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

Check 1250

Date of Notification	(1)			Nam	ne of Bui	lding	Owner / Operat	or (2)	Luc .	EGE	D D.D	P	France	7
	12/8/2011			Res	orts Ho	otel a	and Casino) E C E	∥ ₩	E	In)	1
Agencies Notified EPA	Type Notif	cation		7	et Addre			7 - 10	III	11	16077 250			
☑ EPA☑ DEP		olf			3 Board		The second secon		-HH	H DEC 1	E ons			
Ø DOL		an ended			State &				IN F	I DEC 1	5 2011	i		
☑ DOH		ergency			e of Cor		J 08401	<u> </u>	+-	 	Tolon		NI	1
DCA		ncellation		100000000000000000000000000000000000000	ne Dor				Î	ASBESTOS C		ione	Num	per
							ODMATION		L	LICENS	Silvu			i
Name of Facility Wh	nere Abater	nent is Taking I	Place (ACILITY	INF	Type of Faci	lity (A)		And the second s	ed;			
Resorts Casino		noncio railing i	1000 (Ο,			School							-
Street Address									Other th	nan K-12)				
113 Boardwalk							Other (i.	e. priva	ate & co	mmercial build	ings, ho	mes,	etc.)	
							Square Feet		# of Flo	oors	Bldg. A	ge		
City (5)		County (6)	Co	ounty	Code (7	")	60000	The state of the s		13		80)	
Atlantic City		Ocean					Current Use	(Prior i	f being o	demolished)				
							Casino							
Name of Monitoring	Firm Hired	by Building Ow	ner (8))	ASCI	M No.	Name of Aba ALPHA EN							
Street Address							Street Addre		AIAIT IA I	AL				
							2129 Rt 33							
City, State & Zip Co	de				****		City, State & Hamilton, I		de					
Project Manager for	Monitoring	Firm	Telep	ohone	e Numbe	er	Telephone N			License				
Scheduled Start Dat	a (10)	Scheduled Co	mplotic	on De	to (11)		215-295-10				010	191		0.02511250
12/19/201		12/24/2011	mpieu	טוו טפ	ate (11)		Name of OSI EMSL Anal		iltor					
Occupancy Status D	uring Abate	ment (Check o	nly on	e)	***************************************		Street Addre	SS						
		During Entire F					107 Haddo							
The state of the s	erformed (outside of Norm	al Ho	urs –	7am to	3pm	City, State &							
Describe: Facility Occu	iniad During	Abstoment					Westmont,	NJ 08	108					
Scope of Work (Che			99,00					-			-			
Coope of Work (One	on all triat a	ppiy)						П	Full Cor	ntainment with	Negativ	e Pre	SSU	e
≥3 sf or ≥3 lf			\boxtimes	Rei	novation				Mini-En				oou.	
≥160 sf ≥260) If			Der	molition				Glove B	Bag Procedures	S			
								\boxtimes	Non-Ex	empted and No	on-Friab	le Pro	cedi	ure
	cation of		177.77.77	Locat	100703000		Description	n of		Amount		atem		
	os-Containir	ng			Used		Asbestos-Con			(Specify		T	T	T
	rial (ACM) E ABATED			olely tenar	nce or		Material (A (i.e., thermal s			SF or LF)	2	, ,	l E	m m
	Facility		100000000000000000000000000000000000000		Staff?	i	nsulation, surfac				T. en lova	Repair	Encapsulate	Enclsoure
	(13)			(12)			or other miscell				<u> </u>	. ≝	u at	oure
			Yes	No	N/A								O	
Directors Room Pipe Chase				\boxtimes			Ceiling T Pipe/Fitti			1600sf 30lf	×			
Name of Registered	Waste Hau	er		N.I	DEP W	aste	Cubic Yards		of Regi	istered Landfill		1-0	L	l.
ALPHA ENVIRONI				На	uler ID 1 33330		of Waste		s Lanc					
City, State					55550		Disposal Date	City, S		4:111				
Hamilton							various		isville,	PA				
Completed By (Print	or Type)		-	Titl	e		Signature		Control of		Date			
Rod Richardson				P	M		Rod Richardson					B/ 2 0	11	

State of New Jersey APPROVED: NJDOL

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1)		-		Name	of Buildir	g Owner/Operator (2)	THE PROPERTY OF STREET	, and an			
12/	9 / _	12		Sta	te of Ne	w Jersey - Dept o	of Human Service	E I		lan land		
Agencies Notified EPA	Type Notifica	ation	Ħ		Address South	Warren St, PO Bo	× 700					
⊠ DOLWD	☐ Amended			City, S	State, Zip	Code		DEC 15 20	111	III	H	
☑ DHSS	Amendme Emergen	The state of the s	,	Tre	nton, N.	l		20 13 20	11	L		
☐ DCA (NJAC 5:23-8)	justification		3	Name	of Contac	ot		Telephone Num	ber		1	-
(110710 0120 07	☐ Cancellat			Wil	liam Sch	naffer	A	SBI		,	E .	
			W	FA	CILITY II	NFORMATION		LIVENSING			1	
Name of Facility Where A	batement is T	aking Place	(3)				Type of Facility (4	1)	41			
Woodbine Develops							School (K-12)					
Street Address							Subchapter 8			ildina		
1175 DeHirsh Ave							Other (i.e., pri homes, etc.)	vate and comme Cut d			ıs,	
City (5)							Square Feet	# of Floors		g. A	ge	
Woodbine												
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Cape May											-23	
Name of Monitoring Firm		and the state of t	(8)	ASCM	No.	Name of Abateme						
Environmental Con	nections In	c.				BRISTOL EN	VIRONMENTAL	, INC.				
Street Address						Street Address						
120 N Warren St						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co	ode					
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Moni	toring Firm		Tele	phone	No.	Telephone No.		License No.				
Brian Holbig				9-392		215-788-6040		00509				
Start Date (10)	1000	Scheduled C				Name of OSHA M						
12 /12 /			2000	_ / -	11	BRISTOL EN	VIRONMENTAL	, INC.				
Occupancy Status During						Street Address						
☐ Facility Closed/Vacate					11	1123 BEAVE						
Abatement Performed Time of Abatement: 7					cribe	City, State, Zip Co						
						BRISTOL, PA	19007					
Scope of Work (Check all	that apply)					☐ Full Cont	tainment with Nega	ative Pressure				
≥3 sf or ≥3 lf			enovat				losure					
≥160 sf or ≥260 lf		☐ De	emolitio	on			g Procedure mpted (*) and Non	-Friable Procedu	ıre			
		1 19	Loca	ion	T	Z Non Exc	Inplot () and) to			atem	ent T	vpe
Location	of		Norma	lly		Description of	of			-	1	1
Asbestos-Containing I	Material (ACM		ed Sole aintena			estos Containing Ma		Amount	Remova	Repair	nca	Enclosure
TO BE ABA IN Facilit			todial		(i.	e., thermal systems surfacing, VAT		(Specify SF or LF)	ova	₹·	psu	nsc
(13)	ıy	34	(12)			other miscellane		0. 0. 1. /	-		Encapsulate	, e
, , ,		Yes	No	N/A								
Exterior btw plumbin	g shop											
& Welding/HVAC gara	age		\boxtimes		pipe in	sulation inside t	ransite pipe	80 LF	\boxtimes			
				\Box		-						
Name of Registered Was	te Hauler			JDEP V	Waste	Cubic Yards of	Name of Regist	ered Landfill				1
SERVICE TRANSPO		P, INC.	F	auler II 20990		Waste 2	MINERVA L	ANDFILL				
City, State						Disposal Date	City, State					
NEW CASTLE, DE 1	9720	.50				12/15/11	WAYNESBU	JRG, OH 4468	8			
Completed By (Print or Ty	/pe)	Title				Signature	0 . 3	D	ate	1	7-0111	
Brian Scafiro		Estima	tor			Also.	(Liv (9)	-)	12/	9/	11	

2423136

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Barbara Koslow 12/09/2011 DEC 1 5 2011 Type Notification Street Address Agencies Notified 37 Van Allen Road × Initial **EPA** City, State, Zip Code Amended DEP ASBESTOS CONTROL & Umber Glen Rock, NJ 07452 × Amendment # DOL Emergency (including × Name of Contact justification) DOH Barbara Koslow Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Barbara Koslow School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 37 Van Allen Road etc.) Bldg. Age # of Floors Square Feet City (5) N/A N/A N/A Glen Rock Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) house Bergen Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00675 973-345-8685 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (#0) D&S Abatement, Inc. 3 10 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Occuppied Totowa, NJ 07512 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 Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Encapsulate Maintenance/ Enclosure (i.e. thermal systems insulation, (Specify Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No X 100 LF X pipes basement 40 LF X pipe insulation X basement Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste Waste Management of PA D&S Abatement, Inc. TBD 20996 City, State Disposal Date City, State Tullytown, PA TBD Totowa, NJ Date Title Signature Completed by 12/09/2011 PM Susan Brkusanin

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

ate of Notification (1)		12	Na Ba	mo of Bu	lding Own	or/Operator	(2)	DEC	7 201		-		\./ 	
	Votification		Str 37	eot Addre	len Roa	d	\A/\AI	VED		DEC.		5	<u> </u>	
DEP DEP	ilital mended mendment #		Git	y, State. Ien Roc	Zip Code k. NJ 07	452	447/1	VLI)	PPRU	VE.	U	30NT:	राग र	
DOH K	mergency (inclination) Cancellation	liding	No Bi	ma of Co arbara l	Koslow		a material.	- Saletin	Telophone N	unnu				-
arms of Facility Whore Abotom	ont is Taking Pi	ace (3)		FACILIT	YINFORM	ATION	1	Facility (4)			11:00=27			
root Address						-	Si Ol	Laborter H	(Other than K- vete & commo	-12) rcial d	uldir	ige, ho	ുന്നവർ.	ý.
7 Van Allen Road ity (5)					-10.00		Square N/A		# of Floors N/A		Bld N//	g. Ago A	·	s en
Glen Rock ounty (6)			C	TATE US	de (7)	-	Current		if being demo	lished)			
Bergen Jame of Monitoring Firm Hirod	by Building Ow	ner (8)	7	ASCM N		Name	of Abeto	ment, Inc	ractor (9)					
N/A						Street	Address	activities of the second						
ity, State, Zip Code		-				City	State Zip owa, N.	Code			_			•
roject Manager for Moniforing	Firm		T	ciephone	No	Telo	phono No -345-86		Licens 00678					
teri Data (do)	Ť	cheduled		ploban Da	ato (11)			A Monitor	 3.					
Coupancy Status During Aba		Only One) 11	1		Stree 11	et Addres Roseng	ren Aven	ue					SW-SS
Facility Closed/Vacated D Abatement Performed Ou Other - Describe: Occup	TRICO OF MOLLING	nod of Al Facility I	atem Lours			City.	State, Zi							
Scope of Work (Check All Tha ≥3 of or ≥3 it ≥160 of or ≥250 if			novat moliti				Min Min	i-Enclosure	ent with Negati cedure (*) and Non-F)	
		13	Locatio	on I								Abate Tyl	ment	
Location of Asbestos-Contolning Mate TO BE ABATED In Facility (13)	irial (ACM) <u>)</u>	Used	ormali i Solei ntenar odial S (12)	y by ICS/	(i,o ti	Descript s Containing hormal syste surfacing, other misce	g Material pana insult VAT, or	ition,	Amount (Specify SF or LF)		Removal	ANGARIAN	Encapsutate	Elegiosura
		Yes	No	N/A		pipe			100 LF		-	×		
basement			X			pipe inst			40 LF		X_			Ĺ
DADON ON								401711 T/						-
Namo of Registered Wasto H D&S Abatement, Inc.	auter		1	IJDEP W laulor ID 0996	aslo No.	Cubic Yard of Waste TBD	ls	Waste	Registered La Manageme		PA			
City, State Totowa, NJ			[_			TBD			wn, PA	1 =				
Completed by		Title	0	7/		Signa	ature of	Wow	in	12		2011	V.500	

ASB-41 (R-08-08)

6312-NJ

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

Check # 4540

		9								- CHOOK	11 10 10	2.6	C+ # .		
Date of Notification	WANTED STORES		Na	me ó	f Bu	ldin	g Own	er/Operat	or	(2) [C E	WI	5 1	1	1
1 1 2 1/1 0	17/1/1	11	IN	ew J	erse	/ Inst	itute o	f Technolo	og	- 111 //	- 12 1	(J [
Agencies Notified	Type Notifi	cation	St	reet	Add	ress			-		250			111	
[X]EPA [X]DEP	[X]Initia Notifi	l cation	32	23 D	r. Ma	rtin L	uther	King, Jr. B	301	ulevard)EC 15	2011		7	_
[X] DOL	[]Amende		11			J 071				AS	BESTOS CONTI	10L &	_	1	
(X) DOH	Notifi		11			ntact			-	Tele	phone Numb	er			
(X)DCA	[]Cancel	lation	IIM	icha	el Th	omps	on		1	T. T.		Way Sales	fee		
	L		11.					MOITA							
Name of Facility W	here Abateme	nt is Ta	king					1	11	Type of Facili	ty (4)				
New Jersey Institute	of Technolog	gy - Cent	ral K	ing E	Buildi	ng				[]Other	(K-12) pter 8 (Ot (i.e., pri uildings,	vate	E CO	mmer)
345-361 Dr. Martin L	uther King Ir	Boulev	ard						3	Square Feet	# of Floor	s Bl	dg.	Age	
City (5)	date rang of	County				Cou	inty C	ode (7)	-	50,000 Current Use (P	4	ing d	45		ar
Newark, NJ 07102		Essex				(S)	ALE U	SE ONLY)		School	1101 11 00	ing u	CIIIO		۳,
Name of Monitoring Owner (8)	Firm Hired			ASC	M No				eme	ent Contractor	(9)				- 1
Health & Safety Sen	vices, Inc .			000	0117			r Strong B		Iders, Inc.		-			
318 12th Street							180	Sargeant	A	venue					
Hammonton, NJ 080							Clift	on, NJ 07	01	3-1935					
Project Manager fo	r Monitoring	Firm	Tele	hone	e Nun	ber	Tele	phone Nur	mbe	er	Lice	nse N	umbe	r	
Jim Proctor Scheduled Start Da	te (10) Sc	hed.Com	309-	704-8	8850 Date	(11)		-614-0377		onitor	0080	07			
1 2 / 2 2 / Month / Day / Occupancy Status D	Year	0 1 /	2 1 Day	nly	1 2 Year	.1		r Strong B		lders, Inc.					
[X] Facility Clos of Abatement [] Abatement Fer Hours - Descr []Other - Descr	ed/Vacated D formed Outsi ibe:	uring E	ntir	Per	riod		CIE	Sargeant y. State. ton, NJ 07	Z	ip Code					
Scope of Work (Che	ck all that	apply)	-		-		Поши		_			D			
[]Demolit []>3 sf o [X]∑160 sf			ĺΧ	Ren	ovati	on		[]Min: []Glo	ii-l	Containment wi Enclosure bag Procedure riable Proced					
			1	Is	00							Aba	eme	it T	ype E
	ABATED Ility		No.	mal. Jsed Dlel Mai nanc stod	ly y n- e/ ial	i	Asb Mi (i.e. nsula		AC S	ining M)	Amount (Specify SF or LF)	R	R E P A I R	N C A P S U L .	N C I O S U R E
Fourth Floor West S	Side			X		Plast	er Wa	alls & Ceili	ing	js	2,800 SF	X			
				-							-	+	-	-	-
Name of Registered	Waste Haule	er			Was I ID		Cubi of W	c Yards aste	T	Name of Regis	tered Land	riii		1	L
Four Strong Builder	s, Inc.		1	2609)		40			G.R.O.W.S., In	ıc.				
City. State							Disp	osal Date	2	City. State	0				
Clifton, NJ							TBD	500000		Tullytown, PA				¥	4.000
Completed By (Prin	t or Type)	Title						Signatur	e e	-11		D	ate		
Bilyana Kulakovska		Office A	dmir	istra	tor			17),	All		1	2/7/	11	
ASB-41 JUN 95		<u> </u>						L Carrie						646	67

Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Date of Notification Name of Building Owner/Operator MERCEDEZ BENZ USA, LLC 2 1 2 11 Agencies Notified Type of Notification Street Address ONE MERCEDEZ DRIVE Initial **USEPA** DEP Notification X STOS CONTROL & City, State, Zip Code DCA/DOL Amended X LICENSING Cancellation MONTVALE, NJ 7645 DOH Telephone Nümber Name of Contact DAVE LEE FACILITY INFORMATION Name of Facility Where Abatement is Taking Place Type of Facility) School (K-12)) Sub-Chapter 8 (Other than K-12) MERCEDEZ BENZ USA, LLC X) Other (I.e. private & Commercial Street Address buildings, homes, etc.) Age of Bldg. # Floor ONE MERCEDEZ DRIVE SF of Bldg. 1 MILLION +SF County Code 3 50+ County City Current Use (prior if being demolished) State use Only MONTVALE, NJ BERGEN Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatment Contractor ACM CONSULTING CORP. BUREAU VERITAS NORTH AMERICA INC. Street Address Street Address 160 FIELDCREST AVENUE 2150 STANLEY TERRACE City, State, Zip Code City, State, Zip Code UNION, NJ 07083 EDISON, NJ 08837 Telephone Number License Number Telephone No. Project Manager for Monitoring Firm 908-687-1008 00575 TO BE DETERMINED TO BE DETERMINED Name of OSHA Monitor Scheduled Completion Date Scheduled Start Date 2012 EMSL ANALYTICAL 2011 6 18 Day Day Street Address Year Month Month Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement 307 WEST 38TH STREET Abatement Outside Normal Facility Hours City, State, Zip Code Describe: 6:00PM TO 6:00AM NEW YORK, NY 10118 Other - Describe: Scope of Work (Checl Only One) Abatement Method Full Containment with Negative Pressure Demolition X Mini-Enclosure >3sf or >3lf Glovebag Procedure X > 160sf or > 260if Non-Friable Procedure X Renovation Describtion of Amount to be Abatement Type Is Location Normally ACM to be Removed Used by Custodial Staff Location of ACM Facility (Specify SF/LF) Rem. Rep. Enc. Encl. N/A Removed NO Yes 2ND FLOOR - MEN'S RM - LIBRARY - HALLWAY FIREPROOFING 132SF X 752SF X TRANSITE PANELS ROOFTOP COOLING TOWER COOLING TOWER FILL 10CY ROOFTOP COOLING TOWER Name of Registered Landfill Cubic Yds waste Name of Registered Waste Hauler NJDEP Waste ID No.

SW1896

GENERAL MANAGER

Disposal Date

TBD

Title

TRI-STATE TRANSFER ASSOC., INC.

Completed By (Print or Type)

City, State

BRONX, NY

TIMOTHY RYAN

TBD

WAYNESBURG, OHIO

Signature

City, State of Registered Landfill

MINERVA ENTERPRISES, INC

Date

12/12/2011

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

Check # 8072

Date of Notification (1)			Name of	Building Own	e Operato	r)(2)	wybama/200	1	and Account	1	11 15	1	
12-13-	1 }					K	elly	COF	STREET	Tro	701	=	0
Agencies Notified Type Notification			Street A	ddress _	3 K	ell		E 16	L I				
EPA Initial Amended			City, Sta	te, Zip Code	<u> </u>		11100	rur	1		-#	\mathbb{H}	
DEP Amended Amendment	# 11. Sie.		J., J.		Gre	PA	Roha	Kne	NJSC	n An	91	191	
Emergency (i		26	Name of	Contact			1000	Tele	phone Num	ber	- 1	0.5	\vdash
DOH justification Cancellation			n	Tichae	IN	TURR	,]		A-18000000000000000000000000000000000000	. N	1	10-20	1
			FACI	LITY INFORM		I COJERC	Y	ASEL	المالين ولاان				
Name of Facility Where Abatement is Taking						Туре	of Facility ((4)	FICENSIND		-		
201110 1 001) صد ا	ling							Market 1				
Street Address 45 Ross	Hall	3	المورا	Nort	L	No.	Other (i.e. p	orivate 8	er than K-12) commercia	l build	lings,	home	es,
City (5)	11411	U	wa,	IVORT	<u> </u>		etc.) ire Feet	# of	Floors	ТВ	ldg. A	.ge	
Piscatawa	4	,	NJ					-	2		32.50	t -	
County (6) Middlesex	1		County (Code (7) USE ONLY)		1		~	ng demolishe				
Name of Monitoring Firm Hired by Building C	Dumor (8)		LASCM	4 No.	Nama	a of Abs	atement Co	ntractor	ly Dwe	uir	3		
EPC TECHNOLOGIES, INC	Janier (0)		N/A				HNOLOG		A CONTRACTOR OF THE PARTY OF TH				
Street Address						t Addre							
P.O. BOX 337						. BOX							
City, State, Zip Code NEW EGYPT, NJ 08533	2				NEV	N EG	Zip Code YPT, NJ (08533	· · · · · ·				
Project Manager for Monitoring Firm STEVE SCHENKER			Telepho 609-75	ne No. 58-3365		hone N -758-3			License No 00394).			
Start Date (10)				Date (11)	11 37777554.65		HA Monitor		NO				
19-33-11			3-11			t Addre	HNOLOG	JES, 1	NC				
Occupancy Status During Abatement (Chec			016-04.		(A) 755574000	. BOX			2				11-2-0
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm	Period of A	Abaten / Hours	nent s		City.	State, 2	Zip Code						
Other – Describe:					3000		ÝPT, NJ (08533					-
Scope of Work (Check All That Apply)						in the second	,						
≥3 sf or ≥3 lf		Renova							Negative Pr	ressur	re		
≥160 sf or ≥260 lf	A c	Demoli	tion			PRINTED 1 2010	ni-Enclosur ovebag Pro	877 (
					ŗ				d Non-Friabl	e Pro	cedur	е	
	Is	Locat	ion									emen	t
Location of	1	Norma	lly		Descriptio	n of					1)	ре	,
Asbestos-Containing Material (ACM)		ed Sole			Containing	Materia		200.00	mount	_		m	m
TO BE ABATED		todial			rmal systen urfacing, V		ation,		pecify or LF)	Rem	Repair	cap	ndo
In Facility (13)		(12)			ner miscella					Remova	Dair	Encapsulate	Enclosure
	Yes	No	N/A							_		ite	o o
Kitchen	1.	X		9"x9" F	Floor T	iles		10	10 SF	Х			
Ditches			1						yn Ac While D				
	+												
Name of Registered Waste Hauler			NJDEP W		ubic Yards		Programme version		red Landfill		and the state of		
EPC TECHNOLOGIES, INC		C 14 / 15 (25)	fauler ID 7000			4			IAGEMEN	IT O	F PA	١	
City, State NEW EGYPT, NJ 08533					a-a3-		City, Stat		E, PA				
Completed by	Title	92/01119/55/590			Signatu		10	1	Dat		200000		
STEVE SCHENKER	PRE	SIDE	NT	36	3	Der	10c	hel	h	12.	13	-1	L

State of Now Jersey NOTIFICATION OF ASDESTOS ABATEMENT

(Pursuant to MIAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of islotification (1) 12-12-11 Street Address Type Motification Agencles Notified 1399 City, Shile, Zip Code Maitiol Amended Amendment # | | | Limergency (including justification) LOOH Caucellation EVEILTA IMEDIAMATION Name of Facility Where Abatement is Taking Place (3) []] School (K-12) Jim CURLEY CAMU Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc.) Square Friel Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Flired by Building Owner ACK INSULATION Street Address Street Address City, State, Zip Code COLTS NEELS NS City, State, Zip Code Telephone No. Telephone No. Project Manager for Monitoring Firm 132 294 125 Name of OSHA Monitor Scheduled Completion Date (11) ALC INSULATION CD 7 12-28-Occupancy Status During Abatement (Check only one) Street Address 45 Martirore [] Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours [] Other - Describe:] Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation) st or ≥3 lf ≥160 st or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Demolition Abatement Is Location Typh: Monnally Description of Used Solely by Amount Asbestos Containing Material (ACM) Location of Maintenance/ (Specify Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, Custodial TO BE ABATED surfacing, VAT, or other miscellaneous) SE or LE) Staff? IN Facility (12)140 MA Yes Name of Registered Landfill Cubic Yards MJDEP Waste Manie of Registered Waste Hauter Hanker ID No. INSULATION OU City State ART City, State COLTY Completed By

Fax: State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 11-497 (Pursuant to NJAC 8:60 and 12:120) **APPROVED** Chaptriof Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/11 12 1/11 11 1 CHARLES LA BOONE Agencies Notified Type Notification Street Address ☐ EPA Inital 1435 STANLEY TERRACE Amended DEP City, State, Zip Code Amendment #: ZUT DOI: DOI. **Emergency** HILLSIDE, NJ 07205 fincluding DOH. Name of Contact. ASBESTOS CONTROL & justification) LICENSING ☐ DCA CHARLES LA BOONE Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) CHARLES LA BOONE Subchapter 8 (Other than K-12) Street Address Othor (Private/Commercial Bidgs./I-lomes, etc. 1435 STANLEY TERRACE Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior it being demolished) HILLSIDE UNION Name of Monitoring Firm Hired by Bldg. Owner (R) AGGM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zlp Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/13/11 12/23/11 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. Olty, State, Zip Code Abatement performed outside of normal facility hours-Other-Describe: NORMAL ROURS Paterson, NJ 07/503 Scope of Work (check all that apply) Full Containment w/negative pressure > ≥ st or > 3 If Mini-enclosure Renovation Glovebag procedure ___ ≥180 af or ≥260 If Domolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of by maintenance/custodial E 0 ė asbestos-containing η Amount Description of asbestos-containing staff(12) m η material (acm) to be p (Specify SF or C material (ACM) 0 r: shated in facility (13) 3 Yes No N/A V p BASEMENT PIPE INSULATION 80 L FT X BASEMENT BOILER BOILER INSULATION 25 SQ FT Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Wooto Name of Registered Landfill D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City. State Disposal Data City, State PATERSON, NJ 07503 12/14/11 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 12/12/11 Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ
Notification of Asbestos Abatement

(Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-497 Name of Building Owner/Operator (2) Date of Notification (1) 1 |2 |/|1 |2 |/|1 |1 CHARLES LA BOONE DFC 1 5 2011 Type Notification Agencies Notified Street Address Initial EPA 1435 STANLEY TERRACE Amended DEP City, State, Zip Code Amendment #: LICENSING DOL Emergency HILLSIDE, NJ 07205 (including Telephone Number DOH Name of Contact justification) DCA CHARLES LA BOONE Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) CHARLES LA BOONE Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldas./Homes. etc. # of Floors Bldg. Age 1435 STANLEY TERRACE Square Feet County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) UNION HILLSIDE Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Start Date (10) Sched, Completion Date (11) D & S Restoration, Inc. Street Address 12/23/11 12/13/11 Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 if Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Ε Is location normally used solely E Location of by maintenance/custodial e n Amount Description of asbestos-containing asbestos-containing m n staff(12) (Specify SF or C material (acm) to be material (ACM) 0 C a abated in facility (13) Yes No N/A 80 L FT PIPE INSULATION M BASEMENT 25 SQ FT **BOILER INSULATION** BASEMENT BOILER Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY 13506 D & S RESTORATION, INC. 1 YD Disposal Date City, State City, State 12/14/11 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 12/12/11 **BOGDAN JOLDZIC** PRESIDENT

Do not use this form for asbestos licensure exempted activities.

