CK 17162

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

RECEIVED

Date of Notification (1) 8/7/2012		7/3x			Building BARRE	Owner/Oper ERA	ator (2)			O DI				
Agencies Notified	Type Notification			Street Ad		TREET				9 PM 1	100			
EPA DEP DOL	Initial Amended Amendment	#			te, Zip Co	ode IJ 07026		- \$58 €. &	STO LIC	S CON ENSIN	RO	•		
≥ DOH DCA	Emergency (justification) Cancellation			Name of						ephone Nu				
				FACII	LITY INF	ORMATION								
Name of Facility Where VACANT RESIDEN		g Place (3)		ESTANDAM STA			/pe of Facility (4] School (K-1	2)					
Street Address 29 SPRING STRE	ET						×	Subchapter Other (i.e. predict)	8 (Oth rivate a	er than K-1 & commerc	2) ial buil	dings	, hom	es,
City (5) GARFIELD	South Section (Assessment Section Sect					41114	So	quare Feet	#0	f Floors	E	ildg. /	\ge	
County (6) BERGEN	4			County C	Code (7) ISE ONLY)	C	urrent Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.			Abatement Con		3.00	NG			30 Hage 500
Street Address		34553kma 12 —			-	1 1000	reet Ad	dress JTHERFORI	 D BL\	/D.			- 90-11-1	
City, State, Zip Code								e, Zip Code						
50. 17	roject Manager for Monitoring Firm							ON, NJ 0701	4	-				
Project Manager for Mor	nitoring Firm		Telephor	ne No.	1 2000	elephon 173-95	e No. 6-8700		License N 00494	Vo.				
Start Date (10) 8/18/2012		ed Co 012	mpletion [Date (11)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		OSHA Monitor AS (9) ABO	VΕ						
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)			Str	reet Ad	dress						
	cated During Entire I ned Outside of Norn VACANT					Cit	ty, State	e, Zip Code						
Scope of Work (Check A	All That Apply)						5765-946							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		4000000	tenova emoli				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure				re	
	•	ls	Loca	tion					1 7			Abat	emen	t
			Norma			Descrip	otion of			1074-044-0477-14	-	1	/ре	Ι
TO BE AB In Faci	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)					tos Containi thermal sys surfacing other misco	tems in	sulation, or	(\$	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes					DIDE INIO					<u> </u>			-
BASEM	X			PIPE INSI	ULATI	ON	/	0 LF	X		-			
Name of Registered Wa	ste Hauler		1,	NJDEP W	aste	Cubic Yard	ds	Name of F	Registe	ered Landfil	1			L
TWO BROTHERS CONTRACTING				Hauler ID 18743		of Waste		1 178 5 6 9 8 1 2 5 1 1 1	5.00	tered Landfill NAGEMENT G.R.O.W.				S.
City, State CLIFTON, NJ				Disposal D 8/20/201		City, State		LE, PA				6		
Completed by VIVECA RAMOS	RET	ARY		Sign	ature	مارين	Lyp	1.7000	Date . 8/7/2012					



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

RECEIVED

Date of Notification (1) 8/7/2012			Name of Building Owner/Operator (2) RICHARD STEVENS 2012 AUG -9 PM 12: 58													
Agencies Notified	Type Notification		7	Street A			_			7.01.7	AUG -	9-1	H	12:	38	
EPA DEP DOL	Initial Amended Amendment	#	_	City, Sta	BBY AV ate, Zip Co	de				Asa (STO LIC	ENS	ON IA	IT F	OL	
DOH DCA	justification) Cancellation	including			f Contact ARD ST	EVEN	S				ephone I					
				FACI	LITY INFO	ORMAT	ION			4)						
Name of Facility Where RESIDENCE	e Abatement is Takin	g Place (3)						-	of Facility (4							
Street Address 328 LIBBY AVEN	UE					1			School (K-1: Subchapter Other (i.e. p etc.)	8 (Oth			uild	lings,	hom	es,
City (5) RIDGEWOOD								Squa	re Feet		f Floors			dg. A	ige	
County (6) BERGEN					Code (7) USE ONLY				nt Use (Pric		45.4	lished)			
Name of Monitoring Fir N/A	m Hired by Building	Owner (8)		ASCN	l No.				tement Con OTHERS			TING				
Street Address		n		8	10		Street / 250 F		ss HERFORI) BL	/D.					
City, State, Zip Code	City, State, Zip Code Project Manager for Monitoring Firm						970.00		ip Code , NJ 0701	4						
Project Manager for Me			Telepho	ne No.		Telepho 973-9				License 0049						
Start Date (10) 8/18/2012	**************************************								HA Monitor (9) ABO	VE						
Occupancy Status Dur	ing Abatement (Chec	k Only One)) ;				Street /	Addres	SS		***					
	ncated During Entire I med Outside of Norm						City, St	ate, Z	ip Code							
Scope of Work (Check	All That Apply)						L				0.0					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			nova moli	ation tion			×	Mir Glo	ni-Enclosure ovebag Proc	edure	with Negative Pressure lure) and Non-Friable Procedure					
		ls L	ocat	ion	,			INO	II-Exempled	() all	u ivon-ri	IADIC F	e Procedure Abatement			
Locati	on of	No	rma	lly		De	scription	of				_	-	Ту	ре	
Asbestos-Containir <u>TO BE A</u> In Far (13	BATED cility	Used Main Custoo	tena	nce/		therma surfa	taining Market M	insula F, or		(5	mount Specify For LF)	- Constant	Domous	Repair	Encapsulate	Enclosure
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1)																
Name of Registered W	aste Hauler	<u></u>		JDEP W		100000000000000000000000000000000000000	Yards	<u> </u>	Name of F	Registe	ered Land	dfill		-		
TWO BROTHERS CONTRACTING					No.	of Wa			WASTE	MAI	VAGEN	MENT	G	R.C).W.S	S.
City, State CLIFTON, NJ					1 - 15	Land to the State of the	sal Date 2012		City, State MORRI		LE, PA					
Completed by		Title				5	Signature	•				Date				
VIVECA RAMOS		ET/	ARY	- W	1	1/1	we	Ma	m	2	8/7/2	U1	2			

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT RECEIVED (Pursuant to NJAC 8: 60 and 12: 120-) Date of Notification (1) Name of Building Owner/Operator (2) 0 Patricia Altobello Agencies Notified Type of Notification Street Address [X] EPA 334 Pines Lake Drive East SESTOS CONTROL & LICENSING 11 DEP [X] Initial City, State, Zip Code IXI DOL | | Amended Wayne NJ 07470 Amendment # [X] DOH **Emergency (including** Name of Contact Telephone Number Justification) [] DCA [] Cancellation Patricial Altobello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) [] Street Address Subchapter 8 (Other than K-12) 1 1 [X] Other (i.e., private & commercial 334 Pines Lake Drive East buildings, homes, etc.) City (5) County Code (7) County (6) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Wayne Passaic Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) Enviro Vision Consultants, Inc. J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 20-21 Wagaraw Road, Bldg. #34A 1141 Route 23 City, State, Zip Code Fairlawn NJ 07410 Wayne NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License No. Willie Morales 973-636-9145 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 0 8 1 1 5 / Day / 0 8 1 7 1 Enviro Vision Consultants, Inc. Year Month / Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement [| Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fairlawn NJ 07410 Scope of Work (Check all that apply) Full Containment With Negative Pressure [X] Renovation Mini-Enclosure [] ≥3 sf or ≥3 lf Demolition Glovebag Procedure $[X] \ge 160 \text{ sf or } \ge 260 \text{ lf}$ Non-Exemted (*) and Non-Friable Procedure Abatement Type Is E E Location Description of R N N Location of Normally Asbestos-Containing C Amount E R C Asbestos - Containing Used Material (ACM) (Specify M L Material (ACM) Solely by (i.e., thermal systems SF or LF) 0 0 TO BE ABATED Maintenance / insulation, surfacing, VAT, V in Facility (13) Custodial or other miscellaneous) A Staff (12) L R R L Yes No N/A Basement X VAT & Mastic 375 SF 1st Floor X VAT & Mastic 175 SF Exterior Back Window Glazing/Caulk 72 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Name of Registered Landfill Hauler ID No. J.R. Contracting & Environmental Consulting, Inc. 17819 G.R.O.W.S City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Title Signature zil.lin

Jerry Bijelonic

Project Manager

State of New Jercey MOTIFICATION OF ASSESSION ARATEMENT (Partition to MAC 8:00 and 12:120)

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8-6-2012:		MS	of Building	ACK	EN	715	in the l		IJ					
Agencies Notified Type Notification						LITCE	NUG-9 F	1			. •	special includes		
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I HARVARD PLAC	E	-	•		•	Spring Feet					s, hon Aga	1		
BELLEVILLE County (5)	• ,	Count	y Code (7)			1850	2 : Poor if being o		Option		JR.			
ESSEX Name of Monitoring Firm Hired by Building	Outper (8)	STAT	EUSE CHE CMI No	35 <u> </u>	I Mama		PUCE							
State Address	and fol	120	CARRE LANG		Bes	t Remov					. The same of the	To Assessment (A)		
City, State, Zip Code		450 South River St												
Project Manager for Monitoring Firm			Ha	ckensacl	k ,N.J.	NAME OF TAXABLE PARTY.	ecdebrooks.)1						
Start Date (10)	Scheduled Co		ione No.		201	one No. -329-744 of OSHA Monit	44	00388						
8-20-2012 Occupancy Status During Abeliament (Chec	82		2012		Оше	ga Envir		41	Ser	VI	ies			
Facility Closed/Vacated During Entire II Abatement Performed Outside of Norm Other - Describe: Am - 5	Parind of Abote	ment .			280 Cay, Sa	Huyler		<u> </u>			:	-		
Scape of Work (Check All That Apply)			*		Sout	h Hacke	nsack .	N:	I.	076	06	-		
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Lecation of	Is Locati Normal	ly	- Company	Floor	cristion o					Abit	emenî Çe	Salarin waster		
Asbestoe-Contribute Malastri (ACM) TO BE ABAYED In Facility (13)	Used Soin Maintenan Custodial S (12) Yes No	ncie/	Asbes (t.e.	ins Conta thermal : surfac other m	almino Ma	iestal (ACM) insulation, or	Amoun (Special SF or Li		Removes	Repair	Encepeulate	- ameopus		
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Best Removal Inc.	H	DSP W	No.	Cubic Y	2 YO:	A	Robbert erva En	•	Dr	ise	SI	The second secon		
Hackensack, NJ	Tille			8-2	21-20		esburg;	OF	I ₁ .					
R.Veldran	Estina	tor		P.	Veldr	an		. 6	3-(0:2	20.1	2		

State of New Jersey NC

OTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)	CHEC	YCE	VEF7(
	MICH	1	0 0

Date of Notification (1)		Name of Building Owner/Operator (2) Francesco Taddeo 2012 AUG -9 PM 12: 36													
8-6-13			France	esco Ta	ddeo		20	12 AUG	-9 F	HI	2: 3	C			
Agencies Notified Type Notification		100	Street A 31 Eas	ddress st High S	Street										
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Emergency (justification)	including		Name of	f Contact			•	Te	elephone	Num	ber			-	
DCA Cancellation			France	esco Ta	ddeo										
			FACI	LITY INFO	ORMATIC	N									
Name of Facility Where Abatement is Takin	g Place (3)						Type of Facilit	(T. 1896) (A)							
house							School (I	<-12)	bar than	V 10					
Street Address 31 East High Street							Subchap Other (i.e	e. private	& comm	ercia	ı I buik	dings,	home	es,	
							etc.)								
City (5) Somerville							Square Feet 2000	1	of Floors		100	ldg. A O	ge		
			County (Codo (7)					ina dom	olich					
County (6) Somerset				JSE ONLY		_	Current Use (i	-1101 11 DE	eing dem	OHETH	eu)				
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.	T	Name	of Abatement C	Contracto	or (9)						
,			===				Environmental Services, LLC								
Street Address			-			Street	Address								
						4 E C	ate Drive, F	te Drive, PO Box 483							
City, State, Zip Code						City, S	State, Zip Code								
(SAME) YX ME						Glen	wood, NJ 0	7418							
Project Manager for Monitoring Firm		T	Telepho	ne No.	-		one No.		Licens	se No					
						973-7	764-2276		703				657-		
Start Date (10)	Scheduled	d Con	pletion I	Date (11)		Name	of OSHA Monit								
891-19	_9		3-13	}											
Occupancy Status During Abatement (Chec	k Only One)				Street	Address								
Facility Closed/Vacated During Entire I	Period of Al	oatem	ent		_	011 0									
Abatement Performed Outside of Norm Other – Describe:	iai Facility i	Hours				City, S	tate, Zip Code								
Scope of Work (Check All That Apply)										-					
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≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	Property	enova emoliti					Full Contain Mini-Enclos		th Negati	ve Pr	essu	re			
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	-T						Non-Exemp	ted (*) a	nd Non-F	riable	Pro				
11 700	2533	ocati										Abate Ty			
Location of Asbestos-Containing Material (ACM)		ormall Sole		Achee		cription	of aterial (ACM)		Amount						
TO BE ABATED	Mair	itenar	nce/				insulation,		Specify		R	an .	Enc	ū	
In Facility	Custo	(12)	кап?	100	surfaci other mi			S	F or LF)		Removal	Repair	apsı	Enclosure	
(13)	- T		I		other mi	SCEllai	eous)				val	Ť	Encapsulate	ure	
	Yes	No	N/A					1-			~				
basement	100.4		X		pipe i	nsulat	ion	18	304		x				
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	1	-						1							
Name of Registered Waste Hauler	1-1-1	N	JDEP W	aste	Cubic Y	ards	Name	of Regist	ered Lan	dfill					
Freehold Cartage	Н	auler ID		of Wast		0.0000000000000000000000000000000000000	WS N I								
Treeffold Cartage	15	5939		10				anulli							
City, State	(0)	11.7	Will S		Disposa	I Date	City, St		٨						
Freehold NJ	The same	1		TBD			sville P	Α							
Completed by	Title Presid	ont			Sig	nature	1			81617					
Andrew Scott Higgins	ent	3.1 0.67		3	l				{	316	0113	7			



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

RECEIVED

Date of Notification (1)	Name of Building Owner/Operator (2) Port Authority of NY & NJ 2012 AUG -9 PM i2: 51													
8/2/12					of NY 8	& NJ		2012 AU	G-9 P	M 12:	34			
Agencies Notified Type Notification EPA Initial	1	- 1	Street A	^{ddress} ennedy f	Blvd E									
EPA X Initial Amended Amendmer	t #			te, Zip Co awken, N		86		258ES	ICENS	ING	(UL			
■ Emergency justification)	-	Name of	Contact					Telephor	ne Nun	nber			
DCA Cancellatio			augustic collinears	LITY INFO	DMATI	ON			1					
Name of Facility Where Abatement is Taki Lincoln Tunnel Helix	ng Place (3))	TAGI	LITT HAT C	ZINIATA		_	of Facility (4						
Street Address 500 Kennedy Blvd E				Aller Tarres			x C	ichool (K-12 subchapter 8 other (i.e. pr tc.)	(Other tha			dings,	home	es,
City (5) Weehawken								e Feet	# of Floo	rs		ldg. A 5	ge	
County (6) Hudson				Code (7) USE ONLY)				nt Use (Prior el Approa			ed)	-		
Name of Monitoring Firm Hired by Building Port Authority of NY & NJ	Owner (8)		ASCN N/A	1 No.				ement Cont onmental		orp.			1 Tale	
Street Address 241 Erie Street, Room 236	10		1, 1			Street A		s ens Plaza	South		0	1		
City, State, Zip Code Jersey City, NJ 07310						City, Sta		Code d City,NY	11101					
Project Manager for Monitoring Firm Uday Mehta		Telephor	ne No. 95-4881		Telepho 718-3	ne No			ense N	0.				
Start Date (10) 8/13/12	d Con	KELONGEN USERN	Date (11)		0.000	f OSH	A Monitor							
Occupancy Status During Abatement (Che	8/12/13					Street A								
								7th St						
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:				ii .		City, Sta	ate, Zip	The second second						
Scope of Work (Check All That Apply)			de Historia de											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	2000000	enova emoliti				×	Mini Glov	Containme i-Enclosure vebag Proce i-Exempted	edure				A	
	le	Locati	on			Lound	1401	LXCITIPICU	() una rroi	THOO	10110	Abate	ement	1
Location of	N	lormal	ly		Des	scription o	of			15		Ty	ре	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	d Sole Intenar odial S (12)	nce/ Staff?	Asbes (i.e.	thermal surfac	aining Ma systems cing, VAT niscellane	insulat , or	(ACM) tion,	Amour (Specif SF or L	ý	Removal	Repair	Encapsulate	Enclosure	
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пенх	- ^			1.1 a 11 5		dun		7220 L	1	\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{				
							-							
Name of Registered Waste Hauler		I-N	JDEP W	/aste	Cubic	Yards		Name of R	Registered L	andfill	<u></u>			L
Asbestos Transportation Co., Inc	Н	auler ID 4310		of Was				Enterpris					E Composition	
City, State Shirley, NY			ñ.	Dispos 8/13/1	sal Date		City, State Waynes	burg, OH						
Completed by	Title			1	S	ignature		2		Da				
Sanford Alper	r Pro	ject Ex	cec.	1			<u> </u>		8/	2/12				

