		€.I	NOTIFICATI	ION OF AS	NEW JERSEY SBESTOS ABATE C 8:60-7 AND 12:	1 1	Lec	RH	1 21	23/
Date of Notification (1	1) 12	A	(1 01.001		Building Owner /	The second secon	1	-		The state of the s
//	/			Street Ad		te .				
Agencies Notified	Type of No	otification			te 208 North	0010	C-02-0308860E			
☐ EPA		Initial			te, Zip Code	7012	AUG -	8 177	5:5:	
☐ DEP	Ī	Amended			New Jersey, 0741	10				
☑ DOH		Amendment #	<i>‡</i>	Name of		1.4.	Telepho	one Num	ber	-
☑ DOL		Emergency w	/ justification	DON STO	RMS	A30			TROL	
П		Cancellation					k Litte		G .	
		\	FA	ACILITY IN	FORMATION					
Name of Facility Whe Kraft Foods	re Abatem	ent is Taking F	Place (3)		Type of Facility	(4)				
Man 1 ocas					Scho	ool (K-12)				
Street Address		***			and the same of th	chapter 8 (Other	than K-1	12)		
2111 Route 208					☑ Other	er (l.e., private & s., homes, etc.)				
	County (6) Bergen		County Code ((7)	Square Feet 200,000	# Of Floor	rs 3	Buildir	ng A ge	
	•				Current Use (Pri	ior if being dem	olished)	7	40 +	+
			L		PILOT PLANT	177				
Name of Monitoring F	irm Hired	by Bldg. Owne	er (8)	ASCM NO) l					
AET					LVI Environment	The second secon				
Street Address					Street Address					
907 Doolittle Drive						10000				
City, State, Zip Code	7				462 Getty Avenu					
Bridgewater, NJ 08807 Project Mngr. For Mo			Telephone Nu	-shar	City, State, Zip (Code				
Eric Houseknecth	nitoring Fr	rm	908-218-1108	mper	Clifton, NJ 0701	1				
Sheduled Start Date (10)	Sched Comp	letetion Date (1	(1)	Telephone Num		License	Number		
08 / 21	/ 12	08	25 /	12	Telephone ma	Dei	Licenso	Number		
///	/	/	/		973-772-366	0			00117	
Occupancy Status Du	uring Abate	ement (Check	Only 1)		Name of OSHA	Monitor				
		ted During Ent			LVI Environmenta	al Services Inc.				
Abatement					Street Address					
		d Outside of N	ormal Facility							
Hours - De			ARRINGS		462 Getty Avenue					
Other - Des	scribe:	7:00AM - 3:30F	PM.		City, State, Zip (
				-	Clifton, NJ 0701	1				
Scope of Work (Chec	k All That A	Apply)								
Demolition	Í	V	Renovation		Full Containmen	nt with Negative	Pressur	re		
≥3sf or ≥3lf		Load		Ħ	Mini - Enclosure	_	1 10000			
>160 sf or					Glovebag Proce	7.0				
100000 100000	750				Non-Exempted (ble Proc	edure		
Location of		Is		Descript				ent Type		
Asbestos Contai	ining	Location	As	sbestos - C			R	Tana I	E	E
70 00 4047		Normally		Material		Amount	E	R	N	N
TO BE ABATE	<u>:D</u>	Used		e., thermal		(Specify	M	E	C	C
in Facility		Solely			facing, VAT,	SF or LF)	9323	P	A	L
(13)		by Main- tenance/	ord	omer misc	ellaneous)		V A	A	PS	0
		Custodial					Ĺ	R	U	S U
		Staff (12)					_		li	R
		YES NO N/A						+	+	+
									10	+-
MENS LOCKER			PIPE INSULAT	ION		140 LF	7	TI	10	十一
MENS LOCKER			PIPE DEBRIS			10.SF		11	1	1
								TH	十市	
Name of Registered V	Vaste Haul	er	NJDEP Waste	Cubic	Name of Registe	ered Landfill				
NEWARK CARTING			Hauler ID No.	Yards	I.E.S.I.					
			4509	of Waste						
City, State				Disposal	City. State	,			7/2	
NEWARK, NJ				Date	BETHLEHEM, PA	4 18105				

Signature Steed

08/07/12

Completed by (Print or Type)

Title

Project Manager

State of New Jersey

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

CHECK#22116

Date of Notification (1)					Name of Buil	ding Ow	ner/Operator (2)	4 . A . L . L				
8/3/2012					PRIVATE I	RESIDE	NCE					
	Type Notifica	tion			Street Addre	ss	\$.50					
10.7	[] Initial				85 MAIN ST	FREET		e Carlotte and L				
DEP	177Amende	ed Ame	ndmen	t #	City, State, Z	ip Code			18/11/2004			
DOL DOL	Emerge				CRANBUR		8512					
□ DOH	justifica		· ·		Name of Cor			The second secon	Tele	phone	Numl	ber
DCA	☐ Cancell				David D'An	drea						
LVA DOTT					ACILITY IN		TION				7	
Name of Facility Where Aba	tement is Ta	akina Pi	ace (3)					Type of Facility (4)				
PRIVATE RESIDENCE			· ·	8				School (K-12)				
Street Address								Subchapter 8 (Oth	er tha	n K-12	2)	
85 MAIN STREET								Other (i.e., private				ldings)
City (5)							-	Square Feet			Bldg	
CRANBURY					County Code	(7) (ST	ATE USE ONLY)	Current Use (Prior if be	ing de	molis	hed)	
County					Oddiniy oddo	(,, (,,,,,					
MIDDLESEX Name of Monitoring Firm His	rod by Duildi	na Own	or (8)		ASCM No.	Name	of Abatement Cont	ractor (9)				
	red by buildi	ng Own	iei (0)		ASOW NO.			RONMENTAL INC.				
AMERTECH					I		Address	ROMENTAL INC.				
Street Address						1	ACK FOREST R	OAD				
78 E. ATLANTIC WAY						-	ate, Zip Code	OAD				
City, State, Zip Code	20					1		,				
LAVALLETTE, NJ 0873		1	N				LTON, NJ 0869	1	Licer	ise No)	
Project Manager for Monitor	ing Firm	1	none N				one No.		0067		50	
ROD MORRIS			64-778		in- Data (11)		0-7110 of OSHA Monitor		10007	0		
Start Date (10)		1		omplei	ion Date (11)	Ivallie 0	OF OSLIA MONITOR					
8/6/2012		8/6/20		· · · · · ·		Stroot	Address					
Occupancy Status During A					a ont	Sueer	-duress					
Facility Closed/Vacate					nent	City St	ate, Zip Code					
☐ Abatement Performed	Outside of N	ormair	acility	Hours		City, St	ate, zip code					
0 (1)(1 (0) 1 -1 111	-tt-A					L		Full Containment w	vith Ne	egative	e Pres	sure
Scope of Work (Check all th	iat apply)				☐ Renova	tion		☐ Mini-Enclosure		5		
≥ 3 sf or ≥ 3 lf					☐ Demolit			Glovebag Procedu	re			
$\geq 160 \text{ sf or } \geq 260 \text{ lf}$					LI Demont	1011		Non-Exempted (*)		-Friah	le Pro	cedur
								Tron Exempted ()			Туре	
Address of the Substitute of t			Locati mally (Description	of Asbe	estos Containing		-	1		T
Location of Asbestos-Co			Solely b				thermal systems	Amount (Specify SF or	Re	Z	Encapsulate	Enclosure
Material (ACM) TO BE AI	BATED In			/Custo			g, VAT, or other	LF)	Removal	Repair	psu	los
Facility (13)			Staff?			niscellar	ieous)		à	=	late	0
		Yes	No	N/A				85 l.f	X	-	1	-
BASEMENT				7	INSULATIO	JN .			X	-	-	-
BASEMENT				X	FITTINGS			10	A	-	-	-
									-	-	-	-
							Cubic Yards of	Name of Registered La	ndfill			
Name of Registered Waste	Hauler				NJDEP Waste Hauler ID No.		Waste	Name of Registered La	num			
LUCAS DISPOSAL					22384		2 YD	GROWS				
					22304		Disposal Date	City, State			-	
City, State							The state of the s	MORRISVILLE, PA				
HIGHTSTOWN, NJ		Terror				Cignot	8/4/2012	O CONTRACTOR OF THE PARTY OF TH	Date		-	
Completed By		Title				Signatu	Mar-Mar J	1 / andrea	8/3/2			
DAVID D'ANDREA		IPRES	IDEN	1		1/6	Telle of	100	101012			



