CK 004684

D&S Proj. #: MS 13-18

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

BOGDAN JOLDZIĆ		IDENT use this form	for asbesto	s licensure exe	mote	d activities.		01/14/	13			
Completed by (Print or Type)	Title	IDENIT.	01/10/1.	Signature		TOLLITOWN,	IA .	Date	12	_		
City, State PATERSON, NJ 07503	1,0.	3300	Disposal D 01/16/13	ate		City, State TULLYTOWN,	10	LCOVER	.1			×.
Registered Waste Hauler D & S RESTORATION, I	NC. 1	IDEP Hauler 3506		ubic Yards of V YD	Vaste	Name of Registered TULLYTOWN, I		ECOVE	v	-		
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Very present of the wall		1							H	Ħ	一	古
		=							Ħ	H	H	片
Dustine Doller	_						50 5411		H	H	片	
Basement Boiler				Boiler Insul	lation		30 SQ FT		e	r		
Location of asbestos-containing material (acm) to be abated in facility (13)		ntenance/cus				asbestos-containing	Amount (Specify LF)	SF or	e m o v	e p a i	n c a p	E n c L
≥160 sf or ≥260 lf	Demoli	tion tion normally	used solely	7			Non-Exempted (*		friable R	proc	E	
>3 sf or >3 lf	Renova						Mini-enclosure Glovebag proced	ure				
Scope of Work (check all that		10					Full Containment	w/negative	press	ure		
Other-Describe: NORM					_	Paterson, NJ 07						
Facility closed/vacated d Abatement performed ou Describe:	utside of norm					City, State, Zip Code				-		
Occupancy Status During Abar						20 California Av	renue					
01/15/13	, 01	/25/13				D & S Restorati	on, inc.					
Start Date (10)	Sch	ned. Complet	ion Date (11	1)	_	Name of OSHA Moni	0000					
1999 1998 877 5						973-345-8020	and a)1169			
Project Manager for Monitoring	Firm	P	hone Numb	er	_	Telephone Number		License	Numb	oer		_
enj, etato, zip oodo						Paterson, NJ 07	503					·
City, State, Zip Code					_	20 California Av City, State, Zip Code	ve.	-				
Street Address		= 39			-	Street Address						Walter Revolu
						D & S RESTOR	ATION, INC.				Section (a) NV	
Name of Monitoring Firm Hire	d by Bldg. Ov	vner (8)		ASCM No.		Name of Abatement						
JERSEY CITY		HUDSON			(5)	ate use only)	Current Use (Prior if bei	ng den	nolish	ed)	
City (5)	С	ounty (6)		_8		unty Code (7)				_		
36 BEACON AVENUE			-	1			Square Feet	# of Floo		В	ldg. A	ige
Street Address							Othe	r (Private/0	Comme		- 500	
JAMES DARRIGO								chapter 8 (han K	(-12)	
Name of facility where abater	nent is taking	place (3)					Type of Facility	(4) ool (K - 12	, .			
	N		FAC	ILITY INFORM	ATIO	N			V =			illi-rus
DCA Cance	llation	JAMES	DARRIC	O					_			
DOH (includ		Name of Co	ntact			- P	Telepho	one Numbe	er	100-		
DOL Emerg		JERSE	Y CITY, N	IJ 07306		& 11	O CONTROL	71.				
Amendme		City, State,				A HASTON	dio .					
EPA Initial	led		CON AVI	ENUE		E ZUIS JAN	18 PM 2:	์ ริย				
Agencies Notified Type No	tification	Street Addr	DARRIGO ess			2012	rain fi					
10 11 1/1 14 1/11 13	_					Fil Land	Control of the Park	Y				
Date of Notification (1)	I	Name of Bu	uilding Own	er/Operator (2)		E/3 pm				-		

Fax:

D&S Proj. # MS 13-18

State of NJ
Notification of Asbestos Abatement
(Pursuant to NIAC Sec.

		i dienthii m 14º	AC 8:50 and 12:120)	- Francis		
	*		1013 JAN 18 PM 2	APPRO	WED	1
Date of Notification (1)	Name of Buildin	ig Owner/Operator	10/2	MyDept of Health	Senior Servi	GB8
	JAMES DAT	PRICO	JAN 10	(algnati	(00)	-
Agencies Notified Type, No	ithcation awar Address		10 PH	10-1-114113	951	KA.
DEP Amen	ded 36 BEACON	T A MATTER TO	& LICERSING TO	38	alabara -	
Amende		4 4 WILLIAM	\$150 Car.			
Ø DOL ⊠ Emerg			CHO/NA TE	1/2	C A PRIVATE OF	
DOM I finduc	no la	TY, NJ 07306	.0			
DCA Justific	- 11			Telephone Nu	mber	
Cance	lation JAMES DA	RRIGO				
		EACH (TV IN) FOR			3	
Name of facility where abaten	tone to believe when the	FACILITY INFOR	MATION			
*	rour ra raiking biside (3)			Type of Facility (4)	-	
JAMES DARRIGO			1	Sahool (K-	12)	W
Street Address				☐ Subshapter	8 (Other than	K-12)
26 DEACON ASTRA				Uther (Priva	le/Commercia	at .
36 BEACON AVENUE				Bidgs./Home Square Feet # of F	4 14 4	AMAR A
City (5)	County (6)		County Clade (7)	odens ract #Oth	HOORS	Hidg. Age
JERSEY CITY			(State uso only)	Current Use (Prior If I		11 .
Name of Monitoring Firm Files	HUDSON			Content Des (Prior II)	veing demolie	hed) /
	by Blog. Owner (8)	ABCM No.	Neme of Abateme	it Contractor (9)		
Service II	<u> </u>		D& SRESTO		, r	76
Street Advises		17 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Street Address	Charles, and	والمراجعة والمراجعة	or A Chian
A Company of the Comp			20 California	A va		,'
City, State, 2p Code	1,	1.	City, State, Zip Cod			
	<u> </u>		Paterson, NJ 0			,
Project Manager for Monitoring	im Phone A	lumber	Telephone Number	1.30	1	
		100	973-345-8020	1 410007	101169	,
Start Date (10)	Sched. Completion Date	a (33)	Name of OSHA Mo		41109	4
01/15/13		-(///	D& S.Restora			, v
Occupancy Status Buring Abates	01/25/13		Street Address	***		حجات
Facility closed section of the	ing entire pariod of shatement.		20 California A	venue		•
		19	City, Starte, Zip Cock			-
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			Paterson, NJ O	7503		
Scope of Work (check all that a			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T	Full Containment whegeth	A 1	
	d Renovation	Tx 4	X	Mint-enclosure	Les bressons	r.
☐ ≥160 sf or ≥260 kg	Demplifion .			Gloveban procedure		
Location of	Is location normally used so	Melvi		Non-Exempted (*) and Mor		édure
ashening containing material (acrit) to be	by maintenance/custodial staff(12)	1	n of asbestos-containing	A-mins	R R	E
abated in facility (13)		material (ACM)	Amount (Specify Sir or	mp	c n
	Yes No N/A	\		LF)	0	a 0
Basement Boiler	LANGE PARKET	Boiler Insul	otion	30.00	6	P
State of the state				30 SQ FT	X U	
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				18.1		
The same of the same of the same of the same of	Third West bear	10	All Manuel St. Co.	1 Sale 1 3		
CONTRACTOR MADE TO COMPANY AND ADDRESS OF THE PARTY OF TH		Cubic Yards of A				
DES RESTORATION, INC	13506	1 YD		LESOURCE RECOVER		1 100
ty, State	Diaposa	Dete	City, Stepie	COUNTE KELOVE	ζΥ.	
PATERSON NI 0750	01/16	/13	TULLYTOWN,	PA	1	L.
	Tide	Signature		() Date	1	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	PRESIDENT			01/14/	12	10.3
4S8-41	" Fird not use this form for asbas	toa licensure anan	ripted activities.	01/14/	13	-

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

D&S Proj. #: MS 13-20

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Date of Notification	1(1)	Na	ame of Buil	ding Owne	er/Operator (2)		2	OI3 JAN 18	1 1 2 1	i			
0 1 / 1 4			MATTHE	WABRA	AHAM		180	JAN 18	· ·				
Agencies Notified EPA	Type Notificati	on Sti	reet Addres	ss	6		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	isi i	17 2:50	1			
	Amended		225 HAR	DING D	RIVE			E LICENSIN	40				
DEP	Amendment #:	Ci	ty, State, Z	ip Code				- ICENSIA	Mar		i i		
DOL	Emergency		SO. ORA	NGE, N	07079			-174	C. 01.				
□ DOH	(including justification)	Na	me of Conf	tact			*	Telepho	ne Number				-
☐ DCA	Cancellation		MATTH	EW ABR	AHAM								
				FACI	LITY INFORM	ATION							
Name of facility w	here abatement is	s taking place	ce (3)					Type of Facility					
MATTHEW A	BRAHAM								ool (K - 12) hapter 8 (O	thor th	an K	12)	
Street Address	DICATIANT							4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	napter 6 (C r (Private/C			12)	
							1		./Homes, e				
225 HARDING	G DRIVE							Square Feet	# of Floor	s	Blo	dg. A	ge
City (5)		Coun	ty (6)			10000000000	nty Code (7)						
GO OBANGI	5	ESS	EV			(Stat	e use only)	Current Use (Prior if bein	g dem	olishe	d)	
SO. ORANGI Name of Monitorin		100000000000000000000000000000000000000	School Strate		ASCM No.	Н	Name of Abatement	Contractor (9)					
realite of Monitorii	ig i iiii iii oo by i	olug. Ollifo	(-)		7.00111101		D & S RESTOR.						
Street Address							Street Address	ATTON, INC.					
Street Address						- 11	20 California A	ve.					
City, State, Zip Coo	de						City, State, Zip Code						
J.J. (2.2.2.) - F						- 11	Paterson, NJ 07	7503					
Project Manager fo	or Monitoring Firm	1 State	Ph	one Numb	er		Telephone Number		License	Numb	er		
							973-345-8020		0	1169			
Start Date (10)		ISched	. Completio	n Date (1	1)	-	Name of OSHA Mon						
					š	- 11	D & S Restorati	ion, Inc.					
01/26/13 Occupancy Status	D. vie - Ab stance	02/08					Street Address						
	ed/vacated during			ment.			20 California Av City, State, Zip Code				_		
Abatement p	erformed outside	of normal f	acility hour	s-		_							
Other-Descr	ribe: NORMAL I	IOURS				<u>- 11</u>	Paterson, NJ 07			_	_		
Scope of Work (c		y)						Full Containment Mini-enclosure	w/negative	press	ure		
\boxtimes >3 sf or >3 l	f 🛛	Renovatio	n					Glovebag proced	lure				
≥160 sf or ≥	260 If	Demolition	i				ä	Non-Exempted (_	proc	edure	,
Location of		Is location	normally u	used solely	/	V SSETTIN				R e	R	E n	E
asbestos-co		staff(12)	nance/cust	louiai			sbestos-containing	Amount (Specify		m	р	c	n
material (ac abated in fa		Yes	No	N/A	material	(ACIVI)		ĹF)		o v	i i	a p	Ľ
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										卄	片	ዙ	#
						_				井	片	片	12
1000		10.00	D.U.	D# 12	ubic Yards of	Wasta	Name of Registered	l Landfill		.		Ш	1-
Registered Waste D & S RESTOR		NJDE 135	P Hauler I	- T	lyd	vasie	TULLYTOWN,	RESOURCE F	ECOVER	RY			=
City, State				Disposal [-	City, State						
PATERSON, 1	NJ 07503			01/28/			TULLYTOWN	, PA					
Completed by (Pri		Title			Signature		2		Date	/12			
BOGDAN JOI	LDZIC	PRESID			l		I autivition		01/14/	13			
ASB-41		* Do not us	e this form	for asbest	os licensure ex	empted	activities.						

