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

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Date of Notification (1)		Name	of Buildin	g Owner/Operator	(2) ~ CIR	LICENCE	and the second	. Œ				
Agencies Notified Type Notification	•	Stree	t Address	11.	- 18 2	The programme of a state of the				=		
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□ DEP □ Amended		City. S	State, Zip C	Code		7	-		C. TERWI	-		
DOL Amendment #		J., .	, <u></u> p	Keni	Luot	人ハナ						
☐ DOH ☐ Emergency (in justification)	icluding				1 000 00	3 102						
☐ DCA ☐ Cancellation		Name of Contact Tolan Nienczyk										
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Name of Facility Where Abatement is Taking	a Place (3)	FA	CILITY INF	ORMATION	T							
RESIDENCE					Type of Facilit							
Street Address					School (K-							
43 N.74 S	+				Other (i.e., homes, etc	r 8 (Other than K-12 private & commercia	a) Bulbuik	dings,				
City (5) Renil went	h				Square Feet	# of Floors	B	dg. A	ge	-		
County (6) UNION		Cour	only Code () (STATE	Current Use (F	Prior If being demolis	hed)		_	_		
Name of Monitoring Firm Hired by Building (Owner 1	ASCM		Name of Abater	ment Contractor (9)		===				
(8) EMSL					562:45	16-						
Street Address				Street Address						_		
3.07 W 38th	St		513 8	= 32~1	ST							
City, State, Zip Code				City, State, Zip Code								
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Project Manager for Monitoring Firm	70300 223402	ephone		Telephone No.		License No.		3				
mongen	2	12.4	21-669	1973 34	52222	BOL 00	0 2	21				
Start Date (10) Sched	juled Compl	etion Da	ite (11)	Name of OSHA	Monitor	Λ.00				_		
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Occupancy Status During Abatement (Chec				Street Address								
☐ Facility Closed/Vacated During Entire Pe	riod of Abate	ement										
Abatement Performed Outside of Norma	Facility Hou	irs		City, State, Zip C	Code							
@ Other - Describe: Oe mol	itim			,,,								
Scope of Work (Check all that apply)												
Scope of Work (Check all that apply)				T EUI Co	ntainment with N	egative Pressure						
≥3 sf or ≥3 lf	Rénova	ion			closure	egane Flessure						
≥160 sf or ≥260 if	Demoit			Gloveb	ag Procedure							
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Location of	Used Sole Maintenar		Asha-	Description o	District and recovery and the con-					-		
Asbestos-Containing Material (ACM) TO BE ABATED	Custodi			os Containing Ma thermal systems		(Specify	_		9	r		
IN Facility	Staff?		(1.6.,	surfacing, VAT		SF or LF)	er	교	2	3		
(13)	. (12)			other miscellane		0.00,	Removal	Repair	20	LINGOOM		
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Name of Registered Waste Hauler		UDEP !		Cubic Yards	Name of Reg	gistered Landfill				1		
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City, State				Disposal Date	City, State	0 00						
freehold NJ					imp	ericl Pr	7		0105774			
Completed By Title	\sim	A 1		Signature	200	Date	1	1		_		
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58-41				=1								

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
NAME OF ASBESTOS ABATEMENT
110 8:60 and 12:120

Name of Building Owner/Operator (2) Date of Notification (1) NJ Dept. of Military and Veterans Affairs 1/3/2012 Agency Notified Type Notification Street Address 101 Eggert's Crossing Road **⊠** EPA Initial ASBESTOS CONTROL & City, State, Zip Code O DEP Amended LICENSING **⊠** DOL Amendment # Lawerenceville, NJ Emergency (including Telephone Number Name of Contact **⊠** DOH justification) Mesking and a some ☐ DCA Cancellation Mark Ramos **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) West Orange National Guard Armory ☐ School (K-12) ☐ Subchapter 8 (Other than K-1 2) Street Address ☑ Other (i.e. private & commercial buildings, 1315 Pleasant Valley Way homes, etc.) City (5) Square Feet # of Floors Bldg. Age West Orange, NJ 07052 2300 50 +County (6) County Code (7) (STATE USE Current Use (Pr or if being demolished) Armory ONLY) Essex Name of Monitoring Firm Hired by Building Owner (8) Whitman ASCM No. Name of Abatement Contractor (9) RICI CORP Street Address Street Address 116 Tices Lane, Unit B-1 41 LIBERTY STREET City, State, Zip Code City, State, Zip Code East Brunswick, NJ 08816 PASSAIC, NJ 07055 License No. Project Managerfor Monitoring Firm Telephone No. Telephone No. Kevin Lovely 732-390-5858 973-614-1266 00838 Start Date (10) Scheduled Completion Date (1 1) Name of OSHA Monitor 02/21/2012 04/21/2012 RICI CORP Occupancy Status During Abatement (Check only one) Street Address 41 LIBERTY STREET ☐ Facility ClosecNacated During Entire Period of Abatement City, State, Zip Code ☐ Abatement Performed Outside of Normal Facility Hours Other - Describe PASSAIC, NJ 07055 Scope of Work (Check all that apply) Full Containment with Negative Pressure ☒ Renovation ☐ Mini-Enclosure ~: 3 sf or ~: 3 lf □ Demolition ≥ ~: 1 60 sf or ~: 260 lf ☐ Glovelbag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ (i.e., thermal systems insulation, ncapsulate Removal Repair TO BE ABATED (Specify Custodial **IN Facility** surfacing, VAT, or SF or LF) Staff? other miscellaneous) (13)(12)No N/A Yes 2nd floor bathroom PipeInsulation including elbows & joints 100 LF X Wall and Ceiling plaster 2,300 SF X 2nd floor bathroom x NJDEP Waste Hauler Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler ID No. Waste G.R.O.W.S. LANDFILL 29051 TBD RICI CORP Disposal Date City, State City, State MORRISVILLE, PA TBD PASSAIC, NJ Date Title Signature Completed by 1/3/2012 RISTO TRAJKOV

