State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7) Name of Building Owner/Operator (2) VERTIS COMMUNICATIONS Date of Notification (1) Street Address /11 12 250 WEST DRATT STREET Type Notification Agencies Notified City, State, Zip Code FPA Initial Notification BALTIMORE, MARYLAND 21201 Amended Notification DEP Cancellation DOL Telephone Number Name of Contact On Hold DOH BRIAN SKELLY **FMERGENCY NOTIFICATION** DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) ASBESTOS CONTROL & School (K-12) LICENSING Subchapter 8 (Other than K-12) CRAIG ADHESIVES & COATINGS Other (ie. private & commol. blogs homes, etc.) # of Floors Bldg. Age Square Feet Street Address 25,351 2 72-82 WHEELER POINT ROAD Current Use (Prior if being demolished) County Code (7) County (6) City (5) (STATE USE ONLY) COMMERCIAL NEWARK NEWARK Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) PAR ENVIRONMENTAL CORPORATION 17 HILLMANN ENVIRONMENTAL Street Address Street Address 313 SPOOK ROCK ROAD 1600 ROUTE 22 EAST City, State, Zip Code City, State, Zip Code SUFFERN, NEW YORK 10901 UNIO, NEW JERSEY 07083-1597 Telephone Number License Number Project Manager for Monitoring Firm Telephone Number 845-369-7500 908-688-7800 MIKE NEHLSON Name of OSHA Monitor Sched. Completion Date (11) Expected State Date (10) QUALITY ENVIRONMENTAL 12 / /11 12 / Year Day Month Year Month Day Street Address Occupancy Status During Abatement (Check only one) 1376 ROUTE 9 W Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: City, State, Zip Code MONDAY - FRIDAY 7AM-3:30 PM Other - Describe: WAPPINGERS FALLS, NY 12590 Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclo:, Renovation Demolition Glovebag Procedure >3SF OR LF Non-Friable Procedure >160 SF OR Abatement Type Description of Asbestos-Is Location ENCLOSE Location of ENCAPSULE Containing Material (ACM) Amount REPAIR normally used Asbestos-containing (Specify (ie. Thermal systems Material (ACM) solely by SF or LF) insulation, surfacing, VAT, Maint/Custodial TO BE ABATED or other miscellaneous) Staff (12) in Facility (13) Yes No N/A 2ND FLOOR MAIL ROOM , LABORATORY X 1,000 SF X AND RESTROOMS X 2,844 SF ROOFING /FLASHING 120 SF CEILING TILE MASTIC 2ND FLOOR RESTROOMS 2,584 SF SHEETROCK COMPOUND 2ND FLOOR LABORATORY Name of Registered Landfill Cubic Yards of Waste Name of Registered Waste Hauler NJDEP Waste

120

Signature

Disposal Date

Hauler ID No.

26981

DIRECTOR OF OPERATIONS

DJM TRANSPORT, LLC

KEARNEY, NEW JERSEY

BENJAMIN SANCHEZ

Completed by (Print or Type)

City, State

GROWS LANDFILL

MORRISVILLE, PA

Date

City, State

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#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #3677

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

Date of Notification (1) Name of Building Owner / Operator (2) 12/20/11 NJ Department of Treasury Agencies Notified Type Notification Street Address DEC 23 2011 **EPA**  $\boxtimes$ 33 West State Street Fl. 9 DEP Initial City, State & Zip Code X DOL Amended Trenton, NJ 08625 ASBESTOS CONTROL & LICENSIN Telephone Number  $\bowtie$ DOH Emergency Name of Contact DCA Cancellation David Lapidus well to the state of the service **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) New Lisbon Developmental Center- Azolea School (K-12) Street Address Subchapter 8 (Other than K-12) 1 Gilbert Street Other (i.e. private & commercial buildings, homes, etc.) # of Floors Square Feet Blda. Age City (5) County (6) County Code (7) **New Lisbon** Burlington Current Use (Prior if being demolished) Developmental Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. AbateTech, Inc. Street Address Street Address 120 N. Warren Street PO Box 25 City, State & Zip Code City, State & Zip Code Trenton, NJ 08608 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Brian Holbig 609-392-4200 609-265-2107 00529 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/4/12 1/31/12 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Material (ACM) Solely by Material (ACM) SF or LF) Encapsulate Remova TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? in Facility insulation, surfacing, VAT or other miscellaneous) (13)(12)Yes No N/A **Basement Mechanical Room** Pipe Fitting Insulation 8 LF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste 18750 TRRF Landfill AbateTech, Inc. City, State Disposal Date City, State Lumberton, NJ 1/31/12 Tullytown, PA Completed By (Print or Type) Title Signature Date Gwen Trumbetti Opps. Coord. 12/20/11

#### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check # 353

1108-4358

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

Date of Notification (1) Name of Building Owner / Operator (2) 12/20/11 AtlantiCare Health Systems Agencies Notified Type Notification Street Address EPA 1925 Pacific Ave. DEP Initial City, State & Zip Code  $\boxtimes$ DOL X Amended #4 Atlantic City, NJ 08401 Name of Contact  $\boxtimes$ DOH Emergency Telephone Number DCA Cancellation Patrick Walsh LIME view with the second control of the second c FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) AtlantiCare Regional Medical Center School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) 1925 Pacific Ave. Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) Current Use (Prior if being demolished) Atlantic City Atlantic Medical Center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental AbateTech, Inc. Street Address Street Address 1253 North Church Street PO Box 25 City, State & Zip Code City, State & Zip Code Moorestown, NJ 08057 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Jim Guilardi 856-840-8800 609-265-2107 00529 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/2/11 2/29/12 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Mini-Enclosure Renovation X ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify SF or LF) Material (ACM) Solely by Material (ACM) Encapsulate Remova Maintenance or (i.e., thermal systems Repair TO BE ABATED in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 2200 SF Operating Room Corridor Mastic Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste TRRF Landfill 18750 12 AbateTech, Inc. Disposal Date City, State City, State 2/29/12 Tullytown, PA Lumberton, NJ Completed By (Print or Type) Title Signature Date Gwen Trumbetti Opps. Coord. 12/20/11

State of New Jersey

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

NOTIFICATION OF ASBESTOS ABATEMENT

1103-4272

Check #3640

Date of Notification (1) Name of Building Owner / Operator (2) 12/19/11 Robert Wood Johnson Hospital DEC 2 3 2011 Agencies Notified Type Notification Street Address  $\boxtimes$ ÉPA One Robert Wood Johnson Place DEP Jaitial City, State & Zip Code ASBESTOS CONTROL & Amended #10 DOF New Brunswick, NJ 08901 LICENSING Emergency Name of Contact Telephone Number DOH . Januare Coule for DCA Cancellation Geiser Fajardo **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Robert Wood Johnson Hospital Subchapter 8 (Other than K-12) Street Address One Robert Wood Johnson Place Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) County (6) City (5) Current Use (Prior if being demolished) New Brunswick Middlesex Hospital Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Omega Environmental AbateTech. Inc. Street Address Street Address PO Box 25 280 Huylar Street City, State & Zip Code City, State & Zip Code Lumberton, NJ 08048 South Hackensack, NJ 07606 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-265-2107 00529 201-489-8400 Geiser Fajardo Name of OSHA Monitor Scheduled Start Date (10) Scheduled Completion Date (11) 12/30/11 EMSL Analytical 4/12/11 Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours -City, State & Zip Code  $\boxtimes$ Describe: 5 PM - 1:30 AM Westmont, NJ 18108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Renovation ≥3 sf or ≥3 lf Demolition Glove Bag Procedures ≥160 sf ≥260 lf Non-Exempted and Non-Friable Procedure Is Location Description of Amount Abatement Type Location of Normally Used Asbestos-Containing (Specify Asbestos-Containing SF or LF) Solely by Material (ACM) Material (ACM) Encapsula Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (13)(12)N/A No Vinyl Flooring containing asbestos 286 SF Central Sterile Unit X 3,723 SF Floor tile & Mastic Central Sterile Unit 70-LF-Radiology Offices X Pipe Insulation --Pipe Insulation 70 LF Radiology Offices NJDEP Waste Cubic Yards Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. of Waste 20 TRRF Landfill 18750 AbateTech, Inc. Disposal Date City, State City, State 12/30/11 Tullytown, PA Lumberton, NJ Date Completed By (Print or Type) Title Signature 12/19/11 Gwen Trumbetti Office Coord.

### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #3641 (Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4353

Date of Notification	(1) 12/20/11							Owner / Operat	or (2)			1			-
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Trenton, NJ 0860					-			Lumbertor							
Project Manager for	Monitoring F		Telep				per	Telephone N			License N				
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### State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Check #3674

1108-4353

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

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Completed By (Print Gwen Trumbetti	or Type)				Title		Coord.	Signature	_	0_			Date	14.4		
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### State of New Jersey 1108-4353 NOTIFICATION OF ASBESTOS ABATEMENT Check #3675 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (	1) 12/20/11							g Owner /		tor (2)	1111111111					
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Name of Facility Whe				(3)				Туре	of Fac	ility (4)			***************************************			
New Lisbon Devel	lopmental	Center- Res	ourc	e C	en	ter				(K-12)						
Street Address 27 Circle Drive											Other than K					
27 Circle Drive									re Fee		# of Floors		ngs, non Bldg. Ag		etc.)	
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New Lisbon		Burlington			-, -		(.,	Curre	nt Use	(Prior it	f being demo	lished)				
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Name of Monitoring F	irm Hired b	y Building Owr	ner (8	)		AS	CM No				Contractor (	9)				
Environmental Co	nnection,	Inc.					Ţ			, Inc.						
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Trenton, NJ 08608										1, NJ 0						
Project Manager for N Brian Holbig		irm	Tele 609				ber	Telep		lumber		License 1	Number 0052	9		
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Gwen Trumbetti				C	pp	s. Co	ord.	5	2	0			12/20	1/11		

