22699

ETS JOB # 3771/12, 3773/12			AT ATTACA TO THE TAXABLE PARTY.				A	MENDIN	IENI#2
Date of Notification (1) 2/21/12		Name of Build Anheuser B			or (2)	E I	VIEI		
Agencies Notified Type Notification		Street Addres	ss						
DEP Initial Not	ification Notification	City, State & 2	Zip Code	0	J FEE	3 2 7	2012		
		Name of Con		0	3 -		İT	alanhon	e Number
DOH Cancellati		Mr. Jasse G		5	L		The B	- и пикит	i vamber
DCA			The same of the beautiful to the same of the		h l	11			
		FACILITY	INFORMA		and the second s		and the second s		
Name of Facility Where Abatement is Anheuser Busch, Inc.	Taking Plac	ce (3)		of Fac School				6.744	J
Street Address					apter 8 (Other t	han K-	-12)		
Sir Ser / Idail See				Other (i.e., private & d	comme	rcial building		s, etc.
200 Route 1 South		,		are Fee		loors	BI	dg. Age	
City (5)	ınty (6)	County Code (7)		35,00		3			50+
Newark Ess	sex				(Prior if being	demo	lished)		
			Offic						
Name of Monitoring Firm Hired by Bu	ilding Owner	(8) ASCN	ALL CONTRACTOR OF THE PROPERTY OF		atement Contr	actor (9)		
Environmental Tactics, Inc.		0045		et Addr	racting, Inc.			-	
Street Address 64 Broad Street				Clay S					
City, State & Zip Code					& Zip Code			-14	
Matawan, NJ 07747					NY 11222				
Project Manager for Monitoring Firm	T	elephone Numbe	er Tele	phone l	Number		License Nu		
Tom Geiger		732) 290-2217		-706-6				00511	<u> </u>
Scheduled Start Date (10) Sche		letion Date (11) 2/24/12			SHA Monitor ental Tactics	s, Inc.			
Occupancy Status During Abatement	(Check only	one)		et Addre	7,5.5.				
Facility Closed/Vacated Durin	-			Broad S					
Abatement Performed Outsid	e of Normal	Facility Hours -			& Zip Code				
Describe:	\\/	al Moulting L		awan,	NJ 0774				
	rea vacate :00am-3:30	ed - Working H	louis						
Scope of Work (Check all that apply)		piii			- The second sec				
Demolition	Renovation	1		П	ull Containme	ent with	Negative P	ressure	
Large Project				⊠ ı	Mini-Enclosure				
Quantity is ≥ 3 SF or ≥ 3 LF	ACM			\boxtimes	Glovebag Proc	edure			
Quantity is ≥ 160 SF or ≥ 260	D LF ACM				Other:				
Location of		Is Location		escription		V 18 33	Amount		ement Type
Asbestos-Containing	1	Normally Used Solely by		stos-Co aterial (/	ntaining		(Specify lare Feet or		fy: Removal, Repair,
Material (ACM) TO BE ABATED	l N	Maintenance or			systems		near Feet)		osulation or
in Facility		sustodial Staff?	insulatio	on, surfa	acing, VAT		- 1	En	closure)
(13)		(12)	or othe	r misce	ellaneous)				
Stock House		Yes	Pip	e Insu	lation		12LF	Re	emoval
Power House		Yes		e Insu			22 LF	Re	emoval
BP & S Basement		Yes		e Insu			10 LF	Re	emoval
Name of Registered Waste Hauler	N.	JDEP Waste Hau	uler ID#	Cu. Yo	ls. of Waste		ne of Registe		dfill
Tri State Transfer		19551			3		erva Enter	prises	
City, State			*	Dispos	al Date		State	011	
Bronx, NY				0: /	TBD	Wa	ynesburg,	UH	Data
Completed By (Print or Type) Richie Smith	Title Project E	xecutive		Signat K	1 Clare	<	Smith		Date 02/21/12
				1	0011	_	1110		English to the second

Data of Nationalian (1)				Nama	of Building	Owner/Operator (2	TE CE	W E	1			
Date of Notification (1)	23 /	12		CRE		g Owner/Operator (ACTUAL STATE	349		
Agencies Notified	Type Notification	on			Address		III FER	2 7 2012	1//			
⊠ EPA	☐ Initial				4 Atlanti) LLD	2 / 2012				
DEP DCA (NJAC 5:16)	Amended Amendment	t #			tate, Zip C			2 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
□ DHSS						, NJ 08404	1.10	S CONTROL &				
☐ DCA (NJAC 5:23-8)	justification				of Contac		1.10	Telephone Num	ber	-	ŀ	
(NJAC 3.23-0)	Caricellation		(T00)2001	W. F	Rachelle	Knight	St. Ann. St. State Chicago					
				FAC	ILITY IN	FORMATION						
Name of Facility Where	Abatement is Tak	king Place	(3)				Type of Facility (4)				
Block 317 - Lot 4	1						School (K-12)					
Street Address							☐ Subchapter 8☑ Other (i.e., pri			inas.		
1124 Blatic Ave							homes, etc.)			198		
City (5)		MICOPOLICE TO					Square Feet	# of Floors		lg. Aç	je	
Atlantic Clty							2,500	3	100	۱A	_	
County (6)			1000	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Price	or if being demoli	shed)			
Atlantic							home					
Name of Monitoring Firr	n Hired by Buildin	ng Owner (8)	ASCM	No.	Name of Abateme						
Acer Associates						Controlled E	nvironmental S	ystems				
Street Address						Street Address						
1012 Industrial Dr	ive					1121 N. Beth	lehem Pike - Su	uite 60			Alli-cec	
City, State, Zip Code						City, State, Zip Co	ode					
West Berlin, NJ 08	3091					Spring House	e, PA 19477					
Project Manager for Mo	nitoring Firm		Tele	phone	No.	Telephone No.		License No.				
Vince Krisak			85	6 809	1202	215-542-7000		00847				
Start Date (10) 03 / 07	222 2400 May 2	heduled C 03 /				Name of OSHA N	lonitor					
Occupancy Status Duris		neck only o	ne)			Street Address						
☐ Facility Closed/Vaca				ment		1121 N. Beth	lehem Pike - Su	uite 60				
☐ Abatement Performe					cribe	City, State, Zip Co	ode					
Time of Abatement:	7:00AM-7:00PM	//PI	M	AM		Spring House	e, PA 19477					
Scope of Work (Check	all that apply)											
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf	11.77	⊠ Re				☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and No		ure			
		Is	Locat	ion					Ab	atem	ent T	уре
Locatio	n of		Norma			Description of			70	70	Ш	Tm
Asbestos-Containing			d Sole		Asbe	estos Containing Ma ermal systems insul	aterial (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
TO BE AE		Cus	todial		(i.e., the	VAT, or	ation, surfacing,	SF or LF)	ova	=	psu	Sur
(13)			(12)	_		other miscellane	ous)				late	Ф
		Yes	No	N/A							**	
3 rd floor Bedroom #	2		\boxtimes		12 x 12	Green Floor tile	(self stick)	156 SF				
1 st floor kitchen					12 x 12	Green Floor tile	•	156 SF				
1 st floor kitchen			\boxtimes		Mastic	assoc with floor	tile	156 SF				
Name of Registered Wa	aste Hauler			JDEP I	O No.	Cubic Yards of Waste	Name of Regis					
				20990)	6 yards Disposal Date	City, State		-	-	_	
City, State New Castle, DE						03/10/12	Waynesbu	rg, OH 44688				
Completed By (Print or	Type)	Title				Signature)) [ate		,	
Patricia VIsco		Office	Mana	aer		1/07	/	11.	2/	77	1,	,

9804104273

Date of Notification (1) 2/13/12			Nam	e of Building Ow	ner/Operat	or (2)						
Agencies Notified Type Notificat	ion	Sant	Stree	er Cossio et Address Hudson Stree	t. Retail 4		FEB	2 7 2	012			
DEP Amended Amended	ent#		City,	State, Zip Code oken, NJ 070			ASEEST	is contra	n k		- Automate	
DOH justification Cancellat		ng	Name	er Cossio		The Address of the		elephone I		er⊶ -		2
Name of Facility Where Abatement is Ta House	king Place	(3)	FA	CILITY INFORM	IATION	Type of Facilit	ty (4)					
Street Address 158 13th Street						X Other (i.e	ter 8 (Ot	her thán K & comme	-12) rcial b	uildin	gs, ho	omes
City (5) Hoboken						etc.) Square Feet N/A		of Floors			. Age	
County (6) Hudson		10-11-000		Code (7) USE ONLY)		Current Use (F House	A		ished)			
Name of Monitoring Firm Hired by Buildin N/A	g Owner (8	3)	ASC	CM No.	Name D&S	of Abatement C Abatement,	ontracto Inc.	r (9)			-	
Street Address					Street	Address osengren Ave					-	- 5
City, State, Zip Code					City, S Toto	tate, Zip Code wa, NJ 07512	?			- XI - 37 -		
Start Date (10)	Project Manager for Monitoring Firm					one No. 345-8685		License #00675				
2/29/12	3/01/1	2	mpletion	Date (11)		of OSHA Monito Abatement, I					-	
Occupancy Status During Abatement (Che Facility Closed/Vacated During Entire Abatement Performed Outside of Nor	Period of	∧hata	ment		Street /	Address Osengren Ave						
Other – Describe: Occupied Scope of Work (Check All That Apply)		rioui	-			ate, Zip Code va, NJ 07512						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		tenovi emoli			×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure					
Location of Asbestos-Containing Material (ACM)	- · N	Locat lorma d Sole	lly		escription o	of	d () and	Non-Friat	JIE PIO	Abat	re emer /pe	it
TO BE ABATED In Facility (13)	Mai	ntena odial ((12)	nce/	surf	ntaining Ma al systems i acing, VAT, miscellane	insulation, or	(S	nount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
basement	Yes	No	N/A	pine	e insulation	-					ate	ē
2nd floor kitchen		X			inoleum	on) LF) SF	X			
							100	7 51	X			14
ame of Registered Waste Hauler &S Abatement, Inc.	JDEP Wa auler ID 1 10996	1 00010	Yards ste	Name of R Waste M			PA					
ity, State ptowa, NJ		Dispos TBD	sal Date	City, State Tullytow		2						
ompleted by eanna Brkusanin	Title Projec	t Mai	nager	S	ignature (///)	EURO R. VI	1011	Date 2/1	e 3/12	-		

1975 4931508

Date of Notification (1) 2/16/12						Owner/Ope a Migurl S				Na Kr	11 19	1/2	7	A
Agencies Notified	Type Notification			Street A		t Avenue				Eβ 2	7 201	12		
× EPA DEP × DOL	Initial Amended Amendment				ate, Zip Co II, NJ 07			1	- <u> -</u>	atsios co	ETROL	3,		-
☑ DOH DCA	justification) Cancellation				f Contact t McGui	rl		to page	Te	lephone Nu	mber		-	1
				FACI	LITY INF	ORMATION	1							
Name of Facility Where House	e Abatement is Takir	ng Place (3))					Type of Facility School (K	(-12)					
Street Address 440 Demarest Ave	enue							Other (i.e etc.)		ner than K-1 & commerc		dings	hom	es,
City (5) Oradell								Square Feet N/A	# c	of Floors A	1000	Bidg. A NA	\ge	
County (6) Bergen				County (Code (7) USE ONLY)	-	Current Use (F House	rior if be	ing demolis	hed)			
Name of Monitoring Fir N/A	rm Hired by Building	Owner (8)		ASCN	/ No.	100		of Abatement C Abatement,		r (9)				
Street Address		- 1				100		Address osengren Av	enue				*	
City, State, Zip Code								tate, Zip Code wa, NJ 07512	2					
Project Manager for Mo	onitoring Firm			Telepho	ne No.			one No. 345-8685		License I #00675				
Start Date (10) 2/29/12		Schedule 3/01/12		npletion	Date (11)			of OSHA Monito Abatement,		1				
Occupancy Status Duri						10 80		Address osengren Av	enue	27.				
	acated During Entire med Outside of Norr Occupied					C	ity, S	tate, Zip Code wa, NJ 07512						
Scope of Work (Check	All That Apply)						1010	, 110 07 017	_	-			-	-
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	100-000			×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				e	
		ls	Locat	ion		,			1			Abate	emen	
Locati			lormal d Sole			Descri						13	ре	
Asbestos-Containir TO BE A In Fa (13	BATED cility	Mai	ntena				stems g, VA		. (:	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
baser	ment		Х			pipe in:	sulat	tion	2	24 LF	Х			
				LIDEE ::		I A. L. W		l n	f D					
Name of Registered W D&S Abatement, Ir			H	IJDEP W lauler ID 20996		Cubic Yall of Waste TBD		les en	1720	ered Landfi gement c				
City, State Totowa, NJ				Disposal TBD	Date	City, Sta Tullyto	ate own, P	Α	1					
Completed by Deanna Brkusanin		Title Projec	ct Ma	anager		Sign	naturé	Wish Lille	ilin		ate /16/12	2		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT 19815916678 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) Estate of Helen Rispoli 2/16/12 Street Address FEB Type Notification Agencies Notified 22 Madison Street Initial **EPA** City, State, Zip Code Amended DEP Glen Ridge, NJ 07028 Amendment # × DOL Emergency (including Telephone Number Name of Contact justification) × DOH Richard Rispoli Cancellation DCA **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) House Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, Street Address 22 Madison Street etc.) # of Floors Bldg. Age Square Feet City (5) N/A N/A N/A Glen Ridge Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) House Essex Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) D&S Abatement, Inc. N/A Street Address Street Address 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 License No. Telephone No. Telephone No. Project Manager for Monitoring Firm #00675 973-345-8685 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) D&S Abatement, Inc. 2/29/12 2/28/12 Street Address Occupancy Status During Abatement (Check Only One) 11 Rosengren Avenue Facility Closed/Vacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours Other - Describe: Occupied Totowa, NJ 07512 × Scope of Work (Check All That Apply) Full Containment with Negative Pressure Renovation ≥3 sf or ≥3 lf × Mini-Enclosure Demolition ≥160 sf or ≥260 lf 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 Encapsulate Asbestos-Containing Material (ACM) Enclosure Maintenance/ (i.e. thermal systems insulation, (Specify Remova Repair TO BE ABATED Custodial Staff? SF or LF) surfacing, VAT, or In Facility (12)other miscellaneous) (13)No N/A Yes 92 LF X pipe insulation X basement

Cubic Yards Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No of Waste Waste Management of PA D&S Abatement, Inc. #20996 TBD City, State Disposal Date City, State Tullytown, PA TBD Totowa, NJ Date Signature Completed by 2/16/12 Project Manager Deanna Brkusanin

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

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Data of Nationalian (4)					D 11.				1100 12	_[[]	5 [1// //			
Date of Notification (1) 2/16/12					Flannig	Owner/Op an	erator	(2)		***		VI L		1	
Agencies Notified	Type Notification			Street Ad 2-21 3	ddress 1st Stre	et				FEB	27	2012		11	
EPA DEP DOL	Initial Amended Amendmen	t#		City, Star				-		SELETA:			1340-2		
DOH DCA	Emergency justification) Cancellation			Name of Marie I		an		\$,	e elektrone en e	Teler	nhone N	lumber		Arraman S	
	Curiocilation			0.000004 00 0000000000		ORMATIO	N			1	Transce.	nalms,	_		8
Name of Facility Where . House	Abatement is Takir	ng Place (3))		*				of Facility (4 School (K-12	2)	20				F
Street Address 2-21 31st Street								×	Subchapter of Other (i.e. propertion)				dings	hom	es,
City (5) Fair Lawn					2	3		Squa N/A	re Feet	# of F N/A	loors		Bldg. A	\ge	
County (6) Bergen	101			County C)	_	Curre Hou	ent Use (Prio Se	or if being	g demol	ished)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.				tement Cont ement, Inc		9)				
Street Address	**************************************	***************************************				1.2		Addres osenç	ss gren Aven	iue			-		
City, State, Zip Code									ip Code J 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		A STATE OF THE STA	none N 345-8			License #0067				
Start Date (10) 2/27/12		Schedule 2/28/12		mpletion [Date (11)				HA Monitor ement, Inc	c.					
Occupancy Status Durin								Addres	ss gren Aven	ue				588	
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Norr						City, S	tate, Z	ip Code IJ 07512						
Scope of Work (Check A							1010	wa, iv	07512	-				_	_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ш тпас дрргу)		enova emoli				×		I Containme		Negative	Pressu	ге		
		D	enion	uon .		-	×	Glo	ovebag Proci n-Exempted	edure	Non-Fria	able Pro	cedu	е	
		ls	Locat	ion										ement	t
Location			orma	lly ely by			ription					-	13	he	
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Mai	ntena			tos Contai thermal s surfacir other mis	ystems	s insula T, or		(Sp	ount ecify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A						F0		1		te	
basem	ent		X			pipe ir					LF	X			
basem	ent		X	-		flo	or tile)		150) SF	X	-		
						16						50			
Name of Registered Was D&S Abatement, Inc			H	IJDEP Wa lauler ID I 20996		of Waste			Name of R Waste M						
City, State Totowa, NJ				Disposa TBD	I Date		City, State Tullytow								
Completed by						naturé	1	01		10	Date			-	
Deanna Brkusanin		ct Ma	anager				MU	wy llu	ect_		2/16/12	2			

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74 S.E.	3.89	100	40	•	1,717	30

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ate of Notification (1)		Na Ha	me of Bui abitat fo	lding Owner/ r Humanit	Operator (y of Berg	2) gen County	FF	3 2 7 2012				
gencies Notified Type Not		Str 10	eet Addre) Banta	ss Place, Sui	ite 105				i.	nann ^a		
DOI Am	ended endment #	Cit	y, State, 2 ackensa	Zip Code ck, NJ 076	601	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		NA CINTALL CELEBRA		Table 1		
DOH just	ergency (including ification)		me of Co acey Ra			Manne	T	elenhone Numb	or	•	1.1	
J DCA LL GE			FACILIT	Y INFORMA	TION		775		_			\dashv
lame of Facility Where Abatemen House street Address	t is Taking Place (3)					Other ((K-12)	ther than K-12) e & commercial	buildin	igs, ho	mes,	
209 Westervelt Place						etc.) Square Feet	1 1000	of Floors	Bldg N/A	g. Age		
Oradell			ounty Cod			Current Use		peing demolishe	d)			
County (6) Bergen		(S	TATE USE		Name	House of Abatemen	t Contrac	tor (9)			-	
Name of Monitoring Firm Hired by N/A	Building Owner (8)		ASCM N	0.	D&S	Abatemen						11
Street Address				24		Address Rosengren	Avenue					
City, State, Zip Code			[4		City, S	State, Zip Coo	le 512					
Project Manager for Monitoring F	irm	T	elephone	No.	Telep	hone No. -345-8685	APPOINTED	License No #00675).			
Start Date (10)	Scheduled	Com	pletion Da	ite (11)	Name	e of OSHA Mo						
2/23/12	2/24/12	<u>,,</u>			and the same of th	t Address	11, 1110.					
Occupancy Status During Abater Facility Closed/Vacated Dur	ing Entire Period of A	batem	ent		11 F	Rosengren		9				
Abatement Performed Outs Other – Describe: Occupied	ide of Normal Facility	Hours				State, Zip Coo owa, NJ 07						
Scope of Work (Check All That A	process.					Full Con	tainment	with Negative F	ressur	е		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovat emoliti				× Mini-End	closure a Proced				•	
		Laceti				LI INOTI-EX	empled () and Homen	Ī	Abate Ty	ment	
Location of Asbestos-Containing Materia TO BE ABATED In Facility (13)	use (ACM) Ma	Locati lormal d Sole intenai todial S (12)	ly ely by nce/	(i.e. the	Description Containing Tormal syste Surfacing, \ her miscel	Material (AC ms insulation VAT, or	M)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		11	lation		24 LF	x	-		-
basement		X	-		pipe insu	nation		24 61				
										_		1
							amo of D	egistered Landf				_
Name of Registered Waste Had D&S Abatement, Inc.	uler		NJDEP W Hauler ID \$20996	No.	Cubic Yard of Waste BD			lanagement				
City, State					Disposal D		ity, State ullytow					
Totowa, NJ	Tal-			1	BD	tural 11	-/	7/2 1	Date			
Completed by Deanna Brkusanin	Title Proj	ect M	lanager		J.g.10	Vhalle	O h	Melle	2/13/1	2		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

						id 12:120					10 6 20 4	1 1.1	AL IZ	
Neck			I	Name	of Building O	wner/Opera Donald	ator (2)			OF THE	生 20	003	2.	
of Notification (1) February 23, 2012				Street	Address				no gia gi		1		1.	
J EPA L Ameni	on Notificat ded Noti	tion fication			State, Zip Cod	P O Bo			FE		012	sound.	and the same of th	
Amen	dment #_			City,	*	Hobok	en, NJ (07030	ASPES	10S COVER	01 6		1	
	ency (in cation)	cluding		Name	of Contact	l Grauso			Telephon	e Number		-	,	
] DOH [] Cance	llation						ų.						Line 14	
] DCA			FAC	CILIT	Y INFORM	ATION	Type o	f Facility (4	1)					
nme of Facility Where Abatement is Taking	g Place (2	3)						[]	Subcl	ol (k-12) napter 8 (oth	er than kl	2)		
Residence								[x]	Other	(i.e., private	e & comm	ercial	buildin	gs
reet Address 1916 Bay Blvd.				Vice:			Square	e feet	# of	es, etc.) f Floors	Bldg. A			
ity	Count	ty (6)		Cour (STA	ity Code (7) TE USE ONL	Y)	1	1000 sf	ich sing	2 demolished)	60		
	Ocea	an					Curren	nt Use (Prio Resio	dence	demolished				_
Lavallette		10 Page 1		ASC	M No.	Name o	f Abatem	ant Contrac	etor (9)	ntracting,	Inc.			
lame of Monitoring Firm Hired by Buildin N/A	g Owner	(0)				Street A	Address							
Street Address										9, Unit 61				
City, State, Zip Code							tate, Zip	Tom	s River	New Jers	sey 0875	5-12	71	_
AND THE RESERVE OF THE PROPERTY OF THE PROPERT		Telepho	ne Numb	ber		Teleph	one Num 49-993	ber 2		00624	vuilloci			_
Project Manager for Monitoring Firm					Date (11)	Name	of OSHA	Monitor	CT A	nalytical				
Scheduled Start Date (10) 2/22/12		2/2	7/12	piction .		Street	Address	AT THE		nalytical				
Occupancy Status During Abatement (Che	ck only	one)	Period of	f Abater	nent	Succe		105	6 Stelto	n Road				_
[x] Facility Closed/Vac	ated Dur	ing Entire	LOLIOG											
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Date of Notification (1)	2.23-16	`	Nam	e of Buildir	owner/Operator	.)			E	.]]	1	
Agency Notified	Type Notification	<u> </u>	Stre	et Address	Joseph	y lared	11 .			H.	1	T
□ EPA	™anitial			1	19 Par	K AUE	FEB 2	7 2012		II C	11	The same
D DEP	Amended Amendment #		City	State, Zip	222	on NJ	407760	•				
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d box				-	ORMATION		I NAME OF	a resident entidentalism				7
Name of Facility Where	Abatement is Taking F	Place (3)				Type of Facility	(4)				74	1
Single for	rily Dove !					☐ School (K-12 ☐ Subchapter 8) 3 (Other than K-1 ivate & commerc	12) cial building	s,			
19 1	Pank AUE					homes, etc.)		Bldg. A	\00		_	4
City (5)	42 • 552	. ^ *	77/ "			Square Feet	# of Floors		-			
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County (6)	h		ONL) (STATE USE	Current Ose (F)	ioi ii being deme	ondried)				
Name of Monitoring Firm	Hired by Building Ow	ner A	SCM No.	1.		nent Contractor (9						
(8) FPC Tec	Lhoologies		N	A	EPO	- Tech	rologies	S, In	<u>_</u>			
Street Address	•				Street Address	P.O. Box	J					
P.O. Box City, State, Zip Code												
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Project Manager for Mor	nitoring Firm	1 616	shuone in				License No.					
Steve Sch	enker	609	758	-3365	609-758			0039	1_			
Start Date (10)	Scheduled	Completio	n Date (1	1)	Name of OSHA			_				
3-6-12		e-12			Street Address	- Techn	Glogies	LAC	_			-
Occupancy Status Durin	7.0					Bex.	227					
★ Facility Closed/Vacate	ed During Entire Period	of Abate	ment		City, State, Zip (Code						_
☐ Abatement Performed ☐ Other – Describe:	Outside of Normal Fa	Clity Hour	5		New	Egypt	NJ	0853	33			
Scope of Work (Check a	II that apply)					Containment with		sure				
S C≥ 3 sf or ≥ 3 lf	¥ 6		10727	enovation	☐ Mini	-Enclosure						
□ ≥ 160 sf or ≥ 260 lf			□ D	emolition	Glov	ebag Procedure -Exempted (*) an	d Non-Friable Pt	rocedure				
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Asbestos-Containin TO BE A			tenance/ stodial	(i.e	e., thermal systems	s insulation,	(Specif		Rem	Repair	cap	Enclosure
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ASB-41	* Do n	ot use this	form for	asbestos li	censure exempted	l activities.						

