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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:126 D&S Proj. #: MS 11-484 Name of Building Owner/Operator (2) Date of Notification (1) 1 1 /13 10 1/11 11 1 MENITA GRZYB Agencies Notified Type Notification Street Address ☐ EPA Initial Amended 158 WEST 32ND STREET ASBESTOS CONTROL & DEP City, State, Zip Code Amendment #: LICENSING DOL. **Emergency** BAYONNE, NJ (including DOH. Name of Contact Telephone Number justification) ☐ DCA MENITA GRZYB Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) MENITA GRZYB Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 158 WEST 32ND STREET Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HUDSON BAYONNE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. 12/01/11 12/09/11 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure Mini-enclosure  $\times$  >3 sf or >3 If Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (\*) and Non-friable procedure Is location normally used solely E Location of е by maintenance/custodial e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material (acm) to be material (ACM) C 0 a а abated in facility (13) LF) L Yes No N/A A PIPE INSULATION 40 L FT X BASEMENT **BOILER INSULATION** 35 SO FT BASEMENT BOILER Cubic Yards of Waste Name of Registered Landfill Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 YD Disposal Date City, State City, State 12/02/11 TULLYTOWN, PA PATERSON, NJ 07503

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16) Name of Building Owner/Operator (2) Date of Notification (1) -6 2011 Estate of Arthur E. Efros 11 12 Type Notification Street Address Agencies Notified ☐ Initial 130 Maple Avenue Suite 10B **⊠** EPA ASBESTOS CONTROL ☑ DOLWD City, State, Zip Code LICENSING Amendment #1 **⊠** DHSS Red Bank, NJ 07701 ☐ Emergency (including □ DCA Telephone Number Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Pete A. Efros FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Former A & P ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 580 N Main Street homes, etc.) Square Feet # of Floors Bldg. Age City (5) 50 25000 1 Barnegat, NJ 08005 County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) County (6) Ocean Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Alliance Environmental Systems 00021 AET Street Address Street Address 550 East Union Street 28 N. Pennell Road City, State, Zip Code City, State, Zip Code West Chester, PA 129382 Media, PA 19063 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 610-701-9000 00508 (800) 969-6238 Eric Housekenecht Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) AET 12 / 16 / 11 12 / 7 / 11 Street Address Occupancy Status During Abatement (Check only one) 28 N. Pennell Road ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code PM/3:30PM-Time of Abatement: 7AM-\_ Media, PA 19063 Scope of Work (Check all that apply) ☐ Mini-Enclosure □ Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf ■ Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Removal Encapsulate Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (Specify (i.e., thermal systems insulation, TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) IN Facility (12)other miscellaneous) (13)Yes No N/A 25000 SF X X VAT Main Area X 25000 SF  $\boxtimes$ mastic Main Area П П П Name of Registered Landfill Cubic Yards of NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste **BFI** Imperial N.E.T.S. 60 18947 City, State Disposal Date City, State Imperial, PA TBD Hazelton, PA Date Completed By (Print or Type) Title Estimator John Heemer

ASB-41 MAY 11

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

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

Date of Notification (1) Name of Building Owner/Operator (2 11 21 1 11 Estate of Arthur E. Efros Agencies Notified Type Notification Street Address **⊠** EPA 130 Maple Avenue Suite 10B □ DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Red Bank, NJ 07701 ASEESTOS CONTROL & ☐ DCA ☐ Emergency (including (NJAC 5:23-8) justification) Name of Contact Ulfreiephone Number ☐ Cancellation Pete A. Efros **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Former A & P ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 580 N Main Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Barnegat, NJ 08005 25000 1 50 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Ocean Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AET 00021 Alliance Environmental Systems Street Address Street Address 28 N. Pennell Road 550 East Union Street City, State, Zip Code City, State, Zip Code Media, PA 19063 West Chester, PA 129382 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Eric Housekenecht (800) 969-6238 610-701-9000 00508 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor \_\_12\_\_ / \_\_5\_\_ / \_\_11\_\_ 12 / 14 / 11 AET Occupancy Status During Abatement (Check only one) Street Address ☑ Facility Closed/Vacated During Entire Period of Abatement 28 N. Pennell Road Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-PM/3:30PM-Media, PA 19063 Scope of Work (Check all that apply) ≥3 sf or ≥3 lf □ Renovation ☐ Mini-Enclosure ≥160 sf or ≥260 lf ☐ Demolition ☐ Glovebag Procedure ☐ Non-Exempted (\*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Encapsulate Used Solely by Removal Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A Main Area  $\boxtimes$ VAT 25000 SF  $\boxtimes$ X Main Area mastic 25000 SF  $\boxtimes$ П П П П П П П Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste N.E.T.S. BFI Imperial 18947 60 City, State Disposal Date City, State Hazelton, PA TBD ) Imperial, PA Completed By (Print or Type) Signature Date Estimator John Heemer ASB-41 \* Do not use this form for asbestos licensure exempted activities. **MAY 11** 

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Date of Notification (1)			Name o	f Building (	Owner/O	perator (	14 18	SCL	ENTIFIC		1	111	
Agencies Notified Type Notification			Street A			- 1	IU		EC -6 201	1	14	7.	
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DOH justification)				f Contact	Con.		- wilded	MESOS PROCES	Telephone Non	1111			
DCA Cancellation	n 			ERT A			4., : //*. <u></u>	2 (* 12 - 12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	According to the second second	ودا واحد بسد	~	uni viluar	-6-
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THERMO FISHER SCIE	NTIF	· C						ool (K-12) chapter 8	(Other than K-12	2)			
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FAIR LAW.U							140	00	2		ن	-2	/
County (6) BERGEN				Code (7) USE ONLY)			Current U	lse (Prior	if being demolish	ed) 2 <i>6^1+</i>	U 4	É	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	/ No.		Name o	f Abatemac Contr	ent Contr	actor (9)				
Street Address	<u> </u>		-			Street A 105 L	owell R	oad					
City, State, Zip Code			*				ate, Zip C Rock, N		52				
Project Manager for Monitoring Firm			Telepho	ne No.		Telepho 201-2	one No. 262-584	1	License No 00156	o.			
Start Date (10) / 2-/10/11	Schedul	ed Cor		Date (11)			f OSHA N ga Envir		tal Services In	iC.			
Occupancy Status During Abatement (Che	ck Only Or	ne)	<b>/</b>			Street A	ddress luyler S	treet					
Facility Closed/Vacated During Entire Abatement Performed Outside of Noru Other – Describe:			itement										
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit					Mini-Er Gloveb	nclosure ag Proce	it with Negative P dure *) and Non-Friab			e	
	ls	Locat	ion									emeni rpe	L
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility  N Used Mai						scription of raining Material (ACM) systems insulation, cing, VAT, or niscellaneous)		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										ļ
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Name of Registered Waste Hauler Rovic Transport		H	J JDEP W Hauler ID 20785	5/11/01/01/14/01	Cubic of Was	Yards ste 2	1,0000		egistered Landfill Bethlehem La	ındfil	l Cor	p.	
City, State Riverdale, New Jersey 07457			A		Dispos	al Date	Ci B	ty, State Sethlehe	em, PA 18015				
Completed by R. McDonald	ident	,			ignature			/ / Da	te 2-/	//	i l i		
IX. MICDONAID	1 103					110	11/1	1 order	1 /	-/	-1	- 1	

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

Name of Registered Waste Hauler Rovic Transport		NUDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Regist	terec Landfili thlehem Landfill	Corp
City, State Riverdale, New Jersey 07457	~~	20785	Disposel Date	City, State Bethlehem,		i
Completed by R. McDonald	Title Preside	ent	Sanzorshi	M	Date リナ/	1,/,

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

Date of Notification (1)	Name of Buildi Eric Dzikowski		perator (2)	56		W [	=1							
12/5/2011							- 111 111				1111	#		
Agencies Notified		Type Not	11	tion	Street Address 25 Kelly Parkw		ΙШ	DEC	-6	2011				
( ) EPA (X ) DEP (X ) DOL (X ) DOH		() Amen () Emer () Justifi	ded Certi gency (in cation	fication	City, State, Zip Bayonne, NJ	07002		ASBESTO LIC Tel. Num	S CONT	ROL &				
(X) DCA		() Cance	llation	=100.17	Name of Conta Eric Dzikowski Y INFORMATION		This could have	rei. ivum	1001-	she .	0. Ta	J		
			(0)	FACILII	Type of Facility	, (A)				130 A24 Aring	merch of the	in the same of the		
Name of Facility Where Ab Residential	patement is Ta	King Place	(3)		( ) School (K- ( ) Subchapte ( x) Other (i.e.	12) r 8 (other tha	an K-12) mmercial build	dings, hor	mes, et	С				
Street Address					Square .Feet:		# of Floors			g. Age	75+			
25 Kelly Parkway  City (5)	County (6) Hudson			ty Code (7) Use Only)	2,000		2							
Bayonne	Hudoon		1333		Current Use (p	orior if being	demolished)							
Name of Monitoring Firm	Hired by Bldg.	Owner (8)	ASCN 4893		Name of Contr JVN RESTOR									
C.A Environmental Street Address					Street Address	<u>s</u>								
2200 Paterson Plank Roa	d				47 Foster Roa	id								
City, State, Zip Code					City State, Zip									
North Bergen, NJ 07047	North Bergen, NJ 07047					Staten Island, New York 10309 Telephone Number License Number								
Project Manager for Moni	Project Manager for Monitoring Firm Telephone Number									21				
Carmelo Altomonte	armelo Altomonte 201-864-6583							NJ 0077	74					
Scheduled Start Date (10	1	Schedul	ed Comp	letion Date (11)	Name of OSH	A Monitor								
12/19/2011		12/21/20	)11		C.A. Environn	nental								
Occupancy Status During (X) Facility Closed/Vacat	Abatement (C	Check only	one)	ent	Street Addres	<u>s</u>								
( ) Abatement Performed Other - Describe	Outside of No	rmal Facili	ty Hours		2200 Paterso City, State, Zi		d							
Other - Describe					North Bergen				141 145					
Source of Work (Check a	II that apply)	()]	Demolitio	n	(X) Mini-E	Enclosure	with Negative	Pressure						
( ) ≥160 sf or ≥ 260 lf		(X) I	Renovatio	on	( ) Non-E		) and Non Fria		edure					
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Location of Asbestos-Containing Ma TO BE ABATE In Facility		Used Main Cus	rmally Solely by tenance.i stodial	/ surfacing	, VAT, or other				Rem.	Rep.	Encap E	nclose		
(13)		(1	aff? 2)											
Basement		Yes	No N/	Pipe Inst	ulation	18 LF			Х					
	X					-								
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	A LIDER Weste Houler ID				Cubic Yards	of Waste		Name o	of Rea	Landfill				
Name of Reg. Waste Hauler Express Waste LLC  NJDEP Waste Hauler ID # NJ-804					3	oi vvaste		Cumbe	rland C	ounty La	ındfill			
City, State						=	Disp. Date 12/19/2011			City, Stat Newburg				
Newark, N.J.  Completed by (Print or Type)  Title				Signature /		1	Date							
John Tardy  Senior Project Manager				1080	incla	1 _	12/5/20	11						
ASR-41 *Do not us this form for asbestos					licensure exempted	activities.								

