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

B & G proj. #: 2011-250

Sub Chapter 8

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Street Address														
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City, State, Zip Co									7025					
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12/27/2011		12/31				-	DOMESTIC STREET	yerson Road						
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B & G Restor	ration, Inc.	19:	563		25 yards				CC & RECOVE	. j Contor				
City, State				Disposal			City, S	tate /town, PA						
Lincoln Parl				1/3/20	Signature		- 1			Date				
Completed by (Title	~*		Signature		Gordan	ra Luna		12/0	7/2011		- 311-0	
Gordana Lu	na	Treasur	er .											

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) Check # 1943 2011 251 with wind out *** Emergency *** B & C. proj. # MLIVILIVIDELL Name of Building Owner/Operator (2) Pais of Notification (1) 112/11/11 William Peabody Jr Agencies Notified Type Notification Street Address ☐ EPA 37 Wellesley Street M Initial DEP City State Zip Code Amendment DOT. Maplewood, NJ 07040 Name of Contact M DOH Cancellation William Peahody, Jr. ☐ DOA FACILITY INFORMATION Typo of Facility (4) Name of facility where obstement in taking plans (3) School (K-12) Subchapter 8 (Other than K-12) Other (Private/Commercial William Peabody, Ir. Uldgs./Homes, etc. Thort Address Bldg Age Square Foet | # of i loors 17 Wellesley Street County Code (7) County (6) Current Use (Prior if being demolished) : ry (5) (State use only) residential Essex Maplewood, NJ 07040 Name of Abstement Contractor (9) ASCM No. Names of Monitoring Firm Hired by Bling Cowner (8) B & G Restoration, Inc. Street Address Smul Address 105 Ryerson Road City, State, Zip Code Try State Zip Code Lincoln Park, NJ 07035 Licensa Number Telephone Number Phone Number Payed Manager for Monitoring hirm 0518 973-696-6869 Name of OSHA Monitor Sched, Completion Date (11) Schedulad Start Date (10) B & G Restoration, Inc. Street Address 12/14/2011 14/2011 105 Ryerson Road Mupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement At gioment performed outside of normal facility hours-Lincoln Park, NJ 07035 Describe , Other Describe scope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation □ pemolition Non-friable procedure Mini-enclosura ≥190 sf or ≥280 if [<u>[</u> •3 ≥[0| ≥3] | ε E is location normally used solely n Location of Amount m by maintenance/custodial P Description of asbestos-containing (Specify SF or C asbeatos-containing G staff(12) material (ACM) material to be V abated in facility (13) N/A Nυ Yes X 120 lf pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJOEP Hauler ID# Tullyrown Resource & Recovery Center Registered Waste Hauler 2 yards 19563 3 & G Restoration, Inc. City, State Disposal Dale City State Jullytown, PA 12/15/2011 Luscoln Park, NJ 07035 Date Signature Completed by (Print or Type) THE 12/13/2011 Treasurer Gordana Luna

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State of NJ

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

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City, State				Disposal 12/15			Tullytov			-				
Lincoln Pa		12/13	Signatur	re				Date	. 15.5					
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Gordana L		Treasure												

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

2011-254 B & G proj. #: Check # 4943 *** Emergency Date of Notification (1) Name of Building Owner/Operator (2) 1 12 1/1 3 1/1 1 William Peabody, Jr. Type Notification Agencies Notified Street Address DEC 2 0 2011 EPA M Initial 37 Wellesley Street DEP City, State, Zip Code ASBESTOS CONTROL & Amendment DOL Maplewood, NJ 07040 Telephone Number Name of Contact DOH DOH Cancellation DCA William Peabody, Jr. **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) William Peabody, Jr. Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 37 Wellesley Street County (6) County Code (7) (State use only) Current Use (Prior if being demolished) residential Maplewood, NJ 07040 Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 12/14/2011 12/14/2011 Occupancy Status During Abatement (Check only one) 105 Ryerson Road ▼ Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Full Containment w/negative pressure Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \boxtimes >3 sf or >3 If E Is location normally used solely E Location of е n by maintenance/custodial Amount n m Description of asbestos-containing asbestos-containing p C staff(12) (Specify SF or C 0 material (ACM) a material to be LF) V abated in facility (13) p No N/A Yes 120 lf M pipe insulation basement Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 2 yards B & G Restoration, Inc. City, State Disposal Date City, State Tullytown, PA 12/15/2011 Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Gordana Luna Title 12/13/2011 Treasurer Gordana Luna

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2011-256 Non Sub 8

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

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Check # 4968

Date of Notification (1)	Nam	e of Buildin	g Owner/C	Operator (2)		S	- 1.7 - 4.0	West of July 20		1		
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Name of facility where abatement i	s taking place	: (3)						School (K - 1				
Jr/Sr High School								Subchapter 8			12)	
Street Address								Other (Private Bldgs./Homes	e/Commero s. etc.	cial		
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1Main Street	County	(6)			County	Code (7)						
City (5)	County	(0)				use only)	Current L	Jse (Prior if b	eing demo	lishe	d)	
Emerson, NJ 07630	Berge	en					School					_
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	- and					B & G Restorat	ion, Inc.					_
n/a Street Address					S	treet Address						
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Project Manager for Monitoring Fire	n	Pho	ne Numbe	r	T	elephone Number		03		CI		
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12/29/2011					-	105 Ryerson R	Road					
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City, State		TI .	12/30/2			Tullytown, P	Α	1				
Lincoln Park, NJ 07035	Title			Signature				_	ate			
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CALLO SIRIC

Pursuant to NJAC 8:50-7 and 12:120-7) BAGRED # REMEMBER - MAIL IN HARD Check # 4967 COPY*** Emergency *** Name of Building Owner/Operator (2) Date of Notification (1) Waterung Board of Edication 12/14/11 Type Notification Agencies Notified Street wit too [] EPA 371 Wanding Avenue Initial ☐ DEP City Sinte Zu Code DEC APPROVED Amendment Bloomfield, NJ 07303 DOL. Name of Carmach Ø DOH ASSESTOS CONTROLT Concellation Waller Shories □ 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) Watchung Presbytorian Church (Non Sub 8) Other (Private/Commercial Bldgs /Homes etc. Street Address Bldg. Age # of Floors Square Fcct 175 Watchung Avenue County Corie (/) County (6) Current Use (Prior if being demoushed) (ily :5) (State use only) church (non sub 8) Essex Name of Abatement Contractor (9) Bloomfield, NJ 07003 AT CM NO Name of Monitoring Firm Hired by Blog Owner (U) B& G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State. Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Nurnher Tolephone Number Phone Number Project Manager for Monitoring Fam 0378 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 12/19/2011 2/19/11 105 Ryerson Road Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement Chy. State. Zip Gode Abatement performed outside of normal facility wurte Lincoln Park, NJ 07035 Describe: Other-Describe cope of Work (check all that apply) Glovebag procedure Full Containment w/negative pressure Renovation [] Demolition Non-friable procedure Mini-enclosura ≥160 Af or >260 it X =3 58 Ct >3 F E le location normal y used solely 0 п Amount 11 Lecation of by maintenance in latestic m Description of adhestos-containing P 1 (Specify SF or asbestos-containing ¢ ø sinff, 12: a material (ACM) material to be ٧ abated in facility (13) Aire Yita Ne. 9 If pipe insulation basement 23 If שתונק basement Name of Registered Landfull Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 1 yard 19563 B & G Restoration, Inc. Elizopsal Date City State Lity, State Tullytown, PA 12/20/2017 Lincoln Park, NJ 07035 Date Signature Pun Completed by (Print or Type) Title 12/14/2011 Gordana Luna Treasurer

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State of NJ

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

B & G proj. #:	2011-255		(Pursi	ant to N	Emerge	ncv **	**	, and a little of the little o	Check # 4	1967				-
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Street Address					1	05 Ryerson Re	oad		-	-			_	
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City. State, Zip Co	ode						Lincoln Park, 1	NJ 070	35	I License N	umbei			-
			Dhon	e Number	4400	Te	ephone Number	r		0378	arribe.	F-5		
Project Manager	for Monitoring Firm		FROM	& Manuer		- 11	973-696-6869			0370			-	=
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>3 sf or >	>3 f L	In location	nomally u	sad solely					Amoun	t	e m	A	n	
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material	to be	staff(12)	120200	1	material	(ACM)			LF)		V	ı	p	-
abated it	n facility (13)	Yes	No	N/A					9 lf		図			I
				IX.	pipe insul	ation			23 lf				Ø	1
basement				X	pipe									1
basement	-													
														J
						TYMe ale	Name of Regis	tered La	ndfill		~1			
Registered Wa	aste Hauler	NJD	P Hauler		Cubic Yards	or weste	Name of Regis	lesoure	e & Recov	ery Center			_	
B & G Rest	toration, Inc.	195	63	Disposal	l yard Date		City, State							
City, State				12/20/			Tullytown,	PA		-72				-
Lincoln Pa	Lincoln Park, NJ 07035						Tullytown,	2		Date	4/201	1		
	y (Print or Type)	Title	est.		Signature		Gordana Is			121	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Gordana L	una	Treasur			لت									

B & G proj. #: 2011-255

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

*** Emergency ***

Check # 4967

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Date of Notification	(1)	Nan	ne of Buildi	ing Owner	r/Operator (2)			THE DESTRICT					
1 12 1/1 14	1/111 -	ll w	atchung I	Board of	Education		INE		11 11				
Agencies Notified	Type Notification		et Address				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			***************************************		27 TH-50-5	
☐ EPA		3	75 Watch	ııno Ave	nue .			100 n e					
☐ DEP	Z 1111001		, State, Zip				D L UL		Lance 1				Λ.
☑ DOL	☐ Amendm	ent	Bloomfield		003		O.S. Sandar						
	_		ne of Conta		303		Rock	Telephone	Number				
□ DOH	☐ Cancella	tion					AND PRODUCTION OF THE PERSON O						
☐ DCA			Walter Sh	attes				l`	=-	==	_		_
				FACIL	ITY INFORM	ATION	**** (* 1641-4 11 ³			-02.22			
Name of facility wi	here abatement is	taking place	(3)		li i			Type of Facility (4) (K - 12)				
Watching Pres	byterian Church	n (Non Sub	8)					The state of the s	pter 8 (Ot			12)	
Street Address								Other (F	Private/Co Homes, etc	mmer	cial		
									of Floors		Blo	ig. Ag	1e
375 Watchung	Avenue					L 0	-t. Cada (7)	Square rect 7	- 011 10010		9.00	3 3	6.550
City (5)		County	(6)				nty Code (7) te use only)	Current Use (Pri	or if being	dem	olishe	d)	
		Feee				(Old		church (non su					
Bloomfield, N	J 0/003	Essex Bldg Owner			ASCM No.	- п	Name of Abatement C						
Name of Monitorii	ig Filli tilled by a	olog. Owner	(0)				B & G Restoration	n Inc.					
n/a						-	Street Address	.,			The Alexander		
Street Address							105 Ryerson Roa	d					
N. O 7. O.						-	City, State, Zip Code						
City, State, Zip Coo	ue						Lincoln Park, NJ	07035					
	- Marikasina Eiro		IPho	ne Numb	er	-	Telephone Number		License I	Numb	er		
Project Manager fo	or Monitoring Film		Filo	ne manne	51		973-696-6869		0378				
				5 7 77		_	Name of OSHA Monit	or					
Scheduled Start D	ate (10)	Sched.	Completion	n Date (11)		B & G Restoration	n, Inc.					- College
12/19/11		12/19/	2011				Street Address						
Occupancy Status							105 Ryerson Roa	ď					
	ed/vacated during	entire period	d of abaten	nent.			City, State, Zip Code						
	performed outside	of normal fa	cility hours	;-									
Describe:Other-Descri	ribe:					_	Lincoln Park, NJ	07035					
Scope of Work (c	heck all that apply	()											
☐ Demolition	\boxtimes	Renovation				□ F	ull Containment w/neg	ative pressure	Gloveb	ag pr	ocedi	ıre	
>3 sf or >3		>160 sf or ≥				X I	Mini-enclosure		Non-fri	able p	oroce	dure	
	"		normally u	sed solely	/					R	R	E	E
Location of asbestos-co		by mainter	nance/custo	odial	1	ion of a	sbestos-containing	Amount		e m	e p	n	n
material to		staff(12)			material			(Specify S LF)	F or	0	a	a	C
abated in fa	icility (13)	Yes	No	N/A				/		v e	r	р	-
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basement					pipe	<u> </u>		23 lf				X	
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i													
Registered Waste	Hauler	INIDE	P Hauler II	D# C	ubic Yards of	Waste	Name of Registered	Landfill				-	
B & G Restora	tion, Inc.	1956	63		l yard		Tullytown Resou	rce & Recovery	Center				
City, State	-			Disposal [City, State						
Lincoln Park,	NJ 07035			12/20/2			Tullytown, PA		I Data	_			
Completed by (Pr		Title			Signature		Gordana Luna		Date 12/14/	2011			
Cordana Luna		Treasurer	•				0		12/17/	-011			



