State of New Jersey Check#20959 NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)				1	Name of Build	ding Owne	er/Operator (2)	15 (C) IS II W	TC;	10		
	17				CHRISTOP				1, 4	111		
12/14/2011 Check# 2153	Type Notifical	tion		-	Street Addres			1)		11	- Approximate and a second	
Agencies Notified	I ppe Notifical				9 HARDING		DE !!!	DEC 1.6 201	!			
EPA EPA	☐ Amende	d Amer	ndmen		City, State, Zi			- 	f		The state of the s	
□ DEP	Emerger			W. S. C. C.	OAKLYN, N		-4	Ť.				
DOL DOL	justificat		naumy		Name of Con			Aubertus de Kull	Telep	hone	Numb	er
□ DOH	Cancella			- 1	DAVID D'A			Tagana			- 82	
DCA	L Cancella	20011			ACILITY IN		ION	STATE OF THE STATE	ġ43			
Name of Facility Where A	hatement is Ta	king DI	ace (3)	0.752	AOILI I IN	Jidirei		Type of Facility (4)	355	114		
		KING FI	uuu (U)					School (K-12)				
PRIVATE RESIDENCE	<u>, </u>							Subchapter 8 (Othe	r than	K-12)	
Street Address								Other (i.e., private &	com	merci	al build	dings
136 E. OAKLAND AVE	INUE					-		Square Feet	# of F	loors	Bldg.	Age
City (5)								neov. ■ 1000 1000 1000 1000 1000 1000 1000 1				
HADDON TWP.								Current Use (Prior if bei	ng der	nolish	ed)	
County								The second secon				
BURLINGTON	U	0	or (0)		ASCM No.	Name of	Abatement Cont	ractor (9)				
Name of Monitoring Firm	Hired by Buildi	ng Own	er (8)		ASCINI INU.			RONMENTAL INC.				
AMERITECH						Street A		NOTHIER TAD ITO.				
Street Address							CK FOREST R	OAD				
78 E. ATLANTIC WAY							te, Zip Code	UAD		_		
City, State, Zip Code						1		1				
LAVALLETTE, NJ 08		-				Telephor	TON, NJ 08691		Licen	se No).	
	roject Manager for Monitoring Firm Telephone N								0067			
RODNEY MORRIS			64-778			609-890			0007			
Start Date (10)	3/85	Sched	iuled C	Completi	on Date (11)		OSHA Monitor					
12/19/2011		12/19				N/A						
Occupancy Status During	Abatement (C	heck or	nly one	2)		Street A	aaress					
Facility Closed/Vaca	ited During Ent	ire Peri	od of A	Abateme	ent	0	- 7: 0::					
Abatement Performe	ed Outside of N	lormal F	acility	Hours		City, Sta	ite, Zip Code					
X EXTERIOR WORK								Full Containment w	ith Ne	gative	Pres	sure
Scope of Work (Check al	that apply)								THE LAC	Same		
$\square \ge 3 \text{ sf or } \ge 3 \text{ lf}$					Renova			Mini-Enclosure	-0			
≥ 160 sf or ≥ 260 lf					Demolit	ion		☐ Glovebag Procedur		Eriah	le Pro	redi
				44-535				Non-Exempted (*)			Type	
			Locat		-1		oton Containing		Abati	I		1
Location of Asbestos	-Containing		mally		Description	OM) (i.e.	stos Containing hermal systems	Amount (Specify SF or	Z	77	nc	E
Material (ACM) TO BE			Solely	by e/Custo		surfacing	, VAT, or other	LF)	Removal	Repair	Encapsulate	Enclosure
Facility (13			enance Staff?		insulation,	miscellane	eous)		val	₽.	ula	ure
		Yes	No	N/A						-	6	ب
EXTERIOR					TRANSITE	SIDING		1200 SQ. FT.	X			_
EXILITION												_
											_	<u></u>
Name of Registered Was	te Hauler			-1	NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered La	ndfill			
LUCAS DEMOLITION	N				22384		10 YDS	GROWS				
City, State							Disposal Date	City, State				
							12/21/2011	MORRISVILLE, PA				
HIGHTSTOWN, NJ		Title				Signatur	1 27-Mar	200	Date			
Completed By			SIDEN	JТ		1 1	ull. K	Terlesa	12/1	4/201	1	
DAVID D'ANDREA		ILVE	SIJEL	11		1/1000	7.1					

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

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

						*	- Property	ay da danak e Per	Languaging				
Date of Notification		Name of	Building Own	er/Operator (2)	[7:37]	Contracting the law of the law of	Action and the second second second	180000	m mag		r g	
1 12 1/11 13		FLORE	ENCE GOL	DSTEIN		[1]	EC		// /E	1	7		
Agencies Notified	Type Notificati	on Street Add	dress			ile (i		
☐ DEP	Amended	16 LO	WELL TER	RACE			DEC				1		
	Amendment #:	City, State	e, Zip Code					T G ZL		U)			
DOL DOL		BLOC	MFIELD,	NJ 07003			Constant		ţ				
□ DOH	(including justification)	Name of C	Contact				fuut_:	Telephon	e Numbe	r ş	-		
DCA.	Cancellation	FLOR	ENCE GO	LDSTEIN		Market Strategic		1 1/21/4	. (1	-			
			FAC	ILITY INFORM	MATION								
Name of facility w	here abatement is	taking place (3)					Туре	of Facility (4)				
EL OBENCE C	OI DETERM							Schoo	(K - 12)				
FLORENCE G	OLDSTEIN						-		apter 8 (C			(-12)	
Street Address									Private/C Homes, e		ercial		
16 LOWELL T	ΓERRACE						Squ		# of Floo	-	В	ldg. A	ige
City (5)		County (6)			Cou	nty Code (7)							
					(Sta	te use only)	Cur	rent Use (Pr	ior if beir	g den	nolish	ed)	,
BLOOMFIEL		ESSEX			<u> </u>		11_						
Name of Monitorin	ng Firm Hirea by E	siag. Owner (8)		ASCM No.		Name of Abateme		30.50					
						D & S RESTO	RATIO	N, INC.					
Street Address						Street Address							
City, State, Zip Coo	10				_	20 California City, State, Zip Coo						MATERIAL DE LA CONTRACTOR DE LA CONTRACT	
City, State, Zip Cot	je .		•										
Project Manager fo	r Monitoring Firm		Phone Numb	or		Paterson, NJ Telephone Numbe			License	Niumi			
Project Manager 10	in Monitoring 1 inn		r none numi	161		973-345-802			Parana Managaran	0159	Jei		
		10 1 10	E D-1- //	T		Name of OSHA M							
Start Date (10)	22	Sched. Comple	etion Date (1	1)		D & S Restor	ation, In	c.					
12/15/11		12/23/11				Street Address						-	
Occupancy Status						20 California	Avenue						
		entire period of aba of normal facility he				City, State, Zip Coo	de						- 6
Describe:			ours-			200000				- 10			
Other-Descri	ibe: NORMAL H	OURS			-	Paterson, NJ	07503						
Scope of Work (cl	ACT OF A PARTICULAR SOUTH A TOTAL SOUTH A CONTRACT OF THE PARTICULAR OF THE PARTICUL)					=	ntainment w	negative/	press	ure		
\boxtimes >3 sf or >3 lf	\boxtimes	Renovation				Ĺ		iclosure ag procedur	•				
≥160 sf or ≥2	260 If	Demolition				ř		cempted (*)		friable	proc	edure	ı
Location of		Is location normal		/	1870					R	R	Е	E
asbestos-co		by maintenance/c staff(12)	ustodial			sbestos-containing		Amount	- 22	e m	е	n	n
material (acr abated in fac			N/A	material	(ACM)			(Specify S LF)	- or	0	a	a	C
	, , ,	Yes No	IN/A							e e	r	р	-
BASEMENT				PIPE INSU				LFT		\boxtimes			
BASEMENT CRAWL	SPACE			PIPE INSU	ILATI	ON	5	LFT		\boxtimes			
Registered Waste F		NJDEP Haule 13506	ACCUPATION (1874)	ubic Yards of V VD	Waste	Name of Register TULLYTOWN			CONED	V		-	
City, State	diffor, five.		Disposal D			City, State	,,,,,,,,,,	ORCE RE	COVER	1		-	
PATERSON, N	J 07503		12/16/1			TULLYTOW	N, PA						
Completed by (Prin		Title		Signature		! 			Date		-		
BOGDAN JOL	DZIC	PRESIDENT							12/13/	11			
ACR A1	*	Do not use this for	m for asbesto	os licensure ex	emoted	activities							

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) D&S Proj. #: MS 11-434 Name of Building Owner/Operator (2) Date of Notification (1) DEC 16 2011 1 2 / 1 3 / 1 1 MEREDITH CARLETON Type Notification Agencies Notified Street Address | Initial ☐ EPA ASSESTOS CONTRUL & 1 AMBAR PLACE Amended DEP Liberton City, State, Zip Code Amendment #: DOL BERNARDSVILLE, NJ Emergency Telephone Number (including Name of Contact DOH. justification) MEREDITH CARLETON ☐ DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) MEREDITH CARLETON Other (Private/Commercial Street Address Biags./Homes, etc. Square Feet # of Floors Bldg. Age 1 AMBAR PLACE County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) SOMERSET BERNARDVILLE 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 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 12/28/11 Occupancy Status During Abatement (Check only one) 20 California Avenue City, State, Zip Code Facility closed/vacated during entire period of abatement. 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 □ Renovation \boxtimes >3 sf or >3 lf Glovebag procedure Non-Exempted (*) and Non-friable procedure ≥160 sf or ≥260 lf Demolition Is location normally used solely E е e n Location of by maintenance/custodial Amount n Description of asbestos-containing m p C asbestos-containing (Specify SF or staff(12) C material (ACM) a a material (acm) to be LF) V abated in facility (13) p N/A Yes No е 112 L FT \boxtimes PIPE INSULATION BASEMENT & CRAWL SPACE Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 2 YDS 13506 Disposal Date City, State City, State TULLYTOWN, PA 12/29/11 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 12/13/11 PRESIDENT **BOGDAN JOLDZIC**

Do not use this form for asbestos licensure exempted activities.

