N/A	NAS-20000-1200					_		_
Basement	L				Boiler F	lue Packing		2 SF	$\boxtimes$		Ш	Ц
Roof		] [		$\boxtimes$	Roofing	]		1,200 SF	$\boxtimes$			
4		] [										
		] [										
Name of Registered Waste Hauler			100000	JDEP V		Cubic Yards of	Name of Regis	stered Landfill	-			
Allied Waste			Н	auler ID	No.	Waste 5	Conestoga	Landfill				
City, State						Disposal Date	City, State	000.00				
Telford, PA						9/21/13	Morgantov	vn, PA				
Completed By (Print or Type)	Title					Signature	1	Date	e /	1		
Patricia VIsco	Offic	ce Ma	nag	ger		fat	ueia V	wer 9	/3,	/13		

					U anu 3.19,		_ك		-11111		
£40	IN	lame of	Buildin	g Owne	er/Operator (2)						1
of Notification (1)		CRD					SEP	4 2013	11//		7
9 /		Street A	ddress			14 44	OLI	4 2010			
ncies Notified Type Notification	,		Atlan		е			and the space of the same	1		
⊠ Initial	+	City, St				AS	BEST	as control 8	Š.		
DEP LITTER	. 1	Δtla	ntic Ci	ty, NJ	08404		Talo	ohone Number			7
DCA (NJAC 5:16)   T Emergency (including	9		- Cont	act			Tele	ON TO THE			
DHSS DCA (NJAC 5:23-8)    Emergency (inclusion)   justification)   Cancellation		W. F	Rachel	le Kni	ght/Christina	Fuentes	1				
(NJAC C.E. )		FAC	CILITY	INFO	RMATION	Type of Facilit	y (4)				
ame of Facility Where Abatement is Taking Plac	e (3)					School (K-	12)	than K-12)			
Block 72 Lot 5						Subchapte	r 8 (Oth nrivate	& commercial bu	iildings,		3
						homes, et	C.)			Θ.	
treet Address						Square Feet		of Floors	Bldg. Ag 100+		
315 Oriental Ave						4 500	1	3			_
ity (5)	10			. /71/0	TATE LISE ONLY)	Current Use	(Prior if	being demolished	3)		
Atlantic Clty		Cou	inty Co	de (/)(5	TATE USE ONLY)	home					
County (6)					Name of Abatem	ent Contractor	(9)				
Atlantic  Name of Monitoring Firm Hired by Building Own	ier (8)	ASCI			Controlled E	nvironment	al Sys	tems			
Name of Monitoring Fifth Files by		11	7		1 4 445055						
Health & Safety Services, Inc				1	Street Address 1121 N. Bet	nlehem Pike	- Suite	e 60	100000		
Street Address					City, State, Zip	Code					
318 12th Street					Spring Hou	SP PA 1947	7	100			
City, State, Zip Code								License No.			
Hammonton, NJ 08037	T	Telepho			Telephone No. 215-542-70	nn		00847			
Project Manager for Monitoring Firm			704-88		Name of OSHA	Monitor					
Jim Proctor Schedu	led Con	npletion	Date (	11)		( Worms)			-		
Start Date (10)	/ _	21	1_1	3	CES						
0 / 10 /					Street Address	thlehem Pik	e - Su	ite 60		7	
Occupancy Status During Abatement (Check	iod of A	bateme	nt		1121 N. Be	thienem					
Occupancy Status During Abatement (Gross)  ☐ Facility Closed/Vacated During Entire Period Du	Facility	Hours -	Descri	be	City, State, Zi	Code	77				
Time of Abatement: 7:00AM-7:00PM/_	PM		_AM			use, PA 194					
						Containment w	ith Neg	ative Pressure			
Scope of Work (Check all that apply)		- 17			☐ Mini	Enclosure					
☐ ≥3 sf or ≥3 lf	⊠ Rer	novatior molition	1		Glov	ebag Procedu	re and No	n-Friable Procedu	ıre		
≥3 \$1 61 ≥3 11   ≥ 160 sf or ≥260 lf	□ Del	Hombon			⊠ Non	-Exempled ( )			Aba	teme	nt Ty
		Locatio			Descrip	ion of			20	20	四
	1	Normall ed Solel	y y hy	٨٥١		- Material (Al	(M)	Amount (Specify	Removal	Repair	Encapsulate
Location of Asbestos-Containing Material (ACM)	Ma	intenar	nce/	(i.e., t	hormal systems	Ilisulation, our	facing,	SF or LF)	val	7	suk
TO BE ABATED	Cus	stodial S	Staff?		VAT other misc						हिं
IN Facility (13)		(12)			Office thise					_	
(15)	Yes	No	N/A					560 LF			
			$\boxtimes$	Roof	Flashing						
		10						1		In	П
Roof		111						V .		1-	+=
Roof		12	1							1	11 1
Roof											
Roof						la of Nam	ne of Re	gistered Landfill			
			N.IDEP	Waste	Cubic Yard	ds of Nam	ne of Re	gistered Landfill			
Name of Registered Waste Hauler				Waste	Waste	C	onesto	gistered Landfill			
			N.IDEP	Waste ID No.	Waste 2 Disposal I	Contract City	onesto , State	ga Landfill			
Name of Registered Waste Hauler Allied Waste			N.IDEP	Waste ID No.	Waste	Contract City	onesto , State	gistered Landfill oga Landfill town, PA	Date		リ ー フ
Name of Registered Waste Hauler			N.IDEP	Waste ID No.	Waste 2 Disposal [ 9/21/13	Contract City	onesto , State	ga Landfill		/3	  -  /i-
Name of Registered Waste Hauler Allied Waste City, State Telford, PA	Title		NJDEP Hauler	Waste ID No.	Waste 2 Disposal [ 9/21/13	Coate City	State lorgan	ga Landfill	Date	/3/	
Name of Registered Waste Hauler Allied Waste City, State	Title	Ce Mar	NJDEP Hauler	ID No.	Waste 2 Disposal [ 9/21/13	Date City Nature	, State lorgan	town, PA	Date	/3/	1/1:

ASB-41 JUL 01

460	МО	TIFICAT	ION O	NJAC	8:60 and 12:	120)				- [ <i>V</i>	<u>E</u>	+	7	
Date of Notification (1)		Nai	ne of E	Building Bayon	Owner/Oper	ator (2)			TEC.	4 0010			+	
09/03/2013 Agencies Notified Type Notific	ation	Ctr	hA teo	dress	d Street			8	IEP -	4 2013	12	_	+	
Initial	ded000			7:- 0		07002	2			OONTROL none Number		-	4	
X DEF Amend	dment #009 gency (including cation)	N	ame of	Contac y Hota	t								$\exists$	7,
DOH Cance	ellation		FACI	ILITY IN	FORMATIO	N	Type of	Facility (4)	)					
Name of Facility Where Abatement i	s Taking Place (3	)					FT 90	hool (K-12	2)	than K-12) commercial t	ouildings, l	nomes	s, \	
Street Address 250 East 22nd Street							Square	c.)		Floors	Bldg. A	ge		
City (5) Bayonne, New Jersey 0700	2		Count	y Code	(7)		Currer	nt Use (Pri	or if beir	ng demolishe	d)			
County (6)			(STAT	E USE O	NLY)	Name	e of Aba	tement Co	ntractor	(9)				
Name of Monitoring Firm Hired by Envirovision Consultants, In	Building Owner ( nc.	8)		079		Ctro	ulations et Addres	SS						
Street Address 20-21 Wagaraw Road, Bld			# 000					ards Ave	enue 					1
Tin Code						Ha	rahan ephone N			License N	0.			
Fair Lawn, New Jersey or	irm		Tele	phone N 3-636-	No. 0145	50	4-733-	5033		01120				-
Project Manager for Monitoring F Guillermo Morales	Sche	eduled C	100000000000000000000000000000000000000	tion Dat		Na	me of OS	SHA Monit Sion Con	<sub>or</sub> sultan	ts, Inc.				_
Start Date (10) 09/05/2013	09/0	06/201	3			(0)(2)				Bldg. 34A				
Occupancy Status During Abate	ement (Check Onling uring Entire Period	d of Aba	atemen	it		-	01-1-	, Zip Code vn, New						
Facility Closed/Vacated Do Abatement Performed Out Other – Describe: Area un	side of Normal Fa noccupied	actility 11				F					Descure			
Scope of Work (Check All That	Apply)	7 Re	novatio	on			8	Mini-Enclo	osure	with Negative				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ī	De	molitio	n			×	Glovebag Non-Exer	npted (*	ure ) and Non-Fr	iable Proc	edure	ment	
≥160 sf or ≥260 if							انسا	140				Ty		_
Location of Asbestos-Containing Mate TO BE ABATEI In Facility	erial (ACM) <u>D</u>	Used Mai	ocatio ormally Solely ntenan odial S (12)	y y by ice/	(i.e. th	contai ermal s	cription of ining Ma systems it ing, VAT iscellane	nsulation, or	A)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
(13)		Yes	No	N/A	-	Tar Pa	aper Ma	astic		300 sf	Х	-	-	+
Tank 4001		-	X	-			<u>·</u>		-		-	+	+	1
		-	<del>                                     </del>											
					Masta	Cubic	Yards	N	lame of	Registered L	andfill			
Name of Registered Waste	Hauler			NJDEP Hauler S-226	ID No.	of Wa	aste Y	1	ESI City, Sta	te.				_
Freehold Cartage						Disp	osal Date 30/2013		Bethle	hem PA	Date			
City, State Dunmore, PA		Title				1	Signat		1	W	09/0	3/20	13	_
Completed by Aubrey Hotard		Co	грога	ite Saf	ety Directo	ar T	X	M		for asbestos I	icensure 6	exemp	ted a	cti

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 9 3/ / 13 CAMPBELL'S SOUP COMPANY Type Notification Agencies Notified Street Address ☐ EPA 1 CAMPBELL PLACE ☑ DOLWD ☐ Amended City, State, Zip Code Amendment #\_ **⊠** DHSS CAMDEN, NJ 08103 □ DCA ☐ Emergency (including Name of Contact Telephone Number (NJAC 5:23-8) justification) □ Cancellation MS. KERRIN DONNELLY FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) CAMPBELL'S Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 1 CAMPBELL PLACE homes, etc.) Bldg. Age City (5) Square Feet # of Floors CAMDEN 20,000 2 86 County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) CAMDEN **HEADQUARTERS** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **CRITERION LABS** DELTA/BJDS, INC Street Address Street Address 3370 PROGRESS DRIVE 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code BENSALEM, PA 19020 SOUTHAMPTON PA Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00783 **ERIC WYSOCKI** 215 244-1300 215 322-2900 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9 / 27 / 13 9/ / 13 / 13 **FHS** Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 411 SOUTH GATE SUITE E ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-\_ PM/3:30PM-MICKLETON NJ 08056 Scope of Work (Check all that apply) ⊠ Full Containment with Negative Pressure 
 ☐ Mini-Enclosure
 ≥3 sf or ≥3 lf □ Renovation ≥160 sf or ≥260 lf ☐ Demolition ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount ncapsulate Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? SF or LF) IN Facility surfacing, VAT, or (12)other miscellaneous) (13)Yes No N/A X **GROUND FLOOR** X PIPE INSULATION 12LF П П П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste MINERVA LANDFILL SERVICE TRANSPORT 20990 Disposal Date City, State City, State 58 PYLES LANE, NEW CASTLE DE. 19720 WAYNESBURG, OH 44688 Completed By (Print or Type) Signature FRAN SCULL PROJECT MGR.