ASB-41

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

	NO	TIFICATION		Jersey STOS ABATE 60 and 12:12	MENT.	N Pept. o	APPROV Health &	Senio Ov	r Ser	lces	27904
Date of Notification (1) 01/03/12 Ck#:1714 \$200)		f Building O ic Health	wner/Operator Systems	(2)	Date:		ime:	2:19		
Agencies Notified Type Notified EPA Initial		100 M	ddress ladison Av								
I Emer	nded ndment # rgency (including	Morris		e w Jersey 07	962	UAN -	2012	- 1			1
☑ DOH ☐ Justifi	ication) Silation	Miche	f Contact lle DiGan	1		ASBE JOK	phone Nur	nber j		mode of the strength	
Name of Facility Where Abatement i	s Taking Place (3)	FAC	ILITY INFO	RMATION 3	Type of Facili	Kridh	sk.			_1	ļ
Morristown Hospital	, iass (e)			1,		K-12)**	1	35.00.00.00			į.
Street Address 100 Madison Avenue				×	Subchap	oter 8 (Othe e. private 8			dings	home	88,
City (5) Morristown, New Jersey 079	62	*****			Square Feet 30,000	# of 2	Floors		ildg. A	ge	
County (6) Morris			Cade (7) USE ONLY)		Current Use (Hospital	Prior if beir	ng demolish	ed)			
Name of Monitoring Firm Hired by B Birdsall Services Group	uilding Owner (8)	ASCA	4 No.		of Abatement of Corporation		(9)				
Street Address 65 Jackson Drive					Street Address 606 McBride Avenue						
City, State, Zip Code Cranford, New Jersey 07016					itate, Zip Code dland Park,		sey 0742	4			
Project Manager for Monitoring Firm Charles Shneekloth		Telepho 908-49	ne No. 97-8900		none No. 225-8400		License No 01104	J.			_
Start Date (10) 01/04/12	Scheduled (01/05/12	Completion	Date (11)		of OSHA Monit Environmen			345			
Occupancy Status During Abatemen	it (Check Only One)				Address		*****				
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: 4pm	Entire Period of Aba of Normal Facility Ho	atement ours		City, S	Route 22 W						
Scope of Work (Check All That Apple				- Unio	n. New Jers	ey 07083	3				
Scope of Work (check All That Appli ≥3 sf or ≥3 If ≥180 sf or ≥260 If	⊠ Ren	ovation		3X X	Full Contain Mini-Enclos Glovebag P Non-Exemp	sure Procedure				p	
	leio	cation	T		L THE LEAVING	7	1101111100	1	Abate	ement	
Location of	Non	mally		Description	of		-		13	pe	_
Asbestos-Containing Material (Al <u>TO BE ABATED</u> In Facility (13)	Mainte Custodi (1	Solely by enance/ ial Staff?	(i.e. th	s Containing Nemal systems surfacing, VA other miscellar	T, or	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
Pathology-Lab Level C		NO N/A		TSI		60) LF	х			
		-									
Name of Registered Waste Haufer Lilich Corporation		NJDEP W Hauler ID 18724		Cubic Yards of Waste		of Register O.W.S La					
City, State Woodland Park, New Jersey (7424			Disposal Date 01/06/12	City, St Morris	tate sville, Pe	nnsylvan	ia			
Completed by	Title			Signature							

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

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Date of Notification (1)	2/12			Name	of Buildin	ng Owner/Ope NLT1~TT=	erator (2	Conm	ACTING	17			
Agencies Notified	Type Notification Initial Amended	١ .			Address 150 State, Zip	F RT,	50		JAN - 5 20	112		生	
Ø por	Amendment i Emergency (i justification)		, [·		an	FENF	IEL	D, N,	ASBESTOS CONTRO		<u> </u>	+	=
□ 00H	Cancellation				of Conta	BRE	ושש	Andrew Consumer					
	7			FAC	ואו צדעונ	ORMATION		Type of Facility	(4)	*	i 4-15	MILIONE .	-300
Name of Facility Where At RES IDEA	UCE .		<u>::</u>				_	School (K-12		l buildi	ngs.		
3329 A	SBURY CITY	AU	<u> </u>					homes, etc.) Square Feet			g. Ag	e	4
County (6) CAPE			,	Cour	ity Code (7) (STATE	=+	Current Use (Pri	or if being demolish	ned)			-
		Owner		ASCM		Name of A	 bateme	nt Contractor (9)		===		=	=
Name of Monitoring Firm F	A Dy Building					\\	LLE	MCOIN					=
Street Address						Street Add	695	S,S PRUC	- duz.				_
City, State, Zip Code							MAPI	6 5 11 A 7	E N.J.	080	5 2		_
Project Manager for Monito	oring Firm		Teles	shone	No	Telephone 856		-0472	License No.	14			
Stan Date (10)		duled Co			le (11)	Name of O	SHA MO	PH KL	EMM				
Occupancy Status During [X] Facility Closed/Vacated	Abatement (Che	ck only	one) Abaten	nent		Street Add	iress	S, Spn	.vu= duc.				_
Abatement Performed (Outside of Norma	al Facility	/ Hour	s		City, State,	Zip Co	DLE SI	IDDE N.	J. (08	2 5	2
Scope of Work (Check all	that apply)							ainment with Ne					
		☐ Ren	novation molition			□ M	ini-Encl	osure Procedure	n-Friable Procedu	re			
7-			ocation							^	bale Typ		
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Used Main Cu S	Solely stenancestodial staff? (12)	by ce/	Asbe: (i.e	Descrip stos Containir , thermal sys surfacing, other misce	ng Mate tems in VAT, o	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Emagasuhate	Enclasure
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SIDIN	<u>a</u>			X		RANSI	TE_		2300 #	1			
								1 11 12	istered Landfill			<u></u>	<u> </u>
'iame of Registered Waste	e Hauler			JDEP 1 auler 10 1 7 9	No.	Cubic Yare of Waste	ds	_	, C, M,U.	Δ.			
City, State MAPLE	SHADO	=	1.5			Disposal C	Date	City, State Wood	DOINE, L),-	- 1		
Completed By	Tid		///	0		Signa	ture	n Kelin	m Date	12	11	\$	
JOSEPH K	LEMM -		/1			-I-A		'					

