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Date of Notification (1)	82212		1	EDL EDL	Owner/Operator E POIN		2012 AUG 3	PH IC): ; ;	,	
Agency Notified	Type Notification		Street Ac	ddress	1.000	· DOT.	"SOE ESTATE	TATE	C		
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□ EPA □/DEP	Amended		City, Sta	te, Zip C	ode j	000	2016	DING	-		
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13	Emergency (includi	ng	Name of	Contact	A \	NIT-	Telephone Numb	lei .	,,,,,	47	1
D DOH	Cancellation		MA	DI	-VE IV	(-LLVIL	THE REAL PROPERTY.	SELLINGS			
ALI BLA			FACILI	TY INFO	RMATION					_	4
Name of Facility Where	Abatement is Taking Pla	ice (3)				Type of Facility	(4)				
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617 1711	16711					Subchapter 8	(Other than K-12) vate & commercial	huildinas.			
Street Address	i					homes, etc.)	Vale & comme				1
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County (6)	. O V		ONLY)	Code (1)	(SIAIL OOL	l K	LSIDEN!				
l U	MOIN	NY MARKET PARK				nent Contractor (9		1		11	7
Name of Monitoring Firm	n Hired by Building Own	er ASC	CM No.			T A					1
(8)					MUVE	1501	NL				1
Street Address	·				Street Address) cy QK	(··				1
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City, State, Zip Code			1		City, State, Zip	Or Sel	0.07	175	L		
l sign	4				OID D	MILLICE	License No.				7
Project Manager for Mo	nitoring Firm ·	Telep	hone No.		Telephone No.	221766	10020	6			
, rojout man p	2			-	73× X	30x 1-11	TCCC	· ·		-	-
Start Date (10)	Scheduled C	ompletion	Date (11)		Name of OSHA	Monitor	· ·				
1 213311	2 91	1117			MOUNT	CVI IN					\dashv
Occupancy Status Durin	ng Abatement (Check of	ly one)			Street Address	W QIV	22				
Facility Closed/Vacal			ent ·		PULLY	OX OIT			· · · · ·		ヿ
Abatement Performe	d Outside of Normal Fac	ility Hours			City, State, Zip	0, 72.7	110	027	15.	}	-
Other - Describe:					(10) DI	RUDGE	NO	000		-	\neg
Scope of Work (Check	all that apply)	ÇW.	. 1		□ Full	Containment wit	h Negative Pressu	re		•	- 1
11			Reno		D.Min	i-Enclosure					1
12 ≥ 3 sf or ≥ 3 lf 12 ≥ 160 sf or ≥ 260 lf			12 Dem	olition	GI Glo	vebag Procedure	nd Non-Friable Pro	cedure.			_
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	tion of	Heeri S	mally Solely by		Description	n of	Amount			m	
Ashestos-Contain	ing Material (ACM)	Mainte	enance/	Asbe	stos Containing I	ns insulation.	(Specify	/	R R	Ca	2
TO BE	ABATED		todial aff?	(1.0	surfacing, VA	AT, or	SF or LF)	Removal	Encapsulate	Enclosure
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12 11 - 111	leate Hauler	NJDE	P Waste H	lauler	Cubic Yards of	f Name of Re	gistered Landfill				
Name of Registered W	asie naulei	ID No	2000		Waste	1 G. D	0.005				
MOVIAIGO	UNC	1	UC 5		<u>v</u>	10.0		11-			_
City, State			1000		Disposal Date	City, State	5.112	11	,		
CITY, STATE POID	166 ND	07	385+	. 11 11	TIXID	ALLONGO	UNIX)	Date	Ta	. T	0
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Completed by	(1) 1 - TD	5117	-NI		1 1/10	N) DE	VICE (10	14	+	_
CHRIOS LIL	(C) (J) 1 (C)	ot use this	form for as	bestos I	icensure exempt	ed activities.		p k	1		
ASB-41	201					/	9				

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)		000000		Name of	Building O	wner/Oper	rator (2)		En		8	
August 28, 20		2			1100	Baysho	ore Community	Hospital O	LO	05	74	
[]	al Notific			Street A	ddress	727 No	orth Beers Street	Hospital O	D: 41	5		
[x] DOL Am	endment	tification #including		City, Sta	nte, Zip Code	e Holmd	el, NJ 07733	ESTOS COMP LICEMSING	ROL		44	
[] DCA just	fication) cellation			Name of	Contact Janos A	.ngeli		Telephone Number		7		
			EACI	LITVI	NFORMA	ATION						
Name of Facility Where Abatement is Taking Bayshore Comm			TACI		IVI ORIVIZ	TION	Type of Facility (4) School (k-12)		£		
Street Address 727 North Beers	Street						[] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	dings,
City	Coun	ty (6)		County C			Square feet	# of Floors	Bldg	g. Age		
Holmdel	Mor	mouth		(STATE	USE ONLY)		j 5 r if being demolished	<u> </u>)		0	
Name of Monitoring Firm Hired by Buildin	ıg Owner	(8)		ASCM N	lo.	Name of	Hosp Abatement Contrac	tor (9)				
Environmental T		183						dian Contracting,	Inc.			
Street Address 64 Broad Street		10				Street Ad		Route 9, Unit 61				1
City, State, Zip Code Matawan, NJ 07	747		- 197			City, Stat	e, Zip Code Toms	River, New Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm Tom Geiger	Number			Telephon 732-34	e Number	License N 00624						
Scheduled Start Date (10)		732-290- Scheduled	Completio	on Date (11)		OSHA Monitor		7			
8/28/12 Occupancy Status During Abatement (Che	ck only o	9/14/1 ne)	2			Street Ad	ldress –	S.L. Analytical	Н			-
[X] Facility Closed/Vaca		NEW COLUMN						Stelton Road				
Other – Describe		Orromarr				City, Sta	te, Zip Code Pisca	taway, New Jerse	ey 088	354		
Scope of Work (Check all that apply)						[x]	Full Containme Mini-Enclosure	ent with Negative Pre	essure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		[x]	Renovat Demolit			[]	Glovebag Proc		Proced	ure		
	T						and the second s		Aba	tement	Туре	
- ,		Is Locatio				Descriptio			R	R	Е	Е
Location of		Normally u				estos-Con		Amount (Specify SF	E	E	N	N
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	Solely by ntenance/Cu				laterial (A thermal:		or LF)	M	P A	C	C
in facility	Iviai	Staff	istodiai			lation, su			0	I	P	0
(13)		(12)				VAT, o			V	R	S U	S
	N/A		othe	r miscella	ineous)		A L		L E	R E		
4 North IT Closet	YES	NO X		Firep	roofing		11	35 sf	X	-	E	Б
4 th floor hallway & office		X			roofing	-		600 sf	X	1		
4 Hool hallway & office	-	1		p								
Name of Registered Waste Hauler Guardian Contracting, Inc	18 W	NJDEP Was 2	0223		Cubic Yai	rds of Was	T.R.R.F.	stered Landfill	14 6			
City, State		12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	Dispos 9/17/	al Date		City, St	ate own, Pennsylvai	nia /				
Toms River, New Jersey Completed by (Print or Type)	Title				ure	1 dilyt	// I misyivan	1	Date 8/2	8/12		
Nicholas Fernicola	leted by (Print or Type) Nicholas Fernicola Title Project Manage					1110	71		0/2	0/12		

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

Date of Notification (1)	1		Name	of Buildin	ng Owner/Operator	# b2: 41 m	107 104-53				
	3)12		Cóman	M S	· FINE	(51,619.11	PHINI				-
Agency Notified	Type Notification		Suee	72 °	RANGER Code NT N 3	SPATOS	,				
□ EPA □ DEP	☐ Amended		City,	State, Zip	Code	& LICEL	YNTROL				
A DOL	Amendment#	50	3	SHO	Ch. Th	, 0762	ANG 4	٠.			_
D DOH	☐ Emergency (including justification)	10	Name	e of Conta	ct ,		Telephone Nur	riber	57		
DCA	☐ Cancellation		M	S. FI	NEO						
			FAC	CILITY INF	FORMATION						
Name of Facility Where	Abatement is Taking Place	(3)				Type of Facility	(4)				
11<	FRIFE					☐ School (K-12	0				
Street Address	. (0.05					☐ Subchapter 8	3 (Other than K-1)	2)			
92 PANC	SER RD					homes, etc.)	ivate & commerci	al buildings,			
12 10410 G	seic las					Square Feet	# of Floors	Bldg. Age	,		-
City (5)						2000	2	198	0		
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Name of Monitoring Firm (8)	n Hired by Building Owner	AS	UM NO.		The second secon						
					Best B	lemoval I	11 C				
Street Address						Direct Ch					
"					City, State, Zip	River St					_
City, State, Zip Code					Hacker	rsack, N.	J. 07601				
Project Manager for Mon	nitoring Firm	Teler	hone No).	Telephone No.		License No.				_
r tojece maraiger for me.	THE PARTY OF THE P	1			201-329-		00388				
Start Date (10)	Scheduled Cor	noletion	Date (1	1)	Name of OSHA	Monitor					
9/12/12	91,	3/1	Z		Omega Er	nvironmen	ital Inc				
	ng Abatement (Check only			-	Street Address	yler St					
☐ Facility Closed/Vacat	ed During Entire Period of	Abatem	ent		City, State, Zip						
☐ Abatement Performed ☐ Other – Describe:	d Outside of Normal Facili	ly Hours				Hackensac	ek, N.J.	07606			
Scope of Work (Check a	all that apply)	otokki Ejekki				Containment with					
⊠≥3 sfor≥3 lf			BR	enovation		i-Enclosure	regauve ricoo				
	T _a		O D	emolition	,⊉ Gb	vebag Procedure	JALOS Frieble Pre	and ma			
				-i	U Nor	-Exempted (*) an	d Non-Friable Pro		bate	me	nt
		C/76///T0/3	cation					L	Ту		
Locat	ion of		mally Solely by		Description		F = 7				
Asbestos-Containi	ng Material (ACM)	Maint	enance/	Asb	estos Containing II e., thermal system		Amount (Specify	. 2	_	Encapsulate	5
TO BE A	RATED		todial	(6.	e., unernal system surfacing, VA	T, or	SF or LF		Repair	ada	Enclosure
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Name of Registered Wa	aste Hauler	ID No		e Hauler	Cubic Yards of Waste	Name of Regi	istered Landfill				
Best Remova	al Inc		109		14/20	Minerv	a Enterp	rises			
City Stehn		111			Disposal Date	City State			7 (2 (2)		-
City, State Hacker	nsack, N.J.	0760	1		9/13/12	LIGHTON	burg , 0	h			
Completed by	Title				Signature 0			Date ,	1	/	
J. Maiorano	Estim	ator			1 M	عسماما	2	8/2	8)	12	-
ACD 41				achaetne	licensure exempte	d activities.	2		-1		-



