UN 604612

D&S Proj. #: MS 12-427

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

The same of the sa							Min -		Care 1-7-2				
Date of Notification (1)		E ar		ner/Operator (2)			UZIU.	EC 17 PM	2:50				
Agencies Notified   Type Notifi	cation		S MURPI	ΙΥ			**** · · ·		۲. ٦٤				
EPA Initial	Cation	Street Add	ress			· 34		LICENSING	TRai				
DEP Amended			NTRE ST	REET			(IX	LICENSING	, rep				
DOL Amendment		City, State	, Zip Code										
Emergen	су		EY, NJ 07	110		-							
DOH (including justification		Name of C	ontact					Telephor	ne Numbe	er			
☐ DCA ☐ Cancellat	ion	MIKE	MOSCAR	RA .									
		*****	FAC	LITY INFORM	ATIO	N					-		
Name of facility where abatement	nt is taking	place (3)					TT:	Type of Facility (	(4)				-
DENNIS MURPHY								=	ol (K - 12	53			
Street Address							$\dashv 1$		apter 8 (			(-12)	
								Other of Bldgs.	(Private/0 /Homes,	comme etc.	ercial		
276 CENTRE STREET							_	Square Feet	# of Floo	ors	В	ldg. A	ge
City (5)	Co	ounty (6)				unty Code (7)	71 L						
NUTLEY	F	SSEX			(St	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired b	1			ASCM No.	-1	Name of Abatem	nent Co	intractor (9)					
		. ,		7.0011110.	- 1	D & S REST		8850					
Street Address					-	Street Address	OKAI	TION, INC.					
					- 1	20 Californi	a Ave						
City, State, Zip Code					-	City, State, Zip C			****				************
;					į.	Paterson, N.	J 0750	3					6
Project Manager for Monitoring Fi	rm	P	hone Numb	er	-	Telephone Numb			License	Numb	er		
						973-345-80	020		(	1169			
Start Date (10)	Sch	ed. Complet	ion Date (1	1)	_	Name of OSHA I							
12/12/12	12/	20/12				D & S Resto	ration	, Inc.					
Occupancy Status During Abatem			-		-	20 California	A						
Facility closed/vacated during			ement.			City, State, Zip C		ue					
Abatement performed outside	de of norma	al facility hou	ırs-		- 1	Oity, State, Zip O	ouc						
Describe: NORMAL	HOURS				-1	Paterson, N.	J 0750	3					
Scope of Work (check all that ap	ply)						Full	Containment w	/negative	press	ure		
☐ > <u>3</u> sf or > <u>3</u> lf	Renova	tion					Mir	ni-enclosure					
≥160 sf or ≥260 lf	7 Demoliti	on						vebag procedur					
Location of	Is locati	on normally	used solely	ή	_		NO	n-Exempted (*)	and Non-	R	R	E	Τ
Location of asbestos-containing	by main	tenance/cu		1	n of a	asbestos-containing	a	Amount		e m	е	n	E
material (acm) to be abated in facility (13)	staff(12		T	material (A			-	(Specify S	F or	0	p a	c a	C
abated in lability (10)	Yes	No	N/A				-63	",		v e	i	р	-
ATTIC				ASBESTOS	PA	PER INSULATI	ON	1,020 SQ FT		X			
Registered Waste Hauler D & S RESTORATION, INC		SEP Hauler	ALCOHOLD THE STATE OF	ubic Yards of W yds	aste	Name of Registe TULLYTOW			COVER	Y			
City, State			Disposal D		-	City, State	. 1, 1(1)	JOUROD KE	OU TEN				
PATERSON, NJ 07503			12/14/12			TULLYTOW	/N, PA	v Ž					5
Completed by (Print or Type)	Title			Signature		,			Date				
BOGDAN JOLDZIC	PRESII								12/10/	12			
ACD 44	* Do not u	se this form	tor ashesto	s licensure exer	noted	1 activities							

## CK 1161

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

Date of Notification (1)								RECEI	1 pose	n		
11/			Name	of Building	_ /	Operator (2)		Order &	W hen	las.		
Agencies Notified Type Notification			Street	Address	4 (	>	78	17 DEC 17	Dir s			
EPA Initial			4	000	1	ADL	EY .	PDEC 17	PM 2	: 54	)	
DEP Amended Amendmen	##	•	-	State, Zip C	Code	/	4	18[3] (US_(	JALT	201	0	
Emergency	(includin	9		uTH of Contac	<u> </u>	LAIN	FIELD	& INCOM	3196	10	80	2_
DCA justification Cancellation			0	EORG	T	VILA.	An	Telephone	Number	- A A	100	11
				CILITY IN			<u> </u>	6				
Name of Facility Where Abatement is Takir	g Place	(3)				Ту	pe of Facility	(4)				
PSE4G Street Address							School (K-					
1	~~	_					Subchapte	er 8 (Other than he private & comme	(-12)	ممالات		
dos WALTER City (5),	5/		7.			L	etc.) ·		erciai bu			nes,
							uare Feet	# of Floors		Bldg.	Age	200
County (6)			County	Code (7)		4	180× 3801	ior if being demo		1980	55	YRS
UNION				USE ONL		``			sished) STA	7'	2000	**
Name of Monitoring Firm Hired by Building	Owner (8	)	ASC	M No.		Name of A	batement Co	ntractor (9)	5/1	110	N	-
Environmental Tactics			004	5		UNIQUE	SYSTEM	S OF AMERI	CA			
Street Address						Street Add			~			-1-00
64 Broad St			9				ITEHEAD	AVE				
City, State, Zip Code Matawan, NJ 07747						City, State SOUTH	, Zip Code RIVER, N	J 08882	B			
Project Manager for Monitoring Firm			( - ) - ( ) ( ) ( ) ( ) ( ) ( )	one No.		Telephone	No.	License	No.			
Tom Geiger Start Date (10)	0.1.1			90-2217		732-432		01111				
12/27/12	Scheau 12	ed Col		Date (11)			SHA Monitor SYSTEM	S OF AMERI	CA			
Occupancy Status During Abatement (Chec	k Only O	ne)	//-			Street Add						
Facility Closed/Vacated During Entire I	Period of	Abater	nent	Hi8		396 WH	ITEHEAD .	AVE.			*	
Abatement Performed Outside of Norm Other - Describe:	ial Facilit	y Hour:	Shina	sero Tas	,	City, State,						
Scope of Work (Check All That Apply)	/		77			SOUTH	RIVER, N.	J 08882				
≥3 sf or ≥3 lf	[V]											
≥160 sf or ≥260 lf	_	Renova Demolii					·ull Containm ⁄lini-Enclosur	ent with Negative	Pressu	ire		
						X c	Slovebag Pro	cedure				
	lo lo			T			on-Exempted	d (*) and Non-Fri	able Pro			
Location of		Locati Normal			Dan					Abate	pe	ι
Asbestos-Containing Material (ACM)		d Sole intena		Asbes	tos Conta	cription of aining Materi	ial (ACM)	Amount			m	
TO BE ABATED In Facility	F	todial S		(i.e.	thermal	systems insuing, VAT, or	ulation,	(Specify	Re	Z	inca	E
(13)		(12)			other m	iscellaneous	5)	SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A						<u> </u>		ate	6
FROM RELAY PANEL		X		ACM	(1): P.F	SOCKE	CONDUIT	30 LF	1×			
				101	wire,		LO IODQ. 7	20 01	+			$\vdash$
								49 1	+		-	-
						-			-			-
Name of Registered Waste Hauler		I N	JDEP W	/aste	Cubic Y	'ards	Name of I	Registered Landf				
WASTE MANAGEMENT		H	auler ID		of Wast		GROWS		ш			
City, State			25		Dia	/		1				
ELIZABETH, NJ				5 2	Disposa 12	18/12	City, State	SVILLE, PA				
Completed by 4	Title				Sic	nature			ate /	,		
Carol Laine	1	les	- me	da.		/ BA	e Lac		12/	2/	11	
	17		-14	70.		-wa	Zul	1100	/'	7	4	

CK #24993

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

			(Pu	rsuant	to NJAC	8:60 and 5:16)	R	CEIVEL	٠,			
Date of Notification (1)	/14/12	<del></del>	T	Name	of Building	g Owner/Operator	Mrs. Hlavac	eķ				
Agencies Notified	Type Notification	on	7	Street	Address	30	East Welling		54			
DEP DOL	Amended Amendmen		. 1	City, S	tate, Zip C	ode Pen	nington, NJ	DASSANSING	OL.			
M DOH □ DCA	☐ Emergency justification ☐ Cancellation	1)		Name	of Contac			Telephone Number				_
				FAC		ORMATION						
Name of Facility Where	Abatement is Tal	king Place esidence	(3)				Type of Facility  School (K-1)	2) ·		- 5000		
Street Address	30 East	t Wellin	g Av	e e			Subchapter Other (i.e., p	8 (Other than K-12) private & commercia )	l build	lings,		
City (5)		nningto					Square Feet 1600	# of Floors	Ble	dg. A 7	ge O	
County (6)	Mercer	mingle	-	Coun	ity Code (* ONLY)	7) (STATE	Current Use (P	rior if being demolisi Residence	ned)			
Name of Monitoring Firm		ng Owner	_	ASCM	No.		nent Contractor (9 vens Environ	mental Service	s, In	c.		
Street Address			— L			Street Address						_
City, State, Zip Code	PO Box 3	341		_		City, State, Zip C		30x 322				7r.X.
C	rosswicks, N	IJ 08515						n, NJ 08501			_	
Project Manager for Mo William W	nitoring Firm Veisgarber Jr.		0.000	phone 9) 29	No. 8-4070		59-9688	License No.	0493	3		
Start Date (10) 12/26/12	So	heduled C	omple 2/28/		te (11)	Name of OSHA		IECS				
Occupancy Status Duri		Check only	one)			Street Address	PO I	3ox 341	0000			
☐ Abatement Performe  ☐ Other - Describe:	ed Outside of Nor	rmal Facilit	y Hou	rs		City, State, Zip (	Code	ks, NJ 08515				
Scope of Work (Check	The second secon											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovati emolitic			☐ Mini-Er	entainment with Ne nclosure pag Procedure	on-Friable Procedur	۵			
			ocatio			NOII-LA	tempted ( ) and iv	OII-I Hable I Toocaa	1		ment	
Location Asbestos-Containing TO BE ABA IN Facili (13)	Material (ACM) ATED	Used Mair Co	ormally I Solel ntenan ustodia Staff? (12)	y by ice/ al	Asbes (i.e.	Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				1101.5	-		w	
Basem	ent	_ _		×		Pipe Insula	tion	110LF	×			
		_		-					1			
Name of Registered W. Stevens Environ		ices Inc	1	JDEP Tauler II		Cubic Yards of Waste 2CU	Name of Reg	istered Landfill T.R.R.F., In	ıc.			
City, State	Allentown	2007-00/	-1.	10.		Disposal Date 12/28/12/	City, State	Tullytown,		12		
Completed By Mahlon E. St	lia I	Title	roiec	t Mar	nager	Signature		Date	12/1	4/12	2	
Ivialifoli E. S	IC V CITS		Oloc	· 11101	14501	- 1 <del>////</del>						

Page 1 of 1

Check # 1327

Name of Building Owner/Operator (2) Date of Notification (1) Plainfield Public School 12/12/2012 2812 DEC 17 PH 2: 48 Street Address Agencies Notified Type Notification 920 Park Ave **EPA** Initial City, State, Zip Code Sida CUNTROL Amended DEP & LICENSING Plainfield, NJ 07060 Amendment # × DOL Emergency (including × Telephone Number Name of Contact justification) DOH Harold Gee Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Plainfield Cedarbrook K-8 Center School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, 1049 Central Ave etc.) Bldg. Age # of Floors Square Feet City (5) 40+ 125000 3 Plainfield Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Union Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) GL Group, Inc 00003 TTI Environmental Inc Street Address Street Address 140 Hamburg Turnpike 1253 North Church St City, State, Zip Code City, State, Zip Code Bloomingdale, NJ 07403 Moorestown, NJ 08057 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm 01084 (201)710-9725 856-840-8800 Mary Ellen Leotta Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) GL Group, Inc 12-15-2012 12-14-2012 Street Address Occupancy Status During Abatement (Check Only One) 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Bloomingdale, NJ 07403 Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf Mini-Enclosure Demolition ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (\*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Used Solely by Amount Asbestos Containing Material (ACM) Encapsulate Asbestos-Containing Material (ACM)

<u>TO BE ABATED</u> Maintenance/ (Specify Removal Repair (i.e. thermal systems insulation, Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)N/A Yes No X 4 LF Pipe Insulation X Girls Restroom adjacent to cafeteria Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler of Waste Hauler ID No. Grows TBD GL Group, Inc 0033034 City, State Disposal Date City, State Morrisville, PA TBD Bloomingdale, NJ Date Signature Title Mis Alle Completed by 12/12/2012 P.M. Michael B Solakov

