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

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	RE	CFIL	Designed	791	65
2015		ARIPRO	DATE:	$\overline{}$	

Date of Notification (1)		1 k(ana	of Duilding A	wnsr/Operator	(2)	TAPACIÓN AGAIL	with 2 Comin	· Court	202	-	000	
8-21-12	2		VRLSE		(4) A:	MARIN SUHE	THE	A DOLL	562			
Agencies Notified Type Notifi		Street	Address	4,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		4-0/10 1	forstrannol	1:000				
☐ EPA ☐ Initial		8	MILL	LANE		Code (SP)	NG THE	1	deng	-		
☐ DEP ☐ Amen ☐ Amen ☐ DOL ☐ Amen			tate, Zip Coo		n1 1		11 6	A				
D. Emerg	ndment# gency (including	DK	ANY.	4BURB	1/1/1	0887	enhane Num	-	-	<del></del>		
	cation)	III/A)	of Contact	KARLS	EN	s 129	ensuser thir	LINK!				
L John Li Callo	na Vice	FAC	WILLY INFO	RMATION	017							
Name of Facility Where Absternant is	Taking Place (3)		(California and California and Calif		Type of	Facility (4)	1.00////			30010		
KARIGEN						hoot (K-12)						
Street Address					I Sul	ochepter 8 (Othe ner (I.e. private 8	trithan K-12) Loommercia	buildir	ngs, h	omes	5,	
8 MILL LANE						c.)	if Floors		dg, Ag			
BRANCHEURU						00			62	,a 		
County (6)		County	Code (7)		Current	Use (Prior If bei	ng demolishe	<u></u>			-	
SOMERSET			EUSE ONLY)		3	IDENTI/	Control of the contro					
Name of Monitoring Firm Hired by Ba	uilding Owner (8)	AS	CM No.		e of Abate	ment Contractor acting Inc						
Circuit Address			AND INCOME.	-								
Street Address					at Address Lowell Ro							
City. State, Zip Code	A STATE OF THE STA		-	City	State, Zip	Code						
				Gle	n Rock, N	J 07452						
Project Manager for Monitoring Firm		Tels	ephone No.		chane No. 1-262-584		License No 00158					
Start Date (10) 8.21.12	Scheduled	Completio	n 23(11)	Nam Or	e of OSH nega Env	A Monitor fronmental Servi	ces Inc.					
Occupancy Status During Abateme		-			et Address							
E Facility Closed/Vacated During	Enfire Period of Aba			280	Huyer St	reet						
Abstement Performed Outside     Other - Describe:	or Normal Facility Ho	urs			State, Zig Kensa <b>ck,</b>	1 Code NJ 07606						
Scope of Work (Check All That App	NV)										ntrocerbe	
73 ≥3 sf or ≥3 ff	Maria Maria	mestina			ix Fott €	Containment with	Negative Pr	2551IF				
/☐ ≥160 si or ≥260 lf		alition			Emile D	Endosure						
	,			,	□ Glove	ebag Procedure Exempted (*) att	d Non-Friabl	Proce	edure			
	{e1	estion				T	a character and a construction of the construc	T	Abab	emen	A.	
Location of	No	mally		Descripti	on of			-	T	pe		
Asbestos-Containing Material (A TO BE ABATED		Solely by enance/	Asbe	stos Containing a. thermal syste	g Material	(ACM)	Amount (Specify	7	_	EB	E	
In Facility		Sel Staff? (12)	41.6	surfacing, 1	VAT, or		SF or LF)	Панаств	Rapair	na e psul ete	Enclosure	
(13)			-	epiter miscel	ianeous)	New September 1		- E	-	i ahe	une une	
	Yes	No NV	3					1	-	-	-	
kytchen		X		tioor	ino	1.	40 SF	X	_		_	
	, Jan	and the same of th							1	L	1	
	and comments										Author	
								The same of the sa			-	
Name of Registered Waste Hauler		NJOEF	Waste ID No.	Cubic Yards of Waste	,	Name of Regis	tered Landfill			0514		
Rovic Transport	20785		OI MESSICE	1	ESI PA Bethle	zhem Landfill	Согр.					
City, State, Zip Code Riverdale, NJ 07457		W-W	Disposal Da		City, State, Zip Bethlehem, P							
Completed by												
R. McDonald	ŧ		1/2	Signature Parketta M-12 11 Date 8-21-12								

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

Job #: 1208-1669 Check #: 2707

Date of Notification (1)			Na	ame	e of E	Building	Owner / Operat	tor (2)	- 31	" has 1 W	Dave 1	3			
8/21/12 St. Pete Agencies Notified Type Notification Street Ad							Owner / Operation of the common of the commo	Church2012	Allo.						
Agencies Notified Type No	tification		Sti	ree	t Ado	Iress		-110112012	AUG 2	7 PM	in:	50		-	
⊠ EPA								& < 5		•	10.	38			
	nitial Imended					& Zip		30	5310	S COM	TO	21			
			O	cea	in C	ity, N.	J 08226		E LICE	NSIN	IM	JL.			
	mergency Cancellation					ontact				S CON NSIN	Te	lepho	one	Num	ber
			IAII	r. E	SIII E	ateso	on (Trustee, Pr	resident)							
N				FA	CILI	TY IN	FORMATION							-	
Name of Facility Where Aba	ement is Taking F	Place	(3)				Type of Fac								
St. Peter's United Metho Street Address	dist Church			_			School	350							
501 East Eighth Street							Subcha	apter 8 (Other t	than K-	12)					
So I Last Lightii Street							Other (i	i.e. private & c		ial buildi				etc.)	
City (5)	County (6)	10	20110	4. (	2-4-	(7)	Square Fee		loors			g. Ag			
J., (c)	County (o)	1	oun	ty (	Code	(7)	41,161	3			190	8, la:	st a	dditi	on
Ocean City	Cape May						Current Use	(Prior if being	domoli	abod)	197	3			
	,	- 1					Church	(i floi ii beilig	demon	sileu)					
Name of Monitoring Firm Hire	ed by Building Ow	ner (8	3)		AS	CM No		atement Contr	actor (0	\					
Horizon Environmental							Asbestos	and Mold Se	rvices	Corn					
Street Address							Street Addre	ess		, остр.					
PO Box 316							3859 Sylor								
City, State & Zip Code Thorofare, NJ 08086							City, State &	Zip Code							
						* Control	Hainespor	t, NJ 08036						-1563	
Dave or Steve Flanigan							2 0000								
Scheduled Start Date (10)	Scheduled Cor				The little was a second	1	609-702-0400   00862     Name of OSHA Monitor								
9/4/12	9/10/12	p.ot		Du	(11	,	EMSL Analytical								
Occupancy Status During Ab	atement (Check o	nly or	ne)				Street Addre								
Facility Closed/Vacat	ed During Entire F	erioc	of A	٩ba	teme	ent	107 Haddo								
Abatement Performed	d Outside of Norm	al Ho	urs				City, State &	Zip Code							
☐ Describe: ☐ Isolated Area							Westmont,	NJ 08108							
Scope of Work (Check all tha	t anni l														
ocope of work (Check all tha	і арріу)							□ <b>-</b>							
≥3 sf or ≥3 lf		$\square$	R	en	ovatio	on				ent with I	Nega	ative	Pre	ssure	3
≥160 sf ≥260 lf		Ħ			olitio				nclosure	e cedures					
								The second second		and No		iabla	Dro	004.	
Location of		ls	Loc	atio	on		Description			mount	11-11			ent T	
Asbestos-Contai			mall				Asbestos-Con	ntaining		Specify	+	/\Da	item		Ahe
Material (ACN <u>TO</u> BE ABATE			Solel		y e or		Material (A			or LF)				四	m
in Facility					taff?		(i.e., thermal s insulation, surface	systems				em	Repair	cap	ncle
(13)			(12				or other miscell	laneous)				Remova	pair	Encapsulate	Enclsoure
		Yes	No	0	N/A	1		,				-		ate	ดิ
1 <sup>st</sup> Floor					$\boxtimes$	Floo	r Tile & Mastic	;	700 S	F	+		П	П	
"Floor						Pipe	Insulation		110 L				H	H	H
Floor					Floo	r Tile & Mastic	:	468 S			X	Ħ	Ħ	Ħ	
3 <sup>rd</sup> Floor				]	$\boxtimes$	Ceili	ng Plaster		50 SF				Ħ	Ħ	H
		Ц	L	Ц	$\boxtimes$									Ħ	П
Name of Registered Waste Ha	laa		Ļ	1	$\boxtimes$										Ħ
Name of Registered Waste Ha	luler						Cubic Yards	Name of Reg	istered	Landfill					
Hauler ID No. 22612						of Waste	GROWS								
City, State						Disposal Date				14.		-			
Trenton, NJ						9/12/12	City, State Morrisville,	PΛ							
Completed By (Print or Type) Title							Signature /	worrisville,	r A		In	ot-			
Kim Trumbetti Admin					. (1	Skai V				100000	ate / <b>21</b> /	12			

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

2						E) pm pm	Mus			
Date of Notification (1) 8/22/2012			Name of Building		rator (2) Site Contractors,	Con	20	55	5	
	Notification		Street Address		ark Avenue	2012 AUG 2	200	1 10:	111	
[x] DOL Amer	nded Notifica ndment # gency (include	0000	City, State, Zip Co	de Lakew	ood, New Jersey (	MODESTUS 18701& LICE	CO NSI	HTR NG	OL.	
I A I DON	ication) ellation		Name of Contact Irving	Perlstein	T	elephone Number			(I)	
		FAC	CILITY INFORM	IATION			·			
Name of Facility Where Abatement is Taking Residence	g Place (3)				Type of Facility (4)  [ ]	School (k-12) Subchapter 8 (ot	her tha	nk-12)		
Street Address 357 Hope Chapel	Road				[x]	Other (i.e., priva homes, etc.)	te & co	mmerc	ial buil	dings,
City	County (6)	)	County Code (7) (STATE USE ONL	γ)	Square feet 1500 sf	# of Floors	Bldg	g. Age	50	
Lakewood	Ocean		(OTTILE COL OTTL	.,	Current Use (Prior if Residen	being demolished)			,,,	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No.	Name of	Abatement Contractor	(9)	T., .			725
N/A Street Address			The second second	Street A	ldress	n Contracting, oute 9, Unit 61	inc.			
City, State, Zip Code				City, Sta	te, Zip Code					<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
Project Manager for Monitoring Firm	Tel	ephone Number		Telephor	Toms R	iver, New Jers			271	
				732-34	9-9932	00624	umoer			
Scheduled Start Date (10) 9/04/12		neduled Comple 9/05/12	tion Date (11)			Analytical				ū
Occupancy Status During Abatement (Check  [ X ] Facility Closed/Vacate		tire Period of A	hatement	Street Ac		elton Road				
[ ] Abatement Performed				City, Sta	te, Zip Code					
Other – Describe	- 201-247				Piscatav	way, New Jerse		54		
Scope of Work (Check all that apply)				[ ]	Full Containment Mini-Enclosure	with Negative Pre	ssure			
[ ] >3 sf or ≥3 lf	1	] Renov	ation	[ ]	Glovebag Procedu	ıre				
[ x ] ≥160 sf or ≥260 lf	]	x ] Demol	ition	[x]	Non-Exempted (*	) and Non-Friable l	Procedi	ıre		
							Abat	ement	Туре	
Location of		Location nally used		Description oestos-Con		Amount	R	R	E	Е
Asbestos-Containing Material (ACM)		olely by		Aaterial (A		(Specify SF	E	E P	N C	N C
TO BE ABATED		ince/Custodial	(i.e	, thermal:	systems	or LF)	M O	Α	A	L
in facility (13)		Staff (12)	ins	ulation, sur VAT, o			v	I R	P S	OS
(13)		(12)	oth	er miscella			A		U	U
Ψ.	NO N/A			\$0.4000.000 \$19 <b>€</b> \$		L		L E	R E	
Exterior	X	ζ	Asbestos sidir	ıg		1300 sf	X			
		71								
					1.32	<u></u>				
Name of Registered Waste Hauler Guardian Contracting, Inc.	3	ards of Wast	T.R.R.F.	red Landfill						
City, State Toms River, New Jersey	sal Date 12	City, Sta	ate own, Penńsylvania							
Completed by (Print or Type) Nicholas Fernicola	⁄anager	Signature Date								

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

CK19

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

Date of Notification ( 8/21/12				Name o New Je	of Building Owner/ersey School Deve	Operator lopment	Authority			tes tage?		
Agencies Notified	Type Notification				Address State St. P.O. Bo	x 991		112 AUG 2				
XEPA XDEP XDOL	x Initial Amended Amendment Emergency		_	Trenton	ate, Zip Code N.J. 08625		f≥.		EMSIN	G	)L	
X DOH DCA	justification) Cancellation			Name of Jorge Al	of Contact fonso			Telephon	e Number			
				FAC	ILITY INFORMAT	ION						
name of Facility Where Warminster Building  Street Address	e Abatement is Taking	g Place (3	3)				Type of Facility (4 School (K-12 Subchapter 8	2) 8 (Other thai		م مانامان		
6400 Broadway  City (5)							X Other (i.e. pr etc.) Square Feet	# of Floor			Age	ies,
West New York N.J.							48000	4		50	ngc	
County (6) Hudson					Code (7) USE ONLY)		Current Use (Prio factory	r if being dei	molished)			
Name of Monitoring Fin Matrix New World	rm Hired by Building	Owner (8)	)	ASC	M No.		of Abatement Cont Enterprises Inc	ractor (9)				
Street Address 26 Columbia Turnpike							Address eers St					
City, State, Zip Code Florham Park N.J. 079	32						state, Zip Code rt N.J. 07735					
Project Manager for Me Eric Gibson	onitoring Firm			Telepho 973-204			none No. 39-1200	Lice 0109	nse No. 95			
Start Date (10) 9/1	0/12	Schedu 11/30/1		mpletion	Date (11)	Name n/a	of OSHA Monitor					
Occupancy Status Dur	ing Abatement (Chec	k Only O	ne)			Street	Address					
<ul><li>x Facility Closed/Va</li><li>Abatement Perfor</li><li>Other – Describe:</li></ul>	med Outside of Norm					City, S	tate, Zip Code					
Scope of Work (Check	All That Apply)											
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			Renova Demoli			Full Containment with Negative Pres Mini-Enclosure Glovebag Procedure x Non-Exempted (*) and Non-Friable I						
		1:	s Locat	tion						Ab	ateme	nt
Locati Asbestos-Containir			rmally Solely aintena	by	Asbestos Cor		Material (ACM)	Amoun	t	T	Туре	
TO BE A In Fac (13	cility	Cus	stodial (12)	Staff?	surfa	l system: acing, VA miscellar		(Specify SF or LF		Kepaii	Encapsulate	Enclosure
See Attached										<	+	-
										-		
Name of Registered Wa B Brothers Disposal	aste Hauler	<u> </u>	H	IJDEP W		Yards ste 100		legistered La	andfill			
City, State 174 Blanchard St Newa	0241	Dispo	sal Date 2	City, State WaynesBu				-				
			ignature	A	J	D-/-						
Completed by Scott Rubin		Title Projec	t mana	ager				Date 8/21	/12			

MATERIAL Block Insul	ASBESTOS	LOCATION(S)	QUANTITYU: 54	
DIOCK INSUI	40% Chry.	Throughout *30003	US CONTROL	
Aircell Insul	30-40% Chry	رة كا Throughout	LICENSING	
12" x 12" Cream Floor Tile	8-10% Chry	First Floor	6350 sf	
9" x 9" Green Floor Tile	8% Chry	Second Floor	60 sf	
9" x 9" Tan Floor Tile	3% Chry	Second Floor	150 sf	
Window Glazing	2-3% Chry	Throughout	1,700 sf	
Roof Parapet Sealant	20-30% Chry	Roof	4,000 sf	
Roof Membrane	2% Chry	Roof	29,000 sf	
Roof Flashing	30% Chry	Roof	500 sf	

(CODE: Chry - Chrysotile / Amos - Amosite / Trem - Tremolite / Croc - Crocidolite)

#### G 1.2 Lead Based Paint Survey

During the building in spection samples of paint were collected from representative painted substrates found on interior surfaces of the structure. The samples were delivered to EMSL Analytical, Inc. in Westmont, NJ for analysis by flame atomic absorption spectroscopy (AAS) to determine the lead content of the paint.

Following is a summary of the results of the analysis of the lead content of the paint films sampled from the stated representative substrates:

Green Wall Paint - 2.5% lead By Weight

Gray Wall Paint - 17% Lead By Weight

Blue Wall Paint - .55% Lead By Weight

The US Envi ronmental P rotection Agency (USEPA) and the US Department of Housing and Urban Development (US HUD) have defined a level of 1.0 milligram of lead per centimeter squared of paint film surface (1.0 mg/cm2) or 0.5 % lead by weight as being lead-based paint (LBP). This defined limit is used to evaluate the potential risk to human health in residential settings where the paint is in poor condition, or where renovation activities may cause disturbance of the paint that could result in human exposure.

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

Check # 8303

Date of Notification (1)	O = . :		Name	of Building Owr	er/Opérator (	116	LEIVED				
. 8-	23-15				nes	2019 00	with	- H. 2512		760	
Agencies Notified Type N	lotification		Street	Address 72		- ZUIZ AUG	27 PH 10: 50	)	74.	- 1	
	itial	100	City Ci	Signal State	Spr	indrom	1 Road	9 3 d			
XI DOL Ar	mended : mendment #		City, Si	tate, Zip Code	1 L	90231	US CONTROL	_	10	CV	10
	mergency (including stification)	9 -	Name (	of Contact	nrelb	used St	Telephone Nu	(	<u>J</u>	CC	14
/	ancellation			lames	Hori	ec. th	Leiephone Ng	mper			
Name of Facility Where Abateme	nt la Takina Di-	(0)	FAC	ILITY INFORM	ATION					-	_
Sign (						Type of Facility	(4)		37		
Street Address-Je terr	acty De	velli	179			☐ School (K	-12)	••			
35 Sp	ninstown	Do	ad			Other (i.e.	er 8 (Other than K-1) private & commerci	2) al bui	ildings	, hom	ies.
City (5)	icise Jeans	CC	<u>juq</u>			etc.) Square Feet	# of Floors				- C
Whitehous	se Statio	30	N	17		oquaio i ooi	7		Bldg	70	4
County (6)		(		Code (7)		Current Use (P	rior if being demolish	ned)	10	10	
Hun tera		1,000		USE ONLY) _				- 15			
Name of Monitoring Firm Hired by	Building Owner (8	)	ASC	M No	Name o	f Abatement Co					
Street Address	·			MA	Charle	2 6	chao le	9	िर		
RO. Box 3	333			•	Street A	address R	- 223	A			
City, State, Zip Code					City_Sta	ite, Zip Code	X 331				-
New Equat	NZ	083	53	13	Ne	WEO.	ent M	T (	08	5	33
Project Manager for Monturing Fin	rm	I		one No.	Telepho	ne No.	License N		-	9	96
Steve Schen	Ker			758-33	5609	753-3	365 (	36	3	96	4
Start Date (10) 9-5-12	Schedu	led Com	pletion	Date (11)	Name of	OSHA Monitor					_
Occupancy Status During Abatem	ent (Check Only O	ne)	)	12	Street A		boolege	62			
Facility Closed/Vacated Durin		50.00 OM			Street A	1 RA	233				
□ Abatement Performed Outside	le of Normal Facilit	y Hours	ant		City, Sta	te, Zip Code	. 00 .				
Other – Describe:		<del></del>			Ne		A+ MJ	0	AS	3	3
Scope of Work (Check All That Ap	ply)		•			37	P				_
≥3 sf or ≥3 lf		Renovati			78	Full Containm	nent with Negative P	ressu	re		
☐ ≥160 sf or ≥260 lf		Demolitic	on			Mini-Enclosur Glovebag Pro					
				т			d (*) and Non-Friab	e Pro	cedur	e	
		Locatio				•				ement	Į.
Location of Asbestos-Containing Material (	101	Normally ed Solely			Description o			-	Γ',	/pe	
TO BE ABATED	. IVIE	intenand todial St			ontaining Ma nal systems i		Amount (Specify	<sub>ZD</sub>	_	Enc	m
In Facility (13)	Cus	(12)	allf		rfacing, VAT, er miscellane		SF or LF)	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A	]	i miscenarie	ousj		val	<del>=</del>	ulate	ure
0 1		NU	IVA	0 .	1 .			_	_		_
Boiler Room	X			Card	board	TSI	32 SF	X			
					1						
ž											
Name of Registered Waste Hauler			DEP W		ic Yards	Name of	Registered Landfill		-		
EPC Tech.		na e	uler ID <b>70</b> 0		Vaste	Was	ste Mon	4	00	00	\$
City, State			4-6		osal Date	City, Stat	e	-	-	4	
NE NJ				9	-6-12		pisville		M	t	
Completed by	Title				Signature	/ 1	Dat	e			
Stw Schen Ken	Por	side	1		- Ju	7.7 K. L		2	12.	17	

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

Check # 8304

			10.55			HECE	111	-		
Date of Notification (1)	2	1		f Building Owner/Operato	~	0.44	1 6	1	,	
Agencies Notified Type Notification			Street A	ddress	Davis	2012 AUG 27	DM	10		
☐ EPA 🔀 Initial		Chillian In	1000 1000 1000	216	entar		+ 9	200		
DEP Amended Amendment #	ร์ลู้รับประเท		City, Sta	ite, Zip Code	ada a fari	VJ& LICEN	CON	ITO	01	
DOH Emergency (ir justification)	ncluding	_ N	Name of	Contact C	100,1	Telephone Num	nber	G	JL	
□ DCA □ Cancellation			Tom	Ward Con	triacton)					
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFORMATION	Type of Facility	(4)				
Single family		Je!	llin	٩	☐ School (K-					
Street Address	^			J	☐ Subchapte	r 8 (Other than K-1) private & commerci	2) at buil	dinas	h	
216 Centre	_ A	30		***	etc.)					38,
City (5) Delanco	NT		0		Square Feet	# of Floors		Bldg. A	ige Dt	_
County (6)	1 - 0			Code (7)	Current Use (Pr	or if being demolish	ned)	00	J (	
Name of Monitoring Firm Hife by Building O	wner (8)		ASCN	A No.	of Abstament Ca	atroptes (0)				
EPC Tech	wilei (o)		ASCI	V/A E	e of Abatement Co	entractor (9)		05		
Street Address				Stree	at Address	999	7	9 4		
City, State, Zip Code				Ciby	State, Zip Code	x 337				
New Equat No	7 0	8	53	3 N	h - =	est No	T (	08	5	33
Project Manager for to turing Firm		I	elepho		phone No.	License N		. 9	01	1
Steve Schenker Start Date (10)	Scheduled	Com	pletion	0 0 0000	9758-35 e of OSHA Monitor	(6)	90	3	79	
9-4-12	9-	8		2		boolege.	28			-
Occupancy Status During Abatement (Check	Only One)				et Address_	2004				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma			ent		O · Box State, Zip Code	33 r				
Other – Describe:					ew Esu	et NJ	0	AS	3	3
Scope of Work (Check All That Apply)					-34	P. 105				
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novati		2	Full Containm  Mini-Enclosur		ressu	ire		
2 150 51 01 2200 11	L Dei	monuc	JII		☐ Glovebag Pro	cedure		10		
	Ι			Γ	□ Non-Exempte	d (*) and Non-Friat	le Pro		e ement	
Location of	No	ocatio rmally	1	Description	on of				ре	
Asbestos-Containing Material (ACM)	Used Maint	Solely tenan		Asbestos Containing (i.e. thermal system	Material (ACM)	Amount (Specify	_ m		E	m
TO BE ABATED In Facility	Custo	dial St (12)	taff?	surfacing, V	/AT, or	SF or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	-			other miscell	aneous)		val	=	ulate	ше
		No	N/A	0 4 4 5			+			-
Basement (Boiler RM)	X			Candboard	rsi	20 SF	X	-	-	-
	-		-				+	-		
							+-	-	-	
Name of Registered Waste Hauler		I N.	DEP W	/aste   Cubic Yards	Name of	Registered Landfil	1_			
EPC Tech.			uler ID		1 Was	ste Mo		nea	1 GA	t
NE NS				Disposal Da	te City, Sta	pis ville	-	PA	}	
Completed by	Title		den	4 Signatu			ite	. 7	3_1	2
Stare Schenken	rice	200	JAC. I	1 2	utchei		).	a	- 1	-

