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

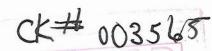
CK# 4649

				Name	ot Building	g Owner/Operator (2	2)					
04/	04 /	12		Unit	ed State	s Air Force	(principal and a second				_	
Agencies Notified 7	Type Notification	on		Street	Address				/	Th	1	
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72	☐ Amended			N-Director	tate, Zip C						+	-
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(NJAC 5:23-8)	☐ Cancellation			100000000000000000000000000000000000000	ie Lange		1	Tolognone (tun)				
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Building B1907							homes, etc.	)			130	
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McGuire AFB, NJ							101,000	4	6	0		
County (6)				Coun	ty Code (7	)(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
Burlington												
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28 N. Pennell Road						550 East Uni						
City, State, Zip Code						City, State, Zip Co						
Media, PA 19063						West Cheste	r, PA 129382					
Project Manager for Monito	oring Firm		Tele	phone I	No.	Telephone No.		License No.				
David Turotsey			(6	09) 70	4-8850	610-701-9000		00508				
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Start Date (10) 04/19/	55024	heduled C				Name of OSHA N		-1				
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Name of facility where	abatement is taki	ng place (3	3)						[	School	(K - 12) pter 8 (Othe	r than	K-12)	)	
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RIDGEWOOD		BERG	EN					e of Abstament	Contro	ctor (9)					
Name of Monitoring	Firm Hired by Bldg	Owner (8	)	A	SCM No.										
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Describe:	be: NORMAL HO	OURS						Paterson, 143		- (+ lu - + + + -	t w/negative	nressi	rre		
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Registered Waste	RATION, INC.		506	TAP P	2 YDS			TULLYTON	N, RI	SOURCE	RECUVE	KI	<u> </u>		
		-1-		Disposal				City, State							
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The second second second		Title			Signatu	ire						1/12	5 60	50.41	
ROGDAN IC	DLDZIC	PREST	DENT								04/0	II TW	-	-10	
Completed by (P BOGDAN IC	rint or Type)	Title PRESII	DENT(	n for asbes	Signatu tos licensu		npted	activities.			04/0-	1/12			-

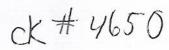
D&S Proj. #: MS 12-126

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



Completed by (Print		Title	ENIT		Signature				Date 04/04/12				
PATERSON, NJ	07503			04/05/	12		TULLYTOW	N, PA				_	
D & S RESTORA  City, State			506		2 YDS Date		TULLYTOWN City, State	N, RESOURCE RI	ECOVERY	-			
Registered Waste Ha			EP Haule		Ubic Yards o	f Waste	Name of Register			-1-			
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BASEMENI			X	#=	1 DOILLE	II IOOL				iti	Ŧť	=	Ħ
BASEMENT BASEMENT			-X	-	BOILER			40 L FT		_	╡╫	=	H
abated in facilit		Yes	No	N/A	7 PIPE INS		ION	124 L FE	v e			a p	L
Location of asbestos-conta material (acm)		Is location by mainte staff(12)		y used solel ustodial	Descrip	ition of a	sbestos-containing	Amount (Specify S	For R	1	e p	E n c	E n c
≥160 sf or ≥260	0 If	Demolition						Non-Exempted (*)					
>3 sf or >3 lf		Renovatio						Glovebag procedu					
Scope of Work (chec								Full Containment w Mini-enclosure	//negative pres	ssure	Э		
○ Other-Describe		A CONTRACTOR OF THE PARTY OF TH				$- \Box$	Paterson, NJ 0						
Facility closed/\ Abatement perf Describe:	formed outside	of normal f			¥3		City, State, Zip Cod						
Occupancy Status Du							20 California A						
04/07/12		04/12	7				Street Address			Alto:		N-130	
Start Date (10)	23	Sched.	. Comple	tion Date (1	1)		D & S Restora						
	normoring Filli	I Cale					973-345-8020 Name of OSHA Mo		0015				
Project Manager for M	Monitorina Eirm		Te	hone Numb	ner		Paterson, NJ 0 Telephone Number	7503	License Nun	ber			
City, State, Zip Code							City, State, Zip Code						
							20 California A						
Street Address							Street Address						
_	n 24 (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990) (1990)						D & S RESTOR	RATION, INC.					
Name of Monitoring F	Firm Hired by B				ASCM No.	1	Name of Abatemen	t Contractor (9)					
RIDGEWOOD		BER	GEN			(State	e use only)	Current Use (Pr	ior it being dei	nons	nea)		
City (5)	A STATE OF THE STA	Count	ty (6)	± //			nty Code (7) e use only)	Current Harris	ior if hales de-	noli:	hod		
41 EAST RIDGE	WOOD AVE	ENUE						Square Feet	# of Floors		Bldg.	Age	Э
Street Address									Private/Comm Homes, etc.	ercia	11		
WILLIAM GILSE	ENAN								pter 8 (Other			)	
		акту рас	Je (3)					School	(K - 12)				
Name of facility where	o abatament is	taking plac	20 (3)	I-ACI	LITT IN ORIV	I/TION		Type of Facility (4	1)		-		_
	Cancellation	11	.,		LITY INFORM	MATION			-				
□ DCA □	justification)		WILLIA	AM GILSI	ENAN								
☑ DOH	(including	100	me of Co		3 07 130			Telephone	Number			617	1.0
M DOI 1-	mendment #: _ Emergency		25.00	WOOD, N	J 07450			L					- 1
L DEF -	Amended #:	_		Zip Code	VOOD AVE	NUE		7000	re doutent &	-		1	_
EPA	Initial	1100			VOOD AVE	MITE							
	Type Notification		VILLIA.	M GILSE	NAN			APR_	1 0 2012	-		+	—
Date of Notification (1)								In	1 0 2012		U)		
D		I Na	me of Ru	ilding Owne	er/Operator (2)	1					1. 11	1	