Check #8130

ate of Notification (1)	2 211 12		Nar	me of B	uilding Owner/Oper	otor (2)	penties	TO			L-con-	
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gency Notified	Type Notification	Fly cooks		eer Add	00	Bo	ox 50	8 FEI	3 2 /	201	_	1430
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•	☐ Emergency (including justification)		10000000		Contact Mor	100		elephone ivo				1-
DOH	☐ Cancellation		1	<u> </u>	CITY .	Cari	<u> </u>	No. of Concession, Name of Street, or other Persons, Name of Street, or ot	***************************************			7
			F	ACILIT	YINFORMATION	TTV	pe of Facility (4)	<u> </u>				T
ame of Facility Where	Abatement is Taking Place	(3)				1						
Single f	Family Du	velli	13			- n	School (K-12) Subchapter 8 (C	Other than K-12)) I buildings			
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County (6)	llesex			NLY)			Single	family	Duc	$: \mathcal{U}_{\ell}$	<u>ng</u>	
Mide	m Hired by Building Owner	AS	CM N	0. /			t Contractor (9)				_	
lame of Monitoring Fin	m Hired by building street		r	J/A	E	PC	Techn	ologies	LA			
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Start Date (10)	1 -	- 7-	12		E	PC	Techno	slogies,	LAC			
3-7-1	ing Abatement (Check only				Street Add	ress	n 7	277				
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Facility Closed/Vac	ed Outside of Normal Facil	ity Hours	3	¥70	Ve.		Egypt	NJ	0853	33		
☐ Other – Describe:	90000						- J4b	Droces	uro.		Q.	
Scope of Work (Check	(all that apply)			⊒ Reno	7070260367 C	Full Co	ontainment with nclosure	Negative Press	JIC .			
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Date of Notification (1) 2/24/12		Na Pi	me of B	uilding Owner/ vay Townsh	Operator ((2) cipal Co	mplex		1 17	1G 1	1	1	
Agencies Notified Type Notification		0.0000000	reet Add 55 Hoe	ress s Lane		. 11			- 1		1		
EPA Initial Amended Amended Amendment #		Cit	ty, State,	, Zip Code vay, New Je	ersey 08	854	III F	EB 2	7 2012	2	IJ		
Emergency (in justification) DOA Cancellation	cluding	10000	me of C hitey h				LASB		ocarano.				
			FACILI	TY INFORMA	TION	-	F - 1114 · 741		YatNG	Company of the Company	dam'n'	1	\dashv
Name of Facility Where Abatement is Taking Piscataway Municipal Building Street Address	Place (3)					Sch	Facility (4) nool (K-12 ochapter 8	!) B (Othe	r than K-12	2) al buildir	nas h	omes	
505 Sidney Road						etc							
City (5) Piacataway, New Jersey 08854						Square 1000 +		1	Floors	35	g. Ag +	е	
County (6) Middlesex			ounty Co	ode (7) SE ONLY)					g demolish	ned)			
Name of Monitoring Firm Hired by Building O ATC Associates	wner (8)		ASCM 00098			of Abater aco Inc	ment Conf	tractor	(9)				
Street Address 3 Terri Lane			87		1903/72 - 6.05	Address Box 329)						
City, State, Zip Code Burlington NJ 08016		-		v 4		State, Zip st Berlin	Code NJ 080	91					22
Project Manager for Monitoring Firm		300	elephon	e No. 6- 8800		hone No. -753-98	00		License N 00727	No.			
Brian R Kearney Start Date (10)	Scheduled	Com				of OSHA	A Monitor						
3/8/12 Occupancy Status During Abatement (Check						t Address							
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: Occupied Normal Bu	eriod of Al	bateme	ent		City,	Box 329 State, Zip st Berlin		91					
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× R	enovat emoliti		٠		Mini Glov	-Enclosur	e cedure	n Negative			e	
						INOI	-Lxempte	1 / 4.	10111111		Abate	ement	t
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Mai	Location Internal Codial Science (12)	ly • ly by nce/ Staff?	S	Description Descri	Material ms insula /AT, or	(ACM) tion,	(Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A	Ele	or Tile /	Mastic		1	00 SF	x	-	-	-
Basement Work Area #1	X		-		or Tile /				000 SF	x	\vdash		\vdash
Basement Work Area # 2	×		+	FIC	JOI THE /	Mastio	- 8	-					\vdash
	-		-										
Name of Registered Waste Hauler Pernaco Inc		1	NJDEP V Hauler ID		ubic Yards f Waste 0	S	Name o		tered Land	ifill .			
City, State West Berlin NJ					isposal Da /21/12	ate	City, Sta Morris	ate sville F	PA 19067	7			
Completed by Anthony T Perna	Title Pres	ident	1		Signat	ture		_		Date 2/24/1	2		Kas.

			200	mer weller			- 11	1 11.	1.00				1		
Date of Notification (1) 02/23/12 Ck: 1874	\$200				Building C Burlingto		perator	(2)	FEB	11 7	2012				
Agencies Notified	Type Notification		_	treet Add	dress h Stree	t	To the same of	UL	FED	L 1	LUIL		The second second		
DEP DOL	Initial Amended Amendment	# <u>1</u>	C	ity, State Burlingt	e, Zip Coo on, Nev	le v Jerse	ey 080	16	ASDESTO	OS GOT CENST	r ROL &				
☑ DOH DCA	Emergency justification) Cancellation		1 2	ame of C	Contact Crivare)		g- 400g-4 1	- sales right field	Tele	phone Nun	per		ŧ	
	_ ouncommun			FACIL	ITY INFO	RMATI	ON								
Name of Facility Where Residence	Abatement is Takin	g Place (3)							of Facility (4) School (K-12 Subchapter 8)	r than K-12	<u>'</u>)			
Street Address 318 1/2 Jones Ave	enue							X G	Other (i.e. prietc.)	ivate 8	commercia	al build			es,
City (5) Burlington, New Je	rsey 08016							10,00		2	Floors	5	ldg. <i>F</i> 5+	.ge	
County (6) Burlington				County C	ode (7) SE ONLY)		_	Curre	nt Use (Prior	if beir	ng demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	_	ASCM	No.				tement Cont oration	ractor	(9)	75W			
Street Address								Addres	ss de Avenue		-				
City, State, Zip Code									p Code Park, Nev	w Jer	sev 0742	4			
Project Manager for Mo	nitoring Firm		T	elephon	e No.		Teleph	one No 225-8	0.		License N 01104				- Y
Ctart Data (10)		Scheduled	Com	nletion D	ate (11)		125100 100		HA Monitor		01104				
Start Date (10) 02/27/12		02/28/12							onmental	Labs					
Occupancy Status Durin				0.500				Addres Rout	ss te 22 Wes	t					
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Nor 8AM Start	Period of Aba mal Facility H	ours	ent					ip Code w Jersey	0708	3				
							01110								
Scope of Work (Check of 2 ≥ 3 sf or ≥ 3 lf ≥ 160 sf or ≥ 260 lf	ні тпас дрріу)		iovat noliti					Mir	Il Containme ni-Enclosure ovebag Proc n-Exempted	edure				re	
									II Exclipted	17411		T		emer	nt
Locatio Asbestos-Containin		Is Lo No Used 3	mall	у	Ashes		scription		I (ACM)	Д	mount			ype	
TO BE AI	BATED	Maint Custoo (NED 1928/12		therma surfa	l system icing, VA miscella	s insula AT, or	ation,	SI SI	Specify For LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								-	_	"	-
Exte	Exterior						site Shi	ingles			,000	x	-	-	+
					14						11 15				
Name of Registered W	aste Hauler	10-25	200	JDEP W auler ID		Oubic of Wa	Yards aste		G.R.O.\		ered Landfil	H.			
Lilich Corporation			8.9	3724		3 Diana	and Det		City, State		and iii				
City, State Woodland Park, Ne	ew Jersey 0742	4				02/2	(Mary 1977)		Morrisv	ille, F	ennsylva				
Completed by Tatiana Kalenikova	l e	Title Vice P	resi	dent			Signatur Tal	e	unk	Elo	la	ate 2/23/	12		
							1	A CONTRACTOR OF THE PARTY OF TH	SOUND THE SECOND		200				

Date of Notification (1) 02/06/12 CK # 1815 \$200	0.00			Building (Burlingt		perator (2	2)		cco	2.7.20	770			
Agencies Notified Type Notification		S	Street Ac				-	1 1 1 1		-/ <u>/</u> / /	117.	, 1	7	
EPA X Initial Amended Amendment				te, Zip Co ton, Nev		ey 0801	6	Endows I	iotal 5 Li	is (i.b. h. CINSII.G.	1 1		j	
Emergency (justification) DCA Cancellation	including	1000		Contact A Crivar	О				Tele	ephone Nu	mber -	ì	- v _{al} 3s	li ej
Name of Engility Where Abstament is Takin	a Place (3)		FACIL	ITY INFO	RMATI		Type o	f Facility (4						
Name of Facility Where Abatement is Taking Residence	g Place (3)					-		chool (K-12	10					
Street Address							S	ubchapter ther (i.e. pr	8 (Othe			dinas	hom	
318 1/2 Jones Avenue							et	tc.)						
City (5) Burlington, New Jersey 08016				and the supplier			Square 10,00	0	2	Floors	5	ldg. /	\ge	
County (6) Burlington				Code (7) ISE ONLY)			Curren Home	t Use (Prio	r if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCM	No.	*			ement Cont oration	tractor	(9)				
Street Address			lane verene			Street A 606 M		s le Avenu	е					
City, State, Zip Code						City, Sta	ate, Zip			sev 0742	24			
Project Manager for Monitoring Firm		Т	elephor	ne No.		Telepho 973-22	ne No		1, 55.	License N 01104				
Start Date (10)	Scheduled (Comi	nletion [Date (11)				A Monitor		01104				Page 40 / 11 / 1
02/17/12	02/18/12	50111	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		100 Y 5 100 100 100 100 100 100 100 100 100 1		nmental	Labs					2000/2000
Occupancy Status During Abatement (Chec	k Only One)					Street A		22 Wes					Her III	-2775
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe: 8AM Start	Period of Aba nal Facility Ho	iteme ours	ent			City, Sta	ate, Zip			3				
Scope of Work (Check All That Apply)						Union	, INEV	v Jersey	0700	J				
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		ovati		12 0			Mini	Containme -Enclosure /ebag Proc	edure					
					VIII.	×	Non	-Exempted	(*) an	Non-Fria	ble Pro		emen	
	ls Lo Nor	catio			D	scription o							/pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used S Mainte Custod	olel) enan	y by ce/		tos Cont thermal surfac	taining Ma systems cing, VAT miscellane	aterial insulat , or		(5	mount ** Specify or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes 1	No	N/A										e .	
Exterior		X			Trans	ite Shin	gles		1	,000	X		<u> </u>	
Name of Registered Waste Hauler		l N.	JDEP W	/aste	Cubic	Yards		Name of F	Registe	ered Landfi	11			
Lilich Corporation		Ha	auler ID 1724		of Was	ste		G.R.O.\						
City, State Woodland Park, New Jersey 07424		1			Dispos 02/20	sal Date 0/12		City, State Morrisvi		ennsylva	nia			
Completed by Tatiana Kalenikova	Title Vice Pr	esic	dent			Signature	-	16	0		ate 2/06/	12		
Available and					1	our de			4.6	67				

10	1100			UL 1U	DAY		
Date of Notification (1)		State of New Jersey AFION OF ASBESTOS A Pursuant to NIAC 8:50-7 and 12:			0010	0 1	1
[02](23]/[12]		Hoffmann-LaRoche		1	2019	-	
Agencies Notified () EPA () DEP	Type Notification (X) Emergency (x) Initial	Street Address 340 Kingsland Street	TAVAT	TED NO	W FE	7 2 7	-21
(x) DOL (x) DOH	Notification () Amended	City, State, Zip Code Nutlay, NJ 07110	LVVAI	VEN AF	FNUVI	GCycly	100
() DCA	Votification () Cancellation	Name of Contact Ed Gorka		phone Number	- whome from the		40
	ticalina Diagram	FACILITY INFORMATION	Type of Par	cility (4)		- Copp	2
Name of Pacility Where Abateme Building 46	mi is taking Piace (3)		() Settoo	l (K-12) apter 8 (other ti	hun K-12)		
Street Address "same as above"			(X)Other	(i.e ,private & buildings, hom	eat atr.)		
City (5)	County (6)	County Code (7) (STATE USE ONLY)	Square Feet	2			
	Essex	(STATE OBE ONE)	Current use	(Prior if being	demolished)	999	- 33
Name of Monitoring Firm Hired b	y Building ASCM N	Name of Abatement C	Contractor (9)	37) 72 (1)			
Owner (R) Owner EHS Dept o	r (ĖHI)			/SAVE Inc.			_
Street Address	(655 West Shore Tr		West Street				
City, State, Zip Code	Gian West share in	City State Zip Code	N. I. (1700.)				
Nutley, NJ (Sparts, NJ) Project Manager for Monitoring F	trm Telephone Numi	Bloom field	L	ivense Number	357		
973-235-3286 (973-	729-5649)	(973) 680-0088				· -//	_
	ned Completion Date (02 / 24 / [12]	11) Name of OSHA Moni	TO.				
Month Day Year M	fonth Day Year	Street Address					-
Occupancy Status During Abatem [] Facility Closed/Vacated Du of Abatement	ent (Check only one) iring Entire Period	Street Address					
[] Abatement Performed Outsi	ide of Normal Facility	City, State. Zip Code			3		
F = 1 Other - Describe: 7 am -	430 pm						
Scope of Work (Check all that ar	pply)[] Full Containn	nent with Negative Pressure wit	remote shower [x] Mini-Enclosi	ıre			
Demolition x ≥3 sf or ≥3 if	(X K	enovation	(x)Glovebag Pro	coduro			
[] ≥ 160 × F or ≥ 260 If			Non-Friable Pro	cedure	Abatem	ent Type	-
	ls Location	Description of		1	R	E	
	Used	Asbestos-Containing	1 1	mount pecify	E R M E	N C	
	Solely By Main-	Material (ACM) (i.e., thermal systems		SP or	OP	Λ	
	tensuce/	insulation, surfacing, VA	T.	LF) '	VA	P	•
8	Custodial Staff (12)	or other miscellancous	9	i	A I	Ü	1
						L	
Maria and the state	Yes No NA	piping	18 If	1	4		
Mexicanine area thb shop		hrhung					_
	1-1-1-						
Name of Registered Waste Haule	NJDEP Waste H		Name of Register Tallyspwn Rese	ed Landfill	. & Crand	Central	
Waste Management	I ID No 304597	of Waste Disposal Date	City, State Tu	lytown, PA, I	Pen Arevi P	A	
City, Scate Morrisville P	A Title			Dat	te 3/23/12		
Completed By (Print or Type)		A	1/hm le				
Phases Us los			11012				
Sharon Hendet	'ount						
Sharon Hendet	DWAR						
Sharon Hendet	DWAE						

Date of Notification (1) [02] (23] / [12]				lame of Building Owner/C	Operator (2)					
() EPA	Type Notif	gency		treet Address 40 Kingsland Street		FEB 2	7 2012		1	,
() DEP (x) DOL (x) DOH	(x) Initia Notifi () Amend	cation		City, State, Zip Code Nutley, NJ 07110		TALLERY UCL	itaise Mg	•••••	415	
() DCA	Notifi () Cance	cation llation		lame of Contact		Telephone.No	imbar		- regen de	
A			FA	CILITY INFORMATION	I					
Name of Facility Where Abatemen Building 46	nt is taking	Place (3)			{ }	of Facility (4) School (K-12) Subchapter 8 (o				
Street Address "same as above"					{ X }	Other (i.e.,priva cial buildings,				
City (5)	Coun			inty Code (7) ATE USE ONLY)	Curre	e Feet # of F nt use (Prior if b	2	ldg. Ago		
Name of Monitoring Firm Hired by Owner (8) Owner EHS Dept. or		ASCM 1	No.	Name of Abatement Co	ontractor (9)	fices and shop OW/R/SAVE I	nc.			
Street Address 340 Kingsland	(655 Wes	Shore Tr	.)	Street Address 27	West Street	***************************************				THE CONTRACTOR OF THE
City, State, Zip Code	_			City, State, Zip Code						
Nutley, NJ (Sparta, NJ) Project Manager for Monitoring Fire	Talan	hone Num	har	Bloomfield, Telephone Number	NJ 07003	License Nu	mber 26	57		
973-235-3286 (973-7		Holle Ivuli	ibei	(973) 680-0088		License No	mioei 3.	97		
Scheduled Start Date (10) Sche [02]/[24]/[12] [0	ed.Comple 2]/[24/ onth Day	12]		Name of OSHA Monit	or					
Occupancy Status During Abateme [] Facility Closed/Vacated Dur of Abatement	nt (Check	only one)		Street Address						
[] Abatement Performed Outsid Hours - Describe: [x] Other - Describe: 7 am - 4		al Facility	-	City, State, Zip Code					1000	30
Scope of Work (Check all that app		1 Contains	nent wi	th Negative Pressure w/ re	emote shower		-			
[] Demolition [x] \geq 3 sf or \geq 3 lf [] \geq 160 sf or \geq 260 lf	,,,,,, 11 w.	[x]I	Renovat	ion	[x] Mini-E (x) Gloveba	Inclosure				
	Is							Abatem	ent Typ	e
*	Locat Use Sole	d		Description of Asbestos-Containing Material (ACM)		Amount (Specify	R E M	R E	E N C	E N C
	By M			(i.e., thermal systems		SF or	0	P	A	L
	tenan	ce/		insulation, surfacing, VA	Γ,	LF)	V	A	P	0
	Custo Staff (or other miscellaneous)			A L	I R	S U L	S U R
	Yes No	NA							Jestin J	Е
Mezzanine area fab shop			piping		1	8 lf	X			
		+			*-					
Name of Registered Waste Hauler Waste Management		P Waste H 304597	Iauler	Cubic Yards of Waste		gistered Landfil Resource Reco		Grand (Central	
City, State Morrisville PA				Disposal Date	City, State	Tullytown, 1	PA, Pen A	rgyl P	1	
Completed By (Print or Type)		Title		Signature	16.	4	Date 2/	23/12		