### State of New Jersey

1108-4353 Check #3676

12/20/11

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

Date of Notification (1) Name of Building Owner / Operator (2) nec 2 3 2011 12/20/11 NJ Department of Treasury Agencies Notified Type Notification Street Address  $\boxtimes$ EPA 33 West State Street Fl. 9 ASBESTUS GUNTKO DEP Initial City, State & Zip Code X DOL Amended Trenton, NJ 08625 Name of Contact M DOH Emergency Telephone Number Cancellation DCA David Lapidus **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) New Lisbon Developmental Center- Health Services Street Address Subchapter 8 (Other than K-12) 20 Gilbert Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda. Age County Code (7) City (5) County (6) Current Use (Prior if being demolished) New Lisbon Burlington **Developmental Center** Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Environmental Connection, Inc. AbateTech, Inc. Street Address Street Address 120 N. Warren Street PO Box 25 City, State & Zip Code City, State & Zip Code Trenton, NJ 08608 Lumberton, NJ 08048 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number 609-265-2107 Brian Holbig 609-392-4200 00529 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/4/12 1/31/12 EMSL Analytical Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 108 Haddon Ave. Abatement Performed Outside of Normal Hours -City, State & Zip Code Describe: Westmont, NJ 08108 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Is Location Description of Amount Abatement Type Asbestos-Containing Normally Used Asbestos-Containing (Specify Solely by Material (ACM) Material (ACM) SF or LF) Encapsulate Enclosure Remova TO BE ABATED Maintenance or (i.e., thermal systems Repair Custodial Staff? insulation, surfacing, VAT in Facility or other miscellaneous) (12)(13)Yes N/A No **Basement Mechanical Room** Pipe Fitting Insulation 8 LF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste 18750 1 TRRF Landfill AbateTech, Inc. City, State Disposal Date City, State Lumberton, NJ 1/31/12 Tullytown, PA Completed By (Print or Type) Signature Title Date Gwen Trumbetti Opps. Coord.

Date of Notification	(1)		1	Vame	of Bui	Iding (	Owner / Operator	(2)			61	m			
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Rod Richardson				1000000	oject anage		Est Explander				1	2/1	Γισ	ı	

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Date of Notification (1) 12/16/2011	)			Name o	f Building	Owner/0	Operator	r (2)		DEC	2.3	201	1		//	
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Project Manager for Mo	onitoring Firm			Telepho	ne No.			none No			Licens					
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Start Date (10) 1/9/2012		Scheduled 1/16/201		npletion I	Date (11)			of OSH L Ana	A Monitor							
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Other – Describe:	closed - not occupie	d				_	1888 AAT		NJ 0810	8						
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Date of Notification (1)		900 000	Name	e of Bu	ilding	Owner / Operato	or (2) E G	E 1	W [ ]	nit			
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Date of Notification (1) 12/5/11				f Building Owne tz Reuter		(2) are Retire	nent	Communi	ty		1	
Agencies Notified Type Notification		S		ddress 1 Kennedy	Blvd.		DEC	2 3 2	011		$/\!\!/$	
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☐X DOH justification) ☐ DCA ☐ Cancellation		24 20100	Service Control	id Kolk			100	1_867_3				
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Name of Facility Where Abatement is Taking Fritz Reuter Lifecare Ret	Place (3) irement	. Cor	mon	ity		Type of Facility  School (K-	12)				,	-10
Street Address 3161 Kennedy Blvd.	, .		•			Other (i.e. etc.)	private 8		al build		. Marie	≥s,
City (5) North Bergen						Square Feet 100,000		Floors 3	1	dg. A	ge yrs	•
County (6) Hudson				Code (7) USE ONLY)		Current Use (Pri retiremen						
Name of Monitoring Firm Hired by Building C EHS Environmental Inc.	wner (8)		ASCA	No.	The state of the s	of Abatement Co nouth Envir			. , Ir	nc.		
Street Address	ovani osa a Sessoii					Address						$\neg \neg$
411 Southgate Court						Haws Avenu	ie					
City, State, Zip Code Mickleton, NJ 08056						State, Zip Code cistown, PA	194	01				
Project Manager for Monitoring Firm Jack Carney				ne No. 224–0080	Telepi	hone No. -239-9920		License N 00398				
Start Date.(10) 1/3/12	Scheduled 1/13/		oletion	Date (11)	A STATE OF THE STA	of OSHA Monitor		ental C	o.In	c.		
Occupancy Status During Abatement (Check	Only One)	)				Address						-555715
☐ Facility Closed/Vacated During Entire P			ent			Haws Aven	iue					
Abatement Performed Outside of Norm     Other – Describe: <u>occupied</u>	al Facility H	lours				State, Zip Code ristown, PA	1940	)1	f:		1	
Scope of Work (Check All That Apply)			,									
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	☐ Rei	novatio molitio			0	Full Containm Mini-Enclosur Glovebag Pro	re cedure	•				
	Γ			l		Non-Exempte	u () and	1 NOII-F Hab			ment	
		ocation									ре	
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Used Maint Custoo	Solely tenand	by æ/	Asbestos Co (i.e. them sur		Material (ACM) is insulation, AT, or	(8	mount specify or LF)	Removal	Repair	Encapsulate	Endosure
	-	No	N/A								Ф	
boiler room	X			boiler in				O SF	Х			
boiler room	x			pipe insu			5	) LF	х			
boiler room	х	-		breeching	insul	lation	50	O SF	x			
Name of Registered Waste Hauler Newark Carting	<u></u>		DEP Wuler ID	No. of V	ic Yards Vaste	Cumbe	rland	red Landfill d Count		ndf	ill	
City, State Newark, NJ					osal Date 1 / 1_3 /	12 Newbu						
Completed by James M. Kelly	Title P1	roje	ct M	lanager	Signature	11/11/1		Da 1.	te 2- 1	11	ħ1	

