

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

Date of Notification (1)				1			Owner/Operator (2	1		i i.	Vi.	172	
9 /	20 /	13	-		Jour	nal Squa	re Associates I	LLC	3-1				, ,
Agencies Notified	Type Notification	on		;		ddress			SEP 2) 5	2013	i	, !
⊠ EPA	☐ Initial						vay 22 PO Bo	x 6872	J = OL: -				
DEP DCA (NJAC 5:16)	Amended Amendmen	t #		1		ate, Zip Co		!	<u>.</u>			,	i
☑ DHSS	☐ Emergency	(inclu	uding				NJ 08807		ACCES		***	12 8a	_
☐ DCA (NJAC 5:23-8)	justification Cancellation					f Contact			Telephone Numbe	r			
(NJAC 3.23-6)	Caricellatio	61				Bartik						-	\dashv
					FAC	ILITY IN	FORMATION	- CE 181	4)		-	-	\dashv
Name of Facility Where		king F	Place (3	3)				Type of Facility (
Block 9501 Lots 6	and 7							School (K-12) (Other than K-12)				
Street Address								Other (i.e., pr	rivate & commercial	buildi	ngs,		
615-617 Pavonia A	Ave							homes, etc.) Square Feet	# of Floors	Bld	g. Age	3	_
City (5)								3,000SF	2		g. , .g. 0+		
Jersey City							CTATE USE ONLY		or if being demolish				-
County (6)					Count	y Code (7)	(STATE USE ONLY)	Duplex Office		cu)			
Hudson	5				ASCM N	10	Name of Abatem	0.000 to 0.0				_	-
Name of Monitoring Firm	n Hired by Buildii	ng Ov	vner (8) /	45CIVI N	10.		nvironmental \$					
							Street Address	IIVIIOIIIIeiitai	y stems				-
Street Address								lehem Pike - S	uite 60				
21 21 21							City, State, Zip C		uite do	1117			
City, State, Zip Code							Spring Hous						
D. i. this are for Ma	nitarina Firm			Tolor	ohone N	do	Telephone No.	C, 174 10 11 1	License No.				-
Project Manager for Mo	nitoring Firm			166	Dilone i	N O.	215-542-7000)	00847				
Start Date (10)	Sci	hedu	led Co	mnlet	ion Dat	e (11)	Name of OSHA					_	
10 / 7_	and the second s				/		CES						
	The second second						Street Address			-			
Occupancy Status Durin Facility Closed/Vaca					nent			lehem Pike - S	uite 60				
☐ Abatement Performe						cribe	City, State, Zip C						
Time of Abatement:	7:00AM-7:00P	M/	PN	ŀ <u></u>	AM		Spring Hous						
Scope of Work (Check	all that apply)											- Miles	
							☐ Full Cor ☐ Mini-En	ntainment with Ne	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			☐ Ren 図 Den				☐ Gloveba	ag Procedure 🕠	LAP 4 CUT	-			
₩ _ 100 ci ci							Non-Exe Non-Exe	empted (*) and No	n-Friable Procedure	1 9000			
			100.000	Locat orma						Ab	ateme	nt Ty	ре
Location Asbestos-Containing					ely by	Ashe	Description stos Containing M		Amount	Re	ᇛ	g	Ē
TO BE A		1		ntena	nce/ Staff?	(i.e., the	rmal systems insu	lation, surfacing,	(Specify	Remova	Repair	caps	Enclosure
IN Fac			Cusic	(12)			VAT, or other miscelland	eous)	SF or LF)	<u>a</u>		Encapsulate	ure
(13))	İ	Yes	No	N/A	1	other miscenari	couc,			8 1	e	
Basement 615 Pav	onia east side			П		Pipe Fi	tting Insulation		6 LF				
Basement 615 Pav		_					Insulation		<10 LF				
Lower Roofs-Both		-					g Shingles & Ce	ement	550 SF				
Lower Roots-Bottl	1/25 Of Duplex			౼		TOOTHI	g Omngioo a o			$\frac{1}{\Box}$	П	$\overline{\Box}$	П
Name of Registered Wa	acte Hauler		Ш		JDEP V	Naste	Cubic Yards of	Name of Reg	stered Landfill				
The state of the s	asic naulei				lauler II		Waste	Minerva L					
STG					20900)	10 Disposal Date	City, State					-
City, State							11/25/13		urg, OH 44688				
New Castle, DE		700						111111111111111111111111111111111111111	Da	te			
Completed By (Print or	(ype)	Title		lone	aor		Signature	icia Vu		1	_ /	092502	
Patricia Visco		U	ffice N	папа	ger		pau	icia VV	see 9	10	2/	3	

