

Date of Notification (1) 12/22/2011						Owner/Op entral Di	2.3	DEC	E 1	VE	In	1		
Agencies Notified EPA	Type Notification X Initial				eston C	anal Rd	1)	DEC DEC	2.7	2011				
DEP X DOL	Amended Amendment	The state of the s	-	City, State Somers	set, NJ					20!1				
X DOH X DCA	justification) Cancellation			Name of George	Vilaro		L.	ASBEST LI	os Aprile Cei	pane Num	ber			
Name of Facility Where	Abatament is Taking	Place (3)		FACIL	ITY INFO	ORMATIO		Type of Facility (17 Cintenna	Milianda a garage a				
P.S.E & G Street Address	Abatement is Taking	g Flace (5)					manage of the second	School (K-1 Subchapter	2)	than K-12		تنائف و فيامة -	e e	
Rt. 1 & Pierson Ave	э.						Į į	Other (i.e. p etc.)	rivate & d	commercia	l build	lings,	home	s,
City (5) Metuchen			OH V	14				Square Feet Appx. 16000	# of F		20,700	dg. A	ge 73 Y	rs.
County (6) Middlesex				County C (STATE U)		Current Use (Prio Switch Station	-	demolish	ed)		77(2)	
Name of Monitoring Firm Environmental Tac		Owner (8)		ASCM 0045	(4)(4)(4)(4)			of Abatement Cor e Systems of						
Street Address 64 Broad St.								oddress Vhitehead Ave).					
City, State, Zip Code Matawan, NJ 0774	7							ate, Zip Code River, NJ 08	882					
Project Manager for Mon Tom Geiger	nitoring Firm			Telephon 732-29			Telepho 732-4	one No. 32-8350	(3)	License No 01111).			
Start Date (10) 1/10/12		Scheduled 1/10/12	Con	npletion D	Date (11)			of OSHA Monitor e Systems of	Americ	a				
Occupancy Status Durir	ng Abatement (Chec	k Only One	:)					Address						
Abatement Perform	cated During Entire I ned Outside of Nom away from/abatemer	nal Facility I	Hours	3		-	City, St	Whitehead Ave ate, Zip Code n River, NJ 08						
Scope of Work (Check							Souti	River, NJ 00	002					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	мі тпас Арріу)		enova emolit				×	Full Containm Mini-Enclosure Glovebag Pro	e cedure					
		T -				- 1500		Non-Exempte	ano	Non-Filab	FIO	972	ement	
	_	1	ocat orma			Des	cription	of				Ту	ре	
Location Asbestos-Containin TO BE AF In Fac (13	g Material (ACM) BATED cility	Used Mair	Sole Sole	ely by ince/ Staff?		stos Conta . thermal s	ining M systems ing, VA	aterial (ACM) insulation, 「, or	(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
1et El	200	163	X	1473		Electric	Cable	Wran	85	LF	x			
1st Fl	OOI	-	^	-		Licotifo	Cabic	vviup						
		+ +	_	+					-		-			
									-335					
Name of Registered Wa	aste Hauler			NJDEP W		Cubic		Name of	Register	ed Landfill				
WASTE MANAGEN	MENT			Hauler ID 125	NO.	of Was	te .	GROW				· .		
City, State ELIZABETH, NJ						Dispos 1/11/2	012	City, Stat MORR	ISVILLE					
Completed by CAROL RAIMO		Title OFFI	CE N	ИGR.		Si	anature A	ral X	au.	Da 12	te 2/22/2	2011		

21389

Date of Notification (1)			Name	of Buildin	g Owner/Operator (2) ///		11 1		= 10-50	
	11				y Investors, LLC		0.7 004				
Agencies Notified Type Noti	fication	-	Street	Address	1	H H HEL	2 7 2011	IJ	1 3		
⊠ EPA ⊠ Initial			49 E	loomfie	ld Avenue	1	4		Sec.	ľ	
☐ DEP ☐ Amend			City, S	tate, Zip (Code	ASBEST	OS CONTROL &				
10	lment # ency (including		Mou	ntain La	akes, NJ 07046 🌡	LI	CENSING				
☐ DCA justific			Name	of Contac	at \$	e pri e di participa di partici	Telephone Number	er			
(NJAC 5:23-8)	llation		Ros	s Chom	ik 🏥 🚉	a y consequence of the second	146				
			FAC	ILITY IN	NFORMATION						
Name of Facility Where Abatement	s Taking Place	(3)				Type of Facility (4)				
67 Whippany Road - Bldg. 6						☐ School (K-12					
Street Address		18			7. 1-20725		(Other than K-12)	build	inaa		
67 Whippany Road						homes, etc.)	ivate & commercial	bulla	ings,		
City (5)	*			- 8000	****	Square Feet	# of Floors	Blo	lg. A	ge	
Whippany						79,749	1		54 ye	ars	
County (6)	-,		Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ed)			
Morris						Vacant					
Name of Monitoring Firm Hired by B	uilding Owner (8)	ASCM I	No.	Name of Abatem	ent Contractor (9)					
Health & Safety Services Inc			0011	7	Superior Aba	atement Inc.					
Street Address				11111111111	Street Address						
318 12th Street					2 Henderson	Drive, Ste A					
City, State, Zip Code				C 100 /	City, State, Zip C	ode	10000				
Hammonton, NJ 08037					West Caldwe	ell, NJ 07006				80	
Project Manager for Monitoring Firm		Tele	phone l	No.	Telephone No.		License No.				
Jim Proctor		60	9-704	-8850	(973) 808-16	16	00411				
Start Date (10)	Scheduled C	omple	tion Da	te (11)	Name of OSHA N	Monitor				-380	
01 /04 /12	03/	02	2 / _	12	Superior Aba	atement, Inc.					
Occupancy Status During Abatemen	nt (Check only o	ne)			Street Address				-		
			ment		2 Henderson	Drive, Ste A					
☐ Abatement Performed Outside o	f Normal Facility	Hou	rs - Des	cribe	City, State, Zip C	ode					
Time of Abatement:AM	PM/	_PM		AM	West Caldwe	ell, NJ 07006					
Scope of Work (Check all that apply)		-								
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf	∏ Re					g Procedure	pative Pressure n-Friable Procedure	е			
	Is	Loca	tion						atem	ent T	ype
Location of		Norma			Description			T)	ת	т	Tm
Asbestos-Containing Material (A		intena	ely by ance/		estos Containing Ma ermal systems insul		Amount (Specify	Removal	Repair	Encapsulate	nclo
TO BE ABATED IN Facility	Cus		Staff?	(i.e., u)	VAT, or	ation, surfacing,	SF or LF)	oval	=	psu	Enclosure
(13)		(12)	1	-	other miscellane	eous)				late	0
	Yes	No	N/A								_
Crawlspace, 1 st Floor, Attic			\boxtimes	Pipe/F	ittings		5,888 LF				
Crawlspace / Mechanical Rm.			\boxtimes	ACM E	Debris / Duct Inst	ulation	52,672 SF				
1 st Floor / Roof			\boxtimes	VAT,M	lastic,Sheetrock	Glue/Roofing	121,179 SF				
Stairwells			\boxtimes	Fire D			36 Units				
Name of Registered Waste Hauler		3	NJDEP!		Cubic Yards of	Name of Regis					
Service Transport Group, In	С		lauler II		Waste 400	Minerva La	andfill				
City, State New Castle, DE					Disposal Date 3/20/2012	City, State Waynesbu	rgh OH				
Completed By (Print or Type)	Title		- 100		Signature	////	Da				
Nick Petrovski	Presid	ent			Mul	1/hh	1- 1 1	2-	22	_)(

0 0093120042				State of							-	
dola		Noti	tication	of Asbes	stos .	Abatement	And the second of the second second second	kennenganan in	mpopo:	12414	257	
Paragon Job#		(Pursu	ant to N	DAC 8:6	00-7 8	and 12:420-7)	yer ger	·				
						III.	FCF	IWE	lad land	∇		
Date of Notification (1)	Name o	f Building Ov	wner/Ope	rator (2)				I U Lo	-			
1 12 1/12 12 1/11 1		ver Townsl	nip				A CONTRACT CARE	en-servania de la composición de la co				
Agencies Notified Type Notificatio	Street A	ddress			SERVED HERSTEIN	1	II DEC 27	2011	U	Л		1
Nitial	1000	Rt. 10 Bo	ox 250			- Salara	- Carried	A10447 195.000			ú	
DEP Amendm	ent City, Sta	ate, Zip Code	9			*	ASBESTOS CO	NTROL &	_1		1	
DOL Amendment # _		opany, NJ ()7481				LICENS	NG			E .	
DOH Emergency (i	nclud Name of	Contact				(a)	Felepho	ne Number	~	ė.	i	
DCA Cancellat	ion Susa	n Brady				Age the wide and	L-Manag			ال راحم ال	4.1	
			CILITY	NFORMAT	TION							
			ACILIT II		TION		Type of Facility	(4)				
Name of facility where abatement is	taking place (3)							ol (K - 12)				
Residential							Subc	hapter 8 (O	ther th	an K	-12)	
Street Address					/A.V.		Other	(Private/Co	omme			
121 Daynolde Ave							Square Feet	# of Floor		Ble	dg. Ag	e
131 Reynolds Ave.	County (6)				Count	y Code (7)	1,400 sf	02	٠	80	- 5. / 18	1576
City (5)	300()					use only)	Current Use (g dem		ed)	-
Whippany, NJ 07481	Morris						Abandoned	PATER AND PATER AND ADDRESS OF THE PATER ADDRESS OF THE PATER ADDRESS OF THE PATER ADDRESS OF THE PATER ADDRESS OF THE PA				
Name of Monitoring Firm Hired by B	ldg. Owner (8)		ASC	M No.	1	Name of Abatemen	t Contractor (9)					
N/A						Paragon Contrac	cting, Inc.					
Street Address						Street Address						
						590 River Rd.						
City, State, Zip Code						ity, State, Zip Code						
		.,			_ _	Clifton, NJ 070	114	0:	NI			
Project Manager for Monitoring Firm		Phone Nu	mber			elephone Number (973) 614-1600)	License 00748	Nume	er		
					_ -	Name of OSHA Mo						
Scheduled Start Date (10)	Sched. Com	pletion Date	(11)			Paragon Contra						
01/02/2012	01/04/2013	2			_ 5	Street Address		and the latest the same of the		9200 P. VIII	01-021-5	into aver
Occupancy Status During Abatement						590 River Rd.						
Facility closed/vacated during e	entire period of a	batement.				City, State, Zip Code	Э					
Abatement performed outside of Describe:	of normal facility	nours-			-11	0110 111070						
Other-Describe:					-	Clifton, NJ 070	014					
Scope of Work (check all that apply))				_			_				
names and a second seco	Renovation			L		II Containment w/n	V. T	Glovek	2000			0.0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ If}$	≥160 sf or ≥260 l	f		[Mi	ni-enclosure	Non-Exe	empted (")				dure
Location of	Is location norm								e R	R	E n	Е
asbestos-containing material to be	staff(12)	or custoulal		Description naterial (A		bestos-containing	Amount (Specify		m	р	С	n
abated in facility (13)	100	o N/A		naterial (Al	(OIVI)		LF)	AND	o V	i	a p	L
				1 6:1			1 600 00		e	-		
Exterior			Shir	ngle Sidir	ng		1,600 SF		X		H	屵
			4-				_		H		님	금
			4-						片		H	1
			4-						#	H	H	+
			41									
Poglistored Wasta Hauler	NIDED HO	uler ID#	Cubic	ards of Wa	aste	Name of Registere	d Landfill		1919			
Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Ha 22161	uler ID#	Cubic Y	ards of Wals	aste	Name of Registere Tullytown/GRO						
Paragon Contracting, Inc.		Disposa	15 cyc al Date		aste	Tullytown/GRO	OWS					-
City, State Clifton, NJ 07014	22161		15 cyc	ds		Tullytown/GRC City, State Pullytown, PA	OWS					
Paragon Contracting, Inc. City, State Clifton, NJ 07014 Completed by (Print or Type)		Disposa	15 cyc	ds		Tullytown/GRO	OWS	Date 12/22/	2011			

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2022

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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			(Pu	ırsuan	t to NJAC	8:6	80 and 12:120)) [= 0	5) F	⊃ fl	71.77	e E	based	
Date of Notification (1) 1/2011						wner/Operator tment & Cou		DE BUY B							
Agencies Notified	Type Notific				et Address 5 US HV		9	arganizati.	Annual Control	D	EC	2 7	2011		-	
DEP	Amende	VIV 700	a		State, Zip (Bridge, 1			Constant Constant		A O.I	DEPTO.	S CON	TDOL			
DOH DCA	justifica Cancella	tion)	J	177-17	e of Contac adette Po		el	25,2076	-			nedlu				J
				FA	CILITY INF	OR	MATION	St. Company								
Name of Facility Where Apartments Bldg.	e Abatement is	Taking Place	e (3)						of Facili			* 110				
Street Address 2 A-D Sandalwood	l Court				17601			☐ St ☑ Ot	ibchapte her (i.e., omes, etc	r 8 (O privat				lding	s,	
City (5) Old Bridge,									re Feet		of Flo	oors		3ldg. 50+	Age	1015a T.
County (6) Middlesex					inty Code (7) (STATE	Curre	nt Use (I	Prior it	f being	demo	- -			_
Name of Monitoring Fir	m Hired by Bui	lding Owner		ASCM	No.		ame of Abatem	ent Co	ntractor ((9)						_
(8) N/A							OIA General	Cons	structio	n, In	IC.					_
Street Address		1				33	reet Address 360 Clifton,	Aven	ue, PN	IB S	uite 2	218				
City, State, Zip Code							ity, State, Zip C Clifton, NJ 0									
Project Manager for Mo	onitoring Firm		Tel	ephone	No.		elephone No. 973-389-008	39			icens 006					
Start Date (10) 01/02/2011		Scheduled C 01/03/20		etion Da	ate (11)		ame of OSHA N		tructio	n In	C					
Occupancy Status Dur	ing Abatement						reet Address	00110	traotio	11, 111	<u>0.</u>					
☐ Facility Closed/Vaca				ement		1	360 Clifton,	Aven	ue, PN	/BS	uite	218				
Abatement Performe Other - Describe:	ed Outside of N	ormal Facilit	у Нос	ırs			ty, State, Zip Collifton, NJ 07									
Scope of Work (Check	all that apply)						summer .		nt with N	enativ	o Pre	SSUIFA				
>3 sf or >3 lf 2160 sf or 2260 lf		<u></u>	enova	tion Iition			Mini-End Goveba	losure g Proce					oodur.			
		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Locati				1 Non-Ex	emple	a () and	Non-	riiaui	ie Flo	Jegura	Abate	emen pe	t
Location		Used	Sole	ly by			Description of		014)		Amou		-	T	Т	Т
Asbestos-Containing TO BE AB/ IN Facili (13)	ATED	C	ntenar ustodi staff? (12)	al		the	Containing Mate rmal systems in urfacing, VAT, ner miscellaneo	nsulatio or			(Spec	ify	Removal	Repair	Encapsulate	Enclosure
Crawl Space		Yes	No	N/A X	Pipe/Ell	bov	v Insulation		-	20	0 LF		X	+	-	+
				1										Τ		
						_							-			
Name of Registered W	acta Hauler			NJDEP	Waste I	Cı	ubic Yards	T Nan	ne of Reg	istere	d Lan	dfill		1	1	
Service Transport (lauler II 20970		of 10	Waste)	Mi	nerva L							
City, State New Castle, DE							sposal Date 1/03/2011		State iynesbu	ırg, C)H 44	1688				
Completed By Krutarth Jagad		Title President					Signature	1		7		Date 12/2	1/201	1		
121 4141 111 74544		1 1 CSIGCII			SUBSECTION AND ADDRESS OF THE PARTY.	-	I V	1		-			-	_	-	

