1331

Date of Notification (1)			Name of Bui	Iding Owner/Opera	tor (2)	15-2 11 11		1400	7					
	7/2012			Russo Dev	velopment	101 (2)	15 11 10 位	3 /	n						
Agencies Notified	Type Notific			Street Addre 71 Hudson		III III FFI	2 - 0 2010								
☐ DEP	Amende	nent #		City, State, Z Hackensac			0 2012	L	7						
DOH DCA	justifica		9	Name of Con		RODES	VI Telephone Nin	mber		- 4					
Прех	X Cancella	ition		Michael Per			K		7						
Name of Facility Where	Abatamentia	Takina Di-	(0)	FACILITY	INFORMATION		reaction remarks for	115		ŧ	William Co.				
Former Residence/	Office	Taking Place	(3)				ty (4)	er than K-1 2) & commercial buildings, If Floors Bldg. Age 70+ eing demolished) Pressure Abatement Type ount ecify Type Type							
Street Address						School (K. Subchapte	er 8 (Other than K-1	2)							
65 Hudson Street						Other (i.e., homes, et	private & commerc	cial bu	uildin	gs,					
City (5) Hackensack, NJ						Square Feet 2,200	# of Floors	T		Age	Santar-o				
County (6) Bergen				County Code USE ONLY)	e (7) (STATE	Current Use (Prior if being demol	ished	1)						
Name of Monitoring Fire	n Hired by Buil	ding Owner	-1	SCM No.	Tu	Vacant Buil									
(8) N/A		uning Owner	\ A.	SCIVI NO.		ment Contractor	(9)								
Street Address	-				Street Address						=				
					145 Mill Str										
City, State, Zip Code					City, State, Zip Paterson, I										
Project Manager for Mo	nitoring Firm		Teleph	one No.	Telephone No.		License No.				_				
Start Date (10)					973-553-53		01108								
2/13/2012		2/23/2012		n Date (11)	Name of OSHA Valiant Ass	Monitor ociates, LLC									
Occupancy Status Durin	g Abatement (Check only o	one)		Street Address		ates, LLC								
Facility Closed/Vacat Abatement Performed	ed During Entir	e Period of A	Abateme	ent	145 Mill Stre										
Other - Describe:		illiai i aciiity	Hours		City, State, Zip (
Scope of Work (Check a	Il that apply)				Taterson, N	3 07 30 1					_				
>3 sf or >3 if >160 sf or >260 if			ovation molitio	n	Mini-En Goveba	ag Procedure		*/•							
		0,000,000	cation		ZV Non-E	xempled () and	Non-Friable Proce		Abate	ment	t				
Location of		Used S	mally Solely by		Description of	f			Ту	ре					
Asbestos-Containing M TO BE ABAT			enance/ todial	Asbes	stos Containing Mat , thermal systems i	terial (ACM)	Amount			ш	_				
IN Facility (13)			aff? (2)	(surfacing, VAT,	or	SF or LF)	Rem	Re	псар	inclo				
(10)	34		12)		other miscellaned	ous)		oval	pair	sulati	sure				
See Attached		Yes	No N	/A						(D					
300 / ttalened		=	-												
		-		-							-				
			+												
Name of Registered Was	te Hauler			P Waste	Cubic Yards	Name of Regis	tered Landfill								
Service Transport Gr		Haule 209	r ID No. 90	of Waste 40 yds	Minerva La	ndfill									
City, State			Disposal Date	City, State		Stell -		-							
New Castle, DE Completed By			2/23/2012	Waynesburg											
Miodrag Stamenovic		itle Project Ma	nager		Signature	1. A C	Date 02/2/20	12	- 10	113					
B41	1	. oject ivia	iagoi		_ CWION	y weeks	= vol 02/2/20	12							

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2012-31 -Check # 5051 Date of Notification (1) Name of Building Owner/Operator (2) 0 2 / 0 2 / 1 2 Frank Linderman & Aurora Hunt Type Notification Agencies Notified Street Address ☐ EPA FEB - 6 2012 Initial 35 Sargent Road DEP City, State, Zip Code Amendment DOL ASBESTOS CONTRO Ho-Ho-Kus, NJ 07423 DOH Name of Contact Telephone Number LICENSING Cancellation ☐ DCA Frank Linderman & Aurora Hunt **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Frank Linderman & Aurora Hunt Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. 35 Sargent Road Square Feet # of Floors Bldg. Age County (6) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) residential Ho-Ho-Kus, NJ 07423 Bergen Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. B & G Restoration, Inc. n/a Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Telephone Number Project Manager for Monitoring Firm Phone Number License Number 973-696-6869 0378 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. Street Address 2/13/2012 2/14/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) ☐ Demolition Renovation Full Containment w/negative pressure Glovebag procedure Mini-enclosure Non-friable procedure \times >3 sf or >3 lf ≥160 sf or ≥260 lf Is location normally used solely Location of E by maintenance/custodial e e n asbestos-containing Amount Description of asbestos-containing n m staff(12) p C (Specify SF or material to be material (ACM) C 0 a a abated in facility (13) LF) Yes No N/A L p e VAT 450 sf X basement Registered Vlaste Hauler Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# B & G Restoration, Inc. 19563 Tullytown Resource & Recovery Center 5 yards Disposal Date City, State City, State

2/15/2012

Signature

Tullytown, PA

Ciordana Luna

Date

2/2/2012

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

State of NJ Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2012-22 Check # 5050 Non Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 0 2 / 0 2 / 1 2 Brielle Board of Education Agencies Notified Type Notification Street Address ☐ EPA FEB - 6 2012 M Initial 605 Union Lane DEP City, State, Zip Code Amendment DOL. Brielle, NJ 08730 ASBESTOS CONTRO DOH. Name of Contact LICENSING Telephone Numbe Cancellation ☐ DCA Ed McManus **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) Brielle Elementary School (Non Sub 8) Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 605 Union Avenue Bldg. Age Square Feet # of Floors County (6) City (5) County Code (7) (State use only) Current Use (Prior if being demolished) Brielle Monmouth School (non sub 8) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement Contractor (9) **AHERA Consultants** 0057 B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road P.O. Box 385 City, State, Zip Code City, State, Zip Code Oceanville, NJ 08231 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone Number License Number Phone Number 973-696-6869 0378 609-652-1833 Domenic D'Errico Name of OSHA Monitor Scheduled Start Date (10) Sched. Completion Date (11) B & G Restoration, Inc. 2/13/12 2/15/12 Street Address Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe: Scope of Work (check all that apply) Demolition ☐ Full Containment w/negative pressure ☐ Glovebag procedure \boxtimes >3 sf or >3 lf >160 sf or >260 lf Mini-enclosure Non-friable procedure Is location normally used solely Location of E by maintenance/custodial e asbestos-containing Amount п Description of asbestos-containing m n staff(12) p (Specify SF or C material to be material (ACM) C 0 a a abated in facility (13) Yes No N/A v p pipe insulation 175 lf crawl space 図 Registered Waste Hauler NJDEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill B & G Restoration, Inc. 19563 2 yards Tullytown Resource & Recovery Center City, State Disposal Date City, State

2/16/2012

Signature

Tullytown, PA

Ciordana Luna

Date

2/2/2012

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

Title

Treasurer

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

2012-32 B & G proj. #:

Check # 5053 Non Sub 8 Date of Notification (1) Name of Building Owner/Operator (2) 0 2 / 0 3 / 1 2 St Clare's Health System Type Notification Agencies Notified Street Address ☐ EPA FFR - 6 2012 Initial 25 Pocono Road DEP City, State, Zip Code Amendment DOL Denville, NJ 07834 Telephone Number Name of Contact DOH. Cancellation ☐ DCA Drew Van Hook **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) St Clare's Health System Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age # of Floors Square Feet 25 Pocono Road, Wing 4-C (Same Day Surgery) County Code (7) County (6) (State use only) Current Use (Prior if being demolished) Hospital Morris Denville, NJ 07834 Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. 017 Total Solution Environmental Street Address Street Address 105 Ryerson Road 22 Columbia Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 Morristown, NJ 07960 License Number Phone Number Telephone Number Project Manager for Monitoring Firm 0378 973-696-6869 973-998-9348 Ben Waer Name of OSHA Monitor Sched. Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. 2/29/2012 Street Address 2/15/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: 7:00am - 3:00pm occupied Lincoln Park, NJ 07035 Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥260 lf \times >3 sf or >3 If Is location normally used solely E Location of e n by maintenance/custodial Amount n asbestos-containing Description of asbestos-containing m p C staff(12) (Specify SF or C material to be material (ACM) 0 a a abated in facility (13) V Yes N/A No p e 80 lf X pipe insulation 4th Floor X 75 lf pipe insulation 3rd floor Name of Registered Landfill Cubic Yards of Waste Registered Waste Hauler NJDEP Hauler ID# Tullytown Resource & Recovery Center 19563 B & G Restoration, Inc. 4 yards Disposal Date City, State City, State 2/15 - 2/29/2012 Tullytown, PA Lincoln Park, NJ 07035 Date Signature Completed by (Print or Type) Title Gordana Luna 2/3/2012 Treasurer Gordana Luna

To:19732784670 P.213 6096330664 ERIPAR DELVIO IAM RESERVED UP 500 State of NJ Notification of Asbestos Abatement DAS Proj. # MS REMEMBER - MAIL IN HARD COPY s the so with the soul said Name of Building Owner/Operator (2) Date of Notification (1) 0 1 1/3 10 1/11 12 JEFFREY CROSBY Agencies Notified Type Notification Street Address IL, Initial JAN EPA 20 VAN RYPEN STREET Mandad Mandad DEP City, State, Zip Code Amendment # FEB - 6 2012 X DOL PPROV JERSEY CITY, NI Emergency (Including DOH [X] Name of Contact justification) ASBESTOS CONTROL & 38 DCA JEFFREY CORSBY 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) JEFFREY CROSBY Other (Private/Commercial Street Address Bidge /Homes, etc. Bldg. Ago # of Floors Square Feet 20 VAN RYPEN STREET County (8) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) HUDSON JERSEY CITY Name of Abstement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No D & S RESTORATION, INC Street Address Stroot Address 20 California Avo. City State Zip Code City State Zip Code Paterson, NJ 07503 Licenso Number Talophone Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Sched. Comptetion Date (11) Start Date (10) D & S Restoration, Inc. Stroot Address 02/06/12 01/31/12 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-Duscribe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negstive pressure Scope of Work (check all that apply) Mini-anclosure X >3 sf or >3 lf Renovation Glovebag procedure ___ ≥160 af or ≥260 If Demolition Non-Exampted (*) and Non-frisble procedure is location normally used solely E Location of Ð by maintenance/custodial etaf(12) n Amount fT asbeatos-containing Doscription of asbestos-containing m p (Specify SF or r. material (acm) to be material (ACM) 0 a 2 LF) abated in facility (13) L V Yos No N/A p X **BOILER INSULATION** 30 SQ FT X BASEMENT Cubic Yards of Wosto Name of Registered Landfill Registored Waste Heuler NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY

D & S RESTORATION, INC. 13506 1 YD

Disposal Dato City, State City, Stale PATERSON, NJ 07503

02/01/12 TULLYTOWN, PA Signaturo

BOGDAN JOLDZIC Do not use this form for asbestos licensure exempted activities **ASB 41**

Completed by (Print or Typo)

Date

01/30/12

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) roj. #: MS 12-50 Name of Building Owner/Operator (2) Date of Notification (1) 10 11 1/13 10 1/11 12 1 JEFFREY CROSBY Agencies Notified Type Notification Street Address Initial ■ EPA 20 VAN RYPEN STREET Amended DEP City, State, Zip Code Amendment #: ASBESTOS CONTROL & LICENSING DOL Emergency JERSEY CITY, NJ (including DOH Name of Contact Telephone Number justification) ☐ DCA JEFFREY CORSBY Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JEFFREY CROSBY Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 20 VAN RYPEN STREET Bldg. Age Square Feet # of Floors County (6) County Code (7) (State use only) Current Use (Prior if being demolished) HUDSON JERSEY CITY Name of Monitoring Firm Hired by Bldg. Owner (8) Name of Abatement Contractor (9) ASCM No. 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. 01/31/12 02/06/12 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 Mini-enclosure \boxtimes >3 sf or >3 lf Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely Location of E е by maintenance/custodial n Amount asbestos-containing Description of asbestos-containing n staff(12) m p (Specify SF or C material (acm) to be material (ACM) C 0 a a abated in facility (13) LF) 1 Yes No N/A V p P **BOILER INSULATION** 30 SQ FT BASEMENT Cubic Yards of Waste Name of Registered Landfill NJDEP Hauler ID# Registered Waste Hauler D & S RESTORATION, INC. 13506 TULLYTOWN, RESOURCE RECOVERY 1 YD Disposal Date City, State City, State 02/01/12 PATERSON, NJ 07503 TULLYTOWN, PA Signature Completed by (Print or Type) Date Title **BOGDAN JOLDZIC** PRESIDENT 01/30/12 Do not use this form for asbestos licensure exempted activities. ASB-41