Date of Notification (1) 02 / 23 /	12	1	T		of Building		er/Operator (2) E G E	IVEI		3		
Agencies Notified Type Notif			-		Address					111			-
☐ EPA ☐ Initial	ication				ountain	Blvd		FEB 2	7 2012				
DEP Amend	ed		-	City, St	ate, Zip Co	ode	1 1 1	i ILU Z	7017	Total Marie			
	ment #_	du din a			en, NJ 0)	É.		11.00710			
☐ DHSS ☐ Emerging DCA i justification		aluaing	-		of Contact			ACLES	Telephone Nur	mber			
(NJAC 5:23-8)				Lois	J. Harole	d	Law woman	Litera					
				FΔC	ILITY INF	ORI	MATION	17 - 18 W. V 18 No. (1) 2.5	V	· .			
Name of Facility Where Abatement i	s Taking	Place	(3)	1 70				Type of Facility (4)				
Township Owned Barn	J Talling	1 1000	(0)					☐ School (K-12)					
Street Address								Subchapter 8	(Other than K-1	2)	222		
197 Mountain Ave.								Other (i.e., pri	vate & commen	ciai bullul	nys,		
City (5)								Square Feet	# of Floors	Bld	g. Ag	e	
Warren, NJ 07059								10,000	1	1	922		
County (6)				Count	y Code (7)	(STAT	E USE ONLY)	Current Use (Price	or if being demo	lished)			
Somerset								Vacant					
Name of Monitoring Firm Hired by B	uilding C	wner (8	3) /	ASCM N	10.	Nam	e of Abateme	ent Contractor (9)				7.5	
Quest Environmental/Enviro						SI	MAC Corp.						
Street Address							et Address						
1741 State Route 31						27	' EAST 33 ^{RI}	STREET					
City, State, Zip Code						City,	State, Zip Co	ode					
Clinton, NJ 08809						PA	ATERSON I	NJ 07514					-
Project Manager for Monitoring Firm			Tele	ohone N	No.	Tele	phone No.		License No.				
Darin P. Vogel			90	8-730-	7707		3-345-4055		01110	10000			
Start Date (10)		luled Co			The state of the s		ne of OSHA M						
03 /05 /12		3_ /	16	_ / _	12_	El	MSL ANAL'	YTICAL, INC					
Occupancy Status During Abatemer	t (Check	k only o	ne)			Stre	et Address						
□ Facility Closed/Vacated During E	ntire Pe	riod of	Abater	nent			56 SHELT						
Abatement Performed Outside of Time of Abatement:AM	Normal	Facility M/	Hour PM-	s - Des	cribe AM		State, Zip C	ode Y NJ 08854					
Scope of Work (Check all that apply)												
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	,	☐ Re 図 De					☐ Mini-End	tainment with Neg closure g Procedure empted (*) and No		dura			
		T la	Locat	ion			M NOII-EXE	inpled () and No	II-I Hable I Tocc		atem	ent T	vpe
			Norma				Description of	of					
Location of Asbestos-Containing Material (A	CM)	10000000	d Sole		Asbes	stos (Containing Ma	aterial (ACM)	Amount	Rem	Repair	Enca	ncl
TO BE ABATED		100000	intena todial		(i.e., the	rmal s	systems insul VAT, or	ation, surfacing,	(Specify SF or LF)	Removal	air	Encapsulate	Enclosure
IN Facility (13)			(12)			oth	er miscellane	eous)	,	-		ılate	ō
		Yes	No	N/A									
Old Barn Ceiling				\boxtimes	Transite	e Pai	nel - Non Fi	riable	4,725 SF				
South West Flat Roof				\boxtimes	Roofing	g Shi	ngles - Nor	r Friable	75 SF				
Boiler				\boxtimes	Boiler D	Dism	antling - Fr	iable	70 SF	\boxtimes		\boxtimes	
Name of Registered Waste Hauler			10000	JDEP \		100000000000000000000000000000000000000	ic Yards of	Name of Regis	stered Landfill				
SMAC Corp			H	lauler II 18590		-	0 Yards	. Grows Lar	ndfill				
City, State 27 E 33rd Street, Paterson,	NJ - 07:	514	1			and the same	oosal Date 3/16/2012	City, State Morrisville	, PA				
Completed By (Print or Type)	Titl			P. Service			Signature	6		Date ,		,	
Borce Gjorsoski		resid	ent					xue Gors	00/	2/2	3/	12	

State of NJ Notification of Asbestos Abatement

	/~/	Notificatio	on of Asbes	tos Aba	atement	geryennia andre	Service of a second second second		in the			
B & G proj. #: 2012-32 Amendment	· 💥 ,	(Pursuant to	Non Si	16 8	1 12.120 1)		Check # 5	087				
	- 0.			10 0		13	e il M	BIN				
Date of Notification (1)	Name of B	uilding Owner/O	perator (2)									
0 2 / 2 4 / 1 2	St Clare	's Health Syste	em				0.7.0010			_		-
Agencies Notified Type Notification	Street Add					FEB	2 7 2012	Line	-	,		
EPA Initial	25 Poce	ono Road							1		_	-
□ DEP □		e, Zip Code			1	AST ST						
DOL Amendmen	/ Denvii	lle, NJ 07834					Telephone N	lumber	-			
⊠ DOH	Name of C	Contact					erena di casa di santa		6-19-E-6134			
☐ DCA ☐ Cancellation	n Drew	Van Hook			<u> </u>				==			=
		FACILIT	TY INFORMA	TION								_
2						Туре	of Facility (4) School (K - 12)				
Name of facility where abatement is t	aking place (3)							ter 8 (Othe	than	K-12)	
St Clare's Health System							Other (P	rivate/Comr	nercia	al	ž.	
Street Address							Bldgs./H	omes, etc.			Ago	
	me Day Surge	erv)				Squa	are Feet #	of Floors		Bldg.	Age	
25 Pocono Road, Wing 4-C (Sa	County (6)				Code (7)	_		. if haing d		ched)		_
City (5)	Journs ()			(State i	use only)		rent Use (Prio	or it being u	CITIOII	silcu)		
Denville, NJ 07834	Morris			TIN	ame of Abatemer							
Name of Monitoring Firm Hired by B	dg. Owner (8)		ASCM No.		B & G Restora				-			_
Total Solution Environmental			017		treet Address	tion, me						
Street Address					105 Ryerson R	Road						
22 Columbia Road				- ci	ty, State, Zip Coo	de	C41-11 (C5-2) (C4)					
City, State, Zip Code					Lincoln Park,		35		and a		_	
Morristown, NJ 07960		Phone Number	er	- T	elephone Numbe			License N 0378	umbe			
Project Manager for Monitoring Firm		973-998-934			973-696-686			0370				=
Ben Waer	TSched Com	pletion Date (11			Name of OSHA N B & G Restor		nc					
Scheduled Start Date (10)		11	ž.	1	Street Address	ation, n	10.					
2/15/2012	3/9/2012	·*		- `	105 Ryerson	Road						_
Occupancy Status During Abatemen	nt (Check only of	ahatement.		1	City, State, Zip Co							
Facility closed/vacated during Abatement performed outside	of normal facility	y hours-										
Describe:	Opm occupied			_	Lincoln Park	, NJ 070)35			=		_
Describe: 7:00am - 3:3	opin ceespara									-		
Scope of Work (check all that app				⊠ Fo	ull Containment v	v/negative	e pressure	Gloveb				
Demolition 🗵	≥160 sf or ≥260) If		M M	lini-enclosure			☐ Non-fri		-		
3 sf or 3 lf	Lis location not	rmally used solel	ly						e	R	E n	E n
Location of asbestos-containing	by maintenan	ce/custodial	Descrip	tion of as	sbestos-containir	ng	Amount (Specify	SF or	m o	p a	c a	С
material to be	staff(12)		- materia	I (ACM)			LF)		v	ī	p	L.
abated in facility (13)	Yes	No N/A					30 lf / 26 lf	& 366 sf	e	ń	П	
L Hallway / 4th Fl SDS4 & SDS5		X			contam brown coat		16 lf	20 300 01				
3rd floor L&D			pipe insul				10 lf					
≯ Psych Room		X	pipe insul		www.goat	- X	88 sf		Ø			
Psych Room		X	contamin		JWII COAL	*		f/ 7 lf	Ø			
L Hallway SDS1 / SDS 2/ SDS 1		X	pipe insu Cubic Yards	of Waste	Name of Regis	tered La	ndfill					
Registered Waste Hauler	NJDEP 19563	radici ib.	10 yards		Tullytown I	Resource	e & Recover	y Center				
B & G Restoration, Inc.		Disposal	Date	× (:	City, State	DA						
City, State Lincoln Park, NJ 07035		2/15 -	3/9/2012	*	Tullytown,			Date				
Completed by (Print or Type)	Title		Signature		Gordana Li	una		2/24/2	2012			
Gordana Luna	Treasurer		- L						179.7			

State of NJ

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

B & G proj. #:	2012-32	-	(Purs	suant to	Non S		3	i _ i _ ivi w	Check	# 5053		Stor at	_	
Date of Notification	(1)	I Name of	Building	Owner/C	perator (2)		17.25	E. 1	۵ <u> ا</u>	F/ [E]				
0 12 1/10 13		11	re's Hea					15. 15) to t	1/ 1/3				
Agencies Notified	Type Notification	Street A	ddress							0010				
☐ EPA	✓ Initial	25 Po	cono Ro	oad				F	FB 27	2012	11 10/			
☐ DEP			te, Zip Ci				-							
☑ DOL	☐ Amendmen	nt Deny	ille, NJ	07834				401	rethe on		m.i	1		
⊠ DOH		Name of							Telephor	e Numbe		J		
	☐ Cancellation	n Dest	v Van H	ook										
DCA		Diev	v vali ii			TION								
				FACILIT	Y INFORMA	ATION		Trunc	of Facility	(4)				
Name of facility w	here abatement is t	aking place (3)						Type	School	ol (K - 12)				
									Subch	napter 8 (0	Other tha	an K-1	2)	
St Clare's Heal	th System								Other	(Private/C	ommer	cial		
Street Address								_		/Homes, e		Bldo	g. Age	-
25 Pocono Ros	ad, Wing 4-C (Sa	me Day Surg	gery)					Squ	are Feet	# 011 100	"		,	
City (5)		County (6)					nty Code (7) e use only)	Cu	rrent Use (F	Prior if bei	na demo	lished	1)	_
						(Stat	e use only)		spital	1101 11 00.				
Denville, NJ	07834	Morris			ASCM No.	-п	Name of Abatemen	_						
Name of Monitori	ng Firm Hired by Bl	dg. Owner (8)					B & G Restorat							
	Environmental)17	-	Street Address	.1011, 111	-					
Street Address							105 Ryerson R	oad						
22 Columbia I							City, State, Zip Cod	THE RESERVE THE PERSON NAMED IN						
City, State, Zip Co							Lincoln Park,	NJ 070	35					
Morristown, 1	VJ 07960		Phone	Number		-	Telephone Number				e Numb	er		
Project Manager t	for Monitoring Firm						973-696-6869			0378				
Ben Waer		A		998-934			Name of OSHA Mo	onitor						
Scheduled Start D	Date (10)	Sched. Cor	npietion i	Jale (11)			B & G Restora	tion, I	nc.			-		
2/15/2012		2/29/2012					Street Address							
Occupancy Status	s During Abatement	t (Check only o	ne)				105 Ryerson R					-		
Facility clos	sed/vacated during	entire period of	abateme	ent.			City, State, Zip Coo	de						
	performed outside		ty flours-				Lincoln Park,	NI 076	135					
Other-Desc	cribe: _7:00am - 3:00	pm occupied				$= \bot$	Lincom rark,	143 074	,,,,,			20, 701		_
Scope of Work (check all that apply)				57			n proceure	☑ Glov	ehan nr	ocedi	ire	
Demolition		Renovation				5.00	Full Containment w/	negativ	e pressure		-friable			
\boxtimes >3 sf or >3	If 🔲 :	≥160 sf or ≥26	O If			M	Mini-enclosure				TR	R	E	_
Location o		Is location no	rmally use	ed solely					Amoun		е	e	n	E n
asbestos-		by maintenan staff(12)	ce/custoo	iiai	Descript material	tion of	asbestos-containing			y SF or	m o	p a	c a	c
material to	be facility (13)	Yes	No	N/A	material	I (ACIVI	'		LF)		V	Ī	p	L
abated iii	raomity (10)	165	140	14//					80 lf		e	1		
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3rd floor				X	pipe insula	ation			75 11		ᅥ片	H	片	厅
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				# 10	ubic Yards o	f Wast	Name of Registe	red Lar	dfill					
Registered Wast	te Hauler	NJDEP 19563	Hauler ID	**	ubic raids o Lyards		Tullytown Re	source	& Recove	ery Cente	er			
	ation, me.			isposal D	ate		City, State							
City, State Lincoln Park	. NJ 07035			2/15 - 2	/29/2012		Tullytown, P	'A						
Completed by (I		Title			Signature		Gordana Lun	200		Date 2/3	e /2012			
Gordana Lui		Treasurer					Ziriania sexin			2131	2012	-		

State of NJ

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

(Pursuant to NJAC 8:60-7 and 12:120-7) Check # 2012-43 B & G proj. #: Name of Building Owner/Operator (2) Date of Notification (1) 10 2 / 2 17 1/1 2 Jeff Simon FEB 2 7 2012 Type Notification Street Address Agencies Notified 889 Springfield Avenue ☐ EPA Initial City, State, Zip Code ☐ DEP Amendment New Providence, NJ 07974 Telephone Number DOL M Name of Contact DOH 🖂 Cancellation Jeff Simon ☐ DCA FACILITY INFORMATION Type of Facility (4) School (K - 12) Name of facility where abatement is taking place (3) Subchapter 8 (Other than K-12) Other (Private/Commercial Jeff Simon Bidgs./Homes, etc. Street Address Bldg. Age # of Floors Square Feet 889 Springfield Avenue County Code (7) Current Use (Prior if being demolished) County (6) (State use only) City (5) residential Union Name of Abatement Contractor (9) New Providence, NJ 07974 ASCM No. Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address 105 Ryerson Road Street Address City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Phone Number 0378 Project Manager for Monitoring Firm 973-696-6869 Name of OSHA Monitor Sched. Completion Date (11) B & G Restoration, Inc. Scheduled Start Date (10) Street Address 3/8/2012 3/7/2012 105 Ryerson Road 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-Lincoln Park, NJ 07035 Describe: Other-Describe: Scope of Work (check all that apply) Full Containment w/negative pressure □ Renovation Non-friable procedure Demolition Mini-enclosure ≥160 sf or ≥260 lf E \times >3 sf or >3 lf E e Is location normally used solely n n Amount m p by maintenance/custodial C Description of asbestos-containing Location of (Specify SF or C 0 a a asbestos-containing material (ACM) staff(12) p material to be N/A abated in facility (13) Yes No X 140 lf pipe insulation basement Name of Registered Landfill Cubic Yards of Waste Tullytown Resource & Recovery Center NJDEP Hauler ID# Registered Waste Hauler 2 yards 19563 B & G Restoration, Inc. City, State Disposal Date Tullytown, PA City, State 3/9/12 Date Lincoln Park, NJ 07035 Signature Cordana Luna 2/27/2012 Completed by (Print or Type) Treasurer Gordana Luna

House

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

Page 1 of 2

0/1			*		, ,,,,,,,			L' by W	- 15'	Trans.	11	٦
Date of Notification (1)	23 / 12					vner/Operator (2 vestors, LLC			12		of the same of the	
agencies Notified	Type Notification		1000	reet Ado				-EB 2 7 2012	2			
⊠ EPA	☐ Initial				omfield A		1 1				1	7
DEP DCA (NJAC 5:16)	Amended Amendment #	1			e, Zip Code ain Lake	s, NJ 07046	AS AS	BESTOS CONTROL (}			
☑ DHSS ☐ DCA	☐ Emergency (in justification)	cluding	9862	ame of (T	elephone Number	Mary and a second		j	
(NJAC 5:23-8)	Cancellation			Ross (Chomik		On the second		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-		4
	<u> </u>			FACIL	ITY INFO	RMATION		6 45		ter mage	Manual S	4
Name of Facility Where	Abatement is Taking	Place (3					Type of Facility (4)					
67 Whippany Road	1 - Bldg. 6						☐ School (K-12) ☐ Subchapter 8 (Other than K-12)				
Street Address							Subchapter o	ate & commercial b	ouilding	js,		1
67 Whippany Road	d						homes, etc.)					\dashv
City (5)							Square Feet	# of Floors	Bldg.	year		
							79,749	1	1	year		\dashv
County (6)				County	Code (7)(S	TATE USE ONLY)		if being demolishe	(0)			
Morris							Vacant					_
Name of Monitoring Fin	m Hired by Building	Owner (8) A	SCM No). N		ent Contractor (9)					
Health & Safety S	ervices Inc.			00117		Superior Aba	atement Inc.					-
Street Address				CENTRAL OF	5	Street Address						
318 12th Street							Drive, Ste A					
City, State, Zip Code					(City, State, Zip C						
Hammonton, NJ	08037					West Caldwe	ell, NJ 07006	Titi No		-	_	
Project Manager for Me			Telep	hone N	0.	Telephone No.		License No. 00411				
Jim Proctor	* = =		609	9-704-8		(973) 808-16		00411				-
Start Date (10)	Sche	eduled Co				Name of OSHA						
01 / 04	/ 12 _	06 /	15	_ / _	12	Superior Ab	atement, Inc.			-		
Occupancy Status Dur		ck only o	ne)			Street Address						
M Facility Closed Vac	ated During Entire F	eriod of	Abaten	nent			n Drive, Ste A					
Abstancet Perform	ned Outside of Norm t:AM	al Facility	y Hours	s - Desc	ribe M	City, State, Zip C West Caldw	code rell, NJ 07006					
Scope of Work (Check	c all that apply)					⊠ Eull Co	ntainment with Neg	ative Pressure				
		Пос	enovatio	on		Mini-Er	nclosure					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		⊠ De	emolitio	on.		⊠ Gloveb	ag Procedure xempted (*) and No	n-Friable Procedur	е			
≥ 160 St 01 ≥200 II		1990				☐ Non-E	xempled () and ivo		Aba	ateme	ent T	уре
			Locat Norma			Description	of		70	70	m	п
Loca	tion of	Use	ed Sole	ely by	Asbes	toe Containing N	Material (ACM)	Amount (Specify	Removal	Repair	Encapsulate	Enclosure
Asbestos-Contain	ing Material (ACM) ABATED		aintena stodial		(i.e., ther	mal systems ins VAT, or	ulation, surfacing,	SF or LF)	oval	=	psul	Sure
IN F	acility	J	(12)			other miscella					ate	
	13)	Yes	No	N/A		720,000			57			+
Crawlspace, 1st F	loor, Attic			\boxtimes	TSI Pip	e Insulation		5,618 LF				
Crawispace, 1st F				×	TSI Pip	e Fittings		270 EA	N N		片	
Crawlspace & Att				\boxtimes	ACM D	ebris		33,792 SF			H	
1st Floor & Baser				\boxtimes	VAT/Ma	The state of the s	- IN of Bogi	58,445 SF				15
Name of Registered No.1 Gary W. Gr				NJDEP		Cubic Yards of Waste	Name of Regi	stered Landfill .R.O.W.S. North L	andfill	L		
			1	09369	D No. / 10464	400		rand Central Sanita				_
No.2 R. Holmes & City, State No.1 D	alaware MI					Disposal Date	The second second	Io.1 - Morrisville,				
	obyhanna, PA					6/15/2012		lo.2 - Pen Argyl, P	ate			
Completed By (Print	or Type)	Title				Signature	1////		2/23/	2012	1	
Nick Petrovski		Presi	dent			1/1	10-110	12n-		_		

(continued...page 2 of 2)

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)					
/							NEGE	IWEF	1			
Agencies Notified	Type Notification			Street	Address							
☐ EPA ☐ DEP ☐ DCA (NJAC 5:16)	☐ Initial ☑ Amended _ Amendment #			City, S	tate, Zip	Code	FEB 2	/ 2012	71			
☑ DHSS ☐ DCA (NJAC 5:23-8)	☐ Emergency (in justification) ☐ Cancellation	ncluding		Name	of Contac	*	Alvelo fig. 1 at	Telephone Number	er			-
	<u> </u>			FAC	CILITY IN	FORMATION				ı		-011-2-0-10
Name of Facility Where	Abatement is Takin	g Place	(3)				Type of Facility	(4)		į.		
Street Address							School (K-12 Subchapter 8 Other (i.e., proposed)	3 (Other than K-12) rivate & commercial	build			
City (5)		-					Square Feet	# of Floors	Blo	ig. A	je	
County (6)				Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	I ior if being demolish	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Street Address						Street Address						
City, State, Zip Code						City, State, Zip Co	ode					
Project Manager for Mo	nitoring Firm	-	Tele	phone	No.	Telephone No.		License No.				
Start Date (10)		duled C				Name of OSHA N	fonitor					
Occupancy Status Durin						Street Address						
☐ Facility Closed/Vaca ☐ Abatement Performe Time of Abatement:	d Outside of Norma	d Facility	y Hour	s - Des	cribe AM	City, State, Zip Co	ode			-		
Scope of Work (Check a						<u> </u>			-			
☐ ≥3 sf or ≥3 if ☑ ≥160 sf or ≥260 if	an out apply)		novati molitic			Mini-End ✓ Gloveba	g Procedure	gative Pressure on-Friable Procedure	•		.Fireseil	W1020000
			Locat		T T					atem	ent T	ype
Locatio Asbestos-Containing TO BE AB IN Fact (13)) Material (ACM) I <u>ATED</u> Ility	Use Ma	Norma ed Sole intena todial (12)	ely by nce/ Staff?	Asb	Description of estos Containing Ma ermal systems insula VAT, or other miscellane	iterial (ACM) ation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A				40.000.05	54			
Crawlspace, Mecha	nical Rooms					sulation		18,880 SF			片	
1st Floor						abs on Sheetroo		10,752 SF				-
Stairwells					<u> </u>	oof Door Insulati		36 EA				
Roof				×		g Material & Flas	Name of Regis	51,982 SF	×			
Name of Registered Wa	iste Hauler			IJDEP I lauler II		Cubic Yards of Waste		Stereo Landini				
City, State						Disposal Date	City, State					
Completed By (Print or Nick Petrovski		le Preside	ent			Signature	11.11	Dat	e Z -	-2	3-1	2

