							- Constant	And San - Action	· 4				
Date of Notification (1)					g Owner/0		r (2)			11/7	1/2		
June 01, 2012 Agencies Notified Type Notification					anagem	ent	lad.	/		14/	15	10	11
EPA Initial			Street A		nue Eas	t			'fh:	4			
DEP X Amended	2		City, St	ate, Zip (Code		1 4	i de	JIV 4	74.7		17	1
DOL Amendment Emergency			Jersey	City, N	ew Jers	ey 07:	305 / ,	Ĺ					
DOH justification)	(moradin)	,	Name o	of Contac	t		İ	- STe	elephone Nu	mber			
DCA Cancellation	6		Tom So					*4.2	1	-			
Name of Facility Where Abatement is Takin	a Place (31	FAC	ILITY IN	FORMATI	ION	Tuno of Equilib	. (4)					
building .	y riace (3)					Type of Facility	5 200000					
Street Address							School (K		her than K-1	2)			
									& commerc		lding	s, hom	nes,
76-88 Roanoke Avenue		100					etc.)		•				
							Square Feet	# 1	of Floors		Bldg.	Age	
Newark, New Jersey County (6)			Country	Code (7)									
Essex		- 55		USE ONL	Y)		Current Use (F	rior if be	6730	hed)			
Name of Monitoring Firm Hired by Building	Owner (8	1	ASCN	A No	-	Nome	of Abotement C		empty				
AET, Inc.	Owner (o	,		VI INO.			of Abatement C		r (9)				
Street Address			0021				Address	LLC.					_
907 Doolittle Drive						, seasons		LOTE	000				
City, State, Zip Code					1163.80		Kings HWY N	I, SIE	209	-			
Bridgewater, NJ 08807							State, Zip Code	24					
Project Manager for Monitoring Firm	nder	_	Telepho	ne No			y Hill, NJ 080 none No.	34	License N	lo	1117	-	
Eric Houseknecht			610-89		MINDS		759 - 5000		00781	10.			
Start Date (10)	Schedu	-	ompletion)		of OSHA Monito	nr .	00701				1721
1/9/2012	8503000000000000		12/31/1	CONTRACTOR SALES			IACK Group,						
Occupancy Status During Abatement (Chec	k Only O	ne)	12/01/1	-		William Bulleton and American	Address	LLO.				-	
Facility Closed/Vacated During Entire F			ment				Kings HWY N	STF	209				
Abatement Performed Outside of Norm	al Facilit	y Hou	rs			13 - 200 - 20	tate, Zip Code	, 012	200				
Other - Describe:							/ Hill, NJ 080	34		2			
Scope of Work (Check All That Apply)							, , , , , , , , ,				-	-	-
≥3 sf or ≥3 lf	-	Renov				Ī	Full Contains		h Negative I	Pressu	re		
≥160 sf or ≥260 lf	\times	Demo	lition			ŀ	Mini-Enclosu Glovebag Pro						
							Non-Exempte		Non-Friable	Proce	dure		
	1:	s Loca	ition .					-			Aba	emen	t
Location of	1	Norma			Des	scription	of			1 3	Т	уре	-
Asbestos-Containing Material (ACM)		ed Sol ainten	lely by ance/	100000000000000000000000000000000000000	stos Conta	aining N	laterial (ACM)		mount	170		m	-
TO BE ABATED In Facility		todial	Staff?	(i.e		systems sing, VA	s insulation, T. or		Specify F or LF)	Remova	Re	Encapsulate	Enclosure
, (13)		(12))			niscellar			OI LI)	von	Repair	Sul	osui
	Yes	No	NIA							<u>a</u>	7	ate	(d)
20 tanker railcars - Phase 1	1 68	7	N/A		A C & A :		a line-	-	050 - 0	1	-	-	-
	-		-		ACM in		g liner		,350 sf		-	-	-
358 passenger railcars - Phase 2		X	-			-"-		see	attached	X		-	
	-		-				A55-55-160F40			-			
Name of Registered Waste Hauler	1		NJ DEP W	/aste	Cubic \	Yards	Name of	Registe	red Landfill	1		L	L
00V T			Hauler ID	No.	of Was		E	157 I					
CSX Transportation						TBD			/ Grows L	andf	ill		
City, State					0.0000.000	al Date	City, Sta		Thomas and the same of the sam	S)			
Jacksonville, FL Completed by Title						/31/12		a, OH /	Morrisvill		١.		
-	Title				Sį	gnature	19/-	2	Da				
Michael Cooper	Presid	ent							6/1	/12			

Date of Notification (1)			-	Name	of Buildin	g Owner/Op	perator	(2)				-	1 11	-
February	29, 2012					anageme					a t			
	pe Notification	1			Address	anageme	-		er con organisms is					1
⊠ EPA □	Initial			1 Linde	en Aver	nue East					10.7			1
DEP	Amended				tate, Zip (-				1		-	4
DOL	Amendmen			100		lew Jerse	v 0730	15					À	1
DOH L	Emergency justification		g		of Contac		, 0, 0,		Telepho	ne Nu	mber	46		-
DCA	Cancellatio	543		Tom S	chaad			ļ	1	Artist Paris	or or other			
- Louis	_				LONG CONTRACTOR OF THE PARTY OF	FORMATIO	N						-	0 8
Name of Facility Where Abat	tement is Taki	ng Place	(3)	e oc		nda I		Type of Facility	(4)	-				-
building								School (K-	12)					
Street Address								Subchapte	r 8 (Other tha	n K-1	2)			
76-88 Roanoke Avenue				85.				Other (i.e. etc.)	private & com	nmerci	al bu	ilding	s, hor	ne
City (5)								Square Feet	# of Floor	rs	T	Bldg.	Age	
Newark, New Jersey												olug.	, ,90	
County (6)				County	Code (7)		1	Current Use (Pr	ior if being de	molish	ned)		-	+
Essex				(STATE	USE ONL	Y)	_	atornostas, rura v ili			.00)			
Name of Monitoring Firm Hire	ed by Building	Owner (8	3)	ASCI	M No.		Name o	f Abatement Co	emp	Ly		-	-	
AET, Inc.				0021				ACK Group, I	20 80					
Street Address				_ 002	-		Street A	The second secon	LU.					-
07 Doolittle Drive						F-co.		ings HWY N,	STE 200					
City, State, Zip Code								ate, Zip Code	31E 209	TE		_	-	-
Bridgewater, NJ 08807									1					
Project Manager for Monitorin	ig Firm			Telepho	ne No.		Telepho	Hill, NJ 0803		nse N			-	_
ric Houseknecht				610-89		-21	mere de la comp	59 - 5000	1-14-14		0.			
Start Date (10)	-	Schedu			Date (11)			f OSHA Monitor	0078	-				_
1/9/2012				12/31/1										
Occupancy Status During Aba	atement (Chec	k Only O	ne)	12/01/	12		Street A	CK Group, L	LU.					
Facility Closed/Vacated I		0.30	-36					ngs HWY N,	STE 200		ž			
Abatement Performed Or	utside of Norm	nal Facilit	y Hou	rs			CONTRACTOR OF THE PARTY OF THE	te, Zip Code	31E 209			-		
Other - Describe:								Hill, NJ 0803	4					
Scope of Work (Check All Tha	it Apply)						Пену	1111, 143 0003	+ 					
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		portion and	Renov Demol				X	Full Containm Mini-Enclosure Glovebag Prod	9	tive P	ressu	re		
								Non-Exempted	(*) and Non-Fr	riable	Proce	dure		
		l:	s Loca	tion								Abat	emen	t
Location of			Norma		(i)	Descr	iption o	f			L		ype	_
Asbestos-Containing Mate TO BE ABATED			ed Sole aintena					terial (ACM)	Amount				m	
In Facility		Cus	todial		(i.e.	thermal sy: surfacing			(Specify SF or LF)		Remova	R	Encapsulate	
(13)			(12)			other miss	cellaneo	ous)	· ·	<i>'</i>	Von	Repair	USC	
		Yes	No	N/A				7		40	<u>a</u>	7	ate	1
20 tanker railcars - P	hasa 1	163	V	TIVIA	/ / / / / / / / / / / / / / / / / / /	A ON 4 :	1 11	P		_	1			+
	11456 1	-	$\langle \cdot \rangle$	-	/	ACM insu	lating	liner	23,350 s	sf	\triangle			1
Phase 2			X			v	"_		TBD		X			
														-
ame of Registered Waste Ha	uler	L	1	J DEP W	aste	Cubic Yar	ds	Name of F	Registered Lar	ndfill				l
			1000	lauler ID I		of Waste		Traine of t	rogistereu Edi	Tann				
eehold Cartage, Inc.			1	1593	39	TF	3D	GROWS	51 (2)	(4 				
ity, State						Disposal [Date	City, State						
eehold, NJ						12/3		Morrisvill	e, PA					
ompleted by		Title		3		Signa	ature	1171	2	Date)			
ichael Cooper		Alichael Cooper President								2/29	/12			

Date of Notification (1)			-	Name o	of Building	Owner/Ope	erator	(2)		i i i i i i		111	¥
Decemb	er 19, 2011			Sims N	letal Mar	nagemer	nt		Marie Marie		1		
	Type Notification				Address	inago, ino.			- JANES	2/11/2		H	1000
⊠ EPA D	Initial			1 Linde	n Avenu	ie East					Tongo	1	1
DEP	Amended				ate, Zip Co			1	60DL:				
DOL _	Amendment			Jersey	City, Nev	w Jersey	0730	05	ASBES	The G		į	
DOH L	_ Emergency justification)		9		of Contact			-	Telephone	Number			
DCA [Cancellation			Tom So	chaad			Number 1751			_		
						ORMATION	1		-			-	
Name of Facility Where Ab	atement is Takin	g Place	(3)					Type of Facility	(4)			110	
building		logness!					- 1	School (K-					DIE C
Street Address	ness. I many in a					100		Subchapte	r 8 (Other than	K-12)	2/19/1	one in	32
76-88 Roanoke Avenu	e	rain.						etc.)	private & comm	ercial bui	lding	s, hom	ies,
City (5)								Square Feet	# of Floors		Bldg.	Age	
Newark, New Jersey										Jersay		ohs	
County (6)					Code (7)			Current Use (Pri	or if being dem	olished)		A1 19	The state of
Essex	1110			(STATE	USE ONLY)		-		empt	V			
Name of Monitoring Firm H	ired by Building	Owner (8	3)	ASC	A No.	N	lame o	of Abatement Co		,			
AET, Inc.				0021		The second		ACK Group, L					
Street Address				a dage				Address			-		_
907 Doolittle Drive				100		15	500 K	ings HWY N,	STF 209				
City, State, Zip Code		1.411.0		1110				ate, Zip Code	G.L.200				-
Bridgewater, NJ 08807	PEOR							Hill, NJ 0803	4				
Project Manager for Monito	ring Firm	- 075		Telepho	ne No.		1000	one No.	Licens	se No.			WITT.
Eric Houseknecht			6	310-89	1-0114	(9)	73) 7	59 - 5000	00781				She
Start Date (10)	West	Schedu	Married Co.		Date (11)	-		of OSHA Monitor			SE SE	1000	928615
1/9/2012	O.L.J. e			TBD		Th	ne MA	ACK Group, L	IC S				
Occupancy Status During A	batement (Chec	k Only O	ne)					Address		MOCI, emi	iid V	-	
Facility Closed/Vacate	d During Entire I	Period of	Ahater	ment		15	00 K	ings HWY N,	STF 209				
Abatement Performed	Outside of Norm	al Facilit	y Hours	S		P1110000	The second second second	ate, Zip Code	012 200	THE REAL PROPERTY.			
Other - Describe:	<u> </u>	UNI						Hill, NJ 0803	4				
Scope of Work (Check All T	hat Apply)				-	0.	icity	11111, 140 0000	Company of the Compan		William .	115 68	-
≥3 sf or ≥3 lf	st die membe	П	Renova	tion			∇	7 F. II C					
≥160 sf or ≥260 lf		Processor of	Demolit				×	Mini-Enclosure	ent with Negati	ve Pressu	re		
Physics Procedure								Glovebag Prod	cedure				
firm woda								Non-Exempted	(*) and Non-Fria	able Proce	dure		
		60%	s Locat									emen	it
Location of			Normal ed Sole		21.00	Descri	ption o	of			1	уре	1-
Asbestos-Containing Ma <u>TO BE ABATI</u>		Ma	aintena	nce/		os Contain thermal sys		iterial (ACM)	Amount	IA SIS AS	BOIL	m	m
In Facility		Cus	todial S	Staff?	(1.6.)	surfacing			(Specify SF or LF)	Ren	Re	ncap	ncl
(13)		1,00	(12)		A.L.	other misc			0. 0. 2. /	Remova	Repair	Encapsulate	Enclosure
		Voc	No	NI/A				207		<u>a</u>	1	ate	ē
20 tanker rail	oore	Yes	NO	N/A	757	011:					-	-	
20 talikel fall	cars	-			A	CM insu	lating	liner	23,350 st			ļ	
			s.				10.000						
									-			T -	
						-					-	-	-
Name of Registered Waste	Hauler	<u> </u>	L N	J DEP W	laste	Cubic Yar	de	None	Dogister- 11	Jen			
			1 1	auler ID	0.000	of Waste	us	ivame of	Registered Lan	atili			
reehold Cartage, Inc.				159	39	23:	3.5	GROWS	.36				
City, State	glage (s			188 - 28		Disposal I		City, State			-	100	
reehold, NJ							3D	Morrisvil					
Completed by Title							ature	1771	0	Date	(0.61		No.
Michael Cooper	dent					1//		12/19/1	100				

State of NJ Notification of Asbestos Abatement

B & G proj. #: 2012-108 Emergency

(Pursuant to NJAC 8:60-7 and 12:120-7)
Emergency Non Sub 8

				_	Emergenc	y IN	on and a	CHEC	K# 3201	117			
Date of Notification	1 (1)	- 11	Name of E	Building Ow	ner/Operator (2	1		The Re	ii. II	VI 15	3		
10 15 1/13 10	1/12					,			4 12 45 · · · · · · · · · · · · · · · · · ·	361.74			
Agencies Notified	Type Notific	cation	Street Add		ical Center			11/01	· ·				
∐ EPA	☑ Initia	. []	1 Clara	Maass Di	ivo			D-E JUN	7				
☐ DEP	13		City, State		ive	_							
DOL	Amer	ndment	100	lle, NJ 07	100			1000	105 HUH-	11 de 14			
□ DOH		11	Name of Co		109	_		Telepho	ne Numb	or or		Larre -	
☐ DCA	☐ Cance	ellation	Rachal	Byrnes			16-11-11		ne Numb	CI			
			Racher		CILITY INFORM	IATIO							
Name of facility wh	nere abatemen	nt is taking n	lace (3)			7110		T+ 7= 111					
			W 80					Type of Facility Scho	(4) ol (K - 12	2)			
Clara Maass Me	edical Center	r (Non Sub	8)					1 =	hapter 8 (200	than	K-12)	
Street Address								☐ Other	(Private/	Comm			
l Clara Maass I	Drive								./Homes,	17.7		N. I.	
City (5)		Cou	inty (6)			Co	unty Code (7)	Square Feet	# of Flo	ors	-	Bldg. A	Age
						2000	ate use only)	Current Use (F	Prior if he	ing der	nolish	(her	
Belleville, NJ (sex					hospital non		ng der	1101131	icu)	
Name of Monitoring	g Firm Hired by	y Bldg. Owr	ier (8)		ASCM No.		Name of Abatement	Contractor (9)					
n/a							B & G Restoration	on, Inc.					
Street Address							Street Address						
City, State, Zip Code							105 Ryerson Ro	ad					
							City, State, Zip Code						
Project Manager for	Monitoring Fir	m	Ιp	hone Numb	ner .	_	Lincoln Park, N Telephone Number	J 07035	11:				
				none rading)CI		973-696-6869		License 0378	e Numi	ber		
Scheduled Start Date	e (10)	Scher	d Completi	on Date (1	1)	_	Name of OSHA Mon	tor	0376				
	- (/			on Date ()	1)		B & G Restoration	on, Inc.					
5/31/2012 Occupancy Status D	uring Abatoma	6/1/2				Million Char	Street Address				**************************************	-	
Facility closed/				ment			105 Ryerson Roa	nd					4
Abatement per	formed outside	e of normal	facility hou	rs-			City, State, Zip Code	_					
Describe: Other-Describe	φ.					-	Lincoln David, Ni	07025					
Scope of Work (che	200000	oly)				-	Lincoln Park, N.	07035					
☐ Demolition			n.			П.							
≥ 3 sf or >3 If		≥160 sf or					ull Containment w/neg	ative pressure	☑ Glove				
		1986		used solely		M v	Mini-enclosure		Non-f	riable	oroce	dure	
Location of asbestos-conta	aining	by mainte	enance/cus	todial		n of -	chastes	Amount		e	R	E n	E
material to be abated in facili	ty (13)	staff(12)		T	material (A		sbestos-containing	(Specify S	F or	m	р	c	n
abated in facili	ty (13)	Yes	No	N/A				LF)		v	i	a p	Ľ
1st Floor Absorpti	on Tower			X	pipe fittings			2 lf		e	r		<u> </u>
Boiler room oil pu	mp area				pipe insulation	on		7 lf			님	片	Η-
											님		쓔
								-		 	-	片	H
										+++		片	H
Registered Waste Ha B & G Restoration		NJDE 195	P Hauler I		ubic Yards of W	aste	Name of Registered			ا لـــا إ	<u> </u>	Ш	
City, State				Disposal D	/2 yard ate		Tullytown Resour	ce & Recovery	Center	-			
Lincoln Park, NJ	07035			6/1/12			Tullytown, PA						
Completed by (Print o	r Type)	Title			Signature				Date			-	
Gordana Luna	ordana Luna Treasurer						Gordana Luna		5/30/2	012			

Fax: State of NJ

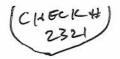
Notification of Asbestos Abatement

	AND EMERGENCY	21	*÷	*Emergen	8:60-7 and 12:120-7 cy Non Sub 8***	IN E (ci	neck # 52	81/	E	ī,	77
Date of Notification (1)		Name		Owner/Operator	700	1	APPRON	red -	out of		#
10 5 /[3 0 /]1 Agencies Notified Type	12 Notification	Clara	Maass M	ledical Center	(2)	N. Pept.	Health &	Senio	Sen	rices	
L EPA		Street A	ddress				· (gignilles	9	-		4
□ DEP 🛛	Initial	1 Cla	ira Maass	Drive		Date: 5	30/13	line:_	<u>1-13</u>	PI	
Ø DOL □	Amendment	City, St	ate, Zip Co	de		-				-	-
ноа 🗵	, vii—irectionic	Belle	eville, NJ	07109	L	-	Li	-	Table (hase)	.b.o.woo	
_ n	Cancellation	Name of	Contact			Teler	hone Nun	hos	_		
D DCA	Cancenation	Rack	iel Bymes	1	X area	tisse.	Mona real)	ine!		7.4	*
Name of facility where aba				ACILITY INFORM	MATION		•	-	=	_	
y to the of feeling whole and	warnent is taking	place (3)				Type of Facil	lity (4)	-			
Clara Maass Medical (Center (Non S	ub 81		9			hool (K - 1	(2)			
Street Address	-					☐ Su	bchapter 8	(Othe	r tha	n K-1	(2)
I Clara Meass Drive						₩ 00	er (Private	/Com	merc	ial	
City (5)						Square Feet	gs./Homes # of Fk		_	Dis.	
ony (a)	10	ounty (6)			County Code (7)	oqual rag	W UI FR	oors	-	BIRG	, Ag
Belleville, NJ 07109		Essex			(State use only)	Current Use	(Prior If he	ina d		chad	
Name of Monitoring Firm H	red by Bldg Ch	Wher (8)				hospital no	n Sub 8	ing o	P() (OII	Snea	ļ
n/a	,	(0)		ASCM No.	Name of Absternen	t Contractor (9)			- 100	-	7000
Street Address				1	B&G Restorat	ion, Inc.					
M2.1.52					Street Address				-	_	
Cily, State, Zip Code	-				105 Ryerson Ro	ad					
					City, State, Zip Code				_		
Project Manager for Monitoria	o Firm	-	Discount		Lincoln Park, N	l) 07035					
	3	.	Phone Nun	sper	Talaphone Number	THE REAL PROPERTY.	Licens	e Nun	nber		Delma mer
Scheduled Start Date (10)	180				973-596-6869		0378				
Same and	Sch	ad. Comple	tion Date (11)	Name of OSHA Mon					_	
5/31/2012	6/1/	2012			B & G Restorati	on, Inc.					
Occupancy Status During Aba	atement (Check	only one)									
Facility closed/vacated	during entire pe	riod of abai	tement,	*	105 Ryerson Ro	ad					
Abatement performed o	ruside of norma	I facility ho	นาร-		City, State, Zip Code					-	_
Other-Describe:					Lincoln Park, N.	I 07075					
Scope of Work (check all that	(apply)					07033					
Demolition	Renovati	on		- 1	T Full Coctoinment with a					948°	
≥3 sfor >3 If	≥160 sf or	≥260 lf			Full Containment w/neg Mini-enclosure	ative pressure	☑ Glovel				
Location of	Is location	n normaliv	used solely	/I	O -varin-enclosure		☐ Non-fr	table :	proce	dure	
asbestos-containing material to be	by maint staff(12)	enance/cus	stodial	1				R	R	E	T
abated in facility (13)			T	material (Ad	of asbestos-containing	Amount (Specify s	E 0.	e m	e. b	n	E n
	Yes	No	N/A		,	LF)	or or	٥	a	a	Ç
st Floor Absorption Towe	ı		IV	pipe fittings				0	Î	p	1
oiler room oil pump area		-	V	pipe insulation		2 lf		X			
				T-P- AGGIALIO	A. Contract of the contract of	7 lf		X			T
		POUR TIME									10
		-			-		-				
gistered Waste Hauler & G Restoration, Inc.		P Hauler II	D# Ct	bic Yards of VVas	re Name 75	200					П
y, State	195		1,	/2 yard	Name of Registered L Tullytown Resource	andfill	D				1
incoln Park, NJ 07035		1	Disposal Da	ste	City, State	a a recovery	Center				
impleted by (Print or Type)	Trw	$ \perp$	6/1/12		Tullytown, PA						
Fordana Luna	Title Treasurer		.]	Signature			Date		_		-
					Gordona Lana		5/30/20	12			

EMERGENCY

o Kusijanovic			Signature		LLin.		5/	16/12			-		
coln Park, NJ	Tille			D	iaposal Dale		City, State Tullytown	, PA					
bal Safety Contracting Corp.			2604				T.R.R.F.						
he of Registered Waste Hauler			JDEP W		ublc Yards Waste		Name of Re	glelered	Landfill				_
chen throughout Building Dodo	14		Х		ACM elbow	18		621	F	ж			-
then throughout Building Dode	Х		ACM elbow	/s		628	C022	x					
chen throughout Building Dod			Х		ACM elbow	/8		621	_F	X	-		
chen throughout Building Dod			X		ACM elbow	18		621	F	X			
In Facility (13)	Yes	(12) No			ermai systems surfacing, VAT ther miscellane	, or	awon,	(Spe SF o	rLF)	Removal	Repair	encapsulate	Bursona
Location of Asbesios-Containing Material (ACM) TO BE ABATED	Us M	Norms Norms ad Sol	illy aly by ance/	Asbestos	Description of Containing Management	of alerial	(ACM)	Am	nuc		Abal	emen /pe	Г
≥3 af or 23 if ≥160 af or ≥260 if	Ħ	Renov			- Pr	Gl	ii Containme ni-Enclosure ovebag Proce n-Exempted	dura				'e	
Abatement Performed Guislas of P Other - Osserjbe: ope of Work (Check All That Apply)	lormal Facil	ty Hou	Ta .				3p Code NJ 07747						P.255
Facility Closed/Vacated During En	ire Period o	f Ahala	ment		Street 26 Lo		zo Court						
117/12 Ecupancy Status During Abatement (C	6/7/1	2	omplettor	Dala (11)	CSA	Con	HA Monitor suiting Sea	vices	of Ame	rica, I	LLP		
roject Manager for Monitoring Firm art Date (10)				one No.	Telept 973-	685-	6625		License 01038	No.	10111000		
ity, State, Zip Code					City, S	itate,	Zip Code ark, NJ 07						
treat Address					Street	Addr							
lame of Monitoring Firm Hired by Suit	ling Owner	(8)	ASC	CM No.	Name Glob	of Al	alement Cor afely Cont	ntactor (9) Com				
ESSOX		U.	Count (37A7)	y Coda (7) E USE ONLY)		Cur	rent Use (Pri	or If beir	g demol	lehed)			_
Orange County (6)	Date:	7/1/6	The same of the local division in which the	imo:4:12P	1						Hidg.	Age	
Nashington Dodd Aparlments litrel Address 587 Cerroll Street fity (5)	Nypep	Pot Fi	(signature	Senior Servio SMA			School (K- Subchapter Olher (Le. elc.)	12) r B (Othe private 8	or than K	-12) reial bi	******		nes
Vame of Facility Where Abatement to	Taking Plac	-		CILITY INFO	DRMATION	Typ	e of Facility	(4)	No. of Street,	250	edo.		-
DCA Cance			Mich	nael Epps	Carlo Carlo			1 161	ephone l	Yumba	[
X DOL Amen	fraen!#_ ency (includ	Ing	. Elkr	idge, MD 2			national all all and a	T-1	aran mana				a)
EPA X Initial			571		Avenue, Su	ite l	1 Ver	LC.	How	MA	N)#5	V
Agencies Notified Type Notifi	atlon		Har	nel Builde	rs, Inc.		Check						
Date of Notification (1) 5/16/12			Nam	e of Building	Owner/Operal	or (2)	0/-0/	Fac	1-1	res	·1 .		1

