#### D&S Proj. #: MS 13-29

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

\* CHECK NUMBER 004655

D&S Proj. #: MS 1	3-29	-0		(Pursi	uant to NJA	C 8:6	0 and 12:120)	f	PECE/II	' fI m	,			
Date of Notification (1)	3	11	me of E		ner/Operator (2	2)		2013	JAN 25 PM	Same final				
Agencies Notified   Type I	Notification		eet Ado				al de la constant de	7 A. m	- 119	2:50	}			
☐ EPA ☐ Initia				٤				ქ⊚ <u>.</u> ბ	978 y 1930.					
☐ DEP ☐ Ame		11 -		irt Street,				Œ	Lie Home	1881				
M DOI I	ment #:	- 11		, Zip Code						1	P			
Eme	rgency uding			range, NJ,	07018				***************************************	<b>.</b>	V.			
	ication)	Nai	me of C	ontact					Telephone	Numbe	r			
DCA Can	cellation	Ш.	Blanch	e Ruff					<u>.</u>			25		
1				FAC	ILITY INFORM	OITAN	N							
Name of facility where abat	ement is tak	ing plac	e (3)					T	ype of Facility (4		2			
Private Residence									=	(K - 12)				
Street Address	-		-					-	<u> </u>	pter 8 (C			-12)	
										Private/C Homes, e				
33 Eppirt Street								<u>.</u>   [3	Square Feet	# of Floo	rs	BI	dg. Ag	ge
City (5)		County	y (6)			4.5	unty Code (7)	1 -						
EAST ORANGE		Essex	K		-	(St	ate use only)		Current Use (Pri	ior if beir	ig dem	olish	ed)	
Name of Monitoring Firm H	ired by Bldg.	. Owner	(8)		ASCM No.	1	Name of Abateme	ent Cor	ntractor (9)					
4)							D & S RESTO	DRAT	ION, INC.					
Street Address							Street Address							
							20 California	Ave.						
City, State, Zip Code							City, State, Zip Co.	de						
:				:			Paterson, NJ		3 .					
Project Manager for Monitori	ng Firm		F	Phone Numb	er		Telephone Numbe			License		er		-112/-112
							973-345-802				1169			
Start Date (10)		Sched.	Comple	tion Date (1	1)		Name of OSHA M D & S Restor		Ina					
1/23/13		1/24/1	3				Street Address	auon,	mc.	-				
Occupancy Status During Ab	atement (Cl						20 California	Aveni	16					
Facility closed/vacated Abatement performed	80 MBN 2018 NOTE (1981), 1982 N						City, State, Zip Co	-						
Describe: NOR	MAL HOUR	RS				-	Paterson, NJ	07503	3					
Scope of Work (check all th							Γ	Full	Containment w	negative	press	ure		
	0.000	novation					Ď	==	i-enclosure					
≥160 sf or ≥260 lf	-	nolition					Ţ		vebag procedure					
			normally	used solely	/			Nor	n-Exempted (*) a	and ivon-	R	Proc	E	$\overline{}$
Location of asbestos-containing	by	mainten				on of	asbestos-containing		Amount		e	е	n	E
material (acm) to be	sta	ff(12)			material				(Specify SI	F or	m o	p a	c a	C
abated in facility (13)	Y	'es	No	N/A				4:7	LF)		v e	į	p	L
basement			X	7	PIPE INSU	JLAT	ION & FITTING	S	18 LF		×			
basement			X		Boiler Insu	lation	i .		40 SQ FT		X			
		7				5								
Registered Waste Hauler D & S RESTORATION,	INC.	NJDEF 1350	Hauler		ubic Yards of \	Waste	Name of Register TULLYTOWN			COVER	Y		21	
City, State				Disposal D			City, State				Will and the			
PATERSON, NJ 0750	3			01/3	30/13		TULLYTOW	N, PA		~				
Completed by (Print or Type)			NT/P		Signature	1	1.00			Date	10011			
BOGDAN JOLDZIC		ESIDE		o for achast	s licensure ex	ample	d activities			1	/22/13	5		
ASB-41	ו טע	not use I	IIIOI GIII	וניו מפחבפונ	o nochoule ex	CHIPIE	a dournilos.							

#### D&S Proj. #: MS 13-28

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

CHECK NUMBER 004654

							-/1	IMM '					
Date of Notification (1)		Name of	Building Ow	ner/Operator (2	?)		-						
0 1 / 2 1 / 1 3		Tom H	ook		65	2013 JAN 25	P	1 2.50					
Agencies Notified Type Notific	cation	Street Ad	dress			# 23 A		, c. 38.	ι				
DEP Amended		125 3r	d Avenue			83120133 & 11021	Ü.S	s ∓arest					
Amendment	#: <u>-</u> _	City, State	e, Zip Code			1-161.11	JIN	IG					
DOL Emergend	у	Hawth	orne, NJ, (	07506				60					
DOH (including justification		Name of 0	Contact			3'		Telephon	e Numbe	er			
☐ DCA ☐ Cancellati		Tom I	Hook					1					
			FAC	ILITY INFORM	MATIO	N		1-					
Name of facility where abatemen	t is taking p	olace (3)					T	Type of Facility (					
Residence									l (K - 12	Ť.			
Street Address							-	VII	apter 8 (0 (Private/0			(-12)	
105011									Homes,		siciai		
125 3rd Avenue	10	1 (0)			_		_	Square Feet	# of Floo	ors	В	ldg. A	ge
City (5)	Col	unty (6)			2000	unty Code (7) ate use only)					<u></u>		
Hawthorne	Pa	ssiac			(5)	ate use only)		Current Use (P	rior if bei	ng den	nolish	ed)	
Name of Monitoring Firm Hired b	y Bldg. Owr	ner (8)		ASCM No.	-	Name of Abatem	ent C	ontractor (9)	-				
						D & S REST	ORA	TION, INC.					
Street Address					-	Street Address				-			
						20 California	a Ave	e.					
City, State, Zip Code						City, State, Zip Co	ode					,	
1						Paterson, NJ		03		*			3
Project Manager for Monitoring Fir	m	T I	Phone Numb	per		Telephone Numb			License				
						973-345-80				1169			
Start Date (10)	Sche	d. Comple	etion Date (1	1)		Name of OSHA N							
1/23/13		1/29/13				D & S Resto	iaiio.	II, IIIC.					
Occupancy Status During Abatem						20 California	Ave	nue					
Facility closed/vacated durin						City, State, Zip Co							
Abatement performed outside Describe:		I facility ho	urs-										
Other-Describe: NORMAL	HOURS				_	Paterson, NJ	075	03					
Scope of Work (check all that app	oly)						Fu	ull Containment w	/negative	press	ure		
$\boxtimes$ >3 sf or >3 lf	Renovati	ion						lini-enclosure					
≥160 sf or ≥260 lf	Demolitio	on						lovebag procedur lon-Exempted (*)		friable	proc	edure	
Location of			y used solely	/						R	R	E	E
asbestos-containing	by maint staff(12)	tenance/cu	istodial			asbestos-containing	1	Amount (Specify S	E 0-	e m	e p	n	n
material (acm) to be abated in facility (13)	Yes	No	N/A	material (	ACM)			(Specify S LF)	r or	o v	a	а	C
	103	140	IN/A							е	r	р	
Basement		$\square X$				ION & FITTING	S	70 L FT		M	Ц		끧
Basement		LX		Clean up of				900 SQFT		N		닏	닏
basement crawl space		LX		Clean up of	ACN	1 Debris		50 SQFT		N N	닏	ᆜ	屵
			4								닉	부	片
Registered Waste Hauler	INUS	EP Haule	10# 10	ubic Yards of V	Vaete	Name of Registe	rad I .	andfill		.]니	Ц	Ц	Ш
D & S RESTORATION, INC		506	100010	ICY	v a318			angtill ESOURCE RE	COVER	Υ			
City, State			Disposal D			City, State		- No.					
PATERSON, NJ 07503			1/24		_	TULLYTOW	N, P	A					
Completed by (Print or Type)	Title	AT'N I'T'	į.	Signature	1	10de			Date	/31/10			
BOGDAN JOLDZIC	* Do not us		n for ashesto	s licensure exe	mptér	activities.				/21/13	-		

D&S Proj. #: MS 13-26

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

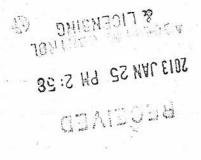
D&S Proj. #: MS 13-26			(Purs	uant	to NJAC	8:6	0 and 12:120)		Rec	777191	Free sou			
Date of Notification (1)			Building Ow	ner/O	perator (2)			20	13 JAN 2	5 00			_	
Agencies Notified Type Notifica	- 1	Peter K reet Add		-		_	· ·	63	102 <sup>1</sup> / <sub>2</sub>	O PA	<u>2: 5g</u>			
DEP Amended	11.	Market No.	Aeridian W						& Lici	$j \in J \setminus I$	RAI			
✓ Amendment #		(7)99). (2)	e, Zip Code						-	. Sist				
DOH Emergency			ey, PA, 190 Contact	067		-			T+		65			
justification)	)    Na						<i>V</i>		I elept	none Numb	oer			
Cancellation	n	Peter	Kamins								*			
			FAC	CILITY	/ INFORM	ATIOI	N							
Name of facility where abatement	is taking plac	e (3)						T	ype of Facili	ty (4) 100I (K - 1	2)			
Private Dwelling									=	chapter 8		than l	(-12)	
Street Address		13				a			☑ Oth	er (Private	/Comm		( 12)	
117 North Euclid Avenue	0.70							-	Bldg Square Feet	gs./Homes		ГР	ldg. A	Ane
City (5)	Count	y (6)				Col	unty Code (7)	11	rquaro i cot	/ OFFIC	2013	-	lug. /	igo
WESTFIELD	UNI	ON				(Sta	ate use only)	-	Current Use	(Prior if be	ing der	nolish	ed)	
Name of Monitoring Firm Hired by				AS	CM No.	T	Name of Abateme	nt Con	tractor (9)					
n/a						D & S RESTO	RAT	ON, INC.						
Street Address						Street Address	13				ille.			
Oit. Clat. 7: Oads						_	20 California							
City, State, Zip Code							City, State, Zip Coo		,					
Project Manager for Monitoring Firm	1	T	Phone Num	ber		-	Paterson, NJ Telephone Numbe			Licens	se Num	ber		
							973-345-802	20			01169			
Start Date (10)	Sched.	Comple	etion Date (1	11)			Name of OSHA M		T.			5-24; III		
1/31/13	2/2/13						D & S Restor	ation,	inc.					
Occupancy Status During Abatemen	nt (Check on	ly one)			-		20 California	Avenu	ie	W				
Facility closed/vacated during Abatement performed outside Describe:				*			City, State, Zip Coo	de						
Other-Describe: NORMAL F	IOURS					-	Paterson, NJ	07503						
Scope of Work (check all that appl	y) Renovation Demolition	į.						Mini Glov	Containmen enclosure ebag proce	dure	•			
	SAME SHEEK STREET	normal	y used solel	Ivl				Non	-Exempted	(*) and No	n-friable	Proc	edure E	<del>,</del>
Location of asbestos-containing	by mainten staff(12)			1	Descriptio	n of a	sbestos-containing	- 4	Amount		e m	e	n	E n
material (acm) to be abated in facility (13)	Yes	No	N/A	1	material (A	ACM)	(188 g. e. )		(Specify LF)	SF or	o v e	a	a p	C L
Basement	X		PII	PE INSUI	LATI	ION & FITTINGS	S	248 LF						
Basement			4-	AT SHIE	ELD			2 SQ FT						
Basement		X		VA	T			_	28 SQFT					뷰
			-	4-		-		_			井	片	H	H
Registered Waste Hauler		Haule			Yards of W	aste	Name of Registere				_ ∐_	<u> Ц</u>	Ш	
D & S RESTORATION, INC.	1350	0	Disposal [	2 CY			TULLYTOWN City, State	, RES	OURCE F	<b>ECOVE</b>	KY			
City, State PATERSON, NJ 07503			2/6/		8		TULLYTOW	V, PA		74				
Completed by (Print or Type)	Title			Sig	nature				5	Date	. /			
BOGDAN JOLDZIC	PRESIDE Do not use	100000000000000000000000000000000000000	n for asbest	os lice	nsure exe	mpted	f activities.				1/19/13			
ASB-41														

