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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/operator (2) Date of Notification (1) 09/11/2012 Joseph Lenahan Type Notification Street Address Agencies Notified 837 Main St T EPA Initial DEP Amended City, State, Zip Code DOL Amendment #_ LICENSING South Amboy, NJ 08879 Emergency (including DOH DCA justification) Name of Contact Telephone Number Cancellation Joseph Lenahan **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private House School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private & commercial buildings, 837 Main St homes, etc.) Square Feet # of Floors Bldg. Age City (5) South Amboy, NJ 08879 Current Use (Prior If being demolished) County Code (7) (STATE USE ONLY County (6) Middlesex County Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Nick Restoration LLC Street Address Street Address 72 Brookside Rd City, State, Zip Code City, State, Zip Code Randolph, NJ 07869 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 973 933-2550 01133 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) J&S Environmental 09/24/12 09/22/12 Occupancy Status During Abatement (Check only one) Street Address 2333 Rt 22 W ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Union, NJ 07083 Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Demolition ≥160 sf or ≥260 lf Abatement Is Location Type Normally Location of Asbestos -Containing Material (ACM) Used Solely by Description of Asbestos Containing Material (ACM) Amount Maintenance/ Encapsulate (i.e., thermal systems insulation, (Specify Custodial TO BE ABATED Removal Repair surfacing, VAT, or SF or LF) Staff? IN Facility other miscellaneous) (12)(13)Yes N/A No TSI-150 LF X basement area X Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler JD No. of Waste Nick Restoration LLC G.R.O.W.S Disposal Date City, State City, State TBD Tullytown. Pa Randolph, NJ Date Completed By Title Signature 09/11/2012 llia Elvira Mrda President

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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Mo#20142487776 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 / _ 13 / 12 Jennifer DiCesare Type Notification Agencies Notified Street Address SEP 1 7 ZE2 ✓ Initial ☐ EPA 48 Yale Street ▼ DOLWD ☐ Amended City, State, Zip Code Amendment # X DHSS ASBESTOS CONTROL & Maplewood, NJ 07040 ☐ DCA Emergency (including Name of Contact Tale Horald Wumber (NJAC 5:23-8) justification) Cancellation Sensitive steeling Jennifer DiCesare **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Subchapter 8 (Other than K-12) Street Address Some of the control 48 Yale Street homes, etc.) City (5) Square Feet # of Floors Bidg. Age Maplewood, NJ 07040 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 23 / 12 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Fressure Renovation >3 sf or >3 if = 160 sf or >260 if Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friat-le Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Repair Removal Encapsulate Enclosure Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SI = or LF) (12)(13)other miscellaneous) Yes No N/A \boxtimes Basement Pipe insulation X 40 LF П П П Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA

Signature

09/13/2012

Completed By (Print or Type)

Title

Owner

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

Date of Notification (1) 9-13-2012	- 12-17-17-17	1265900	me of Building (tor (2)	(D)	CET	W 1		1	İ
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			FACILITY INFO	RMATION	1/	Cold Colonia	Consessed the state of the	-			
Name of Facility Where Abatement is Takir Chilton Towers, Apt. 9E	g Place (3)				1	f Facility (4 chool (K-12					
Street Address							8 (Other than K-	12)			
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City (5)					Square		# of Floors	В	dg. A	ge	
Elizabeth								5	0+		
County (6)			unty Code (7)			(2)	r if being demolis	shed)			
Union		(ST	ATE USE ONLY)	\ 	Apar	tment Un	nit				
Name of Monitoring Firm Hired by Building	Owner (8)	1	ASCM No.			ement Cont					
n/a		r	n/a	Ja	dar Cont	tracting, I	LLC				
Street Address					et Address						
n/a					? Troy La						
City, State, Zip Code					, State, Zip						
n/a						rk, NJ 07					
Project Manager for Monitoring Firm			ephone No.		ephone No.		License	No.			
n/a		n/a			3-706-79		01088				
Start Date (10)			etion Date (11)	0.000	ne of OSH		II.C				
9-22-2012	9-23-20	3 1 3 3 2 3				tracting, I	LLC				
Occupancy Status During Abatement (Che	k Only One)		1	et Address Troy La						
Facility Closed/Vacated During Entire Abatement Performed Outside of Non			t	2	, State, Zip					X-1-1-	
X Other – Describe: 9 am - 5 pm	nai raciity i	10015				rk, NJ 07	7035				
Scope of Work (Check All That Apply)					TICOIIT I G	110, 140 07					
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The second secon	novation molition	7			-Enclosure		riessui	е		
	_					ebag Proc		hla Dea		_	
	T				Non-	-Exempled	(*) and Non-Fria	Jule Più		ement	r
		ocation ormally								pe	
Location of Asbestos-Containing Material (ACM)		Solely b	y Ashas	Descript tos Containing		(ACM)	Amount			_	
TO BE ABATED		tenance	/ lie	thermal syste	ems insulat		(Specify	70	R	Encapsulate	En
In Facility (13)		(12)	"	surfacing, other miscel			SF or LF)	Remova	Repair	psu	Enclosure
(13)	-			Other misoer	naneous)			<u>a</u>	7	ilate	J.e
	Yes	No i	N/A								
Kitchen			X	VAT (no r	mastic)		85 SF	X			
	+										
Name of Registered Waste Hauler			EP Waste	Cubic Yard	s	Name of F	Registered Landf	511			
Jadar Contracting, LLC		100000000000000000000000000000000000000	er ID No. 3137	of Waste TBD		G.R.O.\	W.S. Landfill				
City, State		1000		Disposal Da	ate	City, State)				
Lincoln Park, NJ 07035				TBD			ille Pa 19067				
Completed by	Title			Signat	ure	\cap		Date			
Lillie Lazarevich	Secre	tary		Dil	liest	42/	ms	9-13-2	012		

NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification	1 (1)				ing Owner, Griggs	2 5	(2)	15	医爬	E n s	\ <i>1</i> 7 [i	= F	
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[X]DOL	[]Amended Notifica	ation	Mont	clai	r, NJ	07043		1 1					
[X]DOH			Name of	Contac	et		Tel	ephone	Number	OS CONTR	OL &		一
[]DCA	[]EMERGENCY		Will	iam	Griggs			- Was-	el allikkiri utilandiri				
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Name of Facility Who	ere Abatement	is Takin	ng Place	(3)			Type of	Facility	y (4)				
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Street Address									e., priva ldings, l				
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Montclair		Esse	x		(STATE US	SE ONLY)	Current	Use (Pr	ior if be	eing de	nolis	hed))
Name of Monitoring N Owner (8) N/A	Firm hired by	Building	ASCM	No.			ment Cont		•	***			
Street Address						t Addres	s topher	St.					
City, State, Zip Coo	ie				11	State, ntclai	Zip Code	07042	<u> </u>			10-22-12	
Project Manager for	Monitoring Fi	rm Tel	ephone l	Number	Teler	hone Num	ber			License	Numb	er	
•	<i>≅</i> ∘	N/	A		(9	73) 744	-8800			0037	1		
Scheduled Start Date 9/22/12 Month Day Y Occupancy Status Dur [X]Facility Clo	ear Mon	(Check	only on	Year e)	N/A	of OSHA		***************************************				7/.5	
of Abatemen []Abatement Pe Hours - Desc	t rformed Outsid ribe:«OffHours	de of No:	rmal Fac	cility	City,	State,	Zip Code					-	
[]other - Desc	The second second		Descrip	oc»						***************************************			
Scope of Work (Check [X]>3 sf or []>160 sf	≥3 lf	[2	K]Renova]Demoli			[]Mini- [X]Glove	Containme Enclosure bag Proce 'riable Pr	dure		e Press	ure		
		T .	Is ocation	T						Aba	teme		-
Location Asbestos-Con Material TO BE AB In Facil (13)	ntaining (ACM) ATED Lity	By to Cu	ormally Used Solely y Main- enance/ stodial aff (12)		Asbe M (i.e. insulati	on, surf	taining	r, .	Amount (Specif SF or LF)	E	R E P A I R	ENCAPSUL .	ENCLOSURE
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Name of Registered NANAG		С На	DEP Was		Cubic Ya		· G.R.C	.W.S	ered Land	dfill			
City, State Montclair, NJ	07042	Police			Disposal 9/25		Morri		e, PA				
Completed By (Print Constantine V	ASAN 700 TO THE STATE OF THE ST	eside	nt			Signature	1 1/			Date 9/13			
						\	4.0	U					

