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State of New Jersey 1112-4429 Check # 3696 NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Agencies Notified	Date of Notification	THE RESERVE OF THE PARTY OF THE						g Owner /		B P F	M B IN				
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Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital Street Address 1 Sue Suchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Slidg. Age City (5) Stratford Camden County Code (7) Street Address ASCM No. Criterion Laboratories, inc. Street Address Ascmediate		☐ Canc	ellation	(eor	ge l	Lodis	h 🧍	-	ASBESTOS CO	ONTROL &				
Name of Facility Where Abatement is Taking Place (3) Kennedy Memorial Hospital Street Address 18 East Laurel Rd. City (5) County (6) Camden Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories, Inc. Street Address 19 East & Zip Code Criterion Laboratories, Inc. Street Address 2370 Progress Drive City, State & Zip Code Lumberton, NJ 98048 Telephone Number 215-244-1300 Cocupany Status During Abatement (Check only one) Describe: Facility Occupied During Abatement Cocupany Status During Abatement Abatement Performed Outside of Normal Hours — Describe: Facility Occupied During Abatement Location of Asbestos-Containing Material (ACM) To BE ABATED In Facility (13) Canopy associated with Pathology Lab Name of Registered Waste Hauler Name		1			FAC	CIL	ITY IN	FORMA	TION-	Marine Control of the		نــ			
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Street Address 370 Progress Drive 370 Progress Drive Progress Drive 9 City, State & Zip Code Lumberton, NJ 08048 Project Manager for Monitoring Firm 215-244-1300 G9-265-2107 G0529 Scheduled Start Date (10) Scheduled Completion Date (11) 12/16/11 Smith 12/16/1			y Building Own	iei (o)		1	SCIVIT				101 (0)				
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Scope of Work (Check all that apply)	=							City,	State & 2	Zip Code					
Scope of Work (Check all that apply) Scope of Work (Check all that apply)								Wes	tmont,	NJ 08108					
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≥3 sf or ≥3 lf	Scope of Work (Ch	eck all that a	pply)							M Full Con	tainment with Ne	egative	Pres	sure	4
Demolition	□ >2 of or >2	ıf		\square	Rer	nova	ation					94			24
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Maintenance or Custodial Staff? (12) Yes No N/A Canopy associated with Pathology Lab Name of Registered Waste Hauler Name of Registered Waste Hauler AbateTech, Inc. City, State Lumberton, NJ Maintenance or Custodial Staff? (12) Yes No N/A Sprayed on Fireproofing Sprayed on Fireproofing Cubic Yards of Waste Hauler ID No. 18750 TRRF Landfill City, State Lumberton, NJ Completed By (Print or Type) Maintenance or Custodial Staff? (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Sprayed on Fireproofing Cubic Yards of Waste Hauler ID No. 18750 TRRF Landfill City, State Tullytown, PA Date	Asbes	stos-Containin	ng				d								
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City, State Lumberton, NJ Completed By (Print or Type) Disposal Date 12/16/11 Tullytown, PA Date					Ha					TDDE 1	e:11				
Lumberton, NJ Completed By (Print or Type) Title Tullytown, PA Date						18	3750				TIII				
Completed By (Print or Type) Title Signature Date											٥Δ				
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State of New Jersey 1112-4428 Check #3582

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

Date of Notification (1	1) 12/7/11	7,000	1			_	Owner / Operato	or (2)						
Agencies Notified T	ype Notifica	ation	5	Street	Add	iress			DEC 1	2 2011				
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☐ DEP ☐ DOL						& Zip		-			1			
No. of the control of	No.	gency				contact	NJ 07079	1 6	ASBESTOS C	ONTROL & IT	ار elepho	DO N	lumb	205
☑ DOH ☐ DCA		ellation	100			Marco	ni		LICENS		eleprio	lie i	MUITIL	jei
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Name of Facility Whe	re Abateme	ent is Taking P	lace (3		GILI	I I IINI	Type of Facil	lity (4)				- 10		
Seton Hall Univers		one to running t	.000 (0	,			School (
Street Address							☐ Subchap	oter 8 (Other than K-	12)				
400 South Orange	Ave.						Other (i.e	e. priva	ate & commerc	cial building	s, hom	es, e	etc.)	
							Square Feet		# of Floors	ВІ	dg. Ag	е		
City (5)		County (6)	Cou	unty C	Code	(7)	10,000)	2			90		
South Orange		Essex					Current Use	(Prior if	f being demoli	ished)				
							University		Terminal States of the last					
Name of Monitoring F Omega Environme		y Building Owi	ner (8)		AS	CM No	 Name of Aba AbateTech, 		t Contractor (9	9) 0 529				
Street Address 280 Huyler Street				2000			Street Addres PO Box 25	ss						
City, State & Zip Code	e						City, State &	Zip Co	de					
South Hackensack		6					Lumberton							
Project Manager for M	Nonitoring F	irm	Telep	hone	Nun	nber	Telephone N			License Nu	ımber			
Geiser Fajardo			201-4				609-265-320	2700			0052	9		
Scheduled Start Date 12/7/11	(10)	Scheduled Cor	npletio 12/8/		te (1	1)	Name of OSI EMSL Analy		nitor					
Occupancy Status Du Facility Closed					otom	ont	Street Addres	70.00						
Abatement Pe					lem	eni	108 Haddor City, State & 3	The second second						
Describe: 8		atside of North	ai iiou	113			Westmont,							
Facility Occup		Abatement					Westinone,	140 10	100					
Scope of Work (Check									THE SECTION AND AND	72 XXX 1844		West .		
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≥160 sf ≥260 l	II .		Ш	Dem	IOIILIO	On			Glove Bag Pr Non-Exempte		Friable	Pro	cedi	ır a
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	ABATED		Maint				(i.e., thermal sy				em	Repair	cap	nclo
	Facility (13)		Custo	diai 5 (12)	otan		insulation, surfact or other miscella				Remova	air	Encapsulate	Enclosure
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Throughout			\Box		П		Spray on Firep	roofir	na i	200 SF		П	П	IT
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Name of Registered V	Vaste Haule	er		100000000000000000000000000000000000000			Cubic Yards	Name	of Registered	d Landfill				
AbateTech, Inc.				пац	uler i 187	D No.	of Waste	TRRE	Landfill					
City, State	· · · · · · · · · · · · · · · · · · ·						Disposal Date	City, S						-
Lumberton, NJ							12/30/11		town, PA					
Completed By (Print o	r Type)			Title	е		Signature	1		70%	Date			
Gwen Trumbett				Off	fice		(-1				12/7	/11		
				Co	ord		< n	4					La Lingue	

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

Date of Notification (1)						Owner/Oper Lake wood		2)		A Carolina in the Carolina in			
Agencies Notified	Type Notificati	ion		Street A 212 41	Address th St.		lad (DEC 12	7011 <u>J</u>	or proper females			
EPA DEP DOL	Amended Amendmer Emergency				ate, Zip C Wood, 1	ode NJ 08701	Ĺ	ASBESTOS CONT					
☑ DOH ☐ DCA	justificatio Cancellatio	n)	100	Dave N	of Contact Mango	2		LICENCIN.	Telephone Num	ber 			
				FACI	LITY INFO	ORMATION	No. 145	Type of Facility (A)	41.00			\dashv
Name of Facility Where Office Bldg. Street Address	Abatement is Ta	king Place (3)				=	School (K-12) Subchapter 8	Other than K-1	2)			
314 5th St.						9/2	_	Other (i.e., pri	vate & commerci	al buildi	ngs,		
City (5) Lake Wood								Square Feet 5,000 SF	# of Floors 2	50	lg. Aq +	ge	
County (6) Ocean					y Code (7 NLY)) (STATE		Current Use (Price Vacant Office		shed)			
Name of Monitoring Fir	m Hired by Buildi	ng Owner	TA	SCM N	lo.			ent Contractor (9)			-		
(8) <u>N/A</u>								ciates, LLC					\dashv
Street Address						Street Add		et					
City, State, Zip Code			==			City, State, Paterso	Zip Co	ode					
	- italian Firm		Tolor	hone N		Telephone			License No.				
Project Manager for M	onitoring Firm		10.01	onone i		973-553		'4	01108				
Start Date (10) 12/19/2011		cheduled Con 12/20/2011		ion Dat	e (11)	Name of O		lonitor ciates, LLC			_		
Occupancy Status Du				-1070		Street Add							
Facility Closed/Vac	ated During Entire	e Period of Al	oater	nent		145 Mill City, State,					_	-	
Abatement Perform Other - Describe:	ed Outside of No	rmai Facility	1001	3		Paterson							_
Scope of Work (Check >3 sf or >3 lf >160 sf or >260 lf	(all that apply)		ovatio			□ M G	ini-End	stainment with Neg closure g Procedure		odura			
			catio	n 1			lon-Ex	empted (*) and f	Non-Friable Frod		bate	ment	
Locatic Asbestos-Containing TO BE AB IN Fac (13	Material (ACM) <u>BATED</u> ility	Nor Used S Mainte Cus st	mally Solely	y by ce/	Asbes (i.e.	Descrip tos Containir, thermal sys surfacing, other misce	ng Mate tems in VAT,	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A	n	1			10 LF	X	_	-	_
Basement				X	Pipe In	sulation	_		10 L1				
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		-	-										
Name of Registered	Waste Hauler			JDEP		Cubic Yar	ds	A ASSESSMENT OF THE SECOND OF	stered Landfill				
Service Transport	Group			1auler 10 20990) NO.	of Waste 1 Disposal I	Date	Minerva La	andfill				
City, State New Castle, DE						12/20/20		Waynesbur					
Completed By Miodrag Stameno	vic	Title President				Signa	16:	policy G	Date Date	8/20H	_		