D&S Proj. #: MS 11-501

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

							[]	, 7	P 170 177	1 109 1	,=) [=-	< 1		
Date of Notification $1 2 /1 3 $			Name of B	- ETV	ner/Operator (2)	1			! \\ \\ \ \	5.			
Agencies Notified	Type Notificat	ion	Street Add									-	-	
☐ EPA	Initial	110							DEC 16	2011				
□ DEP	Amended				ISE ROAD									
⊠ DOL	Amendment #:	— II c	City, State	, Zip Code				4	5 4 5 7 6 OC	101 0				
M 200	☐ Emergency		GLEN	RIDGE, 1	NJ 07028				AUDICHUS CO	AUL G		-		
M DOH	(including justification)	Ñ	lame of C	ontact				- X45 ²⁷ -MA. (* 400)	Telepho	ne Numb	er			
☐ DCA		11	IACK	STERN										
	Cancellation	1	JACK		CILITY INFORM	IATION							6.	
11 - 11 - 11 - 1			(0)	FAC	DILIT INFORM	ATION	*	ПТ	ype of Facility	(4)				
Name of facility wh	ere abatement i	s taking pia	ace (3)					11'		ol (K - 12	!)			
JACK STERN									=	napter 8 (an K	-12)	
Street Address		****						7		(Private/			,	
										./Homes,				
215 STONEHO	USE ROAD							_ [Square Feet	# of Flo	ors	В	ldg. A	ge
City (5)		Cour	nty (6)	100 to 10		Cou	nty Code (7)	_						
						(Sta	te use only)		Current Use (F	Prior if bei	ng dem	olish	ed)	
GLEN RIDGE		ESI	EX			4 (00) (10)								9
Name of Monitoring	Firm Hired by	Bldg. Owne	er (8)		ASCM No.		Name of Abatem	nent Cor	ntractor (9)					
							D & S REST	ORAT	ION, INC.					
Street Address						-	Street Address				Y-20111-2			
							20 California	a Ave.						
City, State, Zip Code	9			-		-	City, State, Zip Co							
Oity, Otato, Esp Sout							Paterson, N.		2					
Desirat Manager for	Manitarina Ciro		17	Phone Num	hor	-	Telephone Numb			Licens	e Numb	or		
Project Manager for	wontoning Firm			Phone Muni	bei		973-345-80				00159	CI		
							Name of OSHA	ACCESSION .			00157			
Start Date (10)		Sched	I. Comple	tion Date (1	1)		D & S Resto		Ĭna					
12/28/11		01/03	2/12				Street Address	nauon,	IIIC.					
Occupancy Status D	Ouring Abatamar		0.0000000000000000000000000000000000000			_	0							
				tomont			20 California		ie					
	I/vacated during erformed outside						City, State, Zip C	ode						
Describe:			idollity 110	u. u	1000000	_		1 0750						
Other-Describ	e: NORMAL F	IOURS				-	Paterson, N.	J 0/50.	3			Value	-7,5-7,5	
Scope of Work (ch	eck all that appl	y)							Containment	w/negativ	e press	ure		
> 3 sf or > 3 lf	\boxtimes	Renovation	on						i-enclosure					
≥160 sf or ≥26	60 If \Box	Demolition	n						vebag procedi		ما ما ماد کا			
				y used sole	ı, l			☐ 140I	n-Exempted (*) and Nor	R	R	E	
Location of	toinina		enance/cu				-basing market		Amount		е	e	n	E
asbestos-con material (acm		staff(12)		water services	- Descripti		sbestos-containin	g	(Specify	SF or	m	р	С	l n
abated in faci		Yes	No	N/A	material	(, .0)			LF)		v	i	a p	L
-											е	r		_
ATTIC			\square		VERMICU	JLITE			1,000 SQ F	T		Ц	Ш	
V-1-14-14-14-14-14-14-14-14-14-14-14-14-1	The second secon					0.37,4733	100000 1200 1200							
				The same	1									
					1						П	П		
												$\overline{\Box}$	I	
Registered Waste H	auler	IN IDI	EP Haulei		 Cubic Yards of	Waste	Name of Registe	ered I a	ndfill	-			1	
D & S RESTORA			506	110#	15 YDS		TULLYTOW			ECOVE	RY			
City, State				Disposal	Date		City, State							
PATERSON, N.	J 07503			12/30/	11		TULLYTOV	WN, PA	1			-		
Completed by (Print		Title			Signature					Date	-			
BOGDAN JOLI		PRESID	ENT							12/13	3/11			
ASB-41		Do not us	e this forr	n for asbes	tos licensure ex	empted	d activities.	1000						

19 93 20 do 19 Paragon Job#

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

						In I	PEIN	7 12 12				
Date of Notification (1)	1	lame of Build	ling Own	er/Operator (2)			W IS II W				An and the An	
1 12 1/1 5 1/1 1		JK Manage	ement, L	LC		iiil						
Agencies Notified Type Notifica	ition S	treet Address	S				EC 16 201	1 11	11			
IIX Initial		1051 Bloo	mfield A	ive.		j	1 0 201	1	4			
DEP Amend	dment	City, State, Zip	p Code			I because	COTAG Onervana		1			
DOL Amendment #		Clifton, N	J 07014			L. Fior	LICENSHIROL	å.	r c			
DOH Emergency		ame of Conta		NAME OF TAXABLE PARTY.			Telepho	ne Numbe	J			
DCA Cance		Kelly Fitz	matrick				2001.2	A				
		itelly i liz	inche cons	LITY INFORM	ATION		L_					
Al (C. W. har shatement	io takina ni	202 (2)	17.00				Type of Facility	(4)				
Name of facility where abatement	is taking pi	ace (3)						ol (K - 12)				
Styretown Shopping Center (Unit # 314	1)					Subc	hapter 8 (C	ther t	nan K	-12)	
Streat Address					ASS PART			(Private/C		rcial		
1071 DI C. 14 A								# of Floor		RI	dg. Ag	10
1051 Bloomfield Ave.	T Cou	nty (6)			Cour	nty Code (7)	Square Feet 60,000 sf	03	S	60	ag. Ag	je
City (5)	Cou	iity (O)				nty Code (7) te use only)	Current Use (a den		ed)	
Clifton, NJ 07014	Pas	saic			(014		Shopping Co		g den	IUIISIII	ω,	
Name of Monitoring Firm Hired by				ASCM No.	- T	Name of Abatement	11 0					
**************************************	100					Paragon Contract	ing. Inc.					
N/A Street Address					-	Street Address						
Officer ridarioso						590 River Rd.						
City. State, Zip Code					-	City, State, Zip Code						
Ou): 21010; E-p 2-2-2						Clifton, NJ 0701	4					
Project Manager for Monitoring Fir	m	Pho	ne Numb	er		Telephone Number		License	Numb	er		
						(973) 614-1600		00748				
Scheduled Start Date (10)	TScher	d. Completion	Date (1:	1)	-	Name of OSHA Mon	tor					
Scheduled Start Date (10)			· Bate (·	',		Paragon Contrac	ting, Inc.				-	
01 04/2012		6/2012				Street Address						
Occupancy Status During Abateme						590 River Rd.						
Facility closed/vacated durin Abatement performed outside	g entire per	iod of abatem	nent.			City, State, Zip Code						
Describe:	C OI HOITHGI				_	CUG NI 0701	4					
Other-Describe:						Clifton, NJ 0701	4					_
Scope of Work (check all that app	oly)				_							
☐ Demolition ☐	Renovati	on			⊠ F	ull Containment w/neg	*C-10. C11.	Glove				
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	≥160 sf or	≥260 If				Mini-enclosure	Non-Exe	mpted (")	Non-f	riable	proce	dure
Location of		n normally us		/					R	R	E	Е
asbestos-containing	staff(12)	enance/custo	odiai			sbestos-containing	Amount (Specify	SE or	m	p	n c	n
material to be abated in facility (13)	Yes	No	N/A	material (ACM)		LF)	31 01	O V	a	а	L
	103	140	N/A						е	r	р	
Unit # 314			$\square X$	VAT/Masti	c		510 SF		X			
												닏
											Ш	
												Ш
						10						
Registered Waste Hauler		EP Hauler ID		ubic Yards of \	Vaste	Name of Registered					77.0	Mineri
Paragon Contracting, Inc.		161	isposal D	cyds		Tullytown/GRO	W 3					
City. State Clifton, NJ 07014	25		TBD	ale		Tullytown, PA						
Completed by (Print or Type)	Title			Signature		<i>Y</i>		Date			-	
Goran Lazevski	Presider	nt		1	//	K		12/15/	2011		water the same	
	_					200,000,000						_