Agencies Notified GPA DEP Administration Type Notification Type Notification	mpleted By (Print or Type) lick Petrovski	Title Presid	ent			Signature	///	Da	te	0.0		
Agencies Notified Steet Address Street Address Agencies Notified DCA (NAC 5:16) Content of Agencies Agencie							1.537/	gh OH	-			
Agencies Notified SPA	y, State			0112				07 (84.75)20) 	-			
Agencies Notified						Waste						
Agencies Notified	me of Registered Waste Hauler		100	NJDEP	Waste		Name of Regist			Ш	Ш	Ш
Agencies Notified	airwells			\boxtimes	Fire Doo	ors			-			
Special Control (NAC 5:16) Size Address Special Address Sp	`Floor / Roof			\boxtimes	VAT,Ma	stic,SheetrockGlu	ue/Roofing	121,179 SF	-	П	П	Г
Sereal Address Street Address Stre				\boxtimes	ACM De	bris / Duct Insula	tion	52,672 SF				
Agencies Notified Type Notification Type Notification Initial Amended Amen			+-	-	Pipe/Fit	tings		5,888 LF				
Agencies Notified Type Notification Street Address Type Notification Street Address Agencies Notified Awnue Amendment # Am	rawlenaco 4st Electrica				-	20 T T T	5				ē	
Agencies Notified	Asbestos-Containing Material (AC <u>TO BE ABATED</u> IN Facility	c	Jsed S Mainte ustodia (1	olely by nance/ al Staff? 2)	(i.e., the	stos Containing Mate mal systems insulati VAT, or	erial (ACM) ion, surfacing,	(Specify		-		Гур
Agencies Notified Type Notification Street Address 49 Bloomfield Avenue Amended Amendment # Emergency (including justification) Cancellation	<u>Signal</u> ≥160 sf or ≥260 lf	□□□	Demo	lition cation			Procedure	n-Friable Proced		nator	on! 7	
Agencies Notified] ≥3 sf or >3 If		Renov	/ation			ainment with Neg	gative Pressure				
Agencies Notified EPA DEP Initial Amended Amended Amended Emergency (including justification) Cancellation	Abatement Performed Outside or Time of Abatement:AM	f Normal Fa PM/_	cility H	ours - F	Describe	City, State, Zip Co	de			- W		
Agencies Notified EPA DEP DCA (NJAC 5:16) DCA (NJAC 5:16) DCA (NJAC 5:23-8) DCA (NJAC 5:23-8	Occupancy Status During Abatemen	nt (Check or	nly one	e)								
Agencies Notified Paper		_ 03	_ / _	02		Committee of the control of the cont						
Agencies Notified Type Notification Street Address 49 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik City (5) Street Address County Code (7)(STATE USE ONLY) County (6) Morris County Code (7)(STATE USE ONLY) Vacant	Start Date (10)	Schedule	ed Con					00411				
Agencies Notified EPA		11 .										
Agencies Notified EPA		n	- 1-	T 1 .			II, NJ 07006					
Agencies Notified Agencies Notified Type Notification Street Address Agencies Notified Amended Amended Amended Amended Amended Emergency (including justification) Cancellation						City, State, Zip Co	ode					
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Agencies Notified Type Notification Street Address FPA DEP Amended Amended Amended Amended Amended Emergency (including justification) Cancellation Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) 67 Whippany Road Bldg. 6 Street Address 67 Whippany Road City (5) Whippany County (6) County (6) County (6) County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Street Address A9 Bloomfield Avenue City, State, Zip Code Mountain Lakes, NJ 07046 Name of Contact Ross Chomik Telephone Number Ross Chomik Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (i.e., private & commercial buildings, homes, etc.)		Building Ou	mer (8) 40	CM No	Nome	The state of the s	54		ot.		
Agencies Notified Type Notification Street Address FED 2.7 2012	, , , ,			(County Code	(7)(STATE USE ONLY)	The state of the s	Prior if being dem	olished			
Agencies Notified EPA							79,749	1		54		
Agencies Notified EPA							homes, etc	c.)		100	30 00	
Agencies Notified EPA	67 Whippany Road						☐ Other (i.e.,	private & comme	-12) ercial b	uilding	as.	
Agencies Notified Street Address FED 2 7 2012							School (K-	-12)	40)			
Agencies Notified Type Notification Street Address FED 2.7 2012	67 Whippany Road - Bldg	nt is Taking	Place	(3)								
Agencies Notified Type Notification Street Address F	Name of Facility Where Abote				FACILITY	INFORMATION						in :
Agencies Notified Street Address Compared	, Li Gai				Ross Cho	mik	The Contract of the Contract o	\$				
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	⊠ EPA			- 1				ILU LI	ZUIZ	1.	month.	-
12 / 22 / 11 67 Whippany Investors, LLC	Agencies Notified Type I	Votification						EED 0.7	2010			-
	Date of Notification (1)				Name of Buil	Iding Owner/Operato	(0)		17	100	1	11

No Chock

Date of Notification							Owner / Operator	(2)		Pilos			
	2/20/12				-	dress	oration			HH		-	
	Type Notifica	ation	1000			gacy Dr	ive	11111	1	HH			
⊠ EPA □ DEP	☐ Initial					e & Zip C		+ H FEB	2 7 2012	MI			
□ DOL		nded #1				X 75024		/	14	creat			
☑ DOH		gency				Contact	i	ASBESTO	OS CONTROL &	elephon	e Nu	mbe	r
DCA		ellation	F	Richa	ard	Marnik	<u></u>	LIC	ENSING				. 1
				EAC	211	ITV INF	ORMATION		The same of the sa		ž		
Name of Facility Wh	oro Abatama	ent is Taking Pl	ace (3		JIL	III IIVI	Type of Facili	tv (4)	The state of the s		1		
JC Penney- Store	# 497 Coo	ling Tower	acc (0	,			School (k			7347.			
Street Address	7 11 401 000	ang rener					Subchap	ter 8 (Other tha	an K-12)				
305 Mt. Hope Ave	enue							e. private & con	nmercial buildings			c.)	- 77
ooo ma riopo i ii							Square Feet	# of Flo	ors Blo	dg. Age			
City (5)	-	County (6)	Cou	inty (Cod	e (7)						- 10	
Rockaway		Morris					Current Use (Prior if being d	emolished)				
Rookavay							Cooling To	wer					
Name of Monitoring	Firm Hired b	y Building Own	ner (8)		A	SCM No		tement Contrac	ctor (9)				
Hillman Consulti			853.13				AbateTech,					-	_
Street Address							Street Addres	SS					
1600 Route 22 Ea		/					PO Box 25	7:- 01-					
City, State & Zip Co	de	- /					City, State & Lumberton						
Union, NJ 07083	-1597		T-1	h-n-	NI.	mhor	Telephone No		License Nu	ımber	-		9535
Project Manager for	Monitoring F	-irm	908-6			mber 0	609-265-210		Liconics	00529	9		
Thomas Rubino	to (10)	Scheduled Cor	DECEMBER 2011 20				Name of OSI						
Scheduled Start Da 2/21/12		Scrieduled Col	2/22		10 (11)	EMSL Analy						
Occupancy Status		ment (Check o		ALL CANADA			Street Addres						
Facility Clos	sed/Vacated	During Entire P	eriod	of Aba	ater	ment	108 Haddor	ı Ave.					
		utside of Norm					City, State &	Zip Code					
Describe:							Westmont,	NJ 08108					
Facility Occ	upied During	Abatement											
Scope of Work (Ch	eck all that a	pply)	382-30/77					. Full Co.	ntainment with Ne	aviten	Dres	SUIFA	
				-		- e!			iclosure	ganvo	1 100	ouio	
≥3 sf or ≥3		12	\bowtie			ation ition		100100 00000000000000000000000000000000	Bag Procedures				
≥160 sf ≥26	60 If			Der	HOII	ILIOIT			empted and Non-	Friable	Proc	edu	re
			le le	Locat	ion		Description		Amount		teme		
	ocation of tos-Containir	na		nally			Asbestos-Con		(Specify				
	terial (ACM)	19		olely			Material (A		SF or LF)	n	_	Enc	9
TO	BE ABATED			tenar			(i.e., thermal s	ystems		Removal	Repair	aps	응
j	in Facility		Custo	odial (12)	Sta	π?	insulation, surface	aneous)		oval	air	Encapsulate	Enclosure
	(13)		Yes	No	TN	/A	Of Other missen	arrodaey				9	
		f of Duilding		Ø	+-	"	Caulk		150 LF		П		
Bottom of Cooling	1 ower/Roo	r or Building	H	H	┼	$\dashv + -$	Oddin		-	T			
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N. CD-violen	d Masta Hau	lor		H	IDE	P Waste	Cubic Yards	Name of Rec	gistered Landfill				
Name of Registere	g waste nau	iei				er ID No.	of Waste						
AbateTech, Inc.					1	8750	4	TRRF Land	ifill				
City, State							Disposal Date	City, State					
Lumberton, NJ							2/23/12	Tullytown,	PA	1=			
Completed By (Prin	nt or Type)				tle		Signature	1		Date	140		
Gwen Trumbetti				0	pps	. Coord.	Sil	1	W.S	2/20	112		

1202-4445 Check #3823

Date of Notification		The same of the sa		Na	me	of Bu	uilding	g Owi	ner / Operat	tor (2)	1				111		
	2/22/12			JC	Pe	enne	y Co		ation	1170	$\langle \cdot \rangle$			#1			
Agencies Notified EPA	Type Notific	ation		100000000		Addr					111 FI	EB 2	7 2012		7 1		
DEP	│	J					acy D & Zip			1 12	Art 1				1		
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☐ DCA		cellation		317337			larni				(pp) for the plant or he was observed to see		A - Jay Francis				ciel
									BEATION	-7							<u> </u>
Name of Facility W	here Ahatem	ent is Taking D	Dlace		AC	ILLI	YIN		MATION	2, III. (A)							
JC Penney- Stor			lace	(3)					Γype of Fac ☐ School								
Street Address		,g			-				To have to the control of the contro		(Other th	nan K-1	2)				
305 Mt. Hope Av	enue								Other (i					is ho	mes	etc.)	1
								_	Square Fee		# of Flo			ldg. A			
City (5)		County (6)	С	oun	ty C	ode	(7)	\neg							5~		
Rockaway		Morris			•		` '	l	Current Use	(Prior	if being	demolis	hed)				
								100	Cooling To								
Name of Monitoring		y Building Ow	ner (8)	***	ASC	OM No		Name of Ab		nt Contra	ctor (9)	1				
Hillman Consulti	ng, LLC		***						AbateTech			(-,				40	
Street Address				THE STATE OF				100	Street Addre								
1600 Route 22 Ea									O Box 25								
City, State & Zip Co									City, State &								
Union, NJ 07083 Project Manager for		irm	Tolo	ńho	2	Numb	200		umbertor elephone N			1.	·				
Thomas Rubino	Worldoning i	11111	908				Jei	10.00	609-265-21		ı	ľ	icense N	umbei 005			
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2/21/12		Joneanica Gol	2/2			- (11)		100	MSL Ana								
Occupancy Status I		ment (Check o	DEPARTMENT HER			7			Street Addre			Shire and the same of the sam		-			
Facility Clos	ed/Vacated [During Entire F	eriod	of-	Aba	feme	nt		08 Haddo		€.						
The second secon	Performed Ou	utside of Norm	al Ho	urs				C	ity, State &	Zip C	ode						
Describe:								V	Vestmont,	, NJ 0	8108						
	upied During																
Scope of Work (Che	eck all that ap	ply)															500
≥3 sf or ≥3 l			F 3	_			_			Н			ent with Ne	egativ	e Pre	ssur	е
≥3 sf or ≥3 l ≥160 sf ≥26			A			vatio olitior				H	Mini-En		cedures				
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Lo	cation of		ls	Loc	atio	n	ſ	1000	Descriptio	n of			mount				
177	os-Containing	g	Non					As	sbestos-Cor		g		Specify	7.0	T	T	Type
	erial (ACM)				ly by				Material (A	CM)	•		or LF)	ļ		_ <u>_</u>	ıl m
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Bottom of Cooling	Tower/Roof	of Building	П		1000	П			Caulk			11	50 LF		\vdash		+
	ottom of Cooling Tower/Roof of Building								Cauin			1,	JU LI	$+ \bowtie$	tH	H	H
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Name of Registered	Waste Haule	er		1	JJD	EP V	Vaste	Cub	ic Yards	Nam	e of Regi	istered	andfill				111
						ler ID			/aste								
AbateTech, Inc.					•	1875	0		4	TRR	RF Land	fill					19
City, State									osal Date		State	404000				E .	
Lumberton, NJ									2/24/12	Tull	ytown, I	PA			<u>l</u> ×		
Completed By (Print	or Type)				Title		123	Sign	ature (0			Date	L		
Gwen Trumbetti				0)pp	s. Co	ord.		_ \	In	1			2/22	:/12		

21573

Date of Notification (1) 02 / 22	/ 1:	2		E CONTRACTOR		ng Owner/Operator (1		
Agencies Notified Type	e Notification				Address			FEB 2 7 20	112		71		
	nitial			49	Bloomfi	eld Avenue							
	Amended Amendment #	12			State, Zip			ACCUPACE CANADO		3			
⊠ DHSS □ E	Emergency (I		1	Mo	untain L	akes, NJ 07046		ASBESTOS CUNTRO	L &			-	
□ DCA ji	ustification)			Name	of Conta	ct	-	Telephone Numb	er				
(NJAC 5:23-8)	Cancellation		8	Ros	s Chom	nik							
				FA	CILITY II	NFORMATION	·				-	trace 6	
Name of Facility Where Abater	nent is Takir	g Place	(3)				Type of Facility	(4)		-		_	
67 Whippany Road - Qu	ad Buildin	g Sect	ions :	8. 4(F	loors 1.	2,3,Attic&Roof)	School (K-12						
Street Address	***						Subchapter 8	(Other than K-12)					
67 Whippany Road							Other (i.e., property of the homes, etc.)	rivate & commercial	l build	lings,			
City (5)							Square Feet	# of Floors	TRI	dg. A	ne		
Whippany							500.000	3	- 1	54 y	T-2		
County (6)				Cour	ty Code (7)(STATE USE ONLY)		or if being demolish		-			
Morris				Jour	ity Couc (THO THE OOL ONLY	Vacant	or a board domons	ica,				
Name of Monitoring Firm Hired	by Building	Owner	(8)	ASCM	No	Name of Abateme						-	
Health & Safety Services	72	OWNER	٠, ا	0011		Superior Aba							
Street Address	3 1110.					Street Address	itement inc.						
318 12th Street				18			n Drive, Ste A						
City, State, Zip Code						City, State, Zip Co							
Hammonton, NJ 08037			T-1-		N-	West Caldwe	II, NJ 07000	I I I I I I I I I I I I I I I I I I I					
Project Manager for Monitoring	rim)			phone		Telephone No.		License No.					
Jim Proctor	10-1-	1.1.10		9-704		(973) 808-161		00411					
Start Date (10)		duled C				Name of OSHA M							
01 / 23 / 12		05_/			12	Superior Aba	itement, inc.						
Occupancy Status During Abat			1000			Street Address	120 T						
☐ Facility Closed/Vacated Dur						2 Henderson	PROBABILIS CAMADONIA PROBABILISTA	- Company					
Abatement Performed Outs Time of Abatement:						City, State, Zip Co West Caldwe							
Scope of Work (Check all that a	apply)					1 00000	-,,						
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		Charles .	novati molitic			Mini-Enc Glovebag	g Procedure	native Pressure					
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Location of			Normal		ļu -	Description o			1	T	BIIL I	ype	
Asbestos-Containing Materi	ial (ACM)		d Sole		Asbe	estos Containing Ma		Amount	공	Repair	Ē	9	
TO BE ABATED	1400 (• 000000 (((((intena todial s		(i.e., the	ermal systems insula	ation, surfacing,	(Specify	Remova	활	Encapsulate	Enclosure	
IN Facility (13)			(12)			VAT, or other miscellane	ous)	SF or LF)	20		i a	129	
(10)		Yes	No	N/A		outor mioonario	,				6		
1 st , 2 nd , 3 rd Floors and A	ttic			×	TSI PI	pe Insulation		24,780 LF	×				
1st, 2 nd , 3 rd Floors and	Attic			×	TSI Pi	pe Fittings		680 LF	Ø				
2 nd & 3 rd Floors				×	VAT/M	astic		162,400 SF	×				
2 nd & 3 rd Floors				×	Basebo	oard and Mastic		21,000 SF					
Name of Registered Waste Hat No.1 - Gary W. Gray Trucking	u ler g Inc.		/ 100000	JDEP \	The state of the s	Cubic Yards of Waste	Name of Regis	tered Landfill W.S. North Landfill					
No.2 - R. Holmes & Sons		a de as	0	9369/	10464	1400	No.2 - Grand C	Central Sanitary Lar	ndfill				
City, State No.1 - Delaware, N	IJ					Disposal Date		.1- Morrisville, PA			- 34100	0725005	
No.2 - Tobyhanna, PA						5/23/2012	No	.2 - Pen Argyl, PA				S-5II	
Completed By (Print or Type)	Titl	е				Signature	// /	Date	9				
Nick Petrovski	F	reside	ent			1/1/1	6/1	12/2/2	2/20	12			

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	Carried Market	1= 1	0.7	1	1-11	4	/
1	E HW	1 1	1 111	1-	11711		

Date of Notification (1)					Name	of Building	g Owne	er/Operator (2)		-	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	7	
Agencies Notified	Type Notifica			-	Street	Address			- 1 1 F	EB 2 / 20)12	111	-	
⊠ EPA	☐ Initial			- 1						-			1	
DEP DCA (NJAC 5:16)	Amended Amendme			ı	City, S	tate, Zip C	Code			SBESTOS CONTR	n 8		1	40
DHSS	☐ Emergend		luding	- 1						110 FM24A43				ú
DCA (NJAC 5:23-8)	justificatio	on)			Name	of Contact	t			Telephone Nu	mber	galage I	o Dan	-
					FAC	ILITY IN	FOR	MATION	source in the				- Significant	-
Name of Facility Where	Abatement is T	aking	Place	(3)					Type of Facility	(4)				
Street Address				-		•			School (K-12 Subchapter 8 Other (i.e., pi	3 (Other than K- rivate & commer	12) rcial build	ings,		
City (5)	Ma) = 100								Square Feet	# of Floors	Blo	lg. Aq	90	
County (6)					Coun	ty Code (7	YSTAT	E USE ONLY)	Current Use (Pri	for if being demo	olished)			
County (6)					Coun	ty 0000 (i	ДОПП	_ 000 0,		•	•			
Name of Monitoring Firm	Hired by Build	ding O	wner (8) /	ASCM I	No.	Nam	e of Abatem	ent Contractor (9)					
Street Address							Stree	et Address	***	55W,1815		,		
City, State, Zip Code							City.	State, Zip C	ode					
Project Manager for Mon	Tele	phone I	No.	Tele	phone No.		License No.	/			- 200			
Start Date (10)	- 18	Sched	uled C	omple	tion Dat	te (11)	Nam	e of OSHA	Aonitor				-	
			/		_ / _									
Occupancy Status During	g Abatement (Check	only o	ne)			Stree	et Address						
☐ Facility Closed/Vacate	ed During Enti	re Per	iod of	Abater	nent									
Abatement Performed	d Outside of No AM	omal PN	Facility N	Hour PM-	s - Des	cribe AM	City,	State, Zip C	ode					
Scope of Work (Check a	Il that apply)													
⊇3 sf or ≥3 lf □ ≥160 sf or ≥260 lf			☐ Re ☐ De					☐ Mini-End	tainment with Net closure ig Procedure empted (*) and No		dure			
			Is	Locat	ion							atem	ent T	ype
Location Asbestos-Containing TO BE AB IN Facil (13)	Material (ACN ATED ity	A)	Use Ma	Normal d Sole intena todial ((12)	ely by nce/ Staff?	Asbe (i.e., the	Description of bestos Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
			Yes	No	N/A						-	_		-
2 nd & 3 rd Floor Hallw			Transit				1,170 SF							
2 nd and 3 rd Floor			Firepro				30 ea.			블				
Roof Section 3 & 4						Roofing	_			101,200 SI				
2 nd & 3 rd Floor						Window				978 ea.			П	Ш
Name of Registered Wa	ste Hauler				IJDEP \ lauler II		Was	100		stered Landfill				
City, State								osal Date 23/2012	City, State					
Completed By (Print or 1 Nick Petrovski	(ype)	Title	reside	ent				Signature	hil la	han	Date 2/22/20	12		

Date of Notification (1)			Mar Same		ng Owner/Operator (I I W	BI	111			
02/09/	12		67	Whippar	ny Investors, LLC				-			
Agencies Notified Type Notifica ☑ EPA ☐ Initial	ation			t Address Bloomfie	eld Avenue	C.	cp 2 7 20	12				
☐ DEP ☐ Amended			City,	State, Zip	Code			-\				
☐ DCA (NJAC 5:16) Amendme		na	Mo	untain L	akes, NJ 07046		SECTION ECHIENC	11 8				
☐ DCA justification	on)	9	Name	of Contac	ot '		Telephone N			.)	i i	
(NJAC 5:23-8)	ion	- 53	Ro	ss Chom	nik	And the second section			4		X	
			FA	CILITY IN	NFORMATION							
Name of Facility Where Abatement is T	aking Plac	e (3)				Type of Facility	(4)					
67 Whippany Road - Quad Buil	ding Sec	tions	3 & 4 ((2 nd & 3 rd	Floor & Attic)	☐ School (K-1						
Street Address						☐ Subchapter	8 (Other than K private & comme	(-12) ercial buil	dinas			
67 Whippany Road						homes, etc.		oroidi buli	ungo			
City (5)						Square Feet	# of Floors	В	ldg. A	_		
Whippany						500,000	3		54 y	ears		
County (6)			Cou	nty Code (7)(STATE USE ONLY)	Current Use (P	rior if being dem	nolished)				
Morris			1			Vacant				55000		
Name of Monitoring Firm Hired by Build	ing Owner	(8)	ASCM		Name of Abateme)					
Health & Safety Services Inc.			001	17	Superior Aba	tement Inc.						
Street Address					Street Address						75	
318 12th Street					2 Henderson							
City, State, Zip Code					City, State, Zip Co							
Hammonton, NJ 08037					West Caldwe	II, NJ 07006	I I I I I I I I I I I I I I I I I I I					
Project Manager for Monitoring Firm		10.700.000	ephone	40	Telephone No.	e	License No 00411	•				
Jim Proctor		1	09-704		(973) 808-161 Name of OSHA M		00411					
Start Date (10) S	cheduled 0				Superior Aba							
Occupancy Status During Abatement (C	check only	one)	_		Street Address							
☐ Facility Closed/Vacated During Entire			ment		2 Henderson	Drive, Ste A						
Abatement Performed Outside of No Time of Abatement:AM					City, State, Zip Co West Caldwe		-					
Scope of Work (Check all that apply)			- 55		_							
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		enovat emoliti				Procedure						
	- 1 .			1	∐ Non-Exe	mpted (*) and No	on-Friable Proce	- TOTAL				
	200	s Loca Norma			Description o			AL	T	ent T	ype	
Location of Asbestos-Containing Material (ACM)	Use	ed Sole	ely by	Asbe	stos Containing Ma		Amount	Rer	Repair	En	E	
TO BE ABATED	IVI	aintena todial		(i.e., the	rmal systems insula	ition, surfacing,	(Specify SF or LF)	Remova	air	Encapsulate	Enclosure	
IN Facility (13)	000	(12)			VAT, or other miscellane	ous)	SF OF LF)	₩		ulat	Te	
(10)	Yes	No	N/A							Ö		
2 nd & 3 rd Floor and Attic			\boxtimes	Pipe/Fit	ttings		14,170 LF					
2 nd & 3 rd Floor			Ø	VAT/Ma	astic		162,400 S					
2 nd & 3 rd Floor Hallway				Transit	е		1,170 SF					
2 nd & 3 rd Floor				Basebo	ard and Mastic		21,000 SF					
Name of Registered Waste Hauler No.1-Gary W. Gray Trucki	ng Inc		JDEP V	Waste 918464	Cubic Yards of Waste		V.S Northi				c: 11	
No.2-R.Holmes & Sons	*				1100 Disposal Date	City, State	Central Sa	untar	y L	and.		
Civistate La la Bellayald, NJ					5/23/2012			PA				
(2) Tobyhanna, PA Completed By (Print or Type)	Title				Signature	1(2) Pen A	royl, PA	Date		-		
Nick Petrovski	Preside	ent			O. G. I. C. C.	LAK	km.		9	-/:		