	- 0	
CHE	18.	37
or measurement	TOWN SHIPPING	1

Date of Notification (1)				Building			(2) A RIVE	DA	墙 II W	15	1		2		
Agencies Notified Type Notification		-	Street A	ddress	3 , C+		11100	-	0 4-			-			
				1914	IN	6A1	LS AV	ENTER	E- 6 20	12	L	/			
EPA X Initial Amended			City, Sta	te, Zip Co	de			-1				-			
DOL Amendment				LIND	EN	NJ	0703	(ASBEST	OS CONTROL	0.	1				
Emergency justification)	(including		Name of	Contact				Te	elephone Nu	mber					
DCA Cancellation			C	ECILI	AR	WER	A	Fineds							
			FACI	LITY INFO	ORMATI	ON	To SEC.	:	widely appoint a la	Televitat (c.)			-6		
Name of Facility Where Abatement is Takin River Address					-			(K-12) pter 8 (Ot	her than K-1		dinas	home	es		
1914 INGALISA	ENVE						etc.)		Washington To Company						
City (5)							Square Feet		of Floors	E	Bldg. A	2000			
LINDEN							165		.2		50	2_			
County (6)				Code (7) JSE ONLY)		Current Use			nea)					
UNION	O (0)		LACCA	8 NI=		Namo	12651C of Abatement								
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	I NO.			ac Contrac					Landing			
Street Address							Address Lowell Roa	d							
City, State, Zip Code						City, S	tate, Zip Code								
							Rock, N.J.	07452	11						
Project Manager for Monitoring Firm			Telepho	ne No.		5.055000000000000	one No. 262-5841		License N 00156						
Start Date (10)	Scheduled		12.00	Date (11)			of OSHA Mon		tal Services Inc.						
2 14. 12 Occupancy Status During Abatement (Chec			12				Address					**************************************			
							Huyler Stre	et							
Facility Closed/Vacated During Entire Abatement Performed Outside of Norr Other – Describe:	nal Facility	Hours	ieiii				ate, Zip Code kensack, N			· .					
Scope of Work (Check All That Apply)															
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	Section 2	enova emolit				NA N	Mini-Enclo Glovebag	sure Procedure	th Negative I e nd Non-Frial						
	Т			I		- Fry	1 NOII-EXCIT	T A	nu Non-i nai	T		emen	1		
		_ocati ormal			-						Ту	ре			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Mair Custo	Sole ntena odial S (12)	ly by nce/ Staff?	Asbes (i.e.	tos Cont thermal surfa	scription taining M systems cing, VA niscellan	aterial (ACM) insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
	Yes	No	N/A				,			1.					
pagement			X	P	pe	UNSU	lation	120	10 LF	X	-				
			UDEDIA	Inste	Loubia	Varde	Name	of Pogin	tered Landfil	<u></u>					
Name of Registered Waste Hauler Rovic Transport		H	IJDEP W lauler ID 0785		of Was		IES	I PA Be	thlehem L		l Cor	p.	M		
City, State Riverdale, New Jersey 07457					17.14	sal Date			PA 18015	5,					
Completed by R. McDonald	dent	e yr C		S	Signature	h) re	1	D.	2.2	.12	-				

		-1	/
	- 4	7	•
2	_		
		~	

and district additional value of	-	-	2	-
Ch#:	-7	X	1	/
CNH.	1	0	~	1
	1			1 -

Date of Notification (1)			TN	ame of	Building Owner	/Operator	(2)		3 16	-15-4-	<u> </u>							
	2.12		1		Richie		9000	e KI										
-	ype Notification		S	treet Ad	dress			111	EE	B - 6	2012		7					
EPA 🗵] Initial				355 Ce	ncord	1 AV	enve	1 L	U		_						
DEP I	Amended		C	itv. State	e, Zip Code					TOP COM	DOL 8							
▼ DOL	Amendment # Emergency (in				Naywoo	od N	17 0	1001	ASB	ESTOS CONT	MUL 0			-				
⊠ DOH	justification)	.o.aag	N	lame of	Contact Lichue S	cl. 010	1 iOMA s		T Alla									
DCA L	Cancellation				ITY INFORMA		Cera		44					-				
Name of Facility Where Aba	atement is Taking	Place (3)		1 AOIL	arr no octobr		Type	of Facility (4)									
Schenon								chool (K-12										
Street Address				-5500			X C	Subchapter 8	3 (Othe ivate &	r than K-12) commercia	l buildi	nas.	home	s.				
355 Conc	and Siver	100					e e	tc.)										
City (5)								e Feet	# of	Floors		dg. Ag						
Maywood							10	500	if boir	g demolish		30		-				
County (6)			6	County C	Code (7) ISE ONLY)			45104			,,							
Bergen	ired by Building O	umer (R)		ASCM	No.	Name		ement Cont			-							
Name of Monitoring Firm Hi	nea by Building O	Wilei (0)		7.0000				ntracting		8/15								
Street Address							t Addres				2.55-1198-							
							NATIONAL DESCRIPTION	I Road										
City, State, Zip Code							State, Zi	p Code (, N.J. 074	152									
Project Manager for Monito	ring Firm		1	Telephor	ne No.		-262-5		00156									
Start Date (10)	· F	Scheduled	Com	pletion [Date (11)	Name	of OSF	IA Monitor	4-10	License No.								
2.11.12				2-12					ntai S									
Occupancy Status During A	Abatement (Check	Only One					t Addres	r Street										
Facility Closed/Vacate	ed During Entire P	eriod of Ab	atem	ent			State, Zi							-				
Abatement Performed Other – Describe:	Outside of Norma	al Facility F	iours					ck, NJ 07	606									
Scope of Work (Check All	That Annly)																	
11_4	(Hat Apply)	M Pe	novat	lion			Ful	l Containme	ent with	Negative P	ressur	e						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	moliti				X Mir	ni-Enclosure evebag Proc										
					A SELECTION OF THE SELE		No	n-Exempted	(*) an	d Non-Friab	e Pro	cedur	e					
		ls L	ocatio	on								Abate Ty	ment	t				
Location o	of		rmall			Descriptio					-	1 9	pc					
Asbestos-Containing M	laterial (ACM)	Used Main	Solei		Asbestos C	ontaining nal syster				mount Specify	70		Enc	m				
TO BE ABAT		Custo		Staff?	su	rfacing, V	AT, or			or LF)	Reniova	Repair	aps	Enclosure				
(13)			(12)		othe	er miscella	aneous)				Va.	=	Encapsulate	ure				
		Yes	No	N/A				17 11 11 11			<u> </u>			-				
basemer	ut .			X	_ nu	ne un	sula	nen	46	LF	X							
7,000.01			10000000		11								-					
			The Control		ex Target													
			- 70								1							
Name of Registered Waste	e Hauler			JDEP V		bic Yards				ered Landfill								
Rovic Transport	200 C C C C C C C C C C C C C C C C C C			lauler ID 0785	No. of	Waste	1	IESI PA	A Bet	hlehem La	andfil	Co	p.					
City State					Dis	sposal Da	te	City, Stat										
City, State Riverdale, New Jerse	ey 07457					2.142		Bethlel	nem,	PA 18015				SI				
Completed by		Title				Signatu	re —	11	1	Da								
Name of Registered Waste Rovic Transport City, State Riverdale, New Jerse Completed by R. McDonald		Presi	dent			1\/\	10	Jul		2.	2.12	-						
					7/2	11		/	1									

D&S Proj. #: MS 12-54

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

						1-1		and a resident and the	7.17		1 25		
Date of Notification (1)	Na	me of Bu	uilding Owne	er/Operator (2)	16.	TEN	后后		W. L			•	
$\frac{0}{1}$ $\frac{1}{2}$ $\frac{1}{2}$ Agencies Notified Type Notification		Mary Yo	51550		- Argus		Y			1	1	7	
EPA Initial	Str	eet Addr	ess				1	B - 6	2012	Land			
☐ DEP ☐ Amended	_		land Aven	ue			li te	B 0		1	1		
Amendment #:	Cit	y, State,	Zip Code						articl V.	i	-		
☐ Emergency	-		d Park, NJ				ASE		MTRUL &		ل		
DOH (including justification)	Na	me of Co	ntact			L_		Telepho	ne Numb	er		9	
DCA Cancellation		Barbara	Van Derh	eyden			34	,	and Arthur		red*		
	MI JE LY	gar V	FACI	LITY INFORM	ATION	Applica							
Name of facility where abatement is	s taking plac	e (3)					Туре	of Facility	(4) ool (K - 12	1	H	44	47
MARY YOCHUM								=	hapter 8 (1000 Y	on V	12)	
Street Address		_							r (Private/			-12)	
								Bldgs	s./Homes,	etc.			
14 HIGHLAND AVENUE							Squa	re Feet	# of Floo	ors	BI	dg. Ag	ge
City (5)	Count	y (6)			100000000000000000000000000000000000000	nty Code (7)					_		
HIGHLAND PARK	MID	DLESE	Y		(Stat	te use only)	Curr	ent Use (Prior if bei	ng dem	olish	ed)	
Name of Monitoring Firm Hired by I			<u> </u>	ASCM No.		Name of Abateme	nt Contrac	tor (9)			-		
The state of the s		(-/		7.00		D & S RESTO		20					
Street Address					-	Street Address	CTTO	, 1110.				KATI AMI CI SEL	
Ottoct/Addiess						20 California	Ave.						
City, State, Zip Code					-	City, State, Zip Cod					W.		
						Paterson, NJ	07503						
Project Manager for Monitoring Firm		P	hone Numbe	er	-	Telephone Number			Licens	e Numb	er		
						973-345-802	.0			00159			
Start Date (10)	Sched.	Complet	ion Date (11)		Name of OSHA Mo							
	02/17/	110				D & S Restora	ation, Inc	•					
02/10/12 Occupancy Status During Abatemen	02/17/	7.00				Street Address							
Facility closed/vacated during			ement			20 California A City, State, Zip Coo	-					-	
Abatement performed outside						Oity, State, Zip Oot	.0						
Describe: NORMAL H	OURS		916-0		-11	Paterson, NJ	07503						
Scope of Work (check all that apply					$-\Box$			tainment	w/negativ	e press	ure		_
>3 sf or >3 lf	Renovation						Mini-end		wiiogaar	о ргоос			
						<u> </u>	Gloveba						
≥160 sf or ≥260 lf	Demolition					L	Non-Ex	empted (*) and Nor	n-friable	proc R		
Location of	by mainten		used solely stodial					Amount		е	e	E n	E
asbestos-containing material (acm) to be	staff(12)			Description material (sbestos-containing		(Specify	SF or	m	p a	C	n c
abated in facility (13)	Yes	No	N/A					LF)		V	i	a p	L
DA CELVENT			-	PIPE INSU	ILATI	ON	24	8 L FT		e	H		
BASEMENT		<u>X</u>		FIFE INSC	LATI	ON	27	o D i i			H	H	片
										井	H	H	計
									-	-	H	H	H
		-	-		_				-	ᅢ	H	H	H
Registered Waste Hauler	INIDE	P Hauler	ID# I C	ubic Yards of \	Vaste	Name of Register	ed Landfill						Щ.
D & S RESTORATION, INC.	1350			YDS	,,,,,,,,	TULLYTOWN			ECOVE	RY			
City, State			Disposal D			City, State					Lay.		
PATERSON, NJ 07503			02/13/1			TULLYTOW	N, PA	4			115		
Completed by (Print or Type)	Title			Signature					Date 01/31	1/12			
BOGDAN JOLDZIC	PRESIDE		for ochast-	s licensure ex	omntes	l activities			01/31	1/12			
ACD 44	DO NOT USE	THIS TOTAL	I IUI ASDESIO	a licelibule ex	CHIPTEL	LUCLIVILICO.							

