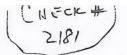
Fillies Office

te of Notification (1)	1)		Name of Boy 8	of Buildin & Girls	ng Owner/C Club of F	perator	(-)	Len de	a+= ₂₄				_	
6/12 encies Notified	Type Notification		Street	Address	ine Rd			JA JA	N -	9 2012		4		
	Initial Amended		City, S	tate, Zip				i.		**** *********************************		-		
EPA DEP DOL	Amendment #_ Emergency (inc	luding		of Cont) 			Telenh	one Number				
DOH	justification)		Anth		aci		Case Ministr							1
DCA	Cancellation				INFORMAT	ION	Type of F	acility (4)					-	1
ame of Facility When	e Abatement is Taking F of Paulsboro	Place (3)				v	Sch	ool (K-12)	(Other	than K-12) commercial b	uildings	, hom	es,	
treet Address 116 Penn Line Ro	d .						Square	.)	# of F		Bldg.			1
City (5)		Name of the last					1000 +		1 .	· · · · ·	35+			4
Paulsboro NJ 080	066		Cour (STA	nty Code	e (7) ONLY)					demolished				_
Gloucester	Firm Hired by Building O	wner (8)	1 A	SCM No).	Nar	ne of Abate ernaco Inc	ment Conti	ractor (9)				
Name of Monitoring F N/A	Irm Hired by Dullang				1	1	eet Address							531/3
Street Address							O Box 329							_
7000-74						Cit	y, State, Zip	Code	01					
City, State, Zip Code							est Berlin			License No				
Project Manager for	Monitoring Firm		Tel	ephone	No.	8	lephone No 56-753-98	300		00727				_
(10)		Scheduled	Comple	etion Da	te (11)	Na	ame of OSH ernaco In	A Monitor					671.00.1	
Start Date (10)		1/20/12					treet Addres							
Occupancy Status I	During Abatement (Che	k Only One)			F	O Box 32	29						_
Facility Closed	Nacated During Entire formed Outside of Nortibe: Home Owner will be	Period of Al	atemer	nt 		C	ity, State, Zi Nest Berli	ip Code in NJ 080	091					_
Scope of Work (Ch	eck All That Apply)	X R	enovatio	on n			☐ Mi	ni-Enclosu	re	th Negative F				
≥160 sf or ≥26	50 If						× No	n-Exempt	ed (*) a	nd Non-Fria	ole Proc	Abate	ment	
		Is	Locatio	n								Ту	oe T	_
Asbestos-Con	ocation of taining Material (ACM) BE ABATED In Facility (13)	Use Ma	lormally d Solely intenan todial S (12)	y by ce/	(i.e. th	conta ermal s	cription of ining Materia systems insuring, VAT, or iscellaneous	nation,		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
		Yes	No	N/A		Floor	Tile only		+	3900 SF	x			
В	sasement			X	-	F1001	The Only		-					F
		-	-	-					1		+	+	-	+
						051-	Yards	Name	of Reg	gistered Land	ifill	ل		1
Name of Register	ered Waste Hauler		1	NJDEP N Hauler II 22459	Waste D No.	of Wa	ste	G.R.	.W.O.				_	_
						Dispo	sal Date	City, Mor	State risville	PA 1906	7	-		
City, State Elm NJ		Title				1/10/	Signature				Date 1/6/1	1		-100
Completed by			siden	+			//	-						_



Date of Naviore									16 - 1	1	7 15	
Date of Notification (1	15/12			Na		ding Owner/Opera						
Agencies Notified	Type Notifica	ahoo		1=		ELANDS (-01/57 ILU	Tron				
₩ EPA	I ype wolling	HOU		Sti	reel Addre		TH ST.	U Li Jan	- 0	20	2	
Ø 0⊕	Amended			Cr	y, State, Zi							
Ø DOF	Amendme	ent#		1	y, 566, 21	Te: - (1	1 - V AL 17	5. 08243				
□ DOH	Emergene justificati		ling	L=			1 7 10 11-					
DCA -	☐ Cancellati			Na	me of Cont	_		Telephone Nu	mber			
	1			<u> </u>	1-1200	+ EDUDIT	71					
				F	ACILITY II	FORMATION						
Name of Facility Where	Abatement is T	aking Pla	ice (3)				Type of Facil	ity (4)				-
1651	DENCE						School (K					
Street Address							Subchapte	er 8 (Other than K-	12)			
234	57 714 5	T,					Other (i.e.	, private & commer	cial bu	ilding	Js,	
City (5)		~					Square Feet	# of Floors		Dida	A ===	
	AISLE	1,	7 4		7-5000		Square reet	# 01 1100/5		Bldg	Age	
County (6)	٨,			Co	unty Code	(7) (STATE	Current Use (Prior if being demo	-)		
Name of Monitoring Firm	MVA				E ONLY)		1-					
(5)	/ A	ig Owner		ASCA	M No.	1 11	ment Contractor			- 3		
	17					1 - KL	EMCO I	NC,				
Street Address	Sec					Street Address		,				-
						369	S,SPRU	LE DUE.				
City State, Zip Code						City, State, Zip (Code	No.				
and the same of th						Mo.	PLE SHA	DEINJ	, 08	٥ 5_	2	
Project Manager for Mon	illoring Firm		Tele	phone	No .	Telephone No.		License No.				
	94		_			856-77	9-0472		44			
Start Date (10)	Sch	eduled C	Complet	on Da	ate (11)	Name of OSHA I	Monitor					
1/16/12		/	- /	/2		Tas	EPH KI	End				
Occupancy Status During	g Abatement (Ch				-	Street Address						===
Facility Closed/Vacate				nent			SSDI	204 LUZ.				
Abatement Performed	Outside of Norm	al Facilit	y Hours	3		City, State, Zip C		700,				
Other - Describe						NA A		HODE, N.		1		
Scope of Work (Check all	that apoly)						7, - 6, 3	1000,00	٠, ر	00	0.7	2
						Full Con	ntainment with No	egative Pressure				
≥3 st or ≥3 it ≥160 st or ≥260 it		-	novatio	n		☐ Mini-End	closure	3.4. c 1 1635UIC				
12 100 St Or 3200 II		⊠ De	molition				g Procedure	on Erioble Deservi	22			
		191	ocation			NOT-EXE	mpled (*) and No	on-Friable Procedu				
		No	mally						1	∖bate Ty	men! De	
Location of			Solely I			Description of			-		Г	Υ
Asbestos-Containing Ma TO BE ABATE			tenance stodial	:/		os Containing Mate		Amount	1		ū	_ m
IN Facility	_	S	taff?		(i.e., i	hermal systems in surfacing, VAT,	or	(Specify SF or LF)	Rer	Re	2	100
(13)		(12)			other miscellaneo		5. 5. 5. 7	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A					<u>a</u>	-	aie	Į e
SIDIM	<u>a</u>			X	TI	ANSITE		25004	X			
									İ			
				-				***************************************	-	-		- 57
		-	-						-		_	
ame of Registered Waste	Hauler		TAUD	EP W	locto T	Oubia Valida						
A TANK THE PROPERTY OF THE PRO				er ID I		Cubic Yards of Waste	Name of Regis					
KLEMO &	LNC,			190	1120525 A		1_6.19	, C, MI.U. A				
ry, State	•	A : -	T			Disposal Date	City, State					
MAPLES	HADE	N,	دل				luco	DBINE , K	.J.			
mpleted By	Title		10			Signature		Date /				
JOSEPH KL	Emy	V	10			Jours	1 Kelin	n 1/	1-/	12		
41		7				-1-(

				· ·			ם נכ	15
2010	NOTE:	FICATION (te of New Jersey OF ASBESTOS AF ONJAC 8:60 and 1	BATEMENT				11.9
Data of Notification (1)	4-12		of Building Owner/Oper		JAN -	9.2	012	<u></u>
Agency Notified Type Notification		-i-wa zaceman	a de	1 YERES	15hande	lmi	在人	wind.
D EPA	M .	Street	Address 111 South	Colifor	NIA AM	MTRO	L&	
D DEP D Amended D DOL Amendment		City, St	ate, Zip Code				_	
	(including	Norma	A+lax+16	City				
U DOH justification) U Cancellation			BART GRE	PENSPAN	been Alem	nber		•
Name of Facility Where Abatement is Taki		FACIL	JTY INFORMATION					
Resident's	201			Type of Fac				
Street Address			· · · · · · · · · · · · · · · · · · ·	School (K	-12) ≥ 8 (Other than K-12)			
111 South	alifor	RNIA A	he	Other (Le.	private & commercial	l buildi	ings.	
City (5) Attriction C.L.			•	Square Feet		Bidg	ı. Ag	8
County (6)		County C	ode (7) (STATE USE	Cumentila		<u> </u>		
Atlantic County		ONLY)		Current USB	(Prior if being demolis	hed)		
iams of Monitoring Firm Hired by Building (Owner A	SCM No.		ment Contractor			•	
treet Address			Channel Addresses	DE LLC	77.70			
			12/	2 Burli	isters Ave			٠.
ity, State, Zip Code		٠	City, State, Zip	Code	5 06075			
roject Manager for Monitoring Firm	Tele	phone No.	Telephone No.	nco po	License No.	 -		
bart Date (10) Scharftria			856 82	4 0971	01070			
	28 -	Date (11) : *	· Name of OSHA	Monitor ·	AME	. *-	•	
ocupancy Status During Abatoment (Check	only one) .		Street Address	. 0	A WE.		1000000	
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F		ent			<u> </u>	veroneens		
Cenor - Describe: Basismess Sixto	2011 Hours		City, State, Zip C	ode				
ope of Work (Check all that apply)	- PA		' Desc					_
≥ 2 saf or ≥ 3 if ≥ 160 saf or ≥ 260 if		© Renovati □ Demolitic	m EGiovo	ndosure 330 Procedure	Negative Pressure Non-Friable Procedur			
	1				TANK I STEEDED & STANDARD	W-1	Bhat	ome
	is Loc					- 1 '		ba
Location of Asbestos-Containing Material (ACM)	Norm Used So	ally lety by	Description of		-	F	7	1
	Vand So Mainten Custo	lety by sance! As dial	Description of spestos Containing Mais (i.e., thermal systems in	irial (ACM) suistion.	Amount (Specify	-	7	Ence
Location of Asbestos-Containing Material (ACM) TO BE ABATED	Norm Used Sc Mainten	elly slety by sance/ As dial 17	Description of sbestos Containing Mate	irial (ACM) substion,		-	7	Encapaula
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Used So Mainten Custo Staff	selly slety by sance/ dial 17	Description of sbestos Containing Mah (i.e., thermal systems in surfacing, VAT, c	irial (ACM) substion,	(Specify	Removal	7	Encapsulato
Location of Asbestos-Confaining Material (ACM) TO SE ABATED IN Facility	Norm Used So Mainten Custo Staff (12)	selly slety by sance/ dial 17	Description of sbestos Containing Mah (i.e., thermal systems in surfacing, VAT, c	arial (ACM) suitation, or us)	(Specify	Removal	7	Encapsulato
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Norm Used So Mainten Custo Staff (12)	selly slety by sance/ dial 17	Description of sbestos Containing Main (i.e., thermal systems in surfacing, VAT, o other miscellancon	arial (ACM) suitation, or us)	(Specify SF or LF)	Removal	7	Encapsulato
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 13 ASE MENT	Norm Used So Mainten Custo Staff (12)	selly slety by sance/ dial 17	Description of sbestos Containing Main (i.e., thermal systems in surfacing, VAT, o other miscellancon	arial (ACM) suitation, or us)	(Specify SF or LF)	Removal	7	Encapsulato
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 13 ASE men †	Norm Used Sc Mainten Custo Staff (12) Yes No	ally by alace Addison	Description of sbestos Containing Main (i.e., thermal systems in surfacing, VAT, other miscellancon other miscellancon of the cubic Yards of N	arial (ACM) suitation, at (ACM) suitation, at (ACM) at (A	(Specify SF or LF) / OOLF	Removal	7	Encapsulato
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 13 ASE men †	Norm Used Sc Mainten Custo Staff (12) Yes No	ally by alace Addison	Description of sbestos Containing Mate (i.e., thermal systems in surfacing, VAT, other miscellance)	ariel (ACM) sustation, or uss)	(Specify SF or LF) / OOLF	Removal	7	Encapsulato
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 13 ASE men †	Norm Used Sc Mainten Custo Staff (12) Yes No	ally by alace Addison	Description of Sbestos Containing Make (i.e., thermal systems in surfacing, VAT, other miscellance) Phi-Air Ce Cubic Yards of N	ariel (ACM) sustation, H amo of Register WM of	(Specify SF or LF) / OOLF	Removal	7	Encapsulate