ASR-41

D&S Proj. #: MS 11-498

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

Name of Subding Covered/Operator (2) Part Par	*			-		7.000		TEN E	· (n)	E A N	7 (70)				
Aganches Notification EPA			Na	ame of Build	ling Owne	er/Operator (2)			U .	S U W	世	$ n\rangle $			
DEP Amended S75 PARK STREET DEC 1 5 2011 DEC 1 5 201)		<u> </u>				<u> 144 - </u>		80672	
DEP Arrendend Arrendment STS PARK STREET City, State, 2g Codes Name of Contact Feliphens Number State Date (10) School (K - 12) School (K - 1			on St	reet Address	3			1	DEC.	1 5 201	11	1111			
DOL DOH DOH DOH DOWN THE Emergency (Including) Light Catalon (Includi				875 PARK	STREE	T				1 J LU		/			
DOH		Amendment #:	Ci	ty, State, Zip	Code				IODE STAN	Address of the State of the Sta		i			
DCA Cancellation ERICA SALERNO FACILITY INFORMATION	M DOL			RIVER EI	OGE, N.	Ī		, A	1901 1901	SUMPROL	&				
DCA	□ DOH □		Na	me of Conta	act			Territories,		1 1 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		ber			
Size Address Size	☐ DCA	-		ERICA SA	ALERN	0				[8]		-			
ERICA SALENO Street Address 875 PARK AVENUE City (6) County (6) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State. Zip Code Project Manager for Monitoring Firm Phone Number Patison, NI 07503 Telephone Number 973-345-8020 Name of OsHA Monitor D & S RESTORATION, INC. Street Address 20 California Avenue City, State, Zip Code Paterson, NI 07503 Paterson, NI 07503 Paterson, NI 07503 Description of asbestos-containing Monitoring Firm Non-Exempted (') and Non-frable procedure Non-Exempted (') and Non-frable proce				2	FACI	LITY INFORM	ATION								
ERICA SALENO Street Address 875 PARK AVENUE City (5) County Code (7) (State use only) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Start Date (10) Start Date (10) Start Date (10) Coupancy Status During Abatement (Check only one) Start Date (10) Abatement performed outside of normal facility hours- Describe: Other-Describe: Other-Describe: None-Score of Work (check all that apply) Start Date in Gallay (13) Paterson, NJ 07503 Steped Address City, State, Zip Code Paterson, NJ 07503 Steped Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Steret Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Steret Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Steret Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Consistent winegalive pressure Mini-anciosure City, State, Zip Code Paterson, NJ 07503 Steret Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Consistent winegalive pressure Mini-anciosure City, State, Zip Code Paterson, NJ 07503 Steret Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Consistent winegalive pressure Mini-anciosure City, State, Zip Code Paterson, NJ 07503 Completed Waste Hauler D & S RESTORATION, INC. Is location normally used solely by maintenance/custobial signification of asbestos-containing material (aCM) Yes No N/A PIPE INSULATION IS L FT Other Petrostore City, State PATERSON, NJ 07503 Completed by (Print or Type) PRESIDENT Signature Date PATERSON, NJ 07503	Name of facility whe	re abatement is	taking place	ce (3)	***************************************				Тур			12)			
Street Address 875 PARK AVENUE County (5)	FRICA SALENC)									35	352	an K-	12)	
S75 PARK AVENUE City (5) RIVER EDGE Name of Monitoring Firm Hired by Bilg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Teligehone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Sitreat Address 20 California Avenue City, State, Zip Code Paterson, N J 07503 Name of Abatement Contractor (8) D & S RESTORATION, INC. Sitreet Address 20 California Avenue City, State City, State D & S Restoration, Inc. Sitreet Address D & S Restoration,											105			12)	
City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address Street Address Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number Phone Number Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503 Telephone	Sileet Address								-						
RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. ASCM No. ASCM No. ASCM No. ASCM No. IName of Abatement Contractor (9) D. & S. RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Ave. City, State, Zip Code Paterson, NJ 07503 Phone-Describer NORMAL HOURS Phone-Describer NORMAL HOURS Paterson, NJ 07503 Phone-Describer NORMAL HOURS Paterson, NJ 07503 Pat	875 PARK AVE	NUE							Sq	uare Feet	# of FI	loors	Blo	dg. A	ge
Name of Monitoring Firm Hired by Bidg. Owner (6) Name of Monitoring Firm Hired by Bidg. Owner (6) Street Address 20 California Ave. City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 12/22/11 12/30/11 Occupancy Status During Abatement (Check only one) As Restroation, Inc. Street Address 20 California Ave. (2) City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 00159 Name of OSHA Monitor 0 & S Restroation, Inc. Street Address 20 California Ave. (2) City, State, Zip Code 20 California Ave. (2) City State, Zip Code 20 California Ave. (2) City State, Zip Code 20 California Avenue 20	City (5)		Coun	ty (6)					_		l				
Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number City, State, Zip Code Project Manager for Monitoring Firm Phone Number City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Full Containment winegative pressure Mini-enclosure Min			222	CENT			(Stat	e use only)	Cu	rrent Use (Prior if b	eing dem	olishe	ed)	
Street Address D & S RESTORATION, INC.		Cian I line of hor E		Manufactures				Name of Abatemer	nt Contr	actor (9)		-			
Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Phone Number Phone Number Phone Number Phone Number Phone Number Paterson, NJ 07503 Telephone Number 973-345-8020 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 00159 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Paterson, NJ 07503 Stope of Work (check all that apply) Soope of Work (che	Name of Monitoring	Firm Hired by E	siag. Owner	(8)		ASCM No.									
20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor Description Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS Soope of Work (check all that apply) > 3 st or >2 lf Renovation Period of 250 lf Demolition Location of abatesion-containing material (acm) to be abated in facility (13) BASEMENT Pipe No. N/A BASEMENT Pipe Ni. Pipe Pauler ID# Cubic Yards of Waste Paterson, NJ 07503 Cubic Yards of Waste Paterson Pipe Pauler ID# Paterson Pipe Pipe Paterson Pipe									RATIC	N, INC.				_	
City, State, Zip Code Paterson, NJ 07503 Telephone Number Telephone Number Start Date (10) 12/20/11 12/30/11 Occupancy Status During Abatement (Check only one) Abatement performed outside of normal facility hours- Describe: Other-Describe: NORMAL HOURS NORMAL HOURS Obmolition Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address Paterson, NJ 07503 Steet Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Steet Address Paterson, NJ 07503 Full Containment w/negative pressure Mini-lenc/osure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*	Street Address														
Project Manager for Monitoring Firm Phone Number Paterson, NJ 07503					111						-				
Telephone Number Start Date (10) Sched. Completion Date (11) 12/30/11 12/30/10 12/30/11	City, State, Zip Code														
Start Date (10) Sched. Completion Date (11) 12/20/11 12/30/1							-11				117	M b			
Name of OSHA Monitor D & S Restoration, Inc.	Project Manager for M	Monitoring Firm		Pho	ne Numb	er					Licer		er		
Stand Date (10) 12/22/11 12/30/11 Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: NORMAL HOURS Scope of Work (check all that apply) Full Containment winegative pressure Mini-enclosure Mini-enclosure Mini-enclosure Mini-enclosure Mini-enclosure English procedure Non-Exempted (*) and Non-friable procedure Specific Section for abbestos-containing material (acm) to be abated in facility (13) Section normally used solely be abated in facility (13) PIPE INSULATION 113 L FT Mini-enclosure Englishered Waste Hauler D. & S RESTORATION, INC. NJDEP Hauler ID# Cubic Yards of Waste Hauler D. & S RESTORATION, NJ 07503 Date 12/23/11 TULLYTOWN, PA Date 12/12/11												00133	-	-	
12/30/11 12/30/11 12/30/11	Start Date (10)		Sched.	Completion	Date (11)				ac.					
Occupancy Status During Abatement (Check only one) ☐ Facility closed/vacated during entire period of abatement. ☐ Abatement performed outside of normal facility hours- ☐ Describe: ☐ Other-Describe: ☐ Other-De	12/22/11		12/30	/11					ation, n	ic.	-		-		
Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS		uring Abatemen			-		_		A venue						
Abatement performed outside of normal facility hours-Describe: NORMAL HOURS Paterson, NJ 07503					nent.										
Scope of Work (check all that apply)	Abatement per														
Scope of Work (check all that apply) Scope of Work (check all that apply) Scope of Work (check all that apply) Sq. sf or >2 lf	Describe:	NORMAL H	OURS				-	Paterson, NJ	07503						
Signature Signature Signature Mini-enclosure M			A COURSE OF THE PARTY OF THE PA							ontainment	t w/nega	tive press	ure		
□ ≥160 sf or ≥260 lf □ Demolition □ Demolition □ Demolition □ Description of asbestos-containing material (acm) to be abated in facility (13) □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □				n											
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT No N/A PIPE INSULATION 113 L FT Registered Waste Hauler D & S RESTORATION, INC. City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC Is location normally used solely by maintenance/custodial staff(12) No N/A Description of asbestos-containing material (ACM) Description of asbestos-containing material (ACM) PIPE INSULATION 113 L FT Amount (Specify SF or LF) P P E NSULATION 113 L FT Description of asbestos-containing material (ACM) N/A PIPE INSULATION 113 L FT Disposal Date 12/23/11 TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Date 12/12/11		K-N						₽		1 T S T S					٠
Location of asbestos-containing material (acm) to be abated in facility (13) BASEMENT No N/A N/A Description of asbestos-containing material (ACM) N/A N/A Description of asbestos-containing material (ACM) N/A N/A N/A N/A N/A N/A N/A		оп <u>П</u>			and actal				Non-l	exempted (and N				1
asbestos-Containing material (acm) to be abated in facility (13) BASEMENT PIPE INSULATION 113 L FT PIPE INSULATION 113 L FT PIPE INSULATION 113 L FT PIPE INSULATION PI		aliala a								Amount		е		33	1
abated in facility (13) Yes No N/A PIPE INSULATION 113 L FT Description NJDEP Hauler ID# 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT PIPE INSULATION NJDEP Hauler ID# Cubic Yards of Waste 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State TULLYTOWN, PA Date 12/12/11					0000000			spestos-containing						100	C
BASEMENT			Yes	No	N/A		,			LF)		1 2 2	i	p	L
Registered Waste Hauler D & Cubic Yards of Waste D & S RESTORATION, INC. Disposal Date PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA						DIDE DICE	II A TI	ON		13 I ET			1		1
D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date 12/12/11	BASEMENT			$\perp \times \perp$		PIPE INSU	LAII	ON		13 L F I			ᆜ	片	井
D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date 12/12/11															井
D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date 12/12/11													무	님	#
D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date 12/12/11													片		무
D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State PATERSON, NJ 07503 Disposal Date 12/23/11 TULLYTOWN, PA Completed by (Print or Type) BOGDAN JOLDZIC PRESIDENT Signature Date 12/12/11						li V	Marti	Th. 75 11		Eu			Ц	Ш	
Disposal Date City, State PATERSON, NJ 07503 12/23/11 TULLYTOWN, PA							vvaste				RECOV	ERY			1
PATERSON, NJ 07503 12/23/11 TULLYTOWN, PA Completed by (Print or Type) Title Signature BOGDAN JOLDZIC PRESIDENT 12/12/11	City, State			C			110.990								
BOGDAN JOLDZIC PRESIDENT 12/12/11		07503			12/23/1			TULLYTOW	N, PA						
						Signature					3000				
	BOGDAN JOLD	ZIC						I a att att a			12/	12/11			

Data of Natification (4)					(D 11 - 0	10	(0)	1 1 1 1 1 1 1 1	<u>llo [2 11 17</u>	T.			
Date of Notification (1)	Hishi				of Building Own		r (2)		Annual Control of the				
Agencies Notified	Type Notification			Street A	Address 5 WYN	OHAN	ч,	ROAN	DEC 15 20	11	land.	7	
DEP DOL	Initial Amended Amendmen	+#		City. St	ate, Zip Code				SBESTOS CONTRO		1	9	
ĭ DOH	Emergency justification)	(including	-	Nome	£ Captagt				Telephone Nu	2000			
DCA DCA	Cancellation	1			L BERCO		4 !			garge at decorate	e.364		
Name of Facility Where	Abatement is Takir	ng Place (3	3)	IAO	ILITY IN OKIN	ATION	Туре	of Facility (4					
Stroot Address	1 01								8 (Other than K-1				
GIS WYNOH	AM RI						E21	etc.)	rivate & commerc				es,
City (5) TEANECK								Tou	# of Floors		Bldg.		
County (6) BENGEN		18550-1860-20		County (STATE	Code (7)		1 /	ent Use (Prio	r if being demolis	hed)			
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	И No.			atement Con	tractor (9)				
Street Address							Aac C	ontracting	Inc.				
Street Address					V.	0		ell Road					
City, State, Zip Code								ip Code k, N.J. 074	452				
Project Manager for Mon	itoring Firm			Telepho	ne No.		hone N -262-		License N 00156	lo.			
Start Date (10) / 2-/ 2-) 1(npletion	Date (11)			HA Monitor nvironmer	ntal Services I	nc.			
Occupancy Status During	Abatement (Chec	k Only Or	ne)			77/7/2003/03	Addre	ss er Street			-		
Facility Closed/Vaca Abatement Performe						City, S	State, Z	ip Code	<u> </u>				
Other – Describe: _ Scope of Work (Check Al	I That Apply					Had	kensa	ack, NJ 07	606				
Scope of Voork (Check A) ≥3 sf or ≥3 lf	т тпат Арргу)	DE R	Renova	tion] Fu	II Containme	nt with Negative F	ressu	ıre		
≥160 sf or ≥260 lf			emolit	ion		É	Glo	ni-Enclosure ovebag Proce					
		Τ.					_ No	n-Exempted	(*) and Non-Friat	le Pro		ement	t -
Location	of	1	Locati	ly		Description	n of			_		ре	
Asbestos-Containing TO BE ABA		Ma	d Sole intenar todial S	nce/		nal system	s insula		Amount (Specify	Re	70	Enca	E C
In Facilit (13)	ty	Cusi	(12)	otan?		rfacing, VA er miscellar			SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								ate	ct)
BASEMENT	_			X	/	ME			70 LF	x			
		_								-	-		
		1-1	0.2000000				-		5	-	-		
Name of Registered Wast	e Hauler		100000	JDEP W		oic Yards			egistered Landfill				
Rovic Transport	70			auler ID 0785	No. of v	Vaste /		IESI PA	Bethlehem La	andfil	l Co	p.	
City, State Riverdale, New Jerse	ey 07457		, a, dise		VA 15/12/12/12	posal Date		City, State Bethlehe	em, PA 18015		,		
Completed by R. McDonald		Title Presi	dent		,	Signature		211	Da	- 1	31.	1	
K. MCDOHAID		Presi	ueni			1/K-11	1/1	nd (/	0-11	3/1	1	