Date of Notification (1) August 27,2012					Building on Ted F			(2)	2012 Alle	201	D1111	0	-			
Agencies Notified	Type Notification			Street Ad	ddress eaty Ein	n			2012 AUG				53			
EPA DEP DOL	Initial Amended Amendment		_	City, Sta	te, Zip Co nfield , I	de	33		453ES 1 &	TOS JCE	M31M(66M.	TRO 3	L			
	justification) Cancellation			Name of Lois ar	Contact nd Ted k	Kean Ke	en			Tele	ephone N	lumbe	er	TV.	,	
Name of Facility Where	Abatement is Takin	g Place (3)	FACII	LITY INFO	ORMATIO	N	Type	of Facility (4))		-	*******			
Residence	Proc. 11 Ports 11 - 2 - 4 - 4 - 4 - 4								School (K-12 Subchapter 8		er than K	-12)				
120 Treaty Elm								×	Other (i.e. prietc.)				uild	ings,	home	s,
City (5) Haddonfield								3200		3flo	Floors		75	dg. A Syea		
County (6) Camden	reet Address 20 Treaty Elm ty (5) laddonfield punty (6) camden ame of Monitoring Firm Hired by Building Owner lere Tech, Inc. reet Address 879-I Old Cuthbert Road ity, State, Zip Code cherryhill roject Manager for Monitoring Firm subash Rashat, Ph.D art Date (10) August 29,2012 ccupancy Status During Abatement (Check Only Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal Fa Other – Describe: cope of Work (Check All That Apply) ≥ 3 sf or ≥ 3 If				Code (7) JSE ONLY))	_	Curre	nt Use (Prior dent	r if bei	ng demol	lished)			
Name of Monitoring Firm Here Tech, Inc.	m Hired by Building	Owner (8)		ASCM	l No.				ement Cont ech Enviro			ervice	э, L	LC		
Street Address 1879-I Old Cuthbe	rt Road							Addres								
City, State, Zip Code Cherryhill	-								p Code , NJ 0808	31						
Project Manager for Mo	amden ane of Monitoring Firm Hired by Building Owner Tech, Inc. are Tech, Inc. are Address 79-I Old Cuthbert Road are, State, Zip Code are rryhill aget Manager for Monitoring Firm abash Rashat, Ph.D art Date (10) agust 29,2012 bupancy Status During Abatement (Check On Facility Closed/Vacated During Entire Perio Abatement Performed Outside of Normal Figure 1				ne No. 29-5200			hone No 318-1			License 01158					
Start Date (10) August 29,2012		Schedule			Date (11)				IA Monitor ech Enviro	onme	ental Se	ervic	e, L	LC		
9	ng Abatement (Che	ck Only Or	ne)					Addres								
Abatement Perform	med Outside of Norr						City, S	State, Zi	p Code e, NJ 0808	21						
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≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Econoli .	Renova Demoli					Min Glo	Containme i-Enclosure vebag Proc	edure					-	
		le	Locat	ion				Noi	n-Exempted	(*) an	d Non-Fr	rable		Abate	ement	t ·
Location		1	Norma ed Sole	lly			cription			940		-		Ту	ре	Γ
Asbestos-Containin TO BE AF In Fac (13	BATED Cility	Ma	intena todial (12)	nce/		tos Conta thermal s surfac other m	system ing, V	is insula AT, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
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												-				
Name of Registered Wa	anta Maulas			NJDEP W	lasta	Cubic	Varde		Name of F	Paniet	ared I and	dfill				
American Disposal			ŀ	Hauler ID	No.	of Was			JP Maso			200	ros	sing		
City, State PO box 348, Lumbe	erton, N.J. 0804	8				Dispos			City, State 727 Rec		e Roac	d, Bir	dsb	oro,	PA	-041
Completed by Willis Graham		Title Own	er			Si	gnatur	1/4	2			Date	7/	27	11	2

D&S Proj. #: MS 12-300

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

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				Market To State						ZU12 AU	G 31	AH 9	: 3-	,	
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☐ DCA	Cancellation	,	STEVE	EMATHE	EW	S				Jan 17	val.	7	<u> </u>		
1	Action in the second			FAC	CILI	TY INFORMA	AOITA			-					
Name of facility w	here abatement i	s taking pla	ace (3)					I	Туре			Tomas III			
FERNANDO (CHACON									=	30		han k	′ 10\	
Street Address										Other	r (Private/	Comm		-12)	
27 MARMON	TERRACE								Saus	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			I B	lda A	\ae
		Cou	nty (6)				Cou	nty Code (7)	040.		11 01 1 10	010			.go
			-						Curr	ent Use (Prior if be	ing der	nolish	ed)	
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Name of Monitoring	ng Firm Hired by	Bldg. Owne	er (8)		1	ASCM No.		Name of Abatement	Contrac	tor (9)					
								THE RESERVE OF THE PARTY OF THE	ATION	I, INC.					
Street Address								Street Address							
City, State, Zip Coo	de							City, State, Zip Code							
								Paterson, NJ 0	7503						
Project Manager fo	or Monitoring Firm	1	P	hone Num	nber			Telephone Number							
								973-345-8020)			00159			
City, State, Zip Code WEST ORANGE, NJ 07052 STEVE MATHEWS															
00/06/12		00/1	4/12						ion, Inc	<u>.</u>					
	During Abatama						-								
				ement											
								City, State, Zip Code							
Describe:	" NOBMAL I	IOLIBS					-	Paterson NIO	7503						
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>3 St of >3 II	\bowtie	Renovation	nc								ire				
≥160 sf or ≥2	260 If	Demolition	n								Carlo Maria	-friable	proc	edure	•
Location of					ly	200 W/ 100 E							50000	E	E
asbestos-co			enance/cu	stodial				sbestos-containing			0.5	4	e		n
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avaleu III lat	omty (10)	Yes	No	N/A						/		1.8	i	0.000	_
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Registered Waste F	Hauler	INID	FP Hauler		Cub	oic Yards of W	aste	Name of Registered	Landfill		_		Ш	Ш	ഥ
D & S RESTOR					2 Y	YDS		TULLYTOWN,		JRCE R	ECOVE	RY			
City, State						е			Carrier Carrier						
				09/07/				TULLYTOWN,	, PA						
			ENT			Signature						/12			
				for asbest	tos	licensure exe	mpted	activities.			1-1-1		_		

00 +324 D&S Proj. #: MS 12-301

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

RECEIVEN

							2012 AUG ASSESTIO & LIC					
Date of Notification	n (1)	Name of Building	Owner/O	perator (2)			-012 AUG	31 AM (7:	24		
0 18 1/12 14	1/1/2/	ANTHONY	CALI				653~	794	_	16		
Agencies Notified	Type Notification	Street Address					& 1 10	S CONT	Rr	73		
☐ EPA	Initial Amended	35 TENNEY	SON PL	ACE			210	CHRING		' i.		
☐ DEP	Amendment #:	City, State, Zip C	ode			34						
DOL	Emergency	PASSAIC, N	JJ					-th se	-			
⋈ DOH	(including	Name of Contact					Telephone N	umber				
DCA	justification)	ANTHONY	CALI			-			_			
	Cancellation			TY INFORMA	TION							
	where abatement is ta	oking place (3)	17101211				Type of Facility (4)	(12)				
Name of facility v	where abatement is to	iking place (e)					School (F	er 8 (Other th	nan	K-12	2)	
ANTHONY (CALI						Other (Pri	vate/Comme			1.6	
Street Address							Bldgs./Ho	mes, etc.		Blda	. Age	e
35 TENNYS	ON PLACE	-					Square Feet # c)i Fidois		D.ug		
City (5)		County (6)				Code (7) use only)	Current Use (Prior	if being den	noli	shed)	
PASSAIC		PASSAIC							_			
Name of Monito	oring Firm Hired by Blo		1	ASCM No.	11	lame of Abatement						
						D & S RESTOR	ATION, INC.				_	
Street Address					S	treet Address						
Olloot, lar-						20 California A	The state of the s		-			
City, State, Zip C	Code					ity, State, Zip Code						
					_ -	Paterson, NJ 0 elephone Number	7303	License Num	ibei	_		
Project Manager	r for Monitoring Firm	Phon	e Number	r		973-345-8020		00159				
						Name of OSHA Mo						
Start Date (10))	Sched. Completion	Date (11)			D & S Restora	tion, Inc.					
09/06/12		09/14/12				Street Address						
Occupancy Stat	tus During Abatement	(Check only one)				20 California A						
Abatemer	nt performed outside	entire period of abatem of normal facility hours-	ent.		_	City, State, Zip Cod Paterson, NJ (
Other-De	scribe: NORMAL H	OURS			- 11	Paterson, NJ	Full Containment w/	negative pre	9511	re		
	k (check all that apply						Mini-enclosure	negative pro	000			
≥ 3 sf or >	> <u>3</u> If □	Renovation				D	Glovebag procedure	Э	20.00		0.040.0000	
≥160 sf o	or ≥260 lf	Demolition					Non-Exempted (*) a	and Non-friat		R	E	1
Location	of	Is location normally us	sed solely				Amount	е		е	n	E n
asbestos	s-containing	by maintenance/custo staff(12)	iulai	Descript material		sbestos-containing	(Specify Si	F or o	~	p a	a	C
material abated ir	(acm) to be n facility (13)	Yes No	N/A	Material	(/(0///)		LF)	v e	- 1	i	р	_
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BASEMENT	Γ	X		THEIRS	J.// 1.1.]			
						The Parent						
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										Ш		
Registered Wa	ste Hauler	NJDEP Hauler II		cubic Yards o	f Waste	Name of Register	red Landfill N, RESOURCE RE	COVERY				
	TORATION, INC.	13506	Disposal D			City, State				-		
City, State	N, NJ 07503		09/07/1			TULLYTOW	N, PA	Ta			_	
Completed by		Title		Signature			197	Date 08/24/12				
BOGDAN	IOLDZIC	* Do not use this form	for asbest	tos licensure	exempte	d activities.		00.2.1.12				

