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

B.C.	gon.	-	5			
F Same	Sadi	1	4	10	1.	13

70								15 - W. [-]	11 5 13		
Date of Notification (1)	8-2-525		1			g Owner/Operator (
11 /30 /	12			Ver	izon		2	012 DEC -3 P	Dia	0	
Agencies Notified Type Notifie	cation		5		Address			J F	11:5	3	
⊠ EPA ⊠ Initial	2			109	56th Ave	enue	5	STIFFUS CO	711		
☑ DOLWD ☐ Amende			(City, S	State, Zip (Code		& LICENS	WIRD.		
☑ DHSS Amenda ☑ DCA ☐ Emerge		ding		Nev	v York, N	IY 10036		C LICEMS!	ING		
(NJAC 5:23-8) justificat		ing	N	lame	of Contac	t		Telephone Numb	per	-	
☐ Cancella				Ale	x Baylor						
	-			FAC	CILITY IN	IFORMATION					
Name of Facility Where Abatement is	Taking Pla	ace (3)				Type of Facility	(4)			
Verizon Pompton Lakes Centr			9				School (K-12				
Street Address							☐ Subchapter	8 (Other than K-12)			
8 Hamburg TPKE							homes, etc.)	rivate and commer	cial buildin	gs,	
City (5)					-		Square Feet	# of Floors	Bldg. A	\ae	
Riverdale, NJ							10000	2	40	.5-	
County (6)				Coun	ty Code (7)(STATE USE ONLY)		ior if being demolis			
Morris					.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Carroni Coo (i i	ioi ii boilig dolliollo			
Name of Monitoring Firm Hired by Bui	lding Own	er (8)	TAS	SCM	No.	Name of Abateme	ent Contractor (9)				
TTI Environmental, Inc.		(-)		2971	CHINA V	JVN Restorat	DEC 100 100 100 100 100 100 100 100 100 10				
Street Address					•	Street Address					
1253 North Church Street						47 Foster Ro	ad				
City, State, Zip Code						City, State, Zip Co				-	-
Moorestown, NJ						Staten Island					
Project Manager for Monitoring Firm		T	eleph	none	No.	Telephone No.		License No.			
Harold Balwin					-8800	718-605-6256		00774			
Start Date (10)	Schedule	d Com	01.01.00	DIROGRADON		Name of OSHA M					
12/11/ 12			-		12	Testor Tech					
Occupancy Status During Abatement)	-				Street Address			-11	_	-
☑ Facility Closed/Vacated During Ent			5.0	ent		10 59 Jackso	n Avenue				
☐ Abatement Performed Outside of N	Normal Fac	cility H	ours -	- Des	cribe	City, State, Zip Co					
Time of Abatement: 8AMP	M/ <u>4:00</u> PN	/	AN	Λ		LIC, NY 1110					
Scope of Work (Check all that apply)						2.0, 10. 11.10	•				
П.О.бО.К	_	_ 5					ainment with Neg	gative Pressure			
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		Renov				☐ Mini-Enc	losure g Procedure				
		Domo						n-Friable Procedur	re		
S com			catio						Abaten	nent T	уре
Location of		Nor Jsed S	mally			Description o				_	T
Asbestos-Containing Material (ACI TO BE ABATED	•••	Mainte	enand	ce/		stos Containing Ma		Amount (Specify	Remova	nca	nclo
IN Facility	0	ustod		aff?	(surfacing, VAT,	, or	SF or LF)	oval	Encapsulate	Enclosure
(13)	Ye		(2) No	N/A		other miscellane	ous)			ate	Ф
Personal			-							-	-
Basement			2		VAT			2200 SF			$ \Box $
]			S				П	П
				=-						1	F
Name of Registered Waste Hauler					Vaste	Cubic Vords of	Nome of Deci	storod Landell			
Global Waste Industries Inc			200000	JEP V		Cubic Yards of Waste	Name of Regis				
			100000000000000000000000000000000000000	J-22		5	1	nterprises Inc			
City, State						Disposal Date	City, State	011			
Hackettstown, NJ						12/18/2012	Waynesbu	rg, OH		1	
Completed By (Print or Type)	Title		esertion in			Signature		Da		1,-	、
John Tardy	Seni	or Pro	oject	t Mar	nager	101	anch)	11/30	11	7 1
ASB-41 MAY 11	• • •							-	1	1	
1 7 AP	- 170 /	not lice	a thic	torm	TOT achaci	toe licaheitra avamr	roa activition /	T.			

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

Date of Notification	(1)		Name of Buildi	ng Owner/Operato	= (2) 积巨()	EIVED				
11-27-12			Jane Lee							
Agencies Notified	Type Notificat	ion	Street Address		2012 DEC	-3 PM 1:3	R			
[]EPA	[X]Initial		85 Park	St.	COLE DEO	0 111 1 4	•			
[]DEP	Notifica	tion	City, State, 2	ip Code	6 THE ST	OS CONTRO	1.			
[X]DOL	[]Amended	'	Montclai	r,NJ,07042		CENSING	.			
[X]DOH	Notifica	tion	Name of Contac	:t		one Number				
[]DCA	[]EMERGENCY	ľ	Jane Lee							
	[]Cancellat	ion					•			
				TY INFORMATION	TE	:7:1- (4)				
Name of Facility Whe Same as above	re Abatement i	s Taki	ng Place (3)		Type of Fac	2 12 20				
Same as above					[]Schoo	1 (K-12) apter 8 (Othe	r than	K-12	}	
Street Addres	******				[X]Other	(i.e., priva	ite & co	omer	-	
85 Park St.					-	buildings, h				
City (5		ounty	(6)	County Code (7)	Square Feet	# of Floo	- 1	dg. 1 75	age	
Montclair		ssex	(0)	(STATE USE ONLY)		(Prior if be			hed)	
Name of Monitoring E	irm hired by E	uildin	g ASCM No.	Name of Abat	ement Contrac	tor (9)	-			
Owner (8)				AZTECH	Managemen	IT, Inc.	El .			
Street Address	100		_ 1	Street Addre	33					
				86 Chri	stopher S	st.				
City, State, Zip Cod	le			City, State,		0000000		2000 C.		
				Montcla	ir, NJ 07	042				
Project Manager for	Monitoring Fir	m Te	lephone Number	Telephone Nu	mber	ļ	License		er	34
		N	/A	(973)74	4-8800	1	0037	1		
Scheduled Start Date	(10) Sched	l. Comp	letion Date (1:	Name of OSHA	Monitor	· · · · · · · · · · · · · · · · · · ·				
12/7/12	12	/12/1	L2	N/A						
Month Day You	ear Mor		only one)	Street Addre	90					
[X] Facility Clo	sed/Vacated Du	ring Er	tire Period							
of Abatemen []Abatement Pe		e of No	rmal Facility	City, State,	Zip Code					
Hours - Desc	ribe: «OffHours	Descri	pt»	1						
[]other - Desc			Descripts		· · · · · · · · · · · · · · · · · · ·					-
Scope of Work (Check	all that appl	rā)		[X]Full	Containment	with Negative	Press	ure		
[X]≥3 sf or			X]Renovation		-Enclosure					
[] <u>></u> 160 sf o	or ≥260 lf	I.]Demolition		ebag Procedur Friable Proce					1
		Τ,	Is ocation				Aba	teme	nt 1	Ype
Location Asbestos-Con			Wormally Used	Description Asbestos-Con		Amount	R	R	N	N
Material		١.	Solely	Material (ACM) .	(Specify	M	E	C A	C
TO BE AB		t	y Main- cenance/	(i.e., thermal insulation, surfa	0.000 PALE 2018 197	SF or LF)	V	A	P.	0 S
(13)			ustodial taff (12)	or other misce			A	R	U	U R
		Yes	No N/A	lantan Cail		1,100 \$	SF X		•	E
Basement		-		laster Ceil:		160 LF	X	-		-
Basement		-	K P	pe insulat	LOII	TOO LE		\vdash		
		1 6	JDEP Waste	Cubic Yards	Mars of Po	gistered Land	16111	لــــــــــــــــــــــــــــــــــــــ		
Name of Registered V AZTECH MANAG		- H:	auler ID No.	of Waste 10.0	G.R.O.					
		1	7040	Dismosal Pata					u-salara	
City, State Montclair, NJ	07042			Disposal Date 12/13/12	City, Stat	rille/PA	1906	57		
			a			1/				
Completed By (Print				Signatur		7/	Date			73
Constantine V	ivian Pr	eside	ent	1 =	Abraha	//	12/2	7/12		
		,		(1)	m han har	1-	4			in extre 66

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

Check No.

No Fee

Date of Notification (1)				T	Name o	f Building	g Owner/Operator	(2)	t dam tat					
November 27, 2012	2						NJ, Newark J		ational Airpor	t				
Agency Notified	Type Noti	fication			OHICCE	tuui Coo							allere N	
	-				Build	ing 80,	2nd Floor							
EPA Not expired per State Reg. 192004	Initial ☐ Amend	ed		`	City, Sta	ate, Zip (Code	5-8-1-105 C	UNIRUL					
⊠ DOL	_ Amend	lment #				rk, NJ		& LICEN	PING					
⊠ DOH	justifica	ency (includin ation)	g		Name o	f Contac	:t		Telephone Nun	nber				
□ DCA	☐ Cancel				Ralph	Camp	oione		7					
	L				FACIL	ITY INF	ORMATION							
Name of Facility Where	Abatement i	s Taking Plac	e (3)					Type of Facility	(4)			-		
Terminal B, B3 Co			***					☐ School (K-12						
Street Address	11000100	Littianio	-		-				:) 3 (Other than K-1 2	2)				
Terminal B, Newar	rk Liharh	/ Internatio	onal	Δirn	ort			Other (i.e. pr	rivate & commercia		gs,			
City (5)	IK LIDEIL	internation	Jiidi	711 P				homes, etc.) Square Feet	# of Floors	Bldg.	Age	CHES.		
								24000	2	40 +				
Newark					Carratio	Cada (7) (STATE USE		rlor if being demol	1	-/-			
County (6)				4	ONLY)	Code (7) (STATE USE	1 105 554 55	nor it being demoi	isrieu)				
Essex								Terminal						
Name of Monitoring Firm	n Hired by B	Building Owne	3	ASCM	NO.			nent Contractor (77					
PA of NY & NJ				N/A				storation Co.,	Inc.					
Street Address	30200200						Street Address							
241 Erie Street, Ro	oom 236						223 Randol							
City, State, Zip Code							City, State, Zip							
Jersey City, NJ 07							Clifton, NJ	0/011	T (-)					
	Project Manager for Monitoring Firm						Telephone No.	· 4	License No.					
Ralph Campione		0 1 1 1 1 0	1		24-689	8	973-478-468		00120					_
Start Date (10)	cox l	Scheduled Co			te (11)		Name of OSHA		Comilege I I	_				
December 09, 201		March 31,					Street Address	vironmentar	Services, L.L.	С.				
Occupancy Status During	g Abatemer	it (Check only	(one)					Brook Avenu	_					
☐ Facility Closed/Vacate	ed During E	ntire Period o	f Abat	ement			City, State, Zip						2000	
Abatement Performed □ Other - Describe:	l Outside of	Normal Facil	ity Ho	urs				NJ 07071-199	10					
Scope of Work (Check al	II that annly	1					Lyndiaist,	140 0707 1-13.	,,,					
	п шасарріу	,			53 D				Negative Pressu	re				
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$ $\boxtimes \ge 160 \text{ sf or } \ge 260 \text{ lf}$					⊠ Rend			-Enclosure rebag Procedure						
<u>⊠</u> ≥ 160 SI OI ≥ 200 II	///						□ Non	-Exempted (*) an	d Non-Friable Pro	cedure				
			ls	Locat	ion						Α	bate Ty		nt
Location	on of			Normal	7.0000000000000000000000000000000000000		Description	of				19	56	
Asbestos-Containir		(ACM)		d Sole intena			stos Containing M	faterial (ACM)	Amount				щ	
TO BE A		0.00	C	ustod		(i.e	., thermal systems surfacing, VA		(Specify SF or LF)		Ren	Re	cap	nclo
IN Fac				Staff?			other miscellan		31 01 21)		Removal	Repair	Encapsulate	Enclosure
	· ·	-		(/	T			20			<u>a</u>	٦	te	æ
			Yes	No	N/A									
Terminal B, B3 Cond			Firep	roofing		85	4 sq ft	X						
							8 B B							
Manie of Megician Control					Naste H	auler	Cubic Yards of	Name of Regis	stered Landfill		ever-terit			
Jimmy Byrne Trucking 195							Waste 15	Minerva E	nterprises, In	c.				
							Disposal Date	City, State		miā	-			-
City, State					i I		12/112012 -	Waynesbu	ıra OH					
Bronx, NY		Title			-		03/31/2013 · Signature	vayilesbt	119, 011	Date				1777
Completed by		Project Ma	anan	or			Olginatur (11/27	//20	12		
G. Roger Woodma	0.11	I I O CCL IN	unay	CI							0	-		



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

Date of Notification (1) 11/16/12					Building (Redev				2012 DI	EC -3 PM	1: 57	7		
Agencies Notified T	ype Notification		100	Street Ad										
⊠ EPA	Initial	1	2		on Way		16		ASSE	STOS CON LICENSIN	TRO	L.		
EPA DEP DOL	Amended Amendment #		_ 、	Jersey	e, Zip Co City, N		4		&	LICENSIN	G			
DOH DCA	Emergency (in justification) Cancellation	iciuaing		Name of Nick Al	Contact legretta	, P.M.				Telephone Nu	mber			
				FACIL	ITY INFO	RMATI	ON							
Name of Facility Where Aba Paramount Building	atement is Taking	Place (3)							of Facility (4 School (K-12 Subshapter	•	2)			
Street Address 4 Beacon Way								X		ivate & commerc		dings,	home	es,
City (5) Jersey City									re Feet	# of Floors 23	7.00	ldg. A 0+	ge	
County (6) Hudson County		***		County C	ode (7) SE ONLY)			Curre	ent Use (Prio	r if being demolis	hed)			
Name of Monitoring Firm Hi J&S Environmental La			-1	ASCM	No.				tement Cont		-			
Street Address 2333 Route 22 West				L			Street	Addre						
City, State, Zip Code							City, S	state, Z	ip Code J 07013					
Union, NJ 07081 Project Manager for Monito	ring Firm			Telephon			Telepl	none N	0.	License N	10.			
Sherrill Gelsomino Start Date (10)		Scheduled	17.00	×	6-0073			689-6	3281 HA Monitor	01099				
11/26/12	7	01/31/13	3	pictori E			J&S	Envir	onmental	Laboratories l	LC			
Occupancy Status During A Facility Closed/Vacate				ent				Addre Rou	ss te 22 Wes	t				
Abatement Performed Other – Describe:	Outside of Norm	al Facility I	Hours	T-1-12			(2000)		ip Code 07081					
Scope of Work (Check All T	That Apply)								Tella Pella					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Linear Control	novat moliti	0.00000			>	Mi Gl	ni-Enclosure ovebag Proc	edure				
		T		Т				_ NO	n-Exempted	(*) and Non-Frial	ole Pro	Abate		ŀ
Location of	5		ocation all			De	scription	n of				Ту		
Asbestos-Containing M TO BE ABAT In Facility (13)	aterial (ACM) ED	Main Custo	Solel itenan idial S (12)	ice/	Asbes (i.e.	tos Cont thermal surfa	taining N	Materia s insul NT, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
he.	XIIIX - 1947 1549	Yes	No	N/A									io	
1st Floor			X				Insula	3000		500 LF 500 LF	X			
Mezzanine L	_evel	+	X			Pipe	Insula	alion		500 LF	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Name of Registered Waste			H	JDEP Wauler ID		of Wa	Yards ste		1	Registered Landfil V.S., Inc.	II			
Pyramid Contracting C			32	2613		2 Dispo	sal Date		City, State					_
City, State Clifton, New Jersey				5		100		A		lle, Pennsylva				
Completed by Dimo Golcev		Title Gener	ral M	anger		_ 8	Signatur		16	// / //	ate 1/27/1	12		
ASB-41 (R-06-08)		2					O n	ot use	this form for	asbestos licensu	re exen	npted	activi	ties.



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

										静たへん	ba			
Date of Notification (1) ovember 28, 2012				g Owner /		tor (2))		RECH				
Agencies Notified	Type Notification		Street	Address	oring Roa				20	12 DEC -3	PM	1: 3	ε	
DEP	ŧ		2384 1438001	(į.	81	& LICEN	Paul			
⊠DOL	Initial		City, S	tate & Zip	Code					& LICEN	PILO	尺部	l.	
⊠рон	Amended		Denvil	le, NJ 07	7834					-IOF!	PHICE	i		
DCA	Amendmen		Name	of Contac							elephor		11.	
LIDCA	Cancellation	n								1,	elebiloi	ie ivu	inne	10
	<u> </u>			no Albar								-	_	
Name of Facility William	Ab-4	DI (0)	FAC	CILITY	INFORM	NEWS COLUMNS TO SEE		. /4\		, e con come				
Name of Facility Whe JP Morgan Chase B		ng Place (3)				pe of F	ool (K	(-12)						
Street Address				Wa-		Sub	chapt	er 8 (Othe	er than K-12)					
57 Diamond Spring	Road				١ō	Oth	er (i.e	e., privat	e & comme	rcial buildin	gs, hor	ne, e	tc.)	
					S	quare F	eet	#	of Floors	В	ldg. Age			
City (5)					L		5,500		2			63		
Denville					10000	urrent U ank	Jse (P	rior if bei	ng demolishe	ed)				
County (6)		County Co	de (7)			alik								
Morris		USE ONLY												
Name of Monitoring F The Louis Berger G		Owner (8)		ASCM		ame of a			ntractor (9)					
Street Address	оир					reet Ad								
412 Mount Kemble A	Avenue				10000	29 Radi								
City, State & Zip Code						ip Code								
Morristown, NJ 079 Project Manager for N		elephone N	lumber		elephon		bor, NJ	08087	License Nu	mber				
Bruce Lockwood	normormy i min	1.00	73-407-100		10,000)9-296-(IIDEI		LIOCISCIVA	0081	7		
Scheduled Start Date		uled Comple			10.0		7.5	A Monitor			9			
December 8, Occupancy Status Du			nber 28, 20	112		ynatech reet Ad		-						
	ed/Vacated During Er			nt	82	29 Radi	io Roa	ad	Y. A. W. S.		NA CALL VIII CONTRACTOR			
Abatement P	Performed Outside of	Normal Hou	rs		Ci	ty, State	te & Z	ip Code						
Other – Desc	cribe:				Li	ttle Egg	g Har	bor, NJ	08087					
Facility Occu	pied During Abateme	ent						-						
Scope of Work (Chec	k all that apply)													
П			1							Negative Pres	ssure			
≥3 sf or ≥ 50 lf			Renovation					Mini-Enclo						
≥160 sf or ≥26	O IT	L	Demolition	n :			=	•	Procedure					
1		- II-1	A) A1	16 . 1.1		Desi			npted(*) and	Non-Friable		re atem	47	
	ation of ining Material (ACM)		tion Norma by Mainten		,		criptio s-Cor	ntaining	Am	ount (Specify		atem	BIIL	ype
TO BE	ABATED		todial Staff?			Mater	rial (A	CM)		SF or LF)				
	Facility (13)		1 1					systems cing, VAT					Ш	
	(13)		1 1					laneous)			교	Z	nca	E
			1 1								Removal	Repair	Encapsulate	Enclosure
3. /		No	N/A							<u>a</u>	=	late	ure	
Rear Closet	х	Dry	wall / Jo	oint C	ompound		220 SF	X		-	\vdash			
Name of Registered V	Cubic Y	ards of W	aste		Name of	Registered L	andfill							
Synatech, Inc.	5				Grows L	andfill								
City, State	Disposa	al Date			City, Stat	е								
Little Egg Harbor, N.	Decem	har 20 20	12		Morrisvil	lo DA								
Completed By	Title			Signatu	ber 28, 20 re				Date			-		
			21008000		Win	110	AI	, `						
Diane Aloia	Exec	utive Admin	istrator	IN	nin	ull	ULG	9	Noven	nber 28, 2012	2			

