STATE OF NEW JERSEY

				NOTIFICATI (PURSUAN				1 61.	ecks	1 /	514	(
Date of Notification (1)	)				Name of E	Building Ov	vner / Oper					
09 / 16 /	Purpose   Pur				Internation	Telecon London Maria	ompany					
Aganaias Natified IT	Tuno of No	tificat	ion		Street Add							
1732	2501					, Zip Code		201	/	F.F.	39	
					Memphis,			336448.4	-		× ••	
					Name of C			حا	Telenhor	ne Niimh	er	
☑ DOL	-			justification	Brian E. J	ones		,	11 11 11 11	14.11	] -	
		Carro	Shation	FA	ACILITY IN	FORMATIO	N					
Name of Facility Wher	e Abateme	ent is	Taking F	Place (3)		Type of Fa	cility (4)					
				asas(3800.1.•1•		П П	School (K	12)				
Street Address	прапу	_						er 8 (Other	than K-12	2)		
404 Frenchtown Road	88				.0	0	Other (l.e.	, private & omes, etc.)				
22.22.23.23.23.23				County Code (		Square Fe	et	# Of Floors	s	Building	g Age	
Milford	Hunterdon				8848	000000000	,000	haina dam	aliahad\		40 1	
						Bank	se (Prior ii	being dem	olishea)		40 +	S
Name of Monitoring F	irm Hired	by Blo	da. Owne	er (8)	ASCM NO							
		.,										
Arcadis U. S, Inc							ition Service	es Inc.				
Street Address 8 South River Road						Street Add	iress					
City, State, Zip Code						32 William	s Parkway					
Cranbury, NJ 08512							, Zip Code					
	nitoring Fi	rm		Telephone Nu	mber			and the second				
Jennerifer Kriczky	10)	0-5-		212-682-9271	4)	East Hano	ver, NJ 070	36	License I	Number		
/			TOTAL	/	13	relephone	Number		Licerise	Mulliber		
-   / -		-	/	/		973-88	84-8682			0	0860	
Occupancy Status Du	ring Abate	ment	(Check	Only 1)			SHA Moni					
1. 10-10-1		ed Du	ring Ent	ire Period of			ition Service	es Inc.				
		d Outs	side of N	ormal Facility		Street Add	iress					
						32 William	s Parkway					
							, Zip Code					
Scope of Work (Chacl	All That	A nnly)				East Hano	ver, NJ 070	136		_		
Scope of Work (Offect	All Illat	-ppiy)	Q.									
			1	Renovation				th Negative	Pressure	9		
						Mini - Enc	losure Procedure	2				
☐ ∑160 St Ot 2	200 11							d Non-Fria	ble Proce	dure		
(B)		*****			Descripti				Abateme	nt Type	le.	İΕ
Aspestos Contai	ning	3995		As	bestos - C Material (			Amount	R E	R	E	N
TO BE ABATE	.D	(A) 1. 185 (S)		(I.	e., thermal	0.5		(Specify	M	E	С	C
		. 2839			lation, surf		Γ,	SF or LF)	0	P	A	L
(13)	1			or	other misc	ellaneous)		1 1	V A	A	P S	o s
									Ĺ	R	U	U
		A174 E117									L	R
		YES	NO N/A									
				Mi=1 0 " .		-in-a		140 00 0		<del>  </del>		<del>-</del> -
Equipment House		+		Window Caulki	rig and Gla	zing		140 sq ft	<b>✓</b>	1 1	+ +	++
		╫┤	HH					<del>                                     </del>	Н	H	1 7	1 1
	Vaste Haul	er		NJDEP Waste	Cubic		Registered	Landfill				
NEWARK CARTING				Hauler ID No. 4509	Yards of Waste	I.E.S.I.						
City, State NEWARK, NJ					Disposal Date	City. State BETHLEH	e EM, PA 181	105				
Completed by (Print o	r Type)			Title		·	Signature	7. / /	Shi	1,-	Date	22 . 2
Ralph Barnhadt				Operation Man	ager		The	mu 1	alm	(11Cil	104-	23-13

## CV#0888

11#0888						8:60 and 12		ENT 	igeş .	e ita				888	i
Date of Notification (1)				Name of	Building	Owner/Oper	rator (2	2)							
Septem	nber 23, 2013		Г	ow c	hemical			7873 SEP	at. As	117:	39				
Agencies Notified	Type Notification	***	10,00	Street Ad		W		7973 SEP	214 11	. pos					
₩	<b>⊠</b>		1	500 .10	hn Tinto	on Blvd.			135 C	7617	Major 1	-			
EPA DEP	Initial Amended		-	131.	te, Zip Co	Committee and the second second		40.00	i e est. I. La calegada		5			V C C C C C C C	
DOL	Amendment	#			uken N.			( )	16.77						
N 5011	Emergency (	including	<u></u>		Contact	,			Teler	hone	Num	ner .			
DOH DCA	justification) Cancellation				rchewka	3						1			
						ORMATION			-	—					
Name of Facility Where	Abatement is Taking	Place (3	)	1 701		ORMATION		Type of Facility (	(4)				122		
DOW Chemical							Г	School (K-1	12)						
Street Address				*1				Subchapter		than	K-12)				
1500 John Tipton Blv	rd.							Other (i.e. )	private &	comm	ercial	build	ings,	home	s,
City (5)	vu.		2-4-2				-	etc.) Square Feet	# of F	loore	75-5	TRI	dg. A	70	
7 107							- 1	oquate reet	# 011	10013		"	uy. n	ge	
Pennsauken NJ County (6)				County (	Code (7)			Current Has /Dri	or if boin	, dom	aliaha	۵)			
					JSE ONLY)	)	_   "	Current Use (Pri				u)			
Camden	I lised by Duilding	D		1 4001	I NI -	1.11		f A h = t = = = = t O = =		actor	у				
Name of Monitoring Firm	n Hirea by Building (	Jwner (8)		ASCM	No.			f Abatement Cor		1)					
AET				1				ACK Group, L	.LC.					- 10	
Street Address						V.1.8378		ddress							
907 Doolittle Drive								ings HWY N,	STE 20	)9					
City, State, Zip Code					С	ity, Sta	ate, Zip Code							70	
Bridgewater, NJ 088							Hill, NJ 0803								
Project Manager for Mon	itoring Firm			Telephor	ne No.	Te	elepho	ne No.	100	Licens		i.			
Project Manager				,	8-1108			59 - 5000	1000	0781					
Start Date (10)		Schedule	ed Con	npletion I	Date (11)	N	lame o	f OSHA Monitor							
10-5-1				10-31-1	3			ACK Group, L	.LC.				70		
Occupancy Status Durin	g Abatement (Chec	k Only On	ie)			S	treet A	ddress							
Facility Closed/Vac								ings HWY N,	STE 20	)9					
Abatement Perform Other - Describe:	ed Outside of Norm	al Facility	Hours	i		С	ity, Sta	ate, Zip Code							
Other-Describe.						—  Ct	nerry	Hill, NJ 0803	4						
Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf		⊠ F	Renova	tion				Full Containm	ent with I	Vegati	ve Pr	essur	е		
≥160 sf or ≥260 lf			emolit	ion			-	Mini-Enclosur		B					
							$\overline{}$	Glovebag Pro Non-Exempted		on-Fri	iable F	roceo	lure		
				(25)									WAS THE RE	ement	
			Locati Normal										Ту	ре	
Location Asbestos-Containing			d Sole		Ashes		iption (	of aterial (ACM)	Δm	ount					
TO BE AB		1.000	intena	MANAGE .		thermal sys			30237	ecify		고	-	Encapsulate	E
In Facil		Cus	todial S (12)	olaiir		surfacing			SF	or LF)		Remova	Repair	apsı	Enclosure
(13)				1		other misc	cellane	eous)				оча	air	ulat	ure
		Yes	No	N/A								32		Ф	
roof		X				roo	ofing		16	s/f		$\vee$			
100.		-				100	, <u>9</u>		- '	0//		$\sim$			K-25-
		+							1						
Name of Registered Wa	ste Hauler		TN	J DEP W	/aste	Cubic Ya	rds	Name of	Register	ed Lar	ndfill				
			10000	lauler ID		of Waste									9250
Newark Carting / Eas	stern Waste			4509 /	22253		).2	GROWS	S/TRR	F/B	FI In	nper	ial L	andf	ill
City, State						Disposal	Date	City, Sta	te						
Newark / Freehold, N	NJ			×		11/100 70	31-13		lle / Tul	ytow	/n / I	mpe	rial,	PA	
Completed by	77	Title				Sign	ature	1111			Dat	е			
Mike Cooper		Presid	lent			1	-//		/		9/23	3/13			

1/4 10001	×	N	(Pı	ursuant 1	o NJAC 8	8:60 and									
Date of Notification (1) 09/19/2013					Building ( Techni		Operator (2) Chool	)		5	Mr. Rom	k)=			
Agencies Notified	Type Notification			Street Ad 327 E.	idress Ridgew	ood A	ve		751	3 SEF	24 A	10:	39		
DEP X DOL	Initial Amended Amendment #				te, Zip Co us, NJ				j. 45	F.		-			
DOH DCA	Emergency (i justification) Cancellation	ncluding	100	Name of Tom Jo						Tele	ephone Nun	ber			
				FACII	LITY INFO	RMAT	ION			<del>.</del>					
Name of Facility Where A	Abatement is Taking	Place (3)					T S		Facility (4 shool (K-12						
Street Address same as above			-			200		] St Of	ibchapter her (i.e. pi	8 (Othe	er than K-12 commercia	) al build	dings,	home	es,
City (5)							S	et Square		# of	Floors	В	ldg. A	ge	
County (6)	****			County (			C	Current	Use (Pric	or if bei	ng demolish	ed)			
Bergen Name of Monitoring Firm	Hired by Building C	wner (8)		ASCN	INO		The second second	Abate	ment Con	tractor	(9)				
П	Timed by ballaring C	WHCI (0)		7,000			Pow/R	/Sav	e Inc.		(0)				
Street Address 1253 N. Church Str	eet						Street Ac 27 We								
City, State, Zip Code Moorsetown, NJ 08	057						City, Stat		Code NJ 070	03					
Project Manager for Mon Mike Stocku	itoring Firm			Telephor (856) 8	ne No. 340-880	0	Telephor (973) 6				License N 357	0.			
Start Date (10) 10/2/13		Schedule		npletion I	Date (11)		Name of	OSHA	Monitor						
Occupancy Status During	g Abatement (Check						Street Ac	ddress							
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of A al Facility	baten Hours	nent s		_	City, Stat	te, Zip	Code	-					
Scope of Work (Check A    ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	ll That Apply)		enova		<del></del>		×	Mini- Glov	Enclosure ebag Proc	edure	Negative F			re	
		100	Locat					14011	ZXGIIIPIOG	, ( )			Abat	emen /pe	t
Locatior Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Use Mai	lormal d Sole intena odial ( (12)	ely by nce/		tos Con therma surfa	escription of staining Mat Il systems in acing, VAT, miscellaned	terial ( nsulati or		(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
********		Yes	No	N/A			t & mastic				50 sf		-	е	
storage	area	×				Vai	a masu					$\vdash$			
				LIDEDIA		Loubin	Vanda		Name of	Desista	and I andfill				
Name of Registered Was Atlas Disposal Optio			H	NJDEP W Hauler ID 8262		of Wa	Yards aste				ered Landfill al or Tully				
City, State Dover, NJ		<del></del>	П.			Dispo	osal Date		City, State		or Tullyt	own	ΡΔ	<u> </u>	
Completed by Sharon Hendee		Title Sec/t	ress			- ;	Signature		/ J	,	Da				
Sharon Hendee		Sec/t	icas				7/1	ly	119			13/1			20000

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

D&S Proj. #: 2013-349

Das Floj. #. 2013-349					500% XI						
VIO CX											
Date of Notification (1)	Name of Buildi	ing Owner/Op	erator (2)		*	133-2-1					
0 9 /1 8 /1 3	NORTH JE	RSEY DEV	ELOPM	ENTAL							
Agencies Notified Type Notific	0.0007,100.000										
DEP Amended	The second secon	ISINK ROA	ND								
Amendment											
Emergen		., NJ 07511				Telephone	Number	-			—
justification	on)					,					
DCA Cancellat	tion STEVE S	LAUGHTE	R					_			
		FACILITY	INFORMA	NOITA							
Name of facility where abateme	nt is taking place (3)					Type of Facility (4	) (K - 12)				
NORTH JERSEY DEVEL	OPMENTAL CTR., CL	OTHING C	ENTER			=	pter 8 (Oth	er tha	an K-1	2)	
Street Address	011/12/11/2					Other (F	Private/Con	nmer			
160 MB BUGBU BOAD							Homes, etc. # of Floors		Bldg	g. Age	e
169 MINNISINK ROAD  City (5)	County (6)			Count	y Code (7)	24	1 700				
City (5)				546	use only)	Current Use (Pri	or if being	demo	lished	1)	
TOTOWA	PASSAIC			-176	lame of Abatement C	antroptor (0)			_		
Name of Monitoring Firm Hired	by Bldg. Owner (8)	AS	SCM No.	11	and the second s						
					D&S RESTORA			-		_	
Street Address		.+		- 11	20 California Av	4.5					
City, State, No Code					ity, State, Zip Code					77 =	
			1.6		Paterson, NJ 07	503					
Project Manager for Monitoring	Firm Pho	ne Mumber			973-345-8020	- 1	Licenso N	lumbo 169	ar		
			e e =		Jame of OSHA Moni	tor		103		-	
Start Date (10)	Sched. Completio	n Date (11)		- 11'	D& & Restoration	The second of the second of the second of the			1		
09/19/13	09/26/13	100			ingl Agaress		10 mm				
Occupancy Status During Abate	ment (Check only one)		- 0.00		20 California Av	onuo	-			٠.	
Facility closed/vacated du	ring entire period or states side of normal facility hour	ηønι. B•			ity, Blake, Zip Code		2 2 8	1		F = F	
Describe:	Control of the Contro	.9	-	-	Paterson, NJ 07	503	*				
Scope of Work (check all that a						Full Containment w	/negative	press	ure		
	Renovation	1. 2 <b>T</b>		7.50 10.10		Mini-enclosure			ir (n.)		
_ ≥160 of or ≥200 W	THE RESERVE OF THE PARTY OF THE	بر المستحد الم			<b>8</b>	Glovebag procedu Mon-Exempted (*)	and Non-fr	riable	proce	dure	٠.
Location of	Is location normally u	ised solely						R e	R	E n	E
asbestos-containing	by maintenance/cust staff(12)	odiai	Descript material		bestos-containing	Amount (Specify S	F or	m o	р	С	n
material (acm) to be abated in facility (13)	Yes No	N/A	material	(ACIVI)		ĹF)		v	i	a p	L
			- marks pu	PO DICIT	ATION OUR AR & CUT	8 L FT		e	П	П	t
MECHANICAL ROOM	X	H	EATING PIL	ES INSUI	ATION (WRAP & CUT)	UDII				盲	恒
- 57		-			51.4-1						
Registered Waste Hauler	NJDEP Hauler	mov 1	ic Yards of /DS	Waste	Name of Registered TULLYTOWN,	RESOURCE R	ECOVER	Y			
D& S RESTORATION, I	NC. 13506	Disposal Date			City, State	was a server					-
PATERSON, NJ 07503		09/20/13	- 1100 - 150		TULLYTOWN	PA		art of 1			
Completed by (Print or Type)	Title		Signature			og ta	Date 09/18/	/13			
BOGDAN JOLDZIC	* Do not use this form	for aphenton	licaneuro (	yemnter	1 activities		09/10/	13	_		
ASR-41	* Do not use this form	IOI aspestos	ilociloule 6	veuhie	LOUVINGS.						

Sep 18 2013 09:44am µ00 Proj. #: 2013-347 (Pursuant to NJAC 8:60 and 12:120) (elulengie) Date of Notification (1) Name of Building Owner/Operator (2) 0 9 1/11 17 1/11 13 Regional Mealth & Senior Services Agencies Notified E. BASSO Type Notification MUPHOVED Street Address EPA Initial DEP Amended 600. WEST HENRY STREET NLOcpt. Of Health & Benior Services Amendment #: City, State, Zip Code X DOL Emergency Linden, NJ HOG X 8:43AN (including Name of Contact justification) DOA elephone Number Cancellation E. BASSO FACILITY INFORMATION Name of facility where abatement is taking place (3) Type of Facility (4) E. BASSO School (K - 12) Street Address Subchapter 8 (Other than K-12) 600 WEST HENRY STREET Other (Private/Commercial Bldgs./Homes, etc. City (5) Square Feet County (6) # of Floors Bldg, Age County Code (7) (State use only) Linden Current Use (Prior if being demolished) union Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) Street Address D&SRESTORATION, INC. Street Address City, State, Zip Code 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Paterson, NJ 07503 Phone Number Telephone Number License Number Start Date (10) 973-345-8020 01169 Sched, Completion Date (11) Name of OSHA Monitor 09/23/13 D & S Restoration, Inc. 10/10/13 Occupancy Status During Abatement (Check only one) Street Address Facility closed/vacated during entire period of abatement; 20 California Avenue Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Scope of Work (check all that apply) Paterson, NJ 07503 ≥3 sf or >3 If Full Containment w/negative pressure Renovation 160 sf or ≥260 if Mini-onclosure Demolition Glovebag procedure Location of la location normally used solely Non-Exempted (\*) and Non-friable procedure asbestos-conteining by maintenance/custodial material (acm) to be staff(12) Description of asbestos-containing E abated in facility (13) Amount Θ E A n material (ACM) m Yes (Specify SF or Þ n No Ċ N/A 0 LF) C a BASEMENT ٧ p PIPE INSULATION 85 L FT X legistered Wasta Hauler D.& S. RESTORATION, INC. NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill 13506 lty, State TULLYTOWN, RESOURCE RECOVERY Disposal Date PATERSON, NJ 07503 City, State 09/23/13 Completed by (Print or Type) TULLYTOWN, PA Title Signature BOGDAN JOLDZIC PRESIDENT Date 4SB-41 Do not use this form for aspestos licensure exempted activities. 209/17/2013

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

D&S Proj. #: 2013-347

									A .						
Date of Notification (1)	1				Own	er/Operator (2)				× 2		-0	-"1		
Agencies Notified   Type Noti	ification	1 L -	E. BASS												
☐ EPA ☐ Initial															
DEP Amende						Y STREET									
DOL Amendmen			ty, State,		ie										
Emerge	ncy		Linden,												
DOH (including justificate		Na	me of Co	ntact	1000			***************************************		Telepho	ne Numb	er			
DCA Cancella	ation		E. BAS	SO						is that					
				F	ACI	LITY INFORM	ATION	:							
Name of facility where abateme	ent is takin	g pla	ce (3)						Тур	e of Facility					
E. BASSO										$\equiv$	ol (K - 12	9.ħ		461	(C.)
Street Address		_									hapter 8 ( Private/	E		-12)	
\											./Homes,		ICIAI		
600 WEST HENRY STRI									Sq	uare Feet	# of Flo	ors	BI	dg. A	ge
City (5)	10	Coun	ty (6)	26 26	8			nty Code (7)							
Linden		unio	20	*			(Sta	te use only)	Cu	rrent Use (	Prior if be	ing dem	olishe	ed)	
Name of Monitoring Firm Hired		100000000000000000000000000000000000000	111			ASCM No.		Name of Abatemer	t Contr	actor (0)					
and an information of the transfer	by blug. c	WIIC	(0)			ASCIVI NO.									
Street Address					_	-	_	D & S RESTO	RATIO	N, INC.					
Street Address								Street Address							
City, State, Zip Code								20 California						-	
City, State, Zip Code								City, State, Zip Cod							
Project Manager for Marity 1	F:		7.5				_	Paterson, NJ (							
Project Manager for Monitoring I	Firm		P	hone Nu	ımbe	er		Telephone Number				e Numb	ег		
						and the same of th		973-345-802				01169		_	
Start Date (10)	Sc	ched.	Completi	ion Date	(11	)		Name of OSHA Mo							
09/23/13	10	0/10	/13					D & S Restora	tion, ii	ic.					
Occupancy Status During Abate							$\exists$	20 California A	Manua			10			
Facility closed/vacated du	ring entire	perio	d of abate	ement.				City, State, Zip Cod	Actual teacher on oc-						
Abatement performed outs	side of norr	mal fa	acility hou	irs-			- 11	-1.51 -1.01 -1.p -0.0							
Describe: NORMA  Other-Describe: NORMA	L HOURS	_					-	Paterson, NJ 0	7503						
Scope of Work (check all that a							<u>- 1</u>			ontainment	w/nogativ	10 0000			
N	Renov	zation	i					F		nclosure	w/negativ	re press	ure		
≥160 sf or ≥260 lf			•					×		bag proced	ure				91
≥160 st or ≥260 if	☐ Demo								Non-E	exempted (*	) and No		_	edure	•
Location of			normally nance/cus		olely	N and an area				01 <b>4</b> 0000 0000 000		R	R	E n	E
asbestos-containing material (acm) to be	staff(					Description material (	on of as	sbestos-containing		Amount (Specify	SF or	m	р	C	n
abated in facility (13)	Yes	,	No	N/A	4	illaterial (i	-CIVI)			LF)		o v	a	a	L
			SATURE OF									e	r	р	_
BASEMENT			X			PIPE INSU	LATI	ON	8	5 L FT			Ш		
											1				
										Washington and State of State					
Registered Waste Hauler	IC IN		P Hauler	ID#		ubic Yards of V	Vaste	Name of Registere			D.C.C.				
D & S RESTORATION, IN	···	1350	00	Inia		YD		TULLYTOWN	, RES	OURCE R	ECOVE	KY			
City, State PATERSON, NJ 07503				Dispos 09/2				City, State	T DA						
Completed by (Print or Type)	T/a1 _	100		0312	J/ 12	Signature		TULLYTOW	v, PA		Date				
BOGDAN JOLDZIC	Title PRES	SIDE	NT			Signature						17/201	3		
ASB-41				for asb	esto	s licensure exe	empted	activities.		-	2031	11/201			

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

D&S Proj. #: 2013-341

('LL# 14	a 15009	343													
Date of Notification (	(1)		Name of Bu	ilding Ow	ner	Operator (2)				25 7	. 2- 11	*.			
0 9 /1 6	50 Line 10 10 10 10 10 10 10 10 10 10 10 10 10		MARLE	NE TOD	D										
Agencies Notified EPA	Type Notificati	on 3	Street Addre	ess						» (L	(-XI-1-8)		,		
□ DEP [	Amended		120 WE	STOVER	R A	VENUE									
	Amendment #:		City, State,	Zip Code											
1 2 2 2 2 2 2 2	Emergency		WEST (	CALDW	EL	L, NJ 07000	5				4				<u> </u>
M DOH	(including justification)	l l	lame of Co	ntact						Telepho	one Numb	er	50%		
☐ DCA	Cancellation		MARLI	ENE TOI	DD	)				-					
				FAC	CILI	TY INFORM	ATION								
Name of facility whe	ere abatement is	s taking pl	ace (3)						Тур	e of Facility					
MARLENE TO	DD									=	ool (K - 1 chapter 8		nan K	-12)	
Street Address									7	○ Othe	r (Private	/Comme		/	
120 WESTOVE	RAVENUE								Sa.	Bldg: uare Feet	s./Homes # of Flo		Bl	dg. A	ne .
City (5)	RAVEROL	I Cou	nty (6)				Cou	nty Code (7)	=   34	uare reet	# 01 110	0015	0,	<b>.</b> 7 (	gc
, (-)			, , ,					te use only)	Cı	rrent Use (	Prior if be	eing dem	olishe	ed)	
WEST CALDW			SEX			(1)	0.00		11_						
Name of Monitoring	Firm Hired by E	3ldg. Own	er (8)		Τ.	ASCM No.		Name of Abatem	ent Contr	actor (9)				00.70	-
								D & S RESTO	ORATIO	N, INC.					
Street Address								Street Address							
City, State, Zip Code			31				_	20 California					_	01.711.12	
City, State, Zip Code								City, State, Zip Co							
Project Manager for	Monitorina Firm		[P	hone Num	her	,	-	Paterson, NJ Telephone Numb			Licen	se Numb	er		
r rojoot manager for	monitoring r in in		1	TOTIC HUIT	1001			973-345-80			2.00	01169	ST211		
Start Date (10)		ISche	d. Complet	on Date (	111			Name of OSHA N	Monitor						
		9790-0-97		on Date (	,			D & S Resto	ration, I	nc.					
09/26/13 Occupancy Status D	ina Abataman	10/1						Street Address	Talesta Const			12			
	vacated during			ement				20 California City, State, Zip Co		<u> </u>					
Abatement per	formed outside							City, State, Zip Ci	ode						
Describe:	NORMAL H	OURS				-	-11	Paterson, NJ	07503						
Scope of Work (che					_					ontainment	t w/negati	ve press	ure		
>3 sf or >3 lf	$\boxtimes$	Renovati	on						Mini-e	enclosure		•			
≥160 sf or ≥26		Demolitio	n							ebag proced Exempted (		n-friable	proc	adure	
Location of		Is location	n normally	used sole	ely		-			LXempled (	) and ive	R	R	E	E
asbestos-cont		by maint staff(12)	enance/cu	stodial				sbestos-containing	g	Amount		e m	e p	n	n
material (acm) abated in facil		Yes	No	T NI/A	-	material (	ACM)			(Specify LF)	5F 0F	0	a	а	C
		162	No	N/A								ė	r	Р	
BASEMENT					].	PIPE INSU	LATI	ON		105 L FT			닏		쓔
W					4							ᆛ	분	무	ዙ
				4-	4				-			닉岩	Н	H	卄
				#=	4				-			ᆛ	H	H	卅
Registered Waste Ha	auler	INIE	EP Hauler	JILID#	Cu	bic Yards of V	Vaste	Name of Registe	ered Land	Ifill	_	_ _			
D & S RESTORA		1.000	506		1	YD		TULLYTOW			RECOV	ERY			
City, State				Disposal		te		City, State	(D) D:						
PATERSON, NJ				09/27/	13	Signature		TULLYTOV	VN, PA		Date			-	
Completed by (Print BOGDAN JOLE	(7)(6) (6)	Title PRESII	ENT			Jignatule					a language	16/13			
ASB-41				for asbes	stos	licensure ex	empte	d activities.		-					
and the same of the British															

#### State of NJ Notification of Asbestos Abatement

B & G proj. #: 2013-195

(Pursuant to NJAC 8:60-7 and 12:120-7) Check #6143

Date of Notification (1)	1110	ame of Buildin	a Ouma	(Operator (2)			2014	7.	F) (-)	-	m	
0 9 / 2 0 / 1 3	11	Sylvester S		/Operator (2)								
Agencies Notified Type Notificat  EPA DEP Initial	on St	reet Address 20 Elizabet ty, State, Zip	th Cour	t								
DOL Amenda		Secaucus,		094						•		
<b>☑</b> DOH	90.00	me of Contac	t				Telephon	e Number				
☐ DCA ☐ Cancella	ation	Sylvester	Stoff									
			FACIL	ITY INFORMA	NOITA							
Name of facility where abatement i	s taking pla	ce (3)					Type of Facility	(4) ol (K - 12)				
Sylvester Stroff					V.		_	apter 8 (O	ther th	an K-	12)	
Street Address								(Private/Co /Homes, e		cial		
20 Elizabeth Court							Square Feet	# of Floor		Blo	lg. Ag	je
City (5)	Cour	ity (6)			Cour	ty Code (7)						
Secaucus	· Hu	dson			(Stat	e use only)	Current Use (Presidential	rior if bein	g dem	olishe	d)	
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatement C	ontractor (9)					
N/A					_	B & G Restoration	n, Inc.					
Street Address		*				Street Address	,					
					_	105 Ryerson Road City, State, Zip Code	1					
City, State, Zip Code						Lincoln Park, NJ	07035					
Project Manager for Monitoring Firm	1	Phon	e Numbe	er	-	Telephone Number	07033	License	Numb	er		
Project Manager for Monitoring 1 in		1	0 11011121		11	973-696-6869		0378				
Scheduled Start Date (10)	ISched	. Completion	Date (11	)	-1	Name of OSHA Monit						
10/01/2013	1	/01/2013		,		B & G Restoratio	n, Inc.					
Occupancy Status During Abateme	_					Street Address 105 Ryerson Roa	d					
Facility closed/vacated during			ent.		-	City, State, Zip Code	u .					
Abatement performed outside Describe:	of normal	facility hours-			_	Lincoln Park, NJ	07035					23
Other-Describe:				-	- П	Lincolli I ark, 143	07033	☐ wrap	& cu	_		==-
Scope of Work (check all that app	5000	10			П	ull Containment w/neg	ative pressure	Glove				
☐ Demolition ☑	Renovation					lini-enclosure	ative pressure		riable į			
<u>₩</u> > <u>3</u> sf or > <u>3</u> If	≥160 sf or		od sololy		- IV	min-criolosure			TR	R	E	Γ_
Location of	by mainte	n normally use enance/custoo	ea solely dial	1	on of o	sbestos-containing	Amount		e m	e	n	E n
asbestos-containing material to be	staff(12)			material (		spesios-containing	(Specify LF)	SF or	0	a	c a	C
abated in facility (13)	Yes	No	N/A				L		v e	i	р	-
basement			Χ	pipe insula	tion a	ssoc w/the boiler	13 lf					
basement		3										10
									10			믬
									-111	닏	부	뜌
							1 150			Ш	Ш	
Registered Waste Hauler B & G Restoration, Inc.		EP Hauler IDa 563	# C	ubic Yards of \	vvaste	Name of Registered Tullytown Resou	Landill rce & Recover	y Center				-11200-000
City, State			sposal D			City, State						100
Lincoln Park, NJ 07035				/02/2013		Tullytown, PA						
Completed by (Print or Type)	Title	15 5		Signature		Gordana Luna		Date	1/204	2		
Gordana Luna	Secretar	y/Treasurer				zoraana Luna		09/20	0/201	<u> </u>		

#### State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 6140 2013-97F B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) Seminary Urban Renewal 10 19 1/1 18 1/11 13 1 Street Address Type Notification Agencies Notified 120 Albany Street X EPA Initial X City, State, Zip Code ☐ DEP New Brunswick, NJ 08901 Amendment Telephone Number X DOL Name of Contact DOH Cancellation Merissa Buczny ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Vacant Building Bldgs./Homes, etc. Bldg. Age Square Feet | # of Floors Street Address 93 College Avenue County Code (7) Current Use (Prior if being demolished) County (6) (State use only) residential housing City (5) New Brunswick, NJ 08901 Middlesex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. The Louis Berger Group, Inc. Street Address 105 Ryerson Road Street Address 412 Mount Kemble Avenue City, State, Zip Code Lincoln Park, NJ 07035 City, State, Zip Code License Number Morristown, NJ 07960 Telephone Number 00378 Phone Number (973)696-6869 Project Manager for Monitoring Firm 973-407-1000 Name of OSHA Monitor Craig Napolitano B & G Restoration, Inc. Sched. Completion Date (11) Scheduled Start Date (10) Street Address 11/02/2013 105 Ryerson Road 10/02/2013 Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-LincolnPark, NJ 07035 Describe: Other-Describe: ☐ Glovebag procedure Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure Renovation ✗ Demolition Mini-enclosure Ε ¥ ≥160 sf or ≥260 lf E  $\square > 3 \text{ sf or } > 3 \text{ lf}$ e e n Is location normally used solely n Amount m P C Description of asbestos-containing C by maintenance/custodial (Specify SF or 0 a Location of a L material (ACM) asbestos-containing staff(12) v p material to be N/A No abated in facility (13) Yes X 265 If pipe insulation throughout the building Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID#

3 yards

10/02/13 - 11/04/13

Signature

Tullytown, PA

09/18/2013

Gordana Luna

Disposal Date

19563

Secretary/Treasurer

Title

Registered Waste Hauler

Lincoln Park, NJ

Gordana Luna

City, State

B & G Restoration, Inc.

