21398

Date of Notification (1)				Name	of Buildin	g Owner/Operator (2)			3	111		
02/2	28 / 12			No	rth Jerse	y Recycling		p Trace and the second of the second	(min + + + + + + + + + + + + + + + + + + +		CONTRACTOR OF THE PERSON OF TH	¥21	
Agencies Notified T	ype Notification			Street	Address		.	FEB 2 9 20	112	7/ L	7/1		
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	Amended			City, S	State, Zip (Code		and the same of the present about		1	1		
⊠ DHSS	Amendment #_			No	rth Berge	n NJ 07047		ASEESTOS COLLEC	Lů	n make a	4		
	Emergency (in justification)	cluding		1000000	of Contac	SECURITARIA DE CARROLLA DE CAR	Mark William Mark Street and a	Telephone Numb	er	France State of	1		
(NJAC 5:23-8)	Cancellation				phen Gu	A STATE OF THE STA		relephone reamb	Ci			Ŷ	
	_ Cancellation						21		-	-	+.0.	F 15.84 d	
Name of Facility Where Aba	stement is Taking	Place	(3)	FA	CILITY IN	IFORMATION	Type of Facility ((4)				_	
Name of Facility Where Aba	itement is raking	1 lace	3)				School (K-12	•					
Street Address								(Other than K-12)					
300 Washington Stree	et						homes, etc.)	rivate and commerc	ciai di	ıllalnç	js,		
City (5)							Square Feet	# of Floors	BI	dg. A	qe	_	
Hoboken							5,000	3	- 1	80	•		
County (6)				Cour	ty Code (7)(STATE USE ONLY)		or if being demolish	ned)			-	
Hudson					ity codo (i)(011112 002 01121)	ounding odd (r ri	or it being derriener	icuj				
Name of Monitoring Firm His	red by Building C	wner (8)	ASCM	No.	Name of Abateme	ent Contractor (9)			_	-	_	
						JVN Restorat	tion Inc						
Street Address			-			Street Address			100				
						47 Foster Ro	ad						
City, State, Zip Code				1		City, State, Zip Code							
						Staten Island							
Project Manager for Monitor	ina Firm		Tele	phone	No.	Telephone No.		License No.				-	
	3			•		718-605-6256		00774					
Start Date (10)	Sched	uled Co	mple	tion Da	te (11)	Name of OSHA M							
02/29/	A STATE OF THE STA	2 /											
						Street Address			_				
Occupancy Status During Al ☐ Facility Closed/Vacated [0.000.000		mont		Street Address							
☐ Abatement Performed O					cribe	City Ctata 7ia Ca	4-						
Time of Abatement:						City, State, Zip Co	ode						
Scope of Work (Check all the	at apply)		6. CV										
M - 2 - 4 2 14		П p					ainment with Neg	ative Pressure					
≥3 sf or ≥3 lf>160 sf or >260 lf		☐ Ren ☑ Den				☐ Mini-Enc ☐ Glovebag							
—		_		85		Non-Exe	mpted (*) and Nor	n-Friable Procedure	9				
,			ocat						Ab	atem	ent T	уре	
Location of			orma			Description o			R	70	т	m	
Asbestos-Containing Ma		Used	itena			stos Containing Ma		Amount	l a	Repair	nca	nclo	
TO BE ABATE IN Facility	<u>:D</u>			Staff?	(i.e	., thermal systems i surfacing, VAT,		(Specify SF or LF)	Remova	=	psı	Enclosure	
(13)			(12)	1		other miscellane		5, 5, 5,	-		Encapsulate	g	
rd		Yes	No	N/A							_		
3 rd Floor			\boxtimes		Windov	v Caulking		150 LF	×		Ц		
Name of Registered Waste I	Hauler		N	JDEP V	Vaste	Cubic Yards of	Name of Regist	tered Landfill	1		- To		
Express Waste Servic	es LLC		Н	auler II		Waste	IMinerva Er	nterprises Inc.					
City, State				NJ-80	4	5 Disposal Date	City, State			_		-	
Newark, NJ						2/29/2012 A	Waynesbur	ra. OH					
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Completed By (Print or Type		min-F	-:-	of B/-	2005-	Signature		Dat	7	۱ رم	; -	,	
John Tardy	36	enior P	loje	CL WIRI	iagei	1 /2/ (nclu	. 12	1	8	12	_	