() ())	l				8:60 and			considerate to the sec	till film sale overgoe represen	Se come		Pay A	
771		,		-0.000000000000000000000000000000000000			1157	1 15	(12 IS	1 1/	T E	70	7
Date of Notification (1) 5/21/12	9			f Building Torres	Owner/O	perator (2	2)	XIII.		. 13		-	A STATE OF THE STA
Agencies Notified Type Notification X EPA X Initial			Street A 26 Arli	ddress ington F	Place				MAL A	70	12	L	
DEP Amended Amendment		_		ite, Zip Co y, NJ 07				A	IBESTOS CO	NTRAI	g.	J	i
Emergency justification)	(including	1		f Contact					ephone Nur		- 69		- 12.53
DCA Cancellation			Jamie	Torres				10000		1	Military I		
Name of Facility Where Abatement is Takin	Dinas //		FACI	LITY INF	ORMATIC								
Private Home	g Place (3)					Type of Facility		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Street Address	7						School (K-		er than K-12	2)			
260 Beech Street						Ī	Other (i.e. etc.)	private	& commercia	al buil	dings	, home	es,
City (5) Kearny	KOMBARKO WALI		08		× ×	1	Square Feet	# 0	f Floors	E	Bldg. A	\ge	-
County (6) Hudson			County (Code (7) USE ONLY	0		Current Use (Pr	ior if be	ing demolish	ed)			
Name of Monitoring Firm Hired by Building CSA Consulting Services of American			ASCM	1 No.			f Abatement Co I Safety Con						
Street Address 26 Lorenzo Court						Street A 4 Bear	ddress ver Brook Ro	oad, S	uite 110			-0.2	
City, State, Zip Code Matawan, NJ 07747						City, Sta	nte, Zip Code n Park, NJ 0						
Project Manager for Monitoring Firm Michael Chain		T	Telephor	ne No. 21-9223		Telepho			License N	0.			
Start Date (10) 5/30/12	Schedul			Date (11)			f OSHA Monitor	72	0.000	301			
Occupancy Status During Abatement (Chec		_		*********		Street A	ddress						1
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm						City, Sta	ite, Zip Code						
Other - Describe:					-	50							
Scope of Work (Check All That Apply)	page 1												
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf		Renova Demoli				×	Full Containm Mini-Enclosur Glovebag Pro Non-Exempte	e cedure				°6	
Н.	Is	Locat	ion						4 110	Ī	Abate	ement	t
Location of	1	Vorma	lly		Des	cription o	ıf				Ty	/pe	1
Asbestos-Containing Material (ACM) TO BE ABATED	Ma	d Sole intena	nce/	Asbes	stos Conta	aining Ma	terial (ACM)	10.000	mount			m	m
In Facility	Cus	todial ((12)	Staff?	(1.0.	surfac	ing, VAT,	, or		Specify For LF)	Remova	Repair	Encapsulate	Enclosure
(13)		(12)			other m	iscellane	ous)		63	oval	air	sular	sure
	Yes	No	N/A									le le	"
Basement			X			TSI		1:	36 LF	Х			
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		*											
Name of Davidson J Wests House		- 1.	125210					<u> </u>					
Name of Registered Waste Hauler Global Safety Contracting Corp.		H	IJDEP W lauler ID 2604	370 70	of Was		Name of T.R.R.I		ered Landfill				
City, State				- III	Disposa	al Date	City, Sta	te					_
Lincoln Park, NJ	<u> </u>	9		cal description			Borden	ntown,	PĄ				
Completed by Pjero Kusijanovic	Title Cleric	cal		(4	Si	gnature	1070		Da 5/2	te 21/12	2		



Date of Notification (1	13/1/12			Name of B	uilding Owner/Operato	or (2)	o~ 11111	- 111			
Agencies Notified	Type Notificati	on		Street Add					- 01	-2. I	=
☐ DEP	Amended Amendmen Emergency		_ 1	City, State,			ABBESTUS CONTRO	. ö		100000000000000000000000000000000000000	=
DCA DCA	justification Cancellation			Name of Co	ontact FMARINO		Telephone Numb	er			-
				FACILITY	INFORMATION						-
Street Address	Abatement is Tak DONE CENT	Cr	NE			Other (i.e.	(-12) er 8 (Other than K-12 , private & commercia) Il buil	dings		
City (5)						Square Feet	# of Floors	В	dg. A	-	
County (6) ATLAW	-1. C OOD , N .	7.	T	County Co USE ONLY	de (7) (STATE		(Prior if being demolis	hed)	30	+	-
Name of Monitoring Firm		Owner	- I	SCM No.	Name of Abater	ment Contractor	(9)				=
Street Address	/A				Street Address	emco I					_
City, State, Zip Code	7						OVEAVO.	4 000	٣_		-
Project Manager for Mo	nitoring Firm	T	Teleph	one No.	Telephone No.		License No.		67		=
Start Date (10)	Sche	eduled Co	moletio	n Date (11)	779-0 Name of OSHA	Monitor	0044	<u> </u>			_
6/11/12		6/1	8/1	100	_ Jos	GPH 16 LT					
Occupancy Status Durin	ed During Entire P	eriod of A	Abateme	ent			ruce dut.				
☐ Abatement Performe ☐ Other - Describe:				LSPAC	City, State, Zip C	Code JUSHOI	DE, N.J. O.	80.	52		
Scope of Work (Check a ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	all that apply)		novation nolition	13	Full Cor	ntainment with N closure ag Procedure	Negative Pressure				
1 • • • • • • • • • • • • • • • • • • •		No	mally						bate Typ		
Asbestos-Containing Model TO BE ABAT IN Facility (13)	Material (ACM)	Maint Cus St	Solely benance/stodial aff?	Ast	Description of bestos Containing Mar.e., thermal systems in surfacing, VAT, other miscellaneo	terial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
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			-	-			-				
Name of Registered Was			Hauk	EP Waste er ID No. 7 9 0 4	Cubic Yards of Waste		gistered Landfill			9	
City, State MAPLE 5 N	NOF, N. J	0803			Disposal Date	City State	SANTVICLE	,W	٦,	,	
Completed By	Title	VP			Signature	Kein	SANTVICLE Date 5/3	7/1	2		
B-41										-	

(CH ECK # 2320)

Date of Notification (1)	. , ,					ng Owner/Operator	11			×	7	
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Agencies Notified	Type Notification	on		Stre	et Addres				11		-	
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∑ DOL	Amended Amendment			Спу.	State, Zip	Code	-	LICENSI	NO TO	Ü.		=
M oor	Emergency	-	na			REEN FIE	ELD NI	2	M.C.			
DOH .	justification)		Nam	e of Conta	ict .		Telephone Numb	er			==
□ 0CA .	Cancellation	•			Bn	ULE BREU	INIG	-			A	
				FA	CILITY IN	FORMATION	~~~~~~	-			-	
Name of Facility Where		ing Plac	e (3)				Type of Facility	(4)				
	DENCE.						School (K-1					
Street Address	5 STLAN	1710	13	nia	ANTI	ve ALVD	Subchapter Other (i.e.,) homes, etc	8 (Other than K-12 private & commercial)) al búilc	lings.		
City (5)	LIGANTI						Square Feet	# of Floors	Bio	ig A	ge	
County (6)	NTIC				nty Code	7) (STATE	Current Use (P	nor if being demolis	hed)			
Name of Monitoring Firm		Owner	_	ASCM	No.	Name of Abatem	ent Contractor (9	9)				==-
(6)	1/4				,	V 1.5	EMCO I	ν¢,				
Street,Address	4					Street Address						
	` `					369	S, SPRUC	E DUE,				
City State, Zip Code				+		City, State, Zip C	ode		٠. ٩.	,		
							re >170	DE NIJ,	00 0	2 .	<u> </u>	
Project Manager for Mor	nitoring Firm		Tel	ephone	No	Telephone No.	9-0472	License No	7 4			
Stan Date (10)				on Da	ate (11)	Name of OSHA N	Monitor EPH KL	EMM				
Occupancy Status Durin				,		Sueet Address						₹
A Facility Closed/Vacate	ed During Entire P	eriod of	Abate	ement		369	S, Spi	was Luc.				_
Abatement Performed	Outside of Norma	al Facili	ty Hou	irs		City, State, Zip Co	ode					
[] Other - Describe:						MA	PLES	LDDE, N.	J . (08	05	7
Scope of Work (Check a	Il that apply)											
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Asbestos-Containing M			Sole		Ashns	Description of tos Containing Mate		Amount				
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IN Facility		- 3	Staff? (12)			surfacing, VAT, other miscellaneo		SF or LF)	Remova	Repair	psi	Endosare
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							T-10-75				ļ	<u> </u>
Name of Registered Was			100	MDEP /	No.	Cubic Yards of Waste	1 4	istered Landfill				
K Lomes.	LNC,				04_	010	City, State	, U, A,			-	
Cin State MAPLE 2	SNADE, 1	v,J	,	112		Disposal Date		SANTVILL	_ []	W,	7.	
Concleted By	Litter		. ,	0		Signature	1/	m Date		/		
JOSEPH K	LEMM	١	111			Jours	in Kelin	m 3/	31/	12		

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120) MO# 19807835231 Date of Notification (1) Name of Building Owner/Operator (2) 05/31/2012 Mary Jane Joel Agency Notified Type Notification Street Address J EPA 10 Delafield Avenue ⋈ Initial J DEP ☐ Amended City, State, Zip Code M DOL Amendment # Lyndhurst, NJ 07071 ☐ Emergency (including Name of Contact X DOH justification) Telephone Number ☐ DCA ☐ Cancellation Mary Jane Joel FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) Private home ☐ School (K-1 2) Street Address ☐ Subchapter 8 (Other than K-1 2) ★ Other (i.e. private & commercial buildings,) 10 Delafield Avenue homes, etc.) City (5) Square Feet # of Floors Bldg. Age Lyndhurst, NJ 07071 County (6) County Code (7) (STATE USE Current Use (Prior if being demolished) ONLY) Bergen ASCM No. Name of Abatement Contractor (9) Name of Monitoring Firm Hired by Building Owner(8) Gr Tech LLC Street Address Street Address 576 Valley Rd #283 City, State, Zip Code City, State. Zip Code Wayne, NJ 07470 Project Manager for Monitoring Firm Telephone No. Telephone No. License No. 973-638-1777 01127 Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor 06/09/2012 06/10/2012 Envirovision Consultants, Inc Occupancy Status During Abatement (Check only one) Street Address Facility Closed/Vacated During Entire Period of Abatement 20-21 Wagaraw Road, Bldg .# 34A Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe: Fair Lawn, NJ 07410 Scope of Work (Check all that apply) Full Containment with Negative Pressure ≥ 3 sf or > 3 If ☒ Renovation Mini-Enclosure ≥160 sf or >260 If ☐ Demolition Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure Is Location Abatement Normally Type Location of Used Solely by Description of Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Maintenance/ TO BE ABATED Amount (i.e., thermal systems insulation. Encapsulate Custodial (Specify Removal Repair IN Facility Staff? surfacing, VAT, or SF or LF) (13)other miscellaneous) (12)No N/A Basement X Pipe insulation 90 LF X Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Reg stered Landfill ID No Waste Gr Tech LLC 0033785 City, State T.R.R.F. Inc Disposal Date Wayne, NJ 07470 Tullytown, PA Completed by Title Signature Date N.Jevtic Owner

Do not use this form for asbestos licensure exempted activities.

05/31/2012

ASB-41

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

Initial Notification

							511001		1.77	E		5
Date of Notification	2000		Νаπ	e of Bu	iildir	ng Owner/Operat	or (2)	** · * * · · · · · · · · · · · · · · ·	1.7	15	1	1
0 5 / 2	18//1	121	Ne	wark Pi	ublic S	Schools					1	1
Agencies Notified	Type Noti	rication	Str	eet Add	iress			7.100	-7111	9	1	7
[]EPA	[X]Init:	i = 1	120	Cedar S	treet					•	- Marke	1
[X] DEP	Noti	fication	CIT	y. Sta	te, Z:	ip Code		ASHT TO	N 1 1			
[X]DOL	[]Amend		Ne	wark, N	J 071	02	1					6
[X] DOH		fication	11	e of Co			Tel	ephone Numb	er	Water Van	N. S. Walley	a control
[]DCA	[]Cance	ellation	II Do	unlas B	lland	Bus. Admin.						
			TIPE			INFORMATION						
Name of Facility W	nere Abater	ment is Ta	aking			INFORMATION	Type of Facil	ity (4)		_	_	
tool describer of			_					1 (K-12)				
Newark Vocational I	ligh School				•		[]Subch []Other	apter 8 (Ot (i.e., pri	vate	& C(omme	r-
301 West Kinney Str	eet						Square Feet	buildings, # of Floor	s B	.dg.	Age	300
CIty (5)		County	y (6)		Co	unty Code (7) TATE USE ONLY)	35000 Current Use (3	90		1.5	- 40
Newark, NJ 07103		Essex			1/3	IAIE USE UNLI)		Prior ir be	ing t	iemo.	. isne	eu)
Name of Monitoring Owner (8)	Firm Hire			ASCM N	0.	Name of Abat	School ement Contracto	or (9)				
Whitman Companies	s, Inc.			00110		Four Strong E	Builders, Inc.					
116 Tices Lane, Unit			· · · · · · · · · · · · · · · · · · ·			180 Sargeant	Avenue Zip Code					
East Brunswick, NJ (08816	a Firm I'	l'a l ani	one Nu	mhar	Clifton, NJ 07	013-1935	11100	nse N	lumin.	-	
Kevin Lovely Scheduled Start Date		1	732-39	90-5858	3	973-614-0377	7	0080		dmb	5 L	
0 6 / 0 8 / Month / Day / Occupancy Status Di						Name of OSHA Four Strong E	Builders, Inc.					
[X] Facility Close of Abatement [] Abatement Peri Hours - Descri	ed/Vacated formed Outs ibe:	During Er	ntire	Period		Street Address 180 Sargeant City, State,	Avenue					
[]Other - Descri	-				_	Clifton, NJ 07	013					
Scope of Work (Che	k all that	apply)				[]Fu]	I Containment w	with Negativ	e Dra	een		
[]Demoliti [X]>3 sf or []∑160 sf	>3 If	f	[X]F	lenovat	ion	[]Min []Glo	i-Enclosure vebag Procedure -Friable Proced			-334		
				s	T		-	I	Aba	eme	nt T	ype
Locati Asbestos-C Material TO BE / in Faci	Containing (ACM) ABATED		Norm Us Sol by N tens Cust Staf	ed ely lain- ince/ odial f(12)	i	Description Asbestos-Con Material (; (i.e., thermal Assulation, sur or other miss	taining ACM) systems facing, VAT,	Amount (Specify SF or LF)	R E M O V A L	REPAIR	NCAPSUL	N C I C S C R E
Teacher's Room				X.	VAT	and mastic		70 SF	X			
			-									-
Name of Registered	Waste Hau	er		EP Was		Cubic Yards	Name of Regis	tered Landf	111			
Four Strong Builders	, Inc.			609	AU,	Disposal Date	G.R.O.W.S., I	nc.				
						-rabaggr pare						
Clifton, NJ Completed By (Print		777721					Tullytown, PA					
	or Type)	Title				Signatur	1		Da	ate		
Bilyana Kulakovska		Office Ad	dminis	trator			ear)	5/	28/	12	
JUN 95												

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AN	ND METHOD(S) TO BE USED	A STATE OF THE STA
		D)EC	ENEMI
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO AND RENOVATION SITE:	O BE USED TO PREVENT EMISSIONS OF	ASBESTOS AT THE DEMOLITIO
	Prior to removal, the work area around the building will be roped off with caution tape and war removed by non-friable procedures. All waste will be placed in double 6 mil. Bags, sealed and	rning signs. Plastic sheetingvill be placed on the grou labeled and placed in a locked container for disposal	nd below and the asbestos will be
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	. 1535	2 1000
	Address: 1889 Route 9, Unit 61		
	City: Toms River State: New Je	ersey Zip:	08755
	Contact Person: Nicholas Fernicola	2 8	
	WASTE TRANSPORTER #2 Name:		
	Address:		
	City: State:	Zip:	
	Contact Person:		
xiii.	WASTE DISPOSAL SITE Name: T.R.R.F.		12
	Location: Bordentown Road		
	City: Tullytown State: Pennsy	vlvania Zip:	19007
	Telephone Permi	it #: 101494	1
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDEN	TIFY THE AGENCY BELOW AND ATTAC	CH COPY OF ORDER
	Name: Title:	All Control of the Co	
	Authority:		
	Date of Order (MM/DD/YY):	Ordered to Begin (MM/DD/YY):	
XV.	FOR EMERGENCY RENOVATIONS		
	Date and Hour of Emergency (MM/DD/YY):		
	Description of the Sudden, Unexpected Event:		
	Explanation of how the event caused unsafe conditions or would cause equipment	damage or an unreasonable financial burden	
xvi.	DESCRIPTION OF PROCEDURESTO BE FOLLOWED IN THE EVENT THAT ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUC	UNEXPECTED ASBESTOS IS FOUND OR ED TO POWDER	PREVIOUSLY NONFRIABLE
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIR AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Re	RED TRAINING HAS BEEN ACCOMPLISH	I M) WILL BE ONSITE DURING ED BY THIS PERSON WILL BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Sign	nature of Owner/Operator)	May 30, 2012 (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.		
	Nicholas Fernicola / Project Manager (Printed Name/Title) (Sign	nature of Owner/Operator)	May 30, 2012 (Date)

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Opera	tor Project #:	Postmark:		Notificat	ion		A CONTRACTOR OF THE CONTRACTOR
I.	TYPE OF NOTIFICATION (O- Original R-Revised C	- Cancelled):	0	II.	IS ASBESTOS PRESENT?	(Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal con-	tractor and otl	ner operator)	7 100			
,	OWNER NAME: Gayle Twelves						
	Address: 4373 Bonney Road, A	Apt. 217		19			
	City: Virginia Beach State	· VA		Zip:	23452	oli essen	
	Contact: Gayle Twelves			Tel:	-		
	REMOVAL CONTRACTOR: Guardian Co	ontracting,	Inc.		NJ License: 006	24	
	Address: 1889 Route	9, Unit 61					
	City: Toms River State:	New J	ersey	Zip:	08755		···
	Contact: Nicholas Fer	rnicola		Tel:	732-349-9932		
	OTHER OPERATOR (if different)		Str		NJ License:		
	Address:						
= ;;	City: State:			Zip:			
	Contact:			Tel:			
IV.	TYPE OF OPERATION (D - Demo O - Ordered Demo	R - Renovation	on E-Emergency R	enovation):	D	p 2	
V.	FACILITY DESCRIPTION (Including building name, num	ber and floor	or room number)		-		
	Building Name: Residence						
	Address: 100 Bayview Avenue	(Miller Ca	mp)		V V		
	City: South Seaside Park State:	New Je	ersey	County:	Ocean		
	Site Location: Exterior						
	Building Size: 800 sf # of F	loors:	1	Age in Ye	ears: 60		
	Present Use: Residence		Prior Use:	Residenc	ee		*
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF	APPROPRIA	ATE, USED TO DETI	ECT THE PRI	ESENCE OF ASBESTOS MA	TERIAL:	
			45				
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLIDING:					I N	0.1.1.1
	*		RACM			Asbestos	friable s Material
	Regulated ACM to be removed Category I ACM not removed		То Ве		LOCATION		To Be loved
	3. Category II ACM not removed		Removed			Cat I	Cat II
-51	Pipes (Linear feet):						
	Surface Area (Square feet): 650 sf	Asbesto	os siding		Exterior		2
	RACM Off Facility Component (Cubic feet):						101111
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start:	6/14/12		Complete: 6/1	15/12	

Date of Notification (1)				Name of Buildir	o Owner/Or	perator (2)	1 12 American	- Language		- Charles and	
May 30, 2012	2			1	A STATE OF THE PARTY OF THE PAR	e Twelves	I E C Fa	, VE	20	1/08	3
1	al Noti	fication		Street Address	4373	Bonney Road, A	M	1233			
[x] DOL Ame	endmen ergency	t# (including		City, State, Zip		nia Beach, VA 2	3452			lene.	
I Den	ficatior cellatio			Name of Contac Gay	t le Twelve:	S	Telephone Numbe	r flot	-		
			FAG	CILITY INFOR	MATION				_		
Name of Facility Where Abatement is Takin Residence	ng Place	2 (3)				Type of Facility	School (k-12)	4 4	1.10		
Street Address 100 Bayview Ave	enue (I	Miller Car	np)			[x]	Other (i.e., priv homes, etc.)				ildings,
City	Cou	nty (6)		County Code (7) (STATE USE ON	LY)	Square feet 800sf	# of Floors	Blo	lg. Age	60	
South Seaside Park	Oce					Current Use (Pric	or if being demolished dence	d)		00	
Name of Monitoring Firm Hired by Building N/A	ASCM No.	Name o	f Abatement Contrac		Inc			-			
Street Address		Street A	.ddress -								
City, State, Zip Code			-		City, Sta	ate, ZipCode	Route 9, Unit 61				
Project Manager for Monitoring Firm		Telephon	e Number		Telepho	ne Number	s River, New Jers License 1			271	
Scheduled Start Date (10)	Scheduled Completion Date (11) Name of OSHA Monitor						00624				
6/14/12 Occupancy Status During Abatement (Check	c only c	6/15/	/12	<u> 1. 70 </u>	Street A		S.L. Analytical				
[X] Facility Closed/Vacate	ed Duri	ng Entire Pe			J SHOOL A		Stelton Road				
Abatement Performed Other – Describe	Outsid	e of Normal	Facility F	lours	City, Sta	ate, Zip Code Pisca	taway, New Jerse	ey 08	854		
Scope of Work (Check all that apply)				- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	[]	Full Containm	ent with Negative Pro	essure			
$\begin{bmatrix} & & >3 \text{ sf or } \ge 3 \text{ lf} \\ & & & \ge 160 \text{ sf or } \ge 260 \text{ lf} \end{bmatrix}$		[] [x]	Renova		[] [x]	Mini-Enclosure Glovebag Proc		Proced	uro		
	Γ				[· ·]	- Ton Exemples	- C y and Troir Habie	_			
		Is Locati	on		Description	on of	*		tement	T	T
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)		Normally by Solely by Solely by Staff (12)	у	(i.	sbestos-Cor Material (A e., thermal sulation, su VAT, o her miscella	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior		X		Asbestos sidi	ng		650 sf	X			
3			-				-			-	-
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Was	L ste Hauler 20223	ID No. Cubic Y	ards of Wast	Name of Regineral T.R.R.F.	stered Landfill	1	1	L ist	
City, State Toms River, New Jersey				sal Date	City, Sta		nia.				
Completed by (Print or Type) Nicholas Fernicola	Title Proje	ect Manag		Signature) - 1	ST I	1	Date 5/30	0/2013)	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