(Pursuant to N.J.A.C. 7:26-2.12) Name of Building Owner/Operator (2) Date of Notification (1) PEPCO Holdings, Inc. 12/05/11 Street Address Notification Type Agencies Notified 5100 Harding Highway (X) Initial Notification (X) EPA ASBESTOS CONTROL & ( ) Amended Certification City, State, Zip Code (X) DOL Mays Landing, NJ 08330 LICENSING () Cancelled (X) DOH () DCA Name of Contact Tel: Number Michael Crostic FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ( ) School (K-12) Roadstown Substation ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address 165 Marlboro Road # of Floors 1 Sq. Feet 120 County Code (7) County (6) City (5) Bldg. Age 50+ (State Use Only) Cumberland Shiloh Current Use (prior if being demolished) Substation Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. NCM Demolition and Remediation, LP 1 Source Safety and Health, Inc. Street Address Street Address 404 N. Berry Street 140 South Village Ave., Ste. 130 City State, ZipCode City, State, Zip Code Brea, CA 92821 Exton, PA 19341 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 484-480-8931 01066 610-524-5525 Dan Bruun Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) **EMSL** Analytical 12/22/2011 12/19/2011 Street Address Occupancy Status During Abatement (Check only one) (X ) Facility Closed/Vacated During Entire Period of Abatement 107 Haddon Ave ( ) Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Westmont, NJ 08108 Describe Vacant Bldg. To Be Demolished Substation Other - Describe Source of Work (Check all that apply) () Renovation ( ) Minor Proj. (<25 SF or <10 LF ACM) (X) Large Proj. (>160 SF or >260 LF ACM) ( )M Proj. (>25<160 SF or >10 <260 LF ACM) ( ) Glovebag Procedure ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure Abatement Type Amount (Specify SF or LF) Description of ACM (i.e. Is Location Normally Used Location of Asbestos-Solely by Maint./Custodial thermal systems insulation, Containing Material (ACM) in surfacing, VAT, or other Staff? (12) Facility (13) Encap Enclose Rep. NA miscell.) YES 600 SF X X Transite Panels Walls/Roof Name of Reg. Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Minerva Landfill 20990 5 Service Transport Group, Inc. Disp. Date City, State City, State Waynesburg, OH 12/22/11 New Castle, DE Date Signature Title Completed by (Print or Type) Hock Dreffind 12/05/2011 Project Manager Mark Griffin

NOTIFICATION OF ASBESTOS ABATEMEN

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			n E	CEIVED
Notification of Demolit	ion or Renovation.	(continued)	III	
X. Description of Planned D panels intact, wetting mater	emolition or Renovatio	n Work and Methods to b		BESTOS CONTROL &
XI. Description of Engineeri Demolition or Renovation S and double wrap.	ng Controls and Work i ite: Regulated work a	Practices to be Used to Carea, wet removal method	ontrol Emmi Is, HEPA filtr	
	- in Transact Crown			
XII. Waste Transporter#1 S	ervice Transport Group	·	-	
Address 58 Pyles Lane	County New Cas	tie	State DE	Zip 19720
City New Castle  Contact Randy Bridges	Journ, New One		Telephone 302	
Waste Transporter#2				
Address				
City	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site M	linerva Landfill		EPA Certificati	on Number: P0104984
Address: 9000 Minerva Road				
City: Waynesburg	County: Stark		State: OH	Zip: 44688
Contact:	**************************************		Telephone: 330	0-866-3435
XIV. If the Demolition was C	ordered by a Governmen	nt Agency, Please Identif	y the Agency	Below:
Name		Title		
Authority				
Date of Order (MM/DD/YY)		Date Ordered t	o Begin (MM/DD/	m
XV. For Emergency Renova	tions:			
DATE and HOUR of Emergency: (MM Description of SUDDEN, UNEXPECTI	ED EVENT	(HH:MM)		
Explanation of how the Event caused				
XVI. Description of Procedu Friable Asbestos Material B signs, alert generator	ires to Be Followed in t ecomes Crumbled, Pul	he Event that Unexpected verized or Reduced to Po	l Asbestos is wder Segreç	Found, or that Previously Non- gate area, wet materials, post
XVII. I Certify that an Indivio Site During the Demolition this Person will be Availabl	or Renovation, and that	Evidence that the Requi	red Training I	rt 61, Subpart M) Will be On- has Been Accomplished by year after promulgation).
Mark Dru XVIII. I Certify that the Abov	A Information is Correct	(Signature of Owner/Operator)		(Date) 12/05/11
Mark Mo				
Mark Dr	Illerin .	(Signature of Owner/Operator)		(Date) 12/05/11

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-486 Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 0 2 / 1 1 DOLORES MCALINDEN Type Notification Agencies Notified Street Address Initial EPA 2035 45TH STREET Amended DEP City, State, Zip Code LICENSING Amendment #: M DOL NORTH BERGEN, NJ Emergency Telephone Number (including Name of Contact X DOH justification) DCA DOLORES MCALINDEN Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) DOLORES MCALINDEN Other (Private/Commercial Street Address Bidgs./Homes, etc. Bldg. Age # of Floors Square Feet 2035 45TH STREET County (6) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) HUDSON NORTH BERGEN Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/23/11 12/13/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If □ Renovation Glovebag procedure Non-Exempted (\*) and Non-friable procedure ≥160 sf or ≥260 lf Demolition E Is location normally used solely Ε e Location of n by maintenance/custodial Amount Description of asbestos-containing m n asbestos-containing C (Specify SF or staff(12) С material (ACM) 0 material (acm) to be a a LF) abated in facility (13) p Yes No N/A e 112 L FT M PIPE INSULATION BASEMENT

Cubic Yards of Waste

Signature

2 YDS

Disposal Date

12/14/11

Name of Registered Landfill

TULLYTOWN, PA

City, State

TULLYTOWN, RESOURCE RECOVERY

Date

12/02/11

BOGDAN JOLDZIC PRESIDENT

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

NJDEP Hauler ID#

13506

Title

Registered Waste Hauler

City, State

D & S RESTORATION, INC.

PATERSON, NJ 07503

Completed by (Print or Type)

D&S Proj. #: MS 11-488

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

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Date of Notification			Name of B	uilding Owr	ner/Operator (2	)	6.	111		3 0 U	15	7		
1  2  / 0  2			SUZAN	NE KUAI	HM		Yes the						i l	
Agencies Notified EPA	Type Notifica Initial	tion	Street Addr	ress				TU L	J DEC	-6 201	1	السا	1	
□ DEP	Amended		20 RIVI	ERDALE	ROAD							Same of	¥3	
	Amendment #	:   T	City, State,	Zip Code			1	1	ASBESTOS	CONTROL	9	-	i	
□ DOL	☐ Emergency	- 11	POMPT	TON LAK	ES, NJ		Schellung		LICE	NSING	œ			
□ DOH	(including justification)		lame of Co	The second second second					Telèpho	ne Numbe	er			
☐ DCA	Cancellation		SUZAT	NNE KUA	HM		6	kar vera						
	Cancellation	<u> </u>	002111		ILITY INFORM	ATION	J				-			
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Name of facility w	nere abatement	s taking pi	106 (2)					11'		ool (K - 12	)			
SUZANNE KU	JAHM								☐ Subc	hapter 8 (0	Other t	han k	(-12)	
Street Address									Other	r (Private/0	Comme		/	
20 RIVERDA	LE ROAD								Square Feet	# of Floo		В	ldg. A	ge
City (5)		Cou	nty (6)			Cou	inty Code (7)	-		CHIELDING CO				<u> </u>
						(A \$355,937.0)	ite use only)	1	Current Use (I	Prior if bein	ng den	nolish	ed)	
POMPTON L.			SSAIC					11.			**		- 17	
Name of Monitorin	ng Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatem	nent Cor	ntractor (9)					2.27
							D & S REST	ORAT	ION, INC.					
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City, State, Zip Coo	le						City, State, Zip C	ode		hi Ka				
							Paterson, N.	J 0750	3					
Project Manager fo	r Monitoring Firm	)	P	hone Numb	per		Telephone Numb			License			201111	
							973-345-80	CHOOS CON			0159			
Start Date (10)		Sched	i. Complet	ion Date (1	1)	_	Name of OSHA		-					
12/14/11		12/2	3/11				D & S Resto	oration,	Inc.					
Occupancy Status	During Abateme			and a second		-			V					
	d/vacated during			ement.			20 California City, State, Zip C		ue					
	erformed outside						City, State, Zip C	oue						
Describe:  Other-Descri	ho: NORMAL F	IOURS	1740 W			-	Paterson, N.	I 0750	3					
Scope of Work (ch						-	Tutoroon, 1 to			/sosstive			557	
>3 sf or >3 lf		Renovatio							Containment i-enclosure	wriegalive	piess	uie		
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≥160 sf or ≥2	260 If	Demolition					Walton Co. 10 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	☐ Nor	n-Exempted (*	) and Non-	_	_	edure	
Location of			n normally enance/cus	used solely	/						R	R	E	E
asbestos-cor material (acn		staff(12)	, nanocrou	otodiai			sbestos-containin	g	Amount (Specify	SF or	m	р	n c	n
abated in fac		Yes	No	N/A	material (	ACIVI)			LF)	01 01	o v	a	a	L
											е	j.	р	-
BASEMENT	PIPE INSU	LATI	ON		3 L FT			Ш	Ш					
BASEMENT BARE HEAT						G PIPES	S & FITTINGS		88 L FT				$\boxtimes$	Ш
Registered Waste F			EP Hauler	0.0000000000000000000000000000000000000	ubic Yards of V	Vaste	Name of Registe			FOOLE	37			
D & S RESTOR	A HON, INC.	135	00		2 YDS		TULLYTOW	/N, RE	SOURCE R	ECOVE	CΥ			
City, State	11 07503			Disposal D 12/15/1			City, State TULLYTOV	UNI DA						
					Signature		TOLLTION	VIN, PA	7	Date				
Completed by (Print or Type) BOGDAN JOLDZIC Title PRESIDENT					O Ignaturo					12/02	/11			
ASB-41 * Do not use this form for asbestos licensure exer							activities.							