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

				(Pu	rsuant t	o NJAC 8	:60 and	12:120))	国 提						
	of Notification (1) 24/12					Building Cunity Fo					0.0	2012		1		
_	ncies Notified	Type Notification		125	Street Ad 31 Eva	idress ns Term	inal R	d.	ju	FED	4.	2012	(a-can 62)			
×	EPA DEP DOL	Initial Amended Amendment				te, Zip Coo NJ 072					HIN					
×	DOH DCA	Emergency justification) Cancellation		13.65	Name of Jim Do	Contact				on the same of the same	Tele	phone N	imbor			
					FACIL	ITY INFO	RMATI	ON								
	e of Facility Where mmunity Food B		ng Place (3)						of Facility (4 School (K-12	2)					
	et Address Evans Terminal	Rd.							×	Subchapter Other (i.e. pr etc.)	8 (Otherivate &	commer	12) cial build	lings,	home	s,
City	(5) side								285.0	nveve:	2	Floors	8	ldg. A O yea		
Cou	nty (6) on				County C	ode (7) ISE ONLY)				nt Use (Prio bank	r if bei	ng demoli	shed)			
Nam N/A	ne of Monitoring Firm	n Hired by Building	Owner (8)		ASCM	No.		No Contract research		ement Con vices Inc.		(9)				
Stre	et Address							T. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7. 7.	Addres Maple	7.1						
City,	State, Zip Code					= 10				p Code NJ 0705	7					
Proje	ect Manager for Mor	nitoring Firm			Telephor	ne No.			hone No 406-7			License 01107	No.			
	t Date (10) 05/12		Schedule 03/14/		pletion [Date (11)		N. Service	of OSF aw Na	IA Monitor						
	upancy Status Durin	ng Abatement (Che			1200000	-		Street	Addres	s						
×	Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Non	Period of	Abatem	tement ours City, State, Zip Code Wallington NJ 07057									***		
-	pe of Work (Check A														-	
X	≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тистрруу)	-	Renova Demoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
				Locati										Abate	ement pe	
	Locatio Asbestos-Containing <u>TO BE AE</u> In Fac (13)	g Material (ACM) BATED ility	Use Ma	Normall ed Sole iintenar todial S (12)	ly by nce/ Staff?	Asbes (i.e.	tos Con thermal surfa	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or her miscellaneous) Amount (Specify SF or LF)					Removal	Repair	Encapsulate	Enclosure
			No *	N/A		haila	r insul	otion		-	00sf.	*			-	
	boiler r	oom				bolle	rinsui	ation								
	ne of Registered Wavark Carting Inc			Н	NJDEP Waste Cubic Ya Hauler ID No. of Waste 05409 20					Name of GROW		ered Land	fill			
City	, State vark NJ	, , , , , , , , , , , , , , , , , , ,			Disposal Dat 03/14/12											
Con	npleted by law Nalodka	ident	7			Signatur	The second of th									

Print Form

State State CITELLE PARK, A plested by VELORINIU	J	imat	259 or	12	Sign	Date 12 Yeldr		LE HEM			180	915	-
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In Facility (13)		(12)	Staff?	1 (1-	e. Termei s Surfaci Other mi	systems in ng, VAT, scellaneo	sulation, or us)	Amoun (Specif SF or Li	ve .	Removal	Repair	Encapsulata	emetosmo
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Us	is Loca Norma and Soli aintena	dly . Bly by	Ash	Des	Cription of					Aba	temen)rpo	t
2160 sf or 2260 ff	7	Renov Demoi	ration illion			34.	Full Contains Mini-Enclosu Glovebag Pro Non-Essemple	re condure					
cope of Work (Check All That Apply)							h Hacke	nsack	N:	J.	07	606	;
Facility Closed/Vacated During Ex Abatement Performed Outside of Other - Describe: <u>8 AM</u>			ment Is	đ		Street A 280 City, Sta		St.				•	
3-6-12 Cupancy Status During Abelement (Check Only	7 - One)	-12	on Date (11)	Omeg	osha Monit a Envi	conment	al	Se	rvi	cer	 3
oject Manager for Monitoring Firm art Date (10)	164	4.1 :-		phone No		201-	kensac me No. -329-74	44 Li	cense	076 No. 388	01		_
illy, State, Zip Code	•	•		•		Cay, S	South			-			
treet Address				.		Street	t Remov		-				
iame of Monitoring Firm Hired by Bu	liding Owne	r (8)		SCM No.		Name	Of Abutament	Contractor (9)			<u>.</u>		
County (8) BERGEN		•	Cou	Inty Code	(M)		2100 Current Use	2. (Prior if being	demo	lished	1	16)	
156 HARDIN GLENROCK	6 50	241	0_			.	Square Feet	Le. privata & o	2011/11/10	arcial		ngs, h Ig. Ag	
Street Address		-		•			School Subchs	(K-12)	then t	C-190			•
Name of Facility Where Abatement	s Taking Pia	ICB (3)		FACILIT	Y INFORM	LTION	Typs of Fac		5				
DCA DOH justii	rgency (inch ication) callation	uding	Na	me of Co	oběL	10	FU	0743	o Z	Numi	er		-
E DOL Ame	nded Odment &		100	y, seen,	ZIP Code				+				أريد
D EPA			Jan	set Address	HARD	ulĠ	ROAD	in tro		9 7	012		
Igencies Notified Type Notifi	cation		1 900	NAMES OF GROOMS	88					AND RESIDENCE			11111

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

Fax:

	APPROVED	
NJ Dec	. b. Health & Seni	or Services
Date:	(signature)	Q; yes
L Date:	Emergency N	otification

