No chede

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

					I Name of Build	ding Owner	Operator (9)					
Date of Notification (1) 1/13/12					Name of Build BASF Corpor	ation	Operator (2)) E C		17	57	5
Agencies Notified		Notification	Туре		Street Address 100 Campus	-		31	***			
(X)EPA		() Initial N	otification		City, State, Zi		<u> </u>	I IAI	N 2 1	2244	15	1111
(X) DOL		(x) Amende	ed Certificat	tion			1 16	W VAI	N 31	2012		411
(X) DOH		() Cancell	ed		Florham Park	NJ 07932		4				
() DCA					Name of Cont		1	Tel. Numb	ber	Acres and the second		1
					Frank Piecho	eta		_ =	<u> </u>	1 1 g		
				FACILITY II	NFORMATION		Park Services		WELLY V.	1		-+
Name of Facility Where Abate	ement is	Taking Place	<u>(3)</u>		Type of Facility			- with the commence of the contract of the con	AJII diagrama			-
BASF - Receiving Building	Rm. No. 1	0			() School (K- () Subchapte	·12) er 8 (other tl	han K-12)					
Street Address					(X) Other (i.e.	private & c	ommercial bld	gs., homes,	etc.			
					Sq. Feet 16	000	# of Floors	1 + partial	mezz			
1 James Street			County C	Codo (7)	Sq. Feet 10	0000	# 01110013	y parau	mozz	-		
	ounty (6) Warren		(State U		Bldg. Age 30) +/-						
Belvidere	vvairen		Totale O	Se Offig)	Current Use (prior if being	g demolished)	Warehou	use	-	g).——	
Name of Monitoring Firm Hire	ed by Bldg	. Owner (8)	ASCM N	0.			Name of Co					
Traine of monitoring		72	00104	i i			NCM Demo	lition and R	emediati	on, LP		
Environmental Health Investig	gations, In	c.										
Street Address					Street Addres							
					404 N. Berry S	Street						
655 West Shore Trail					01 04-4- 7	0-4-						
City, State, Zip Code					City State, Zip Brea, CA 928							
a . N.1.07074					blea, CA 920	121						
Sparta, NJ 07871	- Firm	Telephone	Mumbar		Telephone Nu	ımber		License N	lumber	***********		(P).
Project Manager for Monitorin	ng Firm	973-79-564			484-480-8931			01066				
William S. Kerbel, CIH		973-79-304	9		1404 400 0001							
Scheduled Start Date (10)		Scheduled	Completion	Date (11)	Name of OSH	A Monitor						
1/30/2012		4/13/2012		#	Testor Tech							
war and the same of the same o					0						-	
Occupancy Status During Ab	atement (Check only or	<u>ne)</u>		Street Addres 10 59 Jackson							
(X) Facility Closed/Vacated I () Abatement Performed Out	Junng Ent	ire Period of	Abatement		10 59 Jackson	IAVE.						
() Abatement Performed Of	iside of iv	omian acinty	1 louis -		City, State, Zi	o Code	L.I.C. N	ew York, 11	1101	3000		
Describe Vacant Bldg. To Be	Demolish	ed			Oity, Otato, 2.							
16,000 sf building to be dem	olished in	its entirety										
Other – Describe												
Source of Work (Check all that	at apply)											
(X) Demolition () Renova (X) Large Proj. (>160 SF or >	tion	214\ / \C===!!	Dec: />25/	160 SE or >10 a	260 LE ACM)	() Minor l	Proi (<25 SF	or <10 LF A	CM)			
(X) Large Proj. (>160 SF or >	260 LF A	SM) ()Smaii	Mini Encl	100 3F 01 > 10 ·	ovebag Procedu	re () Non-	Friable Outdo	or Work	,			
(X) Full Containment with No Location of Asbestos-	le Loc	ation Normall	I lead	Description of		Amount	(Specify SF or	LF) A	batemen	t Type		
Containing Material (ACM) in	757272233	by Maint./Cu		thermal system						65716		
Facility (13)	Staff?		otodiai	surfacing, VA				_				
racinty (13)	YES	NO	NA	miscell.)					em. Re	p. Enc	ap E	nclose
Throughout Interior Ceilings	X			Fireproofing		16,000 s	f	X				
Throughout Interior	X			Pipe Insulation	n	200 lf		X			_	
Throughout Interior Walls	X			Fireproof Insu		5,000 sf		X				
				plaster on Wa	ills	10.000		V	-		-	
Throughout Interior Ceilings	X			Drop Ceiling		16,000 st		X		-	-	
Exterior Windows	X			Window Caull	<	1,100 lf		^		-	-	
	-								_	-		1000000
		L IDED III	1	10.4	Cubic Yards o	f Macta		Name of F	Reg Lan	dfill		
Name of Reg. Waste Hauler		NJDEP Wa			120	VVASIE		Minerva E				
Service Transport Group		A901 #20	990 / SW2	117	120		Disp. Date			State		
City, State							4/13/12			nesburg,	ОН	
E9 Dados Lana Now Castle	DE										- Walter St.	
58 Pyles Lane - New Castle, Completed by (Print or Type)		Title			Signature		*	Date				
Jon Monagan		P	roject Coor	dinator	10	MA	1200	1/26/12				
Jon Monagan			,	,	Voncetha	XX:11(0)	10 Call					

1-2012 16:39 From 81/2012 14:56 FAX	: ASBESTOS			609	63306	64 E C	FI	WET	73225003	30	44		2.2	
	REMEM	IBER –	ΜΔΙΙ	//\18t	K			2012		The second second		en [P	ž
Date of Notification (1)	Mi wa eto ciji da	N	(1-01-	auani.	D INDAC	0.00,01	2.1201		01-1	0.0	AY			*
01/31/12 Ck-1781	\$200		V) izev	range	Public		G		1	1			
Agencies Notified EFA DEP DOL DOH DOA	ype Notification Initial Amended Amendment (in justification) Cancellation		- 1 Ci V	79 Ea ity, Sta Vest C	te. Zip C	, New J	nue	CEWAIN	I MUG		U 3	EC) -	-
Name of Facility Where Al Redwood Elementar	atement is Taking	Place (3)				ORMAT	ION V	ype of Facility School (K	-12)			4	400	-
Street Address 79 Redwood Avenue City (5)								Subchapte Other (i e etc.)	# of Flo	nmerc	ial build	Idg /		
West Orange, New J	erse 07052		Cc	ounty C	ode (7)		- 0	0,000 urrant Uze (Pi	rior il buing d	emolis		5+ 		120
Name of Monitoring Firm H AHERA Consultants		wner (8)		ASCM	No.		Name of	chool Abatement Corporation	ontractor (9)					_
Street Address PO Box 385			1				Street Ac	dress Bride Aven	iue					
City State Zip Gode Oceanville, New Jers	ey 08231	Ŋ.					City, Stat	e, Zip Code and Park, N	ew Jersey	0742	24			
Project Manager for Monitor John Smoyer			60		2-1833		Telephon 973-22	5-8400	01	ense N 104	10			
Start Date (10) 02/02/12		Schedules 02/11/12	2	letion C)ste (11)		J&S Er	Vironmente						
Occupancy Status During Abatement Performed Other - Describe: 4P	o During Entire Pr	arind of At	halamer	nt			City Stat	dress oute 22 We o, žip Code New Jerse						
Scope of Work (Check All ≥3 % or ≥3 lf ≥160 % or ≥250 lf	hat Apply)		novatio				×	Full Contains Mini-Enclosu Glovebag Pro	ro ocedure					
			ocation			De	scription of	Non-Exempte	and No	n-Pilles	7	Abate	pmen pe	1
Asbestos-Containing N TO BE ABAT In Facility (13)	laterial (ACM) RD	Main Custo	Solely Internance dial Sta (12)	9/		thermal		erial (ACM) sulation. or	Amou (Speci SF or L	fy	Removal	Repair	Encapsulate	
B1 & B2		Yes	No X	N/A	, ,	Plactor	Lathe Ce	iling	2.200	SF	X		10	1
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			7											1
Name of Registered Waste Lilich Corporation	Haulor			EP Waller ID I		Gubic of Was			Rogistered I W.S Land	•				1
City, State Woodland Park, New	ersey 07424		i ger			02/13		City, Sta Morris	te ville, Penn	sylvar	nia			
Completed by Tatiana Kalenikova		Title Vice P	reside	nt		S	ignaturo	mile	Cela	D2	ita 1/31/1	2		

