State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1)	40			Name of Building Owner/O			1 1 14 14
January 8, 20				Dover Blackwell Re	aity, inc.		
Agencies Notified	Init	tion Type ial Notific		Street Address 64 East Midland Ave	nue	[2 JA] [7	' All::: 02
EPA DCA	77522777		ertification #2	City, State, Zip Code			
X DOL	☐ Em	ergency (including	Paramus, New Jers	sey 0765	2	
X DEP	jus	tification)		Name of Contact		Telephone	Number
X DOH	☐ Ca	ncelled		Tom Allesandrello		P	
			FACILITY IN	FORMATION			
Name of Facility Where Abatemen	t is Taking Place	(3)		Type of Facility (4)			
Commercial Building				☐ School (K-12)			
Street Address				Subchapter 8 (other that			
1-5 Blackwell Street				Other (i.e. private & communication Sq. Feet: Unknown 3			CONTROL OF THE PROPERTY OF THE
	orris		Code (7) Use Only)	Current Use (prior if being of	demolished)	:	
Name of Monitoring Firm Hired by	Bldg Owner (8)	ASCM	No	Name of Contractor (9)			
EnviroVision Consulta		0007		Trame or contractor (c)			
Envirovision Consulta	ints me.	000		GREENWOOD ABATE	EMENT CO	ONSULTAI	NTS, INC.
Street Address				Street Address			
20-21 Wagaraw Road, Bl	dg # 34A			268 MAIN STREET			
City, State, Zip Code				City State, ZipCode			
Fairlawn, NJ 07410				Butler, NJ 07405			
Project Manager for Monitoring Fin		ne Number		Telephone Number		License Nun	nber
Fred Larson	9/3-6	36-9145		973-492-0477		00840	
Scheduled Start Date (10)	Schedu	ed Completic	on Date (11)	Name of OSHA Monitor			
December 27, 2011		ry 30, 20		EMSL inc.			
Occupancy Status During Abate	ment (Check or	ly one)		Street Address			
Facility Closed/Vacated Di Abatement Performed Out	uring Entire Per	iod of Abate		1056 Stelton Road			
Describe		•		City, State, Zip Code			
Other - Describe: Non F	riable Proc	edures		Piscataway, NJ 0888	54		49
Source of Work (Check all that app	ly)						
							egative Pressure
. ≥ 3 sf or ≥ 3 lf			Renovation	i	Mini-En		
$\square \ge 160 \text{ sf or } \ge 260$			Demolition			Procedure	F: 5
			I 5		Non-Exemp	t Abate	on-Friable Procedure
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location No Solely by Main			bestos Containing Material nal systems insulation, surfacing			ement Type
Material (ACM) III Facility (13)	Staff? (12)	t./Oustoulai	VAT, or other mis		or LF)	Remo	ve Repair Encap Enclose
	YES NO) NA		S-5-5-5-5-7-7			
Basement	X		TSI		1,550	LF 🗵	
			VAT & Masti	ic	1,750	SF 🗵	
			VAT & Masti	ic	100 S	F X	
Name of Reg. Waste Hauler	NJDEP	Waste Haule	r ID#	Cubic Yards of Waste:		Name of Rec	gistered Landfill
See Hauler Below # 1 & 2	See Be	low		80)	Meadowfi	II Landfill
Hauler #1) Greenwood A	batement C	onsultan	s. Inc Butle	er. NJ 07405	Disposal Da	te :	City, State
NJ DEP # 125		0110411411	.0,	.,	January 3	30, 2012	Route 2, Box 68
Hauler #2) Newark Cartin		ark NIA	1509 N.I DEP#	19551			Bridgeport, WVA 304-842-2784
maulei #2) Newark Cartill	g, Inc. – New	ain, 110 0	1207, 110 17151 #	1,001			331-012-2104
Completed by (Print or Type)	Title			Signature		Date	
Marin Graure		PROJEC	T		_		8, 2012
	MANAG			Marin Graure			

GAC # 2011-301 Note: Non-Fraible VAT & Mastic Removal Additional Quantities 100 SF

(Fursuant to M.J.A.C. 5:00-/ and 12:120-/)

			-		TV 65 77 6	(0 ((0)			_			
Date of Notification (1) December 6,	2011				Name of Building Owner Dover Blackwell R							
Agencies Notified		Notification	Type		Street Address	,,		787.		1.		
<u> </u>	-		Notifica	ation	64 East Midland Av	venue						
EPA	15			ification # 1	City, State, Zip Code							
DCA	10000			including		MOONT 076	52	1111				
x DOL	-			including	Paramus, New Je	rsey 070	-	Vent	11.	ŗ.	1 :	4
DEP		justific			Name of Contact		Tele	ohone N	lumb	er	17.	
x DOH		☐ Cance	lled		Tom Allesandrello		1					
		DI (0)		FACILITY IN	FORMATION				-	24		31
Name of Facility Where Abatemen	it is Taking	Place (3)			Type of Facility (4)			1				
Commercial Building					☐ School (K-12)		28/2 8	225 85	15 199	0.00	271272	
Street Address					Subchapter 8 (other the					on-Fr	iable	
1-5 Blackwell Avenue					Other (i.e. private & co			- 7				
			1 0 .		Sq. Feet: Unknown	2 # of Floo	rs: B	ldg. Ac	ie:	70 y	ears	
	unty (6)			y Code (7) Use Only)								
Dover M	orris		Totale	Use Only)	Current Use (prior if bein	g demolished):					
					_L							
Name of Monitoring Firm Hired by			ASCM		Name of Contractor (9)							
EnviroVision Consult	ants in	c.	0007	79	GREENWOOD ABA	TEMENT	ONG	HTAN	ITC	INIC	į	
Street Address					Street Address	I EINIEN I C	ONSU	JLIAN	113,	INC	•	
20-21 Wagaraw Road, B	Ida # 3/	4.6			Street Address							
20-21 Wagaraw Moad, D	iug m o-	10			268 MAIN STREET							
City, State, Zip Code					City State, ZipCode		-					
Fairlawn, NJ 07410					Butler, NJ 07405							
Project Manager for Monitoring Fin	m T	elephone N	Number		Telephone Number		Licen	se Num	ber			
Fred Larson		973-636										
					973-492-0477		008	40				
Scheduled Start Date (10)				on Date (11)	Name of OSHA Monitor		- Marie - Marie		*****			
December 17, 2011		Decemb	er 23, 2	2011								
					EMSL inc.							
Occupancy Status During Abate				and and a second	Street Address							
Facility Closed/Vacated D					1056 Stelton Road							
Abatement Performed Ou Describe	iside of in	ormai Fac	ility Hou	rs -	City, State, Zip Code	1777			_			
Other – Describe: Non-	Sub Ch	anter 8										
Other - Describe. 14011-	oub on	apter			Piscataway, NJ 08	854						
					1							
Source of Work (Check all that ap	nlv)				1	· · · · · · · · · · · · · · · · · · ·			-	-		
Godfoo of Work (official directing)	211				4::	Full Contain	nment v	with Neo	rative	Pre	SSIIFE	
≥ 3 sf or ≥ 3 lf				Renovation		Mini-Enclo			gativ	, , , ,	Joure	
□≥ 160 sf or ≥ 260				Demolition		Glovebag F		ıro				
□≥ 100 \$1 01 ≥ 200				Demonton		Non-Exem			n_Fr	iahle	Proce	dure
Location of Asbestos-Containing	Is Locat	tion Norma	lv Used	Description of As	sbestos Containing Material	Amour	nt	Abate	ment	Type	1 1000	duic
Material (ACM) in Facility (13)		y Maint./Ci			mal systems insulation, surfac							
	Staff? (100	VAT, or other mi	scell.)	or LF)	073	Remov	e Re	pair I	ncap	Enclose
	YES	NO	NA									
1 st Floor			X	VAT & Mast	ic	3,000) SF	X				
Name of Reg. Waste Hauler		JDEP Was		r ID#	Cubic Yards of Waste:			e of Reg				
See Hauler Below # 1 & 2	S	ee Belov	1			30		dowfill	l Lar	ndfil		
Hauler #1) Greenwood A	bateme	ent Con	sultan	ts, Inc Butle	er, NJ 07405	Disposal Da	The state of the s			State		
NJ DEP # 125	561					Decembe	er 23,				Box 68	
Hauler #2) Newark Cartin	g. Inc	- Newarl	. NJ 04	4509, NJ DEP #	± 19551	2011					rt, WV/ 2784	4
	8,		,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					554	- 12-1	., 57	1
Completed by (Print or Type)	Title	2			Signature		Date		-			
Marin Graure		NIOR P	ROJE	CT			77.7	cemb	er 6	. 20	11	
67		NAGER			Marin Grau	re				,	-	

GAC # 2011-301
Please Note: Amendment # 1 – Changes: Non-Friable – Non Sub Chapter 8

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) Decembe	r 5. 2011				Name of Building Owner Dover Blackwell F					
Agencies Notified	,	Notification	Type	****	Street Address					
				ification	64 East Midland A	venue	"7 .		A 14	
X EPA		□Amend	ed Cert	tification	City, State, Zip Code		-0'		5	
DCA				(including	Paramus, New Jo	ercov 076	52			
x DOL			cation)		Name of Contact	ciscy or		- b	Number	
X DEP		□ Cance			Tom Allesandrello		Lieler	onone	Numner	
x DOH		La Cance	ineu	EACH ITY IN	FORMATION					
Name of Facility Where Abat	ement is Ta	king Place (3)		TACILITIN	Type of Facility (4)					201038000
Commercial Building					School (K-12)					
Street Address					Subchapter 8 (other t	han K-12)				
1-5 Blackwell Avenu	^				Other (i.e. private & co		dinas, ho	omes e	etc.)	
1-5 Diackwell Aveilu	е				Sq. Feet: Unknown					vears
City (5)	County (6	3)		ty Code (7)	1	-			.90.	, outo
Dover	Morris		(State	Use Only)	Current Use (prior if bein	g demolished	i):			
Name of Monitoring Firm Hire		et to the service of	ASCM	The state of the s	Name of Contractor (9)				- 111 111	
EnviroVision Cons	ultants	inc.	000	79	GREENWOOD ABA	TEMENT	ONCL	II TAB	ITC INC	
Street Address			1		Street Address	I LIVILIA I C	ONSU	LIAI	AIS, INC	
20-21 Wagaraw Road	d, Blda#	# 34A			<u> </u>					
					268 MAIN STREET					
City, State, Zip Code					City State, ZipCode					
Fairlawn, NJ 07410		100 H 100 H 100 H			Butler, NJ 07405					
Project Manager for Monitorin	ng Firm	Telephone I	-		Telephone Number		Licens	se Num	ber	
Fred Larson		973-636	-9145		070 400 0477		1			
Scheduled Start Date (10)	*****	Schodulad (Completi	on Date (11)	973-492-0477		0084	10		
December 17, 2011		Decemb			Name of OSHA Monitor					
December 17, 2011		Decemb	CI 23,	2011	EMSL inc.			20		
Occupancy Status During A	batement (Check only o	ne)		Street Address					
Facility Closed/Vacat	ed During I	Entire Period	of Abate	ement						
Abatement Performed	d Outside o	of Normal Fac	ility Hou	rs -	1056 Stelton Road					
Describe				*	City, State, Zip Code					
Other - Describe:					Piscataway, NJ 08	OE A				
					riscalaway, NJ 00	034				
Source of Work (Check all the	at apply)									
					**	Full Contain	nment w	ith Ne	native Pres	SUITA
≥ 3 sf or ≥ 3 l	f			Renovation		Mini-Enclo			gativo i ico	Suic
□≥ 160 sf or ≥ 2	260			Demolition		Glovebag F	9731354 July 1	re		
						Non-Exem			n-Friable i	Procedure
Location of Asbestos-Contain	ing Is Lo	ocation Normal		Description of As	bestos Containing Material	Amour			ment Type	Toocaarc
Material (ACM) in Facility (13)		ly by Maint./Cu ?? (12)	ustodial		nal systems insulation, surfaci	The second secon		Dome		
	YES		NA	VAT, or other mis	ceil.)	or LF)		Kemov	Kepair E	ncap Enclose
1 st Floor			[X]	VAT & Masti	<u> </u>	3 000	CE	ाठा	1 1	
				- A G Masti		3,000	יסר	X		
Name of Reg. Waste Hauler		NJDEP Was	te Haule	r ID #	Cubic Yards of Waste:		Name	of Rea	istered Land	dfill
See Hauler Below # 1 &	2	See Below	1			30			Landfill	21111
Hauler #1) Greenwoo	d Abate	ment Cons	sultan	ts. Inc Butle		Disposal Da			City, State	
NJ DEP#				, = 4.00	.,	Decembe			Route 2, B	
Hauler #2) Newark Ca		c. – Newark	, NJ 04	4509, NJ DEP #	19551	2011	,		Bridgeport 304-842-2	
Completed by (Print or Type)		Title .			Cinnetus		r			
Marin Graure	- 7	SENIOR PI	SO IE	T	Signature		Date			
main Gradie		MANAGER			Marin Graus	re.	Dec	emb	er 5, 201	1
7 A C # 2011 201		MANAGER			7					1