Date of Notification (1)		men	of Bulldi	ng Owner/Operator	(2)	2 6 1 10	FI	1	7					
2/24/2012			Acta	vis			Y = 0 V	<u></u>	111	1				
Agency Notified	Type Nodfication		100	t Address		Trans.				1	3			
			200 F	Elmora A	Avenue		<u> </u>		11	1				
REPA	지 Initial 니 Amended			State, Zip		T 7-1	ER Z 8 2017	2	-11	1				
S DOF T DEb	Amendment #		AND TOUR LE	beth, NJ		I I		1	Ser.	1				
O DOL	和 Emergency (includin	g		e of Conta			Tolephone Nun	nber			4			
SE DOH	Justification)					21								
□ DCA	2 Cancellation			rt March				-	-	-	_			
			FA	CILITY IN	FORMATION			*						
Name of Facility When	e Abetement is Taking Plac	ce (3)			14	Type of Facility	y (4)							
harmaceutical ma						C School (K-1				(comments	er.			
Street Address	ildizothic					Subchapter	8 (Other than K-1)	2}	22					
21991 MODIERA							rivate & commerci	al busuin	ga,					
00 Elmora Avenu	е					Squere Feet		Bldg.	Age		-			
City (5)						2dhete Leer	# 01 1 10019	i Diag	3.					
Hizabeth, NJ 0720	2.					1		J						
County (c)					7) (STATE USE	Current Use (Prior IT being dema	ilshed)						
00-2114/1-1			ONL	(Y)										
Union		- ANT	IN No.		Name of Abster	ment Contractor	(9)							
Name of Monitoring Fl	rm Mired by Building Owne	r(e)												
					Gr Tech LLC						-			
Street Address														
					lley Rd #283									
City, State, 2lp Code				City, State. Zip										
				Wayne, NJ 07										
Project Manager for N	roject Manager for Monitoring Firm Tel				Telephone No.		License No.							
		i			973-538-1777		01127							
Start Date (10)	Scheduled Co	moletion	Date (1	1)	Name of OSHA		- N							
**************************************	100000000000000000000000000000000000000				0.02 (CHANGE STATE) 10.00 (CHANGE STATE)	Consultants, In	nc							
)2/25/2012	02/27/2012				Street Address									
Occupancy Status Du	iring Abatement (Check on	y one)			CONTROL OF THE PROPERTY OF THE		~ # 34A							
& Enciliby Closed Nov	cated During Entire Period	of Abstem	ent		20-21 Wagan	aw Road, Bld	B : 11 34A							
Abalement Perform	ned Outside of Normal Faci	lity Hours			City, State, Zip									
☐ Other - Describe:					Fair Lawn, N	1 07410								
Scope of Work (Chec	k all that apply)				☐ E.II	l Containment wi	th Negative Pressu	110						
	2 - A - A - A - A - A - A - A - A - A -		8 8	tenovation	2.20	il-Endosure								
>3 ≈f or ≈3 if	r			emolition	IZ GIA	vebag Procedure	e	4						
[] \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2}					LI No	n-Exempted (7) a	nd Non-Friable Pr	ocedure	TA	bete	men			
		ls Lo	cation							Ту				
		Nor	mally		Denneintle	n në								
	cation of		solely by	I Ast	Description Estas Containing A	Waterial (ACM)	Amoun		7		E .			
	ining Material (ACM) E ABATED	The state of the s	enance/ todiel	1 (i.e., thermal system	ns insulation.	(Specify		Remova	Repair	ncapsulate			
	Facility		aff?	i '	surfacing, VA	AT, or	SFORLE	-)	TOT	edi	Sul			
1007	(13)		12)		other miscella	neous)			0	4	विक			
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		Yes !	NO N				SOLC	,	×	\vdash	1			
1st floor-storage a	rea		×	Pipe	insulation		50 LF		_^-		- 1			
		-							-		4			
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		-	-											
		_ لـ الـ	i_		Cubic Variation	Nome of P-	g blered Landfill							
Name of Registered	Waste Hauler			te Hauler	Cubic Yards of Waste	I INSTITUTE OF HO	A miterator remains							
		1D No) .		Ages									
Gr Tooh LLC	0 - Ma <u> </u>	0033	785	<u> </u>		T.R.R.F. L	nc		_					
					Disposal Date									
City. State						Tullytown	PA							
	i tr	1												
Wayne, NJ 07470			-		Signature /	1	1	Dale						
	Title Owner				Signalure	he N	enad	02/24	/201	2				