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

			(12	ursuant te	O NJAC 8	s;ou and	1 12:120	,	155		C	heck	#114	42	
Date of Notification (1) 12/07/2011				Name of East Or						DEC 1	2 20	11			
Agencies Notified	Type Notification			Street Ad 715 Pa			1		Ĺ	ASBESTOS		L &)		
X EPA X DEP X DOL	Amended Amendment		_	City, State East Or			17-102	26		LIGET	THE PARTY OF THE P			J	
X DOH X DCA	Emergency justification) Cancellation			Name of Dario L				terropics		Telepho	ne Num	ber			ž.
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Name of Facility Where Ecole Troussaint L Street Address 330 Central Ave)					S X S	of Facility (4 school (K-12 subchapter other (i.e. p	2) 8 (Other th			ings,	home	s,
City (5)								Square		# of Flo	ors		dg. A	ge	
East Orange								60,00		2			J+	unus.	
County (6) Essex				County C					nt Use (Pric		emolish	ed)			
Name of Monitoring Firm Whitman	n Hired by Building	Owner (8)		00110			GL G	Group,		tractor (9)					
Street Address 116 Tices Lane, U	nit B-1						140 l		urg Tpke						
City, State, Zip Code East Brunswick, N	J 08816							tate, Zip mingd	o Code ale, NJ 0	7403					
Project Manager for Mo Kevin Lovely	nitoring Firm			Telephon 732-39				one No)710-9			cense N 084	0.			
Start Date (10) 12/23/2011		Schedule 12/28/2		mpletion D	Date (11)		The second second	of OSH Group,	A Monitor Inc					-ulc	
Occupancy Status Durin	ng Abatement (Che	ck Only On	ie)					Addres	s urg Tpke						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr	Period of <i>F</i> nal Facility	Abater Hour	nent s		_	City, S	tate, Zi			*****		ente - :		
Scope of Work (Check	All That Apply)						Dioo	iiiiigu							
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		Τ.		. 1					LXCIII	()				ement	
Locatio Asbestos-Containin TO BE AB	g Material (ACM)	Use Ma	Locat Norma d Sole intena	lly ely by ince/		tos Cont	scription taining N	/laterial		Amou (Spec		Re		pe Enc	En
In Fac (13	ility	Cusi	(12)	Staff?			cing, VA niscellar			SF or	LF)	Removal	Repair	Encapsulate	Enclosure
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Classroo			Х				ing Pla							1	
Classroo	om 15	+	X			Wa	all Plas	ter		20 S)F	Х			
Name of Registered Wa	aste Hauler		11	NJDEP W	aste	Cubic	Yards		Name of	Registered	Landfill		C 34/19/19		
GL Group, Inc			1	Hauler ID	No.	of Wa TBD	ste			rland Lai	ndfill	-			
City, State Bloomingdale, NJ				-		Dispos TBD	sal Date		City, Stat Newbur						
Completed by Elena Solakov		Title Presi	dent			S	Signature	e 6	Porus S	J. N.	Da 12	ate 2/07/2	2011		
							Water State of State		um o		SER STATE		1-11		

V					OF ASBESTOS IAC 8:60-7 and I			n note	63		
Date of Notific	11/16/11			Name of I Virtua He	Building Owner/ealth, Inc.	Operato	pr (2)			1	
Agency Notific	th/Day/Year ed T	ype Notificatio		Street Add	dress son Avenue	111	U DEC 12	2011			
X DEP	<u> </u>		fication		te, Zip Code	1	harman and a second	į			_
X DCA		x Amer	ided	Mt. Holly	, NJ 08060	T. I	ASBESTOS CON	TROL 8	-		
X DOH		2.07(0)	fication ellation	Name of C Pat Giord	1	With Committee	LIGENSIA	Telephone No	ımber		
				FACILI	TY INFORMAT	TION	1				
Name of Facili Virtua Health	ity Where Abateme , Inc.	nt is Taking Pl	ace (3)					(K12) oter 8 (Other			
Street Address								i. e. Private &		rcial	
175 Madison A	Avenue							gs, homes, et # of Floors	Bldg.	Age	_
City (5)		Coun	ty (6)		County Code	(7)	50,000	4	60		
Mt. Holly		Burli	2.55 (12.55.0) to		(STATE USE ONLY		Current Use (Pri	or if being de	nolished)	
	toring Firm Hired vironmental Techn		wner (8)		ASCM No.		of Abatement Cont iated Specialty Cont				-
Street Address 28 N Pennell F	Donas de la composición del composición de la composición de la composición del composición de la composición del composición de la composición de la composición del compos						t Address Crue Avenue				
City, State, Zip Media, PA 190					1		State, Zip Code Mills, PA 19342	22 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Project Manag Tom Adams	ger of Monitoring F	ïrm		Telephone 610-891-0			hone Number 64-9622		Liceno 1103	e Numb	er
Scheduled Sta	rt Date (10)		Sched. Co	mpletion Date	(11)	Name	of OSHA Monitor				
	11/21/11		62	12/30/11		Criter	rion Labs				
The state of the s	Year ntus During Abaten y Closed/Vacated D		ly one)	Month/Day/Yes	ar		t Address Progress Dr				
	nent Performed Ou					11	State, Zip Code				
	s - Describe: 7: - Describe: 4:					Bensa	lem, PA 19020				
	(Check all that app	ly)			000	x	Full Containment	with Negative	e Pressu	re	
Demol	*		x	Renovatio	п	x	Mini - Enclosure Glovebag Procedo	ire			
	f or >260 lf					•	Non-Friable Proc				
			Is	T			1	Charles and the second	atement	Type	
Loc	cation of	10 0000	ation		cription of					E	E
	Containing	A 100 TO	mally		os-Containing		Amount	R	R	N C	N C
	rial (ACM) ABATED	Us Sol			rial (ACM) ermal systems		(Specify SF or	M	E	A	L
	Facility		Main-	The second second	, surfacing, VAT	;	LF)	0	P	P	0
(1:		tena	ince/	or other	miscellaneous)	(7)	000000	v	A	S	S
		20,000	todial					A L	I R	L	U R
		Yes	(12) No N/A					L	K	L	E
Ground Floor	Hallway	100	x	Pipe Fittin	gs		8 LF	x			
1st floor cafete	ria hallway		x	Pipe Fittin	gs		18 LF	x			
1st floor cafete	eria hallway		x	VAT & Ma	astic		480 SF	x			
1st floor cafete	ria		х	Mastic			2400 SF	x			
Name of Regis	tered Waste Hauler			EP Waste ler ID No.	Cubic Yards of Waste		Name of Registere	d Landfill			W. S.
Associated Spe City, State	cialty Contracting				40 Disposal Date		Tullytown Recour	se Recovery			
Glen Mills, PA					As req.		Tullytown, PA		`		

Title

Project Manager

Signature

ABS-41

Completed By (Print or Type) David Kovalevich

JUN 95

Date 12 9-11

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

			arount to 1	IJAC 8:60-7 and		We have a	· ~~	9-3		
Date of Notification (1) 11/16/11 Month/Day/Year				Building Owner lealth, Inc.	/Operato	(2) EG	ElW,	3/15	$\overline{\mathcal{M}}$	
	Type Notificatio	n	Street A					7// /	11	
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X DEA	x Amer			y, NJ 08060		į	2 7011	Land	- C	
х рон		ification ellation	Name of Pat Gior	Contact				umber	į	
	- Can	· · · · · · · · · · · · · · · · · · ·		ITY INFORMA	TION	Her	Aureu			
Name of Facility Where Abatem Virtua Health, Inc.	nent is Taking Pl	lace (3)			- may		(4) l (K12) apter 8 (Other	rthan K	(12)	
Street Address 175 Madison Avenue	***************************************					x Other build	(i. e. Private d lings, homes, et	& comme c.)	ercial	31.511.
City (5) Mt. Holly	Coun	ty (6)		County Code	37.00	Square Feet 50,000 Current Use (P	# of Floors 4 rior if being de	Bldg. 60 molished	<u> </u>	
						Hospital				
Name of Monitoring Firm Hired Accredited Environmental Tech		wner (8)		ASCM No.		of Abatement Co iated Specialty Co				
Street Address 28 N Pennell Road						Address Crue Avenue				
City, State, Zip Code Media, PA 19063					100000000000000000000000000000000000000	State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Tom Adams	Firm		Telephon 610-891-	e Number 0114		hone Number 64-9622		Liceno 1103	ee Numb	er
Scheduled Start Date (10) 11/30/11 Month/Day/Year			mpletion Dat 12/30/1 Ionth/Day/Yo	1	The second second	of OSHA Monitorion Labs	г			
Occupancy Status During Abate x Facility Closed/Vacated Abatement Performed O Hours - Describe:7	During Entire P Outside of Norma	ly one) eriod of A al Facility PM			3370 I City, S	Address Progress Dr State, Zip Code Iem, PA 19020				
Scope of work (Check all that ap Demolition >3 sf or >3 if x >160 sf or >260 lf	oply)	()	Renovation	on	x x	Full Containme Mini - Enclosur Glovebag Proce Non-Friable Pro	e dure	e Pressu	re	
	T	Is	1					patement	Type	
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Nori Us Sol by M tena Cust	ely Main- ance/ todial f (12)	Asbest Mate (ie. Ti insulation	scription of tos-Containing erial (ACM) hermal systems n, surfacing, VA' r miscellaneous)		Amoun (Specif SF or LF)	rt R	R E P A I R	E N C A P S U L	E N C L O S U R
Ground Floor Hallway		x	VAT & M	lastic		900 SF	x			
Ground Floor hallway		x	VAT & M	lastic		60 SF	x			
					-		x	1	-	
Name of Registered Waste Haule		6,723,236,650	EP Waste er ID No.	Cubic Yards of Waste		Name of Registe	ered Landfill	1	l	
Associated Specialty Contracting	!			Disposal Date		City, State	urse Recovery			
City, State Glen Mills, PA				As req.		Tullytown, PA				
Completed By (Print or Type) David Kovalevich		Title Proje	ect Manager		Signati	ure ng Kava	elunh?	1)	Date	-9-11
		-	7/		~					