Hochock

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) November 28, 20	12			Name of Building	Owner/Ope F Squ	erator (2)	COEIVE	ED,	. b	20-	797
Agencies Notified Type of Notifical [X] EPA [] Initial [] DEP [X] Amen	tion Notificati			Street Address City, State, Zip Co	12 I it	tle John Place	DEC -3 PM	nal 1:35	i .	20	///
[x] DOH [] Emerg	idment #_ gency (inc cation)	luding		Name of Contact	500 W	Plains, NY 10	LICENSING Telephone Number		-4		
	ellation			Greg 1							
Name of Facility Where Abatement is Taking Residence	Place (3)		ACI	LITY INFORM	IATION	Type of Facility (4	School (k-12)	10000			
Street Address 335 North 6 th Stree	et					[] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)				ldings,
City	County	(6)		County Code (7) STATE USE ONL	Y)	Square feet 1500 sf	# of Floors	Bld	g. Agc	50	
Surf City	Ocean						if being demolished	i)			
Name of Monitoring Firm Hired by Building	Owner (8))		ASCM No.	Name of	Abatement Contract	or (9)				
N/A Street Address					Street A		ian Contracting,	Inc.			
City, State, Zip Code					City, Sta	te, Zip Code	Route 9, Unit 61	-			
\$10 0 M	In	'alauhana Musa	la su		988		River, New Jers			271	
Project Manager for Monitoring Firm		elephone Num			732-34	9-9932	00624	Number			
Scheduled Start Date (10) 11/28/12	S	cheduled Com 11/29/12	pletio	n Date (11)	Name of	OSHA Monitor E.M.S	.L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacated [] Abatement Performed ([] Other – Describe			Street Ac	1056 S te, Zip Code	Stelton Road	ey 088	354				
Scope of Work (Check all that apply)					[]	Full Containmer Mini-Enclosure	nt with Negative Pre	essure			
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		5 3	novatio nolitio		[] [x]	Glovebag Proce Non-Exempted (dure (*) and NonFriable	Proced	ure		
3		Location						Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	lial A	Asb N (i.e. inst	Description destos-Conflaterial (A , thermal station, sur VAT, of er miscella	taining CM) systems rfacing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E		
Exterior-house		Asbestos sidin			1150 sf	X					
Exterior-garage		Asbestos sidin	g		600 sf	X		_			
Name of Registered Waste Hauler Guardian Contracting, Inc.	uler II 3	4	rds of Wast	T.R.R.F.	ered Landfill	1					
City, State Toms River, New Jersey	sposal /30/1		City, Sta	nte own Pennsylvani	a	101					
Completed by (Print or Type) Nicholas Fernicola	Manager		Signature (t.	dhi	1te	_//	Date 11/2	28/20	12		

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

Date of Notification (1) 11/27/12	Check	+2329	11222		Building Own Regional I			5-00E		20	12 DEC	; - ;	3 P	H	: 3	ı
Agencies Notified	Type Notification	i	1007	treet Ad 25 Wil	_{dress} liamson St	reet					ĕEST					
× DEP × DOL	Amended Amendment		E	lizabe	e, Zip Code th, NJ 072	07	â							ING		
☑ DOH DCA	Emergency (i justification) Cancellation	including	1000	ame of 0 Brian A						Tele	ephone I	Numl	oer			
			-	FACIL	ITY INFORM	ATION								-		
Name of Facility Where a Trinitas Regional M	Abatement is Taking ledical Center-N	g Place (3) orth Buildi	ng-					☐ s	of Facility (4 School (K-12	2)		8+4×=1+1000×1				
Street Address 225 Williamson Stre	eet					11,22		× e	Subchapter (Other (i.e. prote.)	rivate 8	& comme	(-12) ercial				es,
City (5) Elizabeth, NJ 0720	7							Square 60,00	00	8	Floors		6	dg. A 5+	ge 	
County (6) UNION				County C	ode (7) SE ONLY)			Currer	nt Use (Prio pital	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)	-	ASCM	No.				ement Cont es Corpor		(9)					
Street Address	40.00					-		Address 69th	s Street							
City, State, Zip Code						837300		tate, Zip enberg	p Code g, NJ 070	93						
Project Manager for Mor	nitoring Firm		T	elephon	e No.	20000		one No 295-17			Licens 01074					
Start Date (10) 12/6/12		Scheduled 0	Com	pletion D	Date (11)				A Monitor es Corpor	ation	10-10					25
Occupancy Status Durin	a Abatement (Chec	k Only One)	-			Str	reet	Addres	s							-
A			•			1000		as al								
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire I ned Outside of Norm Starting at 5:00 PM	nal Facility Ho	ours	ent		Cit	ty, S	tate, Zij	p Code							
Scope of Work (Check /	All That Apply)		100000													
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	_		ovat noliti				×	Min Glo	Containme i-Enclosure vebag Prod n-Exempted	edure	-				e	
		1-1-	4:											Abate	ement	
		ls Lo Nor	mall	1		Descrip	tion	of						Ту	ре	
Locatio Asbestos-Containin TO BE AB In Fac (13)	g Material (ACM) BATED ility		enan ial S 12)	taff?	Š	Containir rmal syst surfacing, ner misce	ng N tem: , VA	Material s insula T, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
7th Floor-North	Bldg-Room 5		X 0	N/A	Floo	or tile (r	no r	mastic	;)	1	2 SF		x			
7th Floor-North Bldg-Room 5 7th Fl-Northeast corner room						or tile (r		_		1	2 SF		x			
Name of Registered Wa		2000	JDEP W	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ubic Yar	ds		Name of I	Registe	ered Lar	ndfill		L			
Freehold Carting		2000	auler ID 5939	tb				Waste I		gemer	nt					
City, State PO Box 5010					tb	2571			City, State Tullytov		ndfill					
Completed by Gina Salvador		Title Office N	Man	ager		Signa	ature	Due	eas			Dat 11		2012		

1689

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

RECEIVED

2012 DEC -3 PM 1:28 Name of Building Owner/Operator (2) Date of Notification (1) BRIDGESS STREET & LICENSING Street Address
26 PARK Type Notification Agencies Notified Initial Amended City, State, Zip Code 67042 Amendment # MONTCLAIR Emergency (including Telephone Number DOH justification) Name of Contact Cancellation SOHN FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3 ST BRIDGETS School (K-12) Sanchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, homes, etc.) 270 Square Feet # of Floors Bldg. Age 10,000 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Ack Street Address 95 MONTROSZ City, State, Zip Code City, State, Zip Code COLTS NEELS 0772.2 Project Manager for Monitoring Pirm Telephone No. License No. Telephone No. 0001 732 294 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 12-20-12 ALE INSULATION Occupancy Status During Abatement (Check only one) Street Address 95 MONTROIT Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: 7AM - 7 PM Scope of Work (Check all that apply) Full Containment with Negative Pressure |>2 st or ≥3 lf | ≥160 st or ≥260 lt Renovation Mini-Enclosure Demolition Glovebag Procedure Mon-Exempted (*) and Non-Friable Procedure Abatement Is Location Normally Type Used Solely by Description of Location of Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ Amount TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify surfacing, VAT, or other miscellaneous) Staff? SF or LF) IN Facility (12)No N/A Yes BREGGHING Name of Registered Waste Hauler Name of Registered Landfill Cubic Yards of Waste City, State Disposal Date COLTS Completed By Date Signature

ASB-41

1689 ECEIVED

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

2012 DEC -3 PM 1: 20

Agencies Notified Agencies Notified Type Notifie Initial Amendin Amendin I Emerger justifica Cancella Name of Facility, Where Abatement is T. C. A A 3 [P A 1 A Street Address 288	cation ad nont # ney (including ntion) ation Taking Place (3) GROP	City, State, Zip Flor I Name of Conta EMI FACILITY IN	Code AAM PA ICT IN ABPA FORMATION (7) (STATE Name of Abatem ACK	Type of Facil School (K Subchapte Y Other (i.e. homes, et Square Feet So U Current Use (-12) er 8 (Other than K- , private & commer tc.) # of Floors 2 Prior if being demo	32 mber 12) cial bu	ildinç 3ldg.	Age
Street Address 288		County Code USE ONLY)	(7) (STATE) Name of Abatem ACE	School (K Subchaph Jother (i.e. homes, e Square Feet JSOU Current Use (H c	-12) er 8 (Other than K- , private & commer tc.) # of Floors 2 Prior if being demo	cial bu	31dg. Ž	Age
County (6) My VAA	ding Owner	USE ÓNLY)	Name of Abatem	Current Use (H c	Prior if being demo			5
annar en la meiae. La la el perga que par parte en 2012 a la lagure e espa anga a sega que person sur altra de la transit su aque	an did may gime bi may yan ay arang sa karang ar arang a Tan Dan garaga arang ar arang ar		CHARLES AND AND ADDRESS OF THE PARTY OF THE	IN SULA	Tier Co		じゃ	<u></u>
Project Manager for Monitoring Pirm	Tele	ephone No.	Toloubono No	ode Verela N	RA 07727 License No. 0001			and the second
Ccupancy Status During Abatement (Facility Closed/Vacated During Entire Abatement Performed Outside of Notation (Other - Describe: 1	e Period of Abater	<u>J</u> ment	Street Address Grant Make	JIROSZ A	N CO 7A RD NS 127	THE THEORY - CAN	7	entropy of the second of the s
cope of Work (Check all that apply) 1≲3 sf or ≥3 lf]≥160 sf or ≥260 lt	Renovatio Demolition Is Location Normally	n n	Full Cont Mint-Encl Glovebag	tainment with No losure g Procedure	egative Pressure	re T	25 44	menl
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Solely Maintenanc Custodial Staff? (12)	by ce/ Asbest (i.e.,	Description of os Containing Mate thermal systems in: surfacing, VAT, o other miscellaneou	sulation, ' or	Amount (Specify SF or LF)	Removel	Repair	Encepsuiere
BASEMENT			PIPE		100 Liz			
me of Registered Waste Hauter ACE THSULATION Y. State OLTI NEGL NT moleted By	- COST 1889	uler ID No. 2 6 8 C	Cubic Yards of Waste Disposal Date 2 - / 3 - / 2	Name of Regi	stered Landfill CM\P/			

CK# 24980

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

Date of Notification (1)		Name	e of Buildin	g Ov	vner/Operator	(2) Ar. Joseph P	atsco	201	2 DE	r -	2	* 4/		
Agencies Notified	Type Notific	cation		Stree	t Address					Ajy	250		Ú	PH
EPA DEP	Initial Amende	d		City	State, Zip C	`odo		33 Rumson	Kd	- 02	ET.	10	C	îM.
⊠ DOL	Amenda		_	City,	State, Zip C	Joue		le Silver, NJ	07739	•	L	ICE	NS)	NG
DOH DCA	justifica Cancella	tion)	g	Name	e of Contac	27.95	Patsco			one Numb	er			
				FA	CILITY INF	ORI	MATION						-	
Name of Facility Where								Type of Facility	y (4)					
		Residence	ce					School (K-1		than K-12)			
Street Address	33	Rumson	Road					Other (i.e., homes, etc.	private & (commercia	al build			
City (5)	т : а	Ha Cilva	. NII					Square Feet 3000	# of F	loors	BI	dg. A	ge 5	
County (6)	Lil	ttle Silve	, INJ	T Cou	nty Code (7) (5	STATE	Current Use (F	rior if beir	na demolis	hed)	/	5	_
I 25 NO. 20	onmouth				ONLY)	. , , , ,				idence				
Name of Monitoring Firm		lding Owner	\neg	ASCM	No.	Na		ent Contractor (12 5 07					
(8)	MECS							ens Environ	mental	Service	s, Ir	ıc.		_
Street Address	PO Box	x 341				Str	eet Address	PO	Box 32:	2				
City, State, Zip Code						Cit	y, State, Zip C	ode	Automotivi - p					_
-	Crosswick,	NJ 0851:						Allentow	/n, NJ (08501				
Project Manager for Mo	150	r.	1	phone		Te	ephone No.	0 0600	Licer	ise No.	0493	2		
Start Date (10)	eisgarber.	Scheduled (-		8-4070	Na.	(609) 25 me of OSHA N			- 0	047.	,		_
12/11/12			2/15		210 (11)	ING	ine or oor izen		IECS					
Occupancy Status Duri	ng Abatement					Str	eet Address							
☐ Facility Closed/Vaca						-			Box 34	1				_
☐ Abatement Performe Other - Describe:			ty Hou	rs		Cit	y, State, Zip C	ode Crosswic	ks, NJ	08515				_
Scope of Work (Check	all that apply)		enovat emolitic				☐ Mini-End	tainment with Ne closure g Procedure empted (*) and N	. -		e			
250	150	l N	Location lormally	1							A	bate Typ		
Location Asbestos-Containing TO BE ABA IN Facilit	Material (ACM)) Mai	d Solel ntenan ustodia Staff?	ce/		tos C	Description of ontaining Mate mal systems in rfacing, VAT,	erial (ACM) nsulation,	Amo (Spe SF o	ecify	Remova	Repair	Encapsulate	Enclosure
(13)	**	Yes	(12) No	N/A		oth	er miscellaneo	us)			val		sulate	ure
Basem	ent			×		Pi	pe Insulati	on	180	LF	×			
Basem				×			iler Insula		40					
Name of Registered Wa		JDEP I			bic Yards <i>N</i> aste	Name of Reg				ecento.				
	Stevens Environmental Services Inc.						4 CU		.R.R.F.	, Inc. L	andf	ĭll		_
City, State	City, State Allentown, NJ						posal Date 2/17/12	City, State	Tv.11-	tour 1	۸ ر			
Completed By	Allemov	Title					Z/1 //1Z Signature		Tull	ytown,] Date	Λ			_
Mahlon E. Ste	evens	3355	rojec	t Mar	nager						11/2	9/12	!	

0 1 D&S Proj. #: MS 12-415

ACD 44

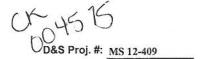
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

O						the Last	reu				
Date of Notification (1)	Name of Build	ing Owne	r/Operator (2)		20	12 DEC 2 0		_			
$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{2}$ $\frac{1}{6}$ $\frac{1}{1}$ $\frac{1}{2}$	JUSTIN RO	OBBINS			7	12 DEC -3 P	M 1:21				
Agencies Notified Type Notification	Street Address	3		0.000	\$5	& LICENSI	113-		į.		
- Amended	2 WHALE	BACK V	WADDY	20.00		& LICENSI	HIROL				
Amendment #:	City, State, Zip	Code					10				
☑ DOL ☐ Emergency	DENVILL	E, NJ									
DOH (including justification)	Name of Conta	act				Telephor	e Number				
DCA Cancellation	JUSTIN R	ROBBIN	S								
		FACII	LITY INFORM	ATION							
Name of facility where abatement is	s taking place (3)	•	-			Type of Facility	(4) ol (K - 12)				
TICTINI DODDING							apter 8 (Other	tha	n K-1	2)	
JUSTIN ROBBINS			. 2000			C - 10	(Private/Comn			۷)	
Street Address						Bldgs.	/Homes, etc.				
2 WHALEBACK WADDY						Square Feet	# of Floors		Bldg	g. Ag	е
City (5)	County (6)				ty Code (7) e use only)	Current Use (F	rior if boing de		ichor	47	
DENVILLE	MORRIS			(Otat	s use only)	Current Ose (F	nor it being de	inoi	131100	.,	
Name of Monitoring Firm Hired by I			ASCM No.	П	Name of Abatement	Contractor (9)					
,		1			D & S RESTOR	ATION, INC.					
Street Address				=	Street Address				100		
					20 California A	ve.					
City, State, Zip Code					City, State, Zip Code						
1	1		,	_	Paterson, NJ 07	7503	Tree No.				
Project Manager for Monitoring Firm	Pho	ne Numb	er		Telephone Number 973-345-8020		License Nui 0116		£.		
8					Name of OSHA Mon	itor					
Start Date (10)	Sched. Completion	n Date (11)		D & S Restorati						
12/06/12	12/20/12				Street Address						
Occupancy Status During Abatemen	nt (Check only one)				20 California Av						
Facility closed/vacated during	entire period of abatem	nent.			City, State, Zip Code						
Abatement performed outside Describe:		5-		_	D . NI 05	1502					
Other-Describe: NORMAL I	IOURS			<u> </u>	Paterson, NJ 07			19-07A-07A		_	
Scope of Work (check all that appl					Total Control	Full Containment Mini-enclosure	w/negative pre	essu	re		
\boxtimes >3 sf or >3 lf	Renovation	F.5				Glovebag proced	ure				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*) and Non-frial				
Location of	Is location normally us by maintenance/custo	sed solely				Amount	е		R e	E n	E
asbestos-containing material (acm) to be	staff(12)		Descript material		sbestos-containing	(Specify	SF or o		p a	c a	n c
abated in facility (13)	Yes No	N/A	material	(, (0,)		LF)	V	- 1	ī	р	L
			DIDE INCI	HATI	ON & FITTINGS	57 L FT	e				
basement crawl spaces			FIFEINS	LAII	OI WIII III (GS			Ħ			
			-					it			
			1	-				1			
			1								
Registered Waste Hauler	NJDEP Hauler II	D# C	ubic Yards of	Waste	Name of Registered	d Landfill	POOLUEDIA				
D & S RESTORATION, INC.	13506		1 YD		TULLYTOWN,	RESOURCE R	ECOVERY	_			
City, State		Disposal [12/10/1			City, State TULLYTOWN	. PA		-			
PATERSON, NJ 07503	T Title	12/10/1	Signature		1 TOLLET TO WIT	,	Date				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT					7	11/26/12				
ACD 44	* Do not use this form f	for asbest	os licensure e	xempte	d activities.						

D&S Proj. #: MS 12-417

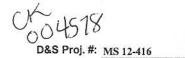
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

		II Nar	ne of Ri	illding Own	er/Operator (2)			e a party fact the	A, geit Dela			
Date of Notification	1/112	JC		INE LA F	*			2012 DEC -3	PM 1:26	à		
Agencies Notified	Type Notification		et Addr								¥:	
EPA	Initial	1 7	COLIT	H 2ND S	PRET			A SHESTOS	CONTRO		Ç.	
☐ DEP	Amended	1		Zip Code	IKEEI			& LICEN				
⊠ DOL	Amendment #:_			X 14280 V				GC LIOLI	01,10			
Andrews Control of	Emergency	_		JRY, NJ				I Talashasa	Number		-	
□ DOH	(including justification)	Nan	ne of Co	ontact				Telephone	Number			
☐ DCA	Cancellation	<u> </u>	JOSEP	HINE LA	FRANCE							
				FAC	ILITY INFORM	ATION				-10.0		
Name of facility w	here abatement is	taking place	e (3)					Type of Facility (4)				
JOSEPHINE L	A FRANCE					20082		☐ Subchap	oter 8 (Other			
Street Address									rivate/Comm omes, etc.	ercial		
7 SOUTH 2NI	D STREET								of Floors	E	Bldg. A	ge
City (5)		County	y (6)			Cour	ty Code (7)					
- 7 (-7						(State	e use only)	Current Use (Price	or if being de	nolis	ned)	
ROXBURY		MOR										
Name of Monitoria	ng Firm Hired by E	3ldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)				
						_ 11	D & S RESTOR	ATION, INC.				
Street Address							Street Address					
			8.5				20 California A	ve.				
City, State, Zip Coo	de						City, State, Zip Code					
City, Ctate, 2ip Co.	40				1		Paterson, NJ 0	7503				
Project Manager fo	or Monitoring Firm		I	Phone Numl	her	-	Telephone Number		License Nun	ber		
Project Manager IC	or Monitoring Finn			Hone Hum	561		973-345-8020)	0116	9		
							Name of OSHA Mor					
Start Date (10)		Sched.	Comple	tion Date (1	1)		D & S Restorat					
12/10/12		12/24/	12			- 11	Street Address					
Occupancy Status	During Abatemen						20 California A	venue				
	ed/vacated during			tement		11	City, State, Zip Code			-		
☐ Abatement	performed outside	of normal fa	cility ho	ours-			Oity, State, Zip Sout	•				
							Paterson, NJ 0	7503				
Other-Desc	ribe: NORMAL H	OURS				- 1	r aterson, 143 0					
Scope of Work (c				7.1				Full Containment w/	negative pres	ssure		
$\ge 3 \text{ sf or } >3 \text{ sf or }$	lf 🛛	Renovation	1					Mini-enclosure Glovebag procedure				
≥160 sf or ≥	260 If \Box	Demolition					F	Non-Exempted (*) a		le pro	cedure	É
			normal	ly used sole	ly				R	R	_	1
Location of		by mainter	nance/c	ustodial		ion of a	sbestos-containing	Amount	e m	e p	n	E n
asbestos-co material (ac	cm) to be	staff(12)			- material		3500100 001149	(Specify SI	or o	a	a	C
abated in fa	acility (13)	Yes	No	N/A				LF)	V	i	p	-
					DIDE DICI	II A TI	ON & FITTINGS	200 L FT	e X	╁		ITT
Basement			X		PIPE INS	JLAII	ON & THIMOS	200 11 1			낚	十一
									 - -	뉴	╎╎	+
•										닏	HH	12
										L	닏	부
Registered Waste	Hauler	NJDE	P Haule	er ID#	Cubic Yards of	Waste	Name of Registere	d Landfill	COLUEDIA			
D & S RESTO	RATION, INC.	1350			2 YDS			, RESOURCE RE	COVERY	_		
City, State				Disposal			City, State					
PATERSON,	NJ 07503	**		12/11/			TULLYTOWN	N, PA				
Completed by (Pr		Title			Signature				Date			
BOGDAN JO		PRESIDI	ENT						11/26/12	-		
ASB-41		* Do not use	this for	m for asbes	stos licensure e	xempted	d activities.					