	49		NOT		ION OF	ASBESTOS ABA JAC 8:60 and 5:			6.0	(C)	and college	7
Date of Notification (1)					3				W	E		
01 /	13 /	12		1		ding Owner/Operators, L						Service of Services
Agencies Notified	Type Notifica	tion			eet Addres			<u>ern 67</u>	2012		J	7
⊠ EPA	Initial	uon		1/1/25/25/		field Avenue			1. 5. 11.		Es mails o	
☐ DEP	Amended			-								
DCA (NJAC 5:16)	Amendme	nt #		7.0	y, State, Z	And the state of t		ASELL S 791.	THUL &	9		
DHSS	☐ Emergency justification		ling			Lakes, NJ 07046)	4,21 (4, 1) (41.4				ائـــ
(NJAC 5:23-8)	☐ Cancellation	on		1000000	me of Con			Telephone Nu	mber			
					loss Cho						1000	
No. of Fig. 191, AAR				F	ACILITY	INFORMATION						
Name of Facility Where							Type of Facility	(4)				
67 Whippany Road	- Quad Build	ing Se	ction	s 3 & 4	4 (3 ^{ra} Flo	or & Attic)	☐ School (K-1					
Street Address 67 Whippany Road								8 (Other than K- private & commer		ilding	s,	
City (5)					-/		Square Feet	# of Floors		Bldg.	Age	
Whippany							500,000	3			year	S
County (6)				Co	unty Code	(7)(STATE USE ONLY	Current Use (P	rior if being demo	lished			
Morris							Vacant					
Name of Monitoring Firm	manufacture and the same of th	g Owne	r (8)	ASC	M No.	Name of Abaten	nent Contractor (9)				100
Health & Safety Ser	vices Inc.			00	117	The same American School	atement Inc.	•				0
Street Address						Street Address			51,000			
318 12th Street						2 Henderso	n Drive, Ste A					
City, State, Zip Code	-					City, State, Zip C		1				
Hammonton, NJ 08	037					West Caldw	ell, NJ 07006					
Project Manager for Monit	toring Firm		Te	lephone	e No.	Telephone No.		License No.		_		
Jim Proctor			(09-70	4-8850	(973) 808-16	16	00411				
Start Date (10)	Sch	eduled	Comp	etion D	ate (11)	Name of OSHA	Monitor				-	_
01 /23 /	12	05	/ _2	3_/	12	Superior Ab	atement, Inc.					
Occupancy Status During	Abatement (Che	eck only	one)			Street Address			-			-
□ Facility Closed/Vacated	During Entire F	Period o	f Abate	ement		2 Henderson	Drive, Ste A		2			
☐ Abatement Performed	Outside of Norm	al Facil	ity Hοι	ırs - De	scribe	City, State, Zip C						
Time of Abatement:	AM	PM/	PN		_AM	West Caldwe						
Scope of Work (Check all	that apply)	-				1	,					_
≥3 sf or ≥3 lf≥160 sf or ≥260 lf	•		enova emoliti			Mini-End Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		ıre			
			s Loca					24	1	atem	ent T	vne
Location o			Norma ed Sol			Description of			5000	T	T	Ī-
Asbestos-Containing M TO BE ABAT			aintena		Asbe	estos Containing Ma	aterial (ACM)	Amount	Removal	Repair	Encapsulate	Enclosure
IN Facility		Cus	todial		(1.6., 1116	ermal systems insula VAT, or	ation, surfacing,	(Specify SF or LF)	SVOL	air.	aps	losu
(13)			(12)	т -	-	other miscellane	ous)	,	<u> =</u>		ulat	ē
		Yes	No	N/A							0	
rd Floor and Attic				\boxtimes	Pipe/Fi	ttings		7,800 LF				
rd Floor				\boxtimes	VAT/Ma	astic		98,700 SF				
									П	П	П	П
ame of Registered Waste	Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Registe	ered Landfill	1-			
Service Transport Gr	oup, Inc	33	Н	auler ID SW21		Waste 600	Minerva Lar			W		
ity, State				•		Disposal Date	City, State	* * *				-
New Castle, DE						5/23/2012	Waynesburg	gh OH				

Completed By (Print or Type)

Nick Petrovski

Title

President

Signature

Date

			NOT		MOITA	OF AS	New Jersey SBESTOS ABAT AC 8:60 and 5:1		reck# a	<i>></i> 0€	13	6	Direction of the second	
Date of Notification (1)			2 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _ 2 _		155000000000000000000000000000000000000		ng Owner/Operator (111 / I tomer we	U E I W	片	m	11.		
02 /	10 /	12			Vo	oak Tern	ninal Perth Ambo	y, LLC		-7		11 -	*	
Agencies Notified	Type Notif	ication	-		Street	Address		-	FD 0 7 2000		111	T		
⊠ EPA					125	0 State	Street		EB 2 7 2012	1	IJ			
⊠ DOLWD	☐ Amend	ed			City, S	State, Zip	Code							
☑ DHSS	The second second	ment #_			8.37		oy, NJ 08861	ASB	ESTOS COMTROL &					
DCA	☐ Emerge		cluding	1		of Contac	0.74.0.	FIFE BLANCISCO	Talanhana Numbe	er				
(NJAC 5:23-8)	Cancel				Har	ns Torre	man		- 11 m		أردرسه			
					EAG	CII ITV II	NFORMATION		1(0)	The steel	_	- ;		
Name of Facility Where	Abstament is	Taking	Diaco	(3)	FAC	SILIT II	ALOKANION	Type of Facility (4)			Lag.		
							77	School (K-12)						
Vopak Terminal (fo	ormer ness	Corpe	лано	11)				Subchapter 8	(Other than K-12)					
Street Address								Other (i.e., pr homes, etc.)	ivate and commerc	al bu	ilding	js,		
1250 State Street								Square Feet	# of Floors	TBI	dg. A	ge.	-	
City (5)						Tank i	Earm	see attached	1		58 yı	C-10-11		
Perth Amboy					T Carre		7)(STATE USE ONLY)		or if being demolish					
County (6)					Cour	ity Code (1)(STATE USE UNLT)	Oil Storage		cuj				
Middlesex				(a) T	10014		Name of Abateme							
Name of Monitoring Firm		ilding O	wner (ASCM				antroptora IIC					
Birdsall Services 0	Group			(200	517		nvironmental C	ontractors, LLC					
Street Address							Street Address	51	_					
611 Industrial Way	West							f Industrial Loo	р					
City, State, Zip Code							City, State, Zip Co							
Eatontown, NJ 077	24			V.			Birmingham, Alabama 35210 Telephone No. License No.							
Project Manager for Mor	nitoring Firm			Tele	phone	No.	Telephone No.							
Mr. Paul Calabrese	•				2.380		205.943.5711	**************************************	01092					
Start Date (10)		Schedi					Name of OSHA M	Ionitor			*:			
02 / 27 /	_12_	_ 0-	4_ /	_ 23	_ / _	12	Environment	al Tactics, Inc.	10					
Occupancy Status Durin	g Abatement	(Check	only o	ne)			Street Address	2		F54				
☐ Facility Closed/Vacat					nent		64 Broad Stre	eet						
☐ Abatement Performed	d Outside of	Normal	Facility	y Hour	s - Des	cribe	City, State, Zip Co	ode						
Time of Abatement:	AM	PN	1/	PM-		AM	Matawan, NJ	07747						
Scope of Work (Check a Soprement in Scope of Work (Check a Soprement in Scope of Scope of Scope of Work (Check a Soprement in Scope of Work (Check a Soprement in Scope of Work (Check a Soprement in Scope of Work (Check a	ll that apply)			novatio			☐ Mini-Enc	Procedure	ative Pressure -Friable Procedure	>				
				Locati						Ab	atem	ent T	ype	
Location Asbestos-Containing TO BE AB/ IN Facil (13)	Material (AC ATED	cM)	Use Ma Cust	Normal d Sole intena todial S (12)	ly by . nce/		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					Enclosure		
			Yes	No	-					\boxtimes	П	П	T	
See attached			<u>Ц</u>										H	
		1								П		П		

(13)	(12)				other miscellane	eous)		ate	"
	Yes	No	N/A					1500000	
See attached									
					X-11-11-11-11-11-11-11-11-11-11-11-11-11				
					-				
Name of Registered Waste Hauler Newark Carting, Inc.		0.00	NJDEP V Hauler III	No.	Cubic Yards of Waste	Name of Registered Landfill IESI Corporation			

Newark, NJ 07105 Completed By (Print or Type)

Title

Signatur

Disposal Date

ethlehem, PA 18015

City, State

Date

City, State

Nonheck

. 4

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

Job #:1108-1585 Check #: NA

1,00	ye							E (0 10	A WICK	1			\neg	
Date of Notification			Na	me of	Build	ing Owr	ner / Operator (2	2) 10 15						
10/17/11						e Hos	pitai		11111					
Agencies Notified	Type Notificat	tion	14 19 20 20 20 20 20 20 20 20 20 20 20 20 20	eet Ad			11111	FFR 27	2012					
			Cit	v Sta	te & 7	ip Code	e		ZUIZ/					
☐ DEP	Initial		ВЛ	y, Old	air N	J 0704	2		1	9				
□ DOL				me of				ASDESTOS CO	Tele	ephone	e Nur	nber		
□ DOH	Emerg	geney ellation				ousa	EMPERIOR DE LA COMPANSA DEL COMPANSA DEL COMPANSA DE LA COMPANSA D	110000						
☐ DCA	Cance	ellation					BRATION	- 9460m - 236	The second of the	4				
		.: T. I Dia		FACI	LIIY	INFOR	RMATION Type of Facility			1				
Name of Facility W	here Abateme	nt is Taking Pia	ce (3)				School (K-1	2)		4.7				
Mountainside H	ospitai						Subchapter	8 (Other than	ı K-12)	20	8	2		
Street Address							Other (i.e. p	orivate & com	mercial buildings,	home	s, etc	:.)	\rightarrow	
1 Bay Avenue							Square Feet	# of Floo	11200	g. Age				
O:L. (F)		County (6)	Cour	nty Co	de (7)		963,743	6	1914	l) (last a	additi	on)		
City (5)		County (c)					Current Use (Pr	ior if boing de) (last o	audiu	011,	\neg	
Montclair		Essex						ioi ii beilig de	monoried)					
Company of the control of the contro					1001	1 11-	Hospital Name of Abater	ment Contract	or (9)					
Name of Monitorin	g Firm Hired b	y Building Owne	er (8)		ASCN	I NO.	Ashestos and	Mold Serv	ices, Corp.			15		
Hillman Enviror	mental Grou	ıp, LLC					Asbestos and Mold Services, Corp. Street Address							
Street Address							3859 Sylon Blvd.							
1600 Route 22 E							City, State & Zip Code							
City, State & Zip C	ode	(6)					Hainesport, N	ort, NJ 08036						
Union, NJ 0708: Project Manager for	or Monitorina F	irm	Teleph	one N	lumbe	er	Telephone Num		License Nur	nber 0086 :	2			
Kristen Sleys			908-6				609-702-0400			0080			\dashv	
Scheduled Start D	ate (10)	Scheduled Com	pletion	n Date	(11)		Name of OSHA							
10/28/11		7/29/12					EMSL Analyt	icai						
11/28/11 2/23/12 (Phase #3-2	and Chist)												_	
Ossumanou Status	During Abate	ment (Check on	ly one)		101	Street Address							
☐ Facility Cl	osed/Vacated	During Entire P	епоа о	Aba	emer	it	107 Haddon						\dashv	
Abatemer	at Performed O	utside of Norma	al Hour	S			City, State & Zi							
Describe:	DULA OF MODIC	-Will put on hold be ned & some 2 nd shif	tween F	hases.	Weeke	end work ed.	Westmont, N	J 08108						
	will be perform	rill start @ 6:00 pm	(10/28/1	1)	C1101111	· · ·	74 25							
													\neg	
Scope of Work (Che	eck all that apply)					Г	Full Cont	ainment with Negat	ive Pre	ssure		- 1	
			N	Dono	vation		Ī	Mini-Enc						
	If (Per Phase)				olition			☑ Glove Ba	g Procedures				1	
☐ ≥160 sf ≥2	60 If		Ш	Delli	Jillion			Non-Exe	mpted and Non-Fria	ble Pro	cedu	re		
	Location of		ls l	ocati	on		Description	of	Amount	Aba	teme	ent I	ype	
Ash	estos-Containii	na	Norm	nally L	Ised		Asbestos-Conta		(Specify SF or LF)			ш		
50.353.000	Material (ACM)	3		olely b	-		Material (AC	M)	SF ULLI)	Re	_D	Encapsulate	Enclosure	
	O BE ABATED			tenan			(i.e., thermal sy	stems	2.	Remova	Repair	sde	los	
	in Facility		Custo	odial S	staff?	ın	sulation, surfacion other miscella	neous)		\varepsilon \varepsilon a	₩.	ula	ure	
	(13)		Vas	(12) No	N/A		or other miscena	neous)				6		
			Yes	NO		Dutty o	n Heating Coil		3-SF	\boxtimes				
Ph#1-Ground Floo		ř		× ×			sulation		20 LF	X				
Ph#2-Ground Floo							n Heating Coil		18 SF	\boxtimes				
Ph#2-Ground Floo		tions		×			sulation		15 LF	\boxtimes				
Ph#2-Ground Floo				\boxtimes			sulation		70 LF	\boxtimes				
Ph#2-Ground Floo		Hone		Ø			n Heating Coil	natural para anti-	9 SF	\boxtimes				
Ph#3-Ground Floo							on Heating Coil		4 SF				Ш	
Ph#4-Ground Floo			\vdash				on Heating Coil		5 SF			Ц	 	
Ph#5-Ground Flo							on Heating Coil		2 SF		L	닏	닏	
					1		sulation		10 LF		L		님	
Ph#6-Ground Flo Ph#7-Ground Flo			一	Ø			on Heating Coil		10 SF		닏	닏	14	
Ph#7-Ground Flo			1	Ø		Pipe Ir	nsulation		60 LF			Ш		

Ph#8-Ground Floor Various Locations			- CONTRACTOR	on Heating Coil	4 SF 13 LF	
Ph#8-Ground Floor Various Locations			Naste	Cubic Yards of	Name of Registered Landfill	
Name of Registered Waste Hauler		uler II		Waste 80	GROWS	
Horizon Disposal				Disposal Date	City, State	
City, State Trenton, NJ				TBD	Morrisville, PA	Date
Completed By (Print or Type) Kim Trumbetti	1 0000	tle dmin.		Signature	V-	2/23/12

FEB 2 7 2012

LIGENSING

Nonede

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

CVC									-4-317			
Date of Notification (1) 1/10/12					Name of Build BASF Corpora	ling Owner/C ation	Operator (2)	la E	0 W	E		
Agencies Notified		Notification	Type		Street Addres 100 Campus I			ER 2	7 201)	Ull	
(X)EPA		() Initial No			City, State, Zi		<u> </u>	ED /	-/ <u>- </u>			
(X) DOL		(X) Amende		ion	E	N.1.07022						
(X)DOH		() Cancelle	ea		Florham Park, Name of Cont		- AS	Tel Ni	umber	Ôl		
()DCA					Frank Piechoe			TOI. NO	ATTIOUT			
				FACILITY IN	NFORMATION	731		and the same of the	- MADE			
Name of Facility Where Abate	ment is Ta	aking Place	(3)		Type of Facilit () School (K-	(y (4) %						d
BASF - Building No. 5 - Tin B	sullaing				() Subchapte	er 8 (other th	an K-12)					
Street Address					(X) Other (i.e.	private & co	mmercial bld	gs., hom	es, etc.			
Oll Ook / Hadross					Sq. Feet 43	24	# of Floors	1				
1 James Street	L (0)		I County C	ada (7)	Sq. reet43	024	_# 01 1 10015_	-				
	unty (6) Warren		County C (State Us		Bldg. Age 30) +/-	r	10/	hauaa			
					Current Use (prior if being						
Name of Monitoring Firm Hired	d by Bldg.	Owner (8)	ASCM No 00104	<u>).</u>			Name of Co NCM Demo			iation, L	P	
Environmental Health Investig	ations, Inc											
Street Address					Street Addres 404 N. Berry							
655 West Shore Trail					404 N. Belly	Street		22.0.11				
City, State, Zip Code					City State, Zip							
Sparta, NJ 07871					Brea, CA 928	321						
Project Manager for Monitorin	a Firm	Telephone	Number		Telephone Nu	ımber			e Numbe	er_		
William S. Kerbel, CIH		973-79-564			484-480-8931			01066				
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	IA Monitor					-	
1/23/2012		2/24/2012			Testor Tech							- 10.
Occupancy Status During Aba	atement (C	heck only or	ne)		Street Addres							
(X) Facility Closed/Vacated D () Abatement Performed Ou	ouring Entir	re Period of	Abatement		10 59 Jackson	n Ave.						
() Abatement Performed Ou	ISIDE OF INC	Jilliai Facility	1 lours -		City, State, Zi	p Code	L.I.C. N	ew York	, 11101			
Describe Vacant Bldg. To Be 4324 Sf vacant building to be	Demolishe demolishe	e <u>d</u> ed in its entire	ety.									
Oll Describe												
Other – Describe Source of Work (Check all that	at apply)											
	t app.jj											
(X) Demolition () Renovat (X) Large Proj. (>160 SF or >	tion	M) / \Small	Proi (>25<	:160 SF or >10	<260 LF ACM)	() Minor	Proj. (<25 SF	or <10 l	F ACM)			
() Full Containment with Neg	gative Pres	ssure ()	Mini-Enclos	sure (X) GI	ovebag Procedu	re (X) Non-	-Friable Outd	oor Worl	<			
Location of Asbestos-	Is Loca	tion Normall		Description o		Amount (Specify SF or	·LF)	Abaten	nent Ty	<u>pe</u>	
Containing Material (ACM) in		by Maint./Cu	stodial	surfacing, VA	ms insulation,							
Facility (13)	Staff? (NO NO	NA	miscell.)	ir, or other				Rem.	Rep.	Encap	Enclose
North Side Interior / Exterior	X	1,5	1	Transite Pan		1300 sf			Х			
Exterior Fittings & Pipelines	X			Fittings & Pip	e Lines	23 lf			X			-
Exterior Roofing	X			Roofing		6500 sf			Х		-	-
											-	+
	-	-										
*Non-Friable on 2 nd Page					T							
HOTE HADIO OIL T ago						£1811-		Nome	of Reg. I	andfill		
Name of Reg. Waste Hauler						of Waste			of Reg.			
COLUMN TIEST TO THE TENT THE TENT TO THE T					40		Disp. Date	1	<u>C</u>	ity, Stat		124
City, State							2/24/2012		V	/aynesh	ourg, Ol	1
58 Pyles Lane - New Castle, DE					To:			Data			-	
Completed by (Print or Type) Title					Signature	OM.	\cap	Date 2/24/1	2			
Jon Monagan		,	roject Coor	umator	MIHAW	PMIR	hola					
					1 thritim	-1.1.6					- 7	
					/ 1		1 1					