. ~ ~ ~ ~			0715			New Jersey		70800	Strain Str.	-	and the .	100
71000		N				SBESTOS ABATE AC 8:60 and 5:16		CEIN	/ F		7	
Date of Notification (1)				Name	of Buildi	ng Owner/Operator (3 111 11		<u> </u>	11	111	.,
01 /	31 /	12				ny Investors, LLC	1 1 1 1 1					
			-		THOUSAND AND ACCUSES	•		FEB - 3 2	012	Las	1	
Agencies Notified	Type Notific	ation			t Address							
□ EPA □ DEP	☐ Initial ☐ Amende	d				eld Avenue		ACCUSE TO THE	OI 0	1	1	14
☐ DCA (NJAC 5:16)	Amendm				State, Zip			ASBESTOS CONTR LICENSING	UL &		1	× 4
□ DHSS	☐ Emerger		ng			akes, NJ 07046						*
(NJAC 5:23-8)	justificati			10000000	of Conta		Samme and the same	Telephone Nun	moer -			*
					ss Chon		のの意味を受けませる。			- 1		-
				FA	CILITY	NFORMATION						
Name of Facility Where A			e (3)				Type of Facility ((4)				
67 Whippany Road	- Bldg. 14 A	Α					School (K-12		2)			
Street Address								(Other than K-1)		dings.		
67 Whippany Road							homes, etc.)					
City (5)							Square Feet	# of Floors		dg. A	-	
Whippany							163,245	5		48 y	ears	
County (6)				Cour	nty Code ((7)(STATE USE ONLY)	Current Use (Pri	or if being demol	ished)			
Morris							Vacant				Louis	
Name of Monitoring Firm		ding Owner	(8)	ASCM		Name of Abateme						
Health & Safety Ser	vices Inc.			001	17	Superior Aba	itement Inc.					
Street Address						Street Address						
318 12th Street						2 Henderson						
City, State, Zip Code						City, State, Zip Co						
Hammonton, NJ 08						West Caldwe	II, NJ 07006					
Project Manager for Moni	toring Firm		15000	lephone		Telephone No.		License No.				
Jim Proctor	1.			609-704		(973) 808-161		00411				
Start Date (10) /		Scheduled 02		letion Da		Name of OSHA M Superior Aba		*				
Occupancy Status During	Abatement (Check only	one)			Street Address						
□ Facility Closed/Vacate	d During Enti	re Period o	f Abat	ement		2 Henderson	Drive, Ste A					
☐ Abatement Performed						City, State, Zip Co	ode					
Time of Abatement: _	AM	PM/	PN	/	AM	West Caldwe	II, NJ 07006					2.89
Scope of Work (Check all	that apply)						12 B B E 48 8					
☐ >3 sf or ≥3 lf		ПВ	enova	ition			ainment with Neg	ative Pressure				
≥3 \$1 \$1 ≥3 \$1 ≥3 \$1 \$1 ≥ 2 \$1 ≥4 \$2 \$1 ≥ 2 \$1 ≥4 \$2 \$1 ≥4 \$2 \$1 =4 \$2 =4 \$2 =4 \$2 =4 \$2			emoli			☐ Glovebag	Procedure					
						☐ Non-Exe	mpted (*) and Nor	n-Friable Procedu				
			s Loca Norm					* 1	Ab	atem	ent T	ype
Location Asbestos-Containing I		He		lely by	Ach	Description o estos Containing Mar		Amount	70	Z.	щ	m
TO BE ABA		IVI	731 YES THE	ance/ I Staff?		ermal systems insula		(Specify	Removal	Repair	Encapsulate	Enclosure
IN Facilit	У	Cu	(12			VAT, or other miscellane		SF or LF)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		sula	sure
(13)		Yes	T			Other miscenaries	ous)				ate	
4 th Floor				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Gumm	y Mastic/compute	er floor	1,280 SF			П	
4 th Floor			+-	-	-				-			
4 F100F					Gumm	y Mastic/compute	et 1100l	20 LF			Ш	
					100							
							48 L TO 12 AL					
Name of Registered Wast	e Hauler			NJDEP \		Cubic Yards of	Name of Regist	ered Landfill			The state of the s	
Service Transport G				Hauler II		Waste	Minerva La					-
City, State				SW21	17	5 Disposal Date	City, State					
New Castle, DE						2/10/2012	Waynesbur	ah OH				
Completed By (Print or Ty	me)	Title				Signature	1	1 10	ate			
Nick Petrovski	PG)	Presid	ent			o gradu	1/1/1		/- :	31.	-1	2