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

JIA MAIL
US MAIL

Date of Notification (1)3512		1	ame of Bu	ERY	ner/Operator	(2) SOEB		牙帽		1	The same of the sa
Agencies Notified Type Notification Type Notification Initial Initial		-	itreet Addr	ress JIRQ	INIA	5+11 F	FFB 20 1	29AZ		1	
☐ DOH ☐ Emergency (it justification) ☐ DCA ☐ Cancellation	cuding	P	lame of Co			- Language	Telephone Num	ber	1	-	-
•			FACILITY	y inform	ATION		110 mark standard			į	_
Name of Facility Where Abatement is Takin Street Address) ===				Type of Facility School (K-1) Subchapter Other (i.e., r	1750	(2) cial buildi	nas.		
31 VIRGINIA	51					homes, etc.		Bld	g. Ag	e	_
City (5) So. River		1				3,000	ل_ل		00		
County (6) HiddleSEX			County Co USE ONL	Y)		· · · · · · · · · · · · · · · · · · ·	nior if being demo	JT			_
Name of Monitoring Firm Hired by Building (8)	Owner	TA	SCM No.		me of Abates	ment Contractor (S))				_
Street Address				_1	eet Address	(814					
City, State, Zip Code			ž. e	Ci	y. State, Zip	Code UDGE 1	13:08	157			
Project Manager for Monitoring Firm			hone No.	_ []		38×7500	License No.	306			
Start Date (10) Schy	duled Cor	npleti	on Date (1	1) Na	me of OSHA		<u>د</u> :				
Occupancy Status During Abatement (Ch. Facility Closed/Vacated During Entire P	eck only o	ne)		St	CA 150	x 814					
Abatement Performed Outside of Norm Other - Describe:	al Facility	Hour	• 	_ G	y, State, Zip	RIDGE	NO CIN	885	<u> </u>		
Scope of Work (Check all that apply) ∆3 sf or ≥3 lf ≥160 sf or ≥260 lf	6 8	ovati	2000		NET-E	containment with N Enclosure Shag Procedure Exempted (*) and I			*		
		catio							Abate Typ		r es
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used S Maint Cus Si	Solel	by cel.	(i.e., the	Description Containing Normal system surfacing, VA her miscellar	Material (ACM) is insulation, AT, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A					-	L	Ē	-
CRAWI SDACE	-		X _	PIPE	17.5	CLATICK	181	I-X		L	
CKNOT STACE							-		+	-	-
Name of Registered Waste Hauter NOVATECH INC.			UDEP Was langer ID No 1350	2 0	Public Yards f Waste	6.R.O	gistered Landfill	A			J
City, State OID BRIDGE NIC			57		isppsal Date 3 7 以	- LOKATO	Date 1	, H.			
CARIOS A HEIDA	MEG	iDi	ENT		Signature	B Hours	1 1	* als	<u>15)</u>	2	_

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Data of Natification (1)		-		-	Name	of Building	Own	er/Operator (2	2) 1111 15	1 15 11 11 11 11 11 11 11 11 11 11 11 11	0.7	******	an order	11	
Date of Notification (1)	8 / _	12	_		The State of the S	ris Elm L		on Operator (2			WE	In)]	42	
Agencies Notified EPA	Type Notificati	ion				Address Im St., S	uite	1C	1 1 1 1 F	EB 2 9 21	012	III			
☑ DOLWD	Amended Amendmen	42 .	212214	12	City, S	tate, Zip C	ode		1 (_		1				
DHSS	☐ Emergency			14	Mor	ristown,	NJ 0	7960	/ At.	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				7	
DCA (NJAC 5:23-8)	justification		uung		Name	of Contact			The transport of the same of the same of	Telephone Nu	mber				
V	☐ Cancellation	on			Sha	un Mekk	awy	12	- 14	1		_	1		
					FAC	ILITY IN	FOR	MATION			C+, p-		1		
Name of Facility Where	Abatement is Ta	king F	Place	(3)					Type of Facility ((4)					
Regency on Elm									School (K-12)	12)				
Street Address	-								Subchapter 8	rivate and comm	nercial bu	lding	s,		
41 Elm St.									homes, etc.)						
City (5)				Healton					Square Feet	# of Floors	1	lg. A	ge		
Morristown									70,000	5		i0+			
County (6)					Coun	ty Code (7))(STAT	E USE ONLY)	Current Use (Pri	or if being demo	olished)				
Morris															
Name of Monitoring Firm	n Hired by Buildi	ng Ov	vner (8	3)	ASCM	No.	Nam	ne of Abateme	ent Contractor (9)						
Criterion Labs, Inc	>.						BI	RISTOL EN	VIRONMENTA	L, INC.					
Street Address						et Address									
3370 Progress Dr						23 BEAVE									
City, State, Zip Code								State, Zip C							
Bensalem, PA 190	20							RISTOL, PA	The state of the s						
Project Manager for Mo	nitoring Firm			1000	ephone		1	phone No.		License No.					
Mike Panapresso					15-244			15-788-6040		00509					
Start Date (10)	A CONTRACTOR OF THE PARTY OF TH				etion Da		and the second	ne of OSHA N		I INC					
2 / 23	/ _12_	2	_ ′	_2	7_/_	12	В	RISTOL EN	VIRONMENTA	L, INC.					
Occupancy Status Durin					7500		-	et Address				277			
☐ Facility Closed/Vaca	ted During Entire	e Perio	od of A	Abate	ement			123 BEAVE							
Abatement Performe	ed Outside of No	rmal F	acility	Hou	irs - Des AM	cribe		, State, Zip C		W 8					
Time of Abatement:	0:00AIVI-4.30P	101/	r	/!	^\		В	RISTOL, PA	A 19007						
Scope of Work (Check a	all that apply)							M Full Con	tainment with Ne	native Pressure					
☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf		1	⊠ Rer □ Der	nova molit	tion ion			☐ Mini-End	ontainment with Negative Pressure inclosure bag Procedure exempted (*) and Non-Friable Procedure						
			le	Loca	ation		-					atem	ent T	уре	
Locatio Asbestos-Containing TO BE AE IN Fac	g Material (ACM) BATED illity)	Use Mai	lorm d So inten	ally lely by ance/ I Staff?		Description of bestos Containing Material (ACM) i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF)					Repair	Encapsulate	Enclosure	
(13))		Yes	No			O.		,				(0)		
Boiler room			\boxtimes			Pipe In	sulat	tion		250 LF	⊠				
Boiler room	\boxtimes			Tank In	nsula	tion		125 SF							
Name of Registered Wa	aste Hauler				NJDEP	Waste		oic Yards of	Name of Regi	stered Landfill	+				
SERVICE TRANSF		Hauler ID No. Waste 20990 10				MINERVA LANDFILL									
City, State NEW CASTLE, DE 19720						Disposal Date				ce City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Title						Signature					Date /	_	1	7	
Brian Scafiro		Es	tima	tor		500 J. Sa		Brian	Scoferio)	Date	13/	10	_	

