D&S Proj. #: MS 12-41

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

00 300110	. #. MS 12-41			(Purs	uant to NJA	C 8:6	60 and 12:120)	The same of the same of the same of	Litera Santara da Maria	*****		j.	A)
Date of Notificatio	n (1)	Na	ame of	Building Ow	ner/Operator (2	2)	Tr.	IR A F	0 0	e de la companya della companya della companya de la companya della companya dell		1 Charles	-
10 11 1/12 15		1	Corrair	ne S. Winte	ers					E	C STEELS	7	
Agencies Notified EPA	Type Notificat	ion Sti	eet Ad	dress			1 10 10		Comments of the second	11	1 11	1	
☐ DEP	Amended		131 Sc	. Pleasant	Avenue			JAN 3	2012				
☑ DOL	Amendment #:	Cit	y, State	e, Zip Code			11	1	1 /01/		District 1		
	Emergency		Ridge	wood, NJ	07450			ASEESTIN 7		4	and the same of th		
DOH	(including justification)	Na	me of C	Contact			Lux		ne Nümbe	er			
DCA	Cancellation		Anne	Banta				Section Contractor and Contractor	Management of the second	_		Ď.	
				FAC	CILITY INFORM	1ATIO	N			- 10	وخيد ۱۰۰	í	
Name of facility w	here abatement is	s taking plac	e (3)		n in			Type of Facility				-	
Lorraine Winte	ers								ol (K - 12				
Street Address								☐ Subc	hapter 8 (
131 So. Pleasa	A							Bldgs	./Homes,	etc.	ercia		
City (5)	III Avenue	County	, (E)					Square Feet	# of Floo	ors	E	3ldg. A	Age
Oity (5)		County	(0)				unty Code (7) ate use only)						
Ridgewood		Berge				100	ate use only)	Current Use (F	rior if bei	ng der	nolish	ned)	
Name of Monitorin	ng Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatement	Contractor (9)					
		1			·		D & S RESTOR	ATION, INC.					
Street Address							Street Address		N A	torice of the			
City, State, Zip Cod							20 California A	ve.					
City, State, Zip Cod	e						City, State, Zip Code					850 TO	
Project Manager for	r Monitoring Firm		- 1	Phone Numb		_	Paterson, NJ 07	503					
r rojest Manager 101	i Wontoning i iiiii		1	Priorie Numi	per		Telephone Number 973-345-8020		License	Num 00159			
Start Date (10)		ISchool (omplo	tion Date (1	11	_	Name of OSHA Moni	tor	1	10139	-		
\$ 10 A				tion Date (1	1)		D & S Restorati						
02/06/12		02/17/1					Street Address		_1 2				
Occupancy Status [divacated during e			oment			20 California Av	enue					
Abatement pe	erformed outside	of normal fac	or abai	urs-			City, State, Zip Code						
Describe: Other-Describ	ued maneral and an entire and				12 VXX - 1897 - 251		Dataraan NI 07	502					
Scope of Work (ch		The state of the s					Paterson, NJ 07						
>3 sf or >3 If		Renovation					-	Full Containment w Mini-enclosure	/negative	press	ure		
≥160 sf or ≥2		Demolition						Glovebag procedu	e				
		Is location n	ormally	used solely				Non-Exempted (*)	and Non-			1	
Location of asbestos-con	taining	by maintena				n of o	sbestos-containing	Amount		R	R	E n	E
material (acm abated in faci) to be	staff(12)			material (/		spesios-containing	(Specify S	F or	m	p a	С	n
abateu III laçı	iity (13)	Yes	No	N/A				LF)		V	i	p	L
Basement			X		PIPE INSU	LATI	ON	15 L FT		e	Г		
Basement			X		BARE HEA	TIN	G PIPES	140 L FT		in	Ħ	X	Ħ
											$\bar{\Box}$		Ī
Registered Waste Ha D & S RESTOR		NJDEP 13506			ubic Yards of W YD	/aste	Name of Registered I		COVER	v		**************************************	
City, State			471	Disposal D			City, State	COUNCE RE	COVER	1			
PATERSON, NJ				02/07/12			TULLYTOWN,	PA					
Completed by (Print		Γitle			Signature	11			Date				
BOGDAN JOLD		PRESIDEN		for sale	- 112				01/25/	12			
ASB-41	L	o not use th	is ioim	ioi aspesto	s licensure exe	mpted	activities.						100

9106

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

Date of Notification (1) 5/2012			Nam Gle	e of Buildir nwood A	ng Owner/Operator partment & Cou	untry Club	o B I V		M	7 .;	¥
Agencies Notified EPA DEP	Type Notific	ed		165	et Address 5 US H\ State, Zip	WY 9	III JA	N 3 0 2012				
⊠ DOL		ncy (includin	ig .			NJ 08857	L		lance	1		
DOH DCA	justifica Cancella				e of Conta adette Po		Robbi	Telephone Nur	nber	1		
				FA	CILITY IN	FORMATION	Season of Allenders	A STATE OF THE PARTY OF THE PAR			i	
Name of Facility When Apartments Bldg.	e Abatement is	Taking Plac	e (3)		X -15W -11T-W		Type of Facility School (K-1			~~~~		
Street Address 38 A-D Cottonwoo	od Lane						Other (i.e.,	8 (Other than K-1 pr vate & commerce		dings		
City (5) Old Bridge,							homes, etc Square Feet 2000 SF	# of Floors	1 3	ldg. <i>A</i> 0+	\ge	
County (6) Middlesex					nty Code (ONLY)	(7) (STATE	Current Use (P Apartments I	rior if being demo 31dg.	lished)			
Name of Monitoring File (8) N/A	rm Hired by Bui	lding Owner		ASCM	No.		nent Contractor (s					
Street Address						Street Address	1 0011011 40110					
						1360 Clifton, City, State, Zip C	And the second of the second o	B Suite 218				
City, State, Zip Code						Clifton, NJ C						
Project Manager for M	onitoring Firm		Tel	ephone	No.	Telephone No. 973-389-008	89	License No. 00693				
Start Date (10) 02/06/2012		Scheduled 0 02/07/20		etion Da	ate (11)	Name of OSHA N	Monitor Construction	n. Inc.				
Occupancy Status Dur	ing Abatement		100			Street Address						
Facility Closed/Vac							Avenue, PN	IE Suite 218				
Abatement Perform Other - Describe:	ed Outside of N	iormai Facili	ty Hot	irs		City, State, Zip C Clifton, NJ 0		× ·				
Scope of Work (Check	all that apply)											
>3 sf or >3 lf 2160 sf or 2260 lf			enova Demo			Mini-End Goveba	g Procedure	Non-Friable Proc	edura			
		93570	Locati			1 TNOIL-EX	kempted (/ and	NSII-I Habit I Tot		Abate		
Locatio Asbestos-Containing <u>TO BE AB</u> IN Facil (13)	Material (ACM) ATED ity) Used Mai	lormall d Sole ntenar ustodi staff? (12)	ly by nce/ al	Asbes (i.e.	Description of tos Containing Mat , thermal systems i surfacing, VAT, other miscellaned	erial (ACM) nsulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Crawl Space		Yes	No	N/A	Dine/El	bow Insulation		200 LF	Х		-	-
Crawi Space	Crawl Space				Tipe/Li	bow insulation		200 E1	^			
Name of Registered W				NJDEP Hauler II 20970		Cubic Yards of Waste 10	1 1000000000000000000000000000000000000	istered Landfill			74	
Service Transport	Group		_L	20970)	Disposal Date	Minerva L City, State	andilli	-		_	
City, State New Castle, DE						02/07/2012	Company of the compan	rg, OH 44688		- 11	1	
Completed By Krutarth Jagad		Title Presiden				Signature		Date 01/26	5/2012)		
ASBA1		Fresiden				- 1 M	/-	01/20		To Brook !		

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

Date of Notification (1	6/2012					ing Owner/Operat Apartment & C		10 15 11	WE	1	17	63
Agencies Notified EPA DEP DOL	Type Notifi Initial Amende	ed		165	et Addres 55 US H	WY9		JAN 20 2	010			egi i
⊠ рог		ncy (includir	ng	Old	Bridge,	NJ 08857	<u> </u>				1	
DCA	justifica Cancella			100000000000000000000000000000000000000	ne of Conta nadette P		<u> </u>	Telephone	Number		-	
				FA	CILITY IN	FORMATION		the way was a facility of the way	W		-	
Name of Facility When Apartments Bldg.	e Abatement is	Taking Plac	e (3)				Type of Facil			- Aliga	- L	ę
Street Address							School (K Subchapte	-12] er 8 (Other than	K-1 2)			174
19 A-D Apple Tree	e Lane						Other (i.e. homes, et	, pr vate & comr	mercial b	uildin	gs,	
City (5) Old Bridge,							Square Feet 2000 SF		s	Bldg 60+	Age	
County (6) Middlesex					enty Code E ONLY)	(7) (STATE	Current Use (Apartments	Prior if being de Bldg.	emolished	i)		
Name of Monitoring Fir	rm Hired by Bui	lding Owner		ASCN	No.		ment Contractor	7 7			Sprinkeri Sprinkeri	
(8) N/A			_				al Construction	on, Inc.				
Street Address						Street Address	, Avenue, PN	IR Suito 219	2			
City, State, Zip Code						City, State, Zip		AD Suite 2 it		_	_	
			er-unus es		Market Company	Clifton, NJ						
Project Manager for Mo	onitoring Firm		Tele	phone	No.	Telephone No. 973-389-00	089	License N 00693	0.			
Start Date (10)		Scheduled C	omple	tion D	ate (11)	Name of OSHA	Monitor					
02/06/2012		02/07/20			_		al Construction	on, Inc.			2000	
Occupancy Status Duri	ted During Enti	ire Period of	Abate			Street Address 1360 Cliftor	ı, Avenue, Pl	MB Suite 21	8			
Abatement Performe Other - Describe:	ed Outside of N	ormal Facilit	y Hou	rs		City, State, Zip Clifton, NJ (
Scope of Work (Check	all that apply)				The state of the s							
>3 sf or >3 lf 2160 sf or 2260 lf			enovati emoli			Mini-E	ontainment with Naclosure ag Procedure exempted (*) and	10				
		4 4 300000	Locatio				xempled () and	Non-Filable F	Tocedure	Abat	emer	nt
Location	of	Used	ormally Solel	y by		Description of				1	ype	_
Asbestos-Containing I TO BE ABA IN Facilit (13)	TED	Cu	ntenan ustodia staff? (12)			tos Containing Ma , thermal systems surfacing, VAT other miscellane	insulation, , or	Amount (Specify SF or LF)	Kemova	Repair	Encapsulate	Enclosure
	No	N/A							6	"		
Crawl Space		X	Pipe/El	bow Insulation		200 LF	X	L	-			
												1
Name of Registered Wa	iste Hauler			JDEP 1		Cubic Yards	Name of Reg	gistered Landfill		1.		
Service Transport G	roup		_ H	oler 10 10970	No.	of Waste 10	Minerva L	andfill				
City, State New Castle, DE						Disposal Date 02/07/2012	City, State Waynesbu	irg, OH 4468	8			CO.
Completed By		Title	-			Signature		Dat				
Krutarth Jagad		President					1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	01/	26/201	2		

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

Date of Notification	(1)			Na	ame	e of F	Buildin	a Owi	ner / Operat	or (2)	~ 1 1F1 1		Contract to	Motor		
Ja	nuary 25, 2								NICATION		7) [5]	GEIV	FI	37	ı E	
Agencies Notified	Type Notific	cation		100000000000000000000000000000000000000			ress			117	3			111	-/	
	N			-			arl St			111				Ш	ì	
				1000000	Philippine		& Zip	Code	•	14	U JA	N 3 0 2012	2	///		
The second secon							n NJ ontac			1_	<u> </u>		licens	1		
DCA				1			Porta			1	ASBE	CIOS COMPOL 8	Teleph	one l	Num	oer
									MATION	<u> </u>	Company of the Compan	LICENSTAGE		T		
Name of Facility W	here Abatem	ent is Taking Pl	ace	(3)	ГА	CILI	I T IN		Type of Fac	ility (A)	-Sec	The same of the sa	No.		N P	
Bridgeton Centra	al Office	one to running it	400	(0)					School						É	32
Street Address											(Other th	an K-12)		dare as in	6	
76-90 Pearl Stree	et											nmercial buildi	ngs, hor	nes,	etc.)	
		1	10					9	Square Feet		# of Flo		Bldg. Ag			
City (5)		County (6)	C	oun	ty (Code	(7)		20000	0		3				
Bridgeton		Cumberland							Current Use	(Prior	if being d	emolished)				
									erizon Co	ommu	inication	Center		- 5		
		by Building Own	er (8	3)		AS	CM N	1000	Name of Aba							
Street Address	aı		-		-	1	- 17227		Street Addre		KONMEN	ITAL INC				
	DEP DOL							10 100	123 BEAV		TREET					
City, State & Zip Co	DEP DOL DOL DOH								City, State &	COSPONE ASSOCIATIONS	OKARA CONTRACTOR CONTRACTOR				-	
Moorestown NJ									BRISTOL,							
	Monitoring F					Nun		T	elephone N	lumbe	r	License	Number			
MIKE STOCKU			7.11.00			800		1000	15-788-60	(100 mg)			005	09		
	te (10)	Scheduled Com		ion 3/12		e (1	1)		lame of OS			TAL INC				
	Ouring Abate	ment (Check on				- 12-2-1			treet Addre	Contract the Contract of the C	ONIVIEN	TALING				de la constante
					Aba	tem	ent		123 BEAV	100 No. 100	TREET					
Abatement I	Performed O	utside of Norma	I Ho	ours	- 7	7am	to 3pm	-	ity, State &							
								E	RISTOL, I	PA 19	007					
															Sheper S	
Scope of Work (Che	eck all that ap	oply)									Eull Con	tainanaatith !	N = = = 4i =	D		200
≥3 sf or ≥3 lt				F	2en	ovati	on			Ħ	Mini-End	tainment with I	negative	Pre	ssure	3
			H			olitic	COLORS.			H		ag Procedures				
										Ħ		empted and No		e Pro	cedu	ıre
				Loc					Description	n of		Amount		atem		
		g				Ised		As	bestos-Con		9	(Specify				Ī
				Sole		y ce or		/i e	Material (A e., thermal s			SF or LF)	20		Enc	g
		5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				taff?	S		ation, surface				Remova	Repair	aps	clsc
	(13)			(1				or o	ther miscell	aneou	s)		Val	¥	Encapsulate	Enclsoure
			Yes	N	0	N/A					-				Ф	
BASEMENT				ļĻ	4	ᆜ			VAT/MAS			130 SF				
Exterior				1	╣	H	Tra	insite	Sleeve o	n Ele	c Pole	30 LF		Щ		Ш
			ዙ	++	╬	H	-	777-723					니님	Н	님	H
			H	╁╞	╣	H	-			-			႕님	H	H	H
			H	1-	┽┼	+	-							H	Η	H
Name of Registered	Waste Haule	er		1	NJE)EP	Waste	Cub	ic Yards	Nam	e of Regis	stered Landfill				
							D No.	1000	/aste		o 0, , , og.,	20.00				
	RVICE TRANSPORT GROUP, INC.							2		MIN	ERVA LA	ANDFILL				
City, State	10500								osal Date		State					
NEW CASTLE, DE								TBE		WA)	NESBU	RG, OH 4468				
Completed By (Print PATRICK T. DeCa					Title		to=	Sign	ature	0	Cin	1.1	Date	40		
FAIRION I. DeCa	110			1	_S[ima	LOF	1	atrick.	1. 1	Har	e/gl	1/25/	12		
			nd.									' //				