#### State of New Jersey

					State of New	Jersey						
CK 29995					OF ASBESTOS AC 8:60-7 and 1						, al	
Date of Notification (1) 01/24/13	8 8				uilding Owner/C University	Operator	• (2)		VE			
Month/Day/Year							±1		0		ř.	
	Notificatio			Street Add			2013 JA	N 25	PM	2:58		
	Initia			P.O. box 2				ί	-			
DEP DCA	Amei	ificati	on	Princeton	e, Zip Code		43015	1 54	J (34)	FROIL		
DOH		ificati	on	Name of C			če l	legh	one Nu	mber	. 85-	
		ellatio		Robert Ot		TON					(A)	
	- m - 1.1 m		2\	FACILI	I I INFORMAT	ION	IIT of Facility	(4)				
Name of Facility Where Abatement i Princeton University - Firestone L				s 1,2,3,4,5,&6	5	4	x Subcha	(K12) pter 8	Other			
Street Address					7.5			(i. e. Pri			rcial	
Firestone Library							Square Feet	ings, hor		Bldg.	100	
City (5)	Сопп	ty (6	)		County Code	(7)	100000	6		50+	rge	
Princeton		-5 (-			(STATE USE ONLY	80.50	Current Use (Pr	ior if be	ng den	nolished	)	
W					l <sub>-</sub>		University					
Name of Monitoring Firm Hired by ATC Associates, Inc	Building O	wner	(8)	V, 12	ASCM No.		of Abatement Con iated Specialty Cor				43	
Street Address				3		110000	Address					
3 Terri Lane						98 La	Crue Avenue		yro = uro		(2)** **********************************	
City, State, Zip Code Burlington NJ 08016	1	i e j			2		State, Zip Code Mills, PA 19342			49		
Project Manager of Monitoring Fire Mike Keehn	n			Telephone 609-386-8		11 .	hone Number 64-9622			Liceno 1103	e Numb	er
Scheduled Start Date (10)		Sche	d. Con	npletion Date	: (11)	Name	of OSHA Monitor					
02/06/13		12		07/31/13		Criter	ion Labs					
Month/Day/Year Occupancy Status During Abatemen	t (Charle or	l		onth/Day/Ye	ar	Street	Address					,
Facility Closed/Vacated Duri				atement		200000000000000000000000000000000000000	Progresive Drive					
x Abatement Performed Outsi							State, Zip Code					
Hours - Describe: 7:00	AM - 7:000	AM				Bensa	lem PA 19020					
Other - Describe: vario	us shifts											
Scope of work (Check all that apply)			3.1715.000			x	Full Containmen		egative	Pressu	re	
Demolition			x	Renovatio	n	x	Mini - Enclosure					
>3 sf or >3 if						x	Glovebag Proce					
x >160 sf or >260 lf						x	Non-Friable Pro	cedure				
Location of		Is cation		Des	cription of				Ab	atemen	E	E
Asbestos - Containing	10000	mally		B 102 52 100 100	os-Containing		Amoun	t	R		N	N
Material (ACM)		sed		Mate	rial (ACM)		(Specify	,	E	R	С	C
TO BE ABATED	1000	lely			ermal systems		SF or		M	E	A	L
In Facility	20.00	Main			, surfacing, VAT	•	LF)		O V	P	P	0
(13)	0.000	ance/ stodia	40	or other	miscellaneous)				A	A	U	S U
	7273	ff (12)	3						L	R	L	R
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Yes	No	N/A							-		E
see attached sheets							, , , , , , , , , , , , , , , , , , ,					
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see attached sheets				0.000	11.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 = 1	7.2			
Name of Registered Waste Hauler				EP Waste er ID No.	Cubic Yards of Waste		Name of Registe	red Lan	Ifill	No. 1	7	
Horizon Disposal					500		GROWS					
City, State Trenton NJ					Disposal Date As needed		City, State Morrisville PA				6 (a a)	
Completed By (Print or Type) Mark Goshow	<u>``</u>		Title Proje	ect Manager		Signat	are de So	hus			Date	473

#### Princeton University - Firestone Library Phase 2B Levels1, 2, 3, 4, 5, & 6 Additional ACM Sections

*	4		(	43		
Location of ACM		Description of ACM		Amount		Abatement
Level 1- Work area #1A		pipe insulation & fittings		150 LF		Removal
Level 1- Work area #1B	1,00	ceiling plaster		150 SF		Removal
Level 2- Work area #2A		floor tile & mastic		14000 SF		Removal
Level 2- Work area #2A		pipe insulation & fittings		1600 LF	(1)	Removal
Level 3- Work area #3A		ceiling plaster		2574 SF		Removal
Level 3- Work area #3A		floor tile & mastic		15708 SF		Removal
Level 3- Work area #3A		duct insulation		100 SF		Removal
Level 3- Work area #3A		pipe insulation & fittings		1250 LF		Removal
Level 3- Work area #3A		radiator liner		80 SF		Removal
Level 3- Work area #3 B		floor tile & mastic		1056 SF		Removal
Level 3- Work area #3 B		pipe insulation & fittings		100 LF		Removal
Level 3- Work area #3 C		floor tile & mastic		7500 SF		Removal
Level 3- Work area #3 C		pipe insulation & fittings		700 LF		Removal
Level 4- Work area #4A		ceiling plaster		1350 SF		Removal
Level 4- Work area #4A		floor tile & mastic		1826 SF		Removal
Level 4- Work area #4A		duct insulation		200 SF		Removal
Level 4- Work area #4A		pipe insulation & fittings		600 LF		Removal
Level 4- Work area #4A		fittings		100 EA		Removal
Level 4- Work area #4A		pipe saddles		60 EA		Removal
Level 4- Work area #4A		vibration cloth		20 SF		Removal
Level 4- Work area #4A		radiator liner		80 SF		Removal
Level 5- Work area #5A		floor tile & mastic		250 SF		Removal
Level 5- Work area #5A		pipe insulation & fittings		100 LF		Removal
Level 6- Work area #6A		ceiling plaster		470 SF		Removal
Level 6- Work area #6A		radiator liner		120 SF		Removal
Level 2- Work area #DC2		floor tile & mastic		24 SF		Removal
Level 3- Work area #DC3A		floor tile & mastic		24 SF		Removal



Ga.	Pale of Holfzallon (1) 12/11/12			"			coment gement	Oppraisin (2)	DOL	-1010/	17		. C.10.	5
	Agencies Hollied	lype Neilliasus Irliku	ß (			(waler i	.2310, S	ulla B	OF	C LAL MI		,	1	元とい
A (Signature)	L ber (	Amended Amendens	NA.	istants.	Garle	ac, 100 C Id, NJ O	7025		100	u Wille.	hara Mangad		A PARTY ME	J1
69		Concrete C	13			Comius o Vesla			WAIVI	W. Andropology	And he i	-11	3	
ā	Nome of Facility Whate Ab	element la Tak	no Place (	3)	PAG	LITY INF	ORWATI	OM J	Bo'ol Edichia (		20 8 0 11 20 8 0 11		15	
G	Apartments							- 4	Tool of		(e)	ī	See -	
	Sucel Address 265-284 Prospect Str	Tel							Option (the b	strate & connec	dai bull	oga7b	ham	10.
	Olly (6) Fast Orange							8q	varu Fes)	8 of Floors	T B	ldg. I	ģ <b>é</b>	
	County (6) . Easex			1	County	Code (I)	n	Cu	rrosi Usa (Pri	or If being demote	nod)			
	Namo of Mobilerog Firm H Dio Terra Solutions	fie <b>d by Bui</b> ding	Owner (8	1	ASCI	t No		Note of A	watement Cor Safety Conf	winder (0) rading Corp.		ine Soli	H	
	Riccol Addition PO Box 1226		_ `_					Alies Add		ad, Sulto 110		•		_
	City State. Zo Oode						_	City, 6tales	Zip Coda					
	Union, NJ Project Manager by Menio	due Fire			Yelneha	na No.		Lincoln Telephone	Park, NJ 07	Uconse	No.		_	
	Rick Eualaquio		Y-Y-	ل_	(073)	194-376		973-686		01038			_	
	Sten Cele (10) 12/12/12		12/19/		mplefion i	\as (11)				200,636				
	Occupancy Status Durbig / Y Facility Closed/Variation 'Abalement Performed Other - Describe:	d During Enlise Outside of No	Poded of	Abator	meni s			City, Sillie	-		<u>-</u>	_		•
	2160 81 61 2260 91	гин Арруу		Damag Kenayi				प्र	Mbl Endesur Giovebra Pro	eni with Nogsière cesiwa d ( ) obd Nogsière			70	
	-	-		Local					NOTE THE PARTY	EXTERNOSTI-		Abab	ibe allian	l
	Location o Actualog Contenting M TO BE ADAI In Facility (17)	startel (ACM) EQ	Un Mi	Nonni ad 66k antoni doulai (17)	ely by 1000/ Blant?	Anber (Fo	ilos Cont Libermal Syriat	empton of Jaining Mole systems ins ding, VAT, o niscellansou	iviotion,	Amount (Specify SF or UP)	Resort	Rapas	Erassolis	ENCONTE
			Yas	No	NIA			TŜI		1,790/	X	-	185	
	Ваветил		×	-	$\vdash$			191		1,7301	1-			- '
												_		L
	Name of Registered Wasto	Hauler			ADEP W		Qubia el Wei			Ragisland Landi	1			_
	Global Safely Confrao	ong Corp.			2804	1704		1974	T.R.R.F					_
1	Chy, Slate						Pythou	हों प्रिवृद्ध	City, Stat				- 30	
	Lincoln Park, NJ		Tille		A CONTRACTOR OF				ما		a to			-

