Ct 29882

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60-7 and 12:-120-7)

			(Pui	suant to NJ	AC 8:60-7 and 1	2:-120-7	7)			PF/	en pas	e.
Date of Notification (1) 01/08/13	50.0				Building Owner/O University	Operato	r (2)	2	0/3	PE,	i i	75,
Month/Day/Year	latiCastic		_	Street Add	drace				_	UHN I	1 P	1 2.
	Notification Initial			P.O. box 2		*		5	· Page		• 1	1 4:
DEP x		i ficatio	2 1		e, Zip Code				o o	716	/ / · · · · · · · · · · · · · · · · · ·	
DCA	Amen				NJ 08543				Q.	LICE	Marin	110
DOH	Noti	fication	n	Name of C	Contact			Telephon	e Nu	mber	114	U
	Cance	ellation		Robert Ot	tego							
		*		FACILI	TY INFORMAT	ION				·		
Name of Facility Where Abatement is Princeton University 169 Nassau S		ace (3)					y (4) ol (K12) napter 8 (O	ther	than Ki	12)	
Street Address							x Other	(i. e. Priva	te &	comme	rcial	
169 Nassau Street								dings, home		- Inches		
							Square Feet	# of Floor	·s	Bldg.	\ge	
City (5) Princeton	Coun	ty (6)			County Code (STATE USE ONLY		Current Use (P University	rior if being	den	50+ nolished)	
Name of Monitoring Firm Hired by F Pennoni Associates Inc	Building Or	wner (8)		ASCM No.		of Abatement Co)			
Street Address							t Address		_			
515 Grove Street Suite 1B						98 La	Crue Avenue					
City, State, Zip Code Haddon Heights NJ					i a de la companione de	Glen	State, Zip Code Mills, PA 19342					
Project Manager of Monitoring Firm Alan Lloyd		Telephone 856-547-0		11 -	ohone Number 664-9622			Licence 1103	e Numb	er		
Scheduled Start Date (10)		Sched	. Con	pletion Date	e (11)	Name	e of OSHA Monito	r	11/10/2			
01/28/13				03/08/13		Crite	rion Labs					
Month/Day/Year	(6)			onth/Day/Ye	ar	Channe	t Address		_			
Occupancy Status During Abatement Facility Closed/Vacated Durin	(Check or	lly one) of Ab	atement			Progresive Drive					
x Abatement Performed Outside				atement			State, Zip Code					
Hours - Describe: 1:00 I						11 700	alem PA 19020					
Other - Describe:					- 20							
Scope of work (Check all that apply)						11	Full Containme	ent with Neg	ative	Pressu	re	
Demolition			x	Renovatio	n	x	Mini - Enclosu					
x > 3 sf or > 3 if						x	Glovebag Proc	edure				
>160 sf or >260 lf							Non-Friable Pi	rocedure				
<u> </u>		Is							Ab	atement	Туре	
Location of	Loc	cation			cription of				landi		E	E
Asbestos - Containing	1	mally			tos-Containing		Amou	2332	R	_	N	N
Material (ACM)		sed		7,000	erial (ACM)		(Speci		E M	R	C	C
TO BE ABATED	550000	lely			hermal systems	г	LF)		O	P	P	o
In Facility	100	Main- ance/			n, surfacing, VAT r miscellaneous)		Lr)		v	A	s	s
(13)	2 6	todial		or other	i miscenaneous)		100		À	l î	Ü	Ü
		ff (12)							L	R	L	R
	Yes		N/A									E
1st and 2nd fl throughout-core drilling	g	x		plaster/dr			4 SF	х				
1st and 2nd fl throughout x				plaster/dr	ywali		2 SF	х				
1st floor		х		pipe insul	ation		6 LF	x		-		
N CD J. J. J. W II I			NID	EP Waste	Cubic Yards		Name of Regis	tered Lands	11			L
Name of Registered Waste Hauler Horizon Disposal				er ID No.	of Waste		GROWS	cica Danui				
					Disposal Date		City, State		00 II	-	-	
City, State Trenton NJ					As needed		Morrisville PA					
Completed By (Print or Type) Tit Pro				ct Manager		Signa	Jan Ses	han			Date /-/	073

ABS-41

JUN 95



								FFG	My pos		
Date of Notification (1)					uilding Owner/C	perato	r (2)			V Jana	n
01/08/13				Princeton	University			2013 _{JAN}	8	1412	tor
Month/Day/Year	N. 1100		-					JAM	4	Dia 2	
	oe Notificati x Initi			Street Add P.O. box 2				S. Jura		11 5:	58
EPA DEP		ai tificati	on		e, Zip Code			200 9 m	5 0	31	
DCA	77.00	nded	011	Princeton 1				& L10	FW.	#TA	UI
DOH		ificati	on	Name of C			T	elenhone Nu	mber	140	
	Can	cellatio	on	Robert Oto	ego						
				FACILIT	TY INFORMAT	ION					()×
Name of Facility Where Abatemen	t is Taking I	Place (3)				Type of Facility (4)				
Princeton University 163 Nassa							School (K12)			
								r 8 (Other			
Street Address								e. Private & s, homes, etc		rcial	
163 Nassau Street								of Floors	Bldg.	Age	
City (5)	Cou	nty (6)		County Code	(7)	10000	3	50+	·gc	
Princeton		5 (-	'		(STATE USE ONLY		Current Use (Prior	if being den	olished)	
							University	V = C = C 1 V 2 - K 1			
Name of Monitoring Firm Hired b	y Building C)wner	(8)		ASCM No.		of Abatement Contra				
Pennoni Associates Inc		-1-1-1500000				Assoc	iated Specialty Contra	ecting			
Street Address 515 Grove Street Suite 1B							t Address Crue Avenue				
		-	-0			-					
City, State, Zip Code Haddon Heights NJ							State, Zip Code Mills, PA 19342				
Project Manager of Monitoring Fi						Telep	hone Number		Liceno	e Numb	er
Alan Lloyd						610-3	64-9622		1103		
Scheduled Start Date (10)		Sche	d. Con	npletion Date	(11)	Name	of OSHA Monitor				
01/28/13				03/08/13		Crite	rion Labs				
Month/Day/Year		<u> </u>		onth/Day/Yea	ar	0			-		
Occupancy Status During Abateme Facility Closed/Vacated Du				atament			t Address Progresive Drive				
x Abatement Performed Out				atement			State, Zip Code				
Hours - Describe: 1:0			Lilly			1000000	lem PA 19020				
Other - Describe:					_						
Scope of work (Check all that appl	v)					Щ	Full Containment w	ith Negative	Pressu	re	
Demolition	,,		x	Renovation	n	x	Mini - Enclosure	•			
x > 3 sf or > 3 if						x	Glovebag Procedur	e			
>160 sf or >260 lf							Non-Friable Proceed	lure			
The same state of the same sta		Is					T	Ab	atemen	Туре	
Location of	Lo	cation		1 22 22 23	cription of					E	E
Asbestos - Containing		rmally	7		os-Containing		Amount	R		N	N
Material (ACM)		sed			rial (ACM)		(Specify	E	R	C	C
TO BE ABATED		olely			ermal systems		SF or	M	E	A	L
In Facility		Main			, surfacing, VAT	•	LF)	O V	P	P	O S
(13)	100	nance/ stodia		or other	miscellaneous)		3	A	I	U	U
	1 3555	stodia ff (12)						L	R	L	R
		No	N/A							"	E
1st and 2nd fl throughout-core dri		x	11112	plaster/dry	wall		4 SF	x			
1st and 2nd fl throughout				plaster/dry	wall		40 SF	x			
								x	-		
Production of the Control of the Con		-	-					- x	-	-	-
Name of Degistered Wests II.		<u></u>	NID	ED Wast-	Cubic Yards		Name of Registered				L
Name of Registered Waste Hauler			Designation of	EP Waste er ID No.	of Waste		Name of Registered	Lanulli			
Horizon Disposal	14						GROWS				
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA	No.			
						C:				Deta	
Completed By (Print or Type) Mark Goshow			Title	ct Manager		2)gna	My Millon	han	74	Date /	0-13

