

Date of Notification (1) 1/17/12					Building Or ehill / Re			(2)		1					
Agencies Notified	Type Notification			treet Add	<sub>dress</sub> eenleigh	Cou	rt	. 644				/19C)		1 (	
EPA DEP DOL	Amended Amendment				e, Zip Cod ntville N		09	The state of the s				Mark,			
☑ DOH DCA	Emergency ( justification) Cancellation	including	8223	lame of 0 John	Contact			Ł.	1)	Tele	ephone Nu	mber			
				FACIL	ITY INFO	RMAT	ON	Ŧ	Fraille: /4	\				-	
Name of Facility Where A John Rehill / Reside Street Address		g Place (3)						Sc Sc	f Facility (4 chool (K-12 ubchapter	2) B (Othe	er than K-1	(2)			.42
111 Greenleigh Cou	ırt								ther (i.e. pr c.)	ivate 8	k commerc	al build	ings,	nome	s,
City (5) Merchantville NJ 08	109	-						Square 1000-	+	2	Floors	3	dg. A 5+	ge	
County (6) Camden				County C	ode (7) SE ONLY)			Curren	t Use (Prio	r if bei	ng demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.	****		of Abate	ement Con	tractor	(9)		5 1000		
Street Address		-		l		2		Address Box 32							
City, State, Zip Code		-		-				State, Zip t Berlin	Code NJ 080	91					
Project Manager for Mon	itoring Firm		T	Telephor	ne No.		100000000000000000000000000000000000000	hone No 753-98			License 00727	No.			
Start Date (10)							700	of OSH	A Monitor						
Occupancy Status During	Abatement (Che		)				Street	Address	S	-	and the second				
Facility Closed/Vaca	ated During Entire	Period of Al	atem	ent				Box 32							
Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility I	Hours			<del></del>		State, Zip st Berlin	n NJ 080	91		u .			
Scope of Work (Check A	II That Apply)				V		, ,	7				_			
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Min Glo	Containme i-Enclosure vebag Prod i-Exempted	e cedure				e	
		T lad	_ocati	nn									Abat	ement	t
Location Asbestos-Containing TO BE AB In Facil (13)	Material (ACM) ATED lity	Used Mair	ormal Sole ntenar odial S (12)	ly . ly by nce/		os Co therm surf		Material ns insula AT, or		(	Amount Specify F or LF)	Removal	Repair	e Encapsulate	Enclosure
		Yes	No	N/A								_		10	_
Basem	ent			Х			e insul			hpmod C	00 LF	x	_		
Basem	ent			X	р	aper	duct in	sulatio	n		75 LF	×	-	-	
Name of Registered Wa	Name of Registered Waste Hauler					A	ic Yards		TO DATE VOICE DESIGNATION OF THE	CALL DE CONTRA	tered Land	Ifill		VIII SHIFT	•
United Containers				lauler ID 2459	NO.	3	/aste		G.R.O.						
City, State Elm NJ						2/6/			City, Sta		A 19056				
Completed by Anthony T Perna		Title Presi	dent				Signatu	re		_		Date 1/17/1	2		

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1) 01/17/2012			Name of Build Russo Dev	ding Owner/Operat	or (2)		2012			1
Agencies Notified Type N	otification		Street Addres	ss		11.	CUIL		<u> </u>	A STATE OF
DEP Ame	ended endment # ergency (including		City, State, Zi Hackensacl	p Code			11.00	<u>k</u>		3
JUST Just	ification) cellation		Name of Cont Michael Pen	The state of the s		Telenhone Nu	mher	,		
None of Forth Annual Control			FACILITY II	NFORMATION	L - , 187 17					
Name of Facility Where Abatemer Former Residence/Office	it is Taking Place	(3)		1,000	Type of Facility		W			
Street Address 65 Jackson Drive			*-		Other (i.e., p	8 (Other than K-1 private & commer		iilding	ıs,	
City (5) Hackensack, NJ					Square Feet 2,200	# of Floors	400	Bldg. 70+	Age	
County (6) Bergen			County Code USE ONLY)	(7) (STATE	Current Use (Pr Vacant Build	rior if being demo ing	lished	)		
Name of Monitoring Firm Hirea by $N/A$	Building Owner	AS	SCM No.	The state of the s	ment Contractor (9 ociates, LLC	)				
Street Address	\$2)			Street Address 145 Mill Stre	eet					
City, State, Zip Code				City, State, Zip Paterson, N						
Project Manager for Monitoring Fir	m	Teleph	none No.	Telephone No. 973-553-53	374	License No. 01108				
Start Date (10) 1/27/2012	Scheduled Cor 2/10/2012		n Date (11)	Name of OSHA Valiant Asso	Monitor ociates, LLC					
Occupancy Status During Abateme    Facility Closed/Vacated During	Entire Period of Al	bateme	ent	Street Address 145 Mill Stre	eet					
Abatement Performed Outside o	f Normal Facility I	Hours		City, State, Zip C Paterson, N						
Scope of Work (Check all that appl >3 sf or >3 If ≥160 sf or >260 If	Reno	ovation molitio		Mini-En Goveba	ntainment with Neg closure ag Procedure xempted (*) and N		edure			
	Norn					ion i napie i roo		Abate Ty		1
Location of Asbestos-Containing Material (AC  TO BE ABATED IN Facility (13)	M) Used S Mainte Custo sta (12	nance/ odial ff?	Asbes	Description of tos Containing Mat , thermal systems i surfacing, VAT, other miscellane	rerial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
San Attached	Yes N	No N	//A				a		ate	e
See Attached							+			
Name of Registered Waste Hauler		102322	EP Waste	Cubic Yards	Name of Regist	ered Landfill				
Service Transport Group		Haule 209	er ID No. 190	of Waste 40 yds	Minerva Lan	ıdfill				
City, State New Castle, DE				Disposal Date 2/10/2012	City, State Waynesburg	h, OH			7	
Completed By Miodrag Stamenovic	Title Project Man	nager		Signature	diag Colo	Date 101/17/	Ž <del>012</del>			_

STEVERUS ENVIRONMENTAL SERVICES INC CHECK#24637

Date of Notification (1	) 1/17/12			Name of Build	ing Owner/Operat John	or (2) Cardile/Dore	en Santora	/	2 1	P.	
Agencies Notified	Type Notification	on		Street Addres	S	718 Somerset	11.000				12.
DEP  DOL	Amended Amendment		ng	City, State, Zip	Code	nklin Lakes, l		AN.	2 0	201	2
DOH DCA	justification Cancellation	)		Name of Conta	act Im Huntzberg	er	Telephone N	umber			lane.
		E MESTESAN	- 34/2	FACILITY IN	IFORMATION		L	Libe	إزادانا	3	-
Name of Facility When		ing Place sidenc		· · · · · · · · · · · · · · · · · · ·		Type of Facilit	12)		- A.		
Street Address	47 B	arry L	ane			Subchapter Other (i.e.,	r 8 (Other than K private & comme : )	-12) rcial bu	uilding	js,	
City (5)	Beach 1	Haven	West			Square Feet	# of Floors		Bldg.	Age	
County (6)	Ocean			County Code USE ONLY)	(7) (STATE	Current Use (F	rior if being dem residenc		)		_
Name of Monitoring Fir		Owner	A	ASCM No.	Name of Abater	ment Contractor (	9)	,			
(8)	MECS					vens Environ	mental Servi	ces,	lnc.		
Street Address	PO Box 34	11			Street Address		3ox 322				
City, State, Zip Code	Crosswicks, NJ	00515	-		City, State, Zip (		NII 00 50 1				
Project Manager for Mo		06313		hone No.	Tolonhana Na	Allentow	n, NJ 08501				
	eisgarber Jr.		E 15372	) 298-4070	Telephone No. (609) 2	59-9688	License No.	0049	3		
Start Date (10) 1/30/12			-	on Date (11)	Name of OSHA	Monitor	ECS	001)			_
Occupancy Status Dur		eck only	one)		Street Address						=
☐ Facility Closed/Vaca ☐ Abatement Performe					City, State, Zip C		Box 341				_
Other - Describe:	8 AM-4:00 PM	1					s, NJ 08515				
Scope of Work (Check  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	all that apply)	Der Der		)	☐ Mini-End ☐ Gloveba	ntainment with Neg closure ag Procedure empted (*) and No		ure			
Location	of	No	ocation mally Solely b	ov	Description of			1	Abate Ty <sub>l</sub>	ment pe	
Asbestos-Containing TO BE ABA IN Facility (13)	TED	Maint Cus St	tenance stodial taff? 12)	Asbest	os Containing Mate thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
exterio	or		,	x	transite sidir	ng .	900 SF	×			
Name of Registered Was	ste Hauler		E-100 (00 (00 (00 (00 (00 (00 (00 (00 (00	EP Waste er ID No.	Cubic Yards of Waste	Name of Regist	ered Landfill				
Stevens Environn City, State	nental Services	, Inc.		18292	2 CU Disposal Date	T.F.	R.F., Inc. L	andf	ill	_	=
	Allentown, N	J			1/31/1/2/	n//	Tullytown,	PA			
Completed By Mahlon E. Ste	vens	Proj	ject M	lanager	Signature	1	Date	1/17	/12		
B-41				-				1/1/			_

COMMUNICATION No. 13 FAGE, I JAN. 13. Z012 (FF!) 14:39 Notification of Asbestos Abatemer, D&S Proj. #: MS 12-27 (Pursuant to NJAC 8:60 and 12:12 REMEMBER - MAIL IN HARD COPY Date of Notification (1) Name of Building Owner/Operator (2) 0 11 1/11 13 1/11 12 CHARLE F. BIRD Agencies Notified Type Notification Stroot Address ☐ EPA Initial JAN 1 3 ZOIZ X Amended 16 BALLENTIN STREET UEP Amondment #: City, State, Zip Code DOL DOL -WAIVER APPROVED Emergency ROXBURY, NI M DOH (Including Name of Contact Justification) Telophono Number DCA ANNETTE MC CONNELL Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Typo of Facility (4) School (K - 12) CHARLES F. BIRD Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bidgs./Homes, etc. 16 BALLENTINE STEET Square Feet # of Floors Bldg Age City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) ROXBURY MORRIS Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Avc. City State. Zip Code City, State, Zip Code Paterson, NJ 07503 Project Manager for Monitoring Firm Phone Number Telephone Number License Number 973-345-8020 00159 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 01/16/12 01/23/12 Stroot Address Occupancy Status During Abotoment (Check only one) 20 California Avenue Facility closed/vacated during entire period of abatement. City, State, Zip Code Abatement performed outside of normal facility hours-Describe: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure >3 sf or >3 lf Renovation Mini-ondosure Glovobag procedure ≥160 af or ≥260 If Demolition Non-Exempted (\*) and Non-frtable procedure is location normally used solely Location of R E by maintenance/custodial Ę asbastos-containing 0 8 sistf(12) Description of asbestos-containing Amount n material (acm) to be m n P (Specify SF or C material (ACM) abated in facility (13) C O 8 You a No N/A p 8 BASEMENT PIPE INSULATION 160 L, FI X Registered Waste Hauler NJOEP Hauler ID# Cubic Yards of Waste Name of Registered Landfill D & S RESTORATION, INC. 13506 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State PATERSON, NJ 07503 01/17/12 TULLYTOWN, PA Completed by (Print or Type) Title Signaturo Date BOGDAN JOLDZIC PRESIDENT 01/13/12

Do not use this form for appartos ilconsure exempted activities.

ASB-41

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

D&S Proj. #: MS 12-27

			ACCUSED 100 (100 (100 (100 (100 (100 (100 (100					Unl	FIRE	EAT	a ir	T	-	
Date of Notification		- 11		- 13.	er/Operator (2	)		HEV.	North Control	F 11	1 1	- 11		
Agencies Notified				E F. BIRD							-	1	111	
☐ EPA	☐ Initial		treet Addr	ess LENTIN S	STREET				JAN	2 0 20	)12		7	
DEP	Amendment #	16	City, State,		TREET			1 13	1000			+	+	
□ DOL	Emergency			JRY, NJ					ASELEN LIC	is Collina Eligina	La		1	
□ DOH	(including	IN	ame of Co		The same of the same			Or Garden-Louis	and the same of a law or other broad and a	ne Numbe	r			
☐ DCA	justification)  Cancellation		ANNE	TTE MC C	CONNELL									
				FACI	LITY INFORM	IATION			-1		-			
Name of facility w	here abatement i	s taking pla	ace (3)					Туре	e of Facility	(4)				
CHARLES F.		3							Scho	ool (K - 12) hapter 8 (0		on V	12\	
Street Address									Other	r (Private/C s./Homes, e	omme		-12)	
16 BALLENT	INE STEET							Squ	uare Feet	# of Floo		BI	dg. A	ge
City (5)		Cour	nty (6)			Cou	nty Code (7)							
ROXBURY		MC	RRIS			(Sta	te use only)	Cu	rrent Use (	Prior if beir	ng dem	olishe	ed)	
Name of Monitoria	ng Firm Hired by	Bldg. Owne	er (8)	1	ASCM No.		Name of Abateme	nt Contra	ctor (9)					
							D & S RESTO	RATIO	N, INC.					
Street Address						-	Street Address	-						
							20 California	Ave.						
City, State, Zip Coo	de						City, State, Zip Cod	le						
	4						Paterson, NJ	07503						
Project Manager fo	or Monitoring Firm	1	P	hone Numb	er		Telephone Number			License		er	-	
							973-345-802				0159	-		
Start Date (10)		Sched	. Complet	ion Date (11	)		Name of OSHA Mo							
01/16/12		01/23	3/12				D & S Restora	ation, In	ic.		-			
Occupancy Status	During Abateme						20 California	Avanua						
	ed/vacated during			ement.			City, State, Zip Coo							
	erformed outside	of normal	facility hou	irs-			0.1.5, 0.1.3.6, 2.1p 000							
Describe:  Other-Descri	ibe: NORMAL F	IOURS				-	Paterson, NJ	07503						
Scope of Work (c	700		-						ontainment	w/negative	press	ure		
>3 sf or >3 li	Section to the control of the contro	Renovation	on						nclosure			515055S		
≥160 sf or ≥		Demolition			7		<u> </u>		oag proced					
	20011 🔟		100	used solely			L	Non-E	xempted (*	) and Non-	friable R	Proce	_	
Location of asbestos-co	ntaining		enance/cus		1	on of o	sbestos-containing		Amount		е	e	E n	E
material (ac	m) to be	staff(12)	-	т—	material		spesios-containing		(Specify	SF or	m o	p a	C	C
abated in fa	cility (13)	Yes	No	N/A					LF)		V	i	a p	L
BASEMENT				-	PIPE INSU	II A TI	ON	1	60 L FT		e	4	П	$\vdash$
DASEMENT				-	THEMOC	Dilli		-			12	1	H	片
	<del></del>		-	-					01000000		#	片	片	H
			<b></b>	+							#	무	H	片
				#							+	분	분	片
Registered Waste	Hauler	INTE	EP Hauler	ID# I C	ubic Yards of	Naste	Name of Register	ed Landf	ill		<u> </u>	Ц	Ш	1_
D & S RESTOR			506		YDS	14310	TULLYTOWN			ECOVE	RY			
City, State				Disposal D			City, State						ounius.	
PATERSON, N	NJ 07503			01/17/1	2		TULLYTOW	N, PA						
Completed by (Prir	15000 40	Title		4	Signature			0%		Date				
BOGDAN JOI		PRESID								01/13	12			
ASR-41		* Do not us	e this form	for asbesto	s licensure ex	empted	activities.							

D&S Proj. #: MS 12-29

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

							(Fig.	177 763	11 17	The same of the same of			
Date of Notification (1)					ner/Operator (2) LADOFF								
	otification	Si	treet Addr	ess		-	1.11			14	1 1		
EPA Initial  DEP Amend	ded		5 UNDI	ERCLIFF	ROAD			JAN 2	2012	1:	2		
Amendm	ent #:	C	ity, State,	Zip Code				}		· i	7		
DOL Emerg	ency	- 11	MONT	CLAIR.	NJ 07042			Asecolos C.	a WL &	· · · · · ·	1000		
DOH (includ	ling	Na	ame of Co				Non- employed		ne Numb	er	+		
DCA justific	ation)								ortunio	VI	darler or or of		
Cance	ellation		JENNII	FER CHA	LADOFF		*						
N 66 W				FAC	CILITY INFORM	ATION	V						
Name of facility where abater	nent is tak	ing pla	ce (3)					Type of Facility	(4) ol (K - 12	2)			
JENNIFER CHALADOI	FF						*		hapter 8 (		han k	(-12)	
Street Address									(Private/				
5 UNDERCLIFF ROAD	)								./Homes, # of Flo	etc.		ldg. A	\ne
City (5)		Coun	ty (6)			Cou	inty Code (7)	Oquare 1 eet	# 01 1 10	013		nag. r	,ge
							ite use only)	Current Use (I	Prior if bei	ing den	nolish	ed)	
MONTCLAIR		ESS					WINTER-12-			J			
Name of Monitoring Firm Hire	ed by Bldg.	Owner	r (8)		ASCM No.		Name of Abatement (	ontractor (9)					
							D & S RESTORA	TION, INC.					
Street Address				He Service Control			Street Address						
							20 California Av	e.					
City, State, Zip Code							City, State, Zip Code					31111	
							Paterson, NJ 075	503					
Project Manager for Monitoring	Firm		PI	none Numb	ber		Telephone Number		Licens	e Numl	oer		-
							973-345-8020			00159			
Start Date (10)		Sched.	Completi	on Date (1	1)	-	Name of OSHA Monit	or					
Walker made and control of the				(.	.,		D & S Restoration	on, Inc.					
01/26/12		01/31/					Street Address		Albinio Scalos				
Occupancy Status During Abat			. Tr				20 California Ave	enue				-	
Facility closed/vacated d  Abatement performed out						- 1	City, State, Zip Code						
Describe:			icility nou	rs-									
Other-Describe: NORM	IAL HOUR	S				_	Paterson, NJ 075	03					
Scope of Work (check all that	apply)						ПЕ	ull Containment	w/negative	e press	ure		
$\ge 3$ sf or $>3$ If	⊠ Ren	ovation	ı .				=	fini-enclosure	- 10 mm				
≥160 sf or ≥260 lf		nolition						lovebag procedu					
		3 3 N 10 10 10 10 10 10 10 10 10 10 10 10 10						lon-Exempted (*	and Non		_	1	1
Location of			normally nance/cus	used solely todial						R	R	E	E
asbestos-containing material (acm) to be		f(12)			Descriptio material (A		sbestos-containing	Amount (Specify	SE or	m	p	n	n
abated in facility (13)	Y	es	No	N/A	Illaterial (A	(CIVI)		LF)	J. U.	0	a	а	l c
			.,,,	1473					Land of the same o	e	r	р	
BASEMENT			X		PIPE INSU			105 L FT					
GARAGE			X		PIPE INSUI	LATI	ON	8 L FT					
						10							
										П			П
Registered Waste Hauler	10		Hauler I		ubic Yards of W	aste	Name of Registered L			_1			1—
D & S RESTORATION, II	NC.	1350			2 YDS		TULLYTOWN, R	ESOURCE R	ECOVE	RY	-1112617		
City, State PATERSON, NJ 07503				Disposal Disposal Disposal Di			City, State		200 522	0.4.22			
				01/2//1			TULLYTOWN, I	'A	7				
Completed by (Print or Type) BOGDAN JOLDZIC	Title	ESIDE	NT		Signature				Date	/1.2			
ASB-41				for asbesto	s licensure exe	moted	activities		01/16	12			
,,,,,					- moonloare cae	pica	COLIVINOS.						