Agencies Notified PPA Initial Amended Amendment # 2 City, State, Zip Code Port Newark, NJ Name of Contact Yvan Beausoleil	Date of Notification (1)		T		770	vner/Operator	76 6	FA	e e e e	W		7	
City, State, Zip Code Dep Dep Dep Amendment # 2 Amendment # 3 Asch No Oil Storage Tank Name of New States Contracting Abatement Contractor (9) Amendment # 2 Amendment # 2 Amendment # 2 Amendment # 3 Amend # Abatement Amendment # 3 Abatement Abatement # Abatement Abatement # Abat				Street Ad	Idress			15					
DOL			-						DEC 2 0	2011		4	
Name of Facility Where Abatement is Taking Place (3) School (K-12) Schoo	DOL Amendment #		_		and some or all the sections.								
Name of Facility Where Abatement is Taking Place (3) BP US Pipelines & Logistics Street Address 350 Costal St City (5) Port Newark, NJ County (6) ESSEX Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Hired by Building Owner (8) Name of Monitoring Firm Street Extension, Suite 10 City, State, Zip Code Surveville, NJ 07083 Street Address 2400 Main Street Extension, Suite 10 City, State, Zip Code Surveville, NJ 08872 Froject Manager for Monitoring Firm Start Date (10) 1/10/12 Scheduled Completion Date (11) 0/5/31/12 Name of OSHA Monitor New States Contracting / Jeremiah Farmer Start Date (10) 1/10/12 Name of OSHA Monitor New States Contracting / Jeremiah Farmer Scope of Work (Check All That Apply) Abatement Performed Outside of Normal Facility Hours Other - Describe: Unnocuted tank farm Scope of Work (Check All That Apply) Abbestos Containing Material (ACM) 10 BE ABATED 10 Facility (13) Yes No N/A Renovation 10 Description of Asbestos Containing Material (ACM) Abbestos Containing Material (ACM) 10 BE ABATED 10 Facility (13) Yes No N/A Renovation 10 Description of Asbestos Containing Material (ACM) 10 BE ABATED 10 Facility (13) Yes No N/A Renovation 10 Description of Other Procedure Normally Used Solely by Maintenance (12) 10 Storage Tank Roof T104/2004 And T105/2005 at first then 2 more Tank roofs T102/2002 and T103/2003 X Normally Normal Scope (12) Normally N	DOH justification)	cluding				:1			Telephone Nu	mber			
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Street Address 350 Costal St County (S) Port Newark, NJ County (B) Essex Name of Monitoring Firm Hired by Building Owner (B) Hillmann Consutting, LLC Street Address 1600 Route 22 East, Suite 107 City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Union, NJ 07083 Project Manager for Monitoring Firm Start Date (10) 11/10/12 Oscida Abatement Contracting Firm Craig Abrams Start Date (10) 11/10/12 Scheduled Completion Date (11) Ob5/31/12 Cocupancy Status During Abatement (Check Only One) The Facility Close of Norre Period of Abatement Abatement Performed Outside of Normal Facility Hours Other — Describe: Uncaccupied Jank farm Abbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Vest No NA Adoption NA And T105/2005 at first then 2 more Tank roofs T102/2002 and T103/2003 Name of 1825 SF I I I I I I I I I I I I I I I I I I	Name of Facility Where Abatement is Taking	Place (3)	FACIL	III INFOR	IWATION	Type	of Facility (4)	of entroller	Signatur Malana	85	2000
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City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Union, NJ 07083 Project Manager for Monitoring Abatement (Check Only One) Start Date (10) 1/10/12 Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Cope of Work (Check All That Apply) Scope of Work (Check All That Apply) Scope of Work (Check All That Apply) Stabelsos-Containing Material (ACM) Oil Storage Tank Surger Address Street Address 2400 Main Street Extension, Suite 10 City, State, Zip Code Sayreville, NJ 08872 Telephone No. 722-525-0100 00749 Name of OSHA Monitor New States Contracting / Jeremiah Farmer Show Desktops of Street Address Surger Address Sayreville, NJ 08872 City, State, Zip Code Sayreville, NJ 08872 Street Address Sayreville, NJ 08872 Street Address Sayreville, NJ 08872 Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Asbestos-Containing Material (ACM) Oil Storage Tank Renovation Demolition Renovation Demolition Scope of Work (Check All That Apply) Seed Solely by Maintenance/ Custodial Staff? (12) Yes No N/A Roof Mastic 3930 SF X I I I Sociation Normally Seed Solely by Maintenance/ Custodial Staff? (13) Renovation Oil Storage Tank Roof T104/2004 And T105/2005 at first then 2 more X Roof Mastic NDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Landfill								Subchapter 8 Other (i.e. pr	3 (Other than K-1 ivate & commerc	2) ial buile	dings,	home	es,
County (6) Essex Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC Street Address Street Address 1400 Main Street Extension, Suite 10 City, State, Zip Code Union, NJ 07083 Project Manager for Monitoring Firm Craig Abrams Start Date (10) 1/10/12 Street Address Start Date (10) 1/10/12 Street Address Str							-	7777	# of Floors	ΙB	lda A	ae	
County (6) Essex County Code (7)							100000000000000000000000000000000000000			-	iug. i	.90	
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Sality Secondary Second	Other - Describe: Unoccupied ta	nk far	rm_			- Say	reville	, NJ 088	72				
Demolition Dem	Scope of Work (Check All That Apply)	_					7						
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AUCHTER INDUSTRIAL VAC SERVICE INC Hauler ID No. 980772768 G.R.O.W.S North		INC	1	Hauler ID	No.	of Waste							
City, State Disposal Date City, State	50%	5 70.					9	1950					
4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036 Morrisyille, PA 19067		7036			0:	1_	IVIOTTISVI		ate				
Completed by Title Signature Date 12/15/11	1-5 - 70979 - N	200070126	rinte	ndent		Signatur	W	t //la	1///		1		

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Date of Notification (1)				ling Owner/Operato			1	57		7
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Agencies Notified Type Not	ification		Street Addres		4 57	111 III ni	=('	0.0	Simo	
☐ EPA ☐ Initial ☐ Amen	ded	-	City, State, Zip		N 211				_	1
DOL Amen	dment #		City, State, 21	Tyli CI	LY NIJ	108243				
□ DOH justific	gency (includin cation)	-	Name of Cont			Telephone Num	ber/5	ČUII)	hull	À
☐ DCA - ☐ Cance	llation			+ EDUDIL) i	1	7.7117	Cores a		DX.
				FORMATION		1	171-1	Prop. a lie		-
Name of Facility Where Abatement	is Taking Place	e (3)			Type of Facilit	y (4)				-
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Street Address	2ND.	ST	LEET			r 8 (Other than K-1) private & commerci (.)		ldings	š,	
City (5) Store	= Hon	301	2		Square Feet	# of Floors	В	ldg A	\ge	
County (6) CARE MAY			County Code USE ONLY)	(7) (STATE	Current Use (F	rior if being demoli	shed)			
Name of Monitoring Firm Hjred by Bu	uilding Owner	TA	SCM No.	Name of Abatem	nent Contractor (9)				-
(8) ~/A			4:	- Ku	FMCO I	NC,				
Street Address				Street Address						
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Project Manager for Monitoring Firm		Teleph	none No.	. Telephone No.	00 27	License No.	===			
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Start Date (10)	Scheduled Co	ompletio	on Date (11)	Name of OSHA N	Monitor EPH KL	EMM				
Occupancy Status During Abatement	-			Street Address						=
Facility Closed/Vacated During En	tire Period of A	Abateme	ent	369	S, Spi	LULT LUC.				
Abatement Performed Outside of No. Other - Describe:	Normal Facility	Hours		City, State, Zip C	ODE SI	IDDE N.	J,	08	05	2
Scope of Work (Check all that apply)					tainment with Ne					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novation nolition		☐ Mini-End ☐ Gloveba	dosure g Procedure	on-Friable Procedu	re			
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TO BE ABATED IN Facility		aff?	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
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ame of Registered Waste Hauler			EP Waste	Cubic Yards		stered Landfill	l			
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n: State	= 117			Disposal Date	City, State	- 0 I	. T			
MAPLE SHADE	Title			Telegativa	_ 0000	DBINE I	. ز ، ر			
JOSEPH KLEMY	//e	10		Signature	a ICem	n Date $\frac{1}{2}$	16/	111		
JOSEN V TAWA		/_		-1-000	· Jeun	1-1/	/			_

LHECK # 2162

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

Date of Notification (1) Name of Building Owner/Operator (2) 17/11 CONSTILU Type Notification Agencies Notified Street Address DOL [X] Initial 300 Amended City, State, Zip Code Amendment # Emergency (including □ DOH justification) Cancellation DCA -FIDER FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) RES DENCE School (K-12)
Subchapter 8 (Other than K-12)
Other (i.e., private & commercial buildings, Street Address homes, etc.) City (5) Square Feet # of Floors Bldg. Age County (6) County Code (7) (STATE Current Use (Prior if being demolished) USE ÓNLY) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) Street Address Street Address City, State, Zip Code City, State, Zip Code Project Manager for Monitoring Firm Telephone No. Telephone No. 856 -779-0472 00444 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 116/12 1 85 EPH Occupancy Status During Abatement (Check only one) Street Address K Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure ___≥3 s1 or ≥3 II ___≥160 s1 or ≥260 II Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Used Solely by Location of Description of Asbestos-Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount TO BE ABATED Custodial (i.e., thermal systems insulation, (Specify Remova IN Facility Staff? surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) N/A SIDING TRANSITE 2000 由 X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler 10 No. of Waste Disposal Date Signature JOSEPN ASB-41

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Project Manager for Mo	nitoring Firm			Telepho	ne No.	Tek	phone		<u> </u>	License N 00156	lo.		·	
City, State. Zip Code						City	. State	vell Road . Zip Code ock, N.J. 07	7452			·		
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Name of Monitoring Fin	n Hired by Building	Owner (8)	,	ASCI	V: No.	Nar A	me of A	batement Co Contractin	ntractor g Inc.	(9)			2000	_
County (8)					Code (7) USE ONLY)		Cu	rent Use (Pr	nor if being	ng demotis	hed)			
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State of New Jersey

Date of Notification (1)	(0.000)		,			Owner/C			lim	FI	E	M	61	7	
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☑ DOH DCA	Emergency justification Cancellation)			f Contact AEL DC				L_	Tel	ephone Nu	mber			- (
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Name of Facility Where VACANT RESIDE Street Address		ng Place (3	5)						of Facility (School (K-1 Subchapter	2)	er than K-1	2)			
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City (5) FRANKLIN LAKES	S							2600		2	f Floors	4	3ldg. <i>A</i> 45 +/		
County (6) BERGEN				County (Code (7) USE ONLY	n	_		nt Use (Prid ANT	or if bei	ing demolis	hed)			
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	l No.				tement Con		(9) TRACTIN	NG			1130
Street Address							Street 250		is IERFOR	D BL\	√D.				
City, State, Zip Code							City, S	tate, Zi	p Code NJ 0701						
Project Manager for Mo	nitoring Firm		Telephor	ne No.		Teleph		D.	•	License N	l o.				
Start Date (10)		Schedule	ed Co	mpletion (Date (11)		W. A. C. C. C. C. C.		A Monitor	V8122	00454				
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Abatement Perform	cated During Entire	Period of A	Abater	S			Street City, S		p Code						-
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Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Ali That Appiy)		lenova Jemoli				×	Min Glo	i-Enclosure vebag Prod	e edure					
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City, State CLIFTON, NJ						01/14			City, State		LE, PA				
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ASB-41 (R-06-08)	(a)		00	*		/	Do no	t use ti	nis form for	asbes	tos licensur	e exer	npted	activi	ities.

Date of Notification (1) 12-15-11	***************************************			Name o	f Building Owne	r/Operator	(2)	16 E	= \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		n	7	100000
Agencies Notified	Type Notification			Street A	ddress ylvan Avenue	9)EC 2	0 2011				
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Name of Facility Where	Abatement is Takin	g Place (3)		FACI	LITY INFORMA	TION	Type of Facilit	y (4)					
Street Address 800 Sylvan Avenue)							ter 8 (Otl	ner than K-1 & commerc		ldings	, hom	es,
City (5) Englewood Cliffs			2000		300000		Square Feet 100,000	3	of Floors	1000	3ldg. / 19 yr		
County (6) Bergen		8		County (Code (7) USE ONLY)		Current Use (F Commercia		ing demolis	hed)			
Name of Monitoring Firm ENVIRON	Hired by Building	Owner (8)		ASCN	No.		of Abatement C acle Environ		The Control				
Street Address 8725 W. Higgins R	oad, Suite 725					1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Address Broad Street						
City, State, Zip Code Chicago, IL 60631							state, Zip Code stadt, NJ 070	72					
Project Manager for Mor Steven Blonz	nitoring Firm			Telephoi 773-27	ne No. 72-3535	1.00	none No. 939-6565		License N 00756	No.			
Start Date (10) 12-27-11		Scheduled 01-31-1		npletion I	Date (11)		of OSHA Monito n-Air Inc.	or	4				
Occupancy Status Durin							Address 9 Jackson Av	enue					
Facility Closed/Vac Abatement Perform Other – Describe:							tate, Zip Code Island City,	NY 11	101				
Scope of Work (Check A	II That Apply)					Long	, loiding Oity,				-	70 A C	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		2000	nova			×	Glovebag Pr	ure ocedure	_			22	
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Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	tenar dial S (12)	nce/ Staff?	(i.e. therm surf			(:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure		
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Name of Registered Was	ste Hauler		1233	JDEP W		c Yards	Name o	f Registe	ered Landfill				
ATC, Inc. / TriState Transfer (50071)					No. of W		Minen	/a Ente	erprises				
City, State Shirley, NY / Bronx, NY					Disp TBD	osal Date	City, Sta		OH 4468	38			
Completed by Title Kevin Moriarty Project M				nager		Signature	Was	1		ite 2-15-	11		

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

G. G			(Pursi	uant to N.J.A.C	. 8:60-7 and 12:120-7)	IIIn'		10	17	厚	1
	-		* 1570		Name of Building Owner/C	111		Lin II		1-1	1111
	har 16	2011			ST. PETER'S EPISO					- 11	
Agencies Notified	DC1 10,	Notification		tion	Street Address 505 MAIN STREET	TI L		20	2011		圳
□ EPA		Military Charles Communication Co.			City, State, Zip Code		İ			- 1	-
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X DOL				noidding	Name of Contact	L	Telepho	ne Num	ber 3		
☑ DEP- No Longer REQUIF	RED				Ms. LAURA BONAN	IICI			7	THE STREET	
				FACILITY IN	ORMATION .					1-1-59	on engage
					Type of Facility (4) School (K-12)	. p					
TOTAL MAIN OFFIT	1000				Subchapter 8 (other that	n K-12)					
505 MAIN STREET					Sq. Feet: ~8000SF				ge: 60	+ yea	ırs
City (5)	County (6	5)		/ Code (7)			NO NUMBER OF THE		iki -054 Marananan	0.5% mcnosec	
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	by Bldg.	Owner (8)	-	12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Name of Contractor (9)						
ATC ASSOCIATES	Project # 2011-306 of Notification (1) December 16, 2011 cies Notified CA CA CA COL EP- No Longer REQUIRED OH De of Facility Where Abatement is Taking Place (3) PETER'S EPISCOPAL CHURCH MAIN STREET COUNTY (6) MIDDLESEX COUNTY (6) MIDDLESEX COUNTY (State L. COUNTY (6) MIDDLESEX COUNTY (6) COUNTY (6) MIDDLESEX COUNTY (6) COUNTY (6) COUNTY (6) COUNTY (6) COUNTY (6) COUNTY (C) COUNTY (C			3	GREENWOOD ABAT	EMENT C	ONSULT	TANTS	, INC.		
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City, State, Zip Code	00016	***************************************	101		City State, ZipCode BUTLER, NJ 07405						
		Telephone !	Number		Telephone Number		License	Number			
BRIAN KEARNY	ASSOCIATES Address RRI LANE ate, Zip Code LINGTON, NJ 08016 Manager for Monitoring Firm N KEARNY led Start Date (10) //11 ancy Status During Abatement (Check only lity Closed/Vacated During Entire Period of the ment Performed Outside of Normal Facility				973-492-0477		00840	, vallipoi			
Scheduled Start Date (10)	***	Scheduled (Completio	on Date (11)	Name of OSHA Monitor						
12/27/11					ENVIROVISION, INC						
					Street Address						
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The state of the s	tside of No	ormal Facility	Hours -		City, State, Zip Code	CAD					
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Scope of Work (Check all that	apply)	Wenner of the second	2.400								
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	ment Con	sultants, Inc	- Butler,	NJ 07405		Disposal Da			y, State O New F		ill
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State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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ounty (6)			U.	SE ONL	.Y		ACART			=
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lame of Monitoring Fir	m Hired by Building C	wner- '-	ASC	,M NO.	KLGI	40,0 I	NCI.	,,		
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	and Dunne Phore P	ellow or re-		an					_	
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Other Describe:										
	i all that apply)				T Full	Containment wi	in Negative Pressure			
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· Do not use this form for asbestos licensure exempted activities