CK 271/3225

376326)	NO			OF ASB to NJAC				Т	i	REO	i ico	/1/	fine,	·	
Date of Notification (1) 1-10-13				Name of PSEG	f Building	Owner/0	Operator	(2)		2013	JAN I	,	. 0	=1	Ĵ	
	Notification Initial		- 3	Street Ad 4000 F	^{ddress} Hadley F	Road				egy.	S. >		PM	2: {	8	
X DEP X DOL	Amended Amendment # <u>01</u>				te, Zip Co Plainfie		w Jerse	ey 0	7080	હ	LICEA	0; (5)	NA	THE	Ĺ	
X DOH	Emergency (inclu justification) Cancellation	uding	- 1 '	Name of Rich H	Contact loarle					Tele	nhone M		er er	7. 		
				FACII	LITY INFO	ORMAT	ION			-						
Name of Facility Where Abaten McCarter Switching Stati Street Address		ace (3)						Тур	School (K- Subchapter	12)	r than K	12\				
33 Littleton Avenue								×	Other (i.e. p				build	lings,	home	es,
City (5) Newark, New Jersey 071	07				V'				uare Feet 0,000	# of 5	Floors		10000	ldg. A 5 ye:		
County (6) Essex	10				Code (7) JSE ONLY		_		rent Use (Pri ot in use	or if bein	g demoli	she	d)			
Name of Monitoring Firm Hired CNS Management	by Building Own	er (8)		ASCM	l No.				patement Cor by Group Ir		(9)		7	10		
Street Address 208 Newtown Road	51	***					Street 3000		ress rns Avenu	e	,					
City, State, Zip Code Plainview, NY 11803							CDCI 050977		Zip Code NY 11790	3						
Project Manager for Monitoring Michael Nolan	Firm			Telephor 917-29	ne No. 19-7122		Teleph 516-		No. -0020		License 01085	No.			-	
Start Date (10) 1-14-13		eduled (Com	pletion [Date (11)		225		SHA Monitor y Group Ir							
Occupancy Status During Abate	ement (Check On	lly One)		3	100 718 600		Street		17.77					10		
Facility Closed/Vacated Do Abatement Performed Out Other – Describe: Facility	side of Normal F	acility Ho	ours		су		City, S	tate,	rns Avenue Zip Code n, NY 1179							
Scope of Work (Check All That	Apply)						11411	iug.	.,				-	100		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	<u> </u>	Ren Dem	0.00000				× × ×	N G	full Containm Mini-Enclosure Blovebag Pro- Ion-Exempte	e cedure					е	
		Is Lo	-												ment pe	
Location of Asbestos-Containing Materi TO BE ABATED In Facility (13)			olel nan al S 2)	y by ce/ taff?		tos Con thermal surfa	scription taining M systems cing, VA niscellar	fateri s insu T, or	4	(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
Diagon and attach		es N	lo	N/A		<u> </u>	A41==1	!		C A	l	, ,	_			
Please see attach	ea			X		See	Attach	nea		See A	ttached	1 2	2			
						×						+			- 6	
Name of Registered Waste Hau	ler		1000000	IDEP W			Yards		Name of	Register	ed Landf	ill				
Horwith Trucks Inc.				auler ID I 227	No.	of Wa 400			Minerva		prises					-
City, State Northampton, PA 18067	- G			17	6-30-	/) /	1	City, Stat Wayne	sburg (OH	1		U		1	
Completed by Robert Lewin	0.00	itle nviron	mei	ntal Co	ordinate		Signature	0	Zun			ate -10)-13	3		