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

Date of Notification (1) 1/26/2012					Owner/Operatory Technical			EGE		\mathbb{W}		M
Agencies Notified Type Notification EPA Initial			Street /	Address Ridgew	ood Avenue			JAN 3	0 :	2012	10.000	
DEP Amended Amendment				ate, Zip Co nus, NJ	ode	ž.		MARKET CONT. OF THE PARTY OF				
☑ DOH ☐ Emergency justification) ☑ DCA ☐ Cancellation				of Contact Jodice			-	ASPESTOS Felephone N	nmper	ROL &		
Name of Facility Where Abatement is Takin	ng Place (3)	FAC	ILITY INFO	ORMATION	Type of Faci	lity (A)		*****	- SPE	WCLACK TO	
Bergen County Academies	J (5	, 				School						F 4,4
Street Address 200 Hackensack Ave						Subcha Other (i etc.)	pter 8 (C i.e. privat	ther than K- e & commerc	12) cial bu	ildings	s, hon	nes.
City (5) Hackensack						Square Feet	#	of Floors	T	Bldg.	Äge	
County (6) Bergen			County (STATE	Code (7) USE ONLY)		Current Use School	(Prior if t	eing demolis	shed)			
Name of Monitoring Firm Hired by Building (Owner (8)		ASCN	/ No.		of Abatement /R/Save Inc		or (9)				
Street Address 1253 N. Church Street	3440				1-10-20-20-20-20-20-20-20-20-20-20-20-20-20	Address Vest Street						
City, State, Zip Code Moorsetown, NJ 08056					City, S	State, Zip Code mfield, NJ (
Project Manager for Monitoring Firm Mike Stocku	-		Telepho 856-84	ne No. 10-8800	Teleph	none No. 680-0088		License 1	No.			
Start Date (10) 2/9/2012	Schedule: 2/9/2012	d Con				of OSHA Moni	itor	1001				
Occupancy Status During Abatement (Check					Street	Address						
Facility Closed/Vacated During Entire F Abatement Performed Outside of Norm Other – Describe:	Period of Al al Facility I	batem	nent		City, S	tate, Zip Code			******			
Scope of Work (Check All That Apply) ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		enova			×	Mini-Enclos Glovebag F	sure Procedure	th Negative F			e	
Location of	No	ocation or mall	у		Description	of					ement pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Custo	tenar dial S (12)	ice/	(i.e. t	be Containing M hermal systems surfacing, VA other miscellan	aterial (ACM) insulation, T, or		Amount Specify F or LF)	Removal	Repair	Encapsulate	Enclosure
auditorium	res	No X	N/A		fire doors	3		80 sf	x		(D	
Now of Device 1991			JDEP Wa									
Name of Registered Waste Hauler ETGI					Cubic Yards of Waste		,	ered Landfill cal Servic	es			
City, State Cranbury, NJ					Disposal Date	City, St Mode	ate Lcity, N	IY a				
Completed by Sharon Hendee		-		Signature	//hu	/	Dat 1/2	2700			\dashv	

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

CHECK#21647

Date of Notification (1)												
			- 1				er/Operator (2)		FI	1 11/7	F	Parke
1/27/2012	N. 175				TLR-V,LLC				-	W	B	10
	ype Notifica	tion			Street Addre		THE AMERICA	C TOTAL FLOOR				7// /
□ EPA	Initial						HE AMERICA:	S, 18TH FLOOR	2.0	2016		
	Amende			t #	City, State, Z			JAN JAN	J U	2012	?	[1]
□ DOF	Emerge		luding		N.Y., N.Y. 1				Ŧ-1		N	- Consumer
□ DOH	justificat	tion)			Name of Cor	ntact		ASBESTOS	relep	hone	Nume	ber
DCA [☐ Cancella	ation	- 10		DAVE D'AN	-		1104	T5			
					ACILITY IN	FORMAT	TION	74				
Name of Facility Where Abat	ement is Ta	aking Pla	ace (3))			30	Type of Facility (4)	- Care serve	- 1.5	Patrick	
OLD GLENDAL INN								School (K-12)	0.76	Par v	we desired	Cold Manager
Street Address								Subchapter 8 (Othe				
30 NEW HILLCREST RO	AD							Other (i.e., private 8				
City (5)						1,3		Square Feet	# of F	loors	Bldg.	. Age
EWING, NJ												
County					County Code	(7) (STA	TE USE ONLY)	Current Use (Prior if bei	ng de	molish	ned)	
MERCER												
Name of Monitoring Firm Hire	ed by Buildi	ng Own	er (8)		ASCM No.	Name of	Abatement Cont	ractor (9)				WITCH COMMISSION
N/A		J				CREAN	A RIDGE ENVI	RONMENTAL INC.				
Street Address						Street A						
Street Address						15 RLA	CK FOREST R	OAD				
City State 7in Code			-				ite, Zip Code			270		
City, State, Zip Code					TON, NJ 0869	1						
	one N	10		Telepho			Licer	se No).			
Project Manager for Monitori	ng Firm	Teleph	ione iv	Ю.		609-890			0067			
		10.1	1-10		Deta (11)	I THE REAL PROPERTY.	f OSHA Monitor		0007		1997	
Start Date (10)		The second second		ompleti	on Date (11)	The same way	OSI IA MONILO					
1/30/2012		2/1/20		,		N/A Street A	ddeana			-		The second second
Occupancy Status During Ab						Slieel A	duless					
☐ Facility Closed/Vacated					ent	011 01	1 7: 0-1-					
☐ Abatement Performed (Iormal F	acility	Hours		City, Sta	ate, Zip Code	8:				
EXTERIOR/DEMOLITIONW								5 5.00 - t-i	idle Mile	- ation	Droo	
Scope of Work (Check all that	at apply)							Full Containment w	illi ive	galive	FIES	Suite
≥ 3 sf or ≥ 3 lf					.x .Renova			☐ Mini-Enclosure				
≥ 160 sf or ≥ 260 lf					Demoli	tion		Glovebag Procedur				
								☐ Non-Exempted (*) 8				
			Locat						Abat	ement	_	;
Location of Asbestos-Co	ntaining		mally				stos Containing thermal systems	Amount (Specify SF or	D		Ē	ш
Material (ACM) TO BE AE			Solely	by e/Custo			g, VAT, or other	LF)	em	Repair	ap	100
Facility (13)			Staff?			miscellan			Remova	<u>a</u>	Encapsulate	Enclosure
		Yes	No	N/A			1000		_		ē	Ф
BASEMENT			V		PIPE INSU	LATION	I	350 LIN FEET	X			
VAT			V		THROUGH	HOUT		650 SQ. FT.	X			
ASBESTOS PLASTER		1	文		THROUGH	HOUT		300 SQ. FT.	X			
ROOF FLASHING X					ROOF			120 LIN FEET	X			
Name of Registered Waste	Hauler				NJDEP Waste	9	Cubic Yards of	Name of Registered Lar	ndfill	-		
Traine or registered traster					Hauler ID No.		Waste					
LUCAS DEMOLITION					22384		1/2 YD	GROWS				
City, State							Disposal Date	City, State	7			
HIGHTSTOWN, NJ							2/2/2012	MORRISVILLE, PA				
Completed By		Title				Signatu	ri 27-Mar	000	Date		2000	-20
Completed by	inplotod by					16/10	vid S.	Mulles	1/27	/2012		
DAVID D'ANDDEA	D D'ANDREA PRESIDENT											

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

D&S Proj. #: MS 12-42	*******	(Pursua	State of Asb ation of Asb ant to NJAC	estos /	Abatement	Jan 26 2012	PPROVED			7	
Date of Notification (1) 0 1 / 2 5 / 1 2 Agencies Notified Type Notifica EPA Initial DEP Amended	706 EAST	KI RESI 2ND AV	IDENCE	The state of the s	JEC E	Date: 30	(Signature)	8:4	37A		
Amendment # Emergency (including justification) DCA Cancellation	ROSELLE Name of Conta	, NJ 072	204		ASSECTOS	COWIRGE Telephone	Number				<u></u>
	11 11 12 12 12 12 12 12 12 12 12 12 12 1		LITY INFORMA	ATION	1000年高級國際監察	and a supplied to the supplied of the supplied to the supplied		-			
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Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	-1	Signature			T. I.	Date 01/25/1	2		- 10	
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State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120)

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Project Manager for	or Monitoring Firm	1	F	Phone Numb	per		Telephone Number		License		er		
							973-345-8020 Name of OSHA Moni	lor.		0159			
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D&S Proj. #: MS 12-43

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

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Date of Notification	n (1)	Name of Bui	lding Owner	r/Operator (2)				E	WE	[17]			
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State of New Jersey Nocheck NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 1/25/12 **BP US Pipelines & Logistics** Agencies Notified Type Notification Street Address 350 Coastal St **EPA** Initial DEP Amended City, State, Zip Code DOL Amendment # 4 Port Newark, NJ 07114 Emergency (including Name of Contact Telephone Number DOH justification) DCA Cancellation Martin Warr FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) **BP US Pipelines & Logistics** School (K-12) Street Address Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, 350 Costal St etc.) City (5) Square Feet # of Floors Bldg. Age Port Newark, NJ 1965 Current Use (Prior if being demolished) County (6) County Code (7) (STATE USE ONLY) Essex Oil Storage Tank Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Hillmann Consulting, LLC 00023 New States Contracting, LLC Street Address Street Address 1600 Route 22 East, Suite 107 2400 Main Street Extension, Suite 10 City, State, Zip Code City, State, Zip Code Sayreville, NJ 08872 Union, NJ 07083 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 732-525-0100 00749 908-477-3014 Craig Abrams Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor New States Contracting / Jeremiah Farmer 2/13/12 05/31/12 Show Desktop.scf Street Address Occupancy Status During Abatement (Check Only One) 2400 Main St. Extension, Suite 10 Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Unoccupied tank farm Sayreville, NJ 08872 Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 If Renovation ≥160 sf or ≥260 lf Demolition Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Enclosure Maintenance/ Remova Repair TO BE ABATED (i.e. thermal systems insulation, (Specify Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A X X **Roof Mastic** 3930 SF Oil Storage Tank Roof T104/2004 And T105/2005 at first then 2 more X Tank roofs T102/2002 and T103/2003 X Roof Mastic 14525 SF Name of Registered Waste Hauler NJDEP Waste Cubic Yards Name of Registered Landfill of Waste Hauler ID No. AUCHTER INDUSTRIAL VAC SERVICE INC G.R.O.W.S North 980772768 City, State Disposal Date City, State Morrisville, PA 19067 4801 SOUTH WOOD AVENUE, LINDEN, NJ 07036 Completed by Signature Date 1/25/12 **Account Manager** Michael Migliore

10/23/12

DO412.8

State of N.I Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) APPROVED D&\$ Proj. #: MS 12-39 N. Dept/of Health & Senior Services Name of Building Owner/Operator (2) Date of Notification (1) 0 11 1/12 13 1/11 12 MICHAEL JOHNSON Type Notification Agencies Notified Street Address 3 0 2012 Initial EPA 32 PARK END PLACE Amended DEP... City, State, 7ip Code Amendment #: DOL ' E. ORANGE, NJ M Emergency Telephone Number LICENSING (including Name of Contact DOH justification) DCA ERIN BROWN Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) Subchapter 8 (Other than K-12) MICHAEL JOHNSON Other (Private/Commercial Street Address Bldgs./Homes, etc. Blda, Age Square Feet # of Floors 32 PARK END PLACE County Code (7) County (6) City (5) Current Use (Prior If being demolished) (State use only) ESSEX E. ORANGE Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 License Number Telephone Number Project Manager for Monitoring Firm Phone Number 00159 973-345-8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 02/03/12 01/26/12 20 California Avenue Occupancy Status During Abatement (Check only one) City, State, Zip Codo Facility closed/vacated during entire period of abatement. Abatement performed outside of normal facility hours-Describe: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Renovation Glovebag procedure Non-Exempted (*) and Non-friable procedure Demolition ≥160 st or ≥260 lf R E E Is location normally used solely 0 e Location of n by maintenance/custodial Amount n Description of asbestos-containing m p asbestos-containing C (Specify SF or staff(12) C 0 material (acm) to be material (ACM) 3 abated in facility (13) p N/A Yes No 冈 PIPE INSULATION 100 L FT BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauter ID# Registered Wasto Hauler TULLYTOWN, RESOURCE RECOVERY 13506 1 YD D & S RESTORATION, INC. Disposal Dato City, State City, State TULLYTOWN, PA PATERSON, NJ 07503 Date

Signature

Do not use this form for asbestos licensure exempted activities.

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

D&S Proj. #: MS 12-39

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

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D&S Proj. #: MS 12-40

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

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Date of Notification (1)		Name of Buildir	ng Owr	ner/Operator (2))			10.	.57	-		
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Name of facility where abatemen	t is taking	place (3)					Type of Facility			-		
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Street Address						*		(Private/		ercial		
15 CHESTNUT STREET							Square Feet	# of Flo	19000	В	ldg. A	\ge
City (5)	C	ounty (6)			Cou	unty Code (7)						
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CALDWELL		ESSEX									`	
Name of Monitoring Firm Hired b	y Blag. O	wner (8)		ASCM No.		Name of Abateme						
							RATION, INC.					
Street Address						Street Address						
						20 California						
City, State, Zip Code						City, State, Zip Coo						
		12.			_	Paterson, NJ						
Project Manager for Monitoring Fi	rm	Phone	Numb	per		Telephone Numbe			e Numb			
						973-345-802 Name of OSHA Mo			00159			
Start Date (10)	Scl	hed. Completion D	Date (1	1)		D & S Restora						
02/04/12	02	2/10/12				Street Address	ation, mc.				_	
Occupancy Status During Abatem	ent (Chec	k only one)		W-86-70-		20 California	Avenue					
Facility closed/vacated during	ng entire p	period of abatemen	nt.			City, State, Zip Coo	SALES CARROLLES SERVICES		-	-	-	
Abatement performed outsid	de of norm	nal facility hours-										
Other-Describe: NORMAL	HOURS					Paterson, NJ	07503					
Scope of Work (check all that ap						Г	Full Containment	w/negativ	e press	ure		
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BOGDAN JOLDZIC		SIDENT		l			-	01/24	/12		-	
ASR.41	* Do not	use this form for a	asbest	os licensure exe	empted	activities.						

Jan 23 2012 11:40am P001/001 Fax: State of N.I Notification of Asbestos Abatement D&S Froj. #: MS 12-36 APPROVED. (Pursuant to NJAC 8:60 and 12:120) Dept of Hoalth & Senior Services Date of Notification (1) Name of Building Owner/Operator (2) 19 11 1/12 1 1/11 12 1 Albert & Shirley Galle Agencies Notified Type Notification Street Address ☐ EPA Initial Amended 310 Spruce Street DEP JAN City, State, Zip Code Amendment #: X DOL Emergency Garwood, NJ DOH. (including Name of Contact Talanhona Number ງ້ນອຍີກິເຂານັບກາ) DCA Cancellation Albert Galle **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) ABLERT & SHIRLEY GALLE Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 310 SPRUCE STREET Square Feet # of Floors Bidg, Age **City (5)** County (6) County Code (7) (State use only) Current Use (Prior if being demolished) GARWOOD UNION Name of Monitoring Firm Hired by Bidg. Owner (8) ASCM No Name of Absternant Contractor (9) D & S RESTORATION, INC. Street Address Street Address 20 California Ave. 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 Start Date (10) Name of OSHA Monitor Sched. Completion Date (11) D & S Restoration, Inc. 01/23/12 Street Address Occupancy Status During Abatement (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: MORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment winegative pressure ≥3 sf or >3 ff Renovation Mini-enclosure ≥160 sf or >280 if Glovebag procedure Demolition Non-Exempted (*) and Non-friable procedure is location normally used solely Location of by maintenance/custodial asbesics-containing E E Description of asbestos-containing Amount 8 material (acm) to be staff(12) n m n material (ACM) P (Specify SF or C abated in facility (13) ٥ C Von No a N/A p BASEMENT PIPE INSULATION 135 L FT BASEMENT BOILER BOILER INSULATION 40 SQ FT

Crampleted by (Print or Type) Title BOGDAN JOLDZIC PRESIDENT ASB-41 Du nut use this form for asbestos licensure exempted activities.

Registered Wests Hauler

City, State

D& S RESTORATION, INC.