State of New Jersey

		N			ON OF AS	SBESTOS ABATE AC 8:60 and 5:16		C (j	Y	7
Date of Notification (1) 01 /	20 / 1	2				ng Owner/Operator	2	Water and the same of the			<u>.</u>	*!
Agencies Notified	Type Notification			Stree	et Address			CEIW	G	In	7	
□ EPA □ DEP	☐ Amended				State, Zip	eld Avenue		The control of the co	erys comment and			
DCA (NJAC 5:16)	Amendment		- ig	Mc	ountain L	akes, NJ 07046		FEB - 3 201				
DCA (NJAC 5:23-8)	justification) Cancellation				e of Conta			Telephone Num	ber	1		
			-2-10-	FA	CILITY	NFORMATION	- A	SBE LICENSING	G		+	
Name of Facility Where A	Abatement is Takir	ng Plac	e (3)				Type of Facility	(4)		-		-
67 Whippany Road						6	School (K-1	2)				
Street Address		<u> </u>					☐ Subchapter	8 (Other than K-12	2	are total	, 0.,	
67 Whippany Road			¥				Other (i.e., phomes, etc.	rivate & commerci	al buil	dings	•	
City (5)	4						Square Feet	# of Floors	В	ldg. A	\ge	
Whippany							163,245	5		48 y	ears	3
County (6)				Cou	nty Code (7)(STATE USE ONLY)	The state of the s	for if being demolis	shed)	1		
Morris		•	(0)	10014			Vacant	1				4/1
Name of Monitoring Firm		Owner	(8)	ASCM		Name of Abateme						
Health & Safety Ser	vices inc.			001	17	Superior Aba	itement inc.					
Street Address 318 12th Street						Street Address	Duline Ote A					
						2 Henderson						
City, State, Zip Code	127					City, State, Zip Co						
Hammonton, NJ 080 Project Manager for Monit			Tole	phone	No	West Caldwe	II, NJ 07006	License No.				
Jim Proctor	oning rinii			9-704		Telephone No. (973) 808-161	6	00411				
Start Date (10)	School	dulad C		a carrier and a second	ite (11)	Name of OSHA M		00411				
			150		12	Superior Aba						
Occupancy Status During	Abatement (Chec	k only	one)			Street Address						200
□ Facility Closed/Vacated	d During Entire Pe	riod of	Abate	ment		2 Henderson	Drive, Ste A					
☐ Abatement Performed Time of Abatement:					scribe AM	City, State, Zip Co						
Scope of Work (Check all						West Caldwel	II, NJ 07006					
 ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf 		-	novati molitic	50.10.00			Procedure	native Pressure	re			
Andrew Commence		Is	Locat	ion		Killing & Service			Ab	atem	ent T	уре
Location of Asbestos-Containing N TO BE ABAT IN Facility (13)	laterial (ACM) ED	Use Ma	Normal d Sole intena todial S (12)	ly by nce/		Description of stos Containing Mat rmal systems insula VAT, or other miscellaneo	terial (ACM) tion, surfacing,	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A		outer missonaries	,,,,				ite	
4 th Floor	A PROPERTY				Gummy	Mastic/compute	er floor	1,280 SF				
th Floor					Gummy	Mastic/compute	er floor	20 LF				
						tion by he as						
Name of Registered Waste Service Transport G			Ha	DEP Vauler ID SW21	No.	Cubic Yards of Waste 5	Name of Regis Minerva La					
Dity, State New Castle, DE	e Bath					Disposal Date 2/3/2012	City, State Waynesbur	gh OH				

Completed By (Print or Type)

Nick Petrovski

Title

President

Signature

Date

1-20-12

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 5:16) P Name of Building Owner/Operator (2) Date of Notification (1) JC Penney Company Incorporated / 12 01 02 Street Address Type Notification FEB - 3 2012 Agencies Notified 6501 Legacy Drive ☐ Initial ☐ EPA **⊠** DOLWD City, State, Zip Code Amendment #2 ASBESTOS CONTROL & **⊠** DHSS Plano, Texas 75024 LICENSING Number ☐ Emergency (including DCA. Name of Contact justification) (NJAC 5:23-8) Michael Wittaker ☐ Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of Facility Where Abatement is Taking Place (3) School (K-12) JC Penney Quaker Bridge Mall Subchapter 8 (Other than K-12) Other (i.e., private and commercial buildings, Street Address homes, etc.) 500 Quaker Bridge Mall Square Feet # of Floors Bldg. Age City (5) 45 75,000 Trenton Current Use (Prior if being demolished) County Code (7)(STATE USE ONLY) County (6) Mercer Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) JVN Restoration Inc 62252 Hillmann Consulting Street Address Street Address 47 Foster Road 1600 Route 22 East City, State, Zip Code City, State, Zip Code Staten Island NY 10309 **Union NJ 07083** License No. Telephone No. Project Manager for Monitoring Firm Telephone No. 00774 718-605-6256 908-688-7800 Michael Nehlsen Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 2 / 10 / 12 Hillmann Consulting 02 / 07 / 12 Street Address Occupancy Status During Abatement (Check only one) 1600 Route 22 East ☐ 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/_ **Union NJ 07083** Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Renovation ≥3 sf or ≥3 lf ☑ Glovebag Procedure ☐ Demolition ≥160 sf or ≥260 lf ☐ Non-Exempted (*) and Non-Friable Procedure Abatement Type Is Location Normally Description of Encapsulate Enclosure Repair Remova Location of 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)N/A Yes No \boxtimes 20LF Pipe Insulation M Pent House Generator П П П Name of Registered Landfill NJDEP Waste Cubic Yards of Name of Registered Waste Hauler Minerva Enterprises Inc. Waste Hauler ID No. **Express Waste Services LLC** NJ-804 Disposal Date City, State City, State Waynesburg, OH 2/10/2012 Newark, NJ Date Signature Title Completed By (Print or Type) Senior Project Manager John Tardy ASB-41 * Do not use this form for asbestos licensure exempted activities **MAY 11**