D&S Proj. #: MS 13-19

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

	1413 13-17			(1 010	dant to 1407	10 0.01	o ana 12.120)	013 JAN 1	Car.					
Date of Notification		Nan	ne of Bi	uilding Ow	ner/Operator	(2)		20/3 100	- 4-/-	40				-
Agencies Notified		ia a		ERRAR	A	9		JAN /	8 0.					
	Type Notificat Initial	Stree	et Addr	ess			4		(17	2:58				
☐ DEP	Amended	1			MACK RO	AD		& 1/86 & 1/02h	1.464	.0				
⊠ DOL	Amendment #:			Zip Code				CAM	SING	101			N-4	eri'
☑ DOH	☐ Emergency (including	Nam	e of Co	ELL, NJ					ephone N		_			
☐ DCA	justification)	.						1	epitotie i	vuilibei	-			
	Cancellation	<u> </u>	UHN	FERRAR	A						L	_		
			v	FA	CILITY INFOR	MATION	J							1115-200
Name of facility wh	ere abatement i	s taking place	(3)					Type of Fa	cility (4) School (I	K - 12\				
JOHN FERRAI	RA							1 =	Subchapt		er t	nan K	′-12\	
Street Address									Other (Pri	vate/Co	nme		-12)	
314 KINDERK	AMACK RO	AD					2	Square F	Bldgs./Ho	mes, etc	100	R	ldg. A	and and
City (5)		County	(6)			Cou	inty Code (7)	Oqualo	"	JI 1 10013			ug. A	gc
OBABELL		DEDG				(Sta	ite use only)	Current U	Jse (Prior	if being	den	olish	ed)	
ORADELL Name of Monitoring	a Firm Hired by	BERG Bldg Owner (8			ASCM No.		Name of Abatement	Contractor (9	2)					
	g o ,	Diag. Omior (-,		AGCIVI NO.		D & S RESTOR							
Street Address							Street Address	ATION, IN	C.					
							20 California A	ve.						
City, State, Zip Cod	е					-	City, State, Zip Code		- 1					
			1 1=				Paterson, NJ 07	7503						1
Project Manager for	Monitoring Firm	1	P	hone Num	ber		Telephone Number 973-345-8020		L	icense N	umb 169			
Start Date (10)		ISched C	omplet	on Date (11)		Name of OSHA Mon	itor		- 01	-			
***************************************				OII Date (11)		D & S Restorati	on, Inc.						
01/24/13 Occupancy Status E	Juring Abatemer	01/31/1					Street Address							
Facility closed				ement.			20 California Av City, State, Zip Code							-
Abatement pe							City, State, Zip Code							
Other-Describ	e: NORMAL I	IOURS				_	Paterson, NJ 07	503		*		8		
Scope of Work (ch	eck all that apply	y)						Full Containn		gative p	ress	ure		22
>3 sf or >3 lf	\boxtimes	Renovation					=	Mini-enclosu Glovebag pro						
≥160 sf or ≥2	60 If	Demolition				2		Non-Exempt		d Non-fri	able	proce	edure	
Location of		Is location no by maintena			ly					- 1	R e	R	E n	E
asbestos-con material (acm) to be	staff(12)				otion of a II (ACM)	sbestos-containing		ecify SF o	or I	m o	р	С	n
abated in faci	lity (13)	Yes	No	N/A				LF)			v	a i	a p	L
Basement			X		PIPE INS	ULAT	ON & FITTINGS	30 L F	Γ		e X			\Box
Basement			Х		BARE HI	EATIN	G PIPES(RECLEA	N) 60 L F	Γ				×	
					 						4	井	부	부
Registered Waste H	auler	NJDEP	Hauler	<u> </u>	Cubic Yards o	f Waste	Name of Registered	Landfill			Ц		Ц	Ш
D & S RESTORA		13506			1 YD		TULLYTOWN,		E RECO	OVERY				
City, State PATERSON, N.	1 07503		1,1	Disposal 01/25/			City, State	DA	4		1.5			1
Completed by (Print		Title		01/23/	Signature		TULLYTOWN,	rA	Tr	Date				
BOGDAN JOLI		PRESIDEN	T	ŧ					. 2.1	1/14/13				
ASB-41		Do not use th	is form	for asbest	tos licensure e	exempted	d activities.							

40 moch

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

Job #: 1212-1703 Check #: NA

12/11/12	gencies Notified Type Notification						wner / Operator	(2) 20/3	MN 18 P	VEL	3			
Agencies Notified EPA	£		1		Nort	h Sco	ttsdale Road S	uite 400	" 18 P/	1 2.5	0			
DEP	Initial	nded #1	1000			Zip Co		& /						
⊠ DOL				ame		, AZ 8	3234		- EN 1/13	Tele	ohon	e Nu	mbe	r
☐ DOH ☐ DCA		gency	983	ir. Ja					.id?	1	Value in the second	12		
							ORMATION	193					To the second	\neg
Name of Facility W	here Abateme	ent is Taking Pla	ce (3)			11111	Type of Facility							
Residential Prop				0 			School (K-		II panagan					
Street Address	8							er 8 (Other tha						
2 Pheasant Lane	9							private & com		Bldg.		S, et	٥.)	-
		To(0)	Cou	mtu C	ada /	7)	Square Feet	4 01 1100)15	53	Age			
City (5)		County (6)	Cou	inty C	oae (/)	2371 Current Use (P	Prior if being d	emolished)	33	-			\neg
Willingboro		Burlington					Residential I		cinolistica					
Name of Monitoring	n Firm Hired h	y Building Owne	er (8)	_	ASC	M No.	Name of Abate		tor (9)					7
Horizon Environ		by Building Own	, (0)		,		Asbestos an			р			35	
Street Address						300	Street Address		19					
PO Box 316	Box 316						3859 Sylon E				6 PC			-
	ty, State & Zip Code						City, State & Z Hainesport,	50 W W.C.						
	norofare, NJ 08086 oject Manager for Monitoring Firm						Telephone Nui		Licen	se Num	ber	072-22-	- 6.37.392	
Dave or Steve F			Telepi 856-8			,,,	609-702-0400				0862	2		
Scheduled Start Da		Scheduled Com	pletio	n Dat	e (11)		Name of OSH	A Monitor	1/1				0-0-0-0	
12/27/12		1/14/13	•				EMSL Analy							
Occupancy Status	During Abate	ment (Check on	ly one	e)			Street Address							
		During Entire Pe Outside of Norma			iteme	rit	107 Haddon City, State & Z	-						
Describe:	(Репогтеа С	outside of Norma	i nou	15			Westmont, N							
Isolated Ar	rea						Westinoit, i	40 00 100						
Scope of Work (Ch		(ylqq									4			
									ntainment w	ith Nega	ative	Pres	sure	
≥3 sf or ≥3			\bowtie	100000000000000000000000000000000000000	ovatio		1	Mini-En	ciosure lag Procedu	ires				
≥160 sf ≥2	60 It			Den	nolitio	n			empted and		iable	Prod	edu	re
	Location of		ls l	Locati	ion	1	Description		Amou		Aba			
	stos-Containi	ng		nally l			Asbestos-Cont	aining	(Spec					
Ma	aterial (ACM)			olely l		1	Material (AC		SF or l	LF)	Z.	71	Enc	Ē
<u>TO</u>	BE ABATED in Facility		Main				(i.e., thermal sy insulation, surfact				Remova	Repair	apsı	Enclsoure
	(13)	0 0 1	Ouote	(12)	Jun.	-	or other miscella				<u>a</u>	Ŧ	Encapsulate	ure
			Yes	No	N/A	(e)					_			
Throughout		a			\boxtimes		estos Debris		40 cy			닏	닏	님
Interior					\boxtimes		Insulation		20 LF			井	井	뷰
Exterior Soffit	1 1		Ц	Ц			site Material		150 SF			님	Η	H
Exterior			Н	Н			athing below vi	inyi siding	1,300 SF 2500 SF			님	H	H
Throughout			H	H		Clea	ning		2500 SF			H	H	片
Name of Register	ad Maste Hai	ıler		IN.		Waste	Cubic Yards	Name of Reg	istered Lan	dfill				
Name of Register	eu wasie nai	alei				D No.	of Waste							
Horizon Dispos	sal	100			226	12	10	GROWS)ı	
City, State	5		24			e o e	Disposal Date	City, State	DA					123
Trenton, NJ		, Miles		- 1.),i 	1/14/13	Morrisville	, PA	1.	264-			17
Completed By (Pr	Courses C			Tit			Signature		7		Date 1 /9/ '	12		
Kim Trumber	tti			A	dmi	n.	DAN				1131	IJ		
							MYN	·····································		11		700		