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

Date of Notification (1) [12] (12] /[11]				ame of Building Owner/0 offmann-LaRoche	Opera	tor (2) (C) (E	<u> </u>		A CONTRACTOR OF THE PARTY OF TH		
(x) EPA	Type Notifica	tion	97.77	reet Address 10 Kingsland Street		N DEC	1 6 2011		1		
() DEP (x) DOL (x) DOH	() Initial Notificat (x) Amende			ity, State, Zip Code utley, NJ 07110		ASSLETO	S CONTROL A	<u> </u>	AND DESCRIPTIONS OF THE PERSONS OF T		
() DCA	Notificat () Cancellat		M	ame of Contact		Tallak	KAGAINImh	er "			
			FAC	CILITY INFORMATION	V	T CD	1:4 (A)	0.15	- VACABLE	_\mathre	
Name of Facility Where Abatemer Building 102	nt is taking Pl	ace (3)					(K-12) pter 8 (other				
Street Address "same as above"						{ X }Other (cial b	i.e.,private & uildings, ho				
								LDI	J. A.		700
City (5)	County ((6)		nty Code (7) ATE USE ONLY)		Square Feet Current use (# of Floor 5 Prior if bein		dg. Age		
			<u> </u>			labs & of	fices				
Name of Monitoring Firm Hired by Owner (8) E.H.I	Building A	ASCM N	lo.	Name of Abatement C POW/R/SAVE In		ctor (9)				0	
Street Address 655 W. Shore Trail					Wes	t Street					
City, State, Zip Code				City, State, Zip Code							
Sparta, NJ 07871 Project Manager for Monitoring Fi		ne Numl	her	Bloomfield, NJ 070 Telephone Number	03_	Lie	cense Numb	er 35	57	-	
Project Manager for Monitoring Fi	973-729-564	9	001	(973) 680-0088							
Scheduled Start Date (10) Sch [09] / [30] / [10]	n Date (2] ** Year		Name of OSHA Moni	tor	ı						
Occupancy Status During Abateme	ent (Check or	nly one)		Street Address							
of Abatement [] Abatement Performed Outside	ie of Normal	Facility		City, State, Zip Code				-11			1271
Hours - Describe:	230 pm		-								
Scope of Work (Check all that ap		11111							100		
And the second s	P-3)					Full Containme		ative F	ressure		
[] Demolition		[x]R	Renovat	ion		Mini-Enclosure Glovebag Pro-					
[] ≥ 3 sf or ≥ 3 lf [x] ≥ 160 sf or ≥ 260 l:						Non-Friable P					
[X] _ IOO M OI _ DOO N	Is			4					Abatem	ent Typ	
Location of	Locatio			Description of		Δπ	nount	R E	R	E N	E N
Asbestos-Containing	Used Solely	1		Asbestos-Containing Material (ACM)		7	ecify	M	E	C	C
Material (ACM) TO BE ABATED	By Mai			(i.e., thermal systems			For	O	P	A	L
In Facility	tenance			insulation, surfacing, VA	λT,	I	LF)	V	A	P	0
(13)	Custodi	200		or other miscellaneous)			A	I R	S	S
	Staff (1	2)					1.5	L	K	L	R
	Yes No	NA					1 1			100	E
throughout	no		Piping	& fittings		25 lf		x			
throughout			VAT/n	nastic		1000 sf		X			
Name of Registered Waste Haule	r NJDEP	Waste H	Iauler	Cubic Yards	Nai	me of Registere	d Landfill	14	-	-	
Waste Management	ID No 3			of Waste		ullytown Resou					
City, State Morrisville P	Α .			Disposal Date			ytown, PA,				
Completed By (Print or Type) ** Work days and quantities depe	ndent on othe	Title r trades		Signatur	e /h	In he		ate I	2/12/11		
Sharun Heno	re	own	ч	7	110	w					

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

B & G proj. #:	2011-253		(Pursua	ant to I	NJAC 8:6	0-7 and	d 12	2:120-7)	a square of facilities in con-		4942_				_
B & G proj															
Date of Notification	(1)	Name of I	Building Ov	vner/Op	erator (2)			4F		The same of the sa					
1 12 1/1 12	J/I <u>II</u> I	Samue						DEC DEC	16	7/111	12/1				-
Agencies Notified	Type Notification	Street Ad	dress			1	1	DEC	10	2011					
☐ EPA	✓ Initial		stervelt P				\dotplus	LOOPET	08.00	Nikul &	+				-
☐ DEP			e, Zip Code	е		1	C. realist	ASBEST LI	iceksi	NG &					_
DOL	Amendment	Passa	ic, NJ 070)55			L x	- to construction	Signatu v Nito	Telephone	Number				
⋈ DOH		Name of	Contact							3					
☐ DCA	☐ Cancellation	Samu	el Chait				=								_
		_11	F	ACILITY	/ INFORMA	TION							_		_
	L shotoment is ta	king place (3)							Туре	of Facility (4) I (K - 12)				
Name of facility w	here abatement is ta	King piece (-)								Subch	apter 8 (Ot	ther that	K-12	2)	
Samuel Chait										Other	(Private/Co	mmerc	al		
Street Address									Sau	are Feet	/Homes, et		Bldg	. Age	_
84 Westervelt	Place					County	, Co	nda (7)							_
City (5)		County (6)				(State			Cu	rrent Use (F	rior if bein	g demo	ished)	
		D-sesio						500	res	idential					
Passaic, NJ 0	7055	Passaic		TA	SCM No.	IN	Vame	e of Abatement	Contra	ctor (9)					
Name of Monitor	ring Firm Hired by Blo	ig. Owner (o)					В	& G Restoration	on, In	с.					_
n/a						S		et Address							
Street Address								5 Ryerson Ro					_		
City, State, Zip C	ode					C		State, Zip Code		25					
City, State, Zip C	ouc						Li	incoln Park, N phone Number	13 0 70	33	License	Numbe	er		
Project Manager	for Monitoring Firm		Phone	Number		11'		73-696-6869			0378				
								ne of OSHA Mor	nitor	X X					
Scheduled Start	Date (10)	Sched. Cor	npletion Da	ate (11)				& G Restorat	ion, I	nc.				-	
12/22/2011		12/22/20	11					eet Address							
Ossupancy State	us During Abatemen	t (Check only o	ne)				-10	05 Ryerson Ro	oad						
57 - W -1-	divocated during	entire period of	abatemen	ıt.			City	, State, Zip Cour	C						
Abatemer Describe:	nt performed outside	of normal facili	ty nours-				1	Lincoln Park, N	NJ 07	035					
Other-De	scribe:						_=								
Scope of Work	(check all that apply	1)				Пе	Full C	Containment w/n	negativ	e pressure	☑ Glov	ebag pi	ocedu	ıre	
☐ Demolition	on 🛛	Renovation						-enclosure	· ·		☐ Non	-friable	proce	dure	
\boxtimes >3 sf or	> <u>3</u> If	≥160 sf or ≥26		d a - 1 - 1/-								TR e	R	E n	E
Location	of	Is location no by maintenar	rmally use nce/custodi	a solely ial	Descri	ntion of a	asbe	stos-containing		Amour	nt fy SF or	m	р	C	n
asbestos	s-containing	staff(12)				al (ACM)				LF)	iy 01 01	° v	i	p	L
	n facility (13)	Yes	No	N/A								e	1	 	1
		-		X	pipe insu	lation				23 lf			ዙ	岗	卄
basement				X	pipe					40 lf		᠆┼	片	計	情
main room													計	情	T
		F											后	恄	
						of Mosts	a 11	Name of Registe	red La	indfill			1=-		
Registered Wa	aste Hauler		Hauler ID		ubic Yards 1 yard	or waste		Tullytown Re	sourc	e & Reco	very Cent	er			
B & G Rest	oration, Inc.	19563	, IDi	isposal			+	City, State					1		
City, State	ırk, NJ 07035			12/23/	2011		_	Tullytown, P			T Dat	te			
	(Print or Type)	Title			Signatur	е	4	Gordana Lun	na		10 100000	/12/201	1		
iordana L		Treasurer					0								

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

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 4940 2011-251 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 1 2 / 1 2 / 1 1 John Tironi DEC 1 6 2011 Type Notification Street Address Agencies Notified EPA 3 Highwood Terrace Initial City, State, Zip Code ☐ DEP ASBESTOS CONTROL & Boonton Township, NJ 07005 Amendment Telephone Number DOL Name of Contact DOH. Cancellation John Tironi ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial John Tironi Bldgs./Homes, etc. Bldg. Age Street Address # of Floors Square Feet 3 Highwood Terrace County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (5) residential Name of Abatement Contractor (9) Boonton Township, NJ 07005 Morris ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address n/a 105 Ryerson Road Street Address City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number 0378 Project Manager for Monitoring Firm 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 12/22/2011 12/22/2011 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code ☐ Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe: Other-Describe: _ Full Containment w/negative pressure Scope of Work (check all that apply) Non-friable procedure □ Renovation ☐ Demolition Mini-enclosure E ≥160 sf or ≥260 lf Ε >3 sf or >3 lf e e n Is location normally used solely n Amount m p C Description of asbestos-containing by maintenance/custodial (Specify SF or Location of 0 a a asbestos-containing material (ACM) staff(12) material to be N/A abated in facility (13) No Yes \boxtimes 114 lf pipe insulation 12 lf pipe insulation basement crawl space Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 2 yards 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA City, State 12/23/2011 Date Lincoln Park, NJ 07035 Gordana Luna Signature 12/12/2011 Completed by (Print or Type) Title Treasurer Gordana Luna

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

2011-236 Non Sub 8 B & G proj. #: Non Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 1 2 / 1 1 River Dell Board of Education Agencies Notified Type Notification Street Address ☐ EPA M Initial 230 Woodland Avenue DEP City, State, Zip Code Amendment DOL River Edge, NJ 07661 STUS Crelephone Number Name of Contact DOH. SING Cancellation Tom Bonfiglio ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12 River Dell Middle School Other (Private/Commercial Street Address Bldas./Homes, etc. Bldg. Age # of Floors Square Feet 230 Woodland Avenue County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) Bergen River Edge, NJ 07661 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 0057 AHERA Consultants Street Address Street Address 105 Ryerson Road P.O. Box 385 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Oceanville, NJ 08231 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 609-652-1833 Name of OSHA Monitor Eric Clarkson Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/30/2011 12/23/2011 105 Ryerson Road Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Other-Describe: 12/23 1:00pm-9:30pm & 12/26 - 12/30 7:00am-3:30pm Lincoln Park, NJ 07035 Scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \boxtimes >3 sf or >3 lf Is location normally used solely Ε e e n Amount n Location of by maintenance/custodial m Description of asbestos-containing p C (Specify SF or asbestos-containing C 0 staff(12) a a material (ACM) material to be LF) V abated in facility (13) No N/A Yes X 1812 sf VAT & Mastic Classroom 100B 1920 sf M VAT & Mastic Classroom 111 M 1920 sf VAT & Mastic Classroom 113 1610 sf VAT & Mastic Room 146 220 sf VAT & Mastic Faculty Cafeteria Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 110 yards 19563 B & G Restoration, Inc. City, State Disposal Date City, State 12/23/2011 - 12/30/2011 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Gordana Luna Completed by (Print or Type) Title 12/12/2011