GAC # 2011-301

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

New Name Notification Superior Notification Notification Superior Notification Notification	Date of N 01/11/12	otification (1):				wner/Operator (2)		350110300						
		Type Notification				001						1		
City State Ci								3			21111			
Newark Name of Contact Benjamin T. Olagade Newark, NJ 07102	MICDA					e:					A			4,
SERION Clancellation Cla		The state of the s												
Cincluding Cancellation Pacification Cancellation Pacification Pacif									Telephone	- Number	-/-	-		
DEADOR	EM DOL					de			,	,				
FACILITY INFORMATION	Ø DOH		20.13		· Oingi				-					
FACILITY INFORMATION Type of Facility (4): Type of Facility (5): Type		☐ Cancellation												
School (K-12) School (K-1					0.5	FACILITY IN	FORMA	TION	(40)(E 1 H.2 H.1) - EH-1	- I COMMINT				
Street Address:	Name of F	Facility Where A	batement is	Taking	Place (3):	Тур	e of Facility	(4):					
Street Address: County (6): County Code (7): Square Feet: # of Floors: Bldg. Age Current Use: School Name of Monitoring Firm Hired by Building Owner: ASCM No.: Bldg. Age Current Use: School Name of Monitoring Firm Hired by Building Owner: ASCM No.: Raw of Abatement Contractor (9): Envirocare Enterprises, Inc Street Address: 1253 North Church Street Street Address: 358 Broadway City, State, Zip Code: Normally County Code (7): Street Address: Street Address: 358 Broadway City, State, Zip Code: Normally Contract of Normal Facility Hours Scheduled Completion Date (11): Name of Abatement Contractor (9): Envirocare Enterprises, Inc Street Address: 358 Broadway City, State, Zip Code: Newark, NJ 07104 Telephone No.: Scheduled Completion Date (11): Name of OSHA Monitor: Amenisci Normal State Date (10): Name of OSHA Monitor: Name of Na	Vocationa	al High School					□ Se	chool (K-12)						
Other (Check all that apply):	Street Add	dress:				7,000				-12)				
Name of Monitoring Firm Hired by Building Owner: ASCM No.: Name of Abatement Contractor (9):					· •		00	ther (i.e., priv	vate & comm	ercial buildings, h	omes, e	etc.)		
Name of Monitoring Firm Hired by Building Owner: ASCM No.: Name of Abatement Contractor (9):		(County (6):				Car	one Cent.		# a C D1a -				
Name of Monitoring Firm Hired by Building Owner: ASCM No.: Name of Abatement Contractor (9):	Newark	I	Essex		07106		Squ	iare reet:		# 01 1100	ors:			
Name of Monitoring Firm Hired by Building Owner: ASCM No.: Name of Abatement Contractor (9):							Bld	g. Age						
Street Address:									School		87			
Street Address:	Name of N	Monitoring Firm	Hired by Br	uilding	Owner:	ASCM No.:	Nar	ne of Abate	ment Contr	actor (9):				
Street Address: 1253 North Church Street 358 Broadway City, State, Zip Code: Moorestown, NJ 08057 Project Manager for Monitoring Firm: James A. Guilardi Scheduled Completion Date (11): 1/14/12 1/16/12 Scheduled Completion Date (11): 1/14/12 Scheduled Completion Date (11): 1/14/12 Scheduled Completion Date (11): 1/16/12 Scheduled Completion Date (11): 1/14/12 Scheduled Completion Date (11): Scheduled Completed Address: Scret Address: Scret Address: Scheduled Completion Date (11): Scheduled Completion Date (11): Scheduled Completed Scheduled Completion Date (11): Scheduled Completion Dat	TTI Envi	ronmental Inco	rporated											
1253 North Church Street										s, Inc				
City, State, Zip Code:							Stre	eet Address:						
City, State, Zip Code: Moorestown, NJ 08057 Project Manager for Monitoring Firm: James A. Guilardi Scheduled Completion Date (11): 1/14/12 Scheduled Completion Date (11): Name of OSHA Monitor: 1/14/12 Name of OSHA Monitor: Street Address: 117 East 30 ⁿ Street City, State, Zip Code: Newark, NJ 07104 Telephone No.: (973) 485-4000 10107 Name of OSHA Monitor: AmeriSci Street Address: 117 East 30 ⁿ Street City, State, Zip Code: Name of OSHA Monitor: AmeriSci Street Address: 117 East 30 ⁿ Street City, State, Zip Code: Name of OSHA Monitor: Affacility Closed/wacated During Entire Period of Abatement 10 Other Describe: Scope of Work (Check all that apply): □ 3 sf or ≥ 3 lf □ 2 Senovation □ Demolition □ Succession of Abatement Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1 Succession of Staff? (12) Yes No N/A 1 Celling plaster Non-Exempted (*) and Non-Friable Procedure Abatement Amount (Specify SF or LF) Disposal Date: Disposal Date: Cubic Yards of Waste: Signature: Date:	1253 No	rth Church St	reet											
Newark, NJ 07104 Project Manager for Monitoring Firm: S56-840-8800 S56-840-8800 Q73) 485-4000 Q1017														
Project Manager for Monitoring Firm: James A. Guilardi Scheduled Completion Date (11): Start Date (10): 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/	City, State	, Zip Code:	vn, NJ 08057 ager for Monitoring Firm: Telephone No.	City	y, State, Zip	Code:								
Project Manager for Monitoring Firm: James A. Guilardi Scheduled Completion Date (11): Start Date (10): 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/12 1/16/	Magnest	NI OODE	wn, NJ 08057 lager for Monitoring Firm: Telephone No.:	No	work NI	07104								
Start Date (10):			vn, NJ 08057 ager for Monitoring Firm: Telephone No.:				Liganga Na i				*****			
Start Date (10): 1714/12		-	rn, NJ 08057 ager for Monitoring Firm: Telephone No.:	100	ephone ivo.		License No							
1/14/12	James A.	. Gullardi					(97.	3) 485-4000)	01017				
Occupancy Status During Abatement (Check only one) Street Address:	1 17 17 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	(10):			pletion	Date (11):			\ Monitor:					
## Stacility Closed/vacated During Entire Period of Abatement Describe:														
Describe:	Townson Co.													
Describe: New York, New York, 10016						t								
Completed By: Completed B		nt Performed Outsi	ide of Normal	I Facility	Hours									
Describe: Scope of Work (Check all that apply): Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Pr	Describe:						Nev	v York, Ne	w York, 10	016				
Describe: Scope of Work (Check all that apply): Scope of Work (Check all that apply): Staff? Custodial/ Staff? (12) Yes No N/A Name of Registered Waste Hauler: Newark Carting Staff: Newark NJ 07102 / Envirocare Disposal Date: Normally Completed By: Title: Signature: Date: Date	Other							92						
S S S S S S S S S S	T-000000000000000000000000000000000000													
S S S S S S S S S S	Scope of W	ork (Check all that	t apply):											
Completed By: Completed B	2 of on	× 216			∕S∕D an a	wation			□ Full C	ontainment with	Negat	tive Pr	essure	e
Location of Asbestos-Containing Material (ACM) Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) 1st Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A Name of Registered Waste Hauler: Newark Carting City, State: Newark NJ 07102 / Envirocare Is Location Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A Ceiling plaster NJDEP Waste Hauler ID No.: City, State: Newark NJ 07102 / Envirocare Is Location Normally Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Signature: Disposal Date: City, State: Tullytown, PA Completed By: Title: Signature: Date:	8€ 160 sf	or > 260 lf			☐ Demo	olition			☐ Glove	bag Procedure				
Location of Asbestos-Containing Material (ACM) (I.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) 1st Cafeteria Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A Name of Registered Waste Hauler: Newark Carting City, State: Newark NJ 07102 / Envirocare Normally Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A Ceiling plaster NJDEP Waste Hauler ID No.: Cubic Yards of Waste: 3 City, State: City, State: Tullytown, PA Completed By: Title: Signature: Date:	-								Non-E	xempted (*) and l	Non-Fr			
Asbestos-Containing Material (ACM) (ACM) TO BE ABATED IN Facility (13) Yes No N/A Name of Registered Waste Hauler: Newark Carting City, State: Newark NJ 07102 / Envirocare Used Solely by Maintenance/ Custodial/ Staff? (12) Yes No N/A Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) Amount (Specify SF or LF) Find Out of Registered Manual SP of Registered landfill: Tullytown Re. Facility City, State: Newark NJ 07102 / Envirocare Completed By: Title: Signature: Date:														t
Cache Cach	N 2-0 3/4.		200 M2 200 M2			A shastas Car	escript	ION Of Material	(ACM)			13	ype	
Custodial Staff? Custodial Custodial Staff? Custodial Staf	Asbestos-0	Containing Mate				(i.e. therm	nal syste	ems insula	tion				m	
Yes No N/A						surf	facing.	VAT, or	tion,	Amount	Re	R	nc	E
Yes No N/A	7.8									(Specify] E	ep	ap	10
Yes No N/A	l I										Va	air.	lus	ıns
1st Cafeteria X Ceiling plaster 16 SF X Name of Registered Waste Hauler: Newark Carting NJDEP Waste Hauler ID No.: 4506 Cubic Yards of Waste: 3 Tullytown Re. Facility City, State: Newark NJ 07102 / Envirocare Disposal Date: Tullytown, PA Completed By: Title: Signature: Date:		(13)	Yes		N/A					0.0.2.	-		at	G.
Name of Registered Waste Hauler: Newark Carting NJDEP Waste Hauler ID No.: Value of Waste: Newark Carting City, State: Newark NJ 07102 / Envirocare Disposal Date: City, State: Tullytown, PA Completed By: Title: Signature: Date:	1st Cafete	eria	105		1,0,1	Ceiling plaster	•			16 SF	X		T-	1
Newark Carting 4506 of Waste: 3 City, State: Newark NJ 07102 / Envirocare Completed By: Disposal Date: Completed By: Tullytown Re. Facility City, State: Tullytown, PA Completed Signature: Date:	Name of R	egistered Waste	Hauler:		NJDE			Cubic Ya	ards	Name of Regi	stered	landfi	11:	1
City, State: Newark NJ 07102 / Envirocare Completed By: Disposal Date: City, State: Tullytown, PA Completed By: Date:								of Waste						
Newark NJ 07102 / Envirocare Tullytown, PA Completed By: Signature: Date:				[n:	L			3,371		3,000,000,000				
Completed By: Title: Signature: Date:				Dispo	sal Date	2:		7000						
			care		T		l c:		n, PA	1-				
Uju Odioran President Full : (ecrec 1/11/12					C. Mostinger	14								
	Oju Obior	an			Presid	ient	In	y ! C Branc	*	1/11/12				

State of them Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

D : 6) L : (6 - 2' - (1)					Name of Buildin	a Owner/One	erator (2)	-			·	
Date of Notification (1)	January 11, 2012	2			Name of Buildin		n Brunner	/al9	92	6/	}	
Agencies Notified [x] EPA	The state of the s	Notifica			Street Address	2016	Bustleton Road) Junio	_			
[] DEP [x] DOL	Amen	ided Not idment # gency (ir			City, State, Zip (gton, NJ 08016	s waiting				
[x] DOH [] DCA	justifi	cation) ellation	.vvag		Name of Contact	oh Brunne	1	elephone Number				
				EACI	LITY INFOR	MATION						
Name of Facility Where R	Abatement is Taking esidence	Place (3		r ACI	LITT INTOK	WATION	Type of Facility (4)	School (k-12)				
Street Address	02 Bowspirit Poir	nt				7.	[] [x]	Subchapter 8 (of Other (i.e., priva homes, etc.)			ial buil	ldings,
City		County	y (6)		County Code (7) STATE USE ON	LY)	Square feet 1700 sf	# of Floors	Bldg	g. Age	50	
Lanoka Ha	arbor	Ocea	n				Current Use (Prior it Resider			ı		
Name of Monitoring Fir N	m Hired by Building	Owner (8)	1	ASCM No.			(9) an Contracting,	Inc.			
Street Address						Street A	1889 R	oute 9, Unit 61				
City, State, Zip Code								liver, New Jers			271	
Project Manager for Mo			Telephone Nur			732-34	ne Number 9-9932	License N 00624	umber			
Scheduled Start Date (1) 1/24/1	2		Scheduled Con 1/27/12	npletio	on Date (11)			L. Analytical				
	acility Closed/Vacate	d During	Entire Period			Street A		telton Road				
	batement Performed ther – Describe		of Normal Facil			City, Sta	ite, Zip Code Piscata	way, New Jerse	y 088	54		
Scope of Work (Check a	all that apply)			- KR		[]	Full Containment	with Negative Pre	ssure			
	3 sf or ≥3 lf 160 sf or ≥260 lf			enovati emoliti		[x]	Glovebag Proced	ure () and Non-Friable	Procedi	ıre		
									Abat	ement	Туре	
Locatio Asbestos-Containing TO BE AB in facil (13)	Material (ACM) BATED lity	N	Is Location formally used Solely by tenance/Custo Staff (12) NO N		(i ir	Descriptions best of the control of	ntaining ACM) systems irfacing, or	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior			X		Asbestos sid	ing		1500 sf	X			
			+ +							-		
Name of Registered Was	ste Hauler Contracting, Inc.	N	NJDEP Waste H		D No. Cubic	Yards of Was	te Name of Registe T.R.R.F.	red Landfill				
City, State	er, New Jersey			Disposa 1/30/1		City, S Tullyt	tate own, Pennsylvania	ı				
Completed by (Print or Nicholas Fo	Гуре)	Title Proje	ct Manager		Signature	chal	1111	/	Date 1/1	1/201	2	

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1)			Name of	Building C	wner/Ope						-
January 11, 201	2				Peter I	Coole	1 ch	10	90	24	/
[]	ation al Notification nded Notificatio	n	Street Ad	dress e, ZipCode		Lyons Drive				/	/
	ndment # rgency (includin	- g	City, Stat	c, Zipcou	Easton	, MD 21601	igs collina Inchella	11-			
[] DCA justif	ication) ellation		Name of	Contact Peter K			Telephone Number				
		FAC	ILITY IN	NFORM.	ATION					2-12-11	
Name of Facility Where Abatement is Takin Residence	g Place (3)					Type of Facility (4	School (k-12)	th a s th a	1-12\		
Street Address 36 East Osprey W	ay					[x]	Subchapter 8 (o Other (i.e., priva homes, etc.)			cial bui	ldings,
City	County (6)		County Co (STATE U)	Square feet 1000 sf	# of Floors	Bld	g. Age	50	
Ocean Beach	Ocean						if beingdemolished)			
Name of Monitoring Firm Hired by Building	Owner (8)		ASCM No	. [Name of	Abatement Contract		Inc	*		
N/A Street Address					Street Ad	dress					
City, State, Zip Code			4		City, Stat	e, Zip Code	Route 9, Unit 61				
Project Manager for Monitoring Firm	Telepl	one Number				e Number	River, New Jers			271	
Scheduled Start Date (10)	Schedi	iled Completi	ion Date (11	1)	732-349 Name of	9-9932 OSHA Monitor	00624				
1/24/12	1/2	26/12			Street Ad		S.L. Analytical		,		
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate		Period of Ab	atement		Street Ad		Stelton Road				
Abatement Performed Other – Describe	Outside of Norr	nal Facility H	ours		City, Stat	e, Zip Code Piscat	away, New Jerse	ey 088	354		
Scope of Work (Check all that apply)					[]		nt with Negative Pro	essure			
[] >3 sf or ≥3 lf	[Renova	tion		[]	Mini-Enclosure Glovebag Proce	dure				
[x] ≥160 sf or ≥260 lf	[x	Demoli	tion		[x]	Non-Exempted	(*) and Non-Friable	Proced	ure		
						_		Aba	tement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Loc Normal Solel Maintenanc Sta (1:	ly used y by e/Custodial iff 2)		Asbe M (i.e., insul	Description estos-Con aterial (A thermal s ation, sur VAT, o r miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X		Asbest	os siding	5		950 sf	X			
			-						-		
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP	Waste Hauler 20223		Cubic Yar	ds of Waste	T.R.R.F.	tered Landfill		<u> </u>		
City, State Toms River, New Jersey		1/27/				own, Pennsylvan	ia				
Completed by (Print or Type) Nicholas Fernicola	Title Project Mar	nager	Signatur	Sich	d	ten	1	Date 1/1	1/2012	2	

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

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

Date of Notification	(1)			Nar	ne of B	uilding	Owner / Operat	tor (2)						
	1/9/2012		SEE - 10	Bei	nzel B	usch	Motor Car Co	rporation	612 JAN	17 5%	98.00			
Agencies Notified	Type Notific	cation		Stre	eet Add	ress		oxiest (-			
⊠ EPA	N 1 1 11	3 1 77		-	Grand		MOSCO DO CALLED STATE OF THE ST	, i	13,575,5	M. Once	i nan			
DEP DOL	Initia	al ended			, State				1.11	Jo Soli CERSINI	LINCE.			
(American)							J 07631							
□ DOH		ergency cellation			ne of C					ľ	Teleph	one	Num	ber
		CCIIALIOTT		00000000			37,		100 ALVO					
					ACILIT	TY INI	FORMATION							
Name of Facility W Commercial buil		ent is Taking I	Place	(3)			Type of Fac			20100000				
Street Address	unig			(0)(0)			School		h 4h 1/	40)				
25 South Dean S	treet						Other (i		her than K-		aa bar		-4- \	
20 Couli Scall C	ti oot						Square Feet		of Floors		gs, nor		etc.)	
City (5)		County (6)	IC	ount	y Code	(7)	3000	N 1000	2		nuy. A	76		
Englewood		Bergen			,	(.)	Current Use	Control of the Parket		ichod)	-	50		
g		Joi goi.					Commerci			isricu)				
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)	AS	CM No			ALCO VICTORIO	9)				
		,	(-	,			ALPHA EN	VIRONM	ENTAL	3)				
Street Address							Street Addre	ess						
							2129 Rt 33		\					
City, State & Zip Co			.,.				City, State & Hamilton,	NJ						
Project Manager for	Monitoring F	Firm	Tele	phor	ne Num	ber	Telephone N 215-295-10			License N	umber 010			
Scheduled Start Da		Scheduled Co	mpleti	on D	ate (11)	Name of OS	HA Monito	r					
1/19/201		1/20/2012					EMSL Anal	-						
Occupancy Status I	Ouring Abate	ment (Check o During Entire I	only or	e)	hatama	4	Street Addre							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		utside of Norm					107 Haddo		е					
Describe:	CHOINICG O	diside of North	iai i ic	uis -	- rain t	o spiii	City, State & Westmont,		0					
	upied During	Abatement					westmont,	NJ 0810	8					
Scope of Work (Che													-	-
•		,						☐ Fu	II Containn	nent with No	egative	Pre	ssure	9
≥3 sf or ≥3 l					enovatio				ni-Enclosu					
≥160 sf ≥26	O If		\boxtimes	De	emolitio	n		Glo	ove Bag Pr	ocedures				
								⊠ No	n-Exempte	d and Non-	-Friable	e Pro	cedu	ıre
	cation of	30/11		Loca			Description			Amount	Ab	atem	ent T	уре
	os-Containin erial (ACM)	g		mally	Used		Asbestos-Con			(Specify				
	SE ABATED				nce or		Material (A (i.e., thermal s			SF or LF)	٦	77	Enc	E E
	Facility				Staff?		insulation, surfac				Remova	Repair	Encapsulate	Encisoure
	(13)			(12			or other miscell				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	#	ulat	ure
			Yes	No									· O	
Main Area Main Area						F	Fittings (wrap VAT	and cut)	50 If 20sf					
Name of Registered	Waste Haule	er		N	JDEP V	Vaste	Cubic Yards	Name of	Registere		-			
	W 121				auler ID		of Waste	1						
ALPHA Environm	ental			0	033333	30	1	Grows						
City, State							Disposal Date	City, Stat	te					
Hamilton								Morrisv	ille, PA					
Completed By (Print	or Type)			Ti	tle		Signature				Date			\dashv
Rod Richardson				P	M		Red Richardson				1/9/2	201	2	

Check # 7625



Date of Notification (1)					f Building			(2)		£ V.	SC No.				
01/10/2012					y Rose	Samon	a						9.0	ń.	
Agencies Notified	Type Notification			Street A 16 Var	ddress n Cleve	Avenu	ie		7	.12 J		14/1	0-1		
DEP × DOL	Amended Amendmen		_		ite, Zip Co , NJ 070				1/2 1		5105.		10	JI.	
ĭ DOH	Emergency justification		İ		f Contact					TA	lenhone Nu	mber			
DCA	Cancellation			Beverl	y Rose	Samon	а								
Name of Facility Where	Abatament is Tabi	DI (0)		FACI	LITY INFO	DRMATI	ON	-				-			
Residence	Abatement is Takir	ng Place (3)						Typ	e of Facility (4)					
Street Address									School (K-1 Subchapter	2)	orthon V 1	2)			
16 Van Cleve Aver	NIE.							×	Other (i.e. p	orivate	& commerc	z) ial bui	dings	, hom	es.
									etc.)	1 "	·				
City (5) Clifton									uare Feet 800	2	f Floors		3ldg., '0 +	Age	
County (6)			-	County (Code (7)				rent Use (Pri	1	ina domolio		0 .		-
Passaic					JSE ONLY)		_		sidence	or ii be	ing demons	nea)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)	4	ASCN N/A	1 No.				batement Cor ast Haz Ma			·			
Street Address							Street				,				
City State 7in Code					·		A STATE OF THE STA		1st Street						
City, State, Zip Code									Zip Code 1, NJ 07504	1					
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph 973-3		No. -0022		License N 00507	No.			
Start Date (10)		Scheduled			Date (11)		0.0000000000000000000000000000000000000		SHA Monitor				-		
January 11, 2012		January		2012			0.0000000000000000000000000000000000000	270222	above						
Occupancy Status Durin							Street	Addr	ess						
Facility Closed/Vac Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H			14	_	City, S	tate,	Zip Code						
Scope of Work (Check A	II That Apply)														_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	nova molit	The state of the s			×	N G	ull Containme lini-Enclosure Glovebag Prod	e cedure					
		1	400					1 1	Ion-Exempted	i (*) an	d Non-Friat	ole Pro	802011 15		
		1399761976	ocati	22.53										emen /pe	l .
Location Asbestos-Containing		Used	rmal Sole		Achest		cription		ial (ACM)	۸	mount		Π		
TO BE AB	ATED	Main Custo				thermal s	systems	s insu	ulation,	(8	Specify	교	, a	Encapsulate	5
In Facil (13)	,	7	(12)	nan:		surfac other m	ing, VA			SF	or LF)	Remova	Repair	apsu	Enclosure
(10)		Yes	No	N/A		outer in	isociiari	couc	,,			/al	=	ılate	ure
Basement- (abov	e boiler only)		X			Pipe	Insula	tion		3	L.F.	Х			
												_			
Name of Registered Was	ste Hauler		TN	JDEP W	aste	Cubic \	/ards		Name of	Reniste	ered Landfil	1			
East Coast Haz Mat			Н	auler ID I J 419	0.74	of Was			100000000000000000000000000000000000000		North Inc.				
City, State			1			Disposa		/	City, State	,	,			-	
Paterson, NJ 07504						01/12/	2012	1	Morrisvi	ller, p	A				
Completed by James E. Unger		Title Project	Ma	nager		Si	gnature		6 1	6	1/3/202	ate 1/10/2	2012		
Janies L. Oligei		Trojec	ivid	nagei			hon	re	4 1/	7		1/10/2	-012	-	