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT

(PURSUANT TO NJAC 8:60-7 AND 12:120-7 Date of Notification (1) Name of Building Owner / Operator (2) 01 13 HOFFMAN LAROCHE Street Address Type of Notification Agencies Notified 340 KINGSLAND AVENUE **EPA** Initial City, State, Zip Code 17 DEP Amended NUTLEY, NJ 07110 Name of Contact 7 DOH Amendment # [7] DOL Emergency w/ justification BEHRAM ARANI Cancellation **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) HOFFMAN LAROCHE - BLDG 85 School (K-12) Street Address Subchapter 8 (Other than K-12) 340 KINGSLAND AVENUE Other (I.e., private & cmmercial 1 bldgs., homes, etc.) City (5) County (6) County Code (7) # Of Floors Square Feet **Building Age** NUTLEY **ESSEX** 155,000 40+ Current Use (Prior if being demolished) OFFICE/RESEARCH Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM NO Name of Abatement Contractor (9) TRC LVI Environmental Services Inc. Street Address Street Address 1430 BROADWAY City, State, Zip Code 462 Getty Avenue NEW YORK, NY 10018 City, State, Zip Code Project Mngr. For Monitoring Firm Telephone Number EDWARD GERDTS 212-221-8014 Clifton, NJ 07011 Sched. Completetion Date (11) Telephone Number License Number 13 05 13 973-772-3660 00117 Occupancy Status During Abatement (Check Only 1) Name of OSHA Monitor Facility Closed/Vacated During Entire Period of LVI Environmental Services Inc. Abatement Street Address Abatement Performed Outside of Normal Facility Hours - Describe: 462 Getty Avenue 1 Other - Describe: MON-FRI City, State, Zip Code 7:00AM-3:00PM Clifton, NJ 07011 Scope of Work (Check All That Apply) Demolition 1 Renovation Full Containment with Negative Pressure >3sf or >3lf Mini - Enclosure 7 ≥160 sf or ≥260 If Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure 1 Location of Is Description of Abatement Type **Asbestos Containing** Location Asbestos - Containing R Material (ACM) Normally Material (ACM) Amount E R N TO BE ABATED Used (I.e., thermal systems (Specify M E C C in Facility Solely insulation, surfacing, VAT, 0 P SF or LF) (13)by Mainor other miscellaneous) V P Ю A tenance/ S A 1 S Custodial R U U Staff (12) YES NO N/A **BUILDING 85** WATERPROOFING TAR 45.66 CF V Name of Registered Waste Hauler NJDEP Waste Cubic Name of Registered Landfill EPIC TRANSPORTATION Hauler ID No. Yards LONE MOUNTAIN of Waste City, State Disposal City. State 319 AVE P NEWARK, NJ 07105-4800 Date WAYNOKA, OK 73860 Completed by (Print or Type) Title STEVE STILES PROJECT MANAGER 01/10/13

ASB-41

CK \$ 25027

Date of Notification (1)	/9/13			Nam	ne of Buildi	ng Owner/Operato	r (2) r. Geoffrey R	olland				
Agencies Notified	Type Notificati	on		Stre	et Address		1. Ocollicy N	Onanu			_	
⊠ EPA	Initial		í				1 Morgan Av	enue	r	3	, <	274
DEP	Amended Amendmen	nt #		City,	State, Zip			i i	i.	w		1
	☐ Emergency	(includir	ng				ilton Twp., N	IJ 08619		III		3
M DOH ☐ DCA	justification Cancellation			Nam	e of Conta		a	Telephone Nur	nber	\leq		1
			•	<u></u>		offrey Rollan	<u>u</u>					<u></u>
Name of Facility Where	Abatement is Ta	king Plac	o (3)	FA	ACILITY IN	FORMATION	Type of Facility		2,00	-	Z.	1
Traine or Facility vinere		esiden					Type of Facility School (K-1)			t	5	1
Street Address		Diadin		-			Subchapter	8 (Other than K-	12)	j	5	
	21 Mo	rgan A	venu	ıe		We will be a second of the sec	Other (i.e., p homes, etc.	rivate & commer	cial bu	ilding	S,	
City (5)				23			Square Feet	# of Floors	E	Bldg.	Age	_
	Hamil	ton Tw	/p., N				1500	2	_ _		70	
County (6)	lercer .				inty Code (E ONLY)	7) (STATE	Current Use (Pr	ior if being demo Residence		ĺį.		
Name of Monitoring Firm	Hired by Buildin	g Owner	$=$ $_{I}$	ASCN	1 No.	Name of Abaten	nent Contractor (9					_
	MECS					Stev	ens Environr	nental Service	es, I	nc.		
Street Address	DO D	4.1				Street Address						
City, State, Zip Code	PO Box 3	41						322 Sox 322				_
	osswicks, N	J 0851	5			City, State, Zip C		n, NJ 08501				
Project Manager for Mon			1	ephone		Telephone No.		License No.				_
	eisgarber Jr.		_		08-4070	(609) 25			0049	3		
Start Date (10)	Sch	neduled (ate (11)	Name of OSHA		ECC				
1/18/13 Occupancy Status Durin	g Abatement (Cl		1/21/	13		Street Address	IVI	ECS				
☐ Facility Closed/Vacate	경영 지원들이 생각하면 보고 있었다. 현대의			ment		Street Address	РО В	ox 341				
☐ Abatement Performed	Outside of Norm	nal Facili				City, State, Zip C						_
Other - Describe: 8	AM - 4:30P	<u>M</u>						s, NJ 08515				
Scope of Work (Check a	ll that apply)					ПЕЛО						
≥ 3 sf or ≥3 lf			enovat			Mini-End	tainment with Neg closure	jative Pressure				
≥160 sf or ≥260 lf			emolitic	n		Gloveba	g Procedure empted (*) and Nor	n-Friable Procedu	ıre			
			Locatio			TIVOIPEX	impled () and Nor	I-I Hable Floced		Abate	ment	
. Location o	f		omally Solel			Description of	- 1			Тур		
Asbestos-Containing M	laterial (ACM)	Maii	ntenan	ce/		os Containing Mate	erial (ACM)	Amount			т	m
TO BE ABAT IN Facility	ED	777.0	ustodia Staff?	al	(i.e.,	thermal systems in surfacing, VAT,		(Specify SF or LF)	Removal	Repair	nca	nclo
(13)			(12)			other miscellaneo	us)	or or Er)	oval	=	Encapsulate	Enclosure
		Yes	No	N/A							ate	"
Crawl Spa	ace			×	The	ermal Pipe Ins	ulation	45 lf	×			
											\neg	\neg
								Manager and the second second				
												\neg
Name of Registered Was			L	JDEP \ auler IE	Spiciol Comment	Cubic Yards of Waste	Name of Regist	reced Landfill				
Stevens Environm	nental Servic	es Inc.	_		292	1 CU		T.R.R.F., I	ıc.	1		
City, State	Allentown,	NI				Disposal Date	City, State	T-11-4	D.A			
Completed By	Tit					1/21/13 Signature /	4-4-	Tullytown,	rA	_		=
Mahlon E. Stev			oject	Man	ager		//		1/9/	13		
SB-41 IAR 00	* [Do not u	se this	form t	for asbesto	s licensure exemp	oted activities.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