CC 2961

Date of Notification (1) 1/21/13			,	Name of Reside	Building (	Owner/C	Operator (	(2) (1/3)	IAN as	VEN.					
Agencies Notified	Type Notification	-		Street A 8 east	ddress 114th st	i.	4,	1.45	<del>44 25</del>	PM 2:58					
DEP DOL	Amended Amendment			City, Sta	ite, Zip Co Beach T	de	-	& 1	ICENS	11/181		l	- 13		
DOH DCA	justification) Cancellation		- 1	Name of Chris	f Contact					Telephone	Num	ber			
Name of Facility Where Residence	Abatement is Takir	ng Place (3)		FACI	LITY INFO	RMAT	ION	Туре	of Facility (4	)					
Street Address 8 east 114th st.	1 4									2) 8 (Other than Fivate & comme			lings,	home	es,
City (5) Long Beach TWP (	08008							<u> </u>	tc.) e Feet +	# of Floors			ldg. A	ge	-
County (6) Ocean					Code (7) USE ONLY)				nt Use (Prio dence	r if being demo	olishe	ed)			
Name of Monitoring Firm	n Hired by Building	Owner (8)		ASCN	No.		Name o		ement Conf	ractor (9)			77-79-2		
Street Address				J			Street A								
City, State, Zip Code							City, St West	The state of the s	p Code n NJ 0809	91					
Project Manager for Mor	nitoring Firm			Telepho	ne No.		Telepho 856-7			Licens 0072					
Start Date (10) 2/4/13		Schedule 2/8/13	d Con	pletion	Date (11)		Name o		IA Monitor			1.1			
Occupancy Status Durin	ng Abatement (Che	ck Only On	<del>)</del>				Street A	Addres	S	3	_				
Facility Closed/Vac Abatement Perform Other – Describe:	ned Outside of Non						City, St	ate, Zi	p Code						
Scope of Work (Check A	All That Apply)														
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	enova emolit			10	×	Min Glo	i-Enclosure vebag Proc	nt with Negativedure (*) and Non-F					
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Locatio Asbestos-Containing TO BE AB In Fact (13)	Material (ACM) BATED ility	Used Mai	i Sole ntenar odial S (12)	ly by nce/		tos Con therma surfa	escription taining M I systems acing, VA miscelland	aterial insula T, or		Amount (Specify SF or LF)	S	Remova	Repair	Encapsulate	Enclosure
		Yes	No	N/A										te	Ф
Exterior			X		Exte	erior Sid	ling		1600 Sf		x				
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Name of Registered Wa United Containers	H	IJDEP W lauler ID 2459		of Wa	: Yards iste		G.R.O.V	Registered Lan V.S.	unii				1		
City, State	12	L403			sal Date		City, State		7	a'					
Completed by Anthony T Perna		Title Presid	dent				Signature	e			Date	e 1/13	3		
		-1	75.0				-	100000			-				

Date of Notification (1) 1/21/13		.	Name o	f Building Sarofolo	Owner/Operar / Residenc	tor (2) <i>2[</i> e	113 JAN 2	7	T	TLO	_		
Agencies Notified Type Notificat  EPA Initial Amende  DEP Amende  Amendem	ı		City, Sta	ate, Zip Co		34.	EL/CLN	PH 2:	3g		1		
			ar in a	f Contact		-		Telephon	e Nur	nber			
Name of Facility Where Abatement is Ta Nick Garofolo / Residence	king Place (3	)»	FAC	LITY INF	ORMATION	Туре	of Facility (4						
Street Address 1 East 99th st				**		×	Subchapter	8 (Other than	n K-12 mercia	2) al buil	dings	, hom	es,
City (5) Beach Haven Park NJ 08008				T 10		Squa 100	are Feet 0+	# of Floor 2	S		8ldg. / 85+	\ge	
County (6) Ocean			County (STATE	Code (7) USE ONLY	)		ent Use (Pric sidence	or if being der	nolish	ed)			
Name of Monitoring Firm Hired by Buildi N/A	ng Owner (8)		ASC	/ No.		ne of Ab rnaco	atement Con Inc	tractor (9)	4	· · · · · · · · · · · · · · · · · · ·			
Street Address				<b>\</b>	- 51000	et Addre							
City, State, Zip Code							Zip Code lin NJ 080	91					
Project Manager for Monitoring Firm		Telepho	ne No.		phone N 3-753-9		Licer 007	ise N 27	o.				
Start Date (10) 2/4/13	Schedule 2/8/13	ed Con	npletion	Date (11)	F ( 125) 41 40 40 40 10 10 10 10 10 10 10 10 10 10 10 10 10	ne of OS	SHA Monitor						
Occupancy Status During Abatement (C  Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe:	ire Period of A	baten	nent			et Addre	ess Zip Code						
Scope of Work (Check All That Apply)  ≥3 sf or ≥3 if ≥160 sf or ≥260 if		enova	ion	,		Mi Gi	ull Containme ini-Enclosure lovebag Proc on-Exempted	edure			cedur	e ement	
Location of Asbestos-Containing Material (ACM)	1	Locati Iormal d Sole	ly		Descripti					_		pe	
TO BE ABATED In Facility (13)	Ma Cust	intenar odial S (12)	nce/ Staff?	(i.e.	tos Containing thermal syste surfacing, \ other miscel	ms insul /AT, or	lation,	Amount (Specify SF or LF		Removal	Repair	Encapsulate	Enclosure
Exterior Siding	Yes	No	N/A X		Exterior 8	Siding		1800 SI	F	x		Θ	_
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Name of Registered Waste Hauler United Containers	Н	J JDEP W auler ID 2459		Cubic Yards of Waste 3		Name of F	Registered La	indfill	(Sa)				
City, State Elm NJ					Disposal Da 2/8/13	te	City, State Morrisvi	lle PA 190	67				17
Completed by Anthony T Perna	Title Presi	dent		16	Signatu	ire Q	12.2	\$5 1 100-m 1 1.	Dat	te 21/13	3		

Date of Notification (1)				Name of	Building C	Owner/Op	erator	(2). C.E. [V]	Note Pro-				
Januar	y 21, 2013		E	B.F. Sau	ıl Co.	2	2012		4. 1. T				
	Type Notification	***************************************		Street Ad	ddress		013 J	AN 25 PM 2			1214	. 11	
☑	<b>⊠</b>		7	7501 W	isconsin	Ave -		LU PH	2:50				
EPA DEP	Initial Amended		-		te, Zip Coo	de	i kije	W 18 /	-06				
DOL	Amendment #		_		a, MD 2		& 1	ICEN TILG	Des				
	Emergency (ir	ncluding	-	Name of	7	.0014		WENTER !	TelephoneNu	umber	'n		
DOH	justification)				Contact			υ.					
DCA	Cancellation			PM EACH	LITY INFO	DMATIO	NAI .		- N		50 =		
Name of Facility Where A	batement is Taking	Place (3	)	FACII	LITT INFO	RIVIATIO	IN	Type of Facility	(4)	11.7			
			60.					School (K-	12)				
Furniture One space Street Address									r 8 (Other than K-	12)			
									private & commercial		lings,	home	s,
1636 Route 38								etc.)	1 # 651	- 1-6	lda A		
City (5)								Square Feet	# of Floors	В	ldg. A	ge	
Lumberton, NJ	780 Y 11					0			(1) to				
County (6)				County C			1	Current Use (Pr	ior if being demoli	shed)			
Burlington				(STATE C	ISE ONLY)		-		retail				
Name of Monitoring Firm	Hired by Building C	wner (8)		ASCM	No.		Name	of Abatement Co	ontractor (9)		16		
AET, Inc.		E (4)		0021		-	The M	ACK Group,	LLC				
Street Address				10021	-		Contract of the second	Address			11		
							1500 1	Kings HWY N	STE 209				
907 Doolittle Drive								tate, Zip Code	, 012 200			15 15	
City, State, Zip Code	_						- A		2.4				
Bridgewater, NJ 0880							-	/ Hill, NJ 080		Nie		-	
Project Manager for Moni	toring Firm			Telepho			17.58650.800	none No.	License	NO.			
Eric Houseknecht			(	$(908) 2^{\circ}$	18-1108	(	'	759 - 5000	00781		14		
Start Date (10)		Schedule	ed Co	mpletion	Date (11)		Name	of OSHA Monito	r				
2/1/13			1	3/1/13		= =	The N	IACK Group,	LLC.			division.	
Occupancy Status During		Only Or	ne)				Street	Address					
Facility Closed/Vaca				ment			1500	Kings HWY N	, STE 209				
Abatement Performe	ed Outside of Norma	al Facility	Hour	S				state, Zip Code			500	\$ 150	
Other - Describe:		and a comment of the	4			_		Hill, NJ 080	34				
Scope of Work (Check Al	I That Apply)			114.00			Onch.	y 11111, 110 000	-		11		
	( That Apply)			100			ı	<b>7</b>	1 20 11-12				
≥3 sf or ≥3 lf		-	Renov					Mini-Enclosu	ment with Negative	Pressu	re		
≥160 sf or ≥260 lf			Demol	поп				Glovebag Pr					
								Non-Exempte	d (*) and Non-Friat	ole Proce	dure		
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			Norma		Single Si	Doe	scription	of			1	уре	
Location Asbestos-Containing				ely by	Asbes			Material (ACM)	Amount			m	
TO BE ABA			intena	ance/ Staff?		. thermal	system	s insulation,	(Specify	Re	D D	Encapsulate	Enclosure
In Facil	ity	Cus	(12)			surfac	cing, VA		SF or LF)	Remova	Repair	psu	los
(13)						othern	liscella	neous)	W 12	Ya	\(\frac{1}{2}\)	late	Te
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Name of Registered Was	ste Hauler			NJ DEP V Hauler ID		Cubic of Was		ivame o	n Negislered Land				
Croobold / Novembro	arting / Povio		4	45		5300 1000	100.7	Cumbe	erland Co./ BFI	/ GRO	WS	/ TR	RF
Freehold / Newark C	arting / NOVIC			43	0)		sal Date						
City, State	D:					The state of the s	3/1/13		rg / Imperial / I	Morries	ماان	PΔ	
Freehold / Newark / I	Riverdale, NJ	Title								Date	1110,	. / \	- 1
Completed by		Title				8	ignatur	1///		-			
Mike Cooper		Presid	dent				//		- 1	/21/13			

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

# U8-23- U7 UD: 31 PRUTState of New Jersey NOTIFICATION OF ASEESTOS ABATEMENT (Purisuant to NJAC 9:60 and 12-120)

-	·	· 1 ··· .	(1-101		JAC 8369 and 12	632 - 7			
Date of Notif	lication (1)	Z/-	2013	Name of E	uilding OwnsuCpera	in (2) 405.)	pitaler	Sister M	ercy
Agency Notif	fied	Type Nethfeation		Street Add			- A-UA Diction work	Washington Co.	tri de
. DEPA		al tritical		i		915 So.	th MA	小经	
C DEP	ľ	3 Amended Amendment #	2.0	City. State,	Zip Code, 45A-h-41/le		カメンさ	7 . 12.	173
Q DOH		Etrenyency.(inc justification)	luding	Nama of C			Telephone I		-
O DCA	E	2 Cancellation	11 1	1. Di	the MAX	well.			[1]
Name of Faci	dy Whom Ah	danisot is Taking	Elson (3)	FACILITY	INFORMATION	I Time of FTi		5)	E grange
		11 1	aside A	42 .	A .	Type of Facili	7.00	eg eo	
Street Address	5					1 U.Subchauter	8 (Other than K.	12)	
Other (E)	115	S. MAIN	SA			homes, etc.	The state of the s	cial buildings.	
Plen	SANTUI	1/2 Ni	5 08	-232	ened .	Square Feet	# of Floors	Eldg. Age	-
	Athentic			County Code	r(7) (STATE USE	Current Use (F	nor if being dem	olished)	1.
		ed by Building Cu	mer I ASCI				sident	r	
(8)	many e men erm	or by Duning Ca	mer Hau	A 160.	ANI AMERICAN	JOE L			
Street Address					Street Address	0 1	1	1	1
City, State, Zip	Code				City, State, Zip C	- Supli	11(Ton 1	me:	
				28	Delas		J 080	995	
Project Manage	er for Monitoris	g Para ·	Telepho	ne No.	Telephone No. 856 824	10971	Dionse No.	20	
Start Date (10)		* Scheduled (	Completion Da	to (11) : '.	Name of OSHA N	fonitor		35.	
	2013	Feb-1	9: 201	3 -		€.ک -	#4'.		
		toment (Check or			Street Address				П
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Cl Other - Daso Scope of Work (		- Address		•	1				
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Ø≥160 sf or ≥	250 F			Demolition	- El-Giovet	enpind (*) and l	lon-Ffable Proc	ecimo	
	•		is Locatio				WOOD PORTO	Abatom Type	
Ashesim-C	Location of Containing Man	usai racun	Normally Used Solety	r by	Description of				П
- <u>T</u>	O BE ABATEL	inen (Acress)	Maintenani Custodia		- thermal systems in	sulation,	(Specify	Ron	8
	(13)		Staff? _ (12)		surfacing, VAT, o other miscellancou		SF or LF)	Repeir . Removal	Enclosure
	· , _ /		Yes No	N/A	• • •		•	8	$\Gamma$
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Thur C	Dut Hou	KE		4 17	000 tile (	4004)	1200	SFV	
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Verne of Register			INJUEP Wa	ste Hauler	Cubic Yards of N	amo of Registere			
		Waste	D No. 283	168		WM 0	st PA		
Ry, State	Bellerin	UR NS		950	Disposal Data C	by, Statis	town P	2 .	
Completed by	111	Title - C			Signature 1	- July	De	ib	H
Jost	Hill	VP	•		AH		1	-21-201	3
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				605-39	-CP16				

