) x 12/-		N	OTIFI	CATIO	N OF AS	lew Jersey BESTOS ABATE AC 8:60 and 5:16	MENT	tt.:- 2-			74	
Date of Notification (1) 17/5	-4/El			Name		ng Owner/Operator (		E PAR		1		1 40000
						i p	100					
⊠ EDA ⊠ Initia	otification al ended	Z 12	lzd	877		lighway SUite 10	JAN	- 3 2012		Andread Continued		
☐ DCA (NJAC 5:16) Ame ☐ DHSS ☐ Eme	endment #	1 1Z	13/11	Oity,	State, Zip	Code ord, NJ 08096	L-		å			
□ DCA just	ification) cellation		•		of Contac		T MC Miles Property and an artist of the second	Telephone Numb	per			
			1000	FΔ	CILITY IN	NFORMATION		_	- :			
Name of Facility Where Abatemen	nt is Taking	Place	e (3)			Ordin (1101)	Type of Facility	(4)	_			
RIte Aid Store #748 TRAC	T #1 Site						School (K-12					
Street Address	-	1,11					Subchapter 8	(Other than K-12)				
524 Landis Ave	N (6						homes, etc.)		II DUIIO	ıngs,		
City (5)							Square Feet	# of Floors	Blo	dg. A	ge	
Vineland							4400	2		120+		
County (6) Cumberland				Cour	nty Code (	7)(STATE USE ONLY)	Current Use (Pri retail space	or if being demolis	hed)	105		
Name of Monitoring Firm Hired by	Building C	Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
Health & Safety Services, I	nc			117		Controlled Er	nvironmental S	Systems				
Street Address		F. S.		V.		Street Address						
318 12 <sup>th</sup> Street							ehem Pike - Sı	uite 60				
City, State, Zip Code					*	City, State, Zip Co						
Hammonton, NJ 08037			1-			Spring House	e, PA 19477			-,,,,_		
Project Manager for Monitoring Fi	rm		1	ephone		Telephone No.		License No.				
Jim Proctor	la			09-704		215-542-7000		00847				
Start Date (10)				etion Da 9.31/	ite (11)	Name of OSHA M	ionitor					
		297712701	7.55	. القم	174	Street Address						
Occupancy Status During Abatem  Facility Closed/Vacated During				ament		A CONTRACTOR OF THE PARTY OF TH	ehem Pike - Sı	uite 60				
Abatement Performed Outside Time of Abatement: 7:00AM-7	of Normal	Facilit	у Но	ırs - Des	scribe	City, State, Zip Co	ode	/		1,		
Scope of Work (Check all that app	also)					Spring House	e, PA 19477					
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	y)	□ Re	enova emolit			☐ Mini-Enc ☐ Glovebag	Procedure	rative Pressure				
		1:	Loca	ation	1	⊠ Non-Exe	inpled ( ) and No	II-I Nable I Toccuu	74 CASSING	atem	ent T	vpe
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM)	Use Ma	inten	lely by ance/ Staff?		Description o estos Containing Ma ermal systems insula VAT, or other miscellane	terial (ACM) ition, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							Ф	
Roof					Roofing	g material		2400 SF				
exterior transite siding	4				transite	9		200 SF				
interior 1 <sup>st</sup> floor					Floor ti	le		2400 SF				
Name of Registered Waste Hauler STG				NJDEP ! Hauler II 2099(	D No.	Cubic Yards of Waste 160 CU	Name of Regis Minerva La					
City, State  New Castle, DE						Disposal Date 12/19/2011	City, State	rg, OH 44688				Control Cont
Completed By (Print or Type)	Title					Sign@uro .	1	, Da	te /	- 1		17
Patricia Visco	0	ffice	Mana	ager		Pati	ices V	wes 1	1/2	3/1	ľ	
ASB-41 JUL 01	*,	Do noi	use i	his form	for asbes	tos licensure exemp	ted activities.	Meco 12	1/5	/11		
						Fature exemp	ce Vix	co 12/3	29/	11		

