State of New Jersey

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

Date of Notification						r/Operator (2)	To produce the second		16273	Chec	ж#	670)4
	4/6/12				Turn	pike Authority	Property for the second	1 1 50 5					
Agencies Notified [] EPA	Type of Notific	P		ddress ox 504	2	1		1 7 1					
[] DEP [X] DOL	[] Amended	, C		ate, Zip C Ibridge		07095	U U AFR	9 2012					
	Notification		ame o	f Contact		j		elephone Nu	mber				_
[] DCA	[] Cancellat	ion G	rego	ory Sos	ska		Charles and Assessment and Assessmen						
	,		(0)		FACILI	TY INFORMATION	estimate desperator	THE STATE OF THE STATE OF					
Name of Facility Wh NJT Central M		,	2000	h Hill			Type of Facility ((K-12) pter 8 (Other	tḥan K-12)				
Street Address GS Parkway Ir	nterchange 11	6					homes	, etc.)	id commerci		2710	,	
City (5)		County	(6)		Co	ounty Code (7)	Square Feet 3000	# of Floo	2020.41	ldg. Ag 50	е		
Holmdel Town		Monm	outh		(S	TATE USE ONLY)	Current Use (Pri offices	110777	and the second s	00			
Name of Monitoring Whitma	Firm Hired by Buil n Companies			SCM No 00110			nent Contractor (9) Jupiter Enviror	nmental S	ervices, I	nc.			
Street Address						Street Address							
116 Tices Land							3 Lynn Court						
City, State, Zip Code East Brunswic					1	City, State, Zip C	Lincoln Park,	N.I 07035					
Project Manager for Kevin Lovely				Number -5858		Telephone Numl			License		085		
Scheduled Start Dat	te (10) Sch	ed. Compl				Name of OSHA				U	Jot	<u> </u>	_
4/16/			0/12				J & S Environ	mental La	boratorie	s, LLO	2		
	Ouring Abatement (sed/Vacated Durin Performed Outside	g Entire Pe	riod o			Street Address	2333 Route 22	:W					
De	scribe: partially va		i dom	y riouis		City, State, Zip C	^{Code} Union, NJ 070	183	21				- 8
Scope of Work (Che	ck all that apply)						[] Full (Containment	with Negative	e Press	ure		
[] Demolition [] ≥3 sf or ≥3 [x] ≥160 sf or				[x]	Renov	ation	[x] Mini [] Glov	Enclosureebag ProceduFriable Pro	ure				
			Locat	100000000000000000000000000000000000000				T				men	t
Locat	ion of		nally l olely l				ription of – Containing		Amount	Ty R	e R	E	Е
Asbestos –	Containing	Maint	enanc	e/Cus		Materi	ial (ACM)		(Specify	E	E	N	N
Materia TO BE A		todia	l Staff	(12)			mal systems surfacing, VAT,		SF or LF)	M	P	C	C
In Fa	cility						iscellaneous)			V	1	Р	0
(1	3)	Yes	No	N/A						A	R	S	S
First floor			x		VAT a	nd mastic			4000 SF	x		Ĭ	_
													_
Name of Registered			DEP V			ubic Yards f Waste	Name of Registe						
Jupiter Environ	mental Servic		4782	NO.		1	Minerva Lar	atill	12				
City, State Lincoln Park, N	IJ				1000000	sposal Date /22/12	City, State Waynesbur	g, OH					
Completed By (Print		Title				Signature	- //	2.8	Date	_			
Pane Repic		Gene	eral l	Manag	er	1		~	4/6/1	2			
SB-41 UN 95						V			-25				Tetra

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

				N (D 11)	2 10	to-r (2)	1.37	-254			100
Date of sotification (1) 4/5/2012				Name of Building	A to Z	Site Contractors,	Inc. AL	20	16	6	
[]	Notificati			Street Address	940 Pa	ark Avenue		il to			
[x] DOL Amen	ded Notifidment # ency (incl			City, State, Zip Co	de Lakev	vood, New Jersey (8701 APR	9 20	112	12/	
[X] DOH justific	cation)			Name of Contact Irving	Perlsteir		elephone Number	-24	-38		
[] bex			EAC	ILITY INFORM	ATION				fi.		
Name of Facility Where Abatement is Taking Residence	Place (3)		TAC			Type of Facility (4)	School (k-12)	or than	de 12)	- 1 N F	
Street Address 67 12 th Street						[x]	Subchapter 8 (oth Other (i.e., privat homes, etc.)			ial buile	dings,
City	County (6)		County Code (7) (STATE USE ONL	Y)	Square feet 900 sf	# of Floors		. Age 6	0	
Lakewood	Ocean					Current Use (Prior in Resider					-
Name of Monitoring Firm Hired by Building	Owner (8)			ASCM No.	Name of	f Abatement Contractor		Inc.		<u></u>	
N/A Street Address					Street A	ddress	oute 9, Unit 61				
City, State, Zip Code					City, Sta	ate, Zip Code	River, New Jers	ey 087	755-12	271	
Project Manager for Monitoring Firm	Т	elephone N	Number			ne Number 19-9932	License N 00624	umber			
Scheduled Start Date (10) 4/18/12	S	cheduled 0 4/19/12		ion Date (11)	Name o	f OSHA Monitor E.M.S.	L. Analytical				
Occupancy Status During Abatement (Check	only one)		76 F258V4		Street A		telton Road				
[X] Facility Closed/Vacate							telloli Koad				
Abatement Performed Other – Describe	Jutside of	Normai ra	acility II	louis	City, St	ate, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check all that apply)]	Full Containmen Mini-Enclosure	t with Negative Pre	ssure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] [x]	Renova		[[x	Glovebag Proced	ure k) and Non-Friable	Procedi	ıre		
[X] 2100 31 01 2200 11		[]		1				Abat	ement	Type	
	r	s Location			Descripti	on of					
Location of		rmally us			bestos-Co		Amount	R E	R E	E N	E
Asbestos-Containing Material (ACM)		Solely by			Material ((Specify SF	M	P	С	C
TO BE ABATED	Mainte	nance/Cu	stodial		thermal		or LF)	0	A I	A P	L
in facility		Staff (12)		ins	ulation, s VAT,			V	R	S	S
(13)		(12)		oth	ner miscel			Α	×	U	U R
	YES	NO	N/A					L		L E	E
Exterior		X		Asbestos sidi	ng		1200 sf	X.			
									-		1
							-			Y	
14.						- 13: 6B :-	11 1611	(L		
Name of Registered Waste Hauler Guardian Contracting, Inc.	N.	DEP Wast 20	0223	3	ards of Wa	T.R.R.F.	ered Landfill				
City, State Toms River, New Jersey			Dispo	osal Date /12	City, S	town, Pennsylvani	a				
Completed by (Print or Type) Nicholas Fernicola	Title Projec	t Manage		Signature	ch	of te	1	Date 4/5/	2012		

DEPA DEP DOL

DOH DCA

County (6)

Street Address

Start Date (10)

Other - Describe:

≥3 sf or ≥3 if ≥160 sf or ≥260 if

Baseman

ASB-41

City, State, Zip Code

Project Manager for Monitoring Firm

04-12-2012

Scope of Work (Check all that apply)

Location of

Asbestos-Containing Material (ACM)

TO BE ABATED

(13)

mom

IN Facility

Date of Notification (1)

Agencies Notified

04-03-12

Initial Amended Amendment# Emergency (including

Name of Facility Where Abatement is Taking Place (3)

Name of Monitoring Firm Hired by Building Owner

Occupancy Status During Abatement (Check only one)

Type Notification

justification)

☐ Cancellation

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Galgano. < EVIN Street Address 222 AVE. Name of Contact galyano. Kevin FACILITY INFORMATION Type of Facility (4) School (K-12) Subchapter 8 (Other trian n-12)

Other (i.e., private & commercial buildings, CENTER AVE. Square Feet # of Floors Bldg. Age 26.000 County Code (7) (STATE Current Use (Prior if being demolished) USE ONLY) Name of Abatement Contractor (9) to 5 14 area Quality as ASCM No. 5 HORON 22 Telephone No. Telephone No. 201-708-4270 Scheduled Completion Date (11) 04-13-2012 Street Address 2222 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City. State. Zip Code Full Containment with Negative Pressure ☐ Kenovation
☐ Demolition Mini-Enclosure
Glovebag Proce Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Description of Maintenance/ Asbestos Containing Material (ACM) Amount Custodial (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Encapsulate (Specify Removal SF or LF) N/A 160 1.F

04-03-2012

NUDEP Waste Name of Registered Landfill Cubic Yards of Waste TRI-STATE Transfer u c Kei -16-2013 10471 Date Manaa

Staff?

(12)No

Do not use this form for asbestos licensure exempted activities.

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) Passaic County Community College 0 4 Street Address Agencies Notified One College Blvd [X] EPA City, State, Zip Code [] Initial Notification Paterson, NJ 07505 [X] DOL [X] Amended Notification Amendment # 2 Telephone Number Name of Contact [X] DOH] Cancellation [] DCA [X] Emergency B. Eagan FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) [] Passaic County Community College Subchapter 8 (Other than K-12) [] Street Address Other (i.e., private & commercial [X] buildings, homes, etc.) 225 Market Street # of Floors Bldg. Age Square Feet County Code (7) County (6) City (5) (STATE USE ONLY) Current Use (Prior if being demolished) Passaic Paterson Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM J.R. Contracting & Environmental Consulting, Inc. GZA Street Address Street Address 1141 Route 23 55 Lane Road City, State, Zip Wayne NJ 07470 Fairfield NJ 07004 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 973 628-9500 973-774-3311 Benjamin Sallemi Name of OSHA Monitor Scheduled Completion Date (11) Scheduled State Date (10) 5 0 0 9 Enviro Vision Consultants, Inc. Month Day Year Day Year Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility [X] Hours - Describe: 7:00a.m. - 3:30p.m. Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Demolition Mini-Enclosure Renovation Glovebag Procedure $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ Non Exempted (*) and Non-Friable Procedure $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Is Description of Location

Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)	No So Mai Cu	Used lely by ntenan- istodial off (12)	ce/	Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, V. or other miscellaneou		Amount (Specify SF or LF)	E M O V A L	R E P A I R	C A P S U L	C L O S U R E
First Floor	165		X	Linoleum		500 SF	X			
Mezzanine			X	Linoleum		64 SF	X			
Basement			X	VAT		10150 SF	X			
First Floor			X	VAT		8900 SF	X			
Mezzanine			X	VAT	13	2140 SF	X			
Second Floor			X	VAT		8750 SF	X	-		
De Constitution of Marie Haylor	INIT	DEP W	aste	Cubic Yards of Waste	Name o	f Registered Landfill				
Name of Registered Waste Hauler J.R. Contracting & Environmental Consulting, Inc.		ler ID 1781	No.	Cable 1 and 51 Waste	G.R.O.					
J.R. Contracting & David Constituting (1997)				10.	City C	ata				

City, State Wayne NJ 07470 Title Completed by (Print or Type)

Project Manager

Disposal Date Signature City, State

Morrisville PA

Date

4/5/2012 G4667

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

Data of Nationalis (1)			(Pur			: 60-7 and 12: 120-7)		U E	WE	7	5	7	
Date of Notification (1)	3 / 1	2		11		uilding Owner/Opera unty Community Col							
Agencies Notified Type	of Notification			11	treet Addi			APR 9	2012		J		
[]	nitial Notification			1	ity, State.	Zip Code	-1-1-						
	Amended Notificatio	on		11	aterson, N		1		- 1961 6	-			
	Cancellation			I N	ame of Co	ontact		Telep	hone Numb	er		_	
[] DCA [X]	Emergency			ll B	. Eagan	ε.		. Bet	-				
				Ш		FORMATION	******	-	m			4)	
Name of Facility Where Abatement is Takin	g Place (3)			PAC	ILLI I IIVI	ORMATION	Type of Facility	y (4)					
Passaic County Community College							11	School (K-12)					
Street Address 225 Market Street	1						[] [X]	Subchapter 8 Other (i.e., pri	ivate & com				
	County (6)		-	Co	unty Code	(7)	Saugus Fact	buildings, hon		-			
	camy (o)			833	FATE USI		Square Feet Current Use (P	rior if being dem	Floors olished)		ildg. A	rge	
Paterson Pame of Monitoring Firm Hired by Building	assaic Owner (8)		ASO	-M		Name of Abatama	nt Contractor (9)						
the state of the s	(0)		7.0	O.ITE		And of Abateme	at Contractor (9)						
GZA							& Environmental C	onsulting, Inc.					
Street Address						Street Address							
55 Lane Road						1141 Route 23							
						City, State, Zip							
Fairfield NJ 07004 Project Manager for Monitoring Firm		T ma		** .		Wayne NJ 07470	1-112-22						
Benjamin Sallemi			ephone		er	Telephone Numbe	r		e Number				
Scheduled State Date (10)	Scheduled Con		Date			973 628-9500 Name of OSHA M	onitor	00408					
0 4 0 4 / 1 Month / Day / Year	2 0	5 0	9 Day	L	1 2 Year	Enviro Vision Con							
Occupancy Status During Abatement (Check [X] Facility Closed/Vacated E of Abatement [] Abatement Performed Occupancy [X] Hours - Describe: [] Other - Describe:	uring Entire Period	cility				Street Address 20-21 Wagaraw Ro City, State, Zip Co Fairlawn NJ 0741	de				1000		
Scope of Work (Check all that apply) $[\] \ge 3 \text{ sf or } \ge 3 \text{ if } \\ [X \] \ge 160 \text{ sf or } \ge 260 \text{ lf }$		[] [X]	200	olition ovation		[] [] [] [x]	Mini-Enclosure Glovebag Proce			re			
			T							A	baten		
Location of Asbestos - Containing Material (ACM) TO BE ABATED in Facility (13)		So Mai Cu Str	Is ocation ormally Used olely by intenan ustodia aff (12	, .ce / I		Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, or other miscellane	s , VAT,	Amou (Speci SF or)	ify	R E M O V A L	R E P A I R	E N C A P S U L	N C L O S U R
First Floor		Yes	140	X	Linoleu	m	/	500 SF		x	\dashv	E	E
Mezzanine			-	X	Linoleu	185		64 SF		X	-	_	
					Lindica			0431		^	\neg		
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Name of Registered Waste Hauler		700000000000000000000000000000000000000	EP Wa ler ID !		Cubic Ya	ards of Waste	Name of	Registered Land	fill				
J.R. Contracting & Environmental Consultin	g, Inc.		1781			<u> </u>	G.R.O.W	/.S	102				
City, State					Disposal	Date	City, Sta	te	- CAXP Control Control		2000		C 4 200 T
Wayne NJ 07470 Completed by (Print or Type)	Title				la	·	Morrisvi	lle PA					
B	1000				Sig	gnature	<u> </u>		Date				
Jerry Bijelonic	Project Manage	ır'			(4/2/	2012		

	NOT	IFICAT		Bestos abaten	MENT		1- A	13	98
Date of Natification (8)		Pursugn	Name of B	t: 60-7 and 12: 120- niiding Owner/Ope unty Community C	miter (I)		ar o		And the second s
Agencies Notified Type of Notification			Street Add			ADQ C	2012	A.	1
[X] EPA			One Colleg			fil 13			4/2/4
I Inklad Notification		11	City, State		diluzen in confe	A STATE OF THE STA	LLADÍ	י רחו	DV
[X] DOL [] Amended Northical Amendesent #	Mon		Paterson, I	43 07505	REMEME	BER - MAIL IN	market the	וטט נ	
(X) DOH [Concellation		IF	Name of O	outset .	and a discount	Telephone N	number	مامان در حد	Arsig: EP
DCA X Emergency			B. Ragan						
Name of Pacifity Where Aliasuchers is Training Place (3)		FA	CILITY IN	FORMATION	Type of Facility	y (0)			
Parmic County Community College					11	School (K-12)			
Street Address			-		41 H	Subshapter 5 (Other	r Iban K-l	2)	
300 Pompton Road					[X]	(Wher (La. privata & holidings, homes, etc		ind	
City (5) County (6)		10	County Cod	e (7)	Square Foot	# of Floors		Idg. Age	
			STATE US						
Paterson Pessele					Current Use (1	rior if being demolished	1)		
Name of Monitoring Firm Hired by Building Owner (S)	F	ASCM		Name of Abster	iont Contractor (9)		-		
GZA				J.P. Commercia	& Environmental C	onwhiles. Inc.			
Street Address		_		Strent Address	of market constitution of	variable and			
55 Lane Rand		s vervous e		1141 Route 23	Contract Contract			S STEWER	Mary - No.
	A 2000			Chy, State, Zip	patrices district				-
Fairfield NJ 07004 Project Manager for Monitoring Firm	7-1			Wayne NJ 0747	The second second second	\= ! \$!			- 1
Designation Sections	973-77	ano Nuc	nper	Telephose Num 973 628-9509	ser	DO LICENSERIES	TACT	Y	1000
	ompletien Da			Name of OSHA	Monitor I			.	1
Occupancy Storms During Abstament (Check only one)	5 0	9 1	1 2 Year	Envire Vision C	mar Itaans Inc.	APR 13	2012_		
A Facility Closed/Furnish During Entire Periof Abstracted Abstracted Performed Outside of Normal				Street Address 20-21 Wagaram City, Stale, Zip (Rend, Did., #34A)
[X] Bours - Describe: 7:00s.m 3;				Patriago NJ 67	10 N	AIVER API	2R0	VED)
Scope of Work (Check at that apply)	***************************************			0			-		
[] ≥5 of or ≥ 1 lC		Demoliti Annovati		- [Chyshag Proc	ni With Negative Press	UPO.		
[X] ≥160 afor ≥ 260 M				- 13	Non Exempted	(*) and Non-Frieble Pa	The state of the s	hates a	or Mana
Location of	la Locai Nomi			Description of Ashestor-Contain	lne.	Amount	R		C C
Ashestos - Commining	Use	ed .		Material (ACIV)	(Specify	M	E	A L
Material (ACM) TO BE ABATED	Solely Mainte			(La., thermal syste insulation, surfaci		SF or (,F)	O V		POS
in FuelHiy (23)	Custo	Store Control	ł	or other mbceffs			A	1	U U
	Staff Yes 7	No N	A	V 74			L.		L R E E
Pirat Floor		2	Linolet	tro		500 SF	X		
Messaniae)	Lingles	100		64 SF	K		
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Name of Registered Wants Hanler	MJDEP	IV-	CHAN	ards of Waste	hi.	Parker of F. 189			
J.R. Contracting & Environmental Consulding, Inc.	Master		CEDIE A	a-a) or wase		Registered Landfill			
City, State		1013	Diaposal	Date	City, St				-
Wayne X1 07470					Morrisv				
Completed by (Print or Type) Title			Si	gustare	//	Date			
Sarry Hijelonie Praject Mana	FAP			-		2 9 22 1	10	/2012	
ANU ()			4-				- 42	04667	