State of New Jersey

ASB-41 MAY 11 Nowek

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

O'C			(Pı	ırsuant	to NJAC	8:60 and	1 12:120	))	1	E (	e E	n W	F	T	$ \overline{1} $
Date of Notification (1) 9/3/13					Building Ave Rea			(2)			95	U W			
Agencies Notified Ty	ype Notification			Street A 555 U	<sup>ddress</sup> S Highw	ay 1 S	, Suite	400		SI	EP***	4 201	3		7
DEP X DOL	Amended Amendment Emergency justification)	(including	-	Iselin, Name of	NJ 088				A A A A A A A A A A A A A A A A A A A	ASEE:	STOS O	CNTR	OL &		
DCA	Cancellation			Wayne			<u> </u>			سسا			_		
Name of Facility Where Aba Foodtown	tement is Takin	g Place (3)	i i	FACI	LITY INFO	DRMATI	ON	_	f Facility (	1755 1755					
Street Address 1105 Highway 36		9						Si X	ubchapter ther (i.e. p c.)	8 (Othe			dings,	home	es,
City (5) Hazlet								Square 25,00		# of 2	Floors		8ldg. <i>A</i> 60+	\ge	
County (6) Middlesex					Code (7) JSE ONLY				t Use (Pri nt / retai		ng demoli	shed)			
Name of Monitoring Firm Hir Accredited Environme				ASCM	l No.		A14078-1-10 HOUSE	of Abate ervices	ement Cor s, LLC	ntractor	(9)				
Street Address 28 N. Pennell Road	7.4							Address West L	incoln F	lighwa	у				
City, State, Zip Code Media, PA								tate, Zip n, PA		2:					
Project Manager for Monitor Eric Houseknecht								one No. 372-88			License 01161	No.			
Start Date (10) 8/29/13		Scheduled 9/30/13		pletion (	Date (11)		Name EMS		Monitor						
Occupancy Status During Al	batement (Chec	k Only One	2)					Address							
Facility Closed/Vacated Abatement Performed ( Other – Describe:							City, S	Route 1 tate, Zip	Code						
Section 1				0			Cinn	aminso	on, NJ						
Scope of Work (Check All Th ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	nat Apply)	Epitodista.	enovat emoliti				×	Mini- Glove	Containme Enclosure ebag Prod Exempted	e cedure		٠.		e	
00-01-11-11-11-11-11-11-11-11-11-11-11-1		Is L	ocatio	on									Abate	ement	
Location of		100-2006	ormall Solel				scription		1			-	l y	pe	
Asbestos-Containing Ma TO BE ABATE In Facility (13)		Mair Custo	itenan	ice/		thermal surfac				(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Showroom	1	1 1		X	F	loor til	e and	mastic		22.0	00 SF	х			
Canopy				X			site so				00 SF	X			
Mechanical Ro	oom			Х	Pip	e Elbo	ws and	d Valve	es	52	2 Ea	Х			
Roof				X			ashing			4.00	00 SF	Х			
Name of Registered Waste H	Hauler	1 1	N.	JDEP W	aste	Cubic		<u> </u>	Name of			ill			-
Service Transport Grou	р		Ha	auler ID	No.	of Was	ite		Minerva		fill				
City, State New Castle, DE						TBD	al Date		City, State Waynes		ОН				
Completed by Jack Bally		Title Sr. Pro	oject	Manag	ger	6	gnature	h C	Ball	4 6	~ `	ate 9/3/13			

Do not use this form for asbestos licensure exempted activities.

CHECK # 8246

Date of Notification (1)			4,		TO NUAG		332.5					) IO) IO) IO	M	(Fig.	
8/29/	13			Name	of Building			- 0	* ***	Na Det	pt. pf H	ealth	.a Si	nior	Service
Agencies Notified	Type Notification		-	Street	Address	<u>- u</u>	THU	_ EE	uy.	MJ Dep	بلاد	401	ature)	102/	1
EPA D DEP	□ Initial				4	001	EHNE	<u>L</u>	PL.	Darme	129/	\3 (ed)	ature)	2:2	PPM
D DEP	☐ Amended / Amendmen	l#		City, St	ate, Zip C			~		. (			140	101	
⊠ DOH	∠ Emergency :     [ustification]	(including		Name	of Contact	EN O A	-	N .2	0	Telephon	ie Nijim	har	Į.		
□ DCA	☐ Cancellation				Ku	T#4	REIL	44.	l	TOEDFIOR	S INDIII	DBI			9
Name of Facility Where At	oatement is Takini	Place (3)		FAC	ILITY INF	ORMÁTI	ION		F				- / -		
L R	١٤١١٤ع٠	3 (47)							Facility (4)						
Vaco: Address			0.7			**		☐ Sub	1001 (K-12) ochapter 8 (0	Other than	K-12)				
City (5)	<b>JEHNEL</b>	fluce			-			<u>Ol</u>				bullç	lings,	home	25,
٨	NDUCE							Square		# of Floor	8	E	ldg.		
County (6)				County	Code (7)			Current	So   Use (Prior if	Deing dem	nolishe	<u> </u>	+6	0	
DELGEN	Seed by the St.				USE ONLY		_		Reside	NCE		•			
Name of Monitoring Firm h	allea by Stillaing (	Jwner (8)		ASC	M No.		Name A.MA	of Abater C Contra	nent Contrac	otor (9)				-	
Street Address			-					Address owell Ro	arl		· · · ·				
City, State, Zip Code			_				City S	tate, Zip (	Coda			-			
Project Manager for Monito	vina Clou		<del></del>				Glen I	Rock, NJ	07452		- 1500 - 1500				1
	ang rum			Telep	hane No.			one No. 262-5841			se No. 156			***************************************	
Start Date (10) 8/30/13		Schedule	9/3	mpletion 0/13	Date (11)	:	Name o	of OSHA	Monitor Immental Se	reinas Ina					
Occupancy Status During	Abatement (Cher	k Only On	o) maham	-				Address	Am Remail Ge	FICES III.		~			$\dashv$
IXI Facility Closed/Vacate  ☐ Absternent Performed	ed During Entire P Outside of Norm	eriod of Al al Facility i	baten Jours	nent			280 H	uyer Stre	et						_
Other - Describe:						_	Hacks	nsack, N	J 07606	£.	94	ĸ.			I
Scope of Work (Check All	That Apply)	/						,							$\dashv$
≥3 sfor≥3 lf  Ø ≥160 sfor≥260 lf			mova				ල් 0	Full Co Mini-Er	ntainment w	ith Negativ	/a Pres	aure			d-market
								Gloveb	ag Procedu	re		٠			Partition
		İs	Local	ion		Omes.		IA011-EX	empted (*) a	ind North	nable F	-loce		ment	
Location o Asbestos-Containing M	of		d Sole				scription (		ı					pė	
TO BE ABAT	ED	Mai	ntena		Asbes (i.e.	thermal	systems	laterial (/ insulation	ACM)	Amount (Specify		20		ᆵ	E .
In Facility (13)			(12)				cing, VAT niscelland			SF or LF)	)	Removal	riedes.	Encapaulate	Endbaure
		Yes	No	N/A				•			- 1	<u> </u>	-	lefe	8
ATTIC					1	ERMI	CH 17	r		73556		1			$\dashv$
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										*****	$\dashv$	ᅱ	$\neg$		$\dashv$
											$\neg$	ᅱ			$\neg$
Name of Registered Waste	Hauler			IJDEP Walaufer ID I		Cubic \		N	ame of Regi	stered Lan	dBl				-
Rovic Transport				20785			3	1000	ESI PA Beth	lehem Lan	dfill Co	τp.			
City, State, Zip Code Riverdate, NJ 07457				de)		Dispos:	al Date 30 13	C	ity, Stale, Zip Sethichom, P	Code A 18015	-				
Completed by Joseph Vocaturo	*	Title					gnature	1		-	Date		,		
		Operation	uns				A	-Vou	attus		2	3/0	9/	13	