90370

Data of Nationalisa (4)							/	- [[[1 6	[[n	5	\ <u>\</u>	F	(P)
Date of Notification (1) 12/13/11						wner/Operato LC Merce		erating Sta	ation					
	pe Notification				Address Lambertor	n Road				DEC	15	2011		IJ
EPA DEP DOL	Initial Amended Amendmen	t #			ate, Zip Code	e Jersey 086	611		L	CRECT/	S CON	TDAL		
	Emergency				of Contact					1.17	lumber	-	7	
☑ DOH ☑ DCA	justification) Cancellation				Schwartzk	opf		1	- Land	none i	uninet	grania de	rahar	******
Name of Facility Where Aba	tomont in Takin	a Diago /	2/	FAC	ILITY INFOR	RMATION	T = -	\$ - m						
PSE&G Fossil Mercer Street Address			o)				I Type	School (K-12	2)	4h 1/	40)			
2512 Lamberton Road	l			No casa.			×	Subchapter Other (i.e. pretc.)	rivate & c	omme	rcial bu	ildings	, hom	nes,
City (5) Hamilton, New Jersey	08611							are Feet 0,000	# of F	loors		Bldg. 50	Age	
County (6) Mercer					Code (7) USE ONLY)		Curr	ent Use (Prio	r if being	demol	ished)			
Name of Monitoring Firm Hir Accredited Environmen				ASCN 0021				atement Cont		•				
Street Address 28 Pennell Road						Stree	t Addre							
City, State, Zip Code Media, PA 19063				-		City,	State, 2	Zip Code oro, NJ 08	0005	-				
Project Manager for Monitori	na Firm			Telepho	no No		hone N	35		icense	Ma		-	
Eric Houseknecht				908-21	18-1108	856-	-467-2	2850		1009	NU.			
Start Date (10) 01/01/2012*		12/31/2	ed Cor 2012	mpletion *	Date (11)			HA Monitor d Environn	nental 1	Techn	ologie	es		
Occupancy Status During Ab			- 350				Addre	ss Il Road						
Facility Closed/Vacated Abatement Performed C Other – Describe: Activ	Outside of Norn	nal Facility	Hour:	nent s		City, S	State, 2	Zip Code A 19063						
Scope of Work (Check All Th	nat Apply)						,	. 10000			- 200	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli			2	Mi GI	III Containmer ni-Enclosure ovebag Proce on-Exempted	edure					
		le	Locat	ion			1110	n-Exempled	() and iv	1011-1110	Die Fit		emen	t
Location of		1	Vorma	lly		Description	n of						ре	
Asbestos-Containing Mat <u>TO BE ABATE</u> In Facility (13)		Ma Cust	d Sole intena odial ((12)	nce/ Staff?	(i.e. the	Containing Nermal system surfacing, VA ther miscellar	Materia s insul AT, or	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
Unit #1 & #2 Powe	erhouse	Yes	No	N/A	The	rmal Syste	m Inc	eul lus	1,000) I E	X	-	(D	
Unit #1 & #2 Powe		X	- 1/1-50			rmal Syste			2,000		X	-		
	-								,,,,,,					
Name of Registered Waste H	lauler		TN	JDEP W	aste C	Cubic Yards		Name of Re	eaistered	Landfi	11			
Waste Management of			Н	lauler ID 7273	No. o	f Waste 40 CY		Tullytowr	Thomas			ery F	acilit	ty
City, State Trenton, NJ					D	isposal Date		City, State Tullytowr	n, PA 1	9097				
Completed by		Title				Signature			5		ate		-	-
Gary Fedor		Area	Multi	-Service	e Manage		=			1	2/13/	11		

^{*}To Support scheduled and unscheduled plant shutdown, revised notification

Homex

Date of Natification (1)		Non		of D.	:1-1:	0	- (0)		أوأوا			
Date of Notification (1) 12/9/11						Owner / Operato ersity	or (2)			1	1	
Agencies Notified Type Notification				Addre		ersity	11111	DEC 15 201	1	1	1	-
⊠ EPA Type Notification		100000000000000000000000000000000000000				nceton Univer			1 1			
DEP Initial	-				¿Zip (Sity L.A. Ma	Jimilian Diug.	<u> </u>	_	_	
DOL Amended #2			and the			8544	1 -	SEESTOS CONTROL	&			
□ DOH □ Emergency					ntact			LICENSING	Tolopho	no-l	Jumb	oer
DCA Cancellation					tego,	P.E.	1000	st - or that was odd on		1110	NUIIIL	Jei
						ORMATION	TO 31.			-		-
Name of Facility Where Abatement is Taking F	lace (70	ILII	1 1141	Type of Facil	ity (4)			-	-	
Princeton University – Firestone Library		υ,				School (
Street Address						`	oter 8 (Other th	an K-12)				
One Washington Road								mmercial building	as hom	es	etc.)	
						Square Feet			ldg. Ag		- (0.)	_
City (5) County (6)	Co	ounty	y C	ode (7)				99	Ĭ		
Princeton Mercer					-	Current Use ((Prior if being o	demolished)				
						University I	(4) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4					
Name of Monitoring Firm Hired by Building Own	ner (8)		ASC	M No		tement Contra	ctor (9)			-	
ATC Associates, Inc.						AbateTech,						
Street Address		Y				Street Addres	SS					
Bromley Corporate Center 3 Terri Lane,	Suite	12				PO Box 25						
City, State & Zip Code						City, State & 2	~					
Burlington, NJ 08016	I				N.	Lumberton,			-76			
Project Manager for Monitoring Firm Mike Keehn	Tele 609			Numb 30,0	er	Telephone Nu 609-265-210		License N	umber 0052	29		
Scheduled Start Date (10) Scheduled Con		on D /11	ate	(11)		Name of OSH EMSL Analy						
Occupancy Status During Abatement (Check o	2409001934		-	\rightarrow		Street Address						
Facility Closed/Vacated During Entire F			bat	emer	nt	108 Haddor						
Abatement Performed Outside of Norm	al Ho	urs				City, State & 2		100				
Describe:						Westmont,	NJ 08108					
Facility Occupied During Abatement												
Scope of Work (Check all that apply)												
		_						ntainment with N	egative	Pres	ssure	•
≥3 sf or ≥3 lf	\bowtie			vatio			Mini-En					
≥160 sf ≥260 lf		De	emo	olition	1		and the same of th	ag Procedures				
Location of	1-		- 41 -	_ 1				empted and Non				
Location of Asbestos-Containing	Norr	Loca		140-0		Description Asbestos-Cont		Amount (Specify	Aba	item	ent T	ype
Material (ACM)		olely				Material (AC		SF or LF)			т	_
TO BE ABATED	Main	itena	ance	e or		(i.e., thermal sy	ystems	,	Rer	R	nca	l inc
in Facility	Cust			aff?	j	insulation, surfac			Remova	Repair	Encapsulate	Enclosure
(13) Work Area #1 Level A	Yes	(12 No		N/A	Floo	or other miscella r tile & Mastic (N		400 SF	a	_	late	<u> </u>
Work Area #1 & #2 Level A					,,,,,	Floor tile & N		39,600 SF				
Work Area #1 & #2 Level A	H	H				Pipe/Fitting Ins		4,500 LF		H	H	H
Work Area #1 & #2 Level A	Ħ	H				int Compound		8,500 SF		片	H	H
Work Area #3 Level A	H	H			301	Pipe/Fitting Inst		100 LF		片	H	Η
Work Area #4 Level B	H					Floor tile & N	21.31ct (W0/0/0/25)	1,780 SF		H	H	H
Work Area #1 Level 1A	Ħ	H	_			Floor tile & N		1,063 SF		片	H	H
Name of Registered Waste Hauler		N			Vaste	Cubic Yards	Account to the second s	stered Landfill	KA	ועו		
		Н		ler ID		of Waste						
AbateTech, Inc.			•	1875	0	14	TRRF Landi	Fill				
City, State						Disposal Date	City, State					
Lumberton, NJ		1				2/1/11	Tullytown, F	A	1=			
Completed By (Print or Type) Gwen Trumbetti		11000	itle	s. Co	ord	Signature	1_		Date			
One in individual		0	,hh	3. 00	oru.	Sm	1		12/9	11		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 3538 (Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4358

Date of Notification				Nar	ne i	of Build	ing C	Owner / Opera	tor (2)		1 Fr ²² (i	1.77 IF	1 15		1	
Agencies Notified	12/9/11 Type Notific	nation		Atl	ant	iCare	Heal	Ith Systems				W =	- 11			
EPA	Type Nounc	cation		0.0000000000000000000000000000000000000		Address Pacific										
DEP	☐ Initia	al .		and the same of		ate & Z	-	MACHINE TO A STATE OF THE STATE	- 3	HIII DE	C 1 F (Onti-	- 1	7		
DOL .	☐ Ame	ended #2		100000000000000000000000000000000000000				08401		UU DE	C 15 2	2011				
□ DOH	☐ Eme	ergency				of Conta			1			Teleni	none	Mi	mh	er
☐ DCA	☐ Can	cellation		Pat	ric	k Wals	h			ASBE	STOS CONTA					Ci
				F	AC	ILITY	NFO	ORMATION	- 1		LICENSING		-		-	
Name of Facility W	here Abatem	ent is Taking I	Place	(3)				Type of Fac		to the second	2 4				_	
AtlantiCare Regi	onal Medic	al Center							(K-12)							*
Street Address										(Other than K-						
1925 Pacific Ave	•									ate & commer			_	, etc	c.)	
City (5)		County (6)	10			(7)		Square Fee	et	# of Floors	1	Bldg. A	ge			
The second of the second		County (6)	10	ount	y Co	ode (7)		0 111	/D :	<u></u>						
Atlantic City		Atlantic								if being demol	ished)					
Name of Monitoring	Eirm Hirad h	Duilding Ou	nor /9	`	-	ASCM	NI-	Medical C								
TTI Environment	al	by Building Ow	ner (o)		ASCIVI	NO.	AbateTecl		nt Contractor (9)					
Street Address				-				Street Addr								_
1253 North Church	ch Street							PO Box 25	212121							
City, State & Zip Co			5E227.00					City, State 8	& Zip Co	ode	-		41100		_	
Moorestown, NJ			_					Lumberto								
Project Manager for	Monitoring F	Firm	Comment of the Comment			lumber		Telephone I			License N					
Jim Guilardi	(40)		856		_			609-265-2				005	29			
Scheduled Start Date 12/2/11	te (10)	Scheduled Co	mpleti 12/3			(11)		Name of OS								
Occupancy Status D	Juring Abate	ment (Check o			_	20100		Street Addre						-180,-2		
Facility Clos	ed/Vacated	During Entire (eriod	of A	bate	ement		108 Haddo								
		utside of Norm						City, State 8			various plan			-		-
Describe:								Westmont								
Facility Occu	upied During	Abatement							,							
Scope of Work (Che	eck all that ap	oply)							22.20		3-2-					
☐ ≥3 sf or ≥3 lf				_						Full Containm		legativ	e Pr	essu	ıre	
	\$-		×			vation			\Box	Mini-Enclosur	270					
≥160 sf ≥260	JII			De	emo	lition			Ц	Glove Bag Pr			_			
10	cation of		le.	Loca	ation	<u>. T</u>		Description	No. of	Non-Exempte				_		
	os-Containin	a	750000	nally		3533		Asbestos-Co			Amount (Specify	AD	ater	nen	lly	ре
Mate	erial (ACM)			olely				Material (A			F or LF)				m	
	E ABATED		Mair					(i.e., thermal				Ren	2		เล	incl
ın	Facility (13)		Cust	odiai (12		аπ?		sulation, surfa or other miscel				Remova	Kepair		Encapsulate	Enclosure
	(10)		Yes	No		V/A		other miscer	lianeou	5)		m			ate	ē
Operating Room	Corridor		П	M	1	П		Mastic	r		100 SF		-	+	7	П
3			Ħ	H	Ti	ĦI -		mastr			+00 GI	- A	十	H누	╣	H
			T	H	Ti	Ti	-		- 84			ᅢ	늗	H누	11	H
			Ħ	П	1		S1111-025	-				$\dashv \vdash \vdash$	1	HE	#	H
		F 1-			T	T		-				H	H	計	Ħ	Ħ
					T							TH	T	十	ili	Ħ
Name of Registered	Waste Haule	er						ubic Yards	Name	of Registered	Landfill				- 1 -	
				Н		er ID No	0.	f Waste								
AbateTech, Inc.					1	8750		12		F Landfill						
City, State Lumberton, NJ							D	isposal Date	City,							
Completed By (Print	or Tunal			1-	Al c		Ž	12/30/11	lully	town, PA	CONTRACTOR OF	15				
Gwen Trumbetti	or Type)			11/1/19/20	tle	. Coor	1 3	ignature	1			Date				
				0	hho	. 0001	4.	Sul	1			12/9	//11			- 1

Howel

Date of Notification (1) 12/9/11					of Building Owne		1 1 1 1					-	
Agencies Notified	Type Notification	,			CETON DAY	SCHOO	T-III DE	C 15	2011			1	
				100000000000000000000000000000000000000	REAT ROAD)					1		
EPA DEP DOL	Initial Amended Amendmer				ate, Zip Code CETON NJ 0	8540	ASE	LICENSI	TROL &			1	
⊠ DOH ⊠ DCA	Emergency justification Cancellatio)			of Contact BENNETT	Š.wayer	Comment of	Ţ	elenhone Nu	mber	Land of	4	
N				FAC	ILITY INFORMA	TION							
Name of Facility Where PRINCETON DAY		ng Place (3)				Type of Faci	97 9255		7.65 p. 16.55		0.75.000	
Street Address 650 GREAT ROAD)						Subcha Other (i	pter 8 (Ot	her than K-1 & commerc		ldings	, hom	ies,
City (5) PRINCETON							etc.) Square Feet <5,000	2	of Floors	100	Bldg.	Age	
County (6) MERCER		1			Code (7) USE ONLY)		Current Use	(Prior if be	eing demolis	hed)			
Name of Monitoring Firm AET	Hired by Building	Owner (8)		ASCI	M No.		of Abatement		r (9)				
Street Address 28 PENNELL ROA	D				4	Street	Address INDUSTRI		D				
City, State, Zip Code MEDIA, PA 19063		-				City, S	tate, Zip Code				-		
Project Manager for Mor	nitoring Firm	2 1		Telepho	ne No. 91-0114	Teleph	ione No. 322-2900		License N 00783	lo.			
Start Date (10) 12/23/11		Schedule			Date (11)		of OSHA Mon	itor	00705				
Occupancy Status Durin	g Abatement (Che						Address						-
2000 N	ated During Entire	Period of A	bater	ment			SOUTHGAT	E COU	RT SUITE	ΕE			
Facility Closed/Vac. Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility	Hour	S			tate, Zip Code (LETON, N						
Scope of Work (Check A	II That Apply)	-	- Application						0.55			-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		and the same	enova emoli	1000		×	Mini-Enclos Glovebag F	sure Procedure	h Negative F			•	
**************************************	7007067-00-00-00-00-00-00-00-00-00-00-00-00-00	ls	Locat	ion			Non-Exem	Died () ai	id Nort-Frial	T	77.00.0	ement	
Location		N	orma		D	escription	of			_	Ту	ре	
Asbestos-Containing TO BE AB/ In Facili (13)	ATED	Maii Custo	ntena odial ((12)	nce/ Staff?	(i.e. therma surf			(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
STEAM TU	INNEL	Yes	No X	N/A	F	ITTING	S	+	8LF	X		Ф	
								+	-	-			
Name of Registered Was	te Hauler		TN	JDEP W	aste Cubic	Yards	Name	of Registe	ered Landfill				
SERVICE TRANSPO	ORT GROUP		1.5565	lauler ID 0990	No. of Wa	aste	The second second		ANDFILL				
City, State 58 PYLES LANE, NE	EW CASTLE, D	E 19720			Dispo	osal Date	City, S WAY		RG, OH 4	4688	3		
Completed by DAMIAN LAVELLE	-	Title PROJ	ECT	MGR		Signature	. La	well.	(CD) Da	te !/14/1	1		*