02932	1		ICATI	ON OF AS	ew Jersey BESTOS ABATE 8:60 and 12:12		2013 144	10!		Title Free	
Date of Notification (1) 01/08/2013					ng Owner/Operator		ZUI3 JAN I	Y.	•	-6	
Agencies Notified Type Noti			Stre	et Address 55 US H			2013 JAN 11	P ₁	72	: 58	
Emerg	ded dment #_ jency (includii	ng		, State, Zip d Bridge,	Code NJ 08857		11/2-1		1750	O.	
DOH justific	cation) llation			ne of Conta nadette Po			Telephone Num	ber	-	OD	
			FA	ACILITY IN	FORMATION					4	
Name of Facility Where Abatement Apartments Bldg. Street Address 6 Butternut St	s Taking Plac	e (3)					12) r 8 (Other than K-1 private & commerci		ilding	S,	
Old Bridge,						Square Feet 2000 SF	# of Floors	11 3	Bldg. 50+	Age	
County (6) Middlesex				unty Code E ONLY)	(7) (STATE	Apartments	Prior if being demoli Bldg.	shed)			
Name of Monitoring Firm Hired by Bi (8) N/A	uilding Owner		ASCN	No.	Name of Abatem DIA Genera	ent Contractor (Constructio	70. 5				
Street Address					Street Address 1360 Clifton,	Avenue, PM	B Suite 218				
City, State, Zip Code				***************************************	City, State, Zip C Clifton, NJ 0	ode					
Project Manager for Monitoring Firm		Tele	phone	No.	Telephone No. 973-389-008	39	License No00693				
Start Date (10) 01/18/2013	Scheduled 0 01/19/20		tion D	ate (11)	Name of OSHA N		n, Inc.				
Occupancy Status During Abatemen	A TOTAL CONTINUES CONTINUES OF THE	100-20-00 A - 1			Street Address						
					1360 Clifton, City, State, Zip Co Clifton, NJ 07	ode	IB Suite 218				=
Scope of Work (Check all that apply) >3 sf or >3 If >160 sf or >260 If	⊠ R€	enovatio emoli			Full Con Mini-End Govebag	tainment with Ne losure g Procedure	egative Pressure	dure			
Location of	N-	Location ormally Solely			Description of				Abate Ty	ment pe	t
Asbestos-Containing Material (ACM TO BE ABATED IN Facility (13)	Mair Cu	ntenandustodial staff? (12)	ce/		os Containing Mate thermal systems in surfacing, VAT, other miscellaneon	sulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Crawl Space	Yes	No	N/A X	Pipe/Ell	oow Insulation		120 LF	X			
									_		
Name of Registered Waste Hauler		NI NI	IDEP	Waste I	Cubic Yards	Name of Regi	stered Landfill				
Service Transport Group			uler IC 0970		of Waste	Minerva La					
City, State New Castle, DE	- A		7		01/19/2013	City, State Waynesbur	g, OH 44688				
Completed By Krutarth Jagad	Title President				Signature	m	Date 01/19/2	013			

B & G Proj # 2013-04

Check	#	57	10

Date of Notification (1) 01/08/2013			· E	ame of B	illis	wner/Oper	ato 2673 J	WIL	PH :			-		
- 1_	e Notification		3	street Add	dress Istone D	rive								
EPA DEP DOL	Initial Amended Amendment				, Zip Cod ny, NJ C		& L	ICENS!	WT/ WG	₹ØL				
DOH DCA	Emergency (justification) Cancellation			lame of 0					Tele	phone Num	ber			
				FACIL	TY INFO	RMATION	I Type (of Facility (4	3					
Name of Facility Where Abat Brent Billis Street Address	ement is Takin	g Place (3)			6 N			School (K-12 Subchapter 8 Other (i.e. pr	2) R (Othe	er than K-12	!)	inas I	nome	ae .
30 Fieldstone Drive					780 D 41	الرسوي	- e	tc.)				dg. Ag		
City (5) Whippany, NJ 07981								e Feet		Floors		ug. A		
County (6)	i.			County C STATE U	ode (7) SE ONLY)			nt Use (Prio I ential	ir it bei	ng demonsi	icu)			
Morris Name of Monitoring Firm Hir	ed by Building	Owner (8)		ASCM	No.		ame of Abat			(9)				
n/a	ou by bananing						3 & G Res		Inc.					_
Street Address						1	treet Addres 05 Ryers	on Road						
City, State, Zip Code	27/				*-1	L	ity, State, Zi incoln Pa	rk, NJ 07	035					
Project Manager for Monitori	ng Firm			Telephon	e No.	9	elephone No 973-696-6	869		License N 00378	0.			
Start Date (10) 01/18/2013		Schedule 01/19/2		pletion D	ate (11)	. E	lame of OSI 3 & G Res	toration,	Inc.					
Occupancy Status During Al	oatement (Che	ck Only On	e)				treet Addres							
Facility Closed/Vacated Abatement Performed Other – Describe:	During Entire Outside of Nor	Period of A mal Facility	batem Hours	ent		C	City, State, Z Lincoln Pa	ip Code	035					
Scope of Work (Check All Ti ≥3 sf or ≥3 if ≥160 sf or ≥260 if	nat Apply)		enovat emoliti				Mir Glo	I Containme ni-Enclosure ovebag Prod n friab	e cedure		Pressui	re		
			Location	PSSC ALL					÷:00			Abate Ty	emen pe	t
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> In Facility (13)	aterial (ACM) ED	Use Ma	lormali d Solel intenar odial S (12)	ly by nce/	Asbest (i.e.	os Contair thermal sy surfacin	ription of ning Material estems insula g, VAT, or cellaneous)	ation,	(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						40 sf	x			-
garage				X			sulation			40 st 20 sf	X	-		+
furnace roo				X			o mastic)			10 sf	X			+
basement	<u> </u>	-		X		VAI (n	o mastic)			10 31	1	-		+
Name of Registered Waste B & G Restoration, Inc.		* .	Н	JDEP W lauler ID 9563		Cubic Ya of Waste 1		Tullytov	w Res	ered Landfi source &		ery	Cen	ter
City, State Lincoln Park, NJ	ý.					Disposal 01/21/2	2013	City, Stat					2 2012	
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Mall to: NJDEP-DSHW-BRRTP 401 E. State St., PO 414 Tranton, NJ 08625-0414