DO.2400

ASR-41

State of NJ

D&S Proj. #: MS 12-51				nt to NJAC			201	oosessii Millionsyss			. ··	2000	4 11					
								F	P	FI	W	E	[2]					
Date of Notification (1)		ame of Buil		r/Operator (2)		Special sections			U	Us- U			A Part of the Control					
Agencies Notified Type Notificati	110	reet Addres 93 PARK	ss AVENU	Е		MINERAL .	ע ען	F	EB	- 6	20	2	الات					
Amendment #:	Ci	ty, State, Z	ip Code			*		AS		os co		. &						
DOL ☐ Emergency		MADISC					L	refrechiser-ex		CENSI	***							
DOH (including justification) DCA Cancellation	Na	me of Con	tact RDOLINC			*muejo,	ودران بریا پیومونونه	enzele zana		Telepi	none,	Numbe		insest.				
			FACIL	ITY INFORM	ATION													
Name of facility where abatement is	taking plac	ce (3)						Ty	/pe o	=	hool	(K - 12)		on V	12)			
SAM ARDOLINO Street Address					-			1	 X			7.	Other the		12)			
									-	Bld	gs./H	omes,	etc.		lg. Ag			
93 PARK AVENUE	Coun	ty (6)			Cour	nty Code (7	7)	.	squar	e Feet	#	of Floo	ors	DIC	ig. Ay	C		
City (5) MADISON		RRIS				e use only			Curre	nt Use	Pric	r if bei	ng dem	olishe	d)			
Name of Monitoring Firm Hired by B				ASCM No.		Name of A	bateme	nt Con	tracto	or (9)								
						D&SI		RAT	ION,	INC								
Street Address						Street Add				The state of								
						20 Cal City, State,	ifornia											
City, State, Zip Code						1 CH - 1			2			(Prior if being demolished) License Number 00159						
Project Manager for Monitoring Firm		I Ph	one Numbe	er .	_	Telephone	on, NJ Numbe		,	License Number								
Project Manager for Monitoring 1 inn			One Hamb				345-802					(00159					
Start Date (10)	ISched	Completio	on Date (11)	-	Name of C				U.								
			•			D & S	Restor	ation,	Inc.							2		
02/16/12 Occupancy Status During Abatemer	02/24				-	20 Cali		Aveni	ne									
Facility closed/vacated during Abatement performed outside	entire perio	d of abate	ment.			City, State	, Zip Co	de										
Other-Describe: NORMAL F	IOURS				_	Paters	on, NJ									_		
Scope of Work (check all that appl ≥ 3 .sf or ≥ 3 If ≥ 160 sf or ≥ 260 If	y) Renovatio Demolition						[[]	☐ Min ☑ Glo	i-enc	losure g proc	edure		e press		edure			
Location of asbestos-containing material (acm) to be	Is location by mainte staff(12)	n normally enance/cus	used solely todial			sbestos-co	ntaining			Amou (Spec		or	R e m	R e p a	E n c a	E n c		
abated in facility (13)	Yes	No	N/A			ON				LF) 7 l ft			v e	i	p	L		
BASEMENT		LX_		PIPE INSU					32		_		-12	H	×	片		
BASEMENT		BAKE HE	ATIN	JIILES			32	-	_		묶	H		H				
			-						-		_		뒴	Ħ	ī	盲		
									-	_			一一	i				
Registered Waste Hauler D & S RESTORATION, INC.	NJDI 135	EP Hauler 506		ubic Yards of yds	Waste	Name of TULL	Registe YTOW	red La N, RE	ndfill	JRCE	RE	COVE	RY					
City, State PATERSON, NJ 07503			Disposal D	ate		City, Sta			1									
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESID	ENT		Signature								Date 01/3	1/12					
ASR-41	xempte	d activities						WE THE	10.44									

20850				FICATION OF A Pursuant to NJA			厉	E G		the book of the same of the sa	77.2720	Steel Steel			
Date of Notification (1)					Name of Build	dina Owner	Operator (2)	<u>E</u>	0 5	11 11/1	居丁	77			
1/30/12					DuPont		IIn			n M	15 11	111			
Agencies Notified (x) EPA () DEP		() Initial No. (x) Amend	otification	eation	Street Address 250 Cheesed		,	FEI	3 - 6	2012					
(x) DOL (x) DOH () DCA		() Cancelle			City, State, Zi Parlin, NJ 08	859	rd Derer		IOS COI ICENSIA umber.	VIROL &					
	No.					£.	Id Delet	101.1	CITIOCI.	Sideranariasi malina		ا ا			
				FACILITY IN	FORMATION			1-			-	1			
Name of Facility Where At Dupont – Teflon Building	and Ladde	r Shack	3)		Type of Facilit () School (K- () Subchapte	12) er 8 (other t					The Proper Associated	-			
Street Address 250 Cheesequake Road					(x) Other (i.e Sq. Feet 40,0			of Floors		C.					
City (5) Parlin	County (6) Middlesex		County ((State U		Bldg. Age: +/- Current Use (- 40 years	g demolished)	Indust	<u>rial</u>						
Name of Monitoring Firm F Criterion Laboratories	lired by Bldg	. Owner (8)	ASCM N	lo.			Name of Co USA Enviro			gement,	Inc.				
Street Address 3370 Progress Drive, Sui	te J	Hiller			Street Address 8436 Enterpri		2		W.						
City, State, Zip Code Bensalem, PA 19020					City State, Zip Code Philadelphia, PA 19153										
Project Manager for Monitor Mike Panepresso	oring Firm	Telephone I (215) 244-1		<u>6</u>	Telephone Nu (215) 365-581			<u>Licens</u> <u>00702</u>		<u>oer</u>					
Scheduled Start Date (10) 2/14/12		Scheduled (2/22/2012	Completion	Date (11)		Name of OSHA Monitor USA Environmental Management, Inc.									
Occupancy Status During (x) Facility Closed/Vacated () Abatement Performed C	d During Enti	ire Period of A	batement		Street Address 8436 Enterpri					2-5					
DescribeMechanical Re	oom is on un	occupied floo	r		City, State, Zip Philadelphia,				ense Number						
Other – Describe Source of Work (Check all	that apply)	· · · · · · · · · · · · · · · · · · ·													
(x) Demolition () Reno (x) Large Proj. (>160 SF o	r >260 LF A						roj. (<25 SF o								
() Full Containment with Location of Asbestos-		ation Normally		Description of			Specify SF or)e	-			
Containing Material (ACM) Facility (13)		by Maint./Cus		thermal system surfacing, VAT	ns insulation,		open, o. o.		ributo	THORIC TYP	_				
	YES	NO	NA	miscell.)	AND THE PERSON OF THE PERSON O	Law salls		The second	Rem.	Rep.	Encap E	nclose			
Ladder Shack			х	Transite Pane	els	500 SF									
Teflon Building			X	Floor Tile		30 SF			Х						
Bldg. 1933 - Exterior										- L					
Name of Reg. Waste Haule Service Transport Group	Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID # 32610						R CO		of Reg. va Land	Landfill fill	Tall.				
City, State New Castle, DE				Disp. Date 2/22/2012			City, State Vaynesb		7.23						
Completed by (Print or Typ Dilip Kumar		Signature	hKura	ν.	<u>Date</u> 1-30-12	2		+ *							

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 02 03 / 12 Verizon Agencies Notified Type Notification Street Address FEB - 6 2012 ☑ EPA 1095 6th Avenue DOLWD . ☐ Amended City, State, Zip Code ASBESTOS CONTROL & **⊠** DHSS Amendment # New York, NY 10036 LICENSING **⊠** DCA ☐ Emergency (including Name of Contact justification) (NJAC 5:23-8) ☐ Cancellation Alex Baylor 1 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Verizon School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 204 West High Street homes, etc.) City (5) Square Feet # of Floors Bldg. Age Bound Brook, NJ 10.000 50+ 2 County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental, Inc. 29717 JVN Restoration Inc Street Address Street Address 1253 North Church Street 47 Foster Road City, State, Zip Code City, State, Zip Code Moorestown, NJ Staten Island NY 10309 Project Manager for Monitoring Firm Telephone No. License No. Telephone No. Harold Balwin 856-840-8800 718-605-6256 00774 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02 / 14 / 12 02 / 20 / 12 **Testor Tech** Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Avenue ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-___AM LIC, NY 11101 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Proce ≥3 sf or ≥3 lf ☐ Renovation ≥160 sf or ≥260 lf ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Repair Remova Encapsulate Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify **Custodial Staff?** surfacing, VAT, or IN Facility SF or LF) (12)other miscellaneous) (13)Yes No N/A X X **Basement MER** VAT/Mastic 205 SF П X **Basement Corridor** П X VAT/MASTIC 254 SF П NJDEP Waste Name of Registered Waste Hauler Cubic Yards of Name of Registered Landfill Hauler ID No. Waste **Express Waste Services LLC** Minerva Enterprises Inc NJ-804

Name of Registered Waste Hauler
Express Waste Services LLC

City, State
Newark,NJ

Completed By (Print or Type)
John Tardy

Name of Registered Landfill
Waste
Toubic Yards of
Wa

ASB-41 MAY 11

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

State of New Jersey NOTIFICATION OF ASBESTOS ABATEME (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) FEB. 3, 2011 FEB Agency Notified MEPA 950 KING City, State, Zip Code Initial 🙀 DEP DOL Amended Amendment # FORDE Emergency (including **DOH** justification) O DCA Telephone Number ☐ Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TERMINAL CO.INC ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) 950 Other (i.e. private & commercial buildings, homes, etc.) City (5) Square Feet # of Floors Bldg. Age 5000 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner ONLY) OFFICE/WAREHOUSE ASCM No. Name of Abatement Contractor (9) ENVIRONMENTAL TACKES, UNIPRO, INC. Street Address City, State, Zip Code 173 KARKUS AVE MATAWAN NJ
Project Manager for Monitoring Firm WOODBRIDGE. Telephone No. THOMAS P. GEIGER 732-726-3111 Scheduled Completion Date (11) Start Date (10) Name of OSHA Monitor Occupancy Status During Abatement (Check only one) ENVIRON TACTICS. IN C. Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 64 BROAD ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ☐ Other - Describe: MATANAN Scope of Work (Check all that apply) Full Containment with Negative Pressure □ ≥ 3 sf or ≥ 3 if Renovation Demolition ☐ Mini-Enclosure 2 160 sf or ≥ 260 If CGlovebag Procedure O Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Location of Type Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount Custodial (i.e., thermal systems insulation, Encapsulate IN Facility Removal (Specify Repair Staff? surfacing, VAT, or SF or LF) (12)other miscellaneous) OFFICE/WAREHOUSE RLAC No N/A BOILER ROOM. THERMAL PIPE INS. 260 L.F. x THERMAL EXTERIOR BOILER INS. Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill ID No. Waste ARTING INC

NEWARK CARTING, INC. 4509

City, State

MEWARK, NJ.

Completed by

Disposal Date

2-20.12 MORRISVILLE PA:

Signature

Date

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

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

Check #6194

Date of Notification (Owner / Opera	itor (2)	AND	f. a garanamente	trolis :	- "	g was				
Agencies Notified	Type Notification		TD B	Address		property	-		-		wag.				
EPA DEP	Type Notification			uth Laurel S	Street		GE				THE CO.				
DOL			City, S	State & Zip C	ode	I II III	FEB -	c 2012 ·	111	11	100				
⊠рон	Amended Amendment #		Bridg	eton, NJ 0	8302	1 / 1	1 L.U	0 2012		1	17				
DCA	Cancellation		Name	of Contact		i	ASBESTOS C LICENS	ONTROL 0	lephor	ne Nu	imbe	er			
			FA	CILITY IN	FORMATIO	Ы	· · · · · · · · · · · · · · · · · · ·	11111		J -	1				
Name of Facility Who	ere Abatement is Taking	Place (3)				Facility (4) nool (K-12)	- 10 - 4 <u>0</u>	t investi			4				
Street Address					☐ Sub	ochapter 8 (Other th	nan K-12)								
53 South Laurel Str	eet				-	ner (i.e., private 8					tc.)				
Cib. (5)					Square F		Floors 3	Bld	g. Age						
City (5) Bridgeton					Current I	0,000 Use (Prior if being of g Facility)		50					
County (6) Cumberland		County Cod USE ONLY													
Name of Monitoring f EFI Global	Firm Hired by Building Ov	wner (8)		ASCM No	. Name of Synatec	Abatement Contra	ctor (9)								
Street Address	not Sto A21E				Street Ad										
187 Ballardvale Stre City, State & Zip Cod					829 Rad City, Sta	te & Zip Code									
Wilmington, MA 01	887				Little Eg	g Harbor, NJ 080					10				
Project Manager for I Sean Cassidy	Monitoring Firm	1000	lephone 8-688-37		Telephor 609-296-	ne Number 6916		License Num	ber 0081	7					
Scheduled Start Date February 13		d Complet		11)		OSHA Monitor									
	uring Abatement (Check ed/Vacated During Entire	only one)			Street Ad 829 Rad	ddress									
	Performed Outside of No	rmal Hour	5			te & Zip Code									
Other – Des Facility Occ	cribe: upled During Abatement				Little Eg	g Harbor, NJ 080	87		W						
Scope of Work (Chec	ck all that apply)					Full Containm	ent with No	aativa Pross	uro						
≥10 LF or ≥ 25≥160 sf or ≥26			Renovati Demolitio			Mini-Enclosur Glovebag Pro	е	3944V 1 1633	uic						
					*	☐ Non-Exempte	ed(*) and N	on-Friable Pro	_						
Asbestos-Conta	cation of ining Material (ACM) E ABATED	Solely b	on Norma y Mainter dial Staff	nance or	Asbesto	cription of os-Containing rial (ACM)		unt (Specify F or LF)	Aba	atem	ent T	Гуре			
	Facility (13)				insulation,	rmal systems surfacing, VAT niscellaneous)			Ren	Re	Encapsulate	Encl			
		Yes	No	N/A					Removal	Repair	sulate	Enclosure			
Basement, 1 st and 2	nd Floors			х	Pipe Fitt	ing Insulation	1	100 LF	X			1			
HVAC Room 1 and F	Room 003			х	Asbestos-	containing Dust		≤3 SF	X						
Name of Registered \	Waste Hauler	NJDEP V	Vaste	Cubic Yard	is of Waste	Name of Reg	istered Lan	dfill				_			
Simptoch In-		Hauler II		15											
Synatech, Inc. City, State	1111/750	21	429	15 Disposal D	ate	City, State	riil								
Little Egg Harbor, N. Completed By	J 08087			March 5, 2	012	Morrisville, F					- 10:00				
Diane Aloia		ve Adminis	strator	Signature	alon		Date	2 2012							

Date of Notification (1)

Former Wakefern Site

Street Address

700 York St.

Elizabeth, NJ

City (5)

Union

County (6)

Agencies Notified

_ EPA

DOL

DOH DCA

DEP

02/03/2012

Initial

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMEN (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Greek Development Type Notification Street Address 33 Cotters Lane Amended City, State, Zip Code ASBESTOS CONTROL & Amendment # East Brunswick, NJ 08816 Emergency (including justification) LICENSING Name of Contact Telephone Number Cancellation Matthew F. Schlindwein FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age 100,000 SF 60+ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Open Space Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8) J & S Environmental Services N/A DIA General Construction, Inc.