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

RECEIVED

Date of Notification (1)	1		-		Name of Build	ling Owner/Oper			
	8/3/201	12			l rei cuico	ZUI	2 1110 0 7	\frac{1}{2} Fr. 20	
Agencies Notified		Notification	ANA - 1998		Street Addres		Ė,	-7	
(X) EPA () DEP		(x) Initial No () Amended	d Notification	on	500 Hercules City, State, Zi	Roau	at Leave	7 (2)	
(X) DOL (X) DOH () DCA		Amendr () Emerger () Cancella	ncy (includi	ing justification)	Wilmingt	on, DE, 198			
() DCA		() Gallocile	ition		Name of Cont Joe Keller	act	l Tel N	umber.	
				FACILITY IN	FORMATION				
Name of Facility Where A	batement is T	aking Place (3)		Type of Facility				(2.5)
Hercules Former Facility	/					er 8 (other than K		aa ata	
Street Address							ercial bldgs., hom		
51 HERCULES RD					Sq. Feet	2000	# of Floors_	3	
City (5) KENVIL	County (6) MORRIS		County C (State Us		Bldg. Age Current Use (30+ prior if being den	 nolished)Rl	ESIDENCES_	
Name of Monitoring Firm EHS INC	moratio	31	ASCM N	0.	Name of Cont				
Street Address 9 MAIN STREET	O Dille Perwer				Street Addres 550 East Unio				
City, State, Zip Code MULLICA HILL, NJ					City State, Zig West Cheste				
Project Manager for Monit	toring Firm	Telephone I			Telephone Nu	imber		e Number	
JACK CARNEY		8562230080)		610-701-9000	Ri	00508		
Scheduled Start Date (10) 8/13/2012).	Scheduled (8/17/2012	Completion	Date (11)	Name of OSH EHS, INC	A Monitor			-
Occupancy Status During (X) Facility Closed/Vacate () Abatement Performed	d During Enti	re Period of A	batement		Street Addres 9 MAIN STRE		107		
Describe		11 - 12 - 14 - 14 - 14 - 14 - 14 - 14 -	440		City, State, Zij MULLICA HIL		- # 17 Page 17		59
Source of Work (Check al	I that apply)				L				
() Demolition () Reno (X) Large Proj. (>160 SF of () Full Containment with h	or >260 LF AC	CM)()SMPr	roj. (>25<16	60 SF or >10 <26	60 LF ACM)	() Minor Proj. (<	25 SF or <10 LF	ACM)	
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.	Amount (Spec	ify SF or LF)	Abatement Ty	pe
Containing Material (ACM Facility (13)) in Solely Staff?	by Maint./Cus (12)	stodial	thermal system surfacing, VAT	ns insulation, , or other		ne a		
	YES	NO	NA	miscell.)				Rem. Rep.	Encap Enclose
51 HERCULES RD			X	TRANSITE SH	IINGLES	2550SF		Х	
Name of Reg. Waste Hau	ler	NJDEP Was 17235	ste Hauler	ID #\	Cubic Yards o	f Waste	Name	of Reg. Landfill	
N.E.T.S. / Miners		2			Approx. 10	TE	BFI Im		
City, State						Dis.	p. Date	City, Sta	
Hazelton, PA Completed by (Print or Ty	pe)	Title			Signature	7 101	Date	Imperial	, 1 A
DEVIN BLOM		Estimator			1	131	8/3/20	12	

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



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

Date of Notification (1) 08/03/2	2012			Nam The	e of Buildi Port Au	ng Owner/Operator thority of NY &	2012 AUG -	-8 PM	4: 28				
Agencies Notified	Type Notificat	ion		Stre	et Address		\$ '-ri'		T(:				
DEP DOL	Amended Amendmer		_	City,	State, Zip wark, NJ	Code			1				
DOH DCA	Emergency justificatio Cancellatio	n)	g	Nam	e of Conta		m.)	Telepho	one Num	her)			
						FORMATION	<u> </u>			-			
Name of Facility Where A Signature Flight Sup	Abatement is Ta port Corpora	king Place tion	e (3)				Type of Facilit	12)					
Street Address 15 Brewster Road, E	Building # 15				11	40.000	Other (i.e., homes, etc		ommercia	2) al buil	dings	5,	
City (5) Newark							Square Feet 40,000	# of FI	oors	0.0	ldg ()+	Age	
County (6) Essex				USI	inty Code 3 ONLY)	(7) (STATE	Current Use (F Office Build		g demolis	shed)			
Name of Monitoring Firm (8) Environmental T		ng Owner		ASCN	No.		nent Contractor (_			
Street Address	actics, inc.			N/A		DIA Genera Street Address	I Constructio	n, Inc.					
64 Broad Street				Mellous I		1360 Clifton,	Avenue, PM	B Suite 2	218				
City, State, Zip Code Matawan, NJ 07747	1 14 1					City, State, Zip C Clifton, NJ C	ode		10				
Project Manager for Mon Thomas P. Geiger	itoring Firm		43.345.00	ephone 2-290	No. -2217	Telephone No. 973-389-008	89	Licens 006					
Start Date (10) 08/14/2012		heduled C 8/20/20		etion Da	ate (11)	Name of OSHA N DIA General	Monitor Construction						
Occupancy Status During	77					Street Address							_
Facility Closed/Vacate Abatement Performed						1360 Clifton, City, State, Zip C	Avenue, PN	1B Suite	218				
Other - Describe:			,			Clifton, NJ 0							
Scope of Work (Check al	l that apply)												=-
>3 sf or >3 lf 2160 sf or 260 lf			enovat emol			Mini-End Goveba	g Procedure			. •			
	The state of the s	3.703	ocatio	2000		IN NON-EX	rempted (*) and	Non-Friabl	e Proce		bate	ment	
Location of Asbestos-Containing Ma			Solel Itenar		Ashes	Description of tos Containing Mate		Amou	int	-			
TO BE ABAT IN Facility (13)	ED	Ct	ustodia staff? (12)			thermal systems in surfacing, VAT, other miscellaneo	nsulation, or	(Spec SF or I	ify	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A							5.00000	Ф	
Roof				XX	Roof ta	r		50 SF		X			-
Name of Registered Was	te Hauler			JDEP		Cubic Yards	Name of Regi	stered Land	dfill				-
					No.	of Waste 2 CY	Minerva La	andfill					
City, State New Castle, DE					a y	Disposal Date 08/20/2012	City, State Waynesbur	g, OH 44	688				
Completed By		itle		-		Signature			Date			7.1	-
Krutarth Jagad	<u>P</u>	roject N	lanag	ger		1	Mcd!		08/03/2	012		mi mikan	

03600

D&S Proj. #: MS 12-274

State of NJ Notification of Aspestos Aba

Motification of Aspestos Abatement	
(Pursuant to NJAC 8:60 and 12:120)	CRIVE

Date of Notification (1)	111	Name of F	Building Own	er/Operator (2)		2012 ALIC 4	1 6314						
10 18 1/10 11 1/11 12 1	11.			erroperator (2)		2012 AUG -8	PM	4:10					
Agencies Notified Type Notific	ation	Street Add	MURPHY			ASSESTUS & LICE	1 1161	TOOL					
☐ EPA ☐ Initial			20000			& LICE	MSINI	IKUL					
DEP Amended	,			AVENUE				4					
DOL Amendment			, Zip Code										
DOH Emergence (including		CRAN lame of C	FORD, NJ	07016			- tueste,	200					
justificatio		tame of C	ontact				ĺ	Telepho	ne Numbe	er			
☐ DCA ☐ Cancellati	on	JULIE	MURPHY	<u> </u>	4								
			FAC	ILITY INFORM	ATION	٧							
Name of facility where abatemen	t is taking pla	ace (3)					Туре о	f Facility	(4)		-		
JULIE MURPHY								=	ool (K - 12			(40)	
Street Address		51					P		hapter 8 ((Private/			-12)	
23 WOODLAWN AVENU	E .					contra de la contra del la contra del la contra del la contra de la contra del la contra de la contra de la contra del la co		Bldgs	./Homes,	etc.			
City (5)		nty (6)					Squar	e Feet	# of Floo	ors	В	ldg. A	ge
Oily (0)	Joodi	inty (O)			100000000	unty Code (7) ate use only)							
CRANFORD	UN	IION		20	(0.0	ate use orny)	Curre	nt Use (I	Prior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired by	y Bldg. Owne	er (8)		ASCM No.		Name of Abatement (ontracto	or (9)					
						D & S RESTORA	ATION,	INC.					
Street Address				7		Street Address							
						20 California Av	e.						
City, State, Zip Code						City, State, Zip Code	2						
			anderthe ceresis			Paterson, NJ 07:	503						
Project Manager for Monitoring Fir	m	F	Phone Numb	er		Telephone Number			License		er		
						973-345-8020				0159			
Start Date (10)	Sched	I. Comple	tion Date (11	1)		Name of OSHA Monit							
08/10/12	08/17	7/12				D & S Restoration	on, Inc.						
Occupancy Status During Abateme						20 California Ave							
Facility closed/vacated during	g entire perio	od of abat	ement.			City, State, Zip Code	enue						
Abatement performed outsid	le of normal f	facility hor	urs-			City, State, Zip Code							
Describe: NORMAL	HOURS				-	Paterson, NJ 075	503						
Scope of Work (check all that app								ninmont	/aanative				
≥3 sf or ≥3 lf		on	. F				/lini-encl		w/negative	press	ure		
≥160 sf or ≥260 lf	Demolition							procedu					
	-		used solely				Non-Exe	mpted (*) and Non-	friable TR			т—
Location of asbestos-containing	by mainte	enance/cu			n of c	chastas containin		Amount		e	R	E n	E
material (acm) to be	staff(12)	100		material (A		sbestos-containing		Specify	SF or	m	p	С	n
abated in facility (13)	Yes	No	N/A		A T		1	_F)		V	i	a p	Ĺ
BASEMENT		X		PIPE INSU	LATI	ON	97 L	FT	-	e	r	П	
BASEMENT CRAWL SPACE		X		PIPE INSUI			27 I				H		H
BASEMENT		X		CHIMNEY	PAC	KING		Q FT			금	H	H
											H	H	
							F 10 F			H		H	
Registered Waste Hauler D & S RESTORATION, INC.	NJDE	P Hauler		ubic Yards of W YD	Vaste	Name of Registered L		DOD D	P.CO. ITT	-1			
City, State		-	Disposal D	And an artist of the second	- 11/44	TULLYTOWN, R	ESOU.	KCE R	ECOVE	CY			
PATERSON, NJ 07503			08/13/12			TULLYTOWN, I	PA						
Completed by (Print or Type)	Title		1	Signature		1 2020 1 10 1111, 1			Date				
BOGDAN JOLDZIC	PRESIDI								08/01/	12			
ASB-41	* Do not use	this form	for asbesto	s licensure exe	mpted	activities			-				

003598 D&S Proj. #: MS 12-273

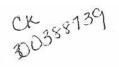
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