X.	DESCRIPTION OF PLANNED DEMOLITION O	R RENOVATION V	VORK, AND METHOD(S) TO BE USED
				MEGELVEMI
xi.	AND RENOVATION SITE:	roped off with caution	tane and warning signs. Plast	D PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITIC JUN 4 2012 ic sheetingvill be placed on the ground below and the asbestos will be d in a locked container for disposal. ASSESSION CONTACT
xii.	WASTE TRANSPORTER #1 Name: Guar	dian Contracting	, Inc.	LILENSIN ?
		Route 9, Unit 6		Control of the contro
	City: Toms River	State:	New Jersey	Zip: 08755
	Contact Person: Niche	olas Fernicola		
	WASTE TRANSPORTER #2 Name:			
	Address:			
	City:	State:		Zip:
	Contact Person:			
xiii.	WASTE DISPOSAL SITE Name: T.R.F	R.F.	4	H H
	Location: Borde	entown Road		
	City: Tullytown	State:	Pennsylvania	Zip: 19007
	Telephon		Permit #:	101494
xiv.	IF DEMOLITION ORDERED BY A GOVERNME	ENT AGENCY, PLE	ASE IDENTIFY THE AG	ENCY BELOW AND ATTACH COPY OF ORDER
	Name:		Title:	
	Authority:			
	Date of Order (MM/DD/YY):		Date Ordered to Begi	n (MM/DD/YY):
xv.	FOR EMERGENCY RENOVATIONS			
	Date and Hour of Emergency (MM/DD/YY):			
	Description of the Sudden, Unexpected Event:	a _n	9	
1	Explanation of how the event caused unsafe condition	ons or would cause	equipment damage or an u	inreasonable financial burden
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLO ASBESTOS MATERIAL BECOMES CRUMBLEI	OWED IN THE EVE D, PULVERIZED, O	NT THAT UNEXPECTEI OR REDUCED TO POWD	O ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ER
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE DEMOLITION OR RENOVATION AND EV AVAILABLE FOR INSPECTION DURING NORM	IDENCE THAT TH	E REQUIRED TRAINING	ON (40 CFR PART 61, SUBPART M) WILBE ONSITE DURING G HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE. wember 20, 1991)
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner	May 30, 2012 (Operator) (Date)
xviii.	I CERTIFY THAT THE ABOVE INFORMATION	IS CORRECT.	\	111
	Nicholas Fernicola / Project Manager (Printed Name/Title)		(Signature of Owner)	May 30, 2012 (Date)

GUARDIAN CONTRACTING, INC. 1889 ROUTE 9 SUITE 61 TOMS RIVER, NEW JERSEY 08755



DEMOLITION / RENOVATION NOTIFICATION

Operator Projec	#:			Postmark:		Notificati	on:	5.00 m = 5 m = 6.00 m	
I. TYP	OF NOTIFICATION	N (O-Original R-Revis	sed C-C	Cancelled): O		II.	IS ASBESTOS PRESEN	NT? (Yes/No):	Y
III. FAC	LITY INFORMATIC	N (identify owner, remov	val contrac	ctor and other operator)				
OW	IER NAME:	Tradewinds Bu	ilders, L	LC	43. 1. 5				
	Address:	540 Vaugh Ave	enue						
	City: Forl	ked River	State:	New Jersey		Zip:	08731		
	Contact:	Travis Lepley				Tel:	_ 7		
REM	OVAL CONTRACTO	OR: Guard	ian Cont	tracting, Inc.	= 702		NJ License: (00624	
	Address:	1889 I	Route 9,	Unit 61		7			
	City: Ton	ns River	State:	New Jersey		Zip:	08755		
	Contact:	Nicho	las Ferni	icola		Tel:	732-349-9932		
ОТН	ER OPERATOR (if di	fferent)					NJ License:		
	Address:				100 P 20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				××
	City:		State:			Zip:			
	Contact:			1		Tel:			
IV. TYPI	OF OPERATION (D	- Demo O - Ordered D	emo R	- Renovation E-Em	ergency Renov	ation):	D		
V. FAC	LITY DESCRIPTION	(Including building nam	e, number	and floor or room nur	mber)	_			
Build	ing Name:	Residence							
Addr	ess:	11 Gregg Drive							
City:	Manahawkin		State:	New Jersey		County:	Ocean	W * .	
Site I	ocation: exte	rior	-				*		
Build	ing Size: 1000) sf	# of Floo	ors: 1		Age in Ye	ars: 60	THE CONTRACT OF THE CONTRACT O	
Prese	nt Use: Resi	dence .		Prior Us	e: R	esidenc	e		
VI. PROC	CEDURE, INCLUDIN	G ANALYTICAL MET	HOD, IF A	PPROPRIATE, USEL	TO DETECT	THE PRE	SENCE OF ASBESTOS	MATERIAL:	
2-10-10-10	8.22.22.20.00 o o o o o o o o o o o o o o o o o o								
		TO BE ASBESTOS? T OF ASBESTOS INCLU	JDING:	Γ	-			Non	friable
I Re	gulated ACM to be rea	moved		R	ACM			Asbesto	s Material To Be
2. Ca	tegory I ACM not ren tegory II ACM not ren	noved			o Be moved		LOCATION		noved
		OLI MARON						Cat I	Cat II
	(Linear feet):	800 sf		Asbestos siding			Exterior		
Surfa	e Area (Square feet):								
RACI	1 Off Facility Compo	nent (Cubic feet):			We care to the Control of				
VIII. SCHEDU	LE DATES ASBEST	OS REMOVAL (MM/DI	D/YY)	Start:	6/13/12		Complete:	6/15/12	

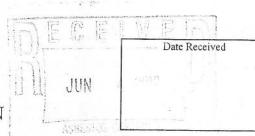
State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1) May 30, 2012	N 1 (I		Name of Buildin		perator (2) ewinds Builders, I			W/	退入	
	ation al Notification ended Notification	on	Street Address	4.00	/augh Avenue	JUN	4		26	
[] Eme	rndment # rgency (includir	ng	City, State, ZipO	Forke	ed River, New Jers	1.17	CALCIN		<u>.</u>	1
	fication) cellation		Name of Contac Trav	t vis Lepley		Telephone Numbe	7 - 1 - 1 TV	_		Herman
	-,	FA	CILITY INFOR	MATION	W + WH		Carry and Sec			
Name of Facility Where Abatement is Takin Residence	g Place (3)				Type of Facility (4	School (k-12)				
Street Address 11 Gregg Drive					[x]	Subchapter 8 (o Other (i.e., prival homes, etc.)				ildings.
City	County (6)		County Code (7) (STATE USE ON	LY)	Square feet 1000 sf	# of Floors		g. Age	60	- W. S. S.
Manahawkin	Ocean	10.00			Current Use (Prior)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)		ASCM No.	Name of	Reside		Ina		-	
Street Address				Street A		an Contracting.	, IIIC,			
City, State, Zip Code				City Sta	1889 F	Coute 9, Unit 61				
						River, New Jers	ey 08	755-1	271	
Project Manager for Monitoring Firm		one Number	License N 00624							
Scheduled Start Date (10) 6/13/12	Trume of Objective									
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	d During Entire			Street Ac	ddress 1056 S te, Zip Code	L. Analytical telton Road way, New Jerse	w 088	254		
Scope of Work (Check all that apply) $ \begin{bmatrix}] >3 \text{ sf or } \ge 3 \text{ If} \\ [x] \ge 160 \text{ sf or } \ge 260 \text{ If} $	[] [x]	Renova Demol		[] [] [x]	Full Containmen Mini-Enclosure Glovebag Proced	t with Negative Pre	ssure			
							Abat	ement	Туре	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Loca Normall Solely Maintenance Stat (12	y used / by //Custodial ff)	(i.d	Description sbestos-Con Material (A e., thermal s sulation, sur VAT, on her miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Exterior	X		Asbestos sidi	ng		800 sf	X			
Name of Registered Waste Hauler	NJDEP W	Vaste Hauler	ID No. Cubic Y	ards of Waste	e Name of Registe	red Landfill				
Guardian Contracting, Inc. City, State	1		sal Date	City, Sta	T.R.R.F.				-	
Toms River, New Jersey Completed by (Print or Type) Nicholas Fernicola	Title Project Man	6/18/			wii, Perinsylvania	1	Date 5/20	/2015		
		_	for asbestos licei	nsure exem	oted activities		5/30	/2012	2	

NOTIFICATION OF DEMOLITION AND RENOVATION (continued)

x.	DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED	
xi.	DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMO	
	Prior to removal, the work area around the building will be roped off with caution tape and warning signs. Plastic sheeting will be placed on the ground below and the asbestos will be removed by non-friable procedures. All waste will be placed in double6 mil. Bags, sealed and labeled and placed in a locked container for disposal.	.0 80
xii.	WASTE TRANSPORTER #1 Name: Guardian Contracting, Inc.	
	Address: 1889 Route 9, Unit 61	
	City: Toms River State: New Jersey Zip: 08755	
	Contact Person: Nicholas Fernicola	
	WASTE TRANSPORTER #2 Name:	
	Address:	V
	City: State: Zip:	-
	Contact Person:	
xiii,	WASTE DISPOSAL SITE Name: T.R.R.F.	
	Location: Bordentown Road	
	City: Tullytown State: Pennsylvania Zip: 19007	
	Telephor Permit #: 101494	
xiv.	IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW AND ATTACH COPY OF ORDER	
	Name: Title:	
	Authority:	
	Date of Order (MM/DD/YY): Date Ordered to Begin (MM/DD/YY):	
χv.	FOR EMERGENCY RENOVATIONS	
	Date and Hour of Emergency (MM/DD/YY):	
9	Description of the Sudden, Unexpected Event:	
	Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden	-
xvi.	DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABL ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER	ĿΕ
xvii.	I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WIIBE ONSITE DUR THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (Required after November 20, 1991).	UNG BE
	Nicholas Fernicola / Project Manager (Printed Name/Title) May 30, 2012 (Signature of Owner/Operator) (Date)	
xviii.	I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.	
	Nicholas Fernicola / Project Manager (Printed Name/Title) May 30, 2012 (Signature of Owner/Operator) (Date)	



DEMOLITION / RENOVATION NOTIFICATION

Opera	ator Project #:	Postmark:	Notificat	on:		7.00
I.	TYPE OF NOTIFICATION (O- Original R-Revised C-	Cancelled): O	·II.	IS ASBESTOS PRESENT	? (Yes/No):	Y
III.	FACILITY INFORMATION (identify owner, removal contra	ctor and other operator)				
	OWNER NAME: A to Z Site Contractors	s, Inc.				V. 1
	Address: 940 Park Avenue			1		
	City: Lakewood State:	New Jersey	Zip:	08701		
	Contact: Irving Perlstein		Tel:	7	4	
	REMOVAL CONTRACTOR: Guardian Con	tracting, Inc.		NJ License: 000	624	
	Address: 1889 Route 9,	Unit 61			-	
	City: Toms River State:	New Jersey	Zip:	08755		
	Contact: Nicholas Fern	icola	Tel:	732-349-9932	- A	
	OTHER OPERATOR (if different)			NJ License:		
	Address:			<u> </u>		
1	City: State:		Zip:			
	Contact:		Tel:			
IV.	TYPE OF OPERATION (D-Demo O-Ordered Demo R	- Renovation E- Emergency	Renovation):	D		
V.	FACILITY DESCRIPTION (Including building name, number	r and floor or room number)			···	
	Building Name: Residence			*		
	Address: 23 Williams Street					
	City: Lakewood State:	New Jersey	County:	Ocean		
	Site Location: Exterior					
	Building Size: 1500 sf # of Floo	ors: 1	Age in Ye	ars: 60		
	Present Use: Residence	Prior Use:	Residenc	e		23
VI.	PROCEDURE, INCLUDING ANALYTICAL METHOD, IF A	APPROPRIATE, USED TO DE	TECT THE PRE	SENCE OF ASBESTOS MA	ATERIAL:	
VII.	IS MATERIAL ASSUMED TO BE ASBESTOS? APPROXIMATE AMOUNT OF ASBESTOS INCLUDING:					
• • • • • • • • • • • • • • • • • • • •				14		friable s Material
	Regulated ACM to be removed Category I ACM not removed	RACM To Be		LOCATION		To Be loved
	Category II ACM not removed	Removed			Cat I	Cat II
	Pipes (Linear feet):				Cate 1	Cat II
	Surface Area (Square feet): 1500 sf	Asbestos siding	7	Exterior		
	RACM Off Facility Component (Cubic feet):					
VIII.	SCHEDULE DATES ASBESTOS REMOVAL (MM/DD/YY)	Start: 6/12/	12	Complete: 6/	14/12	

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

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

Data est con a					力性质性	-	W	5	111	
Date of Notification (1) 5/30/2012		Name of Buildin		erator (2) Z Site Contractors	, Inc.)	02	61	2000	
	ation al Notification anded Notification	Street Address		ark Avenue	JUN	4		1	411	
[x] DOL Ame	rgency (including	City, State, Zip	Lakev	wood, New Jersey	08701 ASBESTO	S CON ENSIN	TROL 8 G	,		
I A I DOIL	fication) cellation	Name of Contac	t ng Perlstein	n	Telephone Numbe	r	At North			
		ACILITY INFOR	MATION		731	-				
Name of Facility Where Abatement is Takin Residence	g Place (3)			Type of Facility (4	School (k-12)					
Street Address 23 Williams Stree	t			[x]		8 (other than k12) private & commercial buildir)				
City	County (6)	County Code (7) (STATE USE ON	ILY)	Square feet 1500 sf	# of Floors		ig. Age	60		
Lakewood	Ocean				if being demolshed	1)			1150	
Name of Monitoring Firm Hired by Building N/A	(8) Owner (8)	ASCM No.	Name of	Resider		Inc		<u> </u>		
Street Address		-	Street A		ian contracting	, IIIC.	-			
City, State, Zip Code			City St.	1889 I	Route 9, Unit 61	l				
ony, oute, ap code			City, Sta	ite, Zip Code	River, New Jers	ev 08	755-1	271		
Project Manager for Monitoring Firm	Telephone Numb	Telephone Number Lic 732-349-9932 00						2/1		
Scheduled Start Date (10) 6/12/12	Traine of Committee								7	
Occupancy Status During Abatement (Check [X] Facility Closed/Vacate [] Abatement Performed [] Other – Describe	only one) d During Entire Period of A Outside of Normal Facility	Abatement Hours	City, Sta	1056 S te, Zip Code	stelton Road	ey 088	854			
Scope of Work (Check all that apply) $[] $		vation olition	[] [] [x]	Mini-Enclosure Glovebag Proces	it with Negative Pro dure *) and Non-Friable		ure			
				-		Aba	tement	Type		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in facility (13)	Is Location Normally used Solely by Maintenance/Custodia Staff (12) YES NO N/A	d (i. in: ot	Descriptionsbestos-Con Material (A e., thermal station, sur VAT, other miscella	taining CM) systems facing, r	Amount (Specify SF or LF)	R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Exterior	X	Asbestos sidi	ng		1500 sf	X		15	E	
Name of Registered Waste Hauler	NJDEP Waste Haule	er ID No. Cubic V	ordo - CVI	. I Nie . cn	11 100					
Guardian Contracting, Inc. City, State	20223	osal Date	ards of Waste	T.R.R.F.	ered Landfill					
Toms River, New Jersey	6/15			own, Pennsylvania	1					
Completed by (Print or Type) Nicholas Fernicola	Title Project Manager	Signature	chol	der	1	Date 5/30	0/2012	2		
	*Do not use this for	m for asbestos lice	nsure exemp	oted activities.			-			

Date of Notification (1) 6/1/12				f Building (DeBona	LLC			nggar Tigar		The state of	Committee of the commit
Agencies Notified Type Noti		_	Street A							1M	4	411			
	nded ndment #			ate, Zip Co on NJ 0					ASI	ESTUS (LICEN			¥		1635 MILTON
	rgency (including ication) cellation		Name of Contact Glenn Chadwick Telephone Number							Marie of the August of the Aug		Graf III			
			FACI	LITY INFO	PRMATI	ON					_				
Name of Facility Where Abatement Street Address	is Taking Place (3	3)						of Facility (4 School (K-1: Subchapter	2)	er than k	K-12)				
715 Main Street	****	-		5 94			× G	Other (i.e. p etc.)	rivate 8	& comm		build			es,
City (5) Boonton			1					e Feet		Floors			ldg. A	ge	la la
County (6) Morris				Code (7) USE ONLY)			Curre	nt Use (Pric	r if bei	ng demo	olishe	ed)			
Name of Monitoring Firm Hired by B	uilding Owner (8)		ASCN	ИNo.				tement Con onmental			LC				
Street Address							Addres Gate D	s Prive, PO	Box 4	483					
City, State, Zip Code			***					p Code NJ 074	18						
Project Manager for Monitoring Firm			Telepho	ne No.			764-2			Licens 703	e No				-
Start Date (10) 6/11/12	Schedule 6/25/12		npletion	Date (11)	Name of OSHA Monitor										
Occupancy Status During Abatemer	nt (Check Only On	ne)	+	****		Street	Addres	S						-	
Facility Closed/Vacated During Abatement Performed Outside Other – Describe:	Entire Period of A	Abatem	nent		ī	City, S	State, Zi	p Code	e en alle la			2042405000			
Scope of Work (Check All That Appl	v) -		-	-					_						-
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf	☐ R	Renova Pemolit				×	Min Glo	Containme i-Enclosure vebag Prod i-Exempted	edure					ė	
		Locati					1						Abate	ment	
Location of Asbestos-Containing Material (A <u>TO BE ABATED</u> In Facility (13)	CM) Use	Asintenance/ ustodial Staff? (12) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) (Spe						mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure		
basement		.,,	X	x pipe insulation 35 L					5 LF		×				
					1.1.										
		¥													
Name of Registered Waste Hauler		LN	JDEP W	lasts	Cubic	Varda		Name of i	Pagisto	rod I an	dell				
Newark Carting		Н	lauler ID 509	APPENDING PARTY OF	of Was			ISEI	ve gisio	ieu Lan	IUIIII				
City, State Newark NJ					Dispos TBD	al Date		City, State Bethleh		PA PA					
Completed by Andrew Scott Higgins	Title Presi	dent			S	Signature Date 6/1/12									

Pri	nt Fo	rm
11	100	
1	10	

Date of Notification (1) 6/1/12	9		Name o	of Building Hahn	Owner	/Operator	(2)	Plac	JUI	// V 4		<u>フ</u> リ?.	1		DEALS OF STREET
Agencies Notified Type Notificati	on			Address Ingle Stre	eet	7	-X	l.	ACGE	stos co	MIN	11. 8			Name of the last
DEP X Amended Amended Amended	ent #			ate, Zip Co wood NJ		31	IN LINCOL.								
□ DOH			Name of Harry	of Contact Hahn					Tele	ephone l	Num	per			
William -			FAC	ILITY INFO	ORMA	TION					_			-	-
Name of Facility Where Abatement is Ta	king Place (3)						of Facility School (K-	12)						
350 Engle Street							×	Subchapte Other (i.e. etc.)					dings	hom	es,
City (5) Englewood							Squa	re Feet	# of	Floors		В	ldg. A	\ge	
County (6) Bergen				Code (7) USE ONLY)	·		Curre	nt Use (Pr	ior if bei	ng demo	olishe	d)			
Name of Monitoring Firm Hired by Buildir Hillmann Consulting	g Owner (8)		6225	M No. 52				tement Co onmenta			LC				
Street Address 1600 Route 22 E							Address Gate Drive, PO Box 483								
City, State, Zip Code Union, NJ 07083								ip Code , NJ 074	118						-
Project Manager for Monitoring Firm Mike Nehlsen							License 703	ise No.							
Start Date (10) 6/5/12	Schedule 7/20/1:		npletion	Date (11)	e (11) Name of OSHA Monitor					C	+				
Occupancy Status During Abatement (Ch			-			Street	Addres	ee							
Facility Closed/Vacated During Entir Abatement Performed Outside of No Other – Describe:	e Period of	Abaten	nent		_	3347783348	15	p Code	- 10						
Scope of Work (Check All That Apply)	1199					1	-				-				
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	- Control of the Cont	Renova Demolit				×	Min	l Containm ii-Enclosur vebag Pro n-Exempte	e cedure					e	
2	Is	Locati	nn				24		4 / / 4.10				Abate		t
Location of	1	Normal	ly	18	De	escription	of						Ту	ре	T
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cust	d Sole intenar todial S (12)	nce/ Staff?		os Cor therma surfa	taining M I systems acing, VA miscellan	laterial s insula T, or		(S	nount pecify or LF)		Removal	Repair	Encapsulate	Enclosure
3rd floor west wing	Yes	No	N/A	nir	no fitti	nge & f	loor ti	lo	6083	500 SI		_		w	
LLO Level Room 346			x pipe fittings & floor ti							450 SF	_	ζ			
LLO Level Room 249.01		*	x pipe fittings & floor							270 SF	-	ζ.			-
LLO Level Room 245			x		floor t	ile (2 la	vers)			0 SF	1				
Name of Registered Waste Hauler		N	JDEP W			Yards	, ,	Name of			Hill				
Freehold Cartage			auler ID 5939	No.	of Wa			GROW							
City, State Freehold NJ	× 1.100-				Dispo TBD	sal Date		City, Stat		17					
Completed by Title Andrew Scott Higgins President				Signature Date 6/1/12											

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1 Name of Building Owner/Operator (2) 5/29/12 Newark Housing Authority Agency Notified Type Notification Street Address JUN 2012 500 Broad St ☑ EPA M Initial O DEP □ Amended City, State, Zip Code **⊠** DOL Amendment # Newark, NJ 07102 Emergency (including Name of Contact Telephone Number M DOH justification) ☐ DCA ☐ Cancellation Ernesto Arana **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) ☐ School (K-12) Street Address ☐ Subchapter 8 (Other than K-1 2) Other (i.e. private & commercial buildings, 789 North 6th Ave homes, etc.) City (5) Square Feet # of Floors Bldg. Age Newark, NJ 07103 400 LF 50+ County (6) Current Use (Pr or if being demolished) County Code (7) (STATE USE ONLY) Essex Name of Monitoring Firm Hired by Building Owner Name of Abatement Contracto ASCM No. (8) RICI CORP Street Address Street Address 41 LIBERTY STREET City, State, Zip Code City, State, Zip Code PASSAIC, NJ 07055 Project Managerfor Monitoring Firm Telephone No. Telephone No. License No. 973-614-1266 00838 Start Date (10) Scheduled Completion Date (1 1) Name of OSHA Monitor 6/11/2012 5/30/2013 RICI CORP Occupancy Status During Abatement (Check only one) Street Address 41 LIBERTY STREET ☐ Facility ClosecNacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours City, State, Zip Code Other - Describe PASSAIC, NJ 07055 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure □ ~: 3 sf or ~: 3 If Renovation ☐ Mini-Enclosure ~: 1 60 sf or ~: 260 lf ☐ Demolition ☐ Glovelbag 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) Maintenance/ Amount Encapsulate (i.e., thermal systems insulation, TO BE ABATED Removal Repair Custodial (Specify IN Facility surfacing, VAT, or SF or LF) Staff? (13)other miscellaneous) (12)Yes No N/A exterior X Window lintel Caulking 400 LF Name of Registered Waste Hauler Name of Reg stered Landfill NJDEP Waste Hauler Cubic Yards of ID No. Waste RICI CORP 29051 TBD G.R.O.W.S. LANDFILL City, State Disposal Date City, State PASSAIC, NJ TBD MORRISVILLE, PA Completed by Title Signatur Date RISTO TRAJKOV PRESIDENT 05/29/2012

Do not use this form for asbestos licensure exempted activities.