D04140

D&S Proj. #: MS 12-47

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Date of Notification	1 (1)	Na	ame of Bui	Iding Owne	er/Operator (2)		de la francisca da	[5]	tr2 60	D 11 11 11	7 (-7)		-	2000
0 1 1/13 0	1/1/2		FOREST	GREEN I	MANAGEM	ENT C	ORP.			2 4 W		10	11	
Agencies Notified	Type Notificati	on St	reet Addre	ss				The same						
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☐ DEP .	Amendment #:	-	ty, State, Z			nility 1	1	1 1			4		1	
DOL	Emergency		BROOK	LYN, NY	11242			1 1	,			-	1	
⊠ DOH	(including		me of Cor				Section 1		Telepho	ne Wumber	rè			
☐ DCA	justification) Cancellation		JOE SCI	HACHTE	R			11625	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAM	- Inding		-	J .	
	Cancellation			FACI	LITY INFORM	IATION	- A	Section to	Marine St. Comment of the Land	. وا موسود الله المعالمة المعا	-4 4	el anno es	EST weder	
Name of facility w	here abatement is	taking pla	ce (3)		•		T + 1 2 4		e of Facility	(4)				
ON THE A DITTLE OF	OTTEN DE A 77 A	COMME	DOIAL I	OT III DINI	G)					ol (K - 12)		an 1/	12)	
ONE UNIVER	SITY PLAZA	COMME	RCIAL	SUILDIN	<u>(i)</u>			-		hapter 8 (C · (Private/C			12)	
Street Address										./Homes, e				
ONE UNIVER	RSITY							_ Sc	uare Feet	# of Floo	rs	Blo	lg. Ag	е
City (5)		Coun	ty (6)				ty Code (7)	_					-0	
	CYL	DET	RGEN			(State	e use only)	C	urrent Use (Prior if beir	ng dem	olishe	d)	
HACKENSA Name of Monitoria			-	-	ASCM No.		Name of Abatem	nent Conti	ractor (9)					
Name of Monitori	ng i mirimed by i	olag. Olillo	. (0)		/ COM TO		D & S REST							
Street Address							Street Address	Oldilli	311, 2110.					
Street Address							20 Californi	a Ave.						
City, State, Zip Co	de						City, State, Zip C	ode						
Oily, Olato, Exp. 22							Paterson, N	J 07503						
Project Manager fo	or Monitoring Firm		Ph	none Numb	er		Telephone Numb			License		er		
							973-345-8	020		(0159			
Start Date (10)		ISched	. Completi	on Date (11	1)	[Name of OSHA							
							D & S Resto	oration, l	nc.					
02/14/12	D. i.e. Abatama	03/07				-								
Occupancy Status	ed/vacated during			ement			20 Californi City, State, Zip C		-		_	_		
Abatement t	performed outside	of normal	facility hou	rs-			City, State, Zip C	,oue						
Describe:	5:00 PM						Paterson, N	J 07503						
Scope of Work (c		v)		-					Containmen	w/negative	e press	ure		
>3 sf or >3		Renovatio	n.						enclosure					
The state of the s		Demolition							ebag proced		والما المام		adura	
≥160 sf or ≥	20011			used solely	,I			Non	-Exempted () and Non	R	R	E	_
Location of asbestos-co		by mainte	n normally enance/cus			tion of a	sbestos-containir	10	Amount		e m	е	n	E n
material (ad	m) to be	staff(12)		1	material		3063103-0011211111	9	(Specify	SF or	0	p a	a	С
abated in fa	acility (13)	Yes	No	N/A					LF)		V e	i	р	L
OFFICE #08/GRO	LIND ELOOP		X		FIREPRO	OFINO			1,900 SQ	FT	×			
OFFICE #U8/GRO	ONDTEOOR						anough surface							
Registered Waste D & S RESTO		NJD 13	EP Hauler 506	With the same of t	Cubic Yards of 20 YDS	Waste	Name of Regis	tered Lan	dfill SOURCE	RECOVE	RY		Trees.	20 10
City, State	ior flor, five.			Disposal [- 10	City, State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1 3
PATERSON,	NJ 07503			110000000000000000000000000000000000000	OUS DATES	3	TULLYTO	WN, PA		100	1			L. U.
Completed by (Pr		Title	1012		Signature				Enclude a	Date	E Y		r M	AVAT!
BOGDAN JO		PRESID	PER CONTRACTOR CONTRAC						A PARTY	01/30	0/12	211		
ASR-41		* Do not us	e this form	for asbest	os licensure e	xempted	d activities.							

D&S Proj. #: MS 12-49

							ent of the second of the	1-4 mars 74 er						
Date of Notification (11	Name of Bu	ilding Own	er/Operator (2)	1				Trop. 1			
0 1 /13 0			OWEN I	EWIS					(1) [5] 并	NA IS	137			
Agencies Notified EPA	Type Notificati Initial	on S	Street Addre	ess				*-	* to see	11 122			1111	
	Amended		700 SHE	ERMAN A	VENUE									
	Amendment #:	10	City, State,	Zip Code		The second		F	-FR - 3 %	2012				
⊠ DOL [Emergency		PLAINI	TELD, N.	J 07061		4. at 1	:			9			
⊠ DOH	(including	IN	lame of Co	W VI				<i>F</i> :	Telepho	ne Numbe	r			1
□ DCA □	justification)		OWEN	IFWIS					la data :	&	-			
	Cancellation		OWER		ILITY INFORM	MATION	-			Webs.	-			
Name of facility whe	are abatement is	taking pla	200 (3)	FAC	ILIT INFORM	ATION		· • • ·	Type of Facility	(4)		**		
Name of facility whe	ere abatement is	s taking pia	ace (3)							ool (K - 12)			
OWEN LEWIS									Subo	hapter 8 (0	Other th	nan K	-12)	
Street Address				EQUITE IN						r (Private/0		rcial		
700 SHERMAN	AVENUE							1	Square Feet	# of Floo		В	dg. Ag	ge
City (5)		Cou	nty (6)			Cou	nty Code (7)							
						(Sta	te use only)	1	Current Use (Prior if bei	ng dem	olish	ed)	W-0
PLAINFIELD			ION											
Name of Monitoring	Firm Hired by I	3ldg. Own	er (8)		ASCM No.		Name of Abateme	ent Co	ontractor (9)					
	The second second						D & S RESTO	ORAT	ΓΙΟΝ, INC.					
Street Address							Street Address					TUN		
							20 California							Land P
City, State, Zip Code							City, State, Zip Co	ode						
							Paterson, NJ)3					
Project Manager for I	Monitoring Firm		P	none Numb	per		Telephone Number			License		er		
							973-345-80				00159			
Start Date (10)		Sched	d. Completi	on Date (1	1)		Name of OSHA N D & S Restor							
02/11/12		02/1	7/12				Street Address	Tatioi.	i, mc.					
Occupancy Status Di	uring Abatemer					-	20 California	Aver	nue					4
	vacated during	College Commence		ement.			City, State, Zip Co		iuc			-	a	
Abatement per	formed outside						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
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□ >160 sf or ≥26		Demolitio							ovebag proced					
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asbestos-cont material (acm)		staff(12)	1	-	- Descript material		sbestos-containing	9	(Specify		m	p a	C	n c
abated in facili	ity (13)	Yes	No	N/A					LF)		V	i	a p	L
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Registered Waste Ha D & S RESTORA			EP Hauler 506		2 YDS	vvasie	TULLYTOW			RECOVE	RY			
City, State				Disposal I			City, State	11		To Line 2				VI.
PATERSON, NJ	07503	No. of Li		02/13/	12		TULLYTOW	VN, P	Α					
Completed by (Print		Title		Name of the	Signature					Date	/* *		Alle	
BOGDAN JOLD		PRESIL								01/30	0/12			
ACD 41	The value of	Do not us	se this form	for asbest	os licensure e	xempte	d activities.							

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D&S Proj. #: MS 12-45

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Name of facility w	here abatement is	taking plac	ce (3)									Ту	pe of	Facility Sch		(K - 1	12)				
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Street Address													X						cial		
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Project Manager for	or Monitoring Firm		Pho	ne Numb	ber						5-802	0						159		9/4	
					-		_	Name	e of	OSH	HA Mo	nitor				No.					
Start Date (10)		Sched	. Completio	n Date (1	1)		- 11				estora	tion,	Inc.								
01/30/12	English Life	02/06						Stree													
Occupancy Status											rnia A		ıe		_	_		_===		_	
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and the second s	ribe: NORMAL H				_		- 11	_=			, ,			ainmei	nt w	nega	ative	press	ure		=
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D & S RESTO	RATION, INC.	13	506	Dianasal	100	YD		_	_	State		N, KI	الادد	JACE	, KI	,00	V LIN		Will	7 11	
City, State	NIT 07502			Disposal 01/31/							TOW	N. P.	A								F III
PATERSON,		Ттис		01/51/	1	Signature		<u></u>				,				Da	ate	965	N/S	10.19	N 1507
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BOODAN		* Do not u	se this form	for asbes	sto	s licensure ex	empte	d acti	ivitie	s.	11	me		A TOP	e i			Link	1		

