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

Date of Notification (1)			1	Name o	f Building	Owner/Operator (2	2)								
12 /	9 / 13			County College of Morris											
Agencies Notified	Type Notification		- 1	Street A	ddress				W.		1				
⊠ EPA				214 (	Center G	rove Rd		_			i				
□ DOLWD	☐ Amended		1	City, Sta	ate, Zip Co	ode		DEC 10 20	3 .		1				
□ DOH	Amendment #_			Rand	dolph, N.	J 07869			270	- 2	i				
DCA	☐ Emergency (inc justification)	luding		31/2002/02	of Contact										
(NJAC 5:23-8)	☐ Cancellation				Ponturo	8						1			
7				FAC	ILITY IN	FORMATION			- ter		J				
Name of Facility Where A	batement is Taking	Place (	3)				Type of Facility (4	4)							
Sheffield Hall - Cou	nty College of M	orris					☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
Street Address															
214 Center Grove R	Rd						homes, etc.)								
City (5)		37258					Square Feet	# of Floors Bidg. Ag			е				
Randolph							10,000	2 50+							
County (6)				Count	y Code (7)	(STATE USE ONLY)	Current Use (Price	or if being demolis	shed)						
Morris							classrooms			5000					
Name of Monitoring Firm	Hired by Building O	wner (8	) /	SCM N	No.	Name of Abateme	ent Contractor (9)								
Whitman Environm	ental			0011	0	Controlled E	nvironmental S	ystems							
Street Address						Street Address									
7 Pleasant Hill Rd						1121 N. Beth	lehem Pike - Sı	uite 60							
City, State, Zip Code						City, State, Zip Co	Code								
Cranbury, NJ 0851						Spring Hous	e, PA 19477	17.							
Project Manager for Mon	itoring Firm			phone N		Telephone No.		License No.							
Kevin Lovely			3.0	2 644		215 542 7000		00847							
Start Date (10)		uled Co				Name of OSHA N	Monitor								
1_/_2_/				_ ′ -	17				-			_			
Occupancy Status During						Street Address	lehem Pike - Si	uito 60							
☐ Facility Closed/Vacate					cribe			uite 60							
Time of Abatement:					CITIC	City, State, Zip C Spring Hous									
Scope of Work (Check a	Il that apply)	====	7.000	-		□ Eull Con	tainment with Neg	native Pressure							
☐ >3 sf or >3 lf		⊠ Rer	novati	on		☐ Mini-End		gative i ressure							
≥160 sf or ≥260 lf		☐ Der				☐ Gloveba	g Procedure								
	1000					☐ Non-Exe	empted (*) and No	n-Friable Procedu		Sistema					
			Locat						Ab	atem	ent T	уре			
Location		The second of th	lorma d Sole		Acho	Description stos Containing Ma		Amount	Rei	Repair	Ē	E			
Asbestos-Containing TO BE AB		Mai	ntena	nce/	(i.e	e., thermal systems	insulation,	(Specify	Removal	pair	ap	Enclosure			
IN Faci	lity	Cust		Staff?	*	surfacing, VAT	Γ, or	SF or LF)	<u>a</u>		Encapsulate	ure			
(13)		Yes	(12) No	N/A		other miscellane	eous)				æ				
Classroom-SH165					Fittings	s-Elbow/joints-to	ent/glove bag	24	$\boxtimes$						
Classroom-SH167	2390000 27303			$\boxtimes$	Fittings	s-Elbow/joints-t	ent/glove bag	15	$\boxtimes$						
Classroom-SH163			П		Fittings	s-Elbow/joints-t	ent/glove bag	7	$\boxtimes$						
			n												
Name of Registered Wa	ste Hauler			JDEP \	Waste	Cubic Yards of	Name of Regis	stered Landfill							
Allied	ote Hadioi		1000	lauler II	D No.	Waste	Constoga Landfill								
			20900 3 Disposal Date				City, State								
City, State						1/12/14	Morganto	wn. PA							
Telford, PA							.ao.ganto		ate		-	-			
Completed By (Print or	AND THE PERSON NAMED IN COLUMN		No.			Signature	. / ) .		/ale	j	1-				
Patricia Visco		Office I	viana	ger		ralu	ceal le	200	12/	9/	113	_			