Treasurer

Gordana Luna

State of NJ Notification of Asbestos Abatement

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

2011-236

B & G proj. #:

Sub Chapter 8 Date of Notification (1) Name of Building Owner/Operator (2) $\frac{1}{2}$ $\frac{2}{12}$ $\frac{1}{12}$ River Dell Board of Education Type Notification Agencies Notified Street Address EPA DEC 1 6 2011 Initial 230 Woodland Avenue ☐ DEP City, State, Zip Code Amendment DOL ASBESTOS CONTROL River Edge, NJ 07661 Telephone Number FILENSING Name of Contact DOH Cancellation ☐ DCA Tom Bonfiglio **FACILITY INFORMATION** Type of Facility (4) . Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) River Dell Middle School Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 230 Woodland Avenue County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) School Bergen River Edge, NJ 07661 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 0057 AHERA Consultants Street Address Street Address 105 Ryerson Road P.O. Box 385 City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Oceanville, NJ 08231 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 609-652-1833 Eric Clarkson Name of OSHA Monitor Sched, Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/30/2011 12/23/2011 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: Other-Describe: 12/23 1:00pm-9:30pm & 12/26 - 12/27 7:00am-3:30pm Lincoln Park, NJ 07035 Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 lf Is location normally used solely e Location of n by maintenance/custodial Amount asbestos-containing Description of asbestos-containing m D C (Specify SF or staff(12) 0 C material (ACM) material to be a а LF) v abated in facility (13) N/A Yes No 74 lf 冈 pipe & fitting insulation Classroom 111, 113, 146 Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center B & G Restoration, Inc. 19563 1 yards Disposal Date City, State City, State 12/23/2011 - 12/30/2011 Tullytown, PA Lincoln Park, NJ 07035 Signature Date Completed by (Print or Type) Title Gordana Luna 12/12/2011 Treasurer Gordana Luna

No check

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 42:120-7

Date of Notification	(1) / 11				Name of Kraft Foo	Building Owner + C	perator (2)		FI	10	
$\frac{12}{2} / \frac{09}{2}$	/				Street Ac		1	- u u			
Agencies Notified	Type of N	otificat	tion		2211 Rou	te 208 North			- 11	111	
☑ EPA DEP		Initial Amen				e, Zip Code New Jersey, 07410	I DEC	1 6 201	1 1	1	
☑ DOH			dment #	The second secon		Contact		Telepho	ne Numb	oer	
DOL DCA			gency w ellation	/ justification	PRANAV	DESAL	ASBESTOS	distance	CX		
I DOA		Carico	Silation	F.	ACILITY IN	FORMATION	Market and Control of the	1SING		J	
Name of Facility Wh	ere Abaten	nent is	Taking I	Place (3)		Type of Facility (4)	to define the very the property of	desperation of the property of the second	ly.	
Kraft Foods						☐ Schoo	I (K-12)			a realise and monthly.	
Street Address						☐ Subch	apter 8 (Other				
2211 Route 208						bldgs.	(I.e., private & , homes, etc.)				
City (5)	County (6)		County Code	(7)	Square Feet	# Of Floor	rs 3	Buildin	ıg Age	
Fairlawn	Bergen					1,000,000 Current Use (Prio	The second secon	•	+	40 +	•6
	1					Bakery/WAREHO				10,000	Wat September 2
Name of Monitoring	Firm Hired	by Blo	lg. Own	er (8)	ASCM NO	٥١			100		
						I VI Environmenta	Sanione Inc				
AET Street Address			-		l	LVI Environmenta Street Address	Services Inc.				
907 Doolittle Drive						Julean Address					
City, State, Zip Code)				======================================	462 Getty Avenue					
Bridgewater, NJ 088	07					City, State, Zip C	ode				
Project Mngr. For M	onitoring F	irm		Telephone Nu	ımber	000 - 111 07044					
Eric Houseknecth	(40)	10.1.	1.0	908-218-1108	14)	Clifton, NJ 07011 Telephone Numb	0.5	Licansa	Number		
Sheduled Start Date	(10)	ě .	1. Comp 12	letetion Date (1	/ 11	Telephone Numb	ei	License	Number		
-12 // -21	/	-	/	/		973-772-3660			1	00117	
Occupancy Status D						Name of OSHA N					
		ted Du	ring Ent	ire Period of		LVI Environmenta	Services Inc.				
Abatemer		-d O.,4-	ido of N	lormal Facility		Street Address					
	escribe:			ioilliai Facility		462 Getty Avenue					
	escribe: _			PM		City, State, Zip C					
Scope of Work (Che	ck All That	Apply)			Clifton, NJ 07011					
				_		F. II Cantainman	h with Nagative	Droceur	•		
Demolitio		1	Y	Renovation		Full Containment Mini - Enclosure	t with Negative	e Pressur	e		
						Glovebag Proced	lure				
						Non-Exempted (*) and Non-Fria	able Proc	edure		
Location o	ıf.		ls	т	Descrip	tion of		Abateme	ent Type		
Asbestos Cont		7.0	ation	As		Containing	- Ann	R		E	E
	Walio		rmally		Material	(ACM)	Amount	8.00	R	N	N
TO BE ABAT			sed			l systems	(Specify SF or LF)		E P	C	C
in Facility	/	0.7	olely Main-	10-2000-000-0	and the second s	facing, VAT, cellaneous)	SF OF LF)	V	A	P	0
(13)		3000	ance/	l or	outer mist	Jonanoous		A	l'î	s	s
		1	todial					L	R	U	U
			ff (12)						-	L	R
54//55/			NO N/A	DIDE MOULA	TION		60 LF		 		1
BAKERY BAKERY/G20			习 □	PIPE INSULAT			75 LF		$+ \forall$	十十	
DC WAREHOUSE				PIPE INSULAT		i de la	6 LF	V			
DO THE INCLUDED		Tit									
Name of Registered	Waste Hau	ler		NJDEP Waste		Name of Registe	red Landfill	icetic			
NEWARK CARTING				Hauler ID No. 4509	Yards of Waste						
City, State					Disposal						
NEWARK, NJ					Date	BETHLEHEM, PA	18105				
Completed by (Print	or Type)			Title		Signat	orure S	1 0	$\overline{\Omega}$	Date	
Stave Stiles				Project Manage	er	We	PPM 1	LU	V -	/ 12	2/15/11

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7) Date of Notification (1) Name of Building Owner / Operator (2) 11 Kraft Foods 12 09 Street Address DEC 1 6 2011 2211 Route 208 North Agencies Notified Type of Notification City, State, Zip Code **EPA** Initial [] Fairlawn, New Jersey, 07410 DEP Amended 7 Name of Contact Telephone Number DOH Amendment #_ Emergency w/ justification 1 DOL PRANAV DESAI DCA Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Kraft Foods School (K-12) Street Address Subchapter 8 (Other than K-12) 7 Other (I.e., private & cmmercial 2211 Route 208 bldgs., homes, etc.) # Of Floors **Building Age** County (6) County Code (7) Square Feet City (5) 1,000,000 Fairlawn Bergen Current Use (Prior if being demolished) 40 + Bakery/WAREHOUSE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO LVI Environmental Services Inc. AET Street Address Street Address 907 Doolittle Drive City, State, Zip Code 462 Getty Avenue City, State, Zip Code Bridgewater, NJ 08807 Project Mngr. For Monitoring Firm Telephone Number 908-218-1108 Clifton, NJ 07011 Eric Houseknecth Sheduled Start Date (10) Sched, Completetion Date (11) Telephone Number License Number 12 11 11 00117 973-772-3660 Name of OSHA Monitor Occupancy Status During Abatement (Check Only 1) LVI Environmental Services Inc. Facility Closed/Vacated During Entire Period of Street Address **A**hatement Abatement Performed Outside of Normal Facility 462 Getty Avenue Hours - Describe: __ MON-FRI City, State, Zip Code Other - Describe: ___ 7:00AM - 3:30PM 1 Clifton, NJ 07011 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure Mini - Enclosure >3sf or >3lf Glovebag Procedure ≥160 sf or ≥260 If Non-Exempted (*) and Non-Friable Procedure Abatement Type Description of Location of Asbestos Containing Location Asbestos - Containing R E R N Amount Normally Material (ACM) C C Used (I.e., thermal systems (Specify M E TO BE ABATED 0 P L insulation, surfacing, VAT, SF or LF) in Facility Solely ٧ A 0 or other miscellaneous) (13)by Main-S S tenance/ Α U U R Custodial R Staff (12) YES NO N/A ☐ PIPE INSULATION 60 LF BAKERY 7 PIPE INSULATION 75 LF BAKERY/G20 PIPE INSULATION 6 LF DC WAREHOUSE Name of Registered Landfill NJDEP Waste Cubic Name of Registered Waste Hauler NEWARK CARTING Hauler ID No. Yards I.E.S.I. 4509 of Waste City, State Disposal City. State Date BETHLEHEM, PA 18105 NEWARK, NJ

Signature

Date

12/09/11

Completed by (Print or Type)