Job #: 1301-1718 Check #: 2993

Date of Notification (* 01/15/13			M	s. M	ariss	sa Frie	Owner / Operator			Li []				
Agencies Notified 1	Type Notifica	ition			Addre nit S	ess treet		MAC CIO	18 PM	2:58				
☐ DEP	Initial			100		Zip C	ode ' '-	145-01	Print I was a					
□ DOH	☐ Emer					ntact	07040	ELI(EKSIN(11001. ITe	lephor	e Nu	ımbe	er
☐ DCA		ellation					edmann		.,,,,					
	ili.		-	FAC	ILIT	Y INF	ORMATION						-	Ā
Name of Facility Whe		nt is Taking Pl		-			Type of Facili			511:5				
Residential Prope	rty						School (F	Hamilton 1957						
Street Address									er than K-1	:2) cial buildings	home)C 0	·c \	
4 Kermit Street							Square Feet		f Floors		lg. Age)	-
City (5)		County (6)	Cour	ity C	ode (7)	2300	3	1110010	10				
Maplewood	- 1	Essex		•	•	,	Current Use (225	ing demoli					
							Residential	Property	,					
Name of Monitoring I		y Building Own	er (8)		ASC	M No.	Name of Abat							
Tiger Environmen	ntal						Asbestos a		Services	, Corp.				
Street Address 234 20 th Avenue							Street Addres 3859 Sylon							
City, State & Zip Cod	le						City, State & 2							
Brick, NJ 08724		10					Hainesport,		6				-	
Project Manager for	Monitoring F	irm	Teleph			oer	Telephone No 609-702-040		1)	License Nu	mber 0086	2		
Kelly Walton Scheduled Start Date	e (10)	Scheduled Con			100000000000000000000000000000000000000		Name of OSH				0000		_	_
1/29/13		1/29/13	inpiction	Duit	. (11)		EMSL Analy							
Occupancy Status D							Street Addres	ss	į.					W.
bequare		During Entire P			teme	nt	107 Haddor							
Describe:	erformed Ou	utside of Norma	al Hours	5			City, State & 2							
Isolated Area	3						Westmont,	NJ 00 100	•					
Scope of Work (Che		ply)									57.000			
				_					두 (이)에 하다 하는 것이다 (먹었다	ssure Enclos	sure			
≥3 sf or ≥3 lf ≥160 sf ≥260			K		ovatio olitio				ni-Enclosui	e //ethodologie	20			
2 100 31 2200	, II			Dem	Olltio	•				ed and Non-		Prod	cedu	re
	cation of		Is Lo				Description	n of		Amount				50740; B
	os-Containing	g	Norma			-	Asbestos-Con			(Specify SF or LF)			m	
	erial (ACM) E ABATED	74	Mainte	ely b			Material (At (i.e., thermal st			or or Lr)	Re	Z	Encapsulate	Enc
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Trenton, NJ Completed By (Print	or Type)			Title			Signature /	INIOLLIZA	ille, PA		Date			
Kim Trumbetti					; lmin	1.	Oigi atule			74	1/15	/13		
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Job #: 1301-1717 Check #: 1991_

Date of Notification 1/15/13	(1)				Na Rı	me	of B	uilding	g Owi	ner / Opera Lane Pro	tor (2	2)	con property	- Hirem				
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Name of Facility Wh		ateme	ent is Taking F	Place ((3)					Type of Fac	cility (4)						-
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Street Address												8 (Other t						
16 Cedar Grove I	_ane													cial building	s, hon	ies,	etc.)	
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CK 22455

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

RECEIVED

Date of Notification (1)	15 /	13			of Building	g Owner/Operator (201	3 JAN 18 PM	2. /			
Agencies Notified	Type Notification				Address 9 th Stree	et .		& LICENSIN				
☑ DOLWD	☐ Amended			City, S	State, Zip C	Code		& LICENAIN	C TVE	11.		
☑ DHSS	Amendmen	THE SHAPE WATER				h, NJ 07735		-1.5	Ü			
☐ DCA (NJAC 5:23-8)	☐ Emergency justification		3	Name	of Contac	t		Telephone Numb	er			
(NOAC 0.20-0)	☐ Cancellatio			Hai	ry Hoff		9					
				FΔ	CILITY IN	IFORMATION						
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406 Pine Street - H		King Flace	(3)				☐ School (K-12)	(C)				
	louse						Subchapter 8	(Other than K-12)				
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Union Beach							1,000	1		30		
County (6)				Cou	nty Code (7	(STATE USE ONLY)		or if being demolish	ned)			
Monmouth							Vacant Hou					
Name of Monitoring Firm	n Hired by Buildin	ng Owner	(8)	ASCM	No.	Name of Abatem	ent Contractor (9)					
Environmental He	alth Investigat	ions, In	3	001	04	Superior Aba	atement Inc					
Street Address						Street Address						
655 West Shore Ti	rail					2 Henderson	Drive					
City, State, Zip Code						City, State, Zip C	ode				- 177	
Sparta, NJ 07871						West Caldwe	ell, NJ 07006					
Project Manager for Mo	nitoring Firm		Te	elephone	No.	Telephone No.		License No.				
JP von Doehren				(973) 6	51-2041	(973) 808-16	16	00411				
Start Date (10)	Sc	cheduled	- 8			Name of OSHA						
01 / 26		01				Superior Aba	atement Inc					
Occupancy Status Durin						Street Address	110					
☐ Facility Closed/Vaca						2 Henderson	Drive					
☐ Abatement Performe	ed Outside of Nor	mal Facil	tv Ho	urs - De	scribe	City, State, Zip C	Terrogram A. Ago					
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Completed By (Print or	Type)	Title		7.		Signature	11/11	Da	ite			1000
Nick Petrovski		Presi	dent			1///	MARK	uni 1	-/.	5-	20	113

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT.

(Pursuant to NJAC 8:60 and 12:120) Check # 22613 Name of Building Owner/Operator(2) 18 Date of Notification (1) 1/14/2013 THE COLLEGE OF NEW JERSEY Agencies Notified Type Notification Street Address 200 PENNINGTON ROAD TI DEP Amended Amendment # City, State, Zip Code DOL. Emergency (including **EWING, NJ 08628** ☑ DOH justification) Name of Contact Telephone Number DCA Cancellation DAVID D'ANDREA **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) THE COLLEGE OF NEW JERSEY, PACKER HALL, 1ST FLR, WOMEN'S LOUNGE Subchapter 8 (Other than K-12) Street Address Other (i.e., private & commercial buildings) 200 PENNINGTON ROAD City (5) # of Floors Bldg. Age EWING, NJ County County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) MERCER Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner (8) ASCM No. USA ENVIRONMENTAL, INC. CREAM RIDGE ENVIRONMENTAL INC. **ADDRESS** Street Address 344 W. STATE STREET 15 BLACK FOREST ROAD City, State, Zip Code City, State, Zip Code TRENTON, NJ Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 00676 WM. WEISGARBER 609-890-7110 609-656-8101 Name of OSHA Monitor Start Date (10) Scheduled Completion Date (11) 1/16/2013 1/16/2013 USA ENVIRONMENTAL, INC. Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 344 W. STATE STREET Abatement Performed Outside of Normal Facility Hours City, State, Zip Code ESSENTIAL PERSONNEL TRENTON, NJ 08628 Full Containment with Negative Pressure Scope of Work (Check all that apply) ☐ Mini-Enclosure 1 ≥ 3 sf or ≥ 3 lf ☐ Renovation ≥ 160 sf or ≥ 260 lf Demolition ☐ Glovebag Procedure Non-Exempted (*) & Non-Friable Procedure Abatement Type Is Location Description of Asbestos Containing Normally Used Encapsulate Location of Asbestos-Containing Enclosure Amount (Specify SF or Material (ACM) (i.e. thermal systems Removal Solely by Material (ACM) TO BE ABATED In insulation, surfacing, VAT, or other LF) Maintenance/Custo Facility (13) dial Staff? (12) miscellaneous) Yes N/A No 80 S.F. X PACKER HALL, 1ST FLR. VAT ASSOCIATED MASTIC 80 S.F. WOMEN'S LOUNGE AREA NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Name of Registered Landfill Hauler ID No. Waste JACK ROBINSON WASTE DISPOSAL GROWS 1 YDS City, State Disposal Date City, State MORRISVILLE, PA 1/18/2013 BELLMAWR, NJ

Title

PRESIDENT

Completed By

ASB-41

DAVID D'ANDREA

Signatur)27-Mar

Date

1/14/2013

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

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12/8/2012 Decupancy Status During Abs Facility Closad/Vacated Du Abstement Performed Outs Other - Describe: Cope of Work (Check all that 3 sf or >3 tf 3 160 sf or >260 tf Location of Asbestos-Containing Materia TO 8E ABATED IN Facility (15) uilding 8 - Throughout uilding 8 - Mechanical Ro	atement (Chering Entire Fiside of Norm	is L New Mair Co.	one) Abatem y Hours movation emolit coation comally solely ttenanc istodial ttaff? (12)	nent :	Asbes (i.e.	Name of OSHA IN Valiant Asso Street Andress 145 Mill Street Andress City, State, Zip C. Paterson, N.J. Full Comministration Goveber, Non-Ex Description of tos Containing Mate, thermal systems in surfacing, VAT, other miscattaneo	donker Ciafes, LLC et oda 07501 tainment with r cosure g Procedure compted (*) and sulation, or	Negati j Non	Amou (Spec SF or I	ssure e Proce	e, Removal X	Ty:	pe	
12/8/2012 Decapancy Status During Abs Facility Closad/Vacated Du Abstement Performed Outs Other - Describe: Cope of Work (Check all that 3 sf or >3 tf 160 sf or >260 tf Location of Asbestos-Containing Materia TO 8E ABATED IN Facility (15) uilding 8 - Throughout building 8 - Mechanical Ro	atement (Chering Entire Fiside of Norm	is L New Mair Co.	one) Abatem y Hours movatio emolit continuo solely itenancistodial oteff? (12)	nnent sign n n n n n n n n n n n n n n n n n n	Asbas (i.e. Elbow Floor ti	Name of OSHA IN Valiant Asso Street Address 145 Mill Street Address 145 Mill Street Address City, State, Zip	donker ciates, LLC et oda 07501 tainment with r losure g Procedure empted (*) and sulation, or us)	50 15 8	Amou (Spec SF or I	e Proce	Removal X	Ty:	pe	
12/8/2012 Decapancy Status During Abs Facility Closad/Vacated Du Abstement Performed Outs Other - Describe: Cope of Work (Check all that 3 sf or >3 if 160 sf or >260 if Location of Asbestos-Containing Materia TO 8E ABATED IN Facility (15) uilding 8 - Throughout uilding 8 - Mechanical Ro uilding 8 - Room past to Mechanic	atement (Chering Entire Fiside of Norm	is L New Mair Co.	one) Abatem y Hours movation emolit coation comally solely ttenanc istodial taff? (12)	nent in nicon by all XXXX	Asbas (i.e. Elbow Floor ti Floor t	Name of OSHA IN Valiant Asso Street Andress 145 Mill Street Andress 145 Mill Street Andress City, State, Zip	donker ciates, LLC et oda 07501 tainment with r iosure g Procedure empted (*) and sulation, or us) Name of Re	Negati J Non	Amou (Spec SF or I	e Proce	Removal X	Ty:	pe	
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12/8/2012 Decapancy Status During Abs Facility Closad/Vacated Du Abstement Performed Outs Other - Describe: cope of Work (Check all that 1×3 sf or >3 H 2-160 sf or >260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility (15) uilding 8 - Mechanical Ro uilding 8 - Mechanical Ro uilding 3 - Room leat to Mechanic tame of Registered Weste H Service Transport Group	atement (Chering Entire Fiside of Norm tapply) BI (ACM) Gan Closet Gal Room	is L New Mair Co.	one) Abatem y Hours movation emolit coation comally solely ttenanc istodial taff? (12)	nent in nicon by all XXXX	Asbas (i.e. Elbow Floor ti Floor t	Name of OSHA IN Valiant Asso Street Andress 145 Mill Street Andress 145 Mill Street Andress 145 Mill Street Andress Insulation Ites/Mastic	Monitor Ciates, LLC et ode 07501 tainment with r losure g Procedure empted (*) and sulation, or us) Name of Re Minerva City, State	Negati j Non	-Edable Amou (Spec SF or I	e Proce	Removal X	Ty:	pe	
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Pacifity Closady/Vacated During Abstement Performed Outs Other - Describe: Scope of Work (Check all that 3 sf or >3 if 160 sf or >260 if Location of Asbestos-Containing Materia TO BE ABATED IN Facility	atement (Chering Entire Fiside of Norm trapply) st (ACM) st (ACM)	Reck only Period of Reck only Period of Reck only Period of Reck only Reck	one) Abatem y Hours movation emolit coation comally solely ttenanc istodial taff? (12)	nent in nicon by all XXXX	Asbas (i.e. Elbow Floor ti Floor t	Name of OSHA IN Valiant Asso Street Andress 145 Mill Street Andress 145 Mill Street Andress 145 Mill Street Andress Insulation Ites/Mastic	Monitor Ciates, LLC et ods 07501 tainment with r losure g Procedure empted (*) are sital (ACM) sulation, or us) Name of Re Minerva City, State Waynesh	Negati j Non	-Edable Amou (Spec SF or I	e Proce	Removal X X X	Rapair	pe	Enclosure