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

		(Purs	uant to	NJAC 8: 60 and 12: 120-)						
Date of Notification (1)  0 8 / 2 8 /	1 3		200,089	ne of Building Owner/Operato	14 ADG	200a				
Agencies Notified Type of Notification		$\dashv$		eet Address	UI UX	2551			_	
[X] EPA		- 11	10	Lincoln Avenue						
[ ] DEP [ ] Initial			Cit	y, State, Zip Code						
[X] DOL [X] Amended			Por	npton Lakes, NJ 07444						
Amendment			N.			Telephone Numb	ar			
[X] DOH [] Emergency (i Justification)			Nai	ne of Contact		Telephone Numb				
[ ] DCA [ ] Cancellation			An	thony Falore				7	.:	
			FACIL	ITY INFORMATION		3				÷
Name of Facility Where Abatement is Taking Place (3)					Type of Facil	lity (4)				
Residence					, []	School (K-12)		8		
Street Address					[ ]	Subchapter 8 (Other than Other (i.e., private & com				
116 Oxford Avenue					[A]	buildings, homes, etc.)	mer cra	•		
City (5) County (6)				nty Code (7)	Square Feet	# of Floors	В	ldg. Ag	e	
			(STA	ATE USE ONLY)	Current Use	(Prior if being demolished)			_	
Saddle Brook Bergen										
Name of Monitoring Firm Hired by Building Owner (8)		ASC	М	Name of Abatemen	t Contractor (9	9)			27	
				J.R. Contracting &	Environmental	Consulting, Inc.				
Street Address		-		Street Address		8/				
8				1141 Route 23						
				City, State, Zip Co	de					
				Wayne NJ 07470		Ir. N.				
Project Manager for Monitoring Firm	Tele	phone l	Numbe	A service of the serv	7	License No.				
Scheduled State Date (10) Schedu	iled Completion I	Date (1	11)	973 628-9500 Name of OSHA Me	onitor	00408	-			
, 0 9 1 1 1 / 1 3	0 9 1 Month / D	6	1	Enviro Vision Cons						
Occupancy Status During Abatement (Check only one)  [X] Facility Closed/Vacated During Entire of Abatement  [] Abatement Performed Outside of No [] Other - Describe:		urs	<del></del> 0	Street Address 20-21 Wagaraw Ro City, State, Zip Co Fairlawn NJ 07410	de					
Scope of Work (Check all that apply)	1		*******		P. II C A-1-	AND A STATE OF THE				
[ ] ≥3 sf or ≥3 lf	[X]		vation olition	[ ] [ ] [ ]	Mini-Enclose Glovebag Pro					
$[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$				[X]	Non-Exemted	d (*) and Non-Friable Procedu				
Location of	Lo	Is cation rmally		Description of Asbestos-Containin		Amount	RE	R	E N C	E N C
Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	Sol Mair Cu	Used lely by ntenand stodial	ce/	Material (ACM) (i.e., thermal system insulation, surfacing or other miscelland	s, VAT,	(Specify SF or LF)	M O V A	E P A I	A P S U	L O S U
	Yes Yes	ff (12) No	N/A				L	R	L E	R E
Exterior			x	Transite siding		1000 SF	х			
									$\neg$	
Name of Registered Waste Hauler	N.ID	EP Wa	ste	Cubic Yards of Waste	Name	e of Registered Landfill			_	
J.R. Contracting & Environmental Consulting, Inc.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ler ID 1	Nn.			o.w.s				
City, State				Disposal Date		State	388			
Wayne NJ 07470					/ Morr	risville PA				
Completed by (Print or Type) Title				Signature		Date		302000		
Jerry Bijelonic Projec	t Manager		-				8/28	G4667		