10 10 000 10 100	novation(continued		-	
X. Description of Planned Demolition or	r Renovation Work and I	lethods to be Us	ed:	2 mathada
Building will be demolished using wet o	dust suppression metho	ds with Mechani	cal means	& metnoas.
				FEB 2 7 2012
				T T LED Z 1 SOIS
XI. Description of Engineering Controls	and Work Practices to b	e Used to Contr	ol Emmisi	ons of Asbestos at the
Demolition or Renovation Site:		instruments los	var tha ma	torials to the ground using
Wet materials during cutting operations hoists or lifts or use dust-tight chutes.	s, use rotary root cutting lse alovebagging for pin	mstruments, lov e & fittina insula	tions. Nor	r-friable intact removals for
transite.	Jac glovebagging for pip	u a many moule		
autore.				
XII. Waste Transporter#1 (Non-Friable)	Gary W. Gray Trucking			
Address: PO Box 48, Route 48				
City: Delaware	County: Hunterdon		State: NJ	Zip: 07833
Contact: Jason Wilson		-	Telephone: 90	8-475-3797
Waste Transporter#2 (Friable) Servi	ce Transport Group, Inc.	V		
Address 58 Pyles Lane				
City New Castle	County New Castle		State DE	Zip 19720
Contact Tom Gaudet		-	Telephone 30	2-778-5930
XIII. Waste Disposal Site (Friable) Mine	rva Enterprises		PA Certificat	ion Number: PO104984
Address: 9000 Minerva Rd				
City: Waynesburg	County: Stark		State: OH	Zip: 44688
Contact: Sara Pomera		-	Telephone: 33	0-866-3435
Waste Disposal Site (Non-Friable)	Hakes C&D Landfill		PA Certificat	ion Number:
Address: 4376 Manning Ridge Road				
City: Painted Post	County: Steuben		State: NY	Zip: 14870
Contact: Charles Plank		ŀ	Telephone: 60	7-937-6044
XIV. If the Demolition was Ordered by a	Government Agency, P	lease Identify the	Agency E	Below:
Name		Title		
Authority		2		
Date of Order (MM/DD/YY)		Date Ordered to B	egin (MM/DD/	<u>(M)</u>
XV. For Emergency Renovations:				
DATE and HOUR of Emergency: (MM/DD/YY)		(HH:MM)		
		(HH:MM)		
DATE and HOUR of Emergency: (MM/DD/YY)		(HH:MM)		
DATE and HOUR of Emergency: (MM/DD/YY)		(HH:MM)		
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT				
DATE and HOUR of Emergency: (MM/DD/YY)	ons, or a serious disruption of in			
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT	ons, or a serious disruption of in			
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition		dustrial operations	booting in I	Found or that Draviously Non-
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Foreign 1985.	ollowed in the Event that	dustrial operations	bestos is F	ound, or that Previously Non-
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formula Procedures to Be	ollowed in the Event that umbled, Pulverized or Re	dustrial operations t Unexpected Asia	r	
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Foreign 1985.	ollowed in the Event that umbled, Pulverized or Re	dustrial operations t Unexpected Asia	r	
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formula Asbestos Material Becomes Cru Restrict work area and regulate, wet man	ollowed in the Event that umbled, Pulverized or Re	dustrial operations t Unexpected Asia	r	
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be For Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet materials.	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate	dustrial operations t Unexpected Asseduced to Powde e regulatory ager	r ncies, com	mence cleanup using wet
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be For Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet material methods.	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi	dustrial operations Unexpected Asseduced to Powder regulatory ager Regulation (40)	r ncies, com CFR, Part	mence cleanup using wet 61, Subpart M) Will be On-Site
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formable Asbestos Material Becomes Cru Restrict work area and regulate, wet material methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th	dustrial operations Unexpected Asseduced to Powder regulatory ager Regulation (40) Required Train	r ncies, com CFR, Part ing has Be	mence cleanup using wet 61, Subpart M) Will be On-Site een Accomplished by this
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be For Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet material methods.	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th	dustrial operations Unexpected Asseduced to Powder regulatory ager Regulation (40) Required Train	r ncies, com CFR, Part ing has Be	mence cleanup using wet 61, Subpart M) Will be On-Site een Accomplished by this
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formable Asbestos Material Becomes Cru Restrict work area and regulate, wet material methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th During Normal Business	dustrial operations Unexpected Assiduced to Powder regulatory ager s Regulation (40 e Required Trains s Hours (Required of	r ncies, com CFR, Part ing has Be ne (1) year afte	mence cleanup using wet 61, Subpart M) Will be On-Site en Accomplished by this er promulgation).
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formula Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet may methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a Person will be Available for Inspection	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th During Normal Business	dustrial operations Unexpected Asseduced to Powder regulatory ager Regulation (40) Required Train	r ncies, com CFR, Part ing has Be ne (1) year afte	mence cleanup using wet 61, Subpart M) Will be On-Site een Accomplished by this
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formable Asbestos Material Becomes Cru Restrict work area and regulate, wet material methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th During Normal Business	dustrial operations Unexpected Assiduced to Powder regulatory ager s Regulation (40 e Required Trains s Hours (Required of	r ncies, com CFR, Part ing has Be ne (1) year afte	mence cleanup using wet 61, Subpart M) Will be On-Site en Accomplished by this er promulgation).
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be For Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet may methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a Person will be Available for Inspection	ollowed in the Event that umbled, Pulverized or Re aterial, notify appropriate d in the Provisions of thi and that Evidence that th During Normal Business	dustrial operations Unexpected Assiduced to Powder regulatory ager s Regulation (40 e Required Trains s Hours (Required of	r ncies, com CFR, Part ing has Be ne (1) year afte	mence cleanup using wet 61, Subpart M) Will be On-Site en Accomplished by this er promulgation).
DATE and HOUR of Emergency: (MM/DD/YY) Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsafe condition XVI. Description of Procedures to Be Formula Friable Asbestos Material Becomes Cru Restrict work area and regulate, wet may methods. XVII. I Certify that an Individual, Trained During the Demolition or Renovation, a Person will be Available for Inspection	ollowed in the Event that umbled, Pulverized or Reaterial, notify appropriate d in the Provisions of this and that Evidence that the During Normal Business (Signature of on is Correct	dustrial operations Unexpected Assiduced to Powder regulatory ager s Regulation (40 e Required Trains s Hours (Required of	CFR, Part ing has Be ne (1) year afte	mence cleanup using wet 61, Subpart M) Will be On-Site en Accomplished by this er promulgation).

WHEN P. IN

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

Date of Notification (1) 12/15/11					Name of Build BASF Corpora		Operator (2)					
Agencies Notified		Notification () Initial No			Street Address 100 Campus I City, State, Zin	Drive	FEB 2	7 20	112			
(X) EPA (X) DOL (X) DOH () DCA		(X) Amende () Cancelle	d Certificati	ion	Florham Park, Name of Cont	NJ 07932	ASBLS10S	Tel. Nu				
					Frank Piechoe	eta	1,779(\$)					
			(0)	FACILITY IN	Type of Facilit	v (A)				10 .00	18 12 15	
Name of Facility Where Abates BASF – Building No. 6 – Solve	ment is i ent Buildin	g Place	্য		() School (K- () Subchapte (X) Other (i.e.	12) r 8 (other th	an K-12)	s hom	es etc.			
Street Address					Sq. Feet 57				,			
0.07	unty (6) arren		County C (State Us		Bldg. Age 30 Current Use (p	+/-	demolished)	Warel				
Name of Monitoring Firm Hired			ASCM No 00104	<u>).</u>			Name of Co NCM Demol			diation, l	.P	
Environmental Health Investig	ations, Inc	C	l		Street Address							
Street Address					404 N. Berry							
655 West Shore Trail												
City, State, Zip Code					City State, Zip Brea, CA 928							
Sparta, NJ 07871			VI		Telephone Nu	mher		Licens	e Numb	er		
Project Manager for Monitoring William S. Kerbel, CIH	g <u>Firm</u>	<u>Telephone</u> 973-79-564			484-480-8931			01066				
O. L. dulad Chart Data (10)	-	Scheduled	Completion	Date (11)	Name of OSH	A Monitor		-				
Scheduled Start Date (10) 1/16/2012		2/24/2012	Completion	Date (11)	Testor Tech							
Occupancy Status During Aba (X) Facility Closed/Vacated D () Abatement Performed Out	uring Ent	ire Period of	Abatement		Street Addres 10 59 Jackson	<u>s</u> n Ave.						
Describe Vacant Bldg. To Be 4324 Sf vacant building to be	Demolish	ed			City, State, Zip Code L.I.C. New York, 11101							
Other – Describe Source of Work (Check all that	t apply)								VA.			
(X) Demolition () Renovat (X) Large Proj. (>160 SF or >	260 LF A	CM) ()Small	Proj. (>25<	<160 SF or >10	<260 LF ACM) Glovebag Proces	() Minor	Proj. (<25 SF	or <10 L	F ACM)		
() Full Containment with Neg Location of Asbestos- Containing Material (ACM) in	Is Loc	ation Normall by Maint./Cu		Description of thermal syste	ACM (i.e. ms insulation,	Amount (Specify SF or	LF)	Abate	ment Ty	pe	
Facility (13)	Staff?		NIA	surfacing, VA miscell.)	T, or other				Rem.	Rep.	Encap	Enclose
South Loading Dock	YES X	NO	NA I	Transite Pane	els	150 sf			X			
South Loading Dock Throughout Interior	 â			Fittings & Pip		178 lf			X	-		
Exterior Roofing	X			Roofing		5500 sf			X	-	-	+
Windows & Doors	X			Caulking		800 lf 12 ea			X		1	+
Throughout	X Fire Door					12 64			-			
*Non-Friable on 2 nd Page												
Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID # A901 #20990 / SW2117					Cubic Yards o	of Waste			ra Enter			
City, State							Disp. Date 2/24/2012			City, Sta Waynes	<u>ite</u> burg, O	Н
58 Pyles Lane – New Castle, DE								LD.				
Completed by (Print or Type) Jon Monagan	rdinator	Signature	w P.MI	NQa_	<u>Date</u> 2/24/1	2						

Notification of Demolition or Re	enovation	(continued)				
X. Description of Planned Demolition or Renovation Work and Methods to be Used:						
Building will be demolished using wet dust suppression methods with Mechanical means & methods.						
					EER 2 7 2012	
XI. Description of Engineering Controls and Work Practices to be Used to Control Emmissions of Asbestos at the						
Demolition or Renovation Site:						
Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using hoists or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Non-friable intact removals for						
caulking, fire doors and Transite etc.	.ose grovebagg	ging for pipe	a many mac		MANAGE CONTRACTOR	
				NATIONAL SALES OF THE SALES	maritim representative administra	
XII. Waste Transporter#1 (Non-Friable,) Gary W. Gra	y Trucking				
Address: PO Box 48, Route 48	dress: PO Box 48, Route 48					
City: Delaware	County: Hunterdon			State: NJ	Zip: 07833	
Contact: Jason Wilson				Telephone: 908-475-3797		
Waste Transporter#2 (Friable) Service Transport Group, Inc.						
Address 58 Pyles Lane						
City New Castle	County New Castle			State DE	Zip 19720	
Contact Tom Gaudet			200	Telephone 30	02-778-5930	
XIII. Waste Disposal Site (Friable) Minerva Enterprises				EPA Certification Number: PO104984		
Address: 9000 Minerva Rd						
City: Waynesburg	Waynesburg County: Stark			State: OH	Zip: 44688	
Contact: Sara Pomera				Telephone: 33	30-866-3435	
Waste Disposal Site (Non-Friable) Hakes C&D Landfill				EPA Certification Number:		
Address: 4376 Manning Ridge Road						
City: Painted Post	County: Steuben			State: NY	Zip: 14870	
Contact: Charles Plank				Telephone: 60	07-937-6044	
XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below:						
Name Title						
Authority						
Date of Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY)						
XV. For Emergency Renovations:						
DATE and HOUR of Emergency: (MM/DD/YY)			(HH:MM)			
Description of SUDDEN, UNEXPECTED EVENT						
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations						
XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously Non-						
Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder						
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods.						
inedious.						
XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M) Will be On-Site						
During the Demolition or Renovation, and that Evidence that the Required Training has Been Accomplished by this						
Person will be Available for Inspection During Normal Business Hours (Required one (1) year after promulgation).						
Mathant Mana	e	(Signature of Ow	ner/Operator)	(L	Date) 2/24/12	
XVIII/I Certify that the Above Information	on is Correct		and the least of			
4						
Another Flores	2	(Signature of Ow	ner/Operator)	(E	Date) 2/24/12	
	3		Market Hall Street			

No meck

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

AC Project # 2012-310			<u> </u>	Name of Building C	wner/Operati	or(2)		15 11	111	**
Date of Notification (1) February 24	2012			CITY OF NEW	ARK (1	. a — a d mile		1	11
Agencies Notified	Notificati	on Type	n	Street Address 420 CITY HAL		FEB 2	7 2012	2	1	1
XI EPA	Ulnitia	Notification ded Notification	nation #2	City, State, Zip Co.				1	1	, .
⊠DCA				NEWARK, NJ	07102					
XI DOL	Postpor	ed new star	l &	Name of Contact		STelepho	ne Niimh	per		9 /
DEP- No Longer REQUIRED	comple	ion dates T	oludina oludina	MR. MEDHI MO	HAMMADIS	H				
XI DOH	□ Eme	ergency (in	cluding		1	and the state of t	Duartedou Amirilia	come estados		ģ
	_ just	fication)							110	
	□ Can	celled	EACILITY IN	FORMATION						
	Taking Dioco	(2)	PACILITIN	Type of Facility (4)						
Name of Facility Where Abatement is CHESTNUT STREET FIRE	HOUSE	21		School (K-12)						
CHESINOISIREETIIKE	HOUGE			Subchapter 8 (c	other than K-12	2)				
Street Address				Other (i.e. privat	te & commercia	al buildings, home	es, etc.)	ao. 90)+ vos	re
37 - 89 ELM ROAD				Sq. Feet: 15,00	0SF #	of Floors: 3	Blag. A	ge. oc	J+ yea	113
City (5) Coun	ty (6)		Code (7)	Current Use (prior	. if baiwa dome	diched): FIRE	HOUSE			
NEWARK	ESSEX	(State U	se Only)	Current Use (prior	ir being dem	olished). The				
Name of Monitoring Firm Hired by Bl	dg. Owner (8)	ASCM N	No.	Name of Contractor	r (9)					
BRIGGS ASSOCIATES, II	NC.	0004		GREENWOOD	ABATEME	NT CONSUL	TANTS	, INC.		
				Street Address						
Street Address 3 CROSWICKS ROAD				268 MAIN STR	EET					
o ortoomorto resta				City State, ZipCod						
City, State, Zip Code				BUTLER, NJ						
BORDENTOWN, NJ 08	055	Nbas		Telephone Numbe		License	Number			
Project Manager for Monitoring Firm		ne Number 198-5520		Telephone Humbe	-					
MR. MIKE HOODAK	009-2	.50-5520		973-492-0477		00840	<u> </u>			_
Scheduled Start Date (10)	Schedu	led Completion	n Date (11)	Name of OSHA M	onitor					
TRD	TBD				NA, INC.					
Occupancy Status During Abatem	nent (Check or	nly one)		Street Address						
▼ Facility Closed/Vacated During	Entire Period	of Abatemer	nt	20-21 WARGA	ARAW ROA	D				
☐ Abatement Performed Outside	of Normal Fac	ulity Hours -		City, State, Zip Co	<u>ode</u>					
Describe	CCUBIED									
XOther - Describe: SUB 8 UNC	CCOPIED			FAIRLAWN, N	NJ				D-12	
Scope of Work (Check all that apply	v)				TT - "	Containment wit	h Nogativ	o Dress	eure	
Scope of Work (Oncer all and app.	-					Containment wii ni-Enclosure	iii Negatii	VC 1 100.	Juio	
$\square \ge 3$ sf or ≥ 3 lf			☑ Renovation			n-Enclosure vebag Procedur	-			
≥ 160 sf or ≥ 26	0		Demolition	on	☐ Glo	-Exempted (*) a	nd Non-F	riable P	rocedi	ıre
				a to the Occataining N		Amount	Abateme	ent Type		
Location of Asbestos-Containing	Is Location N	ormally Used	Description of	Asbestos Containing Nermal systems insulation	on, surfacing,	(Specify SF	Remove			nclos
Material (ACM) in Facility (13)	Solely by Ma Staff? (12)	nt./Custodiai	VAT, or other i	niscell.)		or LF)	Remove	repair t	Liloup	
		IO NA				45 000SE	X			
THROUGHOUT	X	1	WALL PLA			15,000SF	X	+-	-	-
THROUGHOUT	IX	1	PIPE INSU			525 LF	XI	-	-	
THROUGHOUT	12		WIRE INS	JLATION		2,000 LF		-	-	-
THROUGHOUT	12		FIRE DOO	RS		20 EA	X	-		-
BOILER ROOM	X	-	CEILING F			790 SF	X	-	-	-
BOILER ROOM	X		FLUE PAT	CH		5 SF	X	-	-	-
BOILER ROOM	X		MOTTLED	BROWN FLOOR C	COVERING	4 LF	- (Degia	tored Le	ndfill	
Name of Reg. Waste Hauler	NJDE	P Waste Haule		Cubic Yards of		O CY Name	of Registro.W.S.	North	Landf	ill
See Hauler Below #1 & 2		Below			-					
Hauler #1) Greenwood Abatemen	nt Consultants	Inc Butler.	NJ 07405			sposal Date		City, Stat 100 New	Ford I	VIII
N.IDEP # 12561					1	3D		Rd. Mor	risville	, Pa
Hauler #2) Newark Carting, Inc.,	Newark, NJ	14509						19067	4700	
NJ DEP # 4509							3	215-736-	-1700	
	Tista			Signature	,	Date				040
Completed by (Print or Type)	O SENIO	R PROJE	СТ	1	10	751	Feb	ruary	24, 2	012
RAYMOND C. PEDALIN		GER	to se con®//	W 12			<u> </u>	_		

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7) NIT Name of Building Owner/Operator (2) GAC Project # 2012-310 Date of Notification (1) CITY OF NEWARK February 17, 2012 Street Address Notification Type 2 7 2012 FFR Agencies Notified **420 CITY HALL** □Initial Notification City, State, Zip Code X EPA ★ Amended Notification - #1 NEWARK, NJ 07102 X DCA new start & completion dates Telephone Number 2 Name of Contact X DOL Emergency (including MR. MEDHI MOHAMMADISH DEP- No Longer REQUIRED justification) X DOH □ Cancelled FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) CHESTNUT STREET FIREHOUSE Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) # of Floors: 3 Bldg. Age: 80+ years Street Address Sq. Feet: 15,000SF 87 - 89 ELM ROAD Current Use (prior if being demolished): FIREHOUSE County Code (7) County (6) City (5) (State Use Only) **ESSEX** NEWARK Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. GREENWOOD ABATEMENT CONSULTANTS, INC. 0004 BRIGGS ASSOCIATES, INC. Street Address Street Address **268 MAIN STREET** 3 CROSWICKS ROAD City State, ZipCode City, State, Zip Code BUTLER, NJ 07405 08055 License Number BORDENTOWN, NJ Telephone Number Telephone Number Project Manager for Monitoring Firm 609-298-5520 00840 MR. MIKE HOODAK 973-492-0477 Name of OSHA Monitor Scheduled Completion Date (11) ENVIROVISION, INC. Scheduled Start Date (10) 05/07/12 02/27/12 Street Address Occupancy Status During Abatement (Check-only one) ▼ Facility Closed/Vacated During Entire Period of Abatement 20-21 WARGARAW ROAD □ Abatement Performed Outside of Normal Facility Hours -City, State, Zip Code ☑Other – Describe: SUB 8 UNOCCUPIED FAIRLAWN, NJ Full Containment with Negative Pressure Scope of Work (Check all that apply) Mini-Enclosure Renovation Glovebag Procedure ≥ 3 sf or ≥ 3 lf Non-Exempted (*) and Non-Friable Procedure Demolition ≥ 160 sf or ≥ 260 Abatement Type Amount Description of Asbestos Containing Material Is Location Normally Used (Specify SF (ACM) (i.e. thermal systems insulation, surfacing Location of Asbestos-Containing Remove Repair Encap Enclose Solely by Maint./Custodial or LF) Material (ACM) in Facility (13) VAT, or other miscell.) Staff? (12) NO YES X 15,000SF WALL PLASTER X THROUGHOUT 525 LF X PIPE INSULATION X X THROUGHOUT 2,000 LF WIRE INSULATION X X THROUGHOUT 20 EA FIRE DOORS X X 790 SF THROUGHOUT CEILING PLASTER X **BOILER ROOM** X 5 SF **FLUE PATCH** X MOTTLED BROWN FLOOR COVERING IXI **BOILER ROOM** 4 LF Name of Registered Landfill X BOILER ROOM 200 CY Cubic Yards of Waste: G.R.O.W.S. North Landfill NJDEP Waste Hauler ID # Name of Reg. Waste Hauler See Below See Hauler Below #1 & 2 City, State Disposal Date 100 New Ford Mill Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 05/07/2012 Rd. Morrisville, Pa NJDEP # 12561 19067 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 215-736-1700 NJ DEP # 4509 Date Signature Eebruary 17, 2012 Completed by (Print or Type) SENIOR PROJECT RAYMOND C. PEDALINO MANAGER

Copies To: Bismark, Inc., Attn: John Drobish and Briggs Assoc. Inc., Attn: Mr. Mike Hoodak

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

GAC Project # 2012-310					Name of Building Owr	100	PAR P	11 1	7 15	113	11	
Date of Notification (1)	February 3, 2012						10r(2)()	11 /	1 15	-		48
Agencies Notified EPA	Tab.	Notification		tion	Street Address 420 CITY HALL		LLD 0	7 21	112		Andread State of the State of t	
⊠DCA	100	□Amend			City, State, Zip Code	11 1	FEB 2	1 4	JiL	b _i en _i uma		
X DOL		□ Emerg			NEWARK, NJ 07	102	1			1	9	
DEP- No Longer REQUIRED)		cation)		Name of Contact		Teler	thona A	lumhar	1		
☑ DOH		☐ Cance			MR. MEDHI MOHA	MMADI	SH	195151				
				FACILITY INF	ORMATION		St Marketine of Arabi	ia.	pgc + s	Con Alliega		* #
Name of Facility Where Abatemen CHESTNUT STREET FIR	EHO	USE			Type of Facility (4) School (K-12) Subchapter 8 (othe		2)			_15,140,4	an m	49
Street Address					Other (i.e. private &	commerc	ial buildings, ho	mes. etc	c.)			
87 - 89 ELM ROAD					Sq. Feet: 15,000S	F	# of Floors: 3	Bldg	. Age:	804	- yea	ars
City (5) Col	enty (6)	SEX		Code (7) Use Only)	Current Use (prior if b	eing dem	nolished): FIR	EHOUS	SE.			
Name of Monitoring Firm Hired by BRIGGS ASSOCIATES,	Bldg. C	owner (8)	ASCM 0004		Name of Contractor (9) GREENWOOD AE		ENT CONSI	II TAN	ITS. IN	NC.		
Street Address					Street Address	7A 1 - 141	LITT GOILGE		,			
3 CROSWICKS ROAD					268 MAIN STREE	т						
City, State, Zip Code BORDENTOWN, NJ 0	8055	-		3	City State, ZipCode BUTLER, NJ 0740	05						
Project Manager for Monitoring Fin		Telephone	Number		Telephone Number		Licen	se Num	ber			
MR. MIKE HOODAK		609-298			973-492-0477		0084	40				
Scheduled Start Date (10)		Scheduled		n Date (11)	Name of OSHA Monito							
02/21/12 Occupancy Status During Abate		04/30/12			ENVIROVISION, Street Address	INC.						
□ Facility Closed/Vacated During □ Abatement Performed Outside □ Describe □ Other – Describe: SUB 8 UN	e of No	rmal Facility			20-21 WARGARA City, State, Zip Code	W KU	AD					
Scope of Work (Check all that app	ly)					·			_4: _ D			
				Renovation		☐ Mir	Containment w ni-Enclosure		ative P	ressu	re	
\ge 160 sf or \ge 26	0			Demolition			vebag Procedu -Exempted (*)		n_Eriah	le Pro	cedu	ire.
Location of Asbestos-Containing	lelo	cation Norma	ally I leed	Description of As	bestos Containing Materi	al	Amount	Abate	ement T	vpe	ocuu	
Material (ACM) in Facility (13)	Sole	ly by Maint./C ? (12)		(ACM) (i.e. them VAT, or other mis	nal systems insulation, su	ırfacing,	(Specify SF or LF)	1	ve Rep		ap E	nclose
THROUGHOUT	1 1 1 1	<u> </u>	1	WALL PLAS	STER		15,000SF	X				-3 -7
THROUGHOUT	1	X	1	PIPE INSUL			525 LF	X				
THROUGHOUT		X		WIRE INSUL		=147 = 150 (147)	2,000 LF	X				
THROUGHOUT		[8]		FIRE DOOR			20 EA	X			1	
BOILER ROOM	X			CEILING PL			790 SF	X				1
BOILER ROOM	X			FLUE PATC	Н		5 SF	X				
BOILER ROOM	X			MOTTLED BE	ROWN FLOOR COVE		4 LF	X				
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Wa	Carrier and the second	r ID#	Cubic Yards of Waste	<u>e:</u> 200	CY Nam G.R	of Rec	sistered S. Nor	th La	i <u>ll</u> ndfi	11
Hauler #1) Greenwood Abatemer NJDEP # 12561 Hauler #2) Newark Carting, Inc., NJ DEP # 4509				NJ 07405			posal Date /30/2012		Rd. N 1906	lew Fo	/ille,	
Completed by (Print or Type) RAYMOND C. PEDALING	o	Title SENIOR F		CT	Signature	116	Date		ebrua	ry 3,	201	12
		MANAGE	R	—	Xegun.			>-				