2 / 8 /	12		1 0 0 0 0 0 0	orris Elm	ng Owner/Operator	(2)					
Agencies Notified Type Notificati							EEB 2 9 20	112		111	
⊠ EPA	on			et Address			I was to the control of	102	1 10/2	1	
☑ DOLWD ☑ Amended					Suite 1C	i	end mile only the more to the property of the chief.			1	
□ DHSS Amendmen	t # <u>1-2/2</u>	2/12		State, Zip		į f	ASEE HIS THING	L&		1	
□ DCA □ Emergency		ng			n, NJ 07960		. A. T		Name of Chicago		
(NJAC 5:23-8) justification				e of Conta			Telephone Nur	nber	Ster -		
Cancellation	n 		Sh	aun Mek	kawy				i		
Nome of Facility (Albert Abrilland)			FA	CILITY	NFORMATION						
Name of Facility Where Abatement is Tak	king Plac	œ (3)		SULPSTANT SUSPEN		Type of Facility					
Regency on Elm						School (K-1	2)				
Street Address						Subchapter	8 (Other than K-1 private and comme	2)			
41 Elm St.						homes, etc.	.)	erciai	Juliain	gs,	
City (5)	VIII - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1					Square Feet	# of Floors	E	3ldg. A	Age	_
Morristown						70,000	5	1	50÷		
County (6)			Cou	nty Code (7)(STATE USE ONLY)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ished)		-	_
Morris					A COMPRODUCTION OF THE PARTY OF		comy denier	.o.reu)			
Name of Monitoring Firm Hired by Building	g Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9	,		-		_
Criterion Labs, Inc.	300)			.m050000		VIRONMENTA	•				
Street Address					Street Address	VII CITIBLE IN A	L, 1140.				
3370 Progress Dr					1123 BEAVE	PSTPEET					
City, State, Zip Code					City, State, Zip Co	**************************************					
Bensalem, PA 19020					BRISTOL, PA						
Project Manager for Monitoring Firm		Tele	ephone	No		19007	T.:				
Mike Panapresso		0000000		-1300	Telephone No. 215-788-6040		License No.				
	eduled (00509	8 61			
2 / 23 / 12				12	Name of OSHA M		an communic			C 12/04/20	
	ck only	one)			Street Address	VIRONMENTA	L, INC.	·			
☐ Facility Closed/Vacated During Entire F	eck only Period of al Facili	one) Abate ty Hou	ment		Street Address 1123 BEAVER City, State, Zip Co	R STREET	L, INC.				
	eck only Period of al Facili	one) Abate ty Hou	ment		Street Address 1123 BEAVER	R STREET	L, INC.				
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm	eck only Period of al Facility P	one) Abate ty Hou	ment rs - Des AM		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Neglosure	gative Pressure	Ire			
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 9:00AM-5:30PM/ Scope of Work (Check all that apply) ☐ >3 sf or ≥3 If	eck only Period of al Facilit P	one) Abate ty Hour	ment rs - Des AM ion		Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET ode 19007 ainment with Neglosure					
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☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 9:00AM-5:30PM/ Gcope of Work (Check all that apply) ☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	Period of Period	Abate by House enovati emolitic s Locat Norma ed Sole intena	ment rs - DesAM fon on liv liv by nce/	acribe Asber	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA State Cont Glovebag Non-Exer Description of stos Containing Mat	R STREET ode 19007 ainment with Neclosure Procedure mpted (*) and No ferrial (ACM) nsulation, or	pative Pressure n-Friable Procedu Amount (Specify	At	-	ent T Encapsulate	÷
☐ Facility Closed/Vacated During Entire F ☐ Abatement Performed Outside of Norm Time of Abatement: 9:00AM-5:30PM/ Gcope of Work (Check all that apply) ☐ ≥3 sf or ≥3 If ☐ ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) ☐ BE ABATED ☐ IN Facility ☐ (13)	Period of all Facilities Period of All Facilit	Abate by House enovati emolitic s Locat Norma ed Sole intena todial (12)	ment rs - DesAM ion ion liy ly by nce/ Staff?	acribe Asber	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat , thermal systems is surfacing, VAT, other miscellaneo	R STREET ode 19007 ainment with Neclosure Procedure mpted (*) and No ferrial (ACM) nsulation, or	pative Pressure n-Friable Procedu Amount (Specify	A Removal	Repair	Encapsulate	