ASB-41 JAN 13

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

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

eck# 1609 Name of Building Owner / Operator (2) Date of Notification (1) PSE&G 09 13 Street Address Type of Notification Agencies Notified 80 PARK PLAZA City, State, Zip Code **EPA** Initial 4 NEWARK, NJ 07101 Amended 1 DOH Amendment # Name of Contact DAWN NEVILLE Emergency w/ justification 1 DOL Cancellation FACILITY INFORMATION DEC 1 0 2013 Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) SUSQUEHANNA - ROSELAND PROJECT TROY MEADOWS SECTION School (K-12) Subchapter 8 (Other than K-12) Street Address V Other (I.e., private & cmmercial SEE ATTACHED bldgs., homes, etc.) County (6) # Of Floors **Building Age** City (5) County Code (7) Square Feet Current Use (Prior if being demolished) ASCM NO Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ATLANTIC ENVIRONEMENTAL LVI Demolition Services Inc. Street Address Street Address 2 EAST BLACKWELL ST 32 Williams Parkway City, State, Zip Code DOVER, NJ City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number **BOB SHERIFF** 973-366-4660 East Hanover, NJ 07936 Sched. Completetion Date (11) Telephone Number License Number Sheduled Start Date (10) \_\_\_ 17 01 14 00860 973-772-3660 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor LVI Demolition Services Inc. Facility Closed/Vacated During Entire Period of Street Address Abatement Abatement Performed Outside of Normal Facility 32 Williams Parkway Hours - Describe: City, State, Zip Code 4 Other - Describe: \_\_ 7:00AM - 5:00PM East Hanover, NJ 07936 Scope of Work (Check All That Apply) Demolition Renovation Full Containment with Negative Pressure 1 1 >3sf or >3lf Mini - Enclosure >160 sf or >260 lf Glovebag Procedure  $\Box$ 1 Non-Exempted (\*) and Non-Friable Procedure ls Description of Abatement Type Location of Location Asbestos - Containing R **Asbestos Containing** E N N Material (ACM) Amount R Material (ACM) Normally C c TO BE ABATED (I.e., thermal systems (Specify M E Used 0 P A Solely insulation, surfacing, VAT, SF or LF) in Facility V P 0 A by Mainor other miscellaneous) (13)S S tenance/ A 1 U U Custodial R R Staff (12) YES NO N/A 95 SF **EXTERIOR** TAR/MASTIC 1 П П П SEE ATTACHED Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill LVI DEMOLITION SERVICES INC Hauler ID No. Yards **GROWS** of Waste City, State Disposal City. State MORRISVILLE, , PA Date EAST HANOVER, NJ Date Completed by (Print or Type) Title Signature STEVEN STILES PROJECT MANAGER 12/09/13