		(1	oursuan	t to NJAC	8:60 and	12:12	0)		5 F= II	NA IC	17	16	
Date of Notification (1) 1/17/2012					Owner/Op				<u> </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			1-5 '
Agencies Notified Type Notification    X   EPA   X   Initial				Address RIVER R	ROAD				JAN 20	2012		31	
DEP Amended  DOL Amendmen				tate, Zip C TON, NJ		1959-(50)				KUL &			
□ Emergency justification)     □ DCA     □ Cancellation	. <b>1</b>	g		of Contact DALL BE				and and description of the second	Telenhone	Number			}
Name of Facility Where Abatement is Takir CONTINENTAL FOOD AND BEV				ILITY INF	ORMATIO	N		of Facility (4 School (K-12					
Street Address 495 RIVER ROAD								Subchapter 8	Other than vate & comm		ilding	s, hon	nes,
City (5) CLIFTON					2.01.2.00			re Feet	# of Floors		Bldg. 80 y		
County (6) PASSAIC				Code (7) USE ONLY	)	_	Curre	nt Use (Prior	if being dem	olished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8	)	ASCI	M No.				tement Contr OTHERS C	actor (9)	TING, I	NC.		
Street Address					90		Addres RUTH	is IERFORD	BLVD.				
City, State, Zip Code								p Code NJ 07014	ŀ				
Project Manager for Monitoring Firm		Telepho	ne No.			one No 956-8		Licens 0049		-			
Start Date (10) 02/01/2012	Schedu 02/03/		mpletion	Date (11)	1			A Monitor (9) ABOV	E .				
Occupancy Status During Abatement (Chec	k Only O	ne)			S	Street	Addres	s					
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe: VACANT						City, St	tate, Zi <sub>l</sub>	o Code					
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 If  ≥160 sf or ≥260 If	-	Renova Demolit				×	Mini Glov	i-Enclosure vebag Proce	t with Negati dure *) and Non-F			re	
Location of		S Locati Normal	ly		Descri	iption	of					emen ype	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	ed Sole aintena todial S (12)	nce/ Staff?		tos Contain thermal sys surfacing other miso	stems g, VA7	insulat T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
DOILED DOOM	Yes	No	N/A		011 50 11	10111	1.710				-	(D	
BOILER ROOM			X	0.5000	OILER IN				40 SF	. X	-		
BOILER ROOM		X	,	PIPE INS	ULA	TION		55 LF	X				
Name of Registered Waste Hauler		N	JDEP W	asto	Cubic Yar	rde		Name of De	giotored Le-	dfill			
TWO BROTHERS CONTRACTING	Н	auler ID 8743	STATE OF THE PARTY	of Waste	ius			gistered Lan		3.R.0	).W.:	S.	
City, State CLIFTON, NJ								City, State MORRIS	VILLE, PA				
Completed by VIVECA RAMOS	Title SEC	RETA	RY			ature	46	a Ka	m	Date -1/17/2	012		

ch 3325

Date of Notification (1)				ng Owner/C		1	n)  5	Ta It	2	1.7	ir]	TIS
Agencies Notified Type Notification		. 644	et Address	LEN					1	T.F.	i 5	[ ]
		10000000		5-71.1-	or Ais	T ALLDIA	117				02 H5	-
☐ EPA		City	, State, Zip	Code	SAN	T AVEW	00	MAL	10	201	2	- 14
DOL Amendmen	#					27	70			2011	•	
☐ Emergency	(including	- 17	ne of Comia	FOICH	1N 4	070	10	hone Nu	-			
DOH justification DCA □ Cancellation			ALLE			į.	leleb	none Nu	mber	4-79	4	•
L Carrenaudi					011	Çeri, mir		T				
Name of Facility Where Abatement is Takir	g Place (3	)	ACILITY	FORMATI		pe of Facility	(4)	+				
E. ALLEN						-	Asia sa				(35)	
Street Address			<u> </u>			School (K- Subchapte	·12) vr.8 (Other:	man K 1	21			
472 STYVERSANT A		<u>.</u>			12	Other (i.e.	private & c	ommerci	د) ial bu	ilding	s, hom	nes.
City (5)	VENU	3				etc.)			-			1
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Name of Monitoring Firm Hired by Building	Olymor (9)		SCM No.			RESIDEN						. F
	CMILET (0)	A	OUN NO.			batement Co Remova						
Street Address							1 Inc					
		112			Street Add						(F)	
City, State, Zip Code				<u>.</u>	The same and the s	South :	River	St				
Oity, State, Zip Code				.		, Zip Code						
Project Manager for Monitoring Firm		Teles	hana Ma		Hack	ensack				)1		Ш
1 10jost managor for monitoring I am		reie	ohone No.		Telephone 201-3	29-744	4	cense N		. 35	7	
Start Date (10)	Scheduled	Completi	on Date (11	)	Name of O	SHA Monitor		-		-		- 1
1-26-12	1-2	7-1	Z			Envir		al S	Ser	vi	ces	
Occupancy Status During Abatement (Chec	k Only One	)		-	Street Add	ress		-				$\dashv$
☐ Facility Closed/Vacated During Entire F	eriod of Al	atement			280	Huyler	St				1	- 1
☐ Abatement Performed Outside of Norm	al Facility I	Hours	<b>X</b> 7	-	City, State,	Zip Code					-	-
Other - Describe: BAM - 5	Polit					Hacker	neack	NT ·	т	076	506	
Scope of Work (Check All That Apply)					Dodgii	HACKCI	IBGCK	9.14 . C	•	07.0	000	-
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☐ ≥160 sf or ≥260 lf		molition			er n	/lini-Enclosure	•	gauve Pi	essu	ire.		
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TO BE ABATED	A	tenance/ dial Staff?		thermal sy	ystems insu	ulation,	(Spec		Z.	-	E	9
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Name of Danish and Mark III		<u> !</u>	-									
Name of Registered Waste Hauler		NJDEP Hauler I		Cubic Ya		Name of F	Registered	Landfill		attera, F.S.		
DJM Transport ,Inc		2239		1/2 VI		Cumbe	rland	Cou	nt	y L	and	fil
City, State		1-237		Disposal		City, State			-	_		+
South Kearny N.J. 0	7032			1-27-				DA	17	2 /. 2		
Completed by	Title			Sign	nature		urgh	PA,	-	444	S. C. C.	-
R. VELDRAN	Esti	mator		1	Velde	an		100000	1000	-1	Z	
II. ACCASENDA				1 ()	· AGreece			1	1.1	- 1	-	

Check # 1278		(	Purs	suant	to NJA	C 8:60 and 12	:120)	W-september				
Date of Notification (1)				Nan	ne of Build	ding Owner/Operat	or (2)		13.5			
01/17/2012					esa Cor		.01 (2)	n)	14	ļ.	i	7
Agency Notified	Type Notification				et Addres		- 1-11-	A CONTRACTOR OF THE PARTY OF TH				
M EDA	NA LUNG			1		lville Road						
⊠ EPA □ DEP	☑ Initial ☐ Amended				State, Zi			HII JAN- A	-2012	)		
⊠ DOL	Amendment #		25	1		, NJ 07718		i			i	
₩ DOH	☐ Emergency (inclu justification)	ding			e of Cont			Telephone Number	00		ì	
□ DCA	☐ Cancellation			Tools of	n Bonat		į	ASELETES (AL	-hul	&		
	L			-					3024			
Name of Facility Where	Abatement is Taking D	Jaco (2)		- FA	CILITYIN	FORMATION	· F ' 7 F	To 1 to 10 t	4 2 7 6 7 %		64	
	Abatement is Taking P	iace (3)					Type of Fac	ility (4)		*		
Private home							☐ School (K	-1 2)				
Street Address								er 8 (Other than K-1 2) private & commercial b	huildina			
137 Leonardville Roa	ad						homes, e		Juliaing	S,		
City (5)				-			Square Fee	t # of Floors	Bldg. A	\ge		
Middletown, NJ 0771	18											
County (6)				Cour	ty Code (	(7) (STATE USE	Current Use	(Prior if being demolish	ed)			
Monmouth				ONL	Y)							
	15-45-0-25	F	ASCI	M No.	-	Name of Abate	ment Contracto	r (9)				
Name of Monitoring Firm	Hirea by Building Owr	ner(8)						. (0)				
Street Address						Gr Tech LLC Street Address						
City, State, Zip Code						576 Valley R						
- VI						The state of a property of the state.						
Project Manager for Mon	itoring Firm	To	lenhe	one No.		Wayne, NJ 07	470					
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Start Date (10)	Scheduled C	`ompleti	ion D	ato /11		973-638-1777 Name of OSHA		01127				
01/26/2012	01/27/2012		ION D	ate (11	,	A second	200					
Occupancy Status During				- ,		Envirovision Street Address	Consultants,	Inc				
						A CONTRACTOR OF THE PARTY OF TH						
Ճ Facility Closed/Vacate  ☐ Abatement Performed	d During Entire Period	of Abat	emen	t		20-21 Wagara City, State, Zip		lg .# 34A				
Other - Describe:	Outside of Normal Fac	ility Hol	ırs			The second second						
Scope of Work (Check all	that apply)					Fair Lawn, N.	07410					
	triat apply)					☐ Full	Containment w	ith Negative Pressure				
<b>⊠</b> >3 sf or >3 lf	20				novation molition	Mini 🔀	-Enclosure					
				□ Dei	nontion		ebag Procedur	e and Non-Friable Procedu	ire			
		le	Locat	ion	-		Exclipted ( ) c	Today		Aba	tem	ent
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Location Asbestos-Containing		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	d Sole		Anha	Description					1	
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(13)			(12)			other miscellane	eous)		Ova	air	ulat	Enclosure
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asement	****	Yes	No	N/A X	Boiler	insulation		24 SF		+	+	+
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lame of Registered Wast	e Hauler	ID N		Vaste F	lauler	Cubic Yards of Waste	Name of Reg	stered Landfill				
r Tech LLC		1 *				vvasie.						
ity, State		003.	3785	-		Disposal Date	T.R.R.F. In	C		- 600		
ayne, NJ 07470						Disposal Date	City, State	0.4				
ompleted by	Title					S 1	Tullytown,					
A	1_					Signature	1	Dat				
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Date of Notification (1) 01/13/2012			T		Building V GRE		r/Operato	r (2)		1(5		WE	F	77	÷
Agencies Notified	Type Notification	( )		Street Ac				-		* ** - See.	~=		7/2	1	÷
EPA X DEP				City, Stat		de		2		JAN	202	2012			
▼ DOH	Amendment Emergency justification)	(including	-	Name of		J 07	032	1	<u> </u>	Tel	ephone	Number		-	
DCA	Cancellation	1		JEFF	ITY INFO	2014	TION							_	
Name of Facility Where PRIVATE	e Abatement is Takir	ig Place (3)	)	PACIL	TIT INFO	JKIVIA	TION	Тур	e of Facility	101	No. of the case	Manage and			-
Street Address 1888 HIC	KORY ST							×	Subchapter Other (i.e. petc.)	8 (Oth			dings	hom	es,
City (5) KEARNY N	17			i i				Squ 200	are Feet 00	# 0	Floors 2		Bldg. A		5
County (6)				County C	ode (7) ISE ONLY			Cur	rent Use (Pri	or if bei	ng demo	olished)	77.00.200		
Name of Monitoring Fir N/A	rm Hired by Building	Owner (8)		ASCM	No.				oatement Co			RUCTIO	NC	LLC	
Street Address								t Addr VAN	ess ORDEN	PL	-4				
City, State, Zip Code				-					Zip Code	NJ 07	601				
Project Manager for Mo	Project Manager for Monitoring Firm							hone -708-	No. -4270		Licens 0113				
Start Date (10) 01/23/2012									SHA Monitor /IRONMEI		SERV	/ICES	<del>*</del> = 5-3		
Occupancy Status Dun						******	110	t Addr	ess T 22 WES	ST					
Facility Closed/Va Abatement Perfor Other – Describe:	acated During Entire rmed Outside of Non	nal Facility	Hour	nent s			City,		Zip Code NJ						
Scope of Work (Check	All That Apply)									× 9 - 10					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	8		enova emoli					×	ull Containm lini-Enclosur Blovebag Pro	e cedure			-		
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Asbestos-Containir TO BE A In Fa (13	BATED cility	Mai	intena	Staff?		thern	ontaining nal systen rfacing, Var er miscella	ns insu AT, or	ulation,	(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A								<u> </u>		ate	e e
GARA	AGE		Χ			PIPE	INSUL	ATIC	N	1	0 LF	Х			
BASE	MANT		Х		-	PIPE	INSUL	ATIC	N	2	0 LF	Х			
							,,					TCII			
Name of Registered Waste Hauler  DJM TRANSPORT INC				NJDEP W Hauler ID 9681			oic Yards Vaste 1		Name of CUMBI			UNTY	LANI	DFIL	L
City, State KEARNY NJ						1	posal Date /24/201		City, Stat NEWB		PA	17242	2		
Completed by CARLOS ESQUIV	/EL	Title MAN	AGE	R			Signatu	1) Ey	my	Reg		Date 01/13/	2012		
ASB-41 (R-06-08)				7//7			- Dor	ot use	this form for	asbest	os licen	sure exer	npted	activi	ties.

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

MO#1912931951	5	(P	ursua	int	to NJA	C 8:60 and 12	:120)	I II		-	-,	
Date of Notification (	1)			Nam	e of Build	ing Owner/Operat	or (2)	No. 10 Person	. 1		1	
01/17/2012					ert Scarf						1	
Agency Notified	Type Notification				et Address		-111111				1	
⊠ EPA	<b>⊠</b> Initial		4	Lel	nigh Pla	ce		JAN 2 0 2012			1	
□ DEP	☐ Amended				State, Zip		<del></del>				-	
⊠ DOL	Amendment #		G	ien	Rock, N	NJ 07452	I —					
⊠ DOH	☐ Emergency (incluing justification)	iding	-	-	e of Conta		-f	Telephoné Numbe	er		<del> </del>	-
□ DCA	☐ Cancellation		R	obe	rt Scarf	'n	<u> </u>	Shakes 15	1.0		j	
				-		FORMATION	1 - 1 St 5 1944.	-	****	-		
Name of Facility Whe	ere Abatement is Taking F	Place (3)				- OKIMATION S.	Type of Faci	lity (4)			-	
Private home	•	.000 (0)										
Street Address							School (K-	1 2) er 8 (Other than K-1 2)				
								private & commercial b	uildir	ias.		
4 Lehigh Place							homes, e	tc.)		3-1		
City (5)							Square Feet	# of Ifloors	Bldg.	Age		-
Glen Rock, NJ 074	152											
County (6)						7) (STATE USE	Current Use	(Prior if being demolished	ed)			
Bergen			(	ONLY	()							
	irm Hired by Building Ow	ner(8)	ASCM N	No.		Name of Abate	ment Contractor	(9)	-		- 187112	
		,,,,,,				Gr Tech LLC						
Street Address						Street Address			-		-	-
						576 Valley R	d #283					
City, State, Zip Code						City, State. Zip						
						Wayne, NJ 07	7470					
Project Manager for M	Monitoring Firm	Tel	ephone	No.		Telephone No.		License No.			-	Name of Street,
						973-638-1777	7	01127				
Start Date (10)	Scheduled	Completio	n Date	(11)	)	Name of OSHA				-	-	
01/28/2012	01/29/2012	2				Envirovision	Consultants I	nc				
Occupancy Status Du	ring Abatement (Check o	nly one)				Street Address						
☑ Facility ClosedNac	ated During Entire Period	l of Aboto	mont			20-21 Wagara	w Road, Bld	o # 34A				
☐ Abatement Perform	ed Outside of Normal Fa	cility Hou	rs			City, State, Zip	Code	5 3.1.1		-		
Other - Describe:						Fair Lawn, N.	1 07410					
Scope of Work (Check	( all that apply)											
			×	Ret	novation	☐ Full	Containment wi -Enclosure	th Negative Pressure				
☐ ≥160 sf or >260 lf					molition		rebag Procedure					
			venine.			☐ Non	Exempted (*) a	nd Non-Friable Procedu	ге			
		ls L	ocation	rs.	1						tem	
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	ning Material (ACM)		tenance		Asbe	stos Containing M		Amount			ш	
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Name of Registered W	aste Hauler	NJD	EP Was	ste F	lauler	Cubic Yards of	Name of Reg	stered Landfill				1
		ID N	0.			Waste					134	
Gr Tech LLC		0033	785				T.R.R.F. Inc					
City, State						Disposal Date	City, State			-		
Vayne, NJ 07470					İ		Tullytown, F	PA				
Completed by	Title					Signature /	1	Date			-	
N. Jevtic	Owner					16.0	re Men	01/1	7/20	12		
4 SR-41		t use this	form fo	r 20	hootoe lie			01/1		14	-	