Date 8-17-12

### State of New Jersey

	NO	) (Fun	CATIO Buant 1	n of ase to njac i	w Jersey ESTOS ABATEMI 8:60 and 12:120)		APPR	& Seb	or S	ervic	es
Date of Notification (1)		$\neg$	Name	of Buildin	g Owner/operator (	2012 AUG			82	RA	71
8-17-12 Agencies Notified   Type Notificent	on .	$\dashv$		Address	Township BOE						=
☐ EPA ☐ Initial		- 1		Route 6	01	A SHEST	S CUNTRO	L.			
DEP Amended  Amendmen	t#	ı		late, Zp C		OF LIL	ENSING	(1)			
1 XI Emergency	(including			man, NJ			Telephone Number			-	_
DOH justification			los	OI CUIRGO	•						<u> </u>
			FAC	CILITY INF	ORMATION						
Name of Facility Where Abatement is Ya Kay Building	king Place	(3)				Type of Facility School (K-1)	2)	_			
Street Address 100 Main Blvd East						Other (i.e., )		al build	lings,		
City (5) Skillman						Square Feet 15,000	# of Floors		dg, A	₫e	
County (6)		10000	I Com	nhr Code /	TO (STATE		rior If being demoli	- 1-			-
Somerset			USE	ONLY	7) (STATE		acility for Dem		Ţ.		25
Name of Monitoring Firm Hired by Buildi (8) Biggs Associates	ng Owner		ASCM I	Vo.	Name of Abatema Jadar Contract		")				
Street Address		<u>—ı</u>			Street Address						
11/2					22 Troy Lane						_
City, State; Zip Code n/a		:			City, State, Zip C Lincoln Park, 1						
Project Manager for Monitoring Firm 11/8		Tele n/a	ephone	No.	Telephone No. 973-706-7950		License No.				
	hedided C	-		en (11)	Name of OSHA N	fonitor	1 ====	===			
	31-12	Onthio	100100	( , , ,	Jadar Contracti						
Occupancy Status During Abatement (C	and the same	orie)			Street Address						_
Facility Closed/Vacated During Entire					22 Troy Lane						_
Abatement Performed Outside of Nor Mother - Describe: Scheduled for	mai Facili Demoliti	OD A LIDO	rs		City, State, Zip Co Lincoln Park, I						
Scope of Work (Check all that apply)					Linkson I sar, I					_	
23 sf or ≥3 lf 	Re	invoid Morni	lon on		Mini-End Gloveba	dosure g Procedure	egutive Pressure				
	le:	Locati	nn.		IX Non-Exe	impted (") and N	on-Friable Procedu	_	bate	merk	
	N	ormali	y		n				Tyr		3
Location of Asbestos -Containing Material (ACM)	Mal	i Sole ntener	ice/		Description of tos Containing Mate	erlei (ACM)	Amount		-	m	
TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify IN Facility Staff? surfacing, VAT, or SF or UF)										ča	15
(13)		(12)	<del></del>		other miscellaneo	us)		Removal	Repair	Encapsulate	Endosure
	Yes	No	N/A					1	Ŀ		L
Exterior			x	Roofing	Material		5,000 SF	_ X			
				(Entire R	oof will be disposed	as ACM)		_	_	_	L
			<u>  -                                   </u>					-	_	_	L
		L			CALLEY A	T Name of Street	istered Landfill	1_			L
Name of Registered Waste Hauler Yannuzzi & Sons			NJDEP 1929/		Cubic Yards of Waste	IESI	ascien rations				
City, State Hillehoewyah NY					Disposal Date	City, State Bethlehem	DA				

Title Secretary

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

166#VH1098

Date of Notification (1) 8-23-2012		1	Name of E		wner/Ope	rator (2)	2000 50.4 400 0 4000 4000		V 25- 23-				
8-23-2012 Agencies Notified Type Notification			Street Ad				2012 AUG	27	PM 10:	40			
Agencies Notified Type Notification				lfax Ave	9								
EPA Initial				e, Zip Coo			ASBES	105	CONTR	OL			
EPA Initial Amended Amendment	#	1000	Carlo and the same of the same	A STATE OF THE PARTY OF THE PAR	NJ 07204	4	& L	ICE	(SING	a			
l   Emergency			Name of					Tele	phone Nur	nber	2		
DOH justification)  Cancellation		100	David S										
DOA GARCEMAN			WE SPORT CONTRACTOR		RMATION	1							
Name of Facility Where Abatement is Takir	ng Place (3)						ype of Facility (4	)					
House						Г	School (K-12	2)					
Street Address							Subchapter 8	(Othe					_
164 Colfax Ave.						2	Other (i.e. pr etc.)	ivate 8	commerci	ai build	lings,	nome	ss,
City (5)						S	quare Feet	# of	Floors	В	ldg. A	ge	
Roselle Park						1	1500	2		5	0+		
County (6)	HESS:		County C			C	urrent Use (Prior	r if beir	ig demolis	ned)			
Union			STATE U	SE ONLY)		-   1	House						
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.	N	lame of	Abatement Cont	ractor	(9)				
n/a			n/a			Jadar	Contracting, I	LLC				-	
Street Address			<u> </u>	7	S	Street Ac	ldress						
n/a						22 Tro	y Lane						
City, State, Zip Code							te, Zip Code						
n/a						Lincol	n Park, NJ 07	035					
Project Manager for Monitoring Firm		Telephon	e No.		elephor			License N	lo.				
n/a		n/a			973-70	06-7950		01088					
Start Date (10)	Schedule	d Con	Completion Date (11)				OSHA Monitor						
9-6-2012	9-7-20	12					Contracting, I	LLC					
Occupancy Status During Abatement (Che	ck Only On	e)											
Facility Closed/Vacated During Entire	Period of A	batem	atement 22 Troy Lane										
Abatement Performed Outside of Nor	mal Facility	Hours	i.			2500	te, Zip Code						
X Other – Describe: 9 am - 5 pm			Lincoln Park					7035					
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf	1000	enova				Full Containment with Negative Pressure							
☐ ≥160 sf or ≥260 lf	∐ D	emolit	ion			Mini-Enclosure Glovebag Procedure							
		.5 92					Non-Exempted	(*) an	d Non-Fria				
	ls	Locati	on									ement vpe	t
Location of	N	lormal	ly		Descr	ription o	f			-	Τ,	PC	
Asbestos-Containing Material (ACM)		d Sole intena					terial (ACM)		mount Specify	77		四	m
TO BE ABATED In Facility		odial S	10000000000000000000000000000000000000	(I.e.	thermal sy surfacin				or LF)	Rem	Repair	cap	응
(13)		(12)			other mis					Removal	ä	Encapsulate	Enclosure
	Yes	No	N/A									6	"
Pasament			Λο	bestos P	Pine Inc	sulation	10	00 LF	1				
Basement		X	7.5	DE3103 1	ipe iii.	Julation		,0 2.	n	+-	$\vdash$	-	
									_	-		-	
													_
Name of Registered Waste Hauler		IN	JDEP W	aste	Cubic Ya	ards	Name of I	Registe	ered Landfi	11			
Jadar Contracting, LLC		100	lauler ID 033137		of Waste	е	GROW	S Lar	ndfill				
City, State				Disposal	l Date	City, State							
Lincoln Park, NJ 07035				TBD		Morrisv	ille P	A 19067					
Completed by				Sig	nature	D			Date				
Lillie Lazarevich	etary Lilli Tazın 8-23-2012												



Date of Notification (1)	<u> </u>				Name of Build		Operator (2)		10.5	200			
Aug 01, 2012					PSEG Fossil,	LLC	2012 AL	IG 27	DM II	7. 1 =			
Agencies Notified	es Notified Notification Type				Street Address 80 Park Plaza				-1111	7.41			
(X) EPA		( ) Initial No	tification		OU PAIR PIAZA		45BES	STAS	r'nur	rnoi			
(X) DEP		(x) Amend		ation	City, State, Zir	Code	9	ICE	12011	KUL			
(X) DOL		( ) Cancelle			Newark, NJ 0		OC.	LILE	NSINC	}	•		
(X) DOH		( ) 0000	, ,		ite wark, ite o	1102-4100		1		. 6	命		
(X) DCA				*	Name of Cont			<b>+··</b>		v			
				EACH ITY IN	Domenic Fior	ino		-		-		er Westerne	
Name of Facility Where Aba	atement is T	aking Place (	3)	FACILITY IN	FORMATION Type of Facilit	v (4)		-					
KEARNY GENERATING S			-		( ) School (K- ( ) Subchapte	12)	nan K-12)						
Street Address		WAR TO THE TOTAL			(X) Other (i.e.	private & co	ommercial bld	gs., hor	nes, etc.				
FOOT OF HACKENSACK	AVE				Sq. Feet1,0	00 000		# of Flo	oors 8				
City (5)	County (6)		County C	Code (7)	1 -4			**********	# (# C   C   C   C   C   C   C   C   C   C				
	HUDSON		(State Us		Bldg. Age 75 Current Use (	orior if being	demolished)	Electri	c Gener	ating St	ation		
Name of Monitoring Firm H	ired by Blda	. Owner (8)	ASCM N	<u>o.</u>	1		Name of Co	ntracto					
		100					Absolut Ac	e Inc.					
Street Address	-				Street Address	<u> </u>			****				
					PO BOX 295								
City, State, Zip Code	-				City State, Zip								
						ARK, NJ 07	932		**				
Project Manager for Monito	Project Manager for Monitoring Firm Telephone Number					mber			se Numb	er			
	Tolect Manager for Monitoring Film				(973) 410-9217 00225								
Scheduled Start Date (10)		Scheduled (		Date (11)	Name of OSH	A Monitor							
Aug 15, 2012		Aug 15, 20	13		MECS								
Occupancy Status During A	batement (	Check only on	<u>ie)</u>		Street Address								
( ) Facility Closed/Vacated ( ) Abatement Performed C					5 Linwood Ct								
Describe					City, State, Zig Hamilton, NJ								
Other - Describe Two Shir	fts, 12 hour	s each, 24 ho	our plant c	overage									
Source of Work (Check all t		•			L								
( ) Demolition (X) Renov (X) Large Proj. (>160 SF or		CM) ( ) SM Pr	roi (>25<1	60 SF or >10 <26	60 LF ACM) (	) Minor Pr	oj. (<25 SF or	<10 LF	ACM)				
(X) Full Containment with N	Negative Pre	essure (X)	) Mini-Enc		Glovebag Proce		oj. ( == o. o.						
Location of Asbestos-		ation Normally		Description of		Amount (	Specify SF or	LF)	Abate	ment Ty	ре		
Containing Material (ACM)		by Maint./Cus	stodial	thermal system									
Facility (13)	Staff? YES	(12) NO.	NA	surfacing, VAT miscell.)	, or other				Rem.	Rep.	Encap	Enclose	
BASEMENT TO		X		Boiler and pig	e insulation	25.000 s	quare feet		X	X	X	X	
PENTHOUSE	A Doner at												
									-	-	-	-	
											1		
Name of Reg. Waste Haule	r	NJDEP Was	ste Hauler	ID#	Cubic Yards o	f Waste		Name	of Reg.	Landfill		9.00	
	Waste Management of New Jersey 17273				200				town Re			ry	
City, State							Disp. Date			City, Sta	te		
Elizabeth, NJ 07114-2436											/n, PA 1	9007	
Completed by (Print or Type) Title					Signature /	1		Date					
					/	1		0/04/					
ROBERT GROGAN VP					8/01/12								

	ate of Notification (1) ug 1, 2012				Name of Buil		Operator (2)						
Aug 1, 2012					PSEG Fossi	i, LLC າຄ	12 AUG 27	DM I	0. :. 7				
Agencies Notified		Notification	Type		Street Addres		IZ AUG Z I	FIL	U. 41				
AMOUNT COMPOSITOR		- Individualion	1,100		80 Park Plaz	a							
(X) EPA		( ) Initial No				A 5	BESTOS	CON	TROL				
(X) DEP		(X) Amend	ded Certific	cation	City, State, Z		& LICE		C				
(X) DOL		( ) Cancelle	ed		Newark, NJ	07102-4109	OF LIGH	1401150	·u (	1)			
(X) DOH										Q D			
(X) DCA					Name of Con	tact		Tal A	I				
					Domenic Fig	rino							
Name of Facility Where Aba	tomont in	Takina Diana /	2)	FACILITY II	NFORMATION								
HUDSON GENERATING S	tetien	laking Place (	3)		Type of Facil								
HODSON GENERATING S	lation				( ) School (K		14.40						
Street Address					( ) Subchapte								
DUFFIELD & VAN KUERE	N CT				(X) Other (i.e.	. private & co	ommerciai bio	igs., nor	nes, etc	2			
DOI 1 ILLD & VAR ROLKE	NOI				Sq. Feet1,	000 000		# of FI	oore 8				
City (5)	County (6)		County (	Code (7)	1 04.1001_1,			. # 0111	0013 0				
	HUDSON			se Only)	Bldg. Age 65	i i							
			Totale o	36 Only)	Current Use (		demolished)	Electri	c Gener	rating St	ation		
Name of Monitoring Firm Hi	red by Bld	1. Owner (8)	ASCM N	lo			Name of Co						
	, , , , ,		, tooki i				Absolut Ac		(9)				
							Absolut At	e iiio.					
Street Address					Street Addres	ss		_					
						PO BOX 295							
							1 0 BOX 233						
City, State, Zip Code	y, State, Zip Code												
The state of the s					City State, Zip FLORHAM P								
Project Manager for Monitor	ing Firm	Telephone I	Number		Telephone Nu	Licen	License Number						
					(973) 410-921	17		00225					
Scheduled Start Date (10)		Scheduled (		Date (11)	Name of OSHA Monitor								
Aug 15, 2012		Aug 15, 201			MECS								
Occupancy Status During A	batement (	Check only on	<u>e)</u>		Street Address								
( ) Facility Closed/Vacated I	During Enti	re Period of A	batement		5 Linwood Ct								
( ) Abatement Performed O	utside of N	ormal Facility	Hours -										
Describe					City, State, Zi								
Describe					Hamilton, NJ 08690								
Other - Describe Two Shift	s. 12 hou	s each 24 ho	ur plant c	overane									
	, 12 11041	5 cuon, 24 nc	ui piant c	overage									
Source of Work (Check all the	nat apply)								-				
ACCESSOR ROOM ACCESSORED													
( ) Demolition (X) Renova													
(X) Large Proj. (>160 SF or	>260 LF A	CM) ( ) SM Pr	oj. (>25<1	60 SF or >10 <2	60 LF ACM)	( ) Minor Pro	oj. (<25 SF or	<10 LF	ACM)				
(X) Full Containment with N			Mini-Enc		Glovebag Proce								
Location of Asbestos-		ation Normally		Description of		Amount (S	Specify SF or	LF)	Abate	ment Ty	ре		
Containing Material (ACM) in		by Maint./Cus	todial	thermal system									
Facility (13)	Staff?			surfacing, VAT	Γ, or other				_	-	2 <u>2</u> 000 10 11	200	
Boiler Basement- 11fll	YES	NO X	NA	miscell.)					Rem.	Rep.	Encap E	<u>-nclose</u>	
Boller Basement- Tilli	Boiler &Pipe	insulation	25,000sf			X	X	X					
Name of Reg. Waste Hauler		NIDEDWA	4-11-1-1	D."	101111	1							
Waste Management of New		NJDEP Was	te Hauler	<u>ID#</u>	Cubic Yards o	f Waste		Name	of Reg.	Landfill			
waste management of New	Jersey	17273			300		1	Tullyt	own Re	source l	Recover	У	
City, State							5: 5:		- 1.				
Elizabeth, NJ 07114-2436							Disp. Date			City, Stat			
Enzabeth, 140 07 114-2430									1	ullytow	n, PA 19	3007	
Completed by (Print or Type) Title					Signature	$\overline{}$		Deta					
Completed by (Print or Type) Title					Signature		1	<u>Date</u>					
ROBERT GROGAN		<u>VP</u>				1	1	8/01/1	2				
7.17 7.117				/	1	1	0/01/1	_					

Date of Notification (1)					Name of Build	ding Owner/	Operator (2)					
Aug 1, 2012					PSEG Fossil	, LLC 2012	2 AUG 27	PM IO	: 47			
Agencies Notified		Notification			Street Address 80 Park Plaza	<u>ss</u>						
(X) EPA		( ) Initial No				**.U	BESTOS	UUTE I	KUL.			
(X) DEP		(X) Amende		tion	City, State, Zi	p Code	& LICEN	SIME	di	à		
(X) DOL		( ) Cancelle	ed		Newark, NJ (							
(X) DOH		1 2 2										
(X) DCA					Name of Con	tact		I Tal N	Jumber			55
				EACH ITY IA	Domenic Fio	rinoi				-		
Name of Facility Where Ab	atement is T	Taking Place (	3)	FACILITY	Type of Facili	ty (A)	-					
LINDEN GENERATING St		aking r lace (	<u>51</u>		( ) School (K-	-12)	17.10					
Street Address					( ) Subchapte (X) Other (i.e.	or 8 (otner tr	nan K-12) ommercial bld	as hor	mes etc			
4001 S. WOOD AVE								-				
					Sq. Feet80	00,000		# of Flo	ors 8			
	County (6)		County C		Did - A 76							
LINDEN	UNION		(State U	se Only)	Bldg. Age 76 Current Use (		demolished)	Flectri	c Gener	ating St	ation	
Name of Monitoring Firm H	ired by Bldo	Owner (8)	ASCM N	0	Current ose (	buor ii penié	Name of Co			aung o	auon	
Name of Montoring 1 mm 1	ilou by blug	. Owner (o)	7.OOW IV	<u>o.</u>			Absolut Ac		(3)			
Street Address					Street Addres							
					PO BOX 295							
City, State, Zip Code				192	City State, Zip	Code						
					FLORHAM P	ARK, NJ 07	932					
Project Manager for Monito	ring Firm	Telephone I	Number		Telephone Nu				se Numb	er		
					(973) 410-921	7		00228	5			
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor		-	-			
Aug 15, 2012	68	Aug 15, 20			MECS	The second second						
Occupancy Status During A	hatement (	Chack only on	10)		Ctroot Addrso					- 250 - 20		
( ) Facility Closed/Vacated					Street Addres 5 Linwood Ct							
( ) Abatement Performed C												
Describe					City, State, Zij Hamilton, NJ							
Other - Describe Two Shift	ts 12 hour	s each 24 ho	our plant c	overane								
			zai piani o		L							
Source of Work (Check all t	hat apply)											
( ) Demolition (X) Renov	ration											
(X) Large Proj. (>160 SF or		CM) ( ) SM Pr	oi. (>25<1	60 SF or >10 <20	60 LF ACM)	) Minor Pr	oj. (<25 SF or	<10 LF	ACM)			
(X) Full Containment with N	legative Pre	essure (X)	Mini-Enc	osure (X )	Glovebag Proce		-,, ,		,			
Location of Asbestos-		ation Normally		Description of			Specify SF or	IF)	Abate	ment Ty	ne	
Containing Material (ACM)		by Maint./Cus		thermal systen		1		/	1.00.00			
Facility (13)	Staff?			surfacing, VAT								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
BASEMENT TO		X		Boiler and pip	e insulation	25,000 sc	uare feet		X	X	X	Х
PENTHOUSE												
N (B . W . II .					T	<u> </u>						
Name of Reg. Waste Haule Waste Management of Ner		NJDEP Was 17273	ste Hauler	<u>D#</u>	Cubic Yards o 200	t vvaste			of Reg.		Recover	ov.
					====			· unyt	J 146.	-54100		•
City, State							Disp. Date			City, Star		000000000000
Elizabeth, NJ 07114-2436									1	ullytow	n, PA 1	9007
Completed by (Print or Type	ompleted by (Print or Type) Title							Data				
Completed by IF lift of Type	4	1100			Signature /			<u>Date</u>				
ROBERT GROGAN		<u>VP</u>			/			8/01/1	2			

Date of Notification (1)					Name of Build		Operator (2)					
Aug 1, 2012					PSEG Fossil	LLC 201	2 AUG 27	PH IC	1: 4.7			
Agencies Notified		Notification	Type		Street Addres	<u>s</u>						
(X) EPA		() Initial No			200000000000000000000000000000000000000	Ab	BESTOS	CONT	ROL			
(X) DEP		(X) Amend		ation	City, State, Zi		& LICEN	43IMG	1 4	D.		
(X) DOL		( ) Cancelle	ed		Newark, NJ 0	7102-4109						
(X) DOH												
(X) DCA					Name of Cont Domenic Fio			TALN	umb <u>er</u>	_		
				FACILITY IN	FORMATION							
Name of Facility Where Aba MERCER GENERATING St		aking Place (	<u>3)</u>		Type of Facilit	and a section when the section is a section of the						
WERCER GENERATING ST	ation				( ) School (K-		K 40\					
Change Address					( ) Subchapte							
Street Address LAMBERTON ROAD					(X) Other (i.e.	private & C	ommerciai bid	gs., non	ies, etc.			
LAMBERTON ROAD				21	Sq. Feet_1,0	000 000		# of Ele	ore 10			
City (5)	County (6)		County	2ado /7\	- Oq. 1 eet1,0	000,000		# OI 1 IC	0015 10			
	MERCER		County ( (State U		Bldg. Age 54							
TIAMILE TOTA	ILITOLIT		Totale O	se Only)	Current Use (		demolished)	Electric	Gener	ating S	tation	
Name of Monitoring Firm Hir	ed by Bldo	Owner (8)	ASCM N	lo.	1		Name of Co					
	od by bidg	. Owner (o)	Z-KOOWI IV	<u></u>			Absolut Ac		101			
							Abbolat Ab	C IIIO.				
Street Address	A				Street Addres	s						
					PO BOX 295	_						
City, State, Zip Code					City State, Zip							
					FLORHAM P	ARK, NJ 0	7932					
Project Manager for Monitor	ing Firm	Telephone I	Number		Telephone Nu				e Numb	er		
					(973) 410-921	7		00225	6			
Scheduled Start Date (10)		Cahadulad (	Completies	Data (111)	Name of OCU	A Manitan		l				
Aug 15, 2012		Scheduled ( Aug 15, 20		Date (11)	Name of OSH MECS	A Monitor						
Aug 10, 2012		Aug 15, 20	13		MECS							
Occupancy Status During At	atement (	Check only on	e)		Street Address	<u> </u>				2 N		
( ) Facility Closed/Vacated I	During Enti	re Period of A	batement		5 Linwood Ct							
( ) Abatement Performed Or	tside of N	ormal Facility	Hours -		o Eminoca o							
		a a a a a a a a a a a a a a a a a a a			City, State, Zir	Code						
Describe					Hamilton, NJ							
	222	12 202021										0.4
Other - Describe Two Shift	s, 12 hour	s each, 24 ho	our plant c	overage								
Source of Work (Check all th	at annly											
Source of Work (Check all th	at apply)											
( ) Demolition (X) Renova	ation											
(X) Large Proj. (>160 SF or		CM) ( ) SM Pr	ni. (>25<1)	60 SF or >10 <20	60 LE ACM) (	) Minor Pr	oj. (<25 SF or	<10   F	ACM)			
(X) Full Containment with N	egative Pre	essure (X)	Mini-Enc	losure (X )	Glovebag Proce		0]. ( 20 01 01	-10 2.	, (011)			
Location of Asbestos-		ation Normally		Description of			Specify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM) in		by Maint./Cus		thermal system			-,,	/				
Facility (13)	Staff?			surfacing, VAT	, or other	1						
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
BASEMENT TO		X		Boiler and pip	e insulation	25,000 s	quare feet		Х	X	Х	X
PENTHOUSE												
No. of D. W. of H. o		111555111				<u> </u>						
Name of Reg. Waste Hauler		NJDEP Was	ste Hauler	ID#	Cubic Yards o	f Waste		Name	of Reg.	Landfill	_	200
Waste Management of New	Jersey	17273			200			lullyto	own Ke	source	Recove	ry
City, State							Dian Data			Pite Cto	to.	
Elizabeth, NJ 07114-2436							Disp. Date			City, Sta	<u>te</u> ∕n, PA 1:	9007
										anytov	m, PA 1	3001
Completed by (Print or Type)		Title			Signature	$\wedge$		Date				-
	1					1						
ROBERT GROGAN		<u>VP</u>			/	1		8/1/12				
		36-22			/	1						