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

RECEIVED

Date of Notification (1) 08-06-2012					Owner/Op G SULLI			1012 AUG	_0	DM in		4			
Agencies Notified Type Notification			Street A										-		
EPA Initial Amended Amendment #	#			te, Zip Co UCUS		070	<u>. </u>	SUEST.	OS (CEN	CONT SING	RO	L-			
□ Emergency (i justification) □ DCA □ Cancellation	ncluding		Name of	Contact	G SULLI				Tele	phone	Numl	ber •		2 2	
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	ORMATIO	N	Typo	of Facility (4)				- Alle	** 15		
PRIVATE HOUSE	riace (3)	,					_	School (K-12							
Street Address 395 ALBIN COURT				i n				Subchapter 8 Other (i.e. pri	(Othe				dings,	home	es,
City (5) RIDGEWOOD NJ								e Feet	# of 1	Floors			ldg. A 72	ge	
County (6) BERGEN			County (Code (7) JSE ONLY		_	N/A	nt Use (Prior			olishe	ed)		-	
Name of Monitoring Firm Hired by Building C ENVIRO PROBE	wner (8)		ASCM	No.				ement Contr QUALITY			C.	8		1	
Street Address 108 LIBERTY ST					100		Addres VAN	s ORDEN	PL		S				
City, State, Zip Code METUCHEN NJ 08841							State, Zi KENS	p Code SACK NJ	J 07	601					
Project Manager for Monitoring Firm			Telephor 973-49	ne No. 14-4600			none No 708-42			Licens 011				***	
	Schedule 08-16-2		mpletion (Date (11)				IA Monitor A ENVIRC	01135 NMENTAL SOLUTION						
Occupancy Status During Abatement (Check	Only On	e)			1000		Addres								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of A al Facility	bater Hour	ment s			City, S	state, Zi _l	p Code							
Scope of Work (Check All That Apply)						NEW	VARK	NJ 0710	J5 						
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf		enova emoli				×	Min	Containmer i-Enclosure vebag Proce i-Exempted	dure					ė	
		Locat							1.7				Abate	ement pe	1
Location of Asbestos-Containing Material (ACM)	Used		ely by	Asbes	Desc tos Contai	ription ning N		(ACM)	Ar	nount				m	
TO BE ABATED In Facility (13)	Custo	odial (12)	Staff?	(i.e.	thermal si surfacin other mis	ng, VA	T, or	tion,		pecify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A												
FIRST FLOOR AND BASEMENT	X		VA	AT FLOO	OR T	ILE 9	X9	736	SQFT		X		X	X	
Name of Registered Waste Hauler SHARON QUALITY CO		F	NJDEP W Hauler ID 033967	No.	of Waste		72	Name of R							
City, State HACKENSACK NJ 07601				, * 1A	Disposa 08-20		9200	City, State BRONX		10474					
Completed by CARLOS ESQUIVEL	AGE	R		Sig	nature	ejm	infuf (G.		Date 08-06-2012					

UK 3891

State of New Jamey MOTERCATION OF ASSESSES ABATEMENT (Furnaments MAC 8.60 and 12-120)

Date of Notification (1)			Phon	e of Building Owner/Op	isrator (2)	w hat how I	V Free	-1	1			-
8-6-2012			R.	HMICOLD			114-11		i in			
Agencies Hotiled Type Not	lication		Street	t.Address	. 2012 A	UG -9	PM 12	: 132				
D EPA III Initia			26	9 FOWARDS 9	STREET			1				
E DOL Amo	nded indraent#			State, Zip Code	ASBE	STOS	CONT	HOL				
□ Eme	rgency (includi	99	RID	GEWOOD, A) J. O. 74	SPEN	ISING	1				
III DOM I tuttili	lication) collectors		1	s of Contact			Teleph	one No	mbe	1	_	
D DON D CER		-	IR.	farcolo			77.6					
Name of Facility Where Abelement	is Taking Pinc	(3)	[r]			Facility (4)		-	<u> </u>			_
R. HAROLD		, Cal		2 60 0					1	5		
Street Address					D S	hoot (K-12) Ochuptur 6	CORport D	anin sc.	2:29			
269 EOWARDS STRE					E O	her (i.e. pri	veie & co	almaa	ain! b	iklin	js, ho	mo
City (5)					Square		\$ of Fig	inina		E35elos	. Age	
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County (5)		-	Cour	ty Code (7)	Deninal	Use (Prior	if balas i	internit	Donde	79	YP.	5_
BERGEN.			(STORE	Eussoily	ł :	PENCE	er everange e	Ī	-			
Name of Monitoring Firm Hired by B	building Owner	(8)	AS	CM No.	Name of Abiata	ment Cente	actor (SI)	+	-	DAMINING.	-	-
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STATE OF NOW JOYNEY NUTRICATION OF ASSESTOS ASSAULTIMENT (Parsnay) to PLFA (: R:60 and 12:120)

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Date of Modification (1) 8-3-12			LICENSING
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SIATO OF NEW JORROY
NOTIFICATION OF ASBESTOS ASATEMENT
(Pursuant to NJAC 8:60 and 12:120)

2012 AUG -9 PM 12: 32

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State of New Jersey THE PROPERTY OF RESIDEN (Pursuant to NUAC 9:50 and 12:120) Name of Solding Control Operator (2) Date of Notification (1) 100 501012 AUG -9 PM 12: 30 Street Address Type NetHastion Agency Natified Green Field MJE 98239TROL City. State, Zip Code O EPA Cl Am ...ded Amendment* Telephone Nipology DOCL O. Energency (metricing Name of Contact justification) Cannalistion DOM DOM DECA FACILITY INFORMATION Two of Facility (4) Name of Pacifity Vilsero Abalancent is Taking Place (5) D School (K-12) U Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings. Street Address Manyland Har fromes, etc.) Sof Fleats Sottom Fest Bidg_Agg City (5) wate 2500 Current Use (Prior if being demplished) County Cods (7) (STATE USE Desilar County (6) ONLY Name of Abstractant Contractor (5) ASCH No. Name of Manitoring Flow Hired by Building Curren ANN. VOE LLE (6) Burbacter Ave Street Address 1212 Cay, State, Zip Code NJ 08075 City, State, Zip Code DETANCO Linensa No. Telephona No. Tolephone No. Project Manager for Monitoring Fam 01070 856 8240971 Henre of OSHA Monitor Scheduled Completion Date (11) : Shart Dake (10)-75-31-12 Occupancy Status During Abatamant (Check only one) Street Address Pacify Gosod/Vecated During Entire Period of Alectement City, State, Zip Goda Q Abstracent Parlement Cutside of Hornel Facility House O Other - Describe: Scope of Wark (Check all that apply) . d Full Containment with Negative Passeme CI Miti-Enclosure **G** Removalists DESMOESH! O Demoiden O Glyveling Procedure 2 160 sf or 2 250 F Q Mon-Exemplical (*) and Mon-Frields Proceedings Abatoment Is Location TWO Manusliv Decaration of Mend Solety by Location of Asbestos Containing Material (ACM) Annatasi Encopsulate Asheshe-Containing Material (PCM)
TO BE ABATED Removal Endo Maintenance! (Epseily Ropair (i.e., thermal systems insulation, Custodial sufacing, VAT, or SForLP) IN Fedility Stall? other sessostencous) (12) (13) NEA Yes M Cuttin Yeards of Name of Regi NAME P Whate Hauter WAYELT Name of Registered Waste Hattler Wifrefe Robinson Waste 17396 Disposal Data City, State Bellnustur Gity, State -713 Date Signature Complaint by 7-2-12 JOE Hi * Do not use this form for asbudes from ure original ASB-41

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cation (1)		State of New Jersey Check TFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120 RECEIVED)
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1, 2012	2	PA of NY & NJ, Port New 2012/MJ Gre Perin Mil : 20
ied	Type Notification	Street Address

August 01, 2012			Name	of Buildi	ng Owner/Operator	r (2)									
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					FAC	ILITY INF	FORMATION								
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Street Address			-			102			8 (Other than K-1	2)					
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City, State					3800		Disposal Date	City, State			- 2.4	<u> </u>		100	
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Completed by		Title	-	N.	-, -		Signature	IN	1/10	Date					
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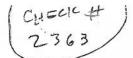


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12-120) ECEIVED

Check No.

N/A - PA Project

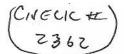
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							Lyndhurst,	NJ 07071-19	98						
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☐ ≥ 160 sf or ≥ 260 lf					☐ Delli	iontion	☐ Glov	ebag Procedure -Exempted (*) ar	nd Non-Friable	Proce	edure				
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G. Roger Woodma	r				melle	M		8/1/2	012						



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

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Date of Notification (1)		Name	M E	O Owner/Operator	1 CHILAGE	ELEC U DM 12	. 60		
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tame of Monitoring Firm Hired by Building	g Owner	ASCH	No.	Name of Abatem	rent Contractor (9	101			
8) ~/^		<u> </u>							
ireel Address				369	S. SPRU	CE AVE.			
City, State, Zip Code				Ciry, State, Zip C	COS CHA	DE, NJ.0	805	٢	
Com.	1 9	elephone	No.	Talanhone No.		License No.			
roject Manager for Monitoring Firm	• • • •	010000170		856-7	79-0422	0044	9		
1 50	hadulad Com	sQ naisk	te (11)	Name of OSHA	Monitor .				
Sian Dale (10) / 4 / 17 Sc	heduled Com	pletion Da	te (11)	Name of OSHA JOSE	Monitor .	M			
9/4/12 1	9/11	112	te (11)	JOSE	Monitor PKALEM				
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Occupancy Status During Abatement (City Facility Closed Vacated During Entire	heck only on Period of Ab	//Z e) atement	le (11)	JOSE Sueel Address 3695	Monitor PKALEM SPILUC	EAUE.			
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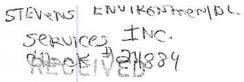


State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVEN

				0.00 2110 12.120	TICL	JEIVED	
Date of Notification (1)	=	Name		Owner/Operator	(2)	1 1 1	
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Agencies Nouried Type BA Sin	Notification itial	Street	Address	130×19	& TO12 HOR	-3 PHIZ: 0	
	mended	City, S				IS CONTRO	
	nerdment # nergency (including		_AA G	= May C	OULTE 17	US CONTRO	F .,
□ DOH _ ju	stification)	Name	of Contac			Telephone Number	er
	ancellation .		SAK	15			
	* * *	FAC	ILTY IKE	ORMATION			
Name of Facility Where Abatem	ent is Taking Place (3)				Type of Facility (4)	
RESIDEN	ノクゼ				☐ School (K-12)		
Street Address	· · · · · ·					(Other than K-12)	
- 10415	CAD AUG.				homes, etc.)		Blog Age
Ciry (5)	- 11				Square Feet	# of Floors	40+
. Drow	= HARROL	<u> </u>	- 2 1 15	. 169.98	1000	or if being demois	
County (6)	4.4.		y Code (1 ONLY)	STATE		CANT	100)
CAPEN			-	Name of Abatem	nent Convactor (9)		
Name of Monitoring Firm Hired to	by Building Owner	ASCM I	40.	KL-CM	co ZN	CI	
18)				Cupal Addrass		,	
Street Address				369 9	S. SPRUC	E AVE.	
7 0 4				Cia. Ciala Zio C	ode		
City, State, Zip Code					LE SHAD	ie, NJC	1805 -
Project Manager for Monitoring	Firm . Te	lephone h	₩.	Telephone No.	20 01/22	License No.	14
,					<u> 19-0472</u>	1 _001	
Stan Date (10)	Scheduled Comp		e (11)	Name of OSHA	MONTOS PILALE 194	M	•
Occupancy Status Duning Abate	1 1	-			0.4		
Facility Closed/Vacated Duri	on Entire Period of Aba	lement		3695	Spruce	= 11 0= 1	<u> </u>
Abatement Performed Outside	te of Normal Facility Ho	iurs	ì	City, State, Zip C	c∞de		
Other - Describe:				MAP	E SHAD	E, N, J,	03052
Scope of Work (Check all that a	ipply)			C) Sull Co	ntainment with Ne	gative Pressure	
	Renov	ation		Mini-En	closure		
23 st or 23 H 2160 st or 2260 H	Demodi			Glove b	ag Procedure	on-Friable Procedu	ur e
	ls Loca	tion			4		Apatemen 'No
	Nomv	alty		Description (of		
Location of Aspestos-Containing Material	Used So Mainten	ance/	Asbes	ins Containing Ma	aterial (ACM)	(Specify	
TO BE ABATED	Cusio		(i.e.	unormal systems surfacing, VAT	insulation,	SF & LF	Remova
IN Faculty (13)	(12			other myscellane	യെട്ട)		No.
(13)	Yes N	o N/A		200			
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SIDING			$-\mathcal{I}$	RAWSIT		- 100 - 100	
	CONTRACTOR OF THE		-			-	111
	- 127 TE - 127					-	+++
The second secon				TA ELV-17-	I Name of Re	gistered Landfill	<u></u>
Name of Registered Waste Ha	uler	Hauler I	Waste .	Cubic Yards of Waste	1 0 M	, C, M.	1, 1
KLÉMCO I	NC.	179	04	5	Car Cinia		
Ciry State		25		Disposal Date	1111-	DBINE,	ル.ブ ・
MAPLE SHADI	E, N, J, 08	0 > 4		1-100		Dain	
Compreted By	Tide			Signature		~ 8	11/12
JOSEPH CLEMI	7 0W	NER		-1-4			Particular and Const
				()			

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



Date of Notification (1	8/1/12					ig Owner/Operato	Julia Same	12012 AUG - 9	9 PF	12:	06	
Agencies Notified	Type Notificatio	n		Stree	et Address		75 Hamilton	Ave3ESTOS		NTF	201	
DEP DOL	Amended Amendment Emergency		-	City,	State, Zip (Code	rinceton, NJ 0	& LICE				
M DOH □ DCA	justification) Cancellation)	9	Name	e of Contac			Telephone Nu	mber		-	
		W-W		FA	CILITY INF	ORMATION				_	9	
Name of Facility When		ng Place sidenc					Type of Facility			6 = 100		
Street Address	175 Ha			,			Subchapter Other (i.e., p	8 (Other than K- rivate & commer	12) cial bu	ilding	6,	
City (5)				<i>y</i> .			homes, etc. Square Feet	# of Floors	E	Bldg.	Age	
County (6)	Pri	incetor	1	LCau	-h : O = d = /	TV (OTATE		. 1				_
	Mercer			USE	ONLY)	7) (STATE		rior if being demo Residence				
Name of Monitoring Fir (8)		Owner		ASCM	No.		ment Contractor (9	5 0				
	MECS					The second secon	vens Environr	nental Servi	ces, I	nc.		
Street Address	PO Box 34	11				Street Address		30x 322				
City, State, Zip Code	Crosswick, NJ	08515				City, State, Zip 0		n, NJ 08501				
Project Manager for M		00010		phone	No.	Telephone No.	7 HIGHOW	License No.				
19 - 19 - 19 - 19 - 19 - 19 - 19 -	Veisgarber Jr.		500000		8-4070		59-9688	7.000.000.000.000.000.000.000.000.000.0	0049	3		
Start Date (10)		eduled C	-			Name of OSHA						
8/2/12			8/2/1	2.			M	ECS				
Occupancy Status Dur Facility Closed/Vaca			200000	ment		Street Address	РОВ	ox 341				
☐ Abatement Perform Cother - Describe:	ed Outside of Norm	al Facilit				City, State, Zip C	Code	s, NJ 08515				
Scope of Work (Check	all that apply)						Crosswick	3, 113 00315			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novati molitio			Mini-En Gloveb	ntainment with Neg closure ag Procedure empted (*) and No		ure			
		No	ocatic		4.72					Abate Typ		
Location Asbestos-Containing			Solely		Asbest	Description of os Containing Ma		Amount				
TO BE ABA IN Facili (13)	ATED	S	stodia staff? (12) No	N/A		thermal systems i surfacing, VAT, other miscellaneo	nsulation, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
basem	ent	162	INO	×		duct insulat	ion	7 LF	×			
						adot modiat		7 131			- 1	1
Name of Registered Wa	aste Hauler		IN	JDEP V	Naste I	Cubic Yards	Name of Regis	tered Landfill				9
Stevens Environ		es Inc.		auler ID	No.	of Waste		R.R.F., Inc. I	andf	ill		
City, State	Allentown, l	ŊJ	e de	4		Disposal Date 8/3/12	City, State	Tullytown,				_
Completed By	Title					Signature	#/	Date	111	-	7	-
Mahlon E. St	evens	Pro	oject	Man	ager	1/1/			8/1/	12		

Fax:

AUB 1 2012 10:15am POOT/OOT.

STEVENS ENVIRONMENTAL

SERVICES INC.