PATERSON, NJ 07503

Signature

2 YDS

Disposal Date

01/24/12

Cubic Yards of Waste

NJDEP Hauler ID#

13506

TULLYTOWN, PA

City, State

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

Date 01/23/12

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Fax: Jan 24 2012 10:33am P001/001 State of NJ Notification of Asbestos Abatement (Pursuant to NJAC 8:60 and 12:120) APPROVED D&S Proj. #: MS 12-38 Pepta of Health & Senior Services Name of Building Owner/Operator (2) (signature) Date of Notification (1) 0 11 1/12 13 1/11 12 1 YOUNG RESIDENCE Type Notification Agencies Natified Street Address Initial ☐ EFA 38 HICKORY DRIVE Amended DEP City, State, Zip Code Amendment#: JAN 3 0 2012 DOL M MAPLEWOOD, NJ 07040 M Emergency Telephone Number (including DOH Name of Contact (ustification) DCA TIM OSBORNE Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K-12) Subchapter 8 (Other than K-12) YOUNG RESIDENCE Other (Private/Commercial Street Address Bldgs./Homes, etc. # of Floors Bldg. Age Square Feet 38 HICKORY DRIVE County (6) County Code (7) Current Use (Prior If being demolished) (State use only) ESSEX MAPLEWOOD Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bidg. Owner (8) ASOM No. D & S RESTORATION, INC. Street Address Street Address 20 California Ave. City, State, Zip Code City, State, Zip Code Paterson, NJ 07503 Licensa Number Telephone Number Phone Number Project Manager for Monitoring Firm. 00159 973-345 8020 Name of OSHA Monitor Sched, Completion Date (11) Start Date (10) U & S Restoration, Inc. Street Address 01/25/12 Occupancy Status During Abatement (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: Paterson, NJ 07503 Other-Describe: NORMAL HOURS Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure >3 sf or >3 If Renovation Glovebag procedure Demolition Nun-Exempted (*) and Non-friable procedure ≥160 st or ≥260 if R E Is location normally used solely E Location of ē n by maintenance/custodial Amount 11 asbestos-containing Description of asbestos-containing m p C (Specify SF or staff(12) C material (ACM) ٥ material (acm) to be a L abated in facility (13) v Yes No N/A a 65 I ft X pipe insulation BASEMENT CRAWL SPACE Cubic Yards of Waste Name of Registered Landfill Registered Westa Hauter NJDEP Hauler ID# TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 l yd City, State Disposal Date City, State 01/26/12 TULLYTOWN, PA PATERSON, NJ 07503 Signature Date Completed by (Print or Type) Title 01/23/12 **BOGDAN JOLDZIC** PRESIDENT Do not use this form for asbestos licensure exempted activities. ASB-41

State of NJ Notification of Asbestos Abatement

D&S Proj.	.#: <u>MS 12-38</u>			(Pur	suant to NJA	AC 8:	60 and 124120) - 4.00 Y	erana e k o sen u agrandas, e eg a e trospera e ka	Sitti a men	erenga Kalanta	**********	***	
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BOGDAN JOLDZIC PRESIDENT Date		AN JOLDZIC	PRESID			54									
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D&S Proj. #: MS 12-37

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

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DEP Amended	67 LI	NDBERG P	ARKWAY			U L JAN	3 0 20	12	an cont	4	
Amendment #:	City, Sta	te, Zip Code				Ĺ		_	1	Ť	-
DOL Emergency	WAL	DWICK, N	J			A5415 0	10011.0	7	1	The state of the s	
DOH (including justification)	Name of	Contact		-	· · · · · · · · · · · · · · · · · · ·	Telepho	ne Numbe	er	eraction		
DCA Cancellation	MAF	UYLYN BE	ECKER		*	The market and the second of the	Street Warrage	÷ •		33923	
		FAC	CILITY INFORM	MATION						z obije	
Name of facility where abatement is	taking place (3)					Type of Facility					
KENNETH TURNER							ol (K - 12)	•			
Street Address							napter 8 (0				
			*				(Private/C		ercial		
67 LINDBERG PARKWAY						Square Feet	# of Floo	ors	В	lldg. A	Age
City (5)	County (6)				nty Code (7) te use only)				_		
WALDWICK	BERGEN			(Sta	le use only)	Current Use (F	rior if beir	ng der	nolish	ed)	
Name of Monitoring Firm Hired by E			ASCM No.	<u>. </u>	Name of Abatemer	nt Contractor (9)					
					D & S RESTO						
Street Address					Street Address	diffor, n.c.					
					20 California	Ave.					
City, State, Zip Code		10			City, State, Zip Code						
					Paterson, NJ (7503					72
Project Manager for Monitoring Firm		Phone Numb	per		Telephone Number		License	Num	per		
					973-345-802		0	0159			
Start Date (10)	Sched. Comp	letion Date (1	1)		Name of OSHA Mo						
01/30/12	02/08/12				D & S Restora Street Address	tion, Inc.			_		
Occupancy Status During Abatemen)			20 California A						
Facility closed/vacated during				11	City, State, Zip Code					_	
Abatement performed outside	of normal facility h	ours-			ony, otate, zip ood						
Other-Describe: NORMAL H	OURS				Paterson, NJ 0	7503					
Scope of Work (check all that apply				= 11		Full Containment v	v/negative	nress	ure		
N	Renovation					Mini-enclosure	mognavo	produ	uic		
≥160 sf or ≥260 lf	Demolition					Glovebag procedu					
	Is location norma	lly used solel	vI			Non-Exempted (*)	and Non-	friable	Proc	1	3
Location of asbestos-containing	by maintenance/		202 05 350	on of as	bestos-containing	Amount		е	е	E n	E
material (acm) to be	staff(12)		material (5000-00Halling	(Specify S	F or	m o	p a	c a	n c
abated in facility (13)	Yes No	N/A				LF)		v e	i.	p	L
BASEMENT	X		PIPE INSU	JLATIO	ON	100 L FT		×			
BASEMENT ABOVE CEILING REC.RM	X		PIPE INSU	ILATIO	ON	20 L FT				一	恄
										同	T
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hau 13506		Cubic Yards of V 1 YD	Waste	Name of Registere TULLYTOWN	d Landfill , RESOURCE RE	COVER	Y			
City, State		Disposal [City, State						
PATERSON, NJ 07503		01/31/1	2		TULLYTOWN	I, PA					
Completed by (Print or Type)	Title		Signature			- 15 T	Date	0.100			
	PRESIDENT				2 32		01/23/	12			SVI STEELS
ACD 44 *	Do not use this for	un incaspest	IS licensure ex	-mored	ALTIVITIES .						



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

Date of Notification (1)	Ti.				Name of Build						1511	
					MATRIX	DEVEL	OPMEN	T-GR	OUP		J Paters	ח
	1/23/2					1			3	W	3 17	<u>}</u>
Agencies Notified		Notification	Type		Street Addres	i <u>s</u>					$\neg \parallel \parallel$	
(X)EPA		(X) Initial N	lotification		3 CENTER D	RIVE, MONR	OE TOWNS	HIP				
()DEP		() Amende	d Notificati	on	City, State, Zi	p Code	1	JAN	3 0	2012	Lind	/
(X) DOL		Amend		ing justification)	CD LATE	*****	10	• 1	Main Year			
(X)DOH ()DCA		() Cancella		ing justification)	CRANBU		18831					
()		(/			Name of Cont	tact HNSON		Tel. Nu	mber	IRUL &		1
				FACILITY IN	FORMATION	THOON	La construction					
Name of Facility Where A	batement is 7	Taking Place (3)		Type of Facilit			CHALLMACKS IN I	0			
UNIT H					() School (K-	·12) s.						
Ctroot Address					() Subchapte (X) Other (i.e.	orivate & cor	n K-12) nmercial bld	las home	es. etc.			
Street Address 259 PROSPECT PLAINS	RD							S . W				
City (5)	County (6)		County C		Sq. Feet	108000_	#	of Floors	3_	_		
OD ANDUDY	MIDDLESE	v	(State Us	se Only)	Bldg. Age	30+						
CRANBURY	MIDDLESE	^			Current Use (prior if being	demolished)	VA	CANT_			
Name of Monitoring Firm			ASCM N	0.	Name of Cont							
EHS INC					Alliance Envi		ystems		-			
Street Address 9 MAIN STREET					550 East Unio							
City, State, Zip Code					City State, Zip							
MULLICA HILL, NJ		T =	VI		West Cheste			Licence	Numb	or		
Project Manager for Monit JACK CARNEY	toring Firm	Telephone 856223008			Telephone Nu 610-701-9000			License 00508	Numb	ei		
JACK CARRET		000220000			0.0.0.0							
Scheduled Start Date (10)	1	Scheduled	Completion	Date (11)	Name of OSH	A Monitor						
2/6/2012		3/31/2012			EHS, INC							
Occupancy Status During	Abatement (Check only on	ie)		Street Addres	<u>s</u>						
(X) Facility Closed/Vacate	d During Enti	ire Period of A	batement		9 MAIN STRE							
() Abatement Performed	Outside of N	ormal Facility	Hours -		City, State, Zi	n Codo						
Describe					MULLICA HIL							
Other -												
Source of Work (Check al	I that apply)											
() Demolition () Reno	ovation											
(X) Large Proj. (>160 SF	or >260 LF A	CM) () SM Pr	roj. (>25<16	60 SF or >10 <26	60 LF ACM)	() Minor Proj	. (<25 SF or	<10 LF A	ACM)			
() Full Containment with	Negative Pres	ssure () Mi	ni-Enclosu	re () Gloveb	ag Procedure	1 A	anaify CF as	IEV T	Abata	ment Ty	mo.	
Location of Asbestos- Containing Material (ACM) in Solely	ation Normally by Maint./Cus	/ Used	Description of thermal system		Amount (S	pecify SF or	LF)	Abate	ment_ry	<u>pe</u>	
Facility (13)	Staff?		otourur	surfacing, VAT				1		-	_	
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
THROUGHOUT			X	Vat & mastic		45570sf			Х		_	
THROUGHOUT			X	TRANSITE		13400SF			X			
THROUGHOUT			X	FLOOR MAST	TC	57605Sf			X			
			X	LINOLEUM		2400SF			X		-	-
THROUGHOUT			X	FITTINGS PIPE INSULAT	TION	2407EA 4LF			x			
,			x	STEAM TANK		30SF			Χ			
Name of Reg. Waste Hau	ler .	NJDEP Was	ste Hauler l	D #\	Cubic Yards o	f Waste		Name o	f Reg.	Landfill		***
NETO /Minar		17235			Approx. 300			BFI Imp	nerial			
N.E.T.S. / Miners City, State					Approx. 500		Disp. Date	2		City, Sta	te	
Oily, Otalo						1	A CONTRACTOR OF THE PARTY OF TH					
Hazelton, PA					Cianatura		TBD	Data		mperia	, PA	
Completed by (Print or Ty	pe)	<u>Title</u>			Signature	21		<u>Date</u>				
DEVIN BLOM		Estimator			[]]	12/	/ (1/23/20	12			
					1 Dec						_	

Mail to: NJDEP-DSHW-BRRTP

401 E. State St., PO 414 Trenton, NJ 08625-0414

Telephone 609-984-6620

C:\WORD\MYDOCS\ASBESTOS

9/18/00

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

Date of Notification (1) 01 / 26 /	12			of Buildir	ng Owner/Operator (2)	EGFI	W	5 1	(2)	7 4
Agencies Notified			Street	Address	ide Avenue			VJ [
☑ DOLWD ☐ Amended				State, Zip		3 11 11	JAN 3 0 2	2012		1)	
□ DHSS Amendme					NJ 07087	/ /- /			l kons	ukus0i*	
		3		of Conta			Telephone Num	her a			
(NJAC 5:23-8) justification Cancellat	15 (45C)			phen G		L.		— a			
			1000000		NFORMATION	يُحَوِّد	27 St. M. Paramanteria	erikilan ikua.	d interpretation		D. Service
Name of Facility Where Abatement is T	aking Place	(3)		OILITT II	THE ORIGINATION	Type of Facility ((4)	erende .	with a con-	nt et antage	
		(-)				☐ School (K-12					
Street Address				-			(Other than K-12		م منامان		
2122 Berginline Avenue						homes, etc.)	ivate and comme	rciai bu	ıllalıng	js,	
City (5)						Square Feet	# of Floors	BI	dg. A	ge	
Union City											
County (6)			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pri	or if being demolis	shed)			
Hudson											
Name of Monitoring Firm Hired by Build	ling Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)					
					JVN Restora	tion Inc					
Street Address				M-0-1-1	Street Address					ricon -	- 112
					47 Foster Ro	ad					
City, State, Zip Code			98.		City, State, Zip Co	ode		300011===			
					Staten Island	NY 10309					
Project Manager for Monitoring Firm		Tel	ephone	No.	Telephone No.		License No.				
					718-605-6256		00774				
Start Date (10) S	Scheduled C 01 /				Name of OSHA N	Ionitor					
Occupancy Status During Abatement (C		(6)			Street Address						
☐ Facility Closed/Vacated During Entir			ment								
Abatement Performed Outside of No Time of Abatement:AM	rmal Facilit	y Hou	rs - Des		City, State, Zip Co	ode	HOLE AND A SECOND				
Scope of Work (Check all that apply)								-	-11		
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	☐ Re ☑ De				☐ Mini-End ☐ Gloveba	g Procedure	ative Pressure n-Friable Procedu	re			
	Is	Loca	tion	I				Ab	atem	ent T	уре
Location of Asbestos-Containing Material (ACM <u>TO BE ABATED</u> IN Facility (13)) Use Ma	inten	ely by ance/ Staff?		Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	terial (ACM) insulation, or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
(13)	Yes	No	N/A	-	other missenanc	ous)				6	
Ground Level		\boxtimes		pile of	debris						
								In	П	П	
					2					П	
		1	-					12			
		Ц							Ш	Ш	
Name of Registered Waste Hauler Rovic Transporter		(A) (S)	JDEP I lauler II 20785	O No.	Cubic Yards of Waste 100	Name of Regist	tered Landfill thlehem Landfi	11			
City, State	e de la companya de l				Disposal Date	City, State					
Riverale NJ					1/30/12	Bethlehem,	, PA				
Completed By (Print or Type) John Tardy	Title Senior	Proje	ect Mai	nager	Signature	hata	Sky Da	ite			
A C.D. 44		- 3			1600	VII WU	/				

MAY 11

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

State of New Jersey 1110-4391 NF NOTIFICATION OF ASBESTOS ABATEMENT Check #3781 (Pursuant to N.J.A.C. 8:60 and 12:120)

Date of Notification (1) 1/26/12							Owner / Opera	tor (2)	EGE	NA 10	D people		1	1	
Agencies Notified Type Notification					Addr	ersi	ty	1111		U W li	7 1	H	0		
⊠ EPA Type Notification							eville Road				$\neg \parallel$		-;		
☐ DEP ☐ Initial							Code		JAN 3	0 2010	#11	11	-		
DOL Amended#							NJ 08648	1 200	I WAN 3	0 2012	L	//			
□ DOH						ntact		1 1			Telep	hon	e N	lum	her
☐ DCA ☐ Cancellation			Fre	d F	orte	er	Å		ASBESTOS CO	NTROL &	1.0.00				001
				AC	ILIT	Y IN	FORMATION	NA SECTION	Last W.V.	1113		1	CY.		_
Name of Facility Where Abatement is Takin Rider University – GSB Building	ng Plac	ce (3)				Type of Fac			Contract Contract	Majagonia .				
Street Address			_	265					(Other than K-	12) /Unaa	اماماما				
3.1331.144.1333									ate & commer					٠٠٠	
2083 Lawrenceville Road							Square Fee		# of Floors		Bldg. A		-	:(0.)	<u> </u>
City (5) County (6	5)	Co	unty	/ Co	ode (7)					olug. /	.gc			
							Current Use	(Prior	if being demol	ished)			515		
Lawrenceville Mercer							Classroon								
Name of Monitoring Firm Hired by Building	Owner	(8)			ASC	M No			nt Contractor (9)					
Pennoni Associates, Inc. Street Address							AbateTech							- 1000	
515 Grove Street Suite 1B							Street Addre								
City, State & Zip Code			70.70				City, State 8		nde				_		
Haddon Heights, NJ 08035							Lumberton								
Project Manager for Monitoring Firm	Te	elep	hon	e N	lumb	er	Telephone N			License N	lumbe	r			
Alan Lloyd		1000	547		ALDERSON		609-265-21	07			008	29			
Scheduled Start Date (10) Scheduled 1/27/12			on D /12	ate	(11)		Name of OS EMSL Ana								
Occupancy Status During Abatement (Chec							Street Addre								
Facility Closed/Vacated During Enti				bate	emer	ıt	107 Haddo							ms/255	
Abatement Performed Outside of No							City, State &								
Describe: Fri 4PM-12 midnight, Sat 7AM -5		Sund	ay B/L)			Westmont,	NJ 08	3108						
Facility Occupied During Abatement Scope of Work (Check all that apply)	τ														
Scope of Work (Check all that apply)									Full Containm	ent with N	legativ	۵ P	roc	cura	2
≥3 sf or ≥3 lf	Б	a	Re	no	vatio	1		H	Mini-Enclosur		ogaliv	C 1	103	Suit	1
≥160 sf ≥260 lf	ř	Ť			lition			H	Glove Bag Pr						
	_	_						X	Non-Exempte		n-Friab	le F	roc	edu	ıre
Location of		ls l	Loca	tio	n		Descriptio	n of		Amount					Гуре
Asbestos-Containing	N		nally				Asbestos-Cor			(Specify		T	T		Ť
Material (ACM)			olely				Material (A			F or LF)	7		_	E	П
TO BE ABATED in Facility			tena odial				i.e., thermal s) insulation, surfa				em		Repair	cap	lcic
(13)	00	Jote	(12)		A11 :		or other miscel				Remova		ě.	Encapsulate	Enclosure
	Ye	es	No		N/A								1	te	0
Throughout		1	M	TI			Floor Ti	le		521 SF		T	7	П	
						725-200					一百	Tr	Ť	Ħ	Ī
				T								T	jt	T	П
												T]	Ħ	П
						11/2						ĪĒ			
										U=383331/1-3311					
Name of Registered Waste Hauler		VA1:04					Cubic Yards	Name	e of Registered	Landfill			025-00-00		P2
AbateTech, Inc.			H		er ID 875 (of Waste 2	TRR	F Landfill						
City, State Lumberton, NJ							Disposal Date 1/30/12	City,			-1811 <u></u>				-
Completed By (Print or Type)			Tie	tle			Signature	tully	town, FA		Date		203		
Swen Trumbetti					Coo	rd.	JA A	1			1/26		2		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT Check #3780 (Pursuant to N.J.A.C. 8:60 and 12:120)

