		ı				District Control	S ABATEN nd 12:120			(\ <u>\</u>	1	9+	+1	2
Date of Notification (1) 11/17/2011					Building e Proper		/Operator	(2)	EGE			1	İ		12
Agencies Notified	Type Notification			Street A 86 No	ddress rth Hack	ensa	ck Ave		DEC	1 3 2011		J			
DEP DOL	Amended Amendment		_ [ite, Zip Co Kearny			The second			-				
DOH DCA	Emergency justification) Cancellation				Contact aubler		4		ASBESTO LIC	S O'electrone C	Numbe	Г	1		
				FACI	LITY INFO	ORMA	TION		. The second state of the second	Kikala.	-				
Name of Facility Where Private Property	Abatement is Takir	ng Place (3	3)					Type	of Facility (4 School (K-12	2)	(201 (8)		-au-2	ek.	
Street Address 86 North Hackensa	ick Ave							×		8 (Other than I rivate & comm		uild	ings,	home	es,
City (5) South Kearny NJ			1	-				Squar 45.00	re Feet 00	# of Floors			dg. A 50	ge	
County (6) Hudson					Code (7) USE ONLY)	72	Curre	nt Use (Prio	r if being demo	olished)				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tement Con e Group I	77. T.	i i				74
Street Address		Lance Space			and the second second		Street 5		s street suit	te #16		181392			
City, State, Zip Code							p Code York NJ	07093							
Project Manager for Mor		Telepho	ne No.		Teleph 201-7			Licens 00114							
Start Date (10) 11/25/2011							7.57		A Monitor Onmental	Corp					
Occupancy Status Durin	g Abatement (Che	ck Only Or	ne)				Street		SUCCESSION NO.	20					
Facility Closed/Vac Abatement Perform Other – Describe:									e 22 Wes	st			-		
Other – Describe:	8 Hours				<u> </u>		Unio	n NJ (07083						
Scope of Work (Check A	All That Apply)		Renov				F			ent with Negation	ve Pres	sur	e		3 2
× ≥160 sf or ≥260 lf		Пг	Demol	ition			×	Glo	ni-Enclosure ovebag Proc		riable F	Proc	adur	۵	
		Is	Loca	tion				1 NOI	n-Exempled	() and Non-r	TIADIC I		Abate	ement pe	
Location			Norma	illy ely by			Description				-	1	ı y		
Asbestos-Containing TO BE AB In Facil (13)	ATED \\ lity	Ma	intena	ance/ Staff?		therm	ontaining M nal systems facing, VA r miscellan	s insula T, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A	I									te	
exteri		×		tr	ansite pi	ре		12LF	х						
	2.02														
						- 11-		WAGE.		207-20-20-20				N.	
Name of Registered Was	ste Hauler			NJDEP W Hauler ID		5-18816	ic Yards /aste		Thomas on the	Registered Lan					L
City, State 109-113 Jacobus Av			Disp	osal Date		City, State South k	earny NJ								
Completed by Edwin Precilla	09-113 Jacobus Ave ompleted by Title						Signature		Mici	1	Date 11/1	7/2	011	Marca .	

	N		CATION		Jersey STOS AB 3:60 and 12		n E C	ELECT	14	1	74	40
Date of Notification (1) 11/17/2011			Name of		Owner/Ope	3.5		1 2 2011	- 1			
Agencies Notified Type Notification		(4) (6)	Street Ad 86 Nor		ensack A		J U DE	3 -1 3 -∠∪11 -		1		
EPA Initial Amended Amendment				te, Zip Coo Kearny I		2	ASBE	STOS CONTROL & LICENSING				
☐ DOH justification) ☐ DCA ☐ Cancellation	•	114	Name of Paul Ta	Contact aubler			Programme of the second	Telephone Nun	nber	-	op. *	25
			FACIL	ITY INFO	RMATION							
Name of Facility Where Abatement is Takin Private Property Street Address	ng Place (3)								2) al build	linas	home	os.
86 North Hackensack Ave						×	etc.)					,
City (5) South Kearny NJ						4	quare Feet 5.000	# of Floors	+	ldg. A 50	ge	
County (6) Hudson			County C	ode (7) ISE ONLY)	100000	-		or if being demolish	ned)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM	No.			Abatement Con nase Group I					
Street Address			20		-	treet Ad 567-52	dress nd street sui	te #16				
City, State, Zip Code							e, Zip Code Iew York NJ	07093				
Project Manager for Monitoring Firm			Telephor	ne No.		elephor 201-75	e No. 8-7158	License N 001144	0.			
Start Date (10) 11/28/2011	Schedule			Date (11)	100	North Control of the	OSHA Monitor nvironmental	Corp	***	Wellings N.A.		-
Occupancy Status During Abatement (Che				*******		Street Ad	dress oute 22 Wes	st				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other – Describe: 8 Hours	Period of A mal Facility	batem Hours	ent		C	ity, Stat	e, Zip Code NJ 07083					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova emoliti			1,	×	Mini-Enclosure Glovebag Prod	ent with Negative F exedure d (*) and Non-Friat			re	
	т.				- 17		TTOIT Exemples	2 () and tront i has	1		emen	t
Location of	N	Locati Iormali d Sole	ly			iption of			-	T)	/pe	Г
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/		tos Contair thermal sy surfacin other mis	stems in g, VAT,	or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
exterior	165	110	×		transi	ite pipe)	12LF	x			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Ya	ards	Name of	Registered Landfil				
DJM		Н	auler ID	No.	of Waste			land landfield				
City, State 109-113 Jacobus Ave					Disposal	Date	City, Stat	e cearny NJ				

Date

11/17/2011

Signature

Eden

project manager

Edwin Precilla

Completed by

			Section of the security of			TOS ABATEMENT 7 and 12:120-7)	IN E	GEI	W E	No.	[6]]	
Date of Notificat	cion (1)		Name o	of Buil	lding	Owner/Operator	(2)		12 !5			 	
12/9/11			Jus	stin	Sok	ol	allnii .	250 10 6	000				
Agencies Notified	Type Notificati	ion	Street	t Addre	ess	i		DEC 13 :	.UT.		1		
[]EPA	[X]Initial		82	Mape	s A	venue				, 1			
[]DEP	Notificat	ion	City,	State,	Zip	Code	A	BESTUS CONTR	OL &				
[X]DOL	[]Amended		Nut	ley,	NJ	07110		LICENSING					
[X]DOH	Notificat	ion	Name o	of Cont	act		Telanh	ono Mumber	Marin Same	A			-
[]DCA	[]EMERGENCY		Ju	stin	So	kol						- 10	
	[]Cancellation	on											
		2-510000		200000000000000000000000000000000000000	LITY	INFORMATION							
Name of Facility Private	Where Abatement is	Taki	ng Pla	ce (3)			Type of Faci	lity (4)					
Private							[]School	(K-12) pter 8 (Oth	er th	an	K-11	21	
Street Address	,							(i.e., priv					
82 Mapes Av	venue						cial	buildings,					
City (E)	la e		161		Con	enter Codo (7)	Square Feet	# of Flo	ors		ig.	Age	
City (5) Nutley	Co	unty Ess			1000000	nty Code (7) ATE USE ONLY)	1800	2 ·			70	had	
MUCLCY							Current Use Residen		eing (1em	0118	snea	,
Name of Monitorin	g Firm hired by Bu	ildin	g ASC	M No.		Name of Abate							
Owner (8)	•		67			AZTECH M	ANAGEMEN'	r, Inc.					
N/A Street Address			07		_	Street Address	3		-				
						86 Chris	topher S	t.					
City, State, Zip	Code				92	City, State, 2	Zip Code		-				
						Montclai	r, NJ 070	042					
Project Manager fo	or Monitoring Firm	Te.	lephone	e Numbe	er	Telephone Numb	per	4	Licen	se	Numl	per	
		N				(973) 744	-8800		003	37:	1		
Scheduled Start Da	ate (10) Sched.	Comp.	letion	Date	(11)	Name of OSHA N	Monitor						
12/18/11	12/	19/1	L1			N/A							
Month Day	Year Month During Abatement (Day	Year		Street Address				-			
[X]Facility C	Closed/Vacated Duri					Street Address	•						
of Abatem	ment Performed Outside	of No	rmal F	racilit	v	City, State, 2	Zin Code				-		
Hours - De	escribe: «OffHours I	escri	pt»		-	City, State, a	arp code						
[]other - De	escribe: «Other Occu	pancy	Descr	cipt»							0.00		
Scope of Work (Che	eck all that apply)				[]Full (Containment w	rith Negativ	e Pre	ssu	re		
[X]≥3 sf		[3	X] Reno	vation		[]Mini-	Enclosure						
[] <u>≥</u> 160 s:	f or >260 lf	[]Demo	lition		7.007,000.000.000	bag Procedure riable Proced				1		
		_	Is	_			Sec. Second	T	P	bat	teme	nt 1	
	ion of Containing		formall			Descriptio Asbestos-Cont		Amount		R	R	E N	E
Materia	Statement of the Control of the Cont		Used			Material ((Specif	У	E M	E	CA	CHO
The state of the s	ABATED		y Main enance			(i.e., thermal	-	SF or		0	A	PS	0
	cility .3)	Cı	ustodia aff (1	al		sulation, surfa or other miscel		LF)		A	I R	Ŭ	S U R
<u> </u>		Yes	No	N/A						77			E
Basement				X	Pip	e Insulat:	ion	70 lf	X				
						-						:1	
Name of Registered	d Waste Hauler AGEMENT, INC.		DEP Wa		1,11,15,15	oic Yards Waste 1.0	Name of Reg G.R.O.W		dfill				
AN	······································		7040					1				-	
City, State Montclair, N	T.T 07042				31	2/20/11	City, State Morrisv:		190	16	7		
MOHICUTALL, N	. 07042				1		101110	//	,				
Completed By (Prin			(4)			Signature	1_1	- //	Dat				
Constantine	Vivian Pres	side	nt			1/ 1	1.6.1	11.	12,	/9/	11		

Noned

e dC		NOT	IFICA (Purs	TION OF	of New Jo ASBEST NJAC 8:60	TOS ABA' 0 and 12:	TEMEN 120)	VT.	I F	1 厚 [WE		1		
ate of Notification (1)						ner/Opera			150		d LJ L	Annual Carlo Denie	And the second		
1/30/11	ype Notification		355	reet Addr					<u> </u>	EC 1	3 2011	l le	1	-	
	-			50 Cos								-\-	1		_
EPA DEP	Initial Amended		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Zip Code				L	DESTAS C	ONTROL &				
DOL	Amendment # Emergency (ii		14 - 3 6 5	ame of C	wark, N.	J		+	MOI	Telebh	one Numb	9F		377.8	
DOH _	justification)				eausolei	il		-	-, 3.49			5200-2			
DCA	Cancellation		٠.		TY INFOR								Rec :		
Name of Facility Where Aba	atement is Taking	Place (3)							acility (4)						
BP US Pipelines & L	ogistics								ool (K-12) chapter 8	(Othor t	nan K-12)				
Street Address								Oth	er (i.e. pri	vate & co	mmercial	buildir	igs, h	omes.	•
350 Costal St							S	etc.		# of Flo	oors	Bld	g. Age	9	
City (5) Port Newark, NJ							4.5	965		1		_			
County (6)			С	ounty Co	de (7)						demolishe	d)			
Essex			(5	STATE US			0.1		orage Ta			_	-		
Name of Monitoring Firm H		Owner (8)		ASCM N 00023		Na N	ame or Iew S	tates	Contra	cting,	LLC				
Hillmann Consulting	J, LLC			00023		St	treet Ac	ddress	10.77		•	******			
Street Address 1600 Route 22 East,	Suite 107					2	400 N	Vlain S	Street E	xtensi	on, Suite	10			
	Outto 10.							te, Zip		NGSTR					
City, State, Zip Code Union, NJ 07083							- 7		NJ 0887		· · · · · · · · · · · · · · · · · · ·				3
Project Manager for Monito	oring Firm		111	elephone			elepho	ne No. 25-01 (00		icense No 0749	3			
Michael Nehlsen				908-686					Monitor						
Start Date (10)		Scheduled 02/17/12		pletion D	ate (11)	I I	Hillma	ann C	onsultii	ng, LLO	•				
12/20/11	Ab atament (Chor				-		Show	Deskto	p.scf St	reet Add	ress				
Occupancy Status During				ent					22 Eas	t, Suite	e 107				
Facility Closed/Vacat Abatement Performer Other – Describe:	d Outside of Norn	nal Facility r	Hours	0111		C	City, Sta	ate, Zip	Code						
Other - Describe: U	noccupied '	tank farr	n				Unior	1, NJ	07083						_
Scope of Work (Check All ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	That Apply)		enova emoliti					Mini-	Enclosure	edure	Negative P Non-Friab			9	
								- Non-	Exempled	1 () and	.,		Abate	ment	t
		10.000	Locati ormal	50600 mm - 7 M		D	ription	of					Ту	pe	Т
Location Asbestos-Containing I		Used	Sole	ly by	Asbest	os Contair	ning Ma	aterial (ACM)	20,550	ount	Re	70	Enca	!
TO BE ABA	TED		ntenai odial S		(i.e.	thermal sy surfacir	ng, VAT	r, or	ion,		or LF)	Removal	Repair	Encapsulate	
In Facilit (13)	ty		(12)			other mis	scellan	eous)				a	-	late	
		Yes	No	N/A								-	-		+
Oil Storage Tank Roo	f T104/2004	х				Roof	f Mas	tic		393	0 SF	Х	_		-
And T105/2005		X													1
And 1105/2005				+											
				+											
Name of Registered Was	ite Hauler		1	NJDEP W	/aste	Cubic Y					ed Landfil				
AUCHTER INDUSTRIA		ICE INC	11111	Hauler ID		of Wast	te		G.R.O.	W.S No	rth				
			9	807727		Disposa	al Date		City, Sta						
City, State 4801 SOUTH WOOD	AVENUE, LINE	EN, NJ 07	036					. /	Morris	ville, P					
4001 300 IH WOOD	.,	T Title				Sig	gnature	1/	0/	//	11	ate	14		
Completed by ;									1 11	/ /	11 1	2/08/1			