H085 D&S Proj. #: MS 12-02

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

							Andrew of	and the first of the state of t	A CONTRACTOR AND A CONTRACTOR AND ASSESSMENT	er construent of all the section of	425			
Date of Notification	n (1)	Na	me of Buil	ding Own	er/Operator (2))		Sking .						
$\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$	1/112	ll R	ICK & J	OAN HA	ARDEN		i IT	F	CEI	WE	m			
Agencies Notified		on Str	eet Addres	SS			1 1		(0) 1-5 11		711	\dagger		
☐ EPA	Initial Amended	3	02 MAN	IOR RO	AD .		C. Arter			- 52				
☐ DEP	Amendment #:	11 -	y, State, Z						DEC 27	2011	1			
DOL	Emergency		RIDGEW	OOD. N	IJ 07450		Cycretti	Provi			a Constitution of the Cons	4		
□ DOH	(including	_	ne of Con				Cu/Oz		ASBETIEJEPHON	Number		T		
☐ DCA	justification)		RICK &	TO A N H	ARDEN		Granda L		LICENSIN	3		_}		
	Cancellation		ICICIA CO		LITY INFORM	IATION					=			
Name of facility w	here abatement is	s taking plac	e (3)					т. Т	ype of Facility (1)				
		•							Schoo	(K - 12)				
RICK & JOAN	HARDEN							_		apter 8 (C			-12)	
Street Address										Private/C Homes, e		rcial		
302 MANOR	ROAD							_ 5		# of Floor		Bl	dg. Ag	je
City (5)		Count	y (6)				nty Code (7)	TI L_						
			CD)			(Sta	te use only)		Current Use (Pr	ior if bein	g dem	olishe	ed)	190
RIDGEWOO			GEN		1001111	L.,	Name of Abater		atractor (0)					
Name of Monitoria	ng Firm Hirea by t	Blag. Owner	(8)		ASCM No.									
							D & S REST Street Address	ORAT	ION, INC.					
Street Address							20 Californ	ia A						
01. 01.1. 71-0-	J					_	City, State, Zip C							
City, State, Zip Co.	ae						Paterson, N		2					
Project Manager fo	or Manitorina Firm		l Dh	one Numb	er		Telephone Num		3	License	Numb	er		
Project Manager 10	or Monitoring i iiii		1	one reame			973-345-8			Professional Control	0159			
		10-b-d	Completio	n Data /1	1		Name of OSHA	Monitor		1				
Start Date (10)		Sched.	Completio	ni Date (1	1)		D & S Rest	oration,	Inc.				- 2/15	
01/05/11		01/12/					Street Address					00785-1/0		201011111
Occupancy Status							20 Californi	-	ue					
	ed/vacated during performed outside						City, State, Zip (Code						
Describes	ribe: NORMAL H						Paterson, N	IJ 0750	3					
Scope of Work (c								□ Full	Containment w	/negative	press	ure		_
>3 sf or >3 l		Renovation	,					=	i-enclosure		P			
>160 sf or ≥		Demolition							vebag procedu		friable			
	20011	Is location	normally	read solel	<u>, </u>			☐ NO	n-Exempted (*)	and Non-	R	R	E	
Location of asbestos-co	ontaining	by mainter	nance/cus	todial		ion of a	sbestos-containi	na	Amount		e m	е	n	E n
material (ac	m) to be	staff(12)		т —	material		SDCStCS CONTENT	19	(Specify S	For	0	a	c	C
abated in fa	cility (13)	Yes	No	N/A					Li		v e	i	р	L
BASEMENT			X	1	PIPE INSU	JLATI	ON		250 L FT		×			
DITOLINE					1									
			-		1									
Registered Waste		NJDE 135	P Hauler I		Subic Yards of 3 YDS	Waste	Name of Regis		ndfill SOURCE RE	COVE	RY			
D & S RESTO	RATION, INC.			Disposal I			City, State	,, ICI	DOURCE IC	,00101	T			
City, State PATERSON,	NJ 07503			01/06/2			TULLYTO	WN, PA	A					
Completed by (Pri		Title			Signature					Date				
BOGDAN JO		PRESIDI	ENT							12/22	11			
		* Do not use	thic form	for achest	os licensure ex	vemnte	d activities			The state of the s	500			

ASB-41

Fax:

Dec 21 2011 11:54am P001/001

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) APPROVED D&S Proj. #: MS 11-508 N. Oept. Al Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) 1 2 /2 1 /11 ALLAN & BETH CHANIN Type Notification Agencies Notified Street Address Initial EPA 97 115 BOOTH AVENUE DEC Amended DEP City, State, Zip Code Amendment #: ENGLEWOOD, NJ DOF **Emergency** Telephone Number Name of Contact (Including LIGENSING M DOH lustification) ALLAN & RETH CHAND T DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) ALLAN & BETH CHANIN Other (Private/Commercial Bldgs./Homes, etc. Street Address Bldg. Age Square Feet # of Floors 115 BOOTH AVENUE County Code (7) County (6) City (5) Current Use (Prior if being demolished) (State use only) BERGEN Name of Abatement Contractor (9) ENGLEWOOD ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zlp Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Suhed, Completion Data (11) D & S Restoration, Inc. Start Date (10) Street Address 12/28/11 12/22/11 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If Glovebag procedure Renovation X Non-Exempted (*) and Non-friable procedure Demolition ___ ≥160 sf or ≥260 tf E E is location normally used solely ė n Amount n Location of by maintenance/custodial m g ¢ Description of asbestos-containing (Specify SF or ¢ asbestos-containing 0 staff(12) material (ACM) a material (acm) to be p abated in facility (13) N/A No YAS 129 L FT PIPE INSULATION BASEMENT Namo of Registered Landfill Cubic Yards of Wasto NJDEP Hauler ID TULLYTOWN, RESOURCE RECOVERY Registered Weste Hauler 2 YDS D & S RESTORATION, INC 13506 City, Etato Disposal Date City, State TULLYTOWN, PA 12/23/11 PATERSON, NJ 07503 Date Signature Completed by (Print or Type) 12/21/11 PRESIDENT BOGDAN IOLDZIC Do not use this form for asbestos licensure exempted activities.

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

D&S Proj. #: MS 11-508

							Linear Land	And the second of the second o	7				
Date of Notification	1 (1) _ / <u>1 1 </u>				er/Operator (2) CHANIN		DEG						
Agencies Notified	Type Notification		eet Addres						† 111 –	-			
☐ EPA	Initial Amended		115 BOO	TH AVE	NUE		II II DEC	2 7 2011	$\cup : $				
☐ DEP	Amendment #:	- 11 -	ty, State, Z		1,02		1 /		-				
DOL	Emergency		ENGLEV	V-745	J.I	7	ASBESTO:	S CONTROL &	ATTENDED .				
⋈ DOH	(including		me of Con		,,,		Lit	LNSING Telephone	Number		-		THE REAL PROPERTY.
☐ DCA	justification)		ATTANI	e DETI	CHANIN	ý.	and the state of the law and the	. : 142	**************************************				
	☐ Cancellation		ALLAN		CHANIN	V2.5-3	50, to 4		HOWERE NO		_	-	
			- (0)	FACI	LITY INFORMA	ATION		Type of Facility (4	1				
Name of facility w	here abatement is	taking plac	ce (3)						(K - 12)				
ALLAN & BE	TH CHANIN								pter 8 (Othe			12)	
Street Address									Private/Com Homes, etc.	mer	cial		
115 BOOTH A	AVENUE								of Floors	T	Blo	lg. Ag	ge
City (5)		Count	ty (6)				nty Code (7)						
ENGLEWOO	ND.	DED	GEN			(Stat	e use only)	Current Use (Pri	or if being o	iemo	olishe	d)	
ENGLEWOO Name of Monitoria					ASCM No.	П	Name of Abatement (Contractor (9)		-	-		
Name of Monton	ng i mirimod by i	ug	(-)				D & S RESTORA	TION INC					
Street Address						=	Street Address	111011, 1110.		-	-		
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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) December 20, 2011 VERIZON COMMUNICATIONS Agencies Notified Type Notification Street Address 243 East State Street П DEP Initial City, State & Zip Code \boxtimes DOL Amended Trenton NJ X DOH Emergency Name of Contact Telephone Number DCA Cancellation Anthony Porta **FACILITY INFORMATION** ASBESTOS CONTROL & Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) Trenton Central Office School (K-12) Street Address Subchapter 8 (Other than K-12) 243 East State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) 20000 Trenton Mercer Current Use (Prior if being demolished) Verizon communication center Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental BRISTOL ENVIRONMENTAL INC Street Address Street Address 1253 North Church Street 1123 BEAVER STREET City, State & Zip Code City, State & Zip Code Moorestown NJ BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number MIKE STOCKU 856-840-8800 215-788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/3/12 1/4/12 BRISTOL ENVIRONMENTAL INC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET Abatement Performed Outside of Normal Hours - 7am to 3pm City, State & Zip Code Describe: 7:00 AM - 4:00 PM BRISTOL, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If 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 Removal Enclsoure TO BE ABATED Maintenance or (i.e., thermal systems Repair in Facility Custodial Staff? insulation, surfacing, VAT (13)(12)or other miscellaneous) Yes No N/A 3rd Floor MER Room X VAT/MASTIC 60 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste BRISTOL ENVIRONMENTAL INC 18706 GROWS LANDFILL City, State Disposal Date City, State BRISTOL, PA TBD MORRISVILLE, PA Completed By (Print or Type) Title Signature Date Patrick P. H. Care/y PATRICK T. DeCARO Estimator 12/30/11

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): MR CHERVO Type Notification Street Address Agencies Notified RAHWAY AVE 538 **EPA** Initial City, State, Zip Code DEP Amended × NJ: 017090 Amendment #_ WESTFIRE DOL Emergency (including Name of Contact justification) DOH MA- CURRUO DCA Cancellation FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MR CLERVO School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 538 RAHWAY AVE × etc.) City (5) # of Floors Square Feet Bldg. Age WESTHELD 1500 2 Current Use (Prior if being demolished) County (6) County Code (7) (STATÉ USE ONLY) UNIO RES Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. A. Mac Contracting Inc. Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, N.J. 07452 License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 201-262-5841 00156 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) Omega Environmental Services Inc. 1/2/1 Street Address Occupancy Status During Abatement (Check Only One) 280 Huyler Street Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Hackensack, NJ 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 \f Renovation ≥160 sf o: ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Amount Asbestos Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation, (Specify Removal TO BE ABATED Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X 365 SF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste 2 Hauler ID No. IESI PA Bethlehem Landfill Corp. Rovic Transport 20785 Disposal Date City, State City, State Bethlehem, PA 18015 2/12 Riverdale, New Jérsey 07457

Completed by

R. McDonaid

Title

President



Date of Notification (1) 12/21/2011				Name of The Ch	Building (nurch of	Owner/ Jesus	Operator S Christ	(2) of L	ter pay s	Caints_		E	M		
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City, State, Zip Code Phillipsburg, NJ 08	865		-25-21/61/2			-cologia-			ip Code J 07512					***************************************	
Project Manager for Mor Jon Gilbert	nitoring Firm			Telephor 908 45	ne No. 4 6316		Teleph 973				cense N 666	lo.			
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Fax:

Dec 20 2011 12:55pm P001/001

State of NJ Notification of Asbestos Abatement

D&S Proj. #: MS 11-507 (Pursuant to NJAC 8:60 and 12:120) APPROVED Depts of Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) 1 12 1/12 10 1/11 11 JEFF KRESKY Agencies Notified Type Notification Street Address ☐ EPA Initial 326 STILLWELL PLACE Amended DEP City, State, Zip Code Amendment #. DOL. M Emergency RIDGEWOOD, NJ Tolenhore Number X DOH (including Name of Contact justification) PRISHER DCA JEFF KRESKY Cancellation THE PERSON NAMED IN FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) JEFF KRESKY Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age 326 STILLWELL PLACE Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BERGEN RIDGEWOOD Name of Absternant Contractor (9) Name of Moniforing Firm Hired by Ridg, Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zlp Code Paterson, NJ 07503 Licerise Number Telephone Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/21/11 Street Address 12/29/11 Occupancy Status During Abatement (Chack only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure ≥3 sf or ≥3 ff Mini-enclosure Renovation Glovebag procedure 160 of or ≥260 lf Demolition Non-Exempted (*) and Non-frlable procedure Is location normally used solely Ξ Ë Location of ¢ by maintonance/custodial n Amount asbestos-containing Description of asbestos-containing n m p staff(12) C (Specify SF or material (acm) to be material (ACM) G 0 8 abated in facility (13) Yes No N/A D Ø PIPE INSULATION 65 L FT BASEMENT Registered Weste Heuler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID D & S RESTORATION, INC. 13506 1 YD TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 12/21/11 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title 12/20/11 BOGDAN JOLDZIC PRESIDENT Do not use this form for asbestos licensure exempted activities. A\$B-41

D&S Proj. #: MS 11-507

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

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COMMUNICATION No. 1 PAGE 1 DEC: 16' S011 (WOM) 16:24 Notification of Asbestos Abatement (Pursuant to N JAC 8:60 and 12:120)-DAS Proj. #: MS 11-505 REMEMBER - MAIL IN HARD Name of Building Owner/Opo Date of Notification (1) 1 2 /1 19 1/11 VIRGINIA GRANADIS Agencies Notified Type Notification Street Address Iniffal EPA 165 DEWITT AVENUE Amonded DEP City, State, Zip Code Amendment # BELLEVILLE, NJ 07109 DOL M M Emergency Talephone Wumber (Including Namo of Contact DOH. justification) VIRGINIA GRANADIS ☐ DCA Canooliation FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) VIRGINIA GANADIS Other (Private/Commercial Bldgs./Harnes, etc Street Address # of Floors Bldg. Ago Square Foot 165 DEWIIT AVENUE County Code (7) County (8) City (5) Current Use (Prior if being demollahed) (State use only) ESSEX BELLEVILLE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Avc. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Phono Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. Stort Date (10) Street Address 12/29/11 12/19/11 20 California Avenue Occupancy Status During Abatement (Chack only one) City, State, Zip Code Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Paterson, NJ 07503 Describe: Other-Describe. NORMAL HOURS Full Containment w/negative pressura Scope of Work (check all that apply) Mini-englosure Renovation >3 sf or >3 If M Glovebag procedure Non-Exempted (*) and Non-friable procedure _ ≥160 sf or ≥260 tf Demolition E is location normally used solely a n n Location of by maintenance/custodial Amount m Description of asbestos-containing C (Specify SF or C asboptos-containing 0 staff(12) material (ACM) material (acm) to be p obated in facility (13) N/A Yee No 29 L FT PIPE INSULATION DASEMENT 44 SQ FT BOILER INSULATION BASEMENT BOILER Name of Registered Landfill Cubic Yards of Wasie NJDEP Hauler D# TULLYTUWN, RESOURCE RECOVERY Registered Wests Hauler 1 YD 13506 D&S RESTORATION, INC. City, State Disposal Dato City, Blato TULLYTOWN, PA 12/20/11

* Do not use this form for asbestes licensure exempted activition.