CHECK # 2 4884

APPROVED NJ Dept. of Health & Senior Services State of New Jersey NOTIFICATION OF ASBESTOS ABAYEMENT (Pursuant to NJAC 8:80 and 5:16)

Date of Notification (8/1/12			Nen	ne of Bulldi	ng Owner/Operato	or (2) Julia S am o	ZUTZ AUG - 9	PH	12:	Q-	
Agencies Notified	Type Notification	on		Stre	el Address		175 Hamilton	ASBESTOS	CON	VTF	=== {OI	
DEP DOL	Amended Amendmen Emergency		10	City,	State, Zip	Code	rinceton, NJ	- LIUL	M3H	G		
□ DCV □ DOH	Justification Cancellation	1)	.9	Narr	o of Conta			Telephone Nu	mber			
				F#		FORMATION		L ——				
Name of Facility When					(01211741	Ottonellola	Type of Facility	(4)				
Street Address	Re	esiden	ce				School (K-1	2)				
Saerboy 19611C	175] [2	miltor	7 A 1/				Other (i.e.,	8 (Other than K- orlvete & comme	rcial bu	lding	8,	
City (5)				<u>. </u>			Square Feet	# of Floors		ildg.		
County (6)	Pr	inceto	ת	1 000	-ti. 8 J*7	ST /KTTTE		.1		-		
	Mercer			USI	E ONLY)	7) (STATE		rior II being demo Residenc				
Name of Monitoring FI (8)	rm Hired by Building MECS	Owner		ASCN	No.		ment Contractor (S vens Environ)		ces I	nc		•
Street Address			<u> </u>			Street Address	7/10/4/4	ALDIZIONE DOLLAR	553, 1		-	
A	PO Box 3	41						30x 322				
City, State, Zip Code	Crosswick, NJ	08515	5			City, State, Zip (n. NJ 08501				
Project Manager for M	onlioring Firm			phone	No.	Telephone No.	***************************************	Иселье Но.		-		
	Veisgarber Jr.				8-4070		59-9688		0049	3		
Start Date (10) 8/2/12	Sch	eduled C	8/2/1		ate (11)	Name of OSHA		ECS			-	~
Occupancy Status Du		ack only	one)	_		Street Address						
☐ Facility ClosedNac ☐ Abatement Perform	ned Outside of Norm	al Facill				City, State, Zip C		ox 341		1		_
Other - Describe:		M.					Crosswick	s, NJ 08515				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	(all that apply)	Re De	noveti ottom:	on n		Minl-End Gloveba	ntainment with Ner closure eg Procedure empled (*) and No		ure			
Location	6	N	ornally Solely						1	Ty	ment	
Asbeslos-Containing	Material (ACM)	Mair	nlenan	C8/		Description of os Containing Mai	erial (ACM)	Amouni	ZD.	70	m	ø
IN Facil (13)	lty	5	Staff7 (12)		(1.8.,	thermal systems in surfacing, VAT, other miscellaned	or .	(Spacify SF or LF)	Removal	Recogir	Encapsidale	Enclosure
		Yes	No	N/A							4	
basem	ent			×		duct insulati	ion	7 LF	×		-72.	
~~												
Name of Registered W		41	14	JOEP (Cubic Yards of Waste	Name of Regis	iored Landfill				
Stevens Environ	mental Service	cs Inc.		182	292	1 CU		R.R.F., Inc. I	andf	lli	1	
City, State	Allentown,	NJ				8/3/12 /	Cty, Stale	Tullytown,	PA		8 77.	
Completed By Mahlon E. St	UP T	ę	oiect	Man	ager	Signal	11/	Date	8/1/	112		
20.4		^ 1	21001	4-2011	2501	-///			- (4)/	**		

Do not use this form for esbestos licensure exempted activities.

MAR 00

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

Date of Notificatio	on (1)		Name of B	uildin	g Owner/Operator	(2)	pm pre 100	~			
8/2/12			Ilyse	Rot	hstein		AEC	L	EL)	
Agencies Notified	Type Notific	ation	Street Ad	dress							
[]EPA	[X]Initial		352 T	iche	nor Ave.		2012 AUG -	9 PM	12:	a.	
[]DEP	Notifie	cation	City, Sta	te, Zi	p Code				-		
[X]DOL	[]Amended	00 80	The same of the sa	Commission Account	, NJ 07079		SBESTO	S COI	HTR	nι	
[X]DOH	Notific	cation	Name of C	ontact		Talanho	& LIC	ENSI	VG.		
[]DCA	[]EMERGENO	CY			hstein	rerepho	ne Number		7		
in i - i - i - i - i - i - i - i - i - i	[]Cancella	ation							41.0		
	, , , , , , , , , , , , , , , , , , , ,		FA	CILITY	INFORMATION						•
Name of Facility Wh	ere Abatement	is Taki	ng Place (3)		Type of Facil	Lity (4)				
						[]School	(K-12)				
Street Address							ter 8 (Oth				
352 Tichenor A	ve.						(i.e., priv ouildings,				
						Square Feet	# of Flo		Bldg.		
City (5)		County		17 000	ounty Code (7)	2200	2		70	-	
S. Orange		Esse	x	(S	STATE USE ONLY)	Current Use (Prior if b	eing d	emoli	shed	1)
Name of Monitoring D Owner (8)	Firm hired by	Buildin	g ASCM No	•	Name of Abatem		07.5%E			11	
N/A					AZTECH M	ANAGEMENT	, inc.				
Street Address					Street Address						
					86 Chris	topher St					
City, State, Zip Coo	de				City, State, Z		7275-578		-		
	4.				Montclair	r, NJ 070	42				
Project Manager for	Monitoring Fi		ephone Nur	nber	Telephone Numb			License	e Nun	ber	
		N	A		(973)744	-8800		003	71		
Scheduled Start Date	7/		etion Date	(11)	Name of OSHA M	onitor					
8/13/12		/14/12			N/A						
Occupancy Status Dur	ring Abatement	: (Check	only one)		Street Address						-
[X]Facility Clo of Abatemen	sed/Vacated D	uring En	tire Perio	d	l date induces						
[]Abatement Pe		de of No	rmal Facil	itv	City, State, Z	in Code					
Hours - Desc	ribe: «OffHour:	s Descri	pt»	00.00 .00	City, State, 2.	ip code					
[]other - Desc			Descript»								
Scope of Work (Check	all that app	oly)			[] E-11 C	ontainment wi	th Nogative	Decad			
[]≥3 sf or		. []Renovation	on	[X]Mini-E		ur Negative	a Pless	ure		
[] <u>></u> 160 sf o	or ≥260 lf	1]Demolitio	on		ag Procedure					
AVE OF STREET			Is	T	[]NOII-EL	iable Procedu	re	Ab	ateme	ent 1	ľvpe
Location			ocation		Description					E	E
Asbestos-Con Material			Used Solely		Asbestos-Conta Material (A		Amount (Specify	E	R	C	C
TO BE AB	The state of the s		y Main- enance/		(i.e., thermal		SF or	0	PA	A P	L
In Facil	ity	Cu	stodial	ir	sulation, surface	ACCOUNT OF THE PARTY OF THE PAR	LF)	V	I	S	S
1137		Yes	No N/A		or other miscell	Laneous)		L	R	L.	R
Basement			X	Pipe	a Insulatio	n	10 lf	X			-23
	P 10 1 2 2 3				twork Insul		6 sf		1		
Basement		-							1		
Basement			1			1				L	27.5
Name of Registered W			DEP Waste		bic Yards	Name of Regis	stered Land	fill			
		C Ha	uler ID No	100	bic Yards Waste 1.0	Name of Regis		fill			
Name of Registered W AZTECH MANAGI		C Ha		. of		1		fill			
Name of Registered W AZTECH MANAGE City, State	EMENT, IN	C Ha	uler ID No	. of	Waste 1.0	G.R.O.W.S	3.		57		
City, State Montclair, NJ	EMENT, IN	C. Ha	uler ID No	. of	waste 1.0 sposal Date 3/15/12	G.R.O.W.S	3.		67		
Name of Registered W AZTECH MANAGE City, State Montclair, NJ Completed By (Print	O7042	C. Ha	uler ID No 7040	. of	Waste 1.0	G.R.O.W.S	3.	1906			
Name of Registered W AZTECH MANAGE City, State Montclair, NJ	O7042	C. Ha	uler ID No 7040	. of	waste 1.0 sposal Date 3/15/12	G.R.O.W.S	3.	1906			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

REGELVERY

Date of Notification (1) 07/11/12				Building Owner/ University	Operato	2012 AUG -	o AM	11:3	l		
Month/Day/Year							ZUIZ AUG	J MII		•	
Agency Notified Type No				Street Ad							
EPA	_ Initi	al		P.O. box			ASSEST	JS CUI	ALKI	11_	
DEP		tificat		City, Stat	te, Zip Code		ASBEST!	CENSIL	4G		
DCA x	_Ame	ended		Princeton	NJ 08543	Walles de					
DOH		tificat		Name of 0			Tel	ephone N.	mber		
	Can	cellat	ion	Robert O	tego						
				FACILI	ITY INFORMAT	TION					
Name of Facility Where Abatement is Ta Princeton University -20 Washington		Place	(3)				Type of Facility (4) School (K Subchapter	C-501-700	than K	12)	
Street Address							X Other (i. e.				
20 Washington Road							buildings,				
							Square Feet # of	Floors	Bldg.	Age	
City (5)	Cou	nty (6)		County Code	(7)	100000	4	50+	200 200 - ESK	
Princeton					(STATE USE ONL	Y)	Current Use (Prior if	being den	olished	1)	
	1				<u> </u>	п	University				
Name of Monitoring Firm Hired by Buil ATC Associates, Inc	ding C)wner	(8)		ASCM No.		of Abatement Contract iated Specialty Contrac				
Street Address	10.00			1 7		Street	Address				
3 Terri Lane							Crue Avenue				
City, State, Zip Code Burlington NJ 08016							State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Firm	The Later of			Telephone	Number		hone Number		Licen	e Numl	er
Mike Keehn			609-386-8			64-9622		1103		,,,,,,	
Scheduled Start Date (10)		Sch	d Co	mpletion Date	n (11)	Name	of OSHA Monitor		1		
07/23/12		Sciii		10/01/12			ion Labs				
Month/Day/Year Occupancy Status During Abatement (C	hook o	nly or		Ionth/Day/Ye	ar	Street	Address				
x Facility Closed/Vacated During I				hatement			Progresive Drive				
Abatement Performed Outside o				Dutement			State, Zip Code		_		
Hours - Describe: 7:00 AM			cinty				lem PA 19020				
Other - Describe: 7.00 /GVI	- 3.30	1 141				Densa	ICHI I A 19020				
						11					
Scope of work (Check all that apply)							Full Containment wit	h Negative	Pressu	re	
Demolition			x	Renovatio	n	x	Mini - Enclosure				
>3 sf or >3 if						x	Glovebag Procedure				
x >160 sf or >260 lf						×	Non-Friable Procedu	re			
		Is						Ab	atemen	Type	,
Location of	1 COOL	catio		And the second s	cription of			September 1		E	E
Asbestos - Containing	1 2 3	rmall	V	0.1000000000000000000000000000000000000	os-Containing		Amount	R		N	N
Material (ACM)		sed			erial (ACM)		(Specify	E	R	C	C
TO BE ABATED	14	lely			ermal systems	,	SF or	M	E	A	L
In Facility (13)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Main ance			. surfacing, VAT miscellaneous)	• wheeling	LF)	O V	P	PS	S
(13)	1000000	stodia		or other	miscenaneousi		Fa 1 2 1 12	A	ı ı	U	U
		ff (12		Ha 12 . 189				L	R	L	R
	Yes		N/A		to the law way		Constant of the same		oby	-	E
Ground Floor - exterior outside room 1	1	x		window ca	ulk		170 LF	X			
1st Floor - exterior outside room 101 G	100	x		window ca	ulk		170 LF	x		Sign of	
2nd Floor - exterior outside room 201 $\rm G$	100	window ca	ulk	10,03	170 LF	x	- Harri		-		
throughout		pipe insula	ition	10,000	100 LF	x					
Name of Registered Waste Hauler	EP Waste er ID No.	Cubic Yards of Waste		Name of Registered L	andfill						
Horizon Disposal			March Land	GROWS	-1	100		4.3			
City, State Trenton NJ		As needed		City, State Morrisville PA							
Completed By (Print or Type)			Title		100 Page 100	Signat	ure Merkely	-24 - 32 1		Date	2 , 1
Mark Goshow	Proj	ect Manager	Table No.	11	neggerin		1	8-8	11		
ABS-41											

Poge & for

Princeton University - 20 Washington Lane Additional ACM Sections

Location of ACM

Description of ACM

Amount

Abatement

ground floor

floor tile and mastic

400 SF

Removal



Fax:

201202002 Aug 1 2012 11:31am P001/003

State of New Jersey NOTIFICATION OF ASSESTOS ABAYEME	1	35	C	E	V	E	0		794	1 ~
155 A ATTA 5 5 5 5 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4							Laffeign.	46°E 57"		-
It messare as respect and but the real	7012	ALIC	•	^				= 1		

Date of Notification (1)	PARKET MANAGEMENT AND ADDRESS OF THE PARKET	Coperation	Name of	Bulding C	Owner/Op	erator (2)	AUG -	9_A	111:35	L Control	ilouteaseas	San Transport	POMININE
7.30.12 Agendes Notified Type Notification	CANCEL TO A POPULATION	4	Street Ad	CIATI	UUY	STU	SAE AS	506	MATE	2			
☐ EPA ☐ Initial				7N	orth	1 Wil	ी०के विद	FRE	NG ST	-8	3		
D DEP D Amended DOL Amendment	ås.		City, Stat	a Zin Co	de				and the same of th		ACCEPTED TO		movement.
Emergency (i		- [Name of		CALAI	1	1070	42	ephone Nu	-544		, operation	-
☐ DOH justification) ☐ DCA ☐ Cancellation		STALES	All		ivilian	n in		1 108	sphone No	uper		-	
	4		FACH	JTY BUFC	RMATIO	N			******		~~		
Name of Facility Where Abatement is Taking 695 B100MGP1	Place (3)	21	n n			Tyl	pe of Facility (4)				Property of the Control of the Contr	
Street Address	2 771	W	M.				School (K-1 Subchapter		rihan K-12	n			
695 Bloomfield	ANRION	12					Other (i.e. p				ngs, l	emat	s,
City (5) .	and the same of th	trestanione.	er executive consiste and t	***************************************	TOWN THE PARTY OF		uare Feet	帯の	Floors	18	ldg. A		RANGE PROPERTY.
Montclair			All-total	Sales and the Sales of Sales o	-		8000	1_	2		5	6	Address
County (8)			County C	iode (7) SEOMLY)		, 1 Cu	ment Use (Pri			ned)			
Name of Manitoring Firm Hited by Building C	wner (8)	1_	ASCI	√ Na.		Name of A	COMO batament Cor	HA I	ron	- Annabar	steatunio	District Street	LINE TO SELECT
			Salaria de la constante de la			A. MAC	Contracting In:	3	(~)				
Street Address	ELSO, UICENA		the Control of Control of Con-	A CONTRACTOR OF THE PARTY OF TH	New Debry	Street Add		unasm amag	NOISO-W-			TEL Pulse	necessie
City, State, Zip Code	- American	Self-Contracts		At a second		-	. Zip Code	-		atores and		-	***************************************
D-1-494	-					Glen Roc	k, NJ 07452	= 00/10/bitemberry	p	- TORRING IN			
Project Manager for Monitoring Firm			Telaph	ione No.	And the second s	Telephone 201-262			License N 00156	lo.			
Start Date (10) 7.31 12	Schedule	d Con	notation D	Date (1 1)	OL GRADING CO.		SHA Monitor Environments		es Inc.				Manager St.
Occupancy Status During Abatement (Chee El Facility Closed/Vacated Buring Entire F Cl Abatement Performed Outside of Norm Cl Other - Describe:	eriod of Al	atem	ent				10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			and the second second	erio meden		reserved at
Scope of Walk (Check All That Apply)	White or Local District of		Milloscourtwestrages	Whitemannous		William Street	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O	Офинанции	PARTITION OF THE PARTIT		***************************************	- current	-
☐ ≥3 sf or ≥3 lf ≥160 sf or ≥250 ff	TÍ RE	inoval inollti	tion ton			TE G	ull Containme lini-Enclosure liovabag Proc lon-Exempted	edure					
	Is	Locat	ion	192620				1 / drie	110011 110000		Abat	ement	i.
Location of		lonna d Sole			Des	cription of			ere, a, e,		T	rpe	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	IVlai	intena	nce/ Staff?		. thermal	pining Mak systems ins ang, VAT, o niscallaneou	r	1 (Amount Specify F or LF)	нопеч	Repair	ar įnsda czug	Enchaura
	Yes	No	N/A							STEEMEN		ap.	G.
hasement	- 11-40		IV.	(1)	OL	insula	hen	37	OLF	Ty			-
basement			14		and the same of th	nle		70	SF	14			-
A CONTRACTOR OF THE PROPERTY O		-		andread of the State of the Sta		Marine at the Color of the Colo			Total State of the				
Name of Registered Waste Hauler		T A	NOSPW	este	[Cubic 3	(amie	Alaman	Renima	red Landfill	Discount of the Control of the Contr			
Rovic Transport		1	fauler ID I 20785		oFWas				reo canons em Landiil				
City, State, Zip Code Riverdale, NJ 87457			Part Ellis		Dispos	al Date	City, Star Bethleh	te, Zip C	ode				
Completed by	Tille	-	-	resultante estate e	Street, or other Persons	31 en		-	-	afm.			
R. McDonaid	Preside	ent	4		1	Pank	LOCK ON	- 2	LA	ate]	3D	12	