Date of Notification (1) 12/09/2011						ner/Operato	d of Education				11.0	Michael and	
Agencies Notified	Type Notification		1	Street A				Kr	5 6 1		11/	15.	
EPA DEP DOL	Initial Amended Amendment	-	-	City, Sta	te, Zip Code on, NJ 075			11/	DEC	3 :	A L		ij
DOH DCA	Emergency (justification) Cancellation				Contact Serapiglia			ДŒ	lephone Nu		ÖL &	_	ļ
Name of Facility Manager	Ab -1	DI (0)		FACI	LITY INFOR	MATION	1 = 65 111	-	LIULI	OWG			1
Name of Facility Where A Manchester Region		g Place (3)					Type of Facility		a deal-water	- we what			Al Carles of
Street Address							School (K		er than K-1	2)			
70 Church Street							Other (i.e. etc.)	private	& commerc	ial buil	dings,	home	es,
City (5) Haledon			X = X /				Square Feet 80,000	2	of Floors		Bldg. A	ge	
County (6) Passaic	10.10			County C	Code (7) ISE ONLY)		Current Use (P High School		ing demolis	hed)			
Name of Monitoring Firm RKO Environmenta		Owner (8)		ASCN 090	l No.		of Abatement Co Construction			lnc.			- 17
Street Address 401 St. James Ave	nue						Address A Route 46 S	uite 3E)				
City, State, Zip Code Phillipsburg, NJ 088	865				White		State, Zip Code wa, NJ 07512	?					
Project Manager for Mor Jon Gilbert	nitoring Firm	************	100	Telephor	ne No. 34 6316		hone No. 256 7010		License 1 0666	lo.			
Start Date (10) 12/26/2011		Scheduled 12/28/20		pletion (Date (11)		of OSHA Monito Construction		storation	lnc.		- 01111 0	
Occupancy Status Durin	g Abatement (Chec	k Only One	()			Street	Address						
Facility Closed/Vac	ated During Entire I	Period of Al	oatem	ent		265	A Route 46 S	uite 3E)	1			
Abatement Perform Other – Describe:	ned Outside of Norm Occupied	nal Facility I	Hours				State, Zip Code wa, NJ 07512	2					
Scope of Work (Check A	III That Apply)					P	ww						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			2	Glovebag Pr	re ocedure					
		T 10.1					■ Non-Exempter	eu () ar	IG INOTI-FTIA	Jie Pro		emen	t
Location	n of	No	ocati ormal	y		Description	n of			_	Ту	ре	,
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Custo	ntenar dial S (12)	nce/ staff?	(i.e. the		Material (ACM) s insulation, AT, or	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Maintenand	ce office	Yes	No	N/A		Pipe insula	ntion		18 LF	x			
Maintenance		+^+	х			Pipe Insula		-	00 LF	x			
Name of Registered Wa	ste Hauler		11	JDEP W	7000	Cubic Yards	Name o	f Registe	ered Landfil	1			L
Bako Construction &	& Restoration, Ir	nc.		auler ID)889	1	of Waste 0	G.R.O						
City, State Totowa, NJ					9.1	Disposal Date 2/29/2011	City, Sta Morres		PA				
Completed by Damir Valjevac		Title Projec	t Ma	nager	1	Signatur	iur Na	gen	essayo 14 14200	ate 2/09/2	2011		

520143

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

Date of Notification (1) 12/12/11	*		~~~	8	Name of Build PEPCO Hold		Operator (2)	GE			
Agencies Notified		Notification (X) Initial N			Street Address 5100 Harding	ss Highway		DEC 1	3 2011	The state of the s	
(X) EPA (X) DOL (X) DOH () DCA		() Amende () Cancelle	d Certificat	tion	City, State, Z Mays Landing			ASBESTOS (CONTROL	8	
(7		22			Name of Con Michael Cros			Tel Numb	Stura Stura	le, is that me	
				FACILITY I	NFORMATION				477		
Name of Facility Where Aba Beesley Substation	tement is T	aking Place (3)		Type of Facili () School (K () Subchapte	-12) er 8 (other th	an K-12)				
Street Address 30 Wilke Drive					(X) Other (i.e.		of Floors 1	lgs., homes	, etc.		
	County (6) Cape May		County C (State Us		Bldg. Age 50- Current Use (demolished)_	Substation			
Name of Monitoring Firm Hir 1 Source Safety and Healt		. Owner (8)	ASCM N	0.			Name of Cor NCM Demoli		mediatio	n, LP	
Street Address 140 South Village Ave., Ste.	. 130				Street Address 404 N. Berry						
City, State, Zip Code Exton, PA 19341					City State, Zip Brea, CA 928						
Project Manager for Monitor Dan Bruun	ing Firm	Telephone 610-524-55			Telephone No 484-480-8931			License No 01066	umber		
Scheduled Start Date (10) 12/27/2011		Scheduled 12/30/2011	Completion	Date (11)	Name of OSH EMSL Analyti						
Occupancy Status During Al (X) Facility Closed/Vacated	During En	tire Period of	Abatement		Street Address	8 6					
() Abatement Performed C Describe Vacant Bldg. To Be			nouis -		City, State, Zi Westmont, N.	p Code					
Substation Other – Describe											
Source of Work (Check all the (X) Demolition () Renova (X) Large Proj. (>160 SF or	tion	CM) ()M Proi	. (>25<160	SF or >10 <26	0 LF ACM) () Minor Proj.	(<25 SF or <1	0 LF ACM)			
() Full Containment with N Location of Asbestos-	egative Pre	ssure () ation Normally by Maint./Cus	Mini-Enclos Used	sure () Glo Description o	ovebag Procedur		Specify SF or I	-F) <u>Ab</u>	atement '	Туре	
Containing Material (ACM) in Facility (13)	Staff?	(12)	NA	surfacing, VA miscell.)				Re	m. Rep.	Encap	Enclos
Walls/Roof	YES	NO	X	Transite Pane	els	600 SF		X			1
	-	-									
									-		+-
								Name (5			
Name of Reg. Waste Hauler Service Transport Group, In-		NJDEP Was	ste Hauler 0990	ID#	Cubic Yards of	of Waste		Name of R Minerva L	andfill		
City, State New Castle, DE							Disp. Date 12/30/11		City, S Wayn	tate esburg, C	ЭН
Completed by (Print or Type Mark Griffin)	<u>Title</u>	roject Mana	ager	Signature Mouk	Pr. Ili	RN	<u>Date</u> 12/12/2011			0

Removal 600 SF of transite

Notification of Demolition or Renovation.....(continued)

X. Description of Planned Demolition or Renovation Work and Methods to be Used: panels intact, wetting material, double wrap in 6mil poly.

ASBESTOS CONTROL & LICENSING

XI. Description of Engineering Controls and W Demolition or Renovation Site: Regulated w and double wrap.	ork Practices to be Used to ork area, wet removal meth	o Control Emn rods, HEPA fil	isions of Asbest os at the tration equipment, wet mate	erial
XII. Waste Transporter#1 Service Transport Gr	гоир			
Address 58 Pyles Lane				
City New Castle County Ne	w Castle	State DE	Zip 19720	
Contact Randy Bridges		Telephone 3	02-778-5930	
Waste Transporter#2				
Address				
City County		State	Zip	
Contact		Telephone		
XIII. Waste Disposal Site Minerva Landfill		EPA Certifica	tion Number: P0104984	
Address: 9000 Minerva Road				
City: Waynesburg County: St	ark	State: OH	Zip: 44688	
Contact:		Telephone: 3	30-866-3435	
XIV. If the Demolition was Ordered by a Govern	nment Agency, Please Iden	tify the Agenc	y Below:	
Name	Title			
Authority				
Date of Order (MM/DD/YY)	Date Ordere	d to Begin (MM/DD	m)	
XV. For Emergency Renovations:				
DATE and HOUR of Emergency: (MM/DD/YY)	(HH:MM)	•		
Explanation of how the Event caused unsafe conditions, or a s	serious disruption of industrial opera	tions		
XVI. Description of Procedures to Be Followed Friable Asbestos Material Becomes Crumbled, signs, alert generator	in the Event that Unexpect Pulverized or Reduced to F	ed Asbestos i Powder Segre	s Found, or that Previously gate area, wet materials, pos	Non- st
XVII. I Certify that an Individual, Trained in the I Site During the Demolition or Renovation, and this Person will be Available for Inspection Dur	that Evidence that the Requ	uired Training S (Required one (1,	has Been Accomplished b	n- y
XVIII. I Certify that the Above Information is Co.	(Signature of Owner/Operato	or)	(Date) 12/12/11	
VV				

Nocheck

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

Date of Notification (1) 12/05/11			1		Name of Build PEPCO Holdi		Operator (2)	W HILKWAL				
Agencies Notified		Notification () Initial No			Street Addres 5100 Harding			E II	W G	m]	
(X) EPA (X) DOL (X) DOH () DCA		(X) Amend () Cancelle	ed Certifica	ition	City, State, Zi Mays Landing		DEC	13 %	711		1000	
() Bon		HOL	D		Name of Cont Michael Crost		Process.	Tel. N		i letare		-3.4
				FACILITY I	NFORMATION		Assisti	(Starting	31 3	4	}	
Name of Facility Where A Roadstown Substation	batement is T	aking Place (3)		Type of Facilit () School (K-	12)	110	Figure	waranger, nas, was		A year a special of	
Street Address 165 Marlboro Road					(X) Other (i.e	e. private & o	commercial bl	dgs., ho	mes, etc	:		
					Sq. Feet 120)#	of Floors 1					
City (5) Shiloh	County (6) Cumberlan	d	County C (State Us		Bldg. Age 504 Current Use (prior if being	demolished)	Substa	<u>tion</u>			
Name of Monitoring Firm 1 Source Safety and Hea	Hired by Bldg alth, Inc.	. Owner (8)	ASCM N	0.			Name of Co NCM Demo			diation, l	_P	
Street Address 140 South Village Ave., S	t Address South Village Ave., Ste. 130 State, Zip Code I, PA 19341				Street Addres 404 N. Berry							
	outh Village Ave., Ste. 130 State, Zip Code PA 19341			7/570			-					
City, State, Zip Code Exton, PA 19341	O South Village Ave., Ste. 130 Y. State, Zip Code ton, PA 19341 Diject Manager for Monitoring Firm Telephone Number				City State, Zin Brea, CA 928							
Project Manager for Monit Dan Bruun	toring Firm	The second secon			Telephone Nu 484-480-8931			<u>Licens</u> 01066	e Numb	<u>er</u>		
Scheduled Start Date (10 12/19/2011)	Scheduled 01/31/2012		Date (11)	Name of OSH EMSL Analyti							
Occupancy Status During (X) Facility Closed/Vaca () Abatement Performed	ted During En	tire Period of	Abatement		Street Address						100	200
Describe Vacant Bldg. To			110010		City, State, Zi Westmont, N.							
Substation												
Other - Describe Source of Work (Check a	I that apply)				* *				777			
(X) Demolition () Reno (X) Large Proj. (>160 SF	or >260 LF A0	CM) ()M Proj	. (>25<160	SF or >10 <26	0 LF ACM) () ovebag Procedur	Minor Proj.	(<25 SF or <	10 LF A	CM)			
() Full Containment with	Negative Pre	ation Normally	Allend	Description o			Specify SF or	LF)	Abater	nent Ty	pe	
Location of Asbestos- Containing Material (ACM Facility (13)		by Maint./Cu: (12)		thermal syste surfacing, VA	ems insulation,	/ unount (opodily of the	,	Rem.	Rep.	Encap	Enclose
	YES	NO	NA NA	miscell.)		000 05		- 14	X	Tiop.	I	T
Walls/Roof			X	Transite Pan	els	600 SF			^			
						79-201-120-01						
Name of Reg. Waste Hau Service Transport Group,		NJDEP Wa	ste Hauler 0990	ID#	Cubic Yards o	f Waste			of Reg. va Land	fill		
City, State New Castle, DE					f kell		Disp. Date 1/31/12			Vaynes		Н
Completed by (Print or Ty Mark Griffin	pe)	<u>Title</u>	roject Mana	ager	Signature Musk)	2 n. 1L	(Rm)	<u>Date</u> 12/09/2	2011			
					1 14(000)	100						