Date of Notification (1)			1	Name	of Buildir	ng Owner/Operato	or (2)	2013 JAI				أفيعكا	
1-14-13			£ 1			on's, Ind		-013 JAJ	118	PA	2.		· ^
Agency Notified Type	Notification			Stree	t Address	t Dark Co	anter Po	ulevard 🕅		***		-5	6
©¢EPA "□ In							encer: bo	ulevalu /		24	140	ila	1
	mended mendment #	1		Boi	State, Zip	Idaho 837	706	av - L1	CERS	IN	G	01	
Q Er	nergency (includ	ing			of Conta		700	I Talanhana Nice	-6				
	stification) ancellation					. Rowe	29	Telephone Nur	nber				
				FAC	ILITY INF	ORMATION				_		_	
Name of Facility Where Abaten	nent is Taking Pla	ace (3))				Type of Facilit	y (4)		5335-115	24.75		
ACME Store #78:	12				59		☐ School (K-1	(2)					
Street Address							☐ Subchapter	8 (Other than K-12	2)				
Long Beach Boul	evard ar	nd i	Jero	ome	Aveni	ue ·	St Other (i.e. p	orivate & commercia	al buildir	ngs,			
City (5)							Square Feet	# of Floors	Bldg.	Age	3		
Beach Haven							20,000	1			-5	O	
County (6)				Count	v Code (7) (STATE USE	Fig. 50 - 50	Prior if being demol	ished)				-
Ocean			- 1	ONLY			vacant						
Name of Monitoring Firm Hired	by Building Own	er T	ASCN	I No.		Name of Abater	ment Contractor	(9)					125
(8) Health & Safe			-					nental Ser	vice	es	. 1	[n	C
Street Address													
318 12th Street	160			Street Address 2251 Fr	caley St	reet							
City, State, Zip Code			_	City, State, Zip									
Hammonton, NJ	08037						lphia, P	A 19137					
Project Manager for Monitoring		T	elepho	ne No.		Telephone No.		License No.				_	_
Jim Proctor						215-533	-5155	00848					
Start Date (10)	Scheduled C	omple	tion Da	te (11)		Name of OSHA	Monitor						
1-17-13		31-		= = ;			& Safety	Services					
Occupancy Status During Abate	ement (Check on	ly one))			Street Address 318 12th	n St						
Facility Closed/Vacated During Abatement Performed Outside	e of Normal Faci	lity Ho	urs	t		City, State, Zip (Code						
☑ Other – Describe: 3:30 p		:30p	.m.			Hammonto	on, NJ 0	8037					
Scope of Work (Check all that a	pply)	and the state of the				C) Full	Containment will	n Negative Pressure	^				
□ ≥ 3 sf or ≥ 3 lf					novation	☐ Mini-	-Enclosure		3				
	(.5)			☐ Den	nolition		rebag Procedure						
					1	ZZ NON-	-Exempled (*) an	d Non-Friable Proc	eaure	At	atem	nen	ıf.
			Locati Normal								Туре		
Location of		Use	d Sole	ly by	l	Description							
Asbestos-Containing Mater TO BE ABATED		177477.5	intena Custodi			stos Containing Ma , thermal systems		Amount (Specify		20	7 5	5	四
IN Facility			Staff?	0.00	(surfacing, VAT	Γ, or	SF or LF)		Removal	Repair	200	500
(13)			(12)			other miscellane	eous)			val	#	ncanculato	Sure
	ŀ	Yes	No	N/A	1			20			à		
various areas				X	9x9 flo	oor tile(whit	e/blue/gray	7,300sf		x	+	+	
main floor-movie	theater			x	vell	ow & brow	m mastic	320sf		x	+	+	-
Service (a					2					i	+	+	
· · · · · · · · · · · · · · · · · · ·				de Landre de Legiste L				\neg	+	T	٦		
Name of Registered Waste Haul		Vaste F	lauler	Cubic Yards of	Name of Regis	stered Landfill					٦		
Service Transpo	No.			Waste	A & L S	alvage					-		
	Service Transport												
City, State	To the state of th					Disposal Date	City, State	OII					
Morrisville, PA			7 Y -			01	Libson,	20000409	D-4:				1
Completed by Jennifer Niven	Dir. of	Ор	era	tio	ns /	Signature	1. 71	100	Date 1-14	<u>[</u> –]	L3		
ASB-41						nsure exempted	activities.	en			-		

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

Date of Notification	n (1)	I Na	ame or sullo	ing Owner/Operator	PEROM.					
1-15-2013			Emily Cr	ling Owner/Operator	Sing Sand Stone	VEn				
Agencies Notified	Type Notificat		treet Addres	a Ave.	2013 JAN 18 F	014 0 -	8			
0.5	Notifica	tion C:	ity, State,	Zip Code	, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n 2:58				
[]DEP	[]Amended			1,NJ,08847	& Life Ephor	311000			£	
[X]DOL	Notifica	tion	ame of Conta		trolerhor	e Number			-	
[X]DOH	[]EMERGENCY	1 1	Emily Ch	nano	rerepubl	A December	\Rightarrow			
[]DCA	[]Cancellat		marry Cr	9						
	1.1.		FACIL	ITY INFORMATION	2			*	2.	
Name of Facility Wh	ere Abatement i	s Taking	Place (3)		Type of Facil	ity (4)				
Same as above	•				[]School []Subchap	ter 8 (Othe	r than	K-12)	
Street Addres						i.e., priva			-	
112 LAKE AVE						# of Floo		dg. 1	100	
				In 1 0 1 (7)	Square Feet	3		38. <i>2</i>	ige	
City (5	C	ounty (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (hod	
METUCHEN	-	MIDDLESE	x				ing den	OTTS	nea,	10
Name of Monitoring Owner (8)	Firm hired by B	uilding	ASCM No.		ement Contracto MANAGEMENT					
N/A Street Address				Street Addres	ss					
Screet Address				86 Chri	stopher St					
City, State, Zip Co	ode			City, State,	Zip Code					
				Montcla	ir, NJ 070	42				
Project Manager for	Monitoring Fir	m Tele	phone Numbe	r Telephone Num		I	icense		er	
Month 1 Day 24 Ye Occupancy Status Du [X]Facility Cl of Abatemer	ear 2013 Mor	th 1 Day	etion Date (y 25 Year 20 only one) ire Period	N/A	*					
[]Abatement Po Hours - Des	erformed Outsid cribe: «OffHours cribe: «Other Oc	Descrip	t»	City, State,	Zip Code					
Scope of Work (Chec										
[X]>3 sf o		[X]]Renovation]Demolition	[]Mini [X]Glov	Containment ware -Enclosure rebag Procedure Friable Proced		Press	ıre		
		T	Is				Aba	teme	nt !	Type
Location Asbestos-Co Material TO BE A In Faci	ontaining (ACM) BATED ility	No S By te Cu: Sta	cation ormally Used colely Main- mance/ stodial iff (12)	Description Asbestos-Co Material (i.e., thermaterial insulation, surface or other misc	ntaining (ACM) al systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	NCAPSUL	NCLOSURE
Basement		Yes	No N/A	PIPE		30 LF	х			
1								-	_	+
Name of Registered AZTECH MANA		C Hat	DEP Waste uler ID No.	Cubic Yards of Waste 1.5	Name of Reg G.R.O.W	istered Land	lfill			
City, State Montclair, No.	J 07042			Disposal Date 1-28-2013	City, State Morrisv	ille, PA	190	57	4	
Completed By (Prince Constantine	ACCRECATE AND INC.	le eside	nt	Signatur	on Canle	· Viun	Date 1-15	-201	3	