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7012 ALIC

		1.0		F.D. 1645	0	-1010	rait An	5-9 AM 11:	ic Che	ck # 68	339		
Date of Notification (1)	8/7/12					er/Operator (2) of Education			22				
Agencies Notified	Type of Notifica			ddress	uiu (or Eddodiion	81	US CONTI	रण				and the same
[] EPA	[x] Initial	2		lley Ro	ad		ود [TOS CONTI ICENSING					
[] DEP	Notification [] Emergency	10	ty, Sta	ate, Zip C	ode						- 26		
[X] DOL	[] Amended	N	lonto	lair, N.	J 070	042							
[X] DOH	Notification	ı N	ame o	f Contact				Telephone Nui	mber			-	-
[] DCA	[] Cancellatio			apona				2					
						ITY INFORMATION							
Name of Facility When	a Abatament is Ta	kina Dla	20 (3)	'	ACILI	TIT INFORMATION	Type of Facil	ity (4)				- 77	
Montclair High S		aking i ia	JC (U)				[x] Sch	nool (K-12) chapter 8 (Other	than K-12)				
Street Address					-		7 [] Oth	er (i.e. private an nes, etc.)	d commerc	ial build	dings	,	
100 Chestnut St	£1 •• 10							* 1	10				and the standard
			(0)			1.0-1-7	Square Feet 150000	# of Floo	0.000.000	Bldg. A ~ 80	ge		
City (5) Montclair		County				ounty Code (7) STATE USE ONLY)		(Prior if being de		- 00			
700							educational						
Name of Monitoring Fi	10.70	ing Owne		ASCM No		Name of Abatem			orvices	Inc			
Detail Associate Street Address	s, inc		-	00	-	Street Address	upiter Envi	ronmental S	er vices,	IIIC.			
300 Grand Ave.							3 Lynn Cou	rt					
City, State, Zip Code						City, State, Zip C							
Englewood, NJ	07631					v	Lincoln Par	k, NJ 07035					
Project Manager for M	onitoring Firm			Number		Telephone Numb			License				,
Stephen J.	(10) To i			-6708	- 0		973-709-02	200			300	552	
Scheduled Start Date 8/16/12			1/12	Date (11)		Name of OSHA		onmental La	aboratori	es, L	LC		~
	d/Vacated During	Entire Pe	eriod o	of Abatem		Street Address	2333 Route	22 W					
Desc	rformed Outside or ribe: cribe: partially vaca		racii	ty nouis		City, State, Zip C	^{code} Union, NJ (07083					
Scope of Work (Check	all that apply)												
[1 Demolition				[X]	Pana	ovation		Full Containment Mini – Enclosure		ve Pre	ssur	е	
[] Demolition [x] ≥3 sf or ≥3 lf				[\sigma]	Nemo	ovation	ĺ	Glovebag Proced	dure				
[] ≥160 sf or ≥2	60 If						[]	Non – Friable Pr	ocedure				
		5177	Locat	2002/1707		D	ription of				Abat Type		ent
Location	n of		mally Solely				- Containing		Amoun			₹ E	ELE
Asbestos - C	ontaining			ce/Cus		Materi	ial (ACM)	A BUILDING	(Specif				N
Material (TO BE AB		todi	al Stat	f (12)			mal systems surfacing, VAT,		SF or LF		0.23		C C
In Faci							iscellaneous)			,	V	F	0
(13)		Yes	No	N/A						1.7	A I		SSUU
Outside locker room	ns		Х		Pipe	insulation	0.22-00.		20 LF		1	<	
												+	
	1 1 1 1 1 1				-		7.4 - 1					1	
Name of Registered W Jupiter Environn		es Ha	uler II		1/1 1 2	Cubic Yards Of Waste	Name of Re Minerva	egistered Landfill Landfill					
	1000		04782		-	1/2 Disposal Date	City, State				- *		
City, State Lincoln Park, NJ	100					8/27/12		burg, OH	- 11				
Completed By (Print o		Title		7 6 1 1 1	43	Signature	/	/	Date				
Pane Repic	ATT.		eral	Manag	er		(2	8/7/	12			
			10.231						ecessale and the				

State of New Jersey RECEIVED

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 1) 22AIG -9 AM | 35

Date of Notification (1)) 8/7/12	N	ame	of Buildin	g Ov	vner/C	Decator (2) Education 5	1,3	ESTOS CO	1111.05			heck #	684	0		
Agencies Notified	Type of Notifica	tion S	treet a	Address alley R	oad	1	Ludodilott	ð	& LICENSI	NG		Ť					
[] DEP	Notification [] Emergency [] Amended	N N		tate, Zip (clair, N			2			- Aller - Alle				11/05		200	
[X] DOH	Notification	N	ame o	of Contac	ct					Telephone N	lumbe	r			-		
[] DCA	[] Cancellation	n L	en S	Sapona	ara		100										
<u></u>	l				FAC	ILITY	INFORMATION	_				+					
Name of Facility When Hillside School	e Abatement is Ta	king Pla	ce (3)						[] Subch	(4) ol (K-12) napter 8 (Oth (i.e. private a	er tha	n K-1	2) ercial b	uildin	as		
Street Address 54 Orange Rd.									home	es, etc.)							
City (5)		County	(6)		Т	Coun	nty Code (7)	-	Square Feet 120000	# of Flo	oors		Bldg	. Age)		
Montclair		Essex	3.00		-		TE USE ONLY)	-	Current Use (Feducational		demol	shed	1			-	
Name of Monitoring Fit Detail Associate		ng Owne		ASCM NO	0.		Name of Abatem		nt Contractor (9 upiter Enviro		Serv	vices	s, Inc				
Street Address							Street Address	_									-
300 Grand Ave.									Lynn Court								
City, State, Zip Code Englewood, NJ (77631						City, State, Zip C		incoln Park	N.I 0703	35						
Project Manager for M		Tele	ohone	Number		- 1	Telephone Numb			, 110 01 00		Licer	nse Nu	mber	-	7.	_
Stephen J.				9-6708					73-709-020	0					085	2	
Scheduled Start Date 8/16/12			letion 1/12	Date (11)		Name of OSHA		onitor & S Enviro	nmental L	abo	rato	ries,	LLC)		
	ring Abatement (C d/Vacated During rformed Outside of	Entire Pe	eriod	of Abaten					333 Route 2	2 W							_
Desc	ribe: :ribe: partially vaca	ated					City, State, Zip C		Inion, NJ 07	083							
Scope of Work (Check	all that apply)				-							202011				~	
[] Demolition [x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥26	50 If			[X]	Re	novat	ion		[x] Mi [] GI	ll Containmer ni – Enclosur ovebag Proc on – Friable F	re edure		ative P	ressi	ıre		
		100000000000000000000000000000000000000	Loca	5005.011									- 5000 - 50	200	aten	nen	
Location	n of			Used by					otion of Containing			Amou	unt	Ty R	R	EI	E
Asbestos – C Material (/ <u>TO BE AB</u>	Location of Solely by Asbestos – Containing Maintenance/Cus Material (ACM) todial Staff (12) TO BE ABATED In Facility (13) Yes No N/A								(ACM) al systems rfacing, VAT, cellaneous)			(Spec SF or		E M O V A	EPAIR	NCAPS	N C L O S
Basement and craw	Ispace		X		Pin	e ins	ulation		7 10 11 10		20	LF		L	x	U	U
Basement and craw	орисс				1 10	0 1113	diation										
											1				_	1	
Name of Registered W	aste Hauler	NI	DEP	Waste		Cub	ic Yards		Name of Regi	stered Landf	1						
Jupiter Environm		es Ha	uler (04782	D No.			Vaste 1/2		Minerva L		- E-I						
City, State			·	J. Sip.	-1.1		osal Date		City, State	1 - 1					÷ ·		
Lincoln Park, NJ		1		11900	170	8/2	27/12		Waynesbu	ırg, OH			1974				-
Completed By (Print or Pane Repic	Type)	Title Gen	eral	Manag	ger		Signature		(2		8/7	te 7/12				
ASB-41		I		-	_		1//	_			_				-	-	



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

IJAC 8:60 and 5:16) RECEIVED

Date of Notification (1)			Name	of Building	g Owner/Operator (2	2)					
07 / 31 /	12		E. I.	Dupont		2012 AUG	-9 AMII:4	á .			
Agencies Notified Type Notific	ation		Street	Address				•			- 1
			250	Cheese	quake Road	ASBEST	OS CONTRO			33.436	
□ Amender □ Amend			City, S	tate, Zip C	Code	& L1	CENSING				
□ DHSS Amendm	ncy (including		Parl	in, NJ 0	8859		- Littliff				
DCA Emerger (NJAC 5:23-8) Lemerger justificat			Name	of Contac	t		Telephone Numb	er	100	*	
Cancella	tion		Jim	Poltrists	sky			_'			
			FAC	ILITY IN	IFORMATION						
Name of Facility Where Abatement is	Taking Place	(3)				Type of Facility	(4)				
Fire Protection Building						School (K-12					
Street Address					1207	☐ Subchapter	3 (Other than K-12) rivate and commer	cial bu	ildina	S.	
250 Cheesequake Road						homes, etc.)					
City (5)		_				Square Feet	# of Floors	Blo	dg. Ag	ge	
Parlin			*			4000	1	.	⊦/- 5()	
County (6)	E/T		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	hed)			
Middlesex						() () () () () () () () () ()	72				
Name of Monitoring Firm Hired by Bui	Iding Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			t: Ti		300 Miles
Criterion Laboratories					USA Environ	mental Manag	ement, Inc.				
Street Address					Street Address			S - 400			- Charles
3370 Progress Drive, Suite J					8436 Enterpr	ise Avenue		100			
City, State, Zip Code					City, State, Zip Co	ode		- 0.7 (VA)			
Bensalem, PA 19020					Philadelphia,	PA 19153					
Project Manager for Monitoring Firm		Tele	ephone	No.	Telephone No.		License No.			10	
Mike Panepresso		2	15-244	-1300	215-365-5810)	1156	wood - Am			
Start Date (10)	Scheduled Co	omple	etion Da	te (11)	Name of OSHA M	Monitor					
8 / 14 / 12	9 /	_ 2:	2_/_	12	USA Environ	mental Manag	ement, Inc				
Occupancy Status During Abatement	(Check only o	ne)			Street Address						
□ Facility Closed/Vacated During Ent	tire Period of	Abate	ement		8436 Enterpr	ise Avenue					
Abatement Performed Outside of N					City, State, Zip C	ode					
Time of Abatement: 7:30 AM-3:30	D-M/	M	AM		Philadelphia	, PA 19153					
Scope of Work (Check all that apply)					D- "0						
⊠ >3 sf or >3 lf	⊠ Re	novat	tion		☐ Full Con	tainment with Ne closure	gative Pressure				
⊠ ≥160 sf or ≥260 lf	De				☐ Gloveba	g Procedure	12.00				
	1.14.11.11				☐ Non-Exe	empted (*) and No	on-Friable Procedu	-1	W-10-0		
		Loca Iorma		1 10	Description			Ab	atem		1
Location of Asbestos-Containing Material (AC	11		lely by	Asbe	Description of estos Containing Ma		Amount	Ren	Repair	Encapsulate	Enclosure
TO BE ABATED	IVIa	0.000	ance/ Staff?		e., thermal systems	insulation,	(Specify	Remova	a i	aps	losu
IN Facility	Cusi	(12			surfacing, VAT other miscellane		SF or LF)	m		ulat	ē
(13)	Yes	No	The second		Other misochane	-		-		Œ,	-
Exterior Roof				Coatin	g on Transite Ro	of	12,000 SF				П
Exterior Rooi				Journ	g on manage me	4					
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				9.50	AND STREET OF A STREET	day fulfilly s					
1434613					Extension New Media	1723					
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Regi	stered Landfill		1		
USA Environmental Managem	ent, Inc.	1.1	Hauler II	D No.	Waste	Minerva L		4			
City, State			32610)	20 Disposal Date	City, State				-	
Philadelphia, PA			7 31		9/22/2012	Waynesbu	ırg, OH				
	Title				Signature		Da	ite	-		
Completed By (Print or Type)	Progra	m M	anagor	1X-91 - 1	Signature	UBlu		7/21	1,2		
Dilip Kumar	riogia	- (VI	anayer		- Kled	Minu		1/5/	110	-	-

CK 520329

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

Date of Notification (1)					Name of Buil	ding Owner	Operator (2)	75111	ham been			
8/08/12			e transcent in the		BASF Corpor	ration	1150	s had to				
Agencies Notified		Notification	Туре		Street Addres	SS	and the second s		+			
		71.75 D			100 Campus		2012 AUG	-9 AM	111: 3	35		
(X)EPA (X)DOL		(X) Initial N		inn	City, State, Z	ip Code						
(X)DOL (X)DOH		() Cancell		1011	Florham Barl	NI OZOSS	ASBEST	ne ro	UTD	O.I		
() DCA		1 ()			Name of Con	tact	211	FeU Nu	IN I I	JL		
					Frank Piecho		OF LI	1	OPIN DI	,		
				FACILITY I	NFORMATION			*-		-	2000	
Name of Facility Where Abate		Taking Place	<u>(3)</u>		Type of Facil							
BASF – Outside of Building #	1			8	() School (K () Subchapt		han K 12)					
Street Address							commercial bld	as home	es. etc.			
								8				
1 James Street					Sq. Feet 0	#	of Floors 0					
City (5) Belvidere	Warren		County (Bldg. Age 0	4/						
Belvidere	vvaireii		(State U	se Only)	Current Use	prior if bein	g demolished)	vacant	t manuf	acturing		
Name of Monitoring Firm Hire	d by Bldc	. Owner (8)	ASCM N	lo.			Name of Co					
			00104				NCM Demo			diation, LP)	
Environmental Health Investig	gations, Ir	IC.										
Street Address			-		Street Addres				1			
					404 N. Berry	Street						
655 West Shore Trail City, State, Zip Code					Cit. Ct-t- 7	- O - d -						
City, State, Zip Code					City State, Zij Brea, CA 92							
Sparta, NJ 07871					Didd, Ort Ozi	J2 1						
Project Manager for Monitoring	ng Firm	Telephone	THE CASE OF THE CA		Telephone No			License	Numbe	er	715:	
William S. Kerbel, CIH		973-79-564	.9		484-480-8931			01066				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor			+			
8/23/2012		9/07/2012			Testor Tech							
											- Alexander	
Occupancy Status During Ab: (X) Facility Closed/Vacated [Street Addres							
() Abatement Performed Ou	itside of N	lormal Facility	Hours -		10 59 Jackso	n Ave.						
, , , , , , , , , , , , , , , , , , , ,		,	110010		City, State, Zi	p Code	L.I.C. N	ew York,	11101			
Describe Vacant Bldg. To Be	Demolish	<u>ed</u>										
Other - Describe												
Source of Work (Check all that	et apoly)				1			6-6-2	-			
	Desperation of the											
(X) Demolition () Renova	tion											
() Large Proj. (>160 SF or >26 () Full Containment with Ne	30 LF ACI	VI) (X)Small F	Proj. (>25< Mini Englo	160 SF or >10 <	<260 LF ACM)	() Minor F	Proj. (<25 SF o	r <10 LF	ACM)			
Location of Asbestos-		ation Normally		Description o			(Specify SF or		Abaten	nent Type		- X X
Containing Material (ACM) in		by Maint./Cu:			ems insulation,	Tunount	(opcony or or	/	Modicii	icht Type		
Facility (13)	Staff?		1	surfacing, VA	T, or other	100						7.7
Clab Outside of Blds #7	YES	NO	NA:	miscell.)	D'	7515			Rem.	Rep. Er	ncap Er	nclose
Slab Outside of Bldg. #7	X			Tar Wrapped	Pipe	75 LF			X			
	+		-									
		7 7 7 7 7		- 20 1 X C 15 (J)	The second	To an all the						-
The second secon				THE REPORT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jakot-en		_				
				1. E								
	1					1-1-12						
Name of Reg. Waste Hauler		NJDEP Was	The second secon	of the latest section in the latest section	Cubic Yards o	of Waste	Control (Section)	Name of				
Service Transport Group City, State		A901#20	990 / SW2	11/	1	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Disp. Date	Minerva		ity, State		
S., Otato				- 41 F 20 20	Property and		9/07/12			atγ, State ∕aynesbur	a. OH	
58 Pyles Lane - New Castle,	DE										3, 7	
Completed by (Print or Type)	* 1	<u>Title</u>		with the second	Signature	151-1		Date		1		
Joseph K. White		P	roject Coor	dinator	DORCH	er u	Wit VI	8/08/12		¥ 100		
				to the same of the same of	1		Try					