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

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Date of Notification (1) Name of Building Owner/Operator (2) **BASF** Corporation 12/15/11 Notification Type Street Address Agencies Notified 2012 - 5 JAN 100 Campus Drive (X)EPA () Initial Notification City, State, Zip Code (X) Amended Certification (X)DOL ASBESTOS CONTROL & (X)DOH () Cancelled Florham Park, NJ 07932 THE NAME OF () DCA Name of Contact Frank Piechoeta 4 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) () School (K-12) BASF - Building No. 3 PVAC Building () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address Sq. Feet 21920 # of Floors 2 1 James Street County (6) County Code (7) City (5) Bldg. Age 30 +/-Belvidere Warren (State Use Only) Current Use (prior if being demolished) Warehouse Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00104 NCM Demolition and Remediation, LP Environmental Health Investigations, Inc. Street Address Street Address 404 N. Berry Street 655 West Shore Trail City, State, Zip Code City State, ZipCode Brea, CA 92821 Sparta, NJ 07871 Project Manager for Monitoring Firm Telephone Number License Number Telephone Number 484-480-8931 01066 William S. Kerbel, CIH 973-79-5649 Scheduled Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2/10/2012 Testor Tech 1/3/2012 Occupancy Status During Abatement (Check only one) Street Address (X) Facility Closed/Vacated During Entire Period of Abatement 10 59 Jackson Ave. () Abatement Performed Outside of Normal Facility Hours -L.I.C. New York, 11101 City, State, Zip Code Describe Vacant Bldg. To Be Demolished 21,920 sf building to be demolished in its entirety Other - Describe Source of Work (Check all that apply) () Renovation (X) Demolition (X) Large Proj. (>160 SF or >260 LF ACM) ()Small Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (X) Glovebag Procedure (X) Non-Friable Outdoor Work (X) Full Containment with Negative Pressure (X) Mini-Enclosure Description of ACM (i.e. Amount (Specify SF or LF) Abatement Type Is Location Normally Used Location of Asbestos-Solely by Maint./Custodial thermal systems insulation, Containing Material (ACM) in surfacing, VAT, or other Facility (13) Staff? (12) Rep. Encap Enclose Rem. YES NA miscell.) NO 100 ea X Throughout Interior X Pipe Fittings 150 lf X Pipe Insulation X Throughout Interior X Throughout Interior X VAT & Mastic 920 sf SW Corner Interior& Exterior X Transite Panels 800 sf X X 1300 sf & 40 ea X Tar Paper & Fittings Vessels Outside Window & Door Caulk 1600 If X **Outside Windows** X X X Roof Flashin 600 sf Roof Cubic Yards of Waste NJDEP Waste Hauler ID # Name of Reg. Landfill Name of Reg. Waste Hauler Minerva Enterprises Service Transport Group A901 #20990 / SW2117 40 Disp. Date City, State City, State 2/10/12 Waynesburg, OH 58 Pyles Lane - New Castle, DE Completed by (Print or Type) Signature Date Title 1/3/12 Jon Monagan Project Coordinator