Date of Notification (1) 4/5/12					of Building	Owner/0	Operato	r (2)	A FI		10	1		1	7)
	Type Notification	1		Street A	Address Marin Bo	ulovos	1 ^-	101					- 1		Company of the Compan	
EPA DEP X DOL	Initial Amended Amendmen	t #	1	City, St	ate, Zip C y City N	Code		101	j ili k	PR	0 2	<u>012</u>		-1)	The same of the sa	
☑ DOH □ DCA	Emergency justification Cancellation	(including		Name o	of Contact	1		1	1 44-7	Tel	ephone	Nur	nber	7	COD AND STREET	
Name of Facility Where Al					ILITY INF		ON	Тур	e of Facility (4)	na pages	sacio A	Allan P			
house Street Address									School (K-1 Subchapter		or than	K 12	D)	8,		
27-29 Clifton Place			50000					×	Other (i.e. p					dings	, hon	nes,
City (5) Jersey City								Squ 20	uare Feet 00	# of 2	f Floors			3ldg 30	Age	
County (6) Hudson					Code (7) USE ONLY	n		Cur	rent Use (Pri	or if bei	ng dem	nolish	ed)			
Name of Monitoring Firm F	lired by Building	Owner (8)		ASC	И No.				oatement Cor vironmenta			LC		1507		
Street Address							Street	Addı	ess		te messo	2				
City, State, Zip Code				· · · · · · · · · · · · · · · · · · ·			City, S	tate,	ate Drive, Zip Code		OX 463	3	- 1			
Project Manager for Monito	oring Firm		Т	Telepho	ne No.		Glen		d, NJ 074 No.	18	Licens	se No).	-	-	
Start Date (10)		Schodulos	I Con	anlation	Data (11)				2276		703		2017			
4/21/12		Scheduled 4/28/12	Con	npietion	Date (11)		Name	of O	SHA Monitor							
Occupancy Status During A Facility Closed/Vacate Abatement Performed Other – Describe: vac	ed During Entire I Outside of Norn	Period of Ab	atem	nent			Street City, S	4	ess Zip Code							
Scope of Work (Check All	That Apply)			-				_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		and the same of th	nova moliti	100 C			×	G	ull Containme lini-Enclosure lovebag Proc on-Exempted	edure					0	
20 50			ocatio						on Exempted	1 / 0.10	710111	Hubi		Abate	emen	t
Location o Asbestos-Containing M	aterial (ACM)	Used		y by		tos Conta		ateria			nount	-				_
TO BE ABAT In Facility (13)		Custo	dial S (12)	itaff?	(i.e.	thermal s surfac other m	ing, VA	T, or	indicate see		pecify or LF)		Removal	Repair	Encapsulate	Enclosure
basemen	t	Yes	No	N/A X		pipe i	insulat	ion		70) LF		x		Ф	
						7.79										
											,					
Name of Registered Waste Newark Carting	Hauler		Ha	IDEP Wauler ID I		Cubic Y of Wast 10			Name of R Cumberl				ndfill			
City, State Newark NJ						Disposa TBD	al Date		City, State					- 1 - marin 1		
Completed by Andrew Scott Higgins		Title Preside	ent	-			gnature	li	T. C.			Date	0/12	- Feb		

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

6318-NJ

ASB-41 JUN 95 Amended Notification Check #: 4674

Name of Building Owner/Operator (2) Date of Notification (1) 0 4 1/10 5 1/11 2 BOE of the Vocational School in the County of Sussex Agencies Notified | Type Notification Street Address [X] EPA 105 North Church Road []Initial City, State, Zip Code Notification [X] DEP (X) Amended Sparta, NJ 07871 [X] DOL Notification Telephone Number Name of Contact [X] DOH [|Cancellation Russ Masker []DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) XISchool (K-12) |Subchapter 8 (Other than K-12) Sussex County Technical School jother (i.e., private & commer-Street Address cial buildings, homes, etc.) eet | # of Floors | Bldg. Age Square Feet 122 North Church Road 2 50 40,000 County Code (7) (STATE USE ONLY) County (6) Current Use (Prior if being demolished) City (5) School Sussex Sparta, NJ 07871 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building ASCM No. Owner (8) Four Strong Builders, Inc. 00023 Hillman Consulting, LLC Street Address Street Address 180 Sargeant Avenue 1600 Route 22 East City, State, Zip Code City, State, Zip Code Clifton, NJ 07013-1935 Union, NJ 07083 Project Manager for Monitoring Firm License Number Telephone Number Telephone Number 00807 973-614-0377 908.688.7800 Thomas Rubino Name of OSHA Monitor Sched.Completion Date (11) Scheduled Start Date (10) | 0 | 4 | / 0 | 5 | / 1 | 2 | | 0 | 4 | / 1 | 5 | / 1 | 2 | Month / Day / Year | Occupancy Status During Abatement (Check only one) | 0 | 4 | / 1 | 5 | / 1 | 2 | | | Year Four Strong Builders, Inc. Street Address [X] Facility Closed/Vacated During Entire Period 180 Sargeant Avenue of Abatement Abatement Ferformed Outside of Normal Facility City, State, Zip Code Hours - Describe: []Other - Describe: Clifton, NJ 07013 Scope of Work (Check all that apply) \Full Containment with Negative Pressure |Mini-Enclosure [X]Renovation] Demolition []Glovebag Procedure [X]Non-Friable Procedure []>3 sf or >3 lf [X]>160 sf or >260 lf Type Abatemen ENCI. Location Description of Asbestos-Containing NCAPSU Normally Location of EM REP Amount Used Asbestos-Containing Material (ACM) Material (ACM) (Specify Solely 0 5 0 0 SF or (i.e., thermal systems by Main-TO BE ABATED insulation. surfacing. VAT. or other miscellaneous) V A tenance/ in Facility A R Custodial (13) T. R Staff(12) E Yes No N/A 1.350 SF VAT and mastic Second Floor Room 207 & Adjacent Storage Room 269 SF Table Tops Second Floor Room 207 1 each Door Second Floor Room 207 584 SF VAT and mastic 1st & 2nd Floor Landings & Custodial Room Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. G.R.O.W.S., Inc. 12609 Four Strong Builders, Inc. Disposal Date City. State City. State Tullytown, PA Clifton, NJ Date Title Signature Completed By (Print or Type) Office Administrator 4/5/12 Bilyana Kulakovska

CK# 1078

Date of Notification (1)		- 11	Name of	Building (Owner/Opera	tor (2)		1 14	7 10	/ ~		-	
4-6-2012						pers LLC			*					
Agencies Notified	Type Notification		1	Street Ad	dress tney St	r.			G fl	11/7 IF 7				
EPA DEP	Initial Amended		-	City, Stat	-						$\cap H$			
× DOL	Amendmen	t #	_	Mahwa		1	11-111			1	H			
	Emergency			Name of	Contact			APA	Tel	ephone Nun	nber	_		
DOH DCA	justification) Cancellation				el DeCa	rlo	/		1 4	UIZ I	21			
						RMATION		Contraction Con-	-		1		100 .0	
Name of Facility Whe	re Abatement is Takir	ng Place (3)				L	Туре	of Facility (4) (m)	- di	Í			
House for Demo	lition						П	School (K-1	2)		1			
Street Address		tolion -						Subchapter	8 (Oth	er than K-12				
205 Addison Pla	ice							Other (i.e. p etc.)	orivate	& commercia	al build	lings,	home	es,
City (5)								re Feet	# o	f Floors	В	ldg. A	ge	
Paramus, NJ							200	0	1		5	0+		
County (6)				County C	ode (7)		Curre	ent Use (Pri	or if be	ng demolish	ed)		-	
Bergen				(STATÉ U			Hou	ise						
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM	No.	Nai	me of Aba	tement Cor	ntractor	(9)	200			
n/a				n/a		Ja	adar Co	ntracting,	LLC					
Street Address					-	Stre	eet Addre	SS						
n/a						22	2 Troy L	ane						
City, State, Zip Code				*******		City	y, State, Z	ip Code						
n/a						Li	ncoln P	ark, NJ 0	7035					
Project Manager for M	Monitoring Firm		T	Telephon	e No.	Tel	ephone N	lo.		License N	0.		2	
n/a	•			n/a		97	73-706-	7950		01088				
Start Date (10)		Schedule	d Con	npletion E	Date (11)	Nai	me of OS	HA Monitor				- 8 - e		
4-16-2012		4-18-20	12			Ja	adar Co	ntracting,	LLC					
Occupancy Status Du	uring Abatement (Che	ck Only One	e)			Str	eet Addre	ss						
☐ Facility Closed∆	/acated During Entire	Period of A	haten	nent		22	2 Troy L	ane						
Abatement Perfe	ormed Outside of Nor	mal Facility	Hours	5		City	y, State, Z	ip Code						
X Other – Describe	e: 9am - 5 pm					— Li	incoln P	ark, NJ 0	7035					
Scope of Work (Chec	k All That Apply)			fe										
≥3 sf or ≥3 lf		☐ R	enova	tion			☐ Fu	II Containm	ent wit	Negative F	ressu	re		
× ≥160 sf or ≥260	If	× D	emolit	ion				ni-Enclosur						
							× No	ovebag Pro	cedure d (*) ar	d Non-Friab	le Pro	cedu	е	
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	ation of ning Material (ACM)	Used	Sole	ly by	Asbes	Descrip stos Containir		I (ACM)	1	Amount			m	
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(13)		2.4	τ		other misce	ciiai icous,		11		<u>a</u>	-	late	re
		Yes	No	N/A							_			_
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Fyt	terior					Asbestos	Shinale	S	12	200 SF	X			
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Name of Registered	Waste Hauler		1000	IJDEP W lauler ID		Cubic Yard of Waste	ds	4	eras Es	ered Landfill				
Jadar Contracting	g LLC		1100	033137		TBD		G.R.O	.W.S.	Landfill				
City, State						Disposal D	ate	City, Sta	te					11
Lincoln Park, NJ	07035					TBD		5,532.7		A 19067				
Completed by		Title	, H		-	Signa	ature	-0	(Da	ate			
Lillie Lazarevich		Secre	etarv	,		50	201	Jan	150 14	9 4	-6-20	12		
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CK# 1036

Date of Notification (1)				N1	(D. II II	0 10		(0)	<u>U1</u>	THE IU.) K			
4-6-2012					f Building .ab Diag					property particular				
Agencies Notified	Type Notification		_	Street A		jiiootioc		PAL	- 1	//	\mathbb{H}			
□ EPA	F27				rsehill F	Road		Ų			A CONTRACTOR			
DEP	Initial Amended		(City, Sta	ite, Zip Co	ode		Vii			111			
⋉ DOL	Amendment	-	-	Cedar	Knolls,	NJ 079	927	APR	9 2	012	21			
▼ DOH	Emergency (including			f Contact		i		Te	elephone Nur	pbor	,	-	
DCA	Cancellation			Joe G	iannetti		1	Language						
Name of Facility Wh	AL () TI	DI (6)		FACI	LITY INFO	ORMATIC	ON		ASHIG					
Name of Facility Where Med Lab Diagnos		g Place (3)					Sur- auto-	Type of Facility	y (4)	0_				
Street Address	ucs							School (K		IZ 41	2)			
85 Horsehill Road										her than K-12 & commerci		dinas	, home	es.
City (5)		18.50	36					etc.)						224
Cedar Knolls, NJ	N7927							Square Feet 34,000 SF	1 1	of Floors	1,700	8ldg. <i>A</i> 50+	\ge	
County (6)	01021		17	County	Code (7)			Current Use (F		in a dometic	- 1	5U+		-0.4
Morris					JSE ONLY			Laboratory				artia	l Dei	mo
Name of Monitoring Fire	m Hired by Building (Owner (8)		ASCM	1 No		Name	of Abatement C			1171	aitia	Dei	110
n/a	,g	(0)		n/a				ar Contracting		(3)				
Street Address	-							Address	J1		-			
n/a						1	22 T	roy Lane						
City, State, Zip Code							City, S	State, Zip Code			25.000			
n/a							Linc	oln Park, NJ	07035					
Project Manager for Mo	nitoring Firm		T	elephor	ne No.		Teleph	none No.		License N	0.			
n/a			- 1	n/a			973-	-706-7950		01088				
Start Date (10)		Scheduled		pletion [Date (11)			of OSHA Monito					217-27133	
4-16-2012		5-31-201						ar Contracting	g, LLC			200		
Occupancy Status Durin	ng Abatement (Chec	k Only One)						Address						
Facility Closed/Vac	cated During Entire F	eriod of Aba	ateme	ent				roy Lane						
X Other – Describe:	ned Outside of Norm 9am - 5pm	al Facility H	ours					tate, Zip Code	07005					
Scope of Work (Check /	All That Apply)						Linc	oln Park, NJ	07035					
	ли тпастрріу)	তা ১					Г	7						
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novati nolitic				×	Full Contains Mini-Enclose		h Negative P	ressu	re		
_								Glovebag Pr	ocedure					
		1					[×	Non-Exempt	ed (*) ar	nd Non-Friab	le Pro	4.5.00.00	A CONTRACTOR	
		100000000000000000000000000000000000000	ocatio mally	500									ement /pe	'
Locatio Asbestos-Containing		Used S			Achast		cription	of Material (ACM)	١,	Amount		Π	İ	
TO BE AB	BATED	Maint		2/2//				s insulation,	100	Amount Specify	70	l	Enc	m l
In Faci (13)		Custod	12)	allr			ing, VA		S	F or LF)	Removal	Repair	aps	Enclosure
(13)	,	-				other m	iscellar	leous)		4	Val	#	Encapsulate	ure
		Yes I	No	N/A						4			· O	
Various Rooms Th	roughout Bldg.			X		VAT	& Ma	stic	34,	,000 SF	X			
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Name of Registered Wa	ste Hauler		NU	DEP Wa	este	Cubic Y	/arde	Name	f Rogist	ered Landfill	_			
CHANGE OF THE CONTROL OF THE CONTROL OF THE			1000000	uler ID I	20002762	of Wast	1200		100					1
Global Waste Servi	Ces		22	171	10	TBD			and Co	0.				
City, State	70.40					Disposa	al Date	City, Sta			(50)			
Hacketstown, NJ 07	7840				4.1	TBD		Melle	ville, N	Y 11701				
Completed by		Title				Sig	gnature	h. D		Da	10.00	40		
Lillie Lazarevich		Secreta	ary			0	للاك	Livian	nul	Y 4-	6-20	12		



Date of Notification (1) 4/5/2012 CHE	CK#220					perator (2) Hospital				E		Action of the second		
Agencies Notified Type Notification EPA Initial			Street A 2201 (ddress Chapel I	Hill Can	npus		D	0 001	2	11			
DEP Amended Amendment		_	0.000	ate, Zip Co / Hill, No		2			¥.471.	Á j.		-		
Emergency (i justification) DCA Emergency (i justification) Cancellation	riciualing			f Contact Inderwo	od		E.C.	Te	lephone I	Number		Married Control		
			FACI	LITY INFO	ORMATI		A Death of the second				Trans	·	H	
Name of Facility Where Abatement is Taking	Place (3)					T,	ype of Facility	(4)					414	
Kennedy Hospital							School (K-							
Street Address 2201 Chapel Hill Campus						×	Subchapte Other (i.e.				ildin	gs,	home	es,
City (5)	in the state					S	etc.) quare Feet	# 0	of Floors	Т	Bldg	. A:	ae	
Cherry Hill, NJ 08002						2	50,000	5			52			
County (6) Camden			County (Code (7) USE ONLY			urrent Use (Pr Iospital	ior if be	ing demo	lished)				
Name of Monitoring Firm Hired by Building C Health and Safety Services LLC	wner (8)		ASCN 117	No.			Abatement Co				-		T. II.	
Street Address			1117			Street Ad	vices Corpo dress				7	65-		
318 12th Street			#4			C. Salverson I describe	th Street							
City, State, Zip Code Hammonton, NJ 08037						Guttent	e, Zip Code oerg, NJ 07	093	¥					
Project Manager for Monitoring Firm Jim Proctor			Telepho 609-70	ne No.)4-8850		Telephon 201-29		331	License 01074					
	Scheduled 04/21/2		npletion	Date (11)			OSHA Monitor vices Corpo		1				333 544	
Occupancy Status During Abatement (Check	Only One	e)				Street Ad	dress					-		-
Facility Closed/Vacated During Entire P	eriod of Al	baten	nent		Ì	426 691	h Street							
Abatement Performed Outside of Norma Other – Describe: Shift night-4 PM-12 P	al Facility						e, Zip Code berg, NJ 07	093						
Scope of Work (Check All That Apply)				-			3,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				lure		
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Location of	100000	ormal	(T) (A)		Doo	arintian of					- 00.00	Тур		
Asbestos-Containing Material (ACM)	Used	Sole		Asbes		scription of aining Mate	erial (ACM)	A	Amount				m	
TO BE ABATED In Facility	Custo			(i.e.		systems in sing, VAT, o			Specify F or LF)	Rer	1	0	nca	Enc
(13)		(12)				niscellaneo		3	r of Lr)	Remova	Indon	3	Encapsulate	Enclosure
	Yes	No	N/A	9 4 25		14	*			- H			ate	Гe
Boiler Rm:Operational Chiller Pump	х			1	Valves	and Fitti	ngs	5 L	F& 2 LF	x				
Boiler Rm:Operational Chiller Pump	×					Insulatio	n	1	IO LF	х				
Boiler Rm:Old Chiller Pump	X				V	/alves		100	3 LF	x				
Boiler Rm:Old Chiller Pump	x			5 - 1	Pipe	Insulatio			0 LF	x				
Name of Registered Waste Hauler		110 6000	JDEP W auler ID		Cubic \ of Was		(Applied 2 2014-201		ered Land					
Atlantic Carting			8085	INU,	tbd	ie			em Lan	dfill C	orp			
City, State Wayne, NJ			li li		Dispos tbd	al Date	City, Stat Bethler		PA		11			
Completed by Gina Salvador	Title Office	Mar	ager		Si	gnature	Blucas	1		Date 4/5/20	12			

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) Port Authority Transit Corporation 4/5/12 Street Address 2012 Agencies Notified Type Notification Carlton Street; P.O. Box 4262 × Initial **EPA** City, State, Zip Code × Amended DEP Lindenwold, NJ 08084 Amendment #_ DOL Emergency (including Name of Contact Telephone Number justification) DOH and a second from Ron Binder Cancellation DCA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) PATCO Contract 10-G, Lindenwold Station (Start Point) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, \boxtimes Whitehorse Road & Berlin Road etc.) # of Floors Square Feet Bldg. Age City (5) N/A N/A N/A Lindenwold Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Transit Authority Camden Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Mattiola Services, LLC Street Address Street Address 2082 B Lucon Road City, State, Zip Code City, State, Zip Code Skippack, PA 19474 Telephone No. Telephone No. License No. Project Manager for Monitoring Firm 610.539.5634 01077 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Mattiola Services, LLC 4/16/12 9/30/12 Street Address Occupancy Status During Abatement (Check Only One) 2082 B Lucon Road Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Not Occupied Skippack, PA 19474 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Demolition Mini-Enclosure ≥160 sf or ≥260 lf Glovebag Procedure × Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, TO BE ABATED (Specify Remova Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X Removal of overhead ACM 5 MILES X Voorhees, Cherry Hill, Haddonfield material jacket from utility cable

JP Mascaro - Pioneer Crossing Disposal Date City, State Birdsboro, PA Signature Date

Name of Registered Landfill

(Project starts at Lindenwold Sta

and ends at Ferry Avenue Sta)

Cubic Yards

of Waste

NJDEP Waste

Hauler ID No.

SW2069

Project Manager

Title

4/5/12

City, State

Lumberton, NJ Completed by

Caroline M. Harper

(Project will commence in Voorhees

and proceed to Haddonfield)

American Disposal Systems, Inc.