							& A free last .		1			
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	2)		2012 8110 0	D.V.				
0 8 / 0 1 / 1 2 Agencies Notified Type Notified	otion	LYNN	E WALM	ACH			2012 AUG -8	PM 4	: 65			
EPA Initial	auon	Street Ad	dress				A.SBESTOS	Cour	0.0	-	-	
DEP Amended	- 11	847 E	LM AVEN	IUE			& LICE	IND	KUL			
DOL Amendment	#: [City, State	e, Zip Code				- LIDI	A TELVIS				
Emergenc	y	RIVE	R EDGE, 1	NJ 07661	00.00							
justification	1)	Name of (Contact				Telepho	ne Numb	er			
DCA Cancellation	on	LYN	NE WALM	IACH			\ 					
			FA	CILITY INFORM	MATION	١	10					
Name of facility where abatemen	is taking p	lace (3)					Type of Facility	(4)				
LYNNE WALMACH							Scho	ol (K - 12	550			
Street Address							○ Other	hapter 8 ((Private/	Comm			
847 ELM AVENUE								./Homes,			2/-/-	^
City (5)	Cot	unty (6)			Cou	inty Code (7)	Square Feet	# of Flo	ors	1	3ldg. /	4ge
DITTED DD CIV						te use only)	Current Use (F	Prior if bei	na dei	nolisi	ned)	
RIVER EDGE Name of Monitoring Firm Hired by		ERGEN			<u>L</u> ,							
rame of monitoring Firm Fined by	blug. Own	61 (0)		ASCM No.		Name of Abatement	-500 to -600 to					
Street Address					_	D & S RESTOR	ATION, INC.					
						Street Address						
City, State, Zip Code					-	20 California A City, State, Zip Code				-		
						Paterson, NJ 07						
Project Manager for Monitoring Fire	n	- 11	Phone Numl	ber		Telephone Number	7303	License	Num	hor		
		- 1				973-345-8020		5-0000000000000000000000000000000000000	0159			
Start Date (10)	Sche	d. Comple	tion Date (1	1)		Name of OSHA Mon	itor					
08/17/12	-		•	,		D & S Restorati	ion, Inc.					
Occupancy Status During Abateme	08/3			-		Street Address						
Facility closed/vacated during			tement			20 California Av	~					
Abatement performed outside	of normal	facility ho	urs-			City, State, Zip Code			12			
Describe: NORMAL I	IOURS				-11	Paterson, NJ 07	502					
Scope of Work (check all that app					$ \square$				_	_		
$\boxtimes > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	on					Full Containment v Mini-enclosure	//negative	press	ure		
≥160 sf or ≥260 lf	Demolitio					\boxtimes	Glovebag procedu					
			used solely	,,	-		Non-Exempted (*)	and Non-		proc	edure	
Location of asbestos-containing	by mainte	enance/cu	stodial		6		Amount		R	R	E n	E
material (acm) to be abated in facility (13)	staff(12)			material (A		bestos-containing	(Specify S	For	m o	р	С	n
abated in facility (15)	Yes	No	N/A				LF)		v	i	a p	L
BASEMENT		X		PIPE INSUI	LATIC	ON	120 L FT	-	e	r		
								-			片	1
	The same								H		H	片
											H	H
									H	H		H
Registered Waste Hauler D & S RESTORATION, INC.		P Hauler		ubic Yards of W	aste	Name of Registered			ш			1
City, State	135	00	Disposal D	YDS		TULLYTOWN, I	RESOURCE RE	COVER	Y	17.		<u> </u>
PATERSON, NJ 07503			08/18/12			City, State TULLYTOWN,	DΛ					
Completed by (Print or Type)	Title			Signature		TOLLITOWN,	I A	Date				
BOGDAN JOLDZIC	PRESIDI		0					08/01/	12			
ASB-41	Do not use	this form	for asbesto	s licensure exer	mpted :	activities.		1				

D&S Proj. #: MS 12-275

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

		¥07					ALL CONTRACTOR OF THE CONTRACT	* 1 5					
Date of Notification		11	lame of Bu	ilding Own	er/Operator (2))	201	2 AUG -8 PM	1				
10 18 1/10 11	-,		HAMIL	TON TWF	SCHOOL I	DISTR	ICT	0 111	4: -3				
Agencies Notified EPA	Type Notificati Initial	on S	Street Addr	ess			ASI	LICENSIN	TPOL				
1. (Contract of the Contract o	Amended	- 11	90 PAR	K AVENU	ЈЕ .			& LICENSIN	CHUL				
	Amendment #:		City, State,	Zip Code									
⊠ DOL	Emergency		TRENT	ON, NJ	08690								
□ DOH	(including justification)	N	lame of Co	ntact				Telephone	Number				
□ DCA	Cancellation		MICHA	EL KRIS	HER				1337				
				FAC	ILITY INFORM	ATION							
Name of facility wh	ere abatement is	s taking pla	ace (3)				The state of the s	Type of Facility (4					
SUNNYBREA	ELEMENTAI	RY SCHO	OOL						(K - 12) apter 8 (Ot	her th	an K	-12)	
Street Address								Other (Private/Co	mme		,	
166 ELTON A	VENITE								Homes, et		RI	dg. Ag	na an
City (5)	VERGE	I Cour	nty (6)			Cour	nty Code (7)	Square Feet	# OI FIGOR		DI	ay. A	ge
Only (0)		1	, (-)				e use only)	Current Use (Pr	ior if being	dem	olishe	ed)	
HAMILTON T	CWP.	ME	ERCER										
Name of Monitoring	g Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abatement (Contractor (9)					
WESTCHESTE	ER ENVIRON	MENTAI	LLLC		00127		D & S RESTORA	ATION, INC.					
Street Address			_				Street Address				-	77.00	
307 NORTH W		EET					20 California Av	re.			-		
City, State, Zip Code	е						City, State, Zip Code						
WEST CHEST							Paterson, NJ 07	503					
Project Manager for	Monitoring Firm	ľ	P	hone Numb	per		Telephone Number		License	Numb	er		
MATTHEW AB	BRAHAM		6	10-431-75	545		973-345-8020		01169				
Start Date (10)	7 Nov. (Nov.) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sched	d. Complet	ion Date (1	1)		Name of OSHA Moni D & S Restoration						
08/13/12		08/1	7/12				Street Address	on, me.			-		
Occupancy Status D	During Abatemer	nt (Check o	only one)				20 California Av	enue					
	d/vacated during					- 11	City, State, Zip Code						
Abatement pe Describe:	erformed outside	of normal	facility hou	ırs-									
Other-Describ	be: NORMAL H	IOURS					Paterson, NJ 07	503			. Elsen		
Scope of Work (ch							⊠ F	-ull Containment w	negative	press	ure		
3 sf or 3 sf or 3 lf	\boxtimes	Renovation	on					Mini-enclosure					
≥160 sf or ≥2	60 If	Demolitio	n				housest.	Glovebag procedur Non-Exempted (*)		riable	proc	edure	
Location of		Is locatio	n normally	used solely	yl			Tton Exemples ()	and I toll I	R	R	E	Τ_
asbestos-con		by mainte staff(12)	enance/cu	stodial	Descript	ion of a	sbestos-containing	Amount		e m	e	n	l E
material (acm abated in faci				1	material	(ACM)		(Specify S LF)	For	0	a	a	C
abated in faci	iiity (13)	Yes	No	N/A						v e	i	р	1
ROOM #3			X		CARPET,	VAT	& MASTIC	784 SQ FT		X			
					1								
Registered Waste H D & S RESTOR			EP Hauler 506		Cubic Yards of 8 YDS	Waste	Name of Registered TULLYTOWN,		COVED	v		200	
City, State	ATTON, INC.			Disposal D			City, State	RESOURCE RE	COVER	1	-		
PATERSON, N	J 07503			08/15/1			TULLYTOWN,	PA					
Completed by (Print		Title		1	Signature				Date		100 m		
BOGDAN JOLI		PRESID	ENT						08/01/	12	il		
ASB-41		Do not us	e this form	for asbest	os licensure ex	cempted	activities.						



401 E. State St., PO 414 Trenton, NJ 08625-0414

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 08/03/12					-22 1	r/Operator (2)	REG	Years & Y				
Agencies Notified	Incies Notified EPA () Initial Notification (X) Amended Certification (CA) Cancelled			ICL Perform Street Addre		cts LP 701	2 AUG -	- R P	H b:	gan from		
(X) EPA		() Initial N	otification	cation	500 Rooseve	elt Avenue		BEST		27 1	^	
(X) DOL (X) DOH				Cation	Carteret, NJ		FC: 42	& LI	CENS	ING		
() DCA		-			Name of Cor Jim Sengebu	ntact		Tel. N	umber		0.00	
				FACILITY I	NFORMATION	1311				•	-	
Name of Facility Where Abate ICL Performance Products LP Street Address		Taking Place	(3)		Type of Faci () School (K () Subchapt (X) Other (i.e	(-12) ter 8 (other	than K-12) commercial ble	dgs., hom	nes, etc			
500 Roosevelt Avenue					Sa Feet 4	750 # 0	of Floors	2				
City (5)	unty (6)			Code (7) Jse Only)	Bldg. Age	67 years	ng demolished		nent & 1	Melding	Shone	
Name of Monitoring Firm Hired	Company of the Compan	. Owner (8)	ASCM	No.	- Current Ose	(prior ii beli	Name of C		1000	vveiunig	Janups	
None		. Omno. (0)	ZIOOMI	<u></u>	1 2 1 E			200 200 200		O-		
Street Address		-			Street Addres	ss	Brandenbu	rg industi	nai Ser	vice Co	mpany	
770					2217 Spillma							
City, State, Zip Code					City State, Zi				_			- N
					Bethlehem, P		a 18015			3.5		
Project Manager for Monitoring Firm Telephone Number					Telephone N			License	e Numb	per		
					(610) 691-180	00		00721				
Scheduled Start Date (10)					Name of OSH	***		1 00.2.	1			
09/04/12		09/20/12			Brandenhura	Industrial S	Service Compa	IDV				
Occupancy Status During Aba	tement (0	Check only on	ie)		Street Addres		crvice ouripa	iiiy				
(X) Facility Closed/Vacated Du () Abatement Performed Outs	ring Enti	re Period of A ormal Facility	batement Hours -		2217 Spillman	n Drive						
Describe					City, State, Zi	p Code	*		Ī			
Other – Demo will be performe	d from 0	8/06/12 throu	ab 10/31/1	2	Dathlaham D		10015					
Source of Work (Check all that	ALCOHOLD IN THE REAL PROPERTY.	0/00/12 11100	911 10/31/1	2	Bethlehem, P	ennsylvania	18015		-			
(X) Demolition () Renovati (X) Large Proj. (>160 SF or >2 () Full Containment with Neg	60 LF AC	CM)()SMPr	oj. (>25<1 Mini-Enclo	60 SF or >10 <2	60 LF ACM) ovebag Procedu	() Minor P	roj. (<25 SF o	<10 LF /	ACM)			
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.		(Specify SF or	LF)	Abate	ment Ty	/pe	
Containing Material (ACM) in Facility (13)	Staff?	Account of the contract of the	stodial	thermal system surfacing, VA		10 10 10 10 10 10 10 10 10 10 10 10 10 1						
Bldg. 21/21A Attic & Gable	YES	NO	X	miscell.) Galbestos Pa	nels (non-	1,750 SF	1, , ,		Rem.	Rep.	Encap	Enclose
Wall Bldg. 20 Roof			X	friable) Galbestos Sid	ing (non-	600 SF			X		-	-
Bldg 20 – north interior wall			X	friable) Asbestos Insu	Insulation (friable) 480 SF X							
Name of Reg. Waste Hauler NJDEP Waste Hauler ID#			ID#	Cubic Yards o	of Waste		Name o	of Rea	Landfill			
Freehold Cartage, Inc. 15939				65			G.R.O.\					
City, State				4	JETA SADARA	Harris en	Dien Data	(Waste	-	-	to	1
Oily, Otale				a Turra Sirse			Disp. Date		-	City, Sta	<u>ie</u>	
Freehold, NJ		ov. uma prisoner	1 - 1		andress sizes	and the second	09/05/12	n Constant	I. N	/lorrisvil	le, PA	NT 5 100 F
Completed by (Print or Type)	4	<u>Title</u>			Signature	tradiction.		<u>Date</u>				
Jennifer Strobel Contract Administrator				1	Aw	1	08/03/1	2				
Mail to: NJDEP-DSHW-BRR' 401 E. State St., PO		Telephone 6	09-984-66	20				C:\WOR 9/18/00	D\MYD	OCS/A	SBEST	os