Date of Notification (1)			Name	of Buildin	g Owne	er/Operato	or (2)		Up II.	1 1	<u> </u>		100	
Agencies Notified	Type Notification	on			Via / Res	siden	ce ———	1		DEC 2	~ 0 zi):1	1 2 2		
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DOH DCA	justificatio Cancellati			Joe	of Contac	Į.		. ا		-Telent	none N	rimbei		- seamed	
Name of Facility Whe	ere Abatement is Tak	ing Place (3)		FAC	CILITY IN	ORMA	ATION	Type	of Facility (4						_
Joe Nia / Reside	nce							-	School (K-12						
118 25th Street	(4) (2)							T S	Subchapter Other (i.e. p	8 (Other t	han K- ommer	12) cial bu	iildina	s hor	290
City (5) Spray Beach NJ	08008				,			e	tc.) e Feet	# of Flo		T	Bldg. 35 +	Age	100,
County (6) ocean			T	County (STATE	Code (7) USE ONL	n			nt Use (Prio		demolis				
Name of Monitoring F N/A	irm Hired by Building	Owner (8)		ASCI	M No.		Name		ement Cont	tractor (9)	~				
Street Address							Street	Address	3			******	-	-	
City, State, Zip Code			0000				City, S	State, Zip		91		-			-
	100/44				one No.		Teleph	none No. 753-98		Lic	cense l	No.			
Start Date (10) 12/28/11								of OSHA	A Monitor		-	341			
Occupancy Status Dur							Street	Address							
Facility Closed/Va Abatement Perfor Other – Describe	acated During Entire rmed Outside of Nor	Period of Aba mal Facility H	atem ours	ent		P	City, S	30x 329 tate, Zip	Code						
Scope of Work (Check	All That Apply)		***				West	t Berlin	NJ 0809)1					
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REMEMBER MAN JANUARD COFF NOTIFICATION OF ASPESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:78)

STEVENS ENVIRONMENTAL SCRVCES INC CHECKEN QUESTION

Date of Notification (1)	12/15/11					Ing Owner/Opera	ior (2 e Lawrenc	DŲ	L 10	DA	Y	17-7 17-7 17-7	1
Agancies Notified EPA DEP REDOL	Type Notifical Initial Amanded			-	Straot Addres	Rou			26(0.62)	Paris D	E(t	2 (+
図 DOH	Amondme Emergence Justification Cancellation	y (Includ	ling	_	Inme of Canti	Lav	wrencevi)	e N9	OSC48	or plan	77		F
			-			Bob Smith	T VV F	411	Thu:				4-
Name of Facility Where	Abûlêment la Tr	kho Ph	rce (3)		FACILITY IN	FORMATION	12002228	- ne-					-
The L	awrenceville	e Scho	ol -	Out	side Trenc	h	Type of P		•				Pr. v.
Stroot Address	Route 20						Subch Other	apter 8	(Other than K	•12) rcial b	ulldin	ığa,	
City (5)	T 01110		11. 1				Square Fe	et	# of Floors		Eldg	Age	,
County (6)	Aercer	entevi	116.1	10	County Codo USE ONLY)	7) (STATE	Current U	se (Pric	or if being dem				=
Vame of Monitoring Firm		ng Owne	r	_1	CM No.	Name of Abate	mani Contrac	20c /91	steam tuni	nei		==	=
8) -	MECS			_					ental Servi	ces.	Inc.		
Street Address	PO Box 2	341				Stroot Address			x 322				_
dy, State, Zip Code	osswicks, N	1 005	٠,			City, State, Zip (Code			_	•	=	-
roject Manager for Mor		ו כפט נ		lamba	one No	-	Allen	town,	NJ 08501	_			_
	eisaarber Jr.	-			298-4070	Telephone No. (609) 2	59-9688		Liconse No	0049	23		
tert Date (10) 12/16/11			2/16	otion 5/11	Dalo (11)	Name of OSHA		ME(CS CS	<u>V</u> ()4:			_
ccupancy Status Durin Facility Closed/Vacate Abatement Porformed	ed During Entire Outside of North	Ponod o	Abou	âthean	ıt	Street Address City, State, Zip C			x 341				
Other - Describe: 7		1						ricks,	NJ 08515				
oope of Work (Chack a ≥3 at or ≥3 it ≥160 at or ≥260 it	ll (hat apply)		snovat smolitic			☐ Mini-End	D Procedure		ive Pressure Friable Procedu	ne.			
Location o	1	N	Locationally Solal	/		Description of					Abale	ment P4	
Asbosios - Containing M TO BE ABAT IN Facility (13)	atortal (ACM) EQ	a	nionen uslodik (12)		(10., 8	s Containing Mate hermal systems in surfacing, VAT, other miscalismed	rial (ACM) sulation, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yos	No	N/A	·							8	
exterior tro	exterior trench				-	pipe insulation	On	-	15 LF	×			
								+=			-	+	_
me of Registered Wark	Heuler		T N.	JDEP	Woola (Subic Yards	Name of Ba	- State	d Landfill				
tevens Environme	ental Service	s, Inc.	- H	18		of Waste		7	R.R.F., In	۵.			
, Siale	Allentown, 1	VJ.				Nanossi Date 12/19/11	City/Sinfo	,			-		=
mpleled By Mahlon E. Steve	Title		•		<u> </u>	Signostry	1//-		ullytown, I	ATTECS TIME		-	_
LYACILLELII I TOTALI	305	Pro	ucct	Mat	падег	1 JUVA	1-		1 1	2/15	711 1		

STEVENS ENVIRORMENTEL
SERVICES INC
CHECK# 24595

Date of Notification (1)				Nam	e of Buildir	ng Owner/Operator	r (2)			$\frac{ij}{J} = \frac{1}{i}$	<u> </u>	
	15/11	•				T	Lawrencevil	le School		n= -5 lin		
Agencies Notified	Type Notific	cation		Stre	et Address	D	- 20C PO P	MacDEC 2	0 2	011	i	
☐ EPA ☐ DEP	☐ Initial ☐ Amende	ed		City	State 7in (206 PU:B	ox 6606FC 2	0 -	O11		<u>/</u>
☑ DOL	Amenda	ment #	_	City,	State, Zip (renceville N	J 08648		CAN Berry		
⊠ DOH	justifica	ncy (includir ition)	ıg	Nam	e of Contac		Tence vinio, 13	Telephone Num	77 3.5	UL &		_
□ DCA	Cancella	ation		54.00.0000		Bob Smith	L.,		W (1) 1)			
				FA	CILITY INF	ORMATION		1				-
Name of Facility Where A	batement is	Taking Place	e (3)			10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Type of Facility	(4)		10000		
The La	wrencevi	lle Schoo	ol - O	utsid	e Trench	1	School (K-1					
Street Address	Route 2	206 & M	ain S	treet				8 (Other than K-1 private & commerc .)		ldings	5,	
City (5)	_			_			Square Feet	# of Floors	E	ldg. A	\ge	63
	Lav	vrencevil	le, N			7. /07475		<u> </u>				
County (6)	ercer			USE	inty Code (EONLY)	7) (STATE	Current Use (P	rior if being demol	4			
Name of Monitoring Firm		ldina Owner	=	ASCN	l No.	Name of Abatem	ent Contractor (9		-			_
7.4	MECS	-					7	mental Servic	es, I	nc.		
Street Address		A Administration of				Street Address						_
	PO Box	x 341					PO I	30x 322				
City, State, Zip Code Cro	osswicks,	NJ 0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Moni			A 15 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	phone	All the state of t	Telephone No.		License No.	and with			
<u>William We</u>			1	-	8-4070	(609) 25			049	3		
Start Date (10)		Scheduled (ate (11)	Name of OSHA		TCC	-IIIII-SK			
12/16/11 Occupancy Status During	Abetement		2/16	11		Street Address		ECS				
☐ Facility Closed/Vacate	But to the construction of which the con-	The second of the second of the second of	and the same	ment		Street Address	PO F	341 Box				
☐ Abatement Performed						City, State, Zip C					-	_
Other - Describe: 7	AM -3:30	PM						cs, NJ 08515				
Scope of Work (Check al	I that apply)					D Evil Con	stainment with No	antina Denneura				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End Gloveba	g Procedure	on-Friable Procedu	re			
			Locatio						T	bate		
Location of	f	100	lormally d Solel			Description of				Тур	e	
Asbestos-Containing Ma	aterial (ACM)	Mai	ntenan	ce/		os Containing Mate	erial (ACM)	Amount	ת	D.	ш	ш
TO BE ABATE IN Facility	<u>-D</u>		Staff?		(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	Сар	Enclosure
(13)			(12)			other miscellaneo		•	val		Encapsulate	sure
		Yes	No	N/A							e l	
exterior tre	nch			×		pipe insulati	on	15 LF	×			
Name of Registered Wast	e Hauler	'		JDEP \ auler IE		Cubic Yards of Waste	Name of Regis	stered Landfill				
Stevens Environm	ental Serv	vices, Inc	. -	182		1 CU	/	T.R.R.F., Ir	ıc.	0.000		
City, State	A 11	NIX				Disposal Date	City, State	m 11				
Completed By	Allentow	n, NJ	(a) (c) (c) (d)		1	12/19/1/1/ Signature	1	Tullytown,	PA			_
Mahlon E. Stev	ens	1000000	oject	Man	ager	33977			12/1	5/11		_

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

			(I disdant to <u>iv.</u>	Name of Build	Total I	III nec	2 n	2011	- 1		
Date of Notification (1)	15- 20	. 1		Name of Build	ing Owner	Operator (2)	,				
/2 -	15-201	1		Westm	1115/1	en Pres	5541	leria	in C	hu	rch
Agencies Notified	Notification	Type		Street Address	5 1	Escharge :	00 00 1	11177 01		3	
() EPA	() Initial No	tification		/37	Che	amber	5 5	tree	t	_]	6
() DEP	() Amende		ion	City, State, Zip	Code	The America	Tax like	*	C3 (2.00)		
() DOL	() Cancelle			Phi	//in	sburg	. N.	108	865		
() DOH () DCA	(x) Ema	gency		Name of Cont	act .	3001.01	Tel. No	umbe	411		
· · · · · · · · · · · · · · · · · · ·		′ /		Name of Cont WALte	rHar	tzell	101.11				
		0)	FACILITY IN	FORMATION	(4)						
Name of Facility Where Abatemen			/	Type of Facilit () School (K-	-						
Westminster Pre	esby term	an cr	nurch	() Subchapte	r 8 (other t						
Street Address	61				private & c	ommercial bld	gs., hom	es, etc.			
137 Chambers	Street			Sq. Feet		# of Floo	rs				
City (5) County		County C	The state of the s	Dida Ass				<u> </u>			
Phillpsburg Wo	arren	(State Us	se Only)	Bldg. Age	orior if bein	g demolished)					
Name of Monitoring Firm Hired by		ASCM N	0.	1		Name of Co		(9)			
Whitman Co.	mnanu					NICK	Rpc	tora	tho	n1	10
Street Address	mp - 1			Street Address	s	170.000	1000	. 10 -1	110	., _	
116 Tices Can	,			01/001/100/00		Brooks	side	RO	1		
				City Ctata 71a		70000	7/40	70			
City, State, Zip Code	W 4100	2010		City State, Zip		. 1//	076	2000			
East Brunswic		8016	and the second second second			INJ	018	69			
Project Manager for Monitoring Fire				Telephone Nu			-	e Number	r		
Levin Louley	732 -	390 5	858	913 93	3-2	550	011	33			
Scheduled Start Date (10)	Scheduled	Completion	Date (11)	Name of OSH		_				78	
12-16-2011	12-19	-2011		J.	+5 E	nulroi	men	tal	11	-C	
Occupancy Status During Abatem	ent (Check only or	ne)		Street Address	S		H:				
(X) Facility Closed/Vacated During				2333	RO	ute 2:	2 We	est			
() Abatement Performed Outside	of Normal Facility	Hours -		City, State, Zir			10.55				
Describe				911), 01010, Ell	20000						
Other -				Hain	n N	1 070	8.3				
Describe				oimo.	1, 1-	5 0.0					
Source of Work (Check all that ap	ply)				-						
() Demolition () Renovation											
() Large Proj. (>160 SF or >260 l	F ACM) () SM P	oj. (>25<16				roj. (<25 SF or	<10 LF	ACM)			
() Full Containment with Negativ	e Pressure (X) Location Normall		sure () Glo	ovebag Procedur		(Specify SF or	1F)	Abatem	ent Tyn	0	
	olely by Maint./Cu		thermal syster		Amount	(opcony or or	,	Abdicini	QIIC I YD	<u>u</u>	
	staff? (12)	NIA	surfacing, VAT	Γ, or other				Rem.	Rep.	Encan	Enclose
boiler room	YES NO	NA I	miscell.)		21	00 LF		T.Citi.	X	Споар	1
										- 40	
Name of Reg. Waste Hauler	NJDEP Wa	ste Hauler	ID#	Cubic Yards o	f Waste		Name	of Reg. Li	andfill		
1 0 /	1			200.0 101000				. R.O		S	
NICH RESTORATION	, 00	33 782	4			Dies Data					
						Disp. Date			ty, State	- 31	
Randolph, NJ								10	uy	TUW	n, PA
Completed by (Print or Type)	Title			Signature		, .	<u>Date</u>				
Elvira Mrda	Presi	dent		Elv11	al	1100		12-1	5 - i	201	/
- CONO TION	1,001	CICIL			- //						
Mail to: N.IDEP-DSHW-BRRTP	Telephone (309-984-66	20				C:\WOF	RD\MYDC	CSIAS	BESTO)S