Date of Notification (1)	-	-		Nome	of Buildin	g Ovmer/Operato	r (2)		1 137	-	-	
Date of Notification (1)	<u>.</u>		Approximately and	NO	RTY	Browswi	IZ GAR	dens			- 11	_ 1
Agencies Notified Typ	e Notification		- State Lager	Street 65	Address	PARDUN	2 P.S	III JAN 2 r	70	19		-
	Amended	٠.,			tate, Zip	Code		÷00		4	=	닉
	Amendment#_ Emergency (inc	luding	- SEEDWARF	<u>N</u>	ORTH	Brans	swidt n	0.0- 689	7.9	<u> </u>		_
	justification) Cancellation		-	Name 1/2	of Conta	bhy	. have a				<b></b>	
			!:	-		FORMATION		1.			=	=
Name of Facility Where Abate	ment is Taking	Place	(3)				Type of Facility	(4)				$\dashv$
							School (K-1	2) 8 (Other than K-12)				
G5 D PARDU	N R	D			•			orivate & commercia		ings,		
City (5) NORTH BI	20056	12			•		Square Feet	# of Floors	Blo	g. Ag	e	
County (6) HIDDLESE				Coun	ty Code ( OALY)	7) (STATE	Current Use (P	mor if being demolish KE . WURK	ned) ~	RÉ	T .	
Name of Monitoring Firm Hired		mer	T	ASCM	No.	1	ment Contractor (			-		=
(8)			_L	-		NOVAIE					_	=
Street Address						Street Address	2814					
City, State, Zip Code						City, State, Zip	Code DGE NO	09957				=
Project Manager for Monitorin	a Firm		Tolo	phone	No			License No.	===		_	
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Start Date (10)	Schedu	fled C	omple	ion Da	te (11)	Name of OSHA						
OCCUPANCY Status During Abo	1	_	112	<u> </u>		Street Address						=_
Facility Closed/Vacated Du	ring Entire Peri	od of	Abate			P.O. 130)	x 814					<u></u>
Abatement Performed Outs Other - Describe:	side of Normal I	Facility	y Hou	· .		City, State, Zip	Code	J. 08857	-			
Scope of Work (Check all that	t apply)											
X ≥3 sf or ≥3 lf    ≥160 sf or ≥260 lf			novati molitic			X Mani-E	ontainment with N inclosure bag Procedure incompled (*) and N	egative Pressure Ion-Friable Procedu	ne.	Œ.		
		10.000000	ocation of the state of the sta	10000					1	bates		1
Location of Asbestos-Containing Materi	el (ACM)		Solei		Asbe	Description stos Containing M	laterial (ACM)	Amount			m	
TO BE ABATED IN Facility			ustodia Staff?	2007	(i.e	, thermal systems surfacing, VA	s insulation, T. or	(Specify SF or LF)	Removal	Repair	ncap	ncic
(13)			(12)			other miscellan	eous)		oval	alr	Encapsulate	Enclosure
		Yes	.No	N/A					_		8	_
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ouiside siree	1					EAP-UP	111010	150 51	+			
Name of Registered Waste Ha			1	UDEP 1	Waste ) No	Cubic Yards of Waste		gistered Landfill				
	Nr			185	01	Disposal Date		).W.S.			_	-
OID BUDGE N	80.00	85	7		N	Disposal Date	City. State	WE PH.				
Completed By	Title		^	->TT		Signature	5 Arnel	Date	13	12		
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Date of Notification (1) 1/16/12		20			f Building ( Mrs. Par		perato	r (2)		) E	P E	11	7		-77
Agencies Notified	Type Notification		33		ddress ussex Ro	oad									
DEP X DOL	Initial Amended Amendmen	t #			ate, Zip Co ridge, NJ		T				JAN Z	0 20	)12		
☑ DOH DCA	Emergency justification Cancellation	(including	N	lame o	f Contact Pannuto	1				Te	lephone N	lumber	-	7	
N	Abatamant in Table	Di (0)		FACI	LITY INFO	RMATIC	N	T Tuna	of Facility	///		Carlotta Company			
Name of Facility Where house	Abatement is Takii	ng Place (3)			0.			Туре	of Facility School (K-	12)					
Street Address 320 Sussex Road								×	Subchapte Other (i.e. etc.)				ilding	s, hom	ies,
City (5) Woodridge								Squa 200	are Feet 0	2	f Floors	- 1	Bldg. 50	Age	
County (6) Middlesex	*				Code (7) USE ONLY)		1	Curre	ent Use (Pr	or if be	ing demol	ished)	8		
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCM	1 No.				atement Co ronments			.C			
Street Address							11	t Addre Gate	ss Drive, PC	Вох	483				
City, State, Zip Code				***					Zip Code I, NJ 074	18					
Project Manager for Mo	nitoring Firm		T	elepho	ne No.		Telep	hone N -764-2	lo.		License 703	No.			
Start Date (10) 1/30/12	<del></del>	Scheduled 2/6/12	Comp	letion (	Date (11)		Name	of OS	HA Monitor				alla		
Occupancy Status Durin	ng Abatement (Che	ck Only One)					Street	Addre	SS						
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire med Outside of Norr	Period of Aba nal Facility H	ateme ours	nt			City, S	State, Z	ip Code						77.2
Scope of Work (Check /	All That Apply)						+								
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf			novatio			į		Mir Glo	Il Containm ni-Enclosure ovebag Pro- n-Exempte	e cedure				re	
		Is Lo	cation	n ]					- Lacinpio	2 ( ) an	0 11011 1 11		Abat	emen	t
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Nor Used S Maint Custod	mally Solely enanc	by e/	Asbesto (i.e. t	Desc os Contai hermal s surfacii other mis	yetem	Materia s insula NT, or	I (ACM) ation,	(5	mount Specify or LF)	Remova	Repair	e Encapsulate	Enclosure
(10)		Yes I	No	N/A				10000)				<u>/a</u>	=	ilate	лге
rear base	ement			х		9 x 9	floor	tile		38	30 SF	x			
		1	+				-						-	-	
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Name of Registered Wa Newark Carting	ste Hauler		Hau	DEP W	No.	of Waste			Name of Cumber				11		
City, State			450	J9		10 Disposa	Date		City, State						
Newark NJ						TBD			Newbur						
Completed by Andrew Scott Higgir	ns	Title Preside	nt			Sig	nature	6				ate /16/12	2		
39**		1					11	1							

				to NJAC 8	4		0)	•	CHECK		((	0(	04	
Date of Notification (1) 1/16/12				f Building ( und Cor									-	
	Notification		Street A 9-11 N	ddress Iew York	k Avent	ue	2							
DEP A DOL	nitial Amended Amendment #		City, Sta Newar	ate, Zip Co rk NJ	de							-		
⊠ DOH ji	Emergency (includi ustification) Cancellation	ing		f Contact Donnelly	, Donn	elly Ir	ndust	tries	Telephone	Numbe	er			
			FACI	LITY INFO	RMATIC	NC								
Name of Facility Where Abatem	ent is Taking Place	e (3)		47			Тур	e of Facility ( School (K-1	2)					
Street Address 9-11 New York Avenue							×	Subchapter Other (i.e. p etc.)	8 (Other than I private & comm	K-12) ercial b	ouild	lings,	hom	es,
City (5) Newark							Squ 400	are Feet	# of Floors		BI 50	ldg. A	ge	
County (6) Essex	· · · · · · · · · · · · · · · · · · ·		County (	Code (7) USE ONLY)			Cun	rent Use (Pri	or if being demo	olished	)			
Name of Monitoring Firm Hired I	by Building Owner	(8)	ASCN	ΛNo.				oatement Cor vironmenta	ntractor (9) I Services, L	.LC				
Street Address						Siree 4 E		ess Drive, PO	Box 483					
City, State, Zip Code								Zip Code d, NJ 074	18			•		
Project Manager for Monitoring	Firm		Telepho	ne No.		Telep	hone		Licens	ie No.				
Start Date (10)	Sched 2/26		npletion	Date (11)				SHA Monitor	/(6_ /	09				-
1/26/12 Occupancy Status During Abate						Street	t Addr	ess						
Facility Closed/Vacated Du Abatement Performed Outs     Other – Describe:	ring Entire Period	of Abater	nent s					Zip Code		-				
Scope of Work (Check All That A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	Apply)	Renova Demoli					- M G	Mini-Enclosure Blovebag Prod			Proc	cedur	e	
Location of		Is Locat Norma	Market III		Dec	cription	n of						ре	
Asbestos-Containing Materia TO BE ABATED In Facility (13)	C (ACM)	Used Sole Maintena Custodial (12)	nce/		tos Conta	airing I system sing, V	Materi s insu AT, or		Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
roof	roof					oofing	)		4000 SF	×				
						-								
Name of Degistered Wests Have	or.		JDEP W	/aste	Cubic \	Yarde		Name of	Registered Lan	dfill				
Name of Registered Waste Hau Freehold Cartage	GI	H	lauler ID 5939	ANOLOGIC CONTRACTOR OF THE PARTY OF THE PART	of Was			GROW						
City, State Freehold NJ	4				Dispos TBD	al Date	)	City, State Morrisv				72 877		
Completed by Andrew Scott Higgins	Title Pre	e esident		Si	ghatur	9		- ye	Date 1/16/	/12				

Do not use this form for asbestos licensure exempted activities.

Check No. 20298

Date of Notification (1)							ng Owner/Operato	or (2)	F 12 12 17			-	_	
January 18, 2012						r Isold		<u> </u>	a W El II			- 1	1	
Agency Notified	Type	Notification	110000			Address								
□ EPA	☑ Init				E. 727/19		re Ave.	11111	JAN -	****		K		
DOL National and per State Reg. (D.2004)		ended				tate, Zip			W. 116 / /1 /	110				
M DOL	5,441,753	nendment # ergency (including			200		J 07628							
<b>⊠</b> DOH	jus	tification)			107000	of Conta		•   A	Telephone Nu	mber				
□ DCA	☐ Ca	ncellation				r Isold		Lan						_
Name of Facility Where	Abatam	est in Taking Place	(2)		FACI	LITY INF	FORMATION	Tune of Facility			77 19	-		
Name of Facility Where	Abateme	ent is Taking Place	(3)					Type of Facility						
Street Address			57755			-		School (K-12	2) 3 (Other than K-1	2)				
156 Delaware Ave	е.							☑ Other (i.e. pr	rivate & commerc		ngs,			
City (5)								homes, etc.) Square Feet	# of Floors	Bldg.	. Ac	e		
Dumont								2000	2	50	3 aug 8			
County (6)				Т	County	Code (7	) (STATE USE		rlor if being demo			_		
Bergen					ONLY)			Residential						
Name of Monitoring Fire	m Hired b	y Building Owner	T AS	SCN	l No.		Name of Abater	ment Contractor (9				-		-
McCabe Environme			1	18			B&N&K Res	storation Co.,	Inc.					
Street Address							Street Address						-	
464 Valley Brook	Avenu	e					223 Randol	ph Avenue						
City, State, Zip Code							City, State, Zip						-	-
Lyndhurst, NJ 07	071						Clifton, NJ							
Project Manager for Mo		irm	Tele	pho	ne No.		Telephone No.		License No.		_	_	e:-	-
John H. Chiaviell			1000000		38-483	39	973-478-468	31	00120					
Start Date (10)		Scheduled Com		_			Name of OSHA		00.20	_=====			_	_
January 21, 2012		January 21,			, ,		McCabe En	vironmental S	Services I I	C				
Occupancy Status Durin	ng Abate				-	-	Street Address							_
- 15 M	1.73						464 Valley B	Brook Avenue	•					
☑ Facility Closed/Vacat ☐ Abatement Performe					i		City, State, Zip			-			_	_
Other - Describe:	a outsiu	or normal ruomey	11041				Lyndhurst,							
Scope of Work (Check a	all that ap	ply)				0								
≥ 3 sf or ≥ 3 lf					⊠ Reno	ovation		Containment with -Enclosure	Negative Pressu	re				
☐ ≥ 160 sf or ≥ 260 lf					☐ Dem		⊠ Glov	ebag Procedure						
			-				□ Non	-Exempted (*) and	Non-Friable Pro	cedure	т.			
			Is L								1	bat Tı	eme /pe	nt
Locat	ion of		Used	rma Sole			Description	of						Γ
Asbestos-Containi		ial (ACM)	Main				stos Containing M		Amount				ᄪ	11
TO BE A				stod taff?	2000	(i.e	., thermal systems surfacing, VA		(Specify SF or LF)		en	Re	cap	ncio
(1				(12)			other miscellan		0. 0. 2.		Removal	Repair	Encapsulate	Enclosure
	1,-7										1	Γ.	te	0
D		- Y	'es	No	N/A	Thor	mal Cyatama	Inquiation		20 In ft		-	-	$\vdash$
Basement			+		$\wedge$	men	mal Systems	insulation		20 III IU		-	$\vdash$	H
											-	-	-	
							2						-	
Name of Registered Wa	ste Haul	er			Waste H	auler	Cubic Yards of	Name of Regis	tered Landfill			-	1	1
B&N&K Restorati			1D No				Waste .5		nterprises, In	c.				
City, State						1	Disposal Date	City, State			-			
Clifton, NJ 07011							1/23/12	Waynesbu	rg, OH					
Completed by		Title		500000	Anadeline.		Signature 2	1111		Date	12.16			
G. Roger Woodman Safety Officer							11/1			1/18/2	201	2		

					+					Ch	#21	Uq	2		1.00
Date of Notification (1) 1/17/2012					Building ( Chevro	Owner/Oper let	rator	(2)		ECE		W	厚	75	77
Agencies Notified	Type Notification		100	Street Ad Route		airview S	Stree	et /	IM	- Performance	•	154	1		
EPA  X DEP  X DOL	Initial Amended Amendment	#			te, Zip Co			1	14-4	JAN 2	0 2	012		D	
DOH DCA	Emergency justification) Cancellation			Name of	Contact					Telephone	Numb	er	i.	-	1
П рох	LI Guildellation					RMATION				LICEN	SING	-	-	=_	1
Name of Facility Where Barlow Chervrolet	Abatement is Takir	ig Place (3)						☐ Sc	Facility (4)	)					<del> </del>
Street Address Route 130 & Fairvi	ew Street					201		Ot etc	her (i.e. pri	(Other than vate & comm	nercial	740336745	3000 <del>-</del> 1000	# 500 De 97 Sta	s,
City (5) Delran, NJ 08075								Square 10,000	ס	# of Floors		30	dg. A )+	ge	
County (6) Burlington				County C (STATE U	Code (7) JSE ONLY)		-		Use (Prior nercial	if being den	nolishe	d)			
Name of Monitoring Firm NBC Environmenta		Owner (8)		ASCM	No.				ment Contr Corpora						
Street Address 1554 Paoli Pike #2	68					1		Address 69th St							
City, State, Zip Code West Chester, PA	19380					1000		tate, Zip enberg	Code						
Project Manager for Mo Allen Feinberg	nitoring Firm			Telephor 610-49	ne No. 96-3379			none No. 295-17	00	Licer 0107	ise No. 74				
Start Date (10) 1/30/2012		Scheduled 2/8/2012		pletion [	Date (11)	100		of OSHA L Analy	Monitor tical						
Occupancy Status Durin							4.00	Address Haddor	Avenue						
Abatement Perform     Other – Describe:	cated During Entire ned Outside of Norr 4:00 PM-12:00 PM	nal Facility I	Hours	ent		17.5338	A PROPERTY.	tate, Zip	Code NJ 0810	R		108-30	-		
Scope of Work (Check /							7703	unona,	143 00 10	<u> </u>		-			_
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	тис другуу	-	nova				×	Mini Glove	Enclosure ebag Proce	nt with Nega dure (*) and Non-				e	
		le I	ocati	on									Abate	ment	i.
Locatio	n of	No	ormali	iy		Descri	iption	of			-		Ту	pe	
Asbestos-Containing TO BE AB In Fac (13)	g Material (ACM) BATED ility	Custo	tenar dial S (12)	nce/ Staff?		tos Contain thermal sys surfacing other miso	ing M stems g, VA	Material (/ s insulati T, or		Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										-	
Showr	Showroom x						stic			3,900 S	-	x			
										en e				,	
Name of Registered Wa	iste Hauler		11/1/0-0	JDEP W		Cubic Ya			Name of R	egistered La	andfill	-			
Atlantic Carting		it.		auler ID 3085	No.	of Waste TBD				thlehem L	.andfil	I Co	rpor	atior	1
City, State Wayne, NJ				Disposal TBD	Date		City, State Bethlehe	m, PA							
Completed by		Title	000	itant			nature		7		Date	7/20	112		
Luz Guzman		Office	assi	lant			- (	(4)	100	NO)	1/1	1120	112		

State of NJ REMEMBER - MAIL IN HARD COPYNotification of Asbestos Abatement Pursuant to NJAC 8:60-7 and 12 120-77 Check # 5019 \*\*\* Emergency \*\*\* Date of Notification (1) Name of Building Owner/Operator (2) 0 11 /1 16 / 1 12 1 Louise Mason Type Notification Agencies Notified Street Address RUL & [ EPA X Initial 528 Colonial Road DEP City, State, Zip Code Amendment DOL. Franklin Lakes, NJ 07417 Name of Contact X DOH Cancellation D DCA Louise Mason FACILITY INFORMATION Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) Louise Mason Other (Private/Commercial Street Address Eldys /Homes, etc. Square Feet | # of Fluore Bldg. Age 528 Colonial Road County (B) County Code (7) City (5) Current Use (Prior if being demolished) (State use only) residential Bergen Franklin Lakes, NJ 07417 Name of Abatement Contractor (9) ASCM No Name of Monitoring Firm Hired by Bldg. Owner (8) B & G Restoration, Inc. Street Address Street Address 105 Ryerson Road City, State, Zip Code City. State, 7 ip Code Lincoln Park, NJ 07035 License Number elephone Number Phone Number Project Manager for Monitoring Firm 0378 973-696-6869 Name of OSHA Monitor Sancd Completion Date (11) Scheduled Start Date (10) B & G Restoration, Inc. Street Address 1/19/2012 1/19/2012 Occupancy Status During Abatement (Check only one) 105 Ryerson Road Facility closed/vacated during entire period of obstement. 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 Glovobag procedute □ Demolition Renovation | Non-friable procedure Mini-ericlosuro ≥160 sf or ≥260 lf X =3 of or =3 IF is location normally used solely Ε by maintenanco/cuctodial staff(12) Location of n Amount Description of asbestos-containing m asbastos-containing p C (Specify SF or rnaterial to be material (ACM) 2 abated in facility (13) No N/A Yes X 45 11 pipe inculation básement

1/16/2012

NJDEP Hauler ID#

19363

Title

Treasurer

1 yard

Signature

Disposal Date

1/20/12

Cubic Yards of Waste | Name of Registered Landfill

City, State

Tullytown, PA

Tullytown Resource & Recovery Center

Registered Waste Hauler

City, State

B & G Restoration, Inc.

Lincoln Park, NJ 07035

Completed by (Print or Typo)

Gordana Luna

гах.