Check# 1712

### State of New Jersey N

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

Date of Notification (1)				Nam	e of Buildir	ng Owner	Operator (	(2)				1000				
	13	_		Ì	ard Heap	•		(-)								
Agencies Notified Type Notif	ication				et Address											
☐ EPA ☐ Initial				537	Spring Va	lley Dor	d									
■ DOLWD     □ Amend					State, Zip		ıu									
□ DHSS Amend	-		-		D 75 356											
☐ DCA ☐ Emerge		ludin	g	Mon	istown, N	IJ 07960										
(NJAC 5:23-8) justifica	50.500			Nam	e of Conta	ct			Telephone N	lumber	-		100			
Cancel	lation			Rich	ard Heap											
					ACILITY	NFORM	ATION		· ·		7					
Name of Facility Where Abatement is	Taking	Place	(3)					Type of Facilit	v. (4)							
Private house	•		(-)													
Street Address								School (K-	12) r 8 (Other than K-	1.2)						
2-30								Other (i.e.	private and com	nercial	huildir	ac				
537 Spring Valley Road								homes, etc	5.)	incioidi :	Bullull	ıys.				
City (5)				100				Square Feet	# of Floors		Bidg.	Age				
Morristown, NJ 07960												3-				
County (6)			-	Cou	nty Code (7)	(STATE (	ISE ONLY)	Current Use (i	Prior if being dem	a diabadi						
Morris						,		00.1011.000 (1	nor it being den	101151160,						
Name of Monitoring Firm Hired by Bu	ildina O	wner	(8)	ASCN	1 No	Mana	- 2 A L - 1									
			(0)	ASCIN	I NO.	Name	or Abateme	ent Contractor (	9)							
Ctroat Add						Gr Tec	h LLC									
Street Address						Street	Address									
						576 Va	llev Rd#	283								
City. State, Zip Code					576 Valley Rd #283 City, State, Zip Code											
						37.00 100										
Project Manager for Monitoring Firm			To	lephone	No	Teleph	, NJ 0747	/0								
			15	iebilolie	140;	10000-01000 000-0			License No.							
Start Date (10)						973-63		P	01127							
And the second of the second o					ate (11)	Name o	of OSHA M	lonitor				0000				
	_09	<u> </u>	1	0 /	13	Enviro	vision Co	nsultants,Inc								
Occupancy Status During Abatement	(Check	only o	one)	_			Address	iisuitaiits,iiic								
X Facility Closed/Vacated During En	tire Peri	od of	Abat	ement												
☐ Abatement Performed Outside of N	Vormal F	acilit	y Hou	re - De	scribe	20-21 \	Vagaraw	Road, Bldg .#	34A	73						
Time of Abatement:AM	PM	1	PIV	L	AM		ate, Zip Co									
						Fair La	wn, NJ 0									
Scope of Work (Check all that apply)					. 27	H	Clean up	and decontam	ination			-				
≥ 3 sf or >3 if	Ď	X Ra	nova	tion		Н	Full Cont Mini-Encl	ainment with Ne	gative Pressure							
≥ 160 sf or ≥260 lf	Ĺ		molit			×	Glovehac	Procedure F	Tent with Negat	tive Pres	SIIIS					
							Non-Exer	mpted (*) and N	on-Friable Proce	dure	Juic					
			Loca							-	batom	ont T				
Location of			Vorm:			De	scription of	f	İ		batem		ype			
Asbestos-Containing Material (ACI TO BE ABATED	VI)			lely by ance <i>l</i>	Asbe	stos Cont	aining Mat	erial (ACM)	Amount	Remova	Repair	E	E			
IN Facility				Staff?	(i.e		systems in		(Specify	1 20	pa	cap	000			
(13)			(12)				cing, VAT,		SIF or LF)	Va	=	Encapsulate	Enclosure			
		Voc	No	AI/A	1	outer t	niscellaneo	ousj		1		ate	10			
2000000	-	Yes	INO													
Basement			Щ	$\boxtimes$	Pipe insu	ılation			30 LF	X		П				
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							***					П	П			
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Name of Registered Waste Hauler			- Ni	DEP Week	Hauler ID No.	Cubic V-	ds of Waste	I No.	1 1:			Ш				
						Oubic 18	us of vvaste		stered Landfill				i			
Gr Tech LLC				003378	35	TBI		T.R.R.F. Inc								
City. State				-		Disposa	Date	City, State		-			-			
Vayne, NJ 07470						TBD	Y		A							
Completed By (Print or Type)	Title						n atuen	Tullytown, P.								
	433.3993					Sig	nature 1999	levic Ne	7	Date						
J.Jevtic	Owne	r						ensic Ne	nao o	8/30/20	013					
30-41			- 57	87,000			Đ					-				

MO#20613924990 (Pursuant to NJAC 8:60 and 5:16) Emergency Notification Date of Notification (1) Name of Building Owner/Operator (2) 08 30 MPPROVED Taniya Das of Health & Senior-Services Agencies Notified Type Notification Street Address X EPA Initial 296 North Maple Avenue (Signature) X DOLWD ☐ Amended City, State, Zip Code X DHSS Amendment # Ridgewood, NJ 07450 DCA Emergency (Including Name of Contact (NJAC 5:23-8) justification) Telephone Number Cancellation Taniya Das FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 296 North Maple Avenue homes, etc.) City (5) Square Feet # of Ficors Bldg. Age Ridgewood, NJ 07450 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior If being demolished) Bergen Name of Monitoring Firm Hired by Bullding Owner (S) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date /10! Scheduled Completion Date (11) Name of OSHA Monitor 08 / 31 / 13 09 / 01 / 13 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg #34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zic Code Time of Abatement; AM-\_\_PM/ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and deconfamination Full Containment with Negative Pressure >3 sf or >3 if 2 160 sf or >260 if Renovation
Demolition Mini-Enclosure Demolition Glovebag Procedure Tent with Negative Pressure Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Removal Encapsulate Amount TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify IN Facility Custodial Staff? surfacing, VAT, or SIF or LF) (12) other miscellaneous) Yes No NA First floor X VAT floor tiles (9x9) 400 SF First floor  $\Sigma$ Pipe insulation X SLF Basement X VAT floor tiles (9x9) 300 SF Basement X Pipe insulation 入 95 LF Name of Registered Waste Hauler HUDEP Waste Hauler to No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Data City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner = Nemad 08/30/2013 ASB-41 MAY 11 \* Do not use this form for asbesios licensure asempted activities.