Government Property-Courtesy Notification ONLY. No payment due

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

	Job #: 1208-1668	
oc	Check#:NA	

Date of Notification 8/29/12	(1)		100		of Bui Air Fo	_	wner / Operator	(2)	2012 AUG 31	AM 9:	30		
Agencies Notified	Type Notific	ation	S	Street	Addre	ess	0.5V (22 0.0V 1) (85 × 20					9272	
	_		1000		-		& E. Arnold A	Avenue	ASBESTO	S CONT	KUL.		
DEP	Initia		182			Zip Co			& LICI	ENSING			
□ DOL	Ame				of Co		J 08562			Telephon	o Nu	mhe	-
□ DOH □ DCA		rgency cellation	40				Owner Rep.)			Telephor	IC IVU	mbe	
□ вох	L Can		1							1		,	
N	h A l	t i - T - I - i Di-	/0	and the same of the same of	CILIT	Y INF	ORMATION	(4)					_
Name of Facility WI C118 Display-Un			ace (3)			Type of Facilit						
Street Address	derground	AAGICI LIIIC				Stration 1		ter 8 (Other tha	an K-12)				
McGuire Avenue	& Fast Arr	old Avenue							nmercial buildi	ings, home	es, et	c.)	
							Square Feet	# of Flo		Bldg. Age			
City (5)	*	County (6)	Col	unty (Code (7)	150 LF	NA		NA			
Wrightstown		Burlington		- 5	27		Current Use (I		lemolished)				
		3					Governmen						
Name of Monitoring	Firm Hired b	y Building Own	er (8)	d	ASC	M No.	Name of Abat	ement Contra	ctor (9)				
Horizon Environ	mental	-10	8 %				Asbestos ar		vices, Corp.				
Street Address	,17						Street Addres						
PO Box 316							3859 Sylon						
City, State & Zip Co Thorofare, NJ 08							City, State & Z Hainesport,				88		1
Project Manager for		Firm	Telen	hone	Numb	ner	Telephone Nu		License	Number			-
Dave or Steve FI			856-			JC1	609-702-040		2.001.00	0086	2		
Scheduled Start Da		Scheduled Com)	Name of OSH	IA Monitor					
9/13/12		9/14/12					EMSL Analy	/tical					
Occupancy Status							Street Addres						
		During Entire Pe			ateme	nt	107 Haddon						
	Performed C	outside of Norma	al Hou	rs			City, State & Z						
Describe:							Westmont,	NJ 08108					
Scope of Work (Ch		nnlu)					_L			-			_
Scope of Work (Cit	ieck all triat a	ppiy)						☐ Full Co	ntainment with	Negative	Pres	sure	
≥3 sf or ≥3	lf			Rer	novatio	on			closure				
2160 sf ≥26	60 If		П	Der	nolitio	n		Glove E	Bag Procedure	s			
45								Non-Fr	iable Procedur				
	ocation of	-		Locat			Description		Amount		teme	nt Ty	ype
	stos-Containii iterial (ACM)	ng		nally	Used		Asbestos-Cont Material (AC		(Specify SF or LF			ш	
	BE ABATED				ice or		(i.e., thermal sy		OI OI EI	' Re	Z.	nca	Enc
	in Facility				Staff?		insulation, surfac	ing, VAT		Removal	Repair	Encapsulate	Enclsoure
	(13)	4 18		(12)	1		or other miscella	aneous)		<u>a</u>	=	late	- Fi
17			Yes	No	N/A				4	5 7			
Underground			Щ	Ш		-	sbestos Pipe		85 LF		님	님	
Underground			H			12" A	Asbestos Pipe		20 LF		H	닒	H
			H			-		140	 		H	님	H
			H	H		-					H	님	H
			H	H	H				+		H	H	H
Name of Registere	d Waste Hai	ıler	Ш	N		Waste	Cubic Yards	Name of Red	jistered Landfi	Name of the last o			
Name of Registere	u vvasic riac					D No.	of Waste	Traine or res	giotorou Eurian				
Horizon Disposa	al				226	12	3	GROWS		*	- Williams		
City, State		200-		1	10 44		Disposal Date	City, State		60		100	
Trenton, NJ			-		7. P.		9/14/12	Morrisville	, PA			ba	
Completed By (Prin				Tit		Siv	Signature			Date			7115
Kim Trumbet	ti			A	dmir	1.	CKIA			8/29	/12		
					*	MAKIN							

No met

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

Date of Notification 8/13/12	(1)								Owner / Operato		201	2 AUG 31	AM	9: :	in	11672	
Agencies Notified	Type N	Votifica	tion		Stre	et i	Addr	ess			As:	Corne				C-0X - 1	
⊠ EPA				1				Avenu	***************************************		0(551US (2047	CAC	1		
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h 10_10		Emerg						e, NJ intact	08083				_			una la	
□ DOH □ DCA	lΗ		ellation	- 1					arshall				Tele	prior	ie iv	umbe	er
			Jiidtioii		nones (e)	100000000000000000000000000000000000000			The second secon				1			7	
No and Familie 1971	h		atta Tables D	VI //		AC	ILIT	Y INF	ORMATION	16 7.45				_			
Name of Facility WI Tender Hearts D			nt is Taking P	race (3)				Type of Facil School (
Street Address	ay Cai	e									Other than	K 12)					
107 Park Avenue												nercial buildi	inac h	ome	20 0	to)	
107 I alk Avenue		-2	#1 #1						Square Feet		# of Floors		Bldg.		-	(6.)	-
City (5)	**		County (6)	Co	unt	v C	ode	(7)	2,515		4	,	49 ye				
Somerdale			Camden		ant	, o	ouc	(1)	Current Use	(Prior i	f heing den	nolished)	45 y	ais			
Somerdale			Camuen						Day Care C			nonsneu)					
Name of Monitoring	Firm H	lired by	, Building Ow	ner (8)		-	IASC	CM No	The second secon			r (Q)	1				-
Horizon Environ		Commence of the second	, ballang ow	1101 (0)			, 100	JIVI TVO	Asbestos a								
Street Address								**********	Street Addres		old Gol Vic	, со, согр.	1				10 10
PO Box 316									3859 Sylon	Blvd							
City, State & Zip Co	ode					Sie			City, State &								10000
Thorofare, NJ 08									Hainesport								
Project Manager for			irm	Telep				ber	Telephone N			License					
Dave or Steve FI				856-	_				609-702-04	-			0	086	2		
Scheduled Start Da 8/27/12	ite (10)		Scheduled Co 0/3/12	mpletio	on [Date	e (11)	Name of OSI EMSL Anal								
Occupancy Status							01		Street Addres								
			Ouring Entire F			lba	teme	nt .	107 Haddoi								
The state of the s			itside of Norm		ırs				City, State &	100							
			WORK, TO	00					Westmont,	NJ 08	3108						
Isolated Are						2)11											
Scope of Work (Ch	eck all	tnat ap	piy)							M	Full Conta	inment with	Moga	tivo	Droc	cura	
≥3 sf or ≥3	lf			\square	R	end	ovatio	n			Mini-Enclo		Nega	uve	1163	Suic	15
≥160 sf ≥26				H			olitio			H		Procedures	S				
							011110			H	7/2	pted and N		able	Pro	cedu	re
L	ocation	of	E 5 9 1	Is	Loc	atio	on		Description	n of		Amount					
Asbes	tos-Cor	ntaining	9	Norr	nall	y U	sed		Asbestos-Con	taining		(Specify					
	terial (A				ole				Material (A			SF or LF)		71	rese	Ē	m
	BE ABA n Facili			Main					(i.e., thermal s insulation, surface					em	Repair	cap	ncls
	(13)	Ly		Cust	(1:		laii:		or other miscell					Remova	air	Encapsulate	Enclsoure
	,	- 14		Yes	N		N/A				-/			_		ē	Ф
Lower level of Fa	acility				Г	7	X	Asbe	estos Ceiling I	/lateri	al 2	200 SF		X	П	П	П
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				In	Ī	jt	X							Ž I	Ħ	Ħ	Ħ
Name of Registered	d Waste	e Haule	er				DEP \		Cubic Yards of Waste	Nam	e of Regist	ered Landfil	-				
Horizon Disposa				181			226		10	GRO		31					
City, State Trenton, NJ		2 1	Total		7.6		1 1	* !	Disposal Date 9/3/12		State risville, Pa	A					
Completed By (Print or Type)					7	Title	9		Signature				Da	ate			***************************************
Kim Trumbett					- 0		mir	. (Vic					23	12		
								-	MANY								

2012-167 B & G proj. #:

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

						-						-		
		Nan	ne of Buildir	ng Owne	r/Operator (2)		2012	AUG 3	I AM	9:20				
		M	ontclair S	tate Uni	versity									
Agencies Notified	1000	on Stre	et Address	V			A.58	ESTO:	SCON	TROL				
	■ Initial						OX.	LILI	HOLM	· .				_
	Amondm		, State, Zip	Code						5.2				
⊠ DOL	Amendin	l N			13				Talanha	ao Numbo		200		-
DEP														
Montclair, NJ 07043 Steet Address Montclair, NJ 07043 Mo														
				FACIL	ITY INFORM	ATION								
Name of facility w	here abatement is	taking place	e (3)					Туре)			
(F) 1 11.								1 7	=			nan K-	12)	
	use							1 1					,	
Street Address									Bldgs	./Homes,	etc.	0.002		
860 Valley Ro	oad		105					Squa	re Feet	# of Floo	ors	BIG	ig. Ag	е
City (5)		County	/ (6)					Curr	ent Use (Prior if hei	ng den	olishe	d)	
Montoloir NI	1.07043	Essex	ć			(Oldic	, 455 51,,							3)
				T	ASCM No.	11	Name of Abatement	Contrac	tor (9)			-		
			20		00110			on, Inc.			-			
	.,,,,,						Street Address							
116 Tices Lan	e, Unit B-1							The second second			3 0000			
							City, State, Zip Code							
East Brunswig	ck, NJ 08816							IJ 0703	5					
Project Manager f	or Monitoring Firm		Phor	ne Numb	er		The state of the s					per		
Kevin Lovely			732	-390-58	58			nitor		0376				-118
Scheduled Start D	Date (10)	Sched.	Completion	Date (11)				8					
9/7/2012		9/9/20	12				The second secon	ion, me						
	s During Abatemer		The second secon		DO IN THE WARRINGS		105 Ryerson Ro	oad						
Abatement Describe:	performed outside vork shift 4:00 pm -	entire period of normal fa 12:00 midnig	d of abatem acility hours ht	ent.					5	- I Harri				
		y)							(a)					
	Control of the contro		1			⊠ F	ull Containment w/ne	egative p	ressure	Glov	ebag p	rocedu	ıre	
	If \square	>160 sf or >	260 If			□ N	lini-enclosure			☐ Non	-friable	proce	dure	
		Is location	normally us		/		-					1998	1, 1/201	E
asbestos-c	ontaining		nance/custo	dial			sbestos-containing			SE or	10000	1 3	1	n
					material	(ACM)				SF 01	. 32	a	100	1000
apateu III II	acinty (10)	Yes	No	N/A	. Die De						е	r	p	
Room 26				X	ceiling pla	ster		18	sf			닏		님
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4 9 9 2						\N/a-t-	IN In	- L					Ш	
						vvaste				y Center	r			
	ation, me.													
0.500	NJ 07035													11
		Title			Signature		-							
TO CONTRACT AND AND AND ADDRESS OF THE PROPERTY OF THE PROPERT	DIM CONTROL OF THE PROPERTY OF	+ 3.000 (3.000)	r				Gordana Zuna			8/28	/2012			

AUG-28-2012 1	2:41 From	ASBES	TOS		609633	3066	4 T	o:91973696	5929			P.1	1
B & Q proj. #:	2012-166			No:	tification of Asuant to NJAC	8:60	os Abatement -7 and 12:120-7)	ED REMENY NM 9: 28ch	- A eck # 544		· Hege	o. C	ίμλ
Date of Notification	/#1				cmergen	A L	on Sub 8 1	An S Cu	9CK # 344	U			
0 18 1/12 18	151.93			1	wner/Operator (d of Education	4)	ASBESTOS	MIRPS	DAY		Ş		
Agencies Notified	Type Notifica	tion .	Street Ad	AND DESCRIPTION OF THE PARTY OF	d or Emication		V B JICE			-	11		
☐ EPA	✓ Initiat	- 11	37-01	Fair Law	a Avenue		0	AUG 28	2012	. 0	H		
☐ DEP			**********	, Zip God	Contract of the Contract of th			AUI Z O	CUIZ	-	·V	***************************************	
⊠ por	Amend	iment]	Fair L	awn NJ	07410								
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□ DCA	Cance	1211011	Tom S	enko			"			7			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				FF	ACILITY INFORM	MATIO	N			T		4.4	
Nama of facility who	ere abetement	la taking p	lace (3)					Type of Facil	ty (4) 100f (K - 1	2)			
Thomas Edison	School (NON	Sub 8)						1	chapter 8		r than	K-12	2)
Street Address								Oth	er (Privale	/Com			,
37-01 Fair Lawr	1 Avenue							Square Feet	s /Homes	1.00		Blog.	Ann
Çity (\$)		Cou	nty (6)		to the first of the second	Co	unty Code (7)		1.				3*
Fair Lawn		Ba				(Ste	ate use only)	Current Use	(Prior if bo	ing d	emáli	ත්රේ)	
Name of Monitoring	Firm Hired by		er (8)		ASCM No	L_,	Name of Abatement	School (not	1 sub 8)	off?ridi?		-	
			,,		n/a		B & G Restoration	ale .					
Street Address				_	I wa	-	Stroot Address	on, inc.		-	_		
							105 Ryerson Ro	ad					
City, Stote, Zip Code							City, State, Zip Code						-
Project Manager for N	Bonkarian I'						Lincoln Park, N.	1 07035					
Lolect Intrioles for the	analitothad Lhtt		1	hore Num	ipái.		Telephone Number 973-696-6869		Licens 0378	e Mur	nber		
Scheduled Start Date	(10)	Sched	. Сопрієї	ion Date (*	F1)	skereldays	Name of OSHA Moni		10376	-			
8/28/12		8/31/					B & G Restoration	m, inc.		-			
Occupancy Status Du	ring Abatement	(Check o	nty one)		The State of the S		105 Ryerson Roa	ud)					
Facility dosed/vi	imed outside o im -2:00 a.m.	ontire perio	of abate acility hou	rs-		_	City State, Zip Code			Ī			
Cope of Work (check						- 11	Lincoln Park, NJ	07035		-			
☐ Demolition ☐ >3 sf pr >3 lf	⊠ F	Renovation 160 of or >					ull Containment w/neg	ativo proceuro	Glove				
Location of	I	Is location	normally	used solel		L . J . W.	Mi-ChCroxtite.		☐ Nbn-f	TROIC	proce		
asbestos-contair material to be	ntna I	by mainter staff(12)	nance/cus	todial		of as	bestos-containing	Amount		o m	e	n E	E
abaled in facility		Yes	No	N/A	material (A		•	(Specify LF)	SF or	0-	p a	8 8	C L
boiler room				LX.	Boiler spine	insula	tion	20 sf		X	Ú		
							-						
		-					- to general						
egistered Waste Haule	er		Hauler (I	D# C	ubic Yards of Wa	acto (Name of Registered L	andfill			Ш	Ц	Ц
B & G Restoration, 1	inc.	1956			yards	_	Tullytown Resource		Center	-	-		
Lincoln Park, NJ 07	7035		-	08/30/20			City, State Tullytown, PA						
ompleted by (Print or 7		ite			Signature	<u></u>			Date	-		COMM	_
Gordana Luna	<u>T</u>	reasurer				9	tordono Sura	10 E 10 E	8/28/12				VARANCE OF STREET
The American Section					-					-			-

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State of NJ .

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

B & G proj. #: 2012-166

Check # 5440

				TOT BOXES		Street, -			W CHO	-			40-00-00-00-00-00-00-00-00-00-00-00-00-0
Date of Notification (1)	Nan	ne of Building 2	erz	AUG 3 (2)	AM 9	: 28	Mananted	APPROVI Health & S		erv	ces		
0 18 / 2 18 1/ 1 12	Fa	ir Lawn Boar	rd of	Education			Pair		ĎA:	01	Z	Lane	_
Agencies Notified Type Notific	etion Stre	et Address 🐧	58	ESTOS	MMT	ROL	1	(signature)	11-		- 1		
☐ EPA ☑ Initis	1 3	7-01 Fair Law	vn Aa	Gentuel C.F.M.	SING	NOL.	Date: 81	+6112 x		3	M		
☐ DEP		, State, Zip Co		20,421012			A CONTRACTOR OF THE PARTY OF TH	Maria de La Companyone	hreat and an institute				
DOL Amer	dwant "	air Lawn, NJ		10									
		ne of Contact	0/4	10	-		Telep	hone Numb	рег				
DOH Canco	ellation					20	_						
☐ DCA ☐		Fom Senko						-					
			FACIL	ITY INFORMA	ATION								
Name of facility where abatemen	nt is taking place	e (3)		,			Type of Fac	mty (4) chool (K - 1	2)				
							San 201000.	ubchapter 6	(Other	tha:	п К-1	2)	
Thomas Edison School (NC	IN SUB A)	1.000						ther (Private	:/Comn	nerç	lal		
Street Address								dgs./Homes	- Address	_	BId	ı. Ag	
37-01 Fair Lawn Avenue							Square Fee	et #ofF	core		DIG	ı. ng	
City (5)	Count	y (6)				ty Code (7)		100 3 76 3.	- in - d		liaha.	n	
4.0 (-/					(Stat	s use only)	School (n	e (Prior if b	eing ac	mo	nsnec	4)	
Fair Lawn	Berg					Name of Abateme			- None	-		W.	
Name of Monitoring Firm Rired	by Bldg, Owner	(B)		ASCM No.									
				n/a		B & G Restora Street Address	tion, inc.		1.745****				
Street Address			e de la companya de l										
						105 Ryerson R					-		
City, State, Zip Code						City, State, Zip Coo							
						Lincoln Park,		Lice	nse Nu	mhy	ar		_
Project Manager for Monitoring	irm	Phone	Numb	er		Telephone Numbe		037		(No.			
				•		973-696-6869	ACTOR AND				-		
Scheduled Start Date (10)	Sched	Completion D	afe (1	1)		Name of OSHA M							
						Street Address	ation, mo-		No. of Particular	-	0.000		
8/28/12	8/31/					105 Ryerson I	Soad.						
Occupancy Status During Abate			ł			City, State, Zip Co							-
Facility closed/vacated du Abstement performed out Describe: 6:30 p.m 2:00	side of normal t a.m.	acility hours-					. 7						
Other-Describe:					_	Lincoln Park,	NJ 07033						_
Scope of Work (check all that	apply)												
Demalition	Renovatio	n			N I	ull Containment w	/negative pressu		ovebaç				
⊠ >3 sf or >3 If		>260 lf				Mini-enclosur c			on-friat	ole p	roce	dure.	
	Is location	n normally used	d sole	ly						R e	R	E	E
Location of asbestos-containing	by mainte	nance/custodi	91	Descrip	tion of a	speatos-containing		ount ecify SF or		m	p	C	0
material to be	staff(12)			- materia	(ACM)		LF		1	0	a :	a	L
abated in facility (13)	Yes	No	N/A							0	Ţ	D	-
Lefferman			X	Boiler spi	ino insi	lation	20 sf			X	Ц	Ш	1
boiler room			-	1							П		L
<u> </u>													L
						Control of the Contro		.,		1	Ш		L
											Ш		IL
Registered Waste Hauler	DLN	EP Hauler ID#		Cubic Yards o	stacW to	Name of Registe	ered Landfill	auram. Car	.rer				1
B & G Restoration, Inc.	19	563		2 yards		1 1	esource & Rec	Overy Cer.	<u>ttor</u>	_			
City, State			posal			City, State	24		. F 16				
Lincoln Park, NJ 07035		0	8/30/	/2012		Tullytown,		70	ate		-	-	000
Completed by (Print or Type)	Title		i e jiji	Signature	80,112.	Gooding Lun	23		28/12				
Gordana Luna	Treasur	er		_l						POST-CO		_	