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

CV#85	03		NO			t to NJA		30 and 5:16)				,			
Date of Notification (1)			***		Name	of Building	Own	er/Operator (2)		G 1.		-			
9 / _	20 / _	13	_		Jou	rnal Squa	are A	Associates	LLC				440			-
Agencies Notified	Type Notifica	tion		1	Street	Address				1.1	SEP :	2 5	201	3		_
☑ EPA	☑ Initial				520	US High	way	22 PO B	ox 6872	4 %	OEI .	4 J	201	J	1	
DEP DCA (NJAC 5:16)	Amended Amendme	nt#				tate, Zip C					Ļ				.1	1
☑ DHSS	Emergeno		cluding			lgewater		08807			Cool ex			ا عالما	i	- 1
☐ DCA (NJAC 5:23-8)	justificatio					of Contact			3	+	Telephone Nu	mber.			er nec	areane [†]
			2000			Bartik		MATION								14
Name of Facility Where A	hatament is T	akina	Diago	(3)	FAC	ILITY IN	FUR	WATION	Type of Fac	ility (4)	Υ	-				
Block 9501 Lot 13	Abatement is 17	aking	Place	(3)					School (,					
Street Address									☐ Subchar	ter 8 (Other than K-					
539 Summit Ave									Other (i. homes,		rate & comme	rcial b	uildi	ngs,		
City (5)							000000		Square Fee		# of Floors		Bld	g. Ag	е	
Jersey City									3500 SF		3		5	0+		
County (6)					Coun	ty Code (7))(STAT	TE USE ONLY)	Current Use	(Prior	if being demo	olishe	d)			
Hudson									Former	Board	ing House-	Singl	e Fa	amily	/ Ho	me
Name of Monitoring Firm	Hired by Build	ing C	wner (8)	ASCM	No.		ne of Abateme								
527							10000	ontrolled E	nvironmen	tal Sy	stems					
Street Address								et Address	I-b Dika	C	4- 60					
0: 0: 7: 0								121 N. Beth		- Sui	te 60					
City, State, Zip Code								, State, Zip C pring Hous		7						
Project Manager for Mon	itorina Firm			Tele	phone I	No.		ephone No.	C, 1 A 1941		License No.	1				-
1 Toject Manager for Mon	itoring r iirii			10.0	priorio i	10.	1000	15-542-7000)		00847					
Start Date (10)	S	ched	uled C	omple	tion Dat	te (11)	Nan	ne of OSHA N	Monitor	•						
10 / 7 /	13_	_1	1 /	20	/ _	13	С	ES								
Occupancy Status During	Abatement (C	Check	only c	ne)			Stre	et Address				=				
☐ Facility Closed/Vacate					ment		11	121 N. Beth	lehem Pike	- Sui	te 60					
Abatement Performed						cribe	City	, State, Zip C	ode	ν.				in in		
Time of Abatement: 7	:00AM- <u>7:00</u> P	'IVI/	PI	VI	AM		S	pring Hous	e, PA 1947	7				-		
Scope of Work (Check al	I that apply)							□ Full Con	tainment with	Nega	tive Pressure					
≥3 sf or ≥3 lf			☐ Re					Mini-End	closure							
≥160 sf or ≥260 lf			⊠ De	molitio	n						・Friable Proce		~			
			Is	Locat	ion				()				Aba	ateme	ent Ty	уре
Location				Norma				Description of			• 100 000 000 000	r	R	R	т	ш
Asbestos-Containing TO BE ABA)	200000000	intena				Containing Ma systems insul			Amount (Specify		Remova	Repair	nca	nclo
IN Facili			Cust	todial (12)	Staff?	(1.0., 0.0.		VAT, or		31	SF or LF)		val	=	Encapsulate	Enclosure
(13)			Yes	No	N/A		oth	ner miscellane	eous)						ate	
Basement Furnace						Flue Pa	tch l	nsulation		+	5 SF	+		П	П	П
Basement			П					Insulation			5 LF	-		$\overline{\Box}$		
Through out house 1	st - 3rd firs	-			M	Tile	9	ouiucion		+	1405 SF					
Exterior Walls	01 010 1110						r Tar	Paper Wal	l sidina		2,500 SF	-		П	\Box	
Roof-mansard base	& 2nd FLR R	loof	П	П	X			Insulation		1	1,500 SF	-	X			
Name of Registered Was					JDEP \			oic Yards of	Name of I	Registe	ered Landfill					
STG				F	auler II 20900		Was		Miner		ndfill				DESCRIPTION OF THE PARTY OF THE	
City, State New Castle, DE		10000000						oosal Date 1/25/13	City, State		g, OH 44688	3				
Completed By (Print or T	vne)	Title					<u> </u>	Signature		7	3, 3, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	Date	ſ		1	
Patricia Visco	ype)	6333533	ffice l	Vlana	ger			11/-	w//	l Wee	2	9/	Z	3	/13	}

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

SEP

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Name of Building Owner/Operator (2)
Buckeye Perth Amboy Terminal, LLC 8-27-13 Agency Notified Type Notification Street Address 1 Greenway Plaza Suite 600 **OKEPA** □ Initial City, State, Zip Code Houston, TX 77046 DEP DOL ☑ Amended Amendment # 2 ☐ Emergency (including Name of Contact **EXDOH** justification) Tom Leehan **EXDCA** ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Buckeye Perth Amboy Terminal ☐ School (K-12) Street Address 380 Maurer Road ☐ Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age Perth Amboy 7500 7 +/-100 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) Middlesex pipe rack Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. (8) Finog Environmental Pepper Environmental Services, Inc. Street Address Street Address 617 Stokes Road, Suite 4-318 2251 Fraley Street City, State, Zip Code Medford, NJ 08055 City, State, Zip Code Philadelphia, PA 19137 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mark Rubinetz 888-715-2211 215-533-5155 01166 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Finog Environmental 9-3-13 9-23-13 Occupancy Status During Abatement (Check only one) Street Address 617 Stokes Road, Suite 4-318 ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: Outside removal City, State, Zip Code Medford, NJ 08055 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure A Renovation $\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ ☐ Mini-Enclosure □ ≥ 160 sf or ≥ 260 if D:Demolition CXGlovebag Procedure □ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate Enclosure TO BE ABATED (i.e., thermal systems insulation, Removal Repair Custodial (Specify IN Facility surfacing, VAT, or SF or LF) Staff? (13)other miscellaneous) (12)No N/A X pipe pack west yard ACPI 800 lf X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste Service Transport A & L Salvage City, State Disposal Date City, State Morrisville, PA Libson, OH Completed by Signature Date Jennifer Niven Dir. of Operations 8-27-13 * Do not use this form for asbestos licensure exempted activities.