13D

State of New Jersey

Notification of Asbestos Abatement

		(Pursuant	to NJAC 8	3:60-7 and 12:120-7)	(7-5)	- Commercial		Office and a second	
Date of Notification (1)	cember 13, 2011			Name of Building Own Johnson & Johnson	er/Operator (2)				W E
Agencies Notified *	Type N	otification		Street Address	n 11 12	X	* 10 Tel (40 Tel	**-*	
[X] EPA	[X] I	nitial		One Johnson & Johns	on Plaza				
[] DEP		otification		City, State, Zip Code New Brunswick NJ 08	933	U) U	E(;	2 0 2	WII
[X] DOL		ergency Notification	on	Name of Contact		Telephone	Numbe	er	
[X] DOH	W	Justification		Name of Contact	i	PA	d-CT/K	CONTR	OL &
[] DCA	[] Aı	nended otification		Jeffrey Macor	L_			.NSING	*****
	[] Ca	ncellation				di un e	V Tracket's	arrent.	1 m 1 years - 540 m
		FA	CII ITV IN	FORMATION	Trings				
Name of Facility Where Abater	nent is Taking F		CILITI	Oldination	Type of Facility	y (4)			
Johnson & Johnson B					[] Subc [X] Othe	ol (K-12) hapter 8 (Ott r (i.e., prival dings, homes	te & con		
Street Address					Square Feet			Bldg.	Age
501 George Street					100000	4		80+	
Jor George Bullet	Section (Pro-				57/10/00/00/00/C				1)
City (5) New Brunswick	County (6 Middlesex			y Code (7) Use Only)	Current Use	(Prior if	being d	lemolish	ed)
Name of Monitoring Firm Hired	by Building	ASCM N	0.	Name of Abatement Con	tractor (9)			Design Aller	
Owner (8)	by building	1,00,		LVI Demolition Service					
Environmental Connection				Street Address					
Street Address				500000 0000 00					
1200 North Warren Street				32 Williams Parkway					
City, State, Zip Code				City, State, Zip Code					
Trenton NJ 08608				East Hanover, NJ 07	936				
Project Manager for Monitoring	Firm	Telephone Num	ber	Telephone Number		License Nur	nber	== /== VV	-60EW
Rick Beach		609-392-4200		973-884-8682			0086	50	
Scheduled Start Date (10)	Sched Co	mpletion Date (11	1	Name of OSHA Monitor	r				
12/27/11 Month / Day / Year	12/30/11	Day / Year	,	Jose Moya					
Occupancy Status During Abate	ment (Check on	ly one)		Street Address					
[X] Facility Closed/Vacant Dur [] Abatement Performed Outs	ing Entire Period	of Abatement		32 Williams Parkway					
[] Occupied	ide of Administra			City, State, Zip Code					
[] Hours - Describe: [] Other - Describe:				East Hanover NJ 0793	16				
				Link					
Scope of Work (Check all that a		Renovation	n n	ull Containment with Nega Mini-Enclosure Glove Bag Procedure & "V					
[] ≥ 3 sf or ≥ 3 lf [] ≥ 160 sf or ≥ 260 lf				Non-Friable Procedure			Abatem	ent Type	
		Is Location Normally		AND AND ASSESSED TO THE PARTY OF THE PARTY O		R		E	E N
Location of		Used Solely	Δ.	Description of sbestos-Containing	Amount	E	R E	N C	C L
Asbestos-Containin Material (ACM)	g	By Main-		Material (ACM)	(Specify SF	o v	P	A P	o s
(13)		tenance/ Custodial		rmal systems, insulation, acing, VAT, or other	or LF)	Å	I R	S U	U R
		Staff (12) Yes No N/A	100000	miscellaneous)				L	E
Ground Floor		X X	Pipe Insul	ation	40 LF	X			
Ground From									
							CII		
Name of Registered Waste Hau	ler	NJDEP Waste	Cubic Yas Of Waste		Name of Regi				
LVI Demolition Services, Inc.		20859	Or waste		Waste Mana	gement of P	ennsylv	ania	
City, State			Disposal I	Date	City, State Morrisville,	Pa			
East Hanover, NJ 07936 Completed By (Print or Type)	Title	Signature	1/ 0	Date				
3546458471CA			PA	IM	December 1	3 2011			
Ed King ASB-41		President			December 1.	ey and I.I.			
Jun 95									

State of New Jersey

Agencies Notified J EPA J DEP XJ DOL XJ DOH J DCA Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	[] Eme w/Ji [X] An Not [] Can	ntification ial itification ergency N ustification mended tification necellation	Pursuant t n Notificatio on #1	o NJAC 8	bestos Abatement 8:60-7 and 12:120-7) Name of Building Own- Johnson & Johnson So Street Address 1003 Route 202 City, State, Zip Code Raritan NJ 08869 Name of Contact Hugh Symonds	Type of Facility	Telephoi	DEC ASSEST	2 U	201 ROL
Agencies Notified] EPA] DEP X] DOL X] DOH] DCA Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	Type No [] Initi. No [] Eme w/J [X] An Not [] Can t is Taking Pla	ntification ial itification ergency N ustification mended tification necellation	n Notificatio ion #1	n	Name of Building Own Johnson & Johnson So Street Address 1003 Route 202 City, State, Zip Code Raritan NJ 08869 Name of Contact Hugh Symonds	Type of Facility	Telephoi		CEMCINITY	201 ROL
Agencies Notified] EPA] DEP X] DOL X] DOH] DCA Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	Type No [] Initi. No [] Eme w/J [X] An Not [] Can t is Taking Pla	ial rification rigency N ustificati mended tification neellation	n Notificatio on #1		Johnson & Johnson Se Street Address 1003 Route 202 City, State, Zip Code Raritan NJ 08869 Name of Contact Hugh Symonds	Type of Facility	Telephoi		CEMCINITY	201
Agencies Notified J EPA J DEP XJ DOL XJ DOH J DCA Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	Type No [] Initi. No [] Eme w/J [X] An Not [] Can t is Taking Pla	ial rification rigency N ustificati mended tification neellation	n Notificatio on #1		Street Address 1003 Route 202 City, State, Zip Code Raritan NJ 08869 Name of Contact Hugh Symonds	Type of Facility	Telephoi		CEMCINITY	ROL
X] DOL X] DOH J DCA Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	No [] Eme w/Ji [X] An Not [] Can t is Taking Pl:	ergency N ergency N fustificati mended tification neellation	Notificatio on #1		Raritan NJ 08869 Name of Contact Hugh Symonds	(i) (ii)	Telephor		CEMCINITY	ROL
Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	[X] An Not [] Can	ustificati mended tification ncellation	#1		Hugh Symonds	(i) (ii)		-		25
Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	[X] An Not [] Can	mended tification ncellation	#1	CILITY IN	Hugh Symonds	(i) (ii)			•	25
Name of Facility Where Abatemen NCS Street Address 1003 Route 202 City (5)	Not	tification ncellation	1	CILITY IN	L	(i) (ii)	<i>i</i> (4)			
Street Address 1003 Route 202 City (5)	t is Taking Pl:			CILITY IN	FORMATION	(i) (ii)	<i>(</i> (4)			
Street Address 1003 Route 202 City (5)		ace (3)	FAC	CILITY IN	FORMATION	(i) (ii)	y (4)			
Street Address 1003 Route 202 City (5)		ace (3)				(i) (ii)	y (+)			-
1003 Route 202	2 : //2					[] Subo [X] Othe	hapter 8 (C r (i.e., priv dings, hom	other than tate & con	K-12) - nmercial,	
1003 Route 202 City (5)	6					Square Feet			Bldg. /	\ge
	2 . (0)					100000	4		80+	
Rartian	County (6) Middlesex				y Code (7) Use Only)	Current Use	(Prior if	f being d	lemolishe	:d)
Name of Monitoring Firm Hired by I	Building		ASCM No	<u>.</u>	Name of Abatement Con	tractor (9)				
Name of Monitoring Firm Fired by 1 Owner (8) Environmental Health Investigations			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		LVI Demolition Service					
Street Address			-2007		Street Address					
555 West Shore Trail					32 Williams Parkway					
City, State, Zip Code					City, State, Zip Code					
Sparta NJ 07871					East Hanover, NJ 07	936				
		Teleni	hone Numl	her	Telephone Number		License Nu	umber		
Project Manager for Monitoring Fire	m		29-5649		973-884-8682			0086	50	
Scheduled Start Date (10) 12/12/11 Month / Day / Year	Sched, Con 1/6/2012 Month / D)	Jose Moya					
Occupancy Status During Abatemer [X] Facility Closed/Vacant During [] Abatement Performed Outside of	Entire Period o	of Abaten	nent		Street Address 32 Williams Parkway					
[] Occupied [X] Hours - Describe: 7:00 am to [] Other - Describe:		_			City, State, Zip Code East Hanover NJ 0793	66				
Scope of Work (Check all that apple []Demolition []≥3 sf or ≥ 3 lf		Renovation	n	ij [X]	full Containment with Negal Mini-Enclosure Glove Bag Procedure & "V X Non-Friable Procedure	Vrap & Cut"				
$ X \ge 160 \text{ sf or } \ge 260 \text{ lf}$							-	Abatem	ent Type	E
Location of Normally Used Asbestos-Containing Solely Material (ACM) By Maintenance/ (13) Custodial Staff (12) Yes No NA					Description of sbestos-Containing Material (ACM) maal systems, insulation, facing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L	O S U R E
Ceiling of North Restrooms		Pipe Fittir		20 LF	X			8000		
1st Floor hallway			X	VAT & N	fastic	1300 SF	X			
		NJDEP '				Name of Reg	ictored 1 am	dfill		
Name of Registered Waste Hauler LVI Demolition Services, Inc.	Cubic Yas Of Waste	rds	Waste Mana			ania				
		20859		Disposal	Date	City, State				
City, State East Hanover, NJ 07936				1/13/2012		Morrisville,	Pa		11.75	
Completed By (Print or Type)		Title	}	Signature	aud//	Date				
Ed King		Preside	ent (em	wolune	December 1	2, 2011			_

			N		CATION	OF ASB	w Jersey ESTOS A 8:60 and			10 Mg		1 5		417	2
Date	e of Notification (1)				Name of	Building (Owner/Op	perator	(2)	TITLE	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12	11		-
Date		nber 19, 2011					nageme							1	
	ncies Notified	Type Notification			Street Ad		agenie			112/1		-271	-	-	-
Agei	ncies Notified	Type Notification									DEC 200	1111	Land.	1	
\boxtimes	EPA	✓ Initial			Linden	and the same of th		1188-320		11 (1	D			+	0-0-0
1 1	DEP	Amended		1	City, Stat					1 1	and the Supplemental Supplement of the supplemen		1	1	
X	DOL	Amendment #					w Jerse	y 073	05	İ —	ASELSTUS COM	hul &		_1	
∇	DOH	Emergency (in justification)	icidaling		Name of	Contact					Telephone Nu	mber		and the same	
\boxtimes	DCA	Cancellation		Т	om Sch	naad				-	4				
							ORMATIC	N			-				
Nan	ne of Facility Where	Abatement is Taking	Place (3)					Тур	e of Facility (4	4)				
build								- 1	\Box	School (K-1	2)				
	et Address								Н		8 (Other than K-1	2)			
									X	Other (i.e. p	rivate & commerc	ial build	lings,	home	s,
76-8	8 Roanoke Ave	nue								etc.)					
City	(5)								Squ	are Feet	# of Floors	B	ldg. A	ge	
New	ark, New Jersey	v ·				*									
	nty (6)				County C	ode (7)			Curi	rent Use (Prid	or if being demolis	shed)			
		29.0			(STATE U	SE ONLY)	/				empty				
Esse		m Hired by Building C	lunar (8)		ASCM	No		Name	of Ah	atement Con					
11 20000000		II miled by building C	wilei (0)			140.	_								
	, Inc.				0021					CGroup, L	LC.				
Stre	et Address							Street	Addr	ess					
907	Doolittle Drive						1	1500 k	King:	s HWY N,	STE 209	manazooni saa			
	, State, Zip Code							City, S	tate,	Zip Code					
July 33V	gewater, NJ 088	207					1	Cherry	√ Hil	I, NJ 08034	4				
	ject Manager for Mo				Telephor	e No.		Teleph			License	No.			
		intolling i iiiii						amora di		- 5000	00781				
0.000	Houseknecht		0 1 1 1		10-891 mpletion [and the same of th	1		SHA Monitor	00701				
Star	t Date (10)		Schedule	ea Coi		Jale (11)		CONTRACTOR OF STREET	15/15/12/5/e/		1.0				
	1/9/20				TBD					C Group, L	LC.				
Occ	cupancy Status Duris	ng Abatement (Check	Only Or	ne)				Street	Addr	ess					
X	Facility Closed/Va	cated During Entire F	eriod of	Abater	ment			1500 k	King	s HWY N,	STE 209				
	Abatement Perform	med Outside of Norm	al Facility	Hour	s			City, S	state,	Zip Code					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Other - Describe:							Chern	v Hil	I, NJ 08034	4				
Coo	pe of Work (Check	All That Apply)						10)		-					- 27
N	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, ,	The same of the sa	Renova Demoli					N G	lini-Enclosure Blovebag Prod			dure	-	
-			le	Locat	tion									ement	t
	20 10		LF SG	Norma			Doc	scription	of				1 1	ре	
	Location Asbestos-Containin		255335	d Sole	500 Transport	Asbes				ial (ACM)	Amount			m	
	TO BE Al		10000	intena			thermal	system	s inst	ulation,	(Specify	Re	R	Encapsulate	Enclosure
	In Fac		Cus	(12)	Staff?			cing, VA			SF or LF)	Remova	Repair	psu	los
	(13	3)					otner n	niscellar	neous	>)		8	a.	lat	иге
			V	Ma	NIZA									(D)	
			Yes	No	N/A						00.050 -6			 	
	20 tanker	railcars		X			ACM in	sulatir	ng III	ner	23,350 sf				-
			1												
													+		
Na	me of Registered W	aste Hauler			NJ DEP W	/aste	Cubic	Yards		Name of	Registered Landf	ill			ŧ.
ING	ino of Registered W			0.0	Hauler ID		of Was	ste							
Fre	ehold Cartage, I	nc.			159	39		233.5		GROWS	3				
-	y, State						Dispos	sal Date		City, Stat	te				
								TBD		Morrisvi	lle, PA				
12 AA102	ehold, NJ		Title				S	ignatur	è/	101		Date	-	-	100
	mpleted by			4 - , ـ ـ اـ				1/2		1/	1	2/19/1	1		
Mic	hael Cooper		Presid	uent									1		