204142 State of NJ Notification of Asbestos Abatement D&S Proj. #: MS 12-46 (Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 6 10 11 1/12 17 1/11 12 1 RICHARD DRISCOLL Type Notification Agencies Notified Street Address Initial EPA FEB - 3 2012 599 SECOND AVENUE Amended DEP City, State, Zip Code Amendment #: M DOL ASBESTOS CONTROL & NORTH BRUSWICK, NJ M Emergency HOENGIA Lephone Number (including DOH. Name of Contact iustification) DCA RICHARD DRISCOLL Cancellation **FACILITY INFORMATION** Type of Facility (4) Name of facility where abatement is taking place (3) School (K - 12) RICHARD DRISCOLL Subchapter 8 (Other than K-12) Other (Private/Commercial Street Address Bldgs./Homes, etc. Bldg. Age Square Feet # of Floors 599 SECOND AVENUE County Code (7) County (6) City (5) (State use only) Current Use (Prior if being demolished) NORTH BRUNSWICK MIDDLESEX Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Bldg. 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 Phone Number Project Manager for Monitoring Firm 00159 973-345-8020 Name of OSHA Monitor Sched. Completion Date (11) Start Date (10) D & S Restoration, Inc. Street Address 02/06/12 01/30/12 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: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Full Containment w/negative pressure Scope of Work (check all that apply) Mini-enclosure \times >3 sf or >3 lf Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure E Is location normally used solely E Location of n by maintenance/custodial Amount n Description of asbestos-containing asbestos-containing m p C staff(12) (Specify SF or C material (acm) to be material (ACM) 0 а a LF) abated in facility (13) No N/A D Yes 冈 PIPE INSULATION 77 L FT BASEMENT Name of Registered Landfill Cubic Yards of Waste NJDEP Hauler ID# Registered Waste Hauler TULLYTOWN, RESOURCE RECOVERY D & S RESTORATION, INC. 13506 1 YD Disposal Date City, State 01/31/12 TULLYTOWN, PA PATERSON, NJ 07503 Date Signature Completed by (Print or Type) Title 01/27/12 **BOGDAN JOLDZIC** Do not use this form for asbestos licensure exempted activities. ASB-41

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D&S Proj. #: MS 12-48

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Date of Notification	n (1)			and the second second	er/Operator (2)		IBE	CEIN	尼口	77	1		3,415
Agencies Notified	Type Notification	_	HAWN C		LLI			CO IS II W		+			
☐ EPA	Initial Amended	1	1420 WHI	PPOOR	WILL WAY			FD 9 0010					Live Control
	Amendment #:	Cit	y, State, Zi	p Code				LB - 3 2012					
	Emergency				E, NJ 07092					1	1		
⊠ DOH	(including justification)	Na	me of Cont	act			P AS	110FHSING	e Number	13			
☐ DCA	Cancellation		SHAWN	CONNO	DLLY			EJOC II		-			
				FACI	LITY INFORM	ATION	The state of the s	Meller G exercise extension	toward Continues	MILTER F			
Name of facility w	where abatement is	taking plac	e (3)					Type of Facility	(4) ol (K - 12)				
SHAWN CON	NOLLY							Subch	apter 8 (O	ther th	an K	-12)	
Street Address	Autoria de la companya della company								(Private/C		rcial		
1420 WHIPPO	OORWILL WA'	Y	*					Square Feet	/Homes, e # of Floor		Ble	dg. Ag	je
· City (5)		Count	y (6)			Cour	ity Code (7)	The state of					
						(Stat	e use only)	Current Use (P	rior if bein	g dem	olishe	ed)	
MOUNTAIN		UNI											
Name of Monitori	ing Firm Hired by E	Bldg. Owner	(8)		ASCM No.		Name of Abatement	9.3					
						_	D & S RESTOR.	ATION, INC.	intuining.				100
Street Address							Street Address						
						_	20 California A	ve.					
City, State, Zip Co	ode							7502					
	Maria Fire		I Dhe	one Numb	nor.		Paterson, NJ 07 Telephone Number	7303	License	Numb	er		
Project Manager i	or Monitoring Firm		File	nie indini)CI		973-345-8020		A CONTROL OF THE PARTY OF THE P	0159			
		ICahad	Completio	n Doto (1	1\	_	Name of OSHA Mon	itor	and the same				
Start Date (10)		Scrieu.	Completio	II Date (1	"		D & S Restorati	ion, Inc.					
02/10/12		02/17		-		_	Street Address		7.24				
	During Abatemer			nont			20 California A						
	ed/vacated during performed outside						City, State, Zip Code						
Doscribe:	ribe: _NORMAL H					-	Paterson, NJ 07	7503					
	check all that apply					$=$ \square		Full Containment	w/negative	press	ure		
X > 3 sf or > 3		Renovation						Mini-enclosure	www.	ргосо	0.0		
≥160 sf or ≥		Demolition						Glovebag procedu Non-Exempted (*		friable	proce	edure	
Location of			normally u		у				47	R	R	Е	E
asbestos-c	ontaining	by mainte staff(12)	nance/cust	odial			sbestos-containing	Amount (Specify	SE or	m	e p	n	n
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BASEMENT (14 I	LOCATIONS)		X		DUCT INSULA	ATION(I	AMAGE AREAS ONLY	50 SQ FT			닏	Ц	#
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Registered Waste	Hauler	INIDE	P Hauler II	D# 17	Cubic Yards of	Waste	Name of Registered	d Landfill		-111	Ш	Ш	
	RATION, INC.	135	06		1 YD		TULLYTOWN,		ECOVE	RY			
City, State	THE THE WAY	Ser Coty		Disposal I			City, State						
PATERSON,				02/13/			TULLYTOWN	, PA	I D-4-				
Completed by (Pr BOGDAN JO		Title PRESID	FNT		Signature				Date 01/30	/12			
ASR-41			AND A SOLD	for asbest	tos licensure ex	cempted	d activities.		31730	721 (41)	1014		- 10