Signaturo

Date

12/191

ASB-41

PATERSON, NJ 07503

Completed by (Print or Type)

BOGDAN JOLDZIC

PRESIDENT

State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 11-505 (Pursuant to NJAC 8:60 and 12:120 Date of Notification (1) Name of Building Owner/Operator (2) $\frac{1}{2} \frac{1}{1} \frac{1}{9} \frac{1}{1} \frac{1}{1}$ VIRGINIA GRANADIS Ull Agencies Notified Type Notification Street Address EPA Initial 165 DEWITT AVENUE Amended DEP ACRESTOS CONTROL & City, State, Zip Code Amendment #: LICENSING DOL M Emergency BELLEVILLE, NJ 07109 DOH (including X Name of Contact Telephone Number justification) ☐ DCA VIRGINIA GRANADIS Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) VIRGINIA GANADIS Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 165 DEWIIT AVENUE Square Feet # of Floors Bldg. Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) BELLEVILLE Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 12/19/11 Street Address Occupancy Status During Abatement (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 If Renovation Mini-enclosure Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E by maintenance/custodial E e asbestos-containing e Description of asbestos-containing Amount n staff(12) m n material (acm) to be p material (ACM) (Specify SF or C 0 C abated in facility (13) а LF) а Yes No N/A p BASEMENT PIPE INSULATION 29 L FT X BASEMENT BOILER **BOILER INSULATION** 44 SQ FT X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD City, State Disposal Date City, State PATERSON, NJ 07503 12/20/11 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date BOGDAN JOLDZIC PRESIDENT 12/191 Do not use this form for asbestos licensure exempted activities. ASB-41

Check # 20632

Date of Notification (1)	20 /	11			ALTHOUGH STREET		g Owner/Operator (2) [] [GEIV	E	m	77	
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Street Address						1000000			3 (Other than K-12 rivate & commerci		inge		
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Name of Monitoring Firm Hi	ired by Build	ding Ov	vner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Envirovision Consult	ants, Inc				0368	31	Diamond Hur	ntbach Constru	uction Corporat	tion			
Street Address					77		Street Address	***	- 100	_	-		
20-21 Wagaraw Road	, Bldg. 34	Α					500 East Luz	erne Street					
City, State, Zip Code		771200	-				City, State, Zip Co	ode					
Fairlawn, NJ 07410							Philadelphia,	PA 19124					
Project Manager for Monito	ring Firm		T	Tele	phone	No.	Telephone No.		License No.				
Guillermo M. Morales				97	3-636	-9144	215-739-8166		00646				
Start Date (10)	S	Schedu	led Co	mple	tion Da	te (11)	Name of OSHA M	lonitor					
12 /22 /	11	_12	_ / .	30	_ /	11_	SAME AS AB	OVE					
Occupancy Status During A	batement (0	Check	only on	e)			Street Address				-2011		-
☐ Facility Closed/Vacated					ment								
☐ Abatement Performed O						cribe	City, State, Zip Co	ode					
Time of Abatement: 7AM	и- <u>5</u> РМ/	PM-		AM									
Scope of Work (Check all the	nat apply)	177	- 1-1				□ Eull Cont	ainment with Neg	activo Proceuro				
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≥160 sf or ≥260 lf] Dem	olitic	n			g Procedure	F: 5	220277			
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Location of				rma			Description of	f		Ab	atem	ent i	ype
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TO BE ABATE	ED		Custo			(i.e., the	ermal systems insula	ation, surfacing,	(Specify SF or LF)	Removal	Repair	cap	clos
IN Facility (13)				(12)			VAT, or other miscellane	ous)	SF OI LF)	<u>a</u>		Encapsulate	Enclosure
			Yes	No	N/A							Te .	
Vacant Land Clean-up		[\boxtimes		piles o	f floor tile debris		unknown	\boxtimes			
Vacant Land Clean-up] [\boxtimes		piles of	f transite debris		unknown	\boxtimes			
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Name of Registered Waste	Hauler			_	JDEP V	Vaste Vaste	Cubic Yards of	Name of Regis	tered Landfill				
Freehold Cartage, Inc			i.e	Н	auler II		Waste		orth Landfill				
City, State					15939		3 c.y. Disposal Date	City, State			11		
Freehold, NJ 07728							01/15/11	Tullytown,	PA				
Completed By (Print or Type	2)	Title					Signature	2 1	2 / Da	ate	,	-	
Charles Imbimbo	-,	17/11/27/2009	ject N	/lan:	ager		made	11,11	to the	7/	DAL	11	/
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Street Address							Subchapter	?) 3 (Other than K-1	2)			
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Street Address						Street Address	THE PROPERTY OF THE PROPERTY O	acuon corpor	arros)			_
20-21 Wagaraw Ros	d, Bldg. 34A				•	500 East Lux	zerne Street					
City State, Zip Code Fairlawn, NJ 07410						City, State, Zip C					—·	
Project Manager for Mont			T		- N-	Philadolphia	, PA 19124					
Guillermo M. Morals			10000	elephoni 973_63	a no. 6- 9144	Telephone No 215-739-816		License No.				
Start Date (10)	Set	eduled			ate (11)	Name of OSHA		00646				_
12 / 22 /	11	_12	1 _3	30 /		SAME AS AF						
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Time of Abatement: Za	NL5PW	PM	₩ IIÀ HO	urs - De A	scribe	City, State Zip C	ode					_
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Freehold Cartage, Inc	-					3 c.y.	The second secon			_	_	5.

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Fairleigh Dickinson L	niversity, Me	tro Uni	(3) Versit	y Cour	t Unit 8	1	30	Type of Facility	Transfer	1.15.,		v.			
Street Address							-	School (K- Subchapte	12) :r8 (Oth	er than K-1	2)				
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City (5) Teaneck, New Jerse	07666							Square Feet	100-0	Floors		Bldg.	Age		
County (6)	9 07000			Count	10-1-C	2)		20,000	2		1	55+			
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Environmental Desig	inc.						Lilich Corporation								
5434 Kings Avenue S	Buite 101							reet Address 06 McBrids Ayenue							
City, State, Zip Code	1			W 1990		****	1	tate, Zip Code	ue						
Pennsauken, New Je	sey 08109							dland Park, Ne	ew Jers	sey 0742	24				
Project Manager for Monito	ing Firm				one No.		Teleph	one No.	- 1	License N					
Stan Date (10)					44-746			225-8400		01104		200			
12/28/11		12/30/		mpletion	Date (1	1)		of OSHA Monitor Environmental							
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Facility Closed/Vacate Abatement Performed Other – Describe: 77	Dutside of Norm	nal Facilit	y Hour	5				ate, Zip Code		****		-			
Scope of Work (Check All							Union, New Jersey 07083								
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ilich Corporation			H	auler ID		of Was		G.R.O.V	5					1	
City, State			18	3724		5 Dispos	al Date			131111					
Voodland Park, New J	ersey 07424					01/02		City, State Morrisvi		nsylvan	ia				
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andria renernativa		Vice	resid	ient		7	ala	enallel	ale	12/	21/1	1		-	
								551157710			3000				

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) CF #2197

Date of Notification (1) 12/20/11			g Owner / Operator		WEI	16					
Agencies Notified Type Notification	Street	Address	11	115 6 5		1					
EPA		ox 11401		<u> </u>	7 0011	#			_		
 □ DEP □ DOL /366 □ Amended 	E. Contraction of the Contractio	tate & Zip		THE DEC 2	1 2011						
☑ DOH /359 ☐ Emergency		of Contac			T	elephor	ne N	umb	er		
DCA Cancellation	Josep	oh E. Ma	у , \	ASBESTOS	CONTROL &						
	FAC	CILITY IN	FORMATION	1100	Mother			ğ			
Name of Facility Where Abatement is Taking Place	ce (3)		Type of Facilit		\$2 (10 m)						
Garden State Correctional			School (F	(-12) ter 8 (Other than I	K-12\						
Street Address Highbridge Rd. (off RT 130)				e. private & comm		s, home	es, et	c.)			
Highbridge Rd. (off RT 130)			Square Feet	# of Floors		dg. Age					
City (5) County (6)	County C	Code (7)	100000		1	100	30+		- 3		
Yardville, NJ Mercer			Current Use (Prior if being dem	olished)						
			Correctiona	THE RESERVE OF THE PERSON NAMED IN							
Name of Monitoring Firm Hired by Building Owner	r (8)	ASCM N		tement Contractor	7.00						
Environmental Connection Street Address		Bristol Environmental, Inc. Street Address									
120 N. Warren St			1123 Beave								
City, State & Zip Code											
Trenton, NJ 08608		Nimber	Bristol, PA		License No	ımher					
		09-392-4200 (215)788-6040 00509									
Scheduled Start Date (10) Scheduled Comp	pletion Date 12/31/11										
12/30/11 1 Occupancy Status During Abatement (Check only	-		Street Address				1.0007				
Facility Closed/Vacated During Entire Per	riod of Aba	tement	1123 Beave	r Street					23059		
Abatement Performed Outside of Normal	Hours - 7	am to 3pr									
Describe: 5 PM to 1:30 AM			Bristol, PA	19007							
Scope of Work (Check all that apply)											
Scope of Work (Check all that apply)					nment with Ne	egative	Pres	sure			
≥3 sf or ≥3 lf	~	ovation		Mini-Enclo							
≥160 sf ≥260 lf	Dem	nolition			Procedures pted and Non-	-Friable	Pro	cedu	re		
Location of	Is Locati	on	Description		Amount			ent T			
	Normally U	Control of the Contro	Asbestos-Con	taining	(Specify						
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(13)	(12)		or other miscella			l a	7	ılate	иге		
	Yes No	N/A									
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Name of Registered Waste Hauler	1000000	DEP Was		Name of Registe	ered Landfill						
Service Transport Inc.	THE RESERVE TO SERVE THE PARTY OF THE PARTY	990	1 Cu yd	A&L Salvage							
City, State			Disposal Date 1/2/12	City, State Lisbon, Ohio							
New Castle, DE	Titl		Signature	2		Date					
Completed By (Print or Type)		e oject	11 /			12/2	0/1	1			
Gino Pizzigoni Project Manager Manager											

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Date of Notification (1)	1			Name o	of Building	Owner/Operator	(2)	E 6 E B		-	-	=1			
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⊠ DOH	justification)	audin ng			of Contact			Telephone Numbe	THE REAL PROPERTY.	-	-	Ħ			
□ DCA	☐ Cancellation		1			SMITH		VERSENDS (INVINE	111 &			. [
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Name of Facility Where	Abatement is Taking	Place (31	TAC	ETT HAT	ORMATION	Tilda of Continu	A Service	Marcintal	holly is		4			
THOMPSON	J HALL	. 200 (, · ,				Type of Facility					-			
Street Address			-				School (K-12	²⁾ 8 (Other than K-12)				- 1			
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City (5)							homes, etc. Square Feet	# of Floors	I bid	g. Ag		\dashv			
NEW BR	UNSWICK						35 000	3			125				
County (6)				Coun	ty Code (7) (STATE		ior if being demolish	(bod)			=			
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Name of Monitoring Fin	m Hired by Building C	wner	T	ASCM No. Name of Abatement Contractor (9)							-	\dashv			
(8) ATC ASSO	CIATES I	<u> </u>	_ .	- PLYHOUTH ENVIRONMENTAL (UC				
Street Address	a i			Street Address											
THREE TER	eri Lane					423 HA	INS AVE					- 1			
City, State, Zip Code	1 11-5	Circ		City, State, Zip Code								-			
BURLINGTO		2110				1 19401									
Project Manager for Me	onitoring Firm			lephone No. Telephone No. License No.								\neg			
BRIAN KET				9-36-4500 610-239-9920 00398								_			
Start Date (10)	. Sched	fuled Co			te (11)	Name of OSHA	Monitor		/		-	\neg			
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Occupancy Status Du	ning Abatement (Che	ck only o	one)			Street Address						\neg			
Facility Closed/Vac	ated During Entire Pe and Outside of Norma	To Don	Vbate	ment	4		ans Avi					_			
Other - Describe:	ed Outside of Notifia	raciny	nou	ıs		City, State, Zip (Code) (C)							
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	can tracappiy)					□ Full Co	ntainment with Ne	anative Pressure							
		Rer				Mini-En	closure	ogatic i icssuic							
		∐ber	nolitic	an.		☐ Gloveb	ag Procedure	on-Friable, Procedur							
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		Yes	No	N/A					à	7	late	ure			
(2000)	111										Ľ				
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Name of Registered V	Vaste Hauler		TI	VIDEP !	Waste	Cubic Yards	Name of Re	gistered Landfill	1	I	ı	1			
NEWARK	CARTING	1	1	lauler II		of Waste	1 1200								
City, State		-		450	.'9	Disposal Date		S, INC	-						
NEWARK,	TW					1127/12	City, State	BVILLE,	DA						
Completed By	○ Title	= 1	-			100	1 1014		71	,	-	_			
TIMOTHY E.	BRYAN	VICE	FIR	?LSI	DENT		111) Date /3/	21	100	ii				
AS8-41							- 11		~1/			=			