### CHECK # 10012 TD BANK.

### STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

Date of Notification (1)				Name of B	ilding Owner/C	Operator (2)	RECE	11/2	·· Fu		
12/11/2012				Mich	ael and K	aren Boro	DISKY				
Agencies Notified	Type of Notific	ation		Street Add	ess	21	12 DEC 17	DM .	^ · ·		
) <del></del>				221 I	ong Hill D						
(X)EPA	(X) Initial I			City, State,	Zip Code	6	& LICEN				
(X) NJDEP	( ) Amend						20190	UUH	RAI		-
(X) NJ DOL	Fig. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	dment #		Short	Hills,NJ 0	7078	e LICEN	SING			
(X)DOH		ency (includir	ng [	Name of C	ontact		I	el. Num	ber	(Million)	
( ) DCA	justific		1	Mic	hael Borof	sky	1				
	( ) Cance	lation									
			ACILITY	INFORMAT							
Name of Facility Where Abateme	ent is Taking Place	(3)	1	Type of Fa							
Residential Property				( ) Subcha	oter 8 (other th	an K-12)					1
				(X) Other (i	.e. private & co	mmercial blo	dgs., homes, etc	C.			
Street Address				88 88 			•		00		
1 Minnisink Road				Sq. Feet:	5000	# of Floors	2	Bldg. A	ge <u>60</u>		
City (5)	County (6)	County Code	e (7)		· · · · · · · · · · · · · · · · · · ·	ام مرام المسام	٠.				10
	200	(State Use C	only)	Current Us	e (prior if being	aemoiisnea	):				
Short Hills	Hudson		1			- 1000					
Name of Monitoring Firm Hired b	v Bldg. Owner (8)	ASCM No.		Name of C	ontractor (9)			9.992			
N/A		N/A		ISES, Ir	ic.				0.000		
				Street Add							
Street Address N/A			- 1		idson Aver	nue					
				City State.							
City, State, Zip Code N/A				Union (							
	T-1	Number		Telephone				Lic	cense N	umber	
Project Manager for Monitoring I	Telephone (201) 32			(201)32					1124		
David Camacho			(4.4)		SHA Monitor						
Scheduled Start Date (10)		Completion Date	2(11)	ISES, Inc							
01/05/2013	01/06/20										7
Occupancy Status During Abate	ment (Check only	one)		Street Add							
( ) Facility Closed/Vacated Di     ( ) Abatement Performed Out	uring Entire Period	cility Hours -		3300 H	ıdson Avei	iue					
(X) Other - Describe: Unocc	unied during abate	ement		City, State	Zip Code						
( X ) Galler Bosonibo. Gallet	-p			Union (	City, NJ 07	087					
Source of Work (Check all that a	anniu) (	) Demolition			) Renovation						
Source of Work (Check all that a	apply) (	, Bennemaen		<b>№</b> 1000000							
( ) Minor Project (< 25 S	For < 10 LF AC	M)					Negative Pres	ssure			
(X) Small Project (>25 <	160 SF or >10 <	260 LF ACM)		( X	) Mini-Enclo	sure					
( ) Large Project (>160 S	F or > 260 LF A	CM		(	) Glovebag	Procedure	I Nan Erioblo	Drocoo	luro		
`			T		) Non-Exem iption of ACM	pted (*) and	Non-Friable Amount	Proced	bateme	nt Type	_
Location of Asbestos-	Is Location N	ormally Used intenance or	601	Desci tharmal syst	ems insulation,	surfacing.	(Specify SF	,	- T	, , , po	
Containing Material (ACM) To be Abated in Facility (13)	Custodial		(1.6.	VAT, or oth	er miscellaned	ous.)	or LF)			m	m
To be Abated III I donty (10)								Remova	20	Encapsulate	Enclosure
			1					Non	Repair	uso	OSL
1	YES N	O N/A						8	-	ate	le le
	YES N	14/5	<u>L</u> .					1			
Basement		X	TSIP	ipe Insulatio	n		90 LFT	X			
							<b></b>	<b></b>			
									-		
	L	ED Wests Have	Dr. ID #		Cubic Yards	of Waste	Name of Reg	. Landfi	11		-
Name of Reg. Waste Hauler		EP Waste Haule	# 111		1	. 11000	Cumberla			Landf	ill
Vision Transport		393	T B:	Dete	1		City, State		, miley		
City, State	3.77 0.00	20	Disp.				Newburg.	РΔ 1	7242		
2 Fish House Road, Ke		52		06/2013				1 41 1	7272		
Completed by (Print or Type)	Title		Signa	ture	1	>	Date				
7 7 1	Danie of C	unowinos		1	PAL		12/11/201	2			
Jorge Delgado	Project S	upervisor	1	1	1		1			All Const	



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

						<b>7</b>		F	15.00	1 1 1 2 1	r Marie .	
Date of Notification (1)					Name of Build		Operator (2)		14. 4.	CHY	in las	
12/14/12					Atlantic City E	Electric						
Agencies Notified		Notification	Type		Street Addres	s		1812	JEC I	7 PM	2.0	
<u> </u>		- I TO UNIO OLI OLI	1100		5100 Harding				10.7	7 PM	5: (i	3
(X)EPA		( ) Initial No						About	W., .	ENSIN		
(X)DOL		(X) Amend		ation	City, State, Zi		4.5	\$	110	5 C U A	TRA	1
(X)DOH ()DCA		( ) Cancelle	90		Mays Landing	, NJ 08330		,	LIU	INSIM	G	la.
( ) BON	3				Name of Cont	act		Tel. Ni		2/2 25-0		
					Rachel Edelst			161.141	11 11 11 11			
				FACILITY IN	FORMATION			<u> </u>				
Name of Facility Where Abate	ment is T	aking Place (	3)		Type of Facilit							
Fern Substation					( ) School (K-							
Street Address					( ) Subchapte ( X ) Other (i.e	er 8 (other th	ian K-12)	ldaa bau				
6206 Wisteria Road					( A ) Other (i.e	. private &	commercial b	lags., nor	nes, et	.C.		
0_00 111010114 11044					Sq. Feet 20	000	# of Floo	ors				
	unty (6)		County C									
Wildwood Crest	Cape M	ay	(State Us	se Only)	Bldg. Age 50+		المحادثات معادلة	0	.: /D-			
Name of Monitoring Firm Hired	hy Blda	Owner (8)	ASCM N		Current Use (	buor ii peirié				s. Home	S	
Environmental Mgmt. Interna		Owner (6)	ASCIVITIV	<u>o.</u>			Name of Co NCM Demo			diation I	P	
								maon and		oludon, E		
Street Address					Street Address							
34 East Germantown Pike, Su	ite 204				404 N. Berry S	Street						
City, State, Zip Code					City State, Zip	Codo						
East Norriton, PA 19401					Brea, CA 928							
					D100, 071 020				18			
Project Manager for Monitoring	Firm	Telephone I			Telephone Nu			License	e Numl	<u>oer</u>		
Ray Giordano		610-277-04	05		484-480-8931			01066				
Scheduled Start Date (10)		Scheduled (	Completion	Date (11)	Name of OSH	A Monitor					13165	-11/color=10
12/17/12		12/21/12	Sompletion	Date (11)	Testor Techno		60					
035*1001R388411842136 M2					1							.+1.
Occupancy Status During Aba					Street Address	<u>s</u>						
<ul><li>( X ) Facility Closed/Vacated I</li><li>( ) Abatement Performed Out</li></ul>	ouring En	tire Period of	Hours -	C	10-59 Jacksor	Ανορμο						
( ) Abdicinent i chomica odd	Side of 140	official Facility	riours -		City, State, Zin						<u> </u>	
DescribeWing where work	is being p	performed is	shut down		Long Island Ci	ity, NY 111	01					
0#												
Other – Describe  Source of Work (Check all that	opply											
Source of Work (Check all that	apply											
( ) Demolition ( X ) Renova	ation											
( X ) Large Proj. (>160 SF or >							j. (<25 SF or	<10 LF A	CM)			
( ) Full Containment with Neg	and the second control of the second		Mini-Enclo		ovebag Procedu							
Location of Asbestos- Containing Material (ACM) in		tion Normally by Maint./Cus		Description of a		Amount (	Specify SF or	LF)	Abate	ment Typ	<u>ie</u>	
Facility (13)	Staff? (		itoulai	surfacing, VAT								
	YES	NO	NA	miscell.)	,				Rem.	Rep.	Encap	Enclose
Substation			X	Transite Panels	S	2000 SF		-,57	X			T
Substation			X	Wall Panel Cau	ılk	248 LF			Χ			
Substation			X	Fire Doors		3			X			<del></del>
Name of Reg. Waste Hauler	1	NJDEP Was	to Haules I	D# 1	Cubic Yards of	f Maeta		Name	of Doc	Londfill		1
Waste Management, Inc.			N1724	<u>U#</u>	30	vvaste				Landfill ounty Lar	ndfill	
City, State				7.			Disp. Date	Сиро		City, State		
Woodbine, NJ							12/21/12			Woodbin		
Completed by (C. ) T		T:0			0: 1							
Completed by (Print or Type) Joe White		<u>Title</u>	oject Mana	ger	Signature	isio		<u>Date</u> 12/14/1	2			
OGO TYTING		FI	OJECT MIAITA	igei	haid 1	Xito G	)	12/14/1	_			

#### RECEIVED Notification of Demolition or Renovation.....(continued) X. Description of Planned Demolition or Renovation Work and Methods to be Used: Removal of Transite Panels, Wall Panel Caulk, and 3 Fire Doors. Regulated work area, hepa filtration equipment, wet material, and double bag. ASSET ) US CONTROL & LICENSING XI. Description of Engineering Controls and Work Practices to be Used to Control Emmisions of Asbestos at the Demolition or Renovation Site: Regulated work area, wet removal methods, HEPA filtration equipment, wet material and double bag. XII. Waste Transporter#1 Waste Management, Inc. Address: 326 Scott Avenue City: Woodbine County: Cape May State: NJ Zip: 08270 Contact: Doug Hager Telephone: 800-633-9096 Waste Transporter#2 Same as #1 Address City County State Zip Contact Telephone XIII. Waste Disposal Site Cape May County Landfill EPA Certification Number: 0511C Address: Kearney Road

County: Cape May

Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations

XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:

Zip: 08270

(Date) 12-14-12

(Date) 12-14-12

State: NJ

Date Ordered to Begin (MM/DD/YY)

(HH:MM)

XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-Fiable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Segregate area, wet matrials, post signs,

XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by

Joseph White (FD)

this Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).

Telephone:

City: Woodbine

Date of Order (MM/DD/YY)

alert generator

XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY)

Description of SUDDEN, UNEXPECTED EVENT

XVIII. I Certify that the Above Information is Correct

Contact:

Name Authority CK 520429

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

Date of Notification (1)	-	,		Name of Buildi		Operator (2)		OE!	J. F.	Arag B	
12/14/12				Atlantic City El	ectric	28	11200		indian E	me.	
Agencies Notified	Notification	Туре	i.	Street Address 5100 Harding			12 DEC	17 F	PM 2.	00	- 10
(X)EPA (X)DOL (X)DOH ()DCA	( ) Initial No (X ) Amend ( ) Cancelle	ed Certifica	tion	City, State, Zig Mays Landing,	Code	AS (b)	& LICE	o Co ENSI	NIA	uz U	
( ) DCA				Name of Conta			Tel Num	her			
			FACILITY IN	FORMATION					-		100
Name of Facility Where Abates Wildwood Crest Substation	ment is Taking Place (	3)		Type of Facility ( ) School (K- ( ) Subchapte	12) r 8 (other th						
Street Address 113 West Preston Avenue				(X) Other (i.e Sq. Feet 80	34501W (S) 10	commercial bloom # of Floors		s, etc.			
City (5) Wildwood Crest	unty (6) Cape May	County C (State Us		Bldg. Age 50+	/-	demolished)	Substatio	n/Res.	Homes		
Name of Monitoring Firm Hired Environmental Mgmt. Interna		ASCM No	<u>D.</u>			Name of Co NCM Demol			ation, Li	Þ	7.7
Street Address 34 East Germantown Pike, Su	ite 204			Street Address 404 N. Berry S						//	
City, State, Zip Code East Norriton, PA 19401		1/		City State, Zip Brea, CA 928							
Project Manager for Monitoring Ray Giordano	Telephone 610-277-04			Telephone Nu 484-480-8931	mber		License N 01066	Numbe	ŗ		
Scheduled Start Date (10) 12/26/12	Scheduled 12/28/12	Completion	Date (11)	Name of OSH, Testor Techno							1
Occupancy Status During Aba (X) Facility Closed/Vacated I () Abatement Performed Out	During Entire Period of	Abatement	ı	Street Address 10-59 Jackson	Avenue						
DescribeWing where work	is being performed is	shut down		City, State, Zig Long Island Ci		01					
Other – Describe											
Source of Work (Check all that	apply)										
( ) Demolition ( X ) Renova ( X ) Large Proj. (>160 SF or > ( ) Full Containment with Neg	260 LF ACM) ( )M Pr	oj. (>25<16 Mini-Enclo	0 SF or >10 <26	60 LF ACM) ( ovebag Procedu	Will be an experience of the contraction	j. (<25 SF or	<10 LF ACI	M)			
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Location Normally Solely by Maint./Cu Staff? (12) YES NO	y Used	Description of thermal syster surfacing, VAT miscell.)	ACM (i.e. ns insulation,		Specify SF or			ent Typ		Enclose
Substation	1 10	X	Transite Pane	ls	750 SF		×				
				TERRORES W							
					1						
Name of Reg. Waste Hauler	NJDEP Wa		D#	Cubic Yards o	f Waste		Name of				
Waste Management, Inc. <u>City, State</u>	SV	V1724		30		Disp. Date	Cape M	Ci	ty, State	2	
Woodbine, NJ						12/28/12		\ \	/oodbin	e, NJ	
Completed by (Print or Type) Joe White	<u>Title</u>	roject Mana	ager	Signature	11/1/20 /	<u>-</u>	<u>Date</u> 12/14/12	•		.s	