ASB-41

Date of Notification (1)				Name	of Buildi	ng Owner/Operato	r (2)		-W - IF		T	1	
5/29/12				Newar	k Hous	ing Authority		r ⁱ		-7			-38
Agency Notified	Type Notification		-		Address		m	i.			Ħ		-0.00
⊠ EPA	⊠ Initial				road St			1					
☐ DEP	☐ Amended			City, S	State, Zip	Code						1	
⊠ DOL	Amendment # Emergency (include)	ina	- 9	Newar	k, NJ 0	7102		ACRESTOS CO	NTROL &	!		-	
⊠ DOH	justification)	iig	s =	Name	of Conta	ıct		Telephone Nu	mber			J	
□ DCA	☐ Cancellation	700		Ernest	o Arana		· Low scarce		-				
			PERE A MARIE	FAC	ILITY INI	FORMAT10N							
Name of Facility Where	Abatement is Taking Pla	ice (3)				1.0	Type of Facili	ty (4)				-	-
							☐ School (K-	12)					
Street Address							☐ Subchapte	r 8 (Other than K-1					
815 North 6th Ave							☑ Other (i.e.	private & commerc	ial buildir	ıgs,			
City (5)							homes, etc	# of Floors	Bldg.	Δα		_	
								# 01 1 10015		Ag	-		
Newark, NJ 07103 County (6)				0	0 1 /	TV (OTATE HOE	400 LF		50+			٠.	
				ONLY		7) (STATE USE	Current Use (Pr or if being demo	olished)				
Essex							P.P.	art ments					
Name of Monitoring Firm (8)	Hired by Building Own	er .	ASCM	No.		Name of Abater	nent Contractor	(9)					
(0)						RICI CORP							
Street Address						Street Address				879-1	2777	- 62.00	110
						41 LIBERTY S	STREET						
City, State, Zip Code						City, State, Zip	Code						
						PASSAIC, NJ	07055						
Project Managerfor Moni	itoring Firm	Te	lepho	ne No. Telephone No. License No.									
						973-614-1266		00838					
Start Date (10)	Scheduled Co	mpletio	on Dat	Date (1 1) Name of OSHA Monitor							-		
6/11/2012	5/30/2013					RICI CORP							
Occupancy Status During	Abatement (Check onl	y one)				Street Address							
D Facility Classoblesets	d During Faller Dailed	£ 6 L _ 6				41 LIBERTY S	STREET						
☐ Facility ClosecNacated ☐ Abatement Performed	Outside of Normal Faci	itv Hou	ement urs			City, State, Zip							
☐ Other - Describe						PASSAIC, NJ							
Scope of Work (Check all	that apply)				-			The Street Control of the Street Control of			-		-
☐ ~: 3 sf or ~: 3 lf ☑ ~: 1 60 sf or ~: 260 lf				⊠ Ren □ Den	ovation nolition	☐ Mini ☐ Glov	-Enclosure elbag Procedure	th Negative Pressue and Non-Friable Pro					
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exterior					Windo	w lintel Caulkin	0	400 LF	- Commission	x			
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Name of Registered Wast		I NUT	SED U				T-10	ļ		L			
Name of Registered Wast	e nauler	IDI		Vaste H	lauler	Cubic Yards of Waste	Name of Reg	stered Landfill					
RICI CORP		98528	(62%			1 / 4 (3 7 9 7 7 7 7 7)	CROWS	LANDELLI					
City, State		290	31			TBD Disposal Date	City, State	LANDFILL				S=2003	
PASSAIC, NJ						100		LLE DA					
Completed by	Title					TBD Signature	MORRISVI	LLE, PA	Date				-
RISTO TRAJKOV	, (SAME)					1/1/19	Uller	-		011	,		
ASB-41	PRESIDENT	use thi	s form	for ac	hestos lin	censure exempted	activities.	***************************************	05/29/2	UI			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:120) Date of Notification (1) Name of Building Owner/Operator (2) 5/29/12 Newark Housing Authority Agency Notified Type Notification Street Address 500 Broad St **⊠** EPA ☑ Initial Q DEP □ Amended City, State, Zip Code M DOL Amendment # ASBESTOS-CONTR Newark, NJ 07102 Emergency (including Name of Contact Telephone Number **⊠** DOH justification) ☐ DCA □ Cancellation Ernesto Arana **FACILITY INFORMATION** Name of Facility Where Abatement is Taking Place (3) Type of Facility (4) School (K-12) ☐ Subchapter 8 (Other than K-1 2) Street Address Other (i.e. private & commercial buildings, 801 North 6th Ave homes, etc.) # of Floors City (5) Square Feet Bldg. Age Newark, NJ 07103 550 LF 50 +County Code (7) (STATE USE Current Use (Pr or if being demolished) County (6) ONLY) Apartments Essex Name of Monitoring Firm Hired by Building Owner ASCM No. Name of Abatement Contractor (8) RICI CORP Street Address Street Address 41 LIBERTY STREET City, State, Zip Code City, State, Zip Code PASSAIC, NJ 07055 Project Managerfor Monitoring Firm Telephone No. Telephone No. License No. 973-614-1266 00838 Start Date (10) Scheduled Completion Date (1 1) Name of OSHA Monitor 6/11/2012 5/30/2013 RICI CORP Occupancy Status During Abatement (Check only one) Street Address 41 LIBERTY STREET ☐ Facility ClosecNacated During Entire Period of Abatement City, State, Zip Code Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe PASSAIC, NJ 07055 Scope of Work (Check all that apply) ☐ Full Containment with Negative Pressure ~: 3 sf or ~: 3 lf ☑ Renovation ☐ Mini-Enclosure ☐ Glovelbag Procedure
☑ Non-Exempted (*) and Non-Friable Procedure □ Demolition ~: 1 60 sf or ~: 260 lf Abatement Is Location Type Normally Location of Description of Used Solely by Asbestos-Containing Material (ACM) Asbestos Containing Material (ACM) Amount Encapsulate Maintenance/ Removal TO BE ABATED (i.e., thermal systems insulation, (Specify Repair Custodial surfacing, VAT, or IN Facility SF or LF) Staff? other miscellaneous) (13)(12)Yes No N/A exterior X Window Lintel Caulking 550 LF x Name of Registered Waste Hauler NJDEP Waste Hauler Cubic Yards of Name of Reg stered Landfill ID No. Waste RICI CORP 29051 TBD G.R.O.W.S. LANDFILL City, State Disposal Date City, State PASSAIC, NJ TBD MORRISVILLE, PA Completed by Title Signature Date RISTO TRAJKOV 05/29/2012 PRESIDENT

Do not use this form for asbestos licensure exempted activities

ASB-41

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Date of Notification (1) 6/1/2012				Building Proper		Operator	(2)			4	7	2	1,		-	
Agencies Notified Type Notificati	on	1.7	Street A						ASSES	(10) (10) (11) (10)		Ų.	i	-		
DEP Amended Amended Amended	ent #			te, Zip Co town, N			(*))//	See See Phase See	STREET, STREET					*****		
DOH justification Cancellate			Name of Al Tose						Tel	ephone N	Numbe	er		-		
Name of Facility Where Abatement is Ta Triangle Village	king Place (3)		FACII	LITY INF	ORMATI	ON		of Facility (14		
Street Address 85 Paterson St							×	Subchapter Other (i.e. petc.)	8 (Oth	er than K & comme	(-12) ercial b	ouilo	dings,	hom	es,	
City (5) Paterson							5500		5	f Floors		6	ldg. A	ge		
County (6) Passaic			3	JSE ONLY)		Res	ent Use (Pri idence			lished)	2			
Name of Monitoring Firm Hired by Buildin AZ Solutions	ng Owner (8)		5410			Faith	n Envi	ronment								
Street Address 7007 60th Street					128	Addre: Stanle	ey St									
City, State, Zip Code Ridgewood NJ 11385		Telephor		East	State, Zip Code t Rutherford, NJ 07073											
Aleksandar Zivanov Start Date (10)												License No. 00854				
6/2/2012	Scheduled 6/3/2012	2	ipietion L	Date (11)		Boro	Atan	asoski								
Occupancy Status During Abatement (Cl Facility Closed/Vacated During Enti Abatement Performed Outside of N Other – Describe: Access to Boiler	re Period of Abormal Facility F	atem				Street Address 333 Paterson Plank Rd City, State, Zip Code Carlstadt NJ 07072										
Scope of Work (Check All That Apply)	1			er vaue		Cari	stagt	NJ 07072		-7						
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf			ovation olition				Mir Glo	ull Containment with Negative Pressure ini-Enclosure lovebag Procedure on-Exempted (*) and Non-Friable Procedure				e				
Leasting of		ocati											Abate	emen pe	t	
	Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Nor Used S Mainte Custod					Description of ontaining Material (A nal systems insulation facing, VAT, or or miscellaneous)			Amount (Specify SF or LF)			Removal	Repair	Encapsulate	Enclosure	
Boiler Room	Yes	No	N/A		Duct	Insula	tion		2	5 L.F.	X					
	e .		ZO ZII. A													
Name of Registered Waste Hauler	NJDEP Waste Cubic Ya			bic Yards Name of Registered Landfill												
Newark Carting	NJDEP Waste Cubic Yards Hauler ID No. of Waste 04509 1															
City, State Newark, NJ					City, Stat Bethleh	State Ilehem, PA										
Completed by Boro Atanasoski	ct Manager Signature Date 6/1/2012															

4757					STOS ABATE 60 and 12:12		INE	C	EIN	7 E	T	\overline{M}	
Date of Notification (1) June 1,2012					wner/Operato d of Educa		M	C	heck # 4	757	1	A COLUMN TO A COLU	-
Agencies Notified Type Notification X EPA X Initial			Street A 25 Nor	ddress rth Broad	Street		114	JUN	4 20	112			
DEP Amended DOL Amendment #		_		ite, Zip Code oury, NJ 0				SBESTO	S CONTRO ENSING	1.8	Ì		
Emergency (in justification) DCA Emergency (in justification) Cancellation	ncluding		Name of Kara H	f Contact luber			10000	Tel	ephone No	mber	Themostera		
			FACI	LITY INFOR	RMATION					-	_		
Name of Facility Where Abatement is Taking Woodbury Jr. / Sr. High School	Place (3	3)				Ty	pe of Facility School (K-						
Street Address 25 North Broad Street							Subchapter Other (i.e. petc.)	8 (Oth			dings	hom	es,
City (5) Woodbury				17			uare Feet	# o	Floors		ildg. A	\ge	
County (6) Gloucester	*		County (Code (7) USE ONLY)			rrent Use (Pri gh School	or if bei	ng demolis	hed)			
Name of Monitoring Firm Hired by Building O Horizon Environmental Group, Inc.	wner (8)		ASCM	1 No.		e of A	batement Con Environmer			e <u>p. 1117-14</u>			
Street Address P.O. Box 316			Street Address 47 S. Lippincot										
City, State, Zip Code Thorofare, NJ 08086	<u> </u>		City, State, Zip Code Maple Shade, NJ 08										
Project Manager for Monitoring Firm Dave Flanagan			Telephone No. Te				ephone No. License No. 6-755-0099 00842						
Start Date (10)	Schedule	ed Con	npletion [Date (11)		ne of OSHA Monitor							
Occupancy Status During Abatement (Check					Street		race						
Facility Closed/Vacated During Entire Po		V-0000	nent	×			130 North						
Abatement Performed Outside of Normal Other – Describe:	al Facility	Hours			0.500		Zip Code	08077					
Scope of Work (Check All That Apply)	All the same of								*****				
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	-	Renova Demolit	i i i i i i i i i i i i i i i i i i i										
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Location of	100000000000000000000000000000000000000	Normal d Sole	3		Description					-	Т	pe	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	nce/ Staff?	(i.e. th	s Containing I ermal system surfacing, V/ other miscella	ns ins AT, oi	ulation,	Amount (Specify SF or LF)		Removal	Repair	Encapsulate	Enclosure
	Yes	No	N/A			20211-02						ro .	
Rms. P-28 thru 39. Q-30 thru Q-37			N/A		Floor Ti			9,7	50 SF	Х			
Rms. P-28 thru 39. Q-30 thru Q-37			N/A		Mastic	;		9,7	50 SF	Х			
Room Q-28 Faculty Lounge			N/A		Pipe Insula	ation		1	1 LF	х			
Maintenance Bldg. Office Area	xxx				oor Tile & l	Mas	tic	8	0 SF	x			
Name of Registered Waste Hauler Robinson Waste	Cubic Yards Name of Registered Landfill of Waste Grows Landfill												
City, State Voorhees, New Jersey		1	Disposal Date	9	City, Stat Tullytov								
Completed by William Lynch	er	Signature Date						2					

SHU			(Pt	irsuant 1	to NJAC	8:60 and	12:120	3)	1111	1- 1			. N. er - *		1000
Date of Notification (1) 05 / 30 / 12			Building o, Inc. (I				ok Refine	ry	1151	1.)(2		11		
Agencies Notified	Type Notification			Street Ad Blueba	ddress all Ave. 8	& Post I	Road		[] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					1	
X DEP X DOL	Amended Amendment		100		te, Zip Co s Hook,		061		and the second	Jan State Control of the Control of	JEL YEL		V = 1	e	
▼ DOH DCA	justification) Cancellation			Name of Mark S	Contact Strutz					Tele	phone Nur	nber			
				FACIL	LITY INFO	ORMATIC	N								
Name of Facility Where A Sunoco Eagle Point Street Address		g Place (3)							of Facility (4 School (K-12 Subchapter	2)	rthan K-11))			
US Highway 130 S								×	Other (i.e. pretc.)	rivate &	commerci	al buil			es,
City (5) Westville								Squa 600,	re Feet 000	100000000000000000000000000000000000000	Floors ' Total H	100	81dg. <i>F</i> 80+	\ge	
County (6) Gloucester				County C STATE U	Code (7) ISE ONLY)		_		ent Use (Prio nery	r if bein	g demolish	ied)			
Name of Monitoring Firm Accredited Env. Tec				ASCM 0002					tement Cont ediation S				T.		
Street Address 28 N. Pennell Road							Street 2725		ss non Street	:					
City, State, Zip Code Media, PA 19063		2							ip Code nia, PA 19	134					
Project Manager for Mon Tony Keir	toring Firm		118	Telephor 610-89	ne No. 1-0114			hone No. License No. 970-7030 01167							
Start Date (10) 06 / 13 / 12		Scheduled 08 / 19		pletion [Date (11)				HA Monitor Env. Tec	hnolo	gies, INC)			
Occupancy Status During	Abatement (Chec	k Only One	e)		- Training		Street		-77				•		
Facility Closed/Vaca Abatement Performed Other – Describe:						_	City, S	tate, Z	nell Road ip Code 19063					***	**********
Scope of Work (Check Al	I That Apply)						Wicui	α, ι ,	. 10000			-	the first recording		
≥3 sf or ≥3 lf x ≥160 sf or ≥260 lf			enovat emoliti		t.			Mir Glo	Il Containme ni-Enclosure ovebag Proci n-Exempted	edure				e	
		ls I	ocatio	on						mba lawa		T	Abat	ement	
Location			ormall Solel				00134					-	Ty	ре	
Asbestos-Containing TO BE ABA In Facili (13)	TED '	Mair Custo	ntenar odial S (12)	ce/		thermal s surfaci	scription of taining Material (ACM) systems insulation, cing, VAT, or niscellaneous)			(Sp	nount pecify or LF)	Removal	Repair	Encapsulate	Enclosure
		Yes	No	N/A										0	
Tanks at				х		rmal Sy					500	x			
Pipes at 0		1		Х	The	rmal Sy			ation		,000	х			
Transite at	CRU	-		Х		Transi	ite Pa	nels		4,0	000	x			
Name of Registered Was	te Hauler			JDEP W		Cubic Y			Name of F	Register	ed Landfill	1			
Waste Management	Hauler ID No. of Waste 1250			WM - Tullytown Landfill											
City, State Camden, NJ	Various City, State Tullytown, PA														
Completed by	Rock	(c)	M	an Ag	HR -	gnature	ne_	R	L	Da	te	30	-1	2	
,				- 4	1	-			-						

2577						ABATEN 1d 12:120		NE	Contract Con	-	an electric	***************************************	-	
Date of Notification (1) 6/1/12						Operator o	(2) Board Of E		1- 1-		17	E,	7//	1
Agencies Notified Type Notification EPA Initial	× 2000 1			Address ings Hig	ghway				JM	4 7	01.	9		
□ Amended □ Amended Amendment	t #			ate, Zip C eton, NJ		3	1	1				***	- I manuación	
DOH justification) DCA Cancellation		g	Name of Tom	of Contact			L		ESTOS o ephone N				-	-
New Year			FAC	ILITY INF	ORMAT	ION					-			
Name of Facility Where Abatement is Takir Jeffrey Clark Elementary School	ig Place	(3)					Type of Fac	cility (4)						
Street Address 7 Quaker Road	7-1		F-				Subch	l (K-12) apter 8 (Othe (i.e. private 8	er than K comme	-12) rcial b	uilo	dings	, hom	es,
City (5) Mickleton NJ 08056		3			14 mil)	400	Square Fee 1000+	t # of 2	Floors			ldg. <i>A</i> 5+	\ge	
County (6) gloucester				Code (7) USE ONLY)		Current Use	(Prior if beir	ng demol	ished)			
Name of Monitoring Firm Hired by Building N/A	Owner (8)	ASC	/ No.	+: ,		f Abatement co Inc	t Contractor	(9)		111-8		-	
Street Address			<u> </u>	-	,	Street A	ddress					-		
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091												
Project Manager for Monitoring Firm		Telephone No. Telephone No. License No. 856-753-9800 00727												
Start Date (10) 6/14/12	Schedu 6/29/1		npletion	Date (11)			f OSHA Mor	nitor	00121					
Occupancy Status During Abatement (Chec	k Only O	ne)				Street A						15.		
Facility Closed/Vacated During Entire R Abatement Performed Outside of Norm Other – Describe:	Period of nal Facilit	Abaten y Hours	nent				te, Zip Code			-				
Scope of Work (Check All That Apply)						west	Berlin NJ	08091				_		
≥3 sf or ≥3 lf ≥ 160 sf or ≥260 lf	present.	Renova Demolit	i dii Ooritali iirlorit witii Negative Flessule											
	ls	Locati	oŋţ.									Abate	ment	
Location of Asbestos-Containing Material (ACM)		Normal ed Sole			Des	scription o	f			-	- 1	Ту	pe	
TO BE ABATED In Facility (13)	Ma	intena todial 8 (12)	nce/	Asbes (i.e.	thermal surfac	aining Ma systems i cing, VAT, niscellane	terial (ACM) nsulation, or ous)	(S	nount pecify or LF)	Veriford	Domour	Repair	Encapsulate	Enclosure
II-W D O () I I I	Yes	No	N/A										te	Ф
Health Rm Cafeteria boys &girls		Х												
Restrooms & vault		Х				oor Tile			SF 760					
Rooms 100,102, 104,106 107,108,		" X			dry w	all spac	kle	1 sf p	er roon	1 x				
109,110,111,112 Name of Registered Waste Hauler		X	IDEDA	ants		V	T.:-			\perp				
United containers	Н	NJDEP Waste Hauler ID No. 22459 Cubic Yards of Waste G.R.O.W.S.												
City, State Elm NJ	W II		Disposal Date City, State 6/29/12 Morrisville PA 19067											
Completed by Anthony T Perna	ident		Signature Date 6/1/12											
		-			- (1		-						

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT

MO# 1980783522	20	(F	ursu	uant t	to NJA	C 8:60 and 12:	:120)	JUN-	4.	-0.00	2	Ŷ
Date of Notification (*	1)			Name	e of Build	ing Owner/Operato	or (2)					- :
06/01/2012			÷		nas Chir			A ACID TO	for leve	i i ota i	7	
Agency Notified	Type Notification				t Address			FASBILSTUS U.L.	MSIN			
☐ EPA	⊠ Initial			259 (Gateway	Road		La accessoration to the second		- the view		
O DEP	☐ Amended				State, Zip						_	
⊠ DOL	Amendment #	at .		Ridge	ewood,	NJ 07450						
⊠ DOH	☐ Emergency (inclu iustification)	aing			e of Cont			Telephone Number	er	31000		
□ DCA	☐ Cancellation			Thon	nas Chir	1		1				
				FAC	CILITY IN	FORMATION					-	
Name of Facility Whe	ere Abatement is Taking F	lace (3)					Type of Faci	lity (4)			-	-
Private home				15								
Street Address							☐ School (K-	·1 2) er 8 (Other than K-1 2)				
250 Cotoviou Book	a a						Other (i.e.)	private & commercial b	ouildin	gs,		
259 Gateway Road City (5)	<u>u</u>					Vert-Index	homes, e		-15/77			
	1450	-96				*	Square Feet	# of Floors	Bldg.	Age		
Ridgewood, NJ 07	450		34								torn.	
County (6)				Coun		7) (STATE USE	Current Use	(Prior if being demolished	ed)	2000000		
Bergen					/							
Name of Monitoring F	irm Hired by Building Ow	ner(8)	ASCN	No.		Name of Abate	ment Contracto	r (9)		-		-
-						Gr Tech LLC						
Street Address						Street Address	1		-		-	
						576 Valley R						
City, State, Zip Code						City, State. Zip	Code					# TR. 40 - 5
	14-10-10-10-10-10-10-10-10-10-10-10-10-10-					Wayne, NJ 07	7470					
Project Manager for N	Monitoring Firm	Te	lepho	ne No.		Telephone No.		License No.	1.00			
Ctord Date (40)						973-638-1777		01127				
Start Date (10)	Scheduled		on Da	ite (11)		Name of OSHA						-
06/10/2012	06/11/2012					Envirovision	Consultants,	nc				
Occupancy Status Du	uring Abatement (Check o	nly one)				Street Address						
☒ Facility Closed/Vac	cated During Entire Period	of Abat	ement	t		20-21 Wagara	w Road, Blo	g .# 34A				
☐ Other - Describe:	ned Outside of Normal Fac	cility Hou	ırs			City, State, Zip						
Scope of Work (Check	k all that apply)					Fair Lawn, N.	J 07410					
	K all triat apply)					Full	Containment w	ith Negative Pressure				
≥ 3 sf or >3 lf ≥ 160 sf or >260 lf					novation nolition	Mini	-Enclosure					
				u bei	HORROH		rebag Procedur -Exempted (*) a	e ind Non-Friable Procedi	ure			
		le	Locati	ion	1			Today Triable 1 Today	1	Ab	ater	nent
		- E	ormal						Į.		Тур	e
	ation of ning Material (ACM)		Sole		Ashe	Description stos Containing M			- 1	1	i	
	ABATED	11 120000000000000000000000000000000000	ntena ustodi			thermal systems		Amount (Specify	ŀ	R.	Donair	5 5
	Facility (13)		Staff?		İ	surfacing, VA [*] other miscelland		SF or LF)		Removal	000	Enclosure
			(12)	,	1	other miscenari	eous)			val	1	are la
		Yes	_No	N/A					1	-	1	
Basement				X	Pipe in	sulation		120 LF		Χİ	-	
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Name of Registered V	Vaste Hauler	NJE	DEP V	Vaste F	lauler	Cubic Yards of	Name of Rec	stered Landfill	L			i
		ID N				Waste	i i i i i i i i i i i i i i i i i i i	, c.o.oc Edityiiii				
Gr Tech LLC		0033	3785				T.R.R.F. In	С				
City, State		1000			MINISTER A SEC	Disposal Date	City, State	-		-		
Wayne, NJ 07470							Tullytown,	PA ·				
Completed by	Title					Signature 1		Dat	te			
N.Jevtic	Owner					Henre	e Ven	06/0	01/20	112		
ASB-41		t use this	s form	for as	bestos lic	ensur exempted	activities.		01120	12		