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

ASB-41

Date of Notification (1) 01/03/2012					of Buildin		Operator				1			
Agencies Notified	Type Notificatio	n		Street /	Address orth Stre		- 1		1 _ 0	2012	-			
EPA DEP DOL	Initial Amended Amendme		_		tate, Zip (d Brook		805	hor.			1			
	instification Cancellation				of Contac n Cunde			S Males Adam Experience of the second	7-1	· Al.	mhar			
Name of Facility Where	Abstement is Tak	ing Place (2)		FAC	ILITY IN	FORMATI	ON					-		
Private House	- Abatement is Tak	ing Flace (3)						Type of Facility	2 24					
Street Address 36 North Street				1				School (K-Subchapte Other (i.e. etc.)	r 8 (Other	than K-1	12) cial bu	ilding	s, hor	nes,
City (5) Bound Brook, NJ (08805							Square Feet 1800	# of F	loors		Bldg. 75 ye		
County (6) Somerset					Code (7) USE ONL	y)	_	Current Use (Pr Residence	ior if being	demolis	hed)	26		
Name of Monitoring Fir. Abe Environmenta		Owner (8)		ASCN 3561				of Abatement Co)				
Street Address			-	336	13			Environmenta Address	al Inc					7
84 Vermont Av								Stanley St						
City, State, Zip Code Franklin Park, NJ (tate, Zip Code Rutherford, N	J 07073					
Project Manager for Mo Don Anigbogu	nitoring Firm				22-0733			one No. 138-1188		icense N 0854	No.			
Start Date (10) 1/07/2012		Scheduled 01/15/20)11	npletion	Date (11)	C		of OSHA Monitor Atanasoski			-			
Occupancy Status Durin			92					Address	<u> </u>			-		
X Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Nor	Period of Ab mal Facility F	atem	ent			City, St	aterson Plank ate, Zip Code			7			
Scope of Work (Check	All That Apply)		-				Caris	tadt NJ 07072			-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	novat moliti				×	Full Containme Mini-Enclosure Glovebag Prod	edure					
		Is I	ocatio	on		-		Non-Exempted	() and N	on-Friat	le Pro	STATE OF STA	re emen	t
Locatio		1000	rmall	y		Des	cription (of				Ty	уре	
Asbestos-Containing TO BE AB In Faci (13)	BATED	Maint Custoo	tenan	ice/	Asbes (i.e.	thermal s surfac	sining Massystems ing, VAT iscellane	eterial (ACM) insulation, , or eous)	Amo (Spec SF or	cify	Remova	Repair	Encapsulate	Enclosure
_		Yes	No	N/A							_		ite	roi .
Basem	ent			Х		Pipe	Laggir	ng	120L	.F.	Х			
Name of Registered Was	ste Hauler		T N	IDEP W	aste	Cubic Y	arde	Name of F	oninto and	1 1611				
Newark Carting			Ha	uler ID I 509		of Wast		Name of F	vegistered	Landiii				
City, State Newark, NJ						Disposa 1/15/12		City, State Bethlehe						
Completed by Boro Atanasoski		Title Project	Mar	nager		Sig	nature	M		Dat 01	e /06/2	012		
									_			- 12		

		(1	oursuan	nt to NJAC	8:60 and	12:12	0) (CK.	#3	1.	12			
Date of Notification (1) Jan. 4, 2012			1000	of Building n Univers		perato	r (2):	F. I	1 (1//	(F)	10	7		Mary Service
	lotification		A compression	Address) Morris A	Ave.	Section of the second				1) <u>.</u> 				
DOL A	mended mendment # mergency (including	_		tate, Zip Co n, NJ 070		- Comment	III JAI	v - 9	2012			A TOTAL STREET	S	
DOH ju	stification) ancellation		Jose	of Contact A. Puno		1400	Em ner	Te	elephone	Num	ber			
Name of Facility Where Abateme	nt is Taking Place (3)	FAC	CILITY INFO	ORMATIC	ON	- Security Coulity	1 / 1 110		// T				
Green Lane Building, Kea			d for d	lemolition	n)		Type of Facility	-0.000						
Street Address					',	-	School (K Subchapt	er 8 (Oth	ner than I	K-12)			
Corner of Morris Ave., & C	Green Lane Ave.			T.			Other (i.e. etc.)	. private	& comm	ercia	l buil		A-V. 1-1-1-1-10	ies,
Union							Square Feet 20,950 SF	1	of Floors			31dg. 50+	Age	
County (6) Union				Code (7) USE ONLY)		Current Use (P Abandoned					or D	emo	
Name of Monitoring Firm Hired by	Building Owner (8)		ASC	M No.	T	Name	of Abatement Co		_			-	0	
Pennoni Associates, Inc.			129	6			ar Contracting							
Street Address		Selection of the Control of the Cont					Address					-		
515 Grove Street							roy Lane					3,-17		
City, State, Zip Code Haddon Heights, NJ 0803	5					9.000	state, Zip Code	27025						Action appropriate
Project Manager for Monitoring Fi			Telepho	ana No			oln Park, NJ (1/035	Lizono	- No				
Joseph Anello, Jr.				one No. 547-0505			one No. 706-7950		License 0108		59			
Start Date (10)	Schedule	ed Con		Date (11)			of OSHA Monito	r	0100					
1-19-2012	2-29-2	012	*	7.			r Contracting							
Occupancy Status During Abatem	ent (Check Only On	e)					Address							
Facility Closed/Vacated Durin	ng Entire Period of A	baten	nent				roy Lane							
Abatement Performed Outsid	le of Normal Facility	Hours			_		tate, Zip Code oln Park, NJ (07035	15-34 ₁₋₁	- 20				
Scope of Work (Check All That Ap	ply)					5/5676 mag								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	power	enova emolit				×	Glovebag Pro	re ocedure					e e	
	Is	Locati	on							T		Abat	ement	t
Location of	N N	ormall Solel	ly			ription				-	_	Ту	/pe	_
Asbestos-Containing Material (TO BE ABATED In Facility (13)	Mai Mai	ntenar odial S (12)	nce/	(i.e. t		ystems	aterial (ACM) insulation, T, or eous)	(5	mount Specify or LF)		Removal	Repair	Encapsulate	Enclosure
Interior			X	Drv	vall & .lc	oint Co	ompound	16.6	649 SF					
Interior			X			317027	nt Substrate	20.73	70 SF	-	IK X			
Interior			X		Glue	e Dots	S	47	75 SF		×			
Interior			X	F	Red She	et Flo	oorina	1908	0 SF		X			
Name of Registered Waste Hauler		0.0000	JDEP W	/aste	Cubic Ya	ards	Name of	1000			×			
DJM Company, Inc.		1 83333	auler ID 2393	No.	of Waste)	110 Sa	1115-2003						
City, State Kearny, NJ 07032					Disposal TBD	Date	City, Stat		11704	1				
Completed by	Title	150000				nature		,		Date				
Lillie Lazarevich	Secre	tary				lle	iduzer	nuc	8	Jan	. 4,	201	2	

Date of Notification (1) Jan 4, 2012			Name	of Building Owne	r/Operato		9 L	<u> </u>	102		-	
Agencies Notified Type Noti	ification		Street	Address		-14 Li J	AN -	2012	-	: []	-	
				71001000	1		7114	2012		4	ĺ	
DEP Ame	nded ndment #		City, S	tate, Zip Code		A ANA	La Tus Co. Ugensii	TROL &	7			
DOH justif	rgency (including ication) cellation		Name	of Contact	1	The second section	SATERAL.	hone Nu	mber	\exists		
Non-aff-Wall			FAC	CILITY INFORMA	TION						-	
Name of Facility Where Abatement	is Taking Place (3)				Type of Facility	(4)					
Street Address						School (K-Subchapte Other (i.e. etc.)	er 8 (Other	than K-1 commerc	2) ial bui	ldings	s, hon	nes,
City (5)	¥					Square Feet	# of F	loors		Bldg.	Age	
County (6)		T		Code (7) USE ONLY)		Current Use (Pr	ior if being	demolis	hed)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASC	M No.	Name	of Abatement Co	ntractor (9)				-
Street Address					100							
Oil Cot Address					Street	Address						
City, State, Zip Code					City, S	State, Zip Code			-			
Project Manager for Monitoring Firm		1	Telepho	one No.	Teleph	none No.	L	icense N	lo.			
Start Date (10)	Schedule	d Con	pletion	Date (11)	Name	of OSHA Monitor						-
				2 10								
Occupancy Status During Abatemen		50			Street	Address						
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:	Entire Period of Al of Normal Facility I	batem Hours	ent	9	City, S	tate, Zip Code						
Scope of Work (Check All That Apply)											
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	proving	enovat emoliti				Full Containm Mini-Enclosure Glovebag Pro- Non-Exempte	e cedure				-0	
	le l	ocatio	nn .			1 Non-Exemples	u () and iv	ion-i nau	T	-	emen	it
Location of	No	ormall	y	D	escription	of				Т	ре	
Asbestos-Containing Material (AC <u>TO BE ABATED</u> In Facility (13)	Custo	tenan	ce/	Asbestos Cor (i.e. therma surfa	ntaining M	laterial (ACM) s insulation, T, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A						-		ate	(G)
Interior			X	Floor N	lastic M	laterial	400	SF	X			
Interior			X	Wood Parqu	et Floor	ing& Mastic	750	SF	X			
Interior			X	F	iredoors	3	6 Do	ors	X			
Interior			X	Exterior Win	dow-Do	or Caulking	500	LF	X			
Name of Registered Waste Hauler		0.000	DEP W		Yards ste	Name of I	Registered	Landfill				
City, State				Dispo	sal Date	City, State	9					
Completed by	Title		1.		Signature							
Lillie Lazarevich	Secret	ary		Ż		i Luzeu	w	Dat Ja	e n 4,	2012	2	

18983

Date of Notification (1) JANUARY 5, 2012				Name NEW	of Building	Owne CV:	r/Operator	r (2)	YÜC		i Fr s	□ Pa	ige 1	of A	i.
Agencies Notified	Type Notification			Street	Address CVS DR						<u> </u>	- 10	90,1		
EPA DEP DOL	Initial Amended Amendment				tate, Zip Co		RI 0289	5	JAN	- 5	2012		И.		
☑ DOH DCA	justification) Cancellation		ı	Name o	of Contact PHILLIF			<u>;</u> 	Lucia		lephone No	ımber			
				FAC	ILITY INFO	ORMA	TION								
Name of Facility Where REMSEN DODGE	Abatement is Takin	g Place (3)					Туре	of Facility (
Street Address 3391 STATE ROU	ΓE 35							×	School (K-1: Subchapter Other (i.e. pretc.)	8 (Oth	er than K-1 & commerc	12) cial bui	ldings	s, hon	nes,
City (5) HAZLET								Squa 23,4	are Feet	2	f Floors	1 1	Bldg. 72	Age	
County (6) MONMOUTH				County (STATE	Code (7) USE ONLY)				ent Use (Prio			shed)			
Name of Monitoring Firm CONSULTING & TI				ASCI 0010	M No.	-		of Aba	atement Con	tracto	(9)				
Street Address			-	0010			Street			HON	i, INC.	N 1 202			
622 GEORGES RC	AD, SUITE 305	i					3010	BUF	RNS AVEN	IUE					
City, State, Zip Code NORTH BRUNSWI									ip Code H, NY 117	93					
Project Manager for Mon FARHOOD SELAM				Telepho 732-72	ne No. 29-1800		Teleph 516-7				License N 01138	No.			
Start Date (10) 1/19/12		Schedul 2/29/1:		ompletion	Date (11)		Name	of OSI	HA Monitor				-		
Occupancy Status During	Abatement (Check	Only Or	ne)				Street	Addre	SS	-					-
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire P ed Outside of Norm	eriod of all Facility	Abate Hou	ement rs			City, St	tate, Z	ip Code	MICO - SAN					
Scope of Work (Check Al ≥3 sf or ≥3 If ≥160 sf or ≥260 If	li That Apply)		Renov Demo	ration lition			×	Mir Glo	I Containmen ni-Enclosure ovebag Proce n-Exempted	edure				e	
		1 1200	Loca							www.edu			Abat	emen	t
Location Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) TED	Use Ma	inten	ely by ance/ Staff?	(i.e. t	os Con herma surfa	escription of taining Mail systems acing, VAT miscellane	aterial insula 「, or	(ACM)	(8	mount pecify or LF)	Removal	Repair	e Encapsulate	Enclosure
ROOF	_	Yes	No	N/A										e e	
			X				ASHING				6 SF	X			
SHOWROOM/SAL			X				N BLO				0 SF	Х			
SHOWROOM M			X				FIREP				0 SF	X			
SERVICE A Name of Registered Wast			X	NJDEP W			WINDO	W C		4	0 LF	Х			
TRI-STATE TRANSF		ES, INC	. 1	Hauler ID I 9551	No.	of Wa	Yards ste		Name of Re	37		SES			
City, State BRONX, NY							sal Date		City, State WAYNES	¥			-		
Completed by ANN SWEENEY		Title ADM.	ASS	SISTAN			Signature	N	weir		Da	te 5/12			