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

Date of Notification (1)			r/Operator (2)		2012 DEC	-3 PM 1:25					
Agencies Notified Type Notification EPA Initial	JOAN EL Street Addres	SS	ENUE			OS CONTROL		767	į		
Amendment #:	City, State, Z	ip Code	NJ 08008								
☐ Emergency (including	Name of Cont		NJ 08008			Telephone	Number			-	
justification)	JOAN EI	v					-				
Cancellation	JOAN E		ITY INFORMA	ATION				=			
Name of facility where abatement is tak	ting place (3)				<u>-</u>	Type of Facility (4		-			
JOAN ELY							(K - 12) pter 8 (Ot	nar th	an K.	12)	
Street Address						Other (F	Private/Co	mme		12)	
119 BELVOIR AVENUE							iomes, etc for Floors		Ble	lg. A	ge
City (5)	County (6)				ity Code (7)						
BEACH HAVEN	OCEAN			(Stat	e use only)	Current Use (Pri	ior if being	dem	olishe	ed)	
Name of Monitoring Firm Hired by Bldg		T	ASCM No.	П	Name of Abatement	Contractor (9)					
	30%			_	D & S RESTOR	ATION, INC.					
Street Address					Street Address	8					
City, State, Zip Code					20 California A City, State, Zip Code						-
City, State, Zip Code					Paterson, NJ 0						
Project Manager for Monitoring Firm	Pho	one Numbe	er		Telephone Number		License I		er		
Selection (Control of Control of					973-345-8020		01	169			
Start Date (10)	Sched. Completio	n Date (11)		Name of OSHA Mon D & S Restorat						
12/07/12	12/20/12				Street Address	ion, inc.					
Occupancy Status During Abatement (C					20 California A	venue					
☐ Facility closed/vacated during enti ☐ Abatement performed outside of n Describe: ☐ NORMAL HOU	normal facility hour	ment. s-		_	City, State, Zip Code Paterson, NJ 0						
	NO .					Full Containment w	/negative i	oress	ure		
_	novation					Mini-enclosure Glovebag procedur	e				
	location normally u	sed solely	Τ			Non-Exempted (*)	and Non-II	R	R	E	10000
Location of by	maintenance/cust	todial		on of as	sbestos-containing	Amount		e m	e p	n c	E n
material (acm) to be	aff(12)	T	material ((Specify S LF)	r or	0 V	a i	а	L
abated in radiity (10)	Yes No	N/A				160 L ET		е	Ė	р	
BASEMENT			PIPE INSU	LATI	ON & FITTINGS	160 L FT			+	H	ዙ
								片	片	片	H
								౼	一		盲
				_				一			
Registered Waste Hauler	NJDEP Hauler I		ubic Yards of \	Vaste	Name of Registere	d Landfill	COVED	v			
D & S RESTORATION, INC.	13506	Disposal D	YDS		City, State	, RESOURCE RE	COVER	ı			
City, State PATERSON, NJ 07503		12/10/12			TULLYTOWN	I, PA					
Completed by (Print or Type) Tit			Signature				Date	2			
	not use this form	for asbesto	s licensure ex	empted	l activities.		11/26/1				



ASB-41

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

													free fin		
Date of Notification	1/12		ame of Bu	TATE O						2412	DEC -3	3 PM	1: ;	24	
Agencies Notified EPA	Type Notificat Initial Amended	110	371 STF	ess EINHAUS	SER L.	ANE				ి కి	ESTOS LICE	CON	TRE	1	
DEP	Amendment #:	1 1	ity, State,			71110					LILE	SIN	6	1.	
DOL	Emergency	$-\parallel$	5200 N - 12000	OFF, NJ	07/181										
⋈ DOH	(including	l N	ame of Co		07401		-			Telepho	ne Numbe	er		_	
_	justification)	11								, c.op.ii					
☐ DCA	☐ Cancellation		D. BRU	INS								_			
				FAC	CILITY	NFORMA	TION				1153.500				
Name of facility when	here abatement i	s taking pla	ce (3)						T	ype of Facility	(4) ool (K - 12	1			
THE ESTATE	OF WINDELF	ER									hapter 8 (an K	12)	
Street Address									1	Othe	(Private/	Comme		12)	
371 STEINHA	USER LANE									Square Feet	# of Floa		Ble	dg. A	ge
City (5)	ODER BATTLE	I Cour	nty (6)			Т	Cour	nty Code (7)	= `	oquare i cer	# 01 1 100	513	-	-g. / ·	90
Oily (0)		"	., (0)					e use only)	1 -	Current Use (Prior if bei	na dem	olishe	ed)	
WYCKOFF		BEI	RGEN					58049/							
Name of Monitorin	ng Firm Hired by	Bldg. Owne	r (8)		ASC	M No.		Name of Abateme	ent Cor	tractor (9)					
								D & S RESTO	ORAT	ION, INC.					
Street Address							7	Street Address							
					n/			20 California							
City, State, Zip Coo	le						-11	City, State, Zip Co	de						
17.4		22			Y.		_	Paterson, NJ		3					
Project Manager fo	r Monitoring Firm	1	P	hone Num	ber			Telephone Number				e Numb	er		
								973-345-80				01169			
Start Date (10)	39	Sched	. Completi	ion Date (*	11)	7//		Name of OSHA N D & S Restor		Inc					
12/06/12		12/14	1/12					Street Address	ration,	IIIC.	Yes The State of t				
Occupancy Status	During Abatemer							20 California	Aven	ne					
Facility close	d/vacated during	entire perio	od of abate	ement.				City, State, Zip Co						_	
Describer	erformed outside		facility hou	irs-			- 11								
Other-Descri	ibe: NORMAL I	IOURS					- 11	Paterson, NJ	0750	3					
Scope of Work (cl									Full	Containment	w/negativ	e press	ure		
≥ 3 sf or >3 If		Renovatio	n							i-enclosure					
≥160 sf or ≥2		Demolition	1							vebag proced n-Exempted (-friable	nroce	adure	
		Is location	n normally	used sole	ely					-Exempled () and Noi	R	R	E	
Location of asbestos-cor	ntaining	by mainte	enance/cus			Descriptio	n of as	sbestos-containing	3	Amount		e m	e p	n	l E n
material (acr abated in fac	n) to be	staff(12)		-T		material (A				(Specify LF)	SF or	0	a	a	c
abated in fac	cility (13)	Yes	No	N/A								v e	i	р	-
BASEMENT			X	7	PIP	E INSU	LATI	ON		100 L FT		Ø			
				Ħ	1										
					1							一一			
				7	1							TIT	П	П	愩
					1							一一	Ē	П	\Box
Registered Waste I		NJDE	P Hauler	ID#	Cubic Y	ards of W	/aste	Name of Registe							
D & S RESTOR	RATION, INC.	135	06		1yd			TULLYTOW	N, RE	SOURCE F	ECOVE	RY			
City, State	11 07502	74		Disposal		N.		City, State	D						
PATERSON, N				12/07/	-	natura		TULLYTOW	VN, PA	7	15.				
Completed by (Prin BOGDAN JOL		Title PRESID	FNT		Sign	nature					Date 11/26	5/12			
ASB-41		Do not use	- Malley Mr.	for asbes	tos lice	nsure exe	mpted	activities.			11/20	. 14			



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

Date of Notification (1)			Name	of Building	Owner/O	perator	(2)		hart V	Lio	340		
11/29/2012			PSE			,		12 DEC	_3 P	M	1:5	3	
Agencies Notified Type Notifica	tion			Address HADLE	Y ROAD)	0.342						
DEP Amende Amende	nent#			tate, Zip Co TH PLAII		, NJ 0	7080	oeEST & LI	OS C		G	11	
▼ DOH ▼ DCA Emerger justificat Cancella		9		of Contact RGE VIL	ARO		***************************************		one Num				
Name of Facility Where Abatement is T	aking Place	(2)	FAC	CILITY INFO	ORMATIC	М	T (F 10)						
PSE&G	aking Flace	(3)					Type of Facility						
Street Address 292 S. BRIDGE ST			71.70				Subchapter Other (i.e.	8 (Other th	nan K-12 mmercia) I bui	ldings	s, hon	nes,
City (5) SOMERVILLE				1			Square Feet APPX 400	# of Flo	ors		Bldg.	Age X 40	YRS
County (6) SOMERSET				Code (7) USE ONLY)		_	Current Use (Pri	or if being o	lemolishe				<u> </u>
Name of Monitoring Firm Hired by Build ENVIRONMENTAL TACTICS	ng Owner (8)	ASC 004	M No. 15			of Abatement Cor QUE SYSTEMS		ERICA	INC	 Э.		
Street Address 64 BROAD STREET					1.2		Address VHITEHEAD	AVE.					
City, State, Zip Code MATAWAN, NJ 07747							ate, Zip Code TH RIVER, NJ	08882					
Project Manager for Monitoring Firm TOM GEIGER			Telepho 732-2	one No. 90-2217			one No. 32-8350		ense No				
Start Date (10) 12/17/2012									ERICA	INC).		
Occupancy Status During Abatement (C		00018		- 1			Address VHITEHEAD A	WE					
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: occupied by nece	ormal Facility	/ Hour	nent s			City, Sta	ate, Zip Code TH RIVER, NJ						
Scope of Work (Check All That Apply)	-					0001	111111111111111111111111111111111111111	00002					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	providence .	Renova Demoli				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					
	Is	Locat	ion				Non-Exempled	() and No	II-FIIable		Abate		t
Location of		Norma d Sole			Descr	ription o	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intena todial S (12)	nce/	(i.e. t	os Contair hermal sy surfacin other mis	stems i		Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
RELAY HOUSE	No X	N/A	TRAN	SITE FL	OOR	PANELS	50 SF	= -	х		e e		
								- 50 01		Α			
Name of Registered Waste Hauler		LN	JDEP W	lasta I	Cubia Va								
WASTE MANAGEMENT		11/10/09	auler ID 1125		Cubic Ya of Waste 3		Name of R						
City, State ELIZABETH, NJ					Disposal 12/18/20		City, State	VILLE, F	PA				\neg
Completed by CAROL RAIMO	CE M	GR			ature	al In	· ~	Date 11/2	9/2	012			

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

CK #24983
RECEIVED

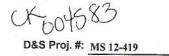
Date of Notification (1)	/30/12			Name	of Buildin	g Owner/Operator	r (2) County of Su		3 /	D _M		
Agencies Notified	Type Notificati	on		Stree	t Address		1 Carina Cta	A That on	•	11	4	T
DEP	Initial Amended	4	-	City S	State, Zip (Code	1 Spring Str	eet LICE	No.	i ii I	Ren	_
⊠ DOL	Amendmen Emergency		<u>-</u> .	Oity, t	otato, zip t		lewton, NJ 0	7860	1891	NG	.01	•
DOH DCA	justification Cancellation	1)	9	Name	of Contac	at		Telephone Num	ber			
	Cancellation				J	oseph Biuso						_
N	Ab - (Li - Di-	(2)	FA	CILITY INF	ORMATION	T	-76				
Name of Facility Where	Former Nur	AND THE RESERVED TO SERVED	7	acilit	v		Type of Facility School (K-1					
Street Address	T OTHER TYGE	Jing C.				-	Subchapter	8 (Other than K-1	2)			
	129 N. M	1orris 7	urnp	ike			homes, etc.	orivate & commerc	ial bui	dings	,	
City (5)		277	2000				Square Feet	# of Floors	В	ldg. A		
County (6)	Newto	on, NJ ()7860		nty Codo (7) (STATE	15,000	rior if being demoli	- <u>-</u>		00	
(T. 171.174.)	Sussex			USE	ONLY)	I) (STATE	Current Ose (P	nor ii being demoii	snea)			
Name of Monitoring Firm (8) Penno		A CONTRACTOR OF THE PARTY OF TH		ASCM	No.		nent Contractor (9	Contract Con	· ·			
Street Address	ni Associate	S	<u>—</u> L			Street Address	ens Environi	mental Servic	es, I	nc.		_
Street Address	515 Grove S	Street				Street Address	PO F	30x 322				
City, State, Zip Code						City, State, Zip C	The second second					_
	don Heights,	NJ 080				-	Allentow	n, NJ 08501				
Project Manager for Mo				phone	No. 7-0505	Telephone No.	50 0600	License No.	0040	2		11100
Start Date (10)	Purvis	(609) 25 Name of OSHA			0049	3	1000	_				
12/13/12		heduled C	2/14/		(11)	- Traine of Correct		ironmental				
Occupancy Status Durin	15)			Street Address	4 D - 1	1 D1				
☐ Facility Closed/Vacat						City, State, Zip C		eley Place				_
Other - Describe:			ly 110u			City, State, Zip C		i, NJ07728				
Scope of Work (Check a	all that apply)									-		_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitio			☐ Mini-End ☐ Gloveba	ag Procedure	gative Pressure on-Friable Procedu	re			
			Locatio						1	bate	ment	
Location		Used	ormally Solely	y by	VA. VA. VA.	Description of			_	Тур	e	
Asbestos-Containing I TO BE ABA		1000	ntenan ustodia			tos Containing Mat thermal systems i		Amount (Specify	Re	Re	E	Enc
IN Facility (13)			Staff? (12)			surfacing, VAT, other miscellaneo	or	SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		other misochanec	,43)		<u>m</u>		ulate	ē
		103	140	IVA	0	ld Medical Re	ecords	F110	-	-		
2nd floor						minated asbes		NA	×		\dashv	-
					COIII	minuted about	otos deciris		+^			-
					-							\dashv
Name of Registered Wa	ste Hauler		100	JDEP \		Cubic Yards	Name of Regis	stered Landfill				
	nvironmenta	1	_ _	auler ID 182	292	of Waste 2 CU		/ T.R.R.F., It	ıc.		200120000	_
City, State	11amtar NT	00501				Disposal Date	City, State	T-11-	D.A			
Allentown, NJ 08501 Completed By Title						12/14/12 Signature	1-1/	Tullytown,	PA			-
Mahlon E. Ste			ager	Olginaldy (11-11-11-11-11	11/3	0/12				
ASR-41						711						

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

Date of Notification (1)			-0.0		Name	of Building	1 Owr	ner/Operator (2	2)				-		100	
	_ /	12				RIZON	, Own	iciroperator (i	2) 2012 DEC -	3 F	DR 1:58					
Agencies Notified Type	Notification	on		\dashv	Street	Address			CB1LO-		IBGT		-			- C-11
⊠ EPA ⊠ In	itial				15 E	EAST MO	NTO	OMERY PL	ACE, LOWE	RL	VEL					
	mended			1	City. S	State, Zip C	ode		2. 1	CET	isthe—	- 1				
23 51100	mendment		_			TSBURG		A 15212	GE 1-							
	mergency		ing	+		of Contact	0.00			1-	Telephone Ni	ımher				-
	stification) ancellation					THONY P		ΓΔ		- 1	r diopriorio :					
	anochation											-1				
					FAC	CILITY IN	FOR	MATION								
Name of Facility Where Abatem	nent is Tak	king Pla	ce (3	3)					Type of Faci							
VERIZON SALEM CO									School (k		Other than K-	12\				
Street Address									Other (i.e	., priv	ate and comm	nercia	l bu	ilding	js,	
86 WEST BROADWAY									homes, e							
City (5)									Square Feet		# of Floors		Blo	lg. A	ge	
SALEM									13534		2			52		
County (6)					Coun	ty Code (7)(STA	TE USE ONLY)	Current Use	(Prior	if being dem	olishe	d)			-
SALEM					1				COMMUI	NICA	TIONS					
Name of Monitoring Firm Hired	by Buildin	ng Owne	er (8))	ASCM	No.	Nar	ne of Abateme	ent Contractor	(9)					5275200	OCHEO I-O
USA ENVIRONMENTAL I	W. W. H. L.		a country out				В	RISTOL EN	VIRONMEN	TAL,	INC.					
Street Address							Stre	eet Address		•		-				-
8436 ENTERPRISE AVEN	JUF							123 BEAVE	R STREET							
City, State, Zip Code								, State, Zip Co								
PHILADELPHIA, PA 1915	:2							RISTOL, PA								
			-1	Tolo	phone	No		ephone No.	(10001		License No.			-		
Project Manager for Monitoring	MARK JENKINS							эрноне 140. 15-788-6040	iii		00509					
		255	5-365			ne of OSHA M			00303		05-080					
Start Date (10)		heduled 12				12	100000	RISTOL EN		TAL,	INC.					
Occupancy Status During Abate	ement (Ch	neck on	v on	e)			Stre	eet Address				-				_
☐ Facility Closed/Vacated Duri					nent		1	123 BEAVE	R STREET							
☐ Abatement Performed Outsi						cribe		, State, Zip Co					-		-5	
Time of Abatement: 7:00AN							1000000	RISTOL, PA								
Scope of Work (Check all that a	ipply)					v. 765				N			-			
□ >3 ef or >3 lf		M	Ren	ovati	on			☐ Mini-Enc	tainment with	nega	live Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 				olitio				Gloveba	g Procedure							
								☐ Non-Exe	mpted (*) and	Non-	Friable Proce	dure				
			17.7	ocat									Aba	atem	ent T	ype
Location of		- 1		Sole	lly ly by	1		Description of			A 4		Re	교	g	m
Asbestos-Containing Materi TO BE ABATED	al (ACM)			tena				Containing Ma rmal systems			Amount (Specify		Removal	Repair	Encapsulate	Enclosure
IN Facility		C		T100 T00 111	Staff?	(s	urfacing, VAT	, or		SF or LF)		<u>val</u>	_	Sul	Sure
(13)							oth	ner miscellane	ous)						ate	
		Ye	s	No	N/A					-				_		
BASEMENT								& MASTIC		_	1300 SF				Ш	
BASEMENT						12"X12	" TA	N VAT & MA	ASTIC	_	1800 SF					
Name of Registered Waste Hau	ıler			11528	JDEP \		10000000000	oic Yards of			red Landfill					
SERVICE TRANSPORT	ROUP,	INC.		Н	auler II 20990		Wa	ste	MINER	/A L	ANDFILL					
City, State							Dis	posal Date	City, State	SBII	RG, OH 446	288				
NEW CASTLE, DE 19720									AAVINE	.550	110, 011 440					
Completed By (Print or Type)	1	Title						Signature	1	*	1.0	Date	,	1.	-)	
BRIAN SCAFIRO		ESTI	MA	ror	,			Brian	Scale	20)	11/	11/	X 7	/10		