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Data of Marie												
Date of Notification		Name	e of Building	Own	er/Operator		1112		-	1		
0 6 0	1 1 2	MAC	Y'S CORPO	RATE	SERVICES (FEDERATE	D)						
	71V 11# 1	1		i de la la como		ASBESTAS		1 /2	100			
	e of Notification	10 May 2010 A STAR	t Address			- <u>L</u> ICE	45.00	- Wall - Wall				
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X DEP X DCA/DOL	Notification	0:4	01-1-7:0			7,510				.vvanc.de		
X DCA/DOL X DOH	Amended		State, Zip Co									
^ DOH	Cancellation	CINC	INNATI, OH	10 4	5202							
107 107												
		Name	of Contact			Telephone Numb	per					
		LUDIT										
			VORA	1		Total Control						
Name of Facility Where Abat	tement is Taking Di	FACIL	ITY INFORM	TAII								
I acinty where Abar	terrient is raking Pia	ace			Type of Facility () School (K-12)							
MACY'S WOODBRIDGE CE	NTER MALL			1	() Sub-Chapter 8 (Othe	r than K 12\						
Street Address	TATELY WORLD	7,527,500 J. (2025)		1	(X) Other (I.e. private &							
					buildings, homes, etc							
ROUTE 1				SF (of Bldg.	# Floor		Age of I	Blda			
City	County	County (Code		1 MILLION +SF	State of the state	3	50	-			
	927 6 19.	State us		Curi	rent Use (prior if being dem			1 30	15/			
WOODBRIDGE	UNION			line and an								
Name of Monitoring Firm Hire	ed by Building Owne	er	ASCM No.	Nan	ne of Abatment Contractor							
BUREAU VERITAS NORTH	AMERICA INC.			ACI	I CONSULTING CORP.							
Street Address		2000000		Stre	et Address		****					
160 FIELDCREST AVENUE					STANLEY TERRACE							
City, State, Zip Code				City	State, Zip Code							
EDISON NI 20027				l								
EDISON, NJ 08837 Project Manager for Monitoria	no Cierra	Calaabaaa	NI		ON, NJ 07083							
Froject Manager for Monitorii	ng riim	relephone	€ NO.	lele	phone Number	License Number						
TO BE DETERMINED	TOB	E DETER	MINED	908	687-1008	0057	-					
10 DE DETENMINACE												
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Scheduled Start Date	Scheduled Comp			100000000000000000000000000000000000000	ne of OSHA Monitor							
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	29 /	12				ng Owner/Operator (ne State Universi	Manual Control of the	1116J A	2015	\$		
Agencies Notified ☐ EPA ☑ DOLWD	Type Notification	on		10000000	t Address 7 Road 1	Bldg 4086		11101			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
☑ DOLWD	Amended Amendmen	t #		City,	State, Zip	Code		ASBESTOS CONT			-	
☐ DCA	☐ Emergency		g	Pis	cataway	, NJ 08854	1	LICENSINU		n	أسيسيم	Ĺ
(NJAC 5:23-8)	justification)		Name	of Contac	ot .		Telephone Num	ber			
	☐ Cancellation	n		Mic	chael Sm	ith	Manager 1					
				FA	CILITY II	NFORMATION				-		
Name of Facility Where Armitage Hall - Bld		king Place	(3)				Type of Facility					
Street Address	9. #1030		-				School (K-12	2) 8 (Other than K-1)	2)			
311 N. 5 th Street								rivate and comme		gnibliu	JS,	
City (5)				N #			Square Feet	# of Floors	BI	dg. Ag	ge	-
Camden							46000	4		60+	88 -	
County (6)	12			Cour	nty Code (7)(STATE USE ONLY)	Current Use (Pr	ior if being demoli	shed)			-
Camden							Academic					
Name of Monitoring Firm	Hired by Buildin	g Owner	(8)	ASCM	No.	Name of Abateme	ent Contractor (9)			-		-
ATC				0009	98	BRISTOL EN	VIRONMENTA	L, INC.				
Street Address						Street Address						
3 Terri Lane						1123 BEAVE	R STREET					
City, State, Zip Code	107					City, State, Zip Co	ode					
Burlington Townsh	ip, NJ 08016					BRISTOL, PA	19007					
Project Manager for Mon	itoring Firm		Tele	ephone	No.	Telephone No.		License No.				
Brian Kearney			6	09-386	-8800	215-788-6040		00509				
Start Date (10)	Sch	eduled C	omple	etion Da	te (11)	Name of OSHA M	lonitor					-
_6 / _8 /	12	6 /	1	1_/	12	BRISTOL EN	VIRONMENTA	L, INC.				
Occupancy Status During	Abatement (Ch	eck only	one)	*****	-	Street Address						
☐ Facility Closed/Vacate						1123 BEAVE	RSTREET					
				1,500		(2)						
Abatement Performed Time of Abatement: _	Outside of NornAM	nal Facilit PM/ <u>4:00</u>	y Hou PM- <u>5</u>	rs - Des <u>:00</u> AM	cribe	City, State, Zip Co						
Time of Abatement: _	AM	nal Facilit PM/ <u>4:00</u>	y Hou PM- <u>5</u>	rs - Des :00AM	scribe	City, State, Zip Co BRISTOL, PA						
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf	AM	nal Facilit PM/ <u>4:00</u> ☐ Re	PM- <u>5</u>	:00AM ion	cribe	BRISTOL, PA	ainment with Neglosure		re			
Time of Abatement: _	AM	PM/ <u>4:00</u> ☐ Re ☐ De	novat	ion on	cribe	BRISTOL, PA	ainment with Neglosure	gative Pressure n-Friable Procedu		ateme	ent Tv	/ре
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Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13)	AM	PM/4:00	novatemolities Loca Normal do Sole intenatodial (12) No	ion on tion elly by ance/ Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure g Procedure mpted (*) and No f terial (ACM) insulation, or	Amount (Specify SF or LF)	A Removal		Encapsulate [Enclosure
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Suite 231	AM	PM/4:00	PM-5 novation Local Annormal Solution No No No No No No No No No No No No No N	ion on tion stilly ely by since/Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF)	A Removal		Encapsulate [Enclosure
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Suite 231	AM	PM/4:00 Re De Is Use Ma Cus Yes	PM-5 novation Local Normal Solution No No No No No No No No No No No No No N	ion on tion stilly ely by since/Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,700 SF	A Removal		Encapsulate [Enclosure
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Suite 231 Name of Registered Wast SERVICE TRANSPO	AM	PM/4:00 Re De Is Use Ma Cus Yes	PM-5 novation Local Normal Solution No No No No No No No No No No No No No N	ion on tion stilly ely by since/Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nsulation, or ous)	Amount (Specify SF or LF) 1,700 SF	A Removal		Encapsulate [Enclosure
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Suite 231	AM	PM/4:00 Re De Is Use Ma Cus Yes	PM-5 novation Local Normal Solution No No No No No No No No No No No No No N	ion on lilly ely by ance/ Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nor ous) Name of Regis MINERVA	Amount (Specify SF or LF) 1,700 SF	Ab Removal		Encapsulate [Enclosure
Time of Abatement: _ Scope of Work (Check all ≥3 sf or ≥3 lf ≥160 sf or ≥260 lf Location Asbestos-Containing l TO BE ABA IN Facilit (13) Suite 231 Name of Registered Wast SERVICE TRANSPO City, State NEW CASTLE, DE 1	AMAM	PM/4:00 Re De Is Use Ma Cus Yes De NC.	PM-5 novation Local Normal Solution No No No No No No No No No No No No No N	ion on lilly ely by ance/ Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nor ous) Name of Regis MINERVA	Amount (Specify SF or LF) 1,700 SF tered Landfill LANDFILL URG, OH 4468	Ab Removal		Encapsulate [Enclosure
Time of Abatement: Scope of Work (Check all \(\subseteq 3 \text{ sf or } \geq 3 \text{ lf} \) \(\subseteq 160 \text{ sf or } \geq 260 \text{ lf} \) Location Asbestos-Containing I \(\text{TO BE ABA} \) IN Facilit (13) Suite 231 Name of Registered Wast SERVICE TRANSPO	AMAM	PM/4:00 Re De Is Use Ma Cus Yes	PM-5 enovat novat Loca Norma dola intendial (12) No	ion on tion ally by ance/ Staff?	Asbe (i.e	BRISTOL, PA	ainment with Neglosure procedure mpted (*) and No f terial (ACM) nor ous) Name of Regis MINERVA	Amount (Specify SF or LF) 1,700 SF tered Landfill LANDFILL URG, OH 4468	Ab Removal		Encapsulate [Enclosure

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

State of New Jersey APPROVED: PAUL HORNER, NJOCH NOTIFICATION OF ASBESTOS ABATEMENT

		(P	ursu	ant	to	<u>N.</u>	J.A.	<u>C.</u> 8:60 and	12:1	20)	Ck#	22	91	,		
Date of Notification							Owner / Operato									
Agencies Notified EPA DEP DOL	5/29/12 Type Notific Initia Ame	1		Stree PO I City,	et A Box Sta	ddre 11 te &	ess 401 Zip C		rrecu	ons				231	11.5	
□ DOL	⊠ Eme	rgency cellation	- 1	Nam	e of	Cor	NJ 08 ntact May	3620				Tel	epho	ne N	umb	er
					CII	LIT	Y INF	ORMATION		i	ASBE	sītos uc	MINU Lun	10		4 1
Name of Facility Williams of Street Address	rrectional	100000000000000000000000000000000000000	lace (3)			-		(K-12) pter 8		nan K-12)	1, 1, 1, 11, 11, 11, 11, 11, 11, 11, 11			. Trustee	447
Highbridge Rd. (Off R1 130)		1000					Other (i. Square Feet		# of Flo	mmercial bu		hom g. Ag		tc.)	
City (5) Yardville, NJ		County (6) Mercer	Co	unty	Cod	de (7	7)	Current Use	(Prior	if being o	1 demolished)			30+		
Name of Monitoring Environmental C		y Building Ow	ner (8)		1	ASC	M No.	Name of Aba Bristol Env	atemer							
Street Address 120 N. Warren St City, State & Zip Co		Street Address 1123 Beaver Street City, State & Zip Code														
	Telep				er	Bristol, PA 19007 Telephone Number (215)788-6040 License Number 00509										
Project Manager for Monitoring Firm Ryan Broadwater Scheduled Start Date (10) 5/29//12 Scheduled Cor				on Da /12	1070,017	00.000		Name of OSHA Monitor Bristol Environmental Inc.								
	sed/Vacated I	ment (Check or During Entire P utside of Norm	Period	of At				Street Address 1123 Beave City, State &	er Stre							
Facility Occ	3:00 PM – upied During	Abatement						Bristol, PA	1900	7						
Scope of Work (Che ≥3 sf or ≥3 I ≥160 sf ≥26	f O If	оріу)		De	mol	ation		Full Containment with Negative Pressur Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Proced					cedu	re		
Asbest	ocation of os-Containin erial (ACM)	g	Norr	Loca nally olely	Use			Description Asbestos-Con Material (A	ntaining	9	Amou (Speci SF or L	ify		ateme		
	BE ABATED n Facility (13)		Main Cust		Sta	000033	i	Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)					Removal	Repair	Encapsulate	Enclsoure
Chaplains Office	& Adjacent	t Office		X	Ţ			Debris Clea			5 SF		\boxtimes			
					1	#		Ceiling Pla	aster		20 SI	Ē	H		ᆸ	\exists
Name of Registered Waste Hauler					NJDEP Waste Cubic Yards Name of Registered Landfill Hauler ID No. of Waste								Ц			
Bristol Environm City, State	ental, Inc.		-	18	870	6		Disposal Date	City,	State	North Lan	ndfill			+	
Bristol, PA Completed By (Print		Title Signature Date Project 11: 5/29/12														

Manager

State of NJ Notification of Asbestos Abatement

D&S Proj. #: MS 12-200				8:60 and 12:	The second secon		1. W.		1		
163606					F	3		1			
Date of Notification (1)	RO	of Building Own			Control of the contro		1 11 11	i	11	T100 areas	
Agencies Notified EPA Initial DEP Amended	897	Address -903 SCHUY	LER AVENU	Έ	The state of the s	ASBESTON C LICENS	ONTROL 8	2	2.05355.718	T.	
DOL Amendment #		State, Zip Code	m 10 10/12			(partial) in the Marian State		-	eje i		
	Name	Of Contact	7032		Proceedings	Telephon	e Numbe	<u>-</u>		_	
☐ DCA justification☐ Cancellation☐		M DALLAS		1000		1 relephon	e ivallibe				
		FAC	ILITY INFORM	ATION					_		
Name of facility where abatement	is taking place (3)				Type of Facility (
ROBERT FRANCHINI							l (K - 12) apter 8 (C		han k	(12)	
Street Address						Other (Private/C	omme		-12)	
897-903 SHUYLER AVEN	UE						Homes, e	_	В	ldg. A	Age
City (5)	County (6)		County Code (7							
KEARNY	HUDSO	N		(State use only)		Current Use (Pr	rior if bein	g den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	Name of A	batement	Contractor (9)					
Street Address				D & S F Street Add		ATION, INC.					
0.000774447000					fornia A	ve.					
City, State, Zip Code				City, State,							
Desirat Manage C. M. W. J. St.					on, NJ 07	7503					
Project Manager for Monitoring Firm	n	Phone Numb	er	Telephone 973-3	Number 45-8020		License 01169		per		
Start Date (10)	Sched. Cor	mpletion Date (1	1)	Name of O							
06/11/12	06/20/12			D & S	Restorati	ion, Inc.					
Occupancy Status During Abateme	nt (Check only o				fornia Av	venue					
Facility closed/vacated during Abatement performed outside Describe:	e of normal facilit	abatement. y hours-		City, State,	FEET BUILDINGS 1911505						
Other-Describe: NORMAL I				Paterso	on, NJ 07	7503					
Scope of Work (check all that app >3 sf or >3 f ≥160 sf or ≥260 f	ly) Renovation Demolition			1		Full Containment w Mini-enclosure Glovebag procedur Non-Exempted (*):	e	111		edure	
Location of asbestos-containing	Is location nor by maintenance	mally used solely		4				R	R	Ε	E
material (acm) to be abated in facility (13)	staff(12)	No N/A	Description material (on of asbestos-con ACM)	taining	Amount (Specify S LF)	F or	m o v	e p a	n c a	n c L
BUILDING EXTERIOR		X I	ROOFING	MATERIAL		1600 SQ FT		e	r	р	-
						1000 5Q11				H	卄
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP H: 13506		ubic Yards of V						Ш	Ш	
City, State		Disposal D	0 YDS ate	City, State		RESOURCE RE	COVER	Y			
PATERSON, NJ 07503		06/14/1		TULLYTOWN, PA							
Completed by (Print or Type) BOGDAN JOLDZIC	Signature	4.	1.0	- 4	Date 05/29/	12					
V6D 14	* Do not use this	torm for achasta	a liaanaura aura	mankad askirilias	MARINE CO.	The state of the s				-	

2255			(P	ursuant	to NJAC	8:60 an	d 12:12	0)		<u>U</u> 1	# 1		M		
Date of Notification (1) 5/31/2012	Chec	ck#223	3		f Building Universi		Operator	(2)	ll JUN	d 9	379	1	1 1 2		
Agencies Notified	Type Notification			Street A		eville	Road -	Olsen Hall -		- A-	HIG.		march 1		
EPA × DEP × DOL	Initial Amended Amendment				ate, Zip Co			Ĺ	ASSESTOS (LICEN:	ONTAL SING	1 &		-		
DOH DCA	justification) Cancellation			Name o	f Contact orhees			246.00	Telephone Nu	ımber	Otherwise	-	Message		
				FACI	LITY INFO	DRMAT	ION		-		-				
Name of Facility Where Rider University	Abatement is Takin	g Place (3)					Type of Facility School (K-							
Street Address 2083 Lawrenceville	Road							Subchapte	r 8 (Other than K- private & commerc		dings	, hom	es,		
City (5) Lawrenceville, NJ	/ / / / / / / / / / / / / / / / / / /				*			Square Feet 30,000	# of Floors		3ldg. /	₹ge			
County (6) Mercer	4	2 - 2			Code (7) USE ONLY)			Current Use (Pr School	ior if being demolis	shed)					
Name of Monitoring Firm Pennoni Associates		Owner (8)	ASCN 0010				of Abatement Co Services Corpo							
Street Address 515 Grove Street-S	515 Grove Street-Suite 1-B						Street Address 426 69th Street								
City, State, Zip Code Haddon Height, NJ					NJ 07093										
Project Manager for Mor Craig P. Wilson	nitoring Firm	-		Telephoi 856-54	ne No. 47-0505			Telephone No. License No. 201-295-1700 01074							
Start Date (10) 6/11/12	VALUE OF SAME ASSESSMENT OF SAME	Schedul 6/15/1			Date (11)		Name			- 159					
Occupancy Status Durin	g Abatement (Chec			EA Services Corporation Street Address											
Facility Closed/Vac Abatement Perform	ed Outside of Norm	al Facilit	y Hours	3			426 69th Street-2nd Floor City, State, Zip Code								
_		ift-2nd Sh	ift occu	cupied:4 PM to 12 PM- <u>Բ</u> Guttenberg, NJ 07093											
Scope of Work (Check A ≥3 sf or ≥3 If ≥160 sf or ≥260 If	Il That Apply)	politicary.	Renova Demolit				×	Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure							
			Locat									emen	t		
Location Asbestos-Containing TO BE AB. In Facil (13)	Material (ACM) ATED	Use Ma Cus	Normal ed Sole aintena todial s (12)	ly by nce/ Staff?		tos Con thermal surfa		Material (ACM) s insulation, T, or	Amount (Specify SF or LF)	Removal	Repair	e Encapsulate	Enclosure		
		Yes	No	N/A								· O			
Basement-Bo				Х			Insula		12 LF	x					
Basement-Bo	*	×	Boile	er Rib	Packin	g Material	165 SF	x							
Name of Registered Was	IN	JDEP W	aste l	Cubic	Cubic Yards Name of Registered Landfill										
Horizon Disposal	Hauler ID No. of Waste tbd Grows Landfill														
City, State Trenton, NJ						Dispos tbd	sal Date	City, Stat	te wn, PA •	a 1907-a					
Completed by Gina Salvador	e Mar	nager		S	Signature	Phuas	1.700	ate /31/20	012						

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 05/16/2012	Name of Bu Lodi Board		wner/Operator (2)	Paris S				2154		d - 00	et/A	
Agencies Type Notification Notified X Initial	Street Addre 8 Hunter Str						id h			7.0	17.	None
DEPA	City, State, Lodi, NJ 07		e: malegal.						TUS C	ONTRO	1. 8	1
Emergency (including	Name of Co Bill Mullins	ntact:				Telephor	ie Nun	ber:				
□DCA justification	Sin Walling					1		<u> </u>		400,00	1.71	
		***	FACILITY INF	ORMA	TION		all si					
Name of Facility Where Abate Thomas Jeferson School	ment is Taking	g Place (3	3):	200	e of Facili	3079/07 325			6	-		
Street Address: 75 First Street				US	chool (K-1 ubchapter	8 (Other than k	K-12)	***				
	ty (6):	Count 07644	ty Code (7):		ther (i.e., pare Feet:	private & comr	nercial	buildings, h # of Floo		etc.)		
					g. Age rent Use	: School						
Name of Monitoring Firm Hire Karl Associates Inc.	d by Building	Owner:	ASCM No.:	Nar	ne of Aba	atement Cont						
Street Address:					et Addre	Enterprise ss:	es, inc	i				¥1
20 Lauck Road,				35	8 Broa	dway		•				
City, State, Zip Code:						Zip Code:						
Mohnton, PA 19540			711			J 07104						
Mike Krisher			Telephone No.: 610-223-1832	1000000	ephone N 3) 485-40		010	ense No.:				
05/13/2012 6 10 12 (Scheduled Con 06/ 19 /2012		Date (11):	837403033	ne of OSI eriSci	HA Monitor:		- 1	***************************************			
Occupancy Status During Abateme					et Addres							
√Facility Closed/vacated During E ☐ Abatement Performed Outside of Describe:				City	, State, Z	Cip Code: New York, 10	0016			1922		
□ Other Describe:					,	,						
Scope of Work (Check all that appl	y):	-				2.11.6	,					
$\square \ge 3$ sf or ≥ 3 lf $\square \ge 160$ sf or ≥ 260 lf		Renor Demo	vation lition			□ Mini-	Enclose bag Pr	ment with ocedure od (*) and N				10
Location of	Is Locat Normal		D	escript	ion of	LJ. TOIL I.	I	o () and I		Abat	emen pe	
Asbestos-Containing Material	Used Sole Maintena	ly by	Asbestos Con (i.e., therm	taining	Materia	al (ACM) lation.				1	Ī	
(ACM) TO BE ABATED	Custodi	al/	surfa	cing,	VAT, or laneous		1	mount	Rem	Repair	nca	Encl
IN Facility (13)	Staff? (12) Yes No	N/A	Other	misco	nancous	,		Specify or LF)	Removal	air	Encapsulat	Enclosure
window	X	IN/A	Window caulki	ng			234	SF	X	-		
-	X							-	X			
Name of Registered Waste Hau Newark Carting	ler:	NJDE 4506	P Waste Hauler ID	No.:	Cubic of Was			ne of Regis ytown Re.			l:	L
City, State: Newark NJ 07102	Dispo	sal Date	:		City, S	tate: own, PA						
Completed By: Sam Ilounh		Title: Project	t Manager	Signa	ture:	doul		Date: 05/16/20	12			

-				_				
P	ri	n	٠		2	rr	~	
		5 I		п			11	

Date of Notification (1)			Name	of Building Owner	/Onorotà	(2)	I SE	。惟		W.	以
May 21, 2012			HES	S CORPORAT	ION ;	(2) U JUN				/	
Agencies Notified Type Notificatio	n			Address ss Plaza		ASELS	TO SECULIAROUS	X	1	2572	
EPA DEP DOL Initial Amended Amendmen Emergency		_		tate, Zip Code dbridge, New J	ersey 0			355105	1504	NOL	8
DOH justification	1)			of Contact			Telephone N			2/	
Cancellatio	on .			nt ConFreda			4				/
Name of Facility Where Abatement is Taki HESS CORPORATION	ing Place (3)	FAC	ILITY INFORMAT	ION	Type of Facility	(4)				
Street Address Mutton Hollow	7. 77. 0	-				Other (i.e.	12) r 8 (Other than K private & comme	-12) rcial bu	ilding:	s, hon	nes,
City (5) Woodbridge,						etc.) Square Feet 29,524	# of Floors		Bldg. 27yr:		
County (6) Middlesex				Code (7) USE ONLY)		Current Use (Pri	or if being demol			·	
Name of Monitoring Firm Hired by Building Hillmann Environmental Group	Owner (8)		ASC	M No.	Name SLA\	of Abatement Co	ntractor (9) JCTION INC.				
Street Address 1600 Route 22 East					Street	Address SETTY AVE.			-		
City, State, Zip Code Union, New Jersey 07083		18.00 - 0.00				tate, Zip Code TON, NEW JE	RSEY 07011	-1802			
Project Manager for Monitoring Firm Craig Abaram			Telepho 908-6	one No. 88-7800	Teleph	one No. 178-4848	License 00724				
Start Date (10) May 22,2012	May 31	,201	mpletion 2	Date (11)		of OSHA Monitor				-	
Occupancy Status During Abatement (Cher Facility Closed/Vacated During Entire	Period of A	hatan	nent		Street	Address SETTY AVE.					
Abatement Performed Outside of Norr Other – Describe: 7:00am-3:30pm Scope of Work (Check All That Apply)	nal Facility	Hour	S		City, St	ate, Zip Code TON, NEW JE	RSEY 07011	-1802			
≥3 sf or ≥3 If ≥160 sf or ≥260 If		enova emolit			X	Mini-Enclosure Glovebag Proc					
Location of	N	Locati ormal d Sole	ly	Des	scription		() and Noti-1 lie	. L	Abat	emen /pe	1
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Mai	ntenar odial S (12)	nce/	Asbestos Cont (i.e. thermal surfac	aining Ma	aterial (ACM) insulation,	Amount (Specify SF or LF)	Remova	Repair	Encapsulate	Enclosure
	Yes	No	N/A	•				- <u>B</u>		ate	re
Edge of Roof			X	Root	f Flashi	ng	725SF	Х			
Five Rooms inside Bldg			х		VAT		980SF	X			
Behind Bathroom Mirror	1	, P	X	Mirr	or Mast	ic .	75SF	Х			
Name of Registered Waste Hauler		1.0	IDEE (
Slavco Construction Inc.		H	JDEP W auler ID 1 3508	0000		4	Registered Landfi V.S LANDFILI				
Oity, State CLIFTON , NEW JERSEY 07011-18	302	-		Dispos TBD	al Date	City, State MORRIS	SVILLE, PA				
Completed by /IVIAN D.JURCEVIC	Title GEN.	MGF	₹.	Si	gnature	X	D	ate IAY 2	1 201	12	