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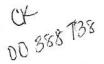
Date of Notification (1) 08/03/12				-	Name of Bui	lding Owne	r/Operator (2)	BIIC -	Q PM	L: =		-
					ICL Performa	ance Produ	cts LP ZUIZ	AUG -	0 111	-		
Agencies Notified		Notification	Type		Street Addre	:SS		ESTU & L10	et citt	NTRO)L	
(X) EPA		() Initial N	otification		500 Rooseve	elt Avenue	\$ 50	2010	CHE	MC.	*0.000	
() DEP		(X) Amende		ation	City, State, Z	ip Code	1	& LIL	LINO	140		
(X) DOL		() Cancelle	ed		1290 CO							
(X) DOH					Carteret, NJ							
()DCA		1 0 E			Name of Cor			Tel. N	lumber	_		200.00
					Jim Sengebu	ısh		12-000		17/		<u> </u>
Name of Facility Miles on Alesto		- L: DI /	(0)	FACILITY	NFORMATION							
Name of Facility Where Abate	ment is i	aking Place (3)		Type of Facil							
ICL Performance Products LP					() School (K		than K 10\					
Street Address					() Subchapt		commercial blo	dae hor	non oto			
<u>Street Address</u>					(X) Other (i.e	. private & t	commercial bic	195., HOL	nes, etc	•		
500 Roosevelt Avenue					Sa. Feet 3	.000	# of Flo	oors	1			
City (5) Co	unty (6)		County (Code (7)				-				
				se Only)	Bldg. Age							
	ddlesex				Current Use	(prior if being	ng demolished)	: Machi	ne Shop	0		
Name of Monitoring Firm Hired	d by Bldg	. Owner (8)	ASCM N	lo.			Name of Co	ontractor	(9)	-0.11-		
								200				
None		************					Brandenbur	rg Indust	rial Ser	vice Co	mpany	
Street Address					Street Addres	SS						
					0047.0 '''	_						
City State 7in Code					2217 Spillma			22371100000000				
City, State, Zip Code					City State, Zi	p Code						
					Bethlehem, P	onnovivoni	10015					
Project Manager for Monitoring	Firm	Telephone I	Number		Telephone No		a 10015	Licono	e Numb		-	
r roject warager for wormoning	41 11111	Telephone	Mulliber		Telephone N	uniber		Licens	e Mulli	<u>Jei</u>		
					(610) 691-180	00		00721				
Scheduled Start Date (10)	3000	Scheduled (Completion	Date (11)	Name of OSH			00.2.	-			
09/04/12		09/20/12										
					Brandenburg	Industrial S	Service Compa	ny				
Occupancy Status During Aba	tement (0	Check only on	ie)		Street Address	<u>ss</u>					732	
(X) Facility Closed/Vacated Du						200 TV						
() Abatement Performed Outs	side of No	rmal Facility	Hours -		2217 Spillmai				_			
Describe					City, State, Zi	p Code						
Describe		imiga — iliza			1							
Other - Demo will be performe	d from 0	8/06/12 throug	ah 10/31/1:	2	Bethlehem, P	onnovlvania	10015					
Source of Work (Check all that		3.00.12 4.1.04	911 1010 1111		1 betilierieri, F	emisyivama	10015					
Source of Work (Officer all trial	apply											
(X) Demolition () Renovati	on											
(X) Large Proj. (>160 SF or >2		M) () SM Pr	oj. (>25<1	60 SF or >10 <2	60 LF ACM)	() Minor P	roj. (<25 SF or	<10 LF	ACM)			
() Full Containment with Neg			Mini-Enclo		ovebag Procedu				,			
Location of Asbestos-		ation Normally		Description of	ACM (i.e.	Amount	(Specify SF or	LF)	Abate	ment Ty	ре	
Containing Material (ACM) in		by Maint./Cus	todial	thermal system		1.50		- Mari				
Facility (13)	Staff?			surfacing, VA	Γ, or other				D	D		Factorial
Bldg. 11Ceiling	YES	NO	NA	miscell.)		050.05			Rem.	Rep.	Encap	Enclose
Bidg. 1 (Celling			X	Transite pane	is(non-mable)	250 SF			X	<u> </u>	<u> </u>	
					I Marion Company	-			-			-
		+				-		-	-		-	1
Name of Reg. Waste Hauler	1	NJDEP Was	te Hauler	D#	Cubic Yards o	of Maste		Nome	of Pos	Landfill	<u> </u>	-
Name of Neg. Waste Hauler		NUDER VVas	ste Hauter	10#	Cubic Talus C	vvaste		Name	or Reg.	Landill		
Freehold Cartage, Inc.	1 1/4	15939			9		W WAS IT	GRO	W.S., Ir	10		
, realize a charge, ma		.0000			a distance of		The second second			ement)		
City, State	-	Mary Comment		3-2	1000		Disp. Date	,		City, Sta	te	-
4.5xx		i ika mata								c. sound		N. A. INDE
Freehold, NJ	(A 10)		ere pina	With St. William Co.	A STATE OF THE PARTY OF THE STATE OF		09/05/12	10	N	/lorrisvil	e, PA	10 (20)
Completed by (Print or Type)	-	<u>Title</u>	estable creek		Signature	Telline N		Date				
		Se Se Service			1	MA						
Jennifer Strobel	7 7 7	Contract Ada	ministrator		()	VII	pos	08/03/1	2			344
	7 7 41					W					51.0	
		The state of the s	110.5.101		()							

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414

Trenton, NJ 08625-0414

Telephone 609-984-6620

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Date of Notification (1) 08/03/12	- 4			Name of Buil		Operator (2)	u w to	T			
				ICL Performa	nce Produc	ts LP 2012 A	UG -8	PM	4: 20	i	
Agencies Notified	Notification	Type		Street Addres	SS	4	100 - 100 - 100				
(X) EPA	() Initial N	otification		500 Rooseve	It Avenue	A385 &	5105	CON	TROL		
() DEP	(X) Amen		cation	City, State, Z	ip Code	å	LICE	MSIN	ß		
(X) DOL	() Cancell	ed							G		
(X) DOH				Carteret, NJ							
() DCA				Name of Con Jim Sengebu			I Tel N	umber_	-		
			FACILITY IN	NFORMATION	311			-	15-17		
Name of Facility Where Abatemen	t is Taking Place	(3)		Type of Facili	ty (4)			1			
				() School (K							
ICL Performance Products LP				() Subchapte							
Street Address				(X) Other (i.e.	private & c	commercial blo	igs., nom	ies, etc.			
500 Roosevelt Avenue				Sq. Feet 3	125	# of Flo	oors	1			
City (5) County	(6)	County (
		(State U	se Only)	Bldg. Age		g demolished)	· Masta	Ctoron			
Carteret Middles Name of Monitoring Firm Hired by	7.0.7.2	ASCM N	lo .	Current ose (prior ir beiri	Name of Co			3		
Name of Monitoring Firm Filed by	blug. Owner (6)	ASCIVIN	10.			Name of Co	miracion	(9)			
None						Brandenbur	rg Indust	rial Serv	rice Con	npany	
Street Address				Street Addres	S		37.77		W. E.		
				2217 Spillman	Drivo						
City, State, Zip Code				City State, Zip				1-2-			
Oity, Otate, Zip Oode				Oity Otate, Zip	o oode						
				Bethlehem, P	ennsylvania	18015					
Project Manager for Monitoring Fir	m Telephone	Number		Telephone Nu	ımber		Licens	e Numb	er		
				(610) 691-180	00		00721				
Scheduled Start Date (10)	Scheduled	Completion	Date (11)	Name of OSH			00721				
09/04/12	09/20/12										
						ervice Compa	ny				
Occupancy Status During Abateme (X) Facility Closed/Vacated During				Street Addres	<u>s</u>						
() Abatement Performed Outside				2217 Spillmar	Drive						
	,			City, State, Zi							
Describe											
Other - Demo will be performed from	om 08/06/12 throu	ah 10/31/1:	2	Bethlehem, P	ennsylvania	18015					
Source of Work (Check all that app		3		Detricien, 1	cinisyivame	10013		-			
(X) Demolition () Renovation											
(X) Large Proj. (>160 SF or >260 L() Full Containment with Negative		roj. (>25<1) Mini-Enclo		60 LF ACM) ovebag Procedu		roj. (<25 SF or	<10 LF	ACM)			
	Location Normally		Description of			Specify SF or	IE)	Ahate	ment Ty	00	
	olely by Maint./Cu		thermal system		, arrount	(opcony or or	/	ribato	none i y	30	
Facility (13)	taff? (12)		surfacing, VAT	, or other	1					or all and a second	
The second secon	YES NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
Bldg. 35A Roof		X	Transite roof(r	ion-friable)	3,000 SF		-	X			
					-		formani				-
								N			
Name of Reg. Waste Hauler	NJDEP Was	ste Hauler	ID#	Cubic Yards o	f Waste		Name	of Reg.	Landfill	-	-
Freehold Cartage, Inc.	15939			111		ia-i mi		W.S., Ir Manag			
City, State			14. 5.55	7.		Disp. Date			city, Stat	<u>e</u>	
Freehold, NJ					N. Section	09/05/12		l l	/orrisvill	e PA	
Completed by (Print or Type)	Title	7.02.01.11		Signature o		30,007,12	Date	1	.3	-, -, 1	
		o Aparto de C		1 8	X.n.	. 1			3.7		
Jennifer Strobel	Contract Ad	ministrator			TON		08/03/1	12			