ASB-41 MAY 11 B 5 1 2 1 1 6

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



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

								REAL	SITIO				
Date of Notification			Name of E	Building Owr	er/Operator (2)		2012 DEC 3	- 1 5 gas	D			
1 1 1/12 18			PATRI	CIA MAB	ENE		W-W-	2012 DFC 0					
Agencies Notified	Type Notifica Initial	ition	Street Add	ress	1		1	3	PH 1	: / 0			
☐ DEP	Amended		646 M	ONROE A	VENUE		4	SAFELINE		. 5			
	Amendment #	: †	City, State	, Zip Code				& LICE	COMT	(8)			
DOL	Emergency	.	ELIZA	BETH, N.	07205			LICER	SING	· OL			
□ DOH	(including justification	- 11	Name of C						ne Numbe		-		
☐ DCA		9 11	DATD	ICIA MAE	DENIE								
	Cancellatio	n	TAIR		ILITY INFORM	IATIO	N						
Name of facility w	here abatement	is taking r	lace (3)			-		Type of Facility	(4)		-18-		
PATRICIA MA		is taking p	nace (5)					School	ol (K - 12			ocograms.	
Street Address		-							napter 8 (0 (Private/0			(-12)	
									/Homes,		erciai		
646 MONROE	EAVENUE							Square Feet	# of Floo	rs	В	ldg. A	Age
City (5)		Co	unty (6)	3.50			unty Code (7)						
DI 17 A DETTI		,,,	, ,			(Sta	ate use only)	Current Use (F	rior if beir	ng den	nolish	ed)	
ELIZABETH Name of Monitorin	a Eirm Hirod by		NION		1001111	<u> </u>	IN(A)						
Name of Monitorii	ig Film Hilled by	Blug. Owl	iei (o)		ASCM No.		Name of Abatement C						
01 1011						_	D & S RESTORA	TION, INC.					
Street Address							Street Address						
City State 7:- Ca-	_						20 California Ave	e					
City, State, Zip Coo	le						City, State, Zip Code						
Desired Manager 6	N 4 1 E			1		_	Paterson, NJ 075	03					
Project Manager fo	r Monitoring Firn	n	F	hone Numb	er		Telephone Number		License				
							973-345-8020		1	1169			
Start Date (10)		Sche	d. Comple	ion Date (1	1)		Name of OSHA Monitor D & S Restoratio	700					
12/10/12		12/2	20/12				Street Address	ii, iiic.					
Occupancy Status I	During Abateme	nt (Check	only one)		t		20 California Ave	mue					
Facility close							City, State, Zip Code	nac					
Abatement per Describe:	erformed outside	of norma	I facility ho	ırs-									
Other-Descri	be: NORMAL I	IOURS				-1	Paterson, NJ 075	03					
Scope of Work (ch	eck all that appl	y)				_	Пе	ull Containment v	/necative	press	ure		
$\ge 3 \text{ sf or } >3 \text{ If}$		Renovati	on					lini-enclosure	ogao	p. 000	u.o		
☐ ≥160 sf or >2		Demolitio						lovebag procedu					
		00,000,000,000,000,000	TOTAL CONTROL OF THE PARTY OF T	used solely	,		L N	on-Exempted (*)	and Non-	friable R	-	_	1
Location of asbestos-con	taining	by main	tenance/cu				abaataat-1-1	Amount		e	R	E n	E
material (acm	n) to be	staff(12)			material (sbestos-containing	(Specify S	SF or	m	p	С	n
abated in fac	ility (13)	Yes	No	N/A				LF)		v	i	a p	L
basement					DIDE INSU	ΙΔΤΊ	ON & FITTINGS	90 L FT		e	<u></u>		\vdash
basement					I II D II SO	L/XII	on will invos	JULII			片	H	ዙ
										#	片	片	++
						Contract of the last				+	무	H	H
								-		#	井	片	무
Registered Waste H	auler	LNUD	EP Hauler		ubic Yards of V	Vasto	Name of Registered L	andfill			Ц	Ш	
D & S RESTOR			506	(C) 4/4/2/2	YD	Fasic	TULLYTOWN, R		COVER	Y			
City, State	-			Disposal D			City, State						
PATERSON, N.	J 07503			12/11/1:	2		TULLYTOWN, P	A	*				
Completed by (Print		Title			Signature			200	Date				
BOGDAN JOLI	OZIC	PRESID							11/28/	12			
ASB-41	*	Do not us	e this form	for asbesto	s licensure exe	mpted	activities.						

or 604576

D&S Proj. #: MS 12-413

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

											_			
Date of Notification	1(1)	l N	ame of Bui	ilding Own	er/Operator (2)		7	112 DEC	; -3	PM 1: i	l			
1 1 /12 17		-	LEA RO											
Agencies Notified EPA	Type Notificat	ion S	treet Addre	ŞS			t.	\$ JBES	T05	JUNTR SING	₩ L			
□ DEP	Amended		7803 4TI	H AVEN	JE			& 1	-ICER	9140				
_	Amendment #:	C	ity, State, Z	Zip Code										
DOL			NORTH	BERGE	N, NJ									
□ DOH	(including justification)	N	ame of Cor	ntact					Telepho	ne Numbe	r			
☐ DCA	Cancellation		LEA RC	NCHI										
	Caricellation				LITY INFORM	ATION								
Name of facility w	here ahatement i	s taking pla	re (3)					Type o	f Facility	(4)	_	_		
Name of facility wi	nere abatement i	s taking pla	00 (0)					', F C		ol (K - 12)	1			
LEA RONCHI									Subc	hapter 8 (0	Other th	nan K	-12)	
Street Address								Σ		(Private/C		rcial		
7803 4TH AV	ENUE					-		Squar	e Feet	# of Floo	rs	BI	dg. Aç	ge
City (5)		Cour	nty (6)				nty Code (7)							
NORTH BER	GEN	BEI	RGEN			(Sta	te use only)	Curre	nt Use (I	Prior if beir	ng dem	olishe	ed)	
Name of Monitorin					ASCM No.	\vdash	Name of Abatemen	t Contracto	or (9)		-	-		
							D & S RESTOR	ATION.	INC.					
Street Address						-	Street Address							
							20 California A	ve.						
City, State, Zip Coo	de			mon-e		-	City, State, Zip Code	The second second						
							Paterson, NJ 0	7503						
Project Manager fo	or Monitoring Firm	1	Pr	none Numb	er	-	Telephone Number		-	License	Numb	er		
W 324.5.0.7442.0.34	,						973-345-8020)		(1169			
Start Date (10)		Sched	I. Completic	on Date (1	1)		Name of OSHA Mo				- 70-2			
52 28				10 (9)			D & S Restorat	tion, Inc.						
12/01/12 Occupancy Status	During Abatemer	12/14					Street Address							
	ed/vacated during			ment.			20 California A City, State, Zip Code							
Abatement p	erformed outside						City, State, Zip Cour	•						
Describe: Other-Descri	iba: NORMAL I	IOURS				-	Paterson, NJ 0	7503						
Scope of Work (c									cinment	w/negative	nroce	uro		
>3 sf or >3 lf							-	Mini-encl		Wilegauve	picoo	uic		
		Renovation					×	Glovebag		ure				
≥160 sf or ≥	260 If	Demolition						Non-Exe	mpted (*) and Non-		_		_
Location of			n normally enance/cus		/				•		R	R	E n	E
asbestos-co material (acr		staff(12)			Description material		sbestos-containing		Amount (Specify	SF or	m	р	C	n
abated in fac		Yes	No	N/A	Illaterial	ACIVI)			ĹF)		o v	a i	а	Ľ
				_	I pypy pycy	Y A PRIY	ON A PURENION	10.7	TT		e	-		
BASEMENT			LX				ON & FITTINGS		LFT		X	무	片	片
Basement Boiler			LX_		Boiler Insu	lation		30 3	SQ FT		N N	무	뷰	H
											井	ᆜ	H	H
,				1							-남-	屵	片	片
					Fie Veede of V	Manha	IN ID-14	d L andEil				Ш	Ш	
Registered Waste I D & S RESTOR		NJDI 135	EP Hauler I 506	1 TO	ubic Yards of V YD	vaste	Name of Registere TULLYTOWN		RCE R	ECOVE	RY			
City, State			-	Disposal D			City, State							
PATERSON, N	NJ 07503			12/03/1	2		TULLYTOWN	I, PA						
Completed by (Prir		Title			Signature		2		- C TH - C - C - C - C - C - C - C - C - C -	Date	/10			
BOGDAN JOL		PRESID					J41: -141			11/27	/12			
ASB-41		Do not us	e this form	for asbesto	s licensure ex	empted	activities.							

Fax:

D&S Proj. # MS 12-413

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

	5			REC	EINMEN	APPROVE	
Date of Notification (1).	. Name of	Building Owns	er/Operator (2)		NAVEBIA	If Healtin & Sei	nior Services
Agencies Notified Type No.	Washa LEA	RONCHT		2012 DEC -	2 04 11	27 (Signature)	1
LI EPA Initial	oneer Ac	1.			- nate: 1/2	7200	17:32 P
DEP Amend	7803	TH AVENU	JE	A STRESTO	Name Tol		
M DOL Amendme		e, Zip Code		& LICE	MAINGHOL	· ·	
DKI DOH I (Includia	163 · []	TH BERGEN	I, NJ			5	
DCA DCA Dustifica	autr)	RONCHI			Tekquiro	ne Number	
		FACIL	ITY INFORMAT	ION	77000 max		
Name of facility where abatem	ent is taking place (3)				Type of Facility	(4)	
LEA RONCHI					Scho	ol (K - 12)	
Street Address					Subci	hapter 8 (Othe	r than K-12)
7803 4TH AVENUE		Ť			Ø Other Ridge	(Private/Cumr /Homes, etc.	nerciai
City (5)	I Court III	7-0			Square Feet	# of Floors	Bldg. A
***	County (6)			ounty Code (7)			7
NORTH BERGEN	BERGEN	ı t	(State use only)	Current Use (F	nor if being di	emolished)
Name of Monkoring Firm Flired	by Bldg: Owner (8)		ASCM No.	Name of Abatement			*************
	,	:		11		5	
Girolal Address	<i>y</i> .		-	D & S RESTORA	TION, INC.		
City, State; Zip Clode	·			20 California Av			
Orly, Dissie; Zip Cloge	**			City, State, Zip Code	4.5		+ 1 1- 24 Writer
Project Manager for Morietaring E		7	2 %	Paterson, NJ 075	(183		
Lolen manager touring H	mn P	hone Number.		Telephone Number	703	License Nun	nhar.
Stad Data (40)	<u> </u>			973-345-8020		01169	
Start Date (10)	Sched Complet	ion Date (11)		Name of OSHA Monito	or -c	14	
12/01/12	· 12/14/12			D & S Restoration	n, Inc.		
Occupancy Status During Abatem	ent (Check only one)			20 California Ave	·		
Facility closed/vacated during Abatement/performed outside Describer	ig entire period of abate	ment	9.5	City, State, Zip Code	ine		
		13-		1-4			ii
Other-Describe: NORMAL				Paterson, NJ 07/50	03		
Scope of Work (check all that ap	10.0			T Fu	II Containment w	namen or pres	
					ni-enclosure	SHANA DIREC	מזוני
-				⊠ Gi	ovebag procedure	r'	
Location of asbestos containing	is location normally a	sed solely		146	on-Exempted (°) a	no Non-friable	100
material (acm) to he	etaff(12)		Description of	tsbestos-containing	Amount	8	e n
abated in facility (13)	Yes No	N/A	material (ACM)		(Specify SF	or m	D C
BASEMENT				375 	LI.)	v	I p
Basement Bellar	X	PI	PE INSULAT	on & Fittings	12 L FT	×	
A Take of A Mark Mark and an	(LEE DE DE COMP	1 E0	iler insulation		36 SQ FT	X	DITI
The state of the s							
AND STATE OF THE PARTY OF THE P		7					
DES RESTORATION, INC.	NJDEP Hauler ID		Yards of Waste	Name of Registered La	Addition of the second		
	13506	1 YD	,	TULLYTOWN, RE	SOURCE REC	OVERY	
PATERSON NI 07503		12/03/12	7 1. 1 %	City, State	1 1		
	Tille		naturo	TULLYTOWN, PA	(THE SHOWING THE RESERVE OF THE SHOWING THE RESERVE OF THE SHOWING	
TO STATE OF THE	PRESIDENT	3/9	muturd.			Date .	
SB-41	Do not use this form for	i autosatos ikos	nsure exampled	activities		11/27/12	1

PRESIDENT

D & S RESTORATION, INC.

PATERSON, NJ. 07503

Completed by (Print or Type)

BOGDANJOLDZIC

City, State

10 YDS

Signature

Disposal Date

12/11/12

TULLYTOWN, PA

City, State

Date

11/26/12

TULLYTOWN, RESOURCE RECUVERY

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

D&S Proj. #: MS 12-412		(Pursu	ant to	NJAC 8	3:60	and 12:120)		REC 2012 DEC -	EIN	20000			
Date of Notification (1)	TI Name o	f Building Own	er/Ope	rator (2)	-			2012000		The Land			
$\frac{1}{1} \frac{1}{1} \frac{1}{1} \frac{2}{6} \frac{6}{1} \frac{1}{1} \frac{2}{1}$	STR	OSE HIGH S						THE -!	PH	<i>.</i>			
Agencies Notified Type Notificatio	n Street A	ddress						JUESTON		. (16	î		
EPA Initial Amended	607.7	TH AVENU	JΕ				8	& Line	CONT	ra			
DEP Amended Amendment #:	1000	ate, Zip Code						- CTY	SING	10%			
	— Beln	nar, NJ 077	19										
DOH (including		Contact						Telephone	Number				
justification) DCA Cancellation	JOE	LEBETTER							-				
- Canocilation		FAC	ILITY I	NFORMAT	TION								
Name of facility where abatement is	taking place (3)	5/5/6/5					Ту	pe of Facility (4					
ST ROSE HIGH SCHOOL							Π		(K - 12)	41a a a 41a	1/	40)	
Street Address							-	Subcha	pter 8 (O Private/Co			12)	
							IL	Bldgs./F	Homes, e	tc.			
607 7TH AVENUE							_ S	quare Feet	f of Floor	s	Blo	dg. A	ge
City (5)	County (6)					nty Code (7) e use only)	-	Current Use (Pri	as if bain		مطمئله	ط/	
Belmar	MONMO	OUTH			(Otal		E	EDUCATION		-		:a)	
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASC	M No.		Name of Abateme	ent Con	tractor (9)					-
McCABE ENVIRONMENTA	L SERVICES	LLC	001	18		D & S RESTO	DRATI	ON, INC.					
Street Address				10.40		Street Address	200						
464 VALLEY BROOK AVEN	IUE				_	20 California							1 150
City, State, Zip Code						City, State, Zip Co							
LYNDHURST, NJ 07071					-11	Paterson, NJ		} 	License	N.I. com la			
Project Manager for Monitoring Firm		Phone Num				Telephone Number 973-345-80				1169	er		
JOHN H. CHIAVIELLO		201-665-7	13030-001172		_	Name of OSHA M			-				
Start Date (10)	Sched. Com	pletion Date (1	11)			D & S Restor		Inc.					
11/27/12	12/10/12					Street Address							
Occupancy Status During Abatemen						20 California		ie					
Facility closed/vacated during Abatement performed outside						City, State, Zip Co	ode						
— n		nours-			-	D-4 NI	07500	,					
Other-Describe: NORMAL H					-	Paterson, NJ						_	
Scope of Work (check all that apply								Containment w. i-enclosure	/negative	press	ure		
	Renovation							vebag procedur	е				
≥160 sf or ≥260 lf	Demolition						Nor	-Exempted (*)	and Non-				,
Location of	Is location norr by maintenance	nally used sole								R	R	E	E
asbestos-containing material (acm) to be	staff(12)	- Crouswalai		Description material (A		sbestos-containing	3	Amount (Specify S	F or	m	p a	С	n
abated in facility (13)	Yes N	lo N/A		matorial (,			LF)		v e	i	a p	L
BOILER ROOM-2 boilers		X I	ВО	ILER JA	CKE	T INSULAITO	N	420 SQ FT		×			
BOILER ROOM- 2 boilers			BR	EECHIN	G IN	SULATION		164 SQ FT		M			
BOILER ROOM		X	PIP	E INSUL	ATI	ON & FITTING	iS	60 L FT	30 SE	X			
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Ha 13506	auler ID#	Cubic 10 YI	Yards of W DS	aste	Name of Registe TULLYTOW	red Lar N, RE	ndfill SOURCE RE	COVER	Y			
City, State		Disposal	Date			City, State							
PATERSON, NJ 07503		12/11/				TULLYTOW	VN, PA	<u> </u>	T				
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT		Sig	nature					Date 11/26/	12			
ASB-41	Do not use this		stos lice	ensure exe	mpte	d activities.							

D&S Proj. #: MS 12-418

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

Date of Notification (1)			ilding Own	er/Operator (2)		20	12 DE	C-3 PA	1:55				
Agencies Notified Type Notifical	ion	treet Addre	ess			A 4	and c	stns co	UTBAL				
_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		25 DUR	YEA ROA	AD			&	STOS CO LICENSI	NO MIKAT				
Amendment #	.	City, State,	Zip Code							Wester			
☑ DOL ☐ Emergency		MONTO	CLAIR, N	J 07042									
DOH (including	l l _N	lame of Co						Telepho	ne Numbe	r			
justification)	- 11	VACV	ERDELY	T									
Cancellation	1	KACI											
			FAC	ILITY INFORM	ATION	1					-		
Name of facility where abatement	s taking pla	ace (3)					Ty	pe of Facility	(4) ol (K - 12)			
KACY ERDELYI								=	hapter 8 (0	36	nan K	-12)	
Street Address								Other	(Private/C	Comme		,	
25 DURYEA ROAD							S	quare Feet	# of Floo		Bl	dg. Ag	je
City (5)	Cou	nty (6)			Cou	nty Code (7)		1					160
		7.00				te use only)	C	urrent Use (F	Prior if bein	ng dem	olishe	ed)	
MONTCLAIR	200.000000	SEX	N 2-1200										
Name of Monitoring Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatemen	t Cont	ractor (9)		1180.50			
81 - 1						D & S RESTOR	RATI	ON, INC.					
Street Address						Street Address		N					
						20 California A							
City, State, Zip Code			0.74172			City, State, Zip Code	е						
-		13				Paterson, NJ 0						- 1	
Project Manager for Monitoring Firm	1	P	hone Numb	er		Telephone Number			License	e Numb 01169			
						973-345-802				31109			
Start Date (10)	Sched	d. Complet	ion Date (1	1)		Name of OSHA Mo D & S Restora		Inc					
12/15/12	12/2	8/12				Street Address	tion, .	mc.	-				
Occupancy Status During Abateme					-	20 California A	venu	e					
Facility closed/vacated during	entire peri	iod of abate				City, State, Zip Cod							
Abatement performed outside		facility hou	irs-										
Describe: NORMAL I	IOURS				-	Paterson, NJ (7503		•				
Scope of Work (check all that app							Full (Containment	w/negative	e press	ure		-
≥3 sf or ≥3 lf	Renovation	on					=	-enclosure					
☐ >160 sf or ≥260 lf	Demolitio	n				<u> </u>		ebag proced -Exempted (*		friable	nroc	adura	
			used solely	v			1 14011	-Lxempled (, and Non	R	R	E	
Location of asbestos-containing	by mainte	enance/cu		1	n of a	sbestos-containing		Amount		e m	e	n	E n
material (acm) to be	staff(12)	T	т —	material (obootoo ooniaming		(Specify LF)	SF or	0	p a	a	С
abated in facility (13)	Yes	No	N/A				1	LF)		v e	į.	р	L
basement	-			PIPE INSU	LATI	ON & FITTINGS	3	70 L FT		Ň			
basement					- Contraction	FIPES(RECLE		115 L F		X			
- Casemont						***************************************							
	-				-								
	+		#==							П			
Registered Waste Hauler	NJD	EP Hauler	ID# C	Cubic Yards of V	Vaste	Name of Registere	d Lan	dfill					_
D & S RESTORATION, INC.	13:	506		2 YDS		TULLYTOWN	, RES	SOURCE R	ECOVE	RY			
City, State		E.	Disposal D		34	City, State							
PATERSON, NJ 07503		**	12/17/1			TULLYTOWN	N, PA		T D-4:				
Completed by (Print or Type)	Title PRESID	ENT		Signature					Date 11/27	/12			
BOGDAN JOLDZIC			for asbest	os licensure exe	empted	activities.			11/2/				
45K-41						NAME OF THE OWNERS OF THE OWNE							

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12) Date of Notification (1) Name of Building Owner/Operator (2) 11/30/12 Atlantic City Electric Agencies Notified Notification Type Street Address 5100 Harding Highway (X) Initial Notification (X)EPA ESTUS CONTROL & LICENSING () Amended Certification (X)DOL City, State, Zip Code (X)DOH () Cancelled Mays Landing, NJ 08330 () DCA Tel. Number Name of Contact Rachel Edelstein FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Fern Substation () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 6206 Wisteria Road Sq. Feet 2000 _# of Floors City (5) County (6) County Code (7) Bldg. Age 50+/-Wildwood Crest Cape May (State Use Only) Current Use (prior if being demolished) Substation/Res. Homes Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) **Environmental Mgmt. International** NCM Demolition and Remediation, LP Street Address Street Address 34 East Germantown Pike, Suite 204 404 N. Berry Street City, State, Zip Code City State, ZipCode East Norriton, PA 19401 Brea, CA 92821 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Ray Giordano 610-277-0405 484-480-8931 01066 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Testor Technology 12/17/12 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement) Abatement Performed Outside of Normal Facility Hours -10-59 Jackson Avenue City, State, Zip Code