### CH # 4510

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

Date of Notification (1) 12/05/2013			Name of Building Owner/Operator (2) Ferleigh Dickinson University													
Agencies Notified	Type Notification			Street A										1		
EPA  DEP  DOL	ix Initial Amended Amendment Emergency			City, Sta	ite, Zip Co on, NJ C	ode					DEC	1 0	21	าาจ		1
DOH DCA	justification) Cancellation				Contact Gorczyc	а										
Name of English Whose	Absternant's Table	- Di (0		FACI	LITY INFO	ORMAT	ION	T	- 12	-			1			
Name of Facility Where Science Building	Abatement is Takir	ig Place (3	5)						Facility (4						N.	<u></u>
Street Address								School (K-12) Subchapter 8 (Other than K-12)								
285 Madison Aven	ue							Other (i.e. private & commercial building					ings,	home	es,	
City (5)								Square F		T # 0	f Floors		RI	dg. A	70	77.00
Madison								Oqualci	CCI	" 0	6 10011		"	ug. r	ige	
County (6)				County (	Code (7)			Current	na demo	lished	)					
Morris				(STATE I	JSE ONLY			School					\$12			
Name of Monitoring Firm Environmental Des	m Hired by Building sign, Inc.	Owner (8)		ASCN	No.		5070/6/8/2000	of Abatem			(9)					
Street Address 5434 King Avenue						Stree	t Address Piaget A				A C C C C C C C C C C C C C C C C C C C	. S. W. O.	00/22/00		201	
City, State, Zip Code						State, Zip (										
Pennsauken, NJ 0								on, NJ 0		2						
Project Manager for Mo Jay Murray	nitoring Firm	9		Telepho 888-30	ne No. 06-4545			hone No. -253-882	License 00704			<i>3</i> 20000000	0.5			
Start Date (10) 12/16/2013		Schedule 12/28/2			Date (11)	6.		of OSHA C Compa								
Occupancy Status Durir	ng Abatement (Che	ck Only Or	ne)					t Address	-							
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of A	Abater Hour	cement urs City, State, Zip Code								-				
10,100,000	ATT											7.727				
Scope of Work (Check /	All That Apply)							_								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renov Demoli					Mini-E Glove	ontainme nclosure bag Proc xempted	edure					•	
	136)	le	Loca	tion					() an	Table I		100002-1000	ement	t		
Locatio	n of	1	Vorma	illy		De	scription	n of						ре	,	
Asbestos-Containing			ed Sole intena	ely by	Asbes	tos Con	taining I	Material (A	СМ)	А	mount				т	_
TO BE AE		7/1/20/2020	todial	Staff?	(i.e.		l system icing, V	ns insulatio AT or	n,		Specify F or LF)		Remova	Re	Encapsulate	Enclosure
(13)			(12)				miscella			0,	01 21 /		SVOL	Repair	sul	osui
		Yes	No	N/A									_		ate	G)
Various Lo	ocations		х			VA	T/Mas	stic		3,2	205 SF	X				
					Tra	nsite p	anels/	Table top	os	86	60 SF	×				
				Window caulk/gl						3	0 SF	×				
*			Pipe	insula	tion- "	wrap & c	ut"	2	15 LF	×	VEW.			4		
Name of Registered Wa	- 3	NJDEP W		100000000000000000000000000000000000000	Yards	I N	lame of F	Registe	ered Lan	dfill						
Newark Carting, Inc		Hauler ID No. of Waste 30y				GROWS				- Value						
City, State Newark, NJ				The state of the s				- 19 E	City, State Morrisvi		A					
Completed by Voytek Roszkowski	dent					Signature Date 12/05/20				013	13					

CH # 4511

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

Date of Notification (1) 11/26/2013		Name of Building Owner/Operator (2) River Dell Regional BOE														
Agencies Notified	Type Notification		31.3	Street Ad 230 W	ddress oodland	Avenu	ie	,				V= 60			0.000	
EPA DEP DOL	Initial Amended Amendment				te, Zip Co Edge, No		1			DEC	10	2013	į /			
	Emergency ( justification) Cancellation	including	11 6		Contact is Bonfig	glio									18	
Name of Facility Where	Abatement is Taking	Place (3)		FACIL	LITY INFO	PRMATI	NC	Type of Facility (4)								
River Dell Middle S	chool							School (K-12)								
Street Address 230 Woodland Ave	nue							Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, home etc.)							es,	
City (5) River Edge									pare Feet # of Floors				BI	dg. A	је	
County (6) Bergen		2		County C	Code (7) ISE ONLY)			Current Use (Prior if being demolished) School								
Name of Monitoring Firm Ahera Consultants,		Owner (8)							ne of Abatement Contractor (9) IC Company, Inc.							
Street Address PO Box 385	· · · · · · · · · · · · · · · · · · ·							Address							Ť	
City, State, Zip Code Oceanville, NJ 082	31					City, S	, State, Zip Code fton, NJ 07011									
Project Manager for Mor Eric Clarkson		Telephor	ne No.		Teleph	Felephone No. License No. 973-253-8828 00704										
Start Date (10) 12/20/2013		Scheduled 12/31/20	Con	ompletion Date (11) Name					A Monitor							
Occupancy Status Durin	g Abatement (Chec							Address							+	
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire F ned Outside of Norm	Period of Atnal Facility I	atem Hours	ent	) Code		***************************************	-								
Scope of Work (Check A	II That Apply)									owers.		·/			+	
≥3 sf or ≥3 lf  x ≥160 sf or ≥260 lf	.,,,,,		nova molit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						dure		
		ls l	ocati	on	1:			Non-Exempted (*) and Non-Fr					able Procedure Abateme			t
Location		No	ormal Sole	ly		Des	scription	of				-		Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	ATED lity	Mair Custo	tenar	nce/				s insulat T, or		(S	mount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		SE 120090		7.0 (010)		5	sassona e e e e e e e e e e e e e e e e e e e				ē	
Crawlsp	ace	X			F	Pipe/fitt	ing ins	sulation	1	1,1	15 LF	×			-	
Name of Registered Was		IDED W	lacto	Cubic	Varda											
Newark Carting, Inc.					NJDEP Waste Hauler ID No. 05409  Cubic Yards of Waste 20											
City, State Newark,NJ					Disposal Date 12/31/2013											
Completed by Voytek Roszkowski Title Presiden					Control of the Contro				Signature					013	1	