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

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Name of Building Owner/Operator (2)

Community Asset Prose Date of Notification (1) Community Asset Preservation Alliance#2 of Jersey City Urban 8/01/2012 2012 AUG -8 PM Renewal, LLC Agencies Notified Notification Type Street Address 108 Church Street () EPA (X)Initial Notification City, State, Zip Code A5000 (X) DOL () Amended Notification New Brunswick, NJ 08901 (X) DOH () Cancelled Name of Contact Phone () DCA Jeff Crum **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) All Saints School)School (K-12) Street Address () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) 305 Whiton Street City (5) County (6) County Code (7) Sq. Feet: 26,720 SF No. of Floors: 4 Jersey City Hudson (State Use Only) Bldg. Age: 115 years Current Use (prior if being demolished) Vacant Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Health & Safety Services Inc 00117 Superior Abatement, Inc. Street Address Street Address 318 12th Street 2 Henderson Drive, Ste A City, State, Zip Code City State, Zip Code Hammonton, NJ 08037 West Caldwell, NJ 07006 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Proctor (609) 704-8850 (973) 808-1616 00411 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/14/2012 8/16/2012 Superior Abatement, Inc. Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive, Ste. A () Abatement Performed Outside of Normal Facility Hours -() Other - Describe: City, State, Zip Code West Caldwell, NJ 07006 Source of Work (Check all that apply) () Demolition (X) Renovation (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal.

Location of Asbestos-Containing | Is Location Normally Used | Description of ACM (i.e. thermal | Amount (Specific SE of E) |

Amount (Specific SE of E) | Secription of ACM (i.e. thermal | Amount (Specific SE of E) |

Amount (Specific SE of E) | Secription of ACM (i.e. thermal | Amount (Specific SE of E) |

(ACM) in Equilibrium (2) Material (ACM) in Facility (13) Solely by Maint./Custodial systems insulation, surfacing, Staff? (12) VAT, or other miscell.) NA NO Rem. Rep. Encap Enclose 1st Floor - Room 1 & Room 2 X VAT 350 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Service Transport Group, Inc. SW2117 Minerva Landfill City, State Disp. Date New Castle, DE 8/16/2012 9000 Minerva Road Waynesburgh OH 44688 Completed by (Print or Type) Title Signature Date 8/01/2012 Nick Petrovski President mu

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9/18/00

Check No.

No check

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

e of Notification (1)					ng Owner/Operator						
August 01, 2012			PA	of NY &	NJ, Port New	201 Manige	ernainal. cc				
Agency Notified	Type Notification		Street	Address			4. 33				
□ EPA	□ Initial				Street	ASBESTOS	CONTROL			-	
Name of State of Stat	M Amended		1	State, Zip	Code	& LICE	NSING				
⊠ DOL	Amendment # 1	na			k, NJ 07114						
⊠ DOH	justification)			of Conta		727	Telephone Nu	ımber			
□ DCA	☐ Cancellation		Uda	y Mehta	1						
			FAC	ILITY INF	ORMATION		1.2	-			
Name of Facility Where	Abatement is Taking Place	ce (3)	Parple:			Type of Facilit	y (4)				
PA of NY & NJ, Po	rt Newark Marine	Termina	al	application.	and operates to	☐ School (K-1					
Street Address		alle t					8 (Other than K-1 private & commerc		ne		
Building 263, Dist	ribution Street					homes, etc		nai bullulli	igs,		
City (5)	and the same of		-			Square Feet	# of Floors	Bldg.	Age		
Newark, NJ 07114						784	2	20 -	+/- y	ear	S
County (6)			H 1110-000-000-000-000) (STATE USE	Current Use (F	Prior if being demo	olished)			
Essex			ONLY)		Office/War	ehouse				
Name of Monitoring Firm	Hired by Building Owne	r ASC	M No.		Name of Abater	ment Contractor			7.7	0000-0	
A of NY & NJ		N/A	Д		B&N&K Res	storation Co.	., Inc.				
Street Address	-				Street Address						
241 Erie Street, Ro	oom 236				223 Randol	ph Avenue					
City, State, Zip Code					City, State, Zip	Code					
Jersey City, NJ 07	310				Clifton, NJ	07011					
Project Manager for Mon	itoring Firm	Telepi	none No.		Telephone No.		License No.				
Uday Mehta		201-	595-48	81	973-478-468	31	00120				
Start Date (1 0)	Scheduled Co	mpletion [Date (1-1)		Name of OSHA	Monitor	- I was	1100000			
August 20, 2012	December	31, 201	12		McCabe En	vironmental	Services, L.L	C.			
Occupancy Status Durin	g Abatement (Check only	one)			Street Address						
☑ Facility Closed/Vacate	ed During Entire Period o	f Abateme	ent			Brook Avenu	e				
☐ Abatement Performed			4		City, State, Zip (
Other - Describe:					Lyndhurst,	NJ 07071-19	98				
ope of Work (Check al	I that apply)				⊠ Full	Containment wit	h Negative Pressu	ıre			
-> 3 If		· · ·	1	novation	☐ Mini	-Enclosure	- S				
260 If			□ Der	nolition		rebag Procedure -Exempted (*) ar	nd Non-Friable Pro	ocedure			
	T			T				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ab	atem	ent
#8 9	5. 5. 7.	Norn	ation nally						-	Туре	<u>}</u>
ä	crial (ACM)	Used S		Asho	Description stos Containing M		Amount			-	,
≟ AE	BATED		nance/ odial		., thermal systems	insulation,	(Specify	r	Re	Encapsulate	Enclosure
IN Fac		Sta			surfacing, VA other miscellan		SF or LF)	Removal	psu	losu
(13)		(1	2)		other miscentari	cous			/al	ate	97
		Yes N	oN/A								
Per Contract Drawings 8' along		Yes N		Spra	yed-on Fire P	roofing	19	82 sq ft	X	4	-
and 8' along colun		-	-	14-					+	+	
											工
			-	-					-	-	-
Name of Registered Was	ste Hauler	NJDE	Waste I	Hauler	Cubic Yards of	Name of Regi	stered Landfill				
		ID No.	_		Waste						
Jimmy Byrne Truc	king	1955	5		13		nterprises, Ir	ıc.			
City, State					Disposal Date	City, State					- 25
Bronx, NY					08/15/12 - 12/31/12	Waynesb	urg, OH				
Completed by	Title				Signature	111		Date			
Aleksandar Kurida					9/1			8/3/2	012		
ASB-41	* Do not	use this f	orm for a	sbestos li	censure exempted	activities.	1.0				



Completed by (Print or Type)

ROBERT GROGAN

Title

VP

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) Name of Building Owner/Operator (2 Aug 1, 2012 PSEG Fossil, LLC 2012 AUG -8 PM 4: 37 Agencies Notified Notification Type Street Address 80 Park Plaza & LICE ISING (X) EPA (X) Initial Notification (X) DEP () Amended Certification City, State, Zip Code (X) DOL () Cancelled Newark, NJ 07102-4109 (X) DOH (X) DCA Name of Contact Tel Number Domenic Fiorino **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **Burlington Generating Station** () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 200 Devlin Ave Sq. Feet__1,000,000_ # of Floors 8 City (5) County Code (7) County (6) Bldg. Age 75 Burlington Burlington (State Use Only) Current Use (prior if being demolished) Electric Generating Station Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Absolut Ace Inc. Street Address Street Address PO BOX 295 City, State, Zip Code City State, ZipCode Florham Park, NJ 07932 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 410-9217 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Aug 15, 2012 Aug 15, 2014 MECS Occupancy Status During Abatement (Check only one) Street Address () Facility Closed/Vacated During Entire Period of Abatement 5 Linwood Ct () Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Hamilton, NJ 08690 Other - Describe Two Shifts, 12 hours each, 24 hour plant coverage Source of Work (Check all that apply) () Demolition (X) Renovation (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () M:nor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure (X) Mini-Enclosure (X) Glovebag 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 insulation, Facility (13) Staff? (12) surfacing, VAT, or other Rem. Rep. Encap Enclose YES NO NA miscell.) Nos.1, 2,3 & 4 Units, Floors Boiler and pipe insulation 25,000 square feet X X X X 1-10 Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Reg. Landfill Cubic Yards of Waste Tullytown Resource Recovery Waste Management of New Jersey 17273 200 City, State Disp. Date City, State Elizabeth, NJ 07114-2436 Tullytown, PA 19007