#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1)	4/4/20	12			Name of Build FEINBURG&N			THE STATE OF THE S	tore or sen	Sales and the sa		
Agencies Notified	4/4/20	Notification	Type		Street Addres	s Is	Par		100 TO 100 Page	GES.		
Agencies Notified		INCLINCATION	1,00		1874 E. MARI		EGA		17 F	Personal	7	
(X)EPA		(X ) Initial N	otification		City, State, Zi	p Code			/ 5	In		
( ) DEP		() Amende		ion						7/1		
(X) DOL		Amendr		_	CHERRY H	IILL, NJ 08	3003					
(X) DOH				ing justification)	Name of Cont		APR 1	Tel. N	lumber	11111		
( ) DCA		() Cancella	ation		STEPHANIE I				777	2		
		l		FACILITY IN	FORMATION	-	ACTE			-		
Name of Facility Where Abat	ement is T	aking Place (	3)		Type of Facilit	ty (4)		UNTROL	8			
CVS			<del>570</del> 0		( ) School (K-		LIGEN					
					( ) Subchapte							
Street Address					(X) Other (i.e.	private & co	mmercial bld	gs., hon	nes, etc.			
HOOPER RD & DRUM POIN		· ***			Sq. Feet	7500	# 05	Floore	2			
	ounty (6)		County C		Sq. reet	/500	# 01	FIUUIS_		<del>.</del> 5		
1	CEAN		(State Us	se Only)	Bldg. Age	30+						
BRICK					Current Use (		demolished)	V	ACANT			
Name of Monitoring Firm			ASCM N	0.	Name of Cont							
VERTEX				-	Alliance Enviro		stems					
Street Address					Street Addres	S	1					
700 TURNER WAY, SUITE 1	105				550 East Unio							
City, State, Zip Code ASTON, PA 19014					City State, Zip West Chester		.7/	V				
Project Manager for Monitori	ng Firm	Telephone I			Telephone Nu				se Numb	er		
DON HEIM		6107870402	2		610-701-9000			00508	3			
Cabadulad Start Data (10)		Cabadulad	Camplation	Data (11)	Name of OSH	A Monitor						
Scheduled Start Date (10) 4/18/2012		Scheduled ( 5/11/2012	completion	Date (11)	VERTEX	A MOTILOI						
4/16/2012		3/11/2012			VEINTEX							
Occupancy Status During Ab	atement (0	Check only on	e)		Street Addres	s	*****					
(X) Facility Closed/Vacated D	Ouring Enti	re Period of A	batement		700 TURNER		E 105					
( ) Abatement Performed Ou										1000000000		
1725X					City, State, Zi							
Describe					ASTON, PA 1	9014						
Other -		- Company of the Comp			L							
Source of Work (Check all the	at apply)											
( ) Demolition ( ) Renova	tion											
(X) Large Proj. (>160 SF or >		CM) (X ) SM I	Proi (>25<	160 SF or >10 <	260 LF ACM)	(X) Minor	Proj. (<25 SF	or <10	LF ACM	1)		
() Full Containment with Neg					vebag Procedure			3000 000000	Santa Arenda en	,		
Location of Asbestos-		ation Normally		Description of			Specify SF or	LF)	Abate	ment Ty	ре	
Containing Material (ACM) in		by Maint./Cus		thermal system	ns insulation,	-	10					
Facility (13)	Staff?	(12)		surfacing, VAT	, or other	68	(6)			-	822	2.0
	YES	NO	NA	miscell.)					Rem.	Кер.	Encap	Enclose
RESTARAUNT BASEMENT			X	FLUE PACKIN	IG	7SF	The Section 1		X			
RESTARAUNT EXTERIOR			Х	STUCCO	77.7	1,344SF			X	1	ļ	-
RESTAURANT BASEMENT			X	TRANSITE	71011	6SF			X			
RESTAURANT BASEMENT			X	PIPE INSULA		8LF			X			
RESTAURANT COAT RM			X	VAT&MASTIC		48SF			X			
RESTAURANT ROOF			X	DUCT INSULA	ATION	675SF 240SF			X			49.
RENTAL KITCHEN			X	SHINGLES VAT&MASTIC		325SF			x	Ĭ.	1	
RENTAL KITCHEN BEER BLDG EXTERIOR			â	CAULK		58LF			l â			
BEEN BEDG EXTENION	-		^	ONOLIK		002.			"			
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler	ID#\	Cubic Yards o	of Waste		Name	of Reg.	Landfill		-
	10	17235		Y THE PARTY OF THE								
N.E.T.S. / Miners					Approx. 100		1	BFI Im				
City, State							Disp. Date		2	City, Sta	te	
A decorate manage of the control of							TDD			mnorial	DΛ	
Hazelton, PA		Title.			Ciematura	S.,202	TBD	Deta		mperial,	FA	
Completed by (Print or Type)	22	<u>Title</u>			Signature	1.		<u>Date</u>				
DEVIN BLOM		Estimator			1//	AX		4/4/20	12		- 1	
						9	_					

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00

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

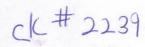
CK#8337

Date of Notification (1)			Name	of Building Owne		(2) Bo	. /				-
Agencies Notified / Type Notification	-		Street .	Address ).	0	2	res APAJ	11 W		F	77
₹ EPA 🗷 Initial			10	Larolin	9 6	untract 1	ng	1			111.
DEP			City, S	tate, Zip Code		T 1	117				
■ DOL Amendment     □ Emergency			40	BOX 149	0	10ms Ki	ves APAU	20	12	$III_{J}$	113
DOH justification)			Name	of Contact	,	1	Telephone No	umber	12	1	1
□ DCA □ Cancellation	1		54	VE Brosi	an	6 1					
			FAC	ILITY INFORMA	TION	L		THUL	0	4.	
Name of Facility Where Abatement is Takin	g Place (	3)				Type of Facility	/ (4)				1
Street Address						☐ School (K					J
Street Address							er 8 (Other than K- . private & commerc		ildinge	hom	0.0
165 Main 5	Trep-	<del>ļ</del>					sidentia!	Jai Dui	liulings	, HOIII	ics,
City (5)						Square Feet	# of Floors		Bldg. A	\ge	
County (6) Hunterdan							2				
County (6)				Code (7)		Current Use (P	rior if being demolis	shed)			
Hunterdon			(STATE	USE ONLY)		Se5.	dence				
Name of Monitoring Firm Hired by Building	Owner (8)	)	ASC	M No.		of Abatement Co	ontractor (9)				
EHI							SAVE 1	NC			
Street Address					Street	Address					
655 West Shore	Tr	•			á	17 Wes	J 57.				
City, State, Zip Code					City. S	State, Zip Code	License I	-			
sparty NJ					21	nelia / a /	1115	071	011	2	
Project Manager for Monitoring Firm			Telepho	ne No	Teleph	none No	License	No	0 -		-
, reject manager for mornioning r inn				729-5649	92-	100 no	88	25	- 2		
Start Date (10)	Schodul	meeting and the		Date (11)	1//5	of OSHA Monito	88	30			
4/18/12	سر	-/11	inpietion	Date (11)	Ivalle	OI QSI IA WOITEO	II.				
Occupancy Status During Abatement (Chec	b Only Or	17/	12		Ctroot	Address					
		555.5			Sireet	Address					
Facility Closed/Vacated During Entire F  Abatement Performed Outside of Norm	Period of	Abaten	nent		07.0		and a second second				
Other – Describe:	iai Facility	riouis	•		City, S	tate, Zip Code	8				8950
Coope of Made (Charle All The 4 April )											
Scope of Work (Check All That Apply)											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Renova			×		nent with Negative	Pressu	ıre		
2160 ST OF 2260 IF		emolit	ion								
				10	Æ		ed (*) and Non-Fria	ble Pro	cedur	е	
	le	Locati	on						Abate	emen	t
Location of		Vormal			escription	of			Ту	ре	
Asbestos-Containing Material (ACM)		d Sole				laterial (ACM)	Amount			m	
TO BE ABATED		intenai odial S		(i.e. therma	al systems	insulation,	(Specify	R	מ	nca	E
In Facility (13)	000	(12)	Ziuii i		acing, VA miscellan		SF or LF)	Remova	Repair	psi	Enclosure
(13)			T	Other	mocellan	eous)		va va	=	Encapsulate	ure
	Yes	No	N/A		TO CONTRACT OF THE PARTY OF THE					(U	
sonling			X	radi.	ne	19	200 SF	У			
7			1/	100	7	1	50 CO 14000000000	1			$\vdash$
walls + ceiling			X.	Joint com		+ pluster	7001SF	X	-		
basement			X	/	45/50	_	10 LF	*			
Closer			X	sheet 1/00	ring		15 SF	¥			
Name of Registered Waste Hauler		1,2000	JDEP W	/aste Cubi	Yards	Name of	Registered Landfil	1			
			auler ID	The state of the s	aste				-		
ETGI		00	0697		8 1/8 1	Chin	DILL DAIL OF	5	erv	ice	
City, State		122	72	Dispo	sal Date	City, Sta	te		1.1		
Cranbuly ND	11.5					Mod	10/1/h	N	1		
Completed by	Title	-0.0			Signature			ate /	, 1	2	
Sharpa Hender	1	WI	190			G/1.	9	1/5	1/1	J.	
The state of the s		V /	-			1/1/100	-	1.	/-		

ASB-41 (R-08-08) \* Work days are subject to other trades + weather

\* 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)