Notification of Demolition or Renovation					1		S F
X. Description of Planned Demolition or Renovation Work and Methods to be Used Building will be demolished using wet dust suppression methods with Mechanical methods. XI. Description of Engineering Controls and Work Practices to be Used to Control Eministrons of Asbestos at the Demolition or Renovation Site: XI. Description of Engineering Controls and Work Practices to be Used to Control Eministrons of Asbestos at the Demolition or Renovation Site: XI. Description of Engineering Controls and Work Practices to be Used to Control Eministrons of Asbestos at the Demolition or Renovation Site: XI. Waste Transporter#1 Waste Management Address: 100 Nav. A. City: Newark. Country: Essex State: NJ. Zip: 07114 Control: Stand Rubinetti (Layton) Telephone: 201-208-2258 Waste Transporter#2 Service Transport Group, Inc. Address: 100 Nav. A. City: New Castle Country: New Castle Control: Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104584 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104584 Contact: San Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Address: 100 Nimova Rd Contact: San Pomera Title The Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Transporter (NIMDDYY) Date of Order (NIMD						EGELVI	5
Explanation of Planned Demolition or Renovation Work and Methods to be Used Building will be demolished using wet dust suppression methods with Mechanical methods. **REBSIOS CONTROL & USERS OF THE PROPERTY	Notification of Demolition	or Renovation	(continue	ed)	III	- 0010	
XI. Description of Engineering Controls and Work Practices to be Used to Control Eminisions 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, Full negative air containments for VAT and chemical removals for mastics. Non-flable intact removals for caulking etc. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City: Newark Country: Essex Country: Essex State: NJ Zip: 07114 Contact: Staum Richinetti (Layton) Telephone: 201-206-2258 Waste Transporter#2 Service Transport Group, Inc. Address: 800 Repta Lane Contact: Staum Richinetti (Layton) Telephone: 302-778-930 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 900 Minerva Rid City: Waynesburg Country: Stark State: PA Zip: 44888 City: Waynesburg Country: Stark State: PA Zip: 44888 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Ordered to Begin (MMODYY) XV. For Emergency Renovations: Alternative Ashestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. 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: (Date) 1/3/12 XVIII. 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 Busi		COLUMN TO EXPERIENCE AND ADDRESS OF THE PERIOD OF THE PERI		and the state of the last of the last of	e Used:	The second secon	and the second
XI. Description of Engineering Controls and Work Practices to be Used to Control Emmissions of Asbestos at the Operation or Renovation Site: Wet materials during cutting operations, use rotary roof cutting instruments, lower the materials to the ground using holsts or lifts or use dust-tight chutes. Use glovebagging for pipe & fitting insulations, Full negative air containments for VAT and chemical removals for mastics. Mon-fitable intact removals for caulking etc. XII. Waste Transporter#1 Waste Management Address: 100 Ave. A City, Newark Country: Essex State: NJ. Zip: 07114 Country: Essex State: NJ. Zip: 07114 Country: Tesphone: 201-208-2258 Waste Transporter#2 Service Transport Group, Inc. Address 80 Pyles Lane Contact: Stan Rubinetti (Layton) Waste Disposal Site Minerva Enterprises End Control Gaudet Telephone 302-778-5930 XIII. Waste Disposal Site Minerva Enterprises End Certification Number: P0104984 Address 1000 Minerva Rd City: Waynesburg Country: Stan Romera Telephone: 303-888-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Ordered (MMDDYY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (IMMDDYY) XVI. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously No 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. XVII. Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously No Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulation (4DCFR, 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 Ho	Building will be demolished using	g wet dust suppre	ssion meth	ods with Mech	hanical mea	ans & methods.	1
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, Full negative air containments for VAT and chemical removals for mastics. Non-fitable intact removals for caulking etc. XII. Waste Transporter#T Waste Management Address: 100 Ave. A County: Essex State: NJ Zip. 07114 Contact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address \$Pylse Lane City New Castle County New Castle City New Castle County: County: County New Castle Contact: Tom Gaudet Telephone: 202-778-8330 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Weynesburg County: Stark State: PA Zip: 44688 Contact: Sars Pomers XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (MMDDYY) Date of Order (MMDDYY) W.Y. For Emergency Renovations: Explanation of how the Event caused unsele conditions, or a serious disruption of industrial operations XVI. Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsele 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 Noterials of the Assistance of the Assistance of Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. 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 or (1) year after promutgation). XVIII. I Certify that the Above Information is Counter to	22 W			5%		ASBESTOS CONTROL	§
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, Full negative air containments for VAT and chemical removals for mastics. Non-fitable intact removals for caulking etc. XII. Waste Transporter#T Waste Management Address: 100 Ave. A County: Essex State: NJ Zip. 07114 Contact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address \$Pylse Lane City New Castle County New Castle City New Castle County: County: County New Castle Contact: Tom Gaudet Telephone: 202-778-8330 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Weynesburg County: Stark State: PA Zip: 44688 Contact: Sars Pomers XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (MMDDYY) Date of Order (MMDDYY) W.Y. For Emergency Renovations: Explanation of how the Event caused unsele conditions, or a serious disruption of industrial operations XVI. Description of SUDDEN, UNEXPECTED EVENT Explanation of how the Event caused unsele 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 Noterials of the Assistance of the Assistance of Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. 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 or (1) year after promutgation). XVIII. I Certify that the Above Information is Counter to					1		Sign was one
Address: 100 Ave. A City: Newark County: Essex State: NJ Telephone: 201-206-2258 Waste Transporter#2 Service Transport Group, Inc. Address 58 Pytes Lane City: New Castle County New Castle County New Castle Contect: State DE Telephone: 201-206-2258 State DE Zp 19720 Contect: Tom Gaudet Telephone 302-778-9300 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 Contact: Sara Pomera Telephone: 330-866-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) 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 No Friable Asbestos Material Becomes Crumbled, Pulvarized or Reduced to Powder Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet methods. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 81, 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). XVIII. I Certify that the Above Informaticit is Correct XVIII. I Certify that the Above Informaticit is Correct	Demolition or Renovation Site: Wet materials during cutting oper hoists or lifts or use dust-tight ch	rations, use rotary utes.Use gloveba	roof cutting	g instruments pe & fitting in	s, lower the sulations, i	materials to the ground of Full negative air containn	using
City: Newark Contact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address \$8 Pyles Lane City New Castle County New Castle Contact Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 City: Waynesburg County: Stark State: PA Zip: 44688 Telephone: 330-868-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MMDDDYY) Date of Order (MMDDDYY) Date Ordered to Begin (MMDDDYY) 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 No 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. 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). XVII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	XII. Waste Transporter#1 Waste I	Management					
Contact: Susan Rubinetti (Layton) Waste Transporter#2 Service Transport Group, Inc. Address 88 Pyles Lane City New Castle County New Castle Contact Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44888 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date Ordered to Begin (MM/DD/YY) XV. For Emergency Renovations: Captianation of how the Event caused unsafe conditions, or a serious disruption of industrial operations XVI. In Description of Procedures to Be Followed in the Event that Unexpected Asbestos is Found, or that Previously No 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. XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M), Will be On- XVII. I Certify that an Individual, Trained in the Provisions of this Regulation (40CFR, Part 61, Subpart M), Will be On- XVII. I Certify that the Above Information is Scorrect XVIII. I Certify that the Above Information is Scorrect XVIII. I Certify that the Above Information is Scorrect	Address: 100 Ave. A			-			
Waste Transporter#2 Service Transport Group, Inc. Address 58 Pyles Lane City New Castle County New Castle County New Castle Telephone 302-778-5300 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: P0104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 Contact: Sare Pomera Telephone: 330-865-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Ordere (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	City: Newark	County: Essex			State: NJ	Zip: 07114	
Address \$8 Pyles Lane City New Castle Contact Tom Gaudet Contact Tom Gaudet Contact Tom Gaudet City New Castle Contact Tom Gaudet City: Waynesburg County: Stark City: Waynesburg County: Stark Contact: Sara Pomera Contact: Sara Contact Contact: Sara Contact Contact Sara Contact Cont	Contact: Susan Rubinetti (Layton)			20///25-04	Telephone: 2	01-206-2258	
Contact Tom Gaudet XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 Contact: Sara Pomera XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date ordered to Begin (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Waste Transporter#2 Service	Transport Group,	Inc.				
Contact Tom Gaudet Telephone 302-778-9930 XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 Contact: Sara Pomera Telephone: 330-868-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date of Order (MM/DD/YY) Authority Date Order (MM/DD/YY) W. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Address 58 Pyles Lane	-					
XIII. Waste Disposal Site Minerva Enterprises EPA Certification Number: PO104984 Address: 9000 Minerva Rd City: Waynesburg County: Stark State: PA Zip: 44688 Telephone: 330-866-3435 XVI. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Itide Authority Date Order (MM/DD/YY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	City New Castle	County New Cas	tle		State DE	Zip 19720	
Address: 9000 Minerva Rd City: Waynesburg Contact: Stare Pomera Telephone: 330-865-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DD/YY) XV. For Emergency: (MM/DD/YY) XV. For Emergency: (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Contact Tom Gaudet				Telephone 3	02-778-5930	
County: Stark Contact: Sara Pomera Contact: Sara Pomera Telephone: 330-866-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Authority Date of Order (MM/DDYY) XV. For Emergency Renovations: DATE and HOUR of Emergency: (MM/DDYY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct	XIII. Waste Disposal Site Minerva	Enterprises			EPA Certifica	tion Number: PO104984	
Contact: Sara Pomera Telephone: 333-865-3435 XIV. If the Demolition was Ordered by a Government Agency, Please Identify the Agency Below: Name Title Authority Date Order (MM/DD/YY) Date Order (MM/DD/YY) Date Ordered to Begin (MM/DD/YY) 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 No 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. 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). XVIII. I Certify that the Above Information is Correct XVIII. I Certify that the Above Information is Correct	Address: 9000 Minerva Rd						
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XVIII. I Certify that the Above Information is Correct	Site During the Demolition or Ren	ovation, and that	Evidence th Normal Busi	at the Require ness Hours (F	ed Training	has Been Accomplished) year after promulgation).	
(Signature of Owner/Operator) (Date) 1/3/12	XVIII. I Certify that the Above Infor	mation is Correct					