	ion or Renovation	7777(00)1411400)		
	emolition or Renovation		be Used:	Removal 600 SF of transite
panels intact, wetting materi	al, double wrap in 6mil	poly.		
XI. Description of Engineerin	g Controls and Work P	ractices to be Used to	Control Emn	nisions of Asbestos at the
Demolition or Renovation Sit				tration equipment, wet material
and double wrap.				
		*		
	i Tomas d'Orana		AND SALESPANDS	
XII. Waste Transporter#1 Se	rvice i ransport Group			
Address 58 Pyles Lane				T
City New Castle	County New Casti	e	State DE	Zip 19720
Contact Randy Bridges			Telephone 3	02-778-5930
Waste Transporter#2				
Address				
City	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site Mii	nerva Landfill		EPA Certifica	tion Number: P0104984
Address: 9000 Minerva Road	ESTAGE OF A PROPERTY OF A PROPERTY OF			
City: Waynesburg	County: Stark		State: OH	Zip: 44688
Contact:			Telephone: 3	30-866-3435
XIV. If the Demolition was Or	dered by a Government	Agency, Please Ident	ify the Agenc	y Below:
Name		Title		
Authority				
Date of Order (MM/DD/YY)		Date Ordered	to Begin (MM/DD	IYY)
XV. For Emergency Renovati	ons:			
DATE and HOUR of Emergency: (MM/D		(HH:MM)		
Description of SUDDEN, UNEXPECTED				
Explanation of how the Event caused u	insafe conditions, or a serious of	disruption of industrial operat	tions	
1 · ·				
YVI Description of Procedure	es to Re Followed in the	Event that Unexpecte	ed Asbestos i	s Found, or that Previously Non
Friable Asbestos Material Be	comes Crumbled, Pulve	rized or Reduced to P	owder Segre	egate area, wet materials, post
signs, alert generator				
signs, alert generator				
signs, alert generator				
	I Taile die the Dessii	ions of this Regulation	n (AOCED D	art 64 Subport M) Will be On-
XVII. I Certify that an Individu	al, Trained in the Provis	sions of this Regulatio	n (40CFR, Pa	ort 61, Subpart M) Will be On-
XVII. I Certify that an Individu Site During the Demolition or	Renovation, and that E	vidence that the Requ	ired Training	has Been Accomplished by
signs, alert generator XVII. I Certify that an Individu Site During the Demolition or this Person will be Available i	Renovation, and that E	vidence that the Requ	ired Training	has Been Accomplished by
XVII. I Certify that an Individu Site During the Demolition or	Renovation, and that E	vidence that the Requ ormal Business Hours	ired Training (Required one (1	has Been Accomplished by year after promulgation).
XVII. I Certify that an Individu Site During the Demolition or this Person will be Available to Make M	Renovation, and that E for Inspection During N	vidence that the Requ	ired Training (Required one (1	has Been Accomplished by
XVII. I Certify that an Individu Site During the Demolition or	Renovation, and that E for Inspection During N	vidence that the Requ ormal Business Hours	ired Training (Required one (1	has Been Accomplished by year after promulgation).
XVII. I Certify that an Individu Site During the Demolition or this Person will be Available to Make M	Renovation, and that E for Inspection During N	vidence that the Requ ormal Business Hours	ired Training (Required one (1	has Been Accomplished by year after promulgation).
XVII. I Certify that an Individu Site During the Demolition or this Person will be Available to Make M	Renovation, and that E for Inspection During N	vidence that the Requ ormal Business Hours	ired Training (Required one (1	has Been Accomplished by year after promulgation).
XVII. I Certify that an Individu Site During the Demolition or this Person will be Available to Make M	Renovation, and that E for Inspection During N	vidence that the Requ ormal Business Hours	ired Training (Required one (1	has Been Accomplished by year after promulgation).

Check

Date of Notification (1) 12/08/2011			Na A	ame of B	uilding Ov ROLLE	wner/Opera D PROD	ator (2) OUCT	SINC	E G	EUW	La La				
Agencies Notified	Type Notification		8		ELSEA	DRIVE			DEC	0 13 20					
EPA DEP DOL	Amended Amendment		. C	LAYTO	Zip Code N, NJ (The second second		1996	SLOS CONTINU	. A.		1		
DOH DCA	justification) Cancellation			ame of C LIVER	ontact REMIC	K				Telephone N		_			
				FACILI	TY INFOR	RMATION	17	ype of Fa		a sance e			e W		-
Name of Facility When ALERIS ROLLED	e Abatement is Takin PRODUCTS INC	ig Place (3) C.					_ F	School	ol (K-12)	(Other than K	-12)				
Street Address 838 N. DELSEA	DR.						E	Other etc.)	(i.e. priv	# of Floors	rcial bui		gs, h		<u>, </u>
City (5) CLAYTON							1	Square Fe 100,000		1		60	g. 7 ·g		
County (6) GLOUCESTER				ounty Co	de (7) E ONLY)		- 8	STEEL	FABRIC	if being demo CATION	lisnea)				
Name of Monitoring F	irm Hired by Building	Owner (8)		ASCM I	No.	N: A	ame of	Abateme RED EN	nt Contra IVIRON	actor (9) NMENTAL	SERV	ICE	ES II	NC.	
Street Address							treet Ac	ddress LEMS F	RUN						
City, State, Zip Code						C	ity, Sta MULLI	ite, Zip Co ICA HIL	ode L, NJ 0	8062					
Project Manager for M	Monitoring Firm		T	elephone	No.		elephor	ne No. 04-4676	;	Licens 01145					
Start Date (10) 12/26/2011		Scheduled 12/31/20		pletion D	ate (11)		lame of	f OSHA M	lonitor						150-00-0
Occupancy Status Du								ddress	NORTH	1					
Abatement Perf	/acated During Entire ormed Outside of Nor e: Christmas shut dov	mal Facility F	ateme Hours	ent		C	City, Sta	ate, Zip Co	ode						
		III of Idomity					CININ	MINITAGE	514, 140			-	-	100000	
Scope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf or ≥260			novat				×	Mini-Er Gloveb	nclosure ao Proce	nt with Negation edure (*) and Non-F				e	
		Is L	ocatio	on				NOTE	kempted	() and (toll)				ment	
Asbestos-Contain TO BE In F	ation of ning Material (ACM) ABATED acility 13)	Used Main Custo	ormall Solet itenan idial S (12)	y by nce/	Asbes (i.e.	Descr tos Contain thermal sy surfacin other mis	ystems ng, VAT	aterial (A0 insulation T, or	CM)	Amount (Specify SF or LF)		Bemoval	Repair	Encapsulate	Enclosure
		Yes	No	N/A		TACK IN	Jel II	ATION		146 SF	X	-			-
MAIN E	BUILDING			X	5	TACK	490L	ATION		140 01					
		11	e soll								+	-			
Name of Registered	Waste Hauler			JDEP W lauler ID		Cubic Y of Waste				Registered La		AL	LAI	NDF	ILL
NETS						3	d Data		City, State						
City, State HAZLETON, PA	•					Disposa 01/02/2	2012	1		AL, PA	Date				
Completed by		Title			AGER	Sig	gnature	1	110	101/11		017	2011		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:80 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 12-9-2011 B. BERGSTEIN DEC 113 2011 Agencies Notified Type Notification Street Address 666 SUMMIT STREET EPA Initial STOS CONTRUL & DEP City, State, Zip Code Amended CUSEASING DOL Amendment # ENGLEWOOD CUFFS, NA Emergency (including Name of Contact DOH justification) DCA Cancellation B. BERGSTEIN FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) B. BERG STEIN School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 666 SUMMIT STREET etc. City (5) Square Feet # of Floors Bldg. Age . ENGLEWOOD CLIFFS 2900 58.4125 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) BERGEN REDISENCE Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code Hackensack , N.J. 07601 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 201-329-7444 00388 Start Date (10) Name of OSHA Monitor Scheduled Completion Date (11) 12-23-2011 12-22-2011 Omega Environmental Services Occupancy Status During Abatement (Check Only One) Street Address Facility Closed/Vacated During Entire Period of Abatement 280 Huyler St Abatement Performed Outside of Normal Facility Hours
Other - Describe: 8 Am 5 pm City, State, Zip Code South Hackensack N.J. 07606 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure 160 sf or ≥260 lf ☐ Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? Remova Repair In Facility surfacing, VAT, or SF or LF) (12) (13)other miscellaneous) Yes No . NA BASEMEUT X VAT 515 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill

Hauler ID No.

22393

Estimator

of Waste

12 40.

Disposal Date

12-23-2011

Signature

ASB-41 (R-06-06)

R. VELDRAN

Completed by

South Kearny

DJM

City, State

Transport ,Inc

N.J. 07032

Newburgh PA, 17242

City, State

Cumberland County Landfill

12-9-2011

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

State of New Jersey - Notification of Asbestos Abatement IC

(Pursuant to N.J.A.C. 8:60-7 and 12:120-77)

16

Name of Building Owner Operator (2) Date of Notification (1) Bloomfield College December 9, 2011 Street Address Notification Type Agencies Notified ASBESTOS CONTROL & 467 Franklin Street Initial Notification LICENSING City, State, Zip Code Amended Certification X FPA Bloomfield, NJ 07003 estation plans in the field where DCA ■ Emergency (including Telephone Number DOL Name of Contact San Branch justification) X DEP Jack Mc Grane □ Cancelled DOH X **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Bloomfield College- Knox Hall- Basement School (K-12) Subchapter 8 (other than K-12) Street Address Other (i.e. private & commercial buildings, homes, etc.) 467 Franklin Street Sq. Feet: 2,000 # of Floors: 3 Bldg. Age: 50+ years County Code (7) City (5) County (6) Current Use (prior if being demolished): Offices (State Use Only) Essex Bloomfield Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Envirovision, inc. GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 20-21 Wagaraw Road, Bldg # 34A **268 MAIN STREET** City State, ZipCode City, State, Zip Code Butler, NJ 07405 Fairlawn, NJ 07410 Telephone Number License Number Telephone Number Project Manager for Monitoring Firm 973-636-9145 Fred Larson 00840 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) December 28, 2011 December 27, 2011 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD, Bldg # 34A Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Other - Describe: Non Occupied FAIRLAWN, NJ 07410 Source of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation \geq 3 sf or \geq 3 lf Tent /Glovebag Procedure Demolition □≥ 160 sf or ≥ 260 x Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Asbestos Containing Material Amount Is Location Normally Used Location of Asbestos-Containing (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Material (ACM) in Facility (13) Solely by Maint./Custodial Remove Repair Encap Enclose VAT, or other miscell.) or LF) Staff? (12) NO YES X 9 I F TSI X Basement Name of Registered Landfill Cubic Yards of Waste: NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Meadowfill Landfill See Below See Hauler Below # 1 & 2 City, State Disposal Date Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 NJ DEP # 12561 Bridgeport, WVA December 28. Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 2011 Completed by (Print or Type) December 9, 2011 SENIOR PROJECT Marin Graure Marin Graure MANAGER