1201-4438

Date of Notification (1)			Nam	on of F	uilding	Owner / Operat	(2)	T na re	11 17/2 [-	Steron	-	, É	
	5/12					unications	or (2)			1	11.		
	Notification	-		et Ado	-		115	The state of the s	* total quadrature to the	111	 	-	-
□ EPA						d Ave.		1441 0	0 0010				
DEP DEP DOL	Initial				& Zip		14 14	JAN 3	0 2012	I had			- 12/
	Amended #1	20.0				19046	1 1			İ			
DOH DCA	Emergency Cancellation			ie of C k Bay	ontact		1	ASBESTUS C	JN:RUL &	éleph	one l	Numl	ber
	Cariocilation		- 7				-	LICENS	SING				,
Name of Facility Where A	botoment is Taking I	N /	F/	ACILI	TY INF	ORMATION			like varing abstachtences.	No.			
Verizon	batement is raking r	race (3)			Type of Faci				100			
Street Address					-			Other than K-	12)				
1883 Lincoln Highway	1							ate & commer		s, hor	nes,	etc.)	
V-7						Square Feet		# of Floors		ldg. Ag			11270
City (5)	County (6)	Co	unty	Code	(7)								
Edison	Middlesex					Current Use	(Prior if	being demol	ished)	-			
						Offices							
Name of Monitoring Firm USA Environmental	Hired by Building Ow	ner (8)		AS	CM No			Contractor (9	9)				
Street Address						AbateTech Street Addre							
8436 Enterprise Avenu	ue					PO Box 25							
City, State & Zip Code						City, State &		de					
Philadelphia, PA 1915		т.				Lumberton		8048					
Project Manager for Monit Mark Jenkins	oring Firm			e Num	ber xt. 111	Telephone N			License N				
Scheduled Start Date (10)	Scheduled Co					609-265-21 Name of OS		itor		005	29		
2/1/12	Concuired 50	2/10		ale (11	,	EMSL Anal		IIIOI					
Occupancy Status During						Street Addre					7-000		
	cated During Entire F			oateme	ent	108 Haddo							77
	med Outside of Norm	al Ho	urs			City, State &							
Describe: Facility Occupied	During Abstoment					Westmont,	NJ 08	108					
Scope of Work (Check all			11555	100									
(0.000,000,000,000,000,000,000,000,000,0	«PP.)/						\boxtimes	Full Containm	ent with Ne	gative	Pre	ssure	Э
≥3 sf or ≥3 lf		\boxtimes	Re	novati	on			Mini-Enclosur					
≥160 sf ≥260 If			De	molitic	n			Glove Bag Pr					
l ti								Non-Exempte		_			
Location Asbestos-Co			Loca	tion Used		Description Asbestos-Con			Amount (Specify	Aba	atem	ent T	ype
Material (A			olely			Material (A	CM)		F or LF)	Re		ш	_
TO BE ABA				nce or		(i.e., thermal s				Remova	Re	nca	S
in Facili (13)	ity	Custo	odial (12)	Staff?		insulation, surfac or other miscell				<u>a</u>	Repair	Encapsulate	Enclosure
(13)		Yes	No	N/A	-		•					ate	6
Basement Boiler Room	n/battery Area		П	IT		Floor tile & I	Mastic	- 6	500-SF		П	П	
Basement A/C Room		X	П	H		Floor tile & I			700 SF		H	H	H
											Ħ	П	IT
								THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW					
N			Ц				T						
Name of Registered Waste	e Hauler		2000	JDEP \ auler II		Cubic Yards of Waste	Name	of Registered	l Landfill				
AbateTech, Inc			116	187	G NOUNDERFOR	8	TRRF	Landfill					
City, State		Zielle.				Disposal Date	City, S						
Lumberton, NJ						2/10/12		own, PA					
Completed By (Print or Typ	oe)		Tit			Signature ,	1	-10		Date			
Gwen Trumbetti			OF	ps. C	oord.	Su	1			1/25/1	2		

520189

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 01/26/2012		*	une de la companya de		Name of Buil Exxon-Mobil	ding Owner/ Research ar	Operator (2) nd Engineerin	g Compa	ny	V.7		7
Agencies Notified		Notification			Street Addres	- (1-011-	-17-51		
() EPA		(X) Initial N			600 Billingsp		11111	7.0 (8)	÷ (1	2012		1
(X) DOL (X) DOH		() Amende () Cancelle		tion	City, State, Z	ip Code		$\partial P_i N$	J U	LUIL		
() DCA		() Cancen	Ju		Paulsboro, N	J 08066						-
, ,					Name of Con		1,000	Tel. Nu	mber			1
					Bill Nelson					-		- 1
				FACILITY II	NFORMATION	1.74	Lar sea			3275 CON		
Name of Facility Where Ab	atement is I	aking Place (3)		Type of Facili () School (K							
Exxon-Mobil Research and	Engineering	Company			() Subchapte		nan K-12)					
Street Address		, , ,			(X) Other (i.e.			lgs., home	es, etc.			
V					0 5 144	000 #	. (E 0					
600 Billingsport Road	0 (0)		10 / 6	S 1 (7)	Sq. Feet 14,	000 # 0	of Floors2_		_			
	County (6) Gloucester		County C (State Us		Bldg. Age 5	9+-						
Paulsboro	Gloucester		State Us	se Only)	Current Use (demolished)	R&D	Lab			
Name of Monitoring Firm H	lired by Bldg	. Owner (8)	ASCM N	0.			Name of Co	The second second second				
							NCM Demo	lition and	Reme	diation,	LP	
Environmental Managemen	nt Internation	nal					L					
Street Address					Street Addres							
34 East Germantown Pike					404 N. Berry	Street						
City, State, Zip Code					City State, Zir	oCode						
Oity, Otate, 219 Gods					Brea, CA 928							
East Norriton, Pa 19401												
Project Manager for Monito	oring Firm	Telephone			Telephone Nu			License	Numb	er		
Ray Giordano		610-277-04	05		484-480-8931	1		01066				
Scheduled Start Date (10) 01/30/2012		Scheduled 02/02/12	Completion	Date (11)	Name of OSH EMSL Analyti							
Occupancy Status During A					Street Addres	SS						
() Facility Closed/Vacated ()Abatement Performed O					107 Haddon A							
Describe_segregated area,	, no other tra	ides			City, State, Zi Westmont, N.				20			
Other - Describe - Mainter	nance area v	vith not acces	s except fo	or abatement								
personnel Source of Work (Check all	that anniv)				1				55.878			
() Demolition (X) Reno () Large Proj. >160 SF or	vation >260 LF AC		oj. (>25<16	0 SF or >10 <26	60 LF ACM) () Minor Pro	j. (<25 SF or	<10 LF A	CM)			
(X) Full Containment with Location of Asbestos-		ation Normall) Mini-Encl	Description of			Specify SF or	LF)	Abate	ment Ty	pe	
Containing Material (ACM)		by Maint./Cu			ms insulation,	Amount	opecity of of		/ IDUIC	mont ry	<u> </u>	
Facility (13)	Staff?			surfacing, VA								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
Basement	X			Tank Insulation		65 SF			X			
Basement	X			Pipe Insulatio	n	10 LF			Х			-
										_	-	-
Name of Reg. Waste Haule	er 	NJDEP Wa 17323	ste Hauler	ID#	Cubic Yards of	of Waste		Name o			id Waste	e Auth.
Waste Management		11020					variable - Av					
City, State							Disp. Date	2000000		City, Stat		
V.C. 20 19900							02/02/2	2012	5	Swedest	oro, NJ	
Ewing, NJ		Γ=			I cianata			Det-				
Completed by (Print or Typ Mark Griffin	<u>(e)</u>	Title Project Mar	nager		Signature	4.1	, Pa	<u>Date</u> 01/26/20	012			

State of New Jersey 1109-4387
NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to N.J.A.C. 8:60 and 12:120)

Nonde								C. 8:60 and		NEGE	<u> </u>		T	77
Date of Notification	(1)			Nar	ne	of Bu	uilding	Owner / Operato	or (2)	77	L		$\exists \vdash$	111
	1/26/12	-						ersity	li ur					
Agencies Notified	Type Notific	ation		Stre	eet	Addr	ess	12-14	1000	JAN 3	0 20	12	11	77
⊠ EPA				Tru	ıst	ees	of Pri	nceton Univer	sity E.A. Mac	Millan Bldg.	U		Latercar	1
DEP DOL	Initia			City	, S	tate a	& Zip (Code .	Biophyse				1	
	1	nded #3						8544		ASEESTOS (COLTROL	. &		
□ DOH		rgency					ontact		-	LIUEN	Telepho	one N	lumb	per
☐ DCA	L Cano	cellation		Ro	be	rt Or	tego,	P.E.		A something			-	
		25			AC	ILIT	Y INF	ORMATION	Ť.		100			estatura e
Name of Facility WI				(3)				Type of Facil						
Princeton Univer	rsity – Fires	stone Library	<i>'</i>					School (
Street Address									oter 8 (Other tha					
One Washington	Road									nmercial building			etc.)	
								Square Feet	# of Flo	ors B	Bldg. Ag	је		
City (5)		County (6)		ount	y C	ode	(7)							
Princeton		Mercer							(Prior if being d	emolished)				
						210		University						San James A.
Name of Monitoring		y Building Own	ner (3)		ASC	CM No	. Name of Aba	tement Contrac	ctor (9)				
ATC Associates,	Inc.							AbateTech,	, Inc.					
Street Address								Street Addres	ss					
Bromley Corpora		3 Terri Lane,	Suit	e 12				PO Box 25						parage and
City, State & Zip Co								City, State &						
Burlington, NJ 08			1					Lumberton						
Project Manager for	Monitoring F	irm				Numb	oer	Telephone N		License N				
Mike Keehn			_	-386	_		_	609-265-210			005	29		
Scheduled Start Da 10/17/11		Scheduled Cor	75.250.00	tion E 9/11		e (11))	Name of OSI EMSL Anal						
Occupancy Status [Ouring Abater	ment (Check or	nly o	ne)		/		Street Addres						
		During (Entire P			ba	teme	nt	108 Haddor	n Ave.					
Abatement I	Performed O	utside of Norm	al-H	ours				City, State &	Zip Code					1000
Describe:								Westmont,	NJ 08108					
Facility Occ	upied During	Abatement												
Scope of Work (Che	eck all that ap	oply)		100								A-1-1-		
										itainment with N	egative	Pres	ssure	9
≥3 sf or ≥3 l			\boxtimes	100	E 1000	ovatio	100		Mini-End					
≥160 sf ≥26	O If			D	em	olitio	n			ag Procedures				
										empted and Non	ı-Friable	e Pro	cedu	ıre
	cation of			Loc	W. S. C.	20275		Description		Amount	Aba	atem	ent T	ype
	os-Containin	g		rmally				Asbestos-Con		(Specify				
	erial (ACM) SE ABATED			Solely ntena				Material (At (i.e., thermal st		SF or LF)	l 20	77	nc Enc	l m
	Facility			todia				insulation, surfac			Remova	Repair	aps	응
	(13)		Colorate	(12		30323		or other miscella			val	뿔	Encapsulate	Enclosure
Work Area #1 Leve	IA		Yes	No		N/A	Floo	r tile & Mastic (NF Removal)	400 SF			क	"
Work Area #1 & #	2 Level A					\boxtimes		Floor tile & N	Vlastic Vlastic	39,600 SF				
Work Area #1 & #	2 Level A				\prod			Pipe/Fitting Ins	sulation	4,500 LF				
Work Area #1 & #	2 Level A					X	Joi	int Compound	& drywall	8,500 SF			-	
Work Area #3 Lev	/el A					\boxtimes		Pipe/Fitting Ins	ulation	100 LF				
Work Area #4 Lev	rel B		П	I		X		Floor tile & N	/lastic	1,780 SF			П	
Work Area #1 Lev	rel 1A		П	T		X		Floor tile & N	lastic	1,063 SF		П	П	П
Name of Registered	Waste Haule	er		IN	JD	EP V	Vaste	Cubic Yards	Name of Regi					
AbateTech, Inc.				H		ler ID 1875		of Waste	TRRF Landf	ill				
City, State	WW. p. v. b. 13	-						Disposal Date	City, State					-
Lumberton, NJ								2/29/11	Tullytown, F	PA				
Completed By (Print	or Type)			T	itle			Signature		15	Date			
Gwen Trumbetti	## S						oord.	Chi	+		1/26	/12		