2333 Rt 22 West					Street Address 1360 Clifton, Avenue, PMB Suite 218								
City, State, Zip Code Union NJ 07803					City, State, Zip C	ode	D Outle				1	=	
Project Manager for Monitoring Firm Sherry Gelsomino			elephone 08 206		Telephone No. 973-389-008	89		nse No.				2000	
Start Date (10) 02/20/2012	Scheduled 0 03/02/20		letion Da	ate (11)	Name of OSHA N DIA General	Monitor Construction	n, Inc.					7.2	
Occupency Status During Abatemer Facility Closed/Vacated During E Abatement Performed Outside of Other - Describe:	ntire Period of Normal Facili	Abat	tement		Street Address 1360 Clifton, City, State, Zip C Clifton, NJ 0		IB Suite	e 218					
Scope of Work (Check all that apply >3 sf or >3 if >160 sf or >260 if	□R	enova)emo	ation olition		Full Containment with Negative Pressure Mini-Enclosure Govebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Locat ormal d Sole ntena ustodi staff? (12)	lly ely by ince/ ial		Description of tos Containing Mate , thermal systems in surfacing, VAT, other miscellaneo		Repair Repair		Enclosure					
Exterior	Yes	No	N/A X	Transit	e contaminated o	e contaminated debris 400 Tons					ate	e	
Name of Registered Waste Hauler	11	NJDEP \	Waste	Cubic Yards	Name of Regis	stered La	ndfill						
Horwith Truck, Inc. City, State Northampton, PA	No.	of Waste 700 CY Disposal Date 03/02/2012	Minerva La City, State Waynesbur		4688								
Completed By Krutarth Jagad	Signature)	Date 02/03/	2012								

State of New Jersey APPROVED 'CINDY MITCHELL, NJ DOH NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to N.J.A.C. 8:60 and 12:120) Cl # 2219 Date of Notification (1) Name of Building Owner / Operator 1/31/12 Trenton Board of Education Agencies Notified Type Notification Street Address EPA 1490 Prospect Street П DEP Initial City, State & Zip Code FEB - 6 2012 X DOL Amended Trenton, NJ 08638 \boxtimes DOH \boxtimes Emergency Name of Contact Telephone Number DCA Cancellation Mr. Everett O. Collins ASBESTOS CONTROL LICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4)

☑ School (K-12) NON SUB-CHAPTER 8 Trenton Central HS Street Address Subchapter 8 (Other than K-12) 1001 West State Street Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Blda, Age City (5) County (6) County Code (7) 70.000 60+ Trenton Current Use (Prior if being demolished) Mercer School Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** Bristol Environmental, Inc. Street Address Street Address 120 North Warren Street 1123 Beaver Street City, State & Zip Code City, State & Zip Code Trenton, NJ 08010 Bristol, PA 19007 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number Ryan Broadwater 609-392-4200 (215)788-6040 00509 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1/31/12 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 X City, State & Zip Code Describe: 4:00 PM to 1:30AM Bristol, PA 19007 Facility Occupied During Abatement Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation Mini-Enclosure M ≥160 sf ≥260 lf Demolition Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Abatement Type Is Location Description of Amount Asbestos-Containing Normally Used (Specify Asbestos-Containing Material (ACM) Solely by SF or LF) Material (ACM) Encapsulate Enclsoure Remova Maintenance or TO BE ABATED (i.e., thermal systems Custodial Staff? insulation, surfacing, VAT in Facility (13)(12)or other miscellaneous) Yes No N/A Boiler П **Boiler Insulation** 6 SF Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste **Bristol Environmental Inc** 18706 1 Cu Yd **GROWS Landfill** City, State Disposal Date City, State 2/1/12 Bristol, PA Morrisville, PA Completed By (Print or Type) Date Title

Project

Manager

1/31/12

Gino Pizzigoni

State of New Jersey APPROVED: CIND! PILICITED NOT NOTIFICATION OF ASBESTOS ABATEMENT

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

		(P	ursu	an	t t	0 <u>N</u>	.J.A.	C. 8:60 and	12:1	20)	Co	# .	22	20							
Date of Notification	(1)			Nar	ne	of Bu	ilding	Owner / Operato	or (2)		2003-0-1		- '	1.50	er subseque						
	1/31/12			Tre	ento	on B	oard	of Education		provide 100	0 5		194.2								
Agencies Notified	Type Notifica	ation		Stre	eet	Addr	ess			11191 13	6 21	W	F	19							
☐ EPA				149	00 E	ros	pect	Street				U		111	1						
☐ DEP							& Zip (1100		1118.11	11	111							
□ DOL	Amei	nded		Tre	ento	on, N	NJ 080	638			FFR - C	2012	1000	111							
□ DOH		rgency		Nar	ne	of Co	ontact		1	1 27 11	1 L 0 T	ense Number 109 with Negative Pressure 1									
□ DCA	☐ Cano	ellation		Mr.	E	ere	tt O. C	Collins	1100		all her said the said	EB CONTROL & LICENSING 2) al buildings, homes, etc.) Bldg. Age 60+ cedures d and Non-Friable Procedumount Specify or LF) 5 LF									
				F	ΔC	II IT	YINE	ORMATION	1	1	SBESTUS CON	ROL &									
Name of Facility W	here Abateme	ent is Taking P	lace (ILII	1 1141	Type of Faci	lity (4)	L	LICENSIN	3			7.1						
Hedgepath-Willia		J		-/				School (- Ted 21 of Philadelphia Managaria	a. Anthrop	NC Planner		9						
Street Address						"	K.			Other than K	-12)	the state of	- Constitute								
301 Gladstone A	venue												nes, e	etc.)	*Q., , , , , , , , ,						
								Square Feet		# of Floors											
City (5)		County (6)	Co	ount	v C	ode	(7)	70,000		3											
Trenton		Mercer			, -		. /			if being demo	lished)		-								
Hemon		INICICOI						School	(bomig domic											
Name of Monitoring	Firm Hirad b	y Building Own	or (8	1		IASC	CM No		otemer	nt Contractor ((0)			_							
Environmental C		y Building Owi	161 (0	,		ASC	JIVI IVO			nental, Inc.	.5)										
Street Address	onnection							Street Addre		ileittai, ilic.	**										
120 North Warre	n Street							1123 Beave		eet											
City, State & Zip Co						_		City, State & Zip Code													
Trenton, NJ 0801								Bristol, PA 19007													
Project Manager for	Tele	pho	ne l	Numl	ber																
Ryan Broadwate			609																		
Scheduled Start Da		Scheduled Cor	npleti	on [Date	(11)	Name of OS		nitor	License Number 00509										
1/31/12				/12		•	•	Bristol Env	/ironn	nental Inc.											
Occupancy Status I		ment (Check or	nlv or	e)				Street Addre	ss	81 8 5 1	The state of										
		During Entire P			ba	teme	ent	1123 Beave	er Str	eet											
	Performed O	utside of Norm	al Ho	urs	-7	am t	o 3pm	City, State &	Zip Co	ode											
	4:00 PM to							Bristol, PA													
	upied During																				
Scope of Work (Che												Latte									
										Full Contain	ment with Ne	gative	Pres	sure							
≥3 sf or ≥3 l	f		\boxtimes	R	end	vatio	on			Mini-Enclosu	ıre										
☐ ≥160 sf ≥26	0 If			D	em	olitio	n		$\overline{\boxtimes}$	Glove Bag P	rocedures										
										Non-Exempt	ed and Non-	Friable	e Pro	cedu	re						
Lo	ocation of		Is	Loc	atio	n		Descriptio	n of		Amount	Ab	atem	ent T	уре						
	tos-Containin	g	Nor	mall	y U	sed		Asbestos-Cor	ntaining		(Specify		Т								
Mat	erial (ACM)			Solel				Material (A			SF or LF)	z		Ē	ш						
	BE ABATED		Mair					(i.e., thermal s				em	<u>R</u>	cap	l Cis						
i i	n Facility		Cust			taff?		insulation, surfa				l ox	air	Sul	Enclsoure						
	(13)		Yes	(12 N		N/A		or other miscel	ianeou	15)		1 2		ate	9						
			10.000	IN	-	INA		5	4.		51F										
Boiler Room			X	Ļ	4	무		Pipe Insul	ation		5 LF	12	H	무	H						
				Ļ	4	H						+H	H	H	H						
	Н	1-	4	무			-			廾廾	H	H	H								
				L	4	님						ᆛ片	H	H	H						
		L	1	Ц						井井	님	님	님								
				ļĻ		Ш			1				Ш	Ш	Ш						
Name of Registered	i Waste Haul	er						Cubic Yards	Nam	e of Registere	ed Landfill										
Bristol Environmental Inc						06	D No.	of Waste 1/2 Cu Yd	- I Provide the	OWS Landfi	II										
City, State Bristol, PA								Disposal Date 2/1/12		State risville, PA											
Completed By (Prin	t or Type)			-	Title)		Signature	^			Date									
	1200			1	Pro	ject		ll. u	0	vame 1	10	1/31	/12		1						
Gino Pizzigoni							er	Juno 1	Mys	reason 1	-11										

									f-ran-		CK #	2	1.8	·		
Date of Notification	(1) 1/31/12							Owner / Operator	r (2)) E C	9 15 11 1	1/1 12	F	O'CHINE		
Agencies Notified	Type Notific	cation		Stree	t Ac	ddre	ss	Street				》也		A ASS		
☐ DEP		al		City,					IU L	J FFE	3 - 6 20	110	11 1.		1	
☑ DOL		ended		Tren		-		38		1	0 20		1		1	
☐ DOH ☐ DCA		ergency cellation		Name Mr. E				ollins		ASBEST	OS CONTROL	ITé	elepho	ine N	lumb	er
				FA	CIL	ITY	INF	ORMATION	Making		CENSING	Ot -			(9)	
Name of Facility WI		nent is Taking P	lace (Type of Facil			delitionismo. au	Alatan.	rate.	荔		
Trenton Central Street Address	HS West							School (W 45	R8			,	
1001 West State	Street									(Other tha	nmercial bu	ıildinas	hon	nes.	etc.)	
Too I West State	Olloot							Square Feet		# of Floo			lg. Ag		210.7	
City (5)		County (6)	Co	unty	Coc	le (7)	70,000)		3			60+		
Trenton		Mercer						Current Use	(Prior	if being d	emolished)				H	
								School								
Name of Monitoring Environmental C			ner (8))	A	SCN	И No.	Name of Aba Bristol Env								
Street Address	Officotion			**	1			Street Address		nontai, ii	110.					
	0 North Warren Street y, State & Zip Code							1123 Beave								
City, State & Zip Co								City, State &								
Trenton, NJ 0801 Project Manager for		Firm	Tele	phone	Ni	ımhe	ar	Bristol, PA Telephone No			Licer	nse Nu	mher		-	
Brian Holbig	Wormoning			392~			,,	(215)788-60			0050		IIIDCI			
Scheduled Start Da	2762 (NO. 1 C. 157)	Scheduled Cor	npleti	on Da	te (11)		Name of OSH								
1/31/12			2/3					Bristol Env		nental In	ıc.					
Occupancy Status I		ement (Check o During Entire P			ate	men		Street Addres		oot						
		Outside of Norm						City, State &	2000000					(7		-2-07
Describe:	4:00 PM to							Bristol, PA								
Scope of Work (Che									_							
				Por	2014	ation			H	Full Con Mini-End	ntainment w	ith Ne	gative	Pres	ssure	ř.
≥3 \$1 01 ≥3 1 ≥160 sf ≥26			A	Der					H		ag Procedi	ıres				
△ 2100 01 =20				00.					\boxtimes		empted and		riable	e Pro	cedu	re
	ocation of			Locat				Description			Amou		Ab	atem	ent T	ype
	tos-Containii erial (ACM)	ng		nally l		d		Asbestos-Con Material (A		g	(Spec				т	
	BE ABATED			tenan		or		(i.e., thermal sy		is	0. 0.	_, ,	Reg	R	nca	100
ir	n Facility		Cust	odial	Sta	ff?		nsulation, surfac					Removal	Repair	Encapsulate	ncisoure
	(13)		Yes	(12) No	N	/A		or other miscella	aneou	15)			=		ate	a
RM A-20				\boxtimes	T	1	N	lailcrete Stabi	ilizat	ion	384 9	SF		Ø		
RM A-24				\boxtimes	Ī			lailcrete Stabi	ilizat	ion	960 8	SF				
]										L
			H	H	Ļ	4	<u> </u>						ዙ	H	H	_
			H	H	+	++							ㅐ	H	H	F
Name of Registered	Waste Hau	ler		NJ	DE	PW	aste	Cubic Yards	Nam	ne of Regi	stered Lan	dfill	1-1-			_
DD10701 5111/1D						r ID	20	of Waste	00	OING NIG	DTILLAN	DEII 1				
BRISTOL ENVIRO	ONMENIA	L, INC.		18	700	5		8 cu yd		Table 1	RTH LAN	IDFILL	-			
City, State BRISTOL, PA								Disposal Date 2/3/12		State RRISVIL	LE, PA					
Completed By (Print	t or Type)			Tit	le			Signature	,				Date		ia ir	
Gino Pizzigon					oje			Gins fr	,	1 To 2	1.8	2	1/31	/12		
ACMET STREET	Carry Hills			Ma	ana	ger	11/1	Uno Tr	The	gon	17					
GI 12022								6	10							