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

CV#3695		NO	(Pu	CATIC Irsual	ON OF	ASB NJAC	ESTOS ABAT 8:60 and 12:1	EMENT 20)		3"		17		
Date of Notification (1) 9-23-13	-			N	ame of Buc	Building keye	Owner/Operator Perth A	(2) mboy Ter	minaj _{EP} L <u>P</u> (5 20	13		, ,	
Agency Notified	Type Notification	on		S	treet A	ddress	way Plaza	Suite 6	0,0			securit	r erl	
DXEPA CADEP	점 Initial	* 44		-	ity Sta	to Zin C	7.45		N			- 2		
ENDOH		(including		N	lame of	Contac	t	i gazaran	Talanhana Numh	or	8		-	_
□ XDCA	☐ Cancellation	1			er van verma.		00000000				-		-	-
			(0)		FACIL	ITY INFO	ORMATION	Type of Facility	(4)		-		_	-
Name of Facility Where				- 1										
Buckeye Per Street Address 380 Maurer		Term	1111	<u>а</u>				☐ School (K-12 ☐ Subchapter (☐ Other (i.e. pr homes, etc.)	(Other than K-12) ivate & commercial	building	js,			
City (5)						-		Square Feet	# of Floors	Bldg. /	Age			
Perth Amboy								7500	1	+/-	10	0		
County (6)				10	County	Code (7) (STATE USE	Current Use (P	rior if being demolis	hed)				
Middlesex	2.0				ONLY)			pipe ra	ck .					
Name of Monitoring Firm (8) Finog Env	n Hired by Buildir ironment	ng Owner al	P	SCMI	No.		Name of Abaten Pepper E	nent Contractor (nvironme	9) ntal Serv	ices	,	Ir	ıc	
Street Address 617 Stokes			L 4-3	18			Street Address 2251 Fr	aley Str	reet					
City, State, Zip Code Medford, N.J							City, State, Zip (Code Lphia, PA	A 19137					
Project Manager for Mo Mark Rubine	nitoring Firm	·	The State of	lephon		2211	Telephone No.		License No. 01166					
Start Date (10) 9-26-13	Sche	duled Con	100000				Name of OSHA		ıtal					
Occupancy Status Duri			one)			- '	Street Address							
N 31							617 Stol	kes Road	, Suite 4	-318				
☐ Facility Closed/Vacal ☐ Abatement Performe ☒ Other – Describe: O	d Outside of Nor	mal Facilit	y Hot	irs			City, State, Zip Medford	Code , NJ 080	55				4000000	
Scope of Work (Check	all that apply)						DEAL	Containment will	h Negative Pressure	2				
 ⊇ 3 sf or ≥ 3 lf ⊋ ≥ 160 sf or ≥ 260 lf 		æ			Ø Reno D≿Dem	ovation olition	☐ Mini DXGlov	i-Enclosure vebag Procedure						
				Location		Г —	2 1101	Excilipted () d.				bate		nt
			N	lormall	ly		D				-	Ту	pe	Г
Local Asbestos-Contain	tion of ing Material (ACN	A)		d Solel intenar			Description stos Containing N	Naterial (ACM)	Amount		7		E	п
TO BE	ABATED			ustodi	al	(i.e	e., thermal system surfacing, VA		(Specify SF or LF)		Removal	Repair	ncapsulate	ncio
	acility (3)			Staff? (12)			other miscellar		J. S. S. Z.,		oval	air	ulat	sure
		-	Yes	No	N/A								6	1
pipe rack in	n tank #2		163	140	x	pip	ing		60lf		x			Г
pipe rack in	i came wa					I I								
														L
									11. 11. 200			_		
Name of Registered W	aste Hauler			DEP V No.	Vaste F	tauler	Cubic Yards of Waste		istered Landfill					10
Service Tra	nsport					100			Salvage					
City, State Morrisville	e, PA			112-127			Disposal Date	City, State Libson	, ОН					
Completed by Jennifer N:		r. of	OF	pera	atio	ns	Signature			Date 9 - 2	4-	-13	3	
		*5			- for or	hantas	iconstiralevemnte	d activities				-		

SEP. 19. 2013 (THU) 14:51	Notification No. 32 PAGE Notification No. 32 PAGE Notification No. 32 PAGE No.	State of NJ		Date It intrint	E C E E BER MAIL I	N HARD CO		
N # 015297	Name of Building Owner	operator (E)			OC - 10 D/	W13	1	
Date of Notification (1) 10 19 1/1 19 1/1 13	BRIDGET CONROY		·		SEP 1 9 20	i3 & &		
Agencies Notified Type Notification	151 PEARL STREET	T			WED ADDR	OVER	<i>F</i>	
DOL Emergency	NEW PROVIDENC			- NA	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8.137		-
DCA Cancellation	BRIDGET CONRO		W					
- Dares		OTAMROPINI YT	AN .	T	ype of Facility (4) \$ anoti (4)	(-12)		
Name of facility where abatement is taking	ng piace (3)				Subchapt	er 2 (Other than vate/Commercia	K-12)	
BRIDGET CONROY					Bidgs./Ho	mes, wo.	Bldg. A	90
Street Address 151 PEARL STREET		To	Jounty God	m (7)	Current Use (Prior	If being demoli	ahed)	
City (d)	County (6)	(1	State use ¢	(Vine		THE DOWN		
NEW PROVIDENCE	UNION	ASCM No.	Name	of Abatamant Co	intraotor (B)			222 22
Name or Monitoring Firm Hired by aid	, DWHer (6)		Brest	S RESTORA				
Street Address	; i >		20	California Ave				
City, State, Zip Code	i		P	aterson, NJ 075	03	License Number	iP	
Project Manager for Monitoring Fiem	Phone Num		Nem	973-345-8020 e of OSHA Mont	ter Tac			
Start Date (10)	South, completion bate (11)	8170	& S Restoration				
09/25/13	(Check only one)		20	California Av	(CNUS	100	of the state of th	
O9/25/13 Cocupancy Status During Abetement Facility closed/vacated during a Abetement performed outside of	intire paried of abatament. In normal facility hours-		- 11	Paterson, NJ 07				
Other-Describe: NORMAL HC	OURS		- 11-	T gitteria -	Full Containment	whegative press	FLIC	
of IMply (check an arm orbit)	Renovation	i.		- A	Mini-enalosure Giovebag procedi Non-Exempled (*	ure) and Non-Irlabi	e proced	dure
☐ ≥160 =f or ≥260 f	Demolition is location normally used at by maintenance/oustodial staff(12)	Description material	ion of asba	atos-containing	Amount (Specify	6 111	e p a i	E C E C
naterial (acm) to be abated in facility (13)		M		NON	40 SQ FT	8	心	口口
		BOILER	NSULA	TION			믞	4
BASEMENT							一	DE
		Cubic Varde	Olegy to	Name of Playlate	N, RESOURCE	RDCOVERY		
DES RESTORATION, INC	NJDEP Hauter Indi 13506	1 YD		Print State		170		
THE GOOD	09	/26/13		TULLYTON	714, 57	Data 09/19/13	4	
PATERSON, NJ. 07503 Sompleted by (Finnt or Type)	THE PRESIDENT	Signature		(loye)		09/19/1.		
BOGDAN JOLDZIC	PRESIDENT	asbestos licensure	exempled	sactivities.				