Date of Notification (1)			TE	Name of	f Building	Owner/Operator	(2)	(C)				70.0			
12/3	श्रीक्षण			3.20	00 Li	BERTY AV	SVEL ES.	God Hills	居	Process	7				
Agencies Notified	Type Notificati	on	1	Street A	ddress		11171	The same of the sa		H	1	=			
120 EPA □ DEP	区 Initial			119	LU	FST 57	THE !	FC 0		11					
⊠ DOL	Amended Amendmen	4 11	7		te, Zip C		7777	27 2011 -	7	11	1	=			
	☐ Emergency		1.	NE	100 y	OCK , NI	11 ipor	ì · ·	/L						
DOH II DCA	justification Cancellatio				f Contact		1 ASE	Telephone Number	-	1.	-	ᅱ			
	LI Caricellatio	11	-	SA	ME	RELLO	L. marine	Ţ				-			
				FACI	LITY INF	ORMATION	House, -	The state of the s	-	J		ᅱ			
Name of Facility Where	Abatement is Ta	king Place (3	3)	9			Type of Facility	(4)				ᅱ			
Street Address	<u> </u>						School (K-12)			14-	-			
3200 Lia	ERTY AV	<i>C</i> .					M Other (i.e., pr	(Other than K-12) ivate & commercial	buildi	ngs,					
City (5)	+ BERGE						Square Feet	# of Floors		g. Ag		\dashv			
County(C)			_	Count	v Codo (7) (STATE	213,031	<u> </u>	53 YRS						
Lounty (6) HUD	50 N		- 1	USE C	ONLY)) (SIAIE	Current Use (Pr	ior if being demolish	ed)						
Name of Monitoring Fin	m Hired by Buildin	ng Owner	- 1	ASCM No. Name of Abatement Contractor (9)								_			
(8) EHS EN	VIRONIME	NTAL	1	PLYMOUTH ENVICENMENTAL											
Street Address			-1-		- I ILJUINEL		ا ت	=	=						
411 SOUT	1GATE C	DURT S	5.	Street Address 923 HAVVS AVE							T.				
City, State, Zip Code				City State 7in Code								=			
MICKLET	TON, N	JO	80	056 NORRISTON PA 1940											
Project Manager for Me			Telep	shone N		Telephone No.									
JACK C.	LRNEY	\S	50	6-224-as6 610-234-9920 CO398											
Start Date (10)	. S	cheduled Con	npleti	etion Date (11) Name of OSHA Monitor								=			
1/4/12		11271	12	2 PLYHOUTH ENLISONMENTAL CO							ic				
Occupancy Status Dur	ring Abatement (0	Check only or	ne)			Street Address		1,0,0,0				=			
☐ Facility Closed/Vac	ated During Entire	e Period of Al	baten	nent		433 H	ANUS AVO	-							
Abatement Perform	ed Outside of No	rmal Facility I	Hour	s	_	City, State, Zip C	ode					=			
Other - Describe:		EA ISC	LA	161	0_	NORRIS	TOUVIL", F	19401							
Scope of Work (Check	(all that apply)			S-No.								-			
≥3 sf or ≥3 lf		. Ren	ovatio	on		☐ Full Co	ntainment with Ne	gative Pressure							
≥160 sf or ≥260 lf	•		olition			Gloveb	ag Procedure								
		lelo	catio			⊠ Non-Ex	empted (*) and No	on-Friable Procedure							
		Non	mally						. A	bater Typ					
Location Asbestos-Containing		Used S · Mainte	Solely	by		Description o			-	• 71					
TO BE AB	ATED	Cus	todia		Asbes (i.e.	tos Containing Ma thermal systems	insulation	Amount (Specify			ᄪ	m			
IN Faci			aff? 12)	1	1000000	surfacing, VAT	or	SF or LF)	Remova	Repair	5 C	.clo			
1 ()	9	<u> </u>		-		other miscellane	ous)		oval	ar	Encapsulate	Enclosure			
		Yes	No	N/A				4			6				
BUILDING Y	#3		X		VA	TOMAS	TIC	19350SF	X						
			·.						 	_	-	-			
		=	·						-	-	-	-			
		-							-	_	_				
Name of Registered V	Vaste Hauler		TN	UDEP V	Vacto	Cubic Yards	I None of De-		_						
NEWARK	/ h	2 "	11.000	lauler ID	No.	of Waste		istered Landfill							
City, State	Carno	·		450	<u>G</u>	_Sc		US INC							
NEWARK	NJ					Disposal Date	City, State	سر درد درد ا	P,	4					
Completed By	2	Title, 1	-	==		Circle	1-10.	ISVILLE,	, /	1		-			
TIMOTHUE.	SWAN	Vici	= 1	RIS	DEN	The state of the s	116), Date 13/	1:21	120	ıl				
AS8-41			-		· PC (O			4-1-1	-11		*1	_			

Check # 8079

Date of Notification (1)	19-92-	- 11		Name o	of Building		-	1 3		120	IS I	M	E	m	
Agencies Notified	Type Notification	- 1		Street	Address		Said	d S	1	NO	URY	q_I		1 11	1_
PAGENCIES NOTIFICA	Initial	r gare a space of			an agree	IE	asty	lood	DR	ive.	c 0 7	onsi-			O special control
DEP	Amended				ate, Zip Co	ode		14 1871	the line	LUCI	1-1	2011	2	7	1
DOL.	Amendment Emergency		-	Name	of Contact		ast	Wi	idson	-		08		20	
DOH DCA	justification) Cancellation			1/2	To Compact	Boi	ırya	/	1	A	phone Nu	woer.	Χ.		3
					ILITY INF			1	L	.,,	200	- 46	resti -		
Name of Facility Where A)01k	H	buse			-	f Facility (4	150					nen meller
Street Address	tamity	1	1010	_ 110	JUSE				chool (K-12 ubchapter		er than K-1	2)			
11	Cin	dy							ther (i.e. pr c.)	rivate 8	commerc	al bui	ldings	, hom	nes,
City (5)		1.		111	1			Square	Feet	# of	Floors		Bldg.		
County (6)	each 1	Have			25+ Code (7)		-	Curren	t Use (Prio	r if boir	Z	hod)	6	0.	<u>t-</u>
Oce	20				USE ONLY			-	hore		4ous	200			
Name of Monitoring Firm	Hired by Building (Owner (8)			M No.			of Abate	ment Cont	tractor	(9)	_			
EPC TECHNOLOGI	ES, INC			N/A					NOLOG	IES, II	NC				
Street Address P.O. BOX 337								Address BOX 3							
City, State, Zip Code NEW EGYPT, NJ 08	3533						3500	tate, Zip	Code PT, NJ 08	3533					
Project Manager for Monit	Project Manager for Monitoring Firm STEVE SCHENKER							one No.	65		License N 00394	о.			
Start Date (10)									Monitor			-			
1-3	3-12	1		3-12 EPC TECHNOLOGIES, INC Street Address											
Occupancy Status During								Address BOX 3	37						
Facility Closed/Vacat Abatement Performe													-		
Other – Describe:				City, State, Zip Code NEW EGYPT, NJ 08533											
Scope of Work (Check All	That Apply)	-			11.2310		_	,							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		C	enova emolit							nt with Negative Pressure					
		T						Non-	Exempted	(*) and	Non-Friab	le Pro			
Langting		1000000	Locati Iormali			р.								emen /pe	I.
Location of Asbestos-Containing N	Material (ACM)	Used	d Sole	ly by		tos Conf	scription taining M	aterial (A		Am	nount			m	
TO BE ABAT In Facility		(S)((C)(C)(C)	odial S		(i.e.		systems cing, VA1		on,		oecify or LF)	Remova	Repair	Encapsulate	Enclosure
(13)			(12)			other n	niscellane	eous)				oval	air	sulat	sure
		Yes	No	N/A										е	
Extenion		1-1		X	Sid	ins	Shi	ng le	5	15	805F	X			
		-											_		

Name of Registered Waste	Hauler	1	1000000	JDEP W	3-314-515	Cubic		1	Name of Re	egistere	ed Landfill				
EPC TECHNOLOGIE	S, INC		0.0093	auler ID '000	140.	of Was	8	1	WASTE	MANA	AGEMEN	IT OI	F PA		
City, State NEW EGYPT, NJ 085	33					A CONTRACTOR OF THE PARTY OF TH	sal Date	2.0	City, State MORRIS	VILLE	E, PA				
Completed by	/	Title					ignature		< T	1	Dat				\dashv
STEVE SCHENKER		PRES	IDEN	41				lew	Joh	e V		2-	93	-11	

2335

Date of Notification (1) 12/22/11				Building or			(2)	VIE 4	<i>y</i> - [追	7			
	otification		treet Ad 4 Balli	ldress igoming	jo Roa	d {		U DE	EC 2	2 7 20	direction of the second		ij		
DEP An	nended nendment #			e, Zip Co ohocker		9428		ASB	ESTOS	CONTRO	L &	- Company			12
I DOH jus	nergency (including stification) ancellation		Sally	Contact			L	philippe and the second second	LTel	ephone N		3	u	Jones V.	- Cal
Name of Facility Where Abatement Taco Bell Restaurant	nt is Taking Place (3)		FACIL	ITY INFO	DRMATI	ON :	_	of Facility (4 School (K-12		n v Sacray 45. 1	-			es V	
Street Address 881 Hurffville Road	£2						×	Subchapter 8 Other (i.e. pr	(Oth			ıild	ings,	home	es,
City (5) Deptford, NJ 08096	*****							e Feet	# 0	f Floors		Ble 35	dg. A	ge	
County (6) Gloucester			County C	ode (7) SE ONLY		_		nt Use (Prio aurant	r if bei	ng demol	olished)				10.
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM	No.		A Committee of	of Abat aco In	ement Cont	ractor	(9)					
Street Address							Addres Box 32								
City, State, Zip Code		2	City, State, Zip Code West Berlin NJ 08091							3					
Project Manager for Monitoring Fi	oject Manager for Monitoring Firm						one No 753-98			License 00727					
Start Date (10) 1/3/11	Scheduled 1/6/11	Comp	Completion Date (11) Name of OSHA Monitor Pernaco Inc							1785 000 00					
Occupancy Status During Abatem	nent (Check Only One)		Street Address PO Box 329												
Facility Closed/Vacated Duri Abatement Performed Outsid Other – Describe:	ng Entire Period of Ab de of Normal Facility H	ateme lours	ent		_	City, S	tate, Zi	p Code n NJ 0809	91		1				
Scope of Work (Check All That Ap ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	☐ Rei		olition					Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure				9			
	ls L	ocatió	n										Abate	men	t
Location of Asbestos-Containing Material TO BE ABATED In Facility (13)	(ACM) No Used Maint Custon	rmally Solely tenand	/ + / / by ce/		tos Con thermal surfa	Description of Containing Material (ACM) Amount (Specify Unfacing, VAT, or er miscellaneous)						Ty Repair	Encapsulate	Enclosure	
	Yes	No	N/A						1-2-5			4		CD .	
Roof Back part of Build		х		F	lat Roo	of 		8	00 SF						
											_				
Name of Registered Waste Haule	11123000	DEP W		100200000000000000000000000000000000000	Yards		Name of F	The state of the s	ered Land	fill	-				
United Containers	1000000	uler ID I 459	NO.	of Wa	ste		G.R.O.V	V.S.							
City, State Elm NJ					Dispo 1/6/1	sal Date		City, State Morrisvi		A 19067	7				
Completed by Anthony T Perna	ent			S	Signature)				Date 12/22	2/1	1			

Nocheck

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

Date of Notification (1) 11/09/11					Name of Buildin SP Industries	ng Owner/C	perator (2)	5 5	! W			
Agencies Notified		Notification () Initial No			Street Address 935 Mearns Ro	ad	U III DE	EC 27	2011			
(X) EPA (X) DOL (X) DOH		(X) Amende () Cancelle	d Certification	on	City, State, Zip Warminster, PA	Code \ 18974	LAdd	.2763 (%)	101			
() DCA		£			Name of Conta Lee Royal	ct i	24 x 22	Tel. Num	ber			
				FACILITY INF	ORMATION	Acre -						
Name of Facility Where Aba 1298 NW Blvd.	tement is Ta	aking Place (3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e.	2) 8 (other tha	an K-12) ommercial bld	gs., home	es, etc.		25,414	
Street Address 1298 Northwest Blvd.					Sq. Feet <u>2700</u>		# of Floors					
	County (6) Cumberland		County Co (State Use	ode (7) e Only)	Bldg. Age 60+_ Current Use (p	rior if being	demolished) !	Manufactu	uring			
Name of Monitoring Firm Hi TRC Environmental Corp.	red by Bldg.	Owner (8)	ASCM No	<u>).</u>			Name of Cor NCM Demoli	tractor (9 tion and f) Remedi	iation, Ll	•	
Street Address 57 E. Willow Street					Street Address 404 N. Berry S	treet						
City, State, Zip Code Millburn, NJ 07041	m, NJ 07041				City State, ZipCode Brea, CA 92821							
Project Manager for Monitor Steve Tappert	t Manager for Monitoring Firm Telephone Number				Telephone Nur 484-480-8931	mber		License 01066	Numbe	<u>er</u>		
Scheduled Start Date (10) 11/08/2011		Scheduled 02/17/2012	Completion	Date (11)	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During A (X) Facility Closed/Vacate () Abatement Performed (d During En	tire Period of	Abatement		Street Address 107 Haddon Ave							
Describe Vacant Bldg. To B					City, State, Zip Code Westmont, NJ 08108							
Other – Describe Source of Work (Check all t	hat apply)											
(X) Demolition () Renova (X) Large Proj. (>160 SF or	>260 LF AC	CM) ()M Pro	j. (>25<160 Mini-Enclo	SF or >10 <260	LF ACM) () vebag Procedur	e	(<25 SF or <					
(X) Full Containment with I Location of Asbestos- Containing Material (ACM)	Is Loca	ation Normall by Maint./Cu	y Used	Description of a	ACM (i.e. ns insulation,	Amount (Specify SF or	LF)	Abater	nent Tyr		
Facility (13)	Staff? _YES	(12) NO	NA	surfacing, VAT miscell.)	, or other	3400 SF			Rem.	Rep.	Encap	Enclose
Machine Shop			X	Fire proofing	Caville	2020 LF			X			
Throughout			X	Window/Door	Jaulk	2600 SF			X			
Office			X	VAT/Mastic		900 SF			X			
Corridor			X	VAT/Mastic		200 SF			X			
Men's Room			X	Linoleum Furnace Insula	tion	450 SF			X			
Furnaces (3)	Furnaces (3) X Furnace In				Cubic Yards o			Name o	f Reg.	Landfill		
Name of Reg. Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID # 20990			ID#	90	Tradio	Disp. Date	G.R.O	.W.S. L	andfill City, Stat	<u>e</u>		
City, State New Castle, DE						2/17/12			Morrisvil	le, PA		
Completed by (Print or Type) Mark Griffin Project Manager			ager	Signature Nhuk)	Sulku	Afri	<u>Date</u> 12/22/1	1				
		1983	100000000000000000000000000000000000000		11550	111						

		Ý.	en e	contractor described for the same of the same
		The second secon	R	ECEIVE
Notification of Demoliti	on or Renovation(con	tinued)	11 11	DEC 27 AN 32
X. Description of Planned De and door caulking, VAT and wet material, and double bag		and Methods to be insulation. Regu	Used: ulated work	Removal of Firproofing, wind k area, hepa filtration equipmen had a littration equipment
XI. Description of Engineerin Demolition or Renovation Sit and double bag.	g Controls and Work Practices te: Regulated work area, wet	s to be Used to Co removal methods	ontrol Emn s, HEPA fil	nisions of Asbestos at the tration equipment, wet materia
XII. Waste Transporter#1 Sei	rvice Transport Group			
Address: 58 Pyles Lane				
City: Newcastle	County: Newcastle		State: DE	Zip: 19720
Contact: Randy Bridges			Telephone: 3	
Waste Transporter#2 San	ne as #1			
Address	00000073.007/			
City	County	200	State	Zip
Contact		0.000.000.000.000.000	Telephone	
XIII. Waste Disposal Site G.I	R.O.W.S. Landfill		EPA Certifica	ation Number: PAD 00 042 9589
ddress: 1000 New Mill Ford Road				
ity: Morrisville	County: Bucks		State: PA	Zip: 19067
Contact: Jarod Freese			Telephone: 2	15-428-4391
	dered by a Government Agenc	y, Please Identify	the Agenc	y Below:
Name		Title		
Authority				
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DI	om)
XV. For Emergency Renovati	ons:			
DATE and HOUR of Emergency: (MM/D		(HH:MM)		
	insafe conditions, or a serious disruption			
XVI. Description of Procedure Friable Asbestos Material Bed signs, alert generator	es to Be Followed in the Event comes Crumbled, Pulverized o	that Unexpected r Reduced to Pow	Asbestos i vder Segre	is Fou nd, or that Previously No egate area, wet materials, post
Site During the Demolition or this Person will be Available	ral, Trained in the Provisions of Renovation, and that Evidenc for Inspection During Normal E	e that the Require Business Hours (F	ed Training	n has Been Accomplished by () year after promulgation).
11/0.1.	ALLM (Signate	ure of Owner/Operator)		(Date) 12/22/11