Title

Project Manager

Name of Building Owner/Operator (2) Date of Notification (1) Donnelly Construction December 15, 2011 Type Notification Street Address Agencies Notified DEC 557 Route 23 South Initial **EPA** City, State, Zip Code DEP Amended Amendment # DOL Wayne, NJ 07470 Emergency (including Telephone Number Name of Contact LICE justification) DOH Cancellation Shahzad Khan DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Baltusrol Golf Club Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, X etc.) 201 Shunpike Rd Bldg. Age # of Floors Square Feet City (5) Somerset, NJ Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) golf club Somerset Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. 0021 The MACK Group, LLC AET Street Address Street Address 1500 Kings HWY N, STE 209 907 Doolittle Drive City, State, Zip Code City, State, Zip Code Cherry Hill, NJ 08034 Bridgewater, NJ 08807 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 00781 (973) 759 - 5000 (908) 218-1108 Eric Houseknecht Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) The MACK Group, LLC. 1/24/12 1/3/12 Street Address Occupancy Status During Abatement (Check Only One) 1500 Kings HWY N, STE 209 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Cherry Hill, NJ 08034 Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation \geq 3 sf or \geq 3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Encapsulate Maintenance/ (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No 6900 s/f transite Attic 5250 s/f contaminated fiberglass insulation _"_ 600 l/f _"_ pipe 45 l/f pipe 3rd floor Name of Registered Landfill NJ DEP Waste Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. GROWS / Minerva Enterprises 128 15939 Freehold / American Waste City, State Disposal Date City, State Morrisville, PA / Waynesburg, OH 1/24/12 Freehold, NJ / Warren OH Date Signature Title Completed by 12/15/11 President Mike Cooper

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

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



Date of Notification (1)	13 / 1	1			Building of Atlant	Owner/Operator (2 tic City	MINE C	EIVE				
Agencies Notified	Type Notification	n	1	Street A		ew Hampshire A	venue []E	C 1.6 2011				
⊠ DEP	☐ Amended			City, Sta	te, Zip C	ode	1		-			
□ DCA (NJAC 5:16)	Amendment			- 3	tic City,		1 4	The state of the s				
☐ DHSS	Emergency (-	Name of	f Contact		Tiob to	Telephone Number	er	No.		
(NJAC 5:23-8)	☐ Cancellation		-	City	of Atlan	tic City	Charles and the control of the control of]		
						FORMATION		and the contract of the second	etask,		•	
	Ab standard in Tak	ing Place /	3)	I AOI	LITT IIV	- Crain triois	Type of Facility (4	3)	- 24 2 - 44	rae .		
Name of Facility Where		ilig Flace (J)				School (K-12)					
Residential House							Subchapter 8	(Other than K-12)	سالدال ال			
Street Address							Other (i.e., privalent)	vate & commercia	bullain	gs,		
140 South New Ha	ampshire Avenu	ie er					Square Feet	# of Floors	Bldg	. Age	9	
City (5)							2000	2	50)+		
Atlantic City				T0	· Cada I7)(STATE USE ONLY)		or if being demolis	ned)			
County (6)				County	y Code (/)(STATE OSE ONET)	Vacant	3				
Atlantic	c selle conviene d'availle e d			100111	- 53.5	Name of Abateme						
Name of Monitoring Fin		g Owner (8	3)	ASCM N	lo.	Name of Abateme	ntbach Constru	ction Corporat	ion			
Health & Safety S	Services, Inc.						IIIDacii Constiu	Cuon Corporat				
Street Address						Street Address	Ctroot					
318 12th Street						500 East Luz						_
City, State, Zip Code						City, State, Zip C						
Hammonton, NJ						Philadelphia	, PA 19124	Tri Na		-		
Project Manager for M	onitoring Firm	2:	Tele	ephone N	10.	Telephone No.		License No.				
James Proctor			6	09-704-	8850	215-739-8166		00646				
Start Date (10)		heduled C				Name of OSHA N						
12 / 27	/ _11_	01 /	_0	3_/_	12	SAME AS A	BOVE					
Occupancy Status Du	10	heck only o	ne)			Street Address						
☐ Facility Closed/Vac	cated During Entire	Period of	Abate	ment								
Abatement Perform	ned Outside of Nor	mal Facility	y Hou	rs - Desc	cribe	City, State, Zip C	ode					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	k all that apply)	□ Re				Mini-En M Gloveba	ntainment with Neg closure ag Procedure empted (*) and No					
			Loca						Aba	atem	ent T	ype
Asbestos-Contain TO BE	tion of ing Material (ACM) <u>ABATED</u> acility I3)	Use Ma Cus	ainten stodia (12	lely by ance/ I Staff?	Asb (i.e., th	Description estos Containing M ermal systems insu VAT, or other miscellan	laterial (ACM) lation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No		_			750 SF		П	П	In
Exterior Siding					Trans		augus a	50 SF				
Foyer Flooring						Covering/Multi L		250 SF			7	
1 st Floor Kitchen	Floor		\boxtimes			Covering/Multi L	ayers	230 31		1		T
Additional Asbes						ttached/Page 2	Name of Regi	stered Landfill		ш	ഥ	
Name of Registered Diamond Huntb		on		NJDEP Hauler I 1968	D No.	Cubic Yards of Waste n/a	Minerva	Stered Landini	7			
City, State Philadelphia, PA	A 19124				IG.	Disposal Date n/a	City, State Waynesbu	urg, OH 44688	-tc			
Completed By (Print Charles F. Imbir		Title Projec	t Ma	nager		Signature	615		ate 12/	131	1/	/

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

CK# 26617

Date of Notification (1)	13 / _1	11		N	lame o	f Building ornia Vil	Owner/Operator (2 las Condominiu	m Association	CEIV	E	n		
Agencies Notified EPA	Type Notificatio	n		S		ddress South Ca	alifornia Avenue	231	NEC 1-0 000	-			
☑ DEP ☑ DCA (NJAC 5:16) ☑ DHSS	Amended Amendment Emergency			C		ate, Zip C			7EU 15 ZU	i			
DCA	justification)		9	N	lame o	f Contact		I A	Telephone Numb	er			
(NJAC 5:23-8)	☐ Cancellation	1			City	of Atlan	tic City						
	4.1				FACI	ILITY IN	FORMATION	in the said in the		Marine			
Name of Facility Where	Abatement is Tak	ing Plac	e (3)					Type of Facility (4)	tion in the	-asken	والإراء والمالية	
Residential House		0						School (K-12)					
Street Address					722 200			☐ Subchapter 8 ☐ Other (i.e., priv	(Other than K-12)	l buildi	nas.		
119 South Califor	rnia Avenue							homes, etc.)	rate a commercia				
City (5)								Square Feet	# of Floors	Bld	g. Ag	е	
Atlantic City								2000	2	000 000 E	0+		
County (6)				-1	Count	y Code (7	(STATE USE ONLY)	Current Use (Prio	r if being demolis	hed)			6
Atlantic								Vacant					
Name of Monitoring Fir	m Hired by Buildin	g Owner	(8)	TA	SCM N	No.	Name of Abateme						
Health & Safety S		3					Diamond Hui	ntbach Constru	ction Corporat	ion			
Street Address					-		Street Address				100 1000	MI PER	
318 12th Street							500 East Luz	erne Street					
City, State, Zip Code				-			City, State, Zip C	ode		7000-0			1
Hammonton, NJ							Philadelphia						
Project Manager for Me	onitoring Firm		T	elep	hone N	No.	Telephone No.		License No.				
James Proctor	officoring i iiii				9-704-		215-739-8166	3	00646				
Start Date (10)	Sc	heduled	Com	1553			Name of OSHA N	Monitor					
12 / 27_		01					SAME AS A	BOVE					
							Street Address						
Occupancy Status Dur ☑ Facility Closed/Vac					ent								
Abatement Perform	ed Outside of Nor	mal Faci	lity H	ours	- Des	cribe	City, State, Zip C	ode					
Scope of Work (Check	all that apply)		-										
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			Renov				Mini-End Gloveba	stainment with Neg closure ag Procedure empted (*) and Nor		re	34		
		-T	Is Lo	cati	on						atem	ent T	ype
Locati	on of	1	Nor sed S	mal	•		Description		Amount	D	Z	т	ш
Asbestos-Containi		100	/laint			(i.e. the	estos Containing M ermal systems insu	lation, surfacing,	(Specify	Removal	Repair	Encapsulate	Enclosure
TO BE A		C			Staff?	(1.0., 11.	VAT, or		SF or LF)	Val	7	nsd	Sur
(1:				12)	T	-	other miscellan	eous)				ate	O
	0	Ye	S	No	N/A					57			
Outside Exterior S	offit		-	<u> </u>		-	sulation		300 LF 80 SF			Ш	
Outside Exterior S	offit	. 🗆	12	<u> </u>		-	sulation Debris			-			-
Pipe Riser From B	oiler Room		-	3			sulation		40 LF				
Additional Asbest	os Material		0	\leq		See At	tached/Page 2			\boxtimes		Ш	Ш
Name of Registered V			Sta	10000	JDEP I	Waste D No.	Cubic Yards of Waste	Name of Regis	tered Landfill				
					19689	9	n/a	City, State					
City, State Philadelphia, PA	19124						Disposal Date n/a		rg, OH 44688	8			
Completed By (Print of		Title					Signajure	011.	1 A D	ate	1	1	
Charles F. Imbin	980 (8)	Proje	ct N	lan	ager		In	5/ NA	To (12	113	11	/_