Agencies Notified   Type Notification   Type Notification   Amendment #   Amendment #   County Code (R) State Zip Code   Ridgefield, NJ 07657	Date of Notification (1	1) 4/2012		- 15 H-			ding Owner/Operate Adamo Realty	or (2)	CEIV	TE	Ti	1	
Amendment   Amen	☐ EPA				Str 74	eet Addres 12 Berger	ss n Blvd		APR 1.0.00	10		$\frac{1}{11}$	
DCH	DOL	Amend	nent #	na					70 70 20	12	-	7	
Name of Facility Where Abstement is Taking Place (3)   School (K-12)   Schoo		justifica	tion)					L A	Telephone N	urher			=
Residence    School (K-12)   Subchapter a (Other han K-1 2)   Subc	Name of Facility When	e Abstement is	Taking Pla	20 (2)	F	ACILITY II	NFORMATION	11.00	THE RESIDENCE OF STREET	in Lita Tau	_		7
Street Address   Stre	Residence	e Abatement is	Taking Pla	Je (3)						91000			1
Square Feet # of Floors   Square Feet # of Floors   Top	735 Blanch Avenu	ie.						Subchap	ter 8 (Other than K-	·1 2) rcial bi	uildin	gs,	
Name of Monitoring Firm Hired by Building Owner (8) N/A   Name of Abatement Contractor (9)   Name of Monitoring Firm Hired by Building Owner (8) N/A   Name of Abatement Contractor (9)   DIA General Construction, Inc.	Norwood, NJ				0			Square Feet	# of Floors			30 m 20 - 20 m	
Street Address   Street Address   1360 Clifton, Avenue, PMB Suite 218	Bergen						(7) (STATE	Current Use Vacant Res	(Prior if being dem	olished	1)		
Street Address    Street Address   1380 Clifton, Avenue, PMB Suite 218	(8) <u>N/A</u>	rm Hired by Buil	ding Owne		ASC	M No.							
City, State, Zip Code  Cifton, NJ 07012  Project Manager for Monitoring Firm  Telephone No. 973-389-0089 00693  Start Date (10) 04/15/2012  Occupancy Status During Abatement (Check only one)  Facility Closed/Vacated During Entire Period of Abatement Abatement Properties Other - Describe:  Scope of Work (Check all that apply)  Secope of Work (Check all that apply)  Secope of Work (Check all that apply)  Abbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial start? (13)  Secope of Work (Check all that apply)  Abbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial start? (12) Yes No N/A  Pipe/Elbow Insulation  Normally Yes No N/A  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  City, State New Castle, DE  Name of Registered Landfill  Name of Registered Landfill  Name of Registered Landfill  Signature  Date	Street Address				- 271 7070		Street Address						
Telephone No. 973-389-0089   License No. 973-389-0089   Start Date (10)   O4/14/2012   O4/15/2012   O4/15/2012   DIA General Construction, Inc.	City, State, Zip Code						City, State, Zip (	Code	VID CURC 210		=		
Start Date (10)  O4/115/2012  O4/12/2012  O4/12/2012  O4/15/2012  DIA General Construction, Inc.  Street Address  1360 Clifton, Avenue, PMB Suite 218  Street Address  1360 Clifton, Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Scope of Work (Check all that apply)  Sas of or >3 if 2160 sf or >280 if  Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Pyes No N/A  Pipe/Elbow Insulation  Sasement  Nome of Registered Waste Hauler Service Transport Group  Title  Nome of OSHA Monitor DIA General Construction, Inc.  Name of OSHA Monitor DIA General Construction, Inc.  Street Address 1360 Clifton, Avenue, PMB Suite 218  Street Address 1360 Clifton, Avenue, PMB Suite 218  City, State, Zip Code Clifton, NJ 07012  Full Containment with Negative Pressure Mini-Enclosure Govebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Aba	Project Manager for Mo	onitoring Firm		Tel	ephon	e No.	Telephone No.						
Occupancy Status During Abatement (Check only one)    Facility Closed/Vacated During Entire Period of Abatement   Abatement Performed Outside of Normal Facility Hours   1360 Clifton, Avenue, PMB Suite 218					etion D	ate (11)	Name of OSHA I	Monitor					=
Abatement Performed Outside of Normal Facility Hours  Other - Describe:    City, State, Zip Code			Check only	one)			Street Address						_
Scope of Work (Check all that apply)    Scope of Work (Check all that apply)   Mini-Enclosure   Govebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   (Specify Story of the missellaneous)   Scope of Work (Check all that apply)   Mini-Enclosure   Govebag Procedure   Non-Exempted (*) and Non-Friable Procedure   Asbestos Containing Material (ACM)   (Specify Story of the missellaneous)   Specify Story of the missellaneous of th	Abatement Performe	ited During Entired Outside of No	e Period of ormal Facili	Abate y Hou	ement irs				MB Suite 218		_		
Sasement													
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)  Yes No N/A  Sasement  Normally Used Solely by Maintenance/ Custodial staff? (12)  Yes No N/A  Pipe/Elbow Insulation  Normally Used Solely by Maintenance/ Custodial staff? (12)  Yes No N/A  Pipe/Elbow Insulation  Normally Used Solely by Maintenance/ Custodial staff? (12)  Yes No N/A  Pipe/Elbow Insulation  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  Normally Description of Asbestos Containing Material (ACM) (Specify SF or LF)  No	X >3 sf or >3 lf	all that apply)					Mini-End Goveba	closure ig Procedure			•		
Asbestos-Containing Material (ACM)  TO BE ABATED IN Facility (13)  Yes No N/A  Sasement  Name of Registered Waste Hauler  Service Transport Group  Now Castle, DE  Maintenance/ Custodial staff? (12)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)  Application	Location	of	N	ormally	,				Non-Friable Prod		Abat	5000 (1) Feb. (2)	t
Passement  Yes No N/A  Pipe/Elbow Insulation  70 LF X  Name of Registered Waste Hauler  Service Transport Group  Disposal Date  New Castle, DE  Completed By  Title  Signature  Date  Date	Asbestos-Containing N <u>TO BE ABA</u> IN Facility	Material (ACM) TED	Mair Cu	itenan istodia itaff?	ice/		tos Containing Mate thermal systems in surfacing, VAT,	erial (ACM) nsulation, or	(Specify	Remov	Repai	Encapsul	Enclosure
Name of Registered Waste Hauler  Service Transport Group  Disposal Date New Castle, DE  Completed By  Title  NJDEP Waste Hauler ID No. 20970  Disposal Date 04/15/2012  Waynesburg, OH 44688  Signature Date	Rasement		Yes	No		Di (Ell				<u>a</u>		ate	G
Service Transport Group    Hauler ID No. 20970   Of Waste   Minerva Landfill	) asement				X	Pipe/Ell	bow Insulation		70 LF	X			
Service Transport Group    Hauler ID No. 20970   Of Waste   Minerva Landfill						-							
Sity New Castle, DE  Completed By  Title  Title  Disposal Date  04/15/2012  Minerva Landfill  City, State  Waynesburg, OH 44688  Signature  Date	Name of Registered Was	ste Hauler						Name of Reg	istered Landfill			L	
New Castle, DE 04/15/2012 Waynesburg, OH 44688 Completed By Title Signature Date		roup		_ H	10970	No.	1	E secondo de secondo		<u> </u>			
Completed By Title Signature Date	New Castle, DE			× A				1 9	rg, OH 44688				
							Signature	~	Date	2012			1