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

Nocheck	,	NOTI		TION suant	OF ASE to NJA	ew Jersey BESTOS ABAT C 8:60 and 5:16	EMENT (AN 18 PH 2:	~ m.			
Date of Notification (1) 12 /	20 / 12	1			of Building ereign B	Owner/Operator (2 ank	2) 2013	AN 18 00	· Int			
Agencies Notified	Type Notification ☑ Initial		**	J., J., .	Address tate Stre	eet,	& L	TOS CANTRO	58			ı
☑ DOLWD ☑ DHSS	Amended Amendment #	#1-1/14	1/13		ate, Zip C			CHSING NO	7.			
☐ DCA	Emergency (ir justification)	ncluding			ton, MA			Telephone Numb	er		-	
(NJAC 5:23-8)	Cancellation				an Peck			,)				at .
				FAC	ILITY IN	FORMATION				-		
Name of Facility Where A	Abatement is Takin	g Place	(3)		-		Type of Facility (4)				
Sovereign Bank							School (K-12)) (Other than K-12)				
Street Address							Other (i.e., pr	ivate and commerc	cial bui	lding	s,	
1201 East State Str	eet						homes, etc.)	T# -651	l Dia	- ^-		
City (5)							Square Feet 3500	# of Floors	1	g. Ag 5+	je	
Trenton				Count	by Code /7)(STATE USE ONLY)		or if being demolis				
County (6) Mercer				Coun	ly Code (/	NOTATE OSE ONETY	Bank	or it being dome.	,,,,,			
Name of Monitoring Firm	Hired by Building	Owner (8) [ASCM I	No.	Name of Abateme			3 -3000			
Environmental Cor			,	0003			VIRONMENTAL	_, INC.				
Street Address						Street Address			-0.00			
120 North Warren						1123 BEAVE	R STREET					
City, State, Zip Code						City, State, Zip Co						
Trenton, NJ 08608						BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		0.000	phone ! 9-392-		Telephone No. 215-788-6040	Ŷ	License No. 00509				
Jim Frisbee	Scho	duled C				Name of OSHA M		1 00000				_
Start Date (10)1 /3 /		1/			6.11		VIRONMENTAL	_, INC.				
Occupancy Status Durin					5-370	Street Address						E.
☐ Facility Closed/Vacate					a eila a	1123 BEAVE						
Abatement Performed Time of Abatement:					cribe	City, State, Zip Co BRISTOL, PA						
Scope of Work (Check a □ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf	ll that apply)	☐ De	novati	on -		☐ Mini-End	g Procedure	gative Pressure n-Friable Procedu				
			Locat Norma							_	ent Ty	Γ
Location Asbestos-Containing TO BE AB IN Faci (13)	Material (ACM) ATED lity	Use Ma Cus	ed Sole iintena todial (12)	ely by nce/ Staff?	Asbe (i.e	Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Lobby		Yes	No 🖂	N/A	ACM P	laster		1200 SF				
LODDY				 	7.0							
		-	-	-		9.77	-		10			
2 7	57			10						П		
					<u> </u>	To the Manufact	Name of Regis	stared Landfill		Ш	ш	Ш
Name of Registered Wa BRISTOL ENVIROR			- 53	IJDEP \ lauler II 18706	O No.	Cubic Yards of Waste	GROWS L					
City, State BRISTOL, PA		80				Disposal Date	City, State MORRISVI	LLE PA				
Completed By (Print or Gino Pizzigoni		tle Estima	tor	-		Signature	Pizzigoni	- fil Da	ate ////	/13	, 11,	,
ASB-41	/						000	10				

ASB-41
MAY 11 G-T /2 285
* Do not use this form for asbestos licensure exempted activities.

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2010	0	14	23	68
	Book	Hi	00	00

			_					- 4///	5. 3	-		
Date of Notification (1) 12 / 20 /	12		1527.000		Building eign B	Owner/Operator (2)	18 PH	1	, post		
					100		<u> </u>	779 17	2.5			
Agencies Notified Type Notifica ⊠ EPA 6343 ⊠ Initial	ation		1	eet Add		1	•	CON THE THE	08)		ί
☑ DOLWD 6336 ☐ Amended			3.7		te Stre			1/2/1	77,			-
☑ DHSS 6404 Amendmen		<u>.</u>		30. L	e, Zip C			'Q'	~(
☐ DCA ☐ Emergen		g			n, MA			Telephone Numb	ver .			
(NJAC 5:23-8) justification			2225040		Contact			relephone Numb)GI _			
Cancellat	ion				Peck],				
	Calina Diag	o /2\	F	ACIL	ITY IN	FORMATION	Type of Facility	(4)		_		
Name of Facility Where Abatement is 1	aking Plac	e (3)					School (K-12					
Sovereign Bank							Subchapter ((Other than K-12))			
Street Address 1201 East State Street							Other (i.e., p homes, etc.)	rivate and commer	cial bu	ilding	S,	
							Square Feet	# of Floors	Blo	ig. Ag	e	
City (5)							3500	1		55+		
Trenton			10	ounty (Code (7	(STATE USE ONLY)		ior if being demolis	hed)			-
County (6) Mercer				ounty c	0000 (/	(011112 002 01121)	Bank		ě.			
Name of Monitoring Firm Hired by Build	ding Owne	(8)	IASC	CM No.		Name of Abatem	ent Contractor (9)					-
Environmental Connection	uning Ownion	(0)		0030			IVIRONMENTA					
Street Address			1			Street Address				-		
120 North Warren						1123 BEAVE	R STREET					
City, State, Zip Code		1	COMPANIES TO		*	City, State, Zip C		-			0.2001000	
Trenton, NJ 08608						BRISTOL, PA						
Project Manager for Monitoring Firm		Te	elepho	ne No.		Telephone No.		License No.				
Jim Frisbee	*		609-3	392-42	200	215-788-604	0	00509		ī		
	Scheduled	Comp	oletion	Date ((11)	Name of OSHA	Monitor					
1_ / _3_ / _13_				/ 1		BRISTOL EN	IVIRONMENTA	L, INC.				
Occupancy Status During Abatement (Check only	one)				Street Address						
☐ Facility Closed/Vacated During Ent	ire Period o	f Aba	temer	nt		1123 BEAVE	R STREET					
Abatement Performed Outside of N	ormal Faci	lity Ho	ours - l	Describ	be	City, State, Zip C	ode					
Time of Abatement:AM-5:0	<u>0</u> РМ/	_PM-	- <u>1:30</u> /	AM		BRISTOL, PA	A 19007					
Scope of Work (Check all that apply)			e e			F1.5.11.0-1	tainanat with No	antiva Proceura				
	⊠ F	Renov	ation			☐ Mini-En	ntainment with Ne closure	gative Plessure				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		emol				☐ Gloveba	a Procedure	- Fiels Deseadu				
						∐ Non-Ex	empted (*) and No	on-Friable Procedu		ot	T	
			cation nally	*		D	of		-	atem	1	_
Location of Asbestos-Containing Material (ACI	_{an} U		olely b	ру	Asbe	Description stos Containing M		Amount	Removal	Repair	Encapsulate	Enclosure
TO BE ABATED	1 1/		nance		(i.e	, thermal systems	insulation,	(Specify	100	a.	aps	losu
IN Facility	0		al Stat 2)	117		surfacing, VAT other miscelland	r, or	SF or LF)	<u>m</u>		la a	6
(13)	Ye			N/A		Other miscentin	0000,				(0)	
I abbut		×	1 [7 A	CM P	laster	100000	1200 SF				
Lobby		-	-							П		
			-							1	-	-
] []			1		10	닏		
]	N 11		5 4 7 21 9					
Name of Registered Waste Hauler				EP Wa		Cubic Yards of		istered Landfill				
BRISTOL ENVIRONMENTAL II	NC .		A 12 TO 10 T	er ID N 706	10.	Waste	GROWS I	ANDFILL	70.00.00			
City, State			10	100		Disposal Date	City, State	7.				
BRISTOL, PA					- 3	+05	MORRISV	ILLE PA			74.	
Completed By (Print or Type)	Title		-	128		Signature	0	/. a D	ate	/	1	
	Estim	ator				Lino	Kessian	i fel	12/	20/	12	. 1
Gino Pizzigoni							00	1/	_/_	_/_		-

State of New Jersey

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

Date of Notification (1)					Name of	Building (Owner/Ope	rator (2)	2012	34	11		
J	anuary 15, 201	13					H & D	Rosetto	2013 (17)	14	X		
Agencies Notified [x] EPA [] DEP		al Notific	ation		Street Ad			orth Ocean Aven	18	P/4 2	~ <i>U</i>		
[x] DOL	Ame	ndment #	#		City, Stat	e, Zip Co		e Park, NJ 08752	- 4/C/2, Co.	· .	SP		
		rgency (i fication)	ncluding	2.1	Name of	Contact		1	Telephone Number	110	,		
[x] DOH [] DCA	1 7.0 100 500	ellation			Name of		Rosetto	8 2	rerephone Number	,		-	
[] bek				EAC	LILITY IN	JEORM	ATION			-	-		
Name of Facility Where A	batement is Takin	g Place ((3)	TAC	ZILII I II	VI OKIVI	ATION	Type of Facility (4	4)				
	idence							[]	School (k-12)				
Street Address								[]	Subchapter 8 (of			نبط امنا	ldinas
24	Patrick Drive							[x]	Other (i.e., priva homes, etc.)	ne & cc	mmer	nai bui	idings,
City	<u> </u>	Count	ty (6)		County Co		(D	Square feet	# of Floors	Bldg	g. Age		
Manahawkir	L a	Ocea	ın		(STATE U	ISE ONL	Y)	700 sf Current Use (Prior Reside	if being demolished)		50	
Name of Monitoring Firm	Hired by Building	Owner ((8)	_	ASCM No		Name of	Abatement Contract					
N/A	L		***						lian Contracting,	Inc.			
Street Address							Street Ad		Route 9, Unit 61				
City, State, Zip Code							City, Stat	te, Zip Code	10000 1000 000		October 98		
	·		T-1	TL.s			Talanhan		River, New Jers			271	
Project Manager for Monit	oring Firm		Telephone l	Number			732-34	e Number 9-9932	00624	vuilibei			
Scheduled Start Date (10) 1/15/13			Scheduled 0		ion Date (1	1)	Name of	OSHA Monitor	S.L. Analytical				
Occupancy Status During	Abatement (Check	only on		<i>3</i>			Street Ad		5.15. 7 thaty ticus		55		
[x] Faci	lity Closed/Vacate	ed During	g Entire Perio					1056	Stelton Road				
	tement Performed	Outside	of Normal Fa	acility H	Iours		City, Stat	te, Zip Code					
[] Othe	er – Describe			-				Piscat	away, New Jerse	ey 088	54		
Scope of Work (Check all	that apply)						[]	Full Containme Mini-Enclosure	nt with Negative Pro	essure		10 10	
[] >3 s	for≥3 lf		f 1	Renova	ation		ii	Glovebag Proce					
) sf or ≥260 lf		[x]	Demoli			[x]	1 <u>7</u> 2	(*) and Non-Friable	Proced	ure		
									1	Abat	ement	Турс	
9 9			Is Location				Descriptio			R	R	Е	E
Location of		N	Normally use Solely by	ed			estos-Con laterial (A		Amount (Specify SF	Е	E	N	N
Asbestos-Containing M TO BE ABA		Main	tenance/Cus	stodial			, thermal s		or LF)	M	P A	CA	C L
in facility			Staff				lation, sur	facing,	1 0100	0	I	P	0
(13)			(12)			-4	VAT, o			V	R	S	SU
		YES	NO	N/A		otne	er miscella	ineous)		A L		L	R
	1	113		1,771	1	. 11			000 -C			E	E
Exterior			X		Asbest	os sidin	g		800 sf	X	_		
			-							-			\vdash
									-				
Name of Registered Waste	Hauler		JDEP Waste	e Hauler	ID No.	Cubic Ya	rds of Wast	e Name of Regis	tered Landfill	L	L		
	ntracting, Inc.)223		2		T.R.R.F.		11			
City, State Toms River,	New Jersey			Dispos 1/18/	sal Date		City, Sta	nte 5wn,∤Pennsylvan	ia				
Completed by (Print or Ty		Title			Signatus	ę ,	100			Date			
Nicholas Ferr		Proje	ct Manage	r 🦠	1 V	110	107	tert		-1/15	5/2013	3	