Date of Notification (1)					Name of Build	ding Owner/	Operator (2)			- 1 ly		
Aug 1, 2012					PSEG Fossil			001-				
						3. 		2012 1	11112 2	7 04	10: 47	0.000
Agencies Notified		Notification	Type		Street Addres	SS			.00 Z	rm	1U: 4	7
					80 Park Plaza	а						E1
(X) EPA		() Initial No	tification					9 2 B H	STO	2 000	TROL	
(X) DEP		(X) Amend	ed Certifica	ation	City, State, Zi	n Code		9	1 10-	2 600	TRIII	
(X) DOL		( ) Cancelle			Newark, NJ (			Ct.	LICE	NSIN	COF	Œ.
(X) DOH		( / Garicon	Ju		Newalk, No	77 102-4103			1000	Cit	u,	19
(X) DCA					N (0						- (8	13
(X) DOX					Name of Cont			IAIN	lumher			
					Domenic Fio	rino						
				FACILITY IN	NFORMATION							
Name of Facility Where Al		aking Place (	<u>3)</u>		Type of Facili							
Sewaren Generating Sta	tion				( ) School (K-							
					( ) Subchapte							
Street Address					(X) Other (i.e.	private & c	ommercial blo	lgs., hon	nes, etc			
751 Cliff Road												
					Sq. Feet1,0	000,000		# of Flo	oors 8			
City (5)	County (6)		County (	ode (7)	1							
Sewaren	Middlesex		(State U		Bldg. Age 64							
0011411011	Middlesock		Totale O.	se Offiy)	Current Use (		demolished)	Electri	c Gener	ating S	tation	
Name of Monitoring Firm	dired by Did-	Owner (9)	ASCM N		1	p	Name of Co			9 0		
Name of Monitoring Firm	lifed by blug	. Owner (o)	ASCIVI IV	<u>0.</u>								
1							Absolute A	ce inc.				
0												
Street Address					Street Addres							
					PO BOX 295							
					Lanca de la constante de la co							
City, State, Zip Code					City State, Zip	Code						
					Florham Parl	k, NJ 07932						
					Construction Control of the Control							
Project Manager for Monitor	oring Firm	Telephone I	Number		Telephone Nu	ımber		Licens	se Numb	per		
		N			(973) 410-921			00225				
					(0.0, 1.0 02.				120			
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor		-				
Aug 15, 2012		Aug 15, 20		Date (11)	MECS	IA WOTHLOT						
Aug 15, 2012	-	Aug 15, 20	13		INIECO							
Onesia and Charles Devices	Al- 1		`					_			1///	
Occupancy Status During					Street Addres							
( ) Facility Closed/Vacated	During Entir	re Period of A	batement		5 Linwood Ct	t						
( ) Abatement Performed	Outside of No	ormal Facility	Hours -									
220					City, State, Zi	p Code						
Describe					Hamilton, NJ	08690						
					15							
Other - Describe Two Sh	ifts, 12 hour	s each, 24 ho	our plant c	overage								
Source of Work (Check all	that apply)		With the same of t									
( ) Demolition (X) Reno	vation											
(X) Large Proj. (>160 SF o	r >260 LF AC	CM) ( ) SM Pr	oi. (>25<10	60 SF or >10 <2	60 LF ACM)	( ) Minor Pr	oj. (<25 SF or	<10 LF	ACM)			
(X) Full Containment with					Glovebag Proce			100000000000000000000000000000000000000	0.0000000			
Location of Asbestos-		ation Normally		Description of			Specify SF or	LE)	Ahata	ment Ty	ne	
Containing Material (ACM)		by Maint./Cus		thermal system				/	1. 10010			
Facility (13)	Staff?			surfacing, VAT		1			l .			
	YES	NO NO	NA	miscell.)	, or other				Rem.	Rep.	Encap	Enclose
Nos.1, 2,3 & 4 Units, Floo		X	IVA		an impulation	25.000	was fort					
	ors	_ ^		Boiler and pip	be insulation	25,000 S	quare feet		X	X	X	X
1-8			160-16-			1				-		-
								1				
Name of Reg. Waste Haule	er	NJDEP Was	te Hauler	D#	Cubic Yards o	f Waste		Name	of Reg.	Landfill		
Waste Management of Ne		17273			200						Recover	rv
<b>3</b>		;			200				J	000.00		3
City, State							Dien Dete	_	17	City, Sta	÷0	
Elizabeth, NJ 07114-2436							Disp. Date					0007
L.12430										unytov	n, PA 1	5007
Consoluted by (C.)	ampleted by (Print or Type)									o===		
Completed by (Print or Typ	e)	Title			Signature	/ \		<u>Date</u>				
DODEDT ODGG		\ <b>m</b>			/	1						
ROBERT GROGAN		<u>VP</u>			/	1		8/01/1	2			
		<u> </u>			/	1						

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

Cuk \$ 1009.

Date of Notification (1) 8-23-2012	100 - 100 -	W-124100000	T		f Building opher Fi				La Ben 1			380		
Agencies Notified	Type Notification    Initial			Street A 58 Ste	ddress erling Av	е.		2012 AU	327	PM 10:	45			
EPA DEP X DOL	Amended Amendment		_ [		ate, Zip Co awken N		86	ASBEST	05 C	ONTR	01			
DOH DCA	Emergency justification) Cancellation	AT 1000 ATE			f Contact opher F.				UE MEA	ilitica.	. ЭL			
Name of Facility Where A Residential Street Address 58 Sterling Ave.	Abatement is Takir	g Place (3)		FACI	LITY INFO	ORMATI	ON	Other (i.				ldings	s, hom	nes,
City (5) Weehawken.		7		-	**************************************			etc.) Square Feet 3000+	# c	of Floors		Bldg. 60	Age	
County (6) Hudson			T		Code (7) USE ONLY	)		Current Use (	Prior if be	ing demo	lished)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.			of Abatement ( n Environm						
Street Address		W. A.				M <sub>1</sub>		Address /irginia Ave						
City, State, Zip Code								tate, Zip Code by City, NJ 0	7304					
Project Manager for Mon	itoring Firm	11:0	T	Telepho	ne No.		(U.S.)	one No. 338855		License 01174				
Start Date (10)		Scheduled	Con	npletion I	Date (11)			of OSHA Monite as Above.	tor					
Facility Closed/Vaca Abatement Perform Other – Describe:	Period of Ab	aten	nent				Address tate, Zip Code							
Scope of Work (Check A ≥3 sf or ≥3 if ≥160 sf or ≥260 if	ll That Apply)		nova				××	Full Contair Mini-Enclos Glovebag P Non-Exemp	ure rocedure				re	
Lossins			ocati						T			Abat	temen ype	ıt
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM)	Used Maint Custoo	Sole enar	ly by nce/	Asbesi (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	aterial (ACM) insulation, Γ, or	(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Attic	x			ACI	VI Plast	er	1	115sf	x					
Name of Registered Was	te Hauler		1000	JDEP W	T0.7-17-7-1	Cubic	Yards	Name	of Registe	ered Land	lfill			Щ
Tri-state transfer ass	ociate			auler ID I 1456	No.	of Was	ste	Mine	va Ente	erprises				
City, State Bronx- New york			-	100.000		Dispos 9-7-20	al Date	City, S Wayr	tate esburg	-Ohio		***************************************		
Completed by Tiffany Nunez		Title Office I	Vlan	ager.			ianature	/1	-		Date 8-23-2	012		

B & G proj. #: 2012-158 Emergency

State of NJ

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

Check# 5433

Date of Notification	(1)				- 0		2012 611							-
			lame of Bu	ilding Owr	ner/Operator (2	2)	2012 AU	5 27	PM 10:	43				
Agencies Notified	Type Notificat	ion L			cal Center		A.C. com							
EPA		S	treet Addre				46085 & L	ICEN	CUNTR	OL				
☐ DEP				Maass Dr	ive		- C	ICCM	SING	-				
☑ DOL	☐ Amend		ity, State,	•						1000				
			-	le, NJ 07	109				T= : :					
M DOH	☐ Cancell		ame of Co	ntact					Telephon	e Numbe	r			
☐ DCA	Canoon		Rachel	Byrnes										
				FAC	ILITY INFOR	MATION	1							
Name of facility wh	nere abatement	is taking pla	ace (3)				76	Туре	of Facility (		6			
Clara Maass M	edical Center (	Non Sub	8)						_	I (K - 12		h = 1/	40\	
Street Address	calcal Contor (	TTOH Sub	0)					li		apter 8 (0 (Private/0			-12)	
										Homes,				
1 Clara Maass	Drive, Kiddie							Squa	re Feet	# of Floo	rs	Bl	dg. A	ge
City (5)		Cour	nty (6)				inty Code (7)							
Belleville, NJ	07109	Ess	ev			(318	ite use only)		ent Use (Poital non S		ng den	olishe	d)	
Name of Monitorin	The second secon				ASCM No.		Name of Abatement (			, ,	-	-		
n/a						- 1	B & G Restoratio							
Street Address	· 7					-	Street Address	11, 1110.	Harris III	_			_	
							105 Ryerson Roa	d						
City, State, Zip Cod	е						City, State, Zip Code							-
							Lincoln Park, NJ	0703	5					
Project Manager for	r Monitoring Firm	า	P	hone Numi	per		Telephone Number			License	Numl	per		
							973-696-6869			0378				
Scheduled Start Da	te (10)	Sched	. Completi	on Date (1	1)	_	Name of OSHA Monit							
8/23/2012		8/24/	2012				B & G Restoration	n, Inc						
Occupancy Status I	During Abateme							d						
	d/vacated during			ement.			105 Ryerson Roa City, State, Zip Code	ıu						
Abatement pe	erformed outside	of normal	facility hou	rs-			Oity, Giaio, Eip Godo							
Describe:  Other-Descri	be: occupied						Lincoln Park, NJ	07035	5					
Scope of Work (ch		y)		-X										
□ Demolition		Renovation	n			⊠ F	Full Containment w/neg	ative p	ressure	Glove	bag pr	ocedu	ire	
>3 sf or >3 lf		≥160 sf or	>260 If				Mini-enclosure	***************	Ī		riable			
Location of				used solel	vl			$\neg$			R	R	Е	Т
asbestos-cor	taining	by mainte	enance/cus		1	tion of a	sbestos-containing		Amount		e m	е	n	E n
material to be abated in fac		staff(12)		T	material				(Specify S LF)	F or	0	p a	c a	С
abateu iii iac	mty (13)	Yes	No	N/A					LF)		v e	i	р	L
1st floor Finance	Office				ceiling pla	ster (C	0&M)	21	sf		×			$\Box$
1														
Registered Waste H			EP Hauler		ubic Yards of	Waste	Name of Registered							
B & G Restoration	on, mc.	195	US	Disposal [	1 yard		Tullytown Resour	rce &	Kecovery	Center	-			
Lincoln Park, N	J 07035			8/24/20			City, State Tullytown, PA							
Completed by (Print		Title		L	Signature		1 —			Date				
Gordana Luna		Treasure	r				Gordana Luna			8/21/2	012			

B & G proj. 8:	MEMBER -	MAIL IN	HARD (	1	IL 1001 100 1	U. DU .	s Abatement 7 and 12:120 7 ( on Sub 8***	DEIVED	#-5433	.,:	نع <sub>د</sub> .	- die	المعلقة خالصية المعلقة عليه المعلقة عليه
Date of Notification	(1)		to us of De		er/Operator (2	-	Western Committee of the Committee of th	27" PM IO:	1.0				7
0 18 1/12 11	A	11"				,	ZUIZ HÜÜ		40-16	ID	YA		1
Agencies Notified	Type Notifical	ion	Clara Ma		cal Center		# 55ES	US CORPA	الساد	1 1/		1	+
EPA	154700 I							CENSING	OL.		а.	1	1
□ DEP	Initial		1 Clara I	Maass Dri	ve		G L1	CT WO THE	UGAL	1 4	12	+	+
☑ DÓL	☐ Amend			le, NJ 07	109			1 / 5	I MI		<u> </u>	لـ	
NOD X		1	lame of Co					Telephon	6 Number	DP	30	VE	TU.
☐ DCA	Condell	ation	Rachel	Bymes.				14	π υ,	=			<del></del>
				FAC	ILITY INFORM	ACTION				 			
Name of facility wit	era sbatement	s taking pl	acc (3)					Type of Facility	4) (K - 12)				
Ol M M	- Ji-l Chara	Atom Out	٥١					l lumi	apter 8 (C	thert	nan K.	12)	
Clara Maass Mo	edical Centel	1400 200	0)			***************************************			(Private/C			,	
Street Address								Bidgo	Homes, e	k.			
1 Clara Maass I	Drive, Kiddie							Square Foot	# of Floor	5	Blo	ig. Aş	) <del>2</del>
City (5)		Cou	uth (e)				inty Code (7) ito use only)	Current Usp (P	der 16 hain	A 6504	Aliaba	41)	
Baljevilla, NJ (	27100	Ess	-			1/316	tto das arriyy	hospital non S		A nrien	- Wilde	47	
Name of Monitoring			400		ASCM No.		Mame of Aberement	The second secon					
YS1	g r r max my		- 1-6		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		B & G Restoration	on. Inc.					
n/a Street Address			Tennoman of the	MATERIAL TOTAL		-	Street Address		100				
							105 Ryerson Rot	nd					
City, State, Zo Cod	o				VIII ( III )	_	City, State, Zip Code						
							Lincoln Park, N.	7 07035					
Project Manager for	Monitoring Firm	1	PI	none Numb	or		Telephone Number		License	Numb	er		
			1				973-696-G869		0378	2/-		_	_
Scheduled Start Da	te (10)	Sched	Complet	on Duts (1	1)		Name of OSHA Mont						
8/23/2012		8724	2012				Street Address	AL, LIIC.		-	100	He in the	
Occupancy Status D	Ouring Abatemo						105 Ryerson Ros	ad.					
	Vacated during			ment.			City, State, Zip Code						
Abotement po	epicano pouncius	of normal	tacuity hou	rs-						0.52			
Describe	occupied						Lincoln Park, N.	07035					
Scope of Work (ch		7)											
Demplition	×	Renovation	ın			X F	ull Containment w/neg	ativo pressuro [	] Glovet	ag pro	poodu	re	
⊠ >3 sf or >3 If		≥160 of or	≥260 If				Am-enclosure	Ĺ	Non-fr	ioble p	mocd	ure	
Location of		ia locatio	n nompily	uçad saleh	/					R	R	F	E
asbastos-con		by maints staff(12)	Manco/cus	todial			apcatos-comaining	Amount	E	m	P	n c	п
material to be obated in faci				7	material	(ACM)		(Specify S	e Di	0	8	9	L L
EBOLGE III ING	20 (14)	Yes	No	N/A						0	ابن	Р	_
1st floor Finance	Office				ceiling plas	riter (O	&M)	21 sf		×	뷔	Щ	H
	yes botton					-				빌	뷔	밁	岸
	The state of the s										뷔	뷔	#
										片	爿	붜	H
						81				Ш		ш	ᆜ
Registered Waste H B & G Restoration	auter on, Inc.	NJD:	P Hauter l		ubic Yards of V	rv8509	Name of Registered Tullytown Resou		Center				
City State				Disposal D			City, State						
Lincoln Park, N.	07035			8/24/20	12		Tullytown, PA	The same of the sa					
Completed by (Print	or Type)	Title			Signature	(	Gendena Lana		Date				
Gordana Luna	,	Treesure	£				geene Lieu		8/21/20	112	F-288		

Fax:

#### State of NJ

Notification of Asbestos Abatement

B & G proj. #:	2012-158 Emer	ency	(	Pursuan ***E	nergency	No	n Sub	8***	Chec	k # 5433				_
Date of Notification	(1)	1111	ame of Buil						0.700	A Contraction				
10 18 1/12 11			Clara Maa	ss Medic	ar/Operator (2) 2017 al Center			- 1	the Arbr W toda	MOVED th & Senic	or Servi	ces		
Agencies Notified	100	ion St	raet Addres	3\$	45	BES	TOS C	UNTRO	X 11	gnaturė)	Mer			
[] DEP	✓ Initial		l Clara M	aass Dri	ve	21	ICENS	ING	8/21/	] 3	:36 F			
⊠ DOL	T Amenda	nent	ty, State, Z					6.	¥2.					
			Belleville		09				I Talanh	na Numb			_	
⊠ DOH	Cancell		me of Con	tact					retepno	ons witho	er			
☐ DCA			Rachel B	ymes		_		~						
				FACI	LITY INFORM	ATION								
Name of facility wh	ere abatement	s taking ple	DB (3)						Type of Facility		1)			
Clara Maass Ma	adion! Center (	Non Sub S	15					1		ool (K - 12	-70	v	400	
Street Address	edical Celliel (	7400 200 6	2	-		-				:hapter 8 ( r (Private/			-12)	
								and the same of th	Bldg:	.Homes,	etc.			
1 Clara Maass )	Drive, Kiddie					·			Square Feet	# of Flo	ors	81	dg. A	ge
City (5)		Coun	ty (6)				nty Code (: te use only		Current Use (	P-i 16 ha	<u> </u>	-1104		
Belleville, NJ	77109	Esse	×			(2/0	is oze only	′	hospital non		ng den	MIZNE	au j	
Name of Monitorin				7	ASCM No.		Name of	Abatement (	ontractor (9)			_		
n/a							B & G	Restoratio	n. Inc.					
Streat Address	Yaran	179	~			=	Street Add						ST.	
							105 Ry	erson Roa	d				M-110	- 500
City, State, Zip Cod	e	-			············		City, State	, Zîp Code						
							Lincol	n Park, NJ	07035					
Project Manager for	Monitoring Firm	1	Pho	duniv and	er		Telephone				e Numb	160		
								96-6869		0378			~	
Scheduled Start Da	te (10)	Sched	Completio	n Date (11	1)			DSHA Monit						
8/23/2012		8/24/	2012				Street Add	Restoration	m, Inc.				-	
Occupancy Status I	Juring Abateme	nt (Check or	ily one)				105 Ry	етьор Коз	d					
Abatement pe	d/vacated during erformed outside							, Zip Code	Tri s				···	
Describe:	be; occupied					-	Lincol	n Park, NJ	07035					
Scope of Work (ch		y)						-						-
□ Demolition	×	Renovation	3			X F	ull Contain	ment w/neg	ative pressure	☐ Glov	ebag pr	ocedi	ilé	
X >3 sf or >3 if	П	≥160 sf or ≥	260 IF			□ A	finl-enclas	ure		☐ Non-	friable :	proce	dure	
Location of			normally L		1		•		1		TR	R	Ē	T_
asbestos-con		by mainte staff(12)	nance/cust	odial	Description	on of a	abestos-co	ntaining	Amount		e m	P	n	n
material to be absted in faci				11/4	material (	(AÇM)	15		(Specify LF)	SP or	0	a	ā	r c
		Yes	No	N/A							8	1	P	
1st floor Pinance	Office				ceiling plas	ter (O	&M)		21 sf	1/4				
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<del></del>							•						브	畏
Registered Waste H	oulor.	I NOTE:	D Mandager		ubic Yards of	Magin	Thlames of	Registered	l andée		_ L_1		Ш	旦
B & G Restoration		195	P Hauler (( 53	1000	yard Yard	v43(#			Langnii rce & Recovei	y Center				
City, State				Disposal C	ate		City, Sta							
Lincoln Park, N				8/24/20			Tullyto	own, PA						
Completed by (Print	or Type)	Title			Signature	(	Gordona			Date		AC		
Gordana Luna		Treasure					Transmin	C-C-43PROCE		8/21/	2012			-