Building will be demolished using wet dust suppression methods with Mechanical means & methods. ASSESTOS CONTROL & LICENSING XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City: Newark County: Essex State: NJ Zip: 07114 Contact: Susan Rubinetti (Layton) Telephone: 201-206-2258 Waste Transporter#2 Service Transport Group, Inc. Address 58 Pyles Lane City New Castle County New Castle State DE Zip 19720 Contact Tom Gaudet Telephone 302-778-5830 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44688 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (MM/DD/YY) Date of Order (MM/DD/YY)	Notification of Demolition or	Renovation(continu	ied)		MIX AUG -9 AM H + 35
XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demoiltion or Renovation Site: Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City Newark Country: Essex State: NJ Zgs. 07114 Contact: Stans Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address: Stans Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address: Stans Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address: Stans Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address: Stans Rubinetti (Layton) Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 3000 Minerva Rd Contact: Sera Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Number Title Authority Date Ordered to Begin (MMDDYY) Number Total Contact (MMDDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. XVV. I Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (required or (1) yew eter promulpidor) (Date) Best T	X. Description of Planned Demolition Building will be demolished using w	n or Renovation Work and let dust suppression meth	d Methods to be U nods with Mechar	Used: nical mear	SSESTOS CONTROL & LICENSING
Demolition or Renovation Site: Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City: Newark County: Essex State: NJ Zip: 07114 Zip: 0711					21131110
Demolition or Renovation Site: Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City: Newark County: Essex State: NJ Zip: 07114 Zip: 0711					
Wet materials during operations. Use Non-friable removals using wet methods, cut and wrap methods, hepa vacuum. XII. Waste Transporter#1 Waste Management Address 100 Ave. A City: Nevark County: Essex State: NJ Zp: 07114 Counted: Susane Robinetti (Layten) Waste Transporter#2 Service Transport Group, Inc. Address 88 Pyles Lane City: Nev Castle County Nev Castle State DE Zip 19720 Contact: Tun Gaudet Telephone: 201-206-2258 Waste Transporter#2 Service Transport Group, Inc. Address 88 Pyles Lane City: Nev Jesses EFA Certification Number: PC104694 XIII. Waste Disposal Site Minerva Enterprises EFA Certification Number: PC104694 City: Waynesburg County: Stark State: OH Zip: 44588 Cottact: San Pomera Title Authority Name Title Authority Date Ordered to Begin (MMDDNY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MMDDNY) Description of Emergency: (MMDDNY) Description of Frocedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Regulator Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours: (Required one (1) year after promulgation) Application of Owner/Operator (Date) 8/8/12		ols and Work Practices to	o be Used to Con	trol Emmi	sions of Asbestos at the
XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City: Newark Countact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address 88 Pyles Lane City: Newark Counted: Tom Gaudet County New Castle Telephone: 202:778-5930 EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44688 City: Waynesburg County: Stark State: OH Zip: 44688 Counted: San Pomera Telephone: 339-896-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Title Name Title Authority Date of Order (NMRDDYY) Date of Order (NMRDDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing celling of ENT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours: (Pageature of OwnerOperator) (Pageature of OwnerOperator) (Care) 89/12		e Non-friable removals us	sing wet methods	cut and	wrap methods, hepa vacuum.
Address: 100 Ave. A City: Newark County: Essex State: NJ Zip: 07114 Waste Transporter#2 Service Transport Group, Inc. Address \$8 Pyles Lane City New Castle County New Castle City New Castle City New Castle City New Castle City New Castle City: State: DE Zip: 19720 Contact: Ton Gaudet Tolephone: 302-778-5930 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44688 Connact: Sara Fomera Telephone: 303-866-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DDYY) XV. For Emergency Renovations: CATE and HOUR of Emergency: (MM/DDYY) XV. For Emergency Renovations: CATE and HOUR of Emergency: (MM/DDYY) Explanation of Now the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M), Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Pagende one (1) year eter promulyation) (Date) 88/12 XVIII. I Certify that the Above Information is Correct			3		
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Contact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address 58 Pyles Lane City: New Castle Contact Tom Gaudet XIII. Waste Disposal Site Minerya Enterprises EPA Cartification Number: P0104984 Address: 9000 Minerya Rd City: Waynesburg Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date Ordered to Begin (MM/DDYY) Date Ordered to Begin (MM/DDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required Training has Been Accomplished by Challe Braining	Address: 100 Ave. A				
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Address 58 Pyles Lane City New Castle County New Castle County New Castle Telephone 302-778-9300 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44888 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title State: OH Zip: 44888 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Date Ordered to Begin (MMIDDYY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MMIDDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVII. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required or (1) year after promulgation) (Date) 8/8/12	Contact: Susan Rubinetti (Layton)		Te	elephone: 20	1-206-2258
Contact: State DE Zip 19720 Contact: Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9900 Minerva Rd City: Waynesburg Counts: Stark State: OH Zip: 44688 Telephone: 330-366-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (MM/DD/YY) Date of Order (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation). XVII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Waste Transporter#2 Service Tra	nsport Group, Inc.			The second secon
Contact Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd Cotty: Waynesburg County: Stark State: OH Zip: 44888 Telephone: 309-865-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Ordered to Begin (MMIDDYY) XV. For Emergency: (MMIDDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct	Address 58 Pyles Lane				
XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44688 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Order (MM/DDYY) Date Order (MM/DDYY) Date Order (MM/DDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) Agency County Stark State: OH Zip: 44688 Telephone: 330-866-3435 Telephone: 330-866-3435 Telephone: 330-866-3435 Title Authority Date Order (MM/DDYY) Date Order (MM/DDYY) Date Order (MM/DDYY) [HH:MM] Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos is Found,	City New Castle	County New Castle	St	tate DE	Zip 19720
Address: 9000 Minerva Rd City: Waynesburg County: Stark State: OH Zip: 44688 Telephone: 330-865-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DDYY) Date of Order (MM/DDYY) Date of Order (MM/DDYY) Date Offered to Begin (MM/DDYY) XV. For Emergency: (MM/DDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation). (Signature of Owner/Operator) (Date) 88/12 XVIII. I Certify that the Above Information is Correct	Contact Tom Gaudet		Te	elephone 302	2-778-5930
Counts: Sara Pomera Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct	XIII. Waste Disposal Site Minerva Er	nterprises	E	PA Certificati	on Number: PO104984
Contact: Sara Pomera Telephone: 330-866-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Title Authority Date Order (MM/DDYY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DDYY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVII. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Address: 9000 Minerva Rd				
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (IMM/DD/YY) Date Ordered to Begin (IMM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (IMM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct	City: Waynesburg	County: Stark	St	tate: OH	Zip: 44688
Authority Date of Order (IMM/DD/YY) Date of Order (IMM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (IMM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Encountered previously unknown Transite panels above existing ceiling of EMT Rm. Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation) (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct	Contact: Sara Pomera	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Te	elephone: 330)-866-3435
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Jess pl. K. Ukutu (Date) 8/8/12 XVIII. I Certify that the Above Information is Correct Apple 1. While					
XVIII. I Certify that the Above Information is Correct	uns Person will be Available for inspe	ection During Normal Bus	siness nours (Req	uirea one (1) y	ear after promulgation).
XVIII. I Certify that the Above Information is Correct		- loseph K	: White	3	
Joseph K. While		√ (Šignature c	of Owner/Operator)		(Date) 8/8/12
(Signature of Owner/Operator) (Date) 8/8/12	XVIII. I Certify that the Above Informa	tion is Correct	er entre de la company	0.2 EH F(-) 4	
(Signature of Owner/Operator) (Date) 8/8/12		The Name of	116.0.7		
(Signature of Owner/Operator) (Date) 8/8/12		ypubr t	· white	2)	
		(Signature o	of Owner/Operator)		(Date) 8/8/12

520328

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

Date of Notification (1) 8/08/12					Name of Build BASF Corpor	ding Owner/ ation	Operator (2)	CEI	VE	D		
Agencies Notified		Notification	Туре		Street Address 100 Campus		2012 AU	G -9	AMII	: 3L		
(X)EPA (X)DOL (X)DOH ()DCA		(X) Initial N () Amende () Cancelle	ed Certifica	tion	City, State, Zi Florham Park Name of Contract Piecho	p Code , NJ 07932 tact	ASBES	***************************************	CONT	ROL		
				FACILITY II	NEORMATION				0.04			
Name of Facility Where Aba BASF – Building No. 1E Ser	atement is wer Plant	Faking Place	(3)		Type of Facili () School (K- () Subchapte	-12)	nan K-12)					
Street Address					(X) Other (i.e.	private & c	ommercial blo	dgs., hon	nes, etc			
1 James Street					Sq. Feet 45	50	# of Floors	1				
City (5) Belvidere	County (6) Hunterdo	on	County ((State U:		Bldg. Age 30 Current Use () +/- prior if being	g demolished) Sewe	er Plant			
Name of Monitoring Firm Hi	red by Bldg.	Owner (8)	ASCM N 00104	lo.			Name of Co	ontractor	(9)		LP	
Environmental Health Inves	tigations, In	c.			et immig FE							
Street Address 655 West Shore Trail					Street Addres 404 N. Berry S							
City, State, Zip Code Sparta, NJ 07871					City State, Zip Brea, CA 928							
Project Manager for Monitor	ing Firm	Telephone	Number		Telephone Nu	ımber		Licens	e Numl	her		
William S. Kerbel, CIH		973-79-564			484-480-8931		31.5	01066				
Scheduled Start Date (10) 8/23/2012		Scheduled 9/07/2012	Completion	Date (11)	Name of OSH Testor Tech	A Monitor						
Occupancy Status During Al (X) Facility Closed/Vacated () Abatement Performed C	During Enti	re Period of A	Abatement		Street Address 10 59 Jackson							
Describe Vacant Bldg. To Be 70020 sf warehouse building	e Demolishe	ed			City, State, Zip	o Code	L.I.C. N	lew York	, 11101			
Other Describe Source of Work (Check all the				*********								
(X) Demolition () Renov. (X) Large Proj. (>160 SF or () Full Containment with N	ation >260 LF AC	M) ()Small I	Proj. (>25< Mini-Enclos		:260 LF ACM) ovebag Procedur	() Minor F	Proj. (<25 SF	or <10 L	F ACM)			242
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca	ition Normally by Maint./Cus	Used	Description of thermal syster surfacing, VAT miscell.)	ACM (i.e. ns insulation,		Specify SF or			ment Ty	/pe Encap	Enclose
Roof	X	I NO	INA	Roof Shingles		1100 sf	4		X	T T T	Liteap	T
										ļ	1	1
							100	17.5			1	1
Name of Req. Waste Hauler		NJDEP Was			Cubic Yards or	f Waste				Landfill	3.5.5	2.191
Service Transport Group City, State		A901 #209	990 / SW21	117	40	na Series Paris	Disp. Date 9/07/12	Minerv	(City, Sta	<u>te</u> burg, OF	
58 Pyles Lane - New Castle							3/3/1/12		1	realities.	oaig, Or	· · · · · · · · · · · · · · · · · · ·
Completed by (Print or Type Joseph K. White)	<u>Title</u>	oject Mana	ager	Signature			<u>Date</u> 8/08/12	2			

Notification of Demolit	ion or Renovation(continu	ued)	ZU12 Alli	-0 4
X. Description of Planned D	emolition or Renovation Work and	Methods to be Used:	and the same of th	-9 AM11:
Building will be demolished	ion or Renovation(continue emolition or Renovation Work and using wet dust suppression meth	nods with Mechanical n	neans & methods	0.0
			200521	US CONTR
			OF []	UENSING"
XI. Description of Engineeri	ng Controls and Work Practices to	be Used to Control Er	nmisions of Asbesto	os at the
Demolition or Renovation Si	ite:			
	s during cutting operations, use re	otary roof cutting instr	uments, lower the m	aterials to the
ground using hoists or lifts	or use dust-tight chutes.			
XII. Waste Transporter#1 Wa	aste Management	AMERICAN PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE		
Address: 100 Ave. A				
City: Newark	County: Essex	State: NJ	Zip: 07114	
Contact: Susan Rubinetti (Layton)			e: 201-206-2258	
Waste Transporter#2 Ser	vice Transport Group, Inc.			
Address 58 Pyles Lane	,			1
City New Castle	County New Castle	State DE	Zip 19720	
Contact Tom Gaudet	The state of the s		302-778-5930	
KIII. Waste Disposal Site Mi	nerva Enterprises		fication Number: PO10498	4
Address: 9000 Minerva Rd		12.7.00111		
City: Waynesburg	County: Stark	State: OH	Zip: 44688	
Contact: Sara Pomera			2: 330-866-3435	
(IV. If the Demolition was Or	dered by a Government Agency, I		THE PARTY WAS ARRESTED BY A STATE OF THE PARTY OF THE PAR	
lame	,	Title	, 201011.	
Authority				
Date of Order (MM/DD/YY)		Date Ordered to Begin (MM/	/DD/YY)	-
V. For Emergency Renovati	ions:		CONTRACTOR DESCRIPTION AND A SECURITION OF S	
DATE and HOUR of Emergency: (MM/E		(HH:MM)		
escription of SUDDEN, UNEXPECTED				1
Part of the College of the College	on the grade and the second	are a second of	CASTROLIC CO	Alexandron is a
xplanation of how the Event caused u	unsafe conditions, or a serious disruption of i	industrial operations		
				The second of the second
	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		7 25 7 75 1/2600	XII SSTEEL
(VI. Description of Procedure	es to Be Followed in the Event tha	t Unexpected Asbesto	s is Found, or that P	reviously Non-
	comes Crumbled, Pulverized or R			Handy the All
nethods.	ate, wet material, notify appropriat	e regulatory agencies,	commence cleanup	using wet
	and the second s		to the second se	
	The second secon			
VII. I Certify that an Individu	al, Trained in the Provisions of th	is Regulation (40CFR,	Part 61, Subpart M)	Will be On-
ite During the Demolition or	Renovation, and that Evidence th	nat the Required Trainin	ng has Been Accom	plished by
no i croun will be Available	for Inspection During Normal Bus		(1) year after promulgation)	
	Dock	t With Owner/Operator)		
	(Signature o	f Owner/Operator)	(Date) 8/08/12	
VIII. I Certify that the Above	Information is Correct	The state of the same of the s		
- 15 PER 1				
	He ou pr	K White (E)		
		f Owner/Operator)	(Date) 8/08/12	

CK 5.20327

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

Date of Notification (1) 8/08/12		7.			Name of Buil BASF Corpo		/Operator (2)	IV be				
Agencies Notified () EPA		Notification (X) Initial N	otification		Street Address 100 Campus City, State, Z	Drive	012 AUG -9	I MA	1: 32			
(X)DOL		() Amende		tion		A	SBESTOS	CON.	TROL			
(X)DOH ()DCA		() Cancelle	ed		Florham Park Name of Con	k, NJ 07932	SBESTOS & LICE	MSIN	Johan	-	- Harain at	- 128
() 5011					Frank Piecho			THE INC	imber .			
				FACILITY II	NFORMATION						25 NO. 100	
Name of Facility Where Abat BASF – Fire Pump Pit Buildi		Taking Place	(3)		Type of Facil () School (K () Subchapt	(-12) er 8 (other	than K-12)					
Street Address	3-1-1-1				(X) Other (i.e	. private &	commercial blo	lgs., hom	es, etc.			
1 James Street					Sa. Feet 1	00	# of Floors 2	2				
	ounty (6)		County (ook Soon o			2402			
Belvidere	Warren		(State U	se Only)	Bldg. Age		ng demolished)	Vacar	nt			
Name of Monitoring Firm Him	ed by Bldg	. Owner (8)	ASCM N 00104	lo.	- Current osc	(prior ii beli	Name of Co	ontractor	(9)	diation, I	.P	
Environmental Health Investi	igations, In	C.			of fig. 1							
Street Address					Street Address 404 N. Berry							
655 West Shore Trail	W.	2 2 4		WE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOTAL DELLY	Judet		12			-	
City, State, Zip Code					City State, Zi							
Sparta, NJ 07871					Brea, CA 92	821						
Project Manager for Monitori	ng Firm	Telephone	Number		Telephone N	umber		License	e Numbe	er		
William S. Kerbel, CIH		973-79-564			484-480-893	1 .		01066				
878												
Scheduled Start Date (10)		Scheduled	Completion	n Date (11)	Name of OSH	A Monitor		1		-		
8/23/2012		9/07/2012			Testor Tech							
Occupancy Status During Ab	atomont (Thock only on	(a)		Street Addres	20			+			
(X) Facility Closed/Vacated () Abatement Performed O	During Ent	ire Period of A	Abatement		10 59 Jackso							
D	5	27.6			City, State, Z	ip Code	L.I.C. N	ew York,	11101			
Describe Vacant Bldg. To Be 2 story non occupied structur Other – Describe			sentirety									
Source of Work (Check all th	at apply)					HALL SERVICE		(5) I)				
(X) Demolition () Renova () Large Proj. (>160 SF or >2 (X) Full Containment with N	260 LF AC		Proj. (>25< Mini-Encle		<260 LF ACM) lovebag Procedu		Proj. (<25 SF		ACM)			
Location of Asbestos-	Is Loca	ation Normally	Used	Description of	ACM (i.e.		(Specify SF or		Abaten	ment Typ	<u>)e</u>	-1-1
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodial	thermal system surfacing, VA	ms insulation,							P. 1.
radiity (15)	YES	NO NO	NA	miscell.)	r, or other				Rem.	Rep.	Encap E	nclose
Skylight	X -	100		Glazing on W	indows	120 If		day is	X			
					550							
		-				-						
Way of Branch and Common	1	THE RESIDEN	A 9 25 1	The a Case of	and control to	10-2-0		105.59	917,142	4.11		
				A STATE OF THE STATE OF					1			
Name of Reg. Waste Hauler		NJDEP Was	to Haulas	ID#	Cubic Yards	of Macta		Name	of Reg. I	andfill		
Service Transport Group		A901 #209			120	or vvasie			a Enterp			
City, State	activities of	en de verde de la composition de la co	********* * 18	e spanie e en	The second section	nej Sivilia	Disp. Date 9/07/12		C	ity, State	e urg, OH	unica-segi
58 Pyles Lane – New Castle, Completed by (Print or Type)		Titlo			Signatura			Date	1			
Joseph K. White		<u>Title</u>	oject Mana	ager	Signature	1.7		8/08/12				