No mach

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

Date of Notification (1) 11/09/11					Name of Build SP Industries	ling Owner/(Operator (2)		N W		And the second second	72
Agencies Notified (X) EPA		Notification () Initial No	X-000 (1000 D)		Street Addres 935 Mearns R			DEC 2	7 3]91		- 4
(X) DOL (X) DOH () DCA		(X) Amende () Cancelle	d Certificat	ion	City, State, Zi Warminster, P			ساد در داره در کاری				
() 2 3 .					Name of Cont Lee Royal	act		Tel: No	mber	AR WEST AFFEC AT THE		ACT ACT
				FACILITY IN	FORMATION							A. 10,65
Name of Facility Where Ab Building C	patement is T	aking Place (3)		Type of Facilit () School (K- () Subchapte	12) er 8 (other th	an K-12)					
Street Address 506 Peach Street					(X) Other (i.e		ommercial bi		nes, eu	٥.		
0" (r)	County (6)		County C	ode (7)	Sq. Feet <u>360</u>	<u> </u>						
City (5) Vineland	Cumberlan	d	(State Us		Bldg. Age 50+ Current Use ()	 prior if being	demolished)	Manufac	turing/	Office		
Name of Monitoring Firm F TRC Environmental Corp	lired by Bldg	. Owner (8)	ASCM No	<u>).</u>			Name of Co NCM Demo			diation, I	_P	
Street Address 57 E. Willow Street				Was a second and a second a second and a second a second and a second a second and a second and a second and a second and	Street Address 404 N. Berry S							
City, State, Zip Code Millburn, NJ 07041	ım, NJ 07041				City State, Zip Brea, CA 928							
Project Manager for Monite Steve Tappert	ect Manager for Monitoring Firm Telephone Number				Telephone Nu 484-480-8931			License 01066	e Numb	<u>oer</u>		
Scheduled Start Date (10) 11/08/2011		Scheduled 2/17/2012	Completion	Date (11)	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During (X) Facility Closed/Vacati () Abatement Performed Describe Vacant Bldg. To Storage Building	ed During En Outside of N	tire Period of lormal Facility	Abatement		Street Address 107 Haddon A City, State, Zij Westmont, NJ	ve p Code						\
Other - Describe												
(X) Demolition () Renov (X) Large Proj. (>160 SF of X) Full Containment with	vation or >260 LF A0	CM) ()M Proj	. (>25<160 Mini-Enclo	sure (X) GI	ovebag Procedu	re	(<25 SF or <					l.
Location of Asbestos- Containing Material (ACM) Facility (13)	ation of Asbestos- Is Location Normally Used taining Material (ACM) in Solely by Maint./Custodial Staff? (12) Description thermal statements surfacing,				of ACM (i.e. Amount ems insulation, AT, or other		Specify SF or LF)		Rem.	ment Ty		Enclose
1st Floor Storage	YES	NO	X	Floor Mastic		260 SF			Х			
	iou otorege							-		-		+
	ame of Reg. Waste Hauler NJDEP Waste Hauler ID # ervice Transport Group, Inc. 20990			D#	Cubic Yards o	of Waste		Name (of Req. D.W.S.	Landfill Landfill		
City, State New Castle, DE	City, State				J		Disp. Date 02/17/12			City, Sta Morrisvi		
Completed by (Print or Type) Mark Griffin Title Project Manager				Signature May G	tellin	frin	<u>Date</u> 12/22/1	1				

	1	one of the second second	
	1.	ME	
Notification of Demolition or Renovation	(continued)	bud/	
C. Description of Planned Demolition or Renovation		e Used:	Removal of flooring. Regulate
vork area, hepa filtration equipment, wet material, a	and double bag.		EC : 7 301 12/1
	1	L	CESTOS CUNTROL &
			14/2014 DV D
(I. Description of Engineering Controls and Work P Demolition or Renovation Site: Regulated work and and double bag.	ractices to be Used to C rea, wet removal method	ontrol Emm is, HEPA filt	isions of Asbestos at the ration equipment, wet material
(II. Waste Transporter#1 Service Transport Group			
ddress: 58 Pyles Lane			
city: Newcastle County: Newcast	de	State: DE	Zip: 19720
ontact: Randy Bridges		Telephone: 30	02-778-5930
Waste Transporter#2 Same as #1			
ddress			
ity County		State	Zip
ontact		Telephone	
III. Waste Disposal Site G.R.O.W.S. Landfill		EPA Certifical	tion Number: PAD 00 042 9589
ddress: 1000 New Mill Ford Road			
ity: Morrisville County: Bucks		State: PA	Zip: 19067
ontact: Jarod Freese		Telephone: 21	15-428-4391
(IV. If the Demolition was Ordered by a Governmen	t Agency, Please Identif	y the Agenc	y Below:
ame	Title		
uthority			
ate of Order (MM/DD/YY)	Date Ordered to	Begin (MM/DD	m)
V. For Emergency Renovations:			
ATE and HOUR of Emergency: (MM/DD/YY)	(HH:MM)		
escription of SUDDEN, UNEXPECTED EVENT			
Explanation of how the Event caused unsafe conditions, or a serious	disruption of industrial operation	ons	
KVI. Description of Procedures to Be Followed in the Friable Asbestos Material Becomes Crumbled, Pulve signs, alert generator	e Event that Unexpected erized or Reduced to Po	l Asbestos i wder Segre	s Found, or that Previously Non gate area, wet materials, post
KVII. I Certify that an Individual, Trained in the Provi Site During the Demolition or Renovation, and that I this Person will be Available for Inspection During N	Evidence that the Requir	red Training	has Been Accomplished by
Mark Dillington	(Signature of Owner/Operator)		(Date) 12/22/11
Will. I Certify that the Above Information is Correct Mark Druffin	(Signature of Owner/Operator)		(Date) 12/22/11

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

Date of Notification (1)					Name of Buildi	ng Owner/C	Operator (2)	n 11.0	BI	10		- 1
11/09/11					SP Industries	[Fall	同門門	11 13	5	1 111		
Agencies Notified		Notification	Туре		Street Address 935 Mearns Ro			of a region of the second	The state of the s			
(X) EPA (X) DOL (X) DOH	a 	() Initial No (X) Amende () Cancelle	d Certification	on	City, State, Zip Warminster, PA	18974	DEC 2	7 20	11			
()DCA					Name of Conta	ct	Archi	Tel. Nu	mber)	
				FACILITY IN	ORMATION		the state of the s	and a summer			,	
Name of Facility Where Al	patement is T	aking Place (3	3)		Type of Facility	(4)						
Building B					() School (K-1 () Subchapter (X) Other (i.e.	8 (other th	an K-12)	las hon	nes, etc			
Street Address 506 Peach Street					Sq. Feet 4000		# of Floors		,			
	- 1 (0)		County Co	ode (7)	Sq. Feet 4000			•				
City (5) Vineland	County (6) Cumberland	d	(State Use		Bldg. Age 50+_ Current Use (p	 rior if being	demolished) <u>I</u>	Manufac	turing/C	Office		
Name of Monitoring Firm	Hired by Bldg	Owner (8)	ASCM No) <u>.</u>			Name of Cor	tractor (9)	liation I	D	
TRC Environmental Cor	p.	0111101101					NCM Demoli	tion and	Remed	liation, L	P 	
Street Address 57 E. Willow Street	E. Willow Street					treet						
City, State, Zip Code Millburn, NJ 07041	lburn, NJ 07041					City State, ZipCode Brea, CA 92821						
Project Manager for Monit	ct Manager for Monitoring Firm Telephone Number					mber		License 01066	Numb	er		
Steve Tappert		973-564-60	06		484-480-8931							
Scheduled Start Date (10 11/08/2011	Ω	Scheduled 2/17/2012	Completion	Date (11)	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During (X) Facility Closed/Vaca	ted During Er	tire Period of	Abatement		Street Address 107 Haddon Ave							
() Abatement Performed	d Outside of N	lormal Facility	Hours -		107 Haddon Ave City, State, Zip Code							
Describe Vacant Bldg. To Storage Building	Be Demolish	ed -			Westmont, NJ 08108							
Other Describe												
Source of Work (Check a	ll that apply)											
(X) Demolition () Reno (X) Large Proj. (>160 SF	or >260 LF A	CM) ()M Pro	j. (>25<160 Mini-Enclo	SF or >10 <260	LF ACM) () ovebag Procedur	re	. (<25 SF or <					
(X) Full Containment with Location of Asbestos-	ls Loc	ation Normall by Maint./Cu	y Used	Description of thermal system	ACM (i.e.	Amount	(Specify SF or	LF)	Abate	ment Ty	<u>pe</u>	
Containing Material (ACN Facility (13)	Staff?	(12)		surfacing, VAT	, or other				Rem.	Rep.	Encap	Enclose
ME-d/Deem	YES NO NA MISCEIL.)					420 LF			X			
Roof	Roofing X Roofing					4440 SF			X	-	-	+
1st Floor Storage	K001					250 SF			^_			
				ID.#	Cubic Yards o	f Waste		Name	of Reg.	Landfill		
Name of Reg. Waste Hauler Service Transport Group, Inc. NJDEP Waste Hauler ID # 20990					30		Disp. Date	G.R.	D.W.S. I	Landfill. City, Sta	te_	
City, State New Castle, DE							02/17/12			Morrisvi		
Completed by (Print or Type) Title					Signature	1.11	Afra	<u>Date</u> 12/22/	11			
Mark Griffin Completed by (Print or Type) Mark Griffin Project Manager					Moute 1	July	<u>'</u>					

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Notification of Demolition	or Renovation	(continued)	TIST	15 H	与一则是 图1.
. Description of Planned Demo	lition or Renovation	Work and Meth	ods to be	Used:	Removal of caulking, masti
nd roofing. Regulated work are	ea, hepa filtration eq	quipment, wet m	aterial, án	d double i	bag. 2 7 2011
7. Description of Engineering Committee or Renovation Site: and double bag.		ractices to be U rea, wet remova	sed to Co I meth <u>ods</u>	HEPA fill	isions of Asbestos at the ration equipment, wet mate
(II. Waste Transporter#1 Servic	e Transport Group				
ddress: 58 Pyles Lane					
Ity: Newcastle	County: Newcast	ie		State: DE	Zip: 19720
ontact: Randy Bridges				Telephone: 3	02-778-5930
Waste Transporter#2 Same a	as #1				
ddress					
ity	County			State	Zip
ontact				Telephone	
III. Waste Disposal Site G.R.O	.W.S. Landfill			EPA Certifica	tion Number: PAD 00 042 9589
ddress: 1000 New Mill Ford Road					
ity: Morrisville	County: Bucks			State: PA	Zip: 19067
ontact: Jarod Freese				Telephone: 2	
GV. If the Demolition was Order	red by a Governmen	t Agency, Pleas	e Identify	the Agenc	y Below:
ame		Title			
uthority		In.	Outred to 1	Begin (MM/DD	
ate of Order (MM/DD/YY)		Date	Ordered to	Segili (Mimibo	,,,,
(V. For Emergency Renovations ATE and HOUR of Emergency: (MM/DD/Y)		T _{ruu}	MM)		
Description of SUDDEN, UNEXPECTED EVI	ENT	discustion of industr	ial operation	5	
VVI Description of Procedures	to Be Followed in th	e Event that Un	expected a	Asbestos i	s Found, or that Previously
Friable Asbestos Material Becor signs, alert generator					
XVII. I Certify that an Individual, Site During the Demolition or Re this Person will be Available for	enovation, and that i Inspection During I	Evidence that th	e Require	d Training	nas Been Accomplished by
Mank Millin XVIII. I Certify that the Above Int	Cornation is Correct	(Signature of Owner	er/Operator)		(Date) 12/22/11
Mark Briffing	ifiv	(Signature of Owne	er/Operator)		(Date) 12/22/11

No ruck

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

	unty (6) mberland		otification ed Certificati ed	FACILITY I	Name of Buildi SP Industries Street Address 935 Mearns Ro City, State, Zip Warminster, P/ Name of Conta Lee Royal NFORMATION Type of Facility () School (K-1 () Subchapter (X) Other (i.e. Sq. Feet 8200 Bldg. Age 50+ Current Use (p	Code A 18974 nan K-12) commercial blo	, 27	2011 Not & mherenes, etc. etc. etc. etc. etc. etc. etc. etc.	Office	The state of the s		
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Manufacturing/Storage with Off Other – Describe Source of Work (Check all that (X) Demolition () Renovation (X) Large Proj. (>160 SF or >2)					City, State, Zir Westmont, NJ	00100						
Other – Describe Source of Work (Check all that (X) Demolition () Renovation (X) Large Proj. (>160 SF or >2)	Demolishe	ed			Westmont, NJ	00100						
Source of Work (Check all that (X) Demolition () Renovation (X) Large Proj. (>160 SF or >2)	ffice Space	æ										
Source of Work (Check all that (X) Demolition () Renovation (X) Large Proj. (>160 SF or >2)							7-12-44-28-30-6-5- <u>60-</u>					
(X) Demolition () Renovation (X) Large Proj. (>160 SF or >2)	4 ha)											
(X) Large Proj. (>160 SF or >2)	t apply)											
(X) Large Proj. (>160 SF or >2)	m					12 11 12 12 12 12 12 12 12 12 12 12 12 1		40 L F A	O1 4)			
(X) Full Containment with Neg	60 LF AC	CM) ()M Pro	oj. (>25<160	SF or >10 <2	60 LF ACM) ()	Minor Pro	j. (<25 SF or <	10 LF A	CIVI)			
	ative Pre	essure (X)) Mini-Encic	Sule (A)	JIUVCDag I TOODaa	re	/Dif . CF or	I E\	Abate	ment Typ		
Location of Asbestos-	Is Loca	ation Normal	lly Used	Description	of ACM (i.e.	Amount	(Specify SF or		Abate	THE TYP	2	
Containing Material (ACM) in	Solely	by Maint./Cu	ustodial	thermal syst	ems insulation,			3				
Facility (13)	Staff?	(12)			AT, or other				Rem.	Rep. I	Encap E	nclose
100 S N 150	YES	NO	NA_	miscell.)		735 LF	. — — —		X			
Windows/ Doors			X	Caulk		8800 SF			X			
Roof			X	Roofing		6550 SF			Х			
1 st Floor Storage			X	Transite	ion	250 LF			X			
Basement			X aste Hauler	Pipe Insulat	Cubic Yards o			Name	of Reg.	Landfill		
Name of Reg. Waste Hauler	10#	90	7, 114310		G.R.	O.W.S.	Landfill					
	Service Transport Group, Inc. 20990						Disp. Date			City, State		
City, State							2/17/2012			Morrisville	, PA	
New Castle, DE												
- 11 /D-11-TV												
Completed by (Print or Type)		Title		ager	Signature V	ruffu	Har	12/22/	2011			
Mark Griffin		<u>Title</u>	Proiect Man		III A C . E \	MARINE	^					
		Title	Project Man	-3	110000	1111						