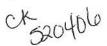
DescribeWing where work	is being p	erformed is		Long Island (101						
Other - Describe												
Source of Work (Check all that () Demolition (X) Renova (X) Large Proj. (>160 SF or >	ation	CM) ()M Pr	oj. (>25<16	60 SF or >10 <26	60 LF ACM)	() Minor Pr	oj. (<25 SF or	<10 LF A	(CM)			
() Full Containment with Neg- Location of Asbestos- Containing Material (ACM) in Facility (13)	ative Pres	ssure () tion Normall by Maint./Cu	Mini-Enclo y Used		ovebag Proced ACM (i.e. ns insulation,	ure	(Specify SF or			ment T		Enclose
Substation			X	Transite Pane	ls	2000 SF			X			T
Substation			X	Wall Panel Ca	ulk	248 LF			X			
Substation			X	Fire Doors		3			X		-	
Name of Reg. Waste Hauler Service Transport Group, Inc.		NJDEP Wa	ste Hauler 0990	ID#	Cubic Yards	of Waste			of Reg.			
<u>City, State</u> New Castle, DE							Disp. Date 12/21/12			City, Sta Wayne	<u>ite</u> sboro, C	Н
Completed by (Print or Type) Richard P. Semega, Jr. Title Pro			roject Mana	ager .	Signature Richard	PSen	mas Tr.	<u>Date</u> 11/30/1	2			
					i · · · · · · · · · · · · · · · · · · ·	1	(FZ)					

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Notification of Demolitic	n or Renovation	(continued)		tion had
X. Description of Planned Den Wall Panel Caulk, and 3 Fire D	nolition or Renovation Wo Poors. Regulated work are	ork and Methods to a, hepa filtration e	quipment, we	et matedal, alld double bag.
6	i .		A COSE	STOS CONTROL LICENSING
XI. Description of Engineering Demolition or Renovation Site and double bag.			Control Ellin	nisions of Asbestos at the Itration equipment, wet material
XII. Waste Transporter#1 Serv	vice Transport Group			
Address: 58 Pyles Lane				
City: New Castle	County: New Castle		State: DE	Zip: 19720
Contact: Randy Bridges		The state of the s	Telephone: 8	377-999-9559
Waste Transporter#2 Same	e as #1			
Address			ILONG CONTRACTOR OF THE PARTY O	
City	County		State	Zip
Contact		WOOD THE THE PROPERTY OF	Telephone	
XIII. Waste Disposal Site Min	erva Landfill		EPA Certifica	ation Number: P0104984
Address: 8955 Minerva Road				
City: Waynesburg	County:		State: OH	Zip: 44688
Contact:			Telephone: 3	
XIV. If the Demolition was Ord	ered by a Government Ag	ency. Please Ident	ify the Agend	cv Below:
Name		Title	,	
Authority				The second secon
Date of Order (MM/DD/YY)	1	Date Ordered	to Begin (MM/DI	0/YY)
XV. For Emergency Renovation	ns'		to organ (manage	
DATE and HOUR of Emergency: (MM/DD		(HH:MM)		
Description of SUDDEN, UNEXPECTED E		(mm.ww)		
Explanation of how the Event caused un	safe conditions, or a serious disru	ption of industrial opera	tions	
YVI Description of Procedures	to Re Followed in the Ev	ent that Unexpecte	d Achaetae	is Found, or that Previously Nor
Fiable Asbestos Material Beco	mes Crumbled, Pulverized	d or Reduced to Po	wder Seare	gate area, wet matrials, post signs
alert generator			- J	3,, p
XIII I Candife About an Individual			//00FD D	101 01 110 110
XVII. I Certify that an Individua Site During the Demolition or F				
this Person will be Available fo	or Inspection During Norm	al Business Hours	(Required one /1) year after promulgation
		00		, j.c. and promargation).
		red P. Seme		
	(Sig	gnature of Owner/Operator	(50)	(Date) 11-30-12

XVIII. I Certify that the Above Information is Correct

Relaid P Serviga - 17.
(Signature of Owner/Operator)

(Date) 11-30-12



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

0							ľ	E in 64 16				
Date of Notification (1) 11/30/12			1 9		Name of Build Atlantic City E		7010	CE OL				
Agencies Notified		Notification	Type		Street Address 5100 Harding		eats f)EC -3	PM	1:41		
(X)EPA (X)DOL (X)DOH ()DCA		(X) Initial N () Amende () Cancelle	d Certificat	ion	City, State, Zi Mays Landing	p Code	*******	STOS LICEN	CONT SING	RGL.		
					Name of Con Rachel Edels			Tel. Nu	mber			
				FACILITY II	VFORMATION			ш		St		
Name of Facility Where At Wildwood Crest Substation		aking Place (3)		Type of Facili () School (K-	-12)	han K-12)			2		
Street Address 113 West Preston Avenue			9		(X) Other (i.e		commercial b	7 0200.00-20	ies, etc.			
City (5) Wildwood Crest	County (6) Cape M	ay	County C (State Us		Bldg. Age 50- Current Use (+/-	g demolished)	Substat	ion/Res	. Homes		
Name of Monitoring Firm F Environmental Mgmt. Int	Hired by Bldg ernational	Owner (8)	ASCM N	<u>o.</u>			Name of Co NCM Demo			iation, LI	>	
Street Address 34 East Germantown Pike	, Suite 204				Street Address 404 N. Berry					0		
City, State, Zip Code East Norriton, PA 19401	t Norriton, PA 19401				City State, Zip Brea, CA 928				-			
Project Manager for Monito Ray Giordano	ject Manager for Monitoring Firm Telephon				Telephone Nu 484-480-8931			License 01066	Numbe	<u>er</u>		
Scheduled Start Date (10) 12/17/12		Scheduled 12/21/12	Completion	Date (11)	Name of OSH Testor Techno		(All) - 4.7221			2		
Occupancy Status During (X) Facility Closed/Vacat () Abatement Performed	ted During Er	tire Period of	Abatemen	t	Street Address	n Avenue						
DescribeWing where w	vork is being p	performed is	shut down		City, State, Zi Long Island C		101					
Other - Describe												
Source of Work (Check all											5	
() Demolition (X) Rel (X) Large Proj. (>160 SF () Full Containment with	or >260 LF A Negative Pre	ssure ()	Mini-Enclo	sure ()G	lovebag Procedu		oj. (<25 SF or	<10 LF A	CM)			755000
Location of Asbestos- Containing Material (ACM) Facility (13)) Full Containment with Negative Pressure (cation of Asbestos-ontaining Material (ACM) in acility (13) Staff? (12)				ACM (i.e. ms insulation, T, or other	Amount (Specify SF or	LF)	Abatem Rem.	Rep. E	e Encap E	nclose
Substation				Transite Pane	els	750 SF			X			
Name of Reg. Waste Haule Service Transport Group, I	ste Hauler I 0990	<u>D#</u>	Cubic Yards of 30	t Waste	T =: -	Name of Minery	a Landf	ill		-0.0000000		
<u>City, State</u> New Castle, DE				71			Disp. Date 12/21/12			ty, State /aynesb		
Completed by (Print or Typ Richard P. Semega, Jr.					Signature	P. Gn	nom Tr.	<u>Date</u> 11/30/12	2			

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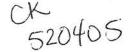
Notification of	Demolition	or Renovation(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: PRemoval of Transite Panels and Window Glazing. Regulated work area, hepa filtration equipment, wet material, and double bag.

& 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, wet removal methods, HEPA filtration equipment, wet material and double bag. XII. Waste Transporter#1 Service Transport Group Address: 58 Pyles Lane City: New Castle County: New Castle State: DE Zip: 19720 Contact: Randy Bridges Telephone: 877-999-9559 Waste Transporter#2 Same as #1 Address City County State Zip Contact Telephone XIII. Waste Disposal Site Minerva Landfill EPA Certification Number: P0104984 Address: 8955 Minerva Road City: Waynesburg County: State: OH Zip: 44688 Contact: Telephone: 330-866-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: 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 Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs, alert generator XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation). Kickard F. (Signature of Owner/Operator) (Date) 11-30-12 XVIII. I Certify that the Above Information is Correct

(Signature of Owner/Operator)

(Date) 11-30-12



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

								E bon	A 3000 \$ 3	£ 1993		
Date of Notification (1)					Name of Build	ding Owner/	Operator (2)	it is the	r I !	V [-1]		3-3
					AT&T							
11/30/12							261					
Agencies Notified		Notification	Type		Street Addres	S	(0)	DEC .	-3 P	M 1.	0	
						_			0 1	11 1.	40	
()EPA		(X) Initial N	otification		1 AT&T Way,	1A113A						
(X) DOL		() Amende		tion	City, State, Zi		456	& LIC	15 17	LITTE	65.1	
(X) DOH		() Cancelle			City, State, Zi	p code		2 110	I LI	318 1 K		
() DCA		() Cariceil	cu		Dodminator N	11.07024		er LIC	ENO	ING		
() BCA					Bedminster, N			T = 1 11				
					Name of Con			Tel. N	umber			
					Robert Ericks	en		1				
				FACILITY IN	FORMATION							
Name of Facility Where At	patement is	Taking Place ((3)		Type of Facili	tv (4)						
					() School (K-							
AT&T					() Subchapte		nan K-12)					
Street Address					(X) Other (i.e.			as hom	es etc			
<u>Gacet / tadiess</u>					(71) Outlot (1.0.	piirato a o	ommoroidi bid	go., non	100, 010	•		
20 Knightsbridge					Sq. Feet_13	5434	# of El	oore	1			
	0 1 (0)		Ιο	N 1 (7)	1 34.1 661_13	3434	# OI I I	0015	_ '			
City (5)	County (6)		County C		Dida Asa 2	4						
Piscataway	Middlesex		(State Us	se Only)	Bldg. Age_3	4	_, , , ,					
<u> </u>					Current Use (prior it being						
Name of Monitoring Firm I	lired by Bldg	g. Owner (8)	ASCM N	0.			Name of Co					
							NCM Demo	lition and	Reme	diation,	LP	
ATC Associates												
Street Address			************		Street Addres	s			3)0		-	
					404 N. Berry							
3 Terri Lane					Torin Bony	011001						
City, State, Zip Code					City State, Zir	Codo						
City, State, Zip Code												
Desire A.					Brea, CA 928	21						
Burlington, NJ												
Project Manager for Monito	oring Firm	Telephone N			Telephone Nu				e Numb	<u>oer</u>		
John Lutz		609-386-880	0		484-480-8931			01066				
	1											
Scheduled Start Date (10)		Scheduled C	ompletion [Date (11)	Name of OSH	A Monitor						
12/14/12		12/14/12			EMSL Analyti							
Occupancy Status During	Abatement ((4)		Street Addres							
() Facility Closed/Vacated	During Ent	ire Period of A	hatement		Ou cor Address	3	70					
(X) Abatement Performed					107 Haddon A	luo.						
(A) Abatement Ferformed	Outside of it	ioimai Facility	nouis -									
D					City, State, Zi							
Describe in segregated ar	ea				Westmont, N.	08108						
Other - Describe -												
Source of Work (Check all	that apply)											
() Demolition (X) Rend												
() Large Proj. (>160 SF or	r >260 LF A	CM) (X)SM Pro	oj. (>25<16	0 SF or >10 <26	O LF ACM) () Minor Pro	oj. (<25 SF or	<10 LF A	ACM)			
() Full Containment with	Negative Pre	essure (X)	Mini-Enclo	sure () GI	ovebag Procedu	ıre	######################################					
Location of Asbestos-		ation Normally		Description of			Specify SF or	IF)	Ahate	ment Ty	ne	
Containing Material (ACM)	in Solely	by Maint./Cus		thermal system		/ Amount (opcony or or	/	Abato	mont iy	<u>DC</u>	
Facility (13)	Staff?		stodiai	surfacing, VAT		i						
racinty (13)			NIA		, or other				Rem.	Rep.	Encan	Enclose
	YES	NO	NA_	miscell.)						Nep.	Т	Liiciose
Switchgear Cabinet	X			VAT/Mastic		55 SF			X			
						T						1
Name of Reg. Waste Haule	or	NJDEP Was	ste Hauler	D #	Cubic Yards o	f Waste		Nama	of Poo	Landfill		
Name of Reg. Waste Haute	<u> </u>		ste Haulet i	U #	1	i vvaste	100	GROW	C Lend	Lanunn		
Masta Massassas - 1 1		17273			1			GROW	o Lano	11111		
Waste Management, Inc.		L			L							
City, State							Disp. Date			City, Stat		
Newark, NJ							12/15/2012		[1	Morrisvill	e, PA	
	11											
Completed by (Print or Type) Title					Signature	1		Date			(V)354)0m, mc 1756	
	, 	Senior Proje	ect Manage	r		1/	500	11/30/1	12			
Russell King		1089500 UT 13475 UT 4		NG*	1				45.600			
					/	1						

Noneck

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

	Over.				C 0.00 and 12.	毎にクト	(Origin	nal) Che	ck #	123	3	
Date of Notification (1) Amended November ovember 16, 2012	er 27, 2012	Name o		Owner / Operator (2	2)	IYED					
Agencies Notified	Type Notification			Address	2	1012 DEC -3	PM 1: 33	}				
□EPA □DEP	EMERGENCY	Č.	Pier 1,			& LICEN						
⊠doh ⊠doh	Initial Amended Amendment	# 1		ate & Zip C ancisco, C	ode A 94111	& LICEN	SING	.				
DCA	Cancellation			of Contact	rcadis)			Telepl	none	Nun	nber	
			FAC	CILITY IN	FORMATION							
	ere Abatement is Takir	ng Place (3)			Type of Facili							
Prologis Street Address						oter 8 (Other than	K-12)					
495 Meadow Lane						.e., private & co		uildings, h	nom	e, et	c.)	
495 Meadow Lanc					Square Feet	# of Flo		Bldg. A		162-012-		
City (5)					110,00		2			85	_	-
Carlstadt					Current Use (Warehouse	Prior if being den	nolished)					
County (6) Bergen		County Cod										
Name of Monitoring I Arcadis US Inc.	Firm Hired by Building	Owner (8)		ASCM No	Synatech, In		or (9)	200				
Street Address					Street Addres							
10 Friends Lane, Su City, State & Zip Coo					City, State &							
Newtown, PA 1894	0				Little Egg Ha	arbor, NJ 08087	litean	aa Numbo				
Project Manager for David Hilinski	Monitoring Firm	110030	elephone N 08-635-406		Telephone No 609-296-6916	3	Licen	se Numbe 0	0817			
Scheduled Start Date November 1		uled Complete	tion Date (1		Name of OSI Synatech, In							
Occupancy Status D Facility Clos	uring Abatement (Che sed/Vacated During En	ck only one) tire Period of	Abatemer	nt	Street Addres 829 Radio R							
Abatement	Performed Outside of				City, State &	Zip Code arbor, NJ 08087						
Other – Des	scribe: upied During Abateme	ent			Little Egg 11							
Scope of Work (Che	ck all that apply)					Full Containmer	nt with Negativ	e Pressur	a			
≥3 sf or ≥ 50 lf	f		Renovation	on		Mini-Enclosure	ic marriage		30			
≥160 sf or ≥2			Demolitio	n		Glovebag Proce						
					\boxtimes	Non-Exempted	(*) and Non-F	riable Proc				
77000	cation of aining Material (ACM)	Solely	tion Norma by Mainter	ance or	Descript Asbestos-C	ontaining	Amount (Aba	atem	ent I	ype
	E ABATED I Facility	Cust	odial Staff	? (12)	Material (SF or	^{LF)} -				
"	(13)				insulation, sur	facing, VAT		- 1	괴	-11	등	g
					or other misc	ellaneous)			Removal	Repair	aps	읁
		Yes	No	N/A					va	₩.	Encapsulate	Enclosure
Office Areas		-	-	X	Drywall Joint	Compound	9,800	SF	x		-	
Office Areas		_	1-	X	Floor Tile ar	COLUMN SECTION AND CO.	3,800		x			
			17	6000								
Name of Registered	Waste Hauler	NJDEP Hauler		Cubic Ya	rds of Waste	Name of Regis						
Synatech, Inc.		The same of the sa	7429	600		Grows Landfi	<u> </u>		_	-38.9		
City, State				Disposal	Date	City, State						
Little Egg Harbor, N				January		Morrisville, P						
Completed By	Title			Signature	/ / //		Date					
Diane Aloia	Exec	utive Admin	istrator	I NU	Ine allo		November 2	7, 2012			(0	

WAIL IN HARD COPY Pursuant to NJAC 8:60 and 12:120)

((TINI:INBER - N		iu vur	1 (-nızna	int to M.	IAC 8:60 and 12	2120)	· Check # /	23	3		
r j nobesitted is at C) vember 16, 20	12		Namo		Owner / Operator	2)	REC	r-,			
Agendes Notified	الحاالامة مورد			استستعفا	Address	Du	- 101)AV		15	7	
□epa □dep	EMERGENCY			Plor 1	Bay 1	. [T 1 1/ 1)AY 12 DEC -3	PM	Eso.	l.s	
⊠ DOL	Initial Ameni			Chy. S	cate & Zip	Cade N	CV 1 6 20	12000		1:	35	
⊠рон		The second secon		San F	ranciscó,	CA 94111	Agm	E71081	m.		•	
DDCA	Canen	iment#_ ibiyap	•	Nama Micho	al Cantac	WAIVE	R APPF	ROVED	loonas	n'in	Moor	,
	<u> </u>					NFORMATION				_	-	
Name of Facility When Protogle	to Wharamour to	Taking P	laca (3)			Type of Faci	(4)	1 -1 -4 . 41. 11. 11. 11. 11. 11. 11. 11. 11.				
Street Address		~					pter 8 (Other Ut	nn K-121				
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						Square Feet			a. Aga			_
City (5)						110,0	no on	2		85		
Carlotadt					-	Warehouse	(Prior II boing d	emeliahed)				
County (6) Dargen		lus	iunly Cod SE ONLY	(7) a								
Name of Menitoring F Areadis US Inc.	irm Hilted by Su	liding Qw	mer (8)		AŞÇM	Synstach, Ir		tor (9)				
Street Address 10 Friends Lane, Sui	lto 200					Streat Addre 629 Radio R				33		
CIN. SIDIO & ZID COOK						City, State &		·				
Nawtown, PA 18940 Project Monagar for N	tanilantan Him					Little Egg H	orbor, NJ 0808					
Dovid Hillnaki			90	dophone I 18-635-40	89	Talephone N 609-296-601	8	Deduse Num	00B1	7		
Scheduled Start Dalo November 19	. 2012		Novem	on Cate (bor 22, 2	11)	Name of OS Synatach, Ir						
Company Status Du Fodilly Class	ring Abatament ad/Vacated Duri	(Chask o	nly one) Pariod of	Abatome	nt	Street Address						
	eriormed Quiol					City, State &				-	_	-
Other - Desc						Little Egg H	arbor, NJ QEDE	17				
	plad During Abi											
Scope of Work (Chac 23 st or 250 K 2160 at or 228				Renovati Demotitic			Mini-Enclasuri Glevebag Prex	sedura				
Loc	ation of		In Locali	an Norma	alles I lawel I	The state of the s	AND DESCRIPTION OF THE PERSON	d(*) and Non-Frieble Pr		THE RESERVE TO SHARE THE PARTY NAMED IN		
Asbesios-Centel	ning Material (A ABATED Pacificy	CM)	Solaly b	y Mainter Idial Staff	rance or	Descrip Accesion-C Material (Lo., thornis	Containing (ACM)	Amount (Specify SF or LF)	A	plem	ant I	ypa
	(13)		Yas	Na	NA	inculation, sur or other miss	leding, VAT		Removal	Repair	Encapsulate	Enclasura
Office Areas											a l	_
Office Areas			-		X	Drywall Joint		9,800 SF	X			V 4.
Name of Registered V	Vasto Hauler		NJOEP	Mart-		Floor Tile u Ords of Waste		3,800 SF	X		X	
			Hautor IC	No.	1	DING DI ASSESSI	Inama or Ked	stered Landill				
Synatoch, Inc. City, State	27	420	800		Grown Land	70						
					Daboea	10019	City, State					
Little Egg Harbor, NJ Completed By	D8007			-		sor 22, 2012	Morrisville, P	'A				
		סטוד			Signatur	- / 1		Dala		olow-ecoe	83	
Diano Alpia		Executiv	a Admini	atrolo:	W	are Alon	_	November 15, 2012				