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) Date of Notification (1) Andrew Kasper 9/13/12 Agencies Notified Street Address Type Notification 41 Martin St. 1 7 2012 [X]Initial SED []EPA Notification City, State, Zip Code []DEP []Amended Bloomfield, NJ 07003 [X]DOL Notification ASSESTOS CUMTRIOL & Telephone Number Name of Contact [X] DOH []EMERGENCY Andrew Kasper []DCA []Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Private []School (K-12) []Subchapter 8 (Other than K-12) Street Address [X]Other (i.e., private & commercial buildings, homes, etc.) 41 Martin St. Square Feet # of Floors Bldg. Age County Code (7) 75 County (6) 1600 City (5) (STATE USE ONLY) Bloomfield Essex Current Use (Prior if being demolished) Residence Name of Abatement Contractor (9) Name of Monitoring Firm hired by Building ASCM No. AZTECH MANAGEMENT, Inc. Owner (8) N/A Street Address Street Address 86 Christopher St. City, State, Zip Code City, State, Zip Code Montclair, NJ 07042 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm (973) 744-8800 00371 N/A Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) 9/24/12 N/A 9/22/12 Day Year Month Day Year Month Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility City, State, Zip Code Hours - Describe: «OffHours Descript» []other - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X]Full Containment with Negative Pressure []Mini-Enclosure [X]>3 sf or >3 lf [X] Renovation []>160 sf or >260 lf []Demolition []Glovebag Procedure []Non-Friable Procedure Is Abatement Type Location Normally Description of Location of NC NCLOSU Asbestos-Containing Amount Asbestos-Containing Used Material (ACM) (Specify E Solely AP Material (ACM) MOVAL By Main-tenance/ SF or (i.e., thermal systems TO BE ABATED AIR insulation, surfacing, VAT, LF) In Facility Custodial or other miscellaneous) Staff (12) (13) R N/A Yes No Boiler Insulation 18 SF X Basement X Pipe Insulation 6 LF Basement Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Hauler ID No. 17040 of Waste 1.5 G.R.O.W.S. AZTECH MANAGEMENT, INC. Disposal Date City, State City, State Morrisville, PA 19067 9/25/12 Montclair, NJ 07042 Signature Date Completed By (Print or Type) Title 9/13/12

Constantine Vivian

President

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)					Name of E	Building C	wner/Oper									.0
	ptember 13, 20					Ciel Po	owei	ļ	479		(1)	206	61			
Agencies Notified [x] EPA [] DEP [x] DOL [x] DOH [] DCA	Type of Notifica [] Initia [] Amer Amer [x] Emer justifi	Notificated Notificated Notificated Notificated Notificated Head (Inc.)	ication		Street Add City, State	e, Zip Cod	Lyndh		Avenu NJ-07		ite 204				. and lames	
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				FACT	LITY IN	FORM	ATION		1		SRESTAS	CONTROL 8				
Name of Facility Where A	hatement is Taking	Place (3)	THOL	DIII II	i Ortivi		Ty	pe of Fac			NSINC				
	sidence	511400 (0,							· L			ol (k-12)				
2000										[]		hapter 8 (oth			.>	
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Bloomfield		Essex						Cu			lence	uemonsneu)				
Name of Monitoring Firm	Hirad by Building	Owner (S	2)		ASCM No		Name of	Aba								
Name of Monitoring Firm	ardian Contract	ing. Inc	,,	- 1	LOCIVITY O							ntracting,	Inc.			
Street Address	ur draw o o man u o						Street Ac	ldres								
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City, State, Zip Code						1	City, Sta	te, Z		Tom	Divor	New Jerse	ev 087	55-10	71	
	ms River, NJ 0		Telephone N	Transla on			Telephor	ne Mi		Tom	S KIVEI,	License N		33-12	71	
Project Manager for Moni Nicholas Ferr			732-349-9			1.20	732-34					00624				
Scheduled Start Date (10)	incola		Scheduled C		on Date (1	1)	Name of		IA Moni		40 to 10	602 359 330				
9/14/12			9/17/12	2						E.M.	S.L. An	alytical				_
Occupancy Status During	Abatement (Check	only one)		4		Street A	ddres		1056	Stelton	Road				
	ility Closed/Vacate									1050	Stelloil					
	atement Performed er – Describe	Outside o	i Nomai Fac	inty rio	шѕ		City, Sta	ite, Z	ip Code	D'		New Jerse	noo	51		
[] Our	er – Describe								3	Pisca	llaway,	New Jerse	y 088	J4 		
Scope of Work (Check all	that apply)						[]		Full Con	ntainm	ent with h	Negative Pre	ssure			
ocope or work (eners an							[]		Mini-En	closur	re					
[x] >3:	sf or ≥3 lf		[x]	Renovat	ion		[x]		Gloveba							
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	ontracting, Inc.		20	Dispos	al Date		City, S	tate	1.1				14			
City, State Toms River	, New Jersey			9/18/					n, Penin	sylva	mia					
Completed by (Print or Ty		Title		27.207	Signatu	re	1	V	1	8	1		Date		4	
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Agencies Notified	Type Notification			Street	Address		111					1
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□ DOH	justification) Cancellation	•		Name	LIS	A FISHE	ER.	Telephone Number	and the second	e group of the		
			نلت	FAC		ORMATION					_	
Name of Facility When	. 77456E 75	Place	(3)				Type of Facility School (K-12)					
Street Address	IDENCE		===				Subchapter ((Other than K-12)		200		
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County (6)			-) (STATE .	Current Use (Pr	or If being demolish	ed)			٦
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Name of Monitoring File (8)	m Hired by Building O	wner		ASCM I	No. ',	Name of Adalen	co IN	ci				
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City, State, Zip Code						Ciry. State, Zip C	Code		805	۲		
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	· Company of the company			<u></u>			19-0472	_0044				=_
Sian Dale (10) /2 4		1.	- /	ion Dal	le (11)	JOSE	PK/4/EM	М				
Occupancy Status Du	ring Abatement (Chec	k only	one)			Sueel Address	SPRUC	EAUE,		23		
∑ Facility ClosedVac	ated During Entire Per	iod of A	Abater	ment		2047	7)11600					
Abatement Perform Other - Describe:	ned Outside of Normal	Facility	Hour	3		City, State, Zip C	E SHAD	E, N, J, C	803	52		_
Scope of Work (Check	k all that apoly)											
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	IADE, N.J	, 0	0.			Signature	110	Date	1	1		
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State of New Jersey