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□ Facility Closed/Vacated During Entire F □ Abatement Performed Outside of Norm Time of Abatement: 9:00AM-5:30PM/ □ Scope of Work (Check all that apply) □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf □ Location of □ Asbestos-Containing Material (ACM) □ TO BE ABATED □ IN Facility □ (13) □ Soiler room	Period of of all Facilities P	Abate ty Hour M- enovati emolitic Locat Norma ed Sole intena todial (12) No	ment rs - Des _AM on on liv liv by nce/ Staff?	Asber (i.e.	Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems is surfacing, VAT, other miscellaned	R STREET ode 19007 ainment with Neclosure Procedure mpted (*) and No ferrial (ACM) nsulation, or	n-Friable Procedu Amount (Specify SF or LF)	At Removal	Repair	Encapsulate	
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Date of Notification (1) 2 / 9 /	12			me of Build	ling Owner/Operator	(2)	1. 200		G.	B	
Agencies Notified ☐ EPA 0957 ☐ Initial ☐ DOLWD 9953 ☐ Amende				eet Address	s , Suite 1C		FEB 29	2012	-		
☑ DOLWD 94.33 ☐ Amende				y, State, Zip		i	. 20 2 0	LUIL	-	100	1
☐ DCA ☐ Emerger		ina	\$1000000000000000000000000000000000000		n, NJ 07960	1 1	*,				
(NJAC 5:23-8) justificat	ion)	•		me of Conta	700	i	Telephone Nur	nber			
☐ Cancella	ition		S	haun Mel	kkawy			W30		жна	_]
		we common	F	ACILITY	INFORMATION	Mark I are					
Name of Facility Where Abatement is	Taking Pla	œ (3)			Type of Facility	(4)		_	(A) W 4-	you al
Regency on Elm											
Street Address					****	Subchapter	2) 8 (Other than K-1	2)			
41 Elm St.						homes, etc.	orivate and commo	ercial t	ouildir	igs,	
City (5)			200 900			Square Feet	# of Floors	TE	Bldg.	Age	
Morristown						70,000	5	-	50+	0.000	
County (6)			Co	unty Code	(7)(STATE USE ONLY)	Current Use (Pr	rior if being demol	ished)	200000000		
Morris								,			
Name of Monitoring Firm Hired by Build	ding Owne	r (8)	ASC	M No.	Name of Abateme	ent Contractor (9)	· · · · · · · · · · · · · · · · · · ·				
Criterion Labs, Inc.						VIRONMENTA	52				
Street Address	100000				Street Address				-		
3370 Progress Dr					1123 BEAVE	R STREET					
City, State, Zip Code					City, State, Zip Co	ode					
Bensalem, PA 19020					BRISTOL, PA	19007					
Project Manager for Monitoring Firm		T	elephon	e No.	Telephone No.		License No.	-			
Mike Panapresso			215-24	4-1300	215-788-6040		00509				
Start Date (10)	cheduled (Name of OSHA M	onitor			-	-	
2 / 23 / 12	_2_		27_ /	_12_	BRISTOL EN	VIRONMENTAL	L, INC.				
Occupancy Status During Abatement (C	check only	one)			Street Address		 -	-	-		
☐ Facility Closed/Vacated During Entire					1123 BEAVER	RSTREET					
					City, State, Zip Co						
Time of Abatement: 8:00AM-4:30P	M/F	'M	AA	A	BRISTOL, PA						
Scope of Work (Check all that apply)					4						
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	⊠ Re				☐ Mini-Enclosed ☑ Glovebag	Procedure	ative Pressure	re			
	18	Loc	ation	T		1	111101011100000		-4		
Location of	1	Nom	ally dely by		Description of			_	1	ent T	
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	inter	nance/		stos Containing Mate		Amount	Removal	Repair	Enc	Enclosure
IN Facility	Cus		Staff?	(1.6	thermal systems in surfacing, VAT,		(Specify SF or LF)	NO.	air	aps	180
(13)	Yes	(12 No	-		other miscellaneo	us)	o. o. c. ,			Encapsulate	6
Boiler room	×		. 🗆	Pipe Ins	sulation		250 LF				П
Boiler room	×			Tank In	sulation		125 SF	×			
			市					-	_	_	_
Name of Registered Waste Hauler			NJDEP	Waste	Cubic Yards of	Name of Registe	ared I saddil				
SERVICE TRANSPORT GROUP,	INC.		Hauler II 20990	D No.	Waste 10	MINERVA L					
City, State			20000		Disposal Date	City, State					\dashv
NEW CASTLE, DE 19720							IRG, OH 44688				
Completed By (Print or Type)	Title ·	-			Signature						_
Brian Scafiro	Estimat	or			Brisa	Scalino	Isl Dat	2/9	//	2	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