1001

Date of Notification (1)	-19-11			Name	of Building	Owner/Operator	BRYAN	U. S. U.	ZVI			1
Agencies Notified	Type Notification			Street		0. Box 4		ASEESTOS CON	TROL	Ç.	1	
題 BPA ID DEP IN DOOL IN DOOK IN DOCA	Amended Amendment # Emergency (ii justification) Cancellation	ncluding	5	City, S	of Contac	code LIAMUCH	y , N.T.	0780 Telephone Number	g y			
DE U.S.			لـــــ			ORMATION			_			
Street Address	Abatement is Takin CAST CAB	15	BL				Type of Facility School (K-1: Subchapter Other (I.e., p	2) 8 (Other than K-12) Invate & commercial	prija			
C-15)							Square Feet	# of Floors 2	Bio	9. A	5+	
MORTH COUNTY (6)	ARLINGTON		W.J) Cour	only)) (STATE		dor if being demolish	ned)			_
Name of Monitoring Firm	n Hired by Building	Owner		ASCM		Name of Abaten	ment Contractor (S	De.				
(8) ENVIRONME Street Address	NTAL TACTICS	INC	-1	00	41	Chal Address		IS AVE.	·.			_
64 PSROA City, State, Zip Code	D ST.	_	_		_				709			
MATAWAN Project Manager for Mo	NJ O	774	7 Tele	phone	No.	Telephone No	BRIDGE	License No.		_		
THOMAS P. GE	KER		73		.2217	732-72 Name of OSHA		006	/3			
Start Date (10) /2-29-11		/2-			(6 (11)	ENVIRO		METICS IN	c -		_	=
Occupancy Status Duri	ng Abatement (Cho	ck only	ane)	ment		Street Address 64. 36	EDAD ST	r				
Facility Closed/Vaca Absternent Performe Other - Describe:	ted During Entire Po	enou o	y Hou	ns		City, State, Zip C MATA	code SAN NJ	07747				_
Scope of Work (Check 23 sf or 23 lf 2160 sf or 2260 lf	all that apply)		movati			Mini-En	intainment with No iclosure lag Proceduro compted (*) and N	ogativo Pressuro on-Friable Procedur	19			
Ψ-			Location							bater Typ		
. Location Asbestos-Containing TO BE ABA IN Fedit	Material (ACM)	Usoc Mai C	ormally i Solel ntenan ustodia Staff? (12)	y by cce/ al	Asbes (i.c.,	Description of the Containing Me thornal systems surfacing, VAT other miscelland	iterial (ACM) insulation, , or	Amount (Specify SF or UF)	Removal	Repair	Encapsulate	Enclosura
		Yes	No	N/A	VA	T		1000 SF	×			
IST. FLOOR		-		~								_
									-			
Name of Registered Wa	este Hauler		660 A 193	UDEP V		Cubic Yards of Waste		pistarad Landrill				
NEWARK City, State	CARTING	110	<u>C.</u>	450	79	Disposal Date	- City State	IS. INC-	PA	 ·,		_
NEWARK,	NJ	e				/-3-/2 Signature	MUICE	SVICLE	-19		_	_
Completed By DAVID T.	TOLCHIN _	PRE	5.			Pan	d T. Tolo	<u></u>			==	=

Date of Notification (1) 12-14-2011			0	of Building Owner SCHV			G G E 1	W .	<u> </u>		
Agencies Notified Type Notification I EPA I Initial DEP Amended Amendment		_	City, St	Address 37 W. Tate, Zip Code WAFUF		_	VEC 20				A TOTAL AND AND AND AND AND AND AND AND AND AND
□ DOH Emergency (justification) □ DCA □ Cancellation			C.	of Contact Sc Hu C		L	Telephone Nun	iber			
Name of Facility Where Abatement is Takin C. SCHVLTS Street Address 237 W.CLIWTOU				IN CHAPT		Other (i.e. p etc.)	2) 8 (Other than K-12 crivate & commercia	r) al buik	dings,	home	98 ,
City (5)					.	Square Feet	# of Floors		ldg. A	100 July 2	,
TENAFLY County (6) BERGEN			County (STATE	Code (7) USE ONLY)		3000 Current Use (Printle (Pri	or if being demolish		12	yje	5.
Name of Monitoring Firm Hired by Building (Owner (8	<u>l</u>	ASC	M No.	Name	of Abatement Cor					
	1-1	9			A PART OF THE PART OF THE	t Removal					
Street Address					Street	Address					
City, State, Zip Code						South F	River St				
Oily, State, Zip Code							N T O	760	1		
Project Manager for Monitoring Firm			Telepho	one No.	Teleph	ckensack one No. -329-7444	License No).	1	**	
Start Date (10) 12-23-2A(1			npletion 4-7	Date (11)	Name	of OSHA Monitor	onmental S		vic	es	
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire F Abatement Performed Quiside of Norm Other Describe:	eriod of	Abaten			280	Address Huyler ate, Zip Code	St _				
	7				Sou	th Hacker	sack ,N.	Ι.	076	06	1.
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Renova Demolif		•		Mini-Enclosure Glovebag Prod	2)				
	Is	Locati	ion	1			17000110011100	<u> </u>	Abate	ment	
Location of	1	Vormal	lly .	De	escription	of			Ту	pe	\sqcup
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	ed Sole intenar todial S (12)	nce/	Asbestos Cor (i.e. therma surfa	ntaining M	aterial (ACM) insulation, I, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BACGNOMIT			K	711-0.00	14.0	14-12	1- 1-	,,			+
BASEMENT	-		1	THERMAC	- 11050	LATION	20 LF	×			-
											Ш
			<u> </u>								
			<u> </u>								
Name of Registered Waste Hauler DJM Transport ,Inc		Н	JDEP W lauler ID 2393	No. of Wa	Yards este YD		Registered Landfill rland Cou	int	y L	ano	lfi
City, State South Kearny N.J. (7032			Dispo	sal Date 24-2	City, State	ourgh PA,	17	242		- constant
Completed by	Title	-		110	Signature	- II HEMD	Dat		- 74		
R. VELDRAN	Est	ima	tor		R Vel	dray	12	-14	1-2	01	1

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Date of Notification (1) 12/16/2011					Building iving Ga				In E	CE	[] []/	7 12	For	~7	
Agencies Notified EPA	Type Notification			Street Ac 464 Bc	ddress oulevarc	ı		1				_5			
X DEP X DOL	Amended Amendment	#	. [te, Zip Co ouck He		NJ 07	604		EC 2	0 201	Ī	U		
Ď DOH DCA	Emergency (justification) Cancellation	including		Name of Laurell	Contact Albane	se		1	ASE	Tolor				Service of the servic	
				FACIL	LITY INFO	DRMATI	ON ·		The state of the s	LIVE WE		-4-			
Name of Facility Where Private Residence	Abatement is Takin	g Place (3)						Ту	oe of Facility (4 School (K-12	2)			A MARKETON .	,1	
Street Address 63 Hoover Ave.								×	Subchapter 8 Other (i.e. pr etc.)				dings,	home	es,
City (5) Bloomfield, NJ								Sq 25	uare Feet 00	# of FI	oors	5.00	ldg. A O	ge	
County (6) EssexCounty	14			County C	Code (7) ISE ONLY			Cu	rrent Use (Prior	r if being	demolish	ed)			
Name of Monitoring Firm	Hired by Building (Owner (8)		ASCM	No.				batement Cont Contracting						
Street Address							Street	Add						- 17	
City, State, Zip Code	1 2						City, S	State	, Zip Code						
Project Manager for Mor	nitoring Firm		T	Telephor	ne No.		Teleph	none			icense N	0.			
									-6281	0	1099				
Start Date (10) 12/27/2011		Scheduled 12/28/20		npletion [Date (11)		Name	of O	SHA Monitor						
Occupancy Status Durin	g Abatement (Chec	k Only One)					Street	Add	ress						
	ated During Entire F ned Outside of Norm 8:00am - 4:00pm					_	City, S	state,	, Zip Code						
Scope of Work (Check A	All That Apply)						-							8-57-11	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	17		nova	0.000			×	1	Full Containmer Mini-Enclosure Glovebag Proce Non-Exempted	edure	_			e	
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Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) I <u>ATED</u> Ility	Used S Maint Custoo	rmal Sole ena	al Staff? (i.e. th			Description of ontaining Material (ACM) Amount			Repair	e Encapsulate	Enclosure			
		Yes	No	N/A			1450uca 1150							ਰ	
Basen	nent		X			Pipe	Insula	tior	1	120	LF	x			
				-											
			- 02-01									-			
Name of Registered Wa	eto Hauler		TA	JDEP W	acte	Cubic	Vards	55	Name of R	enistered	i Landfill				
Pyramid Contracting			Н	lauler ID		of Was			GROWS						
City, State Clifton, NJ 07013		10	-			Dispos	al Date		City, State Morrisvil	le, PA					
Completed by Dimo Golcev		Title V. Pres	ide	nt		S	ignature	1	15/	/	Da 12	te /16/2	2011		
L						7	-	- 1	-//						

Date of Notification (1)

[1] - 2] - 2 and

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:50 and 12:120)

3208

Date of Notification (1)	****		Name o	of Building	Owner/C	perator (2)							-
11-21-2011						MIZIZE	e	司原	C.E	1	NA	ß	1 1 1 1 1 1
Agencies Notified Type Notification			Street A	Address .		• .	- 1	JUF	***************************************		L/i	Ŀ	111
D. EPA EX Initial			820	BLE	ont	iew A	NEWO	6					
☐ DEP ☐ Amended				ate, Zip C			1		DEC 2	0	2011		$ \mathbb{I} J_{I}$
Amendment il		-				670	121	1					lun from
DOH justification)				of Contact				Tels	phone Nur	nber			
DCA Cancellation			W.	MORRE	(SNU				£11,F2	vəlikt			<u> </u>
Name of Facility Where Abatement is Taking	Place (3	3)	FAC	BLIST IN	ORMAII	TVD	e of Facility	(4)	MITTER WITH COMMENT				+
PALLMANN PLVERIZER.		•						and the second	- 578 M La 1965 (MG)	autoligit.	SEAT WOM	d-11.	.
Street Address		- 1					Subchapt	er 8 (Othe	r than K-1:	2)	****		
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City (5)	2 100	-				Squ	etc.) are Feat	# of	Floors	1	Bidg.	Age .	
CLIFTON						9	500	Z				125	.
County (6)			County	Code (7)	- :	Cur	nent liles /5	minr if hair	n domnitel	and)	200		- -
PASSAIC			STATE	USE ONL	9	- LUA	CANT 1	DFACE	1500	RAI			į. ·
Name of Monitoring Firm Hired by Building O	wner (8)	Y	ASC	M No.		Name of At	atement C	ontractor	(9)	- 10	_		+
		W		- !	*	Best E	Remova	l In	c ·				
Street Address			1 5 5	• •		Street Addr	ess						1
	i						South	Rive	r St				
City, State, Zip Code			,	•		City, State,					_		
Project Manager for Monitoring Firm							ensack	, N.		760	1		
rioject manager for monatoring Fatti			Telepho	me No.		Telephone I		4	License N 003		ď.	:	
				Date (11)		Name of OS							. 1
12-1-2011	12-	<u> </u>	- 2e) ((. 1	Omega	Envir	onme	ntal :	Ser	Vic	es	
Occupancy Status During Abatement (Check		100				Street Address		C.				•	
Facility Closed/Vacated During Entire Po Abatement Performed Outside of Norma	riod of	Abater	nent .				luyler	SE	-				
Other - Describe: 7 AM 5 PA	raciny	Hour	S			City, State,							
Scope of Work (Check All That Apply)				-1.		South	Hacke	nsaci	R , N	J.	076	06	4
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St. ≥160 sf or ≥260 if	照 F	emoli)emoli	ijon Šon				uli Containn Ini-Enclosu		Negative P	ressu	re.	1	
a jes		•		1		□ G	lovebag Pro	ocedure	N				
	Γ.			T T		U N	on-Exemple	ed (-) and	Non-Frab	e Pro	Above	9	
I continue		Local			1						Ty	pe Pe	
Location of Asbestos-Containing Material (ACM)	Use	d Sole	ely by	Ashes	Des dos Conta	cription of nining Materia	H (ACM)	A	ount .				П
TO BE ABATED In Facility		intena odial :		(i.e.	thermal:	systems insul	lation,	(Sp	ectify	R	æ	Encapsulate	9
(13)		(12)				ing, VAT, or iscellaneous)		SF	or LF)	Remova	Repair	DSC.	Énclosure
	Yes	No	N/A					1 .		<u>a</u>	-	leto	2
Office les sacre l'Amalena		140	INA	WAT				ļ.,			_		+
OFFICE/STOWAGE GROWN LEVEL			-	VAT				1450					Ш
BUILDING 3 GROUND LEVEL				VAT				350	SF	X			, 1
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				.							1		T
Name of Registered Waste Hauter			LIDEP W		Cubic \		Name of	Registere	ed Landiii		-		\dashv
DJM Transport ,Inc		7.100.000	2393		of Was	0.1000	Cumb	erlan	d Cou	ne	V I.	and	Eil
City, State		14	4393		3 YO		City, Sta						4
South Kearny N.J. 0	7032			74	1.	3-201/			D A	17	2 4.2	3.	
Completed by	Title					gnaturije	New	burgh	PA,	_	4.4		+
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11. refaired						I - N TOOL						-4	1