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

Date of Notification (1)	-				uilding Ow][5-1	= 1 19	<u>L</u>		1	
12/14/11 Agencies Notified	Type Notification		St	reet Add				100		DEC	16 20)(1	11 120	+	\neg
EPA DEP DOL	Initial Amended Amendment		Ci	ty, State	, Zip Code ntville NJ	,	09		L	ASBES	TOS CONTR	0L &	7	1	
DOH DCA	Emergency (justification) Cancellation	including		ame of C lyan					and the second of the second o	Tele	phone Nilh	nhar			ð
Name of Facility Where Ryan Middleton / R	Abatement is Taking Residence	g Place (3)		FACILI	TY INFOR	MATIC	N [7 Sc	Facility (4))	er than K-12	2)			
Street Address 21 N Center Street		-				-		Ot etc	her (i.e. pri c.)	vate 8	Floors	al buildi	ngs,		š,
City (5) Merchantville NJ 0	8109		- 10	ounty Co	nde (7)		18.	1000 -	+	2 r if bein	ng demolish	35 ned)	+		_
County (6) Camden	nt.			STATÉ US	SE ONLY)				ment Cont		-356				
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		Perna	co Inc)	ractor	(3)				
Street Address							Street A PO Bo	ox 329	9						
City, State, Zip Code					0		City, Sta West		Code NJ 0809	91	7				
Project Manager for Mo	nitoring Firm		T	elephon	e No.	21/2/25/25	Telepho 856-7				License N 00727	10.			
Start Date (10) 12/26/11		Scheduled 12/28/11		pletion D	ate (11)			of OSHA	A Monitor						
Occupancy Status Duri							Street A	Address ox 32							
Facility Closed/Va Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of Ab mal Facility F	Hours	ent		_	City, St West		Code NJ 080	91					
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emoliti		* **			Mini	-Enclosure	e cedure	n Negative			re	
		ls l	ocati	on				1 NOI	-LXCIII picc	1 () (14 // 0// / // 0		Abat	emen /pe	t
Locati Asbestos-Containir TO BE A In Fa (13	ng Material (ACM) BATED cility	Used	ormáli Solei ntenar	y ly by nce/	Asbest (i.e.	os Con therma surfa	escription ntaining M al systems acing, VA miscellar	Material s insula .T, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
Base	ment	165		X		Duc	t Insula	ation			40 LF	x			
						wet v	wrap an	d cut					-		-
								ii .							
Name of Registered W United Containers			+	IJDEP W lauler ID 2459		Cubic of W	c Yards aste		Name of G.R.O.		tered Land	nii			
City, State Elm NJ							osal Date 28/11)	City, Sta Morris		J 19067				
Completed by Anthony T Perna		Title Presi	dent				Signatur	e				Date 12/14	1/11		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

	APPROV	(SE)
NL Dept	of Health &	Senior Services
18AL	signatur	1:09PM
Date:	11411	Ugiel manufacture

Check # 1254		(1	urs	uanı	O NJAC	3 8:60 and 12:	120)	Emerge	ney Vo	Hot	RI-	*
Date of Notification (1)	•			Nam	e of Buildi	ng Owner/Operate	it (2)	ris weigh		200.00		
12/12/2011				Brack	ha Sackt	on		FREIT	VI IS	F	1	1
Agency Notified	Type Notification		- 1	COLUMN TO THE PARTY OF THE PART	t Address	and a least a distance of the second of the			·/	#	1	_
& EPA	S Icital			35 B	elmont A	Avenue	1				Ш	- December
□ DEP	□ Amended				State, Zip			DEC 1 C O	211		11	
M DOL	Amendment #			Clift	on, NJ 0	7012	In El	DEC 16 26)	1	/	
S DON	Emergency (inclu juetification)	ding		200	e of Conte			Telephone Num	ber		-	••••
LI DCA	☐ Cancellation			Perci	na Sackt	on.	-	AS			1	
	.1					FORMATION		LICENSING			+	_
Name of Facility Mann	8 Abalament is Taking F	Inco (3)				PORMATION	Treasinf Engl	lity (4)		y (DAMARIN)		
	a whatamaur ta Tayling .	lace (5)						122	- other big	4.00, 11		
Private home								1-2)	4,4,7		tions.	خون
Street Address								er 9 (Other Ihan K-1 2) privale & commercia		2		
35 Belmont Avenue				22 U 55			homes, e		, Jonas B	•		
City (5)							Square Feet	# of Floors	Bldg. A	ge		
Clifton, NJ 07012								İ	Ĭ			
County (0)			1) (STATE USE	Current Use	(Prior if being derholl:	hed)			-
Passaic				ONE	n		1					
	m Hired by Building Ow	2000	ASCH	No.		Name of Abatos	nent Contractor	(9)			-	
Street Address		15:(0)		··· .		Gr Tech LLC						
- 1. CET 1104 (C3)						1						
City, Slate, Zlp Code						576 Valley Ro			A			
						Wayne, NJ 07	470					
Project Manager for Mo	inkoring Firm	Te	elepho	ne No.		Telephone No.	,	License No.			•	_
						973-638-1777		01127				
Starl Date (17)	Scheduled	Complet	ion Da	te (11)	Name of OSHA	Monitor		41.4			
12/12/2011	12/13/2011					Envirovision (Consultants,I	пс				
Occupancy Status Dur	ng Abelomant (Chack o	nly one)			-	Street Address				****		
S Facility Closed/Vace Abelement Performe Other - Describe:	ted During Entire Period d Outside of Normal Fac	of Abat	témen UfS	!		20-21 Wagara City, State, Zip	Code	g.#34A				
Scope of Work (Check	all that angle)					Fair Lawn, NJ	07410			10	350	
恩 >3 sfor>3 lf □ ≥160 sfor>260 lf	on contablet				novation molition	数 Mini 躍 Glov	Enclosure ebag Procedure	th Negativo Pressure ond Non-Friable Proce				
		1	Locat		7	O Man	CXVIII PIEC () a	To your ringue Proce		Abate	pe	nt
	lon of	1	d Sole		ĺ	Description			-	-		
Asbastos-Containi TO BE A IN Fa (1)	LBATED Idility	C	intena lustodi Staft? (12)	ai		stos Containing Me , thormal systema surfacing, VAT other miscellans	insulation.	Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Encosure
		You	No	N/A	1			I TO SECURE AND ADDRESS OF THE PARTY OF THE	-			
asement		i		x	Pipe in	sulation		120 L.F	×			
lasement				x		insulation		30 SF	×	ÍΠ	_	
										-		
Name of Registored Wa	tle Hauler	Lyst	י משר	leste t	i i	Cubic Year	Nec-11			<u>L</u>		
		ID I		-cole r	(au)cr	Cubic Yards of Waste	Mathe of Hell	stered Landfill				
Fr Tech LLC		002	370=				TDbel					
City, State		003	378 <u>5</u>			Dispusal Date	T.R.R.F. In			-	_	=
Vayno, NJ 07470						- iop com own	The second second	24 -				
Completed by	Titie				- +	Signature	Tullytown,			,_		
						Signature	1		sic			
. Jevtic sp-1	Owner	una fhi	Torm	Inc ar	bestop lice	- 12·	ASTC A	conad 112	/12/201	1		385