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

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

Date of Notification (1) 04/04/2	2012					ding Owner/Operat Adamo Realty	or (2)	6 5 5				
Agencies Notified	Type Notifica	tion			reet Addres 12 Bergen		TO/A		/ E		7	1
DEP DOL	Amended Amendme Emergence	nt #_ y (includ	ing		y, State, Zir idgefield,	NJ 07657		APR 10 2	012		]	
DCA	justification Cancellation	n)			me of Cont . Attilio A	ACCUMPANTAL INC.		Telephone N	Viimhai	-		=
					ACILITY IN	NFORMATION	R.	LICENSING	XL &			_
Name of Facility Where A Residence	batement is Ta	king Pla	ce (3)	)			Type of Fac	ility (4)				-
Street Address							School (	K-12) ter 8 (Other than k	( 1 2)			
735 Blanch Avenue.							Other (i.e	e., private & comm	ercial b	uildir	gs,	
City (5) Norwood, NJ			State of the				Square Fee	# of Floors	П	136.00	. Age	
County (6)				T Co	unty Code	(7) (STATE	1500	(Prior if being den		70+	9	
Bergen				. US	SE ONLY)	(17(01712	Vacant Res	sidence	nolishe	d)		
Name of Monitoring Firm (8) N/A	Hired by Buildin	ng Owne	г	ASC	M No.		ment Contractor	r (9)	Ancora			
Street Address			-			Street Address		ion, inc.				_
								MB Suite 218				
City, State, Zip Code						City, State, Zip of Clifton, NJ	Code	WE SUITE TO				
Project Manager for Monit	oring Firm		Te	lephon	e No.	Telephone No.		License No.				_
Start Date (10)	1 0-1		_			973-389-00		00693				
04/14/2012		eduled ( 4/15/20		letion D	ate (11)	Name of OSHA DIA Genera		on Inc				
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address	. Constructio	511, 111C.				
Facility Closed/Vacated Abatement Performed C	During Entire	Period of	Abat	ement				MB Suite 218				
Other - Describe:	ratione of North	ai raciii	у но	urs		City, State, Zip C Clifton, NJ 0						
Scope of Work (Check all t	hat apply)					Cinton, NJ 0	7012					_
>3 sf or >3 if ≥160 sf or ≥260 if			enova emo	tion lition		X Mini-End	closure g Procedure	Negative Pressure				
		90.00	ocati			I INON-EX	templed (*) and	Non-Friable Pro	cedure		emen	t
Location of		Used	ormall Sole			Description of					ре	•
Asbestos-Containing Mate			tenar istodia		Asbest	os Containing Mate thermal systems in	erial (ACM)	Amount		T	m	Γ
IN Facility (13)			taff? (12)		(	surfacing, VAT,	or -	(Specify SF or LF)	Remova	Re	ncap	Encio
3.77			( /	Г	1	other miscellaneo	us)		ova	Repair	Encapsulate	Enclosure
Basement		Yes	No	N/A							Ф	
Justinent				X	Pipe/Elb	ow Insulation		70 LF	X	-		
									+	-	-	-
Name of Registered Waste	Hauler		IN	JDEP \	Vaste I	Cubic Yards	Name of Day	istered Landfill				
Service Transport Grou				auler ID		of Waste	Minerva L					
City, State	ity, State					Disposal Date	City, State					
New Castle, DE						04/15/2012	Waynesbur	rg, OH 44688				
Completed By Title Krutarth Jagad President					Signature	~	Date					
Krutarth Jagad President						1 15	//	04/04	/2012			

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

Q# 2259

Date of Notification (1)	W			Name	of Building	Owner/	Operator (2	2)	STORY STREET		4		-
4//	4 / 1	2		Prin	ceton Ur	niversit	y-Office	of Design and	Construction	7			
Agencies Notified	a				Address Elm Dr		TH		U W 19 11				
□ DOLWD	ies Notified A			City, S	tate, Zip C	ode	1	APR 1	0 2012	//			
☑ DHSS		No.		Prin	ceton, N	J 0854	4	MIII I	O ZUIZ				
DCA (NIAC 5:23-8)		including		Name	of Contact		1		Telephone Numb	per			
(1670 5.25 5)	A CHARLES OF THE PROPERTY OF T			Rob	ert Orteg	ga	ŧ		Chief Chief				
				FAC	ILITY IN	FORMA	ATION	The second secon	l <u>.</u>				
Name of Facility Where A	Abatement is Taki	ng Place	(3)				100100-7	Type of Facility (	4)	-			
70			3 %				Constitution and	☐ School (K-12					
Street Address	Amended Amendment #  Emergency (include justification)  Cancellation  De of Facility Where Abatement is Taking Plainceton University- Jadwin Hall  Address Bashington Rd  Solution  CASSOCIATES INC  Address  Off Monitoring Firm Hired by Building Own  CASSOCIATES INC  Address  Off Monitoring Firm Hired by Building Own  CASSOCIATES INC  Address  Omley Corporate Center-Three Terrical  State, Zip Code  Irlington, NJ 08016  Cat Manager for Monitoring Firm  Chael Keehn  Date (10)  Augusty Status During Abatement (Check or acility Closed/Vacated During Entire Period batement Performed Outside of Normal Fairme of Abatement: 7:00 AM-3:30 PM/  De of Work (Check all that apply)  Solution of Include Schedule Amendment Include Includ				-				(Other than K-12) ivate and commer		ildina	9	
Washington Rd								homes, etc.)	ivate and commer	ciai bu	namg	Э,	
City (5)						4-80xxx211-		Square Feet	# of Floors	Blo	dg. A	ge	
Princeton													
County (6) MERCER				Coun	ty Code (7	)(STATE	USE ONLY)	Current Use (Pri	or if being demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (	8)	ASCM	No.	Name	of Abateme	ent Contractor (9)					
ATC Associates Inc						BRI	STOL EN	VIRONMENTAL	., INC.				
Street Address						Street	Address	1000		- 120			
Bromley Corporate	Center-Three	Terri La	ine			112	3 BEAVE	R STREET					
City, State, Zip Code						City, S	tate, Zip Co	ode					
Burlington, NJ 080	16					BRI	STOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	phone	No.	Teleph	one No.		License No.				
Michael Keehn			3370	9-386		215	-788-6040	)	00509				
Start Date (10)			7.0			Charles and a series	of OSHA N	Monitor VIRONMENTAL	INC				
					12_			VIICONNIENTAL	-, 1110.				
						2000000	Address	D CTDEET					
					cribe			R STREET				-	
					ONDO	1 5	tate, Zip Co STOL, PA						
Coope of Work /Chack a	Il that apply)					Ditti	3102,17	1 10007					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	п (пас арріу)	⊠ Re	novati molitic				☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		re			
		Is	Locat	ion						Ab	atem	ent T	ype
			Norma				escription o	2.0		R	R	m .	m
		Ma	intena	nce/				aterial (ACM) insulation,	Amount (Specify	Remova	Repair	Encapsulate	Enclosure
IN Facil		Cus	todial			surf	acing, VAT	, or	SF or LF)	Val	7.0	sule	sure
(13)		Voc	(12) No	N/A		other	miscellane	eous)				Te .	12
B-Level		10000	No		Floor ti	le and	mastic		12,212 SF				
	£4 & #5	-			Floor ti	le and	mastic		1,755 SF				
				盲	Windov	w caulk	and glaz	ing	1,094 SF	$\boxtimes$			
Stall towers #2, #3, #	14 4 #0		П										
Name of Registered Was	ste Hauler			JDEP '	Waste	Cubic	Yards of	Name of Regis	tered Landfill	-			
			4 (25)	lauler II 18706	D No.	Waste			NORTH LAND	FILL			
City, State BRISTOL, PA 1900	7					Dispos	al Date	City, State MORRISVI	LLE, PA 19067	165			21
Completed By (Print or T	уре) Т	itle				S	ignature	2	Da	ite /	1/10		
Brian Scafiro	Sec. 201	Estima	tor				Brian	Scaliro		4/4	112		

