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

B & G proj. #: 2012-237 Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 0 7 / 1 2 2012 DEC 15 AM12: 50 Michael Basile Type Notification Agencies Notified Street Address ☐ EPA SELECTION CONTROL X Initial 63 Orchard Street DEP City, State, Zip Code DOL Amendment Summit, NJ 07901 Telephone Number Name of Contact DOH. Cancellation ☐ DCA Michael Basile FACILITY INFORMATION . Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) same Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 63 Orchard Street County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) residential Summit, NJ 07901 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) 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 Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/21/2012 12/21/2012 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 Glovebag procedure Demolition □ Renovation ■ Non-friable procedure Mini-enclosure \times >3 sf or >3 lf >160 sf or >260 lf E Is location normally used solely E Location of e n by maintenance/custodial Amount Description of asbestos-containing m n asbestos-containing C (Specify SF or staff(12) C material (ACM) 0 material to be a a abated in facility (13) N/A p Yes No e M 36 lf pipe insulation basement boiler room 12 lf 冈 pipe insulation storage room 15 lf pipe insulation old porch area Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 1 vard B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 12/24/12 Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Title Gordana Luna 12/11/2012

Gordana Luna

Treasurer

CK # 24990 RECEIVED

Date of Notification (1)			1	lame of	Building	Owner/Operator (2) Mr. Jim Hassa	ADEC II. DE				
	/11/12 Type Notification			Street A	ddress				11:	58		
Agencies Notified	Type Notification		1	J. 10017		43	9 Cedar Aven	ue 3 / / -	11.0	5.7	Ė	-
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DCA	Cancellation		_			im Hassan				7		\dashv
				FACI	LITY INFO	RMATION	Type of Facility (4	1)				\dashv
Name of Facility Where	Abatement is Taking I	Place (3	3)			A-0.1	C School (K-12)					
Street Address	Resid					===	FT Subchanter 8	(Other than K-12) vate & commercial	buildin	ıgs,		
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(8)	MECS		_ .				vens Environm	iental Services	, Inc		_	=
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	PO Box 341		_			City, State, Zip (Code					
City, State, Zip Code	Crosswick, NJ 08	8515			North Market		Allentowr	ı, NJ 08501		_	_	=
Project Manager for M				phone N		Telephone No.	50.0699	License No.)493			
William V	Veisgarber Jr.		_		3-4070	(609) 2 Name of OSHA	59-9688		175			=
Start Date (10)	Sched			tion Dat	e (11)	Name of OSHA	M	ECS				_
1/2/13 Occupancy Status Du	ring Abatement (Chec		/4/1 one)	3		Street Address	DO D	av 241				
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Scope of Work (Check	k all that apply)	₩ Par	novat	ion		☐ Mini-E	ontainment with Ne nclosure	gative Pressure				
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Name of Registered	Waste Hauler onmental Service	es Inc		Hauler		of Waste	000000000000000000000000000000000000000	R.R.F., Inc. I	Land	fill		_
City, State		SIAVINOTE AL			2)2	Disposal Date	City, State	Tullytown,	PA			
	Allentown,					1/4/13 Signature	# 	Date				
Completed By Mahlon E.	Stevens		roje	ct Ma	nager		1 3		12/	1/1	2	=
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CK 29754