nt 20)

	State of NJ
D&S Proj. #: 2013-351	Notification of Asbestos Abatemen (Pursuant to NJAC 8:60 and 12:120
	Name of Building Owner/Operator (2)

	TT Name of Bu	ilding Owner/0	Operator (2)			1,4	, OLI	2 3 201			-	
Date of Notification (1)	11	T CONROY					i			<u></u>	+	<u>-</u>
Agencies Notified Type Notification	Street Addr						Made					
☐ EPA ☐ Initial	151 PE/	ARL STREE	Γ						_	_		_
DEP Amended Amendment #:	City, State,											
DOL Emergency	NEW P	ROVIDENC	E, NJ				Telephone N	Number		_		-
DOH (including	Name of Co	ontact				8	Telephone .					
justification)	BRIDG	ET CONRO	Y						_	_	_	=
☐ DCA ☐ Cancellation			TY INFORMA	ATION								_
	(0)					Туре	of Facility (4) School	(K - 12)				
Name of facility where abatement is tak	ing place (3)							oter 8 (Other	than	K-12)	
BRIDGET CONROY							Other (P	rivate/Comn	nercia	d		
Street Address							Bldgs./H	omes, etc.	_	Bldg.	Age	_
151 PEARL STREET						Squ	are Feet #	of Floors		Diag.	9-	
City (5)	County (6)				Code (7) ise only)	Cur	rent Use (Price	or if being d	emolis	shed)		
Oily (5)	_			(State u	ise offiy)	Our	Tone Gos (-
NEW PROVIDENCE	UNION		ASCM No.	IN	ame of Abatemer	it Contra	ctor (9)					
Name of Monitoring Firm Hired by Bldg	J. Owner (o)	-	7,001		D & S RESTO	RATIO	N, INC.					_
					reet Address							
Street Address				- 11 -	20 California						_	
City, State, Zip Code				Cit	ty, State, Zip Coo							
City, State, Zip Code					Paterson, NJ	07503		License N	ımbei			_
Project Manager for Monitoring Firm		Phone Numb	er	Te	elephone Numbe 973-345-802			011				
1 Tojout Managa					lame of OSHA M							
Start Date (10)	Sched. Comp	letion Date (1	1)		D & S Restor		nc.					
	10/08/13			s	treet Address							
09/25/13 Occupancy Status During Abatement		e)			20 California				_	_	_	_
Tradition along divagated during et	ntire period of a	Datement.			city, State, Zip Co	ode						
Abatement performed outside of	Thorrial lacility	hours-		11	Paterson, NJ	07503						
Describe:NORMAL HO	URS			$- \bot$	Paterson, 143		Containment v	w/negative p	ressu	ıre		
Scope of Work (check all that apply)					1	Mini-	enclosure					
>3 sf or >3 lf	Renovation					Glov	ebag procedu -Exempted (*	ire	iahle	proce	dure	
	Demolition					Non	-Exempted () and North	n	H	Е	E
	Is location norm	nally used sole	ely .		haataa containin	ıa.	Amount		e m	e p	n	n
asbestos-containing	staff(12)	5/000104141	 Descri materi 	ption of as al (ACM)	bestos-containin	9	(Specify LF)	SF or	0 V	a	a	L
material (acm) to be abated in facility (13)	Yes N	NO N/A	1882				/		е	r	р	
			BOILER	INSUL	ATION		40 SQ FT		N N	片	님	片
BASEMENT									님	붜	붜	쓔
									片	片	片	片
						_			ዙ	片	片	一
							n dfill			Ш		1-
Registered Waste Hauler	NJDEP H	auler ID#	Cubic Yards	of Waste	Name of Regis	stered La WN, RI	SOURCE I	RECOVE	RY			
D & S RESTORATION, INC.	13506	Disposa	1 YD	Arren	City, State							
City, State		09/20			TULLYTO	WN, P.	Α	-Te				_
PATERSON, NJ 07503	Title	<u> </u>	Signatur	e				Date 09/19	/13			
Completed by (Print or Type) BOGDAN JOLDZIC	DDESIDEN'	Τ			1 2 22			09/19				
BOOD. II. 1022	* Do not use thi	is form for asb	estos licensur	e exempte	ed activities.							