ASB-41 MAY 11 B 5 / 2 0 3 4

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

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT 9462

Date of Notification (1)					Name of	Building Owner/Operato	r (2)			- 47	
04/04/2012					570	BROAD ST., L	LC (	E	WE	In	
Agencies Notified	1	lotification Typ	e		Street Ac					711	
( V ) EDA	1	\ Initial I	Votifica	tion	570	BROAD ST.					
(X)EPA	1;	) Initial I			City Stat	a Zin Cada	APR	10	2012	10	-
(X)NJDEP	- 15	X) Amen			City, Stat	te, Zip Code					
(X) NJ DOL	10			lotification	NIE	EWARK, NJ 071	02				
(X)DOH			· · ·	stification)	Name of			umber	(0), &		
( ) DCA	(	) Cance	lled			SH WERTENTHEI		uniber	-^		
				FACILIT	Y INFORMATION						
Name of Facility Where Abate	ment is	Taking Place (	3)		Type of F	acility (4)					
Commercial Property:	570 E	BROAD			( ) School						
Street Address				3,1110		hapter 8 (other than K-12 r (i.e. private & commerc		nes. etc.			
##0 PPO + P CF					(0,)	(IIII)					
570 BROAD ST.		(8)	Ιο .		Sq. Feet:	200,000 # of I	Floors 14	Bldg.	Age <u>5</u>	0	
City (5)	County	100000000000000000000000000000000000000		Code (7) Jse Only)							
NEWARK	ESSI	<b>-</b> X	Totale	OSC CITIY!	Current	Jse (prior if being demoli	snea)				
Name of Monitoring Firm Hired	d by Blde	Owner (8)	ASCM	No	Name of	Contractor (9)		-			~~
ISES, Inc.	J by Blue	J. Owner (o)	N/A	INO.	The second of the second of the second	ial Safety and Envir	onmental S	olution	ns. Inc	(ISES	Inc.)
Street Address		<del></del>			Street Ac		·	oratio.	10, 1110	. (.020	1110.)
3300 Hudson Avenue						Hudson Avenue					
City, State, Zip Code			-	-		e, ZipCode					
Union City, NJ 07087						City, NJ					JR 5
Project Manager for Monitoring Firm Telephone Number						ne Number	Licens	e Numb	er		
David Camacho	(201) 325		(201)32		0112	4					
Scheduled Start Date (10)				on Date (11)		OSHA Monitor					
03/26/2012		04/12/20			ISES, Ir						
Occupancy Status During Aba ( X ) Facility Closed/Vacated	tement (	Check only or	<u>ie)</u> f Abatem	ent	Street Ac	<u>Idress</u>					
( ) Abatement Performed C	utside o	f Normal Facil	ity Hours	-	3300 Hı	idson Avenue					
Describe: Areas of abate	ement	are not occ	cupied.		City, Stat	e, Zip Code		eran — Lee			
			•		Union C	City, NJ 07087					
Source of Work (Check all tha	t apply)	7000									
1 3 SF or ≥ 3 LF		Rend	ovation	Full (	Containmen	t with Negative Pres	ssure	<b>₩</b> Glo	ove-ba	g Proc	edure
□≥ 160 SF or ≥ 260 LF		☐ Dem	olition	Mini-	Enclosure	□ Non-Exem	ipted (*) and	d Non-	Friable	Proce	edure
				1							
Location of Asbestos-	Is Loc	ation Normally	Used	Description of	of ACM (i.e.	Amount (Specify SF o	r LF)	Abate	ment Ty	ре	
Containing Material (ACM) in	Solely	by Maint./Cu	stodial	thermal systematics	ems		27		•		
Facility (13)	Staff?	(12) NO	NA	insulation, su VAT, or other				Rem.	Rep.	Encap	Enclose
Groundfloor	X	140	I	TSI on oi		400 SF (comple	eted)	X	100		
2 <sup>nd</sup> , 4 <sup>th</sup> , 11 <sup>th</sup> Floors	1	X		TSI Fittin		80 LFT (comple		X			
Additional TSI	-	→ ^		TSI Fittin		240 LFT (pendir		X			
Material Found on		^		131 FILLIN	ys	240 Li i (peridir	19)	^			
		1		2						1 1	
fittings throughout.	-		,								-
	-	-						-			$\vdash$
Name of Dec 18/2 / 11 /	L	LNIDEDW	l de lle d	10.#	Cubia Vd-	of Masta	Name of Re	a Landi	<u> </u>		
Name of Reg. Waste Hauler		NJDEP Wa	ste Haule	TIU#	Cubic Yards	3 (1 day 1 day	Cumberl			Landi	511
Newark Carting		04509			Committee of the Commit	aleu		and C	ounty	Lanu	.111
City, State 369 Raymond Blvd., News	ark NI	07105			Disp. Date 04/12/201	2	City, State Newburg	, PΛ	17242		72
Completed by (Print or Type)	, 113	Title			Signature	11	Date	, 111	1272		
Completed by (Fillit of Type)		1100		201,200	<u>Signature</u>	-//	Daila				
David Camacho		General	Manag	er	LOVI	A/Anx	04/04/20	12			
					1000	VVVV					
							2				

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) 04/04/2012 Branch Brook Park Manor Associates Agencies Notified Notification Type Street Address 1 Branch Brook Park Plaza ) EPA (X) Initial Notification (X) NJDEP ) Amended Certification City, State, Zip Code (X) NJ DOL ) Emergency Notification (X) DOH Newark, NJ 07108 (including justification) ) DCA Name of Contact ) Cancelled Tel. Number Julia Ferrirera **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ( ) School (K-12) Branch Brook Park Manor Associates ( ) Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc. 1 Branch Brook Park Plaza Sq. Feet: 200,000 # of Floors 10 Bldg. Age 50 Current Use (prior if being demolished) City (5) County (6) County Code (7) (State Use Only) NEWARK **ESSEX** Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) ISES, Inc. Industrial Safety and Environmental Solutions, Inc. (ISES, Inc.) Street Address Street Address 3300 Hudson Avenue 3300 Hudson Avenue City, State, Zip Code City State, ZipCode Union City, NJ 07087 Union City, NJ Project Manager for Monitoring Firm Telephone Number Telephone Number License Number David Camacho (201) 325-0055 (201)325-0055 01124 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 04/14/2012 04/15/2012 ISES, Inc. Occupancy Status During Abatement (Check only one) Street Address ( ) Facility Closed/Vacated During Entire Period of Abatement ( X ) Abatement Performed Outside of Normal Facility Hours -3300 Hudson Avenue Describe: Areas of abatement is located in the exterior of City, State, Zip Code the building, it's segregated and are is not occupied. Union City, NJ 07087 Source of Work (Check all that apply) 1 ≥ 3 SF or ≥ 3 LF ⋉ Renovation Full Containment with Negative Pressure ☐ Glove-bag Procedure □≥ 160 SF or ≥ 260 LF ☐ Demolition Mini-Enclosure Non-Exempted (\*) and Non-Friable Procedure Location of Asbestos-Is Location Normally Used Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Containing Material (ACM) in Solely by Maint./Custodial thermal systems Facility (13) Staff? (12) insulation, surfacing, VAT, or other miscnous.) YES NO NA Encap Enclose 1st Floor Exterior X Transite Panels 100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID# Cubic Yards of Waste Name of Reg. Landfill Newark Carting 04509 .5 Cumberland County Landfill City, State Disp. Date City, State 369 Raymond Blvd., Newark, NJ 07105 04/15/2012 Newburg, PA 17242 Completed by (Print or Type) Title Signature Date David Camacho General Manager 04/04/2012

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

STEVENS	PL/M	INDAI	NEGR
SERVIC	295	INC	esperius de la companya de la compan
dlock			