Look

Date of Notification				Na	ame	e of	Building	Owner / Opera	ator	(2)			<i>y</i>	1		
Agonaian Natified	12/20/11			Sa	ate	of	NJ Depa	artment of C	orr	4:						
Agencies Notified EPA	Type Notif			P) E	3ox	dress 11401				ل ۱۱۷	7.11 17	Ant :	C.		
☐ DEP ☐ DOL	⊠ Initi	al ended R#3-1/9/1 :	2				e & Zip C e , NJ 08				1.S.11	10000	JUHT	NOL.		
□ DOH		ergency	_				Contact	020				1000	Teleni			
☐ DCA		ncellation					E. May						I I PIPNI	IONE	Num	iber
				-	FA	CIL	TY INF	ORMATION								
Name of Facility WI	nere Abaten	nent is Taking Pla	ace	(3)		S III		Type of Fa						-	_	
Garden State Co Street Address	rrectional				_			Schoo	-	0.5						
Highbridge Rd. (off DT 420	,						Subch	apte	er 8 (Other t	han K-	-12)				
inglibriage ita. (OII KT 130	,								private & c					etc.))
City (5)		County (6)	To	Oun	ty (Code	(7)	Square Fee		# of F	loors		Bldg. A	(Tel)		
Yardville, NJ		Mercer		ouii	·y ·	Joue	(1)	1000	-	rior if bains	1	1 - L - D		30-	٠	
,								Current Use Correction		nor ii being	aemoi	isnea)				
Name of Monitoring	Firm Hired	by Building Owne	er (8	3)	_	AS	CM No.	Name of At		ment Contr	actor (0)		-		
Environmental C	onnection							Bristol En	vir	onmental.	Inc.	3)				
Street Address								Street Addr	ess							
120 N. Warren St City, State & Zip Coo	10							1123 Beav							-	
Trenton, NJ 0860								City, State &							7	
Project Manager for		Firm IT	Tele	pho	ne	Nun	her	Bristol, PA				Linaman	l l			
Ryan Broadwater		- C-				200	ibor	(215)788-6				License 1 00509	vumbei			
Scheduled Start Dat	e (10)	Scheduled Comp	oleti	on [at	e (1	1)	Name of OS			-25%	00000			_	
1/9/12				2/12				Bristol En		nmental	nc.					
Occupancy Status D	uring Abate	ment (Check only During Entire Per	y on	ne)	l			Street Addre								
Abatement P	erformed O	utside of Normal	IIOQ	OT A	ממו כ	teme	ent	1123 Beav								
Describe: 4	1.00 PM to	12.30 AM	нс	ours	- /	am	ю зрт	City, State 8								
Facility Occu	pied During	Abatement						Bristol, PA	1 19	007						
Scope of Work (Che	ck all that a	oply)						l								
M >0.5 >0.15										Full Co	ntainm	ent with N	legative	Pres	sure	е
≥3 sf or ≥3 lf ≥160 sf ≥260	ıŧ	Į	\bowtie			ovati				Mini-Er						
2100 SI 2200	11	. I		De	em	olitio	n					ocedures				
Loc	ation of		le	Loca	atio	.n	T	Dogarintia	X			d and Nor		C. C. S.		
Asbesto	s-Containin	g N		nally			18	Descriptio Asbestos-Cor				Amount Specify	Ab	ateme	ent T	ype
	rial (ACM)		S	olely	by	/		Material (A	CM)		F or LF)			Ш	_
	E ABATED Facility			tena odial				(i.e., thermal s					Ren	Re	ncap	ncl
	(13)	"	uou	(12		an:		sulation, surfa r other miscel					Remova	Repair	Encapsulate	Enclsoure
		Y	es	No		N/A				000)			_		ate	o o
GYM				\boxtimes			Pip	e insulation	n fit	tings		32 LF		П	П	
								Wrap and					T	H	Ħ	H
Holding Tank				\boxtimes				Plaste	r			4 LF				
st Floor Classrooi	m			\boxtimes				Plaste	r		:	25 SF				
			4		1											
lame of Registered V	Vaste Haule	or L		L IN	ID	EC.,	Voot- C	ible Va	1							
o or registered v	vasio i lault							ubic Yards Waste	Na	me of Regi	stered	Landfill				
Bristol Environme	ntal, Inc.			11 (20)	099		ATTACANA PROPERTY	Cu yd	Gr	ows Land	lfill					
ity, State			1					sposal Date	_	y, State						-
Bristol, PA						H				orrisville,	PA					
completed By (Print o	r Type)				tle.		Si	gnature	7-		,		Date			
Bino Pizzigoni						ect	_	Gine K	1	ann.	/ .	7	12/3	0/11		
				IVI	an	age		rune of	37	you	17	(

Manager and the second	12/20/11			Nar	ne of Bu	ilding (Owner / Ope	rator (2	2)				-	_		
Agencies Notified	Type Notific	cation		Stre	et Addre	ess	ittilient of	Correc	tions	1.574 ·	-1 ***	- 1	70			
☐ EPA				PO	Box 11	1401					,		-			
DEP					, State &		ode		4.30	SF II.	- 1 T		7.1			_
⊠ DOL	The second secon	ended R#2-1/	3/12	Yar	dville, l	NJ 086	620			3 1 1		141	- l.	3	36	
□ DOH □ DCA	Eme	ergency			ne of Co				D. 35000			Te	lent	none	Nrim	h
☐ DCA	☐ Can	cellation		Jos	eph E.	May						1.0	.icpi	10116	Hull	IDE
Name of Facility VA				F	ACILITY	Y INFO	DRMATION	1								
Name of Facility W Garden State Co	nere Abatem	ent is Taking	Place	(3)			Type of Fa	acility (4	1)							
Street Address	riectional							ol (K-12								
Highbridge Rd. (o# DT 420\						Subc	hapter 8	(Other	than K-	12)					
i liglibilage ita. (OII KI 130)						Other	(i.e. pr	vate & c	ommer	cial build	lings,	, ho	mes,	etc.)
City (5)		County (C)	- 12				Square Fe	eet	# of F	loors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		g. A			
Yardville, NJ		County (6) Mercer	10	ounty	Code (7	7)	1000	The second secon		1				30	+	
raidellic, 145		Mercer					Current Us		r if being	demol	ished)					
Name of Monitoring	Firm Hired b	y Building O	MDOF (0)	TAGOS		Correction				-				Market Service	
Environmental C	onnection	, Dulluling Of	wilet (0)	ASCI	M No.	Name of A	bateme	nt Contr	actor (9	9)					
Street Address							Street Add	roos	mental,	inc.						
120 N. Warren St							1123 Bea		root							0.00000
City, State & Zip Co		M. (1.2800.12%)					City, State									_
Frenton, NJ 0860							Bristol, P									
Project Manager for	Monitoring F	irm	Tele	ephone	e Numbe	er	Telephone				License	Num	her			
Ryan Broadwater Scheduled Start Dat	AND REAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN			-392-			(215)788-		****		00509					
12/30/11	The state of the s	Scheduled Co		tion Da	ate (11)		Name of O									_
Occupancy Status D		(Rev		OM	HOLD		Bristol Er Street Add		mental	Inc.						
Describe:	5 PM to 1:3	Itside of Norn	nal Ho	ours –	7am to 3	3pm	City, State	& Zip C					20-11			Carlo
Facility Occu	5 PM to 1:3 pied During /	0 AM Abatement	nal Ho	ours -	7am to 3	3pm		& Zip C								
Facility Occu	5 PM to 1:3 pied During /	0 AM Abatement	nal Ho	ours –	7am to 3	3pm	City, State	& Zip C	7							
Facility Occu	5 PM to 1:3 pied During /	0 AM Abatement	nal Ho			3pm	City, State	& Zip C	7 Full Co	ntainm	ent with	Nega	ative	Pres	ssure)
Facility Occu	5 PM to 1:3 pied During / ck all that app	0 AM Abatement	nal Ho	Rer	novation	3pm	City, State	& Zip C	7 Full Co Mini-Er	nclosure	9		ative	Pres	ssure	•
Facility Occusione of Work (Check ≥3 sf or ≥3 lf	5 PM to 1:3 pied During / ck all that app	0 AM Abatement	nal Ho	Rer		3pm	City, State	& Zip C	Full Co Mini-Er Glove E	nclosure Bag Pro	e ocedures					
Facility Occur icope of Work (Chee ≥3 sf or ≥3 lf ≥160 sf ≥260	5 PM to 1:3 pied During / ck all that app	O AM Abatement ply)		Rer Der	novation nolition	3pm	City, State Bristol, P	& Zip C A 1900	Full Co Mini-Er Glove E	ag Pro empted	e ocedures d and No	n-Fri	iable	e Pro	cedu	ıre
Facility Occur Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto	5 PM to 1:3 pied During / ck all that app If cation of s-Containing	O AM Abatement ply)	Is Norn	Rer Der Locat mally I	novation nolition ion Jsed		City, State	& Zip C A 1900	Full Co Mini-Er Glove E Non-Ex	ag Pro empted	e ocedures d and No omount	n-Fri	iable		cedu	ıre
Facility Occu Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM)	O AM Abatement ply)	Is Norn	Rer Der Locat mally t	novation molition ion Used		Description Description Asbestos-Co	& Zip C A 1900 On of ontaining ACM)	Full Co Mini-Er Glove E Non-Ex	Bag Pro empted	e ocedures d and No	n-Fri	Aba	e Pro	cedu	ıre yp
Facility Occu Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED	O AM Abatement ply)	Is Norn S Main	Rer Der Locat mally to Solely to Intenan	novation molition ion Used by ce or	(i)	Description Asbestos-Co Material (A. i.e., thermal	& Zip C A 1900 On of ontaining ACM) system	Full Co Mini-Er Glove E Non-Ex	Bag Pro empted	e ocedures d and No amount Specify	n-Fri	Aba	e Pro	cedu	ıre yp
Facility Occur Cope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM)	O AM Abatement ply)	Is Norn S Main	Rer Der Locat mally I Solely I ntenan odial S	novation molition ion Used by ce or	, (i insi	Description Asbestos-Co Material (A. i.e., thermal	& Zip C A 1900 On of ontaining ACM) system acing, V	Full Co Mini-Er Glove E Non-Ex	Bag Pro empted	e ocedures d and No amount Specify	n-Fri	Aba	e Pro	cedu	ıre yp
Facility Occur cope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) E ABATED Facility	O AM Abatement ply)	Is Norn S Main	Rer Der Locat mally to Solely to Intenan	novation molition ion Used by ce or	, (i insi	Description Asbestos-Co Material (A. i.e., thermal	& Zip C A 1900 On of ontaining ACM) system acing, V	Full Co Mini-Er Glove E Non-Ex	Bag Pro empted	e ocedures d and No amount Specify	n-Fri	iable	e Pro	cedu	ıre
Facility Occur cope of Work (Chec ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) E ABATED Facility	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Solely to tenan odial S (12)	novation molition ion Used by ce or Staff?	(i insi	Description Asbestos-Co Material (Asia, thermal ulation, surfator)	& Zip C A 1900 A 1900 On of ontaining ACM) system acing, Villaneou	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted A (S	e ocedures d and No mount Specify or LF)	on-Fri	Aba Removal	e Pro	cedu	ıre yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) E ABATED Facility	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally I Solely I itenan odial S (12)	novation molition ion Used by ce or Staff?	(i insi	Description Asbestos-Co Material (Asie., thermal ulation, surfactor) other misce	& Zip C A 1900 On of ontaining ACM) system acing, Vallaneou	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted A (S	e ocedures d and No amount Specify	on-Fri	Aba	e Pro	cedu	ıre yp
Facility Occur Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) = ABATED Facility (13)	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally I Solely I itenan odial S (12)	novation molition ion Used by ce or Staff?	(i insi	Description Asbestos-Co Material (Asia, thermal ulation, surfator)	& Zip C A 1900 On of ontaining ACM) system acing, V dlaneou	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted A (S SF	e ocedures d and No mount Specify or LF)	on-Fri	Aba Removal	Pro ateme	cedu	ıre yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) = ABATED Facility (13)	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally t Solely I ntenan odial S (12) No	novation molition ion Used by ce or Staff?	(i insi	Description Asbestos-Co Material (vi.e., thermal ulation, surfactother misce	& Zip C A 1900 On of ontaining ACM) system acing, Vollaneous in fitting i Cut	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	ıre yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	pied During /ck all that applick all that applick all that application of s-Containing rial (ACM) = ABATED Facility (13)	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Solely to Internan odial S (12) No	novation molition ion Used by ce or Staff?	(i insi	Description Description Description Description Description Description Asbestos-Co Material (vice., thermal ulation, surfactor other misce e insulation Wrap and Plaste	& Zip C A 1900 On of ontaining ACM) system acing, Vollaneous in fitting i Cut	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	e ocedures d and No mount Specify or LF)	on-Fri	Aba Removal	Pro ateme	cedu	ıre yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in YM Olding Tank * Floor Classroor	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13)	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely Intenan odial S (12) No	novation molition ion Jsed by ce or Staff? N/A	(i insi or	Description Asbestos-Co Material (i.e., thermal ulation, surfa other misce e insulatio Wrap and Plaste	& Zip C A 1900 On of ontaining ACM) system acing, Vollaneous in fitting i Cut	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	ıre yp
Facility Occur Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13)	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely Internant odial S (12) No	novation molition ion Jsed by ce or Staff? N/A	(iinstor	Description Asbestos-Co Material (i.e., thermal ulation, surface other misce e insulation Wrap and Plaste Plaste bic Yards	& Zip C A 1900 A 1900 On of ontaining ACM) ACM) Acing, V Illaneou In fitting Cut Er	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (% SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	ıre yp
Facility Occur Coope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in YM Olding Tank * Floor Classroor ame of Registered V	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) The state of the s	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely to Internant odial \$\text{(12)}\$ No	novation molition ion Used by ce or Staff? N/A DEP Was aller ID No	(ii instruction or Pip	Description Asbestos-Co Material (i.e., thermal ulation, surfatother misce e insulation Wrap and Plaste Plaste bic Yards Waste	& Zip C A 1900 A 1900 on of ontaining ACM) system acing, V llaneou on fitting I Cut er	Full Co Mini-Er Glove E Non-Ex s AT s)	aclosure Bag Pro cempted (S SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in PM Colding Tank Floor Classroor Tistol Environment	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) The state of the s	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely Internant odial S (12) No	novation molition ion Used by ce or Staff? N/A DEP Was aller ID No	(iinsi or Pip	Description Asbestos-Co Material (vi.e., thermal ulation, surfa other misce e insulation Wrap and Plaste Plaste bic Yards Waste Cu yd	& Zip C A 1900 A 1900 On of ontaining ACM) System acing, Vollaneou on fitting I Cut er Name Grov	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (S SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in YM Colding Tank Floor Classroor Tistol Environment y, State	5 PM to 1:3 pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) The state of the s	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely to Internant odial \$\text{(12)}\$ No	novation molition ion Used by ce or Staff? N/A DEP Was aller ID No	(iinsi or Pip	Description Asbestos-Co Material (i.e., thermal ulation, surfatother misce e insulation Wrap and Plaste Plaste bic Yards Waste	& Zip C A 1900 A 1900 On of ontaining ACM) system acing, Vollaneou on fitting I Cut er Name Grov City, 3	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in VM Olding Tank * Floor Classroor ame of Registered V	pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) m Vaste Hauler ntal, Inc.	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely Intenan (12) No N	novation molition Jsed by ce or Staff? N/A DEP Was aller ID No.	(iinsi or Pip	Description Asbestos-Co Material (Asbestos-Co Material (Asbestos-C	& Zip C A 1900 A 1900 On of ontaining ACM) system acing, Vollaneou on fitting I Cut er Name Grov City, 3	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Aba Removal	Repair	cedu	yp
Facility Occur icope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in YM Olding Tank * Floor Classroor ame of Registered V ristol Environmer y, State istol, PA	pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) m Vaste Hauler ntal, Inc.	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely International S (12) No	novation molition ion Jsed by ce or Staff? N/A DEP Was aller ID No.	(iinsi or Pip	Description Asbestos-Co Material (vi.e., thermal ulation, surfa other misce e insulation Wrap and Plaste Plaste bic Yards Waste Cu yd	& Zip C A 1900 A 1900 On of ontaining ACM) system acing, Vollaneou on fitting I Cut er Name Grov City, 3	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Removal	Repair N	ent T Encapsulate	yp
Facility Occur cope of Work (Check ≥3 sf or ≥3 lf ≥160 sf ≥260 Loc Asbesto Mater TO BE in YM Colding Tank Floor Classroor Tistol Environmer y, State istol, PA mpleted By (Print of	pied During / ck all that app If cation of s-Containing rial (ACM) E ABATED Facility (13) m Vaste Hauler ntal, Inc.	O AM Abatement ply)	Is Norn S Main Cust	Rer Der Locat mally to Golely Internan odial \$ (12) No	novation molition Jsed by ce or Staff? N/A DEP Was aller ID No.	(iinsi or Pip	Description Asbestos-Co Material (Asbestos-Co Material (Asbestos-C	& Zip C A 1900 A 1900 On of ontaining ACM) system acing, Vollaneou on fitting I Cut er Name Grov City, 3	Full Co Mini-Er Glove E Non-Ex S S AT s)	aclosure Bag Pro cempted (\$ SF	cedures d and No mount Specify or LF)	on-Fri	Removal	Repair	ent T Encapsulate	yp