Data of Matification (4)					(B 1111	- 10	1		J [L]	11 11/	5 /	1		
Date of Notification (1)	-1 -				of Building				- 41	1001	-//	111	100	
Agencies Notified	Z/1Z Type Notification			154	JAFL	& h	ETH	00151	CH	الاحرم	111	Щ		
	200	٠,		Street	Address	- 0	1:3-	TOP A	15	5 2012	1/4	///	1	
□ EPA □ DEP	Initial D			City S	late, Zip Co	nda C	-0-7				- Contract	1	1. 1	
DOL DOL	☐ Amended Amendmen	1 #					ALT	- o 4885	PS CO	UTDOL &	1	1	1.	
	☐ Emergency				of Contact		14 27	. 5 167				4	-	
DOH .	justification)							- Adamston . die	-le	ephone Nu	mber		4	
□ DCA	☐ Cancellation	1			1. HO									
Al				FAC	ILITY INF	ORMATIC			100				I	
Name of Facility Where A								Type of Facility	232		Auto	**** Mi	٠.	
	Et400137	CHOR	SCA	*				School (K-						
Street Address '			E. C.					□ -Subchapte	r 8 (Oth	er than K-1	2)			
34 WEST C	cipron.	SUA						Other (i.e. etc.)	private	& commerc	al buil	dings	, hom	ies,
City (5)		-	-					Square Feet	1#0	f Floors	1.6	ildg. /	lae	-
TENATLY								8000		2		100000000000000000000000000000000000000	35	
County (6)	·			County	Code (7)		-	Current Use (Pr	ior if hei	and the second second	(hed	- /	<u></u>	
BERGEN					USE ONLY	<u> </u>	_				iicu)			
0-:	2	O (0)		1 400	MANIE				neu					
Name of Monitoring Firm)	ASC	M No.			f Abatement Co	400	•				
OHEGA ENVIV	ONLENTA	<u> </u>						Remova	1 In	c				
Street Address							Street A							
280. HUY 1082	ST						450	South	Rive	r St				
City, State, Zip Code							City, Sta	te, Zip Code			, A	5.570		
S. HACKENSACK	FO . Th .	606		33	in hi		Hac	kensack	.N.	J. 0	760	1		
Project Manager for Monit	toring Firm		T	Telepho	ne No.		Telepho	ne No.	-/	License N				
Gan lizua	a.						201-	329-744	4	003	88			
Start Date (10)		Schedul	ed Cor	noletion	Date (11)		Name of	OSHA Monitor		76.				-
2/13/1	,				112			a Envir		ntal	Ser	vic	es	
Occupancy Status During		* Only O		1	1.0		Street A			·				
					13.			Huyler	St					
☐ Facility Closed/Vaca Abatement Performe	ted During Entire I	Period of	Abaten	nent	*				טנ	-				
☐ Other - Describe:	d Outside of 140ff	nai radiit	y mount	•				te, Zip Code						
Carra of Made (Charle All	T					$=\bot$	Sout	h Hacker	nsac	k , N .	J. (0/6	06	
Scope of Work (Check All	rnat Apply)							**	- 4					
전 ≥3 sf or ≥3 lf			Renova					Full Containm		Negative F	ressu	re		- 6
. □ ≥160 sf or ≥260 lf		. 🗆 (Demolif	oon .				Mini-Enclosur Glovebag Pro	70					
								Non-Exempte		Non-Friab	le Pro	cedur	е	1.79
		le	Locat	ion								Abate	ement	t
Location	of		Vormal			Door	ription o					Ty	pe	
Asbestos-Containing I	The state of the same of the state of the st		d Sole		Asbest			terial (ACM)	A	mount			m	
TO BE ABA	TED `		intena todial S			thermal s	ystems i	nsulation,		pecify	R	20	Encapsulate	9
In Facilit	y	Cus	(12)	Juli			ng, VAT,	227.234.2	SF	or LF)	Remova	Repair	squ	Enclosure
(13)			` .			outer mi	scellane	ous)			Val	=	ula	1 2
		Yes	No:	N/A									0	
BASEMEN	-				THERM	عل الما ع	JATI	èN.		245	×			
CHURCH SAN	TILAKA							NOTALUZA:			•			
COLO CON STATE	10 (Blos.)			-	HOLMA	A SOR	esect or c	- 120 00 tota		SF				
	,													
Name of Registered Waste	Hauler		10000	JDEP W	0.000	Cubic Y		Name of	Registe	red Landfill				
GLOGAL WI	ACTE SER	LICES		lauler ID		of Wast	11/20	LY MINER	LVA	ENTER	Pass	-	11	e
City, State				221	(1	Disposa		City, Stat			١١٥٨	xc 3	, –	
		0.7	840	0							011			
HA CLETTSTOU	CH. M.		040				14/12	- water	<u>es g</u>	org.	UH			
		Title	ima	tor		Sig	nature	Poioson	~	Da		1:	_	
J. MAION	OUAN	امت	Tillq	COL			10	مامامره		12	2/2	11	2	
							1 -							
ASB-41 (R-06-08)							Do not i	ise this form for	ashest	s licensure	evem	ntod :	activit	ies

10874

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

FEB - 6 2012

						0.00 0110 12	120)	1	(LOIL	11		1
Date of Notification (1)				Na	me of Build	ding Owner/Opera	tor (2)	-1			+		-
Agency Notified	Type Notification			5	+ P	hilip	the 1	Ap	O ASTES DECO	NCROLYA	do	(-
	Type Notification			Str	eet Addres	55	A . L		LICENZ	NG			1
□ EPA □ DEP	Anitial Amended			-	48		dle	Kin	com 2	4		-	,
a Dor	Amended Amendment #			City	, State, Zi	p Code	Whiteham.				The same of the same of		
□ DOH	☐ Emergency (inc	luding		1	ad	dleB	00	(1	07	166	3)	Th
DDCA	justification) Cancellation					e Parl			Telephone Nu	ımber			
			- 1				< 25	a's					7
Name of Facility Where A	hatement is Tables	Discount	101	FA	CILITY IN	FORMATION		17/	100000000000000000000000000000000000000				-
<+ P1 -1	batement is taking	Alace	(3)	۱ د	-	1 1	Type of	f Facility	(4)				
St Phil	city to	H	800	1 TE	とうく	thoo!	Scho	ool (K-12	2)				
497 < 1	101 0.		0				☐ Subo	chapter !	8 (Other than K-1	2)			
492 50	rate 12 in	2	Kd	1) Othe	r (i.e. pr es, etc.)	rivate & commerc	ial building	s,		
City (5)	0 (Square		# of Floors	Bldg. A	an		_
DAGA!	c Brook		M.	Z						Jug. 7	·gc		
County (6)				Cour	nty Code (7) (STATE USE	Current	Use (Pr	rior if being demo	lished)			
100	1 GEN			ONL	Y)			5-1	-00/	lisried)			
Name of Monitoring Firm (8)	lired by Building Ow	ner	ASC	M No.		Name of Abater	ment Contr	ractor (9	001				
_ C ~ C ~ C	Visia		0	00	75	FG	016	4.3	+ Som				
Street Address		01				Street Address	111)	X 2 °	t 200	m	2		- 11
20-21 W	alasan	14				513 E	32.	10	<+				
City, State, Zip Code	h					City, State, Zip	Code	301					
Fain lau	m NJ					Paters		N	7				
Project Manager for Monito	ALTERNATION OF COOKING		Telepho	one No		Telephone No		VI COLUMN	Liennes No			-	
thed lan	som	(773	. 6	36.914	973-349	5, 27	227	# 00	0 2	1		5
Start Date (10)	Scheduled (CHO!! D	are (11)	Name of OSHA	Monitor			02	1		_
2-10-12	2-1	3-	13	_				<	SAmo				
Occupancy Status During A	batement (Check or	nly one	2)			Street Address			-, -				-
Facility Closed/Vacated I	During Entire Period	of Aba	atemen										
☐ Abatement Performed Or ☐ Other – Describe:	utside of Normal Fac	ility Ho	ours			City, State, Zip C	Code						-
									100				
Scope of Work (Check all the	nat apply)				-						-		-
2 ≥ 3 sf or ≥ 3 lf				■ Rer	novation	☐ Full C	Containme: Enclosure	nt with f	Negative Pressur	е			
☐ ≥ 160 sf or ≥ 260 lf				□ Der	nolition	■ Glove	ebag Proce	edure					
					T	□ Non-E	Exempted	(*) and	Non-Friable Proc				
		0.000	S Locati Normal								Abate	emei pe	nt
Location of Asbestos-Containing M			ed Sole			Description o	of				T .,		
TO BE ABAT			intenar Custodi		Asbes	tos Containing Ma thermal systems	insulation	M)	Amount	_		5	m
IN Facility			Staff?		(surfacing, VAT,	or		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)			other miscellane	ous)			ova	air	sula	Sur
	MENUNCTURE I	Yes	No	N/A								te	
Ause Room R.	m# 113		×		D : 0	0 : 00 1	1.		2 ~		_		_
Hallweg	117		V		FCIC	o insul	atic	> -	30 LF	×			_
1111111			^						-				
Name of Registered Waste H	lauler	NU	DEP W	acto Li	aulo-	Cubic V							
0 1 1	1	ID I		asie n	STATE OF THE PARTY	Cubic Yards of Waste	Name of	Registe	red Landfill				
casten W	aste						TRI	5	1 0.0	0 11			
City, State	. 10	_				Disposal Date	City, State		5 And	4.1	1		1
Freehal	CU B						~ 7	4 1i	· tr	0	A		
Completed by	Title					Signature	6)	711	rawy	Date	. 1	-	-
trank Gns	XS AC	2				1/	3	1		1/30	11	2	
SB-41	* Do not u		s form	for ach	estos licar	6		1		110	1	-	

MU 456038900

Date of Notification (1) 2 / 3 /	12					Owner/Operator	E drine	SERE	n n			1
						T HAVESTIMINET	II GROOT)ECE		/ F		1
Agencies Notified	cation				Address	STREET, SUIT	E 206	3	*****		11	
☑ DOLWD ☑ Amend	ed				State, Zip C		1	# FEB - 6	201	12	111	111
☐ DHSS Amend						DALE, FL 33316	1 -	1 - 0	20.	12	- Strange	4
☑ DCA		cluding)		of Contact			Telephone Numb	er		-	+
Cancel				MR	WOOD		· L				and	
				FA	CILITY IN	FORMATION		Continued and the second second of a second	-	-	- Marine	1
Name of Facility Where Abatement is	Taking	Place	(3)				Type of Facility	(4)				
VACAMT BUILDING							School (K-1			-	4.0	46.4
Street Address 109 SOUTH LINCOLN PLACE								8 (Other than K-12) private and commerce)		ilding	js,	
City (5)				****			Square Feet	# of Floors	BI	dg. A	ge	
ATLANTIC CITY, NEW JERSE	Υ						3000	3		50		
County (6)				Cour	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being demolis	hed)			
ATLANTIC COUNTY							VACANT					
Name of Monitoring Firm Hired by Bu	ilding O	wner ((8)	ASCM	No.	Name of Abatem	manager of the state of the sta		No.			110
							RUCTION LLC					
Street Address						Street Address 6012 BROAD	WAY					
City, State, Zip Code			St.		City, State, Zip C	ode YORK NJ 070	93					
Project Manager for Monitoring Firm			Tele	ephone	No.	Telephone No.		License No.		-	-	-
						201-293-2368	3	01160				
Start Date (10)	Schedu	uled C	omple	etion Da	te (11)	Name of OSHA N	Monitor					
2 / 17 / 12	3	/	_ 9	/ _	12_	HILLMAMM	CONSULTING,	LLC				
Occupancy Status During Abatement	(Check	only o	ne)			Street Address						
☐ Facility Closed/Vacated During Er						1600 ROUTE	22 EAST, SUI	TE 107				
Abatement Performed Outside of Time of Abatement:AM						City, State, Zip C UNION, NJ 0						
Scope of Work (Check all that apply)								22. 11228				
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		□ Re 図 De					g Procedure	gative Pressure on-Friable Procedur	e			
		Is	Loca	tion					1	atem	ent T	ype
Location of Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility (13)	M)	Use Ma	inten	ely by ance/ Staff?	Asbe:	Description of stos Containing Ma ., thermal systems surfacing, VAT other miscelland	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(10)		Yes	No	N/A		outer missenant	,out,				Ö	
AREA 1					FLOUR	TILE/MASTIC		275 SF	×			
AREA 2				\boxtimes	BASEM	IENT		200 LF				
BASEMENT				\boxtimes	ROOF F	LASTING		75 SF				
VANCE STOLEN												
Name of Registered Waste Hauler		N. P.	11 12 2	NJDEP!		Cubic Yards of	The state of the s	stered Landfill				
TRANSFORMATION			1	18952		Waste 20	ATLANTIC	COUNTY UTILI	TIES			
City, State EGG HARBOR NJ 08215						Disposal Date	City, State	TVILLE NJ 0823	2			
Completed By (Print or Type)	Title					Signature	1 () <	Da			1	
LETICIA TORRES	LT					Signature	Julio	F 0	2	02	11:	2