						Sep	19 2013 11:58am	1007 (1894年歌歌歌歌歌	WI		H	
D&S Proj. #: 2013-350						Abatement and 12:120)	विविक्तालयः जि	Bearn S Sen Bearn S Sen	or D	orvic	ris -	
CX#005	5001	ž	(1 St 24)	ant to Horse		and ILIEV)	N.O.	(eignature)		الم <u>سيوس</u> <u>- بالماري</u> - الماري	-	
Date of Notification (1)		ame of Bull	ding Owne	er/Operator (2))		Bele 9	On I - Time	تحالح	1		
0 19 1/1 19 1/1 13		SOFIA JA	CIW				SE SE		013			
Agencies Notified Type Notificat	ion E	treat Addres	28		MAN AND AND AND AND AND AND AND AND AND A							1
DEP Amended		212 CEN		REET	The second state of		Addition		10,3	- &	0	
Amendment #:	°	ity, State, Z							~~~			J
DOH Emergency (Including		GARWO	WW.				Talanho	ne Number			_	
DCA justification)	- 11	SOFIA J			100		Total	alle regiliper				
L Cancellation		SOPIA J.		LITY INFORM	ATION					100	-	
Name of facility where abatement i	s takino ni	3Ce (3)	(AU)	LITT INFORM	MITON		Type of Facility	(4)	-		1	-
	a marini 18 bir	100 (0)				1		ool (K × 12)				
SOFIA JACIW Street Address					·	Total Laboratory		hapter 8 (Oth			-12)	
52.5 Section 2015							Othe Bldg:	r (Private/Cor s./Homes, etc	nmei	'ÇIBİ		
212 CENTER STREET City (5)	Cour	ity (6)					Square Feet	# of Floors	T	Ble	ig. A	ge
Oith fol	1 000	ity (O)				nty Code (7) e use only)	Current Use (Prior If being	dem	ollehe	ard)	
GARWOOD	uni		,		l						,	
Name of Monitoring Firm Hired by	Bldg. Own	er (8)		ASCM No.	\Box	Name of Abateme						
Street Address		1			_	D & S RESTO	DRATION, INC.					
Coop. Addiesa		1				20 California	Ave.					
City, State, Zip Code			<u> </u>	_W7		City, State, Zip Co			····		-	-
				-		Paterson, NJ						
Project Manager for Monitoring Firm		Pho	one Numb	er		73-345-80		License N	umb 169	er		1100
Start Date (10)	. I School	. Completto	- Page /1 -			Name of OSHA N	The second second	- VI	uy	-		10-10-1
	1	and the second service of the second	II wate (I I)		D & S Restor						
09/20/13 Occupancy Status During Abatemer	it (Check o	nly one)				Street Address						
Facility closed/vacated during	entire peri	od of abater	nent.		1	20 California City, State, Zip Co			_	-		
Abatement performed outside Describe:		facility hours	}• 			,,						
Other-Describe: NORMAL H					=	Paterson, NJ	07503		-			
Scope of Work (check all that apply >3 of or >3 if	r): Renovatic		35				Full Containment	w/negative p	re85	ure		
\(\times \) \(\frac{1}{2} \) \(\frac{1}	Demolition						Mini-enclosure Glovebag proced					
Location of		normally u	sed solely		100		Non-Exempted (*) and Non-fri	able	Proc	dure	
asbestos-containing material (aom) to be	by mainte staff(12)	mance/cust	odlal			bestos-containing	Amount		e m	e	ņ	E
abated in facility (13)	Yes	No	N/A	material	(ACM)		(Specify LF)	SHOT	0	9	a	C
BASEMENT				PIPE INSU	T A TOY) N	40.7 127		₿	- T-	P	
and the state of t				THE MAC	LATI	JN .	40 L FT		X	부	牌	片
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									5	盲	冒	后
Registered Waste Hauler	INUD				Wasis							
D & S RESTORATION, INC.	135	P Hauler II. 06		ubic Yards of Y YD	EJ6PA	Name of Registe	red Landfill N, RESOURCE F	RECOVERY	<i>y</i>	emot .		
City, State PATERSON, NJ:07503		F	Isposal D			City, State			-			
Completed by (Print or Type)	Title	لنب	09/23/1	Signature		TULLYTOW	N, PA					
BOGDAN JOLDZIC	PRESID	ENT		-IBHAHAID		: !		09/19/2	លាន			
ASB-41	Do not us	this form fo	or asbesto	s liconsure ex	empted	activities.						

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: 2013-350 Name of Building Owner/Operator (2) 2 5 2013 Date of Notification (1) 0 9 1/1 9 1/1 13 SOFIA JACIW Type Notification Street Address Agencies Notified Initial **EPA** 212 CENTER STREET Amended DEP City, State, Zip Code Amendment #: DOL GARWOOD, NJ **Emergency** Telephone Number (including Name of Contact DOH. justification) SOFIA JACIW DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) SOFIA JACIW Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 212 CENTER STREET County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) union GARWOOD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 01169 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 09/30/13 09/20/13 20 California Avenue Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure Renovation \times >3 sf or >3 lf Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 sf or ≥260 lf E Is location normally used solely е e n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or staff(12) 0 a a material (ACM) material (acm) to be V p abated in facility (13) N/A No Yes е 40 LFT PIPE INSULATION BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY Registered Waste Hauler 13506 D & S RESTORATION, INC. 1 YD Disposal Date City, State City, State TULLYTOWN, PA 09/23/13 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 09/19/2013 PRESIDENT BOGDAN JOLDZIC

Do not use this form for asbestos licensure exempted activities.