State of NJ

400				Notific	ation of Ast	pesto	s Abatement	. Lagranda	A SECURITION OF THE PARTY OF TH	au-terior in the				
D&S Proj. #: M	IS 11-487						and 12:120)			7 1	\			
									REIV	SIN				
Date of Notification (1)		IIN	ame of Bui	Iding Own	er/Operator (2)	)			The state of the s		11			
1 2 1/10 2 //	1 11 1		JODI MC					nı	EC -6 2011		J			
	pe Notificati	an	reet Addre		23	-	1 1 11	111	-C - W 2011	*Apreside	-			
□ EPA □			3 ST I A	WRENC	E AVENUE						1			
I DEP I	Amended endment #:		ity, State, Z		CAVENUE			ASI	LICENSING	<u> </u>	+			
M DOI I—	Emergency	$-\parallel$	MAPLE'		JT									
	including	N/N/E	ame of Cor		NJ			a coldina	Telephone	Number		) - ·		
□ DCA □	ustification)						Basurens		Total Principal	7110111001				
	Cancellation		JODI M	OSKOW	IZ							_		
				FACI	LITY INFORM	ATION	ı							
Name of facility where a	abatement is	s taking pla	ce (3)						Type of Facility (4					
JODI MOSKOWIT	7								=	(K - 12)				
Street Address	<i>L</i>							-		ipter 8 (C Private/C			-12)	
Street Address										Homes, e		rciai		
3 ST. LAWRENCE	EAVENUE	3					2.0.0	.   [	Square Feet	# of Floor	s	Bl	dg. Ag	je
City (5)		Coun	ty (6)			1	nty Code (7)	71 L						
MADY ENGOD		ECC	TEV			(Sta	te use only)		Current Use (Pri	ior if bein	g dem	olishe	ed)	
MAPLEWOOD  Name of Monitoring Fire	m Hired by F	ESS Bldg Owne			ASCM No.	L	Name of Abatem	ent Co	entractor (9)					
Name of Montoring 1 in	in rinea by E	olug. Owne	(0)	- 1	ASCIVI NO.									
Street Address						_	D & S RESTO	JKA	HON, INC.					
Street Address							20 California	Ave						
City, State, Zip Code				-		-	City, State, Zip Co			-				
ony, orano, ap a con-							Paterson, NJ		03					
Project Manager for Mor	nitoring Firm	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Ph	one Numb	er	-	Telephone Number		0.0	License	Numb	er		
							973-345-80	020 00159						
Start Date (10)		Sched	. Completic	on Date (11	1	-	Name of OSHA N	/lonito	r					
					,		D & S Resto	ration	n, Inc.					
12/12/11	- Al- 4	12/19					Street Address	14						
Occupancy Status Durin Facility closed/vac				ment			20 California City, State, Zip Co		nue					
Abatement perform							City, State, Zip Co	ode						
Describe:	NORMAL H	OURS					Paterson, NJ	0750	03					
Scope of Work (check				·					II Containment w	/negative	nress	ure		
>3 sf or >3 lf		Renovatio	n					_	ini-enclosure	negative	press	uic		
		Demolition							ovebag procedure					
≥160 sf or ≥260 lf		The state of the s		and aniah		- 100		∐ No	on-Exempted (*) a	and Non-	friable I R	Proce		
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material (acm) to	be	staff(12)			material (		sbestos-containing	4	(Specify SI	F or	m o	p a	c a	n c
abated in facility (	13)	Yes	No	N/A					LF)		v e	i	р	L
BASEMENT			-X		PIPE INSU	ILATI	ON		50 L FT		×		П	
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							* ****							
Registered Waste Haule D & S RESTORATI		NJDE 135	P Hauler I		ubic Yards of V	Waste	Name of Registe		andfill ESOURCE RE	COVER	Y			
City, State	,			Disposal D	ate		City, State	,						
PATERSON, NJ 07503 12/23/11							TULLYTOW	/N, P	Α					
Completed by (Print or T		Title			Signature		19 (11)			Date		profession.		
BOGDAN JOLDZI		PRESID				( c) . (c)			12/02/	11				
		Do not use	a this form	tor acheete	s licensure ex	emnter	activities							

DEC Brail de sea		₽Aq	Noti	oltable of As	bes	los Abatement					<u></u>	į	
D&S Proj. #: MS 11-485			(Pur			60 and 12:120)	DOL	_ 10	<u>) DA'</u>	<u>Y</u>	į		
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DCA Cancellation	- 11	DON	DAHMS	Museco	VOTE -	ASBESTOS CONTI LICENSING	ROL &	1					
			FAC	CILITY INFORM	ATIC		The second second						
Name of facility where abatement	le taking pi	aca (3)					Туре	of Facility	(4)	<u> </u>			
STEPHEN FARRELLLY									ol (K - 1				
Stroet Address			Warrish Ton		-			The state of the s	hapter 8 (Private			2011 I I I I I I I I I I I I I I I I I I	
245 WATER STREET							0	Bldgs	./Homes	atc.			
City (5)	Cou	nty (6)			Co	unly Code (7)	Squa	ire Foet	# of Flo	ors	'	3ldg. A	∿ge
BELVIDERE	WA	RREN			(St	ato use only)	Curr	ent Use (F	Prior If be	ng de	reilom	nad)	
Name of Monitoring Firm Hirod by				ASCM No.	-1	Name of Absterner	t Contrac	107.70					
•				naom no.	1	D & S RESTOR		5 5 V 13 35					
Street Address	*www.				-	Strout Address		, 11(1)			-		
City. Stuto. Zip Codo						20 California A							
ity. State, 219 Code		*				City, State, Zip Code							
Project Manager for Monitoring Firm	1	F	hone Numb	er	-	Paterson, NJ 0	7503		Licens	e Num	ber		
						973-345-8020			December 1	00159			
Start Date (10)	Schod	. Comple	ion Date (1	1)	$\neg$	Name of OSHA Mor							
12/05/11	12/09	/11				D & S Restorat	ion, inc.	A			-		
Occupancy Status During Abetemor	CONTRACTOR	***************************************	L CONTRACTOR			20 California A							
Facility closed/vacated during Abatement performed outside Describe:	of normal f					City, State, Zip Code			***************************************				
Other-Describe: NORMAL I						Paterson, NJ 07	7503						
Scope of Work (check all that apply >3 of or >3 if						J	Full Cont	ainment w	/negative	pross	ure		
>2 81 07 >3 11	Renovation	1				X	Glovebag	procedu					
	-	normaliv	used solely	<del>-</del>	-		Non-Exo	mplad (*)	and Non	friable I R	proc	1	1
Location of asbestos-containing	by mainter stsff(12)			1	) ប[ ន	stestos-containing		Amount		e m	a	E	E
meterial (som) to be abated in facility (13)	Yes	No	N/A	material (A	CM)	37.		(Specify S LF)	For	0	3	8	C
NA OTEN FEW PAY	100		100	There is a second	A CTY	A	- 250	·		e	r	р	L
BASEMENT		X		PIPE INSUL	AII	ON	250	LFT		NA.			#
		Maria and the								卅	H	<u>H</u>	H
						**************************************					d	Ħ	一
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egistered Wapto Hauler  D & S RESTORATION, INC.	NJDE 1350	P Hauler )6		ible Yards of Wa	oto	Name of Registered TULLYTOWN,		RCERE	COVER	Y		10.	
lty, State			Disposal Di	ato	-	City, State							
PATERSON, NJ 07503 completed by (Print or Type)	Tito		12/06/11	Signature	=	TULLYTOWN,	PA		m-4-				
BOGDAN JOLDZIC	PRESIDE	NT		ar ipp i server se					Dato 12/01/	11			
ASB-41	Do not use	this form	for asbesto	lconsure exen	npted	activities.							

P.1/1

D&S Proj. #: MS 11-485

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

					barrado -	60 F 1 W	I	1			
Date of Notification (1)		Building Owne	N N N N N N N N N N N N N N N N N N N			6 6 1 V	<u> </u>				
Agencies Notified   Type Notification		EN FARRE	LLY								
☐ EPA ☐ Initial	Street Add	iress				DEC -6 201	1	1)			
DEP Amended		ATER STRE	EET		77 77	¥		1			
Amendment #:	City, State	e, Zip Code				Lancator Againmal		١			30 . 10 . 10 . 10 . 10 . 10 . 10 . 10 .
DOL Emergency	BELV	IDERE, NJ				ASBESTOS CONTROL	ČL				
DOH (including justification)	Name of C	ontact				Telephone					
DCA Cancellation	DON	DAHMS			E	a out to want to recent the address short	1050-4850s no	والمائين المالي	\$ - 360		
	<del></del>	FACIL	LITY INFORMA	ATION							
Name of facility where abatement is	taking place (3)					Type of Facility (4					
STEPHEN FARRELLY						1 =	(K - 12) pter 8 (O	ther th	an K-	12)	
Street Address						그녀를 하는 그 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이	Private/Co			/	
245 WATER STREET						Bldgs./H	omes, e	tc.		dg. Ag	20
City (5)	County (6)		<del></del>	Coun	ty Code (7)	Square Feet	+ 01 F1001	S	ы	ıy. Aş	ge
City (0)					e use only)	Current Use (Pri	or if bein	g demo	olishe	ed)	
BELVIDERE	WARREN						*				
Name of Monitoring Firm Hired by B	Bldg. Owner (8)		ASCM No.		Name of Abatement	Contractor (9)					
					D & S RESTOR	ATION, INC.			77,041		
Street Address					Street Address						
				L	20 California A						
City, State, Zip Code					City, State, Zip Code						
		V. 424 V.			Paterson, NJ 0	7503					
Project Manager for Monitoring Firm		Phone Number	er		Telephone Number		License		er		
					973-345-8020		0	0159			
Start Date (10)	Sched. Compl	etion Date (11	)	-	Name of OSHA Mor						
5.0	10/00/11				D & S Restorat	ion, Inc.					
12/05/11	12/09/11				Street Address						
Occupancy Status During Abatemen  Facility closed/vacated during					20 California A	NAMES OF THE PARTY					
Abatement performed outside					City, State, Zip Code						
December .					Paterson NIO	7502					
Other-Describe: NORMAL H				- 11	Paterson, NJ 0						
Scope of Work (check all that apply						Full Containment w	/negative	pressi	ure		
$\boxtimes$ >3 sf or >3 lf	Renovation				×	Mini-enclosure Glovebag procedure	e				
≥160 sf or ≥260 lf	Demolition					Non-Exempted (*)		friable	proce	edure	
Location of	Is location norma	lly used solely						R	R	Ε	E
asbestos-containing	by maintenance/o	custodial			bestos-containing	Amount		m	e p	n	n
material (acm) to be			material (	(ACM)		(Specify Si	r or	0	a	a	C
abated in facility (13)	Yes No	N/A						v e	i	р	-
BASEMENT			PIPE INSU	LATI	ON	250 L FT		Ø	İ		
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Registered Waste Hauler	NJDEP Hau	ler ID# C	ubic Yards of \	Waste	Name of Registere	d kandfill		1		Щ.	
D & S RESTORATION, INC.	13506	3	3 YDS		The second secon	, ŔESOURCE RE	COVER	Y			
City, State		Disposal D 12/06/1			City, State						
PATERSON, NJ 07503				TULLYTOWN	I, PA						
Completed by (Print or Type)	Title		Signature				Date	1 1			
BOGDAN JOLDZIC	PRESIDENT		l	2000			12/01/	11			