2012-157 Emergency

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\*Emergency Non Sub 8\*\*\* REC Check# 5432

i i i i i i i i i i i i i i i i i i i					THUL	gency	1 101	1000	_						
Date of Notification	1 (1)	Nar	ne of Bu	ilding Own	er/Ope	erator (2)		2017	AIIC	27 PM I	Ո։ ե շ				
0 8 /12 11			lara Ma	ass Medi	cal Ce	enter		2012	. NOO	<u>. , , , , , , , , , , , , , , , , , , ,</u>	0.42				
Agencies Notified	Type Notification	Stre	et Addre	ess				ASI	BEST	OS CON	TROL				
☐ EPA	Initial	1	Clara I	Maass Dri	ve					CENSIN	<u>C</u>	73			
☐ DEP			, State,	Zip Code							Ψ,	Ð			
☑ DOL	Amendme			le, NJ 071	109		-			Telephone	Number		Many		
☑ DOH			ne of Co	ntact						relephone	Nuthber				
☐ DCA	Cancellation	on    _	Rachel	Byrnes						<u> </u>					=
				FAC	ILITY	INFORMA <sup>*</sup>	TION						-		
Name of facility w	here abatement is t	aking plac	e (3)						Туре	of Facility (4	4) (K - 12)				
G! . M M	Indical Conton (N	on Sub 8	`								apter 8 (O	ther th	an K-	12)	
Street Address	ledical Center (N	oli Suo 6				The State				Other (	Private/Co	ommer			
									Court		Homes, e		Bld	g. Age	e
1 Clara Maass	Drive, Main Hos						0	nty Code (7)	Squa	are reet	# 01 1 1001	"		3 3	
City (5)		Count	y (6)			1		te use only)	Cur	rent Use (Pi	rior if bein	g dem	olishe	d)	_
Belleville, NJ	07109	Esse	x				•	20.5	hos	pital non S					_
	ng Firm Hired by Bl				ASC	CM No.		Name of Abatement	t Contra	ctor (9)					
n/a								B & G Restorati	on, Inc				_	_	_
Street Address								Street Address							
								105 Ryerson Ro				-			
City, State, Zip Co	de							City, State, Zip Code							
			1.	N N.	h 0 e		-	Lincoln Park, N Telephone Number	43 0703	13	License	Numb	er	-	
Project Manager for	or Monitoring Firm		1	Phone Num	ber			973-696-6869			0378				
				tion Date 7	11)		_	Name of OSHA Mo	nitor						
Scheduled Start D	ate (10)	Sched.	Comple	tion Date (	11)			B & G Restorat	ion, Inc	с.			10.11	-	
8/22/2012		8/22/2	ASSESSMENT OF THE PERSON NAMED IN					Street Address							
	During Abatement							105 Ryerson Ro							
Facility close	ed/vacated during e performed outside of	ntire perio	d of aba	tement. ours-				City, State, Zip Code	е						
Describe:	172	or morritar r	dollary				-	Lincoln Park, 1	NJ 0703	35			7,0		
☑ Other-Desc															
Scope of Work (c	check all that apply)						П	Full Containment w/n	egative	pressure	Glove	bag pr	ocedu	ire	
10 <del>0000</del> 1 FG		Renovation						Mini-enclosure	- 5			friable			
>3 sf or >3	lf L ≥	160 sf or		ly used sole	alvi		KZI .				Ī	R	R	E	E
Location of		by mainte	nance/c	ustodial	ary .	Description	n of a	asbestos-containing		Amount	292	e m	e p	n c	n
asbestos-c material to		staff(12)			-	material (				(Specify :	SF or	0	a	а	C
abated in fa	acility (13)	Yes	No	N/A						_,		е	ļ.	р	
boiler room				TX	pip	pe insulat	ion			lf					빒
boiler room tun	mel				pip	pe insulat	ion			lf			닏	片	片
boiler room tur					elb	oow			3	elbows		븯	片	片	뷔
												ᆛ	붜	片	H
								10 10	-	611		_[∐		Ш	
Registered Waste	Hauler	NJDI 195	P Haule	er ID#	Cubic 1/2 y	Yards of V	/vaste	Name of Registere Tullytown Res	ource &	Recover	y Center	<u> </u>			
B & G Restora	mon, mc.	193	.03	Disposa	_	, ui u		City, State				one-w			
Lincoln Park,	NJ 07035	7-7 <u></u>		8/23/	2012			Tullytown, PA	\		1-				-
Completed by (P		Title			Si	ignature		Gordana Luna			8/21/	2012			
Gordana Luna	2500 24	Treasure	r					giruunu Luna	•		0/21/	2012			

AUG-21-2012 15:54 From	:ASBESTOS		6096330	564	To:91973696598	29		Ρ.	1/1	
			STA CLASS OF	M.I.	1	20	lo	1	١	1
THE INITIAL ENDER	I - MAIL IN	HARMMAN	ride of Ache	NJ stos Abatement 0-7 and 12:120-7)	1 1 436	11 1	DIL	1		1
D & G arai d: 2012-157 Emer	- 44.4	Pursuant	le NJAC 8:6	0-7 and 12-120-7)	\ REGSZ	WHA!		لب	-	1
3 & G proj. d: 2012-157 Emer	ZM193	***E	hergency l	Non Sub 8***	ICHECK!	5432	FA	$\widehat{\sigma}$	1-1	رر
Date of Notification (1)	Line	of Building Owne			12012 AUG 1217	BIND	1			عصنسان
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Agencies Notified Type Notifica		a Mass Medic Address	al Center		45BESTIDS	ا ادار معنو	RAI		_	
T EPA	1 3000		2	900	EICE!	MSING	1101	- -		
DEP Initial		lara Maass Driv State, 7ip Code	e		THE PARTY OF THE P	TC 114C		VD		
DOL Amend	MICH I	leville, NJ 0710	14 .							
₩ DOH		of Contact	77	Town to the second seco	Telephone	Number				
Gancel	ation	ART - 1986 St.		1.5						
DCA CONS	Ra Ra	chel Byrnes				F				
		FACI	LITY INFORMAT	TON						
Name of facility where abatement	s taking place (	3)			Type of Facility (4	(K - 12)				
Clara Maass Medical Center	(Non Sub 8)				Subcha	pter 8 (Ott	ertha	an K-	17)	
Stroot Address	(Non Bab o)				Other (F	Private/Cor	nmore	cial		
<i>*</i>						tomes, etc	Т	Bk	g Ag	ya -
1 Clara Maass Drive, Main F	County (6			County Code (7)	2 Square rece					
City (5)	County (c	1)		(State use only)	Current Use (Pri	ior if being	demo	lishe	d)	
Belleville, NJ 07109	Essex				hospital non S	ub 8				
Name of Monkoring Firm Hood by	Hidg. Owner (8)		ASCM No.	11	ent Contractor (9)					
n/a				B& G Rostor	ation, Inc		-		_	
Stroot Address				Street Address						
				105 Ryerson City: State, Zip Co			Select D = 4/2			-
City, Store, Zip Code										
		Phone Number		Lincoln Fark	or 07 U U U U U U U U U U U U U U U U U U U	Licente N	lumbe	er -	_	
Project Manager for Monitoring Fire	n	Phone Ruitos	ei .	973-696-686		0378				
	Indian Co	mpletion Date (11	1	Name of OSHA		•	The second second			
Scheduled Start Date (10)			, .	B & G Resto	ration, Inc.				ar war	
8/22/2012	8/22/201		The state of the s	Street Address	2-11-1					
Occupancy Status Disring Abatems				105 Ryerson	The second secon				Till and the	west -
Facility closed/vacated during Abatement performed outside	g entire period of o of normal fucili	r abatement. W hours-		City, State, Zip C	Orig					
Degribe.				Lincoln Park	NJ 07035					
Other-Describe: occupied	LX.		***************************************		-			-		
Scope of Work (check all that app			9	T Full Containment v	/negzitve pressure	S Gloveba	ag pro	Çedu	τφ	
		n 16	,	Mini-ondosure		Non-fri	ble p	10000	iuro	
☑ >3 ×1 or >3 I ☐	≥160 sf or ≥260	rmally used solely				1	R	R	E	E
Location of sabestos-containing	by malmenan		1	of agbestos-containin	Amount _	_	m	C D	n	п
material to be	steff(12)		material (A		(Specify S	For	O V	ā	8	L
abated in facility (13)	Yos	No NA					e		p	-
boiler room		. X	pipe insulation	in	6 lf		N N	Щ	Ц.	昌
boiler room tunnel		I X	pipe insulation	n	1 lf		×	Щ	Ц	쁘
boiler room tunnel		X	elbow		3 elbows		븨	4	4	井
							닠	뉴	1	무
				10 10 10		- CAPTER STATE OF	Ш	ل		
Registered Waste Hauler	19563		ubic Yards of W. /2 yard	Name of Registe	esource & Kecovery	Contex				
B & G Restoration, Inc.	19303	Disposal C	The second secon	City. State						
City, State Lincoln Park, NJ 07035	and the second of the second	8/23/20		Tullytown, I	A	استوم				-
Completed by (Print or Type)	Titlo		Signature	Gudana Su	4	8/21/20	לו			
A 1 1	Tunamusau		\$	Townson a comme	977 <del>2</del> 8	OVETIEN	1.4			

Check #日拉 C 二八七

hax:

#### State of NJ

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

\*\*\*Emergency Non Sub 8\*\*\*

B & G proj. #: Z012-157 Emergency

2												
Date of Notification (1)	Nam	e of Buildin	g Owner	Operator (2)			APPROVEDZO12 f Health & Senio: Se	Alid	27 D	MA IC		_
0 18 1/12 11 / 11 12 1	ll ca	ara Maass	Medica	I Center		N.L.Dept. o	f Health & Senior Se	rviess	211		4	2
Agencies Notified   Type Notificati		t Address				Tank	HAD MADE	_ 1				
☐ EPA ☐ Initial	11 1	Clara Maz	ss Drive	2		- 01	(signature) 23	SPO.	10 L	1	<b>BO</b> (	_
☐ DEP		State, Zip				Date: 1	Time:	1	ENSI	NG		Ø.
DOL Amendr		elleville, l		9			41.800			_		(Z)
₩ DOH		e of Contac		·			Telephone	Numbe	ι.			
Cancelli	otion			3-3								
□ DCA □ SUM	P	tachel By	mes									
•			FACIL	ITY INFORMA	NOITA							
Name of facility where absternent	is teking place	(3)					Type of Facility (4	(K - 12)	)			
									Other tha	in K-1	2)	
Clara Maass Medical Center	Non Sub 8)						Other (F	rivate/C	Commerc			
Street Address						1	Bldgs./l-			ėld.	, Age	
I Clara Maass Drive, Main F	Iospital Buil	ding _					Square Feet	of Floo	DIS	Plan	, rigo	
City (5)	County					Code (7)	Current Use (Pri	- 16 boi	ing demo	lisher	1	
Vily (-)					(State	ise outh)	hospital non S		ng demo	11000	,	
Belleville, NJ 07109	Esse)				L	ame of Abateman						
Name of Monitoring Firm Hired by	Bldg. Owner	(8)	1	ASCM No.	11							
η/a						B & G Restorati	ion, inc.			-		_
Street Address					11							
						105 Ryerson Roby, State, Zip Code						
City, State, Zip Code					C	The contract of the						
					_	Lincoln Park, ?		Licens	se Numbe	er	- No.	
Project Manager for Monitoring Fir	m	Pho	ne Numb	er	110	973-696-6869		0378				
500 C C C C C C C C C C C C C C C C C C				33,-32,-		ame of OSHA Mo	pitor	<u>.                                     </u>				
Scheduled Start Date (10)	Sched.	Completion	Date (1	1)		B& G Restora			•2			
	8/22/2	010			Is	treat Address	***************************************		- An			
8/22/2012 Occupancy Status During Abatem					-	105 Ryerson R	.oad		7.2			
Cocupancy Status During Addition	on entire nario	d of abeter	nent.		16	ity, State, Zip Cod			****			
Abatement performed outsit	ig entire part de of normal f	acility hours	B-									
Describe:					-11	Lincoln Park,	NJ 07035					
Other-Describe: occupied												
Scope of Work (check all that ap					□ Fu	Il Containment w/i	negative pressure	⊠ Glo	мерад рл	ocedu	re	
Demolition D						ni-enclusure		No.	n-frieble j	proce	iure	
>3	] ≥160 sf or					THE CHOICE STORY			TR	R	E	E
Location of	Is location	normally u	used sole Vadial				Amount		e m	a	n	п
asbestos-containing	staff(12)	manco/cup			ntion of asi	bestos-containing	(Specify	SF of	o	8	c	c
material to be sbated in facility (13)	Yes	No	N/A	IIIALDIIG	ii (Alexan)		LP)		v e	!	P	-
Booton or reality (1-)	104	,,,,		ļ			61f	~	X	竹	П	10
boiler room				pipe insu			i if	-	×	ī	П	盲
boiler room tunnel			LX	pipe insu	ation	×	3 elbows		一	而	I	$\Box$
boiler room tunnel			IX	elbow			3 0,000		一一	愩	〒	10
			1							Ħ	〒	
			A		of Wareha	Name of Registe	red Landfili			1		1
Registered Waste Hauler		EP Hauler	1O#	Cubic Yerds of	Sissvy 10	Tullytown Re	source & Recover	y Cent	er			
B & G Restoration, Inc.	19	563	Disposal		-	. City, State						
City, State			8/23/2		2000	Tullytown, P	Α					
Lincoln Park NJ.07035	Title			Signature	· ;	Gordon Lan	,	Dat				
Completed by (Print or Type) Gordana Luna	Treasur	er				Goodona Im		8/2	21/2012		-	
		145										

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

Ch#10168

Date of Notification (1)	-	1	Name of	Building O	wner/Op	perator (2)	MENAUGO		4 In: 50		۲	(01	LOU
August 22, 2012			24 100 17 100		IIUKE	DAIN KE		MII TE	110. 5	,			
Agencies Notified Type Notification			Street Ad R9 Mar	iaress ket Stree	et		ASBESTO	SP	านายก	1			
EPA Initial Amended Amendment				e, Zip Cod			& LIC						
DOL Amendment				k, New J		070102	O. C. 1 C	lan 1 % C.1	11.40	(P)			
Emergency (	including	1	Name of	Contact	10-			Tel	ephone Nu	ımber			
DOH justification)  DCA Cancellation		1	Adam [	Dentinge	er								
	DI (0)		FACIL	ITY INFO	RMATIO	N	and Facility	(4)				1151	
Name of Facility Where Abatement is Taking TEACHER VILLAGE PHASE #2	g Place (3)	)					ype of Facility  School (K-	12)					
Street Address 31 William Street						1	Subchapte Other (i.e. etc.)	r 8 (Oth private 8	er than K- & commer	12) cial build	lings,	home	es,
City (5)						S	quare Feet	# 0	Floors		ldg. A	ge	
Newark,						5	0000	2	Jun 1000 - 1000	5	0+		
County (6) Essex			County C STATE U	ode (7) ISE ONLY)	18-189-11-1		current Use (Pr Offices	ior if bei	ng demoli	shed)			
Name of Monitoring Firm Hired by Building (	Owner (8)		ASCM	No.			Abatement Co						
Street Address				40		Street Ac			N INO.	-		_	
26 LORENZO COURT							ETTY AVE.						
City, State, Zip Code MATAWAN, NEW JERSEY 07747							te, Zip Code ON, NEW JI	ERSE	Y 07011	-1802			
Project Manager for Monitoring Firm			Telephor	ne No.		Telephor	ne No. '8-4848		License 00724	No.			
MICHAEL CHAIN Start Date (10)	Schedule						OSHA Monitor		00724				
September 5th, 2012	Septen	nber 2				SLAVO	CO CONSTR		ON INC				
Occupancy Status During Abatement (Chec	35%					Street Ad 164 GI	Idress ETTY AVE.						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	al Facility	Hours			-	City, Star	te, Zip Code	0.025702		-			
Other - Describe: 7:00am-3:30pm Mor	day - Frida	ay	ST THE ST		-	CLIFT	ON, NEW J	ERSE	Y 07011	-1802			
Scope of Work (Check All That Apply)						25:3/6.							
≥3 sf or ≥3 lf		enova				×	Full Containn		n Negative	Pressu	re		
≥160 sf or ≥260 lf	×	emoliti	on			×××	Mini-Enclosu Glovebag Pro						
						×	Non-Exempte	ed (*) an	d Non-Fri	able Pro	100		
		Location										emen /pe	t
Location of		Normall d Solel				cription o		١.			F		П
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	intenar	ice/				terial (ACM) nsulation,	(	mount Specify	٦	n	Enc	E E
In Facility (13)	Cusi	todial S (12)	тап?			ing, VAT,		S	F or LF)	Remova	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A		Outer III	ilocollario	Jusy			<u>a</u>	=	late	Тe
3rd Floor	1		x		Ceilir	ng Plast	er	26	600SF	x			
Basement		х	Pip	e Ther	mal Ins	ulation	2	80LF	х				
Roof		х		Misc	. Roofin	ng	1	730SF	х				
Windows			х	phacoscale.co	Ca	aulking		1	60LF	Х			
Name of Registered Waste Hauler		N	JDEP W	aste	Cubic \		Name o	Regist	ered Land	fill			1
Slavco Construction Inc.			auler ID 3508	No.	of Was	ste	G.R.O	.W.S I	ANDFIL	L			
City, State CLIFTON , NEW JERSEY 07011-1	802				Dispos	al Date	City, Sta MORF		LE, PA				
Completed by	Title					ignature				Date			
Vivian D. Jurcevic	0.000	eral M	gr.		1		no!	ture	unc	Augus	t 22,	2012	2

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

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•	27-1942	135	Dr. com	E 70	1	16	14	61	6	X

Date of Notification (1) August 22, 2012		N F	lame of RBH-T	Building RB WE	Owner/C	perator BAN F	(2) RENE	WAL Z	27AU	G 27	PF	110:			
Agencies Notified Type Notification		S	treet A					1920	1.0760	TOS	T		-		
EPA Initial Amended Amendment				te, Zip Co k, New		07010	)2		& 1	ICEN	131	NG			
□ Emergency (	including	21.5		Contact Denting	er				Tel	ephone N	duml	har			
N 65 W 115			FACI	LITY INFO	ORMATI	ON									
Name of Facility Where Abatement is Taking TEACHER VILLAGE PHASE #2 Street Address	Place (3)							of Facility (4 School (K-1) Subchapter	2)	or than K	. 12\				
37-39 William Street							N (	Other (i.e. p					lings,	home	es,
City (5) Newark,								re Feet	# o	Floors			ldg. A	ge	
County (6) Essex				Code (7) JSE ONLY			Curre	nt Use (Pric	r if bei	ng demo	lishe	ed)			
Name of Monitoring Firm Hired by Building CCSA	Owner (8)	٦	ASCM	No.				tement Con			Ť				
Street Address 26 LORENZO COURT							Addres	ss Y AVE.			T				
City, State, Zip Code MATAWAN, NEW JERSEY 07747								ip Code NEW JE	RSE	7 07011	1-18	302			
Project Manager for Monitoring Firm MICHAEL CHAIN		19818	elephor 32-92	ne No. 21-9220	Ž	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	one No 478-4			License 00724		•			
Start Date (10) September 5th, 2012	Scheduled Septemb							A Monitor	UCTI	ON INC	<b>)</b> .				
Occupancy Status During Abatement (Chec	(Only One)					Street	Addres	SS			+				
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: 7:00am-3:30pm Mon	al Facility H	ours	ent			City, S	tate, Zi	Y AVE. ip Code NEW JE	RSE	/ 0701 <sup>-</sup>	1_18	302			
Scope of Work (Check All That Apply)						OLII	1011,	IVEVI OF		0101	-				
≥3 sf or ≥3 if ≥160 sf or ≥260 if		novatio nolitio				×	Min Glo	I Containme ni-Enclosure vebag Proc n-Exempted	edure	8			35	A	
	lalı	cation					110	LXCIIIptou	( ) un	4 1401111				ement	t
Location of	4475676	mally	9707		Do	norintian	of.						Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used S Maint Custod (	enand	e/		tos Cont thermal surfac		faterial s insula T, or		(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A											ite	Ф
Basement Boiler			х		ermal E					20SF	-	x			
Basement Piping			Х		Therma	al Pipe	Fitting	g	1	5LF		X			
Throughout the Bldg.			х		Vat	& Mas	stic		19	110SF		X			
Name of Registered Waste Hauler		I NI II	DEP W	acto	Cubic	Vordo		Name of F	Poglete	rod Lana	1611				
Slavco Construction Inc.		Hai	uler ID 508		of Was			G.R.O.V							
City, State CLIFTON, NEW JERSEY 07011-18	02				Dispos TBD	sal Date		City, State		E, PA					
Completed by Vivian D. Jurcevic	Title Genera	ıl Ma	r.	170		ignature		NO	iCu	- C	Date	200	22,2	2012	

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

DE	-			
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	-2.	11	SEL	1/28

Date of Notification (1)	Mest		Nome	f Duilding	0		(2)		2010		U	(IL	6/1	00
August 22, 2012				f Building FRB WE				EWAL EN	TITY?	AUG 27	7 PM	10:	36	
Agencies Notified Type Notification			Street A						452	Corra-				
▼ EPA ▼ Initial		L		rket Stre						53108	COP	dTD	ΩI	
		_		ite, Zip Co k, New		07010	02		0	ESTOS L <b>ic</b> E	MSIN	Ġ	OL P	
Emergency	including	-		f Contact					Tel	ephone Nu	mber	10	19	
DOH justification)  DCA Cancellation				Denting										
Name of Facility Where Abatement is Takin	n Place (3)		FACI	LITY INFO	ORMATI	ON	Type	of Facility (	4)				_	
TEACHER VILLAGE PHASE #2	g 1 1400 (0)						1 Abe	C:	•					
Street Address							H	School (K-1 Subchapter		er than K-1	2)			
46 William Street							×	Other (i.e. p				dings,	hom	es,
City (5)							Squa	are Feet	#0	f Floors	E	ldg. A	ge	
Newark,							720		1		5	0+		
County (6)				Code (7)				ent Use (Pric	or if bei	ng demolis	hed)			
Essex				USE ONLY,			Offi							
Name of Monitoring Firm Hired by Building ( CSA	Owner (8)		ASCN	I No.				atement Con CONTRU						
Street Address						Street	Addre	ess			_	V		
26 LORENZO COURT								TY AVE.						
City, State, Zip Code MATAWAN, NEW JERSEY 07747								Zip Code I, NEW JE	RSE'	7 07011-	1802			
Project Manager for Monitoring Firm MICHAEL CHAIN			Telephor	ne No. 21-9220		Teleph 973	none N			License 1	No.			
Start Date (10)	Scheduled	-	2 4 7 12 11 12 12					HA Monitor		00124				e
September 5th, 2012	Septemb	per 2						CONSTR	UCTI	ON INC.				
Occupancy Status During Abatement (Chec	- B	8				Street		ess TY AVE.					- CI - M:50	
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	eriod of Ab	atem	ent					Zip Code						_
Other - Describe: 7:00am-3:30pm Mon	day - Friday	·						I, NEW JE	RSE	07011-	1802			
Scope of Work (Check All That Apply)		_						,,,,_,,					-	
≥3 sf or ≥3 lf	☐ Re	nova	tion			×	S Fu	III Containme	nt with	Negative	Pressu	re.		
≥1,60 sf or ≥260 lf	The same of the sa	moliti				×	Mi	ni-Enclosure		regaute	10334			
						×		ovebag Proc on-Exempted	edure	d Non-Fria	hle Pro	redur	Δ.	
	lel	ocatio						JII Exempled	1 / 411	a Non-i na	1	Abate		
Location of	No	rmali	y		Don	orintion						Ту	ре	
Asbestos-Containing Material (ACM)	Used Main			Asbest	tos Conta	cription aining N	i oi /lateria	I (ACM)	Α	mount			ш	
TO BE ABATED In Facility	Custo		100000000000000000000000000000000000000	(i.e.	thermal	systems	s insul	ation,		pecify	₽ e	고	nca	g
(13)		(12)			other m	ing, VA iscellar			51	or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A					2			<u> 8</u>		late	ē
Roof			х		Misc	ellane	ous		7:	20SF	x			
Roof		х	Mis	c. copi	ng sto	ne ca	aulk	8	4LF	Х				
		х												
			х											
Name of Registered Waste Hauler			DEP W		Cubic \	/ards		Name of F	Registe	red Landfil	1			
Slavco Construction Inc.			auler ID I 508	No.	of Was	te		G.R.O.V	V.S L	ANDFILL	_			
City, State					Dispos	al Date		City, State						
CLIFTON, NEW JERSEY 07011-18	02				TBD	^		MORRIS	SVILL	E, PA				
Completed by	Title				Si	gnature		2		10.70	ate		1.10	
Vivian D. Jurcevic	Genera	al Mg	gr.			hu	an	De	icu	uc A	ugust	22,2	:012	