Date of Notification (1)			Na	me (of Build	dina (Owner / Oper	ntos (2)			27		. /	7
12/30/11			St	ate	of NJ	Dep	artment of	Correct	ions ²⁶ 12 JAB	17 A	M M	00		
Agencies Notified Type Notified	cation		Str	reet /	Addres	SS		001100	10113-1-1-07.11	1 / 1.	1 19	· falls		
☐ EPA ☐ Initia					x 114				45.55	na rr		211		
	aı ended Rev1				ate & 2					ICENS		- 10		
	80/11		Ya	irdvi	ille, N	J 080	620			r Schan I (vol.)	: 1 - 1.2			
□ DOH □ Eme	ergency		Na	me c	of Cont	tact		-			T-11			
	cellation		100000		h E. N					_1	Telent	nnne	Min	nhar
			1		Series and a									_
Name of Facility Where Abatem	ent is Taking Pl	ace	(3)	AC	ILIIY	INFO	PRMATION							
Garden State Correctional	on to running in	400	(0)				Type of Fa	of (K-12)						
Street Address						10.00			Other than K-12	2)				
Highbridge Rd. (off RT 130)							Other	(i.e. priva	ate & commercia	- <i>)</i> al buildin	as ho	mas	oto	. 1
							Square Fe	et	# of Floors		Bldg. A		, etc	.)
City (5)	County (6)	10	count	ty Co	de (7)		1000		1		nug. A	70)+	
Yardville, NJ	Mercer								f being demolis	hed)		31)T	
							Correctio			icaj				
Name of Monitoring Firm Hired b	y Building Own	er (8	8)	1	ASCM	No.			t Contractor (9)			_	_	
Environmental Connection							Bristol Er	vironm	ental, Inc.					
Street Address							Street Addi	ress				_		
120 N. Warren St							1123 Bear							
City, State & Zip Code Trenton, NJ 08608							City, State							
Project Manager for Monitoring F	irm T	Tole	nho	no Ni	umber		Bristol, P							
Ryan Broadwater	0.0000000000000000000000000000000000000		-392				Telephone (215)788-6			icense N	umber			372
	Scheduled Com						Name of OS			0509				
12/30/11			5/12	, , ,	()		Bristol En							
Occupancy Status During Abater	nent (Check onl	10 V	ne)				Street Addr		entai inc.					
Facility Closed/Vacated [During Entire Pe	rioc	of A				1123 Beav		et					
Abatement Performed Ou		H	ours -	- 7aı	m to 3	pm	City, State 8					-		-
Describe: 5 PM to 1:3							Bristol, PA							
Facility Occupied During									*					
Scope of Work (Check all that ap	ply)													
N .2 - f - r . 2 f			_		732				Full Containmer	nt with Ne	gative	Pre	ssu	re
≥3 sf or ≥3 lf		\bowtie			ation				Mini-Enclosure					
≥160 sf ≥260 lf		Ш	De	emoli	ition				Glove Bag Proc					
Location of		lo.	1	. A				M	Non-Exempted					
Asbestos-Containing			Loca mally				Description Asbestos-Co		100000	nount	Aba	aten	ent	Туре
Material (ACM)			olely			,	Material (A			oecify or LF)				T
TO BE ABATED	N.	Mair	ntena	nce	or	(i.e., thermal		01	of Li')	Re	z	-nc) <u> </u>
in Facility (13)	C	cust	odial		f?		ulation, surfa				Removal	Repair	aps	Cisc
(13)	\ <u>\</u>	'es	(12) No		10	or	other miscel	llaneous)		Val	=	Encapsulate	Encisoure
VM		7		14/	-								0	
YM		4		+-	-	Pip	e insulatio		s 32	LF	\boxtimes			
alding Tank		4	님	+⊨	+		Wrap and			Name of the last				
olding Tank		╡	X	++		OLUMBAN .	Plaste			LF		X		
FIOUI CIASSIOUIII		4	X	+			Plaste	<u>r</u>	25	SF		\boxtimes		
		4	H	+-	-	Milans								
ame of Registered Waste Hauler			IN	IDE:	2 10/05	10	ibic Yards	The second	<u> </u>					
and of regions, sa Tradic Flatier			Ha	auler	ID No	of	ibic yards Waste	Name	of Registered La	andfill				
ervice Transport Inc.				990		A MARKET	Cu yd	Grows	Landfill					
ty, State							sposal Date	City, St						
ew Castle, DE							5/12		ville PA					
ompleted By (Print or Type)		to re-	Tit	le			nature)				Date			
ino Pizzigoni				ojec	t		18	1/)	_		Date 12/3(1/4	2	
			Ma	anac	er	1.	111.	11 12	R		14/3()	ı	

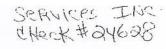
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

CD #2197

Date of Notification (1) 12/20/11	1	Nam	ne of Building	Owner / Operat	tor (2)		
Agencies Notified Type Notif		Stre	et Address Box 11401	artment of C	orrections		1-1-1
☐ DEP ☐ Init			State & Zip C	Code		the second has	San Sal
 ☑ DOL /366 ☑ DOH /359 ☐ Em 	nended	Yard	dville, NJ 08		7.	912 1611 17	5" 61 cs
	nergency incellation		e of Contact				Telephone Num
						MESTAL	1
Name of Facility Where Abaten	ment is Taking D	F#	CILITY INF		2009	a I Kaswa	in a later
Garden State Correctional	i	iace (3)		Type of Fac			2) 190
Street Address					pter 8 (Other	than K 12)	
Highbridge Rd. (off RT 130	0)			Other (i	.e. private &	commercial build	dings, homes, etc.)
				Square Feet	# of	Floors	Bldg. Age
City (5)	County (6)	County	Code (7)	10000		1	. 30+
Yardville, NJ	Mercer			Current Use	(Prior if bein	g demolished)	. 30+
James of Manites in a Fig. 11.				Correction	al	- 92	
Name of Monitoring Firm Hired Environmental Connection	by Building Own	er (8)	ASCM No.	Name of Aba	tement Cont	tractor (9)	
Street Address	1			Bristol Env		I, Inc.	
20 N. Warren St				Street Addre			
City, State & Zip Code				City, State &			
renton, NJ 08608				Bristol, PA			
roject Manager for Monitoring I	Firm	Telephone		Telephone N	umber	License	Number
Ryan Broadwater		609-392-4		(215)788-60	40	00509	, ridiliber
cheduled Start Date (10) 12/30/11	Scheduled Com	pletion Dat 12/31/11	te (11)	Name of OSI			
ccupancy Status During Abate				Bristol Env	ironmental	inc.	
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1:	During Entire Pe outside of Norma 30 AM	riod of Aba	tement am to 3pm	Street Address 1123 Beave City, State & 2 Bristol, PA	r Street Zip Code		
Facility Closed/Vacated Abatement Performed O	During Entire Per outside of Norma 30 AM Abatement	riod of Aba	itement 7am to 3pm	Street Address 1123 Beave City, State & 2	r Street Zip Code 19007		
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap	During Entire Per outside of Norma 30 AM Abatement	riod of Aba Hours – 7	am to 3pm	Street Address 1123 Beave City, State & 2	r Street Zip Code 19007	ontainment with	Negative Pressure
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During	During Entire Per outside of Norma 30 AM Abatement	riod of Aba Hours – 7	am to 3pm	Street Address 1123 Beave City, State & 2	r Street Zip Code 19007 Full C Mini-E	nclosure	
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If	During Entire Per outside of Norma 30 AM Abatement	riod of Aba Hours – 7	am to 3pm	Street Address 1123 Beave City, State & 2	r Street Zip Code 19007 Full C Mini-E Glove	Inclosure Bag Procedures	S
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of	During Entire Per outside of Norma 30 AM Abatement oply)	Rend Dem	ovation	Street Addres 1123 Beave City, State & Z Bristol, PA	r Street Zip Code 19007 Full C Mini-E Glove Non-E	inclosure Bag Procedures exempted and No	n-Friable Procedu
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing	During Entire Per outside of Norma 30 AM Abatement oply)	Rend Dem	ovation on lesed	City, State & Z Bristol, PA	Full C Mini-E Glove Non-E of aining	Inclosure Bag Procedures	S
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM)	During Entire Perutside of Norma 30 AM Abatement oply)	Rend Dem Is Locatic Normally U	ovation solition	City, State & Z Bristol, PA Description Asbestos-Conta	Full C Mini-E Glove Non-E of aining	Enclosure Bag Procedures Exempted and No	on-Friable Procedur
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility	During Entire Perutside of Norma 30 AM Abatement oply)	Rend Dem	ovation solition on sed y	City, State & Z Bristol, PA Description Asbestos-Conta Material (AC i.e., thermal sy	Full C Mini-E Glove Non-E of aining M) stems	Bag Procedures exempted and No Amount (Specify	on-Friable Procedur
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12)	ovation solition on sed by taff? ins	City, State & Z Bristol, PA Description Asbestos-Conta	Full C Mini-E Glove Non-E of aining M) stems ng, VAT	Bag Procedures exempted and No Amount (Specify	on-Friable Procedur
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Glove Non-E aining M) stems ng, VAT neous)	Bag Procedures exempted and No Amount (Specify	on-Friable Procedur
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During Cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12)	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Mini-E Glove Non-E aining M) sterms ng, VAT neous)	Bag Procedures exempted and No Amount (Specify	on-Friable Procedur
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During Cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Mini-E Glove Non-E aining M) sterms ng, VAT neous)	Enclosure Bag Procedures Exempted and No Amount (Specify SF or LF)	Abatement T Removal
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Mini-E Glove Non-E aining M) sterms ng, VAT neous)	Enclosure Bag Procedures Exempted and No Amount (Specify SF or LF)	Abatement T Removal
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Mini-E Glove Non-E aining M) sterms ng, VAT neous)	Enclosure Bag Procedures Exempted and No Amount (Specify SF or LF)	Abatement T Removal
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No	ovation con lsed y ee or (taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella	Full C Mini-E Glove Non-E aining M) sterms ng, VAT neous)	Enclosure Bag Procedures Exempted and No Amount (Specify SF or LF)	Abatement T Removal
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12) Yes No	ovation colition on lesed by taff? ins	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella e insulation Wrap and C	Full C Full C Mini-E Glove Non-E of aining SM) stems ng, VAT neous) fittings	Amount (Specify SF or LF)	Abatement T Removal
Facility Closed/Vacated I Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) /M me of Registered Waste Hauler	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12) Yes No	ovation colition on lased by taff? ins or N/A Pip	Description Asbestos-Conta Material (AC i.e., thermal synulation, surfacil other miscellar bic Yards Waste	Full C Mini-E Glove Non-E aining M) stems ng, VAT neous) fittings Cut	Enclosure Bag Procedures Exempted and No Amount (Specify SF or LF) 32 LF	Abatement T Removal
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) /M me of Registered Waste Hauler rvice Transport Inc.	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12) Yes No	ovation polition on placed by property	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella be insulation Wrap and C bic Yards Waste Cu yd sposal Date	Full C Street Poor Full C Solve Non-E of aining M) stems ng, VAT neous) fittings Cut Name of Rec City, State	anclosure Bag Procedures Exempted and No Amount (Specify SF or LF) 32 LF pistered Landfill ge	Abatement T Removal
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) /M me of Registered Waste Hauler rvice Transport Inc. y, State w Castle, DE	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Location Normally U Solely by Maintenance Custodial St (12) (es No Normally U Solely by Maintenance Custodial St (12) NJD	ovation colition on colition	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacir other miscella be insulation Wrap and C bic Yards Waste Cu yd sposal Date 2/12	Full C Full C Slove Non-E of aining M) stems ng, VAT neous) fittings Cut	anclosure Bag Procedures Exempted and No Amount (Specify SF or LF) 32 LF pistered Landfill ge	Abatement T Removal
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 If ≥160 sf ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) /M me of Registered Waste Hauler rvice Transport Inc. /, State // Castle, DE inpleted By (Print or Type)	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenance Custodial St (12) (es No No Normally U Solely by Maintenance Custodial St (12) Is Locatic Normally U	ovation colition on colition	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacia other miscella be insulation Wrap and C bic Yards Waste Cu yd sposal Date	Full C Street Poor Full C Solve Non-E of aining M) stems ng, VAT neous) fittings Cut Name of Rec City, State	anclosure Bag Procedures Exempted and No Amount (Specify SF or LF) 32 LF pistered Landfill ge	Abatement T Removal
Facility Closed/Vacated Abatement Performed O Describe: 5 PM to 1: Facility Occupied During cope of Work (Check all that ap ≥3 sf or ≥3 lf ≥160 sf ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) /M me of Registered Waste Hauler rvice Transport Inc. , State w Castle, DE	During Entire Perutside of Norma 30 AM Abatement Oply)	Rend Dem Is Locatic Normally U Solely by Maintenanc Custodial St (12) Yes No No Normally U Solely by Maintenanc Custodial St (12) Title Proje	ovation colition on colition	Description Asbestos-Conta Material (AC i.e., thermal sy- ulation, surfacir other miscella be insulation Wrap and C bic Yards Waste Cu yd sposal Date 2/12	Full C Street Poor Full C Solve Non-E of aining M) stems ng, VAT neous) fittings Cut Name of Rec City, State	anclosure Bag Procedures Exempted and No Amount (Specify SF or LF) 32 LF pistered Landfill ge	Abatement T Removal Removal



Date of Notification (1	1/9/12			Nar	me of Buildi	ng Owner/Operato M	or (2) Irs. Nancy So	chrieber	, Table		/* /	,		
Agencies Notified	Type Notifica	tion		Stre	eet Address		165 Valley I	ZOIZ JON	17	All	5:	02		
DEP DOL	Amended Amendme		ing	City	, State, Zip	Code Pr	rinceton, NJ	08540	A STATE OF THE STA		1000000			
DOH DCA	justification Cancellation			Nan	ne of Conta Na			Telephone Nu			Ö.			
				F	ACILITY IN	FORMATION					-	-		
Name of Facility When							Type of Facilit							
Street Address	K	esiden	ice				School (K-	12) r 8 (Other than K-	12)					
Stieet Address	165	Valley	Road	4			Other (i.e.,	private & commer		uilding	js,			
City (5)	103	variey	Teod	4			homes, etc Square Feet	# of Floors		Bldg.	Ane			
	P	rinceto	on				1500	2		Diag.	60			
County (6)	Mercer				unty Code (E ONLY)	7) (STATE	Current Use (F	Prior if being demo)				
Name of Monitoring Fire	m Hired by Buildir	ng Owne	r	ASCI	И No.	Name of Abaten	nent Contractor (9)					
(8)	MECS			W <u>asan a sa</u>		Stev	vens Environ	mental Servi	ces,	lnc.		ace in		
Street Address						Street Address								
	PO Box 3	341						O Box 322						
	Crosswick, N.	J 0851				City, State, Zip C		n, NJ 08501						
Project Manager for Mo William W	onitoring Firm Veisgarber Jr.		1,000	ephone 09) 29	98-4070	Telephone No. (609) 25	259-9688 00493							
Start Date (10)	Sc	heduled	Compl	etion D	ate (11)	Name of OSHA	HA Monitor							
1/19/12			1/31/	12			N	IECS						
Occupancy Status Dur						Street Address	DO I	Box 341						
☐ Facility Closed/Vaca☐ Abatement Performed Other - Describe:	ed Outside of Norr	mal Facil				City, State, Zip C	ode							
Scope of Work (Check		171					Crosswic	ks, NJ 08515		_	_	_		
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	ан тас арріу)		enovat emolitic			☐ Mini-End ☐ Gloveba	g Procedure		dure					
		Is	Location	on		Non-Exe	empted (*) and No	on-Friable Procedu	1	Abate	mant	_		
		N	lomally	/					1	Ту				
Location Asbestos-Containing TO BE ABA	Material (ACM)	Mai C	d Solel ntenan ustodia Staff? (12)	ce/	(i.e., t	Description of os Containing Mate thermal systems in surfacing, VAT, other miscellaneou	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure		
IN Facilit (13)				other miscellaneous)							ate	(b)		
		Yes	No	N/A			and the second s					- 17.7		
	r level	Yes	No	N/A		floor tile/mas	stic	270 SF	×					
(13)		Yes	No			floor tile/mas duct insulate		270 SF 30 SF	×					
lower floo garag	e	Yes		×		duct insulate	on	30 SF	-					
lower floo garag Name of Registered Wa	e ste Hauler		N	X X JDEP \auler ID	Waste No.	duct insulate	Name of Regis	30 SF	×	-11				
lower floo garag Name of Registered Wa Stevens Environs	e ste Hauler		N	X X JDEP \	Waste O No.	duct insulate Cubic Yards of Waste 2 CU	Name of Regis	30 SF	×	ill				
lower floo garag Name of Registered Wa	e ste Hauler mental Servic	es Inc.	N	X X JDEP \auler ID	Waste O No.	duct insulate Cubic Yards of Waste 2 CU Disposal Date	Name of Regis	30 SF	andí	ĭll				
lower floo garag Name of Registered Wa Stevens Environs	ste Hauler mental Servic Allentown,	es Inc.	N H	X X JDEP \auler ID	Waste D No.	duct insulate Cubic Yards of Waste 2 CU	Name of Regis	30 SF	andí					



Date of Notification (1	1/9/12			Nar	me of Buildi	ng Owner/Operato M	or (2) Irs. Nancy St	chrieber				
Agencies Notified	Type Notificat	ion		Stre	eet Address		3 -101					
EPA DEP	Initial Amended						165 Valley		-			
₩ DOL	Amendmer			City	, State, Zip		rinceton, NJ		F(1**			
₩ DOH	☐ Emergency justification		ng	Nan	ne of Conta		VI 100 000	Telephone Nu	mher			
DCA DCA	Cancellation			- Ivan		ancy Schriebe		OEN <u>ISII</u>	moei		177	
				F.	ACILITY IN	FORMATION						
Name of Facility When		22/22					Type of Facili					
Clarat Add	R	esiden	ce				School (K-	12) r 8 (Other than K-	12)			
Street Address	165 \	/ollow	Door	1			Other (i.e.,	private & commer	cial bu	ilding	s,	
City (5)	105 V	alley	Noac	1			homes, etc	c.) # of Floors		3ldg.	Δαρ	110000
Oily (3)	p,	inceto	m				1500	2	1.		60	
County (6)		meen	711	I Co	unty Code (7) (STATE		Prior if being demo	lished		00	
	Mercer				E ONLY)			Residence				
Name of Monitoring Fir	and the state of t	g Owne		ASC	И No.	Programme and the second secon	ment Contractor (the second second				
(8)	MECS						vens Enviror	mental Servi	ces, I	nc.		
Street Address	DO D 3	4.1		and the second		Street Address	DO.	D 200				
0.4 0.4 7 0 4	PO Box 3	41				0.1 0.1 7.		Box 322				
City, State, Zip Code	Crosswick, NJ	0851	5			City, State, Zip C		vn, NJ 08501				
Project Manager for Mo		0031		ephone	e No	Telephone No.	Tinentev	License No.				
	Veisgarber Jr.			100	98-4070		59-9688	1	0049	3		
Start Date (10)		eduled			ate (11)	Name of OSHA						
1/19/12			1/20/	12 MECS								
Occupancy Status Dur			A	Street Address PO Box 341								
☐ Facility Closed/Vaca								Box 341				
☐ Abatement Performe Other - Describe:			ity Hou	rs		City, State, Zip C		1 NIX 00515				
		VI		Crosswicks, NJ 08515								_
Scope of Work (Check	all that apply)					Full Cor	ntainment with Ne	egative Pressure				
≥3 sf or ≥3 lf ★ ≥160 sf or ≥260 lf			enovat emolitic			☐ Mini-End						
2 100 St 01 2200 II		По	SHORRE	111				on-Friable Procedi	ıre			
		100	Locatio						1	Abate		
Location	of		ormally Solely			Description of				Ту	oe 	_
Asbestos-Containing	Material (ACM)	Mai	ntenan ustodia	ce/		os Containing Mat	erial (ACM)	Amount	고	Z.	ш	1 1
TO BE ABA IN Facilit		1 2	Staff?	11.	(i.e.,	thermal systems is surfacing, VAT,		(Specify SF or LF)	Remova	Repair	ncap	Enclosure
(13)			(12)			other miscellaneo	ous)	3	<u>va</u>		Encapsulate	Sure
		Yes	No	N/A							te	
lower floo	r level			×		floor tile/ma	stic	270 SF	×			
garag	е			×		duct insulat	on	30 SF	×			
					Waste O No.	Cubic Yards of Waste	Name of Regi					
Stevens Environmental Services Inc.					292	2 CU		R.R.F., Inc. L	andf	ill		
City, State	A 11	NTT.				Disposal Date	City, State		.			
Completed Pir	Allentown,					1/20/12/	$\forall \longleftarrow$	Tullytown,	PA			_
Completed By Mahlon E. Ste	Title		niect	Mar	ager	Signature	1/	Date	1/9/	/12		
B-41		- 11	Oject	14141	iugoi		1		1///	14		_