Date of Notification (1)				Name of Bu	uilding Ow	ner/Opera	ator (2 Pilaar	)		72	3	9-	3				
August 30, 20				Street Addi	2297	Justin 1						. /	-				
	cation ial Notifica ended Not					44 Wes	t Sho	ore Road		T <sub>a</sub> ;							
[x] DOL [x] Em	endment # ergency (ii			City, State,		West N	lilfor	d, NJ 074		ne Number				_			
[ ] DCA   Just	ification) ncellation				Susan P				Тегерия	Totophone							
			FACI	LITY IN	FORMA	TION	Tym	of Facility	(4)								
Name of Facility Where Abatement is Tak Residence	ing Place (	(3)					Type	[ ]	School Subcl	ol (k-12) hapter 8 (oth	er than	€12)					
Street Address 210 Hiering Ave	enue			h						r (i.e., private es, etc.) F Floors	Bldg.		buildi	ngs,			
City	Coun	ty (6)		County Co (STATE U				1000 sf rent Use (Pri		1	<i>D.</i> -8.	60		_			
Seaside Heights						Name of			idence					-			
Name of Monitoring Firm Hired by Build N/A		ASCM No		Street Ac		Gua	rdian Co	ntracting,	Inc.		<u> </u>						
Street Address				City, Sta		Code		9, Unit 61									
City, State, Zip Code	e Number		Toms River, New Jers Telephone Number License 1						ey 08755-1271 Jumber								
Project Manager for Monitoring Firm		ion Date (1	1)	732-34	9-99	32 A Monitor		00624									
Scheduled Start Date (10) 8/31/13	13	.011 2 411- (-		Street A	ddress		1.S.L. Ar										
Occupancy Status During Abatement (Ch	cated Duri	ng Entire P	eriod of Al	oatement Hours		City, St	oto 7i		6 Steltor	n Road							
[ ] Abatement Perform		C OI I TOITING				City, St		Pis		New Jerse		54					
Scope of Work (Check all that apply)						[		Full Contain Mini-Enclos		Negative Pre	essure						
[ ] >2-f>2 lf		r 1	Renov	ation		Glovebag Pr	rocedure										
[ ] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[x]	Demol			[ x	]	Non-Exemp	ted (*) and	Non-Friable	Friable Procedure						
[A] Dies at a	T			T							Abat	ement	Гуре				
		Is Loca	tion			Descripti				Amount	R	R	E	E N			
Location of		Normally				oestos-Co Material (			(5	Specify SF	E M	E P	N C	C			
Asbestos-Containing Material (ACM	M) (N	Solely intenance	by Custodial			therma				or LF)	O	A	Α	L			
TO BE ABATED in facility	IVIa	Staf		1		ulation, s	urfac				v	I R	PS	S			
(13)		(12	)			VAT, ner misce					A	1	U	U			
	YE	es no	N/A		otr	ier misce	nanec	ous)		5.000.00	L		L E	R E			
Exterior		X		Asbe	stos sidi	ng			9	00 sf	X	-	-	-			
								-			+-						
	+-			+													
Name of Registered Waste Hauler Guardian Contracting,	Inc.	NJDEP V	Waste Haul 20223		Cubic Y	ards of W		Name of I T.R.R	Registered : F.	Landfill							
City, State Toms River, New Jerse				oosal Date		City, Tull	State	n, Penasy	lvania		Dat	e					
Completed by (Print or Type)  Nicholas Fernicola  Project Manager				Signa	Mic	ho	K	1-1	1			0/201	.3				
		*Do not	use this fo	orm for asl	bestos lice	ensure ex	empte	ed activities	7.								

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)	August 30, 201	3			Name of Building	Owner/Ope Archit	erator (2) tect Construction	1 Services	2)	3 9	ラン	N.		
Agencies Notified  [ X ] EPA	1 2	l Notifi			Street Address	P. O. 1	Box 1085	- 2						
[ ] DEP [x] DOL [x] DOH	Amer	ndment	tification # including		City, State, Zip Co		d River							
[ ] DCA		ication) ellation			Name of Contact Justin	Berge		Telephone Number			7	8-0.12		
			_	FAG	CILITY INFORM	ATION								
Name of Facility Where A	batement is Takin sidence	g Place	(3)				(4) School (k-12) Subchapter 8 (ot	her the	nk-12)	2				
Street Address	) Fielder Avent	ie			[x]							dings,		
City		Coun	ity (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 1200	# of Floors		Bldg. Age 60				
Ortley Beach	h	Oce	an				[10] 10 PORT (10 PORT EX PORT	or ifbeing demolished dence	)					
Name of Monitoring Firm		Owner	(8)		ASCM No.	Name of	f Abatement Contrac Guar	ctor (9) dian Contracting,	Inc.					
Street Address						Street A	1889	Route 9, Unit 61						
City, State, Zip Code						s River, New Jersey 08755-1271								
Project Manager for Monitoring Firm Telephone Number					t		ne Number 19-9932	License N 00624	lumber	3	1 30, 300, 300			
Scheduled Start Date (10) 8/31/13			Schedule 9/3	Control of the Contro	tion Date (11)	Name of	FOSHA Monitor E.M.	S.L. Analytical						
[는 1000년 - 1000년(PE	lity Closed/Vacate	d Durin	ng Entire P			Street A		Stelton Road						
	tement Performed er – Describe	Outside	of Norma	l Facility I	Hours	City, Sta	nte, Zip Code Pisca	itaway, New Jerse	y 088	54				
Scope of Work (Check all	that apply)					[ ]	[] [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	ent with Negative Pre	ssure					
[ ] >3 s	for≥3 lf		[ ]	Renov	ation	[ ]	Mini-Enclosur Glovebag Prod							
[x] ≥16	0 sf or ≥260 lf		[x]	Demol	lition	[ x ]	Non-Exempted	d (*) and Non-Friable	Proced	иге				
									Abat	ement	Туре			
Location of Asbestos-Containing M	faterial (ACM) TED			used by Custodial	(i.e	Description bestos-Con Material (A	ntaining ACM) systems	Amount (Specify SF or LF)	R E M	R E P A	E N C A	E N C L		
in facility (13)	y		Staff (12)			ulation, su VAT, oner miscell	or		V A	I R	P S U	O S U		
		YES	NO	N/A					L		L E	R E		
exterior x				Asbestos sidi	ng		1150 sf	x						
Name of Registered Waste			NJDEP W	aste Haule 20223	r ID No. Cubic Y	ards of Was	te Name of Reg T.R.R.F.	istered Landfill						
City, State	ntracting, Inc.			Dispo	sal Date	City, St	tate							
Toms River, Completed by (Print or Ty		Title		9/4/	Signature Signature	Tullyt	own, Pennsylva	nia	Date					
	d by (Print or Type)  Nicholas Fernicola  Title  Project Manager				Signature	10ch	51 H	2/1		)/201	3			