1830

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

Date of Notification (1) 12/28/11					e of Buildin James C	ng Owner/operato onvent	r (2)				100000000000000000000000000000000000000	
Agencies Notified Type	Notificat	tion			t Address Drummor		J	AN - 3 2012		السا	-	
DOL An	nended nendme		_		State, Zip Bank, N			antio (Dayu) 4	<u></u>		And the last of th	
☑ DOH   _ ju:	stificatio	on)	9	_	of Conta			Tank Mah	or		27	_
□ DCA □ Ca	ncellatio	on		Frede	erick Val	entino			_=			
				FA	CILITY IN	FORMATION						
Name of Facility Where Abatem ST. James Convent	ent is Ta	aking Plac	e (3)				Type of Facilit		2)			
Street Address 25 Drummond Place			-			-	Other (i.e., homes, etc	private & commerci	ial buil	dings	,	
City (5) Red Bank, NJ 07701						- Shenows	Square Feet	# of Floors	В	dg. A	\ge	
County (6) Monmouth				Cou	nty Code	(7) (STATE	Current Use (F	Prior If being demoli	shed)			
Name of Monitoring Firm Hired b	y Buildi	ing Owner		ASCM	No.	Name of Abater Nick Restora	nent Contractor ( tion LLC	9)				
Street Address 116 Tices Lane, Unit B-1						Street Address 72 Brookside	Rd					
City, State, Zip Code East Brunswick, NJ 08816						City, State, Zip Randolph, NJ					10000	
Project Manager for Monitoring I Kevin Lowley				ephone 2-390-		Telephone No. 973 933-2550	)	License No. 01133				
Start Date (10)	T Sc	cheduled C	-			Name of OSHA		1				
01/10/12		01/30/12			( ,	J&S Environ						
Occupancy Status During Abate						Street Address 2333 Rt 22 W	,				XXX	
Facility Closed/Vacated Durir  Abatement Performed Outsid						City, State, Zip		June 1100 and		_		
Other - Describe:		La companya da la co				Union, NJ 07		-				
Scope of Work (Check all that a  ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	pply)		enovat emolitio			Mini-Er Gloveb	nclosure ag Procedure	legative Pressure	re			
		l N	Location	у						Abate Ty	ment pe	
Location of Asbestos -Containing Material ( TO BE ABATED IN Facility (13)	(ACM)	Mai C	d Sole ntenar ustodi Staff? (12)	nce/ al		Description of tos Containing Ma , thermal systems surfacing, VAT other miscellane	iterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			1975-1875					
Convent		х			n ceiling		3800 SF	_ X	_	_		
Convent	-	_	X		floor til	es		900 SF	_ X			_
	-MC40	_										
			L,	LIBER		Lo bis Vasta	T Name of De	gistered Landfill		L		L
Name of Registered Waste Hauler Newark Carting					Waste O No.	Cubic Yards of Waste	G.R.O.W.S					
City, State Newark , NJ						Disposal Date TBD	City, State Tullytown,					
Completed By Elvira Mrda	Title Presiden	t			Signature (	la lucle	Date 12/2	8/11				

#### State of New Jersey MOTERIATION OF ASPESTOS AFFAIT WENT (Presuant to NFAC 8:60 and 12:120)

JAN - 3 2012

			Name of	Dailding	Owner/Operator	(2)	6.3	= Ø, / _	2	1	ĺ
Date of Molification (1)	12-29-11		T,	NTON	EFAITH.	NEIGH	3001 1	. N -		]-	i
Agencies Notified	Type Molitication		Street M	l O	4th AV	G					
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1 X 13/1,	Amendment #		A-	130	Ry PAR	erc 10	2 - Vili	1 м			
1/	Emergency (inc justification)	mound 1	Name of	TATELLE			Telebhoric isamix	,			
[	[ ] Cancellation			MA	221						
11,000	24.2 (14.2 - 4.3 - 5.3		UACI		HANTON	25.6.410			ant N		
Name of Facility Where	The tangent is Taking	Place (3)				Type of Facility					
Mame of Facility Where	A Wat I	Reizl				[13] School (K-12	3 II MINENT HEREIT IN- 12. 1	ė.			
INTORMAL	Th NEIGH					Office (i.e., p	iyata & commercia	Hacildin	ĢS,		
Sireet Address	RINS AV&					homes, etc.	1 # of Floors	1 Bldc			=
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(county (6)		in the solution			) (STATE	Culten rise b	101 (Class)	211	i		
Morm	with.		USEC		and the second of the second o		OFFICE	DIDE	`		
Name of Monitoring Fin	m Hired by Building C	)wner	ASCM N	0.	Name of Abater	ment Contractor (S		1/2	26		
(8)					. /\ <u>(</u> . /<	71777177	Led Cur				
Street Address	and the supplies to the suppli		, market and the con-		Street Address	TA meste	$c \lambda$				
			110.000 - 0.0 (0.0)			NINCAL		107124			
City, State, Zip Code	The state of the s	Transfer of the state of the st	Q. 1. 100 E. 1. 100 C. 100		City, State, Zip	weete Al	( 0)77.7				
(117), 324,144, 144					70777	IV C. S.V.S.	L' License No.				
Project Manager for M	onitoring Firm	To	lephone iv	lo (	Telephone No.	11757	License No.	1_			. \
	* *		and the second		Allero of CYCLIA	Mondot					
Start Date (10)		Juled Comp	letion Date	e (17)	Plattic of Control	Carried ATTO	J C12 776	L			
11-7-12		- 13	-/ [	<u> </u>	Street Address		and the second second				
Occupancy Status Du	ring Abatement (Che	ck only one	)		(12 M		j)				.
[] Facility Closed/Vac	aled During Entire Po	eriod of Abar	iemen(		According to the second	en ales					
[ ] Abatement Perform	red Outside of Morma	і І-асшу га	41134		Cal il	Nille	NS. 127	13.1			
[ ] Other - Describe:	and the second of the second			weeth ende	The second second second			5000			
Scope of Work (Check	k all that apply)	_			[ ] Full Co	ontainment with 14 nclosure	agalive Pressure				
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160 st or ≥260 tt		Demoli	HCH 1		Mon-1	xompled (*) und h	on-Friable Proceeds	T A	balen	nent	
	And the second second second	ls Loca	dion [				la:		170		
		Noma	30.03		Description	ΟÝ		1			
Locatio		Used So Mainten		Asber	ros Containing M	aterial (ACIVI)	Amount	(3)		ET CE LIGHT	111 100 100 100 100 100
Asbestos-Containio	MTED	Cusio		(i.e.	thernal systems surfacing, VA	s insulation, Tor	SForti)	8778	20 80 80 80 80 80 80 80 80 80 80 80 80 80	12	0
IN Fac	ility	Staff (12			other miscellan	eous)		00	14	m	10
(13	1		a MA								
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	1000						A company of the second		1		
		\					A CONTRACTOR OF THE PROPERTY O	-			
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Name of Registered	Mosto Hauter	1,	Model (		Cubic Yards		gistered Landlill				
		0	Hauker ID	) Mo.	of Waste	1 OR	0 1/7 7			>	
MES IN	SULATION		120	0 6	Disposal Date	City, State		1	1 /1		
City, State		4.59.9	i'i		117-	INTU	141000	ď	/ 1		
Cours W	Cill Mi	Q.1.1.1	$F_{-}$		Signature	N 1	I Date	7 6%	-11		
Completed by		() [) 7	EVI L	11.	1.60	h. 630 m	1/2-	11	a <sup>1</sup> 25		
1 7447 77	A	Add In the	1111	1	A /						