# 3462

Date of Notification (1)						Owner/Op		(2)	160	o E n	N// F	-	William II	7	
12/20/2011				But and a		entral Div	/. ·				W	-J	In'	L	
Agencies Notified  EPA	Type Notification    X Initial			Street Ad 472 W		anal Roa	ad ,								
DEP DOL	Amended Amendment				te, Zip Co set, NJ		Table School		1 DE	C 23 2	2011	il	IJ		
N DOH	Emergency justification)		-	Name of			ĺ		ASBES	Telephone	Numb	er		-	
Ĭ DCA	Cancellation			Lauren	Thoma	IS			Mades	LIVENSING					
No. of Facility VAR-	Ab de serve de Teleje	- DI (2)		FACIL	LITY INFO	PRMATIO	N .	Timerat	Mary Million year	-					
Name of Facility Where P.S.E.&G	Adatement is Takin	g Place (3)					Name of	4		<u> </u>					
Street Address			_					H Si	ibchapter 8	Other than	K-12)	****	-House	الهندية	
Corner of Trenton	& Clifton							Ot etc		vate & comn	nercial	build	dings,	home	es,
City (5) Elizabeth								Square appx.	Feet	# of Floors	3		ldg. A	ge 65 y	/rs
County (6) Union				County C	Code (7) ISE ONLY)			Current	Use (Prior	if being den	nolishe	d)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.		Name	of Abate	ment Contr	actor (9)					
Environmental Tac	tics	\$8. 30		0045	5				tems of A	America					
Street Address 64 Broad Street								Address Whiteh	ead Ave.						
City, State, Zip Code Matawan, NJ 0774	7					139		state, Zip h River	Code , NJ 0888	32					
Project Manager for Mo Tom Geiger	nitoring Firm		T	Telephor	ne No. 0-2217		-535337	none No. 432-83	50	Licen 011	se No.				
Start Date (10)		Scheduled	d Cor	NAME OF THE OWNERS OF THE OWNER, WHEN	STALL			of OSHA						200	
1/7/12		1/8/12							tems of A	merica					
Occupancy Status Durin	ng Abatement (Chec	k Only One	<del>)</del>			100		Address	ead Ave.						
Facility Closed/Vac Abatement Perform	cated During Entire ned Outside of Norm	Period of Al	oaten	nent s				state, Zip		==1230					-
Other – Describe:							- 60		, NJ 088	82					
Scope of Work (Check /	All That Apply)	10000				***	_	_		7					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				×	Mini- Glove	Enclosure ebag Proce	it with Negat dure (*) and Non-				9	
		Τ	0.00					1 NOII-	Exempled (	) and Non-	Habie			ement	
Lacatio		1888	_ocat orma	10000		Dono	rintion	of						ре	
Locatio Asbestos-Containing				ely by nce/		tos Contai		/laterial (/		Amount				m	m
TO BE AE			dial	Staff?	(i.e.	thermal sy surfacir			on,	(Specify SF or LF)		Remova	Repair	псар	nclo
(13)			(12)			other mis						oval	air	Encapsulate	Enclosure
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1st Fl	oor		X			ACN	A Soc	ck		30 LF		Х		X	
	entre en	++													
Name of Registered Wa	ste Hauler		11	JUEP W	aste	Cubic Ya	200000000000000000000000000000000000000		Name of Re	egistered La	ndfill	_			
WASTE MANAGEN				lauler ID 1125	No.	of Waste	е		GROWS						
City, State ELIZABETH, NJ				A	5	Disposa 1/9/12	Date		City, State MORRIS	YILLE, PA	4				
Completed by	0	Title				Sig	nature		2 1/	/	Date				
CAROL X	AIMO	Office	Ma	nager			4	era	e Xa	ans	12/2	20/2	011		