Date of Notification (1) JANUARY 5, 20				Name NEW	of Building	g Owner/C	Operator PHAR	(2) MACY, LLC	F G	F = 11	Pa	ge 2	of 4	ì
Agencies Notified	Type Notification	1		Street	Address CVS DI					•		90 -		
EPA DEP DOL	Initial Amended Amendmen			City, S	State, Zip C	Code	0289	5	AAU—	1 - 9 2	2012			
☑ DOH DCA	Emergency justification Cancellation)	9	Name	of Contac	t			/. Te	lephone N	umber			
				FAC	CILITY IN	FORMATI	ON	happy Named process of the last						
Name of Facility Whe REMSEN DODG		ng Place ((3)				12	Type of Facility	(4)					
Street Address 3391 STATE RO								Other (i.e.	er 8 (Oth	ner than K- & commerc	12) cial bui	ldings	s, hon	nes,
City (5) HAZLET								etc.) Square Feet 23,400	# 0	of Floors	100	Bldg.	Age	
County (6) MONMOUTH		***			Code (7)	n		Current Use (P AUTOMOBI			shed)			
Name of Monitoring F CONSULTING &				ASC 001	M No. 09			of Abatement Co				· · · · ·		
Street Address 622 GEORGES F	ROAD, SUITE 30	5		-J			Street	Address BURNS AVE		.,			-	
City, State, Zip Code NORTH BRUNS\					37.30		City, S	tate, Zip Code ITAGH, NY 1						
Project Manager for M FARHOOD SELA	onitoring Firm				one No.		Teleph	one No. 781-3000		License I	No.			
Start Date (10)		Schedul	ed Cor		Date (11)			of OSHA Monitor		01138				
1/19/12		2/29/1	2	•										
Occupancy Status Du							Street	Address						
Facility Closed/Vi Abatement Perfo Other – Describe	acated During Entire I rmed Outside of Norn :	Period of a nal Facility	Abater y Hours	nent S			City, St	tate, Zip Code						
Scope of Work (Check	All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		STATE OF THE PARTY	Renova Demolii				×	Mini-Enclosur Glovebag Pro	re cedure					
		le	Locati	on		0.0000000000000000000000000000000000000		Non-Exempte	o () an	u Non-Fria			emen	ıt
Locati	on of	1	Vormal	ly		Des	cription	of					/pe	
Asbestos-Containin <u>TO BE A</u> In Fa (13)	BATED	Ma	d Sole intena todial S (12)	nce/		tos Conta thermal s	ining M systems ing, VAT	aterial (ACM) insulation, Γ, or	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A							-		te	6
SHOWROOM AC	CONTG OFFICE		Х		DOO	R LININ	IG INS	SULATION	1	SF	Х			
BACK G	ARAGE		Х			FELT/P	APER	/TAR	18	80 SF	Х			
EXTE	RIOR		Х		GARA	GE DO	OR IN	SULATION	96	0 SF	х			
EXTE			Х		EXTER	RIOR DO	OR IN	SULATION	10	5 SF	х			
Name of Registered W TRI-STATE TRANS		ES, INC	, н	JDEP Wauler ID 9551	NO COLOR	Cubic Y of Waste 30			Water Street	red Landfill ITERPRI				
City, State BRONX, NY				120 83		Disposa 2/29/12		City, Stat		RG, OH	*****			\neg
Completed by ANN SWEENEY		Title ADM.	ASS	ISTAN	IT		inature Vici	7		Da	ite 5/12			
		1				14		1	130000000	-/-				

Date of Notification (1) JANUARY 5, 2012		Nan NE	ne of Buildin	g Owner/Opera	itor (2) ARMA(CY, LLC	1		Pa	ge 3	of 4	
Emer	nded ndment #_ gency (including	ON City WO	eet Address NE CVS D , State, Zip (DONSOCH ne of Contact	Code KET, RI 028	195		L	AN - 9	201		1	The state of the s
	cation) ellation		UL PHILL			Le successi	16	iepiione ivi	moer			
Name of Facility Where Abatement is REMSEN DODGE Street Address 3391 STATE ROUTE 35	s Taking Place (3)	F	ACILITY IN	FORMATION	-8	e of Facility School (K- Subchapte	-12) er 8 (Oth	ner than K-1	2)	Idioae	hom	
City (5) HAZLET						etc.) are Feet 400		f Floors	- [1	Bldg.		
County (6) MONMOUTH			nty Code (7) TE USE ONL			ent Use (Pr TOMOBII			hed)			
Name of Monitoring Firm Hired by Bu CONSULTING & TESTING S	ilding Owner (8) ERVICES, INC). AS	SCM No. 0109			atement Co				311 - 22 -2-		
Street Address 622 GEORGES ROAD, SUIT	E 305			Stre	et Addre							
City, State, Zip Code NORTH BRUNSWICK, NJ 08	3902	· /				Zip Code GH, NY 11	1793		231100	-		
Project Manager for Monitoring Firm FARHOOD SELAMIE			ohone No. -729-1800	Tele	phone N 3-781-3	No.		License N 01138	lo.			
Start Date (10) 1/19/12	Scheduled 2/29/12	Completi	on Date (11)) Nam	e of OS	HA Monitor						
Occupancy Status During Abatement	(Check Only One)			Stree	et Addre	ess			-			
Facility Closed/Vacated During B Abatement Performed Outside o Other – Describe:	Entire Period of Aba f Normal Facility H	atement ours		City,	State, Z	Zip Code						
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if	Rer	novation nolition			Mi Gl	II Containm ni-Enclosure ovebag Pro- on-Exempte	e cedure				e	
Location of		cation mally		_						Abate Ty	emen pe	t
Asbestos-Containing Material (AC TO BE ABATED In Facility (13)	M) Used S Mainte Custod	Solely by enance/ ial Staff? 12)	(i.e.	Description stos Containing thermal system surfacing, V other miscella	Materia ns insula AT, or	ation,	(S	mount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
2ND LEVEL ROOF		No N/A		ALT ROOF	NAENAE	DANE	1 1	00 SF	v		(D	
2ND LEVEL ROOF		x		SHING ALC				00 SF	X			\vdash
LOWER ROOF		x		FLASHII		-		0 SF	X		-	-
APARTMENT AREA		x	EXTE	RIOR WIND		AULK) LF	X		-	
Name of Registered Waste Hauler TRI-STATE TRANSFER ASSO	CIATES, INC.	NJDEP Hauler I 19551	Waste	Cubic Yards of Waste 30		Name of I	Register	ed Landfill			7	
City, State BRONX, NY		10001		Disposal Date 2/29/12	9	City, State	9					
Completed by ANN SWEENEY	Title ADM. A	SSISTA	NT	Signatur	e	liver		Dat	e 5/12			

Date of Notification (1) JANUARY 5, 2012	2				of Buildin				CY, LLC			Pa	ge 4	of 4	
Agencies Notified	Type Notification			Street	Address CVS D				111				3		
EPA DEP DOL	Initial Amended Amendmen			City, S	State, Zip O	Code	0289	5		<u> </u>	JAN .	9 2	012		
DOH DCA	Emergency justification) Cancellation			White State of the	of Contac L PHILL	37.			; L_	Te	lenhone Ni	ımher		4.3	Ì
Name of Facility Where	Abatement is Takir	ng Place (3)	FAC	CILITY IN	FORMATI	ON	Typ	e of Facility (4)					
REMSEN DODGE		·9 · 1400 (-,					П	School (K-1						
Street Address 3391 STATE ROU	TE 35		2					×	Subchapter Other (i.e. p	8 (Oth			ldings	, hom	nes,
City (5) HAZLET								10000	are Feet 400	2	of Floors		3ldg 72	Age	
County (6) MONMOUTH				County (STATE	Code (7)	n			rent Use (Prid TOMOBIL			shed)			
Name of Monitoring Firm CONSULTING & T	n Hired by Building ESTING SERV	Owner (8)	IC.	ASC 001	M No. 09				REMEDIA				W-2012		
Street Address 622 GEORGES RO	DAD, SUITE 30	5			1200 D. 1 1100	*********	Street	Addr							
City, State, Zip Code NORTH BRUNSWI	ICK, NJ 08902	Alley A	20				City, S	tate,	Zip Code SH, NY 11	-					
Project Manager for Mor FARHOOD SELAM					one No.)	Teleph 516-7	none l	No.		License N	No.			
Start Date (10) 1/19/12		Schedule 2/29/12		mpletion	Date (11)		Name	of OS	SHA Monitor					7.15.75	
Occupancy Status During	g Abatement (Chec		75.0				Street	Addre	200				-		
Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire F	Period of A	Abate	ment rs					Zip Code						<i></i>
Scope of Work (Check A	II That Apply)										~				
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	,	CONTRACT OF THE PARTY OF THE PA	enov				×	M	ull Containme ini-Enclosure lovebag Proc	edure					
		T lo	Local	lion	1			1 146	on-Exempted	() an	u Non-Friat)le Pro		e emen	-
Location	of	1	lorma	lly		Des	cription	of						/pe	
Asbestos-Containing TO BE ABA In Facili (13)	ATED	Ma	ntena	Staff?		stos Conta thermal: surfac	aining M	lateria insul T, or	lation,	(5	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ate	G,
1ST FLOOR SHOW	VROOM AREA		X		INTE	RIOR V	VINDO	W C	AULK	1	0 LF	Х			
STOCKROOM B	SATHROOM		X		EXTER	RIOR W	INDO	W G	LAZING	1	0 LF	Х			
APARTMENT A	REA ROOF		Х		В	BUILT-U	P ROC	OFIN	lG	60	00 SF	Х			
1ST FLO			Х		INTER	IOR DO	OR IN	ISUI	LATION	12	6 SF	Х			
Name of Registered Was TRI-STATE TRANSF		ES, INC	. +	IJDEP W lauler ID 9551		Cubic Y of Wast					red Landfill ITERPRI				
City, State BRONX, NY				· ·		Disposa 2/29/1			City, State WAYNE		RG, OH				
Completed by ANN SWEENEY		Title ADM.	ASS	SISTAN	IT	Sic	mature	-y-	hvei		l Da	te 5/12			
								- /		/ -	1	100			