#### State of NJ

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

B & G proj. #:	2012-20		(	ruisuan k	*** Emer		y ***		Check	# 5019				_
Date of Notification	(1)	IIN	ame of Bui		er/Operator (2)		200000000000000000000000000000000000000	77/2-17-1		APPROV			٦	
10 11 1/11 16	1/11/21	[]	Louise M				12 F 1 F 7		Dept of		enior		ces	
Agencies Notified	Type Notificati		reet Addre				- 1 U	15 11	11 200	(signature			-	
☐ EPA	M Initial		528 Colo	nial Road				۵ ا	ate: 11	7/12	ime:	38	an	
☐ DEP		1 4 .	ly, State, 2			Ū.	4N 2 n 2012		<i>[</i>		• ••	-		
⊠ por	☐ Amenda			Lakes, N.			- () 2012	-5	, ;					
ноа 🛛	5	Na	arme of Con		0		Charles I and the second		Telephon	e Number				
☐ DCA	☐ Cancella	The second secon	Louise N		į.,	ASE	LICENSING		1					
	-		Louise N		LITY INFORM	ATION	Marie Control of the	Tree Comme	J				a.	-
Name of facility wi	here sharmont i	e takina ala	c= (3)					Тура	f Facility (	4)				
Name or racinty wi	ubie ensferreim	a raviilis his	CG (4)					Í	Schoo	I (K - 12)				
Louise Mason										apter 8 (O			12)	
Street Address		1100						0		Private/Co Homes, e		rcial		
COR Colonial P	land							Saua		# of Flant		Blo	g. Ag	10
528 Colonial R City (5)	UNG	1 Coun	ty (6)			Cour	ty Code (7)	Oqua						
City (5)		000.	·) (b)				e use only)	Cum	nt Use (P	rior if bein	g dem	olishe	d)	
Franklin Lake:	s, NJ 07417	Berg	gen						ential					
Name of Monitorin		Bldg. Owne	r (8)		ASCM No.		Name of Abatemen	t Contrac	tor (9)					
n/a							B & G Restorat	ion, Inc.						
Street Address							Street Address							
							105 Ryerson R							
City, State, Zip Coo	Ja .						City, State, Zip Cod							
				1112-00-00-00-00-00-00-00-00-00-00-00-00-00			Lincoln Park, 1			10	NI			
Project Manager fo	r Monitoring Firm	1	Pf	one Numb	er		Telephone Number			Ucanse 0378	Nume	er		
							973-696-6869 Name of OSHA Mo			10370				
Scheduled Start Da	ate (10)	Sched	. Completie	on Date (11	7		B & G Restora							
1/19/2012		1/19/	2012				Street Address	tion, me					-	
Occupancy Status	During Abatemer				· · · · · · · · · · · · · · · · · · ·		105 Ryerson R	oad						
Facility close	d/vacated during	entire perio	od of abate	ment.			City, State, Zip Cod		-			-		
Abatement p	erformed outside	of normal	facility hou	rs-										
Describe: Other-Descri	ibe:					_	Lincoln Park, 1	NJ 07035						
Scope of Work (cl		y)												
☐ Demotition	×	Ranovatio	rī			□F	uli Containment win	egative p	E55010	Glove!	oag pr	ocedu	ire	
>3 sf or >3 lf	r П	>160 sf or	>260 If			X N	lini-enclosure			Non-fi	iable	proce	dure	
Location of		la location	normally	used solely	ī -						R	R	E	E
asbestos-co	nteining		nance/cus	todial	Descripti	on of a	bestos-containing		Amount	`	m	P P	n	n
material to b		staff(12)		T	material	(ACM)			(Specify 5	24-01	0	a	2	L
abated iii idi	unity (1-5)	Yes	No	N/A							e	ŕ	Р	_
basement					pipe insula	tion		45	lf		X	Ш		Ш
											U.	Ш		빝
												Щ	Ц	
									, , , , , ,			닏	H	부
						12 TO-						Ш	Ш	
Registered Waste		NJDI 195	EP Hauler		ubic Yards of	Waste	Name of Registers Tullytown Res			Center				
B'& G Restorat	100, 1110,	193		Disposal D	yard Jate		City, State	Out of the	(100040)	Quito,				
Lincoln Park, 1	NJ 07035			1/20/12			Tullytown, PA							
Completed by (Pri		Title	7	L =====	Signature		Gadona Lana			Date			-	-
Gordana Luna		Treasure	a				Gadona Lava			1/16/2	012		-	

B & G proj. #: 2012-20

#### State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7) \*\*\* Emergency \*\*\* Check # 5019

						-0	J 15,5	1		The second second				
Date of Notification	(1)	Na	me of Build	ding Owne	er/Operator (2	2)				+ +				
0 11 1/11 16	1/1121		ouise Ma	ison				5		1- 4				
Agencies Notified EPA	Type Notification		eet Addres						AN 2	2012				
	✓ Initial		528 Colon	nial Road								-		
DEP			y, State, Zi	ip Code				L	HEST DIS 15	Oli HuL &				
DOL     DOL	Amendm	ient	Franklin l	Lakes, N	J 07417				LiGEN	Hig				
□ DOH			me of Cont	tact				a mark a special page	Telepho	ne Number				
☐ DCA	Cancella	tion	Louise M	lason			Access.						- 1	
		5000		FACI	LITY INFORM	MATION							,	
Name of facility wh	here abatement is	taking plac	e (3)					Type	of Facility Scho	(4) ol (K - 12)				
Louise Mason								Ī	Subc	hapter 8 (O	ther th	an K-	12)	
Street Address								[		(Private/C		cial		
528 Colonial R	oad.							Squa	re Feet	./Homes, e # of Floor		Blo	ig. Ag	ge
City (5)		Count	y (6)			Cour	nty Code (7)						-	
Oity (o)						(Stat	e use only)			Prior if bein	g dem	olishe	d)	
Franklin Lake		Berg							dential				-	
Name of Monitorin	ng Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatement							
n/a					<u> </u>		B & G Restoration	on, Inc.						
Street Address							Street Address	1						
74-15-10-10-10-10-10-10-10-10-10-10-10-10-10-							105 Ryerson Ro City, State, Zip Code	and the latest terminal termin			11000			
City, State, Zip Coo	de								5					
	M. italian Firm		IDh	one Numb	ner.		Lincoln Park, N Telephone Number	13 0703.		License	Numb	er		
Project Manager fo	or Monitoring Firm		Ph	one Numi	ei		973-696-6869			0378	110000000000000000000000000000000000000	1903		
				5 1 7			Name of OSHA Mor	nitor			(VI)			
Scheduled Start Da	ate (10)	Sched.	Completio	n Date (1	1)		B & G Restorati	ion, Inc						
1/19/2012	'	1/19/2	AMALINE STREET				Street Address							
Occupancy Status							105 Ryerson Ro						_	
Facility close	ed/vacated during performed outside	entire perio	d of abate	ment.			City, State, Zip Code	•						
Describe:	performed outside	OI HOITHAI I	acility flour	3-			t ' la Daula N	11.0702	5					
Other-Descr	ribe:					<b></b>	Lincoln Park, N	NJ 0703				_		==
Scope of Work (c	heck all that apply	y)							A10/1000/07/2004 <b>2</b> 6/2	<b>⊠</b> a				
☐ Demolition	$\boxtimes$	Renovatio	n				ull Containment w/ne	egative p	ressure	Glove				
$\boxtimes$ >3 sf or >3	lf 🔲	≥160 sf or 3	≥260 If			⊠ v	Mini-enclosure			∐ Non-r	riable			
Location of			normally		у						R e	R	E n	E
asbestos-co		staff(12)	nance/cus	louiai			sbestos-containing		Amount (Specify		m	р	С	n
material to be abated in fa		Yes	No	N/A	materia	al (ACM)			LF)		v	i i	a p	L
				1.07	<b>.</b>			15	16		e	-		$\vdash$
basement					pipe insu	lation		43	lf	-80-39-5	+#	片	片	쓔
					<del> </del>						╬	片	片	卄
								_			H	H	片	計
				-		_		_			片	H	片	忻
8	Haular	L	D Harde	ID# 17	Cubic Yards o	of Waste	Name of Registere	d Landfi			-1			1-
Registered Waste B & G Restorat		195	EP Hauler I 663		l yard	, , , , , , , , , , , , , , , , , , , ,	Tullytown Reso	ource &	Recove	ry Center				
City, State				Disposal	Date	All Carried	City, State							
Lincoln Park,		r===		1/20/12	Signature		Tullytown, PA			Date			_	
Completed by (Pri		Title Treasure	r		Oignature		Gordana Luna			1/16/2	2012			

# 158

#### 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)  January	10 201	2		CHARLES THE	Name of Building Owner The Valley Hospit		2				
Agencies Notified	10, 201	Notification	Type		Street Address	aı	111 5	11/	AN n	n 20	110
				:c4:			i	į.			17.80
⊠ EPA		XI Init	iai not	ification	223 North Van Die	n Avenue	1	f			
□ DCA					City, State, Zip Code	2	i	Ass	STUS C		
x DOL		Emerc	encv (	including	Ridgewood, NJ	07450-27	36	HOLE	LICE	the null	- 50
☑ DEP			cation)			07430-27		NE Service		in i	
x DOH		justini	cation		Name of Contact William Stasiak	4	,l elei	nhone Ni	ımher		
				FACILITY IN	FORMATION				_		
Name of Facility Where Abate	ement is Ta	king Place (3)			Type of Facility (4)	4				-	
The Valley Hospital					☐ School (K-12)			100.000			
Cheel Histology 1st F	loor										
	1001				Subchapter 8 (other that						
Street Address					Other (i.e. private &	commercial	buildings	s, homes,	etc.)		
223 North Van Dien A	venue				Sq. Feet: Unknown	# of Flo	ors: 4	Bldg. Ac	<u>ie:</u> 50	ን+ yea	ars
City (5)	County (6	5)	Count	y Code (7)	Comment Has desired if heri-			00000			
Ridgewood	Berger	1	(State	Use Only)	Current Use (prior if bein	g demolishe	d): Hos	spital			
Name of Monitoring Firm Hire	d by Blda	Owner (8)	ASCM	I No.	Name of Contractor (9)						
		0.11101 (0)	ASCIV	110.	GREENWOOD ABA	TEMENT	CONICI	II TANIT	'C INC		
Colden Corporation	11				GREENWOOD ABA	ICIVICIVIO	ONSU	ILIANI	5, INC	••	
Street Address					Street Address			Automotive States		-	
455 Stage Road					268 MAIN STREET						
City, State, Zip Code	-				City State, ZipCode						
Charlton, NY 12019					Butler, NJ 07405						
Project Manager for Monitoring	a Firm	Telephone I	Jumber		Telephone Number		Licon	se Numbe			
David De Lalla	91.11111	267-250			973-492-0477		0084	200	T.		
Scheduled Start Date (10)			The state of the s	on Date (11)	Name of OSHA Monitor		1000-		-		
January 27, 2011		January			EMSL inc.						
Occupancy Status During At	patement (	Check only o	ne)		Street Address						Will
Facility Closed/Vacate											
Abatement Performed	Outside o	of Normal Fac	ility Hou	rs -	1056 Stelton Road						
Describe					City, State, Zip Code						A STATE OF THE STA
Other – Describe:					Piscataway, NJ 088	54					
Weekends- Friday-Sa	turday-Su	ınday-									
Source of Work (Check all that	t apply)				1						
		0.				x Full Conta	ainment	with Neg	ative Pr	essure	:
≥ 3 sf or ≥ 3 lf				Renovation	1	Mini-Encl	osure				
□≥ 160 sf or ≥ 2	60			Demolition		Glovebag		re			
						Non-Exem			Friable	Proced	lure
Location of Asbestos-Containing	na Islo	cation Normal	ly Used	Description of As	bestos Containing Material	Amou		Abateme			uic
Material (ACM) in Facility (13)		ly by Maint./Ci			nal systems insulation, surfaci			Abateme	SHE TYPE	4	
	Staff	? (12)		VAT, or other mis		or LF)		Remove	Repair F	Encap F	Enclose
	YES	NO NO	NA			1	1				
Cheel 1st Floor Histology			X	VAT & Mastic		800 s	f	X			
Name of Reg. Waste Hauler	Name of Reg. Waste Hauler NJDEP Waste Hauler ID #						Nome	of Donist	20041	4611	
	See Hauler Below # 1 & 2 See Below					0		of Registe lowfill La		Idtill	
Hauler #1) Greenwood Abatement Consultants, Inc Butler, N					7405	Disposal Da			ity, State		
NJ DEP # 12561						January	31, 20	12	oute 2, E		
Hauler #2) Newark Carting, Inc Newark, NJ 04509, NJ DEP # 1955									ridgepor 04-842-2		
Completed by (Print or Type)		itle			Signature		Date	1 30	OTL-Z		-
Marin Graure		SENIOR P	RO.IFC	CT				uary 10	0 204	2	
		MANAGER		5(15).	Marin Graure		Jail	uary II	J, 201	_	

GAC # 2012-307

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

	ion S ion C ion N	Jennife treet Addr 359 Ric ity, State Glen Ri ame of Con Jenni	er E ess dgew , zip idge	∍, NJ 07028	JAN JAN	2 0 2012	E. Ir			
Initial Notificat Amended Notificat EMERGENCY Cancellati Datement is	ion C	359 Ric ity, State Glen Ri ame of Con Jenni	dgew , zip idge	rood Avenue	L. Annual	2 0 2012			1	
Initial Notificat Amended Notificat EMERGENCY Cancellati Datement is	ion C	359 Ric ity, State Glen Ri ame of Con Jenni	dgew , zip idge tact	Code , NJ 07028	L. Annual	2 0 2012			1	
Notificat Amended Notificat EMERGENCY Cancellati catement is	ion N	ity, State Glen R: ame of Con Jenn:	, zip idge	Code , NJ 07028	L. Annual	2 0 2012		j		
Amended Notificat EMERGENCY Cancellati Datement is	ion N	Glen Rame of Con Jenna	idge	∍, NJ 07028	L. Annual	4	1			
Notificat EMERGENCY Cancellati Datement is	on N	ame of Con Jenn	tact		FROM A	A				
EMERGENCY Cancellati Datement is	on N	Jenn			Same I.					
Cancellati	on	Jenn		_	Telenho	one Number				
patement is				Blevins	refebuo	TIE NUMBEL				
	Taking	FACT								
	Taking	PACI	LITY	INFORMATION		,, ,			-	
		Place (3)			Type of Facil	lity (4)				
					[ ]School	(K-12)				
		The Section 1			FDS.1399500000000000000000000000000000000000	pter 8 (Othe				
renue					10000000	(i.e., priva buildings, h				
					Square Feet	# of Floo	NAME OF TAXABLE PARTY.	Ldg.		
Co	unty (6		0.000000	unty Code (7)	4000	3		109		
	Esse	×	(Si	TATE USE ONLY)	Current Use	(Prior if be	ing de	moli	shed	i)
					Residence	ce	1			
ired by Bu	ilding	ASCM No.								
		67		AZTECH M	anagemen'i	i, inc.				
				86 Chris	topher St					
										591150
				Montclai	r, NJ 070	42				
oring Firm		T	er	Telephone Numb	er	ļ	license	Num	ber	
	N/A	7		(973) 744	-8800		0037	1		
Sched.	Comple	tion Date	(11)	Name of OSHA M	Onitor					
1/2	7/12			N/A						
				Street Address						
	of Man	1 81		1						
			-Y	City, State, Z	ip Code					
Other Occu	ipancy I	Descript»								
that apply	)	1					5 95/MACE-18/1950			
	[X]	Renovation				th Negative	Pressu	ıre	3	8
	2721976			[X]Gloveb	ag Procedure					
		Ts		[ ]Non-Fr	iable Procedu	ire T	Aba	tomo	n+ n	The man o
		cation		Description	ı of			Teme	E	E
ng	τ	Jsed -				Amount	E	R		C
							1 22	P	A	L
	ter	nance/	in		101	LF)	V	A	S	S
	Staf	f (12)		or other miscel	laneous)		L	R	T.	UR
	Yes		Dia	oo Toouloti		150 16	~	-	•	E
			L TF	e insulati	.011	130 11			_	-
										-
			la i		h	L	6:12			
Hauler		EP Waste ler ID No.	127325	bic Yards Waste 1.50	Name of Regi G.R.O.W.		LIII			
		040			G.R.O.W.	<b>J</b> .				
T, INC.										
			100000	sposal Date	City, State			_		
42			100000	sposal Date 1/28/12	City, State Morrisvi	lle, PA	1906	7		
			100000			lle, PA	1906	7		
( ) A	Sched. 1/2 Mont Abatement ( acated Duried Outside ( CoffHours I ( Cother Occurrence)	Sched. Comple 1/27/12 Month Da Abatement (Check of acated During Ent: ed Outside of Norm «OffHours Description «Other Occupancy I that apply)  f [X] 60 lf [] Loc Non ang Loc Sched. Comple Loc Norm Loc Loc Norm Loc Loc Norm Loc	toring Firm Telephone Number N/A  Sched. Completion Date 1/27/12  Month Day Year Abatement (Check only one) Facated During Entire Period and Outside of Normal Facility (OffHours Descript)  (Other Occupancy Descript)  (The state of the stat	toring Firm Telephone Number N/A  Sched. Completion Date (11) 1/27/12 Month Day Year  Abatement (Check only one) Facated During Entire Period  and Outside of Normal Facility  CoffHours Descripts  Cother Occupancy Descripts  that apply)  f [X] Renovation [] Demolition  Is Location Normally Used Solely By Maintenance/ Custodial Staff (12) Yes No N/A	AZTECH M.  Street Address 86 Chris:  City, State, Z.  Montclai:  Telephone Number N/A  Sched. Completion Date (11) 1/27/12 Month Day Year  Abatement (Check only one) Facated During Entire Period  and Outside of Normal Facility  City, State, Z.  Name of OSHA M.  N/A  Street Address  Street Address  City, State, Z.  City, State,	AZTECH MANAGEMENT  Street Address 86 Christopher St  City, State, Zip Code Montclair, NJ 070  Telephone Number (973) 744-8800  Name of OSHA Monitor N/A  Street Address  NAM  Telephone Number (973) 744-8800  Name of OSHA Monitor N/A  Street Address  City, State, Zip Code Montclair, NJ 070  Telephone Number (973) 744-8800  Name of OSHA Monitor N/A  Street Address  City, State, Zip Code  Ci	AZTECH MANAGEMENT, Inc.  Street Address  86 Christopher St.  City, State, Zip Code  Montclair, NJ 07042  Telephone Number  N/A  Sched. Completion Date (11)  1/27/12  Month Day Year  Abatement (Check only one) acated During Entire Period  ed Outside of Normal Facility  «OffHours Descript»  **Cother Occupancy Descript**  **Cother Occupancy Descript**  **Total Containment with Negative [ ] Mini-Enclosure  [ [ ] Mon-Friable Procedure  [ ] Non-Friable Procedure  [ ] Non-Friable Procedure  [ ] Non-Friable Procedure  [ ] Solely  By Maintenance/ Custodial  Staff (12)  Yes No N/A   **Total Containment with Negative [ ] Non-Friable Procedure  [ ] Non-Friable Procedure  (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	AZTECH MANAGEMENT, Inc.  Street Address  86 Christopher St.  City, State, Zip Code Montclair, NJ 07042  Telephone Number N/A  Sched. Completion Date (11) 1/27/12 Month Day Year  Abatement (Check only one) acated During Entire Period  ed Outside of Normal Facility «OffHours Descript»  That apply)  [ Street Address  Street Address  Street Address  City, State, Zip Code  City, State, Zip Co	AZTECH MANAGEMENT, Inc.  Street Address 86 Christopher St.  City, State, Zip Code Montclair, NJ 07042  Telephone Number (973) 744-8800 00371  Sched. Completion Date (11) 1/27/12 Month Day Year  Abatement (Check only one) acated During Entire Period  ed Outside of Normal Facility «OffHours Descript»  «Other Occupancy Descript»  that apply)  f [X]Renovation []Demolition  [X]Glovebag Procedure []Non-Friable Procedure  [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure [X]Glovebag Procedure  [X]Glovebag Procedure [X]Glovebag Procedur	AZTECH MANAGEMENT, Inc.  Street Address 86 Christopher St.  City, State, Zip Code Montclair, NJ 07042  Telephone Number N/A  Sched. Completion Date (11) 1/27/12 Month Day Year Abatement (Check only one) acated During Entire Period ed Outside of Normal Facility «OffHours Descript» «Other Occupancy Descript»  that apply)  f [X]Renovation []Demolition  [X]Glovebag Procedure []Non-Friable Procedure  [X]Glovebag Procedure [X]Glovebag Procedur

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State of New Jen	
NOTIFICATION OF ASBESTO	S ABATEMENT
(Pursuant to NJAC 8:60 a	and 12:120)