Name of Registered Waste Hauler



Date of Notification (1)	14/12		Nar		ing Owner/Operato		TION.		7.7	E	
Agencies Notified Agencies Notified DEP	Type Notification	· · · · · ·	Stre	eel Addres	S	IN ST.					
☐ DOH ☐ DOH ☐ DOF	Amended Amendment # Emergency (in justification) Cancellation		Nan	ne of Conta	TSLE CI		, O82 43	J Z	2012 ——		-
	<u> </u>			12001	FORMATION		-		·.,		=
Street Address	Abatement is Taking 51DENCE	**			PORMATION		12) r 8 (Other than K-1 private & ∞mmer		ldings,		
City (5)	ALON					Square Feet	# of Floors	В	ldg. A	ge	-
County (6) CAPE	MAY.			unty Code E ONLY)	(7) (STATE	Current Use (P	rior if being demo	lished)			
Name of Monitoring Firm (8)	Hired by Building O	wner	ASCA	A No.	1 11	ment Contractor (S	C-7.1				
Street Address	1				Street Address	S,SPRUE	AST		4		
City, State, Zip Code					City, State, Zip C	Code	Z, N, J	, 08	057		
Project Manager for Mon	itoring Firm	.Tel	ephone	No.	Telephone No.	9-0472	License No.		60		
Start Date (10) 4/16/12	Schedu 4	uled Comple	,	ate (11)	Name of OSHA	Monitor EPN KL	EMM				_
Occupancy Status During Facility Closed/Vacate Abatement Performed	d During Entire Peri	od of Abate	ement		City, State, Zip C	S, Spr	10cl= 200.			_	_
Other - Describe:	(a) (b) (c) (c)				M	APLESI	LADE, N.	J.	080	2	2
Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renovat			☐ Mini-End ☐ Gloveba	ag Procedure	gative Pressure	ure			
,	T	Is Location	y				3111000110000		Abaten		
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	aterial (ACM)	Used Sole! Maintenan Custodia Staff? (12)	nce/		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaneo	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	· Encapsulate	Enclosure
5 ID IN		Yes No	N/A X	T	PANSITE		6004	X	\vdash	•	
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ame of Registered Waste			UDEP (auler 10	No.	Cubic Yards of Waste	Name of Regi	stered Landfill	1.			
ity, State MAPEE		= 1-			Disposal Date	City, State	DBINE !	N.J.			
Ompleted By JOSEPH KI	Title	V/1	0	1	Signature	1/		141	1/2		•

2272

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

Date of Notification (1)	 		-	Ma	15 11 11				44.5		- 1-
4/	5/12			Name		Owner/Operator		-nict			5 30,000
Agencies Nouned	Type Notification	1	-	Street	Address		(COM)	70101	710 6		
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ĭ œ I	Amended		- }	- A				7			
	Amendment	¥ .	- 1	City, St	ale. Zip (c∞e		2000			
	Emergency (i		-		(in	GEN 1=150	-D, N, J.	08 230	2		
□ 00H	justification)				of Contac	A		Talanhar 1	I, L		
	Cancellation			10	RUCE	BREUN	10				,
											
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isme of Facility Where Al	atement is Takin	p Place	(3)			1	Type of Facility	(4)	1		
	FUCE	•	100				School (K-12		W . St		
	**		==				Subchapter !		K-12)		
Street Address 720	MARGE	- 54	-, "				One (l.e., p		rercial bul	angs.	
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215/ (3)	. ^						- and a second of the second	7		40	
000	son Ci	7					1000				
County (6)				Count	y Code () (STATE	Current Use (Pr		molished)		
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	trad by B. Malan	Oumer.	=	ASCAL N	0	Name of Abatem	ent Convegor (9	<u> </u>			
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8) //	1		:						7	====	
iteet Adoress				2.		7/0	. SPRU	CE AUE			
	· · .							00 / 11			
Lity State. Zip Code	707					City, State, Zip C	∞00		·	_ 、	
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Pigeci Manager lor Moni	onng rim		. 1 0101	µ 2. ~	~.	856-77	19-0472	00	449		
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Sian Date (10)		duled Co			: (11)	JOSEI	01/11/16/14	M			
4/18/12	- 1.5	1/2	5/	12		J0361	KALL				
Occupancy Status During	Abatement (Che	ck only	നം)			Sueel Address.		- A . =			***
Desiparity Status ouring	Ouring Entire D	n kone	Ahate	ment		3695	SPRUC	E/100			
Facility Closed Vacated	During Entire P	erico or i	Hau	~		Ciny State You C	ode .				
Abatement Performed	Durside of Norma	a racall)	rhoul			CAY, Jake, age	E SHAD	E.N.	5.08	05	,
Oiner - Describe:							2000				
Scope of Work (Check all	that apply)					□ 5¥ Co.	ntainment with No	enable Press	ure		
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Location o			Sole		Arba	sios Containing Mi	(MDA) Lerial	Amour			m .
Aspesios Containing M	alerial (ACM)		neusi ipolar		/i.e	thermal systems	insulation,	(Specil	7	T . 3	1 5
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* Do not use this form for asbestos licensure exempted activities

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

Date of Notification (1,	15/12		Nam	,-	ng Owner/Operator		- NICTIN	e 14 1	
Agencies Notified	Type Notification		Sve	el Address			10.01/2		=
☐ BA ☐ CB ☐ COL ☐ COL	Amended Amendment Emergency (i			State, Zip Conta	Code C-GN 1=15 CI	LD, N, 5.	08230 Telephone Disch		=
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ame of Facility Where	Ahalement is Yakin	n Place (9)		או לעחטי	FORMATION	Type of Facility	(4)	**************************************	
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are of Marilanna Fire		Owner	I AS CH	No.	Name of Abatem	meni Convegor (9)			
ireel Adoress	//\		1		Eugal Address	3. SPRUC		,	
ily State, Up Code	1				Cox State Zin C			2805 -	
deci Manager la Mo	nitoring Firm	, J.Y	elephone	No.	I dephane No.	19-0472	License No.		
an Date (10)	0.75	du od Com		ale (11)	Name of OSHA		J. ====		
couplancy Status Duri		ck only on	A						-
Facility ClosedVaca Abalement Perform	ted During Entire Po	dA lo bons	a (emeni		C'or State You (Spiruce			===
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cape of Work (Check] 23 \$1 or 23 II] 2160 \$1 or 2260 II	all that apply)	Renov	vation Vision		Mini-Er	xembled (,) and He and blocedare actoents actoents		Ot 8	
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Location Aspestos Containing TO BE AB IN Fact (13)	Malerial (ACM) NTED TY	Used So Maintel Custo Sta	olely by nancel odial H7	Asbe (i.e	Description stos Containing M thermal systems surfacing, VA other miscellan	aterial (ACM) : Insulation, T. 01	Amount (Specify SF & LF)	Removal	Est Appela
	`. :	Yes	HO HIA	1		<u> </u>	<u> </u>		-
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JOSEPH C	EMM -	00	とばって		-1-8			- :	1.

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

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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #				- Company							
Date of Notification (1) April 5, 2	2012				Name of Building Owner/C RUTGERS, THE ST			SITY OF	NJ		
Agencies Notified EPA		Notification ⊠Initial N □Amende	lotifica		Street Address ENVIRONMENTAL I 27 ROAD 1, BLDG 4						
□DCA ☑ DOL		■ Emerge justific		ncluding	City, State, Zip Code PISCATAWAY, NJ 0	8854	\ \ \ \		2012		To the state of th
☑ DEP- No Longer REQUIRE	ED	□Cancell			Name of Contact MICHAEL SMITH, E HEALTH & SAFETY		Jele	phone Nu	nber	independ i	
				FACILITY INF		1	LIST CO.				1
Name of Facility Where Abateme NELSON BIOLOGY, BL					Type of Facility (4) School (K-12)	No. of Management of Trans		en e		11.4	more)
Street Address BUSCH CAMPUS					Subchapter 8 (other tha Other (i.e. private & com Sg. Feet: N/A #	nmercial bu		omes, etc.)		ears	14.34
City (5) PISCATAWAY	MIDDL	ESEX		Code (7) Use Only)	Current Use (prior if being	West Constitution of the C			,		
Name of Monitoring Firm Hired b	by Bldg. Ov	wner (8)	ASCM 0098	Section 1	Name of Contractor (9)	FAFAIT	CONC	II TANT	S INC		
Ot					GREENWOOD ABAT Street Address	CINICIAI	CONS	ULIANI	S, INC	•	
3 TERRI LANE			a.		268 MAIN STREET						
City, State, Zip Code BURLINGTON, NJ 0	8016		222		City State, ZipCode BUTLER, NJ 07405						
Project Manager for Monitoring F BRIAN KEARNY	<u>-irm</u>	Telephone N 609-386-			<u>Telephone Number</u> 973-492-0477		Licer 008	nse Numbe	Ţ		
Scheduled Start Date (10) 04/14/12		Scheduled 0 04/15/12	ompletio	n Date (11)	Name of OSHA Monitor 1 ENVIROVISION, INC						
Occupancy Status During Aba Facility Closed/Vacated Dur Abatement Performed Outsi Describe Other – Describe: 5PM - 5.	ring Entire ide of Non	Period of Al mal Facility I	patemen	t	Street Address 20-21 WARGARAW F City, State, Zip Code FAIRLAWN, NJ						
Scope of Work (Check all that ap	oply)										
⊠ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 26	50			☑Renovation ☐ Demolition	□ (图	Mini-Enclo Glove bag	sure Procedi	vith Negati ure and Non-F			ure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Normal by Maint./Cu (12) NO			pestos Containing Material nal systems insulation, surfacir	Amo	unt cify SF	Abateme	ent Type	2	
Room C125		X		Transite Pan	iels	30	SF	X	T	Γ	
Room C125		X		TSI		6 L		X			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Was See Below		ID#	Cubic Yards of Waste:	5 CY	Nam G.R	e of Regist	ered La	ndfill Landf	ill
Hauler #1) Greenwood Abatem NJDEP # 12561 Hauler #2) Newark Carting, Inc NJ DEP # 4509		entrebled title - Paylor	Butler, !	NJ 07405		Disposal 04/15/2		1 R 1	ity, Stat 00 New d. Morr 9067 15-736-	Ford Nisville,	
Completed by (Print or Type) RAYMOND C. PEDALIN	т //	Signature	111	Date	April 4,	2012					

Date of Notification (1)		N	ame of	Building Owner/Operator		1		12	<	
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Agency Notified Typ	e Notification	S	treet Ac	dress Hillsid	Le Au	e				
	nitial	1	uty Stat	e, Zip Code					-	1
-00	Amended Amendment #		V	U	NIT	APR 9 201	2		1	
	mergency (including	-		marent	110	Tologham				
	ustification)	N	0-	Contact		•		10000		*1
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City (5)					Square Feet	# of Floors Bldg.	Age		,	
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County (6)	3 EN		ONLY)	Code (7) (STATE USE	SCh	nor if being demolished)				
Name of Monitoring Firm Hire		ASCM N	Jn.	Name of Abater	ment Contractor (9				-0/00	7
(8) G a. L. (2 A	a by Building Owner			~ ~			_			
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Street Address		.0			32 Nd	St				i
	rgrav Ko	4		City, State, Zip	Code					7
City, State, Zip Code	NJC	77	101		1200	25				1
Project Manager for Monitonin		lephone		Telephone No.		License No.	****			
Fred ans	3	-Cp//io//i			5, 2222	#0000	15			-
Start Date (18)	Scheduled Completi	on Date	(11)	Name of OSHA		-				
1.4/5/12	4/15/12			E'MS	5 L -	>1/mo				_
Occupancy Status During Aba				Street Address	113	7 th St				
☐ Facility Closed/Vacated Du	iring Entire Period of Abat	ement		City, State, Zip	Code	, 0	- T- T-		-5.0%	-
Abatement Performed Outs Other - Describe:	ccupied			NY	NY					
Scope of Work (Check all that				5 5.00	Containment with	Negative Pressure				
		q	Reno		-Enclosure	Theyauve Flessure				-
⊇ ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf		C	☐ Demo	olition Glo	vebag Procedure	5 5				ì
2 100 31 01 2 200 H				□ Nor	n-Exempted (*) an	nd Non-Friable Procedure	i Al	bate	mer	11
	2000	Locatio	1					Ту		_
Least on of		Normally	CONTRACTOR AND	Description						1
Location of Asbestos-Containing Ma	aterial (ACM) Ma	d Solel		Asbestos Containing N	Material (ACM)	Amount	R	-	Enci	En
TO BE ABATE	<u>D</u>	Custodia	al	(i.e., thermal system surfacing, VA	ns insulation.	(Specify SF or LF)	em	Repair	aps	clo
IN Facility		Staff? (12)		other miscella			Removal	9	apsulate	closure
(13)	\	1							е	
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Freehol	9. 103			Signature	6) 14	Date			•	
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trank uni	X5 A(0.)				ad activities		-		-	
ASB-41	* Do not use t	his form	n for ast	oestos licensure exempte	SO GUIVINES					

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

Date of Notification (1)	5/12		Nan	no of Bulldin	Owner/Operator	(2) CHINE	= 5					
Agencies Noufied	Type Notification Silnitial		Sve	el Address Z	25 Fn	SEM U	ar-	Acto	8. A	Jig.		레.
□ ∞r □ ∞e	Amended Amendment #	cluding	City								i.	
□ 00H	justification) Cancellation		Nan	ne of Contac		L.		Telephone No	umber	-	-	i
			F	ACILITY IN	ORMATIO'N]
Name of Facility When	Abatement is Taking	Place (3)				School	k (K-12)	(Other than Frederick & comme	(·12)			
131	9TN 57:					home Square F	s. etc.)	# of Floors	1000	Blog		-
Ciry (5) AU	1 LOW					1000	2	. 2		40	r	_ .
County (6) CAPE	MAY		Co	unity Code (E ONLY)	7) (STATE		VAC	of I being den	nousne	a) 		
Name of Monitoring Fir		wner	ASCI	J No	Name of Abater	nent Contra	aor (9)	21				
Sireel Address	7/1				Sueel Address	3. SP	'nu c	E Ave				
City, State, Zip Code					7:-	Code		i, NJ		305	٠ .	
Project Manager for M	onitoring Firm	1.17	elephor	ve No.	Telephone No. 856-7			License N	Q.			
Sian Date (10)	I Scher	Juled Comy	naisk	Date (11)	Name of OSHA	Market						•
: 4/16/1		1/23			Sueel Address	PKM	- -	1 -				
Occupancy Status Du Facility Closed/Vac	ring Abatement (Che	nical of Aba	a) atemen	t	3695	5/5PM	LUCE	= 1 UE.			<u>. </u>	=
Abatement Perform Other - Describe:	ned Outside of Norma	Facility H	ours			^ '		=, N, =		805	2	_
Scope of Work (Chec	k all that apply)	Renor Demo	vation dition		☐ Mini-E	nclosure	6 1/a	gative Pressi		e		
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Localin Aspesios-Containu TO BE A IN Fax	ng Malerial (ACM) BATED Diny	Sta	olely by	l A-h	Description estos Containing t e., thermal system surfacing, V other myscella	Aalenal (AC As insulation AT, or	SM) n.	Amoun (Specif SF & Li	У	Removal	Ragent	Englishment
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					· Cubic Yards	T Nam	ne of Re	gistered Lan	of ill	ا		
Name of Registered	Waste Hauler		Hau	EP Waste liker 10 No. 7 9 0 4	Ol Masie		C,M	1, C, ~	1.0			
City State		7 118			Osposal Da	le Cin	VOO	DBINE	= , /	し、ゴ	,	
Compeleo By	HADE, N.	5,08			Signatu	osiph	Ise		Date,	15/	12	
JOSEPH K	LEMM .	0 W	70		<u> </u>	5		200				

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) April 4, 2012					Name of Building	Owner/Ope T C B	rator (2) Associates	Chao	158	Angere.	The second of th	
Agencies Notified [X] EPA [] DEP	[] Amen	Notifica	ification		Street Address City, State, Zip C	ode	ox 3204	00742			The second secon	1
[x] DOL [x] DOH [] DCA	[] Emerg		ncluding		Name of Contact Kathy		Pleasant, New Jerse	elephone Number	2012			
				FACI				100			-	
Name of Facility When	e Abatement is Taking Residence	; Place (3)	FAC	ILITY INFORM	MATION	Type of Facility (4)	School (k-12) Subchapter 8 (oth		n le12)	1	
Street Address	22 Meadow Point	Road					[x]	Other (i.e., privat homes, etc.)			ial buil	dings,
City		Count	y (6)		County Code (7) (STATE USE ONI	LY)	Square feet 1000 sf	# of Floors	Bldg	. Age 6	0	
Point Plea	asant	Ocea	n				Current Use (Prior if Residen	ce				
Name of Monitoring Fi	irm Hired by Building	Owner ((8)		ASCM No.	Name of	Abatement Contractor Guardia	(9) in Contracting,	Inc.			
Street Address						Street A		oute 9, Unit 61				
City, State, Zip Code						City, Sta	te, Zip Code Toms R	iver, New Jers	ey 087	755-12	271	
Project Manager for Monitoring Firm Telephone Num							ne Number 9-9932	License N 00624				
Scheduled Start Date (Scheduled		on Date (11)	Name of	FOSHA Monitor E.M.S.I	L. Analytical				
į į	ng Abatement (Check Facility Closed/Vacate Abatement Performed Other – Describe	d During	g Entire Pe			Street A	1056 St ate, Zip Code	elton Road way, New Jerse	y 088	.54		
	all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf		[] [x]	Renova Demolii		[] [] [x]	Mini-Enclosure Glovebag Proced	with Negative Pre ure) and Non-Friable		ıre		
							W		Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13) Is Location Normally used Solely by Maintenance/Custodi Staff (12) YES NO N/A					(i.	Description Shestos-Con Material (A e., thermal sulation, su VAT, ther miscell	ntaining ACM) systems urfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R
Exterior X					Asbestos sid	ing		850 sf	X			
								a				
Name of Registered Waste Hauler NJDEP Waste Hauler					ID No. 1 Cuking	Yards of Was	ste Name of Registe	ered Landfill				
	aste Hauler Contracting, Inc.	ı		20223	3	City, S	T.R.R.F.	area Dandin				
	er, New Jersey	(a - 1) a in		5/3/1:		Tully	tate town, Pehnsylvania	1	Date			
	Completed by (Print or Type) Nicholas Fernicola Title Project Manager				Signature	cho	1ten	1	4/4/	Waller -		