Mach	NOTIFIC		of ASBES at to NJAC 8:60		20)	IN THE	- IS T	5		
			Name of Building		TO B	CEIV	5	\mathbb{H}	\vdash	
Date of Notification (1) September 13, 201	12		Name of Bunding		ore Communety Ho	ospital	Į.			
[] DEP [x] Amend	Notification ded Notification dment # ency (including cation)		Street Address City, State, Zip Co	ode	orth Beers Street del, NJ 07733	ASBESTOS CONTR LICENSING			1	
		FAC	LILITY INFORM	AATION						
Name of Facility Where Abatement is Taking Bayshore Commun Street Address	ity Hospital				Type of Facility (4) [] [] [x]	School (k-12) Subchapter 8 (oth Other (i.e., privat			al builc	dings,
727 North Beers St	*********		G . G I / (7)		Square feet	homes, etc.) # of Floors	Bldg.			-
City	County (6) Monmouth		County Code (7) (STATE USE ONI) Blug. 7	50)				
Name of Monitoring Firm Hired by Building			ASCM No.	Name of	Hospita Abatement Contractor Contractor		Inc			
Street Address 64 Broad Street	etics			Street A	ddress 1889 R	oute 9, Unit 61	me.			
City, State, Zip Code Matawan, NJ 0774	7			City, Sta	nte, Zip Code Toms R	liver, New Jerse	ey 0875	5-12	71	
Project Manager for Monitoring Firm Tom Geiger	Telepho	ne Number 90-2217	Telephone Number License Number 732-349-9932 00624 Ion Date (11) Name of OSHA Monitor							
Scheduled StartDate (10) 8/28/12		ed Complet 1/12	tion Date (11)	Name of		L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed of Other – Describe	only one) d During Entire I	Period of Al		Street A City, Sta	1056 State, Zip Code	telton Road way, New Jerse	ey 0885	4		
Scope of Work (Check all that apply) $ \begin{bmatrix}] & >3 \text{ sf or } \ge 3 \text{ lf} \\ [x] & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix} $	[x]	Renova		[x [[Mini-Enclosure Glovebag Proced	t with Negative Pre ure *) and Non-Friable		2		
							Abater	nent T	`ype	
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4 North IT Closet	X		Fireproofing			35 sf	X			
4 th floor hallway & office	X		Fireproofing			600 sf	X			-
							\vdash	-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	Vaste Haule	2	Yards of Wa	T.R.R.F.	ered Landfill					
City, State Toms River, New Jersey		Dispo 9/24		City, S Tully	state town, Pennsylvani	a	T == -			
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						City. State. Zip	C∞de	. (E, NJ	0805	L	,
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Project Manager to mo		<u></u>				836.7	17	-0122				
	Sched	uled Con	rolelor	n Date	(11)	Name of OSHA	Mon	1911/204	M			
Stan Date (10) : 10/2/1	2 10	19	/12					HICH				
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Abatement Perform	and Outside of Norma	Facility h	Hours		Ì	City, State, Tip	Code	·	E, N.J.	A & A	< 7	į.
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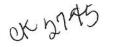
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Project Manager for	Wanitaring	Tri res	=1 =chanc	Number		Tolophon	e Numi	ber			T. L COST			or	
project manager 107	Motivitaria	200	I/A			(973)	744	1-880	0		00	371	L		
Scheduled Stort Dat	g (10) S	hod. Com	pletion	Date (iiı	Name of	CEHA I	Monitor							
9/12/12	- 1/	9/13/1				N/A									
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Occupancy Status Do	sing Abstract	buring l	antire P	criod	1										
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Date of Notification	n (1)	(Fulsu	Name of E	AC 8:60 Buildin	0-7 and 12:120 g Owner/Operat	ton (188)	9 B 1 N/	E f	Towns of the same	_	
9/11/12			Joe C	atra	mbone			5			
Agencies Notified	Type Notific	ation	Street Ad	idress		-lml $-$		- 1	Ш	_	
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[]DEP	Notifi	cation	City, Sta	te. Zi	o Code				ALCOHO!		
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Name of Facility Who	are Abatement	de melde	FA	CILITY	INFORMATION				_		
Private	sie Abatement	is Takin	g Place ((3)		Type of Fac.	ility (4)				
						[]School	L (K-12)	7012			
Street Address 401 Davis Ave			SSM - Mac to us			[X]Other	apter 8 (Oth (i.e., priv	er tha ate &	n K-	12) er-	
TOT DAVIS AVE						cial	buildings,	homes,	etc	.)	
City (5)		County (6)	Co	unty Code (7)	Square Feet	# of Flo	ors	31dg.	. Ag	e
Harrison		Hudso		(8	TATE USE ONLY)	2900	3	_	85		
						Current Use	(Prior if b	eing d	emol:	ishe	d)
Name of Monitoring F	irm hired by	Building	ASCM No		Name of Abat	ement Contract	OF (9)				
Owner (8) N/A						MANAGEMEN'					
Street Address					Street Addre						
						stopher S	L .				
City, State, Zip Cod	е				City, State,						
						ir, NJ 070	042				
Project Manager for 1	Monitoring Fi	rm Tele	phone Num	ber	Telephone Nu			icense	NY	-h	
		N/Z	A		(973)74		ľ	003,		wer	
Scheduled Start Date			tion Date	(11)	Name of OSHA						
9/20/12 Month Day ve	CONTRACTOR CONTRACTOR	21/12			N/A						
Occupancy Status Duri	ng Abatement	(Check o	nlar one)								
[X] Facility Clos of Abatement	ed/Vacated Du	ring Enti	re Period	d	Street Addres	SS					
[]Abatement Per	formed Outsid	e of Norm	al Facili	ita							
nours - Descr	ibe: «OffHours	Descript		LCY	City, State,	Zip Code					
[]other - Descr			escript»								
Scope of Work (Check	all that appl	(Y.									
[X]>3 sf or 2	3 lf		Renovatio		[]Full []Mini-	Containment wi Enclosure	th Negative	Press	ure		
[] <u>></u> 160 sf or	: <u>></u> 260 lf	[]:	Demolitio	n	[X]Glove	ebag Procedure					
	-		Īs	T	[]NOn-E	Friable Procedu	ire	Abe			
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Material (A	(CM)	So	sed lely		Asbestos-Con Material		Amount	R	R	C	N
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			No N/A	1 "	or other misce.	Ilaneous)	*	L	R	L	R
Basement			X	pipe	s		12 lf	X		•	E
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ame of Registered Was		NJDE	P Waste		ic Yards	Name of Regi:	stered Landf	ill			
AZTECH MANAGEN	TENT, INC	170	40 No.	of T	Waste 1.5	G.R.O.W.			777.7		
ity, State	2040			Disp	posal Date	City, State					
Montclair, NJ (7042		-	9,	/22/12	Morri,svi	lle,/PA	1906	7		
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			()	ursuant	to NJAC	8:60 an	id 12:12	0)	F		, r 20	Minteres	ic seno.		PERMIT
Date of Notification (1) 9/13/12					f Building Rowar				1	1	6 5		11.77	- F	Person
Agencies Notified	Type Notification		-		Address	iu / ne	Sideric		- !!!	1	5 6		W		10
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DEP DOL	Amended				ate, Zip C				1 14	Ш	SEP	17	2012)	U
	Amendment Emergency	(including			on Heig		08035								
DOH DCA	justification) Cancellation			Chuck					i	Tel	aphphe V	umber	ROL A		
	1-			FAC	ILITY INF	ORMAT	ION		1.000		-		-		
Name of Facility Where Chuck Rowand / F		g Place (3)		8			Туре	of Facility (ATT TYPHABLES	ARREST A	and the f	the secondary	-15%
Street Address				-24					School (K-1 Subchapter	2) 8 (Oth	or than K	^ ^ 12\			era melagi
24 1st street								×	Other (i.e. p	rivate	& comme	rcial bu	ildings	, hom	ies,
City (5)	·								etc.) are Feet	#0	f Floors		Bldg.	Age	
Haddon Heights N	J 08035					11		100		2		100	35+	50	
County (6) Camden					Code (7) USE ONL	Y)		Curre	ent Use (Prid	or if bei	ng demol	ished)			
Name of Monitoring Fire	m Hired by Building	Owner (8))	ASC	И No.		2220000000		atement Con	tractor	(9)				
N/A Street Address								naco I							
Street Address								t Addre Box 3							
City, State, Zip Code									Zip Code						
Droiget Manager for Ma	-W							in NJ 080	91			110			
Project Manager for Mo	nitoring Firm			Telepho	ne No.			hone N 753-9			License 00727	No.			
Start Date (10)				mpletion	Date (11)				HA Monitor						-
9/26/12	- Ab-d	10/2/12		10				aco I							
Occupancy Status Durin	cated During Entire		11110-011	mont	¥00			Addre	F3(F3)						
Abatement Perform	ned Outside of Norn Home owner will be	nal Facility	/ Hour	'S			City, S	State, Z	ip Code						
Scope of Work (Check /							Wes	t Berl	in NJ 080	91					
Scope of Work (Crieck) ≥3 sf or ≥3 lf	чи тпат Арріу)	П.				¥	-	7 _							
≥160 sf or ≥260 lf		-	Renov Demoli	03.079203-100				Fu Mii	Il Containme ni-Enclosure	nt with	Negative	Pressu	ıre		
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		Is	Loca	tiqņ										emen	t
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Name of Registered Wa	ste Hauler			NJDEP W Hauler ID		Cubic of Was	Yards ste		Name of R		red Landi	ill			
United Containers				2459	67Km2.1	2			G.R.O.V	V.S.					
City, State Elm NJ						Dispos 10/2/	sal Date 12		City, State Morrisvil		19067				
Completed by		Title				S	ignature	;				ate			
Anthony T Perna		Presi	dent			1	L				9	/13/12	2		



Date of Notification (1) 9/13/12		,			Building Ov urtis / Re			(2)	D-	3 6		$-\mathbb{W}$	5		\prod
NATIONAL PROPERTY OF THE PROPE	Initial Amended Amendment Emergency (i		_ E	ity, State Brant B	ong Bead e, Zip Code each NJ	е		the state of the s			STOS COM				
DOH DCA	justification) Cancellation		20	lame of l						Tele	enhone Ne	mber _			_ ل
Name of Facility Where Ab John Curtis / Resider Street Address	nce	Place (3)		FACIL	ITY INFOR	RMATION	1	Sc Su	Facility (4 hool (K-12 bchapter 8 her (i.e. pr	?) B (Othe		(2)	2. 5%	home	
City (5) Brant Beach NJ 0800				20	-			Square 1000+	Feet	# of	Floors	3	ldg. A 5+		
County (6) Ocean	•			County C	ode (7) SE ONLY)	2	-	Current	Use (Prio	r if bei	ng demolis	shed)			
Name of Monitoring Firm H N/A	Hired by Building (Owner (8)		ASCM	No.			of Abate aco Inc	ment Cont	tractor	(9)				
Street Address	14					20%		Address Box 329			8			2111 200	
City, State, Zip Code								tate, Zip t Berlin	Code NJ 0809	91					
Project Manager for Monit	oring Firm		T	Telephor	e No.			none No. 753-98	00		License 00727	No.			
Start Date (10) 9/26/12		Scheduled 10/2/12	Com	pletion [Date (11)	1		of OSHA aco Inc	Monitor :						
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire	Period of Al	atem	ent			PO E	Address Box 329 State, Zip t Berlin)	91					
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enovat emoliti			2	×	Mini- Glov	Containme Enclosure ebag Prod Exempted	edure				e	
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Exterior S	iding			x		Exteri	or Si	ding		2	420 sf	х			
Name of Registered Was	te Hauler		933	JDEP W	5500	Cubic Y					ered Land	fill			
United Containers City, State			233	2459		3 Disposa		9	G.R.O.						
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EPA DEP Amended Amendment #	\	M	MAN	Aylux	WILL		TO WAR	PANCE MICHIGA	,		-	
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DCA		FA	CILITY	MICHERITA		Type of Fac	arry (vs)					H
rne of Facility Where Abatement is Taking Place (3)					☐ School	(K-12) mter 8 (Oth≎	r than K-12)**** commercial be		Sales to S	Marine.	A STATE OF THE PARTY OF THE PAR
Belmonte						D Stocker	i.e. private &	r than K-12)			Con Jam &	+
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12 Moore Place		~				Square Fee	7	2-	5	<u> </u>		4
						165	o /Prior if be	ng demolished)			į
North Arlungton		Cor	inty Code	e (7)		Corrent Of	(DE)					4
county (6)		(ST	ATE USE	ONLY)		eme of Abateme		r (9)	10.60 A			
0 4.00 010	(93		ASCM N	io.	Na	WAC COULDS	ling inc					-
Name of Monitoring Firm Hired by Building Owner	(-/	-			1							1
					S	treet Address 105 Lowell Road	i i					ᅥ
Street Address			200		L-							
City, State, Zip Code		-			10	Ry, State, Zip Colen Rock, NJ	7452					,
City, State, 26 Cook								License No) ,			
Project Manager for Monitoring Firm			Teispho	me No.	17	Telephone No. 201-262-5841		00158				-04600
					-1.		Monitor					
500 000 000	heduled	Comp	aletion D	ate (11)	1.	Vame of USTAN Omega Envir	onmental Se	rvices Inc.				
Start Date (10) 9-10-12 30		7	11.	11	-	Street Address	www					
Occupancy Status During Abatement (Check C	inly One	•)				280 Huver Str	set				_	
Occupancy Status During Abatement Coreca Core Facility Closed/Vacated During Entire Period Facility Closed Facil	od of Alb	iatema Inurs	ni.			City State ZD	Code					
Abatement Performed Outside of Normal F Other - Describe:	eromity vi				- 1	Hackensack, I	43 01 000				—	
Scope of Work (Check All That Apply)								_				
Programme and the second secon	TE RE	novati	ממ			☐ Full C	ontainment v	vilh Negative P	ressure			
15 ≥3 \$f or ≥3 # ☐ ≥160 \$f or ≥250 #	C De	molitic	t)			Mini-E	bag Procedu	ire	to Deser	arle (BO		
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TO BE ABATED In Facility	Cus	todial 9 (12)	staff?		surfac	ring. VAT, or riscellaneous)		SF or LF)	Remova	Repair	TI I	BINGCIOU:
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Rovie Transport			20785		B: /	er Berte	City, State,	***************************************	ui Copi			
City, State, Zip Code Riverdale, NJ 07457	(9//	al Cate	Bethlehem	PA 18015		,		
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Oate of Noulication (1)			U/101	nl 10 /	AIYC	1:60 and 11:114	".	EGEI	VED
9./	13/12		100			Owner/Operator	21CHOD)	Control of the last of the las	
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 \mathcal{F}_{i} Print Form State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 1 7 2012 SEP The Okonite Company 8/24/12 Street Address Agencies Notified Type Notification 959 Market street ASBESTOS CONTROL & Initial EPA LICENSING City, State, Zip Code XX DEP Amended Paterson, NJ 07513 Amendment # DOL Emergency (including × Name of Contact Telephone Number iustification) DOH William Maki DCA Cancellation X **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) The Okonite Company School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 959 Market street etc.) Bldg. Age # of Floors Square Feet City (5) 36000sf 52yr Paterson, NJ 07513 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Manufactory Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) DYV Enterprises LLC Sky Environmental Services Street Address Street Address 254 Cumberland Ave 140 Boulevard City, State, Zip Code City, State, Zip Code Paterson, NJ 07502 Mountain Lakes Telephone No. License No. Telephone No. Project Manager for Monitoring Firm 01129 201-3041815 973-7696946 Leonid Shereshvsky Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 8/30/12 8/27/12 Street Address 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 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation × ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Enclosure (Specify Removal Maintenance/ (i.e. thermal systems insulation, Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 45sf × Thermal systems insulation Mechanical Room Boiler/Door X