	of itemoration	n(continued)		A STATE OF THE PARTY OF THE PAR
X. Description of Planned Der	nolition or Renovati	ion Work and Methods to	be Used:	Removal of VAT, mastic, pipe
insulation, caulking, transite,	and roofing. Regula	ated work area, hepa filtra	ion equipme	ent, wet material, and double
bag.		Ŷ. 1		DEC 17 Mill 127
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XI. Description of Engineering	Controls and World	Practices to be Used to	Control Emm	nisions of Asbestos at the
Demolition or Renovation Site		carea, wet removal metho	ds, HEPA-fill	tration equipment, wet material
and double bag.				a - respectation to an
XII. Waste Transporter#1 Ser	vice Transport Grou	IP		
Address: 58 Pyles Lane				
City: Newcastle	County: News	castle	State: DE	Zip: 19720
Contact: Randy Bridges			Telephone: 3	02-778-5930
Waste Transporter#2 Sam	e as #1			
Address				
Some :	County		State	Zip
Contact			Telephone	
XIII. Waste Disposal Site G.F.	OWS Landfill		EPA Certifica	tion Number: PAD 00 042 9589
	LO.TI.O. Lanolli			
Address: 1000 New Mill Ford Road	County: Buck	5	State: PA	Zip: 19067
City: Morrisville	County, Edux		Telephone: 2	
Contact: Jarod Freese XIV. If the Demolition was Ord	dored by a Covern	ent Agency Please Identi		
XIV. If the Demolition was Ord	dered by a Governm	Title	., a.a rigene	
Name		line		
Authority		Date Ordered	to Begin (MM/DI	DM)
Date of Order (MM/DD/YY)		Date Ordered	to Begin (MM/DD	ארין
Date of Order (MM/DD/YY) XV. For Emergency Renovation			to Begin (MM/DD	om
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI	DYY)	Date Ordered (HH:MM)	to Begin (MM/DD	om
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Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI	DYY)		to Begin (MM/DD	om
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Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused units of the superior of th	D/YY) EVENT nsafe conditions, or a seri	(HH:MM) ous disruption of industrial operat	ions	
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused under the company of the Event caused under the company of the Event caused under the company of the Event caused under the Event cause	DYY) EVENT nsafe conditions, or a seri	(HH:MM) ous disruption of industrial operat	ions	is Found, or that Previously Nor
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused under the company of the Event Caused under the company of the Event Caused under the Company of the Event Caused under the Event Caused	DYY) EVENT nsafe conditions, or a seri	(HH:MM) ous disruption of industrial operat	ions	is Found, or that Previously Nor
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused under the company of the Event caused under the company of the Event caused under the company of the Event caused under the Event cause	DYY) EVENT nsafe conditions, or a seri	(HH:MM) ous disruption of industrial operat	ions	is Found, or that Previously Nor
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused under the company of the Event Caused under the company of the Event Caused under the Company of the Event Caused under the Event Caused	DYY) EVENT nsafe conditions, or a seri	(HH:MM) ous disruption of industrial operat	ions	is Found, or that Previously Nor
Date of Order (MM/DD/YY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MM/DI Description of SUDDEN, UNEXPECTED Explanation of how the Event caused under the company of the Event caused under the company of the Event caused under the Even	EVENT Insafe conditions, or a serious to Be Followed in comes Crumbled, Polyage 1 (1997)	(HH:MM) ous disruption of industrial operat the Event that Unexpecte ulverized or Reduced to P	ions od Asbestos owder Segre	<i>is Found, or that Previously Nor</i> egate area, wet materials, post
Date of Order (MMDDMY) XV. For Emergency Renovation DATE and HOUR of Emergency: (MMDD Description of SUDDEN, UNEXPECTED Explanation of how the Event caused understanding the Asbestos Material Bedsigns, alert generator XVII. I Certify that an Individual Site During the Demolition of the Individual Site During the Individual Site Site Site Site Site Site Site Site	DIYY) EVENT Insafe conditions, or a serion set to Be Followed in comes Crumbled, Plantage al, Trained in the Programment of th	(HH:MM) ous disruption of industrial operate the Event that Unexpecte ulverized or Reduced to P	ions d Asbestos owder Segre n (40CFR, Prired Training	is Found, or that Previously Nor egate area, wet materials, post art 61, Subpart M) Will be On- g has Been Accomplished by
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(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) M. G. SALOMON Type Notification Street Address Agencies Notified 414 3UA MILDIDAG Initial **EPA** City, State, Zip Code Amended ASBESTOS CONTROL & UN JUICENS PROTESZ DEP Amendment # BERGENFIEL d DOL Emergency (including Telephone Number Name of Contact DOH justification) Ø Me SALOMON Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) MR. SALOMON School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e. private & commercial buildings, homes, WILDROSE etc.) Bldg. Age # of Floors Square Feet City (5) 2 2100 BERGENFIELD County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) County (6) ESIDENCE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Best Removal Inc Street Address Street Address 450 South River St City, State, Zip Code City, State, Zip Code 07601 Hackensack , N.J. License No. Project Manager for Monitoring Firm Telephone No. Telephone No. 00388 201-329-7444 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Omega Environmental Services 101 12 Street Address Occupancy Status During Abatement (Check Only One) Huyler St 280 Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours
Other - Describe: South Hackensack , N.J. 07606 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure ≥160 sf or ≥260 lf Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ (i.e. thermal systems insulation. (Specify TO BE ABATED ncapsulate Remova Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)Yes No N/A BASEMENT VAT Name of Registered Landfill **NJDEP Waste** Cubic Yards Name of Registered Waste Hauler of Waste Hauler ID No. Cumberland County Landfill DJM Transport , Inc 22393 City, State Disposal Date City, State N.J. 07032 South Kearny Newburgh PA, 17242 11 Signature Date Completed by Estimator MAIORANO

not use this form for asbestos licensure exempted activities.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

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			NOT	IFICATION	State of N ON OF AS nt to NJA	BESTOS	ABATEM	ENT		Symptom of the second	en salah da kara da ka Kara da kara d	n yang. Mil 🛬	**: ,	-
Date of Notification (1) 12/21/11 Ck#:1699	\$200			Name	of Buildin	g Owner/0 Board of	Operator (2 Educat	ion (C)			W	E	Sand Sand	7
Agencies Notified	Type Notification	n			Address Tinton A	VODUO		<i># 111 111</i>	DEC	· · · · · · · · · · · · · · · · · · ·	The same spine	1		#-
EPA DEP	X Initial Amended			City, S	State, Zip C	Code		+++	DE(27	2011	_#	Ш	<u> </u>
X DOH	Amendme Emergenc	y (includi	ng	· · · · · · · · · · · · · · · · · · ·	on Falls,		rsey 077	24	ASSEST					
Ŭ DOH ☑ DCA	justification Cancellation			Tama	ar Sydne	ey Hicks		han passon and and and]s	tephone in	lumbei			
Name of Facility Where Al Mahala F. Atchinson	satement is Tak	ing Place	(3)	FA	CILITY INF	FORMATI	ON ~	ype of Facility School (K	(4)	The same of the sa	. le	- Les	Hat, July	
Street Address	3011001				-			School (K	-12)		40)	· Ni. e	. 155° an	il
961 Sycamore Aven	ue							Subchapte Other (i.e. etc.)	private	& commer	cial bu	ilding	s, hor	nes,
City (5) Tinton Falls, New Je	rsey 07724							quare Feet 0,000	2	f Floors	T	Bldg. 50	Age	
County (6) Monmouth					Code (7)	n	8	urrent Use (Pr School	rior if be	ing demoli	shed)			
Name of Monitoring Firm H AHERA Consultants	ired by Building Inc.	Owner (8)	ASC	M No.			Abatement Co Corporation	ntractor	(9)			1011	
Street Address PO Box 385							Street Ad	dress Bride Aven	ue					
City, State, Zip Code Oceanville, New Jers	ey 08231			X-10-1-2/1-1				e, Zip Code and Park, N	ew Jer	sev 074	24			
Project Manager for Monito John Smoyer	ring Firm			Telepho 609-5	one No.		Telephon 973-22	e No.		License 01104				
Start Date (10) 01/13/12		Schedu 01/15		mpletion	Date (11)		Name of 0	OSHA Monitor vironmenta						
Occupancy Status During A	The state of the s	- Market Stranger	O-11-0-17				Street Ade						-	-
Abatement Performed Other – Describe: 4pr	Outside of Norr	nal Facili	ty Hour	nent s			City, State	e, Zip Code New Jersey	100000000000000000000000000000000000000	2		-		
Scope of Work (Check All 1	hat Apply)						Official,	- Con delacy	0700.					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			Renova Demoli				×	Full Containm Mini-Enclosure Glovebag Pro-	e cedure	/tent	_			
		1	s Locat	ion				Non-Exempte	u () and	i Non-Fila	DIE PIG	Abat	emen	t
Location of Asbestos-Containing Ma		Us	Norma ed Sole	ly by	Ashast		ription of	rial (ACM)	^-		-		уре	Г
TO BE ABATE In Facility (13)		Cus	aintena stodial ((12)	nce/ Staff?		thermal sy surfacir		sulation,	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Endosure
		Yes	No	N/A							a	-	late	Гe
Boys Rest Ro			X		Pi	ipe Fittin	g Insula	tion	70) LF	Х			
Girls Rest Ro	oom	-	X		Pi	ipe Fittin	g Insula	tion	55	5 LF	Х			
Name of Registered Waste	Hauler			IDES										
ilich Corporation	idulei		Н	JDEP W auler ID 3724	57052577	Cubic Ya of Waste 3		G.R.O.V					8 - 10 O	
City, State Voodland Park, New J	ersey 07424					Disposal 01/16/1		City, State Morrisvi		nnsvlvar	nia			
Completed by atiana Kalenikova		Title Vice	Presid	dent	,	Sigr	ature	-	01	Da		1		\neg
						1/0	Tu	ing the	un	-2	. 4. 1/ 1			

Date of Notification (1) 12/21/11 Ck#:1700 \$200						perator (2) Education				7	Fi.	1		
Agencies Notified Type Notification	<u> </u>		Street Ad 658 Tir	dress	enue	Character of the control of the cont	No.	r n						
X EPA X Initial DEP Amended Amendmen Emergency		_	Tinton			sey 07724	į.	12	7	Numbo		7		
DOH justification Cancellatio	1		Name of Tamar	Contact Sydney	Hicks	L	Adel.	L	ephone I	Mullipe				
			FACIL	ITY INFO	RMATI		i. The subsequents		700 N		era en a			
Name of Facility Where Abatement is Taki Swimming River School	ng Place (3)					# 14 2 mm	of Facility (4 School (K-1)	2)			59 64 162	-	23	
Street Address 220 Hance Avenue							Subchapter Other (i.e. p etc.)				uildi	ngs,	home	es,
City (5) Tinton Falls, New Jersey 07724						Squa 20,0	are Feet	# of 2	Floors		50 50	ig. A	ge	
County (6) Monmouth			County C	ode (7) SE ONLY)		Curre Sch	ent Use (Prid	r if bei	ng demo	olished)				
Name of Monitoring Firm Hired by Building AHERA Consultants Inc.	Owner (8)		ASCM	No.		Name of Aba	atement Con poration	tractor	(9)		50.5130		Harlana Sta	
Street Address PO Box 385			1			Street Addre	ess ide Avenu	e						
City, State, Zip Code Oceanville, New Jersey 08231		X				City, State, 2 Woodland	Zip Code d Park, Ne	w Jer	sey 07	424				
Project Manager for Monitoring Firm John Smoyer		T	Telephor			Telephone N 973-225-8			License 01104			WI HOUSE		
Start Date (10) 01/13/12	Schedule 01/15/1		mpletion E	Date (11)		Name of OS J&S Envir	HA Monitor ronmental	Labs		±1:		1.0		
Occupancy Status During Abatement (Che	A					Street Addre	ess				-			
Facility Closed/Vacated During Entire			ment			2333 Rou	ite 22 Wes	st						
Abatement Performed Outside of Nor Other – Describe: 4pm-12am start						City, State, 2 Union, Ne	Zip Code ew Jersey	0708	3					
Scope of Work (Check All That Apply)	2000 AM - 10 - 10			Commonwes										
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf	-	enova				M × G	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure	ITAN	.+			9	
	T		. 1				I I	1/					ment	
1 1	153	Locat Iorma	The Court of the C		De	scription of				_		Ту	ре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intena	Staff?	Asbest (i.e.	tos Cont thermal surfa	taining Materia systems insu cing, VAT, or niscellaneous	lation,	(5	mount Specify or LF)	Comoral	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A								-			
Boys Rest Room		X				ting Insulati			0 LF	X	-			
Girls Rest Room		X			•	ting Insulati		апренью П	05 LF	Х	1			
Women's Faculty Rest Room		X				ting Insulati			0 LF	X	4			
Men's Faculty Rest Room		X			-	ting Insulati		district the	0 LF	X				
Name of Registered Waste Hauler		1.0	NJDEP W Hauler ID		Oubic of Wa	Yards ste	Name of							
Lilich Corporation			8724		5		G.R.O.\	1V.5 L	anullil					
							- A.							
City, State Woodland Park, New Jersey 0742	4				01/16	sal Date 6/12 Signature	City, State Morrisv		ennsyl	vania			7947	

					to NJAC 8				uit " many	1	TOH	if	10	05)
Date of Notification (1) 12/21/11					Building C & Jeff Be		perator	(2)) E C	是	1 W	FI	la Salana	į	
Agencies Notified	Type Notification			Street Ac 7 Doer	ddress ing Way	,		IIn			A CONTRACTOR OF THE PARTY OF			W.	
DEP DOL	Initial Amended Amendment				te, Zip Co rd NJ 0				DE	2 ,	2011	in the second	IJ		
DOH DCA	Emergency (justification) Cancellation		1 3		Contact & Jeff Be	erns			ASBES	Tele 105 10thst	phone N	umber			
	Local Control			FACIL	ITY INFO	RMATIC	ON			-	-				
Name of Facility Where house	Abatement is Takin	g Place (3)				•	s	of Facility (chool (K-1	2)				48	
Street Address 7 Doering Way								×	ubchapter ther (i.e. p tc.)				dings,	home	es,
City (5) Cranford								Square 2000	e Feet	# of 2	Floors		Bldg. A	ge	
County (6) Union	*			County C	Code (7) ISE ONLY)			Currer	t Use (Prid	or if beir	ng demoli	shed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	l No.				ement Cor onmenta			.C			
Street Address								Address Sate D	s rive, PO	Box 4	183				
City, State, Zip Code								tate, Zip wood	Code NJ 074	18					
Project Manager for Mo	nitoring Firm			Telephor	ne No.	-	900000000000000000000000000000000000000	one No 583-85			License 703	No.			
Start Date (10) 1/3/12		Schedule 1/9/12	ed Com	pletion [Date (11)		Name	of OSH	A Monitor		-317				
Occupancy Status Durin	ng Abatement (Chec	k Only Or	ne)				Street	Addres	S						
Facility Closed/Vac	cated During Entire ned Outside of Norm	Period of A	Abatem	ent			City, S	tate, Zip	Code	 	*			-	
Scope of Work (Check	All That Apply)										1 1				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	7,7		Renova Demoliti					Mini	Containmeri-Enclosure vebag Prod -Exempted	e cedure				e	
		le	Locati	on			5910	100000000000000000000000000000000000000					Abate	ement	t
Locatio	n of	1	Normall	y		Des	cription	of					Ty	ре	
Asbestos-Containin <u>TO BE AF</u> In Fac (13	intenar todial S (12)	nce/		tos Conta thermal	aining M system: cing, VA	Material s insula T, or		(S	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure		
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Name of Registered Wa	aste Hauler		213	JDEP W auler ID	10000	Cubic of Was			Name of	Registe	red Land	fill			
City, State						Dispos	al Date		City, Stat	e					
Completed by		Title				S	ignature	2, ~				Date			
Andrew Scott Higgi	ns	Pres	ident				ck	V			7,	12/21/	11		