Joen 64

Date of Notification (1) 12/9/11			Name	of Buildi	ng Owner/	Operato	(2) 5 6	B-W-	B	n	16	
	Footier		-		N DAY S	SCHOO						
Agencies Notified Type Notified Type Notified Initia				Address GREAT	ROAD		U U DE	C 1 5 201		IJ		
DEP Amer	nded ndment #			State, Zip NCETOI	Code N, NJ 08	540	L ACOU	etne control				
DOH justifi	gency (includin cation) ellation	9	A (SA) (CO) (CO) (CO)	of Conta		Ţl		Telephone		er	1	
			FA	CILITY IN	FORMATI	ION .	and the contract of the contra	TREASURE TO SERVICE TO		-		
Name of Facility Where Abatement is PRINCETON DAY SCHOOL	Taking Place PROJECT	(3)					Type of Facility	W2 52		/ to - to y	195	
Street Address 650 GREAT ROAD								-12) er 8 (Other than I private & comm	K-12)	. ddie		
City (5) PRINCETON							Other (i.e. etc.) Square Feet <5,000	# of Floors	ercial b	Bldg	Age	nes
County (6) MERCER				Code (7)				2 rior if being demo	olished)	65		
Name of Monitoring Firm Hired by Bu AET	ilding Owner (8)	53	M No.			of Abatement Co					
Street Address			000	Z I		Lance Contract	Address	,				
28 PENNELL ROAD City, State, Zip Code							INDUSTRIAL	BLVD				
MEDIA, PA 19063							ate, Ζiρ Code ΓΗΑΜΡΤΟΝ,	PA 18966				
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						one No. 22-2900	License 00783				
Start Date (10) 12/23/11	2/24/1		mpletion	Date (11)	Name o	of OSHA Monitor					
Occupancy Status During Abatement	(Check Only Or	ne)				Street A	vddress			-		
Facility Closed/Vacated During E Abatement Performed Outside of	Normal Facility	Abater Hour	ment s				OUTHGATE ate, Zip Code	COURT SUI	TEE			
Other – Describe: MON-SUN HR	S7AM-11PM		70				LETON, NJ 0	8056				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	process of the same of the sam	enova emoli				×	Mini-Enclosure Glovebag Prod				re	
9	10 - 1000	Locat						1 / dire ivoir i ii	abic 11	Abat	emen ype	nt
Location of Asbestos-Containing Material (ACM	Used	ormal Sole	ly by	Asbes	Desc stos Contai	ription o	f terial (ACM)	Amount	-	T	Г	Τ
TO BE ABATED In Facility (13)		odial S (12)	nce/ Staff?	(i.e.	thermal s	ystems i ng, VAT,	nsulation, or	(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A			T		X	<u>B</u>		late	le le
TUNNEL AREA		X			FITT	TINGS		8LF	х			
												-
ame of Registered Waste Hauler		N.	JDEP Wa	iste	Cubic Ya	ırds	Name of F	Registered Landf	ill			
ERVICE TRANSPORT GROUP	>	Ha	auler ID N 990		of Waste	HH - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		/A LANDFILL				
ty, State PYLES LANE, NEW CASTLE	, DE 19720				Disposal	Date	City, State	SBURG, OH	44689			
ompleted by AMIAN LAVELLE	Title	-0-	WOD.		Sign	ature		P 11 D	ate	-		
ANNUAL LAVELLE	PROJE	=C1	MGR.		D	em	iles	Kanelle 1	2/9/1	1		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/11/2011 PENNROSE PROPERTIES, L Agencies Notified Type Notification Street Address DEC 1301 N. 31ST STREET × **EPA** Initial City, State, Zip Code DEP × Amended ASBESTOS CONTROL & × DOL Amendment # 1 PHILADELPHIA PA 19121 LICENSING Emergency (including Name of Contact Telephone Number × DOH justification) The state of × DCA Cancellation JACK CARNEY **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) CARL MILLER HOMES COMPLEX School (K-12) Street Address Subchapter 8 (Other than K-12) × Other (i.e. private & commercial buildings, homes, LINCOLN AVE. AND MONMOUTH STREET etc.) Square Feet # of Floors Bldg. Age TRENTON NJ 08609 750,000 10 60 County (6) County Code (7) Current Use (Prior if being demolished) **MERCER** (STATE USE ONLY) HOUSING Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) DELTA/BJDS, INC Street Address Street Address 411 SOUTHGATE COURT 1345 INDUSTRIAL BLVD City, State, Zip Code City, State, Zip Code MICKLETON, NJ 08056 SOUTHAMPTON, PA 18966 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. JACK CARNEY 856 224-0080 215 322-2900 00783 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/26/11 1/31/11 CRITERION LABS Occupancy Status During Abatement (Check Only One) Street Address 3370 PROGRESS DRIVE Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: HRS 7AM-5:30PM MON-SAT BENSALEM, PA 19020 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 Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)(13)other miscellaneous) Yes No N/A PLEASE SEE ATTACHED SHEETS Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste SERVICE TRANSPORT MINERVA LANDFILL 20990 City, State Disposal Date City, State

Completed by

DAMIAN LAVELLE

58 PYLES LANE, NEW CASTLE, DE 19720

PROJECT MGR.

WAYNESBURG, OH 44688

Date

12/13/11

Signature

10 mg/

Date of Notification (1) 1/1 1/2011			Nam PEN	e of Buil	ding Owner	r/Operato	or (2)			尼島	Tr	17
Agencies Notified Type Notifica	tion		Stree	t Addres			-HHH	DEC. 1	5 1011			
DEP Amende	nent#				ip Code PHIA, PA	19121						
□ DOH □ DCA □ Emerge □ justifica □ Cancell		ng	Name	of Con	tact	1	L	El Telei	hone Nun	ber	1	
Name of Facility Where Abatement is T	ekine Dle	(0)			INFORMA	TION	- militaria	10000	Net of			
CARL MILLER HOMES COMP	LEX	(3)					Type of Facility School (I	70000				
Street Address LINCOLN AVE AND MONMOU	TH STRE	ET	-				Subchap Subchap Other (i.e	ter 8 (Other e. private & d	than K-12 commercia) I buil	dings,	hom
City (5) TRENTON NJ 08609							Square Feet	# of F	loors		ldg. A	ge
County (6) MERCER				Code (Current Use (F		demolishe	(d)	0	-
Name of Monitoring Firm Hired by Buildi	na Owner (9	2)		USE O	NLY)		Housing	3			+: +	
EHS	ng Owner (8	s) 	ASC	CM No.		Name DEL	of Abatement & TA/BJDS, IN	ãntractor (9 C)			
Street Address 9 SOUTH MAIN STREET							Address INDUSTRIA	L BLVD.				
City, State, Zip Code MULLICA HILL NJ 08062							tate, Zip Code THAMPTON	PA 1896	 6			
Project Manager for Monitoring Firm JACK CARNEY			Telepho 856-2	one No. 23-008	30	Teleph	one No.	T L	cense No.			
Start Date (10) 1/2 6 /11	Schedul		mpletion	Date (1	1)	Name o	of OSHA Monito	r				
Occupancy Status During Abatement (Ch		55 70				Street A	ERION LABS	· · · · · · · · · · · · · · · · · · ·				
Facility Closed/Vacated During Entir Abatement Performed Outside of No	e Period of A	Abaten	nent				PROGRESS	DRIVE				
Other - Describe: HRS. 7:00 AM-5:	mai Facility 30PM MON.	Hours -SAT.	S				ate, Zip Code SALEM, PA 1	9020				4.
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if	× R	lenova	tion			×				-		
≥160 sf or ≥260 lf	-	emolit				×	Full Containm Mini-Enclosur Glovebag Pro	e cedure				
	Is	Location	on	Alle de		ഥ	Non-Exempte	d (*) and No	n-Friable		dure batem	ent
Location of Asbestos-Containing Material (ACM)	N	ormall Solel	у		Desc	cription o	f				Туре	CONTROL TO
TO BE ABATED In Facility (13)	Mair	ntenan odial S (12)	ice/	Asbe (i.e	e. thermal s surfaci	ining Ma ystems i ng, VAT, scellane	or	Amou (Spec SF or L		Removal	Repair	Encansulat
	Yes	No	N/A						1	<u>u</u>	T ale	-
				PLE	EASE SE	E ATT	ACHED				1	\top
					SH	EETS						
	+++	-								-	_	+
me of Registered Waste Hauler			DEP Wa		Cubic Ya	A. (T. (T.)	Name of F	Registered L	andfill			
RVICE TRANSPORT GROUP		1000000	uler ID N 990		of Waste		MINERY	/A LANDF	FILL	¥6		
y, State PYLES LANE NEW CASTLE, D	E 19720			•	Disposal	Date	City, State WAYNE	SBURG,	OH 4468		.00-30-	
mpleted by MIAN LAVELLE	Title PROJE	CT N	MGR.		_	ature	anla	0.0	Date 1/11/1			CON

CK# 3261

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

Dete of Notification (1)			(Pu	rsuant	to NJAC	3:60 and 12:12	:0)		居而區	11 - 11/	7 13	Date:	77.
Street Address Type Notification Street Address A3	12/12/11			H.	s.c	115	55,155	NK		1 1	- 15		
Name of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Stock that the S	☐ EPA ☐ Initial ☐ Amended Amendment # ☐ Emergency (in justification)		-	City, Str.	Address 39 7 ate, Zip Co ASSAM f Contact EDE	EXHUNE de C . N.	<u> </u>	AUE	≤ ASBESTOS	CONTRO	-		
Street Address ASSALC County (6) County (7) Name of Monitoring Firm Hired by Building Owner (8) Street Address ASCM No. Name of Monitoring Firm Wiled & City, State, Zip Code Hackensack, N. J. 07601 Telephone No. 201-329-7444 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: 7 2 2 3 if 23 of or 23 if 21 Cocupand States Containing Material (ACM) TO BE ABATED In Facility (13) In Facility (12) Scheduled Completion Demoition Description of Asbestos Containing Material (ACM) (5pecify City, State, Zip Code South Hackensack, N. J. 07606 Abatement Performed Outside of Normal Facility Hours Description of Asbestos Containing Material (ACM) (5pecify City City, State, Zip Code South Hackensack, N. J. 07606	Name of English Whom Abstement is Taking	2lace (2)		FAC	ILITY INFO	RMATION	Time	of Eacility (4)	•			
Street Address Subchapter & (Other time, 1/2) Other (Le. private & commercial buildings, homes, etc.)		-iaus (3)					10000					*	
Square Feet \$ of Floors Bidg, Age 193	Street Address .	υE						Subchapter Other (i.e. p	8 (Other than I	K-12) ercial bui	ldings	, hom	es,
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc	City (5)		-					re Feet			Bldg. /	Age 33J	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Best Removal Inc	County (6) PASSAIC		0	County	Code (7) USE ONLY)	:	Cum	•		olished)			
City, State, Zip Code City, State, Zip Code City, State, Zip Code Hackensack, N. J. 07601 Project Manager for Monitoring Firm Telephone No. 201-329-7444 License No. 201-329-7444 Cocupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code South Hackensack, N. J. 07606 Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location Normally Used Soley by Maintenance/ Custodial Staff? (12) Abbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location Street Address 280 Huyler St City, State, Zip Code South Hackensack, N. J. 07606 City, State, Zip Code South Hackensack, N. J. 07606 Facility Containing Material (ACM) Normally Used Soley by Maintenance/ Custodial Staff? (12) Asbestos Containing Material (ACM) Amount (Specify SF or LF) Report Tippe Abatement Type The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount (Specify SF or LF) Report Tippe The Containing Material (ACM) Amount Type The Containing Material Type The Containing Material Type The Containing Material Type The Containing Material Type	Name of Monitoring Firm Hired by Building Ov	mer (8)		ASCI	VI No.	Bes	t R	emoval					
Hackensack, N.J. 07601 Project Manager for Monitoring Firm Telephone No. 201-329-7444 Scheduled Completion Date (11)		P. (1				4.5	0 S	outh F	River St				
Telephone No. 201-329-7444 Cicense No. 201-32	City, State, Zip Code	•				100000000000000000000000000000000000000		The state of the s	.N.J.	0760)1		
Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: → → → → → → → → → → → → → → → → → → →	Project Manager for Monitoring Firm		T	elepho	ne No.	Telep	hone N	lo.	Licens	e No.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code South Hackensack, N.J. 07606		cheduled				Name Ome	of OS	HA Monitor Enviro	nmental	l Ser	vi	ces	
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Non-Exempted (*) and Non-Friable Procedure ☐ Abatement ☐ Type ☐ Asbestos-Containing Material (ACM) ☐ BE ABATED ☐ In Facility ☐ In Facility ☐ (12) ☐ Custodial Staff? ☐ (12) ☐ Custodial Staff? ☐ Custodial Staff? ☐ (12) ☐ Custodial Staff? ☐ Custo	☐ Facility Closed/Vacated During Entire Pe	riod of Ab	atem	ent		280 City, 9) H State, 2	uyler Zip Code		1.J.	076	606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Type Type Amount (Specify SF or LF) Type Type	☐ ≥3 sf or ≥3 lf	2450 400040		25.11 (F.C.)		1	⊒ Fu ⊒ Mi ⊒ Gl	III Containme ni-Enclosure ovebag Proc	ent with Negative	ve Press	ure	80	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Solely by Maintenance/ Custodial Staff? (12) Used Solely by Maintenance/ (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		(5000)		330									t
	Asbestos-Containing Material (ACM) TO BE ABATED In Facility	Used Maint Custoo	Solely tenan- dial St (12)	/ by ce/ taff?		os Containing I thermal system surfacing, V	Materia ns insul AT, or	ation,	(Specify	Removal	Repair	Encapsulate	Enclosure
BASEMENT Y THERMAL SYSTEM IN SULATION 110 LF X	BASSMENT	Yes	NO	N/A	THERM	AL SYSTEM	INS	WATION	110 4	FX			
											-		
								-					
Name of Registered Waste Hauler DJM Transport ,Inc NJDEP Waste Hauler ID No. 22393 Cubic Yards of Waste Cumberland County Landfill Cumberland County Landfill			Ha	uler ID	No.	of Waste	7				уІ	an	dfi
City, State South Kearny N.J. 07032 Disposal Date City, State 12/28/11 Newburgh PA, 17242		7032	1			Disposal Date				1, 17	242	2	
Completed by J. MAIORANO Estimator Signature Laronove 12/12/11			mai	tor				1		Date	,	2/1	1.