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7) GAC Project # 251-12-01 Name of Building Owner/Operator (2) Date of Notification (1) KEAN UNIVERSITY February 1, 2012 Agencies Notified Notification Type Street Address ■Initial Notification **ENVIRONMENTAL SAFETY & HEALTH DEPA** ☐ Amended Certification 1000 MORRIS AVENUE ☐ DCA ☑Emergency (including) City, State, Zip Code FEB = 6 2012 X DOL justification attached) UNION, NJ 07083 ■ DEP- No Longer REQUIRED Name of Contact □ Cancelled L Telephone Number X DOH MR. ADAM VARAVA PROJECT ENGINEER LICENSING FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) TECHNOLOGY BLDG. School (K-12) ☐Subchapter 8 (other than K-12) Street Address M Other (i.e. private & commercial buildings, homes, etc.) MAIN CAMPUS - 1000 MORRIS AVENUE Sq. Feet: N/A # of Floors: 1 Bldg. Age: 40+ years County (6) City (5) County Code (7) UNION UNION (State Use Only) Current Use (prior if being demolished): ACADEMIC Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Contractor (9) 00003 GREENWOOD ABATEMENT CONSULTANTS, INC. Street Address Street Address 1253 NORTH CHURCH STREET 268 MAIN STREET City, State, Zip Code City State, ZipCode MOORESTOWN, NJ 008057 BUTLER, NJ 07405 Project Manager for Monitoring Firm Telephone Number Telephone Number License Number JIM GUILARDI 856-840-8800 973-492-0477 00840 Fax 856-840-8815 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 02/01/12 02/02/12 ENVIROVISION, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD X Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code Describe Other - Describe: 3:00 PM - 5:00 AM FAIRLAWN, NJ Source of Work (Check all that apply) ☐ Full Containment with Negative Pressure \boxtimes > 3 sf or > 3 lf ■ Renovation Mini-Enclosure □ > 160 sf or > 260 lf ☐ Glovebag Procedure Demolition ■ Non-Exempted (*) and Non-Friable Procedure Location of Asbestos-Containing Is Location Normally Used Description of Asbestos Containing Material Amount Abatement Type Material (ACM) in Facility (13) Solely by Maint./Custodial (ACM) (i.e. thermal systems insulation, surfacing, (Specify SF Remove Repair Encap Enclose Staff? (12) VAT, or other miscell.) or LF) YES NO **ROOM 122-A** X **FLOOR TILE** <100 SF X Name of Reg. Waste Hauler NJDEP Waste Hauler ID # Name of Registered Landfill Cubic Yards of Waste: See Hauler Below #1 & 2 See Below 5 CY IESI - Bethlehem, PA G.R.O.W.S. Landfill Morrisville, PA Notes: Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Disposal Date City, State 100 New Ford Mill Rd. 02/02/12 N.IDEP # 12561 Morrisville, Pa 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP# 4509 Completed by (Print or Type) Signature RAYMOND C. PEDALINO SENIOR PROJECT February 1, 2012 MANAGER

State of New Jersey - Notification of Asbestos Abatement

TED. 1. LU Z 11. VTAN

	S	tate of No			ation of Asbestos Aba	tement	NO De	pthol Hea	PROVE Ith & Se		Service
a. a			(Pursu	ant to N.J.A.C.	8:60-7 and 12:120-7)		Pa	ul C	2 H/2		
GAC Project # 251-12-01 Date of Notification (1)		-			Name of Building Owner/Oper	ator (2)	-	7-16	ignature)	.1	10
	ry 1, 20	12		-	KEAN UNIVERSITY		Date:	かけし	A TIT	ne: II	:151
Agencies Notified DEPA DI DCA DOL DEP- No Longer REQUIF DOH		Notification Unitial N UAmende	otificati d Certifi ency (in ation a	fication noluding Mached)	Name of Contact MR. ADAM VARAVA PROJECT ENGINEER	FEB -	6 2	012	er		
At a FFWalland Shalon	and in Tak	ma Dinas (3)		FACILITY INF	Ivpe of Facility (6)					-	\dashv
Name of Facility Where Abales TECHNOLOGY BLDG	nem is law	ing Place (3)			O School (K-12) OSubchapter 8 (other than K-12)		en e by a sind en				
Street Address MAIN CAMPUS - 1000					XI Other (i.e. private & commer Sq. Feet; N/A # of F	cial building loors: 1	s, hom Bldg, /	103, etc.) <u>Age:</u> 40	+ year:	s	
City (5) UNION	County (6)	ION		Cade (7) Use Only)	Current Use (prior if being den	nolished):	ACAL	DEMIC	2		
Name of Monitoring Firm Hired	by Bldg. C	owner (8)	0000		Name of Contractor (9) GREENWOOD ABATEM	ENT CO	NSUL	TANTS,	INC.		
Sized Address 1253 NORTH CHURCH	STRE	ET			SINGLADDINGS 268 MAIN STREET						
Oity, State, Zip Code MOORESTOWN, NJ	008057				City State, ZloCorde BUTLER, NJ 07405						
Project Manager for Monitoring	Firm	B56-840	lumber		Telephone Number		License	Number			
JIM GUILARDI		Fax 856-	840-88		973-492-0477		00840				
Screeduled Start Date (10) 02/01/12		Scheduled 0 02/02/12		n Date (11)	Name of OSHA Monitor ENVIROVISION, INC.					3	
Occupancy Status During At III Facility Closed/Vacated IIII Abatement Performed On Describe III Other – Dascribe: 3:00	oring Enti	re Period of I	bateme		Sirgel Address 20-21 WARGARAW ROA City, State, Zip Code FAIRLAWN, NJ	AD					
Source of Work (Check all the	(vices		-		<u> </u>		-				_
X ≥3 sf or≥3 lf □ ≥ 160 sf or≥2	260 IF			Renovation Demoition	Mini-	Containme Enclosure rebag Proc Exempted Amount	ædure i (*) an		ble Proc		
Location of Asbestos-Containt Material (ACM) in Facility (13)	Sole	ocation Norma ly by MainL/C P? (12) NO		(ACM) (i.e. them VAT, or other mis	bestos Containing Material nal systems insulation, surfacing, scell.)	(Specify or LF)	SF	Remove R		ap En	
ROOM 122-A		130		FLOOR TILE		<100 5	SF			1	
Name of Reg. Waste Hauler See Hauler Below #1 &	2	NUDEP Was	A CANADA CONTRACTOR	 riD≉	Cubic Yards of Waste: 5 CY		IESI - G.R.C Morri	of Register Bethleh J.W.S. La aville, P	em, P/ Indfill	1	
Notes: Mauler #1) Green NJDEP # 12561 Hauler #2) Newark Carting. NJ DEP # 4509				. – Butler, NJ 0740	02	posal Date		100 Mo	Stale New Forrisville, I	Pa 100	
Completed by (Print or Type) RAYMOND C. PEDAL	INO	TIUG SENIOR P MANAGE		СТ	Signature	1	Dale Felor	ua <u>ry 1,</u> 2	2012		

APPROVED

Charle # 1200	•		CATIO	N OF AS	New Jersey SBESTOS ABA C 8:60 and 12	STATES.		OF MAIN	inform	e process	
Check # 1290 Date of Notification (1)	3.	, ,					ECELV		lan land	1	
					ding Owner/Operat	or (2)	The same of the sa	7			4.5
02/01/2012 Agency Notified	Type Notification			lges Clai				. !			i
. Agency Notines	Type Notification					11111	FEB - 6 2012		11	11	1
⊠ EPA □ DEP	☑ Initial ☐ Amended			, State, Zi	dge Street	-1-1		-1	PERSONAL COMP	-	1.
DOL .	Amendment #					1 -	ASBESTOS CONTROL &			1	-
FA COLL	☐ Emergency (inc	luding		ne of Conf	vick, NJ 08901		LICENSING Number			-	
⊠ DOH	justification) ☐ Cancellation						retephone Number		Minneson Co.		2
	_ ourisonation			on Alay		A				-	F
Name of Facility Where	Abatament in Taking	Diago (2)	FA	CILITY	NFORMATION			1403	San en	MOTHEL.	144
	Abatement is Taking	Place (3)				Type of Fac	lity (4)				
Private home Street Address						School (K					
							er 8 (Other than K-1 2) . private & commercial bui	ldina	9		
18 S. Talmadge Stree	et					homes, e		iding	٠.		
City (5)						Square Feet	# of Floors B	ldg. A	ge	7//	30,500
New Brunswick, NJ (08901								12		
County (6)	140 4				(7) (STATE USE	Current Use	(Prior if being demolished)			
Middlesex			ONL	1)							
Name of Monitoring Firm	Hired by Building Ox	wner(8) AS	SCM No.		Name of Abate	ment Contracto	r (9)			-	-
					Gr Tech LLC						
Street Address		,			Street Address			-		17	
					576 Valley Re	d #283					
City, State, Zip Code					City, State. Zip				-	-	-
					Wayne, NJ 07	7470					
Project Manager for Mon	itoring Firm	Tele	phone No		Telephone No.		License No.			-	
					973-638-1777	7	01127				
Start Date (10)	Scheduled	Completion	Date (11)	Name of OSHA	Monitor					
)2/11/2012	02/12/201				Envirovision	Consultants, l	nc				
Occupancy Status During	Abatement (Check	only one)			Street Address			TE			Ţ
☑ Facility Closed/Vacate	d During Entire Perio	d of Abatem	ent		20-21 Wagara	w Road, Bld	g .# 34A				
☐ Abatement Performed ☐ Other - Describe:	Outside of Normal Fa	acility Hours			City, State, Zip					TT	-
					Fair Lawn, NJ	07410					
Scope of Work (Check all	that apply)		S. 11 - 11 - 15 - 15 - 15 - 15 - 15 - 15			Containment	4- N				
⊠ >3 sf or >3 lf				novation	Mini	Containment wi -Enclosure	th Negative Pressure				
_ ≥160 st or >260 lf			☐ De	molition	Glov	rebag Procedure	9				
		T		T	LJ NOII-	-Exempted (*) a	nd Non-Friable Procedure		Abat	tem	ent
			nally							ype	
Location Asbestos-Containing		Used S	olely by		Description						
TO BE AB			nance/ odial		stos Containing Ma e., thermal systems		Amount (Specify	Z		Enc	П
IN Faci	lity		aff?	1000	surfacing, VAT	Γ, or	SF or LF)	Removal	Repair	Encapsulate	CIO
(13)		(1	2)		other miscellane	eous)		ova	pair	ula	Enclosure
		V N					III. S. D. S.	-		ē	
asement		Yes N	o N/A	Pine in	sulation		40 I E	-	+	+	+
		+	^	i ipe iti	isulati011		40 LF	X	-	-	-
		+	-	-				-	1	1	-
			-								1
lame of Registered Waste	Haulas			1							
iame of Kegistered Wast	s naulei	ID No.	Waste I	Hauler	Cubic Yards of Waste	Name of Reg	stered Landfill				
r Tech LLC			0.5		,,,,,,,,	TDDDG					
ity, State		00337	33		Disposal Date	T.R.R.F. In	C				
ayne, NJ 07470					2.2F300. Date		DA				
ompleted by	Title				Signature /	Tullytown,	Date				
. Jevtic	Owner				· Hew	he Ne	. /	/201	2		
SB-41		ot use this fo	rm for as	bestos lic	ensure exempted a	activities	02/01/	201	4		