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13) Location Asbestos - Containing Material (ACM) Solely (ie. Thermal systems (ie. Thermal systems (ie. Thermal systems) In Facility Custodial Staff (12) Location Asbestos - Containing Amount R R R C C C Specify E R C C C C C C C C C C C C C C C C C C	29 1)		(Pu	rsuant to NJA	.C 8:60-7 and 12	2:-120-7)	AFF	2° 1.		
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DEP DCA DOH Notification Cancellation Notification Cancellation Notification Cancellation Name of Facility Where Abatement is Taking Place (3) Princeton University — E-Quand B123 Street Address Princeton University Frinceton Nuiversity Frinceton Nuiversity Frinceton University Fri								6	The second of		10. 6) (
Name of Facility Where Abatement is Taking Place (3) FACILITY INFORMATION				on					2-5163	F 045	T =	
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Type of Facility (4)					FACILIT	Y INFORMAT	ION					
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Current Use (Prior if being demolished) Current Use (Prior If being demolished Use (Prior II being demolished) Current Use (Prior II being demolished)	Princeton University							Square Feet #	of Floors	Bldg.	Age	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Associated Specialty Contracting	A C. 198	Cour	ity (6))	-		1050			_	`	
Pennoni Associates Inc Street Address SITS Grove Street Suite I B City, State, Zip Code Haddon Heights NJ Project Manager of Monitoring Firm Alan Lloyd Scheduled Start Date (10) 12/26/12 Month/Day/Year Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement x Abatement Performed Outside of Normal Facility Hours - Describe:								University		monsneu	, 	
Sit Grove Street Suite 1B City, State, Zip Code Inaddon Heights NJ		d by Building O	wner	(8)		ASCM No.						
State Cape Annue State Cape	Street Address			-			Street	t Address				
Telephone Number Sec. 547-0505 Sec. 547-0505 Telephone Number Sec. 547-0505							98 La	Crue Avenue				
Project Manager of Monitoring Firm Relephone Number Rabit Lloyd Sched Completion Date (11) 12/26/12 Month/Day/Year Occupancy Status During Abatement (Check only one) Facility Closed/Wacated During Entire Period of Abatement X										11	877.0.5:	
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12/26/12 Month/Day/Year Criterion Labs	200 N. P. S.	rirm					1000 St. 1000					
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Street Address Stre				М		r	Cinc	TON DADS				3174
Facility Closed/Vacated During Entire Period of Abatement X Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM - 5:00 PM Other - Describe: 7:00 AM - 5:00 PM Other - Describe: 7:00 AM - 5:00 PM Other - Describe: 7:00 AM - 5:00 PM Scope of work (Check all that apply) Demolition X > 3 s for > 3 if > 160 s f or > 260 lf Location of Location of Asbestos - Containing Material (ACM) Material (ACM	Occupancy Status During Abat	ement (Check o	nly on		Onthi Dayi i ca		Street	t Address				
Hours - Describe:	Facility Closed/Vacated	During Entire	Period	of Ab	atement		3370	Progresive Drive				
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Scope of work (Check all that apply) Demolition x > 3 s f or > 3 if >160 s f or > 260 lf Location of Asbestos - Containing Material (ACM) In Facility (13) Basement B123 Name of Registered Waste Hauler Horizon Disposal Name of Registered Waste Hauler Horizon Disposal Nemovation Renovation Mini - Enclosure Glovebag Procedure Non-Friable Procedure Abatement Type Abatement Type Abatement Type (i.e. Thermal systems SF or M E A L C (Specify E R C C (Specify E R C C Ustodial Staff (12) Yes No N/A In Facility O P P O O P P O O P P O O P P P P O O P P P O O P P P P O O P P P P O O P P P P O O P P P O O P P P P O O		7:00 AM - 5:00	PM				Bensa	ilem PA 19020				
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Is	x > 3 sf or > 3 if							Glovebag Procedu	re			
Location of Asbestos - Containing Material (ACM)	>160 sf or >260 lf						x	Non-Friable Proce	dure			
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Completed By (Print or Type) Title Project Manager Signature (1) -/2									,			
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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Obock # 2817

		THE PERSON NAMED IN							-		
Date of Notificatio				Name of	Building Owr	ner / Ope	rator (2) 🦽				
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Agencies Notified	Type of N	lotification		1128 Wul	nut Street		28100	EC 14			
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Name of Facility V	Vhere Abaten	nent is Takin	g Place (3)		Type of Fac	ility (4)					
Bank of America											
						School (K	-12)				
Street Address					7 □ s	Subchapt	er 8 (Other	than K-1	2)		
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Street Address			**************************************	A	Street Addre	ess		-			
655 Third Avenue 1	2th Floor				The second second						
City, State, Zip Co	de				462 Getty Av	venue					
New York, NY					City, State,						
Project Mngr. For	Monitoring F	irm	Telephone Nu	mber	1 ''						
Dino Nappi	og .		212-682-9271		Clifton, NJ C	7011					
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STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

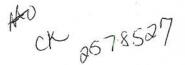
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$\frac{11}{30} / \frac{30}{30} /$	12			Bank of A					* * · · · · · · · · · · · · · · · · · ·	11/2	7
Agencies Notified	Type of N	otification		4	nut Street			2012 DE	0		Desp
☐ EPA ☐ DEP		Initial Amended		City, Stat Philadelpl	te, Zip Code hia, PA			2012 DE	C/4	PM 10:	48
☑ DOH DOL		Amendment # Emergency w	-	Name of John Lux				TOICE DE	ne Numb ∪ENS	117	a)
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Name of Facility When Bank of America	re Abatem	ient is Taking	Place (3)		Type of F	acility (4)					
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			0040):	Bank	se (Prior ii	f being dem	iolisnea)		40	т
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City, State, Zip Code					462 Getty						
New York, NY Project Mngr. For Mor	nitorina E	irm	Telephone Nu	mhor	City, State	, Zip Code	9				
Dino Nappi	illitoring F		212-682-9271	iiibei	Clifton, NJ	07011					
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Occupancy Status Du	ring Abat	ement (Check	Only 1)			2-3660 SHA Mon	itor			70117	
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☐ Demolition		V	Renovation	V			th Negative	Pressure	į		
☐ ≥3sf or≥3lf ☑ ≥160 sf or ≥				P	Mini - Enc Glovebag						
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Location of Asbestos Contai		ls Location	۸۰	Descript	tion of Containing			Abateme R	nt Type	E	ĮΕ
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Name of Registered V NEWARK CARTING	Vaste Hau	ler	NJDEP Waste Hauler ID No. 4509	Yards of Waste	Name of R	egistered	Landfill				
City, State			,,,,,,	Disposal	City. State		7		-		
NEWARK, NJ			35	Date	BETHLEH		105				
Completed by (Print of	or Type)		Title		-	Signature	jah Fe	2 /	71	Date	
Ralph Barnhadt			Operation Mana	ager		red	AN TE	ria	1.01	Π 1	1/30/12