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

		(Pursu	ant to NJ	AC 8:60 and	1 12:120)		h /m		In	
Date of Notification (1)		Nam	ne of Build	ling Owner/C	perator	(2)			-	1	
11/29/11			ITT	EXC	115	H	AL DEC 15	201	1		Total Control
Agencies Notified Type Notifica	ation	Stre	et Addres	s o	0	1 12		-0,		Lower	
EPA Initial	- 0		77	Rive	rK	d	ASPI STOS CO	1177001			\perp
DEP Amend	1500 (14)	City	State, Zi		724 2		ASS LIGENS	NIKUL	Si -		
	ment #ency (including		Clif		Nin	Jerse	1	7			
DOH justifica	tion)	Nam	ne of Cont	act	,	\$m.	Telenhone Nu	mner			
DCA Cancell	ation			Riden	te-	Property and				7.4	Facility (
Name of Facility Where Abatement is	Taking Place (3)	F	ACILITY	INFORMATI	ON	Type of Facilit	v (4)			0.00	
	Taking Flace (5)					School (F					
TTT Exelis Street Address						Subchap	ter 8 (Other than K-1	2)	25 - 2,70		
77 River Rd	•					Other (i.e etc.)	e. private & commerc	ial build	ings,	nome	s,
City (5),						Square Feet	# of Floors	. BI	dg. A		
Clifton NJ 0	2014					50,000	1 2		30)	
County (6)	7011		nty Code			Current Use (F	Prior if being demolis	hed)			
Passaic	92	(STA	TE USE O	NLY)		1	2+D	7024			
Name of Monitoring Firm Hired by Buil	ding Owner (8)	A	SCM No.			of Abatement C					
Bureau Verito					Af	Filiated	ENV. Serv	ice s			
Cteant Address		,	A.	_		Address	n et				
110 Field Crest	- 41241 R	erita	n Pla	2a 1	45	O Josth	River ST.				
City, State, Zip Code					City, S	tate, Zip Code	4 1/- :	760			
Edison NJ	08837				1.10	ackinsus	L NJ C				-
Project Manager for Monitoring Firm	/		phone No	100 mg		ione No.	1				
Day the Garri	7	1/3	4-11	5 6010		931-031- of OSHA Monit		v.	-		\neg
Start Date (10)	Scheduled ((11)	/)	no Prila 6	W. Ive				
* 12-27-11	3-15	-/.2			Street	Address .	co, you				\dashv
Occupancy Status During Abatement (2	80 Hu	yler St.				
Facility Closed/Vacated During E Abatement Performed Outside of	ntire Period of Aba Normal Facility Ho	tement ours			City, S	tate, Zip Code	//				
Other - Describe: 4:00 p	ym - 12.0	DAM	Pa		50	Al Hard	Kinsack A	VI	07	63	1
Scope of Work (Check All That Apply)					1	9141 /1616		0-2-76-78-7-1			
23 sf or ≥3 lf	Ren	ovation				Full Contain	nment with Negative	Pressu	re		
≥160 sf or ≥260 lf		olition			k	Mini-Enclos	sure Procedure - 700	-			
~					É	Non-Exemp	oted (*) and Non-Fria	ble Pro	cedur	e	
	lala	cation							Abate	ement	
1		mally	ľ	De	scription	of		-	' y	pe	\vdash
Location of Asbestos-Containing Material (ACI	1/1	olely by	' I A	sbestos Con	taining N	Material (ACM)	Amount	77		g	m
TO BE ABATED	Custodi			(i.e. therma	I system: scing, VA	s insulation, T. or	(Specify SF or LF)	Remova	Repair	caps	nclo
In Facility (13)	(1	12)			miscellar			oval	air	Encapsulate	Enclosure
	Yes N	NO N	I/A							e	
6.5.2.5.444			1 1			1	400 ct	1			
CSOPS Avea				ife In	Jula.	7/69	1000	+			
				**					-		\vdash
			1				-	+-	_		\vdash
								1_			\Box
Name of Registered Waste Hauler			P Waste	Cubic of Wa	Yards		of Registered Landf				
Vision Transporta	1.0.	1 1 CONTRACTOR	er ID No. 56 83		iste	Cun	nberland Co.	unty			
	TUB	16.3	JC 9 :		sal Date	City, S	nberland Co.	0			
City, State Kearny New Jer.	S. P. A					Nei	whursh 1	a	172	43	
Kearny New Jer.	Title,		.		Signature	е		Date.	,		
Laura MACMONCKUS	Mici	A	lmin					1441	11		
THE TRICKING ONLY	- 191.01				2500		A::	1			

Original Notice

			NOTI	FICATIO	State of New Jerse ON OF ASBESTOS nt to NJAC 8:60 an	ABATE	MENT 0)		CE		VI 1		
Date of Notification (1) Agencies Notified EPA DEP DOL	Type Notification Initial Amended Amendment Emergency			Street	of Building Owner/of Address State, Zip Code	<u> </u>	Roac	Jess	ASBESTOS	5 2			
DOH DCA	☐ Emergency (justification) ☐ Cancellation	incluaing		Sin	X ·	der	He	7	Telenhone I	Viimher	ultec		
Name of Facility Where A	(elis		3)	FA	CICITY INFORMATI	ON	Type of Fa	ool (K-12)	Other than K	-12)	>		
City(5) () \	ER KUN				- 114		Othe etc.) Square Fe	r (i.e. priva	te & comme	rcial bu	ildings Bldg.		es,
County (6)	ر لسال ا	عمر	ser T	County	Code (7)			se (Prior if	Deing demol	ished)	3	<u>ص</u>	+
Name of Monitoring Firm	Hired by Building O	wner (8)			M No.	Name o	of Abateme	nt Contrac		V	<u></u>	7.7	~
Street Address NO Field Cres	अ पणा.	Ray	(ifo	2	PlazaI	45	Address		10er	ı	عف	1	•
City, State, Zip Code Project Manager for Moni		(30)	91	Telepho			ate, Zip Co one No.		License		sa	01	bal
Start Date (10) /2 - /2 - //				npletion	Date (11)	Name o	OSHA M	onitor		720		<u></u>	
Occupancy Status During Facility Closed/Vacat Abatement Performe Other – Describe:	ted During Entire Pe d Outside of Norma	Only One eriod of A	baten	nent	\	Street A		ude	sof Sanon	he	J.	57.	ad a
Scope of Work (Check All ≥3 sf or ≥3 if ≥160 sf or ≥260 if	That Apply)		enova			0 0	Mini-Enc Glovebag	losure g Procedu	rith Negative	-/m	re Dold	أيط	~
Location of Asbestos-Containing Machine Machin	Material (ACM)	Used Mair Custo	ocationali Solei stenar dial S (12)	y y by nce/ staff?	Asbestos Conta (i.e. thermal s	ystems i	iterial (ACN Insulation, , or	1	Amount (Specify SF or LF)	Removal		ement pe Encapsulate	Enclosure
csops 1	Mea	Yes	Ņо	N/A	Pipe Ix	أتحلا	dia	. 4	DUF	X		Ф.	
									•				
Name of Registered Waste	Hauler		0.000	IDEP W			Nam	ne of Regis	tered Landfi	<u>ا</u> .ه.		 [.	$\dot{\parallel}$
come a	worse	y 1	0	30	Disposa	//	City,	State	ch P	L L	17°	24	3
Completed by a	olin	oll	Q.	Spi	2	nature	nes,	bel.	MS D	ate	29	111	

Date of Notification (1) 12/09/11 Ck; 1678 \$200					wner/Opera			IC II W	5			
Agencies Notified Type Notification		S	treet Ad			2.7	JU DEC	1 5 2011		//		
EPA X Initial Amended Amendment #_		C	ity, State	e, Zip Cod	e Jersey 07	7042	ASBEST	OS CONTROL &				
Emergency (in justification) DCA Cancellation	cluding		lame of c	Contact Saponar	0	heer p.	The second second	Thinkson Nun	nhar	1		
Name of Facility Where Abatement is Taking I Northeast School	Place (3)		FACIL	ITY INFO	RMATION		pe of Facility (4)				10,	
Street Address 603 Grove Street	*					×	School (K-12) Subchapter 8 Other (i.e. pri etc.)	Other than K-12 vate & commerci	?) al build	ings,	home	98,
City (5) Montclair, New Jersey 07042							uare Feet 0,000	# of Floors	300	dg. A	ge	
County (6) Essex			County C	ode (7) SE ONLY)		S	chool	if being demolish	ned)			
Name of Monitoring Firm Hired by Building Ov Detail Associates	vner (8)		ASCM	No.	Li	lich C	Abatement Control Orporation	ractor (9)				
Street Address 30, Grandview Avenue					60		Bride Avenue)	*******			
City, State, Zip Code Englewood, New Jersey 08631					W	/oodla		v Jersey 0742				
Project Manager for Monitoring Firm Stephen Jaraczewski		2		9-6708	97		5-8400	License N 01104	0.			
12/27/11	Scheduled 12/28/11		pletion D	Date (11)	J8	&S En	OSHA Monitor vironmental l	Labs				
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire Pe			ent		23		oute 22 Wes	t				
Abatement Performed Outside of Norma Other – Describe: 8AM Start	I Facility F	Hours					e, Zip Code New Jersey (07083				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If		novat moliti				×	Mini-Enclosure Glovebag Proce	nt with Negative fedure (*) and Non-Frial			e	
	ls L	ocatio	on							Abate		t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel stenan dial S (12)	y by ice/		Description of Containing thermal system surfacing other misc	tems in	erial (ACM) sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Crawlspace under stairwell near rm		X			TS	SI		8LF	Х			
Name of Registered Waste Hauler		N	JDEP W	/aste	Cubic Yar	rds	Name of F	Registered Landfil	1	<u></u>	L	1
Lilich Corporation		Н	auler ID 3724		of Waste 1			V.S Landfill				
City, State Woodland Park, New Jersey 07424					Disposal I 12/28/11		City, State Morrisvi	lle, Pennsylva				
Completed by Tatiana Kalenikova	Title Vice F	resi	dent		Sign	ature L	mikel	enter 1	ate 2/09/	11		

1705

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

GAC Project # 060-11

Client Project #			U.S.							ALL IN LANGUAGE		00,
Date of Notification (1)	and the second				Name of Building Ow	ner/Oper	rator (2)	(P) [E	2 11 7	ME	[]	
Decen	nber 12,	2011			RUTGERS, THE	STAT	E UNIV	/ERSI	ITY O	FNJ	11 11	1
Agencies Notified		Notification Sinitial	Votifica		Street Address ENVIRONMENT							
□ EPA		□Amende			27 ROAD 1, BLD		6, LIVII	NGSI	ONC	AMPU	S	
DCA		□ Emerg	ency (i	ncluding	City, State, Zip Code		·sa.				1	1
X DOL		justific	ation)		PISCATAWAY, I	880 LV	54	*	an at the same	ekandin da risabi	وستنجل	
▼ DEP- No Longer REQU	IRED	☐ Cance			Name of Contact	1		Telep	hone N	lumber		1
⊠ DOH		_ = ===================================			MICHAEL SMITH HEALTH & SAFI			11 15	. W	l' 11	VI TE	3 10
				FACILITY INF				71	H-10.	ter or any or property		-111
Name of Facility Where Abate	ement is Tal	king Place (3)			Type of Facility (4)		111	Til		8-1-1/1		1111
NJ HALL, BLDG# 30					School (K-12) Subchapter 8 (other	er than K-	12)		DEC	15 3	1111	
Street Address COLLEGE AVENUE	CAMPUS	3			Sq. Feet: N/A	emmo S		ings, ho	mes, et	c.)	vears.	i Santa
City (5)	County (6)	County	Code (7)				- 71	Lic	S GUNTR	UL &	
NEW BRUNSWICK		LESEX		Use Only)	Current Use (prior if t	eing der	nolished	: AC	ADEMIC	 THOUNG		**************************************
Name of Monitoring Firm Hire ATC ASSOCIATES	d by Bldg. (Owner (8)	ASCM 0098		Name of Contractor (9)	1						
Street Address					GREENWOOD AS Street Address	BATEM	ENT C	ONSU	ILTAN	TS, IN	C	
3 TERRI LANE					268 MAIN STREE	T						
City, State, Zip Code BURLINGTON, NJ	08016				City State, ZipCode BUTLER, NJ 074	05						
Project Manager for Monitorin		Telephone N 609-386-	The contract of the contract of		Telephone Number			Licens	se Num	ber		
DIVIAN REARIN		005-500-	-0000		973-492-0477			0084	40			
Scheduled Start Date (10) 12/23/11					Name of OSHA Monito							
	Notice and the second				ENVIROVISION,	INC.						
Occupancy Status During A Facility Closed/Vacated D	Ouring Entir	e Period of A	batemer	nt	Street Address 20-21 WARGARA	w RO	ΔD					
Describe					City, State, Zip Code	110						+3
⊠Other – Describe: 5 PM NECESSARY)	TO 5 AM	I (24HR ACC	CESS A	us .	FAIRLAWN, NJ							
Scope of Work (Check all that	t apply)		**			П с	Containn	nont wi	th Noga	tive Dre	CELIFA	
				⊠Renovation			ni-Enclos		iii iiega	LIVO I IG	Joure	
□ ≥ 3 sf or ≥ 3 l												
≥ 160 sf or	≥ 260			■ Demolition			vebag P				_	
							n-Exemp					aure
Location of Asbestos-Contain Material (ACM) in Facility (13)	Sole	cation Normal ly by Maint./Cu ?? (12)		(ACM) (i.e. therm VAT, or other mis	pestos Containing Materi lal systems insulation, su cell.)	al ırfacing,	Amour (Speci or LF)	fy SF		ment Tyr e Repair		Enclose
2nd, 3rd, & 4 th Floors	YES	NO X	NA	VAT	NAME OF THE PERSON OF THE PERS		4000	SF	X	1	10000	
Corridors and Various Are	eas				4				X	-		
								L 61-	-45	lata II	ande"	
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NJDEP Was See Below		r ID#	Cubic Yards of Waste	<u>s:</u> 30	CY			istered L. . North		fill
Hauler #1) Greenwood Abate	ement Cons	ultants, Inc. –	Butler,	NJ 07405			posal Da			City, Sta		NA:II
NJDEP # 12561 Hauler #2) Newark Carting, NJ DEP # 4509		rk, NJ 04509		3)		12	/29/201	11		100 Nev Rd. Moi 19067 215-736	risville	
Completed by (Driet as Tires)		Title			Signature		-	Date				
Completed by (Print or Type) RAYMOND C. PEDAL	INO S	<u>litle</u> SENIOR PI VIANAGER		CT /	Signature	1/	2		Dece	mber 1	2, 20	11
					/							