JUN 95

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

Date of Notification (1) 11/16/11				Building Owner, lealth, Inc.	Operato	or (2) E C	EIV		n	-
Month/Day/Year Agency Notified	Type Notificatio	n	Street A	ddress					1 111	
X EPA	I ype Poulicatio Initia			lison Avenue			6 40 00			
X DEP		fication		ate, Zip Code		14 U DE	6 12 20	7 1	want.	
X DCA	x Amer			y, NJ 08060						
X DOH		fication		Contact		LOOA LOOK	Telephone N	umber		
	Canc	ellation	Pat Gior	dano		1401/iL				
			FACIL	ITY INFORMA	TION		and the second of the second of the second	was again a construction of	ALCO LINE	7102
Name of Facility Where Abatem Virtua Health, Inc.	ent is Taking Pl	ace (3)		,		Subch	(4) (K12) apter 8 (Other (i. c. Private &			, and gives
175 Madison Avenue						build	ings, homes, et	c.)		
				T		Square Feet	# of Floors	Bldg.	1,150	
City (5)	Coun	ty (6)		County Code		Current Use (Pa	d 4	60		
Mt. Holly	Burn	nton		(STATE USE ONL	.x)	Hospital	nor ii being dei	nonsneu	,	
Name of Monitoring Firm Hired	by Building O	wner (8)		ASCM No.	Name	of Abatement Cor	itractor (9)			
Accredited Environmental Tech	nologies, Inc.				Assoc	ciated Specialty Co	ntracting Inc			
Street Address 28 N Pennell Road		0.0			70.000	t Address Crue Avenue				
City, State, Zip Code Media, PA 19063			1			State, Zip Code Mills, PA 19342	4.01.01.02.02.02		-	
Project Manager of Monitoring Tom Adams	Firm	***************************************	Telephon 610-891-	ne Number 0114		hone Number 64-9622		Liceno 1103	e Numb	er
Scheduled Start Date (10)		Sched. Co	mpletion Dat	te (11)	Name	of OSHA Monitor				
11/30/11			12/30/1	1	Criter	rion Labs				
Occupancy Status During Abate x Facility Closed/Vacated 1 Abatement Performed O Hours - Describe: 7 Other - Describe: 4	During Entire P utside of Norm: :00 AM to 3:30	eriod of A al Facility PM	batement		3370 City,	t Address Progress Dr State, Zip Code alem, PA 19020			1	
Scope of work (Check all that ap		77.011	0.55		11 x	Full Containmen	t with Negative	o Prossii	re	
Demolition	pry)	x	Renovatio	OII	•	Mini - Enclosure		c i i cssu		
>3 sf or >3 if			Renovati	011	x	Glovebag Proce				
x >160 sf or >260 lf						Non-Friable Pro				
	Î	Is	T			1100 1110010 110		atement	Type	
Location of		ation	Des	scription of			7.5	T	E	E
Asbestos - Containing	Nor	mally	Asbest	tos-Containing		Amoun	2000		N	N
Material (ACM)	Us		274 TO COLD !	erial (ACM)		(Specify	N. 1994	R	C	C
TO BE ABATED	Sol	-		hermal systems	r	SF or	M	E	A	L
In Facility (13)		/Iain- ince/		n, surfacing, VAT r miscellaneous)		LF)	O V	A	S	s
(15)		odial	or other	i miscenancous,			À	I	U	Ŭ
		(12)	1				L	R	L	R
P / /	Yes		-: 54:			AIE		-		E
Basement crawl space		x	pipe fittin			4 LF	x			
1st Fl inside construction zone		x	pipe fittin			10 LF	x			
1st Fl hallway		x	pipe fittin			8 LF	x			
Ground floor kitchen in walls		х	pipe insua			35 LF	x			
Name of Registered Waste Haule Associated Specialty Contracting		100000000000000000000000000000000000000	EP Waste er ID No.	Cubic Yards of Waste		Name of Registe Tullytown Recou				
City, State				Disposal Date		City, State	ise recovery			
Glen Mills, PA				As req.	I and the second	Tullytown, PA				
Completed By (Print or Type) David Kovalevich		Title Proje	ect Manager		Signat	of forali	100		Date	7-11
4 DC 44				1	,		AAAA AAAAA		(C. 8100) 1	

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

Job #: 1112-1607 Check #: 2507

Date of Notification 12/8/11	(1)						ilding (Owner / Ope	rator	TO C	ET					
Agencies Notified EPA	Type Notific			99 I	Har		venu		M) DE	C 12	2011				
DEP	Initia	ai ended					Zip C		1.00	mes §		1	1			
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□ DOH		ergency cellation					ntact dade		Į.	ASB	ESTOS CONT	INGE OF	eiennn	ne N	umme	31
☐ DCA	L Can	Cenauon		rra	ПK	verd	aue				LICENSING	1				
				F	AC	ILIT	Y INF	ORMATION	1	g (Bagas) and	Land management	Manager of Property		200		
Name of Facility WI	here Abatem	ent is Taking P	lace (3)		CHITICOL		Type of F								
Residential Prop	erty							Scho								
Street Address									and the second	re-rediffication	er than K-					
349 Route 47								Toronto Contract Cont		. private	& commerc	cial building	s, hom	es, e	tc.)	
								Square F	eet	# (of Floors	BI	dg. Ag	е		
City (5)		County (6)	Co	ounty	/ Co	ode (7)	4,000		2						
Goshen		Cape May						Current U	lse (l	Prior if be	eing demol	shed)	27//2			
								Vacant								
Name of Monitoring	Firm Hired	by Building Own	ner (8)		ASC	M No.	Name of	Abat	ement C	ontractor (9	9)				
Horizon Environ		, ,	,	5%							Services					
Street Address								Street Ad	dres	S						
PO Box 316								3859 Sy	lon	Blvd.						
City, State & Zip Co	ode							City, State	e & Z	Zip Code						
Thorofare, NJ 08	3086							Hainesp	ort,	NJ 080	36					
Project Manager for	r Monitoring	Firm	Tele	phor	ne N	lumb	er	Telephon	e Nu	mber		License No	umber	0.00		
Dave or Steve FI	lanigan		856	-848	30-8	300		609-702	-040	0			0086	2		
Scheduled Start Da	ate (10)	Scheduled Cor	mpleti	on D	ate	(11)		Name of	OSH	A Monito	or					
12/21/11		12/23/11				***		EMSL A	naly	tical						
Occupancy Status	During Abate	ement (Check o	nly or	ie)				Street Ad								
		During Entire F			bat	eme	nt	107 Had								
Abatement	Performed (Outside of Norm	al Ho	urs				City, State								
Describe:								Westmo	nt,	NJ 0810	8					
Scope of Work (Ch	eck all that a	apply)												_		
			K-3	_								nent with Ne	egative	Pres	ssure	é
≥3 sf or ≥3			X		19000	vatio					ni-Enclosu					
≥160 sf ≥26	50 If			D	em	olitio	n			- CONT.	ove Bag Pi		F-:	_		2007
			т.								on-Exempte	ed and Non-				
	ocation of tos-Containi			Loc				Descri Asbestos-				Amount (Specify	Aba	atem	ent i	ype
100000000000000000000000000000000000000	terial (ACM)	•		Solel				Materia				SF or LF)			m	_
	BE ABATED			nten				(i.e., therm			,	51 01 21 /	Re	Z.	Encapsulate	Enclsoure
	in Facility		Cus	todia	al St	taff?		nsulation, su					Remova	Repair	psu	Iso
	(13)			(12				or other mis	scella	aneous)			/ <u>a</u>	=	late	иге
			Yes	N	0	N/A									w	
Crawlspace				TE		\boxtimes	Pipe	Insulation			130	LF	\boxtimes			
Basement						\boxtimes		Insulation	and	assoc.	50 L	F				
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Basement			님	-	++	H	IVIISC	ellaneous	rioc	rilles	Una	er 2 SF		H	H	H
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Name of Registere	d Waste Hai	uler						Cubic Yards	3	Name of	f Registere	a Lanatili				
Harizan Dianas	a.l			1	nau	2261) No.	of Waste		GROW	S					
Horizon Disposa	a i															
City, State Trenton, NJ								Disposal Da 12/23/11	ne /	City, Sta Morris	ville, PA					
Completed By (Prir	nt or Type)				Γitle			Signature		j			Date			
Kim Trumbetti	4000 35			1	Adr	nin.		tour	V				12/8/	11		

Page 1 of 1

at a selection and the control

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) # 1444 llo Name of Building Owner/Operator (2) Date of Notification (1) East Orange Board Of Education 12/07/2011 Street Address Agencies Notified Type Notification 715 Park Ave Initial × **EPA** City, State, Zip Code ASBESTOS CONTROL & Amended DEP × East Orange, NJ 07017-1026 LICENSING Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) × DOH Dario Lambkin Cancellation × DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Johnnie L. Cochran, Jr. Academy School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 190 Midland etc.) Bldg. Age # of Floors Square Feet City (5) 60+ 2 60.000 East Orange Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) County (6) Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) GL Group, Inc 00110 Whitman Street Address Street Address 140 Hamburg Tpke 116 Tices Lane, Unit B-1 City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 East Brunswick, NJ 08816 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01084 (201)710-9725 732-390-5858 Kevin Lovely Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) GL Group, Inc 12/29/2012 12/23/2011 Street Address Occupancy Status During Abatement (Check Only One) 140 Hamburg Tpke Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Bloomingdale, NJ 07403 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 If Mini-Enclosure Demolition ≥160 sf or ≥260 lf 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 Encapsulate Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Removal Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 250 SF X Breeching & Stack Insulation X Boiler Room X 260 LF Pipe Insulation & Fittings X Boiler Room 140 SF X Interior Boiler Components X Boiler Room Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Cumberland Landfill TBD GL Group, Inc. 0033034 City, State Disposal Date City, State Newburg, Pa TBD Bloomingdale, NJ Date Signature Title Completed by 12/07/2011 Elesu Stulle President Elena Solakov