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

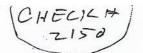
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	December 9, 201	1		Na	ame of Building	Owner/Oper Bobby	rator (2) cat Excavating	C EU N	1 E	MP P	- The second	
Agencies Notified [x] EPA [] DEP	[] Amen	on Notificatio led Notific Iment #			reet Address	1409 R			DEC 13 2)11			
[x] DOL [x] DOH [DCA	[] Emerg	ency (incluention)			ame of Contact Bob		Kive	r, NJ 08753	ephone Number	01.8			
				FACIL	ITY INFORM	IATION	T m	of Facility (4)				. 1 mt /k *	Viter
	Abatement is Taking esidence	Place (3)					1 yp	[] [x]	School (k-12) Subchapter 8 (oth Other (i.e., private	er than	k12) nmercia	ıl build	ings.
Street Address	107 Hancock Ave	enue				-		[x]	homes, etc.)				
City	10, 114,100	County (6)		ounty Code (7) TATE USE ONI	.Y)		lare feet 1500 sf	# of Floors	Bldg.	Age 60)	
Seaside H	eights	Ocean					1	Residen					
Name of Monitoring Fi	rm Hired by Building J/A	Owner (8)		A	SCM No.				(9) n Contracting,	Inc.			
Street Address	WII					Street A		1889 Ro	oute 9, Unit 61				
City, State, Zip Code						City, Sta		Toms R	iver, New Jerse		55-12	71	
Project Manager for M	onitoring Firm		elephone Nu			Telepho 732-34	49-99	932	00624		, Pa		
Scheduled Start Date (/11		12/27/11		n Date (11)	Name o			. Analytical				
i j	ng Abatement (Check Facility Closed/Vacat Abatement Performed Other – Describe	Outside of	Entire Period	cility Hou	ement	City, St	tate, Z	ip Code Piscata	elton Road way, New Jerse		54		
	all that apply) $>3 \text{ sf or } \ge 3 \text{ lf}$ $\ge 160 \text{ sf or } \ge 260 \text{ lf}$		F 1	Renovati Demoliti		[[[x]]]	Mini-Enclosure Glovebag Proced	with Negative Pre ure and Non-Friable		ure		
										Abat	ement	Туре	
	ng Material (ACM)	N	Is Location ormally use Solely by enance/Cus Staff (12)	ed	(i	Descript Asbestos-Co Material (i.e., therma nsulation, s VAT	ontair (ACM al syst surface , or	ning (1) tems cing,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		-	Х		Asbestos si	ding			1200 sf	X	_	-	-
Ditterior													
Name of Registered \ Guardia	Waste Hauler n Contracting, Inc		JDEP Wast 20	0223	3	Yards of W		Name of Regist T.R.R.F.	tered Landfill				
City, State	iver, New Jersey	Title		Dispos 12/28	al Date //11 Signature	Tull	State	n Pennsylvan	ia	Dat 12/	e /9/11	-	-
Nicholas	Fernicola		ct Manage		n for asbestos l	UNIT	(cempt	ed activities.	1	12/			

REMEMBI	ER – MAIL	IN HARE	TIFICA WOR	Sta 11101	ns of Nov OF ASBI NJAC	1.60 end	DATE 12:120	MÉNT))	2011	OL	The second secon	.;.) D <i>F</i>	Y	Of the second	光
Date of Notification (1) December 8, 2011			Na	me or	Building (JWnenOl	erator	(2) 5 COM	ALL COMPANIES.	neck #	4245		1		
Agendes Notified Ty	ne Notification		Stn	col Ac	idress ist 23rd	Service outsides	Zul de Elmerte/place	PHONE	e seign e	DE		don			1
EPA DEP DOOL	Initial Amended Amendment		City	y. Stat	e Zip Go od, NJ	de	18		LALC	TE VIVE	E A	OPP.	OV	ED	1
M DOH	Emergency justification Concellation		Ro	bert	Contact Popsur				[AA	Yeb	ed boat N	nusper,			
Name of Facility Where Aba	tomant is Takin	o Place (3)		FACIL	JÝY IMPO	RMATIC	M	Tune	of Facility (4	1)	<u> </u>				
Residence	TOTAL IS TANK	d Liere for						_	School (K-1)	2007					
Street Address 325 East 23rd Street			-						Rubchapter Other (i.e. p	8 (Othe	er (han K- B commer	12) cial bui	cings,	home	:5
City (5) Wildwood								Squa 2800	re Fect)	3	Floora	9	3ldg. A	ge	
County (6) Cape May			rst	ATÉ U	ode (7) Tel Only		_	Resi	m Use (Hno dence			ished)			
Name of Monttoring Firm Hir Coastal Environmenta		Owner (8)		ASCM	Na.		Shac	le En	lement Con vironment						
PO Brix 167							47 S		incott Ave	e			,		
City State, Zip Corle Hammonton NJ 0803							Мар		de, NJ C	8052	1 license	No			
Project Manager for Monitor Cathy Ledden	Lig Firm	- - -	60		0-9312		856-	755-0			00842				
Start Dete (10) December 12, 2011		Scheduled	er 16,				EMS								,
Occupancy Status During Al if acility Closed/Vaseted Abatoment Performed	Ouring Entire (Period of Ab	zatornen	t		-	107 City, S	Haddi	p Code						<u> </u>
Other - Doscribe:					-		Wes	tmoni	New Je	rsey	08108				_
Scope of Work (Check All Ti ≥3 efur ≥3 if ≥160 stor ≥260 if	nat Apply)	De De	enovation enotition			: N		Min	Containmeni-Enclosure webay Production-Exempted	edura:			xedu	e omeni	1
Location of Aspesios-Containing Ma	اک-ما (۵۲۹۱)	No	ocation ormally Solely b		Aches	Des ton Confe	cription		(ACM)	A	enouni	-	1	me m	m
TO BE ABATE In Faciny (13)		Custo	ntenance cial Stat (12)		(l.e.	thermal : surfac other m	ing. VA	T, or	1		Specify For LF)	Removal	Repair	Encapsulate	nclosure
		Yes		N!A CXX							EN OF	- XXX	+-	 - -	-
Kitchen, Living Rm.	Kitchen, Living Rm. & Hallway					Flo	or Ti				50 SF 				-
												-	-	-	_
Name of Registered Waste in Treehold Carlage	Hauler	_lL		FP W ter 1D 53		Cubic) of Was	te		Grows	Landi	ared Land	Gil	J		
City, State Mount Holly, New Jerse	ey 08060					Disposi	al Date		City. State						
Completed by William Lynch		r			SI	gnalun		200	ا حاجمت	10000	Date Decer	nber	8, 20	111	

ASS-41 (R 06-08)

[&]quot;Do not use this form for asbeatos licensure exempted activities



		(101			Outletino (Swner/Operator	(2)				-	111	\neg
Date of Notification (1)	19/11			6	ハハワ	EN 57	17	t Dh	EDGI	NG		91	
Agencies Notified	Type Notification		Sư	eel Ad	dress	0×782		8 C-LE	RATOR	17.	T	>n	,
] PA 7 DP	☑ Initial ☐ Amended		Cit		. Zip Co							•	=
2 001	Amendment #_	ludina			110	GRD.	~ >	55-1N,) , 082	10	****		_
] рон	justification)		Na	me of	Contact	1		1 1	elephone Num	nner			
j oca	Cancellation					EMING	w.	17					-
	<u> </u>	4	·	ACIL	TY INFO	RMATION	Y	e of Facility (4)					\dashv
ame of Facility Where	Abatement is Taking	Place (3)					0	School (K-12)		20220			
	IDENCE		-				1 5	Subchapter 8 (C Other (i.e., priva)ther than K- te & commer	12) cial buil	idings	ę.	
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County (6)	DEMAY		1	ISE ON	VLY)			VACA	NT		==		=
	Wired by Building C	wner	AS	CM No	- T	Name of Abater	ment C	Contractor (9)	. ,				1
Name of Monitoring Fil				35									-
Street Address	1.					Sueel Address	S.	SPRUC	E AVE.				
					-						2 5	۷	
City, State, Zip Code						MA	PLIC	SHADO					==-
Project Manager for N	Jonitoring Firm	[. Te	eleph	one No	D	Telephone No.	7/9	-0472		146	1		
Project Manager to "		<u></u>			(11)	Nama of OSHA	Moni	104					
Sian Date (10)	Sche	duled Comp	pletio	n Date	(11)	JOSE	1014	HLEMI	9			_	
12/20/11					-	Street Addres	S	PRUCE					
	unng Abatement (Che	enou or wa	attit	ent		3695							
Abatement Perfor	med Outside of Norma	al Facility H	ours			City, State, Zip	2000ء تني	SHADE	:, N, 3	, 08	805	2	
Other - Describe:								A CONTRACTOR OF THE PARTY OF TH					
Scope of Work (Che	ck all that apply)					C Maria	Fnclos	nment with Neg sure	ative Pressur				
23 st or 23 lf		☐ Reno	vatio dition	0				Procedure	n-Friable Pro	œdure			
1 60 st or ≥260 t	11					Nar	2011	7			AD	atem Type	
			nally			Descriptio	n of		Amount	1	T	T	
Loca	tion of	Used S Mainte	ananc	œ/	Asbe	sios Containing thermal syster	Malen	ial (ACM) ulation.	(Specity		Ren	Re	Encapsulate
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	aculmy 13)	(1	12)			other miscens	1000				-		S .
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						Cubic Yard:		T Name of Rec	pistered Lanc	Kill	1		
Name of Registere	ed Waste Hauler	=1		JOEP Hauler	Waste D No.	of Waste	,	1 C,M	, C , M	,υ,	Δ.	,	
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Name of Registered Waste Houter		N	JOSP V	Vásta No.	Cubic of Was			The second secon	Register or					إلى
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South Kearny N.J.	0703	2				Ide 2	. 11	City, State	burgh	DA	17	245		
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, State unt Holly, New Jersey 08060 apleted by			Dispos	al Date	City, State Tullytow							
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Basement			XXX		T	Mastic		1100 SF	XXX	-	-	\vdash
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cope of Work (Check All That Apply) 2 3 of or ≥3 if ≥160 of or ≥290 if		Renov	lition	1		E X	Full Contains Min - Englosu Glovebag Pro	nant with Noyative	Fress		re	
Facility Closed/Vacated During En Abatement Performed Outside of I Other - Describe:	Dt		emont			City. Ste	addon Avo	Jersey 08108	- · -			
December 8, 2011 Occupancy Status During Abatement (6	Deco	mha	umpleton 10, 20	Dete (1:	1)	EMSL						
Project Manager for Monitoring Firm Tony Esposito Start Date (10)			856-	none No 755-930		Taleph	one No. 55-0099	Ciams 00842				
City State, Zip Code Maple Shade, NJ 08052					+	City. S	ate Zip Code Shade, N.					-
1000 Maplewood Drive Suite	207	-			1	Street	Address Lippincott			-	-	_
Name of Morifoling Firm Hired by Bul MDG Environmental Street Address	ldarg Owner	(8)	AS	CM No.	1	Name Shad		Contractor (8)				
Camden			(STAT	t Code (reuse or	ונאן _		Current Use Residence	(Prior If being dem	nlishad			
l-taddonfield County (8)							Square Feet 2800				g. A)	
15 E. Euclid Ave			552.0				区 Other (i	prior 6 (Other than	K-131		,	i omos.
Street Address						7 := aso.	School	(K-12)	ARD	COP	Y	:
Name of Facility Where Absterment i	Taking Pla	oc (3)	F	ACILITY	INFOR	MATION	WELLER.	MAIL IN HA		···	. =	- P
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Anna also file			Jo	Ann Ve	rdi rdi	N TOT/Operal	(2)	Cherk# 4207	27 11	7	7	
Date of Notification (1)							442 7 1 1 1 1 1	MC-101	YAC	11	11	
Agencies Notified Type Not			Nu Jo	Me of Bu Ann Ve	iding O rdi	w Tos/Openial	G (2)	DIC - 10 L Check# 4297 DEC 07 H20	2/11		7	1