Date of Motification (1)	9 .	1	Varne (of Building Owns	r/Operate	x (2)		1 1/	C		1
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Agencies Notified Type No.	lification			Address			:=ro o	0.000	7	1	.]]
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DEP SE Am	ended j endment #				T A	7212					
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	ncellation	100		MORR ST	ο.	NAME OF TAXABLE PARTY.					
W- 72 - WA ALL				LITY INFORM		T=	Towns Microsom	rom-varyman			
Name of Facility Where Abatement	Contraction of the Contraction o	(3)		I		Type of Facility		**		,	
FALLMAWN PLLVERIZE	7C.		<u> </u>			School (F		hon K-17	a.		
820 BLOOMFIEU	n Anna	125				Other (i.e	. private & co	mmercia	ر البط ا	ldings	, ho
City (5)	- JUEN					Square Feet	# of Fit	2000	11	Bidg. /	Age
CLIFTON	9	4			20 11	9500	2		1	651	
County (6)				Code (7)		Current Hea /5		1	100		•.
PASSAIC .				USE CHLY)		VACANT :	DFACE!	STOR	246	i E	S10 300
Name of Monitoring Firm Hired by I	Building Owner (3)	ASC	M No.		e of Abatement C	ontractor (9)		8		
Street Address						st Remova	I Inc				
					1	0 South	Diwas	C+			•
City, State, Zip Code						State, Zip Code	VIASI	36	-		
						ckensack	,N.J.	. 07	60	1 .	10
Project Manager for Monitoring Firm	n	T	elepho	ine No.	Telep	hone No.	Li	cersee No.		-	-
Street Darlo (45)	16:		1-11			-329-744		0038	8		
Start Date (10)		-1 Le		Date (11)		of OSHA Monito	•	9 T 8	07	vio	
Occupancy Status During Abateme	nt (Check Only)	One)		11		Address				, T.C	
☐ Facility ClosedA/acated During	Entire Period of	f Ahatama	int		280		St	-			
Abatement Performed Outside GL Other - Describe: 7 A M	of Normal Facili	illy Hours			City, S	State, Zip Code		 	-		
Scope of Work (Check All That App					Sou	th Hacke	nsack	,N:J		076	06
다 25 의 이 250 if		Renovation Demolition	n n			Full Contains Mini-Enclosu		gative Pro	99311	re ·	٠
	. *	•	6			Glovebag Pri Non-Exempt	ocedure '	n Prinkle	-		
		ls Location				- North-Exemple) BILLING	IN-TREDIS	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Own	Abate	The Street
Location of	- × 1	Normally			escription	ref .		L		Ту	
Asbestos-Containing Material (A TO BE ABATED	CM) US	ed Solely laintenance	by e/	Asbestos Co	ntainina N	Violenial (ACM)	Amou		_		m
in Facility		stodiai Sta (12)			acing, VA	s insulation, T, or	(Spec	F) .	Removal	Repelr	deoi
(13)				other	miscellar	neous)			ova	ě.	Encapadate
	Yes	No ·	N/A								5
OFFICE/STORAGE GROW	NO LEVEL			VAT			1450	SF	X		
BULLING 3 GROUND (VAT		7	-350		X	• •	·
							300	-			-
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					c Yards	Name of	Registered	Landill			
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	Inc	Hes	der ID	No. of W	aste	Cumb	erland	Cour	nev	7 L	an
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D-12	2011		Name of Braids			32	0	
12-16-	Type Notification		PALLMAN	110 Pola	21ZER			
CI. EPA			820 8	oom Fie	D AVEDO	HU 202	.VII .	land lancared
D DEP	Amended Amended	2	Call, Sand, Zo	Code	0701Z	SESTOS CONTRE	Ot &	
DE DON .	jutification) Conceinfer	(Including	Name of Conta	at'	31016		na Mississipa	r.
	<u> </u>		W. More	K SPU FOREARON	<u> </u>	+		
PALLMAND PL	Abalament is Takin	(S)		4	Type of Facility	- -		
Street Address	-				School () Substant	(-12) ter 8 (Other the 1. private & com	n K-12)	
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CLIETONO COUNTY (5)					9500	2	•	6540
PASSALE			County Cate (7 CHATE USE OF	59	Carnest Man A	FACE/S	TARA	
Name of Manhaday Firm	Hines by Building (Dumer (a)	ASCM No.		me of Abalament C	ontractor (S)	HONON	
Street Address	•	1			st Remova	if tuc		
City, State, Zip Code	· · ·				50 South	River S	t	
Project Manager for Men	Torios Firm			E	ackensack			01 .
			Telephone No.	20	phone No. 1-329-744	4 0	0388	
Start Date (10) .	u i	1-9-	Date (11)) Name	e of OSHA Mento	r	1 600	
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Occupancy Shiles During	Abdisoned (Check	0.5		She	ega Envir	†	T Sét	TVICE
Occupancy Shiles During	Abdisoned (Check	0.5		. 28	ot Address O Huyler	†	T Sét	VICE
Cocupancy Status During Positity Classes Mess Abstracest Purious SE Other - December:	Abusement (Charles that Duning English P at Control of Name 7 A PA S PA	0.5		28 Chy	ot-Address	St .	•	
Coupancy Salas Data Positiy Clease Mess Abstract Pulson Scape of Wark (Chack A) 2 28 of crast I	Abusement (Charles that Duning English P at Control of Name 7 A PA S PA			28 Chy	ot Address O Huyler State, Zp Code	St .	N:J.	07606
Coupancy Salas Data Pacify Clease Max Abstracet Pacien Clear - Decision Scope of Wask (Chack A)	Abusement (Charles that Duning English P at Control of Name 7 A PA S PA	0.5		28 28 Casy So	ot Address O Huyler Santa, Zp Code uth Hacke Full Containe U Mot Encloses	St	N:J.	07606
Coupancy Salas Data Positiy Clease Mess Abstract Pulson Scape of Wark (Chack A) 2 28 of crast I	Abusement (Charles that Duning English P at Control of Name 7 A PA S PA			28 28 Casy So	ot Address O Huyler Santa, Zp Code uth Hacke Full Containe U Mot Encloses	St .	N:J.	07606
Cocupancy Sinhs During Pedity Closed Mea Abidisment Parliam Cotor - Decelor: Scape of Work (Check Al 28 of or 25 if Location Asbeston, Controller	Abatament (Check and During Entire P ad Opinide of Norm 3 A 2 5 10 1 That Apply) of	Company House		28 28 Casy So	ot Address O Huyler State, Zo Code uth Hacke If Full Contains If Mini-Enclosin If Glovebag Pro Non-Passage in of	St	N:J.	07606
Cocupancy Shahas During Pedility Closed Mess D. Abatement Purioms St. Other - December: Scape of Wank (Chuck A) D. 28 of or 250 if S. 2160 of or 2500 if	Abatement (Check and During Entire P ad Opticide of Norm by Art Spring That Apply) of Material (ACM)	Remarks of Absolute of Absolut		Descripting Control system	ot Address O Huyler Sinte, Zo Code uth Hacke Mini-Enclosion Glovebag Pro Non-Enclosion a of Mondation,	St	N:J.	07606
Cocupancy Sinhs During Pedity Closed Mea Abidisment Parliam Cotton - December: Scape of Work (Check Al 28 of or 25 if Location Asbestos-Containing 10 SE-ARA	Abatement (Check and During Entire P ad Opticide of Norm by Art Spring That Apply) of Material (ACM)	Remount Remoun		28 Caty So	ot Address O Huyler Sinte, Zo Code uth Hacke Mini-Enclosion Glovebag Pro Non-Enclosion a of Mondation,	St	N:J.	07606
Cocupancy Sinhs Duning Pacifity Closed Meas Abidisment Pacificm (Cotor - December: _ Scope of Wark (Check Al 28 of or 28 if (Cotor - December: _ 20 of or 2800 if Location Asbestes-Containing in Racilla (13)	Abatement (Check ind During Entire P ad Opinide of Norma 3 A	A Abanda A A		Descripting Control system	ot Address O Huyler State, Zo Code uth Hacke Mini-Enclosion Glouchag Pro Il Non-Enclosion a of Minimist (ACM) is insulation, AT, or moous)	St asack , ant with Negati addre d() and Nea-F Amount (Specify SF or UF)	N : J .	07606
Cocupancy Sinhs Duning Pacifity Closed Mean Abidisment Pacifican Scope of Work (Check Al Dissert 25 ff B. 2160 of or 2500 ff Location Antenness Containing I TO BE ABA In Recition (13)	Abatament (Check and During Entire P and Optimize of Norma and Spring That Apply) of internal (ACM)	A Abanda A A		Descripting Control system	ot Address O Huyler State, Zp Code uth Hacke If Full Contained Mini-Enclosed Glovebag Pro Non-Passach at of Maintel (ACM) is insulation, AT, or meous)	St. DSack , DSack , DSack , DSack , Amount (Sacky SF or UF)	N.J. Removal	07606
Cocupancy Sinhs Duning Pacifity Closed Meas Abidisment Pacificm (Cotor - December: _ Scope of Wark (Check Al 28 of or 28 if (Cotor - December: _ 20 of or 2800 if Location Asbestes-Containing in Racilla (13)	Abatament (Check and During Entire P and Optimize of Norma and Spring That Apply) of internal (ACM)	A Abanda A A		Descripting Control system	ot Address O Huyler State, Zp Code uth Hacke If Full Contained Mini-Enclosed Glovebag Pro Non-Passach at of Maintel (ACM) is insulation, AT, or meous)	St DSack , DATE OF THE STATE	N : J .	07606
Cocupancy Status During Pedilly Closed Mess Abidisment Patient Abidisment Patient Cottor - December: Scope of Wark (Chrick Ad Disserted of ar 2000 if Location Asbested Containing I DISABA In Readil (13) District Status (13)	Abatament (Check and Dusing Entire Pr and Optoble of Norma and Spr in That Apply) of Material (ACM) ED V	All and a All an	INVA VAT	Description Surfacing, Volume miscella	ot Address O Huyler Sinte, Zo Code uth Hacke If Full Contains If Mini-Enclosed If Glovebay Pro If Non-Enclosed is informatic (ACM) is installion, AT, or medus)	St msack ,	N.J. Removal	07606
Cocupancy Sinhs Duning Pacifity Closed Mean Abidisment Pacifican Scope of Work (Check Al Dissert 25 ff B. 2160 of or 2500 ff Location Antenness Containing I TO BE ABA In Recition (13)	Abatament (Check and During Entire Pr and Optimite of Norma and Spr in That Apply) of internal (ACM) IED Finaler	A A A A A A A A A A A A A A A A A A A	ST ASSESSED NO.	Description of the control of the co	ot Address O Huyler State, Zo Code Uth Hacke If Full Contained If Mini-Enclosed If Glovebag Pro If Mon-Enclosed In of	St msack , msack , modure of mand Near F Amount (Specify SF or UF) 1450 S 350 S	Romovol SF X	O7606 Ropult Ropult
Cocupancy Sinhas Daning Pacifly Closed Meas Abidiament Patient Cotton - December: Scope of Work (Chick Ad Scope of Work (Chick Ad Location Asbestes Containing I DE ASA In Recita (13) OFFICE/STOUMS Location The Recita The Recita DIM Transp	Abatament (Check and During Entire Pr and Opinide of Norma and Sph That Apply) of Choose (ACM) ED Hinter ort , Inc	Abandad Abanda		Description of the control of the co	ot Address O Huyler Sinte, Zo Code uth Hacke If Full Contains If Mini-Enclosed If Gloveling Pro If Non-Enclosed is installation, All, or meous) Name of I Cumbe	St msack , msack , mature Negation Amount (Specify SF or UF) 1450 3 Registered Learn er Land C	Romovol SF X	O7606 Ropult Ropult
Cocapancy States Danies Pedalty Closed Mean Abidiament Page Cotton - December: Scape of West (Check As Scape of West (Check As Location Asbestes Continuing I DO SEARA In Recall In Recall In Recall In Recall O Frice / Stock Mean DJM Transp South Kearn South Kearn	Abatament (Check and During Entire Pr and Opinide of Norma and Sph That Apply) of Choose (ACM) ED Hinter ort , Inc	Abandad Abanda	ST ASSESSED NO.	Description of the miscolar miscolar miscolar of Waste 3 yes	ot Address O Huyler State, Zp Code uth Hacke If Full Contains G Mini-Encloses G Glouchag Pro If Mon-Encloses Mon-Encloses Ref Monintel (ACM) in intellation, AT, or meous) Clay, State Clay, State	St msack , msack , mature Negation Amount (Specify SF or UF) 1450 3 Registered Learn er Land C	Removal SFX	O7600
Cocupancy Sinhas Daning Pacifly Closed Meas Abidiament Patient Cotton - December: Scope of Work (Chick Ad Scope of Work (Chick Ad Location Asbestes Containing I DE ASA In Recita (13) OFFICE/STOUMS Location The Recita The Recita DIM Transp	Abatament (Check and During Entire Pr and Opinide of Norma and Sph That Apply) of Choose (ACM) ED Hinter ort , Inc	Abandad Abanda	NVA VAT	Description of the miscella surfacing, vother mi	ot Address O Huyler State, Zp Code uth Hacke If Full Contains G Mini-Encloses G Glouchag Pro If Mon-Encloses Mon-Encloses Ref Monintel (ACM) in intellation, AT, or meous) Clay, State Clay, State	St msack , msack , msack , msack , msack , msack , msack , msack , Amount (Social Non-F Amount (Soci	Removal Removal Ounty	O7606 Republic Republ
Company Shins Dainy Padily Closed Merc Administrative Padistrant Padistrant Padistrant Padistrant Padistrant Padistrant Padistrant Padistrant Padistrant Scape of Work (Chrick Administrative Daint Padistrant Dai	Abatament (Check and During Entire Pr and Opinide of Norma and Sph That Apply) of Choose (ACM) ED Hinter ort , Inc	Parameter of the second of the	NVA VAT	Description of the control of the co	ot Address O Huyler State, Zo Code uth Hacke If Full Contains G Mini-Encloses G Glouchag Pro Ron-Businels Maninels (ACM) in interlation, AT, or meous) Name of Cumbe	St msack ,	Removal Removal 17:	O7606 Roganir Lan 24-2