10 me de

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

1108-4353 Check #3677

Date of Notification	(1) 12/29/11			N	lame	of E	Building	Owner / Ope	rator (2			W B			
Agencies Notified EPA	Type Notifi			S 3:	treet 3 W	Add est	lress State S	of Treasur	у		AN - 9	2012			
DEP DOL DOH	☐ Eme	ended #1 ergency		T	rent	on,	& Zip (NJ 086 ontact			Lucie		Tolor	hone	NI.	
☐ DCA	☐ Can	cellation		D	avid	l La	pidus				uction.	Telep			
Name of Facility Ann					FAC	CILI	TY INF	ORMATION			/	-			
Name of Facility Wh New Lisbon Deve Street Address	ere Abatem lopmenta	lent is Taking I Center- Az	Place olea	(3)					ol (K-12						
1 Gilbert Street							80.	☐ Subcr ☐ Other Square Fe	(i.e. pri	(Other than I vate & comme	ercial build			, etc.)
City (5)	V	County (6)		Cour	nty C	ode	(7)	- Square Fe	ei	# Of Floors		Bldg. A	\ge		
New Lisbon		Burlington						Current Us	e (Prior	if being dem	olished)				
Name of Monitoring I	irm Hired b	y Building Ow	ner (3)		ASC	CM No.	Developn Name of A	nental hateme	nt Contractor	(0)				
Environmental Co	nnection,	Inc.						AbateTec	h, Inc.	nt Contractor	(9)				
Street Address 120 N. Warren Stre	eef						772	Street Add	ress						
City, State & Zip Cod					_			PO Box 2 City, State		ode					
Trenton, NJ 08608					-			Lumberto	on, NJ	08048					
Brian Holbig	ect Manager for Monitoring Firm n Holbig						per	Telephone 609-265-2	Numbe		License	Numbe 005			
Scheduled Start Date 1/4/12	(10)	Scheduled Co		ion I		(11))	Name of Os	SHA Mo		-t	- 000	123		
Occupancy Status Du	ring Abater	nent (Check o	nly or	ne)				Street Addr							
	d/Vacated [Ouring Entire F	eriod	of A	Abate	eme	nt	108 Hadde							
Abatement Pe	erformed Ou	itside of Norm	al Ho	ours	-			City, State 8	& Zip Co	ode					
Facility Occup	ied During	Ahatement						Westmont	t, NJ 08	3108					
Scope of Work (Chec	k all that ap	ply)													
≥3 sf or ≥3 lf				0	pige the second					Full Contains	ment with I	Negativ	e Pre	ssure	е
≥160 sf ≥260 l	f		M			vatio lition				Mini-Enclosu					
					01110				\boxtimes	Glove Bag P Non-Exempt			a Dro	oodi	ıro
	ation of				ation			Description			Amount		atem		
	-Containing al (ACM)				y Us y by	ed		Asbestos-Co Material (A			(Specify		T	Γ	T
	ABATED		Main	tena	ance			(i.e., thermal s	systems		SF or LF)	Re	, n	Encapsulate	1
	acility 13)		Cust	odia (12		iff?	ins	sulation, surfa r other miscel	cing, V	AT		Removal	Repair	nsde	Liciosula
			Yes	No		I/A	· ·	Other miscer	lianeous	"		<u>a</u>	-	late	ā
Basement Mechani	cal Room						Pi	e Fitting In	sulatio	on	8 LF		П	П	Г
															Ė
			붜	님		#									
			H	H	++	╬						니님			
			d	H		Ħ						닉님	H	H	片
ame of Registered W	aste Hauler			N	JDE	PW	aste Ci	ubic Yards	Name	of Registered	d Landfill				Ш
bateTech, Inc.				H		r ID I		Waste 1	TDD	' Landein					
ity, State					10	77 30		sposal Date	City, S	Landfill					_
umberton, NJ								1/31/12		own, PA					
ompleted By (Print or wen Trumbetti	Type)	7		11 (2000)	tle pps.	Coc	Się	gnature	1	+		Date	0/4		
				1				$\longrightarrow \lambda$	nu	1		12/2	9/11		

State of New Jersey 1108-4353 NOTIFICATION OF ASBESTOS ABATEMENT Check #3641 (Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4353

	\$350 							7.00	TIP POT	= 0.00	T _F	7 [1	7		
Date of Notification (1) 12/29/11			Na NJ	me I De	of Bu	uilding	Owner / Opera	ator (2)		<u> </u>		7 1. a-10/1	1	112	
Agencies Notified Type Notified	cation		Str	eet	Addr	ess	. or ricusury	121				- 1	11		-
⊠ EPA							Street Fl. 9		III JAN	- 9 20	12	1	37		
DEP Initia						& Zip (1.5	S UNIV	J 20	11	1	m+3-		
The state of the s	ended #1					NJ 08			į.			-			
	ergency					ntact			ASELSI	OS CONTROL	- Fe	lenh	one	Num	her
DCA Can	cellation		Da	vid	Lap	idus			L	CENSING				707	
Name of Facility VAII			F	AC	ILIT	Y INF	ORMATION		1-18 278	A MARINE CONTRACTOR				Let Sur	
Name of Facility Where Abatem New Lisbon Developmenta	ent is Taking Pla I Center- Fern	ice ((3)				Type of Fac	cility (4) I (K-12)							
Street Address									Other than K-	12)					
5 Gilbert Street									ate & commer		nac	hor	200	oto \	
							Square Fee		# of Floors					elc.,	10
City (5)	County (6)	Co	nunt	v C	ode (7)	- Oquare i ee		# 01 110015		Bla	g. A	je		
New Lisbon	Burlington	100	Juni	y 0.	oue (1)	Current III	/D: 1	[0.608
14C44 EISBOII	Durington						9.0		f being demol	lished)					
Name of Manitoring Firm Line d.h	v. D. dielie e O	(0)					Developm								2000
Name of Monitoring Firm Hired be Environmental Connection,		r (8))		ASC	M No.			t Contractor (9)					
Street Address	IIIC.	-					AbateTecl								
120 N. Warren Street							Street Addre								
City, State & Zip Code		W 10				I CALLS - AL	PO Box 25								
Trenton, NJ 08608							City, State 8								
Project Manager for Monitoring F	irm IT	olor	hor	10 1	lumb	or	Lumberto		8048	ī. · · · ·				4-	
Brian Holbig	10.000	09-				ei	Telephone 1 609-265-21			License I					
	Scheduled Comp	_		100	ALC: NO.							005	29		
1/4/12		1/31	/12		(11)		Name of OS EMSL Ana		iitor						
Occupancy Status During Abater	nent (Check only	one	e)		***		Street Addre								
Facility Closed/Vacated I					emen	it	108 Haddo	n Ave.							
Abatement Performed Ou	itside of Normal	Hou	urs -	-			City, State &	Zip Coo	de						
Describe:							Westmont	, NJ 08	108						
Facility Occupied During															
Scope of Work (Check all that ap	ply)									550 KM C					
M >2 of on >2 if			_		00.02200000				Full Containm		lega	ative	Pre	ssure	9
≥3 sf or ≥3 lf	Į.	\cong			/ation	1		-	Mini-Enclosur	e					
≥160 sf ≥260 lf	I		De	mo	lition				Glove Bag Pro	ocedures					
								1	Von-Exempte	d and Nor	n-Fri	iable	Pro	cedu	ıre
Location of			oca				Descriptio	n of	VI (2)	Amount		Aba	tem	ent T	уре
Asbestos-Containing Material (ACM)	I I	lorm			ed		Asbestos-Cor	ntaining		Specify	1				T
TO BE ABATED	l N	laint	lely		or		Material (A (i.e., thermal s		S	F or LF)		æ	-	Ē	0
in Facility		usto				in	sulation, surfa		т			em	Rep	зар	100
(13)			(12)				or other miscell					Remova	Repair	Encapsulate	Enclosure
	Y	es	No		I/A							-		ate	G
Basement Mechanical Room		at	П	İΓ	7	Р	ipe Fitting In	sulation	n	9 LF	-		П	П	
		7	Ħ	T		•	r - itting in	Jaiutio		J L1	-		H	Η	1
		11	Ħ	1	T	-				-	-	뉘	님	H	H
		+	H	+	=							4	님	片	님
		1	H	1	1							4	밁	님	님
		+	H	+	+							4	닠	님	닏
Name of Registered Waste Haule		1	N	IDE	D 1/1	acto C	Cubic Yards	None	of Donition	1 100					
or regiotored waste Haule			Ha	III	r ID N	Vo o	f Waste	Ivame o	of Registered	Landfill					
AbateTech, Inc.			1		8750		1 vvasie	TRRE	Landfill						
City, State		-					isposal Date	ALTERNATION IN							
umberton, NJ						L	1/31/12	City, St	ate own, PA						
Completed By (Print or Type)			Titl	10				Tullyto	JWII, PA		Te-				
Swen Trumbetti			1 55.00		Coo		ignature (,	+		Da				
			_ P	P3.	- 500	. ч.	>	ne	1		12	1/29	1/11		

1108-4353 Check #3676

Date of Notification (1)		Name of Building	Owner / Operat	or (2)	The second secon				
Agencies Notified Type Notific	ation	Street Address 33 West State	114		-113/1				
□ DOH □ Eme	I nded #1 rgency	City, State & Zip Trenton, NJ 08 Name of Contact David Lapidus	Code 3625	ADELECTION.		Telepho 309-98			oer
		FACILITY IN	FORMATION	His man	עוסד מי	1			
Name of Facility Where Abatem New Lisbon Developmental Street Address			Type of Faci School Subcha		K-12)				
20 Gilbert Street			Other (i. Square Feet	e. private & comm	CONTRACTOR CONTRACTOR			etc.)	
City (5) New Lisbon	County (6) Co	unty Code (7)		(Prior if being dem		ldg. Ag	e 		
New Lisboii	Burnington			ental Center	iolistieu)				
Name of Monitoring Firm Hired b Environmental Connection,		ASCM No		atement Contractor	(9)				-
Street Address 120 N. Warren Street City, State & Zip Code			Street Addre PO Box 25 City, State &						
Trenton, NJ 08608			Lumberton	, NJ 08048					
Project Manager for Monitoring F Brian Holbig	609-3	hone Number 392-4200	Telephone N 609-265-21	07	License N	umber 0052	9		
Scheduled Start Date (10)	Scheduled Completio 1/31/		Name of OSI EMSL Anal						
Occupancy Status During Abater Facility Closed/Vacated I	ment (Check only one	2)	Street Addres	SS					
Abatement Performed On Describe:		ırs –	City, State & Westmont,	Zip Code					
Facility Occupied During Scope of Work (Check all that ap									
≥3 sf or ≥3 lf≥160 sf ≥260 lf		Renovation Demolition		✓ Mini-Enclos✓ Glove Bag	nment with Ne sure Procedures oted and Non-				
Location of		ocation	Description	-	Amount	Aba			
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	So Mainte Custo	ally Used blely by enance or dial Staff? (12)	Asbestos-Con Material (AG (i.e., thermal si insulation, surfac or other miscella	CM) ystems cing, VAT	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room			Pipe Fitting Ins	sulation	8 LF				
						H			
							H		
Name of Registered Waste Haule	er D	NJDEP Waste		Name of Register	ed Landfill				
AbateTech, Inc.		Hauler ID No. 18750	of Waste 1	TRRF Landfill					
City, State Lumberton, NJ	A	-	Disposal Date 1/31/12	City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Opps. Coord.	Signature	nit		Date 12/29	9/11		