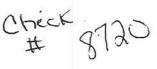
Completed by (Print or Type)

#### STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Check # 10606

CN (55 - 15 - 14)					Name of Building	Owner/Operator (2)	1	-			
Date of Notification (1) 09/19/2013					Karen Marsh				- 1		
Agencies Notified	Notification	n Type			Street Address			W.		1	
/ \EDA	( X ) In	itial Notifi	cation		705 Garden	St.					
( ) EPA	( ) Ar	nended C	Certification	on	City, State, Zip C	ode	SEP 24	2013		71	
(X) NJDEP		ancelled			** 1 1 NT		SEP 24	2010	i kap <del>ina</del>		
(X) NJ DOL	(Y) E	mergency	Notifica	tion	Hoboken, N.		Tol Mi	- la	<del></del>	-	
(X) DOH	( ) [	nergeney	110111100		Name of Contact		1				
( ) DCA					Karen Marsh	1		- ( - <del></del>		egerga.	_
				FACILITY IN	Type of Facility (4	4)					
Name of Facility Where Abater	ment is Tal	king Place (3	1		( ) School (K-12)						
Residential Proper	tv				(x) Subchapter 8	(other than K-12) vate & commercial t	oldgs., homes	s, etc.			
Street Address	-/										
705 Garden St.					Sq. Feet: 3000	# of Floors 3 B	lldg. Age 60	<u>)</u>			
City (5)	County (6	)	County Co	de (7)	Current Use (prid	or if being demolishe	ed):				
CITA (2)			(State Use	Only)							83
Hoboken	Hudso				Name of Contract	ctor (9)					
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM No.		ISES, Inc.	3101 (3)					
					Street Address						
Street Address					3300 Hudso	n Avenue					
					City State, ZipCo						
City, State, Zip Code											
					Union City,		17:	Morelea			
Project Manager for Monitorin	ng Firm	Telephone I	Number		Telephone Num			Numbe	1		
1 Tojoot Manage. 19. Manage.					(201)32500		0112	+			
Scheduled Start Date (10)			Completion	Date (11)	Name of OSHA	Monitor					
09/19/2013		09/23/20			ISES, Inc, Street Address						
Occupancy Status During Ab	atement (C	heck only or	<u>ie)</u> of Abatemen	t	3300 Hudso	on Avenue					
( X ) Facility Closed/Vacated ( ) Abatement Performed	During Er	Normal Facil	ity Hours -	•							
Describe					City, State, Zip						
Other: work in unoccu	ipied ba	sement			Union City	, NJ					
Source of Work (Check all th	at apply:	( ) Der	nolition	(X)Rer	novation		000154	CMA)			
( ) Minor Project (<	25 SF (	or < 10 LF	ACM)	(X)Sma	II Project ( >25 <	<160 SF or >10	<260 LF A	CIVI)			
( ) Large Project (>	160 SF	or > 260 L	F ACM)		A REPORTED AND ADDRESS.						
( X ) Full Containme	nt with N	egative Pr	essure	(	) Mini-Enclo	osure					
( X ) Non-Exempted	(*) and N	Ion-Friable	e Proceau	ire (	X ) Glove-bag of ACM (i.e.	Amount (Specify S	SF or LF)	Abater	nent Typ	oe	
Location of Asbestos-		ation Normal by Maint./Cu	ly Used Istodial	thermal sys	tems insulation,	, unicam (opening					
Containing Material (ACM) in Facility (13)	Staff?			surfacing, V	/AT, or other			Rem.	Rep.	Encap	Enclose
1 active (10)	YES	NO	NA_	miscnous.)		~ 80 Linear F	eet	X			
Basement			X	TSI Pipe		- 00 Linear i	-				
		-	-							-	-
		Luce	aste Hauler	ID# 1	Cubic Yards of Wa	aste	Name of Re	eg. Land	fill	9000	
Name of Reg. Waste Hauler		-	aste Hauler	1U#	5		IESI BET	HLEHE	EM LA	NDFIL	L
Newark Carting		04509			Disp. Date		City, State				2
City, State							-	ryma a 1	) A 10	015	
369 Raymond Blvd., N	Newark,	NJ 07105			09/23/2013	/	BETHLE	HEM, I	A 18	013	
Completed by (Print or Type	<u>e)</u>	<u>Title</u>			Signature	110	<u>Date</u>				
	and the second	G	inor		11NY	16 ans	09/18/20	013			
David Camacho		Superv	1801		THE	WILLIAM C					1 1 20

CK 4666

Date of Notification (1) 9 /19/13				g Owner/Operator	The state of the s	3 1 5		1.7	-	
Agency Notified Type Notification			Address	CACY	4.75	0.50 0 4	5010			]:[
D EPA D Initial	+		tate, Zip		AUE	SFP 2 4	2013	-	1	4
DOL Amendment#	1	1)		KEN, US	070	30				N. THESS
DOH DOH justification)	t		of Contac		, , , , ,	Telephone Mumb	~-			5
□ DCA □ Cancellation			15. 3	FERRONE				100	1	- L
	267 - 298 (189	FACI	LITY INF	ORMATION			-			
Name of Facility Where Abatement is Taking Place (3)			•		Type of Facility	(4)				
MS. FERRONE					School (K-12					
Street Address 1113 RACIC AJE				÷		3 (Other than K-12) ivate & commercial		js,		
City (5)					Square Feet	# of Floors	Bldg.	4ge 33	0	
HOBOKEN					2000	2		73	U	
County (6) HUDSON		ONLY		) (STATE USE	(	rior if being demolis	sed)			
Name of Monitoring Firm Hired by Building Owner (8)	ASCN	A No.			nent Contractor (S	•				
Street Address				Best R	emoval I	nc				
Sueet Audiess		- 1			River St					
City, State, Zip Code			2.400	City, State, Zip C	Code					
				Hacken	sack, N.	J. 07601				
Project Manager for Monitoring Firm Te	elepho	one No.		Telephone No.	7111	00388				
Start Date (10) Scheduled Completi	ion De	nên (44)		201-329-		00300		_		
10/3/13   10/4/					vironmen	tal Inc				
Occupancy Status During Abatement (Check only one)				Street Address 280 Huy						
☐ Facility Closed/Vacated During Entire Period of Abate ☐ Abatement Performed Outside of Normal Facility Hotel ☐ Other — Describe: 74 M 10 5 € A		ıt		City, State, Zip C	Code	k, N.J. 0	7606	:		
Scope of Work (Check all that apply)								,		
LET ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf			novation	∠Z Mini- □ Glov	Enclosure ebag Procedure	Negative Pressure				
is	Local	tion		·					aten Type	555555
Location of Use Asbestos-Containing Material (ACM) Mai	Norma ed Sok intens Custod Staff (12)	ely by ance/ dial ?		Description of stos Containing Man, thermal systems surfacing, VAI other miscelland	aterial (ACM) insulation, i, or	Amount (Specify SF or LF)			T	Enclosure
Yes	No	N/A					= +	20	+	+
BASEMENT	-	-	THERI	ial surfacin	16	55 81		4	+	+
	-	+						$\dashv$	+	+
	-		-				+	+	+	+
Dark Barrara I Trac	No.		l Hauler	Cubic Yards of Waste	Name of Regi	stered Landfill a Enterpri	ises	- 1		
City, State Hackensack, N.J. 076	01		-	Disposal Date	City, State	ourg , Oh				
Completed by Title		2007		Signature	1-1-0-1	2	Date / 1	B	1/2	
J. Maiorano Estimato				censure exempted	سرصمض	2	7/1	41	,,,	



Date of Notification (1)	N	ame of l	Building Owner Or	perator 2		, ;	7	. F. Y	1:		N.
Accepted Type Notification	-   -	treet Ad	Endre	500	<i>ڪر</i> مب	truc	1,0	7			
Agencies Notified Type Notification	, 1	li eel Au	82 Kea	4<	AU &			· · ·	Ψ		201
□ EPA	,C	ity, State	e, Zip Code	0	. A 1-	- /	107	SE	7	4	
DOL Amendment # Emergency (including	- N	ame of	Jams 1	Kiven	. 10.	Telephor	789	<u>S</u>	<u> </u>		
DOH justification)	77.000		Endnes	60.0	, .	Telephor	ie Numo	er			-
			ITY INFORMATIO	ON							- 1
Name of Facility Where Abatement is Taking Place (3				T	ype of Facility (	0/5					Collieros
Single family Dwelling	<b>\</b>				<ul><li>School (K-1</li><li>Subchapter</li></ul>	2) 8 (Other tha	in K-12)				
299 O Stree	100			25		rivate & com		buildi	ngs, h	nomes	s,
City (5)					Square Feet	# of Floo	rs	Blo	lg. Ag	je	
	12	C	18752		S (D.:	૨		1	50	)+-	•
County (6)		County C	SE ONLY)		Single fo					P	
Name of Monitoring Firm Hired by Building Owner (8)	-	ASCM	No.	Name of	Abatement Cor	ntractor (9)	A A	- 10			
EPC Technologies	3		NA	E	PC TE	thno	logi	es		In	6
Street Address Roy 337				Street A	ddress <b>Box</b>		J				
City, State, Zip Code	= /	201	222	City, Sta	ite, Zip Code		19	AD 6	7	- m	
New Equat, No		78	333		w Egy		W	0	32	15.	5
Project Manager for Monit ri Igi Firm	1	elephon	15000000		ne No.		ense No	2	0	Y	
Start Date (10) Schedule			758-3365 Date (11)	Name of	58-334 FOSHA Monitor	2)	U			1	- 000000
9-30-13	- 1	- 13	3	E	IPC Tec	hnolos	iles	T	ıc		
Occupancy Status During Abatement (Check Only Or	ne)			Street A	TO SALES SECTION SECTI	727	3				
Facility Closed/Vacated During Entire Period of Abatement Performed Outside of Normal Facility	Abateme	ent	-		O BOK	JJ F					
Other – Describe:					w Egypt	LLA	- 0	85	3.3	3	
Scope of Work (Check All That Apply)				•	JIP.						
	Renovati				Full Containm		ative Pr	essure	Э		
≥160 sf or ≥260 lf	Demolitic	on		Ď	Mini-Enclosur Glovebag Pro	cedure					
					Non-Exempte	d (*) and No	n-Friable			ment	- 12
	Location Normally		5						Ту		
Location of Use	ed Solely	y by	Asbestos Cont		aterial (ACM)	Amou				Ψ.	m
TO DE ADATED	todial S		(i.e. thermal surface	systems cing, VAT		(Spec		Remova	Repair	сар	Enclosure
(13)	(12)			niscellane				oval	air	Encapsulate	sure
Yes	No	N/A	,							е	
exterior walls		À	Siding	Shin	gles	1800	SE	X			
			J		J						
						1					
Name of Registered Waste Hauler		JDEP Wauler ID		Yards		Registered				_	- A
EPC Technologies	' ''	170	00	10		te Man	agen	rent	0	FY	H
				sal Date	City, Sta	te risville	$\mathcal{D}$	A			
Completed by S. L. S. Kara D.			10-		3 MORI	usulle					
Completed by Title			1 3	Signature	_ ~ []	0	Dat	ا۔ [	~		

the 8722

Date of Notification (1)			Name	of Building Owner/	Operator (2)	11.11	5,77	1 (1	15.		W	E
4-19	- 13			Toar	. 4	almer	1	7				
Agencies Notified Type Notification	on		Street	Address	7 1	4 mier	enter o New Appropri			- 4-		
□ EPA 📜 Initial		67		7143	Far	ZRagi	. + 1	Cock	1	) [	2013	3
DEP Amended	Commence of the Commence of th	:>- [	City, S	tate, Zip Code	0	<del></del>	21.	حاض	4		dy .	V.
□ Emergence	y (including			North	Plain	field	N.		0	70	1:7	7
justification	n)		-	or Contact			Tolonh		$\stackrel{\smile}{\sim}$		00	- ju (3)
☐ DCA ☐ Cancellati	on .			Joan Pal	mer			,,,,,,	W. A. S.	40.4		
Name of Facility Where Abatement is Ta	king Place (	3)	FAC	ILITY INFORMAT		pe of Facility	(4)					
Single fam	ily	Di	عح	lling	1		0.000.00					
Street Address						School (K- Subchapte	·12) er 8 (Other th	an K <sub>-</sub> 1	21			
143 Far	2991	4r	1	Road	B	Other (i.e.	private & cor	nmerci	al bui	ldings	, hom	ies,
City (5)					Sc	etc.) juare Feet	# of Floo	ors	- 1	Bldg.	A.G.O.	
North Plaintie	ld 1	72		37062					- 1	1	1.4	_
County (6)				Code (7)	Ci	rrent Use (Pr	for if being de	emolish	ned)	0	<i>J</i> (	
Name of Manifesian Firm Lived by Dulle				USE ONLY)								
Name of Monitoring Firm Hired by Buildin			ASC	M No.	Name of A	batement Co	ntractor (9)		50 (Sec.)		20	
Street Address	Ofic.	3	1	MA	E	C 16	chno	log	ie	5	Ir	26
P.O. Box 3	37				Street Add	iress		6		77.		
City, State, Zip Code			-		City State	Zip Code	337					
New Equat	MS	5	08	533	Alona	, ZIP Code	A LA.	17	A	0	2	2
Project Manager for Monitori go Firm			Telepho	one No.	Telephone	No.	PT	ense No	U	0	ور	
Steve Schenke	A	18	609	758-3365		8-334			1	20	U	
Start Date (10)	Schedule	ed Con	pletion	Date (11)	Name of C	SHA Monitor	-		20		1	
10-2-13	i(	2 - 5	3-1	3	E	PC Tec	hnolog	ies	T	00		
Occupancy Status During Abatement (Che					Street Add	ress		1.000		-10		
Facility Closed/Vacated During Entire Abatement Performed Outside of No	Period of A	batem	ent		P-0		337					
Other – Describe:	imai Facility	Hours			City, State,							
Scope of Work (Check All That Apply)		· ·			New	Egypt		_ C	185	5.3	3	
≥3 sf or ≥3 lf										2		
□ ≥160 sf or ≥260 lf		enovat emoliti				ull Containm	ent with Nega	ative P	ressu	re		1
					<b>X</b>	Slovebag Prod	cedure					
	T			<del></del>		Non-Exempted	d (*) and Non	-Friable	e Pro	cedur	9	
	500000	Location									ment	
Location of Asbestos-Containing Material (ACM)	Used	Sole	y by	Des Asbestos Conta	cription of	:=1 (4.014)	12 (14 (17 (17 (17 (17 (17 (17 (17 (17 (17 (17			Ту	Je	-
TO BE ABATED		ntenan		(i.e. thermal	systems insi	ulation,	Amoun (Specifi		D	_	En	m
In Facility (13)		(12)	con,		ing, VAT, or iscellaneous		SF or LF		Remova	Repair	Encapsulate	Enclosure
	Vac	Na	AIVA	ouiei ii	iiscellal leous	>)			val	air	ulat	sure
0	Yes	No	N/A								Ф	
Basement	X			Pipe I	nsula	tion	100	LF	X			
				, ,					•			
											$\neg$	-
	1								-		-	-
Name of Registered Waste Hauler		NJ	DEP W		/ards	Name of I	Registered La	andfill				
EDC Tabalasia	_	Ha	uler ID	No. of Was	te 🥎	1					0	
EPC Technologie	3		700		<u></u>	rvast	e Mana	Sem	ent	٠ ر	_{1	M
New Egypt Completed by	NJ			Dispos	2/17	City, State			A			
Completed by	Title			10	gratuse	- n	isville	Date	2			
Steve Schenker	Pires	side	nt	3	Theres	ISOK.	h	9	1	9 ~	13	

4

Date of Notification (1)	9 10 1	7	T N	Name of	Building Owner/C	perator (2)		I IE		7	1 7	7 [
Agencies Notified	Type Notification	<u> </u>		Street Ad	Carla	De	tazi	0			8 4	1 ·
EPA	Initial	- <del>"#</del> 0		27	16 L	oon	าเราร	Street o	 ED	2 /	. Y.P. Tight	10
DEP DOL	Amended Amendment #	a 2, 1		City, Sta	te, Zip Code	4	CALT			7	4	
Ø DOH	☐ Emergency (in		-   N	Jame of	Contact	an	147	_088	6	1_		
D DCA	justification)  □ Cancellation		1	Jan	1 1	Fazio	<b>a</b>	P				1
Name of Facility Where	Abatement is Taking	Place (3)		FACII	LITY INFORMATI	ON	<u> </u>		_	_		
	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	سر اان	20				rpe of Facility (					
Street Address	1 6.	Rec-					Subchapter Other (i.e. p	2) 8 (Other than K-12) rivate & commercia	) I buik	dings,	home	es,
City (5) Rarita				86,	<del></del>	Sc	etc.) quare Feet	# of Floors	В	ldg. A		
County (6)		,		County C	Code (7) JSE ONLY)	Ci	urrent Use (Pri	or if being demolishe	ed)	80	) +	
Name of Monitoring Firm	Set Hired by Building Or	wner (8)		ASCM		Name of 4	Abatement Cor	stractor (0)		75.0		
	chnole		)	NOON	NA	E	THE RESERVE TO SERVE THE PARTY OF THE PARTY	thoolog	ie	Š .	In	R
Street Address	30x 33	37				Street Add	Box	337				- 10
City, State, Zip Code	-va+	N <sub>2</sub>	• (	80	533	City State	e, Zip Code	A& ALT	0	26	13	3
Project Manager for Mor	in grim		The same of	elephor	ne No. 758-3365	Telephone		License No		10	U	
Start Date (10)		Scheduled	Com	pletion [	Date (11)	Name of C	OSHA Monitor	S O	10		1	
10-1-13				-1	3	E	PC Tec	hnologies	$\mathcal{I}$	ac.		
Occupancy Status Durin						Street Add	dress Box	727	5.00			
	ed Outside of Norma	I Facility F		ent			, Zip Code	351				
			•				Egypt	NJC	185	5.3	3	
Scope of Work (Check A	II That Apply)						-1)					
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			novati molitic			7	Mini-Enclosure Glovebag Prod				•	
		le l	ocatio	n l		X	Non-Exemple	( ) and Non-Friable	FIO	Abate		
Location	n of	No.	rmally	٧.	De	scription of				Ту	ре	
Asbestos-Containing TO BE AB	Material (ACM)	Main	Solely	ce/	Asbestos Con			Amount (Specify	77		En	m
In Faci	lity	Custo	dial St (12)	taff?	surfa	cing, VAT, o	or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	otner r	miscellaneou	us)		val	=	ulate	ure
Basener	+	χ	140	1907	Pipe I	أمعياها	tion	100 LF	X			
Basemen		K			Floor +		, , ,	50 SF	À			
OGSCINICA							· ·					
				-								
Name of Registered Was	ste Hauler		10000000	JDEP W		Yards	Name of	Registered Landfill				
EPC Tec	hnologies			1700	00	2	City, Stat	e Manager	nen	tu	F F	M
City, State New E	zypt 1	VJ			10	sal Date [3]13		isuille P	A			
New Eg Completed by Steve Sche	o Keir	Pitle Pices	i.O.	1	S	Signature	JSAL.	A G	e	7-1.	2	
CIGC SCIE	11101	1110	,,,,,,,				The Car	1		. (		

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	040000				Name	of Building								
€	9/19/2013						Messe	erc	ola Enterprises	্ন <u>=</u> :	15.50	× +	7	
Agencies Notified	Type of Notifica	tion			Street	Address				1 17 19		<u>= 1:</u>	. 9	
[X] EPA	[ ] Initia	l Notifica	ation				538 R	lou	ite 9			7		
[ ] DEP	[ ] Amer	nded Not	ification		City	tota 7:- C-	1.					1	Ш	
[x] DOL		ndment #			City, S	tate, Zip Co		ton	vn, NJ 08758	SEP 24	2013	1	71	
		gency (in	ncluding				water	iov	WII, NJ 00/30			i	-	
[x] DOH		ication) ellation			Name	of Contact			2 2	Telephone Numb	er	لبد		
[ ] DCA	[ ] Canc	enation		8		Ferna	ndo		1		-			
				FAC	CILITY	INFORM	IATION							
Name of Facility Where Al	patement is Taking	Place (3	)					1	Type of Facility (4)		_			
Res	idence		929						[ ]	School (k-12)				
Street Address								1	į j	Subchapter 8		an k-12	)	
1 - 1000 AMERICAN AND AND AND ADDRESS - 1000 AMERICAN AND	3 Walter Blvd.								[x]	Other (i.e., pr				dings.
								L		homes, etc.)				
Beach Haven	West	Count	y (6)			Code (7)		1	Square feet	# of Floors	Bl	dg. Age		
Beach Haven	west	0000			(51A11	E USE ONL	1)	L	1000 sf	1			60	
		Ocea	n					1	Current Use (Prior i		ed)			
Name of Monitoring Firm I	Hired by Building (	Owner (8	)	_	ASCM	No.	Name of	f Al-	Reside					
N/A							1 144.110 01			an Contractin	σ Inc			
Street Address			- 2011				Street Ad	ddre			Б, тие.			
0: 0: 7: 0:1	· · · · · · · · · · · · · · · · · · ·								1889 R	oute 9, Unit	51			
City, State, Zip Code						2.125	City, Stat	te,					1977	
Project Manager for Monito	ring Firm	т	Telephone	Number			T-11		Toms I	River, New Je			271	
a reject raminger for month	, mg i min		reiephone	Number			Telephon 732-34			00624	Numbe	r		
Scheduled Start Date (10)			Scheduled	Completi	on Date (	11)			SHA Monitor	1 0002	+			
9/20/			9/24/		•	C.Z.				L. Analytical				
Occupancy Status During A							Street Ad	ddre				900		
	ity Closed/Vacated								1056 S	telton Road				
	ement Performed (	Outside o	f Normal F	acility Ho	ours		City, Stat	te 2	Zin Code					-
[ ] Othe	r – Describe						,,,	, -		way, New Jei	sev 08	854		
Scope of Work (Check all the	not onuls)													
Scope of Work (Check all th	іаі арріу)						l J		Full Containment	with Negative P	ressure			
[ ] >3 ef	or ≥3 lf		r 1	Renova	tion		LI		Mini-Enclosure					
	sf or ≥260 lf		[x]	Demoli			[x]		Glovebag Procedi	130.000	-	Economic Company		
			[ , ]	Demon	LIOII		[ \ ]		Non-Exempted (*	) and Non-Friab	e Proced	lure		
							1000				Aba	tement	Type	
			Is Location			1	Description	n c	of			1000	T	
Location o		N	ormally u				estos-Con			Amount	R	RE	E	E N
Asbestos-Containing M TO BE ABAT		16-1-4	Solely by				laterial (A			(Specify SI	М	P	C	C
in facility		Maini	enance/C Staff	ustodiai		(i.e.	, thermal s	sys	tems	or LF)	0	A	A	L
(13)			(12)			mst	lation, sur VAT, or		cing,	1	V	I R	PS	S
( - )			(12)			oth	er miscella		cous)		A	I K	U	U
		YES	NO	N/A		0.11			ous)		L	1	L	R
Potenia					<u> </u>						L		Е	E
Exterior			X		Asbe	stos sidin	g			800 sf	X			
												1		
														$\vdash$
											+	+	-	$\vdash$
Name of Registered Waste I		N	JDEP Was	te Hauler	ID No.	Cubic Ya	rds of Waste	e	Name of Registe	red Landfill	1	_		$\Box$
Guardian Cor	tracting, Inc.			0223		3	Tuste	-	T.R.R.F.	ed Danailli				
City, State		200		Dispos			City, Stat							
Toms River, 1		mat a		9/25/			Tullyto	ow	n, Pennsylvania					
Completed by (Print or Type Nicholas Fern		Title	t Man-	o=	Signat	ure	()		/	1	Date			
TVICIIOIAS T'EIII	icola		t Manag			10-2	hot		te		9/1	9/201	3	
		*D	o not use	this form	for asb	estos licen	sure exemp	pte	ed activities.					