State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) B & G proj. #: 2012-16 Check # 5012 *** Emergency *** Date of Notlfication (1) Name of Building Owner/Operator (2) M. Dept. of Health & Senior Services 10 11 1/11 1/11 1/11 12 1 Mike Grieshaber Agencies Notified Type Notification Street Address ☐ EPA 図 Initial 66 West Homestead Avennue DEP City, State, Zip Code DOL. Amendment VI. 112-11 Palisades Park, NJ 07650 Telephone Number HOO K Name of Contact Cancellation ☐ DCA Mike Grieshaber FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) Mike Gricshaber Other (Private/Commercial Street Address Bldgs./Homes, etc. Bidg, Age # of Floors Square Feet 66 West Homestead Avennue Соцпту (б) County Code (7) City (5) (State use only) Current Use (Prior if being demolished) Palisades Park, NJ 07650 Bergen Name of Abstement Contractor (9) Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. B & G Restoration, Inc. n/s Street Address Street Address 105 Ryerson Road City, State, Zip Code City, State, Zip Code Lincoln Park, NJ 07035 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 0378 973-696-6869 Name of OSHA Monitor Scheduled Start Date (10) Sched, Completion Date (11) B & G Restoration, Inc. Street Address 1/12/2012 1/12/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road X Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Lincoln Park, NJ 07035 Other-Describe; Scope of Work (check all that apply) Full Containment w/negative pressure Glovebag procedure ☐ Demolition Renovation Non-friable procedure Mini-enclosure ≥160 sf or ≥280 ff >3 sf or >3 if is location normally used solely E Location of by maintenance/custodial η Amount asbestos-containing Description of asbestos-containing m P ¢ staff(12) (Spedify SF or meterial to be c material (ACM) 0 a abated in facility (13) L v N/A YAR No

pipe insulation

pipe insulation

pipe insulation

Cubic Yards of Waste

Signature

1 yard

Disposal Date

1/13/12

NUDEP Hauler ID#

19563

Title

Treasurer

basement main room

Registered Waste Hauler

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Type)

Gordana Luna

boiler room

bathroom

City, State

36 lf

30 lf

6 lf

Tullytown Resource & Recovery Center

Name of Registered Landfill

City, State

Tullytown, PA

X

図

Data

1/11/2012

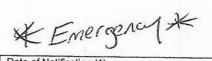
State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2012-16

*** Emergency ***

Check # 5012

Date of Notification	. /1)	¥0.		-		8			1111								
	2017/07:	- 11	Name of B	uilding Owr	ner/Operator (2))			500 K 7	one tex							
10 11 / 1 11		<u> </u>	Mike Gr	rieshaber				COLUMN (p.	in face						
Agencies Notified EPA	Type Notifica	tion	Street Addi	ress				CUIT ONLY	1 151	011	-						
☐ DEP	✓ Initial		66 West	t Homeste	ad Avennue				4.7			2000					
_	74,000,000		City, State,	Zip Code					TE VE	11.0	٠.						
DOL DOL	Amend	Iment	Palisad	es Park, N	J 07650			75.14.15	eta in el II								
☑ DOH		11	lame of Co			-		Telepho	ne Numbe	er							
☐ DCA	☐ Cancel	lation															
			Mike G	rieshaber						_	==						
				FAC	ILITY INFORM	IOITAI	N		Financia		11						
Name of facility wh	nere abatement	is taking pl	ace (3)					Type of Facility	(4) ol (K - 12	`							
Mike Grieshabe	or.										. 1	< 10\					
Street Address									napter 8 ((Private/0								
Street Address									/Homes,		Sicial						
66 West Homes	stead Avennu	e						Square Feet	# of Floo	ors	Е	ldg. A	Age				
City (5)		Cou	nty (6)				inty Code (7)										
100 300 0 100 30						(Sta	ite use only)		rior if bei	if being demolished)							
Palisades Park,			rgen			L_,		residential									
Name of Monitoring	g Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abatement Co	ontractor (9)									
n/a					oli		B & G Restoration	, Inc.									
Street Address	4					Street Address											
							105 Ryerson Road						-				
City, State, Zip Code	е						City, State, Zip Code										
							Lincoln Park, NJ (07035									
Project Manager for	Monitoring Firm	n	P	hone Numb	er		Telephone Number		License	Numb	er						
							973-696-6869		0378								
Scheduled Start Dat	te (10)	Sched	. Completi	ion Date (1	1)		Name of OSHA Monito										
1/12/2012		1/10	/2012				B & G Restoration	, Inc.		-							
1/12/2012	Number Abatama		(2012			_	Street Address										
Occupancy Status D							105 Ryerson Road	****									
Facility closed	rvacated during					-	City, State, Zip Code										
Describe:																	
Other-Describ						-	Lincoln Park, NJ (07035									
Scope of Work (che	eck all that appl	y)															
Demolition	\boxtimes	Renovation	'n			☐ F	ull Containment w/negat	tive pressure		bag pr	oced	ure					
\boxtimes >3 sf or >3 If		≥160 sf or	≥260 If			X V	fini-enclosure		Non-f	riable p	огосе	dure					
Location of		Is location	normally	used solely	/			T	A-34,	R	R	Е	Τ_				
asbestos-cont	taining		enance/cus	stodial	Description	n of a	sbestos-containing	Amount		e m	е	n	l E				
material to be		staff(12)			material (occord outlanning	(Specify S	F or	0	р a	c	c				
abated in facil	iity (13)	Yes	No	N/A				LF)		v e	i	p	L				
basement main ro	om				pipe insulat	ion		36 lf		×		П	to				
boiler room					pipe insulati	THE RESERVE	- Charles Control Control	30 lf		×		〒	恄				
bathroom			X	pipe insulati	on		6 lf		Ø	一	一	市					
							1			П	I	厅					
									H	一	〒	厅					
Registered Waste Ha	auler	NJDE	P Hauler I	ID# C	ubic Yards of V	Vaste	Name of Registered La	indfill					1				
B & G Restoratio	n, Inc.	195		1	yard		Tullytown Resourc		Center								
City, State				Disposal D	ate		City, State										
Lincoln Park, NJ				1/13/12			Tullytown, PA			Market Market							
Completed by (Print	or Type)	Title			Signature	(Gordana Luna	MANUFACTURE TO THE PARTY OF THE	Date								
Gordana Luna		Treasure	r				ziruuna Luna		1/11/2	012							



23/05/
200

Date of Notification (1 1/11/12)		Name of Building Owner/Operator (2) John Lekow / Residence													
Agencies Notified	Type Notification	n		Street A				7	n17.!	AN 17	B)	1 6	510	?		
EPA DEP DOL	Initial Amended Amendmer Emergency	(including	- L	City, Sta Ocear	ate, Zip Coon Beach 2	de	3752				S. C.C		ŢRſ			
DOH DCA	justification Cancellatio			John	Contact] Te	elephone	Numb	er	.7			
Name of Facility When	re Abatement is Taki	ng Place (3)		FACI	LITY INFO	RMATIC	N	Type of Facility	(4)				_			
John Lekow / Res						2		School (K-	12)							
Street Address 244 Harbor Drive								Subchapte Other (i.e. etc.)	r 8 (Ot private	her than & comm	K-12) ercial	buil	dings	, hom	ies,	
City (5) Ocean Beach 2 N	IJ 08752							Square Feet 1000 +	1.	of Floors 5			3ldg. /			
County (6) Ocean					Code (7) USE ONLY)			Current Use (Pri	or if be	eing dem	olished	1)				
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	/ No.	Т	Name	of Abatement Co	ntracto	r (9)		_			-	
N/A Street Address		-						aco Inc.								
Street Address								et Address Box 329								
City, State, Zip Code	City, State, Zip Code Project Manager for Monitoring Firm							ate, Zip Code Berlin NJ 080	91							
	onitoring Firm		Telepho	ne No.			one No. '53-9800		Licens 00727							
Start Date (10) 1/12/12		Scheduled 1/13/12	Com	pletion l	Date (11)			of OSHA Monitor aco Inc.							******	
Occupancy Status Dur	ring Abatement (Che	ck Only One)					Address	415					_		
Facility Closed/Va Abatement Perfor	acated During Entire rmed Outside of Nor :	Period of Ab mal Facility F	atem Hours	ent				ox 329 ate, Zip Code	<u> </u>				1000			
Scope of Work (Check ≥3 sf or ≥3 if ≥160 sf or ≥260 if		Property.	novat moliti				×	Full Containment with Negative Pressum Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
			ocatio									(3	7/13/2000	emen pe	t	
Locati Asbestos-Containir <u>TO BE A</u> In Fa (13	ng Material (ACM) BATED cility	Used Main Custo	Solel tenan	ice/	(i.e. th	Description of os Containing Material (ACM) Amount thermal systems insulation, surfacing, VAT, or other miscellaneous)					Remova	Repair	Encapsulate	Enclosure		
		Yes	No	N/A										te	Ф	
Exterior		t	х		Exteri	or Sid	ing	16	800 SF	x						
Name of Registered W United Containers	Ha	DEP Waller ID I	No.	Cubic Ya of Waste	1 /2 D / 1 W/ C											
City, State Elm NJ		· · · · · · · · · · · · · · · · · · ·				Disposa 1/13/12		City, State		A 19067	7					
Completed by Anthony T Perna	ent			Sig	nature				Date 1/11/	12						
					~				17 1 17	. 4						

State of New Jorsey

/_/_		
Cheak	#:9976	/

Date of Notification					:60-7 and 12:120-7	Charles and the second		OVED R. Conic	ar Cor	vices
	(1)			I Sh	ding Owner/Operator		NChept of Health	Poly	en	41000
1/10/12			0.00			RE	sign	ature)	, ,	~ ^
gencies Notified	Type Notificat	Lon		Addre	den Avenue	i	Date: 110112	Time	1:6	SEE
[]EPA	[X] Initial			(4		2017 IAN	17 81 51	20		
[]DEP	Notificat	ion			Zip Code	~~ (~ ~,,,,	11 141 9	42		
[X] DOL	[]Amended Notificat		Gle	n Ri	dge, NJ 07028	}	ins enum	es t	12	
[X] DOH	ROTLICAT		Kama o	f Cont	act	relephor	se Munber	UL		
	(X) EXCERCINCY				hnaps		_			
[]DCA	()Carcellati	on I								
				PACIL	ITY INFCRMATION					
Name of Facility Whe	ere Abatement is	Takir	g Plac	ce (3)		Type of Facil	ity (4)			
Private						[]School []Subchap	ter 8 (Other	than 1	π-12	i.
Street Address						[x]Other ((i.e., private puildings, hom	E 001	omer	
260 Linden A	AGUNG					11	of Floors			cre .
			(6)		County Code (7)	Square Feet 2500	2	1000	6	ge.
City (5)	C	ompty '			(STATE USE ONLY)		Prior if being			and)
Glen Ridge		Ess	ex			Residence		ig obs	~~~	,
			h		Imamo of Zhate	ment Contracto				
Name of Monitoring I Owner (8) N/A	Firm hired by B	aildin	67	M No.		MANAGEMENT				
Street Address					Street Address 86 Chris	stopher St				
	da				City, State,	Zip Code				
City, State, Lip Co.	be.			*		ir, NJ 070	42			
		le :		2 Marsh				cense	Numb	er
Project Manager for	arma in seco	N	'A		(973) 74	4-8800		0037	1	
Scheduled Start Date 1/12/12	1/2	20/12		Date	(11) Name of CSBA	Monitor				
Month Day I Occupancy Status Du [X]Facility Cla	ear Mon	(Check	cnly	Year one) Period	Street Addres	38	•			
of Ahstomor	st.								-	
Bours - Desc	ribe: Officurs	Descri	pto		City, State,	SID CODE				
Scope of Work (Chec	2577575								TOTAL STATE	
[X]>3 af or	: ≥3 lf	[wation	(X) Modi	Costainment w fied Wini-Encl obag Procedure	GENTE	Pressu	T.G	
[] <u>></u> 160 s£	OI 2260 11	3.	,		[].Fon-	Friable Proced	ure	122-	+-m-	ot T
Locatio Asbestos-Co	ntaining		Is locati Normal Used Solel	lλ	Descripti Asbestos-Co Material	ntaining	Amount (Specify	REM	ŔBP	N C A
			y Mai	n-	(i.e. therma		SF OF	V	A	P
Material TO BE A			ustodi	al	insulation, sur	ellaneous)	1001	A	R	U
Material	lity		taff (N/A	or cost mo	,				
material TO BE A			No		- : 3 5-	- 1.	150 s£			X
Material TO BE A To Faci (13)	·	Xe2	No	X	Internal Duc	ರರ				
Material TO BE AN TO FACE (13)	·		NO	X	Internal Duc		2 sf	X	1	1
Material TO BE A To Faci (13)	·		No	X	Duct Insula			X	-	
Material TO BE AN TO FACE (13) 18tfl 2nd fl 6	·		No					X		_
Material TO BE AN TO FECE (13) 18tfl 2nd fl 5 Basement	Basement	Yes		X	Duct Insula	tion	2 sf	-		
Material TO BE AN TO FACE (13) 1stfl 2nd fl 6	Basement	Yes	JDEP 7	Naste ID No.	Duct Insula	tion	2 sf	-		
Material TO BE AI TO EE AI TO	Basement	Yes	ODER 3	Naste ID No.	Duct Insula Cubic Zards of Wasta 1.5	Mame of Reg	2 sf	i11		
Material TO BE AT TO FEE A	Basement Waste Hauler	Yes	JDEP 7	Naste ID No.	Duct Insula	Mame of Reg	2 sf	i11	7	

Date of Notification (1) 1/09/2012		Name of Building Owner/Operator (2) Market Halsey Urban Renewal Street Address												
	Notification			ddress alsey St.				LUILJ	mii i I	-1611-1		40.1		
X DEP X DOL	Amended Amendment #	_		te, Zip Coo rk, NJ 07				forit	:5103 ; LICE!	COR ISINO	11	⊎i.		
X DOH	Emergency (including justification) Cancellation		Name of Robert	Contact Klug					Telenhone	Number				
N			FACIL	LITY INFO	RMATION		T (F							
Name of Facility Where Abater Market Halsey Urban Re							Type of Faci							
Street Address		-				-	School Subcha		Other than I	K-12)				
165 Halsey St.									te & comm		ildi	ngs,	home	es,
City (5)					-		Square Feet	1	# of Floors	T	Bld	lg. A	ge	
Newark							2500	2	2		70			
County (6) Essex County	*		County C	Code (7) ISE ONLY)			Current Use	(Prior if	being dem	olished)				
Name of Monitoring Firm Hired	by Building Owner (8)		ASCM	No.	100000000000000000000000000000000000000		of Abatement			nice de la constitución de la co				
							nid Contra	cting C	orp.					
Street Address					100		Address Sargeant A	ve						
City, State, Zip Code				110 110 100 100		ate, Zip Code n, NJ 070								
Project Manager for Monitoring		Telephor	ne No.			one No. 89-6281		Licens 01099						
Start Date (10) 1/10/2012	Scheduler 12/31/2		npletion [Date (11)	Na	me o	of OSHA Mor	nitor						
Occupancy Status During Abat	ement (Check Only One)			Str	reet A	Address						_	
Facility Closed/Vacated D Abatement Performed Ou Other – Describe: 8:00am	tside of Normal Facility				Cit	ty, Sta	ate, Zip Code	Э						
Scope of Work (Check All That ≥3 sf or ≥3 If ≥160 sf or ≥260 If	X R€	nova				XXX	Mini-Enclo Glovebag	sure Procedu	with Negativ ire and Non-F				•	
	le l	ocati	00										ment	t
Location of	No.	ormal	ly		Descrip	otion o	of				1	Тур	oe	
Asbestos-Containing Mater TO BE ABATED In Facility (13)	Custo	tenar	nce/		os Containir hermal syst surfacing,	Description of Containing Material (ACM) ermal systems insulation, surfacing, VAT, or ther miscellaneous) Amount (Specify SF or LF)				Remova		Repair	Encapsulate	Enclosure
	Yes	No	N/A										e	
MER 9.5	х				Concret F	Platf	orm		90 SF	x				
MER 9.5	X				Pipe Ins	ulati	ion		60 LF	x				
Halsey St. Bathroor				Pipe Ins	ulati	ion		240 LF	x					
Pump Room 28			Pip	e Insulation	on &	Fitting		10 LF	x					
Name of Registered Waste Hau	uler		JDEP W		Cubic Yard	ds	Name	e of Regi	istered Lan	dfill				
Pyramid Contracting Corp)	100000	auler ID I 2613	NO.	of Waste	4		ows						
City, State Clifton, NJ 07013				Disposal D	ate/	City/ Mori	State risville							
Completed by Dimo Golcev	Date 1/9/2012													