1108-4353

Date of Notification				Na	ame	of E	Buildin	ng O	wner / Oper	ator (2		1 (1.1) 1 (1.1)	<u> </u>		1	7.	
Agencies Notified	12/29/11			N.	J D	epa	rtmei	nt o	f Treasury	/	Harris						
⊠ EPA	Type Notific	cation					dress			111		0010	× 8		1 1		
☐ DEP	☐ Initia	al					& Zip		eet FI. 9		I AN	2012		1. 13	4		
DOL		ended #1					NJ 0			1	\$				1		
		ergency		_			Contac		3	-	i i	A A CREATE THE STATE OF THE STA					
□ DOH □ DCA		cellation		1			pidus	100		10.00	AMELIA LI	CHARAC	Tele 609			Num 707	
					FAG	CILI	TY IN	IFO	RMATION		1000	1 1000					
Name of Facility Wh	nere Abatem	ent is Taking Pl	ace	(3)					Type of Fa								- 1000
New Lisbon Deve Street Address	elopmenta	Center- Res	our	ce C	en	ter			Contraction Contra	l (K-12	•						
27 Circle Drive	4.										Other than h						
27 Officie Drive											vate & comme			_		etc.)	
City (5)		County (6)	To	oun	tv C	ode	(7)		Square Fee	et	# 01 F1001S		Bldg.	. Aç	ge		
New Lisbon		Burlington		7.711	., -		(.)		Current Us	e (Prio	r if being demo	nlished)					
		J							Developm			Jiloneuj					
Name of Monitoring	Firm Hired b	y Building Own	er (8	3)		AS	CM N	0.			ent Contractor	(9)		-			
Environmental Co	onnection,	Inc.						1199	AbateTec			(0)					
Street Address 120 N. Warren Str	4								Street Addr	ress						7	
City, State & Zip Coo									PO Box 2								
Trenton, NJ 08608									City, State of Lumberto								
Project Manager for		irm	Tele	pho	ne l	Vum	ber		Telephone			License N	Numh	er	100		
Brian Holbig			609	-392	2-42	200			609-265-2	107				052	29		
Scheduled Start Date 1/4/12	e (10)	Scheduled Com		ion [1/12		(11)		Name of OS								
Occupancy Status D	uring Abater	nent (Check on			10000	-			EMSL Ana Street Addre		1	two-services					
	ed/Vacated [During Entire Pe	riod	of A		eme	ent		108 Haddo		a.						
	erformed Ou	utside of Norma	l Ho	urs	_				City, State 8								-
Describe:									Westmont								
Facility Occup										175511							
Scope of Work (Chec	k ali that ap	piy)									Full Contains	mant with N	4		D		
≥3 sf or ≥3 lf			\boxtimes	R	eno	vatio	n				Full Contains Mini-Enclosu		vegat	ive	Pre	ssure	3
☐ ≥160 sf ≥260	lf		Ħ			litio				Ħ	Glove Bag P						
			_		*****					H	Non-Exempt		n-Fria	hle	Pro	cedi	Ire
	ation of			Loca					Description	on of		Amount				ent T	4
	s-Containing	1		nally				A	sbestos-Co			(Specify	H				1
	rial (ACM) ABATED			olely tena				<i>(</i> :	Material (A			SF or LF)		الح		ᄪ	m
	Facility			odial					e., thermal s lation, surfa					em	Repair	cap	nclo
	(13)			(12)			or	other miscel	llaneou	s)			Removal	air	Encapsulate	Enclosure
			'es	No	1	N/A										te	Ф
Basement Mechan	ical Room							Pipe	Fitting In	sulati	on	3 LF					
			4	H		4											
			\dashv	H	+	\dashv			-				1	4		Ц	Ц
			4	H	+	4	-						1	4	Н	Ц	닏
			=	H	1	=		_						4	Н	H	H
Name of Registered V	Vaste Hauler	1 .		N.	JDE	P W	Vaste	Cub	oic Yards	Name	e of Registere	d Landfill		1			Щ
AbataTaab lua					aule	er ID	No.		Vaste			a Lanaiii					
AbateTech, Inc. City, State			10110		1	875	200	_	1		F Landfill						
umberton, NJ									osal Date 1/31/12	City,	State rtown, PA			7/07			20
Completed By (Print or	r Type)			Tit	tle				nature	- uny	TOWII, FA		Dat				
wen Trumbetti				1000000		. Co	ord.	J.91		4.7	1)/11	ŀ	
				1					VI	WI			16	~	" 1		

State of New Jersey 1108-4353 NOTIFICATION OF ASBESTOS ABATEMENT Check #3674 (Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)

1108-4353

Date of Notification (1) 12/29/11		Nar N.I	ne o	of Build	ding	Owner / Opera of Treasury	tor (2)	**			7		
Agencies Notified Type Notific		Stre	eet A	Addres	s i te S	treet Fl. 9	12 2	JAN - 6	2012				
☑ DOH ☐ Eme	I nded #1 rgency cellation	Tre	nto ne c	ate & Z on, NJ of Con Lapic	086 tact		L.	Aug Trans		Teleph			per
		F	AC	ILITY	INF	ORMATION							
Name of Facility Where Abatem New Lisbon Developmental Street Address 15 Gilbert Street		(3)				Type of Fac School Subcha	(K-12) apter 8 (i.e. priva	Other than K-	cial buildin			etc.)	0
City (5)	[0t(0)		_	1 (7)		Square Fee	t	# of Floors	E	ldg. Ag	je		
City (5) New Lisbon	County (6) Burlington	ounty	/ 00	ode (7)		Current Use		being demo	lished)				
Name of Monitoring Firm Hired b Environmental Connection, Street Address		3)		ASCM	No.	Name of Ab. AbateTech Street Addre	atement 1, Inc. ess	Contractor (9)				
120 N. Warren Street City, State & Zip Code Trenton, NJ 08608						PO Box 25 City, State & Lumbertor	Zip Co n, NJ 0						
Project Manager for Monitoring F Brian Holbig Scheduled Start Date (10)	609	-392	-42			Telephone N	107	***	License N	umber 0052	29		
1/4/12	Scheduled Complet 1/3	1/12	ale	(11)		Name of OS EMSL Ana		itor					
Occupancy Status During Abater Facility Closed/Vacated [Abatement Performed Outposcribe: Facility Occupied During	Ouring Entire Period Itside of Normal Ho	of Al		ement		Street Addre 108 Haddo City, State & Westmont,	n Ave.						
Scope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If				ration lition				Full Containn Mini-Enclosu Glove Bag Pr Non-Exempte	re ocedures	220			
Location of		Loca				Descriptio		No.	Amount	Aba	atem	ent T	уре
Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Mair	mally Solely ntenar todial (12) No	by nce Sta	or		Asbestos-Cor Material (A (i.e., thermal s isulation, surfac or other miscell	CM) systems cing, VA	т 5	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room			1		Р	ipe Fitting In	sulatio	n	8 LF		П		П
			F									H	H
Name of Registered Waste Haule AbateTech, Inc.	1.4		aule	P Was r ID N 8750		Cubic Yards of Waste 1		of Registered	d Landfill		ا لب		<u></u>
City, State			13	0100	Ē	Disposal Date	City, S			100	-	***	
Lumberton, NJ						1/31/12		own, PA				15.	
Completed By (Print or Type) Gwen Trumbetti		Tit Op	90.00	Coor		Signature	ut			Date 12/2	9/1	I	

1111-4414 SUB8 Check #

Date of Notification (1)							g Owner / Opera	tor (2)				1000		
12/30/11					-		iversity				41.1	Ш		
Agencies Notified Type Notifi	cation		100			ddress			J JAN -		- 1.9	1		
250							rinceton Unive	ersity I	E.A. MacMill	an Bldg.	1			
DEP Initi						te & Zi			L		·Lİ			
The state of the s	ended #2		- Inches	-			08544	1	AMPLICA	an Bul &	essenti			
	ergency		100			f Conta	18th	The second	1	2014	Telepho	one l	Numl	ber
☐ DCA ☐ Car	ncellation		F				o, P.E.		Non-Pacing of		609-25			
Name of Facility Where Abeter		21	10	FA	CI	LITY II	FORMATION							1200
Name of Facility Where Abaten	nent is Taking I	Place	e (3)			Type of Fac							
Princeton University - Jad	win Hall						School							
Street Address									(Other than K-					
Washington Road							Other (i	i.e. priv	ate & commer	cial buildin	gs, hon	ies,	etc.)	
Princeton University Main	Campus						Square Fee	t	# of Floors	E	Bldg. Ag	е		
City (5)	County (6)		Cou	inty	Cod	de (7)					170			
Princeton	Mercer			8			Current Use	(Prior	if being demol	lished)				-
							University	A CONTRACTOR OF THE PARTY OF TH	ii boing domoi	iiorica)				
Name of Monitoring Firm Hired	by Building Ou	nor	(9)	_	1	ASCM N			-1 C11 (0)			-	
ATC Associates, Inc.	by Building Ow	niei i	(0)		1	ASCIVI I	AbateTech		nt Contractor (9)				
Street Address		11500	Constitution of the last			_	Street Addre			× 100.00		_		
Bromley Corporate Center	3 Terri Lane	Sui	ita	12			PO Box 25							
City, State & Zip Code	o Terri Lane,	Jui	ite	14			City, State &		a da		-	-		
Burlington, NJ 08016														
Project Manager for Monitoring	Firm	To	lonk	2000	, NI	ımber	Lumbertor			[[:N	I			
Mike Keehn	1 1111			86-			Telephone N 609-265-21			License N				
Scheduled Start Date (10)	Scheduled Co			200000000000000000000000000000000000000	DY/UNION		Name of OS		-14		0052	.9		
11/28/11	Scrieduled Co		/9/1		ne (11)	EMSL Ana							
Occupancy Status During Abate	ement (Check o	nly c	one')			Street Addre						-	
Facility Closed/Vacated					ate	ment	108 Haddo	n Ave						
Abatement Performed C	outside of Norm	nal F	lou	rs			City, State &							
Describe:							Westmont,	100						
Facility Occupied During	Abatement						1	,						
Scope of Work (Check all that a	(vlqq		-											
	, ,							\boxtimes	Full Containn	nent with N	egative	Pre	ssure	9
≥3 sf or ≥3 lf		\boxtimes	1	Rer	าดงส	ation		Ħ	Mini-Enclosus		3			
≥160 sf ≥260 lf			, ו	Der				Ħ	Glove Bag Pr	ocedures				
			,					Ħ	Non-Exempte		-Friable	Pro	cedi	Ire
Location of			slo	ocat	ion		Descriptio	n of		Amount	-			Гуре
Asbestos-Containir	na			ally		d	Asbestos-Cor			(Specify	Abe	item	ent i	ype
Material (ACM)	.3			ely			Material (A			SF or LF)			_	
TO BE ABATED				nán		or	(i.e., thermal s			,	고		1 2	面
in Facility		Cus	stoc	dial S	Staf	f?	insulation, surfa-	cing, V	AT		m m	Repair	ap	음
(13)				12)			or other miscel	laneou	s)		Remova	<u>a</u>	Encapsulate	Enclosure
1 st Floor Lobby		Yes	S	No	N/	Ά	Calling Dia	4		005.05	-		te	0
Work Area #1			+	M	-	-	Ceiling Pla			395 SF	F 2			
		H		X	ŀ		Ceiling Pla			,100 SF			ᆜ	H
Work Area #2 (Stair 2)		님			Ļ		Ceiling Pla	-		330 SF				Ш
Work Area #2 (Stair 2)					F		Floor tile & I			100 SF	\boxtimes		Ц	Ш
Work Area #2 (Stair 3)				\boxtimes	L		Ceiling Pla			330 SF			Ш	
Work Area #2 (Stair 3)					L		Floor tile & I			100 SF				
1 st Floor Lobby							Floor tile & I		Contract of the Contract of th	395 SF	\boxtimes			
Name of Registered Waste Haul	er						Cubic Yards	Name	e of Registered	d Landfill				
AbateTech, Inc.				На		ID No. 750	of Waste	TDD	E Londeill					
City, State			-		10	730	12		F Landfill					
Lumberton, NJ							Disposal Date 1/2/12	City,	State rtown, PA					
Completed By (Print or Type)			- C - 1 V	Titl	e		Signature	,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date			
Gwen Trumbetti				U. /10201631		Coord.	Ma	it			12/3	0/1	1	