Signature

Date

8/01/12



Date of Notification (1) Aug 1, 2012		-0.47	m trong to be an	. communication	Name of Buil PSEG Fossi		Operator (2) 2012 A	UG -8	PM	4: 57		100-100			
Agencies Notified (X) EPA (X) DEP (X) DOL		Notification (X) Initial N () Amende () Cancelle	otification ed Certifica	ation	Street Addres 80 Park Plaz City, State, Z Newark, NJ	ip Code	458E &								
(X) DOH (X) DCA					Name of Con Domenic Fig			I Tel N	Number	-					
				FACILITY II	NFORMATION	71110									
Name of Facility Where Abate Sewaren Generating Station		aking Place (3)		Type of Facili	-12)	ian K-12)		2.4						
Street Address 751 Cliff Road					(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000# of Floors 8										
	ounty (6) ddlesex	a.		Code (7) (se Only)	Bldg. Age 64						4 m A I m				
Name of Monitoring Firm Hire	d by Bldg.	Owner (8)	ASCM	No.	Current Use (prior if being demolished) Electric Generating State Name of Contractor (9) Absolute Ace Inc.						ation	- 11 - 4			
treet Address					Street Addres										
City, State, Zip Code					City State, ZipCode Florham Park, NJ 07932										
Project Manager for Monitoring	g Firm	Telephone	Number		<u>Telephone Number</u> (973) 410-9217				se Numi	per					
Scheduled Start Date (10) Aug 15, 2012		Scheduled Aug 15, 20		n Date (11)	Name of OSHA Monitor MECS										
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Out	uring Entire	e Period of A	batement		Street Address 5 Linwood Ct										
Describe			***		City, State, Zi Hamilton, NJ										
Other - Describe Two Shifts,	, 12 hours	each, 24 ho	our plant o	coverage	1										
Source of Work (Check all that () Demolition (X) Renovati (X) Large Proj. (>160 SF or >2 (X) Full Containment with Neg	ion 260 LF AC				260 LF ACM) Glovebag Proce		oj. (<25 SF o	r <10 LF	ACM)		100				
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	tion Normally by Maint./Cus	Used	Description of	FACM (i.e. ms insulation,		Specify SF or	r LF)	Rem.	Rem.	Rem.	Rem.	ment Ty	To the state of th	Enclose
Nos.1, 2,3 & 4 Units, Floors 1-8		X			pe insulation	25,000 so	quare feet		Х	X	Х	X			
Name of Reg. Waste Hauler		NJDEP Was	to Havila	ID#	Cubia Vanda	of Mests		l Na	of Der	l andell					
Waste Management of New .	Jersey	172 73	ole nauler	10#	Cubic Yards of 200	or vvaste			own Re	Landfill source		ry			
City, State Elizabeth, NJ 07114-2436							Disp. Date	7708		City, Sta Tullytow		9007			
Completed by (Print or Type)		<u>Title</u>		17214,118	Signature	//		Date			4				
ROBERT GROGAN		<u>VP</u>			V	/		8/01/1	12						



Date of Notification (1) Aug 1, 2012		Catalan Kara		Name of Build			UG -8	PM	4: 57				
Agencies Notified (X) EPA		Notification (X) Initial N	207 MOST AN		Street Address 80 Park Plaz		ASBE	STOS C	On	TROL			
(X) DEP (X) DOL (X) DOH		() Amende () Cancelle		tion	City, State, Z Newark, NJ (LICEN:	2114	G			
(X) DCA					Name of Con Domenic Fig			Tel. Num	ber			-	
				FACILITY I	NFORMATION			100	_	-			
Name of Facility Where Aba	atement is T	aking Place (3)	TAGILITY	Type of Facili	itv (4)							
HUDSON GENERATING S			<u>-1</u>		() School (K	-12) er 8 (other th	nan K-12)	4					
Street Address DUFFIELD & VAN KUERE	N ST				(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000 # of Floors 8								
	County (6) HUDSON		County ((State U		Bldg. Age 65 Current Use (prior if being demolished) Electric Generating Station								
Name of Monitoring Firm Hi	lo.			Name of Co Absolut Ac	ntractor (9)								
Street Address	treet Address									***************************************			
City, State, Zip Code					City State, Zi		7000						
7					FLORHAM P	ARK, NJ 0	7932						
Project Manager for Monitor	ring Firm	Telephone	Number		Telephone No (973) 410-92			License N 00225	Numb	<u>er</u>			
Scheduled Start Date (10) Aug 15, 2012		Scheduled Aug 15, 20	14	Date (11)	Name of OSHA Monitor MECS								
Occupancy Status During A () Facility Closed/Vacated () Abatement Performed O	During Enti	re Period of A	batement		5 Linwood C								
Describe					City, State, Z Hamilton, N.			20					
Other - Describe Two Shift	ts, 12 hour	s each, 24 h	our plant o	coverage									
Source of Work (Check all t	hat apply)				V 18							-	
() Demolition (X) Renov (X) Large Proj. (>160 SF or	>260 LF A						roj. (<25 SF or	<10 LF AC	(M				
(X) Full Containment with N Location of Asbestos-	Is Loc	ation Normally	y Used	Description o			(Specify SF or	LF) A	bate	ment Ty	ре		
Containing Material (ACM) i Facility (13)	n Solely Staff? YES	by Maint./Cu: (12) NO	stodial	surfacing, VA miscell.)	ms insulation, T, or other	P = 1		R	lem.	Rep.	Encap	Enclose	
Boiler Basement- 11fll	11.0	X	INA	Boiler & Pipe	insulation	25,000sf		- 1 July 1 July 1	Χ	X	X		
Mana of Day Wester!	NIDED W.	eta Handar	10.4	Cubic Yards of Waste			Name of Reg. Landfill						
Name of Reg. Waste Hauler Waste Management of New Jersey NJDEP Waste Hauler 17273				<u>ID#</u>	300	or vvaste		Tullytow				ry	
City, State Elizabeth, NJ 07114-2436						Λ	Disp. Date			City, Sta Fullytov	<u>ite</u> vn, PA 1	9007	
Completed by (Print or Type) Title					Signature	1		<u>Date</u>		1,4994			
ROBERT GROGAN VP					1	/ _		8/01/12					



Date of Notification (1) Aug 01, 2012	************	Name of Buil PSEG Fossi	ding Owner/	Operator (2)	2 AUG	-8 F	M I.:	57	1				
Agencies Notified (X) EPA (X) DEP (X) DOL (X) DOH		(X) Initial N () Amenda () Cancell	lotification ed Certifica	ation	Street Addre 80 Park Plaz City, State, Z Newark, NJ	ss a ip Code	A .S.	BEST		ANTO			
(X) DCA					Name of Cor Domenic Fig			Tel. N	Number				
	/// The Control of th		-	FACILITY I	NFORMATION	71110		-633		, —			
Name of Facility Where Abat KEARNY GENERATING Sta		Faking Place	(3)		Type of Facil () School (K	(-12)	nan K-12)						
Street Address FOOT OF HACKENSACK	AVE	3.00			(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000# of Floors 8								
	ounty (6) UDSON			Code (7) ise Only)	Bldg. Age 75 Current Use (prior if being demolished) Electric Generating Station								
Name of Monitoring Firm Hire	ne of Monitoring Firm Hired by Bldg. Owner (8) ASCM No.						Name of Co	ontracto				er.	
Street Address	reet Address						L						
City, State, Zip Code					City State, Zi		932	1					
Project Manager for Monitori	ng Firm	Telephone	Number		Telephone Number License Number (973) 410-9217 00225								
Scheduled Start Date (10) Aug 15, 2012		Scheduled Aug 15, 20		n Date (11)	Name of OSHA Monitor MECS								
Occupancy Status During Ab) Facility Closed/Vacated D) Abatement Performed Ou	uring Enti	re Period of A	batement		Street Address 5 Linwood Ct								
Describe					City, State, Z Hamilton, No								
Other - Describe Two Shifts	s, 12 hour	s each, 24 h	our plant o	coverage									
Source of Work (Check all the) Demolition (X) Renova X) Large Proj. (>160 SF or > X) Full Containment with Ne	tion 260 LF AC				260 LF ACM) Glovebag Proce		oj. (<25 SF o	r <10 LF	ACM)				
ocation of Asbestos- Containing Material (ACM) in acility (13)	Is Loca	ation Normally by Maint./Cu	Used	Description o	f ACM (i.e. ms insulation,		Specify SF or	r LF)	Abate Rem.	Rep.	/pe Encap	Enclo	
BASEMENT TO PENTHOUSE	120	X	, iv		pe insulation	25,000 sc	quare feet		Х	X	X	X	
lame of Reg. Waste Hauler Vaste Management of New	Jersey	NJDEP Was	ste Hauler	ID#	Cubic Yards of 200	of Waste			of Reg.			ery	
lity, State lizabeth, NJ 07114-2436	- 0.2						Disp. Date	-23		City, Sta	<u>ite</u> vn, PA 1	9007	
Completed by (Print or Type)		<u>Title</u>	7 1-2		Signature	1/	7 - 14	Date		1			
ROBERT GROGAN VP.					A STREET	1		8/01/1	2				



Date of Notification (1) Aug 1, 2012	15"	all the same		Name of Build									
Aug 1, 2012				I SEG FUSSII	,	2012	AUG -	-8 PI	4 4:3	17			
Agencies Notified (X) EPA	Notificatio	Type Notification		Street Address 80 Park Plaz			EST	54 SA 10VAY	Control State Control Con				
(X) DEP (X) DOL (X) DOH	() Amend () Cancel	ed Certifica led	ation	City, State, Z Newark, NJ			& LIC	EKS	IAC				
(X) DCA	W - 1			Name of Con Domenic Fig			Tel. N	umber_			-1		
			FACILITY II	NFORMATION			•						
Name of Facility Where Abate LINDEN GENERATING Station		(3)		Type of Facili () School (K () Subchapte	-12) er 8 (other th								
Street Address 4001 S. WOOD AVE				(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet_8000,000# of Floors 8									
	unty (6)		Code (7) Ise Only)	Bldg. Age 76					ating S	tation			
At 586 miles Fire tiles	1 h., Did., O., (0)	ASCM	1-	Current Use (prior if being demolished) Electric Generating Static Name of Contractor (9)									
Name of Monitoring Firm Hire	by Blag. Owner (8)	NO.			Absolut Ac		(9)						
Street Address		Street Address PO BOX 295											
City, State, Zip Code				City State, Zij FLORHAM P		932							
Project Manager for Monitoring	g Firm Telephone	Number	1	<u>Telephone Number</u> (973) 410-9217			Licens 00225	se Numb	oer				
Scheduled Start Date (10) Aug 15, 2012	Scheduled Aug 15, 2		n Date (11)	Name of OSHA Monitor MECS						-			
Occupancy Status During Aba () Facility Closed/Vacated Du () Abatement Performed Out	ring Entire Period of	Abatement		Street Addres 5 Linwood C									
Describe				City, State, Zi Hamilton, NJ	p <u>Code</u> I 08690	7.0							
Other - Describe Two Shifts	12 hours each, 24 h	our plant	coverage	1									
Source of Work (Check all that	t apply)												
() Demolition (X) Renovat (X) Large Proj. (>160 SF or >2 (X) Full Containment with Neg	60 LF ACM) () SM F			60 LF ACM) Glovebag Proce		oj. (<25 SF or	<10 LF	ACM)					
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Normal Solely by Maint./Co Staff? (12)	ly Used.	Description of thermal system surfacing, VA	ACM (i.e. ns insulation,		Specify SF or	LF)	Abate	ment Ty	<u>rpe</u>			
	YES NO	NA	miscell.)		100		14 0	Rem.	Rep.	Encap	Enclose		
BASEMENT TO PENTHOUSE	Х		Boiler and pi	pe insulation	25,000 s	quare feet		Х	X	X	Х		
								10.00					
Name of Reg. Waste Hauler Waste Management of New		aste Hauler	ID#	Cubic Yards of 200	of Waste			of Reg. own Re		Recove	ry		
City, State Elizabeth, NJ 07114-2436						Disp. Date			City, Sta Tullytov	<u>ite</u> vn, PA 1	9007		
Completed by (Print or Type)	<u>Title</u>			Signature	1/-		<u>Date</u>						
ROBERT GROGAN		1			8/01/1	2							