ACD 41

CK#25358

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

			902				- (2)			****	1000		7
Date of Notification (1)			N	lame o	f Building	Owner/Operato	or (2) Pam	ela Scheinn	nan oro	0 =			
	23/13		-	· · · · · · · · ·	ddraaa		Lain	Ciu Bellella		25	2010		7
Agencies Notified	Type Notification		٥	treet P	ddress	23	6 M	ontgomery	Street				
EPA DEP	Initial Amended		-	City. Sta	ite, Zip Co	ode			F		٠.	- de	
DOL DOL	Amendment #	l. reline	`	,,, o		Hig	hlan	d Park, NJ-	08904	. · · · · · · · · · · · · · · · · · · ·			_
⊠ DOH	Emergency (inc justification)	luaing	1	Vame o	f Contact				Telephone Num	ber		-	
DCA	Cancellation				Pame	ela Scheinn	nan						_
			=	FACI	LITY INFO	RMATION							
Name of Facility Where	Abatement is Taking	Place (3)				Ty	pe of Facility (4)				
Name of Facility Villors	Resid	lentia						School (K-12)) (Other than K-1	12)			
Street Address						- W. D S. W 200 - 200 - 8.1		Other (i.e., pr	ivate & commerci	cial buildi	ngs,		
	236 Montgo	mery	Stre	eet			.	homes, etc.)	# of Floors		g. Ag	Α	-
City (5)			200				S	quare Feet 2400	# 01 F10015	Did	9. A9 9(
	Highland	Park	<u>, NJ</u>			10TA TC			or if being demo	lished)		_	\dashv
County (6)				Count	y Code (7 ONLY)) (STATE	10	ullelit Ose (Fil	Residentia				
	iddlesex		-,1	ASCM N	_	Name of Ahat	emen	t Contractor (9)					\dashv
Name of Monitoring Fire		wner	1	43CIVI I	10.	St	ever	s Environn	nental Servi	ces, In	c		
(8)	MECS					Street Address							
Street Address	PO Box 341							PO B	ox 322				_
City, State, Zip Code	10 000 341	_				City, State, Zi	p Cod	e					
City, State, Zip Code	Crosswicks, NJ (8515						Allentown	n, NJ 08501				_
Project Manager for M				ohone N	No.	Telephone No			License No.	00403			
William V	Veisgarber Jr.		(60	9) 298	3-4070	(609)				00493	_	_	
Start Date (10)	Scheo	duled Co	omplet	ion Dat	e (11)	Name of OSH	IA Mo	nitor	ECS				
10/9/13)/11/	13				1VI	ECS		-	_	=
Occupancy Status Du	ring Abatement (Ched	ck only	one)			Street Addre	SS	PO F	341 Sox 341				
☐ Facility Closed/Vac	ated During Entire Pe	riod of	Abate	ment		City, State, Z	in Cod				_		_
☐ Abatement Perform Other - Describe:	Sam to 4nm	I Facility	y i ioui	3		Ony, otato, 2	ip ood	Crosswick	cs, NJ 08515	5			_
The second secon												-3-77	
Scope of Work (Check	K all that apply)						Conta -Enclo		gative Pressure				
≥3 sf or ≥3 lf		Re De	novati molitio	on		Glov	rehan	Procedure		%			
≥160 sf or ≥260 lf				"		Non	-Exem	npted (*) and No	on-Friable Proce	dure	bate	ment	_
		17.000	ocation							/	Typ		
Locatio	on of		I Solel			Description	on of						
Asbestos-Containin	g Material (ACM)		ntenan		Asbes	tos Containing , thermal syste	Mater ms ins	rial (ACM)	Amount (Specify	Rer	Repair	Encapsulate	Enclosure
TO BE AE			Staff?	41	(1.6.	surfacing, \	/AT, o	r	SF or LF)	Removal	air	apsı	uso
(13			(12)			other miscell	aneou	S)		- =		ılate	9
		Yes	No	N/A									
Degas	ment			×	TI	nermal Pipe	Inst	ılation	130 lf	_ ×			
Baser	пен	-		1									
		-		-	-								
		-	-	-							-		
Name of Danisland (1)	Nasta Hauler			NJDEP	Waste	Cubic Yards	3	Name of Reg	istered Landfill		-		
Name of Registered \				Hauler I	D No.	of Waste		23	T.R.R.F.	Inc.			
	Environmental	_	_	18	292	2 CU Disposal Da	te	City, State					
City, State	Allentown, NJ	0850	1			10/11/1	1	1)/	Tullytow	n, PA			
	Allentown, NJ		7			Signate	7	7/	Date	9			
Completed By Mahlon E.			roie	t Ma	nager	_ //	7			9/2	3/13	3	
Ivialion E.						- V	G. T.						

ASB-41 MAR 00

63 207

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

ate of Notification (1)	V22/12				ling Owner/Operato	Roxanne Jones	SEP 2	5 2012		+	-
gencies Notified	7/23/13 Type Notification	+	Street	Addres	SS	36 Mercer Street	Marie S	ن ،	_ Gr	=	
EPA DEP	Initial Amended Amendment #	t	City, S	State, Z	p Code.	rinceton, NJ 0854	12	·	=	+	-
DOL	Emergency (includin justification)	g	Name	of Cor	ntact	Te	lephone Number		1	_	
DOH DCA	Cancellation				R. Jones					_	
			FA	CILITY	INFORMATION	Type of Facility (4)					
Name of Facility Whe	ere Abatement is Taking Plac Resident	ial		===		School (K-12) Subchapter 8 (C	Other than K-12) ite & commercial	buildings,			
Street Address	36 Merce	r St				Square Feet	# of Floors	Bldg. A			
City (5)	Princeton	. NJ				3200 Current Use (Prior	if being demolish				
County (6)		-	1 Co	ounty C SE ONL	ode (7) (STATE .Y)		Residential			=	1
	Mercer Firm Hired by Building Own	er	ASC	M No.	Name of Ab	atement Contractor (9) Stevens Environm	ental Service	es, Inc.	_	=	1
(8)	MECS		<u></u>		Street Addr						
Street Address	PO Box 341				City, State,						
City, State, Zip Coo	de Crosswicks, NJ 08	515			Telephone		License No.	00402			7
Project Manager for	or Monitoring Firm		(609)	one No. 298-4	1070 (60)	9) 259-9688		00493	=	=	_
Willian	n Weisgarber Jr.	ed Cor	npletio	n Date	(11) Name of C	SHA Monitor	ECS		==	===	_
Start Date (10) 10/2	11.0	10	$\frac{1}{4}/13$		Street Ad	dress PO B	ox 341				4
Occupancy Statu	s During Abatement (Check	od of A	batem	ent	City State	71- Codo					
I Abotement PE	Properties of Normal libe: 8am to 4pm	acility	Hours			Crosswich	cs, NJ 08515			===	=
Scope of Work (Check all that apply)	⋉ Rei	novatio	on .		Full Containment with Ne Mini-Enclosure Glovebag Procedure					
≥3 sf or ≥3 lf ≥160 sf or ≥2	260 If	☐ Dei	Montion		<u>\</u>	Glovebag Procedure Non-Exempted (*) and N	on-Friable Proce	Ab	atem	ent	_
Asbestos-Co	ocation of ntaining Material (ACM) BE ABATED IN Facility (13)	Used Mair C	ocatio ormally I Solely ntenan- ustodia Staff? (12)	by ce/	Asbestos Contai (i.e., thermal s	ription of ning Material (ACM) ystems insulation, ng, VAT, or scellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
	(10)	Yes	No	N/A		Direction	100 lf	_ x			
	Basement			×	Thermal .	Pipe Insulation sulation Debris	20 sf	×	-	_	+
	Basement	-	+-	+-				=-	+	-	+
		- 1	+	+-	Waste Cubic	Yards Name of R	egistered Landfil			-	_
		-		NUDER			m n n I	C Inc			_
Name of Regi	stered Waste Hauler		1	NJDEP Hauler	ID No. of Wa	CU_	T.R.R.I	r., Inc.			
Name of Regi	evens Environmenta			NJDEP Hauler 18	ID No. of Wa 2 2 Dispo	sal Date City, State	Tullyto	wn, PA			=
Name of Regi	Allentown, NJ	085		Hauler 18	ID No. of Wa 2 2 Dispo	CU_	Tullyto	wn, PA	23/1	3	=