Louis

Date of Notification (1) 01 / 05	/ 12	2	****			Owner/Operator (541 11 1-	(5 15 11 N)	尼			
	e Notification				Address Bloomfiel	d Avenue		JAN - 9 201	2		To the state of th	
□ DEP 🛛	Amended			City, S	tate, Zip C	ode						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Amendment # Emergency (in			Mou	ıntain La	kes, NJ 07046	! L		- Print	2		
□ DCA	justification)	noidanig		Name	of Contact		Ĺ,	Telephone Number				
(NJAC 5:23-8)	Cancellation			Ros	s Chomi	k		(973) 299-400	0		-	
	li .			FAC	ILITY IN	FORMATION	2.11				2	
Name of Facility Where Abate	ement is Takir	ng Place	(3)				Type of Facility	(4)				
67 Whippany Road - Bl				re 7C,7	E,7Exter	sion,8C,8E)	☐ School (K-12					
Street Address					4		Subchapter 8	3 (Other than K-12) rivate & commercial	huild	nas		
67 Whippany Road							homes, etc.)		Dulla	ngs,		
City (5)					-		Square Feet	# of Floors	Blo	lg. Ag	e	
Whippany							97,938	2		4 ye	ars	
County (6)			_	Coun	ty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolish	ned)			
Morris							Vacant					
Name of Monitoring Firm Hire	ed by Building	Owner (8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Health & Safety Service		•		0011	7	Superior Aba	atement Inc.					
Street Address						Street Address						
318 12 th Street						2 Henderson	Drive, Ste A					
City, State, Zip Code						City, State, Zip C	ode				-0.77	
Hammonton, NJ 08037						West Caldwe	ell, NJ 07006	•				
Project Manager for Monitorin			Te	lephone	No.	Telephone No.		License No.	37-33	em's		
Jim Proctor				609) 70		(973) 808-16	16	00411				
Start Date (10)	Sche	eduled C	- 27	letion Da		Name of OSHA N						
12 / 07 / 1				20 /		Superior Aba	atement, Inc.					
Occupancy Status During Ab		ck only o	ne)			Street Address			27.07			
☐ Facility Closed/Vacated D				ement		(E) (E) (E) (E) (E) (E) (E) (E) (E) (E)	Drive, Ste A					
☐ Abatement Performed Ou					cribe	City, State, Zip C		757				
Time of Abatement:	AMF	PM/	_P	Λ	AM	West Caldwe						
Coope of Work (Chook all the	t apply)		_			West Galant	,				-	-
Scope of Work (Check all that ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	к арріу)	□ Re 図 De	nova moli	ation tion		✓ Mini-End✓ Gloveba	g Procedure	gative Pressure on-Friable Procedure	e			
		Is	Loc	ation			() =		10000	atem	ent T	ype
Location of Asbestos-Containing Mat TO BE ABATE IN Facility (13)		Use Ma Cus	ed So inter todia (12	1	Asbe (i.e., the	Description of the stos Containing Marmal systems insuluded VAT, or other miscelland	aterial (ACM) ation, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	N		-							
1 st and 2 nd Floor - variou					Pipe/Fi			1,221 LF				
1 st and 2 nd Floor through	nout				VAT/Ma	astic		92,026 SF	\boxtimes			닏
1 st and 2 nd Floor					Fire Do	ors		11units				
										Ш	Ш	
Name of Registered Waste F Service Transport Gro				NJDEP Hauler I	D No.	Cubic Yards of Waste 400	Name of Regi					
City, State				SW2	11/	Disposal Date 1/20/2012	City, State Waynesbu	ırgh, OH				
New Castle, DE					-	Chip Presidente Oracleo.	jiioobt	/ / Da	to			
Completed By (Print or Type Nick Petrovski) T	itle Preside	ent			Signature	led M			5-	12)_

State of New Jersey 1108-4353 NOTIFICATION OF ASBESTOS ABATEMENT Check #3700 (Pursuant to N.J.A.C. 8:60 and 12:120)

1108-4353

Date of Notification (1) 1/4/12		Name	e of l	Building	Owner / Operate of Treasury	or (2)		F	1-3			
Agencies Notified Type Notification	1 5	Stree	t Ad	dress	Street Fl. 9			/ (<u>*</u>				
☐ DEP ☐ Initial	95096AC			e & Zip (IJLį J,	AN - 9 20	12	UД	77		
DOL Amended	1070			NJ 08	625	- 1		10	mark			
□ □ DOH □ Emergen □ □ Cancella				Contact pidus		L	100 (00 1.70) 110 - 110 (1.70)		elepho 19-98			er
		FA	CIL	ITY INF	ORMATION	44						
Name of Facility Where Abatement i					Type of Faci		10 10 00 1 1 10 00 00 00 00 00 00 00 00	-				
New Lisbon Developmental Ce Street Address	nter- Health Se	rvic	es t	sullain		pter 8 (Other	than K-12)					
15 Gilbert Street							commercial b	uildings	, hom	es, e	tc.)	
					Square Feet		Floors		lg. Ag			-90000
City (5)	unty (6) Cor	unty	Code	e (7)								
New Lisbon Bu	rlington					27	g demolished	i)				
					Developme					1.00		
Name of Monitoring Firm Hired by Bu Environmental Connection, Inc	• , ,		AS	SCM No	AbateTech	, Inc.	tractor (9)					
Street Address 120 N. Warren Street					Street Addre							
City, State & Zip Code					City, State &					2711	-	
Trenton, NJ 08608					Lumberton							
Project Manager for Monitoring Firm Brian Holbig	Telep 609-3				Telephone N 609-265-21		Lice	nse Nu	mber 0052	9		
Scheduled Start Date (10) Sche	eduled Completio		te (1	1)	Name of OSI EMSL Anal					-		
Occupancy Status During Abatement	(Check only one	;)			Street Addre	SS			4-27-5-5-10	1211-1-1-1		
Facility Closed/Vacated Durin Abatement Performed Outsid			atem	nent	108 Haddo City, State &							
Describe:	e of Normal Hou	115 -			Westmont,							
Facility Occupied During Aba												
Scope of Work (Check all that apply)						☐ Full 0	Containment v	with Ne	ative	Pres	sure	•
≥3 sf or ≥3 lf	\bowtie	Rer	nova	tion		Name and	Enclosure		,			
≥160 sf ≥260 lf		Der	noliti	ion			e Bag Proced					
							Exempted an					
Location of Asbestos-Containing	ls L Norm	ocat		,	Description Asbestos-Cor		Amo (Spe		Aba	tem	ent T	ype
Material (ACM)		olely		1	Material (A		SF or		100.00		щ	m
TO BE ABATED	Maint	enan	ice o		(i.e., thermal s				Rem	Re	ncap	incl
in Facility (13)	Custo	dial (12)	Staff	?	insulation, surfactor or other miscell				Remova	Repair	Encapsulate	Enclosure
(10)	Yes	No	N/A	A	or other miscen	iancous)			-		te	O)
Basement Mechanical Room				As	bestos Windo	w Glazing	160	LF				
7 TO THE RESIDENCE OF THE PROPERTY OF THE PROP												
		H	F						H	님	님	님
The state of the s		H	F		31, 5 2				H	H	H	님
Name of Registered Waste Hauler		IN.J	DEP	Waste	Cubic Yards	Name of R	egistered Lar	ndfill				Ш
AbateTech, Inc.			uler	ID No. 750	of Waste	TRRF La	_					
City, State	II				Disposal Date	City, State	F					
Lumberton, NJ		Tial			1/6/12	Tullytow	1, PA		Dat-			_
Completed By (Print or Type) Gwen Trumbetti		Titl		Coord.	Signature	mt			Date 1/4/1	2		

I an.

18/1	NOTIF (I	ICATION C	of New Jerse OF ASBESTOS NJAC 8:60 ar	ABATEMEN	T	NJ Dept. of Hea	10	Seni	or Ser	vice
Date of Notification (1)	-	Name of 9	wilding Owner/	Doerator (2)		1 1 2 4 5	signatu			
1/5/12		the same of the sa	SPRI			Date:	S Cigar	Time	10	1
Agencies Notified Type Notification EPA Initial Amended Amendment #_		City. State	HLLS1 ALLS1 Tip Code		07657	JAN <u>9</u> 2	012-		111	A TOTAL CHARLES
DOP! justification)	gnibuk	Nama of S	SAEUCI	4-		Jelephone Numb Licensing	31. &		Carbotta de P	
		FACIL	TY INFORMA	TON	pe of Facility (4)		6.1			\dashv
Name of Facility Where Abatement is Taking F SPEUCK Street Address HICLSIAN STA				X	School (K-12) Subchapter 8 (Other than K-12) ate & commercial	puldir	igs, h	omes,	.01
STI HILLSIAN SINC PROPEREN					Juane Feet	# of Floors	.5	g. Ag	ě	
		County C	ode (7)	· · · · · ·	urrent Use (Prior i	f being demolished	i)	-		
County (8) BENGEL		STATE	SE ONLY		16)				_
Name of Monitoring Firm Hired by Building On	vner (8)	ASCM	No.	A. Mac	Abstement Contra Contracting In	ictor (9)				
Street Address					well Road					
City, State, Zip Code				Gien R	e. Zip Code Ock, N.J. 0745					
Project Manager for Monitoring Firm		Telephor	ie No.	1	2-5841	CO156				
Stan Date (#0)	Scheduled (ompletion (Date (11)	Omega		at Services Inc). ——			
Occupancy Status During Abatement (Check				Street Ad	idress Jyler Street					
Pacility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe:	eriod of Aba	tement outs		City, Stat	e, Zip Code nsack, NJ 076	506				
Scope of Work (Check All That Apply) ≥3 sf or ≥3 if ≥150 sf or ≥260 if		ovation notition		NA	Mini-Endosure	at with Negative Pr dure (1) and Non-Friabl	e Proc	rubet	ement	
Location of Asbestos-Containing Material (ACM) TO BE ASATED In Facility	Used Maint Custoo	reation maily Solely by enance/ fial Staff?	(i.e. than	Description 3 Containing Ma mail systems i urfacing, VAT, er miscellane	terial (ACM) nsulation, or	Amount (Specify SF or LF)	Removas	Ropair	Encapsulate	Endosure
(13)	Yes ·	No N/A					ļ	_	no .	
Bourn Rown	1 100	1	P	IPE		124	1	-		_
EDITOR 120			-				+			
	+-+		1				Ĺ			
Name of Registered Wasta Hauler Rovic Transport		NUDEP N Hauler II 20785	1	ubic Yards Waste	IESI PA	Registered Landfill Bethlehem La		l Co	rp.	
City. Stats Riverdale, New Jersey 07457			D	sposal Date	City, State Bethleh	em, PA 18015		,	1	
Completed by R McDonald	Yitle Presid	dent		Signature	Mr. Del		1:/	57/	12	_

1815

							11111	C 15 12 1	147			\supset
Date of Notification (1)				f Building Owner/ 7, Josép	Operator	(2) +4 RC1				<u>. 15</u> .	.	
Agencies Notified Type Notification			Street A	ddress Com L	Y RO	AN		JAN - 9	2012		Ш	
EPA Initial Amended Amendment	#	_	City, Sta	ate, Zip Code	RK	שודי	0705	J				
DOH justification) DCA Cancellatior				f Contact	,		Market and a residence	Telephone Nun	nber	 83.	39	
			FACI	LITY INFORMAT	ION							
Name of Facility Where Abatement is Takir ST. Dos Efit RECTORY Street Address	ig Place (3))				Sc	Facility (4)		')			
216 COMLY RO	mana mananananan					Ott etc	ner (i.e. pri :.)	vate & commercia		dings	, hom	es,
City (5) LIN CO CA PARK		- Parsonia					Feet F OU	# of Floors	E	ا ک	lge 5	
County (6) ESSEX			County (Code (7)		Current		if being demolish	ed)		U	
Name of Monitoring Firm Hired by Building	Owner (8)		ASCN	1 No.			ment Contr tracting					
Street Address		77	1		100000000000000000000000000000000000000	Address Lowell	Road			410		
City, State, Zip Code						state, Zip Rock,	Code N.J. 074	.52				
Project Manager for Monitoring Firm			Telepho	ne No.		none No. 262-58	41	License No 00156).			
StaryDate/(10)	Scheduler	d Con		Date (11)	100000000000000000000000000000000000000	of OSHA ega Env		tal Services In	С.			
Occupancy Status During Abatement (Chec	k Only One)			## NEO-22 Union65604	Address	Ctroot				-10	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norn Other – Describe:					City, S	Huyler :	Code	206				
Scope of Work (Check All That Apply)					Haci	kensacr	k, NJ 076	000	2371170			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	editories	enova emolit			×	Mini-E Glove	Enclosure bag Proce					
	1		-			Non-E	xempted ((*) and Non-Friabl	Pio	1277	ement	t State
Location of		ocati ormal		De	scription	of				Ту	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mair Custo	Sole ntenar odial S (12)	nce/	Asbestos Con (i.e. thermal surfa	taining M	laterial (A s insulatio T, or	CM) n,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
BASENTENT	1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PIP	2/2			220 CF	X	-		
- Ly to course			X					00-				
		- 11000										
Name of Registered Waste Hauler		038508	JDEP Wauler ID		Yards ste /			egistered Landfill	o den	C-		
Rovic Transport		0.00000	0785		/			Bethlehem La	natil	Cor	ρ.	
City, State Riverdale, New Jersey 07457		AND DESCRIPTION OF THE PARTY OF			sal/Date		ity, State Bethlehe	m, PA 18015		_1		
Completed by R. McDonald	lent		·. S	Signature	1-1-		Date	5	10		_	