100°					of NJ	7	hai an				
D&S Proj. #: MS 11-489	<u> </u>					Abatement and 12:120	ECEI	management and the training			
			San Carlo Ca					VEG	2		
Date of Notification (1)	Nar	ne of Build	ding Own	er/Operator (2)	)	/ IID)			III	- 5	
1 2 / 0 2 / 1 1		INDA LI		ONES		1 10 0	DEC	000 11-	''		
Agencies Notified Type Notification	Stre	et Addres	S			1 /	67	المال الم	1		
DEP Amended		1 MELM		RACE			ASPESTO		1		
Amendment	#:   City	, State, Zi	p Code			1 1	ASBESTOS CONTRO LICENSING	L &	1		
Emergenc				NJ 07040	-	- Addison	And the second second	-			
DOH (including justification	n) Nam	ne of Cont	act			The second of the second	Telephone	Number	à		
☐ DCA ☐ Cancellation		LINDA L	LOYD.	JONES				· · · · · · · · · · · · · · · · · · ·	5		
			FACI	ILITY INFORM	MOITA	using an artist and a second					
Name of facility where abatement	t is taking place	(3)					Type of Facility (4	(1)			
Hame of facility whole abatemen	t to taking place	, (0)						(K - 12)			
LINDA LLOYD JONES								apter 8 (Other		-12)	
Street Address	A-3							Private/Comm Homes, etc.	nercial		
11 MELMA TERRACE								# of Floors	В	dg. Ag	je
City (5)	County	(6)			Cou	nty Code (7)					
						e use only)	Current Use (Pr	ior if being de	molish	ed)	
MAPLEWOOD	ESSE	The second second			L.,						
Name of Monitoring Firm Hired by	y Bldg. Owner (	(8)		ASCM No.		Name of Abatement					
						D & S RESTOR	ATION, INC.				
Street Address						Street Address					
						20 California A City, State, Zip Code					
City, State, Zip Code											
Project Manager for Monitoring Fir		I Dhe	ne Numb	or		Paterson, NJ 0' Telephone Number	7503	License Nun	nher		
Project Manager for Monitoring Fil	ш	FIIC	ile Mullio	iei		973-345-8020		0015			
	I Cabad 7	Completion	Data (1)	4\		Name of OSHA Mor	nitor				
Start Date (10)	Sched. C	ompletion	Date (1	1)		D & S Restorat	ion, Inc.				
12/05.11	12/09/1					Street Address				20000	
Occupancy Status During Abatem						20 California A					
Facility closed/vacated during Abatement performed outside						City, State, Zip Code					
December					_	Paterson, NJ 0	7503				
Other-Describe: NORMAL					- 11	Faterson, NJ 0					
Scope of Work (check all that ap						H	Full Containment w. Mini-enclosure	negative pres	ssure		
							Glovebag procedur	е			
≥160 sf or ≥260 lf	Demolition						Non-Exempted (*)	and Non-friab		1	
Location of	Is location r						Amount	e	R	E n	E
asbestos-containing material (acm) to be	staff(12)		Name of the second	Descripti material		sbestos-containing	(Specify S	F or o	p	С	n c
abated in facility (13)	Yes	No	N/A				LF)	V	i	a p	L
DACEMENT				BOILER II	NSIII	ATION	40 SQ FT	e  X	1	П	
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				1					ili	Ħ	百
									In	Ħ	靣
										T	
Registered Waste Hauler		Hauler ID		ubic Yards of	Waste	Name of Registered	Landfill RESOURCE RE	COVEDA			
D & S RESTORATION, INC	2. 1350		Disposal D	1 YD		City, State	RESOURCE RE	COVERI			
City, State PATERSON, NJ 07503		ا	12/06/1			TULLYTOWN	, PA				
Completed by (Print or Type) Title Signa								Date			_
BOGDAN JOLDZIC	PRESIDE	NT		558				02/02/11			
ASR 41	* Do not use t	his form fo	or asbesto	os licensure ex	empted	activities.					

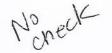


#### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 1 DECEMBER 2011	15-2001		*		Name of Buil NUSTAR AS	ding Owner/Operator (2) PHALT REFINING, LLC	EC	E			7)	
Agencies Notified  (X) EPA		Notification () Initial No	- 5-54:00 - 10°		Street Address PAULSBORG	SS D REFINERY, 4 PARAD	SE ROA	8-6	2011			
() DEP (X) DOL (X) DOH		( ) Amende ( X ) Cance		tion	City, State, Z PAULSBORG		ASBE:	STOS COM		hem	· .	
()DCA					Name of Con GILBERTO D		Tel. N	umber IV	IG			
				FACILITY	INFORMATION		- delenante de la constante de	Carrier States	4.00			
Name of Facility Where At NUSTAR ASPHALT REFI						-12) er 8 (other than K-12)		UI.	1.1		***	
Street Address 4 PARADISE ROAD					2 2 2	private & commercial blooms  # of Floors	(477 - 67)	nes, etc.				
City (5) PAULSBORO	County (6) GLOUCEST	TER	County C		Bldg. Age	~50 YEARS						
					Current Use (	prior if being demolished	) TANKS	3				
Name of Monitoring Firm H N/A	lired by Bldg	. Owner (8)	ASCM N N/A	<u>o.</u>	Name of Cont BRANDENBL	tractor (9) JRG INDUSTRIAL SERV	ICE CON	MPANY				
Street Address N/A					Street Address 2217 SPILLM							
City, State, Zip Code N/A					City State, Zip BETHLEHEM		32					
Project Manager for Monito N/A	oring Firm	Telephone N/A		<u>Telephone Nu</u> (610) 691-180		Licens 00721	e Numbe	<u>er</u>				
Scheduled Start Date (10) 5 DECEMBER 2011		Scheduled 0 23 DECEME		Date (11)	Name of OSH N/A	A Monitor						
Occupancy Status During / ( ) Facility Closed/Vacated ( ) Abatement Performed 0	During Entir	e Period of Al	patement		Street Address N/A							
( ) Describe - DEMOLITIO ( ) Other - Describe - WOF	N OF ABANI	DONED TANK	S AND PI		City, State, Zip Code N/A							
Source of Work (Check all	that apply)				1							
(x) Demolition () Rend () Large Proj. (>160 SF o () Full Containment with I	r >260 LF A0	CM)()SM Pr	oj. (>25<1) Vini-Enclos	60 SF or >10	0 <260 LF ACM) Glovebag Proce		SF or <10	LF ACM	1)			
Location of Asbestos- Containing Material (ACM) Facility (13)	in Solely Staff?	ation Normally by Maint./Cus (12)	Used todial	Description thermal sy insulation,	n of ACM (i.e. stems surfacing,	Amount (Specify SF or	r LF)		nent Tyr			
	YES	NO	N/A	VAT, or oti	her miscell.)			Rem.	Rep.	Encap I	Enclose	
NONE											-	
	_											
Name of Day Wests Have		NJDEP Was	ta Uaulas I	D.#	Cubia Varda a	f Marta	Nome	of Reg. L	an dell			
Name of Reg. Waste Haule N/A	<u>er</u>	N/A	te Hauler i	<u>U#</u>	Cubic Yards of N/A	<u>r vvaste</u>	N/A	or Reg. L	.angmi			
City, State N/A					Disp. Date N/A		City, St.	ate				
Completed by (Print or Type) Title					Signature	1	<u>Date</u>			***		
Jennifer Strobel Contract Administrator						tur	1 DECE	EMBER :	2011			