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 1/21/13	7			Name of West N	Building (	Owner/Op rk Housii	-2-4	Alexander .	11/15	· ·				
Agencies Notified	Type Notification		1	Street Ac	ddress	Street .s	<del>-0/3</del>	JAN 25 P	Ma	3		-		-
EPA DEP DOL	Initial Amended Amendment				te, Zip Co lew Yor	rk NJ 07	093	1.5.2.2.2.	7 2.5	S '		4		
DOH DCA	Emergency justification) Cancellation			Name of Tom	Contact			-Will	Te	elephone No	ımber			
				FACIL	LITY INFO	ORMATIO	N						1, 120	
Name of Facility Where A Unit 2F	Abatement is Takir	ng Place (3)			-			Type of Facili	ty (4)					
								School (						
Street Address 6100 Adams Street										her than K- & commerc		dinas	home	es.
								etc.)						
City (5) West New York NJ	07093				4			Square Feet 1000+	1-	of Floors F		ldg. <i>A</i> 5+	\ge	
County (6) Hudson				County C (STATE U	Code (7) ISE ONLY	,	_	Current Use (	Prior if be	eing demolis	shed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	l No.			of Abatement (	Contracto	or (9)				
Street Address	X (1.3)							Address 3ox 329		-				
City, State, Zip Code						- 1	City, S	state, Zip Code t Berlin NJ 0						
Project Manager for Mon	atorina Firm			Telephor	ne No			none No.	1600	License	No			
4.					,		856-	753-9800		00727	140.			
Start Date (10) 1/22/13		Schedule 1/23/13		npletion [	Date (11)		Name Sam	of OSHA Moni e	tor					
Occupancy Status Durin	g Abatement (Che	ck Only One	e)				Street	Address					,	
Facility Closed/Vac Abatement Perform Other – Describe: 3	ed Outside of Norr	Period of A mal Facility	batem Hours	nent		_	City, S	State, Zip Code	140					
Scope of Work (Check A	II That Apply)							4						
<ul> <li>≥3 sf or ≥3 lf</li> <li>≥160 sf or ≥260 lf</li> </ul>		Page 1997	enova emolit	T. 100 100 100 100 100 100 100 100 100 10			× ×	Full Contain Mini-Enclose Glovebag F Non-Exemp	sure Procedure	•			Α.	
		led	onati	on				- HOLLEAGHI	1		1		ement	1
Location	of	N	Locati ormal	ly		Doso	ription	of			L	Ту	pe -	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED ity	Mair Custo	(12)	nce/ Staff?	Asbes (i.e.	tos Contai	ning N ystem	Material (ACM) s insulation, T, or		Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A			, -						TO .	
apartm	ent			X		flo	or tile	•	3	800 SF	x			
pipe apa	rment				ell	oows			3lf	x				
		-						*	-		-			
Name of Registered Was	ste Hauler		IN	JDEP W	aste	Cubic Y	ards	Name	of Regis	tered Landf	ill			L
United Containers		Н	lauler ID 2459		of Waste		4	O.W.S.						
City, State Elm NJ						Disposa 1/24/13				A 19067	40		1.	
Completed by Anthony T Perna		Title Presid	dent			Sig	nature				ate /21/13	3		



Date of Notification (1) 1/22/13				Building Ov vine / res	wner/Operato sidence	r (2)	20	13 10.	74	/*/j		
Agencies Notified Type Notification  EPA Initial		1 3	Street Ad 1375 M	dress illcreek			ā: ,	13 JAN 25	PH 2			
DEP Amended Amendment				e, Zip Code awkin NJ		a.	d	Lire	( November 1	46		
Emergency (injustification)  DCA  Emergency (injustification)  Cancellation	ncluding	- 1	Name of C Luke	Contact				Telephone N	umber	<u> </u>		
Name of Facility Where Abatement is Taking	Place (3)		FACIL	ITY INFOR	RMATION	Type	of Facility (4)	1		_		
Luke Invine / residence	, , , , , , , , , , , , , , , , , , , ,				74		School (K-12	) -				
Street Address 1375 Millcreek	¥/-					×		Other than K vate & comme		dings	home	es,
City (5) Manahawkin NJ 08050		72				100		# of Floors	3	31dg. / 35+	Age	
County (6) Ocean			County C STATE U	ode (7) SE ONLY)			ent Use (Prior dence	if being demo	ished)			
Name of Monitoring Firm Hired by Building ( N/A	Owner (8)		ASCM	No.		e of Ab	atement Cont Inc	ractor (9)				
Street Address						Box 3						
City, State, Zip Code				24 1 2 2			Zip Code lin NJ 0809	01				
Project Manager for Monitoring Firm			Telephon	e No.	- A 100000	ohone 1 -753-		License 00727			2000-201	
Start Date (10) 2/5/13	Schedule 2/11/13		pletion D	Date (11)	Nam Sar		SHA Monitor		-			
Occupancy Status During Abatement (Chec	k Only One	e)		-	Stree	et Addre	ess					
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:					City,	State,	Zip Code			-		
Scope of Work (Check All That Apply)												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	=	enova emolit	10.000			M G	lini-Enclosure lovebag Proc	nt with Negativedure (*) and Non-Fi			re	
	Is	Locati	on				OII Examples	() and (toll)		Aba	emen	t
Location of	l N	lormal d Sole	ly		Description				-	T-	уре	Г
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	intenar odial S (12)	nce/		os Containing hermal syste surfacing, \ other miscell	ms insu /AT, or	ilation,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
exterior siding	103		×		exterior s	iding	-	1300 SF	×	+		
						V	THE THE STREET		1841	-		
	-		-									
Name of Registered Waste Hauler		TN	JDEP W	/aste	Cubic Yards	30 - 7.	Name of F	Registered Lan	dfill		100	
United Containers		0.000	lauler ID 2459	No.	of Waste 3		G.R.O.V		er <sup>er</sup> er.			
City, State Elm NJ					Disposal Da 2/11/13	te	City, State Morrisvi	lle PA 1906				
Completed by Anthony t Perna	Title Presi	dent			Signati	Tre?			Date 1/22/1	3		1

Check# 1450

#### **Print Form**

Yes         No         N/A         Image: CRAWL SPACE         X         PIPE INSULATION         20 LF         X         Image: CRAWL SPACE         X         Image: CRAWL SPA	Date of Notification (1) 01/21/2013					f Building		perator	2017	A	4	En				
DOP							STREET	Γ	-00,	<sup>4</sup> ₩ 25	PH	2: 5A	142		-	
DCA	DEP I	Amended Amendment							EL	TOB ICEN		Rai				
Name of Facility (A)   School (K-12)   School (K-12)   School (K-12)   School (K-12)   Subchapter 8 (Other than K-12)   Other (e. private & commercial buildings, homes, etc.)   Superior Feet	DOH DCA	justification)	ncluding					E			Tal	ephone No	ımber	3.		
RESIDENTIAL					FACI	LITY INF	ORMATIC	ON	7.					_		
305 NORTH STREET	나는 그런 집에 없었어요. 아이들이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없는 것이 없다.	Abatement is Taking	Place (3	)												
County (6)   COUNTY (7)   County Code (7)   County Code (7)   Current Use (Prior if being demolished)   RESIDENTIAL		ΕT							以 Off	ner (i.e. p				dings,	, hom	es,
Name of Monitoring Firm Hired by Building Owner (8)  ASCM No.  ASCM No.  Name of Abatement Contractor (9)  ASSURED ENVIRONMENTAL SERVICES INC.  Street Address 904 KINGS ARMS DRIVE  City, State, Zip Code DOWNINGTOWN, PA 19335  Project Manager for Monitoring Firm RICK PELLISSIER  Start Date (10) O1/26/2013  Cocupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: EMFRSENCY DISASTER AREA PROPERTY  Scope of Work (Check All That Apply)    Safe Start Date (10)   City, State, Zip Code   Monitoring Firm RICK PELLISSIER    Scheduled Completion Date (11)   O1/26/2013    Cocupancy Status During Abatement (Check Only One)   Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: EMFRSENCY DISASTER AREA PROPERTY    Street Address 200 RT 130 NORTH   City, State, Zip Code CINNAMINSON, NJ 08077    Full Containment with Negative Pressure   Mini-Enclosure   Cicwbag Procedure   Non-Exempted (') and Non-Friable Procedure   Non-Exempted (') and Non-Exempted (') an									Square			f Floors			\ge	
Street Address 904 KINGS ARMS DRIVE  City, State, Zip Code DOWNINGTOWN, PA 19335  Project Manager for Monitoring Firm RICK PELLISSIER  Start Date (10) 01/23/2013  Cocupancy Status During Abatement (Check Only One)  Abatement Performed Outside of Normal Facility Hours Other − Describe: EMERGENCY DISASTER AREA PROPERTY  Scope of Work (Check All That Apply)  ≥ 3 sf or ≥260 if  Location of Asbestos-Containing Material (ACM) 1 DBE ABATED In Facility (13)  CRAWL SPACE  ASSURED ENVIRONMENTAL SERVICES INC.  Street Address 570 CLEMS RUN  City, State, Zip Code MULLICA HILL, NJ 08062  MULLICA HILL, NJ 08062  Telephone No. 610-304-4676 01145  Steret Address 200 RT 130 NORTH  City, State, Zip Code CINNAMINSON, NJ 08077  Street Address 200 RT 130 NORTH  City, State, Zip Code CINNAMINSON, NJ 08077  Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure  Abatement Type  Abatement Type  Abatement Type  Abatement Type  Abatement Type  CRAWL SPACE  X PIPE INSULATION 20 LF X  PIPE INSULAT							)					ing demolis	shed)			
State, Zip Code   DOWNINGTOWN, PA 19335   City, State, Zip Code   MULLICA HILL, NJ 08062	Here : [1]		Owner (8)		ASCN	No.							ERVI	CES	INC	
DOWNINGTOWN, PA 19335		DRIVE								RUN						
RÍCK PELLISSIER  484-432-9363  610-304-4676  01145  Start Date (10) 01/23/2013  Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: EMERGENCY DISASTER AREA PROPERTY  Scope of Work (Check All That Apply)    Saf or ≥3 if		PA 19335									0806	2				
Occupancy Status During Abatement (Check Only One)  Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: EMERGENCY DISASTER AREA PROPERTY  Scope of Work (Check All That Apply)  Scope		itoring Firm								76			No.			
Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other – Describe: EMERGENCY DISASTER AREA PROPERTY    City, State, Zip Code CINNAMINSON, NJ 08077					pletion I	Date (11)				Monitor						
Abatement Performed Outside of Normal Facility Hours Other – Describe: EMERGENCY DISASTER AREA PROPERTY   City, State, Zip Code CINNAMINSON, NJ 08077	Occupancy Status During	Abatement (Check	Only On	e)							-					
Scope of Work (Check All That Apply)    Scope of Work (Check All That Apply)   ≥3 sf or ≥3 lf								2010350100.000	STORY CHURCHER NOW	H7000000000000000000000000000000000000	1					
≥3 sf or ≥3 lf   ≥160 sf or ≥260 lf							_				J 080	77				
Demolition    Demolition   Dem	Scope of Work (Check Al	l That Apply)		7												
Location of   Asbestos-Containing Material (ACM)   Used Solely by   Maintenance   Custodial Staff? (12)   Yes   No   N/A			-					×	Mini-E Glove	nclosure bag Proc	e cedure					
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  CRAWL SPACE  Location of Asbestos-Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  PIPE INSULATION  Type  Type  Amount (Specify SF or LF)  Type  Type  Type  Type  Amount (Specify SF or LF)  Type  Type  Amount (Specify SF or LF)  Type  Type  Type  Type  Type  Type  Amount (Specify SF or LF)  Type			Τ.			<u> </u>			I NON-E	xempted	i (*) an	a Non-Fna	DIE Pro			t
Asbestos-Containing Material (ACM)  TO BE ABATED In Facility (13)  Yes No N/A  CRAWL SPACE  Asbestos Containing Material (ACM) Maintenance/ Custodial Staff? (12)  Yes No N/A  PIPE INSULATION  Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  Amount (Specify SF or LF)  Public In Facility (12)  Yes No N/A  PIPE INSULATION  20 LF X	Logation	of				1 7	Doo	orintian	of							
CRAWL SPACE X PIPE INSULATION 20 LF X	Asbestos-Containing TO BE ABA In Facili	Material (ACM)	Mai	ntenar odial S	nce/	Asbes (i.e.	tos Conta thermal s surfac	aining M systems ing, VA	laterial (A insulatio T, or	iCM) in,	(8	Specify	Removal	Repair	Encapsulat	Enclosure
			Yes	No	N/A					- 24	7.5				ω	- 1
New of Decision at Maria Harden	CRAWL SI	PACE	100		X		PIPE IN	ISULA	TION		2	0 LF	X	_		
News of Parish and Marke Haules Indiana Indian			10000	-			MIN PARS									
Name of Desistant Wester House		PS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0				- 4 - 4	9	22 1							
Name of Registered Waste Hauler  NJDEP Waste Hauler ID No.  NJDEP Waste Of Waste ALLIED WASTE IMPERIAL LANDFILL		te Hauler		100000			of Was							LAN	NDF	ILL
1	City, State						Dispos		- 0	ity, State	•					
Completed by RON SWANSON PROJECT COORDINATOR  One of the control o	Completed by		The state of the s	IECT	COOF	RDINAT	Sj	/		7, 11	M >	D	533730	2012		
ASB-41 (R-06-08)  * Do not use this form for asbestos licensure exempted activities		ž	1	<del></del>			U	* Do not	t use this	form for	asbesi	1				ties.