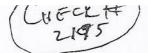
		NO	(Pur	ATION C	e of New Jersel OF ASBESTOS NJAC 8:60 at	ABATE id 12:120	))	l k	Dept.	APPRO of Health &		r Serv	ices	
Date of Notification (1) 0/17/12 Ck: 1756	\$200				Building Owner/ k Board of E			D	10: L	(signatu	ne)	25	An	
	Type Notification			treet Add	ress aft Road			JAH 2	) 201	2				
EPA DEP DOL	Initial Amended Amendment	#	C	ity, State eanecl	, Zlp Code k, New Jers	ey 0768	66	Sala Sala Sala Sala Sala Sala Sala Sala						
DOH DCA	Emergency ( justification)		1 000	ame of C	Contact D'Angelo		A	Licen'	Tele	phone Nur	nber			
Li				FACIL	ITY INFORMA	TION	110	es desta						=
Name of Facility Where Al Benjamin Franklin M Street Address	batement is Takin iddle School	g Place (3)					X S	of Facility ( chool (K-1 subchapter	2) 8 (Othe	r than K-12	2) al build	loos I	nome:	
1315 Taft Road City (5)							Square	tc.)		commerci Floors	BI	dg. Ag		-
Teaneck, New Jerse	y 07666			County Co	ada (7)		20,00		2 or if being	ng demolisi		5+		$\dashv$
County (6) Bergen					SE ONLY)		Scho	iol						
Name of Monitoring Firm Environmental Design		Owner (8)		ASCM	No.	Lilic	h Corp	ement Cor oration	rtractor	(8)				
Street Address 5434 Kings Avenue	Suite 101					606		de Avent	ie					
City, State, Zip Code Pennsauken, New J	ersey 08109					City, Wor	State, Zi odland	p Code Park, Ne	w Jer	sey 0742	24			
Project Manager for Monit	foring Firm		20214372	elephon	e No. 4-7462	100000000000000000000000000000000000000	none No -225-8			License N 01104	10.			
Start Date (10) 01/18/12		Scheduled 01/23/12		pletion D	Date (11)			A Monitor Onmenta	Labs	1				
Occupancy Status During	Abatement (Che	ck Only One	)			Stree	t Addres	e 22 We	st					
Facility Closed/Vaca Abatement Performs Other - Describe:	d Outside of Non	Period of Ab mai Facility I	atem	ent		City,	State, ZI	CONTROL OF THE PARTY OF		3				
Scope of Work (Check Al	That Apply)													
≥3 sf or ≥3 if ≥ 160 sf or ≥260 if		4	noval				Mir Glo	ni-Endosyr ovebag Pro	ceonte é	Negative			e	
		ls L	ocati	on						***		Abate	ement	
Location Asbestos-Containing TO BE AB In Facili (13)	Material (ACM)	Used Main Custo	tenar	ly by	Asbestos C (i.e. them	Description ontaining hal system facing, Vermiscell	Material ms insula /AT, or	ation,	(	kmourd Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A						DE LE	-	V	-	-
Basem	ent	×			V	/rap &	Cure		-	25 LF	+-	X	-	
		+		-							+			
	<del> </del>								wellles:					
Name of Registered Was Lilich Corporation	te Hauler		H	JDEP W lauler ID 8724	00.0	oic Yards Waste				ered Landf Landfill	भ्रा		P10-72	
City, State Woodland Park, Nev	M. Jersey 0742	4		(KS-4-51)		posal Da 24/12	te	City, Sta Morris		ennsylva	ania			
Completed by Tatiana Kalenikova	10000 0142	Yitie Vice F	resi	dent		Signati	Jrean Conn	La	_	11	Date )1/17/	12		

# 7630

Date of Notification (1) 1/16/2012				f Building	Owner/C	perator	r (2)	1 (E)	12 p	= 11 :			,		
Agencies Notified	Type Notification			Street A		Avenue						+.			
EPA DEP  DOL	Initial Amended Amendmen			City, Sta	ate, Zip C	A CONTRACTOR OF THE CONTRACTOR	052	11		JAN	2 0 20	12	la e		
DOH DCA	Emergency justification) Cancellation				f Contact		į		L.A.	Tel	ephone Nu	ımber	Ì.		
		«		FACI	LITY INF	ORMATI	ON		TO THE PERSON NAMED AND POST OF	Marine Santa			ÉLES LES	2.57	
Name of Facility Where Montclair Golf Clu		ng Place (3	)						of Facility School (K-	20.50	* '				
Street Address 25 Prospect Aven	ue							×	Subchapte Other (i.e. etc.)	r 8 (Othe	er than K-1 & commerc	l2) cial bui	ldings	, hom	ies,
City (5) West Orange								Squa	re Feet 00 SF	# of 2	Floors		3ldg. <i>i</i> 50 +		
County (6) Essex	30000			County (	Code (7) USE ONLY	n			ent Use (Pri ate Coun						
Name of Monitoring Fir			iooo	ASCN	/ No.			of Aba	tement Co	ntractor	(9)				
Langan Engineerii Street Address	ng & Environmen	ntar Serv	ices	N/A				Addres	st Haz Ma	at Rem	oval, Ind	). 		-	
River Drive Cente	r 1 .						494 I	E. 41	Street						
City, State, Zip Code Elmwood Park, N.	J 07407								ip Code NJ 0750	4					
Project Manager for Mo Vijay patel	onitoring Firm		Telephor 201-79	ne No. 94-6900	)	Teleph 973-3	none N 345-0			License N 00507	No.				
Start Date (10) January 30, 2012		d Con		Date (11)				HA Monitor	e			-			
Occupancy Status Duri	ing Abatement (Chec	k Only On	e)				Street	Addres	SS	W1007-111 111					
Facility Closed/Va Abatement Perfor Other – Describe:	cated During Entire med Outside of Norr	Period of A nal Facility	baten Hours	nent			City, S	tate, Zi	ip Code						
Scope of Work (Check															
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		anners .	enova emolit				×	Min Glo	I Containme	e cedure					
		1						J NOI	n-Exempted	(*) and	Non-Friat	ole Pro		emen	
Locatio	on of	17.00	Locati ormal	0.00		D								ре	
Asbestos-Containin <u>TO BE Al</u> In Fac (13	ng Material (ACM) BATED cility	Mai	i Sole ntenar odial S (12)	nce/		stos Conta thermal	systems ing, VA	laterial s insula T, or		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										io i	
Baser				X			Insula				0 LF	Х			
Baser				X			or Tile				0 SF	X			
Baser		X		Beam					) SF	X					
Baser			-			1	e Patc	:h			SF	X			
Name of Registered Wa East Coast Haz Ma			Н	JDEP Wauler ID 1 3602		of Wast					ed Landfill S, Inc \				
City, State Paterson, NJ 07504				Disposa 03/01/		,	City, State Morrisv		1						
Completed by James Unger		Title Projec	et Ma	nager		Sig	gnature	e.	5 1	1/2	Da 1/	ite 16/20	12		
ASB-41 (R-06-08)							* Do no	t use th	nis formator	asbesto	s licensure	e exem	pted	activit	ies.

Monock

Date of Notification (1) 01-06-11						Owner/Ope edical Cer			eton	i.	11.0		÷/.		1
Agencies Notified	Type Notification	1		Street A	Address	oon Stree			CiOII		ΔN	2 0 0			ř
EPA DEP DOL	Initial Amended Amendmen Emergency		_	City, Sta	ate, Zip C				1		run -				
Ĭ DOH	justification	)			of Contact el Anto				Entre Management	Tele	phone !	Vumber			1
□ DCA	Cancellatio	n				ORMATION	N.		40.	1					
Name of Facility Where		-	5 C C C C		ILIT I IN	OKWATIO		Type of	Facility (4	4)		22 - 20 - 2			
University Medical	Center at Princ	eton: Bu	ilding	g # 7			1	So	hool (K-1	2)					
Street Address 3850 U.S. RT. 1									ibchapter her (i.e. p c.)				ldings	, hom	nes,
City (5) Plainsboro, NJ 085	536			7.				Square 178,00		# of 1	Floors		Bldg. 29 yı		
County (6) Middlesex					Code (7) USE ONL	Y)		Current Vacar	Use (Pric	or if bein	g demo	lished)			
Name of Monitoring Firm		Owner (8)		ASCN 0011					ment Con vironme						
Street Address 464 Valley Brook A	venue.					S	Street A	ddress							7
City, State, Zip Code		organización de la companya de la co	-				City, Sta								
Lyndhurst, NJ 070	71								J 07072	2					
Project Manager for Mon John Chiaviello	nitoring Firm			Telepho 201-43	ne No. 38-4839		elepho 201-93		65	1.0	License 00756				
Start Date (10)		Schedule		npletion	Date (11)				Monitor						
01-17-12(1) Project		04-31-1	Harri	STATUTE THE			treet A	SOUTH THE SEC	vironme	entai					
Occupancy Status Durin	ATK	1070	- 0x						point A	venue					
Facility Closed/Vac Abatement Perform Other – Describe:							ity, Sta		Code City, N	Y 1110	)4				
Scope of Work (Check A	All That Apply)							20.000.000		20 30 30 30					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit	0.0000000			×	Mini-E Glove	Containme Enclosure bag Proce Exempted	edure					
		la la	Looot	ion.				INOTIFE	zempled	( ) and	NOII-FII	able FIG	(5)81 3	emen	t
Location	n of	N	Locat ormal	ly		Descri	iption o	f					Т	уре	
Asbestos-Containing TO BE AB In Faci (13)	Material (ACM) ATED lity	Mai	d Sole ntena odial s (12)	nce/		stos Contain thermal sys surfacing other miso	ing Mat stems in g, VAT,	terial (A nsulatio or		(Sp	ount ecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										Ф	
Throughout Bu				Х		rywall Joir			j		00SF	x			
Room 7-23				X	7	Fransite H	lood L	ining		75	SF	х			
Throughout		X		Ма	stic			3,20	00SF	x					
Room 7-33;		x		Ма	stic				OSF	x					
Name of Registered Was ATC, Inc. / TriState	Н	JDEP W auler ID 4310		Cubic Yar of Waste TBD	rds	1	Name of R Minerva			fill					
City, State Shirley, NY / Bronx, NY						Disposal I	Date		City, State Vaynesi		OH 44	688			
Completed by Richard Doran	Completed by Title					Sign	ature	BA	m		/ [	Date 01-16-	12		
						711	NITO	1 V							



Date of Notification (1	16/12				ling Owner/Operator		TING	- 0	010		
Agencies Notified	Type Notificati	on		Street Addres		1 1			1.5		
200r 300a 30a 30a	☑ Initial .				5 Rr. 50						
M DOF	Amendmen	(#	1	City, State, Zip	Code	1	- illigiden				
Process.	☐ Emergency	(including			REENFI	ELD , NY		6.2			
] 00H .		100		Name of Cont	LULE BRE	UKIG	T-1	27			
				FACILITY IN	FORMATION						
hame of Facility Where	Abatement is Tak	ung Place	(3)			Type of Facility	(4)				
RES	ウモNC 5		1			School (K-1	2)				
Silver Address				1			8 (Other than K-12				i
2.15	- N, Ru	MISC	on !	1vēr		homes, etc.	nvate & commercial)	n buna	ings		
Cit. 151 .	AROSTO					Square Feet	# of Figors	Bio.	ig Aç	×	
County (6) A	12001			County Code	(7) (STATE	Current Use (Pr	nor if being demolis	hed:			
ATU	DUTIC			USE ONLY)			nor if being demolis				
Name of Monitoring Fire	n Hired by Building	Owner .	AS	SCM No.	1 1 1	ment Contractor (9					1
(c) Y	1/A		_   _		1 _ KL	EMCO I	UC,				
Street Address					Street Address	S, Spruc	€ 100.				
City State Zip Code					Cry State Zin C	Code					
( E. State Lip Code					Mo	PLE SHA-	DE, N.J.	000	2 5		
Project Manager for Mo	ndexino Emp		Teleph	one No.	. Telephone No.		License No				
riojetti Managerioi Mo	, into mig		********		856-77	9-0472	004	74			
Start Date : 10)				n Date (11)	Name of OSHA	Monitor SEPH KL	East				
1 / 30 /		2/6		-		, , , , , , , , ,					-
Decupancy Status Duri					Street Address	SSPA	10 CT 2000				
🌠 Facility Closed Vaca	ted During Entire F	enod of A	Abateme	ent							
Abatement Performe	d Outside of Norm	ial Facility	Hours		Crty, State, Zip C	C .	IDDE N.		1, 1	; <	٠,
[] Other - Describe: _					1-1012	47 6 5 1	1000				<u> </u>
Scope of Work (Check) ≥3 st or ≥3 lt ≥160 st or ≥260 it	all that apply)		novation moliton		☐ Mini-En	ntainment with Ne iclosure ag Procedure tempted (*) and No	gative Pressure on-Friable Procedu	re			
		Isto	ocation						Later		
		10000	mally						, Az	٠,	
Location Asbestos-Containing			Solely bl	y Asbe	Description o stos Containing Ma		Amount			m	
TO BE ABA		Cus	stodial		, thermal systems	insulation,	(Specity SF or LF)	20	æ.	Emapsulate	E to keep
IN Facility	y.	100	taff? 12)		surfacing, VAT other miscellane		SPO(LF)	Remova	Repair	nsc.	1
(13)	* * *	<u> </u>	12/	-	00101111100011	/		=		7	. :
•		Yes	No I	N/A			<i>x</i> 11	-			,
SIDI	Na			X	RANSITE		8004	*			
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tame of Registered Wa	ste Hauler	ــــــــــــــــــــــــــــــــــــــ		EP Waste	Cubic Yards		istered Landfill	H .			
KLEMOU	Inc.			1904 1904	of Waste		-, U, A,				
Or State MAPLE	SHADE,	N,	٢,	68	Disposal Date	City. State PLEA	SAUTVILL	_ E	W.	7	
ampieton 8,	Tit		. 10		Signature	1/ 1	Date	1,,	1		
JOSEPH K	LEMM	V	11		Jour	an Kelm	m 11	161	/ 2		
			/		-, 0						

# 3138

Date of Notification (1)		1		Owner/Operato	or (2)	100 10 11 17	15		7	
1-16-2012	ontion		Ballinger et Address			bh a a		111		
Agencies Notified Type Notifi	cation		ot Address 5 36th Ct S	w		AN 20 2012		9		
	dment #		State, Zip Co ero Beach,		ASE	ESTOS CON ROL &		and or seeming the		•
X DOH justific	gency (including cation) ellation	100000000000000000000000000000000000000	e of Contact Ballinger			Telephone Nu	mber	J		
Name of Facility Where Abatement is Res. House	Taking Place (3)	F	ACILITY INF	ORMATION	Type of Facility  School (K-		2)			
30 Main Street						private & commerc		dings	hom	es,
City (5) Fairton, NJ 08320					Square Feet 2500	# of Floors	1 3	ildg. A	\ge	
County (6) Salem			nty Code (7) TE USE ONLY	)	Current Use (Pri Res. Home	or if being demolis	hed)			
Name of Monitoring Firm Hired by Bu Connell Greene Consulting	ilding Owner (8)	AS	SCM No.		of Abatement Cou ured Environme		Inc.			
Street Address 904 Kings Arms Drive					t Address Clems Run					
City, State, Zip Code Downingtown, NJ 19335					State, Zip Code lica Hill, NJ 080	062				
Project Manager for Monitoring Firm Rick Pellissier		1 100000	phone No. -432-9363		hone No. -304-4676	License N 01145	ło.			
Start Date (10) 1-30-2012	Scheduled 2-2-2012		ion Date (11)	Name EMS	e of OSHA Monitor SL	L				
Occupancy Status During Abatement			The second second		t Address RT 130 North	**************************************				
Facility Closed/Vacated During Abatement Performed Outside of Other – Describe:				City,	State, Zip Code naminson, NJ 0	12077				
Scope of Work (Check All That Apply	)				naminson, No c	70077				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	× Rer	novation nolition			Mini-Enclosure Glovebag Pro				2	
	le I (	ocation	T			u ( ) and 140114 hai	T	Abate	ement	t
Location of Asbestos-Containing Material (AC	No. Used	mally Solely by enance/	Asoes		Material (ACM)	Amount		Ty	ре	Ι
TO BE ABATED In Facility (13)	Custoo	lial Staff? 12)		thermal system surfacing, Va other miscella	AT, or	(Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
	Yes		/A	· II Bi - I		C4	-	-		
Crawl Space			( F	riable Pipe Ir	nsulation	64	x			
Name of Registered Waste Hauler			P Waste	Cubic Yards	Name of	Registered Landfil				
NETS		Haule	r ID No.	of Waste	Allied V	Vaste			7.000 DOC-	
City, State Hazleton, PA				Disposal Date 2-5-2012	e City, Stat					
Completed by John Zumbo	Title Preside	ent		Signatur	Mindi	1	ate -16-2	012		



Date of Notification (1)			Nam	e of Buildi	ing Owner/Operator	(2)		-	-		
	12				antic City						
Agencies Notified Type Notified ☐ Initial	cation			et Address O South	New Hampshire	Avenue	U JAN 2	0 2	012		
☑ DEP ☑ Amende				State, Zip			- <del>ì</del>				-
☑ DCA (NJAC 5:16)   Amenda     ☑ DHSS   ☐ Emerger		na		lantic Ci			ASBLETUS	CHIC	ŭi ŝ		
☐ DCA justificat		ng		e of Conta			Telephone Nur	51.5.1.00		-	
(NJAC 5:23-8)	ation		Ci	ty of Atla	intic City					*	
			FA	CILITY	NFORMATION	Size.	L				
Name of Facility Where Abatement is	Taking Pla	ce (3)				Type of Facility (	(4)			-	-
Residential House						School (K-12	)				
Street Address				To the second		Subchapter 8					
140 South New Hampshire Av	enue					Other (i.e., pr homes, etc.)	ivate & commerc	cial buil	dings	1	
City (5)			15.000			Square Feet	# of Floors	В	ldg. A	Age	
Atlantic City						2000	2		50+		
County (6) Atlantic			Cou	inty Code	(7)(STATE USE ONLY)	Current Use (Pri	or if being demol	lished)			
Name of Monitoring Firm Hired by Buil	ldina Owne	r (8)	ASCN	1 No	Name of Abateme						
Health & Safety Services, Inc.		. (-)			A STATE OF THE PROPERTY OF THE	ntbach Constru	ction Corner	ation			
Street Address				45300	Street Address		- Compone			-	
318 12th Street					500 East Luz	erne Street					
City, State, Zip Code				-	City, State, Zip Co			-			
Hammonton, NJ					Philadelphia,						
Project Manager for Monitoring Firm		Te	elephone	No.	Telephone No.		License No.				
James Proctor			609-70	4-8850	215-739-8166		00646				
Start Date (10)	Scheduled	Comp	oletion D	ate (11)	Name of OSHA M	Ionitor					
12 /27 /11	01	/ _	27_ /	12	SAME AS AB	OVE					
Occupancy Status During Abatement (	Check only	one)			Street Address		,			-	
□ Facility Closed/Vacated During Ent											
Abatement Performed Outside of N Time of Abatement: <u>7AM-4PM/</u>				scribe	City, State, Zip Co	ode			-		
Scope of Work (Check all that apply)			- Annealte		1						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	-	enov emol						ıre			
			cation			// // // // // // // // // // // // //		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	atem	ent T	vpe
Location of Asbestos-Containing Material (ACM	a Us	Norn sed S	nally olely by		Description o	Service and the service and th	727		т —	Т	Ť-
TO BE ABATED	' N		nance/		estos Containing Ma ermal systems insula		Amount (Specify	êm	Repair	nca	ncl
IN Facility	Cu	stodia (1)	al Staff?		VAT, or		SF or LF)	Remova	≝.	psc	Enclosure
(13)	Yes	100	2000		other miscellane	ous)				Encapsulate	6
Exterior Siding		$\boxtimes$		Transi	te		750 SF	$\boxtimes$			
Foyer Flooring		$\boxtimes$		Floor	Covering/Multi La	yers	50 SF				
1 <sup>st</sup> Floor Kitchen Floor				Floor	Covering/Multi La	yers	250 SF	$\boxtimes$			
Additional Asbestos Material				See At	tached/Page 2						
Name of Registered Waste Hauler			NJDEP	The party of the p	Cubic Yards of	Name of Registe	ered Landfill		1		
Diamond Huntbach Constructi	on		Hauler I 1968		Waste n/a	Minerva					
City, State					Disposal Date	City, State	- 011 44000			-	
Philadelphia, PA 19124	T		3.		n/a	Waynesbur	g, OH 44688				
Completed By (Print or Type)  Charles F. Imbimbo	Title Projec	t Ma	nager		Signature	1 The	C C	ate	1/1	2	