16456

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

Date of Notification (1) 12/28/11  Name of Building Owner/Operator (2) DOBRIC FAMILY LIMITED PARTNERSHIP LLC										/ E		ī			
Agencies Notified	Type Notification			Street Ad 3 BAYE		LANE				IAN	. 2 20				
EPA DEP  DOL	Initial Amended Amendment		_ [	City, State NORTH			NJ 075	508	Ĺ.,		U 201	4			
☑ DOH DCA	justification)  Cancellation	ncluding		Name of MICHA		BRIC		L	frij.	Tel	ephone N	umber			
	J <del> </del>		-	FACIL	ITY INFO	DRMATIC	NC	28		Shi was		The State of the State of	ina.		
Name of Facility Where VACANT RESIDE		Place (3)			-				of Facility (4 School (K-1 Subchapter	2) 8 (Oth	er than K-	12)		1	
Street Address 853 SCIOTO DRI	VE							E 6	Other (i.e. p		& commer f Floors		lings		es, 
City (5) FRANKLIN LAKE	S							2600		2		4	5 +/	1.7	
County (6) BERGEN	7 11			County C (STATE U				VAC	nt Use (Prid CANT			shed)			
Name of Monitoring Fin	rm Hired by Building (	Owner (8)		ASCM	No.				tement Cor			NG			
Street Address		100					Street 2		ss HERFOR	D BL	/D.				
City, State, Zip Code									ip Code , NJ 0701	14					
Project Manager for M	onitoring Firm			Telephon	e No.		Teleph 973-	one No 956-8			License 00494				
Start Date (10) 01/10/2012	1	Scheduled 01/17/2		mpletion D	Date (11)				HA Monitor (9) ABO	VE					
Occupancy Status Dur	ring Abatement (Chec	k Only One	2)				Street	Addres	ss						
Facility Closed/Va	acated During Entire I rmed Outside of Norm VACANT RESIDEN	Period of Al	oaten	nent s			City, S	tate, Z	ip Code						
Scope of Work (Check	( All That Apply)	-717			- 10 to 10 t										
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	f		enova emoli				×	Mir Glo	ll Containm ni-Enclosure ovebag Prod n-Exempte	e cedure				re	
			-100		1965		100	1 100	n-Exemple	u ( ) ai	id Non-i ii	abic i ic		emen	t
		1000000	_ocat	30000000									T	ype	
Asbestos-Containi TO BE A	cion of ing Material (ACM) ABATED acility 3)	Used Mair Custo	Sole ntena odial (12)	ely by ance/ Staff?		stos Cont thermal surfa		fateria s insula T, or		(	Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
THROUGH	OUT HOUSE	Yes	No	IN/A		JOINT	COMP	OUN	D	16	500 SF	X	-	$\vdash$	
KITC	1	X				& MAS			1	50 SF	Х				
Name of Registered V	Vasta Hauler			NJDEP W	aste	Cubic	Yards		Name of	Regist	ered Land	Ifill			
TWO BROTHERS		3	1	Hauler ID 18743		of Wa	ste		WAST	ЕМА	NAGEN		9.R.	O.W.	S.
City, State CLIFTON, NJ					, P		sal Date 7/2012		City, Stat		LE, PA			1	
Completed by ELIZABETH MLA	DENOVIC	Title SECI	RET	ARY		6	Signature -   V	16	dino	24		Date 12/28/	201	1	

Do not use this form for asbestos licensure exempted activities.