	N		ATION	OF ASBESTOS O NJAC 8:60 and	ABATE				ne	JZ:	#	125
Date of Notification (1) 11/29/11				Building Owner/C County Tech				e description of an inches				
Agencies Notified Type Noti		0.000	treet Ad 1085 O	dress Id Trenton Ro	i.	ettore e tore		DEC 13	3 2011			a a de contra de
DEP Ame	ended endment #			e, Zip Code n, NJ 08690		74	-	ASBESTOS CO	NTROL	Š.		
DOH justi	ergency (including fication) cellation		lame of C		179		Park Control	Telephone N	limber			
<u> </u>			FACIL	ITY INFORMAT	ION				The 1800			
Name of Facility Where Abatement Mercer County Vo-Tech Sch Street Address	is Taking Place (3) nools, Assunpin	k Cer	nter, Bu	uilding B		Sc X Su	Facility (4 hool (K-1) bchapter		-12)	dings	home	
1085 Old Trenton Rd.			700000			Square	c.)	# of Floors		Bldg. A		
City (5) Trenton, NJ 08690						27,934	4	1	3	9		
County (6) Mercer			County C	ode (7) SE ONLY)				or if being demo echnical Sch		-		
Name of Monitoring Firm Hired by I Environmental Connection	Building Owner (8)		ASCM 00030		0.0000000000000000000000000000000000000		ment Con Group I	tractor (9) Inc.				
Street Address 120 N Warren St						Address 52nd St		ite # 16				
City, State, Zip Code Trenton, NJ 08608	>					State, Zip it New Y	Code York, NJ	07093				
Project Manager for Monitoring Fire Brian Holbig	n		Telephon	e No. 2-4200	THE PARTY NAME OF	hone No. 758-71	58	License 00114				
Start Date (10) 12/5/2011	Schedule 12/15/2		pletion D	Date (11)		of OSHA Enviror		Laboratories	5			
Occupancy Status During Abateme					1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address	22 Wes	st				
Facility Closed/Vacated Durin Abatement Performed Outsid Other – Describe: Occupied of	e of Normal Facility	Hours			City,	State, Zip on, NJ 0	Code					
Scope of Work (Check All That Ap ≥3 sf or ≥3 If ≥160 sf or ≥260 If		enovat emoliti	ion			Mini- Glov	Enclosure ebag Prod			ocedu	re emen	,
Location of	l les	Locati Normall d Sole	ly		escriptio		A CNA)	Amount	-	T	уре	
Asbestos-Containing Material (<u>TO BE ABATED</u> In Facility (13)	ACM) Ma	intenar todial S (12)	nce/ Staff?	Asbestos Cor (i.e. therma surfa other		ns insulati AT, or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A	boile	er insu	lation		242 SF	x	-	-	
Bollet Room	^											
										-		
Name of Registered Waste Hauler DJM			J JDEP W lauler ID		c Yards aste			Registered Lan				
City, State 109-113 Jacobus Ave, Sout	h Kearny NJ			Disp	osal Dat	е	City, Stat Morrisv					
Completed by Edwin Precilla	Title	ect Ma	anager		Signatu	re m	Preco	les.	Date 11/29	11	10000	

Date of Notification (1) 10/3/2011					g Owner/Op	perator	(2)					1	
Agencies Notified Type Notification				Address South S	treet			DEC	1 3 20			1	
DEP Amended Amendmen				ate, Zip (stown,	Code NJ 07960)	1 1.	SELETO,	S Colorina	- A		To age of the control	
□ Emergency justification) □ Cancellation			John	of Contac Bayonr	ne		1		anhona Nii				
Name of Facility Where Abatement is Takin ATCT Morristown Municipal Airpor		(3)	FAC	ILITY IN	FORMATIC	N	Type of Facility	154.6574			5.V=080		
Street Address 4 Airport Road				-			School (K- Subchapte Other (i.e.	r 8 (Othe			dings	, hom	es,
City (5) Morristown, NJ							etc.) Square Feet 6000	# of	Floors		3ldg. /	Age	
County (6) Morris County				Code (7) USE ONL		_	Current Use (Pr	ior if bei	ng demolis	ned)			
Name of Monitoring Firm Hired by Building Mc Cabe Environmental Services	Owner (8)	ASCI 0011	M No. 18		First I	of Abatement Co Phase Group		(9)				
Street Address 464 Valley Brook Ave						567 5	Address 2nd Street S	uite # 1	6				
City, State, Zip Code Lyndhurst NJ 07071							ate, Zip Code New York Nu	07093	3			11	
Project Manager for Monitoring Firm John Chiquiello				38-483	9		one No. 758-7158		License N 001144	lo.			
Start Date (10) 11/2 9 2011	6/30/2	012	mpletion	Date (11	1)		of OSHA Monitor Environment		oratories	LLC			
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire Abatement Performed Outside of Norm	Period of	Abater				2333	Address Route 22 We ate, Zip Code	st					
Other - Describe: Occupied				~		ACTUAL STREET	NJ 07083						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	energy and the same of the sam	Renova Qemolit	100000000000000000000000000000000000000			M M M M M	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				, re	
Location of		s Locat Normal	lly		Desc	ription					Abat	ement rpe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	ed Sole aintena stodial S (12)	nce/ Staff?	Asbe (i.e	estos Contai e. thermal s	ining Ma ystems ng, VAT	aterial (ACM) insulation, , or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure	
See attachment	No X	N/A		See at	tachm	ent			x		6		
									*				
Name of Registered Waste Hauler		H	UDEP W lauler ID 00945		Cubic Ya of Waste				ed Landfill County La	andfil			
City, State 109-113 Jacobus Ave Kearny NJ			301511		Disposal	Date	City, State 142 Var		d Shippe	ensbu	ırg F	A	\neg
Completed by Edwin Precilla	Title Proje	ct Ma	nager		Sign	nature		7	Da				

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Date of Notification (1) 10/3/2011					uilding O	wner/Opera	tor (2)			世島				
Agencies Notified	ype Notification		2		iress oth Street, Zip Cod			DF	<u>r 13.2</u>	611				4
DEP E	Amendment #	4-	_ N	Iomisto	wn, NJ	07960		Rota.	Telephone	e Numbe	-	-		\dashv
E DOH	justification) Cancellation				yonne	RMATION			<u>Ľ</u>					\exists
Name of Facility Where At ATCT Morristown Mu Street Address	estement is Taking Funicipal Airport	Place (3)		17412				of Facility (4 School (K-12 Subchapter Other (i.e. o		n K-12) mercial b	uildir	ngs, h	nome	s,
4 Airport Road							Squar	etc.) re Feet	# of Floor		er engrand	g. Ag		-
City (5) Morristown, NJ			To	County C	oda (7)		6000 Curre		5 or if being de	mclished	-			-
County (6) Morris County		-mas /8\	(4	ASCM	SE ONLY)	- Na	me of Aba	tement Con	tractor (9)			0.135.186		\dashv
Name of Monitoring Firm I Mc Cabe Environme	Hired by Sullaing Or Intal Services	witer (o)		00118		F	irst Phas	e Group I	nc.					_
Street Address 484 Valley Brook Av	e					5		Street Su	ite # 16					
City, State, Zip Code						Ci V	ty, State, Z /est New	ip Code York NJ	07093					
Project Manager for Monit	yndhurst NJ 0(071 roject Manager for Monitoring Firm ohn Chiquiello						elephone N 01-758-7		1	ense No. 144	1111			
2004 Parts (10)	0-201/	Schedule 6/30/20		pletion D	Date (11)	N _i	ame of OS	HA Monitor ironment	al Laborati	ories Ll	LC			
Occupancy Status During	Abatement (Check	Only On	e)			Si 2	reet Addre	ss te 22 We	st					
Pacifity Closed/Vaca Abstement Performs Other – Describe: 9	ed Outside of Norma	eriod of A al Facility	Hours	ent		a	ity, State, 2 Jnion NJ	ip Code						
Scope of Work (Chinck A) 28 of or 23 if 2160 of or 2260 if	That Apply)		lenovat lemoliti				X M	ni-Enclosur ovebag Pro					e	
		ls	Locati	on			Seed 144	A. CAUIII				Abate Ty	emen	t
Asbestos-Containing TO BE AB	Location of Asbestos-Contining Material (ACM) TO BE ABATED In Facility (1\$)					tos Contain thermal sy surfacing	ption of ing Materia stems insu g, VAT, or cellaneous	lation,	Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	Enclosure
See altac	hment	Yes	No	N/A		See att	achment				×			
See grate	Hillerit		_											
														_
Name of Registered Was	H	LIDEP W Isuler ID 00945		Cubic Ya of Waste		The state of the s	Registered leriand Cou		ndfil	<u> </u>	l			
City, State	ve Keamy N.I					Disposal	Date	City, Sta 142 Va	te lughn Rd	Shippe	nsb	urg F	PA	
Completed by Edwin Precilla	9-113 Jacobus Ave Keamy NJ					Sign	dun	Prece	le.	Date 10/		2011		

)		NO.	(Pur	ATION O	F ASBES	TOS ABAT 30 and 12:1	TEMEN 120)		E (f)	iğ IV		I	1	
Date of Notification (1) 12/08/11		2	L	ivingsto	on Public	vner/Opera c Schools	tor (2) S				6.1			
Agencies Notified	Type Notification			reet Add 1 Foxc	ress roft Driv	е			ŊĘ	() 3 4	<i>(i</i>) !	L.,	.,,,,	
EPA DEP X DOL	Initial Amended Amendment #_		C	ity, State	, Zip Code on, New	Jersey 0	7039			STOS COLLI				
	Emergency (in justification)	cluding	N	ame of C	Contact			- Lander	Tele	phone Num	per			
DOH DCA	× Cancellation		F	aul Ko		MATION		<u> </u>						
Name of Facility Where	Abatement is Taking	Place (3)		FACILI	TY INFOR	RMATION	Ту	pe of Facility (
Riker Hill Elementa Street Address	ary School		- 100					Subchapter	8 (Othe	r than K-12)	buildir	nas h	omes	
31 Blackstone Driv	re						×	etc.)		Floors		g. Ag		
City (5) Livingston, New Je	ersey 07039						20	uare Feet 0,000	2		55	Contract to the		
County (6) Essex				County County County County	ode (7) SE ONLY)			urrent Use (Pri chool	or if bei	ng demolishe	ea)			
Name of Monitoring Fir	m Hired by Building O	wner (8)		ASCM	No.			Abatement Cor orporation	ntractor	(9)				
Horizon Environme	ental Group			- No No	<u> </u>	Str	reet Ad		ıe					
PO Box 316						Cit	tv. Stat	e. Zip Code	***					
City, State, Zip Code Thorofare, New Je	Control of the Contro					W	loodla	and Park, Ne	ew Jer	sey 0742				
Project Manager for Me Steve Flannigan					8-0800	9	73-22	5-8400		01104				
Start Date (10)		Scheduled	Com	pletion D	ate (11)	Na Ja	ame of &S Er	OSHA Monitor nvironmenta	l Labs					
Occupancy Status Dur	ing Abatement (Check	Only One	e)			St 2	reet Ac	dress Route 22 We	est					
Facility Closed/Va Abatement Perfo Other – Describe	acated During Entire P rmed Outside of Norm :	eriod of A al Facility	batem Hours	ent		Ci	ity, Stat	e, Zip Code New Jersey		3				
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 l		- Incomed	enova		1		×	Full Containn Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure		le Pro	cedur	9	
			Locat										ement pe	
Asbestos-Contain TO BE	tion of ing Material (ACM) <u>ABATED</u> acility 13)	Use Mai	lormal d Sole ntena odial ((12)	ly by nce/ Staff?	Asbes (i.e.	Descri tos Contain thermal sys surfacing other miss	stems i g, VAT	terial (ACM) nsulation, , or		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		-	-
	om 1		X	-				Maria Maria	-		+	-		-
	om 2		X	-	-						+			1
	om 3		X	-	-				+		+			\vdash
	om 4		X	NJDEP V	Nasta	Cubic Ya	ards	Name o	of Regis	tered Landfi	1	1		1
Name of Registered Lilich Corporation				Hauler IC		of Waste	•	G.R.C).W.S	Landfill				
City, State Woodland Park,	New Jersey 07424	1				Disposal 12/13/1	11		sville,	Pennsylva	nia			
Completed by Tatiana Kaleniko	va	Title Vice	Pres	sident		Sig	la la	Lienes	la		2/08/	11		