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

2012-01 Check # 4981-B & G proj. #: Date of Notification (1) Name of Building Owner/Operator (2) 1 2 / 2 0 / 1 1 Estate of Ellen Brooks Agencies Notified Type Notification Street Address DEC 2 3 2011 ☐ EPA 119 Hickory Lane Initial ☐ DEP City, State, Zip Code Amendment ASBESTOS CONTROL & DOL Closter, NJ 07624 LICENS! It elephone Number Name of Contact DOH Cancellation Rochelle Moskowitz ☐ DCA **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Estate of Ellen Brooks Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 119 Hickory Lane County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) residential Closter, NJ 07624 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 Rverson 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 1/4/2012 105 Ryerson Road Occupancy Status During Abatement (Check only one) ☑ 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 □ Renovation Demolition Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf  $\square > 3 \text{ sf or } > 3 \text{ If}$ Is location normally used solely n Location of Amount by maintenance/custodial m Description of asbestos-containing C asbestos-containing (Specify SF or staff(12) 0 a material (ACM) a material to be p abated in facility (13) No N/A Yes M 125 lf pipe insulation basement 図 160 lf pipe insulation crawl space Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler Tullytown Resource & Recovery Center 19563 4 yards B & G Restoration, Inc. Disposal Date City, State City, State Tullytown, PA 1/6/12 Lincoln Park, NJ 07035 Date Signature Gordana Luna Title Completed by (Print or Type) 12/20/2011

Treasurer

Gordana Luna

3273

Date of Notification (1)			Name	of Building Owner	/Operator	(2)	<u> </u>	15		$\parallel$	
12/20/11			MS	5.CA+H	NUN	3 FOR	MHINZ				
Agencies Notified Type Notification  □ EPA □ Initial	•		Street 70	Address 3 Bモム		111 111 6	DEC 2 3 2011				
□ DEP □ Amended	6.		City, S	tate, Zip Code			4 -		ì	T	- 20
DOL Amendment  Emergency (				DGE WO	000	Mi	BEZITS & GATROL		*		
DOH justification)		9	100000000	of Contact			Telephone Nu	mber		_1	
□ DCA □ Cancellation			MS	. CHUMMI	12	www.wt.ish	an la				
			FAC	ILITY INFORMA	TION						p. 41
Name of Facility Where Abatement is Taking						Type of Facility ☐ School (K-					
Street Address 703 BEL MONT	RN					Other (i.e.	er 8 (Other than K-1) private & commerci		ldings	, hom	es,
City (5)				2		Square Feet	The state of the s	T	Bldg.	Age AR	
County (6)				Code (7)	-	Z 50 C Current Use (Pr	for if being demolish	ned)		740	_
BERCEN				USE ONLY)		(Ce	es usons				
Name of Monitoring Firm Hired by Building (	wner (8	)	ASC	M No.		of Abatement Co t Remova					
Street Address		-		Ų.		Address					-
					450	South	River St				
City, State, Zip Code	-			-10	1100000	ate, Zip Code			-		
				•			,N.J. 0	760	1		
Project Manager for Monitoring Firm	-	T	Telepho	one No.	Tolonk	ana Na	Lieenee M	0.			
						-329-744		88			
Start Date (10)	Schedu (	led Cor	npletion	Date (11)		of OSHA Monitor ga Envir	onmental :	Ser	vic	es	
Occupancy Status During Abatement (Check	Only O	ne)		9		Address	0+				
Facility Closed/Vacated During Entire P	eriod of	Abater	nent	5%		Huyler	St				
Abatement Performed Outside of Normal Other - Describe:	al Facilit	Hour	3			ate, Zip Code	WE SHOWN		0007-000000		
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≥160 sf or ≥260 lf	147000000000000000000000000000000000000	Demoli			Ē	Mini-Enclosur Glovebag Pro	e cedure				
	Т			T		Non-Exemple	d (*) and Non-Friab	T PIO	1053777	ement	
And the state of t		Locat								pe	
Location of Asbestos-Containing Material (ACM)	1 00M DE	Normal ed Sole	•	4	escription		Amount	$\vdash$	T		
TO BE ABATED	Ma	aintena	nce/	Asbestos Cor (i.e. therma	itaining ivid	ineulation	Minorit	! 	i	15	ım
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(13)		(,		other	miscellane	eous)		Removal		ncapsulate	Enclosure
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BASELLEN+			7	THERMAL	120 50	MOITAN	10 LF	X			
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DJM Transport ,Inc	7000	Н 2	auler ID	No. of Wa	ste ( C )	City, State	erland Cou	inty	y L	and	lfi
lame of Registered Waste Hauler DJM Transport ,Inc ity, State South Kearny N.J. 0	7032	Н 2	auler ID	No. of Wa	ste ( )	Cumbe	erland Cou			and	lfi
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Date of Notification (1) December 7, 2011			Johnn	y Naam	Owner/Oper O	rator (			The state of the s			Contraction of the Contraction o	-
Agencies Notified Type Notification	1		Street A 8 Dale			ļ.		DEC	2 3 20	11			
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DOL Amendmen	(including	-		town, N	J 07960	· **		1	OS CONTRO		35		
DOH justification Cancellatio				y Naam	0	\$	71-1-1-1		neprone nu	muer_			- ; <u>%</u>
Name of Facility Where Abatement is Taki	na Place (3	1)	FACI	LITY INFO	ORMATION		Type of Fac	cility (4)	· · ·		and the second second	Charles A. Pr	13
House	rig Flace (S	')				-	-	ol (K-12)					
Street Address							Subch	apter 8 (Ot	her than K-1		J:		
8 Dale Drive							etc.)		& commerc				es, 
City (5) Morristown							Square Fee N/A	N/		N	ldg. A	ge	
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Name of Monitoring Firm Hired by Building N/A	Owner (8)	-	ASCN	No.			f Abatemer Abatemer	nt Contracto	or (9)		11-20-00		
Street Address				-			ddress	п, пю.			-		
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City, State, Zip Code							ate, Zip Coo a, NJ 07:						
Project Manager for Monitoring Firm			Telepho	ne No.	F100000		ne No.		License N	No.			
Start Date (10)	Schedule	ed Con	nnletion I	Date (11)			45-8685 f OSHA Mo	nitor	#00675				
12/21/11	12/22/		iipiciioii	Date (11)			Abatemer				88		
Occupancy Status During Abatement (Che	ck Only Or	ne)			1000		ddress	Λνορμο					
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe: Occupied					Ci	ity, Sta	sengren	de					-
Scope of Work (Check All That Apply)					_   1	Otow	a, NJ 07	512		= 25		20 52	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Committee	Renova Demolit				×	Mini-Enc Glovebag	losure g Procedure	th Negative			a	
	l is	Locati	ion				IVOII EXO	1		1	Abate	ment	t
Location of	1	Normal	ly		Descrip					-	Ту	ре	Г
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)	Ma	ed Sole intena todial s (12)	nce/		stos Containi thermal sys surfacing other misc	stems g, VAT	insulation, , or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
basement bathroom	165	X	IN/A		floor	r tile			35 SF	X			
Name of Registered Waste Hauler		1 1/2/2	IJDEP W		Cubic Yar	rds	Nan	ne of Regist	tered Landfil	1			
D&S Abatement, Inc.			lauler ID 20996	NO.	of Waste TBD		Wa	iste mana	agement o	f PA			
City, State Totowa, NJ					Disposal I	Date		, State lytown, P	A				