NJDEP Waste

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Name of Registered Waste Hauler

DYV Enterprises LLC

Title

Owner

City, State

Name of Registered Landfill

Kearny ,NJ 07032

Clean Earth of North Jersey

Do not use this form for asbestos licensure exempted activities.

Date

8/24/12

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) MR. LIAO 12 Type Notification Agency Notified 590 TAYLOR & thitial ASBESTOS CONTROL & O EPA City, State, Zip Code D DEP □ Amended 64 QICENSING . ORAGEU Amendment # ☐ Emergency (including Telephone Number Name of Contact justification) E DOH MR. LIAO D DCA □ Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) HR. LIAO. School (K-12)
Subchapter 8 (Other than K-12) Street Address 2 Other (i.e. private & commercial buildings, homes, etc.) Bidg. Age Square Feet # of Floors City (5) . . 60TRS 2500 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) DESIDENCE ONLY) Name of Abatement Contractor (9) ASCM No. Best Removal Inc Street Address Street Address 450 S.River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00388 201-329-7444 Name of OSHA Monitor Start Date (19) Scheduled Completion Date (11) Omega Environmental Inc 9/26/12 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours South Hackensack, N.J. 07606 Pother-Describe: / MM TO JPM Scope of Work (Check all that apply) 2 Full Containment with Negative Pressure **E**Renovation ☐ Mini-Enclosure Q≥3sfor≥3lf □ Demolition ☐ Glovebag Procedure 2 ≥ 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Encapsulate Asbestos Containing Material (ACM) Amount Enclosure Containing Material (ACM) Maintenance/ Removal Repair (i.e., thermal systems insulation, (Specify TO BE ABATED Custodial surfacing, VAT, or SF or LF) IN Facility Staff2_ other miscellaneous) (13)(12)No NVA 480 SFX JAT 24SELENT Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of ID No. Best Removal Inc Minerva Enterprises 17109 2/20 City, State Disposal Date City, State Waynesburg , Oh Hackensack, N.J. 07601 9/27/12 Signature Completed by 9/12/12 Estimator برهبره... J. Maiorano

* Do not use this form for asbestos licensure exempted activities

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State of New Jersey

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Fax: Sep 11 2012 11:51am P001/001 APPROVED N. Degt. of Health & Senior Services State of New Jersey (signature) NOTIFICATION OF ASSESTOS ABATEMENT Time: 160 (Pursuant to NJAC 8:60 and 12月空町 Date of Notification (1) Name of Building Owner/Operator (2) Un 09/11/12 Ck#: 2254 \$200 Teaneck Board of Education Type Notification Agencies Notified Street Address 1315 Taft Road CEP 7 EPA Initial City, State, Zip Code DEP Amended X DOL Amendment # Teaneck, New Jersey 07666 Emergency (Including X Name of Contact Felephone Number justification) DOH Anthony D'Angelo DCA Cancellation FACILITY INFORMATION Name of Facility Where Abstement is Taking Place (3) Type of Facility (4) Lowell Elementary School School (K-12) Street Address Subchapter 8 (Other than K-12) Other (I.e. private & commercial buildings, homes, 1025 Lincoln Place etc.) City (5) Square Feet # of Floors Bldg. Age Teaneck, New Jersey 07666 20,000 2 55+ County Code (7) (STATE USE ONLY) County (8) Current Use (Prior if being demolished) Bergen Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abstement Contractor (9) Environmental Design Inc. Lilich Corporation Street Address Street Address 5434 King Avenue, Suite 101 606 McBride Avenue City, State, Zip Code City, State, Zip Code Pennsauken, New Jersey 08109 Woodland Park, New Jersey 07424 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 856-616-9516 973-225-8400 01104 Tom Pruno Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09/14/12 09/16/12 J&S Environmental Labs Occupancy Status During Abatement (Check Only One) Street Address 2333 Route 22 West Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 4:30pm Start Union, New Jersey 07083 Scope of Work (Check All That Apply) Full Containment with Negative Pressure HES TO RE Renovation 23 Demolition ≥160 sf or ≥260 lf Mini-Enclosure × Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12) . (13)other miscellaneous) Yes No N/A Attic X Duct insulation 200 SF NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste G.R.O.W.S Landfill Lilich Corporation 18724 City, State Disposal Date 09/18/12 Morrisville, Pennsylvania Woodland Park, New Jersey 07424

Date

09/11/12

Signature

Completed by

Tatiana Kalenikova

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Vice President

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Date of Notification (1)			e of Building (NEG	EI	W	5 [7
09/11/12 Ck#:2257 \$200 Agencies Notified Type Notification			gen County	Departi	nent of	Parks	1		U	-	+++
☐ EPA ☑ Initial		0.000	e Bergen C	ounty Pla	aza	September 1		1 7	2012		
DEP Amended DOL Amendment			State, Zip Co kensack, N		ey 0760	01	U OLI	1/	LUIZ		2
□ Emergency (in justification) □ DCA □ Cancellation	ncluding		e of Contact n Koenig				Telephone	Number	ROL &		
Name of Facility Where Abatement is Taking	Place (3)	F	ACILITY INFO	RMATION		pe of Facility (4	4)				
Breslin Field	. 1000 (0)					School (K-1)	E2				•
Street Address 15 Page Avenue		11			×		8 (Other than rivate & comm		uildings	, hom	es,
City (5) Lyndhurst, New Jersey 07071					2000	uare Feet 0,000	# of Floors 2		Bldg. 55+	Age	
County (6) Bergen	7.		nty Code (7) TE USE ONLY)			rrent Use (Prid eld House	or if being dem	olished)			
Name of Monitoring Firm Hired by Building C Detail Associates	wner (8)	AS	SCM No.			batement Con orporation	tractor (9)		H.		540
Street Address 300 Grand Avenue				0 38	Street Add 606 McI	Iress Bride Avenu	ie				
City, State, Zip Code Englewood, New Jersey 07631						, Zip Code nd Park, Ne	w Jersey 0	7424			
Project Manager for Monitoring Firm Stephen Jaraczewski	7010=	0.00000	ohone No. -569-6708		elephone		Licens 0110				
Start Date (10)	Scheduled 0 09/26/12	Completi	on Date (11)			SHA Monitor vironmental	Labs				
Occupancy Status During Abatement (Check	Only One)			1 0	Street Add				74		
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: 8am 4pm	eriod of Aba al Facility Ho	tement ours		C	City, State	ute 22 Wes					
Scope of Work (Check All That Apply)					Union, I	New Jersey	07083				
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Location of	Non	mally Solely by			iption of	20 20 20 20		-	T	уре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mainte Custod	enance/ ial Staff?	Asbest	thermal sy	stems ins g, VAT, o	r	Amount (Specify SF or LF)	Kemoval	Repair	Encapsulate	Enclosure
		No N/	'A							in in	(57.6 (1.7)
Field house building Exterior	'	×		Roof S	Shingles	·	400 SF	X	-	-	
Name of Registered Waste Hauler		NJDEF	P Waste	Cubic Ya	ırds	Name of F	Registered Lar	ndfill			
Lilich Corporation			ID No.	of Waste			V.S Landfill				
City, State Woodland Park, New Jersey 07424				Disposal 09/28/1		City, State Morrisvi	ille, Pennsy	lvania			
Completed by Tatiana Kaleniková	Title Vice Pro	esident		Sign	nature	ra Kal	7 les	Date 09/11	/12		