Telephone 609-954-6620

C:IWORDWYDOCS\ASBESTOS 9/18/00

NOTIFICATION OF ASBESTOS ABATEMENT Check# 1547 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 08 Kevin Ferguson Agencies Notified Type Notification Street Address **EPA** X Initial 15 Pine Tree Drive **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # Colonia, NJ 07067 ☐ DCA Emergency (including (NJAC 5:23-8) justification) Name of Contact Cancellation Kevin Ferguson **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings, Private house Street Address 15 Pine Tree Drive homes, etc.) City (5) Square Feet # of Floors Bidg. Age Colonia, NJ 07067 County (6) County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Middlesex Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 01 / 19 / 13 01 / 21 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: AM- PM/ PM_ Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination Full Containment with Negative Pressure >3 sf or >3 If > 160 sf or >260 If Renovation Mini-Enclosure Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Type Normally Location of Description of Asbestos-Containing Material (ACM) Used Solely by Repair Encapsulate Asbestos Containing Material (ACM) Remova Enclosure TO BE ABATED Amount Maintenance/ (i.e., thermal systems insulation, (Specify Custodial Staff? IN Facility surfacing, VAT, or SIF or LF) (12)(13)other miscellaneous) Yes No N/A Garage \boxtimes Transite panels X 350 SF **** 75 H П Name of Registered Waste Hauler NUDER Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City, State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA* Completed By (Print or Type) Title Signatur Date N.Jevtic Owner 01/08/13 ASR-41

State of New Jersey

MAY 11

CK 23546

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8: 60 and 12: 120-) Date of Notification (1) Name of Building Owner/Operator (2) Jessica Buckley Agencies Notified Street Address [X] EPA 10 Collinwood Road 11 DEP [X] Initial City, State, Zip Code [X] DOL Maplewood NJ 07040 [] Amended Amendment # [X] DOH Emergency (including Name of Contact Justification) [] DCA [] Cancellation Jessica Buckley FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) Street Address Subchapter 8 (Other than K-12) [] Other (i.e., private & commercial [X] 10 Collinwood road buildings, homes, etc.) City (5) County (6) County Code (7) Square Feet # of Floors Bldg. Age (STATE USE ONLY) Current Use (Prior if being demolished) Maplewood Essex Name of Monitoring Firm Hired by Building Owner (8) ASCM Name of Abatement Contractor (9) Enviro Vision Consultants, Inc. J.R. Contracting & Environmental Consulting, Inc. Street Address Street Address 20-21 Wagaraw Road, Bldg. #34A 1141 Route 23 City, State, Zip Code Fairlawn NJ 07410 Wayne NJ 07470 Project Manager for Monitoring Firm Telephone Number Telephone Number License No. Willie Morales 973-636-9145 973 628-9500 00408 Scheduled State Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 2 8 / 0 1 2 9 Enviro Vision Consultants, Inc. 1 Year Day Month Day Year Occupancy Status During Abatement (Check only one) Street Address [X] Facility Closed/Vacated During Entire Period 20-21 Wagaraw Road, Bldg. #34A of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code 11 Fairlawn NJ 07410 Other - Describe: Scope of Work (Check all that apply) Full Containment With Negative Pressure [X] Renovation Mini-Enclosure ≥ 3 sf or ≥ 3 If [] Demolition [X] Glovebag Procedure ≥ 160 sf or ≥ 260 lf Non-Exemted (*) and Non-Friable Procedure Abatement Type Is E E Location Description of R N N Location of Normally Asbestos-Containing E C R C Amount Asbestos - Containing M O Used Material (ACM) (Specify E L Material (ACM) Solely by (i.e., thermal systems SF or LF) 0 TO BE ABATED V Maintenance / insulation, surfacing, VAT, A S in Facility (13) Custodial or other miscellaneous) A U U Staff (12) L R R Yes No N/A Basement 220 LF X pipe insulation Name of Registered Landfill Name of Registered Waste Hauler NJDEP Waste Cubic Yards of Waste J.R. Contracting & Environmental Consulting, Inc. 17819 G.R.O.W.S City, State Disposal Date City, State Wayne NJ 07470 Morrisville PA Completed by (Print or Type) Date Title Signature 1/2/2013 Jerry Bijelonic Project Manager ASB-41

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

| Name of Building Owner/Operator (2)

Date of Notification	1 (1)	(Name of Bu	ildi	ng Owner/Operator	(2)	D pm				
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NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60-7 and 12:120-7)