2364

Date of Notification (1) 12/22/2011				Name of	Building Owner/ e Sinkez	Operator	(2)	3 6 6		W E	M	\dagger	, i	77
	Type Notification		_	Street A		1 11	M					4		
Agencies Notified X EPA	Type Notification X Initial			118 Pc	olk Street	answer.		DEC 2	7 2	011	L	-		
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Name of Facility Where N/A - Private Hous Street Address		g Place (3)	FACII	LITY INFORMAT	ION	☐ S	f Facility (4) chool (K-12 ubchapter 8) 3 (Other			-,		
118 Polk Street								ther (i.e. pri	ivate &	commer	cial bu	ilding	s, hor	nes,
City (5) Newark		· ·					Square 1,800		# of 1	Floors			Age ears	1
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Name of Monitoring Fire EnviroVision Cons		Owner (8)		ASCM 0007		1		ement Contr tracting, I		9)				
Street Address 20-21 Wagaraw Ro	oad, Building #3	4A					Address Cliftor	n Avenue	, Unit	365				
City, State, Zip Code Fair Lawn, NJ 074							State, Zip							
Project Manager for Mo Willie Morales				Telephor	ne No. 6-9145	Telepi	hone No. 450-95			License 01036	No.	-		
Start Date (10)		Schedule				Name	of OSH	A Monitor		0.000				-0
1/2/2012	ag Abstamant (Char	1/9/201					Address	tracting, I	inc.					
Occupancy Status Durin Facility Closed/Vac	cated During Entire	- 5/		nent				n Avenue	, Unit	365				
Abatement Perform Other – Describe:	ned Outside of Norr					1-0000000000000000000000000000000000000	State, Zip on, NJ							
Scope of Work (Check	All That Apply)					1						8		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Parameter .	enova emolit			2	Mini- Glov	Containmer Enclosure ebag Proce Exempted	edure				ure	
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Name of Registered Wa	iste Hauler		IN	JDEP W	aste Cubic	Yards		Name of R	egister	ed Landf	ill .	1_		
Atlantic Carting, LLC		lauler ID 6085	No. of Wa	aste		IESI PA	Bethle	ehem L	.andfi	II Co	rpor	ation		
City, State Wayne, New Jersey	/				Dispo TBD	sal Date		City, State Bethlehe		ennsylv	ania			
Completed by Sean Zoric		dent			Signature	e				ate 2/22	201	1		

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Date of Notification (1)	20 /	11		100000000000000000000000000000000000000		g Owner/Operator (S I DODGE AND	and the same		معد زيار	•
	20 / _	11		Cit	y of Atla	ntic City/Departii	ent of Licensii	ng & Inspection	3			
Agencies Notified ☑ EPA	Type Notificati ☑ Initial	ion		2000	t Address 01 Bacha	rach Boulevard,	City Hall, Suite	806		-1		
☑ DEP	☐ Amended			City,	State, Zip	Code	U DEC :	2 7 2011	IJII			
□ DCA (NJAC 5:16) □ DHSS	Amendmen		-		antic Cit	- 1-	The Day	- / ZUII L	-/			
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Name of Facility Where A	batement is Ta	king Plac	e (3)			* A.	Type of Facility (4)				
Residential House							School (K-12)					
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137 Bay Street							homes, etc.)	ivate & commercia	ai Duno	ings,		
City (5)							Square Feet	# of Floors	Ble	dg. Ag	ge	
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Atlantic			(0)			T						
Name of Monitoring Firm	COMPANY OF CHILD	ng Owne	r (8)	ASCM	No.	Name of Abateme	coon necessarian access the sea					
Health & Safety Sen	vices, Inc.					Diamond Hur	ntbach Constru	ction Corporat	ion			
Street Address			0.1003555			Street Address						
318 12th Street						500 East Luz	erne Street					
City, State, Zip Code			100.7	***		City, State, Zip Co	ode					
Hammonton, NJ						Philadelphia,	PA 19124					
Project Manager for Monit	oring Firm		Te	ephone	No.	Telephone No.		License No.				
James Proctor	ornig r iiiii		1	09-704		215-739-8166		00646				
	100	hadulad				Name of OSHA M	- Alleria Control	000-10				
Start Date (10)12 /27 /		heduled 12				SAME AS AB						
Occupancy Status During	Abatement (Ch	heck only	one)			Street Address		1.321111				
☐ Facility Closed/Vacate	d During Entire	Period o	f Abat	ement								
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Time of Abatement: 7/	AM- <u>4</u> PM/	_PM	AN	1		Only, Grato, Elp Ot	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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Scope of Work (Check all	that apply)					☐ Full Cont	ainment with Neg	ative Pressure				
>3 sf or ≥3 lf		□F	enova	tion		☐ Mini-Enc						
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Diamond Huntbach	Construction	n		Hauler I 1968		Waste n/a	Minerva					
City, State	ang.			1300	3	Disposal Date	City, State					
Philadelphia, PA 19	124					n/a		g, OH 44688				
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Completed By (Print or Ty	pe)	Title	-			Signature	1 1.1	A Da	te /		,	
Charles F. Imbimbo		Projec	t Ma	nager		Van-	1-114	my//	2/2	201	11	
ASB-41						Con) / "	*	/	1		
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Date of Notification (1)	44					g Owner/Operator (0- [] []-[]	e r		. 9	
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☐ DCA justificati	on)			Name	of Contac	t j	ASB	Telephane Numb	per-			
(NJAC 5:23-8)	tion			Ant	hony R.	Cox	1.00					
				FAC	CILITY IN	FORMATION			Library .	lacer eric	i	
Name of Facility Where Abatement is	Taking P	lace ((3)					4)			time di se	
Residential House							School (K-12)					
Street Address							☐ Subchapter 8	(Other than K-12		.		
135 Bay Street							Other (i.e., pri homes, etc.)	ivate & commercia	al build	ings,		
City (5)	***************************************						Square Feet	# of Floors	Blo	ig. A	ge	
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Atlantic					., oodo (.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Vacant					
Name of Monitoring Firm Hired by Build	dina Ow	ner (8	a 1	ASCM	No	Name of Abateme						
Health & Safety Services, Inc.	ung Ow	1101 (0	' '	NOOW	NO.		ntbach Constru	ction Corporat	ion			
Street Address						Street Address	TEDACTI GOTISTI C	otion corporat		- 10		
318 12th Street						500 East Luz	orno Stroot					
City, State, Zip Code						City, State, Zip Co						
Hammonton, NJ			T-1-		N	Philadelphia,	PA 19124	License No.				_
Project Manager for Monitoring Firm				phone 9-704		Telephone No. 215-739-8166		00646				
James Proctor	O a b a d a l	100	100000	and the same		Name of OSHA M		00040			-	
Start Date (10)	Schedule 12			ion Da /		SAME AS AB						
Occupancy Status During Abatement (Street Address						
 ☐ Facility Closed/Vacated During Enti ☐ Abatement Performed Outside of N 					cribe	0: 0: 7: 0						
Time of Abatement: 7AM-4PM/				5 - Des	Cribe	City, State, Zip Co	ode					
Scope of Work (Check all that apply)											N 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
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≥3 sf or ≥3 lf≥160 sf or ≥260 lf	- Parket	Den				1	g Procedure					
						Non-Exe	mpted (*) and Nor	n-Friable Procedu		V	-	
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TO BE ABATED			ntena		(i.e., the	rmal systems insula	ation, surfacing,	(Specify	Remova	Repair	cap	Co
IN Facility		Cusic	(12)	Staff?		VAT, or other miscellane	0.110)	SF or LF)	val	"	Encapsulate	Enclosure
(13)	,	res	No	N/A		Other miscellane	ous)				ate	
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Bathroom/2 nd floor			\boxtimes		Linole	ım/multi layers		30 SF	\boxtimes			
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Diamond Huntbach Constructi	on		0.00	auler II		Waste	Minerva					
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Philadelphia, PA 19124			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			n/a	waynesbui	rg, OH 44688				
Completed By (Print or Type)	Title					Signature	1111	1 A DE	ate /	/		
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(NJAC 5:23-8) Cancalla	tion			Ant	hony R.	Cox	904		_		
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Name of Facility Where Abstement is Residential House Street Address	Taking	Place	(3)				Type of Facility	2 %) al build	lings	
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City (5)							Square Feet	# of Floors		dg A	
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Health & Safety Services, Inc.								uction Corpora	tion		
Stroot Address	-					Street Address		-			
318 12th Street						500 East Luz	eme Street				
City, State, Zip Code						City. State, Zip C					
Hammonton, NJ						Philadelphia	, PA 19124				
Project Manager for Monitoring Firm James Proctor			1	ophone 09-704		Telephone No. 215-739-816	•	License No. 00646			
	Sched	rdeed C		otion De		Name of OSHA	The second secon	00000		SS FEETS	
12 / 27 / 11			parameter.	0 /		SAME AS AL					
Cooupancy Status During Abatement	(Check	only o	ona)			Street Address				- 10	
☐ Facility Closed/Vecated During Ent ☐ Abatement Performed Outside of N Time of Abatement: 7AN-4PW		Facility		rs - Des	cribe	City, State, Zip C	ode				
Scope of Work (Check all that apply) □ 23 cf or 23 if □ ≥160 sf or ≥260 if		☐ Re 図 De				☐ Mini-En	g Procedure	gative Pressure in-Frieble Procedu	rre		
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Location of Asbestos-Containing Malenal (ACI TO BE ABATED IN Facility (13)	VI)	Use MB Cust	d Sol	ely by ance/ Staff?	Asbe (i.e., the	Decoription setto Contenting the setto Contenting the setto insulational systems insulation VAT, or other miscellant	aterial (ACM) ation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	
Kitchen 1st floor		Yes	No	N/A	Lineler	um/multi layers		140 SF			
Bathroom 2 nd floor			X	1		um/multi layers		30 SF			
1000				占	2	Minimum Myers				H	
			J.C	12	-				_	1	
Name of Registered Waste Haulor			1	UDEP	Marks	Cubic Yards of	Name of Regis	darod Lindfill		Ш	
Diamond Huntbach Construct	іоп			19689	No.	Waste n/a	Minerva	nerou caronii			
Clty State						Disposal Date	City, State				
City, State Philadelphia, PA 19124						n/a	Mahuespn	rg, OH 44888			

12/20/2011 14:50 REMEMBER – MAI	L IN HĀ	™c RD	COF	CATIO	N OF AS	DHC, INC lew Jersoy BESTOS ABATE AC 8:80 and 5:16	MENT	Check- DOL-	10 [20)A'	47	3
Date of Notification (1) 12 / 20	/		···••			ng Owner/Operator on the City/Departs		rg & Drapagio	As 20)11	1	
Agencies Notified Type No				130	t Address 01 Bacha State, Zip	arach Boulevard,	City Hall, Suit	AWER A	Y PRI	70	J ∀F	H)
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						NEORMATION A	obcerus (comp	11 0	i -	- 10		
Name of Facility Where Abatement	la Taking F	Place	(3)		414(111	TO TOTAL	Type of English		1			
Residential House Street Address 135 Bay Street						The second secon	School (K-12	(Other than K-1)		dings		
City (5)	10	W Marie	,				Square Foot	# of Floors	В	ldg. A	gp	
Atlantic City				10.		TATE HAP ALL LA	2000	2	T-1	50÷		
County (6) Atlantic				Cou	nty Code :	TY(STATE USE ONLY)	Vacant	ior if being domo	(tchad)			
Name of Monkoring Firm Hired by E		rher	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)			***		
Health & Safety Services, In	ic.						ntbach Constr	uction Corpor	ation		625	8
Street Address 318 12th Street	0	()				Street Address 500 East Luz	erne Stroot				_	
City, State, Zip Codo			-		-	City, State, Zip C	V 20 E 27 E					_
Hammonton, NJ						Philadelphia	PA 19124					
Project Manager for Monitoring Firm	ñ		Tele	phone	No	Telephone No.		License No.	-			-
James Proctor	85		6	09-704	-885 0	215-739-8166		00648				
Start Date (10) 	Schodul 12			atlan De		Name of OSHA N						_
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Scope of Work (Check all that apply	7)	_	apus es		_	1						7
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Location of	1		Local	000000				METHOD PTOCEO	-	atem	ant T	γþ
Aspestos-Containing Material (A TO BE ABATED IN Facility (13)		Use Ma	d Sold	sly by		Description of eston Containing Ma armal systems insula VAT, or	terial (ACM) itlon, surfacing,	Amount (Speakly SF or LF)	Removal	Repair	Encapsulate	1
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Bathroom/2 nd floor]	×		Linoleu	ım/multi layerə		30 SF	X			10
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Philadelphia, PA 19124						Disposal Date	City, Stoto	#1/				
ompleted By (Print or Type)	170-					n/a	waynesbur	g, OH 44688				
Charles F. Imbimbo	Title Proje	ect :	Vlana	ger		Skomhuje	ONH	9A- 0	2 /-	./	11	

* Do not use this form for appeatue libensure exempted activities.