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

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



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

Date of Notification (1)			Name of Build	ing Owner/Oper	tor (2)	Carried States of Control	AN ALL DATE AND DESCRIPTION OF THE PARTY.	11 11			
	11/10/2	011		. 1	Hercules	7	DE	<u>6</u> _	2011	اريا	
Agencies Notified		Notification 7	Гуре		Street Address	3	III DI DE	6 -			
					500 Henryles	D1		_		7	1
(X) EPA		() Initial Not (x) Amende		on	500 Hercules City, State, Zig		ASBI	STOS CON	TROL &		+
() DEP (X) DOL			ent # _2_	OII	City, State, Zig	Code	1	LICENSIN	li		ا لـ
(X) DOH				ng justification)	Wilmingto	on, DE, 1980	08	Telling or	Contract March	Cer.	
( ) DCA		( ) Cancella	tion		Name of Conta		Tel Ni	ımher	er Sun was	- AND HAT HAT	genium :
					Joe Keller		operation and the same		***/		334
				FACILITY IN	FORMATION						
Name of Facility Where A		aking Place (3	3)		Type of Facility						
Hercules Former Facility	1				( ) School (K-	12) r 8 (other than K-	12)				
Ctract Address	1000						ercial bldgs., hom	es. etc.			
Street Address 145 oakdale road							one and the second				1
City (5)	County (6)		County C	ode (7)	Sq. Feet	6000	# of Floors_	3			
			(State Us	e Only)	Did. Ass	20.					
CHESTER	MORRIS				Bldg. Age	orior if being dem	RF	SIDENCE	-s		
Name of Monitoring Firm		2000	ASCM No		Name of Contr		rus (cilorica)rus	OIDLIVOI			
EHS INC			NOOMING	4		ronmental Syste	ems				
Street Address					Street Address						
9 MAIN STREET					550 East Unio						
City, State, Zip Code MULLICA HILL, NJ					City State, Zip West Chester	, PA 19382					
Project Manager for Monit	toring Firm	Telephone N			Telephone Nu 610-701-9000		00508	e Number			
JACK CARNEY		8562230080	li li		610-701-9000		00300				
Scheduled Start Date (10	)	Scheduled (	Completion	Date (11)	Name of OSH	A Monitor					
12/5/2011	•	12/16/2011			EHS, INC						
Occupancy Status During	Abatement (C	heck only on	e)		Street Address	S				2 17	
(X) Facility Closed/Vacate	ed During Entir	e Period of A	batement		9 MAIN STRE						
( ) Abatement Performed	Outside of No	rmal Facility	Hours -								
					City, State, Zir						
Describe Other -					MULLICA HIL	L, NJ					
	II that apply)		-								$\neg$
Source of Work (Check a	ii triat appiy)										
() Demolition () Ren	ovation										
(X) Large Proj. (>160 SF	or >260 LF AC	M) ( ) SM Pr	oj. (>25<16	60 SF or >10 <26		( ) Minor Proj. (<	25 SF or <10 LF	ACM)			
() Full Containment with	Negative Pres	sure () Mi	ni-Enclosur	e () Gloveb	ag Procedure	Amount (Spec	if SE or LE)	Abateme	ent Type		-
Location of Asbestos- Containing Material (ACM		ation Normally by Maint./Cus	todial	Description of thermal system		Amount (Spec	ally St Of Lt)	Abatem	cit Type		
Facility (13)	Staff?		otodiai	surfacing, VAT							
, domey (10)	YES	NO	NA_	miscell.)					Rep. Enc	ap Enc	lose
ROOF PORCH FAB			X	Roofing		705Sf		X		_	
1 <sup>ST</sup> FLOOR PORCH FAR	3		Х	Vat & mastic		705sf		Х			-
1 <sup>ST</sup> FLOOR FAB		-									$\neg$
CONNECTOR			Х	PIPE INSULA	TION	85LF		X			
								15			
Name of Reg. Waste Hau	ıler	NJDEP Was	ste Hauler I	D #\	Cubic Yards o	t Waste	Name	of Reg. La	anotiil		
NETS /Minors		17235			Approx. 10		BFI Im	perial			
N.E.T.S. / Miners City, State					1.100.00. 10	Dis	p. Date		y, State	1000	$\neg$
Oity, Otate							20-20		and another many		
Hazelton, PA					TBD Imperial, PA				-		
Completed by (Print or Type) <u>Title</u>					Signature						
DEVIN BLOM Estimator					12/2/2011						
DEVIN BLOM		Estillator			WC 3						

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

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

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

				FICATION OF AS oursuant to N.J.A		and the second second		6) 5	nervera.		a man a				
Date of Notification (1)	11/10/2	2011			Name of Build Hercules	ding Owner	Operator (2)	6		₩ E					
Agencies Notified	1111011	Notification	Type		Street Addres	s i	111 111	DEC	-12-2	011	11/1				
(X) EPA () DEP (X) DOL (X) DOH () DCA		() Initial No (x) Amend Amend () Emerge () Cancell	led Notifica nent # _1_ ncy (includ	ition ing justification)	500 Hercules City. State. Zi Wilmingt Name of Cont	on, DE,	19808	ISBESTOS	S CONTR ENSING	OL &		-			
					Joe Keller	Lar.				ð —		70-47			
Name of Facility Where Al Hercules Former Facility		aking Place (	3)	FACILITYIN	Type of Facilit ( ) School (K-	12)									
Street Address 145 oakdale road					( ) Subchapte (X) Other (i.e.			lgs., hom	nes, etc.						
City (5) CHESTER	County (6) MORRIS		County ( (State U		Sq. Feet Bldg. Age		# of	Floors_	3	-					
Name of Monitoring Firm	WORKIG		ASCM N	lo.	Current Use () Name of Cont	prior if being	g demolished)	Ri	ESIDEN	CES_					
EHS INC					Alliance Environmental Systems										
Street Address 9 MAIN STREET					Street Addres 550 East Unio City State, Zip	on Street									
City, State, Zip Code MULLICA HILL, NJ	oring Firm	Telephone		West Chester Telephone Nu	r, PA 1938	2	Licens	e Numb	or						
Project Manager for Monit JACK CARNEY	oning Finni	856223008			610-701-9000			00508		<u>C1</u>					
Scheduled Start Date (10) 12/5/2011		Scheduled 1/27/2012	Completion	n Date (11)	Name of OSH EHS, INC	A Monitor									
Occupancy Status During (X) Facility Closed/Vacate ( ) Abatement Performed	d During Enti	re Period of A	batement		Street Address 9 MAIN STRE										
DescribeOther -					City, State, Zip Code MULLICA HILL, NJ										
Source of Work (Check all	that apply)														
( ) Demolition ( ) Reno (X) Large Proj. (>160 SF o () Full Containment with N	r >260 LF AC	CM) ( ) SM P	oj. (>25<1) ni-Enclosu	60 SF or >10 <26	60 LF ACM) (	) Minor Pr	oj. (<25 SF or	<10 LF	ACM)						
Location of Asbestos- Containing Material (ACM) Facility (13)	Is Loca	ation Normally by Maint./Cu	Used	Description of thermal system surfacing, VAT miscell.)	ACM (i.e. ns insulation,	Amount (	Specify SF or	LF)	Abater Rem.	nent Ty	<u>pe</u> Encap	Enclose			
ROOF	1		Х	Roofing		57185sf			X						
1 <sup>ST</sup> FLOOR			X	Vat & mastic TRANSITE		39855sf 60SF			X		-	$\vdash$			
1 <sup>ST</sup> FLOOR	WINDOW CAL Duct tar paper		8lf 845SF			X X									
1 <sup>ST</sup> FLOOR			X X X	JUMPER WIRI PIPE INSULAT SEAM TAR		600LF 1435LF 40LF			X X X						
Name of Reg. Waste Haul	er	NJDEP Was			Cubic Yards of			Name	of Reg.	andfill	-				
NETS / Minors		17235			Approx. 100			BFI Im	nerial						
N.E.T.S. / Miners City, State					Approx. 100		Disp. Date	Dirini		ity, Stat	<u>e</u>				
Hazelton, PA							TBD		Ir	nperial	PA				
Completed by (Print or Typ	oe)	Title	<del>2011</del>		Signature			Date	- 1.0	-periul					
DEVIN BLOM		Dr	BA	$\sim$	11/22/2011										

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

Telephone 609-984-6620

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

### NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

Date of Notification (1)					Name of Buildi Hercules	ng Owner/Op	erator (2)	GE			-	
	11/10/2					· · · · · ·	[[7]	-			-11	i .
Agencies Notified		Notification 7	Гуре		Street Address			DEC -	-62	2011		
(X) EPA () DEP (X) DOL (X) DOH	54	(X ) Initial No ( ) Amended Amendm ( ) Emergen	Notification ent # cy (includir	on ng justification)	500 Hercules City, State, Zip Wilmingto	Code		ASBESTOS LIC	S CONTI	ROL &	1	]
( ) DCA		( ) Cancellat	tion		Name of Conta		ensistration.	Tel. Nur	nber	indicate a in 1960 a		
				FACILITY IN			77.98874°N 6.143					and me
Name of Facility Where Al	batement is T	aking Place (3	)		Type of Facility			is the second by				
Hercules Former Facility					( ) School (K-1 ( ) Subchapter (X) Other (i.e.	r 8 (other than	n K-12) mercial bldo	ıs home	s etc			
Street Address 145 oakdale road												-
City (5)	County (6)		County C		Sq. Feet	6000	# of F	-loors	_3			
CHESTER	MORRIS		(State Us	e Only)	Bldg. Age Current Use (p	30+	emolished)	RF:	SIDEN	CES		
Name of Monitoring Firm			ASCM No	).	Name of Contr	actor (9)			0,02			
EHS INC					Alliance Envir		stems					
Street Address					Street Address 550 East Unio							
9 MAIN STREET City, State, Zip Code					City State, Zipe							
MULLICA HILL, NJ					West Chester				M			
Project Manager for Monit JACK CARNEY	toring Firm	Telephone N 8562230080			Telephone Nur 610-701-9000			License 00508	Numb	<u>er</u>		
Scheduled Start Date (10)	)	Scheduled (	Completion	Date (11)	Name of OSH	A Monitor						
11/28/2011		1/27/2012			EHS, INC	14						
Occupancy Status During (X) Facility Closed/Vacate ( ) Abatement Performed	ed During Enti	re Period of A	batement	ŧ	Street Address 9 MAIN STRE	ET						
Describe					City, State, Zip MULLICA HIL							
Other - Source of Work (Check a	II that annly)											
( ) Demolition ( ) Ren (X) Large Proj. (>160 SF () Full Containment with	ovation	CM) ( ) SM Pr	oj. (>25<16	60 SF or >10 <20		( ) Minor Proj	. (<25 SF or	<10 LF A	ACM)			
Location of Ashestos-	Is Loc	ation Normally	/ Used	Description of thermal system	ACM (i.e.	Amount (S	pecify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM Facility (13)	Staff?	(12)	Stoulai	surfacing, VAT						D		Cless
	_YES		NA	miscell.)		57185sf			Rem.	Rep.	Encap	Enclose
ROOF			X	Roofing Vat & mastic		39855sf			X			
1 <sup>ST</sup> FLOOR 1 <sup>ST</sup> FLOOR			X	TRANSITE		60SF			X			
1 120011			X	WINDOW CAI		8If 845SF			X			
1 <sup>ST</sup> FLOOR			X X	JUMPER WIR PIPE INSULA SEAM TAR		600LF 1435LF 40LF			X X			
Name of Reg. Waste Hau	uler	NJDEP Wa 17235			Cubic Yards o			Name o	of Reg.	Landfill		
N.E.T.S. / Miners		11200			Approx. 100			BFI Im				
City, State		46					Disp. Date			City, Sta		
Hazelton, PA	1000 1002	_			Fa		TBD	Deta		mperial	, PA	
Completed by (Print or T	ype)	<u>Title</u>			Signature	RI		<u>Date</u>				
DEVIN BLOM		Estimator			bh-			11/10/2	011			