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REMEMBER - MAIL I	N HARD 669	MP/cz (Pun	State at NOM OF sugget to	of New Jour FASHESTOR NJAC 8:60 o	ny Amate nd 12:12	<b>4</b> 777	JAN 2d	7/1// Note	io iii	//\			
ate of Notification (1) 1/21/2013		N	ono of Bu	ilding Owner INE GREE	Operato			7772	:58	HM.	7_		
special Notified Type Notificati	ort	1000	ood Addr 05 NOR	ess RTH STREE	<b>=</b> T	€ /	CEAL		31.42	013		1	
DEP Interest Amended Amended Amended	ant #	Ci	iy, State,	Zip Code CITY, NJ 0	8226	- 103	JA/A	-0//	MVM	N			
DCH Justification DCA Cancellat	cy (Including In) ion		HRISTI	ontact INE GREE	NE	8	1237	Teleph	Minister Carrier	Xer 1		1	
			FACILIT	Y INFORMA	NON	T	of Facility (4		- de de de col	h <del></del>		- <del></del>	-
ime of Facility Where Abatement is To ESIDENTIAL roet Andress	king Place (3)					P	Behool (K-12 Bubichapter t Other (Lo. pr	2	han K-12)	he ildire	n= ho	mes	
5 NORTH STREET	525.4					arran	Other (Lo., pr etc.) no Feed	T# of FI			Age	-	
(5) CEAN CITY						2000	)	2	10.0	83			
Parity (6) APE MAY		(5	OUTLY CON	DE CHELY)		RES	ant (Esc (Prio SIDENTIA)	_		-4)			
ane of Monitoring Firm Hired by Buildi ONNELL GREENE	ng Owner (8)		ASCM N	io.	AS	SURE	tament Cont DENVIRO	rador (9) NMFN	TAL SE	RVICE	SD	C.	
Heat Address 04 KINGS ARMS DRIVE					570	CLER	AS RUN	= 22.	OF CHA				
ty State, Zip Code	-	-			Cay.	State.	Sp Code HILL, NJ	08062					
OWNINGTOWN, PA 19335 roject Manager for Monitoring Firm			elephone		Telc	phone 6	10.	1	inenac No )1145	).	(197		
NICK PELLISSIER	Schedulod	Com	184-432 piction Do			e of OS	HA Mondor						
01/23/2013 Occupancy Status During Abatement (	01/26/20 Theck Only One				Stra	et Adda	30 NORT	ц —					5
Facility Closed/Vacated During Er  Applement Performed Outside of	er mandad of At	LALLAN	ent OPERTY		City	State.	Zip Code INSON, N		7				
Cither - Describe: Extends Environments  Scope of Work (Check All That Apply)  2.3 af or ≥2 if  ≥160 ef or ≥260 if	DE R	enova emolit	tion				us Consultum Bris Endosus Slovebas Pro	ie.					
							HoraExempte	C C PLIC	Mon-rea	7	PATRICIA	RHAPPE LA	
Location of Achestos Contorring Material (AC TO BE ABATED In Facility (13)	M) Lino	Local local d Sole intero todisi (12)	sty by moet Sunt?	(i.o. the	Descrip Contains mad cyst auriocing hes misso	ng Nache Norms ins VAT, o	<b>1</b>	(5	enund specify on 1 F)	Ramovai	Raprir	Encapsidate	
	Yes	No			E INS	ULATE	ON	1 2	DIF	- X	1		I
CRAWL SPACE	Silver International	-	X		'E INO	ÜLA(F)		1	11497			_	-
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					Cubic Ya	and no	I Name	of Region	crod Limit	创			-1
Name of Registered Waste Hauler NETS			NUDEP V Hauter ID	No.	of Waste	en ka	ALLI	ED WA	STE IM	ERIA	L LA	ND	=
Othy State			ji la	i	Dispusial 11/26/2	012	CXy, S	ERIA .	PA	Date	<u> </u>		-
HAZLETON, PA Completed by	Tale OD/	O 1E/	T COO	RDINATO	R	IN.	War	run	91	01/21	/201	2	_
RON SWANSON	PRO			for 10th to July 2	1	Cheve	ecos this form	der arbe	mena boen:	STEED CHE	empte	ත් කෙ	'n

74020		ŀ		CATION	ate of Nev OF ASBI to NJAC	ESTOS	ABATE		J.	060	Elve				
Date of Notification (1) 1/16/13					f Building o ar Sriva		Operator	(2)	2013 <sub>J</sub>	1N 25		D	-		
Agencies Notified	Type Notification			Street A	ddress yrtle Ave	enue		j.	( A factor	7 a .	PH 2:	58			
X EPA X DEP X DOL	Amended Amendment		_		te, Zip Co n, NJ 07				& LI	CENS	Mana	IL.			
DOH DCA	Emergency (justification) Cancellation			00.07	Contact ar Sriva	stava				Tele	ephone Nu	mber			T
Name of Facility Where House	Abatement is Takin	g Place (3	)	FACI	LITY INFO	DRMATI	ON	person	of Facility						
Street Address 157 Myrtle Avenue				3	1. 1			×	School (K- Subchapte Other (i.e.   etc.)	r 8 (Othe			dings,	home	es,
City (5) Millburn									re Feet	# of N/A	Floors		ldg. A	ige	
County (6) Essex	3 1			County (	Code (7) USE ONLY)			Curre	nt Use (Pri se	ior if beir	ng demolis	hed)			
Name of Monitoring Firm N/A	n Hired by Building	Owner (8)		ASCM	l No.		- The Part 1980 A.S.		tement Co ement, Ir		(9)				
Street Address			+					Addres	ss gren Ave	nue					1
City, State, Zip Code									ip Code J 07512						
Project Manager for Mo	nitoring Firm			Telepho	ne No.		332 0 0 0 0 0	none No 345-8		- 19	License N #00675	No.	No.		
Start Date (10) 2/09/13		Schedule 2/11/13		npletion I	Date (11)			4. 4.	HA Monitor ement, Ir				6:		
Occupancy Status Durin Facility Closed/Vac	ng Abatement (Chec cated During Entire I			nent				Addres	ss gren Ave	nue					
Abatement Perform  Other – Describe:	ned Outside of Norn Occupied	nal Facility	Hours	3		-			ip Code J 07512						
Scope of Work (Check /	All That Apply)	По	Renova	etion			Г	7 e	I Containm	ont with	Nogativo	Property			
≥160 sf or ≥260 lf			emolif				×	Mir	ni-Enclosur ovebag Pro n-Exempte	e cedure				e	
	W - 1	27	Locat	27.00						7,5,1,5		T	Abate	ement pe	i
Locatio Asbestos-Containing <u>TO BE AB</u> In Faci (13)	g Material (ACM) BATED ility	Use Ma	d Sole intena todial (12)	ely by nce/	Asbes (i.e.	tos Cont thermal surfa	scription taining N systems cing, VA niscellar	Material s insula T, or	(ACM) ation,	(S	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
crawl s	2000	Yes	No	N/A		nine	inoulo	tion		20	0 LF	-		Ф	
Crawi S	Dace		^			pipe	insula	lion		20	J LF	Х			
	17 18			1 - 1											
Name of Registered Wa D&S Abatement, inc			H	IJDEP W lauler ID 20996	100000000000000000000000000000000000000	Cubic of Was TBD	Yards ste		Waste	manag	red Landfil Jement c				
City, State Totowa, NJ						Dispos TBD	sal Date		City, Stat						
Completed by Deanna Brkusanin		Title Proje	ct ma	anager		(	ignature // 00	111100	& alli	uei	100	ate /16/13	) <sub>=</sub>		