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

Job #: 1201- WLB Check #: 2587

			1		Duildie	20 Ow	ner / Operator (2) The Co			1		
ate of Notification	(1)		St.	Mary	of th	ne Lak	(es		E II W III		44		+
gencies Notified EPA DEP DOL DOH	Type Notificat Initial Amend Emerg	ded jency	City Me Nar	Rou , State dford ne of	Idress ute 70 te & Zi d, NJ Conta	p Code 0805	e	ASES	B 2 7 2012 STOS CONTROL Telep	hone	Nun	iber	
DCA	L Cance	mation					RMATION	A Section of the sect	SECTION AND ADMINISTRATION OF THE PARTY OF T				
Name of Facility W St. Mary of the L Street Address 196 Route 70	here Abateme akes Schoo	nt is Taking Pla		AGII			Type of Facility (School (K-1) Subchapter Other (i.e. p	2) 8 (Other than	nercial buildings, h	omes	s, etc		
City (5) Medford		County (6) Burlington	Coun	ty Co	de (7)	i i	Square Feet 50,000 Current Use (Pri	1 ior if being der	molished)				
Name of Monitoring	g Firm Hired b	y Building Owne mental Analys	er (8) sis, Ind		ASCM	l No.	Name of Abaten Asbestos and Street Address	nent Contractor I Mold Servi	or (9) ces, Corp.				_
Street Address 401 St. James A City. State & Zip C	venue ode	r					3859 Sylon Bl City, State & Zin Hainesport, N	Code J 08036	License Num	hor			
Phillipsburg, N. Project Manager fo Mr. John Gilber	or Monitoring F t	Firm Scheduled Con	Teleph	54-63	316	er	Telephone Num 609-702-0400 Name of OSHA			0862	2		\dashv
Scheduled Start D 03/04/12 Occupancy Status	0 : Ab -40	03/04/12	alv one)				Street Address 107 Haddon	ical					
Facility Cl Abatemer Describe:	osed/Vacated nt Performed C	During Entire Poutside of Norma	ciliou o	, , ,,,,	temen	·	City, State & Zi Westmont, N	p Code	E 11			1.00	
Scope of Work (C	Check all that a	ipply)	\boxtimes		ovation			Non-Exe		riable	Proc	edu	re
N	Location of estos-Contain Material (ACM) O BE ABATED in Facility (13)		Norm So Maint Custo	enan dial S (12)	Jsed by ce or Staff?	i	Description Asbestos-Conta Material (AC (i.e., thermal sy nsulation, surfaci or other miscella	aining M) . stems ng, VAT	(Specify SF or LF)		Repair & Clean Up	Encapsulate	Encisoure
			Yes	No	N/A	(Enc	apsulate) pipe	insulation	Approx. 8 LF			\boxtimes	F
Basement/Cra Basement/Cra	wispace wispace			H		(Clea	an up) fallen pi lation and debi ughout (4) area	pe ris	Approx. 125.5 LF in (4) areas				
Name of Registe		nuler			JDEP 'sauler II	Waste D No.	Cubic Yards of Waste 4 Disposal Date	Name of Reg GROWS City, State	gistered Landfill				1
City, State Trenton, NJ Completed By (Print or Type) Kim Trumbetti					^{tle} dmi	n. (3/4/12 Signature	Morrisville	, PA 	Date 2/2	3/12	2	

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

MO# 250018	- Land	(P	ursu			0.00 and 12.	HIM IC			M		_
Date of Notification (1	1)		1	Name	of Buildin	g Owner/Operator	r (2)		-1.			
02/23/2012			J	E 231	Realty	INC			11.		V.	
Agency Notified	Type Notification			Street	Address		ili li F	EB 2 7 2012				
⊠ EPA	⊠ Initial		2	COST INDICATE	dy Lane		1 -		1 =	-	-	
☐ DEP	☐ Amended		1	2000 COST	tate, Zip			a.a-a	·	-		
☑ DOL	Amendment #	ding	I	Kenda	ll Park,	NJ 08824	1 A	RESTON COMPANY &		- Contraction		
⊠ DOH	☐ Emergency (inclu justification)	ung	V	Name	of Contac	ct		Telephone Number	- contractor on the		1	
□ DCA	☐ Cancellation		-	Y.Y.L	ien		1150					
				FAC	ILITY INF	ORMATION				Cat of		
Name of Facility Who	ere Abatement is Taking F	lace (3)					Type of Facilit	y (4)		-		
Unoccupied forme							☐ School (K-1	2)				
Street Address	a lauliulolliat						☐ Subchapter	8 (Other than K-1 2)				
								private & commercial bui	Idings,			
231 George Street	<u> </u>						homes, etc	The second secon	idg. Ag	ie.		-
City (5)							Square rest	# Of Floors	ugg			
New Brunswick, 1	NJ 08901						ļ.,	D Planta de la Tale de				
County (6)				Count	•) (STATE USE	Current Use (Prior if being demolished	1)			
Middlesex					,							
	Firm Hired by Building Ow	ner(8)	ASCN	No.		Name of Abater	ment Contractor	(9)				
Street Address						Gr Tech LLC Street Address						
Street Address						576 Valley Ro	1 #283					
City, State, Zip Code						City, State, Zip						35 87
City, State, Zip Code						Wayne, NJ 07						
Project Manager for	Monitoring Firm	Te	elepho	ne No.		Telephone No.	170	License No.				-
r toject Wanager to	Monitoring 1 mm					973-638-1777	7	01127				
Start Date (10)	Scheduled	Completi	ion Da	te (11)		Name of OSHA		101127				_
	03/05/201			,		Envirovision (Consultants I	nc				
03/03/2012	uring Abatement (Check of					Street Address	Constituinis,					
						20-21 Wagara	w Road Bld	# 34A				
☑ Facility Closed/Va	ecated During Entire Perio med Outside of Normal Fa	d of Abat	emen	t		City, State, Zip		5.11 5 111				
☐ Other - Describe:		icility 110	uis			Fair Lawn, N.						
Scope of Work (Che	ck all that annly)					Tan Lawn, 14.	7 0 7 4 1 0					
 Scope of Work (crief 3 sf or >3 lf ≥160 sf or >260 l 					novation molition	Mini	i-Enclosure vebag Procedure	th Negative Pressure e nd Non-Friable Procedur	re			
		T .		1			Ziomptos () s			Abat	eme	ent
		1 25.53	Loca: Norma						-	Ty	ype	Τ-
277.70	cation of	Use	d Sole	ely by		Description		Amount			-	
	aining Material (ACM) E ABATED		intena			stos Containing M thermal systems		(Specify	R	77	Encapsulate	E
	I Facility		Staff?			surfacing, VA	T, or	SF or LF)	Removal	Repair	SQE	Enclosure
	(13)		(12)			other miscellan	eous)		val	air	llate	ure
			Γ	T	1						C	
P		Yes	No	N/A X	Dina in	sulation		350 LF	x		-	+
Basement			111111111	-						+-	+	+
Basement				X	Boiler	insulation		150 SF	X	+	╁	\vdash
				+					+	+-	+	-
									\perp			
Name of Registered	Waste Hauler	// Lancasca	DEP \	Waste I	Hauler	Cubic Yards of Waste	Name of Reg	stered Landfill				
Gr Tech LLC		003	33785	5		34	T.R.R.F. In	С				
City, State		302				Disposal Date	City, State					
Wayne, NJ 07470							Tullytown,	PA				
Completed by	Title					Signature	1 /) Date	9			
N.Jevtic	Owner					//ew	vic Ne	02/2	23/201	12		
ASB-41	* Do r	ot use th	nis form	n for a	sbestos li	censure exempted	activities.					

Feb 23 2012 02:15pm P001/001 NJ Dept of Haalth & Senior Services

State of New Jersey
NOTHFICATION OF ASSESTOS ARATEMENT
(Pursuant to NJAC 250 and 12-170)

Date of Notification (1)		,			11111	CR 3	37	8	11 11
2/23/12	(Kontar	Magn	ne of Building Owns	o'Operato	r (2)	1	216	_	11 11
Agencies Notified Type Notificati	NI	177	K- HONN	45	RNANDE	S sen A	7 20	12	
F 500	- ·					I FEB Z	1 20	12-	September 1
O EPA Initial O DEP O Amended		C	7400 B1	2040	WAY				
21 DOL Amendme	sits.	CAG.	ARRE, ZIP CODE		, " '	ASSESTOS C	ONTRO	Lú	
DOH Emergers		Nism	ONTH BENZ	G & N	, " M 2	, 07047	SING		
DCA DCS Cancellate		1.469611	HOWARD H			Telephone M	mber	but	News -
		10 1000	NOCE LES MEDICALES	PH	5650W				0
Name of Fecility Where Abatement is Tale	ding Place (3)	2.700		E PERMI	Type of Facility	(6)			
HE HOWHY TO	E-RN AN	0=5	× -		O School (K				,
Street Address					☐ Subchapt	er 8 (Other than K-1	2)		
7400 BROADWAY					2 Other (Le.	private & commerc	tal bull	dinge, (tomes,
City (5)					Square Feet	# of Floors	T B	idg. Ag	m
NORTH BERGE	(Q) -			- 1	3600		1000	~	
County (6)		Coun	by Code (7)		Current Use (P	riar if being demose	hed)	1	
HUZGON		(STA)	E USE ONE Y						
Name of Monitoring Firm Hired by Building	Owner (8)	AS	CM No.	Name	of Abatement Co	FILCES STO	et.		
DETAIL ASSOCIATES I	inc		00012		t Remova				
-KG01 LIMO1802				0	Address			-	
360 GRAND AVE. City, State, Zip Code			-			River St			
				Chy. SI	zin, Zip Code				-
ENGLEWOOD NJO:	1631			Hac	ckensack	,N.J. 0	7603	l	
1. VALOUTINE		1	hane No.	Telepho	one No.	I Iranaa N	o.	-	
Start Date (10)]" 	2013	5696708	5	329-744	- 19 Britain - 19	88		
	Scheduled (Name o	FOSHA Monitor		~		
Occupancy Status During Abatement (Che	3-5	20)	<u></u>			onmental S	serv	rice	5
				Street A	Huyler	g <u>.</u>		1000 U. = 11000 1000	
Fecility Closed/Vacated During Entire Abalement Performed Cutakle of Norr	l'eriod of Abai val Facility Ho	ement		and the second	The state of the s	SL .			
D Other Describe:				. 70%	ate, Zip Code				
Scope of Work (Check All That Apply)				Sout	n nacker	nsack ,N.	J. (760	6
Q, MalorMF	□ Reno	weekow		_					
2 ≥160 sf or ≥260 kr	Demo	elion		0		on with Negativa P	reusure	,	
•									
	Τ		T	- 14	Non-exemples	() and Non-Friebt		edure batans	
Location of	Is Loc Norm		_				1 ^	Туре	
Asbestos-Containing Material (ACM)	Used Sc		Asbestos Contr	kaription o Sinina Ata	todel (GCNA	Armount .	T	Ť.	
IN PREMIED	Mainter Custodia		(i.e. Tremat	eyeteras i	nauledon,	(Specify	20	20 0	g
(13)	(12)		ing, VAT. Jecellane		SF or UF)	Remova	Repel	Englosum
	Yes No	· N/A	1				2	Repair	5
XT. BLACE. FLOOR	+	-							
A 10. ULIUP. FLOOK	+-	14	POSTING	· Mil	exiae	3600 SF	X		
									1
		1						+	+
isme of Registered Waste Hauter		NJOEP V	Veste Cubic Y	arde ·	Nama	Registered Landfill			
ATLANTIC WASTE SERV		Heuder ID	No. of Wast	(8)			•		
Wy. State:		225		ore		SI WND	打上		1
Rocherte Page. No	076	62	- 1	I Date	City, Stere		7.	2	
completed by					- 1041 HZ	LEHEM, P	AI	DIS	
*	Estima	***	Ste	LIEUTE	æ	Date	1	1	
J. MAIORANO	Do Call	Z L Q I		MI	مدم، در) [2	3/23	115	
SB-41 (R-08-88)				U)	-	V			
				no lips n	se this form for a	esbestos Rosmauro e	क्रकाशका	ed acth	Atles.

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

Date of Notification (1) 2/1/2012		- 1.00		Name of Buildin	ng Owner/Op n Central	erator (2)	· (0)		W II		
Agencies Notified	Notification			Street Address 1035 Parkway			FEB	2 7	2012		- A Training to the Control of the C
(X) EPA (X) DEP () DOL	() Initial No (X) Amende () Cancelle	d Certification	on	City, State, Zip			ASSIST		v. &		
() DOH () DCA				Name of Conta		<u>n ' '-</u>		on a series	9.203.8	-	.j
			FACILITY INF	ORMATION	191		- (%)	-			-
Name of Facility Where Abatem Residential Structure Street Address	ent is Taking Place (3	3)		Type of Facility () School (K-1 () Subchapter (X) Other (i.e. p	2) 8 (other than	n K-12) nmercial bldg	s., home	es, etc.			٠
501 Hoes Lane				Sq. Feet_2,500)	# of I	Floors_2	2			
	nty (6) dlesex	County Co (State Use		Bldg. Age_40+ Current Use (p							_
Name of Monitoring Firm Hired L.R. Kimball	by Bldg. Owner (8)	ASCM No	_ 00103			Name of Cor Neuber Env.					
Street Address 411 Riverview Plaza				Street Address 42 Ridge Road							
City, State, Zip Code			100	City State, Zipo Phoenixville, P							
Trenton, NJ 08611 Project Manager for Monitoring	Firm Telephone	Number		Telephone Nur	mber			e Numbe	er		
Mr. Robert Kowalczyk	215.282.83	300 x8377		610-933-4332			00836				
Scheduled Start Date (10) 2/27/2012	Scheduled 9 3/2/2012	Completion I	Date (11)	Name of OSH/ Neuber Env. S							
Occupancy Status During Abate (X) Facility Closed/Vacated During () Abatement Performed Outs	ring Entire Period of A ide of Normal Facility	batement		Street Address P.O. Box 541 City, State, Zip Phoenixville, P	Code						
Other -				Prioeriixviiie, r	A 19400	2					
Describe											
Source of Work (Check all that (X) Demolition () Renovati () Large Proj. (>160 SF or >26	ion	roi. (>25<16	0 SF or >10 <26			. (<25 SF or	<10 LF	ACM)			
() Full Containment with Nega Location of Asbestos-	ative Pressure (X) Is Location Normali	y Used	Description of	ACM (i.e.	re Amount (S	pecify SF or	LF)	Abaten	nent Ty	<u>pe</u>	
Containing Material (ACM) in Facility (13)	Solely by Maint./Cu Staff? (12)		thermal system surfacing, VAT					Rem.	Rep.	Encap I	<u>Enclose</u>
Basement	YES NO	XXX	miscell.) Flue Packing		25 sf			XXX			
Dascificit											
Name of Reg. Waste Hauler		ste Hauler I	D#	Cubic Yards o	f Waste			of Reg.			
Marangi Disposal	23504			10 yaius		Disp. Date			City, Sta	te	
<u>City, State</u> Valley Cottage, NY						3/2012				ack, NY	
Completed by (Print or Type) Jeffrey A. LaRiviere	Title V.P.		200	Signature			<u>Date</u> 2/22/2	012			
Mail to: NJDEP-DSHW-BR 401 E. State St., P Trenton, NJ 08625	O 414	e 609-984-6	620				C:\W(9/18/0		DOCS\	ASBEST	os

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

Date of Notification (1) 2/1/2012		10000		Name of Buildi NJ DOT Regio	ng Owner/on Central	Operator (2)	EI	WI		$\overline{\mathbb{N}}$		
Agencies Notified (X) EPA (X) DEP () DOL () DOH () DCA		Notification () Initial No (X) Amende () Cancelle	tification d Certificat		Street Address 1035 Parkway City, State, Zip Trenton, NJ 08 Name of Conta	Code 3625 act Kiran Ar	ASEEST	27 35 CON			The state of the s	
				FACILITY IN		1_	20 109	r office object the	kerne egue,	8		
Name of Facility Where Al Residential Structure Street Address 900 East Lincoln Highway		aking Place (<u> </u>		Type of Facility () School (K-1 () Subchapter (X) Other (i.e.	12) r 8 (other th private & co	ommercial bld					
City (5) Piscataway	County (6) Middlesex		County C (State Us		Sq. Feet_2,500 Bldg. Age_40+ Current Use (p	•						_ 1
Name of Monitoring Firm	Hired by Bldg	Owner (8)	ASCM No	00103			Name of Co Neuber Env					
Street Address 411 Riverview Plaza					Street Address 42 Ridge Road						*	
City, State, Zip Code					City State, Zipo Phoenixville, P							
Trenton, NJ 08611 Project Manager for Monit Mr. Robert Kowalczyk		Telephone I 215.282.83			Telephone Nur 610-933-4332	mber		<u>Licens</u> 00836	e Numb	er		
Scheduled Start Date (10) 2/27/2012		Scheduled (3/2/2012		Date (11)	Name of OSHA Neuber Env. S	vcs., Inc.						
Occupancy Status During (X) Facility Closed/Vacate () Abatement Performed	d During Enti	re Period of A	batement		Street Address P.O. Box 541					7		
Describe					City, State, Zip Phoenixville, P							
Other - Describe												
Source of Work (Check al	I that apply)											
(X) Demolition () Rer () Large Proj. (>160 SF of () Full Containment with	novation or >260 LF AC	CM) () SM Pr	oj. (>25<16 Mini-Enclos	60 SF or >10 <26 sure () Glo	60 LF ACM) (evebag Procedure		oj. (<25 SF or	<10 LF	ACM)			
Location of Asbestos- Containing Material (ACM Facility (13)	Is Loc	ation Normally by Maint./Cu: (12)	Used	Description of thermal system surfacing, VAT	ACM (i.e. ns insulation,		Specify SF or	LF)		nent Ty	pe Encap	Enclose
	YES	NO	NA NA	miscell.)		200 = f			Rem.	iveb.	Licap	1
Porch Roof			XXX	Roof shingles Chimney Flash	ning	300 sf 150 sf			XXX		_	1
Roof Windows			XXX	Window Caulk		72 lf			XXX			
Door			XXX	Door caulk	18-66-2	80 If			XXX			
Name of Reg. Waste Hau Marangi Disposal	ler	NJDEP Wa 23504		<u>D #</u>	Cubic Yards of 10 yards	f Waste		Name C&A C	of Reg. arbone,	Inc.		
City, State Valley Cottage, NY							Disp. Date 3/2012			City, Stat Vest Nya	te ack, NY	
Completed by (Print or Ty Jeffrey A. LaRiviere	pe)	Title V.P.			Signature			<u>Date</u> 2/21/20	012			
Mail to: NJDEP-DSHV 401 E. State S Trenton, NJ 0	St., PO 414	Telephone	609-984-6	620				C:\W0		DOCSV	ASBEST	os

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

Date of Notification	on (1)		Name of Buil	ding Owner/Operat	tor (2)		7 (12)	Lyn	7	, 3
2/23/12				Thomas		50 to 1 V	<u> </u>			*
Agencies Notified	Type Notific	ation	Street Addre	ess						
[]EPA	[X]Initial		59 Rye	rson Avenue		FEB 27 20	112			
[]DEP	Notific	cation	City, State,	Zip Code		•	_		-	: :
[X]DOL	[]Amended Notific	nation	F. W. 1870-1870	, NJ 07860		SBESTUS OF THE	0	Í	Treesland.	
[X]DOH	NOCILI	ation	Name of Cont	act		one Number			14	*
[]DCA	[]EMERGENO		Scott	Thomas						WET SAIN
	_1		FACIL	ITY INFORMATION					SHIP &	
Name of Facility Wh	ere Abatement	is Tak	ing Place (3)		Type of Faci	lity (4)	35° 1883			
Private					[]School	(K-12)				
Street Address						pter 8 (Other			3715.00	
59 Ryerson A	venue					(i.e., privat buildings, ho				
a		I=		_	Square Feet	# of Floor	s B	Ldg.	Age	
City (5) Newton		County	(6) SSex	County Code (7) (STATE USE ONLY	1700	2		60		
Hew COII		Su:	SSEX		Current Use	(Prior if bei	ng de	moli	shed	L)
Name of Monitoring	Firm hired by	Buildir	ng ASCM No.	Name of Aba	Residen					
Owner (8) N/A			67		MANAGEMEN:					
Street Address				Street Addre		_				
				11	stopher S	٠ .		-		
City, State, Zip Co	de			City, State Montcla	, Zip Code Air, NJ 07(042				
Project Manager for	Monitoring Fi		elephone Numbe	r Telephone N	umber	Li	cense	Num	ber	
		N	/A	(973) 74	14-8800		0037	1		
Scheduled Start Date 3/3/12 Month Day You	3,	4/12	Day Year	Name of OSHA	A Monitor					
Occupancy Status Du	ring Abatement	(Check	only one)	Street Addre	ess					
[X]Facility Clo of Abatement []Abatement Pe	it			Zitu Otaka	7i- 0-i-					
	ribe: «OffHour			City, State	, zip code					
[]other - Desc	ribe: «Other O	ccupanc	y Descript»							
Scope of Work (Check	all that app	ly)		[]Evil	l Containment w	ith Nogative	Droces	120		
[X]>3 sf or []>160 sf		- 1	[X]Renovation []Demolition	[]Min: [X]Glo	i-Enclosure vebag Procedure -Friable Proced		riess	TE		
		Т.	Is	[]	TITUDE TEOGGG	T	Aba	teme	nt ?	Гуре
Location Asbestos-Con			Location Normally	Descript Asbestos-Co		Amount	R	R	E	E
Material	100		Used Solely	Material		(Specify	E	E	CA	C
TO BE AB		1	By Main- tenance/	(i.e., therm insulation, sur		SF or	V	A	PS	OS
(13)			ustodial taff (12)	or other misc			A	R	U	UR
Basement		Yes	No N/A	Pipe Insula	tion	125 lf	X	-	Ŀ.	E
		+	 	Tapo Impuno	02011	120 22	+			-
		-	++++			 	-			-
		-					-			_
Name of Registered W	Waste Hauler	N	JDEP Waste	Cubic Yards	Name of Reg	stered Landf	111			
AZTECH MANAG		C H	auler ID No.	of Waste 1.5	G.R.O.W.					
City, State		-		Disposal Date	City, State			_		
Montclair, NJ	07042			3/5/12	Morrisvi	lle, PA	1906	7		
Completed By (Print	or Type) Tit	le		Signatúr	eli i		Date	-		
Constantine V		eside	ent		1		2/23/	12		