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

D-4631-464 (1)			and the same of th	- 11	Name of Building C	Namor/Ono	rator (2)								
							Homes	10 102	5	16	7				
Agencies Notified  [ X ] EPA	[ ] Initial	Notifica			Street Address	112 G	iffordtown Lane					S			
[ ] DEP [x ] DOL [x ] DOH	Amer	ided Noti idment #j gency (in			City, State, Zip Cod		rton, NJ 08087	SEP 24	2013	1	-				
[ ] DCA		cation) ellation			Name of Contact Jim M	iller		lephone Number							
				ACI	LITY INFORM	ATION		202							
Name of Facility Where Al	batement is Taking sidence	Place (3)					Type of Facility (4)	School (k-12)	125						
Street Address	West Potomac	Drive					[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			al build	ings,			
City		County	y (6)		County Code (7)	<i>(</i> )	Square feet 1000 sf	# of Floors	Bldg		0				
Little Egg H	Iarbor	Ocea	n				Current Use (Prior if Residen								
22 10.07700	N/A treet Address					Name of	Abatement Contractor ( Guardia	9) n Contracting,	Inc.						
Street Address	treet Address								9 Route 9, Unit 61						
City, State, Zip Code						City, Sta	ite, Zip Code	iver, New Jerse	ev 087	/55 <sub>-</sub> 1′	271				
Project Manager for Monit	toring Firm		Telephone Numl	oer	MICH SERVICE W		ne Number 19-9932	License N 00624		<i>JJ</i> 12	2/1				
Scheduled Start Date (10) 9/20/13		_	Scheduled Comp 9/24/13	oletio	n Date (11)	OSHA Monitor	. Analytical								
Occupancy Status During	Abatement (Check	1.50	)			Street A	ddress								
	ility Closed/Vacated atement Performed							elton Road							
1 2 2	ner – Describe					City, Sta	ate, Zip Code Piscatav	vay, New Jerse	y 088	54					
Scope of Work (Check all	that apply)					[ ]	Full Containment v	with Negative Pres	sure						
[ ] >3:	sf or ≥3 lf		[ ] Rer	ovati	ion	l i	Glovebag Procedu	re							
[x] ≥16	60 sf or ≥260 lf		[x] Der	noliti	on	[ x ]	Non-Exempted (*)	and Non-Friable I	rocedu	re					
									Abat	ement '	Туре				
Location		١,	Is Location			Description of the Description o		Amount	R	R	E	Е			
Asbestos-Containing N	2.70	1	Normally used Solely by			Material (A		(Specify SF	E M	E P	N C	N C			
TO BE ABA	ATED	Main	tenance/Custod	lial	(i.e	., thermal	systems	or LF)	0	A	A	L			
in facilit	ty		Staff (12)		ins	ulation, st VAT,			v	I R	PS	O S			
(13)			(12)		oth	er miscel			A		U	U			
		YES	NO N/	Α					L		L E	R E			
Exterior			X		Asbestos sidir	ng		1000 sf	X						
	3,14,15,7														
											_				
											<u> </u>				
Name of Registered Waste Guardian Co	e Hauler ontracting, Inc.	1	NJDEP Waste Ha 2022		D No.   Cubic Ya	ards of Wa	ste Name of Register T.R.R.F.	red Landfill							
City, State		-	Di		al Date	City, S	tate								
Completed by (Print or Ty							town, Pénnsylvania		Date						
Nicholas Fer			ect Manager		Signature	last	1/20	1	9/19	9/13					

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

#### 43 Wack

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Toms River, New Jersey 10/1/13 Tullytown, Pennsylvania  Completed by (Print or Type) Title Signature	Date of Notification (1)		Name of Building			01.90	al			
Agencies Notified [ ] Jeps of Notification [ ] Jems of Notification [ ]	1000 - 10	ACC 28 1800 1000 1000 1000 1000 1000 1000 1		Chelse	ea Village Apartm	ents had a	he	4	12	32.3
Atlantic City, NJ 08401    Street Address   FACILITY INFORMATION	[ X ] EPA [ ] Initia [ ] DEP [ X ] Ame	al Notification ended Notification		STATE OF THE PARTY	Fairmount Avenue			V.		
DCA	[x] DOH [] Eme	rgency (including	City, State, Zip Co		ic City, NJ 08401	SEP 2	24 20	013		7
Type of Facility Where Abstrament is Taking Place (3)	I DON I.		III	ta McCor					-	- Table 1
Street Address		FA	CILITY INFORM	IATION				_	<u> </u>	-
Subchapter 8 (other than k-12)					Type of Facility (4)					or mad
Signature   Sign							her than	k-12)		
Atlantic City		venue			[x]	Other (i.e., priva		33736	ial build	dings,
Name of Monitoring Firm Hired by Building Owner (8)   ASCM No.   Name of Abatement Contracting, Inc.	City	County (6)		Y)	The state of the s		Bldg		· · ·	
Name of Monitoring Firm   Street Address   Street Address	Atlantic City	Atlantic			Current Use (Prior in		)			
Street Address   1889 Rte. 9, Unit 61     Street Address   1889 Route 9, Unit 61     City, State, Zip Code   Toms River, NI 08755   City, State, Zip Code   Toms River, New Jersey 08755-1271   Telephone Number   Nicholas Fernicola   732-349-9932   Oo624   Name of OSHA Monitor   R26/13   Street Address   Name of OSHA Monitor   St. Analytical   Street Address   Oo624   St. Analytical   Street Address   Oo624   O			ASCM No.	Name of			_		-	
1889 Rite. 9, Unit 61   1889 Rotte 9, Unit 61   1889		ting, Inc.	L	G:		an Contracting,	Inc.			
City, State, Zip Code	1889 Rte. 9, Unit	61		Street Ac		oute 9. Unit 61				
Project Manager for Monitoring Firm   Telephone Number   Tilephone Nu		9755		City, Stat	te, Zip Code					
Nicholas Fernicola   732-349-9932   732-349-9932   00624     Scheduled Start Date (10)   Scheduled Completion Date (11)   9/30/13   Name of OSHA Monitor     Street Address   Street Address   Street Address     I   Facility Closed/Vacated During Entire Period of Abatement     Abatement Performed Outside of Normal Facility Hours     Abatement Performed Outside of Normal Facility Hours     Other - Describe   Street Address     Other - Describe   Other - Describe     Pill Containment with Negative Pressure     Mini-Enclosure     Mini-Enclosure     Mini-Enclosure     Mini-Enclosure     Mini-Enclosure     Mini-Enclosure     Mini-Enclosure     Non-Exempted (*) and Non-Friable Procedure     Abatement Type     Abatement Type     Abatement Type     Abatement Type     Or LF   Or LF     Or LF   Or LF     Or LF     Or LF     Or A A L     Or LF			r	Telephon				55-12	271	
Occupancy Status During Abatement (Check only one)  [ x ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours  [ ] Other − Describe    Street Address   1056 Stelton Road				732-34	9-9932	The state of the s				
Cocupancy Status During Abatement (Check only one)			tion Date (11)	Name of		I Analytical				
[ ] Abatement Performed Outside of Normal Facility Hours		only one)		Street Ad	ldress	22 72 1 72				
City, State, Zip Code    City, State, Zip Code					1056 S	telton Road				
Scope of Work (Check all that apply)  [ ] Full Containment with Negative Pressure  [ X ] >3 sf or ≥3 lf [ X ] Renovation [ ] Demolition [ ] Non-Exempted (*) and Non-Friable Procedure    R	그 기가 가는 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	outside of Normai Lacinty I	iours	City, Stat	N 3	N T.	0000	- 4		
[x] >3 sf or ≥3 lf [x] Renovation [x] Glovebag Procedure  [x] Glovebag Procedure    Non-Exempted (*) and Non-Friable Procedure    Non-Exempted (*) and Non-Friable Procedure    Solely by	Face five 1 (Cl. 1 Hz)			L .				04 ——		
[x] >3 sf or ≥3 lf       [x] Renovation       [x] Glovebag Procedure         Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)       Is Location Normally used Solely by Maintenance/Custodial (12)       Description of Asbestos-Containing Material (ACM) (Specify SF or LF)       Amount (Specify SF or LF)       A A A A A A A A A A A A A A A A A A A	Scope of work (Check all that apply)			l J		with Negative Pres	sure			
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  (13)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Is Location Description of Asbestos-Containing Amount (Specify SF or LF)  Name of Registered (ACM) (Specify SF or LF)  Name of Registered (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM)  Normally used Asbestos Containing (Specify SF or LF)  Name of Registered (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM) (Specify SF or LF)  Name of Registered Landfill (ACM) (Specify SF or LF)  No N N ON N OF CORN (ACM) (ACM) (Specify SF or LF)  No N N OF CORN (ACM)	$[X]$ >3 sf or $\geq$ 3 lf	[X] Renov	vation	[x]	Value 100 -	ıre				
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  (13)  VAT, or other miscellaneous)  YES NO N/A  Crawlspace  X Asbestos pipe insulation  Normally used Asbestos-Containing Material (ACM) Maintenance/Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  A A L I I I I I I I I I I I I I I I I I	[ ] ≥160 sf or ≥260 lf	[ ] Demo	lition	[ ]	Non-Exempted (*	) and Non-Friable 1	Procedur	re		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)  YES NO N/A  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Containing Material (ACM) Maintenance/Custodial Staff insulation, surfacing, (12) VAT, or other miscellaneous  Name of Registered Landfill T.R.R.F.  City, State Toms River, New Jersey  Title  Normally used Asbestos-Containing Material (ACM) Material (ACM) (Specify SF or LF) MM P C C C C C C C C C C C C C C C C C C C							Abate	ment 7	Гуре	
Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  YES NO N/A  Crawlspace  X  Asbestos pipe insulation  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Solely by Material (ACM) (i.e., thermal systems insulation, surfacing, (i.e., thermal systems or LF)  Naterial (ACM) (i.e., thermal systems or LF)  NAterial (ACM) (i.e., thermal systems or LF)  NATERIAL (Specify SF or LF)  NATION (Specify SP	Location of						R	R	Е	Е
Maintenance/Custodial in facility (13)  (13)  Maintenance/Custodial Staff insulation, surfacing, VAT, or other miscellaneous)  YES NO N/A  Crawlspace  X  Asbestos pipe insulation  Asbestos pipe insulation  Asbestos pipe insulation  Cubic Yards of Waste Name of Registered Landfill  T.R.R.F.  City, State  Toms River, New Jersey  Completed by (Print or Type)  MA A A L O I I P O O V R S S S O U U U U U U U U U U U U U U U U	Asbestos-Containing Material (ACM)	Solely by	N					20050		
VAT, or other miscellaneous)  YES NO N/A  Crawlspace  X  Asbestos pipe insulation  Name of Registered Waste Hauler  Guardian Contracting, Inc.  City, State  Toms River, New Jersey  Completed by (Print or Type)  Title  VAT, or other miscellaneous)  VAT, or other miscellaneous  A L  L  R  E  S  S  V  R  S  S  U  U  U  L  R  E  E  City, State  Tullytøwn, Pennsylvania  Completed by (Print or Type)  Title  Signature A  Date			(					Α	Α	L
YES NO N/A other miscellaneous)  A U L E E  Crawlspace X Asbestos pipe insulation 2200 lf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Other miscellaneous)  A U U L R E  E  City, State  Disposal Date 10/1/13  Tullytown, Pennsylvania  Date	C 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	77.77.77	inst					1000	2000	1222
Crawlspace X Asbestos pipe insulation 2200 lf X  Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  Title  Crawlspace  Asbestos pipe insulation  Cubic Yards of Waste Name of Registered Landfill T.R.R.F.  City, State Tullytown, Pennsylvania  Date	3-6	(/	oth				A	•	U	U
Name of Registered Waste Hauler Guardian Contracting, Inc.  City, State Toms River, New Jersey  Completed by (Print or Type)  NJDEP Waste Hauler ID No. 20223  NJDEP Waste Hauler ID No. 20223  Cubic Yards of Waste Town Cubic Yards of Waste  Name of Registered Landfill T.R.R.F.  City, State Tullytown, Pennsylvania  Date		YES NO N/A					L			
Guardian Contracting, Inc.  20223 30 T.R.R.F.  City, State Toms River, New Jersey 10/1/13 Completed by (Print or Type) Title Signature	Crawlspace	X	Asbestos pipe	insulation	1	2200 lf	X			
Guardian Contracting, Inc.  20223 30 T.R.R.F.  City, State Toms River, New Jersey 10/1/13 Completed by (Print or Type) Title Signature										
Guardian Contracting, Inc.  20223 30 T.R.R.F.  City, State Toms River, New Jersey 10/1/13 Completed by (Print or Type) Title Signature			<del> </del>							
City, State  Toms River, New Jersey  Disposal Date  10/1/13  Tullytown, Pennsylvania  Completed by (Print or Type)  Title  Signature				rds of Wast		red Landfill				
Toms River, New Jersey 10/1/Г3 Tullytøwn, Pennsylvania  Completed by (Print or Type) Title Signature	City, State			City Sta						
		10/1	/13						100	
Nicholas Fernicola Project Manager 9/19/2013	Nicholas Fernicola	Project Manager	Ylic	bet	12	1	1000	2013		

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

# Lex of

CKS											125 1		-	. 11	(	7
Date of Notification (1) 9 -18-13				Name of I	-	wner/O	perator (	2)				,	3		·	- 1
Agencies Notified	Type Notification		- 1	Street Ad Rt 38	dress					15 1	SI	EP	2 4	201	3	, :
DEP DOL	Initial Amended Amendment			City, State maple s			14						100			
DOH DCA	Emergency ( justification) Cancellation		- 1	Name of o	Contact					Tolor	nhone !	Murinb	or			
				FACIL	ITY INFO	RMATI	ON					•				
Name of Facility Where House Street Address	Abatement is Takin	g Place (3)						Si Si	f Facility ( chool (K-1 ubchapter	2) 8 (Other	r than k	<b>(-12)</b>	75576			
300 West Marlton p	oike								ther (i.e. p	rivate &	comme	ercial	buildi	ngs,	nome	S,
City (5) Marlton								Square 1800		# of 2	Floors		Ble 65	dg. A	je	
County (6) Camdan				County C	ode (7) SE ONLY)			Curren	t Use (Pri	or if bein	g demo	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			100000	ement Cor	ntractor (	9)					
Street Address				J	(III)		Street	Address	200000	·						
							eramor - money	tate, Zip		6			<del></del>	-		
City, State, Zip Code							Dela	nco .N	J . 0807	'5						
Project Manager for Mo	nitoring Firm			Telephor	e No.		100000000000000000000000000000000000000	one No 324-09			Licens 0701	0.77	*6			
Start Date (10) 9-27-13		Schedule 9-30-13		mpletion [	Date (11)		Name self	of OSH	A Monitor							
Occupancy Status Durin	ng Abatement (Che	ck Only Or	ne)				Street	Address	S							
Facility Closed/Vac	cated During Entire ned Outside of Non	Period of A	Abater	ment 's		_	City, S	tate, Zip	Code							
Scope of Work (Check	All That Apply)															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same of	Renova Demoli				×	Min	Containm i-Enclosur vebag Pro i-Exempte	e cedure					Э	
		le	Local	tion				-	-					Abate	ment	
Locatio	on of	1	Norma	ally		De	escription	of						i y	pe	
Asbestos-Containin TO BE AB In Fac (13	g Material (ACM) BATED cility	Ma	intena	Staff?		therma surfa	taining N I system acing, VA miscellar	s insula T, or		(S	mount specify or LF)		Removal	Repair	Encapsulate	Enclosure
		103	140			///	CM) Sic	lina		25	00sqf	+	x			
outsi	ide			X		(AC	JIVI) SIC	iiig		25	oosqii		^			
			Ц,	NJDEP W	lanta	Cubi	Yards		Name of	Registe	red I a	ndfill		<u></u>		L.
Name of Registered Waste	aste Hauler			NJDEP W Hauler ID 18687		of Wa	aste		Wm O	The second second	ieu La	ildilli				
City, State Bellmawr NJ							sal Date	)	City, Sta Tullyto							
Completed by Joseph T Hill		Title VP					Signatur	e				Dat 9-	ie 18-1	3		

(CHECK # 2936)

# State of New Jersey HOTHCATION OF ASBESTOS ABATEMENT

ון חסווהטולינים יכ הי	1 9	Name of Bu	Mielad Owner Courpie	(3)		
9	/24/13.	AM	ENICAN C	ONTRACTOR	5-> CR U	CES !!
encies Monified	Type Nouheabori					
		2	547 -IRE	2000 - Un	- X - I	
æ: æ €:.	Carrienced	City, Stater	Zip Code	T. T		·
	Amendment #	\	ca HARRE	e Tup. N.J	.08237	
	Emergency (unch	Hank of Co		Ye	ופסרטחפי אינדיטפו	
207	Justification)	Nonw GO	OWNA			
ンン	Cancellation					
		FACIUT	Y INFORMATION			
		Place (3)		Type of Facility (4)	FE	
S. G. OI YOCHIN MUS	ere Abarement is Taking	- ACC (2)		School (K-17)		
ne	ESID ENCE			Subchapier 8 (0	thei than K-17)	a Concio
. 022/ess		. 41 -		homes, etc.)	A & COUNTAINE	
1.0	2 SOUTH UEN	DOME MILL		Source Feet.	91110011	\$100 AOP
			- W	10009	.2_	407
, :5;	ANKONTE.		104.45	Curent Use (Prior	perio demoline	01
	17.12.07.12	County C	ode (1) (STATE	VAC	DNIT	
1.7.7 : 6.7	1516	USE ONL	. 11	emeni Conii scioi (9)		
ATLA	N110	MOS! ASCH NO	Name of Abat	emeni consister in		
מחחם שמנין וכי נביצוני	Fire Miles by Building O		Kie	<u> </u>		
, .,	10/10		Sueel Addie	5. Spa	= Sur	
- Co 000 633		* Ne	369			
¥	13		Cay. State. Z	o C∞0 €	11.5.0	5:12
. 5'à'€ 2.0 C∞			M1.50	LE SHODE	4	
. 5.4.6 2.0 CW					Cicense No	
	THE PARTY OF THE P	I Hebrone No	8 6 6 7	74-0472.	(10.17	<u></u>
E SC. IT BUSHEL 10	mountaing finn	}		UA Umin		
* 1	T Scha	duled Completion Date	(11) Hame 0.03			
· ir Careity		10/9/13		EPIA KIËM	1	19
, 10/2/1.	During Abatement (Che	at acts mel	Sueel Addi		- FAVE	
		SER OLD COLD	7 1 6			
		INSMMENT ADDITION	369			,
Y : \ C10303	Vacated Dunny Entre P	ence of Absternent	Cay, State.	Σρ C∞°	ALIT OF	2-
Z Farantison Per	During Abatement form	ence of Abstracti at Facility Hours	Cay, State.	Σρ C∞°	N. J. 15	
E 13:31 Closed	Lawed Uniting of How	ence of Abatement at Factily Hours	Cay. State.	1 2 2 110 D€. Σο C∞6	N: 5. 65	<u> </u>
T Action Closed  There Descri	no wed Unizine of How Ascaréd Count Current	encd of Abatement at Facility Hours	Cay. State.	LE CONSTRUCTION MILL ME	N: 5. 65	
T Action Closed  There Descri	Lawed Uniting of How	al Facility Hours	Cay, State.	Sp Cool annual will No	A. J. C.S.	<u> </u>
Z Fattan Closed Acarement Per Times Descri	THE SENT THE STATE OF MOUNTY	al Facility Hours	Cay, State.	Sp Cool annual will No	A. J. C.S.	<u> </u>
Z Fattan Closed Acarement Per Diner Descri	THE SENT THE STATE OF MOUNTY	Renovation  Demoston	Cay, State.	So Coos	A. J. C.S.	VI
T State Closed  Total Orscil	THE SENT THE STATE OF MOUNTY	Renovation Demostron Is Location	Cay. State.	So Coos  L' R S 110 De.  To Coose Son	gaure Piessaie on Fielio Pioma	- Z=
Z Fattan Closed Acarement Per Times Descri	THE SENT THE STATE OF MOUNTY	Renovation Oemoston Is Location Normally	Cay, State.	DU ETEMBLES I,1 and N IOA600 & LIOCEONIE IN EUCLOENIE IS CONTRIBUTION MILL NO INTERPORTED INTO NO TO COSE	gauve Pressure on France Proops	1
Z ratus Closed  Acarelina Per  Times Descri	IN C 5 II	Renovation Demosion Is Location Normally Used Solely by Haintenance/	Cay, State.	to Containment with No in Enclosure lovedag Procedure for Enclosure lovedag Procedure for Enclosure lovedag Procedure for Enclosure lovedag Procedure for Enclosure lovedag Procedure for Enclosure lovedag Procedure for Enclosure for Enclosur	gauve Pressure on Friedric Program annon'	1
Z 1314 Closed Acaronism Per	OCCUPATION OF THE PROPERTY OF	Renovation Demoston  Is Location Normally Used Solely by Maintenance/ Custodial	Cay, State.	is Containment with No in: Enclosure lovedag Procedure on: Exempted I'l and N pron of ong Material (ACM) strems insulation.	gauve Pressure on France Proops	Harren
Z ration Closed  Acaronism Per  There Descri	TO COSTION OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE PROPERTY OF THE TOTAL PROP	Renovation Demoston  Is Location Normally Used Solely by Haintenance/ Custodial Staff?	Cay, State.	beou of  Discount of the property of the prope	gauve Pressure on Friedric Program annon'	1
Z ration Closed  Acaronism Per  There Descri	TO CALLION OF CAME OF NORTH COMMINE AND THE STATE OF CAME OF C	Renovation Percention Is Location Normally Used Solely by Maintenance/ Custodal Staff (17)	Cay, State.  Cay, State.  Cay, State.  Cay, State.  Cay.	is Containment with No in: Enclosure lovedag Procedure on: Exempted I'l and N pron of ong Material (ACM) strems insulation.	Aman ISpecial	Harver
Z 1311 Closed  Acaronico Per  Tomar Descri	TO COSTION OF THE TOTAL PROPERTY OF THE TOTAL PROPERTY OF THE PROPERTY OF THE TOTAL PROP	Renovation Demoston  Is Location Normally Used Solely by Haintenance/ Custodial Staff?	Cay, State.	De Constitution with No in Economic toreode Procedure on Exempted 1') and No peon of on Material (ACM) stems insulation. g. YAT. 91 collaboration.	Aman ISpecial	Harver
Z 1311 Closed  Acaronico Per  Tomar Descri	TO CALLION OF CAME OF NORTH COMMINE AND THE STATE OF CAME OF C	Renovation Demotion  Is Location Normally Used Solely by Haintenance/ Custodial Stan? (17)	Cay, State.	To Consumation with No in Economic loveday Procedure on Exempted 1') and N coon of ong Material (ACM) stems insulation. g. YAT. 91	gauve Pressure on Friedric Program annon'	Harris
Z ration Closed  Acceptance Percent Company Co	TO CE AIR (NOT BE EXTY)  CONTROL OF THE CONTROL OF	Renovation Demoston  Is Location Normally Used Solely by Maintenance/ Custodal Staff (17)	Cay, State.	is Containment with No in: Enclosure lovedag Procedure on: Exempted I'l and N pron of ong Material (ACM) strems insulation.	Aman ISpecial	Harris
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	TO CALLION OF CAME OF NORTH COMMINE AND THE STATE OF CAME OF C	Renovation Demotion  Is Location Normally Used Solely by Haintenance/ Custodial Stan? (17)	Cay, State.	To Consumation with No in Economic loveday Procedure on Exempted 1') and N coon of ong Material (ACM) stems insulation. g. YAT. 91	Aman ISpecial	Harris
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	TO CE AIR (NOT BE EXTY)  CONTROL OF THE CONTROL OF	Renovation Demotion  Is Location Normally Used Solely by Haintenance/ Custodial Stan? (17)	Cay, State.	To Consumation with No in Economic loveday Procedure on Exempted 1') and N coon of ong Material (ACM) stems insulation. g. YAT. 91	Aman ISpecial Start	Harver
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	TO CE AIR (NOT BE EXTY)  CONTROL OF THE CONTROL OF	Renovation Demotion  Is Location Normally Used Solely by Haintenance/ Custodial Stan? (17)	Cay, State.	Ep Coole  To Containnain with No  The Containnain with No  The Containnain with No  The Containnain with No  The Containnain	Anan Ispecii. Sforti	H <sub>i</sub> muri X
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	TO CE AIR (NOT BE EXTY)  CONTROL OF THE CONTROL OF	Renovation Demoston  Is Location Normally Used Solely by Maintenance/ Custodal Staff? (17)  1v. No Helf.	Cay, State.  Cay, State.  Cay, State.  Cay, State.  Cay, State.  Cay.  State.  Cay.  State.  Cay.  State.  Cay.  State.  Cay.  State.  Cay.  Cay	Ep Code  It Containnaint with No  In Enclosure  Noveday Procedure  The Material (ACM)  Stems insulation.  1, VAT. of  Collaboration.	Aman ISpecial Start	H <sub>i</sub> muri X
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	OCALION OF ABATED  TO FEMALE  TO THE TOTAL STATES	Renovation Demotion  Is Location Normally Used Solely by Maintenance/ Custodal Stan? (17)  1v. No Idin.	Cay, State.  Cay, State.  As a state of the	Top Code  The Containment with No  The Containment with No  The Containment with No  The Containment of the Containment  The Containment o	Anan Ispecii. Sforti	H <sub>a</sub> mari' X
Z ration Closed  Acceptance Percent Company Co	TO CE AIR (NOT BE EXTY)  CONTROL OF THE CONTROL OF	Renovation Demotion  Is Location Normally Used Solely by Maintenance/ Custodal Stan? (17)  1v. No Idin.	Cay, State.  Cay.  Ca	Top Coos  It Containnains with Ne  It Containnains  It Cont	Aman ISpecification of Francis SF or LF.	H <sub>a</sub> muri X
Z ration Closed  Acceptance Percent Company Co	OCALION OF ABATED  TO FEMALE  TO THE TOTAL STATES	Renovation Demotion  Is Location Normally Used Solely by Maintenance/ Custodal Stan? (17)  1v. No Idin.	Cay, State.  Cay.  Ca	Sign Name of Sign Sign Sign Sign Sign Sign Sign Sign	Aman ISPECT. SFORT	H <sub>1</sub> ····································
Z ration Closed  Acceptance Percent Company Co	OCALION OF ABATED  TO FEMALE  TO THE TOTAL STATES	Renovation Demotion  Is Location Normally Used Solely by Maintenance/ Custodal Stan? (17)  1v. No Idin.	Cay, State.  Cay.  Ca	Sign Name of Sign Sign Sign Sign Sign Sign Sign Sign	Anan ISpecial Start Anan ISpecial Start IS	Hamori X
Z ration Closed  Acceptance Percent Company Co	Control of North Control of North All India digity)  Control of North All India digity)  Control of North All India digity)  Control of North All India digity  Control of North All India digi	Renovation Demoston  Is Location Normally Used Solely by Maintenance/ Custodal Staff? (17)  1v. No Helf.	Cay, State.  Cay,	TO CONTRIBUTION WITH NEW PROPERTY OF THE PROPE	Anan ISpecial Start	Hamerican X
Z ration Closed  Acceptance Percent Company Co	OCALION OF ABATED  TO FEMALE  TO THE TOTAL STATES	Renovation Demoston  Is Location Normally Used Solely by Maintenance/ Custodal Star? (17)  Iv. No Hill.  A NOE Hauley 17	Cay, State.  Cay,	Sign Name of Sign Sign Sign Sign Sign Sign Sign Sign	Anan ISpecial Start	H <sub>1</sub>
Z ratio Closed  Acaronism Per  Acaronism Description  Acaronism State  Aca	Control of North Control of North All India digity)  Control of North All India digity)  Control of North All India digity)  Control of North All India digity  Control of North All India digi	Renovation Demoston  Is Location Normally Used Solely by Haintenance/ Custodial Stan? (17)  IV. No Idin  NJOE Haule / 7	Cay, State.    A	TO CONTRIBUTION WITH NEW PROPERTY OF THE PROPE	Aman ISPECT.  SFOUR PROSECTION OF FIGURE PROPERTY SPECTS.  SFOUR SPECTS.  AMAN SPECTS.	Hamerican X

	29:	36/					f - 7 - 7		7, 7	(r=)	-	٦.	
				State of New Jersey TIFICATION OF ASBESTOS ABATEMENT									
							750					1	
			(1	ursuai	IL TO NJA	C 8:60 and 12:12	•		0010			1	
Date of Notification (1)				Nar		ing Owner/Operator	control to the control of the contro	OEF 24	LUIU	- 1		$\Box$	
	20/13					INSFOR	MATTON	GNI BRP	215	55		11	
Agencies Notified	Type Notific	cation		Stre	et Addres		-	. 0				T	
EX BPA Le DEP	Amende	ď		=		W.CLDn	exs La	1 Ina TC	200			<u>_</u>	
DOL	Amenda	nent#_		City	, State, Zip				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- tan	-	
□ рон	☐ Emerger justification		ing	_			on, TU.	5.0821			7.1		
DCA	Cancella			Nar	ne of Conta	7.77.72		Telephone Num	her				
				<u></u>	15.	orbara		14		-			
					ACILITY IN	FORMATION							
Name of Facility Where			ice (3)	/			Type of Facili	ty (4)					
	IDENC	<u>~</u>					School (K-	12) er 8 (Other than K-1	٥,			- 1	
Street Address			. (			30		private & commerce		ldinas	8		
	SINE	2101	<u>~</u>	90	ARE		homes, et	c.)					
City (5)	2000	•				ík	Square Feet # of Floors Bldg. A						
Cotinty (6)	12/601	NTIN	E	T C-		(7) (STATE	Current like (Prior if being demolished)						
ATL A					E ONLY)	(I) (STATE	Current Use (Prior if being demolished)						
Name of Monitoring Firm	Hirad by Ruik	ling Oumo	-	ASCA	4 No	I Name of Abatom	WACAN+ ement Contractor (9)						
(8) A ) /	1 med by band	ing Owne	'	ASCA	WI NO.		conco Inc.						
Street Address	<u></u>					Street Address							
Olicet Address					369 S. S. Price Ace-								
City, State, Zip Code						City, State, Zip C	Code						
Oily, Galle, ap code		38	V				ADE, NIJ.	18	~~	>			
Project Manager for Mor	oitoring Firm		☐ Tel	ephone	No	Telephone No.		License No.	00	ارو		믁	
A)/	A			ориоти			856-779-0472 00444						
Start Date (10)	Ts	cheduled	Compl	etion D	ate (11)	Name of OSHA N			7. 7			= $+$	
10/2/13	1	10/	10/1	3		1	111					1	
Occupancy Status Durin	g Abatement (			<u> </u>		Street Address	7,11					=	
☐ Facility Closed/Vacate	T		70	ement									
Abatement Performed						City, State, Zip Co	ode					=	
Other - Describe:													
Scope of Work (Check a	II that apply)											=	
(18)								egative Pressure					
≥3 sf or ≥3 lf . ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End	dosure g Procedure						
		- (2)		****				on-Friable Procedu	re ,			_	
+			Location						F	bater			
Location of	f		lormally d Solel						Тур	e	_		
Asbestos-Containing M	aterial (ACM)	Mai	ntenan	ice/	Ashestos Containing Material (ACM) Amount					_	_		
TO BE ABAT IN Facility	ED		ustodia Staff?	31	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Ren	공	12	nc.	
(13)			(12)			other miscellaneo		0. 5. 5,	Removal	Repair	Encapsulate	Enclosure	
	Ø	Yes	No	N/A						6			
SIDING													
51DING				TRANSITE 15000 X					_	$\dashv$			
									-				

Cubic Yards of Waste Hauler ID No. 17904 City. State
MARCE SHADE, N.T. OF052 Disposal Date LEASANTVILLE, N.J. Completed By
JoSEPH 14 L Fram Signature Date OWNER