mo 58917098405

Date of Notification (1) January 27,2012				Name of Celi Dr	Building C	Owner/C	perator		EC		/ E	Penning			
Agencies Notified EPA DEP DOL DOH DCA	Type Notification Initial Amended Amendment Emergency justification) Cancellation	including	-	City, Sta Metuch	hland Av te, Zip Coo nen, N.J Contact	de	0 4		FEB	Telepho	012 ine Nun	mber			
Name of Facility Where A Residence					LITY INFO	RMATI	ON Tome		of Facility (4 School (K-12)	Section 1.		- Delayar	est.	
87 Highland Ave.								X	Subchapter 8 Other (i.e. pr etc.) re Feet		mmercia	al build	dings,		s,
City (5) Metuchen County (6)				County C	Code (7)			2500		3		5		90	
Middlesex	V. 16 8 18	- AV		(STATE U	JSE ONĹY)			Resi	dent		CHOUSI	icu)			
Name of Monitoring Firm Environmental Man			nc.	ASCM	I No.		Grah	am-T	tement Cont ech Enviro		I Serv	rices	LLC.		
Street Address 204 E. Germantown	n Pike							Addres ead D	33						
City, State, Zip Code Norriton, P.A. 1940									p Code , N.J. 080)81					
Project Manager for Mon Raymond J. Giorda		Telephor (856)2:	ne No. 29-5369		700000000000000000000000000000000000000	one No 318-1		4	ense N 158	0.					
Start Date (10) February 10,2012	-	Schedule Februar			Date (11)				IA Monitor ech Enviro	onmenta	l Serv	rices			
Cocupancy Status During Facility Closed/Vaci Abatement Perform Other – Describe:	ated During Entire I led Outside of Norm	Period of A	batem				14 R City, S		-	081					
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	II That Apply)		enova emoliti				XX	Min Glo	Containmeni-Enclosure vebag Procen-Exempted	edure				e	
			Locati			D-							Abate Ty	ment pe	
Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED ity	Used Mai	d Sole ntenar odial S (12)	ly by nce/		os Cont thermal surfa	scription taining N systems cing, VA niscellar	faterial s insula T, or		Amou (Spec SF or I	ify	Removal	Repair	Encapsulate	Enclosure
Basemen	t Only	100	X			Pipe	Insula	tion		150-L	F	Х			
						1 3									
Name of Registered Was	ste Hauler	11	1000	JDEP W auler ID	STATE OF THE PARTY	Cubic of Wa	Yards		Name of R				L		3.00
American Disposal S	Systems			W2069					JP Maso		oneer	Cros	sing		
City, State PO Box 348, Lumbe	rton, N.J. 0804	3		(a)		Dispos	sal Date		City, State 727 Red		d, Bird	dsbor	o, P.	A.	
Completed by Willis Graham		Title Owne	r			8	Signature				Da	ite			

			N		Sta CATION ursuant t		ESTOS	ABATE			or see and	, is a second of the second of	el la de	estano estano estano	Minka di Ng	417	8
Dat	e of Notification (1)				Name of	Building	Owner/C	perator	(2)	(Ta)	E	D E	n n	7	5 1	10	
	Februa	ary 01, 2012		C	Ortho Di	iagnost	ic / Joh	nson 8	& Joh	nson)	E (0 5	11 /		5		
Age	ncies Notified	Type Notification			Street Ad				447.48	15		Tara Ba					
X	EPA DEP	Initial Amended			000 / 1 City, Stat	te, Zip Co	ode	2, PO	Box 3	00	F	EB -	5 2	012			
M	DOL	Amendment #	Control of the second	-0.0	Raritan,		369		ST-Section 1		1	TOTAL P	OMID	(1) V			₩,
X	DOH	justification)			Name of	Contact			1		Tie	aphone N	Jump	et or			-
	DCA	Cancellation		F	Project N		Anna Carlo Car			· b					-	- A # 1017	
	f Franklik VA/hara	Ab atamant in Taking	Diago (2)		FACIL	ITY INF	ORMATI	ON	Type	of Facility		X	mille-	-	-		102.5
	ne of Facility Where	+							_								
	no Diagnostic / Jo eet Address	onnson & Johnso	on						П	School (K- Subchapte Other (i.e.	r 8 (Oth			build	ings,	home	s,
100	0 / 1001 Route 2	02								etc.)							
City	(5)								Squai	re Feet	# 0	f Floors		BI	dg. A	ge	
Rari	itan, NJ				liane.							3					-
Cou	unty (6)				County C				Curre	nt Use (Pr	ior if be	ing demo	lishe	4)			
Son	nerset				(SIAIR O	ISE ONLY,						Facility					
Nar	me of Monitoring Firm	Hired by Building C	wner (8)	A C	ASCM	No.		Name	of Aba	tement Co	ntractor	(9)					
Bula	ava Environmenta	al, Inc.						The N	IACK	Group, I	LC.						N. 40
	eet Address						Street	Addres	ss								
12 k	Kilmer Drive						1500	Kings	HWY N	STE	209						
100-00	, State, Zip Code						City, S	State, Z	ip Code		-						
	sborough, NJ 088	344-3830						Cherr	y Hill,	NJ 0803	34						
	ject Manager for Mor				Telephor	ne No.			none N			License	e No.				
	vard J. Bulava			o	08-874	-6207		(973)	759 -	5000		00781					
	rt Date (10)		Schedule							A Monitor						-	
	2/2/12	,			2/10/12			The N	1ACK	Group, I	LC.						
Occ	cupancy Status Durin		Only On		2/10/12			-	Addres						-		
X	Facility Closed/Vac	eated During Entire F ned Outside of Norma	eriod of A	baten	nent			City, S	State, Z	HWY N		209					
		T						Cherr	y HIII,	NJ 0803	54			-			
X	ppe of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ui That Apply)	Section 2	enova emolit					Mir Glo	I Containn ni-Enclosur ovebag Pro n-Exempte	re ocedure						
		Entertain Resident	le	Locat	ion	79									100	ement	
	Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Use Ma	lorma d Sole intena	lly ely by ince/ Staff?		stos Con therma surfa		Materia is insula AT, or		(Amount Specify F or LF)		Removal	Repair	e Encapsulate	Enclosure
	OCD Boile	r Poom	\\	140	19//			pipe				45 l/f		X			
		ROOM	$+ \Diamond$	-	-							50 s/f		\Diamond			
	"							Tank			- 3	500 5/1	-	\triangle			
-				_													
No	me of Registered Wa	iste Hauler		N	NJ DEP W	/aste	Cubic	Yards		Name of	f Regist	ered Land	dfill				
		Station .		3500	Hauler ID	No.	of Wa			BFI Imp							
	ehold Cartage y, State					55	Dispo	sal Date		City, Sta		- STORIN	-				
								2/10/12		Imperia		15126					
	ehold, NJ		Title	-				Signatur		In polia	1	.5.25	Date		120		
			Presid	lant			ri-vi	1	1	//			2/1/1		2		
IVIIC	hael Cooper		1620	CIIL									,		7-9-7		1000

2299

State Of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) the an executable property and Date of Notification (1) 01/31/12 Name of Building Owner/Operator David Shapiro Agency Notified Type Notification Street Addresses 275 Passaic Avel **EPA** xx Initial DEP Amended City, State, Zip FEB - 6 2012 DOL X Amended # Passaic, NJ, 07055 X DOH Emergency (including DCA Name of Contact Telephone Number Justification) Cancellation David Shapiro 3 JOS EICENSING **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) House School (K-12)-Street Addresses Subchapter 8 (Other than (K-12) 275 Passaic Ave., Other (i.e. private & commercial Buildings, City(5) Square Feet # of Floors Bldg. Age Passaic NJ County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) Passaic ONLY) Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (9) (8)\- J&S Environmental Laboratories, LLC Pezo Inc Street Address Street Address: 2333 Route 22 West 4 Beaverbrook Rd., #150 City, State, Zip Code City, State, Zip Code Union NJ 07083 Lincoln Park, NJ 07035 Project Manager for Monitoring Firm Telephone No. Telephone No. License No Sherry 973-628-7829 908-206-0073 01141 Start Date (10) Scheduled Completion Data (11) Name of OSHA Monitor 02/21/12 02/22/12 J & S Environmental Laboratories, LLC Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 2333 Route 22 West Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Sther -Describe → Union NJ 07083 Scope of Work (Check all apply) Full Containment with Negative Pressure Mini-Enclosure > 3 sf or > 3 lfX Renovation Glovebag Procedure x > 160 sf or > 260 lfDemolition Non-Exempted (*) and Non-Friable procedure Is Location Abatement Normally Description of Location of Type Asbestos-Containing material (ACM) Used Solely by Asbestos Containing Material (ACM) Amount Repair Enclosure Encapsulate Remova TO BE ABATED Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Surfacing, VAT, or SF or LF) IN Facility Staff? Other miscellaneous) (13)(12)Yes No N/A Basement area X Pipe Insulation Approx. 80 LF X Name of registered Waste Hauler NJDEP Waste Huler Cubic Yards of Name of Registered Landfield Pezo Inc. CS 6224 Waste Waste Management of Pennsylvania City, State Disposal Date City, State Lincoln Park, NJ 07035 Morrisville Pennsylvania Completed by Title Signature Data Ike Pezic President 01/31/12

Do not Use this form for asbestos licensure exempted activities

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

Date of Notification (1)				N 6D 111	0 10	1 (2)					-
January 30, 20	12			Name of Building		erator (2) a Building Contrac	and the same of the same	aben -	99	90	0-
[] DEP [] Am	ial Notif	otification		Street Address City, State, Zip C	ode	A Grand Central	VELC E		/ [6		
[x] DOH [] Eme	ergency	(including			Laval	lette, NJ 08735		•	012		/
I DCA	ification cellation			Name of Contact Sal N	I attia	A ye made addition	l'elephone Numbe		•92	1	
			FAG	U CILITY INFORM	MATION		Aspestus (ISING			_
Name of Facility Where Abatement is Takin Residence	ng Place	(3)				Type of Facility (4)	School (k-12)	ماد بالمحسود دمر الراجاد در		50 44 004	
Street Address 253 Harbor Drive)					[x]	Subchapter 8 (o Other (i.e., priv homes, etc.)				ildings
City	Cour	nty (6)		County Code (7) (STATE USE ONL	.Y)	Square feet 1000sf	# of Floors	Bld	lg. Age	60	
Ocean Beach II	Oce	an		(0.11.0.00.01.1.		Current Use (Prior i		d)		00	
Name of Monitoring Firm Hired by Building	g Owner	r (8)		ASCM No.	Name of	Abatement Contracto	r (9)	Tura			
Street Address					Street Ac	ldress	an Contracting	CALL.			
City, State, Zip Code			e e		City, Sta	te, Zip Code	oute 9, Unit 61				
Project Manager for Monitoring Firm		Telephone	Number		Telephor	ne Number	River, New Jers License 1 00624			271	
Scheduled Start Date (10) 2/10/12		Scheduled 2/13/1		tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During Abatement (Check [x] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	ed Durir	ne) ng Entire Per	iod of Al		Street Ac	ddress 1056 S te, Zip Code	telton Road	ev 088	354		
Scope of Work (Check all that apply)					[] []		with Negative Pro				
[] >3 sf or ≥3 lf [x] ≥160 sf or ≥260 lf		[] [x]	Renova Demoli		[] [x]	Glovebag Proced Non-Exempted (*	ure and Non-Friable	Proced	ure		
			14 2 1					Abat	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Is Locatio Normally us Solely by atenance/Cu Staff (12) NO	sed	Ast M (i.e inst	Description Destros-Conflaterial (A., thermal sulation, sur VAT, of the miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior		X		Asbestos sidin	ıg		800 sf	Х		117	
Name of Registered Waste Hauler Guardian Contracting, Inc.	1	NJDEP Wast 20	0223	2	rds of Waste	T.R.R.F.	red Landfill				
City, State Toms River, New Jersey			Dispos 2/14/	sal Date	City, Sta	te wn, Pennsylvania				370	
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ct Manage	ESCHALL.	Signature	licho	1 der	1	Date 1/30	0/2012	2	