Date of Notification (1) Aug 1, 2012	in the same same		the artist of the first of	Name of Build	ding Owner/Op I, LLC	2012 AUG	3-8	PM 4:	:51				
Agencies Notified (X) EPA (X) DEP		n Type Notification led Certificat	tion	Street Addres 80 Park Plaz City, State, Z	20	ASBEST				U.			
(X) DOL (X) DOH	() Cance		don	Newark, NJ	07102-4109								
(X) DCA	***************************************			Name of Con Domenic Fig			Tel. Nu	ımber	-				
			FACILITY II	NFORMATION						-32			
Name of Facility Where Abat MERCER GENERATING St		(3)			-12) er 8 (other than		ge hom	es etc					
Street Address LAMBERTON ROAD				(X) Other (i.e. private & commercial bldgs., homes, etc. Sq. Feet1,000,000# of Floors 10									
0:1-75	aunti (C)	I County C	2-d- (7)	5q. Feet1,000,000 # of Floors 10									
HAMILTON N	County (6) MERCER	County C (State Us		Bldg. Age 54 Current Use (prior if being o				ating St	ation			
Name of Monitoring Firm Hir	ed by Bldg. Owner (8)	ASCM N	0.			Name of Co Absolut Ac		(9)					
Street Address				Street Address PO BOX 295									
City, State, Zip Code				City State, Zig FLORHAM F	p <u>Code</u> PARK, NJ 079	32			-				
Project Manager for Monitori	ng Firm Telephone	Number	77.0	Telephone No (973) 410-92	Licens 00225	ense Number 225							
Scheduled Start Date (10) Aug 15, 2012	Scheduled Aug 15, 2	Completion 014	Date (11)	Name of OSH MECS	HA Monitor								
Occupancy Status During Ab () Facility Closed/Vacated D () Abatement Performed Out	During Entire Period of	Abatement		Street Addres 5 Linwood C									
Describe				City, State, Zi Hamilton, NJ									
Other - Describe Two Shift	s, 12 hours each, 24 l	nour plant c	overage										
Source of Work (Check all th	at apply)								-		territorio de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos		
() Demolition (X) Renova (X) Large Proj. (>160 SF or > (X) Full Containment with No	>260 LF ACM) () SM I egative Pressure ()	() Mini-Enc	losure (X)	Glovebag Proce			100	ACM)					
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Norma Solely by Maint./C Staff? (12) YES NO		Description of thermal syste surfacing, VA miscell.)	ms insulation,	Amount (Sp	pecify SF or	LF)	Abate Rem.	ment Ty		Enclose		
BASEMENT TO PENTHOUSE	X	INA		pe insulation	25,000 squ	are feet		X	Х	Х	X		
					- Harris								
		1		Larry				(5	1	1			
Name of Reg. Waste Hauler Waste Management of New		aste Hauler	ID#	Cubic Yards of 200	of Waste				Landfill source	Recove	ry		
City, State Elizabeth, NJ 07114-2436	I.					Disp. Date			City, Sta	te /n, PA 1	9007		
Completed by (Print or Type)	Title			Signature /			<u>Date</u>						
ROBERT GROGAN	<u>VP</u>					12/14/5	8/1/12						

Name of Building Owner/Operator (2)

Community Asset Pro-Date of Notification (1) Community Asset Preservation Alliance#2 of Jersey City Urban 8/01/2012 Renewal, LLC 2012 AUG -8 PM Agencies Notified Street Address Notification Type 108 Church Street (X) Initial Notification ()EPA City, State, Zip Code Abdivi (X) DOL () Amended Notification New Brunswick, NJ 08901) Cancelled (X) DOH Name of Contact () DCA Jeff Crum **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ()School (K-12) All Saints School () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc.) 305 Whiton Street City (5) County (6) County Code (7) Sq. Feet: 26,720 SF No. of Floors: 4 Hudson (State Use Only) Jersey City Bldg. Age: 115 years Current Use (prior if being demolished) Vacant Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Health & Safety Services Inc 00117 Superior Abatement, Inc. Street Address Street Address 318 12th Street 2 Henderson Drive, Ste A City, State, Zip Code City State, Zip Code West Caldwell, NJ 07006 Hammonton, NJ 08037 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 808-1616 (609) 704-8850 00411 Jim Proctor Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 8/16/2012 Superior Abatement, Inc. 8/14/2012 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive, Ste. A) Abatement Performed Outside of Normal Facility Hours --() Other - Describe: City, State, Zip Code West Caldwell, NJ 07006 Source of Work (Check all that apply) (X) Renovation () Demolition (X) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure () Non-friable Procedure for Asbestos Roof Removal. Is Location Normally Used Description of ACM (i.e. thermal Location of Asbestos-Containing Amount (Specify SF or LF) Abatement Type systems insulation, surfacing, Material (ACM) in Facility (13) Solely by Maint./Custodial Staff? (12) VAT, or other miscell.) Rem. Rep. Encap Enclose NO NA YES 1st Floor - Room 1 & Room 2 VAT 350 SF X X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Cubic Yards of Waste Name of Reg. Landfill Service Transport Group, Inc. SW2117 Minerva Landfill City, State Disp. Date 8/16/2012 New Castle, DE 9000 Minerva Road Waynesburgh OH 44688 Completed by (Print or Type) Title Date Signature Nick Petrovski President 8/01/2012

C:\WORD\MYDOCS\ASBESTOS

9/18/00

29047

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

		Duinanton	Limintorcity	711	17 AND 9	1	**						
08/07/12				Princeton	Oniversity	2.0	12 ² /116 -8	111 1	* :				
Month/Day/Year Agency Notified	Type Notificat	ion		Street Ado	Iress					-			
EPA	x Init			P.O. box 2		A.	687 5		1				
DEP		otificati	O.D.		e, Zip Code		de Litetin						
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DOH								Licichii	one Mui	liber			
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				FACILI	TY INFORMA	HON				-			
Name of Facility Where Abat Princeton University 1214			(3)					v (4) ol (K12) hapter 8	(Other 1	than Ki	12)		
Street Address								r (i. e. Pri					
Nassau Street								dings, hor					
Nassau Street							Square Feet	# of Flo		Bldg. Age			
City (5)	Cor	inty (6)		County Code	(7)	5000 3 50+						
Princeton	1000.000				(STATE USE ONL								
							University						
Name of Monitoring Firm Hi Pennoni Associates Inc	ired by Building	Owner	(8)		ASCM No.	100000000000000000000000000000000000000	of Abatement Co iated Specialty C						
Street Address		-				Street	Address					2000	
515 Grove Street Suite 1B						98 La	Crue Avenue						
				City	State, Zip Code					0			
City, State, Zip Code					Mills, PA 19342								
Haddon Heights NJ						_				Licono	o Numb	a.r.	
Project Manager of Monitori Alan Lloyd		Telephone 856-547-0			Telephone Number Licence Num 610-364-9622 1103					ei -			
Scheduled Start Date (10)	d. Con	opletion Date 08/20/12			of OSHA Monito ion Labs	or							
08/17/12	a specific contract of the con					and the second s							
08/17/12 Month/Day/Year	431			onth/Day/Ye									
08/17/12 Month/Day/Year Occupancy Status During Ab	patement (Check	only on	e)			Street	Address			-			
08/17/12 Month/Day/Year	natement (Check ed During Entire	only on	e)			Street 3370 I	Progresive Drive						
08/17/12 Month/Day/Year Occupancy Status During Ab	ed During Entire	Perio	e) I of Ab			Street 3370 I City, S	Progresive Drive State, Zip Code						
08/17/12 Month/Day/Year Occupancy Status During Ab Facility Closed/Vacate	ed During Entire	Period mal Fa	e) I of Ab			Street 3370 I City, S	Progresive Drive						
08/17/12 Month/Day/Year Occupancy Status During Ab Facility Closed/Vacate x Abatement Performed	ed During Entire d Outside of Nor	Period mal Fa	e) I of Ab			Street 3370 I City, S	Progresive Drive State, Zip Code						
08/17/12 Month/Day/Year Occupancy Status During Ab Facility Closed/Vacate x Abatement Performed Hours - Describe: Other - Describe:	ed During Entire d Outside of Nor 4:00 PM - 12:	Period mal Fa	e) I of Ab			Street 3370 I City, S	Progresive Drive State, Zip Code		legative	Pressur	re		
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 08/02/2012						g Owner/Ope nty Techni		Schools				170.70												
Agencies Notified EPA	Type Notification	ľ			Address Ridge	wood Ave	enue		2012 /	NUG-8	PM	4:5	Ļ											
DEP DOL	Amended Amendmen				ate, Zip C nus, NJ			4	1588	STOS	CON	TRO	L											
N DOH	Emergency justification			Name o	of Contact	t			Ie	LICEN Lephone N	nmper	3		- 100										
DCA	Cancellation			Tom .	lodice				1															
Name of Facility Where	Abatement is Takir	na Place (*	3/	FAC	ILITY INF	FORMATION	N	Type of Facility	(4)															
Bergen County Aca Street Address		ig i lace (School (K-Subchapte	12)	ner than K-	12)													
200 Hackensack Av	venue							Other (i.e. etc.)				dings	, hom	es,										
City (5) Hackensack								Square Feet	et # of Floors			Bldg. Age												
County (6) Bergen					Code (7) USE ONL		_	Current Use (Pr School	ior if be	ing demoli	shed)													
Name of Monitoring Firm		ASC	M No.			of Abatement Co 'R/Save Inc	ntracto	(9)																
Street Address 1253 N. Church Str	0.			1 7		Address /est Street		0																
City, State, Zip Code Moorsetown, NJ 08	056			2				tate, Zip Code mfield, NJ 070	003		.ue			Parket I										
Project Manager for Mon Mike Stocku	itoring Firm			Telepho 856-8	ne No. 40 - 8800			none No. 680-0088		License 357	No.													
Start Date (10) 8/20/12		Schedul 8/27/12		mpletion	Date (11))	Vame	of OSHA Monitor		-														
Occupancy Status During	g Abatement (Che	ck Only Or	ne)		E .	S	Street	Address																
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of an all Facility	Abater / Hour	ment 's		C	City, S	tate, Zip Code				511000 W 18001	101											
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Location	of	1	Norma	lly		Descr	intion	of				Ту	ре											
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and the second second		Yes	No	N/A						-			Ф											
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Name of Registered Was Atlas Disposal	H	J JDEP W fauler ID 8262		Cubic Ya of Waste	f Waste			ered Landfi al Landfil																
City, State Dover, NJ				Disposal Date City, State Pen Argyl, PA					6.6															
Completed by Title Sharon Hendee owner						Sign	nature	614.10	1	- Total	ate /2/12													
								1114111	1	_														