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

Date of Notification (1	8/23/12			Name of B	uilding	g Owner/Operator	US EPA	2012 AUG 2	7 5	MI	جما	
Agencies Notified	Type Notification	1		Street Add	ress	289	0 Woodbridg			111	~ <	•
EPA DEP DOL	Initial Amended Amendment		- 1	City, State,	Zip C	ode	Edison, NJ 08	& LIC	ENS	ING	RO	L
DOH DCA	☐ Emergency ( justification) ☐ Cancellation	ncluaing		Name of Co				Telephone Nun	nber		_	
						ORMATION						
Name of Facility Whe				200			Type of Facility	, (1) All				
Street Address	US EPA -	1000 A-50	16				School (K-12 Subchapter Strong Other (i.e., p	2) 8 (Other than K-1 rivate & commerc	2) cial bui	ldings	S,	
C:4.75\	2890 Woo	odbrid	ge A	ve.			homes, etc.) Square Feet	# of Floors	TB	ldg. /	Age	
City (5)	Edi	son, N	J				100,000SF	1	_   _	-	70	
County (6)	Middlesex			County Co USE ONL		) (STATE	Current Use (Pr	ior if being demolor offices/lab				
Name of Monitoring F		Owner		ASCM No.	Ī		ment Contractor (9)	S 1				
(8)	MECS						vens Environr	nental Service	es, I	nc.		
Street Address	PO Box 34	-1				Street Address	PO B	30x 322				
City, State, Zip Code						City, State, Zip C		NII 00501				
	Crosswicks, NJ	08515		T 51		T-IN-	Allentowi	n, NJ 08501				
Project Manager for N	Monitoring Firm Weisgarber Jr			ohone No. 9) 298-40	70	Telephone No. (609) 2	59-9688	THE STATE OF THE S	0049	3		
Start Date (10)		eduled C		ion Date (1		Name of OSHA						
9/4/12			9/7/1				M	ECS				
Occupancy Status Du				10000000		Street Address	DO D	ox 341				
☐ Facility Closed/Vac ☐ Abatement Perform ☑ Other - Describe:	med Outside of Norm	eriod of a al Facility	Abaten / Hours	nent s		City, State, Zip C	Code	s, NJ 08515				
Scope of Work (Chec				1		Full Co	ntainment with Neg					
≥3 sf or ≥3 lf <b>X</b> ≥160 sf or ≥260 lf			novatio molition			☐ Mini-En ☐ Gloveba ☐ Non-Ex	closure ag Procedure empted (*) and No	n-Friable Proced	ıre			
			ocation	n					1	Abate Ty	ment oe	
Locatio	1707-1707 B.C SHOW SHOW SHOW SHOW	Used	Solely		chact	Description of os Containing Mar		Amount	-			
Asbestos-Containin <u>TO BE AB</u> IN Fac (13)	BATED	Cu	stodial taff? (12)		(i.e.,	thermal systems i surfacing, VAT; other miscellaned	insulation, , or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							ate	
Microbiol	logy Lab			×		floor tile/ma	stic	2200 SF	×			
Name of Registered V			110000	IDEP Waste	T	Cubic Yards of Waste	Name of Regis					
	nmental Service	es Inc.	-1-	18292	_	4 CU		T.R.R.F., I	nc.			12
City, State	Allentown,	NJ -				Disposal Date 9/7/12/	City, State	Tullytown,	PA			
Completed By	Title					Signature /	4//	Date				
Mahlon E. S	Stevens	Pro	oject	Manager	r	- ///	1		8/23	3/12		

PG1 CK 4403

# State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #4403 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 8/23/12						ner / Operator				1000		
Ai-a Natified	Type Notifica	tion	Stre	eet A	ddres	S	eton Universit	ASAECT	DO BOLDE				
Agencies Notified  EPA	Type Notifice	ition	Tri	ıste	es of	Princ	eton Universit	ty E.A. MacMi	illan Bldg. R	)L			
=	☐ Initial		City	v. Sta	ate & Z	ip Cod	de	OE [ ]	CENSING	OT a			- 1
		ided #14			ton, N					V.J			
□ DOL	11008-20				of Cont				Te	lephon	e Nu	mber	
⊠ DOH		gency ellation	F-176-50		t Orte		F						
DCA	Canc			MARCON 1200		_	RMATION						
		-tia Taking Di		AU	IL-III	1141 0	Type of Facility	(4)					
Name of Facility W	here Abateme	ent is Taking Pic	ace (3)				School (K-						
Princeton Unive	rsity - Fires	tone Library						er 8 (Other than	K-12)				
Street Address							Other (i.e.	private & comn	nercial buildings	, home	s, etc	c.)	
One Washington	n Road						Square Feet	# of Floor		lg. Age			
City (5)		County (6)	Coun	ty C	ode (7)	)	1				- 1		
57 ()		Mercer					Current Use (P	rior if being der	molished)			++	
Princeton		Microsi					University Li	brary					
	= 11 11	Duilding Our	or (9)		ASCN	1 No		ement Contracto	or (9)				
Name of Monitorin	g Firm Hirea t	by Building Own	iei (o)		Acon	1110.	AbateTech, I						
ATC Associates	s, Inc.			_			Street Address			1000			
Street Address			Ci4a 1	2			PO Box 25	,					
Bromley Corpo	rate Center	3 Terri Lane,	Suite i				City, State & Z	in Code		- 100			
City, State & Zip C							Lumberton,						
Burlington, NJ	08016		T-1		Nlumba	or.	Telephone Nu		License Nu	ımber	2		
Project Manager for	or Monitoring	-irm	Teleph 609-38			31	609-265-210			0052	9		
Mike Keehn		0 1 11 10	107007000000000000000000000000000000000		-		Name of OSH	The second secon					
Scheduled Start D 10/17/		Scheduled Cor	npletion 9/28/1		e (11)		EMSL Analy						
Occupancy Status	During Abata	ment (Check o		A SANCES OF THE PARTY OF THE PA		-	Street Address						
Facility Cl	osed/Vacated	During Entire F	eriod of	SdA	atemen	ıt	108 Haddon					-	
Abatemen	nt Performed C	outside of Norm	al Hour	'S			City, State & Z						
Describe:							Westmont, I	NJ 08108					
	ccupied During												
Scope of Work (C	heck all that a	ipply)							ainment with Ne	egative	Pres	sure	
			$\overline{}$	_		ever.		Mini-Enc		-3			
≥3 sf or ≥3	3 If		$\boxtimes$		ovatio				g Procedures				
∑ ≥160 sf ≥2	260 If			Den	nolition	1			mpted and Non	-Friable	Pro	edu	re
								<u> </u>	Amount		teme		
	Location of			ocat			Description	101	(Specify	And	iteme	7111	ypc
	estos-Containi		Norm				Asbestos-Cont Material (AC		SF or LF)			ш	-
	laterial (ACM)			lely			(i.e., thermal sy		01 01 21 7	Re	Z.	nca	100
TO	D BE ABATED	<u>)</u>	Maint			i	nsulation, surfac	ing VAT		Remova	Repair	psı	Enclosure
	in Facility			(12)	otan:		or other miscella	aneous)		<u>a</u>	=	Encapsulate	-Fe
Work Area #1 Le	(13)			No	N/A	Floo	r tile & Mastic (I	NF Removal)	400 SF			(D	
		<del></del>	+==+	П			Floor tile & N		39,600 SF				
Work Area #1 8			171	Ħ		F	Pipe/Fitting Ins		4,500 LF				
Work Area #1 8 Work Area #1			十十十	H	T		nt Compound		8,500 SF				Ш
Work Area #3			十十十	Ħ			Pipe/Fitting Ins		100 LF	$\boxtimes$		Ц	Ш
			甘甘	Ħ	X		Floor tile & I	Vastic	1,780 SF				
The second secon	Vork Area #4 Level B						Floor tile & I		1,063 SF				
	Vork Area #1 Level 1A						Cubic Yards	Name of Regi	stered Landfill	J. 17			
Name of Registe	Name of Registered Waste Hauler						of Waste	The second	1.0				
AbateTech, Inc	AbateTech, Inc.						14	TRRF Landi	riii				_
City, State							Disposal Date	City, State Tullytown, F	οΔ				-
Lumberton, N.	J		12.91529		21 2172	W 11 5	9/28/12	i unytowji, i		Date			-
Completed By (F					tle		Signature	1 AM		8/23			
Gwen Trumbett	i			O	pps. C	oora.	$\sim$	1001		012	- 12		

PG 2

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

RECEIVED

1109-4387

Date of Notification			1 245				wner / Operator		2012 AU	G 27	Dia			
	8/23/12		- 1	rinc	eton (	Jnive	rsity ceton Univers ode 8544			021	M	#:	it	
Agencies Notified	Type Notifica	ation	5	treet	Adare	SS 5 Duin	aatan Univers	ity E A MacMi	III Pida	1" + n				8
			1	rust	ees o	T Prin	ceton Univers	ILY E.A. IVIACIVI	man blug	<del>1.US</del> 0	ON	IT.	m	$\dashv$
☐ DEP	Initial			ity, S	tate &	Zip Ci	ode		oc L	ICENS	IN	C	UL	
□ DOL		nded #14					3544			Telepho	1:4	N	ld	ŽA.
□ DOH		gency			of Cor					Telebro	one	NUI	mbe	TE.
☐ DCA	☐ Cano	ellation	F	Robe	rt Ort	ego, I	P.E.	65						
					CILITY	/ INFO	ORMATION						-	
Name of Facility W	here Abateme	ent is Taking Pl	ace (3	)			Type of Facilit							
Princeton Unive	rsity – Fires	tone Library					School (K		14.40)					
Street Address							Subchapt	er 8 (Other than	K-12)					
One Washington	n Road							. private & comn				, etc	C.)	
				1000		900 AZ	Square Feet	# of Floors	s	Bldg. Ag	je			
City (5)		County (6)	Col	unty (	Code (	7)								
Princeton		Mercer					Current Use (F	Prior if being der	nolished)					
							University L	.ibrary				-		
Name of Monitoring	Firm Hired b	y Building Owr	ner (8)		ASC	M No.		ement Contracto	or (9)					
ATC Associates							AbateTech,	Inc.						
Street Address			20000				Street Addres	S						
Bromley Corpor	ate Center :	3 Terri Lane,	Suite	12			PO Box 25							
City, State & Zip Co			503(6)				City, State & 2		-					
Burlington, NJ 0		a de moner					Lumberton,							
Project Manager for	r Monitoring I	Firm			Numb	er	Telephone Nu		License	Number 005				
Mike Keehn			609-				609-265-210 Name of OSH			005	25		-	
Scheduled Start Da		Scheduled Cor	npletic <b>9/2</b> 8		te (11)	-	EMSL Analy		-					
10/17/1 Occupancy Status		mont (Chack o					Street Addres					_		
Facility Clo	sed/Vacated	During Entire F	eriod	of Aba	ateme	nt	108 Haddon							
		utside of Norm					City, State & 2	and the second s						
Describe:							Westmont,							
	cupied During	Abatement							5					
Scope of Work (Ch														
			S-20						ainment with	Negativ	e Pi	ress	sure	
≥3 sf or ≥3	lf		$\boxtimes$		novatio			Mini-Enclo						
≥160 sf ≥2	60 If			Der	nolitio	n			g Procedures					
								Manual Control of the	npted and No					-
	ocation of			Locat			Description	S. A. S.	Amount	At	ate	me	nt I	ype
	stos-Containii	ng	1		Used		Asbestos-Conf		(Specify SF or LF)				т	
	aterial (ACM)			olely			Material (AC (i.e., thermal sy		SF ULLT)	2	2	7	nc	E
	BE ABATED				nce or Staff?		insulation, surfac			Nei ilova		Repai	sde	clos
	in Facility (13)		Cust	(12)	Otan:		or other miscella			a d		₩.	Encapsulate	Enclosure
	(10)		Yes	No	N/A								Ö	
Level A Elevato	r Lobby		П	П		Floor	tile & Mastic (Ful	I Containment)	450 SF					
Mechanical Sha		- T Y. I.		П	TH	Pipe	e Insulation (Full 0	Containment)	150 LF		III			
Level 1 - main S		7)	Ħ	Ħ		Ac	coustical Ceilir	ng Plaster	800 SF					
Level 1- Offices			IT	T	X		Radiator Li	-	120 SF	X				
Level 1- Trustees Read			T			12:	Radiator L	iner	40 SF					
	evel 1- Trustees Reading Room (WA#9, 10 & 11)						Pipe Insula		50 LF					
Name of Registere	lame of Registered Waste Hauler						Cubic Yards	Name of Regis	tered Landfil	1		+1.11/	1 -	100 90220
							of Waste							
AbateTech, Inc.	bateTech, Inc.						12	TRRF Landfi	II			- 2		-
City, State	ity, State						Disposal Date	City, State						
Lumberton, NJ	Y TOTAL			1100			9/28/12	Tullytown, P.	A	15				
Completed By (Pri	nt or Type)		_6	1000	tle	7 -	Signature	+		Date		40		
Gwen Trumbetti				0	pps. C	oord.	1	1 1/1		8/2	3/7	12		
				- 1									_	_

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

Date of Notification							Owner / Operator	(2) 2012 AUG	27 PHII: i	ŧ.			
	8/23/12	-tion			eton L Addres		isity		, , , , , , , ,	4	- 335		-
Agencies Notified	Type Notific	ation	3	ruct	Addres	os Drin	ceton Univers	ity E & MacM	illan Bida roc				
⊠ EPA	☐ Initia	î.	C	ity S	tate &	Zin C	nde	& 1	ICENSING	H		ii c	
DEP		nded #14	7.0	1 1 1 T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	eton,				ICTUSTAR.	<b>A</b> A			
□ DOL					of Con		),,,,,		Tel	ephor	e Ni	ımbe	er
□ DOH □ DCA		rgency cellation	1 8 8 8		rt Orte		PF		1.0	ODITO			
L DCA	L Can	Schation	1,		reconstruction of				11				$\dashv$
Name of Facility W	horo Abatam	ent is Taking P	ace (3)		ILII Y	INF	Type of Facilit	v (4)		-			
Princeton Unive							School (K						
Street Address	tolly the	3.0.10 2.2.4.3					Subchapt	er 8 (Other than	K-12)				- 1
One Washington	n Poad								nercial buildings,	home	es, e	c.)	- 1
Offe washington	Titoau						Square Feet	# of Floor	s Bldg	g. Age	!		- 1015100
City (5)		County (6)	Cou	inty C	ode (7	")						×	
Princeton		Mercer					Current Use (I	Prior if being de	molished)				
i illiootoli							University L	.ibrary					
Name of Monitoring	a Firm Hired I	by Building Own	ner (8)		ASCI	M No.	Name of Abat	ement Contracto	or (9)	11,			
ATC Associates		,					AbateTech,	Inc.					
Street Address							Street Addres	S					
<b>Bromley Corpor</b>	ate Center	3 Terri Lane,	Suite	12		.555.22	PO Box 25						
City, State & Zip Co Burlington, NJ Co							City, State & Z Lumberton,						
Project Manager for		Firm	Telep	hone	Numb	er	Telephone Nu		License Nur				
Mike Keehn			609-3	-	-		609-265-210			0052	9		
Scheduled Start Da 10/17/1		Scheduled Co	mpletio 9/28/		e (11)		Name of OSH EMSL Analy			95	-		
Occupancy Status	During Abate	ement (Check o	nly one	)	neess/seam		Street Addres						
Facility Clo	sed/Vacated	During Entire F	Period o	of Aba	atemer	nt	108 Haddon						
Abatement	t Performed C	Outside of Norm	al Hou	Irs			City, State & 2		1 4				
Describe:							Westmont,	NJ 08108					
Married 1	cupied During										81811-		_
Scope of Work (Ch	neck all that a	apply)						Full Cont	ainment with Neg	ative	Pres	SUITE	1
	16		M	Don	ovatio	n		Mini-Encl		jauvo		ouro	
≥3 sf or ≥3			M		nolition			The state of the s	g Procedures				
≥160 sf ≥2	60 JT			Den	HOIILIOI				npted and Non-F	riable	Pro	cedu	re
	tion of		I le l	ocat	ion l	-	Description	<u></u>	Amount			ent T	
Description of the second of t	Location of stos-Containi	na	Norm	- CARLON CO.	3/37/5/5 Y.		Asbestos-Conf		(Specify	-			,,-
	aterial (ACM)	iig		olely l			Material (AC		SF or LF)			Ē	т
	BE ABATED		Maint				(i.e., thermal sy			en	Re	cap	nclo
	in Facility		Custo		Staff?		insulation, surfac			Remova	Repair	Encapsulate	Enclosure
	(13)		Voo	(12) No	N/A		or other miscella	aneous)		<u>a</u>		ate	ਰ
Level 1- Trustees Read	ling Room (WA#	t9. 10 & 11)	Yes	П	N/A		Acoustical Ceilin	g Plaster	300 SF		П	П	П
Level B- West C				Н		-	Floor tile & M		885 SF		Ħ	m	m
				H			Floor tile & N		100 SF	X	Ħ	П	Ħ
Level 3- IAS Ro			H	H		Λ,	coustical Ceilir		340 SF	M	Ħ	Ħ	П
Level 3- IAS Ro	H	H		A	Pipe Insula		30 LF	N			Ħ		
Level 1- Main Lobb	Level 1- Main Lobby (platform area WA#14)						ripe ilisula	ition	OU LI		Ħ	Ħ	Ħ
Name of Registere	ed Waste Hai	uler		N.	IDEP V	Vaste	Cubic Yards	Name of Regis	tered Landfill				
Ivallic of registers	ou vvuoto ma	4.0.		1000000	auler IE		of Waste		2 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
AbateTech, Inc.	AbateTech, Inc.						12	TRRF Landfi	11				
City, State			114	- "		V 0 =	Disposal Date	City, State					
Lumberton, NJ							9/28/12	Tullytown, P	Α				
Completed By (Pri	int or Type)			Tit			Signature	1		Date			
Gwen Trumbetti				Ot	ops. C	oord.	1 CM	11		8/23	/12		
							1	V 1				_	

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

Completed By (P Gwen Trumbetti					tle pps. Co	oord.	Signature	11			23/	12		
Lumberton, NJ	city, State .umberton, NJ						Disposal Date 9/28/12	Tullytown,	PA	Dat				
Name of Register  AbateTech, Inc.			JDEP Wauler ID 1875	No.	Cubic Yards of Waste 12	TRRF Land City, State	istered Landfi							
							12	IN CE			][[		Ш	
							taran and a second		A second			1		
Level B- Phase 2	2B Swing Spa	ce (WA#15)	141				Floor tile & I	Mastic	2,700 SI	F   ≥	1   [	=	H	H
Level 3- IAS Roo	ms 3-6-D/3-7	-C (WA#13A)					Pipe Insulat		12 LF	- 12	1   [	+		H
Level 3- IAS Roo							Acoustical Ceilin		34 SF		J. L	4	Ц	님
Scope of Work (C	Abatement Performed Outside of Norm Describe:  Facility Occupied During Abatement ope of Work (Check all that apply)  ≥3 sf or ≥3 lf						Description Asbestos-Cont Material (A0 (i.e., thermal synsulation, surfact or other miscella	Mini-En Glove E Non-Ex of taining CM) ystems cing, VAT aneous)	Bag Procedure empted and N Amount (Specify SF or LF	es Ion-Friab A	oate		edu	re
Abatemen Describe: Facility Oc	osed/Vacated at Performed Cocupied During	During Entire Poutside of Normand	eriod o	t Aba	atement	t	Street Addres 108 Haddon City, State & Z Westmont,	Ave. Zip Code						
Scheduled Start D 10/17/	11	Scheduled Con	9/28/	12	te (11)		Name of OSH EMSL Analy	rtical						
Project Manager for Mike Keehn			609-3	86-8		er	Telephone Nu 609-265-210	7	License	005				
City, State & Zip C Burlington, NJ	ode 08016						City, State & Z Lumberton,	NJ 08048	Liconea	Numbe		-		
Street Address Bromley Corpo		3 Terri Lane,	Suite '	12			Street Address PO Box 25							
Name of Monitorin		y Building Own	ner (8)		ASCN	I No.	Name of Abate AbateTech,	ement Contractinc.	ctor (9)					
City (5) Princeton		County (6)  Mercer	Cou	iny O	.506 (1)		Current Use (F		emolished)					
Street Address One Washingto	n Road	I C (6)	Cou	nty C	ode (7)		Subchapt Other (i.e Square Feet	private & con	nmercial buildi	ngs, hor Bldg. Aç		etc	.)	
Name of Facility W Princeton Unive	here Abateme ersity – Fires	tone Library	ace (3)				School (K		n K 12\	8				
	// Alt	nt in Taking Di		FAC	CILITY	INFC	Type of Facility	v (4)						
DCA		ellation			rt Orte		evano.				_			
□ DOL     □ DOH     □ DOH	The State of the S	gency			of Cont		077			Telenh	ne	Nun	nhei	
DEP	☐ Initial ☐ Amer	nded #14			tate & Z			the fire	LOUR STAR	Ø A				
EPA			Tr	uste	es of	Princ	eton Universi	ity E.A. Macl	Willam Bldg.	ROL_			- 0	
Agencies Notified	8/23/12 Type Notifica	ation										377		_
Date of Notification			Na	ame o	of Build	ing O	wner / Operator	(2) 2012 AU(	327 PMIL	: 16				