Page 1 of 1

Date of Notification (1)		N F	ame of B	uilding Owner/O Park Board	- C F-lea-	ation	Anna Para	11/	ED					
Agencies Notified Type Notification EPA DEP Amended Amendment #		7	ity, State	ress edale Avenue , Zip Code Park, NJ 07	932	ت الا الا الا الا الا الا	EC 15	AM	12: 6 4					
Emergency (if justification) DCA Emergency (if justification) Cancellation	ncluding		3.5	fantolino			-2111	Tele	ahone Nu	mber		•		
Name of Facility Where Abatement is Taking Ridgedale Middle School Street Address	Place (3)		FACILI	TY INFORMATI		× Sc	Facility (4 hool (K-12 bchapter 8 her (i.e. pr) 3 (Othe	er than K-1	12) cial bu	ildin	gs, h	omes	·,
71 Ridgedale Ave City (5) Florham Park	work			9		Square 40,000	:.) Feet		Floors	Т		g. Ag		
County (6) Morris	-		County Co	ode (7) SE ONLY)					ng demolis	shed)				
Name of Monitoring Firm Hired by Building C Precision environmental Consultan	owner (8)		ASCM	No.	GL G	of Abate roup, I		tractor	(9)					
Street Address Unit 122 3111 Route 38, Ste 11			-		140 l	Hambu tate, Zip	rg Turnp Code							
City, State, Zip Code Mt. Laurel, NJ 08054 Project Manager for Monitoring Firm			Telephon		Teleph	one No.	ile, NJ 0	7403	License 01084	No.	_			
Rosa Izzi Start Date (10) 12-27-12	Scheduled	d Con	609-914		Name	710-97 of OSHA Group,	A Monitor		01004					
Occupancy Status During Abatement (Check Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of A	batem	nent		140 l	tate, Zip	ırg Turn		3		- TOPE			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			5	Full Mini	Containm -Enclosure	ent wit	th Negative					
	ls	Locat	ion			_ Non	-Exemple	u () a	na real y n				ment	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai Cust	(12)	ely by ince/ Staff?	Asbestos Co (i.e. therm sur	Description Intaining I Inal system facing, V Ir miscella	Material ns insula AT, or	(ACM) tion,		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
Tunnel 016	Yes	No	N/A		&M Elb	ow			0.5 LF					
Room 017 "Records Room"		X			kM 3 Ell				2LF					
										+		_	-	+
Name of Registered Waste Hauler GL Group, Inc			NJDEP W Hauler ID 0033034	No. of V			Grows		stered Lan	dfill				
City, State Bloomingdale, NJ				Dis TB	Cianati		City, Sta Morris	ville,	PA .	Date)			
Completed by Elena Solakov	Title Pres	iden	t	7	Gigilatt	Elem	Stulla	<i>i</i>		12-	5-1	2		

Page 1 of 1

Date of Notification (1)		Nan Pla	ne of Bui a infield	lding Owner/ Public Scl	Operator 100l	(2) 2	Ø12 DEC	15	AM 12: (.,		0010-0021	
Agencies Notified Type Notification		92	eet Addre 0 Park	Ave		k §	BES!	(1/)	CHNTRO BING	1			4
DEP Amended Amendment	#	Pla	ainfield	Zip Code , NJ 0706 0)		W L [Tele	SING phone Numb	i. er			
Emergency justification) Cancellatior		Ha	me of Co arold G	ee				(priorie margi-				4
Name of Facility Where Abatement is Takir Old Plainfield High School Street Address	ng Place (3)		FACILIT	Y INFORMA	TION	Sch	acility (4) ool (K-12) ochapter 8 er (i.e. pri	(Othe	er than K-12) commercial	buildin	gs, ho	omes,	
925 Arlington Ave City (5)						Square F 125000) Feet		Floors		g. Age		
Plainfield County (6)			ounty Co			Current	Use (Prior	if being	ng demolishe	ed)			
Union Name of Monitoring Firm Hired by Building	Owner (8)		ASCM N 00003	lo.		e of Abater Group, Ir		ractor	(9)				
TTI Environmental Inc Street Address 1253 North Church St	(i				140	t Address Hambur	3711	ike					
City, State, Zip Code Moorestown, NJ 08057					Bloc	State, Zip omingda	Code le, NJ 0	7403	License No				
Project Manager for Monitoring Firm Mary Ellen Leotta		8	elephone 356-840	-8800	(20	phone No. 1)710-97 ie of OSHA			01084	,. 			
Start Date (10) 12-7-12	12-9-20	12	oletion Da	ate (11)	GL	Group, I	nc						
Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entir Abatement Performed Outside of No	e Period of Al	pateme	ent		140 City,	Hambu State, Zip oomingda	rg Turn		3	7			
Other – Describe: Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat				Full Mini	Containm -Enclosure	ent wi	th Negative F			е	
	ls	Location	on				===				Abate	ment pe	ij.
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mai	ormall d Sole ntenar odial S (12)	ly by nce/	(i.e. the	Descript Containin ermal syste surfacing, ther misce	g Material ems insula VAT, or	(ACM) tion,	,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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Auditorium Stage					O&M Cl				500SF				
Auditorium Stage				,							-	-	\vdash
Name of Registered Waste Hauler GL Group, Inc		1	NJDEP V Hauler ID	No. 4	Cubic Yare of Waste TBD		Grows	3	istered Landf	ill			
City, State Bloomingdale, NJ			4 1		Disposal [TBD		Morris	sville,		Date			
Completed by Michael B Solakov	Title P.M				Sign		Mar Shi		Έ,	12/5/2	012		