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

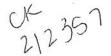
(Pursuant to NJAC 8:60 and 12:120)

									17	1. 04		
Date of Notification (1)	anuary 15, 20				Name of Building		erator (2) O Rosetto	a 201.	JAN.	11	1/5	En
Agencies Notified [x] EPA [,] DEP		al Notif	ication otification	29	Street Address City, State, Zip C		orth Ocean Aven	ue	2	18	PH 2). .Sc
[x] DOL	[X] Eme		(including				le Park, NJ 08752		ICE		The	· '' 6'
[x] DOH [] DCA	The same of the sa	fication) cellation		•	Name of Contact Denis	se Rosetto		Telephone Numbe	r		<i>;</i> ~	ζ.
				FAC	CILITY INFORM	MATION						
Name of Facility Where A Res	batement is Takir idence	ng Place	(3)				Type of Facility (4)	School (k-12)				
Street Address 28P	atrick Drive	ă.					[x]	Subchapter 8 (c Other (i.e., priv homes, etc.)				ildings
City		Cour	nty (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 700 sf	# of Floors	Blo	lg. Age	60	
Manahawkin	17	Oce	an				Current Use (Prior Reside		i)			
Name of Monitoring Firm N/A	han marana esta <u>s</u> en estas contratas en estas estas en en estas e	g Owner	(8)		ASCM No.	Name of	Abatement Contracto		. Inc.			
Street Address			.5			Street Ac	ldress	Loute 9, Unit 6				
City, State, Zip Code					0) 100	City, Star	te, Zip Code	River, New Jers		755-1	271	
Project Manager for Monit	oring Firm		Telephon	e Number		Telephon 732-34	ne Number	License 1 00624			2/1	
Scheduled Start Date (10) 1/15/13			Schedule		tion Date (11)		OSHA Monitor	L. Analytical				
Occupancy Status During A	Abatement (Check ity Closed/Vacate		ne)			Street Ad	ldress	telton Road	ī.			
[] Abat	ement Performed					City, Stat	te, Zip Code	tenon Road		254		
[] Othe	r – Describe					,		way, New Jers	ey 088	354		
Scope of Work (Check all t	that apply)				-	[]	Full Containment Mini-Enclosure	t with Negative Pro	essure			
[] >3 sf	or≥3 lf		[]	Renova	ation	[]	Glovebag Proced	ure				
[x] ≥160	sf or ≥260 lf		[x]	Demoli	ition	[x]	Non-Exempted (*	*) and Non-Friable	Proced	ure		
									Aba	tement	Туре	
Location o		1	Is Locati Normally	200		Description pestos-Con		Amount	R E	R E	E N	E N
Asbestos-Containing Ma		0	Solely b			Aaterial (A		(Specify SF	M	P	C	C
TO BE ABAT		Main	itenance/C	ustodial		, thermal s		or LF)	0	Α	A	L
in facility (13)			Staff (12)		insi	lation, sur VAT, or		*1	v	I R	PS	O S
(13)			(12)		oth	er miscella		1	A	K	U	U
		YES	NO	N/A		or miscona	neous)		L		L E	R E
Exterior			X		Asbestos sidin	g	S	800 sf	X			
Name of Registered Waste I Guardian Con		1	NJDEP Was	ste Hauler 20223	ID No. Cubic Ya	rds of Waste	Name of Registe T.R.R.F.	red Landfill				
City, State				Dispos	al Date	City, Star	te ,	+ .				
Toms River, 1 Completed by (Print or Type		Title	4 7	1/18/		Tullyto	wm Pennsylvania		l p	-		181
Nicholas Fern			ct Manag	er -	Signature	icho	1 ston	1	1/15	/2013	3	

17"										for the second				
Date of N 11/07/12	otification (1):	Na RA	me of	Building (Ow	ner/Operator (2) OPERTIES, LLC	<u> </u>			2013.100	12/	11/2	r.	
Agencies Notified	Type Notification () Initial	Str	eet Ad	idress:	-	D. 2 ND . FLOOR		i i		2013 JAN 18	Q ~	- C. (c)	4	
(X) EPA	Notification			te, Zip Coo				ί		1.4.6.~.	JA	1/2:	50	
(X) DEP	(X) Amendment Notification			CHIE, NJ	07	074			227	TEXT OF	v>		A.D.	
(X) DOL	() Emergency () Cancellation	1 10000000		Contact: IRI ARSIA	AN				Telephor	ne Nambeit	JIN.	3	٠.	G G
()DCA	***************************************											-		
Name of F	acility Where Abat	ement i	ic Tak	ing Place (FACILITY INF		AATION ype of Facility	(4).					
RAILWA	Y AVE. PROPERT	TES, LI	LC		(3)		() School (K-12) Subchapter 8)	K-12)				
	ress: 196 W. RAIL		AVE							nmercial buildings	s,			
City & Sta	te (5): PATERSON	I		13 360000			S	quare Feet: N.	A	# of Floors:	3	Bldg	g. Age	: NA
County (6) PASSAIC	:			County Co (STATE U				urrent Use (Pr ESIDENTAL	rior if bein	g demolished):				
Owner:(8)	Monitoring Firm		d by	Building	g	ASCM No.: 0012	1	ame of Abate			- 1 - 1 h			
Street Addi	SSOCIATES, INC							reet Add se.	e of NJ, 1	nc.			,	
300 GRA1	ND AVE						1000000		G					
City, State,							-	39 North 6 th ity, State, Zip						
	OOD, NJ 07631							2000 N 20		•				
Project Mai	nager for Monitorin	g Firm			Ti	elephone No.:		ospect Park, elephone No.:	NJ 0750				-	
STEPHEN	A. JARACZEW	SKI	/			01-569-6708		73) 595-6955		License No.:				
Start Date (11/12/12	e-environ	Schedu 12/07/		ompletion	Da	te (11):	Na	ame of OSHA M Enterprise		Jersey, Inc.		-		
Occupancy S	tatus During Abatem	ent (Che	ck only	y one)		****		reet Address:		,,				
(X) Facility (() Abateme () Other – I	Closed/vacated During nt Performed Outside Describe:	g Entire of Norn	Period nal Fac	of Abateme	ent		P.o Ci	O. Box 8265 ty, State, Zip (-	4. 		
				1			Ha	ledon, NJ 075	38					
	k (Check all that app	ly):							OV) E. II	0				-
$(X) \ge 3 \text{ sf or} $ $(X) \ge 160 \text{ s}$	$r \ge 3$ If for ≥ 260 If			(X) R () D	end	ovation olition			() Glove	Containment wit Enclosure ebag Procedure Friable Procedure	n Neg	ative i	ressu	re
10000	cation of	1	Loca Norma	ally		De Ashartas Cart	scrip	tion of					emen ype	t
	ontaining Material ACM)	Ma	u Sol iinten	ely by ance/		Asbestos Cont (i.e., therma	Sys	tems insulati	on,		26		ш	T
	E ABÁTED		ustod	lial/		surfac	cing,	VAT, or	, a	Amount	Ren	R	nca	nc
IN	Facility		Staff			other i	misce	ellaneous)		(Specify	Removal	Repair	Encapsulat	Enclosure
er m	(13)	Yes	(12) No) N/A						SF or LF)	al	-	ılat	ure
	D. FLOORS		X		V	APOR BARRII	ER 1	200 SF. EAC	CH FL.	3600 SF	X	1		-
1 ST . 3 RD . FI	LOORS		X		W	ALL FLASHIN	NG			800/460 SF	X			
I ST . FL.			X		T	AR ON WALL				800 SF	X	<u> </u>		-
3 RD . FL. 2 ND . FL.			X			LOOR TILES &				350 SF 150 SF	X			
Name of Reg NEWARK C	ristered Waste Hau ARTING INC.	ler:		-		NJDEP Waste Hauler ID No.		Cubic Yard of Waste:1		Name of Regis IESI PA BETH	tered			
City, State:			Dier	osal Date:		04509		<u> </u>		ILSI FA DEIH	LEM	AIVI L/	אטויי	ILL
PO BOX 567 07105	0, NEWARK, NJ		6/26/					City, State: BETHLEHAL	м, РА 180	15				
Completed B MIKE ALTA				Title: PRESII	DE	NT	Signa	nture:		Date:	İ			