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72010			te of New Jersey	CENTE		Chief +			
00			OF ASBESTOS ABATEM	Pro- 12 /20	F 11 1\9 fr)		
a - an - a - a - a - a - a - a - a - a -	(Pui		NJAC 8: 60 and 12: 120-) e of Building Owner/Oper			1 1	The same of		
Date of Notification (1) 0 2 / 2 1 / 1	2	00000	Curran				-		
Agencies Notified Type of Notification		Stree	et Address	III III cci	7 7 2012	11/11			
[X] EPA		413	Devon Street	JU UJ FEI	3 2 7 2012	Lane of	<u> </u>		
[] DEP [X] Initial		City	State, Zip Code						
[X] DOL [] Amended		Kear	rny, NJ 07032	ASBES	3108 COLLAGE &	1			
Amendment #			e of Contact		Telephone N	umber	-	_	
[X] DOH [] Emergency (inclu Justification)	ding			(a) மி ச் ரத	destrict the second		*		
[] DCA [] Cancellation			Curran						
Name of Facility Where Abatement is Taking Place (3)		FACILI	TY INFORMATION	Type of Facility	(4)				
					School (K-12)				
Residence				TI ii	Subchapter 8 (Other	r than K-12)	Ű.		
Street Address				[X]	Other (i.e., private &		1		
413 Devon Street				- Free	buildings, homes, etc		dg. Ag		
City (5) County (6)		32223	ty Code (7) TE USE ONLY)	Square Feet	" of Floors	J Bi	ug, Ag		
		(517)		Current Use (Pr	or if being demolished	1)			
Kearny Hudson Name of Monitoring Firm Hired by Building Owner (8)	TASC	CM	Name of Abater	nent Contractor (9)					
Name of Monitoring Firm Hired by Building Owner (6)	l'as	CIVE	- 11						
Enviro Vision Consultants, Inc.				g & Environmental Co	nsulting, Inc.				-
Street Address			Street Address						
20-21 Wagaraw Road, Bldg. #34A			1141 Route 23				_		
			City, State, Zip						
Fairlawn NJ 07410			Wayne NJ 074		License No.				
Project Manager for Monitoring Firm	Telephon	e Number		iber					
Willie Morales	973-636-9		973 628-9500	W	00408			_	
	Completion Date	1 1 1	Name of OSHA						
0 3 0 7 / 1 2 0 Month / Day / Year Mon		-	ear Enviro Vision C	Consultants, Inc.					
Occupancy Status During Abatement (Check only one)		- 22.5 mm	Street Address						
[X] Facility Closed/Vacated During Entire P	eriod		20-21 Wagaraw	Road, Bldg. #34A					
of Abatement Abatement Performed Outside of Norma	l Facility Hours		City, State, Zip	Code			118		
Abatement Performed Outside of Norma		-	Fairlawn NJ 0	7410					
Scope of Work (Check all that apply)						000 m 2420			
The Book through the analysis of the control of the	DVI D			Full Containme Mini-Enclosure	nt With Negative Pres	sure			
$[X] \ge 3 \text{ sf or } \ge 3 \text{ lf}$	EXAMPLE SECTION	novation molition		X Glovebag Proce	dure				
\(\) \(11		ĺ] Non-Exemted (*) and Non-Friable P				
						A	batem	E E	ype E
	Is Locatio	_	Description of			R	1 1	N	N
Location of	Normal		Asbestos-Contai	ining	Amount	E	R	C	C
Asbestos - Containing	Used		Material (AC		(Specify SF or LF)	M	E	A P	L O
Material (ACM)	Solely l Maintena		(i.e., thermal sys		SF GF LF)	l v	A	s	S
TO BE ABATED in Facility (13)	Custod		or other miscel			A	I	U	U
,	Staff (1					L	R	L E	R E
	Yes No	N/A X	Pipe Insulation		54LF.	x	П		
Basement	-	A	Tipe Insulation			-	\vdash		_
		+-			-	_	Н		
	-+-+	+-					\vdash		
	\rightarrow	+-	<u> </u>		1				
		+-			1				
	-	+-							
Name of Registered Waste Hauler	NJDEP	Waste	Cubic Yards of Waste	Name o	f Registered Landfill	: -	-		
	Hauler I			G.R.O.	w.s				ie a s
J.R. Contracting & Environmental Consulting, Inc.	1 - 1/	017	Disposal Date	City, St				1000	
City, State				Morris					
Wayne NJ 07470 Completed by (Print or Type) Title	12/0		Signature		Da	te			
Company of Company (May)				V	_	- A.M	11/2011	,	
Jerry Bijelonic Project M	lanager		(2/2	21/2012 G4667	_	

	(1					7 and 12:120-7)		C FIN	7 [The Party of the P	10	
Date of Notification	on (1)	1	Name	of Buil	ding	Owner/Operator	(2)			-11	111	
2/23/12			St	tephe	n N	ews				11		
Agencies Notified	Type Notification	on S	Stree	t Addre	ess			FEB 2 7 20	12		71	
[]EPA	[X]Initial		13	307 E	lor	ence Avenu	ıe			1	-	
[]DEP	Notificati	on	City,	State,	Zip	Code	1 6	SEFETOS CRITICIA	9	-1	1	
[X] DOL	[]Amended					d, NJ 0706		UCENNING			-	
	Notificati	2000	Jamo	of Cont	-act		Telephon	¥ 17			ليد .	-
[X] DOH	[]EMERGENCY	l f		James			1962 r.					
[]DCA	[]Cancellatio	on	7	,								
				FACII	LITY I	NFORMATION						
Name of Facility Wh	nere Abatement is	Takin	g Pla	ice (3)			Type of Facil:	ity (4)				
Private							[]School			122 2s		
Street Address								ter 8 (Other 1 i.e., private				
1307 Florence	ce Avenue							uildings, home				
	Territoria de la constantina della constantina d						Square Feet	# of Floors	1000	dg.	Age	
city (5) Plainfield	Cou	inty (0.0000000000000000000000000000000000000	nty Code (7) ATE USE ONLY)	800	2		70		
Plainileid		Unio	211		,		Current Use (I	SANDER OF THE PROPERTY OF THE PROPERTY OF	g der	noli	shed)	1
Name of Monitoring	Firm hirod by Bu	ilding	ASC	M No.		Name of Abater	ment Contractor	10.70 N				_
Owner (8)	FILM HILEG DY DG	LIGING					ANAGEMENT					
N/A Street Address			67			Street Address						
Street Address							topher St					
City, State, Zip Co	nde					City, State, 2						
CICY, State, alp of	-					1000	r, NJ 070	42				
Project Manager for	r Monitoring Firm	Tel	ephon	e Numbe	er	Telephone Numb			ense	Num	ber	
110,000 1		N/	T			(973) 744		0	037	1		
Scheduled Start Dat	te (10) Sched.	Comple	etion	Date	(11)	Name of OSHA N	Monitor					
3/5/12	3/6,	(2) (B)				N/A						
	Year Month		ay	Year								
Occupancy Status Du [X]Facility Cl	osed/Vacated Duri	ineck .ng Ent	oniy	one) Period		Street Address	5					
of Abateme	nt											_
	erformed Outside cribe: «OffHours D			eaciii	·Y	City, State, 2	Zip Code					
[]other - Des	cribe: «Other Occu	pancy	Desc	ript»								
Scope of Work (Chec	ck all that apply))				[]Full (Containment wi	th Negative P	ressi	ıre		
[X]≥3 sf or	r ≥3 lf	[X]Reno	vation		[]Mini-	Enclosure					
[] <u>≥</u> 160 sf	or >260 lf	1]Demo	olition			bag Procedure riable Procedu	re				
		_	Is						Aba	teme	ent 1	
Locatio			cation rmal	Ly		Descriptio Asbestos-Cont		Amount	R	R	E	N
Asbestos-Co Material		5	Used			Material ((Specify	E	E	CA	C
TO BE A		Main		200	(i.e., thermal		SF or	0	A	PS	os	
In Faci (13		Cu	stodi	al		sulation, surfa or other miscel	STALL DESCRIPTION TO	LF)	A	R	Ŭ	UR
	<u> </u>	Yes	No	N/A			-				ļ.	E
Basement				X	Pip	e Insulat	ion	135 lf	X			
	17								_		_	<u></u>
Name of Registered			DEP W			oic Yards Waste 1.5	_	stered Landfi.	11			
AZTECH MANAC	GEMENT, INC.		7040	ID No.	or	masce 1.3	G.R.O.W.	٥.		- 6		
City, State					100000	sposal Date	City, State		000			
Montclair, No	J 07042				3	3/7/12	Morrisvi.	lle, PA 1	906) /		
Completed By (Print	or Type) Title				_1	Signature		р	ate			
Constantine V			nt				1 4		2/23	/12		

ho chock

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

Date of Notification (1)				Ma	mo of Build	ing Owner/Operator	(2)	a n 67 (2)	1			
/	8 / _	12		1000000	Norris Eln			i II V 15.				
Agencies Notified EPA	Type Notificat Initial	tion			eet Address 1 Elm St.	Suite 1C	[]] FEB	2 7 2012	IJ			
⊠ DOLWD		0.00		Cit	y, State, Zip	Code				1	24.00	
☑ DHSS	Amendmer			1 12		n, NJ 07960	ACDEST	S CONTROL &				
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		ng		me of Conta			Telephone Num	her	-		- 2/6
(110/10/05.25-0)	☐ Cancellation	117		+	Shaun Mel		· Schoolstern and the second and the second and		DG1	_	Ĭ	
									_	e part - 1.0	-	
Name of Facility Where	Nh -4 4 :- T-	lii Di-	(0)		ACILITY	INFORMATION	T					
Name of Facility Where A Regency on Elm	Abatement is Ta	iking Pia	ce (3)				Type of Facility (☐ School (K-12)				
Street Address								(Other than K-12 ivate and comme		ildin	ac	
41 Elm St.							homes, etc.)	ivate and comme	iciai bi	anun	ys,	
City (5)							Square Feet	# of Floors	В	dg. A	ge	
Morristown							70,000	5		50÷		
County (6)				C	ounty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			A CONTRACTOR OF THE PARTY OF TH
Morris									(0)			
Name of Monitoring Firm	Hired by Buildin	ng Owne	r (8)	ASC	M No.	Name of Abatem	ent Contractor (9)			-		_
Criterion Labs, Inc.	1770 2700 27 5000		. (-)				VIRONMENTAL	INC				
Street Address				1		Street Address	THE THE PERSON NAMED IN TH	-,		_		_
3370 Progress Dr						1123 BEAVE	D STDEET					
City, State, Zip Code						The state of the s	STATE OF THE STATE					
Bensalem, PA 1902	00					City, State, Zip C						
Project Manager for Moni			1 =	- l l	N-	BRISTOL, PA	19007	Tr. 51				-010
	noning Film			elephoi		Telephone No.		License No.				
Mike Panapresso	- 10				44-1300	215-788-6040		00509				
Start Date (10)2 /23 /	220,000				Date (11) /12	Name of OSHA N BRISTOL EN	ionitor VIRONMENTAL	., INC.				
Occupancy Status During	Abatement (Ch	heck only	one)			Street Address						
☐ Facility Closed/Vacate	ed During Entire	Period o	f Aba	tement		1123 BEAVE	R STREET					
Abatement Performed Time of Abatement: 9						City, State, Zip Co	ode		-			
Scope of Work (Check all						BRISTOL, PA	19007		- 1	-		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf			Renov Demol			☐ Mini-End ☐ Gloveba	tainment with Neg closure g Procedure empted (*) and Nor		re			
		T	Is Loc	cation	1				-	atem	ent T	vne
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Location of Normal Used So Mainten Custodial					/ ASL	Description of pestos Containing Ma .e., thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	-						1		6	_
Boiler room					Pipe I	nsulation		250 LF			Ш	
Boiler room			E	-		nsulation		125 SF				
Name of Registered Wast		INC.		Haule	P Waste r ID No.	Cubic Yards of Waste	Name of Regist					
City, State NEW CASTLE, DE 1				209	90	10 Disposal Date	City, State	JRG, OH 44688	3		-	
Completed By (Print or Ty		Title	-1500000			Signature		Da	-			
Brian Scafiro		Estim	ator	1			Scoferic	0	2/22	110	٤.	
CD 44					The second secon		T.				7.7	

MAY 11 BS /2009

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

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

			N	lame	of Buildin	g Owner/Operator (2009)	lla.	#		
9 /	12					Name of the State						
Initial			S			Suite 1C		FEB 2 7 201	2		+	
	1210200		C	ity, S	tate, Zip (Code	1 A	SBECTOS CONTROL	å.	-	+	
SALE CONTRACTOR		dina		Mor	ristown,	, NJ 07960		LICENSING				
		ung	N	lame	of Contac	t .	1 420	Telephone Num	ber			-
☐ Cancella	ation			Sha	un Mekl	kawy ,	tie.				1.50.00	1
		i all store in		FAC	ILITY IN	FORMATION						
Abatement is	Taking P	ace (3))				Type of Facility	(4)				
			- X	=3.=W).						uildin	ae	
									(Clai Di	unun	yo,	
							Square Feet	# of Floors	В	ldg. A	\ge	
							70,000	5		50+		
			1	Coun	ty Code (7	7)(STATE USE ONLY)	Current Use (Pr	ior if being demolis	shed)			
Hired by Bui	lding Owr	er (8)	AS	SCM I	No.	Name of Abateme	ent Contractor (9)					
						BRISTOL EN	VIRONMENTA	L, INC.				
						Street Address						
						1123 BEAVE	R STREET					
						City, State, Zip Co	ode					
20						BRISTOL, PA	19007					
itoring Firm		T	eleph	one l	No.	Telephone No.		License No.				
			215-	244-	1300	215-788-6040		00509				
0.000						1.0000000000000000000000000000000000000		L, INC.				
g Abatement (Check or	ly one)			Street Address						
				ent		1123 BEAVE	RSTREET					
d Outside of N	lormal Fa	cility H	ours -	Desc	cribe							
3:00AM- <u>4:30</u>	PM/	_PM		_AM								
II that apply)												
						☐ Mini-Enc ☑ Glovebag	losure Procedure	1	re			
		Is Lo	cation	1					_	atem	ent T	- Vpe
										Т	_	T
	A)				Asbe	stos Containing Ma	terial (ACM)	Amount	em	epa	nca	Enclosure
				iff?	(1.6	surfacing, VAT,	or	SF or LF)	oval	5	nsd	Sur
	Y			N/A		other miscellane	ous)				late	0
	×] . [Pipe Ins	sulation		250 LF				
y2 0.W)] [Tank In	sulation		125 SF				
	Ī	ılr	1 [7						П	П	П
			_	= -				literature and a second second	-			
te Hauler					Vaste	Cubic Yards of	Name of Regis	tered Landfill	1	1	1-	1-
	P, INC.		Haul	ler ID		Waste 10	MINERVA					
						Disposal Date	City, State WAYNESB	URG, OH 44688	3			
19720		and become	Carried States									
ype)	Title					Signature	0 1	l Da	te /	1	100	
	Type Notific Initial Amende Amende Amende Justificat Cancella Abatement is Abatement is Abatement is Abatement is 12 g Abatement is d Outside of N 3:00AM-4:30 Il that apply) of Material (ACN ATED ite Hauler	Type Notification Initial Amended Amendment # Emergency (inclusion) Cancellation Cancellation C	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Cancellation Ca	Type Notification ☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including ☐ justification) ☐ Cancellation Abatement is Taking Place (3) Teleph 215 ☐ Scheduled Completio 2 / 27 ☐ Abatement (Check only one) ☐ Demolition ☐ Scheduled Completion ☐ 12	Type Notification ☐ Initial ☐ Amended ☐ Name ☐ Sha ☐ Abatement is Taking Place (3) ☐ Coun ☐ Hired by Building Owner (8) ☐ ASCM I ☐ 20 ☐ 12	Type Notification	Type Notification Initial Amended Amendment # Emergency (including justification) Cancellation Taking Place (3) County Code (7)(STATE USE ONLY) Abatement is Taking Place (3) County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Abatement is Taking Place (3) County Code (7)(STATE USE ONLY) County Code (7)(STATE USE ONLY) Street Address City, State, Zip Code BRISTOL EN Street Address 1123 BEAVEI City, State, Zip Code BRISTOL, PA County Code (7)(STATE USE ONLY) Street Address City, State, Zip Code BRISTOL, PA County Code (7)(STATE USE ONLY) Street Address City, State, Zip Code Morristown, NJ 07960 Name of Contact Street Address 1123 BEAVEI City, State, Zip Code Morristown, NJ 07960 Street Address City, State, Zip Code Morristown, NJ 07960 Street Address 1123 BEAVEI City, State, Zip Code Morristown, NJ 07960 Street Address 1123 BEAVEI City, State, Zip Code Morristown, NJ 07960 Street Address 1123 BEAVEI City, State, Zip Code Morristown, NJ 07960 Street Address City, State, Zip Code Morristown, NJ 07960 Street Address 1123 BEAVEI City, State, Zip Code Morristown, NJ 07960 Street Address 1123 BEAVEI City, State, Zip Code City, State, Zip Code	Name of Building Owner/Operator (2)	Name of Building Owner(Operator (2) Morris Elim LLC	Name of Building Owner/Operator (2) Morris Elm LLC	Name of Building Owner/Operator (2)	9

Feb 22 2012 09:5 (am PUU1/UU), 04

APPROVED

NO Dept of Health & Senior Services

(Signature)

State of New Jersey, NOTIFICATION OF ASBESTOS ABATEMENT

MO# 19807832081	,	(P	ursuan	ALN of	C 8:60 and	1 12:	120)	Emerge	ncy N	otifi	çati	on
Oate of Notification (1)			Na	Name of Building Owner/Operator (2)							Γ	
			Patrick Cleary									
Agency Notified	Type Notification			eel Addres			111 111			11	4	
Agency Houses				Morris A			III F	EB 2 7 2012			1	
M EPA	⊠ In[tief			City. State, Zip Code				LU Z / ZUIZ		1	1	
D DEP												
S Emergency (Including justification) DCA Cancellation			-	erdale, N			1					
			Na	me of Cont	set (do:			Tolephone Number				
□ DCA		Patr	rick Clean	West and description of the second of the se)			
		550.7	F	ACILITY IN	FORMATION	V		Sept of the	apido le sen			
Name of Facility When	E Abatement is Taking Pi	aco (3)					Type of Fact	ty (4)	9.39	5	1 3	
		,										
Private home							School (K-	12) r 8 (Other than K-12	· ·			
Street Address	W Other (i.e. private & commercial buildings.											
11 Morris Avenue							homes, etc.)					
City (5)							Square Feet	# of Floors	Bldg	. Age		
Riverdale, NJ 0745	7				44							
County (6)			Co	univ Code	7) (STATE U	SE	Current Use	Prior If seing cemioli	Shodi			
				in cold	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	1					
Morris			SCN No		1		<u> </u>					
Name of Monitoring Fir	m Hired by Bullding Own	er(8)	SCINI NO		Name of	A0310	ment Contractor	(9)				
					Gr Tech	LLC						
Street Address			~		Street Ad	dress	-		4 -			
					576 Vall	ev R	d #283					
Cily, State, Zip Gode					City, State				10			
Project Manager for Me	philippine Fire	Tel	ephone N		Wayne, 7	43 0	7470	License No.				
LIDION MENERAL IN MY	o:nco;ng riiii	1,50	Chirplif: 14	10.								
			w		973-638-	11/10/04/14		01127			-8-	
Start Date (10)	Scheduled (completio	n Date (1	11)	Name of (OSHA	Monitor					
02/23/2012 02/24/2012					Envirovision Consultants, Inc							
Occupancy Status Dur	ing Abstement (Check or	ily one)			Street Add	dress			215 55			
B English Classed Mone	and During Fatter Seried	o F Alemia			20-21 W	agara	aw Road, Bld	e .# 34A				
St Facility Closed/Vacated During Entire Period of Absterned U Absternent Performed Outside of Normal Facility Hours U Other - Describe:					City, State, Zip Code						_	
					Fair Lawn, NJ 07410							
Scape of Work (Chack	ell that apply)				T'AII Law	13, 142	3 (174)0					-
								th Negative Pressure	:			
20 >3 af or >3 ff				Rodevone?	ix i		I-Enclosure					
☐ ≥160 sf or >200 if			UL	emolition			veber Procedure	: nd Non-Friable Proc	oduta			
		1	11			14011	-xempter () a	In the believe to	94116	l Ab	elen	nent
la Log								İ		Type		
			Solely by		Description of		of			П		T
Asbestos-Containing Material (ACM)			tenance/	estos Containing Materiel (ACM)		Amount			Į.	7 m		
TO BE ABATED						e., thermal systems insulation.		(Specify		Remova	0 2	Enclosure
IN Fa	Staff?			eurfecing, VAT or other miscellaneous)			SF or LF)		Петоча	Section	180	
.,			(17)		Caret Hitel	, e and	Coup			Va l	Encapsulate	6
		Yes	No NI								"	
Basement		163	X		enletion			110 LF		-	+	+-
First floor-closet					Pipe insulation				****	X.		+
FIRST GOOT-CLOSET			X	זו שקריון	sulation		5 Vic. 1	8 LF		X	-	<u></u>
		1					1					
Name of Registered Waste Hauler NJD			EP Waste	Hauler	Cubic Yards of Waste		Name of Reg	stered Landfill				
			o									
Gr Tech LLC		0033	785				T.R.R.F. In					
City, State				·	Disposal D	ste.	Cily, State				- "	_
Wayne, NJ 07470							Tullytown, 1	PA				
Completed by	Tite			•	Signature	1	a continue of		Date		_	-
	1.				aidire (nic	4	1. /		Date			
N_Jevtic	Owner			Rabesios II	. #	2 4	TE AM	0	2/22/2	012		