Date of Notification (1) Name of Building Owner/Operator (2) 12/07/12 Justin Cutlip Agencies Notified Type Notification Street Address 14 Stafford Road **EPA** Initial × City, State, Zip Code DEP Amended & LICENSING DOL Amendment # Chatham, NJ 07928 Emergency (including Name of Contact Telephone Number × DOH justification) Justin Cutlip DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, × 139 Woodland Avenue etc.) Square Feet # of Floors City (5) Bldg. Age Morristown N/A N/A N/A County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Morris House Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. D&S Abatement, Inc. Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Telephone No. Project Manager for Monitoring Firm Telephone No. License No. 973-345-8685 #00675 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 12/21/12 12/22/12 D&S Abatement, Inc. Occupancy Status During Abatement (Check Only One) Street Address 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code × Other - Describe: Occupied Totowa, NJ 07512 Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure ≥3 sf or ≥3 lf ≥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/ Enclosure TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair **Custodial Staff?** surfacing, VAT, or SF or LF) In Facility (12)(13)other miscellaneous) Yes No N/A 2nd floor X 300 SF X floor tile under carpet Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste D&S Abatement, Inc. Waste Management of PA #20096 TBD City, State Disposal Date City, State Totowa, NJ TBD Tullytown, PA Completed by Signalare Date Deanna Brkusanin 12/07/12 **Project Manager** Melli.

MO 3268343

dro.			(P	ursuant	to NJAC	8:60 and	1 12:120	0)		P sz	P				15
Date of Notification (1) December 7, 2012					f Building of Edwa			(2)	281		CEI				
Agencies Notified	Type Notification			Street A 56 Mo	ddress untain A	venue		•		2 DEC	14 1	PM 7:	40		
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DOH DCA	justification) Cancellation				f Contact Kieppe						ephone N	1 10 1 1			
Name of Facility Where House	Abatement is Takin	g Place (3	3)	FACI	LITY INFO	ORMATI	ON	Тур	e of Facility (4)					
Street Address 56 Mountain Avenu	IP.							×	School (K-1 Subchapter Other (i.e. p	8 (Othe	er than K- & commer	12) cial bui	dings	, home	es,
City (5) North Caldwell					***************************************				etc.) are Feet	# of	Floors	- 0	Bldg. /	Age	
County (6) Essex					Code (7))		Curr	rent Use (Priduse				W/A		
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCN	/I No.			of Ab	atement Cor		(9)	7			
Street Address							Street	Addr							
City, State, Zip Code							City, S	State,	Zip Code NJ 07512		- L	*			
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Teleph	none I			License #0067		X		
Start Date (10) 12/20/12		Schedul 12/21/		npletion	Date (11)				SHA Monitor tement, In	с.				= -	
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Scope of Work (Check A	II That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit				N. I.	M G	ull Containme ini-Enclosure lovebag Proc on-Exempted	e cedure				re	
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Location Asbestos-Containing <u>TO BE AB</u> In Faci (13)	Material (ACM) ATED lity	Use	Normal ed Sole iintenar todial S (12)	ly by nce/		tos Cont thermal surfac		Materia s insu T, or		(8	mount specify or LF)	Removal	Repair	Encapsulate	Enclosure
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Name of Registered Was	ste Hauler	1	I NI	JDEP W	lasto	Cubic	Varde		Name of	Dogista	red Land	fill .	<u> </u>		
D&S Abatement, Inc			Н	auler ID 20996		of Was			Waste I						
City, State Totowa, NJ				1 7		TBD	al Date		City, State Tullytov		\				
Completed by Deanna Brkusanin		Title Proje	ct Ma	nager		\$	ignature 011	1001	Bellun	un		Date 12/07/	12		