## 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)										
/	06/	13	-		DCH investments of NJ											
Agencies Notified	Type Notificat	tion	-		Street	Address			DEC 10	2012		1				
	Initial				995	Route 91	4		DEC 1 U	2010		- 1				
	☐ Amended			ı	City, S	tate, Zip C	ode				100	1				
☑ DHSS	Amendme	1000	ludina		Sou	th Ambo	y, NJ 08879				;	ł	1			
☐ DCA (NJAC 5:23-8)	justification		luuliig		Name	of Contact										
	☐ Cancellation	25			Fran	nk Gioe										
					FAC	ILITY IN	FORMATION				•					
Name of Facility Where Ab	atement is Ta	aking	Place	3)				Type of Facility (	4)							
Paramus Honda								School (K-12		10\						
Street Address		000000000000000000000000000000000000000						☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings,								
120 Route 4 West								homes, etc.)								
City (5)								Square Feet	# of Floors	Blo	Bldg. Age					
Paramus							1	2700 2 50+					8			
County (6)					Coun	ty Code (7)	(STATE USE ONLY)	Current Use (Prior if being demolished)								
Bergen								Commerical								
Name of Monitoring Firm H	Hired by Build	ing O	wner (8	3)	ASCM I	No.	Name of Abateme	ent Contractor (9)		74						
Environmental Healt	th Investiga	tions	s, Inc		0010	4	Superior Aba	tement Inc								
Street Address		11115					Street Address		•2							
655 West Shore Trai	I						2 Henderson	Drive								
City, State, Zip Code							City, State, Zip Co	ode			100000					
Sparta, NJ 07871					West Caldwe	il, NJ 07006										
Project Manager for Monito		Tele	phone I	No.	Telephone No.		License No.			-7.00						
						9-5649	(973) 808-161	16	00411							
Start Date (10)	S	chedi	uled Co	mple	tion Dat	te (11)	Name of OSHA M	Monitor								
12 /16 / _	_13	1	2_ /	20	_ / _	13	Superior Aba	atement Inc		0.000		27				
Occupancy Status During	Abatement (C	Check	only o	ne)			Street Address			/	25.54					
□ Facility Closed/Vacated							2 Henderson	Drive		76-15411			+			
Abatement Performed						cribe	City, State, Zip Co	ode								
Time of Abatement: _A	WPW	<i>'</i>	PIVI-		_AIVI		West Caldwe	ell, NJ 07006								
Scope of Work (Check all	that apply)						T Full Con	tainment with Neg	rativa Prossura							
☐ ≥3 sf or ≥3 lf			□ Rei	novati	on		☐ Mini-End		Jauve Flessule							
≥160 sf or ≥260 lf			□ Der				Gloveba	g Procedure	- Edabla Bassa	ali ian						
			la.				⊠ Non-Exe	empted (*) and No	n-Friable Proced			t T				
Location of	,f			Loca: orma			Description of	of			atem					
Asbestos-Containing N		)			ely by	Asbe	stos Containing Ma	NA.	Amount	Removal	Repair	inc.	Enclosure			
TO BE ABAT	<u>red</u>	١			nce/ Staff?	(i.e	., thermal systems		(Specify	JOV	a-	aps	lost			
IN Facility (13)	/ -		Ousi	(12)			surfacing, VAT other miscellane		SF or LF)	<u> </u>		Encapsulate	Ire			
(10)			Yes	No	N/A		(4	,				Ф				
Main Building						Roofing	g and Flashing I	Viaterials	4,990 SF							
Service Garage Buildi	ng				$\boxtimes$	Windov	v Caulking		200 LF	$\boxtimes$						
Name of Registered Waste Hauler					JDEP \	Waste	Cubic Yards of	of Name of Registered Landfill								
Service Transport Group, Inc					lauler II	D No.	Waste	Minerva Landfill								
City, State					SW21	117	Disposal Date	City, State				- 10				
New Castle, DE							12/20/13	Waynesbu	ırgh, OH							
Completed By (Print or Ty	ne)	Title					Signature	111	///	Date						
Nick Petrovski	P-0/		reside	nt				1.111.		12-6	<u></u>	12				
							1//	will	in	1-	)	1				