NJDEP Waste

Name of Registered Landfill

Name of Registered Waste Hauler

2935

# SIBLE OF NEW JEISEY HOTHCATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 2:60 and 13:134)

		(Pur	SUBNE CO	NIYC	8:60 and 12:120	1.	医角层形	WER
Date of Motification (1)	100/10		1.00	200	Owner/Operator	7		
	18/13				HELL V	) ICHOLS		
Agencies Notified	Type Nothication			23	KING	ST.	SEP 24	2013
区 区 区 区 区 区 区 区 区 区 区 区 区 区 区 区 し し し し	☐ vwevœe ☑ rves	}		laje, Zip C				
	Ewadeuch (nc)	gnibu	_	R10	GKDND	E, W, 5.	08242	3
区 205 205 205 205 205 205 205 205 205 205	(noissimisus Cancalsion		Name	ol Coniac			I glebious unibe	
	O Carcasio.				Ame			
•			FAC	זאו ידטו	HOITAHRO	Type of Facility		
name of Facility Where		Place (7)				School (K-17		1
	DENCE				<del></del> -	Superapier !	(Other man K-17.	)
S. 12 ADDIESS .	E. 18+1 A	inem an	15			D-One (1.0 . pr	14016 g @wwaice	100.0001
						Square Feel	Tol Floors	8100 Apr
C.17 (5)	N. W16000	0 5				7000	1	40-
			Coun	ly Code (	TI ISTATE.	Coneni Use (Pr	or it being demoli	neo)
	1,47		5000000000	ONLY)		Weur Courscior (8		
name of Monitoring Fin	m Hired by Building O.	4U 01	<b>LICH</b>	Но		nco In-	<u>.                                    </u>	
1 8.1	///		_		Sueel Addie L		- 1.5	
SHEEFADOLESS	/				7 0	5, 5M	1.6 / 1011	
Cit, State Lip Code					CAY. State. LP		= NJ	08:12
City State Cop Cook					THOPTOM NO.		License No	r
bidK: Manader la M	onlong firm	10	sopone	No	856.7	79-0471	- 001	<del></del>
		V Comp	deliph 0	ale (11)	Hame OLOSH			
Sian Oale (10)		0/8	11		JO55		<u>~~</u>	
Occupancy Status Du	WIND ADDIEMEN IChe	t only one	:)		Sucel Addie	"s see	CE AVE	
CO. CITTORNA	Caled Dunno Envisor	1100			CAY, State, D			
D Misusus beyon	med Outside of Horma	I Facility H	SIVO		CAY, 51318. 0	6 5 710 D	· N.Z.	5-52
Coner Describe			===	=				
Scope of work (Che	ch all Mai abbill	-				Containment with	4444	
- 17 11 01 23 11		Ø Deme	og bou M 9 (10)			Liempied (') and	NOT FINDE PIOCE	10-1
\$ : 160 11 01 2760 1	1		alian	$\neg$			-	. ~
		NOT	YIGHT		Descape	on a	Aman.	-
رودها	uon ol	Used S	solely by	A.	(i t inaual itili	Maleusi (ACM)	(Specin	
i constati Coulan	ABATED	Cus	וששו		midacino.	Y 0 1 . V'	Si a ci.	
IN F	SOLY	100	17)	1	OBJOK WITCO	KI SUGODA )		
ſ	13)	Tes	HO I	AIR	•		2500	
		-		× _	SIRL	NC	35000	<u> </u>
TRAN	1517=	=}-						=
		=						
		=					Registereo Cano	<del></del>
			TH	DED M18	e Choic Las	1 ^	IAC M	1,1
Same of Register		•	ru	790	1/ \3-		M C/1	<u> </u>
Lac : mi	" INC.		لمسل=		Ormai	Date City. St	007112	E . 14.
C.n State	- (	N:	5.				1	Daie / /
MALL	SILAPE	Tice		^	5.61	NIU!	Se	9/19/13
Competer B1	, KLEMM		V/	<i>t</i>		3,000		
Jus = 1.	<u> </u>			Loom In	a spe sios licensi	vie exempled acti	Aire ?	
- 5A		. Do voi	ATE IN		100000A500A50	35		

September 20, 2013  Agencies Notified  Type Notification  Street Address  Initial DEP DOL  Amended Amendment #2  Port Authority of NY & NJ  Street Address  1160 Expressport Plaza, Ste 7  City, State, Zip Code Port Elizabeth, N I 07301						
EPA DEP Initial Amended Amended City, State, Zip Code 1160 Expressport Plaza, Ste 7	-					
DEP Amended City, State, Zip Code						
N DOI 2 American 2						
Emergency (including						
DOH justification) Name of Contact TelephoneNumber						
DCA Cancellation Resident Engineer						
FACILITY INFORMATION  Name of Facility Where Abatement is Taking Place (3)  Type of Facility (4)						
ESSEY CEMENT/TITAN AMEDICA						
Street Address School (K-12) Subchapter 8 (Other than K-12)						
Other (i.e. private & commercial buildings	homes,					
etc.)						
1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	je					
PORT NEWARK, NJ  County (6)  County Code (7)  Current Use (Prior if being demolished)	nesson I					
(STATE USE ONLY)						
Essex Buildings  Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)						
92 1/2 - 1/						
AET The MACK Group, LLC. Street Address Street Address						
907 Doolittle Drive 1500 Kings HWY N, STE 209 City, State, Zip Code City, State, Zip Code						
Bridgewater, NJ 08807 Cherry Hill, NJ 08034						
Project Manager for Monitoring Firm Telephone No. Telephone No. License No.						
Eric Houseknecht (908) 218-1108 (973) 759 - 5000 00781						
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor						
10/07/13 12/31/13 The MACK Group, LLC.						
Occupancy Status During Abatement (Check Only One)  Street Address						
Facility Closed/Vacated During Entire Period of Abatement 1500 Kings HWY N, STE 209						
Abatement Performed Outside of Normal Facility Hours  City. State. Zip Code						
Other - Describe: Cherry Hill, NJ 08034						
Scope of Work (Check All That Apply)						
≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure						
≥160 sf or ≥260 lf Demolition Mini-Enclosure						
Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						
Is Location Abate						
Location of Normally Description of	e					
Asbestos-Containing Material (ACM)  Maintenance/  Asbestos Containing Material (ACM)  Amount	ш					
	Enclosure					
In Facility (12)  Custodial Staff? (I.e. trieffinal systems insulation, (Specify Surfacing, VAT, or other miscellaneous)  (Specify Surfacing, VAT, or other miscellaneous)	osur					
	ate e					
Yes No N/A						
6 designated locations fireproofing 1,060 sf						
2 locations thermal system insulation 70 lf						
maintenance shop Cement board panel 280 sf						
corrugated metal roof roof caulk 750 sf						
Name of Registered Waste Hauler NJ DEP Waste Cubic Yards Name of Registered Landfill						
Hauler ID No. of Waste	te					
Newark Carting						
Newark Carting 4509 21.6 Tullytown Landfill						
City, State Disposal Date City, State						

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

					d 12:120)		= P	写 ti Wit	117	-		٦
Pate of Notification (1)		1		ding Owner/		2) ,		1- 11				
September 05, 2013				ity of NY 8	k NJ					-		7
gencies Notified Type Notification			eet Addre			_	SEP	2 4 2013	المساا			
·				essport Pla	za, Ste	7	OLI	-	+	+		٦
Amended	4		y, State, 2			į	i	: 5757. E30L	2	1		
DOL . Amendment #_	aluding	100		eth, NJ 07	201		***	TelephoneNumb		1	111111-19	$\exists$
Emergency (in justification)	cluding	Na	me of Co	ntact				Telephonervania	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DOH justification)  Cancellation		Res	sident E	ngineer						-		
			FACILIT	Y INFORMA	TION	Type of F	acility (4)					
Name of Facility Where Abatement is Taking	Place (3)											
SSEX CEMENT/TITAN AMERICA						T Cut	ool (K-12) ochapter 8	(Other than K-12)				
Street Address						Oth	er (i.e. pri	vate & commercial	building	gs, ho	mes,	
78 &179 MARSH ST.						etc		# of Floors	Bldc	. Age		
City (5)						Square	-eet	# 01 1 10010		,		
PORT NEWARK, NJ						0	Llee /Prior	if being demolish	ed)			
County (6)			ounty Coo			Current	USE (FIIOI	Buildings	50%			
ssex		(5)				of Aboto	ment Contr					
Name of Monitoring Firm Hired by Building C	)wner (8)		ASCM N	0.	1,505,000,000,000							
AET							roup, LL	.0.				
Street Address					S1000000000000000000000000000000000000	t Address		TE 000				
907 Doolittle Drive								STE 209				-
City, State, Zip Code					100000000000000000000000000000000000000	State, Zip						
Bridgewater, NJ 08807					Cher	ry Hill, N	J 08034	License N	0	-		-
Project Manager for Monitoring Firm		T	elephone	No.		hone No.			0.			
Eric Houseknecht			08) 218		(973)	759 - 5	000	00781				
Start Date (10)	Scheduled	Comp	pletion Da	ate (11)	11000000000	e of OSHA		_				
9/23/13		1.	2/31/13				Group, Ll	_C.				_
Occupancy Status During Abatement (Chec	ck Only One	e)			-	et Address		OTE 000				
Tarility Closed/Vacated During Entire	Period of A	batem	ent					STE 209		_		
Abatement Performed Outside of Norn	nal Facility	Hours			10 350	State, Zip						
Other - Describe:		-			Che	rry Hill, N	1J 08034	4	-			
Scope of Work (Check All That Apply)	7											
The second of th	Пв	enovat	tion					ent with Negative	Pressure	9		
INI SO OF OF SY IT	1 1 1		CIOII				-Enclosure	3				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		emoliti				X Glo	Jehan Proj	cedure				5
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf						X Glo	Jehan Proj	cedure (*) and Non-Friabl				
		emoliti	on			X Glo	Jehan Proj	cedure (*) and Non-Friabl		Abat	ement	,
	Is	emoliti Locati	on		Descript	X Glo	Jehan Proj	cedure (*) and Non-Friabl		Abat	ement /pe	
≥160 sf or ≥260 lf  Location of	Is Use	Locati Normal d Sole	on ly ly by	Asbestos	Descript Containin	Glo-Non ion of g Material	vebag Prod -Exempted (ACM)	(*) and Non-Friable  Amount		Abate Ty	/pe	
≥160 sf or ≥260 lf	Is Use Ma	Locati Normal d Sole intena	on ly ly by nce/	(i.e. the	Containin rmal syste	Glo-Non ion of g Material ems insula	vebag Prod -Exempted (ACM)	(*) and Non-Friabl		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Is Use Ma	Locati Normal d Sole	on ly ly by nce/	(i.e. the	Containin	Glo Non ion of g Material ems insula VAT, or	vebag Prod -Exempted (ACM)	Amount (Specify		Abate Ty	/pe	
≥160 sf or ≥260 lf  Location of Asbestos-Containing Material (ACM) TO BE ABATED	Is Use Ma	Locati Normal d Sole intena	on ly sly by nce/ Staff?	(i.e. the	Containin rmal syste surfacing,	Glo Non ion of g Material ems insula VAT, or	vebag Prod -Exempted (ACM)	Amount (Specify		Abat		Eliciosaia
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility	Is Use Ma	Locati Normal d Sole intena	on ly ly by nce/	(i.e. the	Containin rmal syste surfacing, her misce	Glo- Non ion of g Material ems insula VAT, or Ilaneous)	vebag Prod -Exempted (ACM)	Amount (Specify SF or LF)		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Is Nuse Ma	Locati Normal d Sole intena todial S	on ly sly by nce/ Staff?	(i.e. the	Containin ermal syste surfacing, her misce	ion of g Material ems insula VAT, or Ilaneous)	vebag Prod -Exempted (ACM) tion,	Amount (Specify SF or LF)		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations	Is Nuse Ma	Locati Normal d Sole intena todial S	on ly sly by nce/ Staff?	(i.e. the	Containin ermal syste surfacing, her misce	Glo- Non ion of g Material ems insula VAT, or Ilaneous)	vebag Prod -Exempted (ACM) tion,	Amount (Specify SF or LF)		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  6 designated locations 2 locations	Is Nuse Ma	Locati Normal d Sole intena todial S	on ly sly by nce/ Staff?	(i.e. the	Containing mal system surfacing, her misce firepro	ion of g Material ems insula VAT, or Illaneous)  ofing m insula	vebag Prod- Exempted (ACM) tion,	Amount (Specify SF or LF)		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop	Is Nuse Ma	Locati Normal d Sole intena todial S	on ly sly by nce/ Staff?	(i.e. the	Containing rmal syste surfacing, her misce fireproper fireproper all systement bo	ion of g Material ems insula VAT, or Illaneous)  ofing m insula	vebag Prod- Exempted (ACM) tion,	Amount (Specify SF or LF)  1,060 sf		Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop corrugated metal roof	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly ly by nce/ Staff?	therm	containing rmal system surfacing, her misce fireproper fireproper all system ment borroof containing the system of contai	ion of g Material ems insula VAT, or Illaneous)  ofing m insula ard pane ard pane	vebag Prod- Exempted (ACM) tion,	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf	Removal	Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly sly by nce/ Staff?	therm	Containing rmal syste surfacing, her misce fireproper fireproper all systement bo	ion of g Material ems insula VAT, or Illaneous)  ofing m insula ard pane ard pane	(ACM) tion,  Name o	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf 750 sf f Registered Land	Removal	Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop corrugated metal roof Name of Registered Waste Hauler	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly ly by nce/Staff?	therm  ce  Vaste No.	containing rmal system surfacing, her misce fireproper all system ment bo roof coubic Yard	ion of g Material ems insula VAT, or Illaneous)  ofing m insula ard pane aulk	(ACM) tion,  Name o	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf 750 sf f Registered Land	Removal	Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop corrugated metal roof Name of Registered Waste Hauler  Newark Carting	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly ly by nce/ Staff?  N/A  NJ DEP V Hauler ID	therm  ce  Vaste No. 09	containing rmal system fireproper all system roof country of waste	ion of g Material ems insula VAT, or Illaneous)  ofing m insula ard pane aulk dis	(ACM) tion,  Name o  Tullytov City, St:	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf 750 sf f Registered Land wn Landfill ate	Removal	Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop corrugated metal roof Name of Registered Waste Hauler  Newark Carting City, State	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly ly by nce/ Staff?  N/A  NJ DEP V Hauler ID	therm  ce  Vaste No. 09	firepro al systement bo roof coubic Yard fWaste 21 Disposal I	ion of g Material ems insular VAT, or Illaneous)  ofing m insular ard paner aulk dis  .6 Date 1/13	(ACM) tion,  Name o  Tullytov City, St:	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf 750 sf f Registered Land	Removal	Abate Ty	/pe	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  6 designated locations 2 locations maintenance shop corrugated metal roof Name of Registered Waste Hauler  Newark Carting	Is Nuse Ma	Locati Normal d Sole intena todial \$ (12)	on ly ly by nce/ Staff?  N/A  NJ DEP V Hauler ID	therm  ce  Vaste No. 09	firepro al systement bo roof coubic Yare f Waste 21 Disposal I	ion of g Material ems insula VAT, or Illaneous)  ofing m insula ard paneral ems insula ard paneral ems insula ard paneral ems insula	(ACM) tion,  Name o  Tullytov City, St:	Amount (Specify SF or LF)  1,060 sf 70 lf 280 sf 750 sf f Registered Land wn Landfill ate wn, PA	Removal	Abate Ty	/pe	

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

			-	N	D. Hallan	0		(0)	1 15	(6) 15	3 11	107	2	-	1	
Date of Notification (1)			1	Name of				(2)	. علم ان ا	<u> 1</u>	. L	<u>W_(</u>	=,			
Augu Agencies Notified	Type Notification			Port Autl Street Ad		TNY &	NJ		** 1				•	1 1	-	-
Agencies Notified	Type Notification					ort Dioz	a Cta	7	S	FP 2	2 4 2	013		4		
EPA BEB	Initial		-	1160 Ex City, Stat			a, Sie	7 - 5	, . o	L1 6	- T -	510	- 1		-	
DEP DOL	Amended Amendment	#	,				0.1	\$	į.				_i		1	
STATE OF STA	Emergency (		-	Port Eliz		NJ 072	U I		<u> </u>	Tele	phonel	Numbe	<u>2</u>		-	
DOH DCA	justification) Cancellation							<b></b> .		1	priorter	varioc			į.	
IN DOA	Cancellation			Residen		eer ORMATIC	M			-	-					
Name of Facility Where	Abatement is Taking	g Place (3	)	PACIL	THE HALL	OKWATIC		Туре	of Facility (4	)						
ESSEX CEMENT/TI		torreckiosesse. And v							School (K-12	)						
Street Address	17.0.4.7.00.1.07.4								Subchapter 8	(Othe						
178 &179 MARSH S	T								other (i.e. pr tc.)	ivate &	comme	ercial b	uild	ings,	home	s,
City (5)	-								e Feet	# of	Floors		Ble	dg. A	ge	
PORT NEWARK, N.	I =															
County (6)	<u> </u>	1	Т	County C	ode (7)			Currer	nt Use (Prior	r if beir	ng demo	olished	)	-		
Essex				(STATE U							uilding					
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Name	of Abat	ement Cont			,-				
AET		**************************************		90.0239999-2012		1			Group, LL							
Street Address								Addres								
907 Doolittle Drive							1500	Kinas	HWY N, S	STF 2	09					
City, State, Zip Code								State, Zi		J 1 L Z	.00					
Bridgewater, NJ 088	.07						Comment of the second		NJ 08034							
Project Manager for Mor			T	Telephon	e No.			none No			Licens	e No.				
Eric Houseknecht				(908) 21				759 - :			00781					
Start Date (10)		Schedule		mpletion D			. ,	100000000000000000000000000000000000000	A Monitor	- 1						
9/9/13	3			12-31-1		1	The M	1ACK	Group, LL	C.						
Occupancy Status Durin	O.U	k Only On		12 01 1				Addres			_					
	cated During Entire			ment			1500	Kinas	HWY N, S	STE 2	09					
	ned Outside of Norm					İ		State, Zi				•				
Other - Describe:		-							NJ 08034							
Scope of Work (Check A	All That Apply)							, ,			1				-0.	
≥3 sf or ≥3 lf			Renova	ation				X FIII	Containme	nt with	Negativ	ve Pres	SIIF	Δ.		
≥160 sf or ≥260 lf			)emoli					Min Min	i-Enclosure		riogati		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		
									vebag Proc n-Exempted		Non Eric	abla Dr	2000	turo		
			98					NOI	i-Exempled	( ) and	INOII-I III	able I I			ement	
		1000	Loca: Norma	733/25/G										10000	ре	
Locatio Asbestos-Containing				ely by	Ashas	Des stos Conta	scription		(ACM)	Δ	mount					
TO BE AB		11	intena			thermal				(S	pecify		Z	TI	Enc	Ē
In Faci		Cus	(12)	Staff?		surfac other m	cing, VA			SF	or LF)		Remova	Repair	Encapsulate	Enclosure
(13)		-		$\overline{}$		othern	liscella	neous)					va	a:	llate	ure
		Yes	No	N/A												
6 designated	locations	$\times$				fire	proofi	ng		1,0	060 sf		$\times$			
2 locat		X	200000000		the	ermal sy	ıstem	insula	tion		70 If		X			
-		$+ \Diamond$								-	80 sf		$\langle$			
maintenan		$\rightarrow$				cement			:1				$\langle \cdot \rangle$			
corrugated r		$\perp X$					of cau	ılk			50 sf		$\overline{}$			
Name of Registered Wa	ste Hauler			NJ DEP W Hauler ID		Cubic of Was			Name of F	kegiste	red Lan	dtill				
Newark Carting		450		3. 7748	21.6		Tullytowr	Land	dfill							
City, State				Dispos	sal Date	)	City, State									
Newark, NJ	12-31-1															
Completed by		Title					ignatur		0			Date			,	
Mike Cooper		Presid	lent				Hel	1/		63		8/20/	13			

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

CK # 4664

Date of Notification (1)			Na	ame of	Building	Owner/Operator	(2)					
9/19/1	3			MA	e. D	TI FFAN Y	SVOWN					_
Agency Notified	Type Notification		St	reet A	ddress		01					
	EX Initial			9	4	11 FFANY	1 LACE					
© EPA © DEP	☐ Amended		Ci	ity, Sta	ite, Zip C	WOOD,	.17 07	040				
Z DOL	Amendment #			/ (	Aru	2000	M7. 01	Telephone Ma				_
Z DOH ·	justification)	9	Na	ame o	f Contac	w Brow	161	Telephores				
DCA	☐ Cancellation						774					
			F	FACIL	ITY INFO	ORMATION					_	
Name of Facility Where	Abatement is Taking Place	ce (3)			•	-	Type of Facility	(4)	+			
MR. BI	low N			2"	3		School (K-12	)	2\ .			
Street Address		0			,	:	COther (i.e. pr	(Other than K-1 ivate & commerce	2) ial building	s,		
94	FIFFANY.	( L	200	-			homes, etc.)	1.0				_
City (5)							Square Feet		Bidg. A	ige 4S	•	
MA	FIFFANY PLEWOOD		83				.2100	2	1	7>		
County (6)			1 -			(STATE USE		rior if being demo		en en en en en en en en en en en en en e		
ESS	EX		0	MLY)		10		si den ce				
	n Hired by Building Owne	er A	SCM N	Vo.			nent Contractor (					
(8)	2	1					emoval I	nc				
Street Address						Street Address	*					
							River St					_
City, State, Zip Code						City, State, Zip	Code	7 07601	r :			
					- Maranta		sack, N.	J. 0760.	-			
Project Manager for Mo	nitoring Firm	Tel	ephone	e No.	10	Telephone No.	7111	00388				
						201-329-		00300				_
Start Date (10)	Scheduled C			(11)		Name of OSHA	Monitor nvironmer	tal Inc				
10/1/13		0/2/	1/3			Street Address	IATIOHEGI					_
Occupancy Status Duri	ng Abatement (Check on	ly one)				280 Huy	ler St					
☐ Facility Closed/Vacat	led During Entire Period	of Abate	ement			City, State, Zip						
Q Abatement Performe Q-Other - Describs: 7	d Outside of Normal Fac	ility Hou	rs				Hackensa	ck. N.J.	07606	5		
Scope of Work (Check	TO STATE OF THE PARTY OF THE PA											
Æ 23 stor ≥ 3 lf			2	Ren	ovation	Q Full	Containment will Enclosure	n Negative Press	ure			
223 stor 23 ii	22		ī	⊒ Den	notition	a Glo	vebag Procedure	AND Sinkle D	mandum.			
			E		T	U Nor	-Exempted (*) an	IN MONHAMENTAL LI	COSCULIO	Abai	terne	nt
	2.0	3/17/25	Locatio		3. 3				-	- 1	уре	_
. Locat	tion of		ionnaliy d Solely			Description		Amoun	. 1		m	
Asbestos-Contain	ing Material (ACM) ABATED		ntenan ustodia		Asbe	stos Containing N thermal system	s insulation,	· (Specif	y	Removal	200	Enc
	agiliy	1 7	SHE			surfacing, VA	T, or	SForL	7	Non made	l e	nso
(1	(3)	ļ	(12)			other miscellar	neous)	e e	1	=1-	. 18	0
		Yes	No	NVA	1					_	4	L
BASELLEN	~				THERE	HAL SYSTEM	WOITHOR ON	95		X	_	L
BASENEN						MAL SULFACE		45	SF	×	1	L
100 EMEN											1	
		$\vdash$		-			72					
Name of Registered W	aste Hauler	LN	DEPW	Vaste I	lauler	Cubic Yards of	Name of Reg	stered Landfill				
Best Remov		ID	No.			Waste	Minary	a Enterp	rises			
pest kemov	ar inc	1	710	9	70	ze-	/	a Bircerp				
	CONTRACTOR OF THE PARTY OF THE			F-1775	2.	I Dismood Date/	City, State		0.000			
City, State	1 17 7	076	Λ1			Disposal Date	Wavnes	burg , C	h			
Hacke	nsack, N.J.	076	01			192/13	Waynes	burg , C		1 -	. /	_
City, State Hacke Completed by J. Maiorano	Title				-	I d 2/13	Waynes		Date 9	119	3/13	3

ASB-41

CK# 4665

Date of Notification (1)	2/19/13		T		of Building Owner/Operator		6.0			
Agency Notified	Type Notification	7	$\neg$		Address					7-176
D.CD4	D'Initial			19	WEST HOREL	and Au	i E			
D EPA	☐ Amended		ı	City, St	ate, Zip Code .					
D DEP Z DOL	Amendment #			. 1	PONTUALE. N	5. 076	15			
EZ DOH	☐ Emergency (includi	ing	F	Name (	of Contact		Telephone Num	ber		
D DCA	justification)  Cancellation			H	n. WALSHE	- 1				
				FACH	LITY INFORMATION					
Name of Facility Where					•	Type of Facility	(4)			
MI	e. Walshe			77	•	School (K-12		<b>10</b> 20 10		
Street Address							3 (Other than K-12) tvate & commercia			
19 WESTH	oneland.	AC	うど			homes, etc.)				
City (5)		<del></del>				Square Feet	# of Floors	Bidg. Age		,
HON	TUALE	63				1800	Z	1.93	S	
County (6)				County	Code (7) (STATE USE	Current Use (Pr	rior if being demoli	shed)		
BEKO	~= N		İ	ONLY)			DENCE	2 8 8		
Name of Monitoring Fire	-0.00 (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	er	ASCM	No.	Name of Abaten	nent Contractor (9				
(8)		-				emoval I	ME.			
					Street Address	ещолят т	пс			-3 707
Street Address						Diman C+				
1.1						River St				
City, State, Zip Code					City, State, Zip (	acala M	J. 07601	0		
						sack, N.				
Project Manager for Mo	nitoring Firm	Te	elepho	ne No.		7111	00388			
					201-329-	AU III III III	00300			
Start Date (10)	Scheduled C				Name of OSHA		tol Inc			
10/2/13		13		5		vironmen	tal inc			
Occupancy Status Duris	ng Abatement (Check on	ly one)			Street Address	1 . 0+				
D Facility Closed/Vacat	ed During Entire Period	of Abat	ement		280 Huy					
☐ Abatement Performe	d Outside of Normal Fac	aity Ho	urs		City, State, Zip C			7606		
☐ Other - Describe:					South H	ackensac	k, N.J. (	37000		
Scope of Work (Check	all that apply)				D Full	Containment with	Negative Pressure	e		
Æ≥3sfor≥3f				Z Ren	ovation Q Mini-	Enclosure				
□ ≥ 160 sf or ≥ 260 lf				□ Den		ebag Procedure	d Non-Friable Proc	adina		
	<del></del>	Π.		<u> </u>	G Moir	Exestigated ( ) data	10011100110		item	ent
		10.00	Locati Vormal		BC 40	1		-	Туре	
. Locat			d Sole		Description				1_	
Asbestos-Containi			intena		Asbestos Containing M (i.e., thermal systems		Amount (Specify	28	n inc	Enclosure
TO BE A		9	State C		serfacing, VAT		SF or LF)	Removal	100	8
	3)		(12)	30	other miscellan	eous)		<u> </u>		1
	• •	V	T 110	TAMA					10	1
2		Yes	No	N/A			124	= IV	+	+
BASERS	NT			7	THERNAL INSUI	ATION	122	-1 4	+	+
								$\longrightarrow$	+	+
-	3825 7 30 30 30 30 30 30 30 30 30 30 30 30 30								4	1
Name of Registered Wa	este Hauler			Naste I		Name of Regis	stered Landfill		inca is	3 - 12 - 13
Best Remova			No. 710	9	Waste 1 1/20	Minerva	a Enterpr	ises		
City, State		0=1	0.5		Disposal Date	City, State	ourg , Oh			
Hacker	nsack, N.J.	076	01		10/3/13	waynest	Jurg , OH			
Completed by	Title			8	Signature			Date	1.	2
J. Maiorano	Estin	nato	r		1 Ma	ionous		9/19	1/1	<u>၁</u> —