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

Date of Notification	(1) 8/23/12			Nam	e of Bu	ilding	Owner / Operat	tor (2)	2012 AU	G 27	014 .	96	
Agencies Notified	Type Notific	ation		Stree	et Addr	ess	Cisity		cMillan Bldg.	-/	711		
Ĭ EPA	,			Trus	stees o	of Pri	nceton Unive	rsity F A Ma	cMillan Blda	File -		-	•
☐ DEP	☐ Initia	I		City.	State 8	Zin (	Code	Tolly Lin. Illa	de 1 1	102.00	HIT	201	
□ DOL	☐ Ame	nded #14		Prin	ceton	N.I O	18544		[-1	UEMS!	NO	TOL	
□ DOH   □	☐ Eme	rgency		Nam	e of Co	ntact				Teleph	ono N	lumik	(Ar
☐ DCA		cellation			ert Or		P.E.			Detebri	JIIC IV	ung	E.
							ORMATION			L		-	
Name of Facility Wi	nere Abatem	ent is Taking F	Place (	3)	The state of the s		Type of Fac	cility (4)					
<b>Princeton Univer</b>							School	(K-12)					
Street Address								apter 8 (Other th	nan K-12)				
One Washington	Road								mmercial buildir	nas hon	nes e	etc )	
							Square Fee			Bldg. Ag		,,	
City (5)		County (6)	Co	untv	Code (	7)	- Junio 1 50	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0013	Diag. As			
Princeton		Mercer			, ,	.,	Current Uso	(Prior if being	damaliahad)				
. miooton		INICICOI							demonsned)				
Name of Monitoring	Firm Hirad h	v Building Ow	por (9)	-	IACC	M No.	University		1 (0)				
ATC Associates,		y Building Ow	1161 (0)		ASC	IVI IVO.		atement Contra	actor (9)				
Street Address	me.						AbateTech						
Bromley Corpora	te Center 3	Terri I and	Suito	12			PO Box 25						
City, State & Zip Co	de	rem Lane,	Juite	14							-200		
Burlington, NJ 08							City, State 8	1, NJ 08048					
Project Manager for		irm	Teler	hone	Numb	or	Telephone N		l isones !	Ni mala a a			20-00
Mike Keehn	wormoning r		609-			CI	609-265-21		License I	Number 0052	20		
Scheduled Start Dat	te (10)	Scheduled Cor					Name of OS			0002			
10/17/11	Service Contract of the		9/28		()		EMSL Ana						
Occupancy Status D	Ouring Abater	ment (Check o	nly one	e)		- Committee	Street Addre						11
		During Entire F			atemer	nt	108 Haddo	n Ave.					
	Performed Or	utside of Norm	al Hou	urs			City, State &	Zip Code					-
Describe:							Westmont,	NJ 08108					
	upied During												
Scope of Work (Che	ck all that ap	ply)						ALCHA I	-				
								Full Co	ntainment with N	Vegative	Pres	sure	
≥3 sf or ≥3 lf			$\boxtimes$		novatio			Mini-En	closure				
≥160 sf ≥260	) If			Der	nolition				Bag Procedures				
								☐ Non-Ex	empted and No	n-Friable	Pro	cedu	re
	cation of		Manager Control	_ocat			Descriptio		Amount	Aba	ateme	ent T	ype
	os-Containing erial (ACM)	3		olely	Used		Asbestos-Cor		(Specify				
	E ABATED				ice or		Material (A (i.e., thermal s		SF or LF)	N R		티	Щ
	Facility				Staff?	i	nsulation, surfa	cing VAT		Remova	Repai	Encapsulate	Enclosure
/	(13)			(12)			or other miscell			ova	a:	Silvis	Sur
			Yes	No	N/A						1	ति	Ф
Work Area #1- Leve	el 1			П		Sr	orayed on Fire	enroofing	6,220 SF		Th	$\Box$	
Work Area #1- Leve	el 1		TI	n			VAT & Ma		4,000 SF		H	Ħ	H
Work Area #1- Leve	11	141	П	n		R	adiator Liner		714 SF		7	計	H
Work Area #1- Leve	11		Til	П			oisture Barrie		714 SF		壯	H	屵
							- 1	· matorial	71401		H	Ħ	H
										一片	H	H	H
Name of Registered	Waste Haule	er		NJ	DEP W	aste	Cubic Yards	Name of Reg	istered Landfill	71			
					uler ID		of Waste	1.100	otorou Zariailir				
AbateTech, Inc.	1 1				18750	)	40	TRRF Land	fill				
City, State		The Version	ALT:	1 107	4711		Disposal Date	City, State	10.2			-	
Lumberton, NJ							9/28/12	Tullytown, I	PA				22
Completed By (Print	or Type)			Titl	е		Signature			Date	-		
Gwen Trumbetti				Op	ps. Co			0 2-		8/23	112		
							101	1 11		0,20			1

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

Check #4402
RECEIVED

Date of Notification	(1) 8/23/12				e of Bu <b>ceton</b>		Owner / Operato	or (2)	2012 AUG 2	7 P	M 11.			
Agencies Notified	Type Notific	ation						,		- 1	1111.	45		
Ĭ EPA			-	Trus	tees c	f Pri	nceton Univer	sity E.A. Ma	Millan Bld	<b>q.</b> 7%	11171	2022		
☐ DEP		al	(	City,	State 8	Zip (	Code		& LICE	War	14/1	UL		
□ DOL	☐ Ame	ended			ceton,				02	11011	NG	63		
□ DOH     □	☐ Eme	rgency	1	Vam	e of Co	ntact				Te	elepho	ne	lumb	er
☐ DCA	☐ Can	cellation	F	Rob	ert Orl	ego,	P.E.						1	
					CILIT	Y INF	ORMATION							
Name of Facility Wh				3)			Type of Faci						3101	
Princeton Univer	sity - Fires	stone Library					School (	A	a processor and a					
Street Address							- Comment	pter 8 (Other th	and the latest matter than the second state of the second		- 57		1000 W	
One Washington	Road							e. private & co		-			etc.)	
011 (5)							Square Feet	# of Flo	oors	Bld	lg. Ag	е		
City (5)		County (6)	Co	unty	Code (	7)						700 CC		
Princeton		Mercer	- 1				Current Use	(Prior if being of	demolished)					
							University	Library						
Name of Monitoring		y Building Ow	ner (8)		ASC	M No	. Name of Aba	atement Contra	ctor (9)	-				
ATC Associates,	Inc.						AbateTech	, Inc.						
Street Address							Street Addre							
Bromley Corpora		3 Terri Lane,	Suite	12			PO Box 25	The state of the s						
City, State & Zip Co							City, State &							
Burlington, NJ 08			lar ı	•			Lumberton							
Project Manager for	ivionitoring i	-irm	609-3		Numb	er	Telephone N		Licens	se Nur				
	e Keehn						609-265-21				0052	.9		
9/7/12	neduled Start Date (10) Scheduled Con						Name of OSI EMSL Anal							
Occupancy Status D	Ouring Abate	ment (Check o	9/28				Street Addre							
Facility Clos	ed/Vacated	During Entire F	eriod o	of Ab	atemer	nt	108 Haddo	n Ave.						
Abatement F	Performed O	utside of Norm	al Hou	ırs			City, State &	Zip Code				-222		
Describe:							Westmont,	NJ 08108						
Facility Occu	_													
Scope of Work (Che	ck all that a	oply)									202	entrouse.		
□ >2 of o=>2 t	-8			-				The state of the s	ntainment wit	h Nec	gative	Pres	ssure	<b>)</b>
≥3 sf or ≥3 lf			$\bowtie$		novatio			Mini-En						
≥160 sf ≥260	זו כ			Dei	molitior	1			Bag Procedur			_		
	- 11								empted and I					
	cation of os-Containin			ocat			Description		Amoun		Aba	item	ent I	уре
	erial (ACM)	g	Norm	olely			Asbestos-Con Material (A		(Specify SF or LF		1		m	
	E ABATED		Maint				(i.e., thermal s		Si oi Li	,	Re	R	nc	Ē
	Facility				Staff?		insulation, surface				Remova	Repair	sde	clos
	(13)			(12)			or other miscell				Val	₩.	Encapsulate	Enclosure
			Yes	No	N/A								G.	
Work Area #1- Leve	11				$\boxtimes$	S	prayed on Fire	eproofing	6,220 S	F				
Work Area #1- Leve	el 1					J.W.E. III S.C.	VAT & Ma	stic	4,000 S	F				П
Work Area #1- Leve	1 1					F	Radiator Liner	Material	714 SF	=	M	П	П	
Work Area #1- Leve	11	- 0x -				M	oisture Barrie	r Material	714 SF	=				П
							12.17							
Name of Registered	ame of Registered Waste Hauler						Cubic Yards	Name of Reg	istered Landf	fill				
	-4.T. I. I.						of Waste							
AbateTech, Inc.	1 100				1875	0	40	TRRF Land	fill					
City, State							Disposal Date	City, State		1	1	7		
Lumberton, NJ		57% (1 ) A					9/28/12	Tullytown,	PA		1			= }
Completed By (Print	or Type)			Tit			Signature	1 1 200		100	Date			
Gwen Trumbetti				Op	ps. Co	ord.	(20	AT		8	8/23	/12		
							V VV	1 10						

Nock

## State of New Jersey 1207-4530 NOTIFICATION OF ASBESTOS ABATEMENT, Check # (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification	(1) 8/23/12			Nam- Yale			g Owner / Ope	erato	r (2) 2012 AU	327 PHI	1:45			
Agencies Notified	Type Notific	ation		-		dress		-						
⊠ EPA		v."	S 1			urch	The state of the s		20010	FOS CON	TROL			
☐ DEP ☐ DOL	│	nded #1				e & Zip			Ox L	ICENSING	3 00			
Ø DOH	(2 21)	rgency				Contac	J 08043				Telepho		lumb	205
DCA		cellation		Scot							releptic	nie i	um	Jei
				FΔ	CII	ITY IN	FORMATIO	N				- 32	•	
Name of Facility Wh	nere Abatem	ent is Taking P	lace (		COIL		Type of I	NAME OF TAXABLE	ty (4)					
Yale School			•		_00000		⊠ Sch							
Street Address									ter 8 (Other than					
2127 Church Rd.									e. private & comn				etc.)	
0:1 (5)		To				(ma)	Square F	eet	# of Floor	s	Bldg. Ag	е		
City (5)		County (6)	Co	unty	Cod	e (7)								
Cherry Hill		Camden					School	Jse (	Prior if being der	nolished)				
Name of Monitoring	Firm Hired h	y Building Ow	ner (8)		IA	SCM N		Abat	ement Contracto	or (0)			2004	***************************************
TTI Environment		by building Owl	161 (0)		\A.	SCIVITY	AbateT			n (9)				
Street Address		***************************************					Street Ad		THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I					
1253 North Churc							PO Box	25						
City, State & Zip Co							20.00		Zip Code					
Moorestown, NJ			T <del>-</del> -						NJ 08048	T				
Project Manager for Jim Guilardi	Monitoring I	-irm	856-			mber	Telephor 609-265			License I	Number 0052	29		
Scheduled Start Dat	te (10)	Scheduled Cor	_						A Monitor					
8/16/12			9/7	-			EMSL A	naly	/tical					
Occupancy Status E							Street Ac							
		During Entire Futside of Norm	ALCOHOLD STREET		aten	nent	108 Had							
Abatement P	-enomied O	utside of North	ai no	urs			City, Stat		NJ 18108					
	upied Durina	Abatement :					VVestino	JIIL, I	NJ 10100					
Scope of Work (Che														
□ >2 -f - > 2 H	•		K-3	-						inment with N	Vegative	Pres	ssure	Э
≥3 sf or ≥3 lf ≥160 sf ≥260			$\bowtie$		nova				Mini-Enclo	25/19719231JA:				
2 100 SI 2200	JII		Ш	Dei	molit	1011				Procedures pted and No		Dro	codi	uro
10	cation of		Is	Locat	tion	T	Descri	ntion		Amount				Type
	os-Containin	g		nally		d	Asbestos-			(Specify	7.00		Г	1
	erial (ACM)			olely			Materia			SF or LF)	70		E	ш
	E ABATED Facility		Main				(i.e., therm insulation, se				em	Repair	cap	nclo
	(13)		Cust	(12)			or other mis				Removal	air.	Encapsulate	Enclosure
			Yes	No	N/A	A							िर्क	
Rooms 224, 223	3, 226, 221			$\boxtimes$	I		Floor tile	& N	lastic	2,856 SF				
Room 200				X	L		Floor tile	& N	lastic	336 SF				
Room 122				$\boxtimes$			Floor tile	& N	lastic	225 SF				
(2) Storage Close	ts	Version of a s	$\boxtimes$			]	Ma Ma	stic	642345454	120 SF				
(2) Stage Foyers	and the same	A CONTRACTOR OF THE PARTY OF TH		$\boxtimes$			Floor tile	& N	lastic	72 SF			Ц	
Name of Decisters	Mosta II-				1	- Culti- V		Name of D		لال	Ц	Ш		
Name of Registered	waste Haui				Wast ID No.		S	Name of Regist	erea Lanaiiii					
AbateTech, Inc.				750		20	UH I	TRRF Landfill	a o Birt					
City, State				7		Disposal Da	ate	City, State						
Lumberton, NJ						9/7/12		Tullytown, PA						
Completed By (Print	or Type)			1 2000	le -		Signature		1		Date			
Gwen Trumbetti				100000	ffice		( /	1	1 1		8/23/	12		
				Co	ord		1 ×	N		4				

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

1208-4542 Check #4404

Date of Notification (1) 8/22/12		Name PSE	e of B	uilding	Owner / Operate	912'AUG 27	PH 11: & L				
Agencies Notified    EPA		Stree 80 P City, New Name	t Addi ark P State ark, I e of C	ress	Code 101	SBESTOS & LICEN	CONTROL ISING (A)	elepho	one I	Numl	ber
		FA	CILIT	TY INF	ORMATION				-	100000	
Name of Facility Where Abatement is Taking Pla PSE&G Exterior Railroad Bridge Street Address Main Street & Polhemus Lane	ace (S				Type of Faci School (	(K-12) pter 8 (Other t	han K-12) ommercial building	ıs, hom	nes,	etc.)	
					Square Feet	# of F	loors B	ldg. Ag	е		
City (5)  Bridgewater  County (6)  Somerset	Co	unty	Code	(7)	Current Use Railroad B	(Prior if being	demolished)				
Name of Monitoring Firm Hired by Building Own- Health & Safety Services	er (8)		AS 11	CM No		atement Contr	actor (9)	7			
Street Address 318 12 <sup>th</sup> Street					Street Addre		F				
City, State & Zip Code Hammonton, NJ 08037					City, State &	Zip Code 1, NJ 08048					
Project Manager for Monitoring Firm			Num 88 <b>50</b>	ber	Telephone N 609-265-21	lumber	. License N	umber 0052	 29		
Scheduled Start Date (10) Scheduled Com 8/23/12	pletic 8/24		te (11	1)	Name of OS EMSL Anal						
Occupancy Status During Abatement (Check on Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Describe:  Facility Occupied During Abatement  Scope of Work (Check all that apply)  ≥3 sf or ≥3 lf ≥160 sf ≥260 lf	eriod	of Ab urs Rer	ateme	on	Street Addre 108 Haddo City, State & Westmont,	n Ave. Zip Code NJ 08108  Full Co Mini-E Glove	ontainment with Ne nclosure Bag Procedures xempted and Non-				
Location of		Locat		T	Descriptio	n of	Amount		-	nent 7	
(13)	S Main	olely tenar	Used by ice or Staff?		Asbestos-Cor Material (A (i.e., thermal s insulation, surfa- or other miscell	.CM) systems cing, VAT	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Exterior				E	xterior Transit	e Conduit	700 LF				
		H	H							H	
	H	十	H	-				+H	H	H	
		Ī	Ī								
Name of Registered Waste Hauler  Waste Management				Waste D No. 25	of Waste	GROWS N	gistered Landfill  orth Landfill				
City, State Camden, NJ					Disposal Date 8/24/12	City, State Morrisville	. PA				
Completed By (Print or Type)  Gwen Trumbetti		Tit Of		oord.	Signature	ct	**************************************	Date <b>8/22</b>	/12		*

No Check

## State of New Jersey 1207-4524 NOTIFICATION OF ASBESTOS ABATEMENT Check# (Pursuant to N.J.A.C. 8:60 and 12:120)/ E()

Date of Notification				Na	me	of Bu	uilding	Owner / Operat		- 51411 1					-	
L	8/22/12			-		ansi		2012	AUG 2	7 PMII:4	ly .					
Agencies Notified EPA	Type Notific	ation		1000		Addr					.,					
□ DEP	☐ Initia	d						ca East Code	ESH	)S.CONIRO	<u> </u>					
□ DOL		nded #1						105-2246	& LII	CENSING	GD)					
□ DOH		rgency					ontact		97		N 70°	Telep	hor	e N	umb	er
□ DCA		cellation		Ru	ISS	ell S	amar	00							_	
					FΔC	II II	V INI	FORMATION		0			_			
Name of Facility WI	nere Abatem	ent is Taking F	Place		7	71611	1 1141	Type of Fac	ility (4)				_			
Newark Penn Sta		3		(-)				School								
Street Address									pter 8	(Other than K-	12)					
1048 Raymond B	llvd.									ate & commerc	cial buildir	igs, ho	me	s, e	tc.)	
011 (5)		1					- 3	Square Feet	t	# of Floors		Bldg. A	\ge			
City (5)		County (6)	C	oun	ty C	ode	(7)								2000	
Newark		Essex	-						100	if being demoli	shed)					
Name of Manitoring	Circo Hirad b	Duilding O		1		TAGG	20.4.01	Train Stati								
Name of Monitoring TTI Environment		by Building Ow	ner (8	)		ASC	CM No	AbateTech		nt Contractor (9	)					
Street Address	<u></u>		7.7			-	-	Street Addre				-				_
1253 North Churc	ch Street							PO Box 25								
City, State & Zip Co			15000				1	City, State &								
Moorestown, NJ		<u> </u>	<u></u>					Lumbertor			<u> </u>					
Project Manager for Jim Guilardi	Monitoring F	-irm	856			Numl	per	Telephone N 609-265-32			License N					
Scheduled Start Date	mplet			-	_	Name of OS	-	nitor	****	00:	528		**********	Mark Control		
8/16/12		3/12		5 (11)	1	EMSL Ana										
Occupancy Status D	Ouring Abate	ment (Check o	nly or	ne)			7 .	Street Addre	SS					10.7		
		During Entire F				temé	nt	108 Haddo								
	Performed O	utside of Norm	al Ho	ours	الصيحية	all?		City, State &	100							
Describe: Facility Occi	iniad Durina	Abatamant						Westmont,	, NJ 18	3108						
Scope of Work (Che				-	- 4		- 4								_	
oceps of Holk (one	on all triat a	ppiy)							П	Full Containm	ent with N	Vegativ	e F	res	sure	,
≥3 sf or ≥3 lf			$\boxtimes$	R	Rend	ovatio	n		$\boxtimes$	Mini-Enclosur		-				
≥160 sf ≥260	) If			D	)em	olitio	n		$\boxtimes$	Glove Bag Pro	ocedures					
										Non-Exempte						
	cation of os-Containin	a	ls Nor		catio		-	Descriptio Asbestos-Cor		To the second		Α	bate	eme	ent T	уре
	erial (ACM)	9			ly b		P S	Material (A			Specify F or LF)				т	
TOB	E ABATED		Mair	nten	anc	e or		(i.e., thermal s	system	s	,	3	0	20	Encapsulate	Enclosure
in	Facility (13)		Cust			taff?		insulation, surfa				0	3	Repair	nsd	losu
	(13)		Yes	(1) N		N/A	100	or other miscel	ianeou	S)		2	2	7	late	6
Pipe Chase	-		П	١ï	7			Pipe Insul	ation		15 LF		1 1	-		
i ipo onase			H	th	#	H		ripe ilisui	ation		13 LF		J   [	=	Н	H
Daniel Control			Ħ	恄	1	Ħ	12000					ᆉ	11	=	H	H
			Ī	T	it	Ħ						一片	iti	Ħ	Ħ	H
										Superior in			İTİ		Ħ	
								State of the state of								
Name of Registered Waste Hauler								Cubic Yards	Nam	e of Registered	Landfill					
AbateTech, Inc.						ler ID 1875		of Waste	TDD	F Landfill						1
City, State						10/5	0	Dianacal Data					_	7.00		
Lumberton, NJ								Disposal Date 9/8/12		State /town, PA						1-3
Completed By (Print	or Type)			17	Title			Signature		,		Date	4			
Gwen Trumbet						ice			9			8/2		12		
				ord.		X.11	1									

OK 32 D&S Proj. #: MS 12-294

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

									V 1	1000			
Date of Notification			lame of Bu	ilding Owr	ner/Operator (2	2)		2012 AUG 27	PMII				
10 18 1/12 11			BENNY	DEGIAC	CKAMO				11111	42			
Agencies Notified EPA	Type Notificati Initial	on S	treet Addre	ess				& LICEN	CONTI	וחל			
☐ DEP	Amended		147 CHU	JRCH ST	TREET			& LICEN	SING	IUL			
	Amendment #:		ity, State,	Zip Code		-	*			V2	Ď		
■ DOL	Emergency		-	Y, NJ 07	110								
□ DOH	(including justification)	N	ame of Co	ntact				Telephone	Number				
☐ DCA	Cancellation		BENNE	Y DEGI	ACKAMO				,	8			
	***************************************			FAC	CILITY INFORM	MATION							
Name of facility w	here abatement is	s taking pla	ace (3)		THE RESERVE TO SERVE THE PARTY OF THE PARTY			Type of Facility (4	(K - 12)				
BENNY DEG	IACKAMO								pter 8 (O	thar th	an K	12)	
Street Address				-					Private/Co			12)	
147 CHURCH	CTDEET							Bldgs./h	lomes, et	c.			
147 CHURCH	ISTREET	I Cour	nty (6)			Lo	-1. 0 -1 - (7)	Square Feet	of Floor	S	Ble	dg. A	ge
City (5)		Cour	ity (O)				nty Code (7) te use only)	Current Use (Pri	or if being		olishe	ed)	
NUTLEY			SEX			_			or in Souri	,			
Name of Monitoria	ng Firm Hired by I	Bldg. Owne	er (8)		ASCM No.		Name of Abatement	Contractor (9)					
					5 40 3		D & S RESTOR	ATION, INC.					
Street Address							Street Address						
							20 California A						and the same of
City, State, Zip Coo	de					-	City, State, Zip Code						
Designat Managar fo	Manitarian Firm		Lo	Ni	has		Paterson, NJ 0	7503	Licono	Mumah	-		
Project Manager fo	or wonitoring Firm		P	none Num	ber		Telephone Number 973-345-8020	)	License 00	1159	er		
01-10-1-710		TC-I		D-1- //	31		Name of OSHA Mor						
Start Date (10)		Sched	d. Completi	on Date (1	1)		D & S Restorat	tion, Inc.					
08/31/12		09/1					Street Address						
Occupancy Status			(3)				20 California A	venue					0.00
5.57554.00	ed/vacated during performed outside						City, State, Zip Code						
○ Other-Descr     ○ O	ibe: NORMAL H	OURS					Paterson, NJ 0	7503					
Scope of Work (c	heck all that apply	/)	181 B 191					Full Containment w/	negative	press	ure	7.	
$\ge 3$ sf or $>3$ If		Renovation	on					Mini-enclosure	10.0				
≥160 sf or ≥	260 lf	Demolition	1				×	Glovebag procedure Non-Exempted (*) a		riable	proce	edure	,
Location of			n normally		y	erew-em				R	R	Е	E
asbestos-co material (aci		staff(12)	enance/cus	iodiai			sbestos-containing	Amount (Specify SI	E or	m	e p	n	n-
abated in fa		Yes	No	N/A	- material	(ACM)		LF)	Oi	0	a i	a	L
					7			10010		е	r	р	1
BASEMENT			LX_		PIPE INS			95 l ft		X			井
BASEMENT		X		BAREHE	ATING	J PIPES	36 l ft		X			뷰	
			L							片		片	분
										님			
Registered Waste	Hauler	L NJD	EP Hauler	]   D# -   (	Dubic Yards of	Waste	Name of Registered	d Landfill		Щ	Ш	Ш	14
D & S RESTOR		135			2 yds			RESOURCE RE	COVER	Y	14		
City, State PATERSON, N	NJ 07503	- 1	7.55	Disposal 09/04/			City, State TULLYTOWN	PA				2 5 5	- 2
Completed by (Prir		Title			Signature		1 1000110 1111	,	Date				
BOGDAN JOLDZIC PRESIDENT									08/21/	12			
ASB-41	*	Do not us	e this form	for asbest	os licensure e	xempted	l activities.						