· Noneck

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

Date of Notification (1) 12/15/11		-			Name of Buil BASF Corpo	ding Owner/C ration	perator (2)	C.E I	VE	In	
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification () Initial No (X) Amende () Cancelle	otification ed Certifica		Street Address 100 Campus City, State, Z Florham Park Name of Con Frank Piecho	Drive ip Code k, NJ 07932 tact	A	JAN - 5	2012 IFROL &		
•				FACILITY I	NFORMATION	A	- CONTRACTOR OF THE PARTY OF TH	Charles and Control and Control	-		1
Name of Facility Where Abat BASF – Building No. 6 – Solo Street Address 1 James Street			(3)		Type of Facil () School (K () Subchapt (X) Other (i.e	-12) er 8 (other that private & co	mmercial bldg	7	etc.	The state of the s	m.se
	ounty (6) Varren		County ((State U		Bldg. Age 3	0 +/- (prior if being	demolished)	Warehous	e		
	Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. 00104 Environmental Health Investigations, Inc.						Name of Co NCM Demol		mediation,	LP	
Street Address	Street Address										
655 West Shore Trail						-Cod-					
City, State, Zip Code			City State, Zij Brea, CA 92								
Sparta, NJ 07871					blea, CA 920	521					
Project Manager for Monitoring Firm William S. Kerbel, CIH Telephone Number 973-79-5649					Telephone No 484-480-893			License Nu 01066	mber		
Scheduled Start Date (10) 1/16/2012		Scheduled 9 2/24/2012	Completion	Date (11)	Name of OSH Testor Tech						
Occupancy Status During Ab (X) Facility Closed/Vacated () Abatement Performed O	During Ent	ire Period of A	Abatement		Street Address 10 59 Jackso			39.			
` '					City, State, Zi	p Code	L.I.C. Ne	ew York, 111	01		E 63911.0098
Describe Vacant Bldg. To Be 4324 Sf vacant building to be			ty.								
Other - Describe											
Source of Work (Check all the (X) Demolition () Renova (X) Large Proj. (>160 SF or () Full Containment with Ne	tion >260 LF A	CM) ()Small	Proj. (>25· Mini-Enclo	<160 SF or >10	<260 LF ACM) Glovebag Proced		Proj. (<25 SF n-Friable Outo		CM)		
Location of Asbestos- Containing Material (ACM) in Facility (13)	Is Loca Solely Staff?	ation Normally by Maint./Cus (12)	Used stodial	Description of thermal syste surfacing, VA	ACM (i.e. ms insulation,		specify SF or	LF) Aba	atement Ty		Englass
	YES	NO	NA	miscell.)				Ren	n. Rep.	Encap	T
South Loading Dock	X		1775	Transite Pane		150 sf		X			
Throughout Interior	X			Fittings & Pip	e Lines	178 If		X			
Exterior Roofing	Х			Roofing		5500 sf		X		-	-
Windows & Doors	X			Caulking		800 lf		X		-	-
Throughout	X			Fire Doors		12 ea		X			-
Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID # A901 #20990 / SW2117					Cubic Yards of	of Waste		Name of Re Minerva En		J	J
City, State	DE						Disp. Date 2/24/2012		City, Sta	<u>te</u> burg, OH	ı
58 Pyles Lane - New Castle,		Titlo			Signature			Date			
Completed by (Print or Type) Jon Monagan		<u>Title</u> Pı	oject Coor	dinator	Signature	min M	new	1/3/12			

				F	(1)	P	n n	II II	- 1		_
Notification of Demolitie	on or Renovation	(continued)		E	Up.	E		V/i	a domest	A	+
X. Description of Planned De	the section of the se		ne Used	-	-	-	-	-	-	-	+
Building will be demolished u				mean	SJ& M		J	012 ROL &		U	
VI D	-0-4-1111/1-1	0 - 4 - 4 - 11 - 14 - 0				ICEN	SINC		Minutes Co.	on parties	
XI. Description of Engineering Demolition or Renovation Sit Wet materials during cutting hoists or lifts or use dust-tigh caulking, fire doors and Trans	e: operations, use rotary nt chutes.Use gloveba	roof cutting instruments	s, lower	the n	nateria	ls to	the g	grour	nd u		
XII. Waste Transporter#1 Was	ste Management					-	-	-		-	-
Address: 100 Ave. A	ste management		-		Hostinson.						-
City: Newark	County: Essex		State: N.		Zip: 07	7114	-				-
Contact: Susan Rubinetti (Layton)	County. Essex		Telephoi	100	-	-	-		-	_	-
Waste Transporter#2 Serv	ica Transport Group	Inc	Tolephio			-	-		-	-	=
	nce mansport Group,	mo.				-	-		//	-	-
ddress 58 Pyles Lane	County New Cas	Ma.	State DE		Zip 19	720					-
ity New Castle ontact Tom Gaudet	County New Cas	ue	Telepho		1.		-				-
	onyo Enterprises		EPA Cer			-	21040	0.4	-	-	į
(III. Waste Disposal Site Min	ierva Enterprises		EPA Cer	uncauc	n Numb	er. P	J 1045	04			-
ddress: 9000 Minerva Rd	S		State: PA		Zip: 4	4000	100000				-
ity: Waynesburg	County: Stark		+				-			207	-
ontact: Sara Pomera IV. If the Demolition was Orc			Telephor		-			i uy e	-		
arne uthority		Title									
ate of Order (MM/DD/YY)		Date Ordered to	o Begin (MI	W/DD/Y	Y)		Sage 6				
V. For Emergency Renovation	ons:										
ATE and HOUR of Emergency: (MM/DE	DYY)	(HH:MM)									_
xplanation of how the Event caused ur	nsafe conditions, or a serious	s disruption of industrial operatio	ns								_
VI. Description of Procedure riable Asbestos Material Bec lestrict work area and regular nethods.	omes Crumbled, Pulv	erized or Reduced to Po	wder								4.00
(VII. I Certify that an Individual Site During the Demolition or this Person will be Available for the	Renovation, and that	Evidence that the Requir	red Train	ning h	as Be	en A promu	ccor	nplisi			
(VIII. I Certify that the Above I	Information is Correct	(Signature of Owner/Operator)			Date) 1/3	3/12					