				(P	ursuant	to NJAC	8:60 and	d 12:12	20)	an America (di	K	#.	369	5	5	
	e of Notification (1) 24-2012					f Building	Owner/0	Operato	r (2)	12.42				100		ì
1	encies Notified	Type Notification			Street A	/ Rivkin						1 17	P	T	7_	
rg.						ouress exandria	Road					3 11	ile i			
H	EPA DEP	Initial Amended		ŀ		ate, Zip Co				EE	P 2	0 9/			1	-
×	DOL	Amendment	-	_	-	stown, N		03		19 15	B 2	2 9 201	2			
×	DOH	Emergency (justification)	including	ı		f Contact			- Carrie	Laurent Lauren		ephone Nu	100000000000000000000000000000000000000	-395/	6	
	DCA	Cancellation			David				1,174	on Alock			у,	J.	Total Control	
Nan	ne of Facility Where A	Abstement is Takin	n Place (5)	FACI	LITY INF	ORMATI	ON	LTvě	oe of Facility (4			9		1	
- 1005 Y	ouse	TO ACCIDENT IS TAKIN	y i lace (,,					I y			en englise som englis	Telling.	· ·	12	
Stre	et Address								H	School (K-12 Subchapter 8	(Othe				uca v	
36	Summit Street								×	Other (i.e. preetc.)	ivate 8	& commerc	ial buil	dings	home	es,
City									1 2 2 2 2 2	uare Feet	# of	Floors	В	ldg. A	lge	
	st Orange		J-2000							500	2			50+		
	inty (6) SSEX					Code (7) USE ONLY			1	rrent Use (Prior OUSE	r if bei	ng demolis	hed)			
Nan	ne of Monitoring Firm	Hired by Building (Owner (8)		ASCN	l No.		Decree Street		batement Cont		(9)			1000000	
n/a	3				n/a			Jadar Contracting, LLC								
	et Address								Street Address							
n/a							22 Troy Lane City, State, Zip Code									
n/a	, State, Zip Code								Park, NJ 07	035						
	ect Manager for Mon	itoring Firm	- 1	Telepho	ne No.		Telep	Control of the Contro			License N	ło.			_	
n/a					n/a			8.5		-7950		01088				
	t Date (10)				npletion	Date (11)		- 1000000000000000000000000000000000000		SHA Monitor			4	3112233		
	10-2012		3-12-2							ontracting, L	LLC	-cov-	23			
Occ	upancy Status During				Stre 22					ress Lane						
H	Facility Closed/Vaca Abatement Perform									Zip Code	-					
×	Other - Describe: _							D		Park, NJ 07	035					
Sco	pe of Work (Check Al	I That Apply)						22/2	Service Control							
	≥3 sf or ≥3 lf		2000000	Renova	RESTRICTION OF THE PERSON OF T			ļ.	Full Containment with Negative Pressure							
×	≥160 sf or ≥260 lf			Demoli	tion			Mini-Enclosure Glovebag Procedure								
								[3		Non-Exempted		d Non-Frial	ole Pro	20516	7	
		-14		Locat											emen /pe	t
	Location			Norma				scription						T .		
	Asbestos-Containing TO BE ABA		Ma	intena	nce/		thermal			rial (ACM) ulation,	300	mount Specify	Z	77	Enc	g
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	(13)		Yes	No	N/A		othern	niscella	neou	5)			<u>a</u>	=	ilate	ure
		140) / A T	,	. 4.		20	00 CE	-	-		-		
	Baseme		X		VAI	(no ma	astic	;)	31	00 SF	X					
	 		1										+			
Nan	ne of Registered Was	te Hauler		17,350	JDEP W lauler ID		Cubic of Was	Yards ste		Name of R	- 77		I			
Jac	lar Contracting, L	LC		(1000)	03313		TBD			G.R.O.V	V.S.	Landfill				
City, State							Dispos	sal Date	9	City, State		A 19067				
Lincoln Park, NJ 07035 Completed by Title							<u> </u>	ignatur	e	O	(io, i		ate			
1-7-055	e Lazarevich	etary														