Notification of Demolit	tion or Renovation(continued)		2012 AUG -9 AM 11 - 52
X. Description of Planned D	emolition or Renovation Work and Me will using wet dust suppression method	ethods to be Used:	The state of the s
Building will be demolished	using wet dust suppression method	s with Mechanical mea	ans & methods.
			Mantalus CUNTROL
			& LICENSING
XI. Description of Engineering	ng Controls and Work Practices to be	e Used to Control Emn	nisions of Asbestos at the
Demolition or Renovation Si			
	nts for interior abatement. Wet remove		
filters. Regulate areas using	signage and use drop poly and wet i	methods for Window (Caulking.
XII. Waste Transporter#1 W	acto Managament		
Address: 100 Ave. A	aste management		
			L
City: Newark	County: Essex	State: NJ	Zip: 07114
Contact: Susan Rubinetti (Layton)	ACCOMMENSATION OF THE PROPERTY	Telephone: 2	01-206-2258
	rvice Transport Group, Inc.		
Address 58 Pyles Lane			
City New Castle	County New Castle	State DE	Zip 19720
Contact Tom Gaudet		Telephone 3	02-778-5930
XIII. Waste Disposal Site Mi	nerva Enterprises	EPA Certifica	tion Number: PO104984
Address: 9000 Minerva Rd			
City: Waynesburg	County: Stark	State: OH	Zip: 44688
Contact: Sara Pomera		Telephone: 3	30-866-3435
XIV. If the Demolition was O	rdered by a Government Agency, Plea	ase Identify the Agenc	y Below:
Name	Т	itle	
Authority	1000		
Date of Order (MM/DD/YY)	ĮD.	ate Ordered to Begin (MM/DD	DYY)
XV. For Emergency Renovat	ions:		
DATE and HOUR of Emergency: (MM/E		HH:MM)	
Description of SUDDEN, UNEXPECTED	DEVENT		
	a state of the state of the state of		
Explanation of how the Event caused to	unsafe conditions, or a serious disruption of indu	strial operations	
XVI. Description of Procedur	es to Be Followed in the Event that U	Inexpected Asbestos i	s Found, or that Previously Non-
	comes Crumbled, Pulverized or Redu		
Restrict work area and regula methods.	ate, wet material, notify appropriate re	egulatory agencies, co	ommence cleanup using wet
metrious.			ate in a filler want. It is seen to
XVII. I Certify that an Individu	ual, Trained in the Provisions of this F	Regulation (40CFR, Pa	art 61, Subpart M) Will be On-
	r Renovation, and that Evidence that		
this Person will be Available	for Inspection During Normal Busine	ess Hours (Required one (1,) year after promulgation).
	0.121	Nito (=)	Contract to the second
	Signature of Ow	vner/Operator)	(Date) 8/08/12
XVIII. I Certify that the Above			
	Space ph K	White(12)	
	(Signature of Ow	ner/Operator)	(Date) 8/08/12

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

Date of Notification (1	6/2012			Na Y	me of Build MCA of I	ing Owner/Operato Easter Union Co	or (2)	-9 PM 12	: 63	C	_		
Agencies Notified EPA DEP	Type Notificat Initial Amended	ion		13	eet Addres 5 Madiso	s n Ave.,	All recovers one	COS CONT					-
DOL	Amendmer Emergency		200		, State, Zip zabeth, N			ICENSING	7 1 42	Table 1			
DOH DCA	justificatio Cancellatio	1)	.9		ne of Conta			Telephone	Nun	nber	_		-37
Name of Equility 18/6-	- 011			F	ACILITY IN	IFORMATION							
Name of Facility When YMCA Building	e Abatement is Ta	king Plac	e (3)				Type of Facil						
Street Address 135 Madison Ave.	,						School (K Subchapte Other (i.e. homes, et	er 8 (Other than , private & comm	K-1 nerc	2) ial bu	ilding	ıs,	
City (5) Elizabeth, NJ 0720	1				100		Square Feet 60,000 SF	# of Floors		101 19	Bldg. 60+	Age	
County (6) Union				US	unty Code E ONLY)	(7) (STATE	Current Use (YMCA	Prior if being de	moli	shed)		
Name of Monitoring Fir (8) Brinkerhoff En	m Hired by Buildin	g Owner	ne	ASCN 0010			nent Contractor	3007					
Street Address	Tommontal Sci	VICES II		0010		Street Address	l Construction	on, Inc.	_				
1913 Atlantic Ave.	, Suite R5					1360 Clifton,	Avenue, PN	1B Suite 218					
City, State, Zip Code Manasquan, NJ 087	736					City, State, Zip C	ode						_
Project Manager for Mo Jason Hooper	onitoring Firm			ephone		Telephone No.		License No),	_			
Start Date (10)	I Sch	eduled C	1		-2225	973-389-00		00693					
08/16/2012		3/26/20		etion D	ate (11)	Name of OSHA I		n Inc					
Occupancy Status Duri	ng Abatement (Ch	eck only	one)			Street Address	CONSTRUCTIO	11, 1110,					=_
Facility Closed/Vaca	ted During Entire I	Period of	Abate	ement		1360 Clifton,		IB Suite 218	}				
Abatement Performe Other - Describe:	d Outside of Norm Occupied	al Facilit	у Ног	irs		City, State, Zip C							
Scope of Work (Check			_			Clifton, NJ 0	7012						
>3 sf or >3 if >160 sf or >260 if			novat emol			Mini-End Goveba	closure g Procedure	egative Pressure		al			
		No	ocation or mall	/				Non-Friable Pi	oce		Abate Ty	ment	1
Location Asbestos-Containing M	Material (ACM)	Used Main	tenar		Asbest	Description of los Containing Mate		Amount			Ė		
TO BE ABA IN Facility (13)	- Madelina and American	s	istodia taff? (12)	ıl	(i.e.,	thermal systems in surfacing, VAT, other miscellaneo	sulation, or	(Specify SF or LF)		Remova	Repair	Encapsulate	Enclosure
441 [2]		Yes	No	N/A						-		te	O O
4th Floor				X	Window	v Caulking		624 LF	1	X			
							-						
Name of Registered Was	ste Hauler		IN	JDEP \	Vaste	Cubic Yards	Name of Regi	stered Landfill					
Service Transport G				auler ID		of Waste	Minerva La						
City, State New Castle, DE			-1-	3770		Disposal Date 08/26/2012	City, State	g, OH 44688			_		
Completed By	Title	9		-		Signature	/ waynesour	g, OH 44088	_				=
Crutarth Jagad	Pre	sident				, M		08/0	6/2	012			

CK 11096

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

RECEIVED

[B] (11.25 2.23)			1. 413			, 0.00 and 12:		2012 AUG -9	D.,	***************************************			
Date of Notification (1)	5/12					ng Owner/Operato	(2)	()		2: (59		
Agency Notified	Type Notification			Stree	t Address	ioceso &	News	& LICEA	CON	77-5-			_
□EPA	Æ lnitial			in	10	1: ftan	AM	& LICFA	PSING	Į RC)L		
D DEP	Amended					Code			1 -1 1 A	-			-
□ DOL	Amendment # Emergency (inclu	dina		C	1:6	ton, a	15						
□ DOH	justification)	ding			of Conta	ct nc Cue		Telephone Num	nber				
D DCA	☐ Cancellation											2	
Name of Facility Where A	hatement is Taking P	lace /3	\	FAC	ILITY INF	ORMATION	T T 7.5						
l and a company	ibatomork to returning t	iace (5	·				Type of Facility						
Street Address						-	☐ School (K-12 ☐ Subchapter 8) 3 (Other than K-12	')				1
499	Belgrow	f /	Le f	P				vate & commercia		ngs,			
City (5) Kean							Square Feet	# of Floors	Bldg.	Age		- X	٦
County (6)	in g			Count	v Code (7) (STATE USE	Current Use (Pr	ior if being demoli	shedl		_		4
(du	Isan		C C	ONLY			Phint-		Silca)				
Name of Monitoring Firm (8)		ner	ASCN	A No.									
ENUIRO	Visian		0	0	3	F. Go	71582-	+ Sm	S	1		9	
Street Address	1 A - 2 To - 3		exect	Ý		Street Address	2- (c 1.			10.00	222	
City, State, Zip Code	Wayard	C	3 - 5	1 .		City, State, Zip C	32 Nd	57					
Fairlaun	I NIT					Pater S.		71					
Project Manager for Monit		T	elepho	ne No.		Telephone No.	α , α	License No.					\dashv
Fred larser	.)	1			9145	보안하기를 되면 없었다. 전시 없이 아이는	5, 2727	#00	0	1			
Start Date (10)	Scheduled C	omplet	ion Da	ite (11)		Name of OSHA	Monitor	,	<u> </u>	'			\dashv
@ @ 8/13	112 9/4/1	12					<u> </u>	SAmo	30				
Occupancy Status During	Abatement (Check on	ly one)				Street Address							
Facility Closed/Vacated						City, State, Zip C							_
☐ Abatement Performed C☐ Other – Describe:	outside of Normal Fac	ility Ho	urs			City, State, Zip C	ode						
Scope of Work (Check all	that apply)					(B) = 11 c	-				-		-1
□ ≥ 3 sf or ≥ 3 lf				□ Ren	ovation		Containment with Enclosure	Negative Pressur	е				
≥ 160 sf or ≥ 260 lf				@Den	nolition		ebag Procedure	Nes Friels Des					
		le	Locati			Q Non-	exempted () and	Non-Friable Proc	edure	Ab	ater	ner	it
			lormal							-	Тур	е	4
Location Asbestos-Containing			d Sole intenar		Asbes	Description of tos Containing Ma		Amount			-	m	
TO BE ABA			ustodi	al	(i.e.	, thermal systems surfacing, VAT		(Specify SF or LF)		Ren	Repair	ncap	ncl
(13)			Staff? (12)			other miscellane		3F 0(EF)		Removal	pair	Encapsulate	Enclosure
	and the second	Yes	No	N/A								e	
Basement				V	Bai	ler + BA	eecl	5605	E	x	\dashv	1	
Bowent	8186			V	0	20		-	F	X	T	1	
GATAGO	200		154	X	-	ofina	Flash		SF	X			
O.T.	7			V		9		000					
Name of Registered Waste	Hauler	100000000000000000000000000000000000000		/aste H	auler	Cubic Yards of	Name of Regist	ered Landfill	S 1 1 2 1				٦
Easten	Josta	ID:	No.			Waste	TRRE	L And	0	11			1
City, State	- 312		71.7			Disposal Date	City, State	- AVVC	141		Λ		\dashv
Freehal	(B. B)				die.		oTul	1x town	\sim	4	14		
Completed by	.Title					Signature	2/1		Date /	2	1.	_	
TRANG UNI	DG A	9/1	1	- N- W		(2		1.	30	11	5	
ASB-41	* Do not	use th	s form	for ast	pestos lice	ensure exempted a	activities.						

CK Amend Vates + Monitoring rism *

2012 AUG -9 PM 12: : 0

	31/12			io none	8:60 and 12:1			. "			
Date of Notification (1)	8/12			1	Owner/Opera	ntor (2) Congres	stus work	RANG	l		
Agencies Notified	Type Notrication		Stree	Address		-0	LICENSING	133/1			-
☐ EPA	, install		2	30 1	tustsh	ione t	2.				
□ 0SP	Amended			State, Zip C				-01		-	_
DOL	Amendment #_		City.			10 him					
C 2000	Emergency (in	cluding		Sho	VI HIL	12 11	7				_
DOH	justification)	#1 S250		of Contac		THE RESIDENCE AND DESCRIPTION OF THE PERSON	Telephone Num	ser	-		
	☐ Cancellation		1-20	mh (Thisk 2						4
					ORMATION					7	_
Name of Facility Where	Abatanan	Di- 15		CHILITIES .	COMMINION						
			5)	-0	. 0	Type of Facility					
Command	- Compre	2011	\sim	yeu	nex	School (K-1					
Street Address	to -1	J.	0	,		Subchapter	8 (Other than K-1;	2)			
200 St	int'Shor	me	1)'			_ homes, etc	onvate & commerce	ai build	ings,		
City (5)	1 - 11 11		17			Square Feet	# of Floors	T Ble	ig. Ac	90	
Show	こルナ ス	6.	N .)					Sir Led	92	
County (6)			1 Cos	nty Code /	7) (STATE	Current Use /P	rior if being demoli	- I		and the same	_
111	07715		US	ONLY)	, ,		uzch	3,100)			
Name of Monitoring Fin	The state of the s	Dumer'	I ASCA	No	Nome of At-	stement Contractor (
	all Serv			:40	-	2	3)				
The second secon	all selle	Crb (2	1			1565 47	<u></u>				
Street Address			\		Street Addre					-	-
65-1	ackson	U_	12,		513	د 32 کا	. ST				
City, state Zip Code,	4	and the second	THE CO-STRUCTURE ACTIVIDATE AND ADDRESS OF THE CO-	APPLICATION OF CHILD	Crry, State, Z						=
CRAN to	and N	7			2-4	5- N	7				
Project Manager for Me			Tolonhan	No							
	BURNS	-12	Telephone	3355	Telephone N		License No.	~ ^			
		- Commission of the last	The second second	-	1913 2	452223	80L 00	0 2	' '		
an Date (10),	Scher	dujed Cpr	mpletion D	ate (11)	Name of OSI	HA Monitor	agents			-	
1815/12	18	1/21	12			5	Amo				
Occupancy Status Dur	ing Abatement (Che	ck only o	nel		Street Addre	305			-		-
☐ Facility Closed/Vac	- (1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		C. C		Ducotriguit						
Abatement Perform	od Outside of Norma	L'Escalina	Maum						-		
	ed Outside of Norma	a racenty	Hours		City, State, Z	up Code					
Other - Describe:											
Scope of Work (Check	all that apply)			THE RESERVE STREET, ST	5262						
		county on a				Containment with N	egative Pressure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 if			ovation		1000	-Enclosure	,				
2100 21 Ot 2200 II		L Den	notition		C Non	vebag Procedure -Exempted (*) and N	Ion-Eriable Proced	v.o.			
		Islo	cation	T	11.00	- Localpaco () and the	TOTAL PROCES	7	hatas		
		1	mally					_ ^	bater Typ		
Location	n of	Used S	Solely by	2722	Description	on of	15 2 1 1	-	. 76		
Asbestos-Containing		Mainte	enance/			Material (ACM)	Amount			m	
TO BE AB			todial	(i.e.	, thermal system		(Specify	22	ъ	20	E
IN Facil	ity		aff? 12)		surfacing, V		SF or LF)	Remova	Repair	aps.	00
(13)		-	/	4	duter mascon	aricus)		Wal	15	Encapsulate	Enclosure
		Yes	No NIA					1		9	
0	0		-		0,		157-11	-	-		-
Boiler	KOOM		X		Pipe_	moul	180CE	X			
			X	1 3	01/63	Insul	42415F	X			
BELLIND	<1.		1>	+	Pize		120 LF	1			
111111111111111111111111111111111111111	-3100		1/	 	1			12	_		-
Name of Registered W	^			Waste	Cubic Yards	Name of Re	gistered Landfill			171	
Enstar	- () orto		Hauter	D No.	of Waste	Ince	now lan	Q (. '	V		
			1/61		Disposal Dat			~ Z.			
City, State	0.1	24X 1 8			S. 1	. 121	. 00.	A			
- Thee ho	10)	- 103 m/ds				_7_m	erick t	\overline{J}			
Completed By	Title	3		لم ا	Signatur	re	Date	77	81	10	
many 6	nuce -	YAR	sul	^		(1)		//	0/	12	_
								7	-		