CK 6103101

## State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

RECEIVED

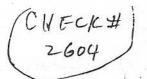
Date of Notification (1) 1/16/13	7, 1			lame of Bi Dennis N		/ner/Ope	erator (2		2013	IAN 2	5 PM	2:50			
Agencies Notified	Type Notification		-	Street Add	Walter Backer	et				2111 4		c. n(	)	t.	
EPA DEP DOL	Initial Amended Amendment #_	31.6	1	City, State, North Ar	, Zip Code lington,	NJ 070	031		E	Lic	NEWS (N	: K#(			
DOH DCA	Emergency (in justification) Cancellation	cluding	1 1	Name of C Dennis		0			(	Teler	hone Num	nber	,		
				FACILI	TY INFOR	MATIO	N	Tuno of	Facility (4)	,-				-	_
Name of Facility Where A house Street Address 54 Seventh Street	Abatement is Taking I	Place (3)	2 .		*			Scl Su X Ott	hool (K-12) bchapter 8 ner (i.e. pri	) (Other	than K-12 commercia	2) al buildi	ngs,	nomes	i,
City (5) North Arlington			*					etc Square N/A	Feet	N/A	loors	N/	dg. A	je	
County (6) Bergen				County Co	ode (7) SE ONLY)			Current House	Use (Prior	r if bein	g demolish	ned)			
Name of Monitoring Firm	n Hired by Building O	wner (8)		ASCM	No.				ment Cont nent, Inc		9)				
Street Address							Street A		en Aven	ue	1 12		100		
City, State, Zip Code							City, St	ate, Zip							
Project Manager for Mo	nitoring Firm		-	Telephon	e No.		Teleph	one No. 845-86		- 7	License N #00675				S (5)
Start Date (10) 1/30/13		Scheduled 2/01/13	Cor	npletion D	ate (11)				Monitor ment, Inc	 С.					
Occupancy Status Duri			1				Street	Address							
☐ Facility Closed/Va	cated During Entire P med Outside of Norm	eriod of Ab	ater	ment s			City, S	tate, Zip	code 07512	nue					
Scope of Work (Check			1112								1.2				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	, m , mac , pp.,,		enova	ation ition			×	Mini	Containme -Enclosure /ebag Prod -Exempted	edure				re	
		1						1 NOII	-LXemple	1 ( ) uiii	2110111110			ement	
Locati Asbestos-Containir	ng Material (ACM)	Used			Asbest	Des tos Cont thermal	scription taining N	/laterial	(ACM)		mount Specify	R		ype Till Hand	5
TO BE A	cility		(12)		(1.0.	surfa	cing, VA	T, or		SF	or LF)	Removal	Repair	"Endappointies	Eliciosure
	5 19 24	Yes	No			min-	insula	ation			0 LF	X		1	-
base	ment		X								5 LF	A	-	X	$\vdash$
base	ment		X	-		contan	ninated	pipes	•		3 6			1	
			-			11				DI-4	and Land	611			-
Name of Registered V				NJDEP W Hauler ID #20996		of Wa			and the same of th	1 (230)	ered Land gement				
City, State Totowa, NJ	tra Sec. 10 Las					- CONTRACTOR	sal Date	е	City, Sta Tullyto		A		>( )		
Completed by Deanna Brkusanir	1	Title Proje	ect N	Manager			Signatu	OUT OIL	101 RH	Tree		Date 1/16/1	3	F)	

Date of Notificetion

Date of Notification (1) 1/16/13					Building Cret Peter		perator	(2) <0/j	JAN 2.	5 0	2:38				
Agencies Notified  EPA	Type Notification	- 1 A	111	Street Ad 33 Sou	dress th Piers	on Ro	ad	2	720	7	2:58		9		
EPA DEP DOL	Amended Amendment Emergency		1772		te, Zip Coo vood, N		0		TUEN	VVI	TAN			8	
DOH DCA	justification)  Cancellation		183		Contact ret Peter	son	575 4			L_Tele	enhone Nun	nber			
Name of Facility Where	Abatement is Takin	n Place (3)		FACII	ITY INFO	RMATI	ON	Type of F	acility (4)			9			
house	Abatement is Takin	g Flace (5)													
Street Address 33 South Pierson F	Road							Sub		(Othe	er than K-12 commercia		dings,	home	es,
City (5)	·							Square F		3750 3000	Floors		ldg. A	ge	
Maplewood								N/A		N/A		- 1	I/A		
County (6) Essex				County C STATE U	code (7) ISE ONLY)	- '		House	Jse (Prior	if bei	ng demolish	ed)			
Name of Monitoring Firm N/A	Hired by Building	Owner (8)		ASCM	No.			of Abatem Abatem			(9)				
Street Address								Address osengre	n Aveni	Ie.					
City, State, Zip Code							City, S	tate, Zip C wa, NJ 0	ode						
Project Manager for Mor	nitoring Firm			Telephor	ne No.		Teleph	one No. 345-868		- 11	License N #00675	0.			
Start Date (10) 1/30/13		Scheduled 2/01/13	Com	pletion [	Date (11)			of OSHA N					-		
Occupancy Status Durin	g Abatement (Chec	k Only One)	1					Address		-		-	-		
Facility Closed/Vac	ated During Entire I	Period of Ab	atem	ent		100		osengre		ne	- A	N NACES			
Abatement Perform Other – Describe:	ned Outside of Norm Occupied	nal Facility H	lours			_	100	tate, Zip C wa, NJ 0							
Scope of Work (Check A	All That Apply)							1						-	
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		1000000	novat moliti				×	Mini-E	nclosure ag Proce	dure	Negative P				
		T	-					I Non-E	kemptea	(*) an	d Non-Friab	le Pro		e ement	-
Location	- of		ocation rmall			Do		of						ре	
Asbestos-Containing	17 ( T. )	Used Main				os Cont		Material (A		Α	mount			т	_
TO BE AB In Faci		Custo		300000000	(i.e.		systems cing, VA	s insulation	1,		pecify or LF)	Ren	Re	ncap	nc!
(13)			(12)				niscellar				O. L.	Remova	Repair	Encapsulate	Enclosure
	*	Yes	No	N/A		1 2	10		17			_		ate	Œ.
basem	ent		X			pipe	insula	tion		5	0 LF	X			
						-	1								119
			-							i i					
Name of Registered Wa	ste Hauler		100	JDEP W	3.0		Yards	N	ame of R	egiste	red Landfill	_	7		
D&S Abatement, Inc	<b>5.</b>			auler ID 20996	No.	of Was	ste	V	Vaste N	lana	gement of	fΡΑ			
City, State Totowa, NJ						Dispos TBD	sal Date		ity, State ullytow			1	4		
Completed by		Title	2110907-20			S	Signature		7/1		Da	555		-	
Deanna Brkusanin		Projec	t Ma	nager			VIII	acuse	Belle	yai	m 1/	16/13	3 _		

MO 9742651728

A Calculation (4)		TN	ame of E	Building Own	er/Operator	(2)	10/3	ALL STA	12			
Date of Notification (1) 1/16/13		N	/lelanie	Gerome F	itzsimmo	ns		25 011			207	_
Agencies Notified Type Notification		S 2	treet Add	iress armon Cov	e Towers		6.7	AN 25 PH 2:	ર્જી ક			
EPA Initial Amended Amendment #				e, Zip Code us, NJ 070	)94		5/6	KNS/AKNOI				
× DOH justification)	uding	N	lame of 0			ns		Telephone Numb	er			
DCA Cancellation		1:		ITY INFORM		- 1		1				
Name of Facility Where Abatement is Taking Pl house Street Address	ace (3)					Sc Su X Ot	her (i.e. pr	200	buildin	igs, h	omes	<b>s</b> ,
7 Fuller Place City (5)						Square N/A		# of Floors N/A	Bld N/A	g. Ag A	е	1/11
County (6)			County C	ode (7) SE ONLY)				r if being demolishe	ed)			111
Hudson  Name of Monitoring Firm Hired by Building Ow	ner (8)		ASCM	No.			ment Con					7
N/A Street Address	-				Stree	Address			3-1		000 S	
City, State, Zip Code	1			9. 1	City,	State, Zip		134 77 3	8 1 47			
Project Manager for Monitoring Firm	10.0		Telephor	ne No.	Telep	hone No -345-86		#00675	).	10.		
Start Date (10)	cheduled	Con	npletion	Date (11)			A Monitor ment, In	c.		a .	8	
1/28/13 Occupancy Status During Abatement (Check		)				t Address	s ren Ave	nue				
Facility Closed/Vacated During Entire Pe Abatement Performed Outside of Norma Other – Describe: Occupied	riod of At I Facility I	Hour	ment s	- (CA) (A) (A)	City,	State, Zi		eti a jeti e				
Scope of Work (Check All That Apply)								Valley reco				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova				Min	i-Enclosur	ent with Negative F e cedure ed (*) and Non-Friat			e	
					59 F)	□ Nor	1-Exemple	d ( ) and Non-i nac		Abate	emen	t
Location of Asbestos-Containing Material (ACM)  TO BE ABATED In Facility  (13)	N Used Mai	ntena	ally ely by ance/ Staff?	(i.e. th	Descripti s Containing nermal syste surfacing, \ other miscel	Material ms insula VAT, or	(ACM) ation,	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure
	Yes	No	N/A					000.05	v			+
basement		Х			floor			200 SF 5 LF	X			+
assoc. w/ the water meter closet		Х	-	-	pipe insu	ilation		36	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-		+
	-	3	14	4 7		251.70	100	1.31232		1		
Name of Registered Waste Hauler			NJDEP		Cubic Yard	S		of Registered Landf			via ,	0.000
D&S Abatement, Inc.			Hauler I #20996		of Waste TBD			Management	of PA			
City, State Totowa, NJ		0.00			Disposal D TBD	2	City, St Tullyto	own, PA	) - d -	12		
Completed by Deanna Brkusanin	Title Proje	ect N	Manage	er	Signa	Nice DMMD	Rele		Date 1/16/1	3		11/



JOSEPH KI	EMM _		11		Jours	n Klin	n 1/6	22/	13	===	
Completed By	SIAD	61	NICIN		Signature	Carlotte Committee Committ	Date 1			=	
Name of Registered Waste  K L GM C 0  City, State	Inc,		Haule	EP Waste er ID No.	Cubic Yards of Waste		stered Landfill , C , M.U. A				_
									- 10		
SIDIN	a			X	RANSITE		20000	X			
		Yes		N/A	0.4-15		7 043.6			3	
Location of Asbestos-Containing Ma <u>TO BE ABATE</u> IN Facility (13)	aterial (ACM)	Main Cu S	itenance/ istodial staff? (12)	Asbes (i.e.	Description of tos Containing Mat thermal systems in surfacing, VAT, other miscellaneo	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		No	ocation ormally Solely b		Description of			-	bate Typ		
Scope of Work (Check all  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	that apply)		novation molition		☐ Mini-End	g Procedure	gative Pressure on-Friable Procedu	e	1		7
☐ Abatement Performed ☐ Other - Describe:	Outside of Norma			ent	City State Zin C	ode	1005 A 00,	J.	08	05	- 2
Occupancy Status During		eck only	one)		Street Address		LUCE LUCE			7	
Start Date (10) /13	Sche	- 1	- /	n Date (11)	Name of OSHA		-		,		=
Project Manager for Mon	itoring Firm		.Teleph	none No.	Telephone No.	9-0472	License No.				=
City, State, Zip Code					City, State, Zip C		DEINIJI	08	05.	2	
Street Address		1		Hara To	Street Address 3 6 9	S,SPRUC	€ 100.				
Name of Monitoring Firm (8)	A Building	Owner	^^	SCM No.	1 - Ki	nent Contractor (			100		_
County (6) C A P C-	MAY			County Code USE ONLY)			Prior if being demolis	shed)			
City (5) S 6	O ISCE	= C				Square Feet	# of Floors		ldg /	\ge	
Street Address /2	6 487H	11				Subchapte Other (i.e., homes, etc	r 8 (Other than K-1; private & commerci :.)		lding:	<b>5</b> .	
Name of Facility Where	Abatement is Tak タルタモルと		ce (3)			Type of Facilit	* _1.1.1.4.1X				
	<u> </u>				FORMATION		-				
DOH DOA	justification  Cancellation	)	_	Name of Cont		· .	Telephone Num				
DOP DOP DA BA	Amended Amendmen			City, State, Zin	TYLE CI	TY NJ	. 08243	14	; A	37	
Agencies Notified  Agencies Notified	Type Notification	on		Street Addres		IN ST.	27/65		: <	: 5	9
Date of Notification (1)	122/13				ELANDS C		TION ZAM 2	5 70			
Date of Notification (1)				Name of Duite	ling Owner/Operato	. (2)	2012		2	ta p	3