Agencies Notification [Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN PH 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. JAN Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. Jan Ph 2:58 Street Address 147-149 North Fullerton Ave. 147-149 North Fullerton Ave. 147-149 North Fullerton Ave. 147-149 North Fullerton North Pullerton North Pullerton North Pullerton North Pullerton No	Date of Notification	on (1)	1			Owner/Operato	r (2)	Dra-				
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Occupancy Status During Abatement (Check only one) [X]Facility Closed/Vacated During Entire Period of Abatement []Abatement Performed Outside of Normal Facility		NO. CA		Von-		N/A						
of Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» City, State, Zip Code	Occupancy Status Du	ring Abatement	(Check o	nly one)		Street Address	3					
Hours - Describe: «Other Occupancy Descript» Scope of Work (Check all that apply) [X] >3 sf or >3 lf			ring Ent	ire Period								
Scope of Work (Check all that apply) Scope of Work (Check all thatation (Check all that apply) Scope of Work (Check all that appl					ty	City, State, 2	Zip Code			C.000		
Scope of Work (Check all that apply) []Full Containment with Negative Pressure []Mini-Enclosure	[]other - Desc	ribe: «Other Oc	cupancy I	<u>t»</u> Descript»								
[X] 23 sf or >25 lf [X] Renovation [X] Glovebag Procedure [X] Gloveb												
Location of Asbestos-Containing Material (ACM) TO BE ARATED To In Facility (13) Basement 147 Basement 149 Manue of Registered Waste Hauler AZTECH MANAGEMENT, INC. Is Location of [Normally Used Solely Staff (12) No. 17040] Asbestos-Containing Material (ACM) Solely Sabestos-Containing Material (ACM) M	[V] >3 of on	>2 15						th Negative	Pressu	ıre		
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TO BE ABATED In Facility (13) Basement 147 Basement 149 Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. Completed By (Print or Type) Py Maintenance/ Custodial Staff (12) Yes No N/A X Pipe insulation Ci.e., thermal systems insulation, surfacing, VAT, or other miscellaneous X Pipe insulation 120 LF X Pipe insulation 120 LF X Cubic Yards of Waste 2.5 G.R.O.W.S. City, State Montclair, NJ 07042 Disposal Date 1/11/13 Signature Date		77	τ	Jsed ~		Asbestos-Cont	aining		E		N	N
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Montclair, NJ 07042 1/11/13 Morrisville, PA 19067 Completed By (Print or Type) Fitle Signature Date	AZTECH MANAG	EMENT, INC	170		oi	waste 2.5	G.R.O.W.	S.				
Completed By (Print or Type) Title Signature Date	City, State											
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The state of the s	Completed By (Print	or Type) Titl	e			Signature		T/_	Det -			
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				3		1 Conta	you w	11101		_		

NOTIFICATION OF ASBESTOS ABATEMENT Check# 1548 (Pursuant to NJAC 8:60 and 5:16) Date of Notification (1) Name of Building Owner/Operator (2) 01 08 1 13 Mike Siana Agencies Notified Type Notification Street Address X EPA X Initial 919 Lakeside Place **⊠** DOLWD Amended City, State, Zip Code X DHSS Amendment # DCA Emergency (including Union, NJ 07083 (NJAC 5:23-8) justification) Name of Contact Cancellation Mike Siana FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private house School (K-12) Street Address Subchapter 8 (Other than K-1 2) Other (i.e., private and commercial buildings. 919 Lakeside Place City (5) homes, etc.) Square Feet # of Floors Bldg. Age Union, NJ 07083 County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State, Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 Start Date (10) 01127 Scheduled Completion Date (11) Name of OSHA Monitor 01 / 18 / 13 01 / 20 / 13 Envirovision Consultants, Inc. Occupancy Status During Abatement (Check only one) Street Address ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe 20-21 Wagaraw Road, Bldg .# 34A Time of Abatement: ____AM-___PM/__PM__ City, State, Zip Code Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Clean up and decontamination >3 sf or >3 If 2 160 sf or >260 If Full Containment with Negative Pressure Renovation Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Location of Normally Abatement Type Asbestos-Containing Material (ACM) Description of Used Solely by Asbestos Containing Material (ACM) Remova TO BE ABATED Maintenance/ Encapsulate Amount (i.e., thermal systems insulation, Custodial Staff? IN Facility (Specify surfacing, VAT, or (13)SIF or LF) (12)other miscellaneous) Yes No N/A Second floor X Transite panels 500 SF First floor X VAT Floor Tiles X 50 SF Basement X VAT Floor Tiles 50 SF X Name of Registered Waste Hauler NUDEP Waste Hauler ID No. | Cubic Yards of Waste | Name of Registered Landfill Gr Tech LLC 0033785 TBD T.R.R.F. Inc City. State Disposal Date City, State Wayne, NJ 07470 TBD Tullytown, PA Completed By (Print or Type) Title Signature Date N.Jevtic Owner ASB-41 01/08/2013 MAY 11

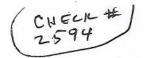
State of New Jersey



Date of Notification (1) 1/8/2013				of Building O					2013	? ,.		0/	In
Agencies Notified Type Notification		-	Street	Address .					Mo.	JAM	11		<u> </u>
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DOH justification) Cancellation				of Contact PAVLIK				Te	elephone N	lumhei	G/E	3/11	01
Name of English Where Abetement is Table	DI (0)		FAC	ILITY INFO	RMATION	N ,							60
Name of Facility Where Abatement is Takir OFFICE ON AGING	ig Place (3))			20		Type of Facility School (K-	-12)					4,5
Street Address 423 MAIN STREET							Subchapte Other (i.e. etc.)	er 8 (Ot private	her than K- & commer	-12) rcial bu	ilding	s, hon	nes,
City (5) SAYERVILLE							Square Feet	# 0	of Floors		Bldg.	Age	
County (6) MIDDLESEX				Code (7) USE ONLY)		_	Current Use (Pr	rior if be	ing demoli	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASC	M No.			of Abatement Co			NG			
Street Address				3.0	S	treet	Address RUTHERFOR	E 4					
City, State, Zip Code					С	ity, S	tate, Zip Code TON, NJ 070		-				
Project Manager for Monitoring Firm	ect Manager for Monitoring Firm						one No. 956-8700		License 00494				
Start Date (10) 1/18/2013	Scheduled		mpletion	Date (11)	N	ame o	of OSHA Monitor E AS (9) ABC		00494				_
Occupancy Status During Abatement (Chec							Address	JVL					
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe: OCCUPIED	Period of Ab al Facility I	dater	nent s		Ci	ity, St	ate, Zip Code		1				
Scope of Work (Check All That Apply)									-				_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Common Co	nova moli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure	47)				
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TO BE ABATED In Facility (13)	Main Custoo			(i.e. th	s Containi ermal sys surfacing other misc	tems , VAT		(5	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
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												0	
Name of Registered Waste Hauler		N	JDEP Wa	aste 7	Cubic Yard	ds	Name of	Registo	red Landfil				
TWO BROTHERS CONTRACTING		Н	auler ID I 8743		of Waste		ALT INVESTO INC. THE TAXABLE				S.R.C).W.S	S.
City, State CLIFTON, NJ		1 1			Disposal D		City, State		E PA				
Completed by VIVECA RAMOS	oleted by Title							m	Da	ate /8/201	13		