	Ø		arc at	
Notification of Demolition or	Renovation(conti	inued)		
X. Description of Planned Demolitic Window Glazing. Regulated work a	on or Renovation Work A	nd-Methods to be	e Used: al, and dou	Removal of Transite Panels and table bag.
it.		SISS CONT		i i i
XI. Description of Engineering Con Demolition or Renovation Site: R and double bag.	trols and Work Practices	to be Used to Co	ontrol Emm	nisions of Asbestos at the tration equipment, wet material
XII. Waste Transporter#1 Waste Ma	anagement, Inc.			
Address: 326 Scott Avenue				
City: Woodbine	County: Cape May		State: NJ	Zip: 08270
Contact: Doug Hager			Telephone: 80	00-633-9096
Waste Transporter#2 Same as #	1			
Address				
City	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site Cape May	y County Landfill		EPA Certificat	tion Number: P0104984
Address: Kearney Avenue		-		
City: Woodbine	County: Cape May		State: NJ	Zip: 08270
Contact:			Telephone:	[Lip. 65276
XIV. If the Demolition was Ordered	hy a Government Agency	, Plassa Identify		y Polow:
Name	by a dovernment Agency	Title	are Agenc	y Below.
Authority		Tide		
Date of Order (MM/DD/YY)		Date Ordered to	Pagin (MM/DD	AVA
		Date Ordered to	Begin (WIWI/DD	(11)
XV. For Emergency Renovations:				
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT		(HH:MM)		
Explanation of how the Event caused unsafe co	onditions, or a serious disruption	of industrial operation	ns	
XVI. Description of Procedures to B				
Fiable Asbestos Material Becomes of alert generator	Crumbled, Pulverized or I	Reduced to Pow	der Segreg	ate area, wet matrials, post signs,
XVII. I Certify that an Individual, Tra Site During the Demolition or Renov this Person will be Available for Ins	vation, and that Evidence pection During Normal B	that the Require	d Training	has Been Accomplished by
	(Signatur	e of Owner/Operator)		(Date) 12-14-12

XVIII. I Certify that the Above Information is Correct

(Date) 12-14-12

(Date) 12-14-12

Date of Notification (1) 12/12/12 CK: 2404 \$200				Building ck Publi				DEC 1	7 AM 10	ا ان		-116	
Agencies Notified Type Notification	***	1	Street A	ddress aneck f	Dood		CBIL	ULU I	IBITIO	7			
EPA Initial Amended Amendment #		1	City, Sta	te, Zip Co	de	0766	. 50		ENGING				
□ DOH     □ DCA     □ Emergency (in justification)     □ Cancellation	cluding	- 1	Anthor	Contact ny D'Ang	50			Te	lephone Nu	mber			
Name of Facility Where Abatement is Taking	Place (3)		FACI	LITY INFO	ORMATIO	NC	Type of Facili	tv (4)					
Bryant School	(0)						School (	12003 20					
Street Address 1 Tryon Avenue							Subchar	ter 8 (Ot	ner than K-1 & commerc		dings	hom	es,
City (5) Teaneck, New Jersey 07666							Square Feet 20,000	2	of Floors		8ldg. <i>A</i> 55+	ge	
County (6) Bergen				Code (7) ISE ONLY			Current Use ( School	Prior if be	ing demolis	hed)			
Name of Monitoring Firm Hired by Building On Environmental Design Inc.	vner (8)		ASCM	l No.			of Abatement ( Corporation		r (9)	<i>)</i> :'		1200	
Street Address 5434 King Avenue, Suite 101			1				Address McBride Ave	enue					
City, State, Zip Code Pennsauken, New Jersey 08109							state, Zip Code dland Park,	New Je	rsey 0742	24			
Project Manager for Monitoring Firm Tom Pruno			Telephor 856-61	ne No. 6-9516		Teleph	none No. 225-8400	•	License N 01104				
	Scheduled 12/22/12		pletion [	Date (11)			of OSHA Moni Environmen		oratories.	LLC			
Occupancy Status During Abatement (Check	Only One)					Street	Address			-			
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma	riod of Ab	atem	ent	3			Route 22 V	/est					
Other – Describe:	i Facility F	iours					tate, Zip Code n, New Jers	ey 0708	33				
Scope of Work (Check All That Apply)							1					K-50	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	PRINTED	novat moliti				×	Mini-Enclos Glovebag F	ure Procedure					
11.33.43	le I	ocatio	nn				a Non-Exem	ned ( ) ai	nd Non-Friat	JIE PIO	Abate	200000	t
Location of	No	rmall	y		Des	cription	of			_	Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED  In Facility  (13)		tenan	ice/		thermal	systems ing, VA		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
All Purpose Room		X				TSI			6 LF	Х			
								-		+			
Name of Registered Waste Hauler		101111111	JDEP W		Cubic '		Name	of Regist	ered Landfil				
Lilich Corporation			auler ID 3724	No.	of Was	te	G.R.	D.W.S	_andfill				
City, State Woodland Park, New Jersey 07424					Dispos 12/28	al Date /12			ennsylva	nia	G.		
Completed by Tatiana Kalenikova	Title Vice P	resid	dent		Si	gnature	iana/C	1		ate 2/12/1	2		

CK # 24985

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

Date of Notification (1)			T	Name o	f Building	Owner/Operator	(2) Kat	hy Mahon	ev 201	2 DEC			il inge	
	2/5/12		-	Street A	Address		Nat	ily ivianon	Cy Co,	ZUEC	17	AH	In:	30
Agencies Notified  EPA	Type Notification	n	,	Silect F	luuresş	114	Per	<u>nnsylvania</u>	Ave.	· ·		_	_	-
DEP DOL	Amended Amendment Emergency	#		City, Sta	ate, Zip Co	ode	La	valette, N.		& LIC	EN	UH HH	TRO	DL.
☑ DOH ☐ DCA	justification)  Cancellation	)		Name o	of Contact Kat	hy Mahoney	,		Telephone	e Number				_
1995			_	FACI	LITY INFO	RMATION								
Name of Facility Where	Abatement is Tak	ing Place (	(3)				1 2	pe of Facility (						
Street Address		sidence					4 17	School (K-12) Subchapter 8 Other (i.e., pr	Other that	an K-12)	buildii	nas.		
Stieet Address	114 Penr	ısylvani	a A	ve				homes, etc.)						$\dashv$
City (5)	T,	avalette						quare Feet 1800	# of Flo			g. Ag 50		
County (6)		avaictic			y Code (7 ONLY)	) (STATE	Ci	urrent Use (Pri	or if being Resid		ed)			
Name of Monitoring Firr	Ocean	g Owner	-	ASCM N	No. T	Name of Abater	ment	Contractor (9)					200	
(8)	MECS	g O III.lo.				Ste	ven	s Environn	nental S	ervices	, Inc	<u>.                                    </u>		_
Street Address	PO Box 3	<u></u>				Street Address		PO B	ox 322					
City, State, Zip Code	FO BOX 3	71	_		-	City, State, Zip	Code		277.00	501				
City, State, 2ip Gods	rosswicks, N.	J 08515						Allentown			_		_	=
Project Manager for Mo				phone N		Telephone No. (609) 2	50	0688	License		493			-
	leisgarber Jr.		_		3-4070	Name of OSHA			<del></del>			7		_
Start Date (10)	Sci	heduled Co	2/7/		le (11)	Ivallie of Col II			ECS					_
12/6/12 Occupancy Status Dur	ing Abatement (C	heck only	one)		_	Street Address	3	PO B	341					
☐ Facility Closed/Vaca	ated During Entire	Period of	Abate	ment		City, State, Zip	Code		JOX J-11					-
☐ Abatement Perform ☑ Other - Describe:	8AM - 4:30P	M	y Flou			City, State, Zip	Oout	Crosswick	cs, NJ 0	8515		_		_
Scope of Work (Check	all that apply)							nment with Ne	gative Pre	ssure				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Re De	novat molitic	ion on		☐ Mini-E ☐ Glove	han I	sure Procedure pted (*) and No	on-Friable	Procedure	9			
		ls I	ocatio	on		MINORE	ZACITI	pica ( ) and the				bater		
		No	ormally	4		Description	of					Тур	e —	
Location Asbestos-Containing		Mair	Solel ntenar	ice/	Asbes	tos Containing M	lateri	al (ACM)	Amou (Spec		Re	Re	Ē	Ē
TO BE AB			ustodia Staff?		(i.e.,	thermal systems surfacing, VA	T, or		SF or		Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellan	eous	5)			a		ulate	ē
		Yes	No	N/A										
Living	Room			×		floor ti	le		130		×			
Kitch						floor ti	le		90 3	SF	×			
											_			_
					ļ	Louis Varda	_	Name of Reg	istered La	ndfill				
Name of Registered V		ices Inc		NJDEP Hauler II		Cubic Yards of Waste 1 CU		Name of Neg		R.F., Ir	ıc.			
Stevens Enviro	illielitai Serv	ices inc	<del>-</del> L	18	<u> </u>	Disposal Date	- 1	City, State					2.50	
0.1/1 0.0.10	Allentown	n, NJ				12/10/12			Tully	town,	PA_		_	
Completed By	34.	Title	rois	ot Ma	nager	Signature	)			Date	12/	5/12		
Mahlon E. S	Sievens	Г	1000	or ivia	114501									_

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

		NOT	TFICA (Pur	TION I	of ASBE to NJAC	9TOS ABATEM 8:60 and 5:16)	ENT /	Nu Dept. 61	hoalth	制	nior S	Servi
ate of Notification (1)	2/5/12		1	(ទី៣៩ ០	f Building	Owner/Operator	(2) 28/2 Kathy Mahor	DEC IDZIO: AN	5 (A)	ture)	B .	19/
gencles Nothed	Type Notification		5	Street A	ddress		A. O. A.		93			T
	Intial		١.			114	Pennsylvania	Ave.	र हंग्र			=1
EPA DEP	Amended Amendment #		7	Olly, Ste	ile, Zlp Co	ode		LICENSING	101			
DOL	Emergency (in	ncluding					Lavalette, N	J				=
DOH DCA	justification) Cancellation			Vema o	Contact	L. Makamari		Telephone Number	)r		ř	
,	- Caricenate.					hy Mahoney			-	-		긕
				FACI	LITY INFO	DRMATION	- III	78				$\dashv$
ame of Facility Where							Type of Facility					1
	Res	idence					School (K-1)	8 (Other than K-12)	١			1
itreet Address	114 Dann	ardroni		ra			Other (i.e., p	rivale & commercia	l bulldi	ngs,		-
	114 Penn	SATABILI	u Av	(E			Square Feet	# of Floors	Bld	g. Ag	9	ᅥ
Aly (5)	To	valette					1800	1		50		_
	La	vaicue	7	Count	v Code (7	STATE		for If being demolts	ned)			7
ounty (6)	Ocean		.	USE				Residence				
lame of Monitoring Fir		Owner	7	SCMI	lo. T	Name of Abatem	nent Contractor (9	)		ř.		
8)	MECS			+		Ster	vens Environ	nental Service	s, Inc	<u>ر</u>		_4
Street Address		-	=1=			Street Address		- 000				
	PO Box 34	11						30x 322		_		ᅴ
My, State, Zip Code						Clly, State, Zip C	ode	n, NJ 08501				
	rosswicks, NJ	08515					Allentow	I Ucense No.		_		_
roject Manager for M			000000000000000000000000000000000000000	hone N		Telephone No.	59-9688		0493			
	Veisgarber Ir.	l	_		4070	Name of OSHA		<u> </u>	V 13.5	-		$\dashv$
Start Date (10)	Sch	eduled Co			e (11)	Name of USAA		ECS				
12/6/12			2/7/1	2		Street Address						-
Occupancy Status Du	ring Abatement (Ch	eck oulk	one)			Stiest Maniess		30x 341				
Facility Closed/Vac	aled Duning Emire in	eriod of A	, Hong Poeres	nen		City, State, Zip			dell'Orange			_
Other - Describe:	8AM - 4:30Ph	M				-,,,	Crosswic	ks, NJ 08515				
Scope of Work (Check >3 st or >3 it >160 st or >260 it	Kell that apply)		novati molitio			Minter	entainment with No nclosure pag Procedure exempted (*) and N	ogaliva Pressure	re			
	*	isL	ocatio	n					A	beter		
		No	omally		-	Description	of		_	Тур		
Locatio Asbasios-Containin			Solely		Ashea	tos Containing M	aterial (ACM)	Amount	D	20	0	m,
TO BE AS	ATED		selodie	i i	(1.0.	thermal systems surfacing, VA	insulation.	(Specify SF or LF)	Removal	Reçair	Encapsulate	Endosure
IN Fac (13			(12)			other miscellan	equs)		1 2	, š	ST ST	5
V2	"	Y00	No	N/A							9	
		+				floor til		130 SF	×		1	
Living		-		×		floor til		90 SF	×		1	_
Kite	hen	-		-		ngor m		70.54	+			
				-				-	+		$\vdash$	
			<u></u>	UDEP	Narto	Cubic Yarda	Name of the	glatered Lendfill			لب	-
Name of Registered		v	1	feuder II	No.	of Waste		T.R.R.F., I	nc			
	nmental Servi	ces inc			292	1 CU	City State	1.4.4.4.4				=
City, State		MEY				12/10/12	1 A)	Tullytown,	PA			
	Allentown					Signation		Date		-		_
		îlle					1	A CONTRACTOR OF THE PARTY OF TH		C/117	,	
Completed By Mahlon E.			roiss	t Mai	nager	/// A			12/	5/12		