40 12 m

14.4					3:60 and 12:1) <i>Pi</i>		71.				
Date of Notification (1) 1/9/13				Building C Arbelae	Owner/Opera	tor	⁽²⁾ 2013 JAJ	1	IVEL	Jane Stranger			
Agencies Notified Type Noti	fication	110	Street Ad	ddress ayne Av	enue		. 17	1/8	PH 2: 5	i o			
EPA Initia DEP Ame DOL Ame	l ; nded			te, Zip Coo			230			0			
DOL Ame	ndment # rgency (including			on, NJ 0	7502		et L/(ENS	ephone Nur	!			
DOH justif	ication)	100		Contact Arbelae	ez			Tele	ephone Nur	nber			
	y				RMATION			- ,		-			
Name of Facility Where Abatement House	is Taking Place (3)	87				Type of Facility (200	7				
Street Address			W. 17-54			1	School (K-1	8 (Oth	er than K-12	2)			
184 Wayne Avenue							Other (i.e. petc.)				105550		es,
City (5) Paterson, NJ 07052							Square Feet N/A	# of	Floors		ldg. A	Age	
County (6) Passaic	0/		County C	Code (7) USE ONLY)	10.00		Current Use (Pri House	or if bei	ng demolish	ned)			
Name of Monitoring Firm Hired by B N/A	Building Owner (8)		ASCM	l No.	1752-075		of Abatement Cor Abatement, Ir		(9)				
Street Address		0.000			1000000		Address osengren Ave	nue					100000
City, State, Zip Code					City	y, S	tate, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm	1		Telephor	ne No.	Tele	eph	none No.		License N	0.			
01-4 D-1- (40)	10-1-11	10		D-1- (44)			345-8685		#00675				
Start Date (10) 1/17/13	1/19/13		ipietion i	Date (11)	1 100000		of OSHA Monitor abatement, In	c.					
Occupancy Status During Abatemen	nt (Check Only Or	ne)	V			T - T	Address osengren Ave	nue.					1.0
Facility Closed/Vacated During Abatement Performed Outside Other – Describe: Occupied					City	y, S	tate, Zip Code wa, NJ 07512	iue	3		-		
Scope of Work (Check All That App	ly)				110		Wa, 140 07012						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demolit				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				re	
	Is	Locati	on		16					1	Abat	ement	t
Location of Asbestos-Containing Material (A	Lieo	Normal ed Sole		Ashasi	Descript		of Material (ACM)	۸	mount			T	
TO BE ABATED In Facility (13)	IVIA	intenar todial S (12)	-50 K 50 K 50 K		thermal syste surfacing, other misce	em: VA	s insulation, T, or	(5	Specify or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A									र्व	
play room		X			pipe insu	-			3 LF	Х			
boiler room		X			pipe insu	ual	tion	3	4 LF	Х		_	-
	5.		-				2			-		-	
Name of Registered Waste Hauler	116.6	L N	JDEP W	/aste	Cubic Yard	ls	Name of	Registe	ered Landfil				
D&S Abatement, Inc.		Н	auler ID 00675		of Waste TBD		Waste	Mana	gement o				
City, State Totowa, NJ		7.5			Disposal Di TBD	ate	City, Star		A				
Completed by Deanna Brkusanin	Title Proje	ect ma	anager	=	Signat	tul	bleug K	Mi	/	ate '09/1:	3		32



2/200			CATION	ate of Ne N OF ASB to NJAC	ESTOS	ABATE		R	10	٠,			
Date of Notification (1) 1/09/13				f Building Eiphinst		Operator	(2)	JAA	18 PH	The s	0		
Agencies Notified Type Notification	***************************************		Street A	ddress nie Terr	ace		<i></i>	37.	· O PH	2:5	R		
EPA Initial Amended Amendment	#			ate, Zip Co Caldwel		7006	<u> </u>	LIEE	No Mar	ra,		-	-(
DOH Emergency (justification) DCA Cancellation	including	-	Name o	f Contact Eiphinst			2	Te	lephone Nu	mber			
7				LITY INF		ION	 ,				-	77	
Name of Facility Where Abatement is Taking House	g Place (3	3)			-		Type of Facility School (K-						
Street Address 18 Sunnie Terrace							Subchapter Other (i.e. petc.)				dings	hom	es,
City (5) West Caldwell							Square Feet N/A	# o N/	f Floors A		Bldg. A	\ge	
County (6) Essex				Code (7) USE ONLY	,		Current Use (Pri House	or if be	ing demolis	ned)			
Name of Monitoring Firm Hired by Building C N/A	Owner (8)		ASCN	/I No.			of Abatement Cor Abatement, Ir		(9)				
Street Address						E 120 120 120 120 120 120 120 120 120 120	Address osengren Ave	nue		-			
City, State, Zip Code						City, S	tate, Zip Code wa, NJ 07512						
Project Manager for Monitoring Firm			Telepho	ne No.		Teleph	none No. 345-8685	H	License N	0.	0		
Start Date (10) 1/16/13	Schedule		npletion I	Date (11)		Name	of OSHA Monitor Abatement, In		#00070				
Occupancy Status During Abatement (Check				-		Street	Address	-					_
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norm Other – Describe: Occupied	eriod of A	Abatem Hours	nent 3			City, S	osengren Aver tate, Zip Code	nue					
Scope of Work (Check All That Apply)		-				Toto	wa, NJ 07512						
≥3 sf or ≥3 lf≥160 sf or ≥260 lf		enova emolit				X	Full Containme Mini-Enclosure Glovebag Prod Non-Exempted	edure				A	
Location of	0.000	Locati	(C.C.)								Abate	ment	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	d Sole intenar odial S (12)	nce/	Asbes (i.e.	tos Cont thermal surfac	scription aining M systems cing, VA niscellan	laterial (ACM) s insulation, T, or	(8	mount Specify or LF)	Remova	Repair	Encapsulate	Enclosure
A	Yes	No	N/A			26				_		ate	o,
Basement		X		- Di	bo	IUIN	lation	1	SILF	х			
						-			-				
Name of Devictored Waster Live		1 63											
Name of Registered Waste Hauler D&S Abatement, Inc.		H	JDEP W auler ID 20996	0.00000	of Was				red Landfill gement of	PA	10	5	
City, State Totowa, NJ					Dispos TBD	al Date	City, State Tullytov			11			
Completed by Deanna Brkusanin	Title Proje	ct Ma	nager		Si	ignature	Menua R	lus	Da 1/0	te 09/12			

MD 20287186940

Date of Notification (1) 1/09/13					Building Johns		Operator	(2)			2013 J	AN I))	L	:0
Agencies Notified	Type Notification		-	Street A						- 6		. ' C	P	12	
₩ EPA	Initial Amended	i)		A STANFAREN	nwood	evolum yeni zeri.					& //	ës,	٠	<:	58
DEP DOL	Amendment		_		te, Zip Co wood, N		40				5/6	EN3	146	Na,	
DOH DCA	Emergency justification) Cancellation		Ī		Contact Johns	on				Tel	ephone No	imber	1		
	1	X		FACI	LITY INFO	ORMAT	ION			1					
Name of Facility Where House	Abatement is Takir	g Place (3))			500-5-1000	0.00	Туре	of Facility (4)					
Street Address									School (K-12		-5-11	40\			
15 Fernwood Road	9								Subchapter 8 Other (i.e. pr				ldings	, hom	es,
City (5)	-							6	etc.) re Feet	1#0	f Floors		3ldg.	۸۵۵	
Maplewood								N/A	e reet	N//			v/A	age	
County (6)			Т	County (Code (7)			Curre	nt Use (Prio	r if bei	ng demolis	shed)			
Essex				(STATE L	JSE ONLY,			Hous	se						
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCN	l No.				tement Cont ement, Inc		(9)				
Street Address								Addres	·7	-	W.G. 000				
City, State, Zip Code									ren Aven	ue					
									J 07512						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		100000000000000000000000000000000000000	none No 345-8			License I #00675				
Start Date (10) 1/18/13		Schedule 1/19/13		npletion [Date (11)				A Monitor ement, Inc	· · · · · · · · · · · · · · · · · · ·	ψs				
Occupancy Status Durin	g Abatement (Chec	k Only One	e)	-				Addres							
Facility Closed/Vac	ated During Entire	Period of A	baten	nent			11 R	oseng	ren Aven	ue					
Abatement Perform Other – Describe:	ed Outside of Norn	nal Facility	Hours	3			N. 1935 - 1935	state, Zi							
Scope of Work (Check A							loto	wa, N	J 07512					S .	
≥3 sf or ≥3 lf	ш тпат дрргу)	По	enova				Г	٦	0. 4.			_			
≥160 sf or ≥260 lf		THE REAL PROPERTY.	emolit				×	Min	Containmer i-Enclosure vebag Proce		Negative	Pressu	ire		
									-Exempted		d Non-Fria	ble Pro	cedu	е	
			Locati											ement rpe	t .
Location Asbestos-Containing			ormal Sole		Achae		scription taining M		(ACM)	^	mount		T.		
TO BE AB	ATED ` ´	Mair Custo	ntena			thermal	systems	s insula			Specify	_R	70	Enc	g
In Facil (13)		Cusio	(12)	olan:			cing, VA niscellar			SF	or LF)	Remova	Repair	Encapsulate	Enclosure
(,		Yes	No	N/A		outer t	inocciai	icous				/a	=	late	ure
boiler ro	nom	103	X	1000		nine	insula	tion		2	4 LF	x	H		
201101 10		+-+				pipo	modia	1011				- A	-		
							-		3.1	-		-	-	-	-
		+		-								-	_		
Name of Registered Was	oto Unular		L	IDED W	anta	Cubia	Vasda		N=====(D	!_					4.
D&S Abatement, Inc			H	JDEP W auler ID		Cubic of Was		4	Name of R						- 1
			#2	20996		TBD			Waste M	iana(Jenneth (JI FA			
City, State Totowa, NJ						Dispos TBD	sal Date	\neg	City, State Tullytown	ŋ, PA					
Completed by		Title				S	ignature	Man	1 (1.		ate			
Deanna Brkusanin	3	Projec	t Ma	nager	1	٠		Mal	while	lle	り 1	/09/12	2		74.