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

								FR		In	1		
Date of Notification (1)				Name o	f Building	g Owner/O	perator (21) 5 9		11 1			
	ary 01, 2012				•	struction							
Agencies Notified	Type Notification		10	Street A				IIII FER	- 6 2012	المدودان			
⊠ EPA	Initial		-		ute 23			M M I LES		1_			
DEP DOL	Amended	2			ate, Zip C					_1			
DOL DOL	Amendmen Emergency		— V		, NJ 074			ASBES	TOS CONTROL &				
□ DOH	justification		10	Name o	f Contact				10 Felephone Nu	mber-			
DCA	Cancellation	1	5		d Khan			Standard State (Standard	25				
11 15 15 15 14 1A				FAC	ILITY INF	ORMATIC					, a - 6g	edgere ,	
Name of Facility Where	Abatement is Takii	ng Place (3	5)					Type of Facility (4	•)				
Baltusrol Golf Club			21					School (K-12		2)			
Street Address									8 (Other than K-1 rivate & commerce		dinas	hom	es
201 Shunpike Rd							L	etc.)	nate a commerc		umgo	,	00,
City (5)								Square Feet	# of Floors	E	Bldg. /	Age	
Springfield, NJ	*												
County (6)					Code (7)			Current Use (Prio	r if being demolis	hed)			
Union				(STATE	USE ONL)	r)	-		golf club				
Name of Monitoring Firm	Hired by Building	Owner (8)		ASC	ΛNo.		Name o	f Abatement Cont	ractor (9)		-		
AET				0021		West 1	The MA	CK Group, LL	.C				
Street Address							Street A				***		
907 Doolittle Drive	Doolittle Drive						1500 Ki	ngs HWY N,	STF 209				
	7 Doolittle Drive y, State, Zip Code							ite, Zip Code					
	ty, State, Zip Code dgewater, NJ 08807							Hill, NJ 08034					
Project Manager for Mon	Marie Company of the			Telepho	ne No.		Telepho		License 1	No.			1118000
Eric Houseknecht					18-1108	3	Micheller Control	59 - 5000	00781				
Start Date (10)		Schedule	- 1		Date (11)			OSHA Monitor	100,01		-	-	
1/3/12				3/31/1			The MA	CK Group, LL	С				
Occupancy Status During	10/1907	ck Only Or		0/0 1/ 1			Street A						
57				300-20		16-74		ngs HWY N, S	STE 209				
Facility Closed/Vaca								te, Zip Code	31L 200				
Other - Describe:								Hill, NJ 08034					
Scope of Work (Check A	I That Annly)						Cherry	1111, 143 00034					
	(mat Apply)	፟ .						1		_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		(manufacture)	Renova Demolit				X	Hull Containme Mini-Enclosure	nt with Negative	Pressu	re		
△ 1.00 or or =2.00 m		П.	Jemoni	1011			X	Glovebag Proce					
					1			Non-Exempted (*) and Non-Friable	Proce			
		Is	Locati	on								emen ype	t
Location	of		Normal			Des	scription o	ıf		-	1	ype	
Asbestos-Containing		E-PERSONS CONTROL	d Sole intena					terial (ACM)	Amount	_		m .	ш
TO BE ABA		Cus	todial S	Staff?	(1.6	e. thermal surfac	systems i		(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)			(12)		100	other m	niscellane	ous)		107	pa:	sula	Sur
										<u>m</u>]	ate	0
		Yes	No	N/A	-				2000 15	1		-	-
Attic						tr	ansite		6900 s/f	\triangle		-	-
"		X			contam	ninated t	fibergla	ss insulation	5250 s/f	X			
and the state of t		X					pipe		600 l/f	X		19-1-	100
	-"- - X						the state of the s		THE RESERVE OF THE PERSON NAMED IN COLUMN 1				-
3rd flo		\triangle				pipe		45 l/f			L		
Name of Registered Was	te Hauler	1 77	IJ DEP V lauler ID		Cubic '		Name of R	Registered Landfil					
Freehold / American	Waste	438-17		159		1	128	GROWS	/ Minerva Ent	erpris	es		
City, State						Dispos	al Date	City, State					7.50
Freehold, NJ / Warre	n OH						/31/12		e, PA / Wayne	esbur	a. O	+	
Completed by		Title	- 201				gnature/	11 0		ate	,, ,,		1787
Mike Cooper		Presid	lent			5	Hart's	11	21.	1/12			

Date of Notification (1)				Name o	f Building	Owner/C	perator	(2) E P	2 11 17/1		7		
Janu	ary 24; 2012		[Donnel	ly Const	truction		n) [[]	I 1 W-1	5 IM			
Agencies Notified	Type Notification			Street A	Address			731	77. 100	77/1			
⊠ EPA	Initial		5	557 Ro	ute 23 S	South		JUL FEB	0 2012	- 11 11			
DEP	Amended	1		City, St	ate, Zip Co	ode	A Paris) LLD	- 6 2012	Longon	1		
DOL	Amendment Emergency (— N	Nayne	, NJ 074	170	all and	į į			1_		
⊠ DOH	justification)	oiuuing		Name o	of Contact		1		Telephone	Number			
☐ DCA	Cancellation		5		d Khan		L.	LIC.					33
Name of Facility Where	Abatement is Taking	Place (3	8)	FAC	ILITY INF	ORMATI	NO	Type of Facility (4	No. of the last of	э л (1991)			-
Baltusrol Golf Club	Abatement is Taking	i lacc (c	"										
Street Address		-						School (K-1) Subchapter	2) 8 (Other than	K-12)			
								Other (i.e. p	rivate & comm		lding	s, hom	es,
201 Shunpike Rd City (5)								etc.) Square Feet	# of Floors		Bldg.	Age	Laboration
Springfield, NJ								oquare reer			olug.	gc	
County (6)				County	Code (7)			Current Use (Price	r if being dem	olished)			
Union					USE ONLY,)		Current Coo (Fine	golf clu				
Name of Monitoring Firm	n Hired by Building (Owner (8)		ASC	И No.		Name o	of Abatement Con		40	_		- 300
AET		-		0021				ACK Group, LI					
Street Address		William III		0021				Address	-0	19000		-	
907 Doolittle Drive							1500 K	ings HWY N,	STE 209				
City, State, Zip Code		7 1000						ate, Zip Code		10 11			
	dgewater, NJ 08807						Cherry	Hill, NJ 08034					9 -
	oject Manager for Monitoring Firm						Telepho	The second section of the second section is		se No.			
Eric Houseknecht			(908) 2	18-1108	3	(973) 7	759 - 5000	. 0078	1			
Start Date (10)	Variable !	Schedule	ed Con	npletion	Date (11)		Name o	of OSHA Monitor					
1/3/12	2			2/29/1	2		The M	ACK Group, LI	_C.				
Occupancy Status Durin	g Abatement (Check	Only Or	ne)				Street /	Address					
Facility Closed/Vac	ated During Entire F	eriod of	Abaten	nent			1500 K	ings HWY N,	STE 209				
Abatement Perform Other - Describe:	ned Outside of Norm	al Facility	Hours	5			City, St	ate, Zip Code					7.3
			-				Cherry	Hill, NJ 08034					
Scope of Work (Check A	All That Apply)						5	7					
≥3 sf or ≥3 lf		PARAMETER STATE OF THE	Renova				1	Full Containme	nt with Negati	ive Pressu	ire		
≥160 sf or ≥260 lf		ш	Demolit	ion			2	Mini-Enclosure Glovebag Proc	edure				
								Non-Exempted	(*) and Non-Fri	able Proce			
		1000	Locati									temer ype	it
Location		1000-00	Normal d Sole				cription				Т.	ypo	T
Asbestos-Containing TO BE AB		Factoring C	intena				-	aterial (ACM) insulation,	Amount (Specify	70		m	ш
In Faci	ALL THE PARTY OF T	Cus	todial 9 (12)	Staff?	(1.0.		ing, VAT		SF or LF)	Remova	Repair	aps	Enclosure
(13)			(12)			other m	niscellane	eous)		ova	air	Encapsulate	sure
		Yes	No	N/A								TO.	
Attic		X			I Ma	tr	ansite		6900 s/	f X			
"						-		as insulation	5250 s/f		-		
		$+ \bigcirc +$			contam	imateu		ass insulation		-	+		
"	_"_						pipe		600 l/f				
3rd flo	oor	X	1			pipe		45 l/f	X				
Name of Registered Wa	ste Hauler	E Pari	1 0.00	J DEP V		Cubic '		Name of F	Registered Lar	ndfill			111
Freehold / American	Maste		H	lauler ID 159		of Was	128	GROWS	/ Minerva E	Enternris	202		1,33
City, State	vvasie			135	.37	Dispos	al Date	City, State	The second secon	_morpin	.03		
Freehold, NJ / Warre	en OH						/29/12		e, PA / Way	vneshur	a. O	Н	
Completed by		Title					gnature		-,	Date	ی, ح		
Mike Cooper		Presid	lent			1	Get,	//-		1/24/12			12.
		1	OR WITH THE	A CONTRACTOR OF THE PARTY OF TH			and the second						

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

Date of Notification (1)				Name	of Building	Own	er/Operator (2)	TEP	51	1 1		1			
Dece	December 15, 2011 gencies Notified Type Notification					truct	ion	11 5 6	Fred 17						
Agencies Notified					Address			31				1 1			
⊠ EPA	Initial			557 R	oute 23 5	South	n	III FER	- 6	2012	lace lace	3	1		
DEP	Amended			City, S	tate, Zip C	ode	10						1		
⊠ DOL	Amendment		_ \	Nayne	, NJ 074	170			-00 OON	TOOL			1		
DOH DOH	Emergency (including		Mary State Co.	of Contact			ASBES	TOS CON	phone	Numbe	r	1	8	
DCA	Cancellation		9	Shahza	ad Khan		L.		Lightmon					Account to	
				FAC	ILITY INF	ORM	ATION '	Garage - Constitution			- nervelomente	1957	processive.	, fie	
Name of Facility Where	Abatement is Taking	g Place (3)				Ту	pe of Facility (4)						-
Baltusrol Golf Club								School (K-1	2)						
Street Address	r)							Subchapter			000000000000000000000000000000000000000		liana		
201 Shunpike Rd								Other (i.e. p	orivate &	comm	erciai b	unc	iings	, nom	es,
City (5)							So	uare Feet	# of	Floors		В	ldg. /	Age	
Somerset, NJ															
County (6)					Code (7)	Alon 4	Cu	irrent Use (Pri	or if bein	g dem	olished)		-	- COLORES	
Somerset				(STATE	USE ONLY,	' —			ge	olf clu	ıb				
Name of Monitoring Fire	m Hired by Building (Owner (8)	H	ASC	M No.		Name of A	Abatement Cor							
AET				0021			The MAC	K Group, L	LC						
Street Address				1			Street Add								
907 Doolittle Drive							1500 Kind	gs HWY N,	STE 2	09					
City, State, Zip Code						78.77		, Zip Code							
Bridgewater, NJ 088	ity, State, Zip Code idgewater, NJ 08807						Cherry H	ill, NJ 08034	4						
Project Manager for Mo	CONTRACTOR OF THE PARTY OF THE			Telepho	ne No.		Telephone			Licens	e No.		-		
Eric Houseknecht			(908) 2	18-1108		(973) 759	- 5000	0	0781					
Start Date (10)		Schedule			Date (11)			SHA Monitor				f		-	
1/3/1:	2			1/24/1	2		The MAC	K Group, L	LC.						
Occupancy Status Durin	ng Abatement (Check	Only On	e)				Street Add								
Facility Closed/Vac	cated During Entire P	Period of A	haten	nent			1500 Kind	gs HWY N,	STE 20	09					
Abatement Perform	ned Outside of Norma						City, State								
Other - Describe:						_		ill, NJ 08034	1						
Scope of Work (Check /	All That Apply)						,		-	100					
≥3 sf or ≥3 lf		⊠ R	enova	tion			\boxtimes	Full Containme	ent with I	Negativ	e Pres	sur	P		
≥160 sf or ≥260 lf		postored	emolit					Mini-Enclosure		· · · ·					
								Glovebag Proc Non-Exempted		lon Eric	hlo Pro	cod	uro		
								Non-Exempled	() and iv	1011-1 116	DIE FIO			emen	-
			Locati Iormal											ре	
Locatio Asbestos-Containing		V 1000	Sole		Ashes		Description of ontaining Mate	rial (ACM)	Δm	ount					
TO BE AB		-7.30/4016350	ntenar				nal systems ins	CONTRACTOR OF THE CONTRACTOR O		ecify	2	,	TD	Enc	g
In Fac	55.00.40	Cusi	(12)	itali!			rfacing, VAT, o		SF o	or LF)	Kemova		Repair	aps	Enclosure
(13)		-				Othe	er miscellaneou	5)			- Va		air	ncapsulate	иге
		Yes	No	N/A										Ф	
Attio		X					transite	D-18	69	00 s/1					17/-
"				PULL	contami	inate	ed fiberglass	insulation		0 s/f	5	7			
		X					pipe			0 l/f	5				
3rd flo		/	V	-									-		
Name of Registered Wa			\triangle	J DEP V	Vacto	Cuk	pipe pic Yards	Name of F	10.0	15 l/f	4611				
Name of Registered Wa	ste nauter		2003	auler ID		1000	Vaste	Name of r	Registere	d Lane	1111				1511
Freehold / American	Waste			159			128	GROWS	/ Mine	rva E	nterpr	ise	s		
City, State						Dis	posal Date	City, State					1075	N.	
Freehold, NJ / Warre	en OH	4				HI	1/24/12	Morrisvill	e, PA/	Wav	nesbu	ra.	OF		9
Completed by	tatile over the	Title	300	TOTAL STATE	THE RES		Signature	7/0	14 50		Date	J,	1007		
Mike Cooper		Preside	ent				Med //				12/15/	11			LV
		1						4000				300	-		