16457

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

Date of Notification (1) 12/28/11						Owner/Ope WNSHIP			C	1 1/					
Agencies Notified	Type Notification			Street Ad 423 BL		W AVEN	NUE			114 (	2012	11	4		
EPA DEP  DOL	Initial Amended Amendment		_		e, Zip Coo OE TO\	<sup>de</sup> WNSHIP	, NJ	0883	1 hoz.	1000	102 3	eura .	ř		
Ĭ DOH □ DCA	Emergency justification) Cancellation			Name of JERRY	Contact 'TAGU	E			The state of the s	Telen	hans Nin	har			
				FACIL	ITY INFO	RMATION		T	of English //	1)			_		
Name of Facility Where APPLEGARTH SC		g Place (3)						× s	of Facility (4 School (K-12 Subchapter	2)	than K-13	)\			
Street Address 227 APPLEGARTH	H ROAD	W. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							Other (i.e. poetc.)	rivate & d	commercia	al build			s,
City (5) MONROE TOWNS	SHIP							•	e Feet	# of F			dg. A	ge	
County (6) MIDDLESEX				County C (STATE U	ode (7) SE ONLY)		-	Curre	nt Use (Pric	or if being	demolish	ied)			
Name of Monitoring Firm		Owner (8)		ASCM	No.				tement Con OTHERS			G			
Street Address 464 VALLEY BRO	OK AVENUE		W.			,	AND THE PARTY OF T	Addres RUTH	ss HERFORI	D BLVE	).				
City, State, Zip Code LYNDHURST, NJ	07071		******	8		100			p Code NJ 0701	4					
Project Manager for Mo	nitoring Firm			Telephon	e No. 8-4839			one No			icense N 00494	0.			
Start Date (10) 01/16/2012		Schedule 02/15/2		npletion E	Date (11)				A Monitor (9) ABO	VE		**************************************			
Occupancy Status Durin	ng Abatement (Che					S	treet	Addres	ss						
☐ Facility Closed/Vac	cated During Entire med Outside of Norr	Period of A	baten	nent		C	city, S	tate, Zi	ip Code						
Scope of Work (Check							2000		1.000						
23 sf or ≥3 lf × ≥160 sf or ≥260 lf		Barrers and Control of the Control o	enova					Min Glo	I Containme ni-Enclosure ovebag Prod	e cedure					
							×	No	n-Exempted	d (*) and	Non-Friat				
			_ocat			Descr	intion	of					Abate Ty	pe	
Locatio Asbestos-Containing TO BE AB In Fac (13	g Material (ACM) BATED illity	Maii	ntena	ely by nce/ Staff?		tos Contain thermal sy surfacin other mis	ning M stems g, VA	faterial s insula T, or		(Sp	ecify or LF)	Remova	Repair	Encapsulate	Enclosure
,		Yes	No	N/A								1		te	U
SEE ATTAC	HED LIST				L.										
Name of Registered Wa			110	JDEP W Jauler ID		Cubic Ya			Name of	170			. p c	11//	9
TWO BROTHERS	CONTRACTING	3		8743		10			City, Stat		AGEME	INIC	J.77.C	J. VV.	J.
City, State CLIFTON, NJ				Disposal 02/15/2			MORR								
Completed by ELIZABETH MLAD	ENOVIC	Title SECF	RET	ARY		Sign	nature	Ma.	dine	24	_	ate 2/28/2	2011		
ASB-41 (R-06-08)					/ ;	Do no	ot use t	this form for	rasbesto	s licensur	e exen	npted	activi	ities.	

Shade Environmental

Print Form

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CASPACES THEFA TO	HARD COP	ngc.	O MOITE	Of New J	OS ABATE and 12:12	at For	DOLL	101	YAC	il il	17	1	
pale of Notification (1). December 28, 2011		N	ime of Bu	1	nenOperato	1	F ili	K# 4281	h		1	- 40.0	
gencies Notified Type Notifica	ation		reet Addi	antic Ave	)	-	TIE	A Ville		1 4	2012		
EPA Initial Amenda	ment #	Q A	ty, State tlantic (	ZIP Code	08401	Ti	NAME	3 100		<b>月</b> 1	1	-	
DOH Justifica			ame of C lenneth	ontact Calemn	10	and the	4:9:10d35-vd-10	Telepho	ne Numb	ct.	- ا	4	
			FACILI	TYINFOR	MATION	137	e of Fadility (4)		77			-	$\dashv$
lams of Facility Where Abstement Is Cooper Levenson Bldg. Street Address	Taking Place (3)			n.		H	School (K-12) Subchapter 8 Other (i.e. pr)	(Other th	an K-12)	JAN bulldir	 nas. h	3 /2 om49	2012
1125 Atlantic Ave.		-					elc.)	T# of Flor		Bid	g Ag	ė,	-
City (5) Atlantic City, NJ 08401		. ^	ounty Co	ido (7)		Cut	rant Use (Prior	5 if being d	emolishe		14. A	114.1	+
County (6) Atlantic Co.			STATÉ US	EONLY) .	Ner	off	ice use	1)					$\dashv$
Name of Monitoring Firm Hired by Bui Coastal Environmental	Iding Owner (8)		ASCM P		Sha	ede E	nvironment	el, LL.C					$\dashv$
Street Address PO Box 167					47	S. Lip	pincott Ave			_			
City, State, Zip Code Hammonton, NJ					Ma	ple S	7ip Code hade, NJ 0			1			
Project Manager for Monitoring Firm Cathy Ledden			clephone 309-561		858		-0099	2.0	anse No. 1842				
Start Date (10) January 6, 2012	Schedule January	d Com	pletion D	ate (11)	Nam EN		SHA Monitor						
Occupancy Status During Abetement	(Check Only On	o)				on Add 7 Hac	ress Idon Ave						
Facility Closed/Vacaled During  Abalament Performed Outside C  Other - Describe:	Entire Period of A of Normal Facility	Hours	ent		City We	State	Zip Code ont, New Je	ersey O	B108				
Scape of Work (Check All That Apply	ACC.					<u></u>	Full Containme	ent with No	aative Pi	essur	-		
≥3 ≤f or ≥3 if  x  ≥160 ≤f or ≥250 if		enava				H	Mini-Endosure	e codure					
18.000 A CONTROL OF A CONTROL O						×	Non-Exempled	(°) and N	on-Frade	e Proc	Abate	ment	
Location of		Locati	ly		Descript	ion of		Amo	unt	-7	Тут	pe	Г
Asbestos-Containing Material (Al <u>TO BE ABATED</u> In Facility (13)	Cus (Cus	d Sole Intona bottal S (12)	nce/ Roff?	Asbesto (i a. t	es Containin herma: syste surfacing other misce	mns in VAT.	SUIZION	(Spe	city	Removal	Fepair	Encapsularia	Encicsure
3rd Floor	Yes	No	N/A X		asbestos	floor	tile	160	SF	х			
3rd Floor			X		asbestos	mas	lic	160	SF	X			
													-
Name of Registered V/aste Hauter			NDEP W		Cubic Yard	la		Registero	d Landfill				
Freehold Cartage			fruler 10 2253	No.	of Waste			Landtill					
City State Mount Holly, New Jersey 08	 060				Disposal C	019	City. Stall Tullyton	te wn, PA.					
Completed by	Title	 er			Signo	ture		74	De 12	te 2-28-:	2011		