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

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

No of An	mended Due to owner pletter date Change	A delas	FICATI (Person	on of as	New Jerse SBESTOS NC 8:80 an	ABATEME	NT .		320	8			
	Date of Notification (1)  12-2-1 ( Agencies Notification Type Notification		PA	LM AA	UND PU	Operato (2)	a		-\\ <u>\</u>	5			<u> </u>
	D EPA Initial Managed Amendment		City,	State, Zip	Code	076	1			1	السا	 L	_
	E DOH justification  DCA Cancellation	1)	W.	More	a . U Son	· L	Takin Series An	LIGETRA	phone N	umber		<u> </u>	
	Name of Facility Where Abetement is Take PALLM PWW PUVER IZER Street Address 820 BLOOMFIEUD A				FORMATI	Ту	pe of Facili School (I Subchap Other (i.e.	K-12)	r then K-	12) cial bu	ilding	s, hor	mes
*	CLIETON County (6)	1		Čóde (7)		Sq. 9	stc.) use Feet 500 ment Hea fi	\$ of Z	Floors	-	Bidg.		<del>.</del>
	Name of Monitoring Firm Hired by Building	Owner (8)	STAT	M No.	(n	Name of A	CATUT :	OFFICE Contractor (	570	-	6E		
	Street Address City, State, Zie Code						South	<del></del>				•	_
	Project Manager for Monitoring Firm		Teleph	one No.		Telephone I	ensack		License N	lo.	)1		
	Start Date (10)  12-'  - 20     Occupancy Status During Abatement (Chec	Scheduled Co   Z -   at Unity One)		Date (11)		Name of OS Omega Street Addr	HA Monito Envir		003		.vi	ces	-
	Facility Closed/Vecated During Entire    Abatement Performed Outside of Norm  Other - Describe: 7 API 5 P	Period of Abate nal Facility Hou 179	anent .			280 H	Iuyler Zp Code	7.				1	_
*	Scope of Work (Check All That Apply)  □ ≥3 af or ≥3 if □ ≥160 af or ≥260 if	Renov				□ GI	#ACKE	nent with N te cedure	legative F	Pessu	re ·		
	Location of Asbestos-Containing Material (ACM)	is Local Norma Used Sole	lv .		Desc	atiation of		7616		E FIG	Abata	-	
	In Facility (13)	Custodiei (12) Yes No	ncie/ Staff?	(i.e.	thermal sy surfacir	ning Materia ystems insuling, VAT, or scellaneous)	ation,	Armo (Spe SF or	unt cify LF)	Removal	Repair	Encapsulate	amename.
	OFFICE/STORAGE GROUNDLEVE	d	REA	VAT				1450	SF	×	$\dashv$		1
	BUILDING 3 GROUND LEVEL			VAT				350	SF	X		•	
	Name of Registered Waste Hauter DJM Transport , Inc	H	JOEP W		Cubic Ya			Registered					
	City, State South Kearny N.J. 0	2	2393		3 yosai	) Date	City, State						<b>f</b>
	R. VELORILIU	Tme Estima	tor		Sign	2. Volda		urgh	Dete		٠.		1

oreginal				ON OF ASI					200	7	1	VI.	- 1
Date of Notification (1)				of Building			1101 12	IG E	SKA.	OE	117	1	.
11-21-2011				LM AN								11	
Agencies Notified Type Notification			Street	Address		ABICIO		DEC -	/_ 201	000	1	1	+
D. EPA X Initial			82	O BLE	point	iew	AVENO	التي التي التي التي التي التي التي التي	<i>ω</i>			,	
DEP Amended Amendment								ASBESTOS	CONTROL	. &	=	1	
☐ Emergency	(includir	ng gr	Norma	FTON	FN,	0	7012	LICE	NSING				
DCA justification)			102	Mork	r (Sm)	Ì			nnana Nu	mber			
			FA	CILITY INF	FORMATI	ON	geng syndystic			+-			-
Name of Facility Where Abatement is Taltir	g Place	(3)				T	Type of Facilit	y (4)	A BOARDOON	rvories.			T
Street Address		-					School (I	(-12)	-4 10 0	•			. [
820 BLOOMFIELD A	, 1 .—d 1	نصور			¥		Subchap Other (i.e	uar o (Come L. private &	r man K-1 commerc	2) iel bu	ilding	s, hor	nes.
City (5)	UEN					-	etc.) Square Feet	I € of	Floors		Bldg.	Aco	4
CLIFTON					82		9500	Z				yes	
County (6)	(	21	County	y Code (7)	ía.		Current I-lea /				-		
Name of Monitoring Firm Hired by Building		<u> </u>			" —		VACANT	office	1510	RA	6E		
The street and street by bearing	Owner (	0)	ASC	M No.	.		Abatement C			- 33 - 5		19	
Street Address	-					Street A		1 TH					_
		\$1 				450	South	River	St				
City, State, Zip Code	•	•	•		. 1		ite, Zip Code			-			<del>-</del>
Project Manager for Monitoring Firm			Telanh	one No.		Ha c	kensack			760	)1		·
		1	, encloss	one no.			329-744	4	License N 003		0		
Start Date (10)				Date (11)			OSHA Monito						-
Z - '   - Z o       Occupancy Status During Abatement (Chec	12	<u>- 3</u>	- Ze	011			a Envir	onmen	tal .	Ser	Vi(	ces	1
☐ Facility Closed/Vacated During Entire P			00000 <b>4</b> 0			Street A 280	ddress Huyler	C+					1
LI Abatement Performed Outside of Norm	al Facili	Abater ty Houn	nent .		L		te, Zip Code	<u> </u>					1
Cother-Describe: 7 Am 5 Po	a				1	350	h Hacke	nsack	. N:.	Т	076	506	
Scope of Work (Check All That Apply)									94101	•	<u> </u>	700	Ť
□ ≥3 sfor≥3 if  \$2 ≥160 sfor≥260 if		Renova Demolii				· M	Full Contains Mini-Enclosu	nent with N	legative P	ressu	re.		
			,		0.0		Glovebag Pro	ocedure '					İ
	Γ.	- 1 0		T	<u>:</u>		Non-Exempte	ed (") and I	Von-Friabl	e Pro			+
Location of		s Locati Normal	ly .		Done	ription of						emeni /pe	
Asbestos-Containing Material (ACM) TO BE ABATED		ed Sole aintena		Asbest	tos Contai	ning Mat	erial (ACM)	Amo			Γ	ш	
in Facility	Cus	stodial S (12)	taff?	(re.	thermal sy surfacir	D. VAT.	OF	(Spe		Remova	Re	Encapsulate	Enclosure
(13)	-			4	other mis	scellaneo	uus)		•	ova	Repair	eula	Sun
050000000000000000000000000000000000000	Yes	No.	N/A	1							·	8	
OFFICE/STONAGE GROUNDLEVE				VAT				1450	SF	X			
BUILDING 3 GROUND LEVEL				VAT			, , ,	350	SF	X			.   "
								्र					
Name of Registered Waste Hauler	L										,		П
DJM Transport ,Inc			IDEP W		Cubic Ya		1	Registered					T
		2	2393		3405	· >	Cumbe	erland	d Cou	nty	L	and	fi
City, State South Kearny N.J. 0	7032				Disposal		City, Stat			*1			$\forall$
Completed by	Title				1.2-3   Sion	neture		ourgh	PA,		242		$\perp$
R. VELDRAN	Est	ima	tor		1	Vole	Iran .		100000000000000000000000000000000000000	33	1-	20	(1)

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

Date of Notification (1)			1	Name of	Building O	wner/Op	perator (	2)	7) 5	GEI	W	F	F	1	
December 2, 2011	***			Lou	iis Eni			111	Check	# 4244					
Agencies Notified	Type Notification		7 3	Street Ad 32 Cov	dress e Road			Ш	Шр	EC -6	2011		6	'!	
EPA DEP DOL	Initial Amended Amendment	#			e, Zip Cod stown, N		57			-Va Websell + Colon III			word	1	
DOH DCA	Emergency justification) Cancellation	Maria 10 10 10 10 10 10 10 10 10 10 10 10 10	71 3	Name of Louis E			1	L	-	ESTER FRANCE		er			
				FACIL	ITY INFO	RMATIC		T	f Facility (4	Committee Committee					
Name of Facility Where Barn	Abatement is Takin	ig Place (3)						□ s	chool (K-1				reterro.	Care mobile	
Street Address  14 Branin Road								× o	ther (i.e. p	rivate & comr	nercial				s,
City (5) Medford				,				Square 10,00		# of Floors	S	80	dg. A	ge 	
County (6) Burlington				County C	ode (7) SE ONLY)		_	Curren Barn	t Use (Pric	or if being den	nolishe	d)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				ement Con ironmen						
Street Address 811 Church Road							Street A		s ncott Ave	9					
City, State, Zip Code Cherry Hill, NJ 080	02		2001				City, St Maple		code de, NJ 0	08052					
Project Manager for Mon Ronen Bakshi			/A /	Telephor	ne No. 3-9077		Telepho 856-7			Licer 008	nse No. 42				
Start Date (10)	,	Schedule	d Com	pletion [	Date (11)			of OSH	A Monitor						
December 17, 201 Occupancy Status Durin				1, 2011			Street /		S			-	*		
Facility Closed/Vac				ent			107 F	Haddo	n Ave						
Abatement Perform  Other – Describe:	ned Outside of Norr	mal Facility	Hours			_ [	City, St West			ersey 081	08				
Scope of Work (Check A	All That Apply)					1									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit					Min Glo	i-Enclosure					9	
								J NOI	i-Exempled	( ) and Non	-Filable		Abate	ement	
1		10	Locati Iormal			Des	scription	of					Ту	ре	
Locatio Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Ma	d Sole intenar todial S (12) No	nce/		os Conta thermal surfac	aining M systems cing, VA niscellan	laterial s insula T, or		Amount (Specify SF or LF	/	Removal	Repair	Encapsulate	Enclosure
Bar	2	163	110	XXX	Tra	insite (	Ceiling	Mate	rial	10,000 \$	SF	xxx			
Dal	H			1	110										
Name of Registered Wa	ete Hauler		IN	JDEP W	/aste	Cubic	Yards		Name of	Registered L	andfill	-		<u> </u>	
Freehold Cartage	adio i lauloi		H	lauler ID 2253		of Was			Grows	-		422444			
City, State Mount Holly, New J	ersey 08060	-				Dispos	sal Date		City, Stat	e wn, PA.					
Completed by		Title				S	Signature	)	0	/	Date	5	2 20	11	
William Lynch		Own	er			4	re	Ka	-9.c	Lynch	De	U. U2	2, 20	11	