No well

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

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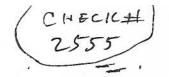
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Date of Notification (1)	/ 12			Name o	f Building an Fami	Owner/Operator (2 ly Partnership		1.924				
Agencies Notified Type N	lotification				Address Millenia	20 a Blvd.	12 DEC 14 PA	1 7: 38				
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□ DCA (NJAC 5:16) Am	endment #			15 OF	ndo, FI 3	2839	& LICENCO!	有限的				
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(10.00					100					0		
				FAC	ILITYIN	FORMATION	Type of Facility (4	1				
Name of Facility Where Abateme		Place (3)				School (K-12)	,				
Former State Farm Buildi	ng	177.1	1				C Subchanter 8	Other than K-12)				
Street Address						6	Other (i.e., priv	rate & commercial I	buildir	ıgs,		
1750 Route 23	- U 10 TH						homes, etc.) Square Feet	# of Floors	Bldd	ı. Agı		
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County (6)				Coun	ty Code (7)(STATE USE ONLY)		I II Dellig demolion	,			
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Name of Monitoring Firm Hired b	y Building O	wner (8	3)	ASCM	No.	Name of Abateme	ent Contractor (9)	-ti Cornoratio	n.			
R.A. West Associates, Inv	٧.						ntbach Constru	ction Corporation			777 -cis-v	-
Street Address			77			Street Address						
2865 South Eagle Road #	359					500 East Luz		>				
City, State, Zip Code						City, State, Zip C						
Newtown, PA 18940						Philadelphia	, PA 19124					
Project Manager for Monitoring	Firm		Tele	ephone	No.	Telephone No.		License No.				j
Bob West			2	15-860	-5026	215-739-8166		00646				
Start Date (10)	Sched	luled Co	omple	etion Da	te (11)	Name of OSHA N						
12 / 06 / 12	0)1 /	_ 2	7_ /	13_	SAME AS A	BOVE					
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☐ Facility Closed/Vacated Duri	na Entire Pe	riod of	Abate	ement								
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IN Facility		Cus	(12		2 3	VAT, or other miscellan	eous)	0. 0. 1. 7	<u>B</u>		ulat	ē
(13)		Yes	No	N/A		. 2.4		-			Ф	
Thoughout Building			×		Black	Floor Mastic		61,000 SF				
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Boiler	1.6		\boxtimes		Boiler	Gasket on two					Ш	
Name of Registered Waste Ha					Waste	Cubic Yards of Waste	Name of Regis	stered Landini				
Diamond Huntbach Con	struction			Hauler 1968		n/a Disposal Date	Minerva City, State					
City, State Philadelphia, PA 19124	Alle Control of the C					n/a		irg, OH 44688				
Completed By (Print or Type)	Tit	le				Signature	7/1	1 Da Da	ite	1	1	
Charles Imbimbo		Projec	t Ma	nager	3	Me	5/1	W. M.	12	11	0/	12

Name of Building Owner/Operator (2) Date of Notification (1) Ullman Family Partnership 12 10 12 2012 DEC 14 PM 7: 38 Street Address Type Notification Agencies Notified 3900 Millenia Blvd. Initial ☑ DEP ☐ Amended STOS CONTROL City, State, Zip Code Amendment # & LICENSING Orlando, FI 32839 ☑ DHSS ☐ Emergency (including ☐ DCA justification) Name of Contact (NJAC 5:23-8) □ Cancellation **Thomas Bauer** FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ☐ School (K-12) Former State Farm Building ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 1750 Route 23 homes, etc.) Bldg. Age # of Floors Square Feet City (5) 100.000 40+ Wayne Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Vacant Passaic Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Diamond Huntbach Construction Corporation R.A. West Associates, Inv. Street Address Street Address 500 East Luzerne Street 2865 South Eagle Road #359 City, State, Zip Code City, State, Zip Code Philadelphia, PA 19124 Newtown, PA 18940 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00646 215-739-8166 **Bob West** 215-860-5026 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) SAME AS ABOVE 01 / 27 / 13 12 / 06 / 12 Street Address Occupancy Status During Abatement (Check only one) □ Facility Closed Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7AM-5PM/ PM-Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf ☐ Glovebag Procedure □ Demolition ≥ 160 sf or ≥260 lf Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Description of Location of Used Solely by Encapsulate Enclosure Amount Remova Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, surfacing, (Specify TO BE ABATED **Custodial Staff?** SF or LF) VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 300 SF \boxtimes \boxtimes **Boiler Lining** Boiler 200 SF \boxtimes Tank Insulation on one tank \boxtimes П Tank X 900 SF \boxtimes Roof Flashing Roof \Box X Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste Minerva Diamond Huntbach Construction n/a 19689 Disposal Date City, State City, State Waynesburg, OH 44688 n/a Philadelphia, PA 19124 Signature Completed By (Print or Type) Title 12/10/12 Charles Imbimbo Project Manager

ASB-41 JUL 01

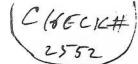
* Do not use this form for asbestos licensure exempted activities.