Date of Notification (1) 8/30/2013		Na	me of Building	Owner/Oper Edward	ator (2) 1 Gorski	25	2 3	8	5			
Agencies Notified Type of Notification	on Notification	Str	reet Address	P O Bo	ox 383				". · .			
[ ] DEP [ ] Amend	ed Notification ment # ency (including	Ci	ity, State, Zip Co	de Forest	Grove, PA 189							
[x] DOH justific	ation)		ame of Contact Ferna		9	Telephone Number			-			
		FACIL	ITY INFORM	IATION								
Name of Facility Where Abatement is Taking Residence	Place (3)				Type of Facility  [ ]  [ x ]	School (k-12) Subchapter 8 (other	er than k	:12) mercial	buildir	ngs,		
Street Address 212 12 <sup>th</sup> Avenue					1989 708	homes, etc.)						
Seaside Park	County (6) Ocean	Co (S	ounty Code (7) TATE USE ONI	LY)	Square feet 1500 sf Current Use (Pri	# of Floors 1 or if being demolihed)	Bldg.	60 60				
				Resi	idence				-			
Name of Monitoring Firm Hired by Building	Owner (8)	A	SCM No.	Name of	f Abatement Contra Gua	rdian Contracting,	Inc.					
N/A Street Address				Street A	ddress 188	9 Route 9, Unit 61						
City, State, Zip Code				City, Sta	ate, Zip Code Ton	de Toms River, New Jersey 08755-1271						
Project Manager for Monitoring Firm	Telepho	one Number			one Number 49-9932	License Number 00624						
Scheduled Start Date (10)		led Completion	n Date (11)		of OSHA Monitor	I.S.L. Analytical						
08/31/13 Occupancy Status During Abatement (Check	only one)	03/13		Street A	Address	66 Stelton Road						
[ X ] Facility Closed/Vacate [ ] Abatement Performed	d During Entire	nal Facility Ho	ement urs	cataway, New Jerse	y 0885	54						
				1		ment with Negative Pre						
Scope of Work (Check all that apply)	2	,		j	Mini-Enclosure Glovebag Procedure							
$\begin{bmatrix} ] >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$	[ [ x	Renovati Demoliti		[ x	[ X ] Non-Exempted (*) and Non-Friable Procedure							
[ x ] ≥160 sf or ≥260 lf							Abate	ement 7	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	cation lly used ly by ce/Custodial aff 2)	(i	Descript Asbestos-C Material i.e., thermainsulation, VAT other misce	ontaining (ACM) al 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			
	120	O N/A	Asbestos si	ding		1400sf	X					
Exterior	X		Associates si	8						-		
							+-	-	-	-		
		Waste Hauler	ID No.   Cubi	c Yards of V	Waste Name of	Registered Landfill						
Name of Registered Waste Hauler Guardian Contracting, Inc		20223	3		T.R.R							
City, State Toms River, New Jersey			sal Date 4/2013 Signature	Tul	lytown, Pennsy	lvania	Dat					
Completed by (Print or Type) Nicholas Fernicola	Title Project M	anager	1 1/	icho	t le	1	8/3	0/201	.3			
	*Do no	t use this for	n for asbestos i	ucensure ex	xempted activitie.	**						