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

te of Notification (1)	4/4/2012				Building Ov	Grady '	Tough	ill		Chi	201.	59		
encies Notified	Type of Notificati	on . Notificati	on	Street Add	dress	1002 R	iversi	de Drive	<u>E</u> 4-		5			
DEP DOL	Amend	led Notifi Iment # ency (inc		City, State	e, Zip Code	Pine B	each,	NJ 0874	111		12			
c] DOH	justific			Name of 0	Contact Grady	Γoughill			Telepho	one Number		•		
] DCA	1		т	ACILITY IN	JEORM A	TION		į .						
ame of Facility Where	Abatement is Taking esidence	Place (3)		ACILITY	11 0 11 11		Туре	of Facility [[Sch Sub	ool (k-12) chapter 8 (oth	er than	k12)	entress	
treet Address	002 Riverside Dri	ive						[x	hon	er (i.e., privat nes, etc.)			Dullan	igs,
lity		County	(6)	County Co (STATE U	ode (7) JSE ONLY)		re feet 2500 sf		of Floors 2	Bldg.	Age 60)	
Pine Beach	h	Ocean						Res	idence	g demolished))			
Name of Monitoing Fir		Owner (8)	ASCM No	0.			nent Contr Gu	actor (9) ardian C	ontracting,	Inc.			
Street Address	4 - 14 JS					Street A			9 Route	9, Unit 61				_
City, State, Zip Code			City, Sta		To	ms Rive	r, New Jers	ey 087	55-12	71	_			
Project Manager for Mo	mber		Telepho 732-34	19-993	2		00624							
Scheduled Start Date (mpletion Date (11)	Name of	f OSHA	Monitor									
4/5/1	ing Abatement (Geck	only one)	4/6/12			Street A	ddress			nalytical on Road				
A/5/7 Occupancy Status Duri [x]	ing Abatement (dieck Facility Closed/Vacate Abatement Performed Other – Describe	ed During Outside	Entire Period of Normal Fac	of Abatement lity Hours		City, St	ate, Zip	10 Code Pis Full Contai Mini-Enclo	scataway	on Road	essure		=	
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe	ed During Outside	Entire Period of Normal Fac	of Abatement lity Hours			ate, Zip	10 Code Pis Full Contai Mini-Enclo	scataway	on Road	Proced	ure		
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe	ed During Outside	Entire Period of Normal Fac	of Abatement lity Hours	27	City, St	ate, Zip	10 Code Pis Full Contai Mini-Enclo	scataway	on Road	Proced		Type I	
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe	Outside o	Entire Period of Normal Facility [] F [x] I Is Location Normally uses Solely by Itenance/Cust Staff (12)	of Abatement lity Hours denovation demolition	As l (i.c ins	City, St	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag I Non-Exem	scataway nment wit sure Procedure oted (*) an	Amount (Specify SF or LF)	Procedo Abar R E M O V A L	ure	Type E N C A P S U L E	
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe k all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf ion of ng Material (ACM) ABATED acility	Outside of Main	Entire Period of Normal Facility Is Location Normally use Solely by Itenance/Cust Staff (12)	of Abatement ility Hours denovation demolition d codial	As l (i.c ins	City, St [[[[x Descript: bestos-Co Material (e., therma sulation, s VAT, there misce	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag I Non-Exem	scataway nment wit sure Procedure oted (*) an	on Road	Procedo Abar R E M O V	tement R E P A I	E N C A P S U L	1 0 5
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe k all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf ion of ng Material (ACM) ABATED acility	Outside of Main	Entire Period of Normal Facility [] F [x] I Is Location Normally uses Solely by Itenance/Cust Staff (12) NO	of Abatement ility Hours denovation demolition d codial	As (i.e ins	City, St [[[[x Descript: bestos-Co Material (e., therma sulation, s VAT, there misce	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag I Non-Exem	scataway nment wit sure Procedure oted (*) an	Amount (Specify SF or LF)	Procedo Abar R E M O V A L	tement R E P A I	E N C A P S U L	1 0 5
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe k all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf ion of ng Material (ACM) ABATED acility	Outside of Main	Entire Period of Normal Facility [] F [x] I Is Location Normally uses Solely by Itenance/Cust Staff (12) NO	of Abatement ility Hours denovation demolition d codial	As (i.e ins	City, St [[[[x Descript: bestos-Co Material (e., therma sulation, s VAT, there misce	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag I Non-Exem	scataway nment wit sure Procedure oted (*) an	Amount (Specify SF or LF)	Procedo Abar R E M O V A L	tement R E P A I	E N C A P S U L	1 0
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe k all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf ion of ng Material (ACM) ABATED icility 13) Waste Hauler	Main YES	Entire Period of Normal Facility III III III III III III III III III I	of Abatement lity Hours Renovation Demolition d d rodial N/A Asbe	As (i.e. ins other	City, St [[[[x Descript: bestos-Co Material (e., therma sulation, s VAT, there misce	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag I Non-Exem ng ng ns, ns,	scataway nment wit sure Procedure oted (*) an	Amount (Specify SF or LF)	Procedo Abar R E M O V A L	tement R E P A I	E N C A P S U L	
A/5/7 Occupancy Status Duri [x]	ing Abatement (Geck Facility Closed/Vacate Abatement Performed Other – Describe k all that apply) >3 sf or ≥3 lf ≥160 sf or ≥260 lf ion of ng Material (ACM) ABATED icility 13)	Main YES	Entire Period of Normal Facility III III III III III III III III III I	of Abatement lity Hours Renovation Demolition d d rodial N/A Asbe	As (i.e ins other	City, St [[[[x]	ion of ontaini (ACM) al syste surfacin, or	10 Code Pis Full Contai Mini-Enclo Glovebag F Non-Exempton mg ms ng, us)	scataway nment wit sure Procedure oted (*) an	Amount (Specify SF or LF)	Procedu R E M O V A L X	tement R E P A I	E N C A P S U L	1 0

State of New Jersey NCIB-CATION OF ASSESTED ADATEMENT (Parsuant to MAC 8:60 and 12:120)

Date of Motification (1)	4-5-12		ic.	g Owner/Operator NG STON	1-125	DEPLARTO	nent
Agencies Notified	[Type Molification		Street Address	Hearth a		2.1.	į
XVPA	Le Muital		· for	HEATH	115 /	No. Section 1	The state of the s
1 YMI	Vanengeg		City, State, Zip	Code	61 C 40	C8528	
TOOL	Amendment#	EL RESPUESTO	K_1	N61516,V	· · · · · · · · · · · · · · · · · · ·	Lelephone Numl	ber
A DOIL	justification)		Name of Conta	H .		12310]//	THE IS A SECOND
LLECY	[] Cancellation		bet/	362	11 14 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		T
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Name of Eacility Where	Abatement is Takir	g Place (3)	e a complete and an extension of the contract of		Type of Facility		
Street Address City (5)	N FIRE	6 /38	PARTW	1200	School (K-1 Subchapter Other (i.e.,) Homes, etc.	8 (Other than K-1) nivate & commerci)	ad brukungs,
6 HEATH	6000	/\(\b)	and the second state of the second se	AND THE RESERVE THE PROPERTY OF THE PARTY.	Square Feet	# of Floors	Bldg. Age
City (5)	2/				8000	1 4	1 10
KINGSTO.			County Code	(7) (STATE	Curent Use (P	rior if being demoli	shed)
			USE ÓNLY)		FIRS	110056	
Manie of Monitoring Fin	ny Elizad by Building	Owner 1	ASCM No.	Mame of Abaten	ent Contractor (9))	
(8) bank or Montound on	At the extra by Extra meg	Varies 1		ACC	TNSSIGN	TIEN CW	ING
			AND AND AND AND ADDRESS OF	1 Street Address			
Street Address				95 Mai	VIROSE	RA	
	The contractor of the contract	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	a para di sang magana mangkaran di s	1 City State Zin C	Corte		
City, State, Zip Code				COURS	NESTE N	r erour	
1.5.1	Control (har)	T Tole	phone No.	1 to the file		L License No.	
Project Manager for M		\ / care	ALCO IN COLUMN	7722 75	11757	OCOX.	1
Oliva Paris 140V	L Selv	eduled Complet	ion Date (11)	P blowner and (Mail III)	DESCRIPTION:	Court white-	
Start Date (10)		-24-		ARC T	N CHANTTE	N SW IN	سن
Occupancy Status Dur			Laterana	Street Address	And the same of the same of the same	Construction of August Construction of the Con	
Occupancy Status Du [] Facility Closed/Vac			nent		MINNEXES R	1)	and a second of the second of
L_1 Facility Closed/Vara L_1 Abatement Perform	add Dutsido of Nome	al Facility Hour	0	City, State, Zip C	MMX16 R	and the same of th	Albania Ma
[.] Other - Describe:				Cours	NEWK	NS O)	7722
Scope of Work (Check	call that sould	a properties the	, a serior se region of		the street of the total		
ecoba or agong femera	, an that appry)			E Hall Cor	ntainment with No	egalive Pressure	
[]y3 stor≥3 lf →		Renovation		[] Mini-En	on Proceedure	数	
[2≥160 st or ≥260 ll		[] Demolition	1	Mon-Ex	empted (*) and M	on Friable Proceds	arei
	A Carlo Carl	la Locatio	n [1024-0100-029-772-010-0			Abatement
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Location Asbestos-Containing		Used Solely Maintenand	:e/ Asbe	Description o stos Containing Ma	terial (ACiM)	Amount	
ASDESIOS-COMMUNICATION AND ADDRESS AD ADDRES		Custodia	l (i.e	thermal systems i	insulation,	(Specify SF or LF)	Removi
IN Facil	ily	Staff? (12)		surfacing, VAT,	, Or ous)	(3) 131 131 7	Regarda Repart
(13)		1					in in
		Yes No	N/A			א, כיק	
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1.3.4 5.677			17	10-	U manufacture (Common)	150 4	2
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and a second		[Tracker Care	T Zala Zala	L Manue of Rev	jstered Landtill	,
Name of Registered W	aste Hauler		JDEP Waste nuter ID No	Cubic Yards of Waste	1.6	en 1967	
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and the state of the Break and the Sales of	The state of the s		and muskle that	Disposal Date	City State	les alon . Ol	OA .
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	L	#	9	, U	0	00

Date of Notification (1)	03 / 12					Owner/Operator (2 urnpike Author	ritv	The second secon				
							App 0	2012				
9	Type Notification			Street A	daress Main Stre	not			87			
	☐ Initial ☐ Amended		-		ate, Zip Co	1 1	TO AK	164.8				
□ DCA (NJAC 5:16)	Amendment #					NJ 08863			*			
☐ DHSS [☐ Emergency (in	cluding			of Contact	140 00000		Telephone Number	er 4			
. 	justification) Cancellation				er Payne				8			
									-	-		
				FAC	ILITY IN	FORMATION	Type of Facility (4)		-		
Name of Facility Where Ab		g Place (3)									
Bridge Structure 61.	87R			18			☐ School (K-12) ☐ Subchapter 8	(Other than K-12)				
Street Address							Other (i.e., pr	ivate & commercial	buildi	ngs,		
West Manor Bridge							homes, etc.)	# of Floors	DIA	g. Ag	0	
City (5)						1 1 1	Square Feet	# 01 F10015		g. Ag 0+		
Robbinsville Townsh	hip						5,000	I domolish			12	_
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ieu)			
Mercer	1000						Public Road					
Name of Monitoring Firm H	dired by Building	Owner (8	3)	ASCM N	No.	Name of Abateme		tian Camporoti	00			
Shaw Stone & Webs	ter						ntbach Constru	ction Corporati	OH			
Street Address						Street Address	200					
200 Horizon Center I	Boulevard					500 East Luz	And the second and their					
City, State, Zip Code		and the same			T.,	City, State, Zip C						
Trenton, NJ 08691-1	904					Philadelphia	, PA 19124	-1::				
Project Manager for Monito	oring Firm		Tele	phone N	No.	Telephone No.		License No.				
Adel Elsekhily			6	09-584-	8900	215-739-8166		00646				1115000
Start Date (10)		duled Co	100			Name of OSHA N						
04 /16 / _	12	05_/	_3	1_/_	12	SAME AS AE	BOVE					
Occupancy Status During	Abatement (Chec	ck only o	ne)			Street Address	71					
□ Facility Closed/Vacated												
Abatement Performed Time of Abatement: 7:					cribe	City, State, Zip C	ode					
Scope of Work (Check all	that apply)		-	_			The state of the s					
☐ ≥3 sf or ≥3 lf		☐ Rei	nova	tion		☐ Mini-End	a Procedure					
≥160 sf or ≥260 lf		△ Del	HOIL	OII		⊠ Non-Exe	empted (*) and No	n-Friable Procedu	е			
			Loca				D D		Ab	atem	ent T	/pe
Location of Asbestos-Containing N TO BE ABA IN Facilit (12)	Material (ACM) TED	Use Mai	inten	lely by ance/ Staff?	Asbe (i.e., the	Description estos Containing Marmal systems insul VAT, or other miscelland	aterial (ACM) lation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)		Yes	No		1.1	Other Phiodolian			_	_	te	
Under Ground			\boxtimes		Transit	e Duct Pipe	N	500 LF				
									12			
						1 2				Ш	Ш	
			П		1	E. a.	1,020					
Name of Registered Wast	te Hauler		H	NJDEP '	Waste	Cubic Yards of	Name of Regi	stered Landfill			-	-
Freehold Cartage	t iduloi		- 110	Hauler II	D No.	Waste 40 cv	GROWS N	lorth Landfill				
City, State				.000.		Disposal Date	City, State	EA EAST				
Freehold, NJ 07728						n/a	Morrisville	e, PA				
Completed By (Print or Ty		tle				Signature		Di Da	ate		,	7.19
Charles F. Imbimbo	10 1011	Project	Ма	nager		The	RANGE	all (14/	03	113	3_

#20881

ate of Notification (1)	30 /	12				ng Owner/Operator				1		
Acceptant No.				-		y Turnpike Autho	ority		W.			
⊠ EPA	Type Notifica	tion		1	t Address 1 Main S							
☑ DEP ☑ DCA (NJAC 5:16)	Amended				State, Zip		7.7.19	- 1 3000 - 1.7.14	411_			
	Amendme	y (includir	ng	W	oodbridg	je, NJ 08863	2	100 100				
(ALIAO 5.00.0)	justificatio Cancellatio			and the same	e of Conta ul Pittari			Telephone Nu	mber			
				FA	CILITY	NFORMATION		1		-		-000 m
Name of Facility Where Ab	atement is Ta	aking Plac	e (3)			IN ORMATION	Type of Facility	(4)				
Bridge Structure 61.8	87R	•	,			120 mg	The second secon	Alte				
Street Address							School (K-12	2) 8 (Other than K-1	2)			
West Manor Bridge							Other (i.e., p	rivate & commer	cial bui	ldings	5,	
City (5)			-	11.			Square Feet	# of Floors	TE	Bldg. /	Ane	
Robbinsville Townsh	ip						5,000	1		50+		
County (6) Mercer				Cou	nty Code (7)(STATE USE ONLY)	Current Use (Pri		lished)		-	
Name of Monitoring Firm Hi	irod by Duildi		(0)	1001		7	Public Road					
Shaw Stone & Webst	or	ng Owner	(0)	ASCM	No.	Name of Abateme						
Street Address	<u> </u>						ntbach Constru	uction Corpora	ation			
200 Horizon Center B	Coulovard					Street Address			W0.0503000			
City, State, Zip Code	oulevalu					500 East Luz						
Trenton, NJ 08691-19	in.		81			City, State, Zip Co						
Project Manager for Monitor			T-L			Philadelphia,	PA 19124					_
Adel Elsekhily	ing i mii		1	ephone	No. -8900	Telephone No.		License No.			1///	
Start Date (10)	JSc	cheduled C				215-739-8166 Name of OSHA M		00646				
04 / _13_ /	12			1 /	The state of the s	SAME AS AB						-
Occupancy Status During A							OVE					
☐ Facility Closed/Vacated I	During Entire	Period of	Abata	mont		Street Address						
Abatement Performed O Time of Abatement: 7:00	utside of Non	mal Facilit	v Hou	rs - Des	cribe	City, State, Zip Co	de	•				
Scope of Work (Check all th	at apply)					L						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	=		novati						ire			
	Deplement of the second		Locat					I-I Habie I Toceut		atem	ont T	
Location of Asbestos-Containing Mar			Norma ed Sole			Description of			-	_	CIIL I	
TO BE ABATE	D (ACIVI)	Ma	intena	nce/	(i.e. the	stos Containing Mat mal systems insula	erial (ACM)	Amount	Remova	Repair	Enc	Enclosure
IN Facility		Cus	todial (12)	Staff?	(1.0., 110	VAT, or		(Specify SF or LF)	Von	air	aps	sols
(13)		Yes	No	N/A		other miscellaned	ous)		8		Encapsulate	ure
Under Ground	K 1		M		Transit	e Duct Pipe		500 LF		П		
		Ö										
	20.1077								1		-	-
		늄							10			
Name of Registered Waste H	Hauler			JDEP V	Manta	Cobin Vand		- Apple			Ш	
Freehold Cartage	idulor		10000	auler I		Cubic Yards of Waste 40 cv	Name of Registr					
City, State						Disposal Date	City, State					
Freehold, NJ 07728						n/a	Morrisville,	PA				
Completed By (Print or Type)) T	Title				Signature;	1 -1	12 0 Da	ate		-	
Charles F. Imbimbo		Project	Mana	ager		hal	> 10en	fruit (3/3	0/1	2	
SB-41			-						1	1	,	

Check# 8205

Date of Notification (1 4–4–12)			Name	of Buildir rdau A	ng Own	ner/Operato	or (2)					2.0	
Agencies Notified	Type Notificatio	on		Stree	t Address		ssmans 1	Road				: //		
DEP DEP	Amended Amendme	ent # y (including		City, S	State, Zip	Code lle,	NJ 08		APR		2012		7	
DCA .	☐ Cancellation	on			rk Bla					elephone	Numbe			
Name of Facility When	e Abatement is Tak	ing Place (3)	FA	CILITY IN	FORM	ATION	Type of Facilit	h. (4)					_
Gerdau Ameris	steel		•					□ School (I			-			
Street Address 1 North Cross	smans Road							☐ Subchap	ter 8 (Ot	her than k & comme	(-12) ercial bu	ıilding	s, hor	nes,
City (5) Sayersville								Square Feet	#	of Floors	T	Bldg.		
County (6) Middlesex					Code (7)			100,000 Current Use (F steel mi	Prior if be	2 eing demo	lished)	50)	
Name of Monitoring Fir	m Hired by Building	Owner (8)		ASC	M No.	-	Name	of Abatement C		r (9)				
Street Address		-					Ply	mouth Env		S 100	Co.,	Inc		
Officer Address							Street	Address						
City, State, Zip Code	city, State, Zip Code							Haws Ave	nue	1 1				
						ristown,	PA 19	401						
Project Manager for Mo	nitoring Firm			Teleph	one No.	W. W. 59	Teleph	one No.	121 13	License	No.			-
Start Date (10)								-239-9920			0039	8		
4-19-12		4-27	=12	mpletion	Date (11)			of OSHA Monito						
Occupancy Status Durin	ng Abatement (Che	ck Only On	e)					mouth Envi	ronme	ental	20.,	inc.		
☐ Facility Closed/Vac	ated During Entire	Period of A	hator	nent				Haws Aver	nue					
Other – Describe:	occupied Occupied	mal Facility	Hour	s	-		City, St	ate, Zip Code ristown, PA	1940)1				-
Scope of Work (Check A	Il That Apply)							19					-	
≥3 sf or ≥3 if ≥160 sf or ≥260 if		©X R □ D	enova emoli					Mini-Enclosu Glovebag Pro	re ocedure					24
*		Is	Locati	ion				Non-Exempte	u () an	u Non-Fria	Ible Pro		emen	•
Location		N	ormal I Sole	ly		0	Description	of					ре	
Asbestos-Containing TO BE ABA In Facili (13)	ATED		ntenar	nce/	Asbes (i.e.	therm sur	ontaining Ma al systems facing, VAT r miscelland		· (S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Ologtwiss 1 le 11		Yes	No	N/A			_				=		ate	re l
electrical buil	lding	X			roof	ing	flashir	ng debris	100	SF	x			1.
						444								
		+							****					
Name of Registered Wast Newark Carting	e Hauler		Ha	JDEP W	200	Cubi of W			Register	red Landfi				
City, State			14	509		Dien	30 osal Date	IESI						ř.
Newark, NJ					# 11 # 10		7–12	City, Stat		DΛ				
Completed by		Title					Signature	11/1	-1411,		ate			-
James M. Kelly Project					ger		110	M			-4-1	2	19)	