NOTIFICATION OF ASBESTOS ABATEMENT Check# 1475 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 09 12 / 12 Rosemary Agrista Agencies Notified Type Notification Street Address ☐ EPA X Initial 205 Longview Terrace **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Gillette, NJ 07933 □ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact ASULTelephone Number Cancellation Rosemary Agrista FACILITY INFORMATION , Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, 205 Longview Terrace homes, etc.) City (5) Square Feet # of Floors Bldg. Age Gillette, NJ 07933 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 09 / 22 / 12 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___AM-__PM/ PM__ AM Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation Mini-Enclosure ≥ 160 sf or >260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Remova Repair Encapsulate Enclosure A.mount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement Pipe insulation X 135 LF Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 **TBD** T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA-Completed By (Print or Type) Title Signatu N.Jevtic Owner 09/12/2012 ASB-41

State of New Jersey

MAY 11

Date of Notification (1)			Name of Building Owner/Operator (2) Paragano Enterprises												
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Agencies Notified	Type Notification				Address Allen R	heor		IIn				euskaan Ž			
₩ EPA	☐K Initial		-		ate, Zip Code				11 3		200		11	Ш.	
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DOH DCA -	justification) □ Cancellation				ry Parag	rano		i	AGE	ichilone M	muder			Ì	
BOA -	- Caricellation				ILITY INFOR						-			_	
Name of Facility Where	Abatement is Takir	g Place (3)		1,70	ILIT IN OK	NIA II	OIL	Type of Facilit	y (4)	1000 CA 250 A	· · · · · · · · · · · · · · · · · · ·		-		
Office Buildin	ıg							☐ School (F	(-12)						
Street Address								☐ Subchap	ter 8 (Oth	ner than K-1					
250 James Stre	et							XO Other (i.e etc.)	. private	& commerc	ial bui	ldings	, hom	es,	
City (5)								Square Feet	# (of Floors	1	3ldg. /	Age		
Morrisville, N	IJ							105,000		2		30	yrs	•	
County (6)	-				Code (7)			Current Use (F							
Morris		V			USE ONLY) _		-	office b							
Name of Monitoring Firm		Owner (8)		ASC	M No.		11	of Abatement C							
EHS Environmen	tal, Inc.							mouth Env	rironn	ental	Co.,	Inc	•		
Street Address	Court Cuit	- F						Address							
411 Southgate	Court, Sur	ег						Haws Ave	enue						
City, State, Zip Code Mickleton, NJ	08056						927.0	tate, Zip Code	2000	000000000000000000000000000000000000000					
Project Manager for Mon				T.L.sh.				ristown,	PA 19						
Jack Carney	itoring Firm		- 1	Telepho	ne No. 24-0080			one No.		License 1					
Start Date (10)				Date (11)			0-239-9920 of OSHA Monito	3-1-1-2000000	003	98					
9-25-12		10-12-			Date (11)			mouth Env		ontal (TO T	nc			
Occupancy Status During	Abatement (Chec							Address	TIOIR	ericar (nc.			
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☐ Other – Describe: _						.		ristown,	PA 19	401					
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□ ≥3 sf or ≥3 lf	60 84.05.0 5 96	□ Re	nova	tion			П	Full Contain	ment with	Negative I	Draceii	ra			
≥160 sf or ≥260 lf				ration □ Full Containment with Negative Pressure lition □ Mini-Enclosure											
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Name of Registered Wast	NJDEP Waste Cubic Yards Name of Registered Landfill								\vdash						
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City, State Newark, NJ			A		al Date	City, Sta									
Completed by	-				Bet	nleher	n, PA	ito							
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Timothy E. Bry	-Pr	eside	nt /			~ 1/1	1		12-1						

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

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Date of Notification (1) 9–12–12				Name o	of Building	Owner	Operato		System	京島		E		1	4	
Agencies Notified EPA	Type Notification			Street A	Address Old H	ook I				1	7 20	12				
□ DEP ☑ DOL	Amended Amendment				ate, Zip C wood,		07675	2 n	U) U	L	1	****	-			
DOH DCA	☐ Emergency (i justification)☐ Cancellation	nciuaing			of Contact Hild			1	AS	ES ntel	ephone	Nyn	ber	,		
				FAC	ILITY INF	ORMA	TION					45. 75.	to.			
Name of Facility Where A Pascack Valley		Place ((3)					1	of Facility School (K						•	
Street Address 250 Old Hook R	oad							X	Subchapte Other (i.e. etc.)					dings	, hom	ies,
City (5) Westwood								13000000	are Feet	# 01	f Floors		E	Sldg.	Age yrs	
County (6)					Code (7)	7)			ent Use (P	rior if bei		olish	ed)	-00.	y L D	•
Bergen Name of Monitoring Firm	Hired by Building C	wner (8		ASC			Name	of Aba	atement Co	ontractor	(9)					
Pennoni Associ			<u>.</u>				Ply	mout	h Envi			Co	.,]	inc.		
Street Address 515 Grove Stre	et							Addre Haw	ss s Aven	iue						
City, State, Zip Code Haddon Heights	, NJ 08035						100000000000000000000000000000000000000		ip Code	7 104	01					
Project Manager for Moni	Š			Telepho	ne No			hone N	own, P	A 194	Licens	e No				
Alan Lloyd	3		1.0		547-050	05	100000000000000000000000000000000000000		-9920			039				
Start Date (10)				pletion	Date (11)			100 E 12	HA Monitor		1000 W000				10000	
9–26–12	Ab atamant (Ob a di	9-28							h Envi	ronme	ntal	Co	.,]	nc.		
Occupancy Status During								Addres	ss s Aven	116						
☐ Facility Closed/Vaca ☑ Abatement Performe ☐ Other – Describe:							City, S	state, Z	ip Code							
Scope of Work (Check All	That Apply)				Norristown, PA 19401						- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		-			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		**************************************	Renovat Demoliti					Mir Glo	ll Containm ni-Enclosur ovebag Pro n-Exempte	re ocedure					e	
		3000	Location												ement pe	
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1st floor	х		1100	r cr.	le & n	llast.	TG	20		-	Х					
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Name of Registered Wast	NJDEP Waste Cubic Yards Name of Registered Landfill															
Newark Carting		auler ID 509	No.	of Wa	ste 1		IESI									
City, State Newark, NJ						3.9	sal Date		City, Stat	te Lehem	, PA					
Completed by		Title					Signature					Date	e			
James M. Kelly	1	ect Manager 9-12-1						12	2							

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) J95 REALTY ASSOCIAT 12/12 Type Notification Street Address Agency Notified 847 BERKLEY ST E EPA **Initial** City, State, Zip Code 076 4 BESTOS CONTROL & ☐ Amended O DEP Amendment # Z DOL NEW MILFORD, NJ. LICENSING ☐ Emergency (including Telephone Number Name of Contact DOH DOH iustification) ☐ Cancellation DOCA MS. NANCY BATES FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) MAYBROOK GARDENS ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 156 HAYBROOK AUT Square Feet # of Floors Bldg. Age City (5) . 63 YEAR 5200 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY LPTS. BERGEN RESIDON CE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Best Removal Inc Street Address Street Address 450 S.River St City, State, Zip Code City, State, Zip Code Hackensack, N.J. 07601 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00388 201-329-7444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Omega Environmental Inc 10/3/12 9/27/12 Street Address Occupancy Status During Abatement (Check only one) 280 Huyler St ☐ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: 74 ← 70 5 € M South Hackensack, N.J. 07606 Scope of Work (Check all that apply) Full Containment with Negative Pressure Renovation ☐ Mini-Enclosure **□ ≥3 sf or ≥ 3 lf** ☐ Demolition ☐ Glovebag Procedure 2 160 sf or ≥ 260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Enclosure Encapsulate Asbestos Containing Material (ACM) Amount Containing Material (ACM) Maintenance/ Remova (Specify (i.e., thermal systems insulation, TO BE ABATED Curstodial surfacing, VAT, or SF or LF) IN Facility Staff? other miscellaneous) (13)(12) Yes No N/A SOLF THERMAL INSULATION BOILER ROOM 310 SF THERMAL SURFACING BOILER ROOM Name of Registered Landfill Cubic Yards of Name of Registered Waste Hauter NJDEP Waste Hauler Waste ID No. Best Removal Inc Minerva Enterprises 17109 1004 City, State Disposal Date City, State Waynesburg , Oh 10/3/12 Hackensack, N.J. 07601 Completed by Title Signature 9/12/12 عسميمان Estimator J. Maiorano