(80-8C-S) 14-82A

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

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

						7000.						11
Date of Notification (1)			Name of		vner/Operator 人Uモ	r(2) MyE	KS.	JAN	3 2	012		
Agencies Notified Type Notification			Street A			١.	i .				1	
□ EPA □ Initial						MMC	HELL	AUE			ئــــ	
□ DEP □ Amended				te, Zip Code				UT		02 0		
Amendment		-	Liv	INGS	Nor	K.7	. 0	7039	100711 TO 1144	-		
DOH Emergency (i				Contact		70.1		Telephone Num	ber			
□ DCA □ Cancellation			MA	· MYE	25							
				LITY INFOR						lie e	** ***	_
Name of Facility Where Abatement is Taking	Place (3	)		81-11-20		Type of	Facility (4)				23	
MK. MYERS	*					☐ Sch	nool (K-12)					
Street Address								Other than K-12				
73 NORTH MITCHE	u	AU	13			etc	AND ADDRESS OF THE PARTY OF THE	ate & commercia	i buik	ings,	nome	s,
City (5)		, , ,				Square		# of Floors	В	ldg. A	ge	
LUINGSTON	-0						00	2		19	41	2
County (6)			County C	Code (7)				f being demolish	ed)	<u> </u>		
ESSEY				ISE ONLY)	<u> </u>	The particular section of the sectio	7	en ce	:85 th			
Name of Monitoring Firm Hired by Building C	wme= (9)		ASCM	l No.	Name		nent Contra					
Name of Morntoning First Piled by Building C	MIIE! (0)		ASCIV	140.			noval					100
							IOVAL	THE				
Street Address						Address	LL D.					
								ver St				
City, State, Zip Code				***	1 3	State, Zip (				_		
*			36				ack,	N.J. 07		1		
Project Manager for Monitoring Firm			Telephor	ne No.		hone No.	7111	License No				
					201	-329-	1444	0038	Ö			
Start Date (10)	Schedule	d Co	mpletion [	Date (11)		of OSHA						
IIIIII	7.	. 1	121	12	Ome	ga Er	viron	mental S	er	vic	es	
Occupancy Status During Abatement (Check	Only On				Street	Address						
			ment	375	280	Huy	ler S	t				
Abatement Performed Outside of Norm	al Facility	Hour	S		City, S	State, Zip (	Code		Milessoli			
Other - Describe: /AM TO	5 61	4						ack ,N.S	Ι.	076	06	
Scope of Work (Check All That Apply)					1504	CII ±±C	CKCHS			5,0	0 0	
			-4:		1	7 F. # 0	antaine	with Monetine P		m		
☐ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		enova emoli			-		ontainment inclosure	with Negative P	essu	le	50	
E100 31 01 =200 11			uon.			☐ Glove	bag Proced					
						3 Non-E	xempted (*	) and Non-Friabl	e Pro			
	ls	Local	tion								ement	
Location of	1	Norma	illy		Description	n of		est	-	1 1 1	pe	
Asbestos-Containing Material (ACM)		d Sole intena			Containing N	Material (A		Amount			m	m
TO BE ABATED	1		Stair?		ermal system		n,	(Specify	1 6	Z.	ũ	'n
In Facility (13)		(12)			surfacing, VA ther miscellar		-	SF or LF)	Remova	Repair	Encupsulate	Enclosure
(10)	-		1		moona				8	-	late	76
	Yes	No	N/A									
GNOUND Flour				V	At	46		250 SF	x			
				•								
	$\vdash$											
								· ·				
Name of Registered Waste Hauler		1 8	NJDEP W	aste (	Cubic Yards	IN	lame of Re	gistered Landfill		1		-
- · ·		H	lauler ID	No.	of Waste	1000		land Cou	ın t	77 T	and	ı f i
DJM Transport ,Inc		2	2393		3~	/		Tand Cot	ult	у Б	all	111
City, State				1	Disposal Date	0	ity, State					
South Kearny N.J. (	7032				1/12/1	12	Newbu	rgh PA,	17	242		
Completed by	Title				Signature			Dat		, .		
J. MAIORANO		ima	ator			Mar	مصرو	Les I	2	120	3/1	1
J. I. (A) Oferano					<del>\</del>	1			-/		1.	
ACD 44 (B 06 08)					• DA	of use this	form for as	bestos licensure	even	noted	activit	ies
ASB-41 (R-06-08)					Dell	or noc nilo	ionin ion as	medice inclination	UNUIL	·hron	wou til	