Date

12/07/11

Signature

Title

Project manager

Completed by

Deanna Brkusanin

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In	IF	P	E	. \	W- 1		11
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Name of Facility Where Abatement is Takin	ng Place (3	3)				Туре	of Facility (	(4)										
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Street Address									er than K-12 commercia		dinge	home						
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' 1' F				Date (11)					ntal S	er	vic	es						
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Fadaral	Notification of Aci	nactos Abatom	ont (Bureu	ant t	o NJAC 8:60-7 and 12:12	)7/E (C)   F	n na	P Page					
Date of Notification	0 1	I I I I I I I I I I I I I I I I I I I	Dulluling Ov	VIICII	Operator ERVICES (FEDERATED)		<u>W</u>						
Agencies Notified Ty USEPA X X DEP	ype of Notification Initial Notification	7 WEST	Street Address 7 WEST SEVENTH STREET  DEC 2 3 2011										
X DCA/DOL X DOH	Amended Cancellation		te, Zip Code IATI, OHIO		02	ACBESTOS CON LICENSIN	G						
82		Name of Kirit Vora			A surface from New York	Telephone Nutribe		ie. Tarrega	TIT. + 24				
			INFORMA	TION			715-XIII-V		1 Time A				
Name of Facility Where A	batement is Taking				ype of Facility								
BLOOMINGDALE'S STO				(	) School (K-12) ) Sub-Chapter 8 (Other t	han K-12)							
Street Address				200	X ) Other (I.e. private & C buildings, homes, etc.)			A 1 DI-	-				
1220 MORRIS TURNPIKE		LL .		F of	Bldg.	# Floor		Age of Blo 50+	ıg.				
City	County	County Cod State use O		Curre	1 MILLION +SF nt Use (prior if being demol			301					
SHORT HILLS  Name of Monitoring Firm I	UNION Hired by Building Ov	vner AS	SCM No. N	lame	of Abatment Contractor	202							
_				CBA	CONSULTING CORP.								
BUREAU VERITAS NOR	TH AMERICA INC.			200000000000000000000000000000000000000	Address								
				450	OTANI EV TERRACE								
160 FIELDCREST AVENU City, State, Zip Code	JE			All Control of the Control	STANLEY TERRACE State, Zip Code			- 370 370					
City, State, Zip Code													
EDISON, NJ 08837		<del></del>			N, NJ 07083	License Number							
Project Manager for Monit	oring Firm	Telephone No	0.	elepi	hone Number	License Number							
TO BE DETERMINED		BE DETERMI											
Scheduled Start Date	Scheduled Co	mpletion Date	N	lame	of OSHA Monitor								
1 9 2	2012 1	14 2012	E	EMSL	ANALYTICAL								
Month Day Y	ear Month Da		S	Street	Address								
Occupancy Status During Facility Closed/Vaca	Abatement (Check	Only One)	nent 3	107 W	VEST 38TH STREET								
X Abatement Outside	Normal Facility Hou	eriod of Abateri	C		State, Zip Code								
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0 (10/ 4) (0 h = 1 0 m	lu One)	ΔΙ	batement M	letho	d								
Scope of Work (Checl On Demolition >3sf or >3lf	ly Offe)	X	F	full C	ontainment with Negative F Enclosure	Pressure							
X ≥ 160sf or ≥ 260lf					bag Procedure								
Renovation		Is Location			Friable Procedure Describtion of	Amount to be	Abate	ement Typ	e				
Location of ACM Facility		Used by Cu	ustodial Staf	ff /	ACM to be	Removed		ie le	16				
		Yes	NO N		Removed VAT & MASTIC	(Specify SF/LF)	Rem.	Rep. Enc	. Encl.				
1ST FLOOR - Stock Roor	m			-	VAT & IVIASTIC	0001	1						
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							+-	-					
Name of Registered Was	te Hauler	INJDEP	Waste ID No	0.	Cubic Yds waste	Name of Register							
TRI-STATE TRANSFER	ASSOC., INC.	S	W1896		TBD	MINERVA ENTE	RPRIS	ES, INC					
City, State		Disposal	Date	City, State of Registered Landfill									
BRONX, NY Completed By (Print or Ty	(ne)	TBD Title			WAYNESBURG, OHIO Signature			Date					
Completed By (Print or 1)	GENERA	AL MANAGI	ER	Imilly,	RUM		12/2	0/2011					