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Cancara lot.		FORMATION			
me of Facility Where Abatement is Taking F		Ty	e of Facility (4))	
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Octon CITY	County Code		ment Use (Prior	r K being demokshe	(bd)
no: 161	USE ONLY			ANT	
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one of Marviolog Firm Hired by Building O		Cunal Addiess		7	
ree: Aggress	11	369 9.	SPRUC	E AVE.	
		Cry. State, Zip.Code	, CHAD	E. N.J.O	805 -
State Zip Code		Yalanhone No.		License No	4
geci Manager for Morrisonng Firm	. Yelephone No.	856-779	-0472	0044	1
	ued Completion Date (11)	Name of OSHA Mor		M	
tan Date 101 / / / / / / / / / / / / / / / / / /	-/3//12	JOSE PI-	11		
12 / Chec	k only one)	3695	Spruce	= 100	
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Name of Registered Waste Hauler	Hauter D No.	01 Mas16			
Kiémco Loci	17907	Dis para Date	City. State	DBINE,	N.J.
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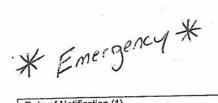
ate of Notification (1)		Name of Bui	Iding Owner/C	perator (2)	OF THE CITY	OF ELIZABE	TH			
PEC. 12, 2012 gencies Notified Type Notification	1	Street Addre		2012 DE	C 14 PM	7: 37				
EPA DEP DOL Initial Amended Amendmer Emergency	(including	City, State, ELIZABE	Zip Code TH, NJ 072 Intact	201 & I		Tejephone Numl	ber	t		
DOH JUSTINICATION Cancellation		the state of the s	L MEDEIRO	ION		L				_
lame of Facility Where Abatement is Tak FORD LEONARD APARTMENTS street Address	ing Place (3) S #704	TAGIST			Other (i.e. pri) I buildin	gs, ho	omes,	
69 DIVISION STREET City (5)				1 12	etc.) Square Feet 60000	# of Floors		g. Age		
ELIZABETH County (6)		County Co	de (7)			r if being demolish	ed)			
UNION Name of Monitoring Firm Hired by Buildir	g Owner (8)	ASCM N		Name of	Abatement Cont		ABATE	MEI	NT	
N/A				Street A	ddress			8		
Street Address City, State, Zip Code				City, Sta	OMPSON ST ate, Zip Code LONG BRAN	NCH, NJ 07764	1			
Project Manager for Monitoring Firm		Telephone	No.	Telepho		License N 00040			74	
Start Date (10)	Scheduled (Completion D	ate (11)	Name o	of OSHA Monitor					
12/27/12 Occupancy Status During Abatement (C		· ·		Street A	Address					
Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: APARTMENT W	ire Period of Aba	uuis		City, St	ate, Zip Code					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	▼ Rer	novation molition		×	Mini-Enclosur	ent with Negative e cedure d (*) and Non-Fria	ble Proc		e ement	_
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Asbestos-Containing Material (ACN TO BE ABATED In Facility (13)	No Used Main Custo	rmally Solely by tenance/ dial Staff?	Asbestos (i.e. ther	Containing Monatorial systems urfacing, VA	Material (ACM) s insulation, T, or	(Specify	Removal	Repair	Encapsulate	Elicioania
Asbestos-Containing Material (ACN TO BE ABATED In Facility	No Used Main Custo	rmally Solely by tenance/ dial Staff? (12)	Asbestos (i.e. ther	Containing Normal systems urfacing, VA ner miscellar	Material (ACM) s insulation, T, or	(Specify SF or LF)		Repair	Encapsulate	Toronto
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Asbestos-Containing Material (ACN TO BE ABATED In Facility (13) APARTMENT 704 Name of Registered Waste Hauler	No Used Main Custo Yes	rmally Solely by tenance/ dial Staff? (12) No N/A	Asbestos C (i.e. ther si oth Vaste C No. 00 4	Containing Moral system: urfacing, VA ner miscellar VAT uubic Yards f Waste	Name of GROV	(Specify SF or LF) 644 SF 644 SF of Registered Land WS NORTH LA	X		Encapsulate	



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Date of Notification (1) David All / Residence D		(P	ursu	ant to l	NJAC 8:60 and	12:120)		CK: 12	888				
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Location of Asbestos-Containing Material (ACM) Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A		-				Mini-Enclosure Glovebag Procedure							*
Location of Asbestos-Containing Material (ACM) Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Exterior Siding Name of Registered Waste Hauler United Containers Location of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Name of Registered Waste Hauler United Containers NJDEP Waste Hauler ID No. 22459 Disposal Date 12/28/12 Date 12/28/12 Date 12/11/12 Date 12/11/12							× Non	-Exempted (*)	and Non-Fri	able Pro			
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County (6) Cape May		(6	County Co	E ONLY)		-			_ %					
Name of Monitoring Firm Hired by Building Ov	vner (8)		ASCM N	lo.			of Abaten aco Inc	nent Cont	ractor	(9)				
Street Address						2000 1-	Address ox 329							
1253 North Church Street City, State, Zip Code		81205					tate, Zip Berlin	Code NJ 0809	91					
Moorestown NJ 08057 Project Manager for Monitoring Firm	. [Telephone			Teleph	Telephone No. License No. 856-753-9800 00727							
Jim Guilardi	Scheduled (of OSHA							
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Completed by Anthony T Perna	der	nt	×		Signati	ure	- 1		23 27	2/11/	12	-		