No check

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

Date of Notification (1)	Name of Build		Operator (2)		William America	NO. 18 S. C.								
12/15/11					BASF Corpor	ration	FILL	PE	11 1// [B				
Agencies Notified		Notification	Туре		Street Addres		10)5		U VI I					
(X)EPA		() Initial No	otification		City, State, Zi		100							
(X)DOL		(X) Amende		tion	Oity, State, Z	ip Code		AN -	5 2012					
(X)DOH		() Cancelle	ed .		Florham Park	, NJ 07932	ПП	AIN	0 2012					
() DCA					Name of Con			Tel. N	umber					
		L .		EAGUITY I	Frank Piecho	eta	AS	B						
Name of Facility Where A	hatament is	Taking Place	(3)	FACILITY	Type of Facili	ity (A)	LIGENSING							
BASF – Building No. 2 No.			[3]		() School (K-		Andrew and the		وافتاه مؤسهد سنا	San San San	1			
	., ,		(A-12-2000)		() Subchapter 8 (other than K-12)									
Street Address					(X) Other (i.e. private & commercial bldgs., homes, etc.									
1 James Street					Sq. Feet 70	0020	# of Floors	1						
City (5)	County (6)		County C	ode (7)	1									
Belvidere	Warren		(State Us		Bldg. Age 30				• 15000000000000000000000000000000000000					
				1	Current Use (prior if being				-				
Name of Monitoring Firm	Hired by Bldg	. Owner (8)	ASCM N 00104	0.			Name of Co NCM Demo			ion I D				
			00104				NCIVI Demo	illion and	Remedial	ion, LP	15			
Environmental Health Inv	estigations, In	C.			Street Addres					_				
Street Address					404 N. Berry									
655 West Shore Trail									er trans-					
City, State, Zip Code					City State, Zip				A					
0 / 11107074					Brea, CA 928	321								
Sparta, NJ 07871 Project Manager for Moni	toring Firm	Telephone I	Number		Telephone Nu	ımber		Licens	e Number					
William S. Kerbel, CIH	toring r inn	973-79-564			484-480-8931			01066	<u> </u>					
		1 3									15			
Scheduled Start Date (10 1/9/2012	1	Scheduled (2/10/2012	Completion	Date (11)	Name of OSH Testor Tech									
1/9/2012		2/10/2012			restor recir									
Occupancy Status During	Abatement (Check only on	ie)		Street Addres									
(X) Facility Closed/Vacat	ed During Ent	ire Period of	Abatement		10 59 Jackson Ave.									
() Abatement Performed	d Outside of N	lomal Facility	Hours -		City, State, Zi	n Codo	LICN	ew York,	11101					
Describe Vacant Bldg. To	Be Demolish	ed			City, State, Zi	p Code	L.I.C. N	CW TOIK,	11101					
70020 sf warehouse build	ling to be dem	olished in its	entirety											
Other – Describe Source of Work (Check a	II that apply)		-		1									
Source of Work (Crieck a	ii tilat appiy)													
(X) Demolition () Ren	ovation					to and the control								
(X) Large Proj. (>160 SF	or >260 LF A	CM) ()Small I		160 SF or >10 <	:260 LF ACM) ovebag Procedu		Proj. (<25 SF		ACM)					
() Full Containment with Location of Asbestos-		ation Normally	Mini-Enclos	Description of			Specify SF or		Abatemen	t Type				
Containing Material (ACM		by Maint./Cus		thermal syster	ns insulation,		- p. c. c.							
Facility (13)	Staff?			surfacing, VA	Γ, or other				Rem, Re	n Encor	Enclose			
	YES	NO	NA NA	miscell.) Roof Flashing		6500 sf			Rem. Re	ep. Encar	Enclose			
Roof Flashing	X			Roof Flashing		0300 51			^	-	-			
						<u> </u>				-				
					I Out to V	£10/==4=		Ness	f Dec 15	4EII				
Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID # A901 #20990 / SW2117					Cubic Yards o	or vvaste			of Reg. Lan					
City, State					1 40		Disp. Date	Termio Vo		State				
City Clair							2/10/12			nesburg, C	Н			
58 Pyles Lane - New Castle, DE														
Completed by (Print or Type) Title Jon Monagan Project Coordinator					Signature	D.M.		Date 1/03/12			- 1			
Jon Monagan		Р	roject Coor	umator	Matha	w RMO	Mau	1/03/12						
					Villering	TIW								

DECEIVE

			1	3					
Notification of Demolition or I	Renovation(continue	ed)			1AN - F 2010				
X. Description of Planned Demolition		TATAL THE PARTY OF	Used:	111	UAN 3 ZUIZ				
Building will be demolished using w	et dust suppression metho	ods with Mech	anical mea	ans & met	thods.				
			2		ASBESTOS CONTROL &				
> 8			1	n	LICENSING				
			1	And the same of	74.6				
XI. Description of Engineering Contr	ols and Work Practices to	he Used to Co	ntrol Emn	nisions of	f Asbestos at the				
Demolition or Renovation Site:	JIS UNU PROMITTUOLIDOS IS	20 0000 10 00							
Wet materials during cutting operation	ons, use rotary roof cutting	g instruments,	lower the	materials	s to the ground using				
hoists or lifts or use dust-tight chute	s.								
		Little Comment of the des							
XII. Waste Transporter#1 Waste Man	agement								
Address: 100 Ave. A									
City: Newark	County: Essex		State: NJ	Zip: 071					
Contact: Susan Rubinetti (Layton)		WINESE BLOCK OF THE PARTY OF	Telephone: 2	:01-206-2258					
Waste Transporter#2 Service Tra	nsport Group, Inc.								
Address 58 Pyles Lane		200							
City New Castle	County New Castle		State DE	Zip 1972	20				
Contact Tom Gaudet			Telephone 3	02-778-5930					
XIII. Waste Disposal Site Minerva El	nterprises		EPA Certification Number: PO104984						
Address: 9000 Minerva Rd									
City: Waynesburg	County: Stark		State: PA	Zip: 446	688				
Contact: Sara Pomera			Telephone: 3	30-866-3435					
XIV. If the Demolition was Ordered b	y a Government Agency, F	Please Identify	the Agenc	y Below:					
Name		Title							
Authority									
Date of Order (MM/DD/YY)		Date Ordered to	Begin (MM/DI	D/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 con	ditions, or a serious disruption of i	industrial operation	s						
XVI. Description of Procedures to Be	Followed in the Event tha	at Unexpected	Asbestos	is Found,	or that Previously Non-				
Friable Asbestos Material Becomes	Crumbled, Pulverized or R	educed to Pow	rder .						
Restrict work area and regulate, wet	material, notify appropriat	te regulatory a	gencies, c	ommence	e cleanup using wet				
methods.									
XVII. I Certify that an Individual, Train	ned in the Provisions of th	is Regulation	40CFR, P	art 61, Su	bpart M) Will be On-				
Site During the Demolition or Renov	ation, and that Evidence th	hat the Require	d Training	g has Bee	en Accomplished by				
this Person will be Available for Insp	ection During Normal Bus	siness Hours (F	Required one (1) year after p	oromulgation).				
1 ,0 000									
Mathan VIVIA	Miller 1 (Signature)	of Owner/Operator)		(Date) 1/3/	V12				
XIIIIIII	The Cook of the	Office Speciality		(==,=, ., .,					
VIII. I/Certify that the Above informa	ation is Correct								

(Signature of Owner/Operator)