Date of Notification (1)		T	Name of	Building	Owner/Operator (2)	( The second	The second second second second second	To benone	72		
01 / 06 / 1	1		City o	of Atlant	ic City		EREL	14	5		
Agencies Notified Type Notification		+	Street A	ddress		1150	The state of the s				144
⊠ EPA ☐ Initial		- 1	140 S	outh Ne	w Hampshire A	venue	* A 2-1			111	1
□ DEP □ Amended		t	City, Sta	te, Zip C	ode		JAN 20	2012	1	Uļ	1
☐ DCA (NJAC 5:16) Amendment =			Atlan	tic City,	NJ				1	Tale	i
☐ DHSS ☐ Emergency (in pustification)	incidentig		Name o	f Contact			Telephone Numb	er			
(NJAC 5:23-8) Cancellation			City	of Atlan	tic City	4,		10			1
	325		FACI	LITY IN	FORMATION			The same of the	+1		,
Name of Facility Where Abatement is Taki	ng Place (	3)				Type of Facility (	4)				
Residential House						School (K-12	) (Other than K-12)				12411027
Street Address		A COLUMN				☐ Subcriapter of Other (i.e., pr	ivate & commercia	ıl buildir	ngs,		
140 South New Hampshire Avenu	е					homes, etc.)					
City (5)						Square Feet	# of Floors		g. Ag <b>0+</b>	е	
Atlantic City						2000	2		U+ 		
County (6)			Count	y Code (7	)(STATE USE ONLY)	Vacant	or if being demolis	neu)			
Atlantic					1						
Name of Monitoring Firm Hired by Building	g Owner (8	)	ASCM N	10.	Name of Abateme		uction Corporat	ion			
Health & Safety Services, Inc.					Street Address	ILDACII COIISII	John Corporat			-	
Street Address					500 East Luz	erne Street					
318 12th Street					City, State, Zip Co						
City, State, Zip Code					Philadelphia,						
Hammonton, NJ	- 1 <u>X </u>	Tol	ephone N	No.	Telephone No.		License No.			-	
Project Manager for Monitoring Firm			09-704-		215-739-8166	3	00646				
James Proctor	neduled Co				Name of OSHA N	The second second second					
Start Date (10) Scr 12 / 27 / 11	01 /				SAME AS AE	BOVE					
Occupancy Status During Abatement (Ch					Street Address					100-100	
☐ Facility Closed/Vacated During Entire	Period of A	Abate	ement								
Abatement Performed Outside of Norr Time of Abatement: 7AM-4PM/	nal Facility	Hou_AN	ırs - Desc	cribe	City, State, Zip C	ode					
Scope of Work (Check all that apply)		×310-									
2000					☐ Full Con ☑ Mini-End	tainment with Ne	gative Pressure				
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>	☐ Rei	nova molit			⊠ Gloveba	a Procedure					
Z ≥100 31 01 ≥200 11					⊠ Non-Exe	empted (*) and No	on-Friable Procedu				-
	100000	Loca	ation ally		Description	of		Ab	atem	ent i	ype
Location of Asbestos-Containing Material (ACM)	Use	d Sc	lely by	Asb	estos Containing Ma	aterial (ACM)	Amount	Rer	Repair	Enc	Enc
TO BE ABATED			ance/	(i.e., the	ermal systems insul VAT, or	lation, surfacing,	(Specify SF or LF)	Removal	air	aps	Enclosure
IN Facility (13)		(12	2)		other miscelland	eous)	0. 0. 2.	<u>a</u>		Encapsulate	le l
()	Yes	No	N/A							0	
Exterior Siding		Ø		Transi	te		750 SF				
Fover Flooring		Ø		Floor	Covering/Multi L	ayers	50 SF	$\boxtimes$			
1 <sup>st</sup> Floor Kitchen Floor				Floor	Covering/Multi L	ayers	250 SF	$\boxtimes$			
Additional Asbestos Material		Ø		See A	ttached/Page 2			$\boxtimes$			
Name of Registered Waste Hauler		1	NJDEP'		Cubic Yards of	Name of Reg	istered Landfill				
Diamond Huntbach Constructio	n		Hauler II		Waste n/a	Minerva					
City, State			1000	-	Disposal Date	City, State					
Philadelphia, PA 19124	27				n/a	Waynesb	urg, OH 44688				
Completed By (Print or Type)	Title			Hadibachi	Signature	201		ate	,	1	
		4 B.E.	nager		1/1/2	XIIM	PRALIA 1	11/0	6	117	1

ASB-41 JUL 01

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Date of Notification (1)		W		Name o	f Building	Owner/Operator (2						
12 /	13 / 11	_			of Atlanti	ic City		160 000	919			
Agencies Notified	Type Notification			Street A				ern z u z	UIL		- 1	
⊠ EPA				140 5	South Ne	w Hampshire A	venue			1		
□ DEP	☐ Amended			City, Sta	ate, Zip Co	ode	1	Ascillus GUITA	JL &.	- Francis	İ	
<ul><li>☑ DCA (NJAC 5:16)</li><li>☑ DHSS</li></ul>	Amendment # Emergency (incl	ludina		Atlar	tic City,	NJ	OCHURA SURVEY	HITTHSWG	1904. TSN (44	Transport as the		
□ DCA	justification)			Name o	f Contact			Telephone Number	er			
(NJAC 5:23-8)	☐ Cancellation			City	of Atlant	ic City	isk.		17.			
				FAC	LITY INF	ORMATION						
Name of Facility Where A	Abatement is Taking	Place (3	3)				Type of Facility (	4)				
Residential House							School (K-12)					
Street Address							☐ Subchapter 8	(Other than K-12) vate & commercial	buildi	nas		
140 South New Har	mpshire Avenue						homes, etc.)					
City (5)		700					Square Feet	# of Floors	1000	g. Ag	е	
Atlantic City							2000	2		0+		
County (6)				Count	y Code (7)	(STATE USE ONLY)		or if being demolish	ned)			
Atlantic						-	Vacant					
Name of Monitoring Firm	Hired by Building O	wner (8)	) /	ASCM N	lo.	Name of Abateme		_				
Health & Safety Se	rvices, Inc.					Diamond Hur	ntbach Constru	ction Corporati	on			
Street Address		Provide Miles				Street Address						
318 12th Street	10 10 10 10 10 10 10 10 10 10 10 10 10 1					500 East Luz	erne Street					
City, State, Zip Code						City, State, Zip Co						
Hammonton, NJ						Philadelphia,	PA 19124					
Project Manager for Mor	nitoring Firm		Tele	phone N	10.	Telephone No.		License No.				
James Proctor			11.00	9-704-		215-739-8166		00646				
Start Date (10)			1000	tion Dat		Name of OSHA N						
12 / 27 /	11 0	1 /	06	_ / _	12	SAME AS AE	BOVE					
Occupancy Status Durin	g Abatement (Check	only or	ne)			Street Address						
☐ Facility Closed/Vacat	ed During Entire Per	riod of A	bater	ment								
Abatement Performe	d Outside of Normal 7AM-4PM/PN	Facility  /	Hour _AM	s - Desc	cribe	City, State, Zip C	ode					
Scope of Work (Check a	all that annly)					L						
Scope of Work (officer of	iii dide appij					☐ Full Con ☑ Mini-End	tainment with Neg	ative Pressure	į.			
≥3 sf or ≥3 lf		☐ Ren	novati			⊠ Gloveba	a Procedure					
≥160 sf or ≥260 lf		23 001			ar tenne or old years	⊠ Non-Exe	empted (*) and No	n-Friable Procedur				
		1000	Locat						Ab	ateme	ent Ty	/pe
Locatio				ely by	Acho	Description of stos Containing Ma	Philips and a property of the party of the control	Amount	₽.	R <sub>e</sub>	m	四
Asbestos-Containing TO BE AB		33.		ance/	(i.e., the	mal systems insul	ation, surfacing,	(Specify	Removal	Repair	cap	Enclosure
IN Fac	ility	Custo	odiai (12)	Staff?		VAT, or other miscellane	aoue)	SF or LF)	val		Encapsulate	ure
(13)		Yes	No	N/A		Other miscenant	5003)				ate	
Exterior Siding			$\boxtimes$		Transit	e		750 SF	$\boxtimes$			
Foyer Flooring			$\boxtimes$		Floor C	overing/Multi L	ayers	50 SF	$\boxtimes$			
1 <sup>st</sup> Floor Kitchen Flo	oor		$\boxtimes$		Floor C	overing/Multi L	ayers	250 SF	Ø			
Additional Asbesto	s Material		$\boxtimes$		See Att	tached/Page 2			$\boxtimes$			
Name of Registered Wa	aste Hauler		1 (3	NJDEP		Cubic Yards of		stered Landfill				
Diamond Huntbac			1	Hauler II 1968		Waste n/a	Minerva					
City, State		0.7				Disposal Date	City, State					
Philadelphia, PA	19124					n/a	Waynesbu	ırg, OH 44688				
Completed By (Print or		le				Signature	011	Da Da	ate	,	/	
Charles F. Imbim	Carried Control Control	Project	Mar	nager		1 ther	5/10	m/ 1	4	3/	//	

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Date of Notification (1) 1-17-2012					Building C			(2)	Im			Ti			7
Agencies Notified	Type Notification	· · · · · · · · · · · · · · · · · · ·	1000	Street Ad 631 MA	dress	STREE	ΞT			*					
DEP X DOL	Initial Amended Amendment			* * * * * * * * * * * * * * * * * * * *	e, Zip Cod EN, NJ (				11111	úλi		1414		$\mathcal{H}$	
☑ DOH DCA	Emergency ( justification) Cancellation	including	1535	Name of O	Contact ECHAR	.D			المحمد	Tele	enhone Nun	nber			
				FACIL	ITY INFO	RMATIC	NC	_	C FT 1911 / /			-			
Name of Facility Where OUR LADY OF QU		g Place (3)							of Facility (4 School (K-12 Subchanter	2)	er than K-12	0	*		
Street Address 161 PITMAN AVE					New York Control of the Control			X e	Other (i.e. po etc.)	rivate 8	& commercia	al build			es,
City (5) PITMAN, NJ 08071								6500		3	Floors	7	ldg. A 5	ge 	
County (6) GLOUCESTER				County C STATE U	ode (7) SE ONLY)		_	REC	TORY		ng demolish	iea)			
Name of Monitoring Firm MDG ENVIRONME		Owner (8)		ASCM	No.				ement Con nvironme		(9) Services,	nc.	in	200 2	
Street Address 1000 MAPLE WOO	D DRIVE SUIT	E 207		I				Addres Clems							
City, State, Zip Code MAPLE SHADE, N									p Code I, NJ 0806	62	-			-	
Project Manager for Mor				Telephon				one No 304-46			License N 01145	0.			
Start Date (10) 1-19-2012		Scheduled		pletion D	ate (11)		Name EMS		IA Monitor				VII 2007		
Occupancy Status Durin	a Abatement (Cher						Street	Addres	SS						
				ent			200 F	RT 13	0 North						
Facility Closed/Vac     Abatement Perform     Other – Describe:	ned Outside of Norn	nal Facility	Hours						p Code son, NJ 0	8077	The Comment				
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emoliti				×	Min Glo	ni-Enclosure vebag Prod	e edure	n Negative F			e	
		15						i NOI	II-Exempled	) an	u Non-i nac	T		ement	1
		11-12-12-12	ocati ormal	September 1		-							Ty	ре	
Locatio Asbestos-Containing TO BE AB In Faci (13)	g Material (ACM) BATED ility	Used	Sole	ly by nce/		tos Cont thermal surfa		Material s insula T, or		(3	mount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										ê	(D
RECTORY STO	RAGE ROOM			х	1	12X12	FLOO	R TILI	É		161	x			
		+			-										
Name of Registered Wa	iste Hauler	£(	100	IJDEP W lauler ID		Cubic of Wa	Yards ste		Name of Allied V		ered Landfil	ğ			
City, State						Dispo	sal Date		City, Stat						
Hazleton, PA Completed by		Title	lon!				Signature		7	. /		ate -17-2	012		
John Zumbo		Presid	Hell				1	SAI	201	220	epl				

\* bo not use this form for asbestos licensure exempted activities.

Company	The Samuel	•	NOTIFIC (Pu	CATION OF AS	BESTOS ABATE , 8.60 and 12.12	0) ;	7 - John Park	1	tool He	FAQ A	enior Se	rvices
Date of Notification (1) 01/13/2012					Name of Bulld Kennedy Healt		) perator	Date:	100	Signature)	me:	35
Agencies Notified  (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification  (X) Initial N  () Amende  () Cancelle	otification d Certificatio	n	Street Address 18 East Leurel City, State, Zip Stratford, NJ 0: Name of Conta Doug Ducet	Road Code 8084		JAH Tel. Nur	- Z	TIÚĽ	netra .	The state of the s
				FACILITY IN	FORMATION	440						
Name of Facility Where Ab: Kennedy Memorial Hospita	alement Is Tal	king Place (	3)		Type of Facility ( ) School (K-1) ( ) Subchapter	2) 8 (other the	an K-12)					
Street Address 18 East Laurel Road					(x) Other (i.e. ) Sq. Peet 40000			Floors 4				
City (5) Stratford	County (6) Camden		County Co (State Use		Bldg. Age: +1- Current Use (p	40 years rier if being					N.	
Name of Monitoring Firm H	lired by Bidg, (	Owner (8)	ASCM No.				Name of Con USA Environ	iractor (i imental	<u>9)</u> Manag	ement, I	nc.	
Criterion Labs Street Address 3370 Progress Orive / Sults	t Address Progress Drive / Sulte J State, Zíp siern, Pa. 19020				Street Address 8436 Enterpris			<del></del>				
City, State, Zíp Bensalem, Pa. 19020	State, Zíp stem, Pa. 19020 L Manager for Monitoring Firm Telephone				City State, Zip Philadelphia,					-		
Project Manager for Monito Mike Panepresso	t Manager for Monitoring Firm Telephone Panepresso 215-244-1  duled Start Date (10) Scheduled				Telephone Nu (215) 385-581			License 00156	Numbe	ı		
( ) Facility Closed/Vacated (X) Abatement Performed Describe_Area in question hours in the 1 <sup>st</sup> ,2 <sup>nd</sup> and 3 <sup>rd</sup>	te Panepresso  And the Pan				Name of OSH, USA Environt Street Address 8436 Enterpri City State, Zig Philadelphia,	nental Man se Avenve Code						
Other - Describe Source of Work (Check all	i Jhat apply)											
( ) Demolition (x) Ren ( ) Large Proj. (>160 SF o () Full Containment with it Location of Asbestos- Containing Meterial (ACM Facility (13)	or >260 LF AC Negative Press ls Loca	sure (X ation Normal by Maint./Ci	) Mini-Enclo	Description o	f ACM (i.e. ima insulation,	ure ( ) Non	roj. (<25 SF or Exempted or (Specify SF or	non frieb	is work	nent Tyr	e Encap E	indoss
Blood Draw Room	X			Fire Proofin walls	g/between	130 SF			X			
Name of Reg. Waste Hair USAEM	ule:	NJDEP W 32810	aste Hauler	ID#	Cubic Yards 20 yds	of Waste			ya Land			
Cily, State Philadelphia, PA 19153		1	*		***		Disp. Date 10-31-09			City, Sta Naynes		i
Completed by (Print or T Dilip Kumar	(eak	Title Program	Manager		Signature	Ku	man	<u>Date</u> 1/13/1	2			

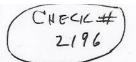
#54514								1477			1 2	120	1	
Date of Notification (1) 01-13-2012						wner/Operat HOSPITA			1		1 1/	- 15	11	1
Agencies Notified	Type Notification			Street Add	dress NTRAL A	VENUE			JA	W 2 C	2012	2	ة : مريد	
☐ DEP ☐ DOL	Initial Amended Amendment				e, Zip Code , NJ 07				L. ASEL	No CC	i hui ,	ــــــــــــــــــــــــــــــــــــــ		75 100 mg/dg mage
☑ DOH ☑ DCA	<ul><li>☑ Emergency (in justification)</li><li>☐ Cancellation</li></ul>	ncluding		Name of C ANDREW	Contact D. MAS	STIN		lar variable	Telepho	ne Num	ber			J
				FACIL	ITY INFOR	RMATION					•••			
Name of Facility Where A ST. MICHAEL'S HO	Abatement is Taking SPITAL	Place (3)						of Facility (4 School (K-1) Subchapter	2)	an K-12	)			
Street Address 111 CENTRAL AVEN	UE						□X (	Other (i.e. p etc.)	rivate & co	mmercia	l buildi			s,
City (5) NEWARK							6,50		# of Flo		93	dg. Ag	je 	
County (6) ESSEX				County C (STATE U	ode (7) SE ONLY)	X 1	HOSE	nt Use (Pric		lemolish	ed)			
Name of Monitoring Firm OMEGA ENVIRONMEN	Hired by Building C NTAL SERVICES	wner (8)		ASCM	No.	Nar PA	ne of Abar L ENVIR	tement Con ONMENTA	tractor (9)	CES				
Street Address 280 HUYLER STREE	HUYLER STREET						et Addres -02 QUI	s EENS PLA	ZA SOUT	Ή				
City, State, Zip Code SOUTH HACKENSACK	C, NJ 07606					City LO	, State, Z NG ISL	p Code AND CITY	, NY 11	.101				
Project Manager for Mor GEISER FAJARDO	nitoring Firm			Telephon 201-48	e No. 39-8700		ephone No 8-349-0			cense N 0853	0.			
Start Date (10) 01/18/2012	SER FAJARDO  Date (10) Schedu				Date (11)			HA Monitor BARNHART		'n				
Occupancy Status Durin  Facility Closed/Vac	ig Abatement (Check cated During Entire F			nent			eet Addres	ss NE AVENU	JE					
□ Abatement Perform      Other – Describe:	ned Outside of Norm ACCESS TO WORK DURING ABATEM	al Facility AREAS	Hours	3	ESTRICT	ED City	y, State, Z UTH AMI	ip Code BOY, NJ	08879					
Scope of Work (Check A		21/1												
□ ≥3 sf or ≥3 lf □ ≥160 sf or ≥260 lf		CODE HERE	enova emoli				☐ Mir	Il Containm ni-Enclosur ovebag Pro n-Exempte	e cedure				0	
						1000	□ No	n-Exemple	u ( ) anu iv	OII-I Hac		Abate		-
			Local										ре	
Locatio Asbestos-Containing TO BE AB In Fact (13)	g Material (ACM) BATED ility	Use Ma	(12)	ely by ince/ Staff?		Descrip os Containir thermal syst surfacing, other misce	ng Materia tems insul VAT, or	ation,	Amo (Spe SF or	cify	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A					7 000	· ·	X			-
BUILDING D			Х		VA				7,000			_		-
BUILDING D					P.	IPE INSU	LATION		200	LF	Х	-		-
		-						T.,	D ::1::	d Loodel				
Name of Registered Wa	- 1	NJDEP W Hauler ID 19551		Cubic Yard of Waste 40 YARD			Registere							
City, State BRONX, NY 10464						Disposal Dis		City, Sta WAYNE	sburg,	OH 44	688			
Completed by ARIC DOMOZICK		Title VP BU	JSIN	ESS OPE	ERATION	Signa		3	5		ate 1/13,	/201	2	

<sup>\*</sup> Do not use this form for asbestos licensure exempted activities.