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

Date of Notification (1)			-	- V	Name of Buildir	ng Owner/Opera	tor (2) E	P E	- \\/	BI	7
Date of Notification (1)						EET, LLC		66	U W	5	
	1/30/20				Ct at Address	<u> </u>	1151				- Harris
Agencies Notified		Notification T	ype		Street Address			FEB -	3 201	2	9
(X)EPA		(X) Initial No				ROAD SUITE	380			-	1
()DEP (X)DOL		() Amended Amendm		1	City, State, Zip	Code	1 _	ACDECTOS (ONTROL	2	1
(X) DOL		() Emergen	cy (including	g justification)	WEST HA	RTFORD,	QT 0610	7 LICEN	SING	. u	
() DCA		() Cancellat	tion		Name of Conta	CL	Tel	Niimhor	Add	Tales of	Kindling L
				FACILITY IN	CHRIS TRACA	INNA	Br Seither	Frankling A. C.	uk Myada 1	y ny nataosina	STREET, ST.
Name of Facility Where Al	patement is Ta	aking Place (3)	TAGILITIN	Type of Facility					Mass	
50 OAK					() School (K-1	2) 8 (other than K	-12)				
Street Address		ALL PARTS - NAV		-	(X) Other (i.e. p	rivate & comme	ercial bldgs., h	nomes, etc.			Jan - 115
50 OAK STREET			0 1 0	d= (7)	Sa Feet	100000	# of Flo	oors 2			100
<u>City (5)</u>	County (6)		County Co (State Use		Salar Sa						
EAST RUTHERFORD	BERGEN				Bldg. Age	30+_ rior if being dem	 nolished)	VACANT			
Name of Monitoring Firm		_	ASCM No.		Name of Contra	actor (9)					
EHS INC					Alliance Envir	onmental Syste	ems				
Street Address 9 MAIN STREET					550 East Unio	n Street					
City, State, Zip Code					City State, Zip(West Chester,	Code PA 19382					
MULLICA HILL, NJ Project Manager for Monit	toring Firm	Telephone N	Number		Telephone Nur			ense Numbe	er		THE I
JACK CARNEY	.comig r min	8562230080			610-701-9000		008	508			
Scheduled Start Date (10) 2/13/2012)	Scheduled 0 4/27/2012	Completion	Date (11)	Name of OSHA EHS, INC	A Monitor					
Occupancy Status During (X) Facility Closed/Vacate	Abatement (C	Check only on re Period of A	e) batement		Street Address 9 MAIN STRE						-
() Abatement Performed	Outside of No	rmal Facility	Hours -		City, State, Zip	Code					
Describe					MULLICA HIL						
Other - Source of Work (Check a	Il that apply)					14	G. Saur				
() Demolition () Ren (X) Large Proj. (>160 SF	or >260 LF A	CM) () SM P	roj. (>25<16	0 SF or >10 <2) Minor Proj. (<	<25 SF or <10	LF ACM)			
() Full Containment with Location of Asbestos-	Negative Pres	sure () Mi ation Normall	ni-Enclosur	e () Glover Description of	ag Procedure	Amount (Spec	cify SF or LF)	Abater	ment Ty	ре	
Containing Material (ACM	/i) in Solely	by Maint./Cu	stodial	thermal system	ms insulation,						8.4
Facility (13)	Staff? YES		NA	surfacing, VA miscell.)	I, or other			Rem.	Rep.	Encap	Enclose
	-120					20500-6		x		-	-
ROOF			X	PIPE INSULA	TION	92500sf 460LF		X			
1 ST AND 2 ND FLOORS 1 ST AND 2 ND FLOORS			x	VAT&MASTIC		12110SF		X			
LOADING DOCK			X	TAR INCINERATO	D DVCKING	27SF 100SF		X			
ROOM B1-46 ROOM B1-41			X	TRANSITE PA		670SF		X			
		1		D.40	Cubic Yards o	of Waste	I Na	ame of Reg.	Landfill	-	1
Name of Reg. Waste Ha	uler	17235	ste Hauler I	<u>D#\</u>							
N.E.T.S. / Miners					Approx. 170		sp. Date	FI Imperial	City, Sta	ate	
City, State									mperia		
Hazelton, PA		Tritte			Signature		BD Da	ate	препа	i, FA	
Completed by (Print or T	ype)	Title			1	131	\				
DEVIN BLOM		Estimator			Br		1/	30/2012		1000	

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

Nowck

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

Date of Notification (1)					Name of Build				100000000000			
	1/23/20	012			MATRIX	DEVE	LOPMEN	T GR	ROUP			
Agencies Notified		Notification	Type		Street Addres	s						
(X)EPA		() Initial No	tification		3 CENTER D	RIVE. MON	ROE TOWNS	HIP				
() DEP		(x) Amende	ed Notifica		City, State, Zi					1-1	a land	3 117
(X) DOL (X) DOH			ment # _1_	ling justification)	an		00001					
() DCA		() Cancella		ing justification)	CRANBU		08831	1				
					Name of Cont RICHARD JO			l Tel N	umber			
Name of English Whore Ah	otomont is T	okina Dlago (2)	FACILITY IN	IFORMATION Type of Facilit	h. (4)			1	2	all points	
Name of Facility Where Ab	batement is i	aking Place (<u>31</u>		() School (K-							
					() Subchapte							
Street Address	PD				(X) Other (i.e.	private & co	ommercial bld	gs., hon	nes, etc.			
259 PROSPECT PLAINS City (5)	County (6)	100/31	County (Code (7)	Sq. Feet	80,000	#	of Floors	33_			
<u> </u>	//////////////////////////////////////	- 1 01 3		se Only)								
CRANBURY	MIDDLESE	X			Bldg. Age Current Use (30+	demolished)	V	ACANT			
Name of Monitoring Firm			ASCM N	lo.	Name of Contr	ractor (9)						10.00
HILLMAN CONSULTING,	LLC				Alliance Envi		Systems					
Street Address 1600 RT 22 SUITE 107					Street Address 550 East Unio							
City, State, Zip Code					City State, Zip							
UNION, NJ 07083	de Fier	T-lb	M		West Chester	· · · · · · · · · · · · · · · · · · ·	2	Linna	a Niversia			
Project Manager for Monitor MICHAEL NEHLSEN	oring Firm	Telephone I 9086887800			Telephone Nu 610-701-9000			00508	e Numb	<u>er</u>		
Scheduled Start Date (10)	1917	Scheduled (Completion	Date (11)	Name of OSH					4	Jul 1	A Turky
2/6/2012		3/31/2012			HILLMAN COI	NSULTING,	LLC					
Occupancy Status During	Abatement (C	Check only on	e)		Street Address						200	
(X) Facility Closed/Vacated					1600 RT 22 S	<u>UITE 107</u>						
() Abatement Performed (Juiside of No	imai raciilly	nouis -		City, State, Zir	Code	-				_	
Describe			1		UNION NJ 070							
Source of Work (Check all	that apply)			100 War part 100 War						N. T.		
() D												
() Demolition () Reno (X) Large Proj. (>160 SF o		M) () SM Pr	oi. (>25<1	60 SF or >10 <26	60 LF ACM) () Minor Pr	oi. (<25 SF or	<10 LF	ACM)			
() Full Containment with N	egative Press	sure () Mir	ni-Enclosu	re () Gloveb	ag Procedure	•						15.
Location of Asbestos- Containing Material (ACM)		ation Normally by Maint./Cus		Description of thermal system		Amount (Specify SF or	LF)	Abate	ment Ty	pe	
Facility (13)	Staff?		stoulai	surfacing, VAT								
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	Enclose
THROUGHOUT			Х	Vat & mastic		45570sf			X			
THROUGHOUT			X	TRANSITE		13400SF			X			
			X	FLOOR MAST LINOLEUM	IC	57605Sf 2400SF			X			
THROUGHOUT			X	FITTINGS		2407EA			X			
			X	PIPE INSULAT		4LF 30SF			X		1896	
Name of Reg. Waste Haule	er	NJDEP Was			Cubic Yards of			Name	of Reg.	Landfill		
NETO (Min-		17235			Annrow 200			DEI Im	norial			
N.E.T.S. / Miners City, State					Approx. 300		Disp. Date	BFI Im		City, Sta	te	
										00/30/10/10		
Hazelton, PA	a) I	Title			Signatura		TBD	Data	li	mperial	, PA	
Completed by (Print or Typ	<u>e)</u>	<u>Title</u>			Signature	Q 1		<u>Date</u>				
DEVIN BLOM		Estimator	**************************************		dr			1/31/20	012			