(Date) 1/3/12

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

Date of Notification (1) 1 / 3 /	12		Name		g Owner/Operator (2		GEI	W E		1		
			Charact	A d d								
Agencies Notified Type Notifica ⊠ EPA □ Initial	tion			Address 4 Atlanti	c Ave		JAN - 5 2	0010				
□ Amended				state, Zip C	1700-100 F07-10	1 (4.1)	ONIE J Z	JIL	1 10	1		
DCA (NJAC 5:16) Amendme			100	Taranta Sandan	, NJ 08404				-			
☐ DHSS ☐ Emergence justification				of Contac			Telephone Nur	nber	u.š			
(NJAC 5:23-8)				Rachelle		; L	. c.dbi.bit.c.libit.			1		
						Surrey		Trice .		-	1	
Name of Facility Where Abatement is T	okina Dlago	/2\	FAC	JILITY IN	IFORMATION	Type of Facility ((4)					
Block 163LOT 66	aking Place	(3)				1088-0000000000000000000000000000000000						
Street Address						☐ School (K-12☐ Subchapter 8		2)				
3 Georgia Terrace						Other (i.e., pr			lings,			
City (5)						Square Feet	# of Floors	BI	dg. A	зе		
Atlantic City					6	3000	2		NA	9-		
County (6)			Coun	ty Code (7	or if being demo	1			-			
Atlantic			Coun	ity bode (i	MOTATE GOE GIVETY	home	or in boing donne					
Name of Monitoring Firm Hired by Build	ing Owner (R)	ASCM	No	Name of Abateme						-	
Health & Safety Services, Inc	ing Owner (0)	117	INO.		nvironmental S	Svetome					
Street Address			111		Street Address	TVITOTITICITATIC	y stems					
318 12 th Street					CONTRACTOR LINES AND	ehem Pike - Si	uite 60					
City, State, Zip Code			82		City, State, Zip Co							
Hammonton, NJ 08037					Spring House							
Project Manager for Monitoring Firm		Tole	phone	No	Telephone No.	2,17,10477	License No.		_			
Jim Proctor			09-704		215-542-7000		00847					
	cheduled C				Name of OSHA M							
1 / 17 / 12	1_ /	- CH 200			CES							
Occupancy Status During Abatement (C					Street Address							
☐ ☐ Facility Closed/Vacated During Entir			ment			ehem Pike - Sı	uite 60					
☐ Abatement Performed Outside of No				cribe	City, State, Zip Co		unto de		-			
Time of Abatement: 7:00AM-5:00P					Spring House							
Scope of Work (Check all that apply)						·	-ti D					
☐ >3 sf or >3 lf	⊠ Re	novat	ion		☐ Full Cont	ainment with Neg losure	gative Pressure					
⊠ ≥160 sf or ≥260 lf	☐ De				☐ Glovebag	Procedure						
					Non-Exe Non-Exe	mpted (*) and No	n-Friable Proced	2935				
	119,00	Loca Iorma						Ab	atem	ent I	ype	
Location of Asbestos-Containing Material (ACM	Lico		ely by	Ashe	Description o estos Containing Ma		Amount	Re	Re	E	m	
TO BE ABATED	IVIa		ance/ Staff?	(i.e., the	ermal systems insula	ation, surfacing,	(Specify	Remova	Repair	cap	Enclosure	
IN Facility (13)	Cusi	(12)			VAT, or other miscellane	ous)	SF or LF)	<u>/a</u>	1 257.0	Encapsulate	ure	
(13)	Yes	No	N/A		other miscellane	ous,				te		
Exterior			\boxtimes	Flashin	ıg		100 LF	\boxtimes				
Exterior				Roofing	g		500 SF	\boxtimes				
		П										
Name of Registered Waste Hauler		JDEP \		Cubic Yards of	Name of Regis	tered Landfill				1		
STG		H	lauler II		Waste 5	Minerva Landfill						
City, State	20990		Disposal Date	Date City, State								
New Castle, DE			1/30/12	Waynesbu	rg, OH 44688							
Completed By (Print or Type)			Signature	101	1	Date ,						
Patricia VIsco	lana	ger		Patu	co Ve	ccer	i k	4/1	(

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

Name of Building Owner/Operator (2) Date of Notification (1) CRDA 3 / 12 Agencies Notified Type Notification Street Address ⊠ EPA ⊠ DEP 1014 Atlantic Ave ☐ Amended City, State, Zip Code ASBESTOS CONTROL & □ DCA (NJAC 5:16) Amendment # LICENSING Atlantic City, NJ 08404 □ DHSS ☐ Emergency (including ☐ DCA justification) Name of Contact Telephone Number (NJAC 5:23-8) ☐ Cancellation W. Rachelle Knight FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Block 163 -- LOT 19 School (K-12) ☐ Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings, 2302 Leopold Terrace homes, etc.) # of Floors Square Feet Bldg. Age City (5) 3000 2 NA Atlantic Clty County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) County (6) Atlantic ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc 117 Controlled Environmental Systems Street Address Street Address 318 12th Street 1121 N. Bethlehem Pike - Suite 60 City, State, Zip Code City, State, Zip Code Spring House, PA 19477 Hammonton, NJ 08037 Telephone No. License No. Project Manager for Monitoring Firm Telephone No. 215-542-7000 00847 609-704-8850 Jim Proctor Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 1 / 17 / 12 1 / 27 / 12 CES Occupancy Status During Abatement (Check only one) Street Address □ Facility Closed/Vacated During Entire Period of Abatement 1121 N. Bethlehem Pike - Suite 60 Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-5:00PM/____PM-___AM Spring House, PA 19477 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure □ Renovation ☐ >3 sf or >3 lf ☐ Demolition ☐ Glovebag Procedure ≥160 sf or ≥260 lf Is Location Abatement Type Normally Description of Location of Used Solely by Encapsulate Removal Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ TO BE ABATED (i.e., thermal systems insulation, surfacing, (Specify Custodial Staff? SF or LF) VAT, or IN Facility (12)(13)other miscellaneous) Yes No N/A 100 LF \boxtimes M Flashing Exterior X 600 SF \boxtimes Roofing Exterior П NJDEP Waste Cubic Yards of Name of Registered Landfill Name of Registered Waste Hauler Hauler ID No. Waste Minerva Landfill STG 20990 6 City, State Disposal Date City, State 1/30/12 Waynesburg, OH 44688 New Castle, DE Signature Title Completed By (Print or Type) Patricia VIsco Office Manager