Cht 10280

÷ 6.	$\alpha$
Laised	JAME!
,-	FRE

ate of Notification (1)			Na	ime of E	Building C	owner/Operator (2	)					1
8_1	30 1 1.	3		KTR	NJ	111						-
gencies Notified	Type Notification	1	St	.300	dress	Harbor 1	Dr.		1			
DOLWD	Amended	. 1	Cit	ty, State	e, Zip Co	de						
] DOH	Amendment		1	ons	hohoc	ken Pa.	19428	-				_
DCA	☐ Emergency (injustification)	llicinaniA	Na	erne of (	Contact			Telephone Number	r			
(NJAC 5:23-8)	☐ Cancellation		11	Frank	t Rya	2p						4
				FACIL	ITY INF	ORMATION						_
ame of Facility Where	Abatement is Taki	ng Place (3)					Type of Facility					
275 Omar A							School (K-12	t) 8 (Other than K-12)				
treet Address	10C						Other (i.e., p	rivate and commercia	al buik	dings,	į.	
Avenel							homes, etc.)	·				$\dashv$
City (5)							Square Feet	# of Floors		3. Age 3.5		
middlesex							380,760	ior if being demolishe	-			$\dashv$
County (6)			1	County	Code (7)(	STATE USE ONLY)	Current Use (Pi	rehovse/food	والم			
10 (000 0 mm (000 <del>=</del> 0 10 <del>=</del> 0 0 <del>=</del> 0 0 = 0 0 0 =									3191	aye	_	-
Name of Monitoring Fir	m Hired by Building	Owner (8)	AS	SCM No	١.	Name of Abatema	ni Contractor (5	115	The			
Bioterra Em	vironmental S	olutions					Environme	ntal Services	4 11	101		
Street Address	-132					Street Address 450 S.	Duer d					
PO BOX 12	-24					City, State, Zip C		<del></del>				
City, State, Zip Code						Hacken say	. L. W.T	07601				
Union NJ Project Manager for M	07083					Telephone No.	CIC 100	License No.				_
Project Manager for M	onitoring Firm		lelepr	ione No	).	201-931-0	313	01148				
NICK EVSIA		reduled Cor	nnlotte	n Date	/11\	Name of OSHA		1 01110				_
Start Date (10)	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NA	12 /						L1				
9 1 23	1 /2											
						The second secon	Environme	RTALI				
Occupancy Status Du	ring Abatement (Ch	eck only on	e)			Street Address		ntal				
Occupancy Status Du	ring Abatement (Ch	eck only on Period of Al	e) batem	ent		Street Address 290 H	uyler ST.	ntal				
Occupancy Status Dui	ring Abatement (Ch sated During Entire ned Outside of Norr	eck only on Period of Al mal Facility	e) batem	ent - Descri	ibe	Street Address 290 H City, State, Zip C	uyler ST.	07606				
Occupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement	ring Abatement (Ch sated During Entire ned Outside of Norr : AM-	eck only on Period of Al mal Facility	e) batem Hours	ent - Descri	ibe	Street Address 290 Hr City, State, Zip C S. Hacker	ode sack	07606				
Decupancy Status Dui  Facility Closed/Vac  Abatement Perform Time of Abatement	ring Abatement (Ch sated During Entire ned Outside of Norr : AM-	eck only on Period of Al mal Facility	e) batema Hours PM	ent - DescriAl	ibe	Street Address 290 Hr City, State, Zip C S. Hacker	ode sack					
Docupancy Status Dur Facility Closed/Vac Abatement Perform Tirne of Abatement Scope of Work (Check  >3 sf or >3 lf	ring Abatement (Ch sated During Entire ned Outside of Norr : AM-	Period of Almal Facility	e) batema Hours PM	ent - DescriAl	ibe	Street Address 290 Hr City, State, Zip C S. Hacker  M Full Cor	ode Sack ntainment with No closure	07606 egative Pressure	A			
Docupancy Status Dur Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check \$\sum_{\sym_{\sym_{\sym_{\sum_{\sy	ring Abatement (Ch sated During Entire ned Outside of Norr : AM-	eck only on Period of Al mal Facility	e) batema Hours PM	ent - DescriAl	ibe	Street Address 290 Hr City, State, Zip C S. Hacker  M Full Cor	ode Sack ntainment with No closure	07606	A (See	e aH	oche	41
Decupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check  >3 sf or >3 lf	ring Abatement (Ch sated During Entire ned Outside of Norr : AM-	Period of Almal Facility   PM/	e) batement Hours PM ovation ocation	ent - DescriAl	ibe	Street Address 290 Hr City, State, Zip C S. Hacker  Mini-En Glovebr	ode Sack ntailment with No closure ag Procedure empted (*) and N	07606 egative Pressure	Aba	ateme	nt Ty	pe
Occupancy Status Dui  Facility Closed/Vac  Abatement Perform Time of Abatement Scope of Work (Check  ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ring Abatement (Cheated During Entire ned Outside of Norrit:AM call that apply)	Period of Almal Facility   PM/ Ren	e) baterne Hours PM- ovation ocatio	ent - DescriAI	ibe M	Street Address 290 H City, State, Zip C S. Hacker  S Full Cor Mini-En Glovebr Mon-Ex Description	uyler ST.  rode  r Seck  ntainment with Neclosure ag Procedure empted (*) and N	07606 egative Pressure	Aba	ateme	nt Ty	pe
Decupancy Status Dui Fecility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Checi 3 sf or ≥3 if 5160 sf or ≥260 if Locat Asbestos-Containi	ring Abatement (Cheated During Entire ned Outside of Norrit:AM	Period of Almal Facility PM/ Ren Ren Der	e) bateman Hours PM ovation ocation ocation ocation I Solel	ent - DescriAll on y y by nce/	ibe M	Street Address 2 90 Hr City, State, Zip C S. Hacker  Mini-En Glovebi Non-Ex Description stos Containing N thermal systems	ode  Seck  Intainment with Noclosure ag Procedure empted (") and No of laterial (ACM) s insulation,	07606 egative Pressure lon-Friable Procedure Amount (Specify	Aba	ateme	nt Ty	pe
Decupancy Status Dur    Facility Closed/Vac   Abatement Perform   Time of Abatement   Scope of Work (Check   ≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Locat   Asbestos-Containi   TO BE	ring Abatement (Cheated During Entire ned Outside of Norrit:AM call that apply)	Period of Almal Facility PM/ Ren Ren Der	e) batema Hours PM- ovation ocatio omaily I Solely ntenan	ent - DescriAll on y y by nce/	ibe M	Street Address 2 PO Ho City, State, Zip C S. Hacker Mini-En Glovebi Mon-Ex Description stos Containing M a., thermal systems surfacing, VA	ode  Sack  Intainment with Noclosure ag Procedure empted (") and No  of lateial (ACM) s insulation, T, or	07606 egative Pressure lon-Friable Procedure	Aba Removal	ateme	Encapsulate	pe Enclosure
Docupancy Status Dui  Facility Closed/Vac  Abatement Perform  Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Locat  Asbestos-Containi  TO BE /  IN Fe	ring Abatement (Cheated During Entire ned Outside of Norrit:AM call that apply)	Period of Almal Facility PM/Ren Derr	e) bateman Hours PM ovation ocation ocation ocation I Solel	ent - DescriAll on y y by nce/	ibe M	Street Address 2 90 Hr City, State, Zip C S. Hacker  Mini-En Glovebi Non-Ex Description stos Containing N thermal systems	ode  Sack  Intainment with Noclosure ag Procedure empted (") and No  of lateial (ACM) s insulation, T, or	07606 egative Pressure lon-Friable Procedure Amount (Specify	Aba	ateme	nt Ty	pe
Decupancy Status Dui Fecility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Checi >3 sf or ≥3 if ≥160 sf or ≥260 if  Locat Asbestos-Containi TO BE / (1	ring Abatement (Cheated During Entire ned Outside of Norrit:AM	Period of Almal Facility   PM/ Ren Dem Is I N Used Main Custo	e) batema Hours PM- ovation ocation ocation solelintenan dial S (12) No	ent - DescriAll n on y y by ice/ taff?	Asbe (Le	Street Address 2 90 Ho City, State, Zip C S. Hacker    Full Con   Mini-En   Glovebr   Mon-Ex   Description   Stos Containing No., thermal systems   Surfacing, VA   other miscellar	ode  Sack  Intainment with Noclosure ag Procedure empted (") and No  of lateial (ACM) s insulation, T, or	O7606 egative Pressure lon-Friable Procedure Amount (Specify SF or LF)	Aba	ateme	nt Ty	pe
Docupancy Status Dui  Facility Closed/Vac  Abatement Perform  Time of Abatement  Scope of Work (Check  ≥3 sf or ≥3 if  ≥160 sf or ≥260 if  Locat  Asbestos-Containi  TO BE /  IN Fe	ring Abatement (Cheated During Entire ned Outside of Norrit:AM	Period of Almal Facility PM/ Ren Ren Derr Is ! No Used Main Custo Yes	e) bateman Hours PM ovation oution ocatic comaily I Sole! No	on y y by coe/ traff?	Asbe (L.e	Street Address 290 Hr City, State, Zip C S. Hacker Mini-En Glovebe W Non-Ex Description estos Containing N est, thermal systems surfacing, VA other miscellar	ode  Seck  Intainment with Note of lateial (ACM) is insulation, T, or lecus)	O7606 egative Pressure  Ion-Friable Procedure  Amount (Specify SF or LF)	Ah Removal	Repair	Encapsulate	e Enclosure
Decupancy Status Dui    Facility Closed/Vac   Abatement Perform   Time of Abatement   Scope of Work (Check   ≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Locat   Asbestos-Containi   TO BE / (1)   (1)	ring Abatement (Cheated During Entire ned Outside of Norric AM- c all that apply)  ion of ing Material (ACM) ABATED acility 3)	Period of Almal Facility   PM/ Ren Dem Is I N Used Main Custo	e) batema Hours PM- ovation ocation ocation solelintenan dial S (12) No	on y by hoe/ N/A	Asbe (I.e.	Street Address 2 90 Ho City, State, Zip C S. Hacker  Mini-En Glovebr Mon-Ex Description estos Containing N e., thermal systems surfacing, VA other miscellar	ode  Sack  Intainment with Not closure ag Procedure empted (*) and Not interial (ACM) is insulation, T, or inecus)	O7606 egative Pressure lon-Friable Procedure Amount (Specify SF or LF)  260 SF	A Removal	Repair	Encapsulate	e Enclosure
Decupancy Status During Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check 23 sf or 23 if 2160 sf or 2260 if Asbestos-Contain TO BE ASSESTED IN Figurations of Abatement Closef in locke	ring Abatement (Cheated During Entire ned Outside of Norric AM- c all that apply)  ion of ing Material (ACM) ABATED acility 3)	Period of Almal Facility PM/ Ren Ren Derr Is ! No Used Main Custo Yes	e) bateman Hours PM ovation oution ocatic comaily I Sole! No	on y y by coe/ traff?	Asbe (I.e.	Street Address 290 Hr City, State, Zip C S. Hacker Mini-En Glovebe W Non-Ex Description estos Containing N est, thermal systems surfacing, VA other miscellar	ode  Sack  Intainment with Not closure ag Procedure empted (*) and Not interial (ACM) is insulation, T, or inecus)	O7606 egative Pressure  Ion-Friable Procedure  Amount (Specify SF or LF)	Aba Removal 図	Repair	Encapsulate	g Enclosure
Decupancy Status Dui    Facility Closed/Vac   Abatement Perform   Time of Abatement   Scope of Work (Check   ≥3 sf or ≥3 if   ≥160 sf or ≥260 if   Locat   Asbestos-Containi   TO BE / (1)   (1)	ring Abatement (Cheated During Entire ned Outside of Norric AM- c all that apply)  ion of ing Material (ACM) ABATED acility 3)	Ren Derroll State Custo	e) baterm Hours PM ovation ovation cocatic comain Sole! No	on y by hoe/ N/A	Asbe (I.e.	Street Address 2 90 Ho City, State, Zip C S. Hacker  Mini-En Glovebr Mon-Ex Description estos Containing N e., thermal systems surfacing, VA other miscellar	ode  Seck  Intainment with No closure ag Procedure empted (*) and No of laterial (ACM) is insulation, T, or lecus)	O7606 egative Pressure  Ion-Friable Procedure  Amount (Specify SF or LF)  260 Sf 6 Lf 275,000 sf	A Removal	Repair	Encapsulate	e Enclosure
Docupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check State S	ring Abatement (Cheated During Entire ned Outside of Norrit AM- c all that apply)  ion of ing Material (ACM) ABATED acility 3)  AWWell Froom	Period of Almal Facility   PM/ Ren Ren Ren Ren Ren Ren Ren Ren Ren Ren	botterm Hours PM  cocatico cocatico mathy Sole! No	on y y by ice/ taff?	Asbe (I.e.	Street Address 2 90 H City, State, Zip C S. Hacker  Mini-En Glovebi Non-Ex  Description stos Containing N s. thermal system surfacing, VA other miscellar  AT  Celbour 12  Cubic Yards of	of lateial (ACM) is insulation, T, or leous)  Name of Re	O7606 egative Pressure  lon-Friable Procedure  Amount (Specify SF or LF)  260 Sf 6 Lf 275,000 Sf	Removal Z	Repair	Encapsulate	g Enclosure
Docupancy Status Dui Fecility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check 153 sf or \$23 if 160 sf or \$260 if  Locat Asbestos-Containi TO BE / IN Fig. (1)  [Watehouse Status of Closet in locker Roof over we	ring Abatement (Cheated During Entire ned Outside of Norrit	Is I N. Used Mail Custor	e) boaterm Hours PM ovation ovation ocatic corrality Sole! No	ont - Description All on y by y by ice/ taff? N/A  X  JDEP V	Asbe (i.e.	Street Address 2 90 H City, State, Zip C S. Hacker  Mini-En Glovebr Mon-Ex Description estos Containing N e., thermal systems surfacing, VA other miscellar	of lateial (ACM) is insulation, T, or leous)  Name of Re	O7606 egative Pressure  lon-Friable Procedure  Amount (Specify SF or LF)  260 Sf 6 Lf 275,000 Sf	Removal Z	Repair	Encapsulate	g Enclosure
Docupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check 1 >3 sf or >3 if 1 >160 sf or >260 if  Locat Asbestos-Contain TO BE IN F (1)  Watehouse Signature (1)	ring Abatement (Cheated During Entire ned Outside of Norrit AM- c all that apply)  ion of ing Material (ACM) ABATED acility 3)  AWWell Froom	Is I N. Used Mail Custor	e) boaterm Hours PM ovation ovation ocatic corrality Sole! No	All Description on by by by loce/ taff?	Asbe (i.e.	Street Address 270 H City, State, Zip C S. Hacker  S. Hacker  Mini-En Glovebr  Mon-Ex Description astos Containing N a., thermal system surfacing, VA other miscellar  AT Celbour 12 MSITE IN RO  Cubic Yards of Waste 6500 Disposal Date	ode  Sack  Intainment with Nectosure ag Procedure empted (") and N  of laterial (ACM) s insulation, T, or lecous)  Name of Re MINERVA City, State	O7606 egative Pressure  Ion-Friable Procedure  Amount (Specify SF or LF)  260 Sf 6 Lf 275,000 sf glstered Landfill ENTER Prises IN	Removal Z	Repair	Encapsulate	g Enclosure
Occupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check 1 >3 sf or >3 if 160 sf or >260 if  Locat Asbestos-Contain TO BE IN F (1)  Warehouse Signature (1)	ring Abatement (Cheated During Entire ned Outside of Norre AM—  call that apply)  ion of ning Material (ACM)  ABATED acility  3)  AWWell  Froom  Religiouse  Waste Hauler  25TE Services	Is I N. Used Mail Custor	e) boaterm Hours PM ovation ovation ocatic corrality Sole! No	ont - Description All on y by y by ice/ taff? N/A  X  JDEP V	Asbe (i.e.	Street Address 270 H City, State, Zip C S. Hacker  S. Hacker  Mini-En Glovebr  Mon-Ex Description astos Containing N a., thermal system surfacing, VA other miscellar  AT Celbour 12 MSITE IN RO  Cubic Yards of Waste 6500 Disposal Date	ode  Sack  Intainment with Nectosure ag Procedure empted (") and N  of laterial (ACM) s insulation, T, or lecous)  Name of Re MINERVA City, State	O7606 egative Pressure  lon-Friable Procedure  Amount (Specify SF or LF)  260 S.f 6 L.f 275,000 S.f gistered Landfill Enterprises In	Removal Z	Repair	Encapsulate	g Enclosure
Occupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check 153 sf or 23 if 15160 sf or 260 if  Locat Asbestos-Containi TO BE/IN For 150 in locker Roof over wa  Name of Registered 152 press w  City, State News	ring Abatement (Cheated During Entire ned Outside of North AM—  call that apply)  ion of ing Material (ACM) ABATED acility 3)  awwell rroom archouse  Waste Hauler ASTE Services	Is I N. Used Mail Custr	e) boaterm Hours PM ovation ovation ocatic corrality Sole! No	ont - Description All on y by y by ice/ taff? N/A  X  JDEP V	Asbe (i.e.	Street Address 270 Ho City, State, Zip C S. Hacker  S. Hacker  Mini-En Glovebr  Mon-Ex Description astos Containing N a., thermal system surfacing, VA other miscellar  AT Celbour 12 MSITE IN RO  Cubic Yards of Waste 6500	ode  Seck  Intainment with No closure ag Procedure empted (*) and N  of laterial (ACM) s insulation, T, or lecus)  Name of Re MINERVA City, State  Waynes	O7606 egative Pressure  lon-Friable Procedure  Amount (Specify SF or LF)  260 S.f. 6 L.f. 275,000 S.f. gistered Landfill Enterprises Incompany OH	Abar Removal	Repair	Encapsulate	g Enclosure
Occupancy Status Dui Facility Closed/Vac Abatement Perform Time of Abatement Scope of Work (Check Scope of Work (Check 1 >3 sf or >3 if 160 sf or >260 if  Locat Asbestos-Contain TO BE IN F (1)  Warehouse Signature (1)	ring Abatement (Cheated During Entire ned Outside of Norrice all that apply)  ion of ing Material (ACM)  ABATED acility  3)  AWWell  Froom  Erehouse  Waste Hauler  ASTE Services  LIK NJ  or Type)	Is I N. Used Mail Custor	e) batemin Hours PM Hours PM cocatic cornality Sole! No  No  NH	All Description on y by by loce/ taff?  N/A  JDEP V auler ID N/3	Asbe (I.e.	Street Address 290 H City, State, Zip C S. Hacker  Mini-En Glovebi Non-Ex Description ostos Containing N s., thermal system surfacing, VA other miscellar  AT Cubic Yards of Waste 6500 Disposal Date 9/13-10/	ode  Seck  Intainment with No closure ag Procedure empted (*) and N  of laterial (ACM) s insulation, T, or lecus)  Name of Re MINERVA City, State  Waynes	O7606 egative Pressure  lon-Friable Procedure  Amount (Specify SF or LF)  260 S.f. 6 L.f. 275,000 S.f. gistered Landfill Enterprises Incompany OH	Aba Removal	Repair	Encapsulate	g Enclosure

Chity latel

Date of Notification (1)	220 824		100	N			wner/Operator (2	)	7-11-5	· · ·			7.5	
	19 / 13	3				Malmud		The state and the state of				33	- 11	$\dashv$
Agencies Notified  ☑ EPA	Type Notification Initial	1		5	26 We	idress ebster St	reet	37 			!			
<b>⊠</b> DOLWD	Amended Amendment #	#		(		te, Zip Coo								- 1
<b>⊠</b> DOH	Amendment #		ina		North	Arlingto	n, NJ 07031							_
☐ DCA (NJAC 5:23-8)	justification)	iiioidd	9	1	Name of	Contact			Telephon	e Numbe	er .			
(140/10 0.20 0)	☐ Cancellation				Gloria	a Malmud	i							
					FACI	LITY INFO	ORMATION							
Name of Facility Where	Abatement is Takir	ng Pla	ace (3	)				Type of Facilit	y (4)					
Estate of Gloria N								☐ School (K-☐ Subchapte	12)	n K-12)				
Street Address								Other (i.e.,	private and	commerci	ial build	lings,		
26 Webster Stree	t							homes, et	c.)					
City (5)								Square Feet	# of Flo	ors		. Age	9	
North Arlington								1,700	3			)+-		
County (6)					County	Code (7)	STATE USE ONLY)	Current Use (	Prior if being	demolish	ed)			
Bergen								Residenc						
Name of Monitoring Fi	rm Hired by Building	g Own	er (8)	A	SCM N	0.	Name of Abateme							
N/A							Stanmark Co	ntractors, L	LC					_
Street Address							Street Address							
							27 Edsall Dri							
City, State, Zip Code							City, State, Zip C	ode						
							Sussex, NJ (	7461						
Project Manager for M	Ionitoring Firm			Tele	phone N	lo.	Telephone No. 973-864-2022	2	Licens 011					
Start Date (10)	Sch	nedule	ed Co	mple	tion Date	e (11)	Name of OSHA	Monitor						
09 / 20	/ 13	09	_ /	23	_ / _	13	AmeriSci							
Occupancy Status Du		eck o	nly or	ne)			Street Address							
□ Facility Closed/Vac	cated During Entire I	Period	d of A	bater	ment		117 East 30 <sup>th</sup>	Street						
☐ Abatement Perform	med Outside of Nom	mal Fa	acility	Hour	s - Desc	cribe AM	City, State, Zip C							
Scope of Work (Chec	k all that apply)	-	-											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Ren	ovati nolitic				ntainment with closure ag Procedure empted (*) and			re			
		$\neg \neg$	ls	Loca	tion							atem	ent T	ype
Asbestos-Contain TO BE IN F	tion of ing Material (ACM) <u>ABATED</u> acility 13)		Used Mai	ntena	ely by ance/ Staff?	Asbe (i.e	Description stos Containing M ., thermal system: surfacing, VA other miscellar	laterial (ACM) s insulation, T, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		-			-	nine in			35	L.F.	$\boxtimes$			
Basement		_				pipe ins	sulation							
	172	1									44	ᆜ	ᆜ	-
												Ш	Ш	E
		-								10.25				
Name of Registered Pro-Tech	Waste Hauler			7	NJDEP I	D No.	Cubic Yards of Waste	Name of F	Registered La W.S.	ndfill				
1.3.72 0.700		_			1907	13	3 Disposal Date	City, State						
City, State New Haven, CT	3 - 32 - 32 - 32 - 32 - 32 - 32 - 32 -	<u> </u>					completion		ville, PA	т.	oto			
Completed By (Print Marko Stankovi	State and and a state of the st	Title	eside	nt			Signature	car	~	$\nearrow$	ate 9//	9//	2	

PAGE 1	NOTI	Pursi	uant to N	IJAC 8:60 a	nd 12:120	)	Clee		193	567			7
Date of Notification (1) 9/20/13		Nai Ar	me of Bu ndrew 8	ilding Owner k Margare	/Operator t Sutton	(2)	201	350	24 15	· ·	2		4
Agencies Notified Type Notification			eet Addr	ess ummit Stre	eet								
EPA Initial Amended		Cit		Zip Code				N S	2 100				
DOL Amendment #_ Emergency (inc	cluding	100000	me of Co					Teler	hone Numbe	r			
DOH justification)  Cancellation		R	ichard s	53 535				i					-
	Place (3)		FACILIT	Y INFORMA	ATION	Тур	oe of Facility (4)	)					
Name of Facility Where Abatement is Taking house	riace (5)						School (K-12	)	r than K 12\				
Street Address						×	Subchapter 8 Other (i.e. pr	ivate &	commercial b	ouildin	gs, ho	mes,	
299 W Summit Street						_	etc.) uare Feet	# of	Floors	Bldg	. Age	)	
City (5) Somerville						22	200	2		50	- 14		
County (6)			ounty Co			Cu	rrent Use (Prio	r if beir	ng demolished	i)			
Somerset	(0)		ASCM I		Name	e of A	Abatement Con	tractor	(9)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCIVIT	<b>VO</b> .	ABS	S En	vironmental	Servi	ices, LLC				_
Street Address					PO	Вох	dress ( 483, 4 E G	ate Di	rive				
City, State, Zip Code					City, Gle	State	e, Zip Code ood NJ 0741	8					
Project Manager for Monitoring Firm		T	elephon	e No.	100000000000000000000000000000000000000		e No. 3-8500		License No.				
Start Date (10)	Scheduled	Com	pletion D	ate (11)	Nam	e of	OSHA Monitor						
9/30/13	11/30/13	W. G. 12.			Stro	ot Ad	Idress	_			048-200		$\neg$
Occupancy Status During Abatement (Chec					Sile	et Au	diess						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm  Other – Describe:	Period of At nal Facility I	Hours	ent		City	, Stat	te, Zip Code						
Scope of Work (Check All That Apply)						Berry 1					2		
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Bernard .	enova emolit				×	Full Containm Mini-Enclosus Glovebag Pro	e cedure	1				
							Non-Exempte	ed (*) a	nd Non-Friab	e Proc	Abate	ement	
	1	Locati			Descript	tion o	of			-	Ту	ре	_
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntena	ely by nce/ Staff?	(i.e. th	Containin	g Ma ems i VAT	iterial (ACM) insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-		-	-		
main room - basement			x		floor co				77.54 SF	x	_	-	-
closet under stairs			Х	100,000	inyl floor				0.07 SF	x	_	+-	-
stair landing - basement	1		х	V	inyl floor		ering		9.26 SF 88.86 SF	×	-	+	+-
living room			X		plas Cubic Yar		Name		stered Landfil				
Name of Registered Waste Hauler			NJDEP \ Hauler I[		of Waste	us	Name (						
City, State					Disposal [	Date	City, S	tate					
Completed by	Title				Sign	ature	De		D	ate	- <del>2</del> (	7	3
						0							

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

DAGE -	110	(Purs	uant to	NJAC 8:6	30 and 12:1	120) (	fle		1252	57			
Date of Notification (1) 9/20/13					vner/Opera aret Sutto		nain.	355 %		]: 5	?		
Agencies Notified Type Notification			reet Add	iress Summit S	Street			- 11					
EPA X Initial Amended Amendment #_				, Zip Code ville, NJ				177					
□ Emergency (inc     □ justification)	luding		ame of C	Contact Skydell				L Tolor	hana Niimh	\or			
DCA Cancellation				ITY INFOR									
Name of Facility Where Abatement is Taking Phouse	lace (3)					П	of Facility (4 School (K-12	2)					
Street Address						Bassarell	Subchapter 8 Other (i.e. pr	3 (Other ivate &	r than K-12) commercial	buildir	ngs, h	omes	s,
299 W Summit Street							etc.)		Floors		g. Ag		
City (5) Somerville						2200		2		50			
County (6) Somerset			ounty C	ode (7) SE ONLY)			ent Use (Prio			ea)			
Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.	Na A	ame of Aba BS Envi	atement Con ronmental	tractor ( Servi	(9) ces, LLC				
Street Address						reet Addre O Box 4	ess 83, 4 E G	ate Dr	ive				
City, State, Zip Code						ity, State, Z Glenwood	Zip Code d NJ 0741	8					
Project Manager for Monitoring Firm	-72	T	elephon	ne No.		elephone N			License No 703	).			
Otali Date (10)	Schedule		pletion D	Date (11)	Na	ame of OS	HA Monitor						
9/30/13 Occupancy Status During Abatement (Check	tu attorication				St	treet Addre	ess						
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of A	batem	ent		С	ity, State,	Zip Code			_			
Scope of Work (Check All That Apply)	general Maria												
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enovat emoliti				H N	ull Containm lini-Enclosur lovebag Pro lon-Exempte	e cedure				e	
		Locati									Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Sole intenar todial S (12)	ly ly by nce/	Asbes (i.e.	tos Contair thermal sy surfacin	iption of ning Mater estems insu g, VAT, or cellaneous	ulation,	(:	nmount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					001	0.04.05	-			-
stair case to second floor			X			aster 			8.31 SF	X	-	-	
second floor bathroom			х			ywall			7.58 SF	X			-
second floor hallway			х		•	aster			8.47 SF	x	-	-	
			х			aster	Nama	1000000	8.86 SF ered Landfi	x	L		
Name of Registered Waste Hauler			NJDEP V Hauler ID		of Waste				ered Landii				
City, State					Disposa	I Date	City, Sta	ite					
Completed by	Title		2010197		Sig	nature	11 ~	*	D	ate		<u> </u>	13
					- 1		1	_		1	0	<u></u>	1)

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

PAGE 3				OF ASB				de	ek	_ 1	12	38	39		
Date of Notification (1) 9/20/13				f Building w & Mar			(2)	7	1158	I 2				3	
Agencies Notified Type Notification  EPA   Initial		- 0	Street A 299 W	ddress / Summi	t Stree	et							ve vile		
DEP Amended Amendment				ate, Zip Co erville, N				4							
□ DOH	nciuaing			f Contact rd Skyde	ell				Tel	ephone	Num	ber	_		
			FACI	LITY INFO	ORMAT	ION					sortules				100-210-2
Name of Facility Where Abatement is Taking house Street Address	Place (	3)						of Facility ( School (K-1 Subchapter	2)	er than	K-12)				
299 W Summit Street City (5)							e	Other (i.e. p				7	· · · · · · · · · · · · · · · · · · ·	ALL ALL ALL ALL ALL ALL ALL ALL ALL ALL	es,
Somerville							2200		2	Floors		5	ldg. A O	ge	
County (6) Somerset				Code (7) USE ONLY,			Curre	nt Use (Prid	or if bei	ng dem	olishe	ed)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASCN	ИNo.				ement Cor onmenta			LLC				
Street Address						- T. T. T. T. T. T.	Addres Box 48	s 33, 4 E G	ate Di	rive	S-00, 500				
City, State, Zip Code							state, Zi wood	p Code NJ 0741	18						
Project Manager for Monitoring Firm			Telepho	ne No.			none No 583-8			Licens	se No				
	Schedul 11/30/		pletion	Date (11)		Name	of OSH	IA Monitor				-			
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Addres	s		-			Essini	0.16,11	
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma  Other – Describe:						City, S	state, Zi	p Code	-						
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	(account)	Renova Demoliti				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure	-				В	
1 W W	- 22	Locati Normall					_							ment pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Solel iintenar todial S (12)	ly by nce/		tos Cont thermal surfa	scription taining M systems cing, VA niscellar	Material s insula T, or		(8	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											e	
asbestos cleanup and removal															
of critical barriers & negative air															
Name of Registered Waste Hauler		1.51	IDED W		0.1.	V1-		<u> </u>			1611				
Tri State Transfer		Н	JDEP W auler ID 2325		of Was	Yards ste		Name of I							
City, State Bronx NY					Dispos TBD	sal Date		City, State Waynes		ОН					
Completed by Andrew Scott Higgins	Title Pres	dent			S	Signature	1 1		`		Date 9/2	0/13			

									Check				
			te of					0	1#1	VORS	5		
	TON		NITAC	8 - 60 -	-/ ai	ABATEMENT nd 12:120-7)			MIN	70.0			
		Name	of Bul	rlaing	1 OMI	er, operate .	2)						
ate of Notification	(1)	Ca	rol	Mah	one	У.							
9-18-13	Type Notification	Stree	t Add	ress									
gencies Notified	1	46	Het	her	ing	ton Road	7719 SEP 21	4 J	- 30				Ž.
[ ]EPA	[X]Initial Notification	City	, Stat	e, Zi	p Coo	de							
[ ]DEP	[]Amended	NII	tley	, NJ	, 07	110							_
[X]DOL	Notification	11					Telephone	Number					
[X]DOH			of Co			277	1	1)		-			
[ ]DCA	[ ]EMERGENCY	Ca	TLOT	Man	LOTTE	-1						-	-00
	[ ]Cancellation		FA	CILIT	Y INI	FORMATION		. (4)					-
	t in Ma	king P					Type of Facili						
Name of Facility Wh	ere Abatement is Ta	KING -					[ ]School [ ]Subchap	-a- 8 (C	other th	an K-1	2)		
Same as above	3						(:	i a Di	civale a	COmme	-		
Street Addres							cial b	uilding	s, nomes	, ecc.	,		
							Square Feet	100	Floors	Bldg.	Age		
	Count	y (6) E	Essex		Coun	ty Code (7)	1800	2	C hoing		shed	1)	_
City (5	Court	-1 (-)			(STA	TE USE ONLY)	Current Use (	Prior 1	i being	demora			
								- (0)					
	ni- hired by Buil	ding	ASCM N	No.		Name of Abate	ment Contracto	r Tno	3.				
Name of Monitoring Owner (8)	Firm hired by Buil					AZTECH N	/ANAGEMENT	,	<u> </u>				
N/A						Street Addres	s C	4					
Street Address							stopher St	••					_
						City, State,	Zip Code	. 4.2					
City, State, Zip	Code					Montcla	ir, NJ 070	142		ense N	ımhei		
		me l or	ohone l	Numbe:	r	Telephone Nu	mber			0371	<u></u>	-	
Project Manager f	or Monitoring Firm	N/A				(973)74	4-8800		0				
		1 6		nto (	111	Name of OSHA	Monitor						
Scheduled Start D	ate (10) Sched.	0-1-1	S trou n	ace (		N/A							
9-30-1	)	Da	v	Year									
Month Day	Tear	heck o	nly or	ne)		Street Addre	ess						
TYTEACTLITY	CTozed/ Agenera	ng Ent	ire Pe	riod			- 1-						
of Abate	ment	of Nor	mal Fa	cilit	Y	City, State	, Zip Code						
Hours - D	escribe: «OffHours D	escrip	<u>t»</u> Descri	ipt»									_
[ ]other - I	Describe: «Other Occu	)			_		l Containment	with Ne	gative	Pressu	re		
Scope of Work (C	heck all that apply	,				r 1Mir	i-Enclosure		-				
[X]>3 sf	or ≥3 1f	[X	]Renov	ration	ı ı	[V] C]	webag Procedu	ce					
[]≥160	sf or >260 lf	L	) Demos			[ ]Nor	n-Friable Proce	edute		Aba	teme		YE
		T.	Is ocatio	in		Descrip	tion of		t	R	R	E N	1
Loca	ation of	No	ormall	-y		Asbestos-C	Containing		Amount Specify	E	E	C A	1
Asbesto	s-Containing rial (ACM)		Used Solely			Materia (i.e. ther	mal systems		SF or	V	A	S	
TO E	E ABATED	t	y Main enance	≥/_		inculation. S	urfacing, VAI,		LF)	A	R	U	1
In	Facility	St	ustodi aff (1	12)		or other mi.	scellaneous)				-		+
	(13)	Yes	No	N/A	P	ipe Insul	ation	60	1f	X	-	-	+
Basement				X	1	The 111241							1
							Name of	Registe:	red Land	fill			
Name of Registe	ered Waste Hauler		JDEP W		٥.	Cubic Yards of Waste 1.	G.R.O	.W.S.					