CK# 2499/

Date of Notification (1)	2/12/12			Name of Building Owner/Operator (2) Mrs. Bjornschoff Street Address 22 International Drive PM 7: 34										
Agencies Notified	Type Notification		\dashv	Street	t Address	22	International	Drive P	4 7:	21				
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(8)	MECS		_				mental Service	Services, Inc.						
Street Address	PO Box 34	1	34			Street Address	PO I	30x 322				_		
City, State, Zip Code	Crosswicks, NJ	0851:	 5			City, State, Zip C	Allentown, NJ 08501							
Project Manager for M				phone	No.	Telephone No.	100 a	License No.	400					
	Veisgarber Jr.		_		8-4070		59-9688		0493	3		_		
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City, State Allentown, NJ				76	Disposal Date 12/14/12	City, State	Tullytown,	PA						
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REMEMBER – MAIL IN HARD COPY



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Date of Notification (1)	12/12			Na	me of Build	ding Owner/Operato	CONTRA C	2012DEC-14	-	7.	~ ~
Agencies Notified PA DEP DOL	Type Notifical Initial Amended	tion		_	eet Addres	5 Rr, 50		S JESTOS	12/2	- F-17	3 <u>3</u>
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County (6) ATLA				Co	uniy Code E ONLY)	(7) (STATE :	Current Use (Pr	nor if being demo	lished)		
Same of Monitoring Firm (iii)		g Owner		ASC	v No.	1 1	nent Contractor (9	•			
Sheet Address				-		Street Address	S,S PRUC				
City State Zip Code		-			, ,	City, State, Zip C	ode	JE, N.J	, oð	c 2-	z
Project Manager for Monit	loring Firm		T,ei	ephone	No.	Telephone No.	9-0472	License No			
Start Date (10) 12/26/12		eduled (With the same of	etion D	ale (11)	Name of OSHA A		1			
Occupancy Status During	Abatement (Ch	eck only	one)			Street Address		uc= 2 uc.			
Facility Closed Vacated Abatement Performed C Other - Describe:						Crry State Zin Co	ode	IDDE N.		υ s	 US:
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name of Registered Waste	Hauler			JDEP V		Cubic Yards of Waste	Name of Regis	tered Landfill	1		<u></u>
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Joseph KL	FMY _		//	2		Signature	n Kelim	Date	12/	12	



State of New Jersey

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Other - Describe						
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Name of Registered Waste Haulor Kiemco Inc.	,5,080	1790	01 Waste	C, M	1,C,M.C	N.J.

State of New Jersey

Check # 8040

Type Notification Street Address DOL Amended					MJAC 8:80 an)	REI	Modept of Health	LE S	U enior	Sarv	ices
India	Date of Notification (1)		Ne		uilding Owner	Operator	(2)	#1200	Servicion	4 -0 0	-	1	
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Gien Rock, N.J. 07452 Continue Continue	Street Address	Address											
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Agency Notified	Type Notification				Address	00/15	1	Od To	RE LICENS	ratar.			(
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M DOH	 Emergency (including justification) 	ng	3	Name o	of Contac	PRIA	1	3	Telephone Numb	oer .			K
D DCA	☐ Cancellation			13	01	ORMATION						-	-9
Name of Facility Where	hatament is Taking Pla	ce (3)		FACIL	IIT INF	URMATION		Type of Facility	(4)				\neg
	wFord	TER	SR				-	School (K-12 Subchapter Other (i.e. pr homes, etc.	8 (Other than K-12) ivate & commercial	building	s,		
City (5) () N(O)	CU G	670	3 C	3		k _		Square Feet	# of Floors		Age 5		
County (6)	200		1	County ONLY)	Code (7	(STATE USE			rios if being demolis				
Name of Monitoring Firm (8)	Hired by Building Owne	er A	SCM	No.		NOVA	1E	nent Contractor (
Street Address						Street Addre	30	X 814	·				
City, State, Zip Code						City, State,	3	RIDGE	License No.	885	7		_
Project Manager for Mon			ephon			Telephone M	3	38×7500	00.80	<u>C.</u>			_
Start Date (10) 20		401	on Dat	te (11)		Name of OS	16	Monitor 14	SC				\dashv
Occupancy Status Duriby Facility Closed/Vacate Abatement Performed Other – Describe:	od During Entire Period o	of Abate	ement Irs	2		Street Addre	30	0X 811 Code RNDGE	C,U	885	57		
Scope of Work (Check at □ ≥ 3 sf or ≥ 3 lf □ ≥ 160 sf or ≥ 260 lf	ll that apply)			Reno		X	Mini Glov	-Enclosure vebag Procedure	n Negative Pressur				
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Name of Registered Was	ste Hauler	NJI ID I		Vaste H	auler	Cubic Yards Waste	s of	Name of Reg	istered Landfill O.W.S	~~~~		ű.	
City, State OID BRID	GE NA.	(2.8 12	85	7	Disposal Da	ile 2	City, State	ONE)	Date	-	+	10
Completed by PAR US A	FIDA Title M	t use th	DE is form	n for as	bestos li	censure exem	(U	d activities.	nex/c	12	11	1	12