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

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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Date of Notification (1) 09/11/2012		Name of Building Owner/Operator (2) ADITHYA REDDY															
Agencies Notified	Type Notification		-	Street A			EET		7)			0					
EPA DEP DOL	Initial Amended Amendment		1	City, Sta	ate, Zip Coo	de		7	<u>Lij</u>	SEP_	1 7 201	2	eser)				
DOH DCA	justification) Cancellation				f Contact FOSTER				A	SILTER	enhone Nun	nber		J			
	L	· · · · · · · · · · · · · · · · · · ·		FACI	LITY INFO	RMATIC	NC			San Strain	West-Edward						
Name of Facility Where COMMERCIAL BU		g Place (3)							Facility (
Street Address 200 WEST 3RD ST	TREET							St X O	ubchapter	8 (Othe	er than K-12 k commerci	2) al build	lings,	home	es,		
City (5) MOORESTOWN	***************************************							Square 3800		# of	Floors	3 3	ldg. A 9	ge			
County (6) BURLINGTON	***************************************				Code (7) USE ONLY)				Use (Prio		ng demolish	ied)					
Name of Monitoring Firm		Owner (8)		ASCN	/I No.	T		of Abate	ment Con	tractor	(9) NTAL SE	DVI)EQ	INIC			
STRATEGIC ENVI	RONMENTAL			L			Street	Address			INTAL SE	KVIC	,E3	IINO.			
1634 S DELAWAR City, State, Zip Code	E STREET							CLEMS State, Zip									
PAULSBORO, NJ							MUL	LICA F	IILL, NJ	0806							
Project Manager for Mon	nitoring Firm			Telepho 856-42	ne No. 23-5711			hone No. 304-46			License N 01145	0.					
Start Date (10) 09/17/2012		d Com 012	pletion	Date (11)		Name EMS	Margarana Halik	Monitor									
Occupancy Status Durin			1938 Walter Town					Address RT. 130	NORT	Ή							
Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A nal Facility	batem Hours	ent		_	City, S	State, Zip Code NAMINSON, NJ 08077									
Scope of Work (Check A																	
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	477)			ovation olition Full Containment with Negative Pr Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable													
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		Yes	No	N/A	OUEET		< 18// I	OINT	OMB	27	00 SF			œ.			
UNIT				X	SHEET				JOINIP.			X		-	_		
UNIT		4-4		X		FL00		E-NF ORING			0 SF 5 SF	X	_		-		
UNIT		+									2 SF	X		-	-		
UNIT	LN	JDEP V	Vanta	FLOO Cubic		E-NF	Name of		z SF ered Landfill		L		<u></u>				
Name of Registered Wa NETS		auler ID		of Was					STE IMPE		LAN	NDF	ILL				
City, State HAZLETON, PA			Disposar Date City, State 10/02/2012 IMPERIAL, PA														
Completed by RON SWANSON	IECT	COO	RDINATO		ignatur }	ch	bh	44	V// 1	ite 9/11/2	2012						
ASB-41 (R-06-08)					Do n	ot use th	is form for	asbest	tos licensur	e exen	npted	activi	ties.				

Print Form

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MEMBER - MAIL IN HARD	COPY	NOTE	FICATIO	tete of New M OF ASE	ESTOS ABATE	EMENT	DOL-	- 1 <u> UA</u>	1 63	[2	f)	
Date of Notification (1)			n mi deficiti	a an earlieft (0.09 and 12:12	נטו				3 7773		VI
09/11/2012				of Building (HYA REL	Owner/Operato	r (2)	0.75	1 1 2012				
Agencies Notified Type Notifi	ication		Street	Address	1		- 1	twill	- GF	p.)	7	7/1
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DOL Amer	rdment #			ate, Zip Co	de VN, NJ 0805	7			T ZA	2-12- 5108	740	
Z COH justific	gency (includin cation)	g	Name o	of Contact	Shiran			Telenhone N	************	1100		ŵ
☐ DCA ☐ Cano	ellation			FOSTER						37.7	12.5E	naráte
Name of Facility Where Abatement is	Taking Place	(3)	FAC	ILITY INFO	ROMATION	Туре	of Facility ((4)				-
COMMERCIAL BUILDING Street Address							School (K-1		·m			
200 WEST 3RD STREET						一页	Other (i.e. p	8 (Other than K- Invate & commen		dings	, hom	123 ,
City (5) MOORESTOWN			Y				etc.) re Feet	# of Floors	100	Bidg /	\ge	
County (6)				Code (7)		Curre	ent Use (Pric	or if being demoli) d		
BURLINGTON Name of Monitoring Firm Hired by Bu	uldiera Ourone (S			M No.			ITIST OF					
STRATEGIC ENVIRONMENT	FAL CWIEF (1)	ASC	M NO.			DENVIRO	DNMENTAL S	ERVI	CES	INC	·_
Street Address 1634 S DELAWARE STREET	<u></u> -					Addre	IS RUN			-		-
City, State, Zip Code							ip Code					
PAULSBORO, NJ 08066							HILL, NJ	08062				
Project Manager for Monitoring Firm ED KEEGAN			Telepho	ne No. 23-5711	•	none N 304-4		01145	No.			
Start Date (10)			mpletion	Date (11)			A Monitor					
09/17/2012 Ecupancy Status During Abatement	09/30/				EMS							
Facility Glosed/Vacated During E			todani			Addres	88 30 NORT	Ή				
Abatement Performed Outside o Other – Describe:	f Normal Facilit	y Hour	2				ip Code NSON, N.	J 08077				4 4 - 4
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 if ≥160 sf or ≥280 if	-	Renova Demoii	2000			Mir	ni-Enclosure rvebag Proc	zedure				
		s Local	ina	Γ		I NO	n-Exernipued	i (*) and Non-Fria	I PIO		ement	t t
Location of		Norma ed Sole	lly		Description					T)	pe	1
Asbestos-Containing Material (AC TO BE ABATED	M	aintena stodial	ince/		os Containing it hormal system	sinsula		Amount (Specify	4	R	Ence	
In Facility (13)	00	(12)	Contraction of		surfacing, VA other miscellar		1	SF or (F)	Remova	Repair	Encapsulate	
	Yes	No	N/A	1			1				ie	
UNITC			X	SHEET	ROCK W/J	TAIC	COMP.	2700 SF	Х			-
UNITC			X		FLOOR TIL	E-NF		50 SF	X			
UNITB			X	S	HEET FLOO	ORING	3 [25 SF	X			-
UNIT A		X	1	FLOOR TIL	E-NF		72 SF	x x	<u> </u>	L	_	
A			ANDER A	No.	Cubic Yards of Waste			Registered Landfi WASTE IMP		LA	VDFI	ILI
1990 (1990 - 1990 - 1990 (1990 - 1990) 1990 (1990) 1990 (1990) 1990 (1990) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					7 Disposal Date		City, State					
IETS					10/06/2012 IMPERIAL, PA							
NETS City, State HAZLETON, PA				i			IMHERI					
Name of Registered Waste Hauler NETS City, State HAZLETON, PA Completed by RON SWANSON	Title	MECI	r cooi	RDINATO	Signature		IMPERI	15 . 20 10	ate 9/11/2	2012		

	e of Notification (1) /11/12			Building				F	C		W E			١	ر <u>ر.</u> د د					
×	EPA DEP	Typ	Initial Amended	ш		City, Sta	ith Streete, Zip Co	de				SEP		2012	The same of the sa					
×	DOL DOH DCA		Amendment Emergency justification) Cancellation	(including	_	Name of	k, NJ 07 Contact am Cha		1.2.		 L	AS Tel	ephone N	√umber						
	BOA		- Carroonation			FACI	LITY INFO	ORMATI	ON		-							_		
Pri	ne of Facility Where vate Residence et Address	Abate	ment is Takin	g Place (3)					Тур	e of Facility (School (K-1 Subchapter	2)	er than K	-12)				3.2. ··		
21	2 Jacoby Street									×	Other (i.e. p			rcial bu				s,		
City Ma	(5) aplewood										are Feet 00+	2	f Floors		50+	. Age				
	unty (6) SeX						Code (7) USE ONLY			Cur	rent Use (Pri	or if bei	ng demo	lished)						
Nan	me of Monitoring Firm	n Hire	d by Building	Owner (8)		ASCM	1 No.		Pyra	mid	oatement Cor Contractin									
Stre	eet Address								Street 163		ess geant Aver	iue								
City	, State, Zip Code		30.						100000000000000000000000000000000000000		Zip Code IJ 07013									
Proj	ject Manager for Mor	nitorin	g Firm			Telepho	ne No.		Teleph 973-		No. -6281		License 01099							
Start Date (10) Scheduled 09/21/12 09/21/12						pletion (Date (11)				SHA Monitor ironmental	Labo	ratories	LLC						
Occ	cupancy Status Durin	g Aba	tement (Ched	k Only On	e)		***************************************		Street											
×	Facility Closed/Vac Abatement Perform Other – Describe:	ned O	Ouring Entire utside of Norr	Period of A	batem	ent			City, S	state,	ute 22 We Zip Code J 07081	st	t							
Sco	ppe of Work (Check A		at Apply)						OHIO	11, IN	07001									
×	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			-	denova Demolit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
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	Asbestos-Containing TO BE AB In Faci (13)	Mate SATED SIIITY		Ma	d Sole intenar todial S (12)	nce/		thermal surface		s insu T, or		(5	mount Specify F or LF)	Removal	Zaba	Licabaniare	Engana data	Endosure		
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	Dasell	ioiil		+				i ihe	mould	LIUI I						+	-			
	19.0																			
Name of Registered Waste Hauler Pyramid Contracting Corp.					Н	JDEP W auler ID 2613		Cubic of Was			Name of G.R.O.			ifill						
City, State Clifton, New Jersey							Disposal Date City, State							-						
Completed by Title								09/21/12 Morrisville, Bennsylvania Date						-						
Dimo Golcev General I					eral M	anger		09/11/12												
ASB-41 (R-06-08)								(Do no	ot use	this form for	asbes	tos licens	ure exe	empte	ed act	iviti	es.		