# :10 rect

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)					Name of Building Owner/C Dover Blackwell Re	operator	(2) nc. JAI	V 3	2012	J	and the latest
December 2 Agencies Notified	29, 2011	Notification	Type Notificat	ion	Street Address 64 East Midland Av	1	DIC PARK	and the second second		1	1
				tification # 1	City, State, Zip Code	1	Acre	. To us			1
X EPA					Paramus, New Jer	rsev_0	7652	Litter			ائــ
X DCA X DOL		□ Emerg		Cluding	Name of Contact		Telen	hone Ni	mher		
X DEP			ation)		Tom Allesandrello	F4.					
X DOH		□ Cance	ilea	FACILITY INF		4.			_		
				FACILITY IN	Type of Facility (4)						
Name of Facility Where Abater Commercial Building	nent is Taki	ing Place (3)			School (K-12) Subchapter 8 (other th	an K-12	) Sub Chap	ter 8- Od	cupied		
Street Address 1-5 Blackwell Street					Other (i.e. private & cor	mmercial	buildings, ho	omes, etc	)	years	
City (5) Dover	County (6) Morris			Code (7) se Only)	Current Use (prior if being	g demoli	shed):				
	hu Dida C	hunor (8)	ASCM N	No.	Name of Contractor (9)						
Name of Monitoring Firm Hired EnviroVision Consu	iltants i	inc.	00079		GREENWOOD ABAT	TEMEN	IT CONSU	JLTAN	TS, INC.		
Otre at Address					Street Address						
Street Address 20-21 Wagaraw Road	, Bldg#	34A			268 MAIN STREET						
all all all Code					City State, ZipCode						
City, State, Zip Code					Butler, NJ 07405						-
roject Manager for Monitoring Firm  Telephone Number					Telephone Number		Licer	se Numb	<u>jei</u>		
Fred Larson	g i min	973-636	3-9145		973-492-0477		008	40			
Scheduled Start Date (10)		Scheduled	Completion	n Date (11)	Name of OSHA Monitor						
December 27, 2011		January			EMSL inc.						
Occupancy Status During A	batement (	Check only	one)	- W- W	Street Address						
Facility Closed/Vacate	ed During I	Entire Period	of Abater	ment	1056 Stelton Road		III-lii ii lii lii lii lii lii lii lii lii				
Abatement Performed	d Outside of	of Normal Fa	cility Hour	S -	City, State, Zip Code			Dec.			
Describe Other – Describe: St	ub Chap	ter 8 -Oc	cupied		Piscataway, NJ 08	3854					
Source of Work (Check all that				Renovatio	nn.		Il Containme		Negative P	ressure	
≥ 3 sf or ≥ 3				Demolition		Glo	vebag Proc	edure			
□≥ 160 sf or ≥	260				AND THE PROPERTY OF THE PARTY O	Non-	Exempted (	*) and N	on-Friable	Procedi	ıre
Location of Asbestos-Contain Material (ACM) in Facility (13		ocation Norm	nally Used Custodial	(ACM) (i.e. the	Asbestos Containing Material rmal systems insulation, surfa		Amount (Specify SF or LF)		ement Type		nclose
Iviaterial (ACIVI) III Facility (13	Sta	ff? (12)		VAT, or other m	niscell.)		OI LIT)				
Basement	YE X		NA NA	TSI	· · · · · · · · · · · · · · · · · · ·		1,550 LF	X			
Dasement				VAT & Mas	stic		1,750 SF				
(0 10 - 1-1)		I NIDEP W	laste Haule	er ID#	Cubic Yards of Waste:	000000	Nar	ne of Re	gistered La	<u>indtiil</u>	
Name of Reg. Waste Hauler See Hauler Below # 1 &	2	See Bel		I Jeswo-zw		80		adown	Il Landfi		
Hauler #1) Greenwo NJ DEP # Hauler #2) Newark C	od Abat	ement Co	nsultan				uary 30,	2012	City, Sta Route 2, Bridgept 304-842	Box 68 ort, WVA	
Control to 10 de au Timo	<del>)                                    </del>	Title	The same section		Signature		Dat		hor 20	2011	
Completed by (Print or Type Marin Graure	4	SENIOR MANAG		СТ	Marin Grad				ber 29, 1		
				T	than anticipated &	Clarif	ication of	n Proje	ect Add	ress	

GAC # 2011-301 Note: Corrected ACM Quantities-Less than anticipated & Clarification on Project Address

### State of New Jersey - Notification of Asbestos Abatement

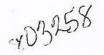
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