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

Date of Notification (1) July 31, 2012				Name o	f Building	Owner/C	Operator (2	ealianaug -			-200				
The state of the s						nt Board	d of Edu	cation UG -	9 P	HESK #	9487	0			
Agencies Notified X EPA	Type Notification	1		Street A 2100 F	ddress Panthei	Path	,	ASBESTI	SIC	NTRO	Bu			9200	
DEP × DOL	Amended Amendmen				ite, Zip C Pleasar	ode nt, NJ 0	8742	456ESTU & LIC	ENS	ING					
DOH DCA	Emergency justification Cancellation)			f Contact				1	elephone l	Numbe	er_		-	
						ORMATI	ON		-				-		
Name of Facility Where A Point Pleasant Boro			3)					Type of Facility School (K	1 200						
Street Address 2100 Panther Path			1					Subchapte Other (i.e. etc.)	er 8 (O			uild	lings	, hom	es,
City (5) Point Pleasant							11 (1995)	Square Feet 24,000	3	of Floors		BI 7:	dg. A	Age	
County (6) Ocean			**	County (Code (7) USE ONL	n		Current Use (P High School		eing demo	lished)			
Name of Monitoring Firm Environmental Design		Owner (8)		ASCM	1 No.			Abatement Co Environme							
Street Address 5434 King Avenue							Street A								
City, State, Zip Code Pennsauken, NJ 08	109						City, Sta	te, Zip Code Shade, NJ	W. C. W. C.	2					
Project Manager for Monit		-		Telephor		,	Telephor			License					
Start Date (10)		Schedule		npletion [Vanesussan	Name of	OSHA Monito	-	00842			-		
Aug 1, 2012		Aug 3,		: 			EMSL								11-
Occupancy Status During		90, 36, 53	250				Street Ad	ddress addon Ave							
Facility Closed/Vaca Abatement Performe Other – Describe:	ted During Entire ed Outside of Norr	Period of A	Abaten Hours	nent S			City, Sta	te, Zip Code	oranı	00100					
Scope of Work (Check All	That Apply)		e u novemb				vvesui	ont, New J	ersey	00100					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тистрруу	AND DESCRIPTION OF THE PERSON	enova emolit				×	Full Containn Mini-Enclosus Glovebag Pro Non-Exempte	e cedure	Wrap	N Cu	ıt			
A CONTRACTOR		-				-		Non-Exemple	u()a	nu Non-Fi	lable P		1000	emen	-
Location	o.f		Locati Iormal									i	Ту		
Asbestos-Containing M TO BE ABA In Facility (13)	Material (ACM) TED	Use Mai	d Sole intenal odial S (12)	ly by nce/		tos Conta thermal: surfac	scription of aining Mat systems ir sing, VAT, siscellaned	erial (ACM) sulation, or		Amount (Specify F or LF)	Kemova		Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	roi
Telephone (XXX	Pipe	e with A	sbestos	Fittings		12 LF	xx	x			
Weight Ro	oom			XXX			sbestos			48LF	xx	x			
					No		above p					-	_		
Name of Registered Waste	a Havia	1 1	- 1 50	JDEP Wa			Asbesto		<u> </u>		-				
Freehold Cartage	e naulei		Н	auler ID f 2253		of Was		Grows		ered Land fill	TIII				
City, State Mount Holly, New Jer	sey 08060	1 1 1 1 1 1 1				Disposa	al Date t 1, 201	City, Star 2 Tullyton		Α.					
Completed by William Lynch		Title Owne	r			Sig	gnature	7	In.	TI	Date July 3	31,	201	2	
						46	1.1.		111:	-					

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Print Porm

July 31, 201?		-	T	Name of B		Owner/O	poratélit	1	100	30 [CHECK	01	DA 4070	4		1	3
Agencies Notified	Type Notification			Street Add	1000	Dath	61	ME	51	75 C	ig NG	UL	n12	7		1	
EPA DEP	Initial Amonded		ŀ	City, State	ZIPC	ode	•			L-AV	-3/M	√	\	1	<u> </u>		
DOF	Amendment Emergency			Point Pl	1	7.5	3742				Defended.	W .		. 7			E I
DCV:	Justification) Cancellation		1	Denise	100		7		NA	(IVE	il Miching	ILS PA	OI ME CI	\ /	-1	1 1	
Name of Facility Where			اا 	FACILI	YY INF	ORMATI(([En. 743	<u> </u>	7					_
Point Pleasant Bord)				¥			(K-12)			Tales Legitor		niin tara	r-r: ta e	
Street Address 2100 Panther Path								S	uhrha	B retq	(Other the			ildi	ngs.	nome	16.
City (5) Point Pleasant							1	24.00	0		3 or Floo	2000		81c 75	dg. A	gə	_
County (6) Ocean		1004-010		County Or	FONL	0	-	High	Scho	loc	If being do	molt	shad)				
Name of Monitoring Firm Environmental Desi		Owner (8)		ASCM	9		Street A	Env	ironn				_				
Stroot Address 5434 King Avenue City, State, Zip Code							47 S. I	_lppl:	ncott							_	
Pennszuken, NJ 08 Project Manager for Mon			-	Telephone	No.		Maple	Shar	de, N			nse	No	_			
Tom Pruno	and the state of t			609-74		2	856-7	55-00	99		008	342			-		
Start Date (10) Aug 1, 2012		Aug 3,		mpletion D	ate (11)		Name of EMSL	OSH	A Mar	iitor							
5 51 5					1		-	NAME OF TAXABLE PARTY.	-								
	g Abatement (Che						Street A			c:		-					
Facility Closed/Vect Attabament Perform Other - Doscribs	ated During Entire	Period of A	Spalai	2 Licial			107 H	addo le. Zir	n Av	3	sey 08	108					
Facility Closed/Vice Attabament Perform Other - Doscribe Scope of Work (Check A	ated During Entire ed Outside of Norr	Period of / nat Facility	Spalai	stign stign	100 (Q)		107 H	eddo le. Zir non1. Full Mini	Code Nev Conta	v Jers	l with Nog	allve	N Cu	ıt,			
Facility Closed/Vac Attachment Perform Other - Describe Scope of Work (Check A	ated During Entire ed Outside of Norr	Period of / na) Facility	Abatei Hour Renev Xemeli	stigs			107 H	eddo le. Zir non1. Full Mini	Code Nev Conta	v Jers	l with Nog	allve	N Cu	roc	edu.	emen	
Facility Closed/Vac Attachment Perform Other - Describe Scope of Work (Check A	aled During Entire ed Outside of Norr II That Apply)	Period of / nat Facility	Abater Hour Renav Someli	stign lines		Dea	107 H	eddo le. Zir nont, Full Mini Glov Non	Containend	w Jers	with Nog Yune (Vi ON bna (ative ap n-Fri	N Cu	roc	edu.	ment pe	
Facility Closed/Vice Attabament Perform Other - Doceribe Scope of Work (Check A Scope of Work (Check A Store 3 if 2160 of or 2280 if	ated During Entire ed Outside of Norr II That Apply) of Material (ACM) AJEQ	Period of / na) Facility	Abater Hour Memory Memory Loce Normal d Solintens	stign dilcon took staff?	As bu	stos Conti thermal surfac	City, Sta Westr	Full Mini Glos Non	Containend	w Jers	l with Nog	allve ap n-Fri	N Cu	roc	edu.	ment pe	Γ
Facility Closed/Vice Atlantment Perform Other - Droughba Scope of Work (Check A Location Achados-Containing TO BE Adv	ated During Entire ed Outside of Norr II That Apply) of Material (ACM) AJEQ	Period of / na) Facility	Apateir Hour Manne Lece Normalis de Soluintenatodial	stign dion took the state of th	(1 6	stos Conti , thermal surfac other m	Or Harding Manager Man	Full Mini Glow Non fragulation or push	Contained Contai	w Jers	with Nog dure Wi) and No Amou (Speci SF cr.)	allve ap n-Fri fy F)	N Cu	rt roc	Abatt Ty	emen	Engolue
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06/17/2029 06:49 FAX

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Fax:

17/2029 06:49 FAX					ı un.			APPRONED Senior		11	1001)	t For		
ret .	NO		ATION O	of New Jerse F ASBESTOS NJAC 8:60 at	ABATE	MENT (lately. of	PPROVED Health & Senior (signature)	91					
Date of Notification (1) 07/27/12 Ck: 2190 \$200				uilding Owner/ rove Board			Date:		···	\dagger				
Agencies Notified Type Notification		S	treet Add	ress	-					t				
		20000000		pton Avenu	16					+		\dashv		
EPA Initial Initial Amended Amendment #				rove, New	Jersey	07009								
DOH justification Cancellation	cluding	518	ame of C Nario Ga	100 CONTROL 14				Telephone No	imper					
un.	Diam (9)		FACILI	TY INFORMA	TON	Tyme of	Facility (4	1		-				
Name of Facility Where Abatement is Taking Cedar Grove High School Street Address	F 20 (3)					I So	thool (K-12	!) 8 (Olher than K-	12)					
90 Rugby Road			y 1			et et	c.)	ivate & commer				5,		
City (5) Cedar Grove, New Jersey 07009						Square 20,00	Q	# of Floors	5	5+	Age 			
County (5) Essex			STATE US				i Use (Prio School	r if being demoli	nolished)					
Name of Monitoring Firm Hired by Building O AHERA Consultants Inc.	wner (8)		ASCM N	No.	18 17:10:00:00	e of Abate th Corpo	ment Con oration	tractor (\$)	actor (9)					
Street Address PO Box 385		,		74	Address McBrid	e Avenu	ę			C. 2011 - 2 - AV				
City, State, Zip Code Oceanville, New Jersey 08231		1.	F		State, ZIP odland I		w Jersey 074	124						
Project Manager for Monitoring Firm John Smoyer		100	Telephone			phone No. 3-225-84		Uiçense 01104	cense No. 1104					
Start Date (10)	Schedule 08/05/1	d Com					A Monitor nmental	Labs LLC						
Occupancy Status During Abatement (Check					Street	et Addres								
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Fri 4pm start , Sat &	al Escility	Hours	ent	- <u>- 27</u>	City.	State, Zi				-				
Scope of Work (Check All That Apply) ≥3 st or ≥3 lf ≥160 sf or ≥260 lf		enova emalit				Min Glo	i-Enclosure				lure			
	Is	Locati	ion				100011-00				atemen Type	t		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normal d Sole Intens todial S (12)	ely by nce/ Staff?	ŞI	mal syste ofacing,	g Material ms insula		Amount (Specify SF or LF)	Remova		Encapsulate	Endosuce		
	Yes	No	N/A							1	a	(0		
Ground Floor Hallway Ceiling		X				g(O&M)		8	X	H		+-		
E Wing Entrance Door Way		X		Pip	e Hittin	g(O&M)		2	1	+				
	V-2		N IDEA I	hata I c	obic Yard	(e	Name	r Registered Lar	dfill	П	1			
Name of Registered Waste Hauler Lilich Corporation		1	NJDEP W Hauler ID 18724	No. of	Waste		G.R.O	.W.S Landfill						
City, State Woodland Park, New Jersey 07424					sposal D 3/06/12		Morris	ite ville, Pennsy	Ivania					
Completed by Tatiana Kalenikova Title Vice President						ture	Jala	lean	Date 07/27	1112	2			

Jul 31 2012 08:32am P001/001

State of New Jersey NOT:FICATION OF ASBESTOS AT (Pursuant to NJAC 8:60 and)

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07/27/12 Ck: 2189 \$200		C	edar Grove	Owner/Operat Board of Ed	or (2) Ucation			-		-		
Agencies Notified Type Notificat	ion	Str	eet Address				%					
EPA Initial DEP Amenda			20 Pompton									
DOL Amendm		Cit	y, State, Zip Co	ode	Marchester -			-				
Emergen	cy (including	_ 0	dar Grove,	New Jersey	07009							
DCA justification Cancellat	on)		ne of Contact ario Gaita			Telephon	e Numbi	ег		-		
Name of Facility Where Abatement is Ta	king Place (3)	ACILITY INFO	DRMATION	T (87)			-	70			
Cedar Grove High School					Type of Facilit							
Street Address				-	School ()	(-12)	(01)					
90 Rugby Road					School () Subchap Other (i.e	er 8 (Other than	ian K-12) mmercial buildings, f					
City (5)					etc.)			DIEG (gs, no	1115		
Cedar Grove, New Jersey 07009	}				Square Feet 20,000	The state of the s	# of Floors Bid					
County (6)		Cou	nty Code (7)	10.00		55+	•					
Essex		(STA	TE USE ONLY)		Current Use (Prior if being demolished) High School							
Name of Monitoring Firm Hired by Buildin	g Owner (8)	į A	SCM No.	Name	of Abatement C							
AHERA Consultants Inc.				Lilia	Corporation	ontractor (9)						
Street Address PO Box 385					Address					_		
					McBride Aver	iue						
City, State, Zip Code Oceanville, New Jersey 08231					state, Zip Code			_		_		
				Woo	dland Park, N	ew Jersey 07	7424					
Project Manager for Monitoring Firm John Smoyer		Teler	phone No.	Telept	none No.	Licens		4		_		
Start Date (10)	-		-652-1833		225-8400	0110						
07/31/12	08/04/1;	Completi	on Date (11)	Name	of OSHA Monitor	. — —		-		_		
Occupancy Status During Abatement (Cha	00/04/1/	-		J&S	Environmenta	I Labs LLC						
					Address			+				
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of Ab	atement			Route 22 We	st						
Other - Describe: 4pm-12am	mar racinty r	10015	www.asaa.asaa.asaa.asa	City, Si	tate, Zip Gode			-		-		
Scope of Work (Check All That Apply)				- Unios	n, New Jersey	07083						
								~				
3 ≥3 sf or ≥3 lf	F			F								
23 sf or ≥3 if ≥160 sf or ≥260 if		novation nolition		×	Full Containm	ent with Negativ	re Pressi	nte.				
		novation molition		×	MULTI-ELICIOSUS	P	re Pressi	nte				
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₫ ≥160 sf or ≥260 lf	Dei	molition cation	T	×	Glovebag Pro	P		ocedu Aba	temen	-		
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State of New Jersey CHESION CONTRACTOR AND ADDRESS OF THE PARTY (Pursuant to NJAC 8:50 and 12:120) Marks of England Contactor (2) Date of Notification (1) 2012 AUG -9 PM 12: 50 Sheet Address Type Nothisation MACITIC Agency Notified Marine -City. State, Zip Cotie ASBESTOS CONTROL Q EPA And ded Wildeland Telephone Hornist SING Penanderson2 O Engency (reducing Name of Cordett DECT i consolation DOH FACILITY DEFORMATION DOCA Type of Facility (4) Name of Family Where Abahament is Taking Place (5) U School (K-12) O Salchapter 6 (Other than K-12) Other (i.e. private & commercial buildings. Street Address fromes ofc) Sof Flants BENG_AGO Soumm Fest Un for arrower City (5) Current Vice (Prior & being domotioned) County Gods (7) (STATE USE County (6) Name of Alexander's Contractor (5) ASCH No. Name of Mandering Firm Hired by Building Charge HAM VOE LLC Burlingter Ave (8) 1212 Street Address City, State, Zip Gods NJ 08075 DETANCO City, State, Zip Gods Telephona No. Telephone No. 01070 856 8240971 Project Manager for Monitoring Form Name of OSHA Monitor Scheduled Completion Date (11): ". Start Date (10)-409, 304,2012 Street Address Occupancy Status Guing Abstractat (Charle only one) Fairly Glosed Vecated During Entire Period of Abstances,
 Anatament Parliamed Outside of Housel Facility House Gay, State, Zip Gode Other-Describe; * - O Pul Containment with Regalitre Presente Scope of Missis (Check all their apply) C Mini-Enclosure G Demoliion C Glovaling Procedure O Hon-Ecompied () and Non-Filable Proceedings U≥3566≥3# Abathment D 2 160 sf or 2 250 f Type is Location Normally Description of Encapeulate Enclosina Amount Asbestos Containing Elaterici (ACIA) Lised Solely by Location of (Specify Go, themal systems insulation, Asbestos-Containing Material (ACM) Maintenancel SFORLE Castadiai amisches, VAT, & TO BE ABATED Stall? officer entropication (12) IN Feeling (12) (CE) NIA N/A Yes Ins L #127 April ed Lumbil Name of Fig Custo Yerds of MADEP What's Hauler Harno of Registered Waste Hatter What 150 Min. Cay, State Disposal Data City, State jallerdien-Dalo Skinnius Title . Complaint by The not use this form for apprecias learnance communical activities. ABB-41