Endor	al Notification of A	shostos /	∆hatem:	ent (Purs	uant	to NJAC 8:60-7 and 12:120-7	NEPE	n W	TE	100	7			
Date of Notification  1 2 2 1 1 1 1 MERCK					)wner	/Operator		i V	-15					
Agencies Notified USEPA X DEP	55	Street Address 556 MORRIS AVENUE  DEC 2 3 2011												
X DCA/DOL X DOH			e, Zip Coo NJ 0790	7902 ASBESTOS CONTROL & LICENSING						- Constitution of the Cons				
Name of Con Kevin Ruta					act Telephone Number									
			ACILITY	INFORM.		N Type of Facility								
Name of Facility Where A MERCK - Building S 2	Abatement is Takin	g Place				( ) School (K-12) ( ) Sub-Chapter 8 (Other tha	n K-12)							
Street Address						( X) Other (I.e. private & Combuildings, homes, etc.)	mercial # Floor		Age	of Bldg.				
556 MORRIS AVENUE	10	10	nti Cad		SF of	f Bldg. 10000				50+				
City	County		nty Code e use O		Curre	ent Use (prior if being demolish								
SUMMIT, NJ Name of Monitoring Firm		Owner	AS	SCM No.	Nam	e of Abatment Contractor			0					
AERO ENVIRONMENTA	AL.					CONSULTING CORP.								
Street Address					Stree	et Address								
					2450	CTANI EV TEDDACE								
275 ROUTE 10 E. SUITE City, State, Zip Code	E 220-306			1		State, Zip Code								
CHOCACHNINA NIL 079	76				UNIC	N, NJ 07083								
SUCCASUNNA, NJ 078 Project Manager for Mon	itoring Firm	Telep	hone No			phone Number	License Number							
TO BE DETERMINED		TO BE DE	ETERMI	NED	908-687-1008 00575									
Scheduled Start Date	Scheduled (	Completion	n Date		Nam	e of OSHA Monitor								
1 4	2012 1	10 2	2012			L ANALYTICAL								
Month Day			'ear		Stree	et Address								
Occupancy Status Durin Facility Closed/Va	cated During Entire	Period of	ne) <sup>-</sup> Abatem			WEST 38TH STREET								
Abatement Outsid X Describe: 7:00AM	e Normal Facility H I TO 4:30PM	ours			City, State, Zip Code									
				- 1	NEW	/ YORK, NY 10118								
Scope of Work (Checl O	inly One)		Ab	patement	Meth	od	and the							
Demolition			v			Containment with Negative Pre Enclosure	essure							
>3sf or >3lf			X		Glovebag Procedure									
X ≥ 160sf or ≥ 260lf Renovation			,,			Friable Procedure			CTRICE CO.	_				
				Normally stodial St	aff	Describtion of ACM to be	Amount to be Removed	Abatement Type						
Location of ACM Facility		2 500,000,000	Yes	NO NO	N/A	Removed	(Specify SF/LF)	_	Rep.	Enc.	Encl.			
ROOM B-2						PIPE FITTING INSULATION	65LF	X	-					
ROOM B-8						PIPE FITTING INSULATION	65LF	X			-			
Name of Registered Wa	ste Hauler	N		Naste ID	No.	Cubic Yds waste TBD	Name of Register MINERVA ENTER	ed Lar	ndfill ES II	NC .	(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			
TRI-STATE TRANSFER	R ASSOC., INC.		SV Disposal	W1896 Date		City, State of Registered Land		4 1410						
City, State BRONX, NY			rBD	Julio	WAYNESBURG, OHIO									
Completed By (Print or	Гуре)	T	Γitle			Signature	Kin		Date		2044			
TIMOTHY RYAN GENERAL MAN					GER	11 mitley	7/-			12/21/	2017			