2012-166 B & G proj. #:

State of NJ .

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

Check # 5440

teller executive at the second property of			1,11,1	cigency	1 (011	757							
Date of Notification (1)	Nam	ne of Buildin	ng Owner/	Operator (2)		2012 AUG	31 AM 9	: 28					
0 8 / 2 8 / 1 2	Fa	ir Lawn E	Board of F	Education			154						
Agencies Notified Type Notifica	tion Stre	et Address				ASBES	TOS CONT ICEMSING	ROL.					
EPA Initial	31	7-01 Fair	Lawn Av	enue		ű L	ICENSING				-		
DEP _		, State, Zip	Code										
DOL Amend		air Lawn,		0			Tolor	ohone N	mher				
☑ DOH ☐		ne of Conta	ct				Telef	JIIOHE-IN	ITIDEI				
☐ DCA ☐ Cance	llation	Tom Senk	0						1997	_			
			FACILI	TY INFORMA	TION								
Name of facility where abatemen	is taking place	e (3)			-		Type of Fac	ility (4)	12)			7/4	
		- (-)					-	chool (K		or the	n K	12)	
Thomas Edison School (NO	N Sub 8)							ubcnapte ther (Priv				2)	
Street Address					51		□ BI	dgs./Hor	nes, etc				
37-01 Fair Lawn Avenue	The second second						-Square Fe	et #o	f Floors		Bld	g. Ag	е
City (5)	County	y (6)				y Code (7)	Current Us		if boing	domo	licho	4)	
***************************************				12.0	(State	use only)	School (r			uemo	IIISHE	1)	
Fair Lawn	Berg			ASCM No.	111	Name of Abatemer							
Name of Monitoring Firm Hired b	y blug. Owner	(0)		n/a		B & G Restorat							
				11/4	- 5	Street Address							
Street Address						105 Ryerson R	oad						
City, State, Zip Code						ity, State, Zip Cod	le						
Oity, State, 21p Code				5- A801-01-00-0-0-0-0-0		Lincoln Park,							
Project Manager for Monitoring F	irm	Pho	ne Numbe	er	_	elephone Number		1000	icense N 0378	lumb	er		
						973-696-6869	water to the same of the same		0376	_			
Scheduled Start Date (10)	Sched.	Completio	n Date (11)		Name of OSHA Mo							
***	8/31/1	12			1	Street Address	ition, me.						
8/28/12 Occupancy Status During Abater			- West Con-			105 Ryerson F	Road						
T Escility closed/vacated dur	ing entire perio	d of abater	ment.		1	City, State, Zip Coo	de .						
Abatement performed outs Describe: 6:30 p.m 2:00 a	ide of normal f	acility hour	S-	N. THE				- U					
Other-Describe:					=	Lincoln Park,	NJ 07035						
Scope of Work (check all that a	pply)												
☐ Demolition	Renovatio	n			4	ull Containment w/	negative pressu	ıre 📙	Gloveb	72.00			
>3 sf or >3 If	≥160 sf or	≥260 If				lini-enclosure			Non-fri		-		
Location of	Is location	normally i	used solely	1	11.11					e e	R	E n	E
asbestos-containing	by mainte staff(12)	nance/cust	todial			sbestos-containing		ount ecify SF	or	m o	p a	С	n
material to be abated in facility (13)	Yes	No	N/A	material	(ACIVI)		LF)			v	i	a p	L
	103	140	100		•		20 sf			e	4		d
boiler room			I X	Boiler spir	ne insu	ation	20 51				I	H	甘
			-				- 300			H	一	盲	恒
													恒
Registered Waste Hauler	- INJD	EP Hauler	ID# C	Cubic Yards of	Waste	Name of Registe	ered Landfill						
B & G Restoration, Inc.		563	TAN 140	2 yards		Tullytown Re	esource & Rec	overy (enter		- Was		y nos
City, State			Disposal I			City, State	14						
Lincoln Park, NJ 07035	1771		08/30/2			Tullytown, P			Date		400		
Completed by (Print or Type)	Title	er		Signature		Gordana Lun	ra		8/28/1	2			
Gordana Luna	Treasur	CI		-		N-0**							



Date of Notification (1) 8-30-2012				Building stown F				,	2012 A	lUG	31	AM	9:	26
Agencies Notified Type Notification	n	1,00	Street Ad	ddress Main S	teet		+		SBE	ST	OS	CO	MTS	
EPA X Initial DEP Amended Amendme				te, Zip Co stown N		7			&	LI	CE	1311	4G	· C.E.
□ DOH		1		Contact arbone	Warren	n		Tel	ephone	Num	ber			
			FACI	LITY INFO	ORMATIC						•	-		
Name of Facility Where Abatement is Tak Former ACME	ing Place (3)						Type of Facility School (K-	12)	or than l	V 10				
Street Address 123 Chester Avenue							Subchapte Other (i.e. etc.)	private (& comm		l build	(8).		es,
City (5) Morrestown NJ 08057							Square Feet 14,000	1	f Floors		1	ldg. A 951	ge	
County (6) Burlington			County C STATE L	Code (7) JSE ONLY)		Current Use (Pr Vacant	ior if bei	ng demo	olish	ed)			
Name of Monitoring Firm Hired by Buildin RT Environmental	g Owner (8)		ASCM	l No.			f Abatement Co rvices, LLC	ntractor	(9)					
Street Address 215 West Church Street		-				Street A	ddress 7. Lincoln Hig	ghwy						
City, State, Zip Code King Of Prussia PA19406							ate, Zip Code PA 19341			1				
Project Manager for Monitoring Firm Tony Alessndrini		- 1	Telephor	ne No. 55-1510		Telepho 484-8	ne No. 72-8884		Licens 0116).			
Start Date (10) 9-17-2012	Scheduled					Name o	f OSHA Monitor	•						
Occupancy Status During Abatement (Ch			152.842.00	, C -		Street A	ddress			+				
➤ Facility Closed/Vacated During Entire			ent			200 R	oute 130 No	rth						
Abatement Performed Outside of No Other – Describe:							ate, Zip Code minson NJ 0	8077						
Scope of Work (Check All That Apply)					- 1	ping.		6						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				××××	Full Containm Mini-Enclosus Glovebag Pro	re ocedure						
							Non-Exempte	d () an	u Noll-F	Habi			ement	10
Leading		ocation rmall			D	scription of						9175	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		tenan dial S (12)	ce/ taff?		tos Conta thermal : surfac	aining Ma	iterial (ACM) insulation, , or	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		1/47	-/			450-6	4				
Throughout Facility			X	10016		r/ Mast			450sf		X			
LN From Meze			X	10	0.8	Insulati			60lf	_	X	S. 11.		
Exterior	-		Х	VV	/indow	caulk/ (giazing	-3656	5 L		X			
Name of Registered Waste Hauler		l N.	JDEP W	aste	Cubic	Yards	Name of	Registe	red Lan	dfill		-		
Waste Management		Ha	auler ID I 273		of Was 120	te	GROW							
City, State Philadelphia PA			o 18		Dispos TBD	al Date	City, Sta Morrris		A .					
Completed by Dave Ogletree	Title Project	Ma	nager		Si	ignature				Dat 8-3	e 30-20)12		