ASB-41 MAR 00

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

| Name of Building Owner/Operator (2)

Date of Notification	u (T)		Account 1000) 'And	State of the second	non, openie			日产	i.	W	马 1	\bigcap	
8-26-13				-					1.4		10			1 11	-
Agencies Notified	Type Notificat	ion			^{ddress} Park		reet			SFP 2	5 2	013			
[]EPA	Notifica	tion	City	. st	ate, 2	ip Co	ode			011_4	. 0 2	0,0	ì		
[]DEP	[]Amended						J,07042		1						1
[X]DOL	Notifica	tion	Namo	of	Contac	1+			Telephone	Nimb -			_ 04		
[X]DOH	[]EMERGENCY		100		D'An		a								
	[]Cancellat	ion	<u></u>				TOWN OF MITON					-			
	Notement i	o Maki	na P			TY IN	FORMATION	Tv	pe of Facility	y (4)		-		-	
Name of Facility Wr Same as above		rs revr	ng r.	1406	(3)				[]School (K	-12) r 8 (Oth	er th	an K	-12)		
Street Addres									[X]Other (i. cial bui	e., priv ldings, # of Flo	homes	, et	c.)		
		2000 tox	(6) P	ccov		Coup	ty Code (7)	4 1 -	quare Feet	3	OLS	80	222	, -	
City (5		County	(0) E	ssex		N 998 A 64 TO	TE USE ONLY)	1 -	rrent Use (Pr	the state of the same of the same	eing			ed)	
	Direction of the last	Davi 1 dir	- la	SCM	No	1	Name of Abate	men	t Contractor	(9)					
Name of Monitoring Owner (8) N/A	Firm hired by	Bullali	19 5	iburi	но.		AZTECH N	IAN	NAGEMENT,						
Street Address							The second contract of the second sec	sto	opher St.						
City, State, Zip C	ode						Montcla:	zip ir	Code , NJ 0704	2					
Project Manager fo	r Monitoring Fi		eleph /A	one	Numbe:	r	Telephone Nur (973)74				Lice:	371		er	
Scheduled Start Da 9-11-13 Month Day Occupancy Status D	Year Mo	9-12 onth	-13 Day	ly or	Year	11)	Name of OSHA N/A Street Addres		nitor						
of Abatem []Abatement: Hours - De		de of 1 s Desci	Norma	ıl Fa	cility	z .	City, State,	Zij	p Code						
Scope of Work (Che			31 20												
[X]>3 sf		11			ration .ition		[]Mini [X]Glov	-En	ontainment wit aclosure ag Procedure able Procedur		ve Pr				
				s ation					- 6			Aba	ceme	E I	E
Asbestos-C Materia TO BE	ABATED cility	Ye	Norm Solution By Medical tens Cust Staff	mally sed lely Main- ance, codia	, , ,	in	Descript: Asbestos-Co Material (i.e., therm sulation, sur or other misc	nta (A) al :	ining CM) systems sing, VAT,	Amoun (Speci SF o	fy	R E M O V A L	REPAIR	NCAPSUL.	NCLOSURE
Garage/Boile	er Room	-			X	Fil	erglass	in	sulation	130	LF	X			
Crawl Space							oris					-			
Name of Registere AZTECH MANA		NC.			ID No.	of	bic Yards Waste 1.5		Name of Regis		ndfi]	LI			
City, State Montclair, 1	NJ 07042					Di	sposal Date)	City, State Morrisvi	lle, E			7		
Completed By (Pri		resi	den	t			Signatu	IN IN	Tentuck	Man		ate 8-26	-13		