Howard

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

Date of Notification (1)	13 / 11					Owner/Operator (2 echnical School	1 11 11 1-1	CEIV	IE .	n					
Agencies Notified EPA	Type Notification			Street A	ddress Old Tre	nton Rd		DEC 2 0 201	1	U					
☑ DOLWD	⊠ Amended	421451	44	City, Sta	ate, Zip Co	ode		The second second			1				
☑ DHSS	Amendment #1 ☑ Emergency (inc		11	Tren	ton, NJ (08690		SRESTOS CONTROL	&						
□ DCA (NJAC 5:23-8)	justification)	Juding		Name o	f Contact			Telephone Numb							
(10.10 0.00 -/	☐ Cancellation			Sean	Cavalie	r	et newworks	desament and the							
			43.25	FAC	LITY IN	FORMATION		4		1	91224.				
Name of Facility Where	Abatement is Taking	Place (3	3)				Type of Facility ((4)							
	ical School - Sype			uilding	В		School (K-12								
Street Address							Other (i.e., pr	(Other than K-12) rivate and commerc	cial bui	lding	S,				
129 Bull Run Rd							homes, etc.)								
City (5)							Square Feet	# of Floors		g. Ag	e				
Pennington							15000	1	5	0+					
County (6)			***	Count	y Code (7)	(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)						
Mercer															
Name of Monitoring Fire	m Hired by Building O	wner (8)) [ASCM N	lo.	Name of Abateme			-			1			
Environmental Co				00030)	BRISTOL EN	VIRONMENTA	L, INC.							
Street Address						Street Address									
120 N Warren St						1123 BEAVER STREET									
Dity, State, Zip Code					City, State, Zip Code										
Trenton, NJ 08608					BRISTOL, PA 19007										
Project Manager for Mo			Tele	phone N	10.	Telephone No.	License No.								
Brian Holbig			60	609-392-4200 215-788-6040 00509											
Start Date (10)	Sched	uled Co	mple	tion Dat	e (11)	Name of OSHA M			N. C. C. C. C. C. C. C. C. C. C. C. C. C.						
12 / 14	/ _111	2 /	23	23 / 11 BRISTOL ENVIRONMENTAL, INC.											
Occupancy Status Dur	ing Abatement (Check	only or	ie)			Street Address									
☐ Facility Closed/Vac	ated During Entire Pe	riod of A	bate	ment	ath a	1123 BEAVE			-	-	_				
☐ Abatement Perform Time of Abatement REV#1-OFF SIT	· 7·00AM-3:30PM/	PM	-	AM		City, State, Zip C BRISTOL, PA									
Scope of Work (Check	all that apply)				- /	M Full Con	tainment with Ne	gative Pressure							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ Ren				☐ Mini-End	closure a Procedure								
24	Name of the second					∐ Non-Exe	empted (*) and No	on-Friable Procedu		atem	ont T	ivne			
		100000	Locat orma			Description	of		-	_					
Locati Asbestos-Containir		0.202		ely by	Asbe	stos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure			
TO BE A	BATED	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ance/ Staff?	(i.e	e., thermal systems	insulation,	(Specify SF or LF)	SVOI	ai-	sde	nso			
IN Fa	cility	Custo	(12)			surfacing, VAT other miscellane		Si oi Li)	-		late	e			
(13	3)	Yes	No	N/A											
Boiler room		\boxtimes			Boiler	packing		242 SF							
Boiler room					Boiler	gasket		4 SF							
Boiler room					Tank in	nsulation		250 SF							
2007 - 20							VC-MARINET - CO-MARINET								
Name of Registered V	Vaste Hauler		1 7	NJDEP		Cubic Yards of		stered Landfill	70.35						
	ONMENTAL, INC.		1	Hauler II		Waste	G.R.O.W.	S. NORTH LAND	FILL						
City, State				18706)	Disposal Date	City, State MORRISV	ILLE, PA 19067							
BRISTOL, PA 19		10				Signature			ate	/	,				
Completed By (Print of Brian Scafiro		e Estimat	or			Brian	Scafiro	1-jl	12/1	15/	11				

ASB-41 MAY 11 B511136

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

State of New Jersey

APPROVED: PAUL HORNER, NJDOL

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NIAC 2:50 and 1500)

(Pursuant to NJAC 8:60 and 5:16) (2 # 2 194

Date of Notification (1)				Name	of Building	Owne	r/Operator (2)	, TW 15	1171				
	13 / 11			Mei	rcer Co T	echni	cal Schoo	ls)	eramenta and an experience					
Agencies Notified EPA	Type Notification				Address 5 Old Tre	enton	Rd	DEC DEC	2 0 2011					
☑ DOLWD	☐ Amended			City, S	State, Zip C	Code		1 1		à				
☑ DHSS	Amendment #	0.000			nton, NJ)	£	Transpul &	1				
□ DCA (NJAC 5:23-8)	Emergency (in justification)	iciuaing		Name	of Contact	t		114	Telephone Nu	ımber	J			
(110/10 0.20 0)	☐ Cancellation			Sea	an Cavali	er	L	April 1	,					
				FA	CILITY IN	FORM	MATION		VAL	54	£ 45.000.			
Name of Facility Where A	Abatement is Takin	g Place	(3)					Type of Facility (4)					
Mercer Co. Technic	cal School - Syp	ek Cer	iter l	3uildir	ng B			School (K-12)		12)				
Street Address								Subchapter 8 Other (i.e., pr			ilding	s,		
129 Bull Run Rd								homes, etc.)						
City (5)								Square Feet	# of Floors		ig. Ag	ge		
Pennington								15000	1		50+			
County (6)				Cour	nty Code (7	(STATI	E USE ONLY)	Current Use (Prid	or if being dem	olished)				
Mercer											- 57			
Name of Monitoring Firm		Owner (8)	ASCM				ent Contractor (9)						
Environmental Cor	nections Inc.			000	30			IVIRONMENTAL	., INC.					
Street Address						110100000	et Address	D OTDEET						
120 N Warren St					1123 BEAVER STREET									
City, State, Zip Code				City, State, Zip Code BRISTOL, PA 19007										
Trenton, NJ 08608							License No.							
Project Manager for Mon	itoring Firm			Telephone No. License No. License No. 215-788-6040 00509										
Brian Holbig	- 15.						e of OSHA N		00309		_			
Start Date (10)	1000	duled C 12 /						IVIRONMENTAL	INC					
12 /14 /				3_ /										
Occupancy Status Durin							et Address	R STREET						
☐ Facility Closed/Vacate	ed During Entire Pe	Facility	Abate 4 Hou	ment	scribe		Marin Wall Control Control							
Time of Abatement: 7	7:00AM-3:30PM/_	P	M	AM	Solibo		State, Zip C							
Scope of Work (Check a	Il that apply)						F7 F C	tainment with Non	estivo Proseuro					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		⊠ Re					☐ Mini-End	ntainment with Neg closure ag Procedure empted (*) and No						
		Is	Loca	tion	T						atem	ent T	ype	
Location	of		Norm				Description		_	R	R	m	m	
Asbestos-Containing				lely by ance/			containing Ma mal systems	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure	
TO BE ABA		Cus		Staff?	(1.6	su	irfacing, VAT	Γ, or	SF or LF)	\ <u>va</u>	-	Sul	Sure	
(13)			(12	1	-	oth	er miscellane	eous)				ate	"	
		Yes	No	-					040.05	57			+	
Boiler room					Boiler				242 SF					
Boiler room		×			Boiler				4 SF					
Boiler room		\boxtimes			Tank ir	nsulat	ion		250 SF					
Name of Registered Was	ste Hauler				Waste		c Yards of	Name of Regis						
BRISTOL ENVIRON				Hauler 1870		Was			. NORTH LA	NDFILL				
City, State BRISTOL, PA 19007						Disp	osal Date	City, State MORRISVI	LLE, PA 190	67				
Completed By (Print or Type) Title						1	Signature	1 1 -		Date /	,			
Brian Scafiro		Estima	tor				Brian	Scofirs		12/13	/11			

ASB-41

	1		CATION	ate of New . I OF ASBES to NJAC 8:6	STOS ABAT		C	heck	# 7	ПЕ	8	AV	6
Date of Natification (1)			0.00-10-000-00-00-00-0	f Building Ov		- 0	117) [2 11 1	V/ i	7	111	
Date of Notification (1)	- 11		Name 0		obert		llier						
Agencies Notified Type Notification	•)		Street A	ddress	DERI		II teke	מרכ	20 2	011	- 11	#	
		35.00	• ++	190	2 (1)	ithe	~5 Doo	DECT	20 2	+	het.	1171 P	
EPA Initial Amended		100	City, Sta	ate, Zip Code				,					
DOL Amendment #		100		P	Rines	on	NI	ASO 8	6304	22L &	4.77	1 + 12	
DOH justification)	loluding			f Contact .	V400-		NE OFFICEROLINA	Teleph	one Ni	mhar			j
DCA Cancellation			Jan	nes B	anks		11 - P.						
Name of Facility Where Abatement is Taking	Place (3)	FAC:	ILITY INFOR	RMATION	Type	of Facility (4)					
Residential Ston	-	72	Am	tores	+	1,750	127.43	V.S.					
Street Address	e rk	ONF	Tube	KWIEK	<u> </u>	∃Ħ	School (K-1 Subchapter		han K-1	2)			
198 Withe	LIS	000	25	stree +	<u> </u>		Other (i.e. p etc.)						es,
County (6) A	J.	08	547	2		Squa	are Feet	# of Flu	ors 2	51 9	31dg. A Sto		
			County	Code (7) USE ONLY)		Curr	ent Use (Prid	or if being		ned)	•		
Mercen								thon		parc	tore.	nt	
Name of Monitoring Firm Hired by Building O EPC TECHNOLOGIES, INC	wner (8))	N/A	/i No.			atement Con HNOLOG						
Street Address P.O. BOX 337					1520255	et Addre		×					
City, State, Zip Code NEW EGYPT, NJ 08533							Zip Code YPT, NJ 0	0522					
TOTAL CONTROL TO AND CONTROL OF THE			Talaaba	N-				was constructed to	\ \				
Project Manager for Monitoring Firm STEVE SCHENKER			Telepho 609-7	58-3365	1	phone N 9-758-3			cense N 0394	0,			
The second secon		OF COMPANY AND		Date (11)			HA Monitor	IES, INC					
Occupancy Status During Abatement (Check			1-1			et Addre				-			
Facility Closed/Vacated During Entire P	1172		nent		P.C	BOX	337						
Abatement Performed Outside of Norma Other – Describe:					5 CONTRACTOR		Zip Code YPT, NJ 0	8533					
Scope of Work (Check All That Apply)						0	,						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Commercial Commercial	Renova Demoli			3	Mi GI	ull Containme ini-Enclosure ovebag Proc on-Exempted	e cedure				0	
	Τ.			I		- 110	JII Exomptor	/ / dila it	on may	1	Abate		
l seekless of	0.5	Locat Norma	Oleven.		Description	n of					Ту	ре	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ly by	Asbestos	s Containing		al (ACM)	Amo	unt			m	2000
TO BE ABATED		intena todial		(i.e. th	ermal system surfacing, V	ns insul	ation,	(Spe		Ren	Re	Encapsulate	Enclosure
In Facility (13)		(12)			other miscell	aneous)		31 01		Remova	Repair	osula	osui
	Yes	No	N/A							=		ate	e)
1st floor		×		Paper	NRap on	Ain	Ducts	70	LF	X			
2nd Bathrasm		×			Tiles			50	SF	X			
	<u> </u>					T	1.54	100		X			
A Treeset (COOT)	-	X	-		um pape	6	Z MM Z			1			
Name of Registered Waste Hauler	X	1	JDEP W	Cenen	1 Bear	id	Name of F		LSF	X	L		
EPC TECHNOLOGIES, INC			lauler ID 7000			3	WASTE				F PA		
City, State NEW EGYPT, NJ 08533	= III.			1	Disposal Dat		City, State		PA				\exists
	Title				12-30		- WORK	A TELL,	Da	to		>	
Completed by STEVE SCHENKER	PRE	SIDE	NT		Signatu	Elei	<u> </u>	nech	0.700	<u>2</u> -	17	11	

VI	280000	CA ala		bateme	m
NOTITICS	mon o	LASD	CSLOS A	Abatemic	11

			Notifi	cation of As	sbestos Abatement	may 12	(n)		DD C	parents.
			(Pursuan	t to NJAC	8:60-7 and 12:120-7)	MAIR			WE	B
Date of Notification (1)					Name of Building Owne			************	All Security and the second	-111
Agencies Notified	Type No	tification	on		Mountain Development Street Address 100 Delawanna Avenue		DEC	2.0	ane	
[X] EPA	[X] Ini	itial			1	IN FI	DEC	20	ZUII	
[] DEP		tificati	on		City, State, Zip Code Clifton NJ 07014					
[X] DOL		rgency ustifica	Notificat	tion	Name of Contact	1	SBESTO	Se Count	BYL &	
[X] DOH					David Poloni, Iron Hill (Construction	EIL	ENSING		teres or a second continues of
[] DCA	[] Ame	ificatio	n		David Pololii, Itoli Tilli C	2011struction			74	
	[] Can	cellatio	on							
			F	ACILITY IN	IFORMATION					
Name of Facility Where Abateme	nt is Taking Pla	ace (3)				Type of Facility	y (4)			
Mountain Technology	Center					[] Subc [X] Othe	ol (K-1) hapter 8 (r (i.e., prodings, hor	Other than	ı K-12) mmercial,	
Street Address						Square Feet		Floors	Bldg.	Age
2 Peekay Drive						78,400	2		45+	
City (5)	County (6)			Coun	ty Code (7)	Current Use	(Prior	if being	demolish	ed)
Clifton	Passaic			(State	: Use Only)					
Name of Monitoring Firm Hired by	Building		ASCM	No.	Name of Abatement Contr	ractor (9)				
Owner (8) Environmental Consulting, Inc.	Ü				LVI Demolition Services	, Inc.				
Street Address					Street Address			727		
500 East Washington Street					32 Williams Parkway					
City, State, Zip Code		27-27-23			City, State, Zip Code		-			
Norristown PA 19401					East Hanover, NJ 079	36			ES-20072	
Project Manager for Monitoring Fi	rm	Tele	phone Nu	mber	Telephone Number		License N	lumber		1
Sam Kucia		610-	279-7070		973-884-8682	. 1		008	60	
Scheduled Start Date (10)	Sched. Com	pletio	n Date (1	1)	Name of OSHA Monitor					
1/03/2012 Month / Day / Year	02/03/2012 Month / Da	ay / Y	'ear		Jose Moya					
Occupancy Status During Abatema [X] Facility Closed/Vacant During [] Abatement Performed Outside	Entire Period o	f Abate	ment		Street Address 32 Williams Parkway					
[] Occupied [] Hours – Describe: [] Other – Describe:					City, State, Zip Code East Hanover NJ 07936					
Scope of Work (Check all that app	oly)				Full Containment with Nega	tive Pressure		X-2		
[X]Demolition []≥3 sf or ≥ 3 If	[] Re	enovati	on	[X] [X]	Mini-Enclosure Glove Bag Procedure & "W Non-Friable Procedure					
[]≥ 160 sf or ≥ 260 lf			cation		. 6			Abatem	nent Type	Е
Location of			mally sed		Description of		R E	R	E	N C
Asbestos-Containing Material (ACM)			lely Main-	A	sbestos-Containing Material (ACM)	Amount (Specify SF	M 0	E P	C	L O
(13)		tena	ance/ todial		ermal systems, insulation, facing, VAT, or other	or LF)	A L	I R	P S U	S U R
	1,		f (12)	Suri	miscellaneous)			"	Ľ	Ē
Throughout Structure		7	x	Floor Tile	·s ·	5000 SF	X	1		
Exterior of Building			x	Caulk Roofing N	Material	200 LF 21000 SF	X			
Roof Roof			X	Duct Insu		2600 SF	X			
Window			X	Window (600 SF 2 SF	X			
Air Handling Unit Name of Registered Waste Hauler		NJDEP	Waste	Cubic Ya		Name of Regi		ndfill		
LVI Demolition Services, Inc.		20859	· · · · ·	Of Waste		Waste Manag	gement of	f Pennsylv	rania	
City, State				Disposal 1	Date	City, State				
East Hanover, NJ 07936 Completed By (Print or Type)		Title		12/23/11 Signature		Morrisville, I Date	'a			
			ont	Edi	vard line	December 13	, 2011			
ASB-41		Presid	ent		- WIL	1	,			-
Jun 95						1				