Date of Notification (1)		Name of Building Owner/Operator (2) Frank Acque											
August 30,					TTAIK	_ ^		- 1					
Agencies Notified Type of N  [ X ] EPA [ ]  [ ] DEP [ ]	otification Initial Notif Amended N			Street Address		oplar Run		12					
[x] DOL [x]	Amendmen Emergency	(A) 500 A		City, State, Zip Co		Vindsor, NJ 085	520	37)					
[x] DOH []	justification Cancellation			Name of Contact Frank	Telephone Number	ber							
t j ben			FACI	LITY INFORM	1ATION								
Name of Facility Where Abatement is	Taking Place	(3)	11101	Diri in ora		Type of Facility	(4)						
Residence						Į į	School (k-12)						
Street Address		-				L L	Subchapter 8 (ot			al buil	dinas		
4 Spindrift R	i				[X] Other (i.e., phomes, etc.)						aings,		
City		County Code (7) (STATE USE ONI	.Y)	Square feet 1000 sf	# of Floors	Bldg.	ldg. Age 60						
Ortley Beach Ocean				(01.112 002 01.	**	Current Use (Pri	or if being demolished	)					
		(0)		ACCMAN-	II Nome of	Resi Abatement Contra	idence						
Name of Monitoring Firm Hired by Bu N/A	ilding Owne	er (8)		ASCM No.	Name of		rdian Contracting,	Inc.	C.				
Street Address	-				Street A		3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4						
							9 Route 9, Unit 61						
City, State, Zip Code					City, Sta	te, Zip Code Ton	ns River, New Jers	ey 087:	55-12	71			
Project Manager for Monitoring Firm		Telephon	e Number	Telephone Number License Number 732-349-9932 00624									
Scheduled Start Date (10)		Schedule	d Completic	on Date (11)		OSHA Monitor	Sec. 18 191						
8/31/13		9/3/	13				I.S.L. Analytical						
Occupancy Status During Abatement (  [ x ] Facility Closed/			riod of Aba	itement	Street A		6 Stelton Road						
Abatement Perfo					C't Ct								
Other - Describe		10	554		City, Sta	ite, Zip Code Pisc	ataway, New Jerse	y 0885	54				
Scope of Work (Check all that apply)					[ ]	Full Contains	nent with Negative Pre	ssure			-		
Scope of work (Check all that appry)					įj								
[ ] >3 sf or ≥3 lf		[ ]	Renovat	ion	ocedure	• 0.0 mm 0.0000000 • 00000000							
[ x ] ≥160 sf or ≥260	f	[x]	Demolit	ion	ed (*) and Non-Friable	e Procedure							
								Abate	ment T	уре			
		Is Locat			Description			R	R	Е	Е		
Location of		Normally			bestos-Con		Amount (Specify SF	E	E	N	N		
Asbestos-Containing Material (ACTO BE ABATED	M) Ma	Solely l intenance/0			Material (A		or LF)	M	P A	C A	C L		
in facility	IVIA	Staff			sulation, su		/	0	I	P	0		
(13)		(12)			VAT,			V	R	S U	S		
2222 12	2500 mg		rzs119/p/	ot	her miscell	aneous)		A		L	R		
	YE	s no	N/A					L		Е	E		
Exterior		X		Asbestos sidi	ng		800 sf	X					
									_				
											_		
Name of Registered Waste Hauler	ste Hauler	ID No.   Cubic Y	ards of Was	te Name of Re	gistered Landfill								
Guardian Contracting,	20223	3		T.R.R.F									
City, State Toms River, New Jers	Dispos 9/4/13		City, St Tullyt	tate fown, Pennsylv	ania								
Completed by (Print or Type)	Title	e ject Mana		Signature		11		Date	/2012				
Nicholas Fernicola	for selection line	Cho	1 +1	7	8/30/	/2013							

Date of Notification (1)	N	Name of Building Owner/Operator (2)  BVM Construction													
August 30, 2013				0021											
[ ] DEP [ ] Amend	Notification ded Notification	on		Street Address  5 Grace Road  City, State, Zip Code East Brunswick, NJ 08816											
[x] DOH [x] Emerg	dment # ency (includi	ng				runs			Number						
[ ] DCA JUSTING	cation) llation		N	lame of Contac Bru	t no Bumbac	a		Telephone	Number		45	,			
			FACIL	ITY INFOR	MATION										
Name of Facility Where Abatement is Taking	Place (3)					Тур	pe of Facility (4	) School	(k-12)						
Residence				Subchapter 8 (of							her thank-12)				
Street Address 111 Fielder Avenu	e			[ x ] Other (i.e., private homes, etc.)							e & commercial buildings				
City	County (6)			ounty Code (7)		Squ	uare feet 1200	# of F	loors	Bldg.	Age 60	)			
Ortley Beach	Ocean		(3	TATE OSE O	(AD1)	Cui	rrent Use (Prior Resid		emolished)						
Name of Monitoring Firm Hired by Building Owner (8)				SCM No.	Name of	f Abat	tement Contract	or (9)							
N/A			Street A	ddress		lian Cont	tracting,	inc.							
Street Address					1889	Route 9,	Unit 61								
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey													
Project Manager for Monitoring Firm	ımber	732-349-9932					License Number 00624								
Scheduled Start Date (10) 8/31/13	mpletion	n Date (11)	Name o	f OSH	IA Monitor E.M.S	S.L. Ana	lytical								
Occupancy Status During Abatement (Check	only one)	9/3/13	of Abat	ement	Street A	Addres		Stelton I	Road						
[ X ] Facility Closed/Vacate [ ] Abatement Performed [ ] Other – Describe	Outside of No	ormal Fac	ility Ho	urs	City, St	ate, Z	ip Code	taway, N	lew Jerse	ev 088	54	100-5-11			
[ ] Office = Describe						1	Full Containm	3432		State of the second					
Scope of Work (Check all that apply)					[	]	Mini-Enclosure		oganii o i i o	,55 til 0					
[ ] >3 sf or ≥3 lf	]	-	Renovati							Procedure					
[ x ] ≥160 sf or ≥260 lf	[ ]	k ] I	Demoliti	on	[ x	J	Non-Exempted	1 (*) and N	OFFITABLE	ole Procedure					
						•				Abat	ement '		Aver		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodi Staff (12)  YES NO N/A				Asbestos- Materia ial (i.e., then insulation VA other mis			Description of estos-Containing (aterial (ACM), thermal systems lation, surfacing, VAT, or er miscellaneous)			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	1 7	(		Asbestos	iding			100	00 sf	Х					
CALCITO .										_			_		
										+-					
	) June	EP Waste	Haular	ID No Cub	ic Yards of W	aste	Name of Reg	gistered Lar	ndfill			1			
Name of Registered Waste Hauler Guardian Contracting, Inc.	223	27 X 27 X 22 X 2 X 2 X 2 X 2 X 2 X 2 X 2	City,		T.R.R.F										
City, State Toms River, New Jersey	Title		Disposa 9/4/13	3	Tull	ytow.	n, Pennsylva	mia	,	Date					
Completed by (Print or Type) Nicholas Fernicola	r	Signature	Mic	he	1 -	11		350,000	0/201	3					
	*Do 1	not use th	his form	for asbestos	licensure ex	empte	ed activities.								