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

		(Fursuar	nt to NJAC 8:60 an	u 12.120)		= 1 E C E		W	1	1 100	
Date of Notification (1)		Name	of Building Owner/	Operator (2	2)		!_	7//	15	#	
12/12/	31		Ms. FEL	rue	PLL	TO					
	ype Notification		Address			DEC .	16	201	1	IL	
□ EPA ₽	Initial	2	82 WAR	2010	UC AU	E 1000	1 0	201	ı	Lone	
D DEP	Amended	City, S	State, Zip Code							1	
Z DOL	Amendment #	- TE	EAN ECIC	. 4.	5. 017	66 GASBESTOS	CON	TROL	gr.	-	
DOH L	 Emergency (including justification) 		of Contact			Telephone Num	ber	ù .	_	_	
The state of the s	Cancellation	Me	s. Phos	7		er b					
			CILITY INFORMAT		Singuesos -	- Samuel Control of the Control of t	ı î	14.	ustranjan.	-	
Name of Facility Where Ab		3)			Type of Facility (4	1)			135		
HS.	Prost				School (K-1:						
Street Address		MINES 201 - 1- 1-1-2-1				8 (Other than K-12)		linaa	h		
282 W	ARWICK	A-U E			etc.)	rivate & commercia	DUIIC	iings,	nome	s,	
City (5)					Square Feet	# of Floors	В	ldg. A	-	100	
County (6)	ic K.	50			2200	2		19	4	1	
County (6)			y Code (7)		Current Use (Pric	r if being demolishe	ed)				
BEN	CEN	(STATE	E USE ONLY)		KES	iden G					
Name of Monitoring Firm H) ASC	CM No.		f Abatement Con	Secretary Secretary Secretary					
	1.0			Best	Remova1	Inc					
Street Address				Street A	ddress						
				450	South R	iver St					
City, State, Zip Code					ate, Zip Code						
						.N.J. 07	60	1	32		
Project Manager for Monito	ring Firm	Teleph	none No.	Hackensack , N. J. 07601 Telephone No. License No. 201-329-7444 00388							
	. (× 0 - 0)										
Start Date (10)	Schedu	led Completion	n Date (11)	Name of	f OSHA Monitor		- TIPE				
12/29/11		12/30	1	Omeg	a Enviro	nmental S	er	vic	es		
Occupancy Status During A	Abatement (Check Only O	10	/ ``	Street A	ddress						
	7W		125	280	Huyler	St					
	d Dunna Entire Period of	Abatement			-	OPERALE I					
□ Abatement Performed	d During Entire Period of Outside of Normal Facilit	v Hours			ite, Zip Code			******		-	
□ Abatement Performed	Outside of Normal Facilit	v Hours		City, Sta			. (076	06		
Abatement Performed Other – Describe:	Outside of Normal Facilit	v Hours		City, Sta		sack ,N.J	. (076	06		
Abatement Performed Other – Describe:	Outside of Normal Facilit	v Hours		City, Sta	h Hacken				06		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥ 3 sf or ≥3 lf	Outside of Normal Facilit	y Hours		City, Sta	h Hacken Full Containme Mini-Enclosure	sack , N . J			06		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf	Outside of Normal Facilit	y Hours		Sout	h Hacken Full Containme Mini-Enclosure Glovebag Proc	sack , N. J	essur	re '			
Abatement Performed Other – Describe: Scope of Work (Check All T ≥ 3 sf or ≥3 lf	Outside of Normal Facilit	Renovation Demolition		City, Sta	h Hacken Full Containme Mini-Enclosure Glovebag Proc	sack , N . J	essur	re '			
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Outside of Normal Facilit Chat Apply)	Renovation Demolition		Sout	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	sack , N. J	essur	e cedure	ement		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of	Outside of Normal Facilit Chat Apply) Is a partial (ACM) Use	Renovation Demolition S Location Normally ed Solely by		Sout	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	sack , N. J	essur e Prod	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABAT	Outside of Normal Facilit Chat Apply) In the Apply State of Acceptance of Normal Facilit Chat Apply State of Normal Facilit Chat Apply State of Normal Facilit In the Apply State o	Renovation Demolition S Location Normally ed Solely by aintenance/	Asbestos Con (i.e. therma	Sout	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J nt with Negative Predure (*) and Non-Friable Amount (Specify	essur e Prod	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABATI In Facility	Outside of Normal Facilit Chat Apply) In the Apply State of Acceptance of Normal Facility In the Apply State of Normal Facility In	Renovation Demolition S Location Normally ed Solely by	Asbestos Con (i.e. thermal surfa	Sout Sout	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J nt with Negative Predure (*) and Non-Friable	essur e Prod	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABAT	Outside of Normal Facilit That Apply) If aterial (ACM) ED Outside of Normal Facilit Usu Ma	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12)	Asbestos Con (i.e. thermal surfa other r	Sout	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J nt with Negative Predure (*) and Non-Friable Amount (Specify	essur	cedure Abate	ement	Enclosure	
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management In Facility (13)	Outside of Normal Facilit Chat Apply) In the Apply Is a serial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff?	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Marsystems is cing, VAT miscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur e Pro	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABATI In Facility	Outside of Normal Facilit Chat Apply) In the Apply Is a serial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12)	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Marsystems is cing, VAT miscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J nt with Negative Predure (*) and Non-Friable Amount (Specify	essur e Prod	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management In Facility (13)	Outside of Normal Facilit Chat Apply) In the Apply Is a serial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12)	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Marsystems is cing, VAT miscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur e Pro	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Management In Facility (13)	Outside of Normal Facilit Chat Apply) In the Apply Is a serial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12)	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Marsystems is cing, VAT miscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur e Pro	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing M: TO BE ABATI In Facility (13)	Outside of Normal Facilit Chat Apply) In the Apply Is a serial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12)	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Marsystems is cing, VAT miscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of teerial (ACM) insulation,	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur e Pro	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABATI In Facility (13)	Outside of Normal Facilit That Apply) Is atterial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A	Asbestos Con (i.e. thermal surfa other i	Sout Sout Sout Sout Scription of taining Mail systems is cing, VAT, niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, or ous)	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur e Pro	cedure Abate	ement pe		
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABAT In Facility (13) BA 25000000000000000000000000000000000000	Outside of Normal Facilit Chat Apply) Is atterial (ACM) ED Yes Hauler	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A	Asbestos Con (i.e. thermal surfa other i	Sout Sout Sout Sout Scription of taining Mail systems is cing, VAT, niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, , or ous) Name of F	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur Removal	cedure Abate Ty	ement pe Encapsulate	Enclosure	
Abatement Performed Other – Describe: Scope of Work (Check All T ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Mi TO BE ABAT In Facility (13) BA 25000000000000000000000000000000000000	Outside of Normal Facilit That Apply) Is atterial (ACM) ED Yes	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A NJDEP Hauler II	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Scription of taining Mail systems is cing, VAT, niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, , or ous) Name of F	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF)	essur Removal	cedure Abate Ty	ement pe Encapsulate	Enclosure	
Abatement Performed Other - Describe: Scope of Work (Check All T □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Min Facility (13) BASSIVE (13) Name of Registered Waste DJM Transpo	Outside of Normal Facilit Chat Apply) Is atterial (ACM) ED Yes Hauler	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A	Asbestos Con (i.e. thermal surfa other r	Sout Sout Sout Sout Sout Sout Sout Scription of taining Marianing	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, or ous) Name of F	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF) 750 SF	essur Removal	cedure Abate Ty	ement pe Encapsulate	Enclosure	
Abatement Performed Other - Describe: Scope of Work (Check All T □ ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location of Asbestos-Containing Min Facility (13) BASSIVE Name of Registered Waste DJM Transpo	Outside of Normal Facilit That Apply) In the Apply Service of Normal Facilit That Apply) It that Apply Service of Normal Facilit It that Apply Service of Normal Facility Service of Nor	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A NJDEP Hauler II 2 2 3 9	Asbestos Con (i.e. thermal surfa other i Waste D No. Dispo	Scription of taining Marsystems is cing, VAT niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, or ous) Name of F Cumbe	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF) 750 SF	Removal ×	Repair L	ement pe Encapsulate	Enclosure	
Abatement Performed Other - Describe: Scope of Work (Check All T ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Mato BE ABAT In Facility (13) Name of Registered Waste DJM Transpo City, State South Kearny	Outside of Normal Facility That Apply) In that Apply (In that Apply	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A NJDEP Hauler II 2 2 3 9	Asbestos Con (i.e. thermal surfa other i Waste D No. Dispo	Scription of taining Marsystems is cing, VAT niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, or ous) Name of F Cumbe	sack , N. J nt with Negative Predure (*) and Non-Friable Amount (Specify SF or LF) 750 SF Registered Landfill rland Cou	Removal Y	Repair L	ement pe Encapsulate	Enclosure	
D Abatement Performed Other - Describe: Scope of Work (Check All T □ ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Manual Manua	Outside of Normal Facility That Apply) If atterial (ACM) ED Was Cus Yes Hauler Ort , Inc	Renovation Demolition S Location Normally ed Solely by aintenance/ stodial Staff? (12) No N/A NJDEP Hauler II 2 2 3 9	Asbestos Con (i.e. thermal surfa other i Waste D No. Dispo	Scription of taining Marsystems is cing, VAT niscellane	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted of iterial (ACM) insulation, or ous) Name of F Cumbe	sack , N. J Int with Negative Predure (*) and Non-Friable Amount (Specify SF or LF) 750 SF Registered Landfill rland Cou	Removal Y	Repair L	ement pe Encapsulate	Enclosure	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT ... (Pursuant to NJAC 8: 60-7 and 12: 120-7) Name of Building Owner/Operator (2) Date of Notification (1) 2 William Paterson University 1 Street Address Agencies Notified [X] EPA 300 Pompton Road Initial Notification City, State, Zip Code Amended Notification Wavne NJ 07470 [X] DOL Amendment# Name of Contact [X] DOH [] Cancellation John Urinvi [] DCA [] Emergency FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) 1 1 School (K-12) WPU- Shea Center Subchapter 8 (Other than K-12) Street Address 1 1 Other (i.e., private & commercial [X] buildings, homes, etc.) 300 Pompton Road of Floors Bldg. Age County Code (7) Square Feet City (5) County (6) (STATE USE ONLY) Current Use (Prior if being demolished) Wayne Passaic ASCM Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) 0030 J.R. Contracting & Environmental Consulting, Inc. **Environmental Connection** Street Address Street Address 1141 Route 23 120 North Warren Street City, State, Zip Wayne NJ 07470 Trenton NJ 08608 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00408 609-392-4200 973 628-9500 Roland Jones Name of OSHA Monitor Scheduled State Date (10) Scheduled Completion Date (11) 0 1 1 Enviro Vision Consultants, Inc. 6 / 0 1 Month Day Year Year Day Street Address Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours [X] Hours - Describe: 3:30p.m. - 1:00a.m. Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure Demolition 11 Mini-Enclosure Renovation 1 1 Glovebag Procedure $[] \ge 3 \text{ sf or } \ge 3 \text{ lf}$ 11 Non Exempted (*) and Non-Friable Procedure [X] \geq 160 sf or \geq 260 lf Abatement Type E Is Description of ' Location E C Asbestos-Containing R C Amount Normally Location of (Specify M E L Material (ACM) Used Ashestos - Containing 0 P 0 P (i.e., thermal systems SF or LF) Material (ACM) Solely by V S insulation, surfacing, VAT, A S Maintenance / TO BE ABATED U U Custodial or other miscellaneous) A I in Facility (13) L R L R Staff (12) Yes No N/A 3,400.00 X X Roofing Roof Section I Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste Hauler ID No. G.R.O.W.S 17819 J.R. Contracting & Environmental Consulting, Inc. City, State Disposal Date City, State Morrisville PA Wayne NJ 07470

Signature

Date

12/13/2011

Jerry Bijelonic

Completed by (Print or Type)

Title

Project Manager

* Emergency *

Type Notification

Initial

×

Name of Facility Where Abatement is Taking Place (3) Jackie & Evelyn Trower / residence

Name of Monitoring Firm Hired by Building Owner (8)

Occupancy Status During Abatement (Check Only One)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours

Amended

Amendment #

iustification)

Cancellation

Emergency (including

Date of Notification (1)

Agencies Notified

EPA

DEP

DOL

DOH

DCA

Street Address

County (6) Gloucester

Street Address

Start Date (10)

12/14/11

City, State, Zip Code

Project Manager for Monitoring Firm

Other - Describe:

Completed by

Anthony T Perna

Scope of Work (Check All That Apply)

N/A

532 Four Mile Branch Rd

Sicklerville, NJ 08081

×

12/13/11

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

Scheduled Completion Date (11)