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

sbestos Al 12:120-7)	atemen	ite E		W [5 [$\int_{\mathbb{R}^{n}}$
12:120-7)	以下	manishin randramental ad	d same the same of	THE PLANTING		
		nro-		-	111	
ding Owner/Or	perator (2)	DEC	1.0	AUH.	home	/
S, THE STA	TE UNIV	/ERSIT	Y OI	- NJ		
<u>ss</u>				~~~		
MENTAL H						1
1, BLDG 40	86, LIVI	NGSTO	N C	AMPU	<u>s</u>	
ip Code	a reference	may remain four	ability sain	Amelija Torya () 40	Para de la companie d	
WAY, NJ 08	854					
tact		Telepho	one N	umber		
SMITH, EN	V.	1 -				
SAFETY		IC.				
y (4)						
12)						
er 8 (other than	K-12\					
private & comm						
I/A # of	f Floors: 2	Blag.	Age.	о∪+ у	ears	
	la ana Balana N		CMIC			
(prior if being d	iemolished)): ACAD	FINIC			
ractor (9)						
	BEELIT O	0110111	T A N.	TO 181	~	
OD ABATE	MENIC	UNSUL	IAN	15, IN	<u>.</u>	
<u>s</u>						
STREET						
Code NJ 07405						
mber		License	Numb	er		
		(See Sand Post Mark				
77		00840				
A Monitor	MESSISSISSISSISSISSISSISSISSISSISSISSISSI					
SION, INC.						
<u>s</u>						
GARAW RO	DAD					
	JAU					
Code						
N, NJ						
.,						
//ac-as-15/						
☐ Fu	III Containn	nent with N	Negat	tive Pre	ssure	
□ N	/lini-Enclos	ure				
	Slovebag P	rocedure				
X N	lon-Exempt	ted (*) and	d Non	-Friable	Proced	dure
g Material	Amoun	nt A	Abater	nent Typ	<u>e</u>	
ation, surfacing		fy SF) a may	Repair	Encon	Englass
	or LF)	_ K	Kemove	керап	Епсар	Eliciose
					_	T
	140 S		X			
			X			
of Waste: 30	0 CY	Name of	Regis	stered La	andfill	
VVasie. 30		G.R.O.\	W.S.	North	Landf	ill
1 -	V	118				
	Disposal Da			City, Sta		Will
1	2/24/201	17				
					-1700	
	- 1	Data				
/			000=	aha= 4	2 204	11
///	CL	De	ecen	inet 1	۷, ۷۵	1.1
	6					
			12/24/2011	12/24/2011	12/24/2011 100 Nev Rd. Mor 19067 215-736	12/24/2011 100 New Ford M Rd. Morrisville, 19067 215-736-1700

1679.

Date of Notification (1)- 12/09/11 Ck: 1680	\$200				f Building c Healtl			(CA)		0011	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Agencies Notified	Type Notification			Street A	ddress adison	Avenue	9	DE DE	C-15	2011_	1	1		
DEP DOL	Initial Amended Amendmen		_	City, Sta	ite, Zip Ci town, N	ode		962 ASB	ESTOS CON LICENSIA	IRUL &				
X DOH DCA	Emergency justification Cancellation			Michae	f Contact el DiGa				Telep	hone Nu	mber-		*	
Name of Facility Where	Abatement is Takin	ng Place (3)		FACI	LITY INF	ORMAT	ION	Type of Facility	(4)					
Morristown Hospita	al				***			School (K			.			
Street Address 100 Madison Aven	iue								er 8 (Other private & c			dings	, hom	ies,
City (5) Morristown, New J	ersey 07962	¥						Square Feet 30,000	# of F	loors	100	3ldg. /	Age	
County (6) Morris			-	County (Code (7) JSE ONLY)		Current Use (Pr Hospital	rior if being	demolis	hed)			
Name of Monitoring Firm Birdsall Services G		Owner (8)		ASCM	1 No.			of Abatement Co Corporation	ontractor (9)				
Street Address 65 Jackson Drive	*							Address AcBride Aven	nue	*				
City, State, Zip Code Cranford, New Jers	sey 07016							ate, Zip Code dland Park, N	ew Jerse	ey 0742	24			
Project Manager for Mo Charles Shneeklot				Telephoi 908-49	ne No. 97-8900			one No. 225-8400	1.000	icense N	lo.			
Start Date (10) 12/19/11		Scheduled 12/21/11		npletion I	Date (11)		100000000000000000000000000000000000000	of OSHA Monito						
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Address			9753827			
Abatement Perform	cated During Entire med Outside of Nor	Period of Atmal Facility H	aten	nent				Route 22 We	est					
X Other - Describe:	7AM Start						SQ 2 Fig. 200 St. ve.	n, New Jerse	y 07083					
Scope of Work (Check /	All That Apply)	X Re	nova	ition				Full Containn	nent with N	egative F	Pressi	re		
≥160 sf or ≥260 lf			molit		•5		×	Mini-Enclosu Glovebag Pro	re	cgauve i	10000			
								Non-Exempte		Von-Friat	le Pro			
		100000	ocat	707-2011									emen /pe	t .
Locatio Asbestos-Containing	g Material (ACM)	Used Main	Sole	ly by		tos Cont		aterial (ACM)	Amo	307000070			m	m
TO BE AE	ility	Custo		407 (1700) (1800) L.	(i.e.	surfa	cing, VA		(Spe		Remova	Repair	псара	Enclosure
(13)) ,			T 11/4		other n	niscellan	eous)			oval	ar	Encapsulate	sure
3 locat	ione	Yes	No X	N/A			TSI		401	F	x			
3 10001	10113			-		***			+01	-! 	+			-
-				1							+			
Name of Registered Wa	iste Hauler		1000	IJDEP W		Cubic of Was	Yards ste		Registered					
Lilich Corporation						2	207003		.W.S Lan	idfill				
City, State Woodland Park, Ne	w Jersey 07424					Dispos 12/22	sal Date 2/11	City, Sta Morris	te ville, Pen	nsylvar	nia			
Completed by Tatiana Kalenikova	1	Title Vice P	reci	dent		S	ignature		10	Da	te 2/09/1	1		
radana Najenikova		VICE P	1691	uent	******		(a/	Lunge	ale	W	1031	1		

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

	22	_	6
11	1	28	Ī
016	area)	the Comments of	*

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

Date of Notification (1)		T	Name o	f Building Owner/0	Operator	(2)	E (6 E	W	15	1	\mathbf{m}
12/12/11				KOUAL T	ZEM	イン一人					Ш
Agencies Notified Type Notification EPA Initial DEP Amended	,			9 ESSE			DEC 15	20	11		4
☑ DOL Amendment i		- L		KEUSACK.	No	1007601	ASBESTOS CO	TRO	8		1
DOH justification)		- 1		f Contact			Telephone Num	ber			
□ DCA □ Cancellation		}}		LITY INFORMAT	ION		1.				-
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITT IN ORMA	.0.1	Type of Facility (4	4)			7.11	
BERKSHIRE GARDE	NS		-			School (K-12					
Street Address							8 (Other than K-12) rivate & commercial		linas	home	
450 Essex ST						etc.)					
City (5)	,	V-R				Square Feet	# of Floors		ldg. A	38	
HACKENSACK.		- 1	O	0-4-70			r if being demolishe	- 1	68	YR	2
County (6) BELGEN				Code (7) USE ONLY)		AP	TS	,u)			
Name of Monitoring Firm Hired by Building C	wner (8)		ASC	/ No.		of Abatement Con					
*						t Removal	Inc				
Street Address						Address O South R	C+				
City Obeta Tis Code						State, Zip Code	iver st	-			-
City, State, Zip Code							,N.J. 07	60	1		- 1
Project Manager for Monitoring Firm		T	Telepho	ne No.	Telepi	hone No. -329-7444	License No				\exists
	~			5-1- ((4)		of OSHA Monitor				_	\dashv
Start Date (10) 12/28/11			129	Date (11)	Ome	ga Enviro	nmental S	er	vic	es	
Occupancy Status During Abatement (Check	Only One	e)				Address	C.F.				
☐ Facility Closed/Vacated During Entire P					280		SL .				_
Abatement Performed Outside of Norm Other – Describe:	al Facility	Hours	;		1 Carrier 100000	State, Zip Code	1 N 1		076	06	
Scope of Work (Check All That Apply)					Sou	th Hacken	sack ,N.J		0 / 0	00	
≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		enova emolit			[-6 -0	Mini-Enclosure Glovebag Proc					
	T	-		T		2 Non-Exempled	() and Non-Friable	Section 1	Abate	-0.7	\neg
	1111/000	Locati ormal		D.	scriptio				Ту	pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair	Sole ntena odial S (12)	ly by nce/	Asbestos Con (i.e. therma surfa	taining I	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No ·	N/A								
BASENENT/ LAUNDRY				THERMAL SY	etem	SINSULATION	205 LF			X	-
	\vdash										\dashv
Name of Registered Waste Hauler			IJDEP V lauler ID		Yards		Registered Landfill				اري,
DJM Transport ,Inc		1300	2393		142		rland Cou	nt	у Г	and	II1
City, State	7022				sal Date				010		
South Kearny N.J. (2/29		urgh PA,		242		
Completed by	Title Est	ima	tor		Signatur	Meion	Out O Dat	e 2/	12	1 11	
J. MAIORANO	135	- 111 C			/	1-1-00-500	-1	-1	14	. /	

2311

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

A LACTUAL BOOK

Date of Notification (1) 12/9/11	t)	4					/Operator sidence		DEC 15	5 20	1~ [IJ				
Agencies Notified	Type Notification		1 35	Street Ad	ddress oad Stre	et		L	opeotop o	NITE OF				10-28-0-0	260,000,000	
EPA DEP DOL	Initial Amended Amendment	#	200		te, Zip Co ly NJ 08		L	Α	SBESTOS CO LICEMS		. &					
DOH DCA	Emergency (justification) Cancellation		N		Contact			e ;	Andrewski Medical Street	Tel	ephone N	Numbe		,a		
		***************************************		FACIL	LITY INFO	RMA	TION									
Name of Facility Where Daniel Earley / Res		g Place (3)							of Facility (4 School (K-1	2)		. 40)				
Street Address 116 Broad Street								X	Subchapter Other (i.e. p etc.)				uildi	ings,	home	s,
City (5) Mt Holly NJ 08060								Squar 1000	e Feet +	# 0	f Floors		Blo 35	dg. A	ge	
County (6) Burlington					ode (7) ISE ONLY)			Curre	nt Use (Pric	r if bei	ng demo	lished)				
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	No.			of Abat aco Ir	tement Con	tractor	(9)					
Street Address		X				4-91		Addres				-			*	
City, State, Zip Code		2-1.HE 1887	-				City, S	tate, Zi	p Code n NJ 080	91					-	
Project Manager for Mo	nitoring Firm	· · · · · · · · · · · · · · · · · · ·	T	elephor	ne No.		Teleph	none No	0.		License					
Start Date (10)	1	Scheduled	Com	pletion [Date (11)	10000	Name	of OSH	A Monitor		00727		-			
12/12/12	na Abatamant (Char	12/13/11) 					aco Ir								
Occupancy Status Duri	-			ont				Box 32								
	cated During Entire I med Outside of Norn						7.270		p Code n NJ 080	91		7.				
Scope of Work (Check	All That Apply)												1100		00,100-11	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			novati				×	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e edure					a	
		1 101	ocatid	<u></u>				110	II-Excinpted	1 / 4.	4 (10)	T		Service of the	ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED Ma				y v y by ce/ taff?		tos Co therm sui	Description ontaining Mal system facing, VA or miscellar	Material s insula T, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A				-				1				
Basm	nent			x		pip	oe insula	tion		. 1	15 LF	×				
		1-1-				auto etta						+	-	17		
		-										+	\dashv			-
Name of Registered Wa	aste Hauler		NJ	JDEP W	aste //	Cut	oic Yards		Name of	Regist	ered Land	dfill				
United Containers				auler ID 459		173130	Vaste		G.R.O.\	W.S.						
City, State Elm NJ			NO.			_0000000	oosal Date 13/11		City, State Morrisv		A 1906	7	1			
Completed by Anthony T Perna	Completed by Title						Signature					Date 12/9	/11			