-meij 1	NOTI )	FICATI Pursua	on or a	JAC 8:60 and 12:120	)	20.	Mr.			
ate of Notification (1) /22/13		Nam Car	e of Buil	ding Owner/Operator City Public School	(2) s District Admin	istration B	uilding		D	
gencies Notified Type Notification			N. Fro	ss ont Street	1	671	PH	2.	ĵρ_	
EPA Initial Amended Amendment #_		City,	State, Z	ip Code NJ 08102		LICEN	15/2//	12 <sub>83</sub> ,		
DOH Emergency (incluing justification)  DCA Cancellation	iding	We	ne of Cor ndy s.	Kunz		Telenhone	Number	-		
DCA CONTRACTOR		F	ACILITY	INFORMATION				*	-	
Name of Facility Where Abatement is Taking Pla Camden City Public Schools District A Street Address	ace (3) dminist	tration	Buildi	ng	Type of Facility (4  School (K-12  Subchapter (1.e. pretc.)	?)	n K-12) mercial bu	uilding	s, ho	mes,
201 N. Front Street					Square Feet	# of Floor	rs	Bldg 35+	. Age	
Camden NJ 08102					Current Use (Price	1000	molished)			
County (6) Camden			unty Cod ATE USE	ONLY)						
Name of Monitoring Firm Hired by Building Own Smithco	ner (8)	1	ASCM N	Per	e of Abatement Con naco Inc.	tractor (9)				3:
Street Address 808 market street suite 336				PO	et Address Box 329				90 H	
City, State, Zip Code Camden NJ 08102				We	State, Zip Code st Berlin NJ 080					
Project Manager for Monitoring Firm Sean			lephone 56-365	-9105 856	phone No. 3-753-9800	00	ense No. 727			
Start Date (10)	cheduled 2/1/13	Comp	letion Da	( ,	ne of OSHA Monitor me					
Occupancy Status During Abatement (Check	Only One	2)	61717	Stre	et Address					
Facility Closed/Vacated During Entire Pe	riod of Al	bateme	nt	City	, State, Zip Code					1
Abatement 1 Striber    Other – Describe: 1st floor Vacated  Scope of Work (Check All That Apply)  ≥3 sf or ≥3 lf  ≥160 sf or ≥260 lf	-	enovati			Full Containn Mini-Enclosu Glovebag Pro Non-Exempt	nent with Ne re ocedure		Proc	edure	ement
		Locatio		Descrip	tion of				Ty	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Use Ma	d Solel intenan todial S (12)	y by ce/ taff?	Asbestos Containir (i.e. thermal syst surfacing other misco	ng Material (ACM) tems insulation, VAT, or	Amo (Spe SF or	cify	Removal	Repair	Encapsulate
1.0	Yes	No	N/A	glue dots /ce	eiling plaster	10	sf		x	
1st floor			^	3						
	1.5							-	-	-
	_			* Contraction of the Contraction		1.0		1		

NJDEP Waste Hauler ID No. 22459

Title President Cubic Yards

Disposal Date

Signature

of Waste

2/1/13

Date

1/22/13

Name of Registered Landfill

City, State Morrisville PA 19067

G.R.O.W.S.

United containers

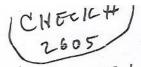
Completed by Anthony T Perna

City, State Elm NJ

Name of Registered Waste Hauler

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

5,08052 200.00 Name of Registered Landfill , M, Ci Cubic Yards NOED Waste 01 Waste Hauler D No. Name of Begistered Waste Hauler City. State 7907 DED IES 00 SO N00 Kiemco 0805 Signature Cin State SHADE MOPLE · Do not use this form for aspestos licensure exempted activities Compeled By JOSEPH



## State of New Jersey HOTIFICATION OF ASBESTOS ABATEMENT

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00n	Cancellation		Bruce	= BREUR	10			
∞× .			FACILITY IN					
			PACIDITION		Type of Facili			
ame of Facility Whe	re Abatement is Taking Pl	ace (3)			School (K		r (han K-12)	
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ree: Address	& WEST DI	E,			Square Feel	10./	Floors	BIGG AGE
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in (5)	EDN CITY			- V	Current Use	(Prior H be	sing demoksh	ed)
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ounty (6)	- MAY		USE ONLY	Name of Abate	ment Convecto	(9) .		
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City State Zip Cod			shone No.	Yelephone No	-c 04		0044	14
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bideci warayer in		-		Harrie of OSH	A LIMAN			
4		Camplel	in Dale (11)	Harra or oo.	01/1/6	- MM		
	Schedu	red Complet	ion Date (11)	JO56	- WKW.c	MM		
Sian Daie (10)	1 2	/11/1	ion Date (11)	JOS 6	S PKMI-C	MM VCE/	105.	
Sian Daie 110) .	1/13 2	k only one)	13	Sueel Addre	S, Spil	ucé/	1051	
Sian Dale (10)  2/2/4  Occupancy Status	During Abatement (Check	k only one)	meni	Sueel Addre	S, Spil	ucé/	1051	0805
Sian Daie 10	During Abatement (Check Vacated During Entire Per formed Outside of Normal	k only one)	meni	Sveet Addre	\$ 5 pin	NDE,	N.5.	08053
Sian Date (10)  2/4  Occupancy Status  Facility Closedy  Other - Describ	During Abatement (Check Vacated During Entire Per formed Outside of Normal	k only one)	meni	Subal Addre	in Cool ainment w	NDE,	N.5.	08057
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#### State of New Jersey NO"

TIFICATION OF ASBESTOS ABATEMEN	T	ME	P3 20,		
(Pursuant to <u>N.J.A.C.</u> 8:60 and 12:120)	201	7 185.	794 (	TED.	102A20

Date of Notification	1/10/2013						oratio	Owner / Operato On	r (2	) (	2.0	PH 2	5	8		
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Name of Facility Wh		ent is Taking Pla	ice (3	3)			-	Type of Facili								
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Street Address										8 (Other than	n K-12) mercial buildir	aa ban		-	٠,	
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City (5)		County (6)	100	urity		16 (	"	Current Use	/Pri	or if being de	molished)		-		_	_
Pennsauken		Camden						Exterior	4							
Name of Monitoring AET, Inc.	Firm Hired b	y Building Owne	er (8)	4	A	SC	M No.	Name of Aba Bristol Env								
Street Address	124 14 15	-			74.1		20	Street Addres							-	H
28 N. Pennell Ro						_		1123 Beave					_	_		
	ty, State & Zip Code edia, PA 19063							City, State &								
							er	Bristol, PA Telephone N	_		License	Number	-	-	-	716
Dave Turotsy	oject Manager for Monitoring Firm ave Turotsy					ET	Jei	(215)788-60	)40		00509	Tumbor				-
						11)		Name of OSI Bristol Env			c.					
Facility Occ Scope of Work (Che  ≥3 sf or ≥3 l  ≥160 sf ≥26	eck all that a	Abatement: 7 A	M - :	Re	nova	atio				Mini-Enc Glove Ba	ainment with losure ng Procedures mpted and No					
- 10	cation of	- T	Is	Loca	tion		T .	Description	n of		Amount		_			уре
	os-Containin	ıg .	Norn	nally	Use		7	Asbestos-Con	itain	ing	(Specify		Г	T		
TO E	erial (ACM) BE ABATED Facility (13)		Main Custo		nce Sta		i	Material (A (i.e., thermal s nsulation, surfac or other miscell	yste	ems , VAT	SF or LF)	Removal	1	Repair	Encapsulate	Enclosure
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Name of Registered Bristol Environm		er			aule		Waste D No. <b>06</b>	Cubic Yards of Waste 10	13	ame of Regis	stered Landfill I <b>dfill</b>					
City, State Bristol, PA			-		7			Disposal Date 1/23/2013		ty, State orrisville, I	PA :					
Completed By (Print Gino Pizzigon				P	tle roje lana			Signature Line Pr	T Bgo	igoni /	je	Date 1/1		3		



Date of Notification (1) 01/11/2013			Name of Roge	Building C r Gupta	Owner/C	perator	P13 JAN 25	Pu o -	2					
Agencies Notified Type Notification	- 1	Name of Building Owner/Operator (2) JAN 25 Ph 2:58  Street Address 19 Glenwood Avenue												
X EPA X Initial Amended Amendment		City, State, Zip Code Hiawatha, NJ 07034												
X DOH justification)  □ DCA □ Cancellation	including		Name of Roger	Contact r Gupta	i			Telephone Nur	nber	ure  Occedure  Abatemer Type  Repair				
			FACIL	ITY INFO	RMATI									
Name of Facility Where Abatement is Taking Private Residence  Street Address						Type of Facility (4 School (K-1) Subchapter	2) 8 (Other than K-12	2)						
19 Glenwood Avenue						-11-	etc.)	rivate & commerci				ies,		
City (5) Lake Hiawatha, NJ 07034							Square Feet	# of Floors		siag.	Age			
County (6) Essex				ode (7) SE ONLY)			Current Use (Price	or if being demolish	ned)					
Name of Monitoring Firm Hired by Building (	Owner (8)	14	ASCM	No.			of Abatement Con Pro Managen		- 4					
Street Address	-		Street Address 27 Outwater Lane, Ste., B											
City, State, Zip Code		= -	City, State, Zip Code											
The state of the s			<u> </u>			Garfield, NJ 07026  Telephone No. License No.								
Project Manager for Monitoring Firm		Telephor	ie No.		973-928-4888 01188									
Start Date (10) 01/25/2013	d Com 201		Date (11)			of OSHA Monitor Pro Manage	ment LLC							
Occupancy Status During Abatement (Chec	e)					Address	C. D							
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm	batem Hours	city, State, Zip Code Garfield, NJ 07026						-						
Other - Describe:						Ga	rtield, NJ 07	020						
≥3 sf or ≥3 if  ≥160 sf or ≥260 if	# 1 CONTROL TO THE PROPERTY OF						Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
	T						1 Non-Exemple	( ) and Non-i made	T	Aba	temer	nt		
Location of	l N	Locati lormal	ly		De	scription	of		-	_	ype	_		
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Name of Registered Waste Hauler	IN					oic Yards Name of Registered L								
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City, State Newark, NJ		100	Disposal Date City, State TBD Morrisville, PA						<b>A</b>					
Completed by Zvonko Veskov	Title	eral	Manag	ger		Signature	. 1171	0	Date 01/11/2013					