2537

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

08 / 30 / 3	2012		h	e of Building Owner/Opera	, 20	112 AUG 31	AM 9	25		
Agencies Notified			Stree	t Address Ol Wilshire State Zip Code	Blud. AS	& LICENS	ONT P	ROL		
□ DCA □ Emergence i justificatio □ Cancellatio	n)	ng	Name	Santa Moni of Contact addin Ghafar		Telephone Nu	umber			
			-1	CILITY INFORMATION					-	
Name of Facility Where Abatement is To Deptford Wall Street Address Clements Bridge						12) r 8 (Other than K- private and comm		uildin	gs,	
city (5) Deptford					Square Feet	# of Floors	E	Ildg. A	1000	
County (6) Glovcester	en tariji.		Cou	nty Code (7)(STATE USE ON		Prior if being demo	olished)	Ė		
Name of Monitoring Firm Hired by Buildin	ing Owne	r (8)	ASCM	And the second of the second o	ement Contractor (
Street Address			V	Street Addres	s					
3 Terri Lane				407 V	J. Lincoln	Highwa	M			
City, State, Zip Code				City, State, Zi	p Code				60	
Burlington, NJ Project Manager for Monitoring Firm		Tal	ephone	No. Telephone No.	PA 193	License No.	-			
John Lutz					12-8884	Oll				
	cheduled			1010		1 0116	31			
08/30/12	08									
Occupancy Status During Abatement (C	heck only	one)		Street Addres						_
☐ Facility Closed/Vacated During Entire	e Period o	f Abate	ement	200 8	Coute 130	North C				
Abatement Performed Outside of Nor Time of Abatement:AM				cribe City, State, Zi	o Code		1			_
I Other-Tenant space who co	upied	forde	uration	of abotement Cinna	minson, Ni)				
Scope of Work (Check all that apply)				□ Fulle	Containment with N	enative Pressure				
À≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		lenovat emoliti		☐ Mini- ☐ Glov	Enclosure ebag Procedure Exempted (*) and N		dure			
		ls Loca	tion					baten	ent T	yp
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	N Cu	Norma sed Sol laintena stodial (12)	ely by ance/ Staff?	Descripti Asbestos Containing (i.e., thermal syste surfacing, \ other miscell	Material (ACM) ms insulation, /AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	1
0 0	Yes		N/A			00.00	-	+	-	+
		Ø		Asbestos N	astic.	80 SF	K			L
Space 2060						1	L		1	L
Space 4060	ᆜᆜ		1							L
Space 2060					1 × 1, 1 =			+-		E
										1
Name of Registered Waste Hauler				O No. Waste	Minen	istered Landfill		古		1
Name of Registered Waste Hauler Service Transport Dity, State			NJDEP \	O No. Waste \(\lambda \) Disposal Date	Minen City, State	ra Landfill		15		1
Name of Registered Waste Hauler Service Transport Dity, State Vew Castle, DE			NJDEP \	Disposal Date	Minen City, State Wayne	ra Landfill Sburg. OH				
Name of Registered Waste Hauler Service Transport City, State Vew Castle, DE Completed By (Print or Type)	Title		NJDEP I	O No. Waste \(\lambda \) Disposal Date	Minen City, State Wayne	ra Landfill Sburg. OH	Date 8/30	12		
Name of Registered Waste Hauler Service Transport City, State Vew Castle, DE Completed By (Print or Type)	Title	o lec	NJDEP I Hauler II	DNo. Waste Disposal Date TBD Signature	City, State Wayne	ra Landfill Sburg. OH	Date	112		



)5				CATION	OF ASE	BESTOS A 8:60 and	BATE				<i>§</i> -	?E(11/	
Date of Notification (1) 8-29-2012		THE RESERVE THE PARTY OF THE PA				Owner/O			mpany	,LLC	-uiz A	UG 3	1	٠.	
Agencies Notified	Type Notification			Street A				Grad			45855	Tro.		<i>u</i>	# Ci
☐ EPA	× Initial			100000000000000000000000000000000000000	Service respective service	igle Roc	K Ave	nue ———			2/	100	CC	NI	۶n,
DEP X DOL	Amended Amendment Emergency		_	Rosela	ate, Zip C and NJ	07068					458ES & L	TUE,	A21	∀G'	IUL
DOH DCA	justification) Cancellation			Name of Mike N	f Contact ∕Iaben					Tel	ephone Nu	mber			
	11			FACI	LITY INF	ORMATIC	NC			-		-			
Name of Facility When ITW Building	e Abatement is Takir	ng Place (3	3)						Facility (
Street Address 565 Eagle Rock A	venue							Su	bchapter ner (i.e. p	8 (Oth	er than K-1 & commerc		dings	, hom	es,
City (5) Roseland								Square 62,000	Feet	# o	f Floors	1 100	3ldg. /		
County (6) Essex					Code (7) USE ONLY	Y)			Use (Pri acturin		ing demolis	hed)	27/		
Name of Monitoring Fi Environmental Ma		Owner (8)		ASCN	/ No.			of Abater ervices		ntractor	(9)				
Street Address 34 E. Germantow	n Pike							Address W. Linco	oln Hig	hway	na A				
City, State, Zip Code E. Norriton PA 19	401							state, Zip on PA 19				-		-	
Project Manager for M Ray Giordano	onitoring Firm			Telepho 610-27	ne No. 77-0405	5		none No. 872-888	34		License 1 01161	No.			German
Start Date (10) 9-10-2012		Schedul 10-1-2		npletion	Date (11)		Name EMS	of OSHA L	Monitor		I			100000	
Occupancy Status Dur	ing Abatement (Ched	ck Only Or	ne)				Street	Address							
Facility Closed/Va Abatement Perfor	acated During Entire rmed Outside of Norr	Period of a	Abaten y Hours	nent s			City, S	Route 1	Code						
	7						Cinn	aminso	n NJ 08	3077					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				×	Mini-E Glove	nclosure bag Prod	e cedure	n Negative			e.	
		T	Locati	ion		E 1			, ompto	. ()	0,110111110	I		emen	t
Locati	on of		Normal	ly		Des	cription	of				-	T	ре	_
Asbestos-Containir <u>TO BE A</u> In Fa (13	BATED cility	Ma	ed Sole intena todial S (12)	nce/		stos Conta thermal s surfac other m	systems ing, VA	s insulatio .T, or		(8	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			G.							(0	
Ro				X	Flas	shings, p			tar		07sf	X			
North K	litchen			X		VAT	/ Mas	tic		2	.75sf	X			
Northwest Co	mputer room			X	. 111	VAT	/ mas	tic		2	75sf	X			
Name of Registered W Waste Managemen			H	IJDEP W lauler ID 7273		Cubic Y of Was 30	te	(GROW	S Lan	ered Landfil dfill	1			
City, State Philadelphia PA						Disposa 10-1-2			City, State Morrisvi		\				

Title Project Manager

Completed by Dave Ogletree

Signature

Date 8-29-2012



Date of Notification (1) 8-29-2012			Name of Transc	Building (ontinen	Owner/ tal Ga	Operator is Pipe	(2) Line (Company	,,2042	AUG 3	II A	M	9: :	G /	
Agencies Notified Type Notification EPA Initial			Street Ac	idress 565 Eag						ESTO ELIC	1				
DEP Amended DOL Amendment #				te, Zip Co nd NJ (ò	& LIC	EMS	N(3	J L.	
Emergency (ir justification) DCA Emergency (ir justification) Cancellation	icluding	- 1	Name of Mike N			4			-1 88	phone N	1000	Š	(Ce-2)), 5 %		
			FACIL	ITY INFO	DRMAT	ION	10								10
Name of Facility Where Abatement is Taking Geswelli Building	Place (3)							of Facility (School (K-1	12)						
Street Address 563 Eagle Rock Avenue						V= 8t	×	Subchapter Other (i.e. petc.)				ildin	gs, h	ome	s,
City (5) Roseland							23,00		1	Floors		Bldg 196	j. Ag 37	е	
County (6) Essex			County C	Code (7) ISE ONLY)				nt Use (Pri ufacturin			ished)				
Name of Monitoring Firm Hired by Building O Environmental Management Inc.	wner (8)		ASCM	No.	*******	100000000000000000000000000000000000000		tement Cor	ntractor	(9)					
Street Address 34 E. Germantown Pike							Addres W. Lin	s coln Hig	hway						
City, State, Zip Code E. Norriton PA 19401							state, Zi n PA 1								
Project Manager for Monitoring Firm Ray Giordano			Telephor	e No. 7-0405		10 100000000000000000000000000000000000	none No 872-88			License 01161	No.				
	Scheduled		pletion [Date (11)		Name EMS		IA Monitor							
Occupancy Status During Abatement (Check	Only One)	17.71		-	Street	Addres	S			1				
Facility Closed/Vacated During Entire Per Abatement Performed Outside of Normal Other – Describe:	riod of Ab	atem				City, S	state, Zi	130 Nor p Code on NJ 0						_	
Scope of Work (Check All That Apply)						Cirili	ammis		3011		-			/(CO) (CO)	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	noval moliti	(CE 0 0)			×	Min	Containm i-Enclosure vebag Pro- n-Exempte	e cedure	11700			turo		
					3700 11 11		1101	r-Exempto	a () and	14011-111	DIC 1 1			nent	
		ocation rmall										0.35	Тур		
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar	y by nce/		tos Cor therma surfa	escription ntaining M Il systems acing, VA miscellar	Material s insula T, or		(S	nount pecify or LF)	Removal	1	Reposit	Encapsulate	Enclosure
	Yes	No	N/A											(D	
Roof			X	Flas	hings,	penetr	ations	s, tar	8	16sf	X				
North Kitchen			X	VA	T/ Ma	stic/ wa	all mas	stic	21	90sf	X				
Exterior		66	X	Tr	ansite	/ windo	w cau	ılk	450s	f/ 650lf	X		-		
Name of Registered Waste Hauler		557398	JDEP W		The second second	Yards		Name of	Register	ed Land	fill	1		+	
Waste Management			auler ID I 273	NO.	of Wa	iste		GROW	S Land	dfill	1				
City, State Philadelphia PA				SEPEL I		sal Date -2012		City, Stat Morrisv							Jan J
Completed by Dave Ogletree	Title Project	t Ma	nager			Signature		11/1	/		Date 3-29-2	201	2		