	7/ (1				Name of Building Owner/O	perator (2)	I II.	100	V 4 17 3
Date of Normation (1)  December	12 2011			1 2 2	Dover Blackwell Re	alty, Inc.	-		. # W E 15X
Agencies Notified	12, 2011	Notification '	Гуре		Street Address	THE	1		
Agentique (Vermes		IX Initia	al Notifi	cation	64 East Midland Ave	enue.		4N -	3 2012
X EPA				fication	City, State, Zip Code Paramus, New Jer	sev 0765	2		ZUIZ IDI
X DCA X DOL		□ Emerge		iciuaing	Name of Contact	309 0702	Telepi	hone N	umber
X DEP		justification Cancel			Tom Allesandrello	for management			
X DOH	1	- Carico	-	FACILITY INFO	ORMATION				
Name of Facility Where Abate	ement is Taki	ing Place (3)			Type of Facility (4)				the same and the same and
Commercial Building	I				School (K-12) Subchapter 8 (other tha	n K 12\ Su	h Chani	er 8- O	ccupled
Street Address					Other (i.e. private & com	mercial build	ings, ho	mes, et	c.)
1-5 Blackwell Avenue	Э				Sq. Feet: Unknown 2	# of Floor	s: B	ldg. A	ge: 70 years
City (5) Dover	County (6) Morris			Code (7) Jse Only)	Current Use (prior if being	demolished	):		
		(0)	ACCM	No.	Name of Contractor (9)			-	
Name of Monitoring Firm Hire EnviroVision Cons	a by Bidg. O	mc	0007				ov:c:-		TE INC
Envirovision Cons	uitants l	III.			GREENWOOD ABAT	EMENT C	UNSU	LIAN	13, INC.
Street Address		248			Street Address				
20-21 Wagaraw Road	, Blag #	34A			268 MAIN STREET				
City, State, Zip Code					City State, ZipCode				
Fairlawn, NJ 07410		T-Ib N	lumbor		Butler, NJ 07405 Telephone Number		Licens	se Num	ber
Project Manager for Monitorin	ng Firm	Telephone N 973-636-	9145		Telephone Ivamber				
Fred Larson					973-492-0477		0084	10	
Scheduled Start Date (10)		Scheduled C			Name of OSHA Monitor				
December 27, 2011		January .	30, 20	12	EMSL inc.				
Occupancy Status During A	batement (	Check only o	ne)		Street Address				
Facility Closed/Vacat Abatement Performe	ed During E	Entire Period	of Abater	nent s -	1056 Stelton Road City, State, Zip Code				
Describe Other – Describe: S	ub Chapt	ter 8 -Occ	upied		Piscataway, NJ 088	<b>354</b>			
Source of Work (Check all th	at apply)					Y Eull Con	tainmen	ot with N	Negative Pressure
				Renovation			nclosur		
≥ 3 sf or ≥ 3				Demolition		X Glovebag	Procee	dure	
□≥ 160 sf or ≥								and N	on-Friable Procedure ement Type
Location of Asbestos-Contain		ocation Norma ly by Maint./C	lly Used	Description of Ast (ACM) (i.e. therm	pestos Containing Material nal systems insulation, surfaci	ng, (Spec	ify SF	1	
Material (ACM) in Facility (13	Staff	f? (12)		VAT, or other mis	ceil.)	or LF)		Kemo	ve Repair Encap Enclose
	YES	S NO	NA	Tel		3,00	0 LF	(X)	
Basement	X			TSI VAT & Masti	c		0 SF	X	
				AVI G MIGST					
Name of Reg. Waste Hauler		NJDEP Was	r ID#	Cubic Yards of Waste:	00	Name	e of Rec	nistered Landfill	
See Hauler Below # 1 & 2 See Below  Hauler #1) Greenwood Abatement Consultants, Inc.						80 Disposal D		GOAII	City, State
N.I DEP #	<b># 12561</b>					January		012	Route 2, Box 68 Bridgeport, WVA
Hauler #2) Newark C	arting, In	c. – Newar	k, NJ 04	4509, NJ DEP #	19551				304-842-2784
			Signature		Date		L		
Completed by (Print or Type Marin Graure		Title SENIOR P		СТ	Marin Grau	re	De	ecemb	per 12, 2011
		MANAGE	,						