State of New Jersey FICATION OF ASBESTOS ABATEME. (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (lovember 16, 2012		Nam Prol	e of Building	Owner / Operator	r (2)	Check#				
Agencies Notified	Type Notification	alleria de la constante de la		et Address		201200	-3 PM 1:35				
EPA	EMERGENCY					- 061	- 2				
DEP			Pier	1, Bay 1		A.c.	OS CONTROL				
The state of the s			. 1		•	OBERT.	0- 1.08				
⊠DOL			City,	State & Zip	Code	6/10	18 Carr				
⊠DOH .	Amended			Francisco,		- 410	ENRINTRE				
DCA	Amendmen	t #					MG OF				
	Cancellation	n	Nam	e of Contact			IT.	elenho	100 N	. um la	
			Mich	ael Oriola (Arcadis)			свети	III IN	rim D	er
					NFORMATION	ı			-	•	
lame of Facility Wh	ere Abatement is Taki	ng Place (3)			Type of Fac						_
rologis					School	ol (K-12)					
treet Address						apter 8 (Other th	222 K 121				
95 Meadow Lane											
					Other S S Other S Other S Other Oth	(i.e., private &	commercial building			etc.)
ity (5)					Square Fee	et # of I		dg. Ag			
arlstadt					Current He		2		85		
					Warehouse	e (Prior if being d	lemolished)			illibix o	
ounty (6)		County Co	de (7)		vvarenous	3					
ergen		USE ONLY	/								
ame of Monitoring F	Firm Hired by Building	Owner (8)		ASCM N	Name of Al	atomost C:	-1 (0)				_
cadis us inc.	7			, toolvi iv	Synatech,	patement Contrac	ctor (9)				
reet Address					Street Addr	ess					
Friends Lane, Su ty, State & Zip Cod	lite 200				829 Radio	Road					
wtown, PA 18940	1				City, State 8	Zip Code					_
oject Manager for N	Monitoring Firm	1=			Little Egg H	larbor, NJ 0808	37				
avid Hilinski		I	elephone	Number	Telephone t	Number	License Nun	ber	-	-	0.00
heduled Start Date	(10) School	led Comple	08-635-40	(4.4)	609-296-69			008	17		
November 19	, 2012	Nover	nber 22, 2	(11)	Name of OS					-	_
cupancy Status Du	ring Abatement (Chec	k only one)			Synatech, I						
Facility Close	ed/Vacated During Ent	ire Period of	Ahateme	nt	Street Addre			M - 1201 1200	-		-
Abatement P	Performed Outside of N	lormal Harri	o calcine	116	829 Radio F						
Other - Desc	cribe.	TOUI	5		City, State 8						
	pied During Abatemer				Little Egg H	larbor, NJ 0808	7				
ope of Work (Chec		nt									
	та арыуу					1 Eull Contains					
≥3 sf or ≥ 50 lf			Renovati	on			ent with Negative Press	ure			
≥160 sf or ≥260	O If	П	Demolitic	n	_	Mini-Enclosure					
		1	3,100	7.5	<u></u>	Glovebag Proc					
Loca	ation of	Is Locat	ion Norma	dly Heart		Non-Exempted	d(*) and Non-Friable Pr	ocedu	re		
Asbestos-Contain	ning Material (ACM)	Solely h	y Mainter	ance or	Descrip	tion of			atem	ent T	'yn
TO BE	ABATED	Custo	odial Staff	? (12)	Asbestos-C Material	(ACM)	Amount (Specify				
	Facility				(i.e., therma	l systems	SF or LF)				
- (13)				insulation, sur	facing, VAT				т	0.1100
					or other misc	ellaneous)		Re	Z	JC.	g
						9		Remova	Repair	sde	clo
		Yes	No	N/A				Va	ar.	Encapsulate	Enclosure
ce Areas										e	(D)
ce Areas				Х	Drywall Joint		9,800 SF	X	-	-	_
ne of Registered W	Jasta Haulas	1000		Х	Floor Tile ar	nd Mastic	3,800 SF	x		V	
- 31 TOGISTERED VV	aste natiler	NJDEP \		Cubic Yard	s of Waste	Name of Regis		1		X	_
atech, Inc.		Hauler II		200		lgis	od Landilli				
State			429	600		Grows Landfi	11				
				Disposal D	ate	City, State				-	_
Egg Harbor, NJ	08087			November	22 2042		70 141				
pleted By	Title			November Signature	22, 2012	Morrisville, PA					
				S. S. ISTOILE	- 01		Date			_	
e Aloia		ive Adminis			me alor						

of Emergency Nortic, K

CK 1231

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

RECEIVED

2012 DEC -3 PM 1: 30

Date of Notification (1)	6/12			Name A ?		Owner/Operator	(2) / 1/2	War \$310	C 10		1.	76
Agencies Notified	Type Notrication	-			Address	110 000	S TOR	C C C C C C C C C C C C C C C C C C C	0 1	4/1	Hit	7
□ BPA	Initial	•	1	Sueet	Mooress 7 I	Clif-	for Au	ا ا	-MD	INC	3	-
□ 0EP	Amended		1	Care	tate, Zip C				- 5			=
□ DOC	Amendment #				ewa		7			552.6		
□ рон	Emergency (in justification)	cluding	3								1	=
□ DCA	Cancellation		- 1		of Contact	< Come	,	Telephone Ni mho				1
^				To				11			W.T.	
				FAC	ILITY INF	ORMATION	,		41.71			
Name of Facility Where	1 1 1	Place		^			Type of Facility School (K-1	. A. 74				
Street Address -2 -	710	اء ا	_			< 1	☐ Subchapter	8 (Other than K-12) private & commercial		inac		
	10 1110	31	19	9	ery	2T	homes, etc.		Dusic	11195		
City (5) TERSE	y Cit		7	15	_		Square Feet	# of Floors	Bk	ig. A	ge	
County (6)	dson) 		Cour	ity Code (7 ONLY)) (STATE	Current Use (P	nor if being demolish	ied)			
Name of Monitoring Firm	n Hired by Building (Owner		ASCM	No.	Name of Abatem	nent Contractor (9)		-		=
(8) EM:	SL					F Gais	~	u		8		_
Street Address	23x+	1 5	5+			Street Address	27 1	C +				_
City, State, Zip Code	<u>~ _ , , , , , , , , , , , , , , , , , , </u>					5 (3 2 Ciry, State, Zip C				-		=
NY, N) у				:	0-4	sai N	7				- 1
Project Manager for Mo	onitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
monox	<u>^</u>		12	12.4	21-659	1973 34	52222	BOL 000	0 2	11		
Start Date/(10)	2 Sche	duled C		etion Da	te (11)	Name of OSHA		Om a				=
Occupancy Status Duri	ing Abatement (Che	ck only	('one)	<u> </u>		Street Address		9.19			==	=
Facility Closed/Vaca	ted During Entire Pe	riod of	Abate	ement		OUT AUGICSS						
Abatement Performs	d Outside of Norma	l Facili	ty Hou	ırs	1	City, State, Zip C	ode.					=-
Other - Describe:			X			O., O. O.	2000					
Scope of Work (Check	all that apply)											_
23 sf or ≥3 lf 2160 sf or ≥260 lf	1		énova			☐ Mini-En ☐ Gloveb	ag Procedure	egative Pressure				
		100,000	Locati				Compact () Site 1	GPT TESTE F TOLEGE		bate	ment	
Location	of		ormali Sole							Typ	96	
Asbestos-Containing	Material (ACM)		ntenar		Asbest	Description of os Containing Ma		Amount				
TO BE ABA	TED		ustodi		(i.e.,	thermal systems i	insulation,	(Specify	20	-	5	m
IN Facility (13)	У		Staff? (12)			surfacing, VAT, other miscellane	, or	SF or LF)	Removal	Repair	aps	5
, , , ,						other misconane	ous)		wal	air.	ncapsulate	Enclosure
0		Yes	No	N/A							٥	
-Base me				IX		44.		6900	X			
M 4017	orium			-	Na	stic		_69005F				
			.) .		<u> </u>							
Name of Registered Wa	ata Warder			ليا								
Co character wa	Octo		1	UDEP V	No.	Cubic Yards of Waste		istered Landfill	0	. [
City, State	- Corre		_1/	८१०।	-)	Disposal Data	Ince	ney land	6.	V		
Freeho	Ed NJ					Disposal Date	City, State	rice PA				
Completed By	Tide	1		۸ L		Signature	7/7	Date	7	. 1	-	==
many G	risec _	vá	ese	LL			46		2	6	(2	

MO# 20142498881

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

Date of Notification (1)				Nan	ne of Buildi	ng Owner	/Operator	(2)	RECE	1 / p- p	N 4 ₂		_
	1 12	_		Meg	gan Ventu	ra			" Then he had been	V Sam I.	a di		
☐ EPA ☑ Initial	tification			Stre	et Address Ayrtle Stre			2012	PDEC -3	PM 1:	ų (.	
☑ DOLWD ☐ Amer				City	. State, Zip	Code							-
I	ndment #_ gency (incl			1	nerford, N.			# U.E	ESTOS (ONTH	B1		
	ication)	iuumg			ne of Conta				& LICEN	SINGha	r		
☐ Cano	ellation			Meg	an Ventur	ra			Totophon	e mannbe			
			2000.00	-	ACILITY I		ATION			. ***			
Name of Facility Where Abatement	is Taking	Place	(3)					Type of Facili	tv (4)				
Private home								School (K-					
Street Address				-				Subchapte	er 8 (Other than	n K-1 2)			
39 Myrtle Street City (5)								homes, et					
Rutherford, NJ 07070								Square Feet	# of Floo	ors	Bi	dg. /	\ge
County (6)				Cou	inty Code (7)	(STATE L	ISE ONLY)	Current Use (Prior if hairs	damaliak -			-
Bergen							/	ourient ose (i noi ii beilig (iemonsne	ea)		
Name of Monitoring Firm Hired by E	Building Ow	vner (8	3)	ASCN	A No.	Name	of Abateme	I ∋nt Contractor ((9)			_	
11						Gr Tec			/				
Street Address							Address				_	_	
						576 Va	illey Rd#	283					
City, State, Zip Code							ate, Zip Co						
		-	See	West University		Wayne	, NJ 0747	0					
Project Manager for Monitoring Firm	1		Tele	phone	No.		one No.		License	No.	-	-	-
Chair Day (19)							8-1777		01127				
Start Date (10)	Schedul					Name o	of OSHA M	lonitor			-		
		_ /		/	12	Enviro	vision Co	nsultants,Inc					8 1
Occupancy Status During Abatemer	nt (Check o	nly or	ie)				Address						
□ Facility Closed/Vacated During E □ Abatement Performed Outside of the property	ntire Perio	d of A	bate	ment	on engage	20-21 V	Vagaraw	Road, Bldg .#	‡ 34A				
Time of Abatement:AM-	PM/	acility	PM		SCribe AM	City, St	ate, Zip Co	ode					
Scope of Work (Check all that apply						Fair La	wn, NJ 07	7410					
)						Full Care						
		Ren Dem	ovatio olitio	on		×	Glovebao	Procedure					
		ls L	ocati	ion	T		14011-EXE	npted (*) and N	on-Friable Pro			1	
Location of			ormal			Des	scription of			1		_	ent Ty
Achaetae Containing Made 1 / 4		Used			Asbe	stos Cont	aining Mate	erial (ACM)	Amoun	t i	R	Repair	Enc
Asbestos-Containing Material (AC <u>TO BE ABATED</u>	CM)	Main	condi			thormal					3	oair	aps
TO BE ABATED IN Facility		Custo	dial S		(I.e	thermal surfac	systems in	nsulation, or	(Specif	<u>y</u>	2		Encapsulate
TO BE ABATED		Custo	dial 5 (12)	Staff?		surfac	systems ir cing, VAT. niscellaneo	or			oval		
TO BE ABATED IN Facility (13)	Y	Custo 'es	dial S	Staff?		surfac	cing, VAT.	or	(Specif	y =)	oval		ro
TO BE ABATED IN Facility (13)		Custo 'es	dial 5 (12)	Staff?		surfac other n	cing, VAT.	or	(Specif SIF or LI		<u>ה</u>		е П
TO BE ABATED IN Facility (13)	Y	Custo 'es	dial 5 (12)	Staff?		surfac other n	cing, VAT.	or	(Specif		evo		e
TO BE ABATED IN Facility	Y	Custo 'es [Mo	N/A		surfac other n	cing, VAT.	or	(Specif SIF or LI		<u>ה</u>		
TO BE ABATED IN Facility (13)	Y	Custo 'es [dial 5 (12)	N/A		surfac other n	cing, VAT.	or	(Specif SIF or LI		<u>ה</u>		
TO BE ABATED IN Facility (13) assement	Y	Custo 'es [Mo No	N/A N/A	Pipe insu	surfac other n	ping, VAT, niscellaneo	or us)	(Specif SIF or LI	[2 C	<u>ה</u>		
TO BE ABATED IN Facility (13) asement Name of Registered Waste Hauler	Y	Custo 'es [No No	N/A N/A D D EP Waste	Pipe insu	surfac other n	cing, VAT, niscellaneo	or us) Name of Regis	(Specif SIF or LI	[2 C	<u>ה</u>		
TO BE ABATED IN Facility (13) assement Name of Registered Waste Hauler r Tech LLC	Y	Custo 'es [No No	N/A N/A	Pipe insu	surface other nulation Cubic Yar	cing, VAT, niscellaneo	or us) Name of Regis	(Specif SIF or LI	[2 C	<u>ה</u>		
TO BE ABATED IN Facility (13) assement Name of Registered Waste Hauler r Tech LLC City. State	Y	Custo 'es [No No	N/A N/A D D EP Waste	Pipe insu	surfac other n	cing, VAT, niscellaneo	or us) Name of Regis	(Specif SIF or LI	[2 C	<u>ה</u>		Ф
TO BE ABATED IN Facility (13) assement Name of Registered Waste Hauler r Tech LLC City. State 'ayne, NJ 07470	- Y	Custo 'es [No No	N/A N/A D D EP Waste	Pipe insu	surface other mulation Cubic Yar TBD Disposal	ds of Waste	or us) Name of Regis	(Specif SIF or LI 120 LF	[2 C	<u>ה</u>		
TO BE ABATED IN Facility (13)	Y	Custo 'es [No No	N/A N/A D D EP Waste	Pipe insu	surface other mulation Cubic Yar TBD Disposal	ds of Waste	Name of Regis T.R.R.F. Inc City, State	(Specif SIF or LI 120 LF	[2 C	<u>ה</u>		



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

Date of Notification (1) 11-20-2012				Name of E Wally K			perator	(2)	H.	(E.(E.	VE	D			
Agencies Notified	Type Notification	20	- 1	Street Ad 20 Roo		Terrace	e		2012	DEC	-3 F	PH I	: 7	Q		
DEP X DOL	Amended Amendment		- [City, State Bayonn	e NJ	de	1	12 N	454	EST	os c	9NT	RA			
DOH DCA	justification) Cancellation		- 1	Name of Wally K		y			G ₁	ITek	dhade1	Nemb	er	to ,		
				FACIL	ITY INFO	RMAT	ION			Т						
Name of Facility Where A Residential	Abatement is Taking	Place (3)							of Facility (4 school (K-112	•						
Street Address 20 Roosevelt Terra	ice							X C	Subchapter Other (i.e. potc.)				build	ings,	home	×s,
City (5) Bayonne NJ					69			Squar 3528	e Feet	2	f Floors		1	ldg. A O+	ge	
County (6) Hudson County				County C		,			nt Use (Prio dential	or if be	ing dem	olishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.	***			tement Con vironment							
Street Address							V 1000000000000000000000000000000000000	t Addres Virgin	ia Ave.							
City, State, Zip Code							City,	State, Z	ip Code y NJ 073	04			1000			
Project Manager for Mo	oject Manager for Monitoring Firm					*COCCENTRATE OF	Telep	hone N-	0.		Licens 0117		·			
Start Date (10) 11-21-2012	1888 H.						Name	of OSI	HA Monitor							
Occupancy Status Durir	ng Abatement (Chec			- F	* 1 =			t Addres								
	ated During Entire				100			ox 122								
	ned Outside of Norm						1000000		p Code 07083			We 94.30				
Scope of Work (Check /	All That Apoly)				•		1 01110		01000	20. 4.						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renov Remoli					× Mir	Il Containmo ni-Enclosure ovebag Prod n-Exempted	e Dedure					e	
		100	Local	0.000					Ī			T		Abate	emen	t
Locatio			lorma d Sok	ely by			escriptio					1		,,	rpe	Γ
Asbestos-Containing TO BE AB In Faci (13)	BATED	Ma	intena	nce/ Staff?		. therma	ntaining l al system acing, V/ miscella	ns insula AT, or		(mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Basem	nent	163	X	INA		Pipe	e Insula	ation			100lf	-	x			
1st Flo	oor		х				tor Ins	0.00	i		3lf				x	
2nd Fl	2nd Floor					Radia	tor Ins	ulation	1		3lf				x	
Name of Registered Wa	Name of Registered Waste Hauter					Cubi	c Yards		Nome	Docist	orod !	46"				
Tri-state Transfer A	1	NJDEP W Hauler ID 2a456		of W			Name of Minerva									
City, State Bronx NY							osal Date 1-2012		City, State Wynesi		Ohio.					
Completed by Tiffany Nunez		Title Office	e Ma	nager			Signatur	е				Date 11-		2012	!	