OK5100

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

Date of Notification (1) April 3rd, 2012				Building (erator (2)		/店	In	7	
Agencies Notified Type Notification			Street A	ddress Sth Stree	et .	H (Canal	111111111111111111111111111111111111111	PR 9 20				
EPA DEP Amended Amendment	#	_		te, Zip Co New Yor		Jersey		-H 9 20	12		1	8
□ Emergency (in justification) □ DCA □ Cancellation	ncluding			Contact she Kle	in		į.	Telephone N	Number		9	
Name of Facility Where Abatement is Taking	Place (3)		FACII	LITY INFO	DRMATIO		Type of Facility (4	N		60		
Vacant Building	,	,				[School (K-12	2)			7	
Street Address 57666th Street								8 (Other than K rivate & comme	rcial bu		***************************************	es,
City (5) West New York							Square Feet 1500	# of Floors		Bldg. 50+	Age	
County (6) Hudson			County C	Code (7) JSE ONLY)			Current Use (Prio Vacant Buildir		lished)			
Name of Monitoring Firm Hired by Building C CSA CONSULTING SERVICE AMI			ASCM	No.			Abatement Con					
Street Address 26 LORENZO COURT						Street A	ddress ETTY AVE.					
City, State, Zip Code MATAWAN, NEW JERSEY 07747							ite, Zip Code ON, NEW JE	RSEY 07011	1-1802			68
Project Manager for Monitoring Firm Mr. Michael G. Chain			Telephor	ne No. 21-9223		Telepho 973-4	ne No. 78-4848	License 00724				
Start Date (10) April 11,2012	Scheduled April 30t			Date (11)			OSHA Monitor	UCTION INC).			
Occupancy Status During Abatement (Check	Only One)				Street A						
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm	al Facility I						te, Zip Code		A.,			
Other – Describe: 8:00am-4:30pm Mon	day-Friday		554- 55				ON, NEW JE	RSEY 0701	1-1802	Ř		
Scope of Work (Check All That Apply)	X Re					П	F. II Cantainne	at with Nearth	- D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure			re	
		ocati								Aba	emen ype	t
Location of Asbestos-Containing Material (ACM)	Used		ly by	Ashest		ription o	f terial (ACM)	Amount	-	Т:	1	
TO BE ABATED In Facility (13)	Custo	itenai dial S (12)	508 B 9880 U		thermal sy	ystems i	nsulation, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A								řě	Ф
Outside	1 1	X			Transi	te Sidi	ng	1800SF	x			
						-				-	-	
Name of Registered Waste Hauler			JDEP Walauler ID		Cubic Ya			Registered Land				34
Slavco Construction Inc.			8508					V.S LANDFII	LL			
City, State CLIFTON, NEW JERSEY 07011-18	02				Disposal TBD	I Date	City, State	SVILLE, PA				
Completed by VIVIAN D.JURCEVIC	Title OFFIC	EN	IGR.			nature Luce	2/8/11		Date April 3	rd,20)12	

Check # 18281

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Date of Notification (1) (3)02-10-12(4)02-21-12				Owner/Opera lical Cente		(2) It Princeton		T W						
	e Notification		1.8	Street Ad 253 Wi		on Street			η	9 2012		IJ		
EPA DEP DOL	Initial Amended Amendment				te, Zip Co			241	11	1137			e de la constante de la consta	
DOH DCA □	Emergency (justification) Cancellation		1.8	Name of Michae	Contact el Antoni	iades		85.012	Tel	ephone Nur	nber	pe de	j	
				FACIL	LITY INFO	RMATION		and the same of th		kiligaria in the Son	er de de a		- 1	
Name of Facility Where Abate University Medical Cent Street Address 3850 U.S. RT. 1				# 7			4-1	Type of Facility (School (K-1 Subchapter Other (i.e. p	2) 8 (Oth				, hom	
City (5) Plainsboro, NJ 08536			XX 5		30102-007			etc.) Square Feet 178,000	# 0	f Floors	10.3	oldg. A	-	
County (6) Middlesex		3,000		County C	Code (7) ISE ONLY)			Current Use (Prio Vacant	or if be	ing demolish	ned)			
Name of Monitoring Firm Hire McCabe Environmental		Owner (8)		ASCM 0011		77-75(15)2		of Abatement Cor acle Environme						
Street Address 464 Valley Brook Avenu	ue					1000		Address Broad Street						
City, State, Zip Code Lyndhurst, NJ 07071	-							tate, Zip Code	2			3000		
Project Manager for Monitorin John Chiaviello	ıg Firm		200	Telephor	ne No. 88-4839	200		one No. 939-6565		License N	0.			
Start Date (10) (2) 02-07-12		Schedule 04-31-	ed Con		Date (11)	5.2		of OSHA Monitor	antal					BASS.
Occupancy Status During Aba	stament (Char							Address	- Tital					
Part 100				7		10.000		9 Greenpoint A	venu	е				
Facility Closed/Vacated Abatement Performed O Other – Describe:						Cit	ty, S	tate, Zip Code Island City, N	00000					
Scope of Work (Check All Tha	at Annly)						orig	island Oity, 14	1 11	104				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	αι Αρριγ)		Renova Demolit				×	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				-a	
		Τ.						140H-Exemple	() air	d Non-i nac	10110	9.20	emen	t
		(40)	Locati Normal	2000		Descrip	stion	of				T	уре	75
Location of Asbestos-Containing Mate TO BE ABATEL In Facility (13)		Ma	d Sole intenar todial S (12)	nce/			ng M tems , VA	faterial (ACM) s insulation, T, or	(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Throughout Buildin	n Walls	163	140	X	Dr	ywall Join	t Co	omound	16	000SF	x	-		
Room 7-23 (B-E		-		x		ransite Ho				'5SF	x			
Throughout Buil		x		Mas				200SF	x					
Room 7-33; Kito		x		Mas			- 2	00SF	x					
Name of Registered Waste H			TN	JDEP W	/aste	Cubic Yard		Name of		ered Landfill				
ATC/Env. Transport Gro		7107)	Н	lauler ID 4310		of Waste TBD		Minerva	-100 -1 0000		14		×	
City, State Shirley, NY / Bronx, NY						Disposal D TBD			burg	OH 4468	38			
Completed by Richard Doran		Title Proje	ct Ma	anager	7	Signa	Mure	dued D	Ou	Da (5	te)4-05	-12		

APR 9 2012

University Medical Center at Princeton (Bldg. 7) Additional Materials / Floors

Pg. 2

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Rooms 7-10; 7-12 & 7-31B	N/A	Mastic	380SF	Removal
Hallway 7A, East Wing	N/A	VAT	350SF	Removal
Hallway 7A, East	N/A	Mastic	350SF	Removal
Hallway 7A	N/A	Mastic	20SF	Removal
Hallway 7A	N/A	Hood Lining	80SF	Removal
Mechanical Room 7-1	N/A	Block Pipe Insulation	100LF	Removal
Mechanical Room 7-1	N/A	Pipe Fitting Insulation	50LF	Removal
Lower Roof 7A	N/A	Roofing Tar	9,000SF	Removal
Lower Roof 7A	N/A	Transite Roof Panel	280SF	Removal
West Side Building Exterior	N/A	Caulk	1,200SF	Removal
Main Roof	N/A	HVAC Pitch Pocket Tar	160SF	Removal
Building Exterior: Windows	N/A	Window Caulk	430LF	Removal
Front Entrance Overhang	N/A	Transite Panel	14SF	Removal
FMC Storage	N/A	Caulk	24LF	Removal
Room 7-16	N/A	Bench Top	20SF	Removal
Building Exterior	N/A	Underground Transite Pipe	1,400LF	Removal

Date of Notification (1) April 05, 2012							g Owner/Operator NJ, Port New	11 11 11	rminal V	D James	7			
	Tuna	latification	-			Address	NO, FOIL NEW	aik maine te	IIIIIIai	2 11 11	1		-	_
Agency Notified		lotification					Street		C	-HH	1			
EPA	☐ Ame					ate, Zip		1 (1) 21	2012	land I				
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⊠ DOH		ification)					· · · · · · · · · · · · · · · · · · ·	· 1/1	relephone ivui					
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Name of Facility Where	Abatama	nt in Taking Place	(2)		FACIL	LIIYINE	ORMATION	Type of Facility			3			_
B	Abateme	nt is Taking Place	(3)					Type of Facility	(4)					
Port Elizabeth								☐ School (K-12						
Street Address									(Other than K-1 : ivate & commerci		ae			
Abandoned mete	r Pit #3	at Mc Lester a	and	Pola	aris S	treet		homes, etc.)		ai bullulli	gs,			
City (5)								Square Feet	# of Floors	Bldg.	Age)	1400	
Newark								200	1	n/a				
County (6)						Code (7) (STATE USE	Current Use (Pr	or if being demo	lished)				
Essex					ONLY)			Abandon m	eter pit					
					No.		Name of Abaten	nent Contractor (9		9783351752				
A of NY & NJ							With the control was a second and the	storation Co.,						
Street Address					1000000		Street Address					_		
241 Erie Street, R	00m 22	6					223 Randol	nh Avenue						
City, State, Zip Code	OUIII Z	10		500			City, State, Zip							33
	7240						Clifton, NJ							
Jersey City, NJ 0 Project Manager for Mo			Tolo	nhan	o No		Telephone No.	07011	License No.			_		
	initoring F	ırm		1.2	e No.		The second second second							
Uday Mehta			1000000		5-488	51	973-478-468		00120				1	_
Start Date (1 0)		Scheduled Comp		Date	e (1 1)		Name of OSHA	and the second of the second o		_				
April 16, 2012		April 30, 201						vironmental S	Services, L.L.	C.				
Occupancy Status Duri	ng Abaten	nent (Check only o	ne)				Street Address							
☑ Facility Closed/Vaca								Brook Avenue)					_
☐ Abatement Performe ☐ Other - Describe:	d Outside	of Normal Facility	Hour	S			City, State, Zip		_					
							Lyndhurst,	NJ 07071-199	8				_	
Scope of Work (Check	all that ap	ply)					☐ Full	Containment with	Negative Pressu	re				
\boxtimes \geq 3 sf or \geq 3 lf					⊠ Ren		☐ Mini	-Enclosure						
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	⊠ Glov	rebag Procedure -Exempted (*) and	Non-Friable Pro	cedure				
						l	LI KOII	-Exempted () and	1 HOIT-I HABIC I TO	court	A	bate	eme	nt
				ocati rmal								Ту	ре	
	ion of		Used				Description							
Asbestos-Contain	ing Materi ABATED	al (ACM)		tena			stos Containing M ., thermal systems		Amount (Specify		Z	_	Enc	四四
	cility			stodi Staff?		(1.0	surfacing, VA		SF or LF)		m	₹ep	aps	clos
(1	3)			(12)			other miscellan	eous)			Removal	Repair	Encapsulate	Enclosure
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Name of Registered W	aste Haule	er	NJD	EP V	Vaste H	lauler	Cubic Yards of	Name of Regis	tered Landfill					_
Jimmy Byrne Tru			ID N 19	o. 555			Waste 3	Minerva Er	nterprises, Inc	c.	-3			
City, State					10 7.0		Disposal Date	City, State	**					
Bronx, NY			- 1	· ·			4/30/12	Waynesbu	rg, OH					
Completed by		Title	33/A/E=0	Lacron C			Signature	٩		Date	e grane			
Renea Georgiou		Office Mana	ger			_	1			4/5/20	112			

CK 1994

State of New Jersey

Notification of Asbestos Abatement

NA THE WAY AND A THE STATE OF T	-	(Pursua	nt to NJAC	8:60-7 and 12:120-7)								
Date of Notification (1)	A:14 2012			Name of Building Own			W.		W II			
Agencies Notified	April 4, 2012 Type	Notification		Street Address	/John O'Hara	Company			17 15			
[X] EPA		Initial		25 Kearney Street	411							
[] DEP	1	Notification		City, State, Zip Code East Orange NJ 07017	, - 1		APR	9	2012			
[X] DOL		mergency Notific	ation	Name of Contact		Talanh	one Num	har				
[X] DOH				Name of Contact	1	Teleph	one Num	• [] [] [] []				
[] DCA		mended Votification		Frank LeMire		;		111				
arranta ayan ayan ayan ayan ayan ayan ayan	[] 0	Cancellation					-	4.4	et et			
		H	FACILITY II	NFORMATION	\$							
Name of Facility Where Abateme	nt is Taking Pla		***************************************	Construction of the Constr	Type of Facili	ty (4)	-					
Pohlemus House					[] Sub [X] Oth	ool (K-I chapter 8 (er (i.e., pr ldings, ho	Other that ivate & co	mmercial,				
Street Address	nonement of the second				Square Feet		Floors	Bldg.	Age			
71 Washington Street					3000	2		75+				
City (5)	County (6	5)	Coun	ty Code (7)	Current Use	(Prior	if heing	demolis	hed)			
			1-70-70-70-70-70-70-70-70-70-70-70-70-70-	Use Only)	Vacant Con				nea)			
Name of Monitoring Firm Hired by Building ASCM No.				Name of Abatement Cor	itractor (9)	-						
Owner (8) Birdsall Engineering	Owner (8)				es, Inc.							
Street Address				Street Address								
65 Jackson Drive				32 Williams Parkway								
City, State, Zip Code				City, State, Zip Code					10 mm			
Cranford NJ 07106				East Hanover, NJ 07936								
Project Manager for Monitoring F	irm	Telephone Nu	mber	Telephone Number License Number								
Kevin Burns		908-497-9800		973-884-8682			008	60				
Scheduled Start Date (10)		mpletion Date (11)	Name of OSHA Monitor								
04/16/12 Month / Day / Year	5/4/12 Month /	Day / Year		Zibby Dolanski								
Occupancy Status During Abatem				Street Address			-					
[X] Facility Closed/Vacant Duri [] Abatement Performed Outsid	le of Normal Fa	cility		32 Williams Parkway								
[] Occupied [] Hours – Describe:				City, State, Zip Code								
[] Other – Describe:				East Hanover NJ 0793	6							
Scope of Work (Check all that ap	ply)		n	Full Containment with Negr	ative Pressure				-			
[X]Demolition [≥ 3 sf or ≥ 3 lf	[] R	enovation	[X	Mini-Enclosure Glove Bag Procedure & "1								
[]≥ 160 sf or ≥ 260 lf		Is Location	Ι	Non-Friable Procedure	50 50 50 50 50 50 50 50 50 50 50 50 50 5		Abstem	ent Type				
Location of		Normally		Description of		R	- material	E E	E			
Asbestos-Containing		Used Solely	As	Description of bestos-Containing	Amount	E M	R E	N C	Z C L			
Material (ACM) (13)		By Main- tenance/		Material (ACM) mal systems, insulation,	(Specify SF or	O V	P A	A P	O S U			
1.57		Custodial Staff (12)		ncing, VAT, or other miscellaneous)	LF)	Ĺ	l R	S U	U R			
	65	Yes No N/A						L	É			
Throughout Building Roof		X	Pipe & Fitt Roofing M	ing Insulation aterial	266 LF 500 SF	X		- 4				
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Throughout Building		X		ation & Coupler	15 SF	X						
Throughout Building Name of Registered Waste Hauler		X X	Cubic Yard		40 Ea.	X	Jen					
			Of Waste		Name of Regis			nnia				
City. State Disposal				ate	City, State							
East Hanover, NJ 07936 5/11/201					Morrisville, Pa							
Completed By (Print or Type)		Title	Signature	led King	Date							
Edward King ASB-41		President	Lou	werlung	April 4, 2012							
lon 95												

APTUZ 12 12:38P

Compared	10-20			State of Ne	w Jersey			COECE #	1000		
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Comparison Com	gencies Notified	[X] Initial		10 Wils	on Terrace	APR 9 2	Date: 42	1 10	e:] 5.	120	M
[] Consequence 10T to T-100 to 100	[]Amended	tion	West Or	ange, NJ 070							
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Name of Monitoring Fixms hired by Building SCM So. Nomer (6) NA Street Address 67 Street Address 67 Street Address 86 Christopher St. City, Statm, Sip Code Montclair, NJ 07042 Froject Manager for Monitoring Fixm Felephone Number N/A Scheduled Start Date (10) Sched. Completion Date (11) A/3/12 A/4/12 Month Day Year			(4.2)			Current Use	(Prior if b	- I	-	sed)	
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Montclair, NJ 07042		*					. .				
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Month Day Year Month Day Iear Occupancy Status During abstreamt (Check only one) (X) Facility Closed/Vecated During Entire Period of Abstracent (Check only one) (X) Facility Closed/Vecated During Entire Period of Abstracent Performed Outside of Normal Facility Eours - Describe: OffBours Descripts (Check all that spply) (X) Full Containment with Negative Pressure (X) Foll Containment with Negative Pressure (X) Foll Containment with Negative Pressure (X) Full	Project Manager for	Monitoring 91						•		ðr	
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Sours - Describe: *OffEnours Descripts* [other - Describe: *Other Occupancy Descripts* Scope of Work (Check all that apply) [X] Pull Containment with Negative Pressure [Nini-Enclosure	Occupancy Status Du [X]Facility Clo	ring abatement psed/vacated De	(Check uring Ent	only one)		38					
[X] sf or >3 lf [X] Renovation [X] Glovebag Procedure [X] Glovebag P	Sours - Desc	ribe: *OffBour	s Descrip	ot.»	tity, State,	Zip Code		×			
Location of Location of Location Description of Asbestos-Containing Haterial (ACM) Society Material (ACM) Society Material (ACM) Society Material (ACM) (Specify P A L Material (ACM) Society Material (ACM) (Specify P A L Material (ACM) (Specify P	[X]>3 sf oz	>3 lf	(X		[]Mini-	-Enclosure ebag Procedure		ne Pressu	re		
Location of Asbestos-Containing Hatbrial (ACM) Solely Solely Solely Solely (I.e., thermal systems SF or O A S S Or O A S Or Other miscellaneous) Basement X Pipe Insulation 35 SE X Name of Ragistered Waste Hauler AZTECH MANAGEMENT, INC. Completed By (Print or Type) Fitle Solely S		7000		Ts	1 1300-	Friabile Floces	7	Aka	teme		
Basement X Pipe Insulation 60 1f X Basement X Boiler Insulation 35 sf X Name of Registered Waste Hauler NUMBER Waste Cubic Yards Or Waste 1.75 G.R.O.W.S. City, State Montclair, NJ 07042 Completed By (Print or Type) Fitle X Boiler Insulation 60 1f X Cubic Yards Or Waste 1.75 G.R.O.W.S. Disposal Date 4/5/12 Morrisville, PA 19067	Asbastos-Co Material TO HE A In Faci	ataining (ACH) BATED lity	No.	ormally deed solely main- mance/ stodial aff (12)	Asbestos-Com Material (i.e., theres insulation, sur	ntaining (ACM) 1 systems Facing, VAT,	(Speci	T O A W	A I	H C A P S U	NC LOSUR
Name of Ragistered Waste Hauler NUMBER Waste AZTECH MANAGEMENT, INC. Babler ID No. 17040 Disposal Date City, State Montclair, NJ 07042 Completed By (Print or Type) Fitle Cubic Yards Or Waste 1.75 G.R.O.W.S. Disposal Date City, State Morrisville, PA 19067	Basement	*		X	Pipe Insulat	tion	60 1£			3	<u> </u>
AZTECH MANAGEMENT, INC. Harler ID No. or waste 1.75 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 4/5/12 Morrisville, PA 19067 Completed By (Print or Type) Fitle	Basement			X	Boiler Insul	Lation	35 sf	X			
Montclair, NJ 07042 4/5/12 Morrisville, PA 19067 Completed By (Print or Type) Fitle Signature Date A/2/12			на на	pler ID No.	of Waste 1.75	G.R.O.W	.S.	ndfill			
Completed by (Friat or type)	City, State Montclair, No	7 07042				Morrisv	ille, P	A 1906	7		
CONSTANTANT ATATAM ATATAM	Completed By (Print Constantine)			nt	Signatur	•			L2		

Fax:

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

				8:60-7 and 12:120-					70.0	
Date of Notificati	on (1)		Name of Bu	ilding Owner/Operato	or (2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 13	-170	111	-
4/2/12			Tony	Giaccio		4				
Agencies Notified	Type Notific	ation	Street Add	ress						
[]EPA	[X]Initial			rch Street		APR 9	2012			
[]DEP	Notifi	cation	City, State	e, Zip Code					1	
[X] DOL	[]Amended Notific	Santana H	Ramse	y, NJ 07446	1		1 = 3			
[X]DOH	[]EMEDOENI		Name of Cor		Telent	none Number				
[]DCA	[]EMERGENO		Tony	Giaccio		·	_		ne o	
	[]Cancella	ition			1.12	¥ .				
Name of Facility W	here Abatement	is Taki	ng Place (3)	LITY INFORMATION			-			
Private			g 11000 (5)	,	Type of Fac	7				
Street 344			-		[]School	l (K-12) apter 8 (Othe	ar tha	n V-	121	
Street Address 13 Birch St					[x]Other	(i.e., priva	ate &	comm	er-	
15 BILCH St.	reet		7		cial	buildings, 1	omes,	etc	.)	
City (5)		County	(6)	County Code (7)	Square Feet		ors I	Bldg.		9
Ramsey		Berg		(STATE USE ONLY)	2500 Current Use	(Prior if be	ing d	90 emol		d)
Name of Monitoring	This was being a t			ш.	Residen	ice				
Owner (8) N/A	FILM HITED DY	Building	g ASCM No.	Name of Abate AZTECH M	ment Contract					
Street Address				Street Addres	s				-	
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real, state, aip co	ode			City, State, Montclai	r, NJ 070	042				
Project Manager for	Monitoring Fi	rm Tel	ephone Numbe	the state of the s			icens	o M		
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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

te of Notification (1)		Name of Building	Sam K	rantzow	10 Ch	2/)	1.5	1			
April 3, 2012					1/3 /= (1/1 - 6	70	17				
encies Notified Type of Notification	n otification	Street Address	272 Te	rhune Avenue		5-11					
DEB [] Amended	d Notification	City, State, Zip Co	ode		NPR 9 2012						
Amendm	nent #		Passaid	c, NJ 07055	VFH 9 2012	7.0	71				
1 X Emergen	ncy (including	Name of Contact	-	11 / 1-1	Telephone Number		7				
justificat		Lisa	Antelman								
[]		CILITY INFORM	MATION	4.50			1	- 1			
All control of Taking P		CILITI IN OIL	11.11.11	Type of Facility (4							
lame of Facility Where Abatement is Taking P Residence	idee (5)			l l l	School (k-12) Subchapter 8 (other	r than k	(12)				
				[x]	Other (i.e., private	& com	mercia	l buildi	ing		
treet Address 272 Terhune Avenue	e			[]	homes, etc.)						
65000000000000000000000000000000000000	County (6)	County Code (7)		Square feet	# of Floors	Bldg.	Age 60				
City	County (0)	(STATE USE ON	LY)	2500 sf	r if being demolished)		00		_		
Passaic	Passaic			Resid	lence			41			
	- (0)	ASCM No.	Name of	f Abatement Contract	or (9)						
Name of Monitoring Firm Hired by Building C Guardian Contractin)wner (8)	ASCITTO.		Guar	dian Contracting, I	nc.		1			
	ig, me.		Street A	ddress	Route 9, Unit 61			- 8			
Street Address 1889 Rte. 9, Unit 6	1		City St	ate. Zin Code							
City State Zip Code			City, St	Toms	s River, New Jerse	y 087:	55-12	.71	_		
Toms River, NJ 08	755 Telephone Numb	per		one Number	License Nu	ımber					
Project Manager for Monitoring Firm Nicholas Fernicola	732-349-9932	2		49-9932	00624	00624					
Scheduled Start Date (10)	Scheduled Comp	oletion Date (11)	Name o	of OSHA Monitor E.M.	S.L. Analytical	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
4/4/12	4/5/12										
Occupancy Status During Abatement (Check of X) Facility Closed/Vacated	During Entire refred of	f Abatement			Stelton Road						
[x] Facility Closed/ Vacated [] Abatement Performed ([] Other - Describe Scope of Work (Check all that apply) [x] >3 sf or ≥3 lf	Outside of Normal Facilit	novation		tate, Zip Code Pisca Pisca I Full Containn Mini-Enclosu Glovebag Pro	ataway, New Jerse nent with Negative Pre re	ssure					
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grand and the second	3-17	Manie of Duil	a ASSE	12/		2	
I ADOIL	o Notification Initial Amended Amendment #, Emergency (including justification) Cancellation	ASE Name of Go	GTh 1 SURY P	nd ade	NS o	771	2 _
Name of Facility Where Abal	ement is Taking Place (3)	man, of managers of a country of the	MEORMATION	Type of Facility	2)		H > 0.810
Street Address	SEND AVE		produces the same of the same temporal control of the same of the	1' 1 Considerator	8 (Other than K-12 rivate & commercia)	n (mucané):	
Street Address 6096 City (5) ASBURY County (6)	PARIC	ar 18 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Square Feet	If of Floors Lior If being demale		178
MONMO	16	USE ÓNEY		ment Contractor (9	0036		
Name of Monitoring Firm Film (8) Street Address	ed by Building Owner	ASCM No.	ACE Street Address	INSULA NIROLA	TION CU	IN	å-
City, State, Zip Code		na aka 1988 ting in land di	City, State, Zip C	code Nuesche Al	5 07722		
Project Manager for Monitori	ng Pirm To	elephone No.	781 294	11757 Monitor	0002°	<u> </u>	
Start Date (10) 4-16-72 Occupancy Status During A			ACC I	NSWATTE,	8 EST TAVE	3	1. ³
Facility Closed/Vacated D L Abatement Performed Ou Dther - Describe:	uring Entire Period of Abs taids of Normal Facility He	tement		and Masker R Sodio Nedek	0 NJ 0)	722	
Scope of Work (Check all the St or ≥3 ll ≥160 st or ≥260 lt	and an arm planter of the court of their	ation tion	[] Full Co	ntainment with No relosure wa Procedure			
and the out-section of the section of	ts Loca Norm Used So	illy	Description (-	Abal	tement ype ~ f = 1
Location of Asbestos-Containing Mate TO BE ADATED IN Facility (13)		once/ As dial (?)	ibestos Containing Ma (i.e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, ', or	Amount (Specify SF or LF)	Remove	
CRANI	5/204	And the second s	P.P3:	ENSULFI	-160LA		
Name of Registered Waste I		NJDEP Waste Hauter ID No.	Cubic Yards of Waste	Name of Reg	istered Landfill		
Chy Chilo	C NI ENNA	ina is di	Disposal Date 5/-21-1.2 Skipatorofy	- BETH RETH	LEPKAMP F	7A -3-1	2

State of New Jorsey
ON OF ASSESTOS ABATEMENT
at to NAAC 850 and 12120) 01 3443

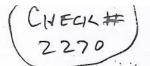
Date of Notification (1) 4-3-12	Name of Building Owner R. DANESE					
Agencies Notified Type Notification Fig. 12	Steel Address 649 OAKDE	NE AVENUE NJ 07657	FI 20	12		or and the same of
E DOM	R. DANESÉ		Telephone Nu	mber	7	name de la constitución
Name of Facility Whose Abelianist is Tolds R. DANESE Street Address		Type of Facility (4) D School (K-12) Subchapter 8 (Other than K-1	2)		Alle designation of the second
COUNTY STEED		Square Feet 2 500	# of Floors	. Bidg	Age .	Signature of the same of
BERGEN Name of Manilaring Firm Hired by Building	County Code (7) (STATE USE CALY) Owner (8) ASCM No.	Current Use (Prior if RESCREWCE Name of Abstraces Contract	ctor (8)	hed)		-
Street Address		Spect Address 450 South Riv				-
City, State, Zip Code Project Manager for Monitoring Firm	Telophone No.	City, State, Zip Code Hackensack , I Telephone No.				
Start Date (10) 4-12-2012	Scheduled Completion Date (11) 4-13-2012	Name of OSHA Monitor Omega Environs	003	88	ces	
Cocupancy Status During Abatement (Chec Facility Circust/Vacated During Entire) Abatement Performed Outside of Norm Other - Describe: SAM 5 PM	it Only One)	Street Address 280 Huyler St City, State, Zip Code South Hackensa			•	
Scope of Wast: (Check All That Apply) Surface 28 if 2160 of an 2200 if	Renovation Demolijon	D Full Containment with Mini-Enclosure Glovebeg Procedus Non-Exampled (*):	dith Negative P	ressure.		
Location of Acheston-Containing Material (ACM)	is Location Normally . Used Sciety by	escription of		Aba	jpe jpe	
ID SEASATED In Facility (13)	Custodial Staff? (i.e. thorns	statining Material (ACM) il systems insulation, acing, VAT, or miscellaneous)	Amount (Specify SF or LF)	Removal	Encepeulate	- Gruechanii
BASEMENT GARAGE	X THERMAL	INSULATION	80 LF	X.		I I
Name of Registered Waste Hauter Best Removal Inc. City, Sain	17109 1/2	YD. Minerva	1 .	prise	SIn	orbital delicate to the same
Hackensack, NJ	4-1	3-2012 Waynesb	urg, OH			

State of New Jossey NOTIFICATION OF ASSESTED ARATEMENT (Parament to MAG 8500 and 12-120)

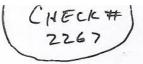
Date of Notification (1)	Name of Building Owns	Committee (2)		ET	111	1.
4/4/12	BAST					
Agencies Notified Type Notification	Street Address	. 141 1	vpn 9 701	2	71.	
G SPA / initial	City, State, Zip Code	DUTE 22 W	EST		:1	
E DOL Amondment &	112/1001	NJ. 070	Raire mine of	1	: 1	
2 DOH Emergency (included jubilication)	Name of Contact		Telephone I	lumber		
☐ DCA ☐ Cancellation	S. SANDER					-
Name of Facility Where Abatoment is Taking Place	FACILITY INFORMA (S)	Type of Pacil	he (4)			-
BASF.		□ School (. •	
Street Address		☐ Stibehar	der & #Oliber floor M	-12)		
2655 1200TE 22	WEST	etc.)	e. private & commo	rcial build	inge, he	me
. UNION .		Square Feet			dg. Age	
County (5)	County Code (7)	20,00	Prior if being demoi	6	976	es
·· UNION	STATE USE CHEY)	RSD			**	
Name of Monlining Flow Hired by Building Owner	(5) ASCM No.	Name of Abstament (Contractor (8)			
Street Address		Best Remov	al Inc			
655 WEST SHORE TRAIL	.	Street Address 450 South	Diman Ch			
Clay, State, Zie Code		City, State, Zip Code	WIASE SE	· ·		
SPARTA NJ. 07		Hackensacl		7601	٠.	
BILL KERBEL	Telaphone No. 973-729 5649	Telephone No.	License	No.		-
Start Date (10)	uled Completion Date (11)	Name of OSHA Monits	1 7	700		
Occupancy Status During Abeliament (Check Only C	4/19/12	Omega Envir	onmental	Serv	ices	3
D Facility Classed Manager Produce States Parks		Street Address 280 Huyler	. C+		-	
Abdistant Performed Outside of Normal Facility Other - Describe: 3 M	ly House	City, State, Zip Code	DE			_
Scope of West (Check All That Apply)		South Hacke	nsack N.	J. 0	7606	
D Section .						-
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1	Location	- Poor Eastings		Ah	atomeri	9
	Noticelly . Des	scription of .			Тура	
TO BEABATED Ma	todial Staff? (L.C. Marrial)	aining Material (ACM) Systems insulation,	Amount	2	9	
(13)	MOT SUITE	zing, VAT, or riscellaneous)	SF or LF)	gnome	Encapeulata	emologura
Yes	No N/A			1		eme
OUTSIDE VAULT AREA	Y THEOMAL I	USU LATION	1104F	×		H
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Hackensack, NJ	Dispose	n pole (rd): 2888			esI	nr
Consisted by . Tille	141	7/12 Wayne	sburg, OH	Į.		
T 16 .	i mada		II/Dai			- 1
J.Maiorano Est:	imator	Maiorox	, J.	4/4	117	. !

Date of Notification (1) April 3, 2012				Building C e of Car	Owner/Ope mden	erator ((2)		Chec	k # 4508	-\\			
Agencies Notified Type Notification		5	Street Ad											
EPA Initial Amended Amendment			City, State	e, Zip Coo n, NJ 0	de			APR	9 2	012	-71			
□ DOH	including	- 5	Name of Tom Be	and the second of the second					Tele	enhan- ··				
_ box			FACIL	ITY INFO	DRMATIO	N)	_	1 [1]	4	A CONTRACTOR				
Name of Facility Where Abatement is Taking St. Edwards Convent	Place (3)					L-		of Facility (4 School (K-1	2)					
Street Address 400 Erial Road						1.011	×	Subchapter Other (i.e. p etc.)				ings,	home	es,
City (5) Pine Hill	2/4						5,00		2	Floors	70	ldg. A	ge	
County (6) Camden	C lak		County C STATE U	ode (7) SE ONLY))	_	Con	nt Use (Prid vent	or if bei	ng demolis	hed)	74	٠	
Name of Monitoring Firm Hired by Building (MDG Environmental		ASCM	No.				tement Con vironmen							
Street Address 1000 Maplewood Drive Suite 207					Street 47 S.		ss incott Ave	9						
City, State, Zip Code Maple Shade, NJ 08052							ip Code ade, NJ (8052						
Project Manager for Monitoring Firm Tony Esposito		Telephor 856-75	ne No. 5-9300		Teleph 856-7				License N 00842	lo.				
Start Date (10) 04-07-2012	Schedule		pletion [Date (11)		Name EMS		HA Monitor					100	
Occupancy Status During Abatement (Chec	k Only One	9)				Street	Street Address 107 Haddon Ave							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Other – Describe:	Period of A nal Facility	batem Hours	ent			City, S	tate, Z	ip Code t, New Je	ersey	08108				
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	10.50	Locati ormal										Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	d Sole ntenar odial S (12)	ly by nce/		stos Conta thermal s surfaci other mi	ystems ng, VA	lateria s insul: T, or		(8	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ë	2
First Floor			XXX	Carpe	et, top of	Asbe	estos	Mastic		00 SF	xxx	7 - 10		
First & Second Floor XXX				As	bestos	Ceiling	g Pla	ster	70	00 SF		XXX		
											-			
Name of Registered Waste Hauler		11.00	JDEP W		Cubic Y			Name of	Registe	ered Landfil	1			
Freehold Cartage			lauler ID 2253	No.	of Wast			Grows		ill	100			
City, State Mount Holly, New Jersey 08060				Disposal Date City, State Tullytown, PA.										
Completed by Jim O'Brien Operation				iger	Sig (gnature	n i	Red	en	D 0	ate 4-03-2	2012		

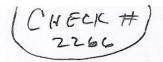
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ame of Facility Where	Abatement is Tok	ing Place (3)						raciny (+)						
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Sky (8) Plne Hill							5,000	I Ma /Erra	2 if being der	molishe	70			
Cauniy (6) Camden			(3	STATE US	EONLY)		Conve	nt						
Name of Monitoring Fin	m Hired by Buildin	g Owner (B)		ASCM I	No	Shad	of Abstor le Envir	onment	ractor (9) al, LLC					
R-root Address		17					Address Lippin	cott Ave						
1000 Maplewood I City, State, Zip Cede						City, S	tate, Zip							
Maple Shade, NJ			7.7	elephore	p No.		one No	_,,,,	Lian	nse No).	_		
Project Manager for Me Tony Esposito	oniionng Him		1	856-755	5-9300	856-	755-009	William Inches	800	342		-		
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						107	Haddon	Ave				Servicius.	_	
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	· · · · · · · · · · · · · · · · · · ·	•		FACILITY IN	FORMATION		9000-0-			-	=
Name of Facility Where	e Abatement is Ta	ung Place (3	3)			Type of Facility	(4)		- `	ton ,	- 1
RES	SIDENCE		٧			School (K-12					
Sireet Address	1		Ä			Subchapter	(Other than K-1	2)			
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Ony (5)	1	=1.0				Square Feet	# of Floors	В	ldg. /	\ge	
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Name of Monitoring Fire) Owner	ASO	CM No.	Name of Abater	ment Contractor (9)	·				-
(6)	J/A				1 11	EMCO IN					
Street Address			1		Street Address					===	=
		4			369	S, S Pruci	- DUE.				
City, State, Zip Code					City, State, Zip C	Code					
					· Mo	PLE SHAT	E, N, J,	08	05-	2	
Project Manager for Mo	nitoring Firm	T	elepho	ne No.	. Telephone No.		License No.				
		_			856-77	9-0472	004	44	1		
Start Date (10)		eduled Com			Name of OSHA	Monitor					
4/16/12		4/23	/12	<u>-</u>	J 98	FPH KLI	= an do				
Occupancy Status Durin	ng Abatement (Ch	eck only one	e)		Street Address	C 0	1				
🄀 Facility Closed/Vacat				t	369	S, Spr	UCE LUC.				
Abatement Performe	d Outside of Norm	al Facility H	ours		City, State, Zip C	ode					
] Other - Describe:					M	APLE SH	DDE , Ni	J.	08	05	`2
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≥160 sl or ≥260 lt		□ Demoli			Gloveba	ag Procedure					
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ompleted By	Title	/			Signature	1			,		
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	Date of Notification (1)	14/12				ding Owner/Operato ルナル <i>T</i> をこれ		(=1,2%		<i>in</i>		9.4
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	Name of Monitoring Firm	Hired by Building	Owner -	AS	CM No.	1 11	nent Contractor (55.50				
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F	Project Manager for Monit	loring Firm		Ţ,eleph	one No.	. Telephone No.	9-0472	License No.				
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Date of Notification (1	1/3/12			Nar		ing Owner/Operato		TION	_			
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	<u>:</u>					FORMATION			<u> </u>			
Name of Facility When	e Abatement is Ta	iking Pla	ce (3)		AOIGI T III	- Claration	Type of Facility	y (4)				
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Street Address								r 8 (Other than K-1)	2)			
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City (5)	EN ISLI						Square Feet	# of Floors	В	ldg.	Age	
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County (6) CAPE	MAY				E ONLY)	(7) (STATE	Current Use (P	nor if being demoii	shed)			
Name of Monitoring Fir	m Hjred by Buildin	g Owne	r	ASCA	M No.	Name of Abater	ment Contractor (9	9)			===	
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Project Manager for Mo	onitorina Firm		I. Tel	ephone	No.	Telephone No.	100	License No.				
	3			op. 10.10			9-0472	004	44			
Start, Date (10) 4 / 16 / 12	Sch	neduled	Comple	etion Da	ate (11)	Name of OSHA	Monitor SEPH KL					
Occupancy Status Duri		' '		1/2			PEPH FL	tah				
☐ Facility Closed/Vaca				ment		Street Address	SSPA	LULT LUC.				
Abatement Performe						City, State, Zip C		7,007				=
Other - Describe:	outside of Horn	ioi i doii				City, State, Zip C	APLE SI	LDDE, N.	J.	08	05	. ~
Scope of Work (Check	all that apply)		1					12 / 2 / 1				=
							ntainment with Ne	gative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat			Mini-En						
		KI D	emolitic	xn .			ag Procedure empted (*) and No	on-Friable Procedu	re			
			Location						T	Abate		
* * *	-1	- 1	iormally d Solel	All and the second		D				Ty	Эе	
Location Asbestos-Containing			ntenan		Achas	Description of tos Containing Mat		Amount				
TO BE ABA		16. (6.000)	ustodia			thermal systems in		(Specify	1 20		Encapsulat	ū
IN Facility			Staff?		(surfacing, VAT,		SF or LF)	Removal	Repair	ap de	č
(13)			(12)			other miscellaneo	ous)		l Vo	air	Sul	Enclosure
		Yes	No	N/A					1 a		ate	ē
51D11	va			X	TI	2ANSITE		2000 #	X			
											40	
								2 - 111				
Name of Registered Was				JDEP V		Cubic Yards of Waste		stered Landfill				
KLOMCO	INC,			790		t and the second		, C, M.U. A	<u>'</u>			
City, State MAPE	= SHAD	75,	N	J		Disposal Date	City, State	YBINE ,	. 丁.			
`ated By	Title			0		Signature	1	Date 1				
CEPN K	LEMM	\ \	1/1			Jours	in Kelin	n 4/	3/	12	-	
			1					AND DESCRIPTION OF THE PERSON	-			