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

CK 2342

ate of Notification (1)	•		Na	me of Buil elen M.	ding Owne DeLoren	er/Operator zo / Res	(2) idence	E	Ē					
	pe Notification		St 20	reet Addre	ss ing Way	-	A STATE OF THE STA	,	t, 1		8	1		
EPA DEP DOL	Initial Amended Amendment #_		Ci	ty, State, Z	Zip Code wn, NJ C	8057	1 - 5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	UA		3 2012		TANK TO THE PERSON OF THE PERS		
] DOH		cluding	10 FEB. (1997)	ame of Co lelen	ntact		THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRE	Karan ASic.	Tele	ohone Numbe	er i	- Lander of the Party of the Pa		
] DCA   L				FACILITY	Y INFORM	ATION	T =	Facility (4)		and the same	A CONTRACTOR OF THE SAME		-	-
ame of Facility Where Aba Helen M. DeLorenzo treet Address	atement is Taking I Residence	Place (3)					Sch	hool (K-12)	) (Othe	er than K-12) commercial		gs, ho		
200 Winding Way	10		_				Square 1000+	Feet	# of	Floors	Bldg 35+	j. Age	1	
Moorestown, NJ 0805	57			County Coo	le (7)					ng demolishe	d)			
Burlington	100		1,	STRANTON.	(A) (E)		ne of Abate	ment Cont	ractor	(9)				
Name of Monitoring Firm F	lired by Building O	wner (8)		ASCM N	0.	Per	rnaco Inc	).						
Street Address						PC	Box 329	9						_
City, State, Zip Code					et	City	, State, Zip est Berlin	NJ 0809	91					_
Project Manager for Monit	oring Firm		T	Telephone	No.		ephone No. 6-753-98			License No 00727		4		
Start Date (10)		Scheduled	Com	pletion Da	ate (11)		ne of OSH ernaco In							
12/30/11 Occupancy Status During	Abatement (Chec		)				et Address							
and the second second	ted During Entire F	Period of Ab	oaten	nent		W 95 55	Box 32							
Facility Closed/Vaca Abatement Performe Other – Describe:	ed Outside of North	nal Facility h	Hours	3		- City	y, State, Zip est Berlin	n NJ 080	91					
Scope of Work (Check Al	I That Apply)						lond	No. 20 vice on the amount		u. Ne setius D	ropelit	•		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoli				Min	i-Enclosur	e cedur	th Negative P e ind Non-Friab			9	
		Т-					No	I-Cxempte				Abate	ment	
Location	of	N Used	d Sol	illy • ely by	Asbesto	Descrip	na Material	(ACM)		Amount (Specify	70	Ту		
Asbestos-Containing TO BE AB In Faci (13)	ATED lity			ance/ Staff?	(i.e. t	surfacing	tems insula , VAT, or ellaneous)	ation,		SF or LF)	Removal	Repair	Encapsulate	1
		Yes	No	N/A					-	1000 00	x	-		+
1st floor & Lo	ower level					Floor Tile	e/ Mastis			1200 SF	X			+
				-										I
		-		+										
Name of Registered Wa	iste Hauler			NJDEP W	/aste	Cubic Ya				istered Landf	11			
United Cintainers	or vita otrovili Trajevo			Hauler ID 22459	NO.	of Waste		G.R.C		). 				
City, State		4				Disposal 1/2/11		Morris	sville	PA 19067	ate			_
Elm NJ							nature							



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

Date of Notification (1) - Revisi	<u>on</u>				Name of Buildin Paulsboro Refir			5 - 1 - 1		1-1		
Agencies Notified		Notification <sup>2</sup>	Туре		Street Address 800 Billingsport	Rd		JAN -	. 3 2	012		
() EPA () DEP (X) DOL (X) DOH () DCA		() Initial Noti (X) Amende ( ) Cancelle	d Certification	nergency) on	City, State, Zip Paulsboro, NJ 0	08066		Tel. Nur		350,000		
V				FACILITY INF	Ravi Jarecha							
Name of Facility Where Abater	ment is Ta	king Place (3	3)	PACILITY IN	Type of Facility	(4)				( - xx - x - x - x - x - x - x - x - x -		
Paulsboro Refining Company	TICITE IO TO				( ) School (K-1; ( ) Subchapter (X) Other (i.e. )	2) 8 (other tha	an K-12)	as home	es. etc.			
Street Address 800 Billingsport Rd					Sq. Feet N/A							
	unty (6) oucester	1	County Co (State Use		Bldg. Age N/A	A rior if being						
Name of Monitoring Firm Hired	by Bldg.	Owner (8)	ASCM No	<u>.</u>			Name of Cor Kenny Atlant	ntractor ( ic Indust	<u>9)</u> rial Ser	vices LL	С	
Street Address					Street Address 800 Billingsport	t Rd			0			
8					City State, ZipC Paulsboro, NJ				N - 1			
Project Manager for Monitoring	Firm	Telephone !	Number		Telephone Nun 856-224-4392	<u>nber</u>		License 00857	Numb	<u>er</u>		
Scheduled Start Date (10) 12/20/2011							Services, LLC					
Occupancy Status During Aba ( ) Facility Closed/Vacated Du ( ) Abatement Performed Outs	ırina Entire	Period of A	batement		Street Address 800 Billingspor	t Rd	_					
Other - Describe - Removal v				le areas	City, State, Zip Paulsboro NJ (							
Source of Work (Check all that	t apply)											
() Demolition (X) Renovatio ( ) Large Proj. (>160 SF or >2 (X) Full Containment with Neg	SO I F AC	M) (X) SM P	roj. (>25<16 Mini-Enclosi	60 SF or >10 <26			j. (<25 SF or <					
Location of Asbestos- Containing Material (ACM) in	Is Loca Solely I	tion Normally by Maint./Cu	y Used	Description of thermal system surfacing, VAT	ns insulation,	Amount (	Specify SF or	LF)		ment Ty		_
Facility (13)	Staff? (	NO NO	NA	misc.)	, or ourer				Rem.	Rep.	Encap I	<u>Enclose</u>
CU-6 Unit – Tower AD3 Insulation		Х		Insulation		~200 SF			^			
		_										
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler I	D#	Cubic Yards of	f Waste	,	Name Glouce	of Reg. ester Co	Landfill ounty Lai	ıdfill	
Waste Management, Inc.		17273			101		Disp. Date			City, Sta	te	
City, State South Harrison, NJ							Various			South Ha	arrison, I	NJ
Completed by (Print or Type) Title					Signature 1	,		<u>Date</u>	2011			
ANDREW GREEN MANAGER - KENNY ATLANTIC					Site C	perations S	Supervisor	12/29/	2011			

Mail to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS 9/18/00