ASB-41 JUL 01

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

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT Name of Building Owner/Operator (2) Date of Notification (1) Linda Forte 01/02/2012 JAN - 5 2012 Street Address Type of Notification Agencies Notified 3 Jason Drive (X) Initial Notification (X) EPA City, State, Zip Code ASBESTOS CONTROL &) Amended (X) NJDEP Notrh Brunswick, NJ, 08902 LICENSING Amendment # (X) NJ DOL) Emergency (including (X) DOH Name of Contact iustification)) DCA Linda Forte Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) () School (K-12) Residential Property) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc. Street Address Bldg. Age 60 Sg. Feet: 5000 # of Floors 2 82 McAdoo Ave ,NJ 07305 County Code (7) County (6) City (5) Current Use (prior if being demolished): Store (State Use Only) Hudson Jersey City Name of Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. N/A ISES, Inc. N/A Street Address Street Address 3300 Hudson Avenue N/A City State, ZipCode City, State, Zip Code Union City, NJ License Number Telephone Number Project Manager for Monitoring Firm Telephone Number 01124 (201)325-0055 N/A Name of OSHA Monitor Scheduled Completion Date (11) Scheduled Start Date (10) ISES, Inc. 01/14/2012 01/15/2012 Occupancy Status During Abatement (Check only one) Street Address) Facility Closed/Vacated During Entire Period of Abatement 3300 Hudson Avenue) Abatement Performed Outside of Normal Facility Hours -(X) Other - Describe: Unoccupied during abatement City, State, Zip Code Union City, NJ 07087 (X) Renovation) Demolition Source of Work (Check all that apply)) Full Containment with Negative Pressure) Minor Project (< 25 SF or < 10 LF ACM) (X) Small Project (>25 <160 SF or >10 <260 LF ACM)) Mini-Enclosure X) Glovebag Procedure) Large Project (>160 SF or > 260 LF ACM)) Non-Exempted (*) and Non-Friable Procedure Description of ACM Amount Abatement Type Is Location Normally Used Location of Asbestos-(Specify SF (i.e. thermal systems insulation, surfacing, Containing Material (ACM) Solely by Maintenance or VAT, or other miscellaneous.) or LF) Custodial Staff? (12) To be Abated in Facility (13) Encapsulate Enclosure Remova Repair N/A YES NO X 90 LFT X TSI Pipe Insulation Basement

Name of Reg. Landfill Cubic Yards of Waste NJDEP Waste Hauler ID # Name of Reg. Waste Hauler Cumberland County Landfill 22393 Vision Transport City, State Disp. Date City, State Newburg, PA 17242 01/15/2012 2 Fish House Road, Kearny, NJ 07032 Date Title Signature Completed by (Print or Type) 01/02/2012 Project Supervisor Jorge Delgado

1000/

State of New JerseyNOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) E C E V E

Date of Notification (1)			411	Name	e of Buildir	ng Owner/Operator (2)					12
	3 /	12		CR	DA			0010	The state of the s			
Agencies Notified	Type Notifica	tion		Stree	t Address		JAN -	2012 11-	1			-
⊠ EPA				10	14 Atlant	tic Ave	-		1			
Ø DEP	☐ Amended			City,	State, Zip	Code	ASBESTOS CO	MIROL &				
☐ DCA (NJAC 5:16) ☐ DHSS	Amendme [] Emergend			Atl	antic Cit	y, NJ 08404	LICENS					
☐ DCA	justificatio	n)	3	Name	e of Conta	ct f	Balling and Figure 1 and 1	Telephone Num	ber			
(NJAC 5:23-8)	☐ Cancellati	on		W.	Rachelle	e Knight						
					Status and a second as a second	NFORMATION					-	
Name of Facility Where A	Abatement is T	aking Place	(3)		OILIT I	WI OKWATION	Type of Facility	(4)		-		
Block 163 Lot 64	waterneric io 11	aning i laoc	. (0)				School (K-12					
Street Address) 3 (Other than K-12	!)			
6 Georgia Terrace							Other (i.e., pr	rivate & commerci		lings,		
City (5)	Karamatan Land						homes, etc.) Square Feet	# of Floors	RI	dg. A	G0	
Atlantic City							3000	2	- 0	ug. A NA	ge	
County (6)	B)			Cour	nty Code /	7)(STATE USE ONLY)		or if being demolis		-		
Atlantic				Cou	nty Code (THISTATE USE CIVET)	home	of it being deficit	sileu)			
	Llisad by Build	ina Owner	(0)	ASCM	No	Name of Abateme						
Name of Monitoring Firm	SAMPLE CONTRACTOR OF THE SAMPLE CONTRACTOR OF	ing Owner	(0)			CONTRACTOR STATE OF THE SAME O	AUGUS CONTRACTOR DE ARTONOMOS CONTRACTOR DE					
Health & Safety Ser	vices, inc			117			nvironmental S	systems				
Street Address 318 12 th Street						Street Address	aham Dila C	-:4- 00				
							ehem Pike - S	uite 60				
City, State, Zip Code	027					City, State, Zip Co						
Hammonton, NJ 08			T-1-	-6	N-	Spring House	e, PA 19477	I tissass Na				
Project Manager for Mon	itoring Firm			phone		Telephone No.		License No.				
Jim Proctor	10				1-8850	215-542-7000		00847				
Start Date (10) 1 / 17 /	CO. 1	cheduled C				Name of OSHA M	lonitor				- 5	
Occupancy Status During	· A CAMP OF MALLACT AND ADDRESS AND A	2000 CO		t		Street Address	aham Dila Ca	.: 00				
□ Facility Closed/Vacate □ Abatement Performed					scribe		ehem Pike - St	uite 60				
Time of Abatement: 7						City, State, Zip Co						
Scope of Work (Check al	I that apply)		7		2000 in	opining mouse	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	срр.ју						ainment with Neg	ative Pressure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 			novati			☐ Mini-Enc						
△ ≥100 SI 01 ≥200 II			monte	711		☑ Non-Exe	mpted (*) and No	n-Friable Procedu	re			
		Is	Locat	ion					Ab	atem	ent T	уре
Location		Lloc	Norma d Sole			Description o			n	п	m	Tm
Asbestos-Containing			intena			estos Containing Ma		Amount (Specify	em	Repair	nce	l C
TO BE ABA		Cus	todial	Staff?	(1.6., 1116	ermal systems insula VAT, or	ition, surfacing,	SF or LF)	Removal	=	Encapsulate	Enclosure
(13)	•		(12)	1.	4	other miscellane	ous)		-		late	O,
		Yes	No	N/A	li de la companya de							
1 st floor			\boxtimes		tile			550 SF	\boxtimes			
2 nd floor	74		\boxtimes		tile & n	nastic		550 SF	\boxtimes			
Roof			\boxtimes		Flashir	ng		100 LF	\boxtimes			
			П							П	П	П
Name of Registered Was	te Hauler			JDEP 1	Waste	Cubic Yards of	Name of Regis	tered Landfill				
STG			Н	auler II		Waste	Minerva La					
City, State				20990)	8 Disposal Date	City, State					
New Castle, DE						1/30/12		rg, OH 44688				
The second secon	ma\	Title					- Traylicoba		ato.			
Completed By (Print or Ty	(pe)	Title	Non-	70-		Signature	1)	Dia .	ite 1.	/		
Patricia VIsco		Office I	vidila	ger		Jalu	call	sca-	14/	11		