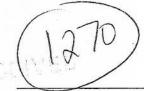
4179

Date of Notification (1)				1	Name of B	Building O	wner/Operat	tor (2)				re town on			\				
Janua	ary 1	2, 2012		K	athy He	ead								<i>A. f</i>	Chi Chi				
Agencies Notified	Туре	e Notification		- 3	Street Add	dress													
⊠ EPA	П	Initial		3	9 Edgev	water Ro	d				7015	1232	: "	0.43	1713	20			
□ DEP		Amended			City, State	e, Zip Cod	le						1 .			7 mil			
DOL	\boxtimes	Amendment # Emergency (in		_ S	ummit,	NJ						177	197	11.	17.	-24			
DOH		justification)	icidaling	-	Name of	Contact					Tele	phone N	umbe	er		1 44 144			
DCA -		Cancellation		K	athy He	ead									61		_		
					FACIL	ITY INFO	RMATION			of Facility (4)									
Name of Facility Where	Abate	ment is Taking	Place (3)					13	_	of Facility (4)									
Kathy Head								_ _		School (K-12) Subchapter 8		r than K	12)						
Street Address									36	Other (i.e. pri				ouildi	ngs,	home	s,		
39 Edgewater Rd.									<u>ч</u> е	etc.)									
City (5)								So	quar	e Feet	# of	Floors		Bio	lg. A	ge			
Summit, NJ				1															
County (6)					County C	ode (7) SE ONLY)		0	urrer	nt Use (Prior	if beir	ig demol	ished	1)					
Union					(SIAII: O.	SE ONLY						home							
Name of Monitoring Firm	n Hire	d by Building O	wner (8)		ASCM	No.	Na	me of	Abat	tement Contr	actor	(9)							
AET					0021			The MACK Group, LLC											
Street Address				-0.000-0.000		V=3/2/1 = 10/4/1	333	Street Address 1500 Kings HWY N, STE 209											
907 Doolittle Drive							150	0 Kir	ngs	HWY N, S	STE 2	.09							
City, State, Zip Code							Cit	y, Stat	te, Zi	ip Code									
Bridgewater, NJ 088	idgewater, NJ 08807						Che	Cherry Hill, NJ 08034											
CONTRACTOR OF THE PARTY OF THE	roject Manager for Monitoring Firm						Tel	lephon	ne No	о.		License	No.						
Eric Houseknecht				(908) 21	8-1108		973) 759 - 5000 00781											
Start Date (10)		T	Schedule	d Con	pletion D	Date (11)	Na	Name of OSHA Monitor											
1/12/1	2				1/15/12	2	The	e MACK Group, LLC.											
Occupancy Status Durin		atement (Check	Only On	e)															
Facility Closed/Vac					4500 Kings LIMAY NI STE 200														
Abatement Perform							100			ip Code									
Other - Describe:							— Che	erry H	Hill,	NJ 08034									
Scope of Work (Check /	All Tha	at Apply)										*							
≥3 sf or ≥3 lf		(0.5.3)(0.5.8)		enovs	novation Full Containm						inment with Negative Pressure								
≥160 sf or ≥260 lf			(ACC ACTION)	emoli				Mini-Enclosure											
								×	Glo	ovebag Proce	edure	Non-Fria	hle P	roceo	lure				
									INO	II-Exempled	() and	THOIT I THE				emen	t		
			48	Locat	935.4										Ty	ре			
Locatio				Norma d Sole	C. The same of	A = b = = =	Descrip tos Containi			LACM	Δ	mount							
Asbestos-Containing TO BE AB			Ma	intena	nce/		thermal sys					Specify		χ,	77	nc	Enc		
In Fac	317 9 W	2	Cust	todial (12)	Staff?		surfacing	, VAT,	, or		SF	or LF)		ome	ep	apsi	sols		
(13)			(12)	-		other misc	ellane	ous)					val	air.	llate	ure		
			Yes	No	N/A											(b			
been			100	V			pipe in:	sulati	ion			53 l/f		X					
basen	Hent			/\	-		pipe iii	Jaiati	-				-						
															-				
															_				
Name of Registered Waste Hauler					NJ DEP W	Vaste	Cubic Yar	ds		Name of F	Registe	ered Lan	dfill			-	1		
Name of Registered Waste name					Hauler ID	No.	of Waste												
Freehold				1100	159	39		.5		GROWS						-			
City, State							Disposal I												
Freehold, NJ			- <u> </u>							Morrisvil	le, PA	4							
Completed by			Title	1/15/12 Morrisville, PA Signature Date															
Mike Cooper	dent			1/10	//	-	72			1/12	Procedure Abatement Type Removal Removal								

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

Drint	Form
PHILI	FORTH

Date of Notification (1) 01-10-2012	i.		10000		Building O gedale L		perator ((2)	RZOL		EO	1 <u>)</u>	<u>.</u> /	/	
Agencies Notified EPA DEP	Type Notification Initial Amended				ddress x 1024 te, Zip Cod	e		201	2 13347	1 25	H		,		
DOL DOA	Amendment # Emergency (ir justification) Cancellation		N	lame of	town, NJ Contact annetti	07962	2		110	100 100	ephone N	ımber	-		
Name of Facility Where A 2 Bay Garage with Street Address	Abatement is Taking	22.0			ITY INFO	RMATIC	N		of Facility (4 School (K-12 Subchapter	2)	er than K.	12)			
94-96 Ridgedale Av	ve.	-				*		×	Other (i.e. pretc.)	rivate 8		cial buil	dings Bldg. /		s,
Morristown County (6)				County C	ode (7)			630) SF ent Use (Pric	2			50+		-
Morris Name of Monitoring Firm	Hired by Building O	wner (8)	- (ASCM	No.		Name (ucture for latement Con						_
n/a Street Address	Times by canomig o			n/a				ır Co	ntracting,						-
n/a							22 T	roy L							
City, State, Zip Code n/a					Linco	oln P	ark, NJ 07	'035							
Project Manager for Mon n/a		relephor n/a			Teleph 973-	706-	7950		License 01088						
Start Date (10) 01-23-2012		Schedule 01-31-		pletion [HA Monitor vironment	al									
	ated During Entire P ed Outside of Norma	eriod of A	batem	ent			City, S	Rt. tate, 2	ess 22 West Zip Code J 07083		C.B.CO.				-
Scope of Work (Check A	II That Apply)		7/9-1/	W-1-000											\neg
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enovat emoliti				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure						re		
	-	P10000	Location	2000000							30		Aba	temen ype	t
Locatior Asbestos-Containing <u>TO BE AB.</u> In Facil (13)	Material (ACM) ATED ity	Use Mai Cust	lormall d Solel intenar odial S (12)	y by nce/ taff?		os Cont thermal surfac	escription of ntaining Material (ACM) al systems insulation, facing, VAT, or r miscellaneous)			(mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
2nd Fl. Right Apt. K	Citchen & Closet	Yes	No	N/A	12" Txa	an Floo	or Tiles	s Mu	Iti Layer	1	10 SF	×	+		
2nd Fl. Left Ap				X		12" Re		200	-	1	30 SF	×			
Exterior Fa	Exterior Fascade					Windo	w Cau	ulking	g	8 W	/indows	X	-		
Name of Registered Was Jadar Contracting, I	Н	JDEP W auler ID 03313	No.	Cubic of Was TBD	ste		G.R.O.	W.S.	ered Land Landfill	fill	1_				
City, State 22 Troy Lane			Disposal Date City, State TBD Morrisville					ate sville PA 19067							
Completed by Lillie Lazarevich	etary				ignature Lill		Ruzen	un	8	Date 01-10	-201	2			



Check # 1270		(Pu	rsı	ant t	o NJAC	8:60 and 12:1	20)			/					
Date of Notification (1	1)			Name	of Buildir	ng Owner/Operator	(2)		17. 11	7			_		
01/12/2012				Joan (Gernat		1.17	1811 MI	·. · · ·	ės 					
Agency Notified	Type Notification			Street	Address										
₩ EPA			1	91 Vi	ola Avei	nue		.ge (38 63)		-		2000			
DEP	☐ Amended		- 1	City, S	State, Zip	Code		A LIGHT IN	11-1						
⊠ DOL	Amendment #		- 1	Clifto	n, NJ 07	7011									
≥ DOH	 Emergency (includi justification) 	ng	i	Name	of Conta	ct	Paris and Control of the Control of	Telephone Numb	er				-		
□ DCA	☐ Cancellation		i	Joan (Gernat			1-10							
		-		FAC	ILITY INF	ORMATION		3/					APTIME AT		
Name of Facility Whe	ere Abatement is Taking Pla	ce (3)					Type of Facili	ty (4)							
Private home		48. 20					☐ School (K-1	2)							
Street Address				-				r 8 (Other than K-1 2)							
1								private & commercial	building	gs,					
91 Viola Avenue City (5)			_			18 (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	Square Feet	# of Floors	Bldg.	Age					
							0400.0.00		3						
Clifton, NJ 07011			r	Ca	Cada (7) (STATE USE	Current Has (Drier if heing demolis	hod)						
County (6)			1	ONLY		e (7) (STATE USE									
Passaic			201			T N		70)							
Name of Monitoring F	irm Hired by Building Owne	er(8)	SUN	No.			Name of Abatement Contractor (9)								
						Gr Tech LLC					Collins				
Street Address						Street Address									
						576 Valley Rd									
City, State, Zip Code						City, State. Zip 0									
						Wayne, NJ 07470									
Project Manager for N	vionitoring Firm	1 616	pnc	ne No.		Telephone No.		License No.							
0. 15 . (10)			-5			973-638-1777 01127 Name of OSHA Monitor									
Start Date (10)	Scheduled C	ompietio	n Da	ite (11)											
01/21/2012	01/22/2012 uring Abatement (Check on	v 000)				Envirovision C	onsultants, I	nc							
Occupancy Status Di	aring Abatement (Check on	y one,				~ # 244									
	cated During Entire Period			t		20-21 Wagara City, State, Zip C		g .# 34A					1176/2		
Other - Describe:	ned Outside of Normal Faci	lity Hour	S												
Scope of Work (Chec	k all that apply)			-		raii Lawii, NJ	NJ 07410								
				NA D				th Negative Pressure							
≥3 sf or >3 lf	f				novation molition		Enclosure ebag Procedure	4							
								nd Non-Friable Proce	dure				-		
		ls L	oca	ion						А	bate Ty		nt		
100	cation of		rma	50		Description	of			••	.,	PC .	T		
	ining Material (ACM)	Main		ely by ance/	Asbe	stos Containing Ma		Amount				П	_		
	E ABATED	Cu	stoc	lial	(i.e	e., thermal systems		(Specify		Rer	Re	cap	DO.		
IN	Facility (13)		taff (12)			surfacing, VAT other miscellane		SF or LF)		Remova	Repair	Encapsulate	Enclosure		
			()		-					a	7	ate	(O)		
	44	Yes	No	N/A	1								ļ		
Basement			-	Х	Pipe in	sulation		20 LF		X_					
					i										
					i										
		- 1		Ī	1								1		
Name of Registered	Waste Hauler			Waste	Hauler	Cubic Yards of	Name of Reg	stered Landfill	-,			******	i		
		ID N	0.	-		Waste									
Gr Tech LLC		0033	78	5			T.R.R.F. In	c				- 1.19	****		
City, State					Disposal Date	City, State									
Wayne, NJ 07470					1	Tullytown,	Commence of the commence of th				in an				
Completed by	Title					Signature	11		Date						
N. Jevtic ASB-41	Owner * Do no	use this	for	m for a	sbestos li	censure exempted	activities.	Jenas 0	1/12/2	.01	2	27-22			

	/	10	ni	Ĺı	87
/	2	41) `	16	01
(V	17.		-	

Date of Notification (1) 12/15/11				Owner/Ope te of Tec										
Agencies Notified Type Notification	n	1000	Street Ad Castle		n the Hud	dson	2,020	1012.3		7 AN	O G	2		
EPA Initial DEP Amended DOL Amendme				e, Zip Coo en, NJ 0				100	ŮŦ,	ş cul	Tag			
DOH Emergency justification Cancellati			Name of John La					G.	Tel	ephone Nu	mber			
4			FACIL	ITY INFO	RMATION	١ .								
Name of Facility Where Abatement is Tal Stevens Institute of Technology - Street Address			and a second second					of Facility (4 School (K-12 Subchapter (?) B (Oth	er than K-1	2)			
Castle Point on the Hudson								Other (i.e. pr	ivate	& commerc	ial build	lings,	home	s,
City (5) Hoboken								e Feet	# o	f Floors	7.00	ldg. A O yea	-	
County (6) Hudson			County C	Code (7) ISE ONLY)		_		nt Use (Prio dence	r if bei	ng demolis	hed)			100.00%
Name of Monitoring Firm Hired by Buildin Briggs Associates	g Owner (8)		#0004		9911			ement Cont ement, Inc		(9)				
Street Address 3 Crosswicks Street	3 Crosswicks Street						Addres	s jren Aven	ue					
City, State, Zip Code Bordentown, NJ 08505							p Code J 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephon		23		none No 345-8			License I #00675					
Start Date (10) 1/13/12	Schedule 1/14/12		npletion [Date (11)				IA Monitor ement, Inc	c.	L			-	
Occupancy Status During Abatement (Ch							Addres	s gren Aven	ue					
Facility Closed/Vacated During Entire Abatement Performed Outside of No Other – Describe: weekend					.	City, S	tate, Zi	p Code J 07512						
Scope of Work (Check All That Apply)							,							-58
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	-	enova emoli				>	Mir Glo	l Containme ni-Enclosure ovebag Proc n-Exempted	edure	-			·e	
	- le	Locat	ion		~				. (/ =:			or recognitions.	emen	
Location of	. 1	Norma	lly		Desc	ription	of				-	T T	/pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intena todial ((12)	nce/		tos Contain thermal sy surfacin other mis	ystem	s insula T, or		(Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
basement	basement						ation		2	90 LF	х	-		
Name of Registered Waste Hauler		1	NJDEP W	/aste	Cubic Ya	ards		Name of	Regist	ered Landi	ill			
D&S Abatement, Inc.	1	Hauler ID 20996		of Waste			1 1500 W.C1 12	B	gement					
City, State Totowa, NJ					Disposa TBD	I Date)	City, State Tullytov		Α				
Completed by Deanna Brkusanin	ect M	anager		Sig	natur	e 1/1/10	Rellin	III	1777	Date 12/15/	11			

Date of Notification (1) 1/11/12			Building Co				n - Ellen S	Schne	idenba	ach	ıζ	<u> </u>				
Agencies Notified EPA	Type Notification			Street Ad 31 Gar	ddress field Pla	ce			7			1				
DEP DOL	Amended Amendment				te, Zip Coo vood NJ		50			ri, fi	:57.0	3 (11.	Ji.	
☑ DOH DCA	Emergency justification) Cancellation	i			Contact Schneide	nbac	h			Tel	ephone I	Numb	er			
Name of Facility Where A house Street Address	batement is Takin	g Place (3)		FACII	LITY INFO	RMAT	ION		of Facility (4 School (K-12 Subchapter	2) 8 (Oth						
31 Garfield Place City (5)								Squar	Other (i.e. p etc.) e Feet		comme Floors	ercial	BI	dg. A		s,
Ridgewood County (6)					Code (7)			2500 Curre	nt Use (Pric	2 or if bei	ng demo	olishe	d))		
Bergen Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	JSE ONLY)	-	Name	of Aba	tement Con	tractor	(9)		2000			
Warne of Worldoning 7 min	Timed by Dulluling	Owner (o)		7,001	1110.		ABS	Envir	onmental			LC				
Street Address					Street 4 E G		ss Orive, PO	Вох	483							
City, State, Zip Code							p Code NJ 0741	8		03/4 15	1200					
Project Manager for Mon	T.	Telephor	ne No.		Teleph 973-7				Licens 703	e No.	i in					
Start Date (10) 1/23/12		Schedule 1/30/12		pletion I	Date (11)		Name	of OSH	A Monitor							
Occupancy Status During	Abatement (Chec	ck Only On	e)				Street	Addres	SS							
Facility Closed/Vaca Abatement Performe Other – Describe: _	ated During Entire ed Outside of Norr	Period of A nal Facility	batem Hours	ent		_	City, S	tate, Z	p Code							
Scope of Work (Check Al	l That Apply)									16	Name and					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti	700000			×	Mir Glo	l Containme ni-Enclosure ovebag Prod n-Exempted	e cedure					e	
		Is	Locati	on						1)				Abate	ment pe	
Location Asbestos-Containing	007,00	Use	lormal d Sole	ly by	Ashest		escription ntaining M		(ACM)	A	mount			.,		
TO BE ABA In Facili (13)	ATED	Cust	ntenar odial S (12)	Staff?		therma surfa	ll systems acing, VA miscellar	s insula T, or		(Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
baseme	ont .	Yes	No	N/A X		nine	e insula	tion		,	80 LF		x			
baseme		^		- Pibe	Ilisula	uon										
Name of Registered Was	te Hauler	41	IN	JDEP W	/aste	Cubi	c Yards		Name of	Regist	ered Lan	ndfill				
					No.	of W			Cumbe	rland			ndfil	1		
City, State Newark NJ						Dispo	osal Date		City, State Newbur		A					
Completed by	dent				Signature	· A			4	Date	e 1/12)	- Control			
Andrew Scott Higgin	3	uent					El		20.00		",	., 12				