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

1111-4414 NF Check #3537

Date of Notification	(1) 1/26/12			of Buildir	g Owner / Operato	or (2)	me (CEI	W E	1 100	77	1,2
Agencies Notified	Type Notification			Address	voicity				13 1	-11	111	
⊠ EPA	1 ypo rroundation	7 8			rinceton Univer	sity F A	MacMilla	n Blda			111	
☐ DEP	☐ Initial			State & Zij		100		AN 30	2012	iii.	#	-
DOL	Amended #1			eton, N.		į	12 hij - 07	an Ju	2012	Low	1	
☑ DOH	☐ Emergency			of Conta		1			Telepho	ne N	lumb	er
DCA	Cancellation	1 60		rt Orteg			ASE	ESTOS CON	·			O.
				CILITY II	FORMATION	- 4.	4,	1 11 11 11 11 11 11		-		è
	nere Abatement is Tak	ing Place (3	3)		Type of Faci			Transfer de la	or securios			Į
Princeton Univer	sity – Jadwin Hall				School ((K-12)					•	8
Street Address					Subcha	pter 8 (Otl	her than K-	12)				
Washington Roa	d				Other (i.	e. private	& commerc	cial buildin	gs, hom	es, e	etc.)	
Princeton Univer	sity Main Campus				Square Feet	#	of Floors	E	Bldg. Ag	е		
City (5)	County	(6) Co	unty C	Code (7)					8 8			
Princeton	Mer	1000	1.5	\$ 100	Current Use	(Prior if b	eina demoli	shed)				
Timocton	INICI				University	(og	,				
Name of Manitorina	Firm Hired by Building	Ourner (9)		ASCM N		tomont C	ontractor (C	2)		_		
ATC Associates,		g Owner (6)		ASCIVIT	AbateTech		onitaciói (s	")				
Street Address					Street Addre	ss	5111C3088_E1=			1.7031		
Bromley Corpora	ite Center 3 Terri L	ane, Suite	12		PO Box 25							
City, State & Zip Co					City, State &							
Burlington, NJ 08					Lumberton		48					
Project Manager for Mike Keehn	Monitoring Firm	Telep		Number 800	Telephone N 609-265-21			License N	lumber 0052	9		
Scheduled Start Da	te (10) Schedule	d Completio	-	_	Name of OS	HA Monito	or					
1/16/12		2/29	/12)'	EMSL Anal	lytical						
	During Abatement (Che				Street Addre							
	ed/Vacated During Er			atement	108 Haddo							
Abatement I	Performed Outside of	Normal Hou	ırs		City, State &	Zip Code						
Describe:					Westmont,	NJ 0810	08					
	upied During Abateme	nt							110110000			
Scope of Work (Che	eck all that apply)									_		
	5	_	1000000000				ull Containn		legative	Pres	ssure	,
≥3 sf or ≥3 l		\boxtimes	1170	ovation			ini-Enclosur					
≥160 sf ≥26	0 If		Den	nolition		-	love Bag Pr					
					Ų.	☐ No	on-Exempte	ed and Nor				
	ocation of		_ocati		Descriptio			Amount	Aba	atem	ent T	ype
	os-Containing		nally L		Asbestos-Cor			(Specify			m	
	erial (ACM)		olely b		Material (A			SF or LF)	고	П	l ii	ᄪ
	BE ABATED Tacility	Maint Custo			(i.e., thermal s insulation, surfa-				Remova	Repair	aps	응
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(13)	Cusic	(12)	naii:	or other miscel				Va	음	Encapsulate	Enclosure
	(10)	Yes	No	N/A	01 04101 11110001	ianoodo,			-		ित	Ф
Mork Aroa #NE1	(Stair 1) 1st thru 4th				Window Caulk	/Glazino		106 LF				
Work Area #NF2	(Stail 1) I tillu 4	··		H	Window Caulk			34 LF		H	H	H
Work Area #NF2	(Stair 2) 4 FI.			H	The second secon					H	H	H
Work Area #NF3	(Stair 3) 4 Fi.			H	Window Caulk	Glazing		34 LF	- A	H	H	H
			H	H					႕님	H	H	H
			닖						니님	H	님	H
			<u> </u>		10 11 1/ 1	TN	(D. i.t.	J.1 JCII				
Name of Registered	Waste Hauler		11 610000000		te Cubic Yards	Name o	f Registere	d Landfill				
AbataTash Inc			па	uler ID No 18750	of Waste	TDDE	Landfill					
AbateTech, Inc.				10/30								
City, State Lumberton, NJ					Disposal Date 2/29/12	City, Sta	own, PA					
Completed By (Print	or Type)		Title	е	Signature	,		-	Date			
Gwen Trumbetti	J /			ps. Coord	I. SAL	1			1/26	/12		

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

1111-4414 SUB8 Check #

Data of Natification (4)		ls:		(D :	1			TE G IE	11 10 0	** *		e Vogs
Date of Notification (1) 1/26/12	1.5	Prin	псе	ton U	nive	owner / Operato rsity	or (2)		U W		Par Common	
Agencies Notified		City Prin	ste Sta ne c	ate & 2 ton, N of Cont	Prin Zip Co NJ 08 act	544	sity E.A. Ma	ASEESTOS CO	Telepho	1	Jumb	er
Z DCA Cancellation				t Orte				LICENSI	· len			
Name of Facility Where Abatement is Taking I	Dlace		AC	ILITY	INFO	Type of Facili	ity (4)	e neglectus and additional probability of the	el files - culturates	-		
Princeton University - Jadwin Hall	lacc	(5)				School (I						
Street Address			100	3113			oter 8 (Other to					
Washington Road					28			mmercial buildi			etc.)	
Princeton University Main Campus City (5) County (6)	10			d- (7)		Square Feet	# of FI	oors	Bldg. Ag	je		
City (5) County (6) Princeton Mercer		ounty	/ ((de (7)		Current Use (Prior if boing	damalished)				300
Wiercer						University	Thoi ii beilig	demonstred)				
Name of Monitoring Firm Hired by Building Ow	ner (8	3)		ASCM	No.	Name of Abar	tement Contra	actor (9)				
ATC Associates, Inc.	(0	,				AbateTech,		20101 (0)				
Street Address	and the second	Witness .				Street Addres	SS					
Bromley Corporate Center 3 Terri Lane,	Suit	e 12				PO Box 25						
City, State & Zip Code Burlington, NJ 08016						City, State & 2 Lumberton,						
Project Manager for Monitoring Firm	Tele	nhen	e-N	lumbei	r	Telephone Nu		License	Number			
Mike Keehn		-386			1	609-265-210		Liochioc	0052	29		
Scheduled Start Date (10) Scheduled Co	mplet	ion D	ate	(11)		Name of OSH	A Monitor					
11/28/11		9/12			-	EMSL Analy	ytical	<u> </u>				
Occupancy Status During Abatement (Check o	only or	ne)			1	Street Addres						
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm			pate	ement		108 Haddon City, State & 2						
Describe:	iai iii	Jui 5	_			Westmont,	and the second second second					
Facility Occupied During Abatement						Westinoni,	145 05 105					
Scope of Work (Check all that apply)				- 77	75.5	1						
	_							ntainment with	Negative	Pres	ssure)
≥3 sf or ≥3 lf	\bowtie		0.00	vation				nclosure				
≥160 sf ≥260 lf	Ш	De	emo	lition				Bag Procedures		Dro		
Location of	le	Loca	tion		N9/1000	Description	The state of the s	cempted and No Amount			ceau ent T	
Asbestos-Containing		mally				Asbestos-Cont		(Specify	Abe	lem		ype
Material (ACM)	5	Solely	by			Material (AC	CM)	SF or LF)			ш	_
<u>TO BE ABATED</u> in Facility		ntena todial			in	(i.e., thermal sy sulation, surfac			Ren	Re	ncal	incl
(13)	Cusi	(12		AII ?		or other miscella			Removal	Repair	Encapsulate	Enclosure
78 5	Yes	No		N/A					<u>m</u>		ate	9
1 st Floor Lobby		F	1	_		Ceiling Plas		395 SF				
Work Area #1	H		+	4		Ceiling Pla		2,100 SF			H	H
Work Area #2 (Stair 2)	H	X	+	\dashv		Ceiling Pla		330 SF		H	H	H
Work Area #2 (Stair 2) Work Area #2 (Stair 3)	H		+	$\dashv \vdash$	colorado	Floor tile & N Ceiling Plas		100 SF 330 SF		H	H	H
Work Area #2 (Stair 3)	H		+	=		Floor tile & N		100 SF		H	H	H
1st Floor Lobby	H	H	+	a		Floor tile & N		395 SF		H	H	H
Name of Registered Waste Hauler		N		P Wa		Cubic Yards		istered Landfill] ES		الا	
AbateTech, Inc.		Н		er ID N 8750	lo.	of Waste 12	TRRF Land					
City, State Lumberton, NJ						Disposal Date 2/29/12	City, State Tullytown,	PA				
Completed By (Print or Type) Gwen Trumbetti			tle pps	s. Coo		Signature	Ut.	ercontest et	Date 1/26	/12		

Neneck

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

Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Was See Below		er ID#	Cubic Yards of Waste: 40			dowfill Landfill
		NIDES III		Roof Flashin Roof Deck		425 8	SF	X X E of Registered Landfill
Generator Building			X	Roof Flashin Louver Foan Exhaust Flue		13 LF 435 S 100 L	s SF	XI XI
					e PipeTransite	10 L	F	X
East Building			X	Flashing Glass Block		100 L 108 L 65 L	.F	X
Wets Building	YES	TNO	X	Roof Felt Pa	per	350 5		X
Location of Asbestos-Containing Material (ACM) in Facility (13)	Solely Staff?	ation Norma by Maint./C (12)	lly Used ustodial NA	Description of Asb (ACM) (i.e. therm VAT, or other miss	pestos Containing Material al systems insulation, surfacing,	Amoun (Specif or LF)	it fy SF	Abatement Type Remove Repair Encap Enclose
				Demolition	G * I	lovebag P Non-Exem	rocedu	ire ') and Non-Friable Procedure
≥ 3 sf or ≥ 3 lf				Renovation	N	Mini-Enclo	sure	vith Negative Pressure
Source of Work (Check all that app	oly)	- 1, 20.2			-	ull Cantain	mont.	with Negative Pressure
Other - Describe: Vacan Phase 1 - January 26, 20 Phase 2- July 1, 2012 to	012 to	Februar	y10, 20	12	Piscataway, NJ 08854	1		
Describe					City, State, Zip Code			
Facility Closed/Vacated D Abatement Performed Out	uring Ent	tire Period	of Abater	nent s -	1056 Stelton Road			
Occupancy Status During Abate	ment (Ch	neck only o	ne)		Street Address			
Scheduled Start Date (10) January 26, 2012		Scheduled C July 31,		n Date (11)	Name of OSHA Monitor EMSL inc.			
Mark Connors		732-672	-7519		973-492-0477		0084	10
Project Manager for Monitoring Fin	m 1	Telephone N	lumber		Telephone Number		Licens	se Number
City, State, Zip Code			770-24-0		City State, ZipCode Butler, NJ 07405			
30 Knightsbridge Road,	Suite 5	520			268 MAIN STREET			
AECOM, Inc. Street Address			L		Street Address			
Name of Monitoring Firm Hired by N/A- Final Inspection		ner (8)	ASCM 0007	9	Name of Contractor (9) GREENWOOD ABATEN	IENT CO	ONSU	LTANTS, INC.
Roselle Un	ion			Jse Only)	Current Use (prior if being der	molished)	Powe	er Station to be demonshed
the source of the second second second second	inty (6)			Code (7)	Sq. Feet: Unknown #			
Street Address 400 West 1 st Avenue		-			Subchapter 8 (other than K-1 Other (i.e. private & com	mercial bu	ıildings,	homes, etc.)
Name of Facility Where Abatement NJ American Water Com	pany.	Roselle	Booste	er Station	School (K-12)			
	- T 12	Dies- (2)		FACILITY INFO	ORMATION Type of Facility (4)			
x DEP x DOH	. [☐ Cancel		305	Christopher Grys			The state of the second
DCA x DOL	[■ Emerge justific		nciuding	Name of Contact	MINIK		hone Number
X EPA				fication #1	City, State, Zip Code Roselle, NJ c/o PKF	Marel	HIN	LICENSING Lewtown PA
Agencies Notified		lotification Initial I	Notifica	tion	Raritan District, Rosel	le Wate	r-Boo	ster Station
January 26, 2012	T &	lotification	Type		Name of Building Owner/Oper New Jersey American Street Address	vvater	Comp	pany
Date of Notification (1)					Name of Building Owner/Oper	Mata-	الم	2012

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

Disposal Date City, State Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 Route 2, Box 68 July 31, 2012 NJ DEP # 12561 Bridgeport, WVA Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551 304-842-2784 Signature Completed by (Print or Type) January 26, 2012 SENIOR PROJECT Marin Graure Marin Graure

GAC # 2012-308- Note: Corrected Street Address Number

MANAGER



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

Date of Notification (1)					Name of Building Owner/Operator (2)									
January 12, 2012		1 11 05 0			New Jersey American Water Company 2012									
Agencies Notified		Notification		UE	Street Address									
X EPA		The state of the s		tification	Raritan District, Rose	elle Wa	ter Bo	ooster St	ation					
DCA				rtification	City, State, Zip Code	UL &								
x DOL		□ Emer	gency	(including	Roselle, NJ c/o PK	F.Mai	kIII	Newtow	n PA	. •				
X DEP			ication)	Name of Contact		Tele	Telephone Number						
x DOH		☐ Cano	elled		Christopher Grys		-			3.0				
				FACILITY	NFORMATION									
Name of Facility Where Abatem	nent is Ta	aking Place (3	1_		Type of Facility (4)									
NJ American Water Co	ompan	ıy, Roselle	e Roos	ster Station	School (K-12)									
Street Address 400 West 19 th Street		14			Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 70 years									
City (5)	County (6	3)	Coun	ty Code (7)	Sq. Feet. Unknown	# OI FIO	ors: 1	Blag. Age	: 10 y	/ears				
	Union			e Use Only)	Current Use (prior if being demolished): Power Station to be demolished									
Name of Monitoring Firm Hired		Owner (8)	ASC		Name of Contractor (9)									
N/A- Final Inspectio	n By:		000	79										
AECOM, Inc.	a				GREENWOOD ABATE	MENT (CONS	ULTANTS	, INC.					
Street Address					Street Address		100,000,000	1						
20 Knightshridge Bee	d Ct	- 520												
	N Knightsbridge Road, Suite 520 Ny, State, Zip Code				268 MAIN STREET									
	scataway, NJ 08854				City State, ZipCode									
	Telephone	Numbor		Butler, NJ 07405										
Mark Connors	oject Manager for Monitoring Firm ark Connors 732-67				Telephone Number		Licer	ise Number						
mark Johnson					973-492-0477		008	40						
Scheduled Start Date (10)	22 180			on Date (11)	Name of OSHA Monitor		1 000							
January 26, 2012		July 31,	2012		EMSL inc.	*0								
Occupancy Status During Aba	tement (Check only o	ne)		Street Address				-					
Facility Closed/Vacated	During E	Entire Period	of Abate	ement										
Abatement Performed C	Outside o	f Normal Fac	ility Hou	rs -	1056 Stelton Road									
Describe					City, State, Zip Code									
Other - Describe: Vaca					Piscataway, NJ 08854									
Phase 1 – January 26,	2012 to	Februar	y10, 20	012	. 100ataway, 140 00004									
Phase 2- July 1, 2012		31, 2012												
Source of Work (Check all that a	pply)													
					Fu	Il Contai	nment v	with Negativ	e Press	ure				
$\geq 3 \text{ sf or } \geq 3 \text{ lf}$				Renovation	n M	lini-Encl	osure							
$\square \ge 160 \text{ sf or } \ge 260$)			Demolition		ovebag l								
Location of Asbestos-Containing	Lala	antian Manual	1.11	T 6 T 8 T 8	x N			and Non-F		³ rocedure				
Material (ACM) in Facility (13)		cation Normal y by Maint./Cu		(ACM) (i.e. then	sbestos Containing Material mal systems insulation, surfacing,	Amou (Speci		Abatement	Type					
, , , , , , , , , , , , , , , , , , , ,		(12)	a o to didi	VAT, or other mis		or LF)		Remove Re	epair Enc	ap Enclose				
	YES	NO	NA		•	",								
Wets Building			X	Roof Felt Pa	per	350 9	SF	X						
				Flashing		100 1	*C-0100	X	- 1					
East Building			X	Glass Block	Caulk	108 I		X						
	1			Louver Wind		65 1		X	- 1					
	1 1			e PipeTransite	10 L	3322 V	X							
			Roof Flashin		100 L	A	X							
Generator Building			X	Louver Foar		13 LF	570	X						
Senerator Building					e Pipe Transite	435 5		X						
						100 L		X						
			Roof Flashir Roof Deck	19	425 5		[X]							
Name of Reg. Waste Hauler NJDEP Waste Haxuler ID #					I o by V a size									
See Hauler Below # 1 & 2		See Below		110#	Cubic Yards of Waste:	Name of Registered Landfill								
230 Hadioi Bolow II T Q Z		CCC DEIOM	A		40		mead	lowfill Lan	Idtill	25				

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

Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405
NJ DEP # 12561
Hauler #2) Newark Carting, Inc. – Newark, NJ 04509, NJ DEP # 19551