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

Date of Notification (1) 11/30/11 Ck:1667 \$200					Owner/Opera blic School			11 1 1 1	7 1			
Agencies Notified Type Notification EPA Initial	1		Street A	ddress xcroft D	rive	77,		DEC 132	il.		1	
DEP Amended DOL Amendment				ate, Zip Co ston, Ne	ode ew Jersey (7039	1 1	Konzanti Cirani				
▼ DOH Emergency justification □ DCA Cancellation)		Name o Paul K	f Contact (o		i	L	Telephone No	imber		-1	
Name of Facility Where Abatement is Taki	ng Place (3	3)	FAC	LITY INF	ORMATION	Тур	oe of Facility	(4)				
Riker Hill Elementary School Street Address			-			×	School (K-1	12) 8 (Other than K-	12)			
31 Blackstone Drive							Other (i.e. petc.)	private & commerc	cial bu	ilding	s, hon	nes,
City (5) Livingston, New Jersey 07039							uare Feet ,000	# of Floors 2		Bldg. 55+	Age	
County (6) Essex				Code (7) USE ONLY			rent Use (Pri hool	or if being demolis	hed)			
Name of Monitoring Firm Hired by Building Horizon Environmental Group	Owner (8)		ASCN	1 No.			patement Cor rporation	ntractor (9)				
Street Address PO Box 316				10		et Addi 6 McE	ress Bride Avenu	ie				
City, State, Zip Code Thorofare, New Jersey 08086							Zip Code Id Park, Ne	ew Jersey 074	24			
Project Manager for Monitoring Firm Steve Flannigan			Telephoi 856-84	ne No. 18-0800		ephone 3-225-		License 1 01104	No.			
Start Date (10) 12/09/11	Schedule 12/11/		npletion I	Date (11)			SHA Monitor ironmental	Labs		A A STATE OF THE S		
Occupancy Status During Abatement (Che	ck Only On	ie)				et Addr	7.70		-			
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor							ute 22 Wes	St			-	
Other – Describe: 4PM Start	•						ew Jersey	07083				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	X R	enova	ution				ull Cantainna					
≥160 sf or ≥260 lf	50	emoli	200			× M	lini-Enclosure lovebag Proc				.	
	ls	Locat	ion			19	on-Exempled	() and Worl-Friat		Abat	emen	it
Location of Asbestos-Containing Material (ACM)		lorma d Sole		Ashani	Descripti tos Containing		cl (ACNA)	Amount	-	T -	уре	T
TO BE ABATED In Facility (13)	T. M. A.	intena odial ((12)	0.0000000000000000000000000000000000000		thermal syste surfacing, \ other miscell	ms insu /AT, or	lation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A		other moodi	ancous	'		val	15	ulate	ure
Room 1		X			Glue D	ots		2 SF	Х			
Room 2	X			Glue D	ots		2 SF	Х				
Room 3		X			Glue D	ots		1 SF	Х			
Room 4		Χ			Glue D	ots						
Name of Registered Waste Hauler		1	JDEP Waller ID		Cubic Yards of Waste		Disposition services	Registered Landfill		= == 8.00==		
Lilich Corporation	18	3724		2			V.S Landfill					
City, State Woodland Park, New Jersey 07424					Disposal Date 12/13/11	te	City, State Morrisvil	le, Pennsylvar	nia			
Completed by Tatiana Kalenikova	Presi	dent		Signatu		na Ka	Conflin 11	te /30/1	1			

		NOTII	FICATION TO	N OF A	SBESTOS ABATEMENT:60-7 and 12:120-7)		E //- F		· magania da kan	eren name	
Date of Notification	n (1)		Name o	f Build	ling Owner/Operator	(2)		1 17		10	1
12/8/11			Tom	Buml	pera					41	
Agencies Notified	Type Notifica	ation		Addres			DEC 13	1011		1 //	į
[]EPA	[X] Initial				ter Ave				- 10 - 10	The same of the	
[]DEP	Notific	ation			Zip Code	ĺ	ASLESTUS CO	110 11 e	~		
[X]DOL	[]Amended Notific	ation			od, NJ 07040	Ĺ	410.0000	17			1
[X]DOH	[X] EMERGENC			f Conta	_{act} mbera	Telephor	ne Number	- Caller	3	-	h
[]DCA	[]Cancella		To	m bu	mbera	1/					
	[]Cancella	CLOII		FACIL	ITY INFORMATION			70.0			
Name of Facility Wh	ere Abatement	is Taki	ng Pla	ce (3)		Type of Facil	ity (4)				
Private						[]School []Subchap	(K-12) ter 8 (Other i.e., privat	than	K-12)	
Street Address						cial b	uildings, ho	mes, e	tc.)		
78 Courter A	ave					Square Feet	# of Floor		ig. 1	Age	
City (5)		County			County Code (7) (STATE USE ONLY)	2800	3		88	1 - 41	
Maplewood		Ess	ex		(SIRIE OSE ONDI)	Current Use Carrent Use		.ng dem	olis	nea)	
	1/ 1 has	Puildin	~ ASC	M No.	Name of Abate	ment Contracto	The state of the s				
Name of Monitoring Owner (3)	Firm nired by	Bulluli	67			<i>I</i> ANAGEMENT					
N/A Street Address			0 7		Street Addres	s					
Street Address					86 Chris	stopher St	·•				
City, State, Zip Co	ode	200			City, State, Montclas	Zip Code Lr, NJ 070	42				
Project Manager for	r Monitoring F			e Numbe	Telephone Num		1	icense		er	
			/A						_		
Scheduled Start Date 12/19/11	1	ed. Comp 2/21/	11		Name of OSHA	Monitor					
Month Day Cocupancy Status Du [X] Facility Cl	uring Abatemen	t (Check	Day c only ntire	Year one) Period	Street Addres	ss					
of Abateme []Abatement F Hours - Des []other - Des	Performed Outs:	rs Descr	ipt»		City, State,	Zip Code					
Scope of Work (Che											
[X]>3 sf o				ovation olition	[]Mini [X]Glov	Containment w -Enclosure ebag Procedure Friable Proced		Pressi	ire		
		-	Is	- 1	[]Non-	FITABLE TICCES		Aba	teme		
Locati			Locati Normal	ly	Descripti Asbestos-Co		Amount	R	R	E	E
Asbestos-C Material			Used Solel	У	Material	(ACM)	(Specify		E P	A P	CLOSU
TO BE A	ABATED		By Mai	e/	(i.e., therma		SF or LF)	V A	A	S	S
In Fac			Custod: taff (12)	or other misc			L	R	L	R
		Yes	No	N/A X	Pipe Insula	tion	160 lf	X			
Basement		_	-	22	<u> </u>						
		-	+	-							
			-	-							
Name of Registered	Waste Hauler		NJDEP 1		Cubic Yards		istered Land	fill			
AZTECH MANA			Hauler 1704	ID No.	of Waste 1.75 Disposal Date	G.R.O.W					
City, State Montclair, N	IJ 07042				12/22/11	Morrisv	ille, PA	1906	57		
Completed By (Prin		itle Presid	lent		signatur	at tall		Date 12/8			

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State of New Jersey

chis are		(P	ursua	ant to	NJAC 8	3:60 and 5	10)	NT	E I W E	M			1
ate of Notification (1)			Nan	ne of Bu	uilding O	wner/Operato	or (2)		lta U V Ita				1
12 /	2 / _	12	1			unicipal Bu	ununig			1 111			1
gencies Notified	Type Notificat	tion		et Addr				U DEC	1 3 2011				
gencies Notified	☐ Initial				eway D		12	turb I m		-+			1
DOLWD					Zip Cod		100	Landy	201 9	1			
DHSS		ent #1-12/8/11	E	ast Or	ange, N	NJ 07018		ASSECT	03 COMIROL & Telephone Number			_	1
7 DCA		cy (including	Nai	me of C	ontact				Telepriorie (varibo)				
(NJAC 5:23-8)	☐ Cancellati		li li	ra Fish	nkin			the many other are				-	\forall
	Carlocitat		F	ACILI	TY INFO	ORMATION	1	-	1 to 1 to 1 to 1				\dashv
	• · · · · · · · · · · · · · · · · · · ·	Taking Place (3)					Тур	e of Facility (4					1
Name of Facility Where	Abatement is i	aking riaco (c)						School (K-12)	(Other than K-12)				1
East Orange Cour	t house							Other (i.e., pri	vate and commerci	al buildin	gs,		1
Street Address							-	homes, etc.)					-
221 Freeway Dr. E	ast				-		Sq	uare Feet	# of Floors	Bldg.			
City (5)							2	25,000	2	50+			4
East Orange				County (Code (7)/	STATE USE OF	VLY) Cu	rrent Use (Pri	or if being demolish	ed)			
County (6)				Journey (-			_
Essex		(0)	100	CM No.		Name of Aba	atement (Contractor (9)					
Name of Monitoring Fi	rm Hired by Bui	Iding Owner (8)	AS	CIVI INO.	.	BRISTO	L ENVIR	RONMENTA	L, INC.				
TTI Environment	al Inc.					Street Addre							
Street Address						1123 BE		STREET					_
1253 N. Church S	St					City, State,							
City, State, Zip Code						BRISTO	L. PA 1	9007					
Moorestown, NJ	08057					Telephone			License No.				
Project Manager for N				hone No		215-788			00509	Tests Desired			
Jim Guilardi				-840-8		Name of O		nitor					
Start Date (10)		Scheduled Co	mpletio	on Date	(11)	PRISTO	I FNVI	RONMENTA	AL, INC.				
12 / 2	/ 11_	_12_ /	12	_	11		Programme and the second						
O-amanay Status Di	iring Abatemen	t (Check only or	ne)			Street Add	ress	CTREET					
	anted During F	ntire Period Of P	Daten	nent				STREET					
☐ Facility Closed/Va ☐ Abatement Perfor	med Outside of				ribe	City, State	, Zip Coa	e 40007					
Time of Abateme	nt:AM	PM/4:30F	2M-1:0	JUANI TA 4:30	PM 1	BRISTO	DL, PA	19007					
Time of Abateme REV#1-12/8-0F Scope of Work (Che	or all that apply	5AT 12/10	-10	AM-6	pm.		ull Conta	inment with N	egative Pressure				
Scope of Work (Crief	CK all that apply	, - , 51.0	atic	20			Mini-Fnclo	sure					
≥3 sf or ≥3 lf		⊠ Re	molitio	n					Non-Friable Proced	ure			
⊠ ≥160 sf or ≥260 l	ī					XIN	ion-Exem	ipied () and .	T	Aba	teme	ent T	/pe
		1000	Locat	2011		Deep	ription of			Z	Z)	щ	Ī
Loc	ation of	Lies	Normal		Ash	octos Contai	ining Mat	erial (ACIM)	Amount	Removal	Repair	Encapsulate	2
Asbestos-Contai	ining Material (A	(CM) Ma	intena	nce/	(i	e thermal s	ystems i	nsulation,	(Specify SF or LF)	oval	-	sul	Elicioadio
	E ABATED Facility	Cus	todial			surfaci	ng, VAT, scellaned	or ous)	0. 0 7			ate	
	(13)		(12)		-	otherm	Scenario	Juo,					1
		Yes	No 🗵	N/A	-	1 1 - 1 - 1 -	bric co	attered over	4800 SF				
1st floor office S	1 st floor office space					plaster de	חווס סטמ	attered over			П	П	1
1 11001 011100 0	1 Hoof office opace					g tile			NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		=	1	1
					clean	up loose (olaster	debris	100 SF	\boxtimes			1
Throughout bas	ement			-	Cicari								1
						10111	ande of	Name of R	egistered Landfill				
Name of Registere	d Waste Hauler			NJDEP	Waste	Cubic Ya Waste	ards of	MINER	VA LANDFILL				
SERVICE TRA	NSPORT GR	OUP, INC.		Hauler I									
				2000		Disposa	l Date	City, State	ESBURG, OH 44	688			
City, State	DE 10720							WAYNE	ESBUNG, OH 44	Data	,		
		T:41-				Sig	nature	1	4	191	18/	11	
NEW CASTLE		Title Estim	ator			Sig	nature Oria	n Scap	-		Date	Date / 7	Date / C