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Date of Notification (1) 1/7/13	(H		S.	Name of	of Building elli Con	Owner/O tracting	perator / for th	(2) ne Ci	ity of Pleas	antvi	lle :	- 6	ند	1	I.
Agencies Notified	Type Notification	1	7.2	Street A	Address Iill Road	d d					Set.	0	7		13
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DOH DCA	Emergency justification Cancellation)		Name o	f Contact	l,	6			Tel	ephone Ni	umber	-	25.25	- 1
Name of Facility Where	Abatement is Takir	ng Place (34	FAC	LITY INF	ORMATIC	N	Turn	e of Facility (4		7	- (Ø	-6,	
City of Pleasantville		ing i luoc (٥,					Турі		585		CA			
Street Address 300 Block East Edg	water Ave				¥3.			×	School (K-1: Subchapter Other (i.e. pretc.)	8 (Oth	er than K- & commerc	12)	ldings	, hom	nes,
City (5) Pleasantville NJ 08	232								are Feet nown	# of	Floors		Bldg.	Age	
County (6) Atlantic				County (STATE	Code (7) USE ONLY	y)			rent Use (Prio	r if bei	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)	ASC	∕l No. ₄		Name Pern		atement Con	tractor	(9)				
Street Address	4				1		Street PO E								
City, State, Zip Code	in.								Zip Code lin NJ 0809	91					
Project Manager for Mon	itoring Firm			Telepho	ne No.		Teleph 856-7				License I	No.			
Start Date (10) 1/9/13		Schedul 1/10/1		mpletion	Date (11)			of OS	SHA Monitor			7.1		g 20	
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Facility Closed/Vaca Abatement Perform Other – Describe:	ated During Entire ed Outside of Norr	Period of mal Facility	Abater y Hour	ment s					Zip Code						
Scope of Work (Check Al	That Apply)													7	
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Location			Norma ed Sole	lly			cription		70			-	T	/pe	_
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Exterior S	iding			х		Exteri	or Sid	ling		unk	nown	x			
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laconelli Contracting			F	łauler ID	No.	of Waste			Atlantic (1			
City, State Pleasantville NJ					ç. •	Disposa 1/10/13			City, State Egg Harl		wp NJ				
Completed by Anthony T Perna	4 /4	Title Presi	ident	, pro-			nature					ate 7/13	- 11-5		



Date of Notification (1) Agencies Notified Type Notification					Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION Steel Address										
DOL.	Amendme	ent#		C	ity, State, Zi	p Code		5 000	100		7	=			
Прон	Emergen	cy (inclu	ding	_			ITY, N.	5,08243	60,0			P			
☐ DOH justification) ☐ DCA ☐ Cancellation					ame of Con			Telephone Nu	mber	50					
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Name of English Whare					FACILITY II	NFORMATION					11/	14			
Name of Facility Where	SIDEN(aking Pl	ace (3)				Type of Fac	lity (4)			- 0				
Street Address	21y Cre	- 6					School (P	(-12)	11027			6			
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City (5)	DLON			_			Square Feet	tc.)		Bldg.					
County (6)				C	ounty Code	(7) (STATE	Current Use	(Prior if being demo	lished	1)	_	==			
Name of Monitoring Firm		ng Owne	er		SE ÓNLY) M No.	Name of Abatem	\V	/ ACANT							
(8) N	1.	•				1 17									
Street Address					7. je/10. score - 1	Street Address	EMCO I	-NC,				_			
	•						S,SPRU	CE DUE.							
City, State, Zip Code						City, State, Zip C				===	_	=			
-						Mog	PLE SHODE, N.J. 08052								
Project Manager for Monitoring Firm . Telepi					e No	Telephone No.	9-0472	License No.							
Start Date (10)	Sch		Comple	etion C	ate (11)	Name of OSHA N	Applifor	LEMM				_			
Occupancy Status During	Abatement (Ch	eck only	y one)	13		Street Address		CCAM							
☐ Facility Closed/Vacated	During Entire F	Period of	f Abate	ment		369	S. SP	ruce duc.							
Abatement Performed	Abatement Performed Outside of Normal Facility Hours						ode		_						
Other - Describe:						HODE, N.	J,	08	05	- 2					
Scope of Work (Check all	that apply)					20.00						=			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	enovati emolitio		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure												
		100	Locatio						7	Abatement					
Location of		1 2 2	ormally I Solely			Description of			Туре						
Asbestos-Containing Mai			ntenano			os Containing Mate		Amount			m	1			
IN Facility	2	5	Staff?		(i.e.,	hermal systems in surfacing, VAT, o		(Specify SF or LF)	Rer	R	20	Enc			
(13)						other miscellaneou	(a	,	Remova	Repair	Encapsulate	Enclosure			
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lame of Registered Waste	Unidas		- 1												
KLGMCO" I	-NC /		Ha	DEP V uler ID 7-90	No.	Cubic Yards of Waste	Name of Regi	stered Landfill , C , M.U. A	,						
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ompleted By			10 .	_			1000	73INE I	1,7.						
JOSEPH KL	FM 4	V	10)		Signature	Kelin	n Date	8/	12					
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12848			CATION	tate of New Jerse N OF ASBESTOS to NJAC 8:60 an	ABATE			20.	DEC.	7/1	,			
Date of Notification (1) JANUARY 9, 2013		State of New Jersey IFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) CMS SERVICES, LLC Street Address 35 EAST SAGAMORE DRIVE												
Agencies Notified Type Notification		Street A	Address ST SAGAMOR	RE DR	IVE		K3	ran	PM 2	2:50	,			
DEP Amended Amendment			ate, Zip Code IINGDALE, NJ	4/	LICENSTATA									
DOH justification) DCA Cancellation		Name o	f Contact VAN WAGNE	Tel	enhone Nii	mher	.00							
faced —	FAC	ILITY INFORMAT	-1-		*	PA								
Name of Facility Where Abatement is Taking FORMER BBMK MEDICAL OFFIC				of Facility (School (K-1	12)									
Street Address 1000 HIGHWAY 35 SOUTH						×	Subchapter Other (i.e. p etc.)	8 (Oth orivate	er than K-1 & commerc	2) ial buil	dings	hom	es,	
City (5) MIDDLETOWN					1	100000000000000000000000000000000000000	[10] [10] [10] [10] [10] [10] [10] [10]					Bldg. Age 950		
County (6) MONMOUTH				Code (7) USE ONLY)				or if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A				Л No.		me of Abatement Contractor (9) INISHING TOUCH ASBESTOS ABATMENT								
Street Address	100		eet Address THOMPSON STREET											
City, State, Zip Code		City, State, Zip Code WEST LONG BRANCH, NJ 07764												
Project Manager for Monitoring Firm				Telephone No.			Telephone No. 732-222-8372			License No. 00040				
Start Date (10) Scheduled Co				Date (11)	10000000	e of OSHA Monitor								
Occupancy Status During Abatement (Check	3	Street	Addre	SS				7/1/2/2						
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou Other – Describe:				ment 's City, State, Zip Code								-		
Scope of Work (Check All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Renova Demoliti													
	Location	on							Abatement					
Location of	Normall d Solel			ption of					Type					
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	intenar todial S (12)	ice/ taff?	(i.e. thermal surfa	os Containing Material (ACM) hermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure		
LOWER LEVEL			N/A		VAT				00.05	x				
VESTIBULE ROOF		X	AC ROC	ASHING			2000 SF 160 SF							
									Х					
Name of Decistored Wests Haves		7	IDED !	L.L. 101:	V		I N							
Name of Registered Waste Hauler FINISHING TOUCH ASBESTOS		DEP Waste Cubic Yards Name of Registered Landfill Idea ID No. of Waste GROWS NORTH LANDFIL September 10 CY GROWS NORTH LANDFIL							FILL					
City, State WEST LONG BRANCH, NJ 07764		Dispos 1/21/	sal Date	1	City, State		E, PA 19	19067						
Completed by JOSEPH P MILLER	S	ignature	M	MIL	~	Da 1/5	te 9/13		0.					