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Date of Notification (1) 01/22/2013			Name of Building Owner/Operator (2)  Roger Gupta											
	Type Notification		1	Street Address										
X EPA DEP	Ci	19 Glenwood Avenue  City, State, Zip Code  Hiawatha, NJ 07034												
DOL [	Amendment a Emergency (i justification) X Cancellation		N	ame of C		0.02			Telephone Nun	nber				
			1		TY INFOR	RMATION	T T	of Facility (4)				-		
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19 Glenwood Ave	enue						[25]	Other (i.e. pri etc.) re Feet	# of Floors	- 1	uildings, homes, Bldg. Age			
Lake Hiawatha, N	IJ 07034		7						if being demolish	ned)				
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Street Address						S		reet Address 27 Outwater Lane, Ste., B						
City, State, Zip Code						(	City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monit	Т	elephon	e No.	V 5 7	Telephone No. License No. 973-928-4888 01188									
Start Date (10) 01/25/2013	Comp 2013	013				Name of OSHA Monitor All Pro Management LLC								
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Date of Notification (1	7-2013		Name of Bu	Ilding Owner/Operato	12) 1200e Creci		KAN C	5	04	
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	alem / Hope		Nuclear		Type of Facility  School (K-	12)	121			
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28 N Po	ennel Rd			City, State, Zip C	ode		-	==		=
Lima	PA 190									
roject Manager for Mo DAUC TURO		Vel O	891011U	Telephone No.		License No.			400	
art Date (10)	Sch	eduled Comple		Name of OSHA	Vionitor					
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Scope of Work (Check all find apply)  Description  Location of Asbestos Containing Metantel (ACM)  TO SE ABATED  Normally (13)  Ves No Nea  Page 160 Containing Metantel (ACM)  TO SE ABATED  Normally (12)  TO SE ABATED  Staff?  (12)  TO SE ABATED  STAFF (12)  TO SE ABATED  STAFF (12)  TO SE ABATED  STAFF (13)  TO SE ABATED  STAFF (12)  TO SE ABATED  Custodial  Staff?  (12)  TO SE ABATED  STAFF (13)  TO SE ABATED  STAFF (12)  TO SE ABATED  Custodial  Staff?  (13)  TO SE ABATED  TO SE ABATED  STAFF (12)  TO SE ABATED  STAFF (12)  TO SE ABATED  TO SE ABATED  Custodial  STAFF (12)  TO SE ABATED  TO SE	Date of Notification (1)		Name of Su	Owner/Operat	OF (Z) (A)	<del>~ ~ 8 Å . ·</del>	<u> </u>
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## Property Consideration   Committee   Co	DIDEP (C) Amended			e Code		- 41	-0 - 1
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Name of Feelfly Where Abelieves is Ticking Place (3)  TYPE of Facility (4)  Street Address  Li 2ABETH NO-  City (5)  County (6)  County (6)  County (7)  County (7)  County (7)  County (7)  County (7)  County (8)  County (9)  County Code (7) (STATE USE  COUNTY CODE (8)  County Code (7) (STATE USE  COUNTY Code (7) (STATE USE  COUNTY Code (7) (STATE USE  COUNTY Code (8)	DON justification	adurid.	Marie of Com	lacti "		17	
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The statement of Manager for Monthson Date (17)  Signate Address  Differ files (Class them N-12)  Differ files (Prior them N-	Name of Facility Where Abatement is Taking	Place (3)	CONDUCTOR OF SP	E-COMMISSION	Type of Facility	(4)	<del> </del>
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Project Manager for Maniforing Firm  Telephone No.  \$238 \times \	City, State, Zip Code			City State Zin C	mile	.0 00	963
Start Date (10)   Schrichted Commission Date (11)   Name of OSHA Monitor					DGE 1		
Start Date (10)    Company Statis During Abatement (Check only one)	Project Manager for Managering 1-1011	Telephor	te No.	122 2	19x7500	COR	6
Occupancy Seitles During Abeterment (Check only one)  Recitly Closed/Verceted During Entire Period of Abeterment Observancy Period Of Abeterment Observancy Other — Describe:  Scope of Work (Check all that apply)  2 3 sf or 2 3 lf 2 160 sf or 2 260 lf  Location of Astronomy Memority Oscillation of Astronomy Memority Used Sulety by Meintenance/ Occupanting Meterial (ACM) Oscillation Office Sulety by Meintenance/ Oscillation Security Meterial (Specify Oscillation Office Sulety by Meintenance/ Oscillation Office Intensity Oscillation Office Intensity Oscillation Office Intensity Oscillation Office Intensity Oscillation O	Start Duté (10)   Schädtlad	Opmpletien Dei	le (11)	Name of OSHA	dosabor .	417 100 100 100	
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Scope of Work (Ch		<b>-</b>	Renovation Demotion	Cloveban Procedu Min-Exempled (1)	end Non-Frieble I	Abatemen
D234023f	01	/\	`	-		Тура
Λ		ls Location			1	
		Nemmady		ription of	Asmo	W 20 20 20 20 20 20 20 20 20 20 20 20 20
	Location of (ACM)	Used Solely Maintenant	by Ashestos Contain	ning Managara (room)	Amor (Spen	和 Remov
	RE ABATED	Used Solely Maintenant Custodial Staff?	by Ashestos Contain	pstems insulation, m. VAT. or	(900	Encapsulate Removal Removal
	Location of statement (ACM)  BE ABATED  BI Facility  (13)	Used Solely Maintenant Costodial	Asheshis Contain (i.e., thermal s suifacti other mis	ning Managara (room)	SF or	<u> </u>
	MEARATED IN Facility	Used Solely Maintenant Custodial Staff?	Ashestos Contai (Le., thermal s suifacir other mis	pstems insulation, m. VAT. or	5,0002	SE X
Ashestos Co	BE ARATED IN FORMY (13)	Normally Used Solely Melntenano Custoffal Staff? (12)	Asbestos Contain (i.e., thermal s suifacto other mis  X FLOOR TILE Uned ANN	e Root	SF or	SE X
Ashestos Co	BE ABATED IN FORTY (13)	Movemelly Used Solely Maintenance Custodial Staff? (12) Yes Mo	Asbestos Contain (i.e., tinermel s suifacto cher mis  X Floor Tile  HINSCHAPL	E Root  HND	5.0002 1.2002 10.0002	SIF X
Ashestos Co TO	BE ARATED IN FORMY (13)	Novemelly Used Solely Maintenance Custodias Staff? (12) Yes No	Asbestus Continues  (Le., thermals subfacin eduar mis  X FLOOR TILE X FLOOR TILE CLENU-U	PROCE	5,0002 1,2002 10,0002	SIF X
BLD # L	HE ARAJED IN FRANCE (13)	Novembly Used Stolety Maintenance Custodial Staff? (12)  Yes No	Asbestos Contain (Lo., thermel surfacin other mis	PROCE	5.0002 1.2002 10.0002	SIF X
BLD #1 & Regulation	BE ABATED  IN FORM (13)  E SINGLE  Red Weeks Hander	Veset Soliety Maintenance Custodial Staff? (12)  Yes No	Asbestos Contain (Lo., thermel surfacin other mis	PROCE	5,0002 1,2002 10,0002	SIF X
BLD # I A BLD # I BLD # I Norma of Regulation NO UNITE	BE ABATED  IN FORM (13)  E SINGLE  Red Weeks Hander	Novemelly Used Solely Melindenemo Custodial Steff? (12)  Yes No  NUCLEP W. ID No.	Asbestos Comisis (Le., thermalis surfacis actor mis  X FLOOR TILE HUNCHARY CLERU-UP Seste Heuter Outside Witeste	PAIR OF Name of Control of Contro	5.0002 1.200 10.000 20.WS	SIE X
BO#19 BO#19 BO#19 BOJ#1	E SASENEN  A BASENEN  CO INC  COO INC	Novembly Used Stolety Maintenance Custodial Staff? (12)  Yes No	Asbestus Comins (Le., thermals suifacing other miss.)  X FLOOR TILE  HUNCHANG  CLERO-UP  Seste Hearter Curic Very Winster  OU Discusses	PAIR OF Name of Control of Contro	5,0002 1,2002 10,0002	SIE X SIE X SIE X D.A.
BO#19 BO#19 BO#19 BOJ#1	BE ARATED IN FORMATION (13)  E STATEMENT (13)  RED HOURE  E BASENEAU  EN INC  ENGL NA	Vese Solety Maintenance Custodial Staff? (12)  Yes No  NUDEP We 10 No. 1 85	Asbestos Comisis (Le., thermalis surfacis actor mis  X FLOOR TILE HUNCHARY CLERU-UP Seste Heuter Outside Witeste	Parts of Name of I	50002 1,200 10,000 20.WS	SIE X

CK 7337

Date of Notification (1)						Name of Building Owner/Operator (2) Kearny Aldo, LLC											
		13	_		Ke	arny Ald	o, Ll	-c		2010	- 1 V	21	)				
Agencies Notified Typ	e Notific	ation			Street Address 40 Marshall Street  City State 7in Code												
	Initial			*	40	Marshall	Stre	eet	the teaching		PM	2: :	a.				
	Amende				City.	State, Zip	Code			- 0		•	0				
	Amendm	Selfin Se				arny, NJ				& LIGHN		1000	,				
	Emerger justificati		uding			of Contac				Telephone Num	her	1.0	i				
	Cancella				CONTRACTOR OF THE PARTY OF THE	bert Ban	243	n		Tolephone Hair							
				FA	FACILITY INFORMATION							**	Ÿ.				
Name of Facility Where Abate	ment is	Taking F	Place	(3)					Type of Facility	(4)			Tight to				
Former American Extru	sion								School (K-12								
Street Address		7							Subchapter	8 (Other than K-12 rivate and comme	2)	مناطنت					
40 Marshall Street									homes, etc.)		iciai bi	unding	<b>J</b> S,				
City (5)									Square Feet	# of Floors	В	ldg. A	ge				
Kearney									72,000	1		80					
County (6)			- 40	200	Cou	nty Code (	7)(STA	ATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)	i.					
Hudson									Extrusion								
Name of Monitoring Firm Hired	d by Buil	ding Ow	vner (	8)	ASCM	No.	Na	me of Abateme	ent Contractor (9)								
DVD Environmental	** ***	- ES E			285	35	1	Classic Envi	ronmental Inc.								
Street Address	- Table 1	- 5		-			1	eet Address		Annother mo.							
PO Box 2152				(F)				12 Wade Rd									
City, State, Zip Code						_		y, State, Zip Co	Carlo Marcolland								
Cliffside Park, NJ 07010	)						1	atham, NY 1									
Project Manager for Monitoring	Tel	ephone	No		lephone No.												
Tim Donohoe	13.7	12-260		20000	18-591-0234		01062										
Start Date (10) Scheduled Comple						(1.00)		me of OSHA N		01002							
01 / 28 / 13		8 /		IVa	INE OF COTIA IV	ionitor											
Occupancy Status During Abatement (Check only one)						Street Address								-			
Facility Closed/Vacated During Entire Period of Abate					ement												
☐ Abatement Performed Outside of Normal Facility Hou						cribe	Cit	y, State, Zip Co	nde								
Time of Abatement:AMPM/PN						1AM											
Scope of Work (Check all that apply)								П				17					
☐ ≥3 sf or ≥3 lf		Г	Rei	nova	Full Containment with Negative Pressure  ation Mini-Enclosure												
⊠ ≥160 sf or ≥260 lf			Der					☐ Glovebag	g Procedure					91.5			
	M 11 222	46 1 4						Non-Exe	mpted (*) and No	n-Friable Procedu	re						
			-	Loca							Ab	atem	ent T	ype			
Location of Asbestos-Containing Mater	lorma d Sol	ely by	Ache	otoo	Description o Containing Ma		Amount	R	Re	П.	g						
TO BE ABATED		"	Mai	nten	ance/			ermal systems		(Specify	Removal	pai	cap	Enclosure			
IN Facility			Cust	odial (12)	Staff?		5	surfacing, VAT,	or	SF or LF)	<u>a</u>	Encapsulate Repair					
(13) (12 Yes No							ot	her miscellane	eous)				ite				
Roof					N/A	Built U	n Po	ofina		70,000 SF		П					
Rooi			-	H	+	Banto	p ixe			70,000 31							
												Ш		Ш			
						Naste	12000	oic Yards of	of Name of Registered Landfill								
Classic Environmental Inc.						O No.		00	Hakes C&D Landfill								
City, State					The state of the s			posal Date	City, State	74 H 344	1						
Latham, NY							2/1/13 Painted Post, NY										
Completed By (Print or Type)	74	Title				N.	7.1	Signature	~ ~ /		ate	1 %					
Gregory Streeter		Dire	ecto	of (	Operat	ions		X3.	De	1	118	13		4.			