D&S Proj. #: MS 12-275-A

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

												il:	
Date of Notification (1)				er/Operator (2) P. SCHOOL I		RICT		2012 At	JG -8	PH	ل <u>ا: ب</u>	l,	
Agencies Notified Type Notificat	lian L	treet Addre	SS		71011	401		#20F					
DEP Amended		90 PARK		JE				CE	-ILEM	SINC	;		
DOL Amendment #		ity, State, Z			100								
Emergency			ON, NJ 0	8690									
justification)) N	ame of Cor	itact					Telephon	e Numbe	er			
DCA Cancellation	n	MICHA	EL KRIS	HER									
			FACI	ILITY INFORM	ATION	I				17			
Name of facility where abatement	is taking pla	ice (3)					T	ype of Facility (4) I (K - 12	Λ.			
YARDVILLE ELEMENTAR	Y SCHO	OL						☐ School	#6		an K	12)	
Street Address							-		(Private/			12)	
	own in a						IL	Bldgs.	Homes,	etc.			
450 YARDVILLE-ALLENT							- 5	Square Feet	# of Floo	ors	BI	dg. Ag	je
City (5)	Cour	nty (6)				inty Code (7)	-					-	
HAMILTON TWP.	MF	RCER			(Sia	te use only)	'	Current Use (P	rior it bei	ng dem	olishe	(D)	
Name of Monitoring Firm Hired by				ASCM No.		Name of Abatem	ent Con	tractor (9)					—
WESTCHESTER ENVIRON	MENTAI	LLC		00127		D & S RESTO	ORAT	ION INC.					
Street Address		LLC	-		-	Street Address		1011, 1110.					
307 NORTH WALNUT STR	EET					20 California	Ave.						
City, State, Zip Code					-	City, State, Zip Co	ode			Entere National			
WEST CHESTER, PA 1938	80				-	Paterson, NJ	07503	3					
Project Manager for Monitoring Firm	n	Ph	one Numb	er		Telephone Numb	er		A STATE OF THE PARTY OF THE PAR	e Numb	er		
MATTHEW ABRAHAM		61	10-431-75	545		973-345-80	- USING-		0116	9			
Start Date (10)	Sched	I. Completion	on Date (11	1)	-	Name of OSHA N							
08/13/12	08/13	7/12				D & S Resto	ration,	Inc.			_		
Occupancy Status During Abateme					\dashv	20 California	Aveni	10					
Facility closed/vacated during Abatement performed outside	entire peri	od of abate				City, State, Zip Co							
Describe: NORMAL I	HOURS				-	Paterson, NJ	07503	3					
Scope of Work (check all that app				-			Full	Containment v	v/negativ	e press	ure		
$\boxed{} > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	Renovation	n						i-enclosure					
	Demolition	1						vebag procedu n-Exempted (*)		friable	proc	nduro	
Location of	Is location	n normally	used solely	/			NOI	- Lacinpled ()	and NOI	R	R	E	_
asbestos-containing	by mainte	enance/cus			on of a	sbestos-containing	9	Amount		e m	e	n	n
material (acm) to be abated in facility (13)	staff(12)		1	material ((Specify S	SF or	0	a	a	C
abated in lability (13)	Yes	No	N/A	1						v e	i r	р	-
ROOM #2		X		VAT, MAS	TIC/	WOOD		240 SQ FT					
A STATE OF THE PARTY OF THE PAR	Contract Contract				e years to								
								100					
. The state of the	1 S. N. S.			Catalana a		der entremental pro-	91						
Registered Waste Hauler D & S RESTORATION, INC.		EP Hauler I	Control 1	ubic Yards of V SYDS	Vaste	Name of Register			ECOVE	RY			
City, State PATERSON, NJ 07503	3 11/1		Disposal D 08/15/1			City, State TULLYTOW	VN, PA						
Completed by (Print or Type)	Title			Signature		1	. ,		Date				
BOGDAN JOLDZIC		08/01/12											
			_								-		

D&S Proj. #: MS 12-275

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

2 (N. 115 - 11-2 (4)	I Name of E	Building Owner	Operator (2)			112 Aug s	2 04				-	-
Date of Notification (1)		LTON TWP.		ISTRIC	T	112 AUG -8	Pil	1: -3				
Agencies Notified Type Notific			SCHOOLD	BIRIC	i i	odeSTas	CONG					_
☐ EPA ☐ Initial	1 0110017101		7			& LICE	MOUNT	ROL				
DEP Amended		RK AVENUE	3			- LIOL	1471MI	_		_		
DOL Amendment		e, Zip Code	600									
— Limergend	, ,	TON, NJ 08	690			ITe	lephone I	Viimber	-			-
DOH (including justificatio	n) Name of 0	Contact					iepriorie i	vuiliboi				
DCA Cancellati	ion MICH	IAEL KRISH	IER									
		FACIL	ITY INFORMA	ATION								
Name of facility where abatemer	nt is taking place (3)					Type of F	acility (4) School (
	A DAY COLLOOT						Subchap	B (8)	hor the	n K	12)	
SUNNYBREA ELEMENT	ARY SCHOOL						Other (Pr				12)	
Street Address							Bidgs./He			OIG.		
166 ELTON AVENUE						Square	eet #	of Floors		Blo	lg. Ag	е
City (5)	County (6)			County	/ Code (7)							
				(State	use only)	Current	Use (Prio	r if being	demo	olishe	d)	
HAMILTON TWP.	MERCER											
Name of Monitoring Firm Hired I	by Bldg. Owner (8)		ASCM No.	IN	ame of Abateme	nt Contractor	(9)					
WESTCHESTER ENVIRO	NMENTAL LLC		00127		D & S RESTO	RATION, I	NC.					
Street Address				= S	treet Address				15			
307 NORTH WALNUT ST	TREET				20 California	Ave.				100		
City, State, Zip Code				c	ty, State, Zip Coo	le						
WEST CHESTER, PA 19	380				Paterson, NJ	07503						
Project Manager for Monitoring F		Phone Number	er	- T	elephone Numbe			License	Numb	er		
		610-431-75	15		973-345-802	20		01169				•
MATTHEW ABRAHAM	Isched Comp	letion Date (11		N	lame of OSHA M							
Start Date (10)	oched. Comp	notion bate (11	,		D & S Restor	ation, Inc.						
08/13/12	08/17/12			8	treet Address							
Occupancy Status During Abater					20 California							
Facility closed/vacated dur	ring entire period of at	patement.			ity, State, Zip Co	de						
Abatement performed outs		nours-										
Other-Describe: NORMA	L HOURS			_	Paterson, NJ	07503						
Scope of Work (check all that a			-			Full Contai	nment w/	negative	press	ure	-	
	Renovation					Mini-enclo						
>160 sf or ≥260 lf	☐ Demolition					Glovebag Non-Exem	procedure	nd Non-	friable	proc	edure	
≥ 160 SI OI ≥200 II	Is location norm	ally used solely	,			Non-Exem	ipica () a	TIG TYON	R	R	Е	Ι_
Location of	by maintenance	any used solely /custodial	1	ion of oc	estos-containing		mount		e m	e	n	E
asbestos-containing material (acm) to be	staff(12)		material	(ACM)	Jestos-comaning	(5	Specify SF	or	0	p a	a	C
abated in facility (13)	Yes N	o N/A		ty.		- L	F)		V	į	p	L .
			CARPET,	VAT 9.	MASTIC	784	SQ FT	+	e	f	П	П
ROOM #3			CARPEI,	VAIX	MINOTIC	7041	74.1	4 74 75		H	H	H
								1000	片	H	片	片
									井	무	님	H
									1	님	무	무
				E Share						Ш		
Registered Waste Hauler D & S RESTORATION, IN	NJDEP Hai		Cubic Yards of 8 YDS	Waste	Name of Registe TULLYTOW	red Landfill N, RESOU	RCE RE	COVE	Υ			
City, State		Disposal D			City, State	1	10 may 2 mg	1			or contract	
PATERSON, NJ 07503		08/15/1			TULLYTOW	/N, PA						
Completed by (Print or Type)	Title		Signature					Date		200		
BOGDAN JOLDZIC	PRESIDENT	form for achort	. lianner en	vomntod	activities			08/01	12			
	+ m 1 1 l- i - i	tar achast	or licentilize at	vamnten	at thomas							