Par pro						
11/	1	g27-27		۰.	este.	
	THAT	4	1	2,5	1	10

Date of Notification (1) 8-29-2012					f Building sburg A			(2)	2012 458 6	AUG 3	,		he i	, , , , , , , , , , , , , , , , , , ,	
Agencies Notified	Type Notification			Street A	ddress ameron	Drive,	Suite	110	A58.	Estne	7	AM	9:	(i)	
DEP DOL	Initial Amended Amendment		_		ate, Zip Co sburg N		5		, Ĉ	LICE	NS.	ON INC	TRO	L	
DOH DCA	Emergency (justification) Cancellation	including			f Contact Zimmer				Te	lephone I	Numl	ber			
				FAC	LITY INF	ORMATI	ION					-			
Name of Facility Where Phillipsburg Comm Street Address	erce Park	g Place (3	3)										dinac	hom	05
Building 8, 149 Bro	nico Way							Other (i etc.)			er Grai				es,
City (5) Phillipsburg						347402		Square Feet 65,000	1	of Floors			ildg. A 09yı		
County (6) Warren					Code (7) USE ONLY)		Current Use commerci		ing demo	lishe	ed)			
Name of Monitoring Firm RT Environmental	Hired by Building (Owner (8)		ASCN	ΛNo.			of Abatement ervices,LL(r (9)					
Street Address 215 West Church F	Road							Address W. Lincoln I	Highway			ekine aria	-	*	
City, State, Zip Code King Of Prussia, PA	A 19406							state, Zip Code n PA 19341							
Project Manager for Mor Tony Alessandrini	nitoring Firm			Telepho 610-26	ne No. 35-1510	X		none No. 872-8884		License 01161					
Start Date (10) 9-10-2012 4 11	2 00.	Schedule 9-11-20	ed Cor	npletion	Date (11)		Name EMS	of OSHA Mon	itor						
Occupancy Status Durin	g Abatement (Check	k Only On	ne)		- 450-		100000000000000000000000000000000000000	Address Route 130 h	Vorth		Ť				
Abatement Perform Other – Describe:		al Facility	Hours				City, S	tate, Zip Code						0	
Scope of Work (Check A	II That Apply)						Onni		3 00077						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Pemolit				×	Full Conta Mini-Enclo Glovebag Non-Exem	sure Procedure		1			e	
		7.4	Locati Iormal	3.00					pied () di	id (NOI) 1	labic	-	Abat	emen pe	t
Location Asbestos-Containing		Use	d Sole	ly by	Asbes		scription aining N	of laterial (ACM)	1	Amount					
TO BE AB. In Facil (13)		Cust	intenai odial S (12) No			thermal surfac		s insulation, T, or	(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Elevated Sta	Elevated Steam Pipe						Insula	tion	-	104lf		X			
Lievated Ste	anripe		X			ripe	Ilisula	don		10411	-			-	
1															
Name of Registered Was	to Hauler		l N	JDEP W	acto	Cubic '	Varda	Nome	of Registe	arod Land	1611				
Service Transport G			Н	auler ID W2117	No.	of Was		160000000000000000000000000000000000000	erva Lan		1101				
City, State New Castle , DE					7 -16 -3	Dispos TBD	al Date	City, S Way	State nesburg	Ohio		5		.,1	
Completed by Dave Ogletree		Title Projec	ct Ma	nager		Si	ignature	19/1		102	Date 8-29)12		

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

1101												v 1.	41.0
Date of Notification (1) 8 / 3	80 / _	12				F	ner/Operator ((2)	2012	AUG 3	1	ill (8: 5
⊠ EPA □	ype Notifica ☑ Initial ☑ Amended			ON	Address E BREW State, Zip			1 NORTH 31 ST S	10 m	STOS	0 (C)	NI	ROĮ
☑ DHSS	Amendme						PA 19121-4	1495			1871	MA	
□ DCA (NJAC 5:23-8)	Emergeno justification		3		of Contac				Telephone Nu	mber			
	☐ Cancellati			НА	RRY MO	ODY			1				
				FA	CILITY II	NFOF	RMATION						
Name of Facility Where Aba RESIDENCE	atement is T	aking Place	(3)					Type of Facility (School (K-12) Subchapter 8)	12)			
Street Address 1513 NEWPORT								Other (i.e., pr homes, etc.)	ivate and comm		uildin	gs,	
City (5) CAMDEN		3						Square Feet 1582	# of Floors		dg. A 94	ge	
County (6) CAMDEN		- u	50.050	Cour	nty Code (7)(STA	TE USE ONLY)	Current Use (Pri	or if being demo	olished)			
Name of Monitoring Firm Hi	red by Build	ling Owner	(8)	ASCM	No.	5000	me of Abatemo	ent Contractor (9)					
Street Address						Str	eet Address						
411 SOUTHGATE CO	URT SUIT	EE				1	345 INDUST	RIAL BLVD					
City, State, Zip Code						City	y, State, Zip Co	ode					
MICKLETON NJ 0805	6					S	OUTHAMP	TON, PA 18966					
Project Manager for Monitor JACK CARNEY	ring Firm		10000	elephone 1856-22		1	ephone No. 115 322-2900		License No. 00783				
Start Date (10)9 /10 /	A	Scheduled C		oletion Da		The second	me of OSHA N CRITERION L						
Occupancy Status During A Facility Closed/Vacated					***	10,45000	eet Address 370 PROGR	ESS DDIVE	An Taxon				
Abatement Performed O Time of Abatement: 7AM	utside of No	ormal Facility	у Но	urs - Des		City	, State, Zip Co BENSALEM I	ode					
Scope of Work (Check all th	nat apply)		-1				LIVOALLINI	A 15020			20 1	-	-
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De					☐ Mini-End	tainment with Neg closure g Procedure empted (*) and Nor		dure			
			100000000000000000000000000000000000000	ation						Ab	atem	ent T	ype
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)	aterial (ACM) Use Ma	ed So	nally olely by nance/ al Staff? 2)		e., the	Description of Containing Ma ermal systems surfacing, VAT her miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	14	Yes	N								_	-	_
KITCHEN WALL							LATION		200 SF			П	빝
BASEMENT AND STEP	S				LINOLI	EUM			200 SF				
post a second				-				The state of the state of		닉ᆜ		브	닏
						101					Ц	Ш	
Name of Registered Waste SERVICE TRANSPOR				NJDEP \ Hauler II 20990	O No.	Wa	oic Yards of ste	Name of Regist MINERVA L					
City, State 58 PYLES LANE, NEV	V CASTLE	, DE 1972	0	des de la		Disp	posal Date	City, State WAYNESB	URG, OH 446	88		. 1 Q	
Completed By (Print or Type	e)	Title		200,000		1	Signature	·	- 1	Date	-		
DAMIAN LAVELLE/CI	.2	PROJE	CT	MGR.			Di	1.	1.16	5	30		2-

7101		NOT				C 8:60 and 5:10		20.	40	CI	15	
Date of Notification (1) 8 /	30 /	12		DEN	INIDOCE	g Owner/Operator (PROPERTIES	***	2012 A	UG 31	A	1 0	in will the
Agencies Notified ☑ EPA ☑ DOLWD	Type Notificat ☑ Initial ☐ Amended	ion		Street	Address E BREW	ERY PARK, 1301	I NORTH 31 ST S	STREET & L	TOS	COM	VI'R	υĹ
☑ DHSS	Amendmer					ode HIA, PA 19121-4				1 . 4	4	
□ DCA (NJAC 5:23-8)	☐ Emergency justification			14-11-11-11	of Contac			Telephone Nu	mber		-0,-	_
(NJAC 5.25-6)	☐ Cancellation			HAF	RRY MO	ODY		100101200	MLA			
10 mm				FAC	CILITY IN	IFORMATION			-			
Name of Facility Where	e Abatement is Ta	aking Place	(3)	Character			Type of Facility	(4)				
RESIDENCE							School (K-12		12)			
Street Address 1511 NEWPORT					5240 8 C - 524 H		Other (i.e., pr homes, etc.)	ivate and comm	ercial bu	uilding	gs,	
City (5)					0		Square Feet 1582	# of Floors	10000	dg. A 94	ge	
County (6) CAMDEN				Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Name of Monitoring Fin	rm Hired by Buildi	ng Owner	(8)	ASCM	No.	Name of Abateme					4.5	
Street Address 411 SOUTHGATE	COURT SUITE	E				Street Address	RIAL BLVD	9	1/2			
City, State, Zip Code						City, State, Zip Co			-			-
MICKLETON NJ	08056					SOUTHAMPT	TON, PA 18966					
Project Manager for M	onitoring Firm	100	0.00	phone	No. 4-0081	Telephone No. 215 322-2900		License No. 00783				
Start Date (10)		cheduled C	7.00			Name of OSHA N		00763			_	
9 / 10			11000			CRITERION I						
Occupancy Status Dur		항상 [1] 이 아이는 아이를 하는데		6-		Street Address						
☐ Facility Closed/Vac☐ Abatement Perform	ned Outside of Nor	rmal Facilit	y Hour	s - Des	cribe	3370 PROGR City, State, Zip Co			We alking			
Time of Abatement		ION-FRIP	M	AM		BENSALEM	PA 19020					
Scope of Work (Check	all that apply)		enovati emolitio			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		lure			
			Locat							atem	ent T	уре
Locati Asbestos-Containir TO BE A IN Fa (13	ng Material (ACM) BATED cility	Use Ma Cus	Norma ed Sole intena todial (12)	ely by nce/ Staff?	Asbe (i.e	Description of estos Containing Made., thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
KITCHEN		Yes	No 🖂	N/A	LINOLE	EUM	1	150 SF				
KITCHEN UNDER I	INOLFUM					N FLOOR TILE		150 SF	Ø			
KITCHEN WALL						NSULATION		200 SF				
RITOTIEN WALL								200 01				
Name of Registered W			7	IJDEP Vlauler II	D No.	Cubic Yards of Waste	Name of Regis			1		
City, State 58 PYLES LANE,	NEW CASTLE,	, DE 1972	0	20990	10000	Disposal Date	City, State WAYNESB	URG, OH 446	88		in.	
Completed By (Print or DAMIAN LAVELL		Title PROJE	CT M	GR.		Signature	. /		Date	7	λŀ	.`>