CK 2229

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

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DE	F9 F14		U
1 1	2 00	11/22	11

Date of Notification (1) 08/17/2012	Name of Building Owner/Operator (2) LODI RAILROAD PLAZA, LLC  Street Address  75 LIVINGSTON AVE														
Agencies Notified Type Notification			Street Ad 75 LIVI		N AVE	:	7.		AU(	211	M   :	4	1		
EPA Initial Amended Amendment #_			City, State			88		<del># 3t</del>	& L	US C.	ONTR	OL			
□ Emergency (inc justification)     □ DCA    □ Cancellation	luding	ŀ	Name of DOUGI		NTER				Tele	phone N	lumber	6	0		
			FACIL	ITY INFO	RMATIC										
Name of Facility Where Abatement is Taking F COMMERCIAL BUILDING Street Address 150 MAIN STREET	lace (3)	)					S	of Facility (4 chool (K-12 ubchapter 8 other (i.e. pr tc.)	?) 3 (Othe			ldin	gs, l	nome	ıs,
City (5) LODI			-				Square 10,13	e Feet	# of	Floors		3ldg	g. Ag	je	
County (6) BERGEN			County C		) <u>.</u>			nt Use (Prio MERCIA		ng demol	lished)				
Name of Monitoring Firm Hired by Building Ow SKY ENVIRONMENTAL	ner (8)		ASCM	No				ement Cont VSKI COF			J				
Street Address 140 BOULEVARD						Street A		s HUNG A	VE			-			
City, State, Zip Code MOUNTAIN LAKES, NJ 07046						City, St WES		Code ANGE N	J 070	52		2	•		
Project Manager for Monitoring Firm LEONID SHERESHEVSKY			Telephor 973-76			Telepho 973-2				License 01171					
	ed Co	mpletion [	Date (11)				A Monitor AND ANA	ALITY	'CAL						
Occupancy Status During Abatement (Check	Only On	ne)	-			Street /	Addres	SLAND ANALITYCAL dress							
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Normal	riod of A Facility	Abatei Hour	ment s			City, St	ate, Zi								
Other – Describe:						HOL	OBRO	OK NY	1174	1					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	Comment of the last  Renov				×	Min Glo	Containme i-Enclosure vebag Proc n-Exempted	edure					2		
the character was a company of the	Is	Loca	tion		4 7.4				7				bate	ment	(
Location of	. 1	Vorma	ally	and the		scription						Т	Ту	be	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	inten		(i.e. therm		staining Material (AC Il systems insulation acing, VAT, or miscellaneous)			(5	mount Specify F or LF)	Removal		Repair	Encapsulate	Enclosure
CLASSROOMS 1&2		Х		-	TRANS	ITE PA	NEL	S	7	90SF	X	-		-	
SELECT CORRIDORS& STORAGE						OR TIL				600SF	X				
STORAGE ALCOVE	X		p 12+ m		OR TIL			- 7	30SF	x					
LOBBY, ADJONING OFFICES	Х		AVEC 1	FLO	OR TIL	ES	1955	1,	700SF	х	- 1	65		27,5	
Name of Registered Waste Hauler CIRCLE RUBBISH		NJDEP W Hauler ID 18816		Cubic of Was	Yards		Name of I	7			E F	AC	ILIT	Y	
City, State LINDEN NJ				Dispos	sal Date	to Leg	City, State MORRI		LE PA					C16	
Completed by SLAWOMIR KIELCZEWSKI	SIDE	ENT			Signature	11	ski			Date 08/24	/12	2			

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

RECEIVEN

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Sun	-1
	1

Date of Notification (1)				Name o	f Building	Owner/C	Operator	(2)	The second second	1 57 (	No Fee			
Agencies Notified	Type Notification			Street A	ddraaa	CONTI	NUATI	ON SHEE	AUG 27	PM	1.1			
				Street	adress			A 1	B-in	1111	1. 4	j		
EPA DEP DOL	Initial Amended Amendmen			City, Sta	ate, Zip C	ode		<u>ానగ</u>	ESTOS	CON SINO	RO	L.		
DOH DCA	Emergency justification) Cancellation	)		Name o	f Contact		2		Telepho	ne Nur	nber	(2)		
			-57.7	FACI	ILITY INF	ORMAT	ION			-				
Name of Facility When COMMERCIAL B		ng Place (	3)	1				Type of Facility (	4)			1		
Street Address 150 MAIN STREE					0 1			School (K-1 Subchapter Other (i.e. p	8 (Other th			dings	, hom	es,
City (5) LODI		4						Square Feet	# of Floo	ors	E	Bldg. /	∖ge	
County (6)	5, 70, 2		7		Code (7) USE ONL	Y)		Current Use (Price	or if being d	emolish	ned)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)	)	ASCN	/ No.	9 1 .	Name	of Abatement Con	tractor (9)				-	
Street Address		1000		7	**		Street	Address						
City, State, Zip Code							City, S	state, Zip Code	1					
Project Manager for M	onitoring Firm	N. T		Telepho	ne No.		Teleph	none No.	Lic	ense N	0.			
Start Date (10) 09/04/12		Schedul 09/07/		mpletion	Date (11)	)	Name	of OSHA Monitor		<del> </del>				
Occupancy Status Dur	ing Abatement (Che						Street	Address		-		_		-
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire med Outside of Norr	Period of a	Abate y Hou	ment rs			City, S	tate, Zip Code	- X	-			-	
Scope of Work (Check						<del></del>				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		*******		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							re.			
		Is	Loca	ition	-	-7-,7-2-	7.50		7 4.14 110	1		Abat	ement	t
Locati			Norma			Des	scription	of		12		Ty	pe	T
Asbestos-Containir <u>TO BE A</u> In Fa (13	BATED cility	Ma Cus	todial (12)	Solely by denance/ dial Staff? (12)  Asbestos Containing Material (ACM) Amount (Specify SF or LF) other miscellaneous)						Removal	Repair	Encapsulate	Enclosure	
DOUED	50011	Yes	No	N/A		11.							0 =	ann and
BOILER	X		В	OILER	DILER INSULATION 100SF x									
The contract of the contract o	METS.	1952												
			MATERIAL STATE OF THE STATE OF								100			
Name of Registered W	1999	NJDEP W Hauler ID		Cubic of Was		Name of F	Registered L	andfill.		September 1				
City, State						Dispos	al Date	City, State		20				District Control
Completed by SLAWOMIR KIELC	SIDE	NT		S	ignature	lisenski		Dat 08	e /24/	12				

004325 D&S Proj. #: MS 12-296

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

REAL

			-				A Charles Land	VET	)					
Date of Notification (1)		Name of Bu	uilding Own	er/Operator (2)		30000000000000000000000000000000000000		0.7949				-		
10 18 1/12 12 1/11 12 1		LACEY	RZESZO	WSKI			2012 AUG 27 F	MII:	26					
Agencies Notified Type Notifica	ation	Street Addr	ess			- /-	& LICENS							
DEP Amended		21 ESSI	EX ROAD				& I ICENS	HTRO	1					
Amendment #	#:    T	City, State,	Zip Code	<del></del>				NG	a.					
DOL ☐ Emergency	,	SUMM	IT, NJ 079	901										
DOH (including justification	,	Name of Co	ntact				Telephor	e Numbe	er			-		
DCA Cancellation		LCEY	RZESZOV	VSKI										
			FAC	ILITY INFORMA	ATION									
Name of facility where abatement	is taking p	lace (3)					Type of Facility (				-			
LACEY RZESZOWSKI								l (K - 12						
Street Address								apter 8 (0 (Private/0			(-12)			
1							Bldgs	Homes,	etc.	liciai				
21 ESSEX ROACE	To						Square Feet	# of Floo	ors	В	ldg. F	Age		
City (5)	Cot	unty (6)				nty Code (7) te use only)				L				
SUMMIT	UI	NOIN			(Sta	te use only)	Current Use (P	rior if bei	ng den	nolish	ed)			
Name of Monitoring Firm Hired by	Bldg. Owr	ier (8)		ASCM No.		Name of Abatemen	t Contractor (9)				-			
						D & S RESTOR	RATION, INC.							
Street Address						Street Address		1						
						20 California A	Ave.							
City, State, Zip Code						City, State, Zip Code	9							
						Paterson, NJ 0								
Project Manager for Monitoring Fire	m	P	hone Numb	er		Telephone Number		License						
						973-345-802		00159						
Start Date (10)	Sche	ed. Complet	ion Date (1	1)		Name of OSHA Mo D & S Restora								
09/05/12	09/1	18/12				Street Address	tion, me.				_			
Occupancy Status During Abateme	ent (Check	only one)				20 California A	venue							
Facility closed/vacated durin Abatement performed outsid	le of norma					City, State, Zip Code	8.							
Other-Describe: NORMAL	HOURS					Paterson, NJ 0	7503	E/2						
Scope of Work (check all that app							Full Containment w	//negative	press	ure				
	Renovat	ion				$\boxtimes$	Mini-enclosure							
≥160 sf or ≥260 lf	] Demolition	on				×	Glovebag procedu Non-Exempted (*)	0.775	-friable	proc	edure	<del>)</del>		
Location of		on normally		/	1000				R	R	Е	E		
asbestos-containing material (acm) to be	staff(12)	tenance/cus	stodiai			sbestos-containing	Amount (Specify S	Eor	e m	e p	n	n		
abated in facility (13)	Yes	No	N/A	material (/	ACM)		LF)	01	0	a	a	C		
		1.0	107	e Na Sachan		and the second second	e la light		е	r	р			
BASEMENT		I X		PIPE INSU			400 L FT		M	Ц				
FIRST FLOOR		PIPE INSU			64 L FT			Ц		14				
SECOND FLOOR		PIPE INSUI	LATI	ON	140 L FT	-								
					-				#		片	1		
Registered Waste Hauler	INUT	DEP Hauler	JD# 1.0	ubic Yards of W	aste	Name of Registere	d Landfill	-		Ш	Ш			
D & S RESTORATION, INC		506		YDS	. 4315		, RESOURCE RE	COVER	RY					
City, State	7017517	VE 537 12	Disposal D		111111111111111111111111111111111111111	City, State	Valencia de ligar e las					-		
PATERSON, NJ 07503			09/07/1			TULLYTOWN	J, PA							
Completed by (Print or Type) BOGDAN JOLDZIC	Title	DENIT	-	Signature				Date	/10	2000000				
ASB-41	* Do not u		for ashest	os licensure exe	mnted	activities		08/22/	12					
MOD-41														

D&S Proj. #: MS 12-295

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

										10				
Date of Notification	1/112		Name of Bu CELIA I	2000 2000 2000 2000 2000 2000 2000 200	er/Operator (2)		2012 AUG	27 PI	411: 59		100			
Agencies Notified EPA	Type Notification Initial Amended	tion	treet Addre		IGTON PLA	CE	ASBEST	OS CO	MIROL					
☐ DEP	Amendment #	. 11	City, State,		OTONTEA	CL	~ L1(	CMNI	NG Q	-				
DOL	Emergency	-		WOOD, N	II 07450				Ve	Ø.				
□ DOH	(including	Itn	lame of Co		13 07430	k-1/			Telephon	e Number		-		
☐ DCA	justification)								, ciopiioii	o rtarribo.				
	Cancellation	n	CELIA	LEAR .										
				FACI	LITY INFORM	ATION								
Name of facility wi	here abatement	is taking pla	ace (3)					Туре	of Facility (					
CELIA LEAR										l (K - 12) apter 8 (C	ther t	han K	-12)	
Street Address	HD IOTO I N	, GE								Private/C Homes, e				
164-164 WAS	HINGTON PI		. (0)					Squa	re Feet	# of Floor	s	В	dg. A	ge
City (5)		Cour	nty (6)				nty Code (7) te use only)					_		
RIDGEWOOI			RGEN			(Stat			ent Use (Pr	rior if bein	g dem	olish	ed)	
Name of Monitorin	ng Firm Hired by	Bldg. Owne	∍r (8)		ASCM No.		Name of Abatemen							A001111-12-00
01 1011				l			D & S RESTOR	CATION	I, INC.					
Street Address							Street Address			1				
City, State, Zip Cod	lo.					_	20 California A	-						
City, State, Zip Cou	16						City, State, Zip Code							
Project Manager fo	r Monitorina Firm	,	Tp	hone Numb	or		Paterson, NJ 0 Telephone Number	/503		Hisanaa	Mirrord			
1 Toject Manager 10	i wontoning i iin			none mumb	ei		973-345-8020	)		License 0	0159	рег		
Start Date (10)		ICabas	d Complet	on Date (11	1		Name of OSHA Mor			<u>-</u>		-		
TO SEE SEE SEE AND EM		Scried	ı. Compieti	on Date (1	1)		D & S Restorat	tion, Inc		1				
09/04/12		09/1	200737200				Street Address							
Occupancy Status I				27-270-761 <b>2</b> -			20 California A	venue						
	d/vacated during erformed outside						City, State, Zip Code	9						
Describe:			raomey riou			_	D	7502						
Other-Descri						-	Paterson, NJ 0	/503						
Scope of Work (ch	were excuser somewhere the section								tainment w	/negative	press	ure		
7 <u>2.300</u> 5		Renovation						Mini-end	closure ig procedur	e				
≥160 sf or ≥2	260 If	Demolition	1						empted (*)	and the second	riable	proce	edure	1
Location of			n normally enance/cus	used solely							R	R.	Е	E
asbestos-cor material (acn		staff(12)	mance/cua	ilouiai			sbestos-containing		Amount (Specify S	F or	m	e p	n	n
abated in fac		Yes	No	N/A	material (	ACIVI)			LF)	1 01	0	a	a	C
D 1 (11) (11) (2)					BIBB BIBI		031				e	r	р	1
BASEMENT	-		LX.		PIPE INSU	LATI	ON	75	LFT				Ц	
						-								
										1			<u>L</u>	
Registered Waste H	auler	INIDE	EP Hauler		ubic Yards of V	Vaeto	Name of Registered	d Londill			Ш	Ш	Ш	
D & S RESTOR		135		1	YD	Vasie	TULLYTOWN,		JRCE RE	COVER	Y			
City, State				Disposal D			City, State							-
PATERSON, N				09/05/1			TULLYTOWN	, PA	4 100					
Completed by (Print		Title PRESID	ENIO		Signature	Date								
BOGDAN JOLI		mntad	activities			08/22/	12							
		WU HILL HAVE												

### 0237

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

Data of Novice all (4)		-38							1				
Date of Notification (1)	22 /	12		Nam	e of Buildi	ng Owner/Operator OPERTY GROUP	INC2012 ALIG	27 Du.					
Agencies Notified  ☑ EPA	Type Notification	on		Stree	et Address	WASHINGTON S Code	TPA->BFST	ZI PHII	: 35	5			-
□ DOLWD	☐ Amended			City	State, Zip	Code Code	REET & I II	O CUNT	ROL				-
⊠ DHSS	Amendment	-		IN	DIANADA	OLIS, INDIANA 46	204	CHOING	,	W.			
☐ DCA (NJAC 5:23-8)	☐ Emergency justification)		ng	- 114	e of Conta	OLIO, INDIANA 40	0204		6	3			
(NSAC 3.23-6)	☐ Cancellation			INdill	e or Conta	ICI		Telephone I	Numt	er	4		
No. of the state o				FA	CILITY	NFORMATION							
Name of Facility Where A QUAKERBRIDGE M							Type of Facility ( ☐ School (K-12	5 50			300		100
Street Address				-			Subchapter 8	) I (Other than I	K-12)	1			
150 QUAKER BRIDG	GE MALL						Other (i.e., pr homes, etc.)	ivate and con	nmer	cial b	uildin	gs,	
City (5)						0_	Square Feet	# of Floors		В	ldg. A	ge	
LAWRENCEVILLE,	NJ				12						,		
County (6) MERCER				Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri		nolisi	hed)	310 440		
Name of Monitoring Firm		g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)				-		-
HILLMAN CONSULT	TING LLC					BRISTOL EN	VIRONMENTAL	., INC.					
Street Address						Street Address							
1600 ROUTE 22 EAS	ST					1123 BEAVE	RSTREET						
City, State, Zip Code						City, State, Zip Co	ode	***************************************					
UNION, NJ 07083						BRISTOL, PA	19007						
Project Manager for Monit STEVE HILLMANN	oring Firm			phone	No. 3-7800	Telephone No. 215-788-6040		License No	).				
Start Date (10)	Sch	eduled (				Name of OSHA M	W	00509					
9 / 5 /					12	1//	VIRONMENTAL	INC					
Occupancy Status During	Abatement (Che					Street Address	VIICOINIEITIAE	.,					
☐ Facility Closed/Vacated				ment		1123 BEAVER	OCTREET						
Abatement Performed	Outside of Norm	al Facili	ty Hou	s - Des	scribe	City, State, Zip Co	and the second s						
Time of Abatement:	AM	PM/ <u>10:</u> 0	00PM-	8:00A	Л	BRISTOL, PA		A. L. Cont.					
Scope of Work (Check all	that apply)					Ditiorot, 1 A	13007					-	
<ul><li>≥3 sf or ≥3 lf</li><li>≥160 sf or ≥260 lf</li></ul>			enovati emolitio			☐ Mini-Encl				a			
10.00		100	s Locat		1			111000	Juure	1	atem	ent T	vne
Location o			Norma ed Sole			Description of				-	1	_	-
Asbestos-Containing M TO BE ABAT	laterial (ACM)		intena		Asbe	estos Containing Mat e., thermal systems i	terial (ACM)	Amount	100	Removal	Repair	nce	Enclosure
IN Facility		Cus	todial	Staff?	(1.6	surfacing, VAT,		(Specify SF or LF)		ova	=	psu	uso
(13)		Yes	(12) No	N/A		other miscellaned				-		Encapsulate	ď
LIZ CLAIBORNE-LOW	ER LEVEL		×		VAT/M	ASTIC		112 SF	D*11			П	П
JCP WOMENS-LOWER	RLEVEL				VAT/M/			15 SF	State S				
+ 1 * 1 1								THE RESERVE OF THE PARTY OF THE	-				
								-	C-10 14-				
Name of Registered Waste	Hauler			JDEP V	Vaste	Cubic Yards of	Name of Registe	ared Landfill		ייו	Ш	Ц	Ш
BRISTOL ENVIRONM		TO A	H	auler II 18706	No.	Waste	GROWS LA		A.1.				
City, State BRISTOL, PA			6-6			Disposal Date	City, State	LE DA			100.7		
Completed By (Print or Typ	(a) 170	lo.	1 (4)	-unilizati	- 14 V 22 E		MORRISVIL	LE, PA					
PATRICK T. DeCARO	5-20	ie Estimai	tor			Signature fatrick	n. De Car	e/je	Date	1/2.	2/	12	

ASB-41 PD12 058-B

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

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

								check#####88 ASHESTUS & LICE			440	
Date of Notification (1)	1,80			Name of Bui	lding Owr	ner/Operator (2)	-1.7 HUG 2	7 P	411.	æ		
8/22/2012					Private Res	idence		Action		111.	45	
Agencies Notified	Type Notificat	tion			Street Addre	ss		-0055108	in	17-15	201	
EPA .	Initial				699 Route 4	7		œ LIOF	HRU	MR	OL	
☐ DEP	Amende	d Ame	ndmen	t #	City, State, Z	ip Code			CIN	16	<b>ATP</b>	
DOL -	Emerger	ncy (ind	cluding		South Denn	is, Cape	May County, NJ	08210				1 2 2 2 2 2
□ DOH	justificat	ion)			Name of Cor	ntact		*,	Tèle	phone	Numb	ber
□ DCA	☐ Cancella	ation			David D'An	drea					- 70	
				F	ACILITY IN	FORMA	TION					5
Name of Facility Where Al	batement is Ta	king Pl	ace (3)	e commente de la commenta del commenta de la commenta del commenta de la commenta del commenta de la commenta del commenta de la commenta del commenta del commenta del commenta del commenta de la commenta del co		A		Type of Facility (4)				
PRIVATE RESIDENCE	3							School (K-12)				
Street Address								Subchapter 8 (Ot	ner tha	n K-12	2)	
699 Route 47								Other (i.e., private	& con	nmerc	ial buil	ldings)
City (5)								Square Feet	# of	Floors	Bldg.	Age
South Dennis, Cape May	v County, NJ	08210						20				
County	,				County Code	(7) (ST	ATE USE ONLY)	Current Use (Prior if b	eing de	emolis	hed)	
Cape May County					P 25							
Name of Monitoring Firm I	Hired by Buildir	ng Own	er (8)		ASCM No.	Name o	f Abatement Cont	ractor (9)				
Ameritech	•				and the state of t	CREA	M RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A						
78 E. Atlantic Way						15 BLA	CK FOREST R	OAD				
City, State, Zip Code							ate, Zip Code		+1		-	
Lavallette, NJ						San San San	LTON, NJ 0869					
Project Manager for Monit	oring Firm	Telepi	hone N	0.	****	Telepho			Lice	nse N	0.	
Rod Morris	9		64-778			609-89	0-7110		006	76		
Start Date (10)					ion Date (11)		of OSHA Monitor					
8/24/2012		8/24/2				AMER	ITECH					
Occupancy Status During	Abatement (Cl	N. C. Carlotte, Co.	All the second second	)		Street A						
Facility Closed/Vac					nent	78 E. A	TLANTIC WAY	7				
Abatement Performe							ate, Zip Code					
			•			No. 350	LLETTE, NJ 087	X 735.				
Scope of Work (Check all	that apply)					1222		Full Containment	with N	egativ	e Pres	sure
≥ 3 sf or ≥ 3 lf					☐ Renova	ition		☐ Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demolit	tion		☑ Glovebag Proced	ure			
					15 1			☐ Non-Exempted (*	& Nor	n-Friat	ole Pro	cedur
Contract of the contract of th		Is	Locati	ion			71. 71. 71.		Abat	emen	t Type	
Location of Asbestos-	Containing		mally l				stos Containing		-	1	m	m
Material (ACM) TO BE			Solely b				thermal systems	Amount (Specify SF of	Removal	Repair	Encapsulate	Enclosure
Facility (13)			enance   Staff?	/Custo		, surracing miscellan	g, VAT, or other	LF)	VOL	pair	usu	nso
		Yes	No	N/A		misconan	cous,		<u>m</u>	1	ate	6
Basement, Crawl Space	& Garage				pipe insulat	ion	Patronia de la companya de la compan	70 l.f.	X	14.1	1	
basement, Crawi Space & Garage							<del></del>		1000	A CIPE	-	
								POTAT ASSETTED TO	1	1		
							77.17		1	1		
Name of Registered Wast	te Hauler	77.1.		1,000	NJDEP Waste		Cubic Yards of	Name of Registered L	andfill			
	and the second			1 414	Hauler ID No.		Waste					
LUCAS DISPOSAL					22384		1 yds	GROWS		1.15	5	
City, State	210				WALLEY SE		Disposal Date	City, State			7 7	
HIGHTSTOWN, NJ						S. Company	8/27/2012	MORRISVILLE, PA		1 9/		
Completed By Title					是性气 三人名 "二人"	Signatu	r)27-Mar) /	0/2	Date		NEW YORK	17-17
						976	ecre 1. 1	11 0 11				

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



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

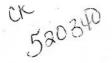
	-	422	i te	920			
2 7		4 .	firm.	1	3 8	Sem	100
	Kra.	1. 5	-	11	20	8	200