Nonch

Date of Notification (1) 01/16/2012				Building ( Jin Man			(2)		IAI		2012		111	-
Agencies Notified Type Notification			Street Ad P.O. Bo	dress ox 4016			1		:/A1	4 4 11	7111/			
X EPA Initial X DEP X Amended Amendment	-			e, Zip Coo , New Jo		7470	y a	-	ASEL	TOS CO LICENSIN	NUL &			
□ Emergency (	including		lame of Edwin I				ž-		Tele	nhona Ni	mhor			
Name of Facility Where Abatement is Takin Commercial	g Place (3)		FACIL	ITY INFO	RMATIC	ON	_	of Facility (						
Street Address 129 Market Street							× S	Subchapter Other (i.e. p	8 (Othe	r than K-1 commerc	2) ial build	ings,	home	es,
City (5) Paterson				*				e Feet	# of 6	Floors		dg. A	ge	
County (6) Passaic			County C STATE U	ode (7) SE ONLY)				nt Use (Prio mercial	or if beir	g demolis	hed)			
Name of Monitoring Firm Hired by Building Westchester Environmental, LLC	Owner (8)		ASCM 00127	CONT. INC.				ement Con acting, LL		(9)	73	327.5	***	
Street Address 307 North Walnut Street							Addres Valle	s y Road,	Suite l	<				
City, State, Zip Code West Chester, PA 19380		6/7					tate, Zij ne, Ne	p Code ew Jersey	0747	0				
Project Manager for Monitoring Firm Matthew Abraham	1		elephon (610) 4	e No. 31-7545	5		one No 928-			License 1 00874	No.			
Start Date (10) 01/17/2012	Scheduled 01/23/20		pletion C	ate (11)				A Monitor acting, LL	.C					
Occupancy Status During Abatement (Chec Facility Closed/Vacated During Entire			ent				Addres Valle	s y Road,	Suite I	<				
Abatement Performed Outside of Norr Other – Describe: Work performed dur	nal Facility F	lours		7PM to 7A	<u>M</u>		state, Zi ne, Ne	p Code ew Jerse	y 0747	70				
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf	× Re	novat	ion			[3	I Full	Containme	ent with	Negative	Pressu	·e		
≥160 sf or ≥260 lf		moliti					Min Glo	i-Enclosure vebag Prod n-Exempted	e cedure				e	
	110700	ocatio	2007									Abate	ement pe	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Used Main Custo	Solel tenan	y by ice/		tos Conta thermal	system sing, VA	Material s insula AT, or		(S	mount pecify or LF)	Remova	Repair	Encapsulate	Enclosure
Boiler Room	Yes	No	N/A		Saa	Attac	hed				x		e	10
Boller Room						Allac	neu				<u> </u>			
Name of Registered Waste Hauler		100	JDEP W auler ID		Cubic of Was			100000		red Landf				
Service Transport Group, Inc.		1 0000000	990		30	300.00		Minerva City, Stat		rprises,	LLC			
City, State New Castle, Delaware					Dispos	ai Date		Wayne:		Ohio				
Completed by Predrag Sarcev	Title Vice F	resid	dent		S	ignatur	مي	$\frac{1}{2}$	بے۔	10000	ate 11/16/2	2012		

Date of Notification (1) 01/16/2012					f Building Jin Ma			r (2)		Į J.	AN 2	0 20	112			1
Agencies Notified  X EPA X DEP	Type Notification Initial Amended				ddress Sox 4016 ate, Zip Co					<u>L</u> Ast	εει (05 ( Ειθέ <del>λ</del>	ON NO	L&			market and referenced to
DEP DOL	Amendmen				e, New J		07470	)		anna de marte	Libraria	341134				
X DOH X DCA	Emergency justification) Cancellation			Edwin			010845		Anny	Tele	ephone N	lumbe		-		
Name of Facility Where A Commercial Street Address	Abatement is Takir	ng Place (3)		FACI	LITY INFO	ORMAT	ION	×	of Facility ( School (K-1 Subchapter	12) 8 (Othe	er than K	-12)				
129 Market Street								П	Other (i.e. petc.) are Feet		Floors	rcial bu		gs, h		es,
Paterson County (6)			T	County (		10 m			ent Use (Pri	6 or if beir	ng demo	lished)	100			
Passaic  Name of Monitoring Firm		Owner (8)		ASCM				of Aba	nmercial Itement Cor		(9)		-			
Westchester Enviro Street Address 307 North Walnut S		100		0012	1		Street	Addre	00		-					
City, State, Zip Code West Chester, PA 1		**************************************					City, S	state, Z	ey Road,					-		
Project Manager for Mon Matthew Abraham				Telephor	ne No. 131-754:	5	Teleph	none N	ew Jerse o. -5040	y 0747	License			1500		
Start Date (10) 01/17/2012	atthew Abraham art Date (10) Sched					-	Name	of OSI	HA Monitor acting, LL					- 150		
Occupancy Status During		ck Only One)	-				Street	Addre			<					
Facility Closed/Vaca Abatement Perform Other – Describe:	ed Outside of Norr	nal Facility H	lours	,	7PM to 7/	MA	City, S	tate, Z	ip Code ew Jerse							-
Scope of Work (Check A	ll That Apply)							,								
≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf		Total Control	nova	20170			×	Min	ll Containme ni-Enclosure ovebag Prod n-Exempted	e cedure	į.			dura		
	14	Is Lo		Control of the Contro					Lxemptet	y dire	14011-111	abic i i		aten	nent	
Location Asbestos-Containing TO BE AB/ In Facili	Material (ACM) ATED	Used Maint Custoo	enar	ly by nce/		tos Con therma surfa	scription taining M I systems cing, VA	faterial s insula T, or		(S	nount pecify or LF)	Removal		Тур	Encapsulate	Enclosure
(13)			No	N/A		other	miscellar	neous)				oval	1	5	ulate	sure
Boiler Ro	oom		ocanio			See	Attach	ned				х	-			
Name of Registered Was	te Hauler	111	1140 633	JDEP W		100000000000000000000000000000000000000	Yards		Name of	Register	ed Land	fill				
Service Transport G	roup, Inc.		100000	lauler ID 0990	NO.	of Wa	sie		Minerva	Enter	prises,	LLC				
City, State New Castle, Delawa	re					Dispo TBD	sal Date	\	City, State Waynes		Ohio			100-10		
Completed by Predrag Sarcev		Title Vice Pr	resi	dent		5	Signature	2			1600	Date 01/16	/20	12		



Date of Notification (1)	18/12			Name of	f Buildi	ng Owner/Operator	(2) 0 NSTILUC	rion JAN	2.0	201	2	
Agencies Notified	Type Notification			Street A	ddress		- 1	<u> </u>				
☐ DOH ☐ DOH ☐ DOP ☐ DEP	☐ Initial ☐ Amended ☐ Amendment # ☐ Emergency (in justification) ☐ Cancellation			City, Stal	Conta	Code Tylf () i	ry, N.J	CS2 43	r 1311	GH.		
	···				TY IN	FORMATION		1.			_	-
	batement is Takin アテル C 伝	g Place	(3)	TAGIL			Type of Facility  School (K-1	. A-10-A	2)			
Street Address 214	57+4 ST1						annual .	orivate & commerci		dings		
C+ (5)	SLE C.						Square Feet	# of Floors	Bi	dg. A	ge	
County (6) CAPE	MAY			County ( USE ON		7) (STATE	Current Use (P	nor if being demoli	shed)			
Name of Monitoring Firm H	Hired by Building (	wner	AS	SCM No.		1 1	ent Contractor (9	**************************************				
Street Address			=1=			Street Address	S, S Pruc	(9		5	471/4-1244	=
City, State, Zip Code						City, State, Zip C	ode	DE NIJ	080	5	<u></u>	
Project Manager for Monit	oring Firm		Taleph	one No.		Telephone No.	9-0472	License No.	44			
Start Date (10)	Sched 2	uled Cor	mpletio / Z	n Date (	11)	Name of OSHA N	Monitor KL	EMM				
Occupancy Status During  B Facility Closed/Vacated	During Entire Pe	riod of Al	bateme	ent		-		-uci= duz,				
Abatement Performed ( Other - Describe:	Outside of Normal	Facility	Hours		_	City, State, Zip C	ode LOLE SI	LODE, N.	J.	08	05	2
Scope of Work (Check all  ≥3 st or ≥3 lt  ≥160 st or ≥260 lt	that apply)	☐ Rend	ovation olition			☐ Mini-End ☐ Gloveba	g Procedure	gative Pressure	re			
			cation nally						Α .	bate		
Location of Asbestos-Containing Ma TO BE ABATE IN Facility (13)		Sta (1	enance/ todial aff? 2)			Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
SIDIN	a			× _	T	RANSITE		30004	X			
												:
Name of Registered Waste			Haul	EP Wast ler ID No.		Cubic Yards of Waste		stered Landfill	١,			
		ノ,ブ				Disposal Date	City, State	73INE ,	し、ブ			
City, State  MARLE S  Completed By  JOSEPN KI	Emy _	V	10			Signature	LUCO Kelin	m Date	18/	1/2		

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			9tate of	New D	forsey			Checl	k #:9	960
		NOTI	SICHIION OF	ASBES	TRIMMITAEA BOT	trijourum en en en en en en en en en en en en en				
Date of Notificatio	n (1)	(Pursu	and the second s		7 and 12:120-7	The free tree	T 1 1 5	Name of		
1/16/12	, (1)		Ms. Re		Owner/Operator	*(2) to to	NA Dept. of He	alth & S	enior S	Services
Agencies Notified	Type Notific	ation	Street Addr	205		11.		(signature)		$\longrightarrow$
[ ]EPA	[X] Initial		1008 S	alem	Avenue	U JAN :	Date: 1171	12	1	· Vah
( )DEP	Notific	ation	City, State	e, Eip	Code	1	Care. 17 F /	11	me: 🛆	NEW !!
(X) DOL	[ ]Amended				NJ 07205	6806-716	00 mal c		L	
[X] DOH	Notific		Mana of Con	tact		the state of the s	one Number		(3%)	
[ ]DCA	(X) EMERGENC	X.	The state of the s		nstein	Mar Carrier S	Texast Bux			
	,		FACT	T.T#V 1	DIFORMAT FON				~	
Name of Facility Wh	ere Abatement	is Takis			THEORYSEL TOR	Type of Faci	Tity (4)			
Private			<b>(</b>			[]Sahaal	(K-12)		•	•
Street Address 1008 Salem A	venue		****			[x]Other	pter 8 (Othe (i.e., priva buildings, )	ate & d	come	r-
	<u> </u>	10				Square Feet	# of Floo		ildg.	
City (5) Hillside		County			aty Coce (7) ATE USE CRUE)	1200	2		80	0.73
		Uni		(SE	are use (mix)	Residen		ing de	ezoli.	shed)
Name of Monitoring ( Owner (8) N/A	Firm hired by	Building	ASCM No.		AZTECH M	ment Contracto				
Street Address					Street Address 86 Chris	topher St		******		
City, State, Zip Coo	ie .				City, State,	Eip Code	142			
Project Manager for	Monitoring Fi	ru Tel	ephone Numb A	ex.	relaphone Number (973) 744			003		ber
Scheduled Start Date	(10) Sched	d. Compl	etion Date	(11)	Manne of OSHA 1	Monitor				
	a= Mor	18/12	ay Year		N/A					
(K) Facility Clo	sed/wacated Du	(Check uring Ent	only one) tire Period	~~~	Street Address					
[ ]Abatement Po	rformed Outsid	Descrip	223	ρλ	City, State, 2	Zip Code				
Scope of Work (Check			~~~~~		i					
[X]>3 sf or []>160 sf o	≥3 l£	tx)	Removation   Demolition		[ ]Mini-E [X]Glovei	Containment wi Enclosure Dag Procedure Tiable Procedu	**************************************	Press	ure	
Location	of	Lo	Is		Description	n of		Ab	ateme	
· Asbestos-Con	taining	1	Used Used		Asbestos-Cont	aining	Amount	R	R	N N C C
Material To be her	24000000000000	S	Main-		Material (		(Specify	A A A	P	AL
In Pacil	of the state of th	te	nance/ stodial		(i.e., thermal plation, surfa		SF or			8 B
(13)	STAK		ff (12)		r other miscel		-	A	R	L R

j N/A Basement X Pipe Insulation 120 l£ X Name of Registered Wasto Rauler NJUEP Waste Souler ID No. 17040 Cubic Yards Name of Registered Landfill of Waste 1.25 AZTECH MANAGEMENT, INC. G.R.O.W.S. City, State Disposal Date City, State Montclair, NJ 07042 1/19/12 Morrisville, PA 19067 Completed By (Frint or Type) Title Signature Date Constantine Vivian President 1/16/12 No.ck

# State of New Jersey 1110-4391 Sub8 NOTIFICATION OF ASBESTOS ABATEMENT Check #3703

C/M		(1	urs	uan	it t	o <u>N.</u>	J.A	<u>.C.</u> 8:60 and	d 1:	2:120)、尼	M F T	TO F					
Date of Notification (1	•			Nai	me	of Bui	ilding	Owner / Opera	itor	(2)	11.5 17. 17	100 K	1	1			
	1/17/12					Univ		ty				*					
Agencies Notified T	ype Notific	cation		10-10-10-10-1	Waller St.	Addre	2000	ville Road			JAN 20		į,	JJI			
☐ DEP	☐ Initia	al		_		tate &							100	2	-		
□ DOL		ended #1					1000 State 100	NJ 08648	e de la company	AS	BESTOS CATITI		i	1			
□ DOH		ergency				of Cor				L_	LICENSING	Teleph	one	Num	iber		
☑ DCA	☐ Can	cellation		Fre	ed F	orte	r		**	100 10 10 10 mag	distance of the						
				F	AC	ILITY	/ INF	FORMATION	-4	9.A.E.							
Name of Facility When	re Abatem	ent is Taking F	Place	(3)				Type of Fac	cility	(4)		arith terror					
Rider University – Street Address	GSD Dui	iding		-				School (K-12)  Subshapter 8 (Other than K-12) (Unaccurried)									
Oli dol 7 ludi coo								Subchapter 8 (Other than K-12) (Unoccupied)  Other (i.e. private & commercial buildings, homes, etc.)									
2083 Lawrenceville	Road							Square Fee		# of Floors		sidg. Ag		Cic.)			
City (5)		County (6)	C	ount	y C	ode (7	7)						,0				
								Current Use	e (Pr	ior if being dem	olished)		-				
Lawrenceville		Mercer						Classroon	ns								
Name of Monitoring Fi	rm Hired I	y Building Ow	mer (8	3)		ASCI	M No	. Name of Ab	aten	ment Contractor	(9)						
Pennoni Associate	s, Inc.							AbateTech		ic.							
Street Address	515 Grove Street Suite 1B							Street Addre	gomeone:								
City, State & Zip Code					30 Maple A												
Haddon Heights, N					City, State & Zip Code Lumberton, NJ 08048												
Project Manager for M		Firm	Tele	phor	ne N	lumbe	er	Telephone N			License N	lumber					
Alan Lloyd	an Lloyd 856-547-0							609-265-21			2.00.100 1	005	29				
Scheduled Start Date	(10)	Scheduled Co				(11)	8800	Name of OS									
1/20/12	ina Abata		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3/12			-	EMSL Ana	_	cal							
Occupancy Status Dur Facility Closed	Ing Abate Vacated	ment (Check o	only-or	ne) Lof Δ	hat	emen	+	Street Addre									
Abatement Per					ibat	راداداداد	)	107 Haddo City, State &	_					-1-00-0			
		urday 2X shifts, Sun			_	/		Westmont,									
Eacility Occupi								westinoiit,	, 140	00100							
Scope of Work (Check					-												
			VALUE OF THE REAL PROPERTY.								ment with N	egative	Pre	ssur	е		
≥3 sf or ≥3 lf			$\boxtimes$			vation	Ê		$\boxtimes$	Programme and the company of the com							
≥160 sf ≥260 lf			$\sqcup$	De	emo	lition			$\boxtimes$			Service of the	53376				
Lann	tion of		T 1-	1	- 4.			Non-Exempted and Non-Friable I						A STATE ASSOCIA	APPLACED IN		
Asbestos-		a		Loca mally				Descriptio Asbestos-Cor			Amount (Specify	Aba	atem	ent	Туре		
Materia	al (ACM)	9		Solely				Material (A			SF or LF)	59.00		l m	,		
	ABATED			ntena		CLOTHOCK!		(i.e., thermal s	syste	ems	,	Ren	Re	nca	nc		
	acility (3)		Cust	todial (12		aff?	i	nsulation, surfa				Remova	Repair	Encapsulate	Enclosure		
	10)		Yes	No		N/A		or other miscel	lane	eous)		<u>n</u>	-	ate	6		
Throughout	E00		П					Pipe Insula	atio	n	110 LF						
Throughout			П			٦t		Fitting		•	75 LF		뉘	H	胎		
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							,1156				man Z		Ī	T	T		
Name of Registered W	aste Haule	er		10000		P Wa		Cubic Yards	Na	ame of Register	ed Landfill						
AbateTech, Inc.				H		er ID 1 <b>8750</b>	2202020	of Waste 12	TE	RRF Landfill							
City, State						0100		Disposal Date		ty, State	-		ETIIMAN				
Lumberton, NJ								1/23/12		ıllytown, PA							
Completed By (Print or Type) Title						2511		Signature	1	1	-	Date			_		
Gwen Trumbetti						Coor		1/17/12									