04096

D&S Proj. #: MS 12-09

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

Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address Subchapter 8 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapter 9 (Other than K-12) Subchapt	-
School (K-12) School (K-12	
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O	
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O	
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O	
School (K-12) Subchapter 8 (Other than K-12) Subchapter 8 (O	10
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 01/14/12 Occupancy Status During Abatement (Check only one) Sched. Completion Date (11) D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-802 00 159 Name of SAB Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-802 00 159 Name of OSAB Monitor D & S Restoration, Inc. Street Address 20 California Ave. City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-802 00 159 Name of OSAB Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-802 00 159 Name of OSAB Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NI 07503 Telephone Number 973-345-802 00 159 Name of OSAB Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NI 07503 Paterson, NI 07503 Full Containment winegative pressure Mini-enclosure City State, Zip Code Paterson, NI 07503 Description of asbestos-containing Manager (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and Non-Friable procedure Non-Exempted (*) and No	
CAROL KENNELLY Street Address Gol BOGERT ROAD County (6) County (7) (State use only) Current Use (Prior if being demolished) Street Address Gol Boger From Hired by Bidg. Owner (8) D & S RESTORATION, INC.	恄
Name of facility where abatement is taking piace (s) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor Describe: Other (Private/Commercial Bidgs. Homes, etc. Square Feet # of Floors Bidg. Ag Current Use (Prior if being demolished) Name of Abatement Contractor (9) D. & S. RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D. & S. Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D. & S. Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D. & S. Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503 Full Containment winegative pressure Mini-enclosure Glovebag procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Non-Exempted (*) and Non-friable procedure Specify SF or 0 a 2 c	-
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Name of Monitoring Firm Hired by Bidg. Owner (8) Project Manager for Monitoring Firm Phone Number Start Date (10) 01/14/12 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Pacific Pac	E n c L
Name of facility where abatement is taking place (s) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 01/14/12 Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Other Prosect Manager for Monitoring Firm Place (City, State, Zip Code Paterson, NJ 07503 Full Containment w/negative pressure	0.0000
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Start Date (10) 01/14/12 Occupancy Status During Abatement (Check only one) Facility closed/wacated during entire period of abatement. Abatement performed outside of normal facility hours- Describe: Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503	
School (K-12) School (K-12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Ag	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Project Manager for Monitoring Firm Phone Number Start Date (10) School (K - 12) Subchapter 8 (Other than K-12) Subchapter 8 (Other (Private)/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bidg. Ag Current Use (Prior if being demolished) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor D & S Restoration, Inc. Street Address	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Phone Number Phone Number Phone Number School (K - 12) Subchapter 8 (Other than K-12) County Code (7) (State use only) Current Use (Prior if being demolished) RIVER EDGE Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Phone Number Project Manager for Monitoring Firm Street Address School (K - 12) Subchapter 8 (Other than K-12) County Code (7) (State use only) Current Use (Prior if being demolished) Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number 973-345-8020 Name of OSHA Monitor	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code City, State, Zip Code City State, Zip Code CAROL KENNELLY Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) County Code (7) (State use only) County Code (7) (State use only) Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503 Telephone Number License Number	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code City, State, Zip Code Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Subchapter 8 (Other than K-12) Square Feet # of Floors Bldg. Ag Current Use (Prior if being demolished) D & S RESTORATION, INC. Street Address 20 California Ave. City, State, Zip Code Paterson, NJ 07503	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bidg. Owner (8) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bidgs./Homes, etc. Square Feet # of Floors Bidg. Ag County Code (7) (State use only) Current Use (Prior if being demolished) Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Avc. City State Zip Code	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) County (6) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Ag County Code (7) (State use only) Current Use (Prior if being demolished) D & S RESTORATION, INC. Street Address	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) RIVER EDGE Name of Monitoring Firm Hired by Bldg. Owner (8) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Ag County Code (7) (State use only) Current Use (Prior if being demolished) Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) County (6) RIVER EDGE BERGEN Name of Monitoring Firm Hired by Bldg. Owner (8) School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Ag Current Use (Prior if being demolished)	_
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) Current Use (Prior if being demolished)	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.) Square Feet # of Floors Bldg. Ag	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address 601 BOGERT ROAD School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc. Square Feet # of Floors Bldg. Ag	
Name of facility where abatement is taking place (3) CAROL KENNELLY Street Address School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial Bldgs./Homes, etc.	
Name of facility where abatement is taking place (3) CAROL KENNELLY School (K - 12) Subchapter 8 (Other than K-12) Other (Private/Commercial	<u>—</u>
Name of facility where abatement is taking place (3) School (K - 12) Subspaces 8 (Other than K-12)	
** *** ACI	
Type of Facility (4)	
CAROL RENNELLY FACILITY INFORMATION	
justification) 201-493-9554	
Emergency (including Name of Contact Telephone Number	
Amendment #: City, State, Zip code	
DEP Amended 601 BOGERT ROAD	
Agencies Notified Type Notification Street Address EPA Initial	
10 11 1/10 14 1/11 12 CAROL KENNELLY	
Date of Notification (1) Name of Building Owner/Operator (2)	

Dans

D&S Proj. #: MS 12-10

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

		-							1		图目	\overline{M}			
Date of Notification	1/1/2		ame of Build			Operator (2)				1101 20	10				
Agencies Notified EPA DEP	Type Notificati Initial Amended		reet Addres 1 RIDGE	TERRA	.CE	3		1 4 2	1	, ()	\$ for				
☑ DOL	Amendment #:		ty, State, Zi		COT IS					Palestanting Littling	- W				
	Emergency (including	1	SHORT I me of Cont		J					Telephone	Number				
□ DOH	justification)	INa						\$1, 10 m mg							
DCA	Cancellation		NANCY							973-714	1-9/30				_
				FAC	ILIT	TY INFORMA	ATION			Type of Facility (4	<u> </u>				
Name of facility w	vhere abatement is	s taking plac	ce (3)								(K - 12)				
NANCY MIG	NON								_	2000	apter 8 (C			12)	
Street Address										Other (Private/C Homes, e	tc.			
1 RIDGE TEI	RRACE				_				_	Square Feet	# of Floo	rs	Blo	lg. A	ge
City (5)		Coun	ty (6)					ity Code (7) e use only)		Current Use (Pr	ior if bein	g dem	olishe	ed)	
SHORT HIL	L	ESS	EX					7. A.						·	
Name of Monitor	ing Firm Hired by I	3ldg. Owne	r (8)		A	ASCM No.		Name of Abate							
			- 40		_		_	D & S REST	TOR	PATION, INC.					
Street Address								20 Californ	ia Δ	ve					
City, State, Zip Co	odo.				_			City, State, Zip							
City, State, Zip Co	ode							Paterson, N							
Project Manager f	or Monitoring Firm	l	Ph	one Numl	ber		-	Telephone Num	nber		License		er		
								973-345-				0159			
Start Date (10)		Sched	. Completic	n Date (1	1)			Name of OSHA D & S Res							
01/19/12		01/27	1/2					Street Address		non, me.					
Occupancy Status	s During Abatemen	nt (Check o	nly one)					20 Californ	ia A	venue	,				
Abatement	ed/vacated during performed outside	of normal t	od of abater acility hour	ment. rs-				City, State, Zip							
	cribe: NORMAL F				_			Paterson, 1	NJ 0	Full Containment v	/seastive	proce	uro		
Scope of Work (>3 sf or >3 >160 sf or 3	KA	y) Renovation Demolition						876		Mini-enclosure Glovebag procedu Non-Exempted (*)	re			edure	
	20011		n normally	used sole	lvl				_	140H-Exempled ()	and Hon	R	R	E	E
Location of asbestos-c		by mainte staff(12)	enance/cus	todial				sbestos-contain	ing	Amount (Specify S	E or	e m	e p	n	n
material (a		1200	No	N/A	-	material ((ACM)			LF)	or Oi	o v	a i	a	L
abatoa III II		Yes	No	INA	4	w.vor	. A CD	ON		120 L FT		e	r		\vdash
BASEMENT			LX_		4	PIPE INSU	LAII	ON		120 L F I		+123	H	H	卄
				#	╬							旨	i	冒	恄
		-		+	#										
				#	+										
Registered Waste	e Hauler		EP Hauler	ID#		bic Yards of	Waste	Name of Regi	stere	ed Landfill	COVE	RV	W - 2010		
D & S RESTO	RATION, INC.	13:	506	Disposal	_	YDS		City, State	WN	I, RESOURCE RI	COVE	K I		-	
City, State PATERSON,	NJ 07503			01/20/				TULLYTO	OWN	N, PA					
Completed by (P		Title			T	Signature			-2000		Date	/10			
BOGDAN JC		PRESID			_			1 - 0 30			01/04	/12	-		
ACD 44		* Do not us	e this form	for asbes	stos	licensure ex	empte	d activities.							

Fax: State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 12-08 (Pursuant to NJAC 8:60 and 12:120) **高声中国到际巨面** of Health & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 10 11 1/10 14 1/11 12 1 HAMMOND RESIDENCE Agencies Notified Type Notification Street Address EPA. Initial Amended 112 UPPER MOUNTAIN AVENUE DEP Amendment #; City, State, Zip Code X DOL **Emorgancy** MONICLAIR, NJ 07042 DOH DOH (Including Name of Contact Justification) elephone Number DCA Cancellation PAM DEVITA 973-296-1709 FACILITY INFORMATION Name of facility where abatement is toking place (3) Type of Facility (4) School (K-12) HAMMOND RESIDENCE . Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial 112 UPPER MOUNTAIN AVENUE Bidgs./Homes, etc. Square Feet # of Floors Bldg. Age County (6) County Code (7) (State use only) Current Use (Prior if being demolished) MONTCLAIR ESSEX Name of Monitoring Firm Hired by Blog. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manages for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Start Date (10) Sched. Completion Date (11) Name of OSHA Monitor D & S Restoration, Inc. 01/06/12 01/16/12 Street Address Occupancy Status During Abatement (Check only one) Facility closed/vacated during entire period of abatement. 20 California Avenue Abatement performed outside of normal facility hours-City, State, Zip Code Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 of or >3 if Renovation Mini-enclosure 1 ≥160 sf or ≥260 if Demolition Glovebag procedure Non-Exempted (*) and Non-friable procedure la location normally used solely Location of asbestos-containing by maintenance/custodial E malerial (acm) to be Description of asbestos-containing staff(12) 0 8 Amount п m n abated in facility (13) material (ACM) P (Specify SF or Ċ YAS 0 C No N/A a a V BASEMENT PIPE INSULATION 240 L FT DASEMENT BUILER X BOILER INSULATION BASEMENT WATER TANK 105 SQ FT X WATER TANK INSULATION 40 SQ FT BASEMENT CRAWL SPACE PIPE INSULATION 14 L FT agistered Waste Hauler NJDEP Hauler 104 Cubic Yards of Waste Name of Registered Landfill D&S RESTORATION, INC. 13506 6 YDS TULLYTOWN, RESOURCE RECOVERY Disposal Date City, State PATERSON, NJ 07503 01/09/12 TULLYTOWN, PA ompleted by (Print or Type) Title Signature BOGDAN JOLDZIC Date PRESIDENT SB-41 Do not use this form for asbestos licensure exempted activities. 01/04/12