ASB-41 MAY 11

Brian Scafiro

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

APPROVEO: CINDY MITCHELLY NJDOH (16) CAFF 2185

State of New Jersey APPRO
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)				Name	of Building	g Owner/Operator (2)		H-1		1	
	/ 12	_		Eas	t Orange	Municipal Build	ing	E 11 DA D	Alleria.	- ,		
Agencies Notified Type No	tification			Street	Address	1	14/1	1 W 17 1	3 (17)	1	100000	
☐ EPA ☐ Initial				221	Freeway	y Dr. East			-// //	1		
☑ DOLWD ☐ Amer	nded				tate, Zip 0		JE DEC	1 1 000	111			
	ndment #					e, NJ 07018	- LI LILL.	10 :011				
	rgency (incl	luding			of Contac			Telephone Nur	nber			
(NJAC 5:23-8) justif	ication)				Fishkin	^ /	ASSES	1	_			
□ Cano	ellation	-				IFODMATION.	100	Transferi	<u>-</u>	-	-	-
	i i - Tabiaa	Diese	21	FAC	CILITY IN	FORMATION	Type of Facility (4)			-	
Name of Facility Where Abatemen	t is Taking	Place (3)				School (K-12					
East Orange Court house		AV-11-10					Subchapter 8	(Other than K-1	(2)			
Street Address							Other (i.e., pr		ercial bui	Iding	5,	
221 Freeway Dr. East							homes, etc.)		Dia	- A		-
City (5)							Square Feet	# of Floors	0.0	g. Ag	e	
East Orange							25,000	2		0+		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demo	lished)			
Essex												
Name of Monitoring Firm Hired by	Building O	wner (8	3)	ASCM	No.	Name of Abateme						
TTI Environmental Inc.						BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
1253 N. Church St						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip C	ode					
Moorestown, NJ 08057						BRISTOL, PA	19007					
Project Manager for Monitoring Fi	rm		Tel	ephone	No.	Telephone No.		License No.				
Jim Guilardi					0.8800	215-788-6040)	00509				
	School	ulad C			ate (11)	Name of OSHA	Monitor					
Start Date (10) 12 / 2 / 11	1 10 100 100 100 100 100 100 100 100 10			2_ /			VIRONMENTA	L, INC.				
						Street Address						-
Occupancy Status During Abatem	ent (Check	conly o	(le)	mont		1123 BEAVE	RSTREET					
☐ Facility Closed/Vacated During ☐ Abatement Performed Outside	ef Normal	Facility	, Hoi	ire - De	scribe	City, State, Zip C						
Time of Abatement:AN	A- PI	M/5:00	PM-1	1:30AŅ	I							
12/3/11- 10AM-8 PM; 121	4/11-08	F 5.	TE	1 12/5	-REGULA	BRISTOL, PA	4 19007			_		
Scope of Work (Check all that app	olý)			HRS	5PM-1	חימטפ	tainment with Ne	native Pressure				
≥3 sf or ≥3 lf		⊠ Re	nova	tion		☐ Mini-En	closure	94.1.01.1.000				
\(\sum_{\geq} \geq_{160} \text{ sf or } \geq_{260} \text{ lf}		☐ De	molit	ion		Gloveba	g Procedure	- Friehle Deser	alea			
						⊠ Non-Ex	empted (*) and No	n-Friable Proce				
		1000	Loca	ation	-					atem	1	-
Location of	(A CAA)			lely by	Ash	Description pestos Containing M		Amount	Remova	Repair	Encapsulate	Enclosure
Asbestos-Containing Material TO BE ABATED	(ACIVI)			ance/	(i	.e., thermal systems	insulation,	(Specify	Non	air	aps	los
IN Facility		Cus	todia (12	I Staff?		surfacing, VA other miscellan	r, or	SF or LF)	<u> 0</u>		ula	l e
(13)		Yes	No		-	other miscellan	eous)				6	
		+	-			1 4 4 4 4		4800 SF	\boxtimes			
1 st floor office space						plaster debris so	cattered over	4000 SF		-	-	+
			\boxtimes		ceilin	g tile						
Throughout basement					clean	up loose plaster	debris	100 SF				
						F						
Name of Registered Waste Haule	1			Waste	Cubic Yards of	T.	stered Landfill					
SERVICE TRANSPORT GE	C.		Hauler 2099	ID No.	Waste	MINERVA	LANDFILL					
City, State			203		Disposal Date	City, State	***************************************					
NEW CASTLE, DE 19720					WAYNES	BURG, OH 44	886					
The second secon	Titl	0				Signature			Date	1	,	
Completed By (Print or Type) Brian Scafiro		e Estima	tor			By -	a Scal		121	2/1	1	
Brian Scallio						1 VIII	A) VIIA	MI		/		

ASB-41

NOTIFICATION OF ASBESTOS ABATEMENT

				(Pursua	nt to N.	JAC 8:60-7 and 12:	120-7)	3 6				Che	ck #	# 66	16	
Date of Notification (1)				Building (Operator (2)										
	12/9/11 Type of Notificatio			dress	ity		11:11	D.F.	0, 13 74	111			_		-	
Agencies Notified	Type of Nouncatio	100000000000000000000000000000000000000		wark A	\ve.			UE	0, 19 4							
• •	[x] Initial Notification										1					
[] DEP	[] Emergency			e, Zip Co		200		ASEL	EtgS COurk TICENSINS	UL &						
[X] DOL	[] Amended	Jer	sey	City, N	IJ 07.	306		-	11 two: No			ر.				
[X] DOH	Notification	Nan	ne of	Contact			Telephone Number									
[] DCA	[] Cancellation	Kin	n Ri	scart												
		_		FA	CILITY	Y INFORMATION					(a. *	9				
Name of Facility Where	e Abatement is Taki	ng Place	(3)		***		Type of Fa	cility (4)	42)	100000000000000000000000000000000000000	10/20					
Hudson County							Si	bchapt	12) er 8 (Other t . private and	han K-12	2) 	ildin				
Street Address								iner (i.e omes, e	. private and etc.)	comme	iciai bu	manig	JS,			
595 Newark Ave	nue						Causas Fau		# of Floors		Bldg.	Δαρ			_	
0'' (5)	10	County (6	`		Cou	nty Code (7)	Square Fee	et .	13	•	~ 50	Age				
City (5) Jersey City		dudsor				ATE USE ONLY)	ity code (1)									
				COM No.	1	Name of Abatem	Office build					+				
Name of Monitoring Fin		Owner	1000	SCM No. 0110			upiter En		nental Se	ervices	. Inc					
Whitman Compa	anies, inc.		0	3110	-	Street Address	apitor En					_		-		
	Unit R-1						Lynn Co	urt								
City, State, Zip Code	116 Tices Lane, Unit B-1					City, State, Zip Code										
East Brunswick,	NJ 08816						Lincoln Pa	ark, N	J 07035							
	Project Manager for Monitoring Firm Telephone Number					Telephone Numb		2000		Licen	se Nur		85	2		
Kevin Lovely	N. 10	The second second second		5858			973-709-0	1200			-	00	00.		-	
Scheduled Start Date 12/19/1	,	Comple 12/3		ate (11)		Name of OSHA	Name of OSHA Monitor J & S Environmental Laboratories, LLC									
Occupancy Status Dur						Street Address										
11 Facility Close	d/Vacated During E	ntire Per	iod of	Abateme	ent	2	2333 Rout	e 22	W							
[] Abatement Pe	erformed Outside of	Normal F	acılıt	y Hours –		City, State, Zip C	ode									
	cribe: partially vacat	ed					Union, NJ	0/08	33							
Scope of Work (Check	all that apply)		14				140.000									
120				., .	Renova	tion.	[] [x]		ontainment – Enclosure	with Neg	ative F	ress	ure			
[] Demolition [x] ≥3 sf or ≥3 lf			2	[] F	kenova	tion	[x]	Glove	ebag Proced	ure						
[x] ≥3 sf or ≥3 lf [] ≥160 sf or ≥20	60 If						[]	Non -	- Friable Pro	cedure						
.,		Is L	ocati	on								Aba Typ	atem	en	t	
		Norm					ription of — Containing			Amou	ınt	R	_	E	E	
Location Asbestos – C		Mainte	lely b				ial (ACM)			(Spec		E	E	N	N	
Material (todial					mal systems	т		SF or	LF)	M	12	CA	C	
TO BE AB			- 1				surfacing, VA		1			V	33777	P	0	
In Faci (13)	2000 - 00	Yes	No	N/A		or other m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				Α	R	S	S	
(1.5)						9 LF						L	+	U	U	
Penthouse		X			TSI					J LI	-	^	+	+		
			_		TR. (500)											
Name of Registered W	Vaste Hauler			Vaste	10000	ubic Yards			red Landfill							
Jupiter Environn	nental Services	o 1	ler ID 4782	No.		f Waste 1	Minerv	a Lar	idfill							
City, State	7					sposal Date	City, Stat		011							
Lincoln Park, NJ					_ 1	2/30/11	Wayne	spurg	g, UH	Da	te		-			
Completed By (Print o		Title				Signature	• /	1		1	ie 2/9/11					
Pane Repic General Manager				er	h		- (12	1011						

REMEMBER	- MAIL IN HAR	D COPY	h. 1			FO =====	MAP JANA			-
her attender.	, page 114 a M 111	NOTIFIE	MOI	OF AS	BESTOS ARA	TEMENT_	49 DAY		Stat.	i
10#19/29315487		(Pul	'suant t	PAUN O	8;60 and 12:	7241	Emerge	ncy Noc	ficuti	ion
Date of Holliculion (1)			Name	or Build	ng Uwant/Operato	DEC	9 2011		3	
2/09/2011			Plie L	Pelgedo	130	1	last	1	7	1.
agency Nothed	Type Notitionian		Stree	t Address	The second second	Mal		1	100	
3 GPA	60 Inilled		208 B	Lake /	Avenue 1/	VALVED	ATIODON	1		
1 DEP	□ Viliébqiaq		City;	Sioto: Zip	Code " A	VMIVER	APPROV	EUI	3	
,וכם פ	Amendment#	Larina di	Rahw	wy, NJ (7065 #					
אסמ פ	 Emergency finds justification) 	tom's	Name	of Conta	ict	×	Talaphone N:in	ber	ncar.	00.000
DCA	☐ Concellation		Blio I	Delgado		» ».	ĺ.	***	. y.	
					FORMATION		d			
Jama of Hacinto When	e Abatement la Taking F	Place (3)				Type of Facility	不 · ·			
'ivate home		30 m.m				Color of the				
Smel Address						☐ School (K-1 2	(Other than K-1 2)			
						of Other (I.e. pr	ivata & gommarcial		i,	
18 B. Lako Avenu						homes, etc 1				-
Hty (5)						Squere FAat	8 of Floors	midd A	g.c	
shway, NJ 07065							·			
oruth (a)			Count	A 6000 () (STATE USE	Current Use (Pr	or if the by debroils	he-d)		
niou			LONE	,						
	m Kired by Building Ow	ner(0) AS	CM No		Neme of Abblin	annt Centractor (9)	7.00		
					Or Tech LLC					
Freet Address	_	'			Street Acdress					77
					376 Valley Ro	#283				
lly, Stale Zip Cose	96			-	City Store Zip					
					Wayne, NI 07	470				
POTO MANAGER FOR ME	Informa Pirm	Talep	hand No.		Telephone No.		License No		3	-
					973-638-1777		01127			
ant Date (10)	Scheduled	Completion	bass (14)		Name of OSHA	Morritor	+			F 1 #2
/09/2011	12/10/201	1			Envirovision (Consultants, Inc				
ocupancy Slatus Duri	no Abelement (Cheek a	nty one)		_	Stringt Address				. 8	•
	ted During Entire Period of Optains of Normal Fa		ent		City State Elp		# 34A		50%	
			-, -,	020	Fair Lawn, NJ	07410				
pope of Work (Check	all inal abbly)				C FUI	Containment with	Nagetive Prossure			
25 of 01 23 of 2100 of 0200 of			B Ren () Dan	novalium nolli lon	© Gice	Enclosure ebag Prosedure	Non-Friedle Prena	dire		
		ta Loc	ANAM.			T T			Abaton	1121
		Norn		1		1		1	Type	<u>e</u> _
Asbertot-Control	ion of no Motorial (ACM):	Used Se		Athor	Description stoe Combining Ma		Amquit	4		π.
TOBEA	MATER	Cust			i, indirital systems	Insulation	(Specify	20	2 8	The second secon
14 Me		Sta			aurtzeing VA1		SF or LF)	Remaga	ardan)	
11	31	[1]	2)	}	Ottifi ilmer-inati			3	B 8	
The District Control of the Control		Yna M	N/A	i				garaga ara		
sement		1	×	Pipe in	sulation .		40 LF	x	1	77
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me of Rogistered We	nie Hauler	INGE	Wagin H	l l	Cubic Yerds of	Name of Rog at	Time I here	1		
		ID Ho:	- Value D	-uici	Velace Verga pr	The first of the second	erev Landiiii			
Tech L.I.C		00337	85			T.R.R.F. Inc.				
y. State		E Print	100	-	Uisposel Date	Lity State			71. Par	-
ryne. NJ 07470					_	Tullytown, 154				
	TRIE			-	Signature	1		Sto		
mpleted by	1 1646									