Check # 816)

Date of Notification (1)	4-4-12		1	Name '		ng Owner/Operato	5ch4	9 2012 18 RZE				13	
Agency Notified	Type Notification				Address	2 Sec	2 Bree	ze Co.	w4		i i	*	
D DEP	Amended Amendment #	dina	- 3436 a 151 a		tate, Zip	Mana	hawKi	n NI	108	30	5	0	
Ø DOH	justification)	ung.	1	Vame	of Conta		1	Telephone N	umi				1
□ DCA	☐ Cancellation			0/-	na	Schwer	zel			-			
				FACI	LITY INF	ORMATION						- 0	_
Name of Facility Where	1 1		3		11.		Type of Facility	(4)					
Single to	amily of	pole	U	we	lline	}		8 (Other than K-					
1068-D	Long B	eacl	5 6	310	<u>d.</u>		Other (i.e. p homes, etc.)					
City (5)	Beach	111	-	0	800	18	Square Feet	# of Floors	Bldg.		+	~	
NORTH County (6)	Beach	/40		County	Code (7) (STATE USE		rior if being den	nolished)	<u> </u>	•		
Name of Monitoring Firm		ner L	ASCM I	ONLY)		Name of Ahate	ment Contractor (House	•				_
401	hnologies	iei /	i	V/A		EP		nologie	5, I	ı C			
Street Address						Street Address	product of the second	3			-		
P.O. Box City, State, Zip Code			*			City, State, Zip	P.O. Be	K 33 F					-
New Egy	PT NJ (185.	33			Neu	Eqypt	NJ	085	33	}		
Project Manager for Mon	itoring Firm	16	iepnone			leiepnone No.		License No.	>- 20				
Steve Sch	enker				365	609-758 Name of OSHA			0039	4	4-1-27		_
Start Date (10)	Scheduled C	- 20		2			_ Techn	ologies	. In	-			
Occupancy Status During	Abatement (Check or					Street Address		9	-				
Facility Closed/Vacate	d During Entire Period	of Abate	ement	8.0		City, State, Zip	D. Box	<u>33 </u>					
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fac	cility Hou	ırs			New	Egust	NT	085	37	ζ		
Scope of Work (Check al	I that apply)						-39pT						-
□ ≥ 3 sf or ≥ 3 lf					ovation		Containment with i-Enclosure	Negative Pres	sure			87	
22 160 sf or ≥ 260 lf			1	Den	olition		vebag Procedure n-Exempted (*) an	d Non-Friable F	Procedure				
		Is	Locatio	n						A	bate		nt
		N	ormally			Description	of			-	l y	pe	
Locatio Asbestos-Containing	n or Material (ACM)		d Solely			stos Containing M	faterial (ACM)	Amou		7		E	m
TO BE A	BATED		ustodia	1	(i.e	., thermal system surfacing, VA		(Speci SF or I		Removal	Repair	cap	ncio
IN Fac	5 N.TC:		Staff? (12)			other miscellar		0. 0	,	oval	air	Encapsulate	Enclosure
		Yes	No I	N/A								0	
exterior	Walls			×	Sid	ling Shi	nales	2400	OSF	K			
CATERIOR	11910					J	J			-			-
										-		-	-
Name of Registered Was	te Hauler	U. S. Callettin	DEP Wa	aste H	auler	Cubic Yards of	Name of Regi					_	24 22
EPC Tech		IDI	NO. 1	700	00	Waste 12	Waste	Monay	gemen	+			
						Disposal Date	City, State	-11	PA	24			-
NE NJ	Title	- 4				4-20-17 Signature	Monny	Sville	Date	-	-		
Steve Schen	s we	side				Si	we Sch	when	4	- 4	/-	12)
ASB-41	* Do no	t use thi	s form i	for ast	estos lic	ensure exempted	d activities.	44.1					

MOTIFICATION OF ASBESTOS ARATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7

Date of Notification	m (1)		L-				The same of the sa			2.1	
	M1 (1)			uilding Owner/Op	erato	or (2)	44 11 110 7				
4/3/12			Jose	ph Dries				1/1	1/	2.00	
Agencies Notified	Type Notifi	cation	Street Ad			THE STATE		-111	11		
[]EPA	[X]Initial		13 S	unset Terr		APA	9 2019		1		
[]DEP	Notif	ication	City, Sta	te, Zip Code	+		- FRIZ	7	<i>‡</i>		
[X] DOL	[]Amended	i cation	Maple	ewood, NJ (704	0				(4)	
[X] DOH			Name of Co	ontact	L.,	Wolow	none Number.	1			
[]DCA	[]EMERGEN	ICX		ph Dries	Ma _L	reteb	one Number.	- 1			
	[]Cancell	ation			- 10 May 10 may	10000		٠.,	i		
Name of Tailing			FAC	CILITY INFORMATI	ON		77 747.	Fix it is appropriate	and to	-	
Name of Facility Who Private	ere Abatement	t is Takir	ng Place (3)		Type of Fac	ility (4)		-		
						[]Schoo	l (K-12)				
Street Address	A CONTRACTOR					[]Subch	apter 8 (Oth	er tha	an K-	12)	
13 Sunset Te	rr				*	cial	(i.e., priv buildings,	nate &	comm	er-	
City (5)		7				Square Feet			Bldg		
Maplewood		County (County Code (STATE USE C		2500	3		85		
• • • • • • • • • • • • • • • • • • • •		nose.	Λ.	(021122 002 0	MLI)	Current Use	(Prior if b	eing d	emol	ishe	ed)
Name of Monitoring F	irm hired by	Building	ASCM No.	hr		Resider	ice			-	
Owner (8) N/A						ment Contract			2		
Street Address			67				I, Inc.				
	24			Street A		7 2),					
City, State, Zip Cod	е					topher S	τ.				
				City, St			0.40				-300
Project Manager for 1	Monitoring F	irm mol	ephone Num			r, NJ 07	042				
	rorring r	N/Z				-8800		Licens		nber	150
Scheduled Start Date	(10) Sobo							003	71		
4/12/12	15 - 5 12 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	/13/12	etion Date	(11) Name of (OSHA N	fonitor					
Month Day Yea	ar Mo	1125		1 (127 A.S. 188)							
		men pa	y Year	r 11							
Occupancy Status Duri [X]Facility Clos	ing Abatement	(Check o	nly one)	Total I	ldress					_	
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State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #			Service Water								
Date of Notification (1) April 3, 201	2			Name of Building Own RUTGERS, THE			/ERS	ITY OF	NJ .		
Agencies Notified EPA	Notification Initial Amend	Notifica		Street Address ENVIRONMENTA 27 ROAD 1, BLD0		1 1 1 1 1			the person of the Park	s	
□DCA ☑ DOL		gency (ication)	including	City, State, Zip Code PISCATAWAY, N	J 088	54	1				////
☑ DEP- No Longer REQUIRED ☑ DOH	□Cance			Name of Contact MICHAEL SMITH		7	Teler	hone N	ımber .	• 4	4
				HEALTH & SAFE							1
Name of Facility Where Abatement is	Taking Place (2)		FACILITY IN	FORMATION Type of Facility (4)	i.e.	-		-I	4		
MARVIN APARTMENTS, B		1		School (K-12) Subchapter 8 (other	4	12)		tu			
Street Address BUSCH CAMPUS				Sq. Feet: N/A	commer	cial build	ings, ho		:.)	ears	i i
City (5) Count	y (6)	County	y Code (7)						513 J		
PISCATAWAY	DDLESEX	(State	Use Only)	Current Use (prior if be	eing den	nolished)): AC	ADEMIC			
Name of Monitoring Firm Hired by Blo ATC ASSOCIATES	lg. Owner (8)	ASCM 0098		Name of Contractor (9)	ATERS	ENT C	ONGI	II TANI	re ini		
Street Address		1		Street Address	A I CIAI	EMI C	ONSC	LIMN	1 3, INC	<i>,</i>	
3 TERRI LANE				268 MAIN STREET	Γ.						
City, State, Zip Code BURLINGTON, NJ 0801	6		City State, ZipCode BUTLER, NJ 0740	5				**************************************			
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone 609-386			<u>Telephone Number</u> 973-492-0477			Licen 0084	se Numb	er	ii	
Scheduled Start Date (10)	Scheduled	Completic	on Date (11)	Name of OSHA Monitor	8		000	+0			
04/13/12	04/14/12			ENVIROVISION, I							
Occupancy Status During Abateme				Street Address							
□ Facility Closed/Vacated During E □ Abatement Performed Outside or			nt	20-21 WARGARAN	W ROA	AD .					
Describe	(DAILY)			City, State, Zip Code							
☑Other – Describe: 12PM - 5AM	(DAILT)			FAIRLAWN, NJ							
Scope of Work (Check all that apply)					J Full	Contain	ment w	ith Nega	tive Pre	ssure	
⊠ ≥ 3 sf or ≥ 3 lf			■ Renovation			i-Enclosi					
□ ≥ 160 sf or ≥ 260			Demolition	The state of the s		vebag P					
Location of Asbestos-Containing Is	Location Norma	ally I lood	Description of As	ن bestos Containing Material		-Exempt Amour		and Non-	Friable nent Typ		ure
Material (ACM) in Facility (13)	colely by Maint./Cotaff? (12) YES NO			mal systems insulation, surf		(Specification or LF)			Repair		Enclose
Apt. 76	X	1	VAT		-	110 5	SF.	X	T	1	
	Lancard Lancard										
Name of Reg. Waste Hauler	NJDEP Wa		r ID#	Cubic Yards of Waste:	5 C	Y		of Regis			211
See Hauler Below #1 & 2	See Belov	. 11 14 14-25 1				The state of the s	O.W.S.	North	Landi	111	
Hauler #1) Greenwood Abatement C NJDEP # 12561 Hauler #2) Newark Carting, Inc., No NJ DEP # 4509	NJ 07405			osal <u>Da</u> 14/201			City, Sta 100 New Rd. Mor 19067 215-736	Ford N			
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR P MANAGEI		т	Signature	1.	12	<u>Date</u>	April 3	2012		

Check # 1357			(Pui	rsuar	it to	NJAC	.00 an	u 12.	120)			1.3	4	_
Date of Notification (ate of Notification (1)					of Building	Owner/C	perato	r (2)				1	
04/04/2012						Keller		1000000		App 9 2012			1	
Agency Notified	Type N	otification		St	reet	Address				74/11			1	
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□ DEP	☐ Ame			Ci	ty, S	tate, Zip Co	ode		1		(Z			1
⊠ DOL		endment #		As	bury	y Park, N	J 0771	2	1 1				action.	
⊠ DOH		ergency (including ification)		Na	ame	of Contact			<u></u>	Telephone Number				
□ DCA		cellation		Ste	hen	Keller								
				F	ACI	ILITY INFO	RMATIC	N	211-5					
Name of Facility Wh	ere Ahateme	nt is Taking Place	(3)						Type of Facili	ty (4)		_		
	ere Abateme	in is raking ridec	(0)											
Private home					_				☐ School (K-1	2) r 8 (Other than K-1 2)				
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City (5)				20					Square Feet	# of Floors E	Bldg. A	ge		
Asbury Park, NJ (07712													
County (6)	********			1		y Code (7)	(STATE	USE	Current Use (Prior if being demolished	d)		1000	
Mannesonth				0	NLY))								
Monmouth			-AS	SCM N	0.	T	Name o	f Abate	ment Contractor	(9)	-		11	
Name of Monitoring	ame of Monitoring Firm Hired by Building Owner(8)						Gr Tech	NII C						
Street Address	treet Address						Street A						26-	700
				5	76 Va	llev R	1 #283							
City, State, Zip Code					City, Sta					_				
Oity, Otato, Zip Gode			67	100	Wayne,									
Project Manager for	Monitoring F	irm	Tele	phone	No		Telepho		470	License No.				
Project Manager for	Worldoning 1		1010	prioric	110.		erozer antos		7	01127				
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Start Date (10)			pietioi	Date	(11)									
04/14/2012		04/15/2012				CALL COLOR COLOR	Street A		Consultants,I	nc				-
Occupancy Status D	ruring Abaten	nent (Check only c	nie)						D 1 DI1	# 24 4				
☑ Facility Closed/Value						the same	City, Sta	The second second	w Road, Bld	g .# 34A		-		
☐ Abatement Perfor ☐ Other - Describe:		of Normal Facility	Hours	3										
Description of the second		a h. V				1	air La	wn, N.	J 07410					-
Scope of Work (Che	ck all that app	piy)					-			th Negative Pressure				
⊠ >3 sf or >3 lf						ovation	5	/	i-Enclosure					
☐ ≥160 sf or >260	lt			ч	Dem	nolition	Ĺ	Glov	vebag Procedure -Exempted (*) a	e nd Non-Friable Procedu	re			
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Basement				X		Pipe insu	ilation			185 LF	X			+-
Garage						Pipe insu	ılation			35 LF	X			
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Gr Tech LLC	Tech LLC 00								T.R.R.F. In	C				
City, State							Disposal	Date	City, State				_	
Wayne, NJ 07470								0,048	Tullytown,	PA				
Completed by		Title					Signatur	e //	1 /) Dat	te	-		0.055
N.Jevtic		Owner		*				He w	he Nes	04/0	04/20	12		
ACD (1)		VEND VARIOUS	e thie	form fo	or aci	hestos licer	Isure &	emoted	activities.	0470	20			

Agency Notified. PEPA	Date of Notification (1) 4-4-1	2	Name of	Building Own	er/Operato		Macca					
City, State, Zip Code			Street A	ddress		- Co. 1023 123 123 124 125 125 125 125 125 125 125 125 125 125 125 125 125					i i	11
Amendment # Deptford, NJ 08096 Dock	□ EPA 💆 nitial		1	52	76,	riscom	DRIVE	. a. 201	Q.,		d	
Second Cancellation Name of Contact Name of Contact Name of Facility Where Abatement is Taking Place (3) Street Address Street Address Square Feet # of Floors Bidg. Age Square Feet # of Floors Street Address P.O. Box 337 Bidg. Age Square Feet # of Floors Square Feet #		#	City, Sta	7)ants	200	NTI	10/19	7/	H, E		
Cancellation Canc	□ Emergency		Name of		repri	ORCE , /	17. C	1001	6	٠		_
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□ Abatement Performed Outside of Normal Facility Hours □ Other – Describe: Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure □ Renovation □ Demolition □ Demolition □ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure □ Non-Exempted (*) and Non-Friable Procedure				Street	Address						3600.0	A THE
Other – Describe: Scope of Work (Check all that apply) Renovation Demolition Scope of Work (Check all that apply) Full Containment with Negative Pressure Scope of Work (Check all that apply) Scope of Work (Check all	Facility Closed/Vacated During Entire F	riod of Abateme	nt .	City, S	tate, Zip C	ode	33 t					_
Scope of Work (Check all that apply) □ 3 sf or ≥ 3 lf □ 2 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Scope of Work (Check all that apply) □ Full Containment with Negative Pressure □ Mini-Enclosure □ Renovation □ Demolition □ Demolition □ Non-Exempted (*) and Non-Friable Procedure		, , , , , , , , , , , , , , , , , , , ,		1	/ew	Egypt	NJ	085	33)		
≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf □ Demolition □ Demolition □ Non-Exempted (*) and Non-Friable Procedure	Scope of Work (Check all that apply)					011	Negative Press	ire	-		,	
Is Location Normally Location of Used Solely by Description of Abateme Type		•			Mini- Glove	Enclosure ebag Procedure	*					
Location of Used Solely by Description of		100000000000000000000000000000000000000	337 WEST 197		e de la composition della comp				At		0.000	it
Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Maintenance/ Custodial Staff? (12) Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT. or other miscellaneous) Amount (Specify SF or LF)			lely by							-//	Ĩ	Tall by
IN Facility Staff? surfacing, VAT. or SF or LF)		2-20-22/20/20/20/20							Re	70	Enc	En
(13)	IN Facility	` Staff	f?	surfa	icing, VAT	, or			vome	epai	apsu	Enclosure
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Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ND No. 1 Waste			waste Haul		rards of	for the second s			,			
EPC Technologies 1000 1 Waste Monagement	EPC Technologies		1000)	1		- Monage	men	<i>+</i>			
NE NJ Disposal Date City, State 4-17-12 Monnis ville PA	LIE NJ			1	7-12		ville	PA				
Completed by Title Do Signature Date	John process of	20-0: 10-0	L	Signatu	ire of	Sol			,,		-	
Steve Schenker President Sleve Schenker 4-4-12 ASR-41 *Do not use this form for asbestos licensure exempted activities.	7.000 00 10 1.00			ne licencure a	The	ver sche	he	4-6	4-	12		

MD 19308531058

Date of Notification (1) 04/04/12						g Owner/C quities, I		(2)		+				
	Type Notification	1		Street A	Address	on Aver						n	1	1.5
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip C			<i>[]</i>		9 2012				
DOH DCA	Emergency justification Cancellatio)`		Name o	f Contac Dolan	t				elephone N	-		i i	
		W. Commission	-	FACI	LITY IN	FORMATI	ON						1	
Name of Facility Where Al Boiler House	oatement is Taki	ng Place (3)					Type of Facility School (K	900 60					
Street Address 173 Cornelison Aven	ue						to the	Subchapt Other (i.e etc.)	ter 8 (Ot . private	her than K	-12) rcial bu	ıilding	js, hc	mes,
City (5) Jersey City								Square Feet 21,000	3	of Floors		Bldg 40+	. Age	
County (6) Hudson				County (Code (7) USE ONL			Current Use (F vacant	Prior if be	eing demol	ished)			
Name of Monitoring Firm F Lis Consulting Service		Owner (8)		ASCN	/ No.			of Abatement C nark Contrac				-		
Street Address 134 Bennington Pkw	y						100	Address Isall Drive						
City, State, Zip Code Franklin Park, NJ 088	323							ate, Zip Code ex, NJ 0746	1					
Project Manager for Monitor Kris Lis		Telephor 732-94		7	Telepho 973-8	one No. 64-2022		License 01137	No.					
Start Date (10) 04/17/12		Schedule 05/20/		mpletion (Date (11))	Name o	of OSHA Monito	or			1		
Occupancy Status During	Abatement (Che	ck Only Or	ne)				Street A	Address						_
Facility Closed/Vacate				ment			117 E	ast 30th Stre	eet					
Abatement Performed Other – Describe:	Outside of Norr	mal Facility	Hour	s		[ate, Zip Code York, NY 100	016					
Scope of Work (Check All	That Apply)		10-10-10-10-10-10-10-10-10-10-10-10-10-1			-	4,200				-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×××	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				ıra	
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Location o	f	1	Norma	lly		Des	cription o	of			_	_	уре	
Asbestos-Containing M <u>TO BE ABAT</u> In Facility (13)	(12)	ince/ Staff?		thermal: surfac			(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
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Throughout Boile	Х		Boile			insulation	1	000 S.F.	x	-	1	1		
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Roof	X			Roofing				00 S.F.	x					
Name of Registered Waste Atlantic Carting	F	IJDEP Wa łauler ID I 6085		Oubic Y		G.R.O	- Composition of the Composition	ered Landfi	11					
City, State Wayne, NJ				Disposa on oor	al Date	City, Sta		A						
Completed by Marko Stankovic	ayne, NJ ompleted by Title						grature Out it	1		ı 1 n	ate 4/04/	12		