Date of Notification (1	)		7			Cwner/C	perato	(2)	# 2	12.7	1			_
12-2-2011			_	City o	of East	Orange	operation is	14:		APPROV	En			
Agencies Notified  EPA	Type Notification				Address Vorth Pa	ark Street	) E	CEI	Dep Et			r Seri	lces	
DEP	Initial   Amended		1		ate, Zip C	_ 111/	4			Signature		520		
⊠ DOL	Amendmen	t#	_ [	East	Orange	NJ 070	117	D=0	[2]	248.	,	49.	لے ہ	-
DOH DCA	justification Cancellation	, ,			of Contact		Ш	DEC -6-2		mone Nu	me: mber	9 65	3	<u> </u>
				FAC	II ITY INF	ORMATI	OA	ASBESTOS CONTR	01.0					
Name of Facility When	re Abatement is Takli	ig Place (3	5)					Type的距离物面		-			_	-
House for Demo						L		School (K-						
Street Address								Subchapte	r 8 (Other	than K-1	2)			
199 North Park 5	Street					a deposit of		Other (i.e.	phyate &	commerci	al bui	ldings	, hon	186,
City (5)								etc.) Square Feat	# of F	ancoF	- 1	Bldg.	Ana	
East Orange, NJ	07017								.   " ".		- 1	50+	-40	
County (6)	*		T	County	Code (7)			Current Lise (Pr	for If being	demolist				
essex			1		USE ONL	n		House for D			,			
Name of Monitoring Fi	irm Hired by Building	Owner (8)		ASCI	M No.		Name	of Abatement Co	ntractor (S	9)			-	
n/a	•			n/a				er Contracting,		,				
Street Address	~		-	٠		-		Address		·	-			
n/a	3.50						22 T	roy Lane						
City, State, Zip Code	-							tate, Zip Code						
n/a							100000	oln Park, NJ 0	7035					
Project Manager for M	lonitoring Firm		T	Telepho	ne No		_	ione No.		Joense N	^			
n/a				n/a			-0215	706-7950		01088	U.			
Start Date (10)		Schedule	sd Con	npletion	Date (11)	-	Name	of OSHA Monitor					2000	
12-3-2011		12-12-					Jada	ar Contracting,	LLC					
Occupancy Status Du	ring Absternant (Che	ck Only On	e)				Street	Address						
Facility Closed/Va	acated During Entire	Period of A	belen	ent			22 T	roy Lane						
Abatement Performance Other - Describe	rmed Outside of Non	nal Fadility	Hours	•			City, S	late, Zip Code				10000		-
							Linc	ofn Park, NJ 0	7035					
Scope of Work (Check	( All That Apply)						7	Seeat	tache	20 (4)	ork	DO	me.	te se
ু হা slor ≥3 lf ≥ 160 stor ≥260 lf		-	enova emolit					Full Containm Mini-Endosun	ent with N					-4.0
							-	Glovebag Pro		T <b>-</b>		W-800-1 <b>-</b> 100	\$1700	
		Π.		05	Γ -			I Non-Exempse	a ( ) and i	von-rnad	T	~		
			Locati										amen /pe	L
Locati Asbestos-Containle		Use	d Sole	ly by	Acho	Des	cription	of laterial (ACM)				Υ	İ	
TO BE A	BATED		ntenar odlal S		(i.e	, thermal e	evatems	insulation,		ount ecify	æ		2	ш
lh Fa (1:		Cusi	(12)	; 1) HJ		aurfac	ing, VA	T, or		rUF)	Remova)	Repair	P P	10%
().	٥,			1	-	other m	ua çeller	eous)			1	1 1	Encapsulate	Enclosure
		Yes	No	N/A							1			-
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Name of Registered W	Osta Haudan	لــــــــــــــــــــــــــــــــــــــ	( )	IDEE:	(24)	1.6								
			1	JDEP W auler ID		Cubic Y		Name of	Registere	d Landfill				
Yannuzzi & Sons,	inc.		100000	7497	275	TBD	1000	IESI	*					
City, State		-				Disposa	ol Dete	City. Stet	9					
Hillsborough, NJ						TBD			rem, PA					
Completed by		Title	· ·			Sig	gnature			Det	E		-	
Lillie Lazarevich,		Secre	etary			14	D. nn	. ~	.00		-2-2	011		
		1				10	3666	ustazan	S DOZL	مناللا				

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

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Date of Notification (1)	December 1, 20	11			Name o	of Building	Owner/Ope RJB A	srator (2)	In	JUENT E	19	83	0	-
Agencies Notified  [ X ] EPA	L TOTAL	l Notifica			Street A	Address	500 B	oardwalk /				W LE		
[ ] DEP [x] DOL	Amer	nded Not ndment # gency (in			City, St	ate, Zip Co		le Heights, N	U L 0875	DEC -	6 20	)11	L	/ /
[x] DOH	justif	ication) ellation			Name o	f Contact Rober	t Bennett	No. of Street,	Té	tephone-Number ASB TIGENS				1
				FAC	CILITY	INFORM	IATION		*********	(a) about	1110			1
Name of Facility Where A	Abatement is Takin ilding	g Place (3	3)					Type of Faci	]	School (k-12)	ilia ar la bana aga			
Street Address	16 Rte. 37 E							[	x ]	Subchapter 8 (ot Other (i.e., priva homes, etc.)			ial buil	dings,
City		County	/ (6)		County (STATE	Code (7) USE ONL	Y)	Square feet 3000 s	sî	# of Floors 1		g. Age	0	
Toms River		Ocean	n					В	uilding		)			
Name of Monitoring Firm		Owner (	8)		ASCM N	No.				9) 1 Contracting,	Inc.			
Street Address							Street A	1	889 Ro	ute 9, Unit 61				
City, State, Zip Code									oms Ri	ver, New Jers			271	
Project Manager for Mon	389		Telephone		1,000		732-34	ne Number 9-9932		License N 00624	lumber	V.		
Scheduled Start Date (10) 12/16/1	1		Scheduled 12/23/		tion Date (	(11)				. Analytical				
Occupancy Status During [ x ] Fac	Abatement (Check ility Closed/Vacate			iod of Al	batement		Street A		056 Ste	lton Road				
	atement Performed ner – Describe	Outside o	of Normal I	Facility F	Hours		City, Sta	te, Zip Code P	iscataw	ay, New Jerse	y 088	354		
Scope of Work (Check all	l that apply)						[ ]	Full Conta		with Negative Pre	essure			
	sfor≥3 lf 60 sfor≥260 lf		[ ] [ x ]	Renov			[ ] [x]	Glovebag	Procedu	re and Non-Friable	Proced	ure		
	7.00										Abat	tement	Туре	
Location Asbestos-Containing M TO BE ABA in facilit (13)	Material (ACM) ATED	N	Is Location ormally used Solely by enance/Custaff (12)	ised y		As (i.e ins	Description bestos-Con Material (A ., thermal ulation, su VAT, of ther miscell	ntaining ACM) systems rfacing, or		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			X		Asbe	stos roof	ing			3000 sf	Х			
				-	-									
			100											
Name of Registered Waste Guardian Co	e Hauler ontracting, Inc.	N	JDEP Was 2	0223		Cubic Ya	ards of Was	T.R.F		ed Landfill				
City, State Toms River	, New Jersey			Dispo 12/2	sal Date 6/11		City, St Tullyt	ate own, Pennsy	Ivania					
Completed by (Print or Ty Nicholas Fer	/pe)	Title Projec	et Manag		Signat	ture (	chol	Te	1		Date 12/	1/201		

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

Date of Notification (1)  Decemb	per 1, 2011			Name of	f Building (		N 21 1	EUP BUIR	na S	-		
Agencies Notified  [ X ] EPA  [ ] DEP  [ X ] DOL  [ * ]  [ X ] DOH	Amendmer	Notification nt #	-		ddress  ate, Zip Coo	ie	Cranbury Road	DEC - 6 20	011			
[ ] DCA [ ]	Cancellatio	n			Robert	a Veniero		LICL			1	
			FACI	LITY I	NFORM	ATION	- Carrier	Side . N	_		_	
Name of Facility Where Abatemet Residence		e (3)		24			Type of Facility (4)	School (k-12)			· v	
Street Address 8 Virginia	Drive	: 1					[x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			cial buil	dings,
City	Coi	ınty (6)		County C	ode (7) USE ONLY	_	Square feet	# of Floors	Bld	g. Age	50	
Manahawkin	Oc	ean		(SIAIE	USE ONL		1200 sf Current Use (Prior Reside		)		0	
Name of Monitoring Firm Hired b	y Building Own	er (8)		ASCM N	0.	Name of	Abatement Contracto		Inc.			
Street Address						Street Ad		Route 9, Unit 61				tii
City, State, Zip Code						City, Stat	e, Zip Code Toms I	River, New Jers	ey 08	755-1	271	
Project Manager for Monitoring F	irm	Telephone 1	Number			Telephon 732-349	e Number 9-9932	License N 00624	Number			
Scheduled Start Date (10) 12/14/11		Scheduled 0 12/15/1	1 1 1 1 1 1	on Date (1	11)	Name of	OSHA Monitor E.M.S.	L. Analytical				
	sed/Vacated Dur Performed Outsi	ing Entire Perio				Street Ad	1056 S e, Zip Code	telton Road		254 :		
Scope of Work (Check all that app						[ ]		it with Negative Pre				
[ ] >3 sf or ≥3 l [x] ≥160 sf or ≥	f	[ ] [x]	Renovati Demoliti			[ ] [ x ]	Mini-Enclosure Glovebag Proced Non-Exempted (	lure *) and Non-Friable	Proced	ure		
									Aba	tement	Туре	
Location of Asbestos-Containing Material TO BE ABATED in facility (13)	(ACM) Ma	Is Location Normally us Solely by intenance/Cus Staff (12)	ed		Asb M (i.e., insu	Description estos-Con- aterial (A- thermal s lation, sur VAT, or r miscella	taining CM) ystems facing,	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		X		Asbes	tos sidin	g		1000 sf	X			
							in.					
									<del> </del>			
Name of Registered Waste Hauler Guardian Contracti	ng. Inc.	NJDEP Waste	Hauler I	D No.	Cubic Yar	ds of Waste	Name of Regist	ered Landfill	1			
City, State Toms River, New J			Disposa 12/16/			City, Sta		a				
Completed by (Print or Type) Nicholas Fernicola	Title	ject Manage		-Signatu	ire	bal	1,~	1	Date	1/201	1	
		*Do not use ti	his form	for asbe	stos licens	ure exemp	oted activities.					1000