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

Friable Notification Check # 5171

			70-10-10-1										Er	V 1900.			
Date of Notification	CALL PRODUCTION	•	Ne	ime	of B	uildi	ing	Owner/	Operato	r (2)		20.		/	1/ /	Fy	
$ \frac{1}{2} / \frac{1}{1}$	1//1	21						ute of T	echnolog	gy		2012 D	EC.	>		445	_
Agencies Notified	Type Notifi	cation	1 50	ree	at Ad	dress	S						-0 /	A	In.		į.
(X)EPA	[X]Initia	1	3	23	Dr. M	artin	Lut	ther Kir	ng, Jr. Bo	ouleva	rd 🦵 🚡	€ [	Line			NE	
(X) DEP		cation						Code			*	& L	ICF.	LU1	(i)	Sa	
[X] DOL	[ ]Amende		IIN	lew	ark, N	J 07	102	2					OFW	5/N	Ġ'	<i>I</i> .	
(X) DOH		cation	11		of C						Tele	phone	Numbe	r			
DX]DCA	[ ]Cancel	lation	11,	/lich	ael T	hom	nen	an.			1_						
			П.	/IICI					7.017								
Name of Facility Wh	ere Ahareme	nt is Ta	kin	σР			TM	FORMAT:	550, 510, 510	Type	of Facil	ity (4)		_			
10.24											N1Schoo	1 (K-12	)				
New Jersey Institute	of Technolog	gy - Cent	ral k	King	Build	ding					[ ]Subch [ ]Other	apter 8 (i.e., buildin	(Oth priv	omes	et.	nmer	) - ——
345-361 Dr. Martin Lu	uther Kina Jr	. Boulev	ard							Squar	e.Feet	# of F	loors	BI	dg.	Age	
City (5)		Count		)		C	oun	aty Cod	e (7)	50	),000 nt Use {	Prior i	f hei	na d	45		as -
Newark NI 07102		F				1	PIN	AIE USE	UNLI		<u>.</u>			.ng u	·v -		
Newark, NJ 07102	Firm Hired	Essex by Buil	ding	A	SCM N	10.	П	Name o	f Abatem	Scho	ontracto	r (9)					
Owner (8)		. <del></del>															
Health & Safety Serv	ices, Inc .			0	0011	7			Address		, Inc.						
318 12th Street								180 Sa	argeant A	Avenu	е		ě.		01		
City, State, Zip Co	de		A				-11	City.	State, 2	Zip Co	de						
Hammonton, NJ 0803	37-1352 Monitoring	Firm [	Tele	pho	ne Nu	mber	-	Clifton	, NJ 070	13-19: ber	35		Licer	se N	edmu	ī	
Jim Proctor		i			-885			973-61	14-0377				0080	7			
Scheduled Start Dat	e (10)  Sc	hed.Com					7		P OSHA	Monito	r			****			
1   2   /   2   1   /   2   Month / Day / Occupancy Status Du	Year	0   1   /     	2   Day	1   / onl	Yes y one	3	_		Strong Bu		, Inc.						
[X] Facility Close of Abatement [] Abatement Perf Hours - Descri []Other - Descri	d/Vacated I formed Outsi be:	Ouring E	ntir	e P	eriod	1		City.	argeant /	Zip Co							
Scope of Work (Chec	k all that	apply)	_		•		ىل	Cilitori									•
[ ]Demoliti [ ]>3 sf or [X]\( \frac{1}{2}\)160 sf	on >3 1f		ĮΧ	(] Re	novat	tion			[ ]Mini	-Enclo	inment wo sure Procedure Le Proced		gativ	e Pre	ssui	e	
			١.,	Is	ion	T						T		Abat	eme	it T	ype E
Locati Asbestos-C Material TO BE A in Faci	Containing (ACM) BATED Lity		No by te	Use Ole Ma nan isto	lly d	1		Asbest Mate i.e., t	scription cos-Cont erial (A chermal on. surf ner misc	aining CM) system acing	ns VAT,	SF	or or	REMOVAL	REPAIR	NCAPSUL .	C I. O S U R E
Basement, 1st & 2nd F	loor various le	ocations	Les	12	7	_	ste	er Walls	& Ceilin	igs		8,000	SF	X			
Garbage shute base			+	15	2		_	er Walls				1,500		X			
Garbage strute base	mont una 40	11 11001		/	+			J. Wand									
														1			L
Name of Registered	Waste Haul	er	1	laul	P Wa			of Wast			of Regis		Landf	111			
Four Strong Builders	s, Inc.		1	126	09		$\rightarrow$	Dienoe	al Date		O.W.S., I	nc.					
orth. State							1,	arahose	T Date								
Clifton, NJ								TBD			town, PA						
Completed By (Print	or Type)	Title						S	ignature	/		/		D.	ate		
Nick Zivkovic		Preside	nt					1	die	وسيست الم	Z/ci	16.00		1	2/11	/12	
ASB-41 JUN 95																G46	67

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notice 12/7/12 Name of Building Owner / Operator (2) 2012 DEC 17 AM 10: 37 Type Notification & LICENSING Street Address Agencies Notified **Emergency Notification** 100 Livingston Ave **EPA** X City, State & Zip Code Initial Notification DEP X Amended Notification New Brunswick, NJ 08901 DOL X Telephone Number Name of Contact Cancellation X DOH Helen Burd DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Church Subchapter 8 (Other than K-12) Other (i.e., private & commercial buildings, homes, etc. 100 Livingston Ave Bldg. Age # of Floors Square Feet 80 1.5 10000 County Code (7) County (6) City (5) Current Use (Prior if being demolished) Middlesex New Brunswick Church Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) Global Abatement Services, LLC Environmental Tactics, Inc Street Address Street Address 443 Schoolhouse Road 64 Broad Street City, State & Zip Code City, State & Zip Code Monroe Township, NJ 08831 Matawan, NJ 07747 License Number Telephone Number Telephone Number Project Manager for Monitoring Firm 00714 732-605-9062 732-290-2217 Tom Geiger Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) Global Abatement Services, LLC 12/14/12 12/10/12 Street Address Occupancy Status During Abatement (Check only one) 443 Schoolhouse Road Facility Closed/Vacated During Entire Period of Abatement City, State & Zip Code Abatement Performed Outside of Normal Facility Hours -Monroe Township, NJ 08831 Describe: Area Isolated During Abatement Other - Describe: Scope of Work (Check all that apply) X Full Containment with Negative Pressure X Renovation Demolition Mini-Enclosure Large Project X Glovebag Procedure Quantity is ≥ 3 SF or ≥ 3 LF ACM Other: Non-friable Quantity is ≥ 160 SF or ≥ 260 LF ACM Abatement Type Amount Description of Is Location Location of (Specify: Removal, (Specify Asbestos-Containing Normally Used Asbestos-Containing Repair, Encapsulation Square Feet Material (ACM) Solely by Material (ACM) or Enclosure) (i.e., thermal systems or Maintenance or TO BE ABATED insulation, surfacing, VAT Linear Feet) **Custodial Staff?** in Facility or other miscellaneous) (12)(13)Removal 370 SF TSI Boiler N/A Basement 134/100 SF Removal TSI Duct/Tank N/A Basement Removal 225 LF TSI Pipe N/A **Basement** Name of Registered Landfill Cu. Yds. of Waste NJDEP Waste Hauler ID # Name of Registered Waste Hauler TRRF 20 18693 Freehold Cartage City, State Disposal Date City, State Tullytown, Pa 12/15/12 Freehold, NJ Date Signature Completed By (Print or Type) 12/7/12 Dominick Tringali **Project Manager** Dominick Tringali

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Date of Notification (1) December 11,2012				Name of E Shelia F	Building C Pardoe	wner/O			5571	2012	DEC 1	7	AM	10		
Agencies Notified	Type Notification	2 10	1 .	Street Add	dress kland A	ve ,			A	G <sub>ij</sub>	i Siji sas	5 /	7	U: ,	37	
EPA DEP DOL	Initial Amended Amendment				e, Zip Coo id, NJ					GC.	LICE	N3	NG	Itt	L.	
☑ DOH DCA	justification) Cancellation			Name of O John Ty						Tele	ephone N	Numb	er			
				FACIL	ITY INFO	RMATIC	ON	T	£ == 1114 . / 4							
Name of Facility Where Residence	Abatement is Takin	g Place (3)						-	of Facility (4)							
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Street Address 60 Strickland Ave									other (i.e. pr				buildi	ngs,	home	es,
								— е	tc.)	T # 01	Floors	- 1	T DI	dg. A	70	
City (5) Bayhead								2400	e Feet	2	110015		70	2.50	ge	
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County (6) Ocean					SE ONLY)		_		dence	i ii bei	ng demo	ili Si i Ci	-,			
Name of Monitoring Firm	n Hirod by Building	Owner (8)		ASCM	No	Т	Name		ement Cont	ractor	(9)		-	_	-	
MDG	n Hirea by Building	Owner (6)		ASCIVI	NO.		Shad	le Env	rironment				533			
Street Address 1000 Maplewood D	Orive							Addres Cutler								_
City, State, Zip Code									p Code	0050						
Maple Shade, NJ ( Project Manager for Mo				Telephon	ne No			e Sna	de, NJ 0	8052	License	e No.				
Tony Esposito	fillotting i litti			856-75	5-9300		856-7	755-00	099		00842					
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Marriage .				oont			200 F	Rt. 13	0 North							
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Location Asbestos-Containin		Use	d Sole	ly by	Asbes		scription taining N		(ACM)	F	mount				ш	
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In Fac		June	(12)	Julii I			cing, VA niscellar			Si	F or LF)	1	Removal	Repair	Encapsulate	Enclosure
(13	,	Yes	No	N/A									<u>a</u>	Ī	ate	Гē
Kitch	nen			XXX		Asbes	stos Flo	ooring		1	60 SF		XXX			
Heater	Room			XXX		Trai	nsite P	ipe		2	25 LF		XXX			0.53
Heater	Room			XXX	Tr	ansite	Ceme	nt Boa	ard	1	32 SF		XXX			
				NJDEP W	losto	Cubic	Yards		Name of F	Panist	ered I an	dfill			L	L
Name of Registered War Freehold Cartage	aste nauler		H	Hauler ID		of Wa			Grows L							
City, State							sal Date		City, State					-	-	
Freehold, NJ							7-2012		Tullytow	n, P	Α		- 0			
Completed by		Title					Signature		0	1	,	Date			40	
William Lynch		Own	er				rel	le	-40	41	nch	Dec	5. 11	, 20	12	