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

	lotification (1):	N	ame of	f Buildir	ng Own	er/Operator (2)			12 101	haran		12/2/2002/00	
11/30/11				Public	Schoo		-			1			
Agencies	Type Notification			ddress:					OS CONTROL &		_		
Notified	on Initial	2	Cedar	Street	0.1		Ī	T L	TCENSING				
≰ EPA	☐ Amended			ate, Zip			44.00	CHANGE CONTRACTOR OF THE PARTY					
DEP	Amendment#:			c, NJ 07			- 8	Telephone 1	Number:				
DOL	☐ Emergency			f Contac			Ą	estates, e.	rumber.				
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doou	justification)							1					
DOH DCA	☐ Cancellation	- 1										-	
DEDCA					_	FACILITY INFO	RMATI	ON					
								f Facility (4):	100				
Name of	Facility Where A	batemen	nt is Ta	aking Pl	ace (3)								
IVY Hill	Elementary Sch	iool					Scho	ol (K-12)	12)				
Street Ad							越 Subc	hapter 8 (Other than K-	IZ)	oc ele	1		
107 Ivy S							□ Othe	r (i.e., private & comme	ercial bullulings, non	ics, cic.	,		
		County (6):		County	Code (7):	Carron	- Foots	# of Floors				
City/ (5):	4 12	Essex	٠,٠		7108		Square	e Feet:	022233				
Newark	1	ESSCA					Bldg.	Age					
							Guma.	nt Use : School					
							Curre	of Abatement Contra	actor (Q)		-		
Name of	Monitoring Firm	Hired b	y Buil	ding Ov	vner:	ASCM No.:	Name	of Adatement Contra	actor (7).				
TTT Da	vironmental Inco	rnorate	ed				E	rocare Enterprises	s. Inc				
THENV	vironmental faco	n por acc	, u						3, 1110				
Ci i A	J.Janaar		-				Street	Address:					
Street Ac		t			80								
1253 No	orth Church St	treet					358	Broadway					
								State, Zip Code:				-3507/150	
City Sta	ate, Zip Code:						City,	State, Zip Code.					
							New	ark, NJ 07104					- 53
Moores	stown, NJ 0805	57	00000					hone No.:	License No.:			-540	
Project N	Manager for Mon	itoring I	Firm:	tit		Telephone No.:	Telep	none No	Dicense 1.o.				
Lamos	A. Guilardi	•			- 1	856-840-8800	(973)	485-4000	01017				
James .	A. Guilarui					2 (11)		e of OSHA Monitor:					*
Start Da	ate (10):	Sc	hedule	d Comp	letion	Date (11):	Ame						
12/09/1		12	/14/11	1			Ame	risci					
	cy Status During Al	hatement	(Check	only on	e)		Stree	t Address:					
							1171	East 30th Street					
Facility Abater Describe	y Closed/vacated Di ment Performed Out o:	uring Ent tside of N	lire Peri Jormal	Facility l	Hours		City, New	State, Zip Code: York, New York, 10	0016				
□ Other													
Describe						p program							
Scope of	f Work (Check all th	hat apply):					ri Full (Containment with	Negati	ve Pr	essure	í
				110	Reno	*!		Mini-	-Enclosure	Ü			
$\square \ge 3$ sf	$f \text{ or } \geq 3 \text{ lf}$			Q	⊈ Reno] Dem	vation		m/Class	abox Drocedure	. F.:	abla D	roandi	ure
≥ 160	of $or \ge 260$ lf			- 4	Dem	ontion		□ Non-F	Exempted (*) and N	On-FII	Abate	roccui	+
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				Vormall			escripti)	on of		1	1)	PC	_
	Location of					Asbestos Con	ntaining	Material (ACM)				Ш	-
Asbesto	os-Containing Ma	aterial	Use	d Solel intenar	y by	(i.e., thern	nal syste	ems insulation,	Amount	Z	70	Encapsulat	1
	(ACM)					sur	facing, \	VAT, or	Amount	Removal	Repair	ar	1 5
1	TO BE ABATED		C	ustodia	11/	othe	r misce	llaneous)	(Specify	9	oai.	JSC	Enclosure
	IN Facility			Staff?					SF or LF)	2	7	la	re
	(13)			(12)									
	(15)		Yes	No	N/A				70 LF	X			
1st floo	or by stairwell	#3		X		Pipe Insulatio	n		70 LI	1.	+		+
												1	
	7.00				NIDI	EP Waste Hauler II	D No.:	Cubic Yards	Name of Regi	stered	landfi	11:	
Name	of Registered Wa	ste Hau	ier:		4506			of Waste:	Tullytown Re	. Facil	ity		
Newar	k Carting				.500			3					
01: 0	24-4			Dispo	sal Da	te:		City, State:					
City, S	State:	irocoro		Dispe		georet.		Tullytown, PA					
	rk NJ 07102 / Env	rocare		1	Title		Sign	ature:	Date:				
	leted By:				9/3/980,038	ident	J. 5.	OU well	11/30/11	l			
Uju O	biorah				rres	idelit	-	Corn C					
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USC 8 ZUIT II: UDAM .. TOUT/UUT

		State of No	w Jersey	والتحاديد المتعلقية والمتعادد الأدامات		Check #	:991	1:
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Date of Notification (1) 12/6/11	1.600	ame of Build Garth Kr	ing Owner/Operator avits	[2] 5 6	(Sig	(natura)	1 SEL	Hees
[]DEF	l iostion C:	ity, State,	ory Avenue	U LU DEC	1 2 2011 S CONTROL &	Time:	10	्य
EDER [] ADG[] HOG[X]	NCY	Garth K	ravits	11/	de muber			
Name of Facility Where Abstement Private	nt is Taking		TX INFORMATION	Type of Pacil []School []Smbchap	(K-12) ter 8 (Other	r them !	K-12)	
Street Address 276 Gregory Avenue					i.e., priva mildings, he # of Floor	omes, et		.!
West Orange	Esse		County Code (7) (STATE USE OSLX)	2300 Current Use (Residence	ce		00	req)
Fame of Monitoring Firm hixed) Owner (8) N/A Street Address	by Bullding	ASCM No.	AZTECH M		, Inc.			~
City, State, Zip Coda			City, State,	topher St Zip Code r, NJ 070	_			
Project Manager for Monitoring	Firm Telo	phone Number	(973) 744		T	0037	_	ər
	12/13/11 Month Da ent (Check of During Sat saids of Nor wars Descrip	y Year only one) ire Period mel Pacility	N/A Street Addres	8				
Scope of Work (Check all that [X]>3 sf or >3 lf []>160 sf or >260 lf	[%	Renovation Demolition	[]Mini- [X]Glove	Containment w Enclosure Thag Procedure Friable Proced		Pressu	re	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	By Cu	Is cation remaily Used tolely Main-mance/ stodial (ff (12)	Description Asbestos-Con Material {i.e., thermal insulation, surf or other misce	on of staining (ACM) l systems Facing, VAT,	Amount (Specify SF or LP)	R	R E P A I R	E E E N N C C L P O S 8 U V R E
Basement			Pipe Insulat	ion	105 lf	X		-
Name of Registered Waste Haule AZTECH MANAGEMENT,	TNC Bar	DEP Waste Lier ID No.	Cubic Yards of Waste 1.5	Name of Reg		(Fill		
Completed By (Print or Type) Constantine Vivian	ritle Preside	nt	12/14/11 Stgmature	Morrisv	ille, PA	1906 Date 12/6/	-	

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

		NO			NJAC 8:	STOS ABA	AND THE SECOND	C	6#	=330	18	_		
Oate of Notification (1) 12-6-2011			1	lame of B	huilding Ov Trager	menopai	retor (2)	EIV	2.	F Pour F		21	Date	L
Agencies Notified T	ype Notfication		1	Street Add	iress	1-21		-		(a)utis/ii	The state of		-	
CI EPA	Initial			48 Burr	ett Stre	PET	0.50	eshe o	Servic	in & Senior	10011 11	C		
DEP E	Amended		(ity, State	. Zip Code	4 1111	DEC	12 21	\$ ko	Dahoa	u una Lanti le	trof	TIN	
DOL _	Amendment		_	Maplew	rood, NU	12 1			1		103			
x		including	1	Varne of C	Contact			THE CONTROL	Tele	nhana Nam	her			
DOH DCA	justification) Concelleton			Daniel	Trager		ASELS	TOS CONTROL	T')			
	3 00.190701.		1_		TY INFO	MATION	-	Andrew St. Co.	- bra		i			
Name of Facility Where Abr	stement is Taking	Place (3)			9		Ту	pe of Facility (4)		7			
House					1	59 D. S. d	· Im	School (K-12	3					
Street Address		74 - St. 11 - St. 177	~	X			٦ŏ	Subchapter ((Othe	er than K-12)			
48 Burnet Street								Other (i.e. pr etc.)						9,
City (5)								uare Feet	3 3 3 3 7 7	Floors		ig. A	je	
Maplewood								000	2)+	_	
County (6)				County Co		-34-375-177-3	1	ment Use (Prio	r if bei	ng demolish	ad)			
Essex			14	STATE U	SE ONLY)		– H	louse						_
Name of Monitoring Firm H	ired by Building	Owner (8)		ASCM	No.	10000		batement Cont		(9)	Const.	47		
n/a				n/a			Jadar (Contracting, I	ITC					
Street Address				1		5	breet Ad	queas						
n/a							22 Troy							
City, State, Zip Code								, Zip Code						
n/a							Lincoln	Park, NJ 07	035					
Project Manager for Monito	ring Firm		1	Telephon	e No.	7	Felephon	e No.		Ucense N	o.			
n/e	_						973-70	6-7950		01088				
Start Date (10)		Schedule	d Con	pletion C	tale (11)	1	varne of	OSHA Monitor						
12/7/2011		12/8/20				1	Jadar (Contracting,	LLC					
Occupancy Status During	Abatement (Cher	k Only One	3)				Street Ad	drace						2.19
							22 Tro	y Lane						
Facility Closed/Vacate Abatement Performed	t Ownide of Non	renocior A nal Facility	Hours	MBUIT			City, Stat	e, Zip Code						-
x Other - Describe: 9						_	Lincoln	Park, NJ 07	7035					
Scope of Work (Check All	That Annly)		-											
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Location (of		lorma				ription of						1	T
Asbestos-Containing N			d Sole		Asbest	tos Contai thermal s	ining Mal	erial (ACM)		tmount Specify	70	_	1 8	1
TO BE ABAT In Facility		Cust	00,000	Staff?	(1.6.	surfaci	ng, VAT,	or		ForLF)	Remova	Repair	aps	1
(13)			(12)			other mi	scellaneo	005)			3	=	Encapsulate	נותטפערים
		Yes	No	NIA										
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Name of Registered Wast	e Hauler			AJDEB M		Cubic Y	4116222	Name of	Regis	ered Landfi	H			
Jadar Contracting, LI				tauler ID		of West	tę.	G.R.O	.W.S.	Landfill				
			\perp	003313		Dispose	Data	City, Stal	te	~			-	-
City, State	26					TBD	J. Date			PA 19067				
1 1 1	33							1101110			ate			
Lincoln Park, NJ 070		1					Calling the Toron							
Lincoln Park, NJ 070 Completed by Lillie Lazarevich		Tride Secr				Sign	D'A	1.10	ula	7	2/7/2	011		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) MO#19129315476 Name of Building Owner/Operator (2) Date of Notification (1) DEC 1 2 2011 Harry Brennan 12/07/2011 Street Address Type Notification Agency Notified ASBESTOS CONTROL & 430 Wastena Terrace A EPA M Initial LICENSING City, State, Zip Code ☐ Amended DEP Amendment # Ridgewood, NJ 07450 □ DOL ☐ Emergency (including Telephone Number Name of Contact justification) MOD M ☐ Cancellation Harry Brennan ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-1 2) Private home ☐ Subchapter 8 (Other than K-1 2) ■ Other (i.e. private & commercial buildings, Street Address homes, etc.) 430 Wastena Terrace # of Floors Bldg. Age Square Feet City (5) Ridgewood, NJ 07450 Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY) Bergen Name of Abatement Contractor (9) ASCM No. 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 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 01127 973-638-1777 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) Envirovision Consultants, Inc 12/17/2011 12//16/2011 Street Address Occupancy Status During Abatement (Check only one) 20-21 Wagaraw Road, Bldg .# 34A ☒ Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☒ Renovation ☐ Mini-Enclosure ≥ 3 sf or >3 lf ☐ Demolition ☑ Glovebag Procedure ≥ 160 sf or > 260 lf 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/ Removal (i.e., thermal systems insulation. (Specify Repair TO BE ABATED Custodial surfacing, VAT, or SF or LF) IN Facility Staff? other miscellaneous) (13)(12)Yes No N/A 20 LF X Pipe insulation X Basement 300 SF X VAT Floor Tiles Basement Cubic Yards of Name of Reg stered Landfill NJDEP Waste Hauler Name of Registered Waste Hauler Waste ID No. T.R.R.F. Inc Gr Tech LLC 0033785 Disposal Date City, State Tullytown, PA Wayne, NJ 07470 Date Title Signature Completed by 12/07/2011 N. Jevtic Owner