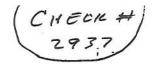
Hauler ID No. 17040 AZTECH MANAGEMENT, INC. City, State

Morrisville, PA 19067 Disposal Date City, State 10-2-13 Montclair, NJ 07042

Title Completed By (Print or Type) Constantine Vivian

President

Date 9-18-13



Date of Noufication (1	1		Nan	ne of Bulldin	o Owner (Oper	alor (2)	<b>A</b> FID 077	Maria Principal	ζ0		<del></del>		
_9_	/21/13		<u> </u>		LFKFE	C14	CORT	LACTING			=		
Agencies Nouned	Type Notification		Sve	el Address	5 RT.	50							
□ \$PA □ \$P	□ Amended		Co	Sule. Zip (					==	=	=		
2000	Amendment #		CKY	Car.	CENI-1	ELD	N, J, C	8230					
_	Emergency (in justification)	guida	Name of the last	e of Contac				electore Number					
□ 00r □ ∞4 ·	Cancellation		- Nail		BREU	عامه					1		
J													
-	• 4		F/	CILITY IN	ORMATION	Type of Facility (4)							
Name of Facility When	e Abalemeni is Taking	Place (3)				\$1. O. 1933	School (K-12)	,			!		
RES	1751000						Supphable/ 8	Other than K-12)			į		
Sireer Address	STATIO	Ro	00			2	Other (l.s., pny homes, std.)	ata ę commercial	priang	,			
84€	. 512110	۵.,۰۰۰					12/0 Fool	# of Floors	Bldo				
City (5)						10	200_	. 2_	-	7			
O e	EANCITY		T Co	ny Code (	1) (STATE	Cui		K being demokst	red)				
County (6)	INE MINY		US	E ONLY)		_		DUT					
. —		1000	ASC	J No.	Name of Ab	alement (	constant (a)						
	m Hired by Building	AMILIE!	~~		KLO	= ~ 0 0	INC	- /		_	==		
(8)	7/1		-=		Sveet Addr	0 545	<u> </u>	- 1	*100.00				
Sireet Acoress	1	r*			369	75.	SPRUC	E AVE.		_			
					City. State.	Zip C∞e			9.5	٢			
City State Zp Code					M	DPLZ	SHUD	= : NJ 0	000		=		
		196	elephon	ve No	Igebous	No.	A// 72	Doense No	14				
Project Manager low M	lowing Firm	3.					-0472	_001	_				
	I Scha	an ed Court	naisk	Date (11)	О ю втья	SHA MONI	91120	M i					
Sian Date (10)		0/10	113		150 2	EMK	HICK						
10/3/					Sueel Add		PILUCE	1115.					
Occupancy Status Dr	ang Abatament (Che	and of Aba	a temen	1				7. 0		=			
K Facility Closed Va	called During Entere P	y Facility He	ours		Cry. State	Tio Coole	· · · · · ·	E, N.J.	18 NS	7 7			
Abatement Perform	med Outside of Norma				M	DP-E	SANDO	= , 10 , 3 ,	000		==		
Other - Describe.						. Contair	meni with Ne	patre Pressure					
Scape of Work (Chec	ck all was apply)					un.Fnclos	ure	•					
7:3 51 01 23 11		Renor	Agricou Agricou		Ħ S	lovebag f	Procedure	A-Frisble Proced	ure				
3 160 st or 2260 II	_					OF CARIN	7.00		~	a err			
		Is Loc							-				
٠.		Used S	olek b	y .	Descri esios Contain	pton of	al (ACM)	Amount	1_!	1	Ĩ.		
1.00.21	on of	Mainte	nancel	ASD	a Inarmal SY	siems ins	Ula li Ca I.	(Specify SF & LF;	Hernovia	Rapu	a specifiate		
ASDESIOS CONTAIN	ng Malenal (ACM) BATED		iodial	,	suda p O	YAI. D	D)	37 4 57	1 8	Ĕ,	É		
IN Fa	icality .		2)		ower mis	collaneous	• /		1	1	. 5		
,	31 :	YES	No	AIR	¥					-			
		16			701v	CITE	-	15000	X				
2,5	inia			x	TRAN					1			
9()	***	-						<del> </del>			1		
			-					<b></b>		1,			
			-					.]		ــــــــــــــــــــــــــــــــــــــ			
			-	DED Mage	Cubic Y	ards	Hame of Re	gistered Landill	0 8	,			
Name of Registered	Wasie Hauler		Ha	pler D No.	01 Wash	2	C',~	i, C, M.		==	===		
Kiém	co INC.		-11	7904	0600								
			,	7	06,22		Woo	DBINE,	~		_		
MAPLE S	DIADE N.	5,08	50>		-1-100	palire	10	1001		1.	2		
		Tine			219	Since	uph I Se		141	11.			
Compeleo By	( FMM	00	المرا	12		A: -							
OSEPH	<u>Carried</u>					U eram	nied acumile.	5					
15871 SEPH	(LEMM_				oesios licens	ure erem	pled acumile.	2					

CHECK# 2939

	(Pursuant to NJAC 8:60 and 12:1)	
Date of Noufication (1)	Name of Building Owner/Operato	X(2)
9/2///3	Sveet Address	3,
Agencies Notified Type Notification	155 ATI	50
D BA D Amended	City. State. Zip Code	LD, N. J. 08230
☐ Emederat (iucin	diro Cincerti-16	Toleohone Humber
justification)	Name of contract	
□ Cancella ton	Bruce BREU	
	FACILITY INFORMATION	Type of Facility (4)
Name of Facility Where Abatement is Taking P	lace (3)	- 2 1 (V 12)
PESITEDCE	<del></del>	Other (I'e" busets & commercial bringings  Other (I'e" busets & commercial bringings
	1:0	homes, etc./
Sueer Address 1205 CENTRAL	7, 00.	Square Feet VIII
City (5)		Current Use (Prior II being demovshed)
OCEAN CITY	County Code (1) (STATE	VACAUT
County 16h	USE ONLT)	stament Convegor (8).
Name olaworionna Firm Hired by Building Or	mer ASCH Ho. Name of Ad	mco Inci
	Sugal Addr	135 - 1/2
(8)	369	S. SPROCE
Sueer Acoress	Cry. State.	DPLO SHADE NJOSES -
City State Zp Code		License No
	Telephone No Telephone	779-0422 _00449
Project Manager for Monitoring Firm	11	SHA MONION .
Scheo	ued Completon vere 1	EPKHLEMM
Sian Date (10)	4 /13	11855
	k only one) 7 L	9 SISPITUCE IN
Occupancy Status During Abatement Colors  R Facility Closed Vacated During Entire Pe	not of Abatement	DALE SHADE, N.J. 08052
Facily Closed Vacaled During Entire P.  D Abatement Performed Outside of Normal		PALE DANTET
Ouner . Describe	· 🗆	ut Containment with Negative Pressure
Scope of Work (Check all that apply)		I.a. FACIOSUIS
7 53 51 01 > 3 11	Renovation .	Non-Exampled (") and Non-Friable Procedure
2160 st or 2260 II	T is Location	
	V 0.00 0.00 € V	nption of Amount Specify The Amount (Specify The Amount Specify The Am
Location of		nop Material (ACM)  Interpretation (Specify The Particular Specify T
Coulsing Malera (1,10		no. VAT. or scalaneous)
IN FACINY	(12)	
_ (13)	TES NO NIA	2500 x
	X TRA	NS1TE 235
SID IN CE		
		To word andill
1	NOEP Wase Cubic	Yards Name of Registered Landill
Name of Refishered Wasie Hauler	Hauter D No. OI Wa	5
Name of Register & TWC.	17404 0500	Sal Dale City, State WOODSINE, N.J.
1	- 00052	0000 131   Date 1: 1 -
MAPLE SHADE, N	17,0001	1000 100 1 (21) 13
Competed By 1/ - 1489	TIME OWNER -	- Contraction of the contraction
10 SEPH KLEMM		osite exempled activities
458 41	· Do not use this form for aspessos lice	THE ROOM OF TO
	was a second of the second of	

CHECKH

% .

		(Pursuant to NJAC	8:60 and 12:120	)	
			nd Owner/Oberstor	(2)	i 7146
Date of Noufication (1)	12/13	Es	KTYTEC	11 CONTRA	CITA
_7_	Type Notification	Sueet Address	- 4	70	
Agencies Nouned	1	15	5 RT, 5		
D ₽A	Sincial .	City. State. Zip	Code	LD , N , J. 08	230
] & ] & ] &	A mendment #	- Cin	-C-GX 1-18	Tole	prone Number
	Emergency (including justification)	Name of Cont	aci A m	.16	
□ ∞. □ ∞.	Cancella bon		E BREUR		WASHINGTON TO THE PARTY OF THE
		FACILITY II	UF ORMATION	Type of Facility (4)	
•	. Val. on Dia	ce (3)		121	
Name of Facility Whe	re Abalement is Taking Pla			School (K. 12)	her (han K-12) h & commercial buildings
1 5.5	176100			DODER (I'S" DUANTE	
Sireel Address	05 CENTRE	ac 1 LC		Square Feel	of Floors Blog Age
			N N	1000	
City (5)	CEANCITY		(7) (STATE	Current Use (Prior R	being demovshed
		USE ONLY	)	VACA	<u>N</u> 1
County (6)	E Mar		- DI Ahai	emeni Convedor (9)	,
6/18	- Wied by Building Own	ner ASCH Ho.	Name of Act	MCO 10/10	
Marie of Mariound	Firm Hired by Building Own		Sueel Addre	S. SPRUCE	= Ave.
(8)	17/3		369		
Street Acoress		-	Ciry. State. Z	DPLZ SHADE	: NJ 08:32
·			M	DEC SAN	I MOSE NO
City State Zp Cod		. Yelephone No	Telephone N	779-047.2	00444
Project Manager Id	Lavioring Firm	. 1 8189 5.7	836.	7 79 20 12 2	4
Project Manager in		sed Completion Date (1	1) Name of OS	EDILALEM!	Μ
Sian Date (10)	Schedu	1 1 /13	70.5	<u></u>	
Sian Date 10	/13 10	/11/13	Sueel Addi	S, Spiruce	// 031
Sialus	During Abatement (Check	x only wish	360	7 Code	T 25257
Occupancy Closed	Nacaled During Entire Per	Sacilia Hours	City. State.	SHADE SHADE	, N. J. 08052
Analement Per	Nacaled Driving Eville Let	1 00-11/1	<u> </u>	proc	Dinestille
Cone Desch	00		· OF	ut Containment with Ne	dagaé biessa
Sease of Work (	Check all that apply)				
		Renovation	H2	Plove Exembled (.) and Mi glosepaß bloceanse mure uggene	AD 3: eme
23 51 01 23 11	60 11				1
		Is Location Normally	nescr	aption of	Amount R Ta
		List Solety by			Specify Removed
1	ocation of	Maintenance!	(i e . Normai »	IO TAV OF	2,000
ASDESIOS - CE	ocation of niamny (ACM) BE ABATED	Staff?	o mer my	scollaneous)	
100	IN FOUNT	(12)		·	h 1/2
	,13)	YES NO NIA		1.75	3000 th X
<u>:</u>		- X	TRA	NSITE	
	1 Divice	=			
I	0 ( ) ( )				
			-		Registered Landfill
.====			T Cubic	Yards Name of	M, C, M, U, A
		NOE	110-24		
Name of Reg	istered Masie Hauler	77	04 0500	Sal Date City, State	"- DINE, NI).
Kı	émco INC.		0550	Wo	ODBINE, NO
Cip State		5,08052		Sipparure of C	1 9. 21/1
MAPI	= SHADE N	Tice	,	Joseph	
Competed		1 1 1 1 1 1	ناا	-(5	ua.
1 3 5 5 P	H (LEMM		las espesios lice	suzure exembled achy	1100
458 41		· Do not use this lo	m 101 930 33.2	ensure exempled acum	

2840 2840

. .

			8:60 and 12:120	(2)	
te of Noufication (1)	14/13	EAR	FUFE	1 CORTR	ACTING
	Type Notification	Sveel Address	- 4 - 0	-o	1.
ences Nouned	⊠juvia .	155	5 RT, 5		
₽A C⇔	Deonerra D	CRY. State. Zip C	iode	A N.T.O	8230
PA OP OOL	► Emergency (included)		-en 1=150		Nephone Number
	justification)		1		
∞4	Cancellation		BREUR		
5. Y		FACILITY INF	ORMATION	- Tradicity	
	. Yak m Di			Type of Facility (4)	
ame of Facility When	e Abaiement is Taking Pi			School (K-12)	Other (han K-12)
155	IDENCE	<del></del>		Doner (I.e., phys	ite & commission very
reer Address	Branch	LANE		Square Feet	# of Floors Bidg Age
			54	1000	
17 (5)	CEMUCITY		OL CETATE	Current Use (Pror	H being demoushed)
		County Code USE ONLY		VAC.	ANT
ounty (6)	= Mar		T Name of Abate	ment Convegor (9) .	
L11 60	Wind by Building Ow	mer ASCA Ho.	KLER	100 INC	. /
Sure of the Arionno b	im Hired by Building Ow				- 1.11.
81	7/1		369	S. SPRUC	C AVC.
Street Appress			Co State Zio	Code	
	$\longrightarrow$		MA	PLZ SHAD	E N D OBES
City State Zp C∞de	B**				
	Masilono Firm	. Yelephone No	856-7	179-09-6	1 -00
Project Manager lo	MONIONA	1'		1 Linning	
	Sched	ued Completion Date (11)	TINSE	EPKHLEM	
Sian Date (10)	./ /0	/11/13	Sugal Addre	u Z	- 1 UE
10/4	Char	* only one)	369	3, Spiruce	71 04
Occupancy Status	During Abatement (Chec Vacated During Entre Pe	nod of Abatement	City, State, X	ip C∞de	E, N. J. 08052
E Facility Closed	vacated During Entire re ormed Outside of Normal	Facility Hours	MA	PLE SHAD	<u> </u>
Abalement Per	GIIA C				oagye Pressure
moine . Descho	·			Containment with Ne	
Scape of Work (C)	neck all that apply)	- Renovation	H	to Exempled (,) and possedne	Han Friable Procedure
		○ O e Lagina     ✓ A guarante     ✓ A guarante	N 100	- Exempled   Januar	109:60
11 ( 10 13 ( ( )	\$100 a \$100.				1 :
2160 51 07 226	0 11	T 1. Location			
= 1.60 st of 5.50	0 11	1s Location Normally	Descrip	ton of	Amount I
		Normally	spesios Convainin	ig Materia (room	Amount (Specify In In In In In In In In In In In In In
,	cation of	Cariogal  Normaly	(i e Marmal sys	tems insulation.	
Aspesios Con	cation of aining Material (ACM) SE ABATED	Craincy by Haintenancel Normaly	(i e Marmal sys	ig Materia (room	SFOLF:
Aspesios Con	cation of along (ACM) army Material (ACM) of ABATED	Normally Used Solely by Maintenance/ Custodial Start? (12)	(i e Marmal sys	tems insulation.	(Specify Removal
Aspesios Con	cation of aining Material (ACM) SE ABATED	Craincy by Haintenancel Normaly	other myses	ig Material (ion. iems insulation. ion. ion. ion. ion. ion. ion. ion.	Specify Hermony
Aspesios Cont	cation of land (ACM) aring Material (ACM) SE ABATED N FACITY	Normally Used Solely by Halinienance/ Custodial Star? (12)	(i e Marmal sys	ig Material (ion. iems insulation. ion. ion. ion. ion. ion. ion. ion.	(Specify Removal
Aspesios Cont	cation of land (ACM) aring Material (ACM) SE ABATED N FACITY	Normaly Used Solety by Haintenancel Custodial Start? (12) Yes No NIA	other myses	ig Material (ion. iems insulation. ion. ion. ion. ion. ion. ion. ion.	(Specify Removal
Aspesios Cont	cation of along (ACM) army Material (ACM) of ABATED	Normaly Used Solety by Haintenancel Custodial Start? (12) Yes No NIA	other myses	ig Material (ion. iems insulation. ion. ion. ion. ion. ion. ion. ion.	(Specify Removal
Aspesios Cont	cation of land (ACM) aring Material (ACM) SE ABATED N FACITY	Normaly Used Solety by Haintenancel Custodial Start? (12) Yes No NIA	other myses	ng Material (including insulation). VAT. 01 Maneous)	Specify Start X
Aspesios Con	cation of land (ACM) aring Material (ACM) SE ABATED N FACITY	Normally Used Solely by Maintenance/ Custodial Start? (12) Tes No NIA	spesios Convainn (i e inamal sys surlaung onar avsc	ig Material (including in control	Specify Roman X
Aspesios Comi	cation of airrig Material (ACM) SE ABATED N FACITY (13)	Normally Used Solely by Maintenance/ Custodial Start7 (12) Yes No N/A	See Cubic Y	Material (Internation Nation N	Registered Landill M, C, M, U, A,
Aspesios Continue TO B	Calion of along (ACM) SE ABATED Y FACITY (17)  ( D M Ca	Normally Used Solely by Maintenance/ Custodial Start? (12) Tes No NIA	See Cubic Y	you Hame of	Registered Landvill  M, C, M, U, A
Aspesios Continue TO B	cation of land (ACM) aring Material (ACM) SE ABATED N FACITY	Normaly Used Solely by Maintenance/ Custodial Start (12)  Yes No N/A  NUDEP W: Hauter D N 17 9 0	See Copic A	y AT 5  SITE  Was Rame of City, Sia	Registered Landill M, C, M, U, A,
Aspesios Comi TO B	Cation of airrig Material (ACM) SE ABATED N FACILITY (17) (17) (17) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	Normaly Used Solely by Maintenance/ Custodial Start (12)  Yes No N/A  NUDEP W: Hauter D N 17 9 0	Session Conventor  (i e Inamal sys surfacing other avac  TRA W  Ses Cubic Y or Waste  Graph Session  Graph Sess	Waterial (Inc.)  I and the service of the service o	Registered Landill M, C, M, U, S,
Aspesios Comi TO B	Cation of airrig Material (ACM) SE ABATED N FACILITY (17) (17) (17) (17) (17) (18) (18) (18) (18) (18) (18) (18) (18	Normally Used Solely by Halinianance/ Custodial Start? (12)  Yes No NIA  NOEPWITHOUGH OF NICE 17 9 0	Session Conventor  (i e Inamal sys surfacing other avac  TRA W  Ses Cubic Y or Waste  Graph Session  Graph Sess	y AT 5  SITE  Was Rame of City, Sia	Registered Landvill M, C, M, U, S,
Aspesios Comi TO B	Calion of airry Maieral (ACM) SE ABATED Y FACITY (17)  (17)	Normaly Used Solely by Maintenance/ Custodial Start (12)  Yes No N/A  NUDEP W: Hauter D N 17 9 0	See Cubic Y Osposa	Add Name of City. Sta	Registered Landill M.C.M.U.A.  The DAINE N.J.  Date 9. [21]

				Name of I	Building O	wner/Operato	or (2) ola Enterpi	rises	22	5	14	
ate of Notification (1)	/20/2013		.			Messerc	Old Direct	0010 000	24 (27.03.5			
. **	me of Notification			Street Ad	dress	538 Roi	ite 9	7 597	1 4 th • • • • • • • • • • • • • • • • • •			-
x ] EPA	Initial Notifica	ification		City, Sta	te, Zip Coo	le XV. moto	wn, NJ 08'	758		2		
] DEP	Amendment					Wareto		Telen	hone Number			1
x ] DOL	x ] Emergency (i justification)	ncluding		Name of	Contact	1-		Telep				
[x] DOH	Cancellation			1	Ferna				ŧ			
DCA			FAC	CILITY	INFORM	MATION	Type of Fac	cility (4)				1
	in Taking Place (	3)					Type of Ta	r 1 9	chool (k-12)	n k-12)		1
Name of Facility Where Aba	dence	9,						1 4	Subchapter 8 (other that Other (i.e., private & co	ommerc	ial buil	dings,
							1	[x]	homes etc.)			
Street Address	Veaver Drive						Square fee		# of Floors Blo	dg. Age	60	
10 V		inty (6)		County	Code (7) E USE ON	п.У)	100	O of	1 linhad)		00	
Beach Haven				(SIAI	E OSE O	,	Current U	Ise (Prior if b Residence	eing demolished)			
Beach Haven	O	cean		1			of Abatement	Contractor (	9)			
	D. Illing Own	er (8)		ASCM	1 No.	Name	of Abatement	Guardia	n Contracting, Inc	·		
Name of Monitoring Firm	Hired by Building Own	. (0)				Street	Address		oute 9, Unit 61			
Street Address	1						7:- Cod				1271	
Street Address						City, S	State, Zip Cod	Toms R	iver, New Jersey	08755	-12/1	
City, State, Zip Code		20				Telepi	hone Number		License Num 00624	IDCI	5552	
Project Manager for Mon	toring Firm	Telep	phone Num	ber		732-	349-9932		00024			
Project Manager for Work		Sche	eduled Con	pletion Da	ite (11)	Name	of OSHA M	E.M.S.	L. Analytical			
Scheduled Start Date (10	1/12	Sch	9/25/13			Stree	t Address					
Occupancy Status During	3/13 Abatement (Check on	y one)		C & betome	nt	0.00		1056 8	Stelton Road			
Occupancy Status During	Abatement (Check on cility Closed/Vacated I	ouring Enti	re Period o	t Abatement	iii	City	, State, Zip C	ode	Mary Jorges	08854	4	
A Î Î A	batement Performed Ot	itside of No	ormai racii			_   "		Piscai	away, New Jersey			
[]	ther - Describe						1 Fu	ll Containme	nt with Negative Press	ure		
	all that apply)					Ì	j Mi	ini-Enclosure				
Scope of Work (Check	III tilat app.)			Renovation	ě.	j		ovebag Proce	edure (*) and Non-Friable F	rocedur	e	
[]	>3 sf or ≥3 lf	I	] [x]	Demolition	1		[x] No	on-Exempted	(*) and I ton		ement T	Cyme
[x]	≥160 sf or ≥260 lf									Abate		
		92		1		Desc	cription of		Amount	R E	R E	E N
		Is	Location rmally us	ad		Ashesto	s-Containir	ıg	(Specify SF	M	P	C
Locat	ion of		Solely by	- 1		Mate	rial (ACM) ermal syster	ns	or LF)	0	A	A P
Asbestos-Containi	ng Material (ACM)	Mainte	nance/Cu	stodial		insulat	ion, surfacir	ıg,	1	V	R	S
TO BE a	ABATED cility	1	Staff (12)				VAT, or		1	A	1	U
	13)	1	(12)			other r	niscellaneou	115)	V	L		E
		YES	NO	N/A	1				1150 sf	X	1	T
		1	Tv	Т	Asbes	tos siding			1130 02	+	1	T
Exterior			X	+						+	1	T
		-		+	-					+	+	1
				+	+				L and I andfill			
		1	NJDEP W	acte Hauler	ID No.	Cubic Yard	is of Waste	Name of F	Registered Landfill			
Name of Registered	Waste Hauler		NJDEP W	20223		3	City, State					
Name of regions	ian Contracting, In	<u>.                                    </u>		Dispo	sal Date		Tullytow	n, Pennsy	lvania	Tr	ate	
Guard				1 0/06	114			4 1		1 *	989 T. C.	
Guard	River, New Jersey			9/26	Signa	ture	, 1)	//	2 1	9	/20/2	013
City, State Toms	River, New Jersey at or Type) las Fernicola	1 11110			Signa		sure exemple	1/15	21	9	0/20/2	.013