Date of Notification (1)			Name	of Duildi	na OurnariOnaratar i	(2)	A The Fig. 1	WE.	13		
	12				ng Owner/Operator ( of Wayne		012 AUG 27	D	thes!		
Agencies Notified Type Notifi	cation	-	Stree	t Address			12 400 21	PH 11	: .	•	
⊠ EPA ⊠ Initial			475	5 Valley	Road	6.	AFETA			•	
DEP Amende				State, Zip			BESTOS C & LICEMS	ONT	ROI		-
	nent # ncy (includir	_		yne NJ			C LIVENS	ING			
☐ DCA justifica		ig		of Conta			Telephone Nur		-0	9	
(NJAC 5:23-8)	ation		Sai	ndy Gala	acio						
					NFORMATION				-	+	
Name of Facility Where Abatement is	Taking Plac	e (3)	17	OILIT I	IN OKWATION	Type of Facility	(A)				
Unoccupied Home	raining riac	,o (o)				School (K-12					
Street Address							:) 3 (Other than K-1	2)			
22 Brookside Road							rivate & commerc		dings	,	
City (5)					et e	Square Feet	# of Floors	В	ldg. A	ge	
Wayne, NJ 07470						1,335	1		1920	)	
County (6) Passaic		110	Cou	nty Code	(7)(STATE USE ONLY)	Current Use (Pri	ior if being demol	ished)			-
Name of Monitoring Firm Hired by Bui	Iding Owner	(8)	ASCM	No	Name of Abatem						
Langan Engineering & Enviro			000		SMAC Corp.	eni Contractor (9)					
Street Address	illielitai C	CIV.	000	13	Street Address						-
619 River Drive Center 1					27 EAST 33 <sup>RI</sup>	DOTRET					
City, State, Zip Code	-				City, State, Zip C		1		_		
Elmwood Park, NJ 07407					PATERSON I						
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
Vijay Patel		2	01-398	-4544	973-345-4055	5	01110				
Start Date (10)	Scheduled	Comple	etion Da	ite (11)	Name of OSHA N	Monitor	- 1		-		
_09 / 4 / 12			1 /		EMSL ANALY	YTICAL, INC					
Occupancy Status During Abatement	(Check only	one)			Street Address						
☐ Facility Closed/Vacated During En					1056 SHELTO	ON AVE					
Abatement Performed Outside of N Time of Abatement:AM					City, State, Zip Co		HIS. IS				
Scope of Work (Check all that apply)				Carrier of	TIOOATAWA	1 10 00004					
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	-	enova emoliti			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		и. э			
		s Loca	tion					Ab	atem	ent T	vpe
Location of	He	Norma ed Sol			Description of	of				T	
Asbestos-Containing Material (ACI TO BE ABATED	VII	ainten:			estos Containing Ma ermal systems insula		Amount	(em	Repair	nca	ncl
IN Facility	Cu		Staff?	(i.e., tile	VAT, or	ation, surfacing,	(Specify SF or LF)	Removal	a-	apsu	Enclosure
(13)		(12)	1		other miscellane	ous)		-		Encapsulate	ď
	Yes	No	N/A			own and soft					10 T 10
Kitchen Area				VAT R	emoval	S Missings	350SF	$\boxtimes$			
								Tn	П	П	П
Name of Registered Waste Hauler		1	NJDEP I	Waste	Cubic Yards of	Name of Regist	tered Landfill			_	-
SMAC Corp		1	18590		Waste 20 Yards	Grows Lan	TO SHIP TO WOOD ON DROWN ON THE WARRE				
City, State			10030		Disposal Date	City, State		-			
27 E 33rd Street, Paterson, NJ	- 07514				09/11/2012	Morrisville,	PA				
Completed By (Print or Type)	Title				Signature			ate			_
Borce Gjorsoski	Presid	ent				Goan		w/23	10	0/0	
		200 000			Bope	Gopu		181 23	1/20	112	

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

STEVENS ENVIRONMENTAL CHECK & 24955 CHECK & 24955 RECEIVED

Date of Notification (1) 8/23/12					Name of Building Owner/Operator (2) Chambers Psaperties, LLC Street Address 20 Name of Building Owner/Operator (2) Chambers Psaperties, LLC									
Agencies Notified	Type Notification			Stree	t Address	20 N	20 Nassau Street Suite 129							
EPA DEP DOL	☐ Amended Amendment #		<u></u>	City,	State, Zip C	Code Pr	inceton, No	STUS CON BESTERSING						
☑ DOH □ DCA	justification) Cancellation			Name	e of Contac Je	t remiah Obert		Telephone Nur	nber (	ro	79-			
				FA	CILITY INF	ORMATION								
Name of Facility When		g Plac ffices		Type of Facility  School (K-1	2)									
Street Address	20 Nas	sau S	Subchapter 8 (Other than K-12)  Other (i.e., private & commercial buildings, homes, etc.)											
City (5)		nceto				- Senior	Square Feet 30,000	# of Floors	В	ldg. /	Age 30			
County (6)	Mercer	пссто	11	Cou	nty Code (	30,000 3 80  (7) (STATE Current Use (Prior if being demolished) offices								
Name of Monitoring Fi		Owner		ASCM	No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.								
Street Address	PO Box 34	1				Street Address			300, 11					
City, State, Zip Code	Crosswicks, NJ		5			PO Box 322  City, State, Zip Code  Allentown, NJ 08501								
Project Manager for N		0051	The state of the s	ephone	No.	Telephone No.   License No.								
	Veisgarber Jr.		1	8-4070	(609) 259-9688 00493									
Start Date (10) Scheduled Completion Date 9/4/12 9/5/12						Name of OSHA Monitor MECS								
Occupancy Status Du		ck only	one)		and the same of th	Street Address	DO I	241						
☐ Facility Closed/Vac ☐ Abatement Perform ☑ Other - Describe:	ned Outside of Norma				# 1	City, State, Zip C	ode	30x 341 cs, NJ 08515						
Scope of Work (Check all that apply)						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		N	Location or mally	ly			W 160		Abatement Type					
Locatio Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) ATED lity	Mai C	d Solel ntenar ustodia Staff? (12)	nce/ al		Description of tos Containing Mat thermal systems i surfacing, VAT, other miscellaned	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
		Yes	No	N/A				70 1 5	-		G			
Suite 221/222						pipe insulat	ion	70 LF	×					
Name of Registered W		T	1	JJDEP \ lauler IC	No.	Cubic Yards of Waste	Name of Regi		or 14	711		37		
Stevens Enviror	imental Service	s, Inc	<u>-</u>	182	292	1 CU Disposal Date	Çity State	R.R.F., Inc. I	Jandi	111				
Allentown, NJ						9/5/101	NI	Tullytown,	PA					
Completed By Mahlon E. Stevens Title Project Manager						Signature	No.	Date	8/23	/12				

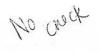


Date of Notification (1) 08/24/12 Agencies Notified	Name of Building Owner/Operator (2) E.I. DuPont De Nemours 2012 AUG 27 PM11: ; g  Street Address												
Agencies Notified  (X ) EPA (X ) DOL (X ) DOH  (X ) DOH  (X ) DOH  (X ) DOH  (X ) DOH  (X ) Cancelled					Rt 130 ASBESTUS CONTROL  City, State, Zip Code & LICERSING								
() DCA		( ) canonica			Deepwater, NJ 08009					Number			
	INFORMATION					-							
Name of Facility Where Abatement is Taking Place (3) Dupont Chambers Works					Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12)								
Street Address Route 130					(X) Other (i	.e. private &	commercial I	bldgs., h	omes, e	tc.			
Roule 130					Sa Feet 30	00	# of FI	00ro 2					
	ounty (6) alem			Code (7) se Only)	Bldg. Age 52		g demolished	77.0	nical Ma	nufactui	er		
Name of Monitoring Firm Hire	d by Bldg	. Owner (8)	ASCM N	lo.		(	Name of C			Halacta			
Harvard Environmental, Inc.				_			NCM Dem			ediation,	LP		
Ctract Address							100000000000000000000000000000000000000						
Street Address 760 Pulaski Highway		*			Street Addre 395 Turner I		y						
City, State, Zip Code New Castle, DE 19720					City State, ZipCode Aston, PA 19014								
Project Manager for Monitoring Firm Wesley Morrison  Telephone Number 302-326-2333					Telephone Number 484-480-8931  License Number 01006								
Scheduled Start Date (10) 09/10/12	Date (11)	Name of OSHA Monitor EMSL Analytical											
Occupancy Status During Abatement (Check only one)  ( X ) Facility Closed/Vacated During Entire Period of Abatement  ( ) Abatement Performed Outside of Normal Facility Hours -				Street Address  107 Haddon Ave									
Describe					City, State, Zip Code Westmont, NJ 08108								
Other – Describe Source of Work (Check all that	t apply)				20 20 20			-	-				
( ) Demolition ( X ) Renova ( X ) Large Proj. (>160 SF or > ( X ) Full Containment with Ne	260 LF A	CM) ( )M Pro	oj. (>25<16 .) Mini-En				j. (<25 SF or	<10 LF	ACM)				
ocation of Asbestos- Is Location Normally Used Description of				ms insulation,			r LF)	Abatement Type  Rem. Rep. Encap Enclose					
Thru Out Facility	X			Mastics		6484 SF			X	T	Т	1	
Thru Out Facility	X			Thermal Insu	lation	1015 SF			X	<del></del>	-	-	
Thru Out Facility	X		Part Commerce	Pipe Insulation		482 LF		-	X				
Thru Out Facility	X			VAT/Mastic	608 SF		10.00						
Thru Out Facility	X			Galbestos	1579 SF				X			1	
Thru Out Facility Name of Reg. Waste Hauler	Thru Out Facility X Gaskets  Name of Reg. Waste Hauler  NJDEP Waste Hauler ID#				814 SF			35.0	X				
DuPont Company				Cubic Yards o	t vvaste		Name	of Reg.	Landfill	larler			
City. State Deepwater, NJ							Disp. Date 12/14/12	Durc	1	City, Sta Deepwat	te ·		
Completed by (Print or Type)  Mark Griffin  Project Manager				iger	Signature Date 08/24/12								

DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished			RECEIN	/ED		
equipment, wet material, and double bag.  ASBESTOS CONTROL & LICENSING  XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, negative air containments, glovebag procedures, wet remethods, HEPA filtration equipment, wet material and double bag.  XII. Waste Transporter#1 DuPont Company Address:  City: Deepwater  County: Salem  State: NJ Zip: 08069  Contact: Telephone:  Waste Transporter#2 Same as #1  Address  City: County  State Zip  Contact: Telephone  XIII. Waste Disposal Site DuPont Chambers Works  EPA Certification Number: P0104884  Address:  City: Deepwater  Contact: Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Title  Title  Title  Authority  Date Ordered to Begin (MMDD/YY)  XV. For Emergency Renovations:  DATE and HOUR Lemegency; (MMDD/YY)  Description of SUDDEN, UNEXPECTED EVENT  Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations  XVI. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 51, Subpart M), Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished  EVAIL I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 51, Subpart M), Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished  EVAIL I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 51, Subpart M), Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished			continued)			nichaelese
Demolition or Renovation Site: Regulated work area, negative air containments, glovebag procedures, wet remethods, HEPA filtration equipment, wet material and double bag.  XII. Waste Transporter#1 DuPont Company Address:  City: Despwater County: Salem Contact:  Waste Transporter#2 Same as #1 Address  City: County: Salem Contact:  Telephone:  XIII. Waste Disposal Site: DuPont Chambers Works PFA Certification Number: P0104984 Address:  City: Despwater County: Salem State: NJ Zip: 08069 Contact:  Title  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DDPY)  XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DDPY)  XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DDPY)  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40/CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40/CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished	ulermai systems misulat	inon. Regulated work area, negativ	ve air containment	is, giovebag	procedures, hepa filtration	nd
XII. Waste Transporter#1 DuPont Company  Address:  Contact:  Waste Transporter#2 Same as #1  Address  City  Contact:  Use tempone:  Waste Transporter#2 Same as #1  Address  City  Contact:  Telephone:  XIII. Waste Disposal Site  DuPont Chambers Works  EPA Certification Number: P0104984  Address:  City:  Contact:  XIII. Waste Disposal Site  DuPont Chambers Works  EPA Certification Number: P0104984  Address:  City: Deepwater  County: Salem  State: NJ  Zip: 08069  Contact:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Flable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40/CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished	Demolition or Renovation	neering Controls and Work Practic on Site: Regulated work area, n	ces to be Used to C	Control Emn	nisions of Asbestos at the	oval
Address: City: Deepwater County: Salem State: NJ   Zip: 080698  Telephone:  Waste Transporter#2 Same as #1  Address City   County   State   Zip   Contact   Telephone  XIII. Waste Disposal Site   DuPont Chambers Works   EPA Certification Number: P0104984   Address:  County: Salem   State: NJ   Zip: 080698   Contact   Telephone   XIII. Waste Disposal Site   DuPont Chambers Works   EPA Certification Number: P0104984   Address:  Contact:   Telephone:  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 Ordered to Begin (MM/DD/YY)  XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY)   (HH:MM)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder   Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished						
City: Deepwater  Contact:  Waste Transporter#2 Same as #1  Address  City  County  State Zip  Contact:  Telephone:  Zill. Waste Disposal Site DuPont Chambers Works  City: Deepwater  City: Deepwater  City: Deepwater  City: Deepwater  County: Salem  State: NJ Zip: 08069  EPA Certification Number: P0104984  Address:  City: Deepwater  County: Salem  State: NJ Zip: 08069  EPA Certification Number: P0104984  Address:  City: Deepwater  County: Salem  State: NJ Zip: 08069  Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency: (MM/DD/YY)  XV. For Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Flable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, pos alert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		1 DuPont Company				
Contact: Telephone:  Waste Transporter#2 Same as #1  Address  City County State Zip  Contact  XIII. Waste Disposal Site DuPont Chambers Works  EPA Certification Number: P0104984  Address:  City: Deepwater County: Salem State: NJ Zip: 08059  Contact: Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished				T		
Waste Transporter#2 Same as #1  Address  City County State Zip  Telephone  XIII. Waste Disposal Site DuPont Chambers Works  EPA Certification Number: P0104984  Address:  County: Salem State: NJ Zip: 08069  Contact: Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name Title  Authority  Date Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		County: Salem			Zip: 08069	
Address City County State Zip Contact  XIII. Waste Disposal Site DuPont Chambers Works EPA Certification Number: P0104984  Address:  County: Salem County: Salem State: NJ Zip: 08069 Contact: Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name 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)  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		Camp as #1		Telephone:		
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XIII. Waste Disposal Site DuPont Chambers Works  EPA Certification Number: P0104984  Address:  City: Deepwater County: Salem State: NJ Zip: 08069  Contact: Telephone:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name Title  Authority  Date Ordered to Begin (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		County			Zip	-
Address:  City: Deepwater   County: Salem   State: NJ   Zip: 08069    Contact:   Telephone:    XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:    Title   Title    Authority   Date of Order (MM/DD/YY)   Date Ordered to Begin (MM/DD/YY)    XV. For Emergency Renovations:    DATE and HOUR of Emergency: (MM/DD/YY)   (HH:MM)    Description of SUDDEN, UNEXPECTED EVENT    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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder   Segregate area, wet matrials, positive generator    XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		PuPont Chambers Works		PROTOGRAMMENT SPECIAL	L' L'INDESCRIPTION	acts soles
Contact:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		. Dai on onancoro mono	17 100 4	Era Cerunca	tion Number: P0104984	. 2 - 5
Contact:  XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		County: Salem		State: N.I	7:0: 08069	
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:  Name  Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished		1,		+	ZIP. 00003	-
Name Authority  Date of Order (MM/DD/YY)  XV. For Emergency Renovations:  DATE and HOUR of Emergency: (MM/DD/YY)  Description of SUDDEN, UNEXPECTED EVENT  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 Previous Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, posalert generator  XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished	XIV. If the Demolition wa	as Ordered by a Government Age	ncy Please Identif	Company of the Compan	y Polow:	
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1 00	Site During the Demolitio	on or Renovation, and that Eviden	ice that the Require	ed Training	has Been Accomplished by	1-
(Signature of Owner/Operator) (Date) 08/24/12	man	, (Sign	ature of Owner/Operator)		(Date) 08/24/12	

(Signature of Owner/Operator)

(Date) 08/24/12



Date of Notification (1)					Name of Building Owner/Operator (2)									
08/02/2012						Home Properties, LP 2012 AUG 27 AM 10: 38								
Agencies Notified	Type		0.50											
(X) EPA	/ Unitial No	itial Notification			nmerce Drive	A CO	-	1773	17:00					
			ed Notificat	ion		ate, Zip Code ord, NJ 07016	S PA	LIČE	CUI	TIKU	L.			
(X) DOH ( ) Cancel						f Contact		Phone	13219	₹G				
()DCA						Marschke		PHONE			-			
FACILITY IN						397A-00 FOR-00141PORMANULLE - 2 1								
Name of Facility Where Abatement is Taking Place (3)						Facility (4)								
Pleasure Bay Apartme					() Scho	ool (K-12)								
Street Address					() Subc	hapter 8 (other	than K-12)							
245 Atlantic Avenue					(X) Oth	er (i.e. private 8	commercial blo	gs., hom	es, etc.	.)				
City (5)	County (6)		County C	ode (7)	Ca Foo	+ . 46 0C0 CE	No. of Cloors							
Long Branch	Monmouth		(State Us	se Only)	Sq. ree	t: 16,960 SF	No. of Floors	. 4						
					Bldg. Ad	e: 48 years								
							ing demolished)	Reside	ntial Ap	artmer	nts			
Name of Monitoring Firm F	lired by Blda	Owner (8)	ASCM N	0			Name of Co	ntractor (	tor (9)					
Environmental Health			00140				Superior Al							
Street Address					Street A		_ 4							
655 West ShoreTrail City, State, Zip Code					1	erson Drive, St te, Zip Code	e A							
Sparta, NJ 07871				- T	West C	aldwell, NJ 070	006							
Project Manager for Monito	oring Firm	Telephone				ne Number		License	Numb	er				
JP Von Doehren (973) 729			-5649	7	(973) 80	)8-1616 		00411						
Scheduled Start Date (10) 8/15/2012		Scheduled 8/21/2012	Completion	Date (11)		f OSHA Monitor Abatement, I								
Occupancy Status During	Abatement (0	Check only or	ne)		Street Address									
( ) Facility Closed/Vacated	During Enti	re Period of A	batement		2 Henderson Drive, Ste. A									
( ) Abatement Performed (X ) Other – Describe: We	Outside of No	ormal Facility	Hours –	a in convenied	City, State, Zip Code									
Construction barriers wi						ate, Zip Code aldwell, NJ 070	noe.							
Occupied portion of the		to isolate the	WOIK alec	as nom the	west	aldwell, NJ U/L	100							
Source of Work (Check all	ROLL CONTRACTOR						7.0000							
	2007													
() Demolition (X) Rer		014) ( ) 014 5		00.05 . 10 .	001540		D / .05 05 -	~40.15	0.004)					
(X) Large Proj. (>160 SF							Proj. (<25 SF o riable Procedure			oof Rer	noval			
(X) Full Containment with Location of Asbestos-Cont		ocation Norm		Description of			unt (Specify SF			ment Ty				
Material (ACM) in Facility (		ely by Maint./		systems insula			diff (Opcony of	01 11 )	7 100101	none ry	po			
Material (Field) in Facility (	Sta	ff? (12)	o do to dia.	VAT, or other										
	N.A		NO						Rem.	Rep.	Encap	Enclose		
Boiler Room, Telecom,		Х		Air Cell and E	Elbows 1,340 LF				Х	-				
Bathroom, Hallway & La	undry											1		
Room, Storage Room,								- 1		l				
Electrical Meter Room, C	rawi							- 1			1	1		
Spaces Boiler Room, Telecom,		X	Pipe Elbows		66 F		66 Ea.		X		1			
Bathroom & Hallway, Lai	undry			. ipo Libores	00 E		oo La.		5.30					
Room, Storage Room			1 = 0	and the same of the same	1.00 N									
Boiler Room		. X		Tank Insulation		80	80 SF		X					
Boiler Room		X		Flue Packing		4.5	4 SF		X					
Crawlspaces		Х		Pipe Insulation Debris		370	370 SF		Х					
Name of Reg. Waste Hauler   -NJDEP Waste Hauler ID #				ID#		ards of Waste		Name						
Service Transport Group, Inc. SW2117					50		192 A	Minerva Landfill						
City, State						Disp. Date								
New Castle, DE						8/21/2012	8	9000 N	linerva	Road				
				2.00				Wayne	sburgh	OH 4	1688			
Completed by (Print or Type) Title					Signatu	е	11	Date						
Nick Petrovski President					08/13/2012									
				in High s	Mil Illah									
						1010	our,	NAN/DO	OCSVASBESTOS 9/18/00					
							C:\WORL	MIVITUO	SMSF	DE210	9/18	/00		

Amendment No. 1: Change of Start and Completion Dates from 8/20/2012 and 8/31/2012 to 8/15/2012 and 8/21/2012.

Name of Building Owner/Operator (2)
Properties, LP 2012 AUG 27 AM ID: 38 Date of Notification (1) 08/02/2012 Agencies Notified Notification Type Street Address **JUS CONTROL** 25 Commerce Drive (X) EPA (X )Initial Notification City, State, Zip Code & LICENSING (X) DOL ( ) Amended Notification Cranford, NJ 07016 (X) DOH ( ) Cancelled Name of Contact Phone () DCA Craig Marschke **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Pleasure Bay Apartments - Building # 13 (163-180) ( ) School (K-12) () Subchapter 8 (other than K-12) Street Address (X) Other (i.e. private & commercial bldgs., homes, etc.) 245 Atlantic Avenue City (5) County (6) County Code (7) Sq. Feet: 16,960 SF No. of Floors: 2 Long Branch Monmouth (State Use Only) Bldg. Age: 48 years Current Use (prior if being demolished) Residential Apartments Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) Superior Abatement, Inc. Environmental Health Investigations, Inc. 00140 Street Address Street Address 2 Henderson Drive, Ste A 655 West ShoreTrail City, State, Zip Code City State, Zip Code West Caldwell, NJ 07006 Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number (973) 808-1616 00411 JP Von Doehren (973) 729-5649 Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 8/20/2012 8/30/2012 Superior Abatement, Inc. Occupancy Status During Abatement (Check only one) Street Address ( ) Facility Closed/Vacated During Entire Period of Abatement 2 Henderson Drive, Ste. A ( ) Abatement Performed Outside of Normal Facility Hours -(X ) Other - Describe: Work will be performed while building is occupied. City, State, Zip Code Construction barriers will be placed to isolate the work areas from the West Caldwell, NJ 07006 Occupied portion of the building. Source of Work (Check all that apply) ( ) Demolition (X) Renovation (X ) Large Proj. (>160 SF or >260 LF ACM) ( ) SM Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Minor Proj. (<25 SF or <10 LF ACM) (X ) Full Containment with Negative Pressure (X ) Mini-Enclosure (X ) Glovebag Procedure ( ) Non-friable Procedure for Asbestos Roof Removal. Is Location Normally Used Description of ACM (i.e. thermal | Amount (Specify SF or LF) Location of Asbestos-Containing Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial systems insulation, surfacing, Staff? (12) VAT, or other miscell.) Rem. Rep. Encap Enclose NA NO Boiler Room, Telecom, Air Cell and Elbows 1.340 LF X X Bathroom, Hallway & Laundry Room, Storage Room, Electrical Meter Room, Crawl Spaces Pipe Elbows 66 Ea. X Boiler Room, Telecom, X Bathroom & Hallway, Laundry Room, Storage Room 80 SF Boiler Room Tank Insulation X X Boiler Room X Flue Packing 4 SF X X Pipe Insulation Debris 370 SF Crawlspaces Cubic Yards of Waste Name of Reg. Landfill Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Service Transport Group, Inc. SW2117 Minerva Landfill 50 Disp. Date City, State New Castle, DE 8/30/2012 9000 Minerva Road Waynesburgh OH 44688 Completed by (Print or Type) Title Signature Date 08/02/2012 Nick Petrovski President

C:\WORD\MYDOCS\ASBESTOS

9/18/00