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

D&S Proj. #: MS 12-08

								10 B	11 13.0	17 ² 10	<u> </u>		SUI 5-211155	
Date of Notification	n (1)	N	ame of Bui	Iding Own	er/Operator (2)			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	1 17	10				
$ \frac{0}{1} / \frac{0}{14} $	1/12		НАММО	ND RES	IDENCE									
Agencies Notified	Type Notification	on St	reet Addre	ss				JAN -	9 2012	2	91			
☐ EPA	Amended		112 UPP	ER MOU	NTAIN AVI	ENUE								
☐ DEP	Amendment #:	ci	ty, State, Z	Zip Code			l hi	ودداوق (1 Thur	_ i	mentage.			
DOL	Emergency		MONTO	LAIR, N	J 07042		- management and a	LICE	ii.C	X7			7,0	
□ DOH	(including justification)	Na	me of Cor	ntact					Telepho	one Numb	er'			
☐ DCA	Cancellation		PAM DI	EVITA					973-2	96-1709		00/ OS		
				FAC	ILITY INFORM	IATION								
Name of facility w	here abatement is	taking pla	ce (3)					Туре	of Facility	/ (4) ool (K - 1:	2)			
HAMMOND I	RESIDENCE							1 7	=	chapter 8		an K-	12)	
Street Address									Othe	r (Private	/Commer			
	IOUNTAIN AV	ENITIE						Sausi	Bidgi re Feet	s./Homes # of Flo		Blo	lg. Ag	ie
City (5)	IOUNTAINAV	Coun	tv (6)			Cou	nty Code (7)	Oqua	01000	,, 0, 1, 10			J	
City (5)		Joun	., (0)			6.000000	te use only)	Curre	ent Use (Prior if be	eing demo	olishe	d)	
MONTCLAIR	₹ .	ESS	EX								1			
Name of Monitoria	ng Firm Hired by E	Bldg. Owne	r (8)		ASCM No.		Name of Abatemen	it Contract	or (9)		*0			
							D & S RESTOR	RATION	, INC.					
Street Address					······································		Street Address	Thirty Co.						
							20 California A				-	-	-	
City, State, Zip Co	de						City, State, Zip Code							
5 111			Lov	none Numb		_	Paterson, NJ 0			Hicen	se Numb	er		7 100
Project Manager fo	or Monitoring Firm		Pr	ione inumi	bei		973-345-802			Licen	00159			
		IC-b-d	<u> </u>	Deta (1	A	_	Name of OSHA Mo	onitor	-					
Start Date (10)		Sched	. Completion	on Date (1	1)		D & S Restora	tion, Inc						
01/06/12		01/16					Street Address							
Occupancy Status	-			orest character			20 California A							
	ed/vacated during performed outside					1	City, State, Zip Cod	le						
Describe:	ribe: NORMAL H						Paterson, NJ (7503						
							Taterson, 145		taiaman	t w/negati	vo proce	Iro.		
Scope of Work (c		() Renovatio	n.				D.	Mini-end		t willegau	ve piess	uic		
					27.		2	Gloveba	g proce					
≥160 sf or ≥	26011	Demolition		used solal				Non-Ex	empted	(*) and No	n-friable R	Proce	E	1
Location of asbestos-co	ontaining	by mainte	n normally enance/cus			ion of a	asbestos-containing		Amoun	t	е	е	n	E
material (ac	m) to be	staff(12)		1	- material				(Specif		m o	p a	c a	C
abated in fa	cility (13)	Yes	No	N/A					LF)		v e	i	p	L
BASEMENT			X	1	PIPE INSU	ULAT	ION	24	0 L FT		×			
BASEMENT B	OILER		X		BOILER I	NSUL	ATION	10	5 SQ F	Т				
BASEMENT V	VATER TANK		X		WATER T	ANK	INSULATION	40	SQ FT					
BASEMENT CRA	WL SPACE		X		PIPE INSU	JLAT	ION	14	LFT					
]	100 M								
Registered Waste D & S RESTO		NJDI 135	EP Hauler 506		Cubic Yards of 6 YDS	Waste	Name of Registere TULLYTOWN			RECOV	ERY			
City, State				Disposal			City, State						20	
PATERSON, I				01/09/			TULLYTOW	N, PA						
Completed by (Pri		Title PRESID	ENT		Signature					01/0	e 04/12			
ASP 41				for asbes	tos licensure e	xempte	ed activities.		70	101/	J-T/ 12	- 17		

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 1/ Reckitt Benckiser 12 Agencies Notified Type Notification Street Address □ EPA 799 Route 206 **⊠** DOLWD ☐ Amended City, State, Zip Code **⊠** DHSS Amendment # Hillsburough □ DCA ☐ Emergency (including Name of Contact (NJAC 5:23-8) justification) Telephone Number ☐ Cancellation Matt DeCicco 908-533-2008 **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Reckitt Benckiser - Exterior Tanks ☐ School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 799 Route 206 homes, etc.) City (5) Square Feet # of Floors Bldg. Age Hillsborough County (6) County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Somerset Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) **Environmental Connection** BRISTOL ENVIRONMENTAL, INC. Street Address Street Address 120 North Warren St 1123 BEAVER STREET City, State, Zip Code City, State, Zip Code Trenton, NJ 08608 BRISTOL, PA 19007 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Ryan Broadwater 609-392-4200 215-788-6040 00509 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1 / 16 / 12 1 / 18 / 12 BRISTOL ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 1123 BEAVER STREET ☐ Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: 7:00AM-3:30PM/ BRISTOL, PA 19007 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ Renovation ☐ >3 sf or >3 If Mini-Enclosure ≥160 sf or ≥260 lf Demolition ☐ Glovebag Procedure ■ Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Used Solely by Removal Encapsulate Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Maintenance/ TO BE ABATED (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SF or LF) (13)(12)other miscellaneous) Yes N/A No Exterior Tank 9 Endcap 1 П П П Thermal Insulation Mastic Debris 79 SF \boxtimes Exterior Tank 9 Endcap 2 П Thermal Insulation Mastic 79 SF M П Exterior Tank 10 Endcap 1 Thermal Insulation Mastic 79 SF M Exterior Tank 10 Endcap 2 П Thermal Insulation Mastic 79 SF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Name of Registered Landfill Hauler ID No. Waste SERVICE TRANSPORT GROUP, INC. MINERVA LANDFILL 20990 12 Cu Yds City, State Disposal Date City, State NEW CASTLE, DE 19720 1/18/12 WAYNESBURG, OH 44688

ASR-41 MAY 11 GI 12004

Gino Pizzigoni

Completed By (Print or Type)

Title

Estimator

Signature

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

GHECK #34639 SERVICES INC.

Date of Notification (1	1/6/12			Name (of Building	Owner/Operator	Mr. John G	ee	a li	19	Ha.	-11
Agencies Notified	Type Notification		1	Street	Address		1246 River R	oad JAN	_ 9	2012)	
EPA DEP DOL	Initial Amended Amendment #		-	City, St	ate, Zip C	ode	itusville, NJ/0	3				1
M DOH □ DCA	☐ Emergency (including justification) ☐ Cancellation	cluding		Name	of Contact		itusvine, Na	Telephone Numi			0	
	1	w 3 7		FAC		ORMATION						
Name of Facility Whe	re Abatement is Taking	Place	(3)				Type of Facility					
Street Address		dence					Other (i.e.,	8 (Other than K-12 private & commerci	2) al build	dings,		
	1246 Ri	ver R	oad				homes, etc	# of Floors	BI	dg. A	ge	
City (5)	- Titu	sville	;									_
County (6)	Mercer				ty Code (7	7) (STATE	Current Use (P	rior if being demoli Residence	shed)			
	irm Hired by Building C	Owner	T	ASCM I	No.		ment Contractor (S	9) mental Servic	es. In	ıc.		
(8) Street Address	MECS	-		-		Street Address		montar Scryre	, 11			
Street Address	P.O. Box 34	1						Box 322				_
City, State, Zip Code	Crosswicks, NJ (18515				City, State, Zip	Code Allentow	n, NJ 08501				
Project Manager for I		70212		phone I	No.	Telephone No.		License No.				
William	Weisgarber Jr.		(60	9) 298	8-4070		59-9688		0493	3		=
Start Date (10)			omple /20/	tion Dat	te (11)	Name of OSHA		MECS				
1/16/12 Occupancy Status D	uring Abatement (Che	ck only	one)			Street Address		Doy 241				
Abatement Perfor	rmed Outside of Norma	riod of I Facilit	Abate y Hou	ment rs		City, State, Zip	Code	Box 341 ks, NJ 08515			_	
Scope of Work (Che	8 am-4:30 pm											_
≥3 sf or ≥3 lf ≥160 sf or ≥260 l			enovat emolitic			Mini-Er	ontainment with Nonclosure oag Procedure exempted (*) and N	egative Pressure Ion-Friable Procedu	ıre	1		
			_ocatio							Abate Typ		2000
Locati Asbestos-Containi <u>TO BE A</u> IN Fa (1)	ABATED acility	Used Mair Cu	I Solel ntenar ustodia Staff? (12)	y by nce/ al	Asbes (i.e.	Description of tos Containing Ma thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, Γ, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	
	9)	Yes	No	N/A							ate	1 2
pool	area			×	S	pray-on firep	roofing	810 SF			×	
Name of Registered	Waste Hauler			NUDEP Y		Cubic Yards		gistered Landfill	1_	<u> </u>		
	onmental Service	s, Inc	<u>.</u>	Hauler II 182	292	of Waste 1/2 CU		T.R.R.F., Inc. I	Land	fill		_
City, State	Allentown, l	V.J				Disposal Date	City, State	Tullytown,	PA			
Completed By	Stevens Title	9	rojec	t Mar	nager	Signature	M	Date		/12		

Date of Notification (1) 1/4/2012				Name of Building Owner/Operator (2) Walmart Super Center												
	Type Notification Initial				Street Address 4900 US Highway 9								3,420]			
X DEP X DOL	Amended Amendment #_ Emergency (including			City, State, Zip Code Howell,NJ						<u>JAN</u>	- 1 - 2	2012	100)		
Ď DOH DCA	justification Cancellation		9	Name of Contact Mark Stewart				732-433-3741								
				FAC	ILITY IN	FORMATI	ON	-	Les ententaments	aramena ar	See All Sud- No Sugar	<u></u>		<u></u>		
Name of Facility Where Abatement is Taking Place (3) Wal Mart Super Center					FACILITY INFORMATION				Type of Facility (4)							
Street Address 4900 US Highway 9					-				School (K-12) Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes,							
City (5) Howell	77.5					-		Squa	etc.) are Feet	# of	Floors	1	3ldg.	Age		
County (6) Monmouth				County (STATE			Current Use (Prior if being demolished)									
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No.			Name of Abatement Contractor (9) Site Contractors, Inc.									
Street Address				Str			Street	eet Address 5 12th. Street								
City, State, Zip Code					City,			, State, Zip Code mmonton, NJ 08037								
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 609-567-1250				License No. 00839					
Start Date (10) Scheduled Co 1/16/2012 1/20/2012				ompletion Date (11)			Name of OSHA Monitor West Chester Environmental									
Occupancy Status During A	Abatement (Chec	k Only O	ne)				Street	Addre	ss			N. Paris			4000	
Facility Closed/Vacated During Entire Period of Abatem					nent			307 N. Walnut St.								
Abatement Performed Outside of Normal Facility Hould Other – Describe:				S			City, State, Zip Code West Chester,Pa.									
Scope of Work (Check All T	hat Apply)															
≥3 sf or ≥3 lf								Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
Is Loca				77.77.00			E Non-Exempt			() and	Abatement Type					
TO BE ABATED			Normally Used Solely by Maintenance/ Custodial Staff? (12)			Asbestos Containing M			faterial (ACM) s insulation. T, or		Amount (Specify SF or LF)		Repair	Encapsulate	Enclosure	
D. (Yes	No	N/A										ite	е	
Roof				X	x Roof			f Flashing			00 If	x				
						Cubic Y	Cubic Yards f Waste		Name of F							
City, State				2131		Disposa		-	Grows L City, State				7200			
Hammonton,NJ Completed by		1 7.0				1/20/2	012		Tullytow					2		
Joan Giordano Title Administr			nistra	ator			gnature	Date 1/4/2012								
ASB-41 (R-06-08)						6	Do not	use t	is form for	asbesto	s licensure	exem	pted	activit	ies.	