Completed by (Print or Type)
Marin Graure

Title
SENIOR PROJECT
MANAGER

Disposal Date
July 31, 2012

City. State
Route 2, Box 68
Bridgeport, WVA
304-842-2784

GAC # 2012-308



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



		ication		Tom	Name of Building Owner / Operator (2) Tom Foster										
Agencies No X	otified EPA		Emerge	ency Notification		Address anforth L	ane								
	DEP DOL			otification ed Notification		tate & Zip (Gardner,				AN 3 U 20	To the second				
X [DOH DCA		Cancell	ation	Name	of Contact Foster			Avi	ESTOS CONTROL HOENTONA					
			- 7		FA	CILITY IN	FORMA	ATION		with the second of the second	Secretary and the second				
Name of Fa	cility Wh	ere Aba		is Taking Plac	ce (3)		Тур	e of Facility (-	The first manager to				
Street Addre	ess	5		idence forth Lane			School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.								
City (5)				ounty (6)	County C	ode (7)	-	are Feet 2200	Bldg. Age						
	en Gard	ner	93	lunteerdon			200	ent Use (Pri	or if being	demolished)					
Name of Mo				Building Owne	r (8)	ASCM No	. Nan	Name of Abatement Contractor (9) Global Abatement Services, LLC							
Street Addre	ess						Stre	et Address Schoolho	2000-0						
City, State &			×				City, State & Zip Code Monroe Township, NJ 08831								
Project Man	ager for		ring Firr		elephone 32-290-2		Tele	phone Numb -605-9062			e Number 00714				
Scheduled S		e (10)	Sc	heduled Com	oletion Dat 2/6/12	e (11)		ne of OSHA I		rices, LLC					
X Fac	ility Clos itement F	ed/Vac Perform	ated Du ed Outs	ent (Check only ring Entire Pe side of Normal d During Ab	riod of Aba Facility Ho		443 City	et Address Schoolho State & Zip nroe Town	Code						
Oth	er - Desc	ribe:													
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	Basement							TSI Pipe		15 LF	Removal				
							3131119								
Name of Re Freeho	egistered		Hauler	1	JDEP Wa	ste Hauler 18693	ID#		2	TRRF	gistered Landfill				
City, State Freeho						21		Disposal Da 2/6		City, State Tullytown,	Pa				
Completed By (Print or Type) Dominick Tringali Title Pres.							Signature Date Dominick Tringali Date								

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

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		576 Valley Rd #283																			
		City, State. Zip Code											City, State, Zip Code								
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* Emergency *

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

CK 2387

Date of Notification (1) 1/25/12				ame of E loseph		ner/Operator	(2)	E W. K	171		A C C C Continue of the Contin	6				
Agencies Notified	Type Notification	H.		treet Add 05 Por	dress mona Roa	ad		JAN 3	0 2012		- Commercial Sections					
X EPA X DEP X DOL	Amended Amendment	#			e, Zip Code iinson, NJ	08077	į		-t-and the top of the contracting		-		ā.			
DOH DCA	Emergency (justification) Cancellation	including		lame of C Cynthia	Contact Wals Ke	ebler	· Newspecials	hereova LCI	Talanh		- Proposition	- 02				
				FACIL	ITY INFOR	MATION	T.m.	of English (4)	/8.40%, **.	Janes - Alexander						
Name of Facility Where A Joseph Wlas Street Address	Abatement is Taking	g Place (3)						School (K-12) Subchapter 8	Other than K	-12)			omo			
605 Pomona Road							×	etc.)	vate & comme					٠,		
City (5) Cinnaminson, NJ 0	8077						100	are Feet 0 +	# of Floors 1	3	3Idq 35-	g. Ag F	e			
County (6) Burlington	T		(County C	ode (7) SE ONLY)			F	if being demol	ished)						
Name of Monitoring Firm	Hired by Building	Owner (8)		ASCM	No.		e of Ab naco	atement Contr Inc	actor (9)							
Street Address					15/11/16/16/16	t Addre Box 3										
City, State, Zip Code						City, State, Zip Code West Berlin NJ 08091										
Project Manager for Mon	nitoring Firm	1	Γelephon	e No.		hone I -753-		License 00727								
Start Date (10) 1/28/12		Schedule		Completion Date ()				SHA Monitor Inc								
Occupancy Status Durin	ng Abatement (Chec	k Only On	e)				et Addr									
Facility Closed/Vac Abatement Perform Other – Describe:	cated During Entire ned Outside of Norr weekend	Period of A nal Facility	batem Hours	ent		City,	State,	Zip Code rlin NJ 0809	91			-				
Scope of Work (Check /	All That Apply)						- 100									
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			enova emoliti					Mini-Enclosure Blovebag Proc	nt with Negativ edure (*) and Non-F				9			
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Location Asbestos Containing TO BE AF In Fac (13	g Material (ACM) BATED illity	Use Ma Cust	d Sole intenar todial S (12)	ly by nce/	(i.e. th	Descripting Containing the Property of the Pro	Mater ms insi /AT, or	ulation,	Amount (Specify SF or LF)	Removal		Repair	Encapsulate	Enclosure		
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Name of Registered Wa United Containers	aste Hauler			lauler ID 2459	No.	of Waste 2		G.R.O.\	W.S.		1					
City, State ELM						Disposal Da 1/26/12	ate	City, State Morrisv	e ille PA 1906	57 						
Completed by Anthony T Perna		Title Pres	ident			Signat				Date 1/25/	12					

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

		1			OF ASBI				CHEC	6	110	30	4				
Date of Notification (1) 1/24/12)				Building Geph Ch		perator	(2)			- <u></u>						
Agencies Notified	Type Notification			Street Ad 767 Pr	ddress ospect	Street			isa on	0010							
DEP DOL	Amended Amendment		_[City, State, Zip Code Maplewood NJ 07040									1				
DOH DCA	justification) Cancellation	· · · · · · · · · · · · · · · · · · ·			Contact Oppenh	eimer	İ	-	Telephone	Numbe	er-						
Name of Facility When Church	e Abatement is Takin	g Place (3)	FACI	LITY INFO	ORMATIC	N	Type of Facilit	(-12)			ed					
Street Address 767 Prospect Stre	eet								ter 8 (Other than private & comn		l buildings, homes,						
City (5) Maplewood			999					Square Feet 5000	# of Floors	•	5 S	ldg. A O	ge 				
County (6) Essex	0 18			County (Code (7) JSE ONLY)		Current Use (F	Prior if being dem	nolished)						
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCM	1 No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC										
Street Address		Resource O				4 E C	Street Address 4 E Gate Drive, PO Box 483										
City, State, Zip Code					City, State, Zip Code Glenwood NJ 07418												
Project Manager for M		Telephor	ne No.			one No. 583-8500	Licen 703	se No.									
Start Date (10) 1/27/12		Schedule 2/10/12		npletion l	Date (11)		Name	of OSHA Monit	or								
Occupancy Status Du							Street	Address				-1 107	Vies				
Abatement Perfo Other – Describe	acated During Entire I rmed Outside of Norn night	Period of A	Hours	nent S		_	City, S	tate, Zip Code									
Scope of Work (Check ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		-	Renova Demolit					Mini-Enclos Glovebag P					Э				
Locat	tion of	- 2500	Locati	0.6500.455		Des	cription	of					ment pe				
Asbestos-Containi TO BE A In Fa	ng Material (ACM)	Ma Cus	d Sole intena todial (12)	nce/ Staff?		tos Conta thermal surfac	aining M	laterial (ACM) insulation, T, or	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure			
Boiler & M	IER rooms	Yes	No	N/A X		pipe	e fitting	js	4			x					
						(1											
							37-1										
Name of Registered V	Vaste Hauler			IJDEP W lauler ID		of Was		Name	of Registered La	ndfill							
City, State						Dispos	al Date	City, S	tate								
Completed by Andrew Scott Higg	gins	Title Presi	ident			Si	Signature			Date 1/24/12							

State of New Jersey NOTH-ICATION OF ASSESTEDS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1)	1-26-12	Mary - or (AZIA) Property	***********	JOIL	THE REST CONTRACTOR OF THE PARTY OF THE PART	41	AN 3 0 2012	i i i			
Agencies Notified 1 1227 1 1017 1 1001.	Type Notilication Initial Amended Amendadent	it	100	Address 2 E liate, Zip 12 N	THER I	1 500 5 08	13 205A 818 11 11 11 11 11 11 11 11 11 11 11 11	<u> </u>	And the second		4 - 4 4 - C9
[] DOH	Emergency (justification) Cancellation	including	Manie	of Conta So 🗲	cl		Talanhana Mumb	ier)	
and analysis of the second second second second				HINVIN	FORMATION	roger at Facility	.7%\				
Name of Facility Where MIZRAH Street Address ALAU RI	1 OWN	cd 1	JR O		19	homes, etc	2) - 8 (Other than K-12 private & commercia -) & # of Floors	al Guile	ig. Λε		- tear
City (5) EDISON						5000	or if being demolis	.) (O.O.		
County (6) M 1 1 1 1 1 2	162	AND THE PARTY OF T	USF:	ONLY)	(7) (STATE	ST.	ors:	ined)	11-11-11-11-11-11-11-11-11-11-11-11-11-		
Name of Monitoring Firm (8)		Owner	ASCM	No.	Name of Abaten	ient Contractor (TUSULA	9) <u>Tion</u> Cu	1	N. C	,	
Street Address	monated 2014 (Melanter) reprint non-the size classifica- cian and a factor not included an accomplish factors +	And the state of t	I. A.B. To Tax	Section Country of	1 Street Address		<u>RA</u>			11. ANT	
City, State, Zip Code	The second secon	en en en en en en en en en en en en en e		****************	City, State, Zip C	Wade N	S 07722	20-14-01-02-0 0-2-110-02-0	************************		
Project Manager for Mo		Te	elephone	No.	Telephone No.	11757	License No. しついな]			
Start Date (10) 2-4-12	Scho	iduled Comp	oletion Da	ile (11)	T Mamo of OSHA	Monitor	2 CD TA				1777
Occupancy Status Duri)	A Sugal Case of the	Street Address						
☐ Facility Closed/Vaca ☐ Abatement Performe ☐ Other - Describe:	d Outside of Norm	al Facility Ho	nurs		Ciny State 7in (NTROVE A Sode NECLE	<u>v</u> S 22	22.	1.	1 may 2 mm	
Scope of Work (Check a	all that opply)	Renov		gar Alexandria (n. 19	Mini-En	closure oa Proceduro	egalive Pressure Ion-Friable Procedu	ro			
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Location Asbestos-Containing I TO BE ABA (N Facility (13)	Material (ACM) TED	Norma Used Sol Mainten Custod Staff (12)	ely by ance/ fial ?	Asbe (i.e	Description o stos Containing Ma , thermal systems surfacing, VAT other miscellano	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Ramova.	77 (20 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	Encepsuieta	1:00
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CR4/1338

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

Date of Notification (1) , 11 -12	CHARLES SETTING	Name o	of Duildin	g Owner/Operator	(2)				
position of the contract of th	1-26-12		5	EN	z Joh	NYOW				1 11
Agencies Notified	Type Notificatio	n	Street /	Address	1. 150 NI	AND AL	16 JAN 3-0	2012		
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There	Amended Amended	ii	City, St	ate, Zip (J Al-			W.S		
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HOOH	justification		Name o	of Contac	is Ich	2601			-	
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and along the contract of the		Ellowa (D)	(:VC)	H 11 A MAIN	ORMATION	Type of Facilit	y (4)		ggyta (4.4.)	
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Name of Monitoring Fi	ım Hired by Building	Owner	ASCM	lo.	Name of Abaten	rent Contractor (.1"		
(8)		- North Control and Addition		de a source o	1766	トムアハイダ	Tred Cu	41		
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				on a postorial or	COLISI	VECKS IV	(0777.7			
Project Manager for M	ionitoring Firm	Tel	ephone N	lo.	Telephona No.	/	License No. しひひみ	c.		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1			1331-117	<u> </u>	1 0005	1		
Start Date (10)	Sch	eduled Compl	elion Dale	e (11)	Mana of OSHA	Monitor				
2-4-12	1	-10-1	1.7-		ALC I	VIVIATIO	N C12 Time			
Occupancy Status Du	ring Abatement (Ch	eck only one)	J. Proposition of	MATERIAL PROPERTY	Street Address	ang pang ang ang asan magan an ana di ang ana	ency distribution and systems			
Facility Closed/Vac					GC Mo	STROYE 6	(1)			
[*] Abatement Perform	ned Outside of Norn	al Facility Ho	urs		City State Zip C	code	***************************************			300
[] Other - Describe:					COLT	NEUL	NS 02	77		den e
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Scope of Work (Check	can man approp						egative Pressure			
[]∋Xstor≥3 If		Renova	lion		Mini-End	closure ad Procedure				
2160 st or ≥260 ft	2	Demoliti	on		Non-Ex	empted (*) and h	lon-Friable Proceds	то		
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Name of Registered W	loste Hauter		MIDEP W		Cubic Yards	Name of Re	gistered Landfill			
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ACE INS	ULATION	CU]	1.208	<u>ب</u> ا	San Day of the sand	100000000		7.1.7		
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Completed By	Tit			n	Signature	Car la	1-	-26	-1"	2
3/2011 BV	1 L	083	FVI G	14	1 /4-68	2 15 1 65 7				
	September of the septem	and and the second second second second	THE REAL PROPERTY.		- ()					

Check#1357

Date of Notification (1) 1/6/2012				of Building Owner ari Enterprises		r (2)	Ĉ.	1 1/1		100		Č.
Agencies Notified EPA DEP Amende Amende	ed	1	Street 25 M	Address ain Street tate, Zip Code ensack NJ			HAN 3	0 2012				
	ncy (including tion)		Name o	of Contact Incarnato		1 / ASI	erija U	elephone Nu	mber		1/4	
Name of Facility Where Abatement is 1 Private Property	aking Place (3	3)	FAC	ELITY INFORMA	TION	Type of Facili	9.500(50.50	To state the con-			it in the second	
Street Address 15 Main Street City (5)						Other (i. etc.)	e. private	her than K-1 & commerc	ial bu			nes,
Hackensack NJ						Square Feet 5000	1	of Floors		Bldg. +50	Age	
County (6) Bergen			(STATÉ	Code (7) USE ONLY)		Current Use (Prior if be	eing demolis	hed)	72		2 - 202
Name of Monitoring Firm Hired by Build	ing Owner (8)		ASCI	M No.		of Abatement (Phase Grou		r (9)				
Street Address						Address 52nd Street	Suite#1	6				
City, State, Zip Code						tate, Zip Code New York N	NJ 0709	93				7
Project Manager for Monitoring Firm	-	Telepho	ne No.		hone No. License No758-7158 001144					-		
Start Date (10) 1/23/2012	Schedule: 2/6/201:	d Con	npletion	Date (11)		me of OSHA Monitor &S Environmental Corp						
Occupancy Status During Abatement (C Facility Closed/Vacated During Ent Abatement Performed Outside of N Other – Describe: 8 hours	ire Period of Al	batem	ent		2333 City, St	Address Route 22 W ate, Zip Code n NJ 07083	/est					_
Scope of Work (Check All That Apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If	The state of the s	enova			× × ×	Full Contain Mini-Enclose Glovebag Pr Non-Exempt	ure rocedure				e	
Location of	No	ocatio	y	De	scription	of					emen pe	t
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Used Main Custon					aterial (ACM) insulation, , or eous)	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
See Attachments		No	N/A X	See A	Attachm	ent	See A	ttachmer	x			
						1						
Name of Registered Waste Hauler			DEP Wa			Name o		red Landfill				
City, State 09-113 Jacobus Ave				Dispos	al Date	City, Sta South		NJ				
Completed by Edwin Precilla	Title Project	Mar	South Kearny NJ Signature E, Cu Date 1/6/2012						2			

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	()	13	FF	CV	1/6	(

Date of Notification (1) 1/6/2012)				f Building Iri Enter	Owner/O prises	perator	(2)		WE	Ī	11		
Agencies Notified	Type Notification			Street A 25 Ma	ddress in Stree	et				0045				
EPA DEP DOL	Amended Amendmen		_		ate, Zip Co ensack N			-CI- JAN	3 0	2012	Language Control	Name of the last o	9 10	
DOH DCA	Emergency justification Cancellation				f Contact Incarna	ito	Ĺ	ASEES!	ice:	lephone Nur	nber	1	1	
				FACI	LITY INF	ORMATIC	N			*		-	ł	
Name of Facility Wher Private Property	e Abatement is Takii	ng Place (3)						Type of Facility School (K	(-12)		er e e	······································	ê 19	
Street Address 33 Hudson Street										er than K-12 & commerci		ldings	, hom	ies,
City (5) Hackensack NJ								Square Feet 5000	# o	f Floors		Bldg. +50	Age	
County (6) Bergen					Code (7) USE ONLY)	_	Current Use (F	rior if be	ing demolish	ied)			
Name of Monitoring Fi	rm Hired by Building	Owner (8)		ASCN	/ No.			of Abatement C Phase Group		(9)				
Street Address							Street /	Address 52nd Street S		6	- 73%			
City, State, Zip Code			-10		XIII		City, St	ate, Zip Code New York N						
Project Manager for M	onitoring Firm			Telepho	ne No.		Telepho	one No. 758-7158		License No	o.			
Start Date (10) 1/19/2012		Scheduled		npletion	Date (11)			of OSHA Monito					357.4.201111	
Occupancy Status Dur	ring Abatement (Che	L ck Only One	2)		70 100			Address				-		
	acated During Entire					-		Route 22 W ate, Zip Code	est					
X Other – Describe:	: 8 hours							NJ 07083						
Scope of Work (Check	All That Apply)	_					E I							
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		THE REAL PROPERTY.	enova				×	Full Contains Mini-Enclosu Glovebag Pr Non-Exempt	ire ocedure				-a	
			ocati				*	The state of the s	1	a rron i napi	<u> </u>	Abat	emen	t
Locati Asbestos-Containir		No Used	ormal Sole				cription			700	-	T .	pe	Т
TO BE A	BATED	Custo	(12)	Staff?	(i.e.	thermal s	systems ing, VAT		(5	mount Specify or LF)	Removal	Repair	Encapsulate	Enclosure
0 44-		Yes	No	N/A					ļ					_
See Attac	connents			X		See A	ttachm	nent	See A	ttachmer	х			
None of Desisters 199	Code Device		1	IDED										
Name of Registered W DJM	aste mauter		1000000	JDEP W auler ID		Cubic Y of Wast		Name o	accessor. There	red Landfill				
City, State 109-113 Jacobus A	Ave					Disposa	I Date	City, Sta South	_{ite} Kearny	NJ "				
Completed by Edwin Precilla		Title Project	t Ma	nange	r	Sig	nature EL	m R	16	Dat 1/6	e /201	2		

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CVADA	- 1/11	17/12
1 16 (KII.	1 - 6.