NOTE	(Pursua	mi to re-		0 and 12.12			7 7 5	13		1
		Name	of Buildi	ng Owner/Oper	ator (2) rcola Enterprises		225	1)		4
(D)		1,420.		Messe	TCOIa Eliter	17272	SY 12: 39			1
ate of Notification (1) 9/20/2013		Stree	t Address				MARIN 1 1932 - 3933			4
ica Notified Type of Notification		Succ		230 1	Coute 9					1
gencies Notification	ion	City	, State, Zi	p Code	etown, NJ 08758	15.	ente S			_
X ] EPA	ncation	City	, 0,	War	etown, NJ 00750	Telephone N	umber	-		1
· ·	cluding	Nor	me of Con	tact		Telephon				
justification)		Nai	F	ernando		l				_
[ X ] DOH [ ] Cancellation		L_	TALE	ORMATIO	N	(1)				
[ ] DCA		ACILI	I Y IINI	Oldin	Type of Facility	1 School	k-12)	12)		
Name of Facility Where Abatement is Taking Place (3	3)				1 1	] Subchar	oter 8 (other than k i.e., private & com	mercial	buildin	ıgs,
Name of Facility Where Abatement Residence					x] [x	Other (i	.e., private & com			_
						# of F	loors Bldg.	Age		
Street Address 210 Lakewood Court			ounty Coo	le (7)	Square feet 1500 st	_	1	60		
Z10 Edit	inty (6)	(5	STATE U	SE ONLY)	Coment Lise (	Prior if being a	emolished)		100	_
- Fac Harbor		1,			II R	esidence				
Little Egg Harbor	cean			T Na	me of Abatement Cor	ntractor (9)	ntracting, Inc.			_
D.:iding OWD	er (8)	_   '	ASCM No	.		Julia				
Name of Monitoring Firm Hired by Building Owner				S	reet Address	889 Route 9	, Unit 61			
10.2					city, State, Zip Code	n . Diver	New Jersey 08	3755-1	.271	_
Street Address				11		Toms River,	Licons	er		
City, State, Zip Code					Telephone Number		00624			
	Telephone				732-349-9932 Name of OSHA Moni	tor	nolytical			_
Project Manager for Monitoring Firm	Scheduled	Complet	tion Date	(11)		E.M.S.L. A	naryticus			
Scheduled Start Date (10)	9/25	/13			Street Address	1056 Stelto	n Road			_
9/23/13	nly one)	A h	natement	1						
9/23/13  Occupancy Status During Abatement (Check or Facility Closed/Vacated Status During Abatement (Check or Facility Check or Facil	During Entire Pe	Facility I	Hours	1	City, State, Zip Code	Piscatawa	y, New Jersey	08854		_
Abatement Performed C	outside of Norma						h Negative Pressu	re		
Other – Describe					[ ] Full C	Containment Wil	II LOBE			
(10)						Enclosure ebag Procedure		- dura	•	
Scope of Work (Check all that apply)	2	1 Dar	novation		L ,	Exempted (*)	and Non-Friable Pr	ocedure		=
r 3 >3 sf or ≥3 lf	[ x	Rer De	molition		[x] Non	=		Abater	ment Ty	ype
[x] ≥160 sf or ≥260 lf			<del></del>					R	R	E
[ 1 ]			1		Description of		Amount	E	E P	N
	Is Lo	cation		Α	sbestos-Containing Material (ACM)		(Specify SF or LF)	M	A	1
I .	Norma	ally used ely by	1	7	i.e., thermal system	S	01.21)	O V	I R	1
Location of	, Sol		1		i.e., unciliar by		1	A	1	١
Location of Asbestos-Containing Material (ACM)	/ Maintenar	ice/Cust	odiai	ì	nsulation, surfacing	50	1	1 0	1	1
Asbestos-Containing Material (ACM)	Maintenar	nce/Cust Staff	odial	i	nsulation, surfacing	20		L	1	
Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Maintenar	nce/Cust Staff (12)		i	nsulation, surfacing	20		L	+	+
Asbestos-Containing Material (ACM)	Maintenar	nce/Cust Staff (12)	N/A	i	nsulation, surfacing VAT, or other miscellaneous	20	1200 sf		+	+
Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Maintenar	nce/Cust Staff (12) NO		i	nsulation, surfacing VAT, or other miscellaneous	20	1200 sf	L	+	+
Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Maintenar	nce/Cust Staff (12)		i	nsulation, surfacing VAT, or other miscellaneous	20	1200 sf	L	1	1
Asbestos-Containing Material (ACM)  TO BE ABATED in facility	Maintenar	nce/Cust Staff (12) NO		i	nsulation, surfacing VAT, or other miscellaneous	s)		L		1
Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	Maintenar	nce/Cust Staff (12) NO		Asbestos s	nsulation, surfacing VAT, or other miscellaneous	Name of Reg	istered Landfill	L		1
Asbestos-Containing Material (ACM)  TO BE ABATED in facility  (13)	YES YES	nce/Cust Staff (12) NO X	N/A	Asbestos s	vAT, or other miscellaneous iding	s)	istered Landfill	L		1
Asbestos-Containing Material (ACM TO BE ABATED in facility (13)  Exterior	YES NJ	nce/Cust Staff (12) NO X	N/A	Asbestos s	VAT, or other miscellaneous iding	Name of Reg	istered Landfill	X	1	+
Asbestos-Containing Material (ACM TO BE ABATED in facility (13)  Exterior	YES NJ	nce/Cust Staff (12) NO X	N/A  N/A  Site Hauler 20223  T Dispo	Asbestos s  ID No.   Cu	VAT, or other miscellaneous iding	Name of Reg	istered Landfill	X	Date	- 20
Asbestos-Containing Material (ACM TO BE ABATED in facility (13)  Exterior  Name of Registered Waste Hauler Guardian Contracting,	YES NJ	nce/Cust Staff (12) NO X	N/A	Asbestos s  ID No.   Cu	VAT, or other miscellaneous iding	Name of Reg	istered Landfill	X	1	201
Asbestos-Containing Material (ACM TO BE ABATED in facility (13)  Exterior	YES NJ	nce/Cust Staff (12) NO X	N/A  ste Hauler 20223  Dispe 9/26	Asbestos s  ID No.   Cu sal Date //13   Signature	VAT, or other miscellaneous iding	Name of Reg T.R.R.F.	istered Landfill	X	Date	201

ate of Notification (1)	9/20/2013				vner/Operato Messerc	ola Enterpris		225	- 5.0		$\neg$
gencies Notified	Type of Notification  I Initial Notific	ation	Street A	ddress	538 Rot	ite 9					$\dashv$
x ] EPA ] DEP	Amended No	tification #	City, Sta	ate, Zip Code	wareto	wn, NJ 0875	8 Telephone	Number			
x ] DOL	[x] Emergency (justification)  Cancellation		Name o	of Contact Fernar	ndo		Telephone				
DCA	[ ] Cancellation	F	ACILITY	INFORM	IATION	en ali	·· (4)				
	Taking Place		TOILL			Type of Facilit	1 School	(k-12)			
Name of Facility Where	: Abatement is Taking Place Residence					[:	x 1 Other	apter 8 (other the	ommerc	ial buil	dings,
Street Address	2 west Anchor Drive							Floors B	dg. Age		
**************************************		ounty (6)	County	y Code (7)		Square feet 1500 s	.f	1		60	
		unity (0)	(STAT	E USE ON	LI)	Current Use	(Prior if being	demolished)			
Little Egg	O	cean	1			l F	Residence				
		(8)	ASC	M No.	Name o	of Abatement Co	atracioi (9)	ntracting, Inc			
Name of Monitoring I	Firm Hired by Building Own	er (o)			Street		1889 Route				
Street Address					City S				08755.	-1271	
7:- Code					1		Toms River	New Jersey	ber		
City, State, Zip Code		Telephone No	ımber		Teleph	none Number 349-9932		00624			
Project Manager for	Monitoring Firm	1		(11)	732- Name	of OSHA Moni	tor	1 4:-01			
Scheduled Start Date	e (10)	Scheduled C	ompletion D	ate (11)			E.M.S.L. A	nalytical			
	9/23/13	9/25/13			Stree	t Address	1056 Stelto	n Road			_
Occupancy Status I	Ouring Abatement (Check on Facility Closed/Vacated I	Ouring Entire Period	of Abateme	ent							
[x]	Facility Closed/Vacated I Abatement Performed O	utside of Normal Fa	cility Hours		City,	State, Zip Code	Piscataway	, New Jersey	08854	1	
	Other - Describe							h Negative Press			
1 1					ĺ	] Full C	enclosure	u riog			
Scope of Work (Cl	neck all that apply)		72		I		Drocedure				
	>3 sf or ≥3 lf	[ ]	Renovation		ı I	x Non-	Exempted (*) a	nd Non-Friable l	rocedure	<u> </u>	
[x]	0	[ x ]	Demolition	n			$=$ $\top$		Abate	ment T	ype
[ [ X ]									R	R	Е
		Is Location	on l	4	Desc	ription of s-Containing	1	Amount	E	E P	N C
1	ocation of	Normally	ısed		Mater	rial (ACM)	1	(Specify SF or LF)	M	A	A
Ashestos-Con	taining Material (ACM)	Solely b Maintenance/C	Custodial		(i.e., the	ermal systems on, surfacing,	11		O V	I R	PS
TO	BE ABATED	Staff			7	/AT, or			A	1	U
	in facility (13)	(12)			other n	niscellaneous)			L	1	LE
	<b>C</b> /	YES NO	N/A						$\frac{1}{x}$	+-	+-
		120		Ashesto	os siding			1500 sf	+^	+-	+-
Exterior		X		Assess					+-	+-	+-
DATOTIO				+						+-	+
				+				1000			
-		1_1_	Waste Haule	ID No. 1	Cubic Yard	s of Waste	Name of Registe	ered Landfill			
Name of Regis	tered Waste Hauler	1	20223		3		T.R.R.F.				0.10-0-175
Gu	ardian Contracting, In	C	Dispo	osal Date		City, State Tullytøwn,	Pennsylvani	a	ID	ate	
City, State	oms River, New Jersey		9/26	Signatu	ire ,	· V/	1		9	/20/2	013
10	(Print or Type)	11110	nager		1/1.0	sure exempted	101				
Completed by	cholas Fernicola	Project ivid									

			Name of	Building O	wner/Operato Chap Co	or (2)	n	,	2.25	(71		
of Notification (1) September 20, 2013					Chap Co	Hou dono.			40=	1 1	*:	
And the second s			Street A	ddress		120						
ncies Notified Type of Notification  [ ] Initial Notific  [ ] Lever ded No.	ation	2.3			130 Rou	ite 9						
DEP Amended No	#		City, St	ate, Zip Coo	Pine Be	ach, New	Jersey 0	8741	Yhar		_	
DOL [x] Emergency	including		Name	of Contact			Tel	ephone I	Number			
justification)	-		Name	Chap	Constructi	on						
DOH [ ] Cancellation												
] DCA		FA	CILITY	INFORM	ATION	Type of F	acility (4)					
Taking Place	(3)	7			1	Type of T	[ ]	School	(k-12)			
ame of Facility Where Abatement is Taking Place (	,		63				ίί	Subcha	pter 8 (other	r than k-1	2)	11.15
Residence							[x]	Other (	i.e., private	& comme	rcial b	uildings,
reet Address					1		[]	homes,	etc.)			
205 Carmel Drive						Square fe	eet	# of I	loors	Bldg. A	ge 60	
Water Service Control of the Control	unty (6)		Count	y Code (7) TE USE ON	I V)	120	on of		1		00	
ity			(SIA	IE OSE ON	D1)	Current	Use (Prior if	being d	emolished)			
n Pinar Oc	cean		1		8		Reside	nce				
Toms River			100	M No.	Name of	f Abatemen	t Contractor	(9)	ttina	Inc		
Name of Monitoring Firm Hired by Building Owner	er (8)		ASCI	VI INO.			Guardi	an Cor	tracting,	me.		
N/A					Street A	ddress			I Init 61			
Street Address								Route 9	, Unit 61			
Street Address					City, St	ate, Zip Co	de	Divor	New Jers	ev 0875	5-12	71
City, State, Zip Code								River,	License N	Number		
87.8	Tolon	hone Num	ber		Teleph	one Numbe	r		00624			
Project Manager for Monitoring Firm	Telep	mone ivan	1001		732-3	49-9932	Comitor					
110,000	Cohe	duled Com	pletion D	ate (11)	Name	of OSHA N	Monitor	ST. An	alytical			
Scheduled Start Date (10)	Scho	/24/13_	•		_	1.11-200	D.1V1.					
9/23/13	· ana)				Street	Address	1056	Steltor	Road			
Occupancy Status During Abatement (Check only  [x] Facility Closed/Vacated D	veing Entir	e Period of	f Abateme	nt								
[ X ] Facility Closed/Vacated D Abatement Performed Ou	teide of No	rmal Facil	ity Hours		City,	State, Zip C	Code		New Jer	sev 088	54	
Abatement Performed Out	iside of the		2000		-							
Other - Describe						1 Fu	ıll Containm	ent with	Negative Pr	ressure		
1.0					L		ini-Enclosur					
Scope of Work (Check all that apply)					L	3 0	1 Drog	edure				
12 2 10 10 10 10 10 10 10 10 10 10 10 10 10	ſ	] I	Renovation	1	Ţ	3	on-Exempte	d (*) and	Non-Friab	le Proced	ire	
[ ] >3 sf or ≥3 lf	Ĭ	$\mathbf{x}$	Demolition	1	L	x ] N	Oll-Dictory				temen	Tyme
$\begin{bmatrix} \mathbf{x} \end{bmatrix}$ $\geq 160 \text{ sf or } \geq 260 \text{ lf}$										Aba	Temen	Type
			- 1		Desar	iption of		1		R	R	E
	Is	Location	- 1		Ashastas	-Containii	ng	- 1	Amount		E	N
·	Nor	mally use	ed		Materi	al (ACM)			(Specify S	M	PA	CA
Location of Asbestos-Containing Material (ACM)		solely by			(i e., ther	mal syster	ms	- 1	or LF)	0	I	P
Asbestos-Containing Matched (1997) TO BE ABATED	Mainter	nance/Cu	stodial		insulatio	n, surfacir	ng,			V	R	S
in facility		Staff			V.	AT, or				A	1	U
(13)		(12)			other mi	iscellaneo	us)			L	1	LE
( )		NO	N/A								-	
	YES	NO	TUEL						1000 sf	X		
	1	X		Asbesto	s siding							
Exterior	<del>  </del>		1								1	$\neg$
			+	+						-+	+	+
			1									
	1					CWIsto	Name of	Registere	d Landfill	7.4		
	IIN	JDEP Was	ste Hauler	ID No.	Cubic Yards	or waste	T.R.F	Ł.F.	-			
Name of Registered Waste Hauler			20223		3	City, State	1.13.1	-				
Guardian Contracting, Inc.			Dispo	sal Date		City, State Tullytow	n, Pénnsy	lvania	2			
Correction Control			9/25	/13		1 unytow	//	4	-/		Date 9/20/2	2013
City, State				Signatu	T72	. 1/	/	/	/	1	7/20/	2013
Toms River, New Jersey	Title			Signatu	10.0	Lot.	Le		/			
City, State Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola		ct Mana	ger		estos licensu	10.1	A petivitie		(			

O( * 300		(Pu	rsuant t	o NJAC 8:60 an	d 12:120	)	I		APP	ROV	EM)	
Date of Notification (1) 09/18/13 CK# 2822 \$200				Building Owner/o		(2) evelopment Co	лр.  -	Dept. V			enior	Servic
Agencies Notified Type Notification  EPA Initial		CONTRACTOR SECTION	treet Ad One Cr	dress agwood Rose	d, Suite	205		ate: 9 1		dalidati 1_2	me: [	2:1
DEP Amended  DOL Amendment s				e, Zip Code Plainfield, Nev	v Jerse	y 07080						
DOH Justification Cancellation	Judoling	36.683	Greg M	Contact larone			Talen	hone Mund	nar -			
Name of Facility Where Abatement is Taking	Plane (2)	京三 20%。 1000年	FACIL	ITY INFORMAT	ION	Type of Facility (		Salaman N	relative )	6841	14.76	KAD I
Ingredion Incorporated	riaue (S					School (K-1						
Street Address			14.00			Subchapter Subchapter	8 (Other	than K-12)	build	nos.	nome	
10 Finderne Avenue						etc.) Square Feet	#of F	<b>学是这种对外</b> 。	-	dg. A	Septiment .	
Bridgewater, New Jersey 08807						25,000	2		55	j <b>+</b> -		
County (6) Somerset			County C STATE U	ISE ONLY)		Current Use (Pri Manufacturin			a)			
Name of Monitoring Firm Hired by Building C Accredited Environmental Tech, Inc.			ASCM	No.		of Abatement Cor i Corporation	ntractor (8	))				
Street Address 220 Church Street				Art all a part Torreson	OF BESTRADA RED.	Address McBride Avent	Je					
City, State, Zip Code Bridgewater, New Jersey 08807						itate, Zip Code dland Park, Ne	ew Jers	ey 07424				
Project Manager for Monitoring Firm. Eric Houseknect		AND THE PERSON NAMED IN	elephor 908-29	ne No. 6-1132		none No. 225-8400	SECTION APPAREL AND	License No 01104				
Start Date (10) 09/19/13	Schedule 09/20/1		pletion i	Date (11)		of OSHA Monitor Environmenta			147 75 d			
Occupancy Status During Abatement (Check					A CONTRACTOR	Address Route 22 We	ct					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other - Describe: 4PM-12AM	erlod of A al Facility	Watem Hours	ent		City, S	State, Zip Code						endoren (
Scope of Work (Check All That Apply)		研练的的 图形设施	The Mari		Unic	n, New Jersey	707083					
☑ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	SERVICE CONTRACTOR	lenovat Jemoliti	SECURITY TO SECURE		5		e cedure					
		Location							Control of the Control	1000	ment	
Location of Asbestos-Containing Material (ACM)	Use	Vormall d Solel Intenar	y by	Asbestos Con	escription staining i	Vaterial (ACM)	Αm	iount		,		建二
TO BE ABATED in Facility		todial 5		surf	acing, VA		(Sp SF	ecify or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	other	miscella	noous)			oval	air	wlate	sure
Exterior			X	1-2-20-0	Roofing	9	70	SF	X	5		
Exterior			X	Roof	Penetr	ations	20	SF	X			
Interior			X	Pane	l Pene	tration	2011	SF	X		20 个 电影	
	To the second		JDEP W		c Yards			ed Landfill				
Name of Registered Waste Hauler Tatiana Kalenikova		H	auler (D 3724	No. of W		在1995年1月15日 - Innit 1995年10日	.W.S. L	PERSONAL PROPERTY.				
City, State Woodland Park, New Jersey 07424					osal Date 4/13			nnsylvan	la			
Completed by Tatiana Kalenikova	Title Vice	Presid	dent		Signatur	7 com 1	ald	a 09	e /18/1	3		

## State of New Jersey

APPROVED: FRANK MEYER, NJPOL ATEMENT CL# 2495

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

		T	Name	e of Build	ling Owner/	Operator (2)		H-4000			
te of Notification (1)	19 / 13	,	HE	M Micr	o System	s i	· · · · · · · · · · · · · · · · · · ·	330			-
			Stree	et Addres	SS						
encies Notified	Type Notification  ☑ Initial		25	0 Chee	sequake l	Road					$\neg$
EPA	☐ Amended	+		State, Z							
DOLWD	Amendment #		Pa	arlin, N.	J 08859			- L - L -	ne Number		$\neg$
DHSS		uding		ne of Cor				Telephoi	le Multiper		
(NJAC 5:23-8)	justification)				einhold						$\dashv$
**************************************	☐ Cancellation		100		Y INFORM	IATION					
				ACILII	THEORIE		Type of Facility	(4)			
ame of Facility When	e Abatement is Taking	Place (3)					School (K-12		on K-12)		
DuPont Parlin Fa	cility Bldg 1820						Subchapter (Subchapter (Subchapter (i.e., p	8 (Other ti	commercia	al buildings,	
treet Address							homes, etc.)	)			
250 Cheesequak	e Road	45.00					Square Feet	# of F	oors	Bldg. Age	
City (5)											
Parlin						THE ONLY	Current Use (P	rior if bein	g demolish	ed)	
			C	ounty Co	ode (7)(STAT	E USE ONLY)	Warehouse				
County (6) Middlesex						of Abotem	ent Contractor (9				
Middlesex	irm Hired by Building (	Owner (8)	AS	CM No.	Nam	ne of Abatem	NADONALINA	AL INC.			
Name of Monitoring F	integ inc	0.3					VIRONMENT	,			
Pennoni Associ	idies ilio.				Stre	et Address	D OTDEET				
Street Address							R STREET				
515 Grove St #1					City	, State, Zip C	Code				
City, State, Zip Code	)				E	RISTOL, P	A 19007		No		
Haddon Height	s, NJ 08035		elent	one No.		ephone No.		100000000000000000000000000000000000000	nse No.		
Project Manager for	Monitoring Firm			-656-28		15-788-604	10	00	0509		
Tom Adams		eduled Com			AAN No	me of OSHA	Monitor				
Start Date (10)		gduled Com	10	/ 1	,	BRISTOL E	NVIRONMENT	ral, inc			
9_ / _19						reet Address					
- Chabina I	During Abatement (Che	ck only one	:)		30	4423 RFAV	ER STREET				
				ent		ty, State, Zip					
						BRISTOL,					
Time of Abatem	nent:AM- <u>12</u> PM	/ <u>5</u> PW	_^"	"							
1						☐ Full C	ontainment with	Negative	Pressure		
Carro of Mork (Ch	neck all that apply)			on.		☐ Mini-E	nclosure				
Scope of Work (Ch	neck all that apply)	⊠ Pen	watio			Clave	bag Procedure		of the company of the control of		
⊠ >3 sf or >3 lf		⊠ Rend	ovatio	n		⊠ Non-	evempted (*) and	d Non-Fria	ble Proced	ure	
		⊠ Rend ☐ Dem	ovatio	n 		⊠ Non-E	Exempted (*) and	Non-Fria	ble Proced	Abatemer	ıt Tyr
⊠ >3 sf or >3 lf		☐ Dem	olitio	ion		⊠ Non-E		Non-Fria	able Proced	Abatemen	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260	) If	☐ Dem	olitio ocat	ion lly	Ashesto	Description	on of Material (ACM)		Amount	Abatemen	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260  Lo Ashestos-Con	ocation of taining Material (ACM)	Is L No Used Mair	ocat orma Sole	ion lly ely by ince/	Asbesto (i.e.,	Description Containing	on of Material (ACM) ms insulation,			Abatemen	
≥3 sf or ≥3 lf ⇒160 sf or ≥260  Asbestos-Conf	ocation of taining Material (ACM)	Is L No Used Mair	ocat orma Sole ntena	ion lly ely by ince/ Staff?	Asbesto	Descriptions Containing thermal systems surfacing.	on of Material (ACM) ms insulation, /AT, or		Amount (Specify	Abatemen	Ty Encapsulate
≥3 sf or ≥3 lf □ ≥160 sf or ≥260  Lo Asbestos-Conf	ocation of taining Material (ACM)	Is L No Used Mair Custo	ocat orma Sole ntena odial (12)	ion lly ely by ince/ Staff?	Asbesto (i.e., t	Description Containing	on of Material (ACM) ms insulation, /AT, or		Amount (Specify	Removal	Encapsulate
≥3 sf or ≥3 lf □ ≥160 sf or ≥260  Lo  Asbestos-Conf	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair	ocat orma Sole ntena odial (12)	ion lly ely by ince/ Staff?	(i.e., 1	Description of Containing thermal system surfacing, \ other miscel	on of Material (ACM) ms insulation, /AT, or		Amount (Specify	Abatemen	
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conf	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair Custo	ocat orma Sole ntena odial (12)	ion lly ely by ince/ Staff?	Asbesto (i.e., t	Description of Containing thermal system surfacing, \ other miscel	on of Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)	Removal	Encapsulate
≥3 sf or ≥3 lf □ ≥160 sf or ≥260  Lo  Asbestos-Conf	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair Custo Yes	ocat orma Solentena odial (12)	ion lly ely by ince/ Staff?	(i.e., 1	Description of Containing thermal system surfacing, \ other miscel	on of Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conl	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair Custo  Yes	ocatorma Solentena Odial (12)	ion lly sly by unce/ Staff?  N/A	(i.e., 1	Description of Containing thermal system surfacing, \ other miscel	on of Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conl	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair Custo Yes	ocat orma Solentena odial (12)	ion Illy bly by Ince/Staff?	(i.e., 1	Description of Containing thermal system surfacing, \ other miscel	on of Material (ACM) ms insulation, /AT, or		Amount (Specify SF or LF)	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conl	ocation of taining Material (ACM) BE ABATED N Facility	Is L No Used Mair Custo  Yes	ocatorma Solentena Odial (12)	ion lly sly by unce/ Staff?  N/A	(i.e., 1	Description of Containing thermal system surfacing, other miscell panel	on of Material (ACM) ms insulation, /AT, or laneous)		Amount (Specify SF or LF)	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conf TO I	ocation of taining Material (ACM) BE ABATED N Facility (13)	Is L No Used Mair Custo  Yes	oolitio	ion lly ely by ince/ Staff?  N/A	transite	Description Containing thermal system surfacing, other miscell panel	on of Material (ACM) ms insulation, /AT, or laneous) of Name of	Registere	Amount (Specify SF or LF) 56	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conf TO I	ocation of taining Material (ACM) BE ABATED N Facility (13)	Is L No Used Mair Custo  Yes	oolitio	ion lly sely by ince/ Staff?	transite	Description Containing thermal system surfacing, \ other miscell panel  Cubic Yards Waste 3	on of Material (ACM) ms insulation, /AT, or laneous)  of Name of GROV	Registere WS Lanc	Amount (Specify SF or LF) 56	Removal	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Cont TO B  Bldg 1820  Name of Registe SERVICE TR	ocation of taining Material (ACM) BE ABATED N Facility (13)	Is L No Used Mair Custo  Yes	oolitio	ion lly sely by ince/ Staff?	transite	Description of Containing thermal system surfacing, other miscell panel  Cubic Yards Waste 3  Disposal Da	on of Material (ACM) ms insulation, /AT, or laneous)  of Name of GROV te City, Sta	Registere WS Land	Amount (Specify SF or LF) 56	Removal	Encapsulate
≥3 sf or ≥3 lf ≥160 sf or ≥260  Asbestos-Conl TO B  Bldg 1820  Name of Registe SERVICE TR  City, State	ocation of taining Material (ACM) BE ABATED N Facility (13)	Is L No Used Mair Custo  Yes	oolitio	ion lly sely by ince/ Staff?	transite	Description Containing thermal system surfacing, Nother miscell panel  Cubic Yards Waste 3  Disposal Da 9/19/201	on of Material (ACM) ms insulation, /AT, or laneous)  of Name of GROV te City, Sta Morri	Registere WS Land	Amount (Specify SF or LF) 56	Removal Date	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conf TO B  Bldg 1820  Name of Registe SERVICE TF  City, State NEW CASTI	ocation of taining Material (ACM) BE ABATED N Facility (13)  ered Waste Hauler RANSPORT GROUF	Is L No Used Mair Custo  Yes	oolitio	ion lly sely by ince/ Staff?	transite	Description Containing thermal system surfacing, Nother miscell panel  Cubic Yards Waste 3  Disposal Da 9/19/201  Signation	on of Material (ACM) ms insulation, /AT, or laneous)  of Name of GROV te City, Sta  Morri	Registere WS Land	Amount (Specify SF or LF) 56	Removal Date	Encapsulate
≥3 sf or ≥3 lf  ≥160 sf or ≥260  Asbestos-Conl TO B  Bldg 1820  Name of Registe SERVICE TF  City, State	ocation of taining Material (ACM) BE ABATED N Facility (13)  ered Waste Hauler RANSPORT GROUF LE, DE 19720 Print or Type)	Is L No Used Mair Custo  Yes   O, INC.	oolitio	ion lly sely by ince/ Staff?	transite	Description Containing thermal system surfacing, Nother miscell panel  Cubic Yards Waste 3  Disposal Da 9/19/201	on of Material (ACM) ms insulation, /AT, or laneous)  of Name of GROV te City, Sta  Morri	Registere WS Land	Amount (Specify SF or LF) 56	Removal	Encapsulate

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

			(Pu	1.1		8: 60 and 12: 120	-							
Date of Notification (1)	1 1 1			N	ame of Bu	ilding Owner/Op	erate	or (2)						
0 9 / 1	8 / 1 3	3		E	yal Shuste	r				N275 AV	~			
Agencies Notified Type o	f Notification			11	treet Addr								i)	-
[] DEP [X] In	nitial			II—				-						
	mended				ity, State, i ersey City,									
A	mendment#													
	mergency (including ustification)			N	ame of Co	ntact				Telephone N	umber			
[ ] DCA [ ] C	ancellation			E	yal Shuste	r								
Name of Facility Where Abatement is Taking	place (3)			FACI	LITY INF	ORMATION	_	7				8		
	griace (3)							Type of Faci	ility (4)					
Residential Street Address							$\Box$	[ ]	School	(K-12)				
353-361 Claremont Avenue								[X]	Other	apter 8 (Other (i.e., private &	commerc			
	ounty (6)			T Co	unty Code	(7)	$\dashv$	Square Feet		gs, homes, etc.				
		. 22			TATE USE	100	1	\$20 <del>5</del> .00000000000000000000000000000000000				Bldg.	Age	
Jersey City	udson						_			ing demolished	)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASC	CM		Name of Abate	emen	t Contractor (	9)					
St., AAAA			L					Environmental	l Consulting	, Inc.				
Street Address						Street Address					***		- 28	
		-				City, State, Zip	Cod	10						
						Wayne NJ 074		ie						
Project Manager for Monitoring Firm	=	Tele	ephone	Numb	er	Telephone Nur				License No.				
Cabalalad State Date (10)	10.1.1.1					973 628-9500				00408		N.		
Scheduled State Date (10)	Scheduled Com					Name of OSHA						-51	N.	1000
Month / Day / Year			Day		1 3 Year	Envire Vision	Cons	ultants, Inc.						
Occupancy Status During Abatement (Check	only one)					Street Address					100			
[X] Facility Closed/Vacated D of Abatement	uring Entire Period					20-21 Wagaray	w Ros	ad, Bldg. #34A						
[ ] Abatement Performed Ou	tside of Normal Fac	ility Ho	ours		- 1	City, State, Zip	Cod	e					-	
Other - Describe:						Fairlawn NJ 0	7410							
Scope of Work (Check all that apply)								Full Contain		Negative Pressu	19(20)			
( ) 57-f57M		[X]		ovation			]	Mini-Enclosu		regative Pressi	ire			
$[] \geq 3 \text{ sf or } \geq 3 \text{ if}$ $[X] \geq 160 \text{ sf or } \geq 260 \text{ if}$		[ ]	Dem	olition	ľ	100	1	Glovebag Pro						
				-	T		X ]	Non-Exemted	(*) and No	on-Friable Pro		hater	nent T	-
			Is		1	**************************************					-	Luater	E	E
Location of		12000	ocation ormally			Description of Asbestos-Contai	ning			Amount	R	R	N C	N C
Asbestos - Containing Material (ACM)		20012	Used		i i	Material (AC	M)		i	(Specify	M	E	A	L
TO BE ABATED			lely by ntenan		1	(i.e., thermal sys insulation, surfac				SF or LF)	O V	P	PS	O S
in Facility (13)		-0.900	stodial		1	or other miscel			1		A	I	บ	U
		Yes	No No		1						L	R	LE	R
Exterior				х	Transite	1			800 SF		х			
									_	-	x	$\vdash$	$\vdash$	
			-		-		-		-		X	-	$\vdash$	
			-	$\vdash$	-		_		-			-	$\vdash$	
			-				_		_		Х	-	$\dashv$	
		_		-	-		_				_	_		
			-	-	-				_			_	$\Box$	
Name of Registered Waste Hauler		later		<u> </u>										
Name of Registered Waste figures			EP Wa ler ID P		Cubic Ya	ards of Waste		Name	of Register	ed Landfill				
J.R. Contracting & Environmental Consulting	j, Inc.		17819					G.R.O						
City, State Wayne NJ 07470					Disposal	Date		City, S						
Completed by (Print or Type)	Title				Sig	nature	7	- Morri	sville PA	Date				
100 100 100 100 100 100 100 100 100 100	Verse en roman						_			Date				
Jerry Bijelonic ASB-41	Project Manager											3/2013		
Jun-95	₹ Do r	not use	this ton	m tor a	sbestos lice	ensure exempted a	chviti	ies				G4667		

	of Notification (1)							perator (2) Authorit	у		Pu.		4.		
	20-2013	Toron Name of the			reet Add		- 3								
Ager	ncies Notified	Type Notification				stead Ro	oad								
	EPA			1 3		, Zip Code					1				
∐    X	DEP	Amended Amendment	ŧ			ange, N		18							
	DOL	Emergency (i			ame of C					Tel	ephone Nur	nber	_		
X	DOH	justification) Cancellation		1	Joe					ž.					
Ц	DCA	Carloenadon				TY INFOR	MATIC	ON							
Nam	ne of Facility Where	Abatement is Taking	Place (3)	and the second				Ту	pe of Facilit	y (4)					
	operty for Demo		•						School (I	(-12)	17 No. 20				
	et Address		-	.012						ter 8 (Oth	er than K-1: & commerci	2) ial build	enni	home	s.
	N. 16th Str.							×	etc.)	. private	& COMMISSION	ai build	ii igo,		Ž.
				-				Sc	quare Feet	# 0	f Floors	A 113000	dg. A	ge	
1.2	(5) ast Orange	14 13											0+		
				1	County Co	ode (7)		C	urrent Use (	Prior if be	ing demolis	hed)			
	unty (6) ssex			10	STATE US	SE ONLY)		—   F	louse						
	me of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.			Abatement (						
Nar	me of Monitoring Fill SA - Consultin S	ervices of Amer	ica LLC					Loznic	a Manage	ment C	orporatio	n			
	eet Address							Street Ad	Idress			Self Color C	(33)		
127/5000	eet Address S Lorenzo Court							22 Tro	y Lane						
1	y, State, Zip Code								te, Zip Code						
	latawan NJ 0774	17						Lincoli	n Park, N.	J 07035					
	ect Manager for Mo			-	Telephon	e No.		Telephor			License	No.			
	lichael Chain	intoring i				1-9223		973-70	06-7950		01193				
1000	art Date (10)		Scheduled	d Con	pletion D	Date (11)			OSHA Mon						
	-30-2013		10-31-2					Loznic	a Manage	ement C	Corporatio	n			
	cupancy Status Duri	ng Abatement (Che	ck Only One	e)				Street Ad							
		cated During Entire			nent				y Lane						
H	Abatement Perfor	med Outside of Non	nal Facility	Hours	5			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	te, Zip Code						
×		Demolition	- 1				_	Lincol	n Park, N	J 07035	5				
Sc	ope of Work (Check	All That Apply)		- 127		200)		-		^			10	36	
	≥3 sf or ≥3 lf		_	enova					Full Conta Mini-Enclo		ith Negative	Pressu	re		
×	≥160 sf or ≥260 lf		X D	emoli	шоп				Glovebag	Procedur	е :	-N- De-	di-	-	
								ليا	Non-Exem	ipted (*) a	and Non-Fria	able Pic		emen	nt .
			Is	Locat	ion									ype	
	Locati	on of		lorma			De	escription o	of		A		T	T.	
	Asbestos-Containing	ng Material (ACM)		ntena	ely by ince/	Asbest	os Cor	ntaining Ma al systems i	terial (ACM)	'	Amount (Specify	Z Z	_ n	Encapsulate	E
	TO BE A		Cust	70.000	Staff?	(i.e.	surfa	acing, VAT	, or		SF or LF)	Remova	Repair	aps	Enclosure
	(13			(12)			other	miscellane	ous)			a Va	=	late	ure
			Yes	No	N/A								-		
-		l lavae	-			W	fill he	disposed	d of as						
	Entire	nouse	$\rightarrow$		-				materials				1		
						non-tri	lable	aspesios	material			-	+	+	-
													-	1	+
-															
-	FP 144 114	Vente Hauter		-	NJDEP W	Vaste	Cubi	ic Yards	Nam	e of Regi	istered Land	MII			
	ame of Registered V			1	Hauler ID	No.	of W	/aste	IES	SI					
Y	annuzzi and Sor	ns			17497		TBI	St							
	ity, State	44						osal Date		State thlehem	PΔ				
	iillsborough, NJ						TBI			unenen	·, · · · ·	Date	-		
2000	ompleted by		Title				-	Signature		70		9-20-	201	3	
E	. Cirovic		Secr	retar	y			<u> </u>	المال	IV					