гах. State of NJ

Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-79 Emergency

Fmergency Non Sub 8

Check # 5169

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te of Notification	(1)	Name	of Building	Owner/	Operator (2)				epthof.H	ealth&Seni	or Serv	ices		
14 1/10 14	1/11/21	Cla	ra Maass	Medical	Center				PAR C	- 170	20/1	=	-	_
encies Notified	Type Notification		Address	1144					44 11	signature)	7:4	AL	h	
☐ EPA	⊠ Initial	11 10	lara Maa	ss Drive	APR	(1)	2012	Date	414	Time	- (>1 1		-
DEP	Na Hugo		State, Zip (1						
DOL.	Amendment		lleville, N		9			1		- Nimbor			-	_
1			of Contac			A		3 4	Telephor	ia Number				
⊠ DOH	Cancellation						A SALE TO SALE OF SALE		•					
DCA		R	achel Byr											
		<		FACIL	ITY INFORMA	MOITA		Type o	f Facility	(4)		-		-
Name of facility wi	here abatement is ta	king place	(3)			27.72		1,700	Scho	of (K-12)				
									Subc	hapter 8 (Ot	her than	K-12	2)	
	ledical Center (No	n Sub o				-			Other	(Private/Co /Homes, et	mmerci	ai ,		
Street Address								D=10	re Feet			Bidg	Âge	_
1 Clara Maass	Drive, Ground flo	or Pharm	acy		(A)			Squa	ro reer	21.1001				82
City (5)		County	(6)	1	1020		y Code (7) use only)	Cin	ent Use (Prior if being	demoi	ished)	_
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Belleville, NJ	07109	Essex	The state of the s		ACCIDENT	114	lame of Abateme			-				R)
Name of Monitori	ing Firm Hired by Blo	g. Owner	(8)		ASCM No.		B&G Restora							
n/a			··-				Foot Address							
Street Address			E CONTRACTOR OF THE PARTY OF TH			- 11	105 Ryerson R	Road						
						— k	ity, State, Zip Con							
City, State, Zip Co	ode						Lincoln Park,		5					
		War -	7-0-	61			elephone Number	ar	The same of the sa	License	Numbe	÷1		
Project Manager	for Monitoring Firm		Pho	пе Мить	er		973-696-6869			0378				
							Name of OSHA M	1						
Scheduled Start I	Date (10)	Sched.	Completion	n Date (†	1)		B & G Restor	ration, In	c.		-			_
		4/5/20	112			11	Street Address			1350-5603				
4/5/2012	is During Abatement		10/4				105 Ryerson							
M English do	end/vacated during 6	ntire perio	d of abater	nent.			City, State, Zip Co	ode						
Abatement	t performed outside	of normal f	acility hour	S-										
Describe:						_	Lincoln Park	t, N3 070.	33					
Other-Des	(check all that apply)													
		Renovatio	n			□ F	uit Containment w	y/negative	pressure	Slov				
A CONTRACTOR OF THE PROPERTY O		160 sf or				X N	tini-enclosure			☐ Non-	-friable			
	3 If L		n normally	used sole	. N						0	R	E	E
Location	of	by mainte	nance/cus	todial	Descri	ption of a	sbestos-containin	ng l	Amou	nt By SF or	m	p	c	C
asbestos- material t	containing to be	staff(12)		1	- materia	al (ACM)			LF)	., .	O V	a	a P	L
	facility (13)	Yes	No	N/A					1.0		e	ļ.	F	+-
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basement		-			1	1000					ᆜᆜ	片	ዙ	1
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Registered Was	de Hauler	INJE	EP Hauler	1D#	Cubic Yards	of Waste	Name of Regis	stered Lan	dfill P. Daco	very Cente	AT.			
B&C Testo	oration, Inc.	19	563		1/2 yard		Tullytown R	cesource	or Menn	ory conte	•			
City, State			7. 15.44	Dispose			City, State	PA .	ware .					8
Lincoln Par	k, NJ 07035			4/6/2			Tullytown,		-/3-	Date	2			-
Completed by		Title		The state of the s	Signatun	E	Gordana La	ena .		4/0	4/2012			
Gordana Lu		Treasur	er				-			1-0	-		1	

2012-79 Emergency B & G proj. #:

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) ***Fmergency Non Sub 8***

Check # 5169

				Emergenc	y 1101	1 300 6	CARON III				•
Date of Notification		Name o	f Building Ow	ner/Operator (2)	VE PER	NU RE LEA				
0 4 / 0 4			Maass Med	lical Center			- 11				
Agencies Notified EPA	Type Notification	Street A	ddress				2010				
DEP	■ Initial		ra Maass D		111	: APR 9	2012				
☑ DOL	☐ Amendme	nt	eville, NJ 07		1						
☑ DOH	_	Name o	Contact		1		Telephone	Number			
☐ DCA	Cancellation	on Raci	nel Byrnes		index to p	The second second					
			FA	CILITY INFORM	NATION	energy contract of the second		3 92 T 2010 Base			
Name of facility w	here abatement is t	aking place (3)					Type of Facility (4)				
Clara Maass M	ledical Center (N	on Sub 8)						pter 8 (Other ti	nan K	-12)	
Street Address	7							Private/Comme lomes, etc.	rcial		
1 Clara Maass	Drive, Ground fl	oor Pharmac	y					of Floors	Blo	dg. Ag	je
City (5)		County (6)			0.5000000000000000000000000000000000000	nty Code (7)				-1\	
Belleville, NJ	07109	Essex			(Stat	e use only)	Current Use (Price hospital non Su		iolisne	ea)	
	ng Firm Hired by Bl	dg. Owner (8)	584-25	ASCM No.	11	Name of Abatement	Contractor (9)				
n/a			-			B & G Restoration	on, Inc.				
Street Address						Street Address					
Ot Chata Zin Co.	do					105 Ryerson Roa City, State, Zip Code	id				
City, State, Zip Coo	ae					Lincoln Park, N.	1 07035				
Project Manager fo	or Monitoring Firm		Phone Nur	nber		Telephone Number	1	License Numb	oer		
						973-696-6869		0378			
Scheduled Start D	ate (10)	Sched. Com	pletion Date	(11)		Name of OSHA Mon B & G Restoration					
4/5/2012		4/5/2012				Street Address	on, me.				
Occupancy Status	During Abatement	(Check only on	e)			105 Ryerson Ros	ad				
	ed/vacated during e performed outside o					City, State, Zip Code					
Describe:		i iloimai iaciity	110urs-		-11	Lincoln Park, N	1.07035				
Other-Descr					<u> </u>	Lincom Faik, N.	107033				
Scope of Work (c	heck all that apply)	Renovation			ПЕ	ull Containment w/ne	native pressure	Glovebag p	rocedi	ıre	
>3 sf or >3 l		160 sf or >260	ıf			lini-enclosure	Г	Non-friable			
		Is location norm		elv		A)+ (4 + A)		R	R	Е	_
Location of asbestos-co	ntaining	by maintenance staff(12)			tion of a	sbestos-containing	Amount	_ e m	e p	n	E n
material to be abated in fa	be			material			(Specify SF LF)	or o	a	а	C
abatoa II. Ia	, (,	Yes N	o N/A		Tive			e	ļ <u>i</u>	р	_
basement				pipe insula	ation		8 lf		붜	H	붜
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								H	i	古	一
Registered Waste	Hauler	NJDEP Ha	uler ID#	Cubic Yards of	Waste	Name of Registered	Landfill		1=		
B & G Restorat		19563		1/2 yard		ACCORDING TO SECURE OF SECURE	irce & Recovery	Center			
City, State Lincoln Park, 1	N1 07035		Disposa 4/6/2			City, State Tullytown, PA		10 mm			
Completed by (Pri		Title	- 10/2	Signature				Date		-	
Gordana Luna	2223 12	Treasurer			(Gordana Luna		4/04/2012			



Date of Notification (1) 04 / 03	/ 12				of Building	Owner/Operator (2						
	· · · · · · · · · · · · · · · · · · ·									111		
Agencies Notified Type Notification ☐ EPA ☐ Initial				Street Address 485 Industrial Avenue APR 9 2012								
☑ DHSS Ame	DHSS Amendment #2			City, State, Zip Code Teterboro, NJ 07608								
DCA ☐ Eme (NJAC 5:23-8) ☐ justi			of Contact		Telephone Number							
☐ Cancellation					ol Kulesz	za	hard special and his action	17 75	-7		10	
				FΔC	II ITY IN	FORMATION		- 0		-	10	
Name of Facility Where Abateme	nt is Taking	Place	(3)		, L	· Ortina trion	Type of Facility (4)	1 1 1 1 1 1		ant.	
Meridian Teterboro	ik io Taking	. 1000	(0)				School (K-12)					
Street Address							Other (i.e., pr	ivate and commerc		ilding	s,	
125 Industrial Avenue							homes, etc.)	# of Floors	Die	lα Λ.		
City (5)							Square Feet	# 01 F1001S		ig. Ag 56	je	
Teterboro, NJ 07608				Ta		VOTATE LIGE ONLY	25,640			00		
County (6)				Coun	ty Code (/)(STATE USE ONLY)		or if being demolis	nea)			
Bergen				<u></u>		T	Hangar/Offic		10.00		,	
Name of Monitoring Firm Hired by		wner ((8)	ASCM		Name of Abateme						
GZA Geo Environmental I	nc.			0012	26	JVN Restora	tion Inc					
Street Address						Street Address						
55 Lane Drive Suite 407						47 Foster Ro						
City, State, Zip Code						City, State, Zip Co						
Fairfield, NJ 07004	Lance and the second					Staten Island	l, NY 10309					
Project Manager for Monitoring F	irm			phone		Telephone No.		License No.				
Benjamin Sallemi				73-774		718-605-6256		00774				
Start Date (10)				tion Da		Name of OSHA N	Ionitor					
_4 / _02 / _12		4/	16	<u> </u>	12	Testor Tech						
Occupancy Status During Abater Facility Closed/Vacated Durin				ment		Street Address 10-59 Jackso	n Avenue					
☐ Abatement Performed Outside					cribe	City, State, Zip C				-		
Time of Abatement:Al	VIPI	W/	PM		AM	L.I.C NY 1110						
Scope of Work (Check all that ap	ply)			-	1 1107	2000						N 10 10 10 10 10 10 10 10 10 10 10 10 10
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			enovat emoliti			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure n-Friable Procedur	re			
		1	s Loca	tion	T				1	atem	ent T	vpe
Location of	/A CAR		Norma ed Sol	illy		Description of		Amount	-	_		
Asbestos-Containing Material (ACM) TO BE ABATED			aintena			estos Containing Ma e., thermal systems		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus		Staff?	1,115	surfacing, VAT, or		SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	'	Sul	sure
(13)		V	(12)		-	other miscellane	ous)				ite	
Boiler Room		Yes	No 🖂	N/A	Dine In	sulation		200 LF			П	П
	 	200		+=-	 •				-			
Canopy Roof				10.	Roofin	g		224 SF		브		
	-									Ш	Ш	Ш
Name of Registered Waste Haule Tri-State Transfer Associa			100	JDEP I		Cubic Yards of Waste	Name of Regis	stered Landfill nterprises Inc				
	, 1110			2A-45	56	10						-
City, State Bronx, NY						Disposal Date 4/16/12	City, State Waynesbu	rg, OH		-		
Completed By (Print or Type)	Title				-	Signature//	1 1	Da	te	+		
John Tardy			Proje	ect Ma	nager	107	anclu	L	1/3		2 .	
ASB-41 MAY 11	*	Do no	t use t	his form	for asbes	tos licensure exem	oted activities.		1	J		848. E.S

Date of Notification (1)			100			g Owner/Operator (2	2)		- 1	1		
04/02	_ / _ 12	_		Mer	idian Te	terboro						
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	mended mendment #1			City, S	tate, Zip	Code				1		
<u> </u>	mergency (inc	100		Tete	erboro, l	NJ_07608	Ĺ.,	Change Co. 1		1		
(NJAC 5:23-8) ☐ Cancellation			Characteristics	of Contac	14	Telephone Number						
		-		FAC	ILITY IN	NFORMATION						
Name of Facility Where Abater	ment is Taking	Place	(3)				Type of Facility	(4)				
Meridian Teterboro			- San Canner				☐ School (K-12					
Street Address							Subchapter 8	B (Other than K-12) rivate and commen	cial bu	ildina	S.	
125 Industrial Avenue						# 40 40 5	homes, etc.)					
City (5)							Square Feet	# of Floors	Blo	ig. Ag	je	
Teterboro, NJ 07608							25,640	1		56		
County (6)					ty Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hangar/Office					
Bergen Name of Monitoring Firm Hired	by Building C	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			4 197		
GZA Geo Environmenta				00126 JVN Restoration Inc								
Street Address		// // <u></u>				Street Address		+1			- T	
55 Lane Drive Suite 407						47 Foster Ro	ad					
City, State, Zip Code				-		City, State, Zip Co	ode					
Fairfield, NJ 07004			- *			Staten Island						
Project Manager for Monitoring	Firm		Tele	ephone l	No.	Telephone No.		License No.				
Benjamin Sallemi			9	73-774	-3300	718-605-6256	256 00774					
Start Date (10)	Sched	luled C	omple	tion Da	te (11)	Name of OSHA M	lonitor					
4 / 02 / 12	<u>. </u>	4 /	16	<u>3</u> / _	12_	Testor Tech						
Occupancy Status During Aba	tement (Check	c only o	one)	Willers S		Street Address						
☐ Facility Closed/Vacated Du	ring Entire Pe	riod of	Abate	ment		10-59 Jackso	n Avenue					
Abatement Performed Outs Time of Abatement:	ide of Normal AMPl	Facilit	y Hou PM	rs - Des 	cribe AM	City, State, Zip Co						
Scope of Work (Check all that	apply)									57/42		
Scope of Work (Check all that	арріу/						tainment with Neg	gative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re	novat moliti			☐ Mini-End ☐ Gloveba	a Procedure		ž.			17
₩ ≥100 St Ot ≥200 II						Non-Exe Non-Exe	empted (*) and No	n-Friable Procedu	re			
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Location of			Norma	ally ely by	Ach	Description of estos Containing Ma		Amount	Re	Repair	Enc	Enc
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IN Facility		Cus	ustodial Staff? (12)			surfacing, VAT other miscellane	SF or LF)	<u>a</u>		ulat	Te	
(13)		Yes	No			Other miscenarie	(Cus)				е	
Boiler Room					Pipe Ir	nsulation		200 LF	Ø			
Canopy Roof	-		Ø		Roofin	ng		224 SF	\boxtimes			
Carlopy Rooi		-	-	-		<u> </u>				П	П	П
	27 1							1	1] [
					A 40 Y	and the site of				Ш	Ш	
Name of Registered Waste Ha				NJDEP I		Cubic Yards of Waste	Name of Regis					
Global Waste Industrie	s Inc.			NJ-22		10	L. E. C.	nterprises Inc				
City, State				1 100	To a contract of	Disposal Date	City, State					
Hackettstown, NJ /						4/16/12	Waynesbu	ırg, OH		1		
Completed By (Print or Type)	Titl	е				Signature	1.01	Da	ite	1.	_	
John Tardy	S	enior	Proj	ect Ma	nager	1/12 -	1 CARCAN		112	11	2	
ASB-41								1)	1		
MAY 11	*	Do no	t use t	his form	for asbe.	stos licensute exem	prea activities.	1				

3 / 19	/ 12		me	ridian le	terboro				1		
Agencies Notified Type N	lotification	-		Address		III.	n 6 2012				
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(NJAC 5:23-8) just	tification)		1	of Contac			Telephone Num	ber			
☐ Car	ncellation		Kar	ol Kules	za		1	4	120000		
	-		FA	CILITY IN	IFORMATION		W. I			3415	
Name of Facility Where Abateme	nt is Taking Plac	e (3)				Type of Facility	(4)				
Meridian Teterboro						School (K-12					
Street Address	*************************************						B (Other than K-12 rivate and comme		ildine	30	
125 Industrial Avenue						homes, etc.)		iciai bi	manie	jo,	
City (5)			-			Square Feet	# of Floors	BI	dg. A	ge	
Teterboro, NJ 07608	and the principal of th	i i				25,640	1		56		
County (6)			Cour	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Bergen						Hangar/Offi	ce				
Name of Monitoring Firm Hired by	y Building Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					-
GZA Geo Environmental II			0012	26	JVN Restorat	tion Inc					
Street Address					Street Address				NI DALI DE	3000	
55 Lane Drive Suite 407					47 Foster Ro	ad					
City, State, Zip Code		100	-		City, State, Zip Co	ode				-	
Fairfield, NJ 07004				Staten Island	, NY 10309						
				No.	Telephone No.		License No.		+		
, ,				-3300	718-605-6256						
				Monitor							
Start Date (10)	Scheduled (Comple	tion Da	te (11)	Name of OSHA M	lonitor					
Start Date (10)4	1				Name of OSHA M Testor Tech	Ionitor					
4 / 02 / 12	4	16				Ionitor					
[4 nent (Check only	/ <u>16</u> one)	5_/		Testor Tech						
4 / 02 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside		one) Abate	ment	12_	Testor Tech Street Address	n Avenue					
4 / 02 / 12 Occupancy Status During Abatem ☑ Facility Closed/Vacated During		one) Abate	ment	12_	Testor Tech Street Address 10-59 Jackso	n Avenue		10			
4 / 02 / 12 Occupancy Status During Abatem ☑ Facility Closed/Vacated During ☐ Abatement Performed Outside		one) Abate	ment	12_	Testor Tech Street Address 10-59 Jackso City, State, Zip Co	n Avenue ode					
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4 / 02 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AM Scope of Work (Check all that apple) ☐ ≥3 sf or ≥3 If		one) Abate	ment rs - Des	12_	Testor Tech Street Address 10-59 Jackso City, State, Zip Co L.I.C NY 1110 Full Cont Mini-Enc	on Avenue ode 11 cainment with Neglosure g Procedure		12			41
4 / 02 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AM Scope of Work (Check all that app		one) Abate ty Hour	ment rs - Des	12_	Testor Tech Street Address 10-59 Jackso City, State, Zip Co L.I.C NY 1110 Full Cont Mini-Enc	on Avenue ode 11 cainment with Neglosure g Procedure	jative Pressure n-Friable Procedu	re			
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4 / 02 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AM Scope of Work (Check all that applications) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material <u>TO BE ABATED</u> IN Facility		Abate by Hour PM- enovati emolitic s Local Norma ed Sole aintena	ment rs - Des ion on tion tilly ely by ance/ Staff?	12 cribe AM	Testor Tech Street Address 10-59 Jackso City, State, Zip Co L.I.C NY 1110 Full Cont Glovebag Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT	n Avenue ode ode od cainment with Neg closure g Procedure mpted (*) and No of terial (ACM) insulation, or	n-Friable Procedu	1	atem Repair		ype Enclosure
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4 / 02 / 12 Occupancy Status During Abatem ☐ Facility Closed/Vacated During ☐ Abatement Performed Outside Time of Abatement:AM Scope of Work (Check all that apple = 23 sf or ≥3 lf ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material	_4	Abate by Hour PM- enovati emolitio s Local Norma ed Sole aintena stodial (12) No	ment rs - Des ion on tion allly ely by ance/ Staff?	Asbe (i.e Pipe Inst	Testor Tech Street Address 10-59 Jackso City, State, Zip Co L.I.C NY 1110 Full Cont Glovebag Non-Exe Description of stos Containing Main, thermal systems surfacing, VAT, other miscellane Cubic Yards of Waste	n Avenue ode lainment with Neg losure g Procedure mpted (*) and No f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	Ab Removal	_		Enclosure
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