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Data of Notification (1) December 11,2012	-			Building Owner	Operator	13	AM 17: 3	7	101	<u>UA</u>	7	1	
Agancies Notified Type Notification			Street Ad 60 Strice	dress - G	2316	S FM	On No	EC	1 2 21	012	O		
DEP Amended Amended		_[		o Zip Code ad, NJ 0874			WAIV	ER	APP	RA			
DOH   Emergency   justification   Cancellation			Name of John T	ym	1		-	TAId	odámi Ni	MAG	V L	2]	
Name of Facility Where Abalement is Takk	ng Place (3	)	FACIL	ITY INFORMA	non .	Турс	of Facility (4	4)		. mrsec	interfer	si 91-	
Residence Stroot Address	-					8	School (K-1) Subchapter	8 (Othe	r than K-1	12)		<b></b>	
60 Strickland Ave						R	Other (i.e. presc)		Floors		idings		as,
City (5) Bayhead						240	0	2		17	70		
County (6) Ocean			County C	ode (7) Se CMLY)		10000	ent Use (Prio sidence	wrlfb∈in	g damolis	shod)			2.0000
Name of Mor loring Firm Hired by Building MDG	Owner (8)		ASCM	No.	Shad	de Er	etement Con Notronment		5000	7/1			
Street Address 1000 Maplowood Drive					623		er Ave						
City, State Zip Code Maple Shade, NJ 08052					77000000		Zip Code ade, NJ 0	8052					1000
Project Manager for Monitoring Firm Tony Espesito	_		Telephon 856-75		Telept 856-				Uconse   00842	No			
Start Date (10) December 12, 2012			tpiction D 7 , 2012		Name EMS		HA Monitor						
Occupancy Status During Abaltaneni (Che		**			Street 200		30 North	2).	-				
Facility Closed/Vacated During Entire Abatement Performed Outside of Non Other - Describe:	nel Facility	Hours	ioni				čip Code Ison, NJ 0	8077					
Scope of Work (Check All That Apply)  23 st or 23 if  2160 st or 2260 if		lenova Senoth				M G	Il Containme int-Enclosure ovebag Prod on-Exempled	edure				ne	<u> </u>
	1000	Locati										ement ype	
Location of Anhostos-Contening Moterial (ACM) TO BE ABATED In Facility (13)	Uss Me	d Solo Intenar odlal S (12)	ly by	Asherias Cor (I a thorms surf		Antorb s Insul T, or	lation	(Sp	nount occity or LF)	Removal	Repair	Encapsulate	Enclosure
Kitchen	Yes	No	N/A XXX	Aeha	stos Flo	neine		181	) SF	1000	-	Ļ"	
Heater Room	+		XXX		insite P			1574/035	LF	XXX			
Heater Room			XXX	Transite			ard	133	2 SF	XXX			
Name of Registered Wests Hacler Freehold Cartage		H	JOEP Wa auler ID N 2253	la. of Wi			Name of R	andfill		ı	l	Ĺ _	(2 = 11g)
City. State Freehold, NJ					7-2012		City. State Tullytow						
Completed by William Lynch	Title Owne	<del></del> -			Sigrature	200	- 90	tuno	2 0	ele lec 1	1, 20	12	

Date of Notification (1)  12 / 12 /	12		A CONTRACTOR OF THE PARTY OF TH		ng Owner/Operator (	20 2012-0	₹631\$200.	<u> </u>			
Agencies Notified	ation	į.	Street	Address	lace	4385	AG318200AMID 1195 CONTI 1CENSING	: 3 <u>6</u>			
☐ DHSS Amendme	ent #		N 35/A.J	State, Zip	Code rford, New Jerse	v 07073	- ILENSING	, W.L.			
□ DCA □ Emergence		3		of Contac		y 07073					
(NJAC 5:23-8) justification    Cancellat	- 33			n Giano			Telephone Num	ber			
					NFORMATION	,					
Name of Facility Where Abatement is T	aking Place	(3)	17	CILITI	NFORMATION	Type of Facility	(4)				
Warehouse		(0)				School (K-12					
Street Address			-		· · · · · · · · · · · · · · · · · · ·	Subchapter 8	Other than K-12		.0.0		
2 Cariton Avenue						homes, etc.)	rivate and comme	rcial bi	illain	gs,	
City (5)						Square Feet	# of Floors	В	dg. A	ge	
East Rutherford, New Jersey 0	7073					23,500	4		55+		
County (6)			Cour	nty Code (	7)(STATE USE ONLY)	1.57	or if being demolis	shed)		(0.00) = h.	
Bergen		(O)	10011		· · · · · · · · · · · · · · · · · · ·	Warehouse					
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme						
Street Address				-	Street Address	ration					
Street Address					606 McBride	Avenue					
City, State, Zip Code					City, State, Zip Co		v 07424			-	
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. 973-225-8400		License No.			-	
Start Date (10) S	cheduled C 03 /	700		1570 05	Name of OSHA M		. 1				
Occupancy Status During Abatement (C	Check only o	one)			Street Address					500 To 100	
☐ Facility Closed/Vacated During Entir					2333 Route 2	2 West					
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co Union, New J		V.				
Scope of Work (Check all that apply)											
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	□ Re 図 De				☐ Mini-Enc ☐ Glovebag	g Procedure	ative Pressure	re			
		Locat						Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	) Use Ma	Vorma d Sole intena todial (12)	elý by nce/	Asbe (i.e	Description o estos Containing Ma e., thermal systems i surfacing, VAT, other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						_		
Roof				Roof T	ar		23,500 SF	Ø			
Roof				Built u	p Roof Material		1800 SF	×			
Name of Registered Waste Hauler Lilich Corporation		100000	JDEP \ auler II 18724	No.	Cubic Yards of Waste 40	Name of Regist G.R.O.W.S.					
City, State Woodland Park, New Jersey					Disposal Date 04/02/13	City, State Morrisville,	Pennsylvania				
Completed By (Print or Type) Tatiana Kalenikova	Title Vice Pr	eside	ent		Signature		Da Da	te	,	/	

Date of Notification (1) 12/11/12 CK: 239	0 \$200			Name of Brick	f Building Townsh	Owner/O	perator d of Ed	(2) ducation <b>?[[]</b>	2 DE	7 17 51					
Agencies Notified	Type Notification			Street A	Address endricks					rui	10: 3	6			
EPA DEP DOL	Initial Amended Amendment			City, St	ate, Zip C New Je	ode		<u> </u>	& L	ICENSIN	TRU	L			
DOH DCA	Emergency justification) Cancellation			Jim E	of Contact dwards			7		Telephone N	Number				V 2004-00-00
Name of Facility Where	Abstament is Takin	a Diago (	2/	FAC	ILITY INF	ORMATIC	ON	T /F							
Brick Township Hig	Abatement is Takin ih School	g Place (	3)					Type of Facil							
Street Address								× School		(Other than K	-12\				
346 Chambers Brid	lge Road									ate & comme		ildin	gs,	home	es,
City (5) Brick, New Jersey (	08724	1918/4-2019/						Square Feet 20,000		# of Floors 2		Bldg 55+	g. A	ge	
County (6) Ocean					Code (7) USE ONLY	0		Current Use High Scho		f being demo	lished)				
Name of Monitoring Firm Brinkerhoff Environ			)	ASCI	M No.	1		of Abatement Corporation	Contra	octor (9)	3 - *	-	-		
Street Address	THE THE TOTAL OCT VICES	5, 1110.		J				Address	л						
1805 Atlantic Avenu	ue						606 1	McBride Av							
City, State, Zip Code Manasquan, New J								itate, Zip Code dland Park,		Jersey 07	424 <sup>-</sup>				
Project Manager for Mor Jason Hooper	itoring Firm	1		Telepho 732-2	ne No. 23-2225	5		none No. 225-8400	•	License 01104					
Start Date (10) 12/22/12	•	Schedul 08/09/		mpletion	Date (11)			of OSHA Mon Environmen	110000	ahoratories	LIC		-		
Occupancy Status Durin	g Abatement (Chec							Address	TIOI L		,				
Facility Closed/Vac	ated During Entire F	Period of	Abater	nent			2333	Route 22 \	West						
Abatement Perform  Other – Describe:	ed Outside of Norm Occupied(2nd shift if	nal Facility necessar	y Hour ry)	s		[		tate, Zip Code n, New Jers		7083			olin.		
Scope of Work (Check A	Il That Apply)							, 11011 0011					eed		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demoli	(2001) T(0) (0)				Mini-Enclo Glovebag	sure Proced	with Negativ			dure	•	
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		Yes	No	N/A							-			te	ю
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1st Floor Scien			X			rnsm&F	umeH	oodPanNO	N	90 SF	х				
Name of Registered Was	te Hauler			JDEP W		Cubic Y		Name	of Re	gistered Land	fill	-			
Lilich Corporation				8724		20		G.R.	O.W.	S Landfill					
City, State woodland Park, New	Jersey 07424					Dispose 01/04/		City, S morr		, Pennsylv	ania	Á			
Completed by Tatiana Kalenikova.		Title Vice	Presi	dent			gnature	1111-61	la		Date 12/11/	12			

No check

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

Date of Notification (1)		12	Name	of Buildin	ng Owner/Operator (	2)	00.		1	Louis	
	12		Sta	te of Ne	ng Owner/Operator ( w Jersey Departi	ment of Treasu	ry 2012 DEC 1	7 a	Es to		
Agencies Notified Type Notifie	ation		Street	Address				H	<del>'i lij</del>	32	
☐ EPA ☐ Initial				Box 034		4	ASBEST .	11.	icy.		
☑ DOLWD   ☑ Amende     ☑ DHSS   Amende			City, S	State, Zip	Code		& LICE	NRI	1111	CUL	
The state of the s	ncy (includir	a	Tre	nton, Ne	ew Jersey 08625				¥ (3		
(NJAC 5:23-8) justification		3	Name	of Contac	ot		Telephone Num	ber			
☐ Cancella	ation		Ge	orge Sch	nwartz			-			
*			FA	CILITY II	NFORMATION						
Name of Facility Where Abatement is						Type of Facility	(4)				
NJDOT Fernwood Complex B	uilding 1 8	1A	- 69		(40)	School (K-12		Λ.			
Street Address 999 Parkway Avenue						Other (i.e., pi	3 (Other than K-12 rivate and comme	rcial bu	ilding	s,	
City (5)						Square Feet	# of Floors	Ble	dg. A	je .	
Trenton, New Jersey 08618						20,000	2		55+	50	
County (6)			Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Mercer					7.4	Garage & W	orkshop	1.1			
Name of Monitoring Firm Hired by Bui	lding Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)		,			
The Whitman Companies					Lilich Corpor	ration					
Street Address					Street Address				4		
7 Pleasantville Hill Road				199N C.	606 McBride	Avenue					
City, State, Zip Code				1 1 5 4	City, State, Zip C	ode.			1		
Cranbury, New Jersey 08512	4					ark, New Jerse	y 07424				
Project Manager for Monitoring Firm		1	ephone		Telephone No.		License No.				11
Kevin Lovely			32-644		973-225-8400		01104				
Start Date (10)	Scheduled 01	- 25			Name of OSHA N J&S Environ			4			
Occupancy Status During Abatement	(Check only	one)			Street Address					-	-
☐ Facility Closed/Vacated During En			ment		2333 Route 2	2 West					
☐ Abatement Performed Outside of N				scribe	City, State, Zip Co	ode					
Time of Abatement: 7AMP	M/ <u>5</u> PM	AM			Union, New	Jersey 07083					
Scope of Work (Check all that apply)										-	
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enovat emoliti			☐ Mini-End	g Procedure	gative Pressure n-Friable Procedu	re			
		s Loca	tion	T					atem	ent T	vpe
Location of		Norma		1	Description of			-	-		1
Asbestos-Containing Material (AC TO BE ABATED		ed Sol ainten	ely by ance/	Asb	estos Containing Ma e., thermal systems	iterial (ACM)	Amount	Removal	Repair	nca	ncic
IN Facility	2.4	stodial	Staff?	(1.1	surfacing, VAT		(Specify SF or LF)	Val	=	Encapsulate	Enclosure
(13)		(12)	1	-	other miscellane	ous)	*			ate	(0
	Yes							-	_		-
Entire Exterior Building				Windo	ws, Caulk & Glaz	ing	308 Each	×			
				10.1	* * * * * * * * * * * * * * * * * * * *						
			П					10	П	П	П
Name of Registered Waste Hauler		1	NJDEP V	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Lilich Corporation		195	lauler II	D No.	Waste	G.R.O.W.S					
City, State		- 1	1872	•	120 Disposal Date	City, State				737	
Woodland Park, New Jersey		6			02/01/13		, Pennsylvania				
Completed By (Print or Type)	Title		,		Signature	1	, D	ate			
Tatiana Kalenikova	Vice F	resid	ent			ankelen		12/	12	/	7