		MOTH-	(CANO	NOFASE to NJAC	DESTOS ADATEN 8:60 and 12:120	" ! !!		1. M	<u> </u>		1
Date of Notification (1)	12-16-1			BoRO	ig Owner/Operaior		DEC 20	20	1		1
Aggregies Notified	Type Motification [Thitial] Amended			Address 201 State, 2ip	12 M	AN LS	ASBESTOS CON LICENSIN	HRUL G	&		
EXPORT	Amendment [] Emergency justification [] Cancellation	(including	Man	o of Conto	Wasqui Waszc		Tolonhono Mundo	> 5		A	
Name of Facility Where	Abatement is Tak	ing Place (3)	FΛ	CILITY IN	ORMATION	Type of Facility	y (4)				- (1)
Street Address	ut of	MA	V14. S	QUM		Other (Le.,	r 8 (Other than K-12 private & commercia) al buile	lings,		
005 B		oNI		and the second s	Parameter megalings - 4 (11) interest interest in the control of t	Square Feet	# of Floors	1	dg. A	ge 4	187
County (6) M 0 ~ M	7			inty Code (E ONLY)	7) (STATE	1.1	Prior If being demolis	hed)	(7	
Name of Monitoring Fin (8)	m Flired by Building	Owner	ASCN	No.	ACE	nent Contractor (9) Leer Cu	7.	, N (, p	1.66 E
Street Address	age and a second control of the second contr	and the second s		one of the control of	The conference of the second second second	MTROXII			zuzar.	3 - 5	4.3
City, State, Zip Code Project Manager for Mo	mitoring Pirm	Te	laphone	illo	PATTO	NEELC N	∑ <u>0772 ℃</u> License No. ○○○2.5) 4.1
Start Date (10)	 Sch	eduled Comp			Mamo of Distin	MODIUM	1 CO TA		1. A		
12-20-11 Occupancy Status Dur	ing Abatement (Ch)		Street Address	virone a		*(*** ***) ****************************		THE PERSON	
Facility Closed/Vaca Abatement Perform Other - Describe:	and Dutalde of Nom	at Facility Ho	urs 	P	City State Zio C	code	NS DO) ") ").		100000 1100000
Scope of Work (Check	all that apply)	Demok		ne žiga Wildelman v vite i	Mini-End	closure va Procedure	egative Pressure on-Friable Procedur	e .			
and the second s	polygi, cypyl i padam i manere o	Is Local Nonna	lly	years and order	Description of		A Company of the Comp	/	Voaler Tyr		
Location Asbestos-Containing TO BE ABA IN Facilit (13)	Material (ACM) (TED)	Used Soli Maintena Custod Staff (12)	nce/ ial	Asbes (i.e.,	tos Containing Mat thermal systems i surfacing, VAT, other miscollance	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Remove	70 60 70 13.	Enceptoieu	TROCKLE
2 11	eloso.	Yes No	N/A	301	VI Com	משנים	500 5°	1			
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City, State	ele N.Z.	2022	1.4.	n D. Man	Disposal Date 1-2-12	Chy State	LC. WY PA		is a little		
Completed By	LL		W16	. /l	Signaturo	, Grada	1/2-	16	: 4/		1.00

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Date of Notification (1)	12-16-1)	Name of Buildi	ing Owner/Operator イARレビン	(2)/YUM	DEC 20	201			
Agoncies Notified [Z] LeA [] Je37 [] DyoL [] DOH	Type/Notificatio	n # Including	Street Authors	BUTTE COME UMSUN	IN W 551	ASSESTOS GEN LICENSIN L'Telephone Numb	TROL ² G	eri	\$7	
[] DCA	Cancellation				201 - A144 PRATO - PA	char	12-1	Landania Contract of		1
Benefit and the state of the st		ago, engage namin kito dan Kinduser	FACILITY IN	FORMATION	2000					
Name of Facility Where CILARIC Street Address		4			Type or recenty)	linee		
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County (6)	_ 55)	Committee Her - 7 septim	County Code	(7) (STATE	Current Use (P	nor if being demolis			e erae (rita):	
MONMO		Ourne	ASCM No.	T Mane of Abater	nent Contractor (9))				
Name of Monitoring Fire (8)	i Filteti by Dullung	Owner	VESCHALLACE	ACK	TNSULAT	110N Cu	T	NI		
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Project Manager for Mo	nilorina Pitra	l Tel	ephone No.	. Telephone No.	and the second s	License No.	.,			314004-01
1 roject westerget for we	· .		**************************************	1731 2014	11757	License No. うらいな	<u> </u>	distribution of the second	******	
Start Date (10)			etion Date (11)	Name of OSHA	Monitor					
12-26-		2-31	-1/		N30115101	1 60 70	egeneral et al. et anne en et al. et al. et anne en et al. et al. et al.		- 4 · 4	
Occupancy Status Duri	ng Abatement (Ch			Street Address	TONG O	/\				
Facility Closed/Vacat				The state of the s	Penella	A CONTRACTOR OF THE PROPERTY O	constants of	ter trees	- Operation	
Other - Describe:	JAW	1-7PI	3/1	Cotil	NEUL I	<u> </u>	7)		
Scope of Work (Check	and the second second second second second		a aya sergesamen dag estadamen e a s		ntainment with No					
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Location	of	Normall Used Sole	ly by	Description o	ſ			771		.,, 131
Asbestos-Containing M TO BE ABA IN Facility (13)	Naterial (ACM) TED	Maintenar Custodi Staff? (12)	nce/ Asbe	stos Containing Ma , thermal systems i surfacing, VAT, other miscellane	terial (ACM) nsulation, , or	Amount (Specify SF or LF)	Remova	Repair	Encepsciate	Enclosure
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	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.		1		AND THE PERSON OF THE PERSON O	Commission of the Commission o				
Name of Registered Was	ate Haufer		LIDEP Waste	Cubic Yards	Name of Regi	stered Landfill				
ALG INSU	LATION C	/	lauler ID No.	of Waste	LICS	1	****			
City, State	type standard development - 2 to the	on Local Post Salant		Disposal Date	City, State	KM PA				
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Completed By	i L. Tille		ind to A	Signature (s Could	12	-/(- ·	1/	
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Date of Notification (1)				Name of Building Owner/Operator (2)												
December 02, 2011			C	Camelot at Marlboro Urban Renewal, LLG G G G G Street Address												
Agencies Notified	Type Notification		Street Address 433 River Road													
⊠ EPA	Initial		4	433 River Road City State Zin Code									<u> </u>			
DEP	Amended			City, Stat	ty, State, Zip Code											
DOL	Amendment Emergency (-		Park, N	4J 089	904				į			1		
⋈ DOH	justification)	incidaling		Name of	Contact				A	S Telephone Num	ber-3					
DCA	ason Ka	son Kaplan														
				FACIL	ITY INFO	RMATI	The second secon	-	10 L 100	- F. (A) L	-					
Name of Facility Where	Abatement is Taking							Type of Facility (4)								
Entron Industries			2 - 4 - 11					School (K-12)								
Street Address								Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,								
418 State Highway	79								etc.)					,		
City (5)				F. 10.				Squ	are Feet	# of Floors	BI	dg. A	ge			
Marlboro Township,	NJ															
County (6)		County Code (7)				Cur	rent Use (Prid	or if being demolish	ed)							
Monmouth		(STATE USE ONLY)					business									
Name of Monitoring Fire		ASCM No. Nam					ne of Abatement Contractor (9)									
EHS Environmental				The					MACK Group, LLC.							
Street Address							Street Address									
411 Southgate Court, Suite E								1500 Kings HWY N, STE 209								
City, State, Zip Code								City, State, Zip Code								
Mickleton, NJ 08056							ry Hill, NJ 08034									
Project Manager for Mo		Telephon	Telephone No. License No.													
		356-223		(973) 759 - 5000 00781												
Jack Carney Start Date (10)	-	Completion Date (11)				Name of OSHA Monitor										
12/19/							e MACK Group, LLC.									
	0/0 // 12	Street Address														
Occupancy Status Burning Abatement (oncott only only)								500 Kings HWY N, STE 209								
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours							City, State, Zip Code									
Other - Describe:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					ry Hill, NJ 08034									
Scope of Work (Check	All That Apply)						Onen	y 1 11	11, 140 0000							
	All Illat Apply)	П.					ľ	N .		ant with Mogative F	roccur					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	vation dition				X Full Containment with Negative Pressure X Mini-Enclosure											
Z 2100 31 01 2200 11	0,,,,	Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure														
								X I	Non-Exempted	(*) and Non-Friable	0.00					
		cation							8	Abatement Type						
Asbestos-Containing Material (ACM) Used S				ed Solely by Asbestos Con				of	w w. 100000000000000000000000000000000000		-					
									02.25	Amount (Specify	70	3972	Ē	m		
TO BE ABATED Custoo					al systems insulation, facing, VAT, or			SF or LF)	(em	Re	cap	nclo				
(13)						other	miscellar	neou	s)	*	Removal	Repair	Encapsulate	Enclosure		
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		Yes	No	N/A							V	-	-	1		
see attached			X		see attac		nea		see attached		-	-	-			
						777 										
													T			
				NI DED IA	laste	Cubi	Yards	_	Name of	Registered Landfill			J	1		
Name of Registered Waste Hauler							aste		Name of	togistored Editorii						
Freehold / Newark		159	TBD GROWS													
City, State		Disposal D														
Freehold / Newark,		3/31/1														
Completed by	-					mature Date										
The second secon	lent	ot She.				12/2/11										
Mike Cooper					/											

Date of Notification (1)	1	Name of Building Owner/Operator (2)														
Decen	C	Camelot at Mariboro Urban Renewal, LLC														
Agencies Notified Type Notification				Street Address												
⊠ EPA	Initial	4:	433 River Road													
DEP	Amended	220	City, State, Zip Code													
DOL	Amendment #		— Highland Park, NJ 08904													
DOH	Emergency (in justification)	ncluding		Name of					Telephone Nun	nber						
DCA	Cancellation		J	Jason Kaplan												
						RMATION										
Name of Facility Where	Abatement is Taking	Place (3)					Тур	Type of Facility (4)								
Entron Industries				Volume II (Harland			School (K-12)									
Street Address			Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,													
418 State Highway				etc.)												
City (5)	, 0						Squ	uare Feet	# of Floors	В	dg. A	ge				
Marlboro Township,	N.I															
County (6)	7	County C	ode (7)		Cu	rrent Use (Prio	r if being demolish	ned)								
Monmouth				(STATE U	SE ONLY)	-		business								
Name of Monitoring Fire	m Hired by Building C	wner (8)		ASCM	No.	Na	me of Abatement Contractor (9)									
						The	MAC	MACK Group, LLC.								
EHS Environmental			-	<u> </u>			Street Address									
Street Address						1500 Kings HWY N, STE 209										
411 Southgate Cour	rt, Suite E		-				City, State, Zip Code									
City, State, Zip Code	•						Cherry Hill, NJ 08034									
Mickleton, NJ 08056					o No			phone No. License No.								
Project Manager for Mo	onitoring Firm			Telephon		03000	(973) 759 - 5000 00781									
Jack Carney		56-223		1	(973) 759 - 5000 00731 Name of OSHA Monitor											
Start Date (10)		pletion D		1 2000												
12/26/	3/31/12															
Occupancy Status Duri	Street Address															
Facility Closed/Vacated During Entire Period of Abatement							1500 Kings HWY N, STE 209									
Abatement Perform Other - Describe:	City, State, Zip Code															
U Other - Describe.					— Che	erry H	erry Hill, NJ 08034									
Scope of Work (Check	All That Apply)						57									
≥3 sf or ≥3 lf		novation				Full Containment with Negative Pressure										
≥160 sf or ≥260 lf	emolit	nolition				Mini-Enclosure Glovebag Procedure										
					Non-Exempted (*) and Non-Friable Procedure											
	Locat	ion		,					it							
	Locat Norma	20004		Descrip	ation of			_	Туре							
Location of Used					Asbes	tos Containi		erial (ACM)	Amount		Repair	m				
TO BE ABATED Maint					(i.e.	thermal sys			(Specify SF or LF)			nca	ncl			
In Facility (13)				otan.		surfacing other misc			SF OF LF)	Remova		Encapsulate	Enclosure			
				1		Ott. Ott.				/ <u>a</u>	=	ate				
38		Yes	No	N/A							-	-	-			
see att	ached		X			see at	tached	1	see attached	$\bot X$						
										+-		1				
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Name of Registered Waste Hauler							ds	Name of Registered Landfill								
				Hauler ID		of Waste	20	CDCIA/C	MC							
Freehold / Newark		15939 TBL														
City, State				Disposal I												
Freehold / Newark,		3/31/														
Completed by		Signati				ature Date										
Mike Cooper	and the state of t				12/16				/11							

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