Date of Notification (1)						rator (2)	14			1			
					ion fai	WILY, L	LC	s was the		5:1			
Type Notification		8	_						ws	· /-	1		
Initial			The state of the s	The state of the s	Section Control of the Control of th	<u> </u>	2512	1111	a an		nt.		
Amended	<u>.</u> }	4 33							5		6		
					NJ (28742	1.5				1		
justification)		1						Tel	ephone Nun	nber			
Cancellation								1					1
Nhatamant in Taldon	Dlana (2)		FACIL	ITY INFO	PRMATION		of Facility	(4)					_
						Туре							
P GUDCERY	210KE					H			orthon K 15)\			
115.15		85				₩.					ings,	home	s,
AVENUE						2	etc.)	1 #	,	1.5			
						120000000000000000000000000000000000000		# 01	r Floors		-		
SANT,								1	l re		0 +	year	2
	(0)	1											
Hired by Building C	wner (8)		ASCM	No.	1.00								
			l					ASBES	ios abate	WEN.	(0)	4., 1	NC
							178						
					17	f THOM	PSON .	SIRE	El	-			
								10.1	^-	17/	يا.		
					M	est lo	ng Bra	NCH,	N2 0-	116	T_		
itoring Firm		1	elephon	ie No.					License N	o.			
							HA Monito		0004	-			
							HA MODITO	i P					1112
	Schedule			vate (11)	14								
	1/20	6/12		vale (11)		AlM							
g Abatement (Check	1/20	6/12		oute (11)									
g Abatement (Check ated During Entire F	k Only One	olia e) bateme			S	N/A treet Addre	ess						
g Abatement (Chec	k Only One	olia e) bateme		vale (11)	S	AlM	ess						
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One	olia e) bateme		vale (11)	S	N/A treet Addre	ess						
g Abatement (Check ated During Entire F	k Only One	olia e) bateme		vale (11)	S	NIA treet Addre	ess Zip Code						
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One Period of A hal Facility	bateme Hours	ent	vale (11)	S	treet Addressity, State,	ess Zip Code	ment with	n Negative F	Pressu	re		
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One Period of A hal Facility	oll) e) bateme Hours	ent	vale (11)	S	treet Addressity, State, 2	ess Zip Code	ment with		Pressu	re		
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One Period of A hal Facility	bateme Hours	ent	vale (11)	S	treet Addressity, State, 2	zip Code Zip Code ull Containr ini-Enclosu	ment with				Đ	
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One Period of A hal Facility	bateme Hours	ent ion on	ate (II)	S	treet Addressity, State, 2	zip Code Zip Code ull Containr ini-Enclosu	ment with		le Pro	cedur Abate	ment	
g Abatement (Check ated During Entire F ed Outside of Norm	k Only One Period of A hal Facility R D	bateme Hours enovatemolitic	ent ion on	ate (II)	S	treet Addressity, State, 2	zip Code Zip Code ull Containr ini-Enclosu	ment with		le Pro	cedur	ment	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of of Material (ACM)	k Only One Period of A hal Facility R I I I I I I I I I I I I I I I I I I	e) bateme Hours enovatemolitie	ion on y	Asbes	Descritos Contain	treet Addressity, State, 2	zip Code Zip Code ull Containi ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	nd Non-Friab	ele Pro	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility R Is N User Mai	bateme Hours enovatiemolitic cormally d Solely ntenan	ent ion on y y by ce/	Asbes	Descritos Contain thermal sy:	treet Addressity, State, 2	zip Code Zip Code ull Containi ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	nd Non-Friab	ele Pro	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of of Material (ACM)	k Only One Period of A hal Facility R Is N User Mai	bateme Hours enovatiemolitic cormally d Solely	ent ion on y y by ce/	Asbes	Descritos Contain thermal sys	treet Addressity, State, 2	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	nd Non-Friab Amount Specify	le Pro	cedur Abate	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility R Is N User Mai	bateme Hours enovatiemolitic cormally d Solely ntenan	ent ion on y y by ce/	Asbes	Descritos Contain thermal sys	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	nd Non-Friab Amount Specify	ele Pro	cedur Abate Ty	ment	Enclosure
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility Is N Used Mail Custo	batema Hours enovate emolitic cornally d Solely ntenan odial Si (12)	ent ion on y y by ce/ taff?	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	Amount Specify F or LF)	Removal	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility Is N Used Mail Custo	batema Hours enovate emolitic cornally d Solely ntenan odial Si (12)	ent ion on y y y by ce/ taff?	Asbes	Descritos Contain thermal sysurfacing other miso	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	nd Non-Friab Amount Specify	ele Pro	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility Is N Used Mail Custo	batema Hours enovate emolitic cornally d Solely ntenan odial Si (12)	ent ion on y y by ce/ taff?	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	Amount Specify F or LF)	Removal	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility Is N Used Mail Custo	batema Hours enovate emolitic cornally d Solely ntenan odial Si (12)	ent ion on y y by ce/ taff?	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	Amount Specify F or LF)	Removal	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) of Material (ACM) ATED	k Only One Period of A hal Facility Is N Used Mail Custo	batema Hours enovate emolitic cornally d Solely ntenan odial Si (12)	ent ion on y y by ce/ taff?	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	ity, State, 2 Find Material Stems insurance, VAT, or	Zip Code Zip Code ull Containr ini-Enclosu lovebag Pr on-Exempt	ment with ire ocedure ed (*) an	Amount Specify F or LF)	Removal	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) n of Material (ACM) ATED ity	k Only One Period of A hal Facility Is N Used Mail Custo	bateme Hours enovate emolitie Locatic formally d Solely intenan odial Si (12)	ent ion on y y by ce/ taff?	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	treet Addressity, State, in the state of the	zip Code Zip Code Ull Containt ini-Enclosu lovebag Pr on-Exempt al (ACM) lation,	ment with are occedure ed (*) an	Amount Specify F or LF)	Removal	cedur Abate Ty	ment pe	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) The of Material (ACM) ATED ity	k Only One Period of A hal Facility Is N Used Mai Custo	batemethours enovatiemolitic cormally d Solely ntenan odial Si (12) No	ent ion on y y by ce/ taff? N/A X JDEP Wauler ID	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	treet Addressity, State, 2 Find M G Interpretation of the state of	zip Code Zip Code Uill Containr ini-Enclosu lovebag Pr on-Exempt al (ACM) lation,)	ment with ure occedure ed (*) and (5) Si	Amount Specify F or LF)	Removal X	Repair	ment pe Encapsulate	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) n of Material (ACM) ATED ity	k Only One Period of A hal Facility Is N Used Mai Custo	batemethours enovatiemolitic cormally d Solely ntenan odial Si (12) No	ent ion on y y by ce/ taff? N/A	Asbes (i.e.	Descritos Contain thermal syssurfacing other miso	treet Addressity, State, 2 Find M G Interpretation of the state of	zip Code Ull Containt ini-Enclosu lovebag Pr on-Exempt al (ACM) lation,)	ment with the control of Register	Amount Specify For LF)	Removal X	Repair	ment pe Encapsulate	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) The of Material (ACM) ATED ity Ste Hauler	k Only One Period of A hal Facility Is N Used Mai Custo	batemethours enovatiemolitic cormally d Solely ntenan odial Si (12) No	ent ion on y y by ce/ taff? N/A X JDEP Wauler ID	Asbes (i.e.	Descritos Contain thermal system other miso	treet Addressity, State, ity, State, ity, State, in Marketic Stems insured by AT, or cellaneous and the cellaneous bate.	zip Code Zip Code Uill Containr ini-Enclosu lovebag Pr on-Exempt al (ACM) lation,)	ment with the control of Register	Amount Specify F or LF)	Removal X	Repair	ment pe Encapsulate	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) The of Material (ACM) ATED ity	k Only One Period of A hal Facility Is N Used Mai Custo	batemethours enovatiemolitic cormally d Solely ntenan odial Si (12) No	ent ion on y y by ce/ taff? N/A X JDEP Wauler ID	Asbes (i.e.	Descritos Contain thermal sysurfacing other miso	treet Addressity, State, in the state of the	zip Code Ull Containt ini-Enclosu lovebag Pr on-Exempt al (ACM) lation,)	ment with the control of Register	Amount Specify F or LF) PS SF ered Landfill	Removal X	Repair	ment pe Encapsulate	
g Abatement (Check ated During Entire F ed Outside of Norm II That Apply) The of Material (ACM) ATED ity Ste Hauler	k Only One Period of A hal Facility Is N Used Mai Custo	batemathours enovatemolitic Locatic ormally d Solely ntenanodial St (12) No	ent ion on y y by ce/ taff? N/A X JDEP W auler ID 205	Asbes (i.e.	Descritos Contain thermal system other misor other misor of Waste	treet Addressity, State, ity, State, ity, State, in Marketic Stems insured by AT, or cellaneous and the cellaneous bate.	Zip Code Zip Code Ull Containt ini-Enclosu lovebag Pr on-Exempt al (ACM) lation, Name of City, St	ment with the control of Register	Amount Specify F or LF) PS SF ered Landfill Da	Removal X	Repair	ment pe Encapsulate	I
	Initial Amended Amendment Emergency (justification) Cancellation Cancellation Abatement is Taking CARCERY ANENUE	Initial Amended Amendment # Emergency (including justification) Cancellation Abatement is Taking Place (3) CRECRY STORE AVENUE SANT, Hired by Building Owner (8)	Initial Amended Amendment # Emergency (including justification) Cancellation Abatement is Taking Place (3) CRECELY STORE AVENUE SANT. Hired by Building Owner (8)	Initial Amended Amendment # Emergency (including justification) Cancellation TAM FACIL AVENUE County C (STATE U) Hired by Building Owner (8)	Initial Amended Amendment # Emergency (including justification) Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation Cancellation FACILITY INFO	Initial Amended Amendment # City, State, Zip Code BAY HEAD NJ (Name of Contact TIM CLAYTON FACILITY INFORMATION Subatement is Taking Place (3) COUNTY CODE (7) (STATE USE ONLY) Hired by Building Owner (8) ASCM No. No. No. No. No. No. No. No.	Initial Amended Amendment # City, State, Zip Code BAY HEAD, NJ OB7442 Name of Contact JIM CLAYTON FACILITY INFORMATION Type SANT, County Code (7) (STATE USE ONLY) FOUR Street Address FINISHING Street Address Thom City, State, Zip Code SANT County Code (7) (STATE USE ONLY) Four Four Four Four Four Street Address Thom City, State, Zip Code (7) Street Address Thom Telephone No. Telephone	Initial Amended Amendment # City, State, Zip Code SAY HEAD NJ 08742 Name of Contact Jim Clayton	Initial Amended Amendment # City, State, Zip Code BAY HEAD NJ 08742	Initial	Initial	Initial Amended Amended Amended Amendment # Emergency (including justification) Cancellation Telephone Number Telephone No. Telephone No.	Initial Amended Amendment # City, State, Zip Code BN HEAD, NJ O8742



Date of Notification (1)					e of Bu	ilding	Owner / Operato	r (2)	2012 JAI	117 AH	38 C.7			
	1/6/2012				Cons		tion	OF CO.			-			
Agencies Notified EPA	Type Notific	ation			t Addre				85063	105 CO:		8		
☐ DEP		al			State 8		Code	10.00		- L W III-1	111			
⊠ DOL		ended			ceton,				2					
☑ DOH	☐ Eme	ergency			of Co						Telepho	ne N	umb	er
☐ DCA		cellation	- 1		Glav		1			a/			unio	0.
		* *****		FA	CILIT	Y INF	ORMATION							
Name of Facility W	here Abatem	ent is Taking F	Place (3)			Type of Facil				27			
Nassau Inn Street Address				_			School (I		Other than I	K 12)				
10 Palmer Squar	re									n-12) ercial buildir	ngs, hom	ies, e	tc.)	
		,					Square Feet		# of Floors		Bldg. Ag	е		
City (5)		County (6)	Co	unty	Code (7)	50,000			5		80+		
Princeton		Mercer					Current Use	(Prior if	being dem	olished)				
Name of Monitoring	Firm Hired I	by Building Ow	ner (8))	ASC	M No	시기 - 1. [4] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)							
Street Address	Street Address						Alpha Envi		iliai Serv	ices				_
					2129 Route	33			- 42					
City, State & Zip Co					City, State & Hamilton, N	J 086								
Project Manager fo	Project Manager for Monitoring Firm Te					er	Telephone N 609-847-29	56		License	Number 0109	91		
Scheduled Start Da 1/18/201		Scheduled Co 2/16/2012	mpleti	on Da	ite (11)		Name of OSI EMSL Anal		nitor					
Occupancy Status		ment (Check of During Entire I			otomo	n.t	Street Addres							
		outside of Norm					City, State &							
Describe:	r enormed C	outside of North	iai 110	uis –	7 ann te	J Spin	Westmont,							
	cupied During													
Scope of Work (Ch	eck all that a	pply)						\boxtimes	Full Contai	nment with I	Nenative	Dros	eure	
☐ ≥3 sf or ≥3	lf		M	Rer	novatio	n			Mini-Enclos		vegative	. 1 10.	Suit	•
≥160 sf ≥26			H		molition					Procedures				
	2000									pted and No		e Pro	cedu	ıre
L	ocation of		Is	Locat	tion		Description			Amount				
3.5 436	tos-Containir	ng			Used		Asbestos-Con	taining		(Specify				Ī
	terial (ACM)			olely			Material (A			SF or LF)	70		말	m
	BE ABATED				nce or Staff?		(i.e., thermal sinsulation, surface				Removal	Repair	Encapsulate	Enclsoure
	n Facility (13)		Cusi	(12)	Stall?		or other miscell				ova	air	suk	è
	(.0)		Yes	No	N/A		or outer imodell	uoou	"		-		te	0
See attached														
Name of Registered	IN.	JDEP V	Vaste	Cubic Yards	Name	e of Registe	red Landfill		L		<u> </u>			
ALPHA ENVIRONMENTAL					auler IE	No.	of Waste		vs Landfil					
City, State					03333	5 0	2 Disposal Date	City,			Y			-
	Trenton, NJ						various		isville, PA					
	t or Tyne)			Tit	le		Signature	10.011	iovine, i'r		Date			
					oject anage		Rad Richardson				1/6/			

Date of Notification (1)	0-12	J.1	Iding Owner/Operator N CURLE	4 (1	mc)			2
TOOL CLEEN	Notification ical mended mendment # mergency (including stification) mediation	Street Address	SS RI Sp Code RE WOO Mact 2) CO	VER !	11/5	RI	9.	
AND ADDRESS OF THE PARTY OF THE	,	EVCIFIEA	INFORMATION	Type of Facility	(4)	alan alan sa samu	7	1
Name of Facility Where Abatem 7 M LURIZ Street Address 1399 RIVG	y GMC		and the second s	School (K-1) Subchapter Other (i.e., p homes, etc.	2) 8 (Other than K-12) nivate & commercia)	l treitelir		
City (5)	And the second of the second o	ear entrang beautiful (\$555 & collec-	- Angelon - Angelon - Andelond - Angelon Sant and Statemen	Square Feet	# of Floors	Fluc	j. Age	
County (6) 00000 N	and the second s	County Co.		C.1	nor if being demotis	ned)	4 -8	
Name of Monitoring Firm Hired ((8)	y Building Owner	ASCM No.	Name of Abaten	nent Contractor (S	1100/ Cu.	1.0	/. (ten ika
Street Address City, State, Zip Code		congression would develop the sec-	95 Mo	NIROS:				
Project Manager for Monitoring	Firm Te	lephone No.	Telephone No.	11757	(0772~ License No. 0004			
Start Date (10) 1 - 19 - 12	Scheduled Comp	letion Date (11) - / 2	Name of OSHA	Monitor	2 CD Zor			
Occupancy Status During Abate The Facility Closed/Vacated During Abatement Performed Outsing Other - Describe:	ng Entire Period of Abat	tement urs	Ciny State Zin (UTROYE R Sode NEUC	<u>0</u> NS 027	77.		**************************************
Scope of Work (Check all that a 1>3 or ≥3 lt 160 st or ≥260 lt	ipply) [Mini-En	aa Procedure	egative Pressure on-Friable Procedur	0		
a producedly of the contract and the first section of the contract of the cont	ls Loca	lion	a com and an array of the designer con are	and the second control of the second control			aleme Type	nt
Location of Asbestos-Containing Material TO BE ABATED IN Facility (13)	(ACM) Normal Used Soli Maintene Custoc Staff (12)	ely by ince/ As liat ?	Description of thestos Containing Ma (i.e., thermal systems surfacing, VAT other miscellane	terial (ACM) Insulation, , or	Amount (Specify SF or LF)	Remove	Nepair Capair	Enclosed &
Show Room	1	14	1MAST1		15005	2		
Name of Registered Waste Hau ALL INSULAT City, State Colfs NEU(Completed by SALL	. 1	NJOEP Waste Hauler ID No. 1208 6 722-	Cubic Yards of Waste Disposal Date		istered Landfill S.W.S. LYTOW.M. Date	ρ	1 1 1 2	

Date of Notification (1) 1/10/12				Building (Owner/Oper thority	rator ((2)	000					
Agencies Notified Type Notification		11 00	Street Ad 581 Ma	ddress ain Stree	et			2012 JA	ii i <i>i</i>	Pi:	1	ÛΖ	
X EPA Initial X DEP X Amended X DOL Amendment				te, Zip Co oridge, N	de IJ 07095			7385. 2	TO: LICE	1.00 1831		10L	
□ Emergency □ justification □ DCA □ Cancellatio)	30		Contact d J. Rac	zynski			Telepho	ne Nun	ber			
Name of Facility Where Abatement is Taki	ng Place (3)		FACII	LITY INFO	RMATION	Т	Type of Facility (4)			3		45
East Windsor Township Municipa		1.19		-			School (K-1	2)	V 40				-
Street Address 309 Ward Street							Subchapter Other (i.e. p etc.)				lings,	home	es,
City (5) East Windsor							Square Feet 5,000	# of Floo	ors	1000	ldg. A 0+	ge	
County (6) Mercer				Code (7) ISE ONLY)			Current Use (Pric		emolish	ed)			
Name of Monitoring Firm Hired by Building West Chester Environmental	Owner (8)		ASCM 0012				of Abatement Cor ola Services, L						
Street Address 307 North Walnut Street		UEST					Address B Lucon Road	d					
City, State, Zip Code West Chester, PA 19380		W					ate, Zip Code ack, PA 1947	4					
Project Manager for Monitoring Firm Matt Abraham	100	elephor	ne No. 1.7545	100		one No. 39.5634	ULIVERS OF STREET	ense N	0.				
Start Date (10) 01/24/12	Scheduled 05/31/12		pletion [Date (11)			of OSHA Monitor ola Services, L	.LC					
Occupancy Status During Abatement (Che	ck Only One)			10000		Address B Lucon Road	4			-882		
Facility Closed/Vacated During Entire Abatement Performed Outside of Nor Other – Describe:	Period of Ab mal Facility F	atem	ent		C	ity, St	ate, Zip Code pack, PA 1947						
Scope of Work (Check All That Apply)													
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat moliti				×	Full Containmon Mini-Enclosure Glovebag Prod Non-Exempted	e cedure				a.	
	55,405,60	ocatio					THOIL Exemples	2 () and 140	ii-i iiab	1	Abate	7 S 1- A	
Location of Asbestos-Containing Material (ACM)	Used		y by			ing M	aterial (ACM)	Amou	nt		.,		
TO BE ABATED In Facility (13)	Custo	tenan dial S (12)		(i.e.	thermal sys surfacing other miso	g, VA		(Speci SF or L		Removal	Repair	Encapsulate	Enclosure
0.11.01	Yes	No	N/A	D:14.1.1	- Deefin	~ F	elt I Indorloy	5,000	OE .	Х		Ф	
Salt Storage Shed	X			Built O	p Rooting	g - F	elt Underlay	5,000	SF	X			
Name of Registered Waste Hauler	N.	JDEP W	/aste	Cubic Ya	rds	Name of	Registered	Landfill					
American Disposal Services		auler ID N2069		of Waste		Waste	Managem	ent o	f PA,	Inc.			
City, State Lumberton, NJ			1	Disposal	Date 2	City, Stat Morrisv	e ille, PA						
Completed by Caroline M. Harper	t Ma	nager			nature		han.	Da 01	ite 1/10/1	12			