ASB-41 MAY 11

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

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

2013-239

B & G proj. #:

Check #6297 Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 0 6 1 / 1 3 Ernest Shaw Agencies Notified Type Notification DEC 10 2013 Street Address EPA 21 2nd Street Initial ☐ DEP City, State, Zip Code DOL Amendment Dover, NJ 07081 DOH. Name of Contact Cancellation **Ernest Shaw** DCA FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) **Ernest Shaw** Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 21 2nd Street Bldg. Age Square Feet # of Floors County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) Dover Morris residential Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 12/18/2013 12/19/2013 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: wrap & cut Scope of Work (check all that apply) ☑ Glovebag procedure Full Containment w/negative pressure ☐ Demolition Renovation Mini-enclosure Non-friable procedure ≥160 sf or ≥260 lf >3 sf or >3 If E Is location normally used solely E Location of e n by maintenance/custodial Amount Description of asbestos-containing n m asbestos-containing C (Specify SF or staff(12) material to be material (ACM) 0 a abated in facility (13) No N/A p Yes 140 lf pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 2 yards B & G Restoration, Inc. City, State Disposal Date City, State 12/20/2013 Tullytown, PA Lincoln Park, NJ 07035 Signature Completed by (Print or Type) Ciordana Luna 12/06/2013 Secretary/Treasurer Gordana Luna

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

B & G proj. #: 2013-241

Check #6298

									7						
Date of Notification	(1)	Na	me of Buildin	ng Owner/	Operator (2)						2 7	7			
1 2 1/10 16			etty Rush				a .					1			
Agencies Notified	Type Notificatio		eet Address		·.			D=0			i i	į			
☐ EPA	✓ Initial	6	North Ma	aple Ave	nue			DEC	1 0 20	13		1			
☐ DEP		Contract of the Contract of th	y, State, Zip									-			
DOL.	Amendm		Long Valle		7853					7		3	_		
<b>☑</b> DOH			ne of Conta	ct			-								
☐ DCA	Cancellat	ion	Betty Rus	sh						_			_		
				FACIL	ITY INFORMA	TION									
Name of facility w	here abatement is	taking place	e (3)					Type of Facility (	4) I (K - 12)						
Betty Rush								· -	apter 8 (Of	her tha	an K-1	12)			
Street Address								Other	(Private/Co	mmer					
6 North Mapl	e Avenue						Bidgs./Homes, etc.  Square Feet # of Floors Bidge								
		Count	v (6)		<del></del>	Cour	County Code (7)								
City (5)		Count	Section 18				(State use only) Current Use (Prior if being demolishe								
Long Valley			Morri	S				residential							
Name of Monitori	ng Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)							
	N/A	2				_] [	B & G Restorati	on, Inc.				_			
Street Address							Street Address								
							105 Ryerson Ro City, State, Zip Code								
City, State, Zip Co	de						(11 to -0.00 to 10 to								
			I Pho	ne Numbe		-	Lincoln Park, N Telephone Number	13 07033	License	Numb	er				
Project Manager f	or Monitoring Hirm		Pho	ne Numbe	<b>1</b>		973-696-6869		0378						
	- 1.6	1 Cahod	Completion	Date (11)			Name of OSHA Mor	nitor							
Scheduled Start D	ate (10)			i Date (11)	,		B & G Restorat	ion, Inc.				_			
12/21/2013			21/2013			_	Street Address								
Occupancy Status	During Abatemer ed/vacated during	ontire perio	nly one)	nent			105 Ryerson Ro City, State, Zip Code								
Abatement	ea/vacated during performed outside	of normal f	acility hours	i-			City, State, Zip Cour								
Describe:						-	Lincoln Park, N	NJ 07035							
	theck all that apply	/)							wrap	& cut		_			
Demolition		Renovatio	n			☐ F	ull Containment w/na	egative pressure	Glove	oag pr	ocedu	ire			
>3 sf or >3		≥160 sf or					/lini-enclosure		☐ Non-f	riable p	oroce	dure			
		Is location	normally u	sed solely						R	R	E	E		
Location of asbestos-c		by mainte	nance/custo	odial	Description		sbestos-containing	Amount (Specify	SE or	m	p	n	n		
material to		staff(12)		T	material (	ACM)		LF)	0. 0.	O V	a	a D	L		
abated in fa	acility (13)	Yes	No	N/A						e	Ľ,	-	<del> </del>		
basement				X	pipe insula	Contract of the last		45 lf			부	ዙ	뿎		
storage room				X	pipe insula	ation		6 lf			片	片	片		
								_		묶	H	H	ዙ		
										卄	H	H	恄		
		INUD	EP Hauler II	D#   C	ubic Yards of	Waste	Name of Registere	ed Landfill	-	-1		_			
Registered Waste B & G Restora	tion, Inc.	195		J#	1 yard		Tullytown Res	ource & Recover	y Center						
City, State				Disposal D	ate		City, State								
Lincoln Park,		,		12/23/2		_	Tullytown, PA		Date			_			
Completed by (P		Title	y/Treasure	r	Signature		Gordana Luna		12/06	3/201	3				
Gordana Luna	1	Secretar	y/ 110asult	-			_								