		ı		ICATION		STOS ABAT 1:60 and 12:1		NT		PRI 112 DEL	10	en f S	· · ·
Date of Notification 1) 09/10/12 Ck#: 2256	\$200					owner/Opera ersey Dep		ent of Treasu	iry 26	912 DFI	٠, ٠		fred by a
	Notification Initial			Street A					<b>4</b> 5	he .		AH	10:
DEP X DOL	Amended Amendment #		_[		ate, Zip Coo on, New J	te Jersey 086	25		π.	& L/(	ENS	UNI	RO
X DOH	Emergency (in justification) Cancellation	iciuaing		Georg	f Contact je Schwa				Telephone	Number			
Name of Facility Where Abatem	nent is Taking	Place (3	3)	FACI	ILITY INFO	RMATION	T	ype of Facility (4	)				
NJDOT Fernwood Comp	lex Building	1 1 & 1	A					School (K-12	2)				
Street Address 999 Parkway Avenue							×		3 (Other than ivate & comm	K-12) nercial bu	ildings	, home	s,
City (5) Trenton, New Jersey 086	518					2	1 1 2 2 3	quare Feet 0,000	# of Floors 2		Bldg. / 55+	∖ge	
County (6) Mercer					Code (7) USE ONLY)			urrent Use (Prior Sarage & worl		olished)			
Name of Monitoring Firm Hired The Whitman Companies		wner (8)		ASCN	И No.			Abatement Cont Corporation	ractor (9)	3.7			A 10074
Street Address 7 Pleasantville Hill Road	Pleasantville Hill Road y, State, Zip Code					100000000000000000000000000000000000000	et Ad 6 Mc	dress Bride Avenue	9				
City, State, Zip Code Cranbury, New Jersey 08	ranbury, New Jersey 08512							e, Zip Code and Park, Nev	w Jersey 0	7424			
Project Manager for Monitoring Kevin Lovely	oject Manager for Monitoring Firm						ephon 3-22	e No. 5-8400	. Licens 0110	se No. 14			
Start Date (10) 10/08/12		Schedule 01/08/		npletion	Date (11)			OSHA Monitor ivironmental l	Labs				
Occupancy Status During Abate	- 10		3000			1000000	et Ad	8 33					
Facility Closed/Vacated Du Abatement Performed Out Other – Describe: 7am-5p	side of Norma	riod of / I Facility	Abaten Hours	nent s		City	, State	oute 22 Wes e, Zip Code New Jersey (		1			
Scope of Work (Check All That	Apply)					.   011	iiOii,	ivew Jersey (					
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			Renova Demolit				×	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure			re	
	- e		Locati									ement ype	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)	Normal ed Sole intena todial s (12)	ely by nce/	(i.e. t	Description Description Containing thermal system surfacing, to their miscel	g Mate ems in VAT,	erial (ACM) sulation, or	Amount (Specify SF or LF)	7		Encapsulate	Enclosure		
Entire Exterior Build	ding	Yes	No X	N/A	winc	dows, caul	k & c	alazina	308 Each	n X	-		
								,					
					•)								
Name of Registered Waste Hau	ler		IN	JDEP W	/aste	Cubic Yards	<u> </u>	Name of R	egistered Lar	ndfill			
Lilich Corporation			Н	lauler ID 8724	No.	of Waste 120			/.S Landfill				
	Voodland Park, New Jersey 07424						ate	City, State Morrisvil	le, Pennay	Ivania			
Completed by Tatiana Kalenikova 4		Title Vice	Presį	dent	5.050.00094600000	Signati	ure Tun	mela	ala	Date 09/10	/12		

ch 4189.

ate of Notification (1)	n Pr					Owner/Operator	(2) 2#	1200-	tions \$5	d'		
12-12-12						VICK!		12 DEC 17	ANIO			
gency Notified	Type Notification		8	treet A	ddress	LEVUE A	12015	Street,	mi ili:	12		
EPA (	C Initial		1	05	BEU	CVUE 17	VENUE	8 1 Va (	IN THE			
DEP DOL	Amended Amendment #		17	ELIM		O PARK	NIO	94651NS	Ma Me	L		
	☐ Emergency (includin	9	H	Vame o	f Contac	* .	<del>/</del>	Telephone Nu	nber	20		
DOH -	justification)  Cancellation					CIVAN				0		
						ORMATION				2000		
lame of Facility When	e Abatement is Taking Place	e (3)					Type of Facility	(4)				
S. KUTINIC							School (K-12	2)				
Street Address	'C!			<del></del>			☐ Subchapter i	6 (Other than K-1	2) ·			
	VUE AVENUE	-					homes, etc.	ivate & commerc	MI Demini	,,		
aty (5)	000 10000		-				Square Feet	# of Floors	Bidg.			
=Linwood	PARIC						1700	12	67	1/	25	
County (6)	Jioi .	-	1	County	Code (7	) (STATE USE	Current Use (P	nior if being demo	lished)			
BERGEN				ONLY)			RESIDE					_
ame of Monitoring Fi	nn Hired by Building Owne	r A	SCM	No.			ment Contractor (					
3)						Best R	emoval I	nc				_
treet Address						Street Address		7				
, ,	4 4 8			ď.			River St					_
ity, State, Zip Code						City, State, Zip	Code	T 07601				
							sack, N.	License No.				_
roject Manager for N	lonitoring Firm	Tele	phor	ne No.		Telephone No. 201-329-		00388				
		<u>ا ب</u>		. (4.4)		Name of OSHA		00300				
Start Date (10)	. Scheduled Co			m (11)		Omega Er	vironmer	ntal Inc				
2-21-12	ring Abatement (Check on	v one)	•			Street Address					-	-
						280 Huy	ler:St					
3 Facility Closed/Vac 3 Abstement Perform	ated During Entire Period of led Outside of Normal Faci	if Abstel lity Hour	ment 's			City, State, Zip	Code					
Other - Describe:	8AM - 5PM	,	2			South I	Hackensac	ck, N.J.	0760	6	e i seconic	_
Scope of Work (Chec	k all that apply)						Containment will					
<b>23</b> sf or ≥ 3 lf					ovation	<b>Min</b>	i-Enclosure					
□ ≥ 160 sf or ≥ 260 lf	1 E 867			☐ Den	notition	E Glo	vebag Procedure -Exempted (*) an	d Non-Friable Pr	ocedure			
		le I	ocati	iaa	П					Ab	aten	
			omai							Н	Type	-
	ation of ining Material (ACM)	Used	Sole dena		Asbe	Description stos Containing N	faterial (ACM)	Amoun		_	I	n
TO BE	ABATED	Çı	istodi	ial	(Le	., thermal system surfacing, VA	s insulation.	(Specifi SF or LF		Removal	Repair	3
	Facility (13)	. §	(12)			other miscellar			•	Val		Encapsulate
,	• •	· ·		T	-						18	b
<del></del>		Yes	No	N/A		~ ~ ~	1722	40	LF	X	+	-
BASEMENT		-		×	1407	emac Iwsul	41100	70		1	+	-
		-		-	-				********	$\vdash$	+	-
				-	-					+	+	-
		<u>L</u>	YED!	Naste I	daudae	Cubic Yards of	Name of Rec	istered Landfill				-
	Made Hardes			HOSE !	MURCI	Waste	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
전로 발생되다 라이지 (A)(C) (#1200 N (See See See			· . of									
		ID I	% 710	9		1/2 40		a Enterp	rises			_
Best Remo	val Inc	101	710	9		Disposal Date	City, State					
Name of Registered Best Remo City, State Hack		101	710	19		Disposal Date /2-22-/3	City, State	burg , 0	h			_
Best Remo	val Inc	0760	710	19	110	Disposal Date	City, State Waynes				-12	

Check No.

20928

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Date of Notification (1)					Name of	of Buildin	g Owner/Operator	36 72	V	· · · · · · · · · · · · · · · · · · ·	met.			
December 11, 2012	2				Delte	ch Res	sins, Inc.	21	BO DEC 17	444-4				
Agency Notified	Type N	otification			Street	Address	-		12 DEC 17	AM 10:	ag	}		
□ EPA	Initia	ı					rd Street	0	Santa e e e e e					
Not required per State Reg. 17.2004	☐ Ame	nded		, [	City, St	ate, Zip	Code		& LICEN	UHIH	101		- (00)	
<b>⊠</b> DOL	100 CH1000	endment #			Newa	ark, NJ	07105-4820	4	e LILEN.	SING				
<b>⊠</b> DOH		rgency (including fication)			Name o	of Contac	t		Telephone Nur	mber				
□ DCA		cellation			Asit I	K. Dutt	a				-			
		*			FACII	ITY INF	ORMATION							
Name of Facility Where A	Abatemer	nt is Taking Place	(3)					Type of Facility	(4)					
Deltech Resins, In	C.		38 10					School (K-12)	\					
Street Address	-					77743.97152			Other than K-1	2)				
49 Rutherford Stre	of								vate & commerci	al buildin	gs,			20
City (5)			-					homes, etc.) Square Feet	# of Floors	Bldg.	Δαε		-	
7107-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	E 4020							20,000 +/-	3	40+				
Newark, NJ 0710	3-4020				Carratio	Cada /7	VOTATE LICE		or if being demo		/-		_	
County (6)				- 1	ONLY)	Code (7	) (STATE USE			iisnea)				
Essex								Educationa			-			
Name of Monitoring Firm			1	ASCM	(IDOR)=(B)			nent Contractor (9						
₩cCabe Environmen	ntal Ser	vices, L.L.C.		0011	8			toration Co.,	Inc., 22-2674	200				
Street Address							Street Address							
464 Valley Brook A	Avenue	)					223 Randolp							
City, State, Zip Code							City, State, Zip C							
Lyndhurst, NJ 070							Clifton, N.J	07011						
Project Manager for Mon	itoring Fi	rm	Will Barry		ne No.		Telephone No.		License No.					
Ellen McCabe	72 -				38-483	9	973-478-468		00120					
Start Date (10)		Scheduled Com			te (11)		Name of OSHA	ati tana a salah sa	**					
December 21, 2012		December 2		2012			McCabe Env	vironmental S	Services, L.L.	c.				
Occupancy Status During	g Abatem	ent (Check only	one)				Street Address							
☑ Facility Closed/Vacate	d During	Entire Period of	Abat	ement				Brook Avenue						
☐ Abatement Performed	Outside	of Normal Facility	/ Hou	ırs			City, State, Zip C							
☐ Other - Describe:	AWRES		`				Lyndhurst, I	NJ 07071-199	8	2				
Scope of Work (Check al	I that app	oly)						Containment with	Nogative Pressu	ro				
≥ 3 sf or ≥ 3 lf					⊠ Ren		Mini-	Enclosure	Negative r ressu	16				
≥ 160 sf or ≥ 260 lf					☐ Dem	olition	☐ Glov	ebag Procedure Exempted (*) and	Non Eriable Pro	coduro				
	_			er en			☐ MOII-	Exempled ( ) and	Non-Friable Fro	cedure	A	bate	mei	nt
				Locat Iormal								Ту		
Locatio		7 - 1-		d Sole			Description							
Asbestos-Containin		al (ACM)		ntena			stos Containing Man, thermal systems		Amount (Specify		70		드	щ
TO BE AL			С	ustodi Staff?		(1.6	surfacing, VAT		SF or LF)		em	Reg	aps	clo
(13				(12)		73	other miscellane				Removal	Repair	Encapsulate	Enclosure
				. 22 - 520	Γ -						=		te	
			Yes	No	N/A					415			-	
Valve Assembly -	AR1			$\Diamond$			mal Systems I			4 LF	- 1			
Tank LM-58				X		End Ca	pc, Thermal Systen	ns Insulation		56 SF	X	_		
					-									
Name of Registered Was			1708076		Vaste H	auler	Cubic Yards of Waste	Name of Regist	tered Landfill					
B&N&K Restoration	on Co.,	Inc.,	1 200	No. 2695			waste 1	Minerva En	terprises, In	c.				
22-2674200		• *		-555							_	_		
City, State							Disposal Date	City, State	ra OL					
Clifton, N.J 07011		Title	-			-	12/24/12	Waynesbu	ig, On	Date		_	_	_
Completed by	n	Project Mai	120	or			Signature			12/11	/20	12		