No check

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

Date of Notification (1)			Name	of Building	Owne	r/Operator (2) KELEI	V E. U						
07 / 20 /	12		Imn	naculate I	Heart	of Mary a	nd Saint Patricl	k Parish						
Agencies Notified Type Notific	ation	***	Street	Address			2012 AUG -9	PM 12: 27					7	
⊠ EPA ⊠ Initial			211	Court St	reet			*						
□ DEP □ Amende			City, S	State, Zip C	ode	6	BESTOS	CONTROL				201-211-1		
☐ DCA (NJAC 5:16) Amendm ☐ DHSS ☐ Emerger	ncy (including		Eliz	abeth, N.	J 072		& LICEN	ISING						
☑ DCA justificat	ion)		Name	of Contact				Telephone N	umber				.00	
(NJAC 5:23-8)	ition		Ton	n Mc Cue										
			FAC	CILITY IN	FORM	MATION								
Name of Facility Where Abatement is	Taking Place	(3)					Type of Facility ((4)						
Saint Patrick High School Bui	lding						School (K-12							
Street Address	-						Subchapter 8	8 (Other than K-12) rivate & commercial buildings,						
227 Court Street							homes, etc.)							
City (5)							Square Feet	# of Floors			g. Ag	е		
Elizabeth, NJ 07206							40,000	3			0+			
County (6)			Cour	ity Code (7))(STATE	USE ONLY)	Current Use (Pri	or if being dem	nolished)				
Union							School							
Name of Monitoring Firm Hired by Bui		8)	ASCM		225		ent Contractor (9)							
Omega Environmental Service	es		0012	20		gmor, Inc.								
Street Address					-	t Address	-d							
280 Huyler Street					Secretary States		reet, 3 rd floor							
City, State, Zip Code						State, Zip C								
South Hackensak, NJ 07606						w York, N	Y 10013							
Project Manager for Monitoring Firm			ephone			hone No.	T (4)	License No).					
Adel Guerrero				9-8700		12) 431-069		01150						
	Scheduled C				- Walter	e of OSHA N								
08 / 01 / 12	08 /	- were	4 / _	12_		ISL Analyt	ucai							
Occupancy Status During Abatement					-	et Address								
☐ Facility Closed/Vacated During En	tire Period of	Abate	ment	aribo		7 Haddon								
Abatement Performed Outside of I Time of Abatement: 7:00 AM-	PM/4:0	00 PN	/	_AM		State, Zip C estmont, N								
Scope of Work (Check all that apply)														
>3 sf or ≥3 lf	Пве	novat	tion			Mini-End	itainment with Neg closure	jative Pressure	B					
☐ ≥160 sf or ≥260 lf	☐ De					☐ Gloveba	a Procedure	- Frieble Dese	a dura					
			Man.	1		∐ Non-Exe	empted (*) and No	n-Friable Proc		Δh	atem	ent T	vne	
		Loca Vorma				Description of	of						Т	
Location of Asbestos-Containing Material (AC	NA) Use	d Sol	ely by	-Asbes			aterial (ACM)	Amount		Removal	Repair	Encapsulate	Enclosure	
TO BE ABATED	ivia		ance/ Staff?	(i.e., the	rmal s		ation, surfacing,	(Specify SF or LF)	,	YOU	23	aps	losu	
IN Facility (13)		(12)			othe	 VAT, or er miscellane 	eous)	SI OILI,	,	<u>m</u>		ulat	e	
	Yes	No	N/A									(D	_	
Boiler Room				Boiler E	3reac	hing		120 SF		\boxtimes			Ш	
Boiler Room				TSI			Manager 1	50 LF		X.				
Boiler Room				Gaskets	s/pac	king		20 SF						
							- 110.4							
Name of Registered Waste Hauler	11.	1 100	NJDEP Hauler I	Charles and Charles	Cubic	c Yards of	Name of Regis		- 5					
Global Waste Industries	나를 하다면 하다는 사용을 입니다는 사람들이라면 사람들이 되어야 하는 이번 사람들이 되었다. 이번 사람들이 사람들이 되었다. 그는						Minerva E	nterprises, L	LC					
City, State	City, State					osal Date	City, State				000			
Kackettstown, NJ 07840			artico de	TB	D	Waynesbu	rg, Ohio 44	688						
Completed By (Print or Type)	Title			77.7		Signature			Date	1	, ·		-	
Teresa Borowiec	Manag	er/Desigr	ner	7.B	growie		7/	20	/12					



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

RECEIVED

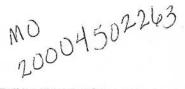
Date of Notification (Name of Building Owner/Operator (2) Voorhees Township											304					
2/8/12				Voorhe	es Lownsi	nip		20	19 8110		חנות						
Agencies Notified XEPA	Type Notification			Street A 20 Voor	Address hees Road	d	100		12 AUG								
XDEP	Amended				ate, Zip Co	de		- F	9 I	103 (CONT	ROL					
X DOL	Amendment # Emergency		-	Voorhe	es N.J				či L	ICEN	SING						
X DOH	justification)	including	- 1		of Contact					Те	ephone	Num	ber				
DCA	Cancellation		- -	Larry S	pellman					100							
				FAC	ILITY INF	ORMA	TION										
name of Facility Where Former Cherry F		Place (3)						Sc	Facility hool (K-	12)							
Street Address 400 Sycamore Ave				27	3 14				bchapte her (i.e. c.)					dings,	home	es,	
City (5) Voorhees Township		and the second second						Square Feet # of Floors Bldg. Age 25000 2 35						\ge			
County (6) Camden					Code (7) USE ONLY)		Current Use (Prior if being demolished) Wharehouse									
Name of Monitoring Fin Manage & Consulting		Owner (8)		ASCI	M No.			of Abate Enterpris		ntractor	(9)						
Street Address PO Box 341			- deadles		100000000000000000000000000000000000000	Address eers St											
City, State, Zip Code Chesterfield N.J. 0851	City, State, Zip Code							State, Zip									
Project Manager for Mo William Weisgarber	Project Manager for Monitoring Firm						Telepi	hone No. 39-1200			Licens 01095			este sec			
Start Date (10) 8/20/12		Scheduled 8/29/12		609-743				of OSHA	Monitor								
Occupancy Status Dur							Street	Address									
Abatement Perfor	acated During Entire F med Outside of Norm _non friable removal	al Facility H					City, S	State, Zip	Code		1						
Scope of Work (Check	All That Apply)	-											_				
≥3 sf or ≥3 lf		Ren	nova	ovation Full Containment w						nent with	Negativ	egative Pressure					
x ≥160 sf or ≥260 lf		x Der		olition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and													
		le I	ocat	ion			4 =							Abatement			
Locati	ion of	Norm	ally l	Jsed		1	Description	escription of						Ty	/pe		
Asbestos-Containi TO BE A In Fa	ng Material (ACM) BATED	Main Custo	tena dial S	Asbestos Containing N (i.e. thermal system) surfacing, VA						(;	mount Specify F or LF)		Ren	Re	Enca	Encl	
(1;			(12) No	N/A			r miscella				OI LI)		Removal	Repair	Encapsulate	Enclosure	
2 nd Floor				х	Debris					20 cy			х				
													_				
test.		1		-			100			4-	7-c		+				
Name of Registered W Atlantic Carting Inc	of Registered Waste Hauler c Carting Inc					111111111111111111111111111111111111111	ic Yards /aste		Name of				2335	Apple	butte	r Rdl	
City, State 1141 Rt 23 Wayne N.J	. 07470				21 14 2 P	Disp 8/29	oosal Date 9/12		City, Sta Bethlehe		10815						
Completed by Scott Rubin		Title Project r	nana	iger			Signature	е				Date 8/6/		- 100mm			
						1771											

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

Dona.		1000000	
1 (E Ch	ZMACH	- PC7	7
C-1	CUCH	-001	1

Date of Notification (1) 7–31–12			Name o	f Building cack V	Owner/C alley	perator Heal	(2) t a 0	Evatien.	·9LIA	MII	in	0				
Agencies Notified	Type Notification			Street A	ddress Old H				BESTO						1.0	
EX EPA DEP EX DOL EX DOH	☐ Initial ☐ Amended Amendment ☑ Emergency (justification)			West Name o	ate, Zip Co twood, f Contact	NJ	07675		& LIC	ENS!	NG	OL e Num	nber			
□ DCA -	☐ Cancellation		100	100000000000000000000000000000000000000	e Hild						25153	-		4.		
A1 55 111 100	A	DI /	2)	FACI	LITY INF	ORMATI	ON	T	- f F 111h .	7.43						
Name of Facility Where		g Place (3)					туре	of Facility	(4)						
Pascack Valley Street Address 250 Old Hook I			*						School (K- Subchapte Other (i.e. etc.)	r 8 (Oth				dings	hom	es,
City (5) Westwood									re Feet	# 0	f Floor	'S	B 6	ldg. /	ge S.	
County (6)				County	Code (7)			Curre	nt Use (Pr	ior if bei	or if being demolished)					
Bergen					USE ONLY)			pital							
Name of Monitoring Firm	Hired by Building (Owner (8))	ASCN	1 No.	100	Name	of Aba	tement Co	ntractor	(9)		7			
Pennoni Assoc	iates, Inc.						Ply	mout	h Envi	ronm	enta	al C	0	Inc		
Street Address		-		_		Street										
515 Grove Str	eet					923	Haw	s Aver	ue							
City, State, Zip Code Haddon Height	s, NJ 0803				-11-6-			ip Code Own, F	A 19	401						
Project Manager for Mon	itoring Firm		Telepho	ne No.		Teleph			7 1	Lice	nse No).				
Alan Lloyd	Alan Lloyd						610	-239	-9920			003	98			
Start Date (10) 8–1–12	- 12	Schedul 8-2-		mpletion I	Date (11)		Name Plyn	of OSI nout	HA Monitor h Envi	ronme	enta	l Co	o.,]	nc.	X E	
Occupancy Status During				2000-200 6 0			Street 923		s Aven	ue				15		
☐ Facility Closed/Vaca X Abatement Perform Other – Describe:	ed Outside of Norm	eriod of / al Facility	Abatei / Hour	ment s				tate, Zip Code ristown, PA 19401								
Scope of Work (Check A	I That Apply						NOI.	rist	OWII, PA	1940	J I		-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	т тас дрруу	DX F	Renov Demol	The state of the s				Mir Glo	I Containm ni-Enclosur ovebag Pro n-Exempte	e cedure	13				e	
			Loca			eter di Barriori	.,								ement pe	t
Location Asbestos-Containing <u>TO BE ABA</u> In Facili (13)	Material (ACM)	Use Ma	intena	ely by ance/ Staff?		tos Conta thermal surfac		aterial insula T, or		(8	mount Specify or LF	,	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							110				e e	
basement			х			r til				40			X			
1st floor			x		floo	r til	e & n	nast	ic	50	SF		х			
			1115						1 1 1				-			
10		1-11		LIDEDIA	3.2	Lotin	Vessle		N	D = -1-1-		- 460				
Name of Registered Was Newark Carting			1000	NJDEP W Hauler ID 4509		of Was			Name of IESI		ied La	snam				
City, State Newark, NJ						Dispos 8-2-	al Date -12		City, Stat Beth		n, P	A			400	
Completed by James M. Kelly	7	Title Pro	ojec	t Mana	ager	Si	ignature /////	10)				Date 7-3	e - 81–1	2	ĪĪ	
ASB-41 (R-06-08)		B-342				1	* Do no	t use t	his form for	asbest	os lice	nsure	exem	pted	activi	ties.

Date of Nctilication (1) 7–31–12			Name of Pasc	Building (Owner/Op alley	Heal	ith System	GIR AMII	- 1010 - 1010							
Agencies Notification		1	Street Ac 250	old H	ook Ro	oad	ASBE	Town /	AUL	-]						
Z EPA		_		ta, Zip Co wood,		7675	IAIA	170	PRO) V	ED					
CX DOH justification) CI DCA . Cancellation	inoluding		Gerro	Comac Hild			· · · · · · · · · · · · · · · · · · ·	Telephoni Number								
Name of Facility Where Abatement is Taking	Plece (3))	FACIL	LITY INFO	DRMATIC	N_	Type of Facility	(4)				-				
Pascack Valley Hospital					-		☐ School (K- ☐ Subchapte ☐ Other (i.e.	12) r 8 (Other then K-1; private & commerci	Z) al build	ings.	hom	61				
250 Old Hook Road		_			-	-	Square Fest # of Floors Bidg. Age 65yrs.									
Westwood			County C	nde (7)			Current Use (Prior If being demolished)					-				
County (6) Bargen			(STATE L	ISE ONLY)			hospital									
vame of Monitoring Firm Whited by Building (Pennoni Associates, Inc.			ASCM	i No		Ply	mouth Envi	Abatement Contractor (9) Pouth Environmental Co., Inc.								
StroutAddrasa 515 Grove Street				-			Address 3 Haws Avenue									
Tity State Zip Code Heddon Heights, NJ 0803						ristown, I										
Cject Manager for Monitoring Firm Alan Lloyd		Telephor 356-54	na No. 47–050)5	610	none No. 1–239–9920	License N 003									
Sian Data (10) 8–1–12	Schedule 8-2-		noletion (Date (11)		Name	of OSHA Monitor mouth Envi	ronmental C	0.,1	nc.						
Docupancy Status During Abatement (Chec							Address Aver	iue								
Footilty Closed/Vaceted During Entire F Abatement Performed Outside of Norm Other – Describe:	enod of A	Hours	I COV		_ [City, S Nor	date, Zip Code ristown, PA	19401								
Scope of Work (Check All That Apply) 3. >3 of or 23 if 2. >3 of or 23 or 12		filome	ion				Mini-Englosur Slovehad Pro		in Pro	codur Abate	emen					
Location of	N	Locari	ly .			cription			-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pe	T				
Anhestos-Containing Material (ACN.) 1:0 8E ABAYED In Facility (13)	Mai	d Solo intenai odkil S (12)	nce/	sedeA a I)	thermal s	ystem ing. VA		Amount (Specify SF ar LF)	Removal	Repair	Ercapsulate					
	Yes	No	N/A		1.11			40 SF	1x	1111		1				
basement	1	x					mastic mastic	50 SF	X			1				
1st floor		<u> </u>						7.10			-	1				
				-:-				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1			1				
Nemact Registered Waste Hauter Newark Catting			NOEP Waller ID 4509	No.	of Was	te	IESI	HAVE THE REPORT OF		00 di 00 27 di						
City State Newark, NJ		-Certa			8-2-	12	Betr	lehem, PA			\$100 100 100 100					
Completed by	Title	-			1 5	gnøjure	a ///	D:	416	2						



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

RECEIVED

Date of Notification (1) 7/31/2012					Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals, L.B. Street Address										
Agencies Notified		Notification	Type		Street Address US Route 130	2	ZUIZ HUU	, -)	ALI IO	- 1 1					
() EPA () DEP (X) DOL (X) DOH		(X) Initial N () Amended () Cancelle	Certificatio	n	City, State, Zip Westville, NJ 0		45855° & L	ros (ICEN							
() DCA					Name of Conta Kere Miller	act		Tel. No	umber	7					
***				FACILITY IN	FORMATION			-0							
Name of Facility Where Ab Sunoco Partners Marketin	patement is T ig & Terminal	aking Place (i ls, L.P.	3)		Type of Facility () School (K- () Subchapte (X) Other (i.e.	12) r 8 (other th	an K-12)	as hon	nes etc	•					
Street Address US Route 130 & I-295					Sq. Feet N/A # of Floors N/A										
City (5) Westville	County (6) Gloucester		County C (State Us		Bldg. Age N/A (Outside piping) Current Use (prior if being demolished) Oil Refinery										
Name of Monitoring Firm I	lired by Bldg	. Owner (8)	ASCM No	<u>).</u>	Current Ose (p	mor ii being	Name of Co	ntractor	(9)	S 4	^	-			
KA Industrial services, LLC Street Address)			Street Address		Kenny Atlan	tic Indus	striai Se	rvices LL						
26 Colonial Ave City, State, Zip				800 Billingspor	Code		-	-							
Woodbury Nj 08096					Paulsboro, NJ										
Project Manager for Monit Scott Dechant	ect Manager for Monitoring Firm Telephone Number						<u>Telephone Number</u> 856-224-4392 <u>License Number</u> 00857								
Scheduled Start Date (10) 8/13/2012		Scheduled 8/31/2012		Date (11)	Name of OSH Same	A Monitor									
Occupancy Status During () Facility Closed/Vacated () Abatement Performed	During Entir	re Period of A	batement		Street Address										
(X) Other – Describe – Exareas of tank farm, no other	terior abatem	ent/renovation		stricted work	City, State, Zip Code										
Source of Work (Check all			*												
() Demolition (X) Renov (X) Large Proj. (>160 SF () Full Containment ()	or >260 LF A	CM) () SM Pr	oj. (>25<16 lovebag Pro	0 SF or >10 <26	0 LF ACM) ()	Minor Proj	. (<25 SF or <	10 LF A	.CM)						
Location of Asbestos- Containing Material (ACM	ls Loca) in Solely	ation Normally by Maint./Cu	y Used	Description of thermal system	ems insulation,										
Facility (13)	Staff? _YES	NO	NA	surfacing, VAT miscell.)		(Estimate			Rem.	Rep.	Encap	Enclose			
Tank Farm		X		TSI on Outside	Piping	1200 LF			X						
The second decreases				The state of the s				Maria	-60	1 4611					
Name of Reg. Waste Hau Waste Management, Inc.	<u>ler</u>	NJDEP Wa 17273	ste Hauler I	<u>D#</u>	Cubic Yards o 60 (estimated)					<u>Landfill</u> ounty Lar	ndfill	* -			
City, State South Harrison, NJ							Disp. Date Various			City, Stat South Ha		NJ			
Completed by (Print or Ty	77 (15) (17)	Signature	1 1122		Date			-11-21							
ANDREW GREEN MANAGER - KAIS					Site Operations Supervisor 7/31/2012										
					7										

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

401 E. State St., PO 414 Trenton, NJ 08625-0414 Telephone 609-984-6620

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