Do not use this form for asbestos licensure kempted activities.

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 6615 Name of Building Owner/Operator (2) Date of Notification (1) New Jersey Turnpike Authority 12/7/11 Type of Notification Street Address Agencies Notified PO Box 5042 [] EPA Initial [] DEP Notification City, State, Zip Code Woodbridge, NJ 07095 DOL Amended Notification DOH A Telephone Number Name of Contact DCA [] [] Cancellation Gregory Soska **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e. private and commercial buildings, homes, etc.) NJT Interchange 8A Facility Street Address NJ Turnpike Interchange 8A Bldg. Age # of Floors Square Feet ~50 2 4000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) (STATE USE ONLY) Middlesex Monroe Township offices Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. Jupiter Environmental Services, Inc. Whitman Companies, Inc. 00110 Street Address Street Address 3 Lynn Court 116 Tices Lane, Unit B-1 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 East Brunswick, NJ 08816 License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 00852 973-709-0200 732-390-5858 Kevin Lovely Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) J & S Environmental Laboratories, LLC 12/31/11 12/19/11 Street Address Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22W Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe: Union, NJ 07083 Other - Describe: partially vacant Scope of Work (Check all that apply) Full Containment with Negative Pressure [] Mini - Enclosure [x] Renovation [x] Demolition [] Glovebag Procedure [x] \geq 3 sf or \geq 3 lf [x] Non - Friable Procedure [] ≥160 sf or ≥260 lf Abatement Is Location Type Description of Normally Used Ε E Amount R R Asbestos - Containing Solely by Location of (Specify E N Ε N Material (ACM) Maintenance/Cus Asbestos - Containing P C C SF or LF) M (i.e., thermal systems todial Staff (12) Material (ACM) 0 A A L insulation, surfacing, VAT, TO BE ABATED P 0 V or other miscellaneous) In Facility R S S A Yes No N/A (13)U L U 9 LF X TSI X Boiler room Name of Registered Landfill NJDEP Waste Cubic Yards Name of Registered Waste Hauler Of Waste Minerva Landfill Hauler ID No. Jupiter Environmental Services 04782 Disposal Date City, State City, State Waynesburg, OH 12/30/11 Lincoln Park, NJ Date Signature Completed By (Print or Type) Title 12/7/11 General Manager Pane Repic

					Sta	ite of New Jersey	and the same	and a series and a series of the series	. January Joseph Addison Windows and the con-	a position of			
			NC			OF ASBESTOS AB NJAC 8:60-7 and 12		CEI	WEI	Check	# 66	614	
Date of Notification (1) 12/7/11					r/Operator (2) artment of Milita	ary Affairs	The second of the second of				ll.	
Agencies Notified	Type of Notifica	ation S	Street A	Address		sing Road		DEC 12	2011				
[] DEP [X] DOL [X] DOH	Notificatio	I		ate, Zip (encevil		08648		ASBESTOS CON LICENSII	NG				
[] DCA	[] Cancellation	1		of Contac m McE				Telephone Ni	imher				
	1				FACILI	TY INFORMATION							
Name of Facility When Sea Girt NGTC	re Abatement is T	aking Pla	ace (3)				Type of Facil	ool (K-12) chapter 8 (Othe er (i.e. private a	r than K-12) and commerci	al buildi	ngs,		
Street Address 381 Sea Girt Av	enue						Square Feet	nes, etc.)		Bldg. Ag			
City (5)		County				unty Code (7) TATE USE ONLY)	Current Use	(Prior if being de		-50			
Sea Girt		Monr					Offices, train	ng center					
Name of Monitoring F				ASCM NO	D.	Name of Abatem			Convicos	Inc			
VVhitman Street Address	Companies,	inc.		00110		Street Address	Jupiter Envi	ronmental 3	services,	1110.		-	
116 Tices Lane,	Unit B-1						3 Lynn Cou	t					
City, State, Zip Code	O m D 1					City, State, Zip C	Code				1100/100		
East Brunswick,							Lincoln Par	k, NJ 0703					
Project Manager for M Kevin Lovely	Ionitoring Firm			Number 0-5858		Commission of the Commission o	973-709-02	00	License		r 085	52	
Scheduled Start Date 12/20/			oletion /31/1	Date (11 1)	Name of OSHA	^{Monitor} J & S Envir	onmental L	aboratorie	s, LL	С		
	d/Vacated During	Entire P	eriod o	of Abaten		Street Address	2333 Route	22W					
Desc	erformed Outside or ribe: cribe: partially vac		ai Facili	ty Hours		City, State, Zip C	Code Union, NJ (7083					
Scope of Work (Check	all that apply)		2007/6000										
[] Demolition [] ≥3 sf or ≥3 lf [x] ≥160 sf or ≥2	160 If			[]	Renov	ration	[x] ([x]	ull Containmen Mini – Enclosure Glovebag Proce Non – Friable P	e dure	e Press	sure		
[M 2.00 of of 2			s Locat							1.00000000	ater	nen	-
Locatio	n of		rmally Solely				ription of — Containing		Amount	R	pe R	E	E
Asbestos – C			itenand			Materi	ial (ACM)		(Specify	E	E	N	N
Material (tod	ial Staf	f (12)			mal systems surfacing, VAT,		SF or LF) M	P	CA	C
TO BE AB In Faci			T				iscellaneous)			V	1	P	0
(13)		Yes	No	N/A						A	R	S	S
Building 7 mechanic	cal room	x			TSI el	bows			8 LF	×	\Box		_
Quarters 1 basemer		x				doned boiler			36 SF	х			
Quarters 1 basemer		x				ite panels			48 SF	x			_
Armory classroom a	nd offices		x			ind mastic			1240 SF	X		\dashv	
Museum			x			and mastic	1.00	alakan di	150 SF	X			
Name of Registered W Jupiter Environn		es Ha	JDEP V auler ID 04782		111111111111111111111111111111111111111	ubic Yards f Waste 10	Minerva	gistered Landfil Landfill					
City, State				10 7000		isposal Date	City, State	A.,					
Lincoln Park, NJ		T			1	2/30/11	Waynest	ourg, OH	T Date			_	-
Completed By (Print or Pane Repic	Type)	Title Gen	eral	Manag	ger	Signature	C		Date 12/7	/11			
SB-41 64667									en.			JUN	9

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

N							Q-100000					77-11-17	
Date of Notification (1)	8 / 11			ABC Supply Name of Building Owner/Operator (2) E C E I V E									
Agencies Notified EPA	Type Notification ☐ Initial			Street A	Address BC Pkwy		DEC 1	2 2011					
☑ DOLWD				City, State, Zip Code									
☑ DHSS	Amendment #0				it, WI 5								
☐ DCA (NJAC 5:23-8)	Emergency (indigustification)	cluding		Name o	of Contact		ASDESTON Fellephone Number						
(NJAC 5.25-0)	☐ Cancellation			Anth	ony Ma	rtino	LICE	1				- 0.23	
				FAC	ILITY IN	FORMATION	in the segment was become in the	ET HERTER AND		ŧ,			
Name of Facility Where	Abatement is Taking	Place ((3)				Type of Facility (4	4)	- See 197	2,000			
Aamco Roofing						☐ School (K-12)							
Street Address						Subchapter 8 (Other than K-12)Subchapter 8 (Other than K-12)Other (i.e., private and commercial buildings,							
1125 Capital High	vay						homes, etc.)						
City (5)					A COLUMN THE		Square Feet	# of Floors		g. Ag	je		
Pennsauken, NJ							5000	1		0			
County (6)			- 0	Count	y Code (7)(STATE USE ONLY)	Current Use (Price	or if being demolis	hed)				
Camden												5.2455	
Name of Monitoring Firm	n Hired by Building C	wner (8	3)	ASCM N		Name of Abateme							
AET				0002	1 -		ironmental Sys	tems					
Street Address						Street Address							
28 N. Pennell Road	d					550 East Uni							
City, State, Zip Code					II I	City, State, Zip Code							
Media, PA 19063	1					West Chester, PA 129382							
Project Manager for Mo	nitoring Firm		1000000	ephone N		Telephone No. License No.							
Eric Housekenech	nt			300) 969								_	
Start Date (10)				etion Dat		Name of OSHA Monitor							
12 / 6	/ _11	2 /	9	/ _	11	AET							
Occupancy Status Duri	ng Abatement (Chec	k only o	ne)			Street Address							
	ited During Entire Pe	riod of	Abate	ement	orib o	28 N. Pennel							
Abatement Performe	ed Outside of Norma 7AMPM/3:3	PM	Hou	AM	cribe	City, State, Zip C Media, PA 19							
Scope of Work (Check	all that apply)					N	tainment with Neg	ative Pressure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Re □ De	novat moliti			☐ Mini-End			ıre				
		1 1	Less	tion			Implied () and No.			atem	ent T	ype	
Location	on of	1	Loca Norma	ally		Description (_	_		
Asbestos-Containin	g Material (ACM)			lely by ance/	Asbe	estos Containing Ma e., thermal systems	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
TO BE AI				Staff?	(1.0	e., thermal systems surfacing, VAT	, or	SF or LF)	val	7	sul	sure	
(13			(12	1		other miscellane					ate		
,		Yes	No						FZ				
Tar Storage Tank A	rea				-	nsulation		40 LF					
Tar Storage Tank A	rea			\boxtimes		nsulation debris		20 SF			닏		
Tar Storage Tank A	rea			\boxtimes	Tar co	ver on Tank Bot	tom (non-Fri)	300 SF					
								1 1 100					
Name of Registered W		-	112	NJDEP \		Cubic Yards of Waste	Name of Regis						
Robinsons Waste		е '		Hauler II 17304		5		WS Landfill	14				
City, State						Disposal Date	City, State			1	1		
Voorhees, NJ						12/12/11	/ Morrisville			1	_/_		
Completed By (Print or		le Estima	tor			Signature	10/10	D	ate //	k	11.	/	
John Heemer		_suma	w	1		ITU	The w		4	V	-/		