Check # 20631

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

Date of Notification (1)				-	Nam	e of Buildin	ng Owner/Operator (2)	The same of the same of the same of	Total Control			
12 /	20 /	11					ntic City/Depart			A	, .!	, "	7
			_			200	ndo Oity/Depart	ME G		[7]	٠.		
Agencies Notified	Type Notific	ation				et Address		KITT					
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☑ DHSS	Emerger		cluding	1	At	lantic Cit	y, NJ						
☐ DCA	justificat	ion)		56	Nam	e of Contac	ct .	40050700	Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancella	ition			An	thony R.	Cox	ASBESTOS	MSMVG				
					FA	CILITY	NFORMATION		The same of the sa				H-1
Name of Facility Where	Ahatement is	Taking	Place	(3)		CILITIII	VI OKWATION	Type of Facility (4)				
Residential House	Abatement is	raking	riace	(3)			56.5				W. 14		
								School (K-12)) (Other than K-12)			
Street Address									ivate & commercia		lings,		
137 Bay Street								homes, etc.)					
City (5)								Square Feet	# of Floors	1	dg. Ag	ge	
Atlantic City								2000	2		50+		
County (6)					Cou	inty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Atlantic								Vacant					
Name of Monitoring Firm	Hired by Buil	lding O	wner	(8)	ASCN	l No.	Name of Abateme	ent Contractor (9)					
Health & Safety Se	rvices, Inc.						Diamond Hu	ntbach Constru	ction Corporat	tion			
Street Address							Street Address						
318 12th Street							500 East Luz	erne Street					
City, State, Zip Code				_			City, State, Zip Co					_	
Hammonton, NJ							Philadelphia,						
	itanian Fina			TTa	lankana	No	Telephone No.	, FA 13124	License No.				
Project Manager for Mon	illoring Firm				lephone		C. Complete the process of the proce	•	Construction of the constr				
James Proctor						4-8850	215-739-8166		00646				
Start Date (10) 12 / 27 /						ate (11) 12	Name of OSHA M						
Occupancy Status During				-00-00			Street Address						
☐ Facility Closed/Vacate			a sanci Six		oment		Oticet Address						
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Time of Abatement: 7						001100	City, State, Zip Co	ode					
							1						
Scope of Work (Check a	ll that apply)						☐ Full Con	tainment with Neg	ative Pressure				
>3 sf or ≥3 lf			Re				☐ Mini-End	closure	a				
≥160 sf or ≥260 lf			⊠ De	molit	tion		Gloveba	g Procedure	. F.:-Li- Dd	22			
			le	Loca	ation		⊠ Non-Exe	mpted (*) and Nor	n-Friable Procedu				
Location	of		10.99	Norm			Description of	,f		Ab	ateme	ent I	ype
Asbestos-Containing		M)			lely by	Asbe	estos Containing Ma	100 pm room/cocceptor/min 14	Amount	20	Re	Ē	m
TO BE ABA	ATED	136			ance/ I Staff?	(i.e., the	ermal systems insula	ation, surfacing,	(Specify	Remova	Repair	car	clo
IN Facil	ity		Cus	(12			VAT, or other miscellane	ous)	SF or LF)	Va.	-	Encapsulate	Enclosure
(13)			Yes	No	N/A		other miscellane	lous)				ate	
Kitchen 1st floor							um/multi layers		140 SF		П	П	П
Bathroom 2 nd floor					+	-			30 SF				
Bathroom 2 floor						Linoiei	um/multi layers		30 31		ш	П	ш
Name of Registered Was	ste Hauler			_	NJDEP	Waste	Cubic Yards of	Name of Regis	tered Landfill				
Diamond Huntbach		ion			Hauler		Waste	Minerva					
1 C-41-10 (MACCADE STANCE STANCE)	i Goristructi	1011			1968		n/a	11000000000000000000000000000000000000					
City, State					13		Disposal Date	City, State					
Philadelphia, PA 19	9124						n/a	Waynesbu	rg, OH 44688				
Completed By (Print or T	ype)	Title					Signature	101	14 / Da	ate /		£	
Charles F. Imbimbo		Pr	oject	Mai	nager		/ 4//	XIM	Bull 1	7/	201	11	
					•		Ilm) /97	XIII	7	1		
ASB-41 JUL 01		* [Do not	use	this form	n for asbes	tos licensure exemp	oted activities.	7	551	1,50		

JUL 01

JOHY - MISSING PAY MOUT ON NOTICION OF # 1076 State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Ownerloografor (2) Date of Notification (1) 12/20/2011 NJ DOT North Regidn Headquarter Type Notification ZUIT Agencies Notified Street Address 200 Stierli Ct Initial DEP DOL Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # Mt Arlington, NJ 07856 Emergency (including FIGENCING DOH DCA justification) Name of Contact Cancellation C/O Carl Perello FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Abandon private house (Part 1 of 2) School (K-12) Subchapter 8 (Other than K-1 2) Street Address Other (i.e., private & commercial buildings, 485 North Rd, Parcel 85 homes, etc.) # of Floors City (5) Square Feet Bldg. Age Little Falls 4000 50+ Current Use (Prior If being demolished) County Code (7) (STATE USE ONLY County (6) former private house Passaic Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner ASCM No. (8) L. Robert Kimball & Associates 00103 Genesis Contracting Corp Street Address Street Address 411 Riverview Plaza 106 Gold St City, State, Zip Code City, State, Zip Code Green Brook, NJ 08812 Trenton, NJ 08611 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 609-989-5260 908-809-0315 01090 Robert Kowalczyk Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) Genesis Contracting Corp 12/30/2011 01/13/12 Street Address Occupancy Status During Abatement (Check only one) 106 Gold St Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: schedule for demolition Green Brook, NJ 08812 Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glovebag Proc >3 sf or >3 lf Renovation Glovebag Procedure
Non-Exempted (*) and Non-Friable Procedure Demolition >160 sf or >260 lf Abatement Is Location Normally Used Solely by Type Description of Location of Asbestos -Containing Material (ACM) Maintenance/ Asbestos Containing Material (ACM) Amount (i.e., thermal systems insulation, Custodial (Specify TO BE ABATED Staff? surfacing, VAT, or SF or LF) IN Facility other miscellaneous) (13)(12)Yes No N/A 190 SF Kitchen X VAT X 45 SF Mastic X Kitchen (behind a drywall) X Transite panels 260 SF X Kitchen, Bed, Bath & Basement X 3670 SF Texture Fiberboard Bedroom, Closet & Hall X X Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. 32980 of Waste G.R.O.W.S. Landfill Genesis Contracting Corp Disposal Date City, State City, State TBD Morrisville, PA Green Brook, NJ Bate Completed By Title Signature 12/20/2011 Victoria Burga President * Do not use this form for asbestos licensure exempted activities.

ASB-41

Date of Notification (1) 12/21/11		Name of Building Owner/operator (2) Woodmont Properties South Amboy Construction ILCV E												
Agencies Notified Type Notific	ation		100000000000000000000000000000000000000	et Address Iain St										
DEP Amende		<u>-</u>		City, State, Zip Code Chatham, NJ 07928										
DOH justificat	tion)	9	Nam	e of Conta Giannet	ict		AS belephone Numb	e£.	1	1				
			FA	FACILITY INFORMATION										
Name of Facility Where Abatement is Vacant Warehouse	Taking Place			Type of Facilit	ty (4) 12)	الفعارا فتوسر رمثال		rapidar (**)	ingen jekan anga					
Street Address 60 Louisa St,		Subchapter 8 (Other than K-1 2) Other (i.e., private & commercial buildings, homes, etc.)												
City (5) South Amboy						Square Feet 32,000	# of Floors	50 +						
County (6) Middlesex			USI.	inty Code E ONLY	(7) (STATE	Current Use (Prior If being demolished) Vacant warehouse schedule for demo								
Name of Monitoring Firm Hired by Building Owner (8) N/A				CM No. Name of Abatement Contractor (9) a Genesis-Citrine Contracting Corp										
Street Address N/A					Street Address 106 Gold St		##							
City, State, Zip Code N/A					City, State, Zip C Green Brook,									
Project Manager for Monitoring Firm N/A	lephone	No.	Telephone No. 908-809-0315	License No. 01090										
Start Date (10) \$ 01/02/2012	etion Da	tion Date (11) Name of OSHA Monitor Genesis-Citrine Contracting Corp												
Occupancy Status During Abatement	02/29/20 (Check only		Street Address											
Facility Closed/Vacated During Entire Period of Abatement					106 Gold St									
☐ Abatement Performed Outside of No Souther - Describe: Vacant wareh	ormal Facilit	dule	for de	mo	City, State, Zip Code Green Brook, NJ 08812									
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovat emoliti													
		Locati							Abatement Type					
Location of Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13)	Sole ntenarustodi Staff? (12)	nce/ ial		Description of tos Containing Mate , thermal systems ir surfacing, VAT, other miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure				
	Yes	No	N/A		g material			_						
						30,000 SF		X			Ш			
	Interior					AT & Mastic 900					\Box			
Interior Duct system			X		on damping cloth	1	8 SF X				Ш			
Boiler room Name of Registered Waste Hauler					ing material Cubic Yards	5 SF X Name of Registered Landfill								
Yannuzzi Demolition	NJDEP \ Hauler ID n/a		of Waste	G.R.O.W.S										
City, State Hillsborough, NJ			Disposal Date TBD	City, State Morrisville	, PA									
Completed By Victoria Burga			Signature		Date 12/2	/201	1							

Date of Notification (1)					Name of Building Owner/operator (2) Woodmont Properties South Amboy Construction LLC											
Agencies Notified	Type Notific	ation		Stree	t Address ain St											
DEP DOL		State, Zip tham, NJ				ACDECT	ns contr	& JO	1							
DOH DCA	Name	of Contai Giannett	ct		Telephode IN Shear											
			CILITY IN	FORI	MATION	1		and the Country		-		- Louising				
Name of Facility Where Abatement is Taking Place (3) Vacant Warehouse								Type of Facility School (K-1 Subchapter	12)	han K-1 2)						
Street Address 100 Louisa St							Other (i.e., private & commercial buildings, homes, etc.)									
City (5) South Amboy								Square Feet # of Floors Bldg. Age 15,000 1 50+								
County (6) Middlesex				Cou USE	hty Code (7) (STATE ONLY Vacant warehouse schedule											
Name of Monitoring Firm (8) N/A	Hired by Buil	ding Owne	r	ASCM	No.	3020										
Street Address N/A						Name of Abatement Contractor (9) Genesis-Citrine Contracting Corp Street Address 106 Gold St City, State, Zip Code										
City, State, Zip Code N/A							y, State, Zip Co een Brook, N									
Project Manager for Monitoring Firm Telephone N/A						655333	lephone No. 18-809-0315		Licens 010							
Start Date (10) Scheduled Completion Date (11)							Name of OSHA Monitor Genesis-Citrine Contracting Corp									
01/02/2012 02/29/2012 Occupancy Status During Abatement (Check only one)							Street Address									
☐ Facility Closed/Vacated During Entire Period of Abatement						-	6 Gold St							_		
Abatement Performed Outside of Normal Facility Hours Other - Describe: Vacant warehouse schedule for demo						City, State, Zip Code Green Brook, NJ 08812										
Scope of Work (Check a	tion ion															
	ý.	2000	Loca Norma	lly	on _						Abatement Type					
Location of Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13) Used Sole Maintena Custodi Staff? (12)					Asbes (i.e.,	ther	Description of containing Mate mal systems in irfacing, VAT, er miscellaneo	erial (ACM) esulation, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
	No	N/A X														
Exterior SEE ATTACHED					Roofing material VAT & Mastic			15,000 SF 25 SF			X					
Interior					VAI	IVIa	Stic	23 SF		X	-		-			
			-	-		_							_	-		
Name of Registered Waste Hauler					Waste	aste Cubic Yards Name of F				egistered Landfill						
Yannuzzi Demolition Hauler I						_	Waste	G.R.O.W.S						_		
City, State Hillsborough, NJ						10000	sposal Date BD	City, State Morrisville	, PA							
Completed By Title							Signature			Date 12/21	1001	,				
Victoria Burga President										12/21.	201	1				

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2012-02 (Pursuant to NJAC							and 12.120.1	Check #	4983									
	4				10 -1(0)		TEVEC	EIVE		t								
Date of Notification (Name of Building Owner/Operator (2)															
1 12 1/12 11	Type Notificatio		ren DaSi															
Agencies Notified EPA	Alexandria de la companya della companya della companya de la companya della comp	Stre	et Address					C 2 7 2011										
_	✓ Initial	1.0	11 Terrace						+									
☐ DEP	□ Amondm	ont	, State, Zip				ASBESTOS CONTROL &											
☑ DOL	Amendm				NJ 07604		. Telephone Number											
□ DOH			Name of Contact															
☐ DCA	Cancellat	on I	oren DaS	Silva			The Green and Section 1999 and the second			¥,	-							
				FACIL	ITY INFORMA	ATION												
Name of facility whe	ere abatement is	taking place	(3)					Type of Facility (4) (K - 12)	753.5								
		٠.					School (K - 12) Subchapter 8 (Other than K-12)											
Loren DaSilva							Other (Private/Commercial											
Street Address								Bldgs./h	lomes, et	c.	30-556							
211 Terrace Ave	enue							Square Feet 7	of Floors	5	Bld	g. Ag	е					
City (5)		County	(6)				ty Code (7)											
				(State use only) Current Use (Prior if bein residential									being demolished)					
Hasbrouck Heigh	ghts, NJ 07604	Berge			1001111		Name of Abatement C				-							
Name of Monitoring	Firm Hired by B	ldg. Owner	(8)		ASCM No.													
n/a						_	B & G Restoration	i, inc.					_					
Street Address							Street Address											
							105 Ryerson Road City, State, Zip Code											
City, State, Zip Code	8						Lincoln Park, NJ	07035										
Project Manager for Monitoring Firm Phone Number							Telephone Number License Number											
Project Manager for Monitoring Firm			15110	ne mannoc			973-696-6869	0378										
Y_0011000000000000000000000000000000000				D-1- /11			Name of OSHA Monit	or										
Scheduled Start Dat	te (10)	Sched.	Completion	Date (11))		B & G Restoratio	n, Inc.										
1/2/2012		1/4/20					Street Address											
Occupancy Status I	During Abatemen	t (Check on	ly one)				105 Ryerson Road											
Facility closed	d/vacated during	entire period	of abatem	nent.			City, State, Zip Code											
Describe:	erformed outside	DI NOIMANIA	Cility Hours			_	Lincoln Park, NJ	07035										
Other-Describ						- 1	Lincolli Faik, NJ	07033										
Scope of Work (ch	eck all that apply)				57		r	Glove		ocodi	ro						
☐ Demolition		Renovation					ull Containment w/neg	ative pressure [Non-fr									
$\square > \underline{3} \text{ sf or } > \underline{3} \text{ lf}$	\boxtimes	≥160 sf or ≥	260 If				fini-enclosure	. <u>L</u>		TR								
Location of		Is location			1			Amount		e	R	E n	E					
asbestos-cor		by mainter staff(12)	iance/cusic	Julai	Descripti material		sbestos-containing	(Specify S	For	m	p a	c a	n c					
material to be abated in fac		Yes	No	N/A	material	(ACIVI)		LF)		V	i	p	L					
					N/A/T			685 sf		e	m	П	IT					
Main & Laundry	rooms				VAT	-		40 sf			H	片	忻					
area by the steps					linoleum			52 lf			Ħ	Ħ	厅					
Main & Laundry	rooms			X	pipe insula				3 lf		F	Ħ	百					
boiler room			pipe insulation				$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
boiler room			P Hauler IC	<u> </u>	pipe ubic Yards of	Waste	Name of Registered	Landfill		-1								
Registered Waste F B & G Restorati	nauler on, Inc.	1956		"	0 yards	,,,,,,,,	Tullytown Resou	rce & Recovery	Center									
City, State				Disposal D			City, State	- V2										
Lincoln Park, N	NJ 07035			1/4/12			Tullytown, PA		T D=+=									
	Completed by (Print or Type) Title Signatur						Gordana Luna		Date 12/21	/2011								
C. I. June						Gordana Luna 12/21/2011												

Treasurer

Gordana Luna