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

CHECK # 1142

Date of Notification			1	1	Vam	ne c	of B	Building	Owner / Operat	tor (2)	E IN I	1 17	(,-1	Mar. ng		-	_
	2-24-12			(GAF	=						i i W	la D	11	11		
Agencies Notified EPA	Type Notifi	cation		0.08				Iress			1990			II	111	Marie .	
DEP		al			149	11	Qu	& Zip	Drive, Suite 6	300	FED.	7 D 004			111		
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☐ DCA		ncellation		100	rec					į	688 - 13	CONTRACT		11111	пы	ui irni	her
					FA				FORMATION	50 Sec	The state of	110			T		_
Name of Facility V	Vhere Abater	nent is Taking P	lace	(3)				Type of Faci			e de la fail e el cidad capit d	of the second)_	i.	-
GAF Street Address			18						School						17.00	- •	
											ther than K-1				-,5	Marris .	
South King Stre	et										& commerc			_	-	etc.)	
City (5)		County (6)	- 17	0		0		(7)	Square Feet	d 89	of Floors		3ldg.	Age	Э		
Gloucester		County (6)	1	٥٥١	ınty	Co	ae	(1)	2 to 3		NA		NA_				
Gloucester		Gloucester							Current Use		eing demoli	shed)					
Name of Monitorin	a Cirm Llicad	by Duilding Orm		(0)		_	10	01411	Power Stat								
I valle of workon	g riiii niieu	by building Owr	ier ((8)		ľ	ASI	CM No	o. Name of Abatement Contractor (9) Mid Atlantic Abatement, LLC								
Street Address			-	-			-		Street Addre		ment, LLC						1,000
									PO Box 13								
City, State & Zip C	ity, State & Zip Code								City, State &)		Walter Control			2010	_
									Cherry Hill, NJ 08003								
Project Manager fo	roject Manager for Monitoring Firm						um	ber		Telephone Number License Number							
0.1.1.1.01.15									609-567-09				01	11	4		ana -
Scheduled Start D 3-7-12	ate (10)	Scheduled Con	13.00	tior 7-1		ite	(11)	Name of OSI		or						
Occupancy Status	During Abate	ment (Chack or				_	_		Street Addres	****				_			
Facility Clo	sed/Vacated	During Entire P	erio	riod of Abatement					107 Haddo	57.5							
		outside of Norma							City, State &					a cong	-		
Describe:								о ории	Westmont,								
Facility Oc	cupied During	Abatement							, woodinone,	140 0010	,,,						
Scope of Work (Ch	eck all that a	pply)			Serve												
			_		Land Co. Co. Co.						ıll Containme	ent with N	egati	ve !	Pres	sure	:
≥3 sf or ≥3					Rer		77777	53.03			ni-Enclosure	377					
≥160 sf ≥26	SU IT				Der	nol	itio	n	Glove Bag Procedures								
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	tos-Containir	na			ocati ally (d ·		Description of Amount Abadestos-Containing (Specify					bat	eme	ent T	ype
	terial (ACM)	.9		Sol	ely b	ру			Motorial (ACM)						Щ	m	
	BE ABATED				nandial S				(i.e., thermal sy	ystems		/	1	000	Re	ncap	ncl
	n Facility (13)		Ou.		12)	, car		i	nsulation, surfac				3	Removal	Repair	Encapsulate	Enclsoure
	(13)		Yes		No	N	/A		or other miscella	aneous)			1 5	-		ate	9
Rear of building			П	11	X	Г	7	Remo	oval of broken	transite	< 3 s	n ft	×	1			
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Name of Registered Waste Hauler									Cubic Yards	Name of	Registered	Landfill		111			_
Eraphald Cartage					Ha	ule	r ID	No.	of Waste		STATE OF STA						-
Freehold Cartage									G.R.O.W.S.					1			
City, State									Disposal Date	City, Sta							
Freehold, NJ									3-14-12 Morrisville, PA								
Completed By (Prin					Title	- 22			Signature		3		Date			01165	
Theodore S. Bud	zynski			Gen. Mgr.				jr.					3-24	-1:	2		
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DOL - 10 DAY State of Now Jersey NOTIFICATION OF ASSESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) FEB 2 2 2012 Yancy Fugel 2/22/12 Agencles Notified Type Notification Stroot Address 926 Norgate Drive XI IX EPA Initia) Clty, Stote, Zip Code DEP Amonded Ridgewood, NJ 07450 DOL Amendment # Emergency (Including N Name of Contact Telephone Number justification) Cancellation DOH Artie Brossler DCA FACILITY INFORMATION Type of Facility (4) Name of Facility Where Abetement is Taking Piece (3) FEB 29 2012 Yancy Fugel School (K-12) Subchapter 8 (Other than K-12) Stroot Address Other (i.e. private & commercial buildings, homes × 66 East Ridgewood Avenue elc.) Bldg Age Square Foot # of Floors City (5) WA NIA NVA Ridgewood Current Use (Prior If being demolished) County (8) County Code (7) (STATE USE ONLY) store Bergen Name of Absternent Contractor (9) Name of Mortforing Firm Hired by Building Owner (8) ASCM No. D&S Apatement, Inc. N/A Stroot Address Stroot Addross 11 Rosengren Avenue City, State, Zip Code City, State, Zip Code Totowa, NJ 07512 Telephone No. License No. Tolophone No. Project Manager for Monitoring Firm 973-345-8685 #00675 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) D&S Abstement, Inc. 2/24/12 2/23/12 Occupancy Status During Abatement (Check Only One) Streat Address 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) Renovation Full Containment with Negative Pressure 23 st or 23 If × Mini-Enclosure ≥160 of or ≥260 If Demolition Glovebag Procedure Non-Exampted (*) and Non-Frieble Procedure **Abetement** is Location Typo Normally Used Solety by Description of Asbestos Containing Metodal (ACM) Location of Amount Ashestos-Containing Material (ACM) Encapsulate Maintenanco/ Enclosure (Specify TO BE ABATED (i.e. thermal systems insulation, Removal Repair Custodial Staff? SF or LF) In Facility surfacing, VAT, or (12)other miscollaneous) (13)You No NA 100 LF X X pipe insulation basement Cubic Yards Name of Registered Landfill NJDEP Wasto Name of Registered Waste Hauter Hautor ID No of Waste Waste management of PA D&S Abatement, Inc. #20996 TBD Disposal Date City, State City State TBD Tullytown, PA Totowa, NJ Dato

ASB-41 (R-08-08)

Completed by

Deanna Brkusanin

* Do not use this form for appendix licensure exampted activities:

Title

Project manager

Signatus

2/22/12