State of New Jersey さいというないまとう NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) MO#19129301831 Name of Building Owner/Operator (2) Date of Notification (1) Carolyn Tuella 12/21/2011 DEC 2-3-2011 Agency Notified Type Notification Street Address 257 W. Passaic Avenue M EPA M Initial City, State, Zip Code DEP ☐ Amended ASBESTOS CONTROL & M DOL Amendment # LICENSING Rutherford, NJ 07070 Emergency (including Name of Contact Telephone Numbe M DOH justification) ☐ Cancellation ☐ DCA Carolyn Tuella **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home ☐ School (K-1 2) ☐ Subchapter 8 (Other than K-1 2) Street Address ☑ Other (i.e. private & commercial buildings, 257 W. Passaic Avenue homes, etc.) Square Feet # of Floors Bldg. Age City (5) Rutherford, NJ 07070 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) Bergen ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner(8) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State. Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 12/30/2011 12/31/2011 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address 20-21 Wagaraw Road, Bldg .# 34A M Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe Fair Lawn, NJ 07410 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☒ Renovation ☐ Mini-Enclosure ≥160 sf or >260 lf □ Demolition ☑ Glovebag Procedure □ Non-Exempted (\*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Removal Repair TO BE ABATED (i.e., thermal systems insulation. (Specify Custodial IN Facility surfacing, VAT, or SF or LF) Staff? other miscellaneous) (13)(12)Yes No N/A 20 LF Basement Pipe insulation X NJDEP Waste Hauler Cubic Yards of Name of Registered Waste Hauler Name of Reg stered Landfill ID No. Waste Gr Tech LLC 0033785 T.R.R.F. Inc City, State Disposal Date Wayne, NJ 07470 Tullytown, PA Completed by Title Date Signature 12/21/2011 N.Jevtic Do not use this form for asbestos licensur exempted activities

ASB-41



Date of Notification (1)			N	lame	of Buil	ding O	wner / Operator	(2) 1	GEIV	VEI	1					
12/16/2011			c	liver	Con	struct	ion				-111	- E-27/05/UE				
Agencies Notified Type Notification					Addre: ekalb				EC 2 3 20	011	Щ					
☐ DEP	☐ Initial					Zip Co				Imame	7					
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					ILITY	INFO	ORMATION ;		Personal Property				$\dashv$			
Name of Facility W	here Abateme	ent is Taking Pla	ace (3	)			Type of Facility School (K			1 (49°°C) 14 440	e - a - a	a.				
Burlington Chevrolet								er 8 (Other tha	n K-12)							
Street Address								private & com	mercial buildir	nas home	es. et	c.)				
105 East Rt 130	South						Other (i.e. Square Feet	# of Floo		Bldg. Age			$\dashv$			
		1	70		V- d- /*	7)		# 011100	4	Diag. 1 igo	50					
City (5)		County (6)	Col	unty C	ode (7	()	10,000	Prior if being de	molished)		-					
Burlington,NJ		Burlington							illonsiled)							
							Car dealersh		(O)				$\neg$			
Name of Monitoring	Firm Hired b	y Building Own	er (8)		ASC	M No.		ement Contractionmental Se								
Street Address		- W					Street Address						İ			
							2129 Route :				-		-			
City, State & Zip Co	ode						City, State & Z Hamilton, N.									
Project Manager fo	r Monitoring I	Firm	Telep	hone	Numb	er	Telephone Number License N				1	11)=1=1				
Scheduled Start Da		Scheduled Con	npletic	n Dat	te (11)		Name of OSH									
12/27/20		12/31/2011	-	,	-		EMSL Analytical Street Address									
Occupancy Status	During Abate	ment (Check or	nly one	e) of Abr	otomo	nt	107 Haddon									
Facility Clo	sed/vacated	During Entire P	ol Ho	Ure .	7am tr	3nm	City, State & Z									
	Performed C	outside of Norma	ai no	uis –	rain to	John	Westmont, NJ 08108									
Describe:		- Abatamont					Westinoin,	10 00.00								
	cupied During			_						-						
Scope of Work (Ch	neck all that a	ippiy)						☐ Full Con	tainment with	Negative	Pres	sure				
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≥160 sf ≥2	60 II		Ш					☐ Non-Exe					re			
			1-1-	Locat	ion	1	Description	<u> </u>	Amount		Abatement Type					
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	stos-Containi aterial (ACM)	ng		olely			Material (AC		SF or LF	)		밀	m			
	BE ABATED			Maintenance or			(i.e., thermal sy	ystems		Remova	Re	cap	Enclsoure			
	in Facility		Cust				nsulation, surfacing, VAT			VOI	Repair	Encapsulate	ő			
	(13)			(12)			or other miscella	aneous)		1 2		ate	6			
			Yes	No	N/A	MAT	9 Mactic/dum	neter debrie	4 000 af		$\vdash$	П	П			
Previous storage room						VAI	& Mastic/dum									
Name of Registere	ed Waste Hau	uler					Cubic Yards of Waste	Name of Reg	istered Landfi	ill						
ALPHA ENVIRONMENTAL							2	Grows Lan	andfill							
City, State							Disposal Date	City, State								
Trenton, NJ							1/5/2012	Morrisville,	PA							
Completed By (Pr	int or Type)			Ti	tle	**********	Signature			Date		-				
Rod Richardson	(i. 13po)			134000	roject	t	Red Richardson			12/16/11						
Rod Richardson				Manager												