1201-4437 Check #3756

Date of Notification		Name of Building Owner / Operator (2)  Robert Wood Johnson Hospital																
Agencies Notified	1/11/12	ation.		Robert Wood Johnson Hospital Street Address														
EPA	Type Notific	ation						ood Johnson F	Place									
□ DEP	☐ Initia	d.					& Zip			LAM o o oor	s 11	-111						
DOL	77/757	nded #1						k, NJ 08901		JAN 2 0 2012	3.,	1						
☑ DOH		rgency					ontact			1	Telepho	ne l	Jumh	ner				
DCA		cellation					jardo			Commence of the Commence of th	olobile	,,,,,	*GIII	,01				
								FORMATION	4	USERS 60 MINI 1 PH 69 30U	2							
Name of Facility Wh	nere Abatem	ent is Taking P	lace		70	1111	1 1141	Type of Facil	lity (4)	again the partners of the formation of the second	4		_					
Robert Wood Jol				(-)				School (K-12)										
Street Address		ν.						Subchapter 8 (Other than K-12)										
One Robert Woo	d Johnson	Place						Other (i.e. private & commercial buildings, homes, etc.)										
								Square Feet	# of Flo	oors B								
City (5)		County (6)	C	ount	у С	ode	(7)											
New Brunswick		Middlesex						demolished)										
								Hospital		•								
Name of Monitoring	Firm Hired b	y Building Owr	ner (8	)		AS	CM No	actor (9)										
Omega Environn	nental							AbateTech	, Inc.	3.4								
Street Address				TI USO				Street Addre	ss									
280 Huylar Street						PO Box 25												
City, State & Zip Co						City, State &												
South Hackensa	T-1-			1			Lumberton, NJ 08048											
Project Manager for Monitoring Firm  Geiser Fajardo  Telepho 201-48								License N	00529									
Scheduled Start Dat	te (10)	Scheduled Cor					-	09-265-210 Name of OSH			0032	.9		-				
1/11/12		ocheduica ool		6/12		(11	"	EMSL Anal										
Occupancy Status D	Ouring Abate	ment/(Check or	nly or	ne)		/		Street Addres										
Facility Clos	ed/Vacated l	During Entire P	eriod	of A	bat	eme	ent	108 Haddoi	n Ave.									
The second secon	Performed O	utside of Norm	al Ho	ours				City, State &	Zip Code									
Describe:								Westmont,	NJ 08108									
	upied During				CONT. (50)													
Scope of Work (Che	eck all that ap	oply)							П г.::I.О-	-1-11		_						
≥3 sf or ≥3 lf				D	ono	vatio	20			ntainment with Ne	egative	Pre	ssure	,				
≥160 sf ≥260			H			olitio			<u></u>	Bag Procedures								
	5 11		Ш		CITIC	JIILIO			Programmed 1	empted and Non-	Friable	Pro	codu	ıro				
Lo	cation of		Is	Loc	atio	n		Description	Name of the last o	Amount			ent Type					
10000	os-Containin	g		mall				Asbestos-Con	(Specify	7100			) PC					
	erial (ACM)			Solel				Material (A		SF or LF)	77		四	l m				
	BE ABATED		Mair					(i.e., thermal s			\en	Repair	cap	n C				
ır	Facility (13)	\ \	Cust	1001a (12		ап?		insulation, surfactor or other miscella			Remova	oair	Encapsulate	Enclosure				
	(10)		Yes	No		N/A		or other miscen	ancous		-		ate	(D)				
Administration B	uilding Bas	sement						Floor tile & N	Mastic	678 SF		П	П	П				
Administration B			Ħ			Ħ		Pipe Fittir		6 total		片	H	H				
Administration B	anamy Da	Jement	H	TH	1	H		r ipe i ittii	igo	o total	H	H	H	H				
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			H	1	it	H					H	H	H	H				
					it	H					TH	片	H	H				
Name of Registered Waste Hauler					1JD	EP \	Naste	Cubic Yards	Name of Reg	istered Landfill								
varie of registered vvaste fladici							No.	of Waste	Traine or reg	otoroa zanam								
AbateTech, Inc.						1875	50	12 TRRF Landfill										
City, State								Disposal Date	City, State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
Lumberton, NJ								1/16/12 Tullytown, PA										
Completed By (Print	or Type)				itle			Signature Date										
Gwen Trumbetti	Swen Trumbetti					e C	oord.	1. (AUT) 1/11/12										

#### State of New Jersey 1201-4441 NOTIFICATION OF ASBESTOS ABATEMENT Check #3757 (Pursuant to N.J.A.C. 8:60 and 12:120)

								1 11 11 11		1// 12		7				
Date of Notification (1)	12		Name of Building Owner / Operator (2)  Robert Wood Johnson Hospital  Street Address													
Agencies Notified Type No	otification		Stree	et A	ddre	ess	od Johnson P	11 111 111	JAN 200	67	1					
	nitial					Zip C										
	Amended #						NJ 08901	F Same	SASSION AND AND AND AND AND AND AND AND AND AN							
Separation of the separation o	Emergency					ntact		Ē.	1.10(100.000)	Telepho	ne N	lumb	er			
	Cancellation					ardo		15. 10	Table and	1						
				\CI	LIT	Y INF	DRMATION	- 102								
Name of Facility Where Aba Robert Wood Johnson I		lace (	3)				Type of Facil School (									
Street Address			P 80119				Subchapter 8 (Other than K-12)									
One Robert Wood John	son Place								ngs, homes, etc.)							
City (5)	County (6)	ICc	unty	Co	de (	7)	Square Feet	# of Flo	ors	Blag. Ag	Bldg. Age					
New Brunswick	Middlesex			-	, ,	.,	Current Use	Prior if being o	lemolished)							
New Diuliswick	INITIOUIESEX						cinolionedy									
Name of Monitoring Firm Hir	ed by Building Ow	ner (8)		1	ASC	M No.	Name of Aba			1015						
Omega Environmental Street Address		<u>waanna d</u>					AbateTech, Street Addres									
280 Huylar Street						PO Box 25	55									
City, State & Zip Code						City, State & Zip Code										
South Hackensack, NJ (				000	Lumberton, NJ 08048 Telephone Number License Number											
Project Manager for Monitor Geiser Fajardo	е N -84	umb <b>00</b>	er	Telephone N 609-265-210		License	Number 0052	29								
Scheduled Start Date (10) Scheduled Completion Date (11)							Name of OSI EMSL Anal									
Occupancy Status During Al				est signs			Street Addres	SS								
Facility Closed/Vaca  Abatement Performe				oate	emer	nt	108 Haddor City, State &	Z-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1			65a=>					
Abatement Performe  Describe: Weeker		iai 110	uis				Westmont,									
Facility Occupied Du							westmont,	142 00 100								
Scope of Work (Check all th					_											
		_							ntainment with I	Vegative	Pre	ssure	3			
≥3 sf or ≥3 lf		$\boxtimes$			/atio			Mini-En								
≥160 sf ≥260 lf			De	mo	litior	1			ag Procedures							
		T 1			. 1		D		empted and No							
Location o Asbestos-Conta			Loca mally				Description Asbestos-Con		ng Amount (Specify			ent T	ype			
Material (AC			olely				Material (A		SF or LF)			Ш	· _			
TO BE ABAT		Mair					(i.e., thermal s		,	Re	Z.	nca	l ii			
in Facility		Cust	odial	Sta	aff?		nsulation, surfac	cing, VAT		Remova	Repair	psu	los			
(13)		V	(12)		1/4		or other miscell	aneous)		a a	=	Encapsulate	Enclosure			
1 <sup>st</sup> Floor Hallway Elevate	ar Labby	Yes	No		N/A		Floor tile & I	Maetic	1,000 SF							
1 <sup>st</sup> Floor Hallway Elevate		H			$\boxtimes$	Vinvl	Flooring Contain	The state of the s	1,000 SF		H	H	H			
1 11001 Hallway Lievac	or Lobby	一	Н	Ti	7				1,000 01		Ħ	Ħ	Ħ			
				Ti												
Name of Registered Waste				1000	Cubic Yards	Name of Reg	istered Landfill									
AbateTech, Inc.						No.	of Waste 12 TRRF Landfill									
City, State Lumberton, NJ							Disposal Date City, State 2/5/12 Tullytown, PA									
Completed By (Print or Type	)		Ti	itle	ornani.		Signature	1		Date						
Gwen Trumbetti					e Co	oord.										

#### State of New Jersey

#### NOTIFICATION OF ASBESTOS ABATEMENT

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

					ır.				n'		F1-15-10-1					
Date of Notification (1)  J	anuary 17, 201	12			Name o	of Building	Owner/Ope Home	rator (2) Mark Homes		Ch 1	90	94	/			
Agencies Notified  [ X ] EPA	FIRST # WINDOWS	al Notifi	cation otification		Street A	Address	509 D	rum Point Ro	ad	JAN 2	n 2:	110				
[x] DOL	Ame	ndment rgency (	#including		City, St	ate, Zip Co		New Jersey (	8723		• (4-1)		Jan W			
[x] DOH [] DCA	4 4	fication) cellation			Name o	f Contact Denni	s McKen	na l	Teleph	none Number	Ultra	<u>L</u> ä 	The Sength of Control ()	and the same of th		
				FAC	CILITY	INFORM	IATION				1100					
Name of Facility Where A Res	batement is Takin idence	g Place	(3)					Type of Facili	] Sch	school (k-12) Subchapter 8 (other than k-12)						
Street Address	Marine Lane							[ ]	x ] Oth	ner (i.e., priva nes, etc.)			ial buil	dings,		
City		Coun	ity (6)		County (STATE	Code (7) USE ONL	Y)	Square feet 1200 sf		# of Floors Bldg. Age 1 60						
Long Beach	-	Oce							sidence_	g demolshed)						
Name of Monitoring Firm N/A		Owner	(8)		ASCM N	No.	Name of Street Ac			ontracting,	Inc.					
Street Address							89 Route	9, Unit 61								
City, State, Zip Code				-		ms River, New Jersey 08755-1271										
Project Manager for Monitoring Firm Telephone Numb							Telephor 732-34	ne Number 9-9932		License N 00624	umber					
Scheduled Start Date (10)         Scheduled Complex           1/30/12         2/1/12						[11)	Name of	OSHA Monitor E.1	M.S.L. A	nalytical						
Occupancy Status During	Abatement (Check lity Closed/Vacate			iod of At	atement		Street Ac		56 Stelto	n Road						
	er – Describe	Outside	of Normal F	Facility H	lours		City, Sta	te, Zip Code Pis	scataway,	New Jerse	y 088	54				
Scope of Work (Check all	that apply)	75.75					[ ]	Full Contain		Negative Pre	ssure					
	f or ≥3 lf ) sf or ≥260 lf		[ ] [x]	Renova Demoli			[ x ]	Glovebag P	rocedure	Non-Friable l	Procedu	ıre				
					T						Abat	ement	Гуре			
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A						Ash N (i.e. inst	Description bestos-Coresto-Corest	taining .CM) systems rfacing, 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						stos sidin	g		11	100 sf	Х					
	Hauler ntracting, Inc.		NJDEP Wast	0223	20	Cubic Ya	rds of Wast	T.R.R.		andfill						
City, State Toms River,	New Jersey			Dispos 2/2/1	sal Date 2		City, St.	ate wn Pennsyl	vanja							
Toms River, New Jersey 2/2/1  Completed by (Print or Type) Title  Nicholas Fernicola Project Manager						ure Mi C	hol	ter	1		Date 1/17	7/2012	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)	January 17, 2012						erator (2) Mark Homes	FCC	19	940	) 7	<del>.</del>			
Agencies Notified  [ X j EPA	1 5 5	ıl Notific	ation tification		Street Address		Drum Point Roa	d G G	II VI	17-4					
[x] DOL	Ame [x] Emer	ndment #			City, State, Zip C		, New Jersey 0	0/23							
[x] DOH [] DCA	28	ication) ellation			Name of Contact Denn	is McKer	ına	ASB	Telephone Number ASB						
				FAC	CILITY INFORM	MATION	L	Manager Company of the Company of th							
Name of Facility Where	Abatement is Takin esidence	g Place (	3)				Type of Facility	] School (k-12)	other the	an k12)					
Street Address	29 Main Avenue						Subchapter 8 (other than k12  [ X ] Other (i.e., private & comme homes, etc.)								
City		Count	y (6)		County Code (7) (STATE USE ONI	.Y)	Square feet 2500 sf	# of Floors 2	8	g. Age	50				
Bay Head		Ocea	n					rior if being demolisher sidence	(b)						
Name of Monitoring Fire	m Hired by Building	Owner (	(8)	1	ASCM No.	Name o	f Abatement Contr		Inc						
Street Address							ddress	39 Route 9, Unit 6							
City, State, Zip Code						City, Sta	ate, Zip Code		River, New Jersey 08755-1271						
Project Manager for Mon	Telephone Nu	ımber			Tor ne Number 19-9932	ns River, New Jer License 00624	_		271						
Scheduled Start Date (10	Scheduled Start Date (10)         Scheduled Complete           1/18/12         1/20/12						f OSHA Monitor	1.S.L. Analytical			Dayles V				
Occupancy Status During [ x ] Fa		d During	e) 5 Entire Period			Street A	ddress 105	6 Stelton Road							
	ther – Describe					City, Sta	ate, Zip Code Piso	cataway, New Jers	ey 08	854					
Scope of Work (Check a	all that apply)					[ ]	Full Contain Mini-Enclose	ment with Negative Plure	ressure						
	s sf or ≥3 lf .60 sf or ≥260 lf			enova emoli	1000 T.G.T.	[ [x]	Glovebag Pr Non-Exempt	ocedure ed (*) and NonFriable	: Proced	lure					
									Aba	tement	Туре				
Location of Asbestos-Containing Material (ACM)  TO BE ABATED in facility (13)  Is Location Normally used Solely by Maintenance/Custodial Staff (12)  YES NO N/A					As ! (i.e ins	Description bestos-Con Material (A, thermal ulation, su VAT, of her miscell	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 sidii	ng		2500 sf	X			_			
									-	-	-	-			
									-		-	-			
Name of Registered Wass		N	JDEP Waste H			ards of Was	te Name of Re	gistered Landfill	*						
City, State	Contracting, Inc.		2022 I		al Date	City, St	ate	***************************************			-				
Toms River, New Jersey 1/23/1  Completed by (Print or Type) Title Nicholas Fernicola Project Manager					Signature (	Tullyt	own, Pennsylv	ania .	Date 1/1	7/201	2				

Nobeck

1044			•	ASS - SEC. 40			1	In R	D FF G		· e-real -ur.				
Date of Notification (1) 1/5/12		•	Name of Building Owner/Operator (2)												
Agencies Notified  EPA	Type Notification				ddress _AUREL	ROAD	1	UU JA	N 20%	2012				- 2	
DEP DOL	Amended Amendmen				te, Zip Cod TFORD, I	e NJ 08084		ASPEC			1	and			
DOH DCA	Emergency justification) Cancellation		100		Contact DUCAT		L.	TODE)	Telephon	e Nur	nber	1			
				FACI	LITY INFO	RMATION See	· ·	- Control of the Cont	Well-backgraft for Late account of	of the same was			Sime		
Name of Facility Where A KENNEDY STRATE		ng Place (3)	) 				Type of Facility (4)  School (K-12)								
Street Address 31 E. LAUREL ROA	\D						Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City (5) STRATFORD, NJ	<i>E</i> ( <i>n</i>	31						quare Feet # of Floors Bldg. Age 50,000 4 65					ge		
County (6) CAMDEN		7800-019-00-0		County (	Code (7) USE ONLY)			rrent Use (Prior	if being der	nolish	ied)				
Name of Monitoring Firm CRITERION LABS	Hired by Building	Owner (8)		ASCM	l No.	494000000000000000000000000000000000000		batement Contr BJDS, INC	ractor (9)						
Street Address 3370 PROGRESS I	DRIVE	2000000000					et Add	ress DUSTRIAL E	BLVD						
City, State, Zip Code BENSALEM, PA 19	020						ity, State, Zip Code SOUTHAMPTON, PA 18966								
Project Manager for Moni	itoring Firm		Telephor 215 24	ne No. 4-1300	Tele	phone			nse No	o.					
Start Date (10) 1/20/12		Schedule		npletion [	Date (11)	Nam EH:		SHA Monitor		- 231,4-07					
Occupancy Status During	Abatement (Che	ck Only One	e)			Stree	et Add	ress			- 1000	-	410000		
Facility Closed/Vaca		- 22		ent		7.000		JTHGATE C	OURT S	JITE	Е				
Abatement Performe  Other – Describe: 7	ed Outside of Nor	mal Facility						, Zip Code TON, NJ 08	056						
Scope of Work (Check Al			.,,												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emolit			ū.	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure								
		le	Locati	on			Non-Exempted (*) and Non-F			Hub		Abate			
Location	of	N	ormal	ly		Description	on of					Ту	ре		
Asbestos-Containing TO BE ABA In Facili (13)	Material (ACM) ATED	Mai	d Sole ntenar odial S (12) No	nce/	(i.e. th	s Containing nermal syster surfacing, V other miscella	Materns ins	ulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure	
LAB RO	OM		X		AS	BESTOS	DEB	RIS	95 SF		х				
Name of Registered Was	to Hauler		I NI	JDEP W	laste	Cubic Yards	2	Name of D	enistered L	ndfill					
SERVICE TRANSPO	auler ID 0990	1971 P. 1972 P	of Waste	9											
City, State NEW CASTLE, DE	707 = x 0.0= 10		Disposal Dat	ie	City, State WAYNES	SBURG									
Completed by Title						Signatu									
DAMIAN LAVELLE		IEC I	MGR.		Dama Carelle 1/18/12						18/12				

7044

Date of Notification (1) 1/5/12				Name of Building Owner/Operator (2) KENNEDY HEALTH SYSTEM															
Agencies Notified	Type Notification	1	*****	Street	Address LAUREI						<i>i</i> d,	11							
EPA DEP DOL	Initial Amended Amendmen	ıt #		City, St	tate, Zip Co	ode	i i	19 1	JAN	202	117								
☑ DOH DCA	Emergency justification Cancellatio	)		10 110	Name of Contact DOUG DUCAT  Telephone Num									mber,					
Name of Facility Where	Abstement is Taki	na Diana /S	2/	FAC	ILITY INFO	ORMATI	-	and the States		The same of the			ned .						
KENNEDY STRAT	FORD	ng Place (3	))				٦,	Type of Facilit											
Street Address								School (R		er than K	(-12)								
31 E. LAUREL RC	DAD							Other (i.e etc.)	. private	& comme	rcial bu	ildings	, horr	nes,					
City (5) STRATFORD, NJ						55.50		Square Feet >50,000	Square Feet # of		- 1	Bldg. Age							
County (6) CAMDEN					Code (7) USE ONLY)			Current Use (F HOSPITAL	Prior if be	ng demo	lished)		<del>10/10/1080</del>						
Name of Monitoring Fire CRITERION LABS		Owner (8)		ASCI	M No.			of Abatement C ΓΑ/BJDS, IN		(9)									
Street Address 3370 PROGRESS	DRIVE							Address INDUSTRIA	L BLVI	).									
City, State, Zip Code BENSALEM, PA. 1	9020						State, Zip Code UTHAMPTON, PA 18966												
Project Manager for Mo MIKE PANEPRES		Telepho 215 24	one No. 44-1300			one No.		License 00783											
Start Date (10) 1/20/12	d Co	mpletion	Date (11)		Name of EHS	of OSHA Monito	or												
Occupancy Status Durin	ng Abatement (Chec	k Only One	e)				Street	Address											
Facility Closed/Vac	ated During Entire	Period of A	bater	ment				OUTHGATE	COUF	RT SUIT	EE								
Other – Describe:	ned Outside of Nom 7AM-11PM MON-S	un Facility	Hour	S	***	_	160	ate, Zip Code (LETON, NJ	08056										
Scope of Work (Check A	All That Apply)						157												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Section 201	enova emoli				×	Mini-Enclosure											
		le l	Locat	ion	T			Non-Exemple	eu ( ) and	Non-Fil	able Pro	200000	emen	t					
Location	n of	N	orma	lly		Des	cription	of	-			Туре							
Asbestos-Containing TO BE AB In Facil (13)	ATED lity	Mair	ntena	ely by nce/ Staff?	(i.e. t	thermal s	systems ing, VAT		(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure					
		Yes	No	N/A			*	11 11 11					ate	O O					
LAB RO	ООМ		X		AS	SBEST	OS DE	BRIS	9:	5 SF	х								
Name of Registered Was SERVICE TRANSPO	JDEP W auler ID I 0990		Cubic Y of Wast		Euro-monarca con		ed Landf NDFILL												
City, State NEW CASTLE, DE						Disposa	I Date	City, Sta WAYN		RG, OH									
Completed by Title DAMIAN LAVELLE PROJECT M						Sig	nature												