ct<sub>101</sub>92

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

Date of Notification (1) 12/12/12					Owner/Operatority of NY		2) <b>2</b>	012[	DEC 17	7 A	26 14	1,,2		
Agencies Notified Type Notification			Street Ad 241 Er		oom 236		A	1 22 -	Acres course			j: દુ	7	
EPA Initial Amended Amendmen				te, Zip Co City, N.				E	LICE	V511	VI VG	ROL		
■ DOH     ■ DCA     ■ Emergency justification cancellation     ■ Cancellation	)		Name of Uday N	Contact Mehta				Tel	ephone M	Numb	er			
		X	FACII	LITY INFO	RMATION	_								
Name of Facility Where Abatement is Takin Port Newark Marine Terminal Adn Street Address 260 Kellogg Street			ilding	11	3	1	Type of Facility (4  School (K-12  Subchapter (1)  Other (i.e. pretc.)	?) B (Oth			ouild	ings,	home	es,
City (5) Newark							Square Feet 50000	3	f Floors			dg. A )+	ge	
County (6) Essex			County C	Code (7) ISE ONLY)	7		Current Use (Prio Administration			lished	i)			
Name of Monitoring Firm Hired by Building Port Authority of NY&NJ	Owner (8)		ASCM	l No.			f Abatement Cont			RACT	IN	G IN	C.	
Street Address 241 Erie St. Room 236					4 353365		ddress 19th Avenue.							
City, State, Zip Code Jersey City, NJ 07310							ate, Zip Code a, NY 11105							
Project Manager for Monitoring Firm Uday Mehta	19		Telephor 201-59	ne No. 5-4881			one No. 29-2501		License 01159					
Start Date (10) 12/14/12	Schedule 12/31/1		pletion [	Date (11)			FOSHA Monitor	ONN	IENTA	L				
Occupancy Status During Abatement (Che		100	- Alexandra		1.7500		ddress A 23rd Street							
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of A	Hours	ent		City	, Sta	ate, Zip Code Island City, N	······································	105			-		
Scope of Work (Check All That Apply)		-				9	,,,,,				_	-		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoliti				×	Full Containme Mini-Enclosure Glovebag Proc Non-Exempted	edure					e	
and the second s	1 10	Location	on					1/		T		Abate	ement	
Location of	1	Normall	ly		Descript	ion o	of					Ту	ре	
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	d Solel intenar todial S (12)	nce/			g Ma ems VAT	aterial (ACM) insulation, , or	(	Amount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
Building 260 Maintenance Area			X		VA	T		10	000 SF	2				
2000009 200 000000000000000000000000000														
					22					_				
Name of Registered Waste Hauler		I N	JDEP W	aste /	Cubic Yard	s	Name of F	Regist	ered Lan	dfill				L
ABC Construction Contracting Inc.		Н	auler ID 2280		of Waste 30		G.R.O.V	V.S.			ill			
City, State Astoria, NY 11105					Disposal Da 1/10/13	ate	City, State Morrisvi		A 1906	67				
Completed by STANKO KORONSOVAC	Title PRES	SIDE	NT		Signat	ture/	the		-	Date 12-		12		

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Date of Natification (1)		Na A	LLRIS	uikling ( K, INC	20192	PUE'C	2 7	AM IO:	55.	·C 1		<del>))19</del>			
Agencies Notified Type Notification	(	5	reet Add	NED'	Y BOU	LEVAF	ن راها	ON TH			7	0			_
Σ ΕΡΑ Initial Amended Amendment Ame		C	ty State	Zio Co	de	& LI	CEN		IVE	R A	/PE	R	JV	EL	-
Emergency (in pick pick)  DOH pick Cancellation	ncluding	N	ome of C	ontact			1		rolo	<del>phone l</del>	Numbo	7			
			FACILI	TY INPO	TRMATI	ON _	Type of	Facility (4)	P. MIC.	AND AND	wich w.		70:		-
Name of Facility Where Abatement is Taking BAYSHORE VILLAGE - BUILDING	Place (3)				_	-	□ 8c	noel (K-12)	(Orbo	r than h	(-12)	3 11-	h		
SHOAL HARBOUR COURT				2			olo	-			ercial		gu, n		
City (5) PORT MONMOUTH	-					11.00	\$quare			Floore			N. 48		
County (6) MONMOUTH	•	6	curity Co	ado (7) BE ONLY	,			Use (Prior			oliohoo	1)			
Name of Monitoring Firm Hired by Building ( TT( ENVIRONMENTAL, INC.	Ownar (8)	1	MOEA	No.		TW	BRO	ment Cont THERS (	CON	(8) TRAC	TING				
Stroot Address 1253 NORTH CHURCH STREET			L			Street 250	Address RUTH	ERFORD	BL\	<b>/</b> U					
City State Zip Code						City 8	state Zip								
MOORESTOWN, NJ 08057-1138 Project Meanagor for Monitoring Firm			Glephan 856-84			Telépi	none No.			Ucen: 0049	20 No.				
JIM GALARDI Steri Dato (10)	9choduled	Com			37	Name	MARINE EA EN	Monitor (9) ABO	VΕ		-				
12/13/2012 Occupancy Status During Abatement (Chec				_	_		Address	200						(8)	
Facility Closed/Vecated During Entire Abatoment Performed Outside of Nore Other - Describe: VACANT	Period of Aba	atom	ent		3: 	City,	State, Zip	Code	_	-					
Boopo of Work (Chuck All That Apply)  23 of or 23 if 2160 of or >260 if		nove liicom					Mini	Containme Enclosure vabog Prod Indiana	adius			o Fros		man	•
		ocat		From:			-		- a 2	70° , 12/4	- 7			pa	•
Location of Appealos-Containing Material (ACM) TO BY: ADATED In Facility (13)	Used Maint Custos	tons dist 8 (12)	ngo/ Elmff?	Are	neles Co	eschptic ntaining at exeter baine V	n of Material He inculo AT or 1 Ansous)	O DA		Amnuni (Opeoli) F or L	l }	Remova	*epcor	ಕ್ಕಡಿಸಿದ್ದಾರಿಕೆ	
SEE ATTACHED	Yes	No X	N/A			DE	C 1	2 2012			j	х			
									+				-	-	
	+				W	VIVE	RA	PPRO		ED	<u> </u>	-	<u></u>		
Name of Registered Waste Hauter TWO BROTHERS CONTRACTIN	ig	Ji	NJDEP V Houler ID 18743	Vaste No.	of V	eleeValo		WAST	EM			NT C	3 R.	D.W	
City State					Dis 12	2/17/20	12	City, 810 MORF		ILLE,	PA				
CLIFTON, NJ Completed by VIVECA RAMOS	SECF		ABV			Signa	и в		R	m-~	1 1 2 2 2	ste 2/17/	201	2	

ASB-41 (R-06-08)

\* Do not use this form for asbos as liconsure exempted activities.



Date of Notification (1) 12/12/2012	10 h t v + 1 - 1 - 1		100		Building C SK, INC		perator	(2)	20	ויי חר	0	· Pap I	10 F		
Agencies Notified	Type Notification			Street Ad	dress	BOU	LEVA	RD			C 17 A				=
EPA DEP DOL	Initial Amended Amendment #		-	City, Stat	e, Zip Co RDALE,	de (			— A 3	& L	TUS CL	.dTi	101.		
× DOH DCA	Emergency (in justification) Cancellation	cluding		Name of LOU C						Tel	anhono Mur	nhar			
				FACIL	ITY INFO	RMATI	ON								
Name of Facility Where BAYSHORE VILLA Street Address									of Facility ( School (K-1 Subchapter	2) 8 (Oth	er than K-12	2)			
1 SHOAL HARBOU	JR COURT								Other (i.e. p etc.)	rivate 8	& commerci	al build	lings,	home	s,
City (5) PORT MONMOUT	Н								re Feet		f Floors		ldg. A	ge	
County (6) MONMOUTH				County C STATE U	ode (7) SE ONLY)			Curre	nt Use (Pri	or if bei	ng demolish	ned)			
Name of Monitoring Firm		wner (8)		ASCM	No.		0.0000000000000000000000000000000000000		tement Cor		(9) TRACTIN	IG.			
Street Address	TAL, INC.							Addres		0014	110.0111				
1253 NORTH CHU	IRCH STREET						250	RUTH	HERFOR	D BL\	/D. ,			w10.7	
City, State, Zip Code MOORESTOWN, N	NJ 08057-1136						4.5		ip Code , NJ 0701	14					
Project Manager for Mor	nitoring Firm	2	- 1	Telephor 856-84	ne No. 0-8800		************	none No -956-8			License N 00494	0.			1 1
Start Date (10) 12/13/2012		Scheduled 12/17/20		pletion [	ate (11)		1000000000		HA Monitor (9) ABO	VE					
Occupancy Status Durin	g Abatement (Check	Only One	)				Street	Addres	ss .				-		
Facility Closed/Vac Abatement Perform Other – Describe:	ated During Entire Pened Outside of Norma VACANT	eriod of Ab I Facility I	atem Hours	ent			City, S	state, Z	ip Code						
Scope of Work (Check A	All That Apply)												Rf		
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf			nova molit	37.70			×	Mir	ni-Enclosure	e cedure	n Negative F			ρ.	
								J 140	II-Exemple	u ( ) an	d Non-i Hai	10110		ement	
Location	n of		ocati ormal			De	scription	n of					Ту	ре	
Asbestos-Containing TO BE AB In Faci (13)	n Material (ACM) A <u>TED</u> lity	Used Main Custo	tenai	nce/ Staff?		tos Cont thermal surfa	taining N system cing, VA miscellar	Materia s insula T, or		(	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				50000				<u> </u>			
SEE ATTA	ACHED		X				20					X			
Name of Registered Wa	ste Hauler		I N	JDEP W	aste	Cubic	Yards		Name of	Regist	ered Landfil	Ι		<u> </u>	
TWO BROTHERS			Н	auler ID 8743		of Wa	ste		WAST	E MA	NAGEME	ENT G	3.R.C	).W.	S.
City, State CLIFTON, NJ							sal Date 17/201		City, Stat		LE, PA				
Completed by VIVECA RAMOS		Title SECF	RETA	ARY		5	Signature	e Lve	cal	Car	a	ate 2/12/2	2012		

## RECEIVED

### BAYSHORE VILLAGE - BUILDING D

APT	LOCATION	2012 DEC 17AAM 10: 55	QTY
i	KITCHEN	A VAT & MASTIC	30 SF
26	HEATER ROOM	VAT & MASTIC INCL	25 SF
	KITCHEN	VAT & MASTIC	30 SF
28	HEATER ROOM	VAT & MASTIC	25 SF
20	KITCHEN	VAT & MASTIC	30 SF
32	HEATER ROOM	VAT & MASTIC	25 SF

TOTAL

165 SF

ck 21774

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

suant to NJAC 8:60 and 5:16)

<u> </u>										* See 8. # 1. # 4	11-1)	-					
Date of Notification (1)	11 /	12			Name of Building Owner/Operator (2)  Line Street  Street Address  2012 DEC 17 AM 10: 5t,												
Agencies Notified  EPA	Type Notificat	tion			Street Address 1035 Line Street												
☑ DOLWD	☐ Amended			- 1		tate, Zip C	Zin Code										
☑ DHSS	Amendme	nt #				iden, NJ			& LICENSING								
☐ DCA	☐ Emergenc		luding	-		of Contact			Telephone Number								
(NJAC 5:23-8)	justificatio									reichilotte Mutiber							
	☐ Cancellation	on		17-25		s Caldw					-						
					FAC	ILITY IN	FOR	MATION									
Name of Facility Where A	Abatement is Ta	aking	Place	(3)					Type of Facility (								
Former Metal Shop	i,								School (K-12)		12)						
Street Address									☐ Subchapter 8 ☐ Other (i.e., pri			ildina	S.				
1035 Line Street								homes, etc.)									
City (5)	-								Square Feet	# of Floors	Blo	dg. Ag	je				
Camden									100,000	1		+/- 7	5				
County (6)					Coun	ty Code (7	)(STAT	TE USE ONLY)	Current Use (Price	or if being demo	lished)						
Camden							*Accessor		Vacant								
Name of Monitoring Firm	Hired by Buildi	ing O	wner (	8)	ASCM I	No.	Nan	ne of Abateme	ent Contractor (9)	· · · · · · · · · · · · · · · · · · ·			98				
Langan Engineerin		ing O		,			2000		mental Manage	ment. Inc.							
Street Address	9				-		211 /200	et Address	morrear manage								
								436 Enterpr	ico Avonue								
619 River Drive							300										
City, State, Zip Code						City, State, Zip Code											
Elmwood Park, NJ							Philadelphia, PA 19153										
Project Manager for Mon	itoring Firm			201503509	phone I		Telephone No. License No. 1156										
Vijay Patel			20	1-794	-6900	2	15-365-5810										
Start Date (10)	S	chedu	uled Co	omple	tion Dat	te (11)	100000000000000000000000000000000000000	ne of OSHA M		11							
01 / 02 /	_20_	_03	3_/	_ 15	/ _	20	U	SA Environ	mental Manage	ement, Inc.							
Occupancy Status During	g Abatement (C	Check	only o	ne)			Stre	et Address		120	3027A-01	Di more					
Facility Closed/Vacated During Entire Period of Abate							84	436 Enterpr	ise Avenue								
☐ Abatement Performed						cribe		, State, Zip Co	ode								
Time of Abatement: 7	AM- <u>3:30</u> PM/_		_PM	/	AM.			hiladelphia,									
Scope of Work (Check a	Il that apply)		45000	-										-			
Scope of Work (Crieck a	ii tilat apply)								tainment with Neg	ative Pressure							
								☐ Mini-End									
≥160 sf or ≥260 lf	molitic	n				g Procedure empted (*) and No	n-Friable Proce	dure									
	Locat	ion			Z NON-Exc	impled ( ) and red	T Habie I rece		Abatement Type								
Location	of			Norma				Description of	of		9	_		1			
Asbestos-Containing		)		d Sole		Asbe	stos (	Containing Ma		Amount	Remova	Repair	Encapsulate	Enclosure			
TO BE ABA	ATED			intena todial			e, the	rmal systems	insulation,	(Specify	lova	를:	aps	OSL			
IN Facil (13)	ity		Ousi	(12)	O(aii :			urfacing, VAT her miscellane		SF or LF)	=	1	ulat	9			
(13)			Yes	No	N/A	1	Ott	ici illioodilane	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Ф				
Exterior/Interior (doc	or window r	oof			N .	Caulki		-		5,310 LF			П				
and wall)		-							4-	25 LF			H				
Boiler Room						-		e and gaske	ets	450 SF		H					
Exterior						Duct M	astic				1,555		1				
Exterior (parapet, coping, skylight)						Mastic				1200 LF				ш			
						Naste D No.	Cub	oic Yards of									
USA Environmental Management, Inc.						) NO.	1,000,000	60	Minerva La	andfill							
City, State		1,5						posal Date	City, State		-	17.14	2009				
Philadelphia, PA							03/15/2013 Waynesburg, OH										
Completed By (Print or 1	Type)	Title	)					Signature	1 1 72		Date						
Dilip Kumar	717			m Ma	nager			(16)	lepku	ECA .	12 -	11-	12				
Dilip Kumar Program Manager									W.	1-	1.7	<u> </u>					