Date of Notification (1) May 30th, 2012				f Building Ow CORPOR		r (2)		72 · · ·			CA		353
Agencies Notified Type Notification			Street A	ddress S PLAZA			UL	111				4.9-2	İ
X EPA Initial X Amended Amendment	<u></u> 2			ite, Zip Code oridge, Nev	v Jersev (07095	1	ASBE	STOS CON LICENSU	ITKUL IC.	э Э		
Emergency (i justification) DCA Emergency (i justification) Cancellation	ncluding		Name of	Contact of ConFred			the second contract	Tele	phone Nu				
Name of Facility Where Abatement is Taking	Place (3))	FACI	LITY INFOR	MATION	Type o	f Facility	(4)					_
HESS CORPORATION						□ s	chool (K-	12)					
Street Address Mutton Hollow							ther (i.e.		er than K-1 commerc		dings	, hom	es,
City (5) Woodbridge						Square 29,52		# of 1	Floors		3ldg. A		
County (6) Middlesex	427,2711		County (Code (7) JSE ONLY) _		Curren	t Use (Pri	ior if beir	ng demolis	hed)			
Name of Monitoring Firm Hired by Building C Hillmann Environmental Group	wner (8)		ASCM	1 No.		of Abate							
Street Address 1600 Route 22 East						t Address GETTY							
City, State, Zip Code Union, New Jersey 07083						State, Zip		ERSEY	07011-	1802			
Project Manager for Monitoring Firm Craig Abaram	7824		Telephoi 908-68	ne No. 38-7800		hone No. -478-48	48		License N 00724	10.			
Start Date (10) May 22,2012	Schedule June 8t			Date (11)		of OSHA			ON INC.	-			
Occupancy Status During Abatement (Check		erona Area de			2.000,000,000	Address GETTY		9					
Facility Closed/Vacated During Entire P Abatement Performed Outside of Norma Other – Describe: 7:00am-3:30pm	eriod of A al Facility	baten Hours	nent		City, S	State, Zip	Code	EDSEV	07011-	1802			
Scope of Work (Check All That Apply)			•		OLI	1014, 1	4L VV 0L	INOLI	07011-	1002			-
≥3 sf or ≥3 lf × ≥160 sf or ≥260 lf		enova emolit			2	Mini- Glov	Enclosur ebag Pro	e cedure	Negative I			·e	
		Locati					Exemple	G () and	i i voii i ii di		Abat	ement pe	t
Location of Asbestos-Containing Material (ACM)	Used	ormal d Sole	ly by	Asbestos	Description Containing I		ACM)	Ar	nount		Γ,		
TO BE ABATED In Facility (13)	1000	ntenar odial S (12)	00000000000000		rmal system surfacing, VA ner miscella	AT, or	on,		pecify or LF)	Removal	Repair	Encapsulate	Enclosure
No the set Commercial (ADDITION	No	N/A		1//-					1000		ल		
Northeast Corner of Bldg.(ADDITIC		X		VAT			- 5	558SF	Х				
	6	÷		WARRIE DE DE COMPTENDO						1			
Name of Decisions d Waste Having													
Name of Registered Waste Hauler Slavco Construction Inc.		Н	JDEP W auler ID 3508		ubic Yards Waste				red Landfil ANDFILL				
City, State CLIFTON , NEW JERSEY 07011-18	02			(7)	isposal Date 3D		City, Stat MORR		E, PA				
Completed by VIVIAN D.JURCEVIC	Title GEN.	MGF	₹.		Signatur	e ,	~	Celly.	Di	ate lay 30	Oth,2	012	

State of New Jersey - Notification of Asbestos Abatement (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1)	2042				Name of Building Owne	er/Opera	tor (2)			1 1	E	m
June 1, Agencies Notified	1	Notification		ation	MR. JOE ROSAT Street Address 108 WOODWARD		JUF				- :	10 mg
■ EPA ■ DCA	1		ed Certi	fication #	City, State, Zip Code RUTHERFORD, N		ا ال		UM-			Total (
☑ DOL ☑ DEP- No Longer REQUIR ☑ DOH	ED I	Justifi Cance	ication I	etter)	MR. JOE ROSATI			Telep	hone N	umber	i i	i.
		1 11/2		FACILITY IN	IFORMATION				Lance Co	Server 1	91	we y
Name of Facility Where Abatem ROSATI RESIDENCE	ent is Takin	g Place (3)			Type of Facility (4) School (K-12)							
Street Address 108 WOODWARD AVE	NUE				Subchapter 8 (other the Sq. Feet: Unknow	commerc	ial build				:0+ ve	re
City (5)	County (6)		T County	Code (7)	Sq. reet. Ulknow	11 # (1 1001	5. 2	Diug. F	ige.	or yea	113
RUTHERFORD	BERC	GEN .		Use Only)	Current Use (prior if be	ing dem	olished	: RES	IDENC	E .		
Name of Monitoring Firm Hired ENVIROVISION, INC.	by Bldg. Ow	ner (8)	0098		Name of Contractor (9) GREENWOOD ABA	ATEMI	ENT C	ONSU	LTAN	TS. IN	D.	
Street Address			1		Street Address					_,	17 7 F	- 2.7
20-21 WARGARAW RO	AD				268 MAIN STREET	•				,		
City, State, Zip Code					City State, ZipCode	uce:						- 19
FAIRLAWN, NJ			Section 1		BUTLER, NJ 07405	5						
Project Manager for Monitoring FRED LARSON		Felephone 973-636			Telephone Number				se Numb	<u>oer</u>		
Scheduled Start Date (10)		Cabadulad	Completie	n Date (11)	973-492-0477 Name of OSHA Monitor			0084	iu			
06/11/12		06/15/12		n Date (11)	ENVIROVISION, IN	NC.						
Occupancy Status During Aba	tement (Ch	neck only o	one)		Street Address							
☐ Facility Closed/Vacated Du ☐ Abatement Performed Outs	ıring Entire	Period of	Abateme	nt	20-21 WARGARAV	V ROA	.D			4	3	
Describe					City, State, Zip Code							
☑Other – Describe: Work A Period of Abatement 8:0				g Entire	FAIRLAWN, NJ							
Source of Work (Check all that a	apply)				5	KI Full	Contai	mont	vith Neg	otivo D	occuro.	
$\square \geq 3 \text{ sf or } \geq 3 \text{ lf}$				▼ Renovation			i-Enclos		vitti i veg	alive i i	Coourc	
∑ ≥ 160 sf or ≥ 2	260			□ Demolition			vebag F		ıre			
				- Demondor					and No	n-Friable	e Proce	dure
Location of Asbestos-Containing Material (ACM) in Facility (13)		ation Norma			sbestos Containing Material mal systems insulation, surf		Amour (Speci	nt	Abater	ment Typ	<u>oe</u>	
	YES	NO NO	NA	VAT, OF OTHER HI	ioocii.)		OI LI					134
BASEMENT	ASEMENT 🗵 PLASTE						700 8	SF.	X			
BASEMENT		X		PLASTER C			150	F	X			
Name of Reg. Waste Hauler Newark Carting, Inc. NJDEP Waste Hauler ID # NJ DEP # 4509					Cubic Yards of Waste:	30	CY	Name	of Regi			ill
Newark, NJ 04509											2000	
Notes: None							15/12	<u>ite</u>		City, Sta 100 New Morrisvi 215-736	w Ford N lle, Pa 1	
Completed by (Print or Type) RAYMOND C. PEDALII	AYMOND C. PEDALINO Title SENIOR PROJECT MANAGER						22	Date Ju	une 1,			

Check the

Date of Notification (1)	2		1	e of Building Owner/Operato	or (2)	UN -4 2	012	- 74	NE C	
Agency Notified Type Notification	~		-	Ray K	2 Mar. 41		11.75			- 4-
□ EPA ÇAnitial				405 (old Cor	2 lies BESTAUER	0L 8			-
DDEP Amended Amendment #			City,	State, Zip Code Nepto	ine W	T 0775	2	•••••		
DOH DOH justification)	cluding			e of Contact	- 10	Telephone Number	<u> </u>			-
□ DCA □ Cancellation			1	lay Kuzava		•				
Name of Facility Where Abatement is Taking	Di (C		FAC	CILITY INFORMATION	T =					
Single family Du Street Address 405 Old Cor	selli-	15	1 £		Type of Facilit School (K-1 Subchapter Other (i.e.		dinas			
City (5)	1185	1	18		homes, etc	.)				
Neptune NJ	- (7	75	3	Square reet	2 Bio	lg. Ag O			
Monmouth		"-	Count	y Code (7) (STATE USE	Current Use (F	Prior if being demolished			-	
Name of Monitoring Firm Hired by Building O	- 1	ASC	4 No. /		nent Contractor	N-10/2				-
(8) EPC Technologie:	S _	,	NA	4 EPO	- Tech	nologies, I	- - -			
P.O. Box 337				Street Address	_			10	30.75	
City State Zin Code	3			City, State, Zip (P.O. Be	X 33 F				_
New Egypt NJ	082	33		Neu	Equat	MJ 083	533	3		
Project Manager for Monitoring Firm	6	elepho	ne No.	Telephone No.						
Start Date (10) Scheduled	Comple	tion Da	ite (11)	3365 609-758 Name of OSHA	- ううしら Monitor	003	44			- 8
6-11-12 6	-19.	- 12		EPC	. Tech-	rologies. I	n c			
Occupancy Status During Abatement (Check	only one)					To St.			
Facility Closed/Vacated During Entire Period Abatement Performed Outside of Normal F	od of Aba	temen		P. C City, State, Zip C	BCX.	33 f.				
Other - Describe:	acinty no	ours	53	Nec.	Equat	NJ 083	53	3		
Scope of Work (Check all that apply)				D Full (novation D Mini- nolition SecGlove	Containment with Enclosure ebag Procedure	Negative Pressure				
		Locat						bate	eme pe	nt
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Use Ma	Normal ed Sole aintena Custodi Staff? (12)	ly by nce/ al	Description of Asbestos Containing Ma (i.e., thermal systems surfacing, VAT other miscellane	aterial (ACM) insulation, , or	Amount (Specify SF or LF)	Removal			Enclosure
	Yes	No	N/A						(0)	
Basement	X			Pipe Insulati	01	230 LF	x			
Attic	×			Pipe Insulat		21 LF	<u> </u>			
Name of Registered Waste Hauler	INI	*	/aste H	auler Cubic Yards of	Name of Regi					
EPC Technologies		No.	70	OO Waste 4		- Mongeme	1+			
City, State NJ				Disposal Date	City, State Monni					
Completed by Steve Schenker PR	esid	ent	-	Signature Ste	ve Sch	Date	-1-	12)	

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

									CHECK	# 4/40				
Date of Notification	on (1)		Nan	ne of	Bu	lding	g Owne	r/Operato	r (2)	- Care Constitution of the				_
0 5 / 3 Agencies Notified			Ne	ew Je	ersey	/ Insti	tute of	Technolo	gy	E.C.		W_	5	
[X] EPA	[X]Initia						uther k	ling, Jr. B	oulevard	14 f A	4	nen Tir	1	
(X) DEP	[]Amende		N	ewarl	k, N.	J 0710	02					-		(Revol)
(X) DOH	[]Cancel	lation	Na	me of	Co	ntact			Tele	phone Numb	eromik Asimo	01 8		
[X]DCA			M	ichae	l Th	omps	on						THURSDAY	-
		te and					NFORMA	MOIT						
Name of Facility W	here Abatem	ent is Ta	king	Plac	ce (3)			Type of Facili					(2)
New Jersey Institute	of Technolo	gy - Cent	ral K	ing B	uildi	ng		1	[]Other	. (K-12) pter 8 (Ot (i.e., pri ouildings,	vate i	S COL	mer-	!
345-361 Dr. Martin L	uther King J	r Boulev	ard					-	Square Feet	# of Floor	s Bl	dg.	ige	
City (5)	- dator rang o	County	(6)			Cou	inty Co	de (7) SE ONLY)	50,000 Current Usa (1	4	ing d	45		as -
Newark, NJ 07102		Essex				(51	ATE U	SE UNLI)	School	TIOL IL DO	ing w	Cino II		-/
Name of Monitoring Owner (8)				ASC	M No				ment Contractor	(9)				
Health & Safety Sen	vices, Inc .			000	117			Strong B	uilders, Inc.					
318 12th Street							180	Sargeant.	Avenue					
City, State, Zip C	ode													
Hammonton, NJ 080 Project Manager to	037-1352 r Monitorin	g Firm	Teleg	none	Nun	ber	Tele	on, NJ 070 phone Num	ber		ense N	umbe	r	
Jim Proctor Scheduled Start Da	/10\ 16	ched.Com		704-8				614-0377		008	07		-	
	SALES APACETO.	Accountable to the second												
0 6 / 0 1 / Day / Occupancy Status D	Year	Month /	Day	1/1-	Year	,	Four	Strong B	uilders, Inc.					
[X] Facility Clos							180	Sargeant	Avenue		2- 2	1	SP/PS 112	
[]Abatement Per Hours - Descr []Other - Descr	ibe:	ide of N	orma:	l Fac	1111	- -	11-	. State.	Zip Code					
Scope of Work (Che	ck all that	apply)			•		110mile			1.1				
[]Demolit []>3 sf c [X]>160 sf			ί×]Renc	vat:	ion		[]Mini []Glov	Containment w L-Enclosure vebag Procedure -Friable Proced					
Locat Asbestos- Materis TO BE in Fac		No. by te Cu	Is cation rmall Used olely Mair nance stodi aff()	Ly Y n- iel L2)		Asbe Ma (i.e., nsulat		taining ACM)	Amount (Specify SF or LF)	R	R E P A I R	E N C A P S U L	PPENCI. OSURE	
Throughout	Throughout						ter Wa	lls & Ceili	ngs	52,000 SF	$\perp X$			
Throughout			X		Pipe	Insula	tion		1,000 LF	X				
		-	-						-	-	-	-	\vdash	
Name of Registered	Waste Haul	er .		JDEP aule			Cubic of Wa	Yards iste	Name of Regis	stered Land	reill			
Four Strong Builder	rs, Inc.		1	2609			Dispo	sal Date	G.R.O.W.S., I	nc.				
Clifton, NJ	a .			8			TBD		Tullytown, PA					
Completed By (Prin					1.00	Signatur	P1 4		D	ate				
Bilyana Kulakovska	3	Office A	Admii	nistra	tor			B.	ai	2	5	/31/	12	

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

Date of Notification (1)	5/25/20)12				ing Owner/Opera			
Agencies Notified		Notification	Type		Street Address	S	JUTO	UN' :	1 2002 LU
(X) EPA () DEP (X) DOL		(X) Initial N () Amende Amendn	d Notification		2303 WOODE	RIDGE AVE			
(X) DOH () DCA		() Emerger () Cancella	ncy (includi ation	ng justification)	EDISON,		800000er	Via Personal	
173			163		ROGER KRU	VANT			
Name of Facility Where Aba	tomont is T	okina Dlace /	2)	FACILITY IN	FORMATION Type of Facilit	· (4)			
FAMILY DOLLAR	tement is t	aking Flace (<u>51</u>		() School (K- () Subchapte	12) r 8 (other than K	-12)		
Street Address					(X) Other (i.e.	private & comme	ercial blags.,	nomes, e	tc.
2303 WOODBRIDGE AVE					Sq. Feet	5000	# of Flo	ors_1	
	County (6)		County C (State Us		Bldg. Age3	30+ orior if being dem	nolished)	RETA	ΔΙΙ
Name of Monitoring Firm	illadiesex		ASCM N	0	Name of Contr		iolistica)		
AET, INC			7.0011111	<u> </u>	Alliance Envi	ronmental Syste	ems	52. ASSESSED	
Street Address 28 PENNELL RD					Street Address 550 East Unio				
City, State, Zip Code MEDIA, PA					City State, Zip West Chester				
Project Manager for Monitor DAVE TUROTSY	ing Firm	Telephone I 6108910114			Telephone Nu 610-701-9000			cense Nur 0508	mber
Scheduled Start Date (10) 6/11/2012		Scheduled (6/22/2012	Completion	Date (11)	Name of OSH AET, INC	A Monitor			
Occupancy Status During Al (X) Facility Closed/Vacated () Abatement Performed O	During Enti	re Period of A	batement		Street Address 28 PENNELL	RD			
Describe					City, State, Zin	o Code			
Other -									
Source of Work (Check all the									
() Demolition (X) Reno (X) Large Proj. (>160 SF or (X) Negative Pressure Encl	>260 LF AC	CM) () SM Pr Mini-Enclosu	roj. (>25<16 ire () 0	60 SF or >10 <2 Glovebag Proced	60 LF ACM) (dure	() Minor Proj. (<	25 SF or <1	0 LF ACM)
Location of Asbestos- Containing Material (ACM) in Facility (13)		ation Normally by Maint./Cus (12)		Description of thermal syster surfacing, VAT	ns insulation,	Amount (Spec	cify SF or LF) Aba	atement Type
	YES	NO	NA	miscell.)				Ren	
North south and east floor			Х	Residual mas	stic	2900 sf		×	
Name of Reg. Waste Hauler	17235				Cubic Yards o	of Waste	N	lame of Re	eg. Landfill
N.E.T.S. / Miners					Approx. 10			FI Imperia	
City, State	City, State					Dis	p. Date		City, State
Hazelton, PA						ТВ	D		Imperial, PA
Completed by (Print or Type	completed by (Print or Type) Title					0	D	ate	
DEVIN BLOM		Estimator			6	121	5.	/25/2012	

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

Date of Notification (1)				Name	of Buildi	ng Owner/Operato	, ,				1		
	/29/2012					THE RESERVE OF THE PERSON NAMED IN	ort Authority	Of NY & NJ				W	
Agency Notified ✓ EPA	Type Notification Initial			Stree	t Address		11 Erie St. Ro	ქსN om 236	4 10		1		4
DEP	Amended			City,	State, Zip	Code	6 100	and a second	TENTAL	1. 8		-	
DOL	Amendment #	_				j	ersey City NJ	07310	ng Sirkiy				District of the
☑ DOH	Emergency (includi	ng		Name	of Conta	ict	5.00, 0.0, 1.0	Lelephone Nun	nber	- Company	L.		-
DCA	justification)					Ralph Campio	no	- 11143	10000000				
	L			FAC		FORMATION	iic .						
Name of Facility Where	Abstament is Taking Dia	20 (2)			ILII T INI	FORMATION	Type of Facility	(4)	*				_
	lewark Liberty Inte				ort		School (K-12						
Street Address					WAR		Other (i.e. pr	3 (Other than K-1 2 rivate & commercia		igs,			
City (5)	lewark Liberty Inte	rnat	iona	I Airp	ort		homes, etc.	# of Floors	Bldg.	Λασ			
Oity (0)					92				Diug.	824			
County (6)	News	ark		Carra	Codo /	Z) /CTATE USE	240000	6 rlor if being demol	iahad)	50	0+		
County (6)	-		- 1	ONLY		7) (STATE USE	1						
Name of Monitoring Firm	Essex		ASC	/ No		Name of Abot-		passenger ter	minal				
(8)		31 .	ASCN	N 140.			ment Contractor (_		
Street Address	ity Of NY & NJ						CONSTRUCTI	ON CONTRAC	CTING	IN	S,		
	41 Erie St. Room	236				Street Address	3616 1	9th Avenue					
City, State, Zip Code			- 12			City, State, Zip							
	Jersey City NJ 073						Astoria	, NY 11105					
Project Manager for Mon		Te	500000000	ne No.		Telephone No.		License No.					
	ampione		100000000000000000000000000000000000000	-961-	The control of the co		29-2501		01159		3		_
Start Date (1 0)	Scheduled Co)	Name of OSHA							
6/11/2012 Occupancy Status During	Abatement (Check onl	6/21		2		Street Address	PRECISION	ENVIRONMEN	IIAL				
Facility Closed/Vacate	d During Entire Period	of Aba	temen	it				3RD STREET					
Abatement Performed Other - Describe:	Outside of Normal Faci	lity Ho	urs			City, State, Zip		D CITY, NY 1	1105	y	40		
Scope of Work (Check al	I that apply)		-				The second second second second second second						
$\ge 3 \text{ sf or } \ge 3 \text{ If}$ $\ge 160 \text{ sf or } \ge 260 \text{ If}$					novation molition	✓ Mini	-Enclosure rebag Procedure	Negative Pressur			38 T		
		Is	Loca	tion						A		eme	nt
Locatic Asbestos-Containin <u>TO BE AB</u> IN Fac (13	g Material (ACM) BATED illity	Use Ma	Norma d Sole intena Custod Staff (12)	ely by ance/ dial ?		Description estos Containing M e., thermal systems surfacing, VA other miscellan	laterial (ACM) s insulation, T, or	Amount (Specify SF or LF)		Removal		e Encapsulate	Enclosure
		Yes	No	N/A								L.	
Terminal B level 3 ou	tbound conveyor 5			V				140sf		V			
Mechanical roo	om number 2			1		7		5		V			
Mechanical roo	om number 3			V				5		V			
Name of Registered Was			DEP No.	Waste	Hauler	Cubic Yards of Waste	Name of Regik	tered Landfill					
ABC CONSTRUCTION		ا افت		22280		10	*	Tallada	_				
City, State	U			~~~0		Disposal Date	City, State	Tullytow	11				_
ony, orace	Antonia NIV 4440					1 1	of State Sale at	ulludania DA	4000	7			
Completed by	Astoria, NY 1110	13				6-22-2012 Signature		ullytown , PA	N 1900 Date	1			
	material and the second	,,,,,	ıpe.	NT.		Signature	(D)	26		20.	204	10	
ASB-41		RES			chaetne li	censure exempted	activities		D-,	29-2	201	12	_

4192

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

1205-4492 Check #

Date of Notification							Owner / Operato		-	The state of the state of	1100-100			
Agencies Notified	5/30/12 Type Notific	otion				dress	Johnson Hosp	oital	11131	3 45	16	111		
EPA	Type Nounc	allon					ood Johnson F	Olace	4 - JUN	4 20	14. H	-10		63
DEP	☑ Initia					e & Zip		lace	1			1 1		
⊠ DOL		nded #		CONTRACTOR OF THE		Marie Control of the Control	k, NJ 08901		ASSES)	US GOMENCE	il and the same			
☑ DOH	⊠ Eme	rgency				Contact		Art Stations			elepho	ne N	umb	er
☐ DCA		cellation		Bob	Nol	lan			· · · · · · · · · · · · · · · · · · ·	region in a	A COLUMN TO A COLU			
				FA	ACIL	ITY IN	ORMATION							
Name of Facility Wh	nere Abatem	ent is Taking P	lace (10		Type of Facil	lity (4)						
Robert Wood Jol	hnson Hos	pital					School (,				
Street Address	98 56 PRES								er than K-					
One Robert Woo	d Johnson	Place								cial building			tc.)	
City (E)		To	10			(7)	Square Feet	# 0	of Floors	В	ldg. Ag	е		
City (5)		County (6)	100	ounty	Coa	le (7)	0 +11-	(D.::(1)		1 1				
New Brunswick		Middlesex					Current Use Hospital	(Prior if be	eing aemoii	snea)				
Name of Monitoring	Firm Hired b	y Building Own	ner (8))	A	SCM No		atement Co	ontractor (9	9)				
Omega Environn	nental		22.22				AbateTech,							
Street Address							Street Addres							
280 Huylar Street City, State & Zip Co							PO Box 25							
South Hackensa		16					City, State & Lumberton		10					
Project Manager for			Tele	ohone	e Nu	mber	Telephone N		+0	License N	umber			
Geiser Fajardo			201-				609-265-21				0052	29		
Scheduled Start Da	te (10)	Scheduled Cor	-		ate (11)	Name of OSI		r					
6/1/12	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 (0)	6/3				EMSL Anal		100000000000000000000000000000000000000				77.77.5	
Occupancy Status D	ed/Vacated	ment (Check of During Entire P	nıy on Period	e) of Ah	nater	ment	Street Addres	77						
		utside of Norm			Jatoi	Hone	City, State &		7					
		2:30AM, 6/2 & 0			:30P	PM	Westmont,	크	8					
	upied During					***	Woodinone,	110 0010	•					
Scope of Work (Che	ck all that a	oply)	341						- 100 to	The same same				nous per passers
≥3 sf or ≥3 f				D-				The 100 cm		nent with N	egative	Pres	sure	,
≥3 \$1 01 ≥3 1 ≥160 sf ≥260			\bowtie		nova				ni-Enclosur ove Bag Pr					
2100 31 220	J 11			De	HIOIII	tion		Processing Street, Street, etc.,		ed and Non	Friable	Pro	cedu	ıro
Lo	cation of		Is	Loca	tion		Description	-		Amount	Aba			
	os-Containin	g	Norr	nally	Use		Asbestos-Con	ntaining		(Specify	1			7,7
	erial (ACM)			olely			Material (A			SF or LF)	D Z		En	Ш
	BE ABATED Facility		Cust	itenai odial			(i.e., thermal s insulation, surface				Remova	Repair	aps	Clo
	(13)			(12))		or other miscell				oval	air I	Encapsulate	Enclosure
			Yes	No	N/	/A							O	
OR Female Locke	er Room			\boxtimes			Floor tile & I	Mastic		335 SF				
]								
	Щ	Ц												
												Ц.	Ц	Ц
Name of Registered	Mosto Houl			L	IDE]	Cubic Yards	Name of	Desistant	4 1 a - 460			Ш	
Name of Registered	vvaste naut	ei				r ID No.	of Waste	ivanie oi	Registere	u Landilli				
AbateTech, Inc.				1		3750	12	TRRF L	andfill.					
City, State							Disposal Date	City, Sta	te				-	
Lumberton, NJ							6/3/12	Tullyto						
Completed By (Print	Completed By (Print or Type)						Signature	A			Date			
Gwen Trumbetti				0	pps.	Coord.	1 Xm	M				5/30	/12	