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		(Fui:	Suant	O NJAC 0	:60 and 1	2.120)		Property .	I I I		$\Pi \Pi$	E I	and the same					
Date of Notification (1) 11/28/2011		100000		Building C & G - Pa		<u>L</u>	W	5	-									
Agencies Notified Type Notification X EPA X Initial			treet Ad 25 Co	ldress unty Av	e.				DEC	1 3	2011	, ,	J					
DEP Amended Amendment #				e, Zip Coc cus, NJ			6		ASRESTO	THOO 2	POI 2	j						
DOH	justification)					Name of Contact Bill Nagy						ASBESTOS CONTROL & Telephonel Namber						
			FACIL	ITY INFO	RMATION	1		F 99 740		a mana Pancial action of	Ar. Alexandria Lauri	Augel Proces	1					
Name of Facility Where Abatement is Taking P.S.E. & G Street Address	Place (3)						Sci Su	Facility (4) hool (K-12) bchapter 8) (Other than K	(-12)	Maria (2008)	Penge, be	zerie " ve					
South 5th Street							etc	.)	vate & comme				es,					
City (5) Harrison, NJ							Square Appx.	Feet 10,000	# of Floors 2		Bldg. / Appx	(2.70)	rs					
County (6) Hudson			ounty C	ode (7) SE ONLY)		_		Use (Prior Station	if being demo	lished)								
Name of Monitoring Firm Hired by Building C Bureau Veritas	wner (8)		ASCM	No.	l	Uniqu	ie Syst	ment Contr ems of A	(100001 5505 PS\$1050)									
Street Address 160 Fieldcrest Ave.								et Address Whitehead Ave.										
City, State, Zip Code Edison, NJ 08837								State, Zip Code th River, NJ 08882										
Project Manager for Monitoring Firm Pat Hand								bhone No. License No. 01111										
	Scheduled 12/16/20	Completion Date (11) Name of OSHA Monitor Unique Systems of							merica									
Occupancy Status During Abatement (Check						Street Address 396 Whitehead Ave.												
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm: Other – Describe:	eriod of Aba al Facility H	ateme lours	ent		C	City, St	ate, Zip		82									
Scope of Work (Check All That Apply)					VA-P	Transport												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novatio molitio				×	Mini-E Glove	Enclosure bag Proce	nt with Negativedure (*) and Non-Fr			re.						
	Is Lo	ocation	n				I NOTI-L	xempled) and Non-i i	lable 1 1	Abat	ement	t					
Location of	No	rmally	lly Description			ription	on of			-	Туре		_					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custoo	tenand	ce/		thermal sy surfacin	Containing Material (ACM) mal systems insulation, urfacing, VAT, or er miscellaneous) Amount (Specify SF or LF)				Repair	Encapsulate	Enclosure						
2 Tunnels		X	INA	Co	onduit ca	ble c	overing	3	210 LF	х								
Name of Registered Waste Hauler		1.0000000000000000000000000000000000000	DEP W		Cubic Ya			Name of R	egistered Land	dfill	1							
Waste Management		1000000	uler ID I 25	N0.	of Waste			Grows										
City, State Elizabeth, NJ	4				Disposal 12/16/2	011		City, State Morrisvill			1000							
Completed by Title Carol Raimo Office Manager					Sign	nature	Mal Lains Date 11/28/2011											

								Property of the Assessed	and the second s	one control of the co	erry -	Pri	nt F	
	NO		ATION (te of New OF ASBE o NJAC 8	STOS A				E C E I	W	<u> </u>	M]	
Date of Notification (1) 12/9/2011		27,0190	Name of Building Owner/Operator (2) P.S.E.&G Palisade Div.							Črasy.				
Agencies Notified Type Notification	on		street Ad 325 Co	dress unty Av	e.		DEC 13 2011 U							
EPA Initial Amended Amendment	ent #			e, Zip Coc cus, NJ (1	ASBESTOS CONTROL & LICENSING							
× DOH justificatio x DCA × Cancellati			Name of Contact Bill Nagy						mber					
Name of Facility Where Abatement is Tai	king Place (3)		FACIL	ITY INFO	RMATIC	ON	Тур	e of Facility (4	25. D),				adelle.	
Street Address South 5th Street							×	Subchapter	8 (Other than K-1: rivate & commerci	2) ial buil	dings,	home	es,	
City (5) Harrison, NJ								px 10,000	# of Floors 2		Bldg. Age Appx 75 yrs			
County (6) Hudson			County C	ode (7) SE ONLY)		_		rent Use (Prio b Station	or if being demolis	hed)				
Name of Monitoring Firm Hired by Buildir Bureau Veritas	ng Owner (8)		ASCM	No.	Name of Abatement Contractor (9) Unique Systems of America									
Street Address 160 Fieldcrest Ave.						Street Address 396 Whitehead Ave. City, State, Zip Code								
City, State, Zip Code Edison, NJ 08837		7				Sou	th Ri	ver, NJ 088						
Project Manager for Monitoring Firm Pat Hand				5-6040		Telephone No.								
Start Date (10) 12/12/2011	12/16/20	11	pletion D	Date (11)		Unio	que S	Systems of	America					
Occupancy Status During Abatement (Cl x Facility Closed/Vacated During Enti	re Period of Ab	atem	ent			396		tehead Ave						
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe:	ormal Facility F	iours			_]	350		iver, NJ 08	882					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	novat moliti					Ĭ.	Mini-Enclosure Glovebag Prod				e		
		ocatio	200			Non-Exemple			(/ 22	Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenar dial S (12)	y by nce/ taff?		tos Cont thermal surfac	Description of containing Material (ACM) Amount (Specify Bracing, VAT, or er miscellaneous)					Repair	Encapsulate	Enclosure	
2 Tunnels	Yes	No X	N/A	Conduit cable covering					210 LF	Х				
Name of Registered Waste Hauler		2019	JDEP W		Cubic			Name of	Registered Landfi	1				
Waste Management			auler ID 1125	No.	10	Waste 10 Grows								
City, State Elizabeth, NJ						Disposal Date City, State 12/16/2011 Morrisville, PA								

Date

12/9/2011

Completed by

Carol Raimo

Title

Office Manager

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- 1	IFC		n .	. 713		

ETS JOB # 3617/11			AMENDME	NT#					
Dale of Notification (1) 12/09/2011	Name of Building O' Bed, Bath and Be)1=AS 10:D/	3 101					
Agencies Notified Type Notification EPA	Name of Contact Mr. John Purcell	WAIV	WAIVER APPE						
	FACILITY INFO								
Name of Facility Where Abatement is Taking P Bed, Bath and Beyond Property Street Address 700 Liberty Avenue	County Code (7)	Type of Facility (4) School (K-12) Subchapter 8 (Other the Control of Florida & Control of	ommerdal building	s, homes, etc.					
City (5) County (6) Union Uhion	County code (1)	Current Use (Prior If being Vacant	demolished)						
Name of Monitoring Firm Hired by Building Own ATC Acsociates, Inc. Street Address 1090 King Georges Post Road, Suite 70 City, State & Zip Code	00098	Name of Abatement Contr ETS Contracting, Inc. Street Address 160 Clay Street City, State & Zip Code	actor (9)						
Edicon, NJ 08837 Project Manager for Monitoring Firm Pat Sick	Talephone Number (732) 771-0051	Brooklyn, NY 11222							
Scheduled Start Dale (10) 12/12/11 Occupancy Status During Abatement (Check of Facility Clused/Vacated During Entire I Abatement Performed Outside of Norm Describe.	Period of Abatement	Name of OSHA Monitor Environmental Tactics Street Address 64 Broad Street City, State & Zip Code Matawan, NJ 0774	;, Inc.						
Cther - Doscribe: Scope of Work (Check all that apply) Demolition Large Project Ouantity is ≥ 3 SF or ≥ 3 I F ACM Quantity is ≥ 160 SF or ≥ 260 LF ACN		Mini-Enclosure Glovebag Prod Other	эбиге						
Location of Asbector-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or	Description of Asbestos-Containing Material (ACM) (i.e., thormal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repeir. Encapsulation or Enclosure)					
1 st floor	No	VAT	20 SF	Removal					
1 st floor 2 nd floor	No No	Pipe Insulation Pipe Insulation	80 LF 20 LF	Removal Removal					
Name of Registered Waste Hauler DJM Transport LLC.	NUDEP Waste Hauler II 29681	D# Cu. Yds. of Waste 3 Disposal Date	Name of Registe Cumberland I City. State						
City, State 109-113 Jacobus Avenus		TRD	Newburg, PA						
Completed By (Print or Type) Title	ECT EXECUTIVE	Signature		Date 12/09/11					

ASB-41 JUN 95 G4667

P.11.9

To:17187061032

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06-2011 12:36 From: ASBESTOS

ETS JOB # 3617/11 CHE	CK #2250	5			- Judensta	MEG	AMENDA	MENT # 1
Date of Notification (1)			Building O		erator (2)			
12/09/2011	ation a		th and B	eyona		DE	0 1 7 7	11 111
Agencies Notified Type Notification	Street Ac			ě.	LL LL DE	C 13 Z	JII Lance	
	Notification		erty Aven te & Zip Co					
	nded Notification				Ž.	E	stes Contro	1 8 11
		01110111, 1	NJ 07083		*	Pont	LEAT MAJAIN	
	ellation	Name of				The state of the s		Telephone Number
☐ DCA			n Purcell			Self-religible, the appealment	Andrews Services	
	88		LITY INFO					
Name of Facility Where Abateme Bed, Bath and Beyond Prop		ace (3)			Facility (4) ool (K-12)			
Street Address	erty					(O4b 4b K	40\	
Street Address				_	***	(Other than K-	***	
								igs, homes, etc.
700 Liberty Avenue				Square F	-eet	# of Floors	B	Bldg. Age
City (5)	County (6)	County Cod	le (7)	12	5,000	2		50+
Union	Union			Current I	Use (Prior	if being demol	ished)	
				Vacant	127	-	**	
Name of Monitoring Firm Hired b	v Building Own	er (8) A	SCM No.			nt Contractor (9)	
ATC Associates, Inc.	, bananig evii		0098		ntracting		<i>J</i>	
Street Address			0000	Street Ad		j, 111C.		
1090 King Georges Post Ro	ad Suite 706				y Street			
	au, Suite 700							
City, State & Zip Code					te & Zip C			
Edison, NJ 08837		=			/n, NY 11		т.	
Project Manager for Monitoring F	irm	Telephone Nu			ne Number		License N	
Pat Sisk		(732) 771-00		718-706				00511
Scheduled Start Date (10) 12/12/11	Scheduled Com 0	npletion Date (1 3/01/2012	11)	The state of the s	OSHA Mo Imental 1	nitor actics, Inc.		
Occupancy Status During Abater				Street Ad				
Facility Closed/Vacated [64 Broa	d Street			
Abatement Performed Or	utside of Norma	al Facility Hour	S -	City, Stat	te & Zip Co	ode		
Describe:				Matawa	n, NJ 07	74		
Other - Describe:					•			
Scope of Work (Check all that ap	oply)	***********						
□ Demolition	Renovati	on			Full Cor	ntainment with	Negative P	ressure
Large Project	M Honoran	0		\boxtimes			regative	ressure
	LEACM							
Quantity is ≥ 3 SF or ≥ 3Quantity is ≥ 160 SF or ≥				<u>_</u>		g Procedure		
	260 LF ACM				Other:			
Location of		Is Location			ption of		Amount	Abatement Type
Asbestos-Containin	g	Normally Use	d		Containing		Specify	(Specify: Removal,
Material (ACM)		Solely by			al (ACM)		are Feet or	
TO BE ABATED		Maintenance		(i.e., therm			ear Feet)	Encapsulation or
in Facility		Custodial Staf		sulation, si				Enclosure)
(13)		(12)	0	or other mis	scellaneou	s)		
1 st floor		No		V	AT		20 SF	Removal
1 st floor		No			sulation		30 LF	Removal
2 nd floor		No		Pipe Ins			20 LF	Removal
2 11001	6	140		i ipe ilis	ulation	1 1	LU LI	Removal
Name of Registered Waste Haule	er	NJDEP Waste	Hauler ID	# Cu	Yds. of W	aste Name	e of Registe	ered Landfill
DJM Transport LLC.			681		3		berland l	
City, State				Dist	osal Date		State	
109-113 Jacobus Avenue				15.5	TBD		burg, PA	
Completed By (Print or Type)	Title			Sign	nature /	1	9, 1 71	Date
ROY JOHNSON		T EXECUTIV	/F	Oigi	Tod	1		12/09/11
					DI)	1		12/00/11