Date of Notification (1	4/2/12			N	ame of Build	ing Owner/Operate Trustee	or (2) es of Prince	ton U	niversity				
Agencies Notified	Type Notifica	tion		S	treet Addres	S	. MacMilla	15	APH	=	1-2	012	
DEP DOL	Amended Amendme		lina	C	ity, State, Zip	Code	rinceton, N.	1	ASBES	TOS C	ONTRI	SL &	
DOH DCA	justification   Justification   Cancellation	n)	9	N	ame of Conta		-	The Party of the P	elephone Nu	ımber		007	
					FACILITY IN	IFORMATION						-	
Name of Facility Where		king Platone L					Type of Faci	(-12)				-	
Street Address	Nassau St. &	ž Was	hing	ton I	Road		Subchapt Other (i.e	, priva			uilding	js,	
City (5)		nceton	10000				Square Feet 1000000	7	of Floors	T	Bldg.	Age 70	_
	Mercer			C	County Code (SE ONLY)	(7) (STATE	Current Use	-		olished	)	70	
Name of Monitoring Fire (8) $\Delta TC$			er		CM No.	Name of Abater				-			
Street Address	Associates In	c.		l_	00098		vens Enviro	nmei	ital Servi	ces,	lnc.		_
Street Address	Three Terri	Lane				Street Address		Box	222				
City, State, Zip Code	711100 70111	Dane				City, State, Zip 0		DUX	322				_
E	Burlington, N.	J 0801	6			ony, orato, E.p.		wn, N	NJ 08501				
Project Manager for Mo	1070		10000		ne No.	Telephone No.			icense No.				-
	Keehn				386-8800	(609) 25	59-9688			0049	93		_
Start Date (10) 4/16/12	Sc				Date (11)	Name of OSHA		MEC	C				
Occupancy Status Duri	ng Abatement (C		5/18 v one)			Street Address		MEC	5				_
☐ Facility Closed/Vaca	ted During Entire	Period o	f Abat	emen	t	Olicet Address	P.O.	Box	341				
☐ Abatement Performe ☐ Other - Describe: (				urs		City, State, Zip C							
Scope of Work (Check		umgm					Crosswic	ks, l	VJ 08515				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	и тас арруу		enova emoliti			☐ Mini-End ☐ Gloveba	ntainment with N closure ag Procedure empted (*) and N	V-7K					
			Locati		1	THOREX	stripted ( ) and it	1011-111	able Procedi		Abate	ment	
Location	of		lormall d Sole			Description of					Тур		
Asbestos-Containing N TO BE ABAT IN Facility (13)	(ED	Mai C	ntenar ustodi Staff? (12)	nce/ al		os Containing Mate thermal systems in surfacing, VAT,	erial (ACM) nsulation, or	(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	
(10)		Yes	No	N/A		other miscellaneo	us)			/al		sulate	
South Fan 1	Room			×		pipe insulati	on	6	00 LF	×			
								_					
lame of Registered Was			1000			Cubic Yards	Name of Regi	stered	Landfill				
Carneval	e Disposal		_   _		297	of Waste 40 CU Disposal Date	City State	T.	R.R.F., Ir	ıc.			_
	Allentown,	NJ				5/18/12	Gity, State	Tu	llytown, l	PA			
ompleted By	Title	9				Signature	1		Date			-	=

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

No check

Date of Notification (1	9/2012			I	Name of Bui	lding Owner/Oper	ator (2)				-	
Agencies Notified	Type Notifica	ation		S	treet Addre					- P. Gar		_
DEP DOL	Initial Amended			7	ity, State, Z	sant Valley Wa	У	The second of	Von	100	-1	
No. of the last of	Amendme Emergend	y (inclu	ding		West Oran			BIVE	F	77	19	-
DOH DCA	Justification Cancellation	on) on	(20)		ame of Con		n -	Telephone N	lumbe	r	=	-
				IVI	r. Idan Le		LU APR	-1	41.1	11		
Name of Facility Where	Abatement is Ta	aking Pl	ace (3	()	FACILITY	NFORMATION	Trung of E	LUIZ			_	
Golda Och Acaden	ıy						Type of Fac					
Street Address 122 Gregory Avenu	ile.						Subchar	oter 8 (Other than K	-1 2)			
City (5)	10						- Homes,	e., private & comme etc.)	ercial b	uildin	gs,	
West Orange, NJ							Square Fee 25,000 SF	t # of Floors		Bldg		е
County (6) Essex		9 15		C	County Code	(7) (STATE		(Prior if being dem	olishe	70+ d)		_
Name of Monitoring Fire	n Hired by Buildin	ng Own	er	ASC	CM No.	Name of Abate	ement Contracto	r (0)				
(8) AET, Inc. Street Address				002	21	Valiant Ass	sociates, LL	) )				
907 Doolittle Drive				-		Street Address	s				-	_
City, State, Zip Code						145 Mill Str						
Bridgewater, NJ 088						City, State, Zip Paterson,	Code NJ 07501	•				
Project Manager for Mor Eric Houseknecht	nitoring Firm			elephor		Telephone No.		License No.				
Start Date (10)	Tol		_		6-1132	973-553-53		01108				
04/06/2012	0,4	16aulea 4/16/20	Comp	letion	Date (11)	Name of OSHA						_
Occupancy Status Durin	g Abatement (Ch	neck on	y one	)		Street Address	ociates, LLC					
Facility Closed/Vacate	ed During Entire!	Period o	of Abat	tement		145 Mill Stre						
Abatement Performed Other - Describe:	Outside of Norm	nal Facil	lity Ho	urs		City, State, Zip						_
cope of Work (Check a	II that apply)					Paterson, N	J 07501					
>3 sf or >3 lf >160 sf or >260 lf			denova Demo			Goveb	ag Procedure	Negative Pressure				
	4		Locati				xempled (") and	Non-Friable Proc		Abate	men	
Location of Asbestos-Containing Ma	f	Use	d Sole	ly by		Description of	f			Ту		•
TO BE ABAT		C	intenar ustodi	al	Asbes:	tos Containing Mat thermal systems i	terial (ACM)	Amount			m	
IN Facility (13)			staff? (12)			surfacing, VAT,	or	(Specify SF or LF)	Rem	Re	ncap	5
				T		other miscenaries	Jusj		Removal	Repair	Encapsulate	chosure
t and 2nd floors		Yes	No X	N/A	Elbow I	nsulation		272 L F			е	L
						- Indiana in the second		272 LF	X			_
								4 1	1			
ime of Registered Wast	e Hauler		IN	JDEP	Waste	Cubic Yards	T W					
rvice Transport Gro			· H	auler II 20990	D No.	of Waste		istered Landfill				
y, State ew Castle, DE			=1=	-0770		Disposal Date	Minerva La		_			_
mpleted By odrag Stamenovic	Title	,		-		04/16/2012   Signature	Waynesbur	gh, OH		-		
				er						_		_