4195

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT Check #4193
(Pursuant to N.J.A.C. 8:60 and 12:120)

Name of Building Owner / Operator (2)
Robert Wood Johnson Hospital
Street Address

5/31/1	2					Johnson Hosp						1	
Agencies Notified Type No	tification				Address							1	-
	nitial					ood Johnson F	lace			5 6		- 1	
	mended #	*			ate & Zip	k, NJ 08901			71				
La Contraction Con	mergency				of Contact				T	olopho	no N	lumb	0.5
	ancellation				olan				11	elepho	ne i	umb	eı
			F	۸۲	II ITV IN	FORMATION			T.			_	_
Name of Facility Where Abat	ement is Taking P	lace (L11 1 114	Type of Facil	lity (4)						
Robert Wood Johnson H			-,			School (
Street Address						The second secon		Other than K-	12)				
One Robert Wood Johns	on Place							ate & commer		s, hom	es, e	etc.)	
	22-35					Square Feet	Š	# of Floors	BI	dg. Ag	е		
City (5)	County (6)	Co	ounty	Co	ode (7)								
New Brunswick	Middlesex				1000	Current Use	(Prior	if being demol	ished)				
						Hospital							
Name of Monitoring Firm Hire	ed by Building Owr	ner (8)		ASCM No			nt Contractor (9)				70
Omega Environmental						AbateTech							
Street Address						Street Addre	SS						
280 Huylar Street City, State & Zip Code			-	_		PO Box 25	Zin Ca	- do					
South Hackensack, NJ 0	7606					City, State & Lumberton							
Project Manager for Monitorin		Tele	phon	e N	lumber	Telephone N			License Nu	ımher			
Geiser Fajardo		201				609-265-21			License	0052	9		
Scheduled Start Date (10)	Scheduled Cor	npleti	on D	ate	(11)	Name of OSI	НА Мо	nitor					
6/12/12		6/14				EMSL Anal	ytical						
Occupancy Status During Ab						Street Addres					11.27		
Facility Closed/Vacat	₩			bat	ement	108 Haddo							
Abatement Performe				N2-20-0		City, State &							
Describe: 6/12 & 6		1, 6/1	4 -7A	·M-	3:30PM	Westmont,	NJ 08	8108					
Facility Occupied Dur Scope of Work (Check all that		Tree .									-		
ocope of work (check all the	п арріу)						П	Full Containn	nent with Ne	enative	Pre	ssure	
≥3 sf or ≥3 lf		\boxtimes	Re	eno	vation		Ħ	Mini-Enclosu		gauve	1 10	Jourc	
≥160 sf ≥260 lf		Ħ	De	emo	olition		Ħ	Glove Bag Pi					
		-					\boxtimes	Non-Exempte		Friable	Pro	cedu	ıre
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in Facility		Cust			(MINISTER) - VIII	insulation, surface				Remova	Repair	aps	Clo
(13)			(12			or other miscell				oval	air	Encapsulate	Enclosure
		Yes	No	1	N/A							(D)	
OR Female Locker Room	1					Floor tile & I	Masti	С	458 SF	\boxtimes			
		g											
N. Committee of the com		Ш	Щ										
Name of Registered Waste H	lauler		10000			Cubic Yards	Nam	e of Registere	d Landfill				
AbateTech, Inc.					er ID No. 1 8750	of Waste	TRR	RF Landfill					
City, State				8	.0700	Disposal Date	4	State		-			
Lumberton, NJ						6/14/12		ytown, PA					
Completed By (Print or Type)			T	itle		Signature	1	,, . , .		Date			
Gwen Trumbetti					s. Coord.		1 A	-			5/31	/12	

6802		(Pu	rsuant	to NJAC 8	8:60 and	12:120	MEN						1		
Date of Notification (1) 06/01/2012				Building (WAL LL	.C.	-			To ship of	- ARREATO	
Agencies Notified Type Notification			Street A	ddress . 34TH S	STREE	T. ST	E 2106					- 73		-	
EPA Initial Amended Amendment #		-	City, Sta	ite, Zip Coo YORK, N	de				1		- i	-3		-	
Emergency (in justification) DCA Emergency (in justification) Cancellation	nduding	1		Contact					Tele	ephone N	ımher	* 80,8		<u>~</u>]	V
	-			LITY INFO	RMATIC	ON			<u> </u>			-			-
Name of Facility Where Abatement is Taking MARKET HALSEY URBAN RENEV							posterior .	f Facility (4 chool (K-1)	1 31						
Street Address 165 HALSEY STREET							St X Of	ubchapter ther (i.e. p c.)	8 (Oth			ldin	gs, I	nome	s,
City (5) NEWARK							Square 30000	Feet	# of	Floors	1	Bldg BO	. Aç	je	
County (6) ESSEX				Code (7) USE ONLY)				t Use (Prio			shed)	LY 1			
Name of Monitoring Firm Hired by Building ORKO ENVIRONMENTAL INC.	wner (8)		ASCN 0090					ment Con					5 50.011	- 000 025-0	
Street Address 401 ST. JAMES AVE.							Address	TE 46 SI	JITE	3D					
City, State, Zip Code PHILLIPSBURG, NJ 08865							State, Zip OWA, I	Code NJ 0751	2	- 1					
Project Manager for Monitoring Firm JON GILBERT			Telepho	ne No. 54-6316		0000	hone No. 256-70			License 0666	No.				
	Schedule 06/22/2		pletion	Date (11)				Monitor	RES	T. INC	nement nemerical				
Occupancy Status During Abatement (Check	Only Or	ne)				Street	Address								-
Facility Closed/Vacated During Entire Pa Abatement Performed Outside of Norma	eriod of A	Abatem Hours	ent				A ROUT	TE 46 SI	JITE	3D					
Other – Describe: 8am -4:30pm Scope of Work (Check All That Apply)					_			NJ 0751	2			-			
(COM)	127						7								
≥3 sf or ≥3 lf ≥160 sf or ≥260 lf	proteoring.	Renovat Demoliti				2	Mini- Glov	Containme Enclosure ebag Proc Exempted	edure				dure	10	ā
The state of the s	Is	Locatio	on									120	ate	ment	
Location of		Normalled Solel				scription					-	Т	Typ	e T	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma	intenar todial S (12)	ice/	Asbest (i.e.	thermal	system cing, VA		ACM) ion,	(5	mount Specify or LF)	Remova	and the same	Renair	Encapsulate	Enclosure
	No	N/A			35								te		
Basement 3B Mechanical Room			Therma	al Syste	m ins	ulation	/elbow	3	50LF	x					
Absorber and chiller room 14th fl	Х	*		F	Pipe fitt	ings/	elbows		40	00 SF	x	L	\perp		
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Name of Registered Waste Hauler BAKO CONSTR. & REST. INC		H	JDEP W auler ID)889		of Was			G.R.O.\		ered Land	fill				
City, State TOTOWA, NJ					Dispos 06/23	al Date /2012		City, State MORRI		E, PA					
Completed by DAMIR VALJEVAC	Title PRO	JECT	MANA	AGER	S	ignature	e www.	Kale	ra	2 (Date 06/01	/20	12		

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

Job #:1205-1649 Check #:2731

Agencies Notified Type Notification Street Address 1600 Haddon Avenue 1600 Haddon A	Date of Notification (1) 6/1/12					Owner / Operato	or (2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	F- (51)	VI E	150		2	
DEP		ation	Stre	eet Add	ress		1 1 1							
DCA	□ DOL □ Ame	nded	City	y, State	& Zip C	Code			JUN 4	7012	2			
Name of Facility Where Abatement is Taking Place (3)						y, Guild Build	ers, In	c.		Telepho	ne Nu	umbe	er	
School (K-12) Street Address Street Address Square Feet			F	ACILI	TY INF	ORMATION		Company of the Control of the Contro	BOX (Markey of Special Section (1997)		Addis.		-	
Street Address County (6) County (7) County (8)		ent is Taking Plac	ce (3)					1.18		80 T TA				
City (5)								Other than	K-12)					
County (6) Burlington County Code (7) Current Use (Prior if being demolished) A5 +-	218 Sunset Road					Other (i.	e. priva	te & comm	ercial buildin	The state of the s	X-1-0-0-0-0	tc.)		
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	City (5)	County (6)	Count	h. Cada	(7)			# Of Floors		51 5	Э			
Name of Monitoring Firm Hired by Building Owner (8)			Count	ty Code	(1)		/Daine i	1		45 +-				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	valilligboro	Burlington	-				(Prior ii	being den	nolished)					
Horizon Environmental Asbestos and Mold Services, Corp.	Name of Monitoring Firm Hired I	y Building Owne	- (0)	IAC	CM No			Cambranta	- (0)	Santa de la constanta de la co				
PO Box 316 3859 Sylon Bivd. City, State & Zip Code Thorofare, NJ 08086 Thorofare, NJ 08086 Telephone Number Dave or Steve Flanigan S56-848-0800 Scheduled Start Date (10) O6/12/11 O6/12/11 D6/12/11 D6/12/11 EMSL Analytical Street Address Telephone Number Clicense Number G09-702-0400 O0862 O0862	Horizon Environmental	by ballaring Owne	1 (0)	A3	CIVI INO	Asbestos a	nd Mo							
Thorofare, NJ 08086 Project Manager for Monitoring Firm Dave or Steve Flanigan Scheduled Start Date (10) Scheduled Completion Date (11) O6/11/12 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Scope of Work (Check all that apply) Scheduled Start Date (10) O6/12/11 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Describe: Scope of Work (Check all that apply) Scheduled Start Date (10) O6/12/11 Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Describe: Scope of Work (Check all that apply) Full Containment with Negative Pressure Mini-Enclosure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Asbestos-Containing Material (ACM) Solely by Solely by Material (ACM) Solely by Material (ACM) Solely by Material (ACM) Solely by Material (ACM) Solely by Material (ACM) Solely By By By By By By By By By By By By By	PO Box 316													
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Dave or Steve Flanigan 856-848-0800 609-702-0400 00862		-i T-	- Jack -	N				8036	1					
Scheduled Start Date (10)		500,000							License f		2			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Hours – Night Shift Describe: Isolated Area Scope of Work (Check all that apply) ≥3 sf or ≥3 lf Pacinity Closed/Vacated During Entire Period of Abatement Describe: Isolated Area Scope of Work (Check all that apply) Full Containment with Negative Pressure Glove Bag Procedures Non-Exempted and Non-Friable Procedure Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Material (ACM) (12) Maintenance or Custodial Staff? (12) Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108 Street Address 107 Haddon Ave. City, State & Zip Code Westmont, NJ 08108	Scheduled Start Date (10)		oletion [Date (11	1)	Name of OSI	HA Mor	nitor						
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Scope of Work (Check all that apply)		utside of Normal	Hours -	Night	Shift	750	100				-			
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in Facility (13) Custodial Staff? (12) Yes No N/A (13) Custodial Staff? insulation, surfacing, VAT or other miscellaneous) (16.e., thermal systems insulation, surfacing, VAT or other miscellaneous)									SF or LF)	الع		Ē	·m	
(13) (12) or other miscellaneous) $\frac{\sqrt{2}}{\sqrt{2}} = \frac{\sqrt{2}}{\sqrt{2}} = \frac{\sqrt{2}}{2$										emo	Rep	caps	icls	
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Name of Registered Waste Hauler NJDEP Waste Cubic Yards Hauler ID No. of Waste Name of Registered Landfill	Name of Registered Waste Hau	er					Name	of Registe	ered Landfill		,			
Horizon Disposal 22612 4 GROWS	The state of the s					The second second	GRO	WS						
City, State Disposal Date City, State					31								. 1	
incinotino, i A		Trenton, NJ					Morr	isville, PA	4					
Completed By (Print or Type) Joann Mullarkey Title Admin. Signature 6/1/12	- The Control of the				n.	Signature	m	illa	rkey		12			

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

D&S Proj. #: MS 12-206

(10	31014													
Date of Notification	(1)	22.0	Name of B	uilding Own	er/Operator (2)				2	100000				
10 15 1/13 11			DAVID	FAIRBRO	OTHER									
Agencies Notified EPA	Type Notificat Initial	ion	Street Addr	ess									-	
☐ DEP	Amended		16 MEA	DOWBRO	OOK ROAD								4	
	Amendment #:		City, State,	Zip Code				-	-		-			
M DOL	Emergency		SHORT	HILLS, N	NJ 07078									
⊠ DOH	(including justification)	11	Name of Co	ontact					Telephone	e Numbe	r			
☐ DCA	Cancellation	- 11	DAVII	FAIRBR	OTHER									
				FAC	ILITY INFORM	ATION				-			and Artist	
Name of facility w	here abatement i	s taking pl	ace (3)						Type of Facility (4					
DAVID FAIRE	ROTHER		¥							(K - 12)				
Street Address	JIC TILLIC							=		apter 8 (0 Private/0			-12)	
									Bldgs./	Homes, e	etc.	rciai		
16 MEADOW	BROOK ROA							_ [Square Feet	# of Floo	rs	В	dg. A	ge
City (5)		Cou	inty (6)			0.0000000000000000000000000000000000000	nty Code (7) te use only)	11						
SHORT HILL			SEX			(Sta	te use only)		Current Use (Pr	ior if beir	ng dem	olish	ed)	
Name of Monitorin	ng Firm Hired by	Bldg. Own	er (8)		ASCM No.		Name of Abater							
							D & S REST	ORA'	TION, INC.					
Street Address							Street Address							_
City, State, Zip Coo	la .					_	20 Californi		· <u> </u>					
City, State, Zip Cot	ie						City, State, Zip C							
Project Manager fo	r Monitorina Firm	,	Ip	hone Numb	er		Paterson, N Telephone Numl		03	License	Mumb			
r roject wanager to	i Worldoning i iiri		1	none numb	ei		973-345-8			01169		er		
Start Date (10)		Ische	d Complet	ion Date (11	1)	_	Name of OSHA		or	1		_		
				ion bate (1	'',		D & S Resto	oration	n, Inc.		Uphareshpa			
06/12/12	During Abote		0/12	-			Street Address	20			100			
Occupancy Status	d/vacated during	117	- 3	omont			20 Californi		nue					
	erformed outside						City, State, Zip C	ode						
Describe: Other-Descri	ho: NORMAL F	IOURS					Paterson, N	T 075	03					
Scope of Work (ch						للـــ	T decision, 14		ıll Containment w	loo antii ia				
>3 sf or >3 lf		Renovati	on .					=	ini-enclosure	megalive	press	ure		
☐ ≥160 sf or >2	-	Demolitic							lovebag procedur					
		and the state of t	817	used solely	,			∐N	on-Exempted (*)	and Non-	-friable	Proc	1	
Location of asbestos-cor	ntaining	by maint	enance/cu	stodial		on of a	sbestos-containir		Amount		е	е	E n	E
material (acr	n) to be	staff(12)	Γ		material (spesios-comanii	ig .	(Specify S	F or	m o	p a	c	C
abated in fac	ality (13)	Yes	No	N/A					LF)		v e	i	p	L.
BASEMENT			X		DUCT INS	ULA	TION	-	2 SQ FT				П	\Box
BASEMENT CRAWL SPACE DUCT IN							TION	-	25 SQ FT				百	
Registered Waste F D & S RESTOR			EP Hauler 506	A-6-1-1-1-1	ubic Yards of V YD	Vaste	Name of Regist		andfill ESOURCE RE	COVE	2V			
City, State				Disposal D			City, State	, I, IC	LOCURCE RE	COVE	\1			
PATERSON, N	IJ 07503			06/13/1			TULLYTO	WN, P	PA					
Completed by (Prin		Title		1	Signature		1_=====================================			Date				
BOGDAN JOL	DZIC	PRESIL				X			1.0	05/31	/12			
ASB-41	ONE OF THE PARTY O	Do not us	se this form	for asbesto	os licensure exe	empted	activities.						W(0.50	

D&S Proj. #: MS 12-202

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

					[7]		1 77		17	-	
Date of Notification (1) / _ / _1 2	JERSI		vner/Operator (2 DEVELOPME		TER	A. C. C. C. C. C. C. C. C. C. C. C. C. C.					
Agencies Notified Type Notifica EPA Initial DEP Amended	Street At	ldress ERGEN A	VENUE		1	u (u. 1944)					
Amendment #		te, Zip Code			NATE OF THE PARTY	AV LIGHT			-	4	-
DOH Emergency	JERS Name of	EY CITY,	NJ 07306		Ĺ	ek agapat saaran kirk too ay oo tok tiboo oo oo oo too oo	es transmis				
justification DCA Cancellatio)	Contact HONY W(DEEOBD			Telephor	ne Number				
Cancellatio	n ANI		CILITY INFORM	MATION				_			_
Name of facility where abatement	is taking place (3)	170	CILITTINFORM	ATION		Type of Facility	(A)				
						Type of Facility	(4) of (K - 12)				
JERSEY CITY DEVELOPM Street Address	ENTAL CENTE	R					napter 8 (Ot			(-12)	
						Other Bldgs.	(Private/Co /Homes, et	mme	ercial		
654 BERGEN AVENUE							# of Floors		В	ldg. A	\ge
City (5)	County (6)			County Co							
JERSEY CITY	HUDSON			(State use	only)	Current Use (P	rior if being	den	nolish	ed)	
Name of Monitoring Firm Hired by	Bldg. Owner (8)		ASCM No.	Name	of Abateme	ent Contractor (9)					
				D &	S RESTO	DRATION, INC.					
Street Address					Address			-			
City, State, Zip Code					California						
ony, otato, zip obae					tate, Zip Co						
Project Manager for Monitoring Firm	1	Phone Num	ber		terson, NJ none Numbe		License	Jumi	nor.		
•					73-345-80		01169	vum	bei		
Start Date (10)	Sched. Comple	etion Date (1	1)	Name	of OSHA M	lonitor		-			
06/01/12	06/08/12			-	& S Restor	ation, Inc.					
Occupancy Status During Abatemen					Address						6
Facility closed/vacated during Abatement performed outside Describe:	entire period of aba	itement. ours-			California . tate, Zip Co					-	
Other-Describe: NORMAL H	OURS			_ Pa	terson, NJ	07503					
Scope of Work (check all that apply	()					Full Containment w	/negative r	ress	ure		
≥3 sf or >3 lf ≥160 sf or ≥260 lf □	Renovation Demolition]] 	Mini-enclosure Glovebag procedur Non-Exempted (*)		iable	proce	edure	
Location of asbestos-containing	Is location normal by maintenance/c							R	R	E	E
material (acm) to be	staff(12)		Description material (on of asbesto: ACM)	s-containing	Amount (Specify S	For	m	р	n c	n
abated in facility (13)	Yes No	N/A		50		LF)		0 V	i	a p	L
TWO CLASSROOMS		*	HEATING	PIPES		260 L FT		е		П	\vdash
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			-		any many actions.						
Registered Waste Hauler	NJDEP Haule		Subic Yards of V	Vaste INomo	of Register	od Londfill					
D & S RESTORATION, INC.	13506		N/A	N/A		eu Landfill					
PATERSON, NJ 07503		Disposal Dis	Date	City,	State						
Completed by (Print or Type)	Title PRESIDENT	-1	Signature	1 11/2			Date 05/31/12				
	Do not use this form	n for asbesto	s licensure exe	mpted activit	es.		1 03/31/17	_			

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

D&S Proj. #: MS 12-205 Name of Building Owner/Operator (2) Date of Notification (1) 0 5 1/13 11 1/11 12 1 JOYCE GARLICK Agencies Notified Type Notification Street Address Initial EPA 15 GREAVE PLACE Amended DEP City, State, Zip Code Amendment #: CONTROLS DOL ENSING CRANFORD, NJ 07016 Emergency (including DOH. Name of Contact Telephone Number justification) DCA JOYCE GARLICK Cancellation **FACILITY INFORMATION** Name of facility where abatement is taking place (3) Type of Facility (4) School (K - 12) JOYCE GARLICK Subchapter 8 (Other than K-12) Street Address Other (Private/Commercial Bldgs./Homes, etc. 15 GREAVE PLACE Bldg. Age Square Feet # of Floors City (5) County (6) County Code (7) (State use only) Current Use (Prior if being demolished) CRANFORD UNION Name of Monitoring Firm Hired by Bldg. Owner (8) ASCM No. Name of Abatement 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 01169 Name of OSHA Monitor Start Date (10) Sched. Completion Date (11) D & S Restoration, Inc. 06/13/12 06/20/12 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: Other-Describe: NORMAL HOURS Paterson, NJ 07503 Scope of Work (check all that apply) Full Containment w/negative pressure \boxtimes >3 sf or >3 If Mini-enclosure 図 Renovation Glovebag procedure ≥160 sf or ≥260 lf Demolition Non-Exempted (*) and Non-friable procedure Is location normally used solely E Location of E by maintenance/custodial e asbestos-containing n Amount Description of asbestos-containing staff(12) m р material (acm) to be C (Specify SF or material (ACM) 0 C a abated in facility (13) Yes No N/A BASEMENT PIPE INSULATION 120 L FT X Registered Waste Hauler Cubic Yards of Waste NJDEP Hauler ID# Name of Registered Landfill 13506 D & S RESTORATION, INC. 2 YDS TULLYTOWN, RESOURCE RECOVERY City, State Disposal Date City, State 06/14/12 PATERSON, NJ 07503 TULLYTOWN, PA Completed by (Print or Type) Signature Title Date