Date of Notification (1) 1-6-2012		1/5			of Building Owner ari Enterprises		r (2)		l W	; l		蜡		
Agencies Notified	Type Notificatio	n		Street A	Address ain Street					- (p)	A. P. C. P. C.	一 ある		
EPA DEP DOL	Initial Amended Amendmen Emergency		_ [City, St Hacke	ate, Zip Code ensack NJ			M 3	0 2012	14.00	212.	1200 - 12		
DOH DCA	justification Cancellation	1)			of Contact Incarnato	-	Aset	.510 <u>T</u> e	lephone N	ıımhe	1			
Name of Facility Where	Abstancet is Take	01 (0)		FAC	ILITY INFORMAT	TION	H-1888-1888-1888-1888-1888-1888-1888-18		satistical delications			Ť.		
Private Property	Abatement is Tak	ing Place (3)					Type of Facility (4) School (K-12)							
Street Address 184 Essex Street			***				Subchap	ter 8 (Ot	her than K- & commer	12) cial bu	uilding	s, hor	nes,	
City (5) Hackensack NJ							Square Feet 15000	1	of Floors		Bldg. +50	Age		
County (6) Bergen					Code (7) USE ONLY)		Current Use (F	Prior if be	ing demoli	shed)				
Name of Monitoring Fire	m Hired by Building	Owner (8)		ASCN	M No.		ne of Abatement Contractor (9) st Phase Group Inc							
Street Address						Street	Address		6		-			
City, State, Zip Code						567-52nd Street Suite#16 City, State, Zip Code West New York NJ 07093								
Project Manager for Mo	roject Manager for Monitoring Firm			elepho	ne ivo.	Telephone No. License No. 201-758-7158 001144				31.00325.00				
Start Date (10) 1/16/2012					Date (11)	Name of OSHA Monitor J&S Environmental Corp								
Occupancy Status Durin	ng Abatement (Che	ck Only One))			-	Address		-			-		
Facility Closed/Vac	ated During Entire	Period of Ab	ateme	ent			Route 22 W	est						
Abatement Perform Other – Describe:	8 hours	nai Facility H	lours			1007 00 001 000	tate, Zip Code n NJ 07083							
Scope of Work (Check A ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	All That Apply)	Contract Con	novatio			X X X	Full Containr Mini-Enclosu Glovebag Pro Non-Exempte	re ocedure				re		
Location	n of	Nor	cation		Do	scription	nf.					emen ype	t	
Asbestos-Containing <u>TO BE AB</u> In Facil (13)	Material (ACM) ATED	Mainte Custod (*	sed Solely by Asbes			taining M	aterial (ACM) insulation, I, or	(5	mount Specify F or LF)	Removal	Repair	Encapsulate	Endosure	
See Attach	Yes See Attachments			N/A X	See	Attachn	nent	See A	ttachme	r x	-	Ф	-	
		-						0007	attaci i i i					
Name of Registered Was	te Hauler		The second	DEP Wa			Name of	Registe	red Landfill					
DJM			Hau	iler ID N	No. of Was	ste	Cumbe							
City, State 109-113 Jacobus Ave	е		•		Dispos	sal Date	City, Sta		NJ					
Completed by Edwin Precilla		Title Project	Signature Mananger				in (ill)	,	Da	te 6/201	12			

Nocheck

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16) # 1- PROTECT COMPLETE

Date of Notification (1) / / / /	12				Owner/Operator (2 hern Railroad C	1 1 1 1 1 1		15			
Agencies Notified	on		0.000	Address O Deer Pa	nth Rd., Suite 10	06	JAN 3 0 20	12		A CONTRACTOR	
□ DOLWD	4104	40		State, Zip Co						1	2000
□ DHSS Amendmen□ DCA □ Emergency	- 11		Har	risburg, F	PA 17110		SEL US (II shul	K.	<u> </u>		
DCA Emergency justification		,	Name	of Contact			Telephone Num			1	
☐ Cancellation	1		Joh	n Casey		-					
			FAC	CILITY IN	FORMATION	Ty-					
Name of Facility Where Abatement is Tal	ing Place	(3)			7	Type of Facility	(4)			2.	
TBT Facility						☐ School (K-12					
Street Address							8 (Other than K-12 rivate and comme		ildina		
123 Dowd St					Mark 1	homes, etc.)		iciai bu	illulrig	5,	
City (5)	- H	31 (0.120)				Square Feet	# of Floors	Blo	dg. Ag	ge	
Elizabeth						500	1	1	30+	8	
County (6)	,		Cour	ty Code (7)	(STATE USE ONLY)	Current Use (Pr	rior if being demoli	shed)			
Union				, (. ,	(Office Trail					
Name of Monitoring Firm Hired by Buildin	a Owner	(8)	ASCM	No.	Name of Abateme				-		
N/A	gowner	(0)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			VIRONMENTA					
Street Address					Street Address		,				_
Olice(Address					1123 BEAVE	R STREET					
City, State, Zip Code				WWW.	City, State, Zip Co						
City, State, Zip Code					BRISTOL, PA						
Project Manager for Monitoring Firm	- V-C	Tele	phone	No	Telephone No.	. 10001	License No.				
1 Toject Manager for Monitoring 1 min		100	phone		215-788-6040		00509				
Start Date (10) Sc	neduled C	omple	tion Da	te (11)	Name of OSHA M						
	1 /					VIRONMENTA	L. INC.				
Occupancy Status During Abatement (Ch					Street Address					_	-
☐ Facility Closed/Vacated During Entire			mant		1123 BEAVE	PSTPEET					
☐ Abatement Performed Outside of Norr				cribe	City, State, Zip Co				-		
Time of Abatement: 7:00AM-3:30PM					BRISTOL, PA						
Soons of Work (Chook all that apply)					DRISTOL, FA	(13007					
Scope of Work (Check all that apply)					☐ Full Conf	tainment with Ne	gative Pressure				
≥3 sf or ≥3 lf		novat			☐ Mini-Enc						
≥160 sf or ≥260 lf	⊠ De	emolitic	on		☐ Gloveba	g Procedure moted (*) and No	on-Friable Procedu	ıre			
	ls ls	Local	ion					-	atem	ent T	vpe
Location of		Norma	lly	1	Description of	of			1		T
	LISE	d Sole			stos Containing Ma	iterial (ACM)	Amount	e e	Repair	nca	ncl
Asbestos-Containing Material (ACM)					at the second second		10:	3		ō	Enclosure
TO BE ABATED	Ma	intena todial		(i.e.	, thermal systems surfacing, VAT	insulation,	(Specify SF or LF)	nova	🚆	S	G,
	Ma			(i.e.	, thermal systems surfacing, VAT other miscellane	insulation, , or	(Specify SF or LF)	Removal	¥.	Encapsulate	
TO BE ABATED IN Facility	Ma	todial		(i.e.	surfacing, VAT	insulation, , or	(Specify SF or LF)	moval	air	sulate	
TO BE ABATED IN Facility	Ma Cus	todial (12)	Staff?		surfacing, VAT	insulation, , or ous)	(Specify SF or LF)	noval		sulate	
TO BE ABATED IN Facility (13)	Ma Cus Yes	todial (12) No	Staff?		surfacing, VAT other miscellane Window and D	insulation, , or ous)	SF or LF)				
TO BE ABATED IN Facility (13) Office Trailer	Yes	todial (12) No	N/A	Exterior	surfacing, VAT other miscellane Window and D	insulation, , or ous)	SF or LF)				
TO BE ABATED IN Facility (13) Office Trailer	Yes	todial (12) No	N/A	Exterior	surfacing, VAT other miscellane Window and D	insulation, , or ous)	SF or LF)				
TO BE ABATED IN Facility (13) Office Trailer Office Trailer	Yes	No 🖂	N/A	Exterior Roof se	surfacing, VAT other miscellane Window and D aler	insulation, , or ous) oor Caulk	170 LF 300 LF				
TO BE ABATED IN Facility (13) Office Trailer	Yes	No S	N/A N/A D D D D D D D D D D D D D D D D D D D	Exterior Roof se	surfacing, VAT other miscellane Window and D	insulation, , or ous) oor Caulk	SF or LF)				
TO BE ABATED IN Facility (13) Office Trailer Office Trailer Name of Registered Waste Hauler	Yes	No S	Staff? N/A	Exterior Roof se	surfacing, VAT other miscellane Window and Daler Cubic Yards of	insulation, , or ous) Oor Caulk Name of Regi MINERVA City, State	SF or LF) 170 LF 300 LF				
TO BE ABATED IN Facility (13) Office Trailer Office Trailer Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, City, State NEW CASTLE, DE 19720	Yes	No S	N/A N/A D D D D D D D D D D D D D D D D D D D	Exterior Roof se	surfacing, VAT other miscellane Window and D aler Cubic Yards of Waste	insulation, , or ous) Oor Caulk Name of Regi MINERVA City, State	SF or LF) 170 LF 300 LF stered Landfill LANDFILL BURG, OH 4468				

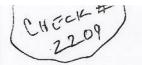
CB # 2207

Date of Notification (1)			Nam	e of Buildin	ng Owner/Operator	(2)					
1 / 11 / _	12				uthern Railroad		F F D n	n in	1 9204	57	
Agencies Notified	on		46	Control of the second	Path Rd., Suite 1	06	- 1 A	1 12	orne d	The state of the s	-31
☑ DHSS 5584 Amendmen	ıt #			State, Zip			JAN 3 0 20)12	11:	11	
☐ DCA ☐ Emergency	(includin	g			, PA 17110				jan en	The Park	
(NJAC 5:23-8) justification			The Control	e of Conta	200 m	- L	Telephone Nun	nber	- 1	1	
☐ Cancellatio	n		Jo	hn Casey	/		field:			2	
			FA	CILITY	NFORMATION	**********		· ~ · · · · · · · · · · · · · · · · · ·		-stary!	į.
Name of Facility Where Abatement is Ta TBT Facility	king Plac	e (3)				Type of Facility School (K-1					1
Street Address						Subchapter	8 (Other than K-1)	2)			
123 Dowd St						Other (i.e.,	private and comme	ercial b	uildin	gs,	
City (5)		-				homes, etc. Square Feet		- 15	1.1		
Elizabeth						500	# of Floors	1	ldg. A	ge	
County (6)		-	To	-4 . 0 . 1 . 6	7/07475/05 04#34		1 1		30+		
Union			Cou	nty Code (7)(STATE USE ONLY)	Office Trail	rior if being demoli ers	shed)			
Name of Monitoring Firm Hired by Buildin	g Owner	(8)	ASCN	No.	Name of Abateme	ent Contractor (9)			_	
N/A						VIRONMENTA	•				
Street Address					Street Address			3 1134 (538)			-
					1123 BEAVE	RSTREET					
City, State, Zip Code					City, State, Zip Co	ode					-
					BRISTOL, PA						
Project Manager for Monitoring Firm		Tele	ephone	No	Telephone No.		License No.				
				(C. 1) T. (C. 1)			1				
					215-788-60/n		nneno				
Start Date (10)	eduled C	omple	etion D	te (11)	215-788-6040		00509				
					Name of OSHA M	lonitor				-	
1 / 23 / 12	1 /	_ 26		12_	Name of OSHA M BRISTOL EN						
1 / 23 / 12 Occupancy Status During Abatement (Ch	1 /eck only	26 one)	3_ /		Name of OSHA M BRISTOL EN' Street Address	lonitor VIRONMENTA		10			
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire I	1 / eck only of Period of	one) Abate	ment	12	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER	Ionitor VIRONMENTA					
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire I ☐ Abatement Performed Outside of Norm	1 /eck only of Period of nal Facility	one) Abate y Hou	ment	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co	Ionitor VIRONMENTA R STREET					
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire I ☐ Abatement Performed Outside of Norm	1 /eck only of Period of nal Facility	one) Abate y Hou	ment	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER	Ionitor VIRONMENTA R STREET					
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply)	1 / eck only of Period of nal Facilit	Done) Abate y Hou	ment rs - Des AM	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET de 19007	L, INC.				
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply)	1 / Period of nal Facilit	Abate y Hou	ment rs - Des AM	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	VIRONMENTA R STREET Inde 19007 ainment with Negosure	L, INC.				
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply)	1 / eck only of Period of nal Facilit	Abate y Hou	ment rs - Des AM	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET Inde 19007 ainment with New Oosure I Procedure	L, INC.	re			
1 / 23 / 12 Occupancy Status During Abatement (Ch ☐ Facility Closed/Vacated During Entire ☐ Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM	1 / Period of nal Facility P	Abate y Hou	ment rs - Des AM	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	Ionitor VIRONMENTA R STREET Inde 19007 ainment with New Oosure I Procedure	L, INC.	-	giam	ant T	Vince
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of	1 / Peck only Period of onal Facility Period of De	Abate y House movati	ment rs - Des AM	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA	R STREET de 19007 ainment with Necosure Procedure mpted (*) and No	L, INC.	Ab	atemo		_
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM)	State, Zip Code act Manager for Monitoring Firm Date (10) 1					R STREET Ide 19007 ainment with Necosure 1 Procedure I Procedure I procedure	gative Pressure	Ab	_		_
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 lf Location of Asbestos-Containing Material (ACM) TO BE ABATED	1 / Peck only Period of onal Facility Period of De	Abate y Houndary movati molitic Local Norma d Sole intena	ment rs - Des AM ion on lly ely by	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems i	R STREET Ide 19007 ainment with Necosure Procedure Inpited (*) and Noterial (ACM) Insulation,	gative Pressure on-Friable Procedu Amount (Specify	Ab	atem		_
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 if ≥160 sf or ≥260 if Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility	1 / eck only ePeriod of onal Facility P Re De	Abate y Hour M- novati molitic Local Norma d Sole intena	ment rs - Des AM ion ion illy ely by ince/ Staff?	12 scribe	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Glovebag Non-Exer Description of stos Containing Mate	Ionitor VIRONMENTA R STREET Ide 19007 ainment with Necosure I Procedure Inpted (*) and Noterial (ACM) Insulation, Ionitor	gative Pressure	-	_	t Encapsulate	ype
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	1 / eck only Period of hal Facility P	Abate y Hould Management of the Management of th	ment rs - Des AM ion on llly ely by ince/ Staff?	12 Asbe:	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellane	R STREET Inde 19007 ainment with New York osure In Procedure In Pro	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
1 / 23 / 12 Occupancy Status During Abatement (Ch Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Time of Abatement: 7:00AM-3:30PM Scope of Work (Check all that apply) ≥3 sf or ≥3 If ≥160 sf or ≥260 If Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Office Trailer	1 / eck only Period of hal Facility P	Done) Abatee y Hour M- Inovati molitic Locat dorma d Sole intena dod(12) No	ment rs - Des AM ion on lly ely by nce/ Staff?	Asber (i.e.	Name of OSHA M BRISTOL EN' Street Address 1123 BEAVER City, State, Zip Co BRISTOL, PA Full Cont Mini-Encl Glovebag Non-Exer Description of stos Containing Mat thermal systems i surfacing, VAT, other miscellaned	R STREET Inde 19007 ainment with New York osure In Procedure In Pro	gative Pressure on-Friable Procedu Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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	*				STOS ABATEMENT -7 and 12:120-		6	1	haran	
Date of Notification	n (1)		Name of	Building	Owner/Operato	r (2)	65	WE	101	-
1/23/12			Ste	even Ma	azon		an and a complete for the state of the state	U /5		
Agencies Notified	Type Notifica	ation	Street	Address		- 	1677 0			
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[]DEP	Notific	ation	City, S	tate, Zir	Code			i		
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[X] DOH	Notific	ation	Name of	Contact		The second of the last of the	ne Number			•
[]DCA	[]EMERGENC	Y		ven Ma	azon	патерио	THE MUNICEL			
	[]Cancella	tion								
					INFORMATION					
Name of Facility Wh	ere Abatement	is Taki	ng Place	(3)		Type of Facil	lity (4)			1000
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Street Address				AND AND AND		그렇게 이 아무지 하게 하셨습니다. 이 경기 기류	pter 8 (Othe (i.e., priva			
621 Magie Av	enue					cial h	ouildings, h	nomes, e	tc.)	
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Elizabeth		Uni		E-0.000	TATE USE ONLY)	2100 Current Use	(Prior if he		50	4)
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Name of Monitoring	Firm hired by	Buildin	g ASCM	No.		ement Contracto				
Owner (3) N/A			67		AZTECH I	MANAGEMENT	!, Inc.			
Street Address					Street Addres					
					86 Chri	stopher St	٤.			
City, State, Zip Co	de				City, State, Montcla	Zip Code ir, NJ 070	142	¥.		
Project Manager for	Monitoring Fi	1	lephone /A	Number	Telephone Nur			Cicense 0037		
Scheduled Start Date 2/3/12 Month Day Yo	2/	5/12	letion D	ate (11) Year	Name of OSHA	Monitor				
Occupancy Status Du	ring Abatement	(Check	only on	ie)	Street Addres	ss				
[X]Facility Clo of Abatemen	HE STREET TO THE STREET STREET STREET	iring Er	ntire Per	riod						
[]Abatement Pe	rformed Outsideribe: «OffHours	Descri	ipt»	· 7	City, State,	Zip Code				
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City, State Montclair, NJ	07042				sposal Date 2/6/12	City, State Morrisvi	.lle, PA	1906	7	
Completed Dr. (Driet	or Type) Tit	10			Signatur	V		Date		
Completed By (Print Constantine V		eside	ent		Signatur			1/23/	12	