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

		2 61		Building Owner/C	Inerstor C	7					口		
tate of Notification (1)		N	ame or	Tames	HE	emsart	h			?*			
12-5-13 Agencies Notified Type Notification		s	treet Ac								and the same of		
DEPA DI Initial					1	en St.	DEC 1	0.00	113		-		
DEP Amended	2	10	ay, Sta	DAVEV	NIT	07803	5 010 1	0 -	,,,,		- Marie		
☐ Emergency (inc	duding	-	1	Common orb									
☑ DOH justification) ☐ DCA ☐ Cancellation		1	Jai	nes He	ems	arth							
1 201.			FACI	LITY INFORMAT	HON	Type of Facility (4)							
Name of Facility Where Abatement is Taking P	7ace (3)					TI School (K-12)	)						
RESIDENCE Street Address		-				- 0	(Other than K-12) vate & commercial	buildind	gs, ho	mes,			
15 Stephen	St.					etc.)				_			
City (5)		-				Square Feet	# of Floors	18	<b>g. Ag</b> (				
Dover						12-00	if being demolishe				_		
County (6)			County STATE	Code (7) USE ONLY)		100000	IDONTIAC.	-,					
Name of Monitoring Firm Hired by Building Ow	mer (8)		ASC	AM No.	Name	Name of Abatement Contractor (9)							
Name of Montoling Finit Filed by Stating S.					AC Contracting Inc								
Street Address					Street 105	Address Lowell Road							
City, State, Zip Code						State, Zip Code Rock, NJ 07452							
Project Manager for Monitoring Firm	1	Tele	hone No.	Telep	hone No.	License No	).	** "					
					-262-5841	1. 00130				_			
Start Date (10) 12-7-13			npletion 30-13	Date (11)	Name On	of OSHA Monitor lega Environmental	Services Inc.						
Common Shelter During Abatement (Check	k Only On	e)				t Address							
Facility Closed/Vacated During Entire Po     Abatement Performed Outside of Norma	enou oi Mi	11 الكلالي (	ent		City.	Huyer Street State, Zip Code							
Abatement Performed Outside of Norma     Other - Describe:	ir i dominy v				Hac	kensack, NJ 07606				-	-		
Scope of Work (Check All That Apply)													
ਸ਼ ≥3 sf or ≥3 ff	Ø Re	enovat emoliti				Full Containmen Mini-Enclosure	nt with Negative Pr	essure					
≥160 sf or ≥260 lf	□ De	HIIQUU	1011			Glovebag Proc Non-Exempted	edure (*) and Non-Friable	Proce	dure				
				1		2 Non-Exempled	() distribution	T	Abate	ment	å		
		Local			Description	an of	2.50		13	pe			
Location of Asbestos-Containing Material (ACM)	Use		ely by	Asbestos (	Containing	Material (ACM)	Amount (Specify	20	_	End	<b>5</b> 1		
TO BE ABATED In Facility	Cus	lodial.	Staff?	1 ' 5	urfacino. V	ns insulation, AT, or	SF or LF)	Напоче	Rapair	Encapsulate	Enabaura		
(13)		(12)	)	ott	ner miscell	aneous)		È	-	labe	8		
	Yes	No	NIA			L. 1	0015	+	-	$\vdash$	-		
Basement			1			ation	80LF	+			-		
Basement			1/	VAT	-		18LF	1	-		-		
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						I blame of	Registered Lauriffil						
Name of Registered Weste Hauler			NJDEP	Waste Co	ubic Yards Waste		Registered Landiil						
				Waste Co	ubic Yards Waste	IESI PA	Sethlehem Landfil						
Name of Registered Waste Hauler Rovic Transport City, State, Zip Code			Hauler	Waste Co	ubic Yards	IESI PA							
Name of Registered Waste Hauler Rovic Transport	Title		Hauler 20785	Waste Co	ubic Yards Waste isposal Da 12-7-	ie City, Sta Bethlein	Bethlehem Landfil de, Zip Code em, PA 18015	Corp.		3			