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) HARRINGTON Type Notification Agencies Notified Street Address 350 Prospect **EPA** Initial City, State, Zip Code DEP Amended DOL. Amendment # SOUTH ORANGE Emergency (including Name of Contact Telephone Numbe DOH justification) MK. HARRINGTON DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HR. HARRINGTON School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, City (5) Square Feet # of Floors Bldg. Age 1940 SOUTH DRANGE 2 2200 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) (LESIDEN CO ESSEX Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code 07601 Hackensack , N.J. Telephone No. Project Manager for Monitoring Firm License No. Telephone No. 201-329-7444 00388 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services Occupancy Status During Abatement (Check Only One) Street Address 280 Huyler St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours
 Other – Describe: From TO SPM 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/ Encapsulate (i.e. thermal systems insulation, (Specify TO BE ABATED Remova Custodial Staff? surfacing, VAT, or In Facility SF or LF) (12)(13)other miscellaneous) Yes NA 490SF BASELLENT VA+ 7 Name of Registered Waste Hauler Name of Registered Landfill NJDEP Waste Cubic Yards Hauler ID No. of Waste DJM Transport , Inc Cumberland County Landfill

22393

Estimator

N.J. 07032

Disposal Date

4/12

Signature

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

Newburgh PA, 17242

Date

12/12/11

City, State

South Kearny

J. MAIORANO

City, State

Completed by

1312

Date of Notification (1) 12/12/11	:)				Owner/Operato	or (2)		DE	0~15	2011			
	Notification		Street Ad 405 Sc		ite Horse Pi	ke			STOS CO	eroat s			
EPA DEP DOL	Initial Amended Amendment #			te, Zip Co onton N	ode IJ 08037			ASBE	LICENS!	NG.			1
	Emergency (includin justification) Cancellation	9	Name of Mike	Contact	*			Tele	ephone N	umber			
Name of Facility Where Abater Mike Pinto / Residence	ment is Taking Place	(3)	FACII	LITY INFO	ORMATION	-	of Facility (0.5					
Street Address 405 South White Horse	Pike				**************************************	×	School (K-1 Subchapter Other (i.e. p etc.)	8 (Othe			dings,	home	es,
City (5) Hammonton NJ 08037							re Feet	# of 2	Floors		81dg. <i>A</i> 85+	ge	
County (6) Atlantic			County C	Code (7) USE ONLY))	Curre	ent Use (Prid	or if beir	ng demol	ished)		*	
Name of Monitoring Firm Hired N/A	by Building Owner (3)	ASCM	No.	19.77	e of Aba	tement Cor	tractor	(9)				
Street Address	*					et Addre Box 3							
City, State, Zip Code		Message .		19			ip Code in NJ 080	91					
Project Manager for Monitoring	Firm		Telephor	ne No.		ohone N -753-9			License 00727				
Start Date (10) 12/21/11	Schede 12/26		mpletion [Date (11)		e of OSI naco I	HA Monitor						
Occupancy Status During Abat Facility Closed/Vacated D			mont			et Addre Box 3	Pills.						
Abatement Performed Ou Other – Describe:	tside of Normal Facil	ty Hour	S				ip Code in NJ 080	91					-
Scope of Work (Check All That ≥3 sf or ≥3 lf	_	D	-11			7	II Cantaine		Manativa	. D			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	×	Renova	2111002200			× Mi	II Containment- ni-Enclosure ovebag Prod n-Exempted	e cedure				φ.	
		ls Locat						<u> </u>			Abat	emen pe	t
Location of Asbestos-Containing Mater TO BE ABATED In Facility (13)	Iai (ACIVI)	Norma sed Sole laintena stodial (12)	ely by ance/ Staff?		Description tos Containing thermal system surfacing, V other miscelli	Materians insul	ation,	(S	mount specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									ate	(D)
Basement		-	x		Boiler Insu	lation		1	0 Sf	x			
					5								
Name of Registered Waste Ha United Containers	uler	1	NJDEP W Hauler ID 2459		Cubic Yards of Waste 2		Name of G.R.O.	70	red Land	fill			
City, State Elm NJ					Disposal Date 12/26/11	te	City, Stat Morrisv		19067	,			
Completed by Anthony T Perna	Title Pre	sident	1		Signatu	re			T	Date 12/12/	11	-	

State of New Jersey - Notification of Asbestos Abatement

7703

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

Date of Notification (1) December 1	Name of Building Owner/Operator (2) Dover Blackwell Realty, Inc.									
Agencies Notified	Notificatio	n Type tial Notif	ication	Street Address 64 East Midland Avenu	5 2011					
X EPA		ded Cert	500 Chi	City, State, Zip Code						
X DCA				Paramus, New Jersey	1.07657	ASSESTOS	CONTROL	&		
X DOL		■ Emergency (107032	Telephone	WS114C			
X DEP		ication)		Name of Contact		lelephone	vember			
	☐ Cano	elled		Tom Allesandrello	Ser Control			Spirotae		
X DOH		(T) (1) (1) (1)	FACILITY IN	FORMATION		200		- 77		
Name of Facility Where Abaten	nont is Taking Place (3	1		Type of Facility (4)			=0			
	School (K-12)									
Commercial Building										
Street Address	Subchapter 8 (other than K-12) Sub Chapter 8- Occupied									
1-5 Blackwell Avenue				Other (i.e. private & commercial buildings, homes, etc.)						
1-5 Blackwell Aveilue				Sq. Feet: Unknown 2 #	of Floors	: <u>Bldg. /</u>	<u>\qe:</u> 70	years		
	County (6) Morris			Current Use (prior if being demolished):						
	L. Dida Owner (0)	ASCM	No	Name of Contractor (9)						
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc. ASC 00				GREENWOOD ABATEMENT CONSULTANTS, INC.						
Street Address				Street Address						
20-21 Wagaraw Road,	268 MAIN STREET									
City, State, Zip Code		nimbanasa-te-estu		City State, ZipCode						
Fairlawn, NJ 07410				Butler, NJ 07405						
Project Manager for Monitoring	Number		Telephone Number		License Nur	nber				
	973.63	36-9145								
Fred Larson 973-63)-9 I-40		973-492-0477	1	00840				
Ontroducted Chart Data (10)	Schodulor	Completio	n Date (11)	Name of OSHA Monitor						
Scheduled Start Date (10)				Traine or gorn reviewe						
December 27, 2011 January			12	EMSL inc.						
				Street Address						
Occupancy Status During Abatement (Check only one)				Street Address						
Facility Closed/Vacate	1056 Stelton Road									
Abatement Performed	Outside of Normal Fa	acility Hour	'S -	City, State, Zip Code						
Describe		-		City, State, Zip Code						
Other - Describe: Su	b Chapter 8 -Oc	cupied		Disectoway N.I. 08854						
				Piscataway, NJ 08854	•					
Course of Mark (Charle all that	anniu\	-								
Source of Work (Check all that	apply)			Y	Full Conta	inment with	Negative F	Pressure		
							. rogume .			
≥ 3 sf or ≥ 3 lf	Renovation									
$\square \ge 160 \text{ sf or } \ge 26$	n X Glovebag Procedure									
			And the second s		n-Exempted (*) and Non-Friable Proces Amount Abatement Type			Procedure		
Location of Asbestos-Containing	ng Is Location Norm	nally Used	Description of A	sbestos Containing Material				<u>e</u>		
Material (ACM) in Facility (13)	Solely by Maint.	Custodial		mal systems insulation, surfacing,	(Specify SF		ove Renair	Encap Enclose		
	Staff? (12)	993	VAT, or other mi	iscell.)	or LF)	or LF) Remove Repair Encap				
A CONTRACTOR OF THE PARTY OF TH	YES NO	NA						1 - 1 -		
Basement	X		TSI		3,000					
			VAT & Mast	tic	2,000	SF X				
				77,50						
	AUDEDW	lacta Haula	: ID#	Cubic Yards of Waste:	1	Name of Re	gistered La	indfill		
Name of Reg. Waste Hauler NJDEP Waste			110#	SO			owfill Landfill			
See Hauler Below # 1 & 2 See Below					sposal Dat					
Hauler #1) Greenwood	d Abatement Co	nsultan	ts, Inc. – Butl	EI. 14J 0/40J			Route 2,			
NJ DEP#				Ja	muary 3	30, 2012		ort, WVA		
Hauler #2) Newark Car		rk NIA	1509. N.I DEP	# 19551		304-842				
mauler #2) Newark Cal	ung, me newa	IN, 140 U	ioo, no DEE					94mm141/00/48557 ¹⁰		
						- The second				
Completed by (Print or Type)	ompleted by (Print or Type) Title					Date				
Marin Graure	SENIOR	PROJEC	CT	900		December 12, 2011				
waiii Olaule				Marin Graure						
and the second second second second	MANAGE	-17			l					

rax:

State of NJ

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

B & G proj. #: 2011-252 (Pursuant to NJAC 8:60-7

*** Emergency ***

Check # 4941

				Lanc.	A 6.7%	ioy							
Date of Notification (1)	111	lame of Bu	ilding Own	cr/Operator (Z)	The state of the s	APPROVE	0	\neg				
1 2 / 1 2 / 1 1				70 20			Hoj Health & Se		ices				
Agencies Notified Type Notifica	ation S	Tom Ricotta Street Address			-	n E C							
☐ EPA ☐ Initial		155 Washington Avenu			Tan Canada	W/ P	AHATA	11/14	PM				
□ DEP □	11-	ity, State,	- Chac	-	Date: J	OUT TOUR !	na:						
DOL Amend		20 - 20 may 20 may 20 mm	4.	11	JUI DEC 15	2011 1/2	111	V	ř				
ноа 🔀	I N	Clifton, NJ 07011				7 -20 13	Telephor	Numbe	r	-			
_ Cancell					1			James					
DCA COM		Tom Ric	cotta		\perp	ASBESTOS CON	ROL.						
			FAC	ILITY INFORM	ATIO	LICENSING	i						
Name of facility where abatement	is taking pla	ace (3)			The -		Type of Facility						
						-	[FW]	(K - 12)					
Tom Ricotta			ma				44417	apter 8 (C			(-12)		
Street Address				(Private/C Homes, e		rcial							
155 Washington Avenue						1		# of Floo		В	dg. A	фв	
City (5)	Cour	rty (6)		County Code (7)									
				(State use only)			Current Use (Prior if being demolished)						
Clifton, NJ 07011 Passaic					l	residential							
Name of Monitoring Firm Hirad by	Bidg. Own	er (8)		ASCM No.		Name of Abatement Co							
n/a .						B & G Restoration	Inc.						
Street Address		Street Address											
					105 Ryerson Road								
City, State, Zip Code			City, State, Zip Code										
					Lincoln Park, NJ 07035								
Project Manager for Monitoring Firm Phone Numi							License Number						
						973-696-6869 0378							
Scheduled Start Date (10) Sched, Completion Data (1				Name of OSHA Mor									
12/12/2011					B & G Restoration, Inc.						-		
12/13/2011 12/13/2011 Occupancy Status During Abatement (Check only one)													
						105 Ryerson Road							
Facility closed/vacated during entire period of sbatement. Abatement performed outside of normal facility hours-						City, State, Zip Code							
Describe;				-1	Lincoln Park, NJ (JI 07035							
Other-Describe:	1.3					Lincoln Faix, 145 C	7,033			-			
Scope of Work (check all that app					Π.	- 40		OI					
☐ Demolition 🛭						Full Containment w/negal	ive bussaged exi	Glove	10000000				
	_				X	Mini-enclosure	1	Non-f	nable		dure		
Location of		ation normally used solely					4		8	R	E	E	
asbestos-containing staff(12)		n Descri			tion of asbestos-containing		Amount (Specify SF or		m	p	c	D,	
abated in facility (13)	Yes	No	N/A	meterial ((ACIVI)		LF		°	a	a	L	
			1				11010110		a	r.	p	<u> </u>	
boiler room				pipe insulat	-		4 1f / 24 1f		Ø	H	区	出	
main room			LX.	pipe insulation / p		pipe	3 lf/12 lf		X		X	쀼	
storage room		300	LX.	pipe insulation		7750	18 lf		X	브	님	出	
closet			LX.	pipe insulat	ion		5 lf		X	片	1	님	
Same and Miles of the last	لبال			ubic Yards of V	Nacto	100 - 40 T. W	40			Ш	Ш		
Registered Waste Hauler B & G Restoration, Inc.	195	P Hauler I	DOMEST CONTRACTOR	ubic Yards of V Yards	vaste	Name of Registered La		Conter					
City, State Disposal I						City, State	wn Resource & Recovery Center						
			12/14/2			Tullytown, PA	A						
Completed by (Print or Type) Title				Signature				Date		-			
Gordana Luna Treasurer								2/12/2011					
			and the same of th										

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) 2011-252 B & G proj. #: *** Emergency *** Check # 4941 Date of Notification (1) Name of Building Owner/Operator (2) 1 2 /1 2 /1 1 Tom Ricotta Type Notification Agencies Notified Street Address DEC 1 5 2011 ☐ EPA M Initial 155 Washington Avenue ☐ DEP City, State, Zip Code ASBESTOS CONTROL & LICENSING Amendment DOL Clifton, NJ 07011 Name of Contact DOH Cancellation ☐ DCA Tom Ricotta **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Tom Ricotta Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 155 Washington Avenue County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Passaic Clifton, NJ 07011 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/13/2011 12/13/2011 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ☑ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure Demolition ■ Non-friable procedure Mini-enclosure >160 sf or ≥260 lf >3 sf or >3 If Is location normally used solely E n Location of by maintenance/custodial Amount Description of asbestos-containing m p C asbestos-containing (Specify SF or staff(12) material (ACM) a a material to be LF) p abated in facility (13) Yes No N/A 4 lf / 24 lf M pipe insulation / pipe boiler room 3 lf / 12 lf X 図 pipe insulation / pipe main room Ø 18 lf pipe insulation storage room 5 lf pipe insulation closet

Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 2 yards 19563 B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 12/14/2011 Lincoln Park, NJ 07035 Date Signature Gordana Luna Completed by (Print or Type) Title 12/12/2011 Treasurer Gordana Luna