1 # 2504 NOTIF	CATION Coursuant to	NJA	og Own	and 12:120 er/Operator			Par .		- 100 14			A Company Commence		
	Name of St Rosa	a of	Lima (Church		1	1	5013	7	SEP				
the of Notification (1) 18/2013 Check #2504	Street Ac	ddress	3				1	0,00				-	+	
gencies Notified Type Notification	11 Gre	y St	reet			+	i i e me	* 81 (17)			1 mm /			
1 FPA Amended	City, Sta Newa	to 7i	n Code)7		1		Telephon	النام	mbar			7	
DEP Amendment #_					lei.								\dashv	
DOL Amerianient Emergency (including justification)	Eathe	r .109	sepn r	(wiatkows	SKI								7	
DOH Cancellation	FAC	CILIT	INFO	RMATION	Type	of Fa	acility (4)						1	
Name of Facility Where Abatement is Taking Place (3)							-1 /K-12)	(Other that vate & cor	an K-	12) rcial buile	dings, h	omes	. \	
St Rosa of Lima Church					1	Othe	er (i.e. pri	# of Flo			3ldg. Ag	e	-	
Street Address					Squ	are F	eet	# of F10	UIS		+08			
11 Grey Street					45	,000		r if being	iemo	olished)				
City (5)		- 6	do (7)		Cu	rrent	Use (Pno	Lili penia						1
Newark	Cou	ATE US	ode (7) SE ONL	n	_ CI	nurcl	T Con	tractor (9)						1
County (6)		SCM			Name of A	bate	Corpo	tractor (9)						4
Essex Name of Monitoring Firm Hired by Building Owner (8) /	SCIVI	140.		EA Ser	VICE								
Name of Monitoring Firm Hired by Bulleting Omega Environmental Services Inc					Street Ad 426 69	th S	treet							4
Omega Environme						7:	Code							1
Street Address 280 Huyler Street					City, Sta	ie, Zii	g, NJ 07	093						-
					Telepho	ne N	0.			nse No.				
City, State, Zip Code South Hackensack, NJ 07606	TTO	elepho	one No.		201-2	95-1	700		010)/4 				7
and for Monitoring i iiii	\ 2	201-4	89-87	00	Nome (of OS	HA Monit	or						1
Project Mariago.	duled Com	pletion	n Date	(11)	same	as	above							7
Start Date (10) 9/21	/2013	•			Street									
					1									
Occupancy Status During Abatement (Oncom	of Abatem	nent			City, S	State,	Zip Code							
Facility Closed/Vacated During Abatement Performed Outside of Normal Facatement Performed Outside	Renov	ration					a sini Encl	ainment woosure Procedumpted (*)				edur	e emen	ıt
Location of Asbestos-Containing Material (ACM)	Is Loc Norm Used S Mainte Custodi	nally olely enance	by l		Descript Containing rmal syst surfacing ther misc	ems i	insulation , or	M) ,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Floor
Asbestos-Containing TO BE ABATED In Facility	(12)		0	filet Itilian		service distribu					+	+	+
(13)	Yes	No	N/A				tion		:	20LF	X	1	-	+
	163	X			Pipe In	sula	UOH		_	20LF		X		_
Basement Cafeteria	1-1	<u>x</u>			Pipe In	sula	tion				1			_
Basement Cafereria	1-1		-											
			-	1		90000		Name of	Degis	stered La	andfill			1,500
			NJDEP '	Maste	Cubic Y	ards		Waste	Man	ageme	ent			
1 Marta Hauler		1	NJDEP Hauler I	D No.	of Wast	e	1							
Name of Registered Waste Hauler			5939		Dispos	al Da	te	City, Sta Tullyto	te wat	Zandfill	Ì			
Freehold Carting					tbd			Juliyio	11		1 1 120	е		
City, State PO BOX 5010	Title				S	signat	ure A	ua	<i>Y</i> _		9/	8/20	113	
Completed by	Offic	ce M	anage	er			-4	und a		(j : 194		6YPI	npte	d act
Gina Salvador						* D	o not use	this form	for as	sbestos l	ICENSUL	, GAO		

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

Ch# 1302 13-0718

ANNUAL NOTIFICATION Name of Building Owner / Operator (2) Date of Notification (1) VNO Wayne Town Center LLC 13 09 04 Street Address 250 Wayne Town Center, NJ State Route 23 and Willowbrook Blvd Type of Notification Agencies Notified City, State, Zip Code **EPA** Initial 1 Wayne, NJ 07470 Amended DEP 1 Telephone Number) Name of Contact Amendment # DOH 1 Emergency w/ justification **V** DOL Mark Messier Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Wayne Town Center Fortunoff School (K-12) Subchapter 8 (Other than K-12) Street Address Other (I.e., private & cmmercial V 250 Wayne Town Center bldgs., homes, etc.) **Building Age** Square Feet # Of Floors County Code (7) City (5) County (6) 220,000 Morris Current Use (Prior if being demolished) Wayne 45 Years Vacant - Retail Store ASCM NO Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) Slavco Construction Inc. Omega Environmental Services Street Address Street Address 280 Huyler Street 164 Getty Avenue City, State, Zip Code City, State, Zip Code South Hackensack, NJ Telephone Number Project Mngr. For Monitoring Firm Clifton, NJ 07011 201-489-8700 Gary Mellor Telephone Number License Number Sheduled Start Date (10) Sched, Completetion Date (11) 13 12 31 13 00724 973-478-4848 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) Slavco Construction Inc. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility 164 Getty Avenue Hours - Describe: City, State, Zip Code Mon - Fri 7:00 am to 3:30pm Other - Describe: 1 Clifton, NJ 07011 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation >3sf or >3lf \square 1 Demolition Mini - Enclosure 1 >160 sf or >260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Location of Is R Asbestos - Containing Location Asbestos Containing N Amount E Material (ACM) Normally Material (ACM) c C M E (I.e., thermal systems (Specify TO BE ABATED Used 0 insulation, surfacing, VAT, SF or LF) Solely in Facility P 0 ٧ A by Mainor other miscellaneous) (13)s s A tenance/ U R Custodial Staff (12) YES NO N/A 188,000 SF Spray-On Fireproofing First & Second Floors 1,000 SF 7 U VAT First Floor Name of Registered Landfill NJDEP Waste Cubic Name of Registered Waste Hauler Yards G.R.O.W.S. North Landfill S18508 Slavco Construction, Inc. of Waste City. State Disposal City, State Date Morrisville, PA Clifton, NJ **TBD** Date Signature Title Completed by (Print or Type) Uman D. Jucuic September 4, 2013 OFFICE MGR. Vivian Jurcevic