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

Date of Notification								Owner / Operato	or (2)		- fusi	8.8.63				-
A	10/1/2012						oratio	on		2013 JA	1157	DW 7	-/			
Agencies Notified EPA	Type Notific	ation		Stree						LOID ON	1 1 W	rn 2: ;	26			
	☑ Initia	i	(Plaza			F				5-700		
DEP DOL	☐ Initia☐ Ame	ı nded R#7-1/15	42	2000			Zip C		-	ß	1 - 2 (JUNK.	ÜL:			
Ø DOH	1 TO		/13					J 07095	-	& [JOEN					
DCA DCA		rgency ellation					ntact		4			- 11	elepho	ne r	lumb	er
	Canc	eliation		Joh	nr	niik	oin					1.	-			
*	1000503			FA	CI	LIT	Y INF	ORMATION								
Name of Facility Wi		ent is Taking P	lace (3)				Type of Facil	ity (4)		****					
Hess Corporatio	n		22-7					School (K-12)							
Street Address								☐ Subchap	oter 8 (Other tha	an K-12)					
Smith Street & C	onvery Bou	llevard						Other (i.e	e. priva	ate & con	nmercia	l building	s, hom	es,	etc.)	
								Square Feet		# of Flo	ors	BI	dg. Ag	е		
City (5)		County (6)	Co	ounty	Co	de (7)					177				
Perth Amboy		Middlesex		3 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		-1010-04	10.5°0.6	Current Use	(Prior i	f being d	emolish	ed)		-		
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Name of Monitoring	Firm Hired b	v Building Owr	ner (8)	1	7	ASC	M No.			t Contrac	etor (9)			-	_	
AET, Inc.		,	.0. (0		ľ			Bristol Env								
Street Address	- Vincella							Street Addres							-	
28 N. Pennell Ro	ad	8 0						1123 Beave		eet						
City, State & Zip Co	de							City, State &								
Media, PA 19063								Bristol, PA								
Project Manager for	Monitoring F	irm		ohone			er	Telephone No	umber		Lie	cense Nu	ımber			
Dave Turotsy			800-	969-	6A	ET		(215)788-60	140		00	509				
Scheduled Start Da		Scheduled Con						Name of OSH	IA Mo	nitor						
10/16/201		REV#TOON SIT			1/1	8/13	3	Bristol Env	ironn	nental In	ic.					
Occupancy Status I								Street Addres	1.77							
		During Entire P				mer	nt	1123 Beave								
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Describe:		• • • • • • • • • • • • • • • • • • •		_				Bristol, PA	19007	7						
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Boiler Room		+	\boxtimes	Ш	ļĻ			Transite ce			2,24	15 SF		Ш	\boxtimes	
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Bristol Environm	ental, inc.				1	870		8		WS LAI	NDFILL	•				20/01/2
City, State							81. I	Disposal Date	City,							
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Completed By (Print	100000000000000000000000000000000000000	22		Tit			1	Signature	7		1-	1	Date			
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Name of Facility When Hess Corporation	e Abatem	ent is Taking Pl	ace	(3)			Type of Fac			%.					
Street Address							☐ School								
Smith Street & Con	wan. Da.	.la					Subcha	apter 8	(Other tha	n K-12)					
Officer of Coll	ivery bot	ilevard					⊠ Other (i.e. priv	ate & com	mercial build	lings,	hor	nes,	etc.)	
City (5)		County (C)	10		<u> </u>		Square Fee	et	# of Floo	rs	Bldg	J. Ag	ge		
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Name of Monitoring Fir	m Hirad b	Duilding O			7		Boiler Roo								
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28 N. Pennell Road							Street Addre	707000	4						
City, State & Zip Code							City, State 8	Appropriate the second second second	20.070 To 1						
Media, PA 19063							Bristol, PA								
Project Manager for Mo	onitoring F		Tele	phone	Numbe	er	Telephone N			License	Num	her			_
Dave Turotsy			800	-969-6	SAET		(215)788-6			00509	Num	Dei			
Scheduled Start Date (10)	Scheduled Com			te (11)		Name of OS						_		
10/16/2012				IOLD			Bristol Env	vironm	nental Inc	.					
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Date of Notification (1) 10/1/2	012		Nam	e of Building	Owner / Or	perator (2)		JAN,	18 0	,		_
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	mergency		Name	e of Contact								
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		-							207			
Name of Facility Where Abat	tement is Takin	na Plac	PA (3)	CILITY INF	ORMATIO							
Hess Corporation	· · · · · · · · · · · · · · · · · · ·	ig i lac	G (3)		Type of	Facility (4)					-	_
Street Address						ool (K-12)						
Smith Street & Convery I	Roulevard				☐ Sub	chapter 8 (Other than K	-12)				
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	1 145.4				Dallana	oe (Prior i	f being demol	ished)		- 1-1		
Name of Monitoring Firm Hire	d by Building	Owner	(8)	ASCM No.	Boiler R							
AET, Inc.	,	- WIIGI ((0)	ASUM No.		Abatemen	t Contractor (9	9)		-	-	-
Street Address					Dristoi	=nvironm	ental, Inc.	(\$).				
28 N. Pennell Road					Street Ad	dress				_		
City, State & Zip Code					1123 Be	aver Stre	et					
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Project Manager for Monitoring	a Eirma	1= :		<u> </u>	Bristol, I	PA 19007						
ave Turotsy	y rim	Tel	ephone N	Number	Telephone	Number		Linner				
	10:	800	0-969-64	AET	(215)788	-6040		License	Numb	er		
cheduled Start Date (10) 10/16/2012	Scheduled (Comple	tion Date	(11)	Name of C	SHA Mon	itor	00509				
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Abatement Performed (Describe:	During Entire Outside of Nor	Period	of Abate ours –		Street Add 1123 Bea City, State Bristol, P	ress ver Stree & Zip Cod	et	*				
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AET, Inc. Street Address			1	NO.	Name	of Abater	nent Contrac	tor (9)			-	
28 N. Pennell Road					DISTO		nmental, le	ic.				
City, State & Zip Code					Sueer V	Address Beaver S						_
Media, PA 19063					City, St	ate & Zip	Code					
Project Manager for Mo	nitoring Firm	Tolonk			Bristol	PA 19	000e	,				_
Dave Turotsy		800-96	one Nu	inder	Telepho	ne Numb	er	Il inne				
Scheduled Start Date (1	0) Scheduled	Completion	Data /4		(215)78	8-6040		00509	Numbe	er		
10/16/2012					Name of	OSHA N	Monitor					
Coupancy Status Durin	g Abatement (Chec				Sinstol	Environ	mental Inc	•				
County Closedt	acated Dilling Enti-	a Danie d . c		ent 3	Street Ad	ddress	NDWARD C				_	_
Describe:	ormed Outside of No	rmal Hours	-	L	ity Stat	e & Zip (reet					
Facility Occupied	During Abatement:	0.00 444	<u> </u>	E	ristol.	PA 1900	,00e					
ope of Work (Check al	I that apply)	8:30 AM -	3:30 PN	A		. W 1906	"					
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18706

Title

Project

Disposal Date

Signature

11/16/12

GROWS LANDFILL

City, State MORRISVILLE, PA

Date

Completed By (Print or Type)

City, State

Bristol, PA

Gino Pizzigoni

Date of Notification (1)		100	Building O.		1 1 7 0	234.5	
10/1/2012		Name of	Building Owner	Operator (2)	120)" CE #	- 5000	
Agencies Notified Type Notification		Street Ad	rporation		ELICEWS I	KMI	
		One Has	dress		- 148		
☐ DEP ☐ Initial ☐ Amended		04 0	S Plaza				
	R#2-10/24/12	Woodba	& Zip Code				
Emergenc	V	Name of C	dge, NJ 0709	5			
☐ DCA ☐ Cancellation	on	John Phi	ontact			17.1.1	
						Telepho	one Nu
Name of Facility Where Abatement is	Taking Dia	FACILI	TY INFORMAT	TION			
Licos sorbolation	raking Place (3)	Type	of Facility (4)			
Street Address			🗇 8	School (K-12)			
Smith Street & Convery Boulevai	ral		III s	Subchanter 8 (C	Other than K-12)		
Establishment of the Control of the	u		⊠ c	Other (i.e. privat	ta & commercial	T. and the second	
City (5) Count	h. (6)		Squar	e Feet	te & commercial bu	ildings, hom	es, et
		unty Code	(7)		# OI FIOORS	Bldg. Age	9
IMIGG	lesex		Currer	at Use /Dries W			
Name of Monitoring Firm Hirad h. D. W.		All Marian	Bolle	r Room	being demolished)		
Name of Monitoring Firm Hired by Build AET, Inc.	ing Owner (8)	ASC	M No. Name	MOOM			
Street Address				of Abatement (Contractor (9)		-
28 N. Pennell Road	West Services			Address	ntal, inc.		
City, State & Zip Code			1122	Address Beaver Street			_
Media, PA 19063			City St	ate & Zip Code			
Project Manager for Monitoring Firm				l, PA 19007			_
Pave Turotsy	Teleph	one Numbe	er Telepho	one Number			
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RECEIVED

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT JAN 18 PH 2: 58

(Pursuant to Manage 8:60 and 72:120)

(I # 2357

[[Date of Notification													VI
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A	Agencies Notified	Type No	otification		Hes	Corporate Address	Owner / C	Operator	(2)	4	71	d	35	I_{ii}
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	Ø DOH	⊠ A	mended Ra	4-10/10/49	City,	State & Zip (dibridge, N.	ode	-						
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Na	ame of Facility Who	ere Abate	ment is Tal	- Di	FAC	ILITY INFO	DALASTIC						2	
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Stn	reet Address						The or	Facility (4)		_			_
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	et Address						Briefal E	- Dallemer	nt Contractor	(9)	_	-		_
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Project	ia, PA 19063					10	my. State	& Zin Ca	de					
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RECEIVED

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

	pate of Notification	10/1/2012			21.0	.A.C. 8:60 a	ABATEMENT nd 12:120)	R31.
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	DEUCINE NUMBER 1.	210211		143	SELLING OF ID	The state of the s	rator (2)	a Cl# 230
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_	3 50A	☐ Cancellat	ion			149 07095		
		Name and Address of the Owner, where the Owner, which the		190	hn Philbin	Tide.		
Nar	ne of Facility When SS Corporation	e Abeter						Telephone Num
Her	ss Corporation	- roatement is	Taking P	aca (3)	ACILITY IN	FORMATION		
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	an enter a coul	ery Bouleva	rd			The Subaba	(n-12)	2000
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Perti	h Amboy	Mida	lesex	County	Code (7)	Square Feet	# of Floors	buildings, homes, etc.)
		Imited	iesex	1	(.)	# 10 0 1 POS		IDIOO Ass
Name	of Monitoring Firm	Hirad hu D. W.				Current Use	(Prior If being demolis	
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Street	Address				ASCM No.	Name of Abot	0.00	
	Pennell Road					Bristol Envi	n Jerneni Contractor (9) ronmental, Inc.	
City, St	ate & Zip Code	-				Street Address	mental, inc.	
Media.	PA 19063					11123 Basus	C4	
Project	Manager for Monito	de m			a de la composition della comp	I YILL SURIE K 7	D Cad	
Dave T	Trofer of Monito	nng Firm	Tel	ephone N		Bristol, PA 1	BU02	
	ed Start Date (10)		800	969-6A	umber	Telephone Nun	abar	
JON 18001	10/11/2012	Schedule	Complet	ion a		(275)788_Rnac	n ILic	ense Number
	10/11/2012		14/4	/2012	(11)	Name of OSHA	00	509
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