4748

	Type Notifica	ation	Name of Build Darren Lee	ding Owner	Operator (2)		tam 3	n 2012	- 19			
Agencies Notified X EPA X DEP	X Init	nergency Notifica ial Notification	City, State & 2	'eet Zip Code			SELVICE					
X DOL		nended Notification			· · · · · · · · · · · · · · · · · · ·		1,0031					
X DOH DCA	Ca	ncellation	Name of Cont Darren Lee	tact				Telepho	ne Number			
			FACILITY	INFORM	ATION							
Name of Facility V			ace (3)	Тур	pe of Facility (4)							
Ot Add		Residence			School (K-12)							
Street Address	0.1	oney Church			Subchapter 8							
	0 1	Lenox Street			Other (i.e., priv		rcial build					
City (5)		County (6)	County Code (7)		Square Feet # of Floors Bldg. Age							
Edis	nn .	Middlesex	County Code (7)		2000 2 60 Current Use (Prior if being demolished)							
Luio	2.1.	Middlesex			Residential							
Name of Monitorin	g Firm Hired	by Building Own	er (8) ASCM		me of Abatemen	t Contractor (9)					
Environmental	Tactics, Inc				bal Abateme							
Street Address				0.4004.000	eet Address							
64 Broad Stree					3 Schoolhous	ESCHOLING CONTROL OF THE STATE						
City, State & Zip 0 Matawan, NJ 0 7					, State & Zip Co							
Project Manager f		Firm	Telephone Number		nroe Townsh			Missashana				
Tom Geiger	or wormorning		732-290-2217		Telephone Number License Number 732-605-9062 License Number 00714							
Scheduled Start D			pletion Date (11)	Nar	Name of OSHA Monitor							
			2/4/12	GIC	bal Abateme	nt Services,	LLC					
Occupancy Status X Facility Clo				1 50000000	et Address							
		Outside of Norma	eriod of Abatement		Schoolhous							
		ated During At			, State & Zip Co nroe Townsh							
Other - De		ated During At	atement	INIO	illoe Townsii	ip, NJ 0003 i						
Scope of Work (CI	neck all that a	apply)										
Demolition		X Renovation	on		Full Con	tainment with	Negative	Pressure				
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TO	BE ABATED		Maintenance or		thermal systems	s Oqui	or		nclosure)			
	in Facility		Custodial Staff?	insulati	on, surfacing, V	AT Line	ar Feet)					
	(13)		(12)	or oth	er miscellaneous	s)						
	Baseme	nt	N/A		TSI Pipe	3	0 LF	Re	moval			
lame of Registere	d Waste Hau	ler I	NJDEP Waste Haul	er ID #	Cu. Yds. of Wa	aste Nam	e of Regi	stered Lar	odfill			
Freehold Car			18693		3	TRR		otoreu Lai	MIII			
City, State Freehold, NJ					Disposal Date 2/6/12		State	22				
completed By (Prin	nt or Type)	Title				i uli	/town, I	d	Data			
piotod DJ (i ili				Signature Dominic			ure Date ninick Tringali 1/24/12					
Dominick Tri	ngali	Pres.			Dominick T	ringali			1/24/12			



Date of Notification (1)	26/12		Na	me of Buildi	ng Owner/Operator	(2)	Jan JAN	3 ()	2010)	
Agencies Notified	Type Notification	ī —	Str	eet Address	3						=
₩ BPA	☐ Initial ☐ Amended		_	300		H STI					<u>.</u>
Ø por ⊠ pe	Amendment #		Cit	y, State, Zip	TYLF (1	TY N.J.	-08243	36.7			
□ рон	Emergency (i justification)	ncluding	Na	me of Conta			Telephone Numb	er		I	=
	☐ Cancellation				- EDUDILO)				,	
			F	ACILITY IN	FORMATION			in a			1
Name of Facility Where	Abatement is Takin	g Place (3)				Type of Facility	(4)				
165	SIDENCE					School (K-1:	2) 8 (Other than K-12	r			
Street Address	E, 24TH	STr				Other (i.e., p homes, etc.	rivate & commercia	al build			
City (5)	DLON					Square Feet	# of Floors		1g. A		
County (6) A P.C-	M.N4			ounty Code SE ONLY)	(7) (STATE	Current Use (Pr	ior if being demolis	hed)			
Name of Monitoring Firm		Owner	ASC	M No.	Name of Abatem	ent Contractor (9)				=
(8)	/A				1 _ KL	EMCO IN	JE;				
Street Address					Street Address	S,SPRUC	- 145.				
					City, State, Zip C		e Moc				=
City, State, Zip Code					Moe	LE SHA-	DE, N.J.	080	5-5	-	
Project Manager for Mon	itoring Firm	T	elephor	ne No.	Telephone No.		License No.				
						9-0472	004	7 7			-
Start Date (10)		duled Comp 2/13	oletion /	Date (11)	Name of OSHA N	JOHN KL	EMM				
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Facility Closed/Vacate	d During Entire Pe	riod of Aba	itemen		City, State, Zip C	odo		===			=
Other - Describe:	Outside of Norma	i raciity rit	Jui 3		MA	APLE SI	IDDE, N.	J. (08	05	2
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Completed By JOSEPH K	Title	1//	IP		Signature	in Kelin	n Date	26/	12		
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FROM :

FAX NO. :

Jan 23 2012 09:36am P001/001 Fax: Jag

NOTIFICATION OF ABBESTOR ABATEMENT (Pursuant to NJAC 9:80 and 5:16)

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Date of Notification (1)	07 / 40					g Owner/Operator (2	The state of the s	1 1 2 1 11			1 .		
					enney (Company Incorp	St. St. St. St.	401	0		1		
Agencies Notified EPA	Type Notification Initial			Street Address 6501 Legacy Drive									
□ DOLWD					tate, Zip 0			and the second s		1	1		
□ DHSS □	_ Amendment #		HOLD Plane Texas 75024				ASELLIOS CLIMANE & UNITED STATES						
DCA	☐ Emergency (in justification)	cluding	-		of Contac		Telephone Number						
(NJAC 5:23-8)	☐ Cancellation				hael Wit		Total Name of State o						
				507550			- A		4.0	to make a		-	
		D.	(0)	FAC	JILII Y IN	IFORMATION	T of Facility	(4)					
Name of Facility Where A JC Penney Quaker	(3)				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12)								
Street Address							Other (i.e., pr	rivate and commer) cial bu	ilding	s.		
500 Quaker Bridge	Mall					homes, etc.)							
City (5)					3		Square Feet	re Feet # of Floors Bldg. Age					
Trenton							75,000	2 45					
County (6)			County Code (7)(STATE USE ONLY)			Current Use (Prior if being demolished)							
Mercer													
Name of Monitoring Firm	Hired by Building (Owner (3) [ASCM	No.	Name of Abateme	ent Contractor (9)			-X1-70	39.103		
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting					2	JVN Restoration Inc							
Street Address	9					Street Address							
1600 Route 22 East						47 Foster Ro	nad						
City, State, Zip Code			100 15000			City, State, Zip Co							
Union NJ 07083						Staten Island							
Project Manager for Monit	toring Firm		Tolo	ephone No. Telephone No.			License No.						
Michael Nehlsen	toring Firm		08-688-7800 718-605-625			113440000000000000000000000000000000000							
	LCahan	1988					00774						
Start Date (10) Scheduled Compl 01 / 30 / 12 2 / 2						Hillmann Cor							
Occupancy Status During	Abatement (Chec	k only o	ne)	-		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abate						1600 Route 22 East							
Abatement Performed Outside of Normal Facility Hou Time of Abatement:AMPM/PM													
Scope of Work (Check all	that apply)								-				
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 	that apply)	☐ Re				☐ Mini-End	tainment with Neg closure g Procedure	gative Pressure					
						☐ Non-Exe	mpted (*) and No	n-Friable Procedu	re				
		23.75	Locat						Ab	atem	ent T	ype	
Location Asbestos-Containing I TO BE ABA IN Facilit (13)	Normally Used Solely by Maintenance/ Custodial Staff? (12)				Description of estos Containing Ma e., thermal systems surfacing, VAT other miscellane	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure			
(0.57		Yes	No	N/A									
Pent House Generato	r				Pipe In	sulation		20LF					
				-						П			
			Ц			Touris Visite of	Name of Regis	stored Landfill	1		ш		
Name of Registered Wast Express Waste Serv			JDEP \ auler II NJ-80	No.	Cubic Yards of Waste 2	The complication of the complete control of the con	nd County Land	lfill					
City, State Newark,NJ						Disposal Date	City, State Newburg ,	PA			V)		
	\ Tu						1/		ate /		7	_	
Completed By (Print or Ty John Tardy		enior	Proje	ct Mai	nager	Signature	Parc	sly "	1/	27	//	2	
ASB-41						11			1	/			

MAY 11

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

21344

MAY 11

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

Name of Building Owner/Operator (2) Date of Notification (1) / 12 City of Union City 27 01 JAN 3 0 2012 Type Notification Street Address Agencies Notified **⊠** EPA ☐ Initial 3715 Palisade Avenue **⊠** DOLWD ☐ Amended City, State, Zip Code Amendment #_ **⊠** DHSS Union City, NJ 07087 **⊠** DCA Name of Contact Telephone-Number justification) (NJAC 5:23-8) ☐ Cancellation Stephen Guido **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) Subchapter 8 (Other than K-12) Street Address Other (i.e., private and commercial buildings, 2109 Berginline Avenue homes, etc.) Square Feet # of Floors Bldg. Age **Union City** Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Hudson Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) JVN Restoration Inc Street Address Street Address 47 Foster Road City, State, Zip Code City, State, Zip Code Staten Island NY 10309 License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00774 718-605-6256 Scheduled Completion Date (11) Name of OSHA Monitor Start Date (10) 01 / 27 / 12 02 / 3 / 12 Street Address Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe City, State, Zip Code Time of Abatement: ____AM-___PM/___PM-__AM Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf □ Demolition Glovebag Procedure ≥160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Location of Repair Encapsulate Removal Used Solely by Amount Asbestos Containing Material (ACM) Asbestos-Containing Material (ACM) Maintenance/ (i.e., thermal systems insulation, (Specify TO BE ABATED **Custodial Staff?** SF or LF) surfacing, VAT, or IN Facility (12)other miscellaneous) (13)Yes No N/A 500SF \boxtimes \boxtimes **Transite Siding** Exterior 1,000SF \boxtimes П Roofing Material П Roof П П Cubic Yards of Name of Registered Landfill NJDEP Waste Name of Registered Waste Hauler Hauler ID No. Waste IESI PA Bethlehem Landfill Rovic Transporter 20785 20 Disposal Date City, State City, State Bethlehem, PA 2/3/2012 Riverale NJ Signature Completed By (Print or Type) Title 0 Senior Project Manager John Tardy 11 ASB-41

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

STATE OF NEW JERSEY NOTIFICATION OF ASBESTOS ABATEMENT (PURSUANT TO NJAC 8:60-7 AND 12:120-7

Check H assa

Date of Notification (1)						Name of Building Owner / Operator (2) Kraft Foods Street Address									
															Agencies Notified Type of Notification
V	EPA	TO TO	Initia			City, State, Zip Code Fairlawn, New Jersey, 07410 JAN 3 0 2012									
	DEP DOH			ended endment#		Name of		0/410	11 d/)OF!			
	DOL		Eme		/ justification	TOMMY FARMER				ITelephone Number					
							CILITY INFORMATION								
								Ler.	CONTRACTOR NAME OF THE OWNER, THE	Carrier Property Separate					
Kraft Food	27//	ere Abatem	nent i	s Taking I	Place (3)		- Vinetal S	School (K		4h 1/ d	2)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Street Ad 2211 Rou							Subchapter 8 (Other than K-12) Other (I.e., private & cmmercial bldgs., homes, etc.)								
City (5) County (6) Fairlawn Bergen)		County Code	(7)	Square Fee 1,000	et ,000	# Of Floor	loors Building Age					
								rior if being demolished)			40 +				
Name of 1	Monitoring	Ciona I lina d	hu D	lda Oum	n# (0)	ASCM NO	Bakery/WA								
Name of	Monitoring	rirm Hirea	ву в	lag. Own	er (o)	ASCIVI NO	1								
AET				Week and the second			LVI Environmental Services Inc.								
Street Ad				- 1000			Street Add	ress							
907 Doolit							162 Cotty A	vonuo							
	e, Zip Code ter, NJ 0880						462 Getty Avenue City, State, Zip Code								
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Eric Hous		,		Maria de la companione de la companione de la companione de la companione de la companione de la companione de	908-218-1108		Clifton, NJ 07011								
	Start Date		Sch	9999	letetion Date (1	1	Telephone Number License Number								
02	$// - \frac{18}{}$	/12	· .	_02/	/ <u>20</u> /	12	973-772-3660 00117								
Occupan	cy Status D	uring Abat	emer	nt (Check	Only 1)		Name of OSHA Monitor								
					ire Period of		LVI Environmental Services Inc.								
	Abatemen						Street Address								
Abatement Performed Outside of Normal Facility Hours - Describe:MON-FRI							462 Getty Avenue								
							City, State, Zip Code								
Other - Describe:7:00AM - 11:59PM							Clifton, NJ 07011								
Scope of	Work (Che	ck All That	Appl	y)											
	Demolition Renovation						Full Containment with Negative Pressure								
✓ ≥3sf or ≥3lf							Mini - Enclosure								
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					NJDEP Waste Hauler ID No.	Cubic Name of Registered I.E.S.I. of Waste			Landfill						
City, Stat	e				4303	Disposal									
NEWARK, NJ						Date	BETHLEHEM, PA 18105								
Completed by (Print or Type) Title					Title	Signature				Date	ate				
Stave Stilles					Project Manage	or	1-1000 (1)						11/27/12		