2 10 -

Date of Notice 9/11/12 Name of Building Owner / Operator (2) Type Notification Maryann Amasio Agencies Notified Street Address SEP 17 X **EPA Emergency Notification** 21 National Ave X DEP Initial Notification City, State & Zip Code X DOL Amended Notification Brick, NJ 08724 ASBESTOS CONTROL & X DOH Cancellation LICENSINCITelephone Number Name of Contact DCA Maryann Amasio **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) 110 School Lane X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2000 60 Trenton Mercer Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/22/12 9/22/12 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Clean up Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED Maintenance or (i.e., thermal systems or Enclosure) in Facility Custodial Staff? insulation, surfacing, VAT Linear Feet) (13)(12)or other miscellaneous) **Basement** N/A TSI Pipe 45 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 **TRRF** City. State Disposal Date City, State Freehold, NJ 9/22/12 Tullytown, Pa Completed By (Print or Type) Title Signature Date Dominick Tringali Pres. Dominick Tringali 9/11/12

ASB-41 JUN 95 G4667

State of New Jersey

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

Date of Notice 9/7/12

Name of Building Owner / Operator (2) Type Notification Melissa Torres Agencies Notified Street Address **EPA Emergency Notification** X 49 W. Amherst St X DEP Initial Notification City, State & Zip Code SFP 1 7 2012 X DOL Amended Notification East Brunswick, NJ 08816 X DOH Cancellation Name of Contact Telephone Number DCA **Melissa Torres** ASSESTOS CONTRA FACILITY INFORMATION LICENSING Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Residence School (K-12) Subchapter 8 (Other than K-12) 49 W. Amherst St. X Other (i.e., private & commercial buildings, homes, etc. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 2000 60 East Brunswick Middlesex Current Use (Prior if being demolished) Residential Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Tactics, Inc. Global Abatement Services, LLC Street Address Street Address 64 Broad Street 443 Schoolhouse Road City, State & Zip Code City, State & Zip Code Matawan, NJ 07747 Monroe Township, NJ 08831 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Tom Geiger 732-290-2217 732-605-9062 00714 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 9/17/12 9/18/12 Global Abatement Services, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 443 Schoolhouse Road Abatement Performed Outside of Normal Facility Hours -City, State & Zip Code Describe: Area Isolated During Abatement Monroe Township, NJ 08831 Other - Describe: Scope of Work (Check all that apply) Demolition X Renovation Full Containment with Negative Pressure Large Project Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM X Glovebag Procedure Quantity is ≥ 160 SF or ≥ 260 LF ACM Other: Clean up Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify (Specify: Removal, Material (ACM) Solely by Material (ACM) Square Feet Repair, Encapsulation TO BE ABATED Maintenance or (i.e., thermal systems or Enclosure) or in Facility Custodial Staff? insulation, surfacing, VAT Linear Feet) (13)or other miscellaneous) (12)Basement N/A TSI Pipe 50 LF Removal Name of Registered Waste Hauler NJDEP Waste Hauler ID # Cu. Yds. of Waste Name of Registered Landfill Freehold Cartage 18693 5 TRRF Disposal Date City, State City, State Freehold, NJ 9/18/12 Tullytown, Pa Completed By (Print or Type) Title Signature Date Dominick Tringali Pres. 9/7/12 Dominick Tringali ASB-41 JUN 95 G4667

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**		(11)	irsuant i	O NJAC 8	s:60 and	. 12:120	")		E P		1 1/1	G	5	1		
Date of Notification (1)			Name of P.S.E.	Building (Owner/O	perator	(2)	1Kr	5 6	5 1	W	5				
Agencies Notified Type Notification		100	Street Ad 4000 H	ddress ladley R	Road			JU W	SE	P 17	2012		U			
EPA Initial Amended Amendment #_ Emergency (inc			South I	te, Zip Co Plainfiel		7080			ASBE	STOS CO	NTROL &	,	1			
X DOH justification)			Name of Isabel	Contact Goncaly	es Ro	onev		<u></u>	Tele	e b hormson	Mighber			J		
DCA Cancellation	20-11-E1106-0			LITY INFO					1 - 250-00	Water Contract of	~~~	THE MANY ST	-	7		
Name of Facility Where Abatement is Taking F P.S.E & G - W. Orange Switching St)						of Facility (School (K-1	0.000					No. of Street		
Street Address 341 Mt. Pleasant Ave.							×	Subchapter Other (i.e. p etc.).				ldings	, home	es,		
City (5) West Orange		-					Squar N/A	re Feet	# of N/A	Floors	1 1 3 3	3ldg. V/A	Age			
County (6) Essex	W-10-10-10-10-10-10-10-10-10-10-10-10-10-		County C	Code (7) ISE ONLY)		_		nt Use (Prio		ng demol	ished)	ned)				
Name of Monitoring Firm Hired by Building Ow ENVIRONMENTAL TACTICS	ner (8)		ASCM 0045					tement Cor SYSTEMS			CA IN	Э.				
Street Address 64 BROAD STREET			1				Addres	s EHEAD /	AVE.							
City, State, Zip Code MATAWAN, NJ 07747		4						ip Code IVER, NJ	0888	2						
Project Manager for Monitoring Firm TOM GEIGER			Telephor	ne No. 0-2217			none N 432-8			License 01111						
The state of the s	Schedule Q /	4	pletion I	Date (11)				HA Monitor	S OF	AMERI	CA IN	 C.				
Occupancy Status During Abatement (Check	Only Or		10		-		Addres									
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A	Abaten Hours	nent i					EHEAD /								
Other – Describe:						SOUTH RIVER, NJ 08882										
Scope of Work (Check All That Apply)	[Secil					г	٦ _				_					
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		Renova Demolit				Þ	Mir	Il Containm ni-Enclosur ovebag Pro	е	Negativ	e Press	ure				
						5		n-Exempte		d Non-Fr	iable Pr					
		Locati											temen ype	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	ed Sole intena todial ((12)	ly by nce/		tos Cont thermal surfa		Materia s insula NT, or	ation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A										e e			
OUTSIDE DUCT BANKS & STORM	OUTSIDE DUCT BANKS & STORM							ES	8	70 LF	Х					
DRAINS									000200000000000000000000000000000000000							
					yese e											
Name of Registered Waste Hauler WASTE MANAGEMENT		H	JDEP W lauler ID 125		Cubic Yards Name of Registered Landfill GROWS NORTH					14						
City, State ELIZABETH, NJ						sal Date		City, Stat MORR		.E, PA		-				
Completed by CAROL RAIMO	ICE N	MGR. Signature Pains Pate 9/11/12														

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

Date of Notification (1) 8/20/2012			Name P.S.	of Buildir E. & G	ng Owi	ner/Operato	or (2)	(D)_E	G. [\mathbb{V}	E	n	7 y	
Agencies Notified Type Notification I per I nitial Amended Amendment		22	4000 City, 5	Address Hadley State, Zip	Roa Code	nd NJ 07080			SEP	17	2012	!	U		
DOH justification) Cancellation	(includin	g	Name Isabe	of Contac	ct alves	Rooney		<u> </u>	ASTERIAN	one Nu	mbel			+	
Name of Facility Where Abatement is Takin P.S.E & G - W. Orange Switching Street Address	g Place Station	(3)	FA	CILITY IN	FORM	IATION		of Facility (4 School (K-1) Subchapter	2)			keessi issuu		rai	
341 Mt. Pleasant Ave. City (5) West Orange							X (Other (i.e. p etc.) e Feet	# of Flo	mmerc	ial bu	ilding: Bldg. N/A		nes,	
County (6) Essex			County (STATE	Code (7)	n _		Curre	nt Use (Prio	r if being o	lemolis		IN/A			
Name of Monitoring Firm Hired by Building (ENVIRONMENTAL TACTICS	Owner (8	3)	ASC 004	M No. 5		Name UNIO	of Abat QUE S	ement Cont	ractor (9) OF AM	ERIC	A IN	 С.			
Street Address 64 BROAD STREET City, State, Zip Code						396 \		EHEAD A	VE.						
MATAWAN, NJ 07747 Project Manager for Monitoring Firm						SOU		VER, NJ	08882						
TOM GEIGER	lod Ca	732-2	one No. 90-2217		732-4	one No 432-83	350		ense N	0.					
9/4/12 Occupancy Status During Abatement (Check	9/4/12 9/19/12							A Monitor YSTEMS	OF AM	ERICA	A INC	Ċ.			
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	erind of	Ahata	ment rs			396 V City, St	tate, Zip	HEAD A	O AVE. NJ 08882						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Carrente	Renov	1000			×	Full (Mini- Glov	Containment Enclosure ebag Proce	t with Neg		Pressure				
Location of	1	Locat	lly		ı	Description				.,,,,,,,,		Abate		I	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	d Sole intena todial (12)	nce/ Staff?	Asbes (i.e.	tos Co therm sur	ontaining Ma nal systems facing, VAT r miscellane	aterial (/ insulati , or	ACM) on,	Amour (Specif SF or L	y	Removal	Repair	Encapsulate	Enclosure	
OUTSIDE DUCT BANKS & STORM	Yes	No X	N/A	AC	'NA TI								ate	re	
DRAINS			AC	NI II	VANSITE	PIPE	5	870 LI		Х		-			
Name of Registered Waste Hauler VASTE MANAGEMENT	JDEP W auler ID 125		of W	c Yards aste X 150		Name of Re		andfill							
City, State LIZABETH, NJ				osal Date /2012		City, State	/ILLE, P.	Α				\exists			
Completed by CAROL RAIMO	GR.		Signature Date 8/20/2012												