054650

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

Date of Notification (1) 8 / 30 /	12		10000000		g Owner/Operator (: PROPERTIES		G31 AM 8				
Agencies Notified Type Notifica ☐ EPA ☐ Initial	ation		Street	Address E BREW	ERY PARK, 1301	NORTH 31ST	STREET ON THE	:57			
☑ DOLWD ☐ Amended			City, S	State, Zip 0	Code	æ ĭ	ICENSING	2.)[-	
☑ DHSS Amendme ☑ DCA ☐ Emergene			PHI	LADELP	HIA, PA 19121-4	495	TO CLESTIA!				
(NJAC 5:23-8) justification		J	Name	of Contac	t		Telephone Nur	mber	-		
☐ Cancellat	ion		HA	RRY MO	ODY		47 Jan 150				
	9-29-1-W-1		FA	CILITY IN	FORMATION						
Name of Facility Where Abatement is T RESIDENCE	aking Place	(3)				Type of Facility ☐ School (K-12	2)				
Street Address 1048 EVERETT	T.						3 (Other than K-1 rivate and comm		uilding	js,	
City (5)						Square Feet	# of Floors		dg. A	ge	
CAMDEN						1260	2		100		
County (6) CAMDEN			Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demo	lished)			
Name of Monitoring Firm Hired by Build	ding Owner	(8)	ASCM	No.	Name of Abateme	-automorphism of the control of the					72
EHS					DELTA/BJDS	INC					
Street Address					Street Address	1.1					
411 SOUTHGATE COURT SUIT	EE				1345 INDUST						
City, State, Zip Code					City, State, Zip Co						
MICKLETON NJ 08056		1 = 1				ON, PA 18966					
Project Manager for Monitoring Firm			ephone		Telephone No. 215 322-2900		License No.				
JACK CARNEY Start Date (10)	Scheduled C			4-0081	Name of OSHA M		00763				-
9 / 10 / 12	_10_ /	3			CRITERION I						
Occupancy Status During Abatement (0					Street Address						
☐ Facility Closed/Vacated During Entir				anih a	3370 PROGR						
Abatement Performed Outside of No. Time of Abatement: 7AM-3:30PM/				scribe	City, State, Zip Co						
Scope of Work (Check all that apply)											
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-End	tainment with Neo losure g Procedure mpted (*) and No		Iure			
	0.7	Loca						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13)	Use Ma	Norma ed Sol aintena todial (12)	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		oute, milesement					G	
SECOND FL HALL				FLOOR	TILE		100 SF	\boxtimes			
SECOND FL MIDDLE BEDROOM				FLOOR	TILE AND MAS	TIC	120 SF				
SECOND FL BATHROOM				LINOLE	EUM	1167.46	50 SF				
Name of Registered Waste Hauler SERVICE TRANSPORT GRP		1000	JDEP I	D No.	Cubic Yards of Waste	Name of Regis	stered Landfill				51.2
City, State	1		20990)	Disposal Date	City, State					
58 PYLES LANE, NEW CASTLE	, DE 1972	0			SE 1407.1	the second second	BURG, OH 446	88		dil.	1.70
Completed By (Print or Type)	Title			en led notice	Signature	7		Date	1	1	West 1
DAMIAN LAVELLE/CDV	PROJE	CT N	IGR.		IDA w	11. 4	· - 16	9	13	1	2

054649 7101

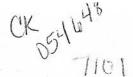
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

:60 and 5:16)

Date of Notification (1) 8 / 3	80 /	12		PE	NNROSE	ng Owner/Operator (PROPERTIES	2012 ALL					
⊠ EPA 🛛	ype Notificati	on		Stree	t Address E BREW	/ERY PARK, 130 Code PHIA, PA 19121-4	I NORTH 31ST	G31 AM 8:	5-			
☑ DHSS	Amended Amendmen			City, S	State, Zip	Code PHIA, PA 19121-4	495 & L	ICENSING	₹0L.			
(NJAC 5:23-8)	Emergency justificationCancellation	1)	3	Name	of Contac	ct		Telephone Nu		1/1		
		-		FA	CILITY II	NFORMATION		-	-			
Name of Facility Where Aba RESIDENCE	atement is Tal	king Place	(3)				Type of Facility School (K-12	2)	2)			
Street Address 1583 SOUTH 10 TH								3 (Other than K-1 rivate and comm		uildin	gs,	
City (5) CAMDEN							Square Feet 1274	# of Floors	10000	dg. A 83	ge	No. Salita
County (6) CAMDEN				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	or if being demo	lished)			
Name of Monitoring Firm Hi	red by Buildin	ng Owner	(8)	ASCM	No.	Name of Abateme			41.			
Street Address 411 SOUTHGATE CO	URT SUITE	E				Street Address 1345 INDUST	RIAL BLVD					
City, State, Zip Code MICKLETON NJ 0805	6			3.		City, State, Zip Co	ode FON, PA 18966					
Project Manager for Monitor JACK CARNEY	ing Firm			ephone 856-22	No. 4-0081	Telephone No. 215 322-2900		License No. 00783		-		
Start Date (10)9 /10 /		heduled C	- 3		200	Name of OSHA M						
Occupancy Status During A				ement		Street Address 3370 PROGR	ESS DRIVE		64			
Abatement Performed Of Time of Abatement: 7AM	utside of Norr	mal Facility	у Нос	rs - Des		City, State, Zip Co	ode					
Scope of Work (Check all th	at apply)						7. 10020					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re				☐ Mini-End ☐ Gloveba	tainment with Neg losure g Procedure mpted (*) and No		ure			
			Loca							atem	ent T	уре
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Use Ma Cus	intentodial (12	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
KITCHEN		Yes	No	N/A	FI 00F	TUE		200 05	57			
KITCHEN					FLOOR	TILE		220 SF				
								4154	븝	H		
							27 27 31 31		吊	П	П	
Name of Registered Waste I	Hauler			NJDEP \		Cubic Yards of	Name of Regis	tered Landfill				T
SERVICE TRANSPOR	T GRP		1	lauler II 20990		Waste	MINERVA	LANDFILL				
City, State 58 PYLES LANE, NEW	/ CASTLE,	DE 1972	0			Disposal Date	City, State WAYNESB	URG, OH 446	38			
Completed By (Print or Type		Fitle PROJE	CT N	IGR.		Signature .	/·		Date	2,	19	7

ASB-41 MAY 11

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



Date of Notification (1) 8 / 30 / 12				Name of Building Owner/Operator (2) PENNROSE PROPERTIES							= []	
Agencies Notified Type Notification					Street Address							~ -
				Street Address ONE BREWERY PARK, 1301 NORTH 31 ST STREET 3855705 CONTROL City, State, Zip Code PHILADELPHIA, PA 19121-4495								
☑ DOLWD	City, State, Zip Code											
☐ DHSS Amendment #				City, State, Zip Code					LICE	MS	MA	ROL
□ DCA (NJAC 5:23-8) □ Emergency (including justification) □ Cancellation				N	ILADELI	1	Telephone Number					
					of Conta			mber				
LI Cancellation					RRY MO		L					
				FA	CILITY II	NFORMATION						
Name of Facility Where	Abatement is T	aking Place	e (3)				Type of Facility	337 - 33				
RESIDENCE					7		☐ School (K-12) ☐ Subchapter 8 (Other than K-		40)			
Street Address							Other (i.e., r	orivate and comm	12) tercial b	uildin	as	
935 LANSDOWNE	AVE						homes, etc.)	.0.0.0.	unun	90,	
City (5)				15332-10-13			Square Feet	# of Floors	В	ldg. A	ge	
CAMDEN							1456	2		93		
County (6) County					nty Code (7)(STATE USE ONLY)	rior if being demo	lished)		_		
CAMDEN							HOUSE					
Name of Monitoring Firm Hired by Building Owner (8)				ASCM	No.	Name of Abatem	ent Contractor (9					
EHS						DELTA/BJDS INC						
Street Address						Street Address						
411 SOUTHGATE COURT SUITE E						1345 INDUSTRIAL BLVD						
City, State, Zip Code						City, State, Zip C						
MICKLETON NJ 08056						Company of the Company of the Company	TON, PA 18966					
Project Manager for Monitoring Firm Telephone No.						Telephone No.		License No.				
JACK CARNEY 1856-224-0081						215 322-2900 00783						
Start Date (10) Scheduled Completion Date (11)						Name of OSHA N		1 00/00			-	
9 / 10 / 12 10 / 31 / 12						CRITERION	45 /4 Delta (45 Day)					
Occupancy Status During Abatement (Check only one)						Street Address						
☐ Facility Closed/Vacated During Entire Period of Abatement						3370 PROGRESS DRIVE						
Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/MON-FRIPMAM					City, State, Zip Co	ode						
						BENSALEM PA 19020						
Scope of Work (Check a	all that apply)										-	552557
≥3 sf or ≥3 lf		⊠ Re	enova	tion		☐ Full Con ☐ Mini-End	tainment with Ne	gative Pressure				
☐ ≥160 sf or ≥260 lf		☐ De					g Procedure					
	te de de				11 11 111 11	☐ Non-Exe	mpted (*) and No	n-Friable Proced	lure			
		10.0	Loca						Ab	atem	ent T	ype
Location of Norm Asbestos-Containing Material (ACM) TO BE ABATED Norm Used So Mainter					A-1-	Description of	terial (ACM)	Amount (Specify	_D	Z	m	m
			ainten	ance/		estos Containing Ma e., thermal systems			Removal	Repair	าด	Enclosure
IN Facility Custodia					V	surfacing, VAT	, or	SF or LF)	ova	=	nsd	Sur
\/			(12		-	other miscellane	ous)	1			Encapsulate	Ф
		Yes	No	-								
THROUGH-OUT RES	SIDENCE,				WINDO	W CAULK	F-120					
									П	П	П	П
							271 120 120				1	믐
			-						ᆜᆜ	Ш		Ш
W					-							
Name of Registered Was SERVICE TRANSP				NJDEP \ Hauler II		Cubic Yards of Waste	Name of Regis					
				20990)	Discussion :	VIEW DATE OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDR	LANDFILL				ractor.
City, State	IEW CAST! =	DE 4070	^		No. of the last	Disposal Date	City, State					
58 PYLES LANE, N			U.	i made		waterward in	A company of the comp	URG, OH 4468	38			
Completed By (Print or Type) Title				8, 11		Signature	1		Date		1	
DAMIAN LAVELLE	/CDV	PROJECT MGR.				The James	a . 10.	-((-	50	30		12

ASB-41 MAY 11

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