Name of Building Owner/Operator (2)
RPH DEVELOO Date of Notification (1) 127 ODHEN Type Notification Street Address Agency Notified ARK EPA DDEP DOL Initial City, State, Zip Code Amended MONICIAIR Amendment # Telephone Number ☐ Emergency (including iustification) DOH ☐ Cancellation RACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.) Bldg. Age Souare Feet # of Floors City (5) 15 10,000 NEWARK Current Use (Prior if being demolished) County Code (7) (STATE USE County (6) ONLY Closed Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. NOVATE INOC (8) Street Addre Street Address :. City, State, Zip Code NO 08857 City, State, Zip Code Telephone No. Project Manager for Monitoring Firm 00806 Name of OSHA Monitor Scheduled Completion Date (11) Occupancy Status During Abatement (Check only one) 28 Facility Closed/Vacated During Entire Period of Abeterna Abatement Performed Outside of Normal Facility Hours City, State, Zip Code NO. 08857 BRIDGE Other - Describe: Scope of Work (Check all that apply) D.Full Containment with Negative Pressure ☐,Renovation Mini-Enclosure D≥3 sfor≥3 lf Glovebag Procedure Demolition Non-Exempted (*) and Non-Friable Procedure ≥ 160 sf or ≥ 260 ff Abatement Type Is Location Normally Description of Used Solely by Asbestos Containing Material (ACM) Amount Location of Enclosure Removal (Specify Asbestos-Containing Material (ACM) Maintenance (l.e., thermal systems insulation, Custodial TO BE ABATED SF or LF) surfacing, VAT, or Staff? IN Facility other miscellaneous) (12)(13) NA No 9.000 Floor Name of Registered Landfill 51 EXTEROR Cubic Yards of NJDEP Waste Hauler Name of Registered Waste Hauter w.S INC NOVALE City, State BRIDGE OID. Date 11 Completed by Do not use this form for asbestos licensure exempted activit



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Date of Notification (1) 12/11/2012	- III				Building (perator	(2)				STORE WAY				
Agencies Notified	Type Notification	10		Street Ad 44 RII	ddress FLE CAN	MP ROA	ΔĎ	290 No	2012 [DEC 1	4 PM	7: 2	7	:22		
☐ EPA ☐ DEP ☑ DOL	☐ Initial ☐ Amended Amendment #		_		te, Zip Co ND PAR		07424	1	A 1 (1)	STO	S CON	[Re	۷.			
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Name of Facility Where BERKELEY COLLEG			3)						of Facility chool (K-	12)	er than K-	40)	5			11
Street Address 44 RIFLE CAMP R	COAD							□ C e	other (i.e. tc.)	private 8	& commer	cial bu	-			is,
City (5) WOODLAND PARK								Square 20,0	e Feet 100	# 0	Floors 4		Bldg 194		ge 	•
County (6) PASSAIC				County C	Code (7) ISE ONLY			Current Use (Prior if being demolished) COLLEGE/SCHOOL								
Name of Monitoring Fir ENVIROVISION CO				ASCM 0079				ne of Abatement Contractor (9) L ENVIRONMENTAL SERVICES								
Street Address 20-21 WAGARAW R	ROAD BUILDING 3	4A						Addres 2 QUE	s ENS PL	AZA S	OUTH					
City, State, Zip Code FAIR LAWN, NJ (07410						y, State, Zip Code NG ISLAND CITY, NY 11101									
Project Manager for Mo				Telephor 973-6	ne No. 36-914	5	And the second second	one No 349-0			License 00853					
Start Date (10) 12/14/2012		Schedule 01/21/		mpletion [Oate (11)		100000000000000000000000000000000000000		A Monitor		7.					
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Ö ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		5170 100	Renov Demol	7777777				Min Glo	i-Enclosur vebag Pro	re ocedure	n Negative			lure	,	
		1	Loca												ment	
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Name of Registered W	laste Hauler			NJDEP W	/aste	Cubic	Yards		Name of	f Regist	ered Land	fill				-
ATC ATC	raste i laulei			Hauler ID 04181		of Wa					TERPRIS					
City, State SHIRLEY, NY				Disposal Date 12/17/2012				fi 1	City, Sta WAYNE		, ОН					
Completed by ANN ALI Title ADMINIS				FRATIVE		5	Signatur		-			Date 12/11	/20	12		