Noch

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

Date of No	otification (Name of Building Owner / Operator (2) Atlantic City Associates, LLC c/o Tanger Outlets												
l —— /	/16	/12				Street Address												
Agencies	Notified /	Type of No	otifica	tion			ntic Avenue				43			- 11				
∠ ✓	EPA		Initia				e, Zip Code			SE	0 1	7	11:1	-	111			
	DEP		Ame			Atlantic Ci			JUL	ULI	1	1	1112	1L				
V	DOH	0.000		ndment		Name of 0	Contact			Telenhor	ne Nu	ımber	9	\neg				
	DOL			rgency cellation	w/ justification า	Robert He	ennessy		Î	33ك.،،	TICEN STUSY	CONTR	OL &					
			014.05-2			FACILITY IN	FORMATIO	N	Service of Street, or other Desired					-				
Name of I	Cacility Wh	ore Abatom	ont is	Taking	Place (3)		Type of Ea	cility (4)	30	4 1 1 1 1 1 1 1 1	ir- armua	·						
Vacant Ba	Facility Who	ere Abatem	entis	raking	J Place (3)		Type of Fa	icinty (4)							er e			
Vacant Bo	41115							School (K	-12)									
Street Ad	dress			2		1.0		Subchapte										
2028 Atlar	ntic Avenue						V	Other (I.e.,		cmmerci	al							
O(4 - (F)		C	(1)		TCt C	. /7\	The second name of the second	bldgs., ho	mes, etc.) # Of Floor		Tp:	Idina	Ago					
City (5) Atlantic Ci	ity	County (6) Atlantic	,		County Code	e (1)	Square Fe	/A	# Of Floor	S	Dui	lding	49e 50)+				
Atlantic Ci	ity	Auaniic			10 V			se (Prior if	being dem	olished)	†							
							VACANT	oo (Jog	,	1							
Name of I	Monitoring	Firm Hired	by B	ldg. Ow	ner (8)	ASCM NO	Name of A	batement (Contractor	(9)			100					
	_									100								
Oxford En	igineering C	ompany						nmental Se	rvices Inc.									
Street Ad							Street Address											
336 Piont								■unit-hum ciro (tota)										
	e, Zip Code	1				(0)	462 Getty											
	NJ. 08102	W 1 F			Tr. L. L. L. L. N		City, State, Zip Code											
	Ingr. For M	onitoring F	ırm		Telephone N 856-541-0700		Clifton, NJ	07011										
Wayne Mo	Start Date	(10)	Scho	d Con	pletetion Date		Telephone			License	Num	her						
07	/ 30	/ 12	Scile	9	7	/ 12	Telephone	, itullibei		License		001						
/	/ .	/			/ — /	/	973-77	2-3660				00	117					
Occupan	cy Status D	uring Abat	emen	t (Chec	k Only 1)		Name of C	SHA Moni	tor									
V	Facility C	losed/Vaca	ted D	uring E	ntire Period of		LVI Enviror	nmental Se	rvices Inc.									
1025501	Abatemer						Street Add	dress										
			d Out	tside of	Normal Facility	У	400 0 . 11											
	Hours - D	and the second second	MON	LEDI			462 Getty											
	Other - De	escribe:		I-FRI. AM-3:30	DM		Clifton, NJ	, Zip Code										
Scope of	Work (Che	ck All That			171		Ointon, rec	0,011										
оворо от				"			Full Containment with Negative Pressure											
	Demolitio	n		~	Renovation	V	Full Conta	inment wit	h Negative	Pressure	e							
	≥3sf or_≥3	Blf				☑	Mini - Enc											
Ø.	≥160 sf o	r <u>≥</u> 260 If				$\overline{\mathbf{v}}$		Procedure		ble Dece								
						V	Non-Exem	pted (*) an	a Non-Fria	DIE Proce	aure							
_	Location o	of		ls	T	Descript	ion of			Abateme	ent Ty	/pe						
Asb	estos Cont		Lo	ocation		Asbestos - C				R	1		E	E				
N	Material (AC	M)	No	ormally		Material			Amount	E	R		N	N				
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	in Facility	1		Solely		sulation, sur			SF or LF)		P		A	Į,	;			
- 12	(13)			y Main-	0	r other misc	ellaneous)			l v	A		P S	S	,			
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				NO N/										\neg	-			
1st Floor	Office Radia	ator	The real Property lies	111111111111111111111111111111111111111	-	els			20SF	V								
Name of the last o	Office area								790SF	V	T							
	Crawl Space								3,250LF	V								
Boiler Roo					Thermal syst	em debris as	sociated wit	h old boiler	60SF	7								
Name of	Name of Registered Waste Hauler NJDEP Waste Cul						Name of R	Registered							-			
Corrido Hamport Crosp							Minerva La	andfill										
7.00						of Waste												
						Disposal	500 00 m m m m m m m m m m m m m m m m m											
						Date 10/5/2012	Waynesbu		88									
Complete	ed by (Print	or Type\	-		Title	10/3/2012	rraynesuu	C:					Date					
	n, P. Demei				Project Mana	aer		1/10	10 /0	1								
Widi o i ioli	,	υρομίου			I	3-		1/11/1	0 16		_			(9/10/12			



Date of Notification (1) 09/11/2012			Name of Montgo	Building Own	er/Operato	r (2) Cente	r <i>elo</i> Urba	1000	newal		Fes	FR		
Agencies Notified Type N	otification		Street Ad			1	1111	3 6		***************************************				
□ EPA □ In	tial	- /	3 East	Stow Road	d	- April 1990	IIEST			1				
DEP Ar	nended nendment #			e, Zip Code n, NJ 0805	3	4		SE	P 1	7 201	2	1		
DOH ju	nergency (including stification) ancellation		Name of Jack C			i.		Telep	hone N	lumber	-	۲		
			FACIL	ITY INFORM	IATION				FRAFE	Contract of the last				
Name of Facility Where Abateme		3)				Type	of Facility (4	- marine des	a. 在 無 电 中	metaris colo	e (et)			
Montgomery Gardens Bui	lding 1				-,		chool (K-12	2)		40)				
Street Address							Subchapter 8 Other (i.e. pr				dinas	home	es.	
561 Montgomery Street		10			- 22	<u>□</u>	tc.)							
City (5)							e Feet	V 2000000000000000000000000000000000000	Floors	200	Bldg. A	Age		
Jersey City						67,2		10			52			
County (6)			County C	ode (7) SE ONLY) _		Vac	nt Use (Prior	r if being	g demol	ished)				
Hudson	5 11 11 0 /0			mestion discessed on the	Mass		957/758		2)					
Name of Monitoring Firm Hired b PT Consultants, Inc.	Building Owner (8)	ASCM	No.	1,000		ement Cont ntracting,		9)					
Street Address						t Addres	0),75,07	1110.						
629 Creek Road					47000		on Avenue	e. Unit	365					
City, State, Zip Code						State, Zi								
Bellmawr, NJ 08031					A-00.00		07012							
Project Manager for Monitoring F	irm		Telephon	e No.	Telep	hone No). ·	T	License	No.				
Denis Cummings			856-25	1-9980	973	3-450-9	500		01036	3				
Start Date (10)	Schedu	ed Co	mpletion D	Date (11)			A Monitor							
9/12/2012	10/24	/2012	2	00-170-00	Inci	nia Co	ntracting,	Inc.						
Occupancy Status During Abater	nent (Check Only O	ne)		100-100 a		t Addres		A Unit OCE						
Facility Closed/Vacated Dur Abatement Performed Outs	ing Entire Period of	Abate	ment				on Avenue	e, Unit	365					
Abatement Performed Outsi Other – Describe:	de of Normal Facilit	y Hour	s		LANCE TO STATE OF	State, Zi								
					Ciii	ton, N	J 07012		le de la constante de la const					
Scope of Work (Check All That A	pply)					ਹ							į.	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	material and a second s	Renov Demol				0.00000	Containme i-Enclosure	nt with N	Vegative	e Pressi	ıre			
≥160 sf or ≥260 lf		Demoi	ition			Glo	vebag Proce				7			
					!	△ Nor	n-Exempted	(*) and	Non-Fr	iable Pro		re emen		
10	1	s Loca										ype		
Location of Asbestos-Containing Materia	US US	Norma ed Sol		Achestos	Description Containing		(ACM)	Am	nount			m		
TO BE ABATED	IVI	aintena	ance/ Staff?	(i.e. the	rmal syster	ns insula		(Sp	ecify	Re	Z.	nca	Enc	
In Facility (13)	- Cu.	(12)			surfacing, V her miscella			SF	or LF)	Remova	Repair	Encapsulate	Enclosure	
(13)	Yes	No	N/A	0.	TOT THEODIN					<u>a</u>	~	late	ē	
10th Floor	res	X	IN/A	V	inyl Floor	Tiles		6 1	500	X	+			
10th Floor 9th Floor		X			inyl Floor				500	X	+-			
CONTRACTOR OF THE PROPERTY OF		X	+		inyl Floor				500	Х	-			
8th Floor		33,6%	-	V					500	X	-			
7th Floor Name of Registered Waste Haule	X	NJDEP W	aste C	Vinyl Tit	162	Name of F		20,000,00	0.75					
100 to 10		Hauler ID	No. of	f Waste		IESI PA				II Co	rnors	ation		
Atlantic Carting, LLC		NJ-641		0		09929.000 0-300V		enem	Lanun	00	pore	LUUI		
City, State Wayne, NJ			10000	isposal Dat BD	е	City, State Bethleh		Α						
Completed by	Title			Signature Date										
Sean Zoric	Pre	siden	t		9/11/2012									