ASB-41 MAY 11 * Do not use this form for asbestos licensure exempted activities.

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

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2)		Eli	11			
	11		ABC Supply									
Agencies Notified Type Notified ⊠ EPA Initial			Street Address 1 ABC Pkwy DEC 1 2 2011									
☐ DOLWD ☐ Amend	led lment#		City, State, Zip Code									
△ 51.00	ency (includin		Bel	oit, WI 5	3511	ASBE.	STOS CONTROL &					
(NJAC 5:23-8) justific		9	Name	of Contac	at I		Telephone Num	ber				
☐ Cance	llation		Anthony Martino									
			FA	CILITY IN	FORMATION					- 2		
Name of Facility Where Abatement is	s Taking Place	e (3)				Type of Facility	(4)					
Aamco Roofing						School (K-12						
Street Address						Subchapter 8	(Other than K-12 ivate and comme	roial bu	ildina			
1125 Capital Highway						homes, etc.)	ivate and comme	iciai bu	manig	5,		
City (5)		-				Square Feet	# of Floors	BI	dg. A	ge		
Pennsauken, NJ						5000	1		60			
County (6)		-	Cour	tv Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demoli	shed)	-		-	
Camden			-	., (.	///							
Name of Monitoring Firm Hired by B	uilding Owner	(8)	ASCM	No	Name of Abateme	ent Contractor (9)			-			
AET	unding Owner	(0)	0002		A CONTRACTOR OF STREET OF STREET	ironmental Sys	tome					
			0002		Street Address	i offineritar dys	tems					
Street Address 28 N. Pennell Road					550 East Unio	on Street						
								-			-116-31	
City, State, Zip Code					City, State, Zip Co							
Media, PA 19063		T= 1			West Chester, PA 129382							
Project Manager for Monitoring Firm		1	phone		Telephone No. License No.							
Eric Housekenecht				9-6238							5000	
Start Date (10)12 /6 /11	Scheduled (Section 14 and 15										
Occupancy Status During Abatemen	t (Check only	one)			Street Address							
□ Facility Closed/Vacated During E					28 N. Pennell	ell Road						
☐ Abatement Performed Outside of	Normal Facili	y Hour	rs - Describe City, State, Zip Code								- (0)	
Time of Abatement: 7AM	PM/ <u>3:30</u> PM-		MA		Media, PA 19	063						
Scope of Work (Check all that apply)			0.00									
		enovati			⊠ Full Cont ☐ Mini-Enc	ainment with Neg losure	ative Pressure					
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		emolitic	n			g Procedure moted (*) and Nor	n-Friable Procedu	re				
				Ι		g Procedure mpted (*) and Nor	n-Friable Procedu	1	ateme	ent T	vne	
≥160 sf or ≥260 lf	D	s Locat Norma	ion Ily			mpted (*) and Nor	n-Friable Procedu	Ab	ateme		T	
	DI DI	s Locat Norma	ion lly ely by		Description o	mpted (*) and Nor f terial (ACM)	Amount	Ab	-		T	
Location of Asbestos-Containing Material (A0 TO BE ABATED	DM) Us	s Locat Norma	ion lly ely by nce/		Description o	mpted (*) and Nor f terial (ACM) insulation,	Amount (Specify	Ab	ateme Repair		T	
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility	DM) Us	s Locat Norma ed Sole	ion lly ely by nce/		Description o	mpted (*) and Nor f terial (ACM) insulation, or	Amount	1	-		T	
Location of Asbestos-Containing Material (A0 TO BE ABATED	DM) Us	S Locat Norma ed Sole aintena	ion lly ely by nce/		Description of stos Containing Mass, thermal systems surfacing, VAT,	mpted (*) and Nor f terial (ACM) insulation, or	Amount (Specify	Ab	-	t Encapsulate	T	
Location of Asbestos-Containing Material (AC TO BE ABATED IN Facility	CM) Us M:	S Locat Norma ed Sole aintena stodial	ion lly ely by nce/ Staff?	(i.e	Description of stos Containing Mass, thermal systems surfacing, VAT,	mpted (*) and Nor f terial (ACM) insulation, or	Amount (Specify	Ab	-		T	
Location of Asbestos-Containing Material (A0 TO BE ABATED IN Facility (13)	CM) Us Mi Cus	S Locat Norma ed Sole aintena todial (12)	ion lly ely by nce/ Staff?	(i.e	Description of stos Containing Master Stos Containing Master Storms Surfacing, VAT, other miscellane	mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	A Removal	Repair		T	
Location of Asbestos-Containing Material (A0 TO BE ABATED IN Facility (13) Tar Storage Tank Area	CM) Us M. Cus	s Locat Norma ed Sole aintena (12) No	ion Illy ely by nce/ Staff?	Pipe Ins	Description of stos Containing Mars, thermal systems surfacing, VAT, other miscellane	mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF)	A Removal	Repair		ype Enclosure	
Location of Asbestos-Containing Material (AG TO BE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area	CM) Us Mi Cus	s Locat Norma ed Sole aintena stodial (12) No	ion lly ely by nce/ Staff? N/A	Pipe Ins	Description of stos Containing Mass, thermal systems surfacing, VAT, other miscellane sulation	mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	A Removal	Repair		T	
Location of Asbestos-Containing Material (AGE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area	CM) Us Mi Cus Yes	s Locat Norma ed Sole aintena stodial (12) No	ion Illy Illy Illy Ince/ Staff? N/A	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Mass, thermal systems surfacing, VAT, other miscellane sulation sulation debris of Cubic Yards of	mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	A Removal	Repair		T	
Location of Asbestos-Containing Material (AG TO BE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area Tar Storage Tank Area	CM) Us Mi Cus Yes	s Locat Norma ed Sole aintena stodial (12) No	ion Illy Illy Illy Ince/ Staff? N/A D JDEP V auler IE	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Master Non-Exe Description of stos Containing Master Notes Containing Master Notes Containing Nation Sulation Sulation Sulation Description of Cubic Yards of Waste	mpted (*) and Nor f terial (ACM) insulation, or ous)	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	A Removal	Repair		T	
Location of Asbestos-Containing Material (AG TO BE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area Tar Storage Tank Area Name of Registered Waste Hauler N.E.T.S.	CM) Us Mi Cus Yes	s Locat Norma ed Sole aintena stodial (12) No	ion Illy Illy Illy Ince/ Staff? N/A	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Mass, thermal systems surfacing, VAT, other miscellane sulation sulation debris of Cubic Yards of	mpted (*) and North for terial (ACM) insulation, or ous) on floor om (non-Fri)	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	A Removal	Repair		T	
Location of Asbestos-Containing Material (AGE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area Tar Storage Tank Area Name of Registered Waste Hauler	CM) Us Mi Cus Yes	s Locat Norma ed Sole aintena stodial (12) No	ion Illy Illy Illy Ince/ Staff? N/A D JDEP V auler IE	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Master Surfacing, VAT, other miscellane sulation debris of the contact of the co	mpted (*) and Normpted (*) and Normpted (ACM) insulation, or outs) on floor om (non-Fri) Name of Regist BFI Imperia	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	A Removal	Repair		T	
Location of Asbestos-Containing Material (AGE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area Tar Storage Tank Area Name of Registered Waste Hauler N.E.T.S. City, State Hazelton, PA	CM) Us Mi Cus Yes	s Locat Norma ed Sole aintena stodial (12) No	ion Illy Illy Illy Ince/ Staff? N/A D JDEP V auler IE	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Mass, thermal systems surfacing, VAT, other miscellanes sulation sulation debris of the containing Masses of Waste 5 Disposal Date	mpted (*) and Normpted	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	Ab Removal	Repair		T	
Location of Asbestos-Containing Material (AG TO BE ABATED IN Facility (13) Tar Storage Tank Area Tar Storage Tank Area Tar Storage Tank Area Name of Registered Waste Hauler N.E.T.S. City, State	CM) Us M: Cus Yes	s Locat Norma ed Sole aintena stodial : (12) No	ion Illy Illy Illy Ince/ Staff? N/A D JDEP V auler IE	Pipe Instance Pipe Instance Pipe Instance Vaste	Description of stos Containing Mass, thermal systems surfacing, VAT, other miscellane sulation debris of the containing Masses of Waste 5 Disposal Date TBD	mpted (*) and Normpted	Amount (Specify SF or LF) 40 LF 20 SF 300 SF	Ab Removal	Repair		T	