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

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

100			,		D.	9 N. C. W. C. L. W. C.		100	MARINE.	Michel III			
Date of Notification (1) 11-27-2012				ame of Bu lonti Es	ilding Owner tate	r/Operator	(2)		ECEIV				
Agencies Notified	Type Notification			reet Addr 19 Tinto				2012 D	EC -3 PM	1:28	ì		
DEP DOL	Initial Amended Amendment #				Zip Code vn NJ 077	24	8		STOS COA	TRAI			
DOH DCA	Emergency (in justification) Cancellation	ncluding	1055	ame of C				Gt.	Taldaledna Mil	Mher "			
] DOA	Curiculation			FACILI	Y INFORMA	ATION			1				
Name of Facility Where Residential Street Address 219 Tinton Ave.	Abatement is Taking	Place (3)					S S	f Facility (4 chool (K-12 ubchapter (ther (i.e. pr		12) cial buildi	ngs,	hom	ies,
City (5) Eatontown NJ.							Square 2888		# of Floors	90 90	ig. A)+	ge	
County (6) Monmouth		SULET TO SECOND		County Co	ode (7) SE ONLY)			t Use (Prio dential	r if being demoli	shed)	a a		
Name of Monitoring Fire	rm Hired by Building (Owner (8)	1	ASCM	No.			ement Con ironment	tractor (9) al Services.				
Street Address							t Addres Virgini					= = 0	
City, State, Zip Code		10-10-10-10-10-10-10-10-10-10-10-10-10-1					State, Zi	p Code / NJ 0730	04				
Project Manager for M	onitoring Firm		7	Telephon	e No.		ohone No -333-88		License 01174				
Start Date (10) 11-29-2012		Scheduled		pletion D	ate (11)			A Monitor	ů i				
Occupancy Status Du							et Addres		*				i
Abatement Perfo	acated During Entire I rmed Outside of Nom Property for Demolit	nal Facility I	batem Hours	ent		City,	State, Zi	p Code	-				
Scope of Work (Check	k All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260	Н		enova emolif	DESCRIPTION OF THE PROPERTY OF			≚ Min Gk	ni-Endosur ovebag Pro				ıre	
-		le	Locat	ion								tem	
Asbestos-Contair TO BE In F	ation of ning Material (ACM) ABATED acility 13)	Use Ma	lorma d Sok intena	lly ely by ance/ Staff?	(i.e. the	Descript Containing ermal syste surfacing, ther misce	g Materia ems insul VAT, or	ation,	Amount (Specify SF or LF)	Removal	Repair	ype	
1st	Floor	res	X	IWA		VA	т		90lf	×	\dagger	+	-
	ıtside		х	1		Shingle	Siding		2100sqf	x		1	
Ou	Outside					lashing	Cemen	t	20lf	х	1	1	
Name of Registered			NUDEP V Hauler IC 2A456	No.	Cubic Yan	is	100000000000000000000000000000000000000	of Registered La va Enterprise		1	1		
Tri-state Transfe	Tri-state Transfer Associate					5 Disposal D	ate	City, St	ate	-			
Bronx NY.	Bronx NY.					11-21-20	12		sburg-Ohio.	Date			
Completed by Tiffany Nunez	Completed by					Signa	iture			11-27	-20	12	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT MO# 20142498892 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 29 / 12 11 Mark Barrette 2012 DEC -3 PM 1: 28 Type Notification Agencies Notified Street Address X EPA ✓ Initial 36 Blackberry Ln. ☑ DOLWD CONTROL Amended City, State, Zip Code Amendment # X DHSS & LICENSING Morristown, NJ 07960 ☐ DCA Emergency (including (NJAC 5:23-8) Name of Contact justification) Telephone Number Cancellation Mark Barrette **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Private home Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private and commercial buildings, 36 Blackberry Ln. homes, etc.) City (5) Square Feet # of Floors Bidg. Age Morristown, NJ 07960 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Morris Name of Monitoring Firm Hired by Building Owner (8) ASCM No Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12 / 09 / 12 12 / 10 / 12 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address X Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ___AM-___PM/ PM__ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure >3 sf or >3 If 2 160 sf or 2260 If ■ Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Encapsulate Removal Repair Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Basement X Duct insulation -wrap&cut X 130 SF

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

0033785

Completed By (Print or Type) Title

Owner

Signature Ven

T.R.R.F. Inc

NJDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill

TBD

Date 11/29/2012

N.Jevtic

Gr Tech LLC

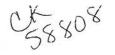
Name of Registered Waste Hauler

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

	(P	ursu	ant to	NJA(C 8:60 and 12:1	120) 府后	CEHILL	39				
Date of Notification (1)			/ /	~	ing Owner/Operator		near b	wa ^r				
Agency Notified Type Notification	· · · · · · · · · · · · · · · · · · ·	7		Address	0.40	ST	-3 PM 1:	27				
☐ EPA ☐ Initial ☐ Amended Amendment:	; }		City, S	state, Zip		** 14 April 1	US CONTR	ØL.	*			
☐ Emergency (ii justification) ☐ DCA ☐ Cancellation	ncluding	ŀ	Name	of Conta	JERVIN)	N 4 - CI	Telephone Nu	mber				•
		1			FORMATION		4					_
Name of Facility Where Abatement is Takin	ng Place (3)	-00000		•		Type of Facility	(4)					
P. MINERUINI Street Address 209 4320 ST					: .	SOther (i.e. p	8 (Other than K-1 rivate & commerc	i2) Sial buildi	ngs,			
City (5)						homes, etc. Square Feet	# of Floors	Bidg	. Age	9	_	
UNION City.						2000	12	9	84	P	5	
HUDSOW	3	ampai transdas	ONLY		7) (STATE USE	RESIDE	vior if being demo \hat{v}	olished)	3.5 3.5			
Name of Monitoring Firm Hired by Building (8)	Owner	ASCI	No.			nent Contractor (9)					
Street Address					Best R	emoval 1	nc		_			
10.7 (a) 10.7 (b) 10.7 (c) 10.			*			River St						
City, State, Zip Code	77				City, State, Zip C	Code				0.00		
D	————————————————————————————————————					sack, N.	J. 07601					
Project Manager for Monitoring Firm	16	epno	ne No.		Telephone No. 201-329-	7444 -	00388					
	led Completi		te (11)		Name of OSHA	Monitor						
	12-1				Omega En	vironmer	ital Inc					
Occupancy Status During Abatement (Che					Street Address 280 Huy	ler:St						
D Facility Closed/Vacated During Entire Pe D Abatement Performed Outside of Norma S Other - Describe: 8 Am 5 0	Facility Hor	ement us			City, State, Zip C	Code	k, N.J.	0760	16			
Scope of Work (Check all that apply)	<u> </u>		<u> </u>				V =				-	
D(≥3 sf or ≥3 lf D≥ 160 sf or ≥ 260 lf			Ren Den	ovation notition	XI-Mini- XII.Glow	Enclosure ebaa Procedure	Negative Pressu	35				
		Locati		T					A		eme	ent
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Mai Ç	ionnal d Sole ntena ustodi Stat?? (12)	ly by nce/ ial		Description of stos Containing Management of the storage of the st	insulation, or	Amount (Specify SF or LF		Removal			Enclosure
	Yes	No	N/A								L	L
BASEMENT	\dashv		X	Tfo	2MAC IWS	water	102	LF	×		-	H
Name of Registered Waste Hauler	.	NED 1/	Vaste H		Cubic Yards of	Name of Regis	torad Landfill					
Best Removal Inc	IDI	710		ia Qiei	3/4 40	1	Enterpr	ises	ı			
City, State Hackensack, N.J	. 0760	01			Disposal Date /24/2012	City, State Waynesh	ourg , Oh	1		XIX-353		
Completed by Tale R. Veldran Est	imato	r.			Signature R Valence	м		Date 1/-2	9-	12	2	

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

ASB-41



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

			(P	ursuant	to NJAC	: 8:60 an	id 12:12()) P	=00	11.					
Date of Notification (1) 11/28/2012					of Building		Operator	(2) 2912 Dr		VED					
Agencies Notified	Type Notification	***************************************		Street A	Address	AMP RO	AD	2012 DE	C-3	PM 1: 2	6				
EA EPA ☐ DEP ☑ DOL	☐ Initial ☐ Amended Amendment ☐ Emergency (WOODL	ate, Zip C AND PA	RK, NJ	J 07424	A SEL	TOS CO ICENS	ONTRO	L		t		
DOH DCA	justification) Cancellation				f Contact LESSAN)			Telephone					
				FAC	ILITY INF	ORMAT	ION								8 (4-1)
Name of Facility Where BERKELEY COLLEGE		g Place (3)					Type of Fa	ol (K-12)						
Street Address 44 RIFLE CAMP RO	DAD						70	2 Subcl	hapter 8 (Other than ite & comr	n K-12) mercial l	ouile	dings	, hom	es,
City (5) WOODLAND PARK								Square Fe 20,000	et	# of Floors	s		ldg. <i>A</i> 940	Age	
County (6) PASSAIC					Code (7) USE ONLY	n		College		-	nolished)			
Name of Monitoring Firm ENVIRONVISION CO				ASCN 0079				of Abateme ENVIRONM			ES				
Street Address 20-21 WAGARAW RO	OAD BUILDING 3	34A						Address 2 QUEENS	PLAZA	SOUTH					
City, State, Zip Code FAIR LAWN, NJ 0	7410			,				tate, Zip Co		NY 1110	1				
Project Manager for Mor FREDERICK LARSON		Telepho 973-6	ne No. 36-914	5		one No.		Licen 008	ise No.						
Start Date (10) 12/12/2012		Schedul 01/12/		npletion	Date (11)			of OSHA Mo							
Occupancy Status Durin	ng Abatement (Check	k Only Or	ne)	-			1	Address ERRINE A	VENITE	2/	1				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norm						City, St	ate, Zip Coo	de	379			- 8	22	
Scope of Work (Check A	All That Apply)													-	
≥3 sf or ≥3 lf≥160 sf or ≥260 lf			Renova Demolit				<u>8</u>	Mini-End Gloveba	losure g Procedu	vith Negat re and Non-l				a	
			Locati						()	414 11511	, nabio i		Abate		
Location Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Use Ma	d Sole intenar todial S (12)	ly by nce/ Staff?	Asbes (i.e.	stos Cont thermal surfa	scription taining M systems cing, VAT niscelland	aterial (ACN insulation, , or	(1)	Amount (Specify SF or LF))	Removal	Repair	Encapsulate	Enclosure
TOWER CRIMIN S CI	EGOND ELOOD	Yes	No	N/A	DIDE	TNOTE	T T C ST	19	1	150				w	
LOWER, GRUND & SI LOWER, GROUND & S	X		VAT	INSUL	ATION	- ,		,150	X	2	-				
			- 1/1												
Name of Registered Wa	ste Hauler		I N	JDEP W	aste	Cubic	Yarde	Nan	ne of Regi	stered Lar	ndfill				
ATC	Н	auler ID 4181	(20)	of Was	0/ 1/0			NTERPR							
City, State SHIRLEY, NY				120 TO 100 TO 10	al Date 7/201		, State YNESBUR	G, OH							
Completed by ANN ALI	oleted by Title					S	ignatur				Date 11/2	8/2	2012		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

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$\frac{11}{}$ $\frac{30}{}$	_ /12				Verizon Street Ad	drace		7017	DEC -3	DMI	2. : 0			
Agencies Notified	Type of N	otifica	tion		A STATE OF THE PARTY OF THE PAR	wood ave.		F0 14 1	DEC -0	rni	2.13			
EP/		Initia				, Zip Code		6 11 75.	Taklor			7		
DEF		Amer	nded			, PA. 1904	3	W 7 8	5109	CUN	IRBL			
DOI DOI		50000000	ndment #		Name of			é	Taladhh	rild Nikitel	har			
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		gency w	/ justification	Alex Bayl	Alex Baylor								
DC/	<u> </u>	Cano	enation	F	ACILITY IN	FORMATIC	N							
Name of Facility	Nhere Abaten	nent is	Taking	Place (3)		Type of Fa	acility (4)							
Verizon							School (K	(-12)						
Street Address						1 🗇		er 8 (Other	than K-1	2)				
220 West Broad S	treet					Other (I.e., private & cmmercial								
- (5)	10 4 10			CtCd-	(7)	Square Fe		mes, etc.)	-	Duildie	ng Age			
City (5) Paulsboro	County (6 Camden)		County Code	(1)	5,000			2	Bulluli	50+	9		
adisbolo	Cambon					Current U	se (Prior if	being dem	olished)	1	1000			
							ercial							
Name of Monitori	ng Firm Hired	by Bl	dg. Own	er (8)	ASCM NO	Name of A	batement	Contractor	(9)					
IICA Environment	al managemen	t Inc				I VI Enviro	nmental Se	rvices Inc						
USA Environment	a managemen	ı, mç.				Street Add		. 11000 1110.						
8436 Enterprise A	venue													
City, State, Zip Co	ode				Nepto	462 Getty								
Philadelphia, PA.						City, State	, Zip Code							
Project Mngr. For	Monitoring F	irm		Telephone Nu 215,365,5810	ımber	Clifton, NJ	07011							
Mark Jenkins Sheduled Start D	ato (10)	Ischa	d Comp	letetion Date (1	11)	Telephone	the second second second		License	Number				
		100.10	12	26	12	★ 1 The state of the state								
/	/		-/				2-3660				00117			
Occupancy Statu	s During Abat	ement	(Check	Only 1)	7	F-12-01-1-02-1-1	SHA Moni	200				1		
	/ Closed/Vaca	ted Du	uring Ent	ire Period of		Street Add	nmental Se	rvices inc.						
Abater		nd Out	eide of N	lormal Facility		Street Auc	ress							
- Amount	- Describe: _	u Out	Stue Of It	iormar r acinty		462 Getty	Avenue					1		
	Describe: _	MON	-FRI.				, Zip Code							
			M-3:30P	M		Clifton, NJ	07011	-	-					
Scope of Work (C	heck All That	Apply)											
☐ Demol	ition		v	Renovation	V	Full Conta	inment wi	th Negative	Pressure	•				
☐ ≥3sf or					. 🗇	Mini - Enc	losure	(- 70)						
☑ ≥160 s	f or ≥260 If						Procedure					- 1		
						Non-Exem	ipted (*) an	d Non-Fria	ble Proce	dure		- 1		
Locatio	n of	T	Is	Γ	Descript	ion of			Abateme	nt Type				
Asbestos Co		Lo	cation	As	sbestos - C	ontaining			R		E	E		
Material (rmally		Material	A TOP TO CHARLES AND A STATE OF THE PARTY OF		Amount	E	R	N	N		
TO BE A	-		Jsed	(1	.e., therma	l systems facing, VAT		(Specify SF or LF)	M	E	C	C L		
in Faci	-	20,000	olely Main-			ellaneous)	,	SF OI LF	v	A	P	6		
(13)		1000	nance/		Other Imoo	onanioouo,			A	ï	s	s		
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		-	aff (12)								┖	R		
		Contract of the last	NO N/A					2150SF	7		-			
Basement		1000	HH	Floor tile and n				1150SF	য	H	1			
Battery Room Plant Storage				Floor tile and n				250SF	Ø.	H	1 1	十十一		
i dire otorage							Ö							
Name of Register	ed Waste Hau	ler		NJDEP Waste			Registered	Landfill						
Service Transport	Yards of Waste	Minerva La	ındfill					- 1						
00.17.00 20.10						City. State								
City, State New Castle, DE.						8955 Mine								
						Date 8955 Minerva Poad 12.30.12 Waynesburg, OH, 44688								
Completed by (Pr	int or Type)	,		Title			Signature				Date			
Marc Heim							nager / ac // O				1	11/30/12		
						- War	1 1000	11	×		1	11/30/12		

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

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que	. K	Col	2	00)

Date of Notification ((1)				Name of Building Owner / Operator (2)									
	/12				Bank of America Street Address									
Agencies Notified	Type of N	otificati	on			ddress Inut Street	20	10 050	0 00					
FPA EPA	Type of N	Initial	OII		PERSONAL PROPERTY.	te, Zip Code		12 DEC	-3 PM	15: 16	}			
☐ DEP		Amen	ded		Philadelp			eut.						
☑ DOH		Amend			Name of			30 E31			ber			
☑ DOL		Emerg		v/ justification	John Lux	John Luxford & LI(
		041.00		F	ACILITY II	NFORMATION								
Name of Facility Whe	ere Abaten	nent is 1	aking	Place (3)		Type of Facil	ity (4)							
Bank of America			5			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
Street Address						☐ Sc								
1285 Bound Brook Ro	ad					Subchapter 8 (Other than K-12) Other (I.e., private & cmmercial								
						bldgs., homes, etc.)								
City (5)	County (6			County Code	(7)	Square Feet # Of Floors Building					ng Age			
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				1 0040		Bank	(1 1101 11 1	icing dem	ionancuj		40	12.50		
Name of Monitoring	Firm Hired	by Bld	g. Own	er (8)	ASCM NO	D/I								
Arcadis					1	LVI Environme	ontal Con	iona Ina						
Street Address			-			Street Addres		nces IIIC.						
655 Third Avenue 12th														
City, State, Zip Code						462 Getty Ave								
New York, NY Project Mngr. For Mo	nitorina E	i		ITalanhana Ni		City, State, Zi	ip Code							
Dino Nappi	mitoring F	IIIII		Telephone Nu 212-682-9271	ımper	Clifton, NJ 07	011							
Sheduled Start Date	(10)	Sched.	Comp	letetion Date (11)	Telephone Number License Number								
12/ / _15/	/12	_1	2 /		12	12 973-772-3660 00117						101		
Occupancy Status Di	ıring Ahatı	ement (Check	Only 1)		Name of OSH	1000000000)r		(J0117			
				tire Period of		LVI Environme								
Abatement	T-1	\$1525 D. 1	(0154 (27 - 032)25			Street Addres	ss							
Abatement			de of N	lormal Facility		462 Getty Ave	nuo							
☑ Other - Des			/I to 10:	00 PM		City, State, Zi						AND COMPANY AND ADDRESS OF THE PARTY OF THE		
						Clifton, NJ 070								
Scope of Work (Chec	k All That	Apply)												
☐ Demolition	10	7	1	Renovation	V	Full Containm	nent with	Negative	Pressure	v.				
☐ ≥3sf or_>3l		-	4.1			Mini - Enclosu			. , , , , , , , , , , , , , , , , , , ,					
✓ ≥160 sf or	≥260 If					Glovebag Pro		M F-:	LI. D					
					Ш	Non-Exempte	a (") and	Non-Fria	DIE Proce	aure				
Location of		ls		1	Descript				Abateme	nt Type	_			
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TO BE ABATE	ED	Norn Us		l a	Material e., therma			Amount (Specify	E M	R E	N	N C		
in Facility	_	Sol	3030	insu	lation, sur	facing, VAT,		F or LF)	0	P	A	L		
(13)	- 1	by M		or	other misc	ellaneous)	- 1		٧	A	P	0		
		tena					- 1		A L	I R	S U	S U		
		Staff	0.000.000.00						-	,	Ľ	R		
		YES N	O N/A											
Teller Liner				Fllor Tiles				22.00 5						
MENS LOCKER	-		5	00 SQ Fe	et 🗸		+	+						
Vineli							_		7		1 1	1 1		
Name of Registered V	Vaste Haul	er		NJDEP Waste		Name of Regis	stered La	ındfill						
NEWARK CARTING					Yards of Waste	I.E.S.I.								
City, State	City, State					City. State								
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)					Disposal Date	BETHLEHEM,	PA 1810	5	1	1				
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Completed by (Print o	r Type)			Title		Sig	nature	1/1	///	1	Date			
alph Barnhadt Operation Manage					ager		1/1/1	r K	hn		11	1/30/12		
ASB-41	Quality and the second						1	/						

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Sinte of New Jersey Nothfication of assestos asatement (Pursuent to NJAC 8:80 and 12:126)

Date of Marketine			Nan	no of Guildin	ng Owane	of Operate	x (2)	1812	DEC -	2	-	********				
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E EPA DEP Amended Amended			1.	ebali Ave		st Rosc	!	4 385 4	\$100	T	1:17	C.P				
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Sunoco Eagle Point Refinery	NE PRES	£20\$					Type of Fac	##y (4) 1K-12)								
Street Address US Highway 130 S	ada como tan		And Marine				\$uboh	z (tv.12) ispter B (Other than K-12) (Le, private & commercial buildings, home:								
City (5) Westville	THE REAL PROPERTY.		The special and the special an		-		Square Fee! 600,000		d Place O' Total	Hī.	30-	e. Ag	\$			
County (8) Gloucester		-	Count	ly Code (7) To use ose.	v)		Current Use Refinery	(Fries & ba	ing damo	lehed	ž.					
Name of Monitoring Firm Mined by Building Accredited Erw. Technologies, INC	Owner (8)	Ì	1000	Gla No.	Contractor	(9)	***************************************	-		KANADAR						
Grad Address	F.,	v u construir	luu	121		-	Remediation	on Servic	as, U.C				-			
28 N. Pennell Road							Seinnen St	rest								
City, State, Zip Code Media, PA 19063			THE STREET	City, State, Zip Code Philisdelphia, PA 19134							maintenance and an extension of the same o					
Project Menager for Monitoring Firm Tony Keir	Philipping		one No. 191-0114	The state of the s	Telepho 215-9	70-7035		Ucana 01167	No.	etter der best Li	-					
(0/13/12)	1/3	30		Delle (11)	KING TING A		f COHA Manii dited Env. '		eles. IN		THE PARTY		-			
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Abatement Performed Outside of Norma	erios 644 el Focility	Duiter Houn	nent L		Contraction		Pennell Ro (c. 25 Code	26	1				THE PARK OFF			
Cities - Describs: Scope of Work (Greek All That Apply)							, PA 18083									
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ASSESSO-Containing Material (ACM) 10 BE ABATED	Uked Motor	School	eby f	Asbesto	s Conta	aiption of ining Meb	ected (ACM)	Ame	auri l	<u> </u>	1 ''	1	T -			
In Facility (13)	Custos	fiel 9 (12)	infi?	(i.e. t	ennei e enfect	ysteme in ng. VAT, d sostaneon	eddion, e	(Spt SF o	dy Ly	Removal	Jesten	Europaukale	Sentimental Sent			
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16)