	1112-1-122		•			- In 1	- (0)							
Date of Notification (1)			N	lame of B East Or	uilding Ov ange Ho	vner/Operato ousing Aut	hority	4 547 5	. 1					
9-20-2013 Agencies Notified	Type Notification			Street Add										
Agencies Notified				160 Hal	stead R	load								
EPA DED	Initial Amended				, Zip Code					2,50				
DEP DOL	Amendment #	<u> </u>				J 07018								
	Emergency (i	ncluding		Name of C					Tele	phone Nun	nber			
DOH DCA	justification)  Cancellation			Joe					-					
II BOX	<u> </u>	2.	_	FACILI	TY INFO	RMATION								
Name of Facility Where Property for Demo Street Address		Place (3)			1			of Facility (4) School (K-12 Subchapter 8 Other (i.e. pr	) R (Othe	r than K-12 commerci	2) al buildi	ngs, l	nomes	S,
113 North 15th Str	reet				100			etc.) re Feet	# of	Floors	Blo	dg. Ag	je	
City (5)							Oqua				50	+0		
East Orange				County C	ada /7\		Curre	nt Use (Prio	r if beir	ng demolisi	ned)		-	540
County (6)					SE ONLY)		Hou				N.			
Essex	10 4. 5	Duman (0)		ASCM	No	Nan		tement Conf	ractor	(9)				
Name of Monitoring Fire	m Hired by Building	oo IIC		ASCM	NO.			lanageme			1			
CSA - Consultin S	ervices of Amer	ICA LLU					et Addres	727						
Street Address							2 Troy L							
26 Lorenzo Court						(1) (2) (2) (3)	, State, Z							
City, State, Zip Code	+ <b>7</b> %					Li	ncoln Pa	ark, NJ 07	035					
Matawan NJ 0774	A CONTRACTOR OF THE PARTY OF TH		Т	Telephon	ne No.		ephone N	20		License N	√o.			
Project Manager for Mo	onitoring Firm			177	21-9223		73-706-7			01193				
Michael Chain		Scheduled	d Cor					HA Monitor						
Start Date (10) 9-30-2013		10-31-2			(.,,			/lanageme	ent Co	rporatio	n			
Occupancy Status Duri	ng Abatement (Cher	100000000000000000000000000000000000000					eet Addre							
1				ment		22	2 Troy L	ane						
Facility Closed/Va	cated During Entire med Outside of Norr	nal Facility	Hour	S		City	y, State, Z	ip Code						
Other - Describe:	Demolition	1		1		—   Li	incoln P	ark, NJ 07						
Scope of Work (Check				-						- Talendar			ī	
23 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				H Mi	Il Containme ni-Enclosure ovebag Proc on-Exempted	ent with	Negative	Pressui	re	e	
			,				III NC	n-Exemple	/ Jail	a North 110	1		ement	
		100,000	Loca	2175									ре	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13)	ng Material (ACM) BATED cility	Used Mair	ntena	ely by ance/ Staff?	Asbes (i.e.	Descrip tos Containir thermal syst surfacing, other misce	ng Materia ems insul VAT, or	ation,	(	rmount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Entire	House				V	Vill be disp	osed of	as						
Entire	nouse			-		riable asbe			-					
				-	rion-ir	Idule asue	303 1110	atoriais.		-	-	-	1	
											-	-	-	-
														L
Name of Registered W	laste Hauler		- 1	NJDEP W		Cubic Yar	ds	Name of	Regist	ered Land	fill .			
Yannuzzi and Sor			- 1	Hauler ID 17497	No.	of Waste TBD	7/	IESI						
City, State						Disposal I	Date	City, Sta Bethle		PΑ				
Hillsborough, NJ						TBD	-	Detrie	110111,		Date			
Completed by		Title	800000			Sign	ature				9-20-2	2013		
E. Cirovic		Secr	etar	у		10	U	m	_	$\rightarrow$ $\perp$	J 20-7		-	

Date of Notification (1)			T		Building										*	
9-20-2013					Drange I	Housin	g Auth	ority								
Agencies Notified	Type Notification			Street A			+									
☐ EPA	Initial		L		alstead										-000-00-00	
DEP	Amended				te, Zip Co					it						
ĭ DOL	Amendment Emergency		- [		Drange,	NJ 070	018			4						
DOH	justification)				Contact					Tele	phone	e Num	ber			
☐ DCA	Cancellation			Joe						<u> </u>	_					
Name of Facility Where	Abstament is Toldin	a Diago /2		FACI	LITY INFO	ORMATI	ON	Type of	Facility (4	1)						-
Property for Demo		ig Flace (3	,													
									chool (K-12 ubchapter		er than	V 10	ν.			
Street Address									ther (i.e. p					dings,	home	es,
118 4th Ave.								et	c.)							-
City (5)								Square	Feet	# of	Floors	S		ldg. A	ige	
East Orange										<u></u>				i0+		
County (6)			1	County (	Code (7) USE ONLY	)		Hous	Use (Prio	or it beir	ng den	nolish	ed)			
Essex				R.					_		(0)					
Name of Monitoring Firm				ASCN	No.				ment Con		C. C. C.	ation				
CSA - Consultin Se	ervices of Amer	ica LLC					A1-1-1000 -73-0	Address	nageme	ani GC	ipor	alion				
Street Address 26 Lorenzo Court																
			-					roy La								
City, State, Zip Code Matawan NJ 0774	7							State, Zip	k, NJ 07	7035						
				Talaaha	No					033	Lines	nse No				
Project Manager for Mor Michael Chain	atomic rum		- 1	Telepho	ne No. 21-9223	2		none No. -706-79			011		٠.			
Start Date (10)		Cobodule	d Co		Date (11)				Monitor		011					
9-30-2013		10-31-			Date (11)				nageme	ent Co	mora	ation				
Occupancy Status Durin	a Abatement (Che							Address			. po					
	70000 50 00000 A							roy La								8
Facility Closed/Vac Abatement Perform								State, Zip				- 7/2		-		
Other - Describe:	Demolition		_				7.7		rk, NJ 07	7035						
Scope of Work (Check A	II That Apply)							w				e5.	-			
23 sf or ≥3 lf		По	enova	etion				1 500	Containme	nt with	Noga	tive D	neeu .		3.7	
× ≥160 sf or ≥260 lf		-	emoli					Mini-	Enclosure		recga	ave i	0000			4
1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		A777-150					-		ebag Proc Exempted		Mon	Eriobl	o Dro	oodur	•	
		1					- Ein	14011	LACITIFICA	/ and	14011	TRADE	110	200	ement	
		120000	Locat Iorma	40000000 m		174 0-121-102		00001 <b>-</b> 10							ре	
Location Asbestos-Containing		Use	d Sole	ely by	Achee		scription	ı of Naterial (A	ACM)	Δr	nount				_	
TO BE AB	ATED		ntena	nce/ Staff?		thermal	systems	s insulati		(S	pecify		R	D D	ince	E
In Facil (13)		Ousi	(12)				cing, VA niscellar			SF	or LF	)	Remova	Repair	Encapsulate	Enclosure
, (15)				T		Ou ici ii	inscendi	icous				9	/al	=	late	ure
		Yes	No	N/A											_	
Entire He	ouse				W	/ill be d	dispose	ed of as	<b>S</b>							
					non-fr	iable a	sbesto	s mate	rials.							
		-		+								-	_	_		$\vdash$
Name of Decision 434	eta Llaudes			I IDED I	ante	Cubic	Vanda		Name of F	Dociete	rod I c	ndfill				
Name of Registered Was			1000	JDEP W lauler ID		of Was	Yards ste			regisie	eu La	HUDIII				
Yannuzzi and Sons		*	6/12	7497	netrovsk	TBD		4	IESI							
City, State							sal Date		City, State							
Hillsborough, NJ						TBD			Bethleh	em, F	A					
Completed by		Title				S	Signature	2	112			Dat				
E. Cirovic		Secre	etary	•			8:1	wil	nric			9-	20-2	013		

Date of Notification (1)			١	lame of	f Building	Owner/C	Operator	(2)							
9-20-2013	·			Legov	v Mana	gement	i .								
Agencies Notified	Type Notification		1		ddress			7 7 3	15 841	1		Til	=111	-	
☐ EPA	Initial .				outh Liv	10000	n Ave.								
DEP X DOL	Amended Amendment	#	10000		te, Zip Co		2	2							
	Emergency				ston, N.		9	- 0							
DOH DCA	justification) Cancellation			iame oi John	f Contact					Telep	ohone M	Number			
LI DOX	L Cancellation				LITY INF	ODMATI	ON.								
Name of Facility Where	Abatement is Takin	g Place (3)		IAGI	LITT HAI	ORMAII	ON	Type of	Facility (4)		-				
Lalor Gardens Uni	t #34A								hool (K-12)						
Street Address								- Su	bchapter 8	(Other	than K	(-12)			
Stenton Court								Ott etc	ner (i.e. priv	ate &	comme	rcial bu	ildings	, hom	ies,
City (5)								Square		# of F	Floors		Bldg.	Age	
· Hamilton								8					50+	0733	
County (6)	25.5				Code (7)				Use (Prior		g demo	lished)			
Mercer	477		16		JSE ONLY			SALES CONTRACTOR	nent Unit						
Name of Monitoring Firm	n Hired by Building (	Owner (8)		ASCN	No.		196		nent Contra						\$ =300
n/a				n/a					nagemen	t Cor	porati	on			
Street Address							77.77	Address	_						
City, State, Zip Code							37777	roy Lan							
n/a								State, Zip (	code K, NJ 070	25					
Project Manager for Mor	nitoring Firm		ΤŦ	elephor	ne No			none No.	c, 140 070		License	Ma			
n/a			1 33	1/a	16 140.		72 to \$100 to 100 c	706-79	50		01193	81000			
Start Date (10)		Scheduled		oletion [	Date (11)		Name	of OSHA	Monitor		-				
10-1-2013		10-3-201	_		ts.		Lozr	nica Mar	nagemen	t Con	porati	on			
Occupancy Status Durin	g Abatement (Chec	k Only One)			100			Address							
Facility Closed/Vac	ated During Entire F	Period of Aba	ateme	nt				roy Lan							
Abatement Perform  Other – Describe:	ned Outside of Norm 9am - 5 pm	al Facility H	ours					tate, Zip (							
Scope of Work (Check A		-					Linc	oin Park	c, NJ 070	35					
	и ттак Арргу)						-	1							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovatio nolitio	5.0.50			×		ontainment nclosure	with N	legative	e Pressi	ıre		
			A. T. A. T. T. T.	50-73				Glove	bag Proced		SS	000 129			
		T					×	Non-E	xempted (*	) and I	Non-Fri	able Pr			
			cation											emen ype	t
Location Asbestos-Containing		Used S	Solely	by	Achae		scription	of faterial (A	CM	Α	at	-	T		$\sqcap$
TO BE AB	ATED	Mainte Custod						s insulation			ount ecify	٦	77	Enc	9
In Facil (13)		N 150 (50) TATO TO	12)	all!			ing, VA			SF o	r LF)	Remova	Repair	aps	Enclosure
(10)		W 1.	. Т			outer it	iisceiiai	ieous)				¥ <u>a</u>	=	Encapsulate	ure
		Yes N	VO	N/A											
Kitche	en			X			VAT			96	SF	X			
1.0															
												_	T		
Name of Registered Was	ste Hauler	7.153325	DEP W	U.S. See .	Cubic \		N	ame of Re	gistere	d Land	fill	L			
Loznica Manageme	nt Corporation	uler ID I 33137		of Was	te		G.R.O.W	.S. La	andfill						
City, State			-				al Date	C	ity, State						-
Lincoln Park, NJ 070	035					TBD		1	Morrisville	e, PA	1906	7			
Completed by	3300	Title				Si	ignature	7	•			Date			
E. Cirovic		Secreta	ary				<u>C, (</u>	Vi	TUK			9-20-2	013		

Date of Notification (1)		-			uilding Ow		erator (2	2)			2007-000	- 12				
9-20-2013			1	_egow l	Manage	ment					200		*			
Agencies Notified	Type Notification			treet Add			C-00000000		2012		11.51					
□ EPA	Initial				uth Livin		Ave.									
DEP	Amended				, Zip Code					7						
X DOL	Amendment			Livingst	on, NJ 0	)7039										
Ĭ DOH	Emergency (i justification)	nadding		lame of C	Contact			- 12		Tele	phone No	ımbe	Г			
DCA	Cancellation			John												
		- (a)		FACILI	TY INFOR	CMATIC		Timo of	Facility (4	1						-
Name of Facility Where		Place (3)					1		25,03	33						
Center Grove Villa	ige Apt. 11-08								chool (K-12 ubchapter		r than K-	12)				
Street Address								X O	ther (i.e. p	rivate &	commen	cial b	uildii	ngs, I	ome	s,
Quaker Church Ro	oad							et	c.)	1 11 -6	F1		Dia	lα Λ.		
City (5)						,		Square	Feet	# 01	Floors		50	lg. Aç	e	
Randolph										J., .		1				_
County (6)	101		19	County Co	ode (7) SE ONLY)		*		t Use (Pric		ng demon	snea,	)			
Morris	18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		1						tment Ur		(0)					17 (A
Name of Monitoring Fire	m Hired by Building (	Owner (8)		ASCM	No.				ement Con			'n				
n/a				n/a					anageme	eni Co	rporatio	л				
Street Address	Y.							Address								
n/a								roy La		•						
City, State, Zip Code								tate, Zip		7025						
n/a									rk, NJ 07	7033		NI.			-	
Project Manager for Mo	onitoring Firm		1 1	relephon.	e No.			one No			License 01193					
n/a	1			n/a				706-79			01193			-		
Start Date (10)		Scheduled		pletion D	ate (11)	1	7-15-TV117-17-1-1	링 하시면 보면 없는 없다	A Monitor	0-	moratio					
10-3-2013		10-5-201		-					anageme	ent Go	rporation	)[]				_
Occupancy Status Duri	ng Abatement (Chec	k Only One)						Address								
Facility Closed/Va	cated During Entire	Period of Ab	atem	ent				roy La								_
	med Outside of Norm	nal Facility H	ours			1		tate, Zip		700E						
							Linc	oin Pa	rk, NJ 0	7035						
Scope of Work (Check	All That Apply)						_	7		ovanos reseas						
23 sf or ≥3 lf			nova	50000000			×		Containme		Negative	Pres	ssur	е		
x ≥160 sf or ≥260 lf		[] Der	noliti	ion				Glo	vebag Prod	cedure						
							×	Non	-Exempte	d (*) an	d Non-Fri	able				
		Is L	ocati	on									,	Abate Ty	ment	ŝ
Locati	on of		rmal	•		Des	scription	of				-	-1			
Asbestos-Containing	ng Material (ACM)	Used Main					taining N			5.6	mount Specify		20		Ē	m
TO BE A		Custo	dial S		(i.e. 1		system: cing, VA		uori,		or LF)		Remova	Repair	cap	- Iclo
(1:			(12)				niscellar						oval	막	Encapsulate	Enclosure
5.0 40		Yes	No	N/A											0	
	Dethases			1		VAT	(2 La	ver)		1	68 SF		/			
Basement &	k bathroom	+-+		X		471	(L La	, (1)				-	1		-	-
					при							-		_	-	-
	48				000000000000000000000000000000000000000											
Name of Registered V	/aste Hauler		IN	JDEP W	aste	Cubic	Yards		Name of	Regist	ered Land	dfill			-	
			ŀ	lauler ID	No.	of Wa	ste		50 ESS 10 W 25	one Toure	Landfil					
Loznica Managen	nent Corporation		0	03313	7	TBD										
City, State							sal Date	9	City, Sta		24 400	27				
Lincoln Park, NJ (	07035	22				TBD			Morris	ville, i	PA 190					
Completed by	***	Title				1	Signatur		•			Date		013		
E. Cirovic		Secre	etary	<u>'</u>			C. (	Nu	שטע			9-2	.0-2	.013		

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

Date of Notification (1) 9-20-2013			T		Building (		perator									
Agencies Notified Type Notification				Legow Management Street Address												
Agencies Housed	s Noulled Type NoullCauon				160 South Livingston Ave.											
	Initial .		$\perp$	City, State, Zip Code												
DEP DEP	Amended Amendment #	- 1		ton, NJ												
E 200	Emergency (ir	- L			07033	1=										
Ĭ DOH	justification) Cancellation			Name of	Contact				Tel	ephone Nu	mber	2.				
DCA [		John														
		DI (0)		FACIL	ITY INFO	RMATIC	DN NC	T (F	(4)			- 1				
Name of Facility Where Ab		Place (3)						Type of Facilit	y ( <del>4</del> )							
Lalor Gardens Unit #	348				Ween the second			School (I								
Street Address									ter 8 (Oth	er than K-1	2)	dinas	home			
Stenton Court								Other (i.e etc.)	e. private	& commerc	iai Duli	ungs,	потпе	35,		
City (5)								Square Feet	#0	f Floors	E	Bldg. Age				
Hamilton								y 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			5	50+				
County (6)			-17	County C	ode (7)			Current Use (	Prior if be	na demolis	hed)					
Mercer				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)  Apartment Unit								
Name of Monitoring Firm H	lisad by Puilding O	umor /9\		ASCM	No		Nomo			· (0)						
	irea by building O	wilei (o)		1	140.			Name of Abatement Contractor (9) Loznica Management Corporation								
n/a				n/a					ment C	orporation	1					
Street Address							13	Address								
n/a				20.000.0020.0020				roy Lane								
City, State, Zip Code								tate, Zip Code	V							
n/a					Linc	oln Park, NJ	07035									
Project Manager for Monito	oring Firm		T	Telephone No.			Telephone No. License No.							Chen		
n/a				n/a			973-706-7950 01193									
Start Date (10)	Con	pletion D	late (11)	-	Name	me of OSHA Monitor										
10-1-2013	13	ipicuoii b	rate (11)	- 1		znica Management Corporation										
b 93		Street Address														
Occupancy Status During A		66 02	1			*										
Facility Closed/Vacate		official (				22 Troy Lane										
Abatement Performed Outside of Normal Facility Houndary Other – Describe: 9am - 5 pm							-	tate, Zip Code								
M Other - Describe. 44	ори					-	Linc	oln Park, NJ	07035							
Scope of Work (Check All	That Apply)															
× ≥3 sf or ≥3 lf	nova	vation				Full Containment with Negative Pressure										
☐ ≥160 sf or ≥260 lf ☐ Demo				ion			2	Mini-Enclos	ure	Ī						
							5	Glovebag P Non-Exemp		d Non Eriol	olo Dro	codur	•			
					- Bear	a Non-Exemp	led ( ) an	u Noir na	JIE FIG	Abatement						
			ocati									Type				
	Location of Used Sc						Description of					T				
Asbestos-Containing M TO BE ABAT			tenar				s Containing Material (ACM) nermal systems insulation,			Amount (Specify			Ē	ш		
In Facility		Custo		Staff?	(1.6.		ing, VA			SF or LF)		Repair	Encapsulate	nck		
(13)			(12)			other m						ar	sul	Enclosure		
		Yes	No	N/A							Removal		ite	O)		
				1					+		Y	-				
Kitchen				X			VAT			6 SF	1					
5,																
			-			<u> </u>					$\top$					
			-			- 34			-		-	-				
'Name of Registered Waste Hauler				JDEP Wa	Cubic Yards		Name	of Registe	Registered Landfill							
Loznica Management Corporation				auler ID I	of Waste		GB	O.W.S	Landfill							
				0033137 TE												
City, State		Disposal Dat														
Lincoln Park, NJ 0703		TBD				Morr	isville, F	PA 19067								
Completed by		Sigpet				1	`		ate	75 TO						
E. Cirovic Secretary						(	C. (	iro	9	9-20-2013						

Date of Notification (1)						er/Operator (	411	0.100									
9-20-2013				Legow Management													
Agencies Notified Type Notification				Street Address 160 South Livingston Ave.													
EPA DEP						City, State, Zip Code Livingston, NJ 07039											
X DOL	Emergency (ir	ncluding		me of C				- $           -$	Telep	hone Numb	er	5. 1000000					
X DOH	justification)	•			Onlact												
DCA	Cancellation		J	ohn	TO INTO DA	AATION				+							
		DI (0)	-	FACILI	TY INFORM	MATION	Type of Fa	acility (4)									
Name of Facility Where Lalor Gardens Un Street Address	Abatement is Taking it #12B	Place (3)					Scho	ol (K-12)	Other	than K-12) commercial	buildin	gs, ho	mes,				
Stenton Court							Othe etc.)							_			
Steritori Court							Square Fe		# of Floors			Bldg. Age					
City (5)							32				50	+					
Hamilton					ndo (7)		Current U	Ise (Prior	if bein	g demolishe	d)						
County (6)			15	ounty Co	SEONLY) _			ent Uni									
Mercer	100									9)			_				
Name of Monitoring Fir	m Hired by Building (	Owner (8)		ASCM	No.	Name	Name of Abatement Contractor (9)										
n/a				n/a			Loznica Management Corporation										
							Street Address										
Street Address						22	Э										
n/a			_			City,	State, Zip C	Code									
City, State, Zip Code							coln Park		035								
n/a		- NI-		phone No. License No.													
Project Manager for M	onitoring Firm			Telephone No.			973-706-7950 01193										
n/a				IVa			Name of OSHA Monitor										
Start Date (10) Scheduled Completion					Name of OSHA Monitor												
9-30-2013					Loznica Management Corporation												
9-30-2013		Stree	et Address														
Occupancy Status During Abatement (Check Only One)						22	Troy Lan	e '			- 1000,000						
Facility Closed/Vacated During Entire Period of Abatement						City.	State, Zip (	Code	ode								
Abatement Performed Outside of Normal Facility F Other – Describe: 9am - 5 pm							Lincoln Park, NJ 07035										
Other - Describe	9am-5pm					LII	icon i an	,						6-100			
Scope of Work (Chec	k Ali That Apply)																
≥3 sf or ≥3 lf ≥160 sf or ≥260		Section 1	enova emolit				Mini-F	Enclosure	edure	Negative F			•				
							Non-	Exempled	1 (.) a	id Holl-1 Has	1	Abate	ment				
	Is										Туре						
	a file		lorma			Descript	ion of	1									
Loca	ition of		d Sole		Asbesto	os Containing	containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous)			Amount (Specify SF or LF)			Encapsulate	甲			
Asbestos-Contain	ning Material (ACM) ABATED		ntena	ince/ Staff?	(i.e. 1	thermal syste						Repair	äp	Enclosure			
	acility	Cust	(12)			surracing,						air	sule	sur			
	13)				4	Outer Interes	,				Removal		te	0			
	Yes	No N/A			\/A	VAT			102 SF				$\vdash$				
· Kit	chen			X		VA	<u> </u>				X			1			
												-	-	+			
				+										1			
	(3)			4-	-					<del></del>	1						
													_	_			
E .	Waste Hauler			NJDEP '		Cubic Yard	ds			tered Landf	ш						
N (De sistered	TTGSIC I IGUICI	n		Hauler II		of Waste	×	G.R.C	.W.S	. Landfill							
Name of Registered	ement Corporation	Loznica Management Corporation				Disposal D	Cato	City Sta	ity, State								
Loznica Manage	ement Corporation					DISDUSALL	Jaic I			16 CERTIFICATION							
Loznica Manage							Jaic			PA 1906	7						
Loznica Manage						TBD		Morris	sville,		7 Date						
Loznica Manage		Title	retar			TBD			sville,			2013					

CR 4662

9-17-2013					OWNER OPERATE	: <b>@</b> 2313 S	I2 24   AH	2:5	N.	-			
Agency Notified Type Notification	<del></del>	1	Street	Address		Aug-augus							
D EPA D DEP D Amended			POW S	Steele Tin	ALISADE .								
Amondments  Generatory (inclusive	Sieca	-	TEI	ANG	CK, NJ	076	66						
DOH justification)		on the state of th	R	OF CORE	GUIRE						L		
	-		FAC		FORMATION	,							
Name of Facility Where Abstracts is Taking P	bae (3)	)		•		Type of Facility							
P. MC GUIRE	<u> </u>	School (K-12)     Subchapter & (Other than K-12)     Cther (i.e. private & commercial buildings.)											
513 PAUSADE AVE	UUE	<u>:</u>				faces, etc.	# of Floors		L Age				
TEANECK	•					1825	2	18	7 1/2		s'		
County (5)		-1	Count	by Code (	7) (STATE USE	SE   Current Use (Prior if being demolished)							
BERGEN Name of Manifesting From Hand by Building On	nor I	ASC		,	Name of Abates	RESIDE							
6	_				A CANADA CONTRACTOR OF CANADA CONTRACTOR OF CANADA	emoval I	95m						
Street Address					Street Address								
City, State, Zip Code	Cay, State, Ze C	River St				-							
			sack, N.		1 .								
Prince Manager for Manifeding Firm		Telephone No. License No. 201-329-7444 - 00388											
Stirt Date (19) Scheduled (		Name of CSHA Monitor Omega Environmental Inc											
9-27-2013 9-2		Street Address											
D. Pacilly Closed Vacated Dates Entire Pacing		280 Huy											
D Abatement Performed Outside of Normal Pacify Houss DE Coher - December: 8 AM 5 PM					Cay, State, Zip C		k. N.J.	0760					
Scope of West (Check all State apply)  Stope of West (Check all State apply)													
GES of or 2 SF G Demotion					TOTAL STATE OF	Englasure abgg Procedure		is.					
					(2) Non-	Brimpted (*) and	Non-Riable Pt	ecodoro	Ab		ment		
l continue of		Locali		- ·	Donatistico e				H		$\vdash$		
Ashestes-Containing Material (ACM) TO BE ARATED	· Ma	6 300 inlais	ecei ecei	Asbe	stos Containing Ma	statical (ACM)	- Amoun	t r	2		9		
M Facility State					surfacing, VAT	et_	SF or Li	9	Removal		000		
	Yes	(12) No	N/A							100	. 8		
BASEMENT	:65	NO	-	+450	EMAL INSUL	ATION)	. 56	SF	X	t	$\forall$		
BASEMENT			X		EMAL INSOL		70		X	I			
									H	+	H		
Name of Registered Waste Hauter		DEPV No	l Vaste it	lauler	Cubic Yards of	Name of Regist	and Land		LL		4		
Best Removal Inc		YO	Minerva	Enterp	rises	l 							
Hackensack, N.J.	Hackensack, N.J. 07601						urg , 01	a					
Completed by Take		9-28-13			9-1	7 -	201	2					
R. VELDRAN Estim	R. Velde	m		17-1	1-2	11.							