Notations:	
Postponed starting date to	
Paid \$200 w/ck# 1080	
() () () () () () () ()	

Date of Notification (1) 12/21/11						vner/operator (erties South		truction LLC	\			
Agencies Notified Type Notific	ation			t Address ain St,					111	AIT	71	Ç.
DEP Amende DOL Amende	d ent#1		City,	State, Zip (Code			700.0	103 (Ū.	TI	JL.
1 Emerger	ncy (including	g		tham, NJ		28			LICEN	Silv	G	
DOH justificat	tion) tion			of Contac Giannetti				Telephone Nu	mher			1011-120
<u> </u>			FΔ	CILITY INF	ORN	MATION		1				_
Name of Facility Where Abatement is	Taking Place	e (3)	- 17	OILII I IIII	OIGH	1	Type of Facility	y (4)				
Vacant Warehouse Street Address							School (K-1		-1 2)			
60 Louisa St							Other (i.e., homes, etc	private & comme	ercial build	dings		
City (5)							Square Feet	# of Floors	В	dg. A	ge	
South Amboy							32,000	1	1000	50+		
County (6) Middlesex			Cou	nty Code ((7) (S	STATE		Prior If being den house schedul		mo		
Name of Monitoring Firm Hired by Buil	ding Owner	-1	ASCM	No.	Na	me of Abateme	ent Contractor (9)				
(8) N/A			n/a		Ge	enesis Contra	acting Corp					
Street Address						eet Address						
N/A					_	6 Gold St						
City, State, Zip Code N/A						y, State, Zip Co een Brook, N						
Project Manager for Monitoring Firm		Tele	ephone	No.	P. 1250000	ephone No.		License No				
N/A		<u> </u>			_	8-809-0315		01090				
	Scheduled C 02/29/20		tion Da	ite (11)		me of OSHA M nesis Contra						
01/06/2012 Occupancy Status During Abatement	4.11				_	eet Address	cung corp					
Facility Closed/Vacated During Ent		1	ment	2		6 Gold St						
Abatement Performed Outside of N	ormal Facilit	y Hou	rs		City	y, State, Zip Co	ode					
Other - Describe: Vacant warel	house sche	dule	for de	mo	Gr	een Brook, N	NJ 08812	90 100000000000000000000000000000000000				
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enovati emolitic				Mini-Enc	losure g Procedure	egative Pressure				
		Location								Abate		i
Location of		ormall Sole				Description of			<u> </u>	Ту	pe T	_
Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13)	C	ntenar ustodia Staff? (12)	al		tos C theri su	ontaining Mate mal systems in rfacing, VAT, er miscellaneo	sulation, or	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									L
Exterior (see attached)			X	Roofing				30,000 SF	X			
Interior			X	VAT &			DW STATE OF THE ST	900 SF	X			
Interior Duct System			X	-		amping cloth	1	8 SF	X			
Boiler room		-	X	Gasketi			esale especial estate es	5 SF	X			
Name of Registered Waste Hauler		VJDEP V			bic Yards		gistered Landfill					
Yannuzzi Demolition	Hauler II	. NO.	TE	Waste -	G.R.O.W.S	S. Landfill						
City, State Hillsborough, NJ		1-2			10/2007	sposal Date 3D	City, State Morrisville	PA_				
Completed By				Signature		Date	e	-				
Victoria Burga	President	t		P					1/05/201	2		

Notations: Postponed starting date-Paid \$200 w/ck# 1083

Date of Notification (1) 12/21/11	-		Name o	of Building	Owner/operator operties South	(2) Amb	ooy Constru	ection LLC	19.4 F	Hary	- Seek		
Agencies Notified Type Notifica	tion	1		Address	-		Control of the Asset Asset Section 1981	zei2 JAN	17 ŝ.		/: (1	
DEP Amended Amendme	nt #_1 y (including		The state of the s	ate, Zip C				65BEST	08 UI)L	
DOH justification justification Cancellation	on)			of Contact Siannetti		1000		Palanhara N	bar				
			FAC	ILITY INF	ORMATION								
Name of Facility Where Abatement is T Vacant Warehouse	aking Place	(3)					oe of Facility (School (K-12) Subchapter 8) (Other than K	(-1 2)				
Street Address 100 Louisa St							Other (i.e., pr homes, etc.)	ivate & comm	ercial bu				
City (5) South Amboy							uare Feet ,000	# of Floors		50+	. Ag	e 	
County (6) Middlesex			Coun USE	ty Code (7) (STATE	Va	cant wareho	or If being der ouse schedu	molished the for d) lem	0		
Name of Monitoring Firm Hired by Build (8) N/A	ling Owner		ASCM N	0.	Name of Abater Genesis-Citri								
Street Address N/A		=1:			Street Address 106 Gold St								
City, State, Zip Code N/A					City, State, Zip Green Brook,)8812						
Project Manager for Monitoring Firm N/A		Tele	phone N	No.	Telephone No. 908-809-031	5		License N 01090	0.				
Start Date (10)	02/29/201	The state of the s	tion Dat	e (11)	Name of OSHA Genesis-Citri			Corp					
Occupancy Status During Abatement	(Check only	one)			Street Address 106 Gold St					-			
Facility Closed/Vacated During Enti Abatement Performed Outside of N Other - Describe: Vacant warel	ormal Facility	y Hou	rs	mo	City, State, Zip Green Brook								=
Scope of Work (Check all that apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	□ Re	novati	on		Full Co	ontain inclosu	ment with Ne ure rocedure	gative Pressu on-Friable Pro					
		ocatio			Z	XOIIIP				Al	bater Typ		
Location of Asbestos -Containing Material (ACM) TO BE ABATED IN Facility (13)	Used Mair Cu	Sole ntenar ustodi Staff? (12)	ly by nce/ al	Asbes (i.e.	Description tos Containing M , thermal systems surfacing, VA other miscellan	lateria s insul T, or	lation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A	Poofin	g material (see	attch	ned spec)	15.000 SF		X			\vdash
Exterior (entire roof) Interior	-	X		k Mastic	attel	ica specy_	25 SF		X				
IMCHOI		1											
Name of Registered Waste Hauler	1	NJDEP	Waste	T Cubic Yards	T	Name of Reg	istered Landfi	ill			L	L_	
Yannuzzi Demolition		Hauler II		TBD ste	_	G.R.O.W.S							
City, State Hillsborough, NJ				Disposal Date TBD		City, State Morrisville							
Completed By Victoria Burga	t			Signature				ate 01/07/	201	2			

Date of Notification (1) 01-11-2012		Name of ELBIS	Building (Operator	(2)	P. Fa.			Ť				
Agencies Notified Type Notification			Street Ad	dress 0TH S	TREET	Γ		512 JAN	17	All o.	12			
EPA Initial Amended Amendment				e, Zip Co H BER		NJ		/ 50£\$	113	CONTR				
□ Emergency (including			Contact PEREZ	2			95 L	Tele	phone Nur	nber			
Name of Facility Where Abatement is Taking	Place (2)		FACIL	ITY INFO	RMATI	ON	Type	of Facility (4	1)					
PRIVATE	riace (3)							School (K-12	*					
Street Address 609 90 TH STREET								Subchapter Other (i.e. poets.)	8 (Othe	er than K-12 commerci	2) al build	lings,	home	es,
City (5) NORTH BERGEN NJ								e Feet	[1000000000000000000000000000000000000	Floors 2		dg. A	ge EARS	S
County (6) HUDSON			County C	ode (7) SE ONLY)		_]	Curre	nt Use (Prio	r if beir	ng demolish	ned)			
Name of Monitoring Firm Hired by Building (N/A	Owner (8)		ASCM	No.	***********			tement Con			TION	J LL	С	
Street Address	39-31-31-31-31-31-31-31-31-31-31-31-31-31-					Street								
City, State, Zip Code			(1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-			Magazina and an and an		RDEN P	L 					
ony, state, 24 oode								SACK N	J 076	601				
Project Manager for Monitoring Firm			Γelephor			Teleph 201-7				License N 01135				
Start Date (10) 01-20-2012	Scheduled 01-21-20		pletion [Date (11)				IA Monitor RONMEI	NTAL	SERVIC	ES			
Occupancy Status During Abatement (Chec	k Only One)					Street			WES	т				
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:	Period of Aba al Facility H	atem ours	ent			City, S		JTE 22 p Code	WES	1				
Scope of Work (Check All That Apply)						1								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		novat noliti				×××	Mir Glo	Containment- Di-Enclosurent Divebag Procent- Exempted	edure				•	
	T Inter						140	II-LXeIIIptec	() ain	I NOTE TIAL			ement	l
Location of	No	mall	у		De	scription	of					Т	ре	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Maint Custoo	enan	nce/		thermal surfa	taining M I systems icing, VA miscellar	s insula T, or		(8	mount Specify For LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A										6	
BASEMANT	-	Χ		PIPE	INSUL	ATION	N ELE	BOWS	1	0 LF	Х			
Name of Registered Waste Hauler		TN	JDEP W	hete	Cubi-	Yards		Name of	Registr	ered Landfil				
DJM TRANSPORT INC	H	auler ID 9681		of Wa					ND COU		_ANI	OFIL	L	
City, State KEARNY NJ					sal Date 23-201		City, State NEWBL		PA 172	42				
Completed by CARLOS ESQUIVEL	GEF	2		1	Signature	ju	Angle	ng	1 2 2 2	ate 1-11-	2012			

Date of Notification (1) 01/10/2012 CK # 1723 \$200	T			wner/Operato Loan Mortg		Corp		/				
Agencies Notified Type Notifica	tion		Street Ad 10 Tre	ddress nton Ave	nue		4912	IJAN 17 /	H 5	: 02		
DEP Amende	nent #			te, Zip Cod	ew Jersey (08401	2.2	4657.05 C				
□ Emerger □ justificat □ DCA □ Cancella			Name of Irene F	시장 교육 회사를 잃었다.				Telephone Nu	nber			
			FACII	LITY INFO	RMATION							
Name of Facility Where Abatement is T Residence	aking Place (3)				Туре	e of Facility (4) School (K-12))				
Street Address 100 Trenton Avenue						×	Subchapter 8 Other (i.e. prinetc.)	(Other than K-1 vate & commerci	2) al build	dings,	home	es,
City (5) Atlantic City, New Jersey 0840	1			***************************************			are Feet 000	# of Floors 2		ldg. A 5+	ge	
County (6) Atlantic	7)		County C	Code (7) USE ONLY)		Curr		if being demolis	hed)			
Name of Monitoring Firm Hired by Build AHERA Consultants Inc.	ling Owner (8)		ASCM	1 No.			atement Contr	actor (9)				
Street Address PO Box 385			1		Stree	t Addr)				
City, State, Zip Code Oceanville, New Jersey 08231					City,	State,	Zip Code	v Jersey 0742	94			
Project Manager for Monitoring Firm John Smoyer			Telephor	ne No. 52-1833	Telep	hone 1	No.	License N				
Start Date (10) 01/20/2012	Schedule 01/21/2	ed Con		Date (11)	Name	e of OS	SHA Monitor	aboratories,	LLC			
Occupancy Status During Abatement (0						t Addr		-aboratorios,				-
Facility Closed/Vacated During En			nent		233	3 Rou	ute 22 West					
Abatement Performed Outside of Other – Describe: 9am start	Normal Facility	Hours					Zip Code ew Jersey (7083			v	
Scope of Work (Check All That Apply)											1140400	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	The same of the sa	tenova emolit	7.0			× M × G	lini-Enclosure Blovebag Proce	nt with Negative ledure (*) and Non-Frial			e	
	100	Locat	-					()	T	Abate		i
Location of Asbestos-Containing Material (ACN	Use	vormal d Sole	ly by	Ashest	Descriptions Containing		al (ACM)	Amount				
TO BE ABATED In Facility (13)	ivia	intena todial ((12)	Staff?		thermal system surfacing, V other miscella	ns insu 'AT, or	ulation,	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A		TO!			OFL F	-		-	
Attic	×			TSI			25LF	X				
								5				
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic Yards	,	Name of R	egistered Landfi				
Lilich Corporation	H	lauler ID 8724		of Waste 1		G.R.O.W	/.S Landfill					
City, State Woodland Park, New Jersey 07				Disposal Dat 01/23/2012		City, State Morrisvil	le, Pennsylva	nia				
Completed by Tatiana Kalenikova	Presi	ident		Signatu	re	endel	Mero	ate 1/10/:	2012			

Date of Notification (1 1/12/12)	. 4			Building ((2)		L							
Agencies Notified Type Notification				Street Address 7 Crafton Av Z012 JAN 17 AM 50 02													
EPA DEP DOL	Initial Amended Amendment			City, State, Zip Code Pitman NJ 08071													
DOH DCA	Emergency (justification) Cancellation	including		Name of Contact Joe					Telephone Number								
				FACIL	ITY INFO	RMATI	ON										
Name of Facility When Joe Bradley/ Res)						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
7 Crafton Av							Other (i.e. private & commercial buildings, homes etc.)										
City (5) Pitman NJ 08071			10		100		2	3	Bldg. Age 35+								
County (6) Gloucester		County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residence											
Name of Monitoring F N/A		ASCM		Name of Abatement Contractor (9) Pernaco Inc													
Street Address				7.0000000000000000000000000000000000000	Addre Box 3												
City, State, Zip Code								City, State, Zip Code West Berlin NJ 08091									
Project Manager for M		Telephone No.				Telephone No. License No. 856-753-9800 00727											
Start Date (10) 1/21/12		ompletion Date (11)			Name of OSHA Monitor Pernaco Inc												
1/21/12 1/23/12 Occupancy Status During Abatement (Check Only One)							Street Address PO Box 329										
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe:							City, State, Zip Code West Berlin NJ 08091										
Scope of Work (Chec	k All That Apply)		Renova	ation			[] Fi	ull Containme	ent witl	n Negative	Pressi	ıre				
≥160 sf or ≥260	Demoli	nolition				Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure											
	Locat	ion ily .		2.						Abatement Type							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)				ely by ince/ Staff?	tos Con thermal surfa	Description of ontaining Material (ACM) all systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)		Removal	Kepair	Encapsulate	Enclosure			
	Yes	No	N/A	/A							×	-	1	-			
	ement	-		X			loor Tile				500 SF 200 SF		-	-			
Small Flat ro		X	x Fla			lat roof 2				x	-	-					
Name of Registered Waste Hauler United Containers				NJDEP Waste Hauler ID No. 22459 Cubic Yallow of Waste				Name of Registered Landfill G.R.O.W.S.									
City, State Elm NJ		Disposa 1/23/1				cal Date City, State 12 Morrisville F			A 19067								
Completed by Anthony T Perna	ident			1	Signatu	re	1		Date 1/12/12								

vate of Notification (1) 1/12/12				Name of Building Owner/Operator (2) Meurer Development													
Agencies Notified Type Notification EPA Initial			1 3	Street Address 1 Oakridge Rd City, State, Zip Code													
EPA DEP DOL DOL DOH DCA	Amended Amendment # Emergency (ir justification) Cancellation	- '	City, Stat Annand Name of Meurer		Telephone Number												
		FACILITY INFORMATION															
Name of Facility Where A Warehouses Street Address)						Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12)										
9 Main Street								Other (i.e. private & commercial buildings, homes,									
City (5) Annadale NJ 0881						Square 1000-		# of Floors 1			Bldg. Age 35+						
County (6) Hunterton	(County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Warehouses part.uL Demo											
Name of Monitoring Firm N/A						ne of Abatement Contráctor (9)											
Street Address		Street Ad PO Box															
City, State, Zip Code					6:	State, Zip Code st Berlin NJ 08091											
Project Manager for Monitoring Firm				Telephone No.			Telephone No. License No. 856-753-9800 00727						No.				
Start Date (10) 1/25/12	ed Com					me of OSHA Monitor ernaco Inc											
Occupancy Status During	e)					et Address											
Facility Closed/Vacated During Entire Period of Abate Abatement Performed Outside of Normal Facility Holother – Describe:				ement City,			City, S	Box 329 State, Zip Code									
				West	est Berlin NJ 08091 _wetwap & cut												
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Demol					olition				Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
	Locatio	olely by nance/ al Staff? 2) Asbestos C (i.e. therm su other										Abatement Type					
Location Asbestos-Containing <u>TO BE AB/</u> In Facili (13)	lormali d Solel intenar				Description of ontaining Material (ACM) nal systems insulation, facing, VAT, or r miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure			
Buildings 2b,2c, 3a, 4b Gable ends			110	×		Exteri	or Sid	dina		150 sf each) ×					
Building 7				×	pipe insula					18 lf		, x				-	
Building 5				×							800 SF					-	
Building 5				<u> </u>		EXION											
Name of Registered Waste Hauler			N	JDEP W	Waste Cubic Yards			Name of Regist			egistered Landfill					L	
United Containers			Н	Hauler ID No. of Waste 22459 3			е	G.R.O.W.S.									
City, State Elm NJ				Disposal Dat 1/27/12				te City, State Morrisville PA 19067									
Completed by Title Anthony T Perna Preside					Sig	Signature			Date 1/12/12								