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1201-4442 Check #3986

Date of Notification	Year.	Name of Building Owner / Operator (2)  Township of Ocean																		
Agencies Notified Type Notification S							Street Address APR 1 7012									-				
			99 F	Moi	nmo	uth	Road		D -											
DEP	☐ Initia						Zip C				ASSEST	S Cal III	UL &				- 100			
□ DOL		ended #	Oakhurst, NJ 07						755-1589	3.	1	J. William	GINS IU		_			11		
□ DOH		nergency Name of Contact									-		pains or	Tele	epho	ne N	lumb	er		
☐ DCA	☐ Can	cellation		A	dm	inis	strat	tion												
					FA	CIL	ITY	INF	ORMATION		- 1			-	-		_			
Name of Facility W	Type of Facility (4)																			
Ocean Township	School (K-12)																			
Street Address		Subchapter 8 (Other than K-12)																		
399 Monmouth Rd									Other (i.e. private & commercial buildings, homes, etc.)											
						-			Square Feet		# of Flo	oors		Bldg	. Ag	е	- 24			
City (5)		County (6)	C	oui	nty (	Cod	e (7)	)								****				
Ocean		Ocean							Current Use	0.00		demolis	shed)		194					
									Municipal Building											
Name of Monitoring USA Environment	Firm Hired I	oy Building Ow	ner (8	3)		A	SCN	I No.	Name of Abatement Contractor (9)											
Street Address	Ildi								AbateTech, Inc.											
344 West State S	Street								Street Address PO Box 25											
City, State & Zip Co			**************************************		-	-		Suc. 1	City, State & Zip Code											
Trenton, NJ 086									Lumberton, NJ 08048											
Project Manager for		Firm	Tele	eph	one	Nu	mbe	r	Telephone Number License Number											
William Weisgarber 609-65							1		609-265-3207 00529											
Scheduled Start Date (10) Scheduled Completion						te (	11)	XIV.	Name of OSI											
4/16/12 4/20/12									EMSL Anal		cal									
Occupancy Status During Abatement (Check only one)									Street Addres	Street Address 108 Haddon Ave.										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours																				
Abatement Describe:	renonnea C	utside of Norm	nai H	our	S				City, State & Zip Code Westmont, NJ 18108											
Describe:  Facility Occupied During Abatement									westmont,	NJ	18108									
Scope of Work (Che					214			HE SO			n.cai	-								
(3	oon an that a	PPI)				77				Full Containment with Negative Pressu							ssure	<u>.</u>		
≥3 sf or ≥3 l	f		$\boxtimes$	Renovation						F	Mini-Er			3						
≥160 sf ≥26	O If				Den	noli	tion			$\overline{\boxtimes}$	Glove E	Bag Pro	cedures	Wra	<b>8</b> q	Cut				
											Non-Ex	empte	and No	n-Fr	iable	Pro	cedu	ıre		
	ocation of		332		cati		.		Description				mount		Abatement Type					
	tos-Containir erial (ACM)	ig			ally l		d		Asbestos-Con				Specify							
	BE ABATED		Mai		ely l nan		or		Material (A0 (i.e., thermal st		SF or LF)			R	71	Enc	四			
	n Facility		Cus				3861	ii	nsulation, surfac		т			Remova	Repair	aps	Enclosure			
	(13)				12)				or other miscella						val	=	Encapsulate	sure		
			Yes		No	N/	A L										Ф			
Boiler Room							]	В	Boiler Rope In:			!	96 LF		$\boxtimes$					
Boiler Room			$\boxtimes$	Ц		L			Pipe Insula	atic	n	1	20 LF		$\boxtimes$					
		7.00	Ц	11		L	1				-									
				ļļ	_	Ļ														
			14	11	_	Ļ	1								Ш	Ц				
Nome of Desistant	1100					L						<u> </u>			Ш	Ш	Ш			
Name of Registered Waste Hauler							Wa N DI	200 Miles (2007)	Cubic Yards of Waste	N.	ame of Reg	jistered	Landfill							
AbateTech, Inc.							750		8	T	RRF Land	IFiII								
City, State				- 2					Disposal Date		ity, State	11111		-						
Lumberton, NJ									4/20/12		ullytown,	PA								
Completed By (Print	or Type)				Title S				Signature	1	/	0.02.03		In	ate			-		
Gwen Trumbe					Office				1	1					1511	12				
						or	d.	H	M	WY.					Complete Same					

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1204-4464 Check #3946

Date of Notification (1) 4/5/12						Name of Building Owner / Operator (2)														
Agamaiaa Natifiad				Hill B.C	D.E.	15	1	A 8010		Ш										
Agencies Notified  EPA	Type Notific	1000000			dress			APR	1 0 2012	-										
DEP	☑ Initia	1		_			e & Zip		1	4	-	-	-							
DOL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nded#						08034		LEGE STO	S CONTROL &	Şe	1							
□ DOH     □	⊠ Eme	rgency					Contac		-	ASSEST			hone Number							
☐ DCA	100000			rter ·				Control State of	Сорт											
	3		-	_	FACILITY INFORMATION															
Name of Facility WI	here Abatem	ent is Taking F	Place		ГА	CIL	III III	Type of Facil	ity (4)	- 24				- 71						
Malberg Adminis	tration Bu	ilding	luoc	(0)				School (												
Street Address			- 20			Subchapter 8 (Other than K-12)														
45 Ranaldo Terra					Other (i.e. private & commercial buildings, homes, et															
					9.			Square Feet		# of Floors	E	Bldg. Ag	е							
City (5)		County (6)	C	Cour	nty (	Cod	e (7)													
Cherry Hill		Camden						Current Use	Current Use (Prior if being demolished)											
								School												
Name of Monitoring		y Building Ow	ner (	8)		A	SCM N													
TTI Environment Street Address	al								AbateTech, Inc.											
1253 North Churc	ch Stroot								Street Address											
City, State & Zip Co	NAME OF THE OWNER OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER			-					PO Box 25 City, State & Zip Code											
Moorestown, NJ									Lumberton, NJ 08048											
Project Manager for	Monitoring F	eph	one	Nu	mber		Telephone Number License Number													
Jim Guilardi				880		609-265-21	609-265-2107 00529													
Scheduled Start Day 4/5/12	tion 6/1:		te (1	11)		Name of OSHA Monitor  EMSL Analytical														
Occupancy Status During Abatement (Check only or								Street Addres					-		-					
Facility Closed/Vacated During Entire Period						aten	nent	108 Haddo	1000											
Abatement Performed Outside of Normal Ho								City, State &												
Describe:	5PM-1:30							Westmont,	NJ 18	3108										
Facility Occ																				
Scope of Work (Che	eck all that ap	oply)											_							
≥3 sf or ≥3 ls	f		$\boxtimes$	1 1	Por	iova	tion		H	Full Contains Mini-Enclosu		legative	Pres	ssure	:					
2160 sf ≥26			H			nolit			H	Glove Bag P										
									X			and Non-Friable Procedure								
	cation of		Is	s Lo	cat	ion		Description	n of		Amount		Abatement Type							
	os-Containin	g				Used	d	Asbestos-Con	taining		(Specify			1 1 1						
	erial (ACM) BE ABATED			Sole		by ice c	\r	Material (Al (i.e., thermal s			SF or LF)	Removal	Repair	E	Щ					
	Facility					Staff		insulation, surface						Encapsulate	Enclosure					
	(13)				12)			or other miscell						ulat	sure					
			Yes		No	N//	A							Ф						
Kitchen					X	L		Floor tile & I	Mastic	:	125 SF	$\boxtimes$								
			님	Ļ	4	Ļ							Ц							
			H	+	4-	F	-	- A					Ц	$\perp$	Щ					
			+ $+$ $+$	+ -	+	H						井	뷰	H	H					
			H	+ -	+	H	1					니님	Η	H	님					
Name of Registered Waste Hauler						DEF	) Waste	Cubic Yards	Name	e of Registere	d Landfill		Ц	Ш	Ш					
5. Nogiotora Tradic Haulei							ID No.	of Waste	INGIN	o or registere	u Lanum									
AbateTech, Inc.						18	750	2	TRR	F Landfill										
City, State								Disposal Date	City,											
Lumberton, NJ						0000000		4/6/12	4/6/12 Tullytown, PA											
Completed By (Print Gwen Trumbetti	or Type)				Titl			Signature	0			Date								
Gwen Hulubetti						fice		1011	1			4/5/	12							
					00	ord		1 / W	1											