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

_ate of Notification (1)			Name of Building Owner/Operator (2)											
12/07/2011					Jefferson Township Board of Education									
Agencies Notified	No	otification Type	2		Street Address	1: C D		Acres de procesos ses.		711				
() USEPA () NJDEP (X) NJ DOL (X) DOH)		ed Certi ency No ing justi	fication tification	28 Bowling Green Parkway DEC 1 2 2011 City. State. Zip Code Lake Hopatcong, NJ 07849SEESTOS CONTROL &									
() DCA	() Cancel	led		Name of Contact Tel. Number NG									
, ,	L_			EA OIL ITY	Dora Zena I									
Name of Facility Where Abate	ment is T	aking Place (3	3)	FACILITY	Type of Facility					er oppo	printing 1			
NJ State Owned Prop			d ia		() School (K-1:	2)								
Street Address	3.1		() Subchapter	8 (other than K-12) rivate & commercial	bldas hom	nes etc.								
31 Route 181						00 # of Floors 1		g. Age	50					
City (5)	County (6)	County C		34. Feet. <u>550</u>	70 # 011 10013 _		g. //gc <u>s</u>						
			(State Us	e Only)	Current Use (pr	ior if being demolish	ed)							
Lake Hopatcong	Morris													
Name of Monitoring Firm Hire			ASCM No	<u>).</u>	Name of Contra	ctor (9)								
Garden State Environn	nental,	Inc.	N/A		ISES, Inc.									
Street Address					Street Address 3300 Hudso									
555 Broad St, Suite K					3300 rudst	on Avenue								
City, State, Zip Code					City State, ZipCode									
Glen Rock, NJ 07452					Union City, NJ Telephone Number License Number									
Project Manager for Monitorin	ng Firm	Telephone N				(201)325-0055 C1124								
Bruce Wolf		201-652 Scheduled (Data (11)	Name of OSHA		0112							
Scheduled Start Date (10) 12/10/2011		12/27/20	11	Date (11)	ISES, Inc.									
Occupancy Status During Ab (X) Facility Closed/Vacated () Abatement Performed (During E	ntire Period of	f Abatemen	t	Street Address 3300 Hudson Avenue									
Describe: Facility is current township.	ly not in t	use and is being	ng renovate	ed for use by	City, State, Zip Code Union City, NJ 07087									
Source of Work (Check all the	at apply)								7					
★≥ 3 SF or ≥ 3 LF		Rend	ovation olition		☐ Mini-Enclosur☐ Glovebag Pro				9					
Location of Asbestos-		ation Normally	Used		of ACM (i.e.	Amount (Specify S	F or LF)	Abate	ment Ty	pe				
Containing Material (ACM) in Facility (13)	Solely Staff?	by Maint./Cus	stodiai		tems insulation, /AT, or other									
racility (13)	YES	NO	NA	miscnous.)			<u> </u>	Rem.	Rep.	Encap	Enclose			
Exterior Windows		X		Caulking]	137 SQ FT		X						
								-		-				
							The second second				-			
		NJDEP Wa		D# 1	Cubia Varda of Ma	1	Name of Re	a Landi	511		1			
Name of Reg. Waste Hauler	Cubic Yards of Was		Cumberl			Land	611							
Vision Transport	Disp. Date		City, State	una C	o unity	Duna								
City. State 2 Fish House Road, F	12/27/2011		Newburg	. PA	17242	2								
Completed by (Print or Type)	Signature /		Date Date	27		10.								
David Camacho Wal	12/07/2011													
			CINITY A	111/13										

2/256

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

Type Notification CX DEP	Date of Notification (1)					Name of Building Owner/Operator (2) Albie Corp.							
(X) DEPA (X) DEP (X) DOUL (X) DEP (X) DEP (X) DOUL (X) DEP (X) DEP (X) DOUL (X) DEP (X) DEP (X) DOUL (X) DEP (X)	12/9/2011 Agencies Notified		Type Noti	fication		559 Franklin Avenue 4 111 NFO /// 111							
(X) DCP (X) DCH (X	(X) EPA		(X) Initia	Notification	n								
X DOL (
(X) DOH (X) DOH (X) DOA (X) DO	(gency (inclu	uding	Nulley NI 07110 /							
Second S	(X) DOH ().						I MOBES	708 PANTA		1			
Street Address Stre	(X) DCA	() Cancel	lation		Name of Contact								
Name of Facility Where Abatement is Taking Place (3) Subchapter 8 (cherr than K-12) Subchapte													
Scheduled State					FACILITY II			· · · · · · · · · · · · · · · · · · ·	Se 1	-			
Subshapter 8 (c) Square Feet: 1680 # of Floors 1 Bidg. Age Approx 50+ Square Feet: 1680 # of Floors 1 Bidg. Age Approx 50	Name of Facility Where Abat	ement is Tal	king Place	(3)									
Size Address Square Feet 1680	Burgess Pharmacy									- 6	6		
Square Feet 1680 # of Floors Bidg. Age Approx 50+	Stroot Address					(x) Other (i.e.	private & commercial	buildings, ho	omes, etc	;			
County (6) County (7) County (8) Co	Street Address												
State Second State Second State Second State Second State Second	559 Franklin Avenue					Square .Feet:	1680 # of Floors	1 Bldg. /	Age Ap	prox 50	+		
Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. JN RESTORATION INC.	City (5) C	ounty (6)					1 16 h 1	- 4\					
Street Address	Nutley E	ssex		(State U	se Only)	Current Use (p	orior it being demolishe	ea)					
Street Address			0 (0)	1000111		Nome of Contr	ractor (O)			2.75		_	
Street Address Stre	Name of Monitoring Firm Hire	ed by Blag. (Owner (8)		10.	IVN PESTOR	ATION INC						
Street Address Street Address 47 Foster Road	ESS Environmental			41019		JVIVILLOTOR	ATION INO.						
### 8913 Riverside Drive	200 20000					Street Address	3						
City State Zip Code North Bergen, NJ 07047 Telephone Number Telephone Numb	Street Address					Ottoot i too to							
Staten Island, New York 10309	8913 Riverside Drive					47 Foster Roa	d						
Telephone Number	City, State, Zip Code					City State, Zip	Code						
Telephone Number													
Title								License	Alumbar		- 0.1		
Scheduled Start Date (10) 12/19/2011 12/19/2011 12/23/2011	Project Manager for Monitoria	ng Firm	Telephon	e Number		Telephone Nu	mber	License	e Number				
Scheduled Start Date (10) 12/19/2011 12/19/2011 12/23/2011	Donnie Piwere		718_213_	1/31		718-605-6256		NJ 007	74				
12/19/2011 12/19/2011			September 11 degree		on Date (11)	110 000 020							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours Other - Describe Source of Work (Check all that apply) (X) Source of W	Scrieduled Start Date (10)		Ocheduic	a completic	on Date (11)	Traine or o'dr.							
Source of Work (Check all that apply)	12/19/2011		12/23/201	1		ESS Environmental							
Spision Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours	Occupancy Status During Ab	atement (Ch	neck only o	ne)		Street Address	<u>s</u>						
City, State, Zip Code Nource of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf () Demolition (X) Renovation () Full Containment with Negative Pressure () Mini-Enclosure () Mini-Enclosure () Mini-Enclosure () Mon-Exempted (X) and Non Friable Procedure Location of Asbestos-Containing Material (ACM) In Facility (13) Is Location Normally Used Solely by Maintenance./ Custodial Staff? (12) Yes No N/A Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Amount (Specify SF or LF) Abatement Type Abatement Type Rem Rep Encap Enclose Rem Rep Enclose Floor X VAT 600 SF X X Image: Variety of Waste Name of Req. Waste Hauler Express Waste LLC NJJBEP Waste Hauler ID # NJ-804 Cubic Yards of Waste 5 Disp. Date 12/23/2011 City, State Newburg, PA Newark, N.J. Senior Project Manager Signature Date 12/8/2011 City, State Newburg, PA	(X) Facility Closed/Vacated	During Entire	e Period of	Abatement									
Source of Work (Check all that apply) (X) ≥3 sf or ≥ 3 lf (X) ≥160 sf or ≥260 lf (X) ≥160 sf or ≥260 lf (X) ≥160 sf or ≥260 lf (X) Renovation (Y) Mini-Enclosure (Y) Mini-Enclosure (Y) Mini-Enclosure (Y) And Non Friable Procedure (Y) Non-Exempted (X) an		itside of Nor	mal Facility	Hours									
Source of Work (Check all that apply) (X) ≥3 sf or ≥ 3 lf (X) ≥160 sf or ≥ 260 lf (X) Renovation (Y) Mini-Enclosure (Y) Glovebag Procedure (Y) Non-Exempted (X) and Non Friable Procedure (Y) Non-Exempted (X) and Non-Exempted (X)	Other - Describe					City, State, Zig	o Code						
Source of Work (Check all that apply) (X) ≥3 sf or ≥ 3 lf (X) ≥160 sf or ≥ 260 lf (X) Renovation (Y) Mini-Enclosure (Y) Glovebag Procedure (Y) Non-Exempted (X) and Non Friable Procedure (Y) Non-Exempted (X) and Non-Exempted (X)						North Bergen, NJ 07047							
() Full Containment with Negative Pressure (X) ≥3 sf or ≥ 3 lf (X) ≥160 sf or ≥ 260 lf (X) Renovation () Mini-Enclosure () Glovebag Procedure () Non-Exempted (X) and Non Friable Procedure () Non-Exempted (X) a	Course of Mark (Charle all th	at apply)				Notal Deigen,	110 07047						
(X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation	Source of Work (Check all til	at apply)				() Full Co	ontainment with Negat	tive Pressure	9				
(X) ≥160 sf or ≥ 260 lf (X) Renovation (A) Selvebag Procedure (B) Non-Exempted (X) and Non Friable Procedure (B) Non-Exempted (X) and Non Friable Procedure (B) Non-Exempted (X) and Non Friable Procedure (C) Non-Exempted (X) and Non Friable Procedure (B) Non-Exempted (X) and Non Friable Procedure (C) Non-Exempted (X) and Non Friable Procedure (E) Non-Exempted (X) and Non Friable Procedure (C) Non-Exempted (X) and Non Friable Procedure (E) Non-Exempted (X) and Non Friable Procedure (Figure 1) Abatement Type (Figure 2) Abatement Type (Figure 3) Non-Exempted (X) and Non Friable Procedure (Figure 3) Abatement Type (Figure 4) Abatement Type	(X) > 3 sfor > 3 lf		() D	emolition		() Mini-Er	nclosure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roof Roof Roof Name of Reg. Waste Hauler Express Waste LLC City, State Newark, N.J. Completed by (Print or Type) Location of Normally Used Solely by Maintenance./ (12) Yes No N/A Perimeter Base Flashing Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Amount (Specify SF or LF) Abatement Type Abatemany Abatement Type Abatement Type Abatemany Abatement Type Abatemany Abatemany Abatement Type Abatemany Abatemany	(X) >160 sf or > 260 lf					() Glovel	oag Procedure		1000 U.SAN WYY				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roof Roof In Facility (12) Yes No N/A Perimeter Base Flashing Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A Perimeter Base Flashing Normally Used Solely by Maintenance / Custodial Staff? (12) Yes No N/A Perimeter Base Flashing 80 LF X		200											
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roof Roof Roof Name of Reg. Waste Hauler Express Waste LLC City, State Newark, N.J. Completed by (Print or Type) John Tardy Senior Project Manager Surfacing, VAT, or other miscell.) surfacing, VAT, or other miscell.) Rem. Rep. Encap Enclose Surfacing, VAT, or other miscell.) X VAT Cubic Yards of Waste 5 City, State Newards, N.J. Completed by (Print or Type) John Tardy Senior Project Manager							Amount (Specify Sh	or LF)	Abatem	ent Type	2		
Maintenance / Custodial Staff? (12) Yes No N/A Perimeter Base Flashing 80 LF X		1 (4 03 4)						- 3					
Roof X Perimeter Base Flashing 80 LF X Floor X VAT 600 SF X Name of Reg. Waste Hauler Express Waste LLC NJ-804 Disp. Date 12/23/2011 Newark, N.J. Disp. Date 12/23/2011 Newark, N.J. Completed by (Print or Type) Title Signature Cubic Project Manager Date 12/9/2011 Custodial Staff? (12) X VAT So LF VAT VAT VAT So LF VAT VA		II (ACIVI)			THE RESIDENCE OF THE PARTY OF T	AT, OF OTHER			Rem.	Rep. E	ncap E	nclose	
Roof Roof Roof X Perimeter Base Flashing 80 LF X Name of Reg. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # NJ-804 Cubic Yards of Waste Cubic Yards of Waste Cubic Yards of Waste Disp. Date 12/23/2011 City, State Newark, N.J. Completed by (Print or Type) John Tardy Senior Project Manager			*************		111130011.7								
Roof Roof Roof X Perimeter Base Flashing 80 LF X Name of Reg. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # NJ-804 City, State Newark, N.J. Completed by (Print or Type) John Tardy Perimeter Base Flashing 80 LF X Name of Reg. Landfill Cumberland County Landfill City, State Newark, N.J. Completed by (Print or Type) Senior Project Manager Position N/A Perimeter Base Flashing 80 LF X Disp. Date 12/23/2011 City, State Newburg, PA Date 12/9/2011			Stat	f?									
Roof X Perimeter Base Flashing 80 LF X Floor X VAT 600 SF X Name of Req. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # NJ-804 City, State Newark, N.J. Completed by (Print or Type) John Tardy Perimeter Base Flashing 80 LF X Name of Reg. Landfill Cumberland County Landfill City, State Newburg, PA Disp. Date 12/23/2011 City, State Newburg, PA Date 12/9/2011			(12										
Floor X VAT 600 SF X Name of Req. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # NJ-804 Senior Project Manager Express Waste LLC NJDEP Waste Hauler ID # NJ-804 Cubic Yards of Waste Suprature Disp. Date 12/23/2011 City, State Newburg, PA Date 12/9/2011			Yes N	lo N/A	L	FI I	1 20.15		TV T	т	-	L	
Name of Req. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # Cubic Yards of Waste Express Waste LLC Disp. Date 12/23/2011 City, State Newark, N.J. Completed by (Print or Type) John Tardy Senior Project Manager	Roof			,	Perimeter B	ase Flashing	80 LF		^				
Name of Reg. Waste Hauler Express Waste LLC NJDEP Waste Hauler ID # Support NJ-804 Cubic Yards of Waste Support NJ-804 Cubic Yards of Waste Support NJ-804 Cubic Yards of Waste Support NJ-804 Disp. Date 12/23/2011 City, State Newburg, PA Completed by (Print or Type) John Tardy Senior Project Manager Disp. Date 12/9/2011					WAT		600 SF		x			1	
NJ-804 Senior Project Manager Cumberland County Landfill	FIOOT			-	VAI								
NJ-804 Senior Project Manager Cumberland County Landfill				+									
NJ-804 Senior Project Manager Cumberland County Landfill	Name of Reg. Waste Hauler		NJDEPV	/aste Haule	er ID #	Cubic Yards o	of Waste						
City, State Newark, N.J. Completed by (Print or Type) John Tardy Disp. Date 12/23/2011 City, State Newburg, PA Signature John Tardy Date 12/9/2011		Y I		. Josephanic							ıdfill		
Newark, N.J. Completed by (Print or Type) John Tardy Senior Project Manager Title Signature 12/23/2011 Newburg, PA Date 12/9/2011			3.93999.707(63)										
Newark, N.J. Completed by (Print or Type) John Tardy Senior Project Manager Title Senior Project Manager 12/23/2011 Newburg, PA Date 12/9/2011	City, State												
Completed by (Print or Type) Title Signature Date John Tardy Senior Project Manager 12/9/2011						1	7 12/23/20	רוכ	Ne	wourg, I	PA		
John Tardy Senior Project Manager 12/9/2011			Tie!-			T Signature	-//	4 Date					
	Completed by (Print or Type)	2	litie			Signature	11	Date					
	John Tardy		Senior Pr	oiect Mana	ger	11/1/11	analil	12/9/20	011				
ASB-41 *Do not us this form for asbestos licensure exempted activities.	John Faldy		COMOTT	Special interior	3-	1116	alviorg		- X1974				
	ASB-41		*Do not us	this form f	or asbestos lice	nsure exempted	activities.						