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

Page 1 of 1

(Pursuant to NJAC 8:60 and 12:120) Check # 1362 Date of Notification (1) Name of Building Owner/Operator (2) Plainfield Public School 2013 JAN 11 1/7/2013 Agencies Notified Type Notification 920 Park Ave **EPA** Initial City, State, Zip Code DEP Amended Plainfield, NJ 07060 × DOL Amendment # Emergency (including Name of Contact Telephone Number × DOH justification) Harold Gee DCA Cancellation FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Plainfield Cedarbrook K-8 Center School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 1049 Central Ave City (5) Square Feet # of Floors Bldg. Age Plainfield 125000 3 40+ County (6) County Code (7) Current Use (Prior if being demolished) (STATE USE ONLY) Union Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) TTI Environmental Inc 00003 GL Group, Inc. Street Address Street Address 1253 North Church St 140 Hamburg Turnpike City, State, Zip Code City, State, Zip Code Moorestown, NJ 08057 Bloomingdale, NJ 07403 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. Mary Ellen Leotta 856-840-8800 (201)710-9725 01084 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 1-8-13 after 3.30pm 1 - 9 - 13GL Group, Inc Occupancy Status During Abatement (Check Only One) Street Address 140 Hamburg Turnpike Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Bloomingdale, NJ 07403 Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf Renovation Full Containment with Negative Pressure ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Description of Location of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ TO BE ABATED (i.e. thermal systems insulation, (Specify Remova Repair Custodial Staff? In Facility surfacing, VAT, or SF or LF) (12)other miscellaneous) (13)Yes No N/A X Classroom 108 Restroom Pipe Insulation 4 LF X Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste GL Group, Inc. Grows 0033034 TBD Disposal Date City, State City, State **TBD** Morrisville, PA Bloomingdale, NJ Completed by Title Signature Date Miles faller Michael B Solakov P.M. 1/7/2013

Page 1 of 1

Check # 1362

Date of Notification (1) 1/7/2013				Name of Building Owner/Operator (2) Plainfield Public School											
Agencies Notified Type Notification				Street Address 920 Park Ave City State Zin Code											
DEP DOL	Initial Amended Amendment	<i>.</i>	City, State, Zip Code Plainfield, NJ 07060												
DOH DCA	Emergency justification) Cancellation			Name of Contact Harold Gee										300 000	
Name of Facility Where	2)	FACILITY INFORMATION Type of Facility (4)													
Plainfield Cedarbro					School (K-	(2) (C) (2) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C									
Street Address 1049 Central Ave		Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)										es,			
City (5) Plainfield					Square Feet # of Floors 125000 3							Bidg. Age			
County (6) Union					Code (7) USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm TTI Environmental		Owner (8)		ASCI				e of Abatement Contractor (9) Group, Inc							
Street Address 1253 North Church	St						100000000000000000000000000000000000000	Address Hamburg Turn	ess						
City, State, Zip Code Moorestown, NJ 08				tate, Zip Code ningdale, NJ (Code										
Project Manager for Monitoring Firm Mary Ellen Leotta					Telephone No. 856-840-8800			ephone No. License No. 01)710-9725 01084							
Start Date (10) 1-8-13 after 3.30pm	The state of the s				e of OSHA Monitor Group, Inc										
Occupancy Status During Abatement (Check Only One)								Address							
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Hou				ment				O Hamburg Turnpike State, Zip Code							
Abatement Performed Outside of Normal Facility Hou Other – Describe:							10000000	rate, Zip Code mingdale, NJ (07403						
Scope of Work (Check A	That Apply)				SAN		22.00					-			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ation tion			×	Ciovebag i io	e cedure		tive Pressure							
ls Lo				ion	<u> </u>			Non-Exemple	T T T T T T T T T T T T T T T T T T T			Abatement			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Location of Norm Used So Mainter Custodia (12) Yes No				nally Descrip									Туре		
				nce/		thermal surfa			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure
Classroom 108	Restroom	1.00	X			Pipe	Insulat	tion 4 LF			2				
		1													
Name of Registered Was	te Hauler		1.6	JDEP W	lasta	Cubic	Vordo	Nome of	Dogisto		1611				
					No.	of Was		Name of Registered Landfill Grows							
City, State Bloomingdale, NJ					000	Dispos TBD	sal Date	City, State		١ .					
Completed by Michael B Solakov		Title P.M.				S	ignature	2577							