12/16/11

				MATERIA ST. INC. N	A Salaharan dan	ALC: N	P	rint F	orn
CATION OF ursuant to N	JAC 8:60 and	12:120)	ASBESTOS CONTROL & LICENSING Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Square Feet 1000+ Current Use (Prior if being demolished) Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 License No. 00727						
Name of Bu Jackie &	ilding Owner/Op Evelyn Trow	perator (2 er / res	idence	D.F	 C 1 6 -	<i>m</i> 11	1	To the second se	
	Mile Branch	Rd		UL		.VII	llas	-/	
	le, NJ 08081				LICENSING		Para and the state of the		
Name of Co Jacki				Telep	none Number			mas -129	San Y
FACILIT	Y INFORMATI	ON	Type of Facility (4)					\neg
			School (K-1 Subchapter Other (i.e. petc.)	2) 8 (Othe rivate &	commercial				
			1000+	2		35+		;	
County Co	de (7) E ONLY)	_				d)			
ASCM N	No.			ntractor	(9)				
		City, S Wes	tate, Zip Code t Berlin NJ 08	091					
Telephone	e No.	856-	753-9800).			
ompletion D	ate (11)			r					
ement				N.					
ement urs	-	ASBESTOS CONTROL & LICENSING TION Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, etc.) Square Feet # of Floors Bldg. A 35+ Current Use (Prior if being demolished) Name of Abatement Contractor (9) Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Telephone No. 856-753-9800 Name of OSHA Monitor Pernaco Inc Street Address PO Box 329 City, State, Zip Code West Berlin NJ 08091 Full Containment with Negative Pressure							
ovation polition			Mini-Enclose	ure rocedure				e	
cation							Abate	ement rpe	
mally * Solely by enance/	Asbestos C	Description ontaining nal system	m of Material (ACM) ms insulation,		Amount (Specify	Re	R	Enca	Enc

≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitio				☐ M	ini-Enclosure	edure (*) and Non-Fri			e		
	Is	Locafic	on	Tion					Abatement Type				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	Normall d Solel intenar todial S (12)	y * y by ice/	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A						-		-		
Living room dinning room			х		F	loor Tile		800 sf	×	+		-	
												I	
	-		-										
Name of Registered Waste Hauler United Containers	H		J IJDEP V Iauler ID 2459	Vaste No.	Cubi of W	c Yards aste	Name of G.R.O	of Registered Landfill O.W.S.					
City, State Elm NJ						osal Date 6/11	City, Sta Morris	ite ville PA 1906	7 Date				
2 lited by	Title	1				Signature			10/12	/4.4			

President

12/13/11

			State	of New Jerse	v		And the second second			CAL MENTAL SA	emberry w	e of a constitute	un't
800	NO.	TIFICA (Pur:	ATION O	F ASBESTOS NJAC 8:60 an	ABATEM	ENT	IN F					2	
Date of Notification (1)		N:	ame of B	uilding Owner/6	Operator (2)	以一	DA		1	n		-
Agencies Natified Type Notification	W22-1-W	St	reet Add					DECT)	I (signal		V.	V)	AM
T EPA 🔯 Initial		36 000									T		=-
DEP Amended Amendment #_		TEAN	vicus Ni	ASBESTOS CONTROL &									
DOH Emergency (Ind	uding	N	ame of C	Contact 25 OWEA	<i>د</i> ة			Telano	ENSINE D	er			1
				TY INFORMAT		1	TE-VIE (A)	t					
Name of Facility Where Abatement Is Taking P	lace (3)				ļ		of Facility (4) School (K-12						
Ctmat Address						[Fee] 0	Subchapter & Other (i.e. pri	COthect	nan K-12) immerdal	bulldi	ngs, I	nomes	ŝ.
JG WAST FORAST AVE						E .	etc.)	# cf Fk			ig, A		
145									>	ک ا	-6		
County (6)			ounty Co	ode (ī) SE ONLY;		Curre	nt Use (Prior		demalishe	a)			
Birthan Name of Monitoring Firm Hired by Building Ow	ñer (8)	_	ASCM	No.	Name	of Aba	temer t Cont	racior (9)					
		į			A. M. Street		ontracting	inc.					-
Street Address							Il Road						
City, Stata. Zip Code					City. S Gler	tate. Z	ip Code k, N.J. 074	452					
Project Manager for Monitoring Firm	_	7	elephon	e No.		Telephone No. License No. 201-262-5841 00156							
Sten Data (10) S	chedule	Com	pletion D	ale (11)	Name	me of OSHA Monitor Omega Environmental Services Inc.							
Occupancy Status Buring Abatement (Check (אה One)	-		Street 280		ss er Street						
Facility Closed/Vacated During Entire Pe Abatement Performed Cutside of Normal Other – Describe:	riod of Al Facility	eatem Heurs	ent		Chy, S	State. 2	ip Code ack, NJ 07	7606	-				
Scope of Work (Gneck All That Apply)													
23 sfor≥3 lf 2180 sfor≥260 lf	The state of the s	enoval emoliki				Mi GI	II Containme ni-Englosure ovebag Proc on-Exempted	edure				п	
						1 NO	n-Exempled) and i	VUII-F 11801	- 7 100	Abak	ment	
Location of	:/	Locall omall	y		Desciption	n of				Type			-
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Mair	ntanar	Asbestos Containing tence! (i.e., thermal syster surfacing, V other miscelli			ns insulation. AT, or		(Spa	Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure
76	Yes	No	N/A							1.0		<u> </u>	-
BASEMENT BOILER SIER			×		PILE				5-6-	K.		-	-
	1				_							-	
			-		(1000)								
Name of Registered Waste Hauler		\ <u>+</u>	JDEP W		bic Yards Nast≘ /				et Landfill ehem La	ndfil	I Co	p.	
Rovic Transport City, State		12	20785		posal Pat		City, Stat	te hem, Pr	4 18015				
Riverdale, New Jersey 07457	True			13	Signatu		111		Da		1,1		
Completed by R. McDonald	10 10 10 10 10 10 10 10 10 10 10 10 10 1	ident			K	INI	0-21			12/	17	1	

^{*} Do not use this form for asbastos licensura exempted activities.

12434

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

				(Pursuant to [I.J.A.C. 7:26-2.12)			UT				111	
Date of Notification (1)					Name of Building Owner/Operator (2) Manylou Babbitt DEC 1 6 2011								
December 14,	2011	Notification	Type		Street Address								
Agencies Notified			- 30		119 The		rracel	ŧ .		TOS CO	MTROL	&	
() EPA		(X Initial Notification () Amended Certification () Cancelled			City, State, Zip		Tracci	0.41-	ASDES	LICENS	ING		
(X) DEP (A) DOL					Linden,		036		-	FIGURE	apirovia-	5192° and	
()DOH		800						Tel		- 5 Miles	SHORMON		
()DCA					Name of Conta	ou Ba	bbit	- (1.33)				_	
				FACILITY	INFORMATION	/45	100,400	An-					
Name of Facility Where Abate			3)		Type of Facility () School (K-1	2)							
Marylou Babbit	Resid	dence			() Subchapter (X) Other (i.e. p	8 (other th	an K-12)	an hami	oe etc				
Street Address	-							_					
119 Thelma T	errac	е			Sq. Feet30	00	# of Floo	rs					
2111121	ounty (6)		County C (State Us		Bldg. Age 50	+vrs							
Linden	Unio	n	(State Us	es Onivi	Current Use (p	rior if being	demolished)	resid	ence				
Name of Monitoring Firm Hire	Name of Monitoring Firm Hired by Bldg, Owner (8) ASCM No.				Name of Contractor (9) Finishing Touch A						2400		
n/a							FINISHII	ig ro	UCIT F	12063	3103		
Street Address			·		Street Address								
(100)					PO Box	400							
City, State, Zip Code					City State, Zipo	ode							
					Oceanpo	0400							
Project Manager for Monitorin	a Firm	Telephone Number			Telephone Nur	License Number							
rigios marma in the married					732-222		00040						
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSHA	Monitor							
			2/27/11		n/a								
12/27/11 Occupancy Status During Ab	atomost (-	Street Address								
M Encility Closed/Vecated D	urino Enti	re Period of A	batement			S. C.							
() Abatement Performed Out	tside of N	ormal Facility	Hours -		City, State, Zio	Code							
Describe					. J								
Other - Describe													
Source of Work (Check all the	at apply)												
() Demolition (x) Renova	tion							1015	ACM				
/ Llama Proj /2160 SE or >	260 LF A	CM) (X) SM P	roj. (>25<16	80 SF or >10 <	:250 LF ACM) (Glovebag Procedur) Minor Pr	oj. (<25 SF o	r < 10 LP	ACIVI)				
() Full Containment with Ne Location of Asbestos-	Is Lac	ation Normal	y Used	Description	of ACM (i.e.	Amount (Specify SF o	rLF)	Abates	ment Typ	æ		
Containing Material (ACM) in	Solely	by Maint./Cu	by Maint./Custodial thermal systematics			ems insulation, AT, or other							
Facility (13)	Staff?		NA	miscell.)					Rem.	Rep.	Encap	Enclose	
Basement			X	TSI		65 L			X		_	+	
	-	-	-										
		_										1	
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler	ID#	Cubic Yards o	Waste		Name	of Reg.	S N	orth	Landfil	
Finishing Touch		120)58		1							_andi	
City, State		1 12					Disp. Date		1	City, Stat	te		
A STATE OF THE PARTY OF THE PAR	7757	0/100					12/28	/11	N	Iorris	ville,	PA_	
Oceanport, NJ 07	1131-	Title			Signature	. 1		Date			89 8		
Countries of Limit of Line	55				1 1	011.11	Ma a	40	14 4 14				
Joseph P. Miller		Presid	lent		Joseph	riwa		12	/14/1	11			
	CANANA				7			CHMO	BUNNA	DOCSVA	SBEST	os	
Mail to: NJDEP-DSHW-BF 401 E. State St., P Trenton, NJ 08625	0 414	Telephone	609-984-6	520	/ '			9/18/00	2007	2000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		