Check # 7729

Date of Notification (1)				Name	of Building	Owr	ner/Operator (2	2)			_	_			
	12			Maverick Management Corp											
Agencies Notified Type Notifica ⊠ EPA ☑ Initial	tion				Address O Pennsy	/Ivar	nia Ave	RECE	IVFN						
☑ DEP ☐ Amended	ī		-	100000000	tate, Zip C	SECTION OF THE PROPERTY.	*								
☐ DCA (NJAC 5:16) Amendme ☐ DHSS ☐ Emergence		ding		2000	oklyn, N		207	2012 DEC -3	PM 12: : c						
☐ DCA justificatio		ulig	ŀ		of Contact	27. 27.				ımber	nber				
(NJAC 5:23-8)	on			Jera	ald Goldf	ine	Ŕ	STRESTOR	9						
				Jerald Goldfine 4555105 CONTROL FACILITY INFORMATION & LICENSING										_	
Name of Facility Where Abatement is T	aking Pla	ace (3)	Type of Facility (4)											
Former Woolworth Building				School (K-12)											
Street Address								Subchapter 8							
117 E State Street								Other (i.e., p homes, etc.)		rcial bu	liali	igs,			
City (5)		3						Square Feet				g. Ag	je		
Trenton, NJ				- P				48,000	3		1	+00			
County (6)				Coun	ty Code (7)	(STA	TE USE ONLY)	Current Use (Pr	or if being demo	olished)				
Trenton								Commercia							
Name of Monitoring Firm Hired by Build	ing Own	er (8)		ASCM	No.	Nan	ne of Abateme	ent Contractor (9)							
Ally Services Co				С	ontrolled E	nvironmental S	Systems								
Street Address			7.0			- 446	et Address								
57 E Durham St						1	121 N. Beth	nlehem Pike - Suite 60							
City, State, Zip Code					, State, Zip Co		76								
Phila PA 19119				Spring House				e, PA 19477							
Project Manager for Monitoring Firm				phone		1000000	ephone No.		License No.						
Andy Miller				5 498			15-542-7000		00847						
Start Date (10) S	chedule 12			tion Dat		10000000000	ne of OSHA M ES	Ionitor							
					12_										
Occupancy Status During Abatement (C			W	mont			et Address	laham Dika C	ita 60						
 ☑ Facility Closed/Vacated During Entir ☑ Abatement Performed Outside of No 				rs - Describe City State Zin Code					uite ou						
Time of Abatement: 7:00AM-	PM/ <u>7:0</u>	0PM-		AM	01100			e, PA 19477							
Scope of Work (Check all that apply)	U 7:	goo.	m_	Suna	4 EVE.		pring nous	E, FA 134//					-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Reno							gative Pressure						
		121-7-1-1000			1	-		mpted (*) and No	n-Friable Proce				- Comment		
		Is Lo	ocat rma					_		1	\ba	teme	ent T	уре	
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	'	Used : Maint Custoo	Sole ena	ely by nce/		rmals	Description of Containing Ma systems insular VAT, or ner miscellane	iterial (ACM) ation, surfacing,	Amount (Specify SF or LF)	NG HOVE	0	Repair	Encapsulate	Enclosure	
		77.53	No	N/A									ō		
1 st floor] [J		Pipe Ins	sulat	tion		120 LF	Σ	3				
1st floor			Pipe Fit	ting	s		10 Fittings	S	1						
] []				
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Name of Registered Waste Hauler			N	JDEP \	Vaste	100000000000000000000000000000000000000	ic Yards of	Name of Regis	tered Landfill						
Waste Manangement			Н	lauler II	O No.	Was	0,070	GROWS							
City, State						_	oosal Date	te City, State							
Tullytown PA					12/3/12		Tullytown PA								
Completed By (Print or Type)	Title			Signature			11	Date				1			
Patricia Visco Office Manage							Patrice	in Usico III			/za/zoiz				

ragini ANTONE LA BISSO A LOSAN REMEMBER - MAIL IN HARD COPY State of New Jorgen / W.E. NOTIFICATION OF ASSESTOS ABATEMEN , v4.5-7, 4 1.5 5 (Pursudent to MAC 8:50 and 12:120) MR JOSEPH Date of Hotelestion (1) 12 29 208 LEARING Type Notification Agency Netfied er incomi City, State, Zip Code 07656 warm D EPA PARK RIDGE. O Amended D DEP Appropriate # of Emmyone! (natuding Name of Contact MR DAN MURTAGIN DOM DOCA PACILITY DIFORMATION Type of Facility (4) Name of Facility Vibore Abstracts in Taking Place (3) School (K-12)

indicate of Construction K-12)

District (Lo. private & commercial buildings, HODEVE MR. J. Street Address homes ofc) AU E Bldg. Ago CASLIC Square Frest 203 704040 2100 Committee (Prior # being demolished) ARK County Code (7) (STATE USE PESIDENCE COUNTY (6) BALLED Name of Richard Firm Hand by Entiting Owner Best Removal Inc (2) Street Address 450 S.River St City. State, Zip Code Cay, State, Zip Code Hackensack, N.J. 07601 Liconse No. Talannono No. Telephone No. Project Manager for Mondaring Firm 00388 201-329-7444 Name of OSHA Monitor Skinduled Completion Date (11) Omega Environmental Inc Start Data (10) 12/1/12 Copyonately Status During Assistantin (Check only one) Street Address 280 Huyler St Di Feinling Classic Necessal During Entire Period of Abstraction

Di Abstract Performed Outside of Harmal Facility House

Di-Olihar - Describe: 7AM 70 5(7) City. Bloto, Zip Code South Hackensack, N.J. 07606 El Pus Contahannet with Nogative Pressure Scope of Work (Charts of that apply) _C Mai-Enclosure E Renewation @ Cleveling Procedure

| Non-Exempted | and Non-Proble Procedure 超色3556635 D DemoRian D 2 160 of or 2 760 0 Abstracted Typo le Legation Mozently Description of Academic Community Material (ACM) Ensepoistable Used Golek by Location of Removal Reper TO SE ASATEO Matanaance/ (Specify 6.0. Massasi sycomus basula Custodal surfacing, VAT, or ... SHAZ __IN Facility (12) (13) N/A Yes No 70 SF VAT Š ZITLOOR BSLF F * THEILHAL SUSTEM INSULTED BASELLEN Name of Registered Landell Cubic Yards of NJDEP Wacto Hauter Norm of Registered Weste Hauter Wash 1D No. Minerva Enterprises Best Removal Inc 244 17109 Disposal Data Chy, State Waynesburg , Oh 12/1/12 Hackensack, N.J. 07601 Date oudospic Completed by personal Estimator J. Maiorano "Do not use this form for exhection Boomsure Administed activities. A59-41

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

ch 4168

		(P	, alsa	ant to	NJAC	8:60 and 12:1	20) 原日	CELVE	***	4	16	00	Y	
Date of Notification (1)				Name of Building Owner/Operator (2) 124 GREENWOOD DRIVE ball DEC -3 PM 1: 24 Street Address										
Agency Notified	Type Notification		\dashv	Street	Address	JUDGO DIE	2012 DE	C-3 PM 1:	21				-	
			1	124	GRE	ENCHOND De	ive		64					
D EPA	Initial Amended	-	f	City, S	tate, Zip	Code .	#30E5	TOS CONTA) Al				-	
阿DOL	Amendment#			MIC	LBUK	PRIVATED DRIVE P Code P STEEL OF CONTROL PRIVATE DO NOT LICENSING Telephone Number								
DOH ·	☐ Emergency (includ justification)	ng	Ī	Name	of Conta	ct .	-	Telephone Nun	nber	800 1				
DCA	☐ Cancellation			17.	MIGG	INS				_	7	-		
				FACI	LITY INF	ORMATION					_			
	e Abatement is Taking Pla						Type of Facility	(4)						
124 GREENWA	DOD DRIVE LL	_		120/07	4500		School (K-12							
				,		g a n	Subchapter	3 (Other than K-12 ivate & commercia	al buildir	gs,				
124 GREENE	roop drive						homes, etc.							
City (5)	*	.08	10,000				Square Feet	# of Floors	Bidg.	70 M				
MICLBORN							2200	2	761	PS			_	
County (6)	72			Count) (STATE USE		rior if being demol	ished) ⁽	*				
ESSEX	· · · · · · · · · · · · · · · · · · ·					T	RESIDENCE	E						
Name of Monitoring Fi (8)	rm Hired by Building Own	er	ASCN	A NO.		1	nent Contractor (13						
Street Address						Best R	emoval I	пс			_		_	
				2			River St							
City, State, Zip Code						City, State, Zip (Code							
	*.5					Hacken	sack, N.	J. 07601						
Project Manager for M	onitoring Firm	T	elepho	ne No.		Telephone No.		License No.				-		
**************************************	•					201-329-	7444 -	00388						
Start Date (10)	. Scheduled C	omple	ion Da	ste (11)		Name of OSHA		. 1 T						
12-10-12	12-1:1-1					Omega En	vironmen	tal Inc			-			
Occupancy Status Dui	ing Abatement (Check on	ly one)				Street Address 280 Huy	lar St							
☐ Facility Closed/Vac	ated During Entire Period	of Aba	ement	t		City, State, Zip C								
2 Other - Describe:	ed Outside of Normal Fac 8 Am - 5 Pm	any Ho	urs .					k, N.J.	0760	6				
Scope of Work (Check										_				
TE(≥3sfor≥31				K Ren	ovation		Containment with Enclosure	Negative Pressur	e					
□ ≥ 160 sf or ≥ 260 lf	3		(0)		notition	™ Glov	ebag Procedure							
						· 'D Non-	Exempted (*) an	Non-Friable Proc	cedure	IA	bate	anne	ndt	
3.	39		Locat		2.5					Ľ		pe		
	ntion of ning Material (ACM)	Use	d Sole	ely by	١	Description of stos Containing Ma		Amount				_		
TO BE	ABATED	*** *********************************	intena Zustodi	(3.5)(5)(30°)		thermal systems	insulation,	(Specify		R	20	nca	Enc	
	acility 13)		Staff			surfacing, VAT other miscelland		SF or LF)		Removal	Ropair	Encapsulate	neo	
		·	(12)			Ogici il Boccacii	,			=		80	9	
		Yes	No	N/A						_		L	L	
BASEMEUT	****			X	THE	RMAL INS	LATION	34	LF	X	L	<u> </u>	_	
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Name of Registered W			No.	Naste I	tauler	Cubic Yards of Waste	Name of Regis							
Best Remov	al Inc		710	9		1/4 40.	Minerva	Enterpr	ises					
City, State						Disposal Date	City, State	Ol					-	
	nsack, N.J.	076	01		12-11-12 Waynesburg, Oh									
Completed by	Tatle	0.50	~			Signature			Date	20	. 1 -	-		
R. Veldran	Estin					R. Keldran			11-2	-7	-17	-	_	
ASB-41	A Do no	t use th	us form	n for as	bestos li	censure exempted	activities.							

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

Date of Notification (1)	1-30-12	150 - Anna Charles	Name	of Building	Owner/Operator	JE TWA	a Public	480	the	o Ž	الا
Agencies Notified LAPA LAPA LADEP LADOL LADOH LADOH	Type Notification	cluding	City, S	iate, Zip C M L A of Contac M J	6/6/0W 4/6/0W 422/4		E LICENSIA	KIR 6	()	eggerente	·
The second of th	a management of the second	,		ILLA IME	ORMATION	Type of Facility	(A)				
Street Address 19. 71. N	ne Abatement is Talding DWW TW; A DAL RA		160 1	A) mi	v 818h	School (K-12 Subchapter f Other (i.e., pr homes, etc.) Square Feet) (Other than K-12) ivate & commercial # of Floors	Bld	ngs, g. Ag g O	e	
	TOWN	ange on desir and a	1 Cour	ty Code (7) (STATE	Current Use (Pr	ior if being demolish	ned)			
County (6) MUW M	auth		USE	ÓNLY)		OLD.	Abmin Bi	46	taria in		
Name of Monitoring I	irm Hired by Building C)wner	ASCM	No.	Name of Abaten	nent Contractor (9) / / / / /	.1".			
(8)			ALTERNATIVE CONTRACT	Park (1 Acc	アクフハアサイ	101 Cw		<i>V</i> (2.55
Street Address	en e	ne a royale out a section of	(and annual or the recomme		Street Address	TO more 1	2. A				
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City, State, Zip Code	e garry and the second of the				City, State, Zip C	Naelc NI	07722				
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Project Manager for I	Monitoring Pirm	1	'elephone :	NO.	1737 296	11757	COOK C	-14 1 Tack 17			
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Start Date (10)			-/2		ALCI	NSVLATION	J co Tas	ye ^{e)} - 40 0 - 11 14 -41 17 17 18 18 18		- 21 m 4-1	
	uring Abatement (Che			PROPERTY.	Street Address						
☐ Facility Closed/Va	icated During Entire Po	riod of Ab	atement		45 Ma	NTROY R	Designation of the second section of the se	re a sea de l'are personal activati	name of glass of the state of t		
[*] Abatement Perfor	med Outside of Norma	I Facility I	lours		City, State, Zip C	Code	v S /22	00	ł., .		
[] Other - Describe:	7.2m -	JAM	.		COLL	N, U	Y. 3. K./.		200 20 FT 1	(r-1)	
Scope of Work (Che		Reno	vation dition		[Mini-Er	eser Drevendence	gative Prossure on-Friable Procedur	e			
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		ls (.or							Typ		
Locati Asbestos-Containi TO BE A IN Fa	ng Material (ACM) BATED cility	Used S Mainte Cust Sta	olely by nance/ odial off? 2)	Asbe: (i.e.	Description of the state of the	iterial (ACM) insulation, . or	Amount (Specify SF or LF)	Remove.	Repair	Encapsulete	Enclosure
		Yes	No MA		ç in agreement in the second instant		70000			** **	
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- Transport English Street Street Street	the same for the second and the second secon	Angeles Services of the		ļ <i>t</i>	FITTINGS	ka mara mata da akang najawa manandiben da ata d ng philosophy da tabu da philosophy da ata da a					
A COLUMN TO STATE OF THE PROPERTY OF THE PARTY OF THE PAR	eggen vale de 18 killion o de general primery i el se mari persona que de la come. No de de 19 e par an inquisir de gelonoriga de san origen e actuaria, es es il de de la come.				NINDON	CAVILL	500 42	10			
The state of the s	TATE LIGHT		T NJOEP	Waste	Cubic Yards	Name of Reg	istered Landfill	J			l
Name of Registered		c.	Hauter II	D,No.	of Waste	GRE	WS				
The state of the s	SULATION	<i>C</i>	1,20	5 <i>Ψ</i>	Bisposal Date	City, State	The state of the s	/) A		
City, State	Eds NJ	117	772	2	12-3042	- JUL	LYTUWN	,	11		,
CoLis N	- CI \ / V / J	CARLOR SERVICE CONTRACTOR		AND THE STREET, STREET	[Sidnature)	h / 1.1	Date 1/- 3	712.	.17	_	
Compared by	ALL	003	1416	<u>1.12</u>	Ljuch	3 67 av		با ر	, .		

P.1/1 DV ZVIZ INJUDAN CAM VERTA WILLIAM State of New Jersey REMEMBER - MAIL IN HARD COPY, (Pursuant to NJAC 8:80 and 5:16) VED NOTIFICATION OF ASBESTOS ABATEMENT Date of Notification (1) Name of Building Owner/Operator (2) 11 30 12 Verizon 2012 DEC -3 PM 1:23 Agencies Notified Type Notification Street Address **⊠** EPA 1095 8th Avenue Initial DOLWD. □ Amended ny, State, Zip Code & LICENSING Now York, NY 10036 City, State, Zip Code DHSS Amendment # N DCA Emergency (including justification) Name of Contact Telephone Number (NJAC 5:23-8) □ Cancellation Alex Baylor FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon Rochello Park Central Office School (K-12) Subchapter 8 (Other than K-12) Street Address Other (I c private and commercial buildings 65 Passaic Street homes etc.) City (5) Square Feat # of Floors Bidg. Age Rochelle Park NJ 20000 3 50 County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demalished) Bergen Name of Montaring Firm Hired by Building Owner (B) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 29717 JVN Restoration Inc. Street Address Speroba Japane 1253 North Church Street 47 Foster Road City, State, Zip Code City, State, Zip Code Moorestown, NJ Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. Telephone No. License No Harold Balwin 856-840-8800 718-605-625G 00774 Name of OSHA Monitor Start Date (10) Schoduled Completion Date (11) 12 / 10 / 12 12 / 4 / 12 **Tootor Tech** Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed Nacased During Entire Period of Abatement 10 59 Jackson Avenuo Abotement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 8AM-_ PM/4:00PM-LIC, NY 11101 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressura Renovation Mini-Enclosure ≥3 sf or ≥3 ff ☐ Demolition Glovebag Procedure ≥160 sf or ≥260 N Non-Exempted (*) and Non-Friable Procedure la Location Abatement Type Normally Description of Location of Repair Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i e thermal systems insulation, TO BE ABATED (Specify Custodial Staff? curloding VAT, or ST OF LE) IN Facility (12)(13) other miscellaneous) NA Yes No X VAT 1800SF X **Basement Cable Vault** П Name of Registered Landfill Name of Registered Waste Hauter NJDEP Waste Cubic Yards of Hauler ID No. Waste Minerva Enterprisco Inc Global Waste Industries Inc NJ-22171 Disposal Date CIN. State City, State Waynesburg, OH 12/10/12 Hackettstown, NJ Signozura Data Completed By (Print or Type) Tate

ASB-41 MAY 11

John Lardy

exemplad activities * Do not use this form for asbostos licensure

Senior Project Manager

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

(hprv # 22078

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)	CHICKT	1		<u> </u>	10	
	30 / 12	2		600	rizon	ig Owner/Operator (z) K	CEIVED	2 3				
Agencies Notified	Type Notification			Street	Address		2912.00		7				
⊠ EPA	☐ Initial				5 6 th Ave	enue	CAIS DEC	-3 PM 1:2					
⊠ DOLWD □	☐ Amended	ŧ		College	State, Zip		5	- FA 1: 2	8		_		
⊠ DHSS	Amendment #		6	200		NY 10036	38 - 57	08 00	9				
□ DCA (NJAC 5:23-8)	Emergency (in justification)	ncluding	3		of Contac	AND THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SER	ex LH	Fydlenhone Nik	her				
(☐ Cancellation			Ale	x Baylor			US CONTROL					
		-				NFORMATION		<u> </u>					
Name of Facility Where A	Abatement is Takin	g Place	(3)		01211111	· Oraniz Tion	Type of Facility	(4)					
Verizon Rochelle P							School (K-1)	300					
Street Address	***************************************	392975	-				8 (Other than K-12	n K-12)					
65 Passaic Street							Other (i.e., private and commercial buildings, homes, etc.)						
City (5)		0.900					Square Feet # of Floors Bldg. Age						
Rochelle Park NJ							20000	3		50	3-		
County (6)				Cour	nty Code (7	7)(STATE USE ONLY)	Current Use (Pi	rior if being demolis	shed)		-		
Bergen							**	-					
Name of Monitoring Firm	Hired by Building	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9))					
TTI Environmental,	Inc.			2971	17	JVN Restorat	tion Inc						
Street Address						Street Address							
1253 North Church	Street					47 Foster Ro	ad						
City, State, Zip Code				The second second	***	City, State, Zip Co							
Moorestown, NJ				1000		Staten Island	NY 10309						
Project Manager for Moni	toring Firm		1555	phone		Telephone No.		License No.					
Harold Balwin				6-840	NACO PLAN	718-605-6256		00774					
Start Date (10)		duled C	13		32 50	Name of OSHA M	lonitor	4				10	
12 /4 /				_ ′ -	12	Testor Tech	-35						
Occupancy Status During						Street Address							
 ☑ Facility Closed/Vacate ☑ Abatement Performed 					cribe	10 59 Jackso							
Time of Abatement: 8													
Scope of Work (Check all	that apply)							829 22					
≥3 sf or ≥3 lf		П Re	novati	on		☐ Full Cont	ainment with Neg	gative Pressure					
≥160 sf or ≥260 lf			molitic	-		☐ Glovebag	Procedure						
	*****	1 10	Looot				mpted (*) and No	n-Friable Procedur	е				
Location	of		Locat Norma		-	Description o	f		Ab	atem	ent T	уре	
Asbestos-Containing I	Material (ACM)	Use	d Sole intena	ly by	Asbe	stos Containing Ma	terial (ACM)	Amount	Reg	Repair	Enc	필	
TO BE ABA IN Facilit			odial s		(i.e	e., thermal systems i surfacing, VAT,		(Specify SF or LF)	Remova	air	aps	Enclosure	
(13)	,		(12)	_		other miscellane		or or Er)	=		Encapsulate	l e	
		Yes	No	N/A					1		е		
Basement Cable Vau	lt				VAT			1800SF	Ø				

Name of Registered Wast	te Hauler		15223	JDEP \		Cubic Yards of	Name of Regis	tered Landfill					
Global Waste Indus	tries Inc		Н	auler II NJ-22		Waste 7	Minerva E	nterprises Inc					
City, State						Disposal Date	City, State						
Hackettstown, NJ						12/10/12	Waynesbu	rg, OH		ì			
Completed By (Print or Ty	rpe) Title	9	-			Signature	1	Λ Dat	te	+			
John Tardy Senior Project Man						1121	arch	D 111	130	11	7	-	
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MAY 11

Do not use this form for asbestos licensure exempted activities.