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

CHECK# 8328

		INL	of E	huilding Ow	morl/One	rator (2)							7	
Date of Notification (1)		NE	Ge	or QC		Depa	sq va	le					_	
Agencies Notified Type Notification		S	reet Add		7000 N		YR			EC	10	2013	is .	
D EPA D INITIAL		1					7	- 1		1 11 11				
DEP Amended DOL Amendment#		_   ~	Fr	isc	0,1	CX	7503	54						
☐ Emergency (inc ☐ DOH justification)	duding	N	ame of (	Contact		_	ale.							
□ DCA □ Cancellation		1	A TO D. S. C	OY CE		Pasqu	Jell .							
Name of Facility Where Abatement is Taking F	Tace (3)		PACIL	IIY INFOR	CHAIIOI	Туре	of Facility (4)							
residence							chool (K-12) Subchapter 8 (	Other	than K-12)					
Street Address 72 Eric		2			37	図(	other (i.e. priv etc.)	ate & c	ommercial	buildin	gs, h	omes,		
City (5)	1110					Squa	re Feet	# of F	loors	18	lg. Ag			
Midland	Par	K K	_			/	400	<u> </u>	domalicha		+6	<u> </u>	_	
County (6) Bergen		3 ~	-	ode (7) SE ONLY)		Cum	ent Use (Prior			۵)				
Name of Monitoring Firm Hired by Building Ou	mer (8)	$\dashv$	ASC	A No.	1	Name of Abatement Contractor (9) A. MAC Contracting Inc								
realis of Indiana.														
Street Address					Street Addre 105 Lowell									
City, State, Zip Code					City, State, Zip Code Glen Rock, NJ 07452									
Project Manager for Monitoring Firm	1	Toloni	one No.		Telephone N	License No.								
, roject smalleger to the transfer of	$\perp$	Текфі			201-262-5	841		00156						
Start Date (10)	Scheduled	Com	pletion I	Date (11)	-	Name of OS Omega E	HA Monitor nvironmental	Service	s inc.					
Occupancy Status During Abatement (Ched			20/13			Street Addre								
Facility Closed/Vacaled During Entire Po     Abatement Performed Outside of Normal	anoo ot Ab	aneme	ent		- Telegraphic	280 Huyer City, State,	Zip Code							
Abatement Performed Odishie of Normal     Other - Describe:	I I Classify 1.				_	Hackensac	k, NJ 07606							
Scope of Work (Check All That Apply)							Containmen	A suellis (b)	legative Po					
☑ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		novati molitic				Z Min	ni-Enclosure		eggasto i n					
E1 2100 31 01 1200 "				•			vebag Proce n-Exempted (	*) and I	Non-Friable	Proce	dure			
	Is	Locali	on		_						Abate	ment pe	2	
Location of	N	ionnal i Sole	ly	Achan	De	scription of taining Mater	in (ACM)	А	mount			m	_	
Asbestos-Containing Material (ACM) TO BE ABATED	Mai	ntena: odial S	nce/	ASDES (LE.	themal	systems inst cing, VAT, or	lation,	(5	Specify For LF)	Нэроча	Repair	павр	Enabaure	
In Facility (13)	1	(12)			othern	niscellaneous			•	lavo	=	Encapaulate	ellis	
	Yes	No	N/A							<b>L</b>	_	_	-	
Busemont			V	Di	De	insula	itim	8	6LF	1	_		-	
Day C. Wat		1			1					+	1	-		
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		1.	UDEPV	Maria	Cubio	Yards	Name of	Registe	red Landfill					
Name of Registered Waste Hauler		ŀ	lauler ID		of Wa				em Landfill					
Rovic Transport			20785		Disno	sal Date	City State	e Zio C	ode	<u> </u>				
City, State, Zip Code Riverdate, NJ 07457						2/16/13	Bethlehe	m, PA	18015					
Completed by	Title Operati	linne			15	Signature	Voies	)	-   D	ale 121	1051	13		
Joseph Vocaturo	Upera	iulis 				<del>- }</del>	Vuu			01	- /			
						* Do not us	this form for	asbestr	os licensum	eæm	pted a	ctiviti	<b>15.</b>	