				(Ft				o and 5. re	, O	Engrance.	04-4						
Date of Notification (1)				107-2-	Name o	of Building	Owne	er/Operator (2	2)	E CENT							
12/		Line															
Agencies Notified	Type Notificat	ion			Street	Address		-	2012 DEC 17 AM 10: 54								
⊠ EPA					1035	Line St		110.54									
□ DOLWD	☐ Amended				City, St	ate, Zip C	ode		436	3103 COM	1 55.54	-					
☑ DHSS	Amendmer		_			den, NJ			& LICENSING								
□ DCA	☐ Emergency		uding			of Contact				Telephone Nur	nber			_			
(NJAC 5:23-8)	justification  Cancellation									Тогориго							
	Caricellatio	JII				Ross Caldwell  FACILITY INFORMATION											
				(0)	FAC	ILITY IN	FORI	MATION	Two of Facility /	4)					_		
Name of Facility Where		aking F	Place	(3)		Type of Facility (4)											
Former Metal Shop	)								☐ School (K-12) ☐ Subchapter 8	(Other than K-1	2)						
Street Address							<ul> <li>Subchapter 8 (Other than K-12)</li> <li>Other (i.e., private and commercial buildings,</li> </ul>										
1035 Line Street								homes, etc.)	1					S			
City (5)									Square Feet	# of Floors	B		Age				
Camden									100,000	1		+/-	75				
County (6)					Count	y Code (7)	)(STAT	E USE ONLY)	Current Use (Price	or if being demo	lished)						
Camden						Vacant											
Name of Monitoring Firm	n Hired by Buildi	ng Ow	mer (8	3)	ASCM N	No.	Nam	e of Abateme	ent Contractor (9)								
Langan Engineerir	ng						US	SA Environ	mental Manage	ment, Inc.							
Street Address							Stree	et Address									
619 River Drive							84	36 Enterpr	ise Avenue								
City, State, Zip Code							City, State, Zip Code										
Elmwood Park, NJ							Philadelphia, PA 19153										
Project Manager for Mor				Tel	ephone N	No.	Telephone No. License No.										
Vijay Patel	3			J. P. S. S. C. C.	01-794-		215-365-5810 1156										
Start Date (10)	S	chedul	led Co	mple	etion Dat	e (11)	Nam	ne of OSHA N	Ionitor								
01 / 02 /	3 25555				5 /		USA Environmental Management, Inc.										
	A STATE OF THE STA		- TENE				Street Address										
Occupancy Status Durin					mont		8436 Enterprise Avenue										
□ Facility Closed/Vacat     □ Abatement Performe						cribe	City, State, Zip Code										
Time of Abatement:						SIIDO	Philadelphia, PA 19153										
							PI	niiadeiphia,	PA 19153						-		
Scope of Work (Check a	all that apply)							☐ Full Con	tainment with Neg	ative Pressure							
		0	Rei	nova	tion		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure										
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>			Der     Der	molit	tion   ☑ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure												
								M Non-Exe	Abatem						mont Typo		
				Loca lorm				Description of	of			Т		1000			
Location Asbestos-Containing		,			lely by	Asbe	estos C	Containing Ma		Amount	Kemovai	'   <u>.</u>	Repair	inc	Enclosure		
TO BE AB	ATED				ance/ Staff?		e., ther	rmal systems	insulation,	(Specify	VOC		음.	aps	JSO		
IN Fac			Cusi	(12				urfacing, VAT er miscellane		SF or LF)	<u> </u>			Encapsulate	9		
(13)		T	Yes	No	1		Oth	iei illiscellane	,043)				1	O .			
D 6				2000		Galbes	too			29,000 SF	×	1 1	7	П			
Roof					-	10.000000000000000000000000000000000000	741						-	=			
Roof	=					Roofing	g			49,000 SF		-					
Mezzanine						Floor ti	ile			3,750 SF	Ø						
Warehouse/Mezzan	ine				$\boxtimes$	Pipe In	sulat	tion		204 LF	×						
Name of Registered Wa	ste Hauler				NJDEP \		C. C. S. S. C.	ic Yards of	Name of Regis	tered Landfill							
USA Environmental Management, Inc.  Hauler ID No. 32610								ste 60	Minerva La	andfill							
City, State					020 I			oosal Date	City, State								
Philadelphia, PA							100000	3/15/2013	Waynesbu	rg, OH							
Completed By (Print or	Type)	Title		11-13-			1 * -	Signature	1 12	T	Date	10.1					
	. Abe)		nara	m M	anagor			161	in Weenens	2	12-11-12						
Dilip Kumar Program Manager Lelip Kellar 12-11												_					

ASB-41

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

Continued

c/c # 4041

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

Date of Notification (1) 12-11-12	Name of Building Owner/Operator (2) Lindsay Conner  Street Address																	
Agencies Notified	1	Street Ad 1101 V	Idress Vest Ave			2012 050		Every Est	}									
DEP DOL	Initial Amended Amendment		_		e, Zip Code Haven, NJ	AM IO:	i i											
DOH DCA	Emergency ( justification) Cancellation		Name of Contact  **ENTING**															
				FACIL	ITY INFORMA	TION	77.55											
Name of Facility Where Res. House (Em	Abatement is Taking nergency Storm	g Place (3) Damage)		Type of Facility (4)  School (K-12) Subchapter 8 (Other than K-12) Other (i.e. printled 8 commercial by														
1101 West Ave							Other (i.e. private & commercial buildings etc.)  Square Feet # of Floors Bldg.											
Beach Haven, NJ (	8008						3	3000	2	<del></del>	45							
County (6) Ocean			County C (STATE U	Code (7) ISE ONLY)		C	current Use (Prior	if bei	ng demolish	ed)								
Name of Monitoring Firm SEM	Hired by Building (		ASCM	No.		ne of Abatement Contractor (9) sured Environmental Services, Inc.												
Street Address 1634 South Delaw	are Street		Street Address 570 Clems Run															
City, State, Zip Code Paulsboro, NJ 080		City, State, Zip Code 08062																
Project Manager for Mor Ed Keegan	T	Telephor 856-42	ne No. 23-5711		lephone No. License No. 01145													
Start Date (10) 12-12-12	Con 2	npletion [	Date (11)		ne of OSHA Monitor													
Occupancy Status Durin	)	*			et Address O Rt 130													
Facility Closed/Vac Abatement Perform Other – Describe:	atem	atement																
Scope of Work (Check A	All That Apply)																	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Demand	nova molit				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure					'e						
		1						Tron Excripted	/ / 411	3 1007 7 1102	Ī		emen	t				
Location	n of	No	ocati omal	ly		Descriptio	on o	f			Туре							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used So Mainter Custodia (1)				nce/	Asbestos Co (i.e. them	ontaining	Mai ns ii AT,	terial (ACM) nsulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure				
4.15		Yes	No	-	Douwo	ll ioint o		nound	50	00 SF	-	-	-	┼				
1st Flo	oor	-		X	Dry wa	II joint o	2011	ipouriu		JU 3F	X	_		-				
		1																
						140100071110000												
Name of Registered Waste Hauler NETS				JDEP W lauler ID		ic Yards Vaste		Name of R Allied In		tered Landfill rial								
City, State Hazleton PA						oosal Dat 21-12	te	City, State Imperial	, PA									
Completed by John Zumbo	dent	Van	74	Signalu	ref	Zink	,	Da 1	te 2-11-	12								
L			-	0.0		70	-											

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

Friable Notification Check #: 5170

Date of Notification (1)			Name of Building Owner/Operator (2)																
Agencies Notified Type Notification				Street Address 2012 DEC 17 AM 10: 50															
(X)EPA																			
	[X]Initia		11	100 Brookside Avenue															
[X] DEP	100 - 100 -	ication						ie :-		& LICENS	IN LIGHT								
(X) DOL	[ ]Amende Notif	ication	1.1	Alledale, NJ 07401															
(X) DOH	[ ]Cance	Na	ime or	Co	ntaci	5			Lere	sphone w	umbe	r							
CX1DCA			J	ohn E	. Bo	rema	in, Bu	siness Adr	m	inistrator					2				
				FP	CIL	ITY :	INFORM	MATION											
Name of Facility Who	ere Abatem	ent is T	aking	Plac	e (	3)	20.00		П	Type of Facil:	ity (4)				- 1				
Hillside Elementary S	chool									[X]School	(K-12)	(Oth	ar t	han	K-17	) ·			
Street Address									11	[ ]Other	(i.e.,	priv	ate	£ CO	mmer	-			
89 Hillside Avenue									11	Square Feet	wilding # of Fl	g, n	Omes  Bl	dg.	Age				
City (5)		Count	y (6)			Co	unty (	Code (7)						60					
		_				(S	TATÉ USE ONLY)			Current Use ()	Prior if	bei	ng d	emol	ishe	d)			
Allendale Name of Monitoring	Siem Sirad	Berge	en dana	ng   ASCM No.     Name of Abatement Contractor (9)											-				
Owner (8)	TIM HILEU	Dy Bull	azng	Name of Adatement Contractor (5															
Horizon Environmenta	al Group, In	ic.		00073 Four Strong Builders, Inc.															
Street Address							Str	eet Addres	SS										
P.O. Box 316							180	Sargeant	A	Venue									
City. State. Zip Co.					CTE	y. State.													
Thorofare, NJ 08086 Project Manager for	Wantfania	a Firm I	Tala	abone	Mum	ha=		ton, NJ 070			- 17	icen	00 N	umne	-				
	MOUTCOLTH					mer													
David Flanigan Scheduled Start Date	(10) 15	ched.Com		348-08		711		973-614-0377											
1   2   / 2   1   / 1 Month / Day / 1 Occupancy Status Du [X) Facility Close of Abatement [ ] Abatement Perf Hours - Descri [ ] Other - Descri	Day leck o	e Peri	(ear one) iod		180	our Strong Builders, Inc.  CO Sargeant Avenue  Ty. State. Zip Code													
Scope of Work (Chec	all that	apply)			•		Hom	1011, 143 071	_	13					-				
[ ]Demoliti [X]>3 sf or [ ]>160 sf	(×	] Renot	vati	on		[ ]Mini [ ]Glov	ll Containment with Negative Pressure ni-Enclosure ovebag Procedure n-Friable Procedure												
			Los	Is cation	. 1				•				Abat	emer	E	ype E			
Locati Asbestos-C Material TO BE A in Faci (13	No.	rmally Used Olely Main- nance, stodia aff(12	/ al 2)	i	Asb M (i.e. nsula		ta AC fa	aining CM)	Amoun (Speci SF o LF)	fy	REMOVAL	R E P A I R	ENCAPSUL .	N C I. O S U R E					
Boiler Room			IX			Pipe	Fitting	gs			82 each		X						
Boiler Room	•		X			Wate	er Tan	k Insulatio	n		45 SF		X						
			1					11	_										
			1		$\dashv$				_					_					
Name of Registered	H	JDEP (			Cubi of W	c Yards aste	Name of Registered Landfill												
Four Strong Builders	1	2609		-	Disn	osal Date	-	North G.R.O.W	7.5., Inc.				_						
Product Total Control							-												
Clifton, NJ		TMYEV					TBD			Tullytown, PA			Date						
Completed By (Print	or Type)	Title						Signature	e	-64			Da	ce					
Bilyana Kulakovska		Office A	dmir	istrato	or			0	2	Ru			12	2/11/	12				
ASB-41 JUN 95									_						T.				