05/31/12

BOGDAN JOLDZIC

PRESIDENT

Agendes Notified Speak County Code Cartestation Cartest	Date of Notification (1)				Name of	Building (DwnorlOn	orator (2)	(111)	15-11	ri li.	41 - 71		-11		
Agencies Notified DEPA DEPA Amendad A	(1)	5.51.1			radino oi	1 7	a a series and a s							1		
EPA	Agencies Notified	Type Notification		\dashv	Street A		17.101.71		100		HM	4 2012		-		
DEP OOL Amendment # Emergency (Including Justification) Name of Control Name of National Name of Nati							White	VOIZ L	2880		UN	250.00	١.			
Annex Anne			4 (3) (4)		City, Sta			102-1	SYM			and the second second		-	D H	*******
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Telephone No. Telephone No. Telephone No. 201-262-5841 License No. 00156	Street Address	The state of the s				The second secon				ıd		**************************************		-		
Telephone No. 201-262-5841 License No. 00156	City, State, Zip Code		VETALLI TI ANDENIA	of all belong station	And Many Ave.	- Maridia Maridanda Asses					MARCHICE CONTRACTOR	and the same state of	- Kaya bayan	DERIVERS	NI NEW YORK	***************************************
Start Date (10) Scheduled Completion Date (11) Name of OSHA Monitor Omega Environmental Services Inc.	Project Manager for Moni	toring Firm								01402	1			-		
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: ☐ Check All That Apply) ☐ ≥3 sf or ≥3 if ☐ ≥160 sf or ≥260 if ☐ Demolition ☐ Location of Asbestos-Containing Material (ACM) ☐ In Facility ☐ (13) ☐ Vers No N/A Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Number Waste Hauler ☐ Disposal Date ☐ Disposal Date ☐ City, State, Zip Code ☐ Bethehem, PA 18015 ☐ Disposal Date ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ City, State, Zip Code ☐ Completed by ☐ Completed by ☐ Completed by ☐ Completed by ☐ City State, Zip Code ☐ City, State, Zip Code ☐ Completed by ☐ City State, Zip Code ☐ City, State, Zip Code			D.C. Market Co. Market Street		Telepi	hone No.				warmen warmen and a second	- Annual Property of the Prope	100 at 11	lo.			
Street Address 280 Huyer Street 280 Huyer St	Start Date (10)		Schedule	ed Com	pletion I	Date (11)					Service	es Inc.				
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Riverdale, NJ 07457 Bethlehem, PA 18015	City, State, Zip Code					Disposa	1						******			
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no chech		(P	ursuant	to NJAC	8:60 and	12:120)			1) [· He			11	-	
Date of Notification (1) 05/25/12		3.11			Owner/O rban Re			mpany, Ll	LC		4				
Agencies Notified Type Notification EPA Initial	S. Carlon		Street A	717777777	on Blvd	., Suite	20	0	131	JUN	1700				A COPPER
DEP Amended Amendment				te, Zip Co ord, CT					- Ban-	ASBES	TOS (DAT SINI	NOL :	Ğ	
DOH justification) Cancellation			Name of John D	Contact Oolan					Tel	ephone	Numb	er		atama a	
			FACI	LITY INF	ORMATIC			60 a.2 ·							
Name of Facility Where Abatement is Takin Beacon Powerhouse Street Address	g Place (3	3)		P. S.			Тур	e of Facility School (K- Subchapte	12)	or then b	č 12)				
44 Beacon Place		-			1 1 1 1		×	Other (i.e. etc.)	private	& comme	ercial				es,
City (5) Jersey City			-				21,	are Feet	3	f Floors		50	ldg. A 0+-	.ge	
County (6) Hudson			County (Code (7) JSE ONLY)			rent Use (Pri ant	ior if bei	ing demo	olishe	d)			
Name of Monitoring Firm Hired by Building Lis Consulting Services, LLC	Owner (8)		ASCM	No.				atement Co Contract				and the lates			
Street Address 134 Bennington Pkwy				ari andres successive		Street A		ess I Drive							
City, State, Zip Code Franklin Park, NJ 08823								Zip Code NJ 07461		***************************************					
Project Manager for Monitoring Firm Kris Lis			Telephor	ne No. -0-6207		Telepho 973-8				Licens 0113					
Start Date (10) 04/17/12	ed Cor	mpletion (Date (11)		Name o	CONTRACT.	SHA Monitor	ii ii							
Occupancy Status During Abatement (Chec	ne)				Street A	ddr	ess				-	-		-	
Facility Closed/Vacated During Entire I Abatement Performed Outside of Norm Other – Describe:					tar	City, Sta	ate,	30th Stre							
Scope of Work (Check All That Apply)						ivew	YOR	k, NY 100	16						
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	Is	Locat											Abate	ement	t
Location of		Norma				cription o					-		1 y	pe 	
Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Ma Cus	intena todial (12)	nce/ Staff?				insu , or	lation,	(5	mount Specify F or LF)		Removal	Repair	Encapsulate	Enclosure
The state of Decision	Yes	No	N/A					10000000							
Throughout Powerhouse	Х		D :1		Insulati				50 L.F.	_	ζ.				
Throughout Powerhouse	Х	-	Boile	r & Bree			ulation		000 S.F	-	2				
3rd Floor North Rooms	Х	4			or Tiles				0 S.F.		2				
Roof		X	LIDED W		Roofing		snin			00 S.F		ς			
Name of Registered Waste Hauler Pro-Tech, LLC	1	IJDEP War Hauler ID I 90713		of Wasi 200			Minerva			dtill					
City, State New Haven, CT				Disposa on cor	al Date npletio	n	City, Stat Wayne		, OH						
Completed by Marko Stankovic	dent			Si	gnature lara	10	Faur	ear	P	Date 05/2		2			

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

1205-4491 Check#4170

Date of Notification	(1) 5/31/12	- State Stat					Owner / Operate				prog.		
Agencies Notified EPA	Type Notific	ation		Stre	et A	ddress Broad S	# F2	.aı	1135		9		
DEP	☐ Initia	1		-		te & Zip		7.7 4.1	HINE A	2117	Library	7 1	
□ DOL		nded #1				ury, NJ		1			· 7" .		
□ DOH		rgency				Contact		1	- Part - 100	Teleph	one N	Juml	her
DCA		cellation				Cremeer		- Company of the Assessment of	i i i	To opin		~	P
					ACII	LITY INI	ORMATION	1		-		-	<u> </u>
Name of Facility WI		ent is Taking F	lace	(3)			Type of Faci		5 (811 TT) \$				
Residential Doct	or Office			w = = =	COCCUL.		School (5	and the S				
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110 North Wood	bury Ra.						Square Feet		ommercial buildir	ngs, nor Bldg. A		etc.)	*
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Pitman		Gloucester		ourity	00.	de (1)	Current Use	(Prior if being	demolished)		-		
		Cioacestei					Doctor's O		demonstred)				9
Name of Monitoring	Firm Hired b	y Building Ow	ner (8)	T	ASCM No		atement Contr	ractor (0)				
Health & Safety S	Services	3) 22	101 (0	,	1	100111140	AbateTech		actor (9)				
Street Address		1					Street Addre		· · · · · · · · · · · · · · · · · · ·				
318 12th Street							PO Box 25	A CONTRACTOR OF THE PARTY OF TH					
City, State & Zip Co		/					City, State &						
Hammonton, NJ Project Manager for			Tala		- NI		Lumberton						
Jim Proctor	Widnitolling i	2010		-704		umber 50	Telephone N 609-265-21		License 1	Number 005			
Scheduled-Start Da	fe (10)	Scheduled Co					Name of OSI			000	29		
6/3/12	()			3/12	uic i	(11)	EMSL Anal						
Occupancy Status I	Ouring Abate	ment (Check o	nly or	ne)			Street Addre	.mom					
		During Entire F			bate	ment	107 Haddo						
Abatement Performed Outside of Normal Hours Describe: Sunday Work							City, State &	52					
	Sunday W upied During						Westmont,	NJ 08108					
Scope of Work (Che			-	-									
Coope of Work (One	on all triat a	opiy)						☐ Full Co	ontainment with N	Vegative	e Pre	SSUF	e
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≥160 sf ≥26	0 If			De	mol	ition		Glove	Bag Procedures				
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	ocation of os-Containin			Loca			Description		Amount	Ab	atem	ent 7	Туре
	erial (ACM)	g		mally Solely		au	Asbestos-Con Material (A		(Specify SF or LF)			_ m	
<u>TO E</u>	BE ABATED			ntena		or	(i.e., thermal s		01 01 21)	Re	Z	nca	Enc
ir	Facility		Cust	odial		ff?	insulation, surfac			Remova	Repair	Encapsulate	Enclosure
	(13)		Yes	(12) No		/A	or other miscell	laneous)		<u>a</u>	7	late	l ie
(2) Areas					1.	7	Floor tile & N	Mostin	400.054-4-	.	+	-	+
(=) Aleas	2) Areas						Floor tile & I	vidStiC	100 SF tota		ዙ	ዙ	ዙ
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					-	_	***************************************			-			╀╜
Name of Registered	Waste Haul	er		N.	JDE	P Waste	Cubic Yards	Name of Re	gistered Landfill				
AbateTech, Inc.				H		r ID No. 8 750	of Waste 5	TRRF Land					
City, State Lumberton, NJ							Disposal Date 6/4/12	City, State Tullytown,					
Completed By (Print	or Type)			Ti	tle		Signature	/ anytown,	17	Date			
Gwen Trumbetti	jpoj					Coord.	Oignature \	W-		5/31			

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

1205-4477 Check #4090

Date of Notification (1)							Owner / Operato	or (2)				, !		
Agencies Notified Type Notified	antina				Jnive		У		traditions.			1 1	À	
Agencies Notified Type Notified EPA	cation				ddres		.:!!- DI			WF 4 7	11.		-	
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	ergency scellation				f Cont					100-100-100-100-100-100-1	elepho	ne.N	lumb	er
L DCA L Call	cenation		Phil	VC	orhe	es				and property and the				
				ACI	LITY	INF	ORMATION	Total Control	ese di nami	931				
Name of Facility Where Abaten		lace (3)				Type of Faci							
Rider University - Fine Art	s Building						School (and the second						
Street Address									(Other than K-					
0 0 0							Other (i.	.e. priv	ate & commer	cial building	s, hom	es, e	etc.)	
2083 Lawrenceville Road							Square Feet		# of Floors	В	ldg. Ag	е		
City (5)	County (6)	Co	unty	Co	de (7)					36-5				
		-					Current Use	(Prior	if being demol	ished)		*		
Lawrenceville	Mercer						Mechanica			,				
Name of Monitoring Firm Hired	by Building Owr	ner (8))	1	ASCM	No.	Name of Aba	atemen	nt Contractor (9)				
Pennoni Associates, Inc.							AbateTech			,				
Street Address							Street Addre						2.00.000.00	
515 Grove Street Suite 1B			-20				30 Maple A							
City, State & Zip Code							City, State &					0.6410		
Haddon Heights, NJ 08035							Lumberton							
Project Manager for Monitoring	Firm				umber		Telephone N			License N				
Alan Lloyd		856		_			609-265-21	27.10			0052	9		
Scheduled Start Date (10) 5/16/12	Scheduled Cor			ate	(11)		Name of OSI							
Occupancy Status During Abate	mont (Charles	6/29		-	A. C. C. C. C. C. C. C. C. C. C. C. C. C.	_	EMSL Anal	_					21122241	
Facility Closed/Vacated	eriod	of Al	hate	ment		Street Addre								
Abatement Performed C			vaic	mont		City, State &	CALL TO THE PARTY OF THE PARTY							
Describe:	outside of North	ai i io	uis											
Facility Occupied During	Abatement						Westmont,	NJ U	8108					
Scope of Work (Check all that a				_		_								
Coope of Work (Officer all that a	ippiy)						*	\Box	Full Containn	nent with Ne	enative	Pres	cure	۵.
≥3 sf or ≥3 lf		M	Re	nov	ation			\boxtimes	Mini-Enclosu		-galive	110	Suic	,
≥160 sf ≥260 lf		H	Demolition						Glove Bag Pr					
		ш	20		111011						Erioble	Dro	aadu	ıro
Location of		Is	Is Location				Non-Exempted and Non-Friable Procedure Description of Amount Abatement							
Asbestos-Containing	na		Is Location ormally Used				Asbestos-Con	ntaining		(Specify	And	item	enti	ype
Material (ACM)			olely				Material (A			SF or LF)			ш	_
TO BE ABATED		Main					(i.e., thermal s		S		Re	Z	nca	inc
in Facility		Cust			iff?	i	nsulation, surfac				Remova	Repair	psu	Enclosure
(13)		Yes	(12) No		I/A		or other miscell	laneou	s)		<u>a</u>	7	Encapsulate	J.Te
Mechanical Room			INO	1	7	-)/'' /' O				1 2 3			
Mechanical Room			H	L	=+-		Vibration C			200 SF		H	H	H
INCCITATICAL NOOTI		+			4		Pipe Insula	ation		7 LF		님	H	H
											\dashv	H	<u>H</u>	님
	H	\vdash	1	4						ᆜᆜ	Ц	Ц	<u>L</u>	
	님.	님	1	4	_						Ц	Ц	Ш	
N- (D)			Ц									Ш		
Name of Registered Waste Hau					Cubic Yards	Name	e of Registere	d Landfill						
bateTech, Inc.					er ID N 8750	0.	of Waste	TDD	E Landfill					
City, State					0750				F Landfill					
Lumberton, NJ				Disposal Date City, State 6/29/12 Tullytown, PA										
Completed By (Print or Type)						Title Sid								
Gwen Trumbetti			133-33		Coord									
						15	1	-			0100	114	1	

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

					Name of Build	ing Owner!	Operator (2)	EC		1 \17	E	Alter.		
Date of Notification (1) 6/01/12					BASF Corpora		operator (2)	(±)		r. W	5-11			
Agencies Notified		Notification	Type	4 1 7 3 1	Street Address 100 Campus I			JU	M	5 2000		71		
(X)EPA (X)DOL		(X) Initial N () Amende	d Certification	on	City, State, Zir						Spens			
(X)DOH		() Cancelle	ed		Florham Park,					ONTROL 8		-		
() DCA					Name of Cont Frank Piechoe		Lawrence	Tel. Nu	moen	NVC.		2000		
				FACILITY IN	FORMATION		1	_ '						
Name of Facility Where Abate BASF – Pump House and Ga	ement is Ta arage Bldg	aking Place - 1B	(3)	-	Type of Facilit () School (K-	12)	an K-12)							
Street Address					(X) Other (i.e.			gs., hom	es, etc					
1 James Street					Sq. Feet _345	0	# of Floors_1							
the state of the s	ounty (6)		County C		DI									
Belvidere	Warren		(State Us	se Only)	Bldg. Age _50 Current Use (p		demolished)	vacan	t manu	ufacturing				
Name of Monitoring Firm Hire	ed by Bldg.	Owner (8)	ASCM No 00104	0.		i	Name of Co NCM Demo			diation, L	Р			
Environmental Health Investig	gations, Inc				Ctt 0 ddas		L		- Name					
Street Address					Street Address 404 N. Berry S									
655 West Shore Trail														
City, State, Zip Code					City State, Zip									
Sparta, NJ 07871					Brea, CA 928	021								
Project Manager for Monitoring	ng Firm	Telephone	Number	***************************************	Telephone Nu			License	e Numl	ber				
William S. Kerbel, CIH		973-79-564	9		484-480-8931			01066						
Scheduled Start Date (10) 6/18/2012		Scheduled 7/31/2012	Date (11)	Name of OSH Testor Tech										
Occupancy Status During Ab (X) Facility Closed/Vacated I () Abatement Performed On		Street Addres 10 59 Jackson												
Describe Vacant Bldg. To Be 3,450 sf building to be demo					City, State, Zip Code L.I.C. New York, 11101									
Other – Describe	morica in ita	Citaloty			1 -									
Source of Work (Check all the	at apply)	- 8												
(X) Demolition () Renova (X) Large Proj. (>160 SF or > (X) Full Containment with Ne	260 LF AC		Proj. (>25< Mini-Enclo	160 SF or >10 <	:260 LF ACM) ovebag Procedu		Proj. (<25 SF)				
Location of Asbestos-		tion Normall	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Description of	ACM (i.e.		Specify SF or			ement Typ	oe .			
Containing Material (ACM) in Facility (13)	Solely b	oy Maint./Cu 12)	stodial	thermal syster surfacing, VAT										
	YES	NO	NA	miscell.)					Rem.	Rep.	Encap	<u>Enclose</u>		
Pump House Walls	X			Wall Plaster	Insulation	3,000 SF 600 LF			X	-		-		
Pump House & Garage Pump House Windows	X	-		Thermal Pipe Window Caulk		250 LF			X					
Tump riouse vindows														
												-		
					m					-		+		
Name of Reg. Waste Hauler		NJDEP Wa	ste Hauler	ID#	Cubic Yards o	of Waste		Name	of Reg	. Landfill		1		
Service Transport Group			990 / SW2		20				a Ente	rprises				
City, State				Disp. Date 6/29/12			City, Stat Waynesb		1					
58 Pyles Lane - New Castle,	, DE	- Italia a tarak		and the state of t							100 M			
Completed by (Print or Type) Joseph K. White		<u>Title</u>	rdinator	Signature,	rk.W	(9)	<u>Date</u> 6/01/1:	2						
					1 /0-/10	in our	~ L'							

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

Date of Notification (1) 6/01/12					Name of Build BASF Corpora		Operator (2)	C F		VE	M	Tale (the state of the state of
Agencies Notified (X) EPA (X) DOL (X) DOH () DCA		Notification (X) Initial N () Amende () Cancelle	lotification d Certificati		Street Addres 100 Campus City, State, Zi Florham Park Name of Cont Frank Piechoo	Drive D Code NJ 07932 act		IIIN INESTRA		012	The state of the s	
		1 199		FACILITY IN	IFORMATION		10 to 100 to	370000	1		mpa-a-t	
Name of Facility Where Aba BASF – Screen House Bldg Street Address		Taking Place	(3)	0.	Type of Facilit () School (K- () Subchapte (X) Other (i.e.	12) er 8 (other th		gs., hom	nes, etc.			
					C- F1 220		4 - 4 Flance 4					
1 James Street City (5) Belvidere	County (6) Warren		County C (State Us		Sq. Feet 330 Bldg. Age 50 Current Use () +/-	Allow the minimum and allowers		nt manu	facturing	1	
Name of Monitoring Firm Hi	red by Bldg	Owner (8)	ASCM No 00104	0.			Name of Co NCM Demo			diation,	_P	
Environmental Health Invest Street Address	tigations, In	C.	L	V _N t	Street Addres							
655 West Shore Trail						197	10.00					
City, State, Zip Code					City State, Zip Brea, CA 928							
Sparta, NJ 07871 Project Manager for Monitor William S. Kerbel, CIH	ing Firm	Telephone 973-79-564		3	Telephone Nu 484-480-8931	mber		Licens 01066	e Numb	er		
Scheduled Start Date (10) 6/18/2012	Date (11)	Name of OSH Testor Tech	A Monitor									
(X) Facility Closed/Vacated	6/18/2012 7/31/2012 Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -											
Describe Vacant Bldg. To Be 330 sf building to be demoli	The state of the s				City, State, Zi	o Code	L.I.C. N	ew York	, 11101			
Other – Describe Source of Work (Check all the	nat apply)	to the control of the	***	e destruit a constant de la constant								
(X) Demolition () Renov (X) Large Proj. (>160 SF or () Full Containment with N	>260 LF AC egative Pre	ssure ()	Mini-Enclos		260 LF ACM) ovebag Procedu	e (X) Non-	Proj. (<25 SF o Friable Outdo	or Work				
Location of Asbestos- Containing Material (ACM) in Facility (13)		ation Normally by Maint./Cu (12) NO		Description of thermal syster surfacing, VAT miscell.)	ns insulation,	Amount (Specify SF or	LF)	Abate Rem.	ment Ty		Enclose
Screen House	Window/Door	Caulk	260 LF			X						
		Windson Co.				100000000000000000000000000000000000000						
			 				-	-	+			
					STINES IN CONTRACTOR OF THE STATE OF THE STA							
												- 3
Name of Day Wests U.S.		NJDEP Wa	*	D.#	Cubic Verde of Wests				og Londfil			
Name of Reg. Waste Hauler Service Transport Group		Cubic Yards of Waste 5 Name of Reg. Landfill Minerva Enterprises										
City, State				Disp. Date 6/29/12			City, Sta Naynes		+			
		Title			Signature			Data			D 1/65	
Joseph K. White	r, State Pyles Lane – New Castle, DE mpleted by (Print or Type) Title						će –	<u>Date</u> 6/01/1	2			

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

					Name of Build	ina Oumorli		16 15	2 11 1	# E	100	
Date of Notification (1) 6/01/12					BASF Corpora		Operator (2)	Marie () de la marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie (marie) marie (marie) marie (marie (marie) marie (marie) marie (marie (marie) marie (marie) marie (marie) marie (marie) marie (marie (marie) marie (marie				
Agencies Notified		Notification	Type		Street Addres		II LI	JUN	5 2	712		-
(X)EPA	12 (1)	(X) Initial I			City, State, Zi	o Code	1 1	E 13				
(X) DOL		() Amende () Cancelle		on	Floring Dade	N.I.07022	AS	BESTOS	CONTRO	0.	1	
(X)DOH ()DCA		() Cancelle	eu .	4.	Florham Park Name of Cont			-Tel Ni	Transport Contract	4 G		
() 50/					Frank Piecho		SAN AND SAN AN		r s Milledon	-	ل ـــ	
				FACILITY II	NFORMATION		The state of the s		· ·			
Name of Facility Where Aba BASF – Filter House Bldg -		Taking Place	(3)		Type of Facilit () School (K- () Subchapte	12) er 8 (other th	nan K-12)					
Street Address					(X) Other (i.e.	private & co	ommercial bldg	gs., hom	ies, etc.			
1 James Street					Sq. Feet25	00	_# of Floors_1					
	County (6)		County C		DU							
Belvidere	Warren		(State Us	se Only)	Bldg. Age _50		demolished)	vacar	nt manu	facturing	1	
Name of Monitoring Firm Hi	red by Blda	Owner (8)	ASCM N	0	Tourient coo (prior ii boing	Name of Co		CONTRACTOR OF THE PARTY OF THE	33,111111		
Name of Montoning Firm Th	ica by blag	. Owner (o)	00104	<u>o.</u>			NCM Demol			diation, I	_P	
Environmental Health Inves	tinations In	_	25-0-000									
Street Address	tigations, in	<u>.</u>	I		Street Addres	S					- 1000	
F10.100.65 L155 L25. 28					404 N. Berry	Street						
655 West Shore Trail					0:1 0:1 7:	0-1-						
City, State, Zip Code					City State, Zip Brea, CA 928							
Sparta, NJ 07871					Bica, OA SZC	,21						
Project Manager for Monito	ring Firm	Telephone			Telephone Nu				e Numb	er	5411	
William S. Kerbel, CIH		973-79-564	9		484-480-8931			01066				
Scheduled Start Date (10) 6/18/2012		Scheduled 7/31/2012	Completion	Date (11)	Name of OSH Testor Tech	A Monitor						
Occupancy Status During A	Occupancy Status During Abatement (Check only one)											
(X) Facility Closed/Vacated	Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -					<u>s</u> n Ave.						
Describe Vacant Bldg. To B					City, State, Zi	o Code	L.I.C. No	ew York	, 11101			
Tec 88 In Sec. 269	iononea in i	3 Charlety										
Other – Describe Source of Work (Check all t	hat annly)					-						
Source of Work (Check all t	nat apply)											
(X) Demolition () Renov												
(X) Large Proj. (>160 SF or				160 SF or >10	<260 LF ACM) Glovebag Procedi		Proj. (<25 SF o					
() Full Containment with I Location of Asbestos-		ation Normall	Mini-Enclo	Description o			Specify SF or			ment Ty	pe	
Containing Material (ACM)	in Solely	by Maint./Cu			ems insulation,	,		,	N			
Facility (13)	Staff?		1227	surfacing, VA	T, or other				Rem.	Pon	Encap	Enclose
	YES	NO	NA NA	miscell.)	1	250 LF			X	Kep.	T	LIICIUSE
Throughout	X			Thermal Pipe Flashing	Insulation	600 SF			X	-	-	+
Roof X				Flashing		000 31					1	
							Wile State of the					
			L				Name of Reg. Landfill					l
Name of Reg. Waste Hauler Service Transport Group NJDEP Waste Hauler ID # A901 #20990 / SW2117					Cubic Yards o	of Waste						
Service Transport Group A901 #20990 / SW2117 City, State					20 Minerva Enterprises Disp. Date City, State							
							4/20/12		İ	Naynes	burg, Ol	H
58 Pyles Lane - New Castle		TW-			Cignatura		L.	Data				
Completed by (Print or Type Joseph K. White	<u>=1</u>	Title P	roject Coor	dinator	Signature	(g) 1.00cm		Date 6/01/1	2			
			. 5,550. 5001		Cust	1. inh	D					