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

Date of Notification			Name of Building Owner Operator (2) Kraft Foods										
$\frac{12}{12} / \frac{09}{11} / \frac{11}{11}$													
Agencies Notified	Type of N	Jotific:	ation	-	Street Address 2211 Route 208 North								
☑ EPA	[.,pc o	Initia			City, State, Zip Code								
☐ DEP			nded		Fairlawn, New Jersey, 07410 11 DEC 1 2 2011								
☑ DOH			ndment			Name of Contact Telephone Number							
☑ DOL DCA			rgency v ellation	v/ justification	PRANA	PRANAV DESAI ASBESTOL CONTROL							
					ACILITY I	NFORMATI	ON		ENSING	La	T		
Name of Facility Wh	nere Abater	nent is	Taking	Place (3)		Type of F	acility (4)	Alberta L. Carre	Ostopiacija, promoto	Trans.		*	
Kraft Foods			_			_	44						
Street Address						School (K-12) Subchapter 8 (Other than K-12)							
2211 Route 208						Other (I.e., private & cmmercial							
			bldgs., ho	mes, etc.)									
City (5)	County (6	5)		County Code	(7)	Square F		# Of Floor		Buildir	ng Age		
Fairlawn	Bergen					The second secon	0,000	being den	3	+	40 +		
				<u> </u>			AREHOUS		iolistica)		40 1		
Name of Monitoring	Firm Hired	by BI	dg. Own	er (8)	ASCM N					J			
AFT					1								
AET Street Address						Street Ad	nmental Se	rvices Inc.					
907 Doolittle Drive						Street Ad	aress						
City, State, Zip Code	9					462 Getty	Avenue						
Bridgewater, NJ 088						City, Stat	e, Zip Code	,				***	
Project Mngr. For M	onitoring F	irm		Telephone Nu	ımber	Olia - M	07044						
Eric Houseknecth Sheduled Start Date	(10)	Scho	d Comp	908-218-1108 letetion Date (1	14)	Clifton, N.			Liconco	Number			
12 / 27	/ 11	John	12	29	11	Telephone Number License Number							
//	/		/			973-772-3660 00117							
Occupancy Status I							OSHA Moni						
Facility C		ited Du	iring En	tire Period of			nmental Se	rvices Inc.		-			
		ed Out	side of N	lormal Facility		Street Address							
Hours - D	escribe: _	MON-	FRI	· · · · · · · · · · · · · · · · · · ·		462 Getty Avenue							
☑ Other - D	escribe: _	7:00A	M - 3:30	PM		City, State, Zip Code							
Scope of Work (Che	ck All That	Apply)			Clifton, NJ	0/011						
		3.1.5	i.	SUSYCO	_								
☐ Demolitio			√	Renovation		Full Containment with Negative Pressure Mini - Enclosure							
>160 sf o						Glovebag Procedure							
	_							d Non-Fria	ble Proce	dure			
Location o				r									
Asbestos Cont	(T) (e)	Loc	ls cation	As	Descript	Containing			Abateme R	I Type	ΙE	ĮΕ	
		0.94597.00	rmally		Material	(ACM)		Amount	E	R	N	N	
TO BE ABAT		125/10	sed		e., therma		<u>2</u> 10	(Specify	M	E	С	C	
in Facility (13)		1,133,00	olely			facing, VA [*] cellaneous)	Γ,	SF or LF)	0 V	P	A P	L	
(13)		0.315.50	Main- ance/	or o	other misc	enaneous)			Ă	A	s	o s	
		15,560,000	todial						Ê	R	Ü	Ü	
			ff (12)								L	R	
DAKEDY			NO N/A					66.15			- party	- promp	
BAKERY BAKERY/G20				PIPE INSULAT				60 LF 75 LF	V		+-#-	1-4-	
DC WAREHOUSE	15	_		PIPE INSULAT				6 LF	No.	$\vdash\vdash$	+-+	+ $+$ $+$ $+$	
										H			
Name of Registered	Waste Hau	ler		NJDEP Waste	Charles and the control of the contr		egistered	andfill			- Anne		
NEWARK CARTING				Hauler ID No.	TO A STATE OF THE PARTY OF THE	I.E.S.I.							
City, State				4509	of Waste Disposal	City. State							
NEWARK, NJ				*	Date		EM, PA 181	05					
										F			
Completed by (Print	or Type)			Title			Signature	-	1		Date		
Steve Stiles				Project Manage	er		Stee	x [lisa)	12	/09/11	
		The same of the sa		,				4.1.		~/	1 12		