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

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

				irsuant to N.J.A.				Section of the sectio	, soldk, pa læger	cassin Littaria	college to the second	
Date of Notification (1)					Name of Build		perator (2)	A401			- Jones	
	1/30/2	012			LEVIN M	ANAGE	MENT	ORP		[]	NI	•
Agencies Notified		Notification	Туре		Street Address	3 , \	11)				1111	
(X) EPA () DEP (X) DOL		Amend	ed Notification		975 RT 22 W City, State, Zip	-	n. D.	EB -	3 20	12	1	
(X) DOH () DCA		() Emerge		ng justification)	N PLAIN Name of Cont	act	NJ 07060	SHESTON	CONTR	N. &		
				FACILITY IN		ILIN	-	- Anni Mantarita	nathricans in the case	- NE	and the second	
Name of Facility Where A	hatement is 7	Taking Place	3)	TAGILITA	Type of Facilit	y (4)				estilist social	LANGE BOOK	Mark de
FORMER RITE AID	<u>Datement io</u>	diving 1 lass			() School (K-	12) ar 8 (other the	m K-12)	Marie of the gr				
Street Address		econocidad de la compansión de la compan			(X) Other (i.e.	private & co	mmercial bld	gs., home	es, etc.			
BRUNSWICK SHOPPING		ILLTOWN RE)	1 (3)	Sq. Feet	10000	# 0	f Floors	1			
<u>City (5)</u>	County (6)		County C (State Us		3q. i eet	10000_	" 0					
NORTH BRUNSWICK	MIDDLESE	×	(State Us	e Only)	Bldg. Age Current Use (p		demolished)_	VA	CANT_			
Name of Monitoring Firm			ASCM N	<u>0.</u>	Name of Contr Alliance Envir		Systems					
EHS INC Street Address					Street Address		,			- 1000		
9 MAIN STREET					550 East Unio					- 1		
City, State, Zip Code MULLICA HILL, NJ					City State, Zip West Chester	Code , PA 19382						
Project Manager for Monit	oring Firm	Telephone		Carlo Copill	Telephone Nu	The state of the s		License	Numb	<u>er</u>		
JACK CARNEY		856223008	0		610-701-9000			00508				
Scheduled Start Date (10 2/13/2012		Scheduled 3/2/2012	Completion	Date (11)	Name of OSH EHS, INC	A Monitor						
Occupancy Status During (X) Facility Closed/Vacate () Abatement Performed	d During Ent	ire Period of A	Abatement		Street Address 9 MAIN STRE							There
Describe					City, State, Zir MULLICA HIL							
Other -												
Source of Work (Check a	I that apply)											
() Demolition () Ren (X) Large Proj. (>160 SF	or >260 LF A	CM)()SMP	roj. (>25<16	60 SF or >10 <26) Minor Pro	oj. (<25 SF or	<10 LF /	ACM)			
() Full Containment with I	Negative Pre	ssure () M	ini-Enclosur	Description of	ag Procedure	Amount (S	Specify SF or	IF) I	Abate	ment Ty	/pe	
Location of Asbestos- Containing Material (ACM		ation Normall by Maint./Cu	y osed stodial	thermal system		Amount	opcomy or or	/	7 to ato			The state of
Facility (13)	Staff?			surfacing, VAT	, or other				Rem.	Rep.	Encan	Enclose
	YES	NO	NA	miscell.)					Keili.	INCP.	Lilicap .	I
DETAIL ADEA			X	Vat & mastic		7800sf			Х	-		
RETAIL AREA			-~	, , , , , , , , , , , , , , , , , , , ,							1	
				*								
Name of Reg. Waste Hau	ler	NJDEP Wa	ste Hauler	D#\	Cubic Yards o	f Waste		Name	of Reg.	Landfill		
N.E.T.S. / Miners		17200			Approx. 100			BFI Im				
City, State		Wanted Street			general participation		Disp. Date		2	City, Sta	<u>ite</u>	
						Acad 11	TBD		1	mperia	I, PA	
Hazelton, PA Completed by (Print or Ty	ne)	Title			Signature	0		Date	16.1		1	-
Completed by (Fillit of Ty	PO1				11	121			40			
DEVIN BLOM		Estimator			Kn	D		1/30/20	712	PLE Y		

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

(Pursuant to NJAC 8:60 and 12:120) Name of Building Owner/Operator (2) Date of Notification (1) 2.1.12 Dronwan Type Notification Street Address Agencies Notified FEB - 3 2012 40 Madle Street ৰ্ঘ Initial ☐ EPA City, State, Zip Code DEP Amended Amendment # DOL leaneck IXI ASBESTOS CONT **Emergency (including** Name of Contact DOH justification) Shoard Bronwen Cancellation ☐ DCA 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 & commercial buildings, homes, etc.) # of Floors Bldg. Age Square Feet City (5) 1650 56 1 Current Use (Prior if being demolished) County Code (7) County (6) (STATE USE ONLY) Residentia DEVOLEV Name of Abatement Contractor (9) ASCM No. Name of Monitoring Firm Hired by Building Owner (8) A. MAC Contracting Inc Street Address Street Address 105 Lowell Road City, State, Zip Code City, State, Zip Code Glen Rock, NJ 07452 Project Manager for Monitoring Firm License No. Telephone No. Telephone No. 00156 201-262-5841 Name of OSHA Monitor Scheduled Completion Date (11) Start Date (10) 2.16.12 Omega Environmental Services Inc. Occupancy Status During Abatement (Check Only One) Street Address 280 Huyer Street ☐ Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Hackensack, NJ 07606 ☐ Other - Describe: Scope of Work (Check All That Apply) Full Containment with Negative Pressure ≥3 sf or ≥3 lf Renovation E 区 Mini-Enclosure Demolition ≥160 sf or ≥260 lf Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Abatement Is Location Туре Normally Description of Location of Used Solely by Asbestos Containing Material (ACM) Amount Asbestos-Containing Material (ACM) Maintenance/ Enclosure nc a psul ate (Specify (i.e. thermal systems insulation, Remova TO BE ABATED Repair Custodial Staff? surfacing, VAT, or SF or LF) In Facility (12)other miscellaneous) (13)Yes No N/A LF 4.6 ouce insulation DOGLIMENT Name of Registered Landfill Cubic Yards NJDEP Waste Name of Registered Waste Hauler Hauler ID No. of Waste IESI PA Bethlehem Landfill Corp. 20785 Rovic Transport Disposal Date City, State, Zip Code City, State, Zip Code Bethlehem, PA 18015 Riverdale, NJ 07457 2.1612 cr Date Signature Title Completed by President R. McDonald