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

1103-4272 Check #3985

Date of Notification	Name of Building Owner / Operator (2)																				
	R	Robert Wood Johnson Hospital																			
Agencies Notified  EPA	Type Notific	10000000	Street Address One Robert Wood Johnson Place City State & Zin Code										T		\						
□ DEP	☐ Initia								son	Place	Meril	IDP 1	0 4	16			1				
DOL	300000	nded #					& Zip					HILL									
☑ DOH		rgency		Ne	w Brunswick, NJ 08901 me of Contact Telephone Number																
☐ DCA	2000000	eiser Fajardo										Telephone Number									
N		F	FACILITY INFORMATION																		
Name of Facility Wh	nere Abatem	(3)						ility (4)					11.7								
Robert Wood Jol Street Address																					
One Robert Woo						Subchapter 8 (Other than K-12)															
One Robert Woo					Other (i.e. private & commercial buildings, homes, etc.)																
City (5)		County (6)	Ic				(7)	Square	e Feet	Į.	# of Floo	rs	Bldg.	. Ag	е						
New Brunswick		County (6)		ouni	ty C	ode	(7)	-					91		28						
MEM DIGITSWICK		Middlesex								(Prior i	f being de	emolished)									
Name of Monitoring	Eirm Hirad h	Duilding O	(0			1400	2111	Hospital Name of Abatement Contractor (9)													
Omega Environm	riiii Filled L	y building Own	ier (8	)		ASC	CM No	. Name Abate	of Aba	atemen	t Contract	or (9)									
Street Address								Street					3 - 72								
280 Huylar Street								PO B													
City, State & Zip Coo										Zip Co	de										
South Hackensac										1, NJ 0	8048										
Project Manager for Geiser Fajardo			Numl <b>400</b>	ber		Telephone Number License Number 609-265-2107 00529															
Scheduled Start Dat	_	_	e (11)	)		609-265-2107															
4/9/12		2/12		. (11)	,	EMSL			IIIOI												
Occupancy Status D	e)				Street	Addre	ss			- 3 - 1				-							
Facility Closed/Vacated During Entire Period of A							nt			n Ave.											
Abatement Performed Outside of Normal Hours Describe: 6PM-2:30AM										Zip Co											
Facility Occu				Westr	nont,	NJ 08	108														
Scope of Work (Che																					
		1-37								П	Full Conta	ainment with I	Nega	tive	Pre	SSUITE	ڊ				
≥3 sf or ≥3 lf			$\boxtimes$	R	enc	vatio	n				Mini-Encl					Jour					
≥160 sf ≥260	) If			D	em	olition	1 .		Glove Bag Procedures												
									25	$\boxtimes$	Non-Exer	npted and No	able Procedure								
	cation of s-Containing			Loc					cription			Amount		Abatement Type							
	rial (ACM)	9	Norr	olel			-	Asbesto	s-Con rial (A		(Specify SF or LF)										
TO B	E ABATED		Main					(i.e., the				SF OF LF)		R	ZI	l ic	m				
in	Facility		Cust			aff?	i	nsulation,	surfac	cing, VA	TF			Remova	Repair	apsı	Enclosure				
	(13)	-	Yes	(12 No		N/A		or other n	niscell	aneous	5)			<u>a</u>	7	Encapsulate	ure				
Operating Room				×			-	Floor ti	lo 9 M	Mantin		200 05	-	=	_						
			H		1	ᆔ		FIOOI LI	ie ot i	viastic		260 SF	L		片	1	님				
			Ħ	F	1	Ħ								井	Η	H					
			Ħ	F	it	ĦI								井	H	H	H				
					İT	ΠI								ϯ	H	H	H				
		İ								十	ᆉ	H	H	H							
Name of Registered Waste Hauler								Cubic Yar	ds	Name	of Regist	ered Landfill		-41							
AbateTech, Inc.				H		ler ID <b>1875</b>		of Waste													
City, State			-	- !-		.013															
umberton, NJ									isposal Date City, State  4/12/12 Tullytown, PA												
Completed By (Print of	or Type)			100	itle			Signature													
Gwen Trumbetti				0	Offic	e Co		(1	w	4/4/12											
				2000						-											

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Job #: 12-0212

er # 364

Date of Notification			Name of Building Owner / Operator (2)  Mountainside Hospital																
04/03/2012	Notific	ation		Street			OSPILAI	_											
Agencies Notified EPA	Type	NOUNC	allon		1 Bay		717 T			7107 0 1	HAY I								
□ DEP		Initia	ı				Zip C	ode	CIUC UL GOV										
☑ DOL		Ame					NJ 07					2							
☑ DOH	$ \Box$	Eme	rgency		Name						Te	elephor	ne N	umb	er				
DCA		Cano	cellation		Mr. E	Barry	Mous	a L					12						
					FA	CILIT		11		0.									
Name of Facility W	here A	batem	ent is Taking P	ace (	3)			Type of Facil											
Mountainside Ho	ospita	l							School (K-12)										
Street Address								Subchapter 8 (Other than K-12)											
1 Bay Avenue								○ Other (i.e. private & commercial buildings, homes, etc.)  Square Feet  # of Floors  Bldg. Age											
			Ta	-10		<u> </u>	/ <del>/</del>	Square Feet		f of Floors	10000								
City (5)			County (6)	100	ounty	Code	(1)	963,743	(Dalan if I			Years	S						
Montclair			Essex	1				Current Use Hospital	(Phor ii t	being demon	sneu)								
Name of Monitoring	- Ciema I	lised b	N. Building Our	205 /8	\	IASO	CM No.		tement (	Contractor (	3)								
Hillman Environ				101 (0	,	ASI	JIVI INO.	Envirocare			′)								
Street Address	meme	010	up, LLO					Street Addres							-				
1600 Route 22 E	ast							135 Green	Street S	Suite 301									
City, State & Zip Co				City, State & Zip Code															
Union, NJ 07083			77	,				Woodbridge, NJ 07095											
Project Manager fo	r Monit	oring I	Firm		phone		ber		Telephone Number License Number 732-596-1800 011017										
Trioton City C						7800	\		732-596-1800 011017  Name of OSHA Monitor										
Scheduled Start Da 4/12/2012	07/29/2012	npiei	טוו טו	ite (11	)	Testor Tec		toi											
Occupancy Status	ment (Check o	nly or	ne)			Street Addres	ss												
Facility Clo	sed/Va	cated	During Entire F	eriod	of Ab		ent	10-59 Jacks				7.							
Abatement Performed Outside of Normal Facilit								City, State &											
Describe: Phase work, some weekend w							1 2 <sup>nd</sup>	Long Island	d City, I	NY 11101									
shift work																			
☐ Isolated Ar			-13	-											-				
Scope of Work (Ch	еск ап	tnat a	ppiy)						ПЕ	ull Containn	nent with Ne	gative	Pres	sure	)				
☐ ≥3 sf or ≥3	lf			$\boxtimes$	Re	novati	on			/lini-Enclosu									
≥160 sf ≥26				П	De	molitic	n			Glove Bag Pr	ocedures								
										Non-Exempte	Exempted and Non-Friable Procedure								
20 %	ocation			7.00	Loca	65) (53.50 ) F		Descriptio			Amount	Abatement Type							
	stos-Co		ng	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	mally			Asbestos-Cor Material (A			(Specify SF or LF)	П		m					
10 (CO)	terial (A BE AB				Solely ntenar			(i.e., thermal s			or or Ery	Remova	Repair	Encapsulate	Enclsoure				
	in Faci			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	todial			insulation, surfa	cing, VA					psu	Sou				
	(13)				(12)			or other miscell	laneous)	)				late	Ē				
				Yes		N/A				4.05									
Ph#4 Ground Fl				H		14	-	on Heating C		4 SF			Η	H	H				
Ph#5 Ground Fl				H		ㅐ	-	on Heating C	and the Contract of the Contra	5 SF 2 SF			Η	H	H				
Ph#6 Ground Fl				H		ㅐ		on Heating C Insulation	JOII	10 L			H	H	H				
Ph#6 Ground Fl				H		H	-	on Heating C	`oil '				H	Ħ	H				
Ph#7 Ground FI				H		ㅐ	-	Insulation	Coil 10 SF					Ħ	H				
Ph#8 Ground FI				H		H	-	on Heating C		Ħ	Ħ	H							
Ph#8 Ground FI				H	T	H		Insulation											
Name of Registere						JDEP		Cubic Yards											
					H		D No.	of Waste	Minerva Enterprises										
Global Waste In	dustry			2- 70-		221	41	4	100000000000000000000000000000000000000		•								
City, State Hackettstown, N	IJ							Disposal Date	City, S Wayn	tate <b>esburg, O</b> l	Н				- )				
Completed By (Prin		rpe)	Title			4-10/19-1		Signature	Date										
Marcos Cubilete			Office I	Mano	/Ope	ratio	n	MIGNE	X L	Walex	$\sim$	04/03	/12						