NJ Pept. of Health & Senior Services

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

Check # 832.Y

Time: [v		,					7 M H					- 74		
Date of Notification (1)		Name of Building Owner/Operator (2)  GOLDBERG REALTY												
Agencies Notified Type Notification		_									<del>-</del>		-	
			33	CLIM	ROT HOT	2A	7 7 2	02	0010		. [			
EPA   Initial   DEP   Amended   Amendment #		C	ity, State, LEST	Zip Code	e Ombu	A	7 #2 15 07	006	2013	***	I			
[ PS Emergency (in	kluding		ame of C	ontact				9					1170	
DOH justification)     DCA			RIC											
Name of Facility Where Abetement is Taking	Place (3)		FACILI	TY INFO	RMATION	Tī	ype of Facility (4	1)			J		7	
BOULEVARD GARBENS	raca (c)					1	] School (K-12						1	
Street Address 1143 KENNEDY BOX	LEVA	rs	16	PT	1-B	7	"I Subchapter	8 (Oth	er than K-12) L'oommercial I	buildin	ැටුළ, 1	omas	١.	
						5	quare Feet	# qi	Floors	BIG	g. Ag	e	-	
BAYONDE	COTTON COLOR COLOR COLOR						6.000		cop.	!	60	}	_	
County (6) Hunson		(8	County County Co	ode (7) SEONLY)			Current Use (Prior	r if bei S	, ng demolished	3)				
Name of Monitoring Firm Hired by Building O	wner (8)		ASCM	No.			Abatement Con C Contracting	(9)	54					
Street Address						ddress owell Road								
City, State, Zip Gode			- 101			te, Zip Code Rock, N.J. 07		- AND DESCRIPTION OF THE PROPERTY OF THE PROPE						
Project Manager for Monitoring Firm	Ī	elephon	e No.			ne No. 62-5841		License No. 00156	B(Z-23) (B(3))					
Start Date (10)	Scheduler	d Com		ate (11)	Na O	me of	OSHA Monitor Ja Environme	ntal S	Services Inc	i.				
Occupancy Status During Abatement (Check							ddress						$\dashv$	
			ent		2	80 H	luyler Street							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours					ite, Zip Code ensack, NJ 0	7606						
Scape of Work (Check All That Apply)												-515-51		
≥3 af or ≥3 if ≥160 af or ≥260 %		onoval onaoliti		1 h		MIX	Full Containment with Negative Pressure Mini-Enclosure Glovobag Procedure Non-Exempled (*) and Non-Friable Procedure						-	
	1					Non-Exempted (*) and				Non-Friable Procedu				
Location of	N	Location all	y		Descrio	ntion (	n¶				Ty	pe .		
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odlal \$ (12)	108/			ng Ma tems VAT	aterial (ACM) insulation, , or		Amount Specify F or LF)	Ramoval	Rapair	Encayaviste	Enclosure	
	Yes	No	N/A									6		
CRAWLSPACA			Ø			Pif	E		1 GO LF	×				
	1													
Name of Registered Waste Hauler	11	I N	JDEP W	aate	Cubic Yar		Name of	Regis	tered Landfill			<u></u>	1	
Rovic Transport			Hauler ID No. of Was 20785						SI PA Bethiehem Landfill Corp.					
City, State Riverdale, New Jersey 07457	- CONTRACT WAY	Disposal C			113	100		PA 18015			<u> </u>			
Completed by R. McDonald	ident			Sign		My Ll		Da	te 2-/	4	IJ			