### State of New Jersey

### NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)	Parts	Name of Building	Gowner/Ope	erator (2)					
December 1, 20	11		Bacor	p Building Group	C BUT	(1)8	77	77	
[ ] DEP [ ] Ame	al Notification anded Notification	Street Address  City, State, ZipCo		Lacey Road	DEC - 6 2	011			
	ndment # rgency (including	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		d River, NJ 08731	020	UII	-	1	
[ ] DCA justif	fication)	Name of Contact Alan			ASIEPHPHE Number	n) e.	٠	İ	
	FA	CILITY INFORM	MATION	y	Madein in American State of the				
Name of Facility Where Abatement is Takin Residence				Type of Facility (4)	School (k-12)				
Street Address 4 Drake Way				[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)				ldings,
City	County (6)	County Code (7) (STATE USE ONI	.Y)	Square feet 1200 sf	# of Floors	Bld	lg. Age	50	
Toms River	Ocean			Current Use (Prior i Reside		)			
Name of Monitoring Firm Hired by Building N/A	g Owner (8)	ASCM No.	Name of	Abatement Contracto	ACCESSANCE AND ACCESS	Inc			
Street Address			Street Ac	ldress					
City, State, Zip Code			City, Stat	te, Zip Code	oute 9, Unit 61			120500	-
Project Manager for Monitoring Firm	Telephone Number	er	Telephon 732-34	e Number	License N 00624			271	
Scheduled Start Date (10) 12/15/11	Scheduled Comple 12/16/11	etion Date (11)		OSHA Monitor	L. Analytical		<del></del>		
Occupancy Status During Abatement (Check			Street Ad	dress 1056 S e, Zip Code	telton Road way, New Jerse	ey 088	354		
Scope of Work (Check all that apply) $ \begin{bmatrix}                                   $	5 3 00000000	vation olition	[ ] [ ] [ x]	Mini-Enclosure Glovebag Proced	t with Negative Pro ure and Non-Friable		ure	-	
						Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12)  YES NO N/A	d (i.e ins	Description bestos-Con Material (A ., thermal sulation, sur VAT, of er miscella	taining CM) ystems facing,	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 N C L O S U R
Exterior	X	Asbestos sidir	ıg		1000 sf	X		Е	Е
*									
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No.   Cubic V	ards of Waste	Name of Registe	red Landfill		<u></u>		
Guardian Contracting, Inc.	20223	osal Date	City, Sta	T.R.R.F.	TOG DAIGHH		_		
City, State Toms River, New Jersey		19/11		wn, Pennsylvania					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	hol	41		Date 12/1			
	*Do not use this for	m for asbestos licen	sure exemp	oted activities.			72:11-0-2-0		

Properties TJM Type Notification Agencies Notified Street Address 6 2011 WAGARAM **EPA** Initial City, State, Zip Code Amended DEP Amendment # 0750 GUS CONTROL HAWAHORNE Emergency (including Telephone Number Name of Contact justification) DOH MR ED SCHLAFFER Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3): TOM PROPERTIES □ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, WAGARAW # of Floors Bldg. Age Square Feet City (5) 110 7 =MB 25000 HAUTHORNE Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) WHSE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc 0017 DETAIL ASSOCIATES Street Address Street Address 300 GRAND 450 South River St SUA City, State, Zip Code City, State, Zip Code ENGLEWOOD , NJ Hackensack , N.J. 07601 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00388 201-329-7444 201 5696708 MR. S. JARAZEWELL Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Omega Environmental Services 2-13-12 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure / Renovation ☐ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Mini-Enclosure 4 Demolition Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13) N/A Yes No 1000 SF cioin 6 ROSTING SIDING 200F Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Cumberland County Landfil DJM Transport , Inc 60 C 22393 City, State -Disposal Date City, State 2-13 N.J. 07032 Newburgh PA, South Kearny Signature Completed by Estimator J. MAIORANO

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Oregenal

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) TJM Propert 10/17/11 Type Notification Street Address Agencies Notified DEC WAGARAU **EPA** Initial City, State, Zip Code Amended DEP 675 PSPOS CONTROL Amendment # DOL 472 MAMINORNE Emergency (including Name of Contact justification) DOH Ø MR ED SCHLAFFER Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) TOM PROPERTIES School (K-12) Subchapter 8 (Other than K-12)
Other (i.e. private & commercial buildings, homes, Street Address 95 WAGARAW Square Feet # of Floors Bldg. Age City (5) 110 7=MB 25000 Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) WHES Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc 0017 ASSOCIATES DIATEO Street Address Street Address 450 South River St GRAND 300 City, State, Zip Code City, State, Zip Code 07601 Hackensack , N.J. ENGLE WOOD License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00388 201-329-7444 MR. S. JARAZEWSKi Start Date (10) 201 5696708 Name of OSHA Monitor Scheduled Completion Date (11) Omega Environmental Services 4 11 Street Address Occupancy Status During Abatement (Check Only One) Huyler St 280 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other – Describe: AM TOS South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Renovation Mini-Enclosure Demolition 4 Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 8000 SF င်းဝါပ် မ SIDING ROOF Name of Registered Landfill Cubic Yards Name of Registered Waste Hauler NJDEP Waste Hauler ID No. of Waste Cumberland County Landfill Transport , Inc DJM 60 C 22393 Disposal Date City, State City, State N.J. 07032 12/4/11 17242 Newburgh PA, South Kearny Date Signature Title 10/17/ Estimator LONDA J. MAIORANO

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) MO#19129301515 Date of Notification (1) Name of Building Owner/Operator (2) DEC 12/02/2011 Assme Kalifa Agency Notified Type Notification Street Address 94 W 46 St. ASBESTOS CONTROL & **EPA** M Initial City, State, Zip Code ☐ DEP ☐ Amended LICENSING M DOL Amendment # Bayonne, NJ 07002 ☐ Emergency (including Name of Contact Telephone Number **⊠** DOH justification) ☐ Cancellation ☐ DCA Assme Kalifa **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home School (K-1 2) Street Address Subchapter 8 (Other than K-1 2) Other (i.e. private & commercial buildings, 94 W 46 St. homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bayonne, NJ 07002 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) Hudson ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner(8) 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 12/11/2011 12/12/2011 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address 20-21 Wagaraw Road, Bldg .# 34A Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ≥ 3 sf or >3 lf ■ Renovation Mini-Enclosure ☐ ≥160 sf or >260 If ☐ Demolition ☐ Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Туре Normally Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ Amount Encapsulate TO BE ABATED (i.e., thermal systems insulation. Removal Repair Enclosure Custodial (Specify IN Facility surfacing, VAT, or Starf? SF or LF) (13)(12)other miscellaneous) No N/A Basement Round 8"duct paper insulation X 60 LF X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Reg stered Landfill Waste Gr Tech LLC 0033785 T.R.R.F. Inc City, State Disposal Date Wayne, NJ 07470 Tullytown, PA Completed by Title Signature Date N.Jevtic Owner 12/02/2011 ASB-41 Do not use this form for asbestos licensure exempted activities

State of New Jersey

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Date of Notification (1)	011		• 1		Owner/O		(2)			L			Ì
Agencies Notified Type Notification	0.1	St	reet A	ddress .			11				1117	11	╅
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DCA D Cancellation			U .	COH	RER	- ·			<u> </u>			_	_
lame of Facility Where Abatement is Taking	Place (3	3)	PAGE	LITE	URLIAIN	JAN .	Type of	f Facility	(4)				÷
N. LEHRER				192				thool (K-1			100	•	
Street Address		•					D S	ibchapte	8 (Other than K-1)	2)			ì
210 BOOTH AVEN	100			•				iner (le.   C.)	privata & commerci	al bui	ldings	, hom	es.
City (5)							Square	Feet	# of Floors		-	Age .	1
ENGLEWOOD	•		-042				260		2.		77	7 4/6	25
SUITY (6) BETEGEN		Co	ounty ( TATE L	Code (7) ASE OALLY	2		-		or if being demolish	red)	100	,	5
lame of Monitoring Firm Hired by Building C	imper (8)		ASCM			Nama		1DED	ntractor (9)				
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treet Address							Address						$\pm$
	V					45	0 · So	uth I	River St				
ity, State, Zip Code			-	· ·		City, S	tate, Zip	Code			<u> </u>		÷
minest Manager for Man Taking Pi									,N.J. 0		1		i
roject Manager for Monitoring Firm		Tel	lephon	e No.			-329	-7444	License N 003			1.	
Start Date (10)	Schedule	ed Comple	etion D	Date (11)	.,			Monitor					.
12 - 15 - 20 () coupancy Status During Abatement (Check			6-	20	11			nviro	onmental S	ser	VIC	ces	
		•					Address H111	yler	S+				1
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma C Other - Describe: 7 Mm 5 Mm	enod of A al Facility	batemen Hours	ŧ.		-		tate, Zip						
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cope of Work (Check All That Apply)			· ·	-,		Jou.	CII ±40	CKEL	Dack , H.	•		,00	+
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Asbestos-Containing Material (ACM)	Used	Solely b		Asbest	tos Conta	aription ining Ma	laterial (A	CM)	Amount				
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(13)		(12)			other mi				GF (I LF)	Remova	Repeir	Encapsulate	Enclosure
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DJM Transport ,Inc		223			2 10		10	umbe	rland Cou	nt	V L	and	fi

Disposal Date

12-16-11

Signature R. Voldram

City, State

South Kearny

R. VELDRAN

N.J. 07032

Tate Estimator Newburgh PA, 17242

12-2-2011

City, State

Signature

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Date 12/02/2011

Completed by

N.Jevtic

ASB-41

Title

Owner

TREMENSER - MAIL IN HARD COPY  TREMENSER - MAIL IN HARD COPY	DEC-31-2011 10:53 From:ASBES	FAX	6095330 10. 197365	- France V	E G. E	-6 201h		外外外	P. 1
Approachis Neericus    Special Administration	REMEMBE	NOTE	CATION OF AS	BESTUS ABATEL	D'O'C	- 10 DAT			1 4 4 4
Street Dadge (2)   Street Dadg	Agencies Notified Type  BPA  DEP  DOOL  DV  DOOL	nital Imended Imendment if Emergency (suduring sustification)	Strong Address Strong Address A T  Co. Scala 20 R. A. M  Harne of Control  R. P. V	aya no sey	Relly	14 PMO VP2 07 44	を		
County (5)  Set 9 EN  None of Medicining Ferm Hinned by Bushing Owner (1)  None of Medicining Ferm Hinned by Bushing Owner (1)  None of Medicining Ferm Hinned by Bushing Owner (1)  Street Address:  One of Medicining Ferm Hinned by Bushing Owner (1)  Street Address:  One of Medicining Ferm Hinned by Bushing Owner (1)  Street Address:  One of Medicining Ferm Hinned Owner (1)  Project Manager of Oster (1)  Stand Duble (10)  Project Manager of Manager of Manager of Manager of Oster (1)  Stand Duble (10)  Project Manager of Manager of Manager of Oster (1)  Stand Duble (10)  Project Address:  One of Manager of Manager of Manager of Oster (1)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Stand Duble (10)  Address of Oster of Oster (10)  Stand Duble (10)  Address of Oster (10)  Stand Duble (10)  Note of Stand Duble (10)	Street Address 187 WYC	HA Para	1110	choal	Substantion Other (i.e., i) homes, etc.	2) 8 (Other Heen K-1) private & commerci )	en Dan		
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