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

	· · · · · ·	•			Fax:	۷	v12020\$	Feb 1	2012 0	3:33pi	p PO	01/0	01
		MONTE	OF ASB	M Jersey ESTOS ABI 8:60 and 17	erator (2)		CH#	183	APPRO	IVED	Alai ali y	7	
		lame o	Building	LIS BE	PEER			TOTAL C	(signat	7.74	nen	4	12
Notification (1) 2-\\2		Street				A117	NUE	Dator 1	. 1 .	Time	SZ T	1/7	n
es Notified Type Notification			5/1	WEST		7 10	TII F	EB - 3			IJ		
PA I I Amended	1	City. S	tale, Zip	VECK.	NO	1666		elephone l	Jumber				
DOL Amendment#_	uding	Name					AS"					1.1	1
DOM:		1	1-7-6	36-758	A-PCA			LIUENS	Theresand				
DUA	- 70	F	ACILITY	INFORMA	1	Type of F	acity (4)	- Hallyman in	- APPRIENCE	Bank terrino	Knattri	in f	
ne of Facility Where Abelement is Taking F	71808 (3)		72-20			School	ool (KC12) hapter 8 (C er (Le. phys	cher than	(-12) ercial D	uding:	s, hon	les,	1
BERGER						121 Oth	EL (ret hime				. Age		1
of Address 59 WEST FORREST A	VENUE					Square	reet	# of Floor	5		50		
((5)						16	Use (Prior i	f being der	nolished))			
TEANECK		Co	Unity Cox	je (7) OPILY) —		1 64	SIDEM	TICH					7
Unity (6) PERLYTIN		1(3)	ASCM		Nam	e of Abele AAC Contr	ment Contra	actor (9)					
erne of Monitoring Firm Hired by Building C	Wher (8)		740 CM MX		1								
					Stre 10	et Address Lowell Ro	pad	4					-
treet Address					100	State, Zip	Code						
ity, State, Zip Gode				William Co.	Gli	en Rock, N	J 07452				-		7
roject Manager for Monitoring Firm		T	Teleph	one No.	Tele	aphone No			ense No. 10156				_
tolect Mausder ich Minnwora 3					-	01-262-58	A Bingitor					W = 100	
Stan Date (10) 2.2.12	Schedule	d Com	pletion D	lste (11)	Na	ne di USA Imega Em	Anomental	Services	nc.				-
The second secon			15		Str	eet Addres	:5	× ×					
Occupancy Status During Abatement (Ch Pacility Closed/Vacated During Entire Abatement Performed Outside of Non Other - Describe:			snt		Cit	30 Huyer S y, State, Z ackensack	p Code NJ 97608	Y-1178					
Scope of Work (Check All That Apply) 53 st or 23 ff 1 2160 st or 2260 ff	À R	enovati emolitic	on in			OK Mini	Containme Enclosure vebag Proc	Philiper					
			-		-	O Non	-Exempled	(°) and No	m-r-madie	T 100	Abat	emen	i
		s Locati Normal			Danadi	otion of				H	T)	/PE	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ue M Cus	od Solo sintensi studial S (12)	ly by noe/ staff?	(i.o. 8	is Contain hermal aye surfacing	ing Motori terns ineut VAT, or ellaneous)	ation,	(Sn)	ouni ecify r LF)	Pamoval	Fepsir	Encipsulate	Ensbayo
54:-14:1K	Yes	No	NVA				1.0			17	-	<u> </u>	H
BASEMENT			X	PIP	e insu	latio	VI	85	LF	K.			
Name of Registered Waste Hauler		H	JOEP W auter ID 20785	NOTE OF THE PARTY	Cubic Yard of Waste	ls {.		Registered Bethlehem		Согр.			
Rovic Transport				The second second		The second second	Company Company						
Rovic Transport City, State, Zip Code Riverdale, NJ 07457					Disposal D	2 gm	City, State Bathlehe	e, Zip Code en, PA 180					The same of the sa

				P. O. E. T. H. Johnson
Notification of Demolitic	n or Renovation.	(continued)		
X. Description of Planned Den		The second secon	Used:	
Building will be demolished u				VAN 3 1 2012
XI. Description of Engineering	Controls and Work F	Practices to be Used to Co	ntrol Emmisi	ons of Asbestos at the
Demolition or Renovation Site		ractices to be osed to oc	Ī	Contract of the second
Full negative air containments	for fireproofing, plas	ter and pipe abatement. V	Vet removal n	nethods. Vacumms will be
equipped with hepa filters. Re	gulate areas using sig	nage and use drop poly a	and wet meth	ods for Window Caulking.
			***************************************	The second secon
XII. Waste Transporter#1 Was	to Management			
Address: 100 Ave. A	te management			
City: Newark	County: Essex		State: NJ	Zip: 07114
Contact: Susan Rubinetti (Layton)			Telephone: 20	
Waste Transporter#2 Service Transport Group, Inc.				
Address 58 Pyles Lane	ce mansport Group, i	пс.		
City New Castle	County New Cas	the .	State DE	Zip 19720
Contact Tom Gaudet			Telephone 30	
XIII. Waste Disposal Site Minerva Enterprises			EPA Certification Number: PO104984	
Address: 9000 Minerva Rd	ava Enterprises			
City: Waynesburg	County: Stark		State: OH Zip: 44688	
Contact: Sara Pomera	Joediny, Guark		Telephone: 330-866-3435	
	and have Courses	t Amengy Places Identify:		
XIV. If the Demolition was Orde	ered by a Government	Title	ule Agelicy L	DEIOW.
Name		Title		
Authority Date of Order (MM/DD/YY)		Date Ordered to	o Begin (MM/DD/	m
XV. For Emergency Renovation	(HH-MM)	(HH:MM)		
DATE and HOUR of Emergency: (MM/DD/YY) (HH:MI Description of SUDDEN, UNEXPECTED EVENT				
Explanation of how the Event caused unsafe conditions, or a serious disruption of industrial operations				
XVI. Description of Procedures				ound, or that Previously Non-
Friable Asbestos Material Becomes Crumbled, Pulverized or Reduced to Powder				
Restrict work area and regulate, wet material, notify appropriate regulatory agencies, commence cleanup using wet				
methods.				
XVII. I Certify that an Individual	, Trained in the Provis	sions of this Regulation (40CFR, Part	61, Subpart M) Will be On-Site
During the Demolition or Reno Person will be Available for Ins	vation, and that Evide	nce that the Required Tra	ining nas Be	en Accomplished by this
Person will be Available for ills	pecuon burniy Norm	al Busiliess Hours (Nequies	Tone (1) year and	pomuguon,
11 000	_			
mathau tollon	alau	(Signature of Owner/Operator)	(D	ate) 1/26/12
XVIII I Certify that the Above In	formation is Correct	2010		
K. " OW.	M.O.			
Markau-XIIIC	liakan	(Signature of Owner/Operator)	(D	ate) 1/26/12
7	U		18 1 1 2 2	2007